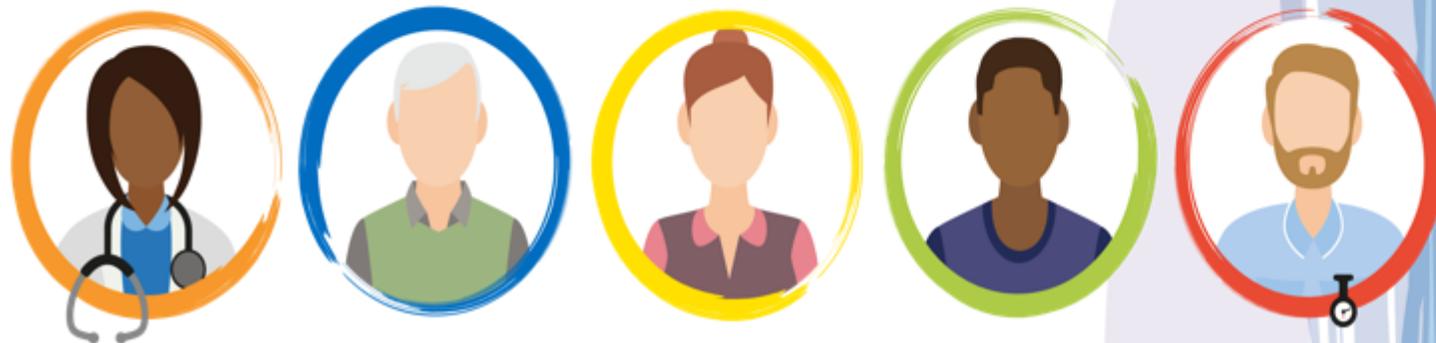


Combined Integrated Performance Report March 2024 – Month 12



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

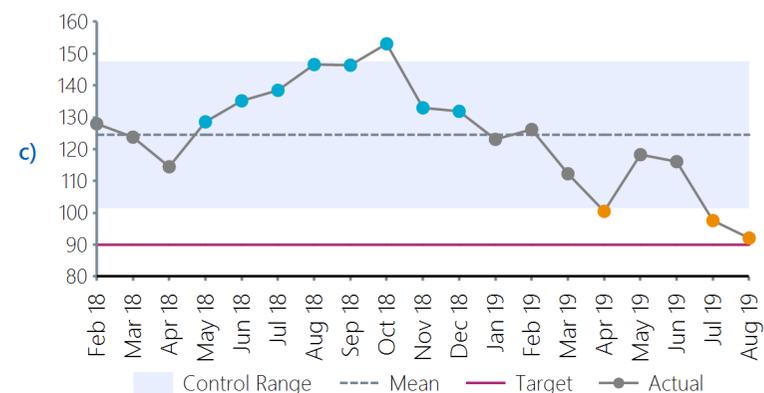
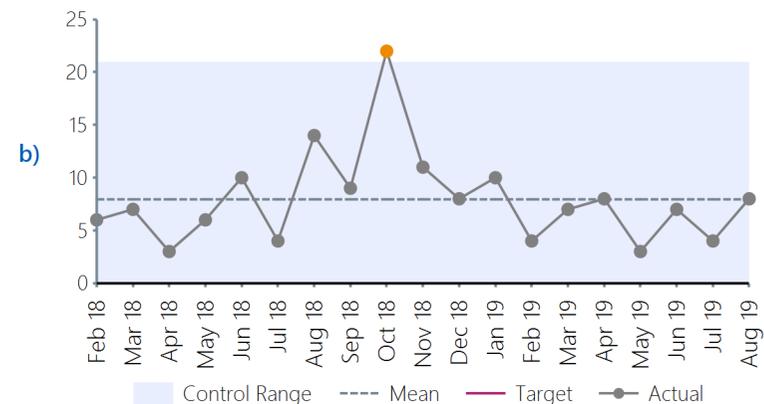
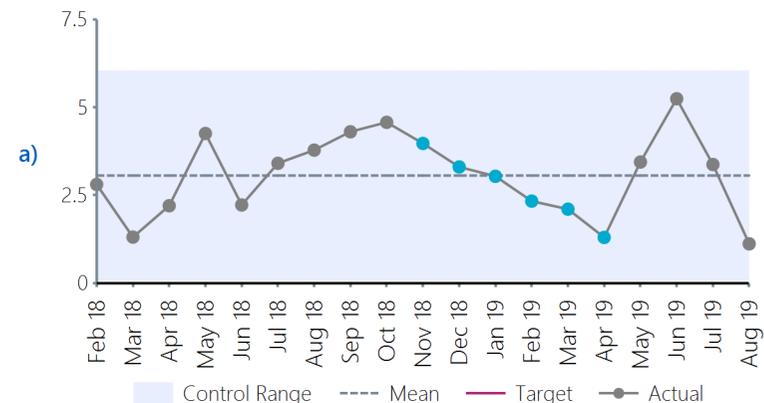
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

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

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

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



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

Data Quality Rating Reading Guide

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

Colours

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



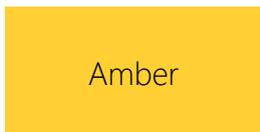
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	4.92%	5.31%				+	05/12/23
Sickness Absence - Short Term	2.46%	1.86%					05/12/23
Sickness Absence - Long Term	2.46%	3.45%				+	05/12/23
Staff Turnover - Headcount	10.00%	7.65%				+	
In Month Leavers	10	15				+	15/04/24
Vacancy Rate	8.00%	3.25%				+	15/04/24
Nursing Vacancy Rate (Trust)	8.00%	5.61%				+	
Healthcare Support Worker Vacancy Rate	0.00%	9.39%				+	
Allied Health Professionals Vacancy Rate	8.00%	2.58%				+	
Total Headcount in Post		2,113				+	



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Recruit		130				+	
Staff Retention		79.43%				+	
% Staff Availability		77.80%				+	
Statutory & Mandatory Training	92.00%	93.30%				+	
Personal Development Reviews	93.00%	90.00%				+	
E-Rostering Level of Attainment	4	4				+	
Percentage of Staff on the E-Rostering System	90.00%	92.12%				+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		54.55%				+	
% of System-Generated E-Roster (Auto-Rostering)		53.27%				+	
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%	88.03%				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0					
Total Patient Falls	10	16				+	
Inpatient Ward Falls Per 1,000 Bed Days	2.50	3.54				+	
RJAH Acquired Pressure Ulcers	1	2				+	
Pressure Ulcer Assessments	99.00%	100.00%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.53%					
Number of Complaints	8	9					04/03/24
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%					
Complex Complaints Response Rate Within 40 Days							
Complaints Re-opened	0	2				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Safe Staffing	90.00%	97.80%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	9.59%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	12				+	
RJAH Acquired C.Difficile	0	0					04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	11.96					
RJAH Acquired E. Coli Bacteraemia	0	4				+	04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	21.52				+	
RJAH Acquired MRSA Bacteraemia	0	0					04/03/24
RJAH Acquired MSSA Bacteraemia	0	0					04/03/24



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
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	18	41				+	
Number of Deteriorating Patients	5	5					
Total Deaths	0	1				+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	6					
VTE Assessments Undertaken	95.00%	99.85%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
28 days Emergency Readmissions*	1.00%	0.43%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	81	71				+	
31 Day General Treatment Standard*	96.00%	100.00%					
62 Day General Standard*	85.00%	75.00%				+	
28 Day Faster Diagnosis Standard*	75.00%	93.10%					12/09/23
18 Weeks RTT Open Pathways	92.00%	46.96%				+	24/06/21
English List Size	12,893	15,306	15,260			+	
Welsh List Size		7,732				+	
Combined List Size		23,038				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 52 Weeks – English	0	1,309	767			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,141				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,450				+	
Patients Waiting Over 78 Weeks - English	0	3	0			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		309				+	
Patients Waiting Over 78 Weeks - Combined		312				+	
Patients Waiting Over 104 Weeks - English	0	0				+	
Patients Waiting Over 104 Weeks - Welsh (Total)		81				+	
Patients Waiting Over 104 Weeks - (Combined)		81				+	
Overdue Follow Up Backlog	5,000	10,186				+	



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%	82.09%				+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	92.02%				+	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	2.07	1.94				+	
Touchtime Utilisation	82.00%	83.95%				+	
Total Theatre Activity Against Plan	1,077	955				+	
IJP Activity - Theatres - against Plan	671	668				+	
OJP Activity - Theatres - against Plan	344	215				+	
PP Activity - Theatres - against Plan	62	72				+	
Elective Activity Against Plan (volumes)	1,197	1,100				+	24/06/21
Overall BADS %	85.00%	82.06%				+	
Average Length of Stay – Elective & Non Elective		5.75					
Bed Occupancy – All Wards – 2pm	87.00%	80.20%					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	14,647	12,327				+	24/06/21
IJP Activity - Outpatients - against Plan	12,446	11,039				+	
OJP Activity - Outpatients - against Plan	2,201	1,288				+	
Total Outpatient Activity - % Virtual	15.00%	11.00%				+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	2.88%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.80%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.30					
Total Diagnostics Activity against Plan - Catchment Based	2,627	2,664					
Data Quality Maturity Index Score							
Referrals Received for Consultant Led Services*		3,572					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	78	370.85					
Income	12,553.37	17,200.98					
Expenditure	12,475.80	16,929.27				+	
Efficiency Delivered	492	485					
Cash Balance	20,647	21,743					
Capital Expenditure	2,316	5,127					
Agency Core - On Framework	258	255				+	
Agency Core - Off Framework	0	41				+	
Insourcing Agency	0	214.84				+	
Proportion of Temporary Staff	3.58%	2.64%					



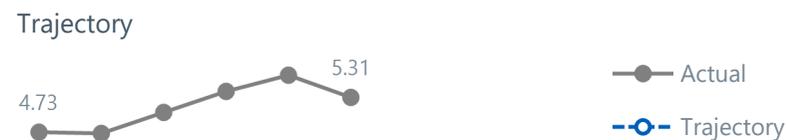
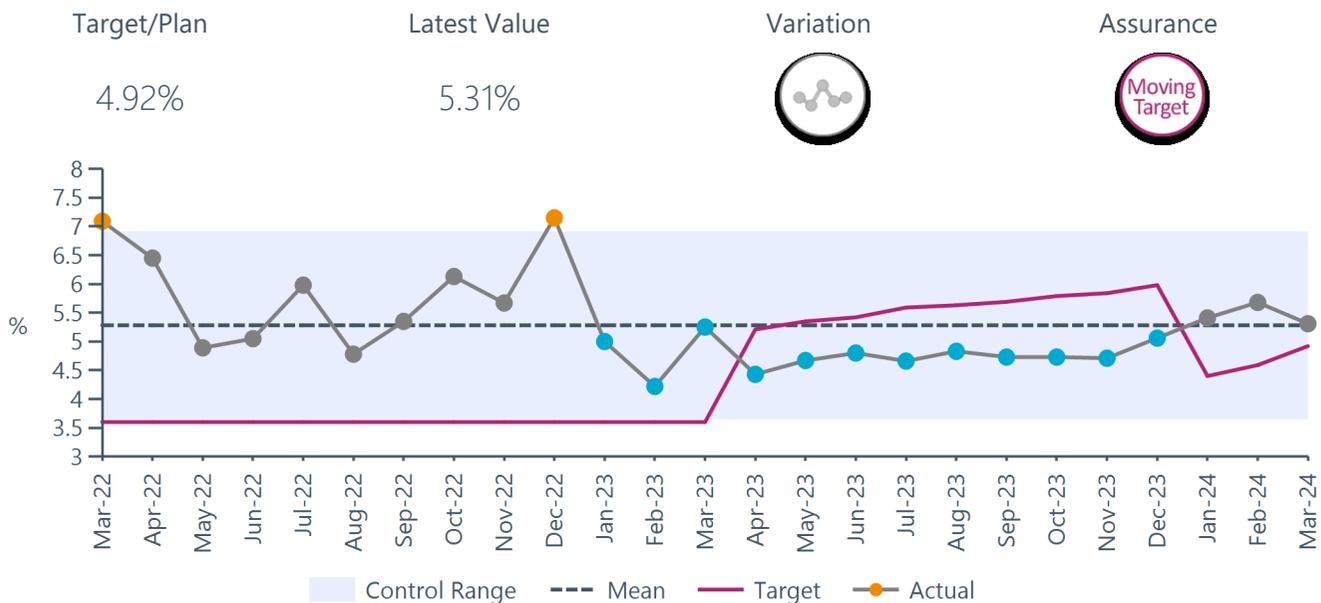
Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	89.00%					
Value Weighted Assessment	143.64%	112.40%				+	

Sickness Absence

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

Exec Lead:
 Chief People Officer



What these graphs are telling us

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

Narrative

The sickness absence rate for March is reported at 5.31%. This rate remains within our normal variation but does remain above target this month. The target forms part of the Trust's operational planning and was profiled in line with historical data.

'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Back problems' remain the top three reasons for absence throughout the month. The hotspot areas for sickness this month were:

- * DEXA 25.72%
- * Powys Ward 15.36%
- * Pre-Operative Assessment Unit 15.33%
- * Ward Housekeepers 15.28%
- * Therapies T&O Team 14.35%

Actions

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

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

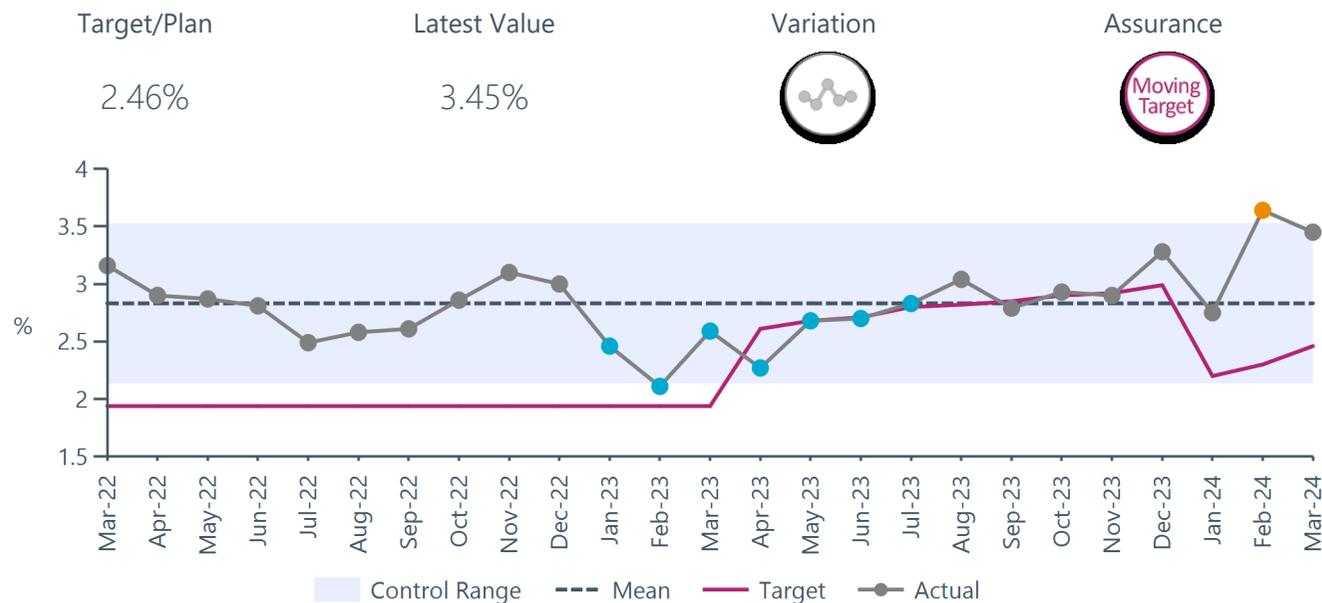
The wellbeing offer is under review as a system. There is emphasis to ensure anxiety/stress/depression is a priority within the offer. The People Services Team continue to support colleagues within the current system offer for anxiety/stress/depression. Focused communication on wellbeing to be issued to staff and managers in April.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
5.25%	4.43%	4.67%	4.80%	4.66%	4.83%	4.73%	4.73%	4.71%	5.06%	5.41%	5.68%	5.31%

Sickness Absence - Long Term

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 March is reported at 3.45% and is included as an exception as it remains above target. As with the overall sickness rate, the top three reasons for absence are 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Back problems'. The hotspot areas for long term sickness are:

- * DEXA 24.84%
- * Pre-Operative Assessment Unit 15.33%
- * Therapies T&O Team 13.18%
- * Housekeeping 10.31%
- * Montgomery 10.09%

Actions

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

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.

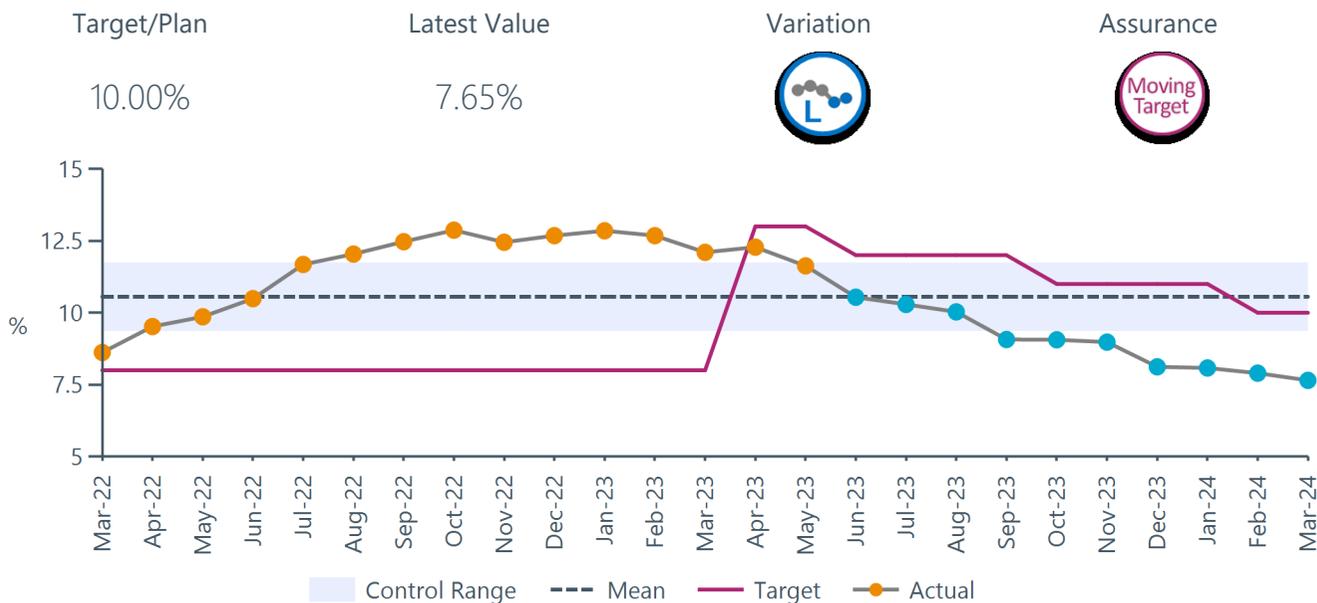
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Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
2.59%	2.27%	2.68%	2.70%	2.83%	3.04%	2.79%	2.93%	2.90%	3.28%	2.75%	3.64%	3.45%

Staff Turnover - Headcount

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

Exec Lead:
 Chief People Officer



What these graphs are telling us

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

Narrative

Staff Turnover is reported at 7.65% for March and included as special cause variation due to the sustained improvement. As demonstrated on the graph above, this is the lowest reported position over the last two years.

This metric relates to the leavers over the past twelve months. For the period of April-23 to March-24 there have been 138 leavers as a proportion of the month end headcount.

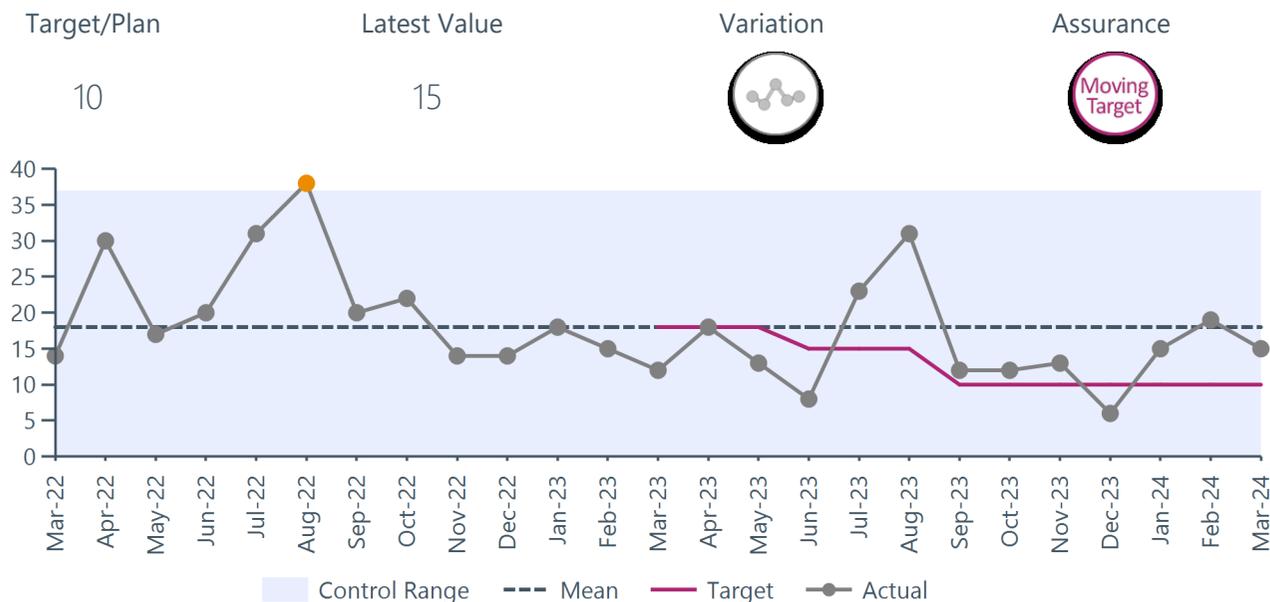
Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
12.10%	12.28%	11.63%	10.54%	10.29%	10.03%	9.07%	9.06%	8.98%	8.12%	8.08%	7.90%	7.65%

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

Fifteen staff left the Trust throughout March. This metric has been included as an exception as it's now been reported above the target for three consecutive months. The staff that left the Trust in March were from the following staff groups:

- * Administrative & Clerical (6)
- * Additional Clinical Services (3)
- * Nursing and Midwifery Registered (2)
- * Allied Health Professionals / Estates & Ancillary / Healthcare Scientists / Medical & Dental - 1 each

The reasons for leaving were recorded as:

- * Voluntary Resignation - Other/Not Known (5)
- * Retirement Age / Flexi Retirement (4)
- * Voluntary Resignation - Relocation (2)
- * Voluntary Resignation - Work Life Balance (2)
- * End of Fixed Term Contract - Completion of Training Scheme / Voluntary Resignation - Lack of Opportunities - 1 each

Actions

- * Trainee Nurse Associates; March-24 cohort compromised due to funding challenges. Revised Business Case to be formulated and presented in Quarter One; awaiting information from NHSE regarding government funding offer that supports this workforce. Risks to programme delivery from University Centre in Shrewsbury with initial resolution meeting taken place. Any risk associated with delivery can be mitigated through alternative providers.
- * HCSW Retention; Begin plans for a focus on retention of this staff group within quarter one. This will align with roll out of career progression work (see following point).
- * Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Career roadmaps are in current discussions with a date of promotion to be confirmed.
- * Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention.

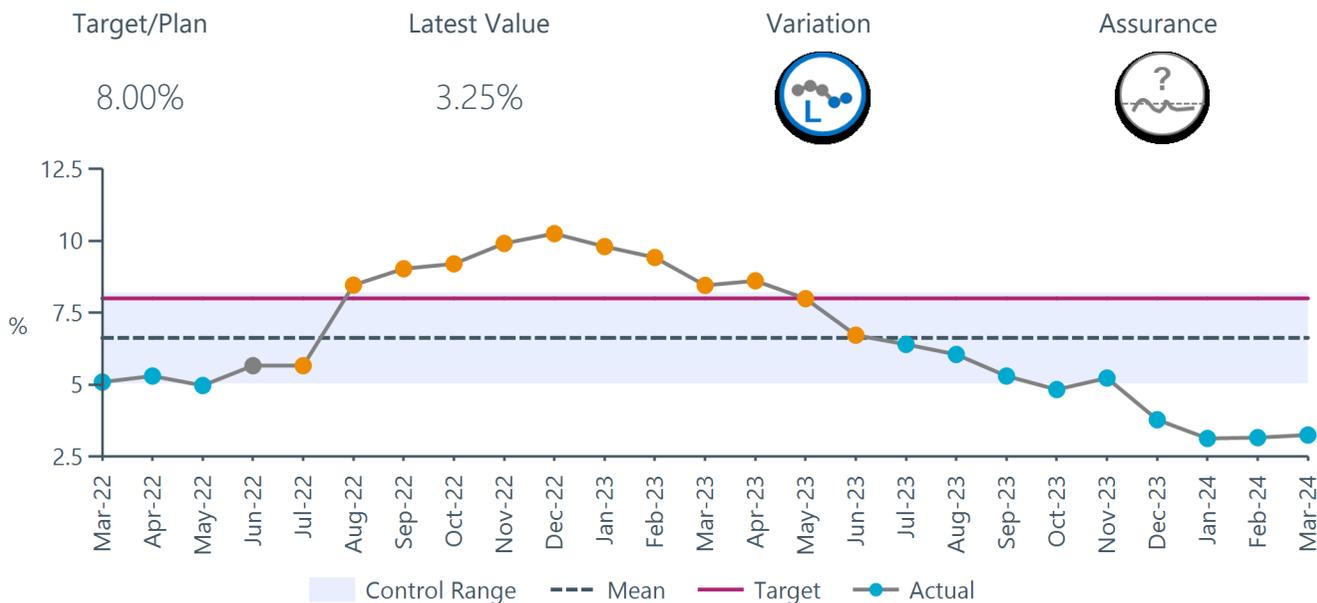
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
12	18	13	8	23	31	12	12	13	6	15	19	15

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

The Trust-wide vacancy rate for March month-end is reported at 3.25%. It is included as an IPR exception due to the graph displaying sustained special cause variation of an improving nature.

Despite the improved position at Trust-level, focus must remain on specific areas where there are high volumes of vacancies. The positions for Theatres are outlined in the Workforce Report that accompanies the IPR to People Committee. The five areas with the highest levels of WTE vacancies, other than Theatres, are outlined below:

- * MCSI Inpatients - 9.93 WTE vacant, equating to 10.96%
- * Anaesthetic Medical Staff - 4.85 WTE vacant, equating to 16.30%
- * Kenyon Ward - 4.36 WTE vacant, equating to 16.08%
- * X Ray Department - 4.02 WTE vacant, equating to 8.39%
- * Orthotics - 3.43 WTE vacant, equating to 10.25%

Actions

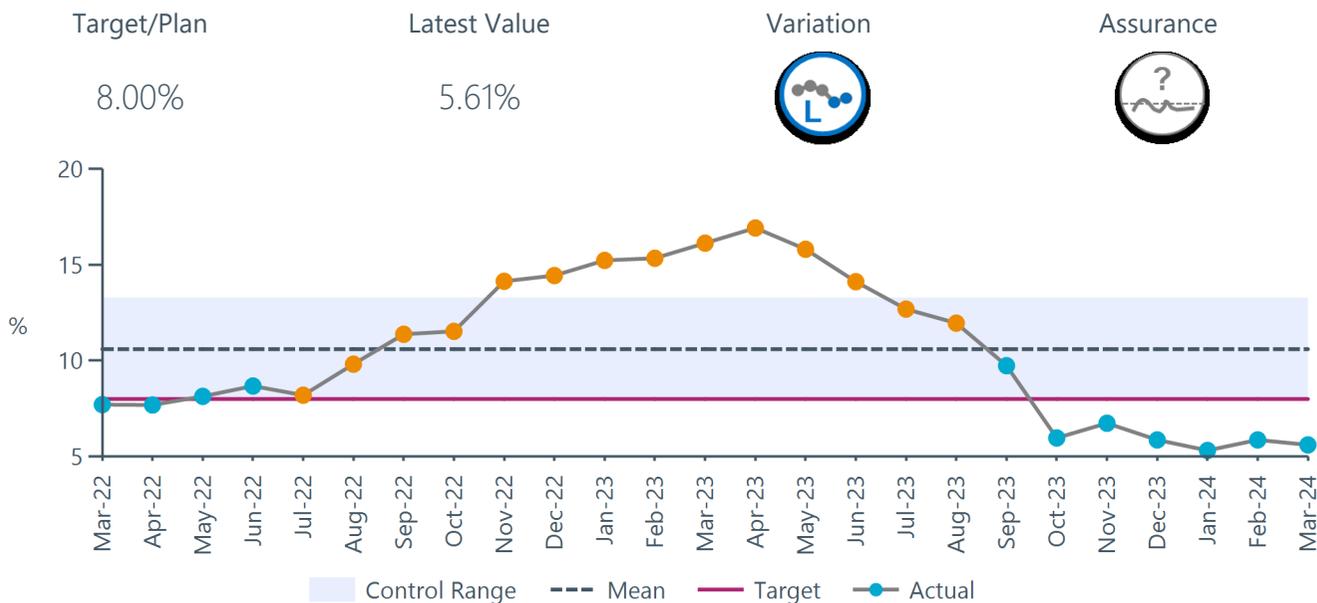
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
8.45%	8.61%	7.99%	6.72%	6.40%	6.05%	5.30%	4.83%	5.23%	3.78%	3.13%	3.16%	3.25%

- 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 5.61% for March month end; this equates to 18.58 WTE vacant, down from 19.51 WTE at the end of February. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target since October. A breakdown of the vacancies by area as follows:

- * Specialist Unit - 7.33% / 9.02 WTE vacant
- * MSK Unit - 5.61% / 18.58 WTE vacant
- * Corporate Areas - over-established by 0.58 WTE

As at month end, 25.74 WTE was in progress against the vacant position of 18.58 WTE with a breakdown as follows:

- * 5.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- * 5.74 WTE in Recruitment Pipeline - at conditional or unconditional stage
- * 15.00 WTE - International recruitment

Actions

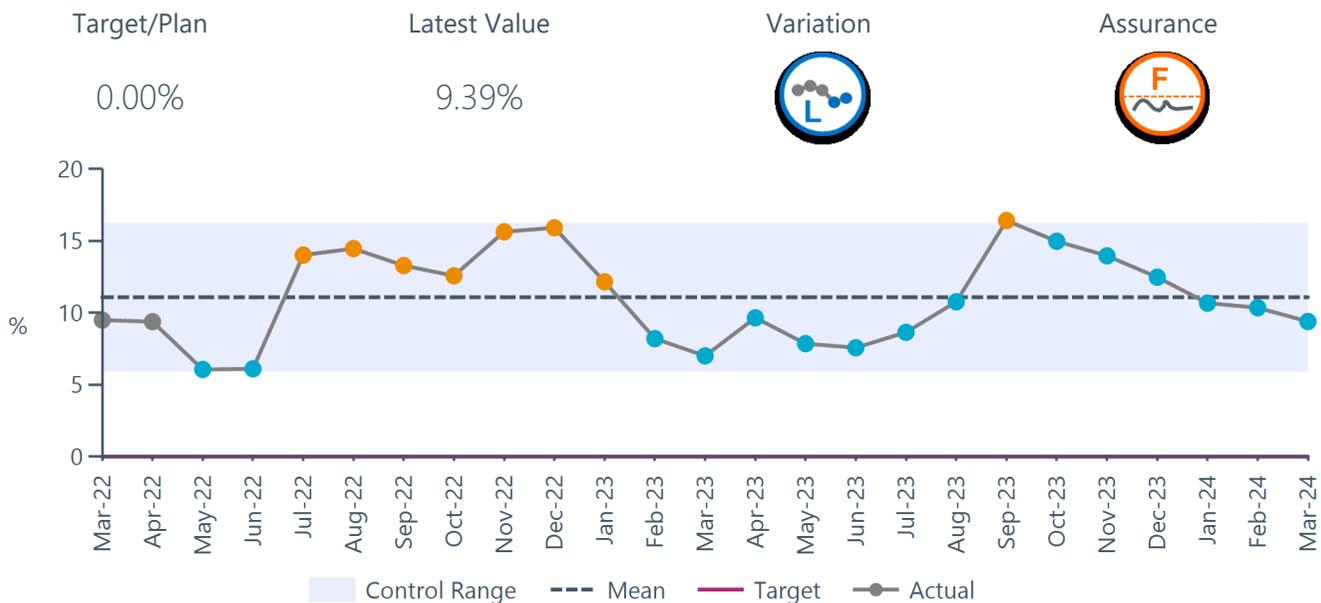
- * MCSI - Workforce business case with transformational Nursing/HCA model encompassed was agreed by Execs, with some amendments required. This will require virtual sign off of amendments by Execs prior to it being Submitted to NHSE.
- * Trainee Nurse Associates; March-24 cohort compromised due to funding challenges. Revised Business Case to be formulated and presented in Quarter One; awaiting information from NHSE regarding government funding offer that supports this workforce. Risks to programme delivery from University Centre in Shrewsbury with initial resolution meeting taken place. Any risk associated with delivery can be mitigated through alternative providers.
- * Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates. Concerns with the volume of tickets being issues by Managers. Recruitment Lead attending SNAHP meeting to highlight.
- * Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; with two recruits left to land.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
16.13%	16.92%	15.81%	14.12%	12.69%	11.96%	9.74%	5.97%	6.74%	5.87%	5.32%	5.87%	5.61%

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
 Chief People Officer



What these graphs are telling us

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

Narrative

The healthcare support worker vacancy rate is reported at 9.39% for March month end and has shown month on month reduction since the increase reported in September that was primarily driven by nine staff that moved into Trainee Nurse Associate roles.

