Combined Integrated Performance Report
May 2024 – Month 2

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)

b)

c)

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

White Points are used to highlight data points which have been excluded from SPC calculations
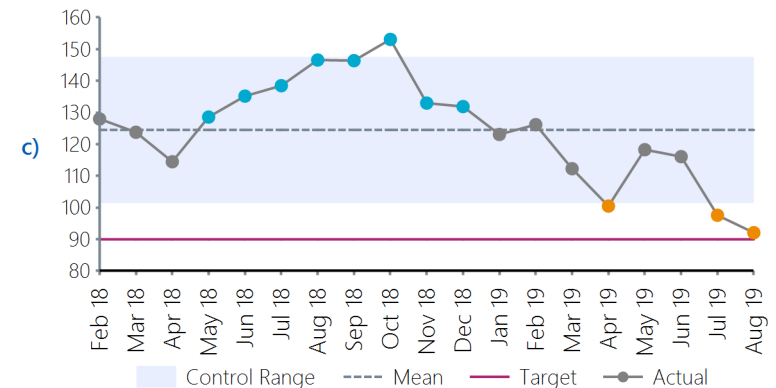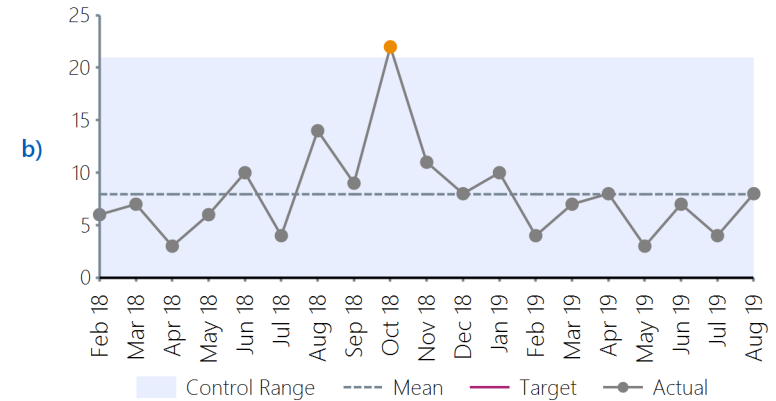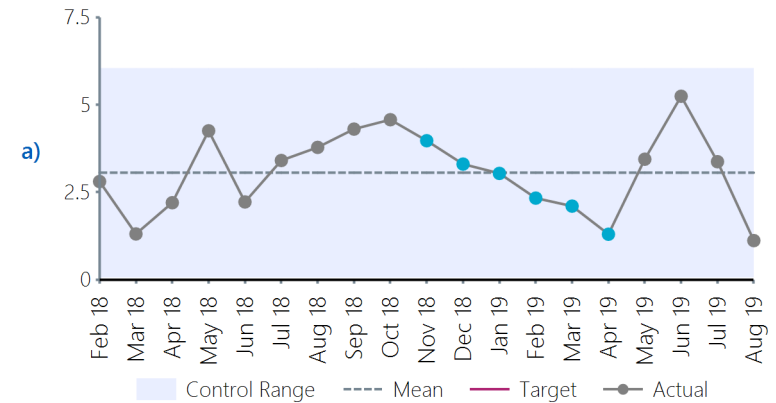
Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

Blue	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
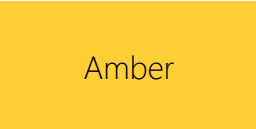
Requires improvement

Siginificant improvement required

Dates

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

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.08%	4.83%		(variation)	Moving Target		
Sickness Absence - Short Term	2.19%	1.82%		(variation)	Moving Target		05/12/23
Sickness Absence - Long Term	2.90%	3.00%		(variation)	Moving Target	+	05/12/23
Staff Turnover - Headcount	7.95%	8.33%		L	Moving Target	+	
In Month Leavers	12	14		(variation)	Moving Target	+	15/04/24
Vacancy Rate	8.00%	4.79%		L	?	+	15/04/24
Nursing Vacancy Rate (Trust)	8.00%	7.13%		L	?	+	
Healthcare Support Worker Vacancy Rate	7.74%	10.27%		(variation)	Moving Target	+	
Allied Health Professionals Vacancy Rate	8.00%	4.30%		L	?	+	
Total Headcount in Post		2,128		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 Hire	55	61		N/A to SPC	?	+	
Staff Retention		79.94%		(variation)	No Target	+	
% Staff Availability		78.98%		H	No Target	+	
Statutory & Mandatory Training	92.00%	93.10%		H	?	+	
Personal Development Reviews	93.00%	88.80%		(variation)	F	+	
E-Rostering Level of Attainment	4	4		N/A to SPC	P	+	
Percentage of Staff on the E-Rostering System	90.00%	92.05%		H	?	+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	50.00%		H	F	+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	54.79%		H	P	+	
E-Job Planning Level of Attainment	4	4		N/A to SPC	P	+	

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%	88.89%		(H)	(F)	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		1		N/A to SPC	No Target	+	
Number of Patient Safety Reviews		2		N/A to SPC	No Target	+	
Total Patient Falls	10	13		(variation)	?	+	
Inpatient Ward Falls Per 1,000 Bed Days	2.50	3.11		(variation)	?	+	
RJAH Acquired Pressure Ulcers	1	0		N/A to SPC	?		
Pressure Ulcer Assessments	99.00%	99.30%		(variation)	P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.35%		(variation)	P		
Number of Complaints	8	7		(variation)	?		04/03/24
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%		H	?		
Complex Complaints Response Rate Within 40 Days	100.00%	75.00%		N/A to SPC	?		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	1		N/A to SPC	F	+	
Number of Compliments		789		(variation)	No Target		
Safe Staffing	90.00%	99.80%		L	P	+	
Mixed Sex Accommodation	0	0		N/A to SPC	P		
% Delayed Discharge Rate	2.50%	4.86%		L	F	+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	19		(variation)	?	+	
RJAH Acquired C.Difficile	0	0		N/A to SPC	?		04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	14.41		H	F		
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	19.22		H	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired MSSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		04/03/24
Surgical Site Infections	0	0		(variation)	?	+	04/03/24
Outbreaks	0	0		N/A to SPC	P		04/03/24
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	P		
Medication Errors		37		(variation)	No Target	+	
Medication Errors with Harm	0	0		(variation)	?		
Number of Deteriorating Patients	5	5		N/A to SPC	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	0		N/A to SPC	?		12/09/23
RJAH Acquired VTE (DVT or PE)	4	3			?		
VTE Assessments Undertaken	95.00%	99.71%			P		
28 days Emergency Readmissions*	1.00%	0.91%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%			P		
Volume of Theatre Cancellations	54	50			Moving Target	+	
31 Day General Treatment Standard*	96.00%	100.00%	100.00%		P		
62 Day General Standard*	85.00%	50.00%	100.00%		?	+	
28 Day Faster Diagnosis Standard*	77.00%	72.73%	89.29%		Moving Target	+	12/09/23
18 Weeks RTT Open Pathways	92.00%	48.88%		L	F	+	24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	15,713	15,810		H	Moving Target	+	
Welsh List Size		8,054		H	No Target	+	
Combined List Size		23,864		H	No Target	+	
Patients Waiting Over 52 Weeks – English	1,194	1,299		L	Moving Target	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,228		H	No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,527			No Target		
Patients Waiting Over 65 Weeks - English	295	314		L	Moving Target	+	
Patients Waiting Over 65 Weeks - Welsh	0	632		H	F	+	
Patients Waiting Over 65 Weeks - Combined		946		L	No Target		
Overdue Follow Up Backlog	8,717	10,726		L	Moving Target	+	

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%	84.85%	81.50%	H	Moving Target	+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	94.90%		H	F	+	04/03/24

Summary - Caring for Finances

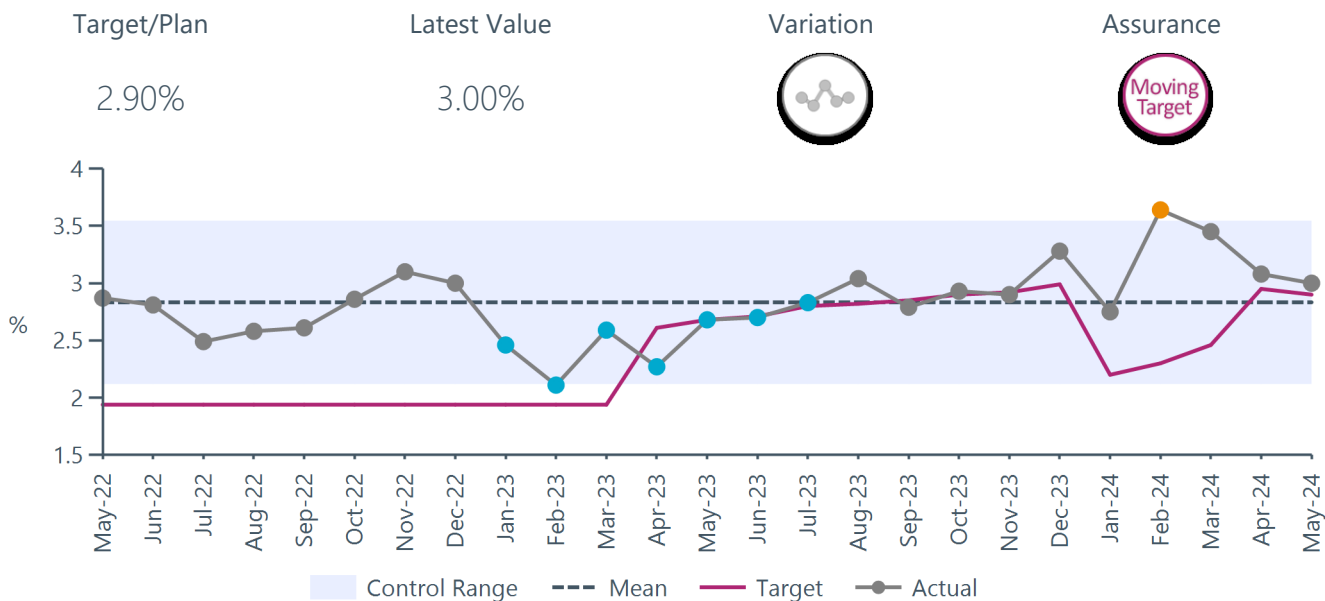| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	1.92	1.95		H	Moving Target	+	
Touchtime Utilisation	85.00%	85.20%		H	Moving Target	+	
Total Theatre Activity Against Plan	981	975		H	Moving Target	+	
IJP Activity - Theatres - against Plan	718	656			Moving Target	+	
OJP Activity - Theatres - against Plan	185	249		H	Moving Target	+	
PP Activity - Theatres - against Plan	78	70			Moving Target	+	
Elective Activity Against Plan (volumes)	1,113	1,123		H	Moving Target	+	24/06/21
Overall BADS %	85.00%	79.01%			?	+	
Average Length of Stay – Elective & Non Elective		6.36		L	No Target	+	
Bed Occupancy – All Wards – 2pm	87.00%	82.43%			?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	13,366	13,308		(●●●)	Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	12,270	12,274		(●●●)	Moving Target	+	
OJP Activity - Outpatients - against Plan	1,096	1,034		(●●●)	Moving Target	+	
Total Outpatient Activity - % Virtual	12.39%	14.18%		(L)	Moving Target	+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	4.64%		(●●●)	Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	5.01%		(L)	(?)	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.80		(H)	(?)	+	
Total Diagnostics Activity against Plan - Catchment Based	2,435	2,676		(●●●)	Moving Target	+	
Data Quality Maturity Index Score				(●●●)	(?)		
Referrals Received for Consultant Led Services*		3,606		(●●●)	No Target		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	231	-48		N/A to SPC	Moving Target	+	
Income	12,717	12,169		N/A to SPC	Moving Target		
Expenditure	12,477	12,217		N/A to SPC	Moving Target	+	
Efficiency Delivered	303	311		N/A to SPC	Moving Target	+	
Cash Balance	18,865	17,770		L	Moving Target	+	
Capital Expenditure	438	443		N/A to SPC	Moving Target	+	
Agency Proportion of Pay Plan	3.20%	3.90%		N/A to SPC	F	+	
Proportion of Temporary Staff	11.40%	11.44%		N/A to SPC	Moving Target		
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	94.00%			?	+	
Value Weighted Assessment	104.77%	96.00%		N/A to SPC	Moving Target	+	

Sickness Absence - Long Term

Target derived from Trust's Operational Plans. 211162

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
2.90%	3.00%		Moving Target

Trajectory

3.28   3

● Actual
○ Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

The long term sickness rate for May is reported at 3.00% and is included as an exception as it remains above target. Overall sickness absence target reflects the Trust's Operational plans. Target is based on previous year's outturn, with short and long term targets derived from that.

In May, the top three reasons for absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Other known causes'. The hotspot areas for long term sickness are:
* Pre-Operative Assessment Unit 22.35%
* DEXA 13.64%
* ODOs 13.29%
* Kenyon Ward 11.77%
* Orthotic Production & Manufacturing 11.20%

There were 72 episodes of long term sickness in May; 21 have been closed in May with a further 7 cases scheduled to end in June. Further improvement should be seen in June reporting.

Actions

Application of sickness absence policy remains a priority of the people team. Resources such as FAQ's and staff sickness leaflets are available on the intranet to support staff, as well as a robust sickness absence policy. Ongoing Sickness Absence training is available and continues to be encouraged for all managers.

Instigation of sickness absence management is highlighted to managers by the People Team, supported by Workforce Information, with assurance being requested at key stages ,and where necessary, People Services Team intervention.

The wellbeing offer is under review as a system. There is emphasis to ensure anxiety/stress/depression is a priority within the offer. The People Services Team continue to support colleagues within the current system offer for anxiety/stress/depression. Focused communication on wellbeing was issued to staff and managers in April. Trust wellbeing portal being developed and launching in June.
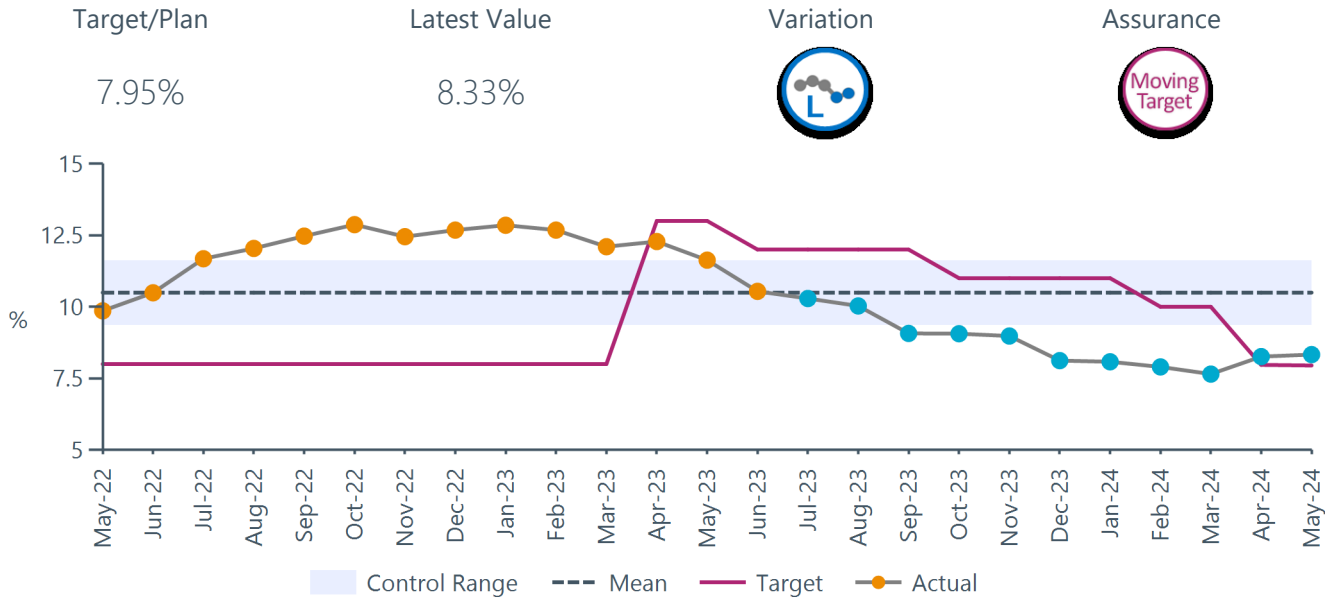
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
2.68%	2.70%	2.83%	3.04%	2.79%	2.93%	2.90%	3.28%	2.75%	3.64%	3.45%	3.08%	3.00%

- **Staff** - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
7.95%	8.33%	L	Moving Target

Trajectory

8.12

8.33

Actual

Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Staff Turnover is reported at 8.33% for May. This is above the target of 7.95% but as demonstrated in the graph above, there has been a reduction in the target from April to reflect what has been submitted in the Trust's Operational Plans. The 24/25 target is aligned with the 23/24 outturn. It must be noted, that the turnover position is showing as special cause variation with sustained improvement over the last twelve months.

This metric relates to the leavers over the past twelve months. For the period of June-23 to May-24 there have been 151 leavers as a proportion of the month end headcount.

Actions

* Business case formulated for Student Nurse Associates 24/25. Awaiting NHSE funding offer. Subject to funding, plans for quarter one 2025 intake with additional plans for top-up to registered nurse places.
* HCSW Retention; Begin plans for a focus on retention of this staff group delayed to quarter two. Initial analysis of this data to begin this work. 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 now formulated, awaiting NHSE apprenticeship funding offers.
* Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention but due to volume of new starters in Theatres, requirement to stabilise workforce before implementing. Also risk with delivery as NHSE funding for ICS AHP Workforce Lead has been removed.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates. Concerns with the volume of tickets being issues by Managers. Recruitment Lead has issued update via internal Trust communication channels.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
11.63%	10.54%	10.29%	10.03%	9.07%	9.06%	8.98%	8.12%	8.08%	7.90%	7.65%	8.26%	8.33%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:
Chief People Officer
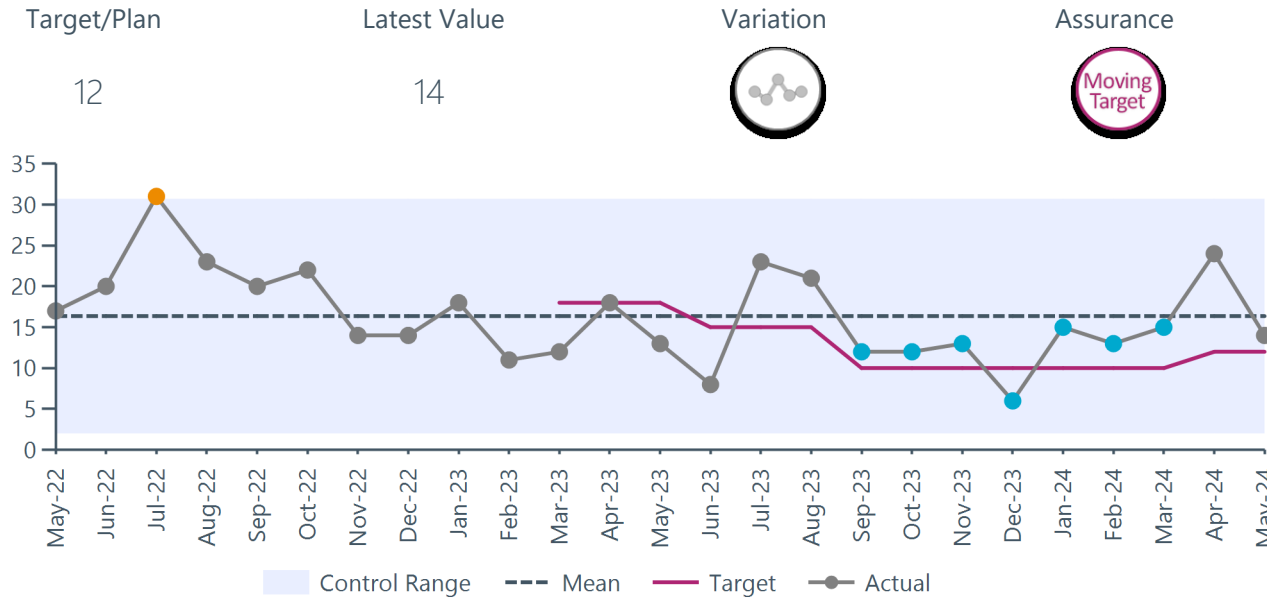
Target/Plan	Latest Value	Variation	Assurance	Trajectory
12	14	(Moving Target icon)	Moving Target	6 ... 14

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

Fourteen staff left the Trust throughout May and the metric is included as an exception as it's now been reported above the target since January. The staff that left the Trust in May were from the following staff groups; Nursing and Midwifery Registered (5), Estates & Ancillary (3), Administrative & Clerical (2), Additional Clinical Services (2) and Allied Health Professionals (2).

The reasons for leaving were recorded as:
* Retirement Age (4) - of which 1 has returned
* Voluntary Resignation - Work Life Balance (4)
* Dismissal - Capability (1)
* One to each of Voluntary Resignation categories; Health, Incompatible Working Relationships, Other/Not Known, Promotion, Relocation

Actions

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* 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 now formulated, awaiting NHSE apprenticeship funding offers.
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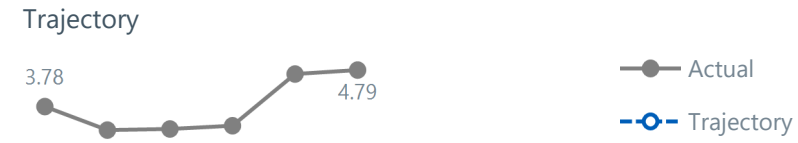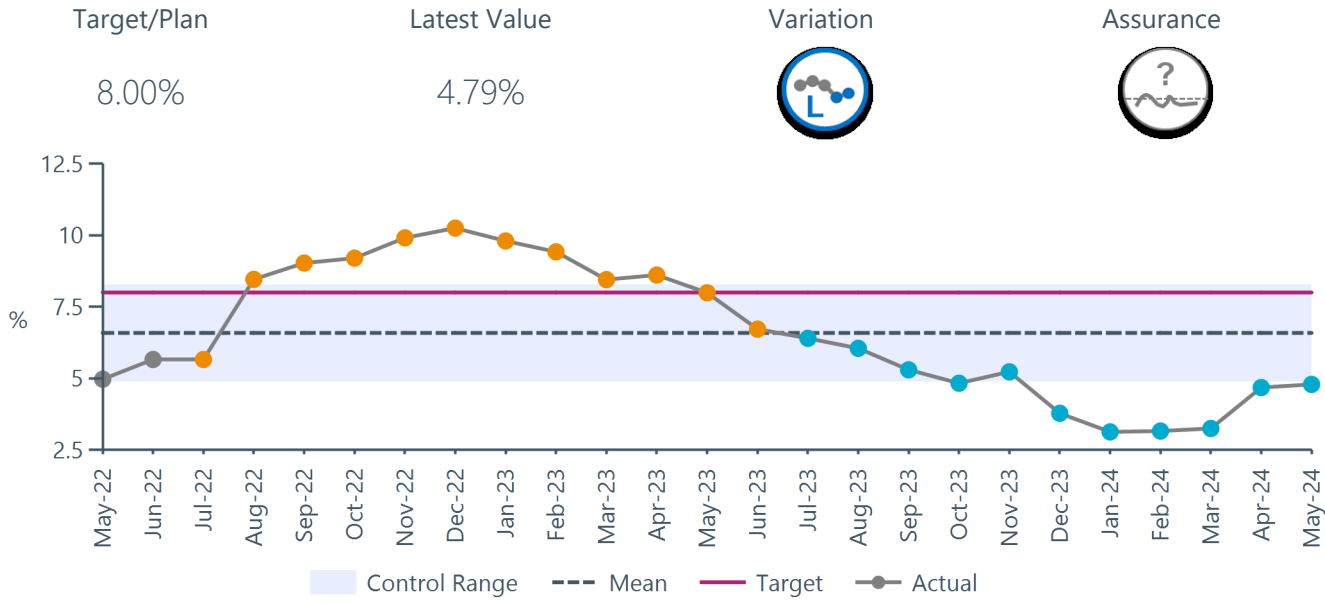
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
13	8	23	21	12	12	13	6	15	13	15	24	14

- 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%	4.79%	(L)	(?)

Trajectory

3.78

4.79

— 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.

Control Range   - - - Mean   — Target   — Actual

Narrative

The Trust-wide vacancy rate for May month-end is reported at 4.79%. It is included as an IPR exception due to the graph displaying sustained special cause variation of an improving nature. There was an establishment increase of 27.05 WTE in April, in part driven by the Rheumatology transfer of services. The ICS vacancy controls were introduced in April. Both of these are a contributory factors to the increase over past two months.

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 three areas with the highest levels of WTE vacancies, other than Theatres, are outlined below:
* MCSI Inpatients - 13.57 WTE vacant, equating to 14.56%
* Access Team - 5.59 WTE vacant, equating to 24.71%
* Clwyd Ward - 4.88 WTE vacant, equating to 17.10%

Actions

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* Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention but due to volume of new starters in Theatres, requirement to stabilise workforce before implementing. Also risk with delivery as NHSE funding for ICS AHP Workforce Lead has been removed.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates. Concerns with the volume of tickets being issues by Managers. Recruitment Lead has issued update via internal Trust communication channels.
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; one ODP left to land (awaiting English exam).
* HCSW vacancies - meeting to take place in June between Matrons, Workforce Information Lead, Recruitment Team & Finance to reconcile the vacant position to inform recruitment requirements.
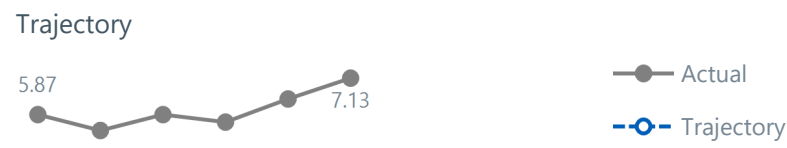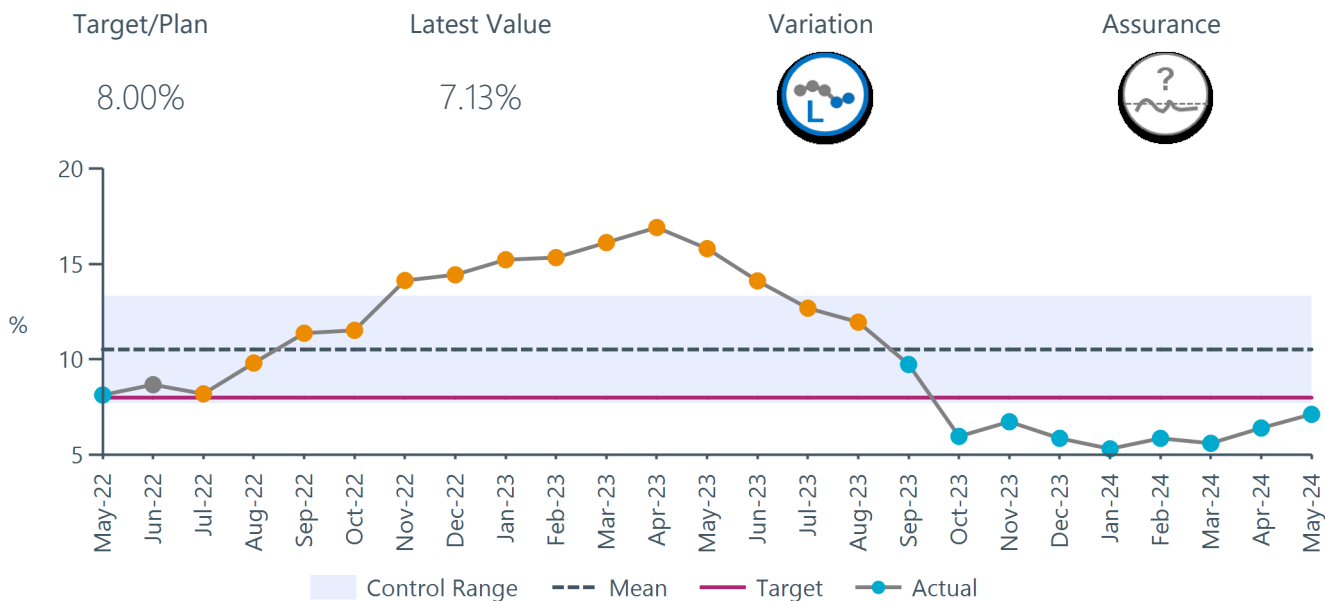
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
7.99%	6.72%	6.40%	6.05%	5.30%	4.83%	5.23%	3.78%	3.13%	3.16%	3.25%	4.68%	4.79%

- **Staff** - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	7.13%		

Trajectory

5.87

7.13

— 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.

Control Range — — Mean — Target — Actual

Narrative

The Nursing Vacancy Rate is reported at 7.13% for May month end; this equates to 23.52 WTE vacant, up from 21.15 WTE at the end of April. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target since October. A breakdown of the vacancies by area as follows:
* Specialist Unit - 12.95% / 16.15 WTE vacant
* MSK Unit - 4.89% / 9.00 WTE vacant
* Corporate Areas - over-established by 1.43 WTE

As at month end, 27.60 WTE was in progress against the vacant position of 23.52 WTE with a breakdown as follows:
* 10.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 5.60 WTE in Recruitment Pipeline - at conditional or unconditional stage
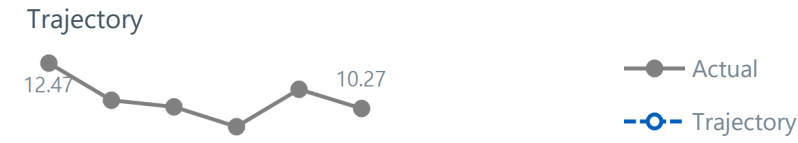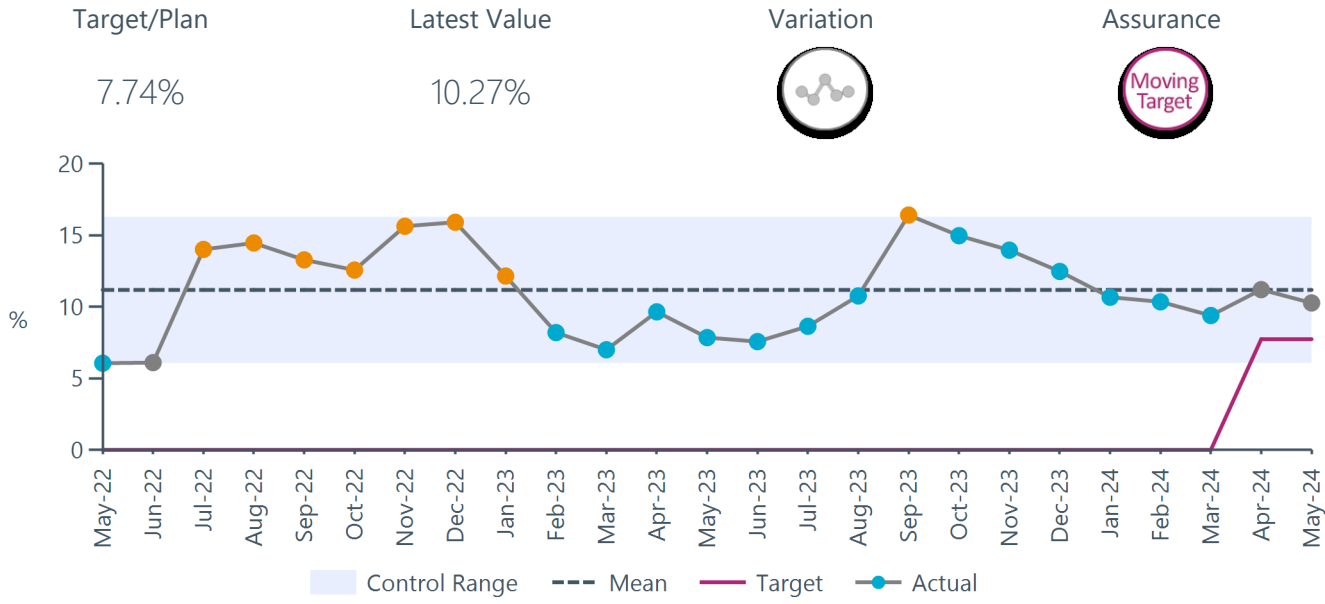* 12.00 WTE - International recruitment

Actions

* Business case formulated for Student Nurse Associates 24/25. Awaiting NHSE funding offer. Subject to funding, plans for quarter one 2025 intake with additional plans for top-up to registered nurse places.
* MCSI - Workforce business case with transformational Nursing/HCA model encompassed was agreed by Execs, with some amendments required. Workforce document has been shared with NHSE. However, they have already indicated that there is unlikely any growth funding for this year but will work with us for the 25/26 budget. Will be discussed at Contract Review Meeting.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates. Concerns with the volume of tickets being issues by Managers. Recruitment Lead has issued update via internal Trust communication channels.
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; one ODP left to land (awaiting English exam).

