

Combined Integrated Performance Report September 2024 – Month 6



SPC Reading Guide

SPC Charts

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





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

SPC Chart Rules

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

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

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

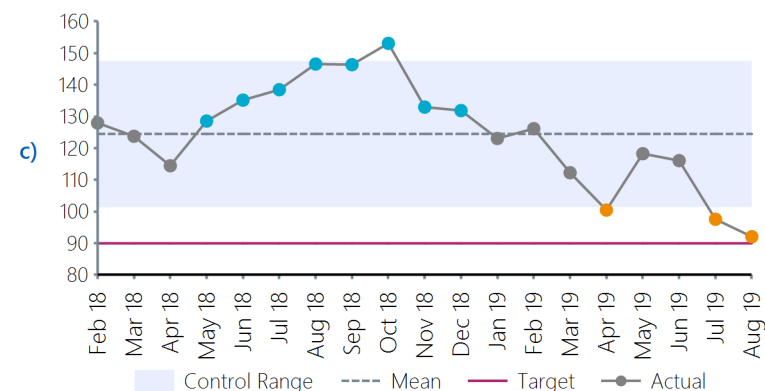
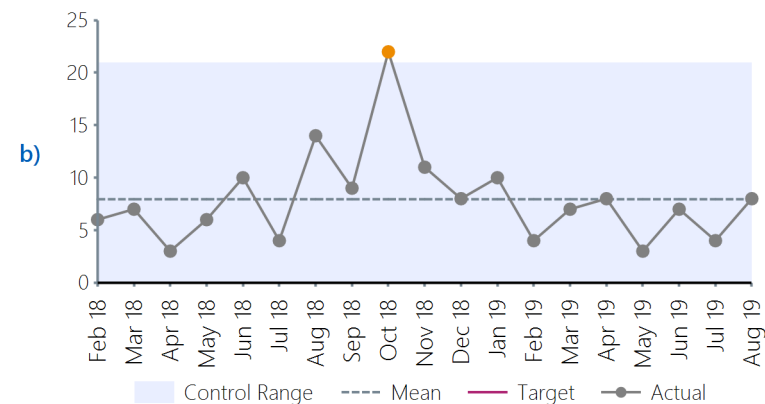
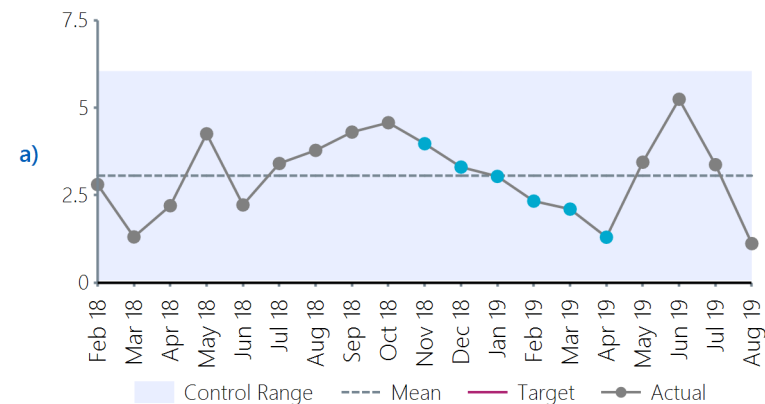
-  Blue Points highlight areas of improvement
-  Orange Points highlight areas of concern
-  Grey Points indicate data points within normal variation
-  White Points are used to highlight data points which have been excluded from SPC calculations

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

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

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

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



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

Data Quality Rating Reading Guide

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

Colours

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



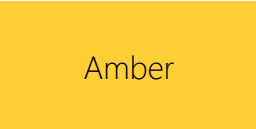
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.53%	5.62%					05/12/23
Sickness Absence - Short Term	2.38%	2.34%					05/12/23
Sickness Absence - Long Term	3.15%	3.28%				+	05/12/23
Staff Turnover - Headcount	7.86%	8.21%				+	04/06/24
In Month Leavers	12	18				+	
Vacancy Rate	8.00%	5.01%				+	15/04/24
Nursing Vacancy Rate (Trust)	8.00%	4.05%				+	
Healthcare Support Worker Vacancy Rate	6.60%	10.73%				+	
Allied Health Professionals Vacancy Rate	8.00%	-0.29%				+	
Total Headcount in Post		2,137				+	



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Hire	55	85				+	
Staff Retention		81.77%				+	
% Staff Availability		79.19%				+	
Statutory & Mandatory Training	92.00%	93.50%					
Personal Development Reviews	93.00%	91.80%				+	
E-Rostering Level of Attainment	4	4				+	
Percentage of Staff on the E-Rostering System	90.00%	91.80%				+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	60.27%				+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	61.12%				+	
E-Job Planning Level of Attainment	4	4				+	



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%	78.08%				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0					
Number of Patient Safety Reviews		2				+	
Total Patient Falls	10	5				+	
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.48					
RJAH Acquired Pressure Ulcers	1	2					
Pressure Ulcer Assessments	99.00%	99.88%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.38%					
Number of Complaints	8	12				+	04/03/24
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%					
Complex Complaints Response Rate Within 40 Days	100.00%	80.00%				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	2				+	
Number of Compliments		1,079					
Safe Staffing	90.00%	91.70%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	6.44%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	19				+	
RJAH Acquired C.Difficile	0	0					04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	4.87					
RJAH Acquired E. Coli Bacteraemia	0	0				+	04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	24.35				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0					04/03/24
RJAH Acquired MSSA Bacteraemia	0	0					04/03/24
RJAH Acquired Klebsiella spp	0	0					04/03/24
RJAH Acquired Pseudomonas	0	0					04/03/24
Surgical Site Infections	0	0				+	04/03/24
Outbreaks	0	0					04/03/24
Patient Safety Alerts Not Completed by Deadline	0	0					
Medication Errors		33				+	
Medication Errors with Harm	0	1				+	
Number of Deteriorating Patients	5	0					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	2				+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	1					
VTE Assessments Undertaken	95.00%	99.92%					
28 days Emergency Readmissions*	1.00%	0.35%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	59	105				+	
31 Day General Treatment Standard*	96.00%	75.00%	100.00%			+	
62 Day General Standard*	85.00%	50.00%	100.00%			+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	87.18%	89.47%				12/09/23
18 Weeks RTT Open Pathways	92.00%	47.86%				+	24/06/21



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	15,735	16,408				+	
Welsh List Size		8,581				+	
Combined List Size		24,989				+	
Patients Waiting Over 52 Weeks – English	1,150	1,362				+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,453				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,815				+	
Patients Waiting Over 65 Weeks - English	0	358				+	
Patients Waiting Over 65 Weeks - Welsh	0	849				+	
Patients Waiting Over 65 Weeks - Combined		1,207				+	
Overdue Follow Up Backlog	7,509	13,726				+	



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%	71.47%	87.57%			+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	86.63%				+	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	2.01	1.93				+	
Touchtime Utilisation	85.00%	86.30%					
Total Theatre Activity Against Plan	1,065	773				+	
IJP Activity - Theatres - against Plan	716	651				+	
OJP Activity - Theatres - against Plan	276	57				+	
PP Activity - Theatres - against Plan	73	63				+	
Elective Activity Against Plan (volumes)	1,202	990				+	24/06/21
Overall BADS %	85.00%	86.54%					
Average Length of Stay – Elective & Non Elective		5.30					
Bed Occupancy – All Wards – 2pm	87.00%	83.26%					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	13,211	12,300				+	24/06/21
IJP Activity - Outpatients - against Plan	12,129	11,847				+	
OJP Activity - Outpatients - against Plan	1,082	453				+	
Outpatient Procedures - ERF Scope	46.00%	31.32%	32.80%			+	
Total Outpatient Activity - % Virtual	12.45%	12.77%					
Total Outpatient Activity - % Moved to PIFU Pathway	5.50%	5.17%					
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	5.02%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.57					
Total Diagnostics Activity against Plan - Catchment Based	2,441	2,506				+	
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*		3,303					
Financial Control Total	617	228.90	466			+	
Income	13,494	12,980.40	13,327			+	
Expenditure	12,876.90	12,751.50	12,892.90				
Efficiency Delivered	396	439	446			+	
Cash Balance	17,734	13,138				+	
Capital Expenditure	973	1,085					
Agency Proportion of Pay Plan	3.20%	1.70%					
Proportion of Temporary Staff	12.44%	7.70%					
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	96.00%					



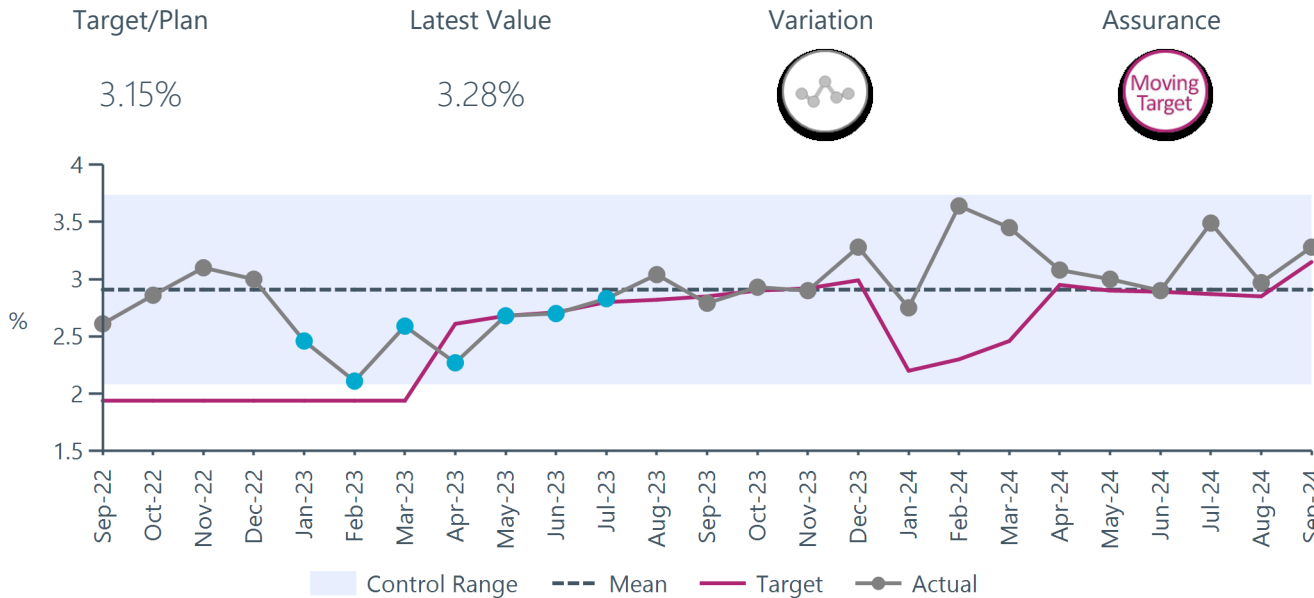
Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	101.00%	75.83%				+	

Sickness Absence - Long Term

Target derived from Trust's Operational Plans. 211162

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The long term sickness rate for September is reported at 3.28%; above the 3.15% 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 September, the top three reasons for absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'. The hotspot areas for long term sickness were:

- * ODOs - 16.37%
- * Theatre Support Workers (Escorts) - 12.03%
- * Orthotic Production & Manufacturing - 11.77%
- * Catering - 10.34%

There were 76 episodes of long term sickness reported, of which 24 cases have closed in month with a further 12 scheduled to close in October.

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.

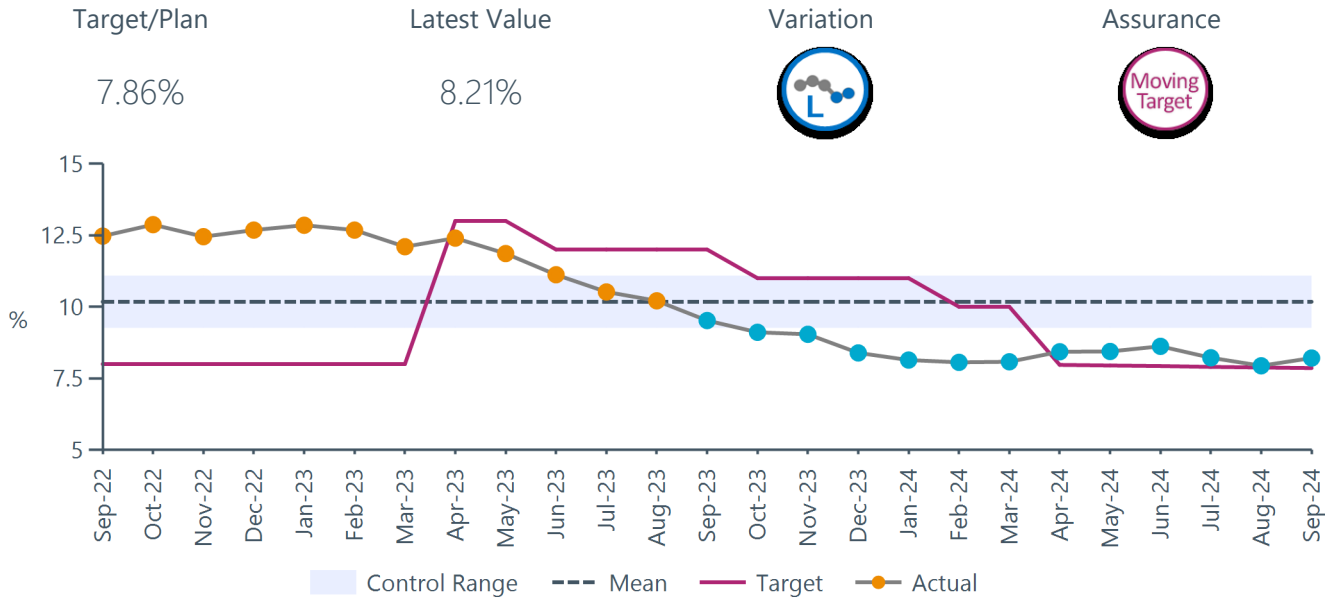
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
2.79%	2.93%	2.90%	3.28%	2.75%	3.64%	3.45%	3.08%	3.00%	2.90%	3.49%	2.97%	3.28%

- 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



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 8.21% for September, above the 7.86% plan. 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.

As demonstrated on the graph above, there has been a period of sustained improvement over the last twelve months.

This metric relates to the leavers over the past twelve months. For the period of October-23 to September-24 there have been 150 leavers as a proportion of the month end headcount.

Actions

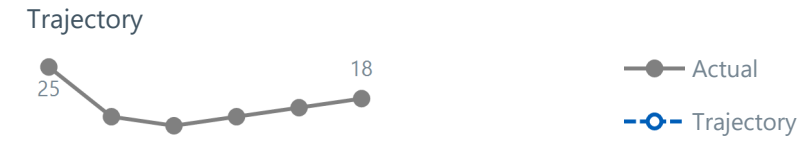
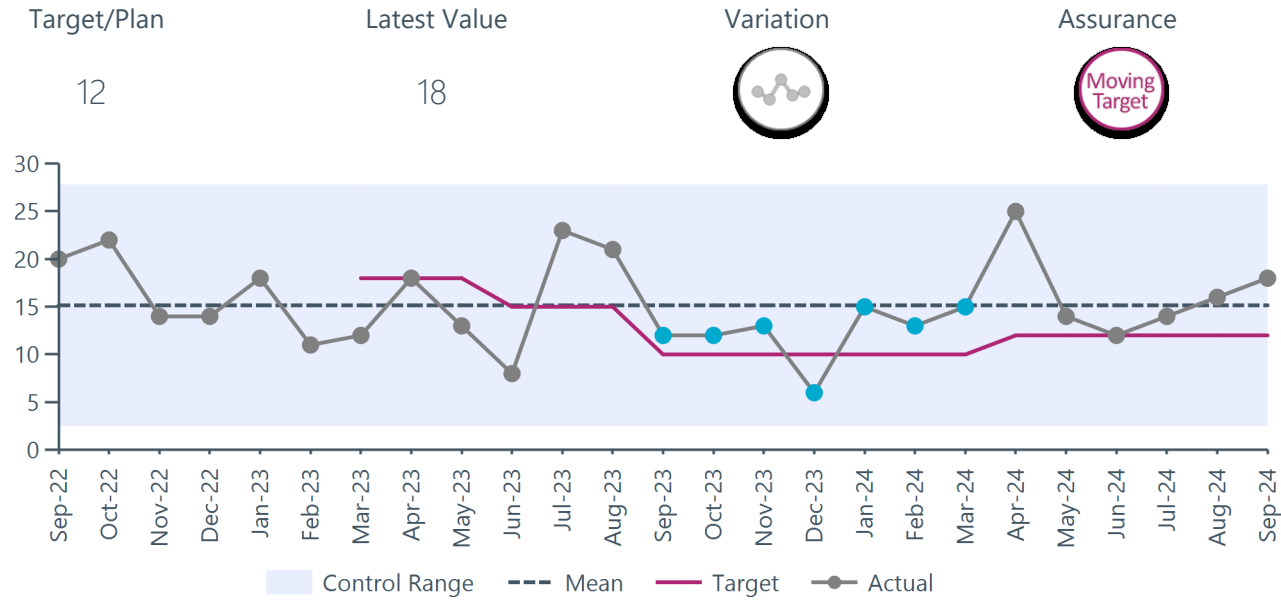
- * MCSI is an area of high turnover with feedback linking this with violence and aggression. To address this, plans in place include; Bespoke TRIM and Neurodiversity training, Revising the Mental Health and Violence & Aggression Policies with specific reference to MCSI, Mental Health Practitioner to support staff, SLA with MPFT.
- * 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.
- * 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.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
9.52%	9.11%	9.04%	8.39%	8.14%	8.06%	8.08%	8.43%	8.44%	8.62%	8.22%	7.94%	8.21%

In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:
Chief People Officer



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

Narrative

There were 18 staff who left the Trust throughout September. This metric is included as an exception as it has now exceeded the target of 12 for three consecutive months.

The leavers were from the following staff groups; Administrative & Clerical (6), Nursing & Midwifery Registered (5), Medical & Dental (2), Additional Clinical Services (2), Estates & Ancillary (2) and Allied Health Professionals (1).

The reasons for leaving were recorded as:

- * Retirement (13), of which 10 took flexi retirement
- * End of Fixed Term Contracts (2) - both Consultant Fellow posts (Radiology and Foot & Ankle) with like for like replacements
- * Voluntary Resignation (3)

Actions

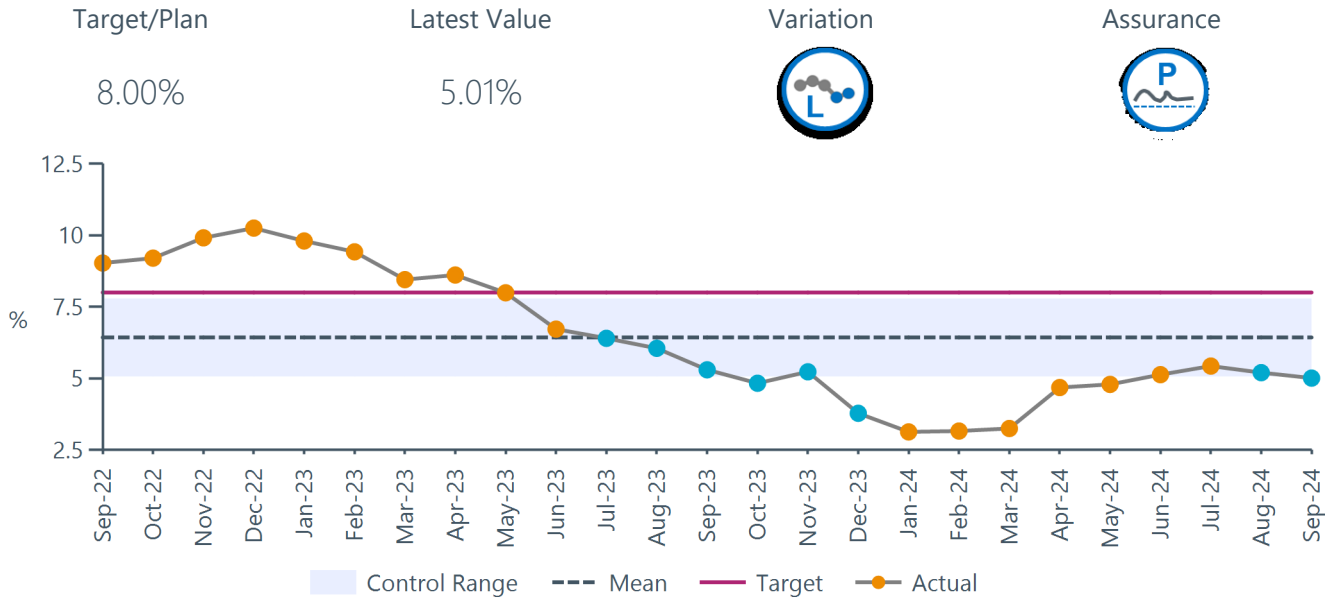
- * MCSI is an area of high turnover with feedback linking this with violence and aggression. To address this, plans in place include; Bespoke TRIM and Neurodiversity training, Revising the Mental Health and Violence & Aggression Policies with specific reference to MCSI, Mental Health Practitioner to support staff, SLA with MPFT.
- * 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.
- * 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.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
12	12	13	6	15	13	15	25	14	12	14	16	18

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The Trust-wide vacancy rate for September month-end is reported at 5.01%. This position does remain below the 8% target and this month is reported as an improved position, below our control range. 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 year to date.

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 - 12.99 WTE vacant, equating to 13.93%
- * Housekeeping - 5.20 WTE vacant, equating to 11.31%
- * DEXA - 5.15 WTE vacant, equating to 45.23% - 5.18 WTE additional establishment gone in due to additional scanner

Actions

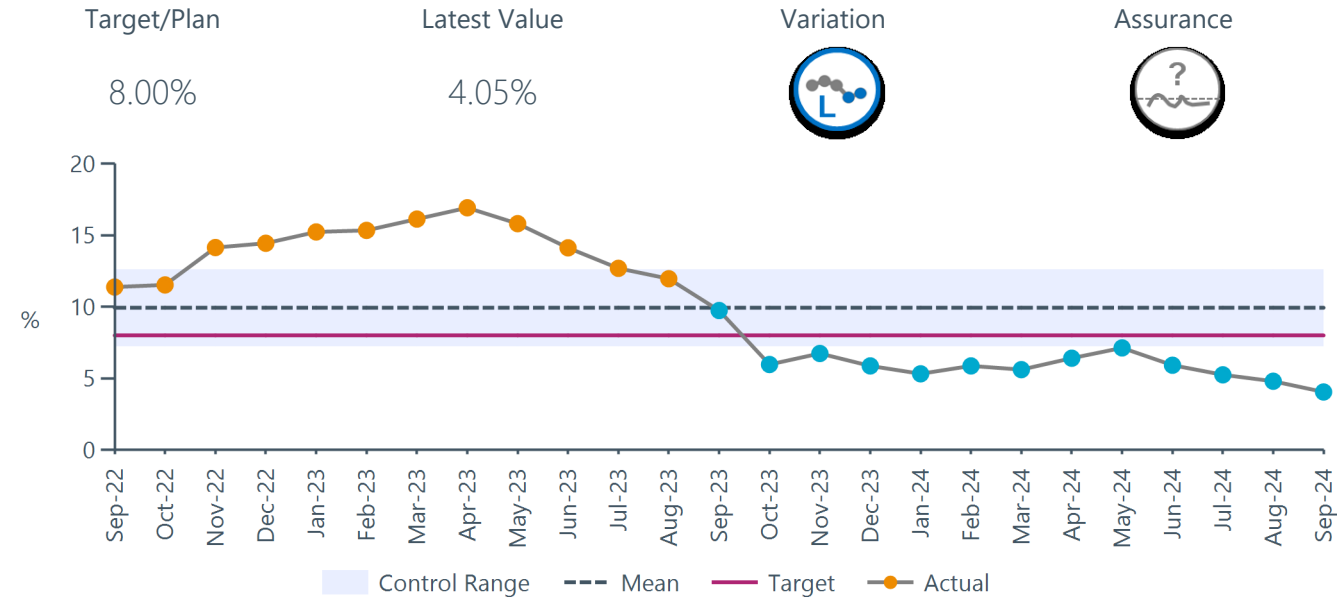
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
5.30%	4.83%	5.23%	3.78%	3.13%	3.16%	3.25%	4.68%	4.79%	5.13%	5.43%	5.20%	5.01%

- Staff - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. 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 Nursing Vacancy Rate is reported at 4.05% for September month end; this equates to 13.48 WTE vacant, down from 15.97 WTE at the end of August. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target for the last twelve months. A breakdown of the vacancies by area as follows:

- * Specialist Unit - 10.63% / 13.22 WTE vacant
- * MSK Unit - 2.38% / 4.46 WTE vacant
- * Corporate Areas - over-established by 4.20 WTE

As at month end, 23.74 WTE was in progress against the vacant position of 13.48 WTE with a breakdown as follows:

- * 15.50 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- * 6.24 WTE in Recruitment Pipeline - at conditional or unconditional stage
- * 2.00 WTE - International recruitment

Actions

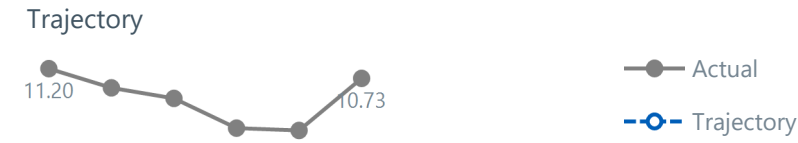
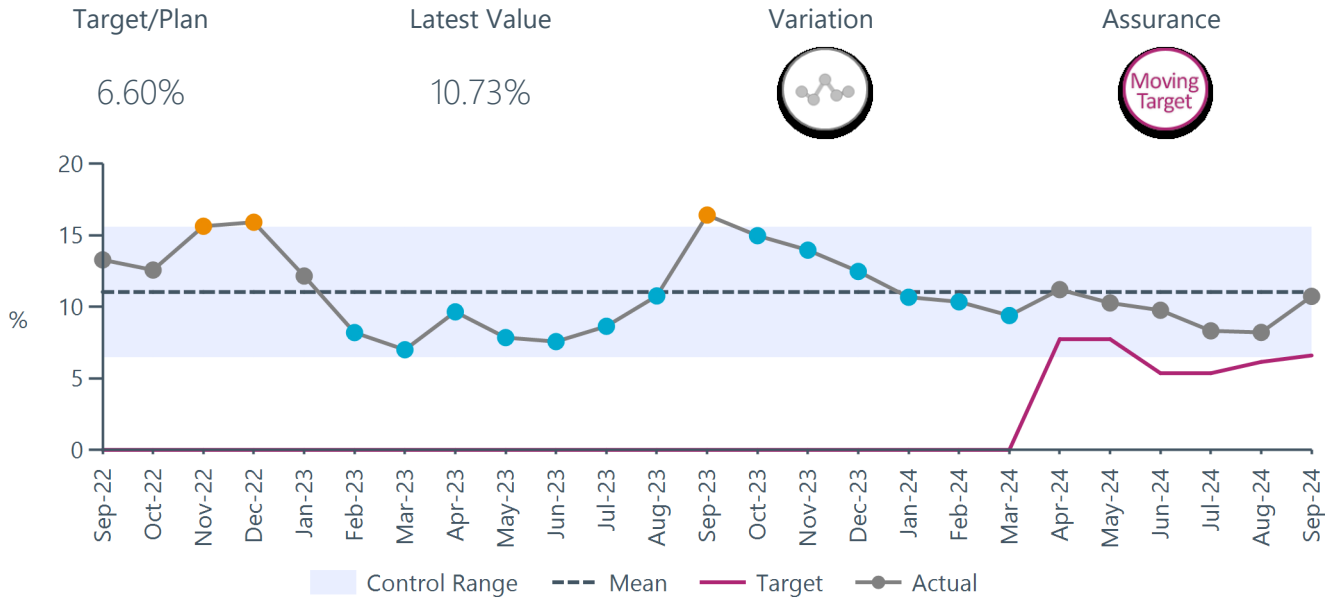
- * MCSI is an area of high turnover with feedback linking this with violence and aggression. To address this, plans in place include; Bespoke TRIM and Neurodiversity training, Revising the Mental Health and Violence & Aggression Policies with specific reference to MCSI, Mental Health Practitioner to support staff, SLA with MPFT.
- * MCSI Outpatients is temporarily holding some vacant positions whilst a full review of the Outpatient and Urology Service is carried out. Plans to complete this in quarter 3. MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway. Active recruitment underway within MCSI In-patients.
- * 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.
- * Recruitment Day held on 29th September with over 80 people attending. Potential candidates encouraged to apply for live vacancies and contact details obtained for vacant positions yet to be advertised. Golden Tickets also issued to 2 students. Family members of overseas nurses attended who wish to undertake initial work in HCSW positions whilst registering for Nursing in UK so current and future vacancies addressed.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
9.74%	5.97%	6.74%	5.87%	5.32%	5.87%	5.61%	6.41%	7.13%	5.92%	5.25%	4.80%	4.05%

