

Combined Integrated Performance Report January 2023 – Month 10



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:

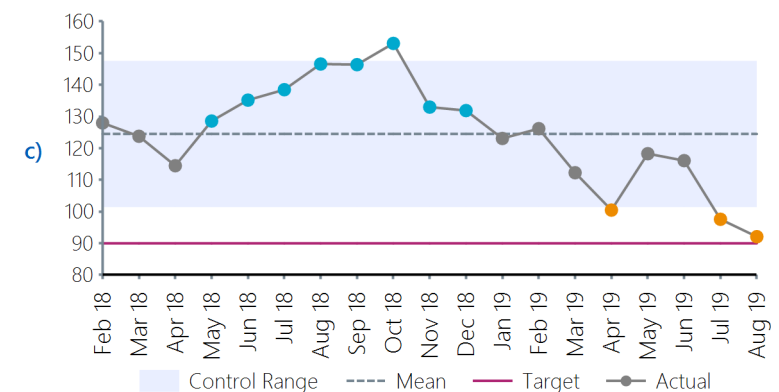
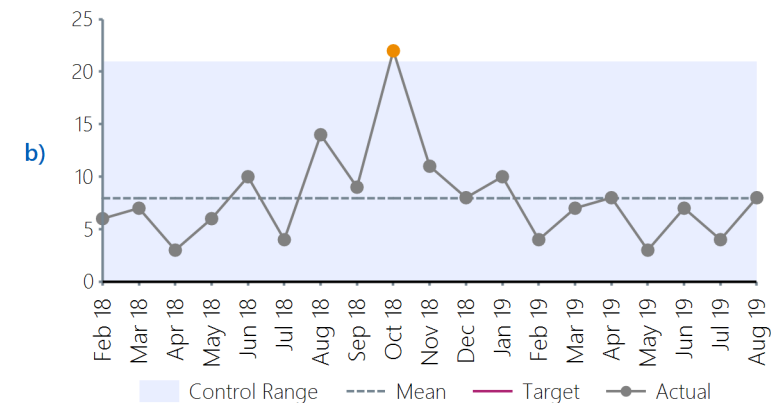
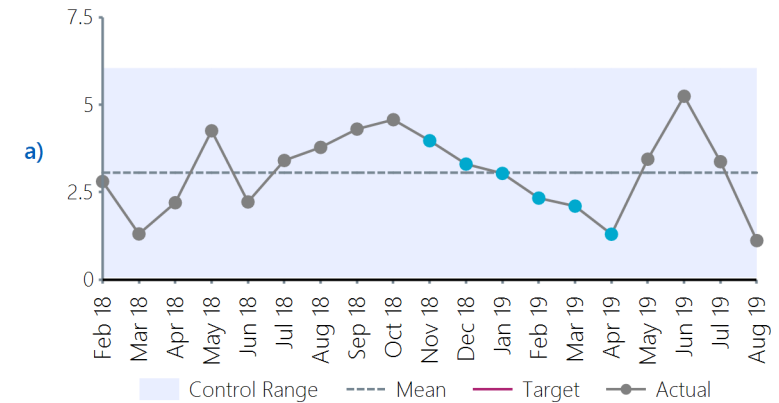
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

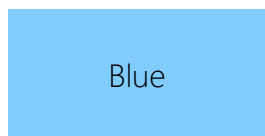
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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



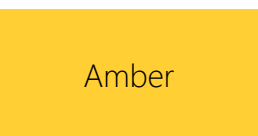
Blue

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/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	5.00%				+	27/02/20
Sickness Absence - Short Term	1.66%	2.54%				+	
Sickness Absence - Long Term	1.94%	2.46%				+	
Staff Turnover - Headcount	8.00%	12.85%				+	24/06/21
In Month Leavers		18				+	
Vacancy Rate	8.00%	9.80%				+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	15.23%				+	
Healthcare Support Worker Vacancy Rate	0.00%	12.15%				+	
Allied Health Professionals Vacancy Rate	8.00%	8.63%				+	
% Staff Availability		76.40%				+	



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Personal Development Reviews	93.00%	89.50%				+	
Statutory & Mandatory Training	92.00%	90.50%				+	
E-Rostering Level of Attainment	4	0				+	
Percentage of Staff on the E-Rostering System	90.00%	90.68%					
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		52.54%				+	
% of System-Generated E-Roster (Auto-Rostering)		47.59%				+	
E-Job Planning Level of Attainment	4	0	2			+	
Percentage of Staff with an Active E-Job Plan	90.00%	53.28%				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					16/04/18
Never Events	0	0					16/04/18
Total Patient Falls	10	8					
Patient Falls (With Moderate or Severe Harm)	1	0					
Inpatient Ward Falls Per 1,000 Bed Days	2.50	2.12					
RJAH Acquired Pressure Ulcers - Category 2	1	0					
RJAH Acquired Pressure Ulcers - Categories 3 or 4	0	0					
Pressure Ulcer Assessments	99.00%	99.51%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.29%					
Patient Friends & Family - % Would Recommend (Inpatients)	95.00%	98.05%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Number of Complaints	8	6					11/05/18
Complaints Rate Per 1000 WTE	5.94	4.22					
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%					
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%					
Complaints Re-opened	0	1				+	
Safe Staffing	90.00%	106.70%					
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	9.85%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	12				+	
RJAH Acquired C.Difficile	0	0					24/06/21



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
C Diff Infection Rates Per 100,000 Bed Days	3.18	4.80					
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	4.80					
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Surgical Site Infections	0	0				+	
Outbreaks	0	0					
Patient Safety Alerts Not Completed by Deadline	0	0					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Medication Errors with Harm	2	0					
Total Deaths	0	1				+	
RJAH Acquired VTE (DVT or PE)	4	4					
VTE Assessments Undertaken	95.00%	99.83%					
28 days Emergency Readmissions*	1.00%	0.58%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations		118	25			+	
Cancer Two Week Wait*	93.00%	92.31%				+	
31 Days First Treatment (Tumour)*	96.00%	100.00%					24/06/21
31 Days Subsequent Treatment (Tumour)*	94.00%	100.00%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Cancer Plan 62 Days Standard (Tumour)*	85.00%	100.00%					24/06/21
Cancer 62 Days Consultant Upgrade*	85.00%	60.00%				+	
28 Day Faster Diagnosis Standard*	75.00%	79.17%					
18 Weeks RTT Open Pathways	92.00%	55.09%				+	24/06/21
English List Size	12,893	14,755	14,029			+	
Welsh List Size		6,575				+	
Combined List Size		21,330				+	
Patients Waiting Over 52 Weeks – English	0	1,526	1,790			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		922				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,448				+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 78 Weeks - English	0	330	327			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		231	444			+	
Patients Waiting Over 78 Weeks - Combined		561	771			+	
Patients Waiting Over 104 Weeks - English	0	19	20			+	
Patients Waiting Over 104 Weeks - Welsh (Total)		46	83			+	
Patients Waiting Over 104 Weeks - (Combined)		65	103			+	
Overdue Follow Up Backlog	5,000	13,554				+	
Advice & Guidance	397	49				+	
6 Week Wait for Diagnostics - English Patients	99.00%	80.51%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	90.92%				+	



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Volume of Sessions Against Plan	554.00	428.50	472.00			+	
Theatre Cases Per Session Against Plan	2.00	1.80	1.94			+	
Touchtime Utilisation	82.00%	79.22%					
Total Theatre Activity Against Plan	1,098	763	910			+	
IJP Activity - Theatres - against Plan	655	583	685			+	
OJP Activity - Theatres - against Plan	378	111	160			+	
PP Activity - Theatres - against Plan	65	69					
Independent Sector Activity Against Plan	18	0				+	
Elective Activity Against Plan (volumes)	1,152	887	959			+	24/06/21
Overall BADS %	85.00%	81.01%				+	



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Average Length of Stay	3.50	2.68					
Bed Occupancy – All Wards – 2pm	87.00%	81.12%				+	09/03/22
Total Outpatient Activity against Plan (volumes)	16,197	13,302				+	24/06/21
IJP Activity - Outpatients - against Plan	14,318	12,159				+	
OJP Activity - Outpatients - against Plan	1,879	1,143				+	
Total Outpatient Activity - % Virtual	25.00%	14.67%	18.00%			+	
Total Outpatient Activity - % Moved to PIFU Pathway	4.00%	5.92%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	6.64%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.26					
Total Diagnostics Activity against Plan - Catchment Based	2,430	2,838					



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Data Quality Maturity Index Score							
Referrals Received for Consultant Led Services, Including SOOS*		3,294					
Financial Control Total	234	2,431	371				
Income	11,462	13,312	11,251				
Expenditure	11,283	10,960	10,879				
Efficiency Delivered	167.67	182	161				
Big Ticket Item (BTI) Efficiency Delivered	114.33	24	95			+	
Cash Balance	23,758	26,404					
Capital Expenditure	1,053	337					
Agency Core - On Framework	132.00	149.52				+	



