Combined Integrated Performance Report
July 2024 – Month 4

NHS
The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.

There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

 - Any single point outside of the control range

 - A run of 7 or more consecutive points located on the same side of the mean (dotted line)

 - A run of 6 or more consecutive points that are ascending or descending

 - At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

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

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

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

b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.

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

a)

b)

c)
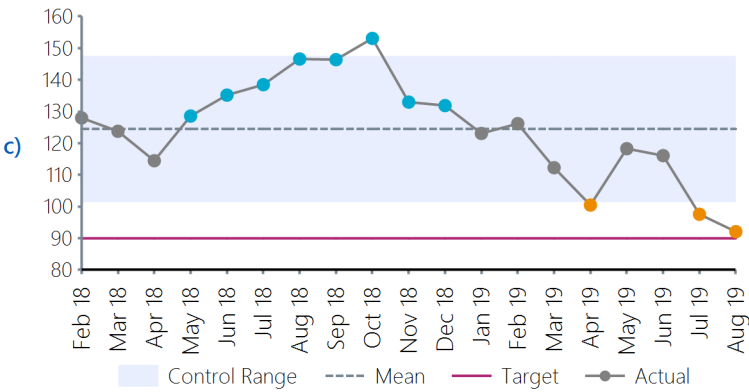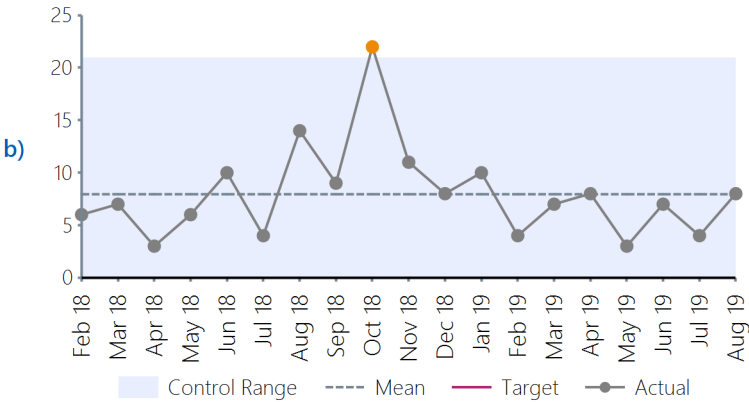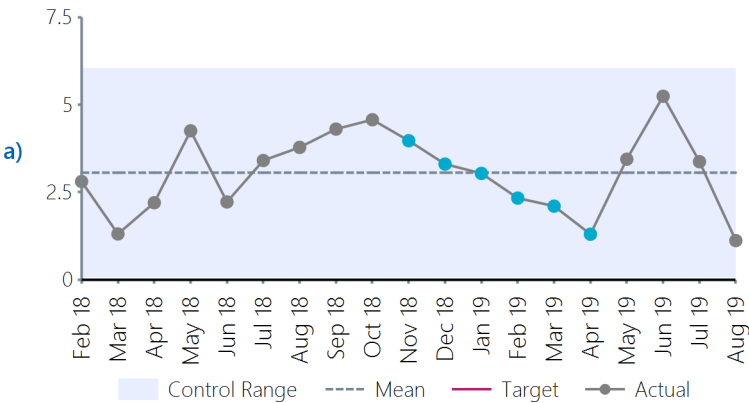
Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

Blue	Green	Amber	Red
No improvement required to comply with the dimensions of data quality	Satisfactory - minor issues only	Requires improvement	Siginficant improvement required
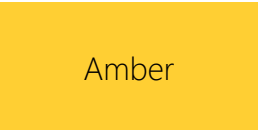
Dates

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

Combined Integrated Performance Report
July 2024 - Month 4

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.04%	5.52%		(variation)	Moving Target		05/12/23
Sickness Absence - Short Term	2.17%	2.03%		(variation)	Moving Target		05/12/23
Sickness Absence - Long Term	2.87%	3.49%		(variation)	Moving Target	+	05/12/23
Staff Turnover - Headcount	7.90%	8.26%		L	Moving Target	+	04/06/24
In Month Leavers	12	14		(variation)	Moving Target		
Vacancy Rate	8.00%	5.43%		H	?	+	15/04/24
Nursing Vacancy Rate (Trust)	8.00%	5.25%		L	?	+	
Healthcare Support Worker Vacancy Rate	5.36%	8.32%		L	Moving Target	+	
Allied Health Professionals Vacancy Rate	8.00%	4.53%		L	?	+	
Total Headcount in Post		2,118		N/A to SPC	No Target	+	

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Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Hire	55	64		(variation icon)	(?)	+	
Staff Retention		80.91%		(H)	No Target	+	
% Staff Availability		78.85%		(variation icon)	No Target	+	
Statutory & Mandatory Training	92.00%	92.20%		(variation icon)	(?)	+	
Personal Development Reviews	93.00%	87.60%		(variation icon)	(F)	+	
E-Rostering Level of Attainment	4	4		N/A to SPC	(P)	+	
Percentage of Staff on the E-Rostering System	90.00%	91.90%		(H)	(P)	+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	65.22%		(variation icon)	(F)	+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	60.54%		(H)	(P)	+	
E-Job Planning Level of Attainment	4	4		N/A to SPC	(P)	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Percentage of Staff with an Active E-Job Plan	90.00%	86.01%		(H)	(F)	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0		N/A to SPC	No Target		
Number of Patient Safety Reviews		4		N/A to SPC	No Target	+	
Total Patient Falls	10	22		H	?	+	
Inpatient Ward Falls Per 1,000 Bed Days	2.50	4.41		H	?	+	
RJAH Acquired Pressure Ulcers	1	1		N/A to SPC	P		
Pressure Ulcer Assessments	99.00%	99.90%		(variation)	?		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.28%		(variation)	P		
Number of Complaints	8	15		(variation)	?	+	04/03/24
Standard Complaints Response Rate Within 25 Days	100.00%	87.50%		(variation)	?		
Complex Complaints Response Rate Within 40 Days	100.00%	0.00%		N/A to SPC	F		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	4		N/A to SPC	F	+	
Number of Compliments		1,239		(variation)	No Target		
Safe Staffing	90.00%	90.40%		L	P	+	
Mixed Sex Accommodation	0	0		N/A to SPC	P	+	
% Delayed Discharge Rate	2.50%	6.18%		(variation)	F	+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	20		(variation)	?	+	
RJAH Acquired C.Difficile	0	0		N/A to SPC	P		04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	12.04		H	F		
RJAH Acquired E. Coli Bacteraemia	0	2		N/A to SPC	?	+	04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	21.67		H	P	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired MSSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		04/03/24
Surgical Site Infections	0	0		(variation)	?	+	04/03/24
Outbreaks	0	0		N/A to SPC	P		04/03/24
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	?		
Medication Errors		41		H	No Target	+	
Medication Errors with Harm	0	3		(variation)	?	+	
Number of Deteriorating Patients	5	3		N/A to SPC	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	0		N/A to SPC	P	+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	3			?		
VTE Assessments Undertaken	95.00%	99.78%			P		
28 days Emergency Readmissions*	1.00%	1.44%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%			P		
Volume of Theatre Cancellations	53	63		L	Moving Target	+	
31 Day General Treatment Standard*	96.00%	100.00%	100.00%		P		
62 Day General Standard*	85.00%	60.00%	100.00%		?	+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	83.78%	89.74%		Moving Target		12/09/23
18 Weeks RTT Open Pathways	92.00%	49.27%		L	F	+	24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	15,770	16,057		H	Moving Target	+	
Welsh List Size		8,312		H	No Target	+	
Combined List Size		24,369		H	No Target	+	
Patients Waiting Over 52 Weeks – English	1,246	1,264			Moving Target	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,357		H	No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,621		H	No Target	+	
Patients Waiting Over 65 Weeks - English	75	253		L	Moving Target	+	
Patients Waiting Over 65 Weeks - Welsh	0	722		H	F	+	
Patients Waiting Over 65 Weeks - Combined		975		L	No Target	+	
Overdue Follow Up Backlog	8,113	11,856		H	Moving Target	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	85.00%	75.95%	84.12%		Moving Target	+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	91.01%		H	F	+	04/03/24

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.06	1.93		H	Moving Target	+	
Touchtime Utilisation	85.00%	84.80%		H	Moving Target	+	
Total Theatre Activity Against Plan	958	936		H	Moving Target	+	
IJP Activity - Theatres - against Plan	693	753		H	Moving Target	+	
OJP Activity - Theatres - against Plan	198	80		L	Moving Target	+	
PP Activity - Theatres - against Plan	67	103			Moving Target	+	
Elective Activity Against Plan (volumes)	1,104	1,095		H	Moving Target	+	24/06/21
Overall BADS %	85.00%	86.31%			?	+	
Average Length of Stay – Elective & Non Elective		5.45		L	No Target	+	
Bed Occupancy – All Wards – 2pm	87.00%	83.98%			?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	13,454	13,587			Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	12,302	13,206			Moving Target	+	
OJP Activity - Outpatients - against Plan	1,152	381		L	Moving Target	+	
Outpatient Procedures - ERF Scope	46.00%	32.03%	32.80%		F	+	
Total Outpatient Activity - % Virtual	12.47%	13.21%			Moving Target		
Total Outpatient Activity - % Moved to PIFU Pathway	5.50%	4.93%			Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.24%		L	?	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.65			?		
Total Diagnostics Activity against Plan - Catchment Based	2,732	2,838			Moving Target	+	
Data Quality Maturity Index Score					?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Referrals Received for Consultant Led Services*		3,488			No Target		
Financial Control Total	186.30	91.70		N/A to SPC	Moving Target	+	
Income	12,713.90	12,518.20		N/A to SPC	Moving Target	+	
Expenditure	12,527.60	12,426.50		N/A to SPC	Moving Target	+	
Efficiency Delivered	359.80	755		N/A to SPC	Moving Target		
Cash Balance	18,272	16,066		L	Moving Target	+	
Capital Expenditure	1,361	1,049		N/A to SPC	Moving Target		
Agency Proportion of Pay Plan	3.20%	2.95%		N/A to SPC	?		
Proportion of Temporary Staff	12.39%	11.31%		N/A to SPC	Moving Target		
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	98.00%			?		

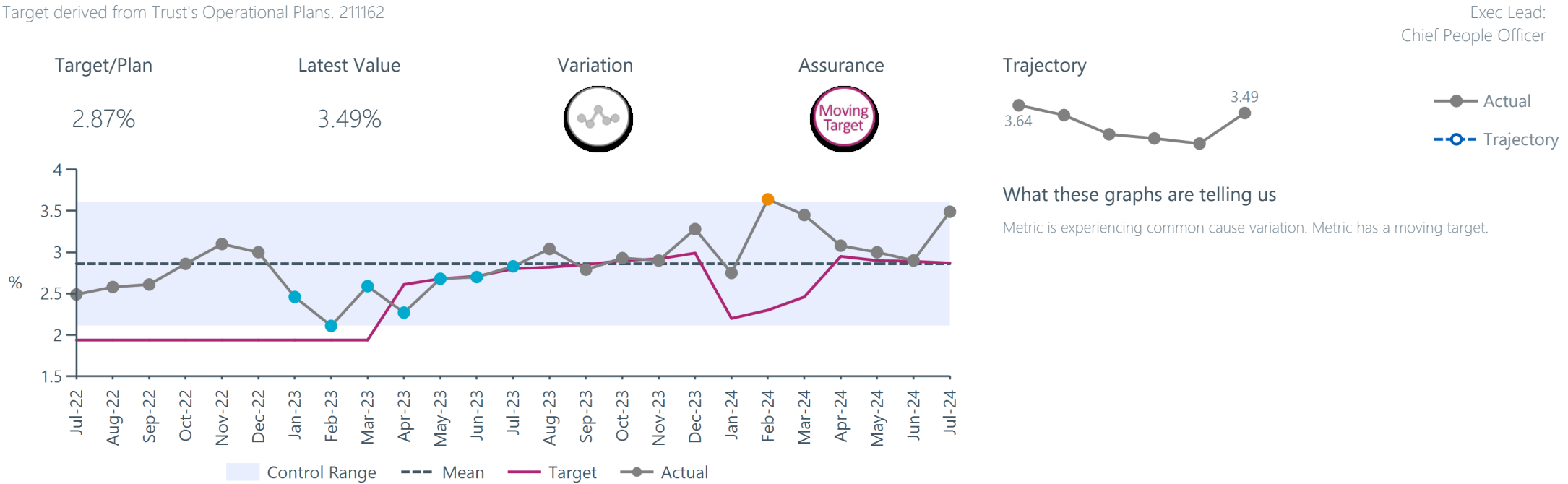# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	110.95%	103.51%		N/A to SPC	Moving Target	+	

Sickness Absence - Long Term

Target derived from Trust's Operational Plans. 211162

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.87%	3.49%		Moving Target	

What these graphs are telling us

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

Narrative

The long term sickness rate for July is reported at 3.49%; above the 2.87% target. Overall sickness absence target reflects the Trust's Operational plans. Target is based on previous year's outturn, with short and long term targets derived from that.

In July, the top three reasons for absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Other known causes'; these are consistently the top reasons. The hotspot areas for long term sickness were:
* Powys Ward 14.88%
* Montgomery 11.23%
* Therapies T&O Team 10.83%
* Ward Housekeepers 10.30%

There were 81 episodes of long term sickness reported, of which 28 cases have closed in month with a further 11 scheduled to close in August.

Actions

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

Instigation of sickness absence management is highlighted to managers by the People Team, supported by Workforce Information, with assurance being requested at key stages ,and where necessary, People Services Team intervention.
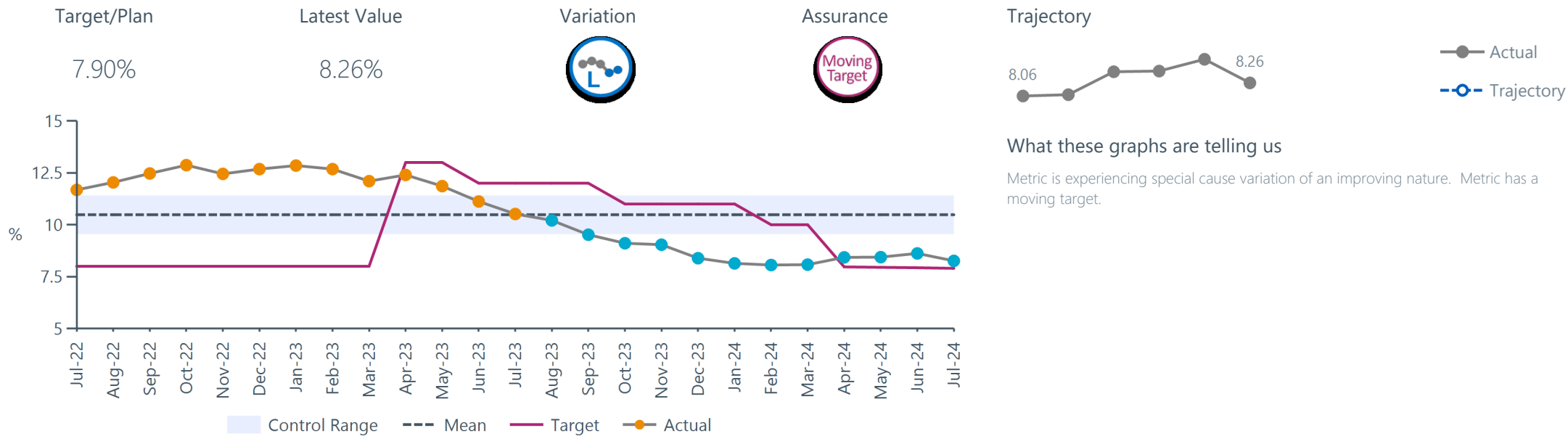
The wellbeing offer is under review as a system. There is emphasis to ensure anxiety/stress/depression is a priority within the offer. The People Services Team continue to support colleagues within the current system offer for anxiety/stress/depression. Focused communication on wellbeing was issued to staff and managers in April. Trust wellbeing portal launched in June.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
2.83%	3.04%	2.79%	2.93%	2.90%	3.28%	2.75%	3.64%	3.45%	3.08%	3.00%	2.90%	3.49%

\- **Staff** \- Patients \- Finances \-

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
7.90%	8.26%	L	Moving Target	8.06 ... 8.26

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

What these graphs are telling us

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

Narrative

Staff Turnover is reported at 8.26% for July. This is the fourth consecutive month reported above target but when reviewing the overall data displayed in the graph above, there has been a period of sustained improvement over the last twelve months. There has been a reduction in the target from April to reflect what has been submitted in the Trust's Operational Plans. The 24/25 target is aligned with the 23/24 outturn.

This metric relates to the leavers over the past twelve months. For the period of August-23 to July-24 there have been 149 leavers as a proportion of the month end headcount.
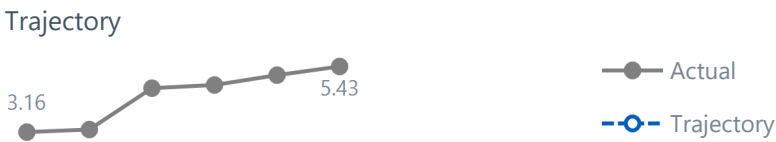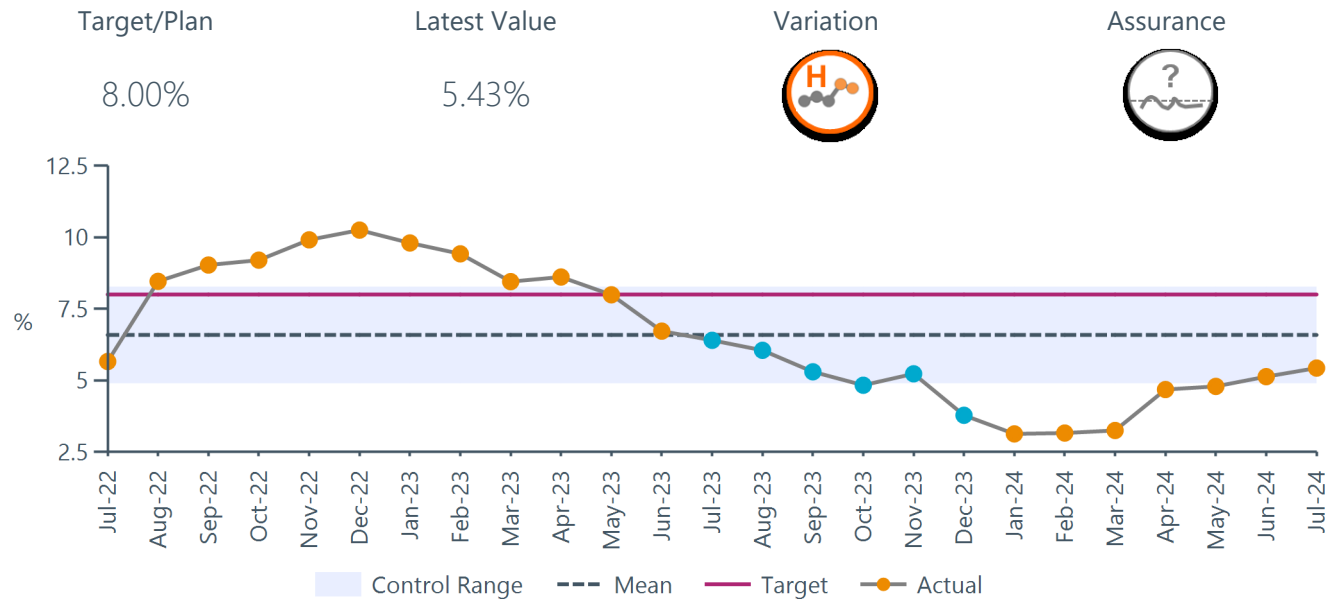
Actions

* Business case formulated for Student Nurse Associates 24/25. NHSE funding offer has now been received; plans for quarter one 24/25 intake with additional plans for top-up to registered nurse places. This is a long term action to support turnover, not a direct action to current vacancies.
* HCSW Retention; Meeting taken place between Recruitment, Nursing & AHP Workforce Lead and People Promise Exemplar to review deep dive of HCSW retention data. Assurance that People Promise actions cover the issues highlighted in the deep dive.
* Working with System to develop a new process for apprenticeship approval that will encompass all apprenticeship requirements on an annual basis. This will contribute to the Nursing and AHP career pathways from HCSW to Advanced Clinical Practice. This forms commitment number four of the Nursing & AHIP Strategy 2024-29. This is a long-term workforce recruitment and retention initiative.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates and improve the conversion rate as concerns with the volume of tickets being issued by Managers. Recruitment Lead has issued update via internal Trust communication channels. Further engagement through the Clinical Placement Team and oversight through Trust Education forum once strategy agreed.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
10.52%	10.21%	9.52%	9.11%	9.04%	8.39%	8.14%	8.06%	8.08%	8.43%	8.44%	8.62%	8.26%

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	5.43%	(H)	(?)	3.16 ... 5.43

Legend: ● Actual --○-- Trajectory

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.

Chart legend: Control Range — Mean — Target — Actual

Narrative

The Trust-wide vacancy rate for July month-end is reported at 5.43%. This position does remain below the 8% target, but the SPC graph does indicate special cause variation of concern as there's been a rise each month in this calendar year. There was an establishment increase of 27.05 WTE in April, in part driven by the Rheumatology transfer of services. The ICS vacancy controls were introduced in April. Both of these are a contributory factors to the increase seen over recent months.

Despite the overall Trust position remaining below target, focus must remain on specific areas where there are high volumes of vacancies. The positions for Theatres are outlined in the covering paper that accompanies the IPR to People Committee. The three areas with the highest levels of WTE vacancies, other than Theatres, are outlined below:
* MCSI Inpatients - 12.78 WTE vacant, equating to 13.71%
* Housekeeping - 5.92 WTE vacant, equating to 12.88%
* Access Team (Outpatients Bookings) - 5.63 WTE vacant, equating to 24.07% - partly driven by establishment change

Actions

* Ad-hoc meeting taken place between Recruitment, Nursing & AHP Workforce Lead and Matrons to review current vacancies. Plan to schedule this as a monthly discussion.
- Nursing vacancies in active recruitment on Clwyd, Sheldon, MCSI IP and Montgomery/Oswald Ward. Vacancy on Alice due through vacancy panel. MCSI OP & Resettlement recruitment paused whilst management of change under way to restructure this area.
- HCSW vacancies active recruitment on Ludlow; in MCSI In-patients active recruitment only partially covered by active recruitment, Matron Specialist Unit to review. MCSI OP & Resettlement recruitment paused whilst management of change under way to restructure this area. Clwyd have no active recruitment against a reported vacancy, MSK matron to review, some areas may require further reconciliation of ESR/Finance establishment.
* Further HCSW vacancies in Theatres are forecast for next month in line with TIF2 completions
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; final ODP arrived.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
6.40%	6.05%	5.30%	4.83%	5.23%	3.78%	3.13%	3.16%	3.25%	4.68%	4.79%	5.13%	5.43%

-   Staff   -   Patients   -   Finances   -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	5.25%	L	?

Trajectory

5.87

5.25

— Actual
-○- Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target —●— Actual

Narrative

The Nursing Vacancy Rate is reported at 5.25% for July month end; this equates to 17.37 WTE vacant, down from 19.57 WTE at the end of June. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target since October. A breakdown of the vacancies by area as follows:
* Specialist Unit - 14.09% / 17.56 WTE vacant
* MSK Unit - 1.73% / 3.21 WTE vacant
* Corporate Areas - over-established by 3.40 WTE

As at month end, 23.62 WTE was in progress against the vacant position of 17.37 WTE with a breakdown as follows:
* 10.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 9.62 WTE in Recruitment Pipeline - at conditional or unconditional stage
* 4.00 WTE - International recruitment

Actions

* Ad-hoc meeting taken place between Recruitment, Nursing & AHP Workforce Lead and Matrons to review current vacancies. Plan to schedule this as a monthly discussion. Nursing vacancies in active recruitment on Clwyd, Sheldon, MCSI IP and Montgomery/Oswald Ward. Vacancy on Alice due through vacancy panel. MCSI OP & Resettlement recruitment paused whilst management of change under way to restructure this area.
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; final ODP arrived.
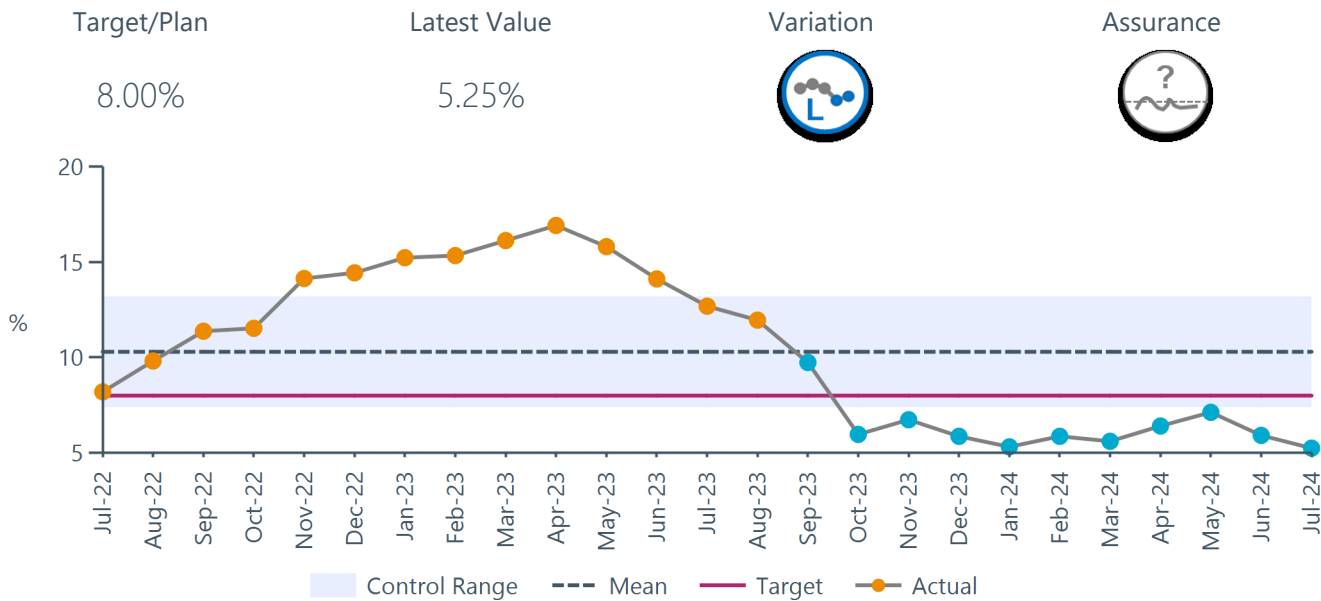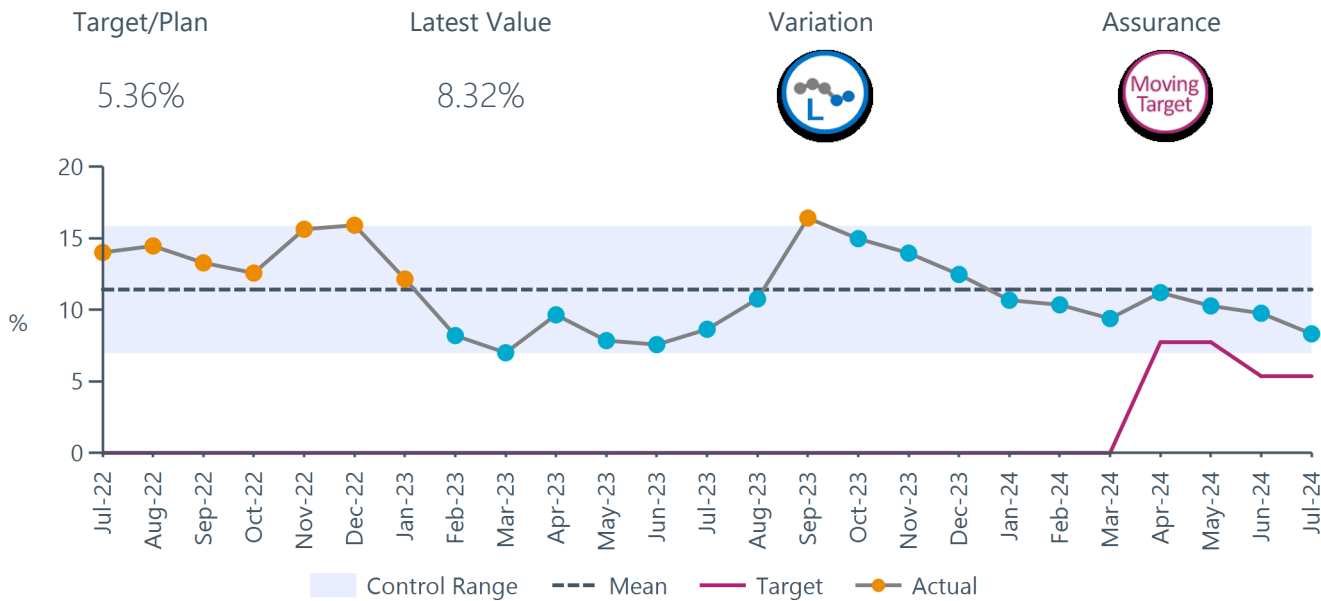* Business case formulated for Student Nurse Associates 24/25. NHSE funding offer received; plans for Q1 24/25 intake with additional plans for top-up to registered nurse places. This is a long term action to support turnover, not a direct action to current vacancies.
* System Working to develop process for apprenticeship approval encompassing all apprenticeship requirements on an annual basis. This will contribute to the Nursing and AHP career pathways from HCSW to Advanced Clinical Practice. This forms commitment number four of the Nursing & AHIP Strategy 2024-29. This is a long-term workforce recruitment and retention initiative.
* Golden Tickets; Re-assess current process to emphasise communication channels with candidates and improve conversion rate. Recruitment Lead has issued update via internal Trust communication channels. Further engagement via Clinical Placement Team and oversight through Trust Education forum once strategy agreed.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
12.69%	11.96%	9.74%	5.97%	6.74%	5.87%	5.32%	5.87%	5.61%	6.41%	7.13%	5.92%	5.25%

-   Staff   -   Patients   -   Finances   -

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
5.36%	8.32%	L	Moving Target

Trajectory

10.35
8.32

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The healthcare support worker vacancy rate is reported at 8.32% for July month end. As shown on the SPC above, the latest data point has now triggered special cause variation of an improving nature. Following an increased level of vacancies in September as a result of nine staff moving into Trainee Nurse Associate roles, there has now been a consistent reduction each month. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 18.15 WTE; down from 21.37 WTE at the end of June. A breakdown of vacancies by area as follows;
* Corporate areas - 55.56% / 1.00 WTE vacant
* Specialist Unit - 8.63% / 9.38 WTE vacant
* MSK Unit - 7.21% / 7.77 WTE vacant

As at month end, 6.70 WTE was in progress against the vacant position of 18.15 WTE with a breakdown as follows;
* 2.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 4.70 WTE - Recruitment Pipeline - at conditional and unconditional stage

Actions

* Ad-hoc meeting taken place between Recruitment, Nursing & AHP Workforce Lead and Matrons to review current vacancies. Plan to schedule this as a monthly discussion. HCSW vacancies active recruitment on Ludlow; in MCSI In-patients active recruitment only partially covered by active recruitment, Matron Specialist Unit to review. MCSI OP & Resettlement recruitment paused whilst management of change under way to restructure this area. Clwyd have no active recruitment against a reported vacancy, MSK matron to review, some areas may require further reconciliation of ESR/Finance establishment.
* Further HCSW vacancies in Theatres are forecast for next month in line with TIF2 completions
* Business case formulated for Student Nurse Associates 24/25. NHSE funding offer has now been received; plans for quarter one 24/25 intake with additional plans for top-up to registered nurse places. This is a long term action to support turnover, not a direct action to current vacancies.
* HCSW Retention; Meeting taken place between Recruitment, Nursing & AHP Workforce Lead and People Promise Exemplar to review deep dive of HCSW retention data. Assurance that People Promise actions cover the issues highlighted in the deep dive.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
8.64%	10.76%	16.41%	14.97%	13.96%	12.47%	10.67%	10.35%	9.39%	11.20%	10.27%	9.76%	8.32%

- Staff - Patients - Finances -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	4.53%			

Variation: **L** (improving)

Assurance: **?**

Trajectory: 2.51 ... 4.53

Legend: — Actual, --○-- Trajectory

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

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. 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 4.53% for July month end. This equates to 8.29 WTE vacant; up from 7.46 WTE at the end of June. The reported rate has been below the 8% target since September-23 and as demonstrated in the graph above, we have reported a consistent period of improvement. Vacancies by role as follows; Radiographer - Diagnostic 2.67 WTE, Operating Department Practitioner 2.33 WTE, Physiotherapists 2.17 WTE, Orthotist 0.62 WTE, Occupational Therapist 0.41 WTE.