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



What these graphs are telling us

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

Narrative

The healthcare support worker vacancy rate is reported at 10.73% for September month end. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 23.65 WTE; up from 17.93 WTE at the end of August. A breakdown of vacancies by area as follows;

- * Corporate areas - 55.56% / 1.00 WTE vacant
- * Specialist Unit - 13.01% / 14.42 WTE vacant
- * MSK Unit - 7.64% / 8.23 WTE vacant

As at month end, 10.65 WTE was in progress against the vacant position of 23.65 WTE with a breakdown as follows:

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

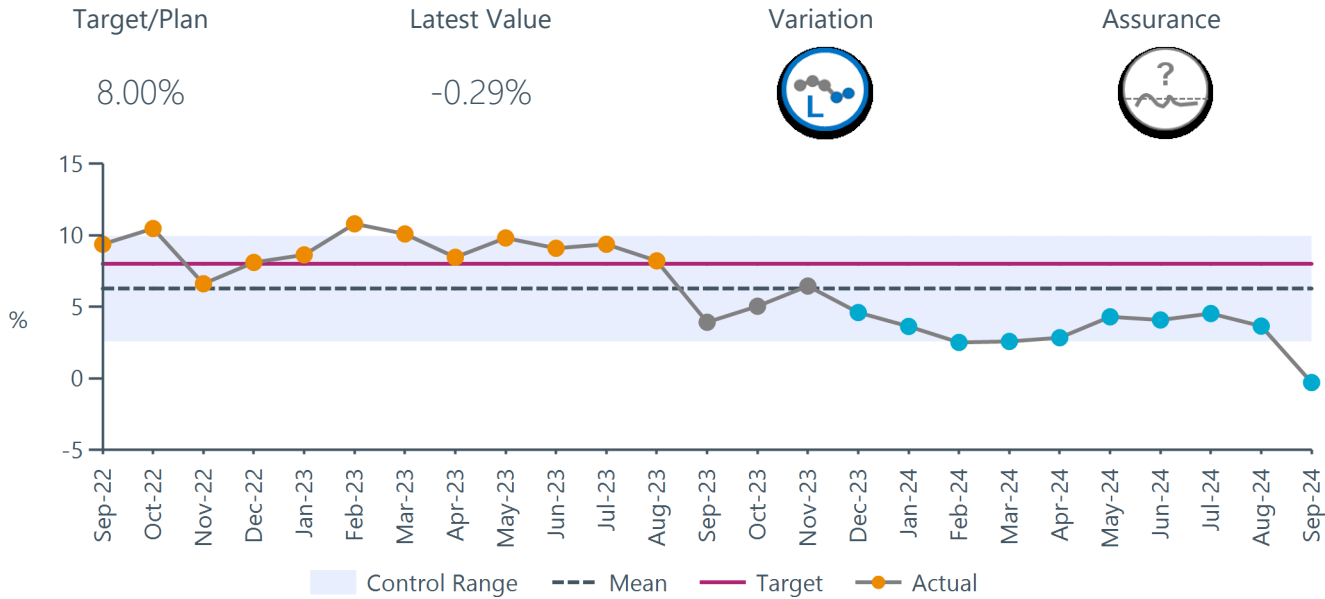
Actions

- * MCSI is an area of high turnover with feedback linking this with violence and aggression. To address this, plans in place include; Bespoke TRIM and Neurodiversity training, Revising the Mental Health and Violence & Aggression Policies with specific reference to MCSI, Mental Health Practitioner to support staff, SLA with MPFT.
- * MCSI Outpatients is temporarily holding some vacant positions whilst a full review of the Outpatient and Urology Service is carried out. Plans to complete this in quarter 3. MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway. Active recruitment underway within MCSI In-patients. Clarification regarding intentions to fill vacancies across Powys, Clwyd and Kenyon required
- * 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.
- * Recruitment Day held on 29th September with over 80 people attending. Potential candidates encouraged to apply for live vacancies and contact details obtained for vacant positions yet to be advertised. Golden Tickets also issued to 2 students. Family members of overseas nurses attended who wish to undertake initial work in HCSW positions whilst registering for Nursing in UK so current and future vacancies addressed.
- * Further HCSW vacancies in Theatres are forecast from October in line with TIF2 completions.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
16.41%	14.97%	13.96%	12.47%	10.67%	10.35%	9.39%	11.20%	10.27%	9.76%	8.32%	8.21%	10.73%

Allied Health Professionals Vacancy Rate

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



Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The allied health professionals vacancy rate it reported at -0.29% for September month end with staff in post exceeding the establishment by 0.53 WTE. 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.

As at month end, 8.84 WTE was in recruitment stages with a breakdown as follows:

* 6.74 WTE - Active recruitment - Open Advert/Shortlisting/Interview

* 2.10 WTE in Recruitment Pipeline - at conditional or unconditional stage

Actions

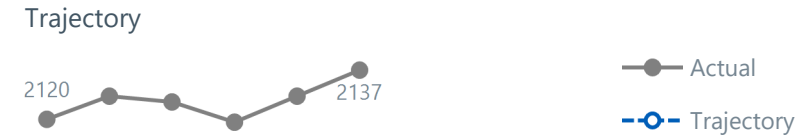
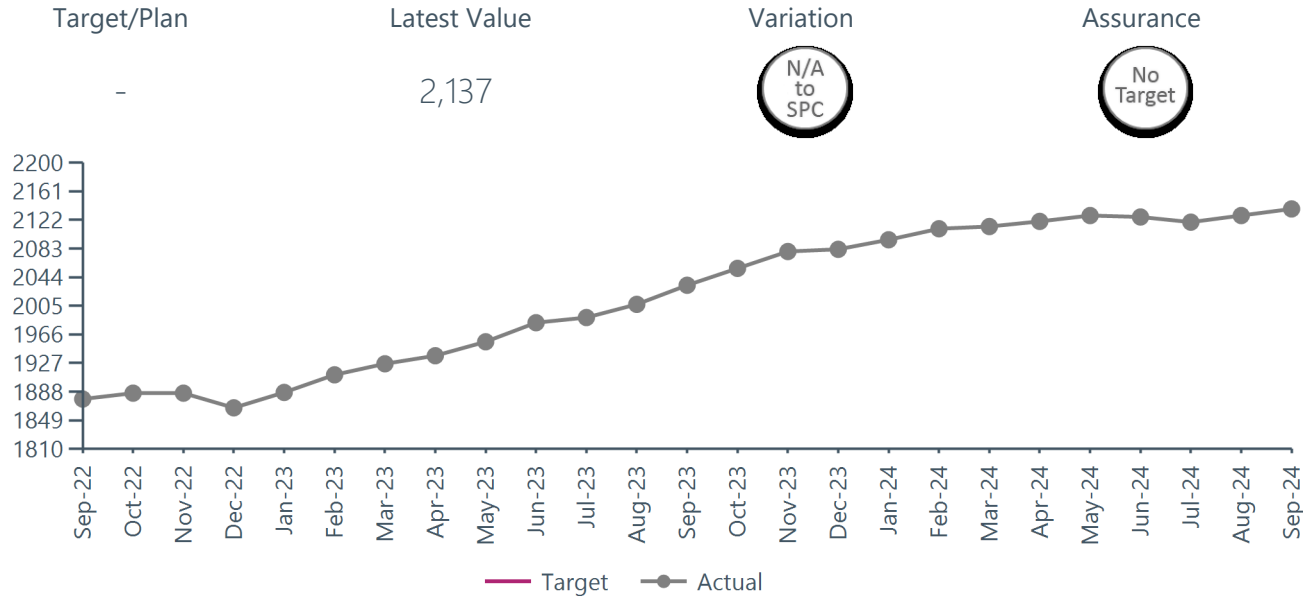
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
3.92%	5.04%	6.45%	4.60%	3.63%	2.51%	2.58%	2.84%	4.30%	4.08%	4.53%	3.65%	-0.29%

- Staff - Patients - Finances -

Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

At the end of September the Trust had a total headcount in post of 2137 with a breakdown as follows:

- * Permanent - 1716
- * Fixed Term - 136
- * Locum - 3
- * Bank - 282

Supporting information is provided within the covering paper that accompanies the IPR to People Committee. A table provides the budgeted establishment in the 2024/25 workforce plan submission with the in-year changes reflected in the actual/forecast staff in post position.

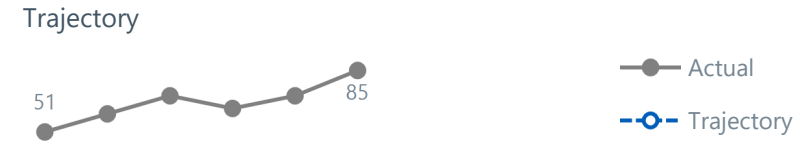
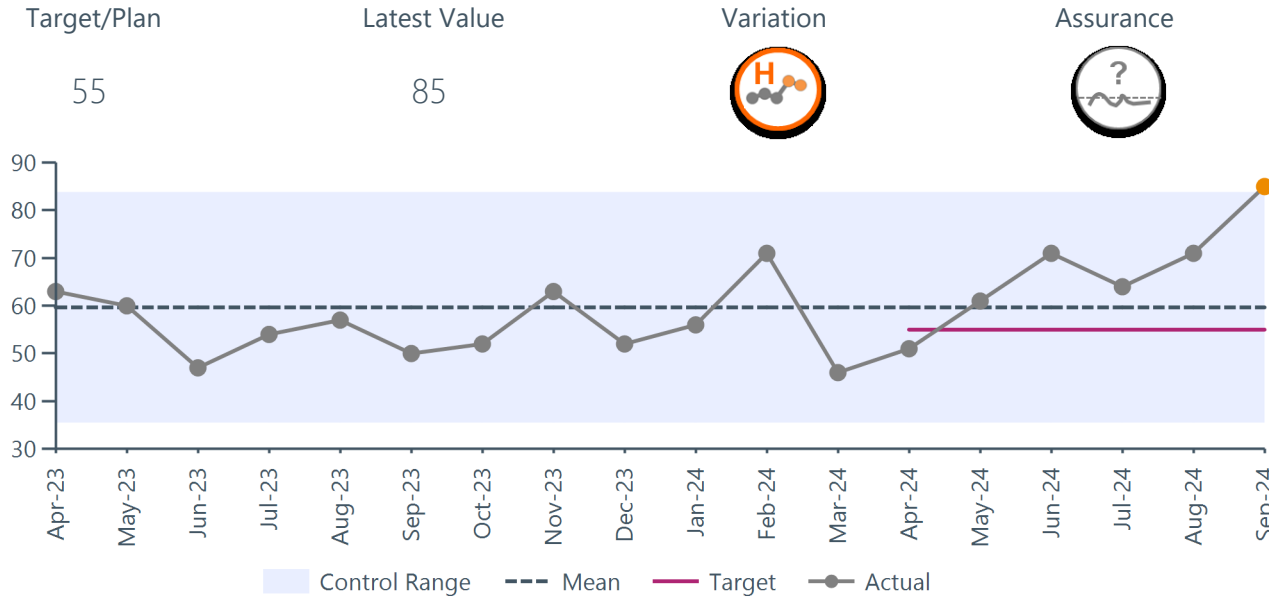
Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
2033	2056	2079	2082	2095	2110	2113	2120	2128	2126	2119	2128	2137

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



What these graphs are telling us

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

Narrative

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 special cause variation of a concerning nature with the data point above control range. For those staff who started in September, the average days to hire was 85 days. There were three specific appointments that have contributed to the increase reported this month with reasons associated with students awaiting their professional registration, one DBS that took 71 days and an overseas candidate requiring visa.

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

Actions

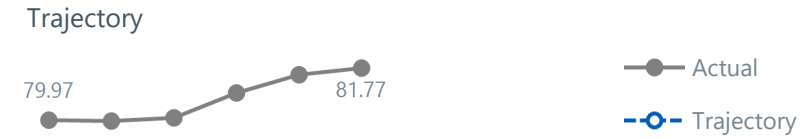
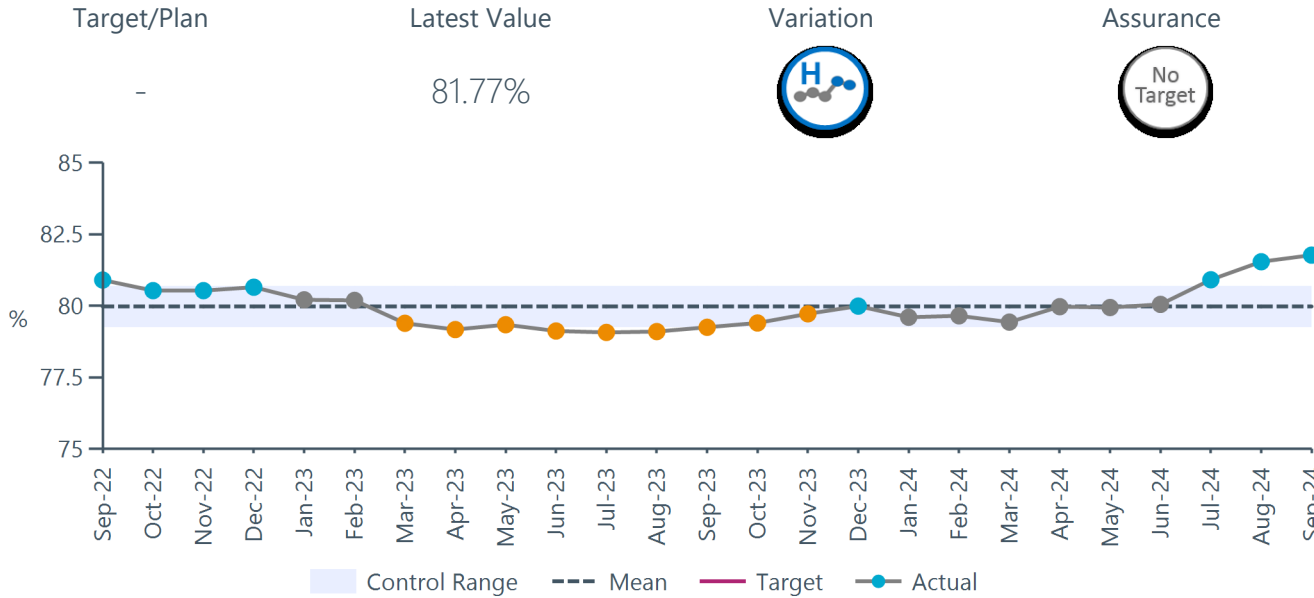
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
50	52	63	52	56	71	46	51	61	71	64	71	85

- Staff - Patients - Finances -

Staff Retention

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

Exec Lead:
Chief People Officer



What these graphs are telling us

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

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 is special cause variation of an improving nature with 81.77% above the Trust's control range.

In September, 81.77% of staff in post have been employed for 24 months. A breakdown by staff group as follows:

- * Medical & Dental 93.69%
- * Add Prof Scientific and Technic - 86.84%
- * Administrative & Clerical 84.88%
- * Allied Health Professionals 79.47%
- * Nursing & Midwifery 78.92%
- * Additional Clinical Services 78.91%
- * Estates & Ancillary 78.32%
- * Healthcare Scientists 57.14%

Actions

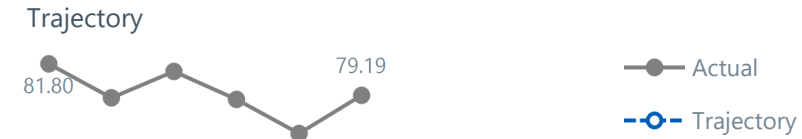
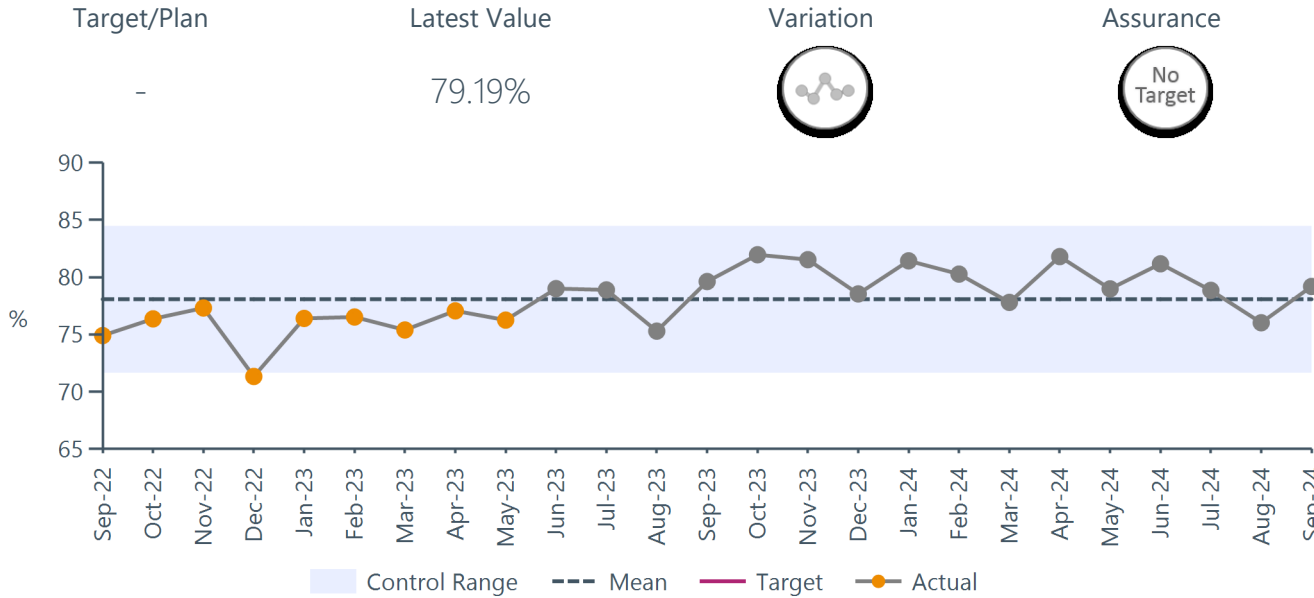
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
79.25%	79.40%	79.72%	79.99%	79.60%	79.65%	79.43%	79.97%	79.94%	80.05%	80.91%	81.54%	81.77%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

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

In September, % staff availability was 79.19% with the 20.81% not available broken down as follows:

- * Vacancies - 5.01%
- * Planned absence (annual leave, maternity, paternity) - 10.18%
- * Unplanned absence (sickness, special leave) - 5.62%

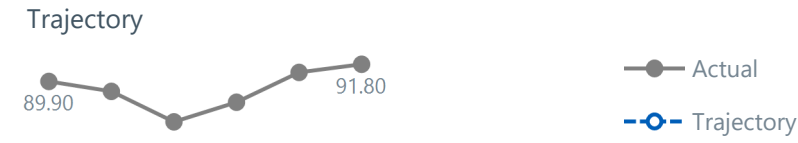
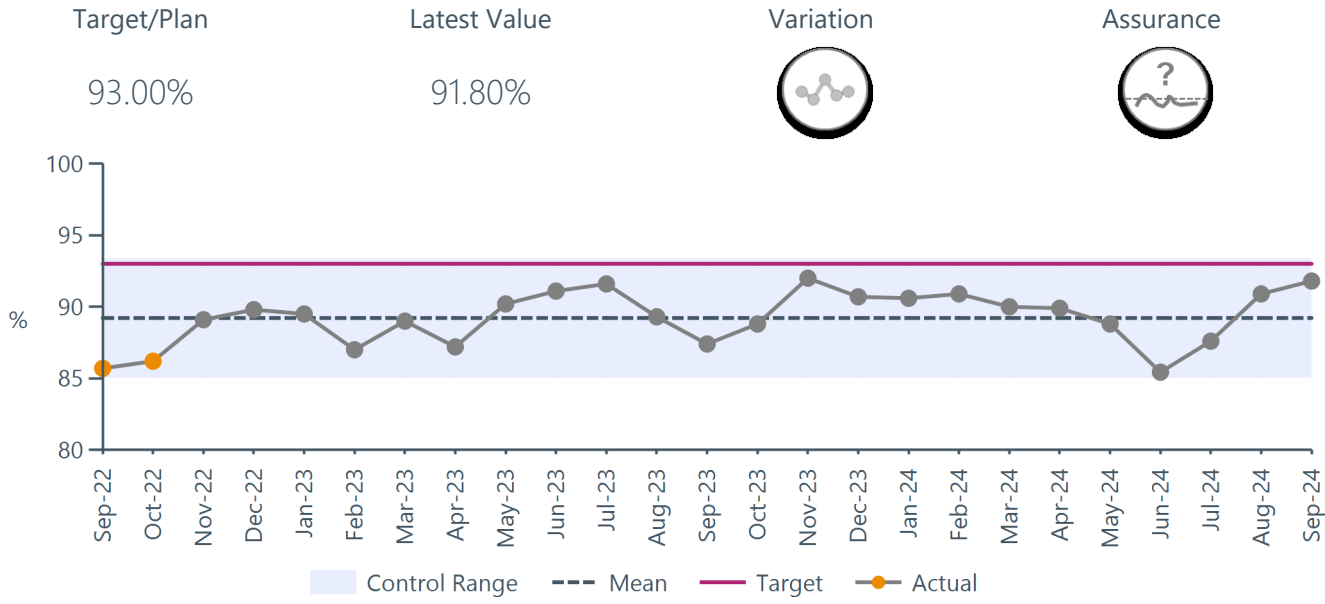
Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
79.62%	81.96%	81.53%	78.54%	81.43%	80.27%	77.80%	81.80%	78.98%	81.17%	78.85%	76.02%	79.19%

Personal Development Reviews

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

Exec Lead:
Chief People Officer



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

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 91.80% at the end of September; this equates to 125 members of staff who require a PDR. This has been reported below target since August '21. Breakdown below by area:
 * Corporate areas - 86.08% - 48 not completed but 3% improvement on last month
 * MSK Unit - 90.60% - 60 not completed but 1% improvement on last month
 * Specialist Unit - 97.01% - 16 not completed but easily maintaining target

A breakdown of the Corporate areas with PDRs outstanding:
 * Finance & Planning - 20 with highest areas Estates (13) and Catering (5)
 * Office of the Medical Director - 18 with EPR Project (9), Digital Team (6) & Research (2)
 * People Services - 7
 * Operations Team - 2
 * Office of the CEO - 1

Actions

Key actions currently being implemented for MSK include:
 * Unit showing improvement over last two months; at end of July 87 were outstanding and this is now down to 60
 * 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
 * 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 but progress has been made throughout September. 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.

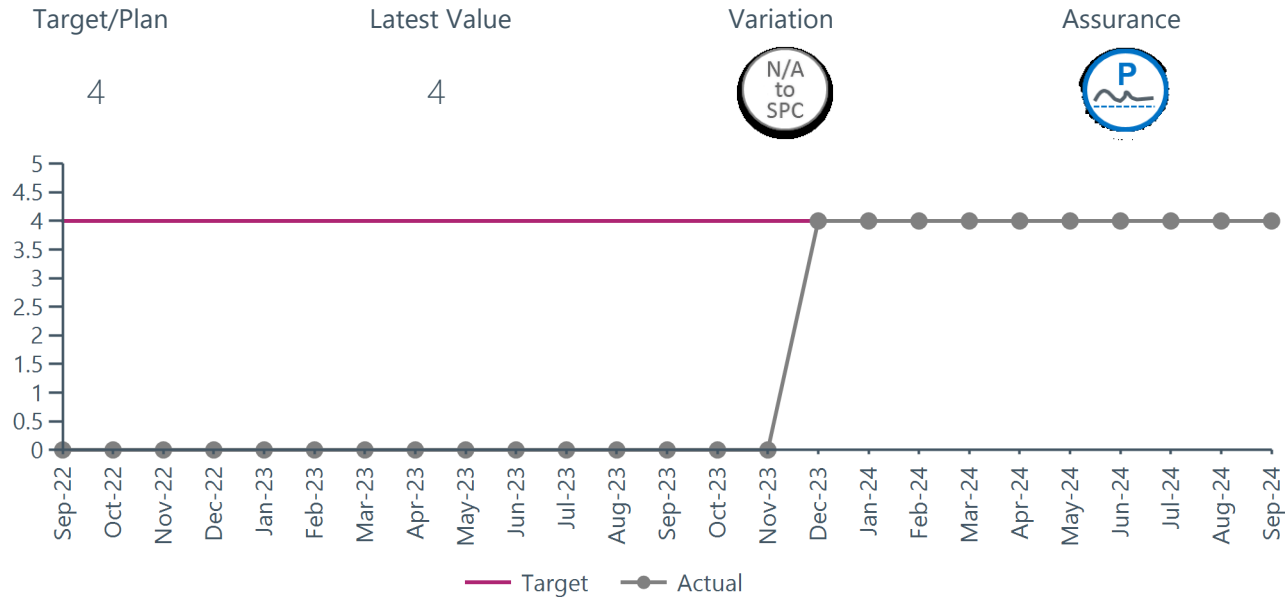
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
87.40%	88.80%	92.00%	90.70%	90.60%	90.90%	90.00%	89.90%	88.80%	85.43%	87.60%	90.90%	91.80%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer



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.