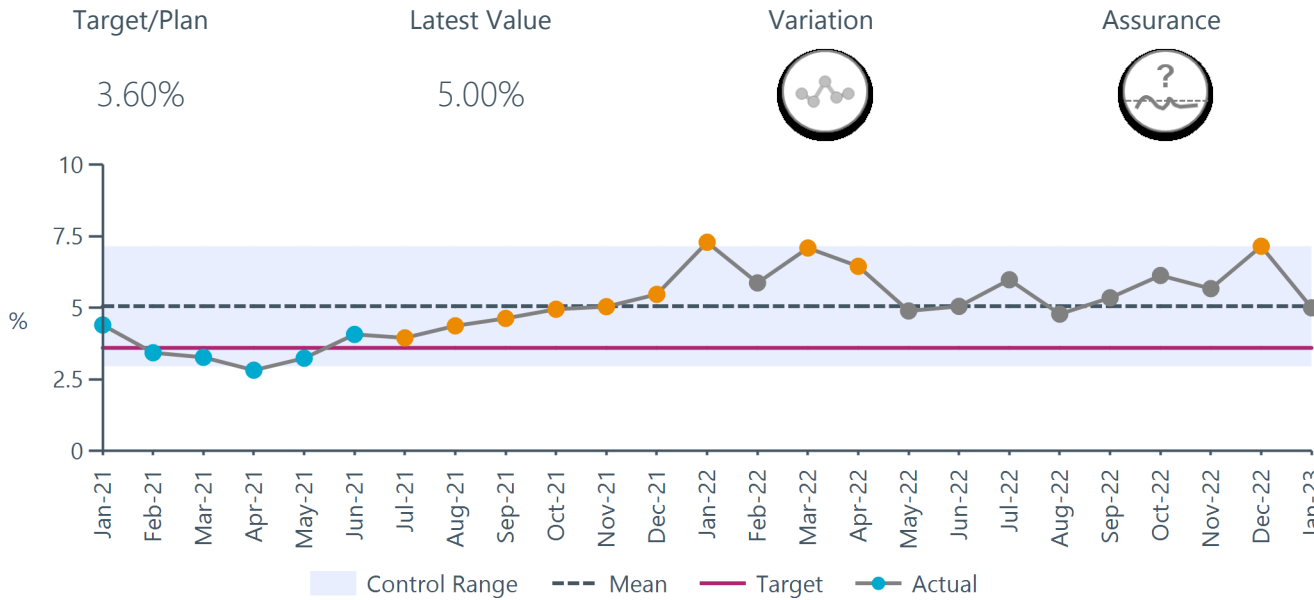
Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Agency Core - Off Framework		194.11				+	
Agency Non-Core	167	153					
Proportion of Temporary Staff	4.68%	7.97%				+	
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	84.00%				+	

Sickness Absence

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

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The sickness absence reported for January is 5.00% where 'infectious diseases' accounted for 0.52%, leaving remaining sickness at 4.48%. The reported position is back within our expected control range this month. Further detail by area below:

* Specialist Unit - 5.80% (5.13% excluding 'infectious diseases') - hot spot areas; Outpatient Dept 19.24%, Oswald Ward 9.07%

* MSK Unit - 5.17% (4.85% excluding 'infectious diseases') - hot spot areas; Therapies T&O Team 12.17%, Kenyon Ward 9.88%

* Corporate areas - 4.03% (3.35% excluding 'infectious diseases') - hot spot areas; Housekeeping 9.36%, Finance Dept 7.06%

'Anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence across all areas.

Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. The policy is due to JCG at the beginning of March and will then follow to People Committee for final approval.

Bite-size training sessions continue with dates scheduled through to the end of March. As ASD forms one of the highest reasons for sickness throughout the Trust, the training has a focus on ensuring managers have awareness of the resources available to support staff. These resources are also featured in regular communication updates that are distributed to staff.

To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current uptake, as at 8th February is 57.25% for flu and 51.67% for covid.

People Services Business Partners have had a particular focus on long-term sickness recently where they have worked with relevant managers to ensure management plans are in place for each individual. January has seen an improvement in long-term sickness with further improvement expected in February as a number of long term cases have returned to work in January and some employees have now left the Trust.

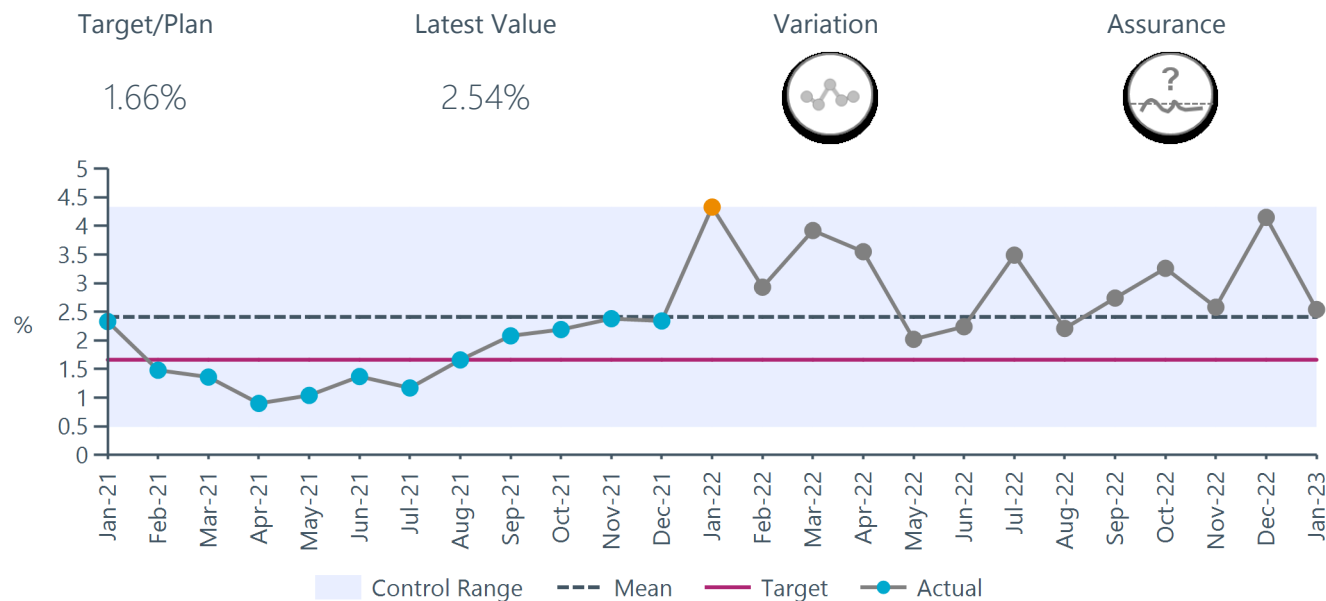
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
7.29%	5.87%	7.09%	6.45%	4.89%	5.05%	5.98%	4.78%	5.35%	6.13%	5.67%	7.15%	5.00%

- Staff - Patients - Finances -

Sickness Absence - Short Term

211163

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Short Term sickness absence is reported at 2.54% for January (2.08% sickness excluding 'infectious diseases'). Further detail by area below:
 * Specialist Unit - 3.20% (2.53% excluding 'infectious diseases') - hot spot areas; Gladstone Ward 6.46%, Sheldon Ward 5.15%
 * MSK Unit - 2.79% (2.48% excluding 'infectious diseases') - hot spot areas; Powys Ward 7.46%, Therapies T&O Team 4.73%
 * Corporate areas - 1.58% (1.11% excluding 'infectious diseases') - hot spot areas; Housekeeping 3.72%, Finance Dept 2.99%

Highest reasons for absence across each area were:
 * Cough, Cold, Flu - in MSK Unit and Corporate Areas
 * Infections Diseases (Covid) - in Specialist Unit

Actions

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To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current uptake, as at 8th February is 57.25% for flu and 51.67% for covid.

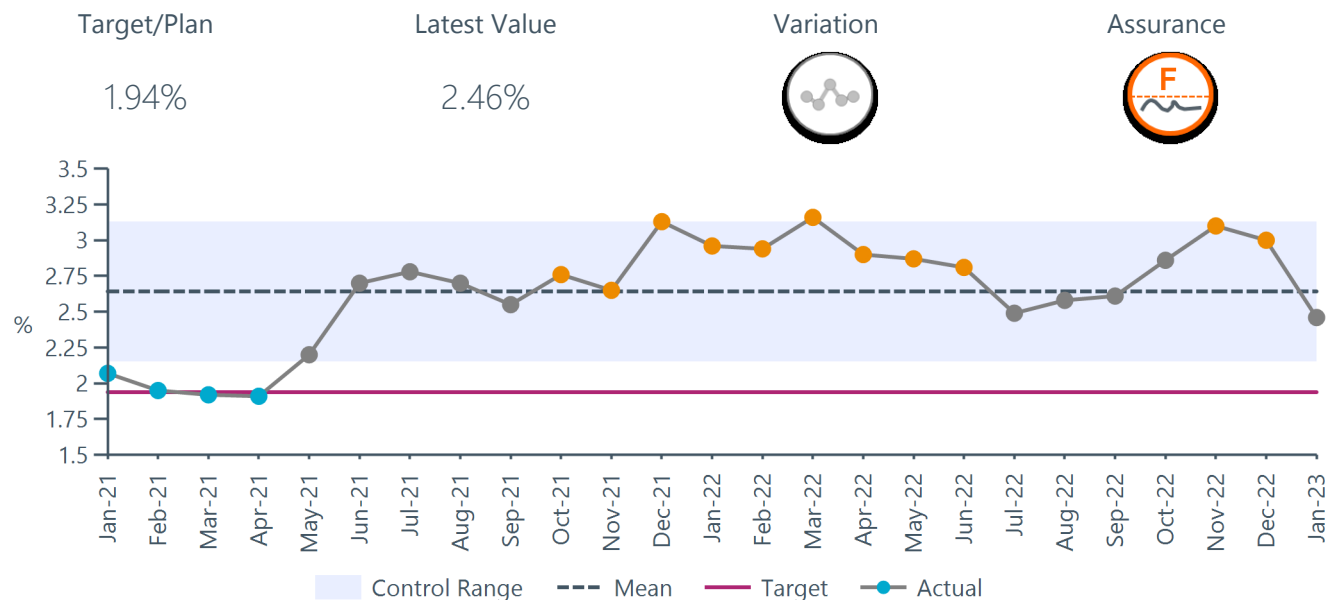
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
4.33%	2.93%	3.92%	3.55%	2.02%	2.24%	3.49%	2.21%	2.74%	3.26%	2.58%	4.15%	2.54%

- Staff - Patients - Finances -

Sickness Absence - Long Term

211162

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Long term sickness is reported at 2.46% for January (2.40% excluding 'infectious diseases'). Further detail by area below:

- * Specialist Unit - 2.60% - hot spot areas; Outpatient Dept 15.18%, Oswald Ward 8.43%
 - * Corporate areas - 2.45% - hot spot areas; Housekeeping 5.64%, Finance Dept 4.07%
 - * MSK Unit - 2.38% - hot spot areas; Pre-Operative Assessment Unit 7.99%, Therapies T&O Team 7.44%
- 'Anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence across all areas.