As at month end, 13.05 WTE was in progress against the vacant position with a breakdown as follows:
* 4.50 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
* 7.55 WTE in 'pipeline' - a conditional or unconditional stage
* 1.00 WTE - International Recruitment

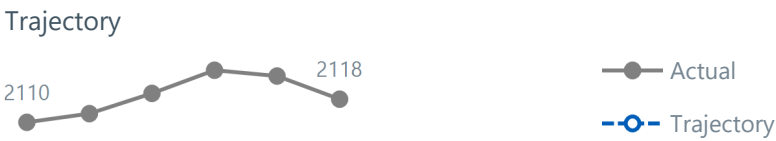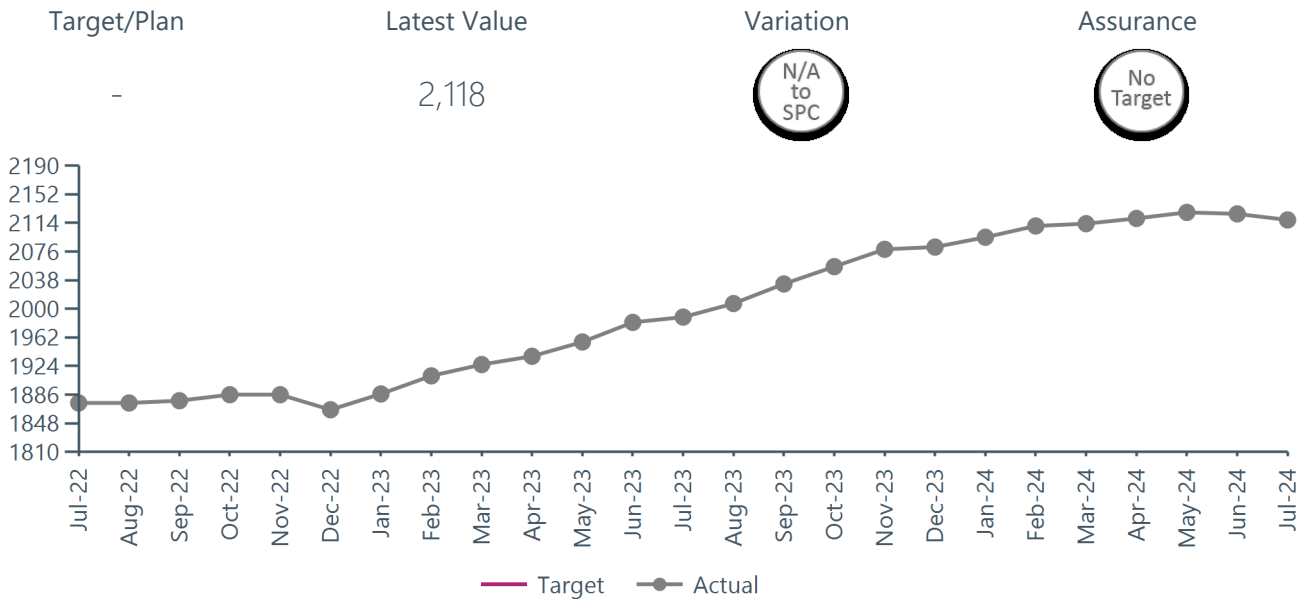## Actions

* Ad-hoc meeting taken place between Recruitment, Nursing & AHP Workforce Lead and Matrons to review current vacancies. Plan to schedule this as a monthly discussion. Nursing vacancies in active recruitment on Clwyd, Sheldon, MCSI IP and Montgomery/Oswald Ward. Vacancy on Alice due through vacancy panel. MCSI OP & Resettlement recruitment paused whilst management of change under way to restructure this area.
* Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; final ODP arrived.
* Working with System to develop a new process for apprenticeship approval that will encompass all apprenticeship requirements on an annual basis. This will contribute to the Nursing and AHP career pathways from HCSW to Advanced Clinical Practice. This forms commitment number four of the Nursing & AHIP Strategy 2024-29. This is a long-term workforce recruitment and retention initiative.
* Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention but due to volume of new starters in Theatres, requirement to stabilise workforce before implementing. Also risk with delivery as NHSE funding for ICS AHP Workforce Lead has been removed.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates and improve the conversion rate. Recruitment Lead has issued update via internal Trust communication channels.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
9.37%	8.21%	3.92%	5.04%	6.45%	4.60%	3.63%	2.51%	2.58%	2.84%	4.30%	4.08%	4.53%

-   Staff   -   Patients   -   Finances   -

Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	2,118	N/A to SPC	No Target	2110 ... 2118

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

At the end of July the Trust had a total headcount in post of 2118 with a breakdown as follows:
* Permanent - 1703
* Fixed Term - 129
* Locum - 2
* Bank -284

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
1989	2007	2033	2056	2079	2082	2095	2110	2113	2120	2128	2126	2118

-    **Staff**   -   Patients   -   Finances   -

Time to Hire

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

Exec Lead:
Chief People Officer
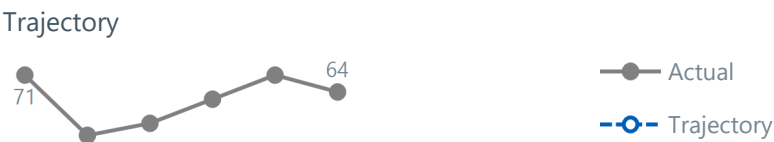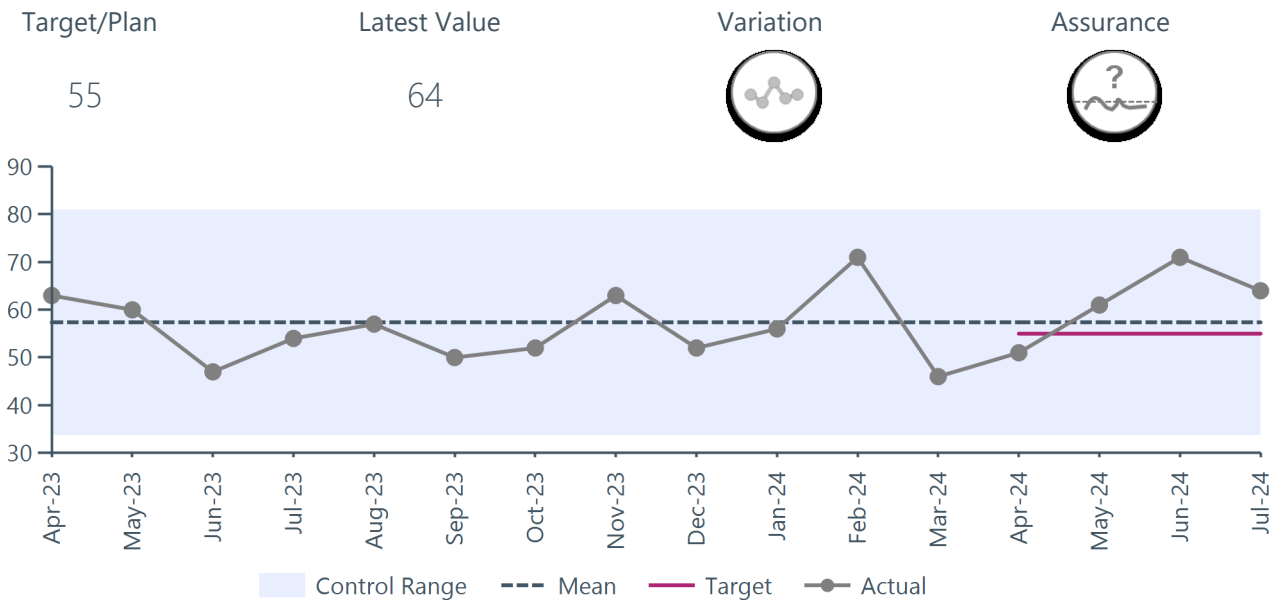
Target/Plan	Latest Value	Variation	Assurance	Trajectory
55	64			

64

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

As shown in the SPC above, the latest data is reported as common cause variation but the indicator is included as an exception as it has been above the target for three consecutive months.

It must be noted that the ICS vacancy controls were introduced in April and are likely to have an impact on this metric.
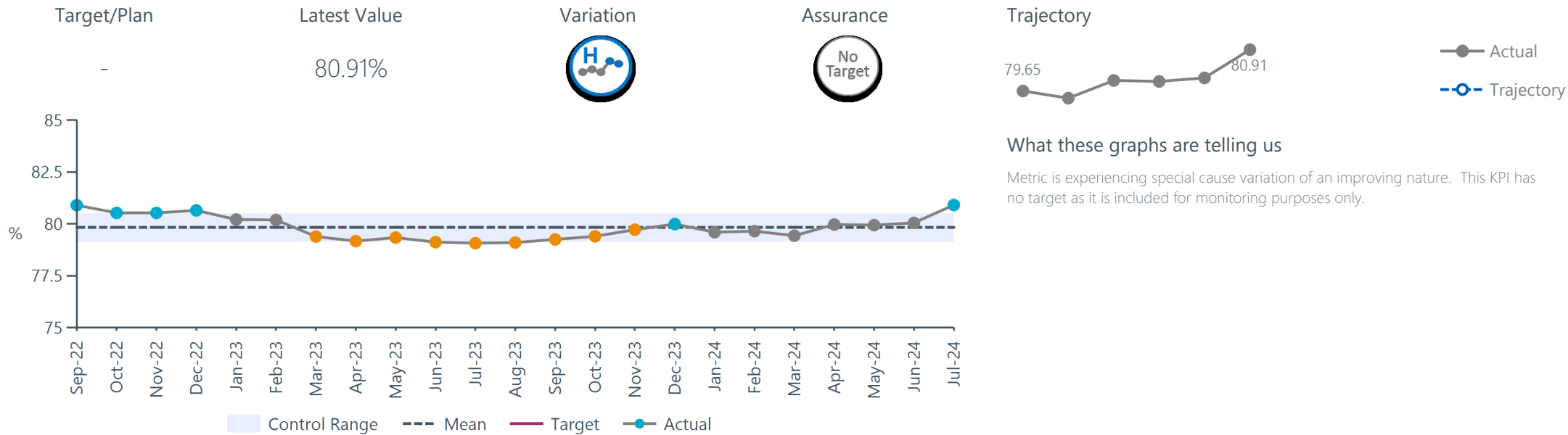
Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
54	57	50	52	63	52	56	71	46	51	61	71	64

- Staff - Patients - Finances -

Staff Retention

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	80.91%	(H)	No Target	79.65 80.91

—●— Actual
—○— Trajectory

What these graphs are telling us

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

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

Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period. As shown on the SPC graph above, the latest reported position has triggered special cause variation of an improving nature with 80.91% above the Trust's control range.

In July, 80.91% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
* Medical & Dental 92.73%
* Administrative & Clerical 84.91%
* Add Prof Scientific and Technic - 84.62%
* Allied Health Professionals 78.61%
* Estates & Ancillary 77.78%
* Nursing & Midwifery 77.49%
* Additional Clinical Services 77.43%
* Healthcare Scientists 57.14%

Actions
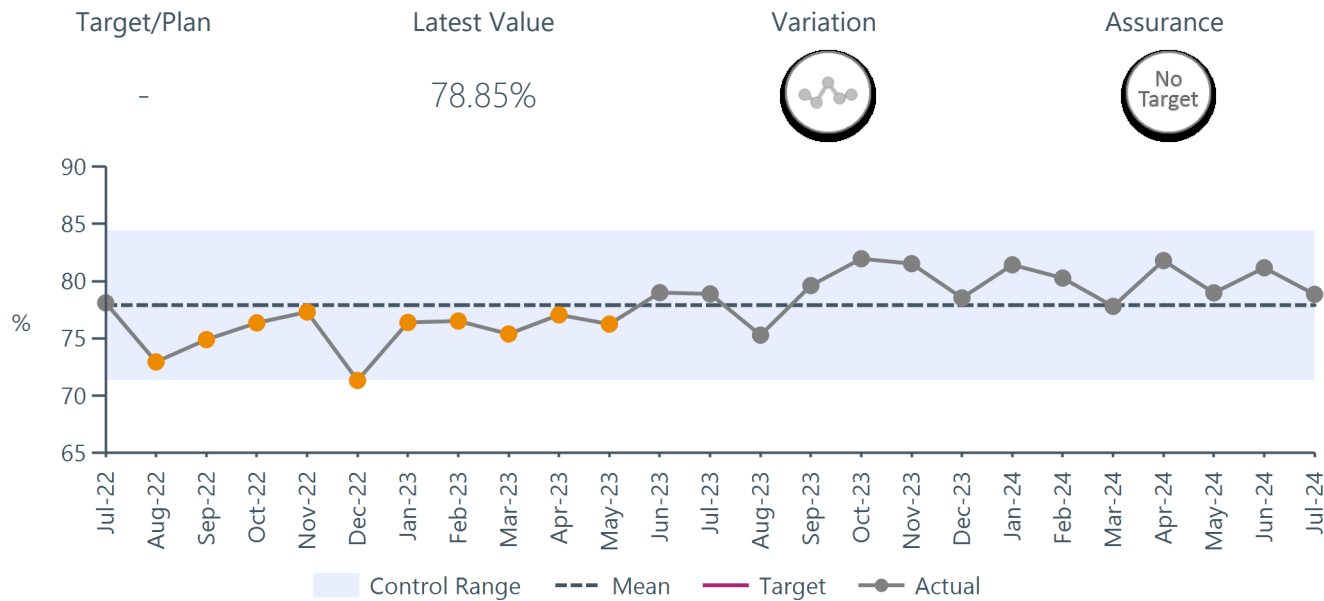
Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
79.07%	79.10%	79.25%	79.40%	79.72%	79.99%	79.60%	79.65%	79.43%	79.97%	79.94%	80.05%	80.91%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	78.85%		No Target	80.27 ... 78.85

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

In July, % staff availability was 78.85% with the 21.15% not available broken down as follows:
* Vacancies - 5.43%
* Planned absence (annual leave, maternity, paternity) - 10.23%
* Unplanned absence (sickness, special leave) - 5.48%

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
78.89%	75.29%	79.62%	81.96%	81.53%	78.54%	81.43%	80.27%	77.80%	81.80%	78.98%	81.17%	78.85%

- Staff - Patients - Finances -

Personal Development Reviews

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

Exec Lead:
Chief People Officer
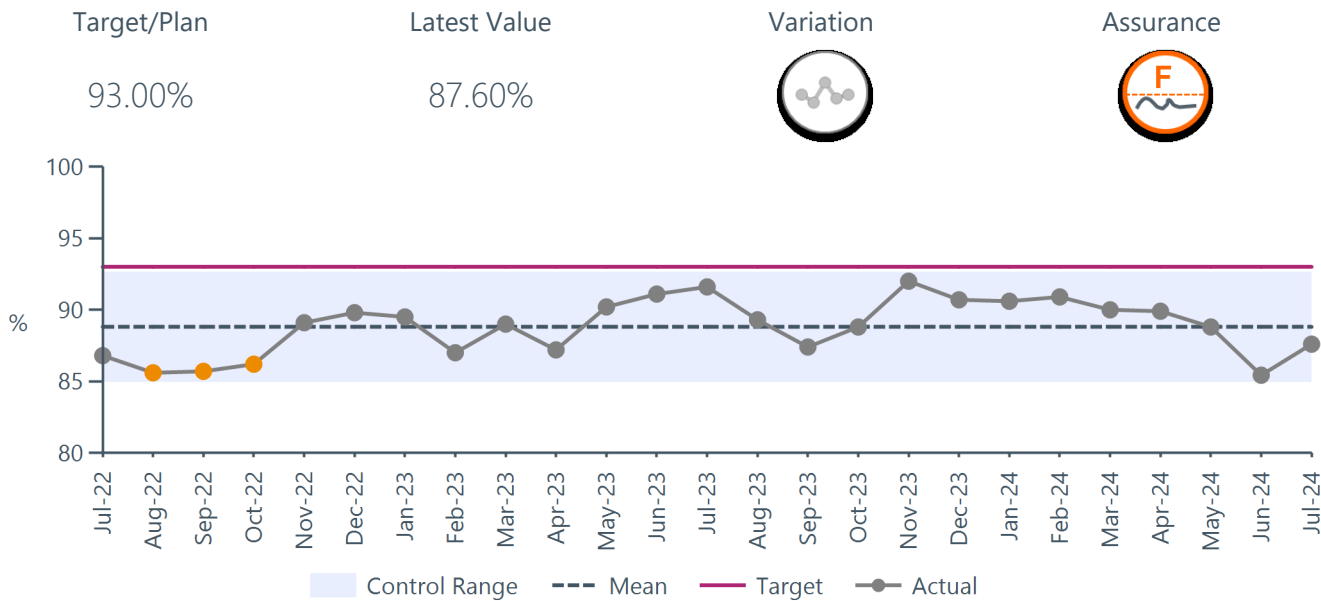
Target/Plan	Latest Value	Variation	Assurance	Trajectory
93.00%	87.60%		F	90.90 ... 87.60

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 87.60% at the end of July; this equates to 183 members of staff who require a PDR. This has been reported below target since August '21. Breakdown below by area:
* Corporate areas - 77.46% - 78 not completed
* MSK Unit - 85.69% - 87 not completed (down from 110 last month)
* Specialist Unit - 96.56% - 18 not completed - but achieving target

A breakdown of the Corporate areas with PDRs outstanding:
* Finance & Planning - 46 with Catering (19), Estates (13), Finance (8)
* Office of the Medical Director - 22 with EPR Project (9), Digital Team (10)
* People Services - 7
* Operations Team - 1
* Nursing & Patient Safety Team - 1
* Office of the CEO - 1

Actions

Key actions currently being implemented for MSK include:
* Unit showing improvement from last month; at end of June 110 were outstanding and this is now down to 87
* Unit MD has chased all areas with PDRs outstanding requesting completion and indication 'of plans
* People Services Business Partner and Unit Assistant Chief Nurse liaising with areas to ensure completion of PDRs takes place
* Learning & Development Team now sending out emails to chase individual managers
* Whilst chasing in July, some data anomalies were found, but currently none outstanding with L&D Team
* Exploring improvements to how PDRs are logged on ESR, making a recording of the process available on Percy

Predominant area within Finance & Planning is Catering & Estates. For Catering the issue has been exacerbated by the fact all staff were appraised in a 2 month window last year; plans in plan to make a significant impact in August. For Estates a Team Lead has been off sick that has impacted that area. Estates lost a staff member who used to have a proactive approach to prompting the Estates Team Leaders to complete PDRs, requirement to re-establish this process.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
91.60%	89.30%	87.40%	88.80%	92.00%	90.70%	90.60%	90.90%	90.00%	89.90%	88.80%	85.43%	87.60%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer
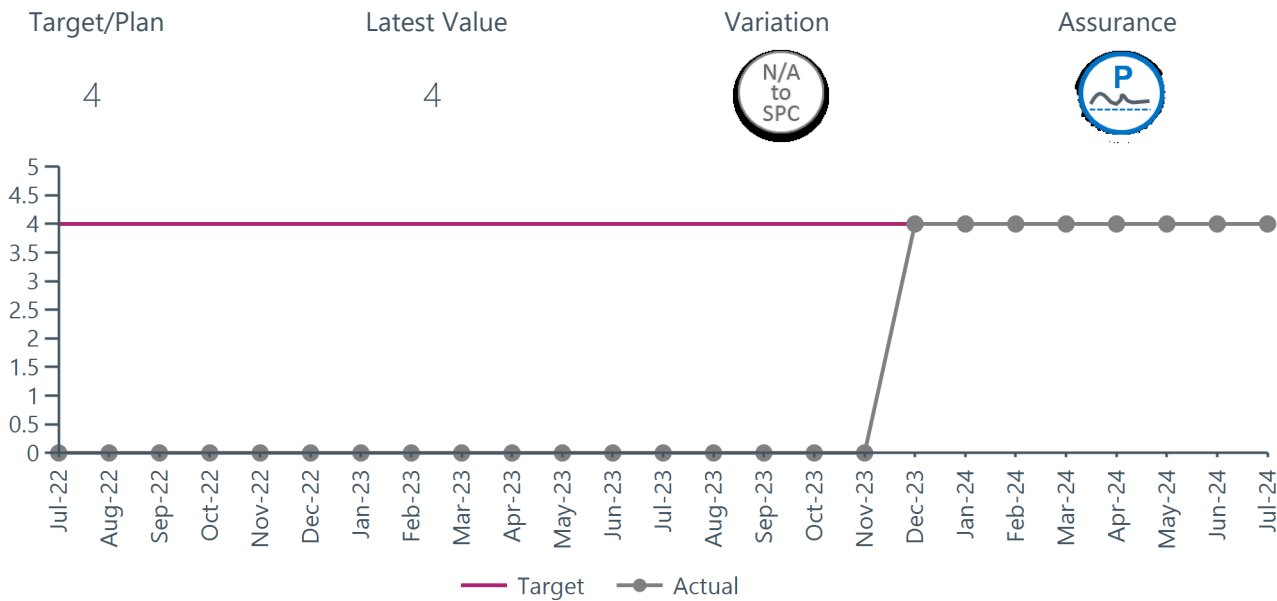
Target/Plan	Latest Value	Variation	Assurance	Trajectory
4	4	N/A to SPC	P	4 — 4

What these graphs are telling us

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

Narrative

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

Actions

Ongoing monitoring to gain benefit realisation from this program and ensure compliance with attaining Level 4.

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

- **Staff** - Patients - Finances -

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	91.90%	H	P	

Trajectory
92.09 ... 91.90
- Actual
- Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual
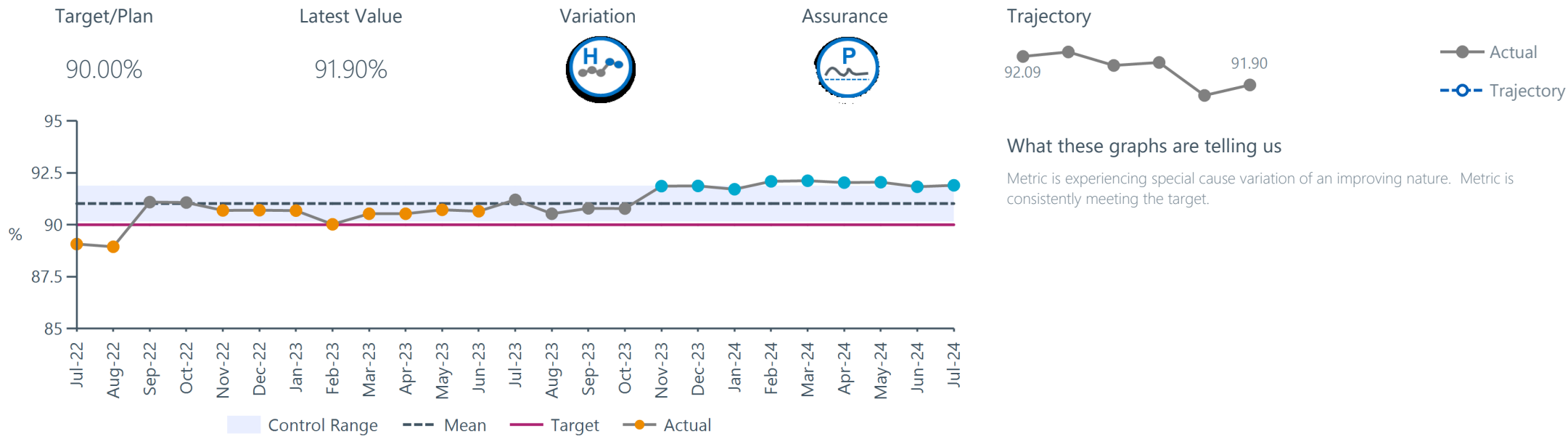
Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of July, 91.90% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

Actions

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

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
91.20%	90.53%	90.79%	90.78%	91.86%	91.87%	91.71%	92.09%	92.12%	92.03%	92.05%	91.83%	91.90%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	65.22%		F	

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Actual / Trajectory

46.15 ... 65.22
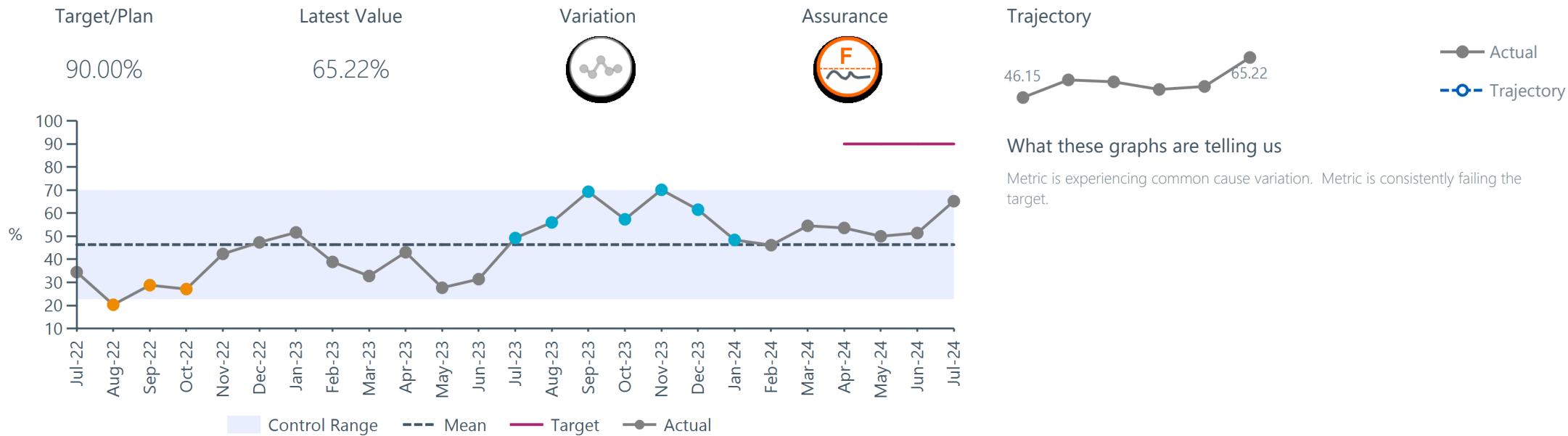
Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 65.22%. This relates to the roster start date of 20th May and ending on 16th June. A breakdown by unit is provided below:
* MSK Unit - 64.86%
* Corporate Areas - 63.64%
* Specialist Unit - 61.11%

This measure has been disaggregated into professional areas. The breakdowns are :
* Nursing - 88.24%
* AHPs - 70.00%
* Corporate - 66.67%
* Radiology - 0%
* Medical - 0%

