

Combined Integrated Performance Report September 2023 – Month 6



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:

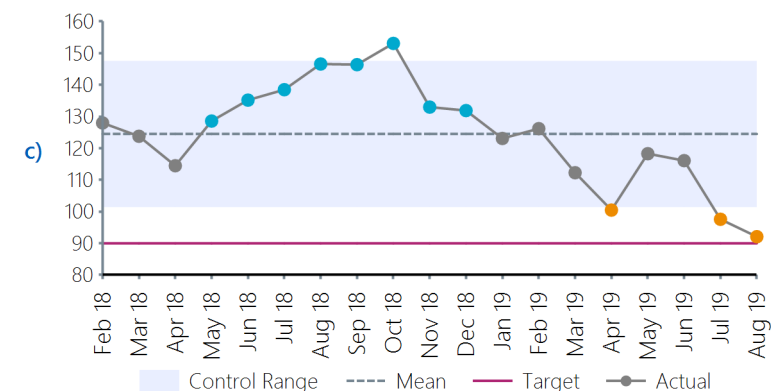
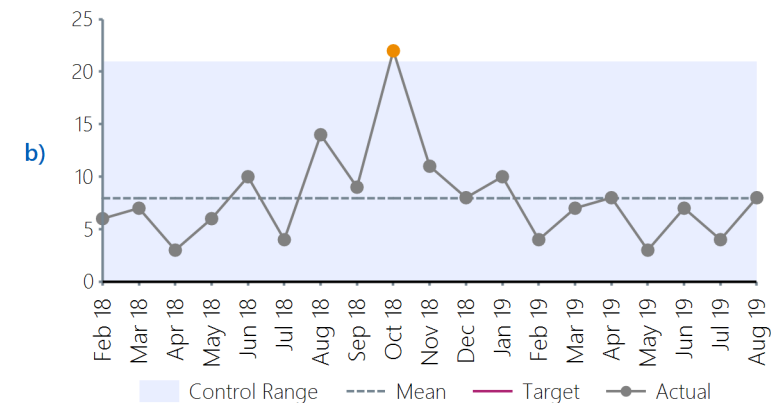
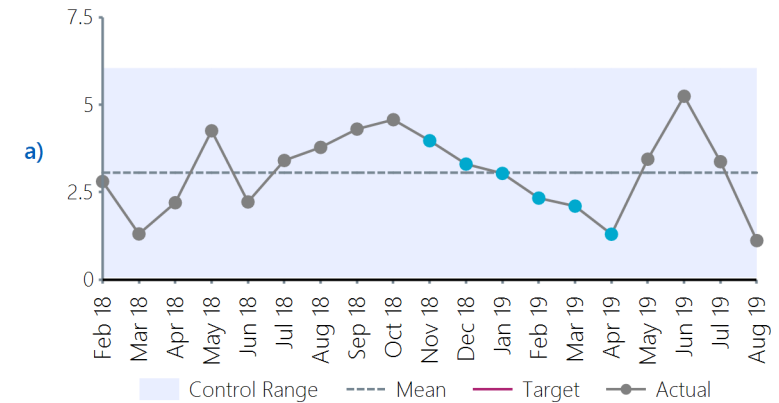
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

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

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

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



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

Data Quality Rating Reading Guide

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

Colours

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



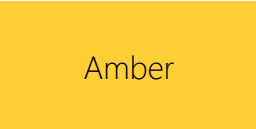
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.69%	4.73%				+	
Sickness Absence - Short Term	2.85%	1.95%					
Sickness Absence - Long Term	2.85%	2.79%					
Staff Turnover - Headcount	12.00%	9.07%				+	
In Month Leavers	10	12				+	
Vacancy Rate	8.00%	5.30%				+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	9.74%				+	
Healthcare Support Worker Vacancy Rate	0.00%	16.41%				+	
Allied Health Professionals Vacancy Rate	8.00%	3.92%				+	
Time to Recruit		165				+	



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Staff Retention		79.25%				+	
% Staff Availability		79.62%				+	
Statutory & Mandatory Training	92.00%	93.90%					
Personal Development Reviews	93.00%	87.40%				+	
E-Rostering Level of Attainment	4	0				+	
Percentage of Staff on the E-Rostering System	90.00%	90.79%				+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		69.33%				+	
% of System-Generated E-Roster (Auto-Rostering)		52.93%				+	
E-Job Planning Level of Attainment	4	0				+	
Percentage of Staff with an Active E-Job Plan	90.00%	62.33%				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					09/03/23
Never Events	0	0					09/03/23
Total Patient Falls	10	5					
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.73					
RJAH Acquired Pressure Ulcers	1	0					
Pressure Ulcer Assessments	99.00%	100.00%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.13%					
Number of Complaints	8	10					11/05/18
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%				+	
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	1				+	
Safe Staffing	90.00%	103.90%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	9.00%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	16				+	
RJAH Acquired C.Difficile	0	1				+	24/06/21
C Diff Infection Rates Per 100,000 Bed Days	3.18	11.96				+	
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	9.57					
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Surgical Site Infections	0	0				+	
Outbreaks	0	0					
Patient Safety Alerts Not Completed by Deadline	0	0					
Medication Errors	18	22				+	
Total Deaths	0	1				+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	4					
VTE Assessments Undertaken	95.00%	99.74%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
28 days Emergency Readmissions*	1.00%	0.69%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	71	84				+	
Cancer Two Week Wait*	93.00%	94.59%					
31 Days First Treatment (Tumour)*	96.00%	100.00%					
31 Days Subsequent Treatment (Tumour)*	94.00%	100.00%					
Cancer Plan 62 Days Standard (Tumour)*	85.00%	0.00%				+	12/09/23
Cancer 62 Days Consultant Upgrade*	85.00%	100.00%					
28 Day Faster Diagnosis Standard*	75.00%	94.74%					12/09/23
18 Weeks RTT Open Pathways	92.00%	50.57%				+	24/06/21



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	12,893	15,016	16,528			+	
Welsh List Size		7,612				+	
Combined List Size		22,628				+	
Patients Waiting Over 52 Weeks – English	0	1,177	1,265			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		911				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,088				+	
Patients Waiting Over 78 Weeks - English	0	12	0			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		223				+	
Patients Waiting Over 78 Weeks - Combined		235				+	
Patients Waiting Over 104 Weeks - English	0	1				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 104 Weeks - Welsh (Total)		53					+
Patients Waiting Over 104 Weeks - (Combined)		54					+
Overdue Follow Up Backlog	5,000	11,710					+
6 Week Wait for Diagnostics - English Patients	85.00%	77.97%					+
8 Week Wait for Diagnostics - Welsh Patients	100.00%	88.06%					+



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.01	1.86					
Touchtime Utilisation	82.00%	84.89%					
Total Theatre Activity Against Plan	953	821				+	
IJP Activity - Theatres - against Plan	694	532				+	
OJP Activity - Theatres - against Plan	202	212					
PP Activity - Theatres - against Plan	57	77					
Elective Activity Against Plan (volumes)	1,081	916				+	24/06/21
Overall BADS %	85.00%	79.43%				+	
Average Length of Stay – Elective & Non Elective		5.04					
Bed Occupancy – All Wards – 2pm	87.00%	83.29%					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	15,453	12,504				+	24/06/21
IJP Activity - Outpatients - against Plan	13,077	11,438				+	
OJP Activity - Outpatients - against Plan	2,376	1,066				+	
Total Outpatient Activity - % Virtual	15.00%	13.73%				+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	4.08%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	5.72%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.59					
Total Diagnostics Activity against Plan - Catchment Based	2,525	2,279				+	
Data Quality Maturity Index Score							
Referrals Received for Consultant Led Services, Including SOOS*		3,678					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	319	-656				+	
Income	11,818.52	11,657				+	
Expenditure	11,499.33	12,384				+	
Efficiency Delivered	431	480					
Cash Balance	21,304	25,397					
Capital Expenditure	2,701	354					
Agency Core - On Framework	258	185					
Agency Core - Off Framework	0	64				+	
Insourcing Agency	0	200				+	
Proportion of Temporary Staff	3.72%	3.42%					



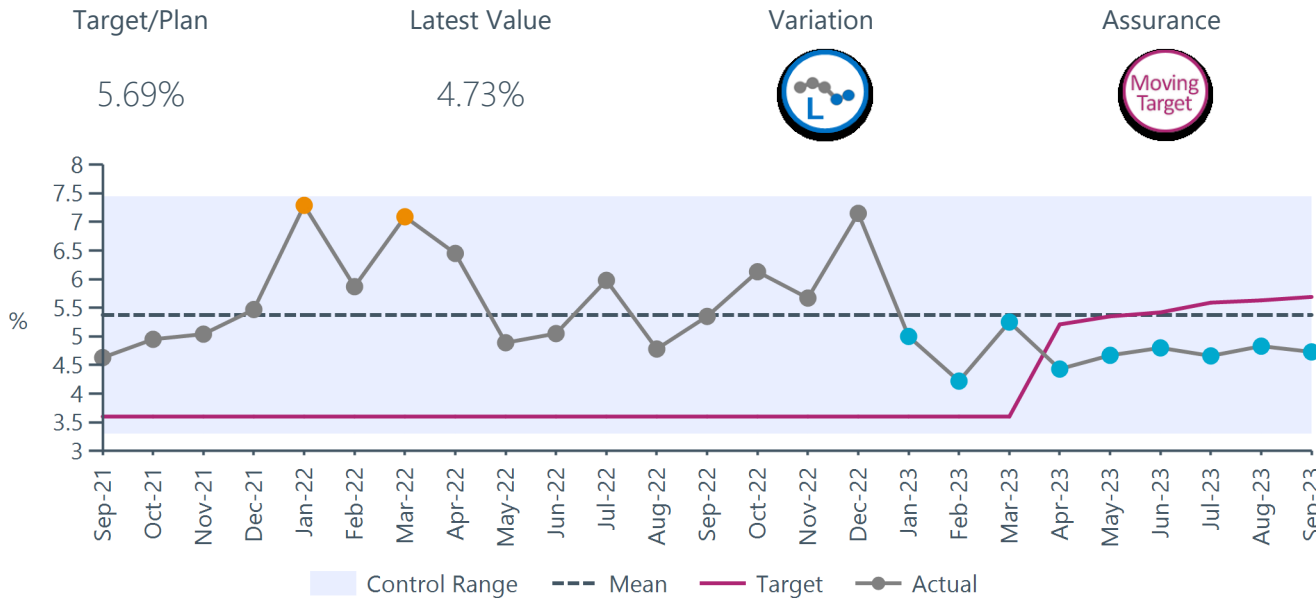
Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	82.00%				+	
Value Weighted Assessment	86.26%	82.30%				+	

Sickness Absence

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

Exec Lead:
Chief People Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric has had a target change from April-23.

Narrative

The sickness absence rate for September is reported at 4.73%. It is included as an IPR exception this month as the SPC graph indicates special cause variation of an improving nature with the last nine data points, since January, all consecutively below the mean.

- The top three reasons for absence Trust-wide were:
- * Anxiety/stress/depression/other psychiatric illnesses
 - * Other musculoskeletal problems
 - * Back Problems

Actions

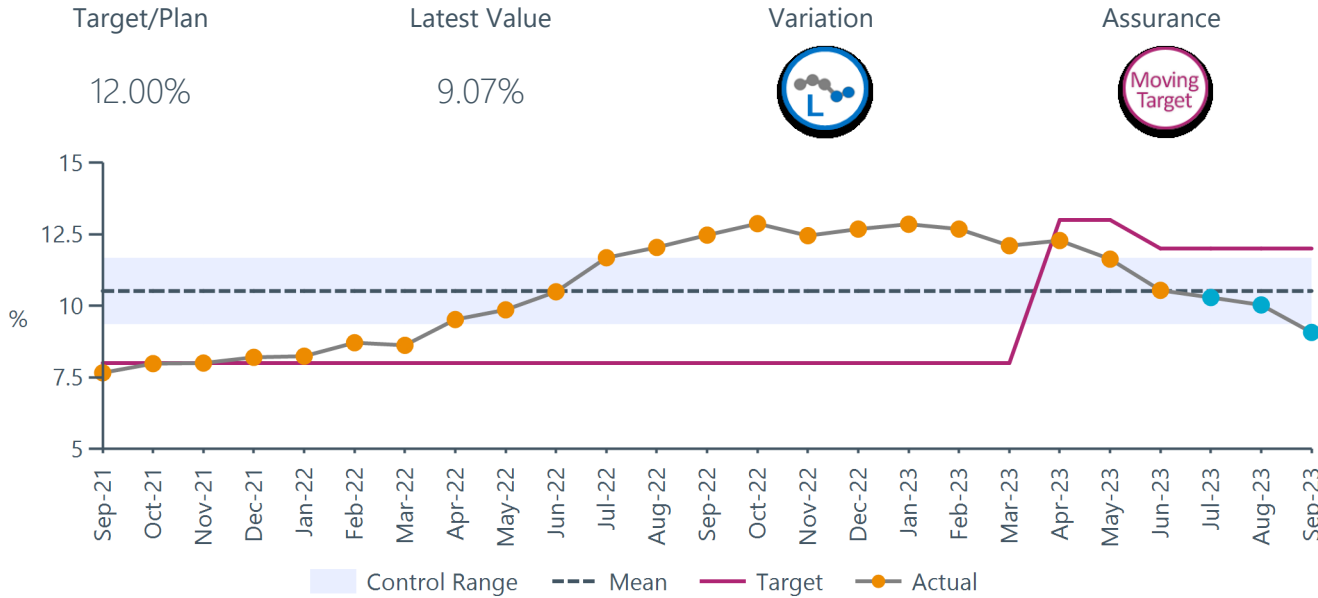
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
5.35%	6.13%	5.67%	7.15%	5.00%	4.22%	5.25%	4.43%	4.67%	4.80%	4.66%	4.83%	4.73%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

Staff Turnover is reported at 9.07% for September and included as special cause variation due to the improved position. This metric relates to the leavers over the past twelve months. For the period of October-22 to September-23 there have been 160 leavers as a proportion of the month end headcount of 1764.

Actions

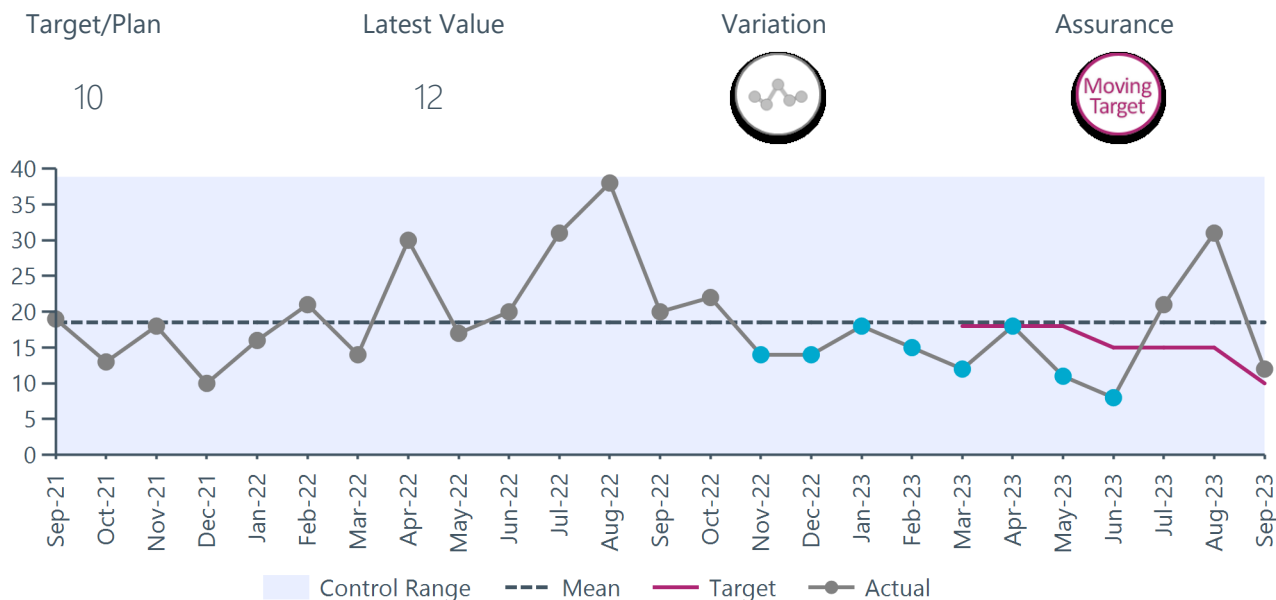
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
12.47%	12.87%	12.45%	12.68%	12.85%	12.68%	12.10%	12.28%	11.63%	10.54%	10.29%	10.03%	9.07%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

There were 12 staff that left the Trust in September. There has been a gradual target reduction on this metric, stabilising at ten per month from September; therefore, it is included as an exception this month as it is reported above the new target.

The September leavers were from the following areas: MSK Unit (6) and Specialist Unit (6).

The reasons for leaving were:

- * Flexi retirement (2)
- * End of fixed term contract (1)
- * Dismissal - Capability (1)
- * Voluntary resignations - Relocation (2), Other/Not Known (2), Work Life Balance (2), To undertake further education or training (1), Promotion (1)

Actions

- * Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within Theatres, work has begun on developing career pathways for bands 2/3/4 and remains in progress. Within MCSI a business case is in progress.
- * Trainee Nurse Associates; First cohort complete in September-23, second cohort in April-24. Further cohort commenced in September-23; recruitment to backfill has commenced, only Clwyd & MCSI outstanding to fill, utilising recruitment day.
- * System rotation for operating department practitioners is on hold due to the high volume of learners in the department and delays with system leading this work.
- * 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. Plans to promote pushed back to quarter three.
- * Collaborative working with System to maintain the preceptorship springboard programme and further development underway to align with new AHP standards. Preceptorship is now offered as a joint programme integrating nursing and allied health professions. Risk associated with facilitator resource from across the System; mitigations being discussed and negotiated.

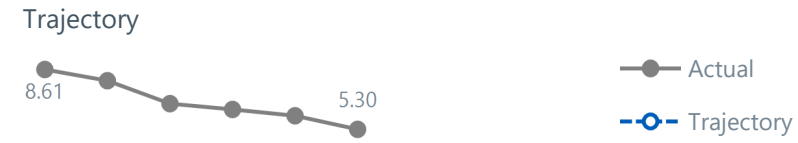
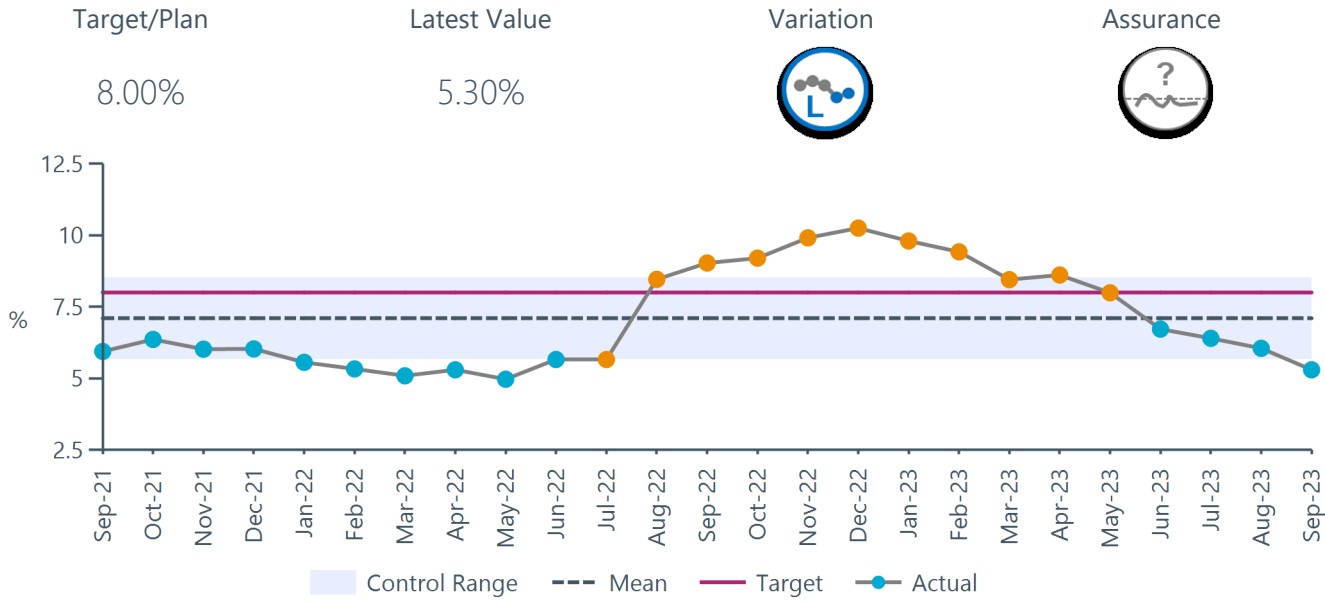
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
20	22	14	14	18	15	12	18	11	8	21	31	12

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The Trust-wide vacancy rate for September month-end is reported at 5.30%. It is included as an exception due to showing special cause variation of an improving nature. As shown in the SPC above, there has now been nine consecutive months of steady reduction.

Actions

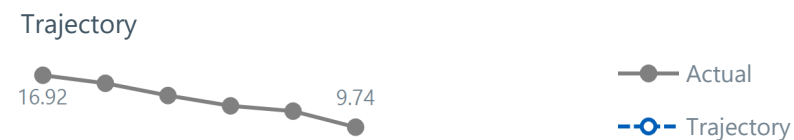
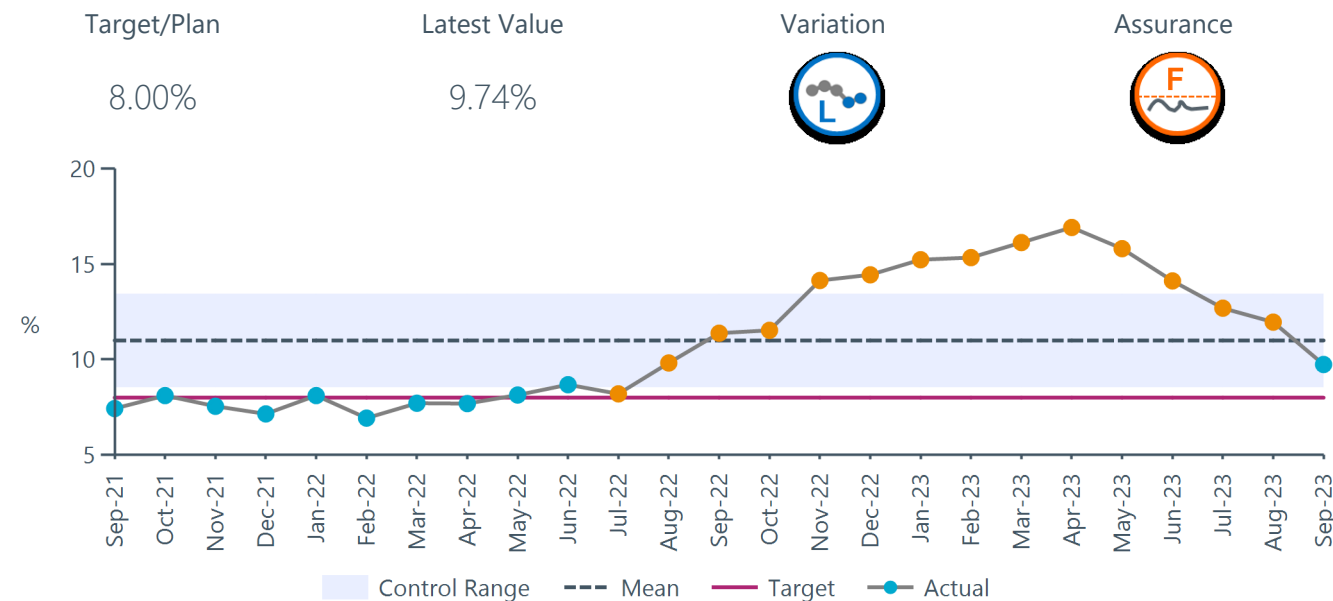
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
9.03%	9.20%	9.91%	10.25%	9.80%	9.42%	8.45%	8.61%	7.99%	6.72%	6.40%	6.05%	5.30%

- Staff - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The Nursing Vacancy Rate is reported at 9.74% for September month end; this equates to 32.71 WTE vacant, down from 40.15 WTE at the end of August. The latest data point indicates special cause variation of an improving nature as it is reported below the mean and has shown five months on continual reduction. A breakdown of the vacancies by area as follows;

- * Specialist Unit - 13.71% / 17.33 WTE vacant
- * MSK Unit - 7.92% / 15.02 WTE vacant
- * Corporate Areas - 1.84% / 0.36 WTE vacant

For week ending 1st October, the nursing vacancy rate stood at 31.97 WTE with a total of 34.44 WTE in progress; breakdown as follows:

- * 8.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- * 2.00 WTE in Recruitment Pipeline - at conditional or unconditional stage
- * 18.00 WTE - International recruitment
- * 6.44 WTE - Student Offers

Actions

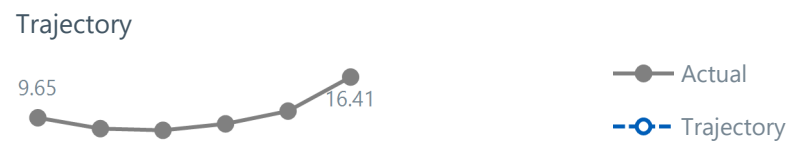
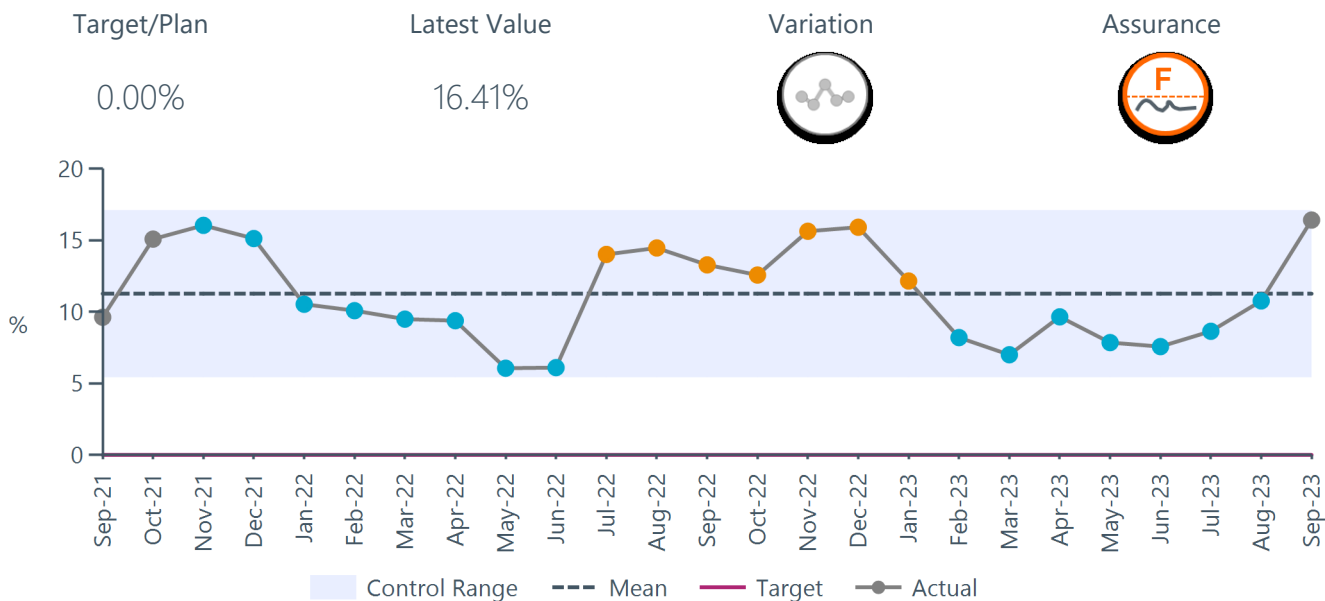
- * Trainee Nurse Associates; First cohort complete in September-23, second cohort in April-24. Further cohort commenced in September-23; recruitment to backfill has commenced, only Clwyd & MCSI outstanding to fill, utilising recruitment day.
- * Collaborative working with System to maintain the preceptorship springboard programme and further development underway to align with new AHP standards. Preceptorship is now offered as a joint programme integrating nursing and allied health professions. Risk associated with facilitator resource from across the System; mitigations being discussed and negotiated.
- * Theatres Recruitment remains an ongoing priority with promotion of Recruitment Day scheduled for October. International hires to December will be for theatres.
- * International Recruitment remains in progress. As at 3rd October, expecting 1 nurse in October, 6 nurses in November and 1 nurse in December. Ten further to then recruit with Theatres scheduled to interview on 9th October. Capacity issues at system level regarding OSCE provision have been negotiated with SATH providing additional resource in January. Worcester have agreed to support RJAH.
- * Over recruitment to 10% in place with input required from ACNS to encourage at department level and therefore ensure this translates into recruitment decisions.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
11.38%	11.53%	14.14%	14.44%	15.23%	15.34%	16.13%	16.92%	15.81%	14.12%	12.69%	11.96%	9.74%