There were 61 episodes of sickness that fall with long term classification in January. Their statuses are outlined below:

- * Sickness episodes ended in January and employee has returned to work (29)
- * LTS cases actively being managed (22)
- * New cases that are now long term – Manager to be chased for case management update (4)
- * Number of cases of LTS where the employee has now left the Trust without returning to work (4)
- * Sickness episodes due to end in February and employee return to work (2)

Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. The policy is due to JCG at the beginning of March and will then follow to People Committee for final approval.

Bite-size training sessions continue with dates scheduled through to the end of March. As ASD forms one of the highest reasons for sickness throughout the Trust, the training has a focus on ensuring managers have awareness of the resources available to support staff. These resources are also featured in regular communication updates that are distributed to staff.

People Services Business Partners have had a particular focus on long-term sickness recently where they have worked with relevant managers to ensure management plans are in place for each individual. January has seen an improvement in long-term sickness with further improvement expected in February as a number of long term cases have returned to work in January and some employees have now left the Trust.

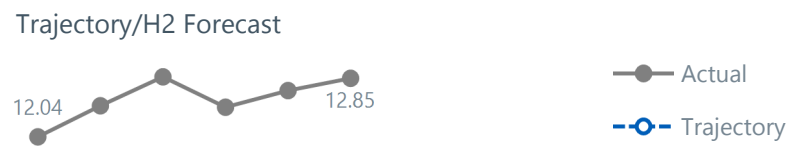
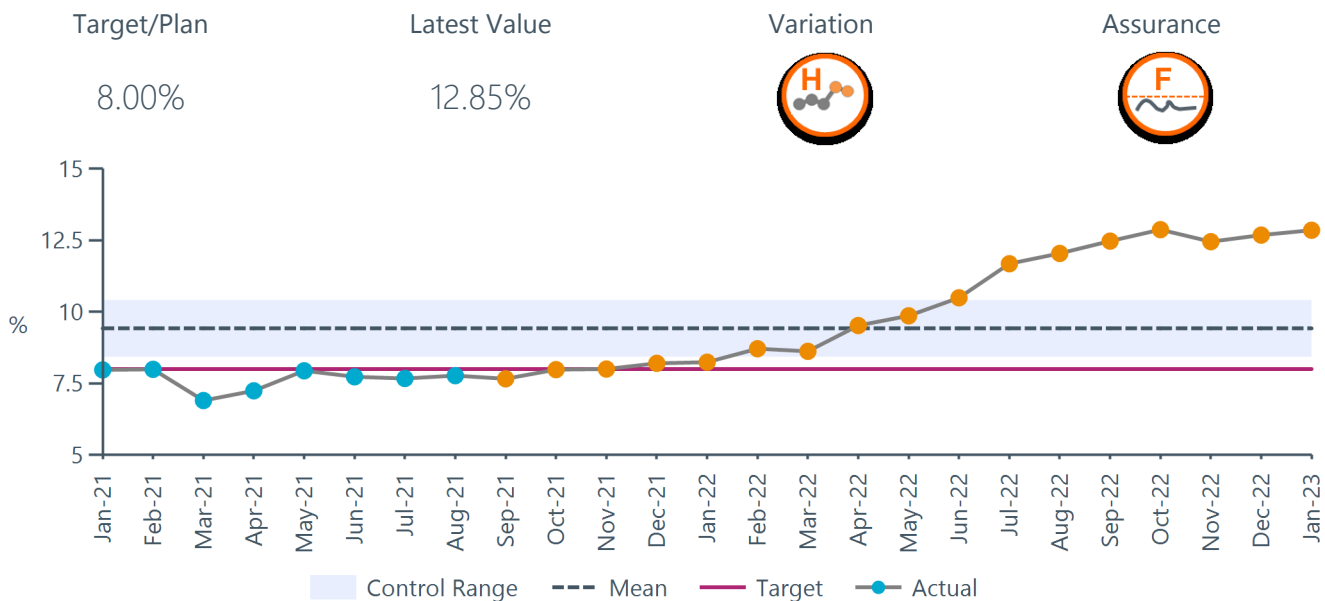
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
2.96%	2.94%	3.16%	2.90%	2.87%	2.81%	2.49%	2.58%	2.61%	2.86%	3.10%	3.00%	2.46%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer



What these graphs are telling us

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

Narrative

Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The January rate of 12.85% remains above the control range. Five out of eight staff groups are reported above 8% as follows:

- * Allied Health Professionals - 18.95%
- * Additional Clinical Services - 15.09%
- * Nursing and Midwifery - 14.55%
- * Estates and Ancillary - 12.57%
- * Administrative and Clinical - 9.89%

In the latest twelve month period, February-22 to January-22, there have been 211 leavers throughout the Trust. This is in relation to a headcount in post of 1642, as at 31st January 2023. The top three reasons for leaving that accounts for 119 leavers/56% at Trust level were:

- * Voluntary Resignation - Other/Not Known - 48 / 22.75%
- * Voluntary Resignation - Work Life Balance - 38 / 18.01%
- * Retirement age - 33 / 15.64%

Actions

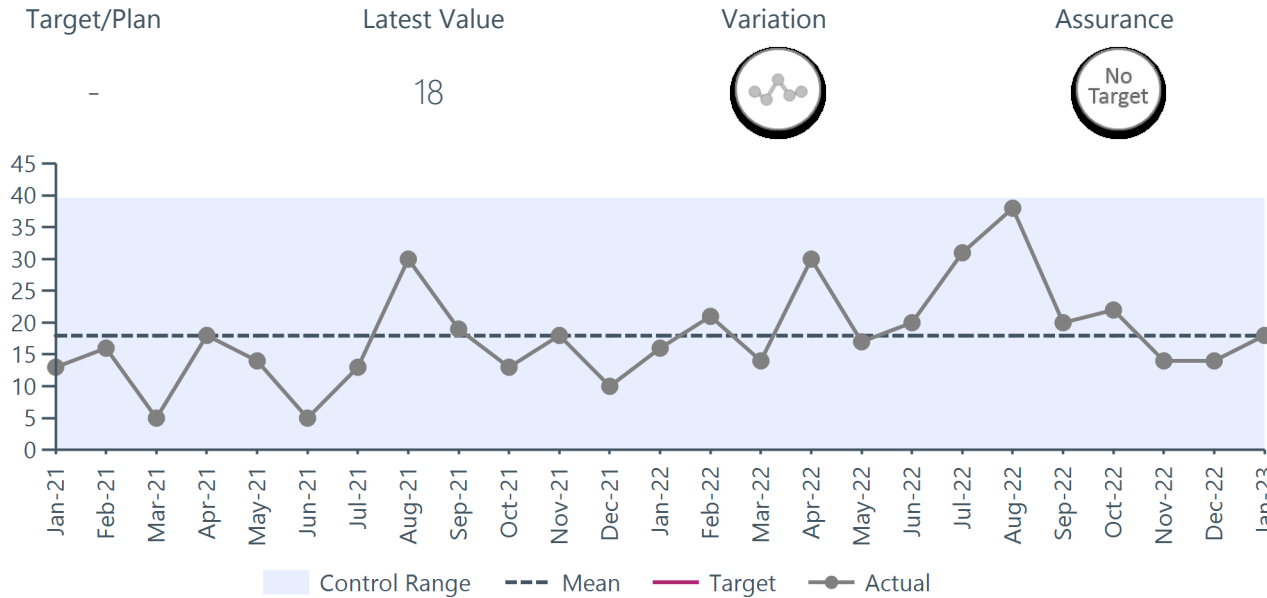
- * Rolling adverts continue ensuring they showcase the Trust to its fullest potential. Recruitment events being targeted to attract candidates. International recruitments for registered nurses continues.
- * Focus on retention; Revision to Staff Exit Process being led by Head of Resources. Recently undertook a period of staff engagement that closed on 6th February. Communications and training now being explored before final sign off. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift.
- * System-level induction now in place to support nursing and healthcare support workers following their local induction.
- * Key focus on learning and development in February that includes; Coffee and cake session held with senior nursing managers on 8th February. Learning and Development team are reviewing their development offer for clinical skills and clinical professional development. Intranet under review so staff are able to view offers and what's available to them. Study leave policy being refreshed to make it easier for staff to apply. Expanding apprenticeships at leadership level, working with Arden University.
- * Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work currently commencing in Theatres and MCSI.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
8.24%	8.71%	8.62%	9.52%	9.86%	10.49%	11.68%	12.04%	12.47%	12.87%	12.45%	12.68%	12.85%

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing common cause variation. Target agreed for inclusion at end of quarter 4.

Narrative

In January, eighteen staff left the Trust. These were from the following areas of the Trust; MSK Unit (9), Specialist Unit (5) and Corporate areas (4). Those staff that left in January by staff group were Allied Health Professionals (5), Nursing & Midwifery Registered (5), Additional Clinical Services (4), Administrative & Clerical (3) and Estates & Ancillary (1).

Reasons for leaving were categorised as other/Not known (5), work life balance (3), retirement age (3), relocation (2), flexi retirement (2), end of fixed term contract (1), promotion (1) and to undertake further education or training (1).

