

# Combined Integrated Performance Report May 2023 – Month 2



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:

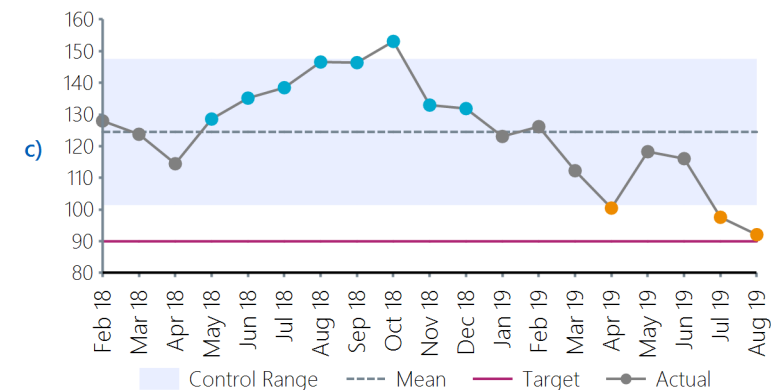
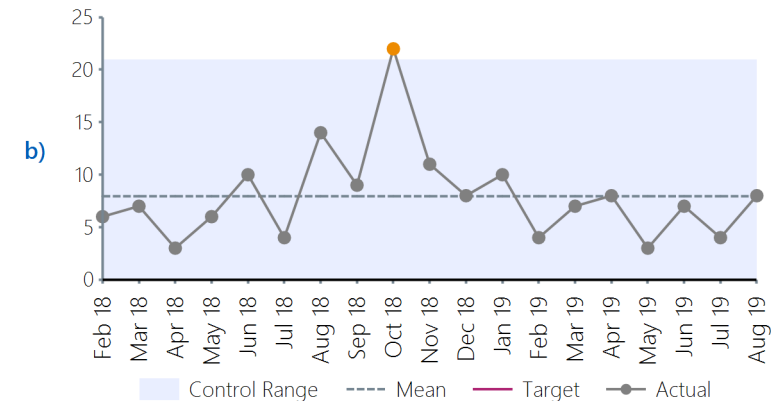
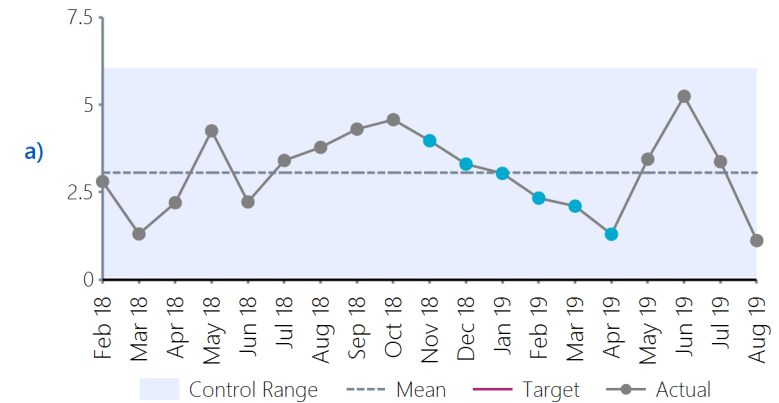
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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



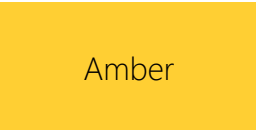
Blue

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	5.35%	4.67%					
Sickness Absence - Short Term	2.68%	1.99%					
Sickness Absence - Long Term	2.68%	2.68%					
Staff Turnover - Headcount	13.00%	11.63%				+	
In Month Leavers	18	11				+	
Vacancy Rate	8.00%	7.99%				+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	15.81%				+	
Healthcare Support Worker Vacancy Rate	0.00%	7.85%				+	
Allied Health Professionals Vacancy Rate	8.00%	9.81%				+	
Time to Recruit		192				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Staff Retention		79.34%				+	
% Staff Availability		76.25%					
Statutory & Mandatory Training	92.00%	93.30%					
Personal Development Reviews	93.00%	90.20%				+	
E-Rostering Level of Attainment	4	0				+	
Percentage of Staff on the E-Rostering System	90.00%	90.72%					
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		23.08%				+	
% of System-Generated E-Roster (Auto-Rostering)		45.15%				+	
E-Job Planning Level of Attainment	4	0				+	
Percentage of Staff with an Active E-Job Plan	90.00%	41.67%				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					16/04/18
Never Events	0	0					16/04/18
Total Patient Falls	10	4					
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.01					
RJAH Acquired Pressure Ulcers	1	5				+	
Pressure Ulcer Assessments	99.00%	100.00%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.24%					
Number of Complaints	8	13					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%	102.20%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	8.59%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	20				+	
RJAH Acquired C.Difficile	0	0					24/06/21
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.06					
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	7.06					
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	1				+	
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	26				+	
Total Deaths	0	0					
RJAH Acquired VTE (DVT or PE)	4	3					
VTE Assessments Undertaken	95.00%	99.91%					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
28 days Emergency Readmissions*	1.00%	1.03%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	65	49				+	
Cancer Two Week Wait*	93.00%	75.00%				+	
31 Days First Treatment (Tumour)*	96.00%	100.00%					24/06/21
31 Days Subsequent Treatment (Tumour)*	94.00%	100.00%					
Cancer Plan 62 Days Standard (Tumour)*	85.00%	33.33%				+	24/06/21
Cancer 62 Days Consultant Upgrade*	85.00%	100.00%					
28 Day Faster Diagnosis Standard*	75.00%	75.00%					
18 Weeks RTT Open Pathways	92.00%	51.12%				+	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	14,477	16,094			+	
Welsh List Size		7,327				+	
Combined List Size		21,804				+	
Patients Waiting Over 52 Weeks – English	0	1,195	1,535			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		928				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,123				+	
Patients Waiting Over 78 Weeks - English	0	46	31			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		224				+	
Patients Waiting Over 78 Weeks - Combined		270				+	
Patients Waiting Over 104 Weeks - English	0	2				+	



# 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)		48				+	
Patients Waiting Over 104 Weeks - (Combined)		50				+	
Overdue Follow Up Backlog	5,000	12,158				+	
6 Week Wait for Diagnostics - English Patients	99.00%	89.74%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	96.92%				+	



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.00	1.88				+	
Touchtime Utilisation	82.00%	84.53%					
Total Theatre Activity Against Plan	866	795				+	
IJP Activity - Theatres - against Plan	609	564				+	
OJP Activity - Theatres - against Plan	195	154					
PP Activity - Theatres - against Plan	62	77					
Elective Activity Against Plan (volumes)	969	925				+	24/06/21
Overall BADS %	85.00%	78.18%					
Average Length of Stay – Elective & Non Elective		7.24				+	
Bed Occupancy – All Wards – 2pm	87.00%	82.40%					09/03/22



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	13,183	13,751					24/06/21
IJP Activity - Outpatients - against Plan	11,138	12,295					
OJP Activity - Outpatients - against Plan	2,045	1,456				+	
Total Outpatient Activity - % Virtual	25.00%	13.73%				+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	6.76%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	5.85%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.58				+	
Total Diagnostics Activity against Plan - Catchment Based	2,400	2,360				+	
Data Quality Maturity Index Score							
Referrals Received for Consultant Led Services, Including SOOS*		2,852					





# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	-595	-683	-595			+	
Income	11,063	10,886	11,063			+	
Expenditure	11,126	11,635	11,126				
Efficiency Delivered	195	164	195			+	
Cash Balance	23,559	26,170					
Capital Expenditure	420	155					
Agency Core - On Framework	258	131					
Agency Core - Off Framework	0	119					
Proportion of Temporary Staff	3.70%	3.45%					
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	88.00%				+	



# Summary - Caring for Finances

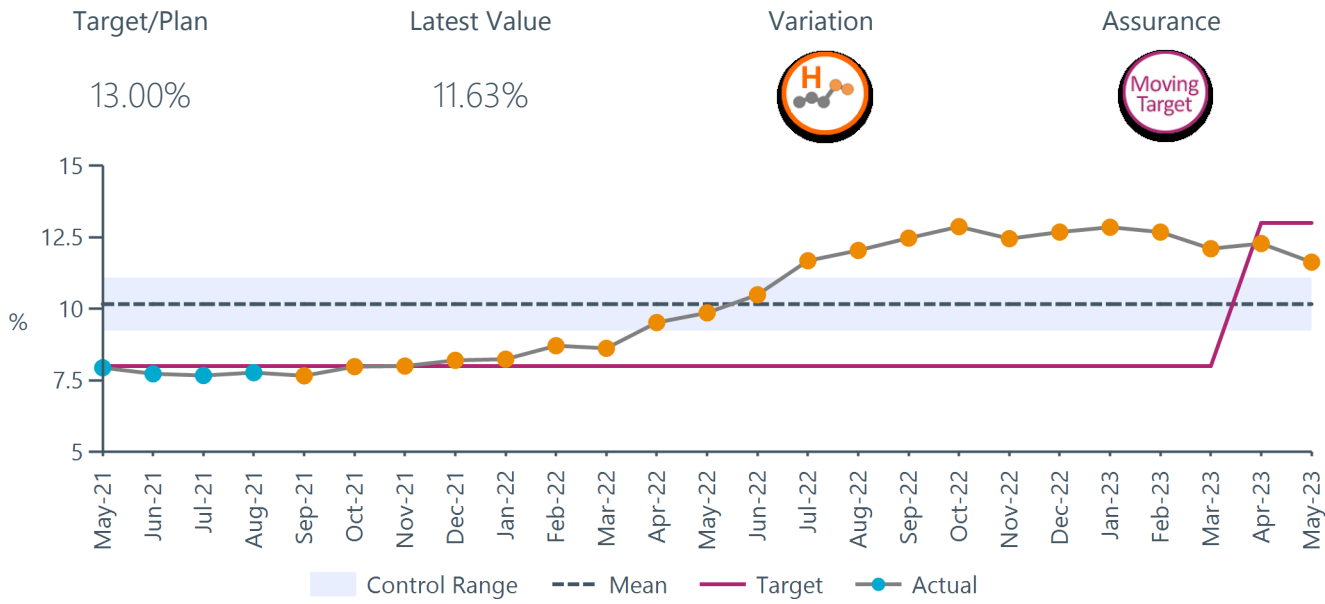
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	82.64%	84.67%					



# 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 a concerning nature. Metric has had a target change from April-23.

## Narrative

For May, Staff Turnover, at Trust level, is reported within the 13% target at 11.63% but remains an exception as still showing as special cause variation. Four out of eight staff groups are reported above 13% as follows:

- \* Allied Health Professionals - 14.95%
- \* Healthcare Scientists - 14.29%
- \* Nursing and Midwifery - 13.94%
- \* Additional Clinical Services - 13.33%

In the latest twelve month period, June-22 to May-23, there have been 199 leavers throughout the Trust. This is in relation to a headcount in post of 1711, as at 31st May 2023. The top three reasons for leaving, that accounts for 100 leavers/50%, at Trust level were:

- \* Voluntary Resignation - Other/Not Known - 38 / 19.10%
- \* Voluntary Resignation - Work Life Balance - 33 / 16.58%
- \* Retirement age - 29 / 14.57%

## Actions

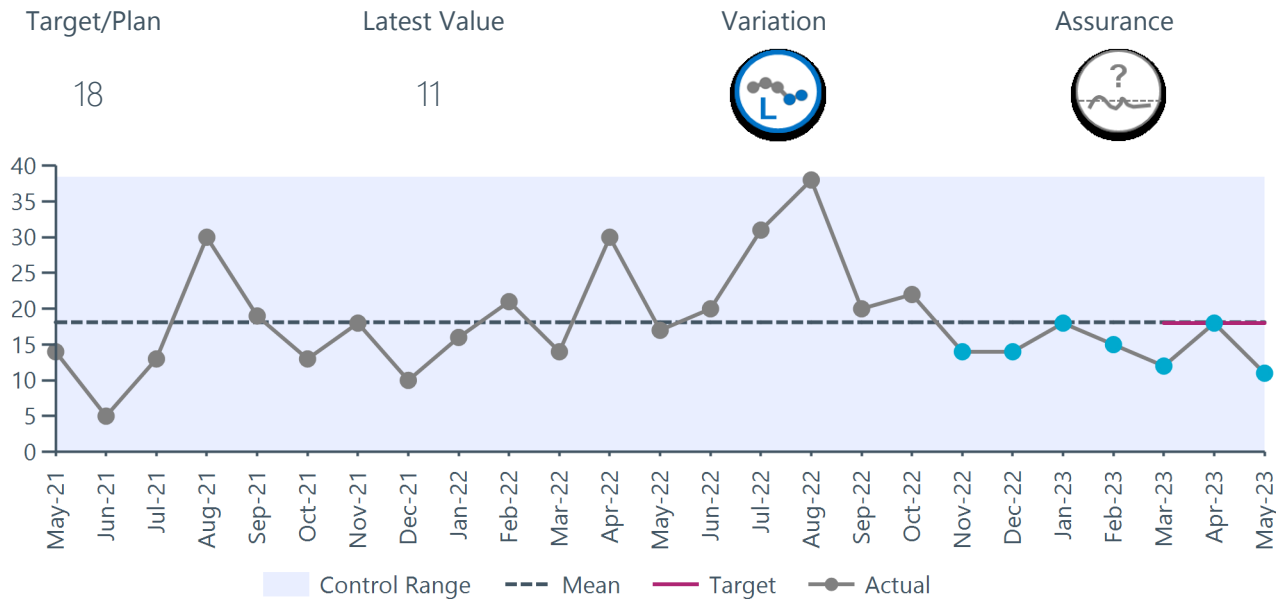
- \* Future Trust Open Days planned for 15th July and 8th October.
- \* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within Theatres, work has begun on developing career pathways for bands 2/3/4 and within MCSI a business case is in progress.
- \* Professional Career Cafes to be run by the Assistant Chief nurses with a launch in quarter one and initial clinics beginning in quarter two.
- \* Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses. The aim for completion by end of quarter two is still on track with some recent adjustments to e-rostering made to assist auditing of this.
- \* An update to the Trust's Study Leave Policy is in progress with aim for completion by end of quarter one. Approval will be via Recruitment and Retention, followed by the People Committee.
- \* Routine adverts and interviews continue for domestic nurses and allied health professionals.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
9.86%	10.49%	11.68%	12.04%	12.47%	12.87%	12.45%	12.68%	12.85%	12.68%	12.10%	12.28%	11.63%

# In Month Leavers

Number of leavers in month 217809

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

There were eleven staff who left the Trust in May. This is below the target of 18, but is included as an exception as it is reported as special cause variation of an improving nature as there have been seven data points below the mean. A breakdown of leavers in May by staff group is:

- \* Allied Health Professionals (3)
- \* Nursing & Midwifery Registered (3)
- \* Additional Clinical Services (2)
- \* Medical & Dental (2)
- \* Estates & Ancillary (1)

## Actions

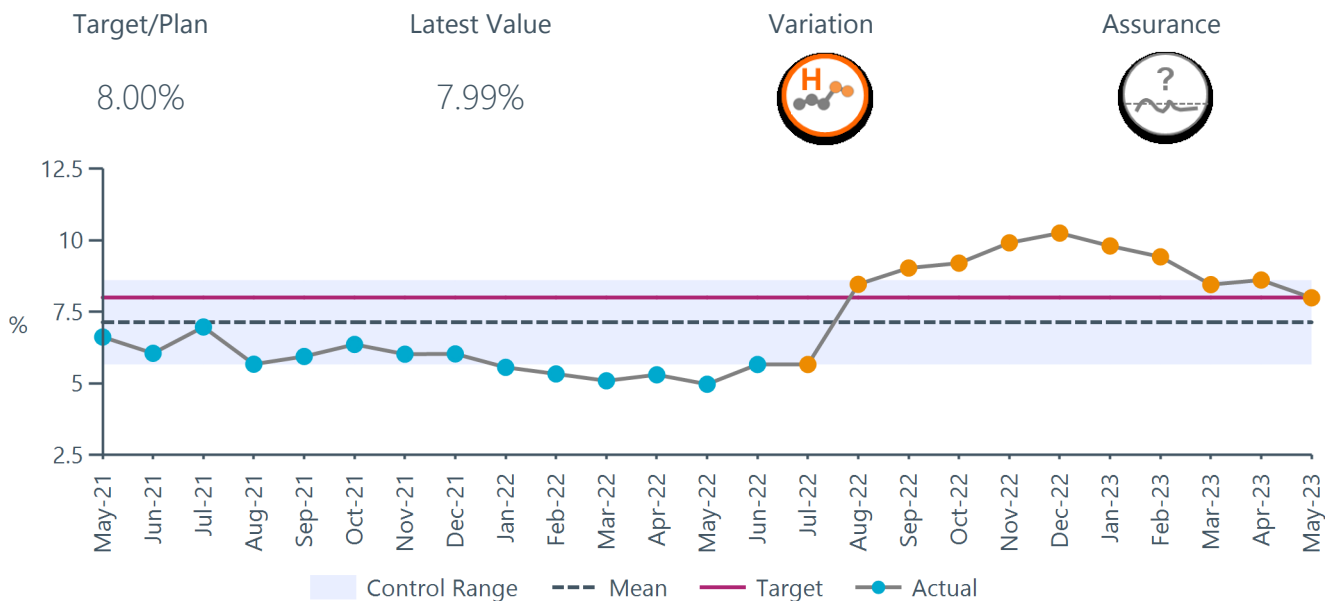
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
17	20	31	38	20	22	14	14	18	15	12	18	11

- 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 a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

## Narrative

The vacancy rate is reported at 7.99% for the end of May. It remains as an exception due to special cause variation, but it is reported below the 8% target this month; the first time since July-22. The vacant position equates to vacancies across the Trust at 127.62 WTE; down from 136.72 WTE at the end of April. A breakdown by area is:

- \* MSK Unit - 9.15% / 62.78 WTE vacant
- \* Specialist Unit - 8.38% / 47.21 WTE vacant
- \* Corporate areas - 5.07% / 17.63 WTE vacant

Further details on the staff groups is provided against other KPIs (Nursing, Healthcare Support Workers & Allied Healthcare Professionals).

As can be seen in the SPC graph above, the vacancy rate has shown an increase from July. It must be noted, that when reviewing at a Trust-level the establishment has risen from 1518.31 WTE at the end of July to 1597.38 WTE at the end of May; an establishment increase of 79.07 WTE.

## Actions

- \* Future Trust Open Days planned for 15th July and 8th October.
- \* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified. Staff awareness of this raised through SNAHP to ensure it is utilised routinely, not just at recruitment events.
- \* 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 within MCSI a business case is in progress.

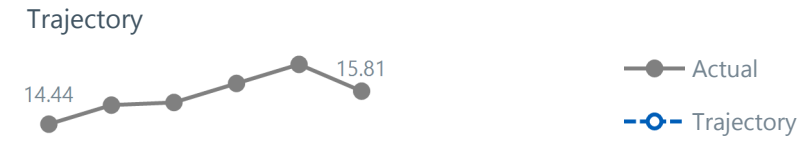
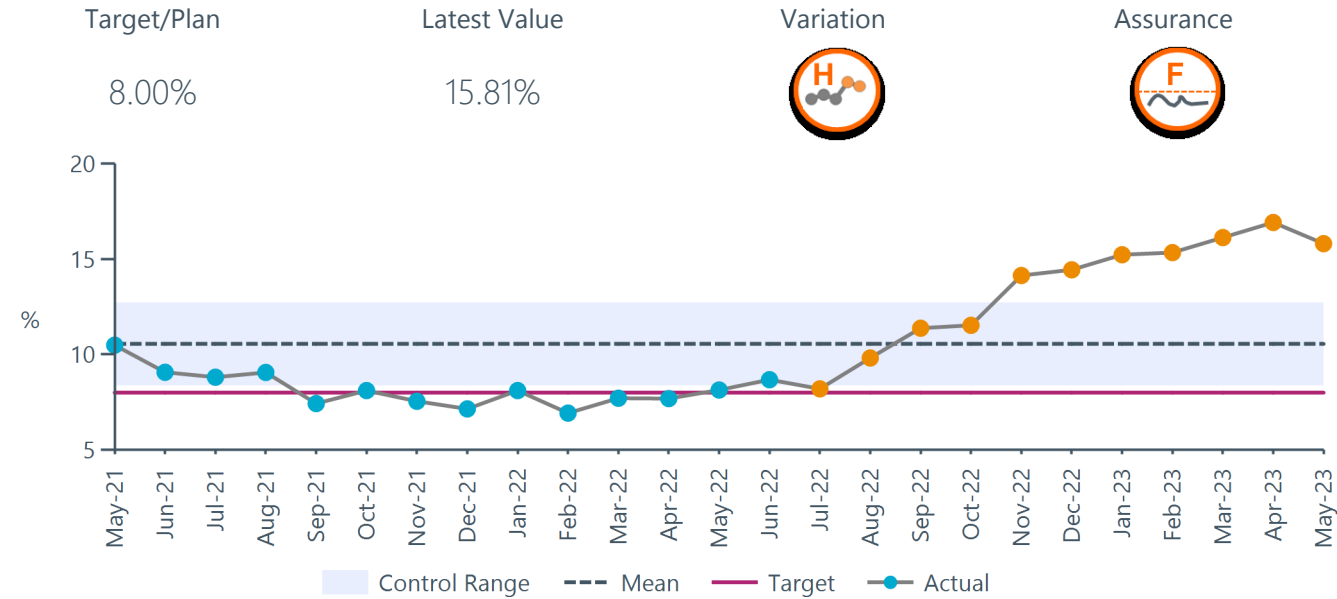
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%	10.25%	9.80%	9.42%	8.45%	8.61%	7.99%

- 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 a concerning nature. Metric is consistently failing the target.

## Narrative

The Nursing Vacancy Rate is reported at 15.81% for May month end; this equates to 53.06 WTE vacant, down from 57.36 WTE at the end of April. A breakdown of the vacancies by area as follows;

- \* Specialist Unit - 19.30% / 24.40 WTE vacant
- \* MSK Unit - 14.18% / 26.90 WTE vacant
- \* Corporate Areas - 8.98% / 1.76 WTE vacant

As at 12th June, the nursing vacancy rate stood at 51.18 WTE with a total of 43.56 WTE in progress; breakdown as follows:

- \* 4.00 WTE - Open advert
- \* 11.52 WTE in 'pipeline' - at conditional or unconditional stage
- \* 16.00 WTE - International recruitment
- \* 12.04 WTE - Student Offers

## Actions

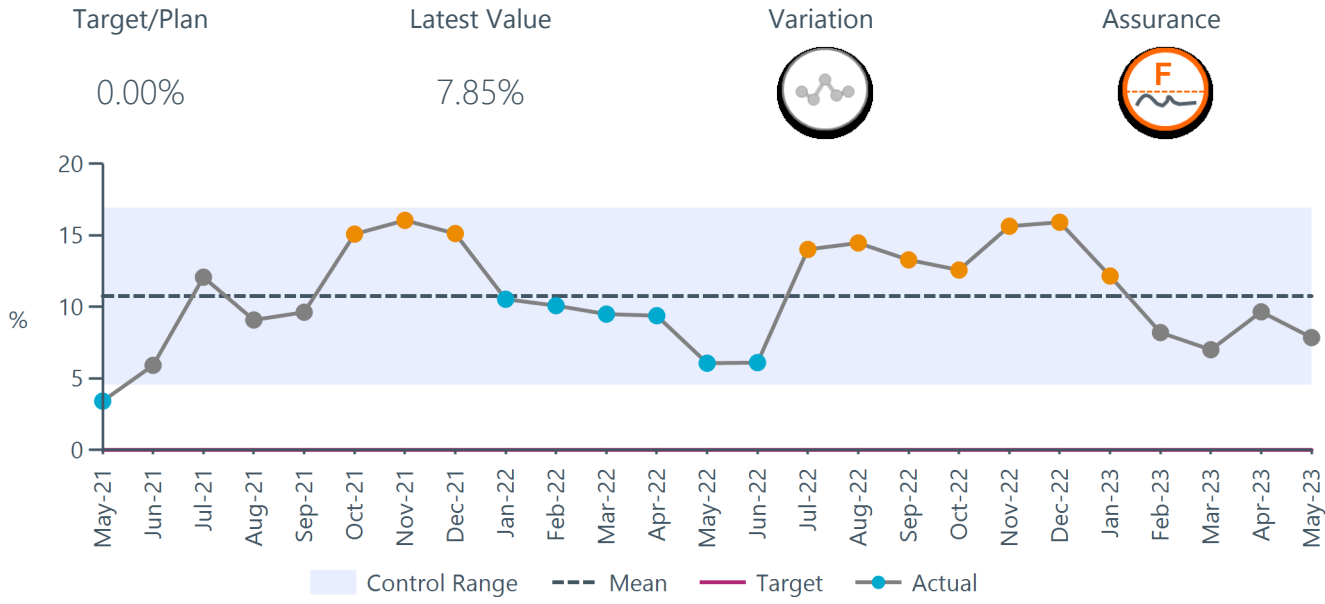
- \* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified. Staff awareness of this raised through SNAHP to ensure it is utilised routinely, not just at recruitment events.
- \* Focussed effort on developing role competencies 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 within MCSI a business case is in progress.
- \* Professional Career Cafes to be run by the Assistant Chief nurses with a launch in quarter one and initial clinics beginning in quarter two.
- \* International Recruitment remains in progress. As at 5th June, six nurses arrived in May with four further nurses to arrive in June/July. Expressions of interest out for a further twelve nurses by the end of December.
- \* Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses. The aim for completion by end of quarter two is still on track with some recent adjustments to e-rostering made to assist auditing of this.
- \* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts within agreed areas.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
8.14%	8.68%	8.20%	9.82%	11.38%	11.53%	14.14%	14.44%	15.23%	15.34%	16.13%	16.92%	15.81%

# 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 7.85% for May month end and remains within our control range. The vacancy rate equates to 16.75 WTE; down from 20.77 WTE at the end of April. A breakdown of vacancies by area as follows;  
 \* MSK Unit - 8.46% / 9.35 WTE vacant  
 \* Specialist Unit - 7.26% / 7.40 WTE vacant  
 \* Corporate areas - no vacancies, establishment in post

As at 12th June, the healthcare support worker vacancy rate stood at 17.19 WTE with a total of 10.84 WTE in 'pipeline' - conditional or unconditional stages of recruitment.