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The healthcare support worker vacancy rate is reported at 16.41% for September month end. The vacancy rate equates to 35.76 WTE; up from 23.46 WTE at the end of August. The increased number of vacancies is primarily driven by nine staff that have moved into Trainee Nurse Associate roles. A breakdown of vacancies by area as follows;

- * MSK Unit - 17.90% / 19.78 WTE vacant
- * Specialist Unit - 15.76% / 16.78 WTE vacant
- * Corporate areas - over-established by 0.8 WTE

For week ending 1st October, the healthcare support worker vacancy rate stood at 35.93 WTE with a total of 14.37 WTE in progress; breakdown as follows:

- * 3.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- * 11.37 WTE - Recruitment Pipeline - at conditional and unconditional stage

Actions

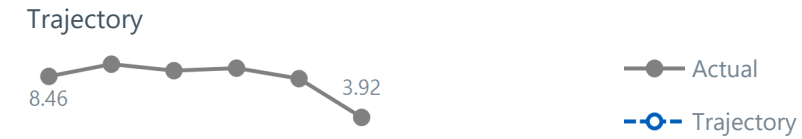
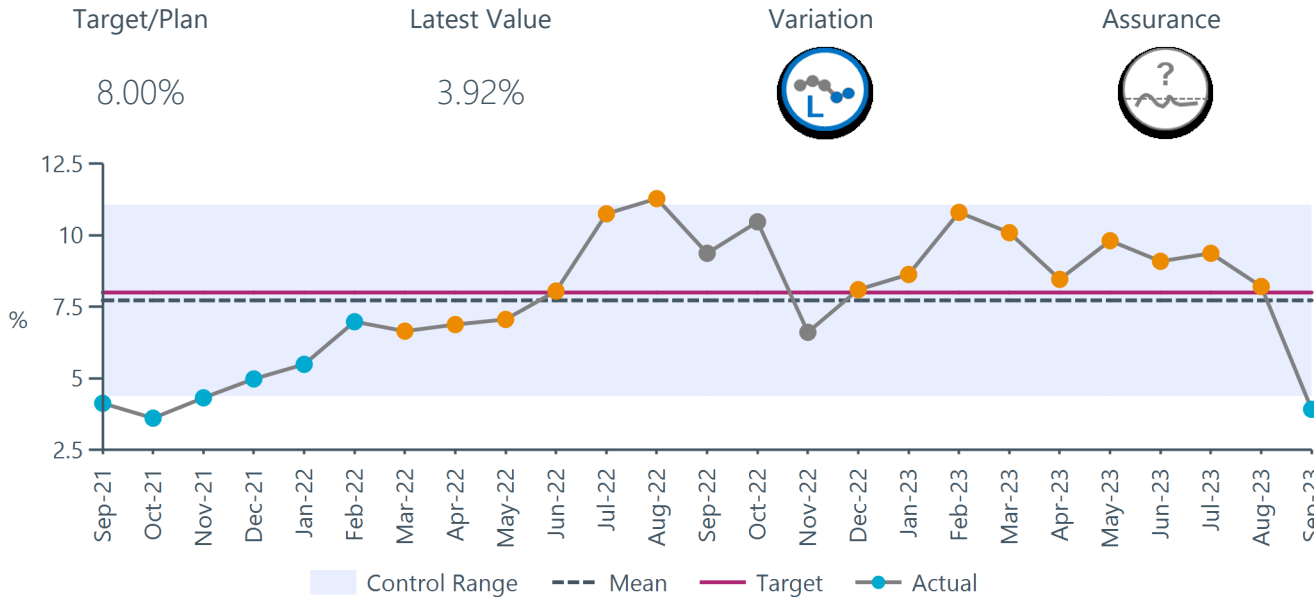
- * Theatres Recruitment remains an ongoing priority with promotion of Recruitment Day scheduled for October. International hires to December will be for theatres. HCSW Recruitment campaigns are focussing on Theatres reflecting sessional requirements.
- * Improvements to strengthen the follow up process of candidates who attend recruitment days. New protocol has been developed for implementation following October's recruitment event.
- * Working towards zero vacancies in this staff group. Vacancy position has been impacted by the transition to Trainee Nurse Associate roles in September. Recruitment to backfill has commenced and will utilise the October recruitment day.
- * Focus on learning and development continues where focus will move away from ward based training and focus on clinical skills and scenarios. Training being linked on ESR for all staff. Development days for Health Care Support Workers scheduled until end of the financial year. Current challenges with this due to sickness within the Learning & Development Team.
- * Recruitment policy is being refreshed to ensure it aligns with recruitment platform and relationship with MLCSU, anticipated by end of quarter three.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
13.28%	12.57%	15.63%	15.91%	12.15%	8.20%	7.00%	9.65%	7.85%	7.57%	8.64%	10.76%	16.41%

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The allied health professionals vacancy rate it reported at 3.92% for September month end. This equates to 6.98 WTE; down from 14.60 at the end of August. This is the first month this metric has been reported below target since November-22.

For week ending 1st October, the allied health professionals vacancy rate stood at 9.33 WTE with a total of 12.90 WTE in progress; a breakdown as follows:

- * 6.10 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
- * 6.00 WTE in 'pipeline' - a conditional or unconditional stage
- * 0.80 WTE - student offers

Actions

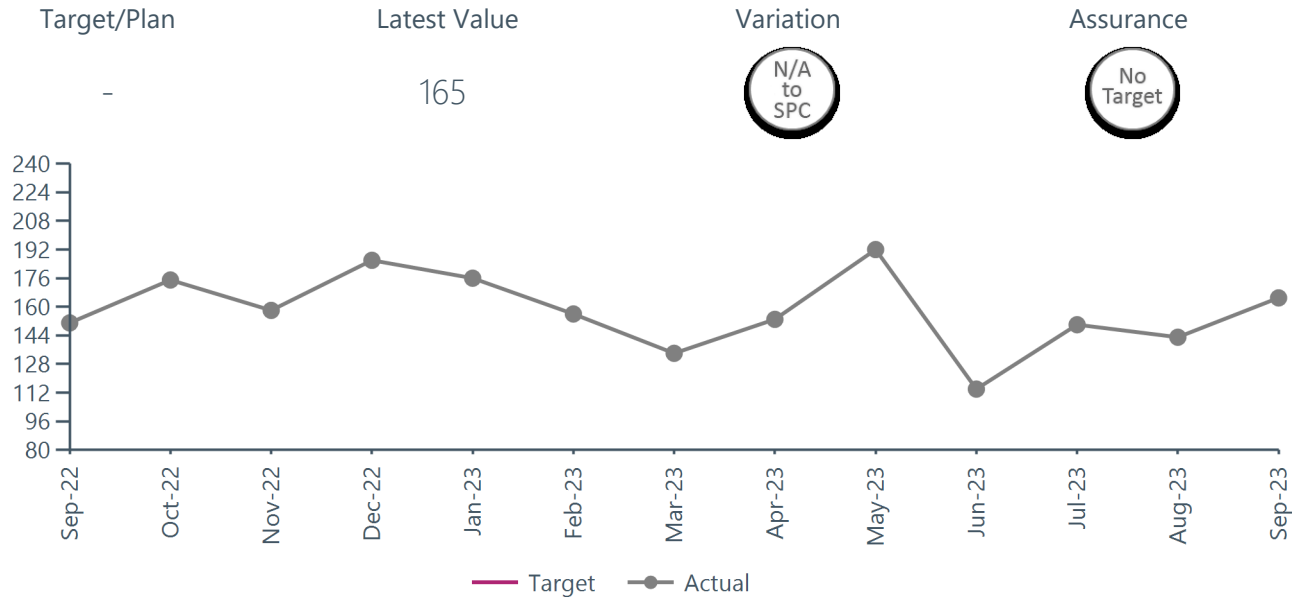
- * System rotation for operating department practitioners is on hold due to the high volume of learners in the department and delays with system leading this work.
- * Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Plans to promote pushed back to quarter three.
- * Collaborative working with System to maintain the preceptorship springboard programme and further development underway to align with new AHP standards. Preceptorship is now offered as a joint programme integrating nursing and allied health professions. Risk associated with facilitator resource from across the System; mitigations being discussed and negotiated.
- * Over recruitment to 10% in place with input required from ACNS to encourage at department level and therefore ensure this translates into recruitment decisions.
- * Improvements to strengthen the follow up process of candidates who attend recruitment days. New protocol has been developed for implementation following October's recruitment event.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
9.37%	10.47%	6.61%	8.10%	8.63%	10.80%	10.09%	8.46%	9.81%	9.09%	9.37%	8.21%	3.92%

Time to Recruit

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

Exec Lead:
Chief People Officer



What these graphs are telling us

This measure is not appropriate to display as SPC until there are 15 data points. It currently does not have a target.

Narrative

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

For those staff that started new positions in September, the average time to recruit was 165 days. A breakdown of the stages of recruitment is provided within the covering paper/Workforce report that accompanies the IPR.

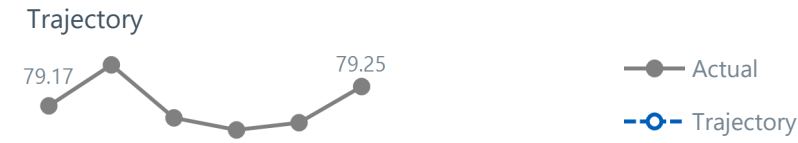
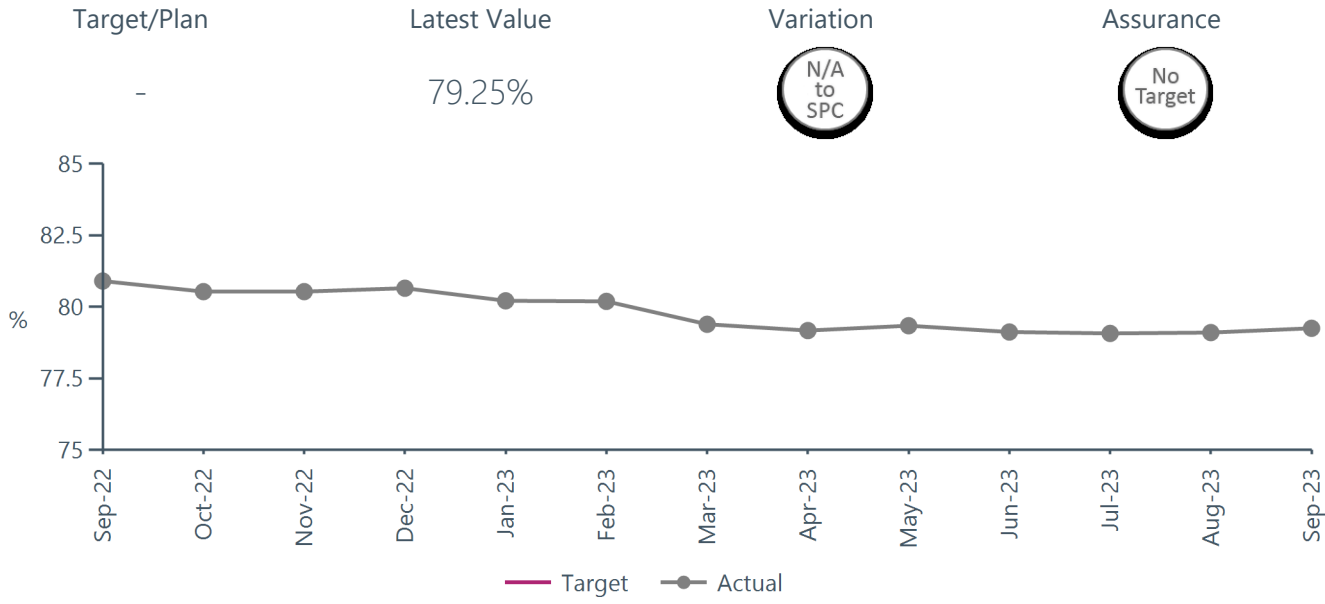
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
151	175	158	186	176	156	134	153	192	114	150	143	165

Staff Retention

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

Exec Lead:
Chief People Officer



What these graphs are telling us

This measure is not appropriate to display as SPC until there are 15 data points. It currently does not have a target.

Narrative

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

In September, 79.25% of staff in post have been employed for 24 months. A breakdown by staff group as follows:

- * Medical & Dental 90.83%
- * Administrative & Clerical 83.41%
- * Healthcare Scientists 83.33%
- * Nursing & Midwifery 75.79%
- * Add Prof Scientific and Technic - 78.75%
- * Additional Clinical Services 78.67%
- * Estates & Ancillary 75.34%
- * Allied Health Professionals 73.21%

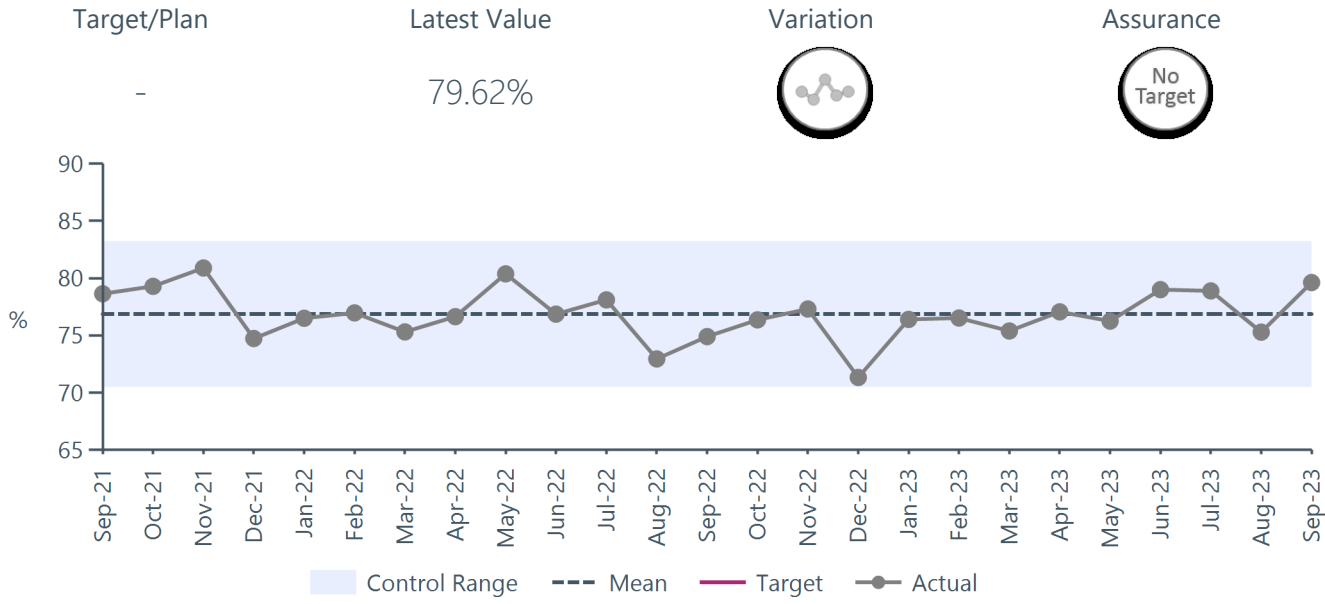
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
80.90%	80.53%	80.53%	80.65%	80.21%	80.19%	79.39%	79.17%	79.34%	79.12%	79.07%	79.10%	79.25%

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

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

In September, % staff availability was 79.62%. The 20.38% not available is broken down as follows:

- * Vacancies - 5.30%
- * Planned absence (annual leave, maternity, paternity) - 10.34%
- * Unplanned absence (sickness, special leave) - 4.73%

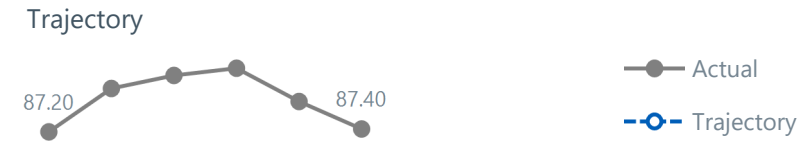
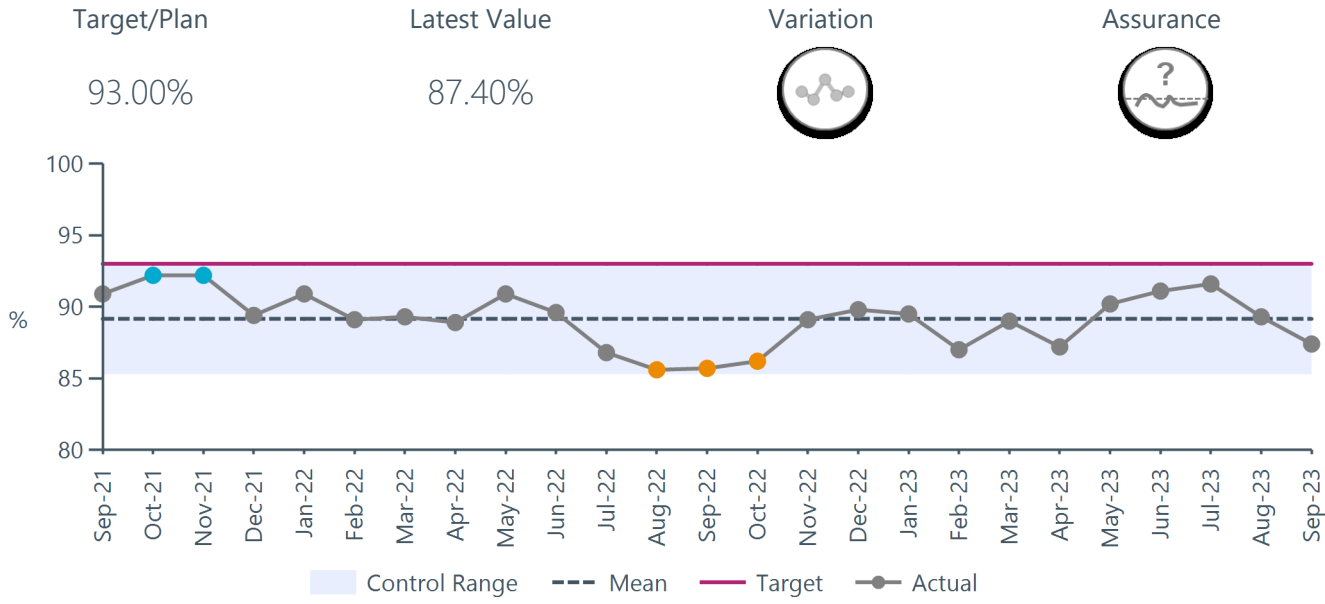
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
74%	76%	77%	71%	76%	76%	75%	77%	76%	79%	78%	75%	79%

Personal Development Reviews

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

Exec Lead:
Chief People Officer



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

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 87.40% at the end of September. This has been reported below target since August '21. Breakdown below by area:
 * Corporate areas - 90.99% - 29 not completed
 * Specialist Unit - 92.06% - 39 not completed
 * MSK Unit - 81.50% - 106 not completed

Actions

Performance against this target is monitored through Trust Performance and Operational Improvement Group.
 Following actions within the MSK Unit:
 * Managers focusing on PDRs within specific areas of non-compliance
 * Utilise days of Industrial Action to maximise completion
 * People Business Partners supporting managers to complete PDRs in timely manner
 * MSK Unit Manager has chased all those outstanding w/c 9th October

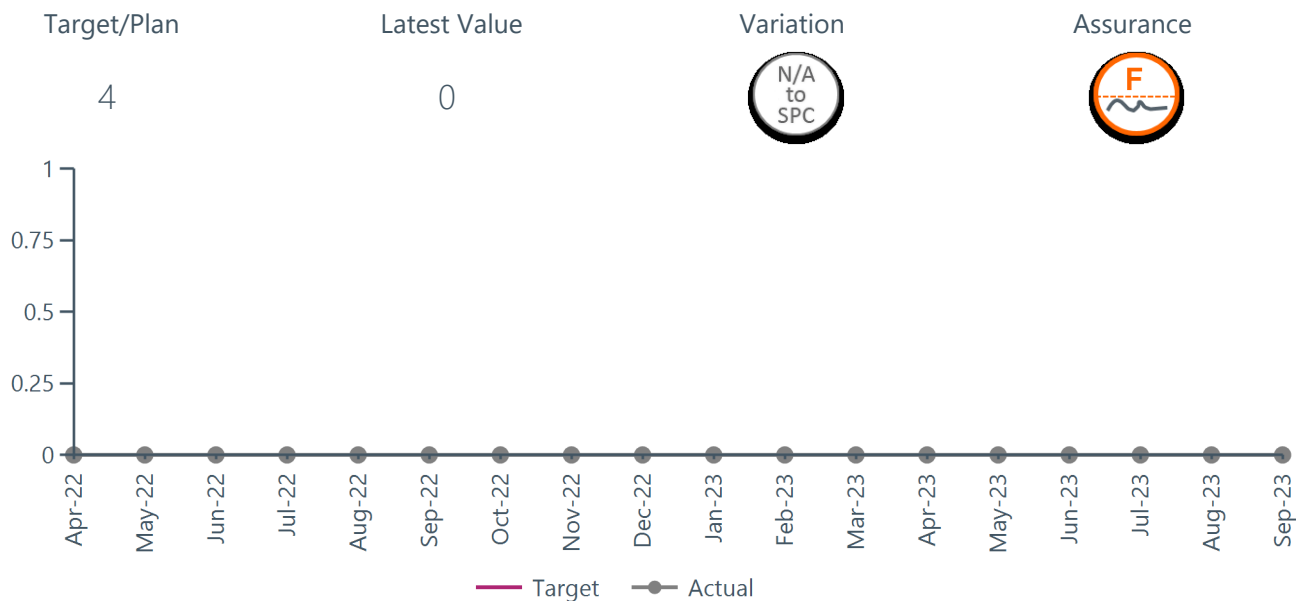
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
85.70%	86.20%	89.10%	89.80%	89.50%	87.00%	89.00%	87.20%	90.20%	91.10%	91.60%	89.30%	87.40%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

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

Level 1 has been achieved for AHPs and Level 2 for Nursing with the additional KPIs required now being reported on and will be shared to Teams and Managers.

In order to meet level 1 fully, the following actions are required:
* All contracted hours are recorded on the system to which local, contractual and statutory safe working rules are applied. Net hours per roster period are monitored to ensure all contracted hours are rostered
* Trust wide policies detail e-rostering process ensuring consistent roster rules are applied

Actions

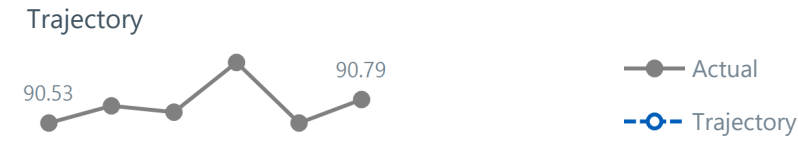
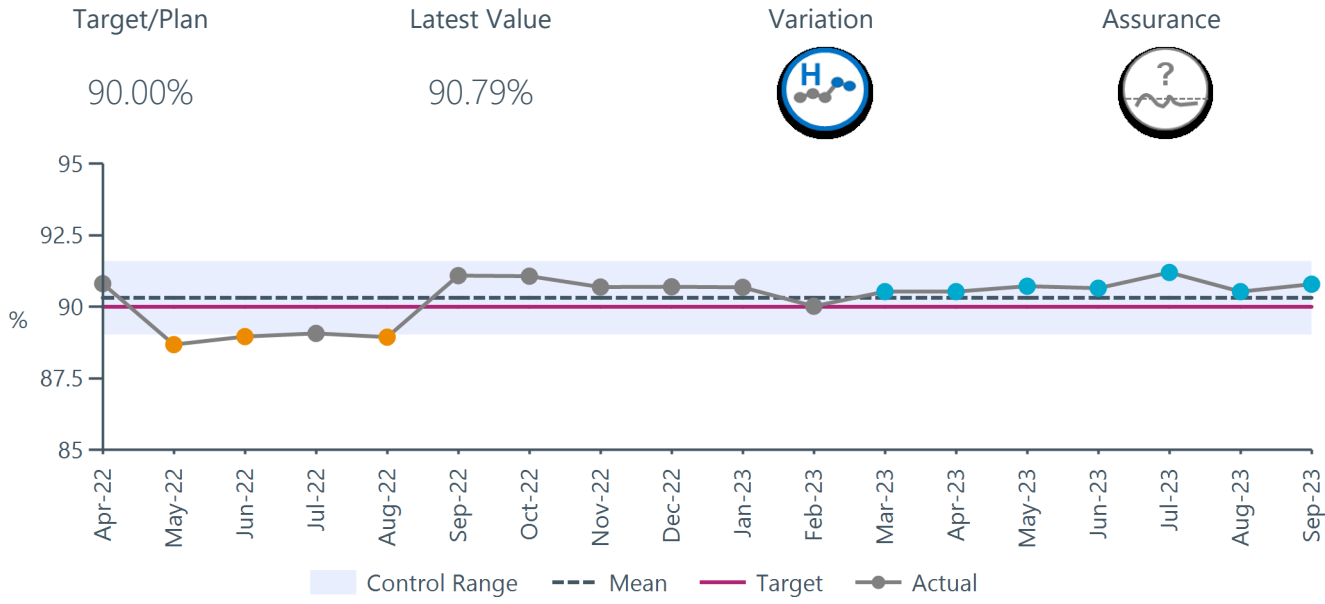
- Actions outstanding in order to progress to Medics to level 1 are:
- * Medical roster templates require signed off job plans to be uploaded onto the system. Awaiting all job plans within department to be signed-off prior to departmental level roster go-live.
- * Medic e-rostering policy presented to LNC for approval 17th August 2023. Amendments have been requested and will be presented back to LNC following amendments on 12th October 2023.
- * Anticipating standard 1 for Medics completion by end of October 23.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
0	0	0	0	0	0	0	0	0	0	0	0	0

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. 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 measures the percentage of clinical staff who have an account on the e-rostering system. At the end of September, 90.79% of clinical staff are on roster. This has consistently been over the target of 90% for the last 12 months.

Actions

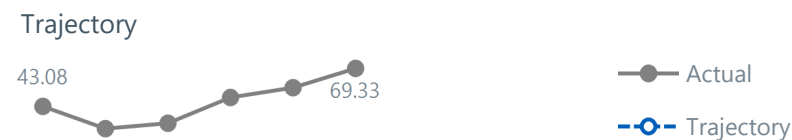
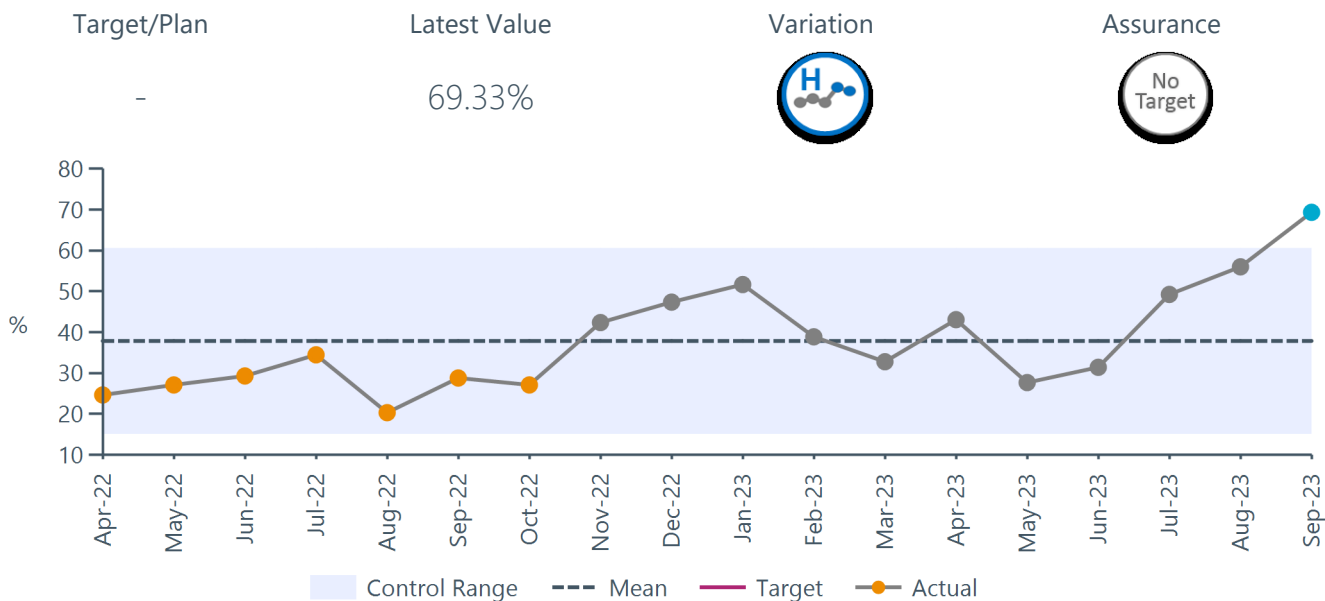
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
91.09%	91.07%	90.69%	90.70%	90.68%	90.02%	90.53%	90.53%	90.72%	90.65%	91.20%	90.53%	90.79%

- 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



What these graphs are telling us

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

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 69.33%. This relates to the roster start date of 14th August 2023. A breakdown by unit is provided below:

- * Corporate Areas - 92.86%
- * MSK Unit - 70.27%
- * Specialist Unit - 56.42%

We have been able to disaggregate this measure into professional areas. The breakdowns are:

- * Corporate - 91.67%
- * Nursing - 88.57%
- * AHPs - 54.55%
- * Medical - 18.75%
- * Radiology - 100%

Actions

A review of the data has been undertaken that identifies an area to action. 18.75% of rosters for Medics were approved six weeks before whilst for non-medics it was 83.05%. Stock take meetings have been instigated for medics that commenced in July to improve compliance are ongoing. A task and finish group has been established for medical rostering with implementation plan in place to go live with medic rostering from November. Sign off for November rosters will be taking place in September. We will expect compliance to further improve through December and January as further job plans are added to e-roster during October and November.