The latest vacancy rate equates to 20.41 WTE; down from 22.51 WTE at the end of February. A breakdown of vacancies by area as follows;

- * MSK Unit - 11.92% / 13.10 WTE vacant
- * Specialist Unit - 7.62% / 8.11 WTE vacant
- * Corporate areas - over-established by 0.8 WTE

As at month end, 12.60 WTE was in progress against the vacant position of 20.41 WTE with a breakdown as follows:

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

Actions

- * HCSW Retention; Begin plans for a focus on retention of this staff group within quarter one. This will align with roll out of career progression work (see following point).
- * Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Career roadmaps are in current discussions with a date of promotion to be confirmed.

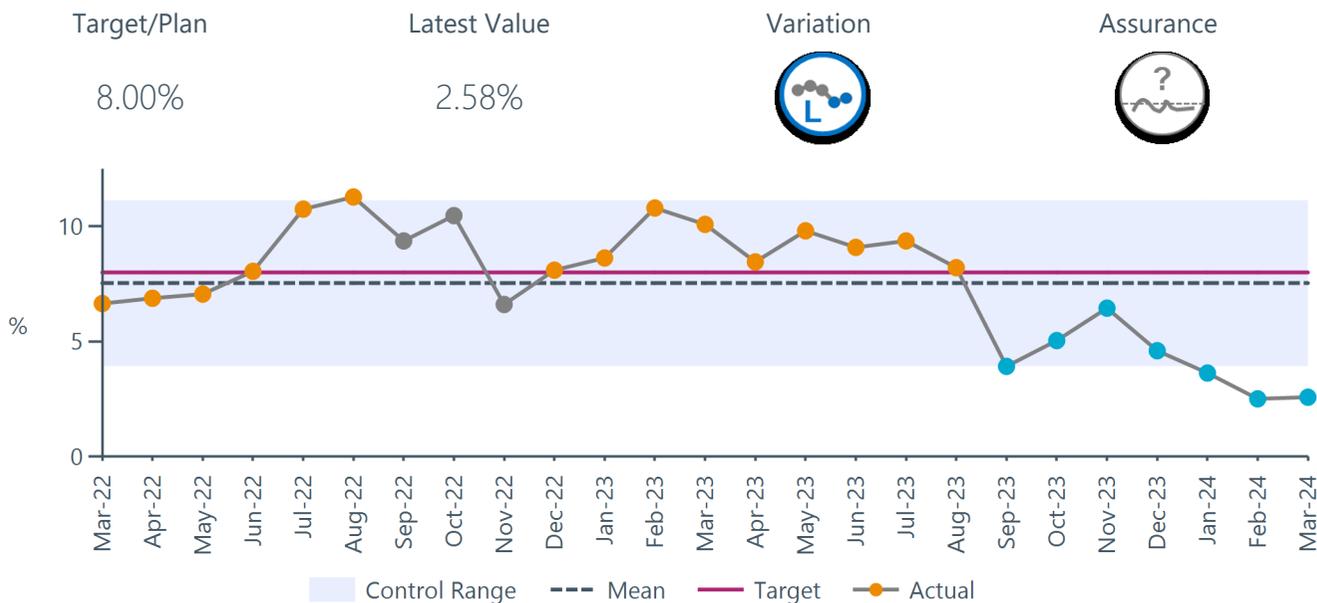
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
7.00%	9.65%	7.85%	7.57%	8.64%	10.76%	16.41%	14.97%	13.96%	12.47%	10.67%	10.35%	9.39%

- Staff - Patients - Finances -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
 Chief People Officer



What these graphs are telling us

Metric is experiencing special cause variation of 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 2.58% for March month end. This equates to 4.62 WTE; 4.48 WTE at the end of February. The reported rate has been below the 8% target since September-23 and remains one of the lowest reported positions in two years. There are some areas over-established (Podiatrist, Occupational Therapist and Physiotherapist roles) and then vacancies as follows; Operating Department Practitioner 3.45 WTE, Radiographer - Diagnostic 3.76 WTE, Orthotist 2.28 WTE.

As at month end, 12.00 WTE was in progress against the vacant position with a breakdown as follows:

- * 2.00 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
- * 8.00 WTE in 'pipeline' - a conditional or unconditional stage
- * 2.00 WTE - International Recruitment

Actions

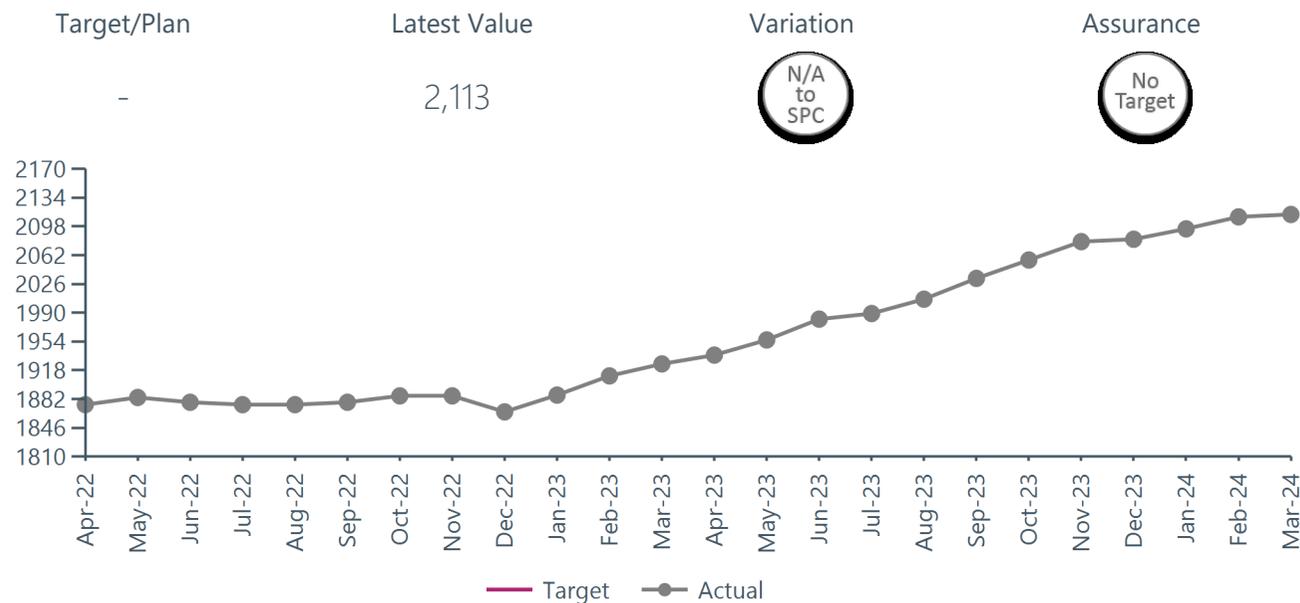
- * Theatres Recruitment pipeline is in the final stages of on-boarding of International recruits; with two recruits left to land.
- * Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Career roadmaps are in current discussions with a date of promotion to be confirmed.
- * Cross site working, mutual aid and system rotations for Theatre Practitioners now in place. View to further expand as a strategy to support retention.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
10.09%	8.46%	9.81%	9.09%	9.37%	8.21%	3.92%	5.04%	6.45%	4.60%	3.63%	2.51%	2.58%

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 March the Trust had a total headcount in post of 2113. Data in the graph has been included back to April-22 and demonstrates an increased headcount that has steadily increased throughout this calendar year. For March, the breakdown of 2113 in post is:

- * Permanent - 1690
- * Fixed Term - 134
- * Locum - 3
- * Bank - 286

Actions

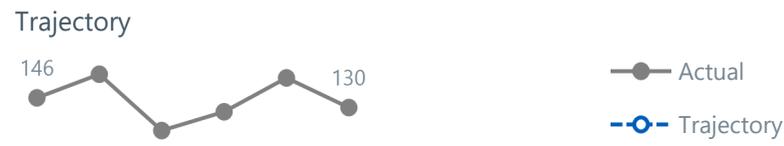
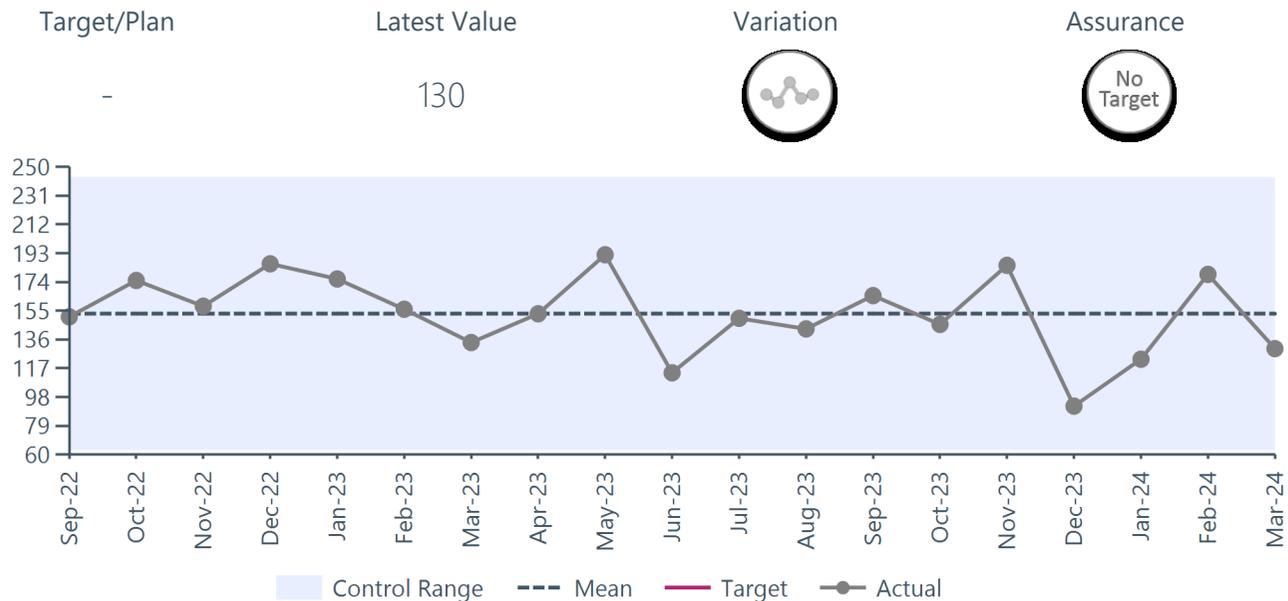
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1926	1937	1956	1982	1989	2007	2033	2056	2079	2082	2095	2110	2113

- Staff - Patients - Finances -

Time to Recruit

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

Exec Lead:
 Chief People Officer



What these graphs are telling us

Metric is experiencing common cause variation. There is no target for this measure.

Narrative

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

For those staff that started new positions in March, the average time to recruit was 130 days. A breakdown of the stages of recruitment is provided within the covering paper/Workforce report that accompanies the IPR.

Actions

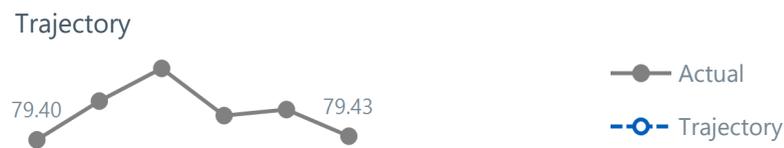
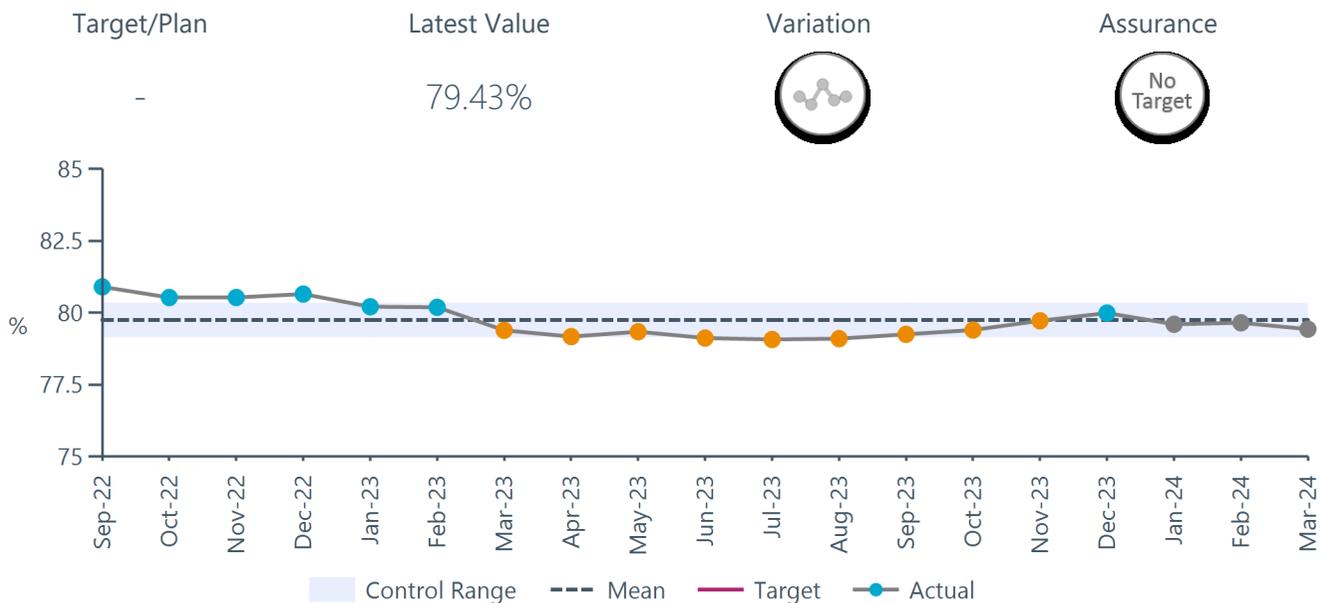
As part of annual review of IPR, alternative measure to be proposed just reporting on 'Vacancy Created to Conditional Offer' rather than inclusion of the post approval part of the process. This has already been agreed by People Committee but will form part of full set of proposals for 24/25 IPR.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
134	153	192	114	150	143	165	146	185	92	123	179	130

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 common cause variation. 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.

- In March, 79.43% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
- * Medical & Dental 92.66%
 - * Administrative & Clerical 81.76%
 - * Add Prof Scientific and Technic - 81.08%
 - * Additional Clinical Services 78.45%
 - * Nursing & Midwifery 77.75%
 - * Estates & Ancillary 76.92%
 - * Allied Health Professionals 73.76%
 - * Healthcare Scientists 57.14%

Actions

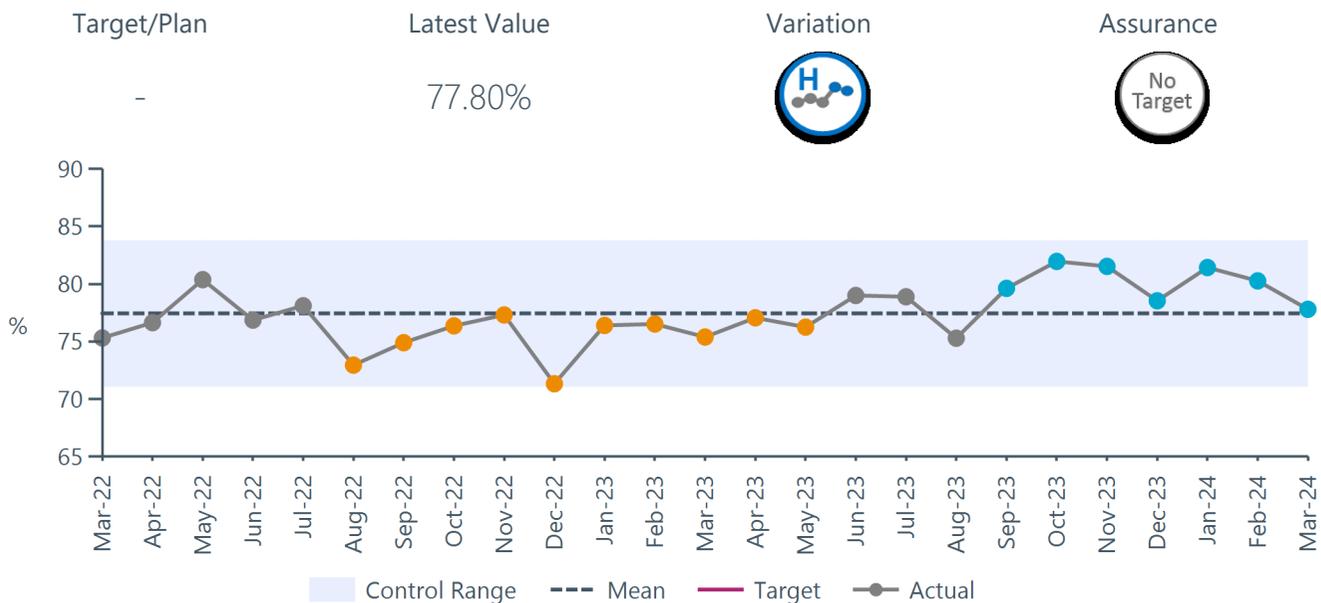
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
79.39%	79.17%	79.34%	79.12%	79.07%	79.10%	79.25%	79.40%	79.72%	79.99%	79.60%	79.65%	79.43%

- 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 special cause variation of an improving nature. 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 February, % staff availability was 77.80%. The 22.20% not available is broken down as follows:

- * Vacancies - 3.25%
- * Planned absence (annual leave, maternity, paternity) - 13.59%
- * Unplanned absence (sickness, special leave) - 5.35%

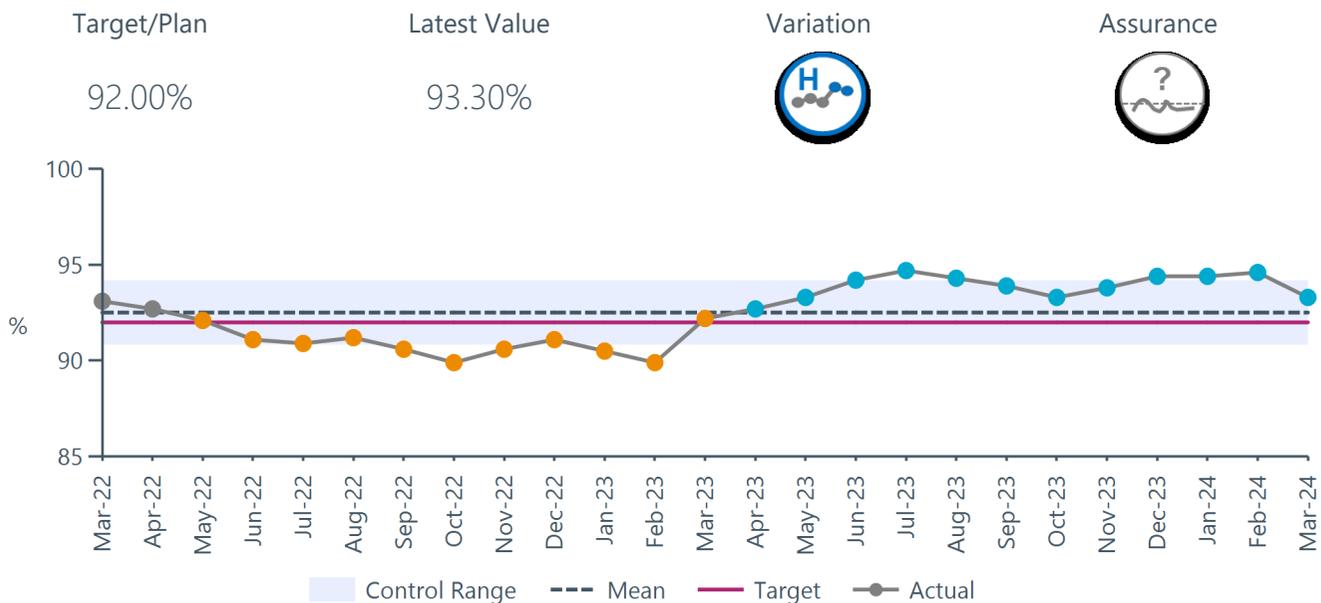
Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
75.39%	77.06%	76.25%	79.00%	78.89%	75.29%	79.62%	81.96%	81.53%	78.54%	81.43%	80.27%	77.80%

Statutory & Mandatory Training

The combined total of all statutory and mandatory training subjects that are listed within the UK Core Skills Training Framework (CSTF). 217366

Exec Lead:
 Chief People Officer



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 Statutory & Mandatory Training is reported at 93.30% for March month end. The measure is included as an IPR exception as the graph indicates special cause variation of an improving nature with the target now being met consistently since March-23.

Actions

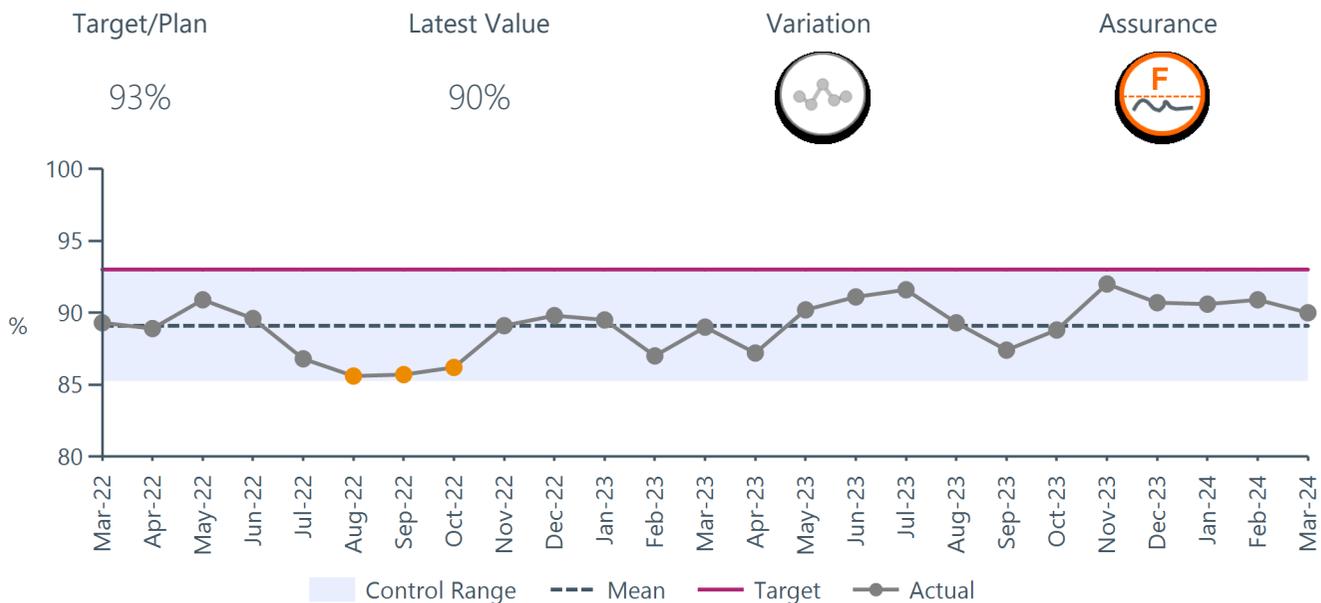
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
92.20%	92.70%	93.30%	94.20%	94.70%	94.30%	93.90%	93.30%	93.80%	94.40%	94.40%	94.60%	93.30%

- Staff - Patients - Finances -

Personal Development Reviews

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

Exec Lead:
Chief People Officer



What these graphs are telling us
Metric is experiencing common cause variation. Metric is consistently failing the target with the target line sitting above the control range.

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 90.00% at the end of March. This has been reported below target since August '21. Breakdown below by area:
 * Corporate areas - 86.68% - 44 not completed
 * MSK Unit - 89.79% - 59 not completed
 * Specialist Unit - 92.37% - 39 not completed

A breakdown of the Corporate areas with PDRs outstanding:
 * Finance & Planning - 16 with most outstanding in Estates (7) and Finance Dept (5)
 * Office of the Medical Director - 11 with 8 of those within Apollo Team
 * People Services - 8 with 7 of those within Education & Learning Hub
 * Nursing & Patient Safety Team - 7 outstanding - IPC Team (3), Clinical Governance (3)
 * Office of the CEO - 1
 * Operations Team - 1

Actions

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

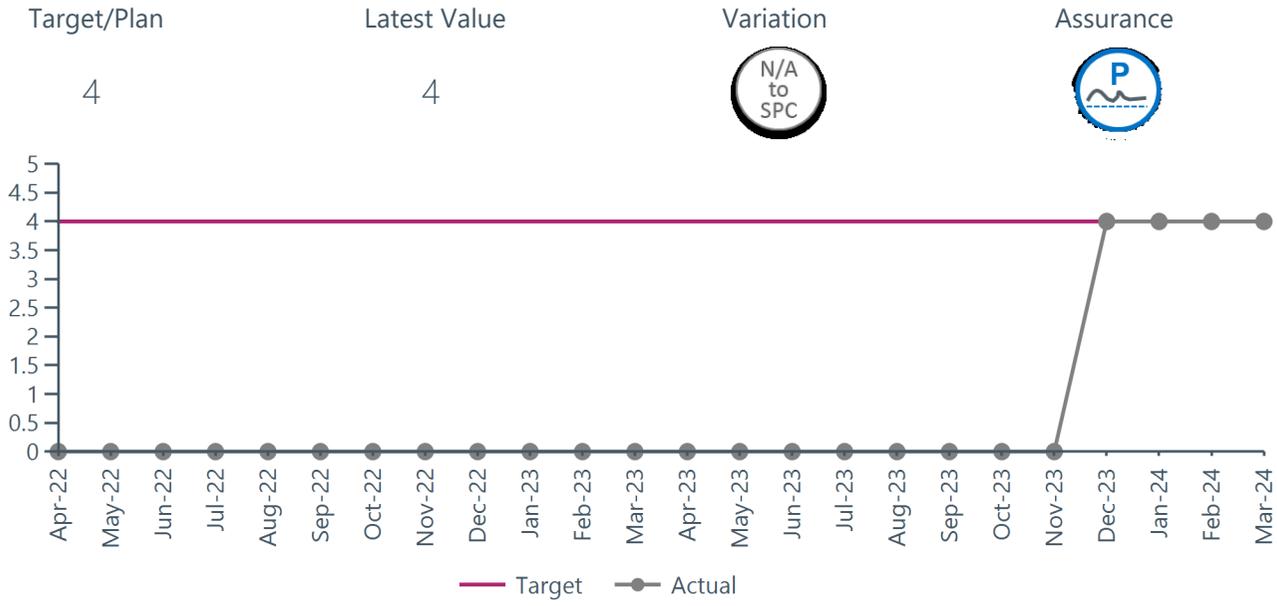
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
89.00%	87.20%	90.20%	91.10%	91.60%	89.30%	87.40%	88.80%	92.00%	90.70%	90.60%	90.90%	90.00%

- 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.