IPR's covering paper proposed trajectory for consideration at People Committee last month. This was agreed as follows:

- * End of quarter 4 - target of 18 leavers per month
- * End of quarter 1 - target of 15 leavers per month
- * End of quarter 2 - target of 10 leavers per month

Actions

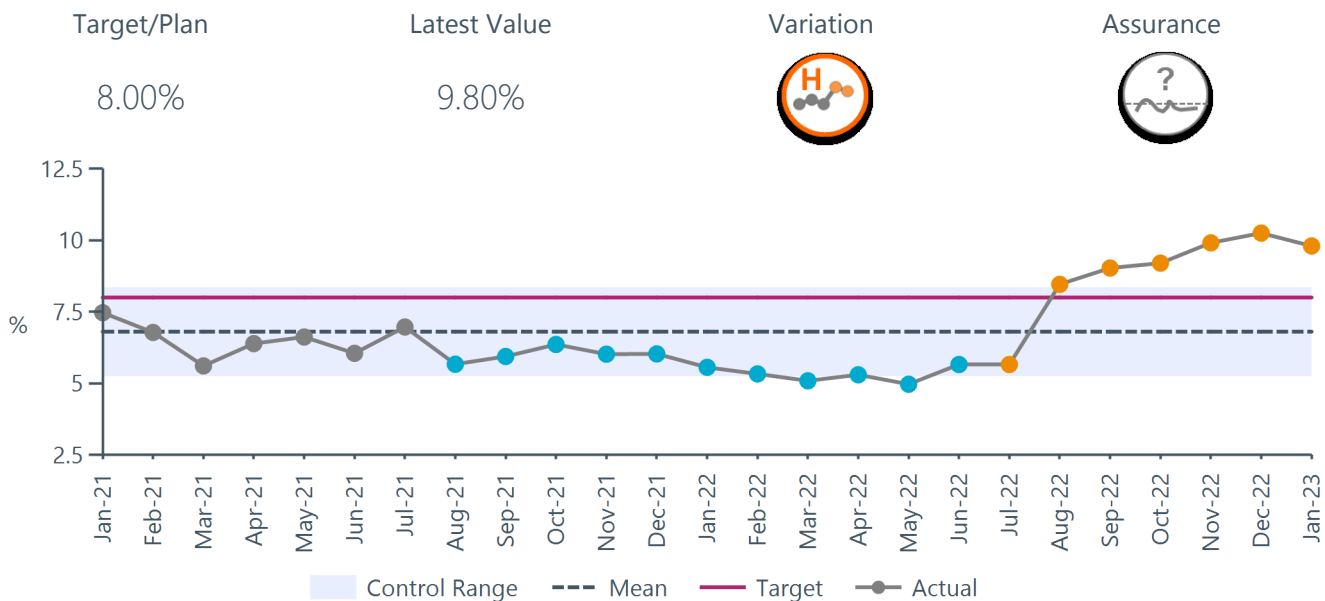
- * Successful Trust Open Day held on 28th January with 15 staff offered jobs on the day and further candidates set to be interviewed off the back of the event. Trust now planning a quarterly recruitment event throughout the year with next date scheduled for Sunday 16th April and further events in July and October.
- * Focus on retention; Revision to Staff Exit Process being led by Head of Resources. Recently undertook a period of staff engagement that closed on 6th February. Communications and training now being explored before final sign off. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- * Key focus on learning and development in February that includes; Coffee and cake session held with senior nursing managers on 8th February. Learning and Development team are reviewing their development offer for clinical skills and clinical professional development. Intranet under review so staff are able to view offers and what's available to them. Study leave policy being refreshed to make it easier for staff to apply. Expanding apprenticeships at leadership level, working with Arden University.
- * Trial of Professional Career Cafes held. Communication and key principles for delivery are in development.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
16	21	14	30	17	20	31	38	20	22	14	14	18

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The vacancy rate is reported at 9.80% this month and has exceeded the 8% target since August-22. This equates to vacancies across the Trust at 154.46 WTE; down from 161.10 at the end of December. The data remains special cause variation of concern above our expected control range. A breakdown by area is:

- * MSK Unit - 11.16% / 76.71 WTE vacant
- * Specialist Unit - 10.54% / 45.67 WTE vacant
- * Corporate areas - 7.05% / 32.08 WTE vacant

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

As can be seen in the SPC graph above, the vacancy rate has shown an increase from July. It must be noted, that when reviewing at a Trust-level the establishment has risen from 1518.31 WTE at the end of July to 1575.98 WTE at the end of January; an establishment increase of 57.67 WTE. Although when looking at an aggregate Trust-level view the vacancy rate mirrors the increased establishment, this is not the case for all staff groups. Further detail to review this by staff group is available in the covering paper that accompanies the IPR.

Actions

- * Successful Trust Open Day held on 28th January with 15 staff offered jobs on the day and further candidates set to be interviewed off the back of the event. Trust now planning a quarterly recruitment event throughout the year with next date scheduled for Sunday 16th April and further events in July and October.
- * Focus on retention; Revision to Staff Exit Process being led by Head of Resources. Recently undertook a period of staff engagement that closed on 6th February. Communications and training now being explored before final sign off. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- * 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
- * Although at an initial stage, Trust beginning explore workforce modelling for nursing and allied health professionals for 23/24. Initial work to assess trends in leavers and when students available.
- * Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work currently commencing in Theatres and MCSI.
- * Recruitment policy is being refreshed to ensure it aligns with new ways of working

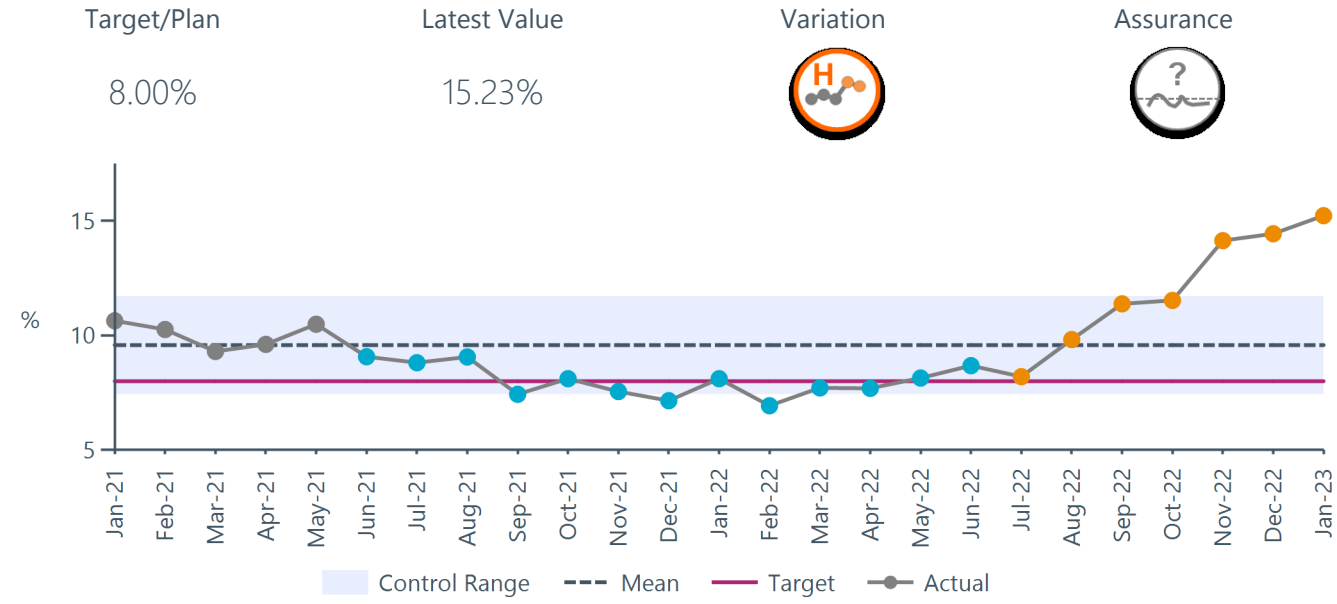
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
5.56%	5.33%	5.09%	5.30%	4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%	10.25%	9.80%

- Staff - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. 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 15.23% for January; this equates to 51.08 WTE vacant, up from 48.44 WTE at the end of December. A breakdown of the vacancies by area as follows;
 * Specialist Unit - 23.84 WTE vacant - a vacancy rate of 18.99%
 * MSK Unit - 29.19 WTE vacant - a vacancy rate of 15.11%
 * Corporate Areas - over-established by -1.95 WTE

A breakdown of latest nursing recruitment, as at 8th February is:

- * 13.04 WTE in 'pipeline' - at conditional or unconditional stage
- * 8.00 WTE - International recruitment
- * 7.00 WTE - Student Offers
- * Remaining vacancies being addressed through generic advert as part of the Nursing Recruitment Campaign

Interviews during January have produced a significant number of offers towards closing the gap in vacancies.