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
15.81%	14.12%	12.69%	11.96%	9.74%	5.97%	6.74%	5.87%	5.32%	5.87%	5.61%	6.41%	7.13%

- Staff - Patients - Finances -

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
7.74%	10.27%		Moving Target

Trajectory

12.47 — 10.27

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The healthcare support worker vacancy rate is reported at 10.27% for May month end. The data point is common cause variation this month following a period of reduction between September and March to address the vacancies primarily driven by nine staff that moved into Trainee Nurse Associate roles. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 22.49 WTE; the same position as that at the end of April. A breakdown of vacancies by area as follows;
* MSK Unit - 10.55% / 11.44 WTE vacant
* Specialist Unit - 10.16% / 11.05 WTE vacant
* Corporate areas - establishment all in post

As at month end, 14.67 WTE was in progress against the vacant position of 22.49 WTE with a breakdown as follows:
* 2.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 12.67 WTE - Recruitment Pipeline - at conditional and unconditional stage

Actions

* HCSW Retention; Begin plans for a focus on retention of this staff group delayed to quarter two. Initial analysis of this data to begin this work. 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 now formulated, awaiting NHSE apprenticeship funding offers.
* HCSW vacancies - meeting to take place in June between Matrons, Workforce Information Lead, Recruitment Team & Finance to reconcile the vacant position to inform recruitment requirements.
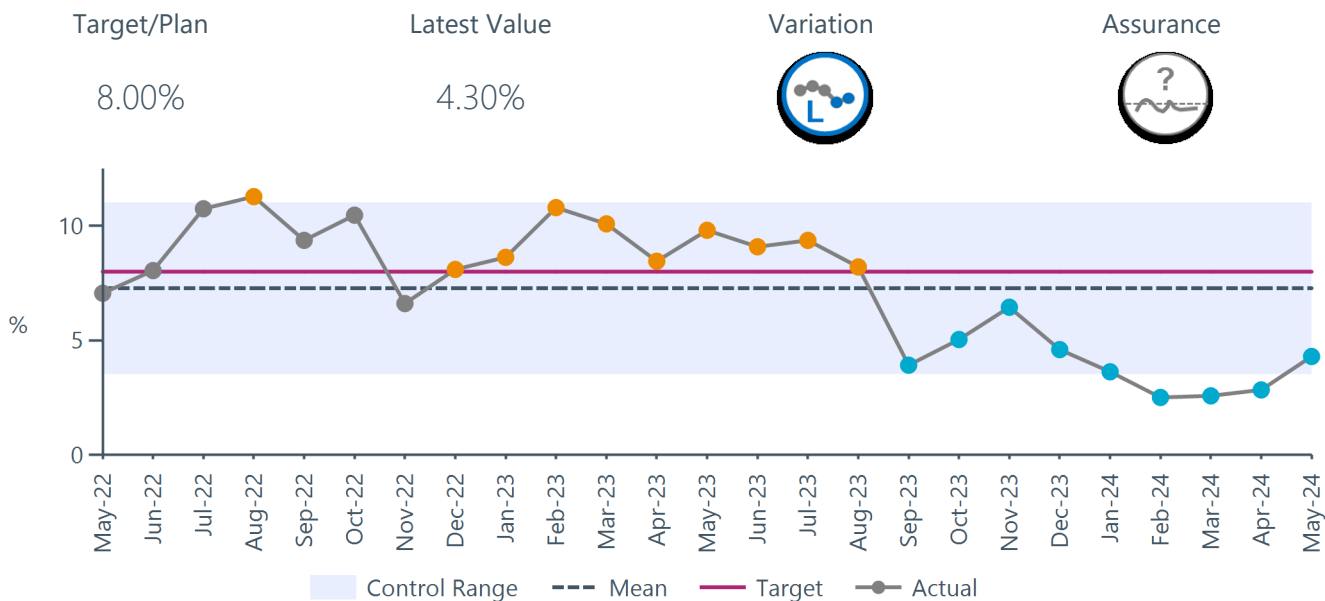
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
7.85%	7.57%	8.64%	10.76%	16.41%	14.97%	13.96%	12.47%	10.67%	10.35%	9.39%	11.20%	10.27%

- 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	Trajectory
8.00%	4.30%	L	?	

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 allied health professionals vacancy rate it reported at 4.30% for May month end. This equates to 7.86 WTE vacant; up from 5.19 WTE at the end of April. The reported rate has been below the 8% target since September-23 and as demonstrated in the graph above, we have reported a consistent period of improvement. Vacancies by role as follows; Radiographer - Diagnostic 3.27 WTE, Orthotist 1.62 WTE, Operating Department Practitioner 1.54 WTE, Physiotherapists 1.03 WTE, Occupational Therapist 0.31 WTE. Chiropodist 0.09 WTE.

As at month end, 10.55 WTE was in progress against the vacant position with a breakdown as follows:
* 1.75 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
* 7.80 WTE in 'pipeline' - a conditional or unconditional stage
* 1.00 WTE - International Recruitment

Actions

* Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention but due to volume of new starters in Theatres, requirement to stabilise workforce before implementing. Also risk with delivery as NHSE funding for ICS AHP Workforce Lead has been removed.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates. Concerns with the volume of tickets being issues by Managers. Recruitment Lead has issued update via internal Trust communication channels.
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; one ODP left to land (awaiting English exam).

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
9.81%	9.09%	9.37%	8.21%	3.92%	5.04%	6.45%	4.60%	3.63%	2.51%	2.58%	2.84%	4.30%

- 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
–	2,128	N/A to SPC	No Target	
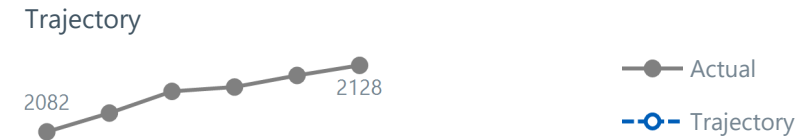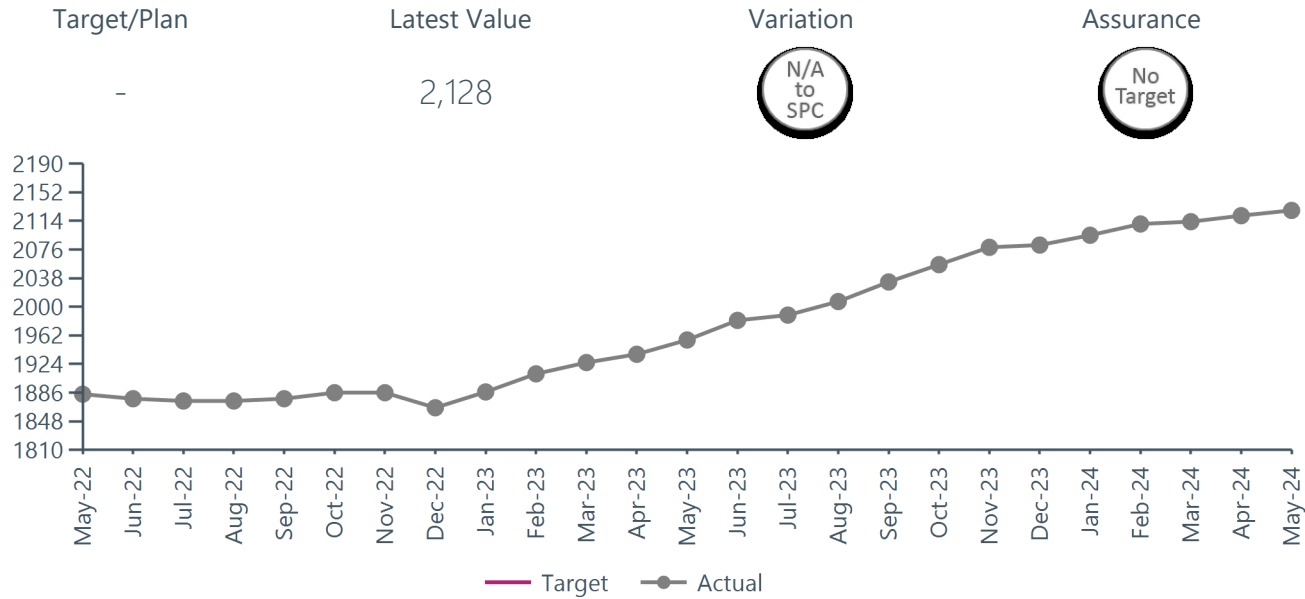
What these graphs are telling us

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

Narrative

At the end of May the Trust had a total headcount in post of 2128 with a breakdown as follows:
* Permanent - 1700
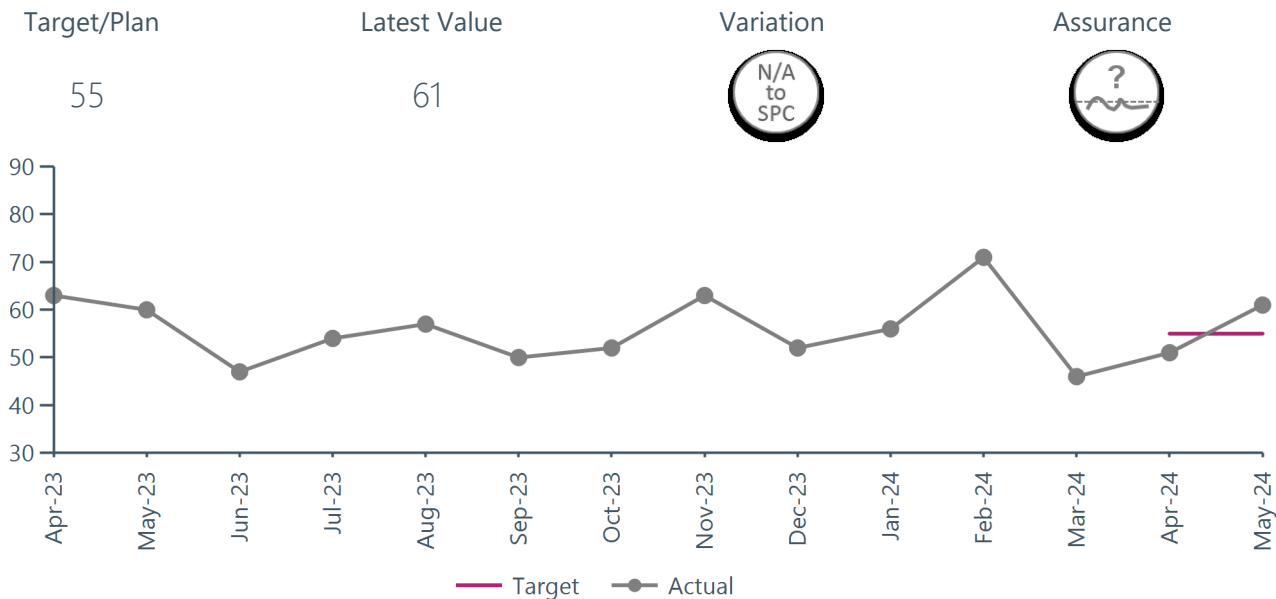* Fixed Term - 133
* Locum - 3
* Bank - 292

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
1956	1982	1989	2007	2033	2056	2079	2082	2095	2110	2113	2121	2128

- Staff - Patients - Finances -

Time to Hire

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
55	61	N/A to SPC	?	52 ... 61

—●— Actual
--○-- Trajectory

— Target   —●— Actual
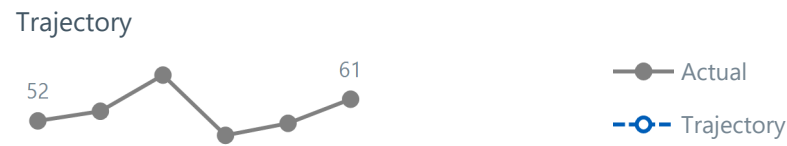
What these graphs are telling us

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

Narrative

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

For those staff that started in May, the average days to hire was 61 days. At present, the data above is presented as a line graph until we reach 15 data points to convert it to SPC but from this data it demonstrates the reported position for May is typical, based on the data presented for the last fourteen months.

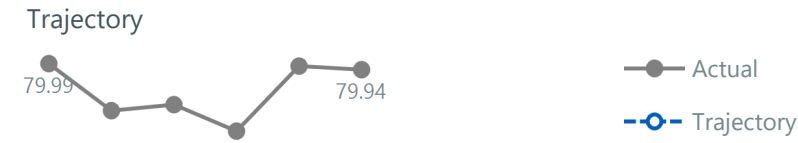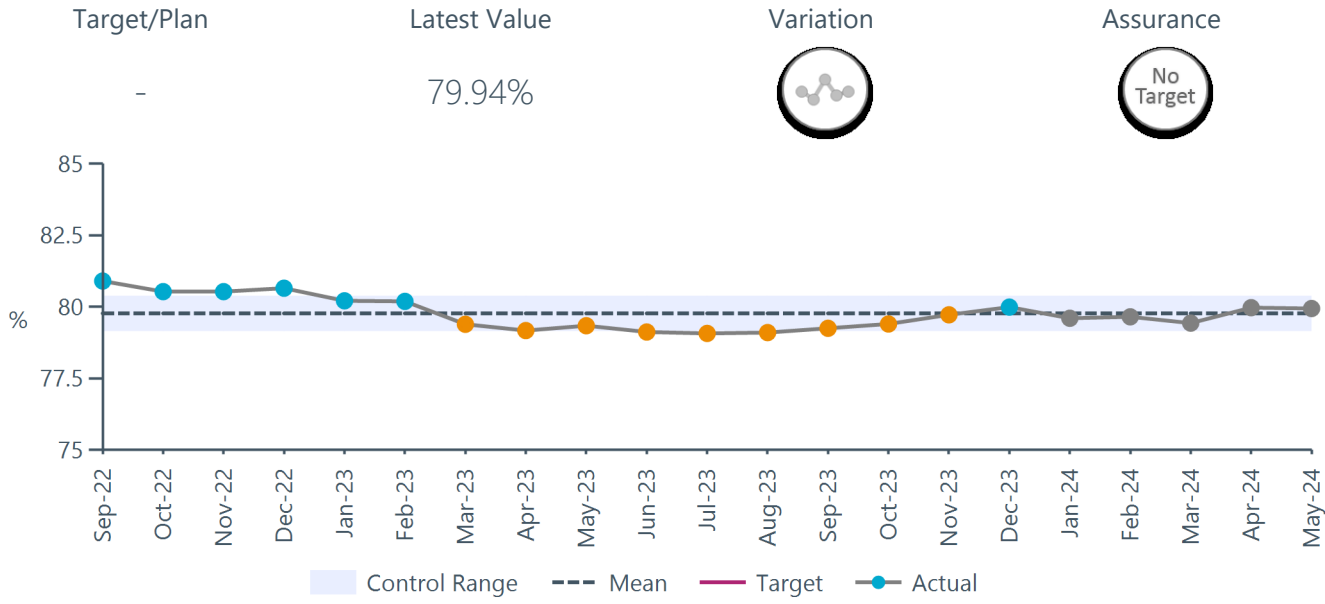The ICS vacancy controls were introduced in April and are likely to have an impact on this metric.

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
60	47	54	57	50	52	63	52	56	71	46	51	61

-   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
–	79.94%		No Target	79.99 ... 79.94

Actual
Trajectory

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.

Control Range   Mean   Target   Actual

Narrative

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

In May, 79.94% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
* Medical & Dental 92.79%
* Administrative & Clerical 82.77%
* Add Prof Scientific and Technic - 81.58%
* Allied Health Professionals 78.01%
* Additional Clinical Services 77.59%
* Nursing & Midwifery 77.26%
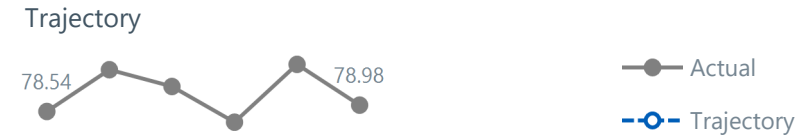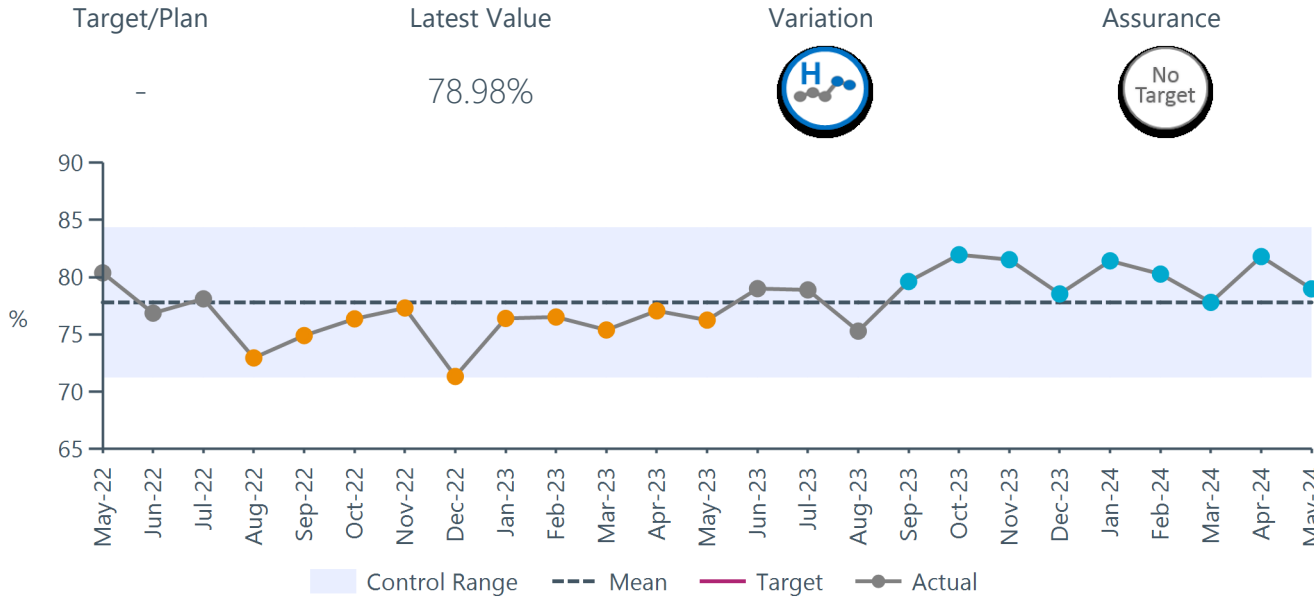* Estates & Ancillary 75.69%
* Healthcare Scientists 57.14%

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
79.34%	79.12%	79.07%	79.10%	79.25%	79.40%	79.72%	79.99%	79.60%	79.65%	79.43%	79.97%	79.94%

-    Staff   -   Patients   -   Finances   -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	78.98%	H	No Target	78.54 ... 78.98

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 May, % staff availability was 78.98%. The 21.02% not available is broken down as follows:
* Vacancies - 4.79%
* Planned absence (annual leave, maternity, paternity) - 11.38%
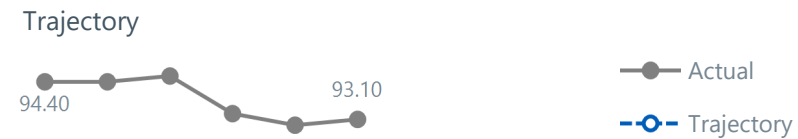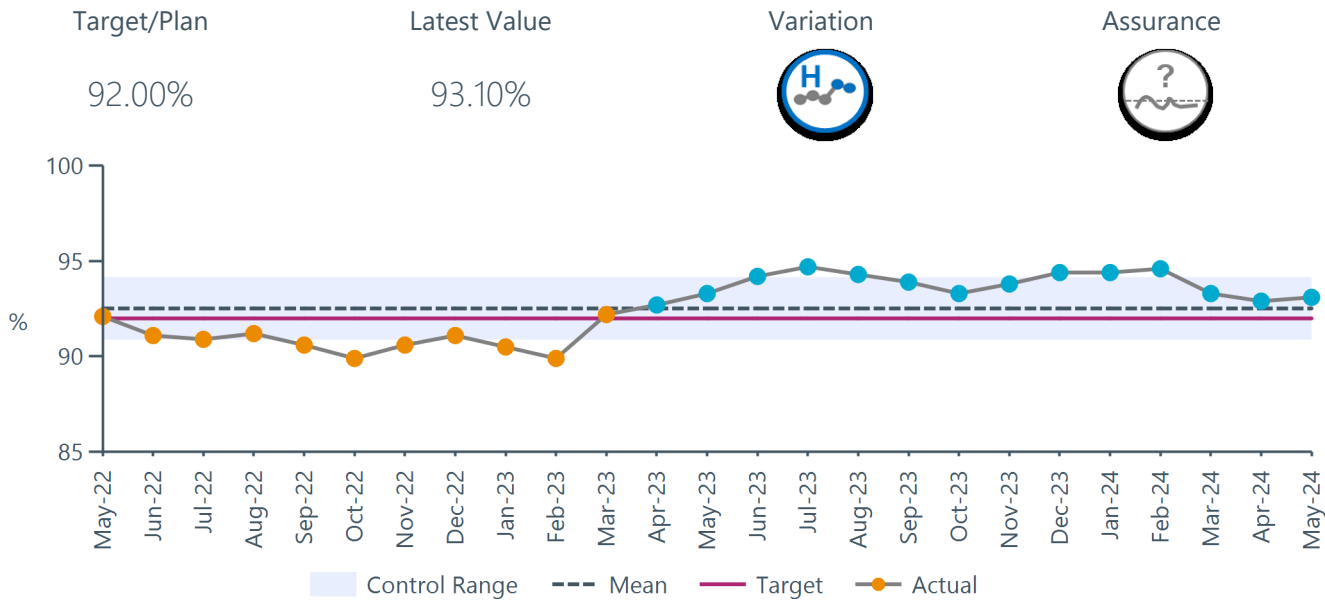* Unplanned absence (sickness, special leave) - 4.85%

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
76.25%	79.00%	78.89%	75.29%	79.62%	81.96%	81.53%	78.54%	81.43%	80.27%	77.80%	81.80%	78.98%

- 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%	93.10%			

94.40   93.10

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 Statutory & Mandatory Training is reported at 93.10% for May 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.
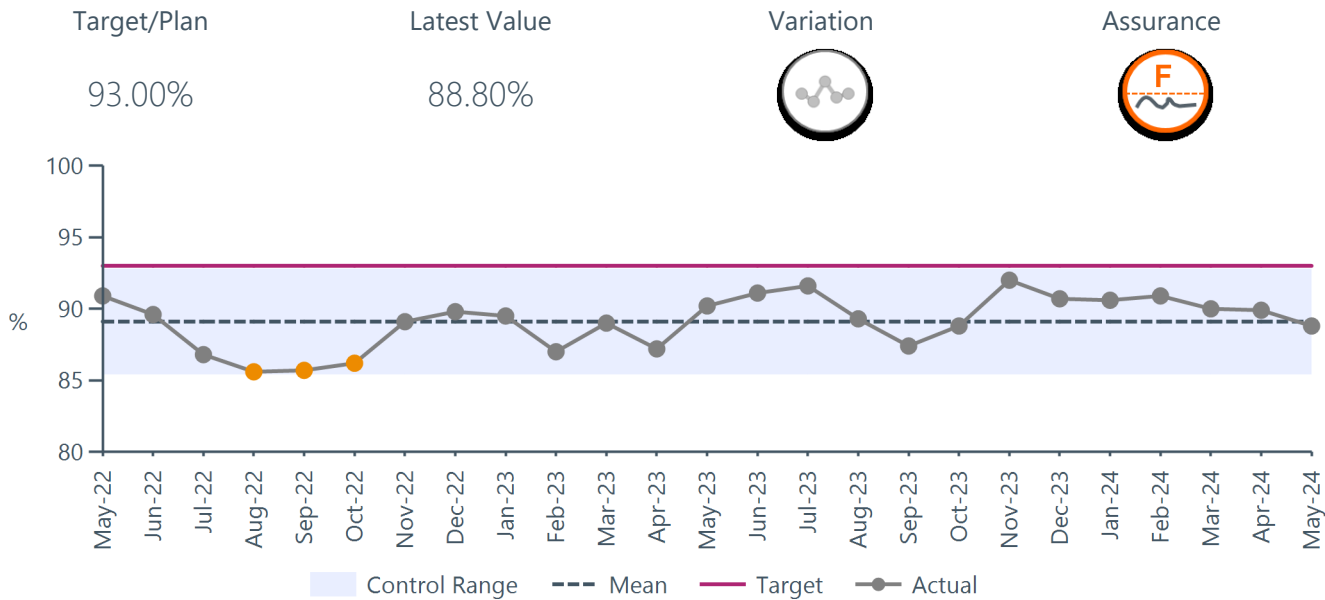
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
93.30%	94.20%	94.70%	94.30%	93.90%	93.30%	93.80%	94.40%	94.40%	94.60%	93.30%	92.90%	93.10%

- 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%	88.80%		F	90.70 ... 88.80

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 88.80% at the end of May. This has been reported below target since August '21. Breakdown below by area:
* Corporate areas - 82.69% - 58 not completed
* MSK Unit - 87.86% - 72 not completed
* Specialist Unit - 93.70% - 33 not completed - meeting the Trust target

A breakdown of the Corporate areas with PDRs outstanding:
* Finance & Planning - 29 with most outstanding in Estates (15) and Finance Dept (8)
* Office of the Medical Director - 15 with 11 of those in the Apollo Project Team
* People Services - 6
* Nursing & Patient Safety Team - 2
* Office of the CEO - 3
* Operations Team - 3

Actions

Performance against this target is monitored through Trust Performance and Operational Improvement Group.