## Actions

- \* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts within agreed areas.
- \* Working towards zero vacancies in this staff group. Fourteen candidates were interviewed in May with all appointed and currently in pipeline recruitment. Three candidates are for bank, and eleven for vacant positions.
- \* 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.
- \* Recruitment policy is being refreshed to ensure it aligns with new ways of working. Process improvement work with MLCSU Recruitment partner underway, policy reflecting work anticipated by 17 July.
- \* Current assessment of compliance against Care Certificate is underway with programme to then follow. At present, HCAs in post are providing certificates as evidence that will be updated on ESR. Following expressions of interest, interviews scheduled for week commencing 5th June to appoint a Band 3 who will teach and co-ordinate Care Certificate for new starters and those who do not have evidence.

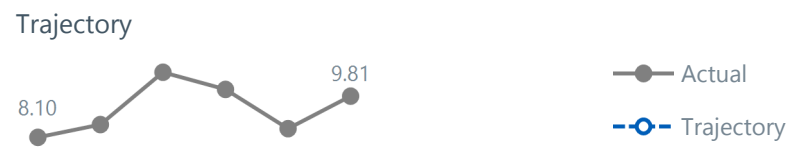
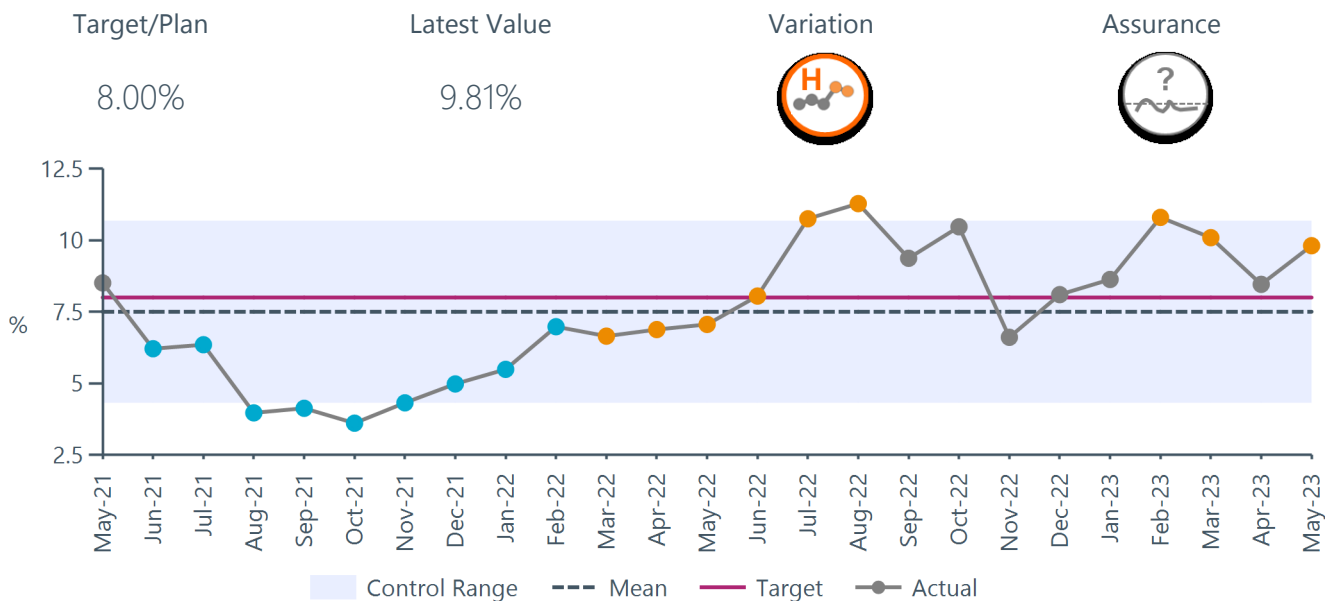
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
6.06%	6.10%	14.01%	14.46%	13.28%	12.57%	15.63%	15.91%	12.15%	8.20%	7.00%	9.65%	7.85%

- Staff - Patients - Finances -

# 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 a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

## Narrative

The allied health professionals vacancy rate it reported at 9.81% for May month end. This equates to 17.46 WTE; up from 14.67 at the end of April. These vacancies predominantly sit within the MSK Unit. The roles with the highest WTE vacancies are:

- \* Operating Department Practitioner - 17.00% / 5.54 WTE vacant
- \* Radiographer - Diagnostic - 7.04% / 15.78 WTE vacant
- \* Orthotist - 23.50% / 2.89 WTE vacant

As at 12th June, the allied health professionals vacancy rate stood at 18.15 WTE with a total of 17.66 WTE in progress; a breakdown as follows:

- \* 1.64 WTE - Open Advert
- \* 9.22 WTE in 'pipeline' - a conditional or unconditional stage
- \* 6.80 WTE - student offers

## Actions

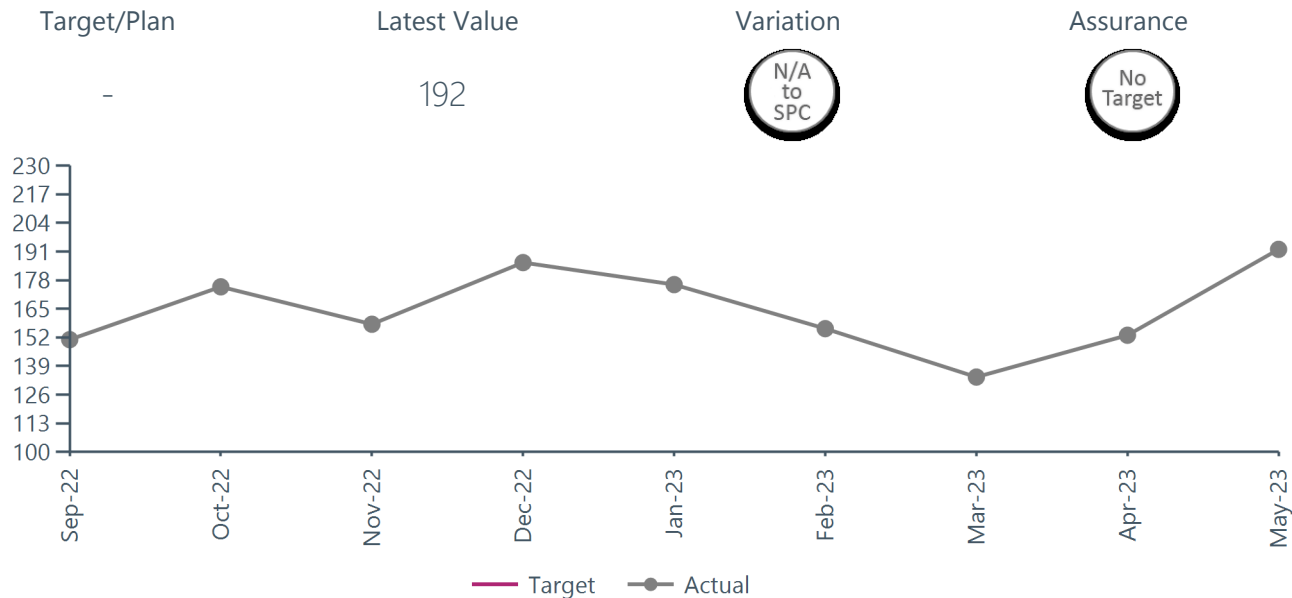
- \* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified. Staff awareness of raised through SNAHP to ensure utilised routinely, not just at recruitment events.
- \* Professional Career Cafes led by the Assistant Chief nurses with launch in quarter one and initial clinics beginning in quarter two.
- \* Routine adverts and interviews continue for domestic nurses and allied health professionals.
- \* Over-recruiting recovery nurses in order for some to be trained on anaesthetic course that will enable them to work to ODP role. This is a long-term action as there is a requirement to balance the volume of new starters within the Theatres environment.
- \* System rotation for operating department practitioners in development, due to be advertised in quarter one. This is an ongoing action with discussions underway with another system provider. Currently recruiting to ODP apprentices.
- \* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Gap analysis against national requirements is now complete with a list of recommendations that have been approved at People Committee to be implemented. Job Descriptions have been compiled with next steps to be assessed.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
7.06%	8.05%	10.75%	11.28%	9.37%	10.47%	6.61%	8.10%	8.63%	10.80%	10.09%	8.46%	9.81%

# 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 is a new KPI that has been introduced this month. It 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 May, the average time to recruit was 192 days. A breakdown of the stages of recruitment is provided within the covering paper/Workforce report that accompanies the IPR.

## Actions

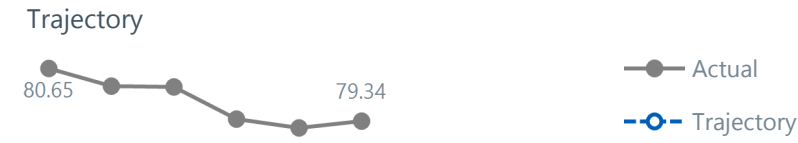
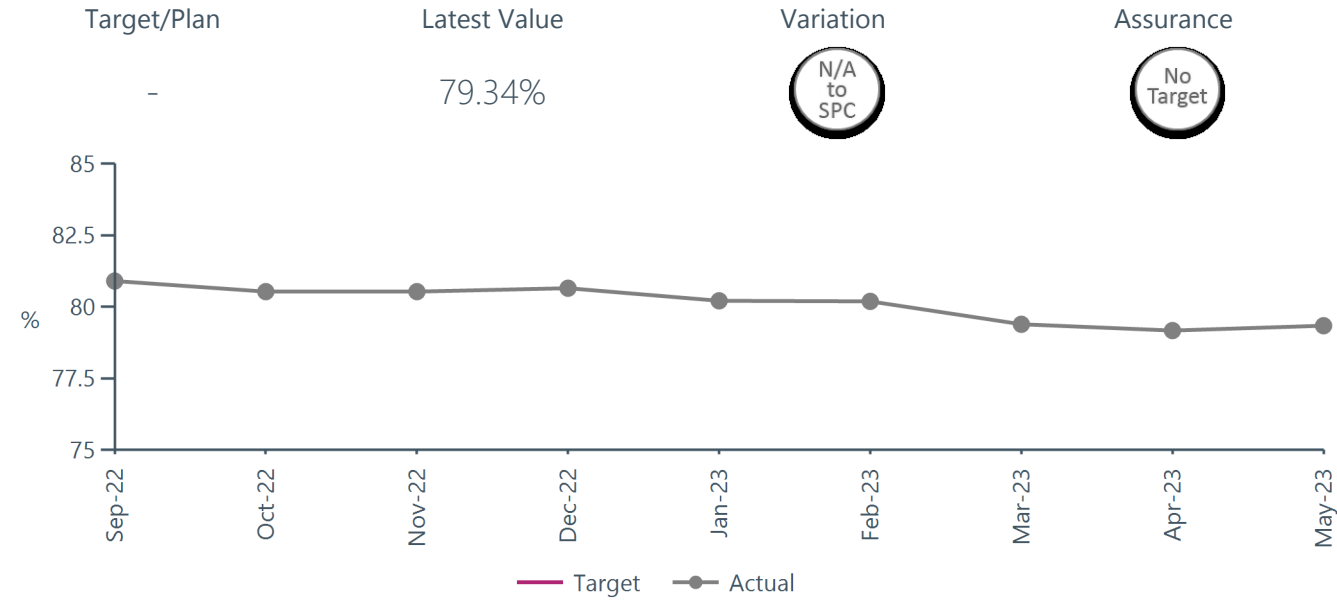
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
				151	175	158	186	176	156	134	153	192

- Staff - Patients - Finances -

# Staff Retention

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

Exec Lead:  
 Chief People Officer



### 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 is a new KPI that has been introduced this month. It reports on the % of staff retained in the Trust over a 24-month period.

In May, 79.34% of staff in post have been employed for 24 months. A breakdown by staff group as follows:

- \* Medical & Dental 90.18%
- \* Add Prof Scientific and Technic - 84.21%
- \* Administrative & Clerical 82.02%
- \* Healthcare Scientists 80.00%
- \* Additional Clinical Services 79.72%
- \* Nursing & Midwifery 76.09%
- \* Estates & Ancillary 74.50%
- \* Allied Health Professionals 72.61%

### Actions

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

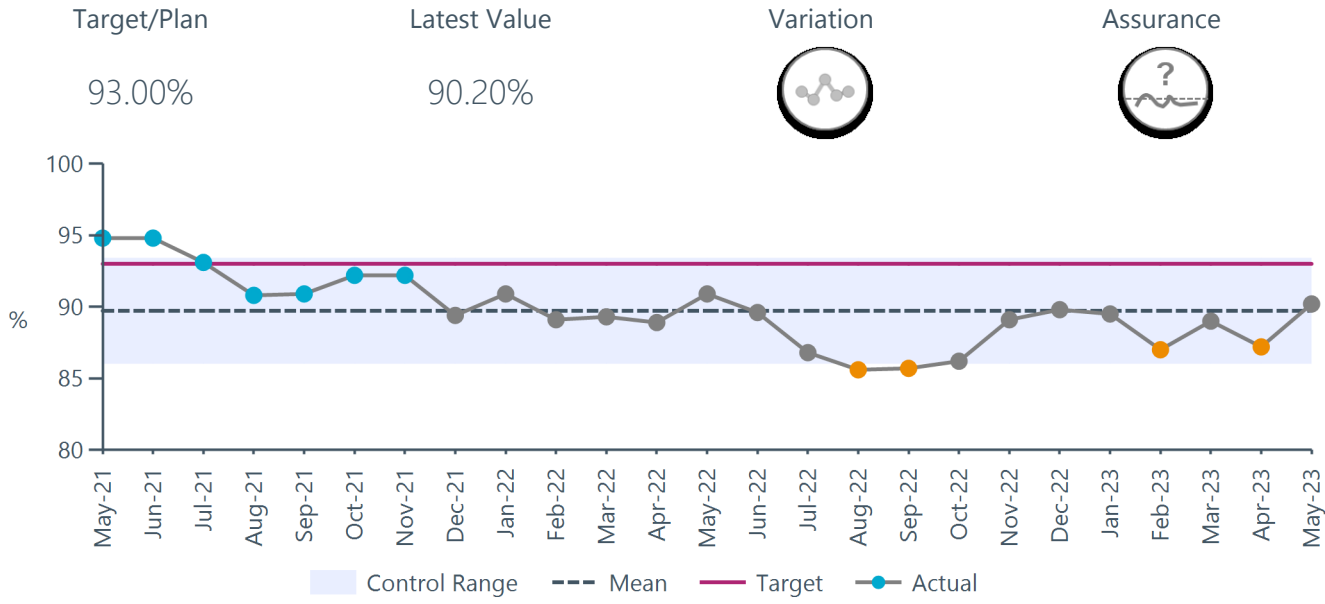
- Staff - Patients - Finances -



# Personal Development Reviews

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

Exec Lead:  
Chief People Officer



**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

The percentage of staff who have had a Personal Development Review within required timescale is 90.20% at the end of May. This has been reported below target since August '21. Breakdown below by area:  
 \* Corporate areas - 85.19% - 44 not completed  
 \* MSK Unit - 89.10% - 63 not completed  
 \* Specialist Unit - 94.60% - 26 not completed - but meeting the 93% target

## Actions

Focus on Corporate Services being led by the Executive Team. It remains under scrutiny within the MSK Unit with data updates from the People Services Business Partner and any data integrity issues being rectified.  
 Performance against this target to be monitored through Trust Performance and Operational Improvement Group.

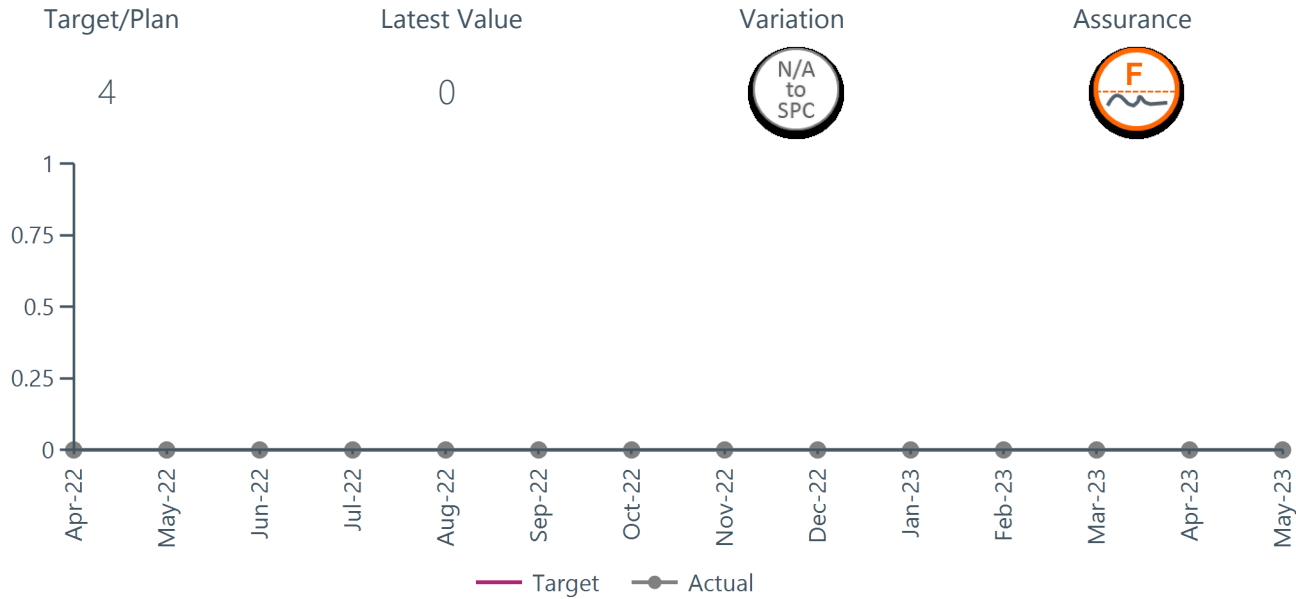
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
90.90%	89.60%	86.80%	85.60%	85.70%	86.20%	89.10%	89.80%	89.50%	87.00%	89.00%	87.20%	90.20%

- 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."

In order to meet level 1 fully, the following actions are required:

- \* Roles with budgetary responsibilities for e-rostering have had these responsibilities included in job description
- \* 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

Once level 1 has been met the Trust should swiftly move into level 2 where the only outstanding stipulations are being progressed:

- \* KPIs to be reported to Trust Board; we currently report four out of six with the remaining two to follow once data fed from job plans

### Actions

Actions outstanding in order to progress to level 1 are:

- \* The clinical leads job descriptions have been updated to reflect their job landing responsibilities and will be shared with Clinical leads next month.
- \* When consultant job plans have all been signed off the data will be monitored through e-Roster KPIs. The development of the final KPIs is in progress but testing of the data flow to e-Roster has taken place. Prior to all job plans signed off, currently scoping 'shadow reporting' for the remaining KPIs on just those staff on e-Roster.

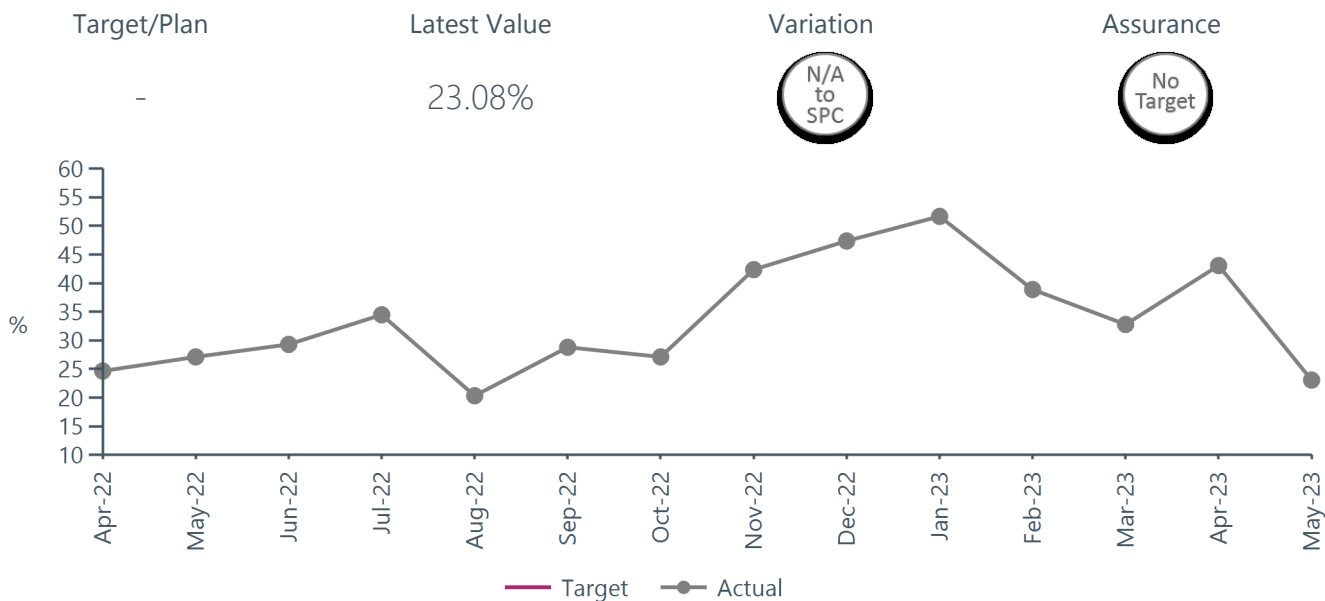
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
0	0	0	0	0	0	0	0	0	0	0	0	0

- Staff - Patients - Finances -

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

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

The % of e-rosters that has been approved six weeks ahead of their start date is reported at 27.69%. This relates to the roster start date of 27th March 2023. A breakdown by unit is provided below:

- \* Corporate Areas - 80.00%
- \* MSK Unit - 24.14%
- \* Specialist Unit - 22.58%

Reporting on this measure is now included within Unit scorecards to ensure monitoring at that level.

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

## Actions

As there is no national target for this KPI, it is proposed that the visible graph is updated to SPC once the required number of data points are available (15 months from June-23) and that will then drive whether the measure is included as an exception going forward.

A review of the data has been undertaken that identifies an area to action. 0% of rosters for Medics were approved six weeks before whilst for non-medics it was 39.13%. It has identified that Medics' rosters are not fully utilising the system. Process will be refined throughout quarter two.

Further assessment to be carried out to see if reporting on this metric can be broken down by staff group.

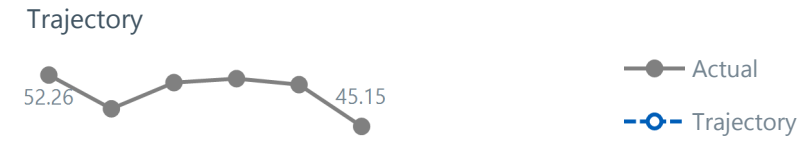
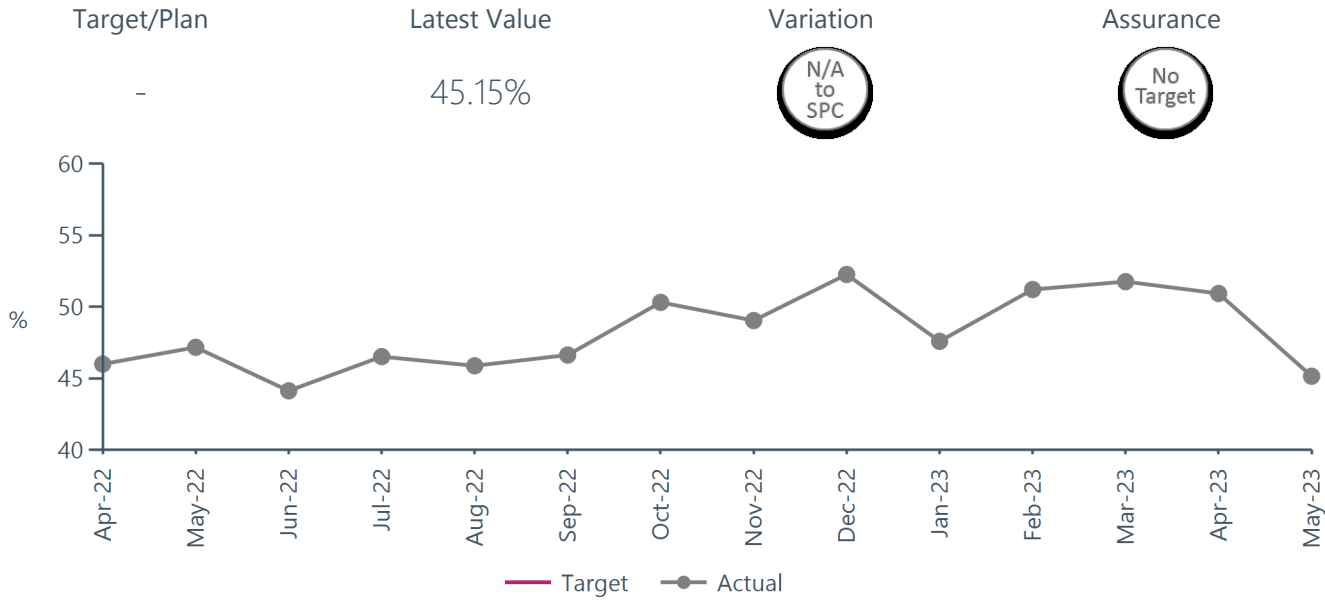
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
27.12%	29.31%	34.48%	20.34%	28.81%	27.12%	42.37%	47.37%	51.67%	38.89%	32.79%	43.08%	23.08%

- 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

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

## Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The data reported this month relates to the roster start date of 27th March 2023 and trust-wide 45.15% of shifts were auto-rostered. A breakdown by unit is provided below:  
 \* Corporate Areas - 88.08%  
 \* MSK Unit - 49.11%  
 \* Specialist Unit - 35.06%

Reporting on this measure is now included within Unit scorecards to ensure monitoring at that level.