At present the performance reported relates to data on the Trust's main system. A meeting has been held with CWL who host the anaesthetics staff system to progress incorporating the data reported for this metric.

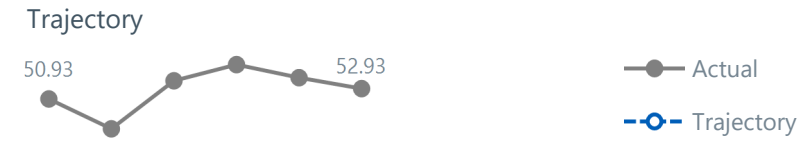
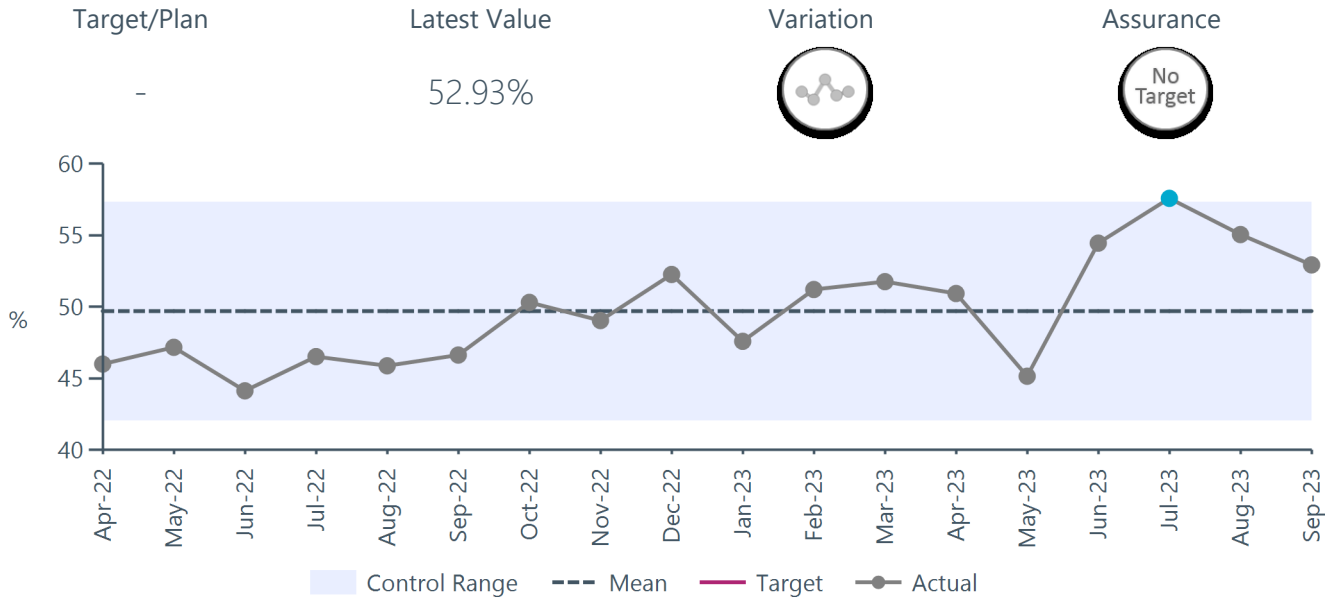
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
28.81%	27.12%	42.37%	47.37%	51.67%	38.89%	32.79%	43.08%	27.69%	31.43%	49.25%	56.00%	69.33%

- 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



What these graphs are telling us
Metric is experiencing common cause variation. There is no target for this metric.

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 52.93% and we have been able to disaggregate this measure into professional areas. The breakdowns are :

* Medical - 100%, Corporate - 75.33%, AHPs - 85.03%, Radiology - 51.81%, Nursing - 35.13%

Actions

At present the performance reported relates to data on the Trust's main system. Scoping exercise required to determine if the anaesthetics staff currently recorded on a separate system can be incorporated into the data reported for this metric. Meeting held with CWL to confirm this is reportable through the system and we will report compliance for anaesthetists from October.

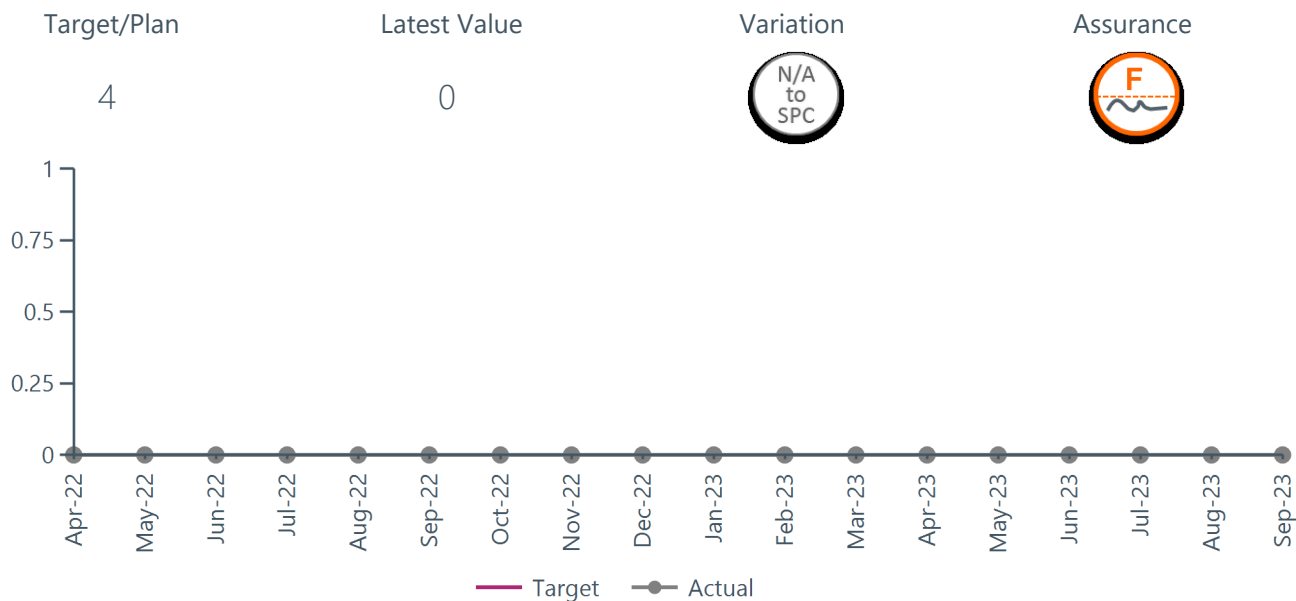
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
46.63%	50.31%	49.04%	52.26%	47.59%	51.21%	51.76%	50.93%	45.15%	54.45%	57.58%	55.05%	52.93%

- 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



What these graphs are telling us

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

Narrative

At present, RJAH is operating at level 0. The outstanding points stipulated to meet level 1 are:

- * Trust-wide policies detail the e-job planning process
- * At least 90% of employees have an active e-job plan

The outstanding point to meet level 2 are:

- * Trusts use the full functionality of e-job planning software to include details of the expected output of planned activity

Actions

Key milestones to meet standards for our Trust are:

- * The Trust is currently refreshing its Job policy for medics and approving a new non-medical job plan policy for the Trust. Both policies have been reviewed by LNC and JCG as appropriate with suggested amendments arising from the engagement meetings. The Policies are currently being updated by People services and are to be presented to the next scheduled meetings. It is anticipated that the Policies will be presented to October People and Culture Committee for consideration.

- * Concentrated focus from PMO to assess status of all job plans and liaise with relevant stakeholders to progress. Weekly progress chase to managers and clinicians to ensure next steps are being actioned in a timely manner. Managers forecasting completion by the end of October.

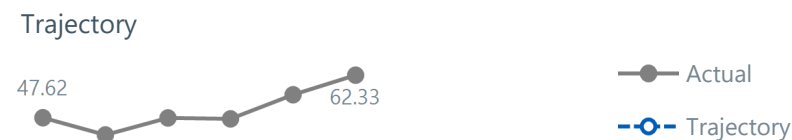
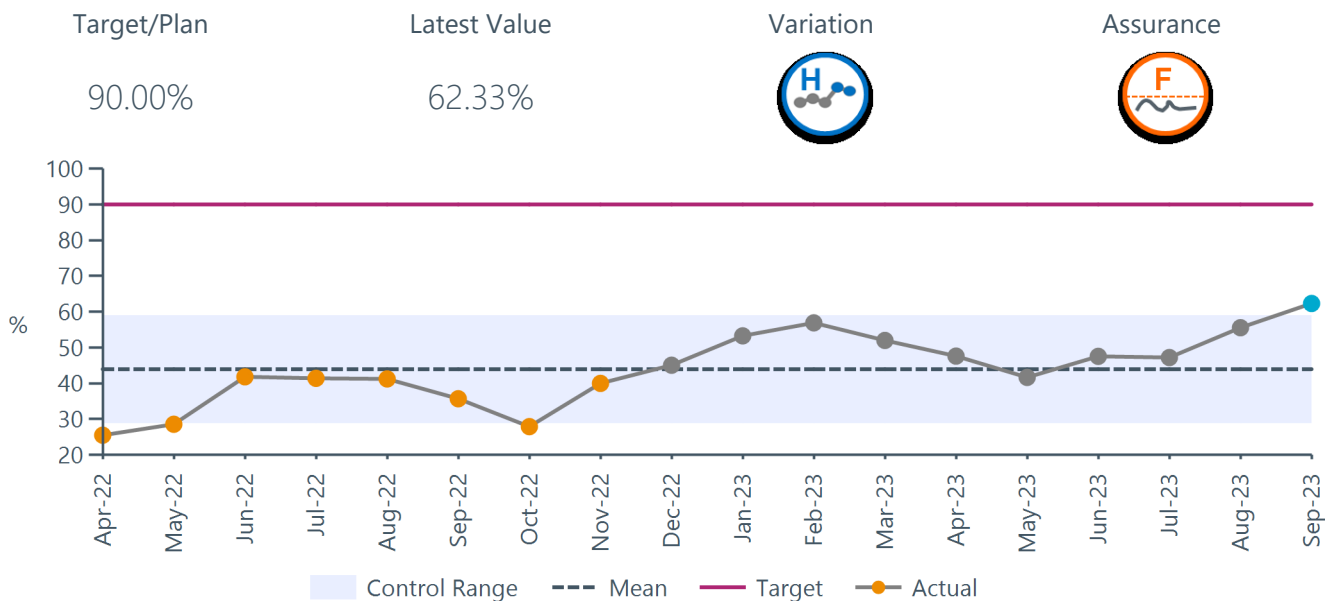
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
0	0	0	0	0	0	0	0	0	0	0	0	0

- Staff - Patients - Finances -

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The September month end position is 62.33%. Breakdown as follows:

* Consultants - 99 job plans with 56 signed off within last 12 months - 56.57%

* AHPs - 26 job plans with 23 signed off within last 12 months - 88.46%

* Specialist Nurses - 20 job plans with 12 signed off within last 12 months - 60.00%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with MSK Unit reported at 72.16% and Specialist Unit reported at 42.86%.

As at the 10th October, the below details the progress by staff group in chasing job plan completion at the different stages:

- Consultants 43 outstanding - Awaiting 1st sign off (8) Awaiting 2nd sign off (7) In discussion (23) to be republished (2)

- AHPs 6 outstanding - Awaiting 1st sign off (5) in discussion (1)

- Nurses 10 outstanding - Awaiting 1st sign off (2) In discussion (8)

The Trust has put in place 3 medical job planning consistency committee meetings in October to support the deliver of 2nd sign off delivery stage.

Actions

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

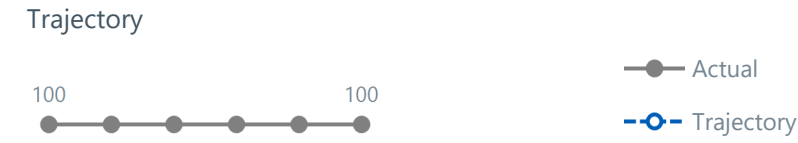
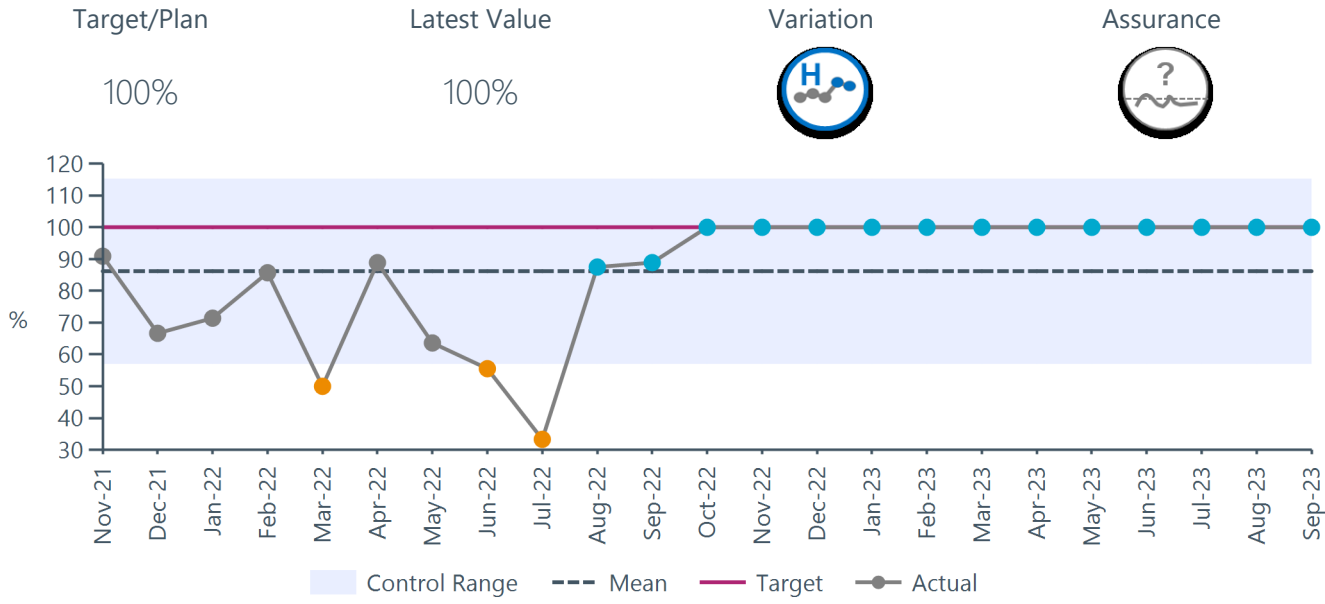
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
35.71%	27.91%	40.00%	45.08%	53.28%	56.91%	52.00%	47.62%	41.67%	47.55%	47.22%	55.56%	62.33%

- Staff - Patients - Finances -

Standard Complaints Response Rate Within 25 Days

Standard Complaints Response Rate Within 25 Days 217736

Exec Lead:
Chief Nurse and Patient Safety Officer



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

Narrative

The percentage of standard complaints that have been responded to within 25 days is reported at 100% in September. It is included as an exception due to the data point indicating special cause variation of improvement. It has consistently been reported at 100% since October-22.

Actions

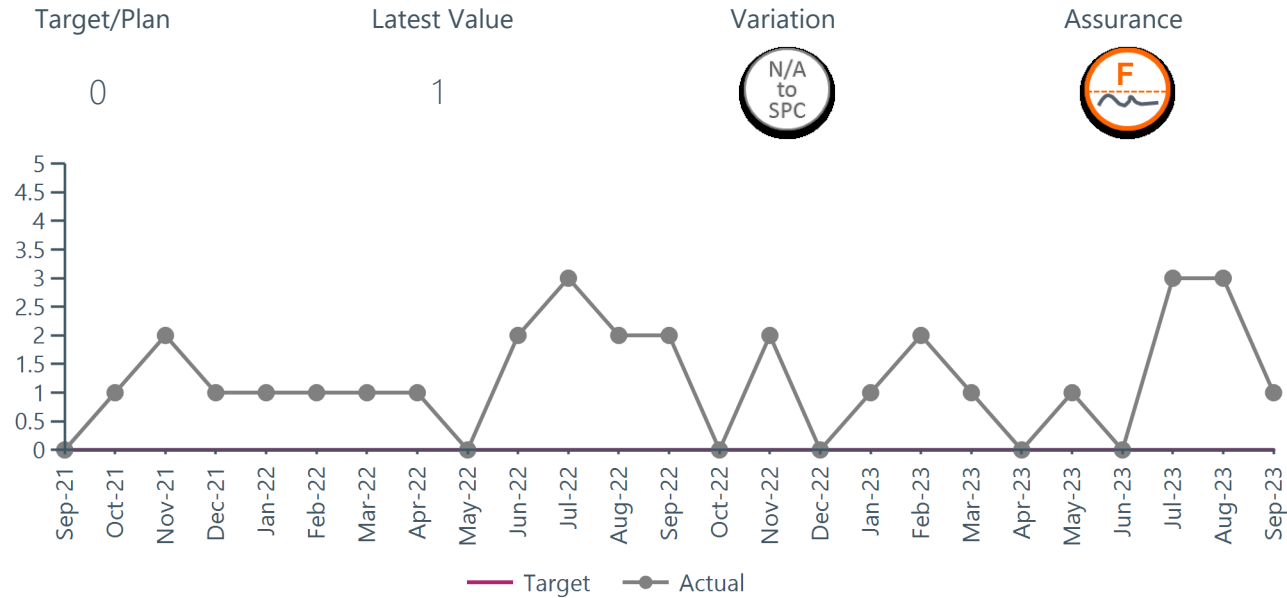
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
88.89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- Staff - **Patients** - Finances -

Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

The was one complaint re-opened in September as the patient was unhappy with the Trust's response.

Actions

This original complaint related to the amount of TTO medication on discharge. Trust policy was followed; GP would manage further requirements. Therefore, no actions identified.

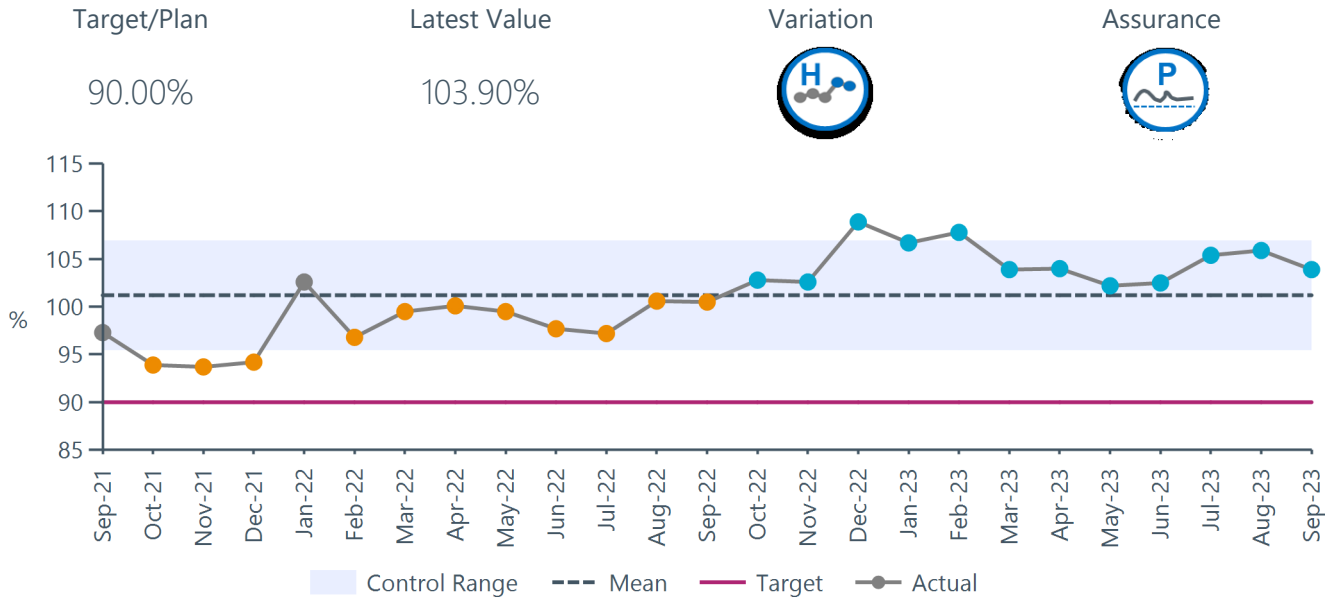
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2	0	2	0	1	2	1	0	1	0	3	3	1

- 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



What these graphs are telling us

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

Narrative

The % shift rate for September is reported at 103.90%. This 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

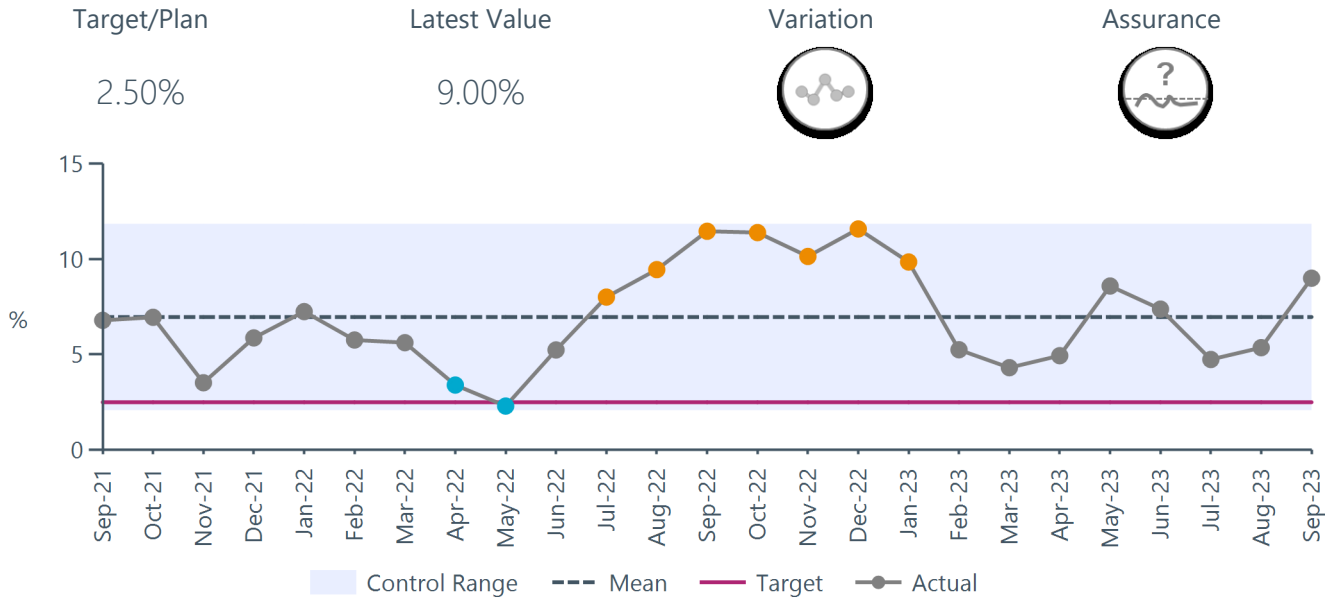
Month	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
% Shift Fill Rate	100.50%	102.80%	102.60%	108.90%	106.70%	107.80%	103.90%	104.00%	102.20%	102.50%	105.40%	105.90%	103.90%

- 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



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 Delayed Discharge rate is reported at 9.00% for September with the figure remaining within the expected control range. The total delayed days for September is 349 days with a breakdown as follows:

- * 21.94% - 11 care of the elderly patients with 120 delayed days - attributed to Shropshire & Wales
- * 14.67% - 10 spinal injuries patients amounting to 198 days - attributed to following organisations - Birmingham, Dudley, Walsall, Coventry, Worcestershire, Cheshire & Stoke on Trent
- * 1.57% - 4 T&O patients delayed for 31days - attributed to Shropshire, Telford & Wales

Actions

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

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

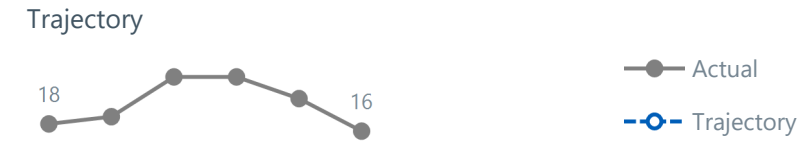
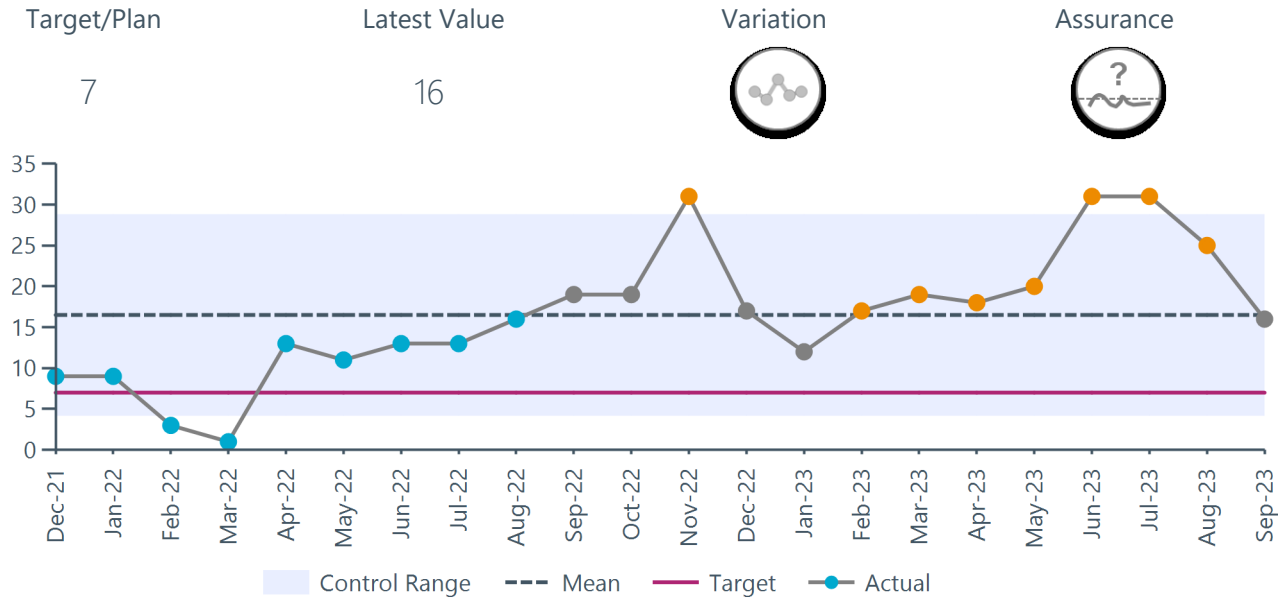
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
11.46%	11.39%	10.14%	11.58%	9.85%	5.25%	4.31%	4.94%	8.59%	7.38%	4.74%	5.36%	9.00%

- Staff - Patients - Finances -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us
Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

As at 30th September there were 16 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

Actions

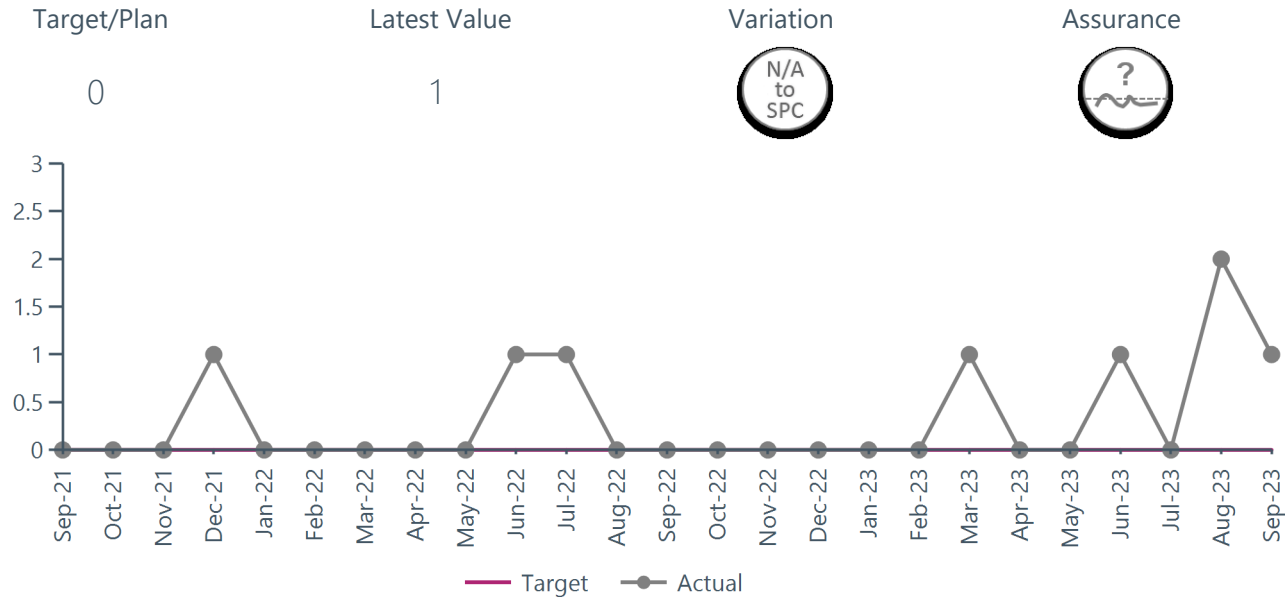
- Whilst the position is improving, patients continue to wait longer than preferred for admission to MCSI. Industrial action is impacting on optimising bed occupancy as safe admission are not possible during strikes.
- Patients waiting in referring hospitals are being supported by Nurse Consultant and networked model of care.
- New occupancy reporting requirement to NHSE commenced in September, thus improve transparency in bed management and ringfencing.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
19	19	31	17	12	17	19	18	20	31	31	25	16

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were one case of RJAH Acquired C.Difficile reported in September. This is a patient previously reported who has relapsed. This patient has several risk factors that puts them at higher risk of developing a CDI.