Following a high level review, ensure timeliness of updates to ESR to ensure reflected in month end figures.
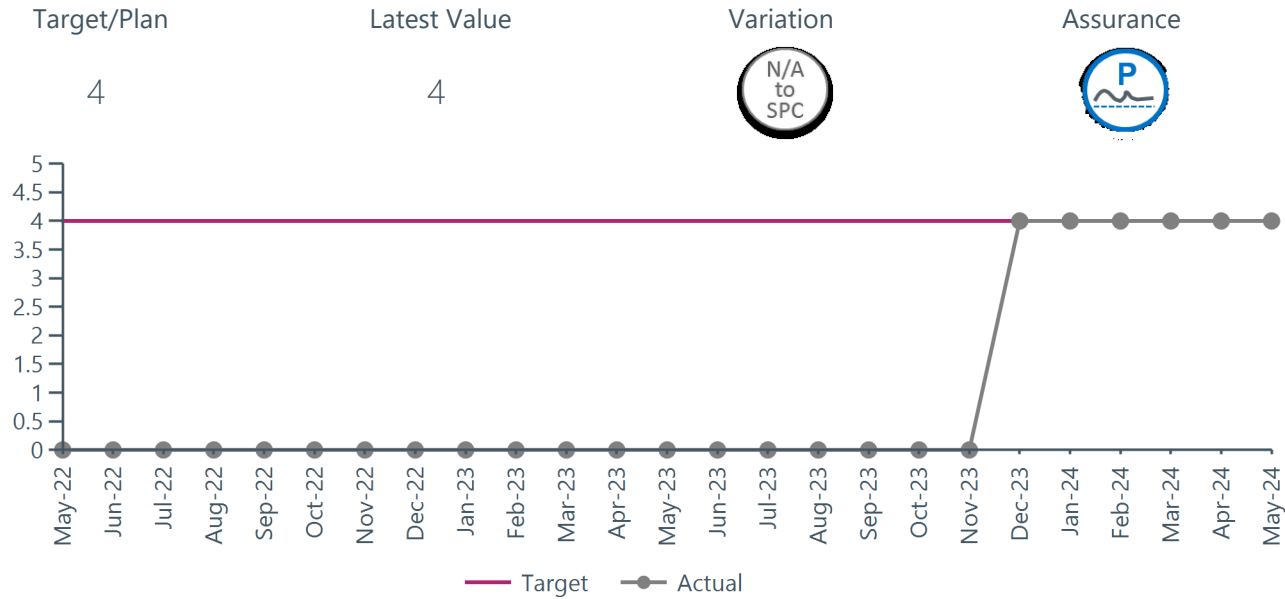
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
90.20%	91.10%	91.60%	89.30%	87.40%	88.80%	92.00%	90.70%	90.60%	90.90%	90.00%	89.90%	88.80%

- 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	P	4 —————— 4

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

RJAH is operating at level 4. 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.
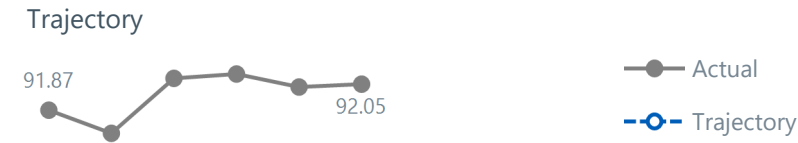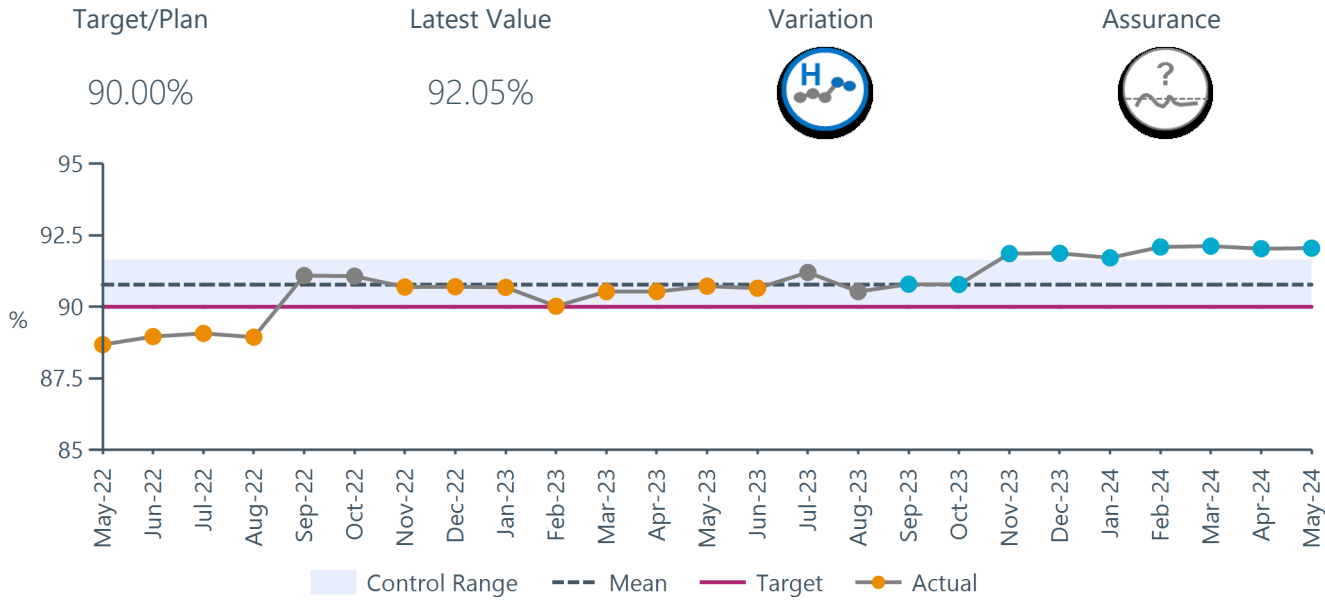
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
0	0	0	0	0	0	0	4	4	4	4	4	4

-    Staff   -   Patients   -   Finances   -

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	92.05%	H	?	91.87 ... 92.05

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

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of May, 92.05% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.
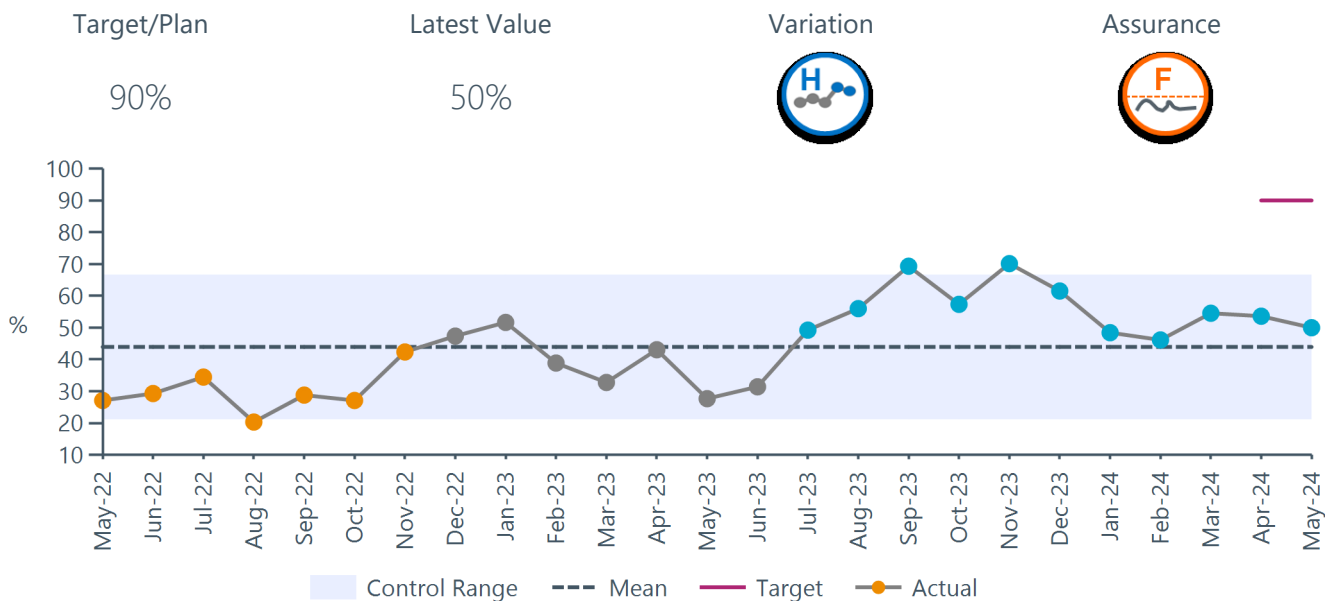
Actions

Workplan in place with rostering team, to add remaining clinical areas to roster

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
90.72%	90.65%	91.20%	90.53%	90.79%	90.78%	91.86%	91.87%	91.71%	92.09%	92.12%	92.03%	92.05%

- 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
90%	50%	H	F	61.54 ... 50

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 50.00%. This relates to the roster start date of 25th March and ending on 21st April. A breakdown by unit is provided below:
* Corporate Areas - 57.14%
* MSK Unit - 48.65%
* Specialist Unit - 47.37%

This measure has been disaggregated into professional areas. The breakdowns are :
* Nursing - 71.43%
* Corporate - 66.67%
* AHPs - 20%
* Radiology - 0%
* Medical - 0%

Actions

A task and finish group has been established for medical rostering with an implementation plan in place. This metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance. Improvement expected over coming months due to change in the dates when the confirm and challenge meetings are being held. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.
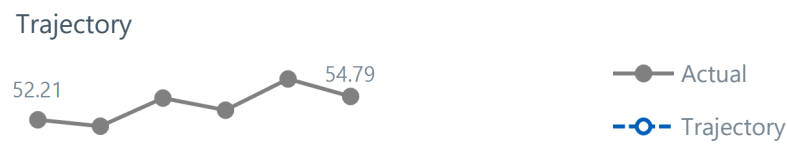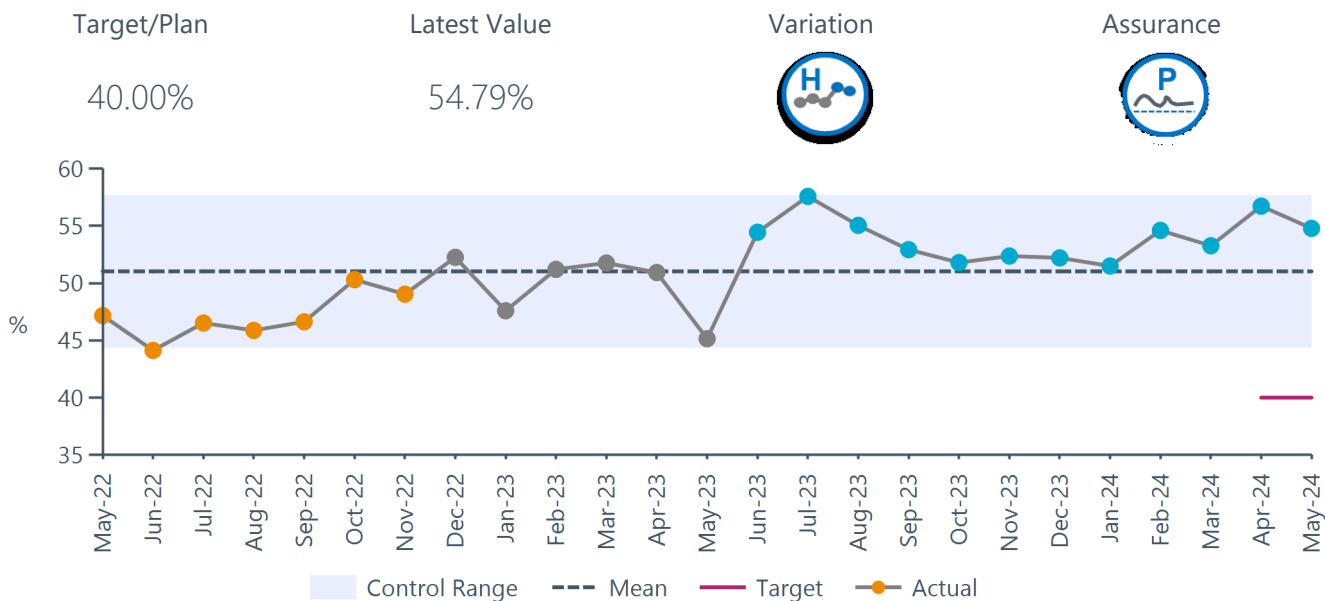
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
27.69%	31.43%	49.25%	56.00%	69.33%	57.35%	70.15%	61.54%	48.44%	46.15%	54.55%	53.62%	50.00%

- 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
40.00%	54.79%	H	P

Trajectory

52.21   54.79

- Actual
- Trajectory

Control Range — **Mean** — **Target** — **Actual**

What these graphs are telling us

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

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 54.79%, above the target set of 40%. This target has been added following the IPR review paper taken through committees last month. The breakdowns by professional area are :
* Medical - 95.82%, AHPs - 84.91%, Radiology - 73.13%, Corporate - 72.30%, Nursing - 36.95%

Actions

Performance relating to this metric will be monitored via Assistant Chief Nurses with improvement actions monitored at NSSG meeting. A target of 40% has been set for the number of shifts that are auto-rostered. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.
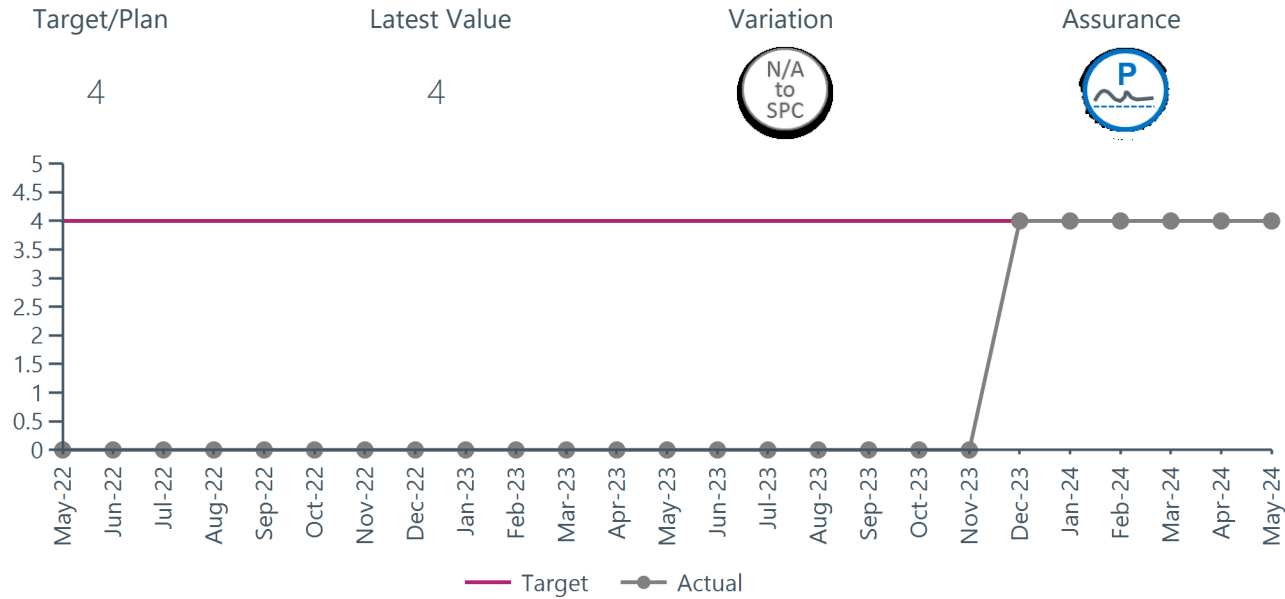
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
45.15%	54.45%	57.58%	55.05%	52.93%	51.80%	52.37%	52.21%	51.50%	54.61%	53.27%	56.73%	54.79%

- 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	P	4 — 4

What these graphs are telling us

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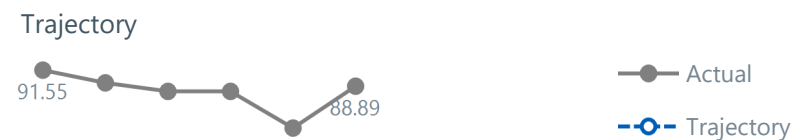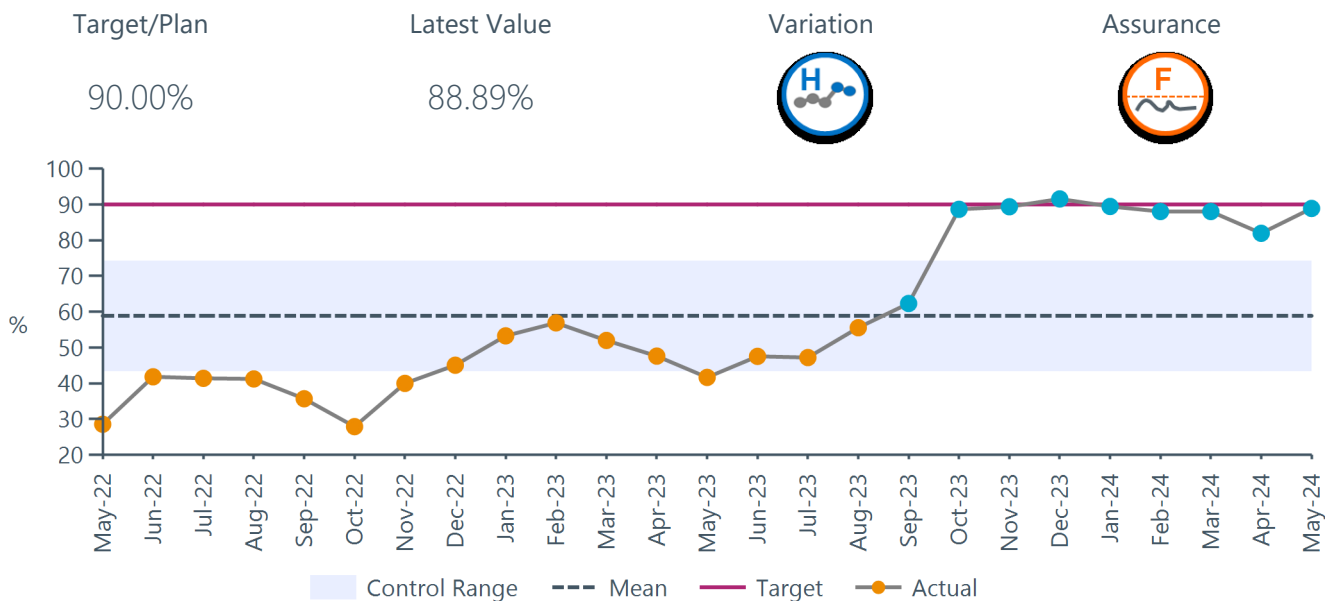
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
0	0	0	0	0	0	0	4	4	4	4	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%	88.89%	H	F	91.55 ... 88.89

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 May month end position is 88.89%. Breakdown as follows:
* AHPs - 24 job plans with 23 signed off within last 12 months - 95.83%
* Specialist Nurses - 20 job plans with 19 signed off within last 12 months - 95.00%
* Consultants - 100 job plans with 76 signed off within last 12 months - 86.00%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 89.36% and MSK Unit reported at 88.66%.

As at the end of May, below details the progress by staff group in chasing job plan completion at the different stages:
 - Consultants 14 outstanding - Awaiting 1st sign off (7), Awaiting 2nd sign off (2), In discussion (4), on hold (1)
 - Nurses 1 outstanding - Awaiting 2nd sign off (1)
- AHPs 1 outstanding - Awaiting 3rd sign off (1)

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
41.67%	47.55%	47.22%	55.56%	62.33%	88.65%	89.36%	91.55%	89.44%	88.03%	88.03%	81.94%	88.89%

- Staff - Patients - Finances -

Patient Safety Incident Investigations

Number of Patient Safety Incident Investigations reported in month. 217825

Exec Lead:
Chief Nurse and Patient Safety Officer
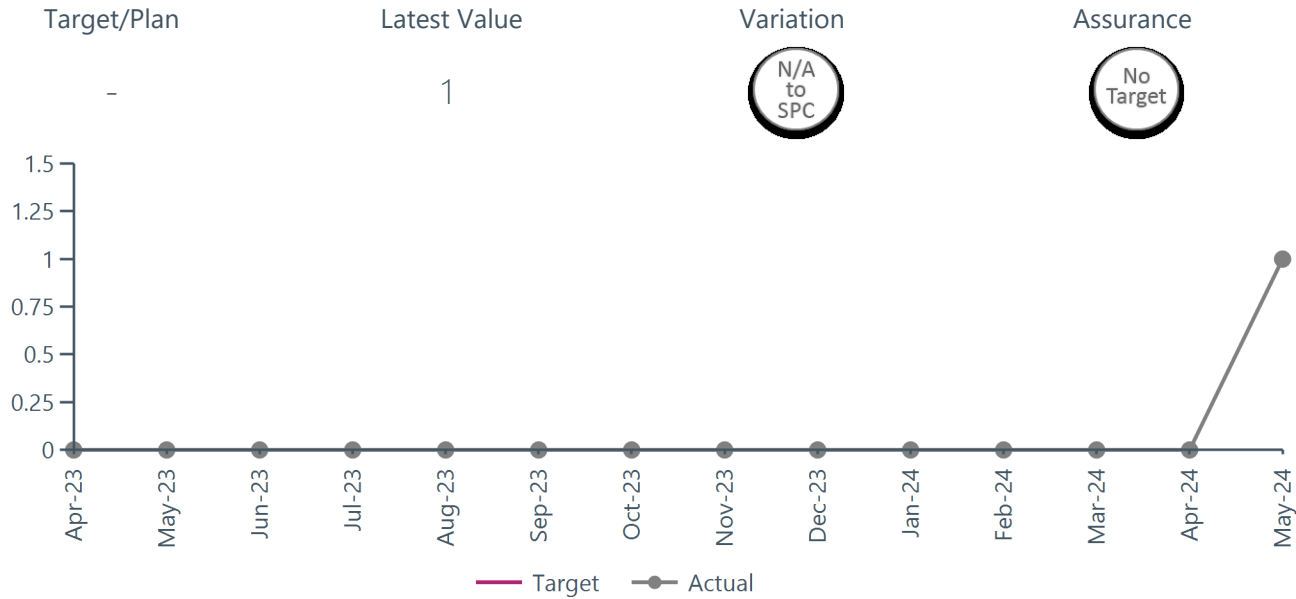
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	1	N/A to SPC	No Target	

What these graphs are telling us

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

Actual — Trajectory

Narrative

There was one Patient Safety Incident Investigation reported in May. This relates to a patient admitted to MCSI for rehabilitation on the 07 September 2023. The patient was then transferred to Sheldon ward while awaiting discharge but remained under the care of the spinal injuries team. When the patient was admitted to the unit, they had previously been prescribed Furosemide 20 mg orally daily, however on discharge from the Trust this medication was not included on the patients discharge summary.

On 26 April 2024 the patients next of kin contacted the Trust informing us that 6 days post discharge the patient was admitted to local hospital as they had gone into heart failure. The family informed us that the patient's discharge letter did not have the diuretic prescribed up and were concerned that this had contributed to the patient being readmitted to hospital.

The Trust were informed that the patient had subsequently deteriorated and sadly passed away 03 May 2024. A Patient Safety review meeting was held on Monday 13 May to discuss the event and a PSII was commissioned.

Actions

An investigation has been commissioned for this incident, working to a three-month timescale. The findings will be presented to Patient Safety Committee and Quality and Safety Committee in August.
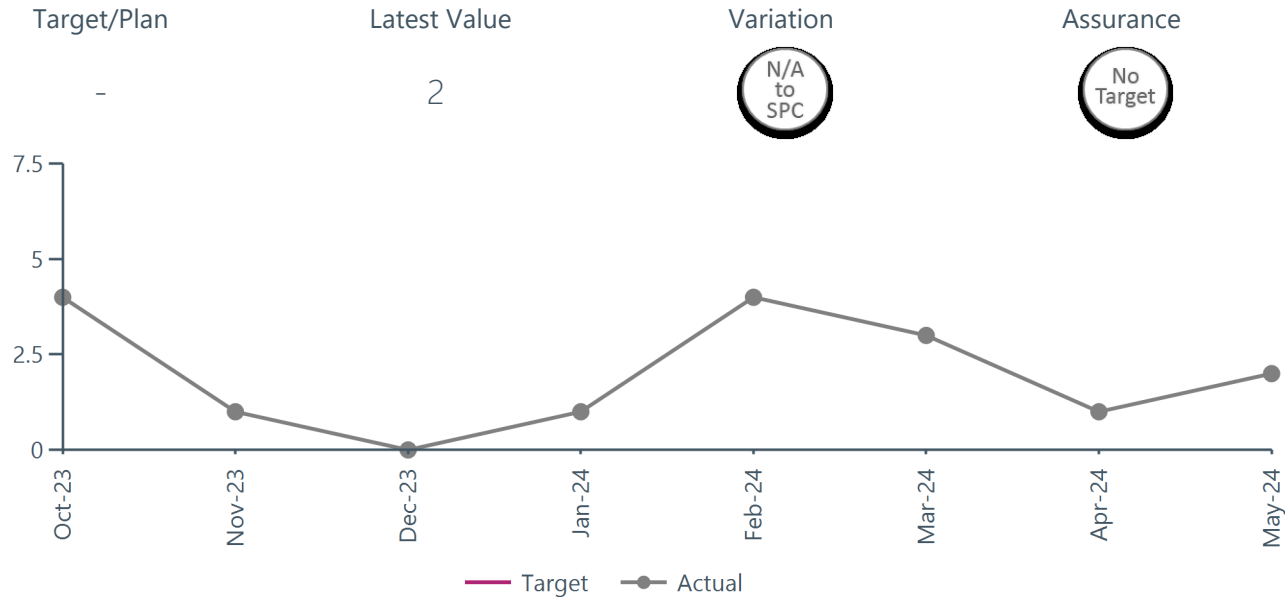
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
0	0	0	0	0	0	0	0	0	0	0	0	1

- Staff - Patients - Finances -

Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	2	N/A to SPC	No Target	

Actual ● —
Trajectory -○-

What these graphs are telling us

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

Narrative

There were two Patient Safety Reviews in May; details as follows:
* An MDT Review for a patient who became unwell in the main entrance requiring transfer to HDU, followed by a transfer to SATH for emergency care.
* An After-Action Review for a patient who fell from their bed and sustained a fracture.

Actions

Any actions captured from these reviews are populated onto the Patient Safety Improvement Plan and monitored through the Patient Safety Committee.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
					4	1	0	1	4	3	1	2

- Staff - Patients - Finances -

Total Patient Falls

Total number of falls - excludes slips, trips and assisted slides 211176

Exec Lead:
Chief Nurse and Patient Safety Officer
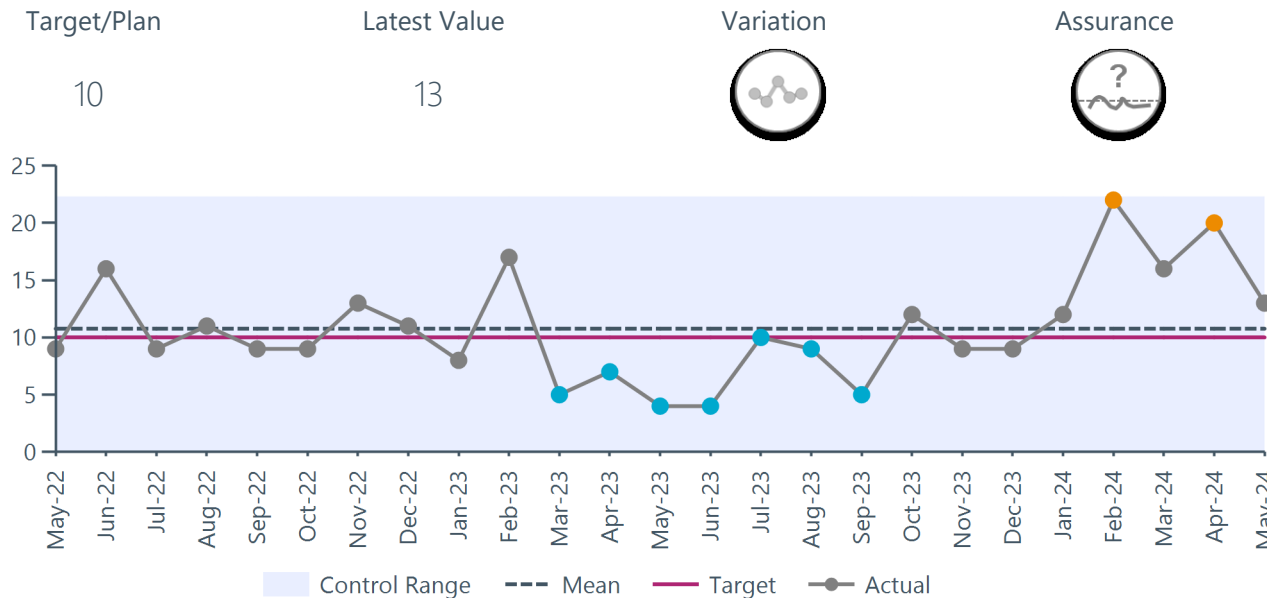
Target/Plan	Latest Value	Variation	Assurance
10	13		?

Trajectory

9 13

Actual
Trajectory

What these graphs are telling us

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

Control Range — **Mean** — **Target** — **Actual**

Narrative

There were thirteen falls throughout the Trust in May. This measure has been included as an exception this month as those reported have now exceeded the tolerance for five consecutive months. Of the falls reported in May, they have been classified as moderate harm (1), low harm (10) and no harm (2).

Actions

A thematic review for quarter one will be presented to the Patient Safety Committee in July. Actions from the quarter four review are still being progressed.

The fall that resulted in moderate harm is undergoing a patient safety review, as per previous indicator.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
4	4	10	9	5	12	9	9	12	22	16	20	13

- Staff - Patients - Finances -

Inpatient Ward Falls Per 1,000 Bed Days

Number of Inpatient Ward Falls per 1,000 Bed Days 211203

Exec Lead:
Chief Nurse and Patient Safety Officer
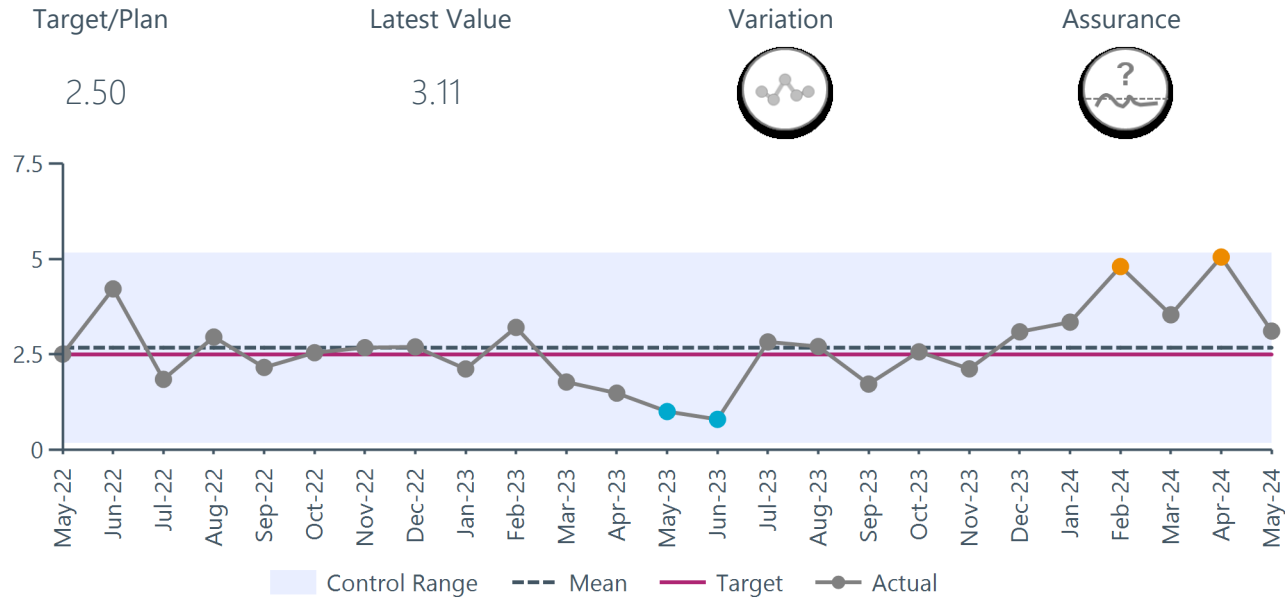
Target/Plan	Latest Value	Variation	Assurance
2.50	3.11		

Trajectory

3.09 .... 3.11

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

The Inpatient Falls per 1000 bed days is reported a 3.11 this month and is included as an exception with the position now reported above the tolerance since November. Throughout May there were thirteen inpatient falls reported. When reviewing this rise, consideration should be given to activity levels; elective activity has shown increase in this calendar year.