Actions

Escalation to Unit Managers required to address quality issues with Medical rostering information. This metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
49.25%	56.00%	69.33%	57.35%	70.15%	61.54%	48.44%	46.15%	54.55%	53.62%	50.00%	51.43%	65.22%

- **Staff** - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer
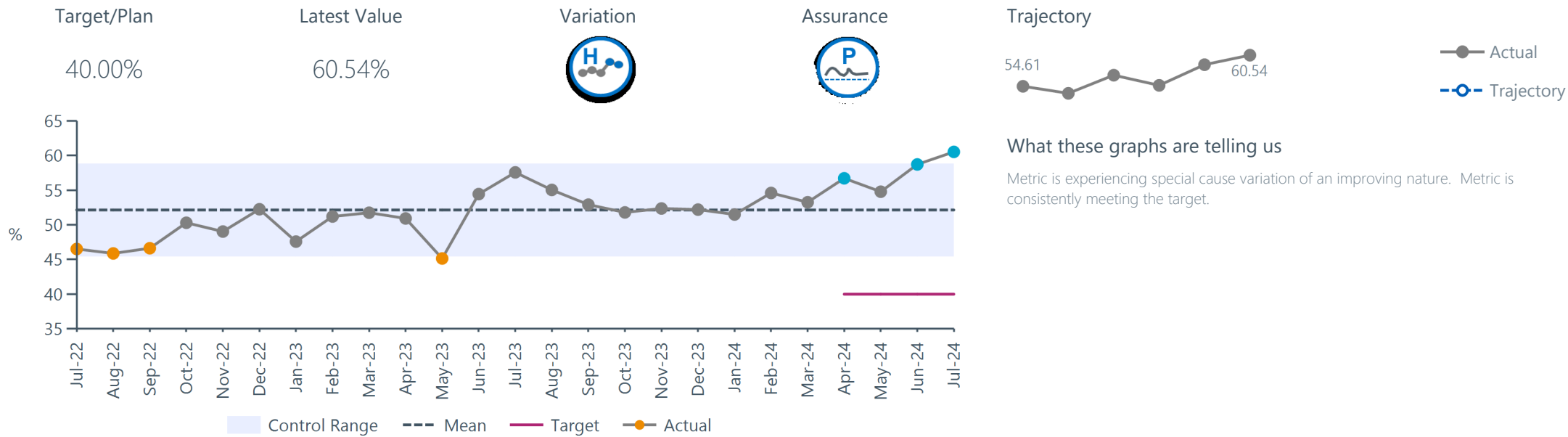
Target/Plan	Latest Value	Variation	Assurance	Trajectory
40.00%	60.54%	H	P	54.61 ... 60.54

Legend: —●— Actual   --○-- Trajectory

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

What these graphs are telling us

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

Narrative

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

Trust wide compliance is 60.54%, above the target set of 40%. The breakdowns by professional area are :
* Radiology - 96.57%, AHPs - 88.99%, Corporate - 88.50%, Nursing - 45.53%, Medical - 0%,
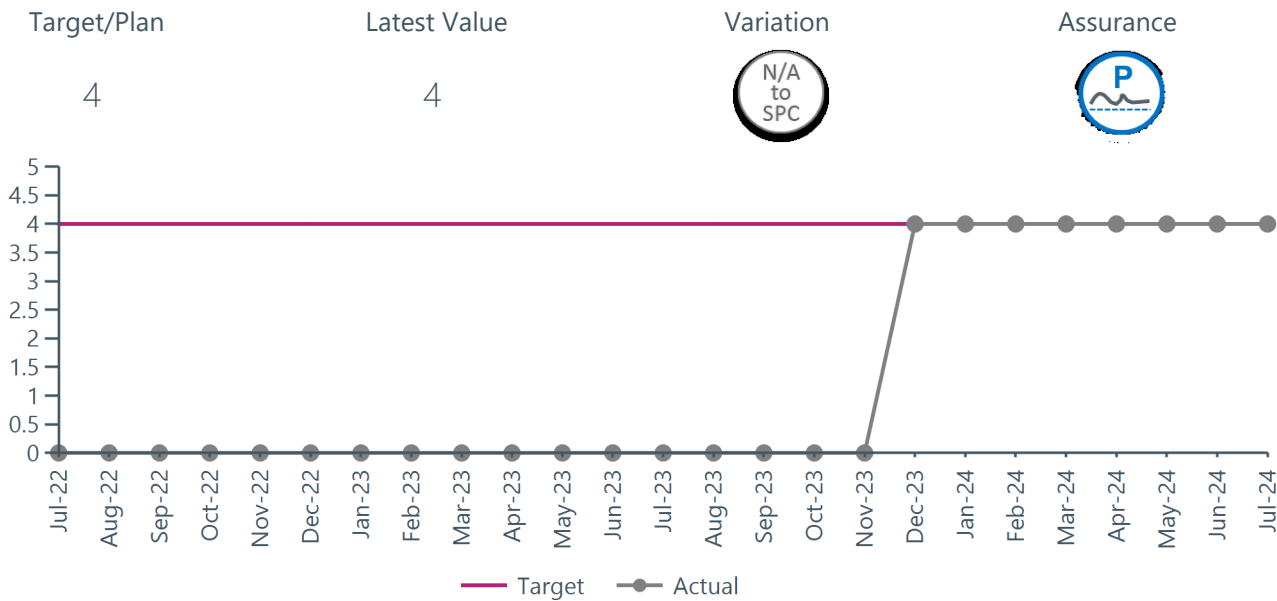
Actions

Performance relating to this metric will be monitored via Assistant Chief Nurses with improvement actions monitored at NSSG meeting. A target of 40% has been set for the number of shifts that are auto-rostered. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
57.58%	55.05%	52.93%	51.80%	52.37%	52.21%	51.50%	54.61%	53.27%	56.73%	54.79%	58.73%	60.54%

- Staff - Patients - Finances -

E-Job Planning Level of Attainment

As per NHS EI outlined levels of attainment; the RJAH level at end of quarter. 217789

Exec Lead:
Chief Medical Officer

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

Trajectory

4 — — — — 4

● Actual
○ Trajectory

What these graphs are telling us

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

Narrative

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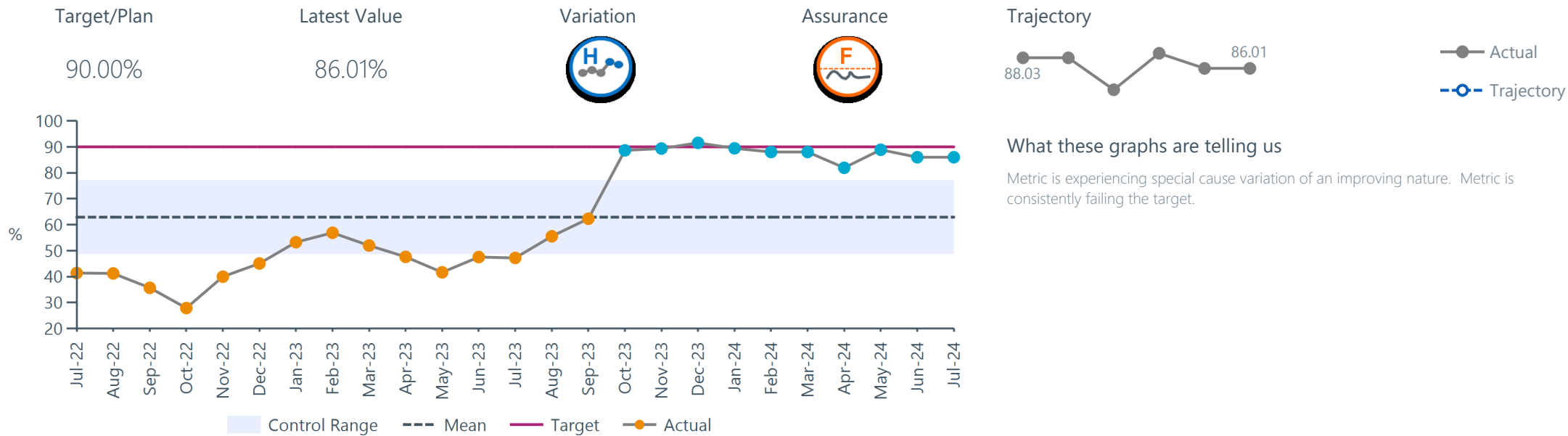* Job plan versus budget reconciliation complete as part of the operational planning demand and capacity review.

Actions

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

- **Staff** - Patients - Finances -

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance
90.00%	86.01%	H	F

Trajectory

88.03   86.01

- ● - Actual
- -○- Trajectory

What these graphs are telling us

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

Control Range   ▪▪▪ Mean   ── Target   ● Actual

Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The July month end position is 86.01%. Breakdown as follows:
* Specialist Nurses - 20 job plans with 19 signed off within last 12 months - 95.00%
* AHPs - 24 job plans with 23 signed off within last 12 months - 95.83%
* Consultants - 99 job plans with 81 signed off within last 12 months - 81.82%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 82.61% and MSK Unit reported at 87.63%.

As at the end of July, below details the progress by staff group in chasing job plan completion at the different stages:
 - Consultants 18 outstanding - Awaiting 1st sign off (8), Awaiting 2nd sign off (4), Awaiting 3rd sign off (1),In discussion (4), on hold (1)
 - Nurses 1 outstanding - Awaiting 2nd sign off (1)
 - AHPs 1 outstanding - Awaiting 3rd sign off (1)
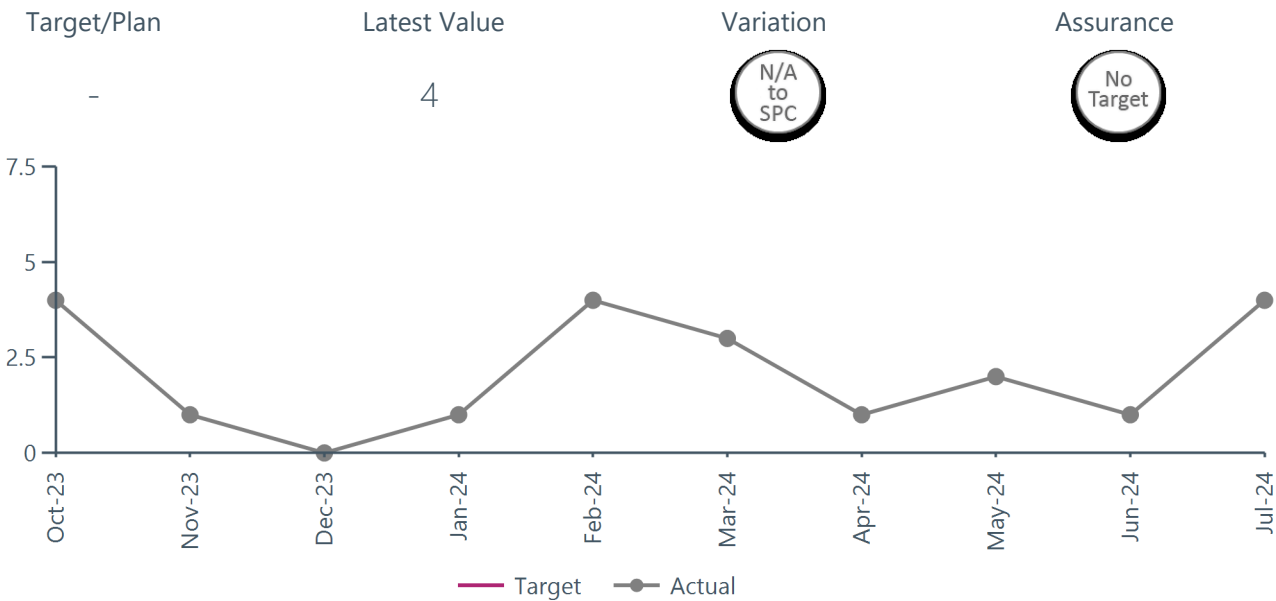
Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
47.22%	55.56%	62.33%	88.65%	89.36%	91.55%	89.44%	88.03%	88.03%	81.94%	88.89%	86.01%	86.01%

-   Staff   -   Patients   -   Finances   -

Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	4	N/A to SPC	No Target	4 ... 4

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

There were four Patient Safety Reviews in July with a breakdown of each below:
* Deteriorating patient/management of sepsis
* Patient VTE Incident - After Action Review being undertaken
* RJAH Acquired Category 3 Pressure Ulcer - After Action Review being undertaken
* MDT Review - complex admission to Powys Ward

Actions

The Outputs of each Review will be taken to Patient Safety Committee in September.

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

-    Staff   -   Patients   -   Finances   -

Total Patient Falls

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

Exec Lead:
Chief Nurse and Patient Safety Officer
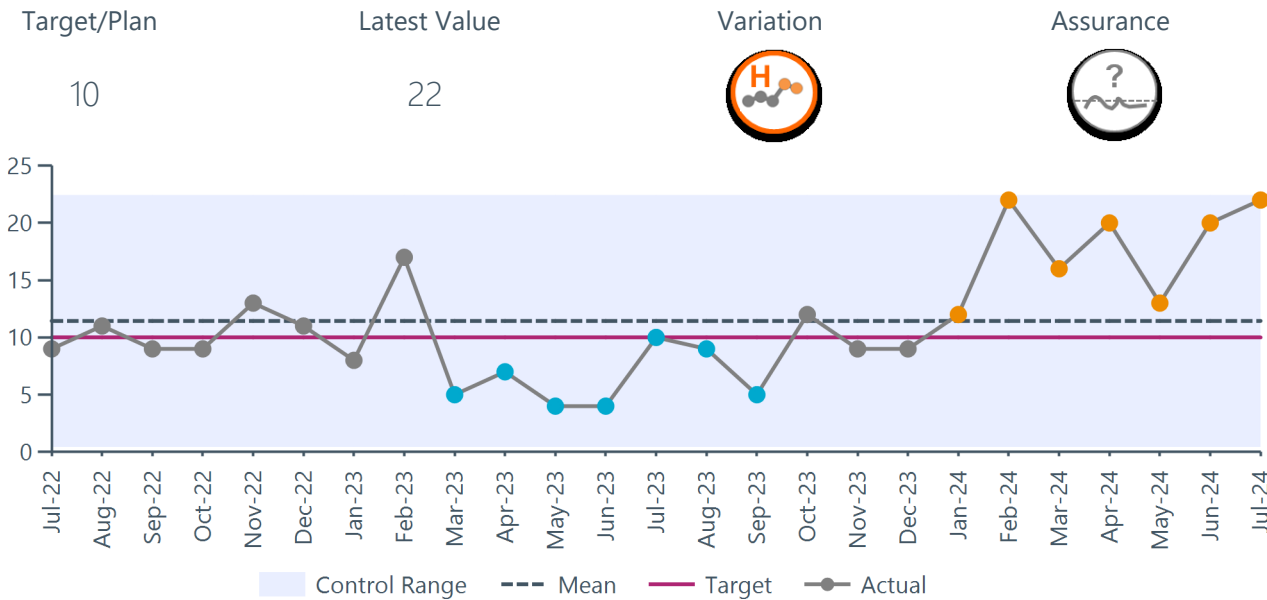
Target/Plan	Latest Value	Variation	Assurance	Trajectory
10	22	H	?	22 ... 22

Actual
Trajectory

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).

Control Range — Mean — Target — Actual

Narrative

There were twenty-two falls throughout the Trust in July. This measure is included as an exception this month as the SPC graph above indicates special cause variation of a concerning nature and the tolerance has been exceeded every month since January. Of the falls reported in July, they have been classified as low harm, due to patients requiring some observation (21) and no harm (1).

Actions

A thematic review for quarter one was presented to Patient Safety Committee in July including a number of areas for focused improvement. The actions are currently being progressed.
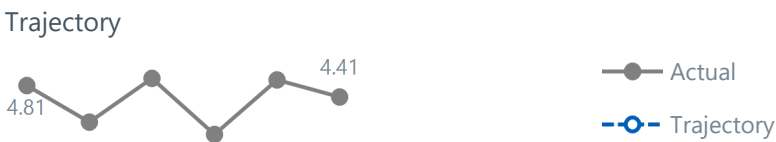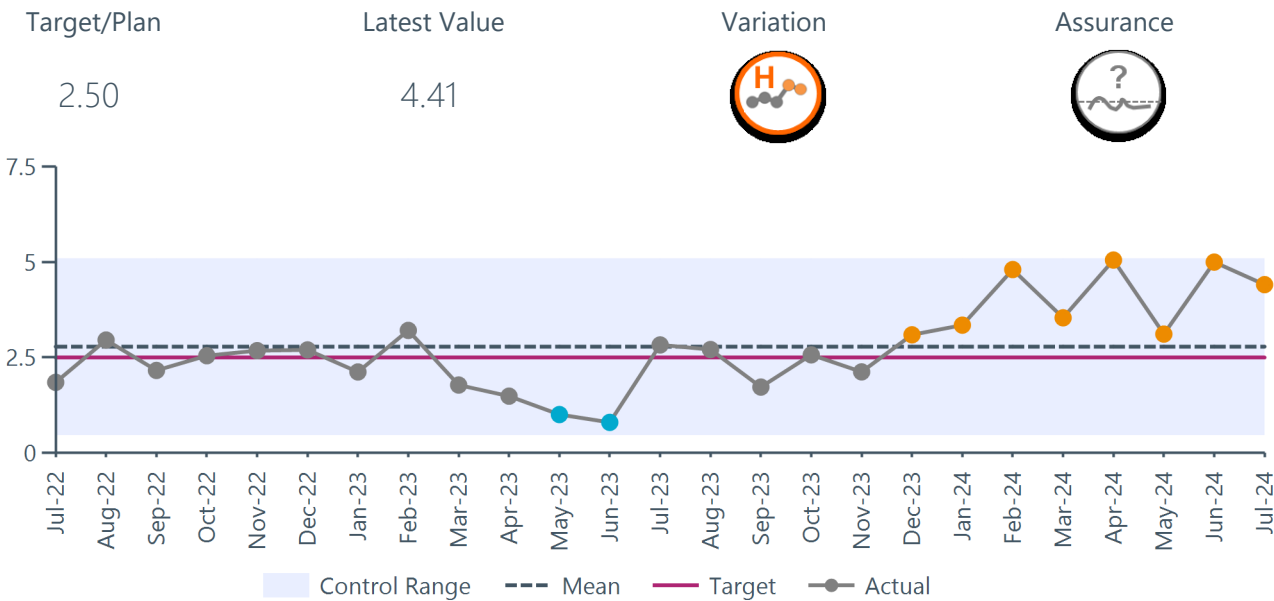
The Trust has recently revised the Falls Prevention Policy and this is due to be presented to the Patient Safety Committee in September for approval.

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

- Staff - Patients - Finances -

Inpatient Ward Falls Per 1,000 Bed Days

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
2.50	4.41	H	?

Trajectory

4.81   4.41

— Actual
--○-- Trajectory

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

What these graphs are telling us

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

Narrative

The Inpatient Falls per 1000 bed days is reported a 4.41 this month and is included as an exception with the position now reported above the tolerance since November. Throughout July there were nineteen inpatient falls reported. When reviewing this rise, consideration should be given to activity levels; elective activity has shown increase in this calendar year.

Actions

A thematic review for quarter one was presented to Patient Safety Committee in July including a number of areas for focused improvement. The actions are currently being progressed.
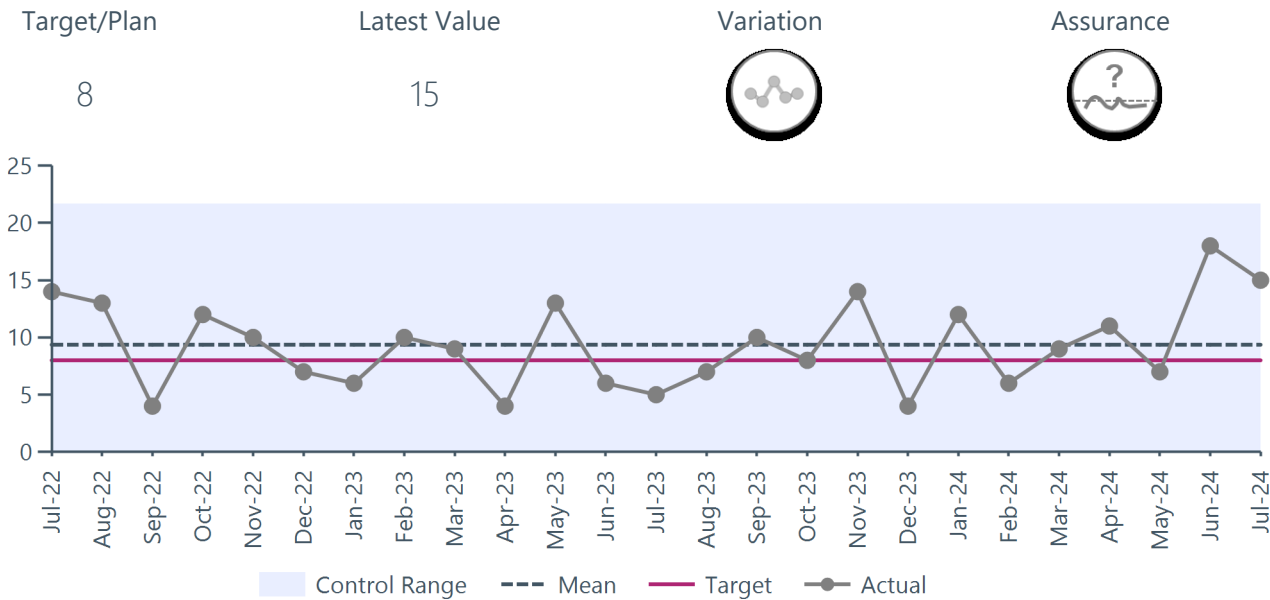
The Trust has recently revised the Falls Prevention Policy and this is due to be presented to the Patient Safety Committee in September for approval.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
2	2	1	2	2	3	3	4	3	5	3	5	4

-    Staff   -   Patients   -   Finances   -

Number of Complaints

Number of complaints received in month 211105

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8	15		?	6 ... 15

Actual
Trajectory

What these graphs are telling us

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

Control Range · Mean · Target · Actual

Narrative

There were fifteen complaints received in July with an increase in complaints for June and July. Themes relate to outcome of appointments and ongoing management plans, change in services and medication provision and values, behaviours and communication across the MDT.

Actions

Learning has focused on reviewing how appointments are released to the Referral Assessment Service, promoting shared decision making through the use of My Recovery App for Rheumatology patients. Concerns raised regarding values and behaviours have been shared with the individuals involved.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
5	7	10	8	14	4	12	6	9	11	7	18	15

- Staff - Patients - Finances -

Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:
Chief Nurse and Patient Safety Officer
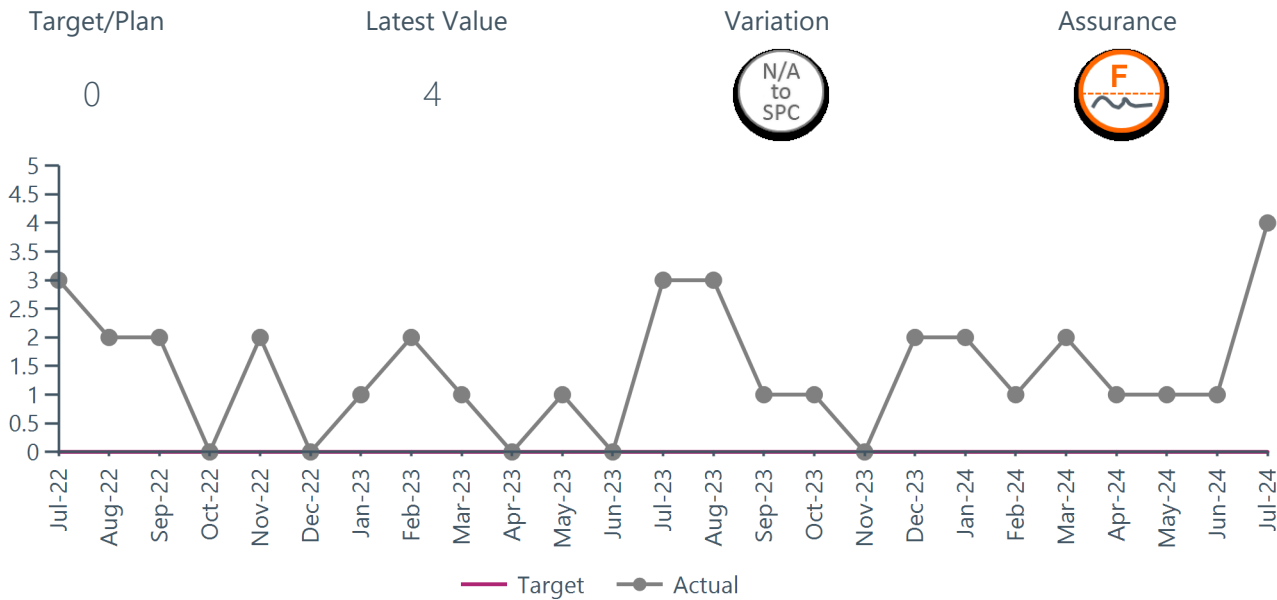
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	4	N/A to SPC	F	

What these graphs are telling us

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

Narrative

There were four complaints re-opened throughout July. In all cases the patient was dissatisfied with the Trust's response.

An identified theme of re-opened complaints relates to where complaints have been raised in relation to values and behaviours and the complaint investigation offers a different perspective of the interaction as the recollection from staff members differ to that of the patient, leading to the complainant not agreeing with the outcome of the complaint and requesting it to be re-opened.

Actions

The further concerns raised will be responded to, in line with the Trust's Complaints Policy. No further actions appropriate.

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

- Staff - Patients - Finances -

Safe Staffing

% Shift Fill Rate - Trust level position aggregated from Day and Night shifts filled by Registered Nurses and Health Care Assistants 211157
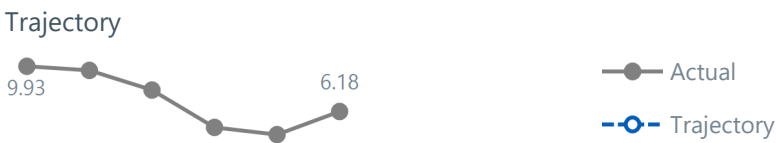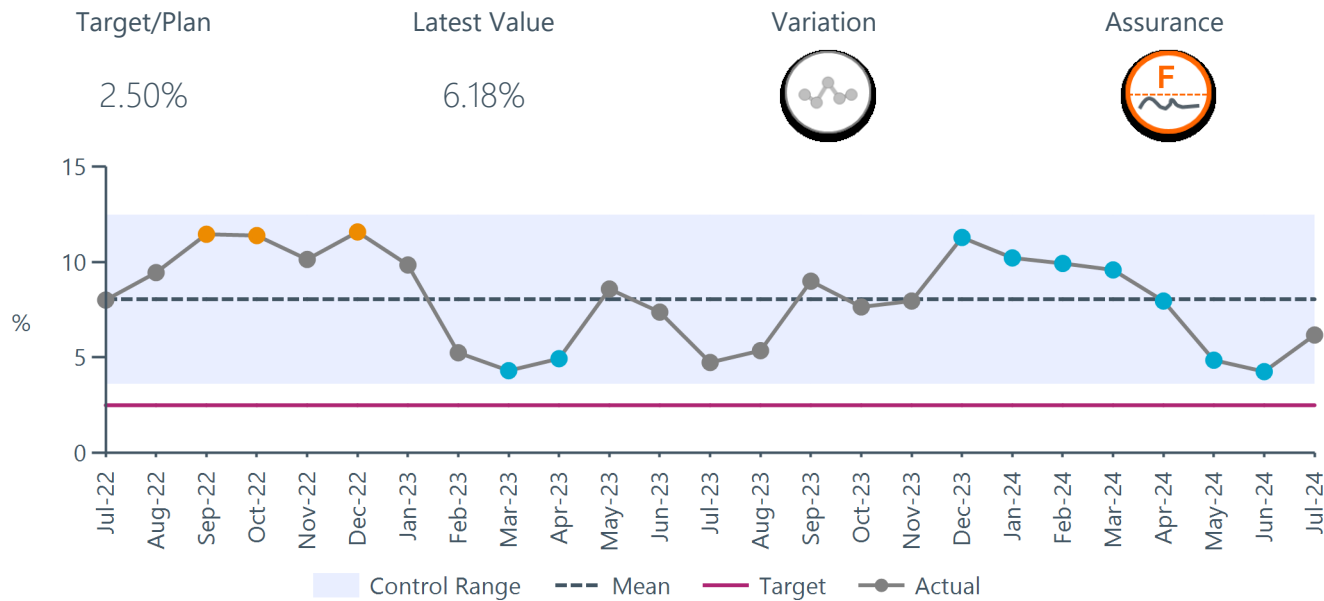
Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
90.00%	90.40%		

Trajectory

99.80   90.40

Actual
Trajectory

What these graphs are telling us

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

Control Range --- Mean — Target — Actual

Narrative

The % shift rate for July is reported at 90.40%. As demonstrated on the SPC graph above, the position is reported as special cause variation of a concerning nature with the rate below the control range but just remaining above the 90% target. The reported position encompasses the data for both day and night shifts, registered nurses and health care support workers.

Following a decision by the Chief Nurse, data from June onwards reflects a change to the way rosters are managed within the Trust. Any non-required unfilled templated shifts are now to be left and not cancelled.