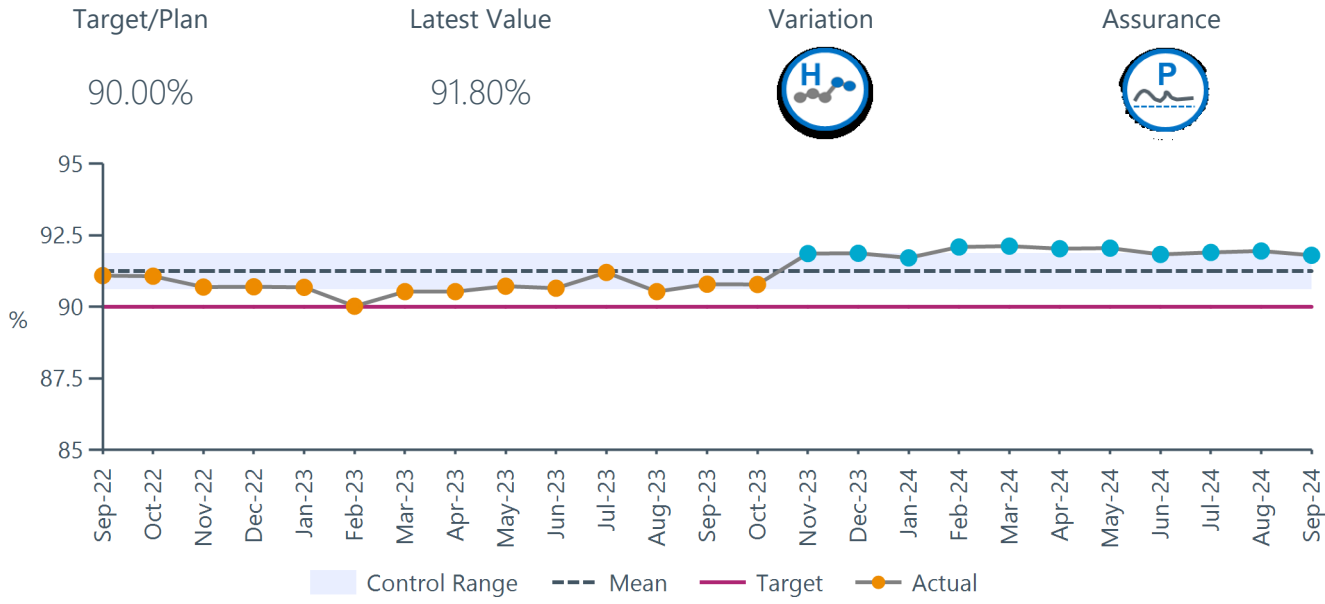
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
0	0	0	4	4	4	4	4	4	4	4	4	4

- 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



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 measures the percentage of clinical staff who have an account on the e-rostering system. At the end of September, 91.80% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

Actions

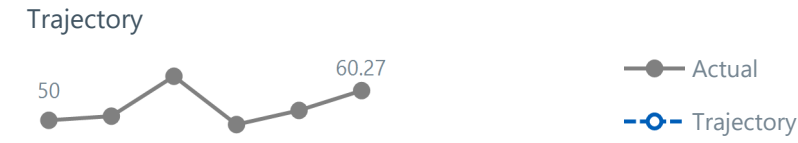
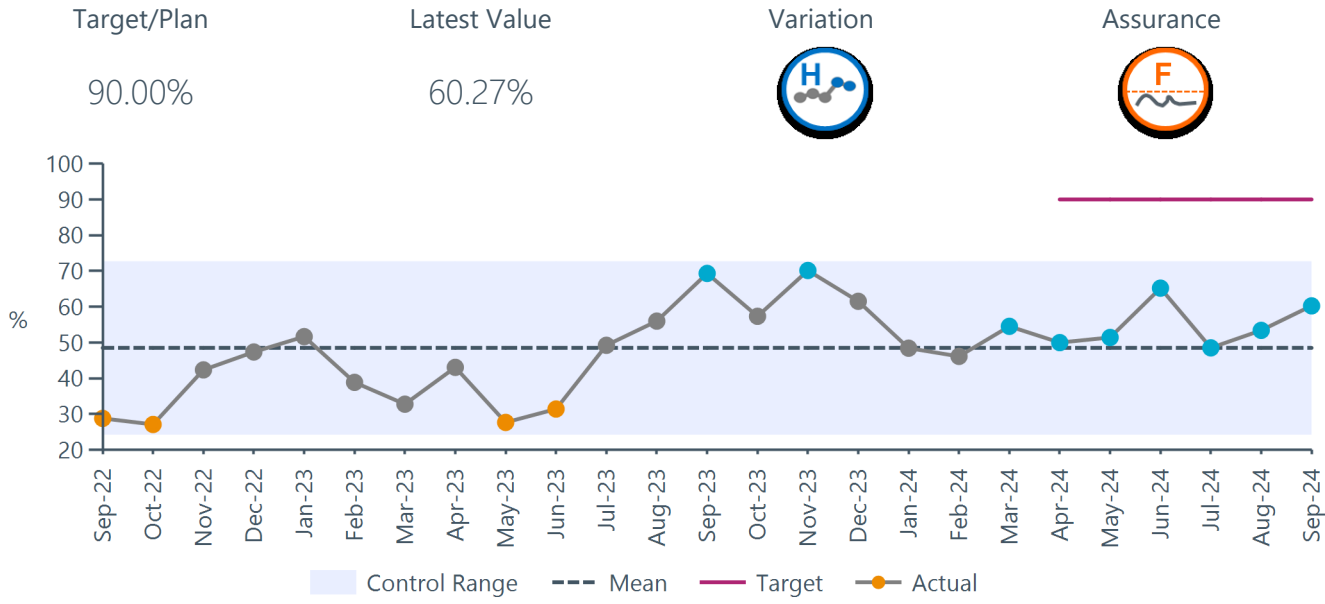
Workplan in place with rostering team, to add remaining clinical areas to roster including MRI and Radiology.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
90.79%	90.78%	91.86%	91.87%	91.71%	92.09%	92.12%	92.03%	92.05%	91.83%	91.90%	91.95%	91.80%

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us
Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 60.27%. This relates to the roster start date of 12th August and ending on 8th September. A breakdown by unit is provided below:
 * Corporate Areas - 71.43%
 * MSK Unit - 58.33%
 * Specialist Unit - 56.52%

This measure has been disaggregated into professional areas. The breakdowns are :
 * Radiology - 100%
 * Nursing - 85.71%
 * Corporate - 69.23%
 * AHPs - 33.33%
 * Medical - 0%

Actions

Escalation to Rostering and Temporary staffing team regarding Medical rostering information. Head of Rostering to meet with Medical staffing at SaTH for guidance and support on how to improve medical data on roster and improve compliance with reporting metrics.

 For other staff groups, 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.

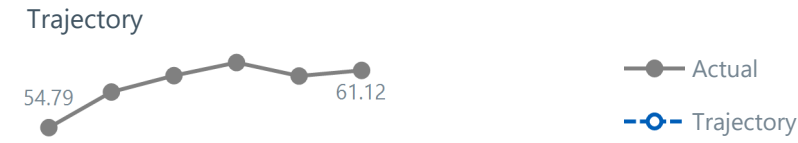
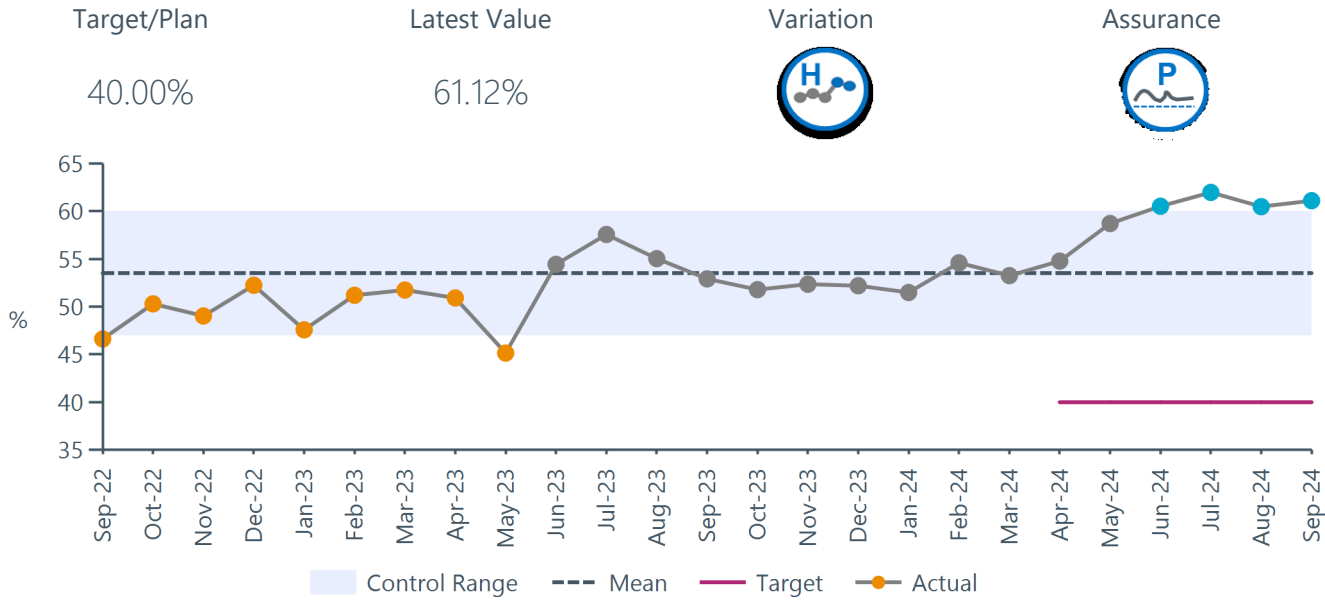
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
69.33%	57.35%	70.15%	61.54%	48.44%	46.15%	54.55%	50.00%	51.43%	65.22%	48.53%	53.42%	60.27%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us
Metric is experiencing 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 61.12%, above the target set of 40%. The breakdowns by professional area are :

* AHPs - 92.50%, Radiology - 89.86%, Corporate - 87.15%, Nursing - 45.70%, 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.

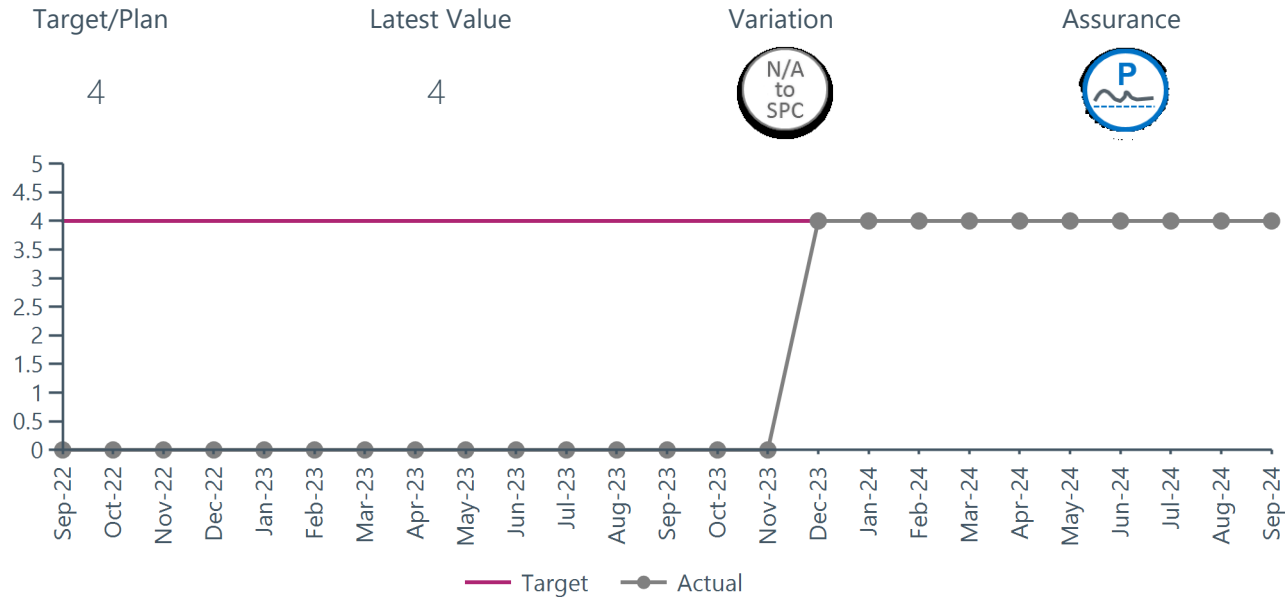
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
52.93%	51.80%	52.37%	52.21%	51.50%	54.61%	53.27%	54.79%	58.73%	60.54%	61.99%	60.50%	61.12%

- 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



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

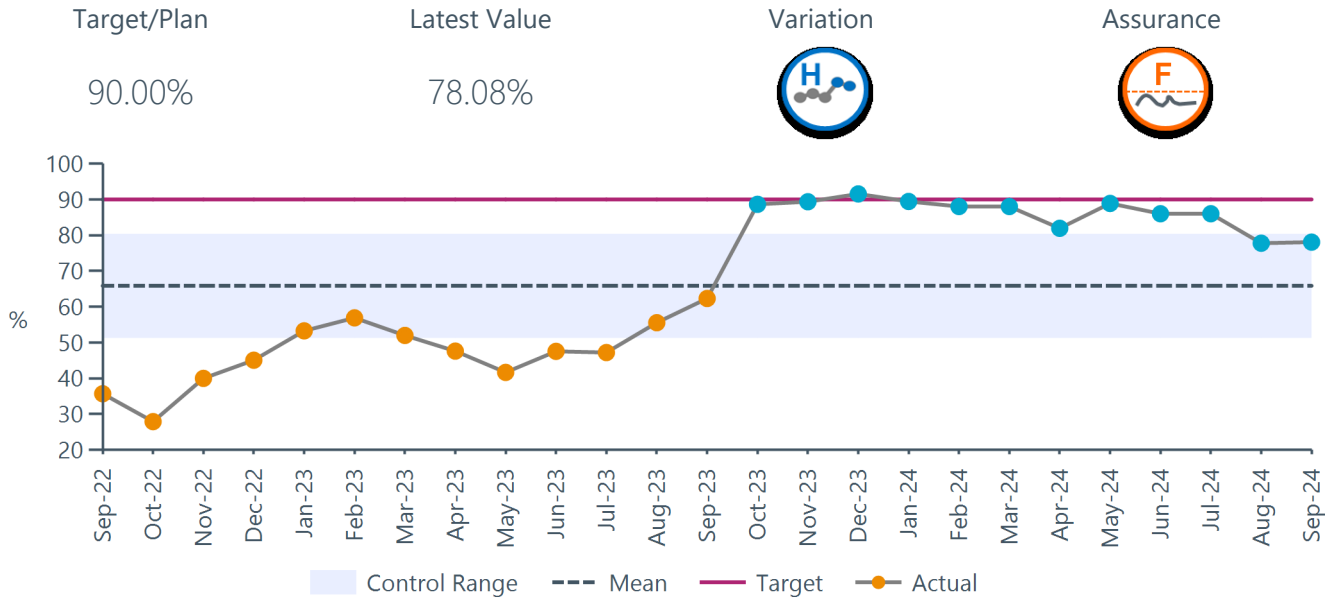
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
0	0	0	4	4	4	4	4	4	4	4	4	4

- 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



What these graphs are telling us

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

Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The September month end position is 78.08%. Breakdown as follows:

- * AHPs - 25 job plans with 23 signed off within last 12 months - 92.00%
- * Specialist Nurses - 20 job plans with 19 signed off within last 12 months - 95.00%
- * Consultants -101 job plans with 72 signed off within last 12 months - 71.29%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 91.30% and MSK Unit reported at 72.00%.

As at the end of September, below details the progress by staff group in chasing job plan completion at the different stages:

- Consultants 29 outstanding - Awaiting 1st sign off (17), Awaiting 2nd sign off (2), Awaiting 3rd sign off (0), In discussion (9), on hold (1)
- Nurses 1 outstanding - In discussion (1)
- AHPs 2 outstanding - Not published (1), Awaiting 3rd sign off (1)

Actions

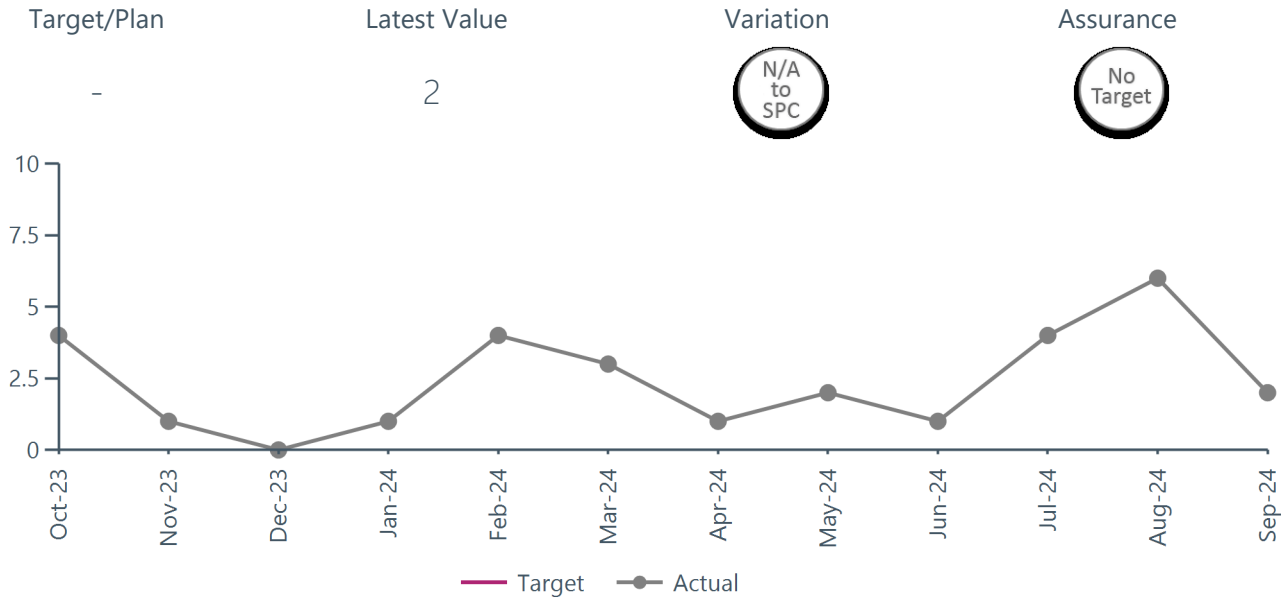
Continue to be below target of 90% job plans in date. Impacting on this are 11 Anaesthetists and 10 within Arthroplasty out of date. This has been escalated to Service/Unit Managers for urgent update.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
62.33%	88.65%	89.36%	91.55%	89.44%	88.03%	88.03%	81.94%	88.89%	86.01%	86.01%	77.78%	78.08%

Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us
This measure is not appropriate to display as SPC. There is no target for this measure.

Narrative

There were two Patient Safety Reviews in September with a breakdown of each below:
* An After-Action Review for deteriorating patient
* An MDT Review for an Opioid overdose

Actions

The Outputs of each Review will be taken to Patient Safety Committee in November/December.

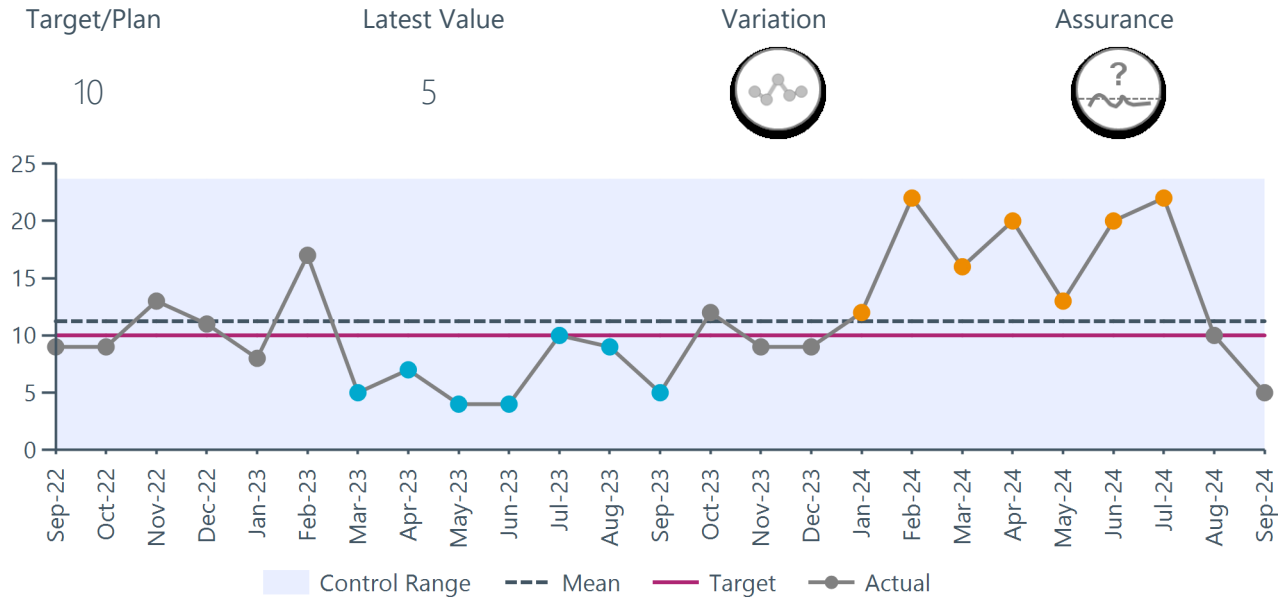
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
	4	1	0	1	4	3	1	2	1	4	6	2

- Staff - **Patients** - Finances -

Total Patient Falls

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were five falls reported throughout the Trust in September. As demonstrated on the SPC above, between January and July we saw an increase in the number of falls, but this has fallen and has remained within normal variation for the past two months.

A review of the falls throughout September has classified them as low harm (4) and no harm (1).

Actions

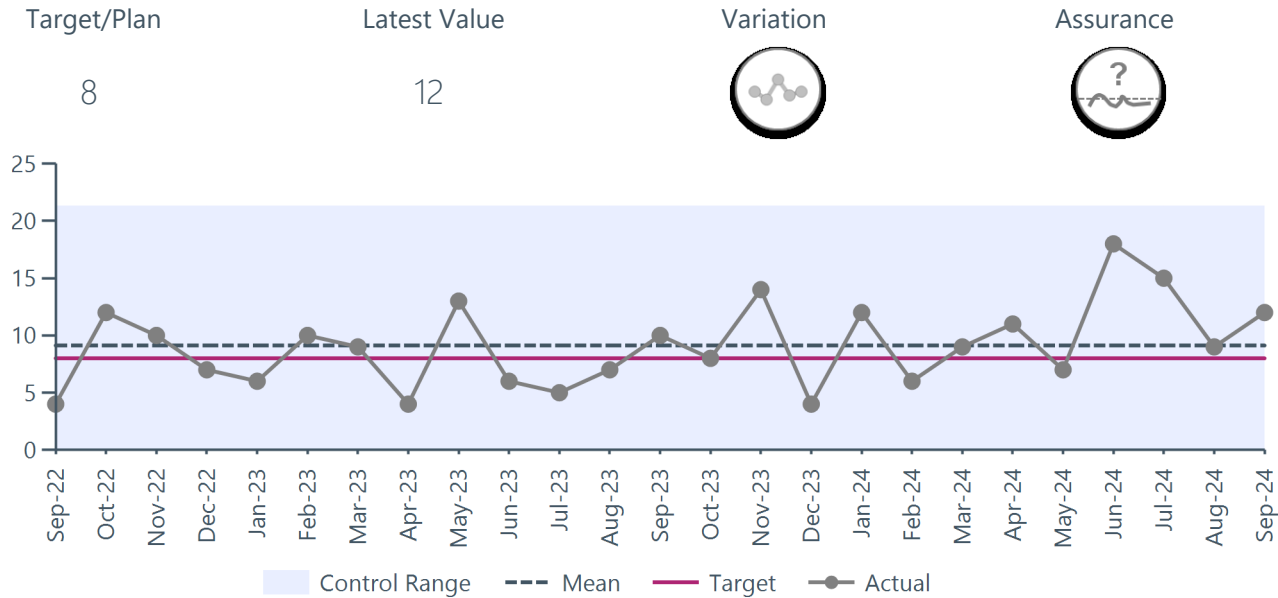
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
5	12	9	9	12	22	16	20	13	20	22	10	5

- Staff - **Patients** - Finances -

Number of Complaints

Number of complaints received in month 211105

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were twelve complaints received in September, where the main theme is associated with waiting times.

Actions

Any learning identified from the Complaints responses is routinely taken to the Unit Governance meetings.

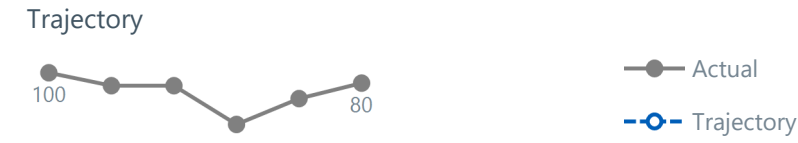
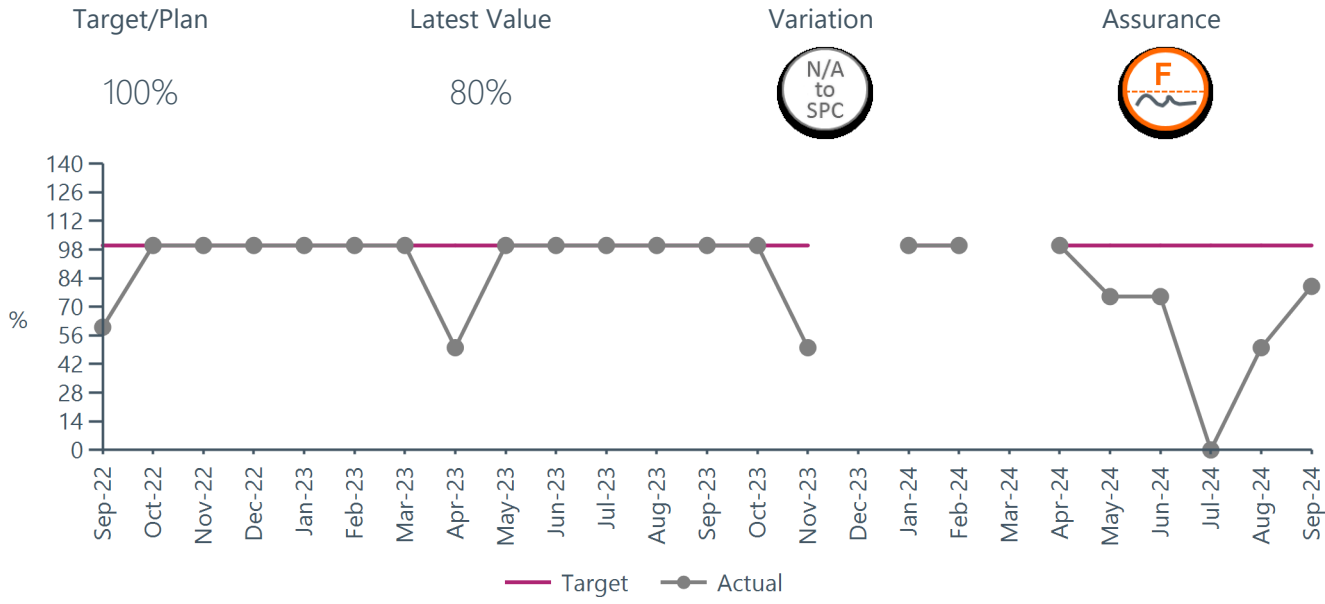
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
10	8	14	4	12	6	9	11	7	18	15	9	12

- Staff - **Patients** - Finances -

Complex Complaints Response Rate Within 40 Days

Complex Complaints Response Rate Within 40 Days 217737

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us
This measure is not appropriate to display as SPC. Metric is consistently failing the target.

Narrative

The complex complaints response rate within 40 days is reported at 80.0% in September. This is included as an exception as the target has not been met since April.

There were five complex complaints due for a response within 40 days in September but one did not meet the target due to extra queries at point of approval causing delays.

The volume of complaints received, and period of increased annual leave, have been contributory factors in meeting the response times.

Please note; where there are no data points displayed on the graph above, this is when there were no complex complaints due for a response on those months.

Actions

Recognising there have been some changes in roles such as Ward Managers, Matrons and Service Managers, some training workshops on Complaints will be scheduled in Quarter 3.

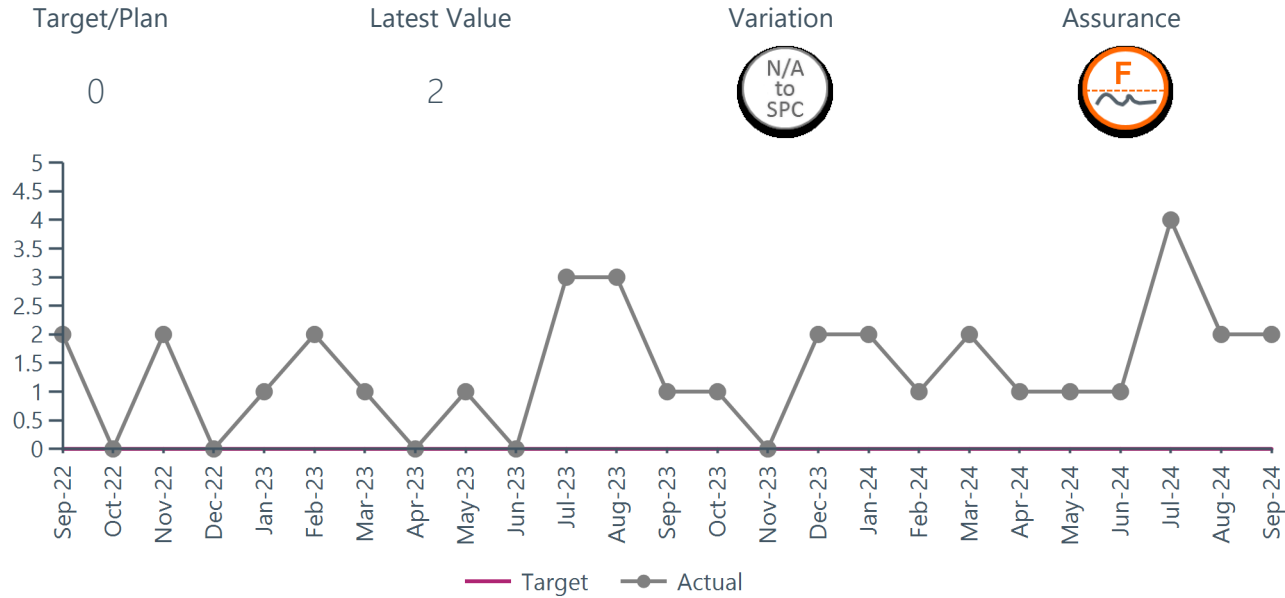
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75.00%	75.00%	0.00%	50.00%	80.00%

- Staff - **Patients** - Finances -

Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were two complaints re-opened in September due to:

- * Patient dissatisfied with Trust's response (1)
- * Patient seeking reimbursement (1)

Actions

No applicable actions in relation to these complaints.