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

## Actions

As there is no national target for this KPI, it is proposed that the visible graph is updated to SPC once the required number of data points are available (15 months from June-23) and that will then drive whether the measure is included as an exception going forward.

Further assessment to be carried out to see if reporting on this metric can be broken down by staff group.

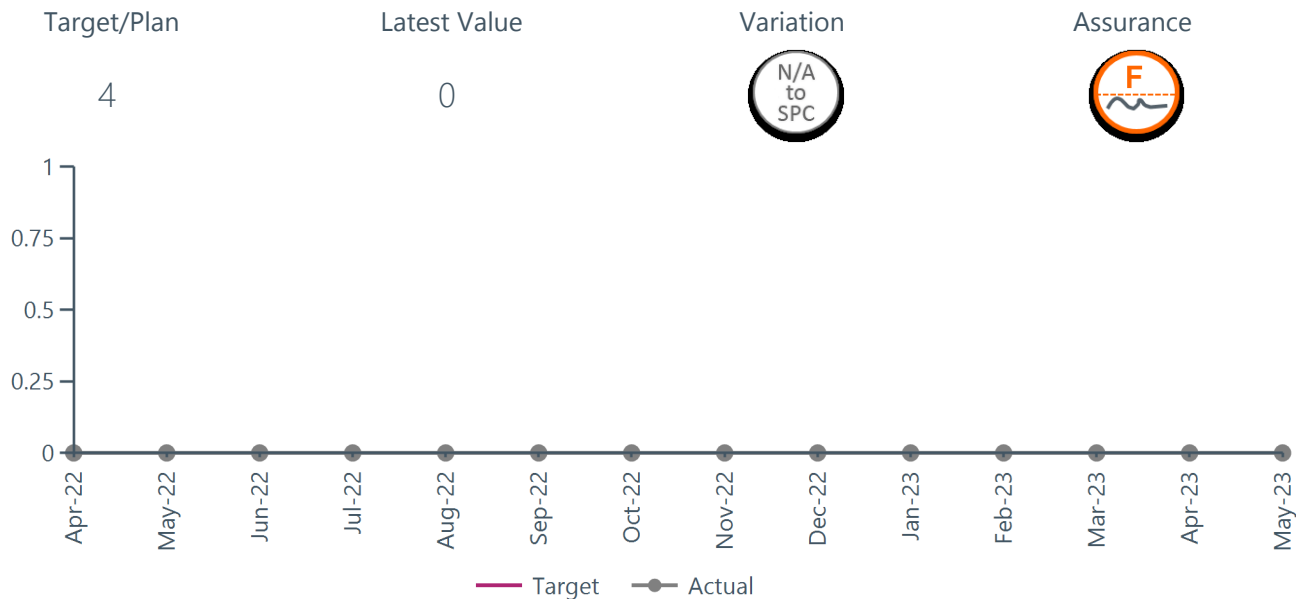
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
47.17%	44.13%	46.52%	45.88%	46.63%	50.31%	49.04%	52.26%	47.59%	51.21%	51.76%	50.93%	45.15%

- 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 points to meet level 2 are:

- \* The trust allocates time and resources to e-job planning
- \* Trusts use the full functionality of e-job planning software to include details of the expected output of planned activity

The Trust continues to work towards compliance of level 1 by the end of quarter 1 (June-23).

## Actions

Key milestones to meet standards for our Trust are:

- \* A trust-wide e-job planning policy covering all clinical workforce groups is live. Further refinement of the policy has been undertaken by one of the Assistant Chief Medical Officers. They have deemed it appropriate for the Trust to continue utilising the consistency panel for final point of sign off to ensure good governance. The policy will now go through an approval process; first to LNC scheduled for 10th August and the People Committee that follows.
- \* As at 9th June, an assessment of the job plans due for sign off at June's Consistency Committee and it is anticipated this should increase by approx. 15%.
- \* The clinical leads job descriptions have been updated to reflect their job landing responsibilities and will be shared with Clinical leads next month.

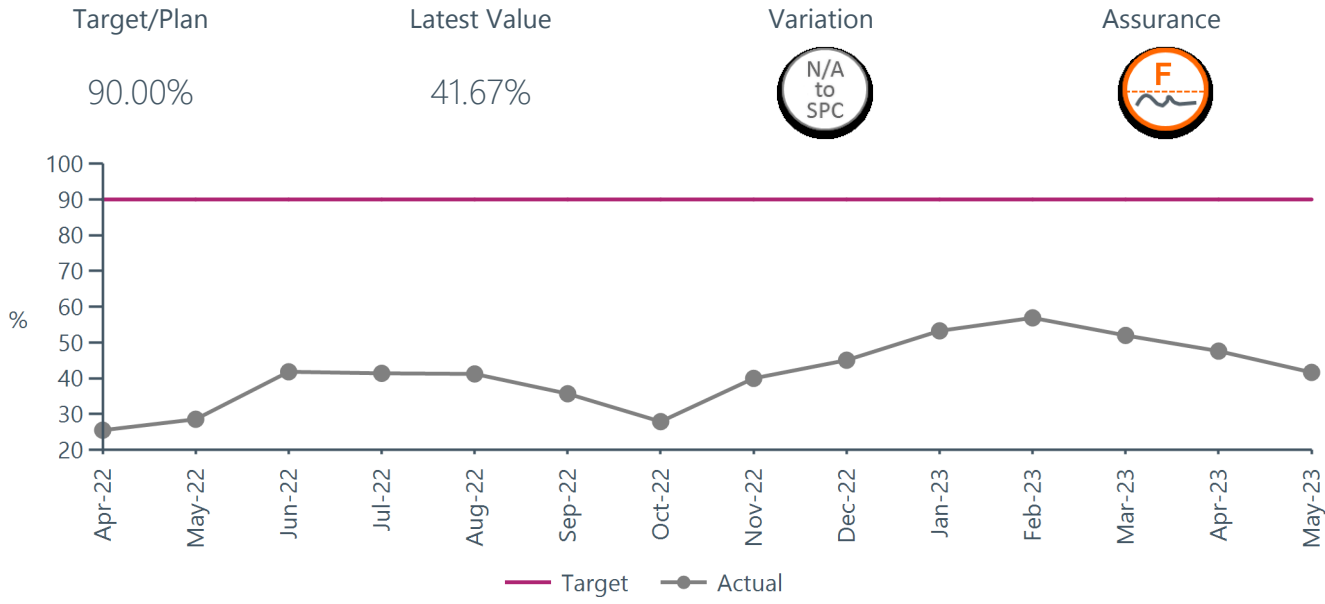
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
0	0	0	0	0	0	0	0	0	0	0	0	0

- 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

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

## Narrative

This KPI relates to the percentage of staff with an active e-job plan; this is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. As at the end of May, the Trust is reporting this measure at 41.67%. Breakdown as follows:

- \* Consultants - 101 job plans with 38 signed off within last 12 months - 37.62%
- \* AHPs - 24 job plans with 19 signed off within last 12 months - 79.17%
- \* Specialist Nurses - 19 job plans with 3 signed off within last 12 months - 15.79% - 16 job plans have been added to the system in May

These KPIs are now included in the Unit scorecards to allow monitoring at that level. Performance by Unit is reported as follows:

- \* MSK Unit - 45.95%
- \* Specialist Unit - 27.27%

## Actions

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

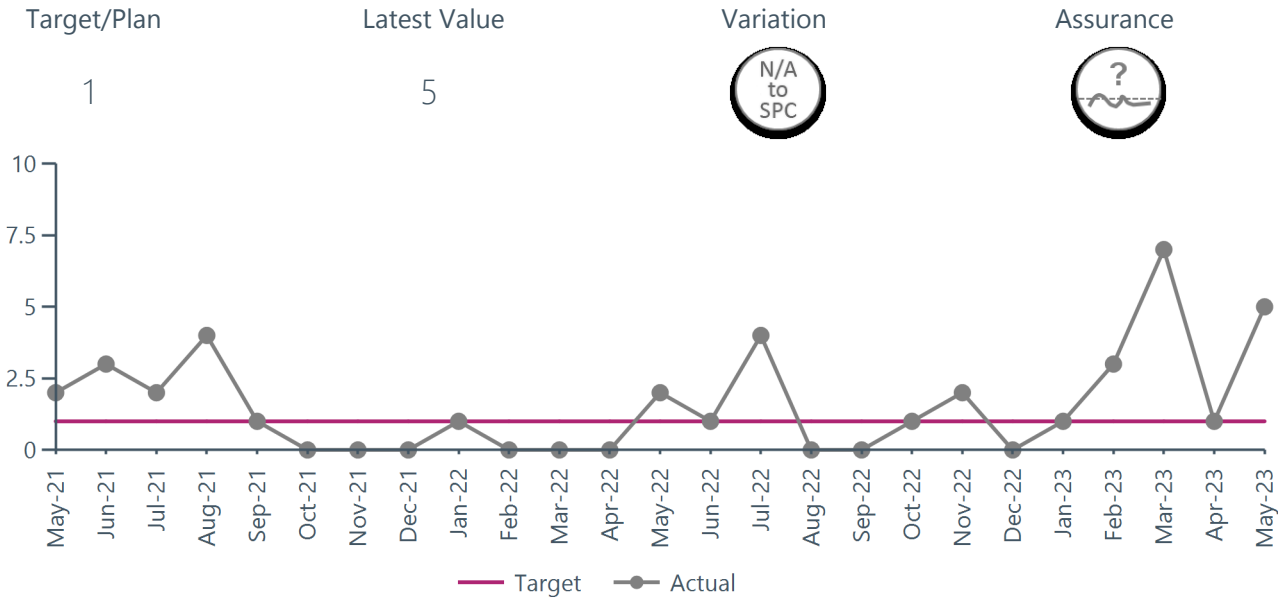
As at 9th June, an assessment of the job plans due for sign off at June's Consistency Committee has been carried out and it is anticipated this should increase by approx. 15%.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
28.57%	41.84%	41.41%	41.24%	35.71%	27.91%	40.00%	45.08%	53.28%	56.91%	52.00%	47.62%	41.67%

# RJAH Acquired Pressure Ulcers

Total number of pressure ulcers acquired at RJAH in each month 217819

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 five RJAH acquired pressure ulcers reported in May. These were categorised as follows:

- \* Grade 1 (2)
- \* Grade 2 (3)

## Actions

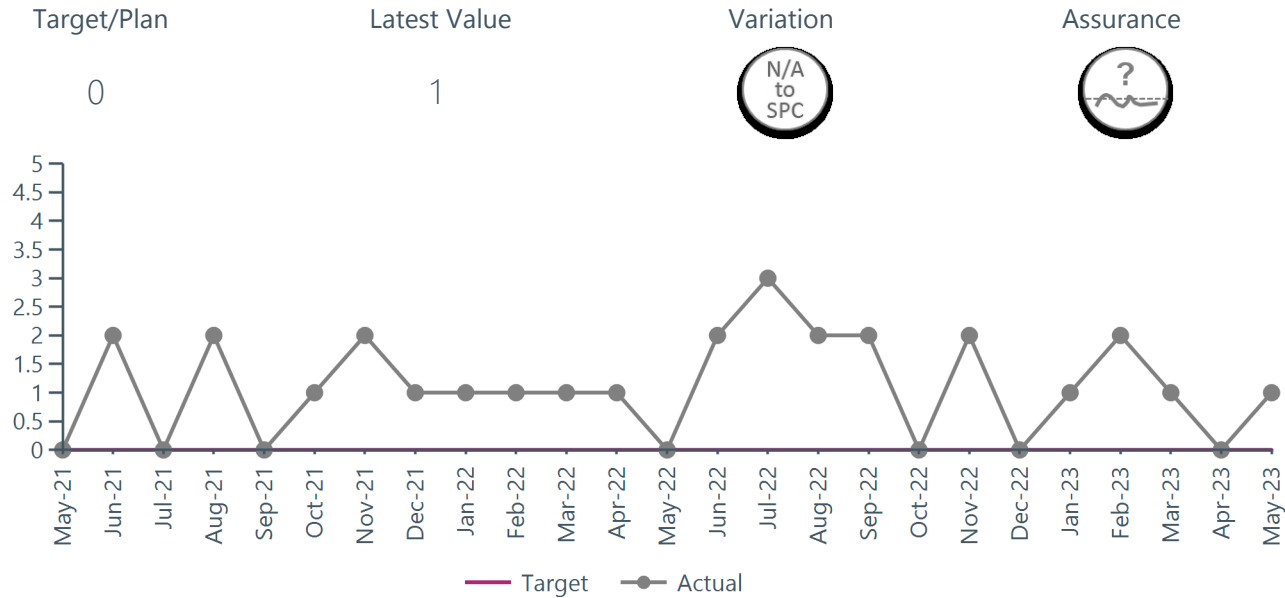
In addition to the routine Datix review, an after action review has been requested for the grade 2 pressure ulcers.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2	1	4	0	0	1	2	0	1	3	7	1	5

# 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. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

There was one complaint re-opened in May. The complaint relates to a private operation that was cancelled with short notice and there has been a number of queries raised by the complainant in relation to this since November-22.

## Actions

There was an area of learning identified from the initial complaint where an action was for the Trust to review the administration of the private practice, in a number of areas including improving the communication between the medical secretary and the Private Patient department to ensure a better service is delivered to patients. Private patient surgery dates should be only offered on a provisional basis where staffing is not confirmed. In addition, the Private Patient department were asked to review the terms and conditions that a patient signs prior to surgery to explain dates are provisional and may change due to operational issues.

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

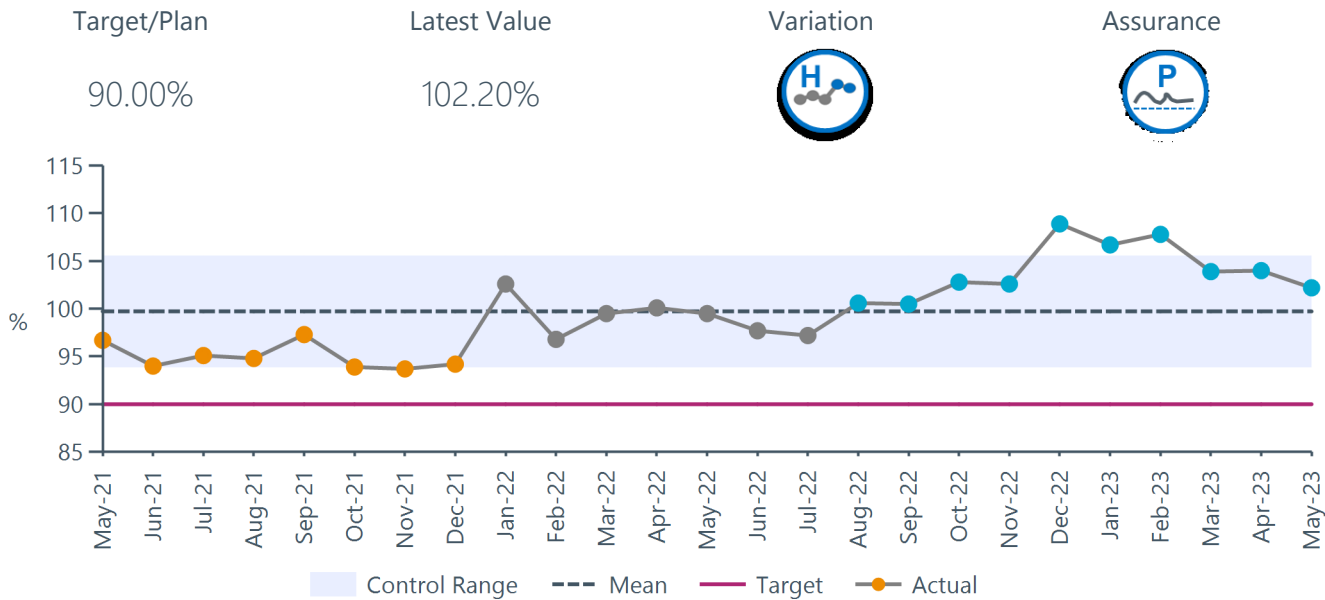
- Staff - **Patients** - Finances -



# 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 May is reported at 102.20%. 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

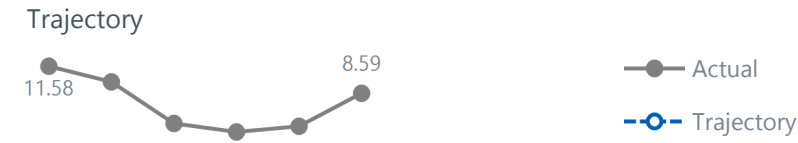
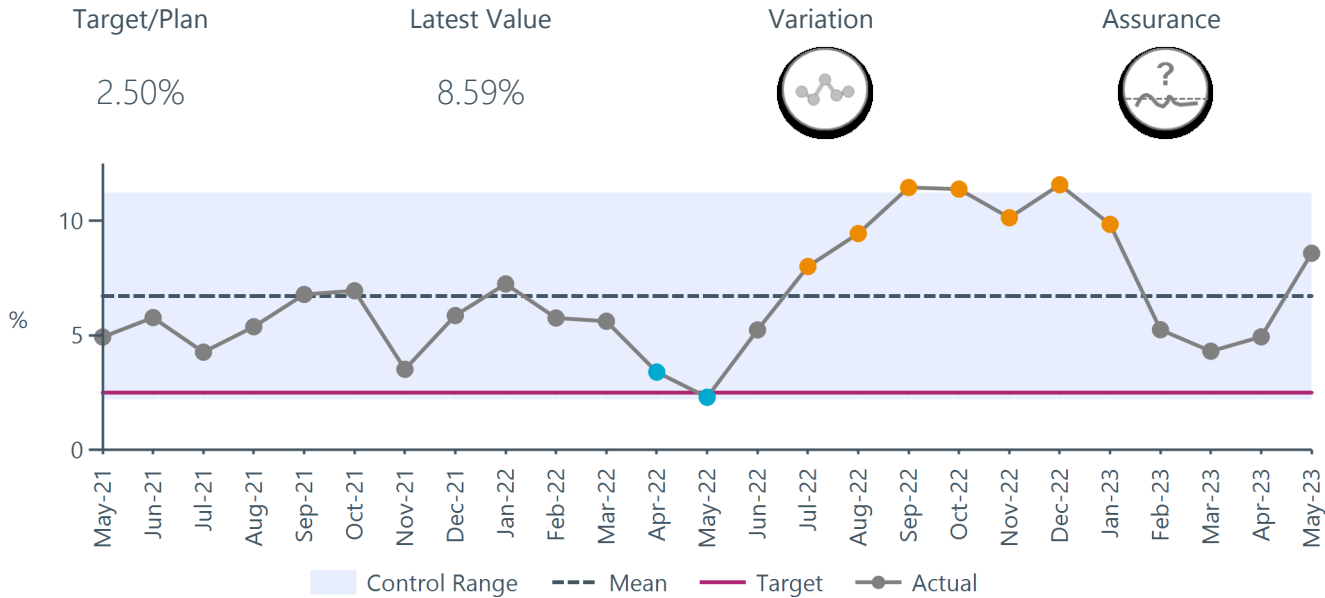
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
99.50%	97.70%	97.20%	100.60%	100.50%	102.80%	102.60%	108.90%	106.70%	107.80%	103.90%	104.00%	102.20%

- 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 8.59% for May with the figure remaining within the expected control range. The total delayed days for May is 360 days with a breakdown as follows:

\* 4 spinal injuries patients amounting to 69 days - attributed to following organisations - Birmingham, Coventry and Staffordshire

\* 22 care of the elderly patients with 291 delayed days - attributed to Shropshire, Dudley, Herefordshire and Wales

The improvement seen in MCS1 is being maintained whilst we see an increase in delays on Sheldon Ward. There is significant pressure on pathway three beds that is being seen across the system. This pressure is being discussed daily at UEC.

## Actions

Working with Clinical Site Managers to record 'fit for discharge' on PAS system using NCTR coding and move away from DTOC classification.

Standardised discharge checklists amended following pilot and re-trial underway.

Within the MCS1 area, NHSE continue to provide support. A Band 4 Discharge Co-Ordinator role has been trialled on MCS1 through fixed-term contract. This period has demonstrated an improvement and benefits from the role so case of need is being prepared to make this a permanent position. A service review of the Resettlement team on MCS1 is in progress.

Reviewing possible option for step-down accommodation in Oswestry from former ETHOS properties.

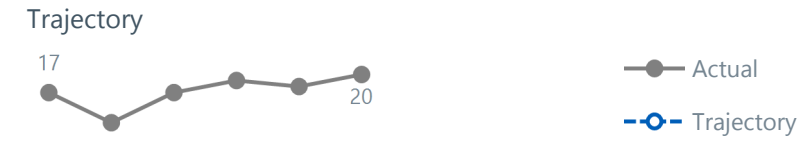
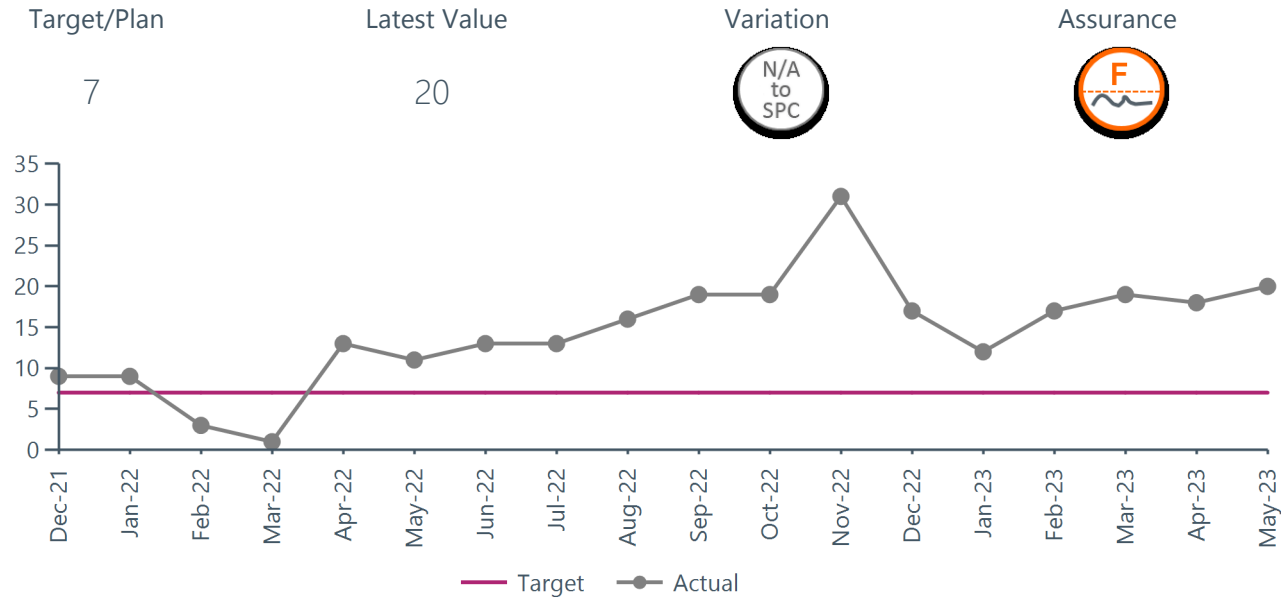
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2.30%	5.24%	8.01%	9.45%	11.46%	11.39%	10.14%	11.58%	9.85%	5.25%	4.31%	4.94%	8.59%

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

## Narrative

As at 31st May there were 20 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

## Actions

Bed pressures and waiting list size for Acute admissions remain high, despite good bed occupancy and bed management. We are continuing with the 4 additional beds on a temporary basis (2 MCSI@Sheldon and 2 MCSI escalation beds) whilst awaiting NHSE confirmation for recurrent funding of these beds. Patients waiting in referring hospitals are being supported by Nurse Consultant and networked model of care.

Reviewing possible option for step-down accommodation in Oswestry from former ETHOS properties.

As per previous indicator, work to reduce delays will create capacity that allows these patients to be admitted.

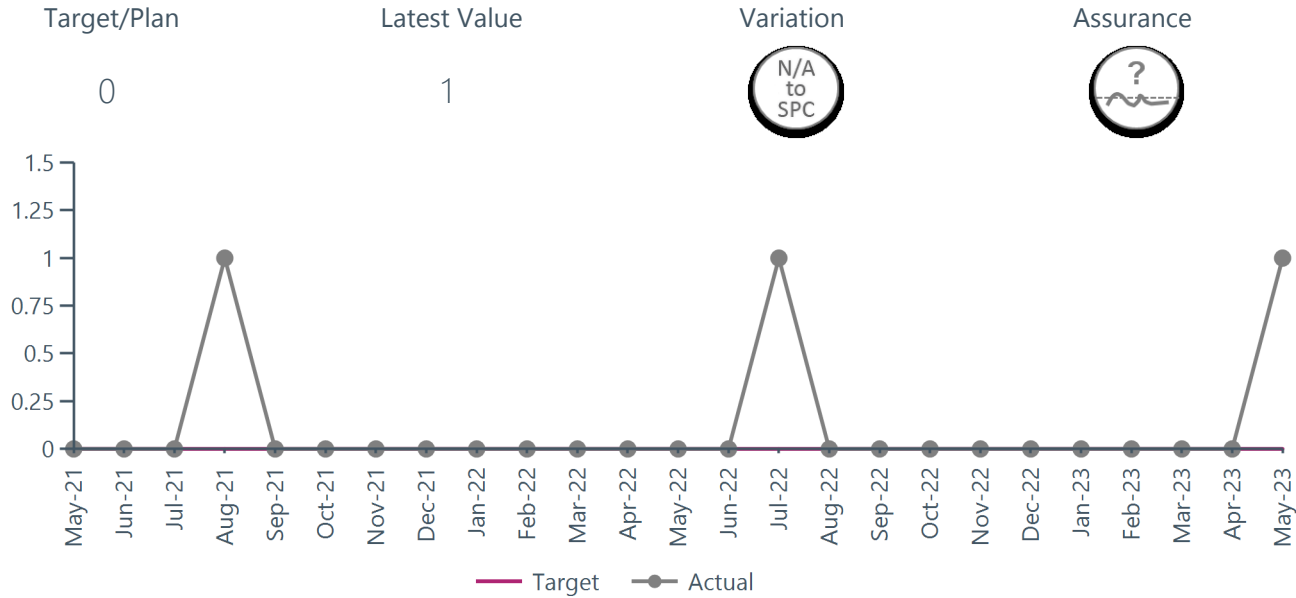
Peer review scheduled for July. Following this there will be a full options appraisal review to address long term demand and capacity challenges for this service.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
11	13	13	16	19	19	31	17	12	17	19	18	20

# RJAH Acquired MSSA Bacteraemia

Number of cases of MSSA bacteraemia in month 211152

Exec Lead:  
 Chief Nurse and Patient Safety Officer



### What these graphs are telling us

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

### Narrative

There was one RJAH Acquired MSSA Bacteraemia reported in May.