Actions

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

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
105.40%	105.90%	103.90%	103.60%	100.80%	98.20%	99.00%	99.80%	97.80%	99.50%	99.80%	94.60%	90.40%

- Staff - Patients - Finances -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.50%	6.18%		F	9.93 ... 6.18

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The Delayed Discharge rate is reported at 6.18% for July with the figure remaining within the expected control range. The total delayed days for the month is 243 days with a breakdown as follows:
* 18 care of the elderly patients with 149 delayed days - attributed to Shropshire
* 6 spinal injuries patients amounting to 65 days - attributed to Wales, Shropshire, Cheshire & Staffordshire
* 3 T&O patients totalling 29 days - attributed to Wales & Shropshire

Actions

Criteria led discharge is now live on Sheldon and is part of Enhanced Recovery on MSK wards. Deemed not appropriate for MCSI due to complexity of discharges. Whilst this has helped with the improvement seen, there has been a reduction in complex discharges this month.

Now working with Integrated Care Hub to access support for delayed patients on MSK wards; good collaboration already in place for Sheldon Ward. Resettlement team on MCSI now going through management of change as we restructure the team to improve career pathways and efficiency of the service.

Chief Operating Officer to meet with System Urgent Care Operational Lead regarding planning for discharge of planned care patients.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
4.74%	5.36%	9.00%	7.65%	7.96%	11.29%	10.22%	9.93%	9.59%	7.96%	4.86%	4.26%	6.18%

- Staff - Patients - Finances -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer
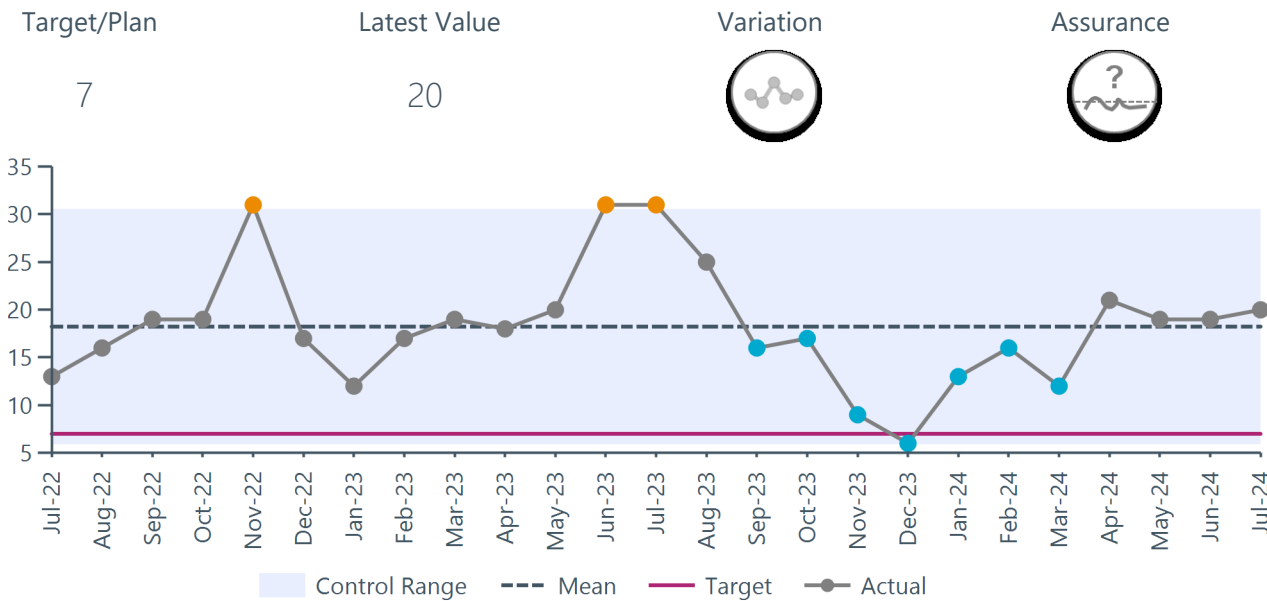
Target/Plan	Latest Value	Variation	Assurance
7	20		?

Trajectory

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

As at 31st of July, there were 20 spinal injury patients waiting to be transferred to the MCSI Unit. This remains above the tolerance of 7.

Actions

Patients awaiting acute admission remains high despite maintaining high bed occupancy.

MCSI is working collaboratively with the RJAH IPC team in developing a stratified risk approach to the admission pathway to prevent delays to patient flow through lack of side room availability.

Conversations with MPUFT and NHSE regarding MH infrastructure are continuing.

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

- Staff - Patients - Finances -

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month. 211150

Exec Lead:
Chief Nurse and Patient Safety Officer
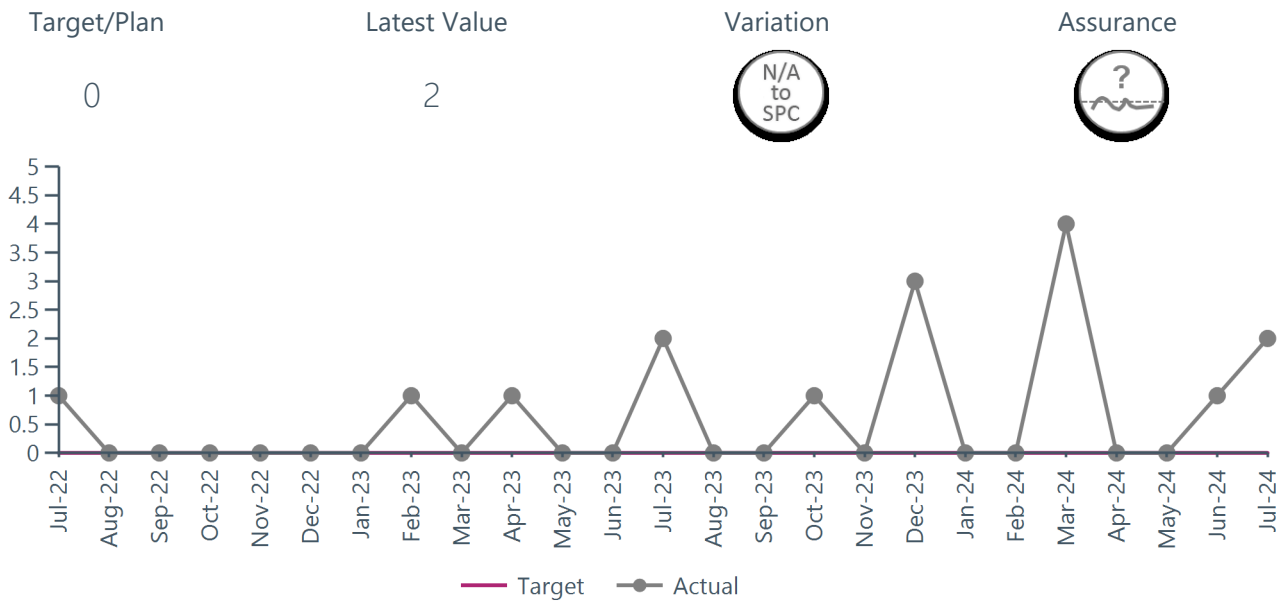
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	2	N/A to SPC	?	(graph)

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).

(Chart: Target and Actual monthly values from Jul-22 to Jul-24)

Legend: Target — Actual

Narrative

There were two RJAH Acquired E. Coli Bacteraemia reported in July.

The Post Infection Review is complete for one patient where it was deemed unavoidable. The review identified quick identification of clinical deterioration, escalation and medication prescribed in a timely manner. There was good documentation in place from the Medical Team and MDT involvement. The After Action Review will be shared at SNAHP. A new MDT meeting on prevention of bacteraemia is scheduled for August.

At the time of IPR production, the second Post Infection Review is planned to be conducted within reporting timeframes.
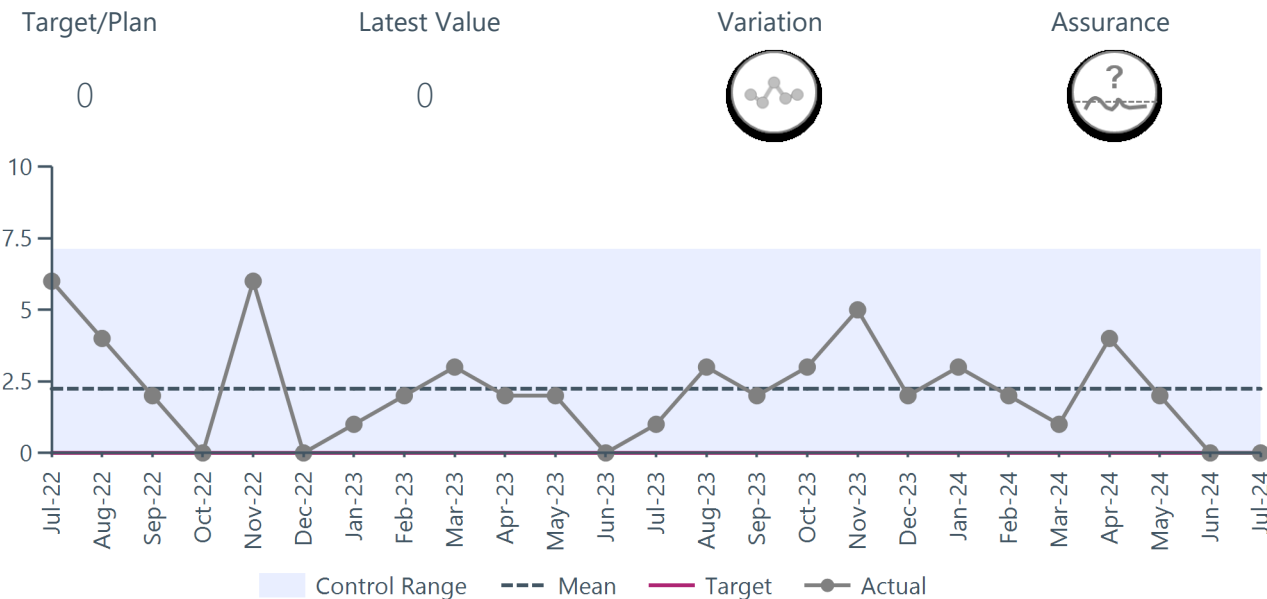
Actions

A benchmarking exercise is underway to look at the Trust infection rates in comparison to other Trusts with a spinal injuries unit. The current target doesn't reflect the services we carry out if comparison is made with other Special Orthopaedic providers.

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

- Staff - Patients - Finances -

E Coli Infection Rates Per 100,000 Bed Days

The rolling twelve month count of trust apportioned E.Coli infections in patients aged two years and over divided by the rolling twelve-month average occupied bed days per 100,000 217373

Exec Lead:
Chief Nurse and Patient Safety Officer
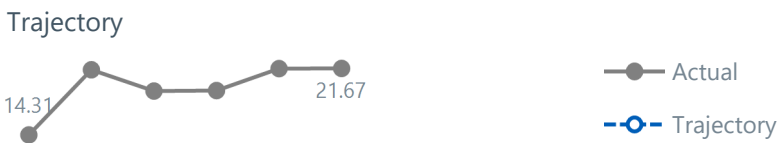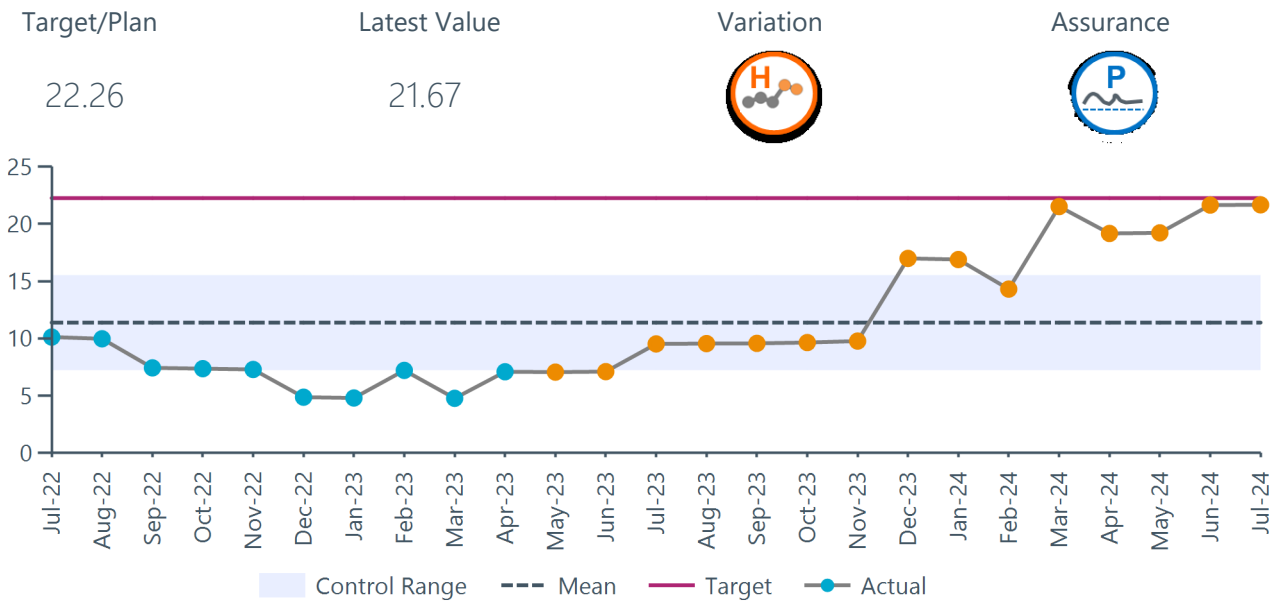
Target/Plan	Latest Value	Variation	Assurance	Trajectory
22.26	21.67	H	P	14.31 ... 21.67

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

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

Actions

A benchmarking exercise is underway to look at the Trust infection rates in comparison to other Trusts with a spinal injuries unit. The current target doesn't reflect the services we carry out if comparison is made with other Special Orthopaedic providers.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
9.52	9.55	9.57	9.64	9.77	16.99	16.89	14.31	21.52	19.17	19.22	21.65	21.67

- Staff - Patients - Finances -

Surgical Site Infections

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0			

What these graphs are telling us

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

Narrative

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

There were two infections confirmed in July, relating to procedures that took place in February (1) and May (1). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team complete case reviews for all SSIs which shows compliance against the OneTogether assessment. These are then explored further at MDT, in line with PSIRF, and all actions will be added to the IPC Quality Improvement plan and actioned by the SSIPWG. The One Together Audit was repeated in February as part of a six-monthly cycle of assurance. Identified themes have been discussed with the Lead of the SSIPWG and a series of actions developed as a result.
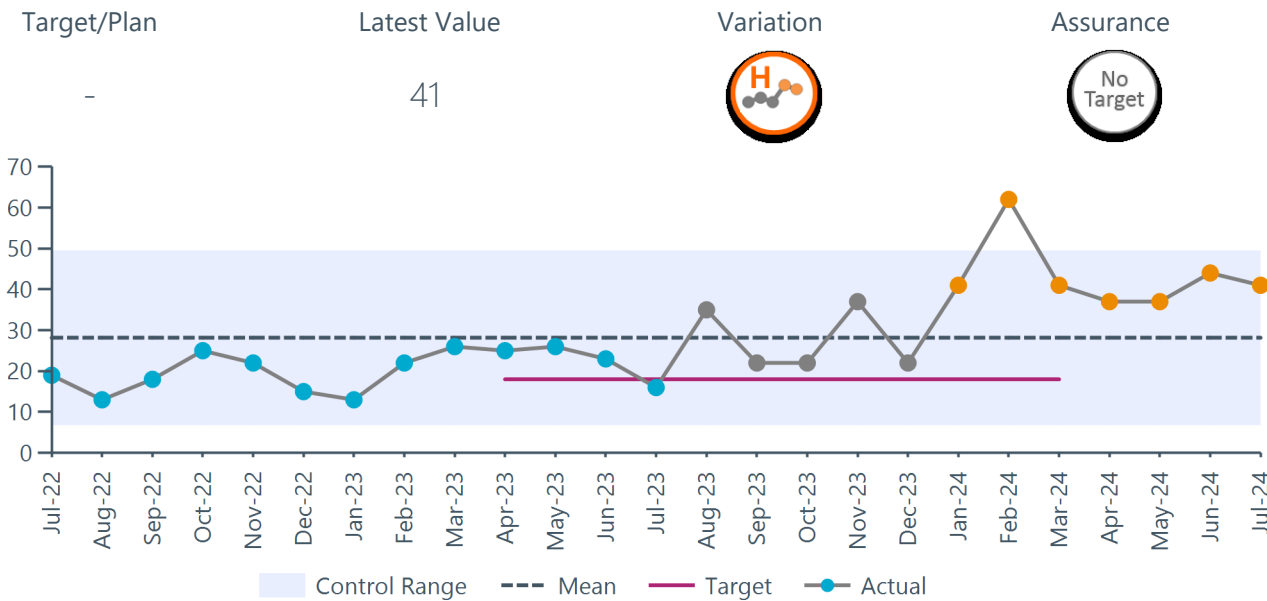
The IPC Clinical Lead has liaised with ROH to arrange a peer to peer review that is scheduled for the 28th August.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
1	3	2	3	5	2	3	2	1	4	2	0	0

- Staff - Patients - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	41	H	No Target	62 ... 41

Legend: Actual, Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. There is no target for this measure.

Chart legend: Control Range — Mean - - - Target — Actual

Narrative

Throughout July there were 41 errors reported. This remains within the Trust's control range but included as an exception as the SPC above indicates special cause variation of a concerning nature with the data over the last seven months all reported above the mean.

Of the errors reported in July, three resulted in patient harm - 2x low harm & 1x moderate harm (further details on next page).

Further analysis of medication errors has been undertaken with some supporting graphs provided in the covering paper that accompanies the IPR.

Actions

A thematic review for quarter one was presented to Patient Safety Committee in July. Good discussion took place where it was recognised that although the volume of incidents remains static, the themes being presented are different. National shortage issues are a contributory factor to the volume of incidents relating to supply issues. The Chief Pharmacist will be presenting a paper to the September Patient Safety Committee to provide a complete overview of the changes and impacts on pharmacy processes.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
16	35	22	22	37	22	41	62	41	37	37	44	41

- Staff - Patients - Finances -

Medication Errors with Harm

Total number of medication errors, and those with harm 211088

Exec Lead:
Chief Medical Officer
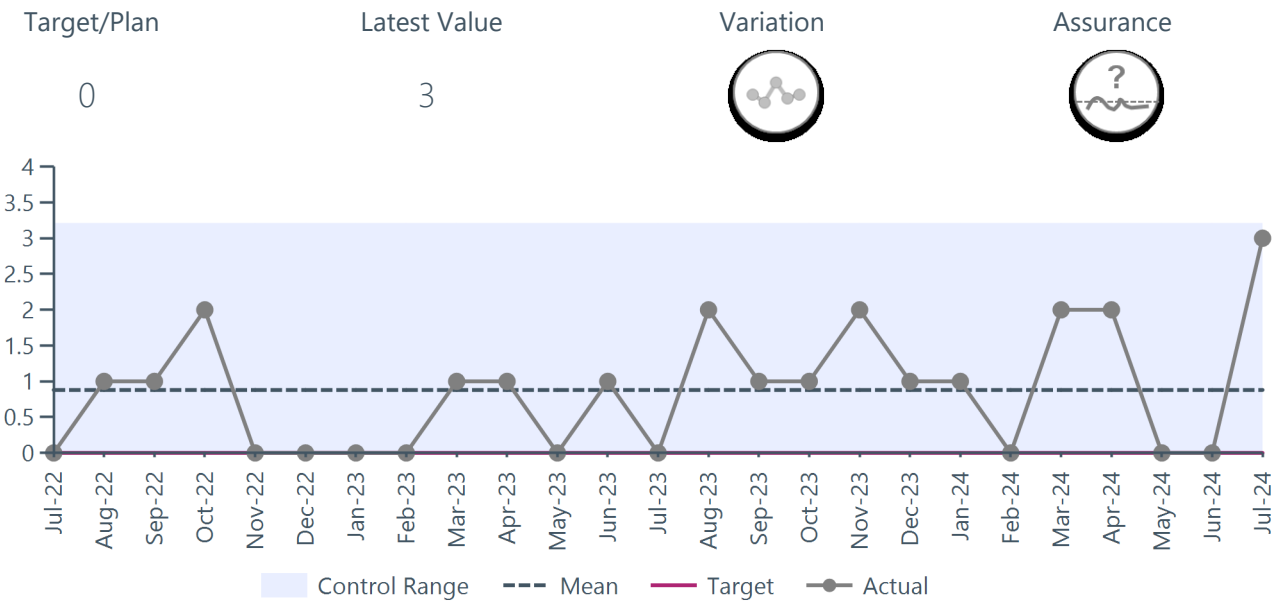
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	3			

What these graphs are telling us

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

Legend: ● Actual -○- Trajectory

Chart legend: Control Range | --- Mean | Target | ●— Actual

Narrative

There were three medication errors with harm reported in July, breakdown as follows:
* Powys Ward - Moderate Harm - Patient with a known documented allergy to penicillin was prescribed, clinically checked, dispensed and handed to an antibiotic containing penicillin
* Theatres - Low Harm - Anaesthesiologist injected Remifentanil instead of the parecoxib and the patient went into muscle spasm
* Rheumatology - Low Harm - Planned switch of Enbrel to benepali led to an increase of disease symptoms

Actions

A thematic review for quarter one was presented to Patient Safety Committee in July. Good discussion took place where it was recognised that although the volume of incidents remains static, the themes being presented are different. National shortage issues are a contributory factor to the volume of incidents relating to supply issues. The Chief Pharmacist will be presenting a paper to the September Patient Safety Committee to provide a complete overview of the changes and impacts on pharmacy processes.

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

- Staff - Patients - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer
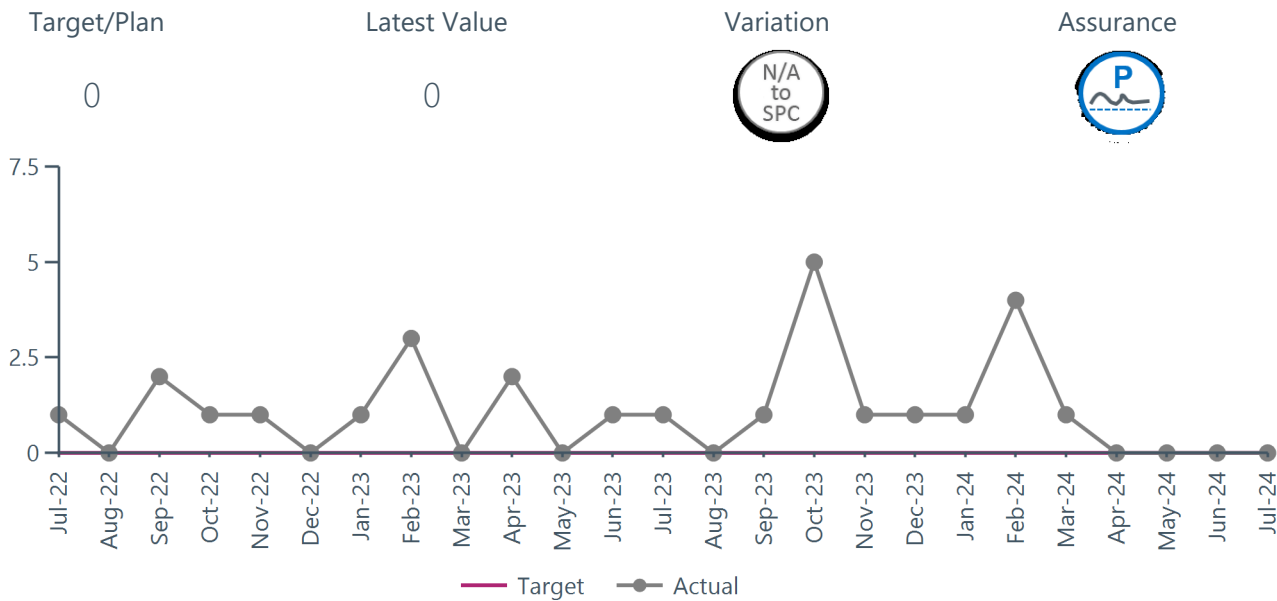
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0	N/A to SPC	P	

Actual
Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently passing the target/tolerance.

Target   Actual

Narrative

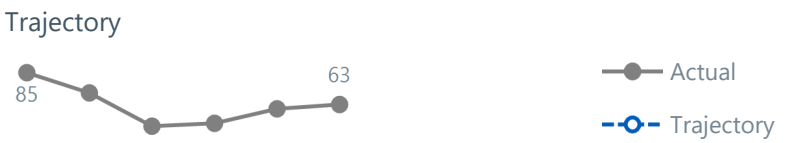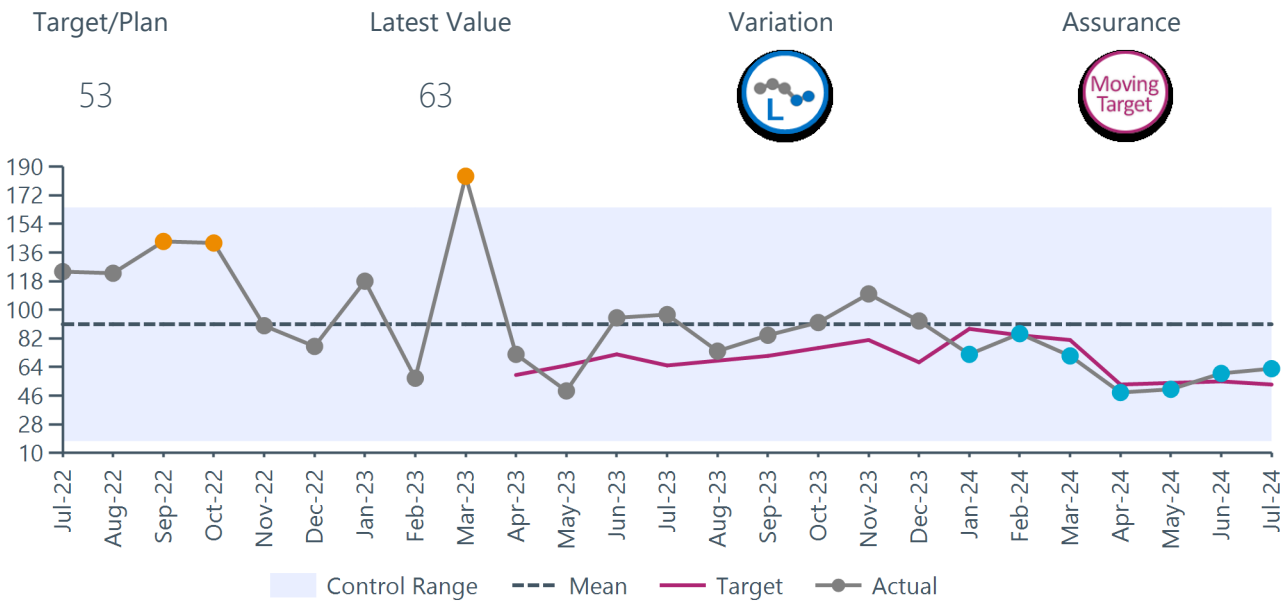There were no deaths reported throughout the Trust in July; this is now the fourth consecutive month.

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
1	0	1	5	1	1	1	4	1	0	0	0	0

-     Staff   -   Patients   -   Finances   -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit

Target/Plan	Latest Value	Variation	Assurance	Trajectory
53	63	L	Moving Target	85 ... 63

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

In total there were 63 theatre cancellations in July: 37 on the day and 26 in the 7 days before surgery, 10 above the target of 53.

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

There were two breaches of the 28-day booking standard in July due to:
* Lack of kit (1)
* Surgeon ill (1)

Actions

All cancellations reviewed and challenged at MD and COO level. Actions for improvement included within pre-op improvement plan reported for assurance at Trust operational performance group.

Actions include:
* Implemented pre-op my recovery app with pre-op self-assessment.
* Audited cancellations on the day showing themes for improvement. Key theme for reportable on the day cancellation for July, lack of theatre time for the complexity of case.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
97	74	84	92	110	93	72	85	71	48	50	60	63

-    Staff   -   Patients   -   Finances   -

62 Day General Standard*

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

Exec Lead:
Chief Operating Officer
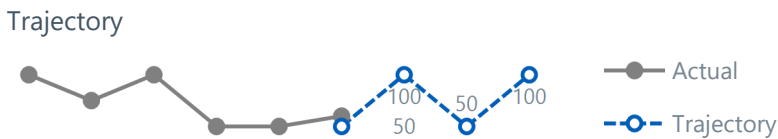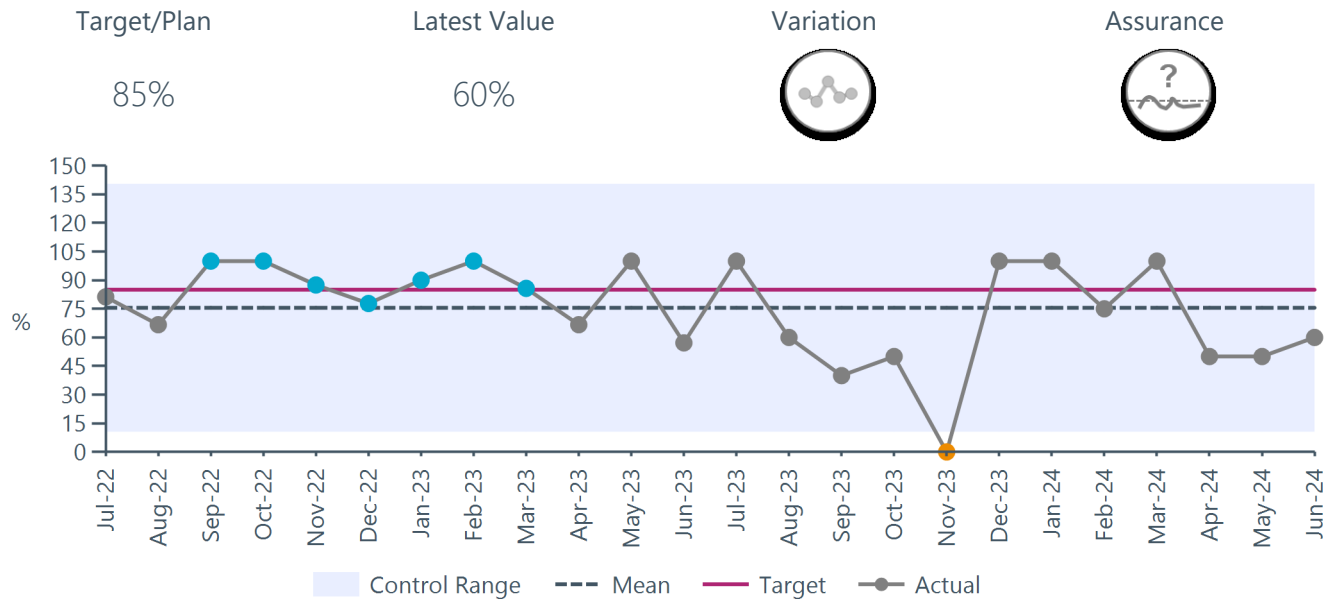
Target/Plan	Latest Value	Variation	Assurance	Trajectory
85%	60%			

What these graphs are telling us

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

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

Narrative

The Cancer 62 Day General Standard was not met in June; this measure is reported in arrears. The June performance is reported at 60% against the 85% target. Within the data reported, there were two complex pathways that did not meet the standard.