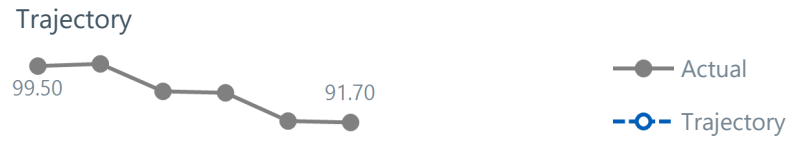
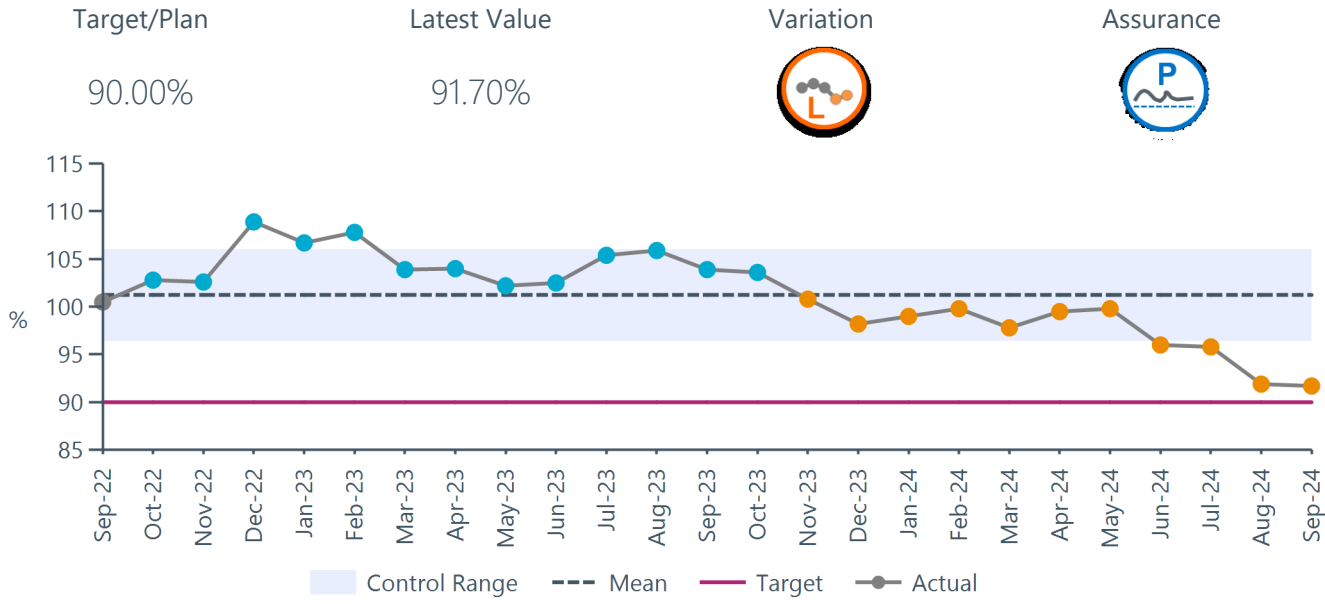
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1	1	0	2	2	1	2	1	1	1	4	2	2

- Staff - **Patients** - Finances -

Safe Staffing

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us
Metric is experiencing special cause variation of a concerning nature. Metric is consistently meeting the target.

Narrative

The % shift rate for September is reported at 91.70%. 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 does remain 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. Following a review of the guidance and previous data, this should not apply when wards have been closed. This has now been amended; so previous data has been updated so that planned hours when wards are closed should be reported as zero. The data has also been resubmitted to NHSE.

Actions

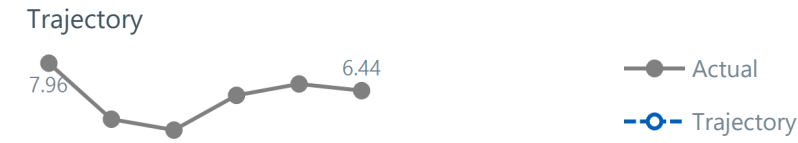
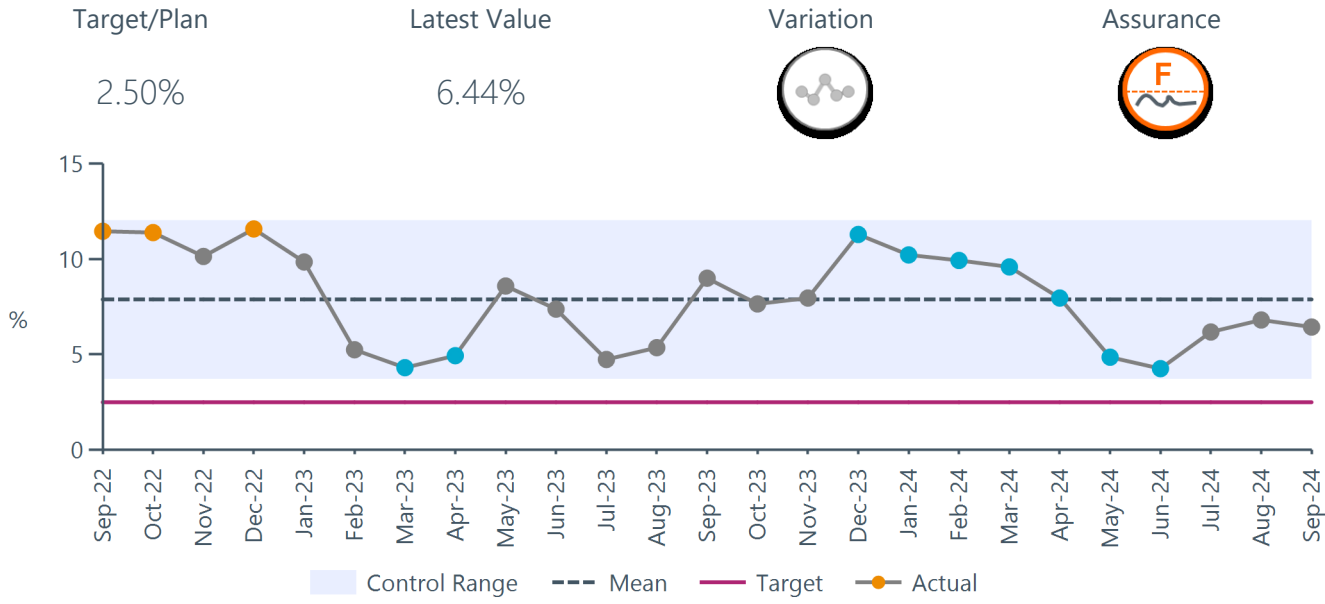
Ward staffing levels are under regular review and discussed in daily State of Play meetings.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
103.90%	103.60%	100.80%	98.20%	99.00%	99.80%	97.80%	99.50%	99.80%	96.00%	95.80%	91.90%	91.70%

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

The Delayed Discharge rate is reported at 6.44% for September with the figure remaining within the expected control range. The total delayed days for the month is 231 days with a breakdown as follows:

- * 24 care of the elderly patients with 193 delayed days - attributed to Shropshire (22), Wales (1) & Birmingham (1)
- * 3 spinal injuries patients amounting to 26 days - attributed to Shropshire (1), Stoke on Trent (1), Warwickshire (1)
- * 3 T&O patients totalling 12 days - attributed to Wales (2) & Shropshire (1)

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.

Resettlement team on MCSI continuing management of change process as we restructure the team to improve career pathways and efficiency of the service. In addition to this, there are ongoing significant staffing issues within the resettlement team although position has improved for September. Focus remains in this area to ensure length of stay and discharge planning is not negatively affected. Ward managers, surveillance team and Sheldon discharge coordinator is supporting as required.

Continuing to work with Integrated Care Hub to access support for delayed patients on MSK wards; good collaboration already in place for Sheldon Ward.

Meeting held with Strategic Control Team regarding pre-operative social optimisation and will link in with local authority.

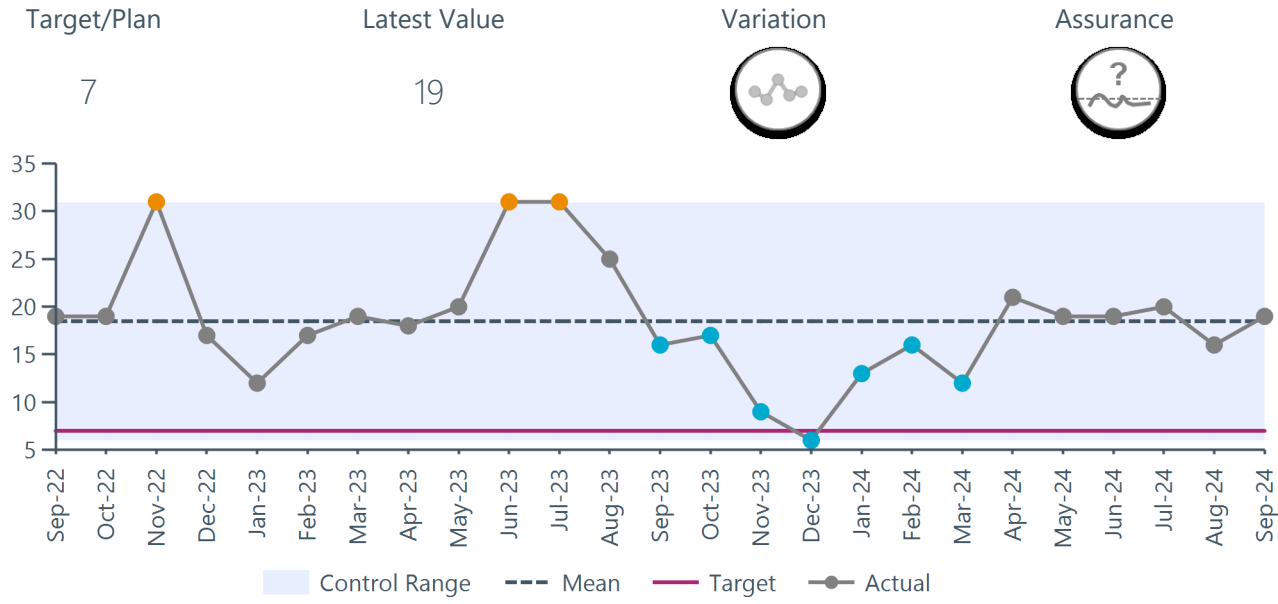
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
9.00%	7.65%	7.96%	11.29%	10.22%	9.93%	9.59%	7.96%	4.86%	4.26%	6.18%	6.81%	6.44%

- Staff - Patients - Finances -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

As at 30th of September, there were 19 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. Currently assessing the viability of creating single bays out of double side rooms.

Deep dive into length of stay on MCSI.

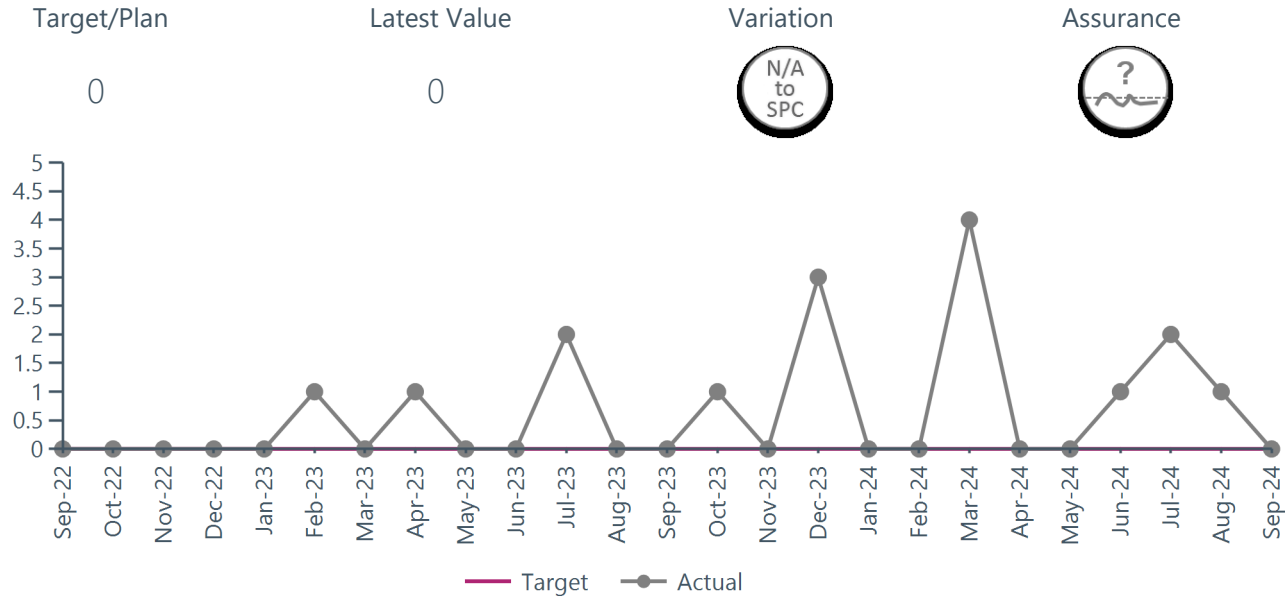
Conversations with MPUFT and NHSE regarding MH infrastructure are continuing.

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

RJAH Acquired E. Coli Bacteraemia

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There were no RJAH Acquired E.coli Bacteraemia reported in September but this metric has been included as an exception as a retrospective case for August has been added. Discrepancies in the UKHSA algorithm prompted escalation to UKHS by IPC Team. Blood culture was positive within 72 hours of admission. Not considered to be RJAH acquired in terms of patient harm, however attributed to RJAH due to blunt UKHSA data capture system that cannot distinguish hours of admission, only dates. A PIR will be conducted in line with Policy to identify and explore any areas for improvement.

Actions

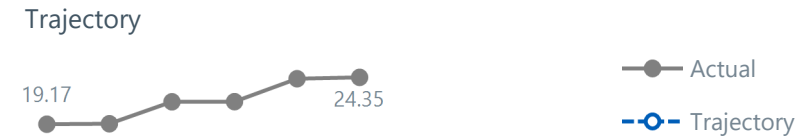
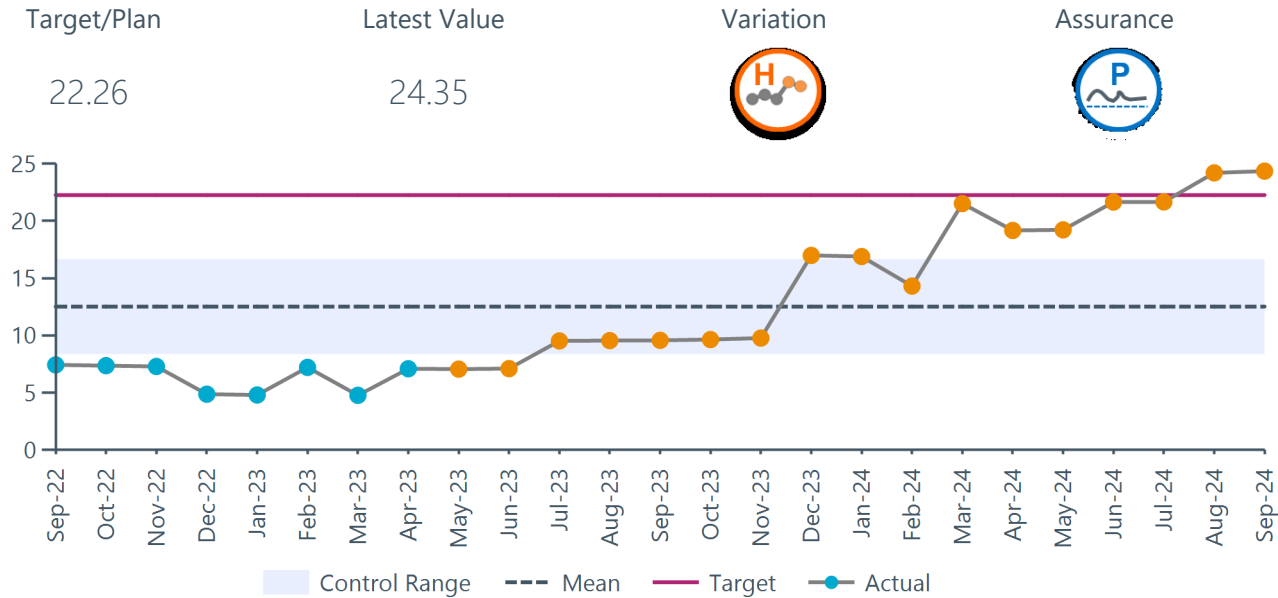
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
0	1	0	3	0	0	4	0	0	1	2	1	0

- 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



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 twelve infections reported in this timeframe so this is currently showing as special cause variation.

Actions

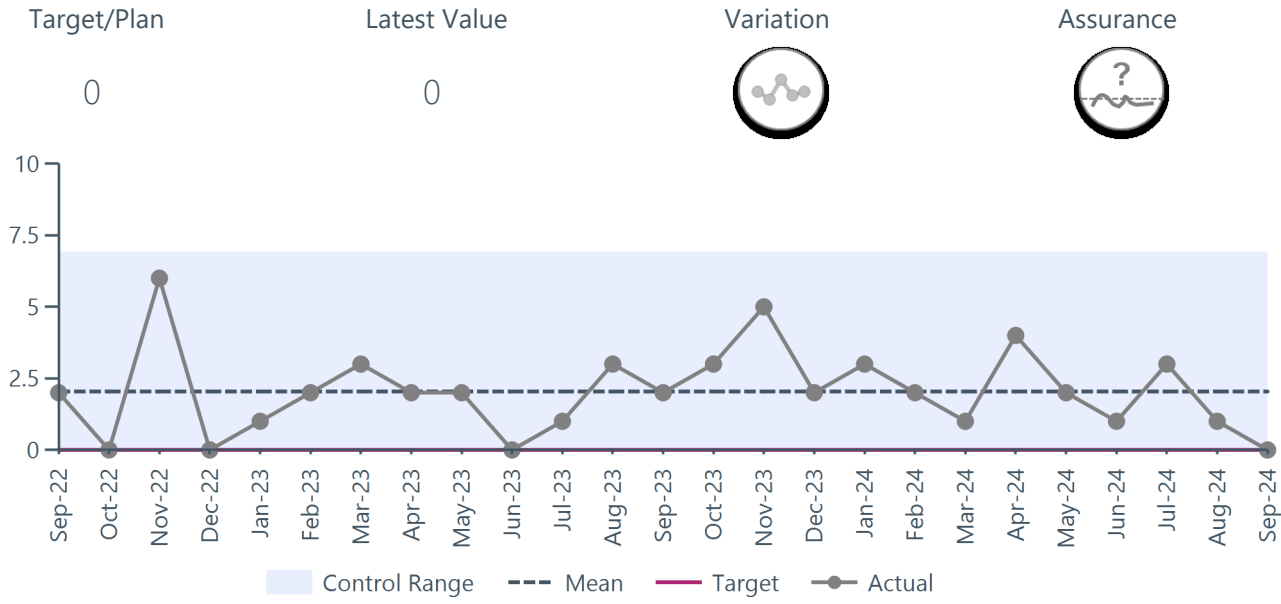
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
9.57	9.64	9.77	16.99	16.89	14.31	21.52	19.17	19.22	21.65	21.66	24.20	24.35

- 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



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 three infections confirmed in September, relating to procedures that took place in July (2) and August (1). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team carry out case reviews within 30 days of notification and are compliant with this process. The case reviews are assessed for compliance with national guidance and recommendations. Common contributory factors or themes are identified as part of the process and actions are addressed by the SSIPWG, which is led by theatres.

There were no common contributory factors found from the case reviews. ROH attended the Trust on the 28th August and feedback, including suggestions for improvements, have been shared through the IPC&C Meeting.

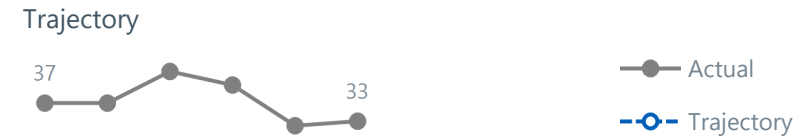
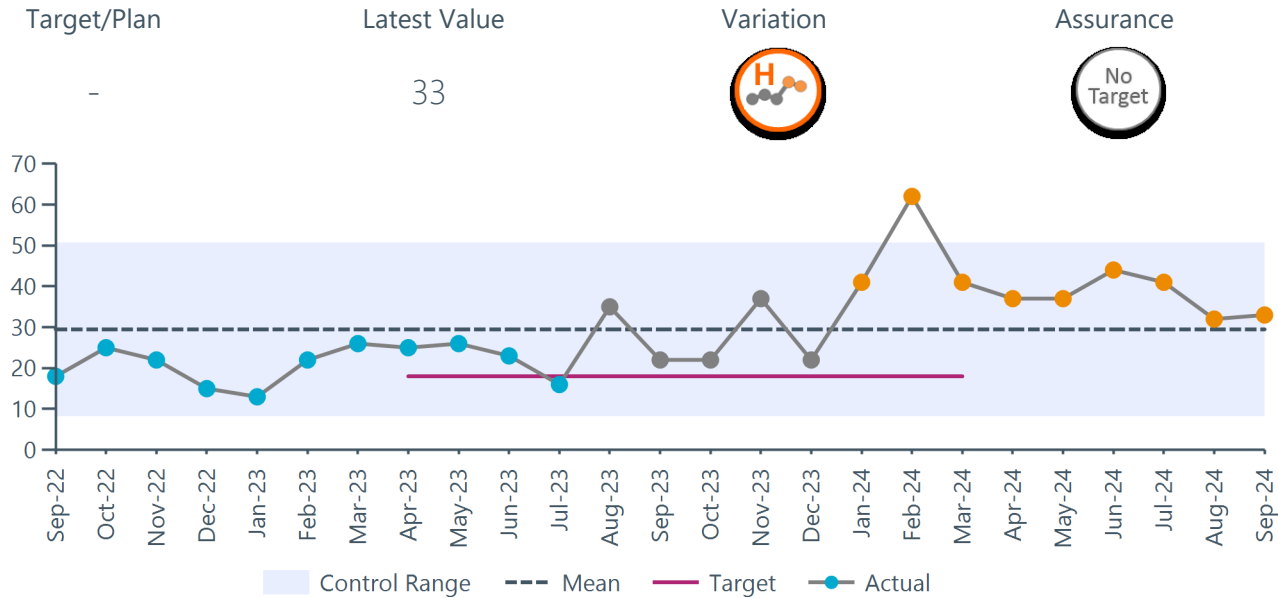
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
2	3	5	2	3	2	1	4	2	1	3	1	0

- Staff - **Patients** - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

Throughout September there were 33 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 since January all reported above the mean.

Of the errors reported in September, one resulted in low harm.

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

Actions

Discussion at this September's patient safety meeting demonstrate that improvements continue to be identified and actioned in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by the MSO and Unit Matrons.

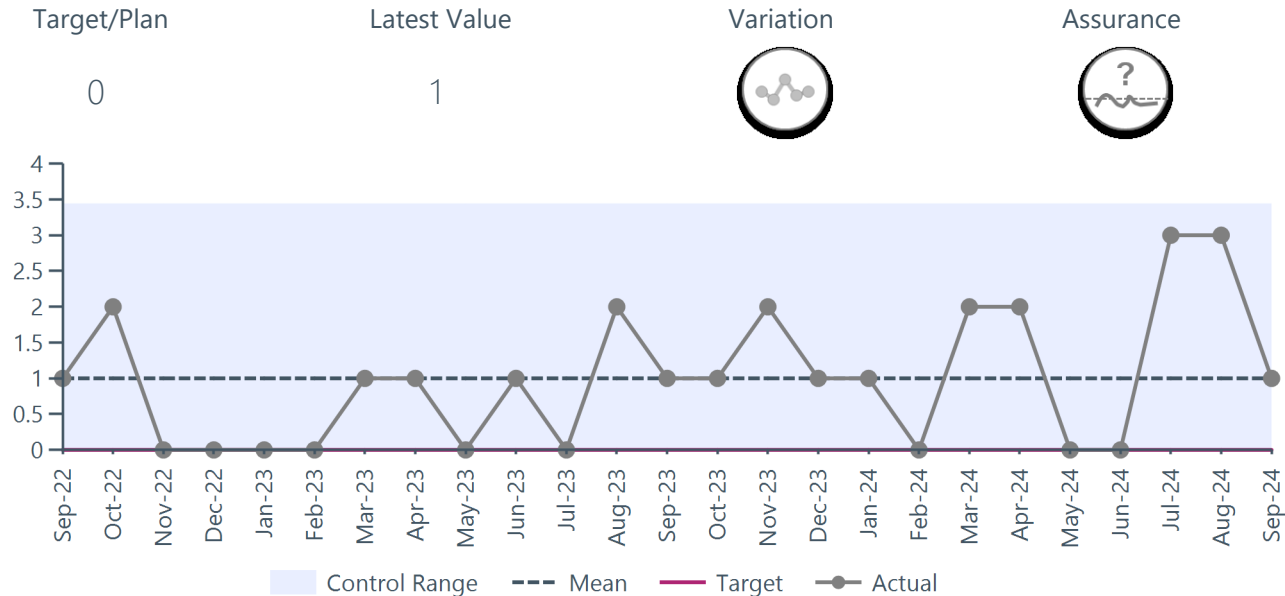
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
22	22	37	22	41	62	41	37	37	44	41	32	33

- Staff - **Patients** - Finances -

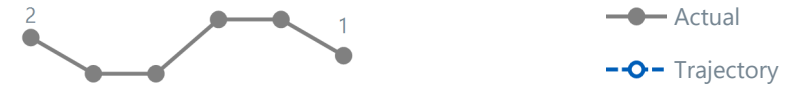
Medication Errors with Harm

Total number of medication errors, and those with harm 211088

Exec Lead:
Chief Medical Officer



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).

Narrative

There were one medication error with low harm reported in September where a patient missed doses of pregabalin so required extra morphine sulphate.

Actions

Discussion at this September's patient safety meeting demonstrate that improvements continue to be identified and actioned in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by the MSO and Unit Matrons.

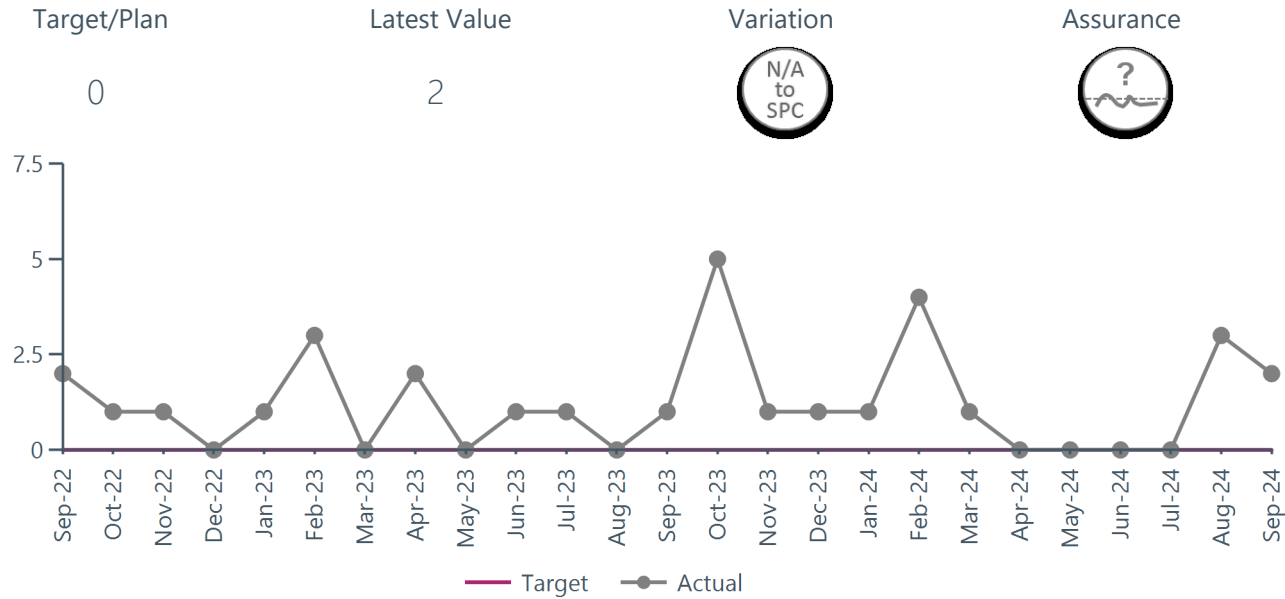
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1	1	2	1	1	0	2	2	0	0	3	3	1

- Staff - **Patients** - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

There were two deaths within the Trust throughout September; both have been classified as Expected Deaths.