Actions

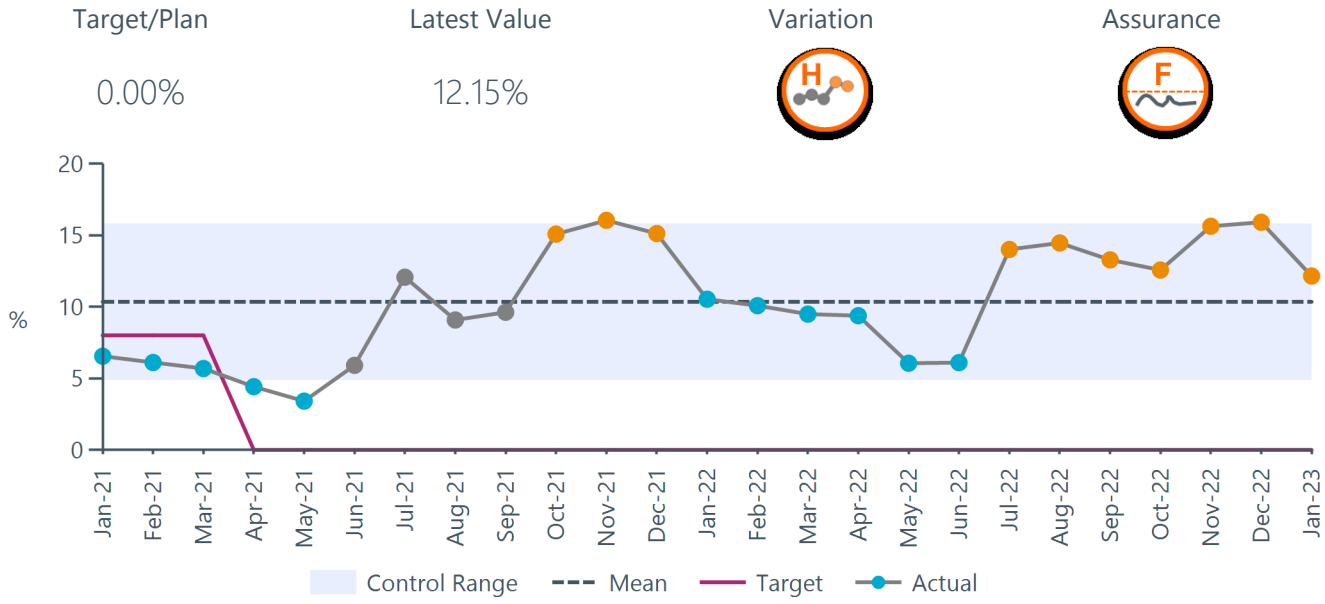
- * Successful Trust Open Day held on 28th January with 15 staff offered jobs on the day and further candidates set to be interviewed off the back of the event. Further recruitment events scheduled for April, July & October.
- * Rolling adverts continue ensuring they showcase the Trust to its fullest potential. Recruitment events away from RJAH being targeted to attract candidates. On 14th February a delegation will be going to represent the Trust at an event in Telford for military leavers and university visits are planned for March. International recruitments for registered nurses continues.
- * Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses.
- * Trial of Professional Career Cafes held. Communication and key principles for delivery are in development.
- * 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
- * Although at an initial stage, Trust beginning to explore workforce modelling for nursing and allied health professionals for 23/24. Initial work to assess trends in leavers and when students available.
- * Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work currently commencing in Theatres and MCSI.
- * System rotation for paediatric nursing currently being advertised.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
8.11%	6.93%	7.71%	7.69%	8.14%	8.68%	8.20%	9.82%	11.38%	11.53%	14.14%	14.44%	15.23%

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 a concerning nature. Metric is consistently failing the target.

Narrative

The healthcare support worker vacancy rate is reported at 12.15% in January and is back within our control range; it remains special cause variation as it is the 7th point above the mean. The vacancy rate equates to 25.36 WTE; down from 33.21 WTE at the end of December. A breakdown of vacancies by area as follows;
 * MSK Unit - 14.46 WTE vacant - a vacancy rate of 13.00%
 * Specialist Unit - 10.90 WTE vacant - a vacancy rate of 11.30%
 * Corporate areas - no vacancies, establishment in post

A breakdown of latest healthcare support worker recruitment, as at 8th February is:
 * 15.76 WTE in 'pipeline' - at conditional or unconditional stage
 * 6.49 WTE vacancies in Theatre Scrub with interviews scheduled
 * Remaining vacancies being addressed through generic advert as part of recruitment campaign

Actions

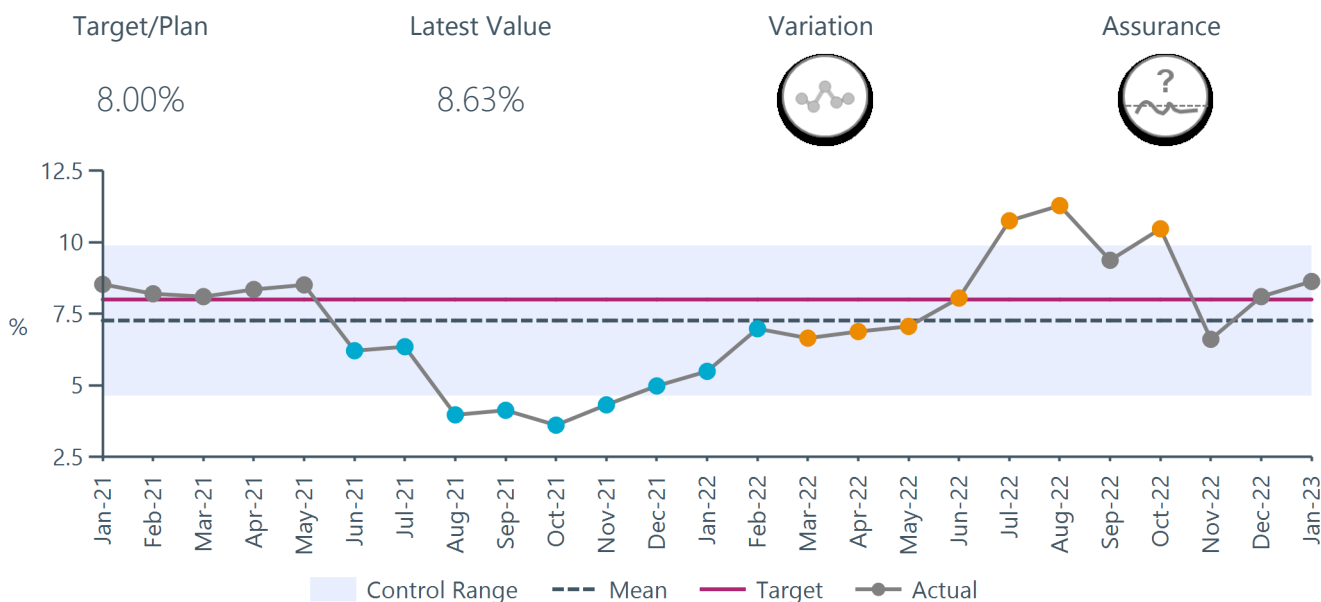
- * Focus on retention; Revision to Staff Exit Process being led by Head of Resources. Recently undertook a period of staff engagement that closed on 6th February. Communications and training now being explored before final sign off. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- * Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts.
- * Recruitment policy is being refreshed to ensure it aligns with new ways of working.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
10.53%	10.08%	9.49%	9.38%	6.06%	6.10%	14.01%	14.46%	13.28%	12.57%	15.63%	15.91%	12.15%

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The allied health professionals vacancy rate it reported at 8.63% in January. This equates to 14.91 WTE; up from 13.94 at the end of December. These vacancies predominantly sit within the MSK Unit. The roles with the highest WTE vacancies are:

* Operating Department Practitioner - 7.45 WTE - a vacancy rate of 23.19%

* Radiographer - Diagnostic - 5.43 WTE - a vacancy rate of 12.14%

* Physiotherapist - 4.88 WTE vacancy - a vacancy rate of 8.35%

A breakdown of latest healthcare support worker recruitment, as at 8th February is:

* 14.88 WTE in 'pipeline' - a conditional or unconditional stage

Interviews during January have produced a significant number of offers towards closing the gap in vacancies.

Actions

* Successful Trust Open Day held on 28th January with 15 staff offered jobs on the day and further candidates set to be interviewed off the back of the event. Further recruitment events scheduled for April, July & October.

* Trial of Professional Career Cafes held. Communication and key principles for delivery are in development.

* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.

* Although at an initial stage, Trust beginning explore workforce modelling for nursing and allied health professionals for 23/24. Initial work to assess trends in leavers and when students available.

* Trust also focussing on recruitment events taking place away from RJAH. On 14th February a delegation will be going to represent the Trust at an event in Telford for military leavers and university visits are planned for March.

* Focussed effort on developing role competencies and career pathways for progression to agenda for change.

This work currently commencing in Theatres and MCSI.

* System rotation for operating department practitioners in development, due to be advertised at the end of March.

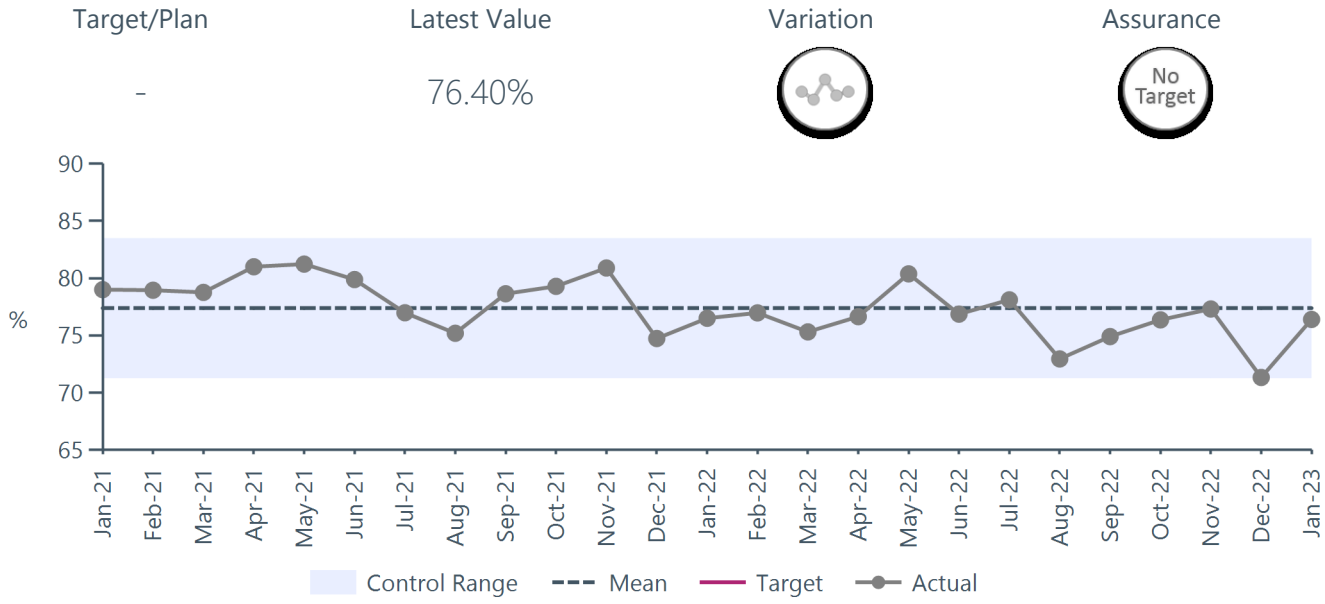
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Gap analysis against national requirements and standardisation of job descriptions in progress.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
5.49%	6.98%	6.65%	6.88%	7.06%	8.05%	10.75%	11.28%	9.37%	10.47%	6.61%	8.10%	8.63%

% 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 a concerning nature. Target to be agreed for this new KPI.