The reported data for April and May still includes some breaches that have been allocated to RJAH in error. The Operational Management of Tumour Service are still liaising with other providers to rectify this.
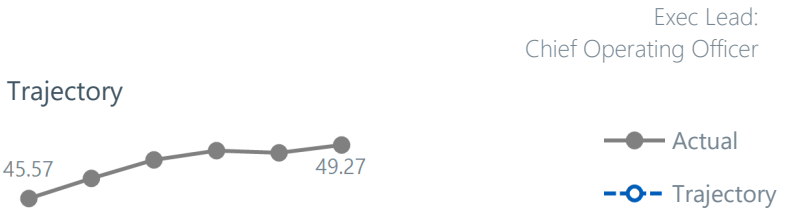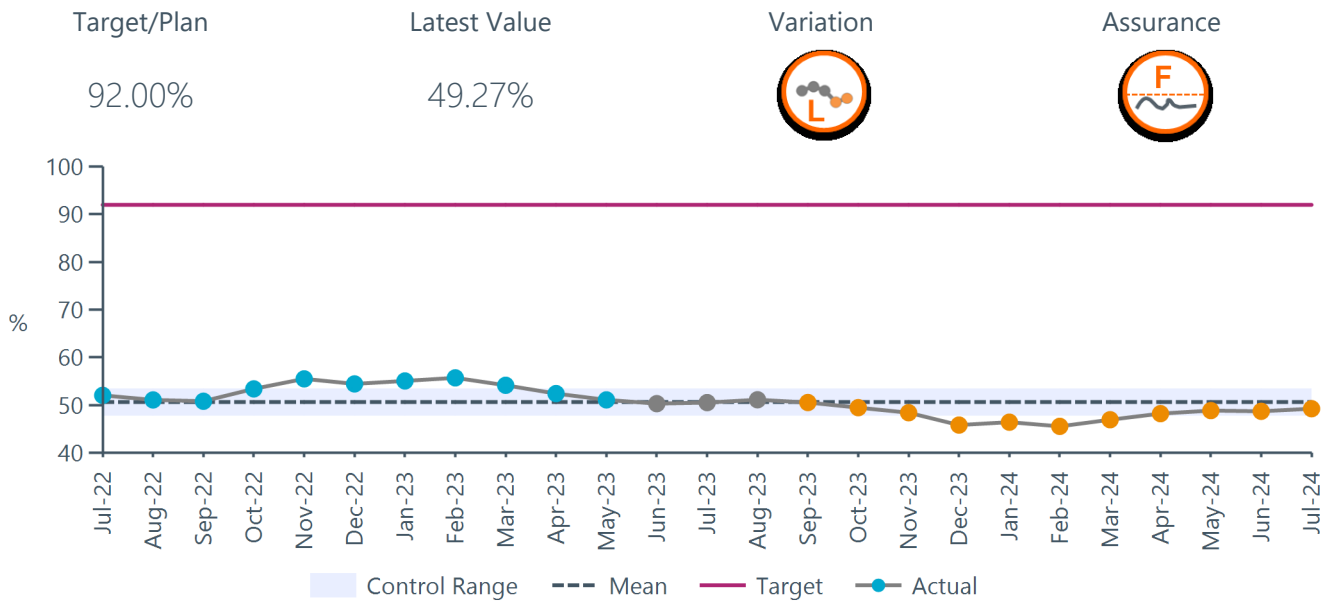
Actions

No applicable actions as complex pathways.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
100.00%	60.00%	40.00%	50.00%	0.00%	100.00%	100.00%	75.00%	100.00%	50.00%	50.00%	60.00%	

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
92.00%	49.27%		

Trajectory

45.57   49.27

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Our July performance was 49.27% 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 - 8873 patients waiting of which 3139 are breaches
* MS2 - 1701 patients waiting of which 1181 are breaches
* MS3 - 5483 patients waiting of which 3826 are breaches

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
50.55%	51.15%	50.57%	49.49%	48.43%	45.84%	46.45%	45.57%	46.96%	48.24%	48.88%	48.73%	49.27%

- Staff - Patients - Finances -

English List Size

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
15,770	16,057	H	Moving Target	14928 ... 16057

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. This metric has a moving target - as per Trust's Operational Plan.
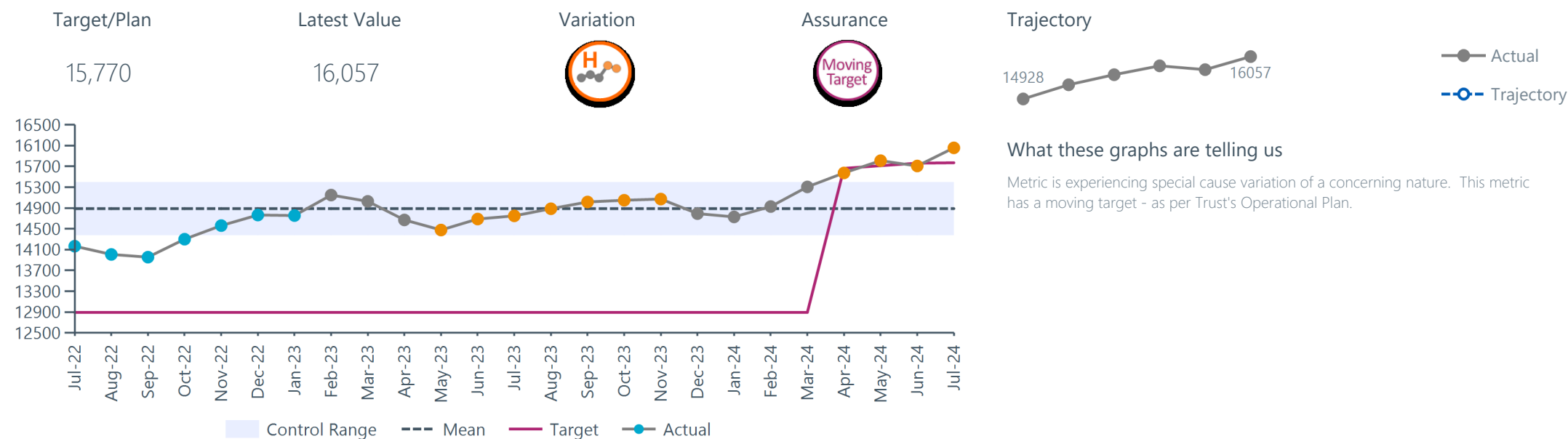
Narrative

The number of English patients waiting at the end of July is reported at 16057; 287 above the plan of 15770. The target for this metric reflects the Trust's submitted Operational Plans.

As articulated in previous months, there has been a steady increase since the end of January position, now 1328 patients higher at the end of July. The main factor has been the Rheumatology patients transferred from Shropshire Community's RIO system to RJAH. Of the 1328 increase since January, Rheumatology equates to 1047 of that; 79%. The other area that has increased over the last six months is Metabolic Medicine, an increase of 222 patients since the January position.

Breakdown below summarises the movements over last six months:
* Rheumatology now 10.54% of English list size, up from 4.39% at the end of January.
* Metabolic Medicine now 19.08% of English list size, similar to 19.30% at the end of January.
* Other Sub-Specialities now at 70.37% of English list size, down from 76.32% at the end of January.

Operational Teams have increased focus on Milestones 1 & 2 clearance.

Actions

2024/25 Operational Plans have been submitted and the list size will continue to be reviewed. The Trust has seen increases following the implementation of MSST and transfer of Rheumatology services to RJAH. Submitted plans make allowance for Estates works to be completed during this financial year. Additional capacity is planned for Rheumatology and should support reductions in this list size. Significant volume of patients waiting in Metabolic Medicine relates to Diagnostic capacity in DEXA. Second scanner due in quarter three to address these capacity issues.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.

Currently exploring mutual aid options and use of independent sector providers to support demand management.

The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
14749	14886	15016	15049	15072	14792	14729	14928	15306	15574	15810	15708	16057

-    Staff   -   Patients   -   Finances   -

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
–	8,312	H (special cause)	No Target

Trajectory

7610 ... 8312

- Actual
- Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

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

The number of Welsh patients waiting at the end of July is reported at 8312. As can be seen in the graph above, there continues to be month on month increases. In the period of January to July, the list has increased by 546 with the top three movements being; Spinal Disorders increasing by 293, Arthroplasty by 243 and Metabolic Medicine increasing by 142.

Breakdown below summarises the movements over last six months:
* Rheumatology now 2.66% of Welsh list size, up from 1.47% at the end of January
* Metabolic Medicine now 18.94% of Welsh list size, slightly up from 18.44% at the end of January
* Other Sub-Specialties now 78.40% of Welsh list size, down from 80.09% at the end of January

Actions

2024/25 Operational Plans have been submitted and the list size will continue to be reviewed. Submitted plans make allowance for Estates works to be completed during this financial year. Additional capacity is planned for Rheumatology and should support reductions in this list size. Significant volume of patients waiting in Metabolic Medicine relates to Diagnostic capacity in DEXA. Second scanner due in quarter three to address these capacity issues. Trajectories are in development and will be reviewed against recently received Welsh Guidance. Discussions with Powys continue to work together to support MSK pathways.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.

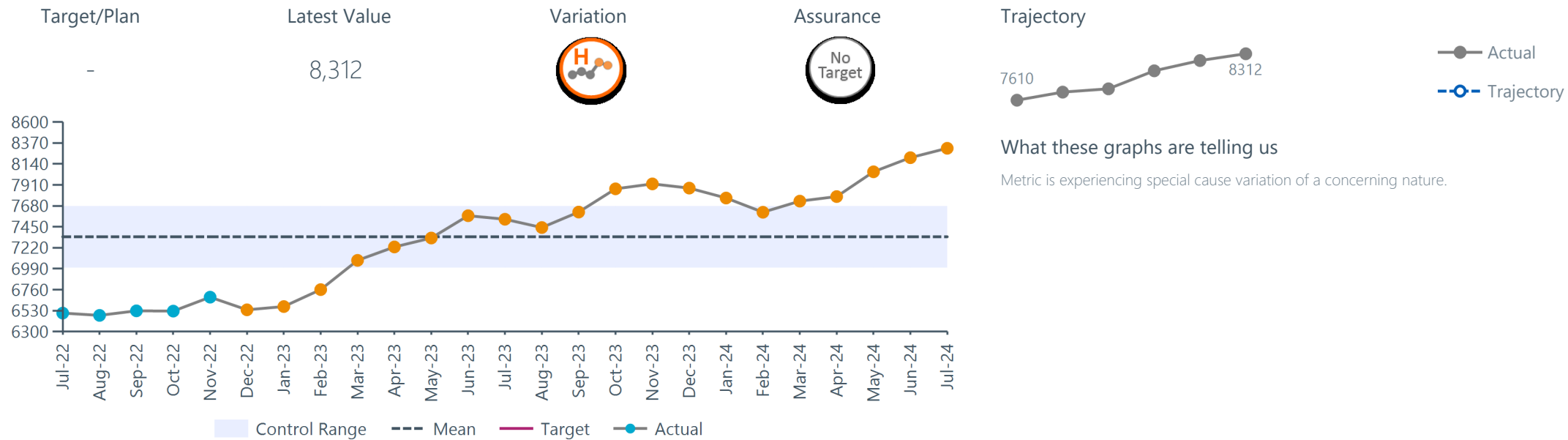Currently exploring mutual aid options to support demand management.

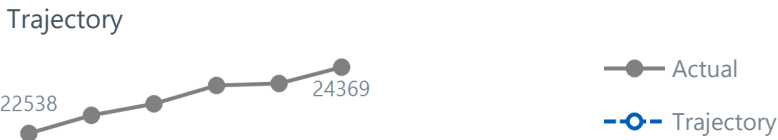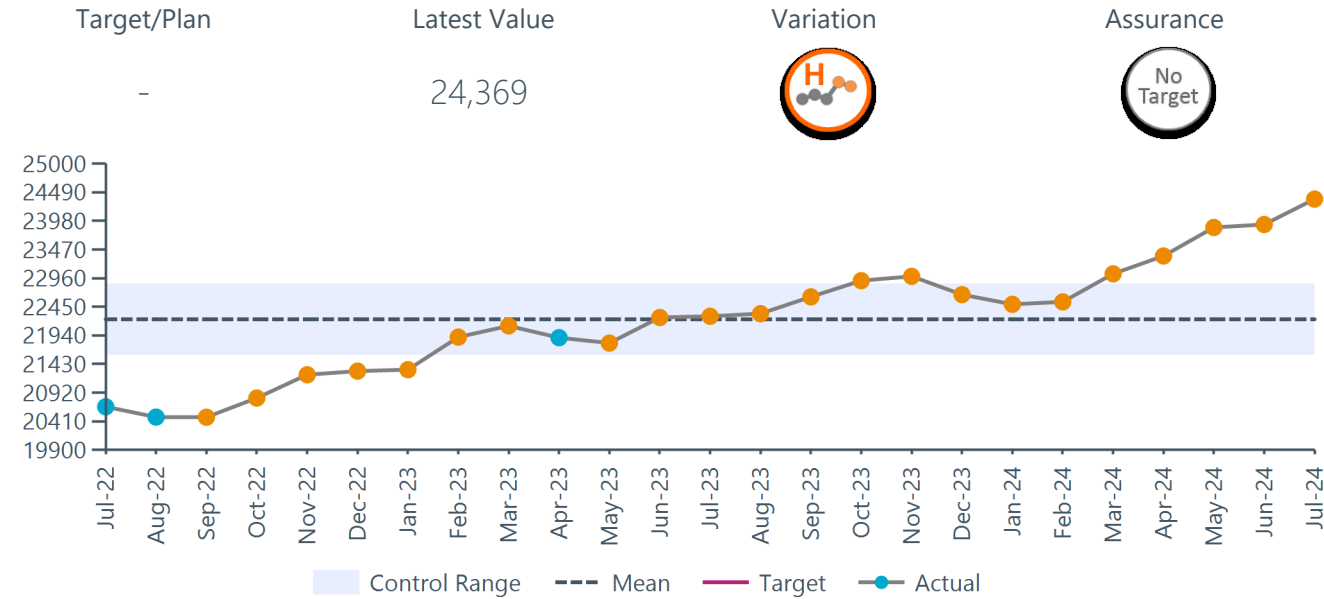The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
7533	7442	7612	7867	7921	7875	7766	7610	7732	7782	8054	8209	8312

- Staff - Patients - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	24,369	H	No Target	22538 ... 24369

What these graphs are telling us

Legend: Control Range — Mean — Target — Actual

Actual / Trajectory

Narrative

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
22282	22328	22628	22916	22993	22667	22495	22538	23038	23356	23864	23917	24369

- Staff - **Patients** - Finances -
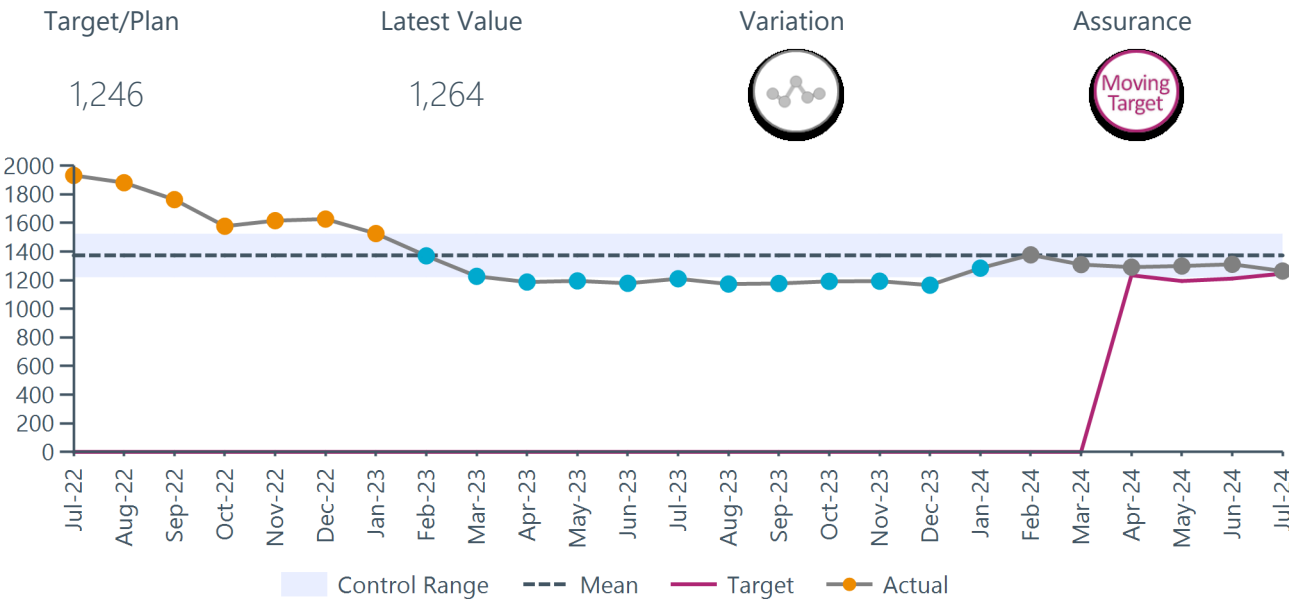
Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,246	1,264		Moving Target

Trajectory

1377 ————— 1264

● Actual
○ Trajectory

What these graphs are telling us

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

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

Narrative

At the end of July there were 1264 English patients waiting over 52 weeks; above our plan of 1246 by 18. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (332), Spinal Disorders (290), Foot & Ankle (150), Knee & Sports Injuries (143), Upper Limb (138), Rheumatology (119), Veterans (57), Metabolic Medicine (7), ORLAU (6), Physiotherapy (5), Paediatric Orthopaedics (5), Tumour (4), Neurology (4), Orthotics (2), Occupational Therapy (1) and Spinal Injuries (1).

Patients waiting, by weeks brackets is:
*   >52 to <=65 weeks - 1011 patients
*   >65 to <=78 weeks - 247 patients
*   >78 to <=95 weeks - 6 patients

As part of submitted Operational plans the Trust has forecast the number of patients waiting 52+ weeks who are aged under 18 (at month end). At the end of July there were 19 patients, 2 patients above the Trust's plan of 17.

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust, following reductions in capacity, has revised trajectories and is not expecting to be compliant with this ask. The revised trajectories are discussed as part of weekly NHSE meetings.

 2024/25 plans aim to see reductions in patients waiting greater than 52 weeks. Submitted plans are what is reflected as the target for this measure. The Trust is focusing on reduction of patients waiting for their first outpatient appointment or first diagnostic investigation.

Harms reviews process and Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.

During 24/25 the Trust has seen the transfer of Rheumatology from Shropshire, Telford & Wrekin to RJAH. A locum consultant is planned to support capacity in this area. Clinical Transformation meetings have been arranged for one of our most challenged specialities.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
1210	1173	1177	1192	1193	1165	1284	1377	1309	1291	1299	1311	1264

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	1,357	H	No Target	1061 ... 1357

Legend: Actual, Trajectory

Legend: Control Range, Mean, Target, Actual

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of July there were 1357 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (584), Arthroplasty (363), Knee & Sports Injuries (131), Upper Limb (124), Foot & Ankle (109), Veterans (14), Paediatric Orthopaedics (13), Metabolic Medicine (6), Neurology (4), Physiotherapy (3), Tumour (2), Occupational Therapy (1), ORLAU (1), Rheumatology (1) and Spinal Injuries (1).

The number of patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 635 patients
* >65 to <=78 weeks - 386 patients
* >78 to <=95 weeks - 185 patients
* >95 to <=104 weeks - 52 patients
* >104 weeks - 99 patients

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

Actions

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

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

Harms reviews process and Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.
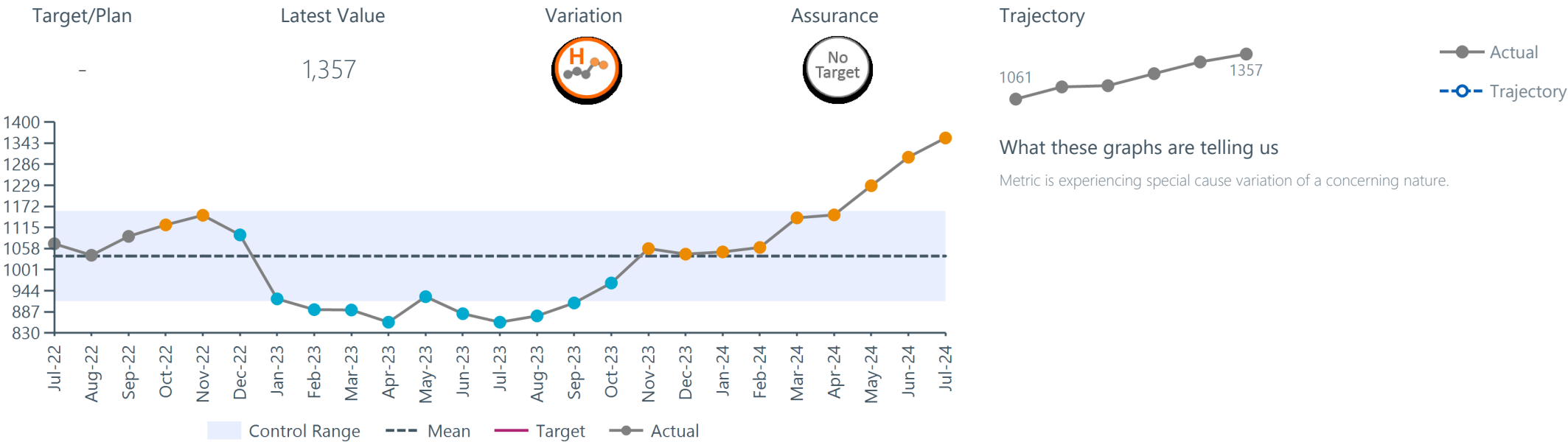
Clinical Transformation meetings have been arranged for one of our most challenged specialities.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
859	876	911	965	1058	1043	1049	1061	1141	1149	1228	1305	1357

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	2,621	(H)	No Target	2438 ... 2621

Actual
Trajectory

What these graphs are telling us

Control Range   Mean   Target   Actual

Narrative

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
2069	2049	2088	2157	2251	2208	2333	2438	2450	2440	2527	2616	2621

- Staff - Patients - Finances -

Patients Waiting Over 65 Weeks - English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
75	253	(L)	Moving Target

Trajectory

310 ⋯ 253

— Actual
⋯○⋯ Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target — Actual

Narrative

At the end of July there were 253 English patients waiting over 65 weeks; above the 75 plan. Target reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Arthroplasty (84), Spinal Disorders (68), Knee & Sports Injuries (35), Foot & Ankle (31), Upper Limb (15), Veterans (9), Rheumatology (7), Neurology (2), Paediatric Orthopaedics (1) and Spinal Injuries (1).

Patients waiting, by weeks brackets is:
*   >65 to <=78 weeks - 247 patients
*   >78 to <=95 weeks - 6 patients

There is increased focus on this cohort of patients from our Operational and Access Teams to ensure patients are dated before the end of September.

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust, following reductions in capacity, has revised trajectories and is not expecting to be compliant with this ask. The revised trajectories are discussed as part of weekly NHSE meetings. The long waits greater than 78 weeks are now reported by exception.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.
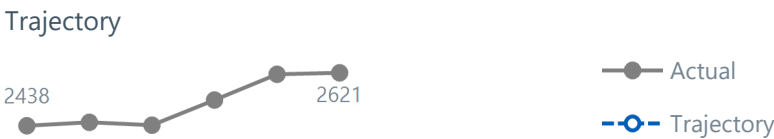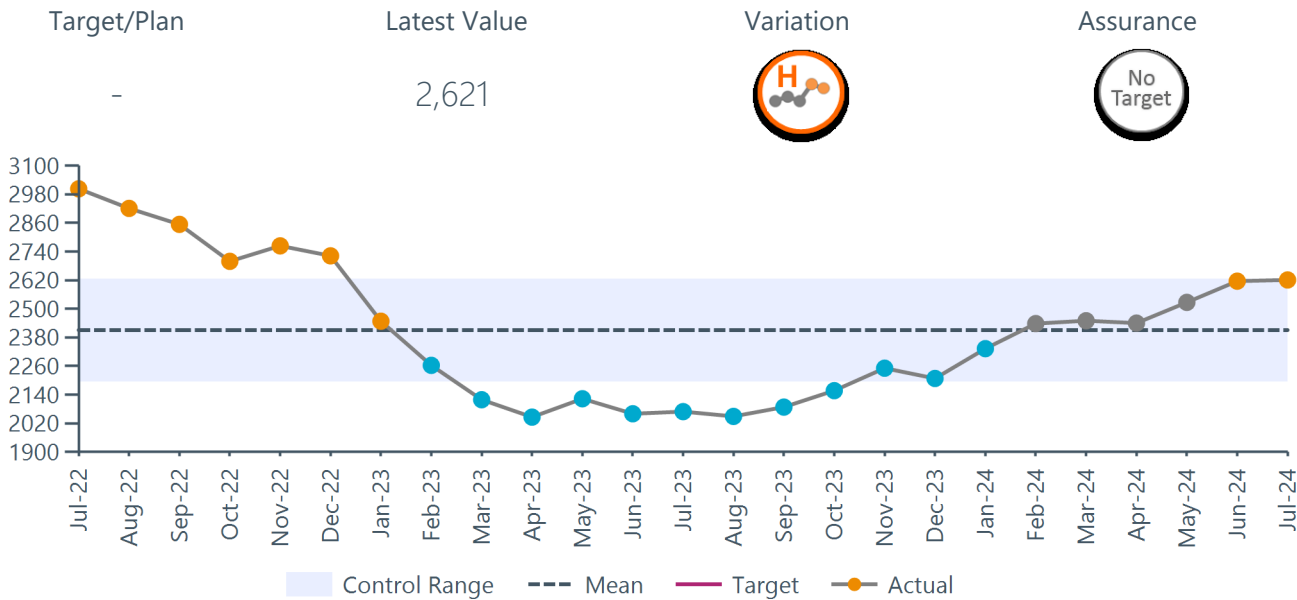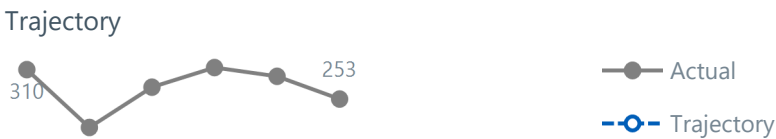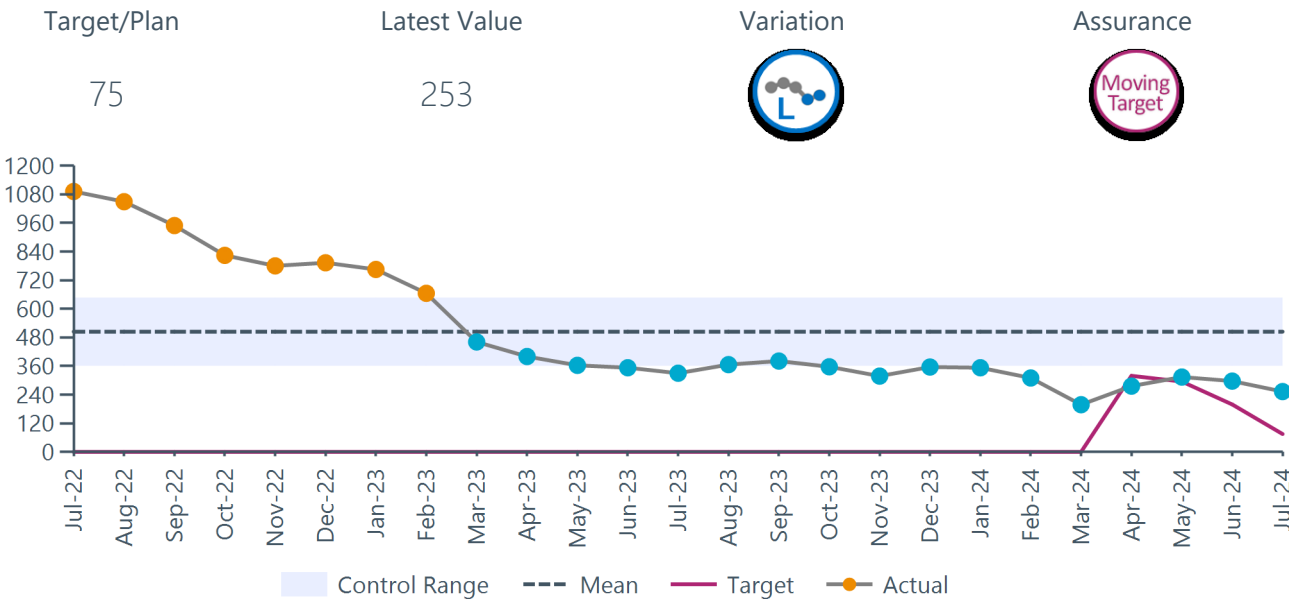
During 24/25 the Trust has seen the transfer of Rheumatology from Shropshire, Telford & Wrekin to RJAH. A locum consultant is planned to support capacity in this area.