### Actions

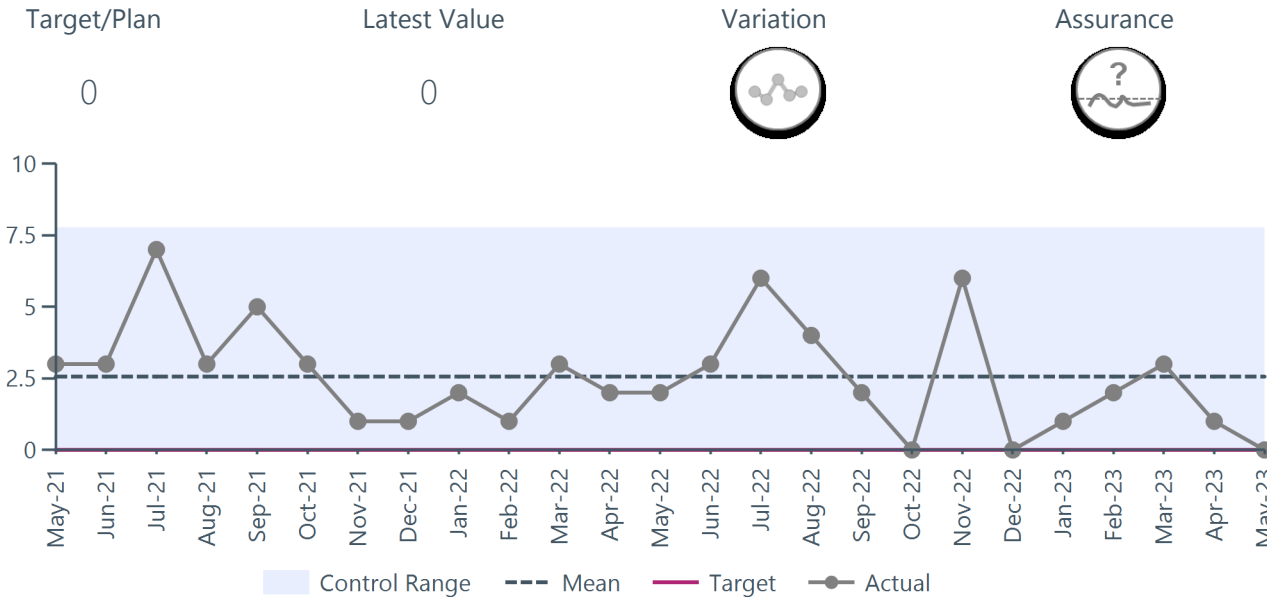
As at 6th June, the post infection review was due to be undertaken to determine the likely source. This was a spinal injuries patient who had been an inpatient since February, following transfer from another provider. The patient became poorly, requiring a period of care on HDU where the infection was confirmed following tests. The patient was managed in a side room with no transmission. It is considered an unavoidable case.

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

# Surgical Site Infections

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

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

In the latest twelve month period, covering June-22 to May-23, there have been 28 surgical site infections. There were four additional infections confirmed in May, relating to procedures that took place in November-22 (1), March-23 (2) and April-23 (1). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

## Actions

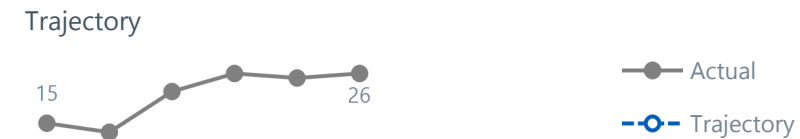
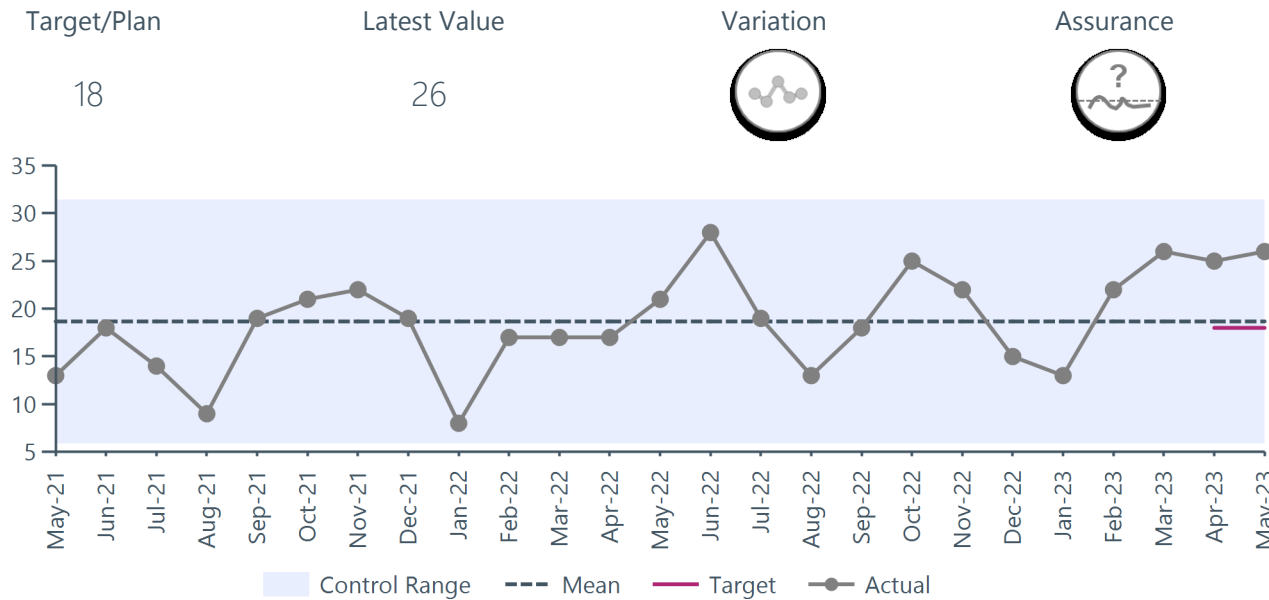
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2	3	6	4	2	0	6	0	1	2	3	1	0

- 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

This KPI now reports on the overall volume of medication errors reported each month rather than just those with harm. A target of 18 has been included, based on the average over the last two financial years.

In May there were 26 medication errors reported. These covered a range of areas; Clwyd (4), Pharmacy (4), Wrekin (4), Powys (3), HDU (2), Kenyon (2), Ludlow (2), Sheldon (2) and one in each of these areas - Radiology, Gladstone, Oswald

The errors have been categorised as Storage (8), Supply (6), Administration (5), Prescribing (4) and Other (3). No patients were deemed to sustain harm as a result of the incidents.

## Actions

Following a deep dive, the following key points were found and a paper on these is being taken to Patient Harms Group:

- \* Interruptions and distractions when completing tasks
- \* Communication
- \* Deviation from policy
- \* Increased workload
- \* Agency staff - however could be related to them not having access to policy

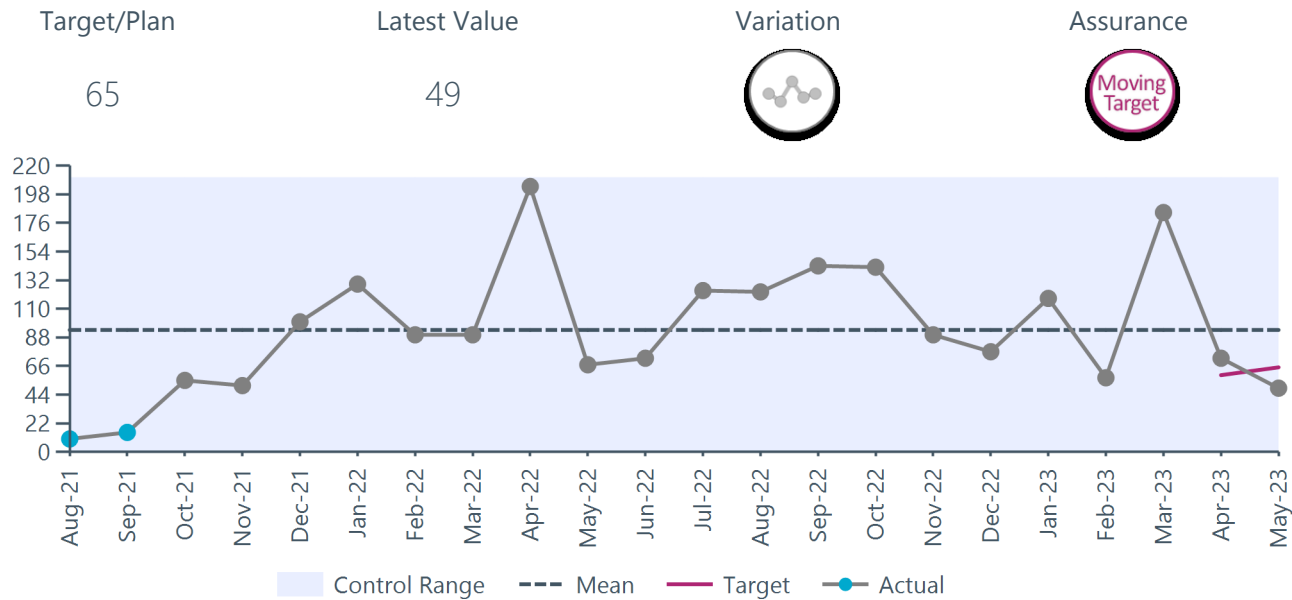
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
21	28	19	13	18	25	22	15	13	22	26	25	26

- Staff - **Patients** - Finances -

# Volume of Theatre Cancellations

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

Responsible Unit:  
MSK Unit



## What these graphs are telling us

Metric is experiencing common cause variation.

## Narrative

This metric includes the volume of procedures cancelled on the day, and within seven days of the surgery date. A target has been introduced and is calculated using 7.5% of planned 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.

Total of 49 theatre cancellations in May:

- 39 on the day; 15 reportable and 23 non-reportable. Reasons were Lack of time (5), Lack of staff (4), Emergency case (3), Lack of kit (1), Lack of HDU bed (1); Medically unfit (10), DNA (5), Surgery not required (3), Further investigation required (3), Patient declined (1), Other (1 – family related)

- 10 in the seven days prior to the TCI date. Reasons were Staffing Shortfall (1), Staffing - Sickness (1), Emergency Case required (1), Patient Medical Cancellation (1), Decision not to treat (1), Other Operational Issue (5).

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

This month theatre cancellations lie well below the mean and are at the lowest level since November 2021.

## Actions

All cancellations reviewed by operational managers.

Cancellations are escalated for assurance by MDs/COO, process under review.

Actions to reduce cancellations:

\* Daily process in place for theatre session scheduling to optimise patient booking.

\* Monthly review of cancellations with improvement opportunities implemented.

\* Breaches to the 28-day rebooking standard escalated to the Ops Team to secure required capacity.

Further analysis to be undertaken to agree suitable target for this measure going forward.

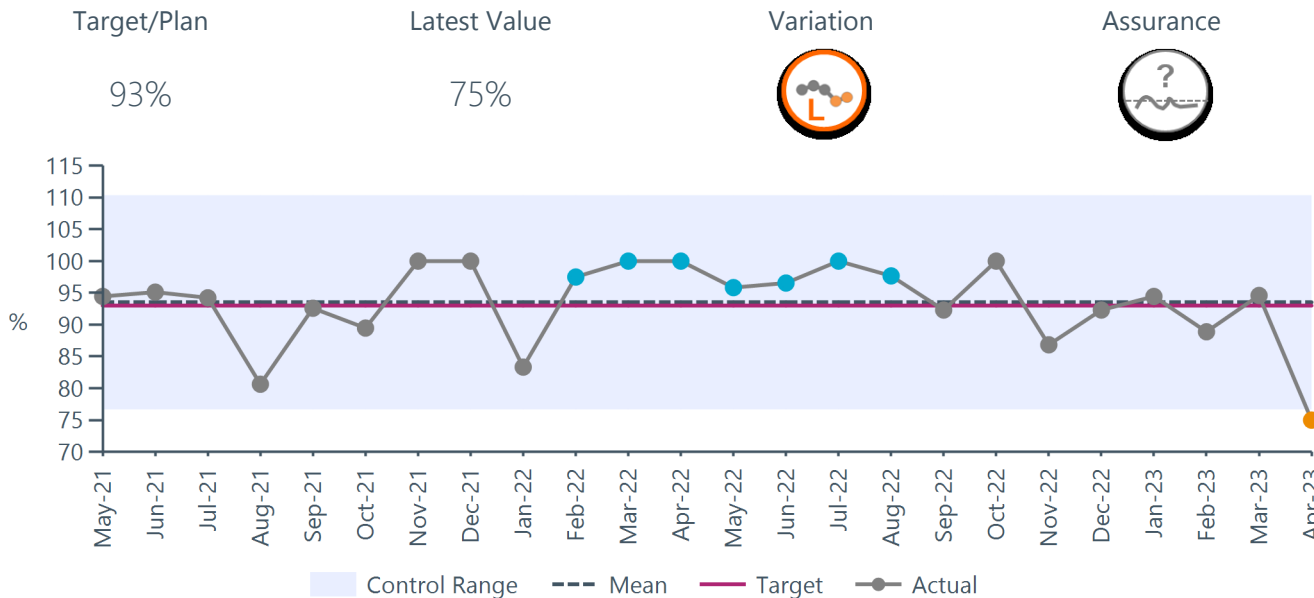
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
67	72	124	123	143	142	90	77	118	57	184	72	49

- Staff - **Patients** - Finances -

# Cancer Two Week Wait\*

% of urgent cancer referrals seen within 2 weeks (\*Reported one month in arrears) 211046

Exec Lead:  
 Chief Operating 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

The Cancer Two Week Wait standard was not met in April; this measure is reported in arrears. The April performance is reported at 75% against a 93% target. There were five patients who breached the standard with reasons associated with:

- \* Patient choice (2)
- \* MRI had to be cancelled due to broken scanner (1)
- \* Difficulty aligning outpatient appointment and MRI on the same day (1)
- \* Delay in getting MRI protocolled by Consultants (1)

## Actions

The administrative team in the Tumour Unit now have the mechanism to escalate any delays/difficulties in booking to the Assistant Service Manager. There is now a weekly meeting in place to review all patients on the PTL that should support with this and assist with preventing potential breaches.

Assistant Service Manager for this area to review timelines of pathways in detail to prevent any breaches where possible.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
95.83%	96.55%	100.00%	97.67%	92.31%	100.00%	86.84%	92.31%	94.44%	88.89%	94.59%	75.00%	

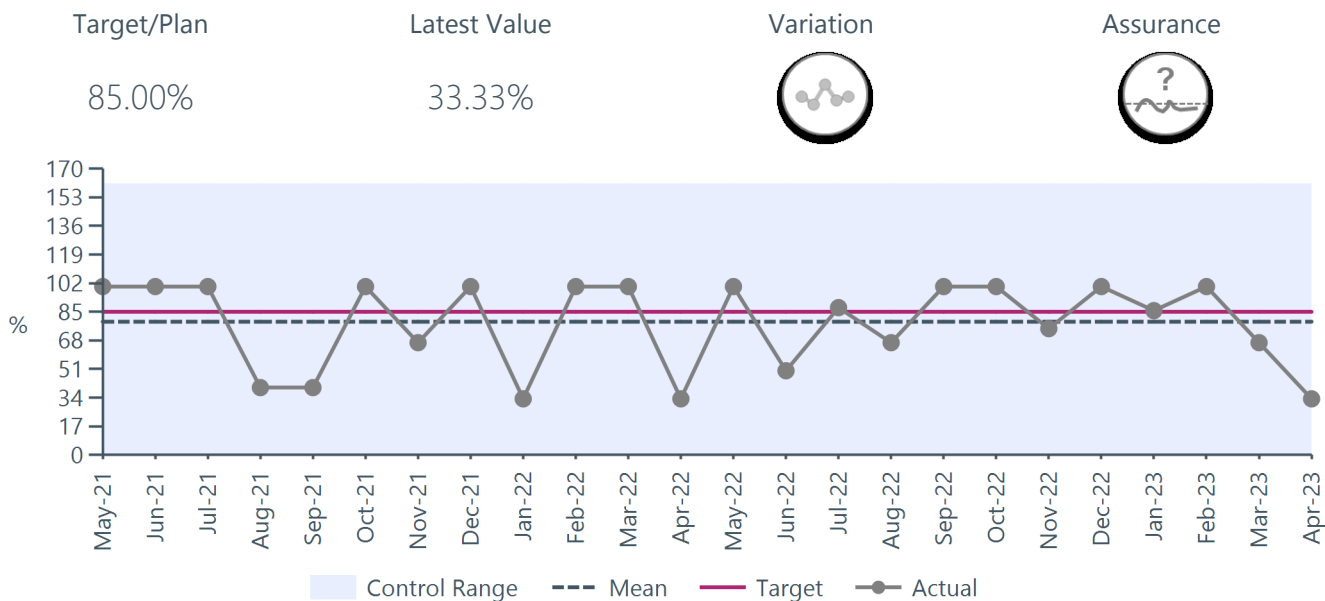
- Staff - Patients - Finances -



# 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 April; this measure is reported in arrears. The April performance is reported at 33.33% against the 85% target. There was one patient who breached the standard as there was a delay to scheduling their biopsy due to the restrictions associated with their medication.

### Actions

Overall actions for monitoring cancer waits - the administrative team in the Tumour Unit now have the mechanism to escalate any delays/difficulties in booking to the Assistant Service Manager. There is now a weekly meeting in place to review all patients on the PTL that should support with this and assist with preventing potential breaches.

Assistant Service Manager for this area to review timelines of pathways in detail to prevent any breaches where possible.

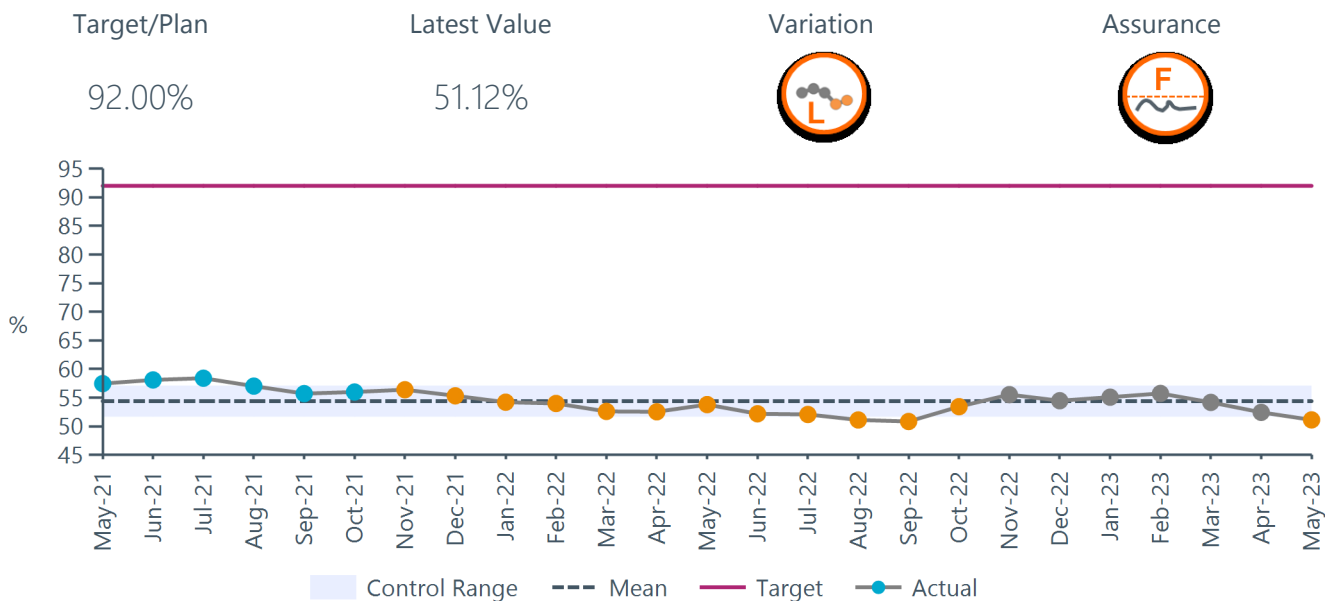
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
100.00%	50.00%	87.50%	66.67%	100.00%	100.00%	75.00%	100.00%	85.71%	100.00%	66.67%	33.33%	

- Staff - **Patients** - Finances -

# 18 Weeks RTT Open Pathways

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

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

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

## Narrative

Our May performance was 51.12% 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 2648 are breaches
- \* MS2 – 1267 patients waiting of which 857 are breaches
- \* MS3 – 5054 patients waiting of which 3572 are breaches

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 with both ROH and Walton. Patients being contacted and transferred where appropriate for our most challenged sub-specialty.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles. Plans in place to ring and send letters to our patients who are waiting greater than 12 weeks.

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. The increased capacity coming on board from quarter three supports with ensuring waiting lists are sustainable going forwards. These plans are reflected within the IPR trajectories. Recruitment is currently forecasting to be ahead of plan, recognising training needs of the new staff; the impacts of this is currently being reviewed.

The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

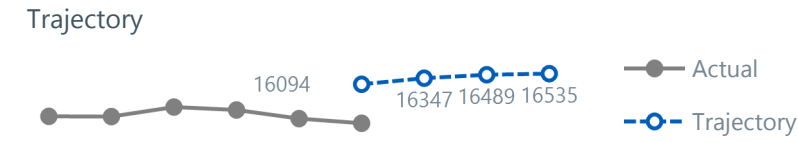
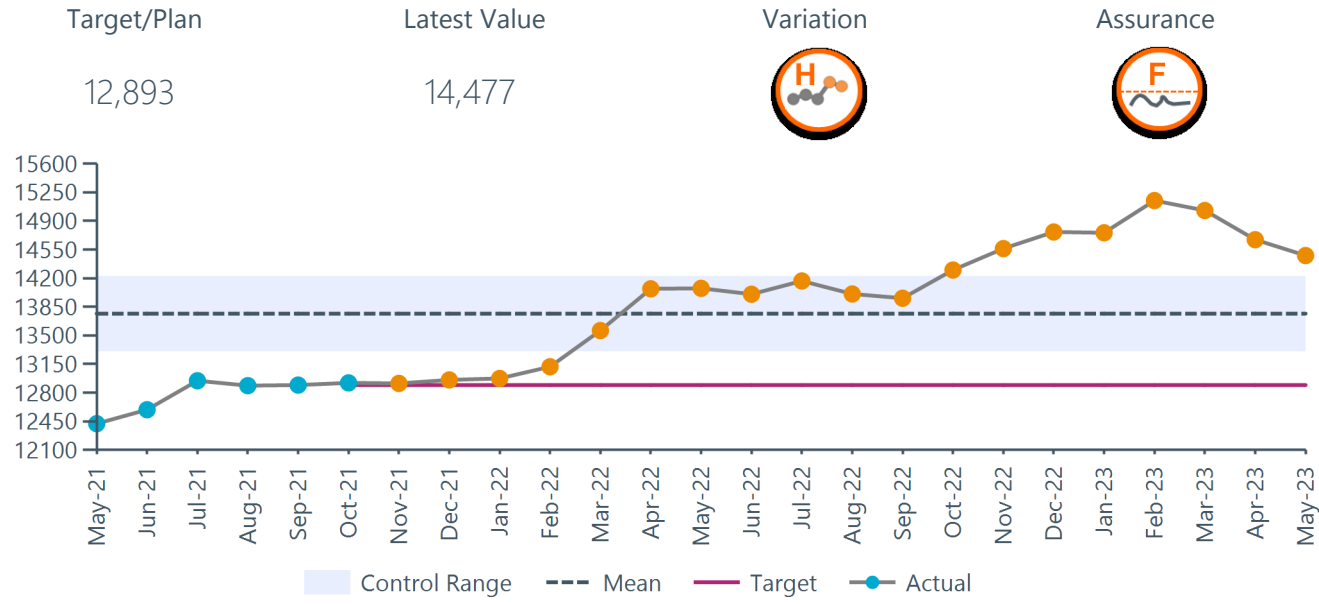
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%	54.47%	55.09%	55.74%	54.18%	52.44%	51.12%

- 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 May is reported at 14477; 1617 below our anticipated trajectory figure of 16094. List size analysis over the past six months indicates largest growth in these areas:  
 \* Arthroplasty has increased by 381, rising from 2929 to 3310  
 \* Metabolic Medicine has increased by 482, rising from 2589 to 3071  
 Areas with the greatest decrease have been:  
 \* SOOS Physiotherapy has decreased by 716, reducing from 865 to 149  
 \* Physiotherapy has decreased by 272, reducing from 451 to 179  
 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  
 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

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. The increased capacity coming on board from quarter three supports with ensuring waiting lists are sustainable going forwards. These plans are reflected within the IPR trajectories. Recruitment is currently forecasting to be ahead of plan, recognising training needs of the new staff; the impacts of this is currently being reviewed. 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. Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles. Plans in place to ring and send letters to our patients who are waiting greater than 12 weeks.  
 There has been a backlog identified in the system MSK triage service. This will have impacted the volume of local referrals received by the Trust. Resource required to address is being progressed by the system.