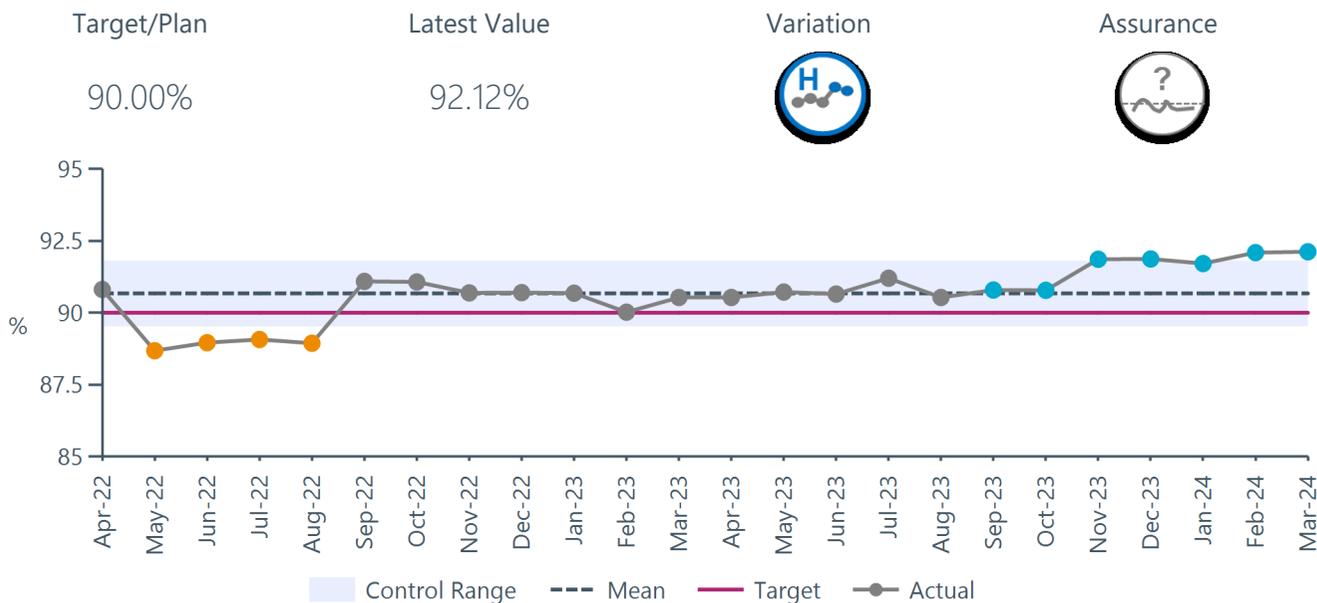
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0	0	0	0	0	0	4	4	4	4

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

Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of March, 92.12% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

Actions

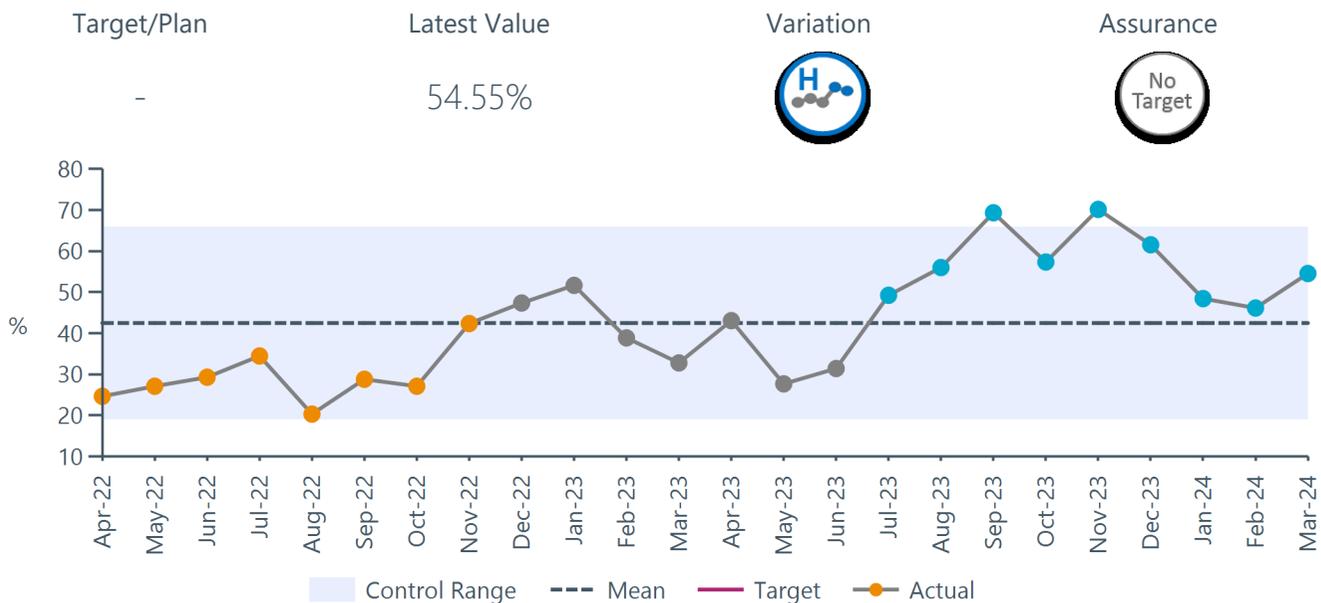
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
90.53%	90.53%	90.72%	90.65%	91.20%	90.53%	90.79%	90.78%	91.86%	91.87%	91.71%	92.09%	92.12%

- Staff - Patients - Finances -

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

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

Exec Lead:
 Chief Nurse and Patient Safety Officer



What these graphs are telling us
 Metric is experiencing special cause variation of an improving nature. There is no target for this metric.

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 54.55%. This relates to the roster start date of 29th January 2024. A breakdown by unit is provided below:
 * Corporate Areas - 69.23%
 * Specialist Unit - 50.00%
 * MSK Unit - 50.00%

This measure has been disaggregated into professional areas. The breakdowns are :
 * Corporate - 81.82%
 * Nursing - 61.76%
 * Radiology - 61.67%
 * AHPs - 50.00%
 * Medical - 10.00%

Actions

A task and finish group has been established for medical rostering with an implementation plan in place. We anticipate compliance to further improve through February as further job plans were added to e-roster. This metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance. Improvement expected over coming months due to change in the dates when the confirm and challenge meetings are being held.
 Metric now includes Anaesthetic medical staff as assurance provided that roster is approved 6 weeks before start date.

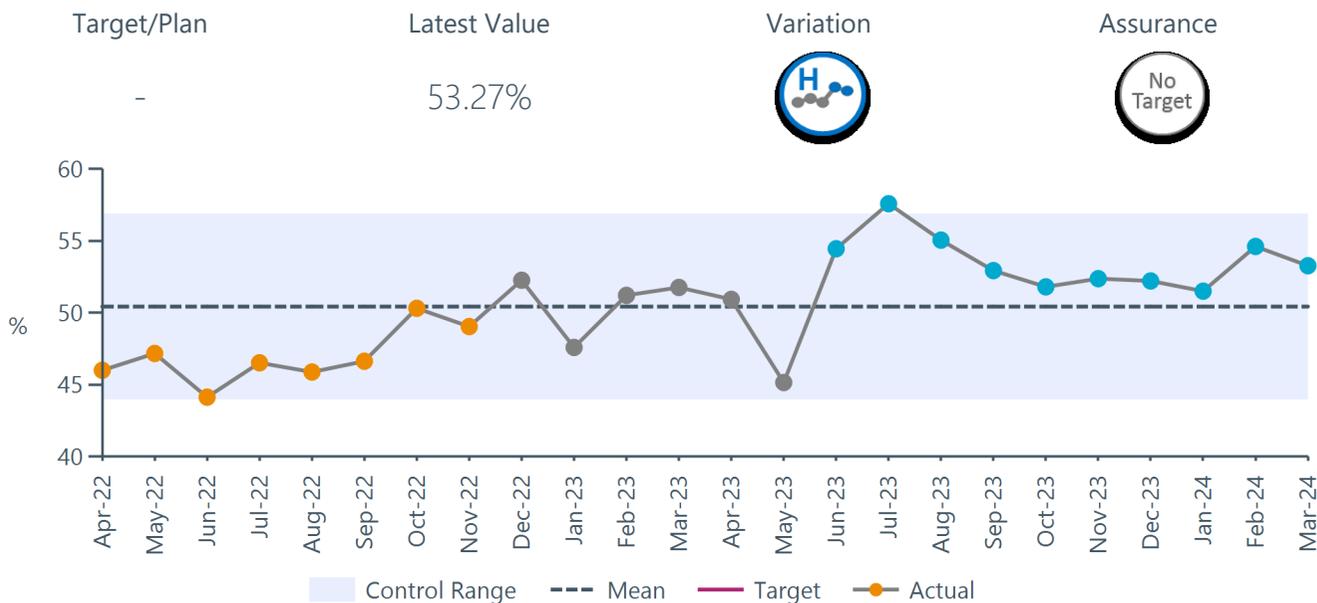
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
32.79%	43.08%	27.69%	31.43%	49.25%	56.00%	69.33%	57.35%	70.15%	61.54%	48.44%	46.15%	54.55%

- 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. There is no target for this metric.

Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The auto-rostering metric assesses the level of administrative burden currently operational by department in terms of inputting and re-working of rosters and also the level of changes our employees experience in their shift patterns. High compliance with this metric is influenced by the following:

- * Shift patterns at individual employee levels; shift skill and competency requirements are well understood and built into core template set up
- * Core templates are updated and maintained at all times to reflect any changes to current employee status and shift requirements to enable auto-roster effectiveness.
- * Shift change management is effective and minimises disruption to staff.

Trust wide compliance is 53.27% and we have been able to disaggregate this measure into professional areas. The breakdowns are :

* Medical - 100%, AHPs - 84.50%, Corporate - 74.44%, Radiology - 61.67%, Nursing - 35.01%

Actions

Performance relating to this metric will be monitored via Assistant Chief Nurses with improvement actions monitored at NSSG meeting. For Nursing staff, a proposed target of 40% has been set for the number of shifts that are auto-rostered.

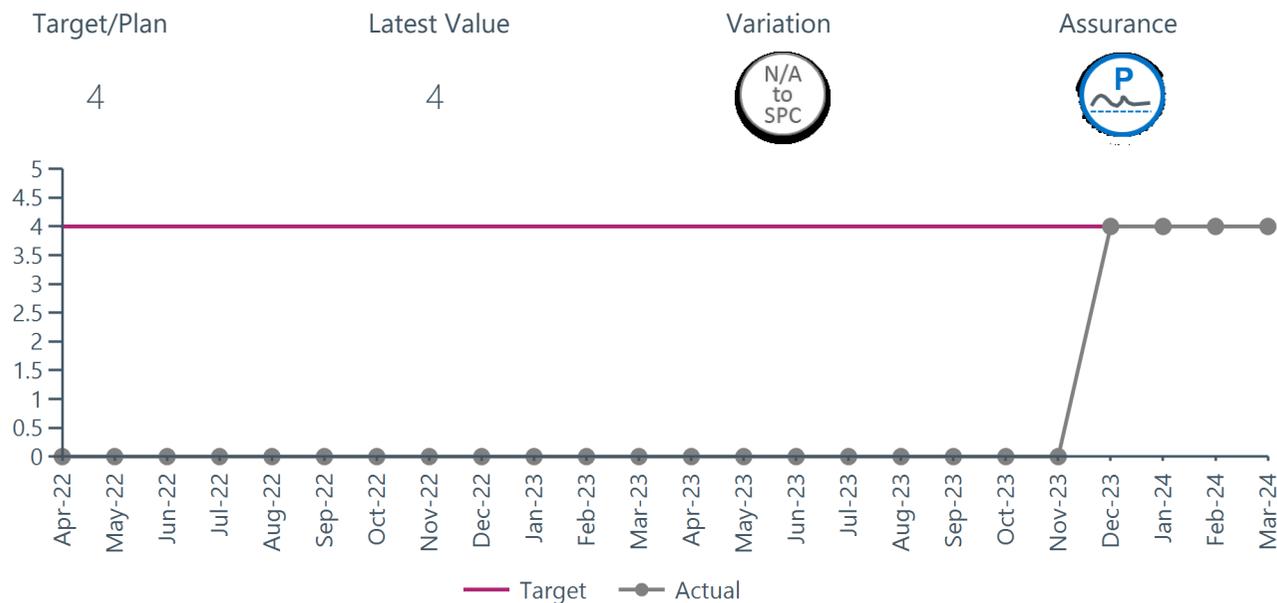
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
51.76%	50.93%	45.15%	54.45%	57.58%	55.05%	52.93%	51.80%	52.37%	52.21%	51.50%	54.61%	53.27%

- Staff - Patients - Finances -

E-Job Planning Level of Attainment

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

Exec Lead:
Chief Medical Officer



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

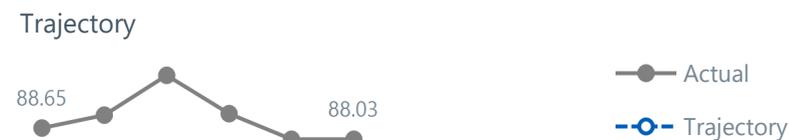
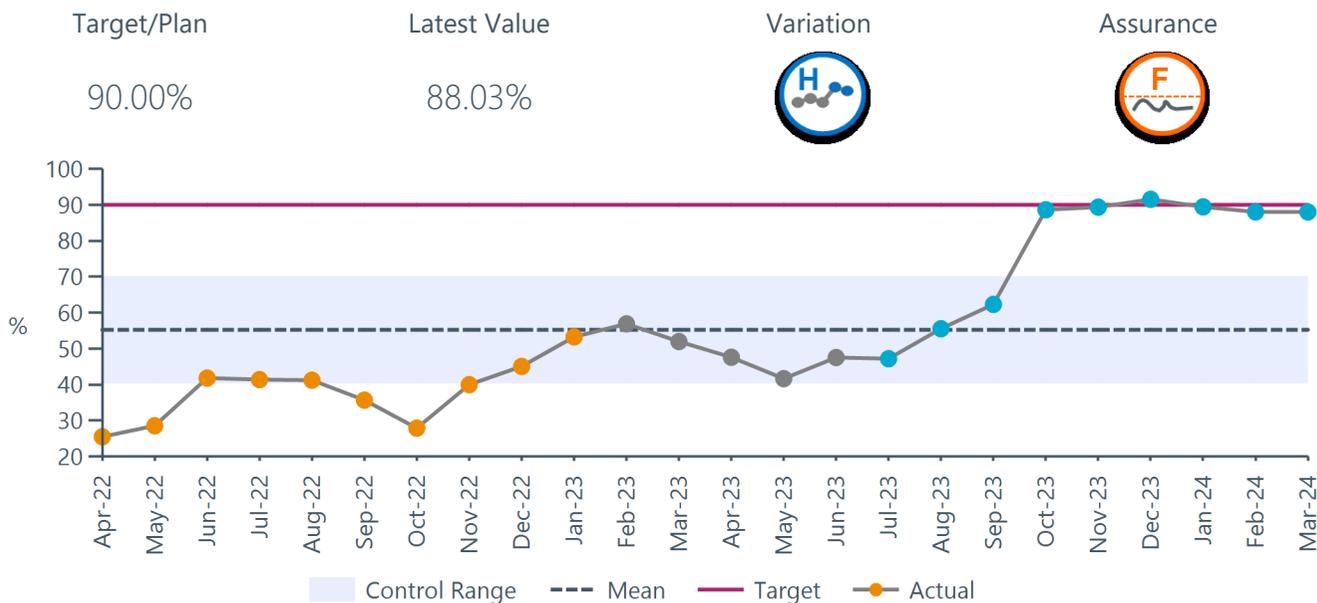
Reporting for Medical Staff planned sessions vs actual sessions delivered now available operationally. Further discussions to be held with Unit Managers to approve the reporting of the data.

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

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 March month end position is 88.03%. Breakdown as follows:

- * Specialist Nurses - 21 job plans with 19 signed off within last 12 months - 90.48%
- * Consultants - 99 job plans with 86 signed off within last 12 months - 86.87%
- * AHPs - 24 job plans with 20 signed off within last 12 months - 83.33%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 87.18% and MSK Unit reported at 85.19%.

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

- Consultants 12 outstanding - Awaiting 1st sign off (8), Awaiting 2nd sign off (1), In discussion (2), on hold (1)
- Nurses 2 outstanding - In discussion (1), Awaiting 2nd sign off (1)
- AHPs 4 outstanding - Awaiting 3rd sign off (4) (these have now been approved in April)

Actions

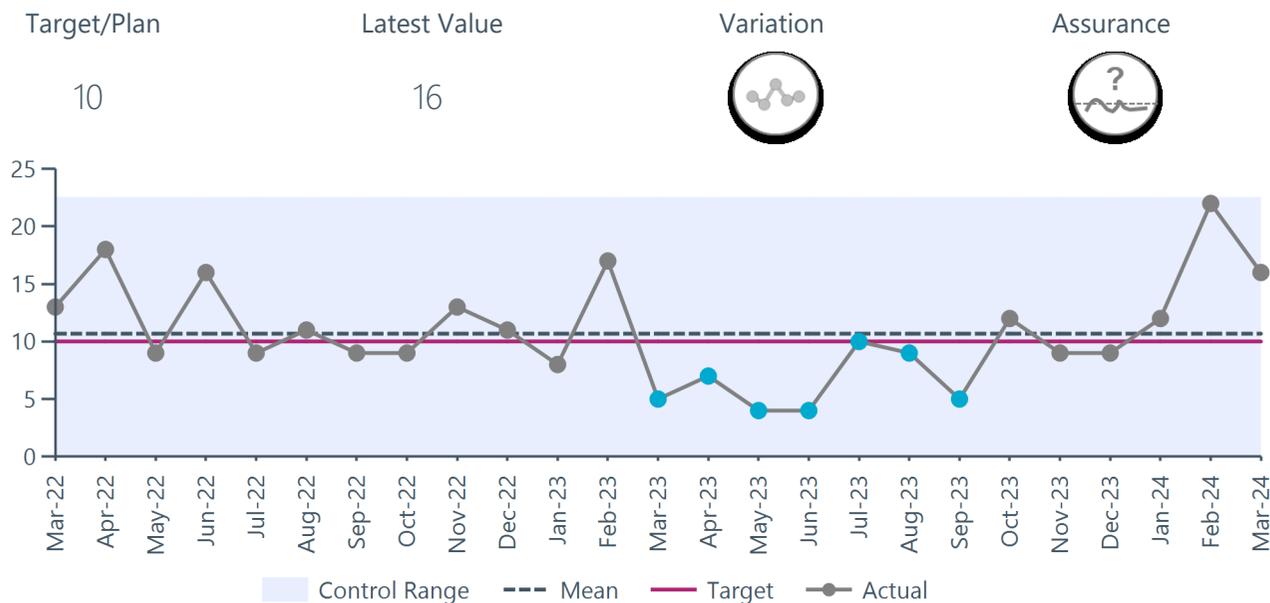
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
52.00%	47.62%	41.67%	47.55%	47.22%	55.56%	62.33%	88.65%	89.36%	91.55%	89.44%	88.03%	88.03%

- 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 sixteen falls throughout the Trust in March and this measure has been included as an exception this month as those reported have now exceeded the tolerance for three consecutive months. When reviewing this rise, consideration should be given to activity levels; elective activity has shown increase in quarter four. Of the falls reported in March, fourteen were deemed as low harm, and two as no harm.

Actions

There is recognition of the increased number of falls that have been reported. Following this, work is underway to look at the contributing factors. A Quarter 4 thematic review has been shared verbally with the Patient Safety Committee in April; with a formal report to follow in May.

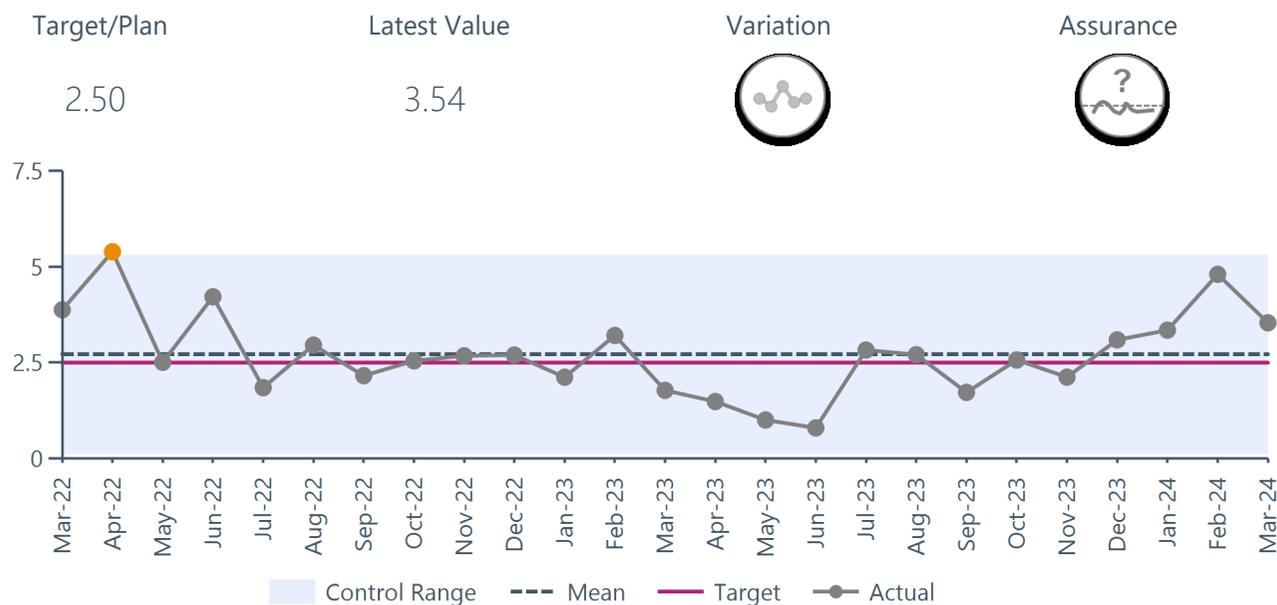
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
5	7	4	4	10	9	5	12	9	9	12	22	16

- Staff - **Patients** - Finances -

Inpatient Ward Falls Per 1,000 Bed Days

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

Exec Lead:
Chief Nurse and Patient Safety Officer



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 Inpatient Falls per 1000 bed days is reported a 3.54 this month and is included as an exception with the position now reported above the tolerance for four consecutive months. Throughout March there were fourteen inpatient falls reported. When reviewing this rise, consideration should be given to activity levels; elective activity has shown increase in quarter four.

Actions

There is recognition of the increased number of falls that have been reported. Following this, work is underway to look at the contributing factors. A Quarter 4 thematic review has been shared verbally with the Patient Safety Committee in April; with a formal report to follow in May.

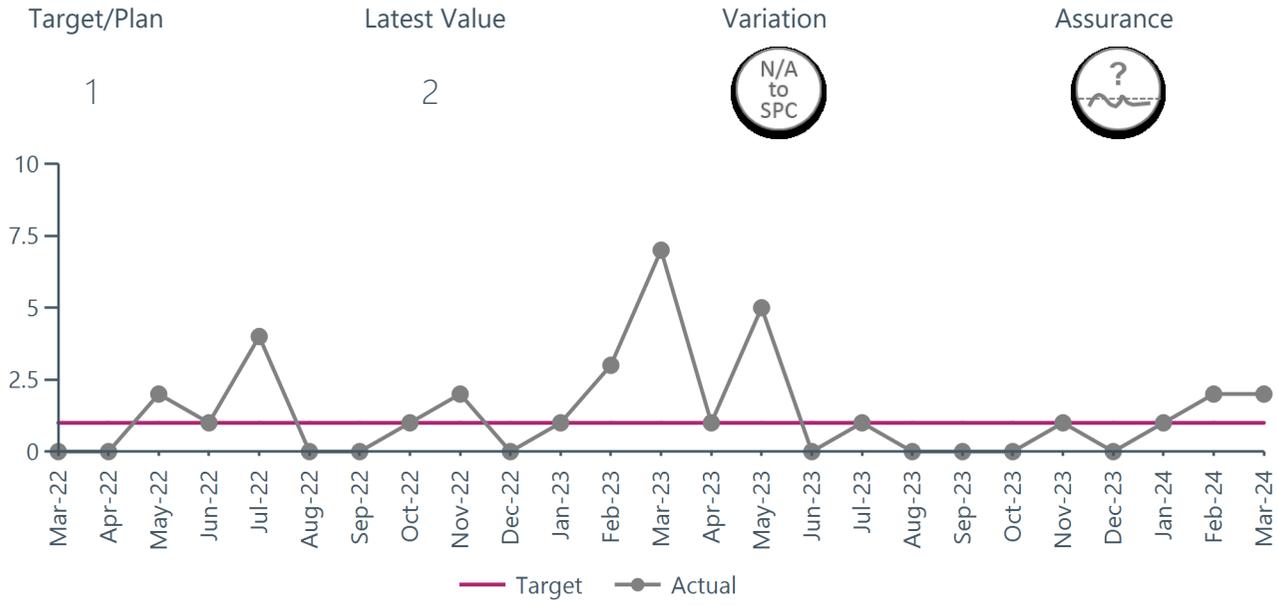
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1.78	1.49	1.01	0.80	2.83	2.71	1.73	2.57	2.12	3.09	3.35	4.81	3.54

- Staff - **Patients** - Finances -

RJAH Acquired Pressure Ulcers

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

Exec Lead:
 Chief Nurse and Patient Safety Officer



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

Narrative

There were two RJAH Acquired Pressure Ulcers - Category Two reported in March.

Actions

In both cases, all appropriate management measures in place.

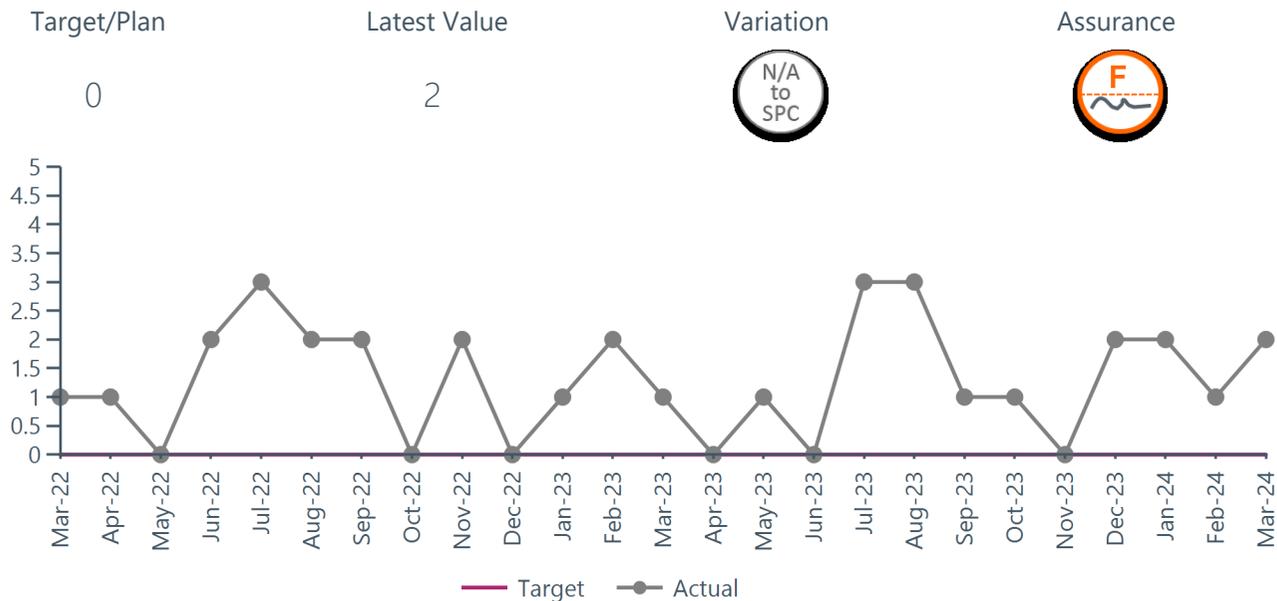
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
7	1	5	0	1	0	0	0	1	0	1	2	2

- 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 re-opened complaints in March. In the first case, further queries were raised and in the second the patient was dissatisfied with the response.

Actions

There are no applicable actions.