Clinical Transformation meetings have been arranged for one of our most challenged specialities.

Internal Operational meeting are in place to further monitor progress. This is inclusive of mutual aid discussions with other Providers where deemed appropriate.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
330	366	381	357	318	356	353	310	198	276	314	297	253

-    Staff   -   Patients   -   Finances   -

Patients Waiting Over 65 Weeks - Welsh

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	722	H	F

Trajectory

587 · · · 722

— Actual
-○- Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

At the end of July there were 722 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (290), Arthroplasty (216), Knee & Sports Injuries (102), Upper Limb (51), Foot & Ankle (46), Veterans (5), Paediatric Orthopaedics (4), Neurology (2), Physiotherapy (2), Spinal Injuries (1), ORLAU (1), Occupational Therapy (1) and Metabolic Medicine (1).

The number of patients waiting, by weeks brackets is:
* >65 to <=78 weeks - 386 patients
* >78 to <=95 weeks - 185 patients
* >95 to <=104 weeks - 52 patients
* >104 weeks - 99 patients

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

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks by end of September-24. The Trust is reviewing Welsh performance and working with Welsh Health Boards to reduce Welsh waiting times in a phased approach with an ambition to align with English waiting times. Powys discussions are ongoing about how we can work closely together on MSK pathways. Trajectories are in development and will be reviewed against recently received Welsh Guidance. Trajectories are to reflect known in-year capacity reduction.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. The Trust continues to contact its patients through this solution.

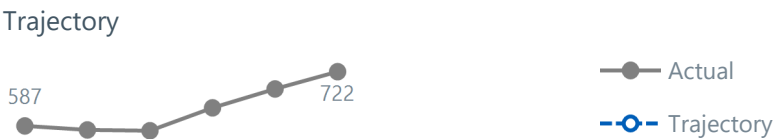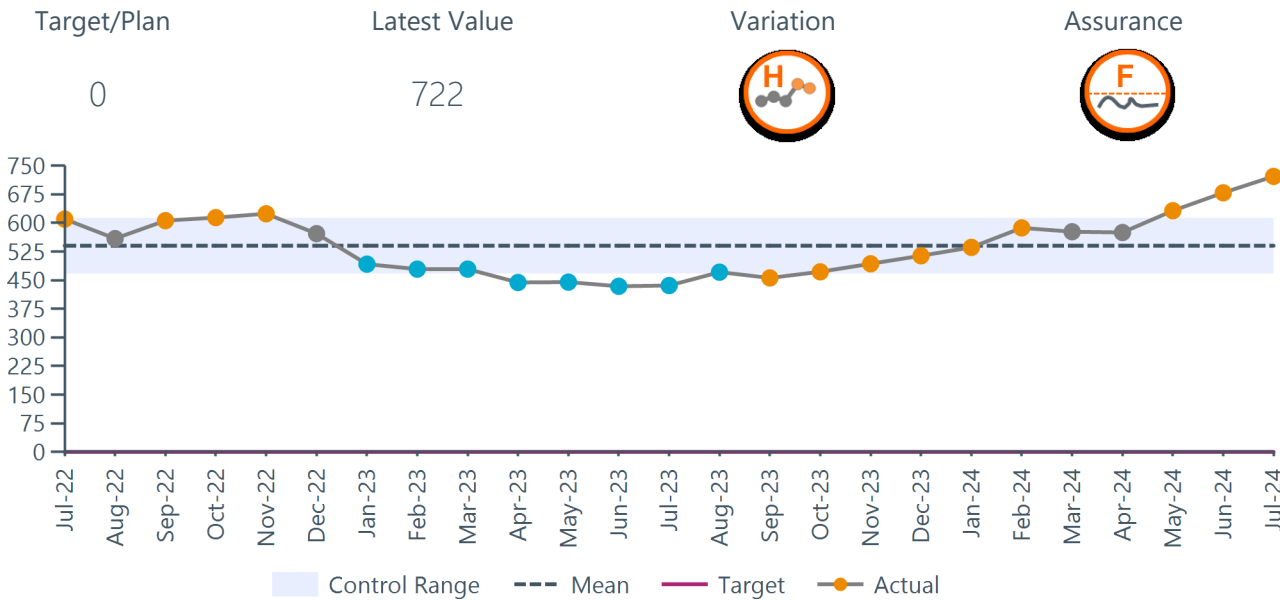Clinical Transformation meetings have been arranged for one of our most challenged specialities.

Internal Operational meeting are in place to further monitor progress. This is inclusive of mutual aid discussions with other Providers where deemed appropriate.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
436	471	456	472	493	514	536	587	577	575	632	679	722

- Staff - Patients - Finances -

Patients Waiting Over 65 Weeks - Combined

Number of combined RTT patients waiting 65 weeks or more at month end 217860

Exec Lead:
Chief Operating Officer
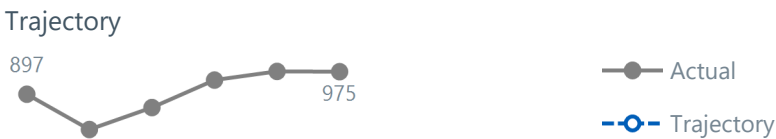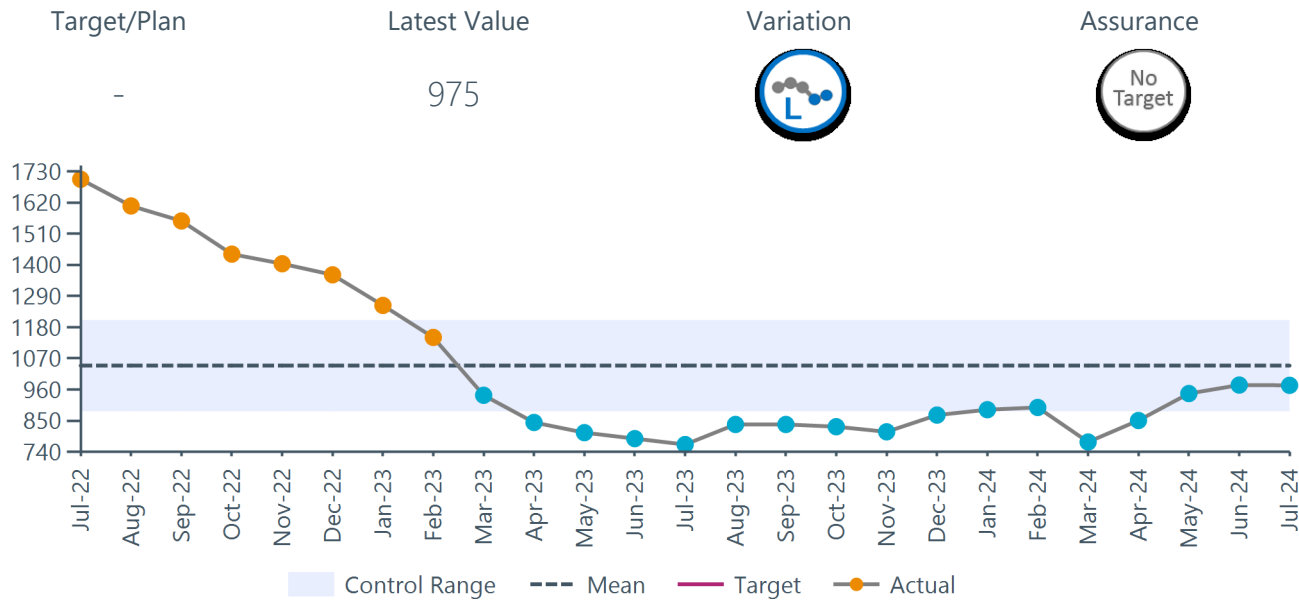
Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	975	L	No Target	897 ... 975

Actual
Trajectory

What these graphs are telling us

Control Range | Mean | Target | Actual

Narrative

Actions

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
	766	837	837	829	811	870	889	897	775	851	946	976	975

- Staff - Patients - Finances -

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer
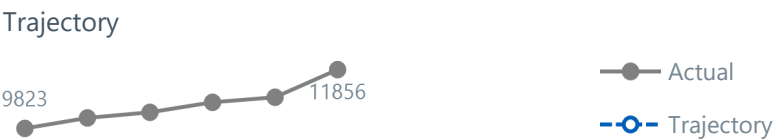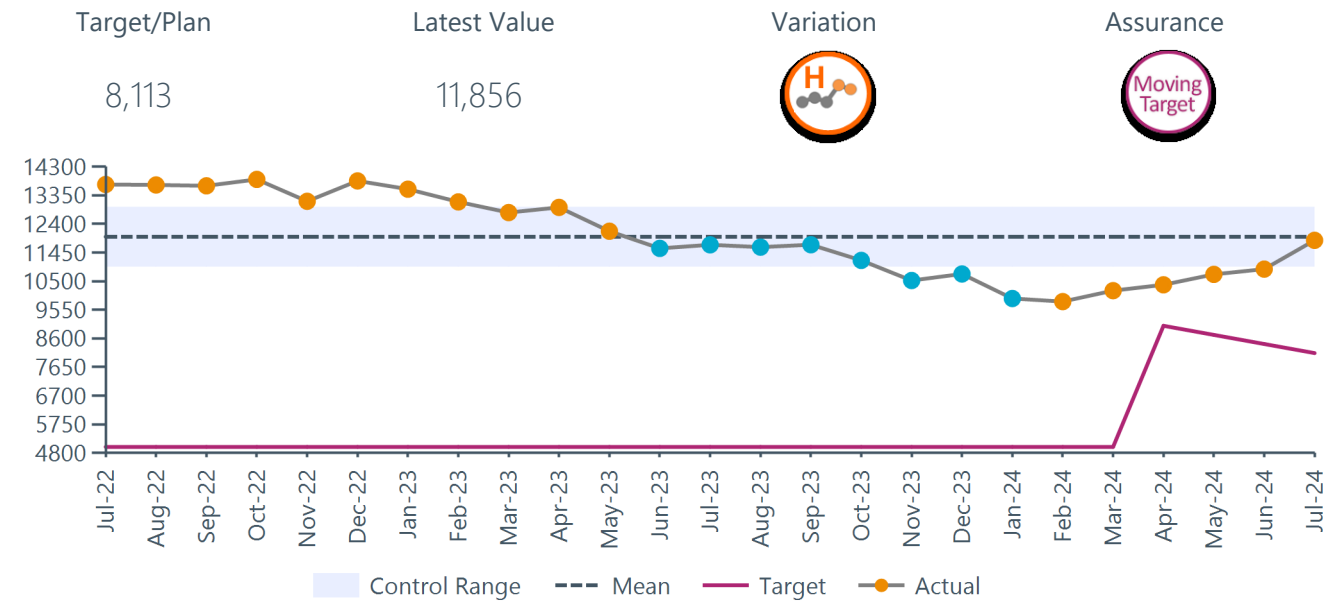
Target/Plan	Latest Value	Variation	Assurance
8,113	11,856	(H)	(Moving Target)

Trajectory

9823 ··· 11856

— Actual
--o-- Trajectory

Control Range — Mean --- Target — Actual

What these graphs are telling us

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

Narrative

At the end of July, there were 11,856 patients overdue their follow up appointment, this is 3,743 above the target of 8,113. The target forms part of the Trust's Operational Plans. This backlog is broken down by:
- Priority 1 – 7,249 with 955 dated (13%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 – 4,607 with 879 dated 19%);

* The backlog increased by 956 from last month. The priority 1 backlog increased by 735.

* Of the 11,856 patients overdue, 33% are diagnostic follow ups.
* Of all the patients on a non-diagnostic follow up, 20% are overdue.
* Of all the patients on a diagnostic follow up, 51% are overdue.
* The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (3,819), Spinal Disorders (1,323) and Arthroplasty (1,223).

To date, there are 1,334 TEMS patients reflected in Rheumatology's overdue follow up backlog, with 662 of these falling in July. Of which; 557 were priority 1 patients.

Actions

Firm meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations.

The use of DrDoctor continues to be explored as a means to validate follow up lists for certain firms/clinicians.

A data quality report has been developed by the Information Department and is to be shared weekly with key stakeholders. This report details the two types of errors made at firm level. The patients that appear on this report are not necessarily overdue, but in anticipation of the Apollo go live – we need to ensure as few as possible errors are migrated over to the new system.

In June, it was estimated that Rheumatology had a further 1,500 TEMS patients to be transferred over. We saw 662 TEMS patients transferred in July. The remaining patients have now been transferred over to RJAH and TEMS checking reporting their end to ensure no patients have been missed.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
11707	11630	11710	11190	10522	10740	9925	9823	10186	10380	10726	10900	11856

- Staff - Patients - Finances -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	75.95%		Moving Target	84.12 86.26 87.57 91

What these graphs are telling us

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

Control Range — Mean — Target — Actual
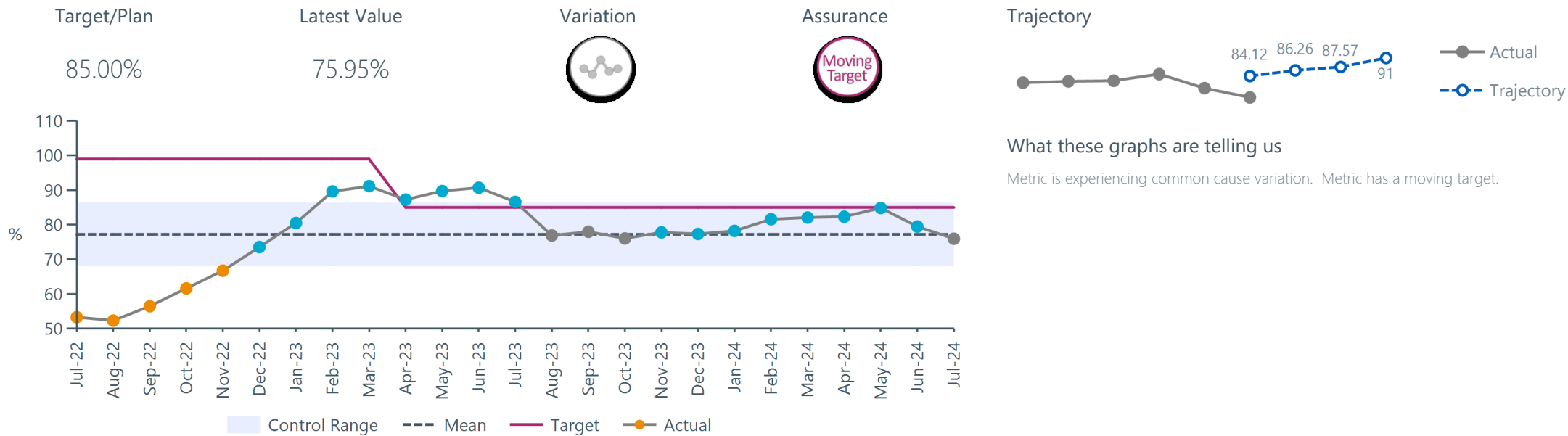
Narrative

Performance for July is 75.95% against the 85% target, and below the Trust trajectory of 84.12%. The trajectory reflects the Trust's submitted Operational Plans. Reported position relates to 372 patients who waited beyond 6 weeks. Of the 6-week breaches; 35 are over 13 weeks (34 in Ultrasound and 1 in CT).
Performance and breaches by modality:
* MRI – 94.19% - D3 (Routine - 4-6 weeks) – 2 with 1 dated, D4 (Routine – 6-12 weeks) – 39 dated
* CT – 93.63% - D2 (Urgent - 0-2 weeks) - 1 undated, D4 (Routine – 6-12 weeks) – 9 with 7 dated
* Ultrasound – 51.08% - D2 (Urgent - 0-2 weeks) – 7 with 5 dated, D3 (Routine - 4-6 weeks) – 1 dated, D4 (Routine - 6-12 weeks) - 313 with 156 dated
* DEXA Scans – 100%

National target – 0 patients waiting over 13 weeks by end of September 2024 and 95% against the 6-week standard within all modalities.
All diagnostic activity plans were met in July.

Actions

Ultrasound - additional clinics in place. Overall activity above plan however demand has increased across the ICS. 13 week waits below plan. Additional radiographer and radiologist resource (locum) in progress.

MRI - Additional resource in radiography in progress. Demand has increased across the ICS. Mobile capacity remains in place and needed to meet increasing demand.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
86.61%	76.91%	77.97%	76.04%	77.80%	77.33%	78.22%	81.60%	82.09%	82.33%	84.85%	79.49%	75.95%

-   Staff   -   Patients   -   Finances   -

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer
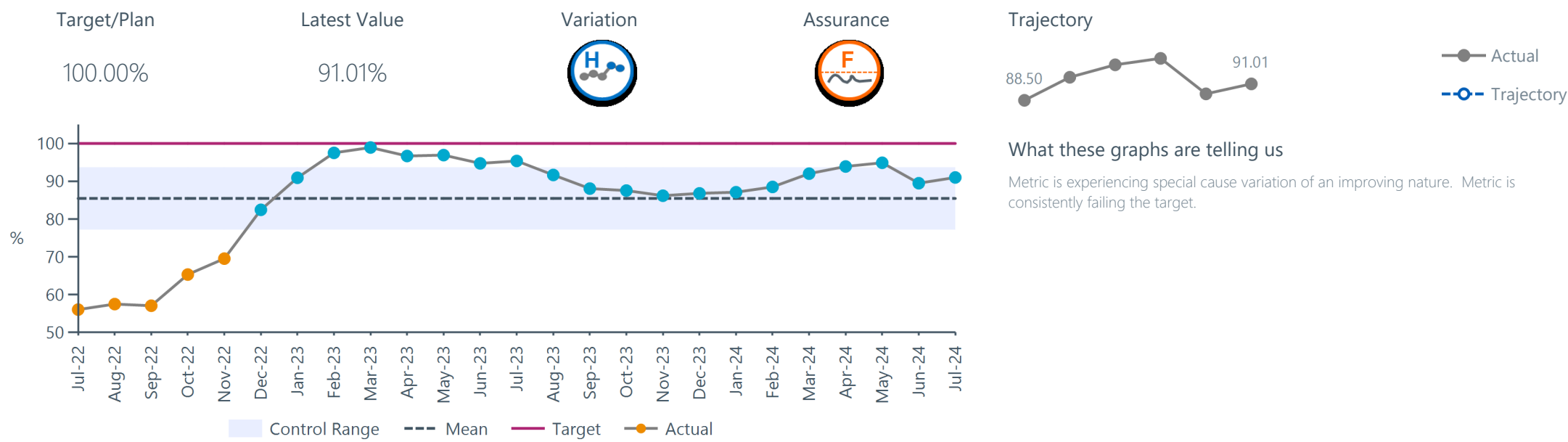
Target/Plan	Latest Value	Variation	Assurance	Trajectory
100.00%	91.01%	H	F	

Trajectory
88.50   91.01

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The 8-week standard for diagnostics was below target at 91.01%. This relates to 42 patients who waited beyond 8 weeks.
Performance and breaches by modality:
* MRI – 98.75% - (D4 (Routine - 6-12 weeks) - 4 dated
* CT – 100%
* Ultrasound – 62.38% - D2 (Urgent - 0-2 weeks) – 2 with 1 dated, D3 (Routine - 4-6 weeks) – 1 dated, (D4 (Routine - 6-12 weeks) - 35 with 21 dated
* DEXA Scans - 100%

Actions

Ultrasound - additional clinics in place. Overall activity above plan however demand has increased across the ICS. 13 week waits below plan. Additional radiographer and radiologist resource (locum) in progress.

MRI - Additional resource in radiography in progress. Demand has increased across the ICS. Mobile capacity remains in place and needed to meet increasing demand.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
95.38%	91.67%	88.06%	87.54%	86.18%	86.80%	87.10%	88.50%	92.02%	93.92%	94.90%	89.48%	91.01%

- Staff - Patients - Finances -

Theatre Cases Per Session Against Plan

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

Exec Lead:
Chief Operating Officer
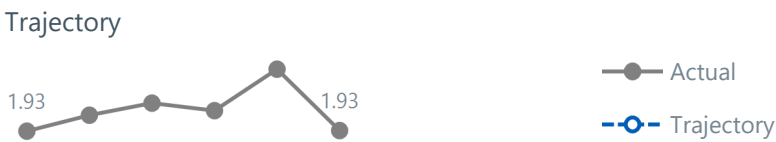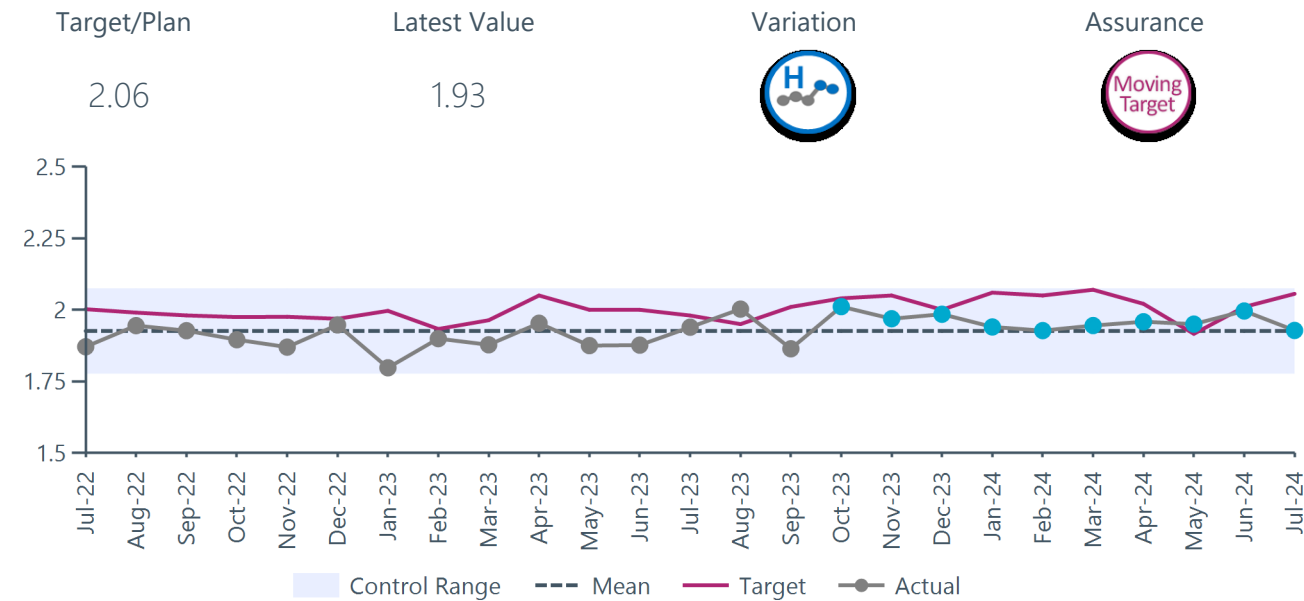
Target/Plan	Latest Value	Variation	Assurance
2.06	1.93	H	Moving Target

Trajectory

1.93   1.93

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Cases per session in July achieved 1.93 against the plan of 2.06 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

Summary:
* MSK Unit – achieved 2.03 of 2.26 plan.
* Specialist Unit - achieved 1.61 of 1.48 plan.

Cases per session remains special cause variation of an improving nature as CPS has been reported consecutively above the mean since October.

Actions

Cases per session reviewed to support plan however, impacted by focus on long waiters and prioritisation process.

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

- Staff - Patients - **Finances** -

Touchtime Utilisation

% of Minutes Utilised replicating Touch Time methodology. National Target. 215309
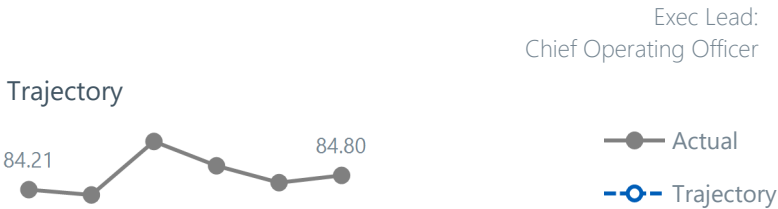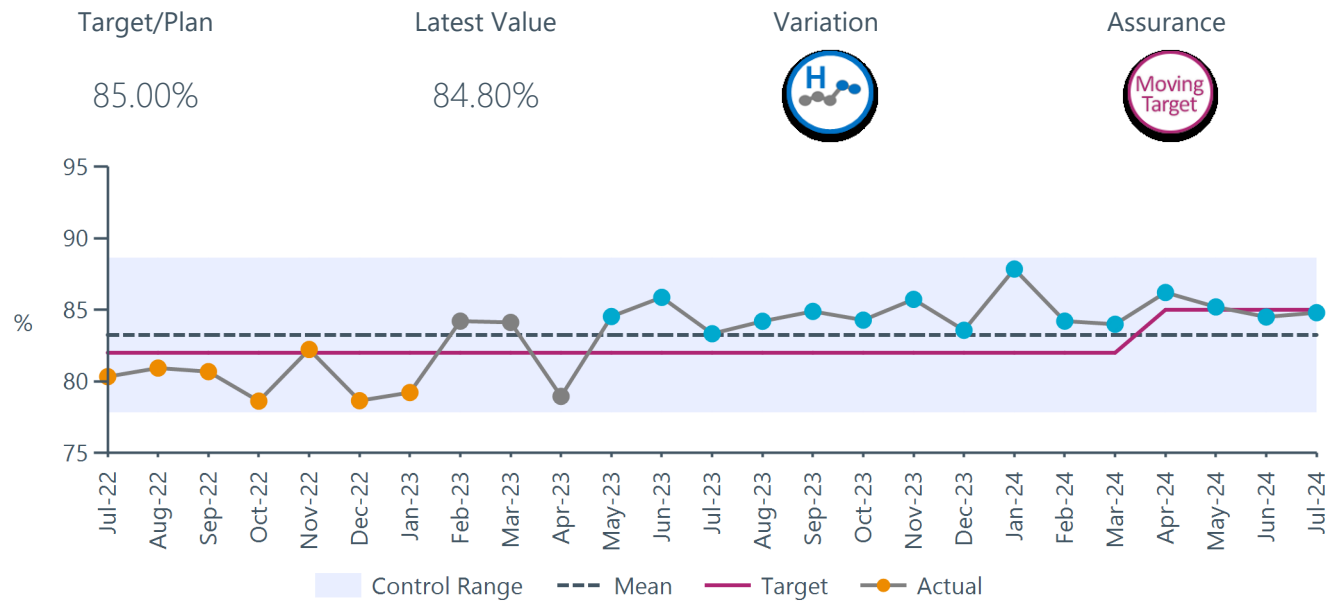
Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	84.80%	H	Moving Target	

Trajectory

84.21   84.80

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

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

In July theatre touchtime was 84.80% and is included as an exception this month as the graph above indicates a sustained period of improvement over the past twelve months.

Several areas of focus and theatre improvements have impacted touch time utilisation including:
* On the day cancellation policy in place
* Early starts commenced for 4x consultants
* Focus on maximising capacity in theatres staffed and available
* Standardisation of cases per session

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

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
83.33%	84.20%	84.89%	84.28%	85.73%	83.57%	87.85%	84.21%	83.99%	86.21%	85.20%	84.50%	84.80%

- Staff - Patients - **Finances** -

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer
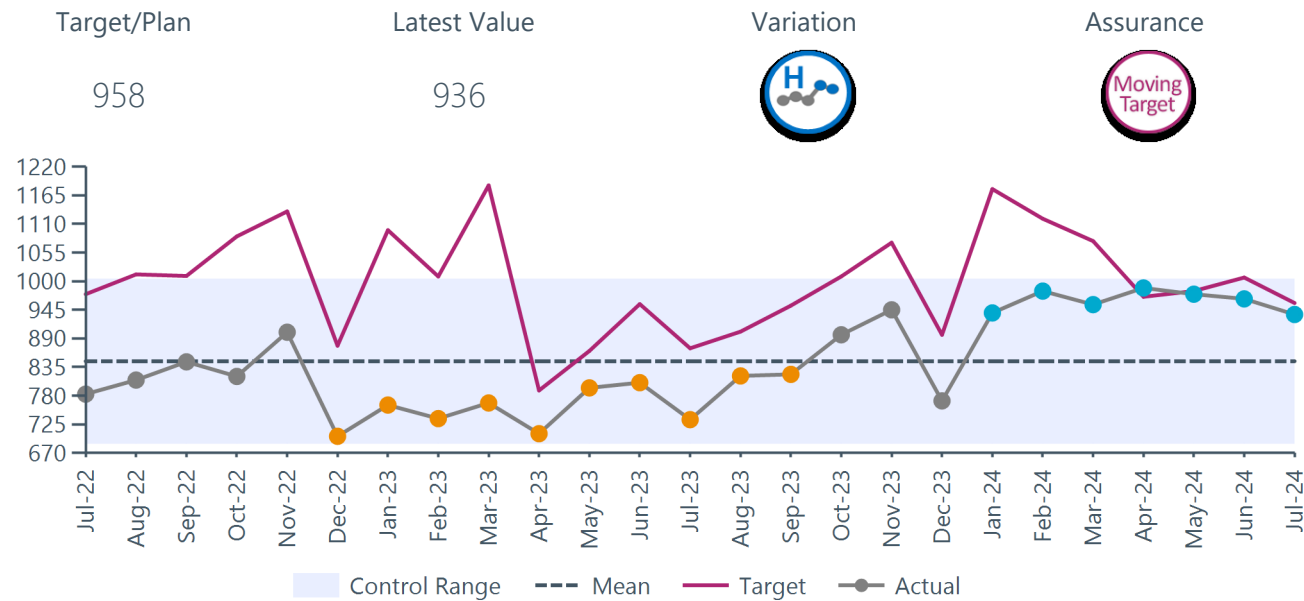
Target/Plan	Latest Value	Variation	Assurance
958	936	H	Moving Target

Trajectory

981 ... 936

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

July summary:
* Total Theatre Activity – 936 (plan 958) 22 below, 97.70%.
* NHS activity – 833 (plan 891) 58 below, 93.49%.
* Private patients – 103 (plan of 67) 36 above, 153.73%.