Actions

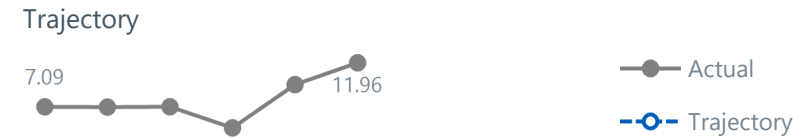
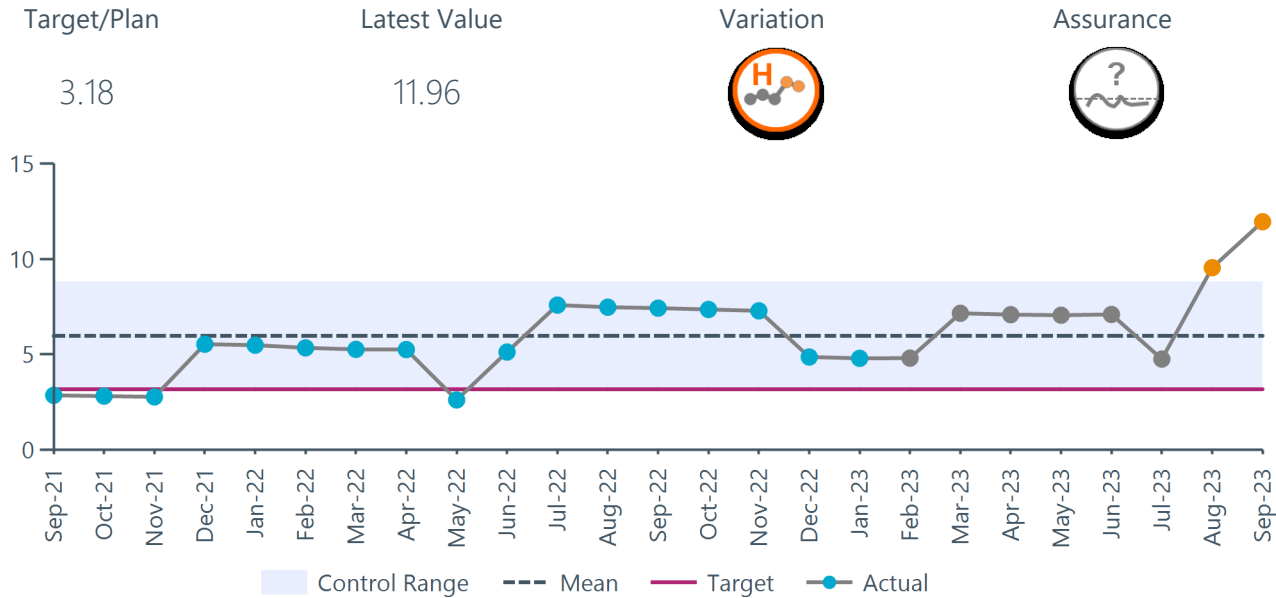
There are no actions required as a result of the infection in September. The Senior Nursing and AHP Team continue to raise awareness regarding early identification of symptoms in relation to infection.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
0	0	0	0	0	0	1	0	0	1	0	2	1

C Diff Infection Rates Per 100,000 Bed Days

The rolling twelve month count of trust apportioned C.Difficile infections in patients aged two years and over divided by the rolling twelve-month average occupied bed days per 100,000 217371

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

This measure relates to the rolling twelve month count of Trust apportioned infections divided by the rolling twelve month average occupied beds. There have been five infections reported in this timeframe so this is currently showing as special cause variation.

Actions

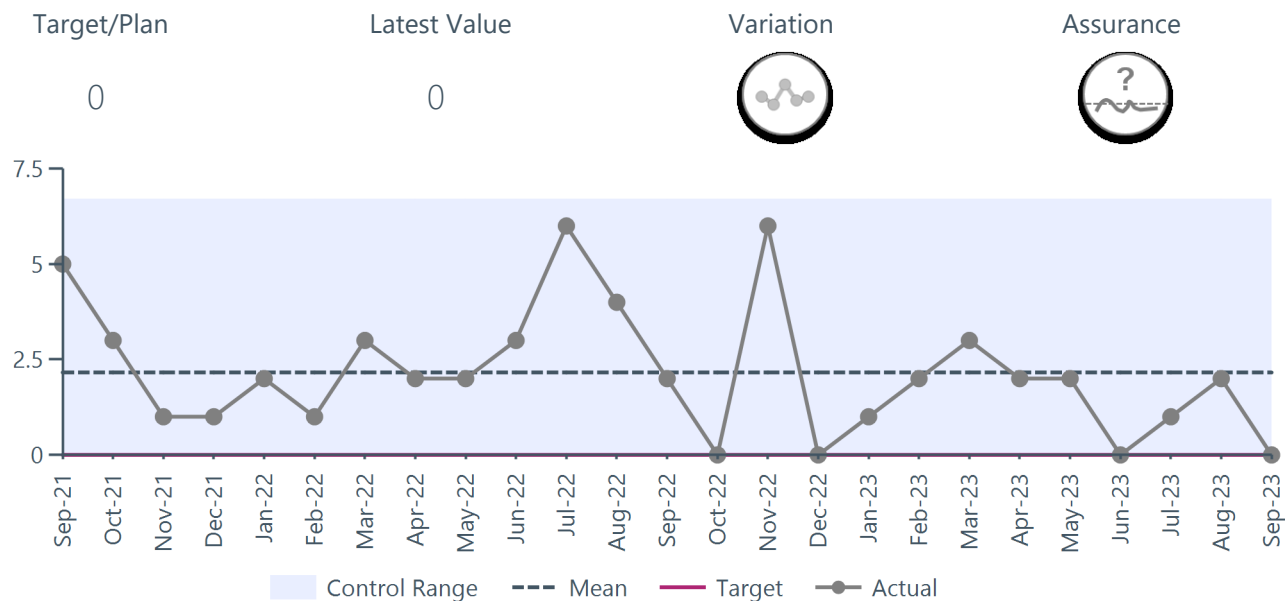
See 'RJAH Acquired C.Difficile' page.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
7.43	7.36	7.29	4.87	4.80	4.81	7.16	7.09	7.06	7.10	4.76	9.55	11.96

Surgical Site Infections

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement. They are monitored 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. At present, RJAH is identified as an outlier for Hips in the period of January-23 to March-23.

There were two additional infections confirmed in September, both relating to procedures that took place in August-23.

Actions

The IPC Team have completed case reviews for all SSIs which shows compliance against the OneTogether assessment. Temperature monitoring has been identified as a common theme. This will be explored further during MDT review in line with PSIRF, and all actions will be added to the IPC Quality Improvement plan and actioned by the SSIPWG. Delays arranging of the MDT review due to a short term depletion in the IPC team. Plan for MDT review to be completed by the end of October.

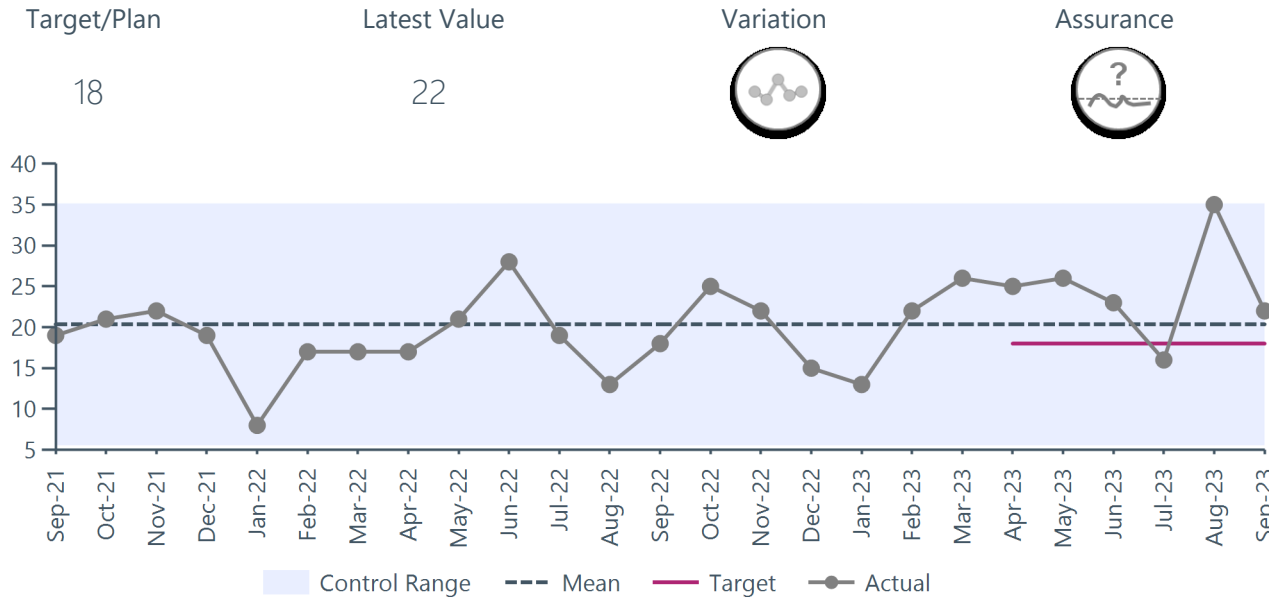
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2	0	6	0	1	2	3	2	2	0	1	2	0

- Staff - **Patients** - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were 22 medication errors reported throughout September. This is included as an exception as it remains above the Trust's tolerance of 18.

The origin of incidents is categorised as; Administration (13), Storage (5), Supply (3) and Prescribing (1).

The incidents are reported against the following areas; Gladstone (5), Oswald (4), Powys (3), Alice (2) and 1 attributed to each of the following areas; Pre-Op, Kenyon, Ludlow, Theatres, Pharmacy, Sheldon, MCSI OP & Metabolic Medicine.

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

Actions

A medicines safety review has been undertaken through observations of practice in the clinical environment. A number of recommendations and actions have been agreed through the patient safety working group and will be monitored through the Patient Safety Meeting. The areas identified for improvement include the enhanced recovery TTO process, restrictions in place for schedule 5 medications, prescribing and interruptions.

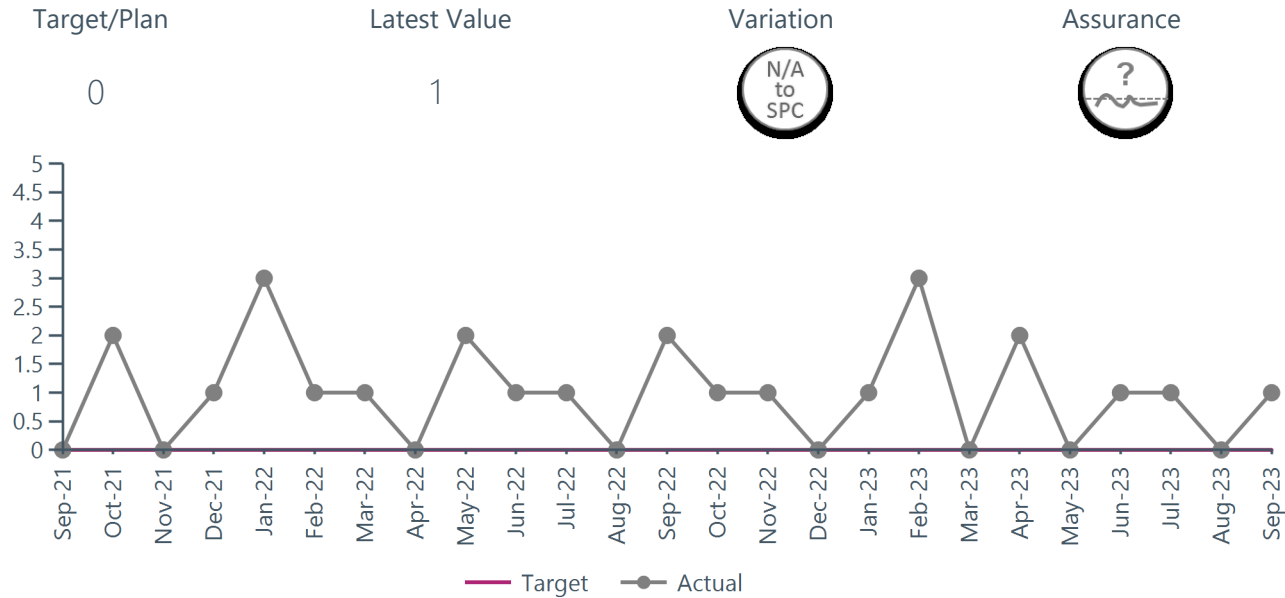
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
18	25	22	15	13	22	26	25	26	23	16	35	22

- Staff - **Patients** - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

There was one death reported in the Trust in September. This has been classified as an unexpected death. The patient experienced an acute MI in Recovery immediately post-surgery. The patient was referred and accepted for transfer to UHNM but rapidly deteriorated and suffered a cardiac arrest. The patient is known to have an extensive cardiac history.

Actions

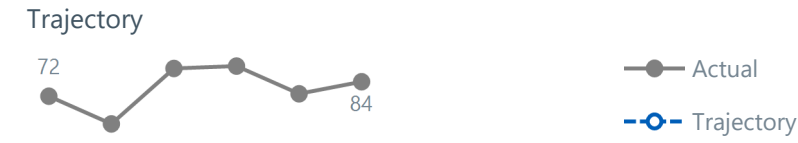
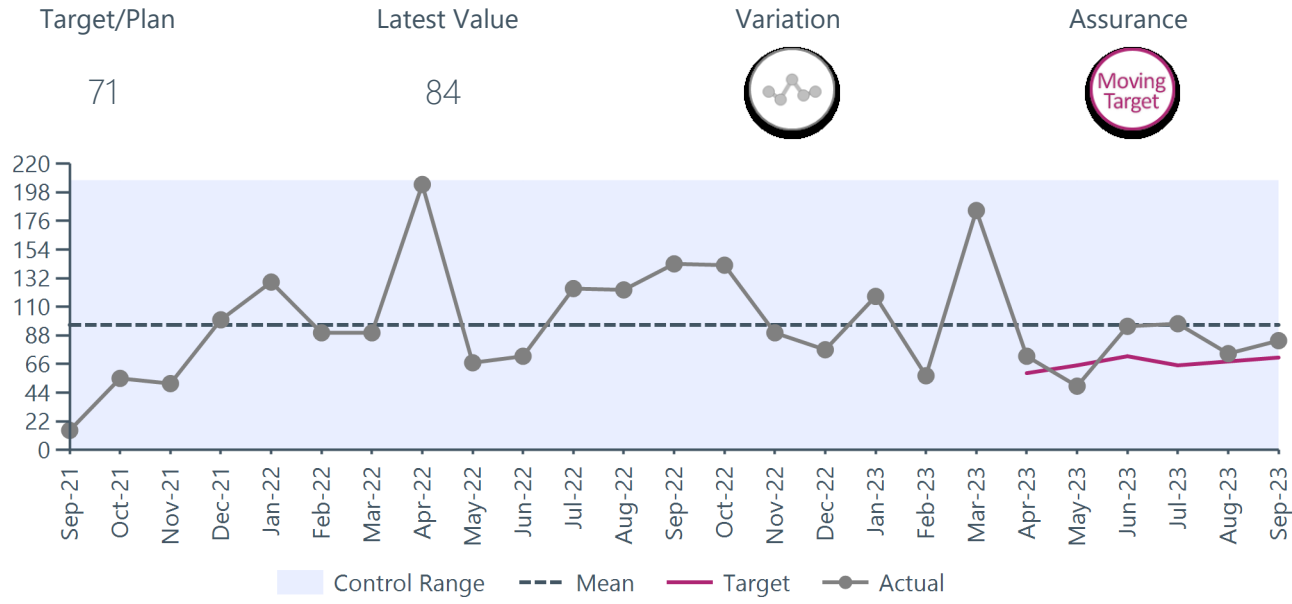
Case referred to the coroner with no cause for concern. The patient's family requested that no post mortem was carried out. A Learning from Deaths Review will be completed.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2	1	1	0	1	3	0	2	0	1	1	0	1

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit



What these graphs are telling us

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

Narrative

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

In total there were 84 theatre cancellations in September: 37 on the day and 47 in the 7 days before surgery, 13 above target (71).

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

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

Actions

- * All cancellations reviewed by operational managers. Cancellations are escalated for challenge and assurance to MDs/COO.
- * T&F group focus on the day cancellations, themes, lessons learned, and actions implemented to reduce volumes. Lead identified & work undertaken to establish RCA of patient cancellations, feedback to be provided at PSUG meeting.
- * Data quality check against Datix to ensure consistency of reporting across systems. Preliminary findings have identified areas for improvement:
- * Identifying and booking complex patients thoroughly at 6-4-2 to provide adequate theatre time. The findings so far support the common procedures work undertaken between Theatre Implant Room Manager, Consultants, and their booking clerks.
- * Improved booking process and scheduling complex/priority patients during weekdays. Complex and/or priority patients are discussed at 6-4-2 to ensure Saturday staff availability.

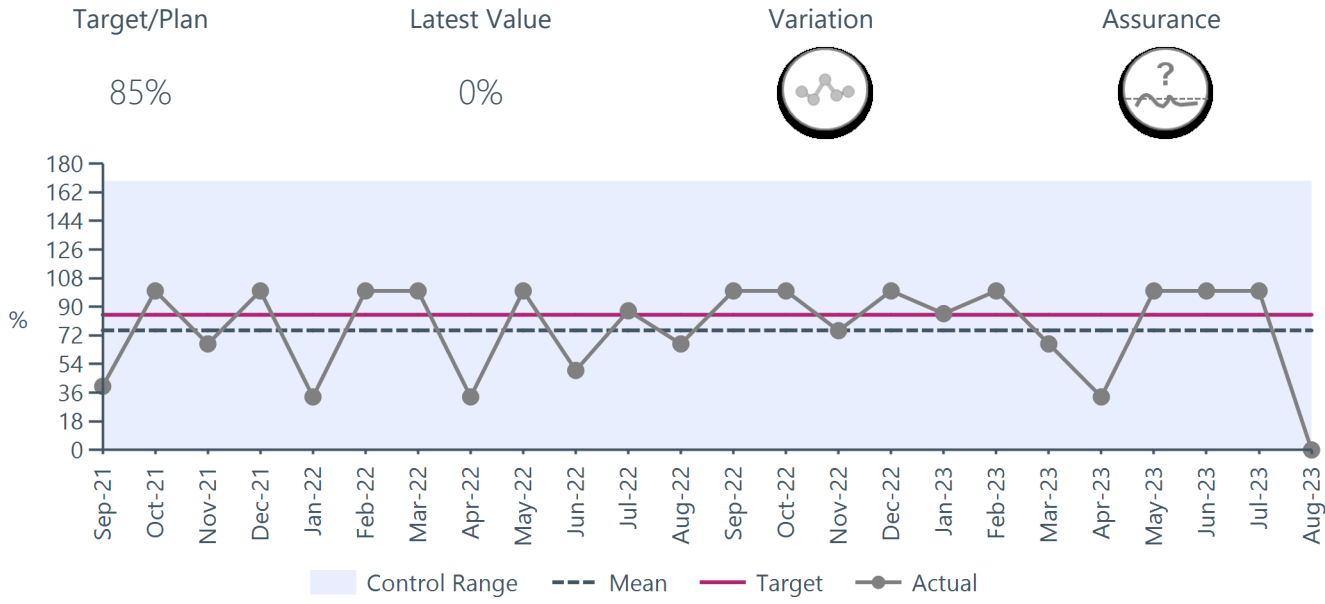
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
143	142	90	77	118	57	184	72	49	95	97	74	84

- Staff - Patients - Finances -

Cancer Plan 62 Days Standard (Tumour)*

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

Exec Lead:
Chief Operating Officer



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 Standard was not met in August; this measure is reported in arrears. The August performance is reported at 0% against the 85% target. The data reported relates to one patient where the pathway was a breach due to administrative reasons.

Please note, the data previously reported for June has also been updated this month. It had been reported at 33.33% due to data that was allocated to RJAH by another Trust in error. This has now been rectified and the correct position of 100% is now recognised.

Actions

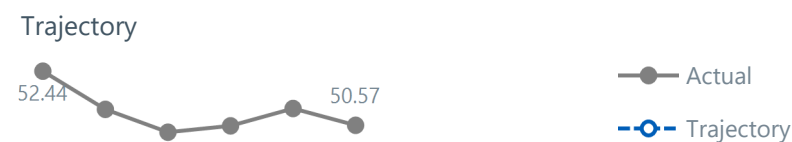
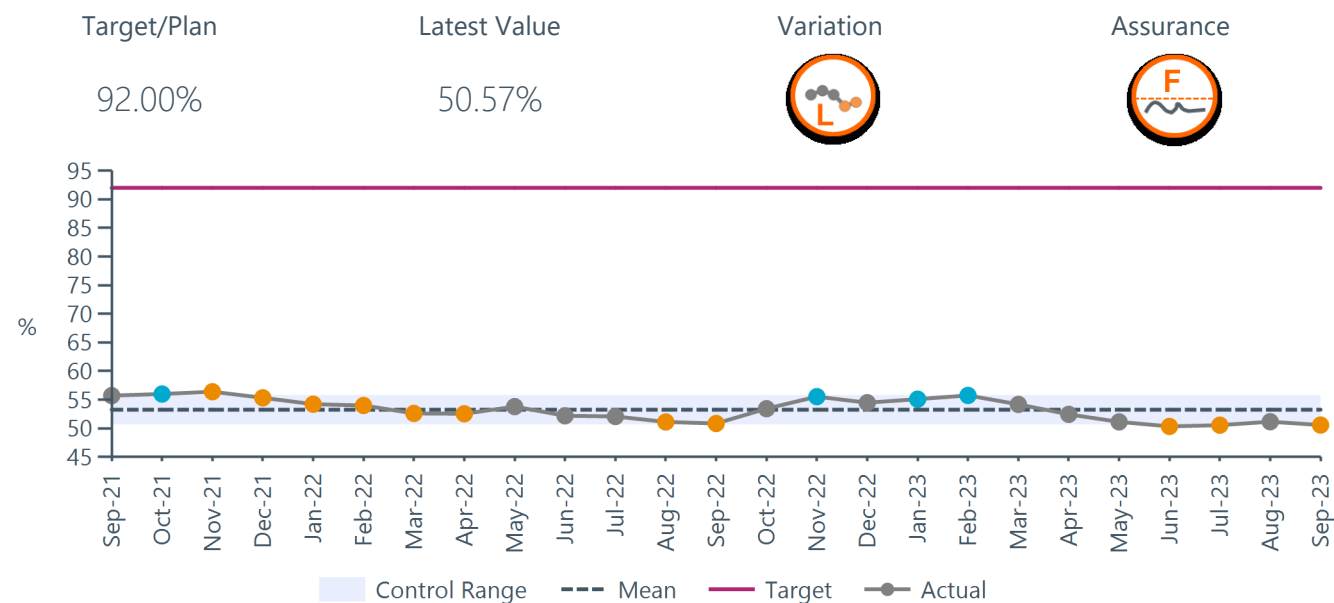
- The Assistant Service Manager will be copied into all referrals going out to other hospitals from the Tumour unit.
- The Assistant Service Manager will follow up on the referral at Day 3 and Day 7 after their transfer.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
100.00%	100.00%	75.00%	100.00%	85.71%	100.00%	66.67%	33.33%	100.00%	100.00%	100.00%	0.00%	

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Our September performance was 50.57% 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 – 8156 patients waiting of which 2582 are breaches
- * MS2 – 1364 patients waiting of which 907 are breaches
- * MS3 – 5496 patients waiting of which 3934 are breaches

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

2023/24 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025
- The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support, for English patients, with both ROH and Walton. Patients being contacted and transferred where appropriate for our most challenged sub-specialty.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. Validating patients down to 12 weeks is in progress.

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services.

Current recruitment to increase capacity; Interviews planned in September for additional Upper Limb Consultant and Spinal Disorders advert currently open.

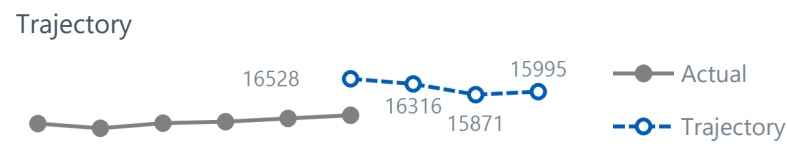
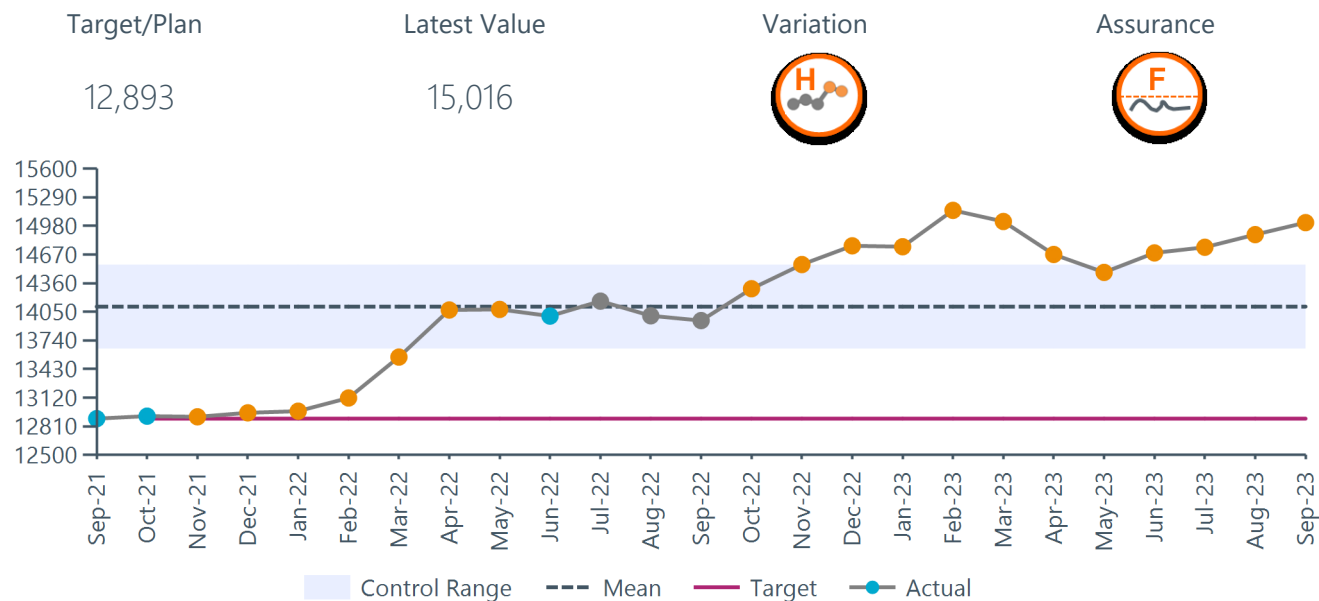
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
50.84%	53.43%	55.53%	54.47%	55.09%	55.74%	54.18%	52.44%	51.12%	50.33%	50.55%	51.15%	50.57%

- Staff - Patients - Finances -

English List Size

Number of English patients currently waiting 215282

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The number of English patients waiting at the end of September is reported at 15016; 1512 below our anticipated trajectory figure of 16528. List size analysis over the past six months indicates largest growth in these areas:

- * Spinal Disorders has increased by 389, rising from 2315 to 2704
- * Upper Limb has increased by 246, rising from 1349 to 1595

Areas with the greatest decrease have been:

- * SOOS Podiatry has decreased by 280, reducing from 293 to 13
- * SOOS Physiotherapy has decreased by 243, reducing from 263 to 20

The 21/22 H2 planning guidance advised that Trust's should maintain the list size that was reported at the end of September-21 therefore we continue to monitor against this as a target. Submitted plans for this year forecast a reduction from quarter three, aligned to additional capacity available. 2023/24 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
- * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025

Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services. The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate for our most challenged sub-specialty.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. Validating patients down to 12 weeks is in progress.