Actions

A thematic review for quarter one will be presented to the Patient Safety Committee in July. Actions from the quarter four review are still being progressed.
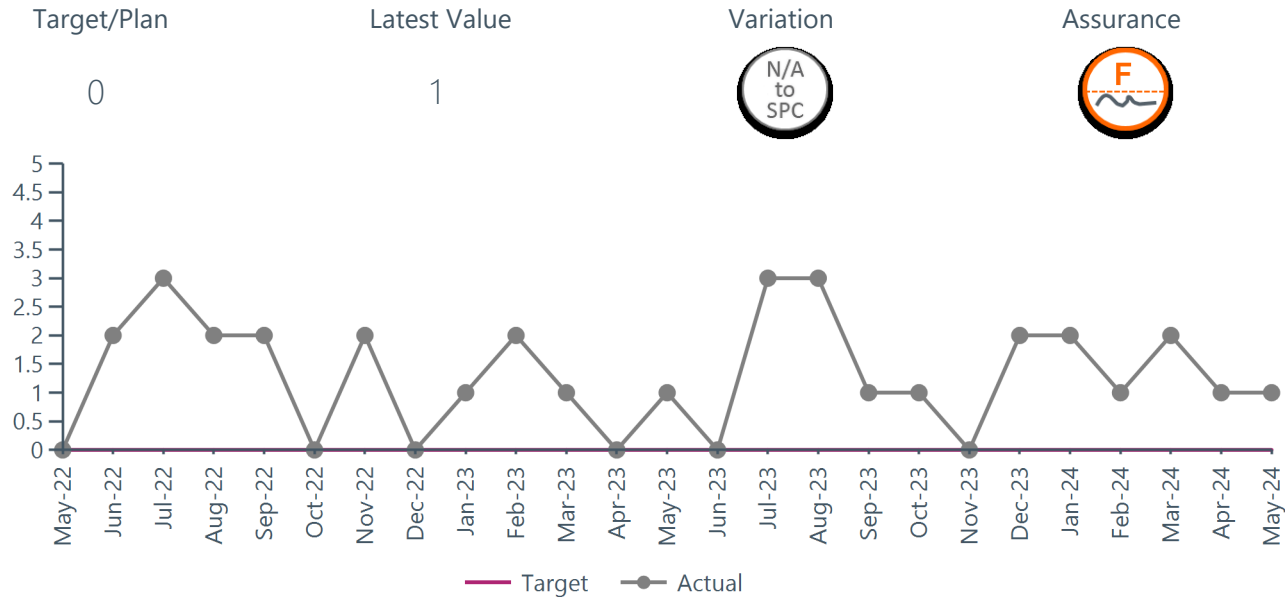
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
1.01	0.80	2.83	2.71	1.73	2.57	2.12	3.09	3.35	4.81	3.54	5.05	3.11

- 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	1	N/A to SPC	F	2 ... 1

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 re-opened complaint in May as the patient was dissatisfied with the Trust's response.
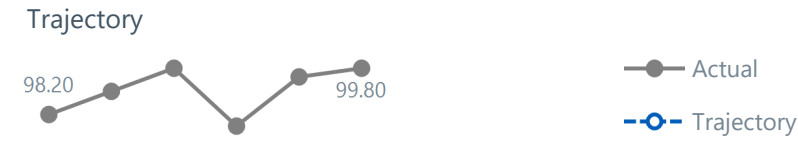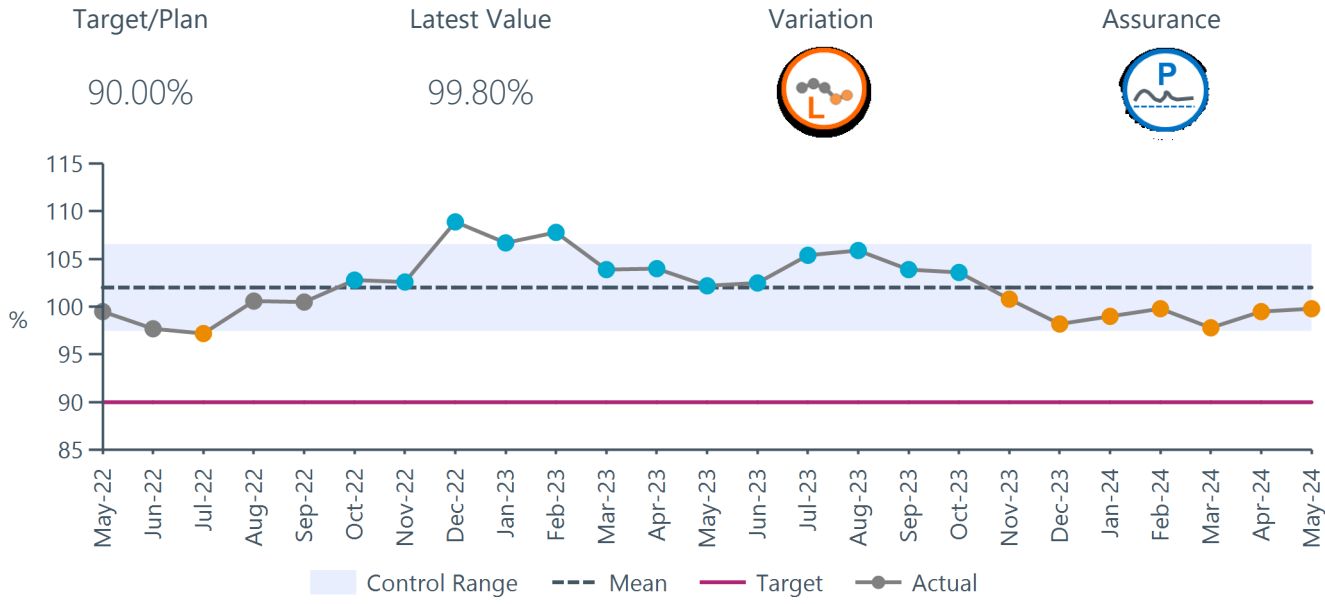
Actions

No further actions required.

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

-   Staff   -   Patients   -   Finances   -

Safe Staffing

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	99.80%			98.20 ... 99.80

Actual
Trajectory

What these graphs are telling us

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

Control Range   - - - Mean   — Target   Actual

Narrative

The % shift rate for May is reported at 99.80%. There is a period of special cause variation of a concerning nature but the fill rate remains well above the 90% target; the whole control range site above 95%. The reported position encompasses the data for both day and night shifts, registered nurses and health care support workers. The data reported reflects the acuity on the wards.
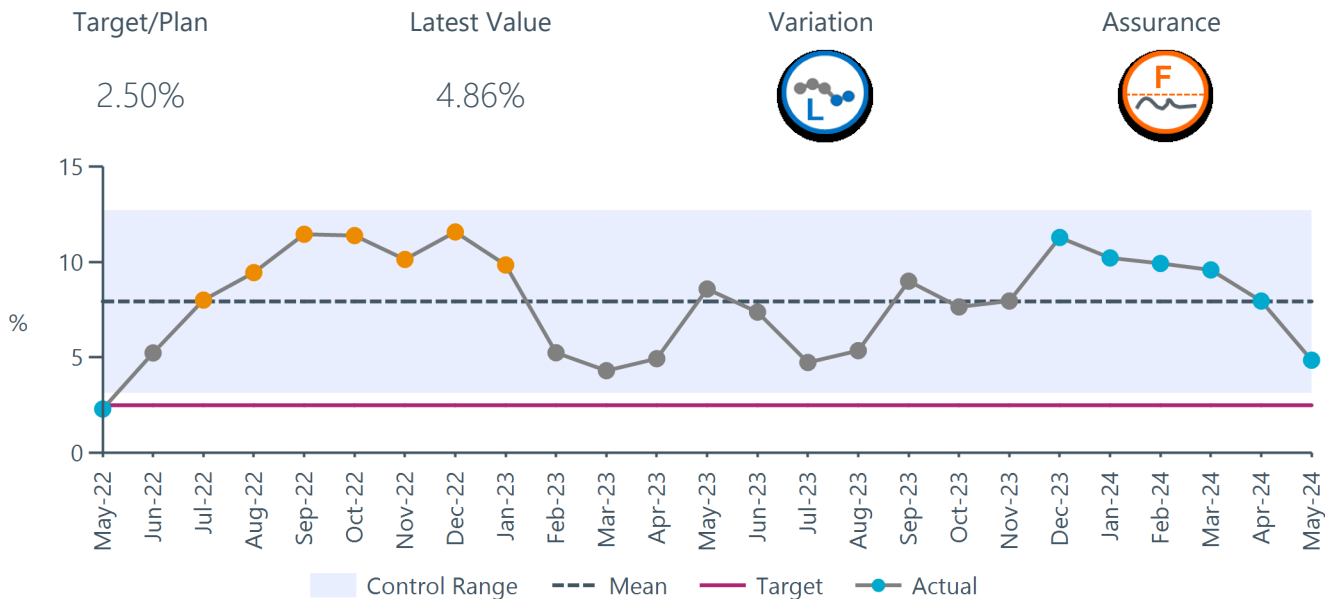
Actions

Ward staffing levels are under regular review and discussed in daily State of Play meetings. A six-month establishment review has recently been undertaken with ongoing actions to target fill rates.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
102.20%	102.50%	105.40%	105.90%	103.90%	103.60%	100.80%	98.20%	99.00%	99.80%	97.80%	99.50%	99.80%

-   Staff   -   Patients   -   Finances   -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.50%	4.86%	L	F	11.29 ... 4.86

Actual — Actual
Trajectory — 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 Delayed Discharge rate is reported at 4.86% for May with the figure remaining within the expected control range and showing as five months of consistent reduction. The total delayed days for the month is 200 days with a breakdown as follows:
* 17 care of the elderly patients with 86 delayed days - attributed to Shropshire, Telford, Coventry & Wales
* 9 spinal injuries patients amounting to 110 days - attributed to Wales, Birmingham, Wolverhampton, Cheshire, Newcastle Upon Tyne and Coventry
* 3 T&O patients totalling 4 days - attributed to Shropshire & Wales

Actions

The discharge task and finish group has ended as objectives were met in relation to internal delays being removed and external delays escalated. Criteria led discharge is now live on Sheldon and is part of Enhanced Recovery on MSK wards. Deemed not appropriate for MCSI due to complexity of discharges. Now working with IDT hub (who support Sheldon with delays) to implement on MSK wards as numbers of patient requiring input at discharge has increased. MCSI have now set up a working group to continue to review their NCTRs and strengthen the goal planning process.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
8.59%	7.38%	4.74%	5.36%	9.00%	7.65%	7.96%	11.29%	10.22%	9.93%	9.59%	7.96%	4.86%

- 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
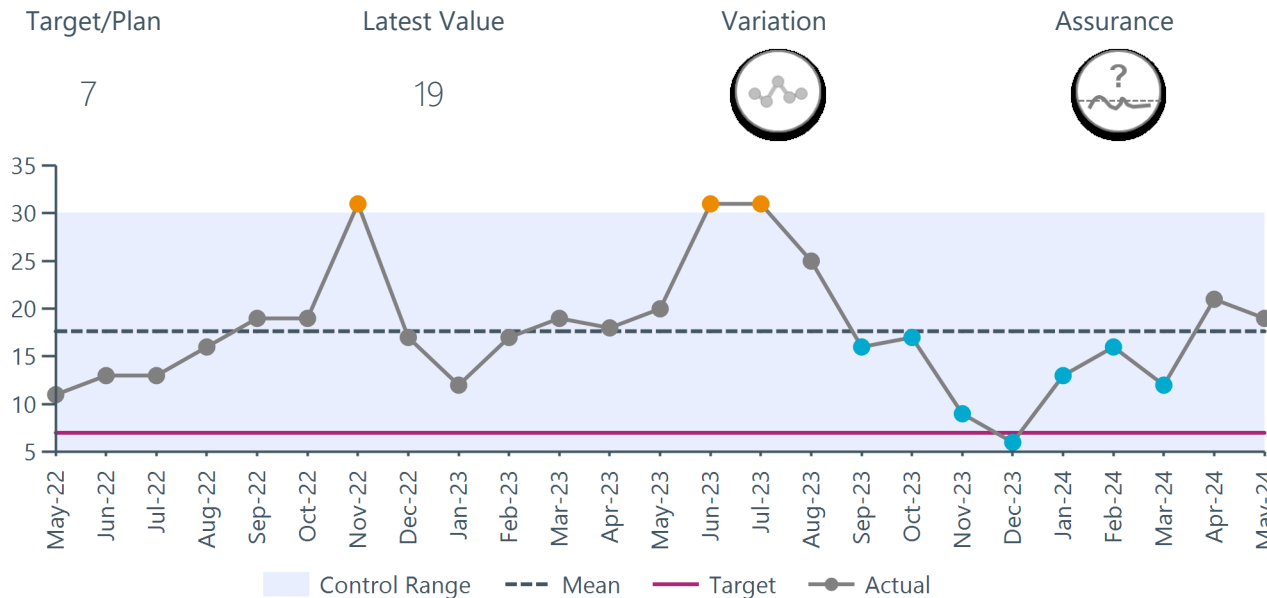
Target/Plan	Latest Value	Variation	Assurance	Trajectory
7	19		?	

— 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

As at 31st May, there were 19 spinal injury patients waiting to be transferred to the MCSI Unit. This remains above the tolerance of 7.
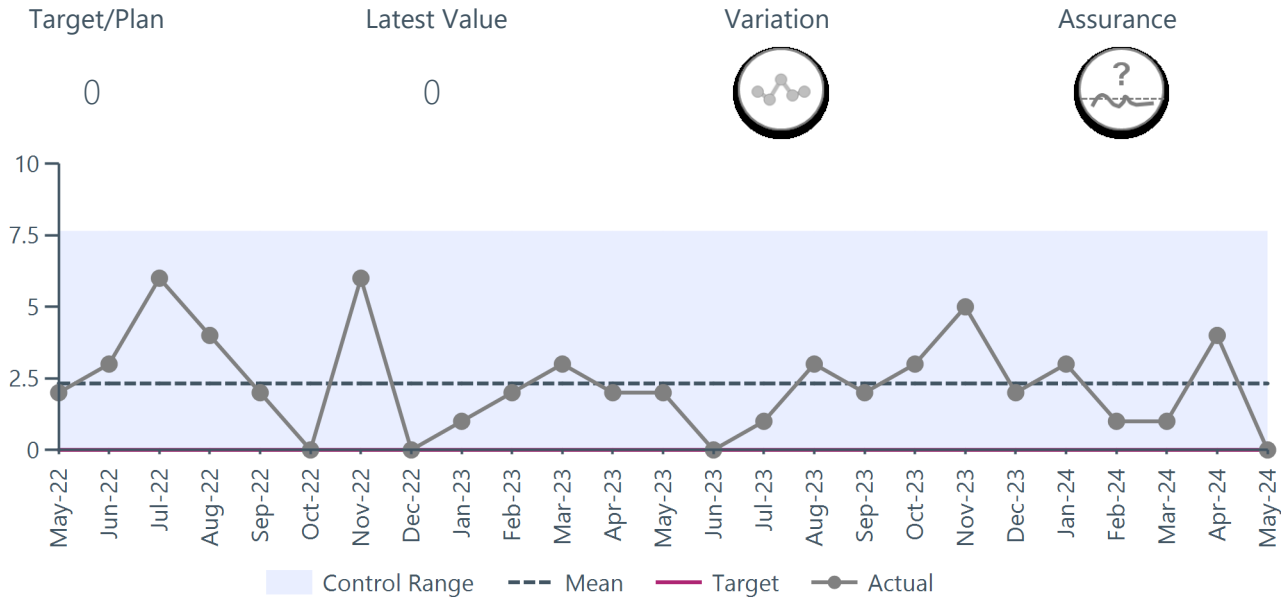
Actions

The number of patients awaiting acute admissions remains high despite maintaining high bed occupancy.

IPC issues remain a concern as limit the ability to admit due to the limited number of side rooms.

Work is ongoing to standardise our complex patient admissions pathway, to ensure transparency and standardisation of the escalation processes when required. Conversations with MPUFT and NHSE regarding appropriate MH infrastructure are continuing.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
20	31	31	25	16	17	9	6	13	16	12	21	19

- 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		?	

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 six infections confirmed in May, these related to procedures that took place in January (1), March (1) and April (4). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team complete 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 was repeated in February as part of a six-monthly cycle of assurance. Investigation of identified themes is underway for infections identified over the past six months.
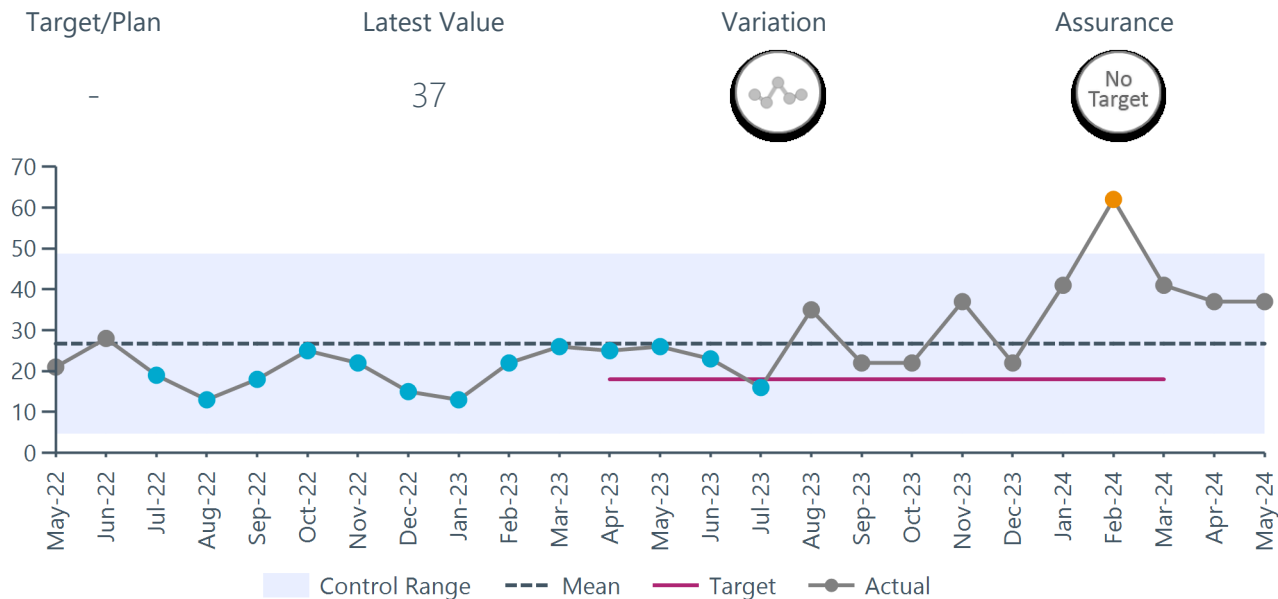
The IPC Clinical Lead has made enquiries with ROH to arrange a peer to peer review; timescales to be confirmed. The team will also be working with colleagues at ROH to produce some videos on processes within theatres that will be available to support staff.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
2	0	1	3	2	3	5	2	3	1	1	4	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
–	37		No Target	

Actual
Trajectory

22   37

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

Throughout May there were 37 errors reported. This remains within the Trust's control range but included as an exception to draw attention to the significant increase in incidents relating to the supply and storage of medications within Pharmacy in recent months. This is reflective of increased reporting of issues as requested by the Chief Pharmacist.

Actions

The Quarter Four PSIRF medication thematic review was presented at Patient Safety meeting with a number of recommendations made. A Task and Finish Group has been established to take these forward with Matrons and Assistant Chief Nurses involved. Actions from this group are still in progress.
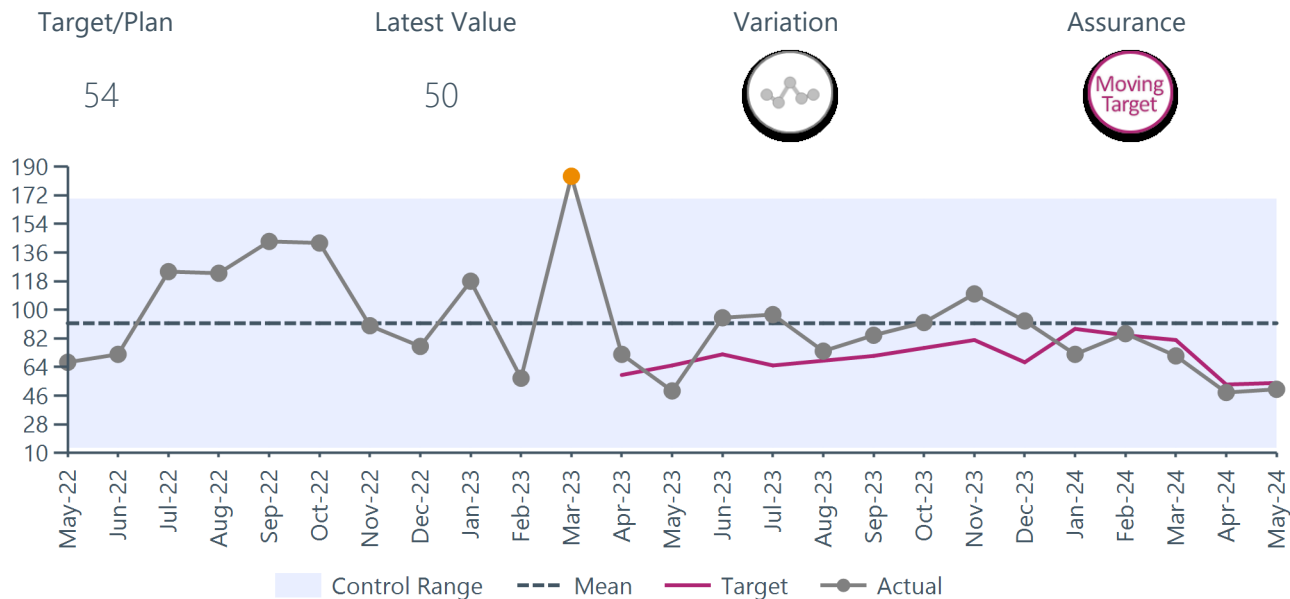
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
26	23	16	35	22	22	37	22	41	62	41	37	37

- 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
54	50		Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

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

In total there were 50 theatre cancellations in May: 28 on the day and 22 in the 7 days before surgery, 4 below the target of 54. The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

There was 1 breach of the 28-day booking standard in May:
• Lack of kit

Cancellations have remained a key focus of Theatre productivity improvement and although common cause variation, this metric has achieved the reduced target in April and May.

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
49	95	97	74	84	92	110	93	72	85	71	48	50

- Staff - Patients - Finances -

62 Day General Standard*

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

Exec Lead:
Chief Operating Officer
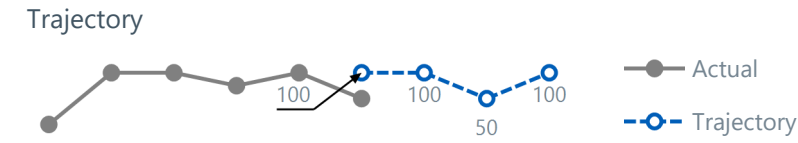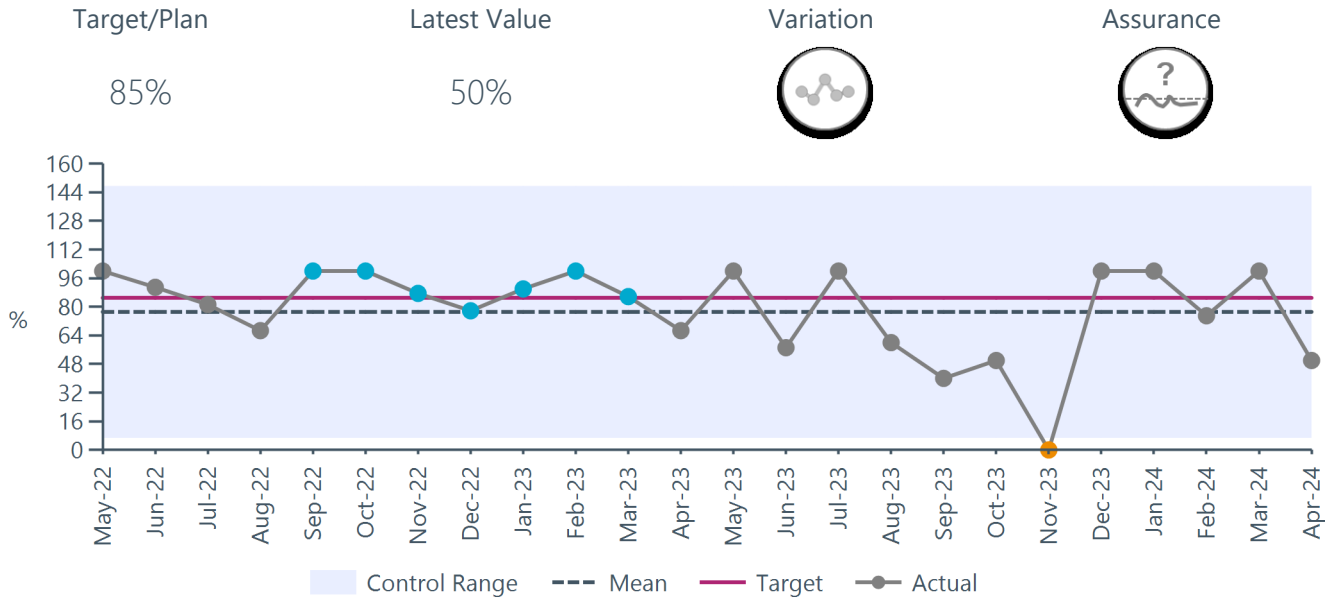
Target/Plan	Latest Value	Variation	Assurance	Trajectory
85%	50%		?	

What these graphs are telling us

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

Narrative

The Cancer 62 Day General Standard was not met in April; this measure is reported in arrears. The April performance is reported at 50% against the 85% target. The data reported for April is broken down as follows:
* Pathway 1 - 0.5 in target
* Pathway 2 - 0.5 in target
* Pathway 3 - 1 breach - complex pathway, attempted to bring forward but other patients were clinical urgent at the time
* Pathway 4 - 0.5 breach - we believe this breach should sit with another Provider so currently being queried

Actions

Members of administrative staff within Tumour Unit are liaising with other Provider to update data where breach should not be attributed to RJAH.
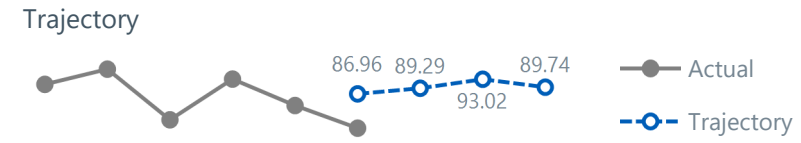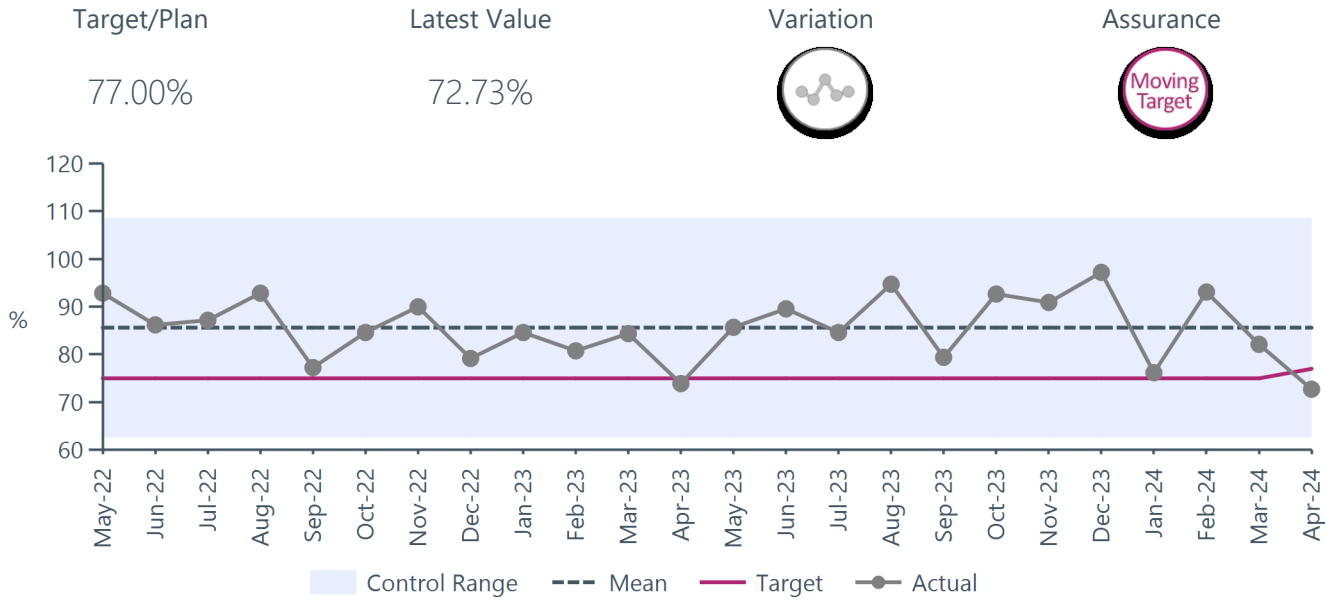
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
100.00%	57.14%	100.00%	60.00%	40.00%	50.00%	0.00%	100.00%	100.00%	75.00%	100.00%	50.00%	

- Staff - Patients - Finances -

28 Day Faster Diagnosis Standard*

% of patients informed of a diagnosis or ruling out of cancer within 28 days. National Target. Trajectory as per Trust's Operational Plans. 217484

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
77.00%	72.73%		Moving Target	

Trajectory values: 86.96 89.29 93.02 89.74

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 28 Day Faster Diagnosis Standard was not met in April; this measure is reported in arrears. The April performance is reported at 72.73% against the 77% target. There were six pathways that breached this standard with reasons associated with:
* 5 x Delays due to histology not ready for biopsies; lack of resource in the pathology team as a result of leave and sickness.
* 1x Patient unable to attend CT scan earlier

Actions

Issues with pathology were raised with Unit Manager and Managing Director but we do not foresee any further delays.