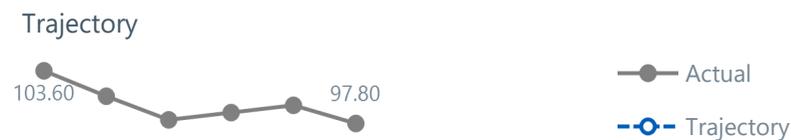
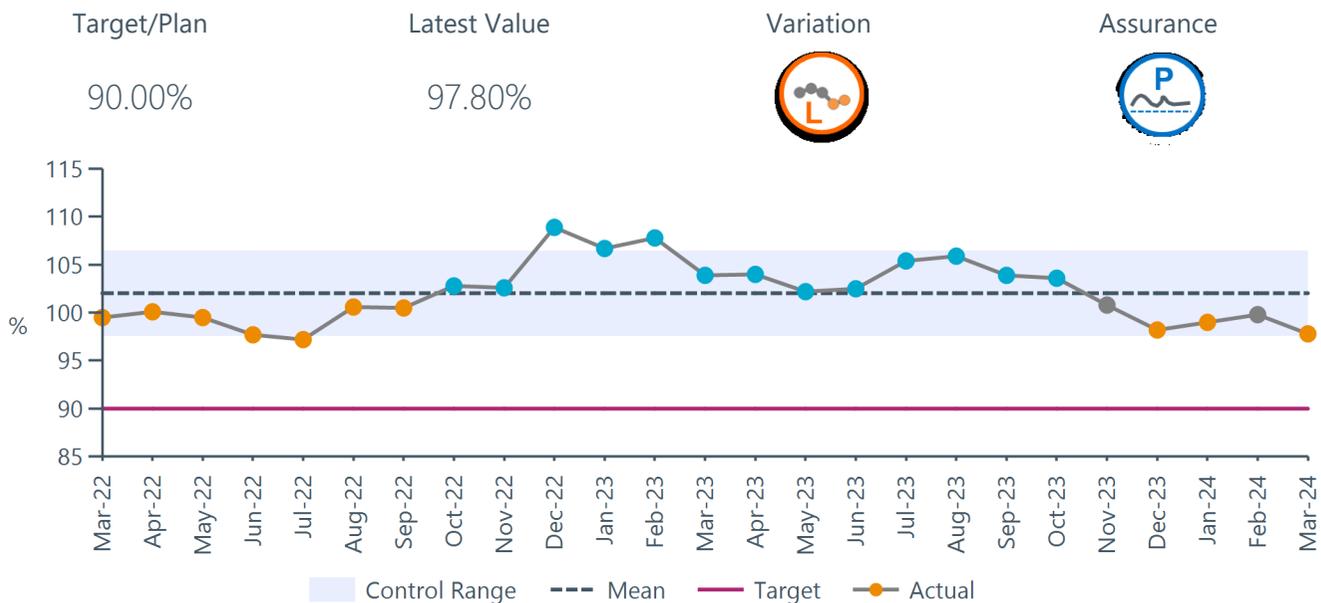
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1	0	1	0	3	3	1	1	0	2	2	1	2

- 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 passing the target.

Narrative

The overall shift rate for March was 97.80% and is shown as special cause variation. In March the fill rate for registered nursing on MCSI wards was lower than their typical levels. This was due to bed closures as a result of infections so there were times that shifts were not filled as occupancy levels didn't require the level of staffing originally planned.

Actions

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

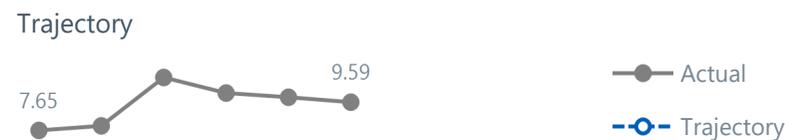
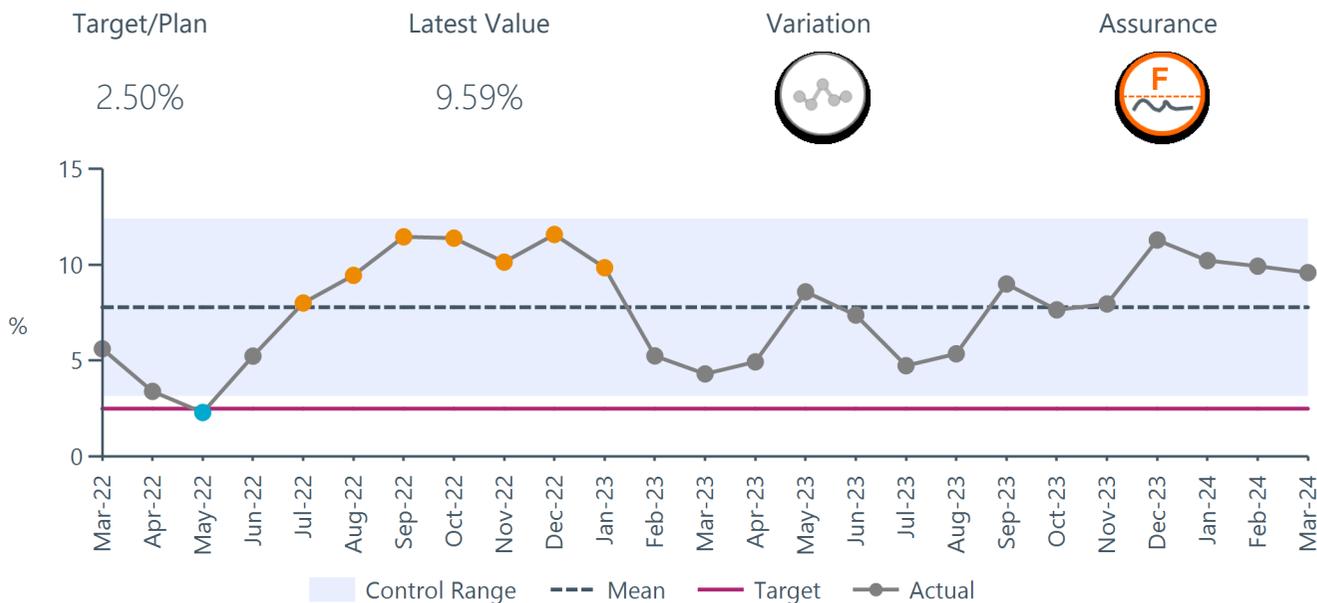
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
103.90%	104.00%	102.20%	102.50%	105.40%	105.90%	103.90%	103.60%	100.80%	98.20%	99.00%	99.80%	97.80%

- Staff - **Patients** - Finances -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer



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 9.59% for March with the figure remaining within the expected control range. The total delayed days for the month is 411 days with a breakdown as follows:

- * 14 care of the elderly patients with 130 delayed days - attributed to Shropshire, Wales & Warwickshire
- * 7 spinal injuries patients amounting to 146 days - attributed to Coventry, Wolverhampton, Warwickshire, Birmingham, Newcastle Upon Tyne
- * 7 T&O patients totalling 135 days - attributed to Wales, Hertfordshire, Cheshire

There is an increase in the volume of T&O patients this month. This has been driven by patients with increased co-morbidities who then required community beds or packages of care where delays have been seen.

Actions

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

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

Now recording NCTRs with the reason for delay on Lorenzo and trialling reporting on new data source.

Action to explore with System Discharge Team what support is available for RJAH MSK wards.

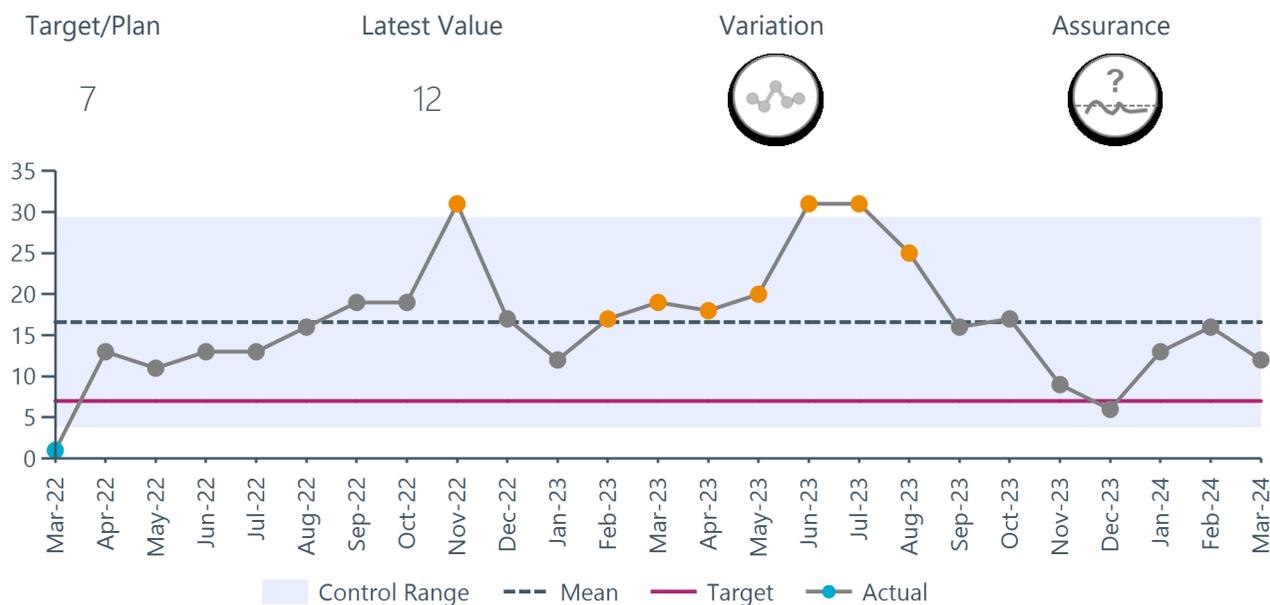
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
4.31%	4.94%	8.59%	7.38%	4.74%	5.36%	9.00%	7.65%	7.96%	11.29%	10.22%	9.93%	9.59%

- Staff - Patients - Finances -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

As at 31st of March, there were 12 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of 7.

Actions

The number of acute admission wait list numbers remains above plan. MCSI is maintaining high bed occupancy numbers, but patients with IPC, complex physical and Mental Health condition issues are causing a pressure on bed availability and side room availability for acute admissions. Patients waiting in referring hospitals are being supported by Nurse Consultant and networked model of care.

MCSI has teamed up with 'Training Solutions & Development Limited' to provide staff with support via regular TRIM session as well as purchasing 10 sessions of Neurodiversity Training. The unit is also exploring a new workforce model in collaboration with MPFT to enable us to support patient with mental health and substance abuse better and therefore reducing delays.

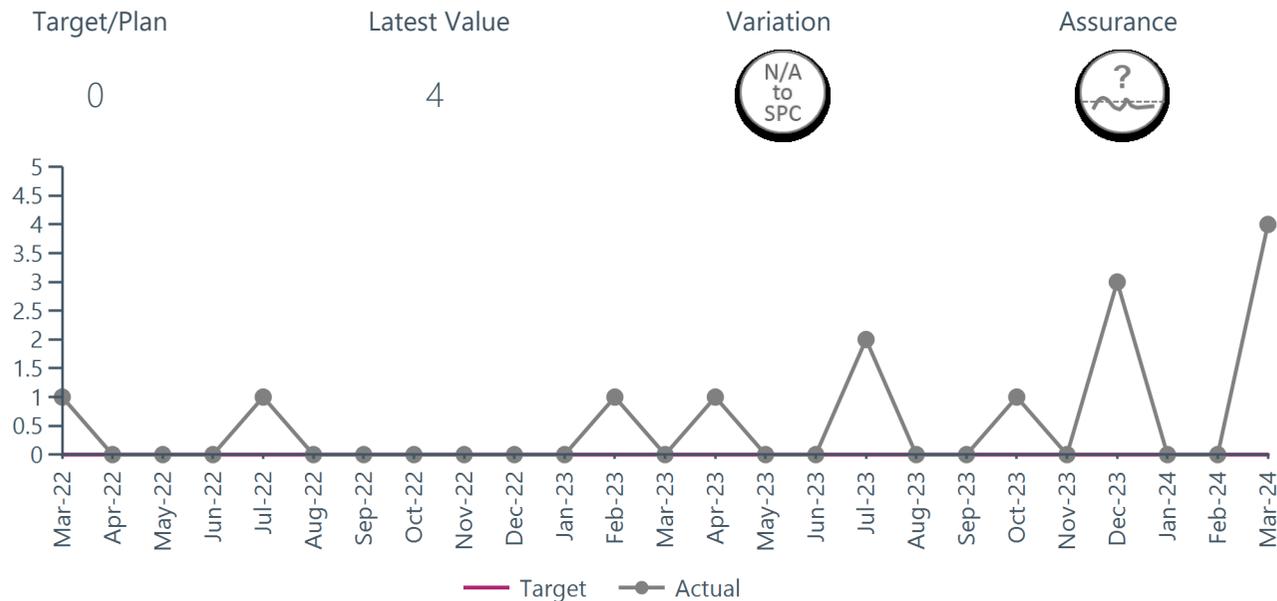
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
19	18	20	31	31	25	16	17	9	6	13	16	12

- Staff - Patients - Finances -

RJAH Acquired E. Coli Bacteraemia

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

Exec Lead:
 Chief Nurse and Patient Safety Officer



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 four cases of RJAH Acquired E. Coli Bacteraemia reported in March. At time of IPR production, three PIRs have been completed with the fourth scheduled for w/c 15th April.

Actions

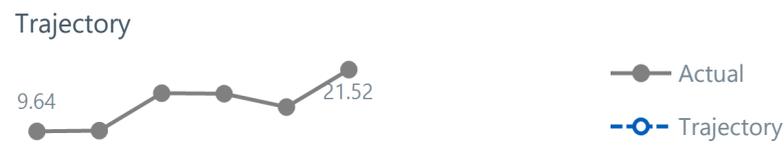
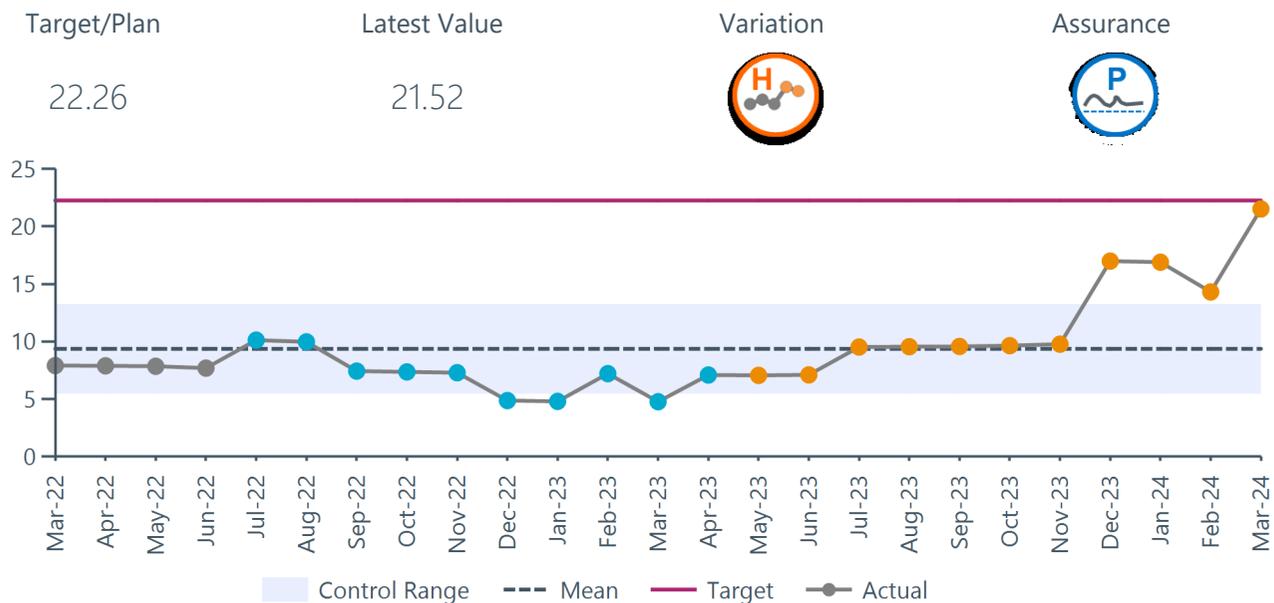
The IPC Team will be completing a thematic review of all cases reported throughout 23/24. This will be taken to SNAHP for discussion and decisions on appropriate actions required.

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

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

Narrative

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

Actions

The IPC Team will be completing a thematic review of all cases reported throughout 23/24. This will be taken to SNAHP for discussion and decisions on appropriate actions required.

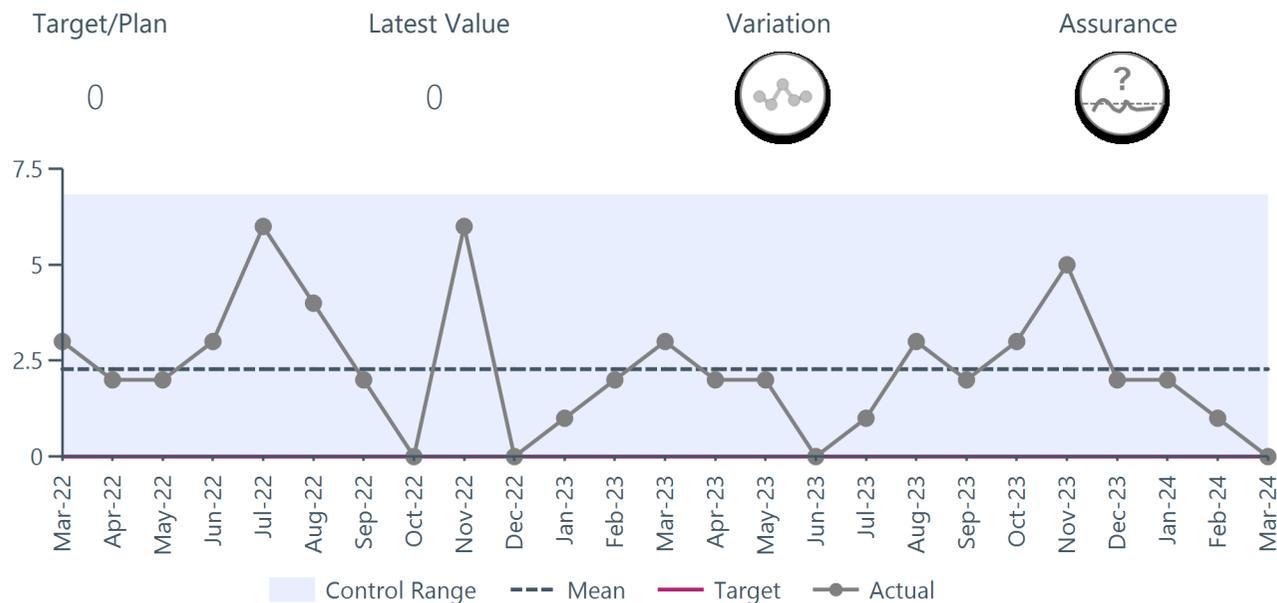
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
4.77	7.09	7.06	7.10	9.52	9.55	9.57	9.64	9.77	16.99	16.89	14.31	21.52

- 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 March, these related to procedures that took place in January (2) and February (1). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team have completed case reviews for all SSIs which shows compliance against the OneTogether assessment. These are then explored further at MDT, in line with PSIRF, and all actions will be added to the IPC Quality Improvement plan and actioned by the SSIPWG. The One Together Audit was repeated in February as part of a six-monthly cycle of assurance.

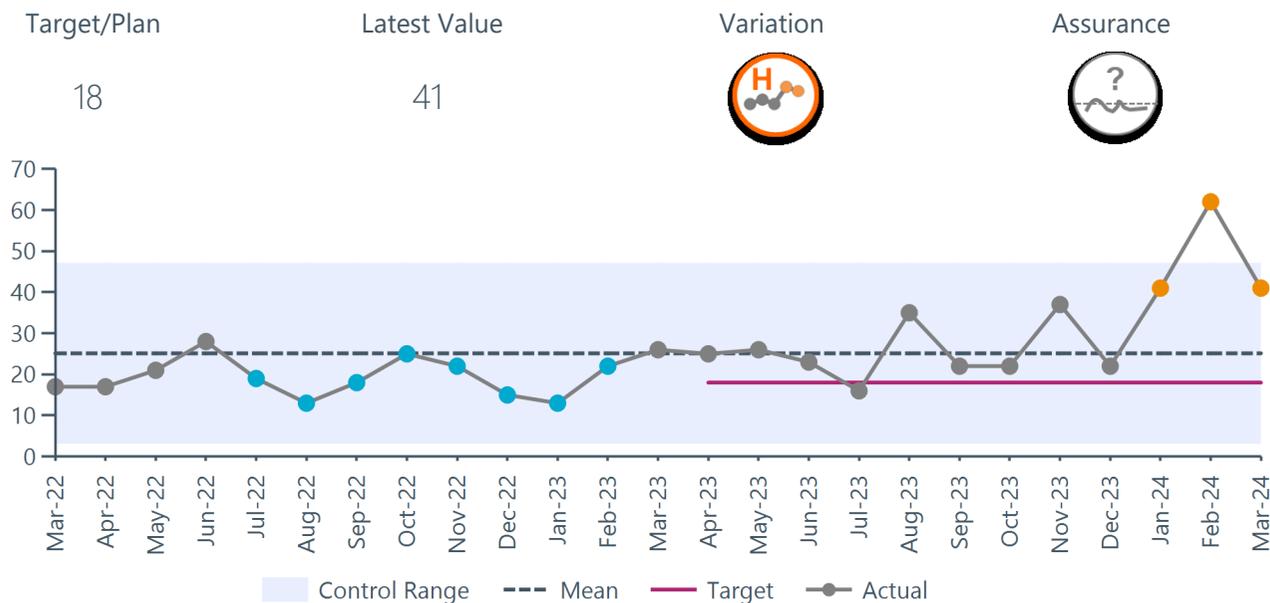
The IPC Clinical Lead has made enquiries with ROH to arrange a peer to peer review; timescales to be confirmed. The team will also be working with colleagues at ROH to produce some videos on processes within theatres that will be available to support staff.

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

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

Narrative

There were 41 medication errors reported throughout March. This is included as an exception as it remains above the Trust's tolerance of 18 and is highlighted as special cause variation. There has been a significant increase in incidents relating to the supply and storage of medications within Pharmacy, however this is reflective of increased reporting of issues as requested by the Chief Pharmacist.

Two patients were deemed to sustain harm as a result of these errors; adverse reaction (1) and delay in start of homecare treatment (1).

Actions

The Quarter Three PSIRF medication thematic review was presented at Patient Safety meeting with a number of recommendations made. A Task and Finish Group will be established to take these forward with Matrons and Assistant Chief Nurses involved.

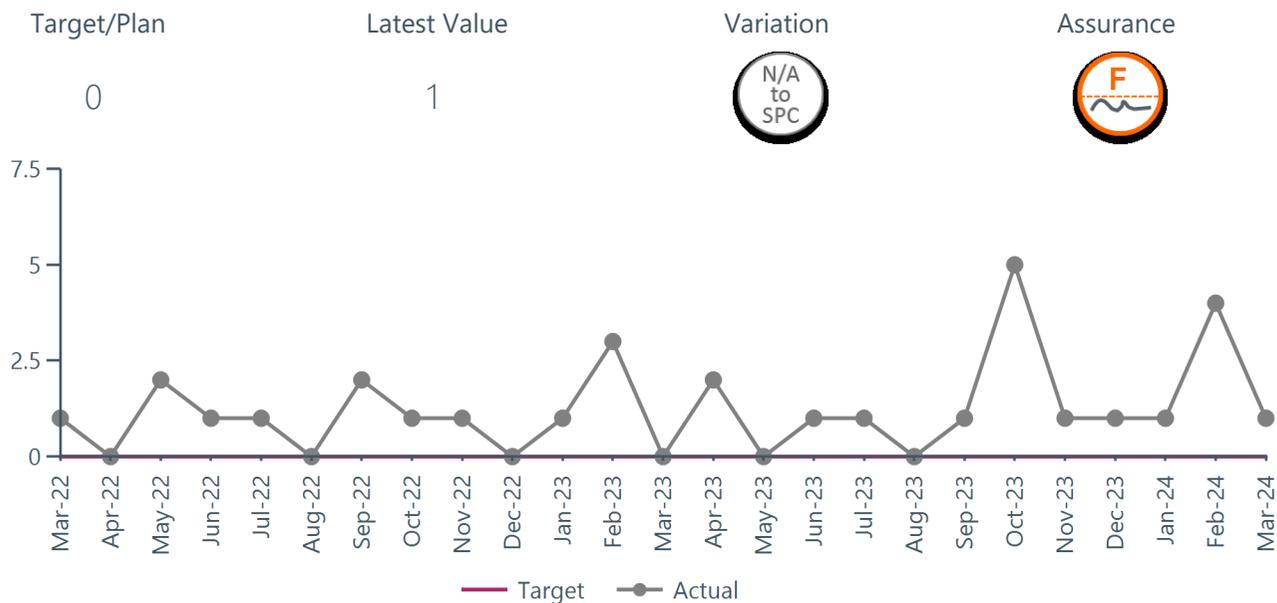
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
26	25	26	23	16	35	22	22	37	22	41	62	41

- 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. Metric is consistently failing the target.

Narrative

There was one death within the Trust in March; this has been categorised as an expected death.

Actions

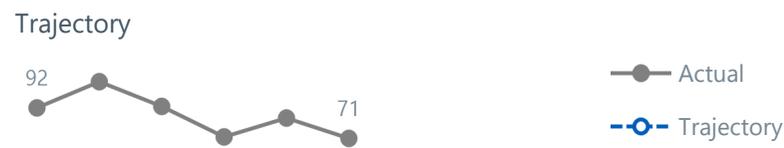
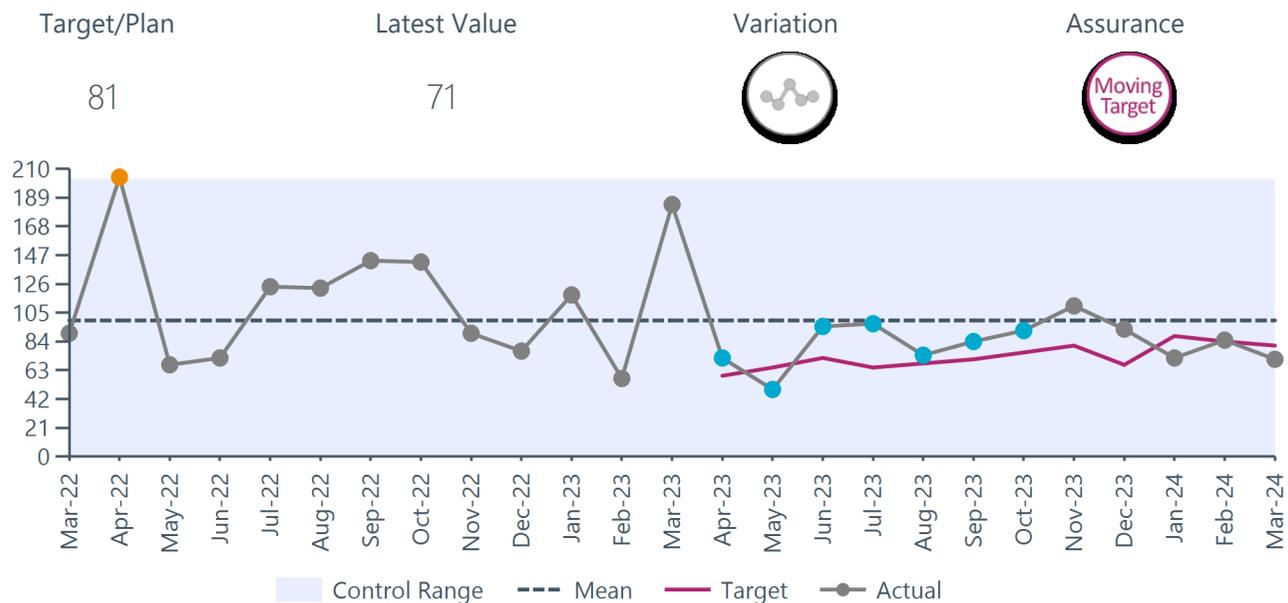
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
0	2	0	1	1	0	1	5	1	1	1	4	1

- 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. This measure has a moving target.

Narrative

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

In total there were 71 theatre cancellations in March: 48 on the day and 23 in the 7 days before surgery, 10 below target (81). This metric is included as an exception as the target for Theatre activity was not met therefore the threshold for cancellations was lower than predicted.

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

There was 1 breach of the 28-day booking standard in March due to lack of kit.

Actions

* All cancellations reviewed with notification to MDs and COO. Cancellations a key element of theatre improvement. Key themes:
Key focus on the day cancellations for patients medically unfit, DNA and surgery no longer required. Pre-surgical (-72hr) phone calls to patients. Additional resource identified starting in May 2024.
Pre-op pool of patients used where possible when cancellations made in advance of surgery.
Pre-op GIRFT self-assessment in progress and will be reported to Trust Performance and Operational Group in April 2024.

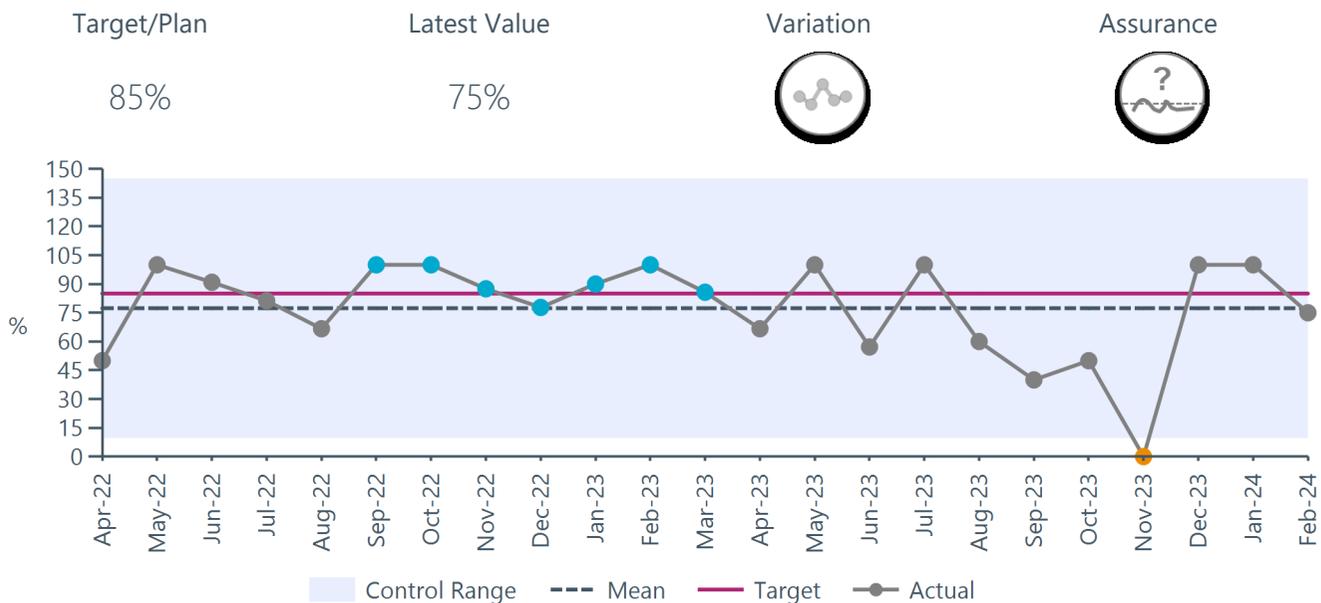
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
184	72	49	95	97	74	84	92	110	93	72	85	71

- 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 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 Cancer 62 Day General Standard was not met in February; this measure is reported in arrears. The February performance is reported at 75% against the 85% target. The standard is reporting 2 pathways (made up of shared pathways) where 0.5 is a shared breach with another Trust. The breach pathways was a complex pathway where the patient required multiple scans, biopsy and discussion at MDT.