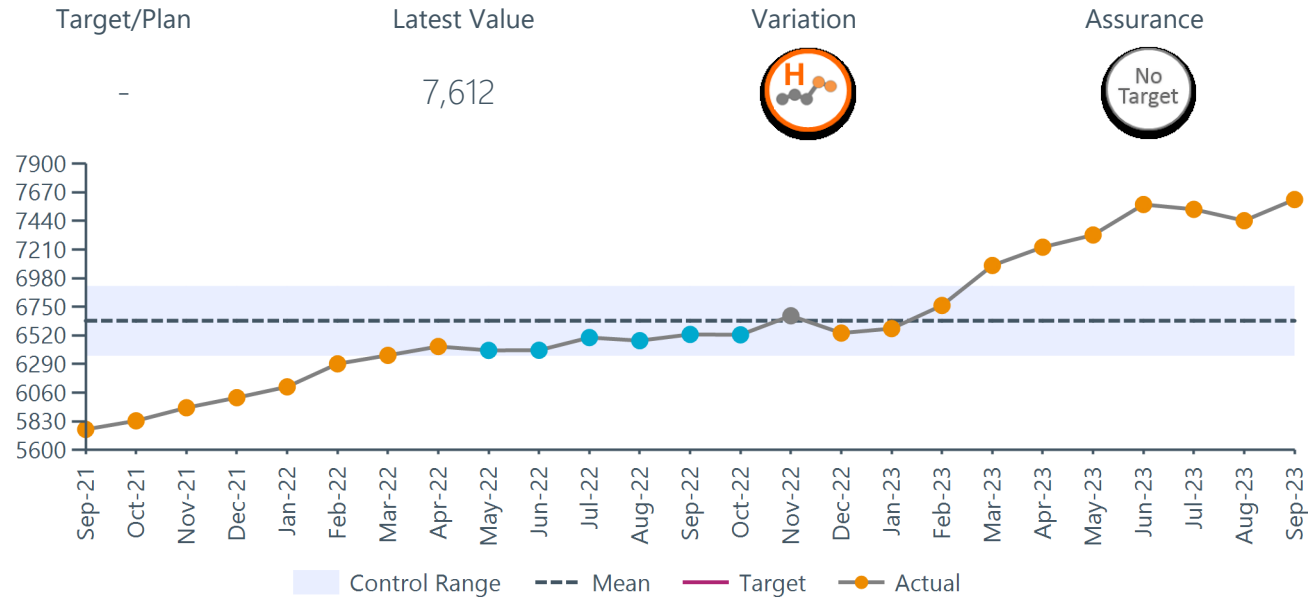
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
13955	14300	14562	14765	14755	15149	15028	14671	14477	14688	14749	14886	15016

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

The number of Welsh patients waiting at the end of September is reported at 7612. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:

* Spinal Disorders has increased by 294 patients over the past six months: rising from 1862 to 2156

* Upper Limb has increased by 129 patients over the past six months: rising from 738 to 867

* Metabolic Medicine has decreased by 91 patients over the past six months: reducing from 1378 to 1287

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.

Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services. The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. Validating patients down to 12 weeks is in progress.

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

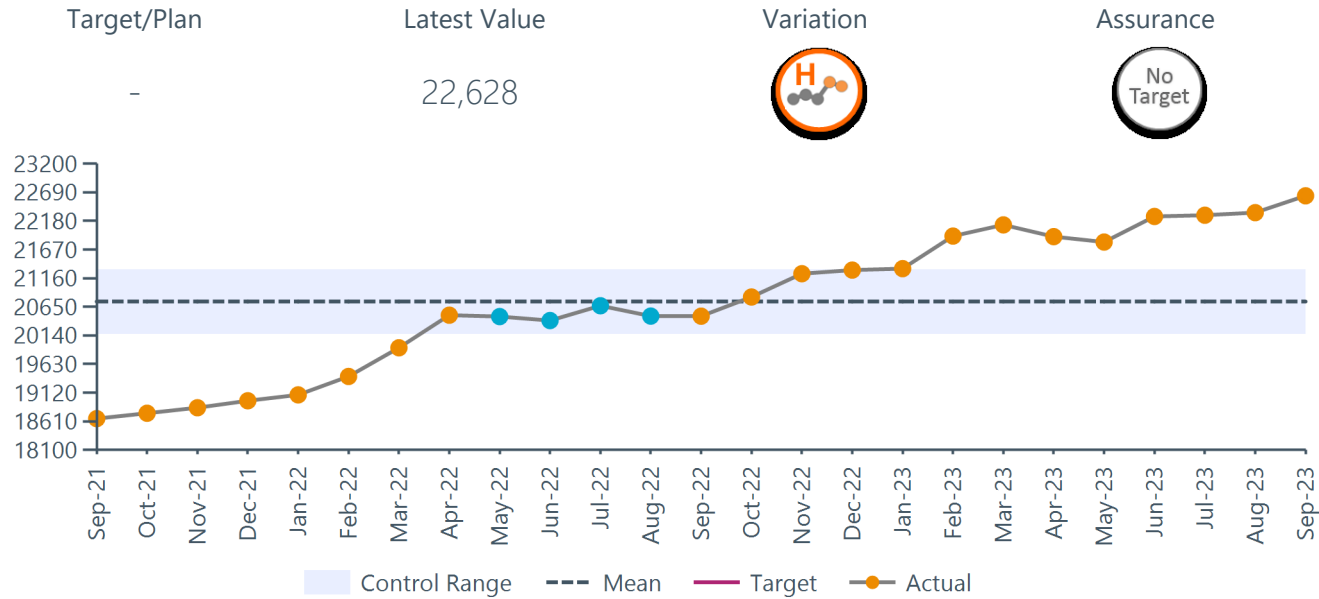
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
6528	6525	6678	6539	6575	6761	7082	7229	7327	7572	7533	7442	7612

- Staff - **Patients** - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

The total volume of patients waiting at the end of September is 22628; 15016 are English patients and 7612 are Welsh patients. The sub-specialties with the highest volume of patients are:

- * Spinal Disorders - 4860 / 21.48%
- * Arthroplasty - 4589 / 20.28%
- * Metabolic Medicine - 4269 / 18.87%

2023/24 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025
- The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.

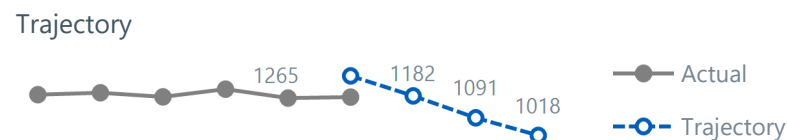
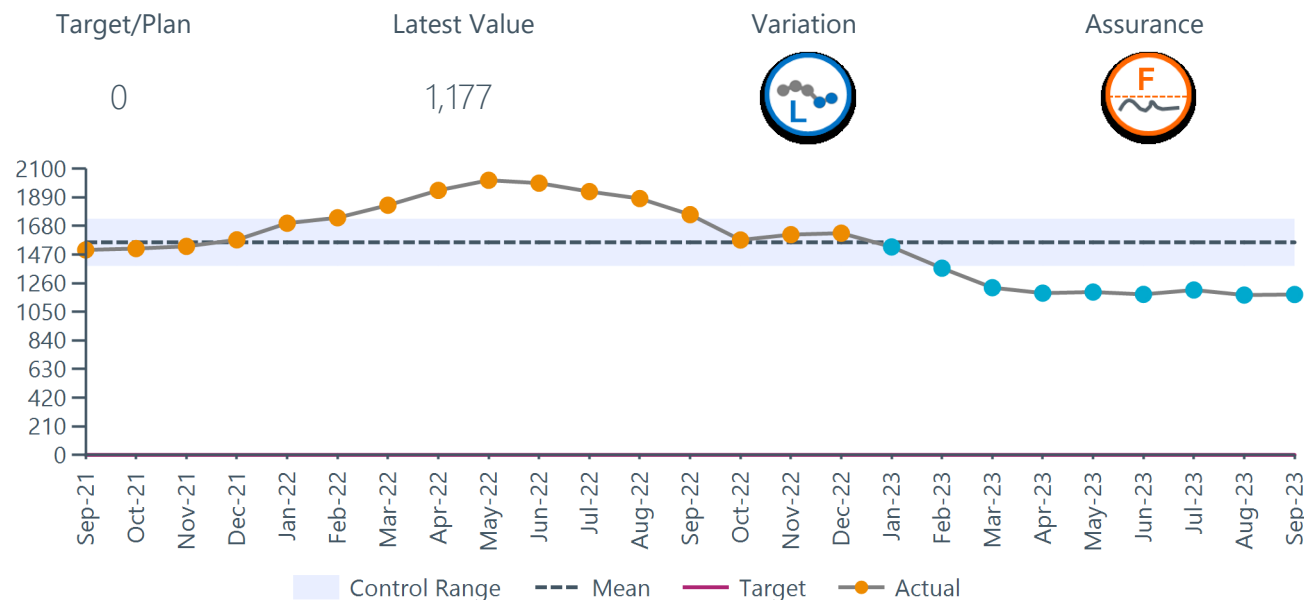
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
20483	20825	21240	21304	21330	21910	22110	21900	21804	22260	22282	22328	22628

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of September there were 1177 English patients waiting over 52 weeks; below our trajectory figure of 1265 by 88. The patients are under the care of these sub-specialities; Arthroplasty (491), Upper Limb (175), Knee & Sports Injuries (168), Foot & Ankle (147), Spinal Disorders (155), Paediatric Orthopaedics (10), SOOS GPSI (9), Metabolic Medicine (6), Tumour (5), ORLAU (4), Spinal Injuries (2), Physiotherapy (2), Orthotics (1), Neurology (1) and SOOS Physiotherapy (1). Patients waiting, by weeks brackets is:

- * >52 to <=78 weeks - 1165 patients
- * >78 to <=95 weeks - 11 patients
- * >95 to <=104 weeks - 0 patients
- * >104 weeks - 1 patient

Actions

The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). To eliminate waits of over 65 weeks by March-2024, the Trust is focusing on all patients that will be greater than 52 weeks by the end of December to ensure they have a first appointment by the end of October-23. The Trust has submitted a plan to NHSE that forecasts zero 65+ weeks waits by March-24. Industrial Action impacts are being reviewed recognising the impact of reduced activity levels which are required to meet this standard.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. Validating patients down to 12 weeks is in progress with discussions with external providers to support this. The Trust is exploring digital solutions with external suppliers to further support validation processes. Actions are also progressing to enable patient initiated mutual aid.

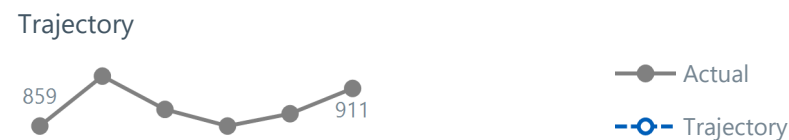
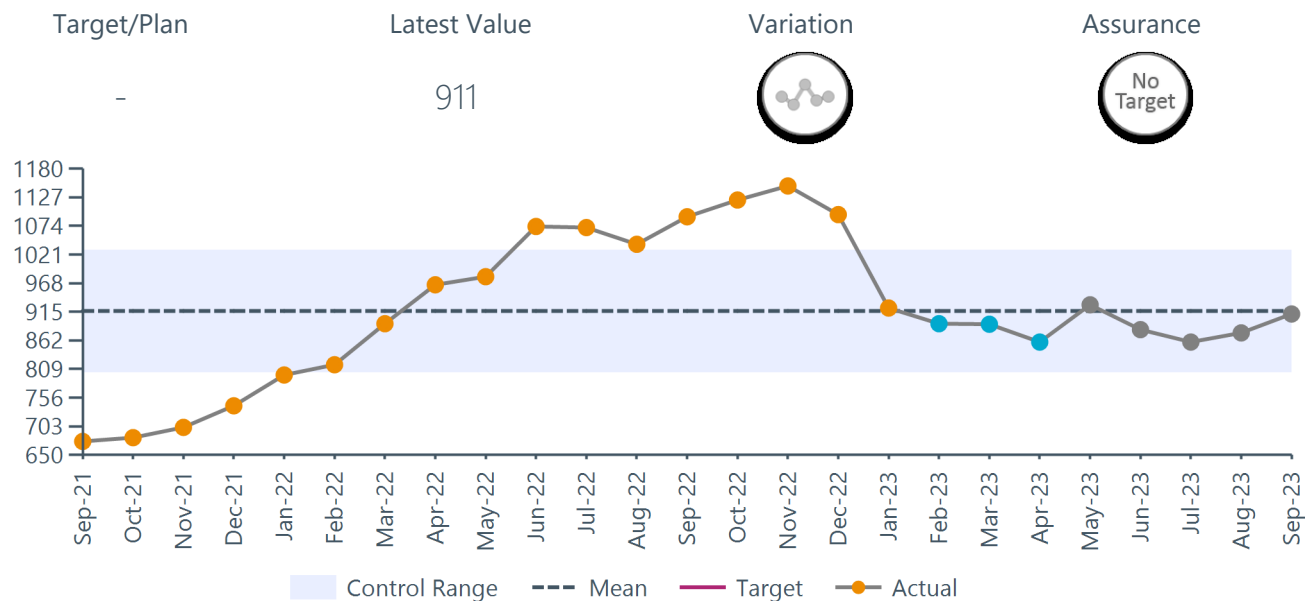
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods. Internal insourcing options are being explored to further increase capacity.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1763	1577	1616	1627	1526	1370	1227	1187	1195	1178	1210	1173	1177

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

At the end of September there were 911 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (337), Arthroplasty (191), Knee & Sports Injuries (148), Upper Limb (101), Foot & Ankle (74), Veterans (33), Paediatric Orthopaedics (19), Tumour (4), Metabolic Medicine (1), Rheumatology (1), Orthotics (1) and Metabolic Medicine (1).

Patients are under the care of the following commissioners: BCU (481), Powys (408), Hywel Dda (20), Anurin Bevan (1) and Cardiff & Vale (1). The number of patients waiting, by weeks brackets is:

- * >52 to <=78 weeks - 688 patients
- * >78 to <=95 weeks - 133 patients
- * >95 to <=104 weeks - 37 patients
- * >104 weeks - 53 patients

Actions

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

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy.

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

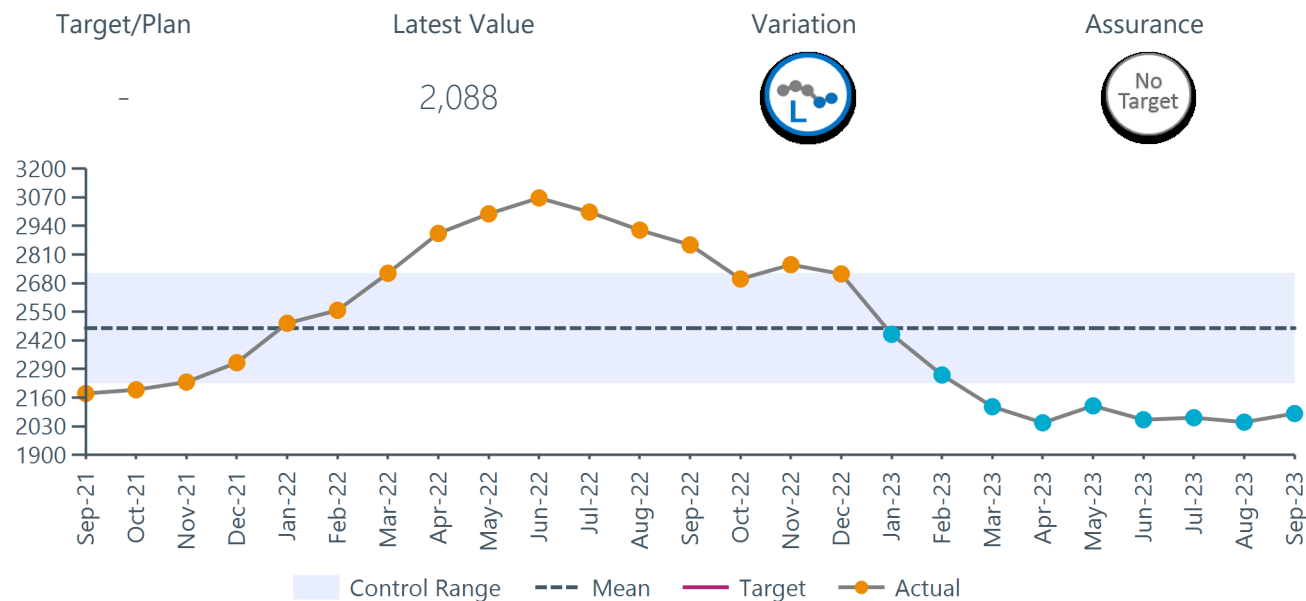
Internal insourcing options are being explored to further increase capacity.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1091	1122	1148	1095	922	893	892	859	928	882	859	876	911

Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

Overall, there were 2088 patients waiting over 52 weeks at the end of September; 1177 English and 911 Welsh. The number of patients waiting over 52 weeks represents 9.23% of the total list size.

The patients are under the care of the following sub-specialties; Arthroplasty (682), Spinal Disorders (492), Knee & Sports Injuries (316), Upper Limb (276), Foot & Ankle (221), Veterans (33), Paediatric Orthopaedics (29), Tumour (9), SOOS GPSI (9), Metabolic Medicine (7), ORLAU (4), Spinal Injuries (3), Physiotherapy (2), Orthotics (2), SOOS Physiotherapy (1), Rheumatology (1), and Neurology (1).

2023/24 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
- Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too. The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

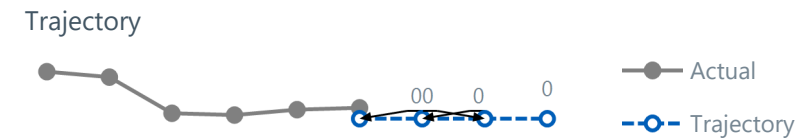
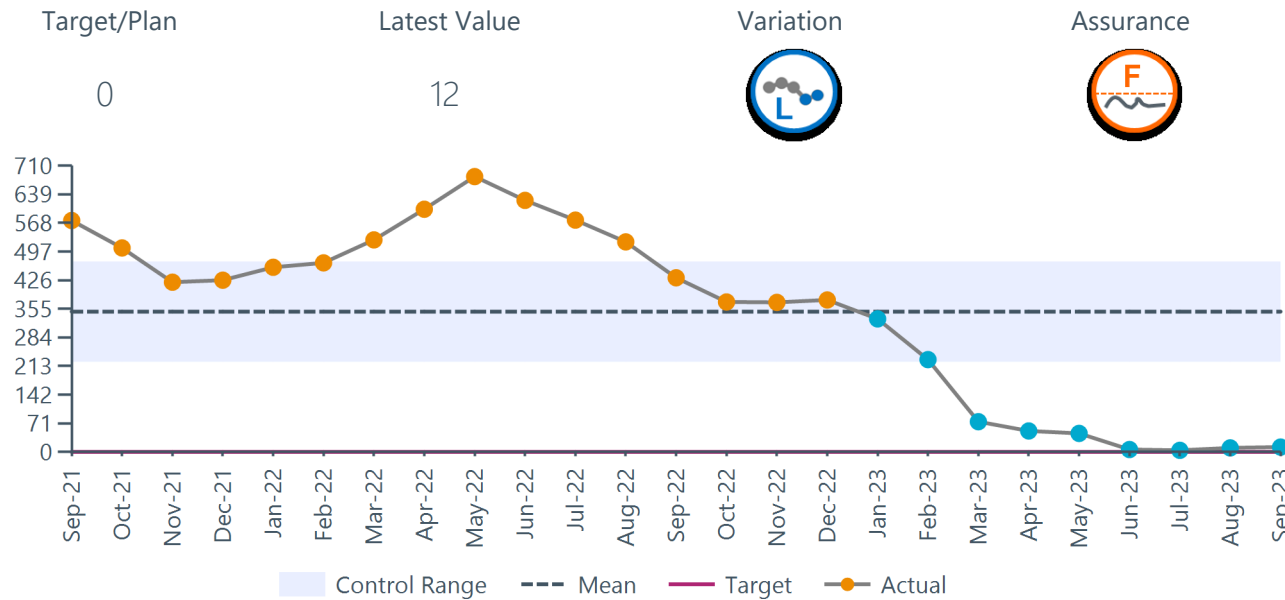
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2854	2699	2764	2722	2448	2263	2119	2046	2123	2060	2069	2049	2088

Patients Waiting Over 78 Weeks - English

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of September there were 12 English patients waiting over 78 weeks; above our trajectory of 0. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Knee & Sports Injuries (4), Arthroplasty (4), Upper Limb (2), Foot & Ankle (1) and Spinal Disorders (1).

0 (zero) patients declined the offer of mutual aid leading to non-admitted clock stops.

2023/24 operational planning guidance stipulates that Trusts should:

* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties

* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .

Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.

The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

The Trust is now reporting against this standard by exception with the Trust making significant improvements against this standard in quarter one. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24.

The Trust has sought mutual aid to support its most challenged specialty. Agreements made with both ROH and Walton for support with this being reviewed with those providers. Patients being contacted and transferred where appropriate and agreed with the patient and relevant provider. Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place and this resource has been extended into 23/24 to support actions being taken. Chief Operating Officer discussions also take place between providers to monitor progress. The Trust is exploring digital solutions with external suppliers to further support validation processes. Actions are also progressing to enable patient initiated mutual aid.

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

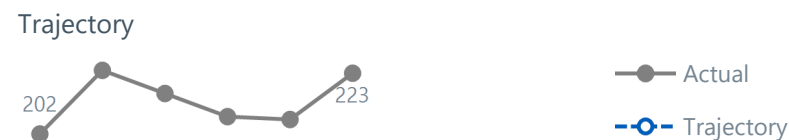
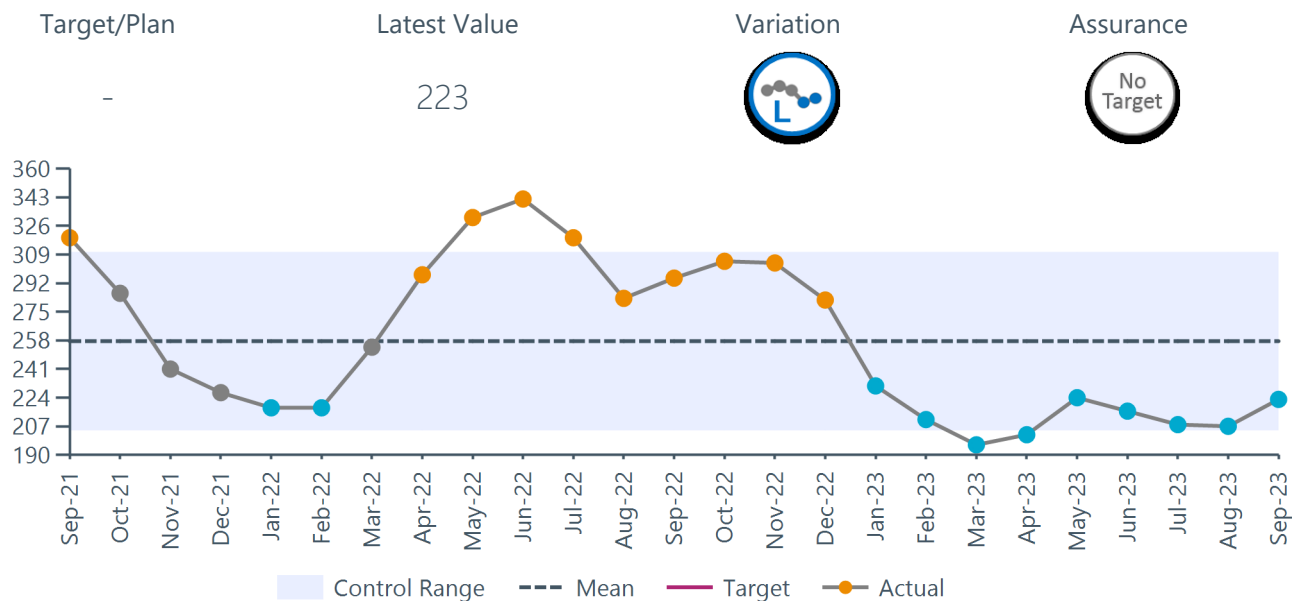
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
432	372	371	377	330	229	75	52	46	6	4	10	12

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

At the end of September there were 223 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (125), Knee & Sports Injuries (44), Upper Limb (19), Foot & Ankle (17), Arthroplasty (14), Veterans (2) and Paediatric Orthopaedics (2).

Actions

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

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

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

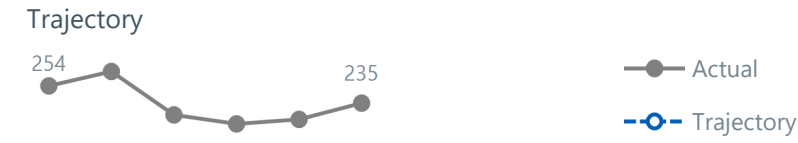
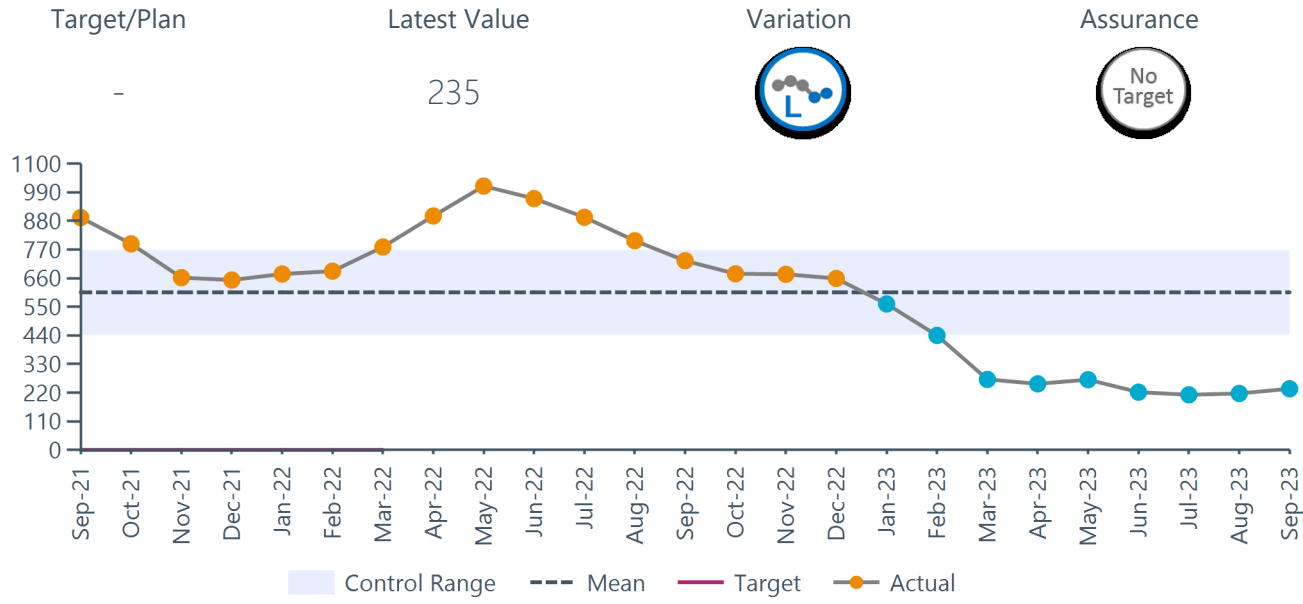
Internal insourcing options are being explored to further increase capacity.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
295	305	304	282	231	211	196	202	224	216	208	207	223

Patients Waiting Over 78 Weeks - Combined

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

Overall, there were 235 patients waiting over 78 weeks at the end of September; 12 English and 223 Welsh.

The patients are under the care of the following sub-specialties; Spinal Disorders (126), Knee & Sports Injuries (48), Upper Limb (21), Foot & Ankle (18), Arthroplasty (18), Veterans (2) and Paediatric Orthopaedics (2).

2023/24 operational planning guidance stipulates that Trusts should:

* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties

* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .

Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.