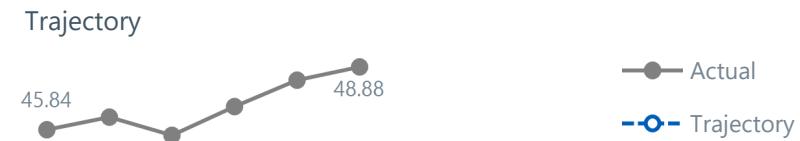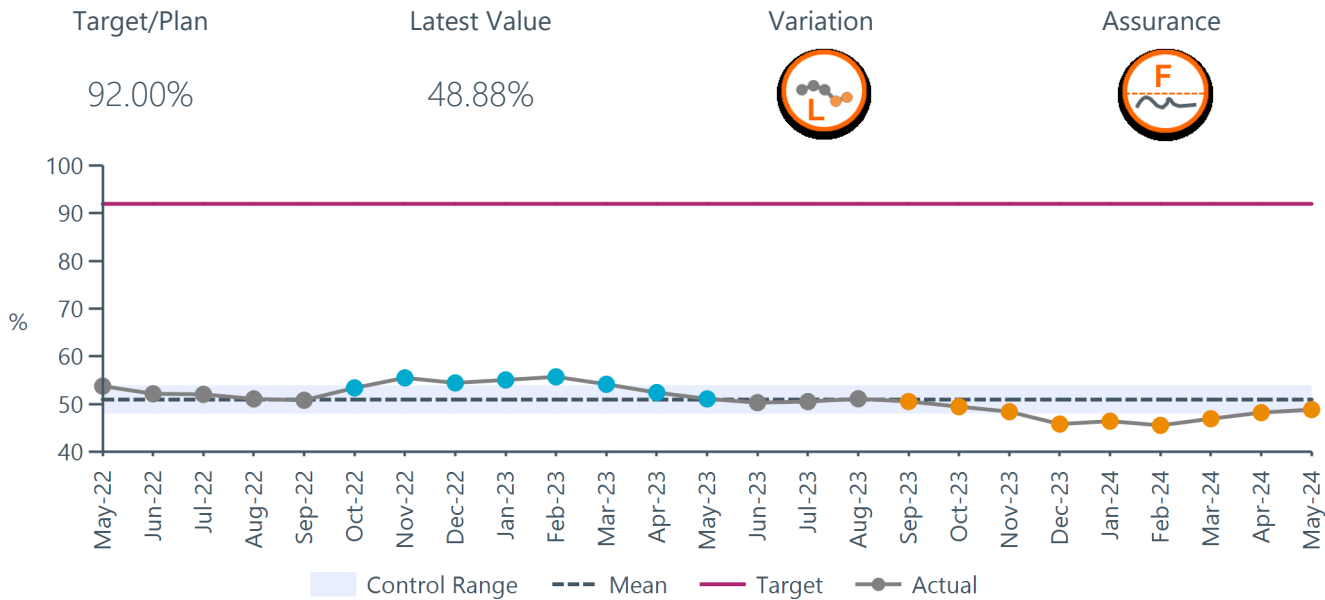Escalation process has been tightened between Tumour & Radiology.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
85.71%	89.58%	84.62%	94.74%	79.41%	92.68%	90.91%	97.22%	76.19%	93.10%	82.14%	72.73%	

- 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%	48.88%	L	F

Trajectory

45.84   48.88

—●— 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 May performance was 48.88% 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 - 8639 patients waiting of which 3001 are breaches
* MS2 - 1688 patients waiting of which 1158 are breaches
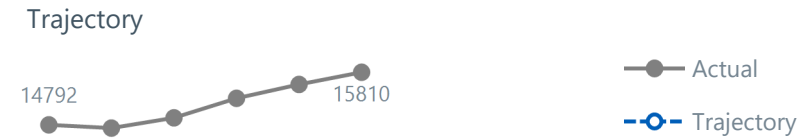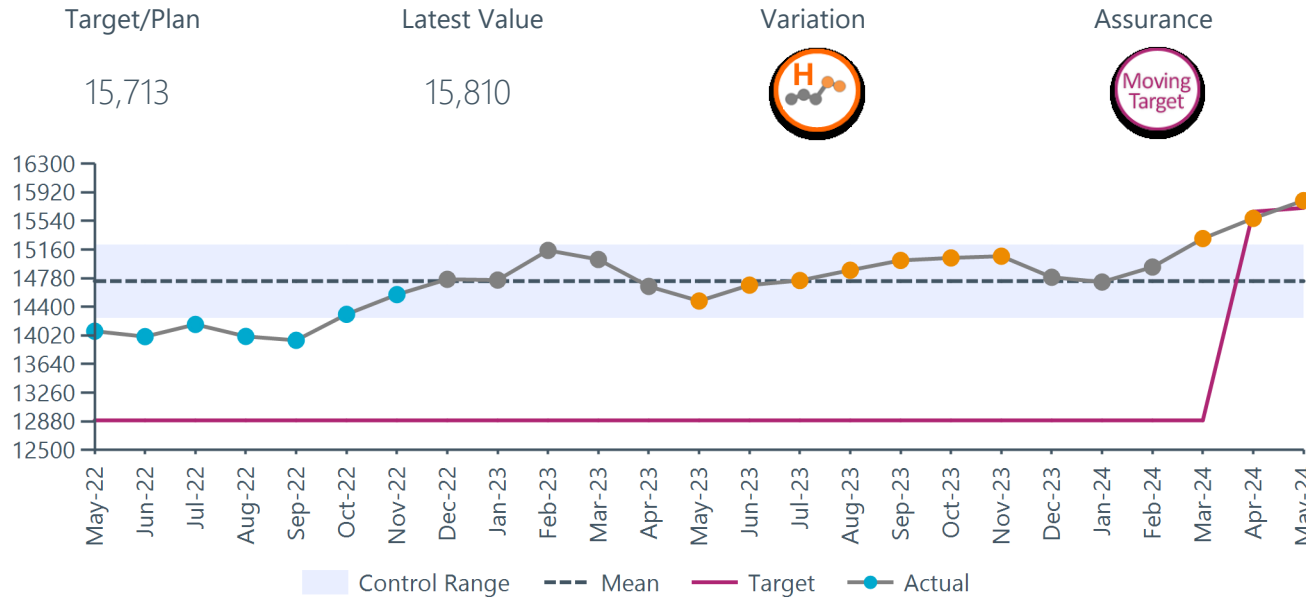* MS3 - 5483 patients waiting of which 3923 are breaches

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
51.12%	50.33%	50.55%	51.15%	50.57%	49.49%	48.43%	45.84%	46.45%	45.57%	46.96%	48.24%	48.88%

- Staff - Patients - Finances -

English List Size

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
15,713	15,810	H	Moving Target	14792 ... 15810

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The number of English patients waiting at the end of May is reported at 15810; 97 above our target figure of 15713. The target for this metric reflects the Trust's submitted Operational Plans.

There has been a steady increase since January. Between January and April the main factor was the Rheumatology patients transferred from Shropshire Community's RIO system to RJAH systems. This has now steadied off and the area with the largest increase throughout May has been Metabolic Medicine.

Actions

2024/25 Operational Plans have been submitted and the list size will continue to be reviewed. The Trust continues to review impacts following implementation of MSST and transfer of Rheumatology services to RJAH. Submitted plans make allowance for Estates works to be completed during this financial year. The Trust will continue to focus on treatment of its longest waits whilst assessing risks that may impact waiting lists and has developed a mitigations plan.

 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.

Currently exploring options to divert new referrals for a temporary period.

Significant volume of patients waiting in Metabolic Medicine relates to Diagnostic capacity in DEXA. Second scanner due in quarter three to address these capacity issues.
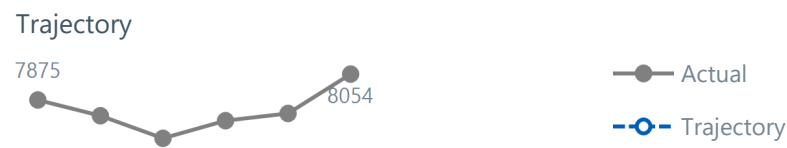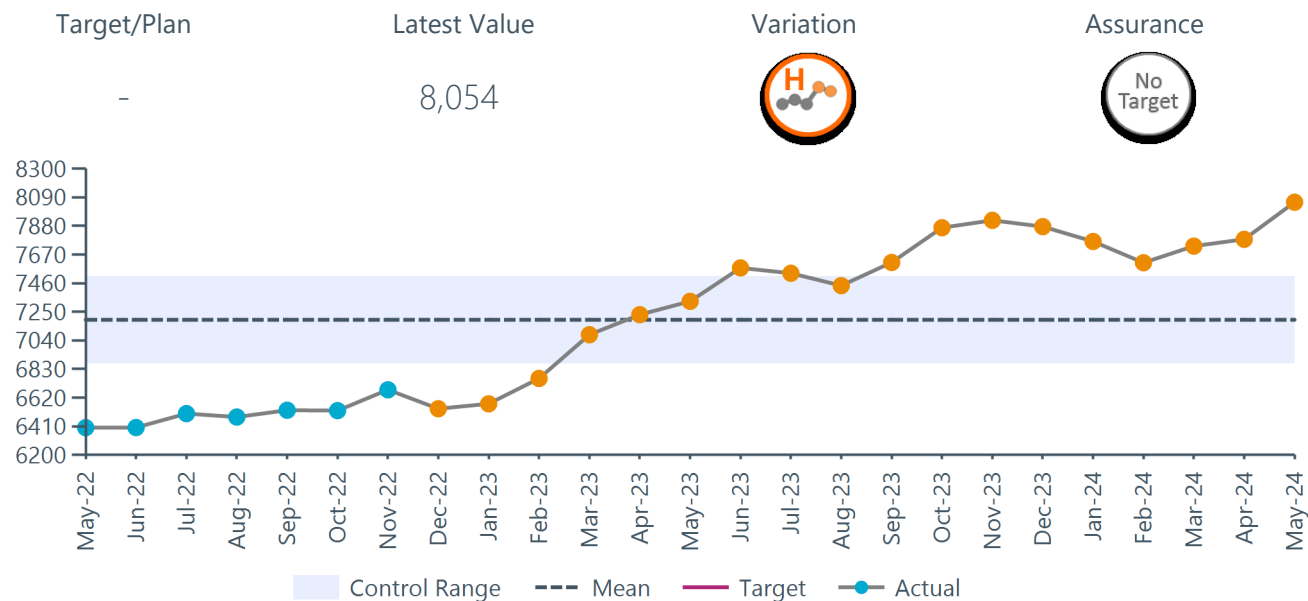
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
14477	14688	14749	14886	15016	15049	15072	14792	14729	14928	15306	15574	15810

- 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
–	8,054	H	No Target	

Trajectory

7875 ... 8054

— Actual
-O- Trajectory

Control Range   — Mean   — Target   — Actual

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

Welsh 2024/25 Plans are in development for this metric; Welsh improvement required and impact on this against NHS England targets to be addressed, recognising the requirement to balance both English & Welsh waiting patients.

The number of Welsh patients waiting at the end of May is reported at 8054 . As can be seen in the graph above, there has been a further increase this month following a period of reduction in list size from November to February. Areas that have seen an increase this month include Spinal Disorders (95), Metabolic Medicine (80) and Paediatric Orthopaedics (36). The areas which have seen a decrease include Knee & Sports Injuries (17), Upper Limb (12), and Neurology (5).

Actions

2024/25 English Operational Plans have been submitted and the list size will continue to be reviewed. Submitted plans make allowance for Estates works to be completed during this financial year. The Trust will continue to focus on treatment of its longest waits whilst assessing risks that may impact waiting lists and has developed a mitigations plan. Trajectories are in development and will be reviewed against recently received Welsh Guidance. The Trust is meeting with Powys Health Board to further review Demand and Capacity.

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.

The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well.
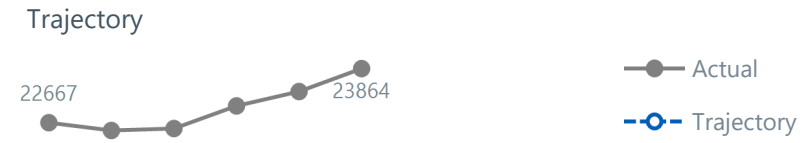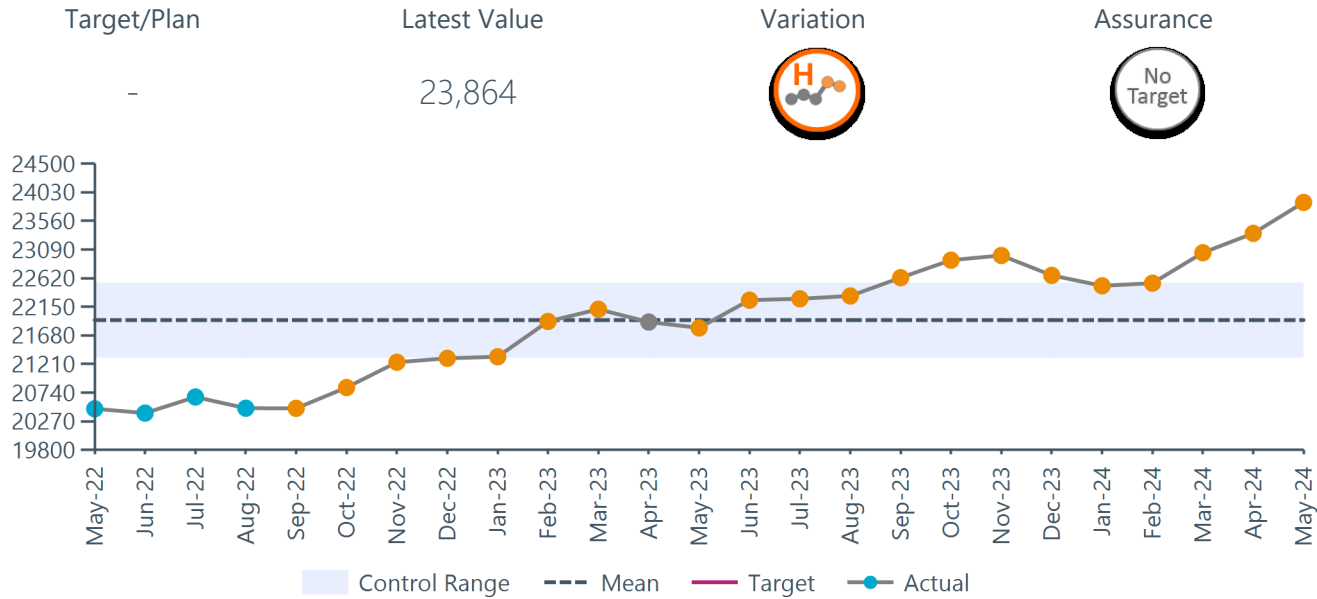
Health Inequalities assessments are underway through sub-committees of the Board that form part of elective recovery assessments.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
7327	7572	7533	7442	7612	7867	7921	7875	7766	7610	7732	7782	8054

- Staff - **Patients** - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615
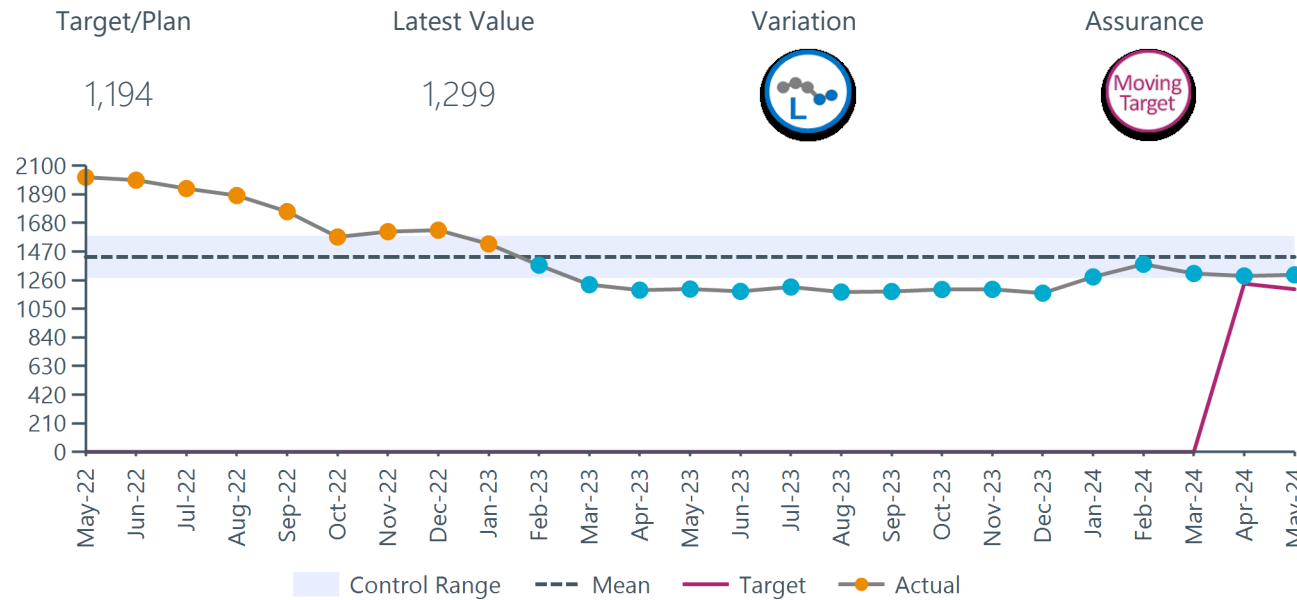
Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	23,864	H	No Target	22667 23864

What these graphs are telling us

Control Range   Mean   Target   Actual

Narrative

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
21804	22260	22282	22328	22628	22916	22993	22667	22495	22538	23038	23356	23864

- Staff   -   Patients   -   Finances   -

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,194	1,299	(L)	Moving Target	

Trajectory: 1165 ... 1299

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

At the end of May there were 1299 English patients waiting over 52 weeks; above our target figure of 1194 by 105. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (441), Spinal Disorders (301), Upper Limb (166), Knee & Sports Injuries (141), Foot & Ankle (104), Rheumatology (97), Metabolic Medicine (20), ORLAU (6), Paediatric Orthopaedics (6), Physiotherapy (5), Tumour (4), Neurology (2), Orthotics (2), Spinal Injuries (1), Occupational Therapy (1), Geriatrics (1) and Paediatric Medicine (1).

Patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 985 patients
* >65 to <=78 weeks - 312 patients
* >78 to <=95 weeks - 2 patients

As part of submitted Operational plans the Trust has forecast the number of patients waiting 52+ weeks who are aged under 18 (at month end). At the end of May there were 15 patients, as per the plan.

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust is currently assessing its risks against achievement of this and has developed a mitigations plan. 2024/25 plans aim to see reductions in patients waiting greater than 52 weeks. Submitted plans are what is reflected as the target for this measure.

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 expected during 2024/25.
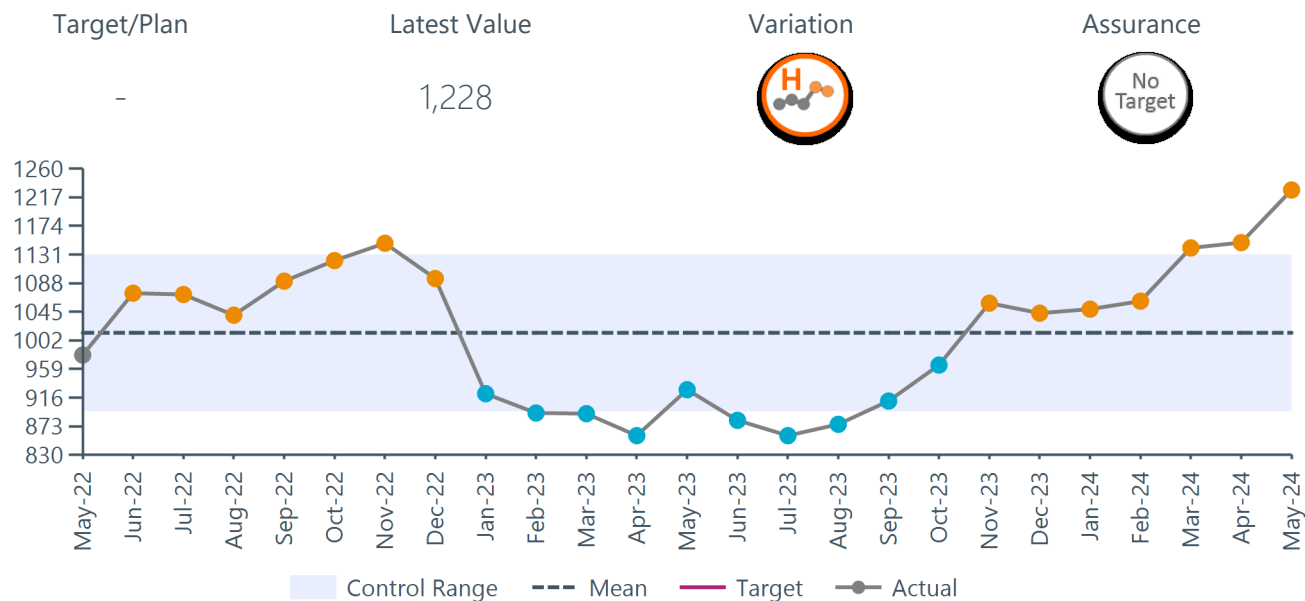
Extraordinary meeting taking place in July to assess the Spinal Disorders service and formulate an action plan to improve performance.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
1195	1178	1210	1173	1177	1192	1193	1165	1284	1377	1309	1291	1299

-    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
–	1,228	H	No Target	1043 → 1228

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of May there were 1228 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (490), Arthroplasty (364), Knee & Sports Injuries (134), Upper Limb (116), Foot & Ankle (90), Paediatric Orthopaedics (11), Veterans (8), Metabolic Medicine (6), Neurology (3), Tumour (2), Physiotherapy (1), Occupational Therapy (1), Rheumatology (1) and Spinal Injuries (1).

Patients are under the care of the following commissioners: BCU (659), Powys (543), Hywel Dda (22), Cardiff & Vale (2), Cwm Taf (1) and Aneurin Bevan (1). The number of patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 596 patients
* >65 to <=78 weeks - 293 patients
* >78 to <=95 weeks - 210 patients
* >95 to <=104 weeks - 36 patients
* >104 weeks - 93 patients

As seen in the graph, this metric has increased again this month and remains above the upper control range demonstrating special cause variation of a concerning nature.

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust is reviewing Welsh performance and working with Welsh Health Boards to reduce Welsh waiting times in a phased approach with an ambition to align with English waiting times. Trajectories are in development and will be reviewed against recently received Welsh Guidance.

Trust in conversations with BCU regarding a combined approach to orthopaedic waits.

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.
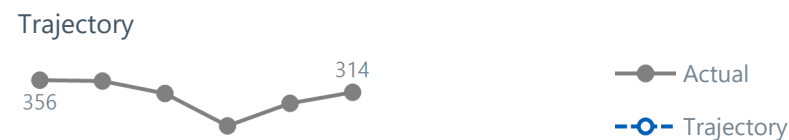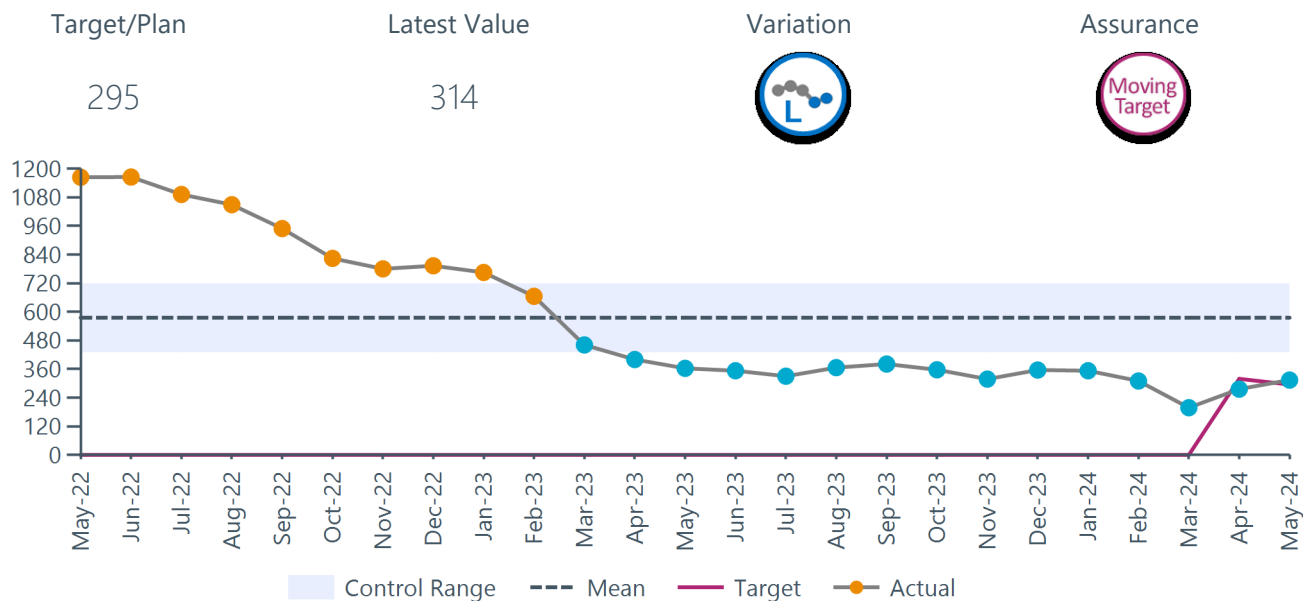
Extraordinary meeting taking place in July to assess the Spinal Disorders service and formulate an action plan to improve performance.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
928	882	859	876	911	965	1058	1043	1049	1061	1141	1149	1228

-    Staff   -   Patients   -   Finances   -

Patients Waiting Over 65 Weeks - English

Number of English RTT patients waiting 65 weeks or more at month end. Target as per Trust's Operational Plans. 217858

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
295	314		Moving Target

Trajectory

356 ⋯ 314

- 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

At the end of May there were 314 English patients waiting over 65 weeks; above our target figure of 295 by 19. Target reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Arthroplasty (136), Spinal Disorders (78), Knee & Sports Injuries (41), Upper Limb (29), Foot & Ankle (21), Rheumatology (3), Tumour (2), Paediatric Medicine (1), Occupational Therapy (1), Physiotherapy (1) and ORLAU (1).

Patients waiting, by weeks brackets is:
* >65 to <=78 weeks - 312 patients
* >78 to <=95 weeks - 2 patients

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust is currently assessing its risks against achievement of this and has developed a mitigations plan. The long waits greater than 78 weeks are now reported by exception.

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 expected during 2024/25.

Internal Operational meeting are in place to further monitor progress.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
363	353	330	366	381	357	318	356	353	310	198	276	314

- Staff - Patients - Finances -

Patients Waiting Over 65 Weeks - Welsh

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

Exec Lead:
Chief Operating Officer
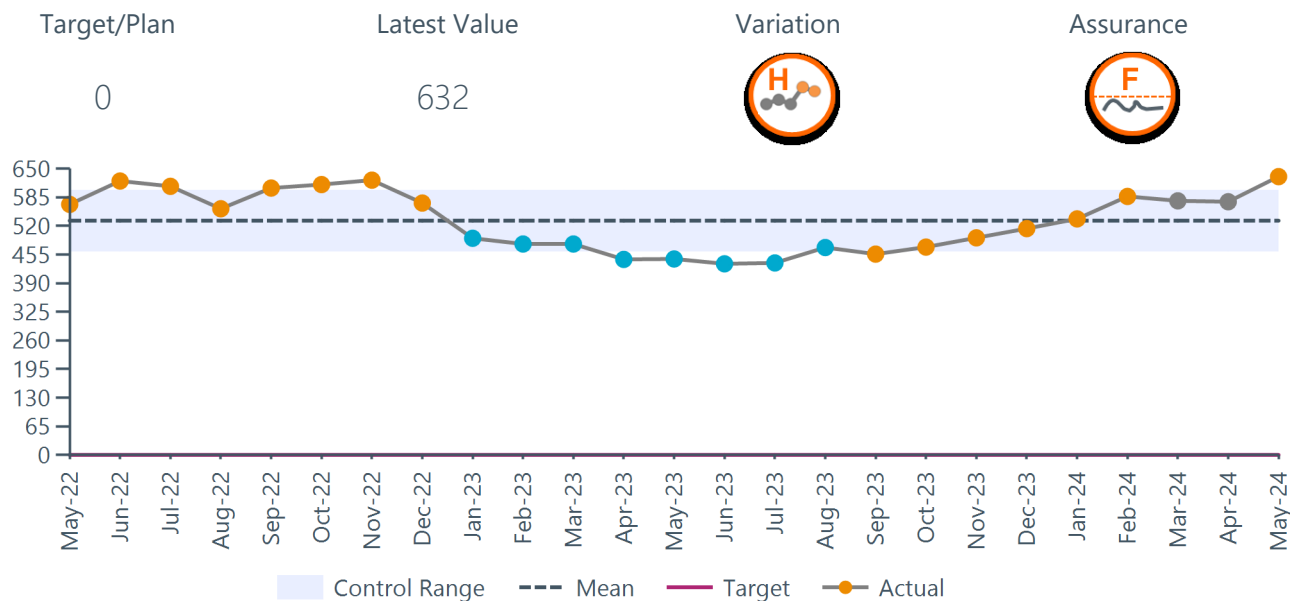
Target/Plan	Latest Value	Variation	Assurance
0	632	H	F

Trajectory

514 632

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Legend: Control Range · Mean · Target · Actual

Legend: Actual · Trajectory

Narrative

At the end of May there were 632 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (222), Arthroplasty (209), Knee & Sports Injuries (104), Foot & Ankle (38), Upper Limb (45), Paediatric Orthopaedics (7), Neurology (3), Veterans (3) and Spinal Injuries (1).

Patients are under the care of the following commissioners: BCU (344), Powys (271), Hywel Dda (14) and Cardiff & Vale (1), Aneurin Bevan (1) and Cwm Taf (1). The number of patients waiting, by weeks brackets is:
* >65 to <=78 weeks - 293 patients
* >78 to <=95 weeks - 210 patients
* >95 to <=104 weeks - 36 patients
* >104 weeks - 93 patients

As seen in the graph, there has been a significant increase this month and this metric is now above the upper third of the control range demonstrating special cause variation of a concerning nature.

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust is reviewing Welsh performance and working with Welsh Health Boards to reduce Welsh waiting times in a phased approach with an ambition to align with English waiting times. A further meeting is planned with Powys in June to further review demand and capacity. Trajectories are in development and will be reviewed against recently received Welsh Guidance.

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

To support reductions in long waits the Trust identified mutual aid for its most challenged specialty. This had limited success.

Internal Operational meeting are in place to further monitor progress.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
445	434	436	471	456	472	493	514	536	587	577	575	632

- Staff - Patients - Finances -

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer
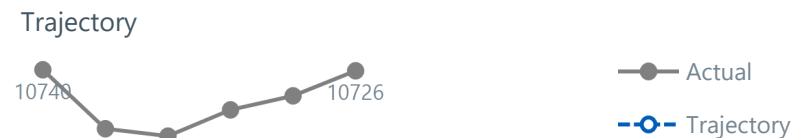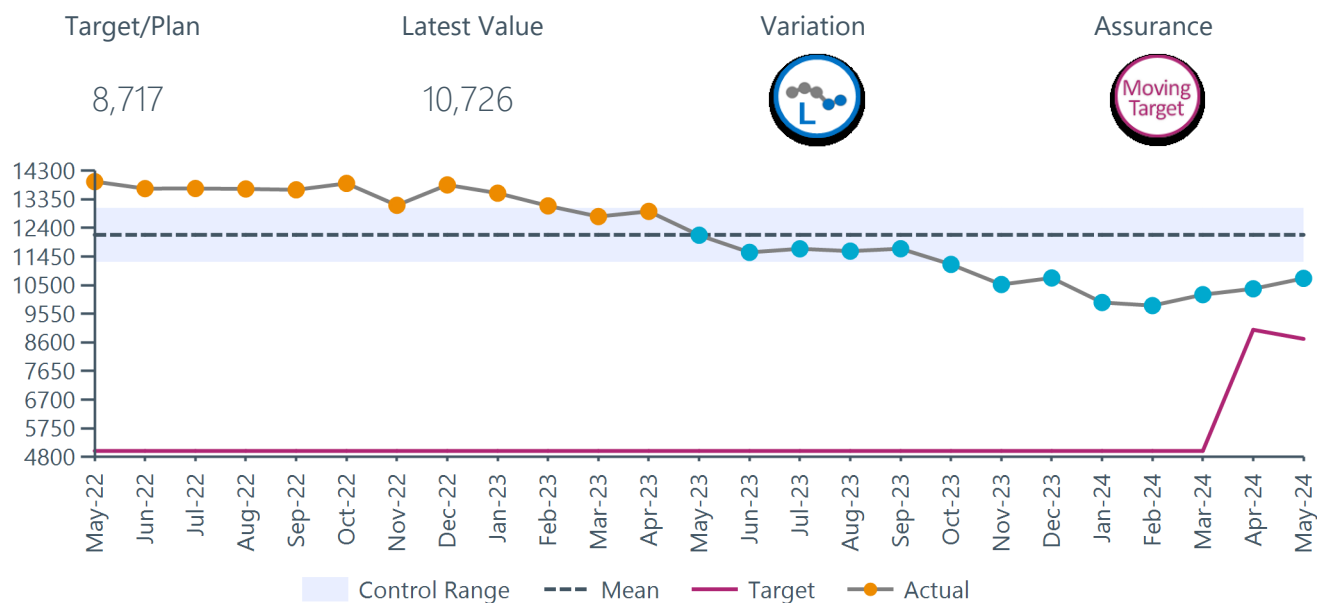
Target/Plan	Latest Value	Variation	Assurance	Trajectory
8,717	10,726	L	Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory legend: Actual — Trajectory

Narrative

At the end of May, there were 10,726 patients overdue their follow up appointment, this is 2009 above the target of 8717. The target forms part of the Trust's Operational Plans. This backlog is broken down by:
- Priority 1 - 6275 with 1173 dated (19%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 - 4451 with 1036 dated (23%);

* The backlog increased by 346 from last month. The priority 1 backlog decreased by 274.
* Of the 10,726 patients overdue, 35% are diagnostic follow ups.
* Of all the patients on a non-diagnostic follow up, 18% are overdue.
* Of all the patients on a diagnostic follow up, 53% are overdue.
* The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (2945), Spinal Disorders (1242) and Arthroplasty (1207)

To date, there are 440 TEMS patients reflected in Rheumatology's overdue follow up backlog.