Narrative

This metric was introduced last month and 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 January, % staff availability was 76.40%. The 23.60% not available is broken down as follows:

- * Vacancies - 9.80%
- * Planned absence (annual leave, maternity, paternity) - 8.76%
- * Unplanned absence (sickness, special leave) - 5.04%

Actions

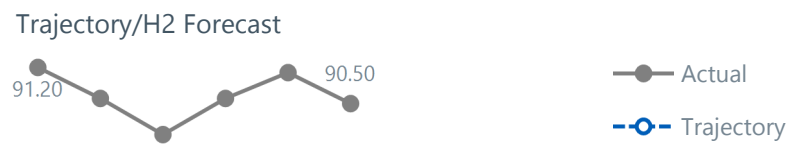
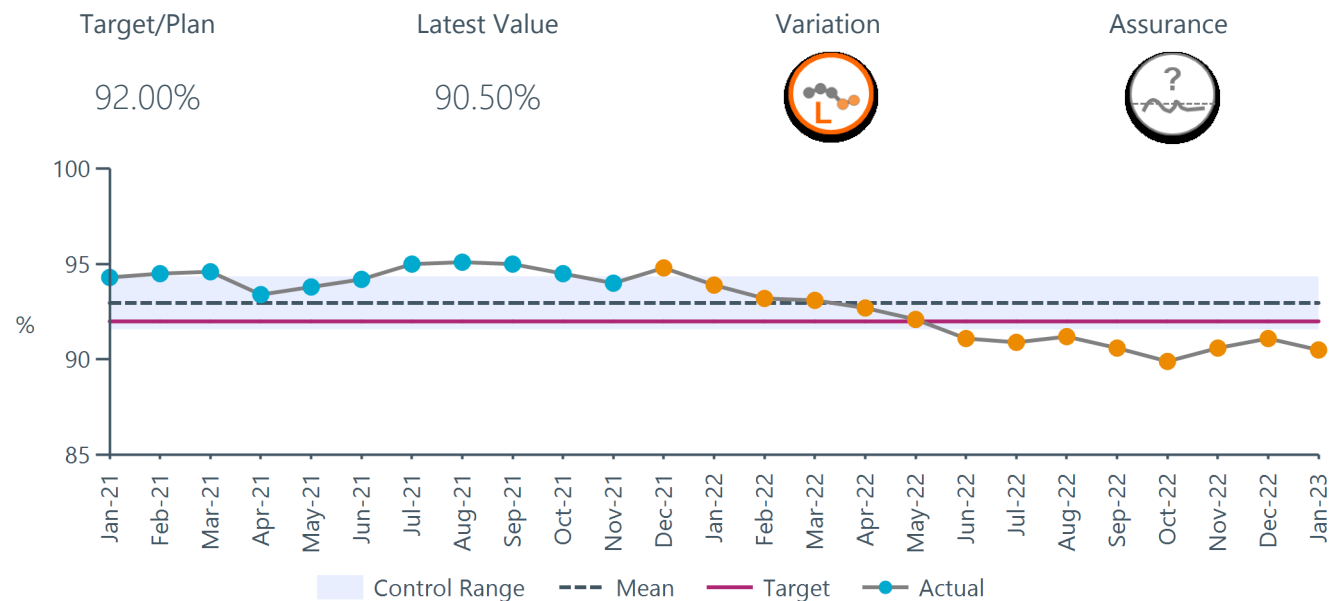
People Committee are asked to consider the appropriate target for this measure. Based on data for this financial year, on average, the % of staff available each month is 76.12%.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
76.50%	76.97%	75.31%	76.64%	80.38%	76.86%	78.11%	72.95%	74.90%	76.36%	77.31%	71.33%	76.40%

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 a concerning nature. The assurance indicates that this is consistently passing the target as the control range sits above the target line.

Narrative

The Statutory and Mandatory Training compliance is reported at 90.50% at the end of January; remaining below the 92% target. The subjects below the 92% target are:

- * Fire Safety - 86.08%
- Infection Prevent & Control - Clinical - 91.26%
- * Moving & Handling - 88.29%
- * Safeguarding Adults - Level 2 - 91.73%, Level 3 - 65.15%
- * Safeguarding Children - Level 3 - 85.37%
- * Prevent Radicalisation - 91.38%
- * Resuscitation Level 2 (BLS) - 81.25%
- * Data Security Awareness - 90.43%

Actions

- Actions in relation to those subjects below target are:
- * Overall, a review of the intranet page is underway and L&D team looking to send out a regular bulletin; together should make training dates more visible and accessible.
- * Fire Safety - non-clinical is above target at 96.93%, however clinical is below at 78.08%. Content of training under review and class locations being moved to accommodate increased capacity.
- * IPC Clinical - Following IPC committee meeting it has been agreed to make some changes to some of the job-related modules whereby the validity period has moved from annual to one-off. Once change is implemented, it should free up time for staff to complete core IPC modules, and in turn, increase the compliance for IPC Level 2.
- * Safeguarding Adults Level 3 - Changes have been agreed, in principle, where a large number of staff will be removed from requiring to complete level 3. Those staff will then be able to focus on other core subjects.
- * Other subjects - L&D Team will continue to email staff who have expired and encourage completion of eLearning or make bookings for face to face course.

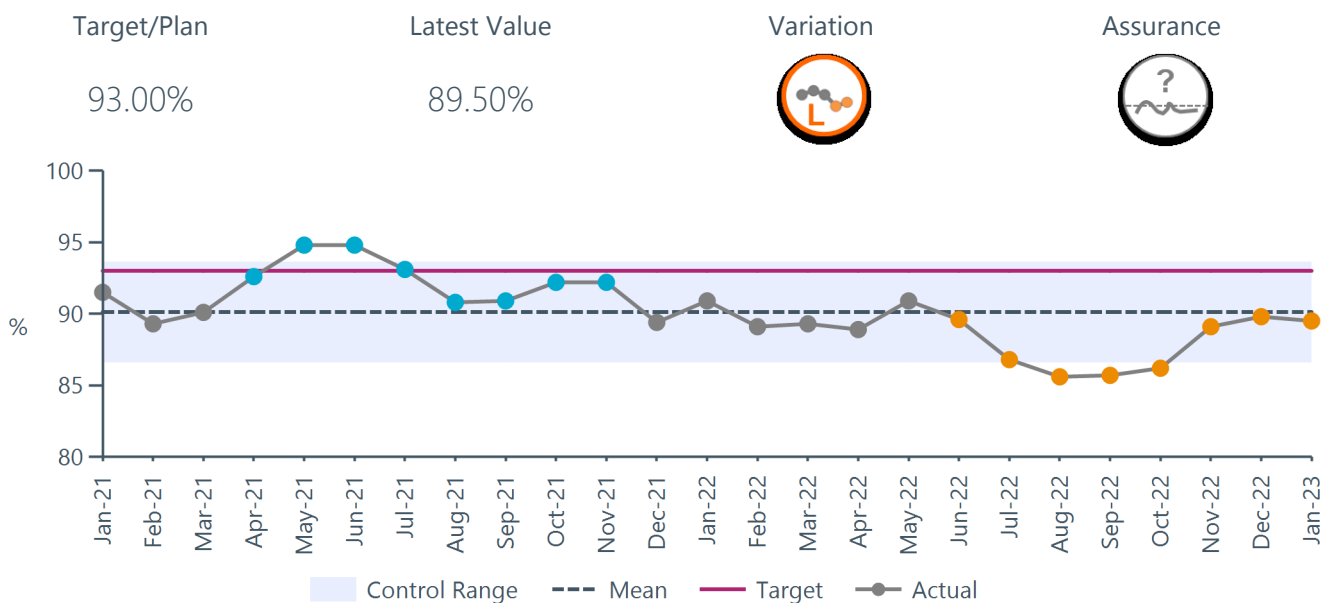
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
93.90%	93.20%	93.10%	92.70%	92.10%	91.10%	90.90%	91.20%	90.60%	89.90%	90.60%	91.10%	90.50%

- 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



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 89.50% at the end of January. This has been reported below target since August '21. Breakdown below by area:

- * MSK Unit - 89.30% - 61 not completed
- * Specialist Unit - 91.40% - 31 not completed
- * Corporate areas - 89.49% - 49 not completed

Actions

The People Services Business Partners continue to remind and prompt managers where personal development reviews are outstanding. The Information Workforce Team is continuing to support the monitoring in this area by providing data on the 'last review date' to chase with managers. They are also supporting the input into ESR where managers have issues.