Actions

There are no applicable actions.

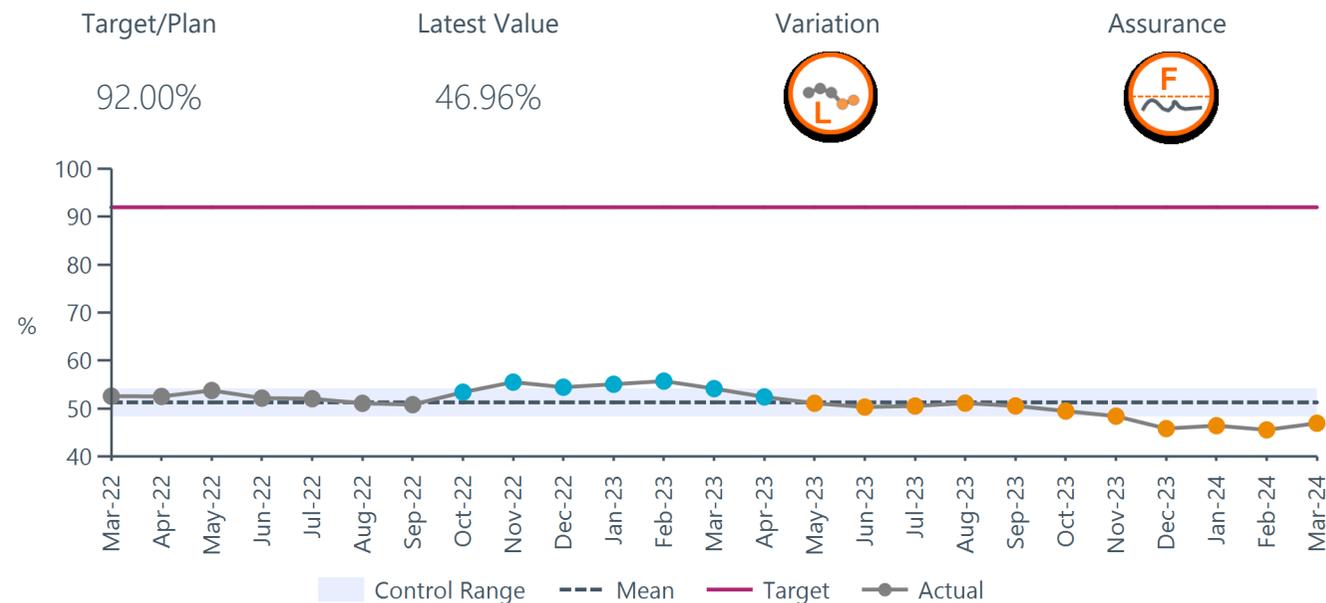
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
85.71%	66.67%	100.00%	57.14%	100.00%	60.00%	40.00%	50.00%	0.00%	100.00%	100.00%	75.00%	

- Staff - **Patients** - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Our March performance was 46.96% 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 – 8194 patients waiting of which 3051 are breaches
- * MS2 – 1638 patients waiting of which 1125 are breaches
- * MS3 – 5474 patients waiting of which 3943 are breaches

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
- * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 . Reporting against 24/25 operational plans will be reflected throughout the IPR next month.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. The Trust has been focusing on treatment of its longest waits. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution to support with validation went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

As part of system working, the Trust accepted 72 long wait patients from Shropshire Community during quarter three and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity. Discussions underway to assess future requirements.

Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed. The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well. Trial to begin in quarter one supporting improvements to pre-optimisation.

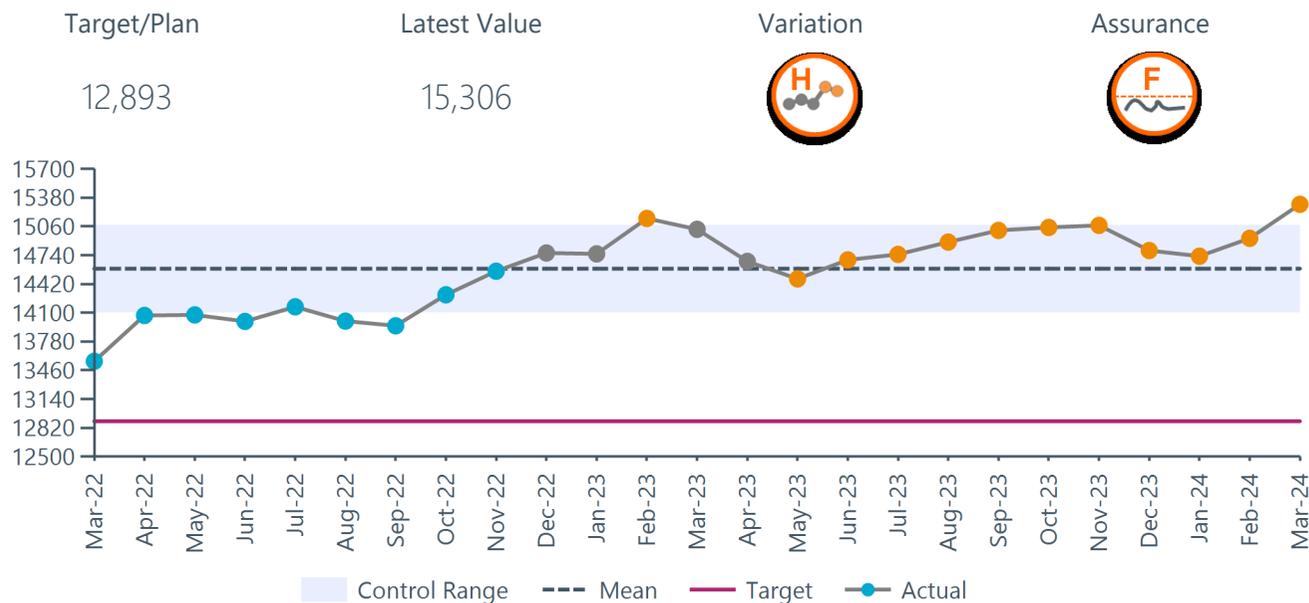
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
54.18%	52.44%	51.12%	50.33%	50.55%	51.15%	50.57%	49.49%	48.43%	45.84%	46.45%	45.57%	46.96%

- Staff - Patients - Finances -

English List Size

Number of English patients currently waiting 215282

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The number of English patients waiting at the end of March is reported at 15306; 46 above our anticipated trajectory figure of 15260.

From December to March there has been a significant increase. The majority of this is a result of the reconfiguration of services across Shropshire where Rheumatology patients have transferred from Shropshire Community's RIO system to RJAH systems. Throughout February & March there have been 668 transfers; 79 patients have been waiting 52+ weeks. Without this, there would have been a marginal reduction to overall English list size.

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

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

* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025. Reporting against 24/25 operational plans will be reflected throughout the IPR next month.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. The Trust has been focusing on treatment of its longest waits. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution to support with validation went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

As part of system working, the Trust accepted 72 long wait patients from Shropshire Community during quarter three and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity. Discussions underway to assess future requirements.

Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed. The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well. Trial to begin in quarter one supporting improvements to pre-optimisation.

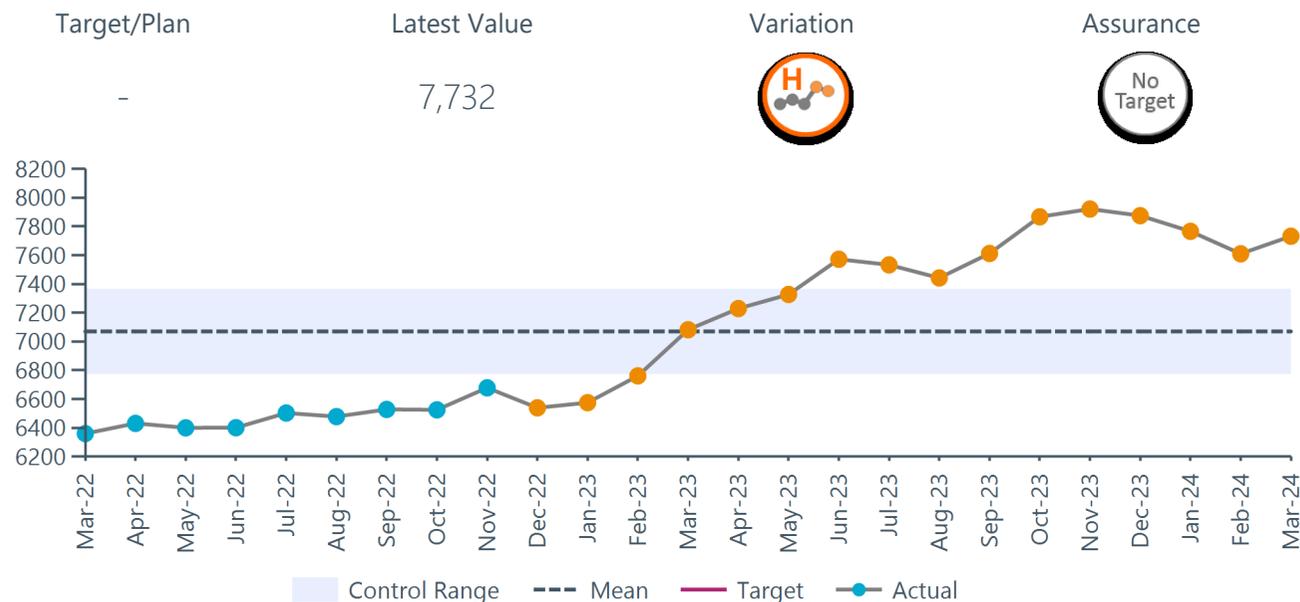
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
15028	14671	14477	14688	14749	14886	15016	15049	15072	14792	14729	14928	15306

- Staff - Patients - Finances -

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

The number of Welsh patients waiting at the end of March is reported at 7732. As can be seen in the graph above, there has been an increase this month following a period reduction in list size since November. With the exception on Tumour (-21), Upper Limb (-18) and Muscle (-1), all areas have seen an increase in list size; most notably Arthroplasty (59), Spinal Disorders (34) and Knee & Sports Injuries (19).

As part of Trust 24/25 planning, Welsh improvement required and impact on this against NHS England targets to be addressed, recognising the requirement to balance both English & Welsh waiting patients.

Partnership work with Powys LHB in place to support management of Spinal Disorders referrals to RJAH.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. The Trust has been focusing on treatment of its longest waits. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy.

Welsh guidance differs from NHS England guidance; the Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. Actions taken to offer mutual aid for our most challenged speciality however, the patients that have transferred have been low volumes to date. Discussions continue with Powys to discuss further opportunities for treatment of their patients with the next meeting planned in April. These meetings discuss long wait positions and opportunities to evolve services for the population.

The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well. Trial to begin in quarter one supporting improvements to pre-optimisation.

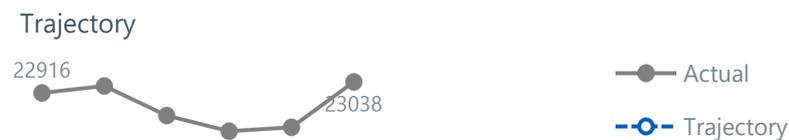
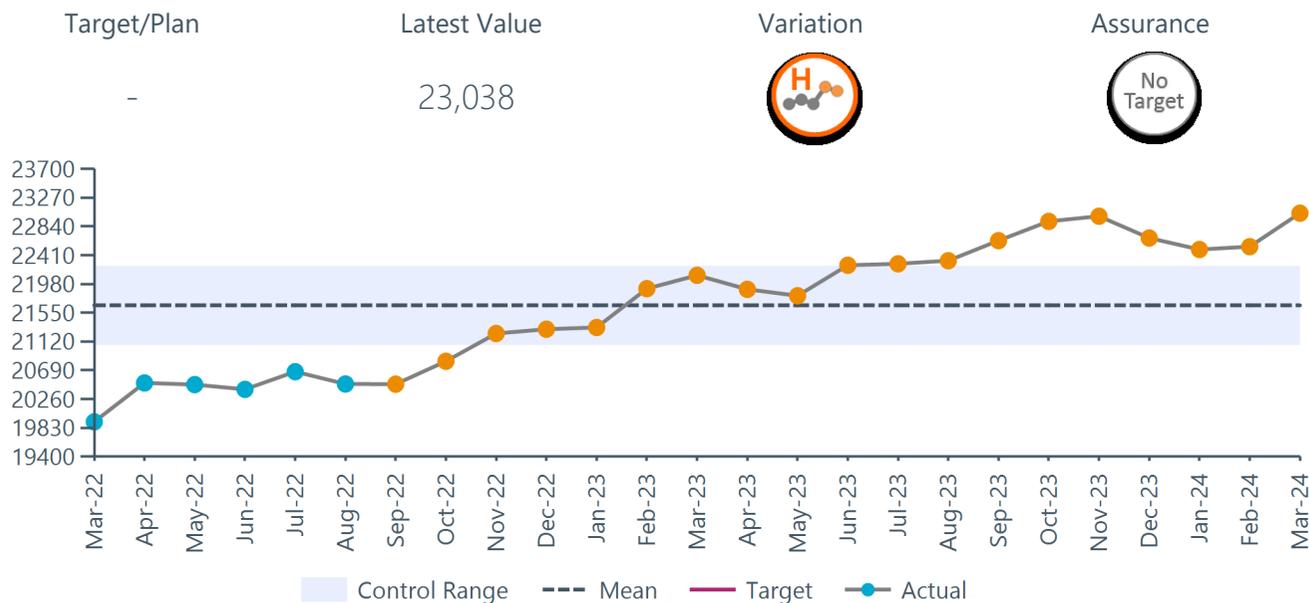
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
7082	7229	7327	7572	7533	7442	7612	7867	7921	7875	7766	7610	7732

- Staff - **Patients** - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

The total volume of patients waiting at the end of March is 23038; 15306 are English patients and 7732 are Welsh patients. The sub-specialties with the highest volume of patients are:

- * Spinal Disorders - 4936 / 21.43%
- * Metabolic Medicine - 4461 / 19.36%
- * Arthroplasty - 4262 / 18.50%

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
- Reporting against 24/25 operational plans will be reflected throughout the IPR next month. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.

Actions

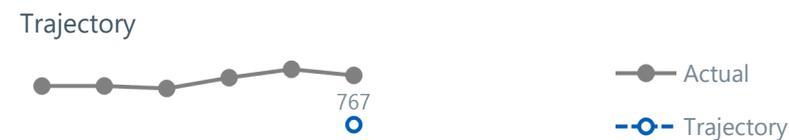
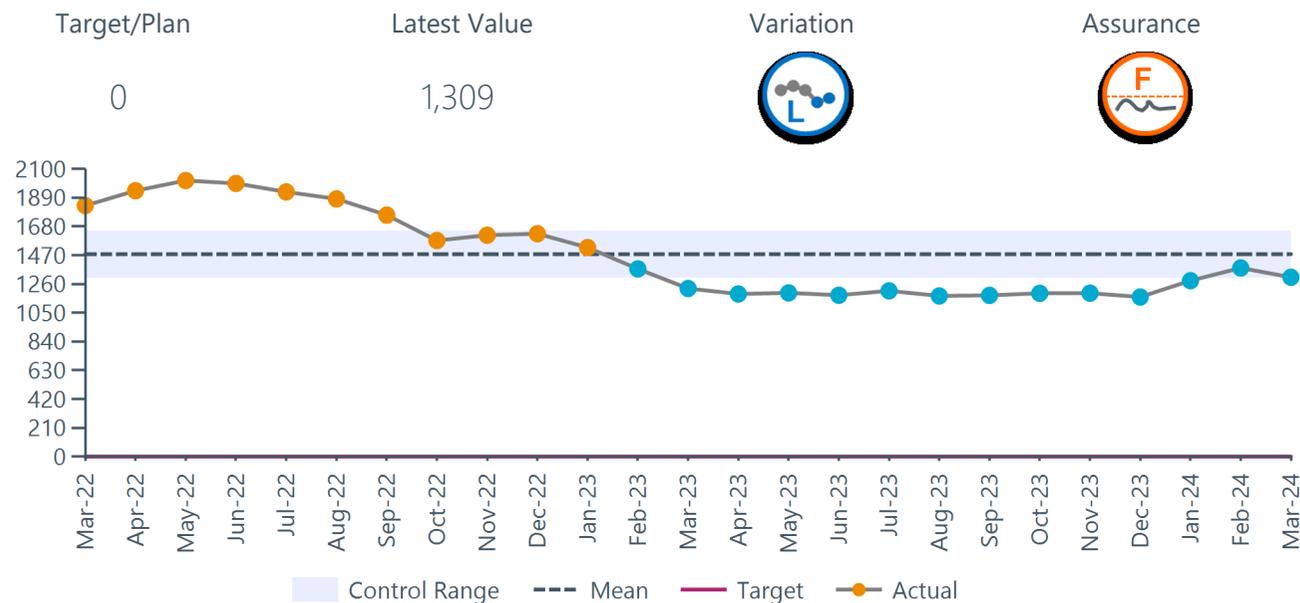
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
22110	21900	21804	22260	22282	22328	22628	22916	22993	22667	22495	22538	23038

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of March there were 1309 English patients waiting over 52 weeks; above our trajectory figure of 767 by 542. The patients are under the care of these sub-specialities; Arthroplasty (481), Spinal Disorders (254), Knee & Sports Injuries (189), Upper Limb (160), Foot & Ankle (111), Rheumatology (74), Metabolic Medicine (17), Physiotherapy (6), Paediatric Orthopaedics (4), ORLAU (4), Tumour (4), Orthotics (2), Neurology (2) and Paediatric Medicine (1).

Patients waiting, by weeks brackets is:

- * >52 to <=65 weeks - 1111 patients
- * >65 to <=78 weeks - 195 patients
- * >78 to <=95 weeks - 3 patients
- * >95 to <=104 weeks - 0 patients

Actions

The national planning requirements for 2023/24 stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). The Trust is currently putting plans in place to achieve during quarter two 2024/25. Harms reviews process and validation resource are in place. A digital solution to support with validation that went live in early December. Cohort one for Patient Initiated Digital Mutual Aid had very small volumes of patients who were transferred to other Providers; rollout of further cohorts within 2024/25.

Internal Operational meeting are in place to further monitor progress. Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed. The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well. Trial to begin in quarter one supporting improvements to pre-optimisation.

As part of system working, the Trust accepted 72 long wait patients from Shropshire Community during quarter three and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity. Discussions underway to assess future requirements.

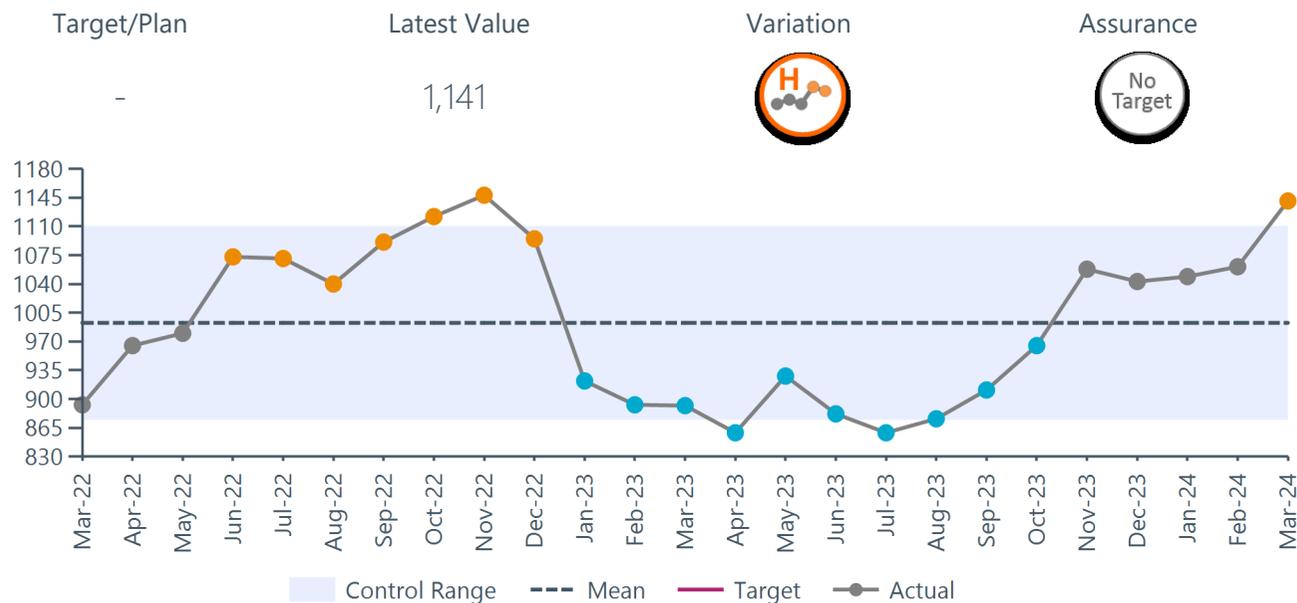
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1227	1187	1195	1178	1210	1173	1177	1192	1193	1165	1284	1377	1309

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of March there were 1141 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (439), Arthroplasty (283), Knee & Sports Injuries (197), Upper Limb (99), Foot & Ankle (88), Veterans (14), Paediatric Orthopaedics (13), Metabolic Medicine (3), Tumour (2), Neurology (2) and Spinal Injuries (1).

Patients are under the care of the following commissioners: BCU (614), Powys (498), Hywel Dda (25), Cardiff & Vale (2), Cwm Taf (1) and Aneurin Bevan (1). The number of patients waiting, by weeks brackets is:

- * >52 to <=65 weeks - 564 patients
- * >65 to <=78 weeks - 268 patients
- * >78 to <=95 weeks - 180 patients
- * >95 to <=104 weeks - 48 patients
- * >104 weeks - 81 patients

As seen in the graph, this metric is above the upper control range and is reporting the highest number since November 2022, demonstrating special cause variation of a concerning nature. Analysis of historical referrals trends does demonstrate a peak in March-23.

Actions

The Welsh guidance differs from NHS England guidance. The Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. The Trust has taken action to offer mutual aid for our most challenged speciality. The patients that have transferred have been low volumes to date.

A continuous validation programme is in place whilst patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution has been in place to support with validation; this went live in early December.

Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed.

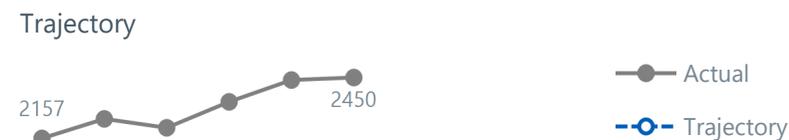
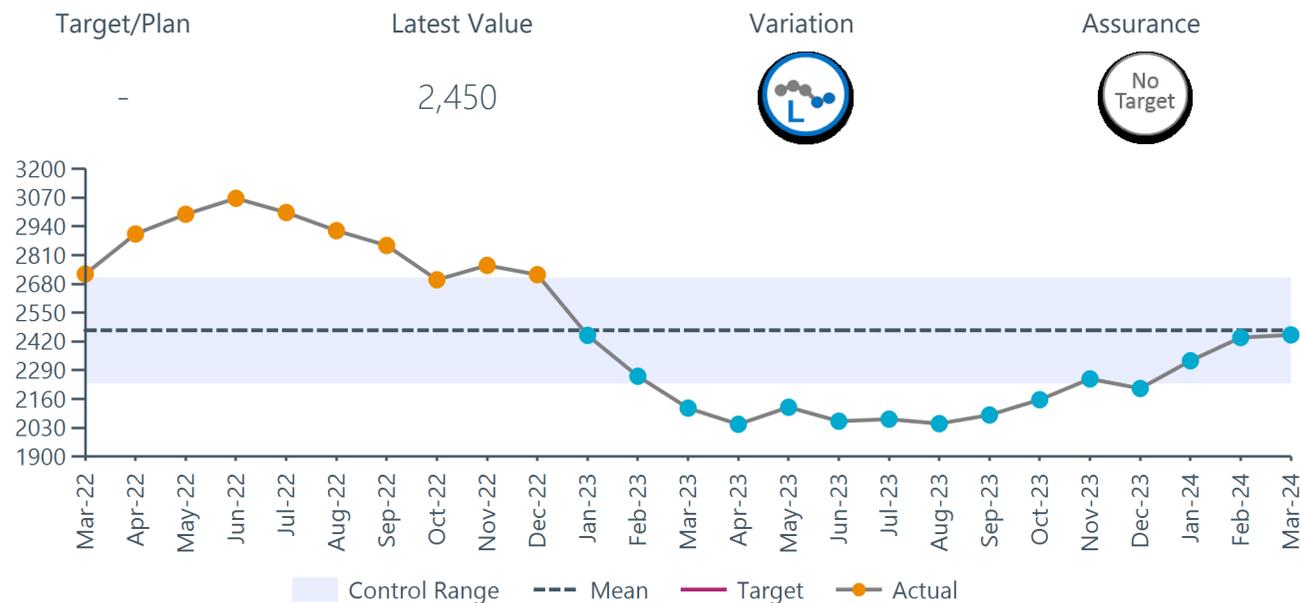
The Trust is reviewing its pre-operative pathways in place to support with health optimisation and ensuring patients wait well. Trial to begin in quarter one supporting improvements to pre-optimisation.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
892	859	928	882	859	876	911	965	1058	1043	1049	1061	1141

Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

Overall, there were 2450 patients waiting over 52 weeks at the end of March; 1309 English and 1141 Welsh. The number of patients waiting over 52 weeks represents 10.63% of the total list size.

The patients are under the care of the following sub-specialties; Arthroplasty (764), Spinal Disorders (693), Knee & Sports Injuries (386), Upper Limb (259), Foot & Ankle (199), Rheumatology (74), Metabolic Medicine (20), Paediatric Orthopaedics (17), Veterans (14), Physiotherapy (6), ORLAU (4), Neurology (4), Tumour (6), Orthotics (2), Spinal Injuries (1) and Paediatric Medicine (1).

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
- Reporting against 24/25 operational plans will be reflected throughout the IPR next month.

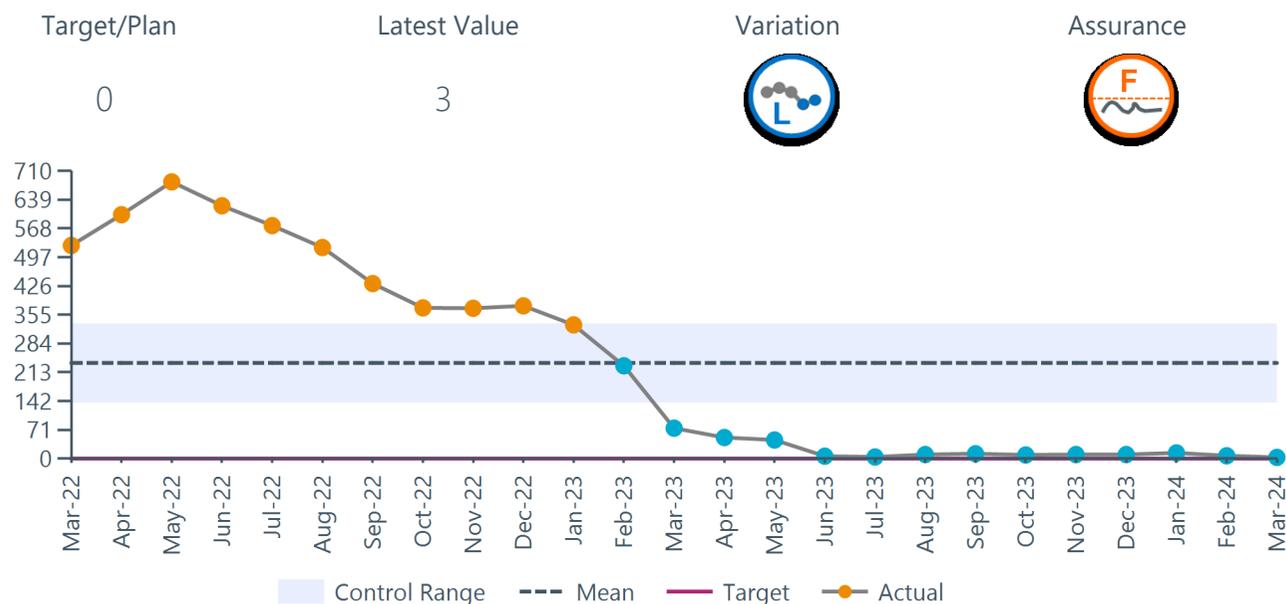
Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
2119	2046	2123	2060	2069	2049	2088	2157	2251	2208	2333	2438	2450

Patients Waiting Over 78 Weeks - English

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

Exec Lead:
Chief Operating Officer



Trajectory



What these graphs are telling us

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

Narrative

At the end of March there were 3 English patients waiting over 78 weeks; 3 above our trajectory of 0. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (1), Knee & Sports Injuries (1) and Foot & Ankle (1).

Thirty-three patients declined the offer of mutual aid leading to non-admitted clock stops.

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

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

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

Reporting against 24/25 operational plans will be reflected throughout the IPR next month.

Actions

The Trust is now reporting against this standard by exception with the Trust making significant improvements during 23/24. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks. The Trust is putting plans in place, with the aim to achieve this during quarter two 2024/25.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. Cohort one for Patient Initiated Digital Mutual Aid had very small volumes of patients who were transferred to other Providers and rollout of further cohorts expected during 2024/25.

Internal Operational meeting are in place to further monitor progress.