Actions

* A renewed focus is to be taken on the Follow Up Reduction project to be led by the Managing Director for Specialist Unit.

* Following agreement from some clinicians, the Access Team and Information Department are working together to pull an appropriate cohort of follow up patients to contact via DrDoctor.
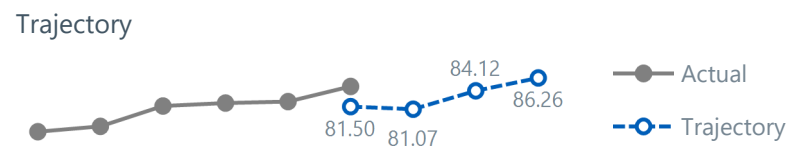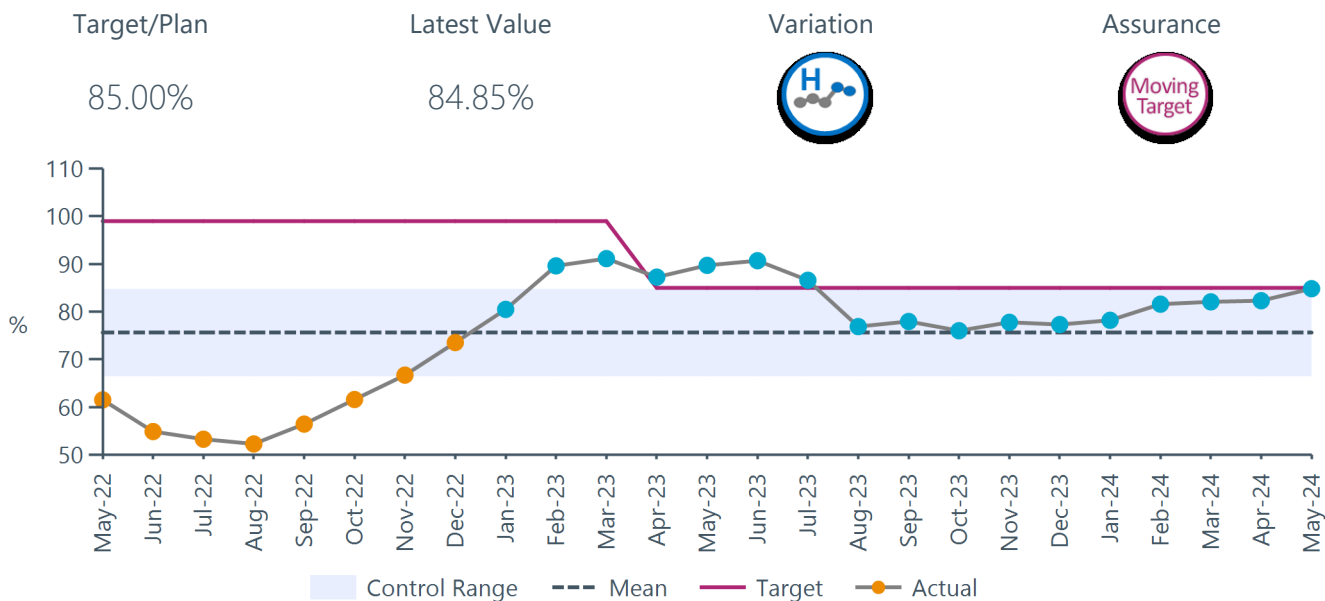
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
12158	11589	11707	11630	11710	11190	10522	10740	9925	9823	10186	10380	10726

- Staff - Patients - Finances -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	84.85%	H	Moving Target	

Trajectory values: 81.50, 81.07, 84.12, 86.26

Actual / Trajectory

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.

Control Range — Mean — Target — Actual

Narrative

Performance for May is 84.85% against the 85% target, but above the Trust trajectory of 81.50%. The trajectory reflects the Trust's submitted Operational Plans. Reported position relates to 225 patients who waited beyond 6 weeks. Of the 6-week breaches; 28 are over 13 weeks (25 in Ultrasound, 1 in MRI and 2 in CT).
Performance and breaches by modality:
* MRI – 96.63% - D2 (Urgent - 0-2 weeks) - 5 dated, D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine – 6-12 weeks) – 14 dated
* CT – 89.30% - D2 (Urgent - 0-2 weeks) - 7 dated, D4 (Routine – 6-12 weeks) – 19 with 16 dated
* Ultrasound - 71.59% - D2 (Urgent - 0-2 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 177 with 95 dated
* DEXA Scans – 100%

To support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE have increased focus on patients waiting over 13 weeks. National expectations to have no patients waiting over 13 weeks by end of September 2024 and by March 2025 the ambition is to achieve 95% against the 6-week standard within all modalities.   To note; MRI is already achieving the 6-week standard. All diagnostic activity plans were met in May.
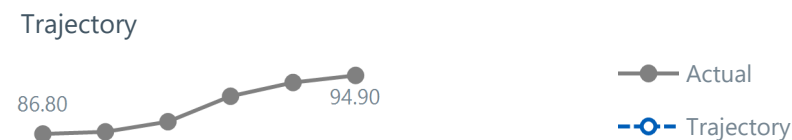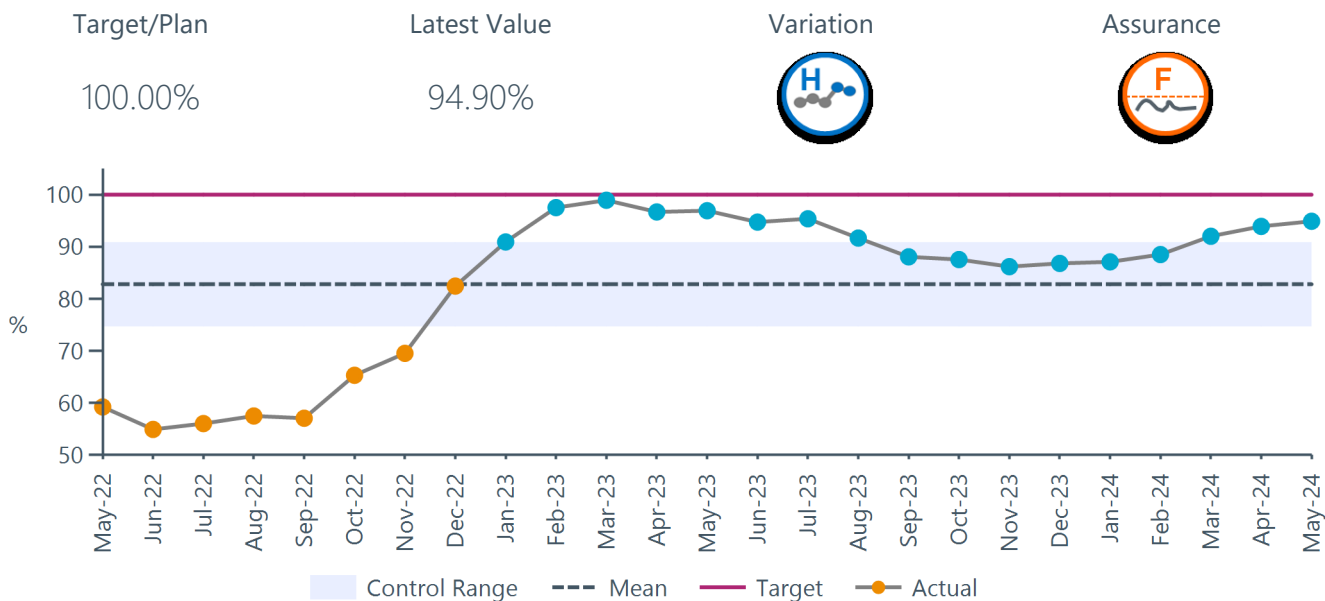
Actions

Plan in place for improved performance in Ultrasound includes:
- Additional Saturday lists (uptake may drop in summer)
- Additional Radiologist
- Radiology Fellow - depending on level of competency (August)
- Extending scope of practice for sonographers to increase capacity (backfill required)
- Mutual Aid requested. However, speciality not available. (MSK non-obstetric Ultrasound).

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
89.74%	90.71%	86.61%	76.91%	77.97%	76.04%	77.80%	77.33%	78.22%	81.60%	82.09%	82.33%	84.85%

- 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%	94.90%	H	F	

Trajectory: 86.80 ... 94.90

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 below target at 94.90%. This relates to 22 patients who waited beyond 8 weeks.
Performance and breaches by modality:
* MRI – 99.21% - (D4 (Routine - 6-12 weeks) - 2 dated
* CT – 98.41% - D3 (Routine - 4-6 weeks) - 1 dated
* Ultrasound – 82.88% - D2 (Urgent - 0-2 weeks) - 1 dated, (D4 (Routine - 6-12 weeks) - 18 with 15 dated
* DEXA Scans - 100%

Actions

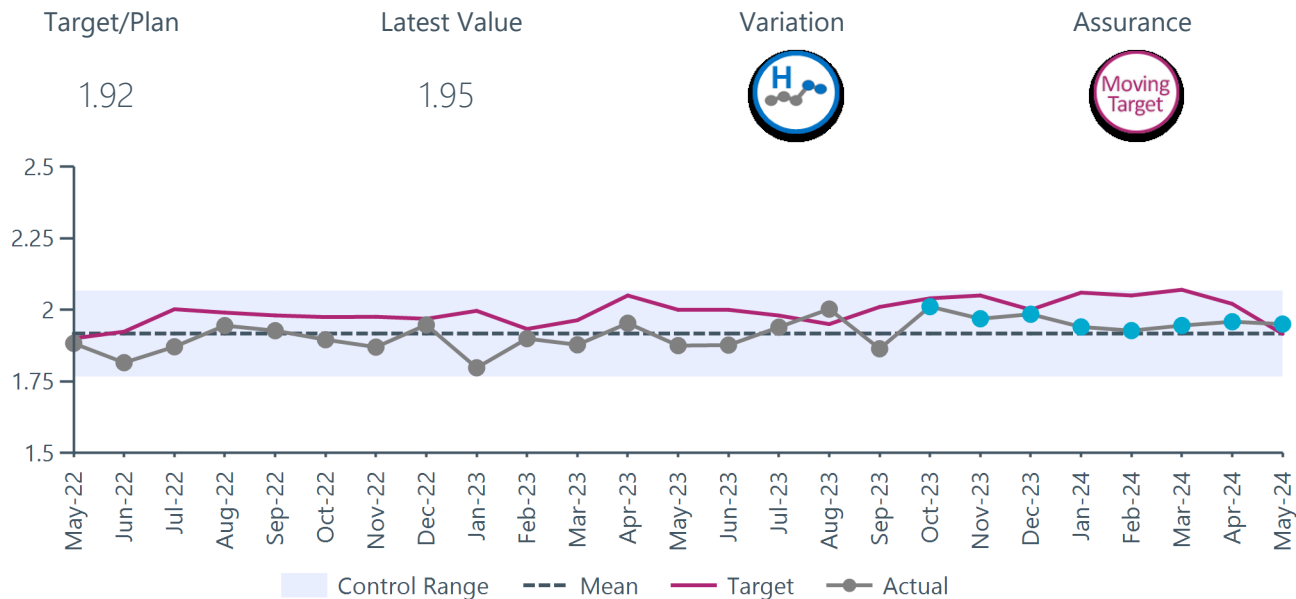Plan in place for improved performance in Ultrasound includes:
- Additional Saturday lists (uptake may drop in summer)
- Additional Radiologist
- Radiology Fellow - depending on level of competency (August)
- Extending scope of practice for sonographers to increase capacity (backfill required)
- Mutual Aid requested. However, speciality not available. (MSK non-obstetric Ultrasound).

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
96.92%	94.74%	95.38%	91.67%	88.06%	87.54%	86.18%	86.80%	87.10%	88.50%	92.02%	93.92%	94.90%

- Staff - Patients - Finances -

Theatre Cases Per Session Against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1.92	1.95	H	Moving Target

Trajectory

1.98   1.95

— Actual
—O— Trajectory

What these graphs are telling us

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

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

Narrative

Cases per session in May achieved 1.95 against the plan of 1.92 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

Summary:
* MSK Unit – achieved 2.07 of 2.10 plan.
* Specialist Unit - achieved 1.69 of 1.38 plan.

Having achieved plan in May this metric is reporting special cause variation of an improving nature as this is the eighth consecutive month CPS has achieved above the mean.
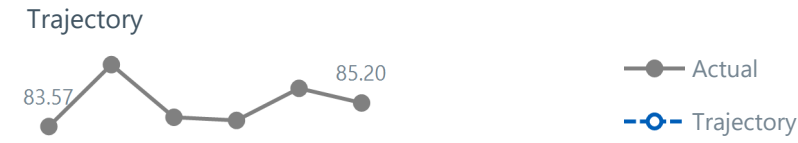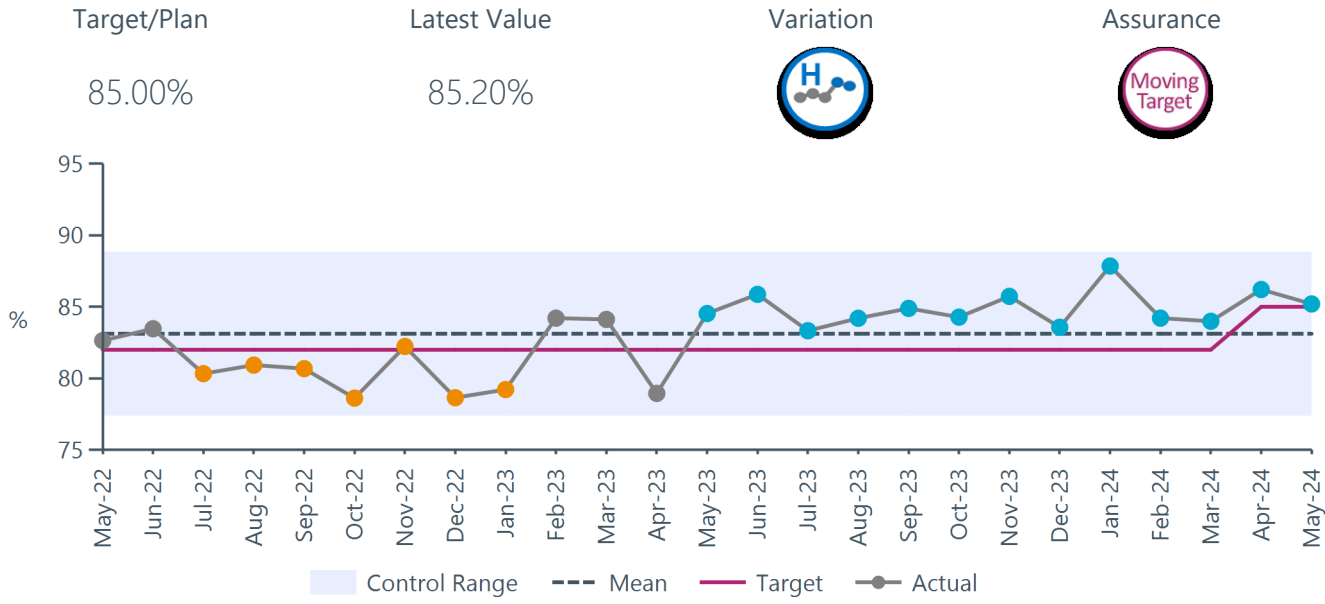
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
1.88	1.88	1.94	2.00	1.86	2.01	1.97	1.98	1.94	1.93	1.94	1.96	1.95

-    Staff   -   Patients   -   **Finances**   -

Touchtime Utilisation

% of Minutes Utilised replicating Touch Time methodology. National Target. 215309

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	85.20%	H	Moving Target	

Trajectory: 83.57 ... 85.20

— Actual
- -O- - Trajectory

What these graphs are telling us

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

Control Range — Mean - - - Target — Actual

Narrative

For Touchtime Utilisation GIRFT has set a target for providers to achieve 85% theatre touchtime and as such the 2024/25 Trust target has been increased to 85% from 82%.

In May theatre touchtime was 85.20% and is included as an exception this month as it has met the increased 85% target and continues to report special cause variation of an improving nature.

Several areas of focus and theatre improvements have impacted touchtime utilisation including:
* On the day cancellation policy in place
* Early starts commenced for 4x 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.
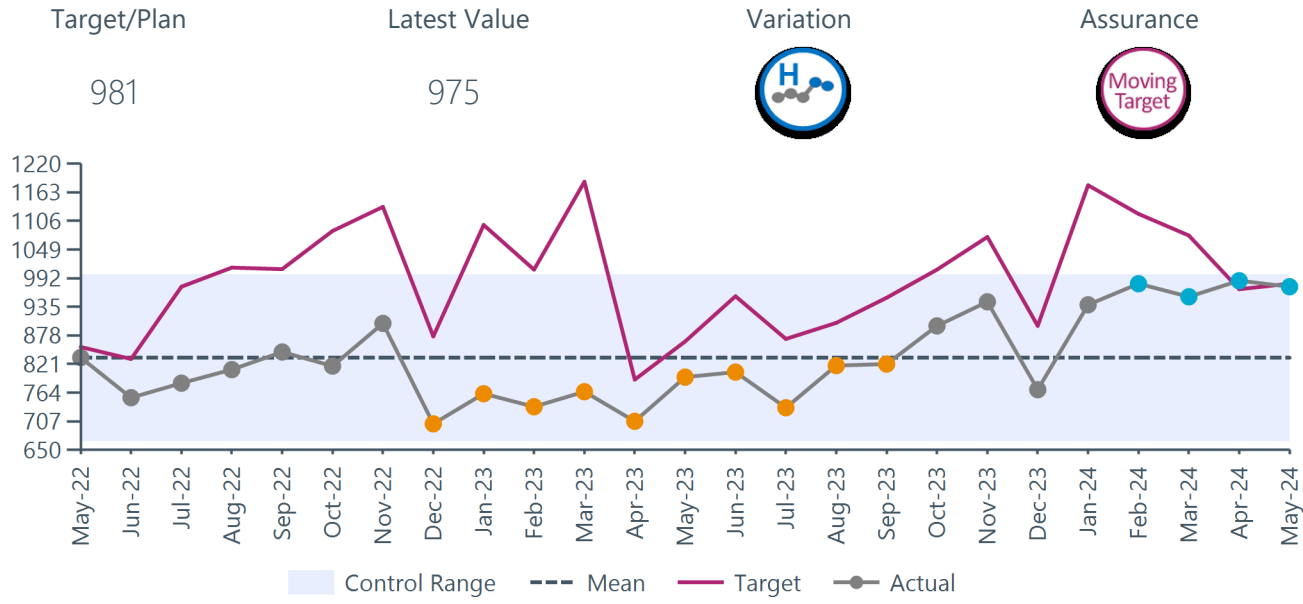
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
84.53%	85.87%	83.33%	84.20%	84.89%	84.28%	85.73%	83.57%	87.85%	84.21%	83.99%	86.21%	85.20%

- Staff - Patients - Finances -

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
981	975	H	Moving Target	770 ... 975

Actual ●
Trajectory ○

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

What these graphs are telling us

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

Narrative

Total theatre activity is monitored against the 2024/25 plan which is derived from the Theatre element of the NHSE activity submission.

May summary:
* Total Theatre Activity – 975 (plan 981) 6 below, 99.39%.
* NHS activity – 905 (plan 903) 2 above, 100.22%.
* Private patients – 70 (plan of 78) 8 below, 89.74%.

It is worth noting that although slightly behind the plan this metric is reporting special cause variation of an improving nature as May theatre activity performance remains in the upper third of the control range.
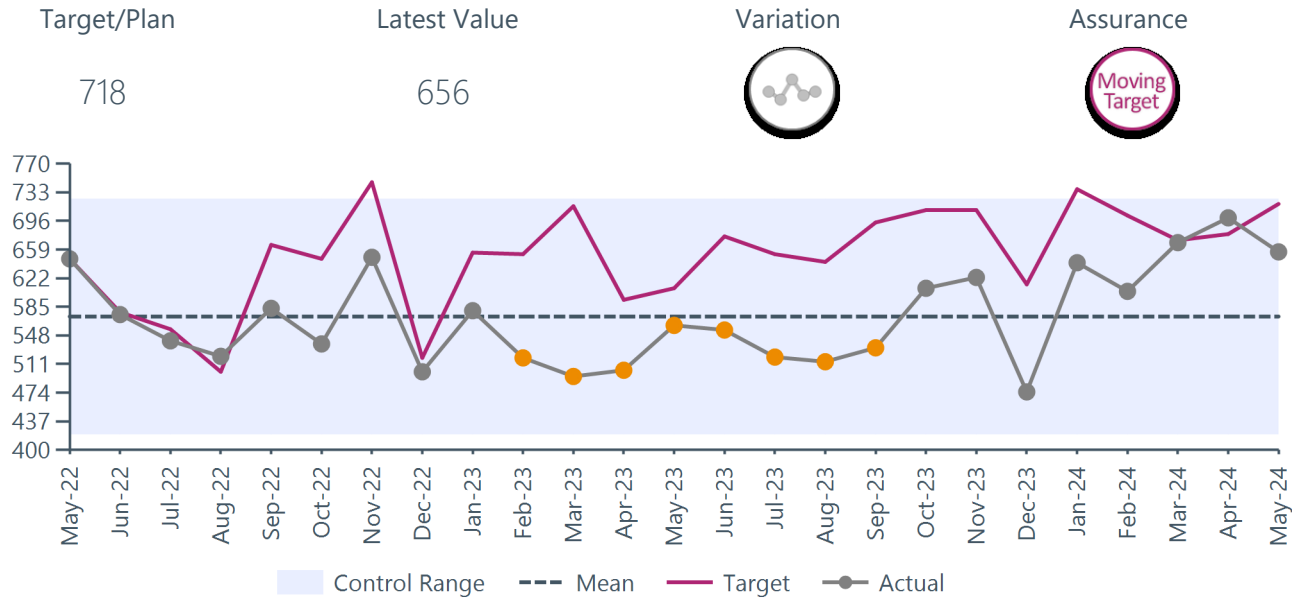
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
795	805	734	818	821	897	945	770	939	981	955	987	975

-   Staff   -   Patients   -   **Finances**   -

IJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
718	656	(common cause variation icon)	Moving Target	475 ... 656

What these graphs are telling us

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

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

Narrative

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

The IJP plan for May was 718 theatre cases, of which the Trust achieved 656, 62 cases below the plan equating to 91.36%.

Underperformance can be attributed in part to:
* Sessions cancelled due to staffing shortfall/no longer required.
* Pre-Op capacity constraints.
* On the day cancellations.
* Higher than usual episodes of annual leave.

The plan was 981 cases: 718 IJP, 185 OJP, 78 PP's. IJP is reporting common cause variation and although below plan, it is mitigated by over performance in OJP; OJP in May remains special cause variation of an improving nature.

Actions

IJP theatre activity is maximised through theatre allocation, 6-4-2 process and Service Managers ensuring adherence to Trust policies such as annual leave and study leave.
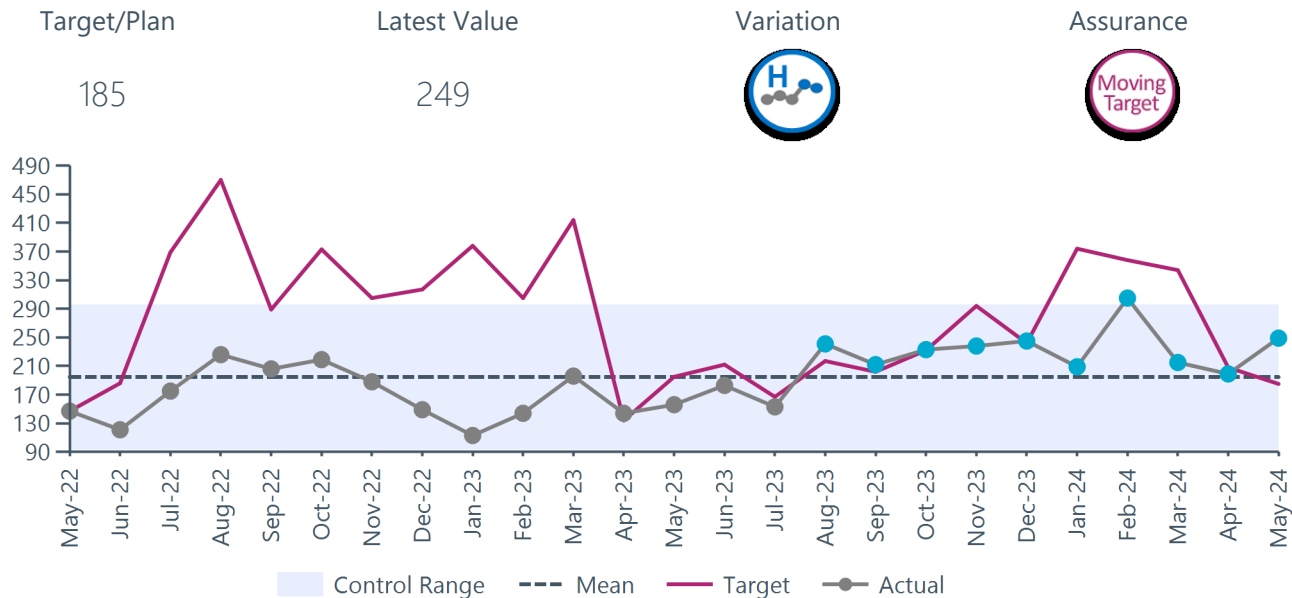
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
561	555	520	514	532	609	623	475	642	605	668	700	656

- Staff - Patients - **Finances** -

OJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
185	249			245 ... 249

What these graphs are telling us

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

Narrative

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

The OJP plan for May was 185 theatre cases, of which the Trust achieved 249, 64 cases above the plan equating to 134.59%.
The plan was 981 cases: 718 IJP, 185 OJP, 78 PP's.

OJP in May remains special cause variation of an improving nature. Overperformance in OJP has mitigated underperformance in IJP this month.
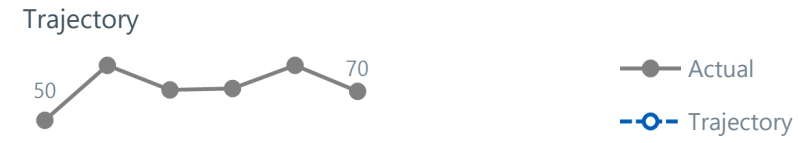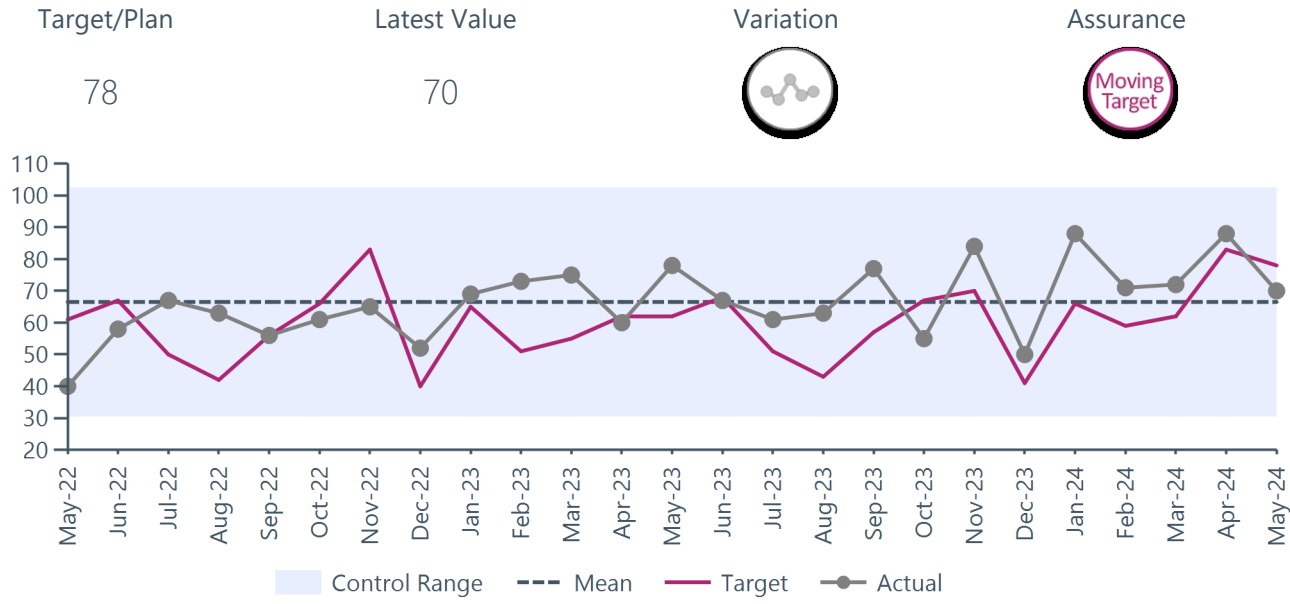
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
156	183	153	241	212	233	238	245	209	305	215	199	249

-   Staff   -   Patients   -   **Finances**   -

PP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
78	70		Moving Target	50 ... 70

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

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

In May, the Trust undertook 70 private cases, 8 cases below the plan of 78 which equates to 89.74%.