The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

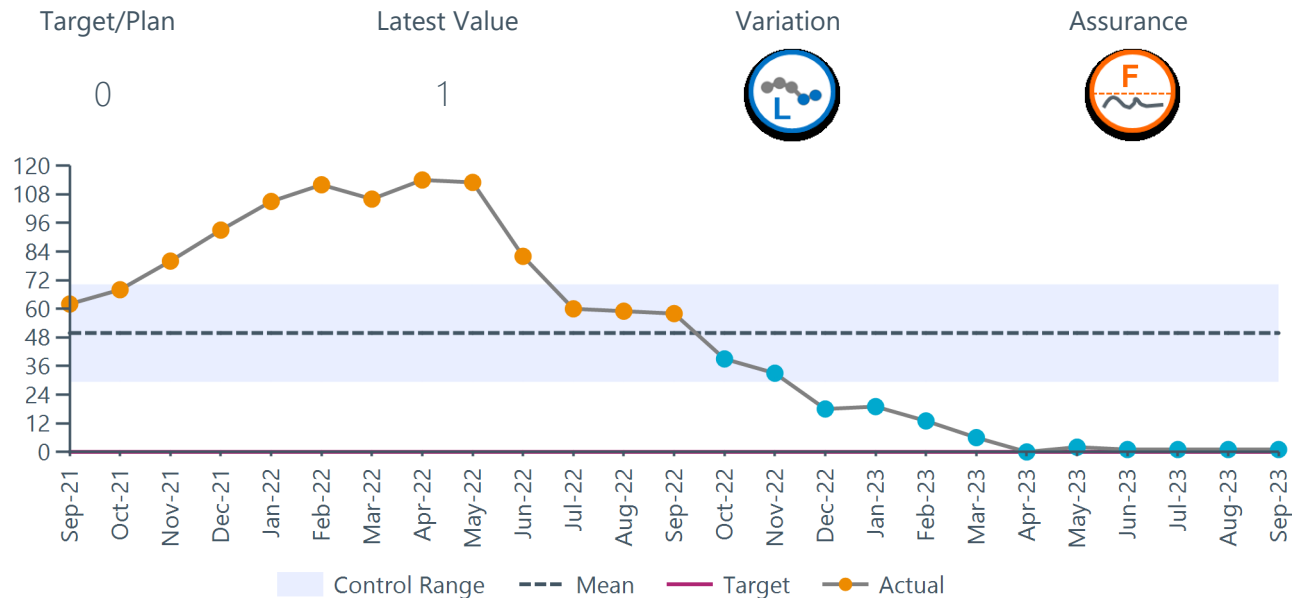
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
727	677	675	659	561	440	271	254	270	222	212	217	235

Patients Waiting Over 104 Weeks - English

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of September there was 1 English patient waiting over 104 weeks with details as follows:
* Knee & Sports Injuries (1): Complex case requiring a bespoke piece of kit sourced from abroad (ongoing supply issues) which has been raised with NHSE

The Trust is forecasting this one breach will remain for the end of October.

Actions

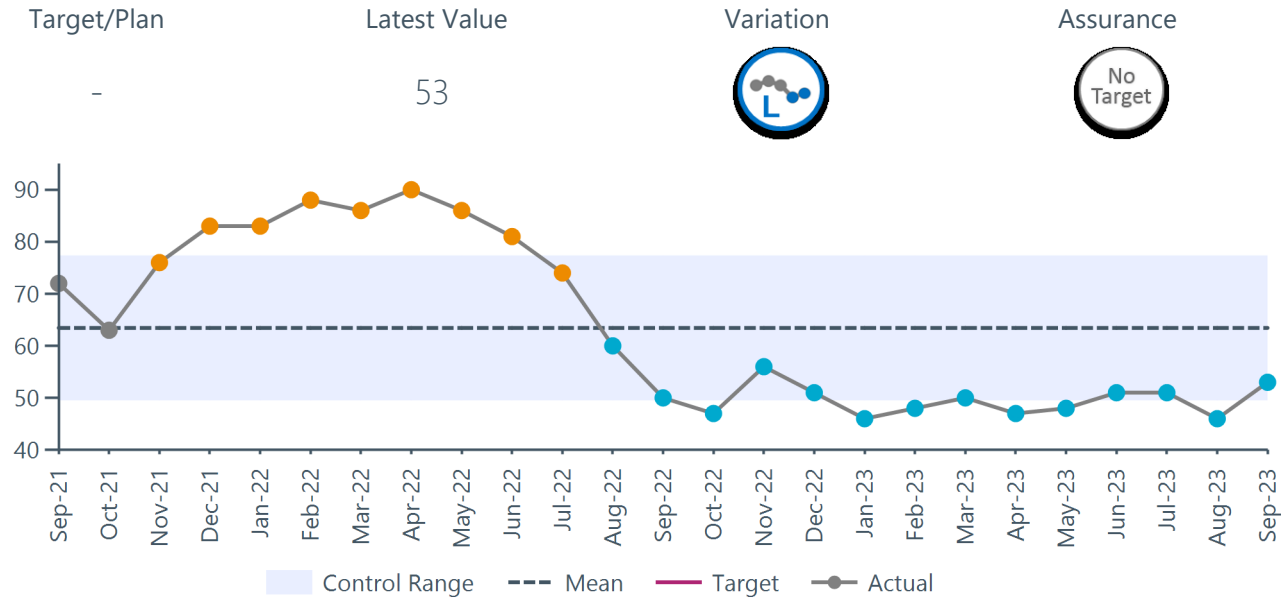
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The one breach is a known breach, as reported in previous months due to continued kit delays for a complex patient. The patient continues to be reviewed by the Consultant whilst awaiting treatment.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
58	39	33	18	19	13	6	0	2	1	1	1	1

Patients Waiting Over 104 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

At the end of September there were 53 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:

- * Spinal Disorders (51)
- * Knee & Sports Injuries (1)
- * Upper Limb (1)

Actions

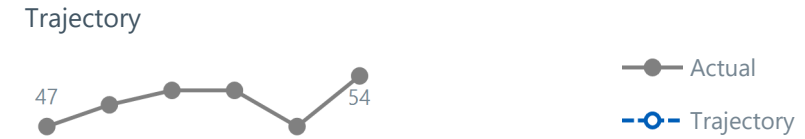
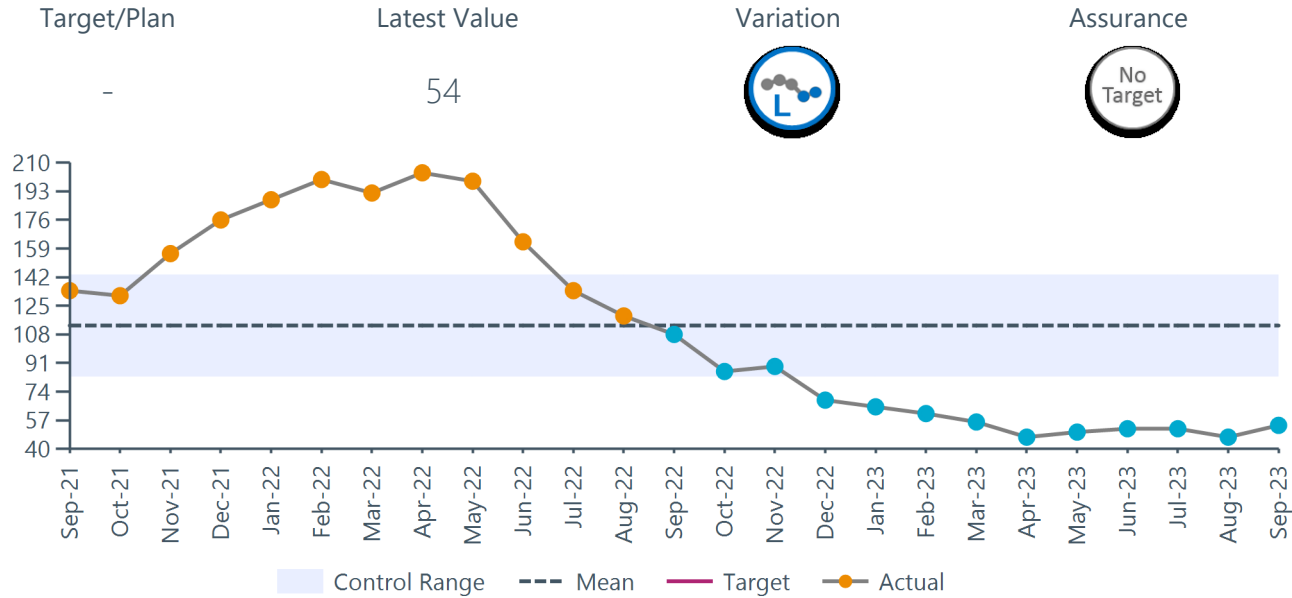
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty. The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise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

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
50	47	56	51	46	48	50	47	48	51	51	46	53

Patients Waiting Over 104 Weeks - (Combined)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

The reported position for the end of September included 1 English patient and 53 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:

- * Spinal Disorders (51)
- * Knee & Sports Injuries (2)
- * Upper Limb (1)

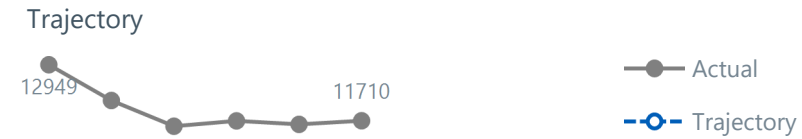
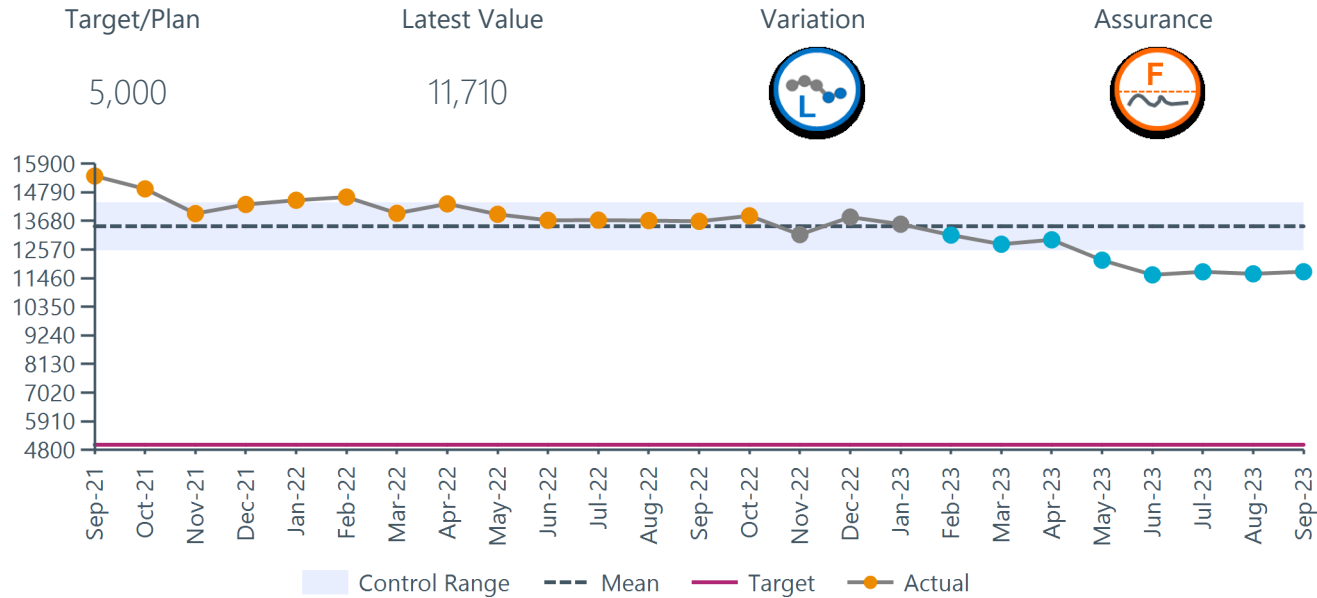
Actions

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
108	86	89	69	65	61	56	47	50	52	52	47	54

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of September, there were 11710 patients overdue their follow up appointment. This is broken down by:

- Priority 1 - 7136 with 1193 dated (17%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 - 4574 with 1308 dated (29%);

* The backlog increased by 80 from last month, however the priority 1 backlog reduced by 136.

* Of the 11710 patients overdue, 34% are diagnostic follow ups.

* Of all the patients on a non diagnostic follow up, 20% are overdue.

* Of all the patients on a diagnostic follow up, 56% are overdue.

* The sub-specialities with the highest proportion of overdue follow ups are: Spinal Injuries - 55%; Neurology - 49%; Muscle - 43%; (% of their total follow up waiting list which are overdue)

* The main focus within the Trust has been on long waiters, with a specific focus on the NHSE ask to meet the 65 week milestone 1 target.

Actions

The overdue follow up working group is on hold to allow the dedicated focus needed on the NHSE long wait RTT targets but this is still monitored through the Outpatient Improvement Group. The plan is to re-instate this group in the coming months, recognising its importance but balancing resource against the RTT long waits national ask.

* The Validation team have a long term follow up database and follow ups are validated regularly.

* Further validation of diagnostic follow ups is required.

* Clinical discussions are taking place with regards to validation of overdue follow ups.

* Main focus is to be on the sub-specialities with the greatest opportunity of reduction.

* Assessment of utilising PIFU pathways.

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

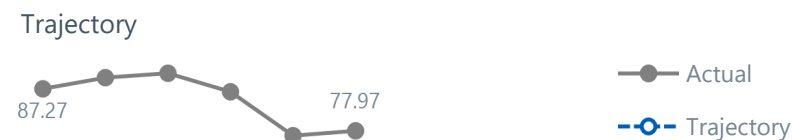
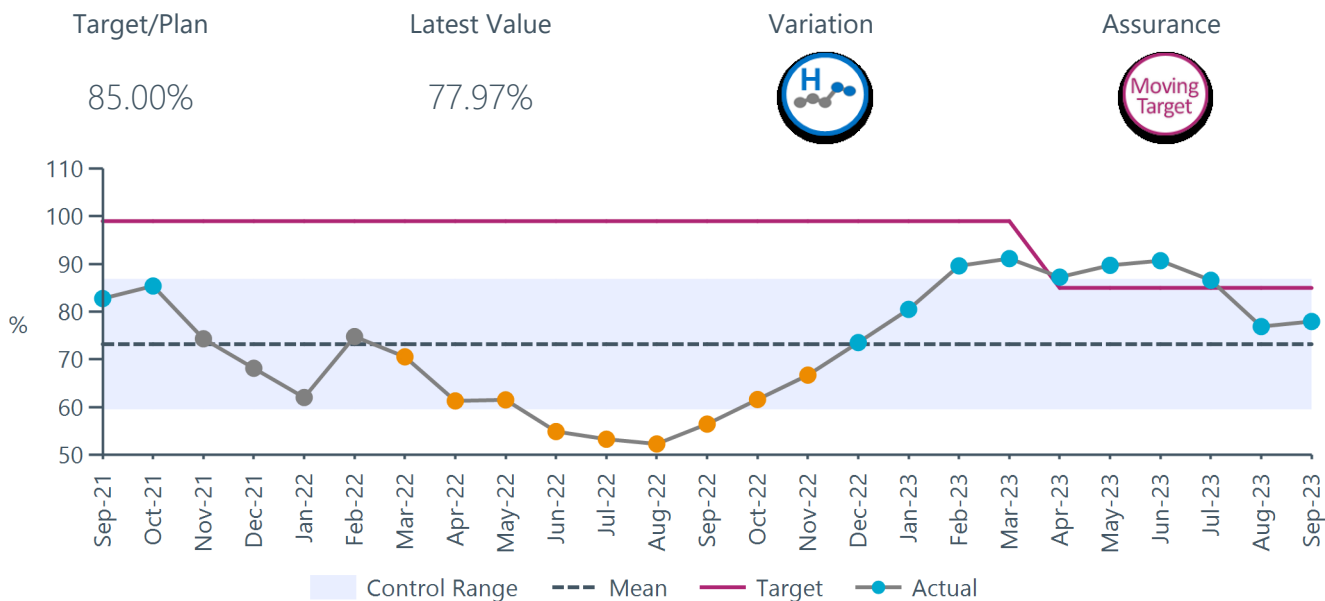
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
13665	13878	13151	13828	13554	13132	12777	12949	12158	11589	11707	11630	11710

- Staff - **Patients** - Finances -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The September position is reported at 77.97%; below the 85% target. Reported performance equates to 224 patients who waited beyond 6 weeks. Of the 6-week breaches; 53 are over 13 weeks (1 MRI and 52 Ultrasound). Breakdown below outlines performance and breaches by modality:

- * MRI - 97.81% - D2 (Urgent - 0-2 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 6 dated
- * CT - 97.64% - D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 2 dated
- * Ultrasound - 58.32% - D2 (Urgent - 0-2 weeks) - 6 dated, D3 (Routine - 4-6 weeks) - 1 undated, D4 (Routine - 6-12 weeks) - 206 with 48 dated
- * DEXA Scans - 100%

Reduced performance in September is attributable to the following:

- * Increased demand in ultrasound with that modality accounting for 53 breaches over 13 weeks. National expectations was to have no 13 weeks by end of June 2023.
- * Workforce flexibility to deliver ultrasound scans was reduced as a result of Industrial Action.

March 2024 ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard.

Actions

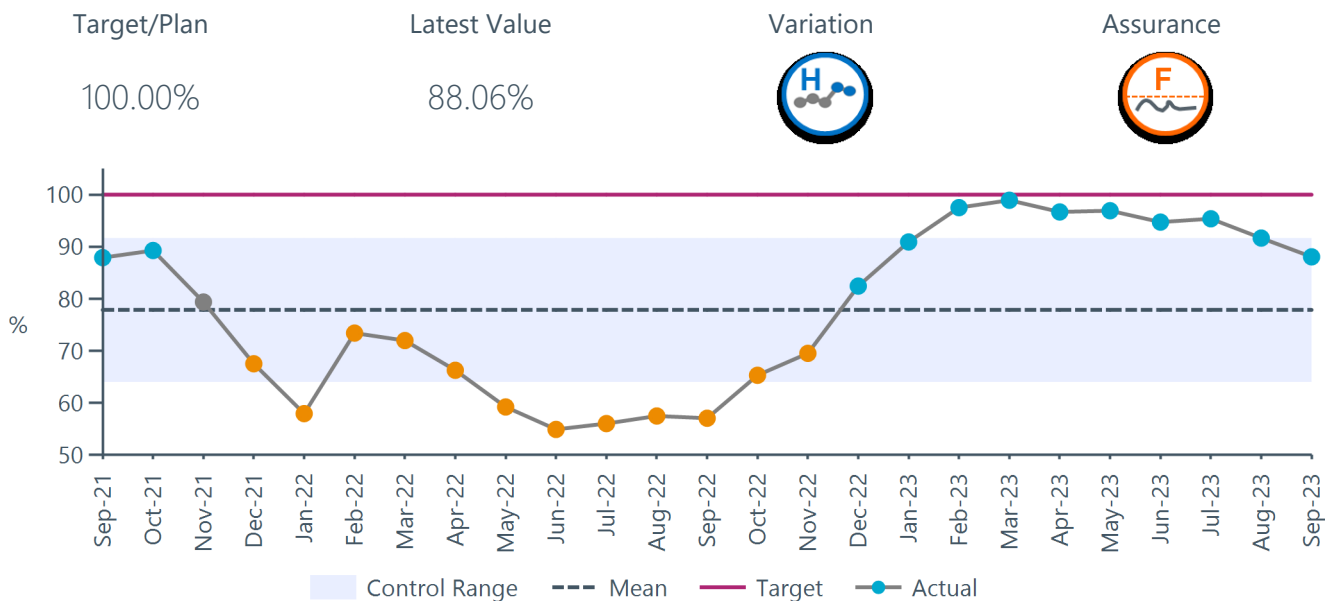
- * Review of current validation practice with an increase in validation shifting from monthly to weekly - this is currently on hold due to sickness within the access team
- * Review of workforce capacity has identified the need to expand Consultant Radiologists within all areas of imaging and a business case in in progress.
- * For Ultrasound, available sessions within core week have been identified by Radiology Manager and a proposal has been made to Radiologists to support this. Lead time of approx. 2 weeks. These would need to be reviewed after every strike period as this has caused the most damage to our ultrasound breaches.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
56.47%	61.62%	66.73%	73.55%	80.51%	89.63%	91.15%	87.27%	89.74%	90.71%	86.61%	76.91%	77.97%

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 88.06%.

Reported performance equates to 33 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- * MRI - 97.73% - D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 3 dated
- * CT - 100%
- * Ultrasound - 66.33% - D2 (Urgent - 0-2 weeks) - 1 dated, (D4 (Routine - 6-12 weeks) - 32 with 6 dated
- * DEXA Scans - 100%

The trust continues to treat by clinical priority.

Actions

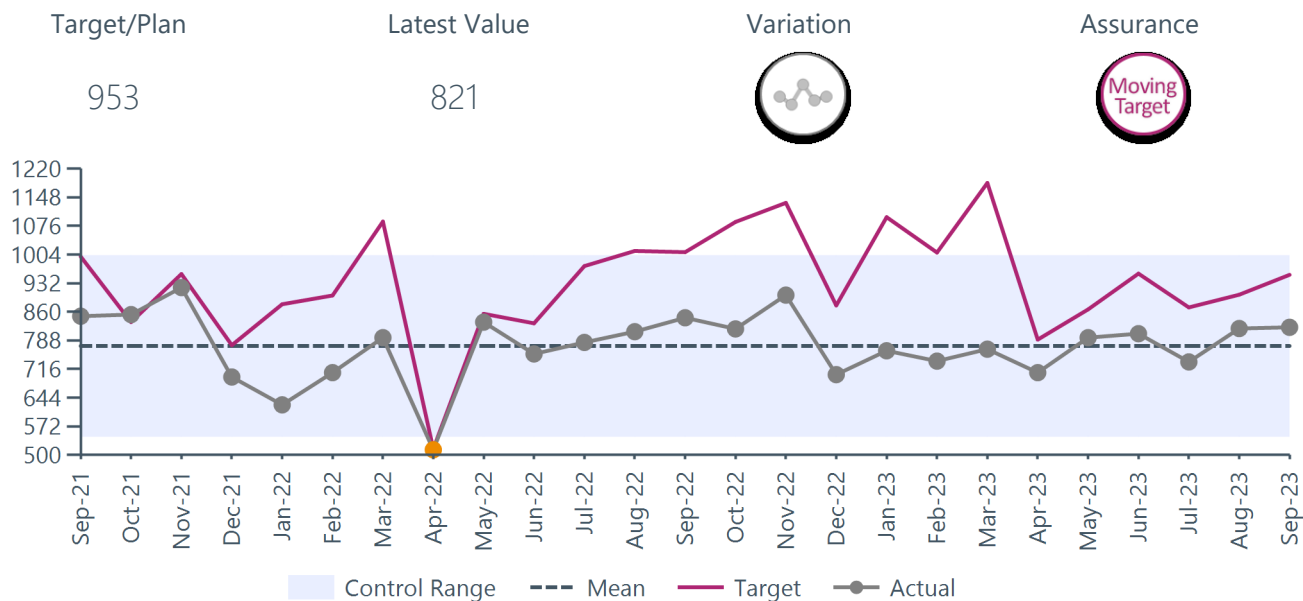
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Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
57.05%	65.30%	69.52%	82.44%	90.92%	97.52%	98.94%	96.69%	96.92%	94.74%	95.38%	91.67%	88.06%

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Total theatre activity is monitored against the 2023/24 plan.

September summary:

* Total Theatre Activity – 821 (plan 953) 132 short (86.15%)

* NHS activity – 744 (plan 896) 152 short (83.04%)

* Private patients – 77 (plan of 57) 20 above (135.09%)

Factors affecting delivery:

- Planned reduction in Theatre activity before and during period of consultant industrial action 19th to 20th September and Junior Doctors industrial action 20th to 22nd September.
- Staffing issues in Theatres inclusive of strike period
- 84 theatre cancellations (37 on the day and 47 ahead of TCI)
- Shortfall in NHS sessions (-27.0). 93.29% of sessions were used against plan.
- IJP activity not maximised (76.37% of plan)
- Cases per session behind plan (1.86 of 2.01 plan)

Actions

- * Greater focus on Theatre Improvement programme of works, inclusive of early finishes, which is being reviewed by FPD subcommittee.
- * The aim is to move to 12 theatres daily from October (currently averaging 11 in Sept) and utilisation of our theatres estate is reviewed as part of the 6-4-2 process.
- * Underutilisation of Spines emergency lists for P2 patients is being addressed by improved alignment of list scheduling with consultant availability.
- * 18 Week Insourcing undertaken in September, which has supported collaborative working.
- * The commencement of 5 joint lists in month (staffing alignment); 6-4-2 meetings are addressing consultant concerns about known staffing and is running well; additional activity is being taken at this meeting.
- * Headley Court Day Case Facility lists are being staffed and discussions are ongoing with OPD manager, requests are going out to relevant consultants to offer more for the procedure room. Use of the space for 18 Week Insourcing is being explored.
- * Clear, staggered workforce pipeline for new starters; delivery of local training via simulation lab and an element of double scrubbing. It is recognised that the previous experience varies from new starter to new starter, and this is being taken into account with personalised training plans.

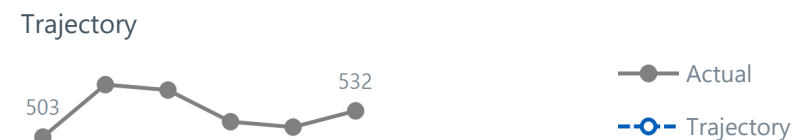
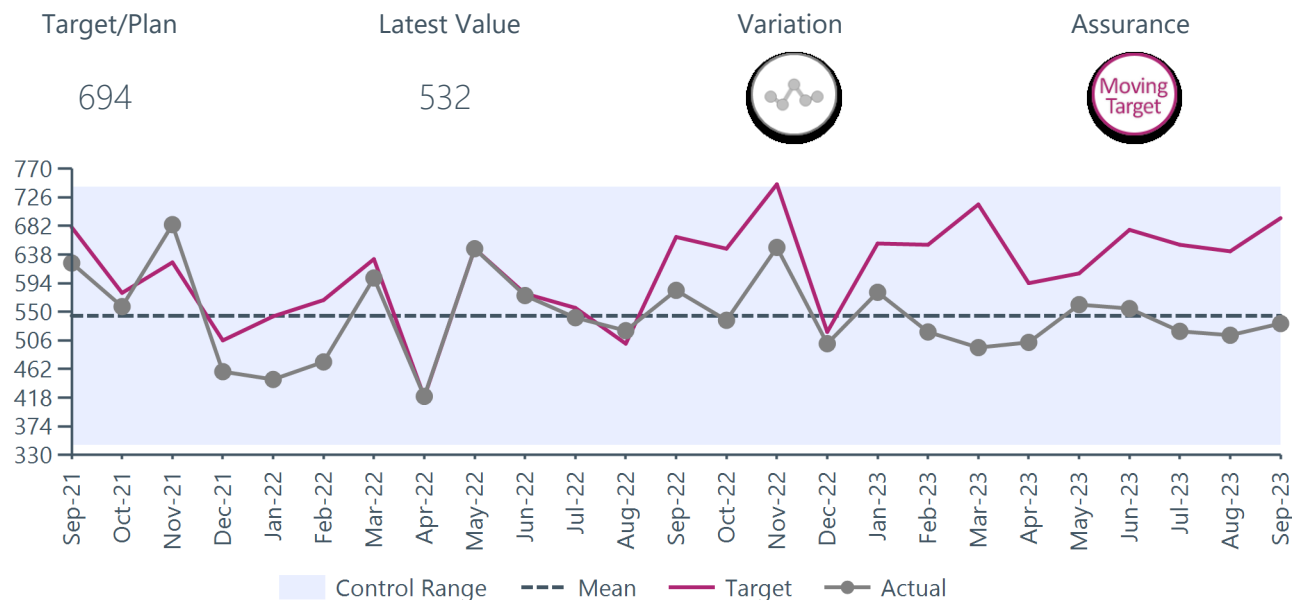
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
845	817	902	702	762	736	766	707	795	805	734	818	821

- Staff - Patients - Finances -

IJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2023/24 IJP plan for September was 694 cases.

In September, the Trust undertook 532 NHS theatre cases IJP, 162 cases behind the plan of 694 which equates to 76.66%.

See 'Elective Activity Against Plan' and 'Volume of Sessions Against Plan' for further analysis.

The plan was 953 cases: 694 IJP, 202 OJP, 57 PP's.