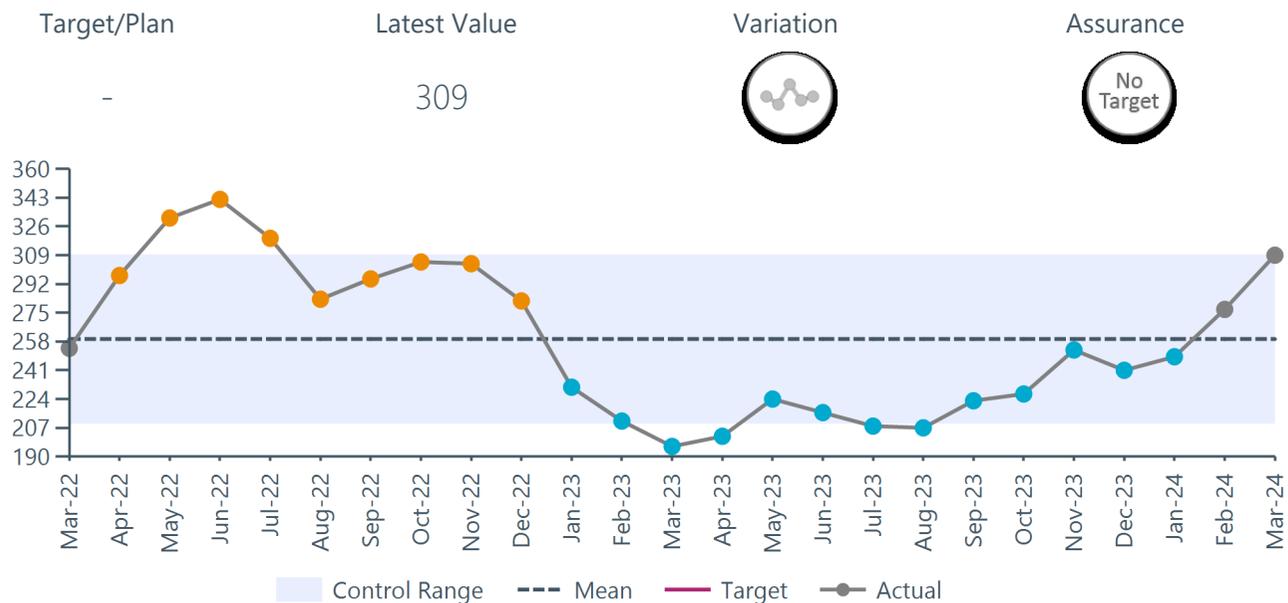
Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
75	52	46	6	4	10	12	9	10	10	14	7	3

Patients Waiting Over 78 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

At the end of March there were 309 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (121), Knee & Sports Injuries (80), Arthroplasty (74), Foot & Ankle (17), Upper Limb (12), Veterans (3), Neurology (1), and Paediatric Orthopaedics (1).

Although common cause variation, this metric is on the upper control range and is reporting the highest number since June 2022. Analysis of historical referrals trends does demonstrate a peak that supports this increase.

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Actions taken to offer mutual aid for our most challenged speciality, however the patients that have transferred have been low volumes to date.

Validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. Cohort one for Patient Initiated Digital Mutual Aid had very small volumes of patients who were transferred to other Providers and rollout of further cohorts expected during 2024/25.

Internal Operational meeting are in place to further monitor progress.

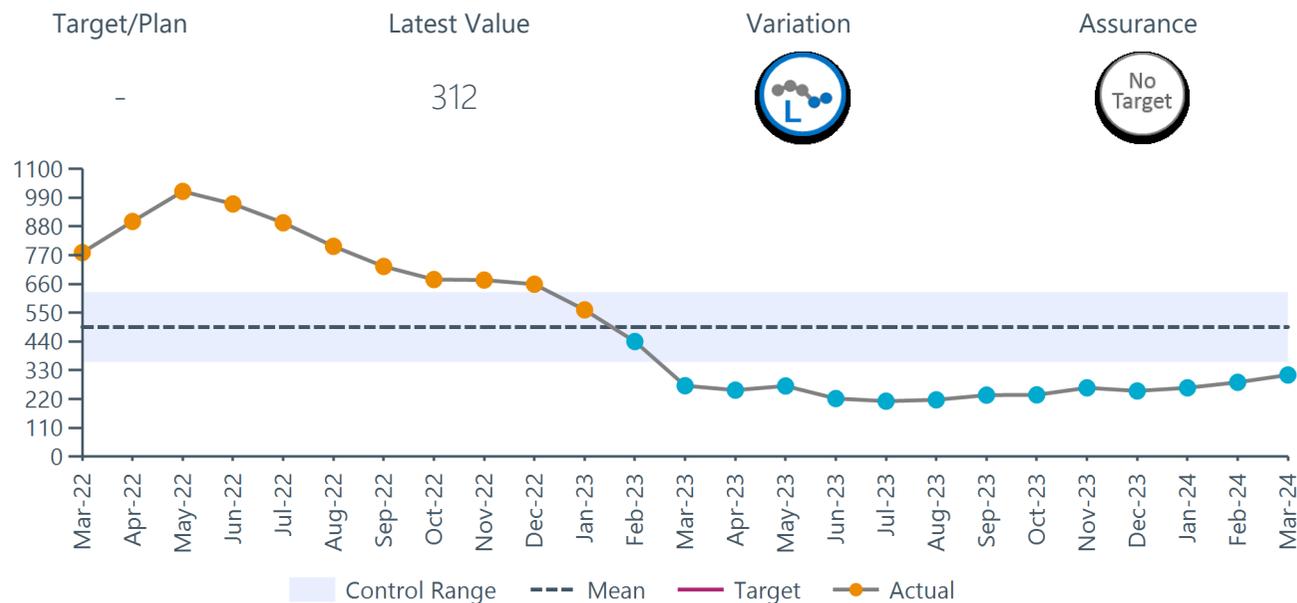
Historical Industrial Action impacts continue to be monitored within the Trust, and any future planned action will be assessed.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
196	202	224	216	208	207	223	227	253	241	249	277	309

Patients Waiting Over 78 Weeks - Combined

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

Overall, there were 312 patients waiting over 78 weeks at the end of March; 3 English and 309 Welsh.

The patients are under the care of the following sub-specialties; Spinal Disorders (122), Knee & Sports Injuries (81), Arthroplasty (74), Foot & Ankle (18), Upper Limb (12), Veterans (3), Neurology (1) and Paediatric Orthopaedics (1).

For March reporting, the Trust is still working with 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:

- * Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
 - * Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
- Reporting against 24/25 operational plans will be reflected throughout the IPR next month.

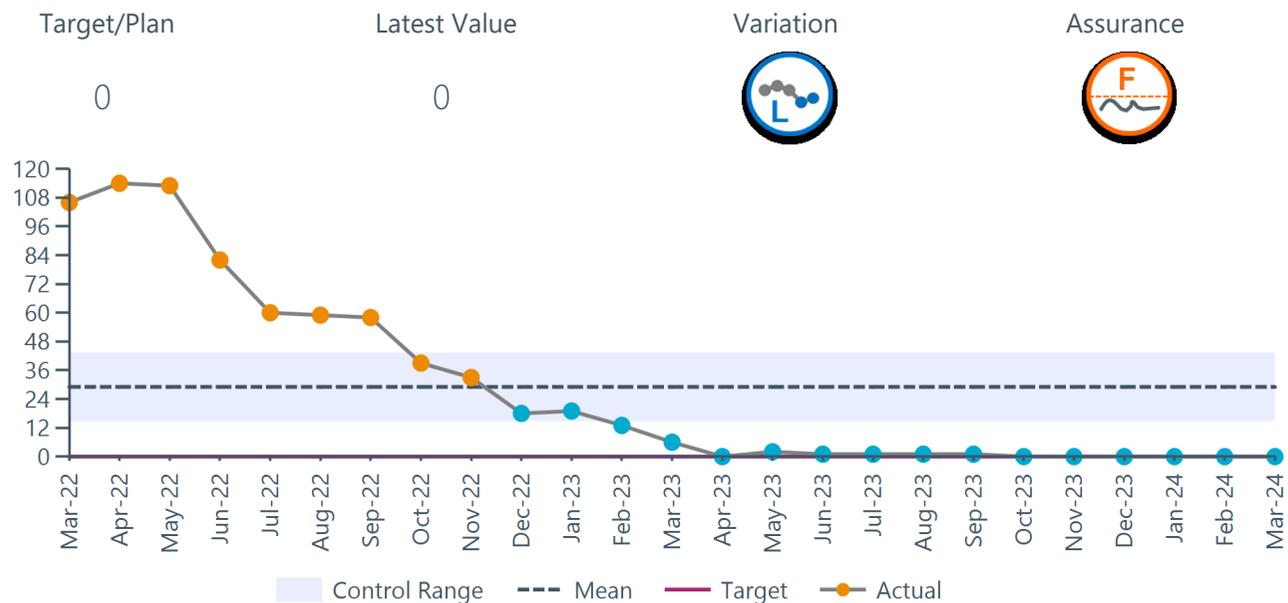
Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
271	254	270	222	212	217	235	236	263	251	263	284	312

Patients Waiting Over 104 Weeks - English

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of March there were 0 (zero) English patients waiting over 104 weeks.

The Trust is forecasting 0 breaches for the end of April.

Actions

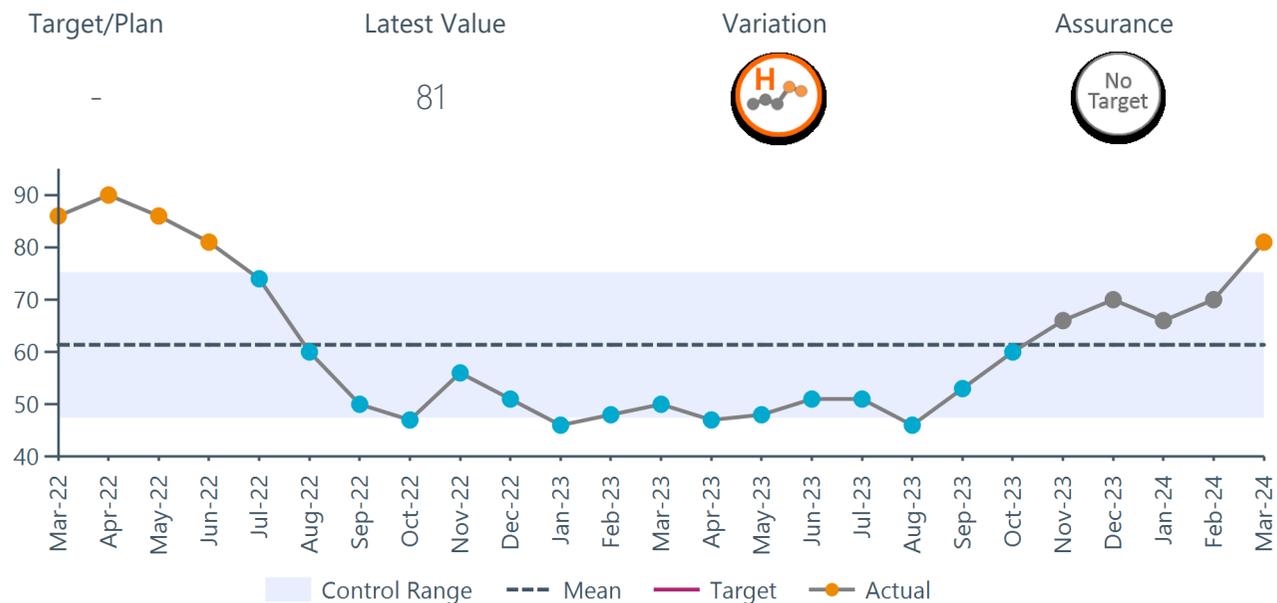
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward.

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

Patients Waiting Over 104 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of March there were 81 Welsh patients waiting over 104 weeks. The patients are under the care of the following subspecialties:

- * Spinal Disorders (54)
- * Knee & Sports Injuries (20)
- * Arthroplasty (3)
- * Foot & Ankle (2)
- * Upper Limb (1)
- * Neurology (1)

As seen in the graph, this metric is above the upper control range and is reporting the highest number since June 2022, demonstrating special cause variation of a concerning nature.

Actions

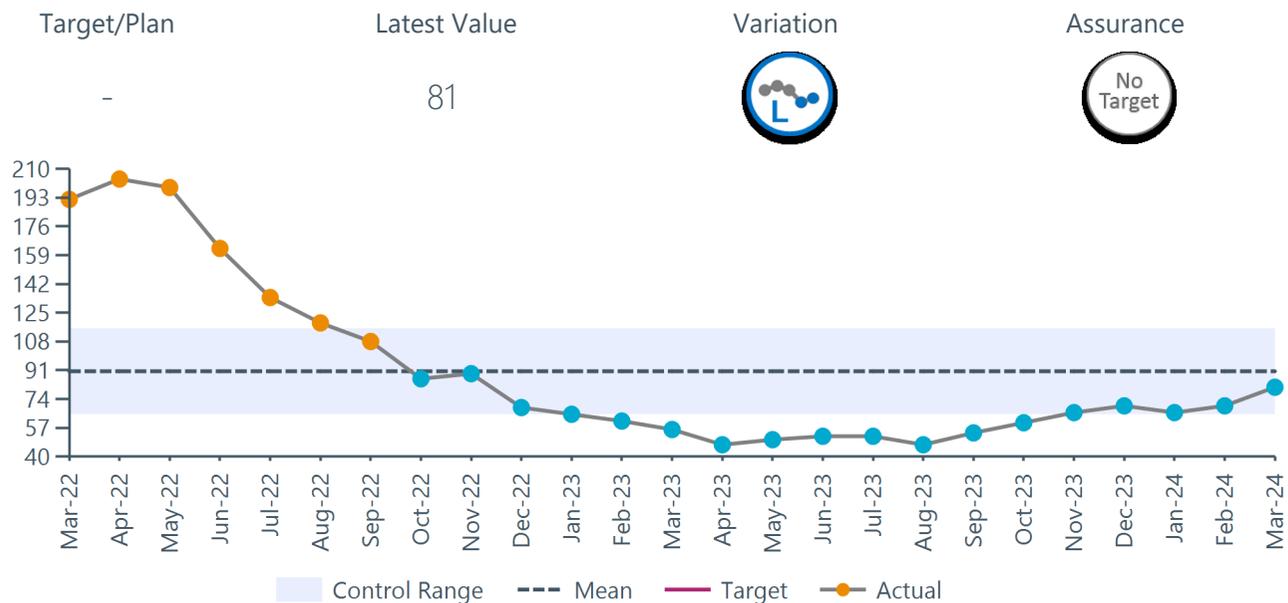
The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty. The Trust has taken action to offer mutual aid for our most challenged speciality, however, the patients that have transferred have been low volumes to date. The Trust is continuing to progress further opportunities with regards to validation processes.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
50	47	48	51	51	46	53	60	66	70	66	70	81

Patients Waiting Over 104 Weeks - (Combined)

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

Exec Lead:
Chief Operating Officer



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

Narrative

The reported position for the end of March included 0 English patients and 81 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:

- * Spinal Disorders (54)
- * Knee & Sports Injuries (20)
- * Arthroplasty (3)
- * Foot & Ankle (2)
- * Upper Limb (1)
- * Neurology (1)

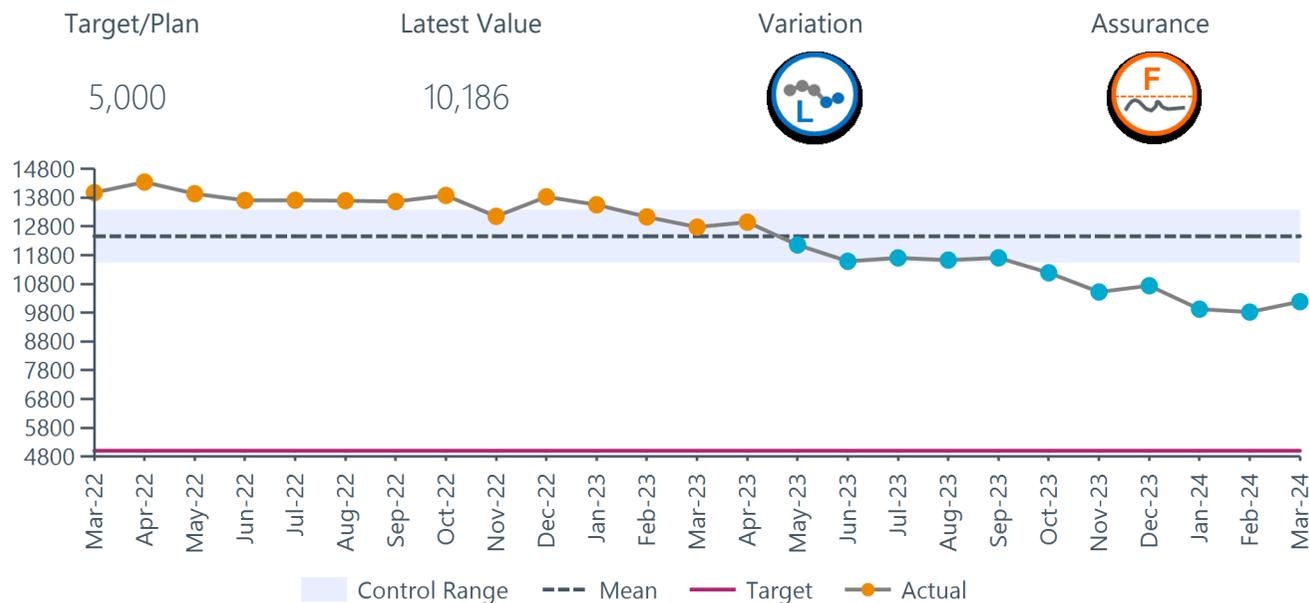
Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
56	47	50	52	52	47	54	60	66	70	66	70	81

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

At the end of March, there were 10,186 patients overdue their follow up appointment. This is broken down by:

- Priority 1 - 5924 with 888 dated (15%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 - 4262 with 948 dated (22%);

- * The backlog increased by 363 from last month. The priority 1 backlog decreased by 4.
- * Of the 10,186 patients overdue, 36% are diagnostic follow ups.
- * Of all the patients on a non-diagnostic follow up, 18% are overdue.
- * Of all the patients on a diagnostic follow up, 53% are overdue.
- * The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (2,390), Arthroplasty (1,435) and Spinal Disorders (1,144).

Rheumatology backlog increased by 450, however this was not due to a reduction in activity, this can be attributed to both trip-ins and TEMS Follow Up patients being added to the system.

Actions

- Work on the follow up reduction plan remains ongoing:
- * Technical validation continues in small streams due to resource limitations. This has also been limited further by increased absence within Teams.
- * Service Managers are continuing to work with clinicians who have the largest volumes of overdue follow ups, balancing clinics within job plans.
- * Good discussions took place during a benchmarking meeting with ROH. Another meeting has been scheduled in April.
- * Further work to assess and understand our existing clinical protocols needs to take place.

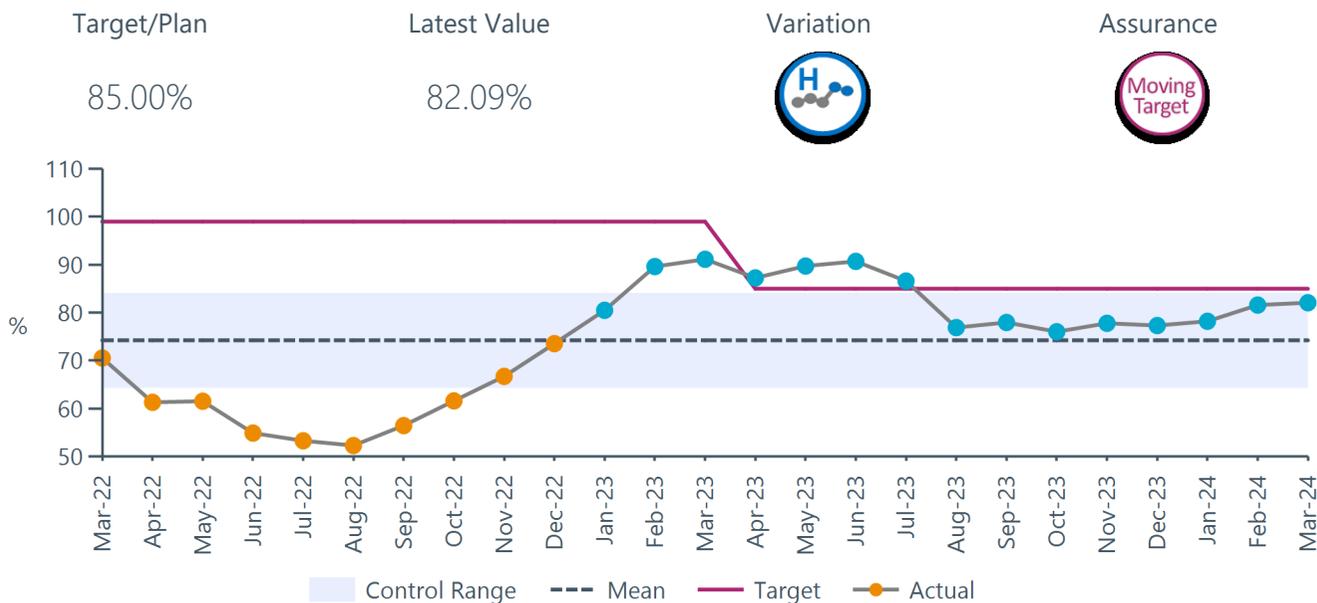
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
12777	12949	12158	11589	11707	11630	11710	11190	10522	10740	9925	9823	10186

- Staff - Patients - Finances -

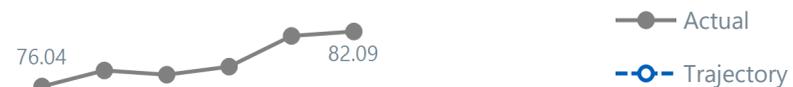
6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer



Trajectory



What these graphs are telling us

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

Narrative

The March position is reported at 82.09%; below the 85% target. Reported performance equates to 231 patients who waited beyond 6 weeks. Of the 6-week breaches; 58 are over 13 weeks (all within Ultrasound). Breakdown below outlines performance and breaches by modality:

- * MRI – 98.60% - D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine – 6-12 weeks) – 6 with 5 dated
- * CT – 96.65% - D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine – 6-12 weeks) – 6 with 4 dated
- * Ultrasound – 61.80% - D2 (Urgent - 0-2 weeks) - 1 undated, D3 (Routine - 4-6 weeks) – 1 dated, D4 (Routine - 6-12 weeks) - 215 with 145 dated
- * DEXA Scans - 100%

To support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. National expectations to have no 13 weeks by end of June 2024 and by March 2024 the ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard. The trust continues to treat by clinical priority. MRI activity plans were met in March.

Actions

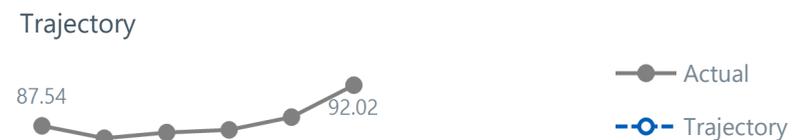
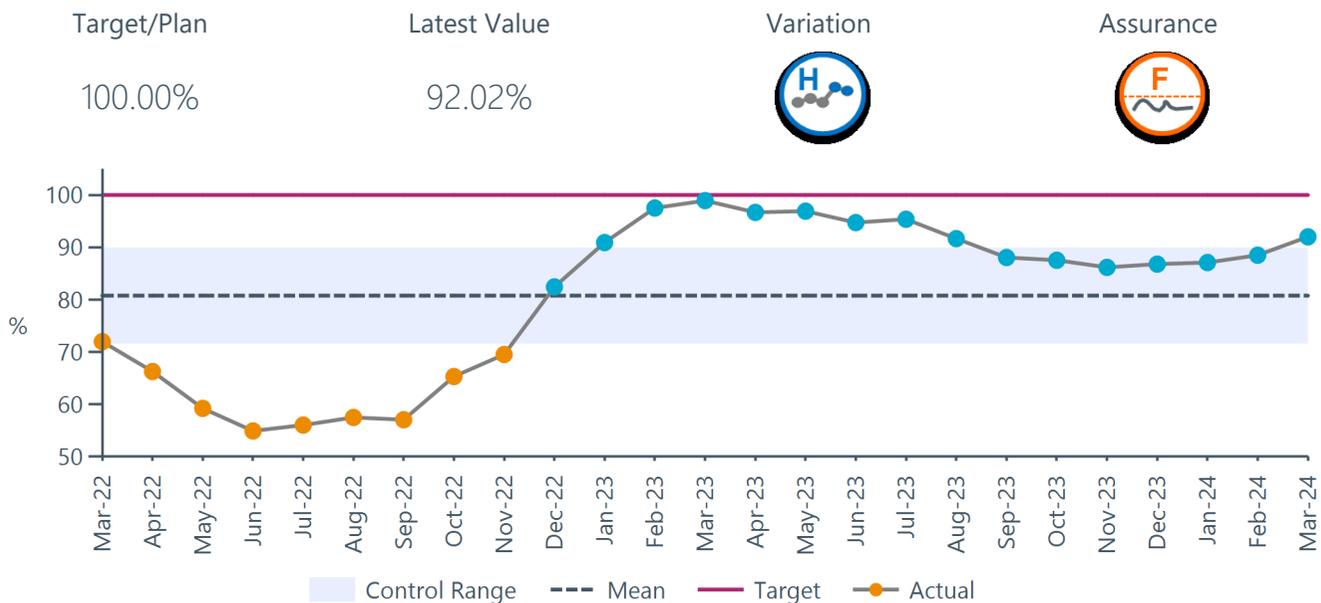
- Plan in place for Ultrasound improvement in performance includes:
- Additional Saturday lists - this has already started
 - Additional Radiologist
 - Radiology Fellow
 - Utilising existing Sonographers to carry out Ultrasounds (role expansion)
 - Mutual Aid requested but this was not successful.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
91.15%	87.27%	89.74%	90.71%	86.61%	76.91%	77.97%	76.04%	77.80%	77.33%	78.22%	81.60%	82.09%

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The 8-week standard for diagnostics was not achieved this month and is reported at 92.02%. Reported performance equates to 36 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- * MRI – 99.25% - D2 (Urgent - 0-2 weeks) - 2 dated
- * CT – 100%
- * Ultrasound – 71.19% - (D4 (Routine - 6-12 weeks) - 34 with 31 dated
- * DEXA Scans - 100%

The trust continues to treat by clinical priority. MRI activity plans were met in April.

Actions

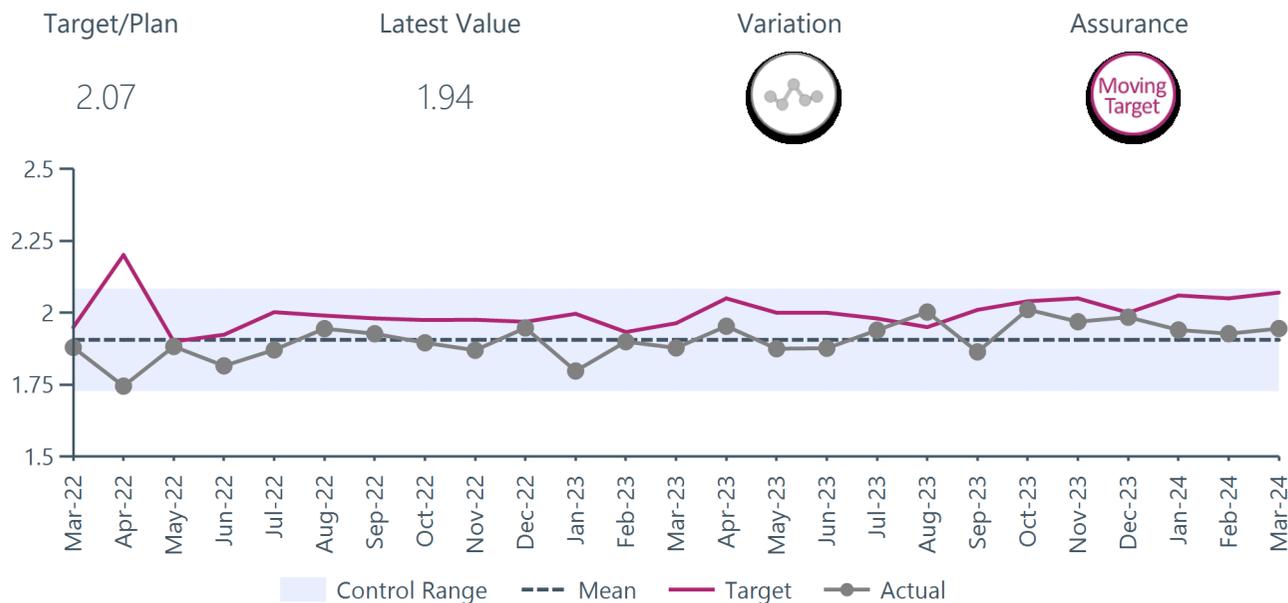
- Plan in place for Ultrasound improvement in performance includes:
- Additional Saturday lists - this has already started
 - Additional Radiologist
 - Radiology Fellow
 - Utilising existing Sonographers to carry out Ultrasounds (role expansion)
 - Mutual Aid requested but this was not successful.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
98.94%	96.69%	96.92%	94.74%	95.38%	91.67%	88.06%	87.54%	86.18%	86.80%	87.10%	88.50%	92.02%

Theatre Cases Per Session Against Plan

Average number of cases per session rated against plan. 217801

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

Cases per session achieved in March was 1.94 against the plan of 2.07 derived from our 2023/24 planning submission.

Summary:

* MSK Unit – achieved 2.10 of 2.17 plan

* Specialist Unit - achieved 1.93 of 1.71 plan

Actions

* Focus on Theatre Improvement programme with key themes:

- Early session starts currently reporting two all day sessions across two Consultants in April.
- Weekend working equating to 41 theatre cases (NHS and PP) across four Sundays in March. April bookings indicate 26 patients across three Sundays at snapshot date.
- Standardisation of cases per session in accordance with GIRFT guidance with 4x arthroplasty joint lists continuing in April.
- Regular weekly use of Headley Court Day Case facility.
- Focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is continuing to support theatre capacity in the system where possible via 6-4-2 meetings.
- 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.