Actions

Operational delivery of Private Patient plan to ensure correlation with performance in other Theatres metrics and achieve a balanced approach towards PP and NHS activity.
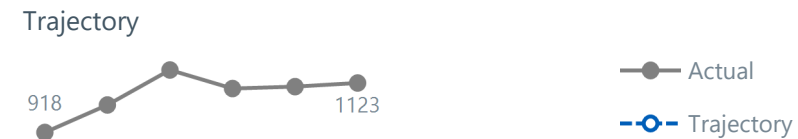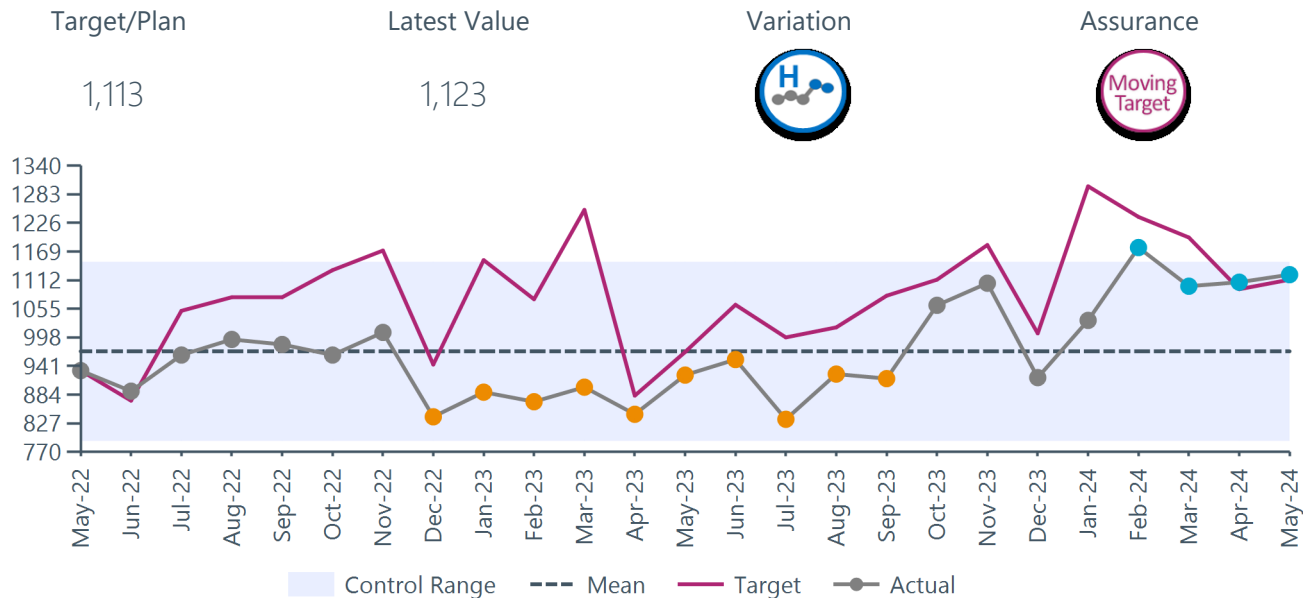
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
78	67	61	63	77	55	84	50	88	71	72	88	70

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,113	1,123	H	Moving Target	918 ... 1123

What these graphs are telling us

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

Narrative

Actions

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

The plan for May was 1113 elective spells of which the Trust achieved 1123 equating to 100.90%.
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 911; 858 delivered (94.18%)
- Elective patients discharged in reporting month, no operation - plan was 202; 265 delivered (131.19%)
- Non-theatre activity accounted for 23.60% of elective spells this month; plan was 18.15%.

This metric has achieved plan in May and is reporting special cause variation of an improving nature as it remains in the upper third of the control range.
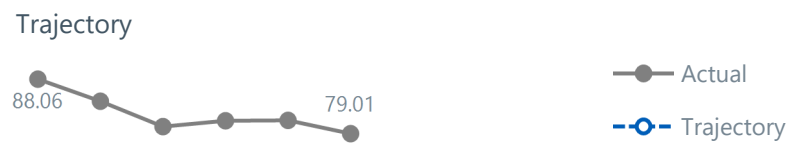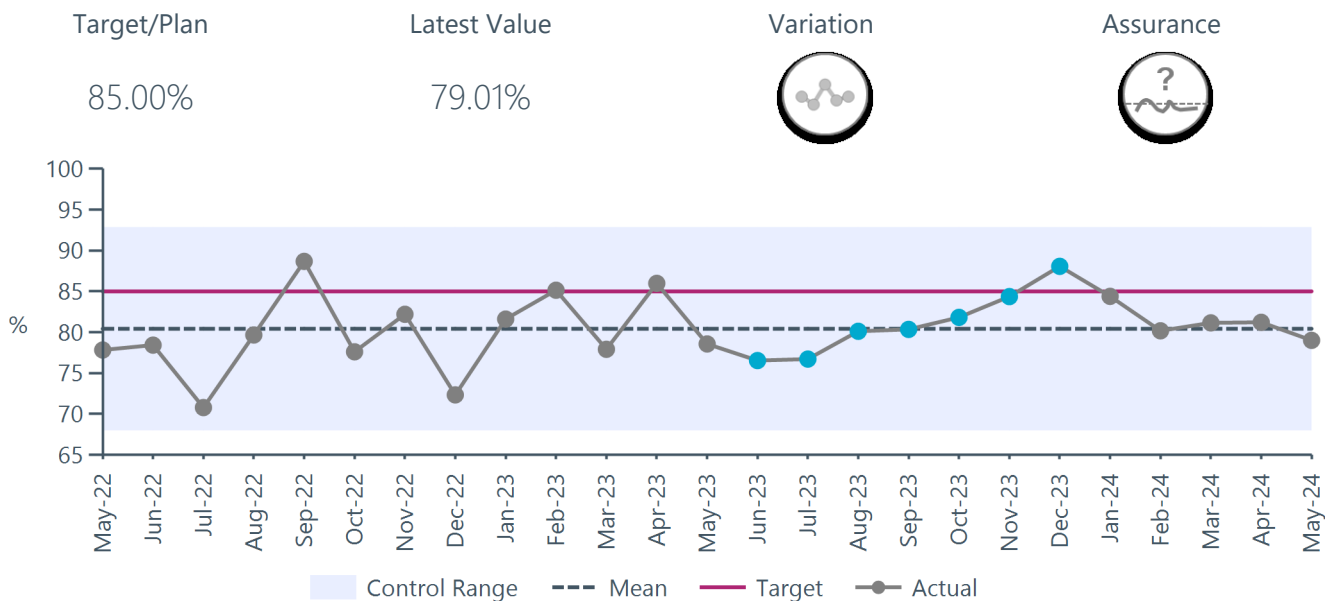
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
923	954	835	925	916	1062	1106	918	1032	1177	1100	1108	1123

-   Staff   -   Patients   -   **Finances**   -

Overall BADS %

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	79.01%		?	

Trajectory values: 88.06 ... 79.01

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

In May the Trust is reporting 79.91% BADS day cases against a target of 85%. Following a period of sustained improvement, this metric has not achieved the target since December, however it is reporting common cause variation.
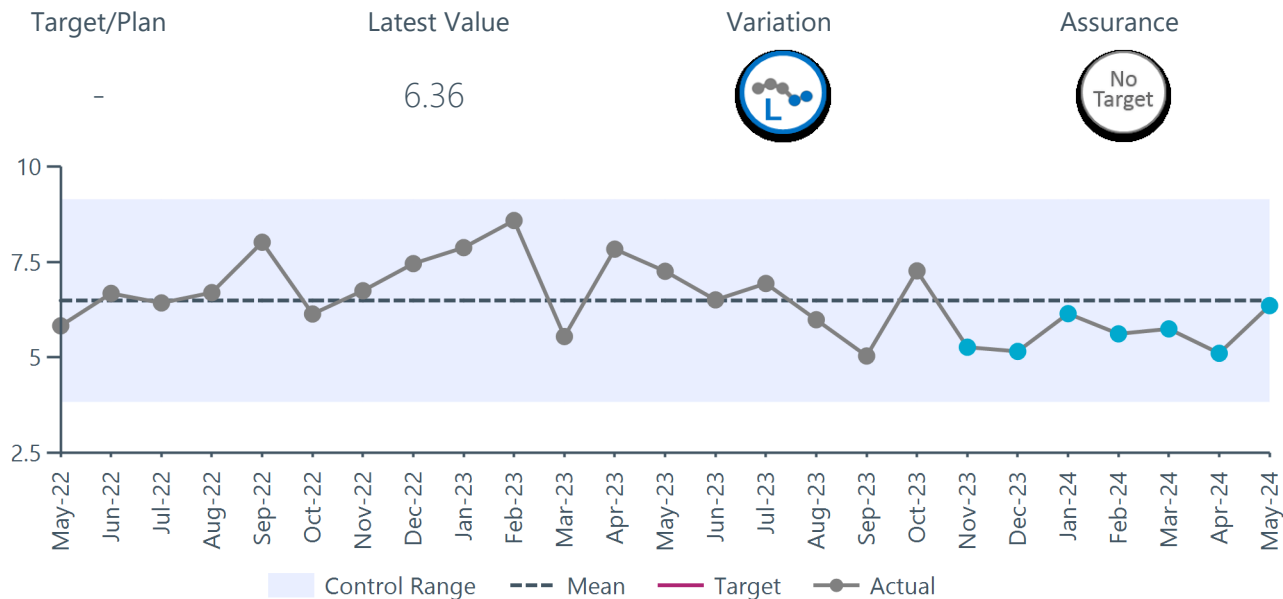
Actions

Ongoing monitoring of performance via the Day Case Working Group; actions include:
* To improve day surgery success rates (against BADS).
* To extend range of procedures done as day cases.
* To meet process checklist set out in GIFRT day surgery delivery document.
* To improve the data quality of Day Case patients by:
- Working with Access Team to improve data quality of bookings and alignment between PAS and Bluespier. Focus on improving inpatient Physio bookings.
- Working with nursing and admin staff to improve timeliness of patient discharge from PAS.
- Working with Spinal Injuries Team to improve booking of day case patients.
- Exploring 'intelligent list planning' to maximise successful day case discharges.
The Day Surgery Lead is benchmarking BADS % performance against other Trusts and is attending a regional meeting in June.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
78.57%	76.54%	76.72%	80.12%	80.35%	81.82%	84.36%	88.06%	84.39%	80.18%	81.15%	81.22%	79.01%

- 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	Trajectory
-	6.36	L	No Target	5.16 ⟶ 6.36

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

This KPI encompasses both elective and non-elective patients. For May, the average length of stay was 6.36 days, with a breakdown as follows:

* Elective Patients - 2.13 days
* Non-Elective Patients - 37.42 days; of which
- Spinal Injuries - 137 days
- Care of the Elderly - 27.60 days

There were 34 patients who had a length of stay over 21 days in May.

This metric is being included as an exception for May to recognise that there have been seven months of improved performance with these data points all falling below the mean.
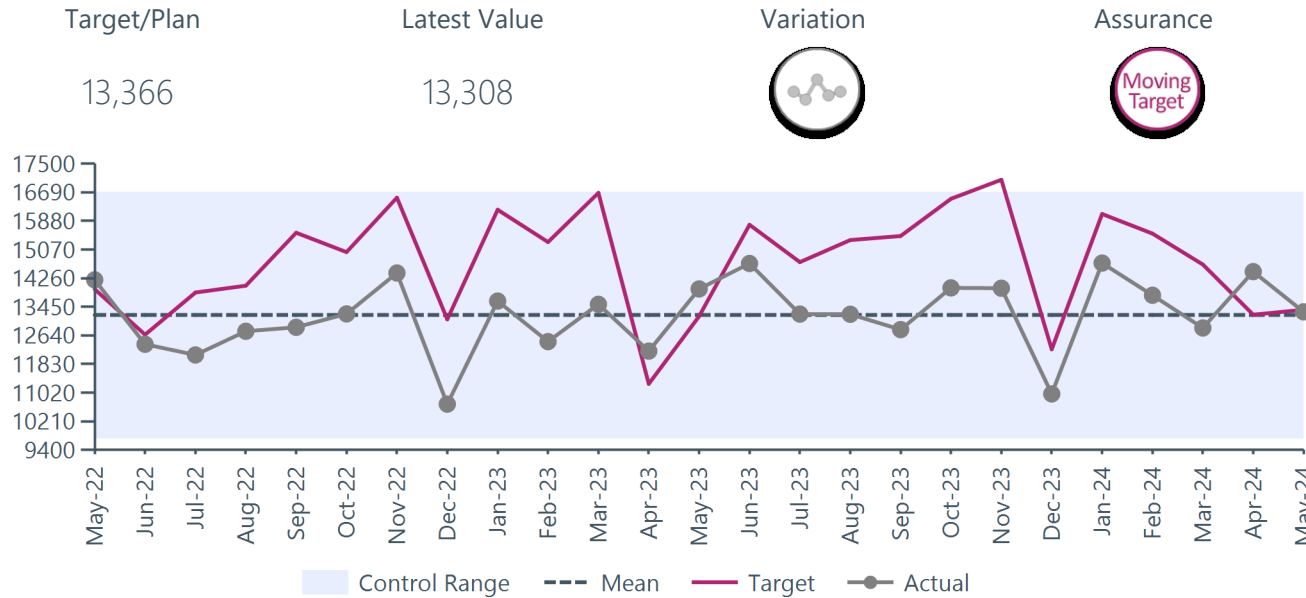
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
7.26	6.51	6.94	5.99	5.04	7.27	5.27	5.16	6.15	5.62	5.75	5.11	6.36

- Staff - Patients - **Finances** -

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
13,366	13,308		Moving Target	10986 ... 13308

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 was 13,308 attendances against the Trust's Operational Plan of 13366 equating to 99.57% of plan (-58 attendances).

The following subspecialties had the biggest variance to plan:

Therapies: 1526 against a plan of 2031 (-505) equating to 75.14% of plan. Though sickness levels in Physiotherapy have decreased from the previous month, there are now a number of vacancies within the team. The DNA rate is also high in this subspecialty with a rate of 7.82%. Occupational Therapy have also been experiencing sickness levels.

Actions

An expectation was set at the Weekly Outpatient Activity Meeting that in the first week of the month, the current month should be booked to approximately 75%, and the following month to 50% - recognising that there will be different booking practices within firms due to the nature of their activity.

As of the 10th of May, forecast positions show:
* June – 91.58% against plan.
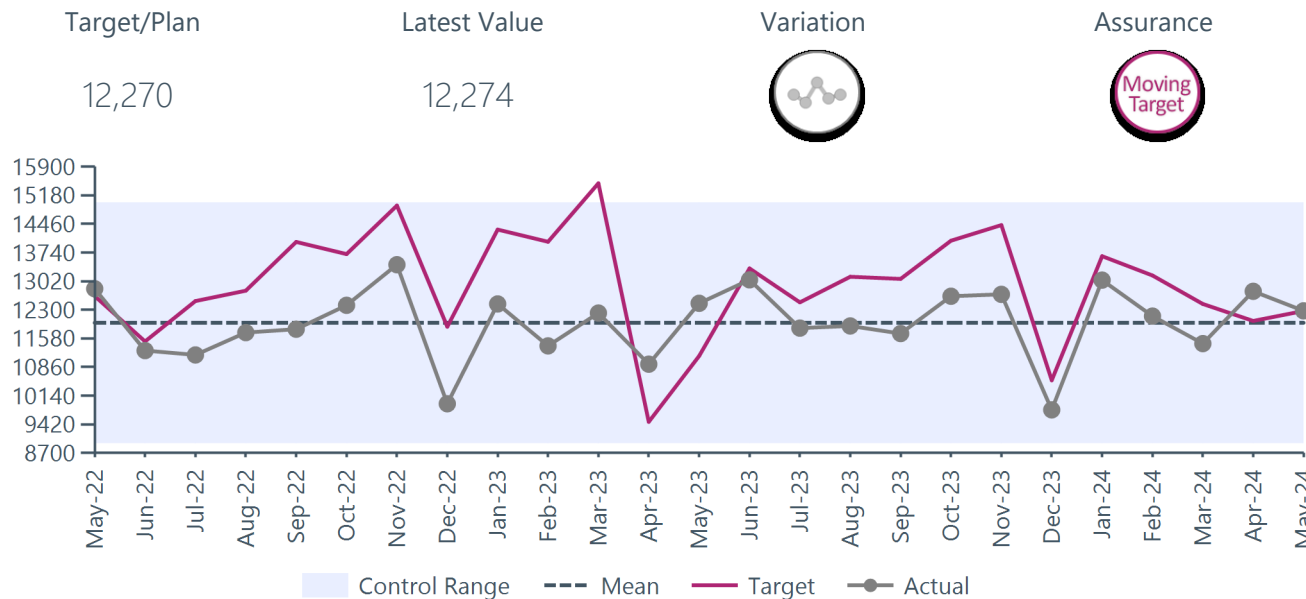* July - 45.83% against plan.

The process of logging activity for Enhanced Recovery Patients was reviewed and we are now seeing this activity reflected & counting towards our % virtual KPI.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
13956	14676	13244	13240	12805	13987	13976	10986	14688	13778	12852	14446	13308

- Staff - Patients - Finances -

IJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
12,270	12,274	(Variation icon)	Moving Target	9783 ... 12274

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 2024/25 plans derived from the Trust's Operational Planning Submission.

In May, IJP activity achieved plan with 12274 attendances against the plan of 12270 equating to 100.03% of plan (+ 4 attendances).

Actions

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

The Managing Director of the Specialist Unit has requested that any instances that could impact the delivery of activity are logged in the exception document and shared as and when they occur.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
12464	13054	11840	11894	11703	12642	12689	9783	13047	12142	11450	12766	12274

- Staff - Patients - Finances -

OJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer
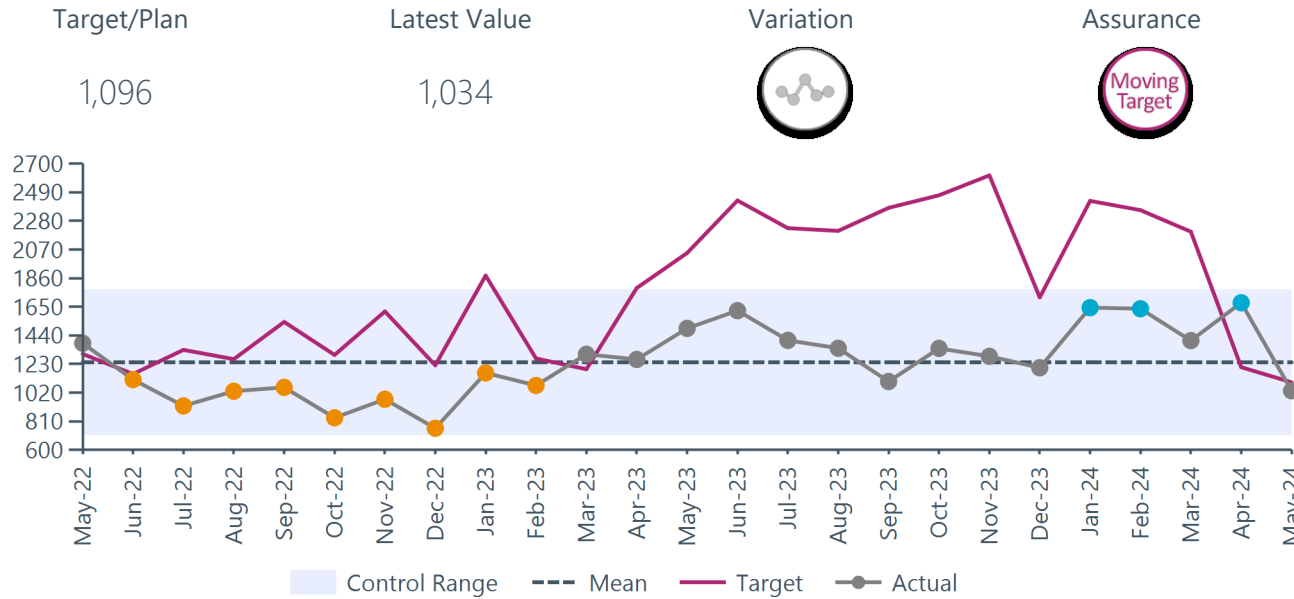
Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,096	1,034		Moving Target	

What these graphs are telling us

Metric is experiencing common cause variation. This metric 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 2024/25 plans that are derived from the Trust's Operational Planning Submission.

In May, OJP activity is reported at 1034 attendances against the plan of 1096 equating to 94.34% of plan (-62 attendances).

Actions

OJP Activity against plan is discussed at subspecialty level at the weekly outpatient activity meeting.

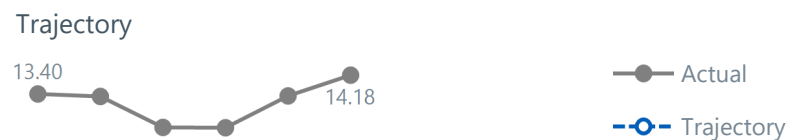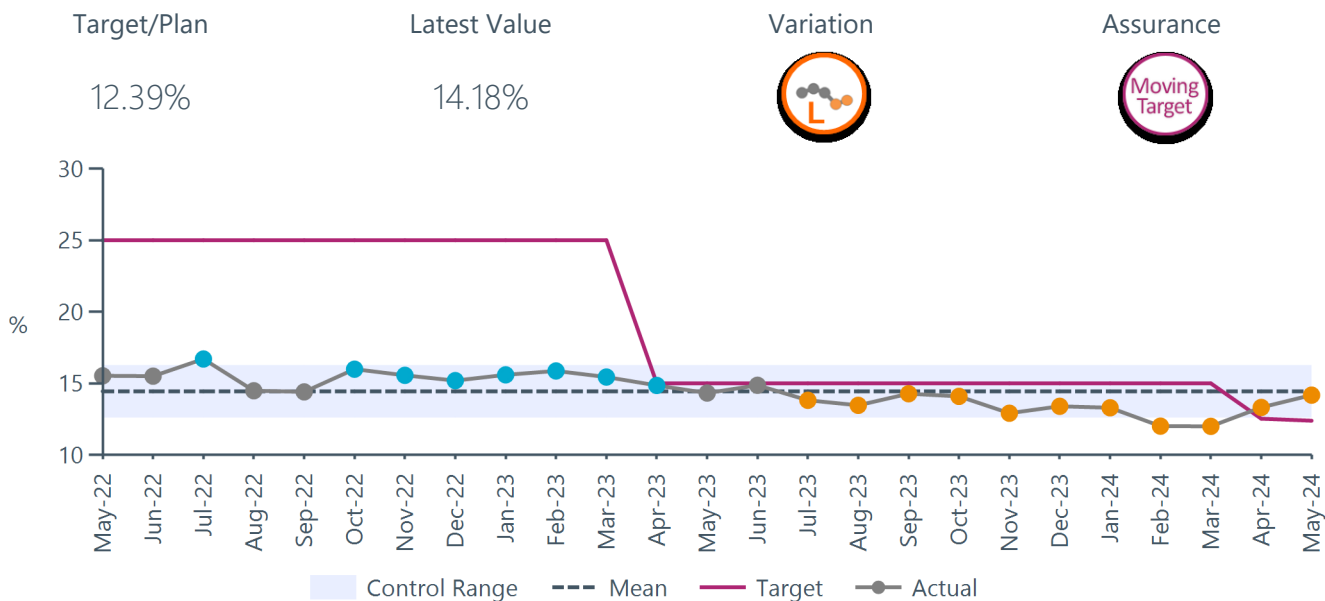It remains recognised that there are limitations in OJP delivered activity.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
1492	1622	1404	1346	1102	1345	1287	1203	1644	1636	1402	1680	1034

- Staff - Patients - Finances -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual against plan. Target as per Trust's Operational Plans. 217586

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
12.39%	14.18%		Moving Target

Trajectory

13.40

14.18

Actual

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

The percentage of Outpatient Activity delivered virtually achieved the 12.39% target in May with a rate of 14.18%. This is broken down as follows:
* New appointments – 3.03% (106 out of 3504)
* Follow-up appointments - 18.17% (1,781 out of 9,804)

The sub-specialities with the highest achieving percentage for virtual appointments are:
* Spinal Injuries (51.88%; Veterans (36.98%); Rheumatology (29.95%)

The sub-specialities with the lowest virtual percentage, not achieving target are:
* Physiotherapy (2.57%); Spinal Disorders (3.62%) Paediatric Orthopaedics (5.96%)

The process of logging Enhanced Recovery virtual activity has been reviewed and is now contributing to both our Total Outpatient Activity and % Virtual metrics.

Actions

Following a review of the process of logging Enhanced Recovery activity, we are now seeing this reflected in our Total Outpatient Activity which in turn will improve our % Virtual KPI.

Communications are to be sent out following an interview with Professor Tracey Willis promoting the use of Attend Anywhere.

Orthotics to trial using Attend Anywhere for their teenage cohort of patients.

The Attend Anywhere Showcase day is still due to go ahead in the MDT room within the Headley Court Veterans Orthopaedic Centre. Attend Anywhere will also be presented at MDCAM in July.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
14.32%	14.87%	13.82%	13.47%	14.28%	14.09%	12.91%	13.40%	13.30%	12.01%	12.00%	13.32%	14.18%

- Staff - Patients - Finances -

Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:
Chief Operating Officer
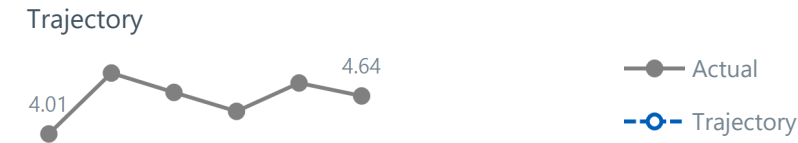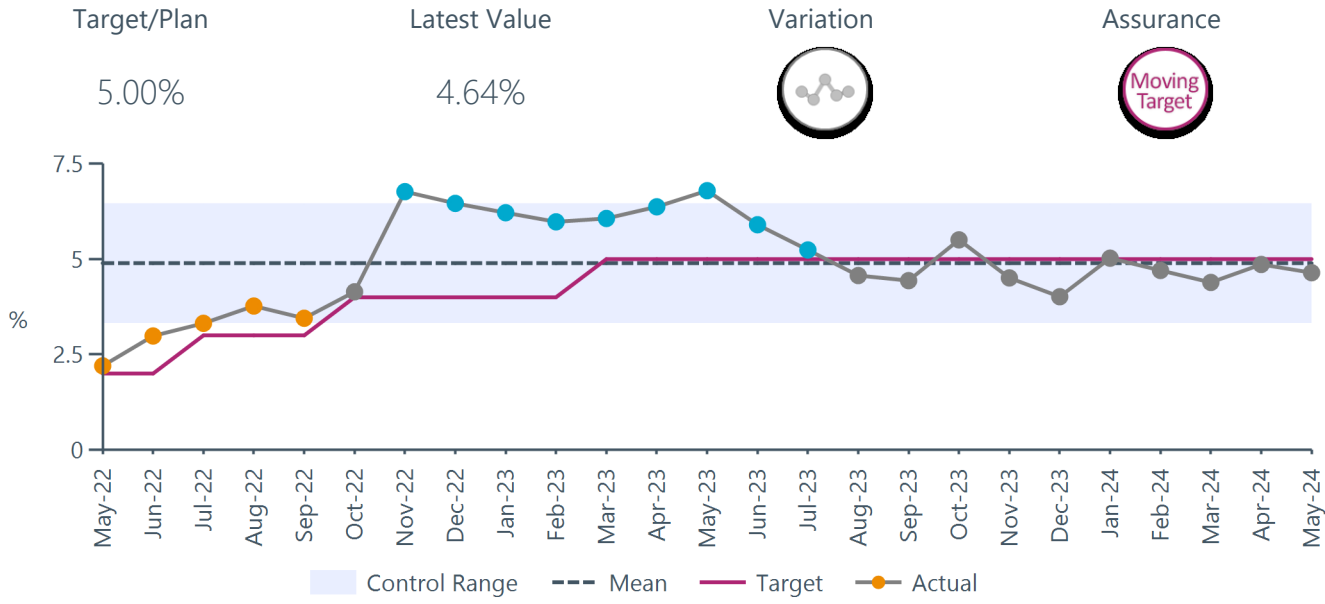
Target/Plan	Latest Value	Variation	Assurance	Trajectory
5.00%	4.64%		Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory: Actual, Trajectory (4.01, 4.64)

Narrative

In May, the percentage of patients moved to PIFU was 4.64% against a target of 5% which has been taken from the Trust's Operational Planning Submission.

This metric has a phased target against it with the aim of meeting 6.6% by the end of the 24/25 financial year.

Actions

The Managing Director of the Specialist Unit has issued communication to Consultants as a reminder to ensure they are utilising PIFU where appropriate.

Throughout May, we saw Orthotics begin to utilise PIFU - they ended May with a rate of 4.96%.

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
6.79%	5.90%	5.24%	4.57%	4.44%	5.51%	4.51%	4.01%	5.02%	4.70%	4.39%	4.86%	4.64%

-   Staff   -   Patients   -   **Finances**   -

Outpatient DNA Rate (Consultant Led and Non Consultant Led

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

Exec Lead:
Chief Operating Officer
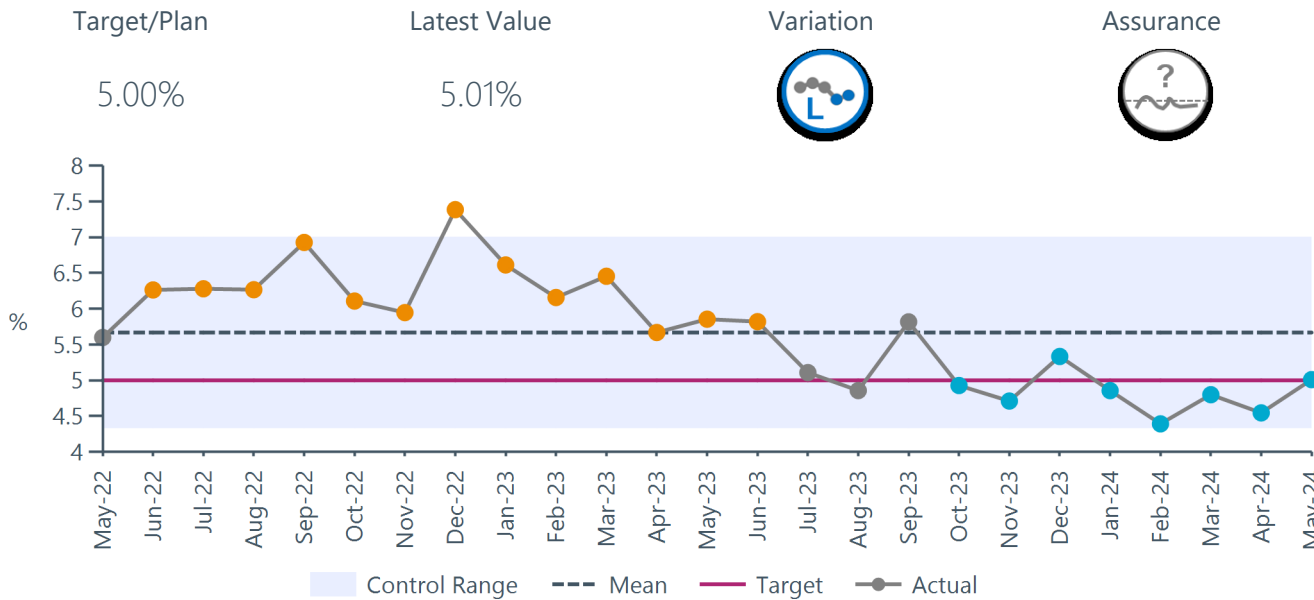
Target/Plan	Latest Value	Variation	Assurance
5.00%	5.01%		

Trajectory

5.33   5.01

● 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).

Control Range   Mean   Target   Actual

Narrative

The Outpatient DNA rate is reported at 5.01% for May but as demonstrated in the graph above, still maintaining a period of sustained improvement since October.

The Subspecialties with the highest DNA rates are:
Tumour (8.31%), Physiotherapy (7.95%) and Metabolic Medicine (6.65%).

The Subspecialties with the lowest DNA rates are:
Veterans (0.64%), Paediatric Medicine (2.35%) and Foot & Ankle (2.48%).