Actions

Learning from Deaths Reviews will be completed by the Trust Lead.

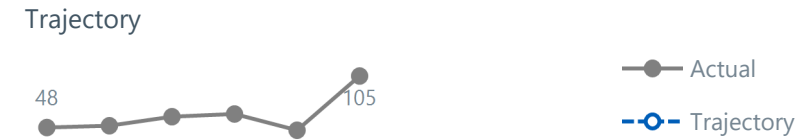
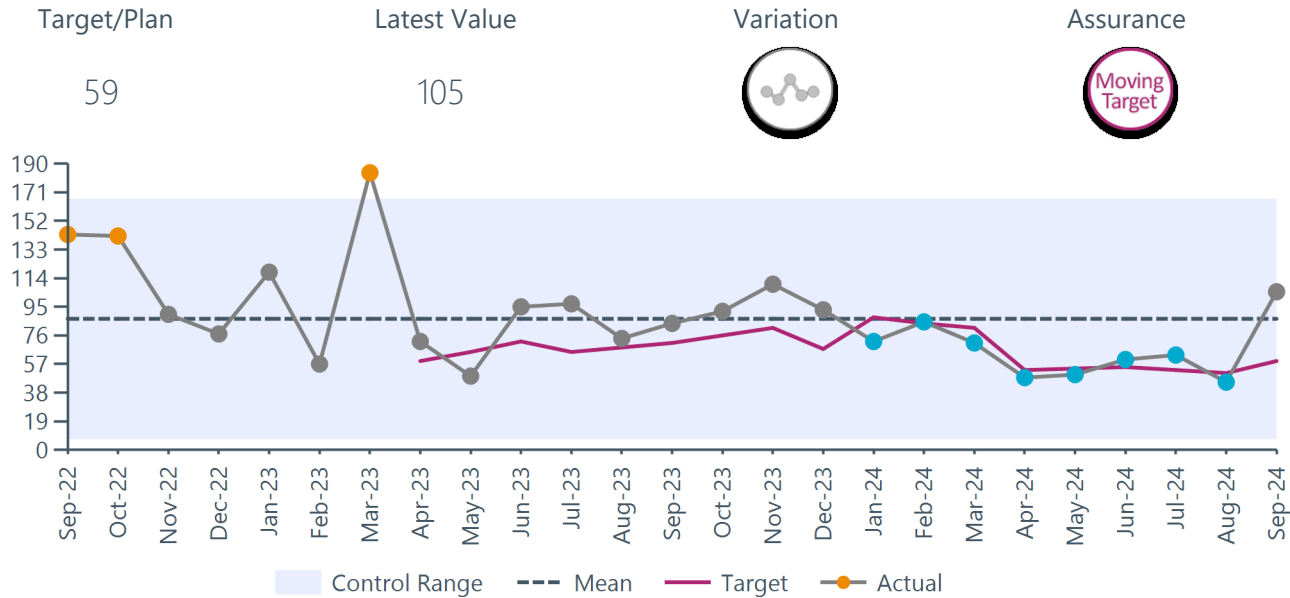
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1	5	1	1	1	4	1	0	0	0	0	3	2

- Staff - **Patients** - Finances -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit



What these graphs are telling us

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

Narrative

This metric includes the volume of procedures cancelled on the day, and within seven days of the surgery date, rated against 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 105 theatre cancellations in September: 45 on the day and 60 in the 7 days before surgery, 46 above the target of 59. Key theme for cancellations in the 7 days prior to TCI was staffing shortfall. This was due to theatre staff absence, anaesthetic shortage (sickness) and the ability to cover all scheduled theatre sessions. The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

There were 3 breaches of the 28-day booking standard in September:

- * Lack of time – morning list overrun
- * Lack of time – staff unable to stay for an overrun
- * Lack of time – previous case more complex

Actions

Actions/monitoring in this area include:

- * Reviewing Escalation Process for Cancellations.
- * Reported weekly at FIG to provide further challenge and assurance.
- * Focus on increasing Anaesthetic and theatre staffing levels.
- * Implemented pre-op my recovery app with pre-op self-assessment.
- * Audited cancellations on the day showing themes for improvement.

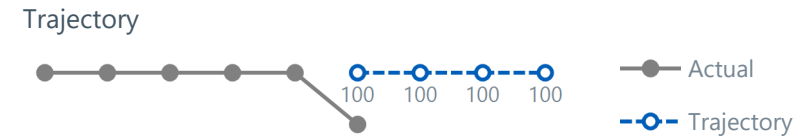
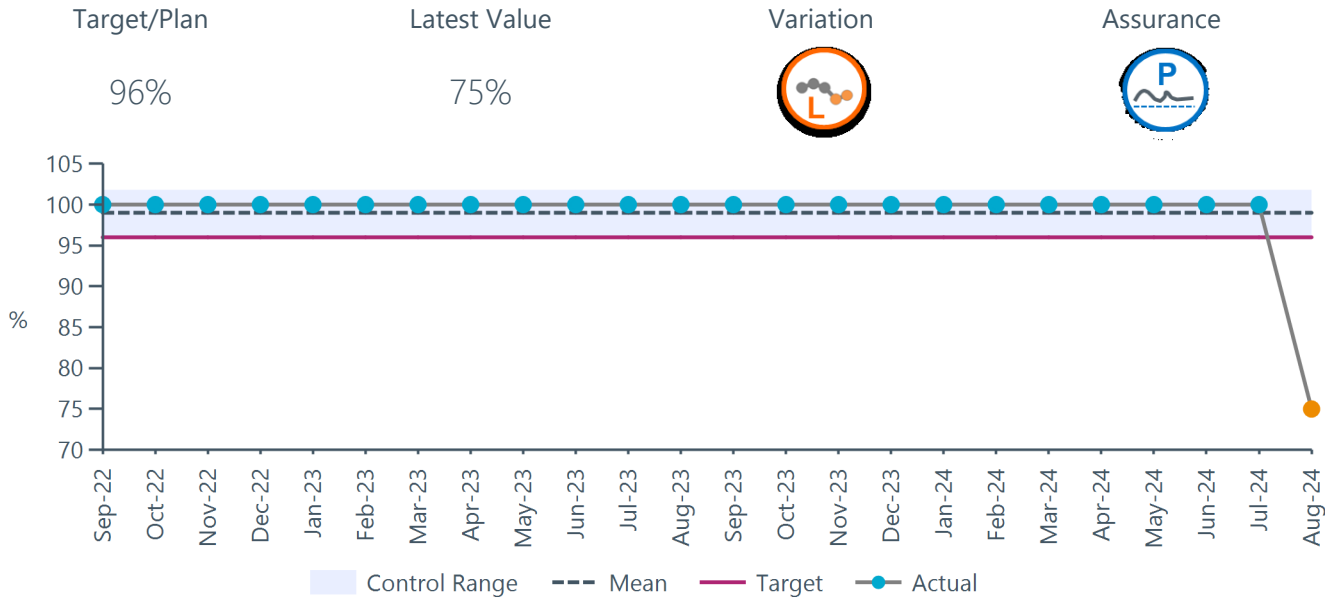
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
84	92	110	93	72	85	71	48	50	60	63	45	105

- Staff - Patients - Finances -

31 Day General Treatment Standard*

From Decision to Treat/Earliest Clinically Appropriate Date to Treatment of Cancer. National Target. Trajectory as per Trust's Operational Plans. 217830

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The 31 Day General Treatment Standard is reported at 75% in August; this is reported in arrears. There were four pathways reported against this standard where one was a breach. Surgery was put on hold for further discussion around patient diagnosis.

Actions

No applicable actions.

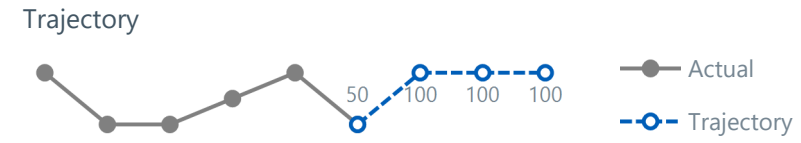
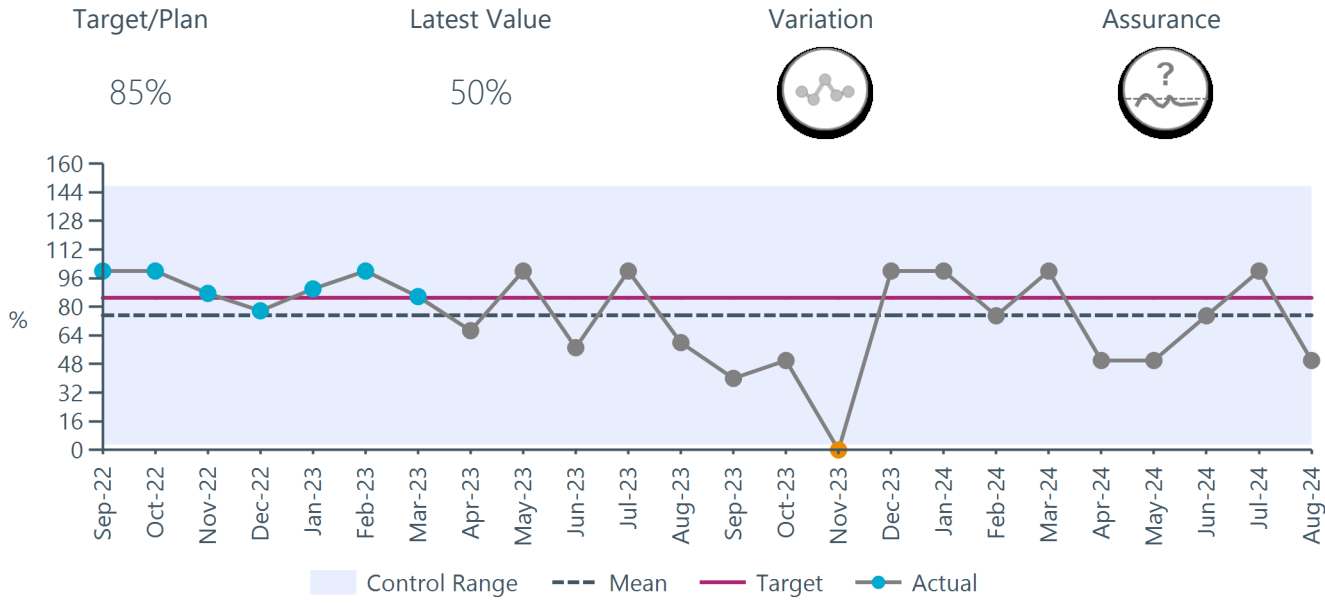
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75.00%	

- 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



What these graphs are telling us

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

Narrative

The 62 Day General Standard is reported at 50% in August; this is reported in arrears. There were six patient pathways reported against this metric (some fully RJAH, some shared) where 2.5 were attributable to RJAH. As with previous indicator, one patient had surgery put on hold for further discussion around their diagnosis, and two other pathways were complex.

Actions

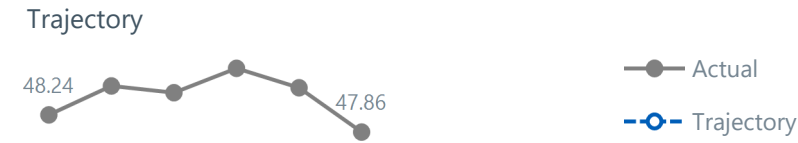
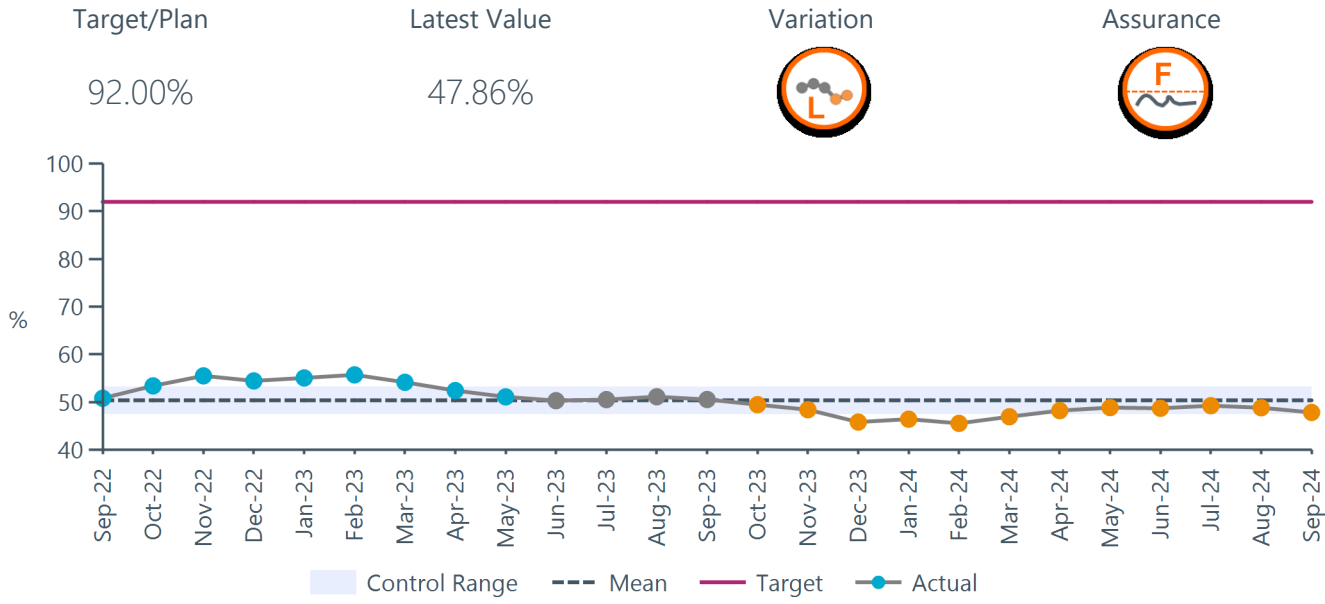
No applicable actions.

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

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Our September performance was 47.86% 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 - 9068 patients waiting of which 3331 are breaches
- * MS2 - 1696 patients waiting of which 1197 are breaches
- * MS3 - 5644 patients waiting of which 4027 are breaches

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

Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

Actions

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

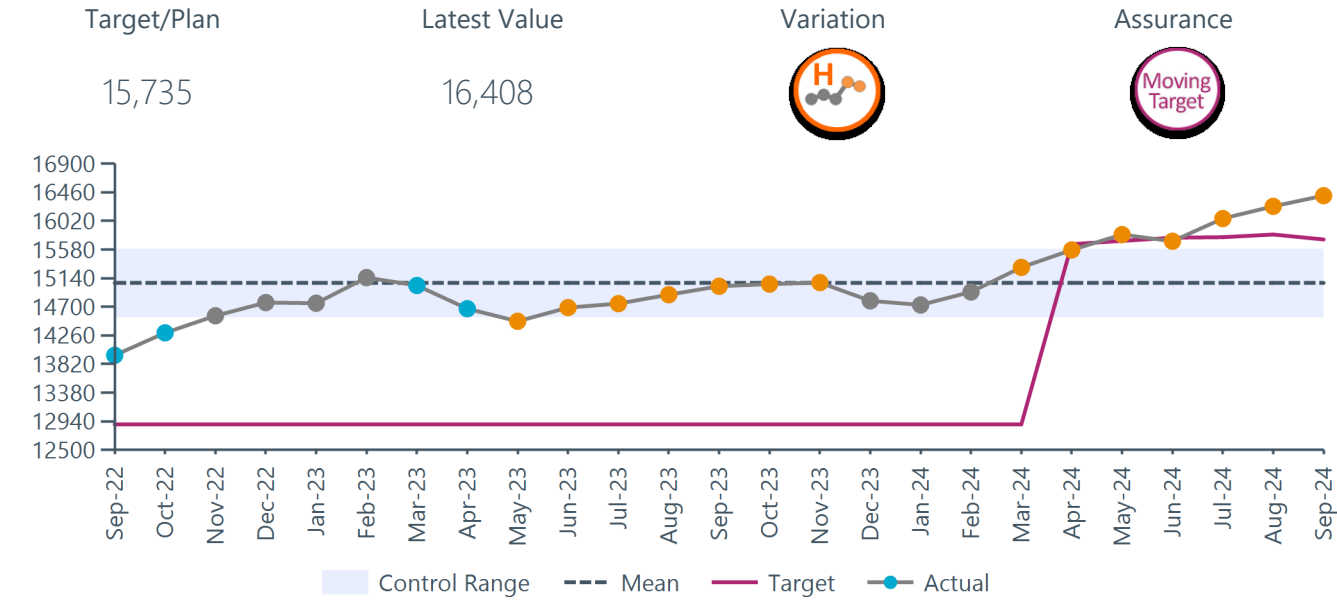
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
50.57%	49.49%	48.43%	45.84%	46.45%	45.57%	46.96%	48.24%	48.88%	48.73%	49.27%	48.84%	47.86%

- 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



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 September is reported at 16408; 673 above the plan of 15735. The target for this metric reflects the Trust's submitted Operational Plans.

As outlined in previous months, the English list size has continually grown since January, now 1679 patients higher at the end of September with Rheumatology accounting for 60% of that. Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

Breakdown below summarises the areas with the highest English list size:

- * Metabolic Medicine - 2931 / 17.86%
- * Arthroplasty - 2840 / 17.31%
- * Spinal Disorders - 2799 / 17.06%
- * Upper Limb - 1653 / 10.07%
- * Rheumatology - 1650 / 10.06%

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. 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.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this. Currently exploring mutual aid options and use of independent sector providers to support demand management.

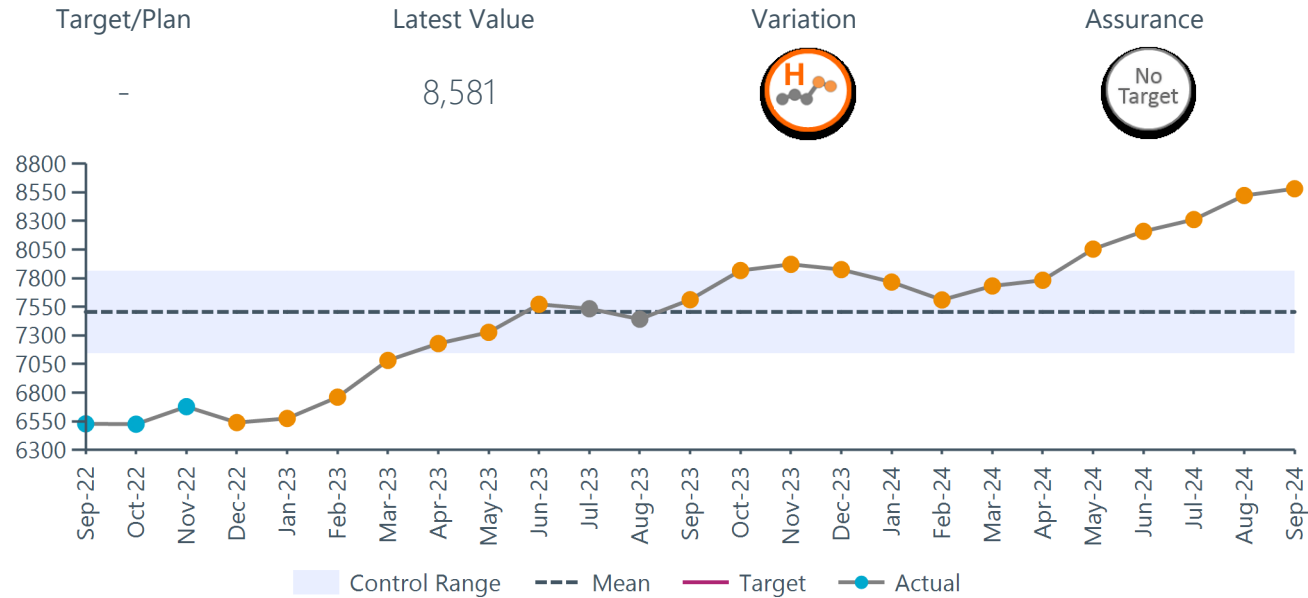
Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

Month	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Value	15016	15049	15072	14792	14729	14928	15306	15574	15810	15708	16057	16244	16408

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

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 September is reported at 8581. As can be seen in the graph above, there continues to be month on month increases. In the period of January to September, the list has increased by 815. Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

Breakdown below summarises the areas with the highest Welsh list size:

- * Spinal Disorders - 2679 / 31.22%
- * Metabolic Medicine - 1579 / 18.40%
- * Arthroplasty - 1491 / 17.38%
- * Foot & Ankle - 497 / 5.79%
- * Knee & Sports Injuries - 485 / 5.65%

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. 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.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

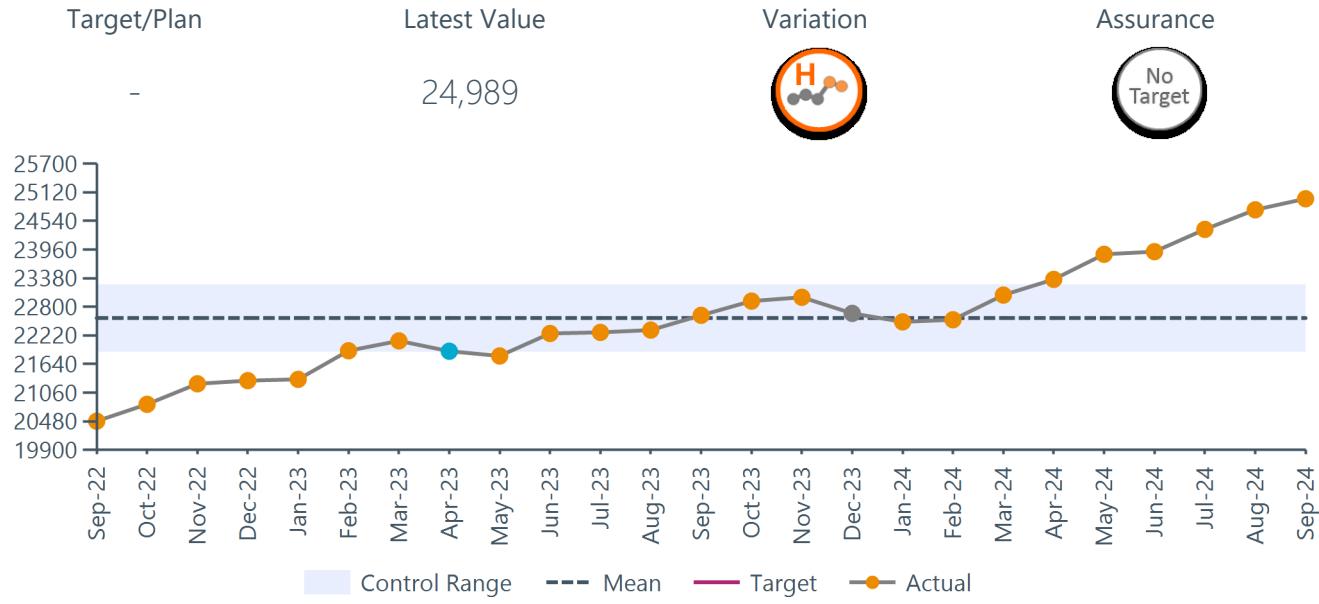
Health Inequalities assessments are underway through sub-committees of the Board.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
7612	7867	7921	7875	7766	7610	7732	7782	8054	8209	8312	8522	8581

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Narrative

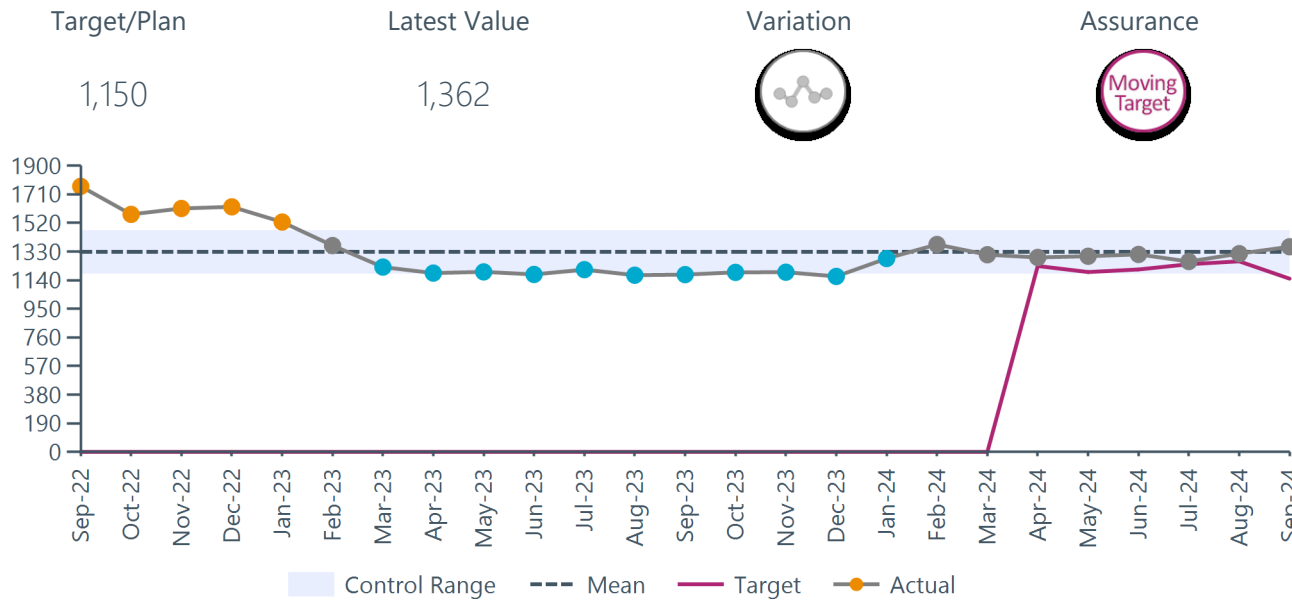
Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
22628	22916	22993	22667	22495	22538	23038	23356	23864	23917	24369	24766	24989

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



What these graphs are telling us

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

Narrative

At the end of September there were 1362 English patients waiting over 52 weeks; above our plan of 1150 by 212. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (395), Spinal Disorders (328), Knee & Sports Injuries (170), Foot & Ankle (164), Upper Limb (145), Veterans (68), Rheumatology (59), ORLAU (7), Physiotherapy (6), Paediatric Orthopaedics (5), Spinal Injuries (5), Orthotics (4), Metabolic Medicine (3), Neurology (2) and Tumour (1).

Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels. Mutual aid through Independent Sector did not commence in month as planned.