With this further detail surrounding last review date, the Business Partners are able to gather exception reporting from Managers. This enables further intelligence to be gathered on how long individuals' reviews are outstanding and enable Business Partners to identify trends to understand why the reviews have not taken place.

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

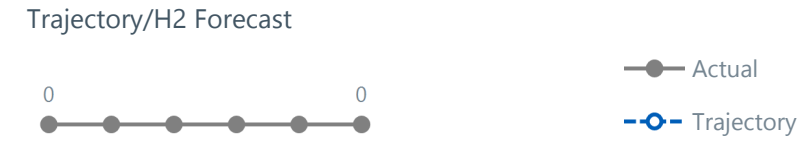
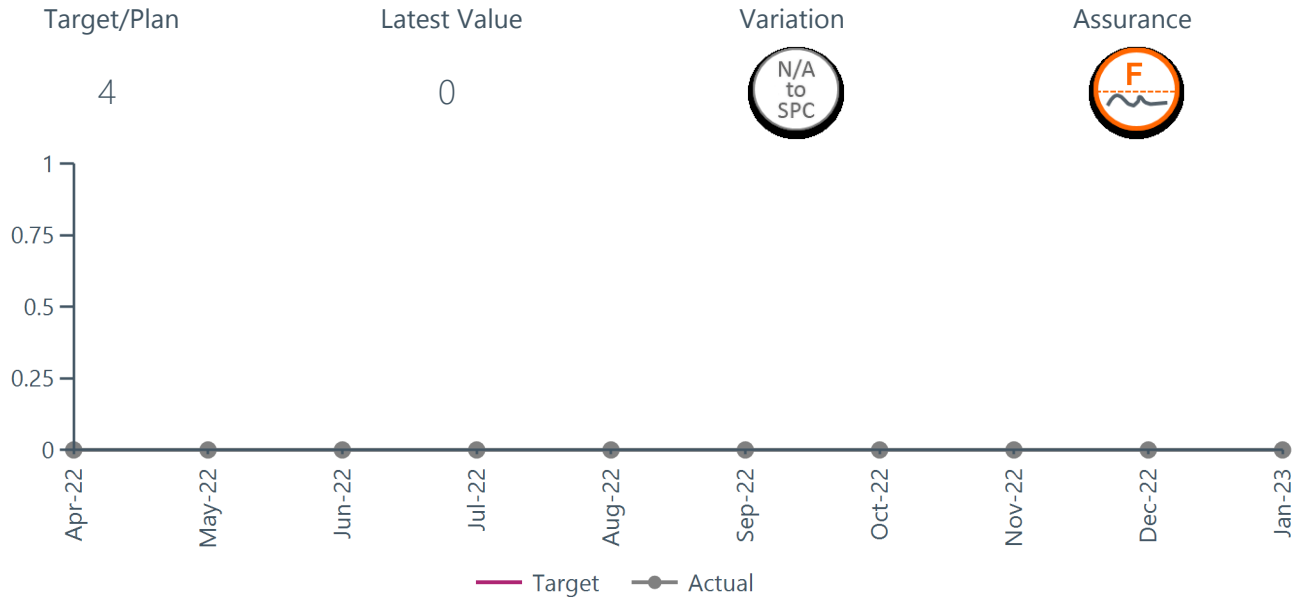
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
90.90%	89.10%	89.30%	88.90%	90.90%	89.60%	86.80%	85.60%	85.70%	86.20%	89.10%	89.80%	89.50%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer



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

Narrative

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

In order to meet level 1 fully, the following actions are required:
* Roles with budgetary responsibilities for e-rostering have had these responsibilities included in job description
* E-rostering policy to be reviewed to ensure alignment with national guidance

Once level 1 has been met the Trust should swiftly move into level 2 where the only outstanding stipulations are being progressed:
* KPIs to be reported to Trust Board; we currently report four out of six with the remaining two to follow once data fed from job plans

Actions

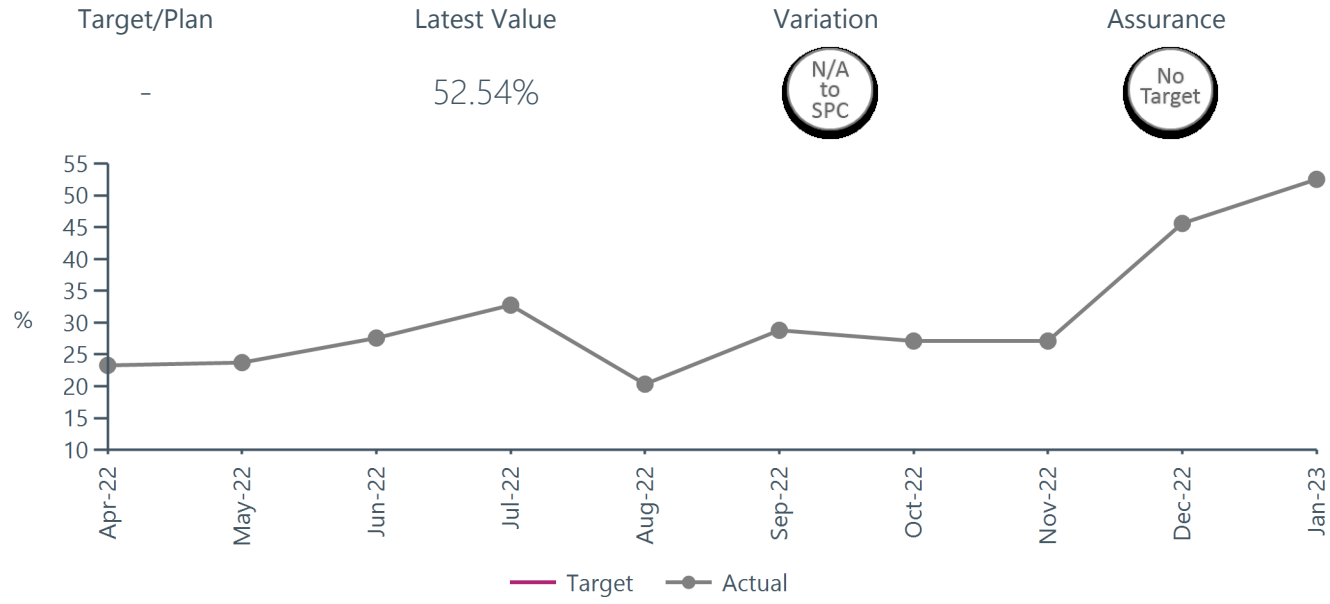
Actions outstanding in order to progress to level 1 are:
* An assessment of all managers' job descriptions to be progressed by the People Services Team. This has been rescheduled a number of times and is still outstanding.
* The updated e-Roster policy went to People Committee in January where further amendments were requested. These are now made and the policy will go back to People Committee in February.

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

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer



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

Narrative

The data reported against this KPI this month relates to the roster start date of 5th December 2022 and trust-wide 52.54% of e-rosters had been approved ahead of the start date. This is a 7% increase on that reported for the previous roster. A breakdown by unit is provided below:
 * Corporate Areas - 66.67%
 * MSK Unit - 56.67%
 * Specialist Unit - 43.48%

Reporting on this measure has been added to Unit scorecards from this month.

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

Actions

Confirm and challenge meetings are now established within the Trust and improvements are now visible against this metric.

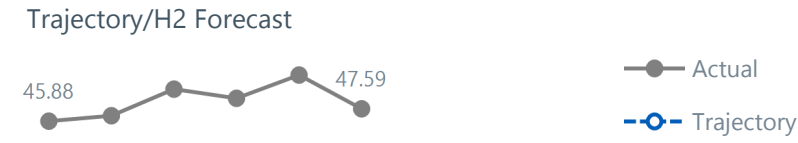
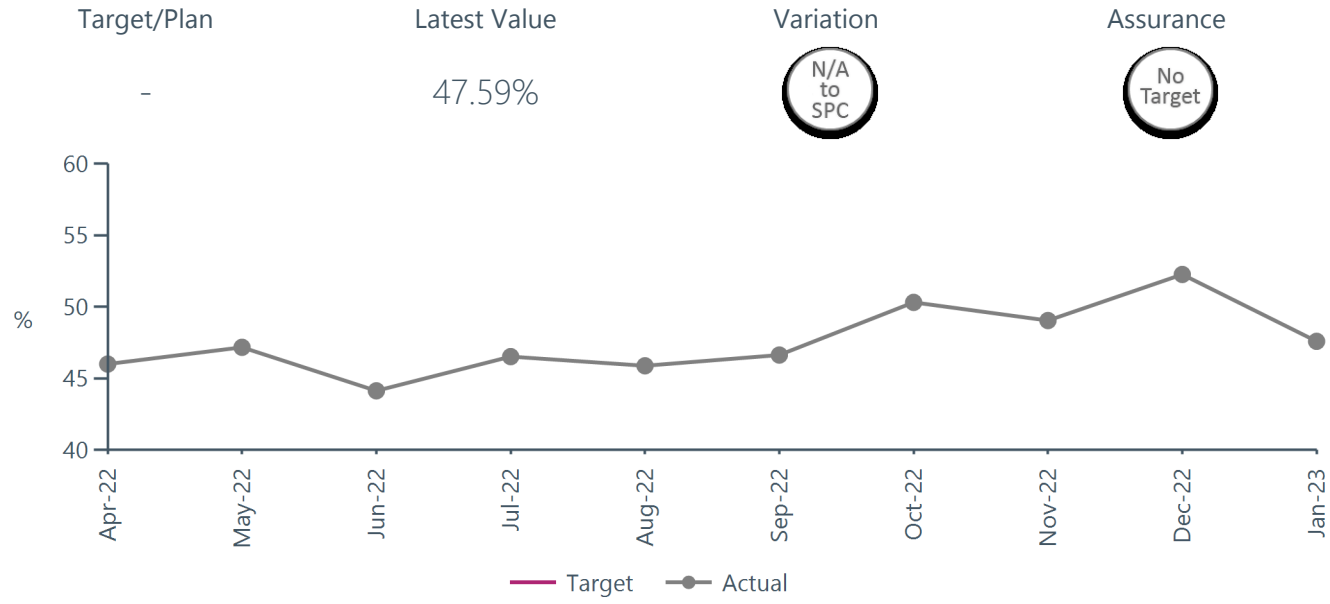
As there is no national target for this KPI, it is proposed that the visible graph is updated to SPC once the required number of data points are available (15 months) and that will then drive whether the measure is included as an exception going forward.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			23.29%	23.73%	27.59%	32.76%	20.34%	28.81%	27.12%	27.12%	45.61%	52.54%

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The data reported this month relates to the roster start date of 5th December 2022 and trust-wide 47.59% of shifts were auto-rostered. A breakdown by unit is provided below:

- * Corporate Areas - 81.77%
- * MSK Unit - 52.14%
- * Specialist Unit - 35.60%

Reporting on this measure has been added to Unit scorecards from this month.