Actions

- * Greater focus on Theatre Improvement programme of works, inclusive of early finishes, which is being reviewed by FPD subcommittee.
- * The aim is to move to 12 theatres daily from October (currently averaging 11 in Sept) and utilisation of our theatres estate is reviewed as part of the 6-4-2 process.
- * Underutilisation of Spines emergency lists for P2 patients is being addressed by improved alignment of list scheduling with consultant availability.
- * 18 Week Insourcing undertaken in September, which has supported collaborative working.
- * The commencement of 5 joint lists in month (staffing alignment); 6-4-2 meetings are addressing consultant concerns about known staffing and is running well; additional activity is being taken at this meeting.
- * Headley Court Day Case Facility lists are being staffed and discussions are ongoing with OPD manager, requests are going out to relevant consultants to offer more for the procedure room. Use of the space for 18 Week Insourcing is being explored.
- * Clear, staggered workforce pipeline for new starters; delivery of local training via simulation lab and an element of double scrubbing. It is recognised that the previous experience varies from new starter to new starter, and this is being taken into account with personalised training plans.

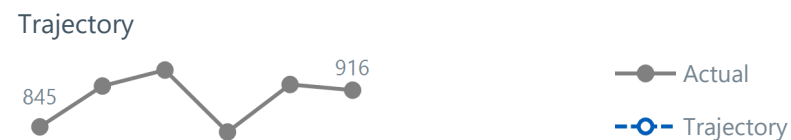
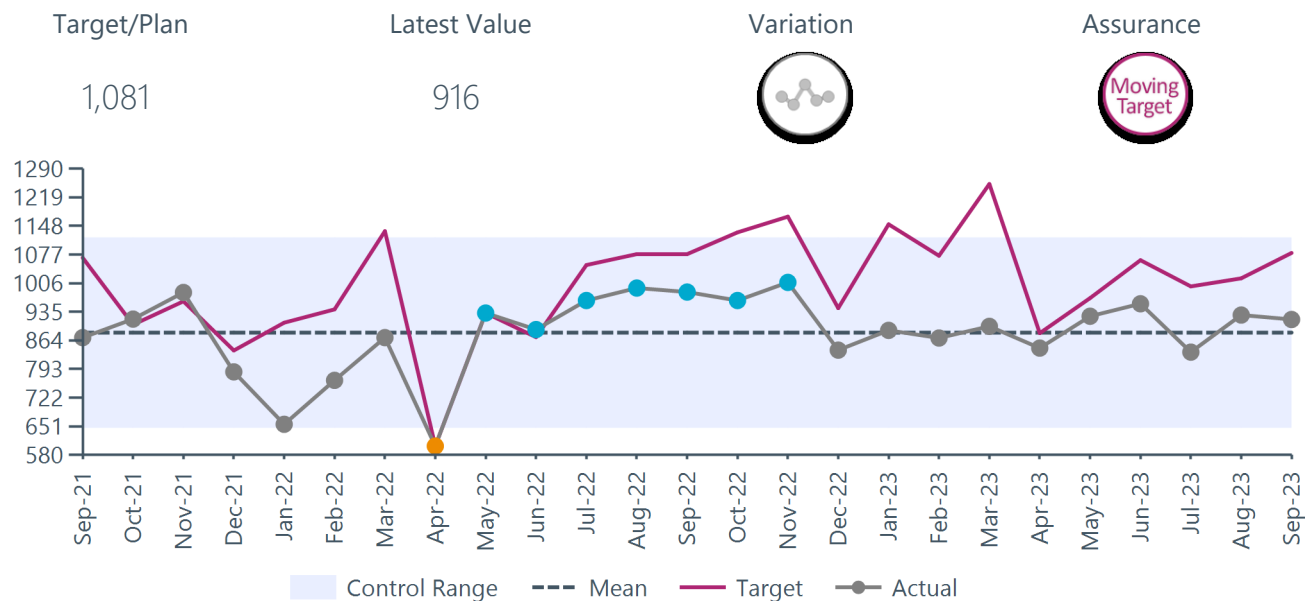
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
583	537	649	501	580	519	495	503	561	555	520	514	532

- Staff - Patients - Finances -

Elective Activity Against Plan (volumes)

Total elective activity rated against plan. 217796

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Total elective activity reported externally against 2023/24 plan of 1081 in September was 916, shortfall of 165 (84.74%).

Elective spell activity is broken down as follows:

- Elective patients discharged in reporting month following operation - plan was 914; 719 delivered (78.66%)

- Elective patients discharged in reporting month, no operation - plan was 167; 197 delivered (117.96%)

Non-theatre activity accounted for 21.51% of elective spells this month; plan was 15.45%

Actions

* Greater focus on Theatre Improvement programme of works, inclusive of early finishes, which is being reviewed by FPD subcommittee.

* The aim is to move to 12 theatres daily from October (currently averaging 11 in Sept) and utilisation of our theatres estate is reviewed as part of the 6-4-2 process.

* Underutilisation of Spines emergency lists for P2 patients is being addressed by improved alignment of list scheduling with consultant availability.

* 18 Week Insourcing undertaken in September, which has supported collaborative working.

* The commencement of 5 joint lists in month (staffing alignment); 6-4-2 meetings are addressing consultant concerns about known staffing and is running well; additional activity is being taken at this meeting.

* Headley Court Day Case Facility lists are being staffed and discussions are ongoing with OPD manager, requests are going out to relevant consultants to offer more for the procedure room. Use of the space for 18 Week Insourcing is being explored.

* Clear, staggered workforce pipeline for new starters; delivery of local training via simulation lab and an element of double scrubbing. It is recognised that the previous experience varies from new starter to new starter, and this is being taken into account with personalised training plans.

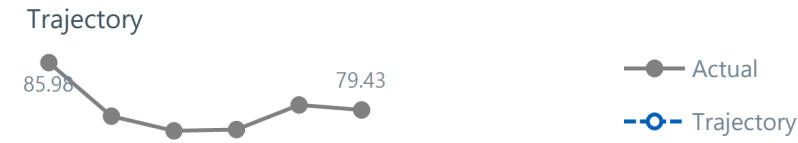
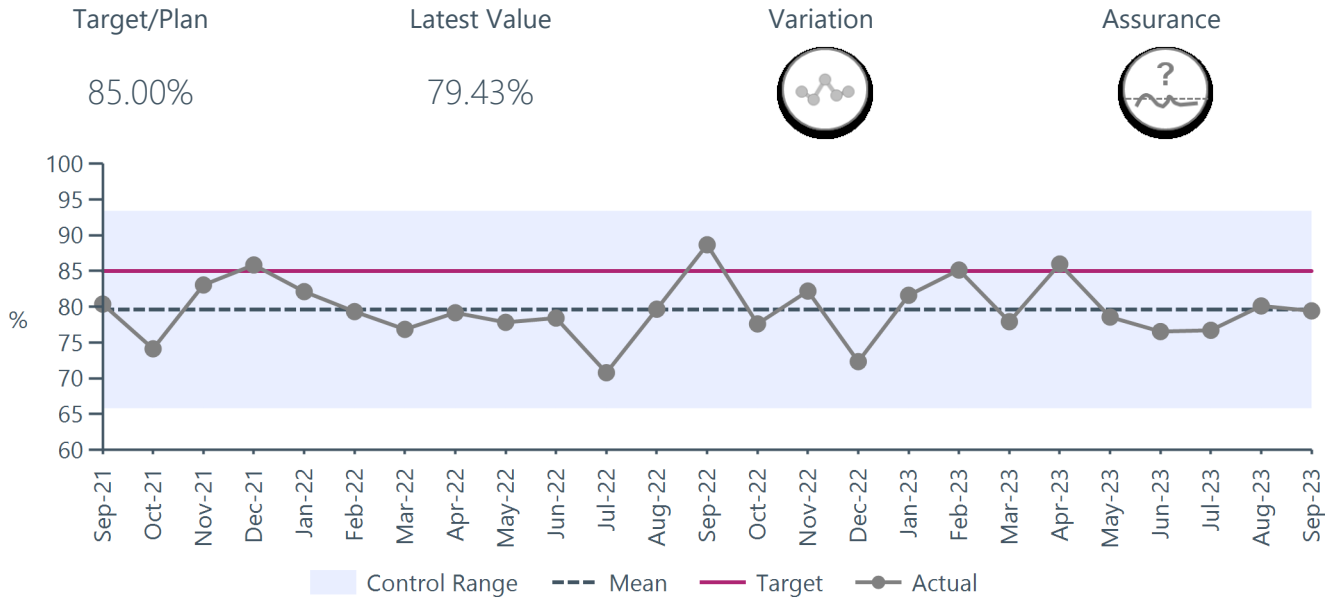
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
984	963	1008	840	889	870	899	845	924	955	835	927	916

- Staff - Patients - **Finances** -

Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

This measure reflects the overall % Trust performance of day cases against the latest online British Association Of Day Surgery directory of procedures; Orthopaedic and Urology pages.

In September the Trust is reporting 80.37% BADS day cases against a target of 85%.

Actions

Day Case Clinical Lead is undertaking a deep dive to understand main reasons for declining performance.

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.
- Theatres Manager to meet with Day Case lead to support these ambitions.

* 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.
- Working with nursing and admin staff to improve timeliness of patient discharge from PAS.

A period of intensive support is underway in the Access team, led by Specialist Unit Managing Director, with a focus on improving accuracy of bookings which will include day case procedures.

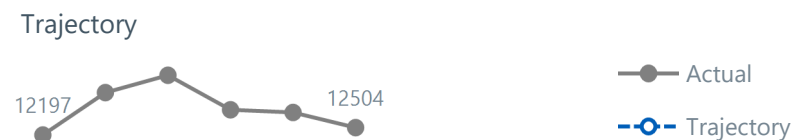
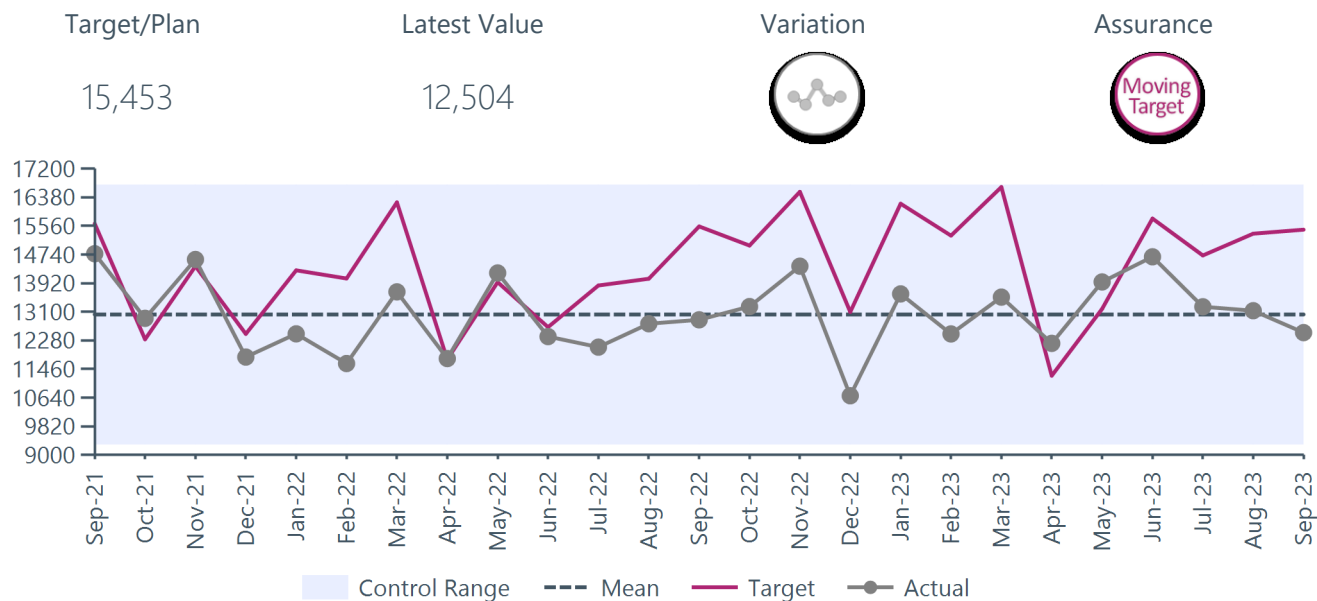
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
88.67%	77.61%	82.20%	72.34%	81.61%	85.14%	77.92%	85.98%	78.57%	76.54%	76.72%	80.12%	79.43%

- Staff - Patients - **Finances** -

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Total outpatient activity undertaken in September was 12504 against the 2023/24 plan of 15453; a shortfall of 2949 that equates to 80.92% of plan. This is broken down as; New Appointments – 3483 against 4698 - equating to 74.14% and Follow Up Appointments - 9021 against 10755 - equating to 83.88%

Factors affecting delivery:

- Reduction in SOOS activity on our PAS system as a result of the growth of the MUSST service (SOOS was 968 behind plan). This has also impacted the level of Therapies activity with 792 behind in September.
- Reduction in activity during period of consultant industrial action 19th to 20th September and Junior Doctors industrial action 20th to 22nd September.
- Step change in OJP plan not being met

The following sub-specialities then reported the highest variance to plan:

* Arthroplasty – 1269 against 1871 - 602 behind plan; 93.93% of IJP plan met, 33.33% of OJP plan met

* Upper Limb – 808 against 1230 - 422 behind plan; 80.94% of IJP plan met, 44.66% of OJP plan met

Year to date performance is under plan by 6019 cases (92.98% of plan). The activity numbers are always taken on 5th working day to allow 4 working days for administrative transactions.

Actions

- * Outpatient Improvement Group meets fortnightly to discuss performance and actions in relation to Overdue Follow Ups, DNAs, PIFU & Virtual KPI's.
- * Three other groups are in their infancy but will support with key areas of improvement, which are: Therapies Improvement Group, Radiology Improvement Group and Rheumatology Improvement Group
- * All four of the above groups then feed into an Oversight group that meets monthly.
- * Requirement to revisit plans at sub-speciality level.
- * Intensive support in Access Team to begin in October, led by Managing Director of Specialist Unit.
- * Plans being reviewed for 23/24 and 24/25.
- * The impact of MUSST service is under assessment.

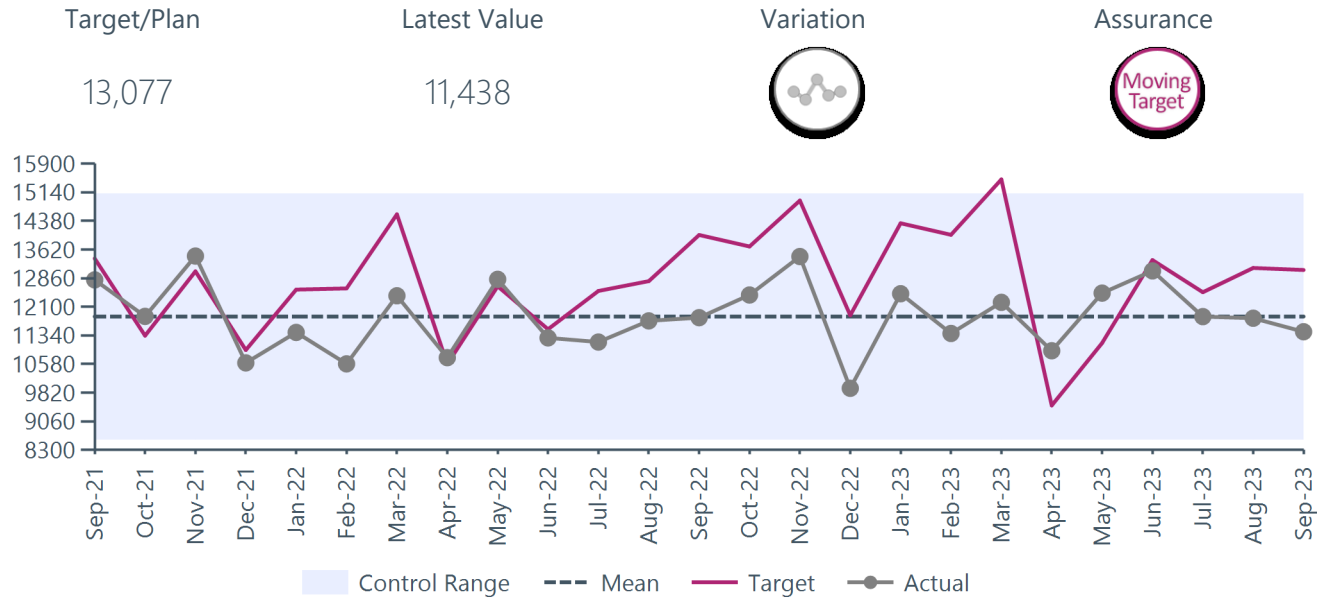
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
12871	13250	14407	10696	13613	12466	13521	12197	13956	14676	13244	13132	12504

- Staff - Patients - Finances -

IJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

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

In September, Outpatients saw 11438 via IJP, 1639 below the plan of 13077 and equates to 87.47%. Year to date position is 98.45% against the IJP plan.

The sub-specialities with the highest variance against IJP plans in September were:

- * SOOS - 410 against a plan of 1378 that equates to 29.75%; variance of 968
- * Therapies - 1699 against a plan of 2491 that equates to 68.21%; variance of 792
- * Upper Limb - 586 against a plan of 724 that equates to 80.94%; variance of 138

SOOS activity is reducing on our PAS system as a result of the MUSST service; most activity is now being transacted through the RIO system with the exception of urgent which are still on our PAS system.

Actions

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

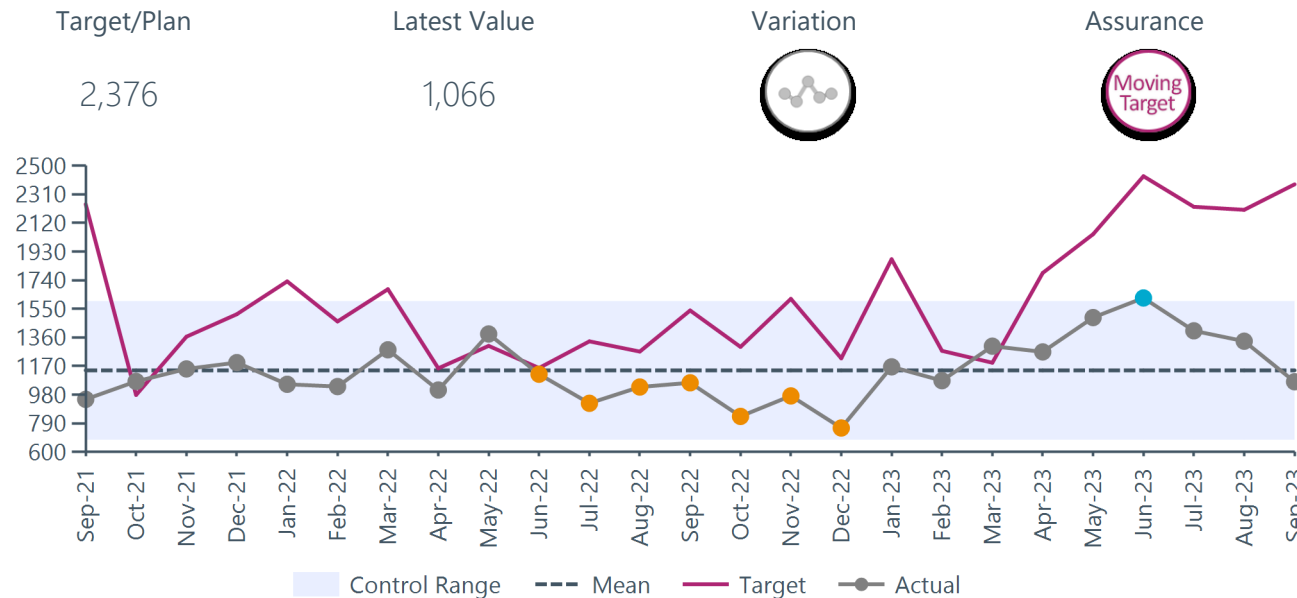
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
11812	12414	13435	9937	12448	11393	12219	10933	12464	13054	11840	11797	11438

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

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

In September, Outpatients saw 1066 via OJP, 1310 below the plan of 2376 and equates to 44.87%. Year to date position is 62.59% against OJP plan.

The sub-specialities with the highest variance against OJP plans in September were:

- * Arthroplasty - 267 against a plan of 801 that equates to 33.33%; variance of 534
- * Upper Limb - 226 against a plan of 506 that equates to 44.66%; variance of 280
- * Foot & Ankle - 113 against a plan of 391 that equates to 28.90%; variance of 278

Actions

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

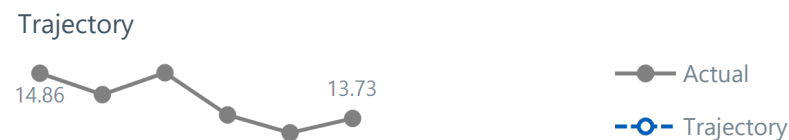
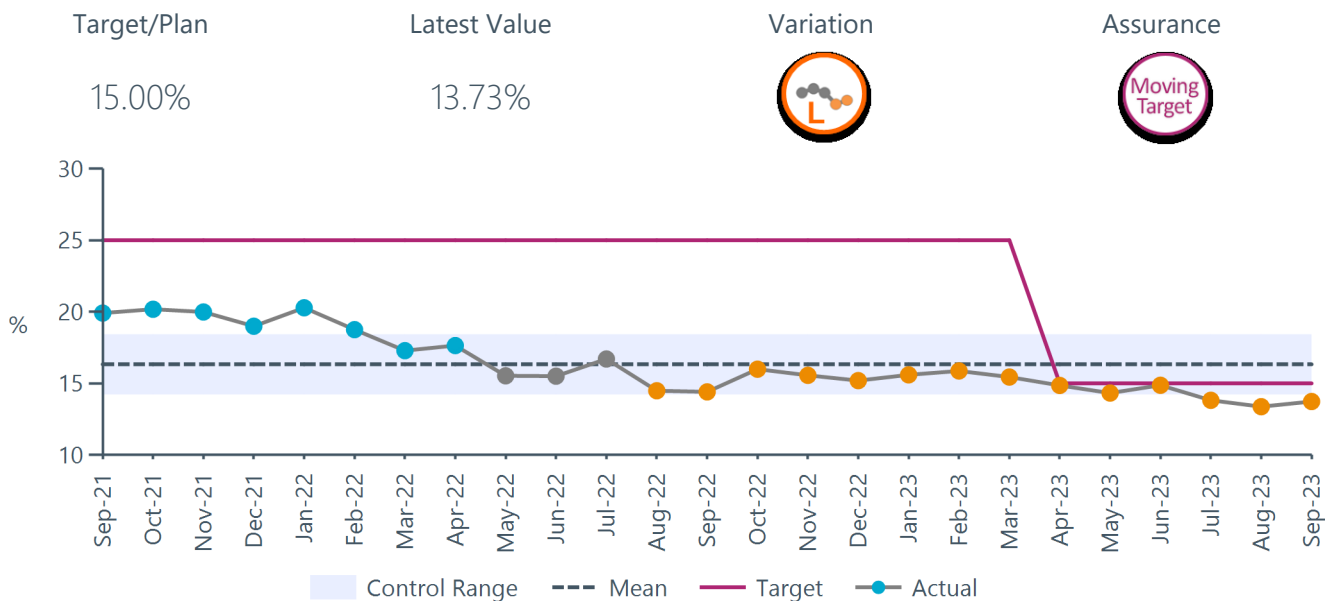
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1059	836	972	759	1165	1073	1302	1264	1492	1622	1404	1335	1066

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual against plan 217586

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

In September the total Virtual Outpatient Activity undertaken in the Trust was 1717 against 12504, equating to 13.73%. This is broken down as follows:

* New appointments - 6.06% (211 out of 3483)

* Follow-up appointments - 16.69% (1506 out of 9021)

The sub-specialities with the highest achieving percentage for virtual appointments are:

* SOOS (47.32%); Spinal Injuries (40.09%); Rheumatology (27.37%); Veterans (26.16%)

The sub-specialities with the lowest virtual percentage, not achieving target are:

* Physiotherapy (2.29%); Muscle (2.86%); Upper Limb (3.45%); Paediatric Orthopaedics (6.89%)

Whilst most sub-specialities saw a hike in % virtual around covid and a later dip that then remained stable;

Therapies have seen a gradual decline month on month since April 2020.

Based on historic performance, we have submitted a plan to the System to achieve 14.4% Virtual Outpatient Activity (6.2% new and 17.9% follow up). Target here in IPR has been added as a stretch-target at 15%.

Actions

- * Conversations are ongoing at directorate meetings regarding face to face vs virtual appointments.
- * Nurse practitioner surgical helplines are all being recorded and process documented.
- * A profile of our virtual activity for next year has been submitted to the ICS.
- * A combination of clinical assessments and opportunities identified through benchmarking will support with informing future targets and further actions for 2023/24.
- * This metric will also continue to have oversight within the system as part of transformational work.
- * Collaboration with other specialist providers to benchmark our performance.
- * Assess that all virtual activity that is happening throughout the Trust is captured and recorded correctly.

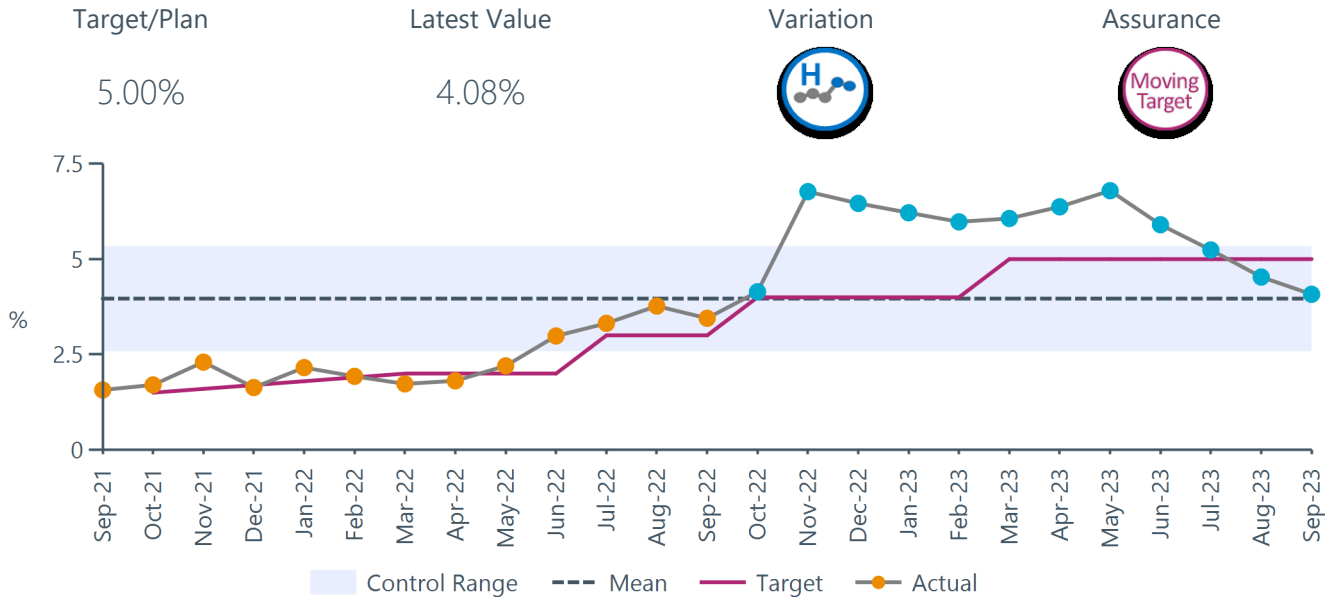
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
14.40%	15.99%	15.56%	15.19%	15.60%	15.87%	15.44%	14.86%	14.32%	14.87%	13.82%	13.37%	13.73%

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:
Chief Operating Officer



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

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances. In September the target was not met with 4.08% of total outpatient activity moved to a PIFU pathway. This is primarily due to the reduction of SOOS activity being recorded on our PAS system due to the growth of the MSST service. If we exclude SOOS from the numerator and denominator then in September our performance stands at 3.21%

We are monitoring our performance in this metric excluding SOOS numbers, being mindful of the transition to the new MSST service. SOOS team have a high PIFU rate of 30.49%.