Theatre activity impacted in month by cancellations, of which 37 were on the day of surgery.

It is worth noting that although behind the plan, this metric is reporting special cause variation of an improving nature as July theatre activity performance remains in the upper third of the control range and shows a period of sustained improvement this calendar year.

Actions

Ongoing review to maintain performance.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
734	818	821	897	945	770	939	981	955	987	975	966	936

- Staff - Patients - Finances -

IJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer
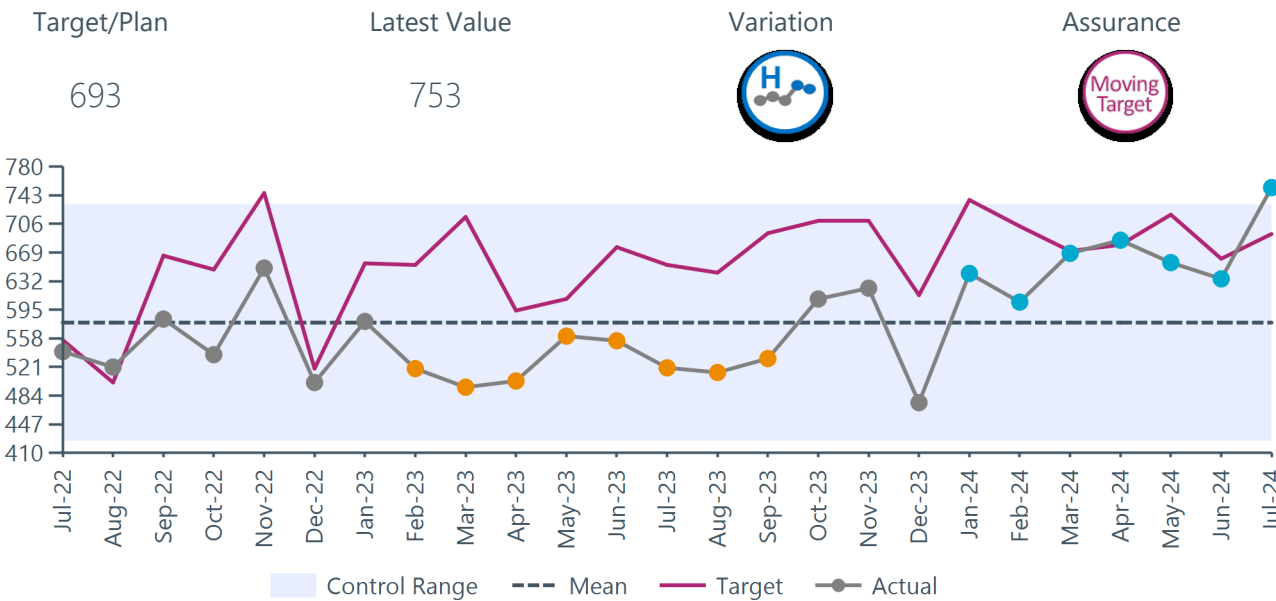
Target/Plan	Latest Value	Variation	Assurance
693	753	H	Moving Target

Trajectory

605 ——— 753

— Actual
-o- Trajectory

What these graphs are telling us

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

Control Range   --- Mean   — Target   — Actual

Narrative

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

The IJP plan for July was 693 theatre cases, of which the Trust achieved 753, 60 cases above the plan equating to 108.66%. Of the 753 in job plan cases, 20 were undertaken by SaTH consultants equating to 2.66%

The plan was 958 cases: 693 IJP, 198 OJP, 67 PP's.

IJP is reporting special cause variation of an improving nature with the position reported above the control range.

Actions

IJP theatre activity is maximised through theatre allocation, 6-4-2 process and Service Managers ensuring adherence to Trust policies such as annual leave and study leave.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
520	514	532	609	623	475	642	605	668	685	656	635	753

-   Staff   -   Patients   -   **Finances**   -

OJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer
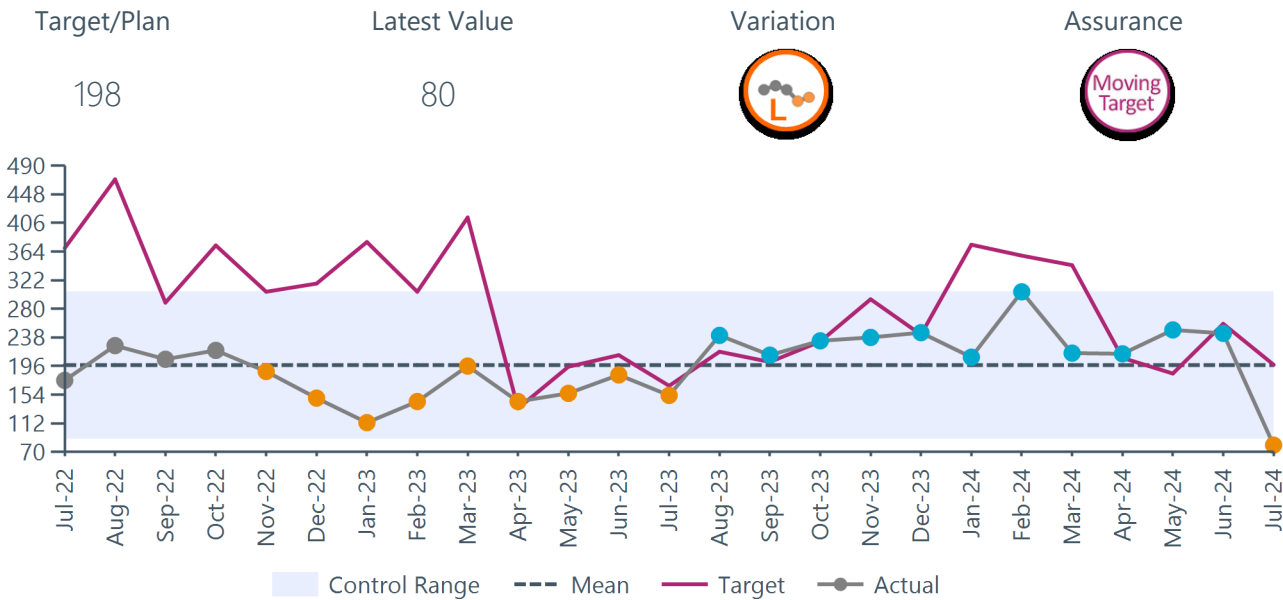
Target/Plan	Latest Value	Variation	Assurance	Trajectory
198	80		Moving Target	305 ... 80

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

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

The OJP plan for July was 198 theatre cases, of which the Trust achieved 80, 118 cases below the plan equating to 40.40%.

The plan was 958 cases: 693 IJP, 198 OJP, 67 PP's.

OJP in July is reported as special cause variation of a concerning nature with the reported position below the control range.

Actions

The Trust is currently assessing risks against achievement of plan and is progressing with mitigation plans to off-set the reduction in take up of OJP.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
153	241	212	233	238	245	209	305	215	214	249	244	80

-    Staff   -   Patients   -   **Finances**   -

PP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer
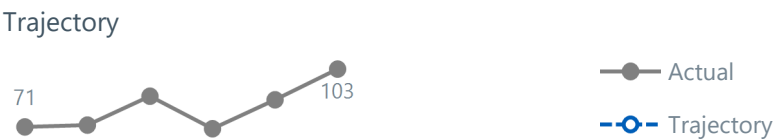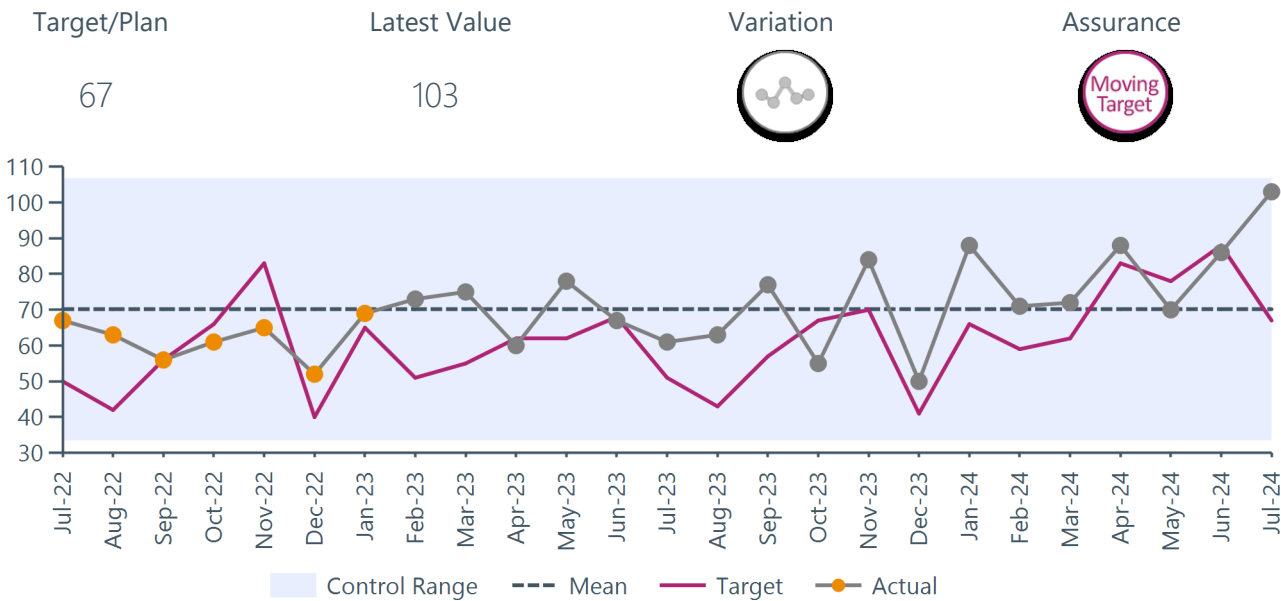
Target/Plan	Latest Value	Variation	Assurance
67	103		Moving Target

Trajectory

71 ... 103

Actual
Trajectory

What these graphs are telling us

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

Narrative

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

In July, the Trust undertook 103 private cases, 36 cases above the plan of 67 which equates to 153.73%.

Actions

Operational delivery of Private Patient plan to ensure correlation with performance in other Theatres metrics and achieve a balanced approach towards PP and NHS activity. Assurance and oversight from PP business manager.

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
	61	63	77	55	84	50	88	71	72	88	70	86	103

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

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

Exec Lead:
Chief Operating Officer
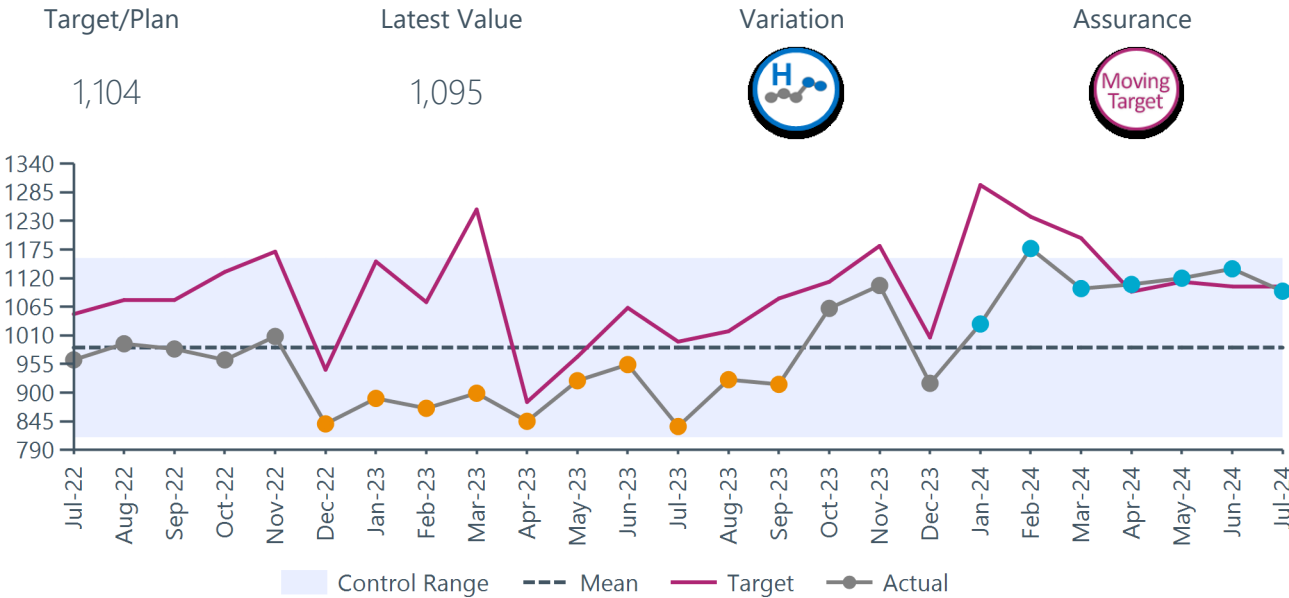
Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,104	1,095	H	Moving Target	1177 ... 1095

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

The plan for July was 1104 elective spells of which the Trust achieved 1095 equating to 99.18% (9 cases below plan).
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 900; 798 delivered (88.67%)
- Elective patients discharged in reporting month, no operation - plan was 204; 297 delivered (145.59%)
- Non-theatre activity accounted for 27.12% of elective spells this month; plan was 18.48%.

This metric remains special cause variation of an improving nature with performance reported in the upper third of the control range.

Actions

Ongoing review to maintain performance.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
835	925	916	1062	1106	918	1032	1177	1100	1108	1120	1138	1095

- Staff - Patients - Finances -

Overall BADS %

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	86.31%		?	

Trajectory: 80.18 ... 86.31

● Actual
-○- Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

In July the Trust is meeting the 85% target at 86.31%.

The Trust is aiming for continuous improvements with Clinically led monthly day case surgery meeting. Data quality issues have been identified with Clinical audits and further investigations being undertaken. There continues to be reviews on day case conversions.

Actions also align to, and support with, the GIRFT recommendation following accreditation as a surgical hub for "A plan and review of clinical pathways that will support the Trust ambition to increase day case rates."

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
76.72%	80.12%	80.35%	81.82%	84.36%	88.06%	84.39%	80.18%	81.15%	81.22%	78.75%	85.06%	86.31%

- Staff - Patients - **Finances** -

Average Length of Stay – Elective & Non Elective

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

Exec Lead:
Chief Operating Officer
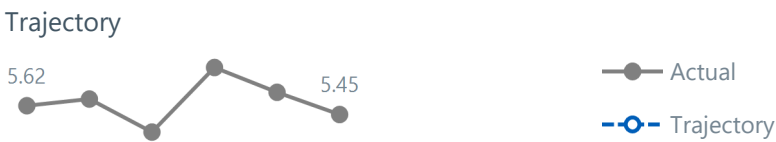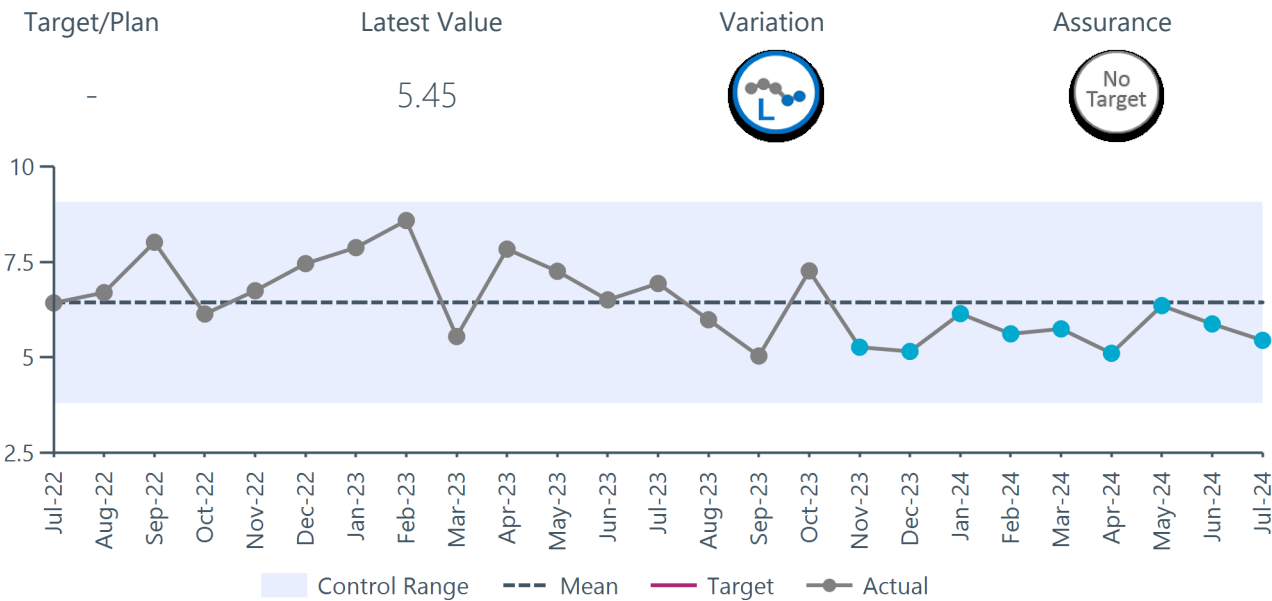
Target/Plan	Latest Value	Variation	Assurance
-	5.45	L	No Target

Trajectory

5.62   5.45

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

This KPI encompasses both elective and non-elective patients. For June, the average length of stay was 5.88 days, with a breakdown as follows:

* Elective Patients - 2.10 days
* Non-Elective Patients - 32.56 days; of which
- Spinal Injuries - 112.10 days
- Care of the Elderly - 23.26 days

There were 30 patients who had a length of stay over 21 days in July.

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

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
6.94	5.99	5.04	7.27	5.27	5.16	6.15	5.62	5.75	5.11	6.36	5.88	5.45

- Staff - Patients - **Finances** -

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
13,454	13,587	(Common cause variation icon)	Moving Target	13778 ... 13587

Actual

Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Total outpatient activity was 13,587 attendances against the Trust's Operational Plan of 13,454 equating to 100.99% of plan (+133 attendances). The following subspecialties had the biggest variance to plan:

* Physiotherapy: 1,173 against a plan of 1,978 (-805 attendances) equating to 59.30% of plan. Administrative capacity has continued to impact the booking of patients, with limited bank support available. Sickness amongst Physiotherapists has also impacted the delivery of activity. Due to Estates works, the Hydrotherapy pool remained closed throughout the first two weeks of July, this has now reopened and heavily booked.
* Occupational Therapy: 261 against a plan of 354 (-93 attendances) equating to 73.73% of plan. The shortfall here is attributed to a lack of administrative support.

Overall year to date performance against plan is at 105.21%.

Actions

The Outpatient Activity Meeting continues to meet each Tuesday.   A targeted focus of the 65 weeks by the end of September cohort of patients has now been incorporated into this meeting. Almost all of the patients in M1 are now dated with M2 follow ups and diagnostics being worked on.

An expectation was set at the Weekly Outpatient Activity Meeting that in the first week of the month, the current month should be booked to approximately 75%, and the following month to 50% - recognising that there will be different booking practices within firms due to the nature of their activity. As of the 9th of August, forecast positions show:

* August - 79.83% against plan.
* September - 45.91% against plan.

Conversations are currently taking place between the Access Team & Therapies regarding the use of bank admin support.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
13244	13240	12805	13987	13976	10986	14688	13778	12852	14492	13765	13801	13587

- Staff - Patients - **Finances** -
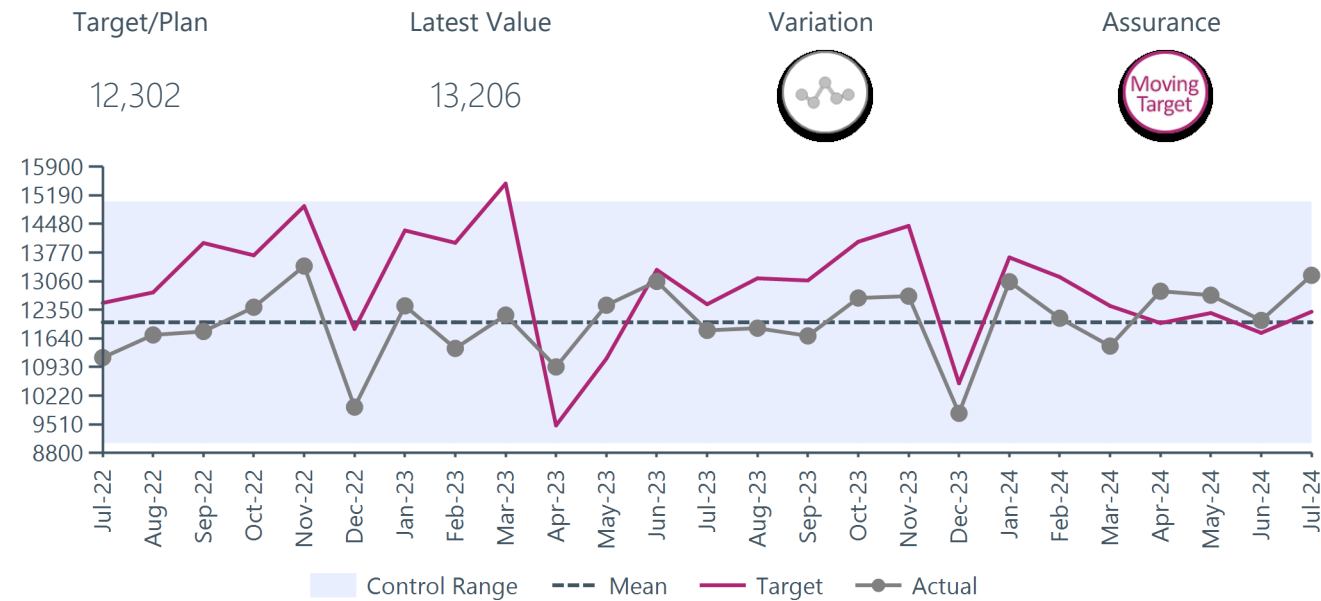
IJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
12,302	13,206	(variation icon)	Moving Target	12142 ... 13206

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean - - - Target — Actual

Narrative

Delivered activity is dependent on both IJP and OJP activity. This measure reflects on the amount the Trust utilises in job plan and will be monitored against 2024/25 plans derived from the Trust's Operational Planning Submission.

In July, IJP activity met the plan of 12,302 with 13,206 attendances; equating to 107.35% (+904 attendances).

As with overall Outpatient activity, Physiotherapy and Occupational Therapy work were the areas with the highest variance plan.

Tumour were also behind their IJP plan in July at 78.57% (-72 attendances). At time of IPR production there were still 47 missing outcomes to be completed for Tumour for July which would account for some of the shortfall.

Year to date performance against the in-job plan is 105.06% (+2,448 attendances).

Actions

IJP activity against plan is discussed every Tuesday morning at the weekly outpatient activity meeting.

Any instances that will impact the delivery of activity continue to be logged in an exception document and shared with the Managing Director of the Specialist Unit. This helps to understand any underperformance within certain areas.

As of the 9th of August, forecast positions show:

* August - 84.88% against in job plan.
* September – 49.08% against in job plan.

Higher than anticipated levels of annual leave are expected in August.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
11840	11894	11703	12642	12689	9783	13047	12142	11450	12811	12713	12087	13206

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,152	381	(orange/L icon)	Moving Target

Trajectory

1636 ... 381

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Delivered activity is dependent on both IJP and OJP activity. This measure reflects on the amount the Trust utilises out of job plan and will be monitored against 2024/25 plans that are derived from the Trust's Operational Planning Submission.

In July, OJP activity is reported at 381 attendances against the plan of 1,152 equating to 33.07% of plan (-771 attendances).

As expected, the delivery of OJP activity has reduced due to the Trust no longer utilising LLP to carry out this activity.

Year to date performance against the out of job plan is at 106.84% (+309 attendances).

Actions

OJP Activity against plan is discussed at subspecialty level at the weekly outpatient activity meeting, however with the loss of the LLP contract, performance against this KPI is expected to be poor.

A forecast position as of the 9th of August shows:

* August – 25.76% against out of job plan.
* September – 10.35% against out of job plan.

The Trust is currently assessing risks against achievement of plan and is progressing with mitigation plans to off-set the reduction in take up of OJP. Weekly updates are requested by PMO from Managing Directors, Unit Managers and Clinical Leads in advance of the COO meeting.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
1404	1346	1102	1345	1287	1203	1644	1636	1402	1681	1052	1714	381

- Staff - Patients - **Finances** -

Outpatient Procedures - ERF Scope

The rate is calculated by taking any new attendances (without procedure) plus new/follow up attendances with a procedure within ESR scope and dividing it by the total outpatient activity.   217863

Exec Lead:
Chief Operating Officer
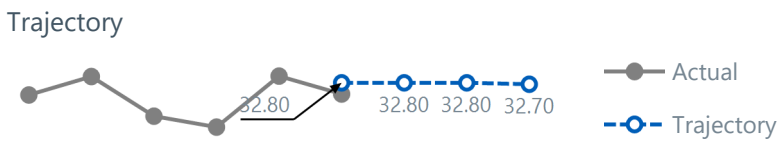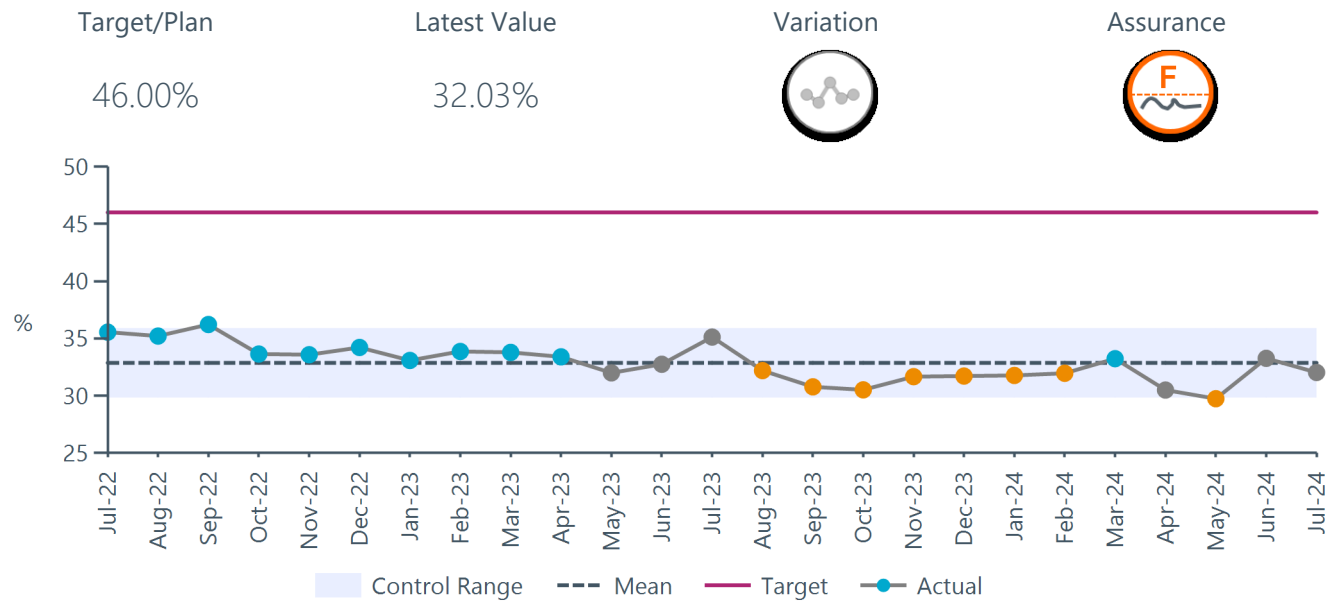
Target/Plan	Latest Value	Variation	Assurance	Trajectory
46.00%	32.03%		F	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

This is a new metric for the 2024/25 financial year as it formed part of the Operational Planning submission. This KPI measures what proportion of our delivered outpatient activity is New (with no outpatient procedure) or New or Follow Up with an outpatient procedure in ERF scope. There is an expectation that 46% of our outpatient activity should be delivered via these three types of attendances but as part of the Trust's planning submission we do not forecast meeting that %, instead achieving 32/33%, as shown in the trajectory line above.

For July, the rate that we achieved was 32.03%; above the Trust's trajectory plan of 32.80%. Further analysis was undertaken to see how we would have performed against this metric in previous years. When looking at this data, it showed that this rate started to deteriorate in June 2023 and this would align with when we started to lose SOOS activity. The same data was then compared excluding SOOS, and we show an improvement since June 2023. The average rate we have achieved for this metric over the last 5 financial years is 32.35%.