Patients waiting, by weeks brackets is:
 * >52 to <=65 weeks - 1004 patients
 * >65 to <=78 weeks - 343 patients
 * >78 to <=95 weeks - 15 patients

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks. The Trust, following reductions in capacity, has revised trajectories and is progressing with actions to support achievement of this. The actions being taken are inclusive of mutual aid. 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.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

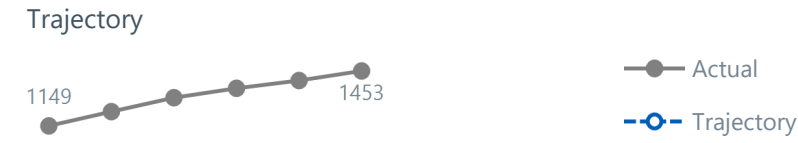
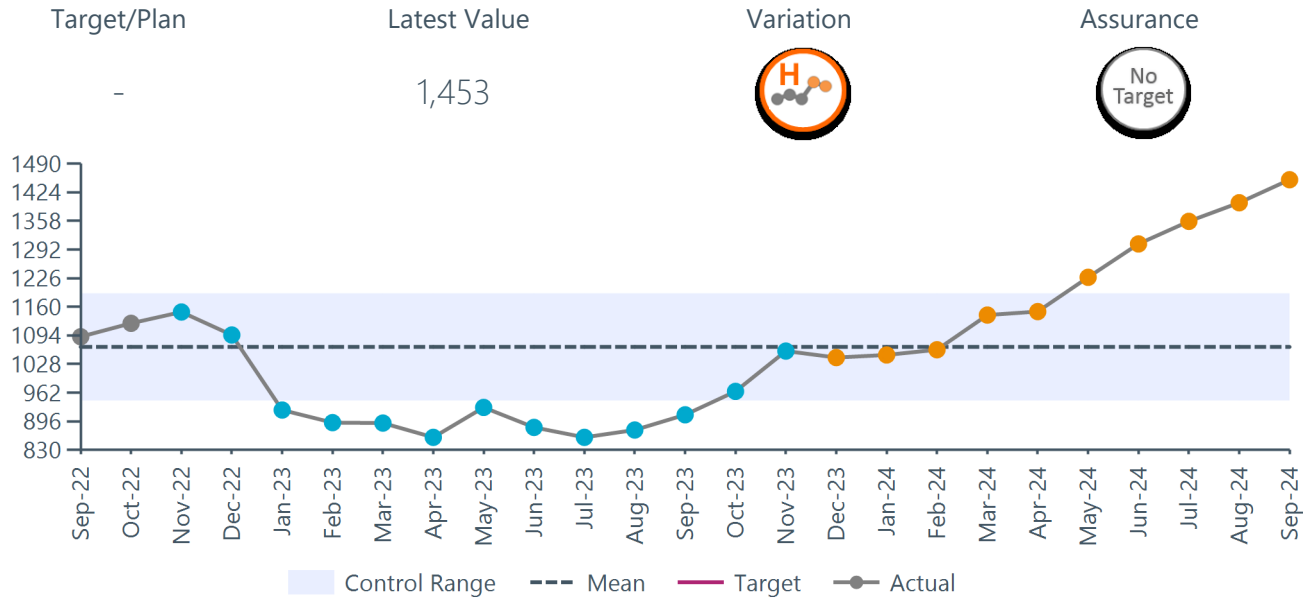
Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1177	1192	1193	1165	1284	1377	1309	1291	1299	1311	1264	1316	1362

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us
Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of September there were 1453 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (683), Arthroplasty (380), Knee & Sports Injuries (126), Upper Limb (113), Foot & Ankle (107), Veterans (18), Paediatric Orthopaedics (9), Rheumatology (5), Physiotherapy (4), Tumour (3), Metabolic Medicine (2), Spinal Injuries (2) and ORLAU (1).

Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

The number of patients waiting, by weeks brackets is:

- * >52 to <=65 weeks - 604 patients
- * >65 to <=78 weeks - 448 patients
- * >78 to <=95 weeks - 220 patients
- * >95 to <=104 weeks - 74 patients
- * >104 weeks - 107 patients

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks. 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 received Welsh Guidance.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

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

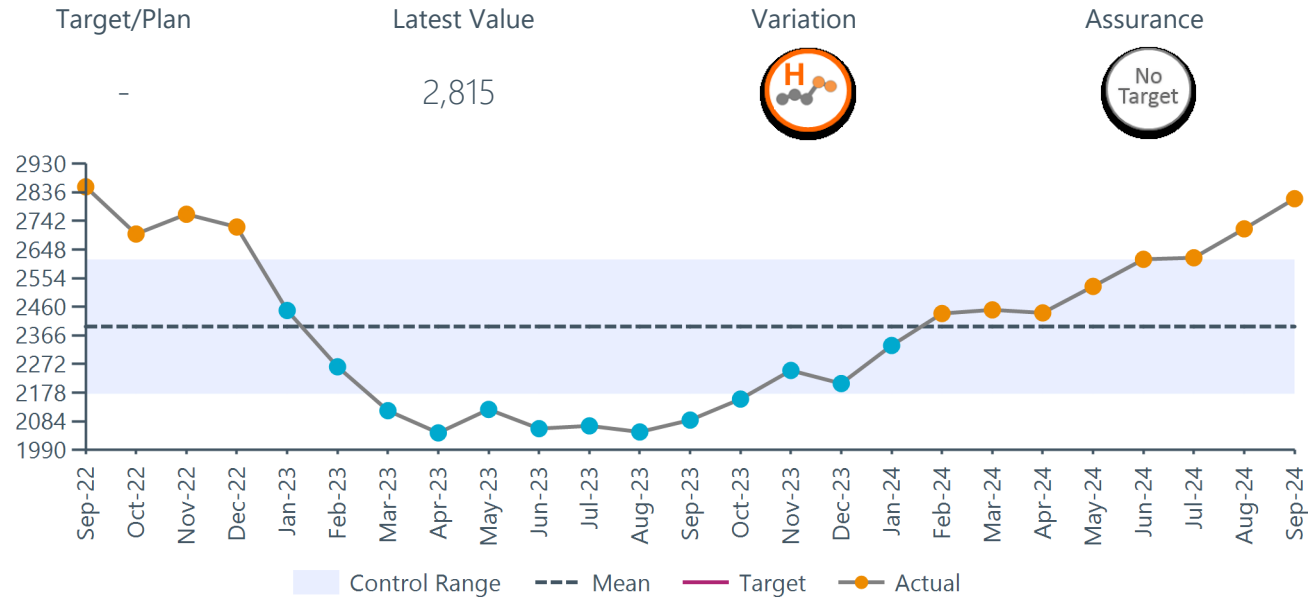
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
911	965	1058	1043	1049	1061	1141	1149	1228	1305	1357	1400	1453

- 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



What these graphs are telling us

Narrative

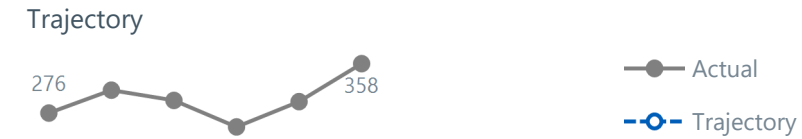
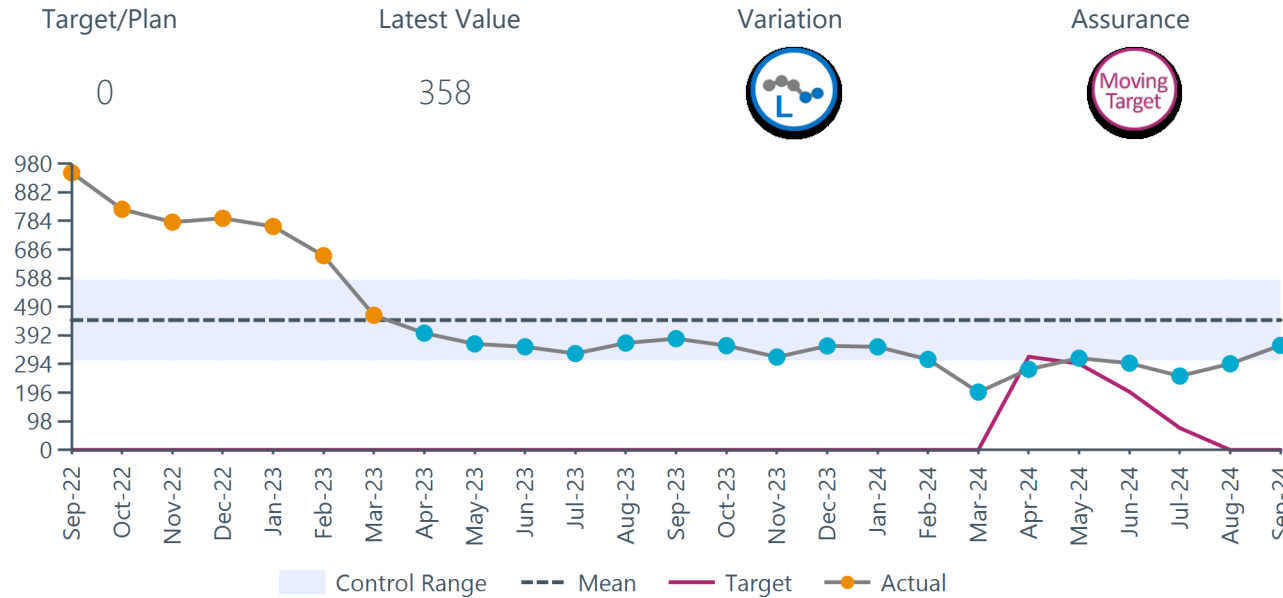
Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
2088	2157	2251	2208	2333	2438	2450	2440	2527	2616	2621	2716	2815

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



What these graphs are telling us

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

Narrative

At the end of September there were 358 English patients waiting over 65 weeks; above the Trust's original plan of zero at this time. Target reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Arthroplasty (95), Spinal Disorders (94), Foot & Ankle (63), Knee & Sports Injuries (41), Upper Limb (26), Veterans (24), Rheumatology (12) and ORLAU (3). Patients waiting, by weeks brackets is:

* >65 to <=78 weeks - 343 patients

* >78 to <=95 weeks - 15 patients

Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels. Mutual aid through Independent Sector did not commence in month as planned.

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

Actions

2024/25 National Planning Guidance expectations are for Providers to reach zero 65+ weeks. The Trust, following reductions in capacity, has revised trajectories and is progressing with actions to support achievement of this. The actions being taken are inclusive of mutual aid. The revised trajectories are discussed as part of weekly NHSE meetings.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

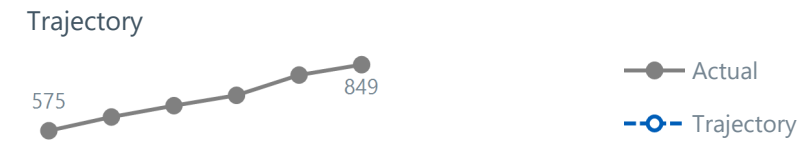
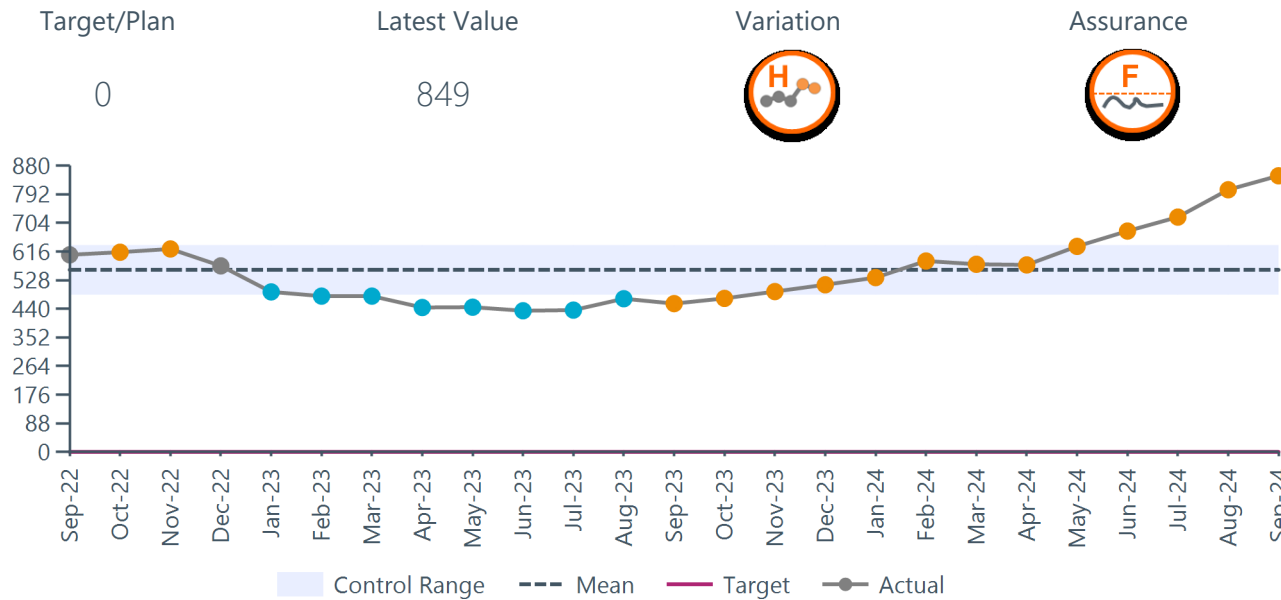
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
381	357	318	356	353	310	198	276	314	297	253	295	358

- 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



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of September there were 849 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (383), Arthroplasty (236), Knee & Sports Injuries (99), Foot & Ankle (67), Upper Limb (56), Paediatric Orthopaedics (3), Veterans (3), ORLAU (1) and Spinal Injuries (1). The number of patients waiting, by weeks brackets is:

- * >65 to <=78 weeks - 448 patients
- * >78 to <=95 weeks - 220 patients
- * >95 to <=104 weeks - 74 patients
- * >104 weeks - 107 patients

Reduced activity levels since July has impacted services with long waits. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

As seen in the graph, there has been a further increase this month and this metric remains 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. 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 received Welsh Guidance.

In the short term, insourcing is being reviewed with tender due for award before the end of October. In the long term, revised operating model for the future with reduced usage of OJP/increased usage of IJP; engagement has begun on this.

Validation resource are in place and the Trust continues to contact its patients through a digital solution to support further. The Trust is reviewing its pathways in place against GIRFT guidance. This is inclusive of the pre-operative pathways in place to support with health optimisation and ensuring patients wait well.

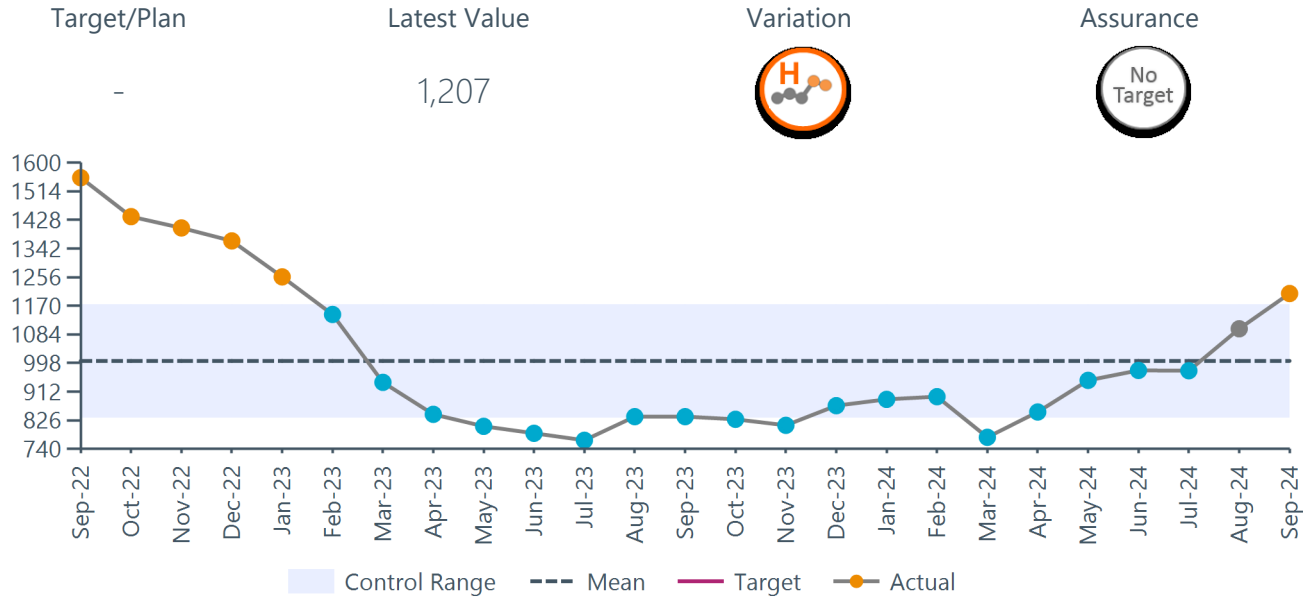
Trust in conversations with BCU regarding a combined approach to orthopaedic waits.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
456	472	493	514	536	587	577	575	632	679	722	806	849

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



What these graphs are telling us

Narrative

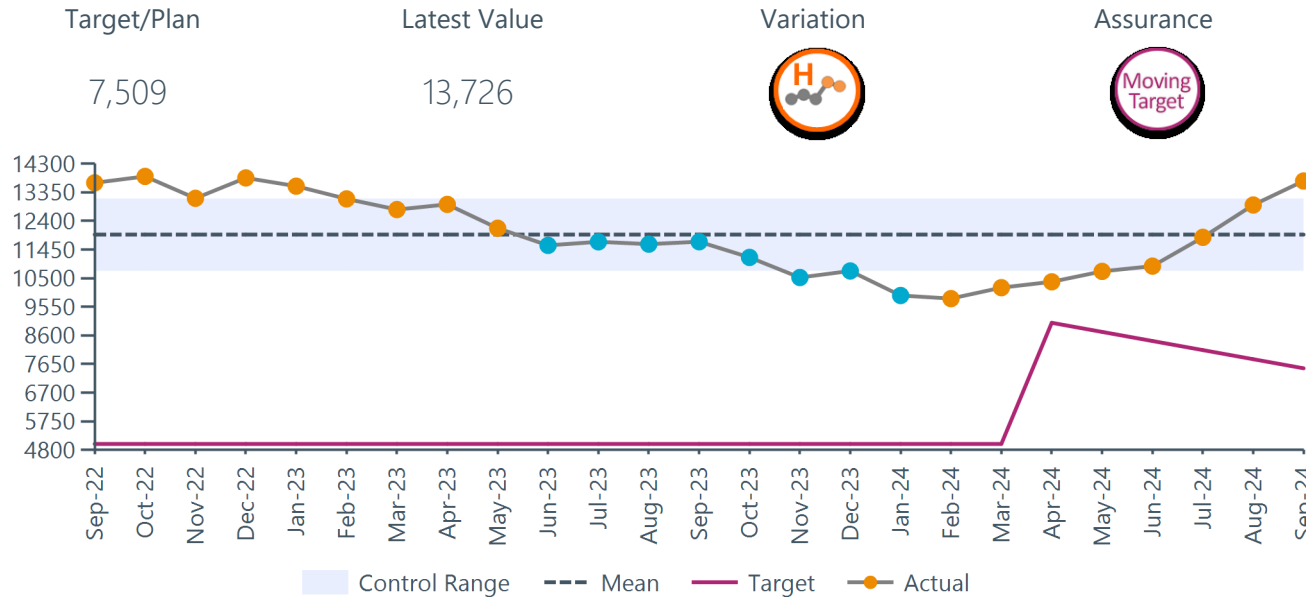
Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
837	829	811	870	889	897	775	851	946	976	975	1101	1207

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



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 September, there were 13726 patients overdue their follow up appointment, this is 6217 above the target of 7509. The target forms part of the Trust's Operational Plans. As demonstrated on the graph above, this has continued to increase each month this calendar year.

This backlog is broken down by:

- Priority 1 – 7961 with 1278 dated (16%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 – 5765 with 1074 dated (19%);

The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (4390), Spinal Disorders (1723) and Arthroplasty (1487).

To date there are 2300 TEMS patients reflected in Rheumatology's overdue follow up backlog.

Actions

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

The use of DrDoctor continues to be explored with a focus through October. Rheumatology will be utilising to text all overdue follow up priorities 1 and 2, along with injection waiting list. Access Team will be utilising to contact Neurology follow ups, plus any overdue and undated patients who have not had an appointment within the last 12 months.

A data quality report remains in place to support this and is shared with key stakeholders on a weekly basis. 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.

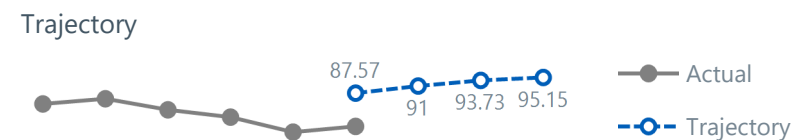
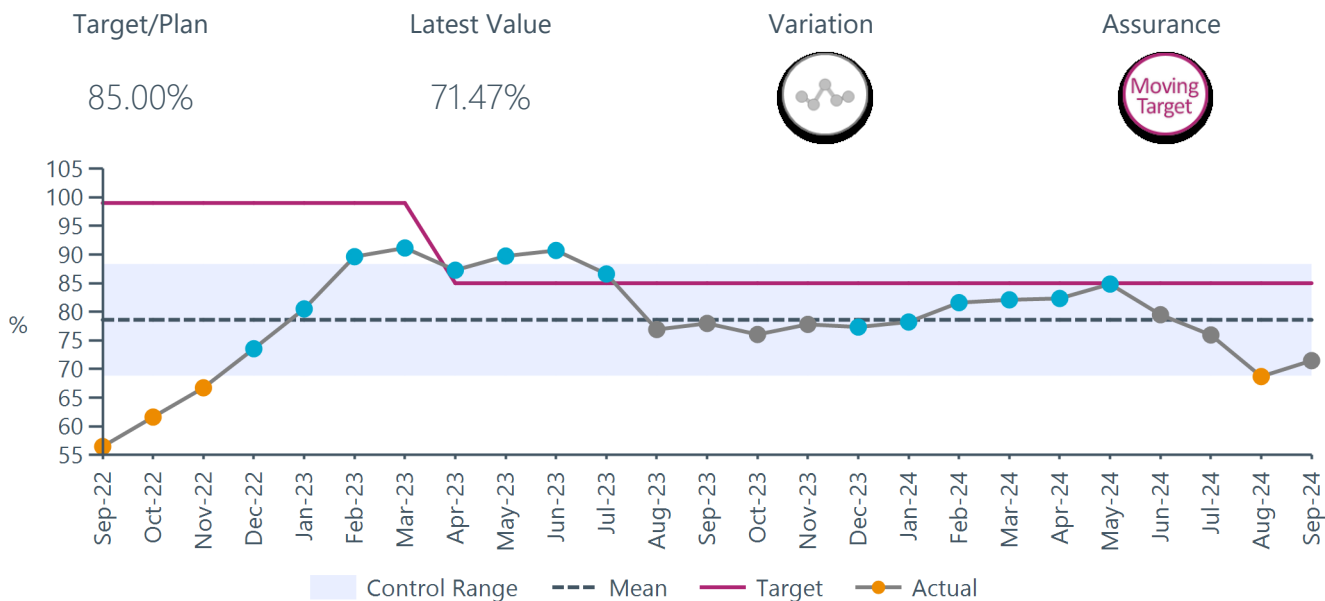
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
11710	11190	10522	10740	9925	9823	10186	10380	10726	10900	11856	12930	13726

- 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



What these graphs are telling us

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

Narrative

Performance for September is 71.47% against the 85% target, and below the Trust trajectory of 87.57%. The trajectory reflects the Trust's submitted Operational Plans. Reported position relates to 451 patients who waited beyond 6 weeks. Of the 6-week breaches; 111 are over 13 weeks (108 in Ultrasound, 2 in MRI and 1 in CT).

Performance and breaches by modality:

* MRI – 89.44% - D2 (Urgent - 0-2 weeks) - 4 with 3 dated, D3(Routine - 4-6 weeks) - 1 dated, D4 (Routine – 6-12 weeks) – 74 with 73 dated

* CT – 93.65% - D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine – 6-12 weeks) – 7 dated

* Ultrasound – 47.54% - D2 (Urgent - 0-2 weeks) – 6 with 3 dated, D4 (Routine - 6-12 weeks) - 357 with 181 dated

* DEXA Scans – 1 dated

MRI diagnostic activity plan was met in September.

National target – 0 patients waiting over 13 weeks by end of September 2024 and 95% against the 6-week standard within all modalities.

Actions

Ultrasound - Additional clinic uptake has dropped. Overall activity below plan due to higher amount of leave than factored into the plan. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Ultrasound recovery business case has been passed through Executive meeting in Oct 24. Capital for an ultrasound machine to be investigated. Radiologist/Radiographer recruitment process underway. Triaging exercise by US service managers to focus on avoiding 13 week wait breaches in the short-term. Quotes for an insourcing NOUS solution in progress.

MRI – Increasing demand across ICS and lost capacity due to sickness/maternity leave. Additional recruitment delayed due to job matching capacity. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand. Request to advertise subject to job matching.

Insourcing for CT being explored to support with demand.

Via MSK Transformation Group; reviewing equitable waiting times for access to diagnostics.

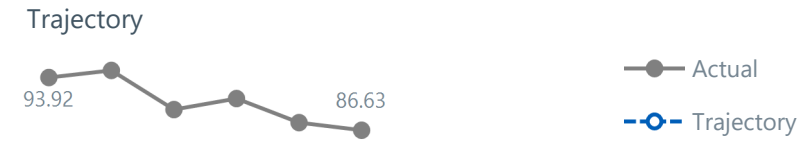
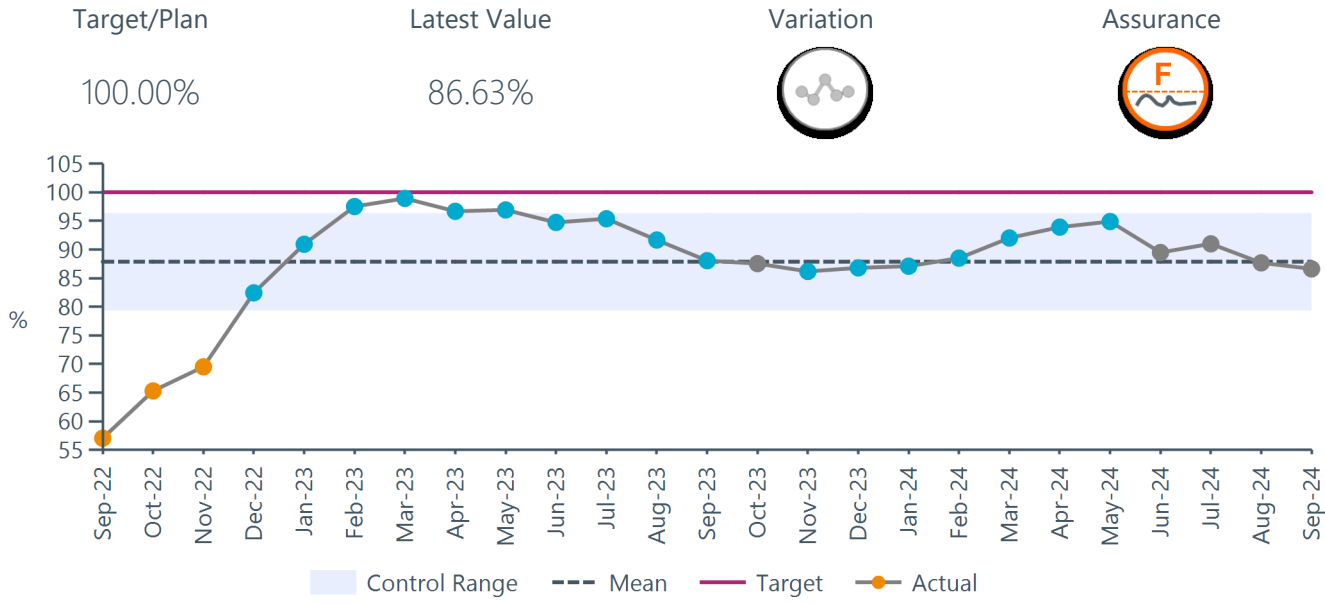
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
77.97%	76.04%	77.80%	77.33%	78.22%	81.60%	82.09%	82.33%	84.85%	79.49%	75.95%	68.69%	71.47%

- 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



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

Narrative

The 8-week standard for diagnostics was below target at 86.63%. This relates to 69 patients who waited beyond 8 weeks. Of the 8-week breaches; 26 are over 13 weeks (24 in Ultrasound, 2 in MRI).
Performance and breaches by modality:
* MRI – 95.03% - D2 (Urgent - 0-2 weeks) – 2 with 1 dated, D4 (Routine - 6-12 weeks) - 16 dated
* CT – 100%
* Ultrasound – 54.46% - D2 (Urgent - 0-2 weeks) – 1 dated, D4 (Routine - 6-12 weeks) - 50 with 25 dated
* DEXA Scans - 100%

MRI diagnostic activity plan was met in September.

Actions

Ultrasound - Additional clinic uptake has dropped. Overall activity below plan due to higher amount of leave than factored into the plan. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Ultrasound recovery business case has been passed through Executive meeting in Oct 24. Capital for an ultrasound machine to be investigated. Radiologist/Radiographer recruitment process underway. Triaging exercise by US service managers to focus on avoiding 13 week wait breaches in the short-term. Quotes for an insourcing NOUS solution in progress.

MRI – Increasing demand across ICS and lost capacity due to sickness/maternity leave. Additional recruitment delayed due to job matching capacity. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand. Request to advertise subject to job matching.