Actions

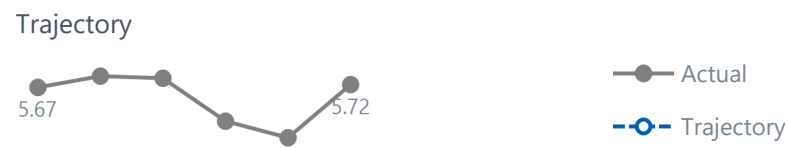
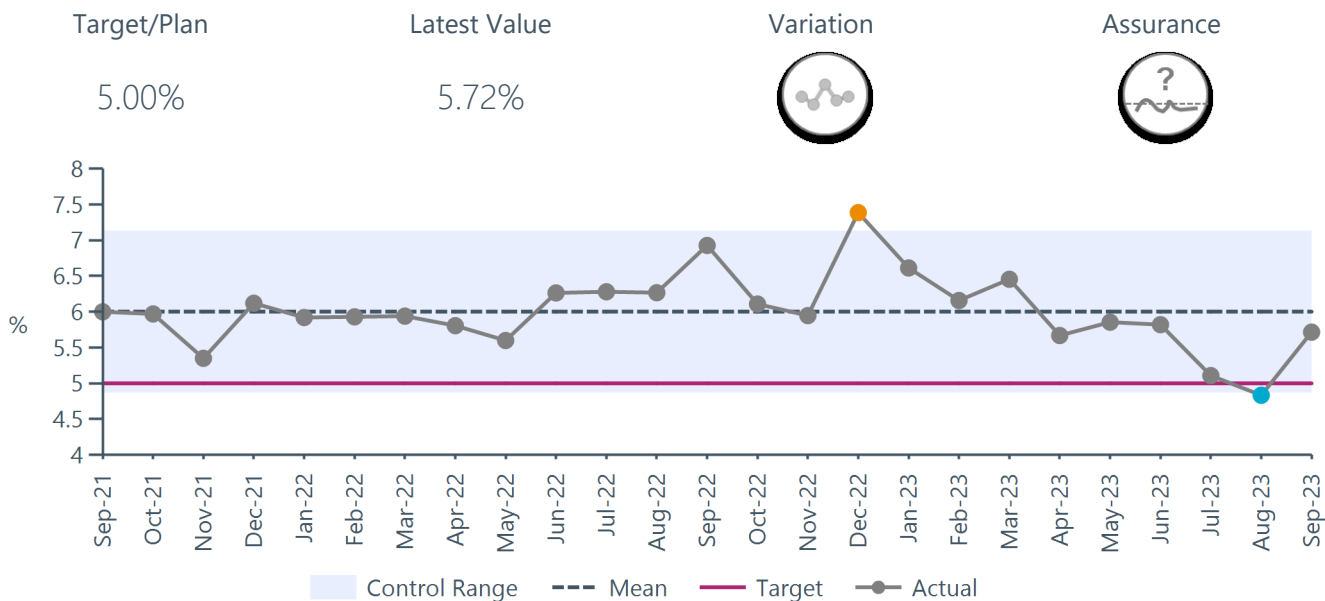
- * System action - working with STW MSK with the transition of the MSST service from SOOS
- * Review of PIFU utilisation by sub-specialties to be undertaken with focus on different working practices within firms
- * Focus on working practices and process being reviewed within Rheumatology by Operational Manager and Access

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
3.45%	4.14%	6.77%	6.46%	6.21%	5.98%	6.06%	6.37%	6.79%	5.90%	5.24%	4.53%	4.08%

Outpatient DNA Rate (Consultant Led and Non Consultant Led)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us
Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

The DNA rate for September is 5.72%. This equates to 758 missed appointments; 95 above the 5% DNA target. This is broken down as follows:
 New appointments - 5.15% (189 out of 2672); Follow-up appointments - 5.93% (569 out of 9590)
 The sub-specialties with the highest DNA rates in September were:
 Paediatric Orthopaedics - 9.95%; SOOS - 8.48%; Physiotherapy - 8.69%
 In September 32.5% of patients confirmed their appointment with the Trust ahead of time and the DNA rate is much lower for those patients that confirm:
 Confirmed Appointments - 4.68% DNA rate; Appointments not Confirmed - 6.24% DNA rate
 In September 60.98% of patients received a text reminder and the DNA rate is lower for those patients that receive a reminder:
 Text reminder sent - 5.48% DNA rate; Text reminder not sent - 6.09% DNA rate
 Benchmarking data shows that compared with other acute Trusts, our DNA rate is within the top 25%.

Actions

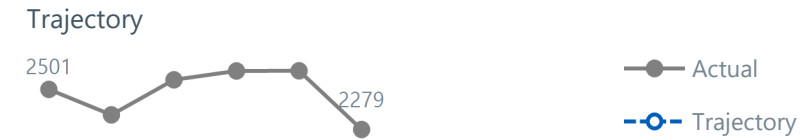
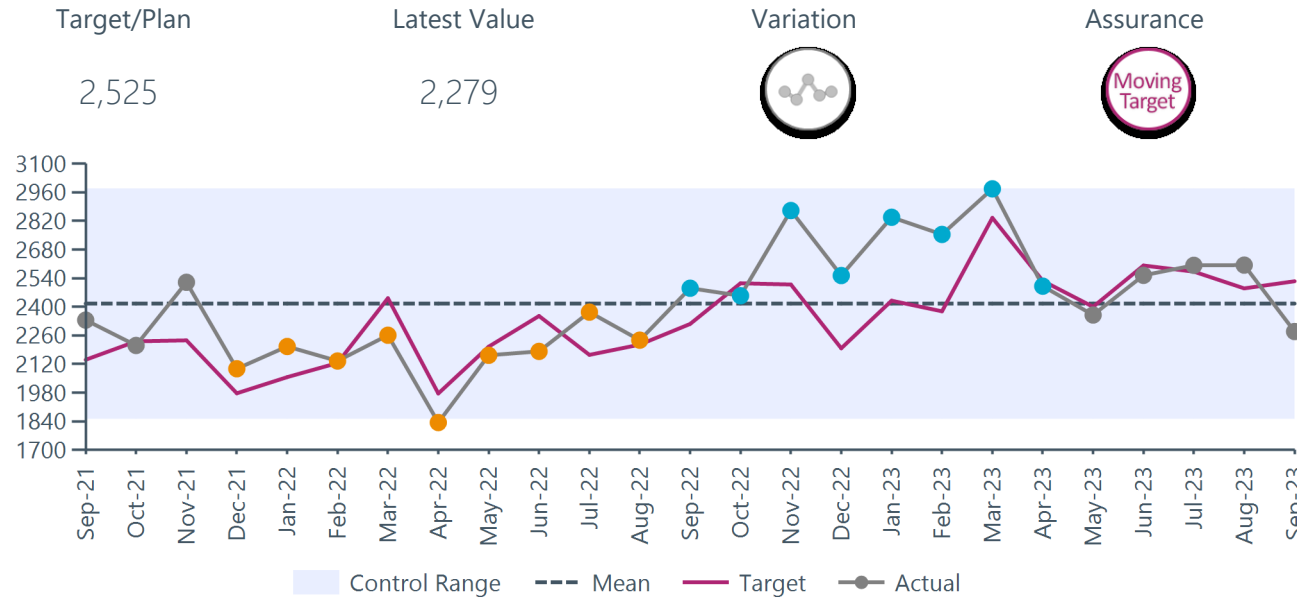
- Outpatient Improvement group regularly meet and monitor this. Current actions in progress are:
- * Ensuring maximum confirmation rate wherever possible.
- * Ensuring text reminder usage is maximised.
- * The Synertec digital portal has now gone live so patients are now offered the option to receive their letters digitally.
- * Observing and capturing qualitative data around why patients DNA / do not bring their child.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
6.93%	6.11%	5.95%	7.39%	6.61%	6.16%	6.45%	5.67%	5.86%	5.82%	5.11%	4.83%	5.72%

Total Diagnostics Activity against Plan - Catchment Based

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The plan for September was not met as total diagnostic activity undertaken was 2279 against the 2023/24 plan of 2525; 246 cases below - equating to 90.26%.

This is broken down as:

- CT - 370 against plan of 428; equating to 86.45%
- MRI - 1175 against plan of 1299; equating to 90.45%
- U/S - 734 against 798; equating to 91.98%

Reduced performance in September is attributable to the following:

- * The plan for MRI activity was initially based on the mobile scanner being on-site for 2 days each week but since plans have been submitted the schedule for the MRI scanner has changed. The mobile scanner was only on-site for 2 days in September due to how the schedule fell so activity was lost due to this.
- * Workforce flexibility to deliver scans was reduced as a result of Industrial Action.

Actions

- * Mobile scanner back on-site for 13 days from 30th September
- * Review of workforce capacity has identified the need to expand Consultant Radiologists within all areas of imaging and a business case in in progress.
- * Available sessions within core week have been identified by Radiology Manager and a proposal has been made to Radiologists to support this. Lead time of approx. 2 weeks. These would need to be reviewed after every strike period as this has caused the most damage to our US breaches.

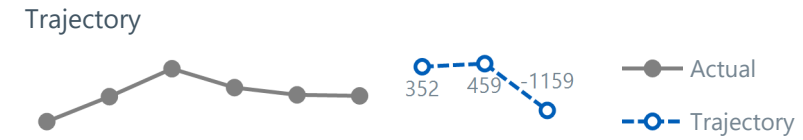
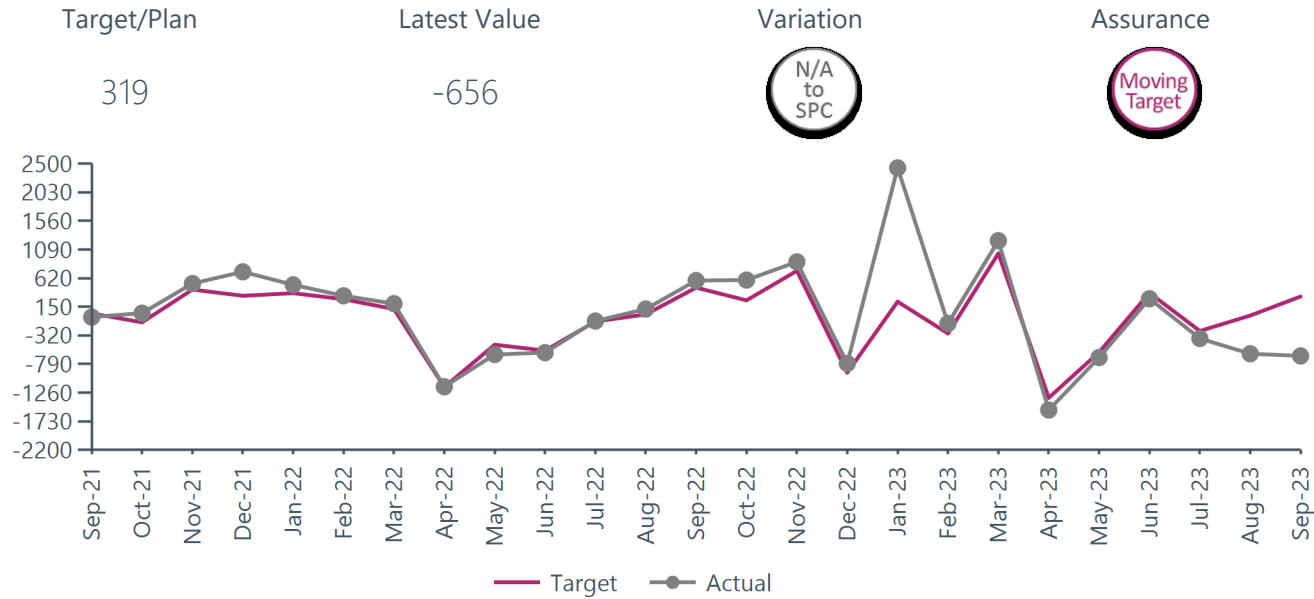
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2491	2454	2871	2553	2838	2754	2977	2501	2360	2554	2603	2604	2279

- Staff - Patients - **Finances** -

Financial Control Total

Surplus/deficit adjusted for donations 215290

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Overall £656k deficit in month, £975k adverse to plan.

YTD £3,591k deficit, £2,109k adverse to plan.

Actions

- Recover activity shortfall which has impacted clinical income
- Guidance required on financial treatment of industrial action impact
- NHSE standard financial controls implemented including controls on pay and non pay
- Agency reduction action plan, linked to recruitment pipeline to reduce reliance on premium pay cost

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
581	590	888	-780	2431	-122	1236	-1545	-682	283	-370	-621	-656

- Staff - Patients - **Finances** -

Income

All Trust Income, Clinical and Non-Clinical 216333

Target/Plan

11,818.52

Latest Value

11,657.00

Variation

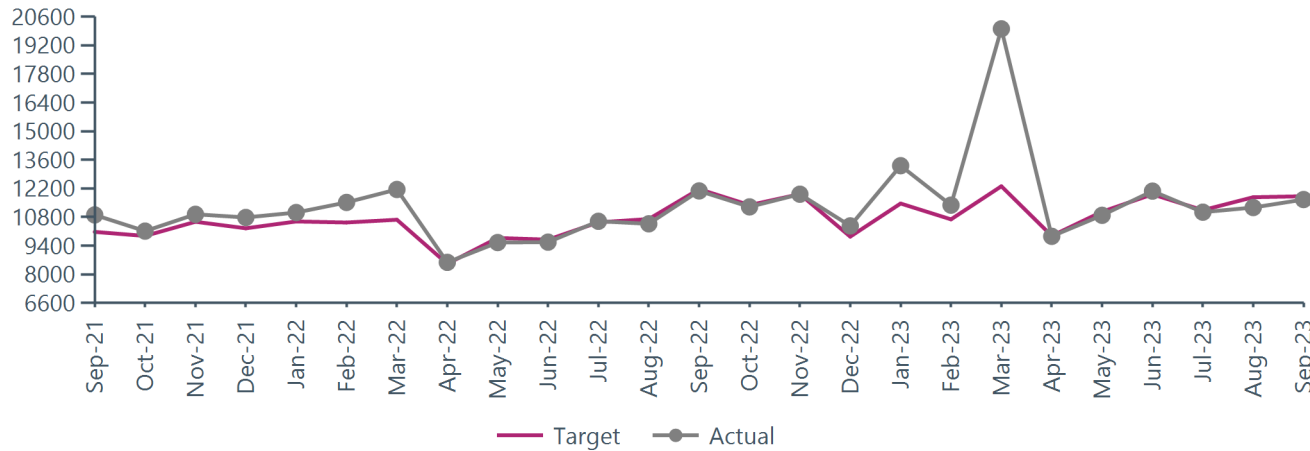
N/A to SPC

Assurance

Moving Target

Exec Lead:
Chief Finance and Planning Officer

Trajectory



What these graphs are telling us

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

Narrative

Income adverse to plan £788k excluding pass through in month driven by :

- Industrial action Impact theatres and outpatients- £449k adverse
- Theatre and outpatient capacity impact - £411k adverse
- Partially offset by MCSI Income £66k and private patient favourable performance

Actions

- Await further guidance from NHSE in respect of further support for Industrial Action impact
- Activity recovery plans inpatients and outpatients

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
12079	11299	11918	10368	13312	11383	20006	9859	10886	12069	11039	11266	11657

Expenditure

All Trust expenditure including Finance Costs 216334

Target/Plan

11,499.33

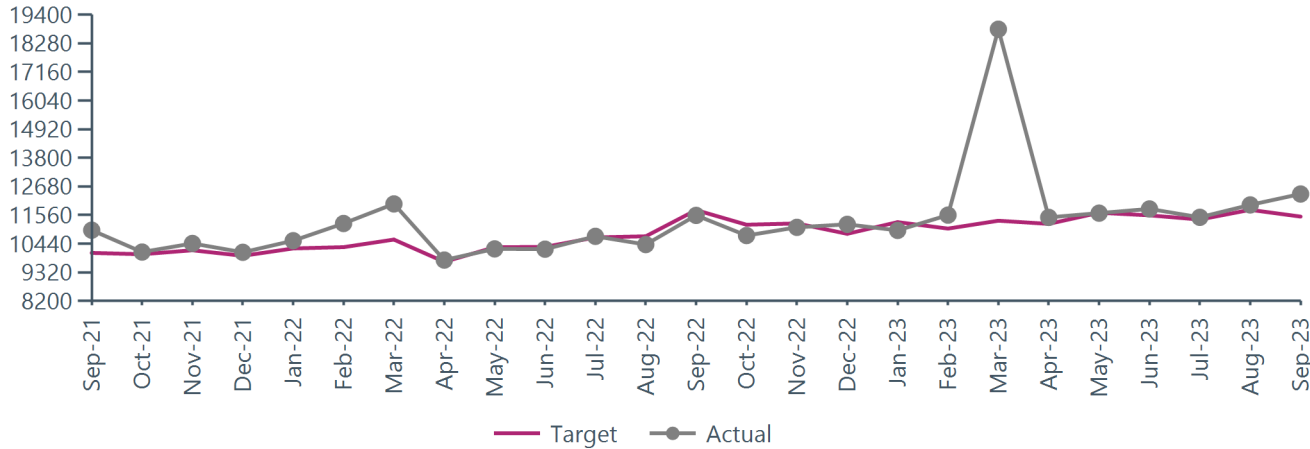
Latest Value

12,384.00

Variation



Assurance



Trajectory



Exec Lead:
Chief Finance and Planning Officer

What these graphs are telling us

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

Narrative

Expenditure adverse to plan £186k excluding pass through in month driven by :

Material pressures in month: MCSI pay £129k , partially offset by clinical Income. YTD
£247k net pressure Anaesthetic OJP £71k

Estates & Facilities £98k (mainly driven by energy)

Theatres super nummary staff £63k

Mitigations partially offsetting pressures:

Interest Receivable £100k favourable

Actions

Performance board to gain assurance on pressure areas

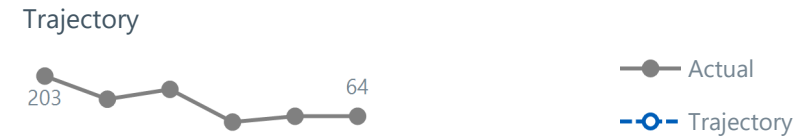
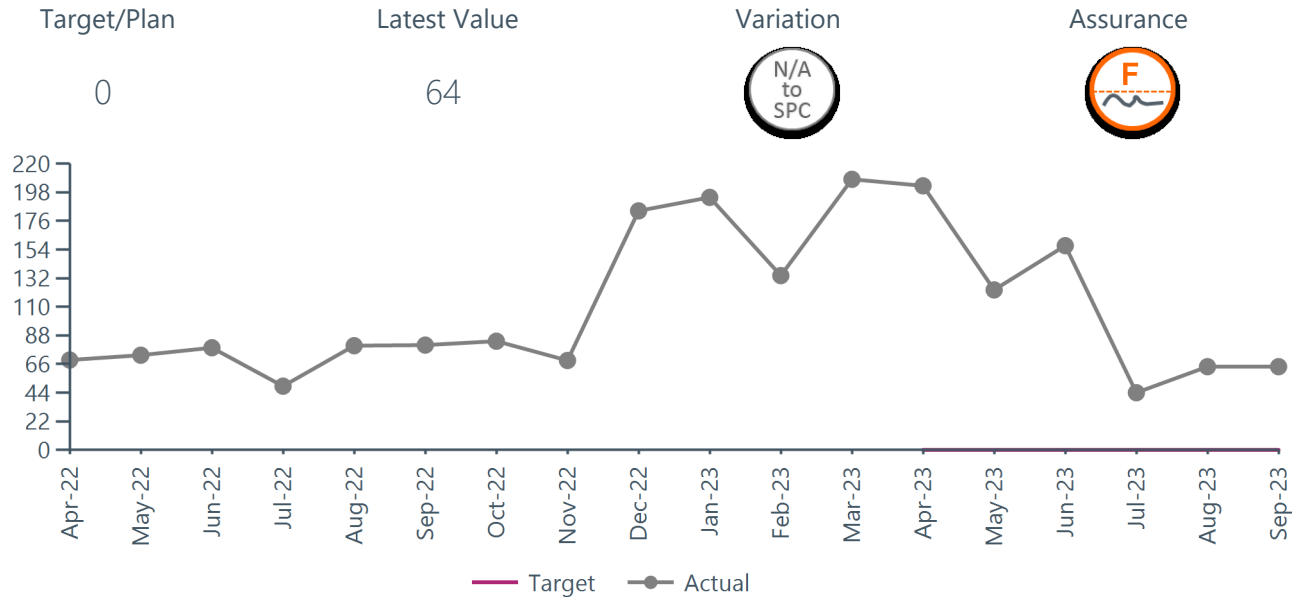
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
11548	10759	11080	11197	10960	11558	18833	11469	11635	11800	11472	11957	12384

- Staff - Patients - **Finances** -

Agency Core - Off Framework

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

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Off framework usage at 26%, no increase in spend and 2% reduction from month 5.

Actions

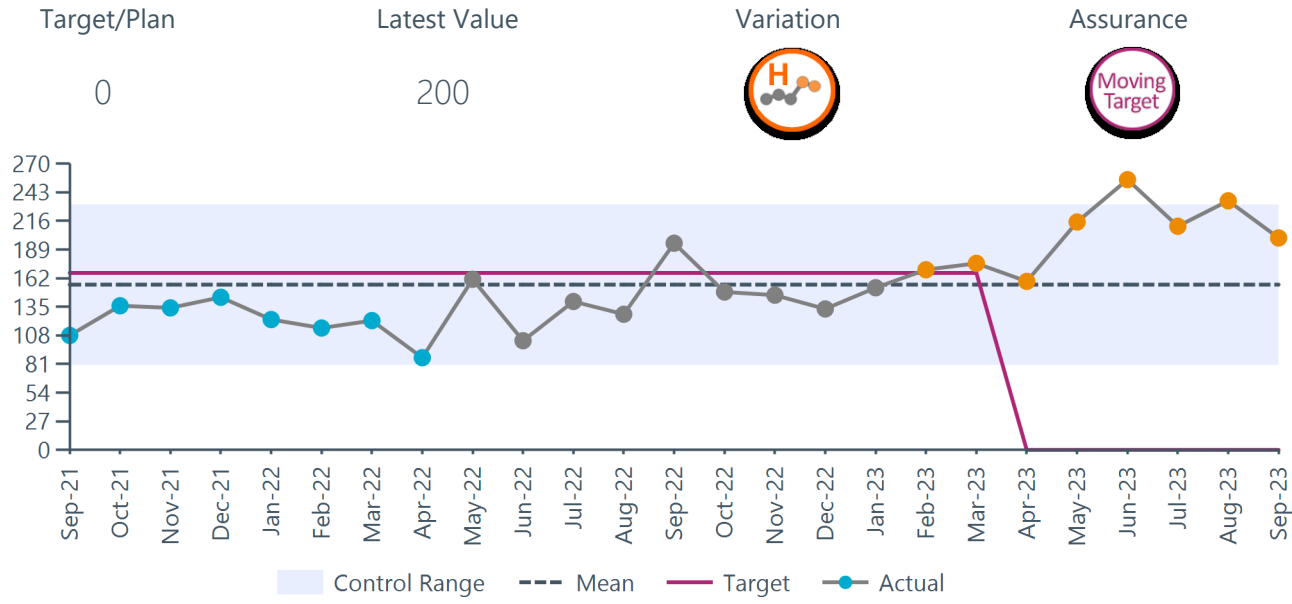
Enhanced sign off arrangements for off framework agency shifts. Task and Finish group established to oversee agency reduction plan.

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
80	83	68	183	194	134	208	203	123	157	44	64	64

Insourcing Agency

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

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

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

Actions

Continued engagement with NHSE/ICS regarding future arrangements given that this spend can not be tolerated within Agency limits

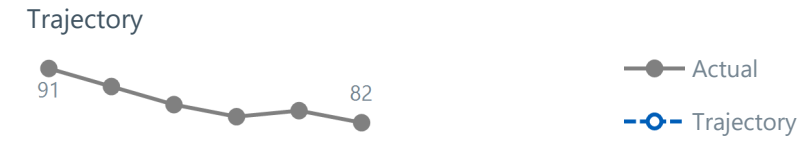
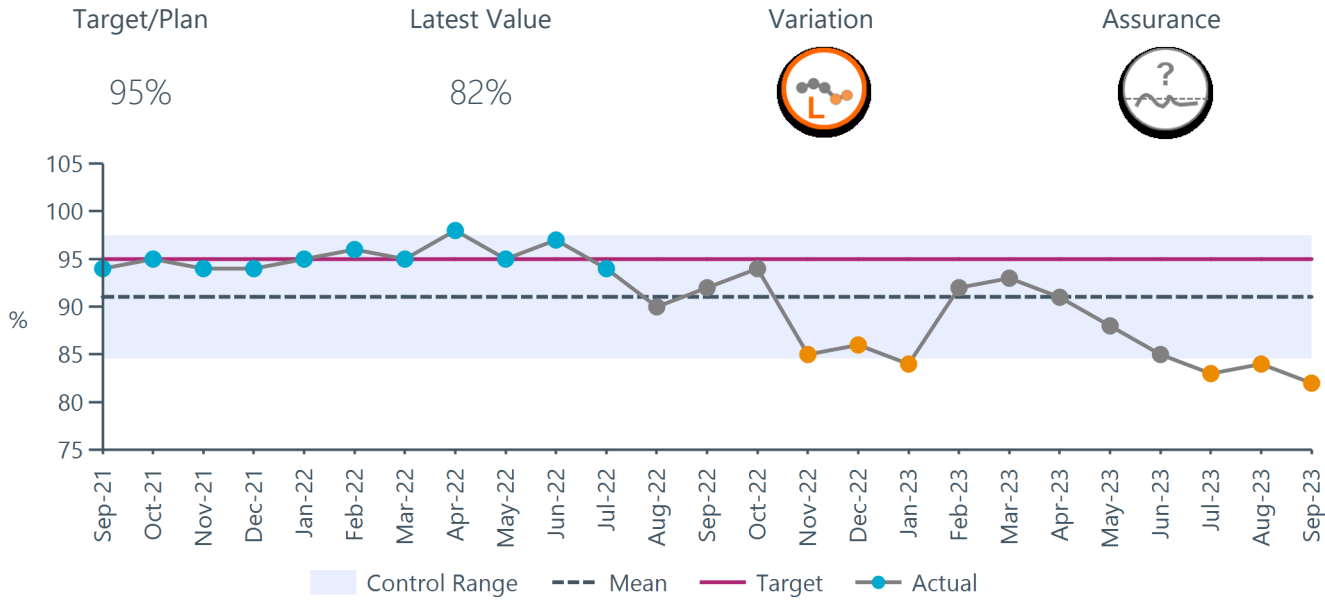
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
195	149	146	133	153	170	176	159	215	255	211	235	200

- 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



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

Narrative

Pharmacy performance 67% (due to staffing issues), remainder of Trust 93%

Actions

Pharmacy staffing trajectory improving

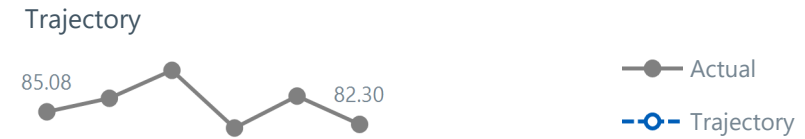
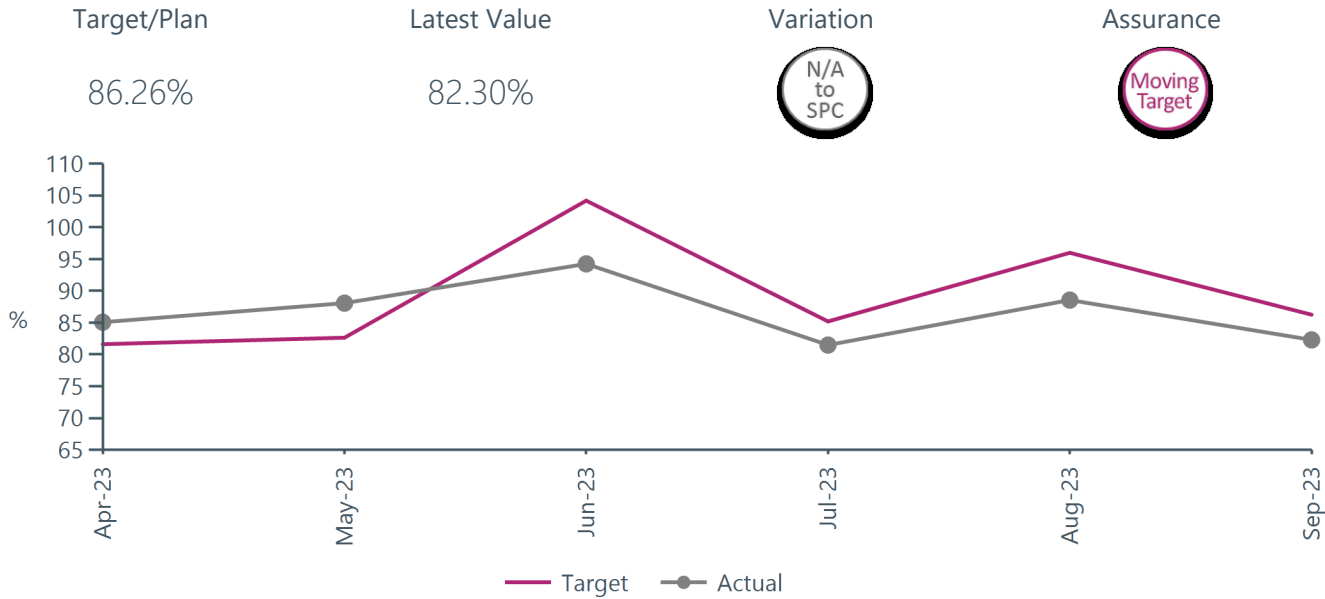
Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
92.00%	94.00%	85.00%	86.00%	84.00%	92.00%	93.00%	91.00%	88.00%	85.00%	83.00%	84.00%	82.00%

- Staff - Patients - **Finances** -

Value Weighted Assessment

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

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Adverse to plan ytd driven by theatre performance impact and outpatients

Actions

Recover activity shortfall

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
							85.08%	88.08%	94.25%	81.49%	88.56%	82.30%