Latest figures from Model Hospital show that our comparators are achieving rates of 23.2% (RNOH) and 36.3% (ROH).
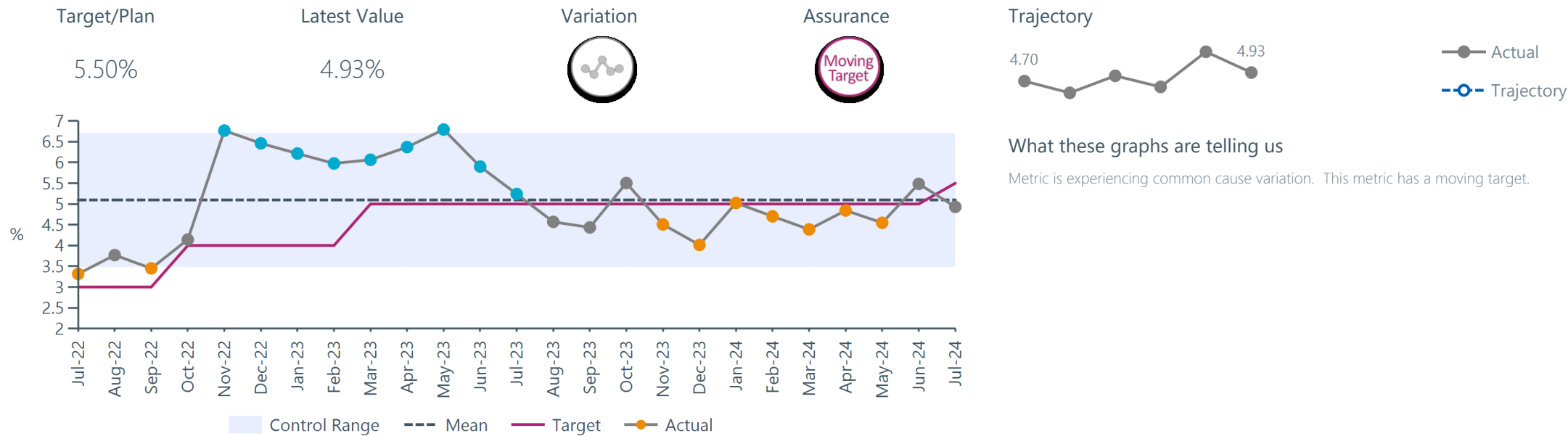
Actions

This data is refreshed weekly and presented at the outpatient activity meeting.

The Access/Scanning team continue to ensure that these forms are scanned onto the system & sent to clinical coding for processing.

Review to be undertaken of clinical pathways to redesign that would work towards improvement of this metric.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
35.12%	32.19%	30.77%	30.51%	31.66%	31.71%	31.77%	31.96%	33.23%	30.49%	29.74%	33.26%	32.03%

-   Staff   -   Patients   -   **Finances**   -

Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5.50%	4.93%		Moving Target

Trajectory

4.70   4.93

- Actual
- Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target — Actual

Narrative

In July, the percentage of patients moved to PIFU was 4.93%. The target for July increased from 5% to 5.5%, this has been taken from the Trust's Operational Planning Submission.

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

Actions

The utilisation of PIFU pathways is promoted at firm meeting across both Units of the Trust in line with GIRFT recommendations.

The PIFU workstream within Orthotics continues to achieve one of the highest % Moved to PIFU rates across the Trust. Since April, they have moved a total of 270 patients to the PIFU pathway.

A benchmarking exercise against other specialist orthopaedic Trust's is to be completed to see how we perform against our peers.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
5.24%	4.57%	4.44%	5.51%	4.51%	4.01%	5.02%	4.70%	4.39%	4.84%	4.55%	5.49%	4.93%

- Staff - Patients - **Finances** -

Outpatient DNA Rate (Consultant Led and Non Consultant Led

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

Exec Lead:
Chief Operating Officer
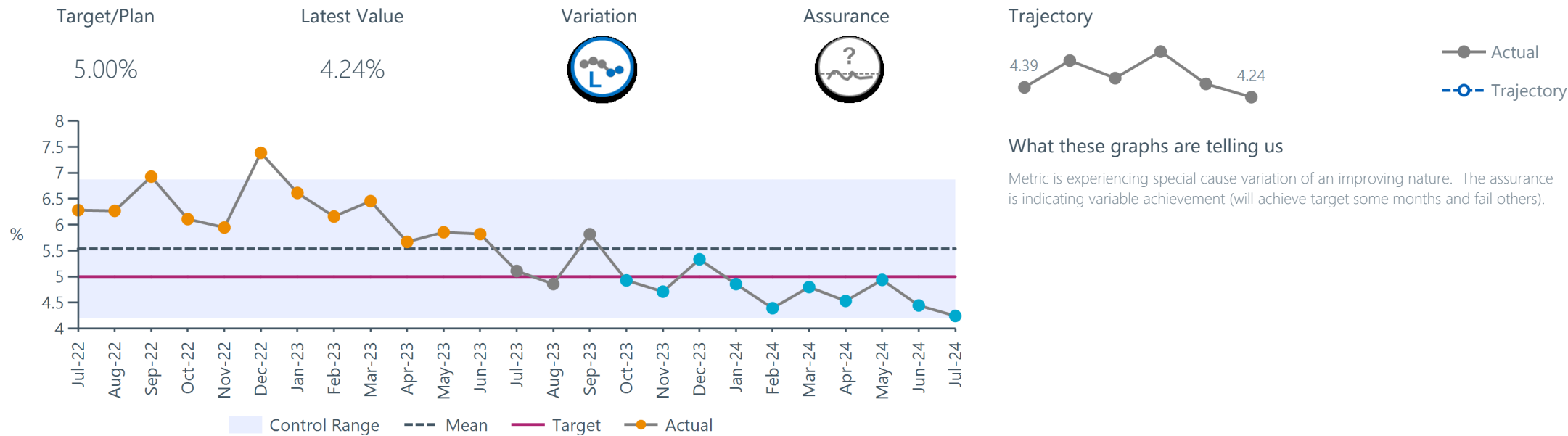
Target/Plan	Latest Value	Variation	Assurance	Trajectory
5.00%	4.24%			

Actual
Trajectory

What these graphs are telling us

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

Narrative

The Outpatient DNA rate achieved the 5% target in July with a rate of 4.24%. As can be seen on the SPC above, the Trust has now maintained a sustained period of improvement since October with the reported position consistently reported below the mean.

There are just two subspecialties throughout the Trust who exceeded the 5% target in July and they are Metabolic Medicine (6.21%) and Paediatric Orthopaedics (7.60%).

Actions

It is recognised that our Paediatric DNA (Was not Brought) rate is often significantly different to that of the Trust and work is ongoing to understand the reasons these patients are not being brought to their appointments.

As a Trust, we are looking for different ways to further understand and support improvements in children not being brought. Work is being done to strengthen relationships between our Paediatric Team and Shropshire, Telford & Wrekin council. The aim is to directly help these families in accessing our services if a child has not been brought repeatedly by utilising close relationships with social workers where possible, as well as other services offered that support families and their children who don't have a social worker.
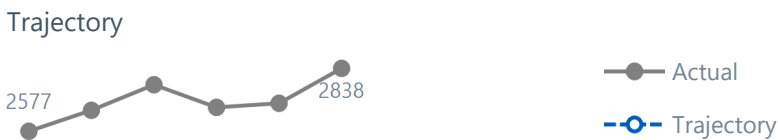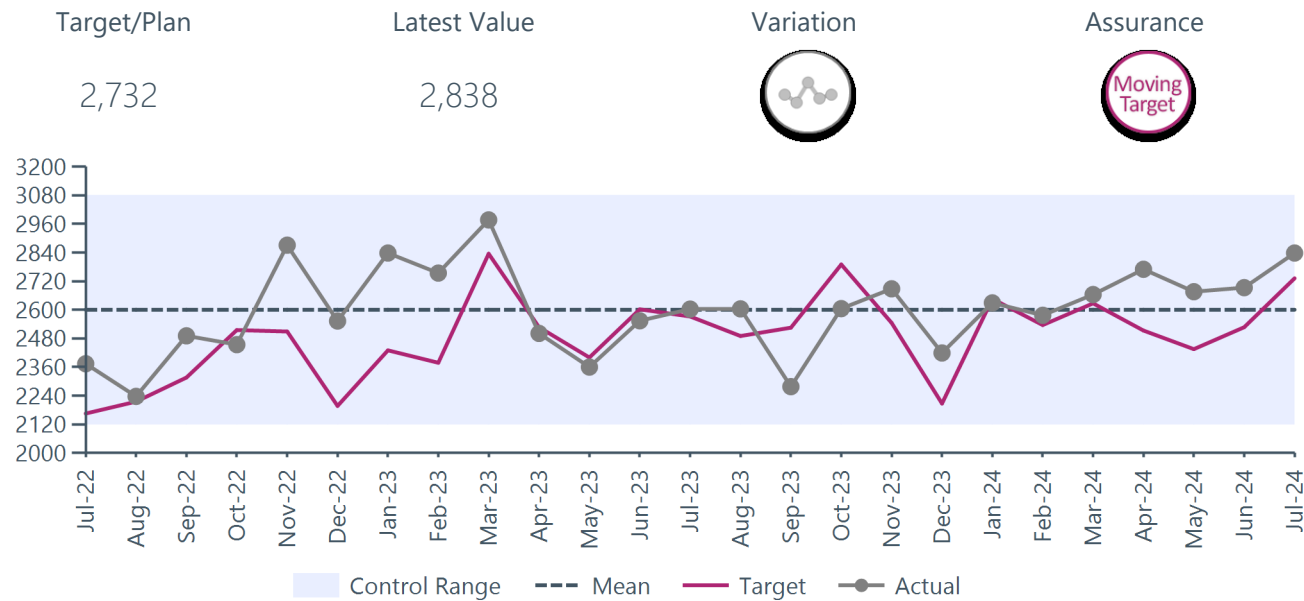
This metric is now being observed through a health inequality lense. This will help us to understand how the DNA rate varies between the most affluent and deprived areas across England and Wales. England and Wales have separate indices of multiple deprivation and therefore it is not appropriate to compare the two.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
5.11%	4.86%	5.82%	4.93%	4.71%	5.33%	4.86%	4.39%	4.80%	4.53%	4.94%	4.45%	4.24%

- Staff - Patients - Finances -

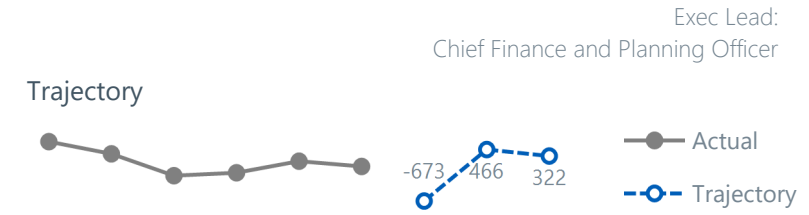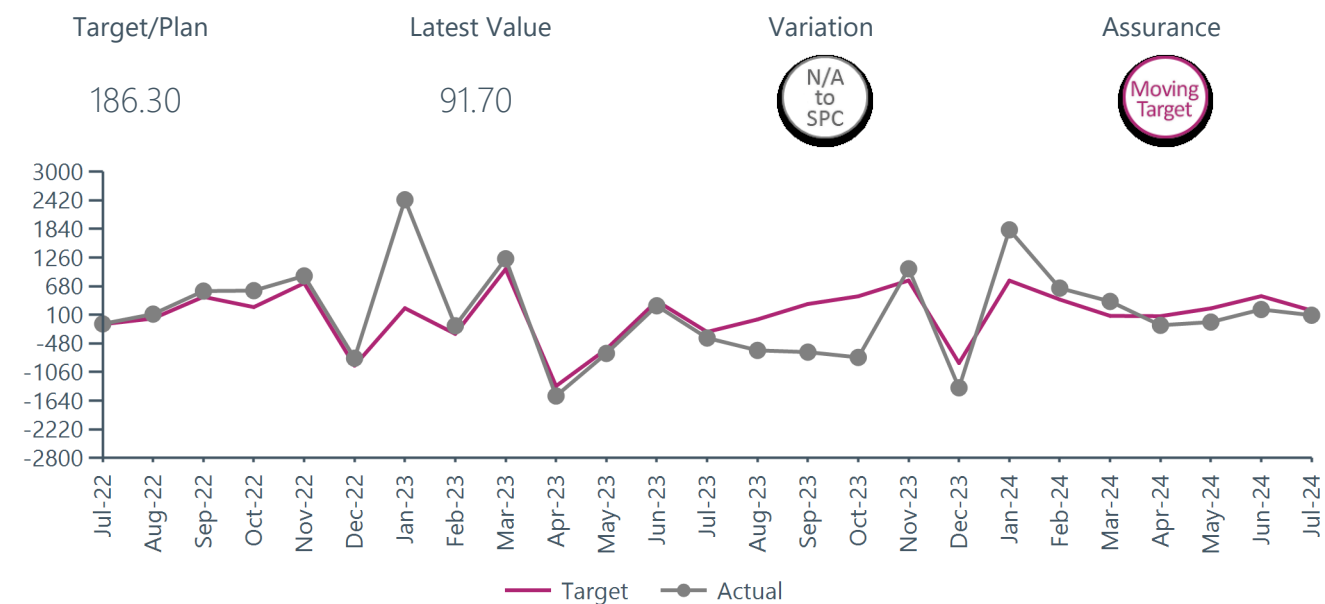# Total Diagnostics Activity against Plan - Catchment Based

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2,732	2,838		Moving Target	2577 ... 2838 Actual / Trajectory

What these graphs are telling us

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

Control Range   --- Mean   Target   Actual

Narrative

The plan for July was met as total diagnostic activity undertaken was 2838 against the Trust's Operation plan of 2732; 106 cases above - equating to 103.88%.

This is broken down as:
- CT - 513 against plan of 431; equating to 119.03%
- MRI - 1363 against plan of 1375; equating to 99.13%
- U/S – 962 against plan of 926; equating to 103.89%

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
2603	2604	2278	2605	2688	2419	2629	2577	2664	2770	2676	2693	2838

-   Staff   -   Patients   -   **Finances**   -

Financial Control Total

Surplus/deficit position adjusted for donations 215290

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
186.30	91.70	N/A to SPC	Moving Target

Trajectory

-673 466 322

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

- Overall position is a £92k surplus in month, £95k adverse to plan.
- Year to date position is a £140k surplus, £827k adverse to plan.

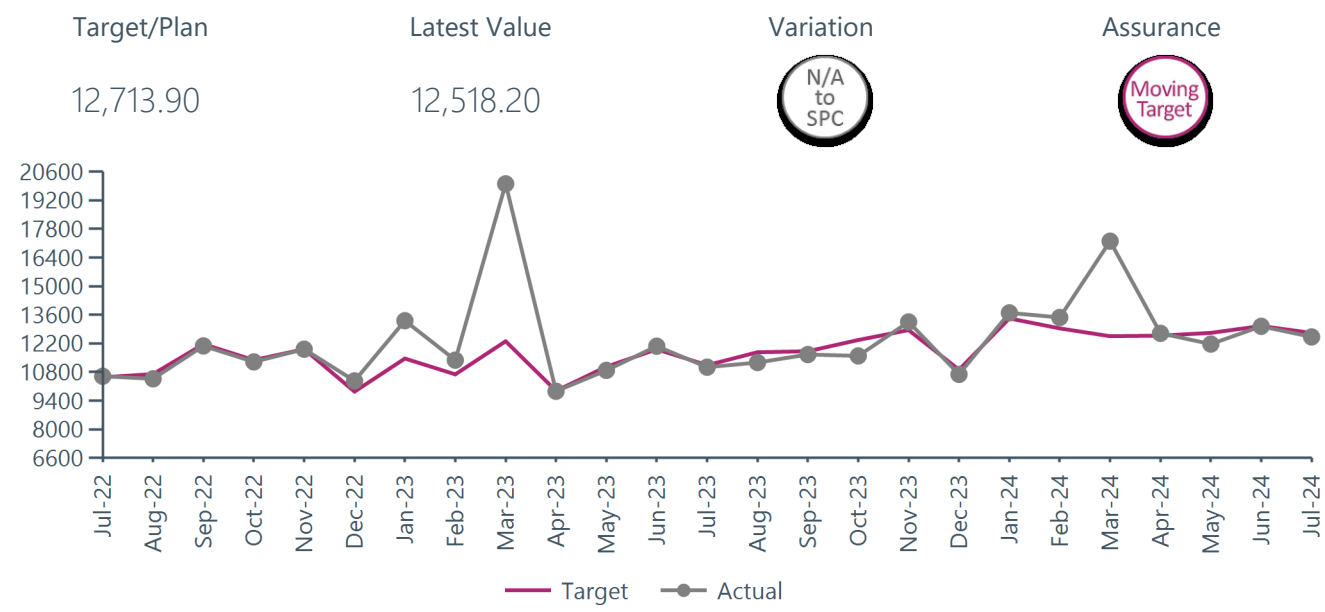### Actions

'- Financial Improvement Group (FIG) overseeing activity improvements, expenditure grip & control and regular oversight of key issues.

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
-370	-621	-656	-763	1033	-1379	1822	640	370	-112	-47	208	91

- Staff - Patients - Finances -

Income

All Trust Income, Clinical and Non-Clinical 216333
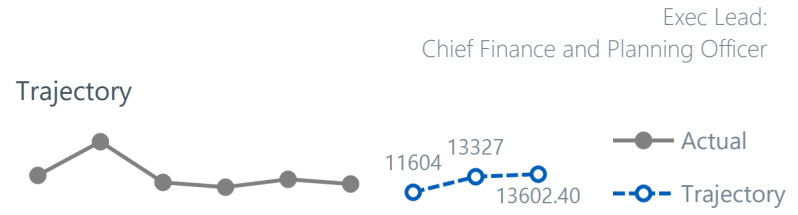
Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
12,713.90	12,518.20	N/A to SPC	Moving Target

Trajectory

11604   13327
13602.40

- ● Actual
- ○ Trajectory

What these graphs are telling us

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

— Target   ● Actual

Narrative

Overall income £17k favourable to plan, driven by:

- Low Value Agreement (LVA) block adverse - performance above block contract value driven by out of area referrals, mainly Veterans not reimbursed at PbR rates. Net of payments received for Q1 invoicing.
- Elective recovery income adverse driven by specialised commissioning baseline error
- Theatres adverse 58 cases below plan (24 cases driven by industrial action impact in month)
- Outpatients and diagnostic performance favourable
- Private patients favourable - driven by additional volumes

Actions

Financial Improvement Group overseeing delivery of NHS and private patient activity plans.
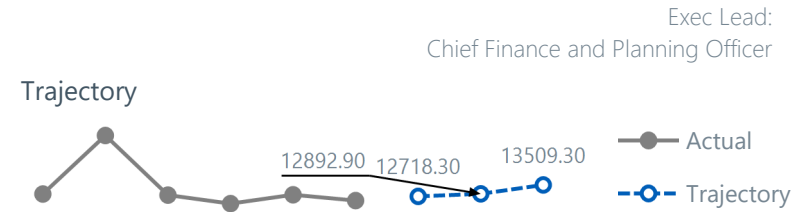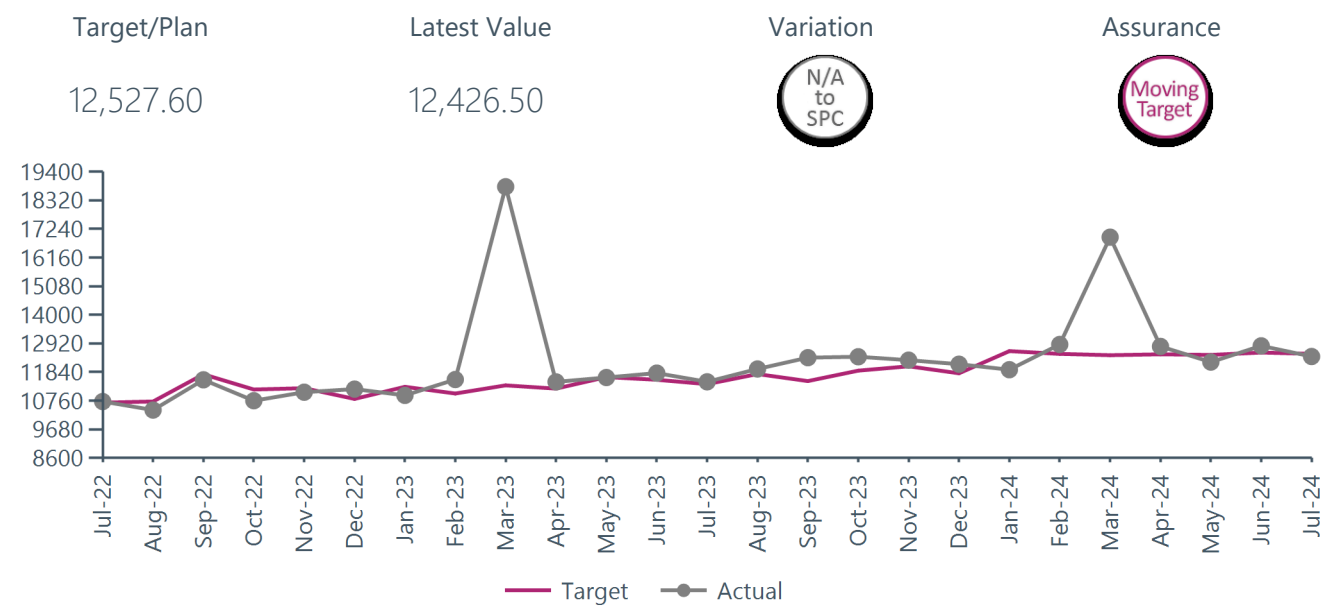
External income issues :
- Escalation of LVA block - billing to ICB's as non contract activity in progress on advice of NHSE
- Escalation of elective recovery baseline error to regional specialised commissioning and regional intervention team for solution

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
11038	11265	11657	11589	13251	10686	13695	13469	17200	12694	12169	13037	12518

- Staff - Patients - **Finances** -

Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
12,527.60	12,426.50	N/A to SPC	Moving Target	

Actual — Trajectory

12892.90   12718.30   13509.30

What these graphs are telling us

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

Target — Actual

Narrative

Overall expenditure £112k adverse to plan, driven by:

Pay expenditure £75k adverse to plan,
- Theatres staffing adverse driven by bank & agency
- Inpatient wards adverse driven by bank and agency
- Workforce establishment reviews

Non Pay £37k adverse to plan:
- Variable costs supporting activity (private patients, orthotics) adverse
- Insourcing favourable following cessation of OO LLP contract
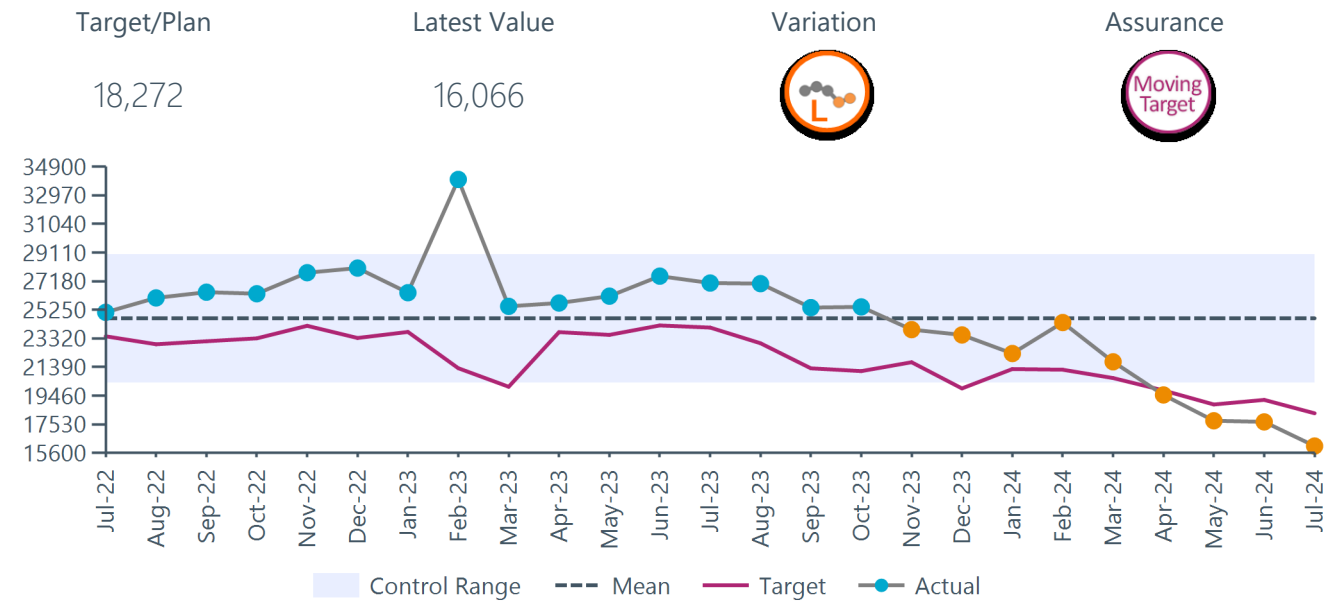- Interest receivable favourable to plan

Actions

Financial Improvement Group overseeing improvements:
- Pay action plan overseen by Financial Improvement Group along with regular forecast updates

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
11472	11956	12383	12417	12288	12136	11929	12881	16929	12806	12216	12829	12426

- Staff - Patients - **Finances** -

Cash Balance

Cash in bank 215300

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
18,272	16,066	L	Moving Target	

Trajectory values: 15981 17260 17406

● Actual
○ Trajectory

What these graphs are telling us

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

Chart legend: Control Range — Mean --- Target — Actual ●

Narrative

Cash balance is currently £2.2m behind plan, due to the I&E position adverse to plan and delays in commissioner payments updating to 24/25 rates.
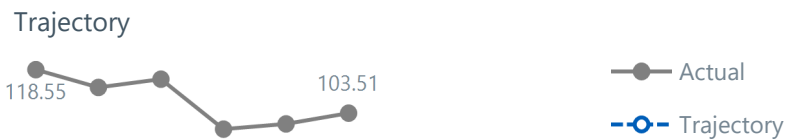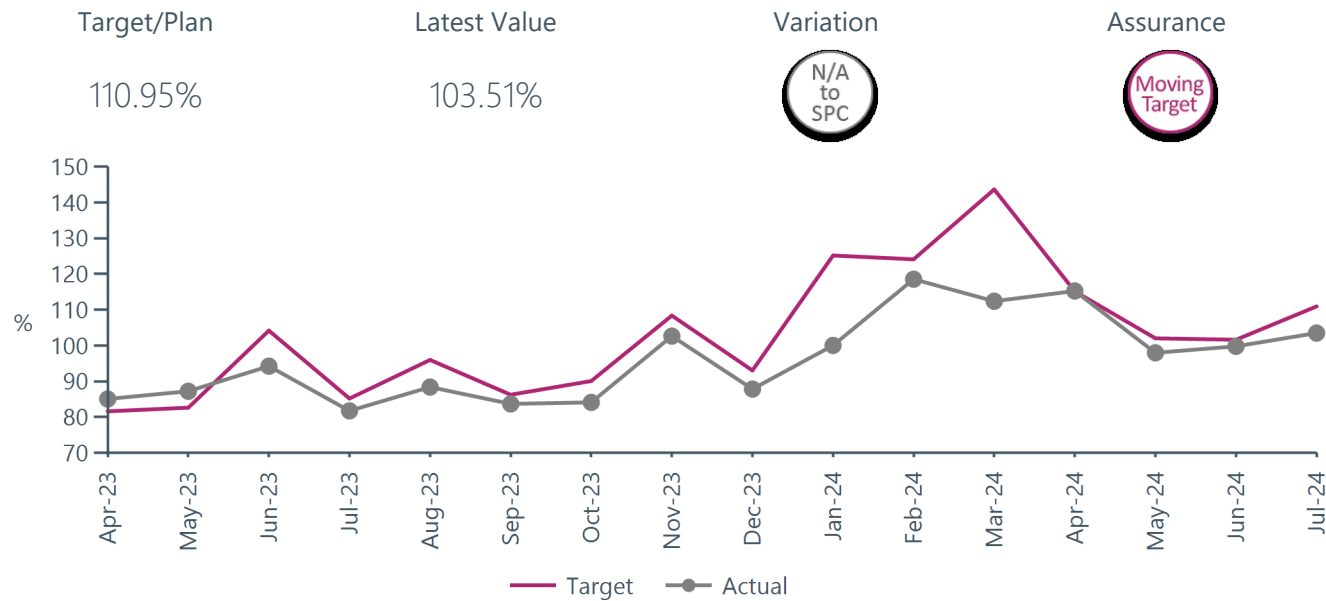
Actions
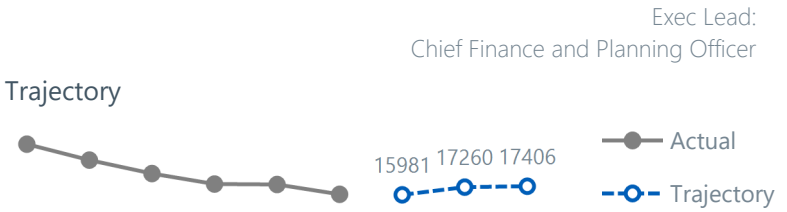
Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
27056	27016	25397	25447	23915	23556	22304	24391	21743	19510	17770	17694	16066

- Staff - Patients - **Finances** -

Value Weighted Assessment

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

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
110.95%	103.51%	N/A to SPC	Moving Target

Trajectory

118.55   103.51

● Actual
○ Trajectory

What these graphs are telling us

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

— Target — Actual

Narrative

Current position to date is 104% of 19/20 baseline against a planned performance of 108%. This is 4% adverse due to LVA activity not counting towards VWA and adverse performance against theatre plan (exacerbated by industrial action).

Actions

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
81.76%	88.41%	83.71%	84.12%	102.65%	87.85%	100.04%	118.55%	112.40%	115.26%	97.98%	99.79%	103.51%

- Staff - Patients - **Finances** -