Insourcing for CT being explored to support with demand.

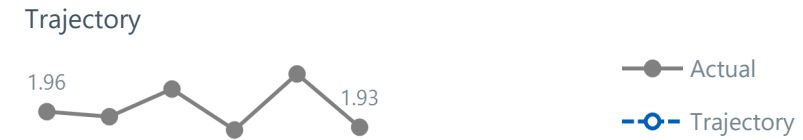
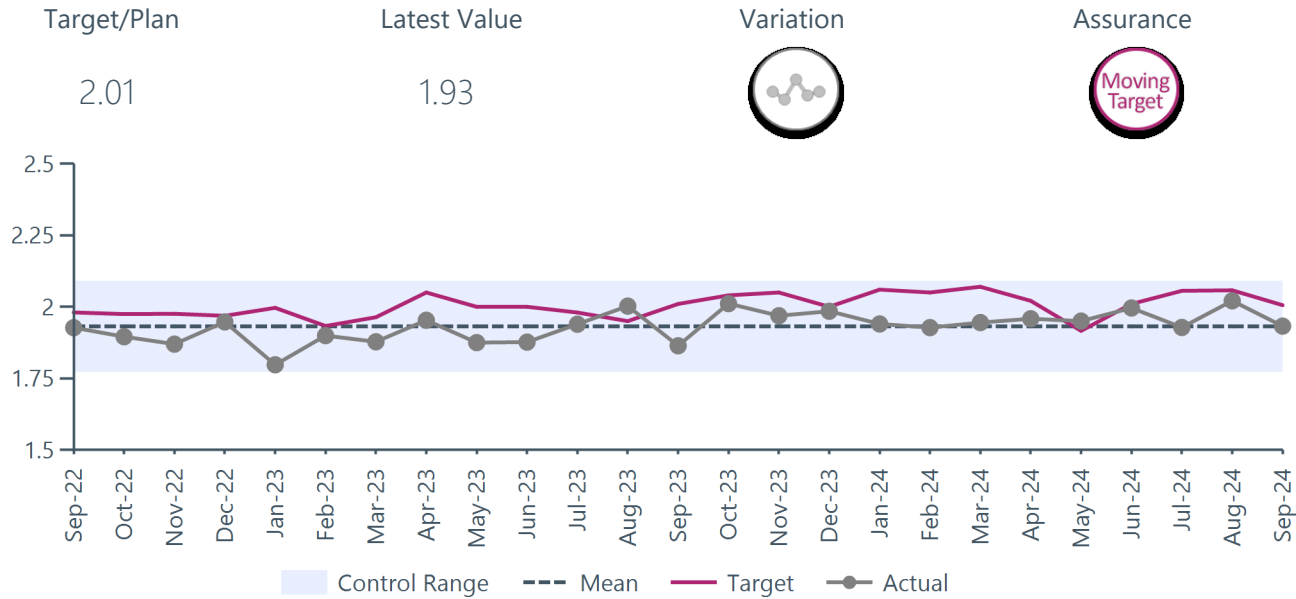
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
88.06%	87.54%	86.18%	86.80%	87.10%	88.50%	92.02%	93.92%	94.90%	89.48%	91.01%	87.68%	86.63%

- 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



What these graphs are telling us

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

Narrative

Cases per session in September achieved 1.93 against the plan of 2.01 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

Summary:

- * MSK Unit – achieved 2.10 of 2.20 plan.
- * Specialist Unit - achieved 1.49 of 1.43 plan.

Cases per session has stabilised and is consistently reporting on or near the mean.

Actions

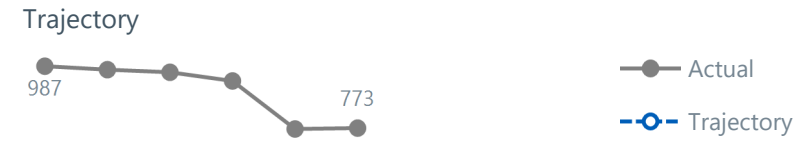
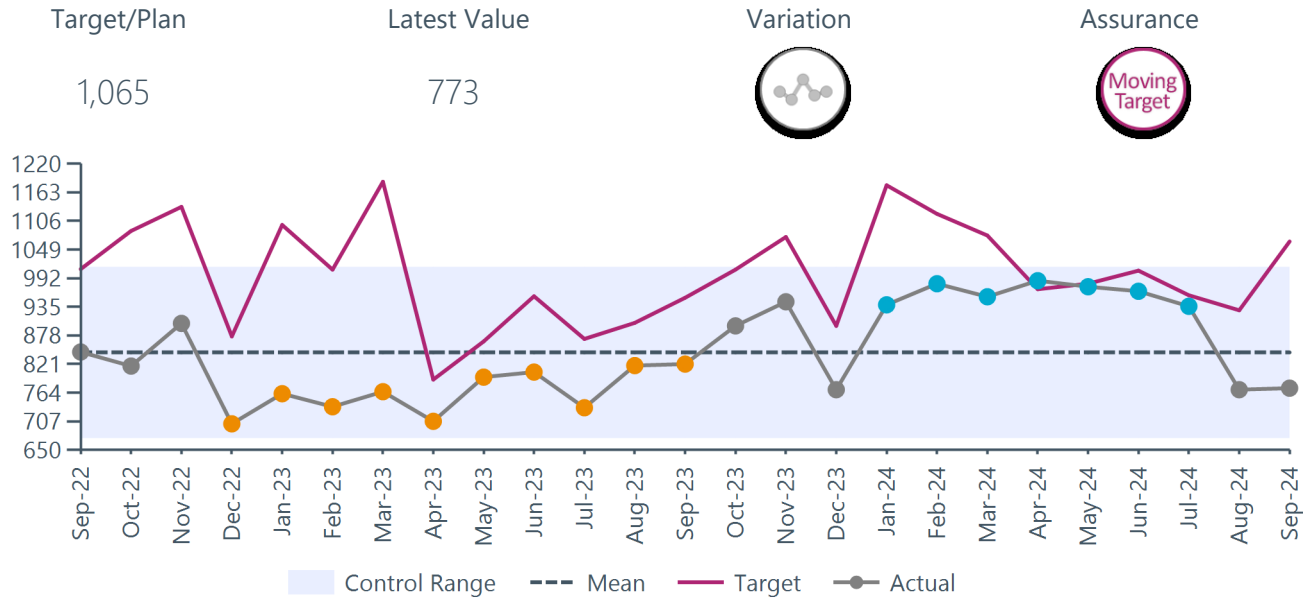
Cases per session reviewed to support plan however, impacted by focus on long waiters and prioritisation process.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1.86	2.01	1.97	1.98	1.94	1.93	1.94	1.96	1.95	2.00	1.93	2.02	1.93

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



What these graphs are telling us

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

Narrative

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

September summary:

- * Total Theatre Activity – 773 (plan 1065) 292 below, 72.58%.
- * NHS activity – 710 (plan 992) 282 below, 71.57%.
- * Private patients – 63 (plan of 73) 10 below, 86.30%.

To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

This metric is reporting normal variation after a period of sustained improvement this calendar year.

Actions

Assurance of actions and mitigations reviewed weekly at FIG including issues of staffing gaps across professions. Actions include review of progress against productivity and mitigation plans.

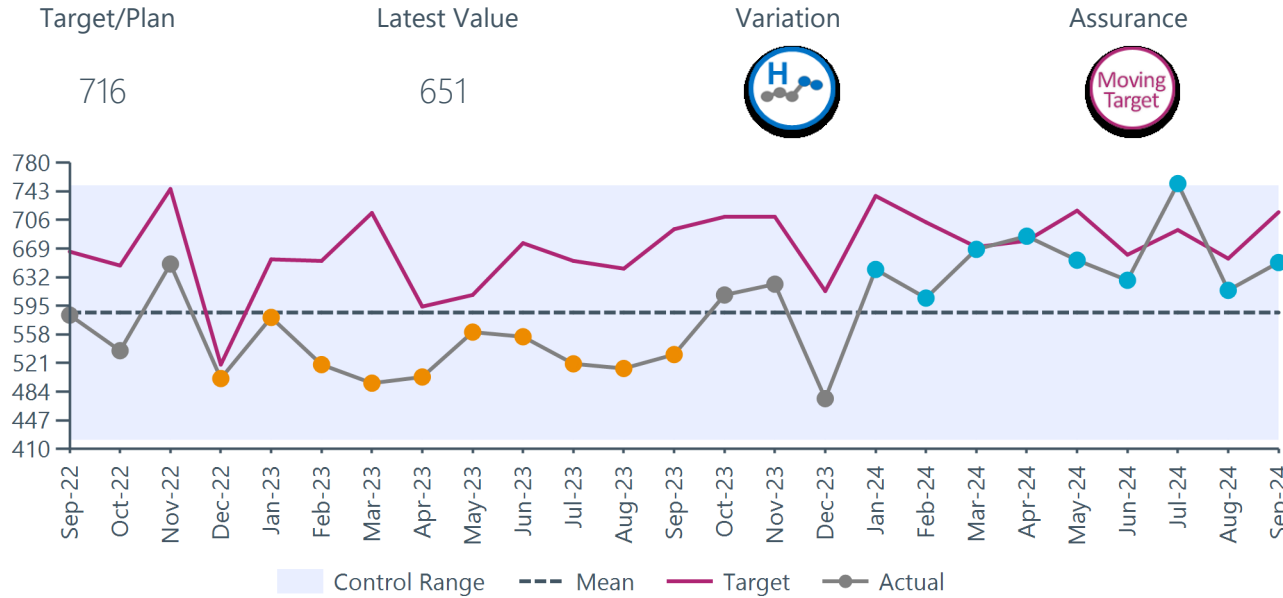
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
821	897	945	770	939	981	955	987	975	966	936	770	773

- 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



What these graphs are telling us

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

Narrative

This measure reflects how the Trust 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 September was 716 theatre cases, of which the Trust achieved 651, 65 cases below the plan equating to 90.92%. Of the 651 cases delivered, 32 were mitigated IJP activity; without these cases IJP achieved 86.45% of the plan.

The plan was 1065 cases: 716 IJP, 276 OJP, 73 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.

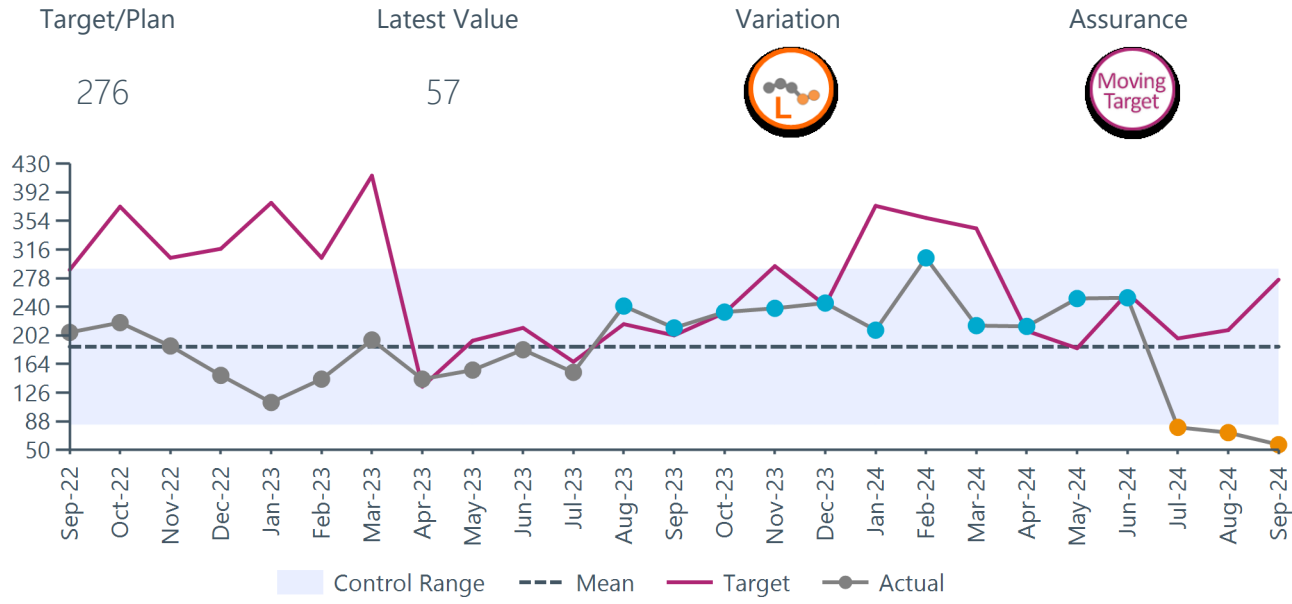
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
532	609	623	475	642	605	668	685	654	628	753	615	651

- 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



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

Narrative

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

The OJP plan for September was 276 theatre cases, of which the Trust achieved 57, 219 cases below the plan equating to 20.65%.

The plan was 1065 cases: 716 IJP, 276 OJP, 73 PP's.

OJP in September is reported as special cause variation of a concerning nature with the reported position remaining 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.

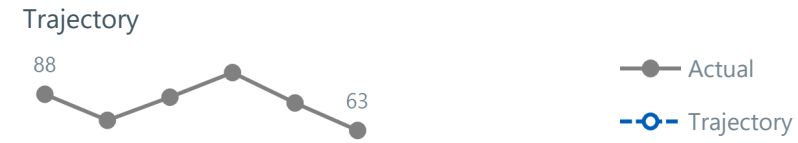
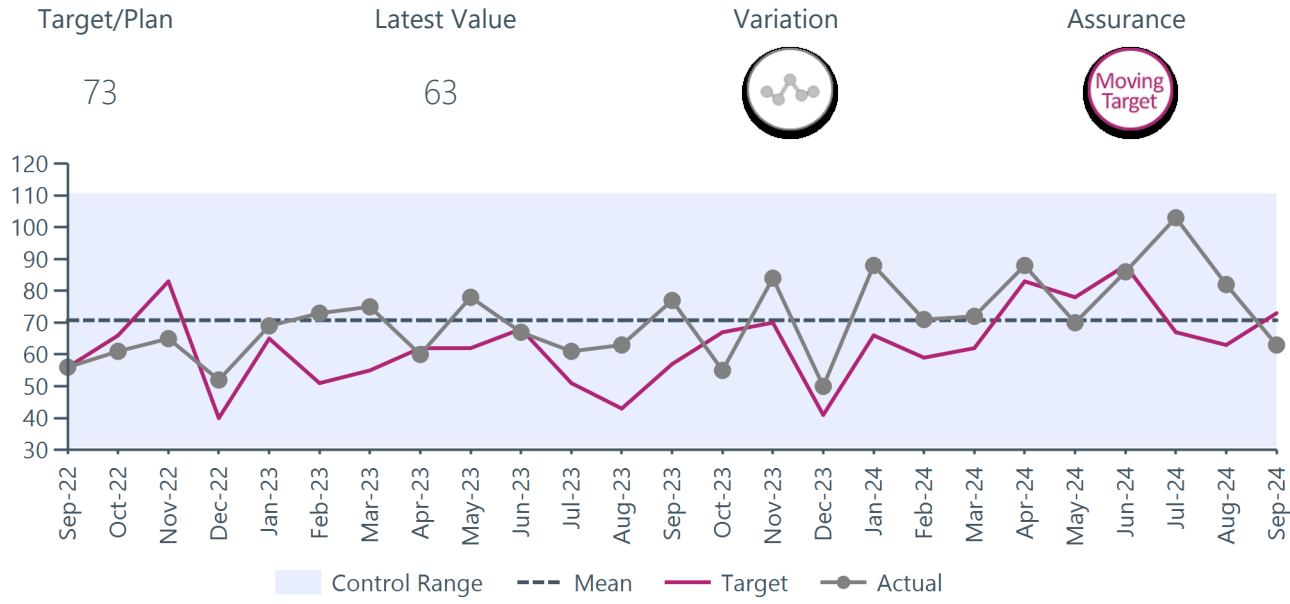
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
212	233	238	245	209	305	215	214	251	252	80	73	57

- 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



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 September, the Trust undertook 63 private cases, 10 cases below the plan of 73 which equates to 86.30%. Throughout September there were increased theatre cancellations due to anaesthetic staffing levels. It is anticipated that private patient activity will achieve plan in October, as part of the Trust's mitigations.

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.

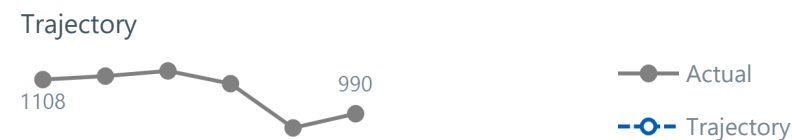
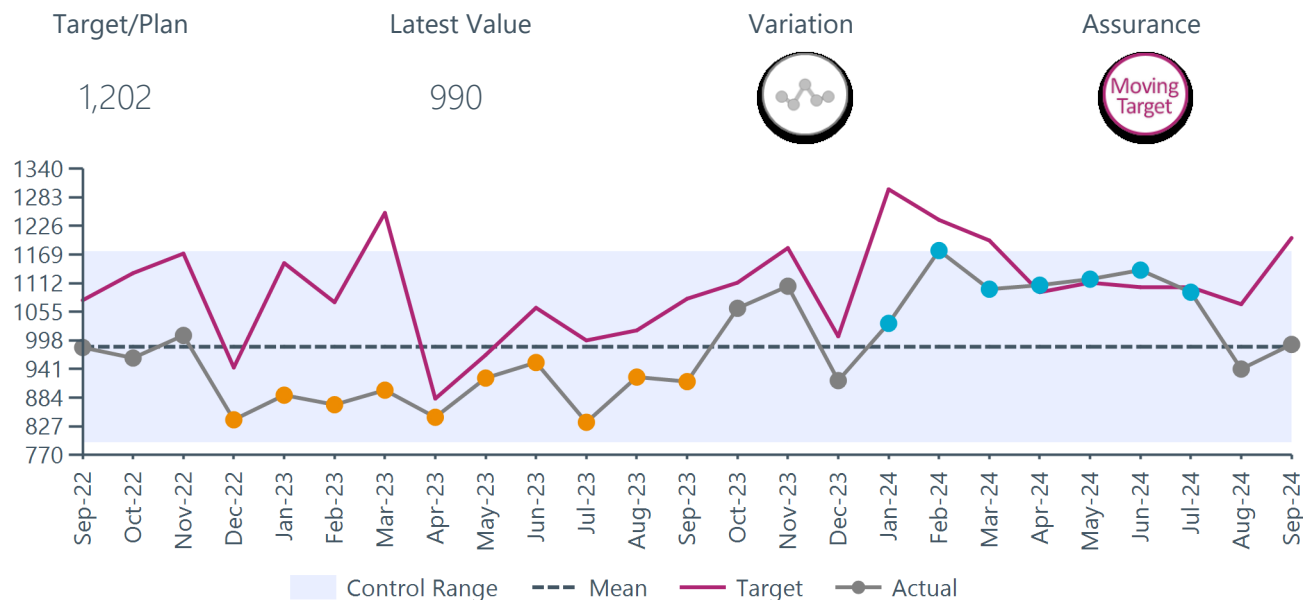
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
77	55	84	50	88	71	72	88	70	86	103	82	63

- 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



What these graphs are telling us

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

Narrative

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

The plan for September was 1202 elective spells of which the Trust achieved 990 equating to 82.36% (212 cases below plan).

Elective spell activity is broken down as follows:

- Elective patients discharged in reporting month following operation - plan was 1000; 677 delivered (67.6%)
- Elective patients discharged in reporting month, no operation - plan was 202; 313 delivered (154.95%)
- Non-theatre activity accounted for 31.62% of elective spells this month; plan was 16.81%.

This metric is reporting normal variation after a period of sustained improvement this calendar year. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. In addition, throughout September, there were increased cancellations due to anaesthetic staffing levels.

Actions

Ongoing review to maintain performance.

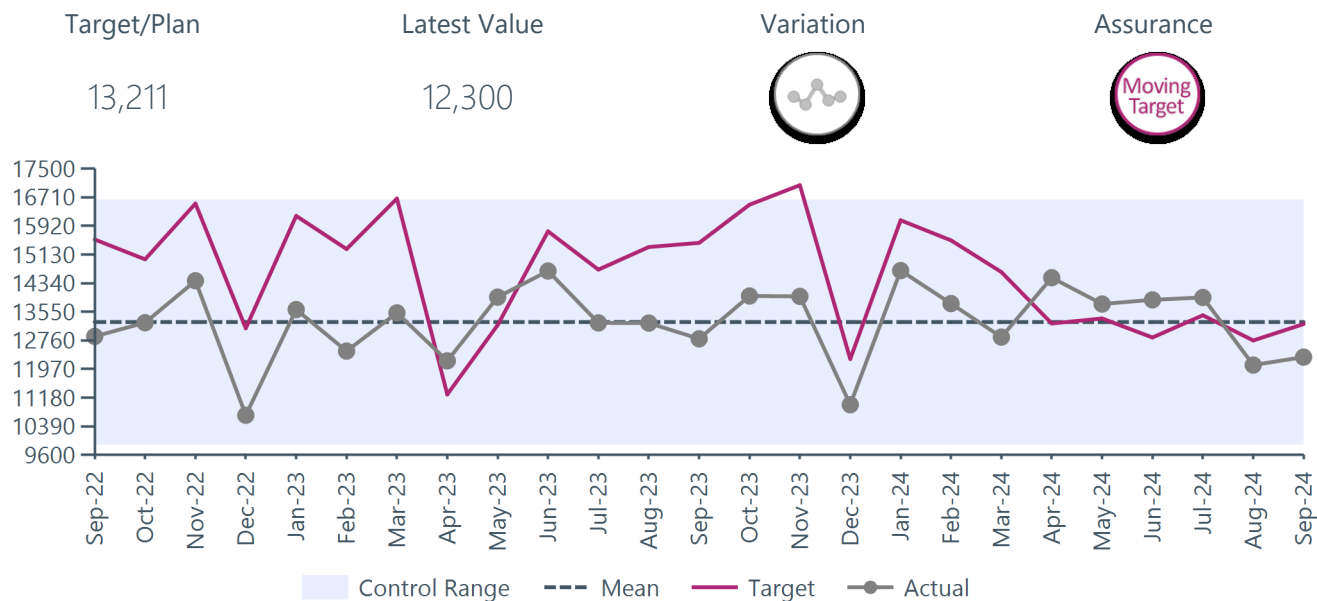
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
916	1062	1106	918	1032	1177	1100	1108	1120	1138	1094	941	990

- 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



What these graphs are telling us

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

Narrative

Total outpatient activity was 12300 attendances against the Trust's Operational Plan of 13211 equating to 93.10% of plan (-911 attendances).

In September the IJP was at 97.67% whilst OJP was at 41.87%. The original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

There are some areas not impacted by this but reported below plan in September. 76% of the overall shortfall in September is attributed to Physiotherapy and Occupational Therapy. Therapies have continued to experience increased levels of sickness and vacancies, particularly in administrative areas. Recruitment plans are in place and activity levels receiving focus in daily huddles to discuss gaps and book ahead.

Overall year to date performance remains above plan at 102%.

Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans.

The Outpatient Activity Meeting continues to meet each Tuesday with a focus on in-month and future month's activity. An expectation has been set whereby 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 at 14th October the forecast positions are:

- * October – overall Outpatient Activity at 177.20% with IJP at 189.18%
- * November – overall Outpatient Activity at 41.51% with IJP at 44.50%

It must be noted, the plan for October did allow for a 50% reduction in activity levels due to the Apollo Go Live. With this now delayed until November October expected to over-achieve appropriately.

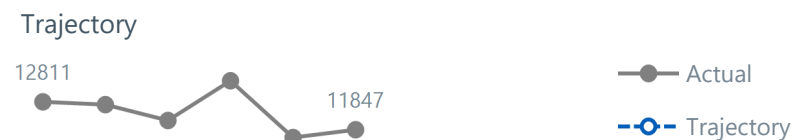
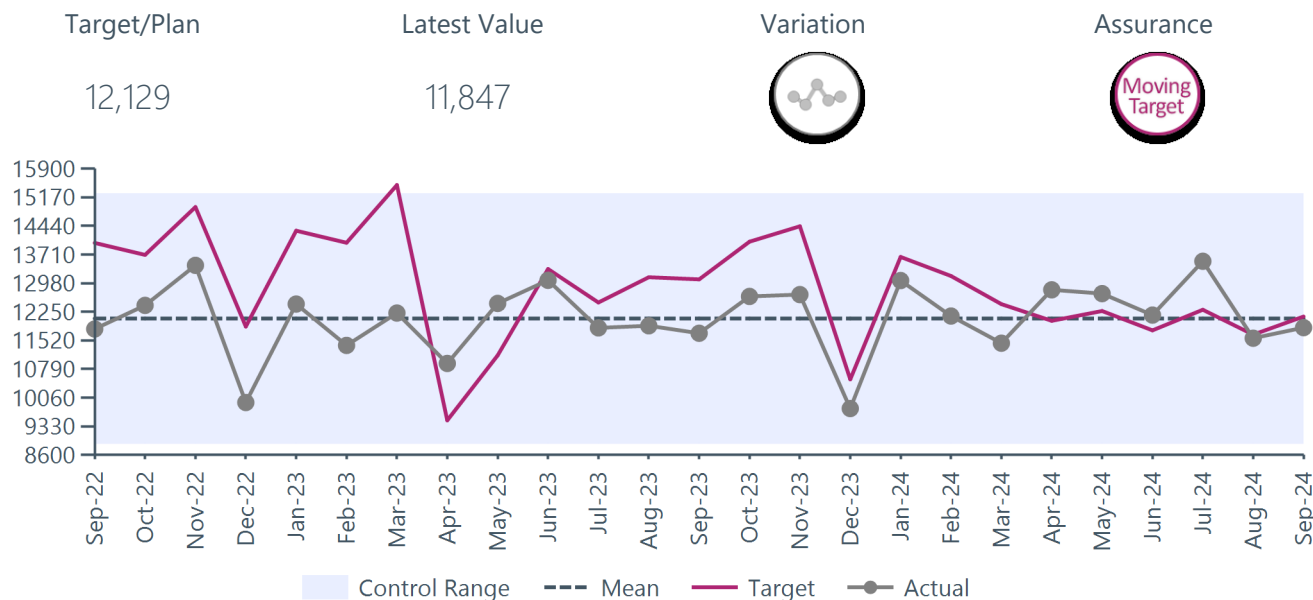
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
12805	13987	13976	10986	14688	13778	12852	14492	13766	13881	13946	12081	12300

- 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



What these graphs are telling us

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

Narrative

This measure reflects how the Trust maximises In Job Plan time and resource to deliver NHS activity and is monitored against the Trust's Operational Plan submitted to NHSE.

In September, IJP activity was 11847 against a plan of 12129; equating to 97.67%.

The shortfall is attributed to two main areas of Physiotherapy and Occupational Therapy. Therapies have continued to experience increased levels of sickness and vacancies, particularly in administrative areas. Recruitment plans are in place and activity levels receiving focus in daily huddles to discuss gaps and book ahead.

Year to date performance against the in-job plan is 103.45% (+2489 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 at 14th October the forecast positions are:

- * October – overall Outpatient Activity at 177.20% with IJP at 189.18%
- * November – overall Outpatient Activity at 41.51% with IJP at 44.50%

It must be noted, the plan for October did allow for a 50% reduction in activity levels due to the Apollo Go Live. With this now delayed until November, October expected to over-achieve appropriately.