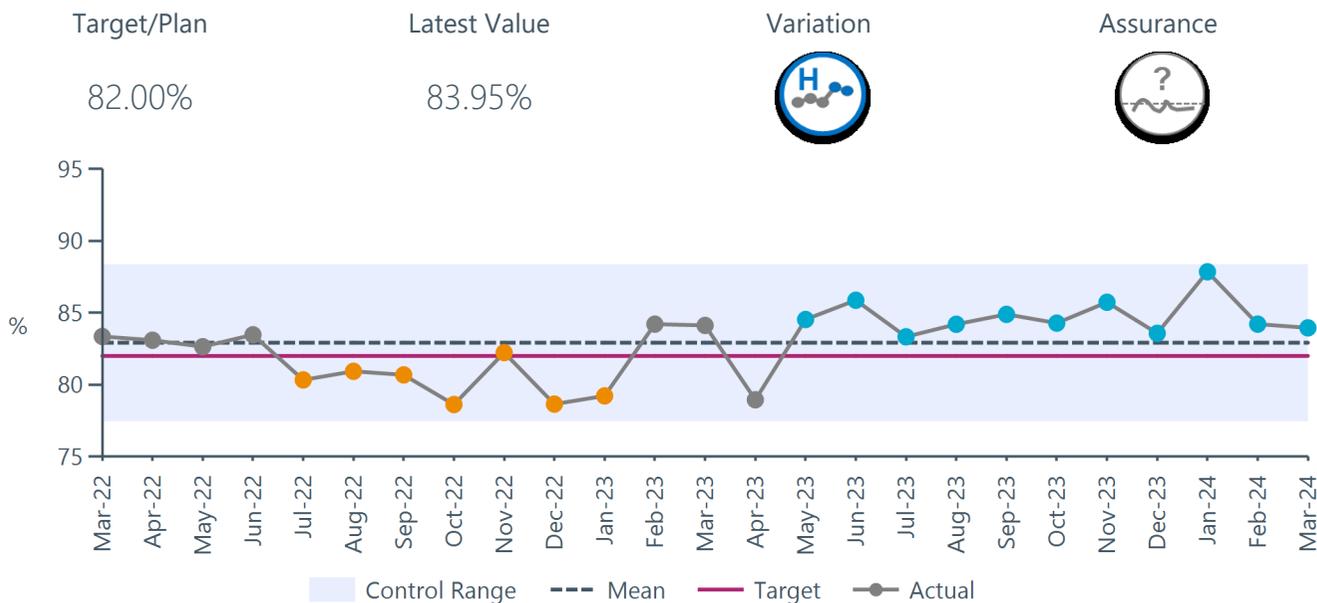
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1.88	1.95	1.88	1.88	1.94	2.00	1.86	2.01	1.97	1.98	1.94	1.93	1.94

- Staff - Patients - **Finances** -

Touchtime Utilisation

% of Minutes Utilised replicating Touch Time methodology 215309

Exec Lead:
Chief Operating 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

Touchtime Utilisation in March was 83.95% and is included as an exception this month as it continues to report special cause variation of an improving nature. This is 11 consecutive months achieving the 82% target.

Several areas of focus and theatre improvements have impacted touch time utilisation including:

- * On the day cancellation policy in place
- * Early starts commenced for 4x consultants
- * Focus on maximising capacity in theatres staffed and available
- * Standardisation of cases per session

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

Actions

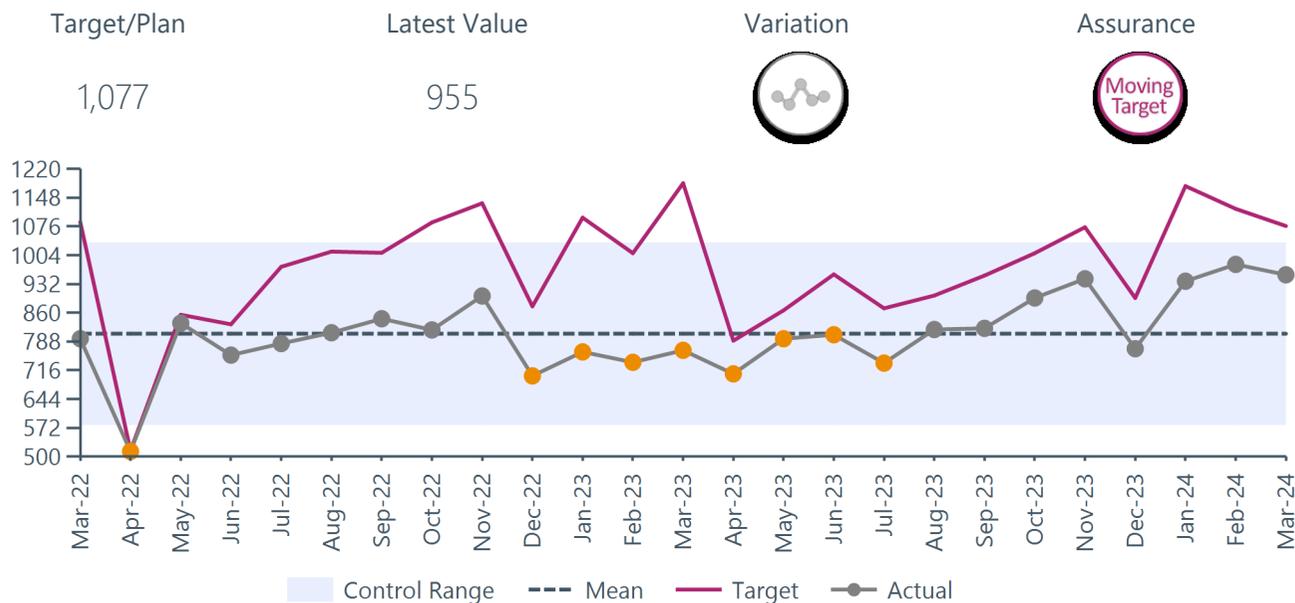
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
84.12%	78.95%	84.53%	85.87%	83.33%	84.20%	84.89%	84.28%	85.73%	83.57%	87.85%	84.21%	83.95%

- Staff - Patients - **Finances** -

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

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

March summary:

* Total Theatre Activity – 955 (plan 1077) 122 short (88.67%)

* NHS activity – 883 (plan 1015) 130 short (86.99%)

* Private patients – 72 (plan of 62) 10 above (116.13%)

Factors affecting delivery:

- Staffing issues in Theatres resulting in lost sessions
- 71 theatre cancellations (48 on the day and 23 ahead of TCI)
- Shortfall in NHS sessions (-26.5). 94.18% of sessions were used against plan.
- OJP activity below plan; 62.5%

Against the revised forecast of 870 cases which is based on TIF2 theatre development delay and other performance impacts, total theatre activity achieved 955 equating to 110%. It is worth noting that although common cause variation, March Theatre activity performance remains in the upper third of the control range.

Actions

* Focus on Theatre Improvement programme with key themes:

- Early session starts currently reporting two all day sessions across two Consultants in April.
- Weekend working equating to 41 theatre cases (NHS and PP) across four Sundays in March. April bookings indicate 26 patients across three Sundays at snapshot date.
- Standardisation of cases per session in accordance with GIRFT guidance with 4x arthroplasty joint lists continuing in April.
- Regular weekly use of Headley Court Day Case facility.
- Focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is continuing to support theatre capacity in the system where possible via 6-4-2 meetings.
- 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.

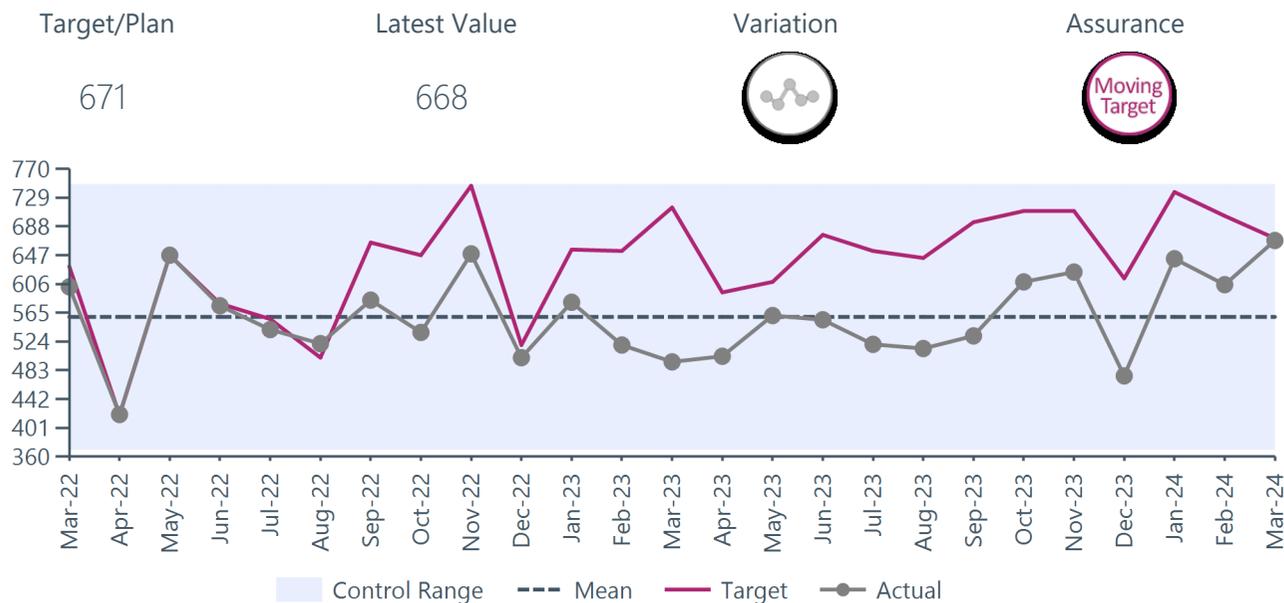
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
766	707	795	805	734	818	821	897	945	770	939	981	955

- Staff - Patients - Finances -

IJP Activity - Theatres - against Plan

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2023/24 IJP plan for March was 671 cases.

In March, the Trust undertook 668 NHS theatre cases IJP, 3 cases behind the plan of 671 which equates to 99.52%. The plan was 1077 cases: 671 IJP, 344 OJP, 62 PP's.

Although this metric is experiencing common cause variation it is included as an exception this month as it has demonstrated improvement against plan in March.

Actions

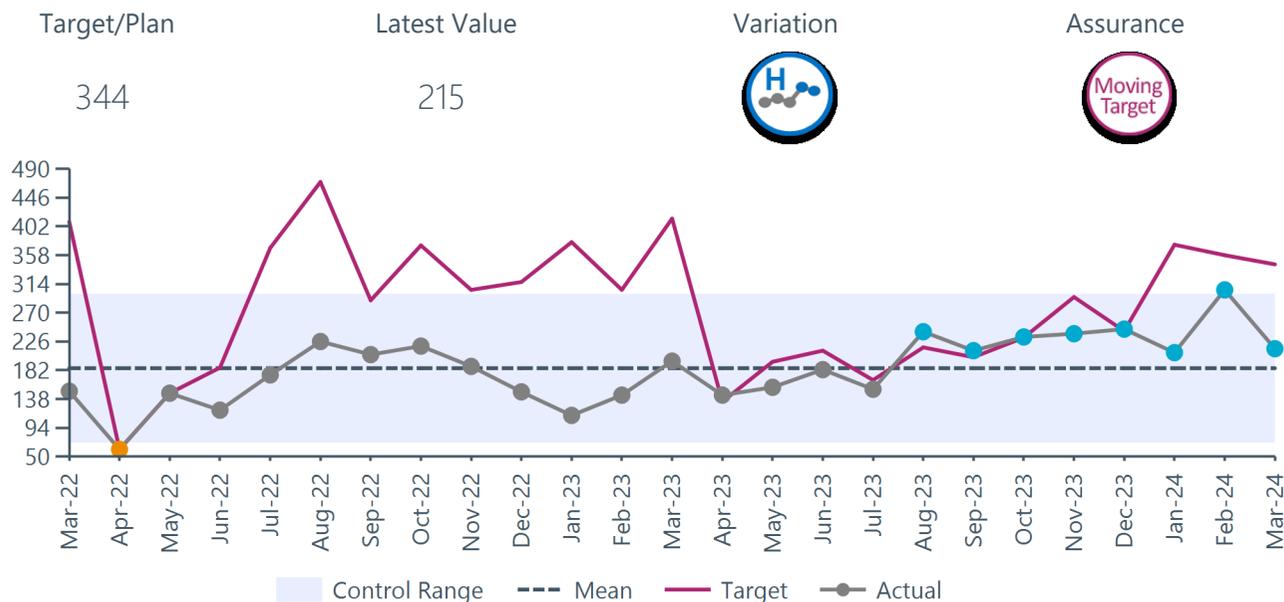
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
495	503	561	555	520	514	532	609	623	475	642	605	668

- Staff - Patients - **Finances** -

OJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken out of job plan; rated against plan. 217553

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 OJP time and resource; the 2023/24 IJP plan for March was 344 cases.

In March, the Trust undertook 215 NHS theatre cases OJP, 129 cases behind the plan of 344 which equates to 62.5%. The plan was 1077 cases: 671 IJP, 344 OJP, 62 PP's.

There are several factors contributing to underperformance in OJP activity, mainly relating to workforce flexibility such as - study leave / annual leave and workforce gaps.

Although below plan, OJP in March remains special cause variation of an improving nature; IJP theatre activity achieved 99.52% of plan.

Actions

- * Focus on Theatre Improvement programme with key themes:
 - Early session starts currently reporting two all day sessions across two Consultants in April.
 - Weekend working equating to 41 theatre cases (NHS and PP) across four Sundays in March. April bookings indicate 26 patients across three Sundays at snapshot date.
 - Standardisation of cases per session in accordance with GIRFT guidance with 4x arthroplasty joint lists continuing in April.
 - Regular weekly use of Headley Court Day Case facility.
 - Focus on reducing cancellations and opportunities for improvement identified and implemented.
 - The Trust is continuing to support theatre capacity in the system where possible via 6-4-2 meetings.
 - 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.

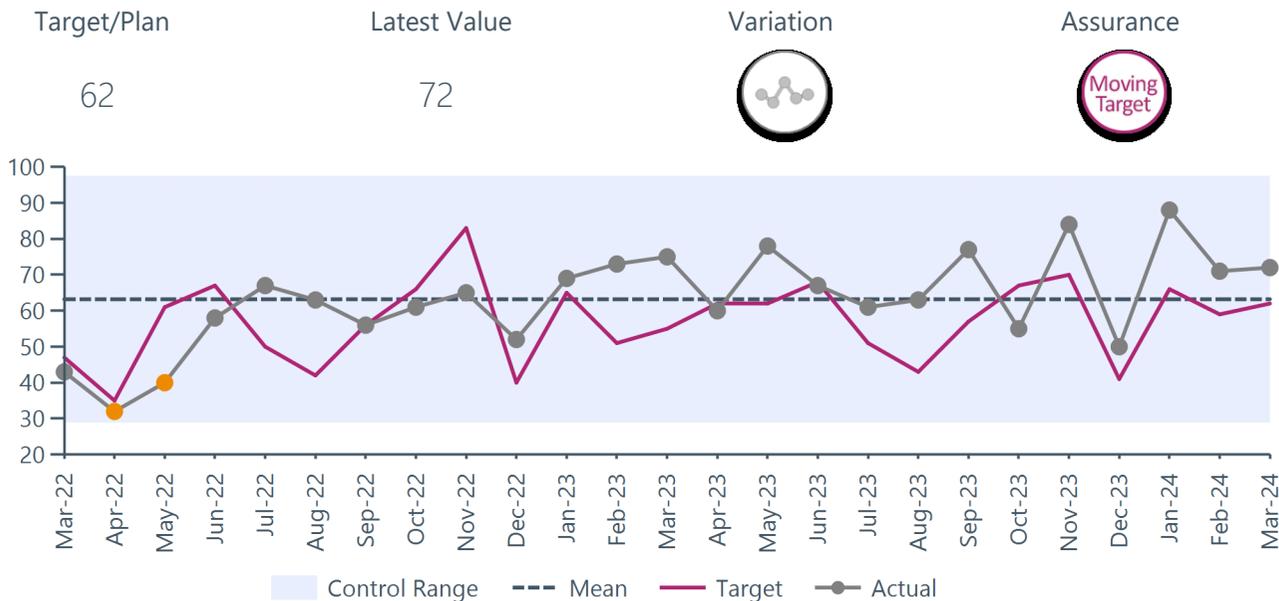
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
196	144	156	183	153	241	212	233	238	245	209	305	215

- Staff - Patients - Finances -

PP Activity - Theatres - against Plan

Private patient activity in Theatres in month, rated against plan. 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

Part of the Trust's Finance mitigations is to over-achieve on private patient activity through Theatres from November onwards therefore this measure is included as an exception to emphasise the original plan was exceeded in March.

Actions

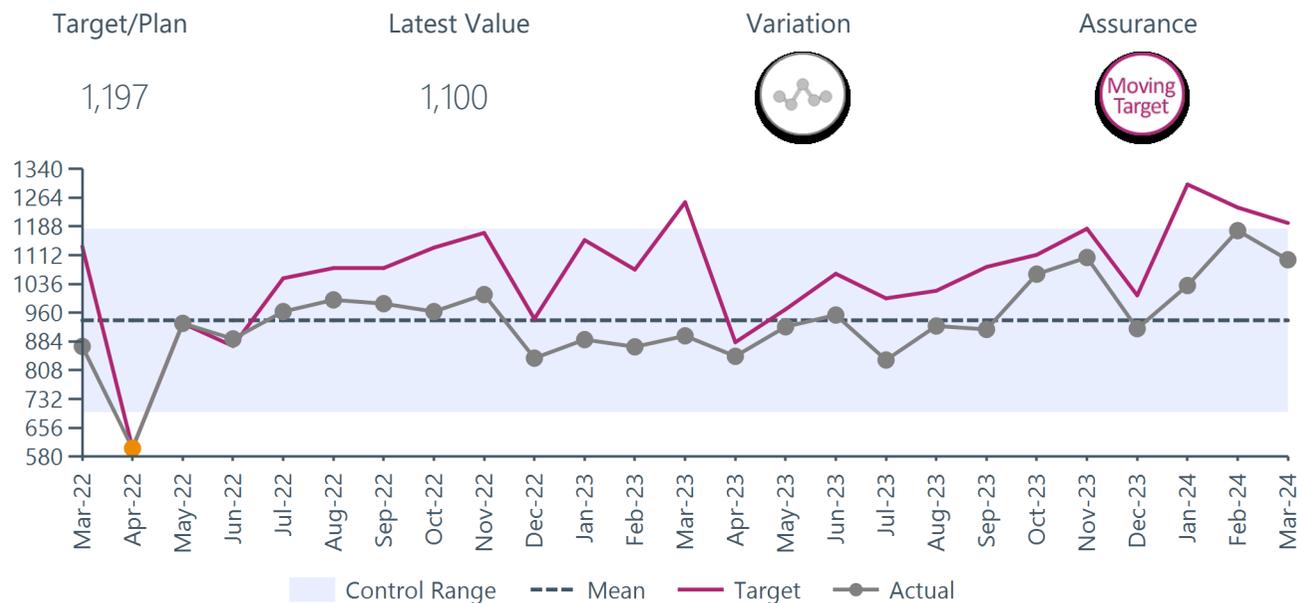
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
75	60	78	67	61	63	77	55	84	50	88	71	72

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

Total elective activity rated against plan. 217796

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

Total elective activity reported externally against 2023/24 plan of 1197 in March was 1100 shortfall of 97 (91.90%). Elective spell activity is broken down as follows:
 - Elective patients discharged in reporting month following operation - plan was 1015; 877 delivered (86.40%)
 - Elective patients discharged in reporting month, no operation - plan was 182; 223 delivered (122.53%)
 - Non-theatre activity accounted for 20.27% of elective spells this month; plan was 15.20%.

Against the revised forecast of 787 NHS theatre cases which is based on TIF2 theatre development delay and other performance impacts, NHS theatre activity achieved 883 equating to 112%.

It is worth noting that although common cause variation, March elective activity performance remains in the upper third of the control range.

Actions

- * Focus on Theatre Improvement programme with key themes:
 - Early session starts currently reporting two all day sessions across two Consultants in April.
 - Weekend working equating to 41 theatre cases (NHS and PP) across four Sundays in March. April bookings indicate 26 patients across three Sundays at snapshot date.
 - Standardisation of cases per session in accordance with GIRFT guidance with 4x arthroplasty joint lists continuing in April.
 - Regular weekly use of Headley Court Day Case facility.
 - Focus on reducing cancellations and opportunities for improvement identified and implemented.
 - The Trust is continuing to support theatre capacity in the system where possible via 6-4-2 meetings.
 - 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.

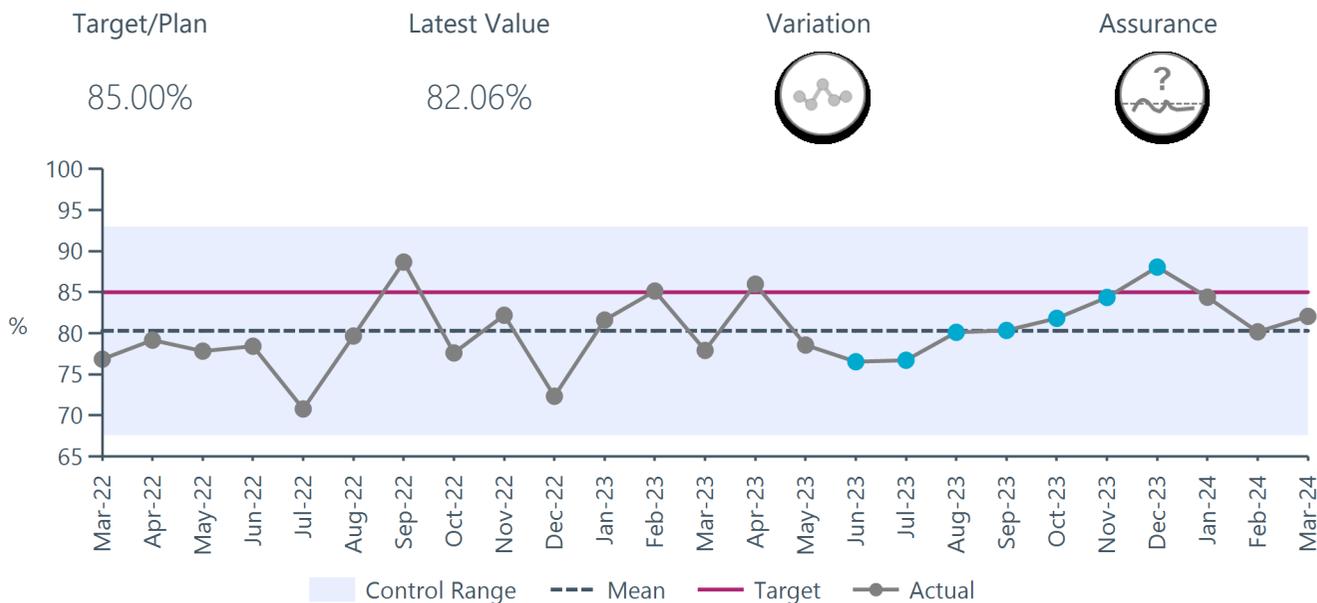
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
899	845	923	954	835	925	916	1062	1106	918	1032	1177	1100

- Staff - Patients - **Finances** -

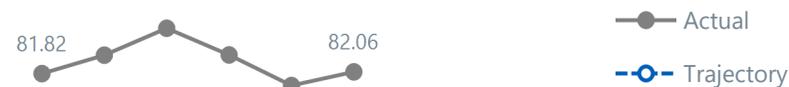
Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:
Chief Operating Officer



Trajectory



What these graphs are telling us

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

Narrative

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

In March the Trust is reporting 82.06% BADS day cases against a target of 85%. Following a period of sustained improvement, this metric has not achieved the target since December, however it is above the mean and reporting common cause variation.

Actions

Ongoing monitoring of performance via the Day Case Working Group; actions include:

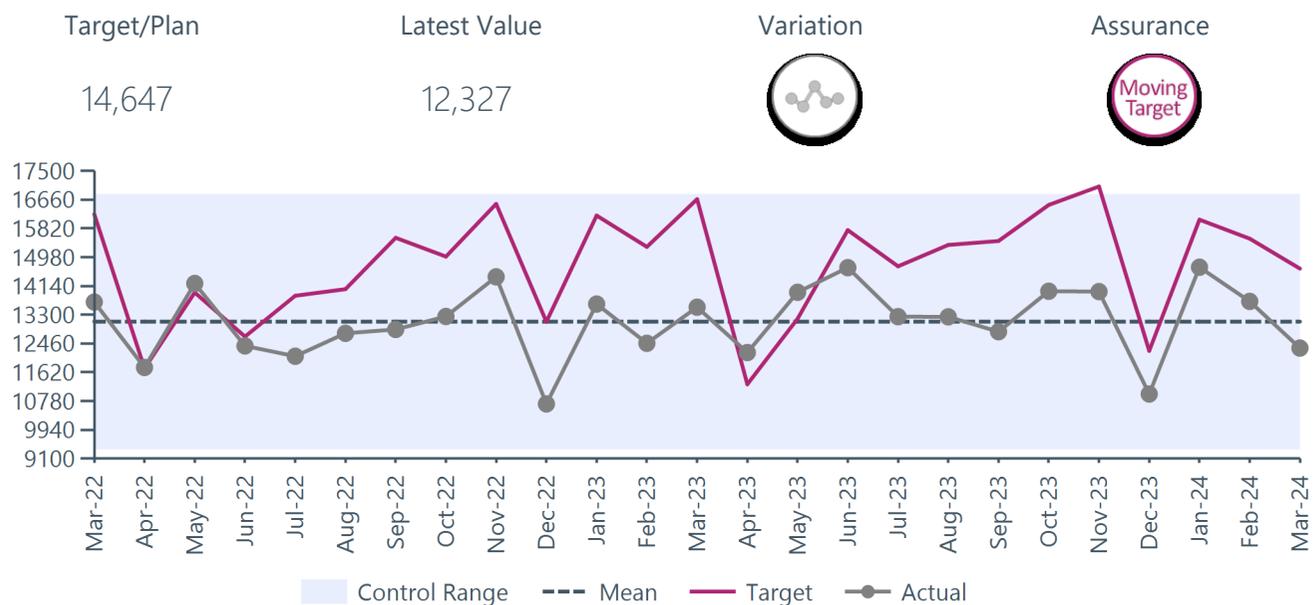
- * To improve day surgery success rates (against BADS).
- * To extend range of procedures done as day cases.
- * To meet process checklist set out in GIFRT day surgery delivery document.
- * To improve the data quality of Day Case patients by:
 - Working with Access Team to improve data quality of bookings and alignment between PAS and Bluespier.
 - Focus on improving inpatient Physio bookings.
 - Working with nursing and admin staff to improve timeliness of patient discharge from PAS.
 - Working with Spinal Injuries Team to improve booking of day case patients.
 - Exploring 'intelligent list planning' to maximise successful day case discharges.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
77.92%	85.98%	78.57%	76.54%	76.72%	80.12%	80.35%	81.82%	84.36%	88.06%	84.39%	80.18%	82.06%

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

Total outpatient activity undertaken in March was 12,327 against the 2023/24 plan of 14,647; a shortfall of 2,320 that equates to 84.16% of plan.

Due to the transition of services for SOOS & Therapies, if we were to exclude SOOS & Therapies from both the Plan and Activity delivered, the Trust position for March would be at 99.03% (108 below plan).

The activity numbers are always taken on 5th working day to allow 4 working days for administrative transactions.

Actions

A new outpatient activity meeting commenced on the 8th of April led by the Managing Director of the Specialist Unit. The purpose of this weekly meeting will be to monitor, at sub-speciality level, the in-month and forecast position of total outpatient activity/bookings against plan, address any gaps and escalate any issues that could impact performance. There is an expectation that service managers will need to review their activity numbers prior to the meeting and explain the reason(s) for any shortfall and outline a plan of action on how activity will be caught up on.

As at 15th April, the forecast for April is 103% of plan, with the only area of concern being Rheumatology. This is due to RJAH taking the full plan for RJAH and TEMS activity even though RJAH does not have the full capacity. TEMS will still record some activity for April due to the phasing of the clinics.

The existing Outpatient Improvement Group and Outpatient Oversight Group continue to meet on a monthly basis to discuss performance and actions in relation to Overdue Follow Ups, DNAs, PIFU & Virtual KPI's.

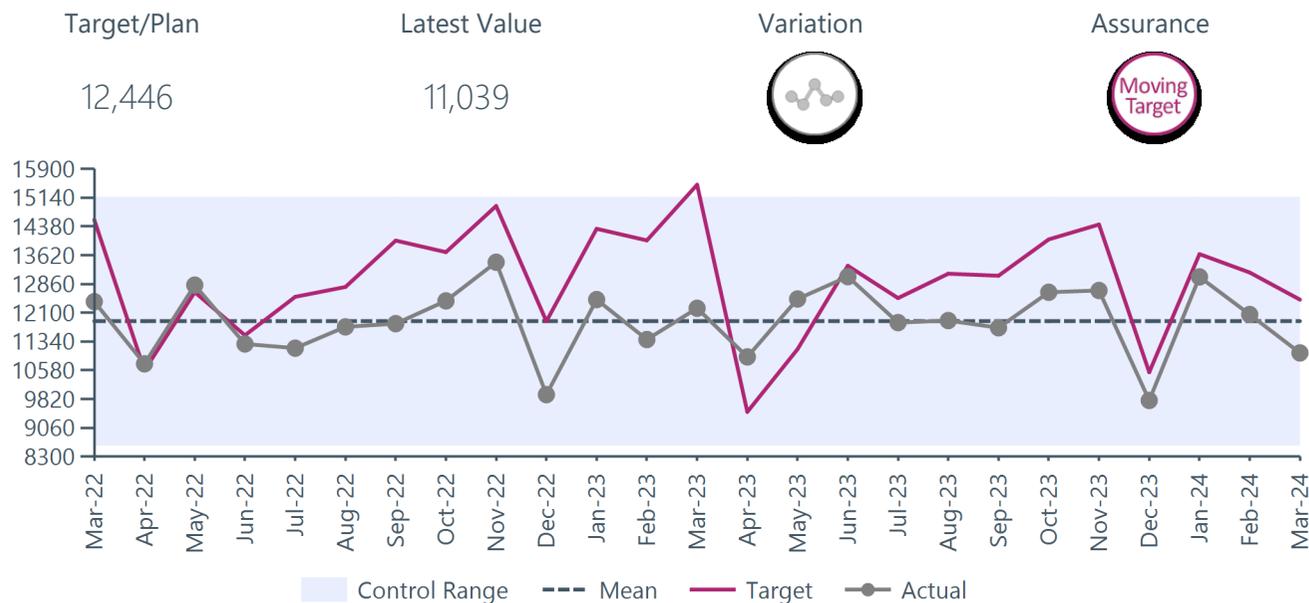
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
13521	12197	13956	14676	13244	13240	12805	13987	13976	10986	14688	13690	12327

- Staff - Patients - **Finances** -

IJP Activity - Outpatients - against Plan

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

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

In March, Outpatients have seen 11,039 via IJP, 1,407 below the plan of 12,446 and equates to 88.70%. Year to date position is 94.85% against the IJP plan.