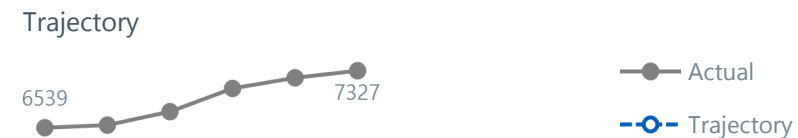
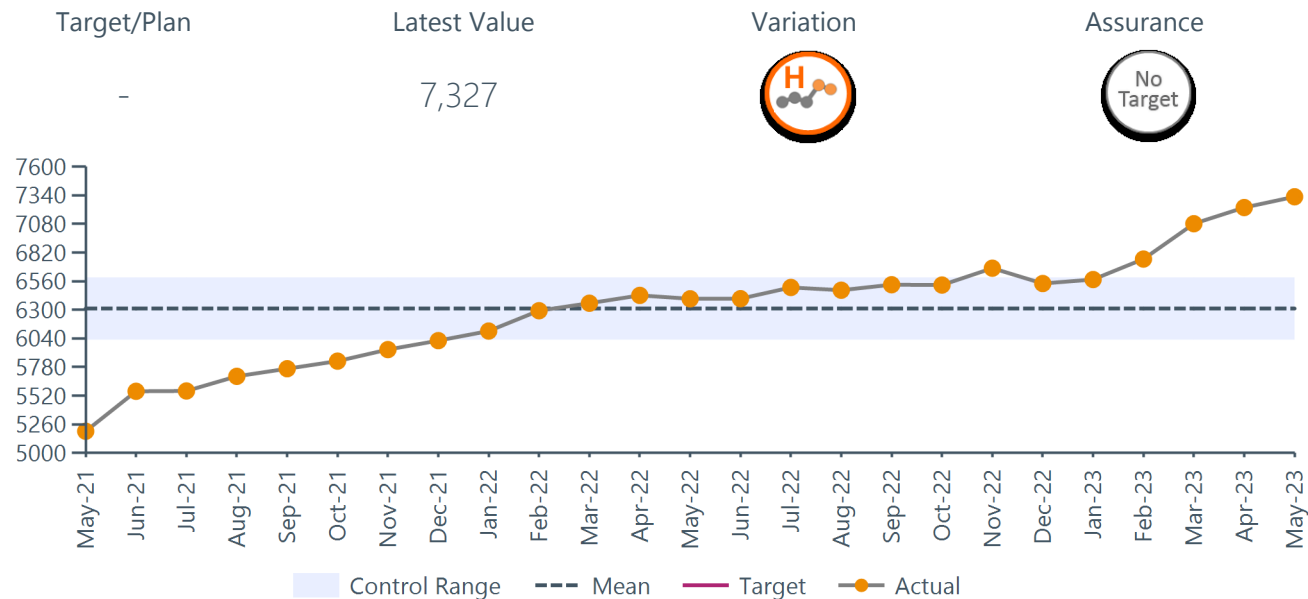
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
14076	14004	14166	14007	13955	14300	14562	14765	14755	15149	15028	14671	14477

- Staff - Patients - Finances -

# 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 May is reported at 7327. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:

\* Metabolic Medicine has increased by 413 patients over the past six months: rising from 1048 to 1461

\* SOOS Physiotherapy has decreased by 22 patients over the past six months: reducing from 23 to 1

\* Spinal Disorders has increased by 19 patients following a period of reduction: rising from 1908 to 1927 over the past six months

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24. This includes whether additional capacity is required to be sourced.

## Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. The increased capacity coming on board from quarter three supports with ensuring waiting lists are sustainable going forwards. These plans are reflected within the IPR trajectories. Recruitment is currently forecasting to be ahead of plan, recognising training needs of the new staff; the impacts of this is currently being reviewed. 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. The Trust has been having separate conversations with Powys to discuss how we can support wider with their longest waits.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles. Plans in place to ring and send letters to our patients who are waiting greater than 12 weeks.

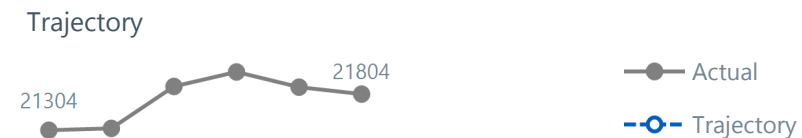
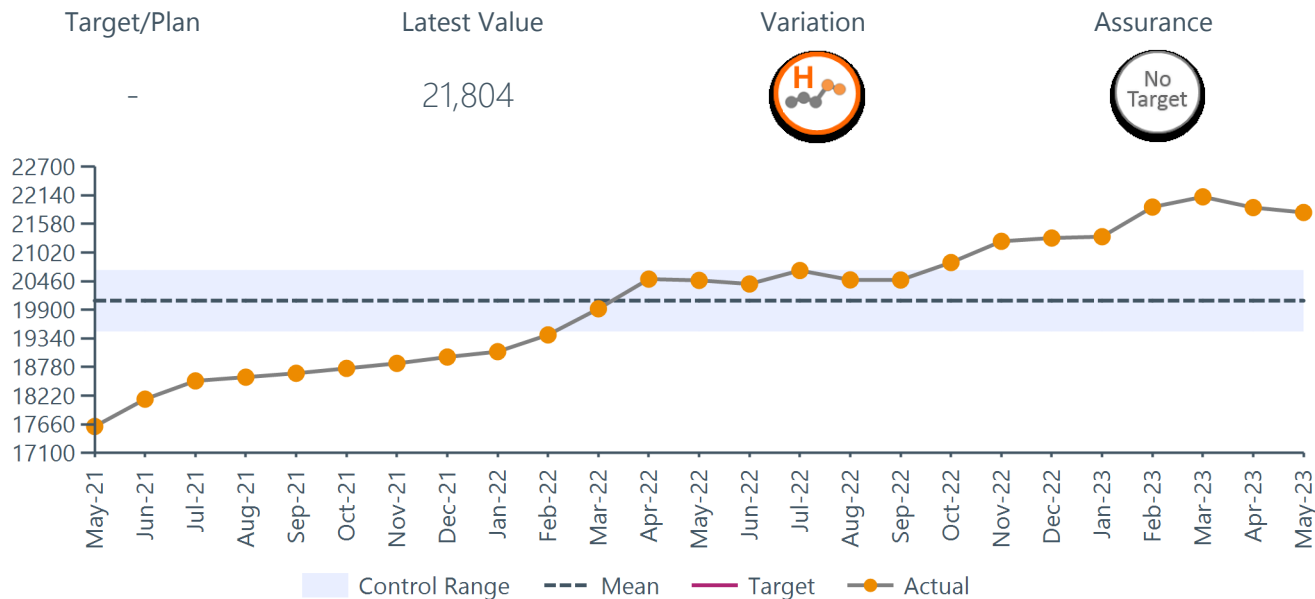
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
6400	6401	6503	6478	6528	6525	6678	6539	6575	6761	7082	7229	7327

- 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 May is 21804; 14477 are English patients and 7327 Welsh patients. The sub-specialties with the highest volume of patients are:

- \* Arthroplasty - 4382 / 20.10%
- \* Metabolic Medicine - 4532 / 20.79%
- \* Spinal Disorders - 4298 / 19.71%

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. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24. This includes whether additional capacity is required to be sourced.

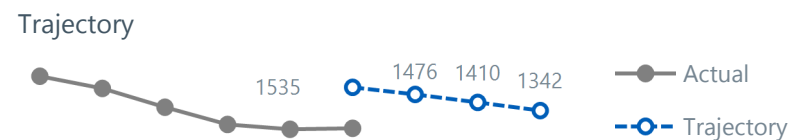
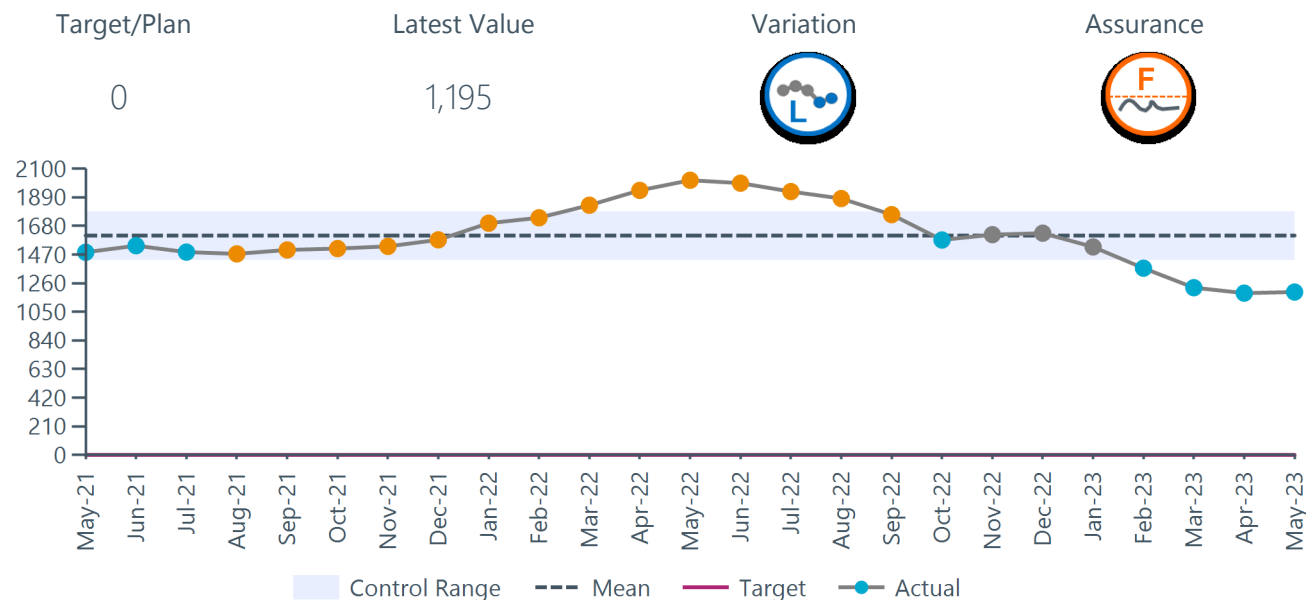
## Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
20476	20405	20669	20485	20483	20825	21240	21304	21330	21910	22110	21900	21804

# 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 May there were 1195 English patients waiting over 52 weeks; below our trajectory figure of 1535 by 340. The patients are under the care of these sub-specialities; Arthroplasty (420), Spinal Disorders (214), Knee & Sports Injuries (189), Upper Limb (172), Foot & Ankle (148), Paediatric Orthopaedics (19), Tumour (9), Metabolic Medicine (7), Orthotics (5), SOOS GPSI (3), ORLAU (2), Physiotherapy (2), Spinal Injuries (1), Neurology (1), Rheumatology (1), Muscle (1) and Paediatric Medicine (1). Patients waiting, by weeks brackets is:

- \* >52 to <=78 weeks - 1149 patients
- \* >78 to <=95 weeks - 44 patients
- \* >95 to <=104 weeks - 2 patients

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 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 looking to eradicate patients waiting greater than 52 weeks for a first appointment by quarter two. The Trust has submitted a plan to NHSE that forecasts zero 65+ weeks waits by March-24.

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.

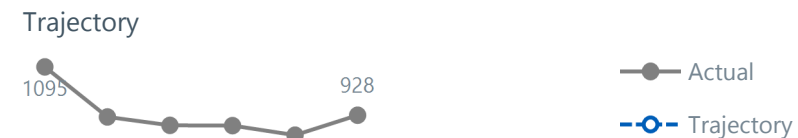
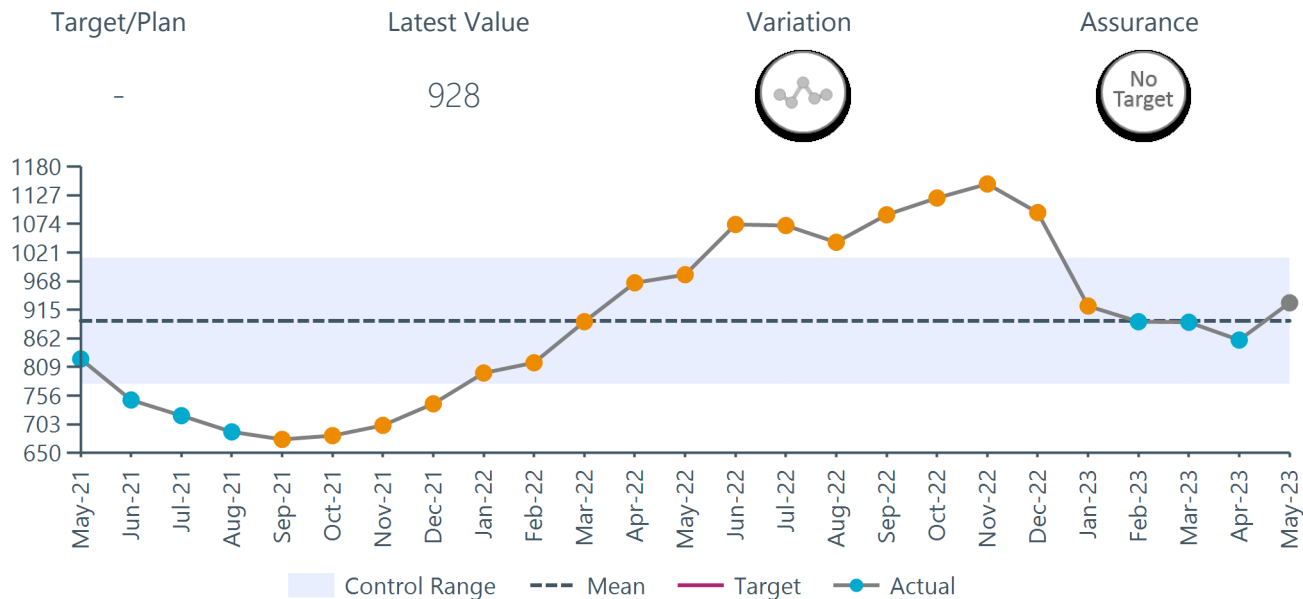
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2015	1994	1932	1881	1763	1577	1616	1627	1526	1370	1227	1187	1195

- Staff - Patients - Finances -

# Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation.

## Narrative

At the end of May there were 928 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (410), Arthroplasty (168), Knee & Sports Injuries (116), Foot & Ankle (85), Upper Limb (82), Veterans (32), Paediatric Orthopaedics (24), Tumour (6), Metabolic Medicine (3), Neurology (1), Physiotherapy (1).

Patients are under the care of the following commissioners: BCU (537), Powys (368), Hywel Dda (20), Cardiff & Vale (1), Aneurin Bevan (1) and Cwm Taf University LHB (1). The number of patients waiting, by weeks brackets is:

- \* >52 to <=78 weeks - 704 patients
- \* >78 to <=95 weeks - 143 patients
- \* >95 to <=104 weeks - 33 patients
- \* >104 weeks - 48 patients

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24. This includes whether additional capacity is required to be sourced.

## 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. Welsh national guidance expected to be received in the Trust imminently.

The English 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 looking to eradicate patients waiting greater than 52 weeks for a first appointment by quarter two. The Trust has submitted a plan to NHSE that forecasts zero 65+ weeks waits by March-24.

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.

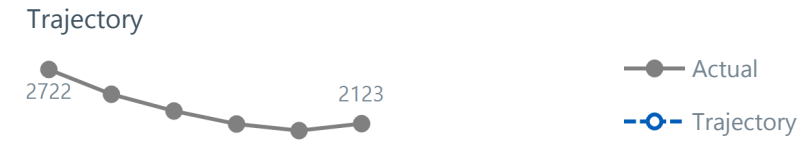
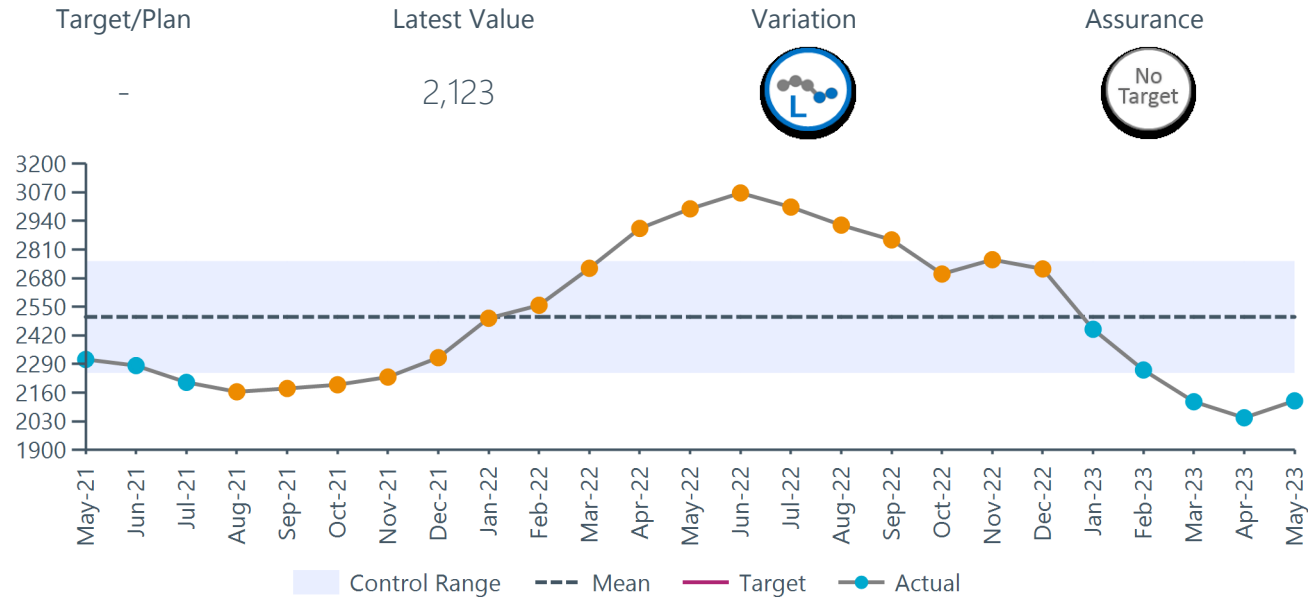
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
980	1073	1071	1040	1091	1122	1148	1095	922	893	892	859	928

# 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 2123 patients waiting over 52 weeks at the end of May; 1195 English and 928 Welsh. The number of patients waiting over 52 weeks represents 9.73% of the total list size.

The patients are under the care of the following sub-specialties; Spinal Disorders (624), Arthroplasty (588), Knee & Sports Injuries (305), Upper Limb (254), Foot & Ankle (233), Paediatric Orthopaedics (43), Veterans (32), Metabolic Medicine (10), Tumour (15), Orthotics (5), Physiotherapy (3), SOOS GPSI (3), ORLAU (2), Neurology (2), Spinal Injuries (1), Rheumatology (1), Muscle (1) and Paediatric Medicine (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

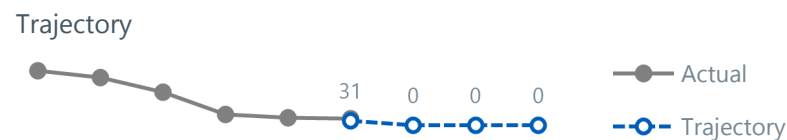
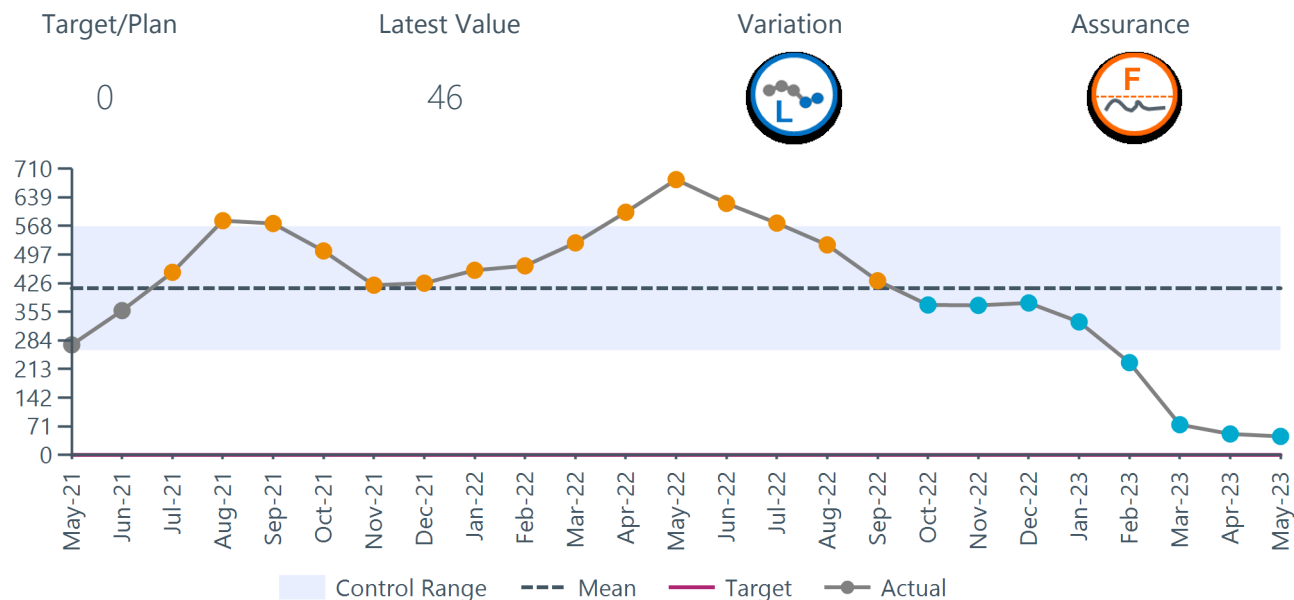
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2995	3067	3003	2921	2854	2699	2764	2722	2448	2263	2119	2046	2123



# 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 May there were 46 English patients waiting over 78 weeks; this was 15 patients above our trajectory of 31. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (15), Knee & Sports Injuries (14), Arthroplasty (10), Foot & Ankle (2), Upper Limb (2), Paediatric Orthopaedics (2) and Orthotics (1).

13 patients declined the offer of mutual aid leading to non-admitted clock stops; the patients remain on our internal waiting lists. This is in line with updated national guidance.

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

As part of 23/24 planning, our Trust trajectory has been submitted to NHSE to clear this cohort in quarter 1. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24. Trajectories have been created for this and the Trust is on track to clear this cohort by the end of June with breaches being reported by exception.

The Trust has sought mutual aid to support its most challenged specialty. Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.

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.

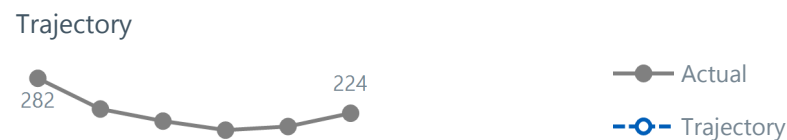
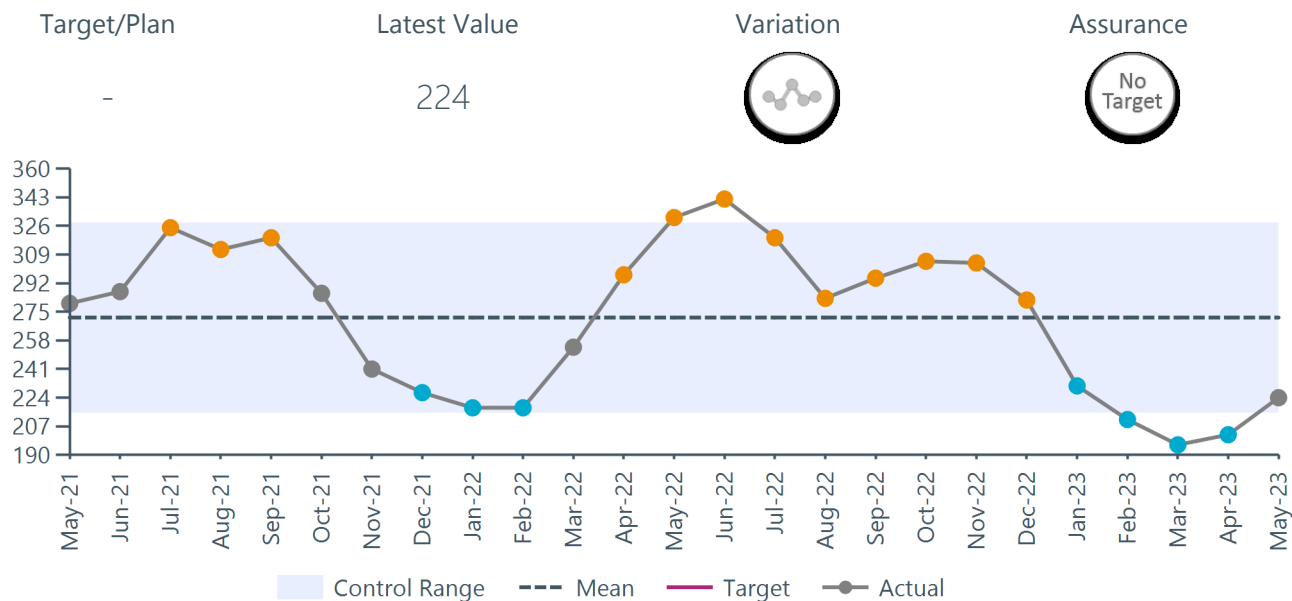
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible during the periods.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
683	624	575	521	432	372	371	377	330	229	75	52	46

# 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 common cause variation.

## Narrative

At the end of May there were 224 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (155), Knee & Sports Injuries (26), Arthroplasty (14), Foot & Ankle (12), Upper Limb (8), Veterans (4), Paediatric Orthopaedics (2), Tumour (2) and Neurology (1).

## Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24, with guidance expected to be received imminently. This includes whether additional capacity is required to be sourced. Trajectories are currently in development for our Welsh Commissioners.

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.

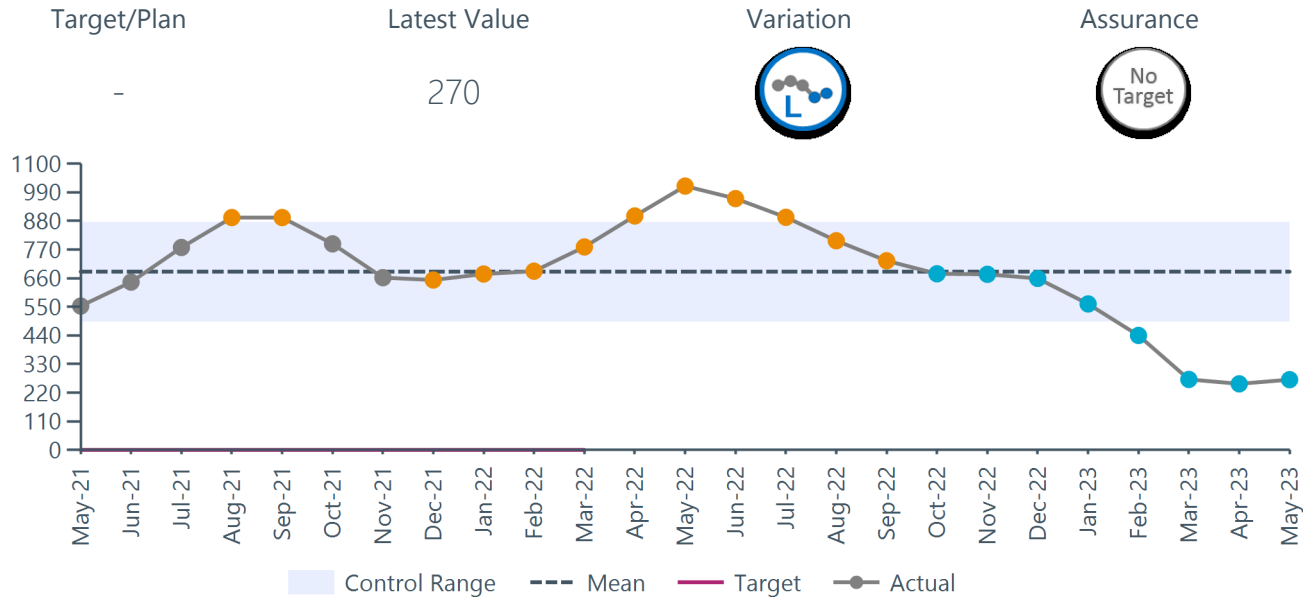
Internal insourcing options are being explored to further increase capacity.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
331	342	319	283	295	305	304	282	231	211	196	202	224

# 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 270 patients waiting over 78 weeks at the end of May; 46 English and 224 Welsh.

The patients are under the care of the following sub-specialties; Spinal Disorders (170), Knee & Sports Injuries (40), Arthroplasty (24), Foot & Ankle (14), Upper Limb (10), Veterans (4), Paediatric Orthopaedics (4), Tumour (2), Neurology (1) and Orthotics (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.

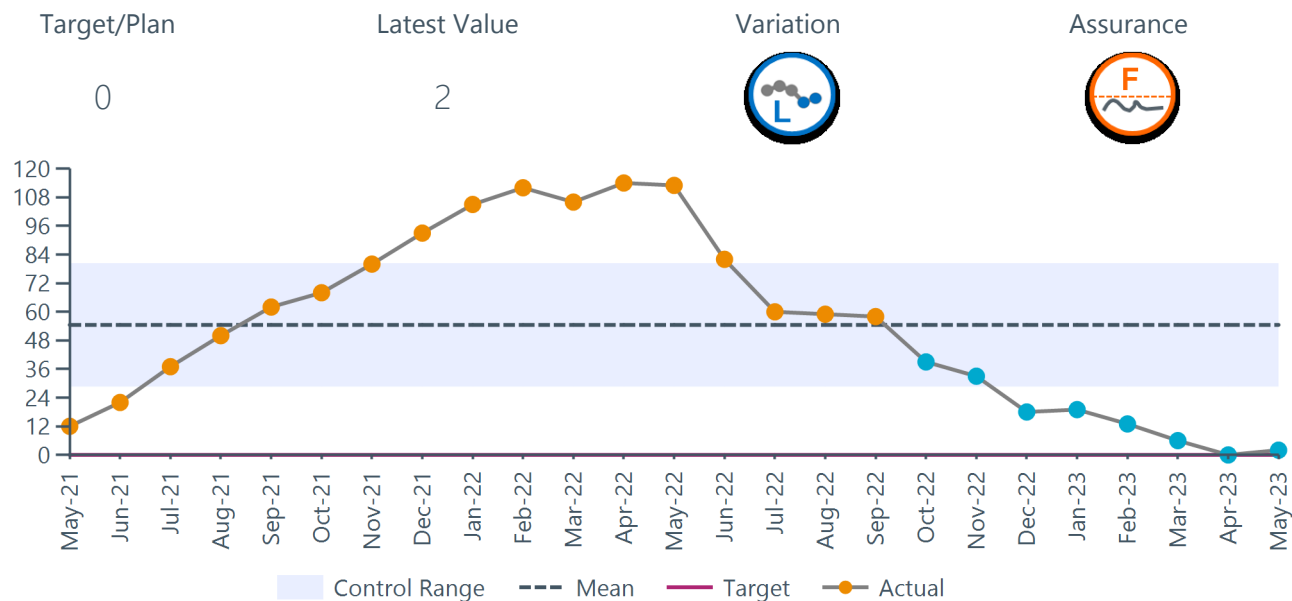
## Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
1014	966	894	804	727	677	675	659	561	440	271	254	270

# 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 May there were 2 English patients waiting over 104 weeks details as follows:  
 \* Knee & Sports Injuries (2):  
 - Complex case requiring a bespoke piece of kit sourced from abroad (ongoing supply issues)  
 - Re-opened pathway, to be treated in June (no ongoing risk)

The Trust is forecasting one breach for the end of June and will return to zero in July.

## Actions

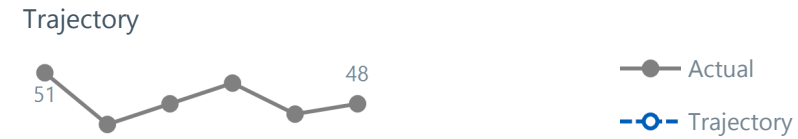
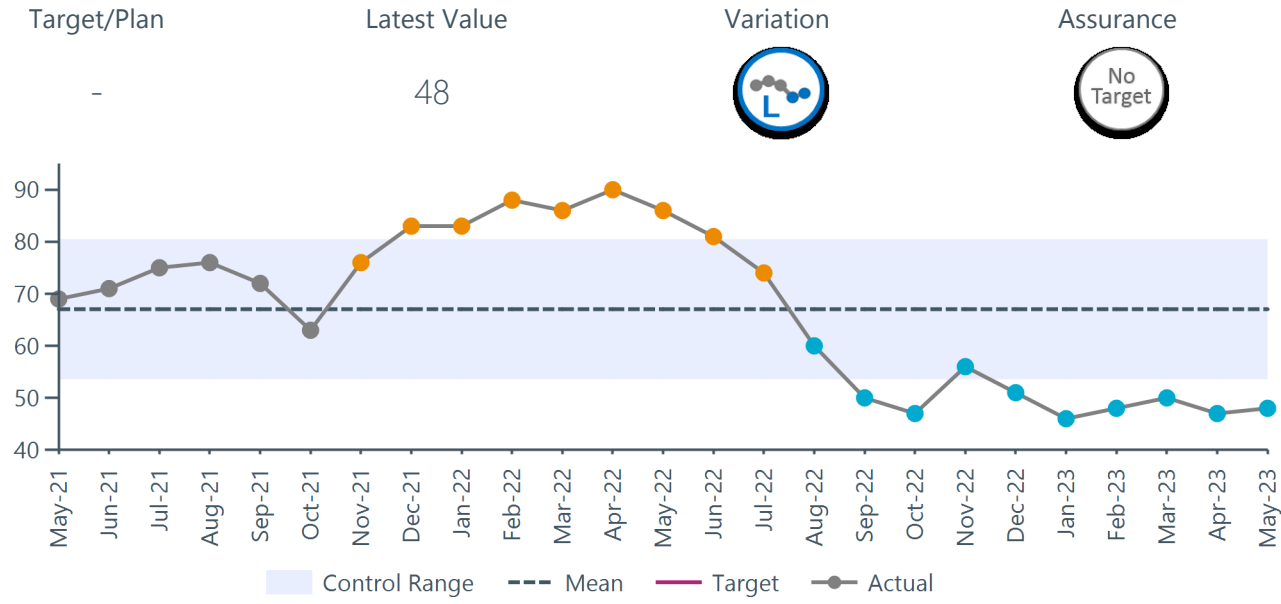
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
113	82	60	59	58	39	33	18	19	13	6	0	2

# 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 May there were 48 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:

- \* Spinal Disorders (46)
- \* Veterans (1)
- \* Tumour (1)

## Actions

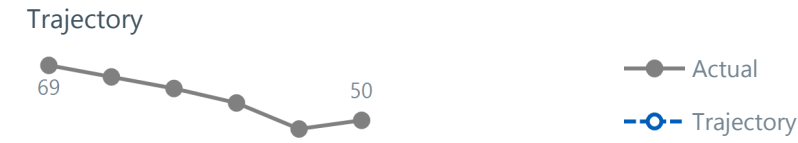
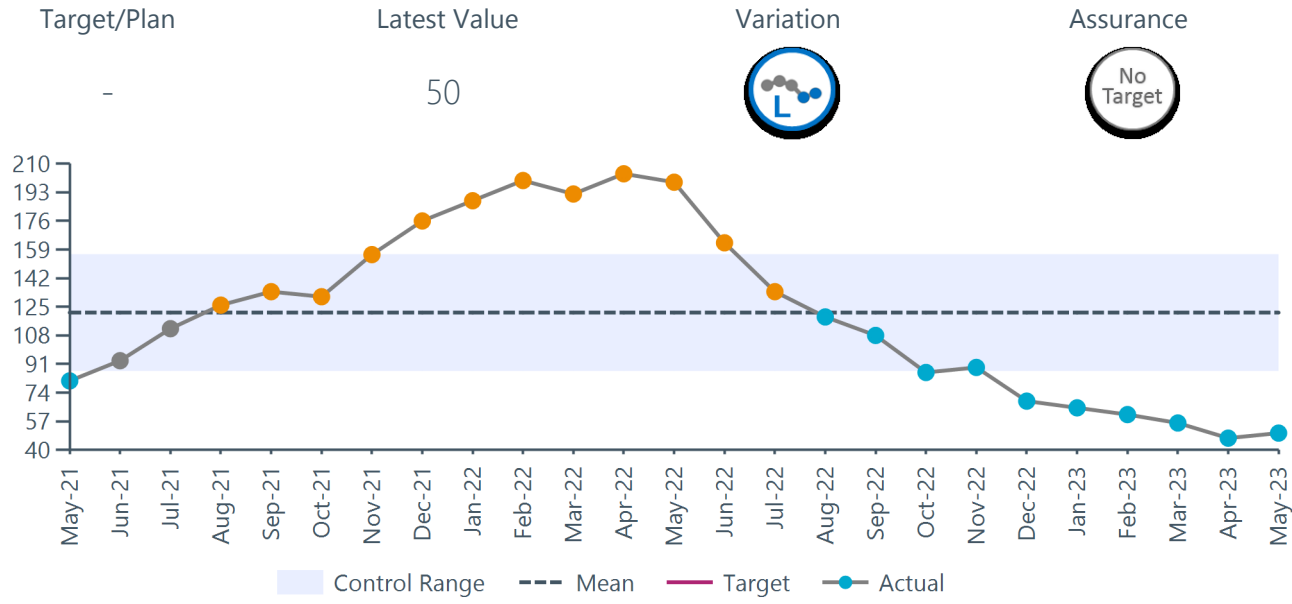
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty. Conversations with Welsh Commissioners continue.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
86	81	74	60	50	47	56	51	46	48	50	47	48

# 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 Trust achieved 2 English 104+ weeks waiters for the end of May. There were 48 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:

- \* Spinal Disorders (46)
- \* Knee & Sports Injuries (2)
- \* Veterans (1)
- \* Tumour (1)

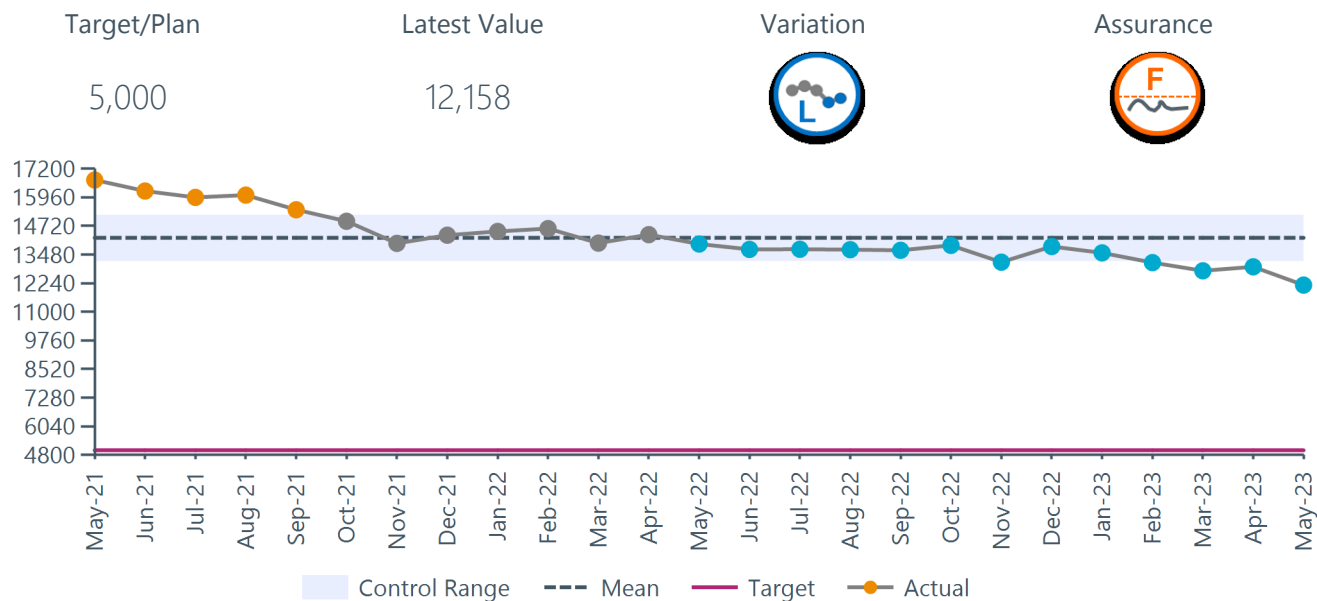
## Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
199	163	134	119	108	86	89	69	65	61	56	47	50

# 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 May, there were 12158 patients overdue their follow up appointment. This is broken down by:  
 \* Priority 1 - 7915 with 1426 dated (18%) (priority 1 is our more overdue follow-up cohort)  
 \* Priority 2 - 4243 with 1528 dated (30%);

The backlog decreased by 791 from last month. It is noted that a total of 2339 patients were removed from the backlog in May; it is the overdue trip ins that mean the backlog doesn't reduce at this same scale. MSK backlog at the end of May is 5222; 6% higher than it was in April 2020. Specialist backlog at the end of May is 6936; 38% higher than it was in April 2020.

Main focus within the Trust has been on long waiters. The sub-specialities with the highest percentage of overdue follow ups are: Arthroplasty - 18.56%; Rheumatology - 17.01%; Spinal Disorders - 10.94%;

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.

## Actions

- \* Actions from the working group include analysis of data by consultant to highlight any issues such as data quality errors or booking process errors.
- \* Once the above action is complete, the group will then be looking to understand the follow up protocols by consultant to then feed into the trajectory tool that the information team have been supporting with.
- \* A meeting has been held between the Information team and the Access Trainer to streamline the follow PTL for the bookings teams to make it easier to use.
- \* The Information team have made improvements to sub-speciality reports which are shared at firm meetings for discussion, these include a slide on overdue follow ups by consultant.
- \* The Validation team have a long term follow up database and follow ups are validated regularly. Arthroplasty in particular have a high validation rate.
- \* In Rheumatology, additional capacity is now in place for follow ups.
- \* PIFU for overdue follow ups has begun within Spinal Disorders. Spinal disorders are achieving the target for % moved to PIFU.
- \* Clinical discussions are taking place with regards to validation of overdue follow ups.

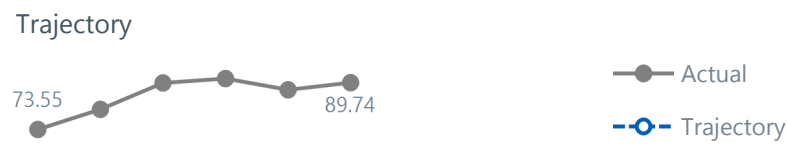
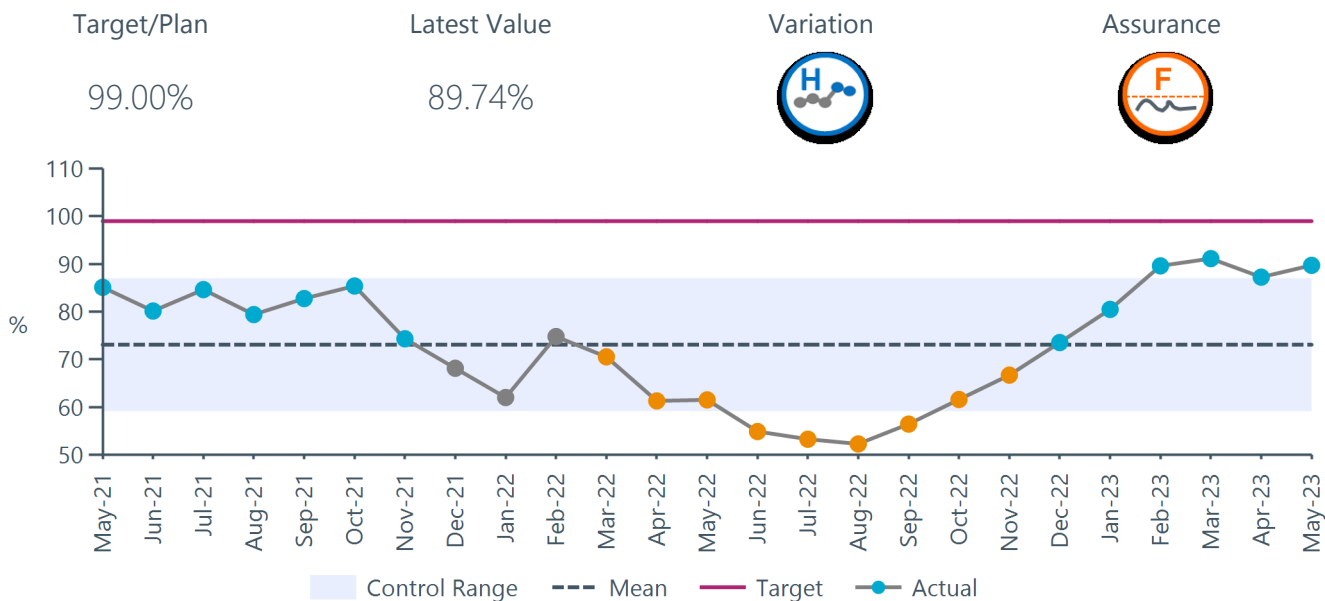
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
13937	13705	13710	13693	13665	13878	13151	13828	13554	13132	12777	12949	12158

- 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. Metric is consistently failing the target.

## Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 89.74%; however, as can be seen in the graph above, there have now been nine months of consistent improvement.

Reported performance equates to 99 patients who waited beyond 6 weeks. Of the 6-week breaches; 2 are over 13 weeks (MRI). Breakdown below outlines performance and breaches by modality:

- \* MRI - 97.45% - D2 (Urgent - 0-2 weeks) - 1 dated, (D4 (Routine - 6-12 weeks) - 12 dated
- \* CT - 95.45% - D2 (Urgent - 0-2 weeks) - 2 with 1 dated, D4 (Routine - 6-12 weeks) - 2 dated
- \* Ultrasound - 77.09% - D4 (Routine - 6-12 weeks) - 82 with 73 dated
- \* DEXA Scans - 100%

The trust continues to treat by clinical priority. Both Ultrasound and CT activity plans were met in May.

In order to support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. National expectations to have no 13 weeks by end of June 2023 and by March 2024 the ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard.

## Actions

- \* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. Scanner is back on site 25th June for 13 days.
- \* Continue to monitor referrals as outpatient restoration increases; in particular Ultrasound.
- \* Continue to review waiting list size in Ultrasound. Trajectory for ultrasound to reach 85% by July 2023.

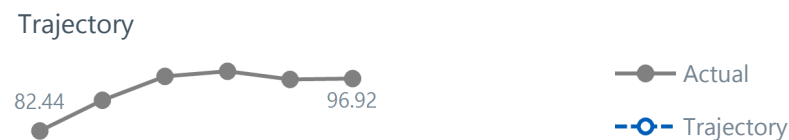
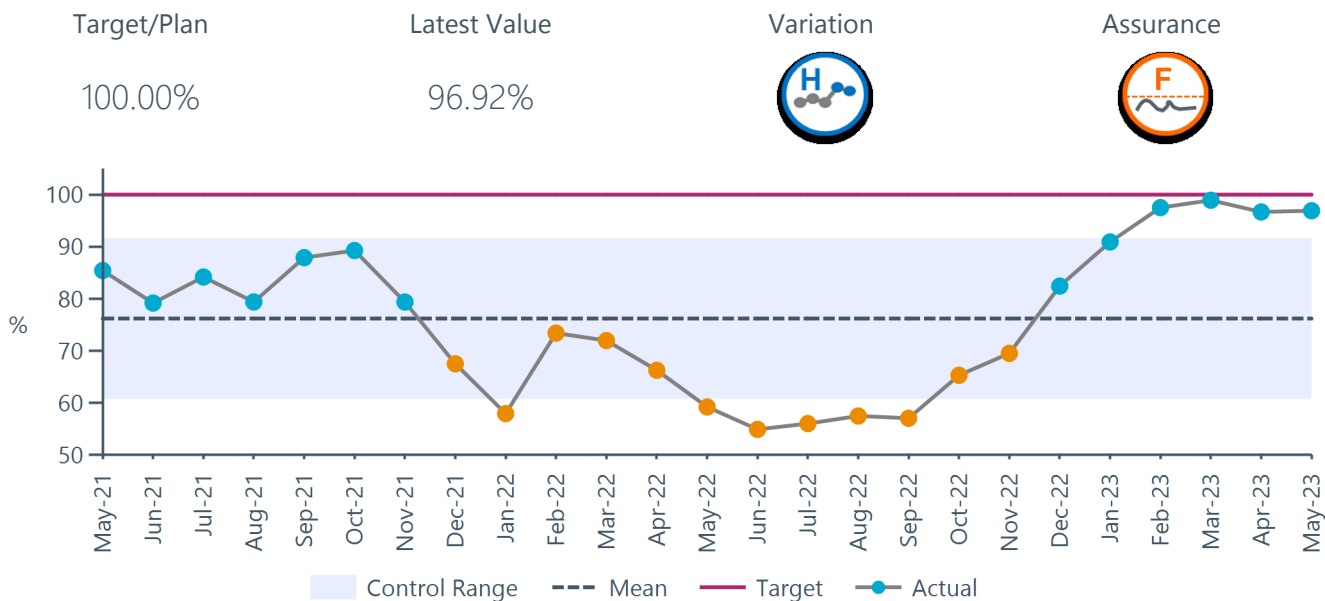
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%	73.55%	80.51%	89.63%	91.15%	87.27%	89.74%



# 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 96.92%; however, as can be seen in the graph above, there have now been eight months of consistent improvement.

Reported performance equates to 10 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- \* MRI - 99.49% - D4 (Routine - 6-12 weeks) - 1 dated
- \* CT - 100%
- \* Ultrasound - 90.63% D4 (Routine - 6-12 weeks) - 9 with 8 dated
- \* DEXA Scans - 100%

The trust continues to treat by clinical priority. It must be noted that both Ultrasound and CT activity plans were met in May.