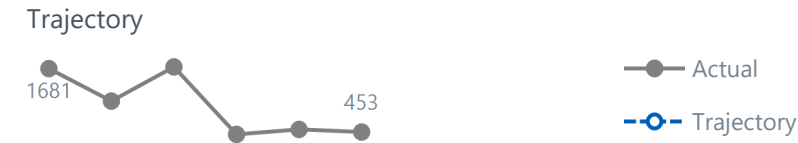
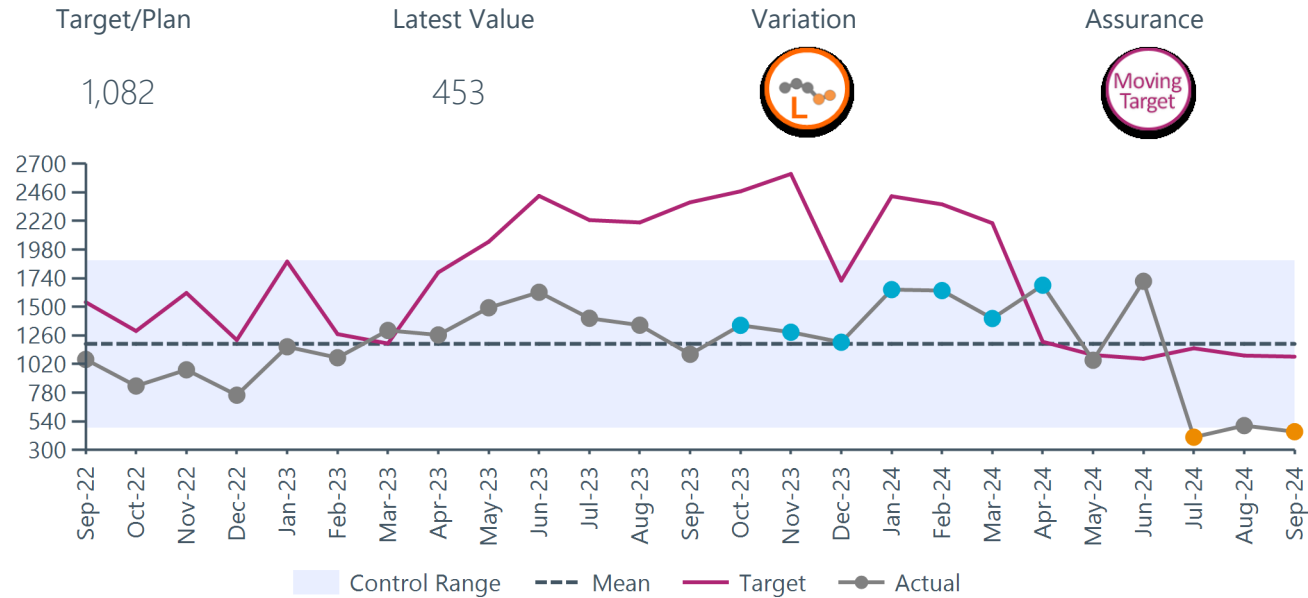
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
11703	12642	12689	9783	13047	12142	11450	12811	12714	12167	13539	11577	11847

- 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



What these graphs are telling us

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

Narrative

This measure reflects how the Trust utilises Out of Job Plan time and resource and is monitored against the Trust's Operational Plan submitted to NHSE.

In September the IJP was at 97.67% whilst OJP was at 41.87%. The original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Year to date performance against the out of job plan is at 86.84% (-881 attendances).

Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans.

Plans have been developed with the options per Firm looking at alternative ways of delivery activity being reviewed to deliver a sustainable workforce solution.

Weekly updates are requested by PMO from Managing Directors, Unit Managers and Clinical Leads in advance of the COO meeting.

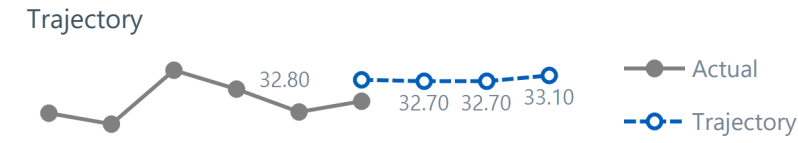
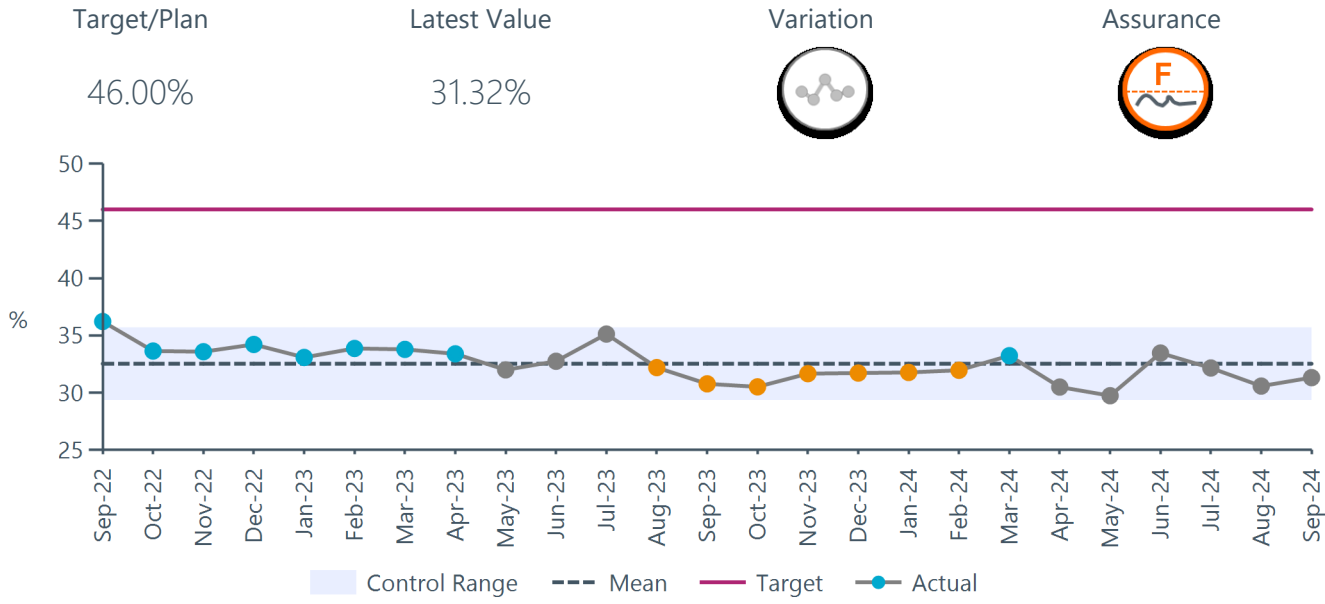
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
1102	1345	1287	1203	1644	1636	1402	1681	1052	1714	407	504	453

- 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



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

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 September, the rate that we achieved was 31.32%; below the Trust's trajectory plan of 32.80%. It must be noted, the data for previous months does continue to increase as further transactions are made on our PAS system. For example, last month the August position was reported at 29.93%; with further input the latest position is now 30.58%, so the September position could improve further and reach the trajectory figure.

Actions

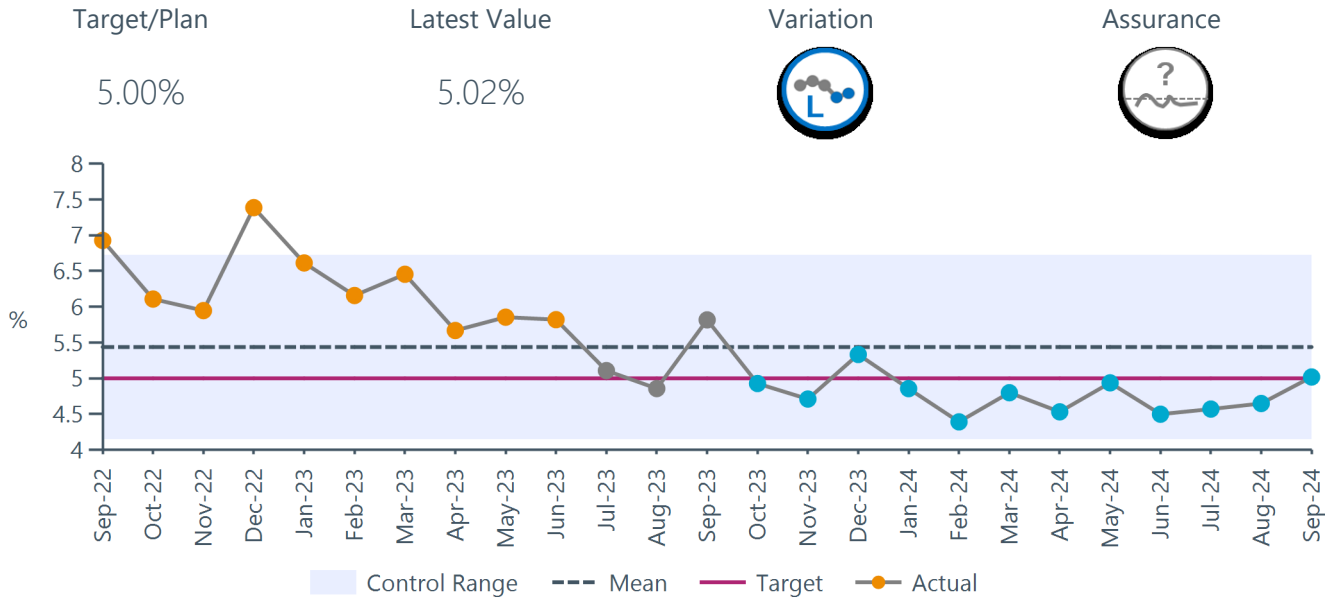
- This data is refreshed weekly and presented at the outpatient activity meeting for discussion.
- Sub-speciality meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations where improvements in this may be an output of that work.
- The Access/Scanning team continue to ensure that these forms are scanned onto the system & sent to clinical coding for processing. This will help the timeliness of reporting this figure each month.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
30.77%	30.51%	31.66%	31.71%	31.77%	31.96%	33.23%	30.49%	29.74%	33.46%	32.16%	30.58%	31.32%

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: 5.00%

Latest Value: 5.02%

Variation:

Assurance:



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 for September was 5.02%. Although just slightly above target this month, the SPC graph above does still indicate a sustained level of improvement over the past twelve months.

There continues to be some areas where DNA rates are above target but Operational reports are in place to monitor this at sub-speciality level to ensure there is adequate focus in areas that require it.

One area that does continue to exceed the 5% target is Paediatric Orthopaedics with the latest position for September at 7.55%. This was the area with the highest rate last month.

Actions

It is recognised that our Paediatric DNA (Was not Brought) rate is often significantly different to that of the Trust and focus remains in this area 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.

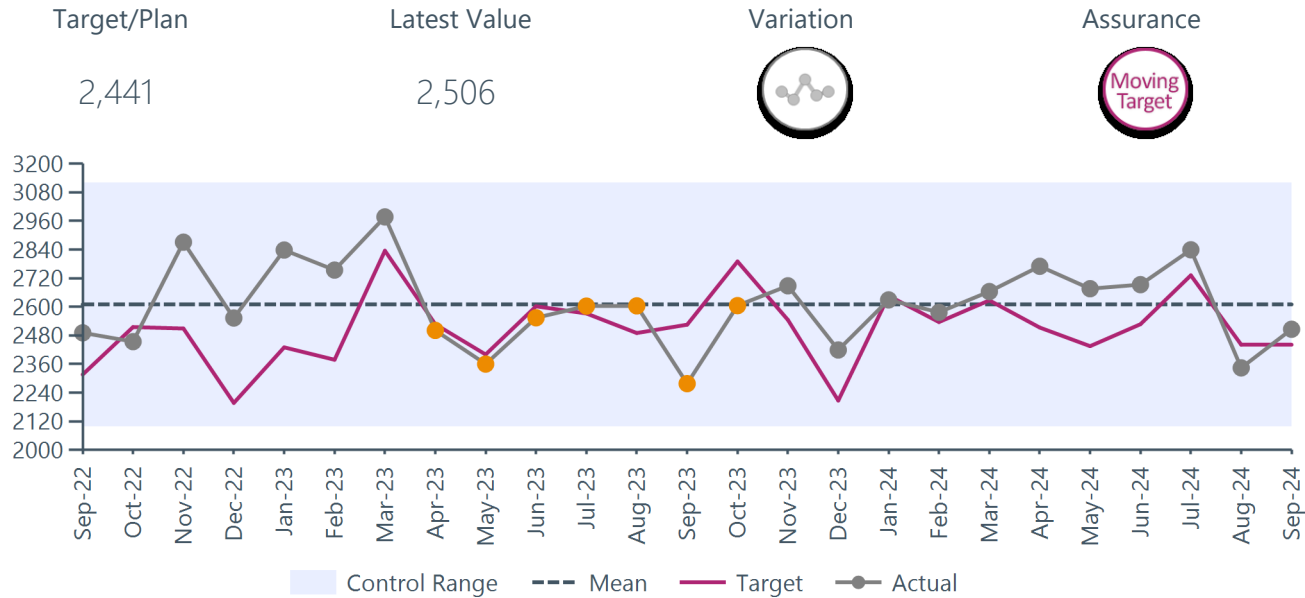
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
5.82%	4.93%	4.71%	5.33%	4.86%	4.39%	4.80%	4.53%	4.94%	4.50%	4.57%	4.65%	5.02%

- 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



What these graphs are telling us

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

Narrative

The plan for September was met as total diagnostic activity undertaken was 2506 against the Trust's Operation plan of 2441; 65 cases above - equating to 102.66%.

This is broken down as:

- CT - 345 against plan of 417; equating to 82.73%
- MRI - 1329 against plan of 1179; equating to 112.72%
- U/S - 832 against 845; equating to 98.46%

Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
2278	2605	2688	2419	2629	2577	2664	2770	2676	2693	2839	2344	2506

Financial Control Total

Surplus/deficit position adjusted for donations 215290

Target/Plan

617.00

Latest Value

228.90

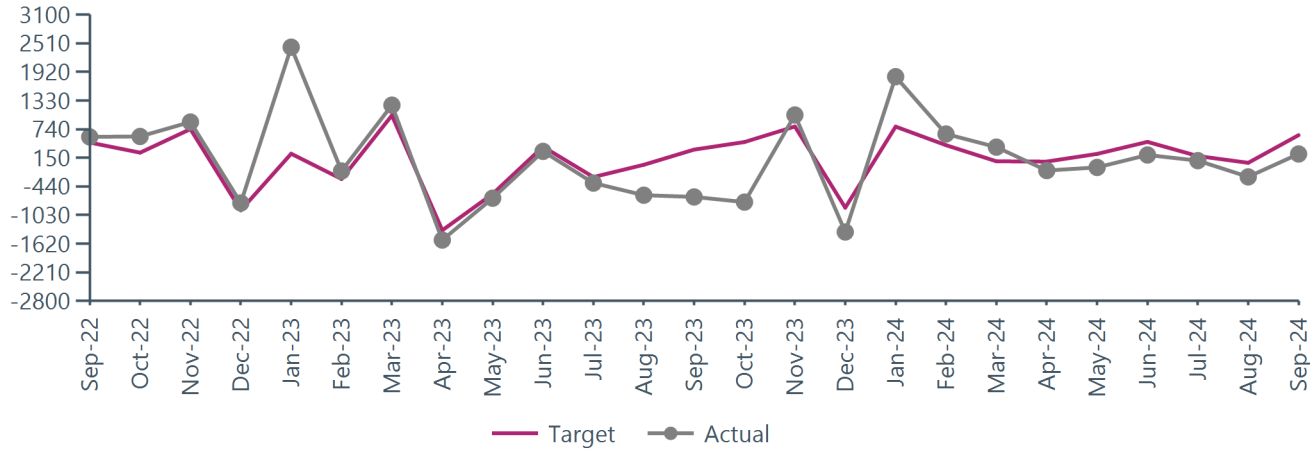
Variation

N/A to SPC

Assurance

Moving Target

Exec Lead:
Chief Finance and Planning Officer



Trajectory



What these graphs are telling us

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

Narrative

- Overall position is a £229k surplus in month, £388k adverse to plan.
- Year to date position is a £126k surplus, £1,504k adverse to plan.

Actions

- '- Financial Improvement Group (FIG) overseeing activity improvements, implementation of Improvement and Intervention (I&I) actions and regular oversight of key issues.

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
-656	-763	1033	-1379	1822	640	370	-112	-47	208	91	-242	228

- Staff - Patients - **Finances** -

Income

All Trust Income, Clinical and Non-Clinical 216333

Exec Lead:

Chief Finance and Planning Officer

Target/Plan

13,494.00

Latest Value

12,980.40

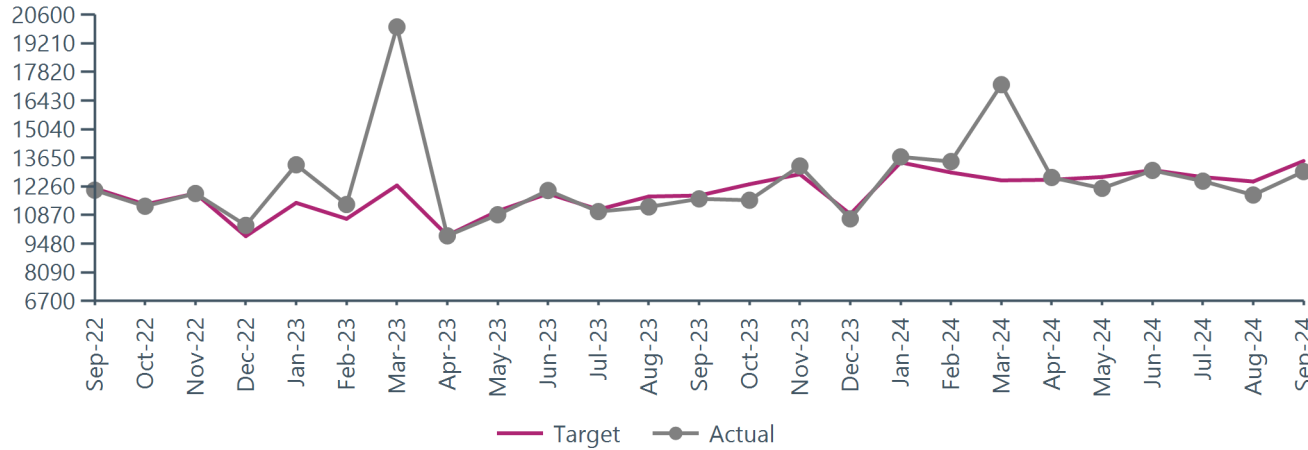
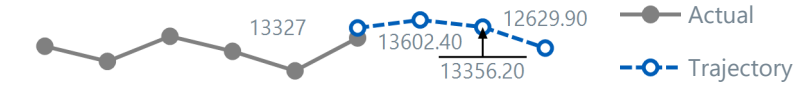
Variation



Assurance



Trajectory



What these graphs are telling us

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

Narrative

Overall income £514k adverse to plan, including one off adjustments.

Underlying clinical income £1.6m adverse to plan :

- Theatre activity 282 cases adverse to plan
 - 219 cases driven by LLP capacity ceasing
 - 63 cases driven by IIP / workforce shortages
- Private patients adverse - driven by additional volumes/casemix (10 cases short of plan)
- Elective recovery income adverse driven by specialised commissioning baseline error
- Outpatients/Radiology unbundled adverse

Partially offset by non recurrent adjustments £1m favourable :

- LVA income recognised for H1 (guidance to support NCA billing received from NHSE, chasing invoices with outstanding commissioners)
- Non recurrent ERF settlement for 23/24 overperformance

Actions

Financial Improvement Group overseeing delivery of NHS and private patient activity plans.

External income issues :

- LVA block overperformance - continue to chase ICB's for payment utilising NHSE guidance and escalate as necessary
- Escalation of elective recovery baseline error to regional specialised commissioning and regional intervention team for solution

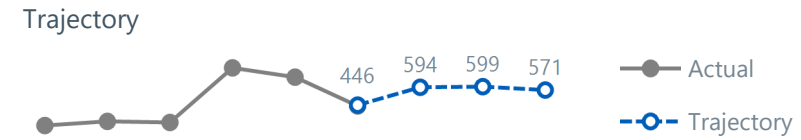
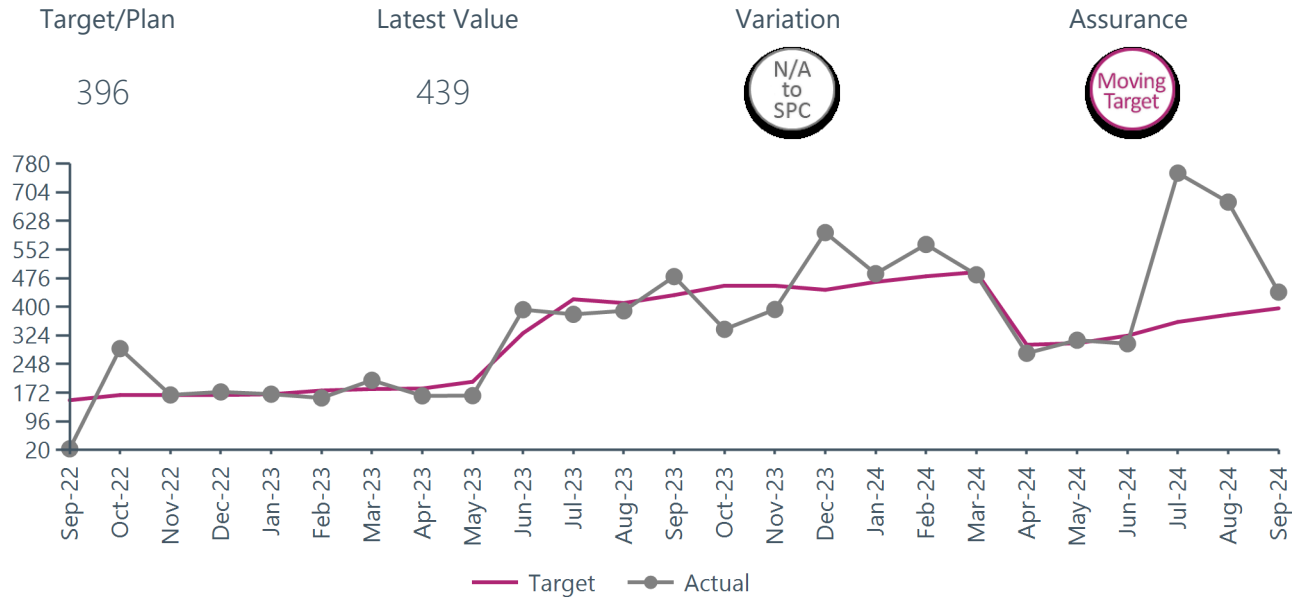
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
11657	11589	13251	10686	13695	13469	17200	12694	12169	13037	12518	11843	12980

- Staff - Patients - **Finances** -

Efficiency Delivered

Efficiency plan delivery 215298

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

- In Month :
- £384k of recurrent schemes recognised, £12k adverse to plan.
 - £55k of non recurrent schemes, £55k favourable to plan.
 - Including non recurrent schemes total efficiency savings recognised of £439k, £43k favourable to plan.

- Year to date :
- £2,134k recurrent efficiencies delivered year to date, £74k favourable to plan
 - £628k non recurrent efficiencies delivered year to date, £628k favourable to plan.
 - Including non recurrent schemes £2,762k efficiencies delivered year to date, £702k favourable to plan.

Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
480	340	392	597	488	565	485	276	311	302	755	678	439

- Staff - Patients - **Finances** -

Cash Balance

Cash in bank 215300

Target/Plan

17,734

Latest Value

13,138

Variation



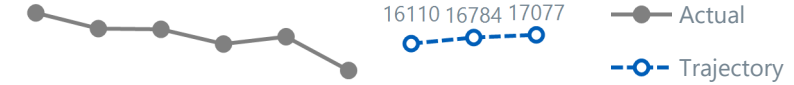
Assurance



Exec Lead:

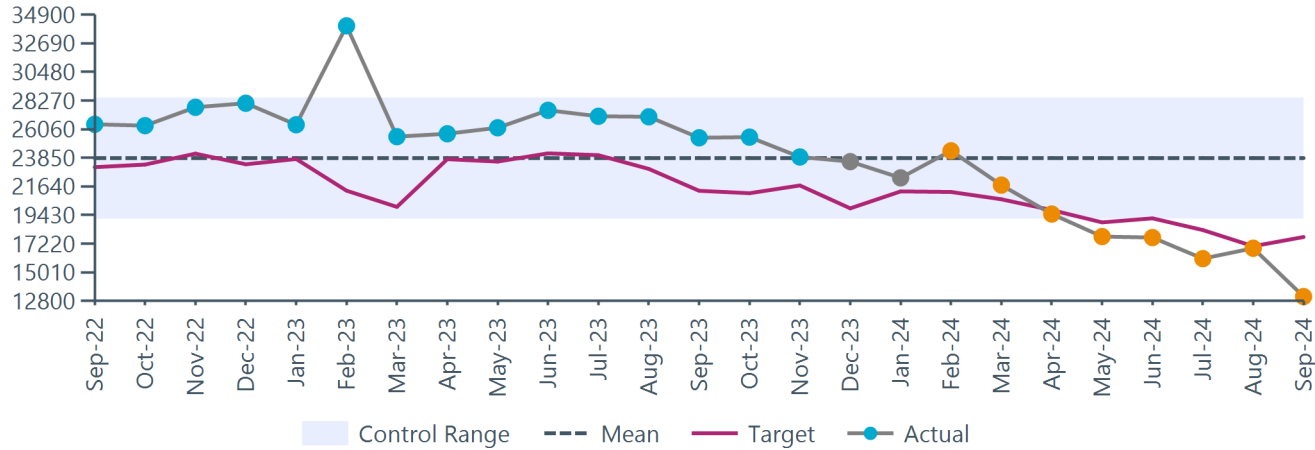
Chief Finance and Planning Officer

Trajectory



What these graphs are telling us

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



Narrative

Cash is £4.6m behind plan year to date. Drivers are adverse I&E position, slippage in cash funding for EPR programme (received in October) and delay in quarterly payment of LVA invoices (expected in October).

Actions

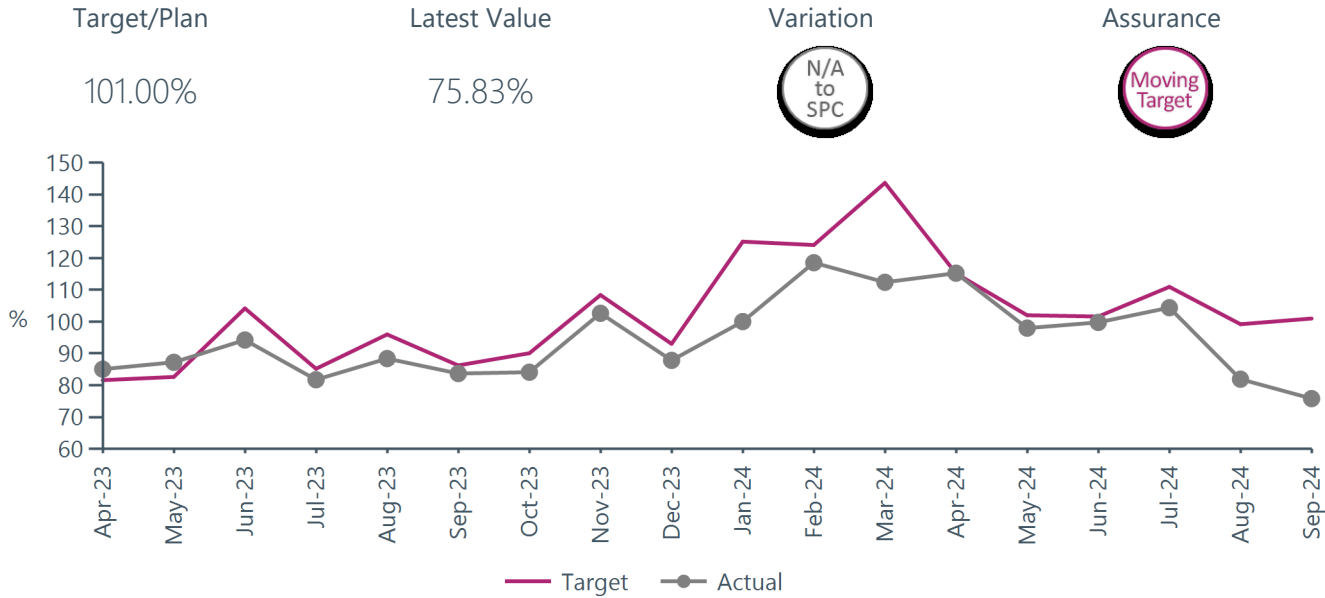
Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
25397	25447	23915	23556	22304	24391	21743	19510	17770	17694	16066	16870	13138

- 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



What these graphs are telling us

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

Narrative

Current position to date is 95% of 19/20 baseline against a planned performance of 105%. Activity shortfalls in M6 are significantly impacting the YTD performance. Other drivers include LVA activity not counting towards VWA and outpatient underperformance.

Actions

Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
83.71%	84.12%	102.65%	87.85%	100.04%	118.55%	112.40%	115.26%	97.98%	99.79%	104.42%	81.93%	75.83%

- Staff - Patients - **Finances** -