When looking at the IJP data with Therapies and SOOS excluded, March saw 9,742 against a plan of 8,936; this equates to 109.02%.

Actions

IJP activity against plan will now be discussed at subspecialty level at the weekly outpatient activity meeting.

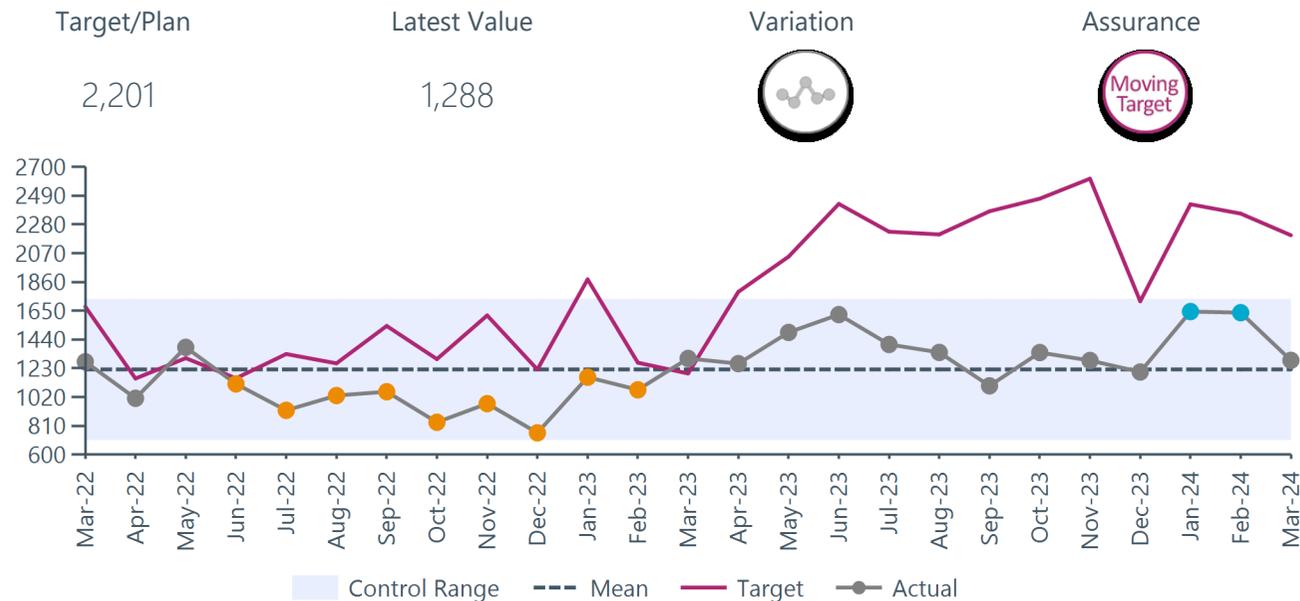
A standardised IJP Exception document has been issued by the Managing Director of the Specialist Unit to Service Managers and Assistant Service Managers to complete with any instances that will impact on the delivery of activity.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
12219	10933	12464	13054	11840	11894	11703	12642	12689	9783	13047	12054	11039

OJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

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

In March, Outpatients have seen 1,288 via OJP, 913 below the plan of 2201 equating to 58.52% of plan. Year to date position is 61.92% against OJP plan.

The sub-specialities with the highest variance against OJP plan in March were:

*Arthroplasty - 333 against a plan of 753 that equates to 44.22%; variance of 420

* Upper Limb - 127 against a plan of 467 that equates to 26.77%; variance of 342

* Foot & Ankle - 160 against a plan of 371 that equates to 43.13%; variance of 211.

Spinal Disorders saw 461 OJP outpatient attendances in March, this is 220 above the plan of 241.

Actions

OJP Activity against plan will also be discussed at subspecialty level at the weekly outpatient activity meeting. It remains recognised that there are limitations in OJP.

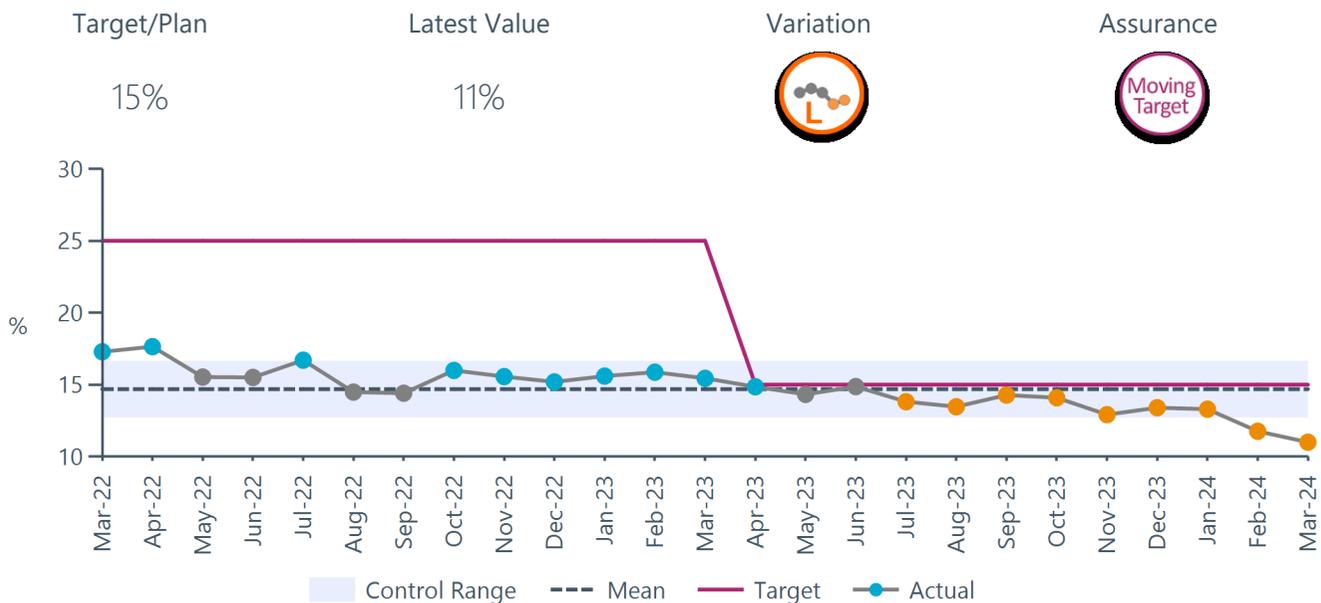
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1302	1264	1492	1622	1404	1346	1102	1345	1287	1203	1644	1636	1288

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual against plan 217586

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target as a result of change this financial year.

Narrative

In March, the Total Virtual Outpatient Activity undertaken in the Trust was 1,356 against 12,327, equating to 11.00%. This is broken down as follows:
 * New appointments – 2.22% (83 out of 3,737)
 * Follow-up appointments - 14.82% (1,273 out of 8,590)

The sub-specialities with the highest achieving percentage for virtual appointments are:
 * Spinal Injuries (47.49%); Rheumatology (34.12%); Veterans (28.78%)
 The sub-specialities with the lowest virtual percentage, not achieving target are:
 * Spinal Disorders (1.80%); Physiotherapy (2.28%) and Upper Limb (5.01%)

Benchmarking was carried out for Trauma and Orthopaedics against our peers, utilising data available on NHS Futures - ROH as being another regional specialist orthopaedic Trust and SaTH (T&O Only) as a system comparator. This shows that we are all performing at a similar rate against this metric, with the percentage of activity delivered virtually being under 12%.

Actions

- * Conversations have taken place within firms to promote the use of virtual appointments, though uptake to do so is slow.
- * The attend anywhere showcase took place on the 3rd of April. All staff were invited to join this session, though this was not as well attended as hoped.
- * A plan being put together to contact patients and ask them for feedback on how their virtual consultation went.
- * Further internal communications to be looked into with a hope to promote the use of/benefits of virtual appointments.
- * Contact was made with leads in Pre-Op and Enhanced Recovery regarding the use of virtual consultations. It was advised that some aspects of virtual could be explored in the future but not at the moment.

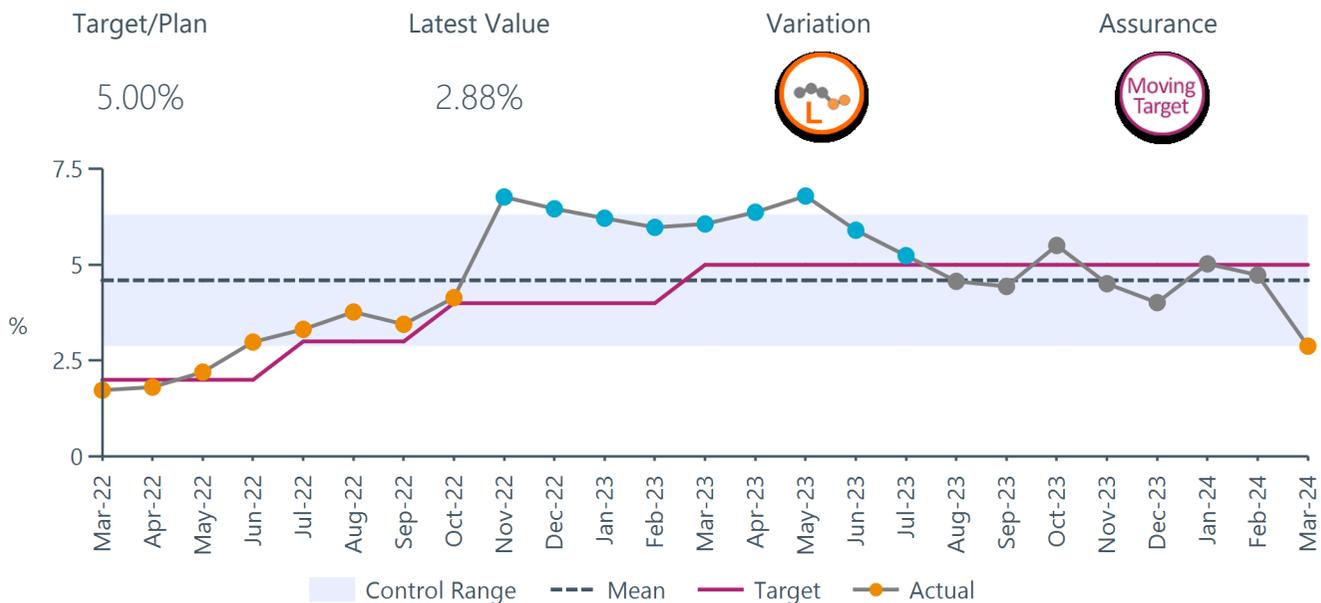
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
15.44%	14.86%	14.32%	14.87%	13.82%	13.47%	14.28%	14.09%	12.91%	13.40%	13.30%	11.76%	11.00%

- Staff - Patients - Finances -

Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:
 Chief Operating Officer



What these graphs are telling us

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

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatient attendances. The % of patients moved to PIFU pathway for March was 2.88% equating to 355 patients.

The Teams with the highest achieving PIFU rate are:
 Occupational Therapy (12.10%), Muscle (11.90%) & Paediatric Orthopaedics (9.95%).

Actions

- * The PIFU letter that patients will receive has been shared with consultants and is awaiting feedback.
- * Clinical engagement is now underway Rheumatology and MCSI to utilise continuous PIFU.
- * An 'Opt out' model is being trialled with small cohort of Foot and Ankle patients, though no responses have been received yet.

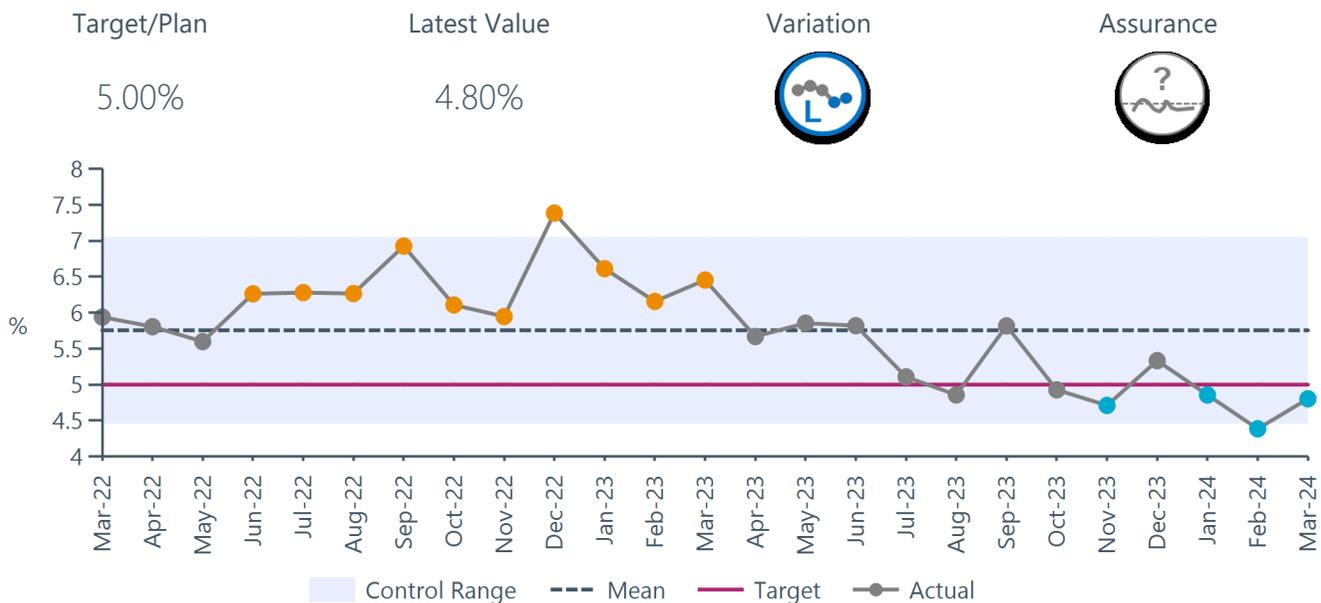
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
6.06%	6.37%	6.79%	5.90%	5.24%	4.57%	4.44%	5.51%	4.51%	4.01%	5.02%	4.73%	2.88%

- Staff - Patients - **Finances** -

Outpatient DNA Rate (Consultant Led and Non Consultant Led)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

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

Narrative

The DNA rate achieved target in March with a rate of 4.80%. As demonstrated on the graph above, this remains special cause variation of an improving nature and so included as an exception.

Actions

- Although this metric continues to meet the target, the actions below remain ongoing:
 - * Internal audits to be initiated in areas that struggle to get their DNA rate below the 5% target.
 - * A list of patients who are willing to take a cancellation at short notice to be developed.
 - * A trial is ongoing within Paediatrics where the receptionist will call any parents whose child "was not brought". Key themes/trends to be shared at the end of this trial.
 - * A meeting took place with ROH where the Trust's 'Clear Read' letters were shared, along with best practice on improving confirmation rates.

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
6.45%	5.67%	5.86%	5.82%	5.11%	4.86%	5.82%	4.93%	4.71%	5.33%	4.86%	4.39%	4.80%

Expenditure

All Trust expenditure including Finance Costs 216334

Target/Plan

12,475.80

Latest Value

16,929.27

Variation

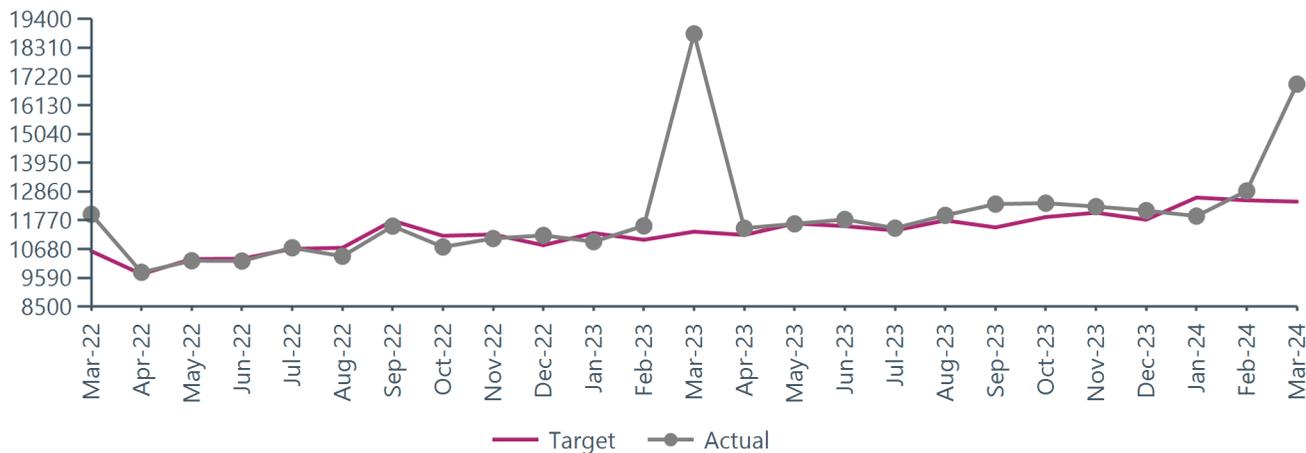
N/A to SPC

Assurance

Moving Target

Exec Lead:
Chief Finance and Planning Officer

Trajectory



What these graphs are telling us

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

Narrative

Expenditure – £384k adverse material cost pressures:

- Adverse wards pay MSK & Spec driven by bank & agency.
- Adverse theatres pay driven by bank & agency.

Actions

Oversight of cost pressures, drivers and actions to mitigate by Financial Recovery Group .

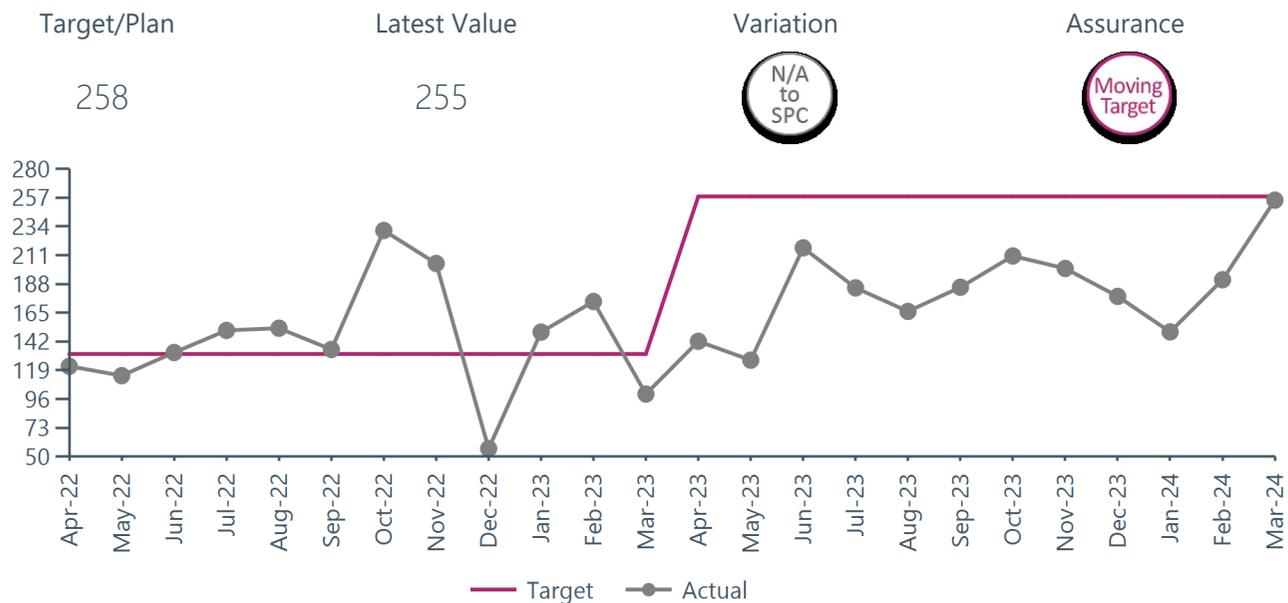
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
18833	11469	11634	11800	11472	11956	12383	12417	12288	12136	11929	12881	16929

- Staff - Patients - **Finances** -

Agency Core - On Framework

Annual ceiling for total agency spend introduced by NHS Improvement - Core Agency On Framework 217816

Exec Lead:
 Chief Finance and Planning Officer



What these graphs are telling us
 This measure is not appropriate to display as SPC. This measure has a moving target.

Narrative

Core agency spend adverse to cap by £38k in month. Increase of £83k from M11.

Actions

Agency deep dive through Financial Recovery Group looking forward to 24/25.

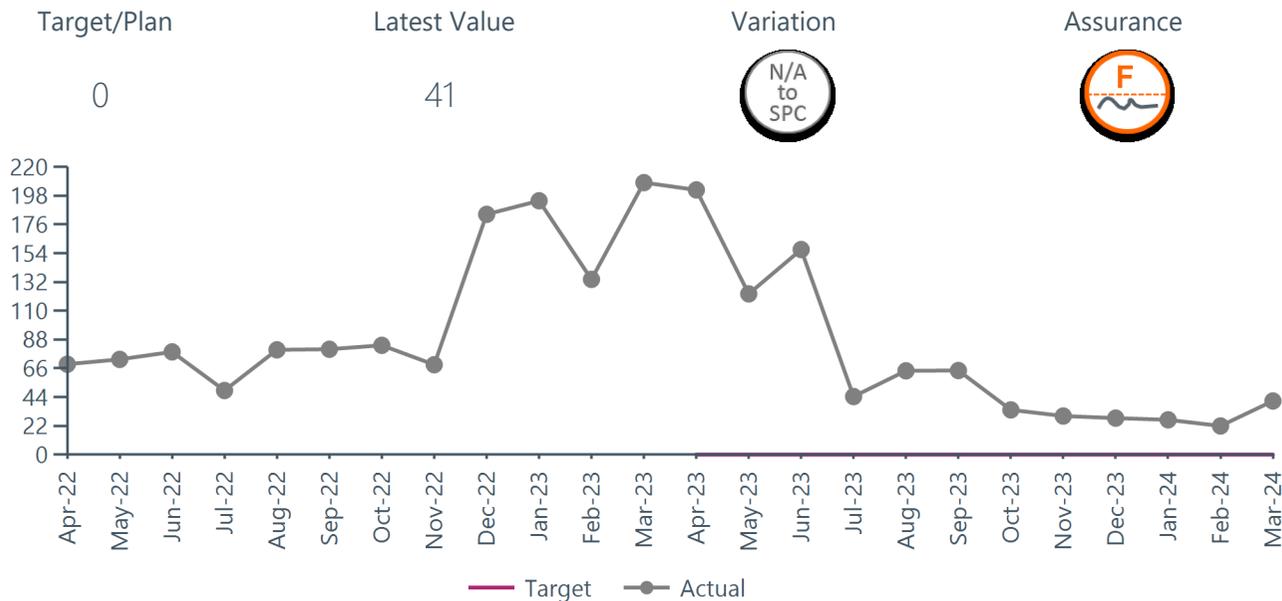
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
100	142	127	216	184	166	185	210	200	178	149	191	255

- Staff - Patients - **Finances** -

Agency Core - Off Framework

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

Exec Lead:
 Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Off framework usage at 14%, 4% increase from M11

Actions

Agency deep dive through Financial Recovery Group looking forward to 24/25.

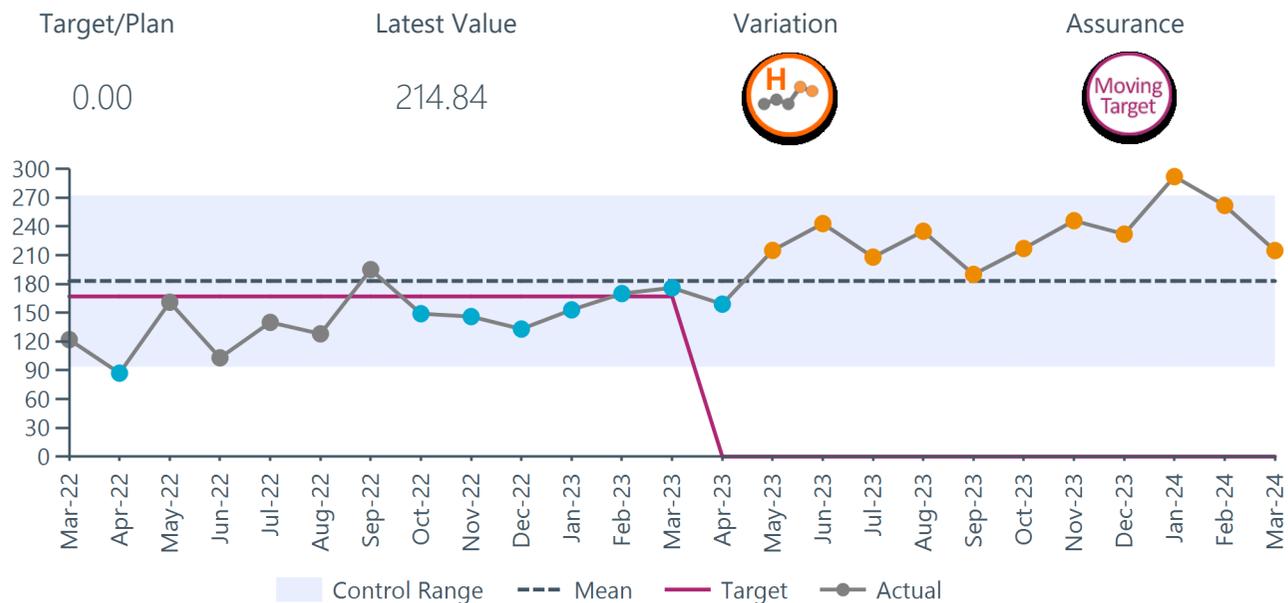
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
208	202	122	156	44	64	64	34	29	27	26	21	41

- Staff - Patients - Finances -

Insourcing Agency

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

Exec Lead:
 Chief Finance and Planning Officer



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

Narrative

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

Actions

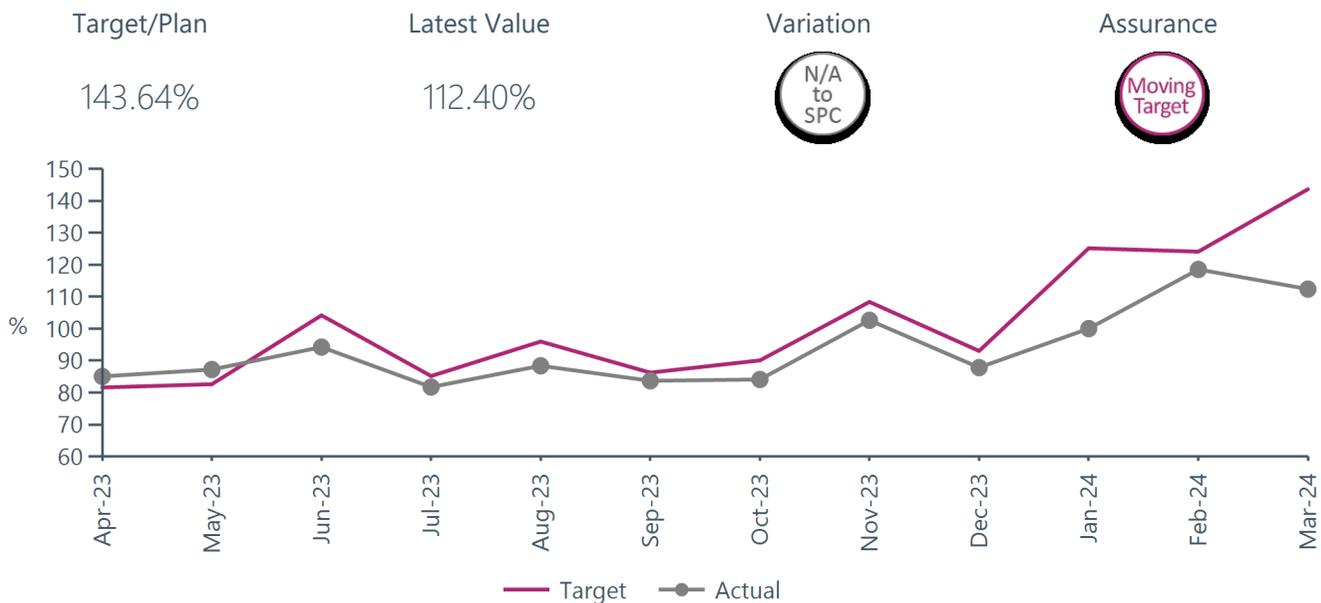
Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
176	159	215	243	208	235	190	217	246	232	292	261	214

- Staff - Patients - **Finances** -

Value Weighted Assessment

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

Exec Lead:
 Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Adverse to plan ytd driven by industrial action activity losses and underlying shortfalls in activity for theatres and outpatients due to workforce constraints.

Actions

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	85.08%	87.24%	94.25%	81.76%	88.41%	83.71%	84.12%	102.65%	87.85%	100.04%	118.55%	112.40%

- Staff - Patients - **Finances** -