## Actions

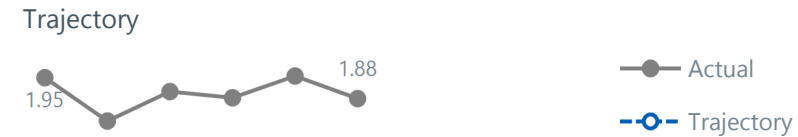
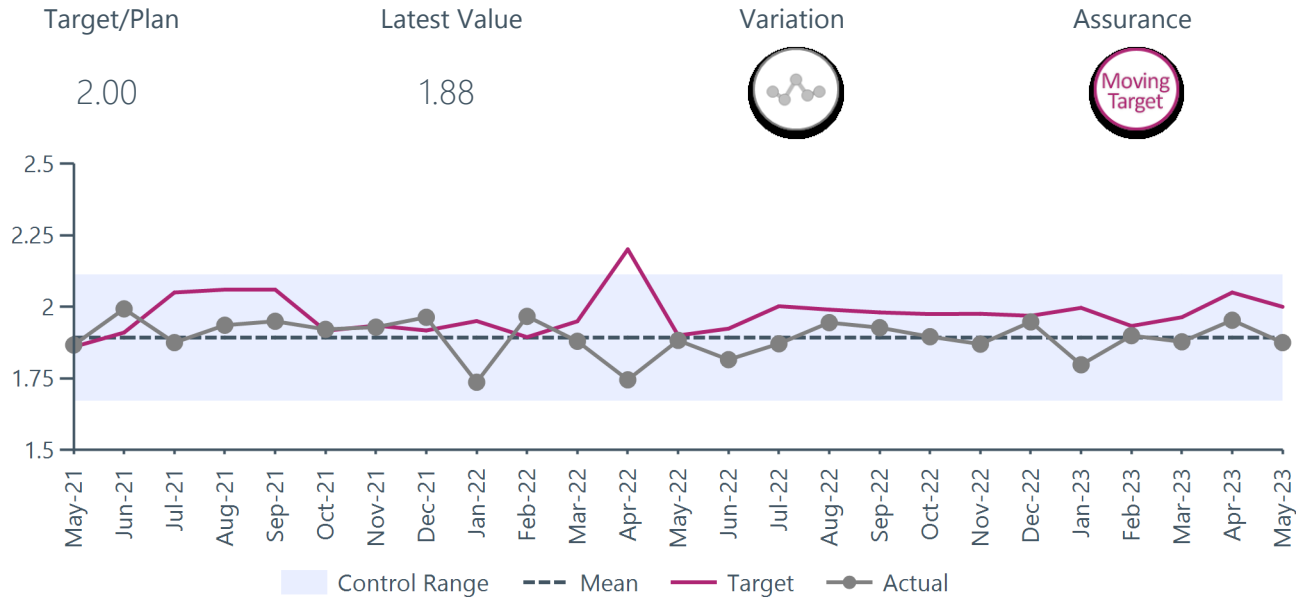
- \* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. Scanner is back on site 25th June for 13 days.
- \* Continue to monitor referrals as outpatient restoration increases; in particular Ultrasound.
- \* Continue to review waiting list size in Ultrasound.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%	82.44%	90.92%	97.52%	98.94%	96.69%	96.92%

# Theatre Cases Per Session Against Plan

Average number of cases per session rated against plan. 217801

Exec Lead:  
 Chief Operating Officer



## What these graphs are telling us

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

## Narrative

Cases per session achieved in May was 1.88 against the plan of 2.00 derived from our 2023/24 planning submission.

Summary:

- \* MSK Unit – achieved 1.96 of 2.14 plan
- \* Specialist Unit - achieved 1.65 of 1.56 plan

Impacts on CPS in May were:

- Increase in hip revisions (19) reducing CPS due to only being able to deliver 1 case per arthroplasty session
- 49 late notice theatre cancellations including 39 on the day and 10 within seven days of TCI - these gaps are difficult to fill
- IJP activity not maximised and shortfall in OJP activity

As seen in the SPC graph, since March 2021 the actuals fall between the control limits - in May CPS is on the mean.

## Actions

See 'Elective Activity Against Plan' for overall with specific actions here for CPS:

- \* Clinical oversight of bookings
- \* Review of 6-4-2 process underway

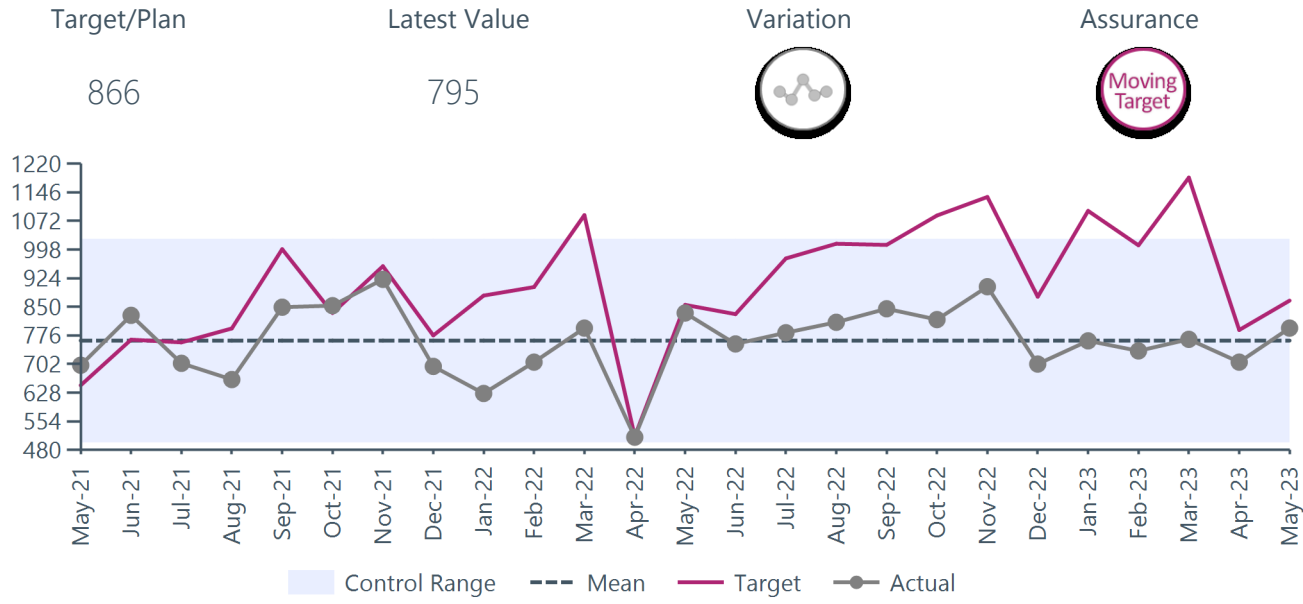
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
1.88	1.82	1.87	1.94	1.93	1.90	1.87	1.95	1.80	1.90	1.88	1.95	1.88

- Staff - Patients - **Finances** -

# 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.

May summary:

\* Total Theatre Activity –795 (plan 866) 71 short (91.80%)

\* NHS activity – 718 (plan 804) 86 short (88.30%)

\* Private patients – 77 (plan of 62) 15 over (124.19%)

Factors affecting delivery:

- Additional coronation bank holiday, Monday 8th May

- Staffing issues in Theatres

- 49 theatre cancellations (39 on the day and 10 ahead of TCI)

- Shortfall in NHS sessions (-13.0); sessions achieved 98.17% overall

- IJP activity not maximised and shortfall in OJP activity

- Cases per session behind plan – potential shortfall of 53 cases

Monthly theatre activity has remained steady around the mean since December 2022.

## Actions

Key themes identified for improvement:

\* Insourcing - focus on Spinal Disorders and pre-op pool.

\* Workforce model – planning and retention.

\* Booking and Scheduling – maximising theatre usage

\* Working day effectiveness

\* OJP alignment to booking processes

\* Reducing cancellations

\* Assumptions made for operational plans:

- Productivity - Extended days

- Productivity - Joints/List

- Productivity - P2s in Spinal Emergencies

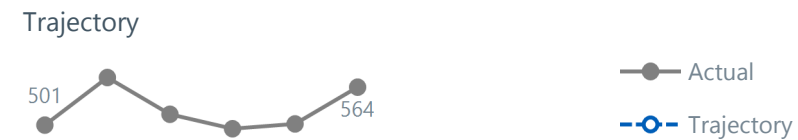
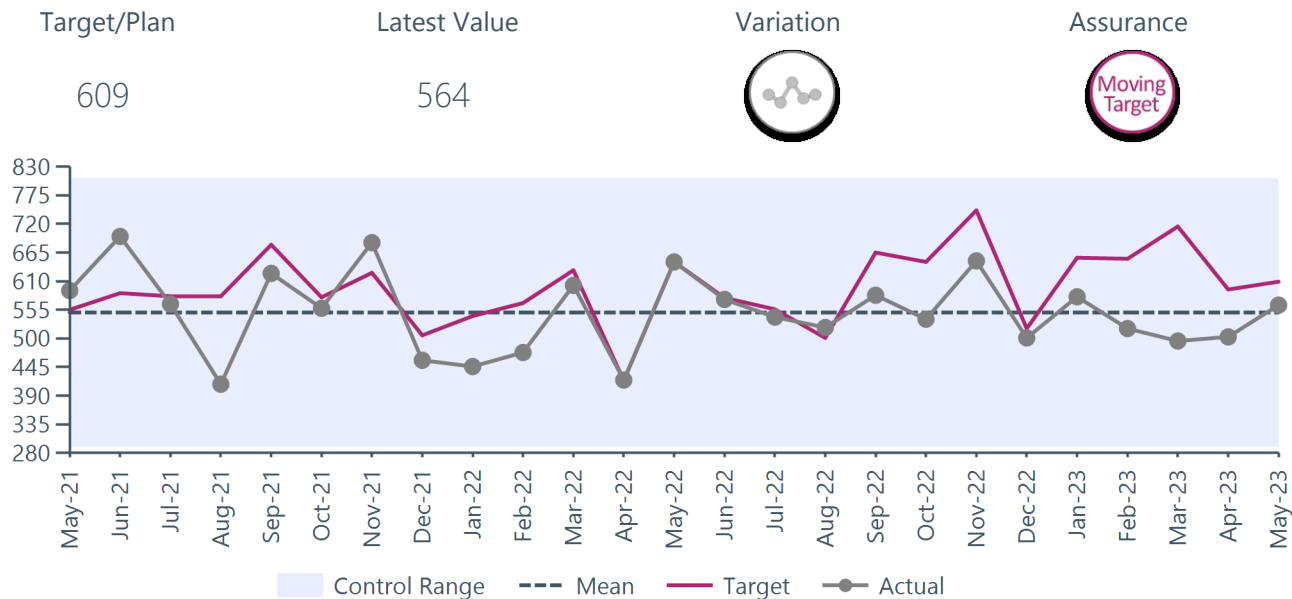
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
834	754	783	810	845	817	902	702	762	736	766	707	795

- 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 May was 609 cases.

In May, the Trust undertook 564 NHS theatre cases IJP, 45 cases behind the plan of 609 which equates to 92.61%; see 'Elective Activity Against Plan' and 'Volume of Sessions Against Plan' for further analysis.

The plan was 866 cases: 609 IJP, 195 OJP, 62 PP's.

IJP sessions achieved 315 against a plan of 322; 97.38%.

### Actions

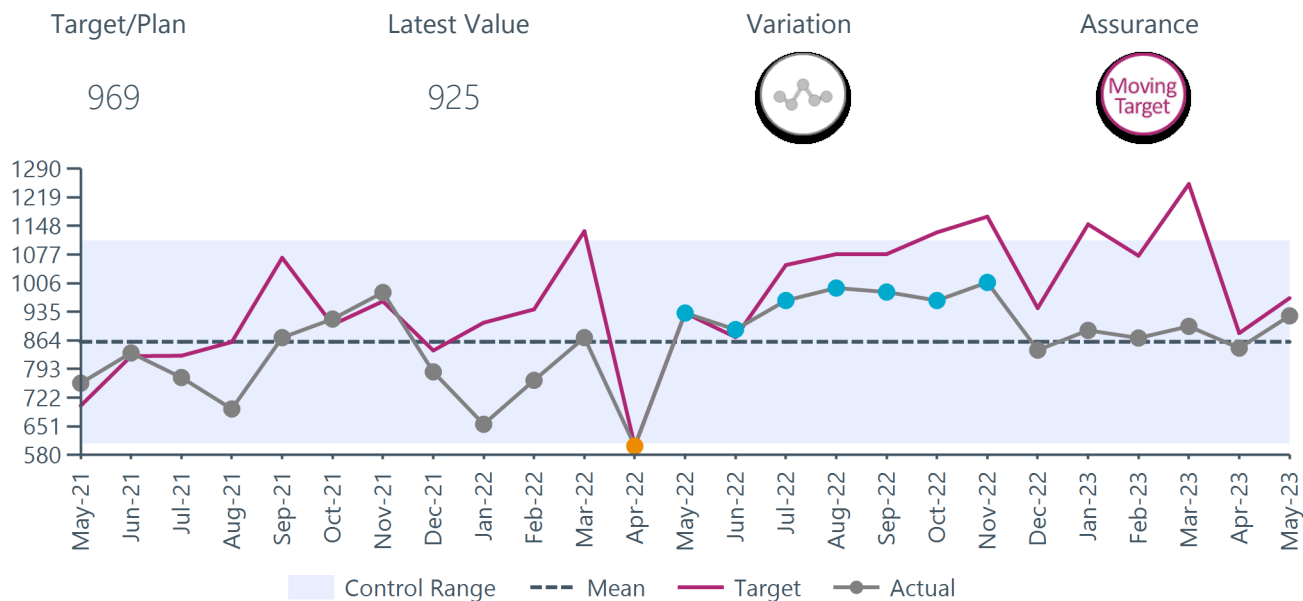
Weekly review of theatre schedule alignment to IJP

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
647	575	541	521	583	537	649	501	580	519	495	503	564

# 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 plan 2023/24 in May was 925, 44 below plan 969 (95.46%).

Factors affecting delivery:

- Additional coronation day bank holiday Monday 8th May
- Staffing issues in Theatres
- 49 theatre cancellations (39 on the day and 10 ahead of TCI)
- Shortfall in NHS theatre sessions (-13.0)
- IJP activity not maximised and shortfall in OJP activity
- Cases per session behind plan

Non theatre activity accounted for 26.60% of spells this month.

## Actions

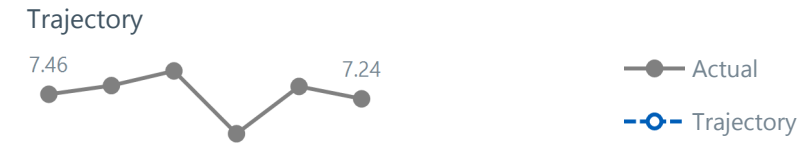
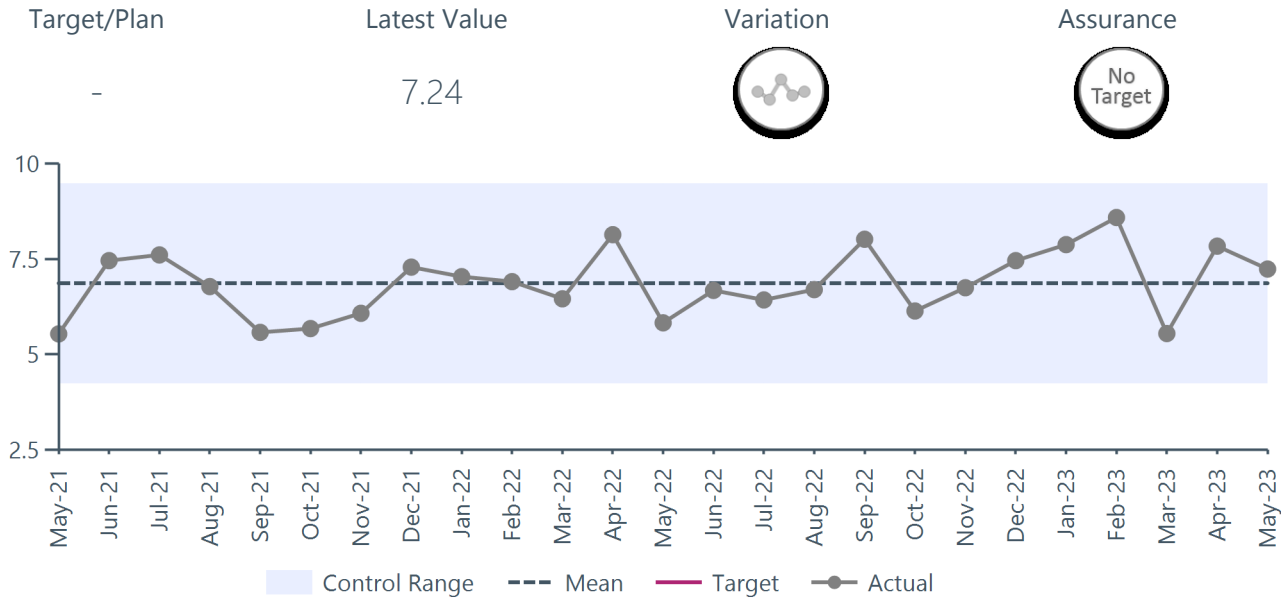
- Key themes identified for improvement:
- \* Insourcing - focus on Spinal Disorders and pre-op pool.
  - \* Workforce model – planning and retention.
  - \* Booking and Scheduling – maximising theatre usage
  - \* Working day effectiveness
  - \* OJP alignment to booking processes
  - \* Reducing cancellations
  - \* Assumptions made for operational plans:
    - Productivity - Extended days
    - Productivity - Joints/List
    - Productivity - P2s in Spinal Emergencies

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
932	891	963	994	984	963	1008	840	889	870	899	845	925

# Average Length of Stay – Elective & Non Elective

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

Exec Lead:  
 Chief Operating Officer



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

## Narrative

This is a new KPI that has been added from this month. Historically the KPI has reported on electives only, but this now encompasses both elective and non-elective patients. As this is the first month displayed this way, a target needs to be agreed. For May, the average length of stay was 7.24 days, with a breakdown as follows:  
 \* Elective Patients - 3.88 days  
 \* Non-Elective Patients 41.15 days; of which  
 - Spinal Injuries - 103.45 days  
 - Care of the Elderly - 32.20 days

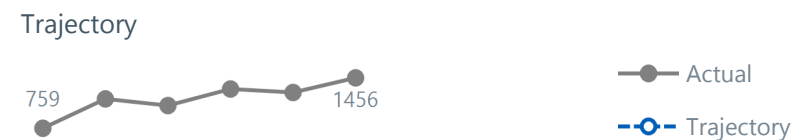
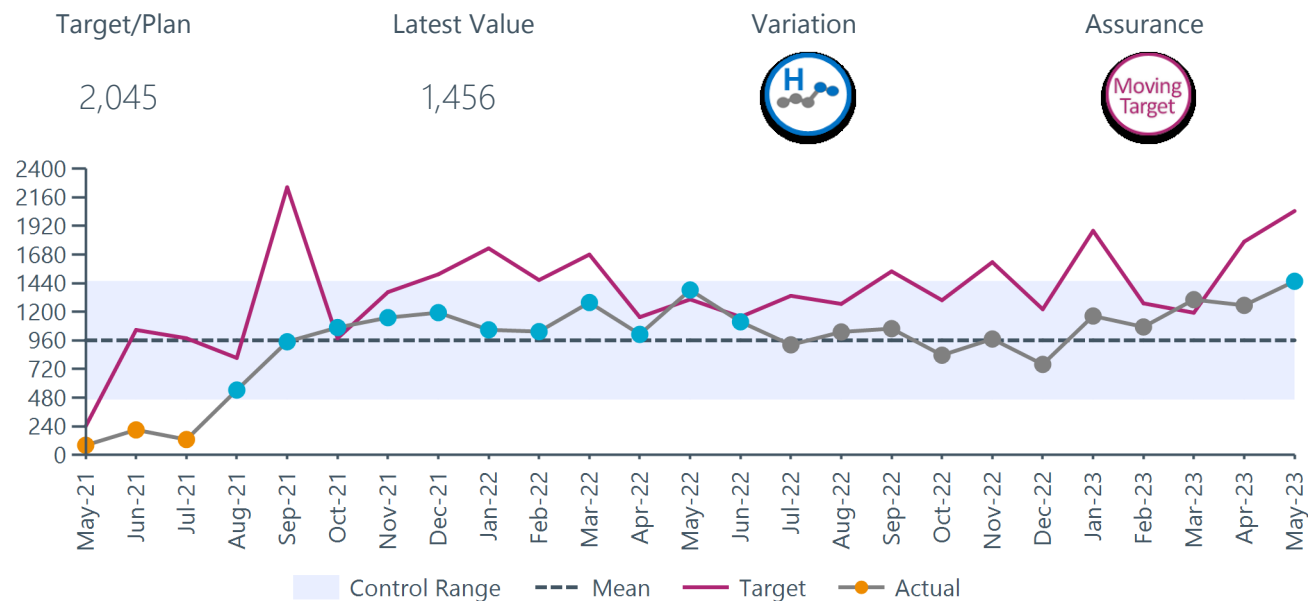
## Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
5.83	6.68	6.43	6.70	8.02	6.14	6.75	7.46	7.88	8.59	5.55	7.84	7.24

# 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 special cause variation of an improving nature. 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 OJP and will be monitored against 2023/24 plans.

In May, Outpatients saw 1456 via OJP, 589 below the plan of 2045 and equates to 71.20%. However it is noted that the activity delivered via IJP in May was 110.39%; therefore less OJP was required in May to meet the plan overall. The plan overall was achieved at 104.31%.

2023/24 plans for May 2023 were set to achieve 92.25% of 2019/20 baseline overall (IJP and OJP combined).

## Actions

- \* Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.
- \* OJP is being reviewed and discussed at sub-specialty level with figures being shared to help target discussions.
- \* Business case approved re. staffing of four more rooms in outpatients. Recruitment is progressing and in the meantime all requests are being taken with nearly all of them being fulfilled. From July all are open on bookwise.
- \* Allocation process has been reviewed and a new way of working is being trialled.

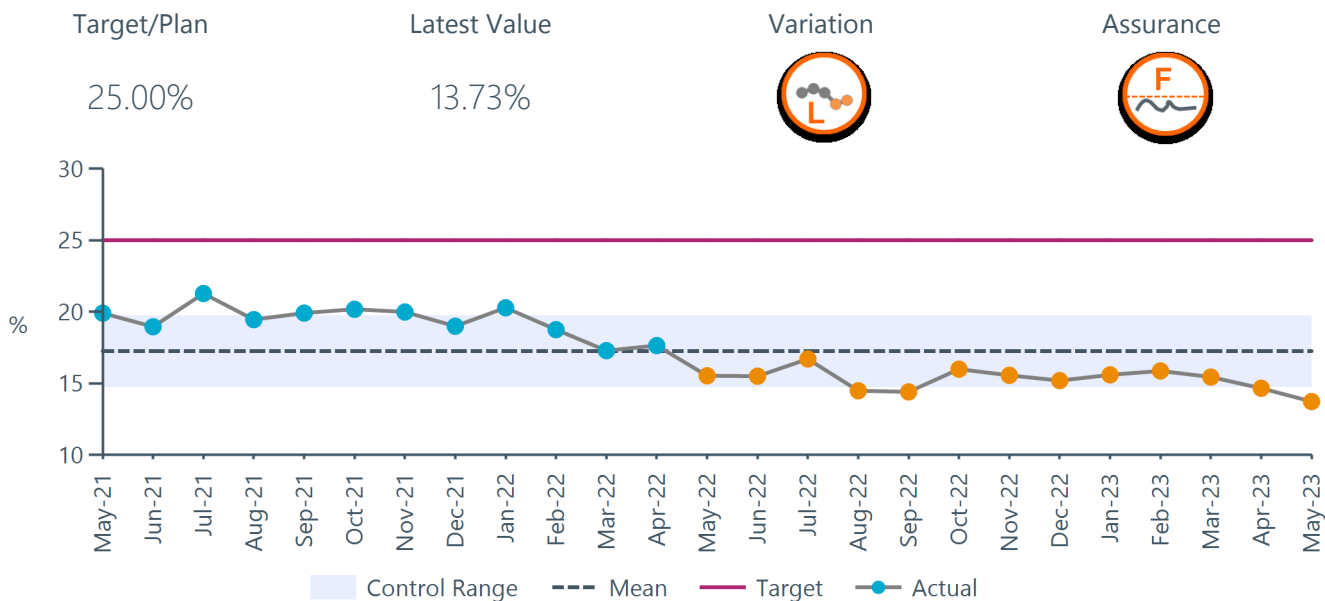
See 'Total Outpatient Activity' for further details.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
1383	1116	923	1031	1059	836	972	759	1165	1073	1302	1254	1456

# 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 May the total Virtual Outpatient Activity undertaken in the Trust was 1888 against 13751, equating to 13.73%; 1550 below 2022/23 NHS EI plan of 25%.

This is broken down as follows:

\* New appointments - 4.12% (158 out of 3838)

\* Follow-up appointments - 17.45% (1730 out of 9913)

The sub-specialities achieving the 25% target for virtual appointments are:

\* Spinal Injuries (43.89%); SOOS Physiotherapy (34.11%); Rheumatology (31.99%);

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

\* Neurology (0.92%); Muscle (1.92%); Physiotherapy (2.35%);

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.

## 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.

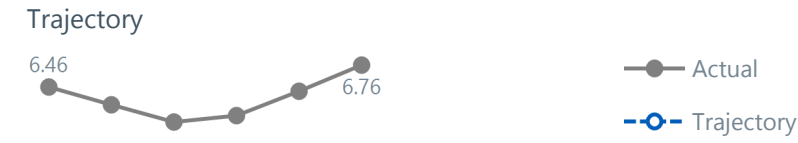
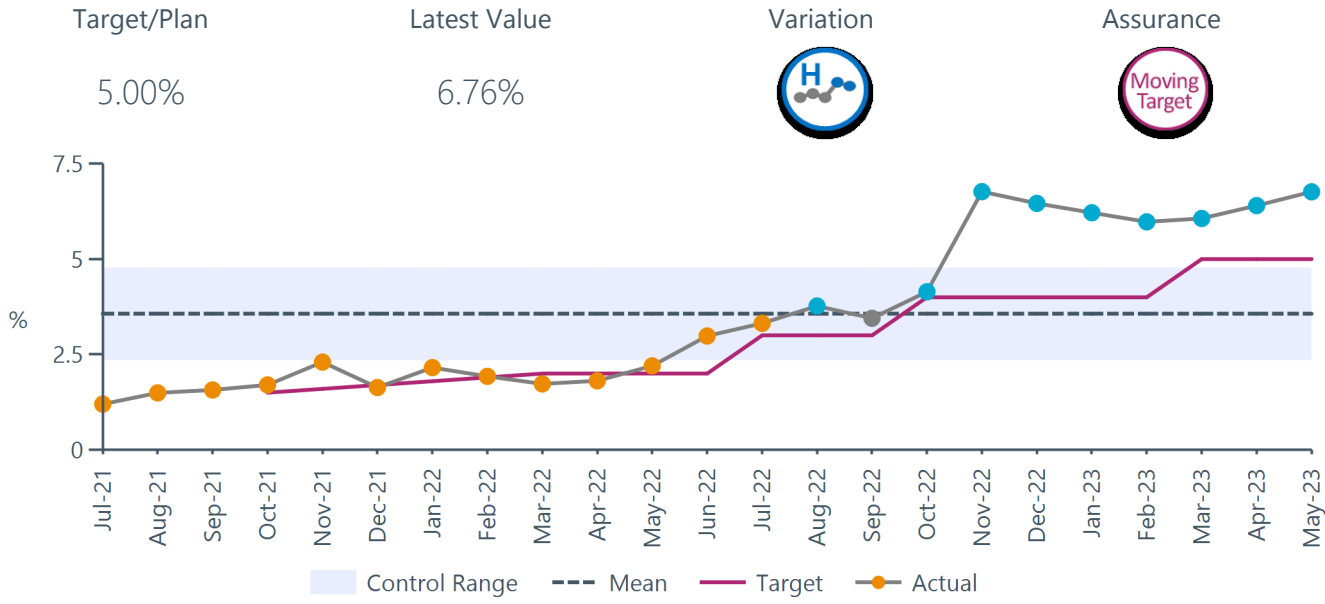
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
15.53%	15.50%	16.70%	14.49%	14.40%	15.99%	15.56%	15.19%	15.60%	15.87%	15.44%	14.66%	13.73%



# 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 May this was exceeded with 6.76% of total outpatient activity moved to a PIFU pathway.