Actions

It was highlighted at the monthly Outpatient Improvement Group that the DNA rates for Tumour, Physiotherapy and Metabolic Medicine were high.

It was agreed that the Service Managers/Assistant Service Managers would undertake a deep dive to understand the reasons for the increase in DNA's.

Feedback on the deep dive is expected at the next Outpatient Improvement meeting on 5th July 2024.
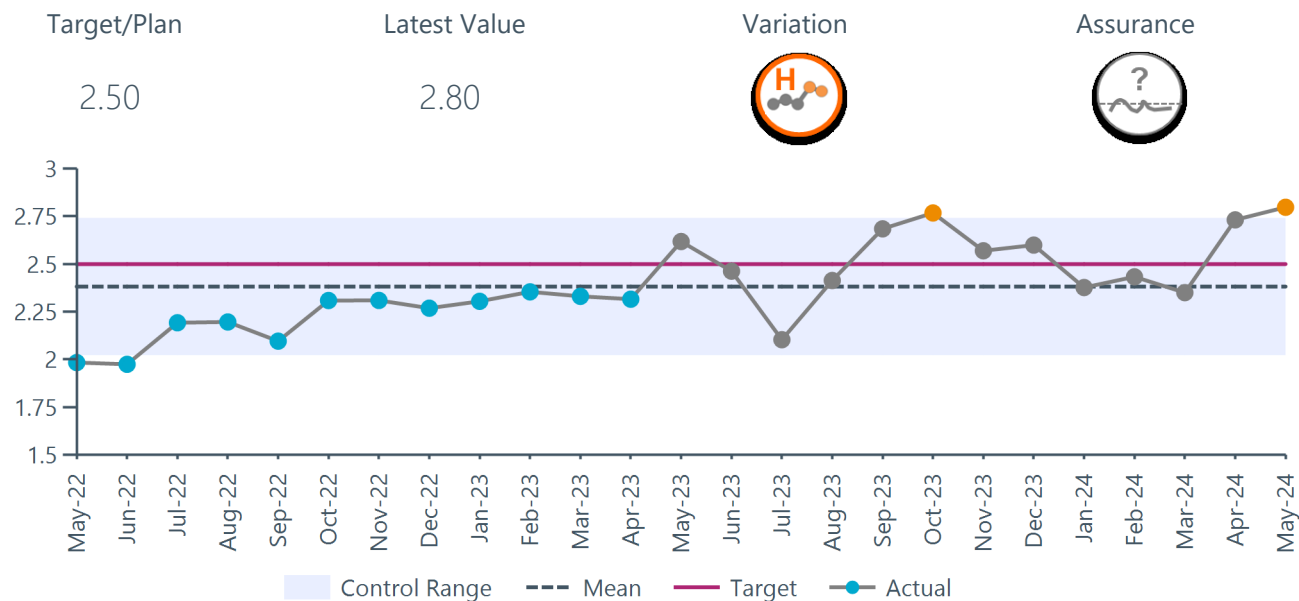
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
5.86%	5.82%	5.11%	4.86%	5.82%	4.93%	4.71%	5.33%	4.86%	4.39%	4.80%	4.55%	5.01%

- Staff - Patients - Finances -

New to Follow Up Ratio (Consultant Led and Non Consultant Led

Outpatient new to follow up ratio (Consultant Led and Non Consultant Led Activity) 217804

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.50	2.80	H	?	2.60 ... 2.80

Actual
Trajectory

What these graphs are telling us

Metric is experiencing common cause variation of a concerning nature. The assurance icon is indicating this metric is inconsistently passing and falling short of the target.

Control Range   Mean   Target   Actual

Narrative

The New to Follow Up Ratio has failed to achieve target this month with a rate of 2.80. The latest value falls outside of normal variation for this KPI and therefore, it is included as an exception.

The new to follow up ratio varies within each sub-specialty as some sub-specialities predominantly see new patients e.g. Neurology, whilst others predominantly see follow up patients e.g. Spinal Injuries.

Within each sub-speciality, there is also a lot of variation month to month. The teams that saw the biggest increase in their new to follow up ratio in May were Arthroplasty and Occupational Therapy.

It is also noted that the SOOS service had a low new to follow up ratio which brought our Trust new to follow up ratio down overall. Now that the SOOS service has transitioned to MUSST, and SOOS activity on our PAS system is very minimal; our Trust ratio has increased as expected.

Actions

The data reviewed in the weekly OP Activity meetings is evolving. In June the monitoring will be strengthened to ensure there is oversight of the ratio of activity that is delivered New and Follow Up

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
2.62	2.46	2.10	2.41	2.68	2.77	2.57	2.60	2.38	2.43	2.35	2.73	2.80

-    Staff   -   Patients   -   **Finances**   -

Total Diagnostics Activity against Plan - Catchment Based

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

Exec Lead:
Chief Operating Officer
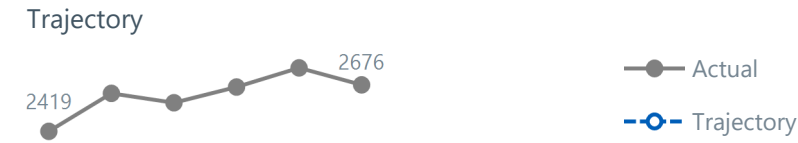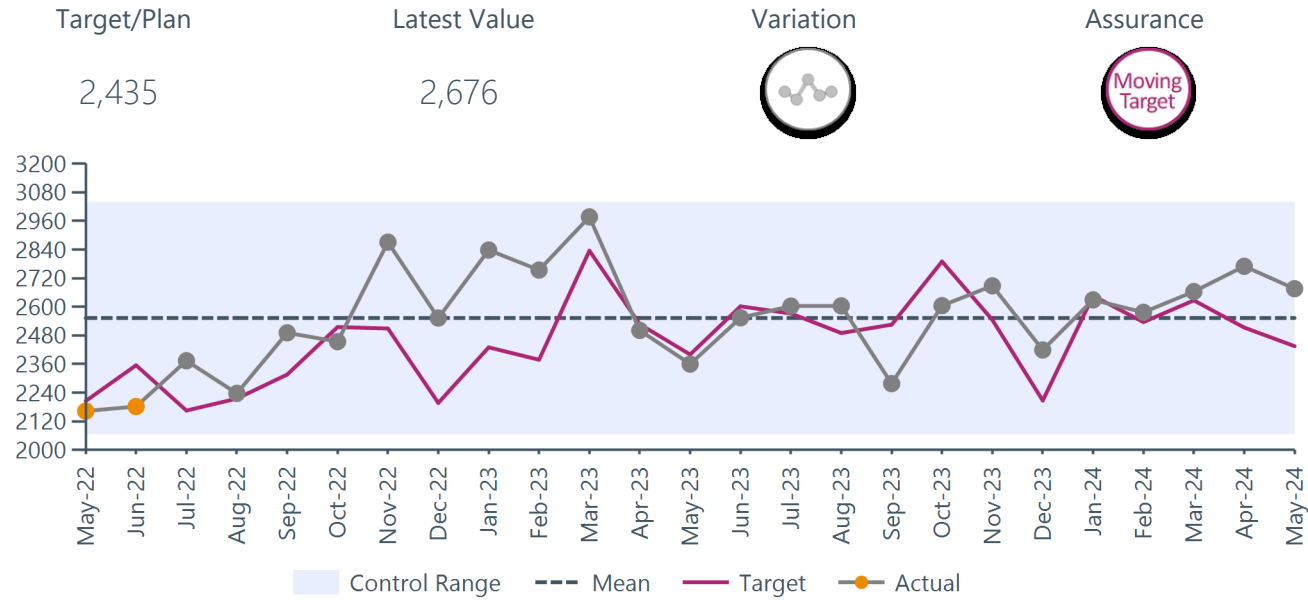
Target/Plan	Latest Value	Variation	Assurance	Trajectory
2,435	2,676		Moving Target	

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 plan for May was met as total diagnostic activity undertaken was 2676 against the Trust's Operational Plan of 2435; 241 cases above - equating to 109.90%.

Performance by modality:
- CT - 478 against plan of 403; equating to 118.61%
- MRI - 1344 against plan of 1219; equating to 110.25%
- U/S – 854 against 813; equating to 105.04%

It is included as an exception this month as it has exceeded the plan in May and has been above plan for four consecutive months.

Actions

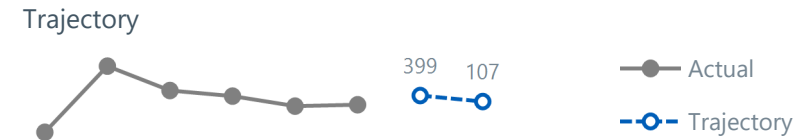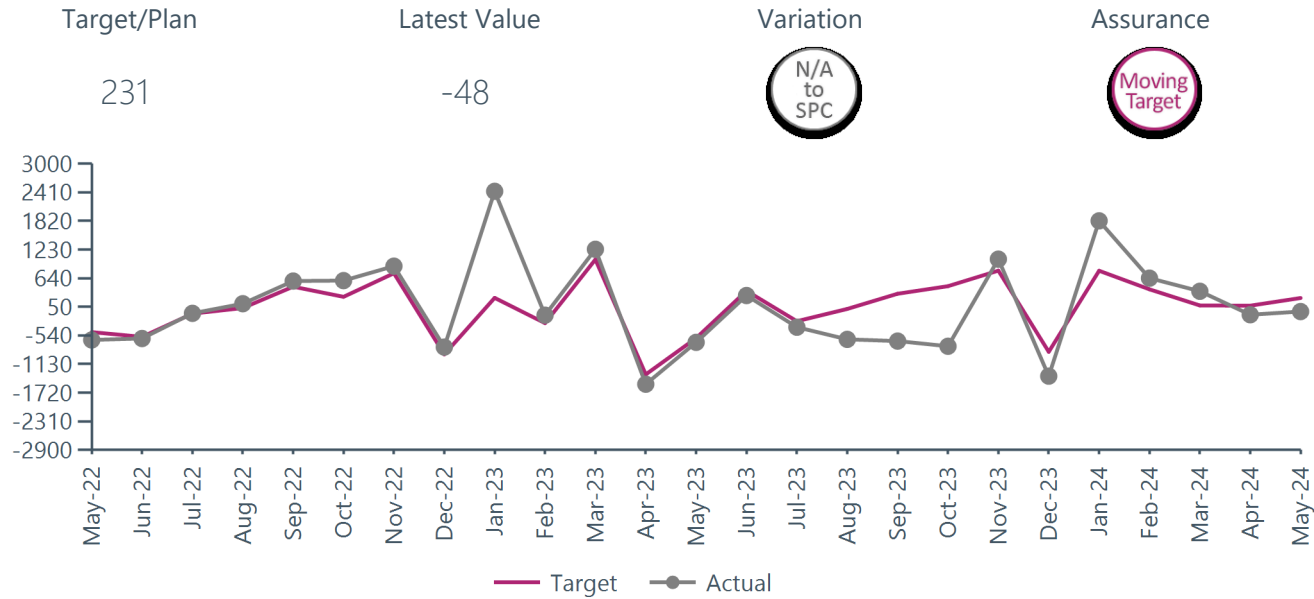| May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
2360	2554	2603	2604	2278	2605	2688	2419	2629	2577	2664	2770	2676

-    Staff   -   Patients   -   **Finances**   -

Financial Control Total

Surplus/deficit position adjusted for donations 215290

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
231	-48	N/A to SPC	Moving Target	

What these graphs are telling us

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

399   107

Actual
Trajectory

Target   Actual

Narrative

- Overall £48k deficit in month, £278k adverse to plan.
- YTD £161k deficit, £464k adverse.

Actions

'- Financial Improvement Group (FIG) overseeing improvements in problem areas specifically premium pay, outpatient performance and IJP utilisation.
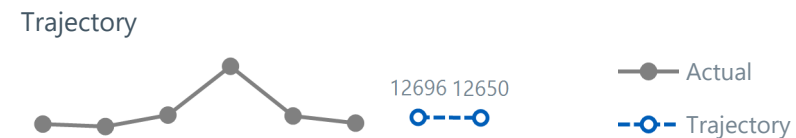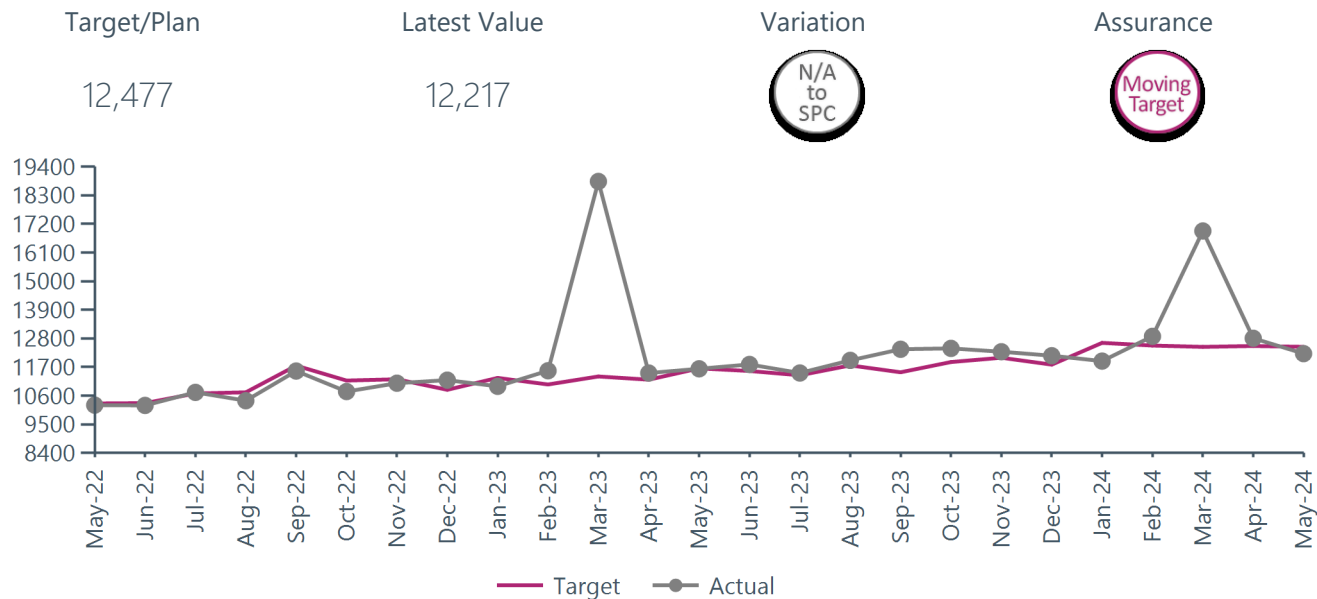
May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
-682	283	-370	-621	-656	-763	1033	-1379	1822	640	370	-113	-48

- Staff - Patients - **Finances** -

Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
12,477	12,217	N/A to SPC	Moving Target	

12696 12650

Actual
Trajectory

What these graphs are telling us

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

Target — Actual

Narrative

Pay expenditure £177k adverse to plan:
- Theatres staffing adverse driven by bank & agency
- Wards MSK & Specialist units adverse driven by bank and agency
- OJP net of vacancies driven adverse (anaesthetics & radiology)

Non Pay £318k favourable to plan:
- One off utilities credit note received favourable

Finance costs £51k favourable to plan

Actions

Financial Improvement Group overseeing improvements:
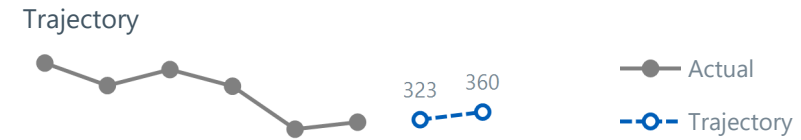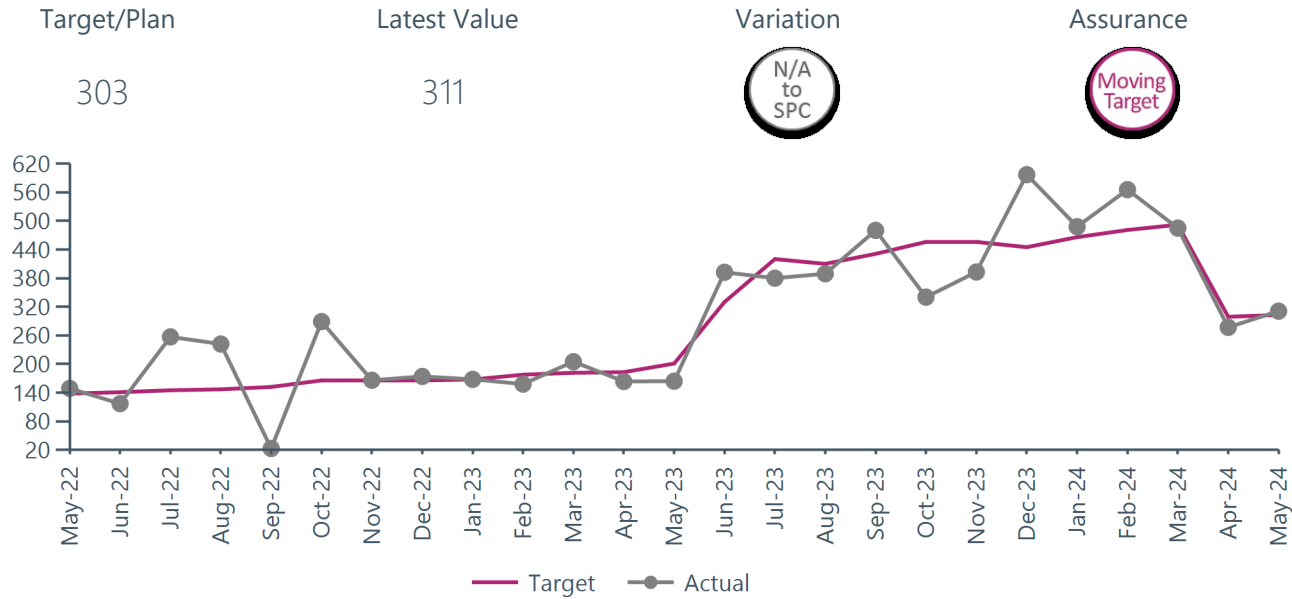- Deep dive and improvement plans for ward and theatre areas focused

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
11634	11800	11472	11956	12383	12417	12288	12136	11929	12881	16929	12807	12217

- Staff - Patients - Finances -

Efficiency Delivered

Efficiency plan delivery 215298

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
303	311	N/A to SPC	Moving Target	

What these graphs are telling us

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

Trajectory: Actual, Trajectory (323, 360)

Chart legend: Target, Actual

Narrative

- £311k efficiency savings delivered in month, £8k favourable to plan.
- £588k delivered YTD, £14k adverse.

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
164	392	380	389	480	340	392	597	488	565	485	277	311

- Staff - Patients - **Finances** -

Cash Balance

Cash in bank 215300

Exec Lead:
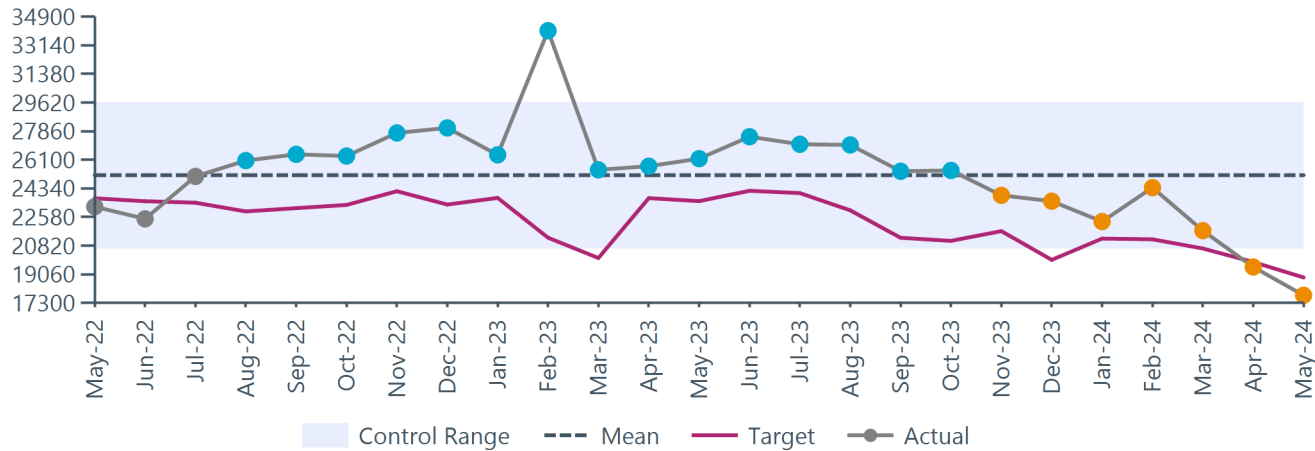Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
18,865	17,770			

Variation: L

Assurance: Moving Target

Trajectory values: 19176 18272 17024

Legend: Actual, Trajectory

What these graphs are telling us

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

Chart legend: Control Range — Mean — Target — Actual

Narrative

£1.1m adverse to plan due to commissioners not paying inflated contract values and individual ICB's not paying delegated NHSE Specialised Commissioning values
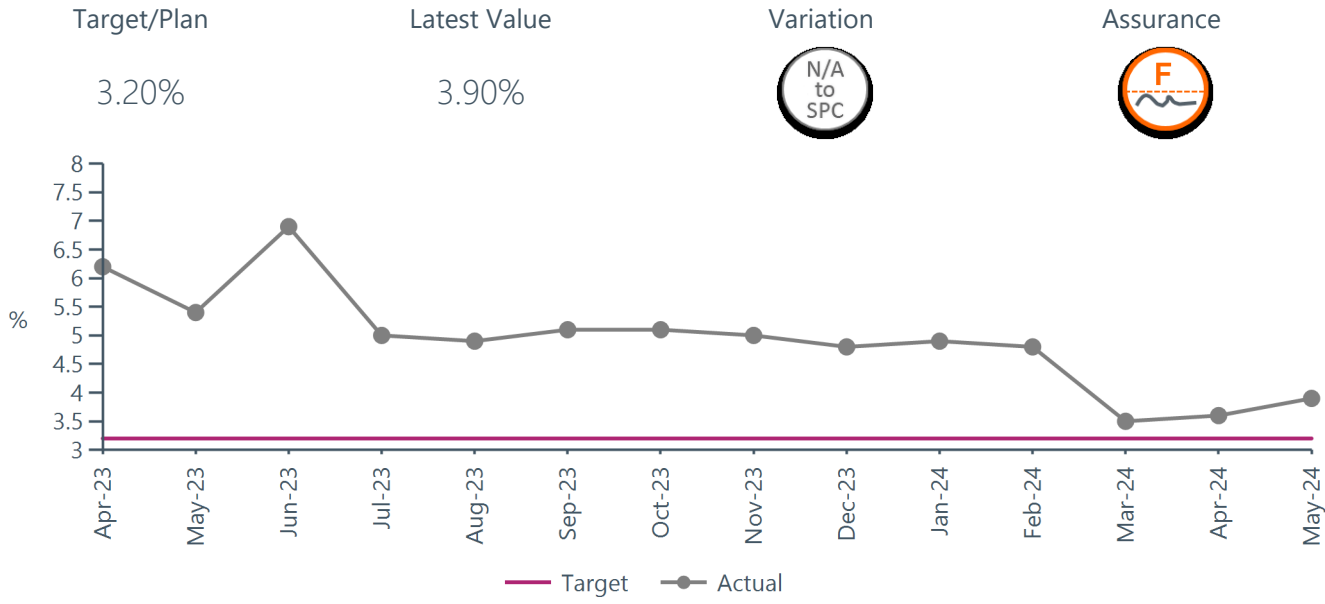
Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
26170	27520	27056	27016	25397	25447	23915	23556	22304	24391	21743	19510	17770

- Staff - Patients - **Finances** -

Agency Proportion of Pay Plan

National requirement that agency costs are within 3.2% of pay plan 217862

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
3.20%	3.90%	N/A to SPC	F

Trajectory

4.80   3.90

Actual
Trajectory

What these graphs are telling us

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

Narrative

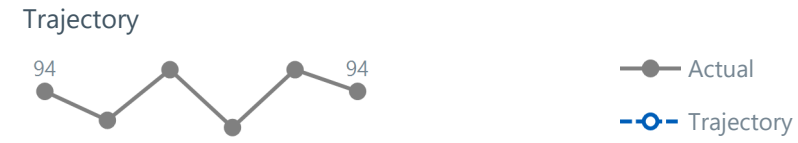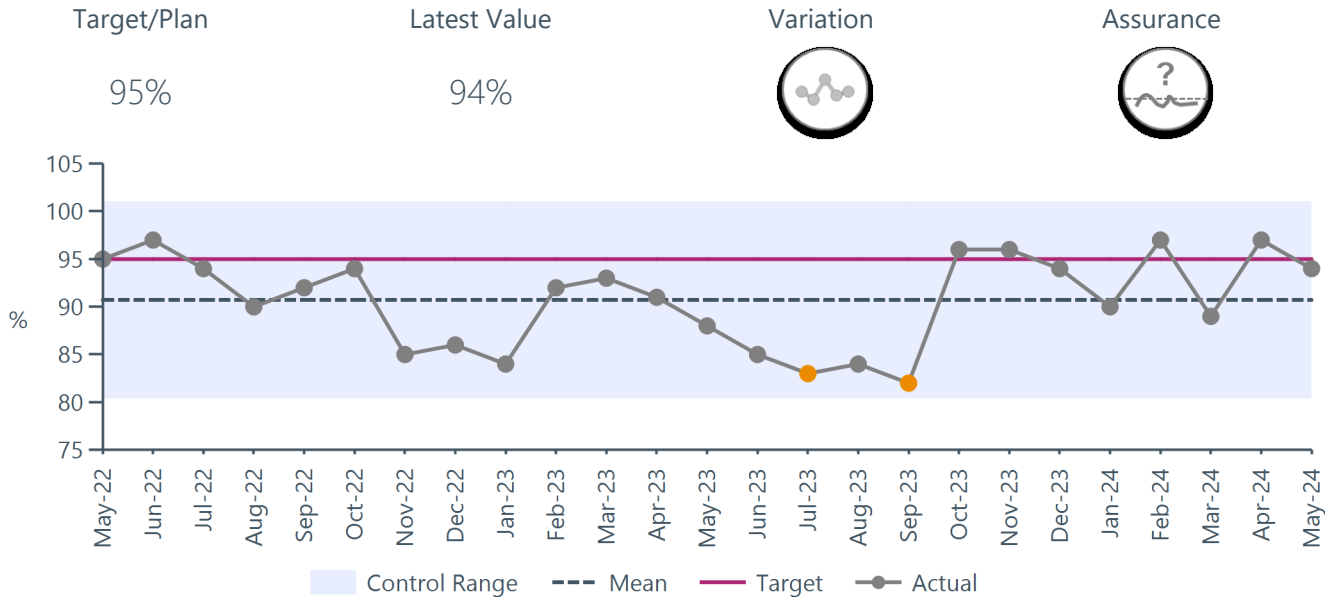3.9% in month increase from M1, in excess of national 3.2%

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
5%	6%	5%	4%	5%	5%	5%	4%	4%	4%	3%	3%	3%

- 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
95%	94%		

Trajectory

94 ... 94

- 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).

Legend: Control Range · Mean · Target · Actual

Narrative

Performance of 94% in month adverse to 95% target (year to date is 95%)

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
88.00%	85.00%	83.00%	84.00%	82.00%	96.00%	96.00%	94.00%	90.00%	97.00%	89.00%	97.00%	94.00%

- Staff - Patients - **Finances** -

Value Weighted Assessment

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

Exec Lead:
Chief Finance and Planning Officer
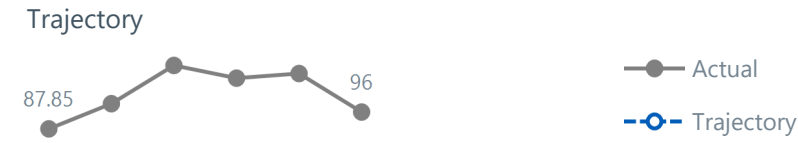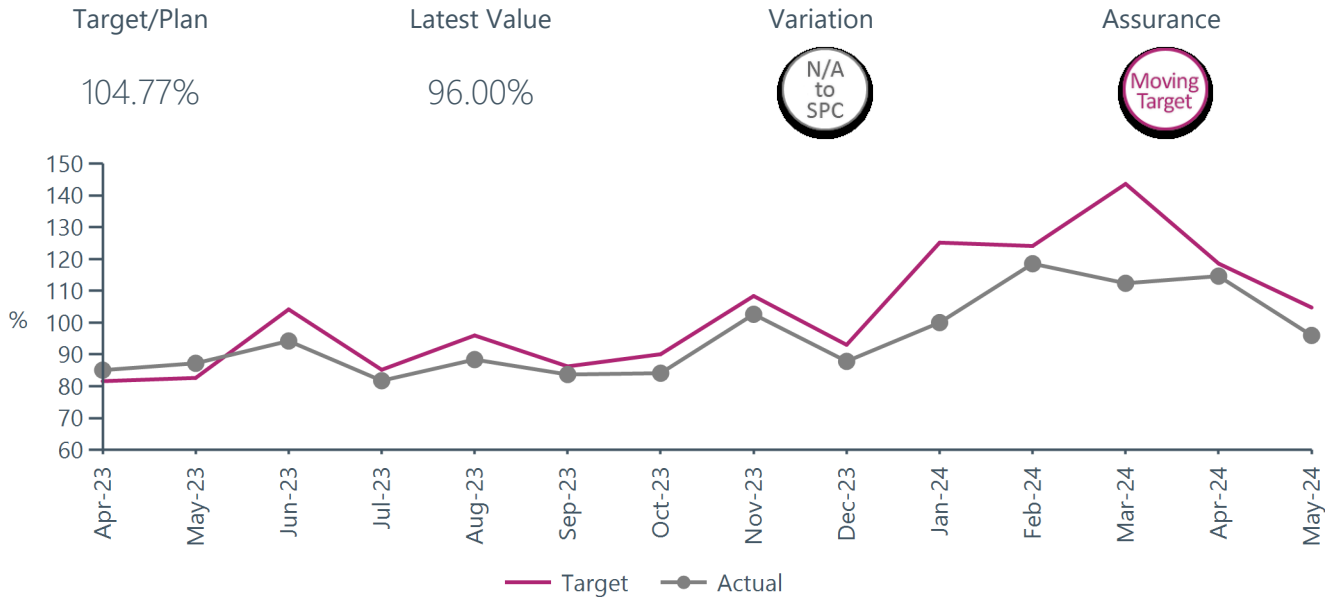
Target/Plan	Latest Value	Variation	Assurance	Trajectory
104.77%	96.00%	N/A to SPC	Moving Target	87.85 ... 96

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

9% adverse to planned month 2 performance, 6% ytd. The planned value is based on an assumed baseline - not yet confirmed by NHS England.

Actions

May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
87%	94%	81%	88%	83%	84%	102%	87%	100%	118%	112%	114%	96%

-    Staff   -   Patients   -   **Finances**   -