**Actions**

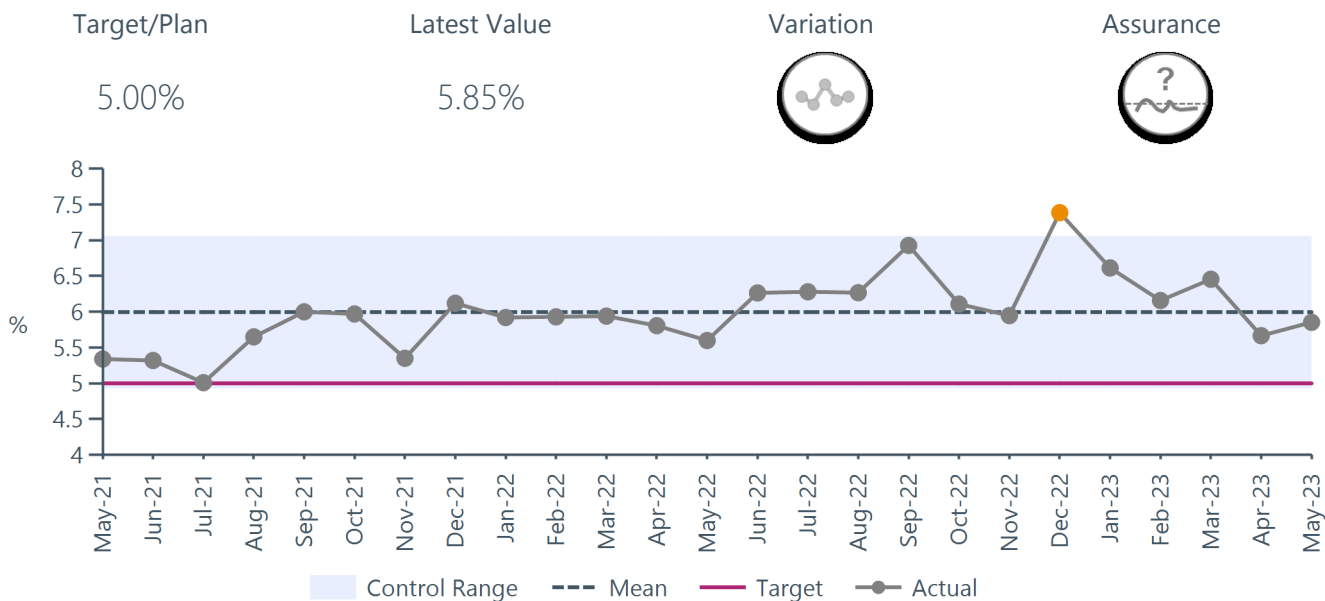
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2.20%	2.99%	3.32%	3.77%	3.45%	4.14%	6.77%	6.46%	6.21%	5.98%	6.06%	6.40%	6.76%

- Staff - Patients - **Finances** -

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

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

Exec Lead:  
Chief Operating Officer



## 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 remains above target at 5.85% for May. This equates to 855 missed appointments; 125 above the 5%. This is broken down as follows: New appointments - 5.70% (232 out of 4070); Follow-up appointments - 5.91% (623 out of 10536)

The sub-specialties that recorded the highest volumes of DNAs in May were:

- \* Metabolic Medicine - 105 DNAs; 9.17% of their activity
- \* Rheumatology - 108 DNAs; 8.82% of their activity
- \* Paediatric Orthopaedics - 37 DNAs; 8.49% of their activity

Approximately 30% of patients had their appointment confirmed with the Trust ahead of time where their DNA rates were:

- \* Confirmed Appointments - 3.42% DNAs
- \* Appointments not Confirmed - 7.14% DNAs

Of the appointments attended in May, 52.47% of patients received a text reminder. Where a reminder was sent, the DNA rate was 5.40%. Where a text reminder was not sent, the DNA rate was 6.41%.

## Actions

DNA Task and Finish group regularly meeting. Current actions in progress/under review are:

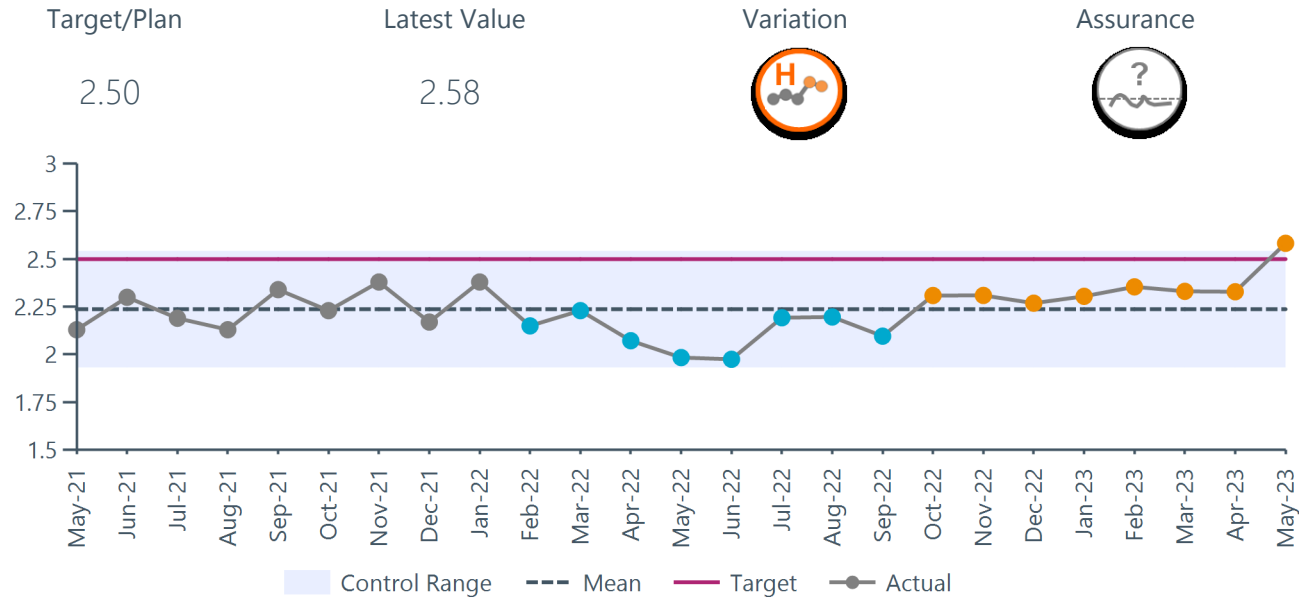
- \* Reviewing our DNA process and letter.
- \* The clear read letters for Paediatrics are now implemented.
- \* Exploring how we can support patients who find it difficult to attend - a deep dive is underway on this.
- \* Ensuring maximum confirmation rate wherever possible; we have seen out confirmation rates improve this month.
- \* Further analysis and understanding of our current processes has been undertaken. This has identified an opportunity to improve text reminders to our patients. This improvement is being made to our systems. The Trust is also exploring options for two way text messages.
- \* Look at option for flexible hours and ways for patients to contact out of hours.
- \* Develop a method for recording patients willing to attend at short notice.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
5.60%	6.26%	6.28%	6.27%	6.93%	6.11%	5.95%	7.39%	6.61%	6.16%	6.45%	5.67%	5.85%

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

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

Exec Lead:  
 Chief Operating Officer



## 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 KPI shows the ratio of the number of follow up attendances to the number of new attendances. In May this is reported as 2.58 which means that for every 100 new patients seen, we saw 258 follow up patients. The new to follow up ratio varies within each sub-specialty as some sub-specialities predominantly see new patients e.g. Neurology, whilst others predominantly see follow up patients e.g. Spinal Injuries.

The SOOS service has seen an increase in its new to follow up ratio since February 2023 and this aligns with the reduction of new referrals as a result of the new MUSST service go live in February. The Spinal Disorders team saw a significant increase in their new to follow up ratio in the month of May.

## Actions

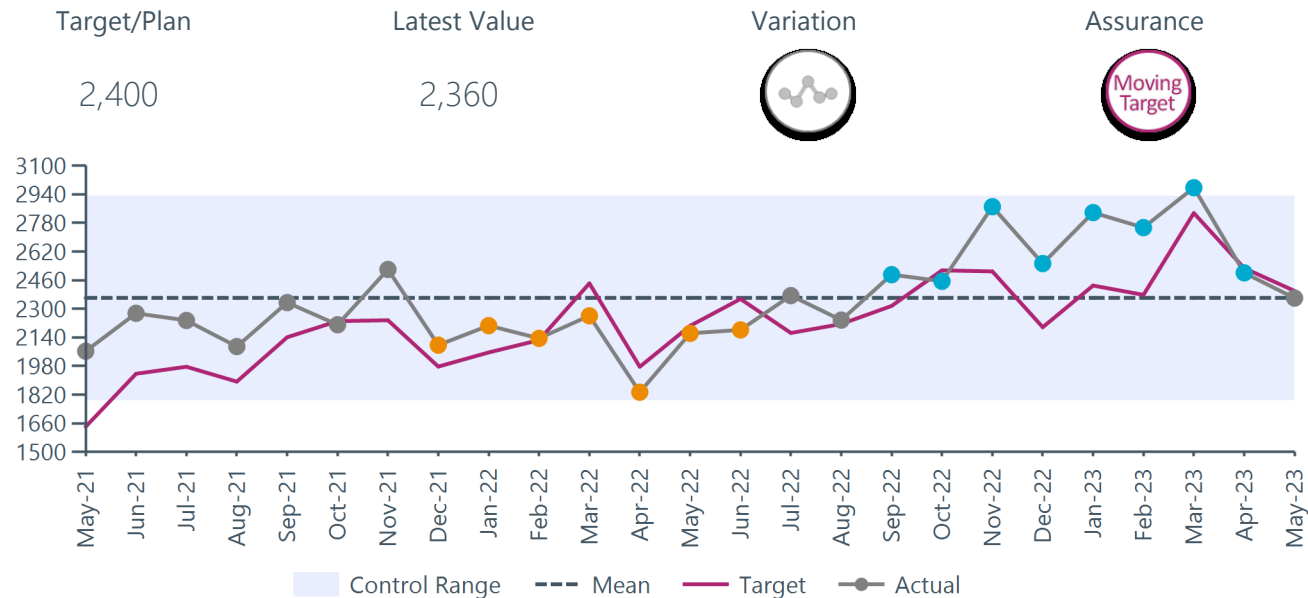
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
1.98	1.98	2.19	2.20	2.10	2.31	2.31	2.27	2.30	2.35	2.33	2.33	2.58

- Staff - Patients - Finances -

# 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

This metric is included as an exception as it is the second month where the plan has not been met. The plan for May was 117% of 19/20 baseline; total diagnostic activity undertaken in May was 2360 against the 2023/24 plan of 2400; 40 cases below - equating to 98.33%.

This is broken down as:

- CT - 424 against plan of 398; equating to 106.53%
- MRI - 1089 against plan of 1249; equating to 87.19%
- U/S - 847 against 753; equating to 112.48%

The plan for MRI activity was initially based on the mobile scanner being on-site for 2 days each week but since the plans have been submitted the schedule for the MRI scanner has been changed. The mobile scanner was not on site during May so activity was lost due to this. It is next due back on site on 25th June for 13 consecutive days.

## Actions

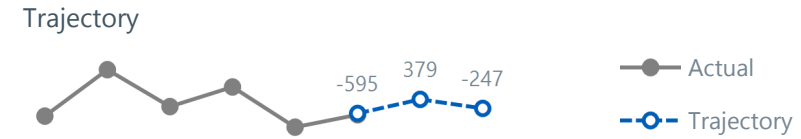
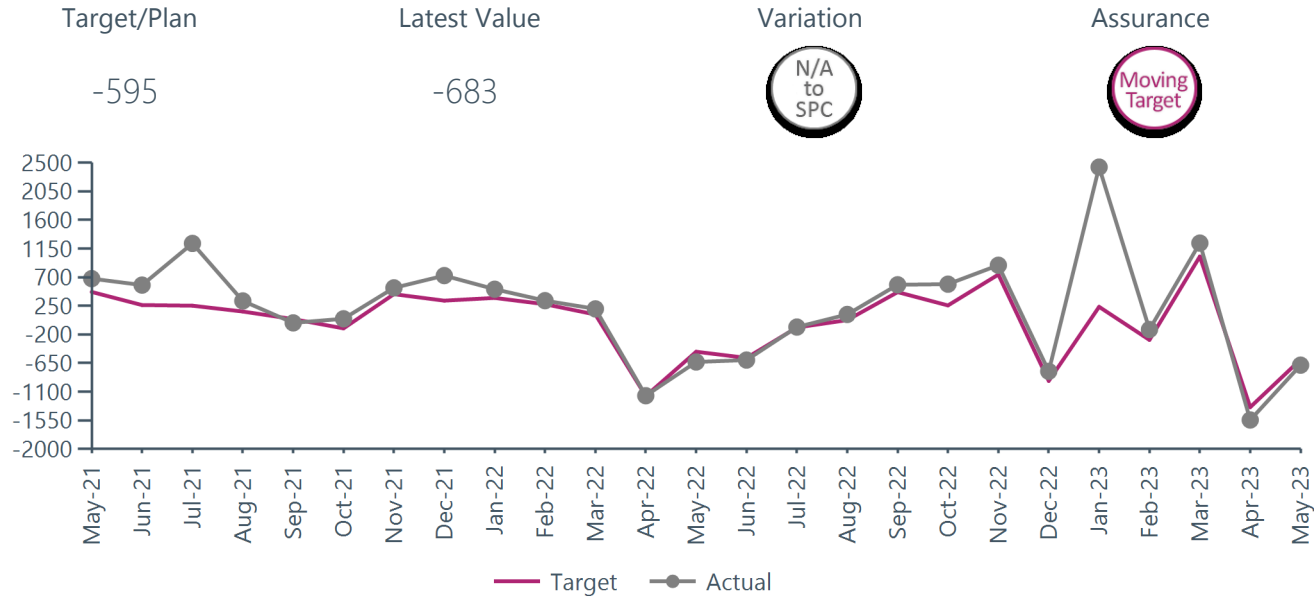
- \* Mobile MRI scanner back on site 25th June for 13 days.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2163	2182	2374	2237	2491	2454	2871	2553	2838	2754	2977	2501	2360

# 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 metric has a moving target.

### Narrative

Overall £683k deficit in month, £88k adverse to plan

YTD £2,227k deficit, £289k adverse to plan

### Actions

Recover activity shortfall which has impacted income and ongoing management of risks/identification of mitigations

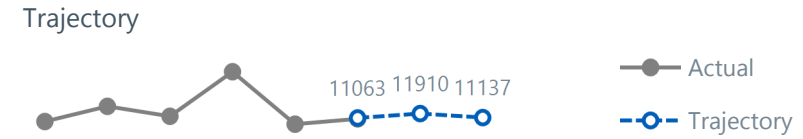
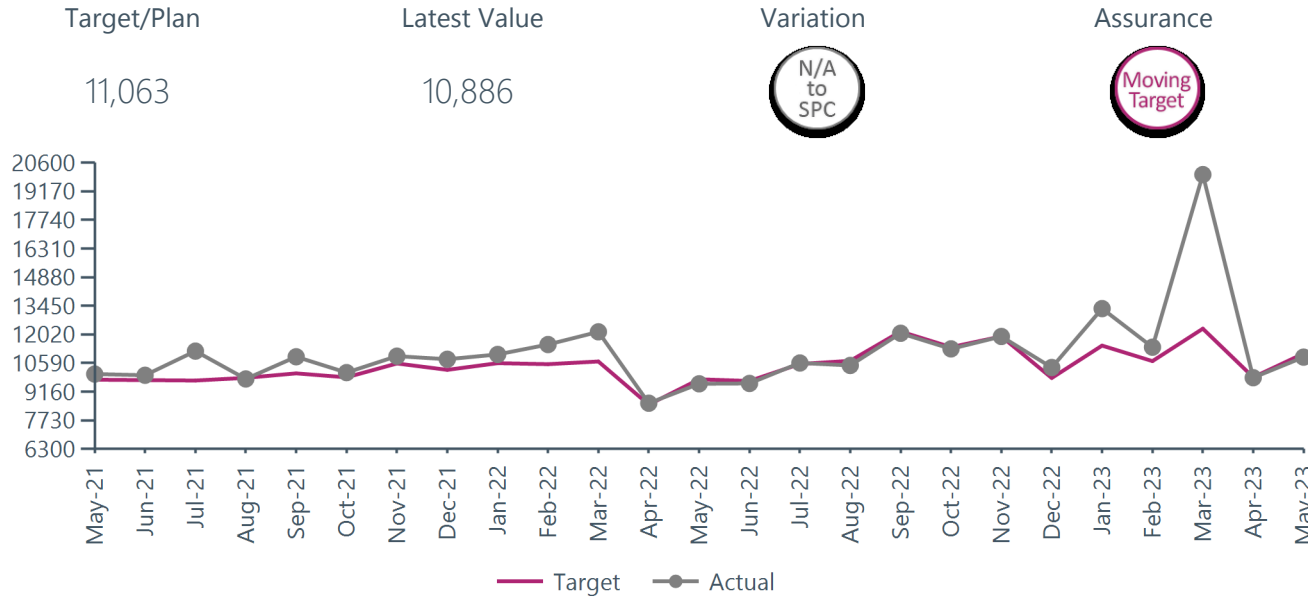
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
-633	-603	-84	114	581	590	888	-780	2431	-122	1236	-1545	-683

- Staff - Patients - **Finances** -

# Income

All Trust Income, Clinical and Non-Clinical 216333

Exec Lead:  
 Chief Finance and Planning Officer



## What these graphs are telling us

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

## Narrative

- Income £207k adverse excluding pass through income driven by:
- Commissioner mix in month (LVA activity exceeded historical levels from which block funding is based upon)
  - Theatres and Consultant led outpatient activity also behind plan leading to further shortfall of income

## Actions

Escalate LVA block funding as an issue with NHSE and increased oversight on theatre and outpatient activity to recover ytd shortfalls

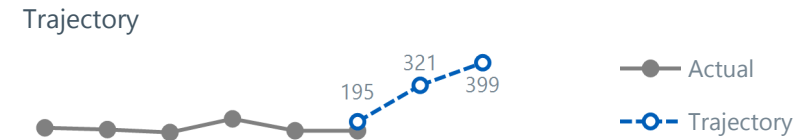
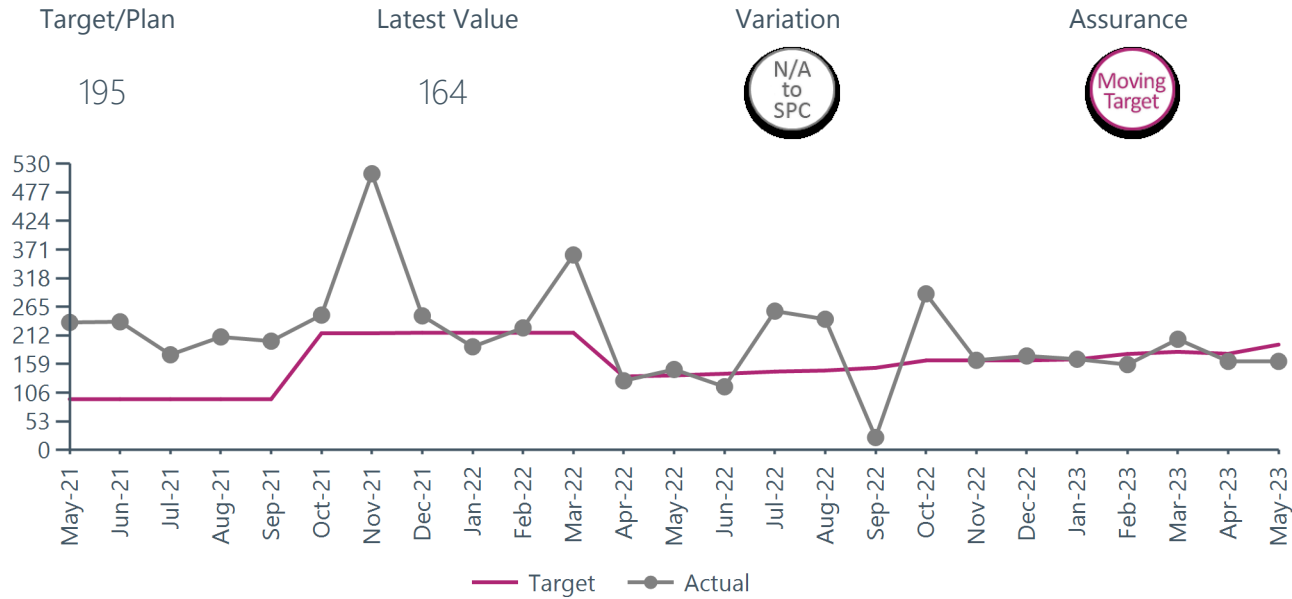
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
9554	9573	10594	10471	12079	11299	11918	10368	13312	11383	20006	9859	10886

- Staff - Patients - **Finances** -

# Efficiency Delivered

Efficiency requirements 215298

Exec Lead:  
 Chief Finance and Planning Officer



## What these graphs are telling us

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

### Narrative

1.4% efficiencies achieved in month against a phased plan of 1.8% Shortfall in both clinical units

### Actions

Ongoing oversight of delivery and identification of further schemes within units - progress updates to FPD

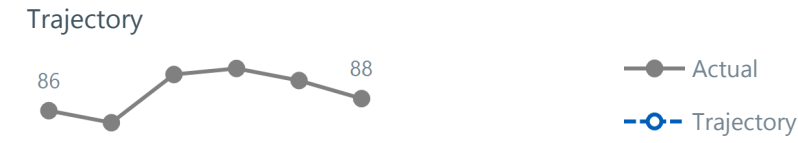
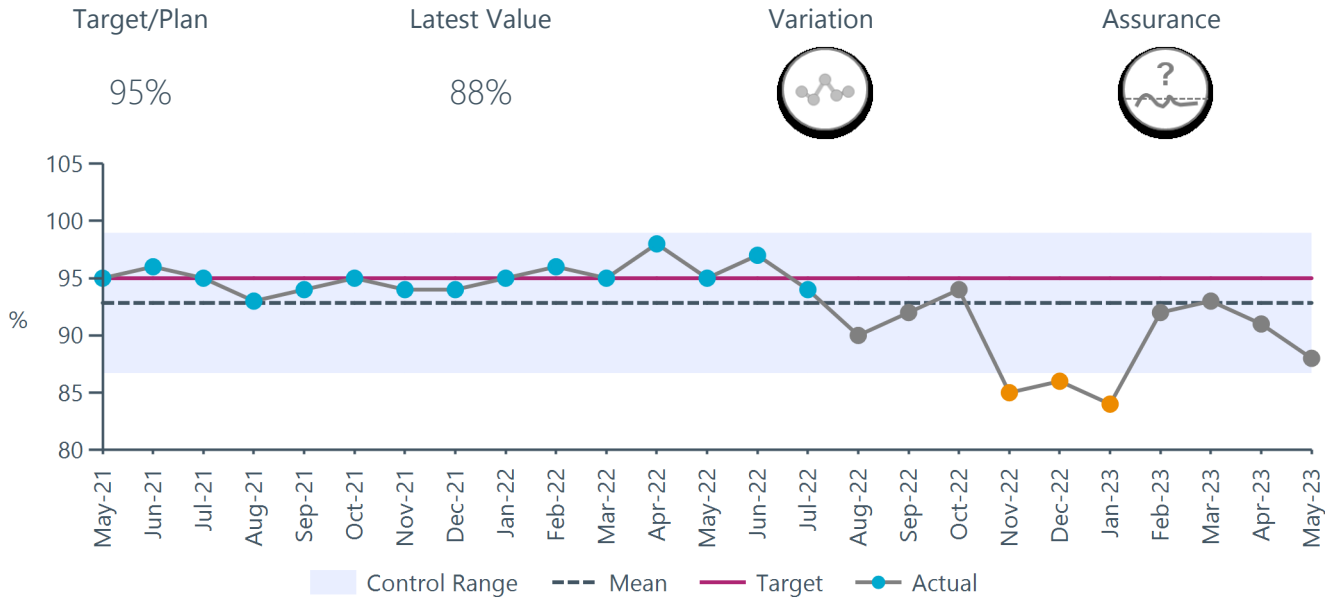
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
149	117	257	242	23	289	166	174	168	158	205	164	164

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

**Narrative**

Performance below target due to operational staffing issues within small team

**Actions**

Recruitment underway to fill gaps

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
95.00%	97.00%	94.00%	90.00%	92.00%	94.00%	85.00%	86.00%	84.00%	92.00%	93.00%	91.00%	88.00%

- Staff - Patients - **Finances** -