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

Actions

Confirm and challenge meetings are now established within the Trust and improvements are now visible against this metric.

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

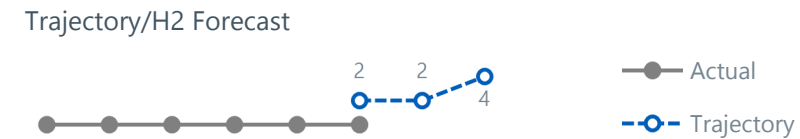
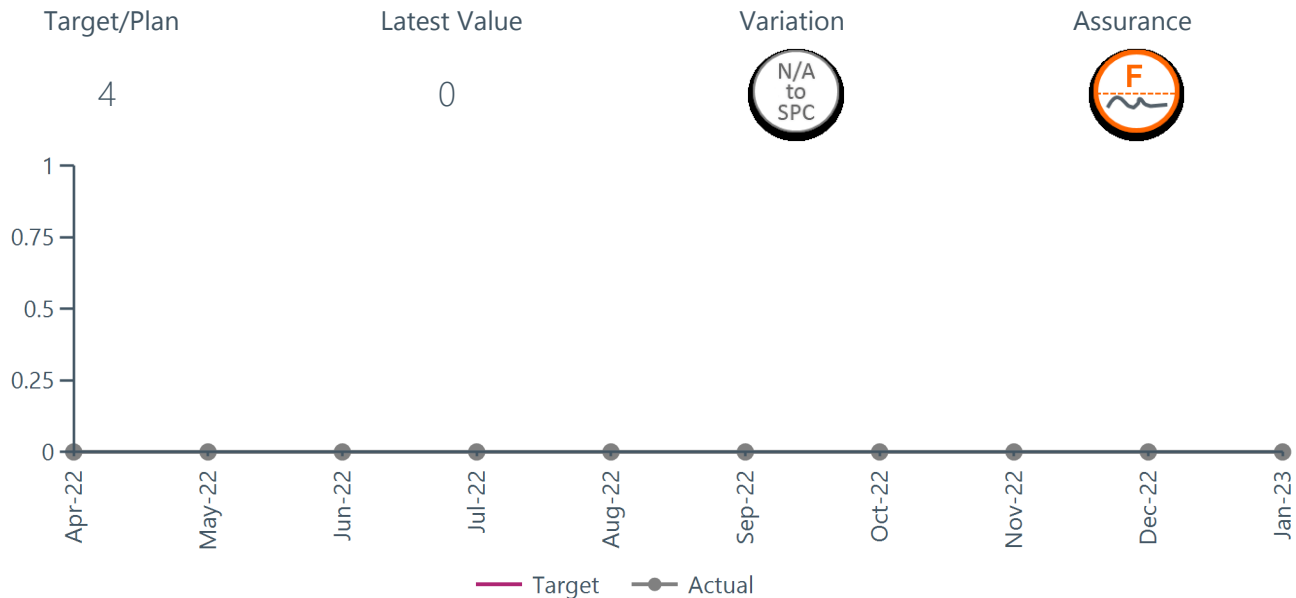
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			46.00%	47.17%	44.13%	46.52%	45.88%	46.63%	50.31%	49.04%	52.26%	47.59%

- Staff - Patients - Finances -

E-Job Planning Level of Attainment

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

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

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

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

The outstanding points to meet level 2 are:

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

As assessment of when the attainment levels will be achieved has been carried out and it is now anticipated that the Trust will be meeting level 1 by the end of quarter 1 (June-23) as 90% employees with an active job plan will not be achieved until then. The Chief Medical Officer and Managing Director for Planning & Strategy have recently met with another Trust to gain understanding and learning from their progression in this area. Following a scheduled Job Planning Seminar on 7th February they will be presenting a paper to People Committee to summarise the Trust's progression against E-Job Planning expectations.

Actions

Key milestones to meet standards for our Trust are:

- * A trust-wide e-job planning policy covering all clinical workforce groups is live. The policy has been to prior LNC meetings where further refinements to the policy were requested. A Job Planning Seminar is scheduled for 7th February. Following this, the policy can be amended and return to March LNC meeting for review and approval. It will then follow to People Committee for approval.
- * An assessment of all managers' job descriptions to be progressed by the People Services Team. This has been rescheduled a number of times and is still outstanding.
- * Although there has been progress in the number of job plans signed off through Consistency Committees, this has not been at the volumes anticipated. A realistic assessment has been made where it is anticipated the Trust will meet the 90% by the end of June-23.
- * Ensure individual e-job plans have adequate time allocated to achieve the job planning scheduled timelines; this has now been quantified and will reflect in the next round of job planning.
- * Each recorded activity details the agreed average output per session and established activity tariffs are made available for team job plans; aim for completion by end of quarter 4. A template for collation of this is included in the E-Job Planning Policy.

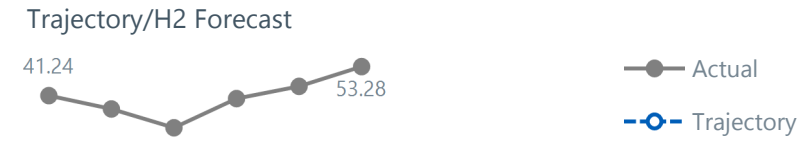
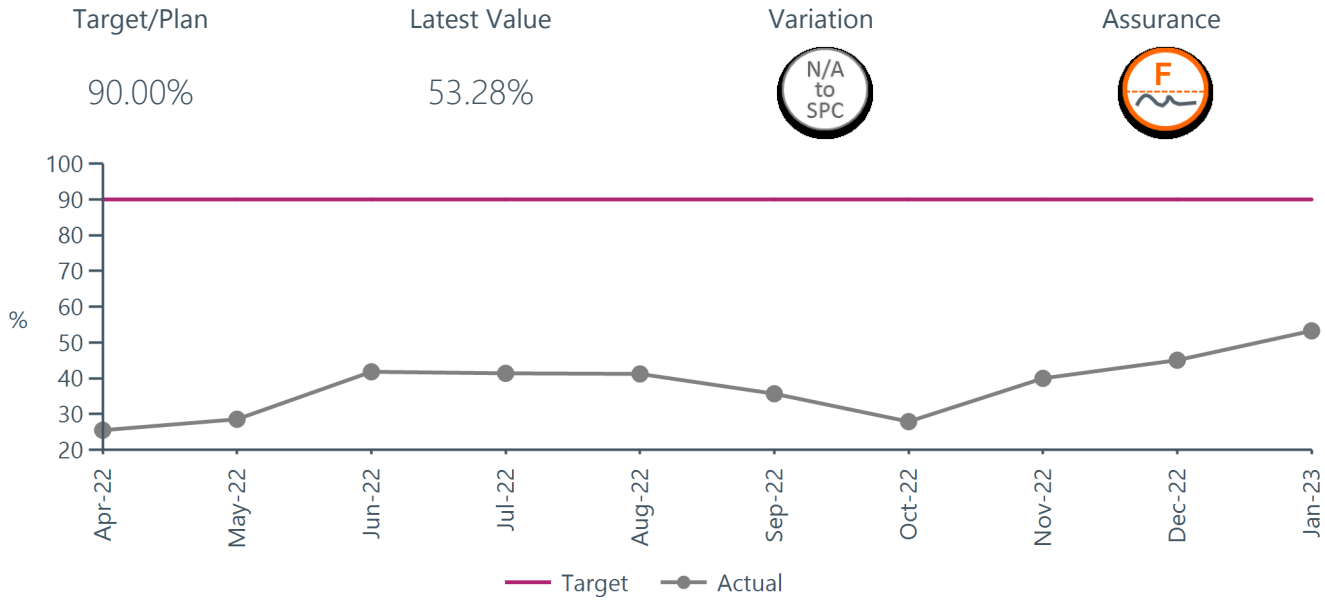
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			0	0	0	0	0	0	0	0	0	0

- Staff - Patients - Finances -

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

This KPI relates to the percentage of staff with an active e-job plan; this is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. As at the end of January, the Trust is reporting this measure at 53.28%; a 8% increase. Breakdown as follows:

- * Consultants - 96 job plans with 56 signed off within last 12 months - 58.33%
- * AHPs - 23 job plans with 19 signed off within last 12 months - 82.61%
- * Specialist Nurses - 3 jobs plans with all signed off within last 12 months - 100%

This month, these KPIs have also been added into the Unit Scorecards with performance reported as follows:

- * MSK Unit - 56.67%
- * Specialist Unit - 43.75%

Actions

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

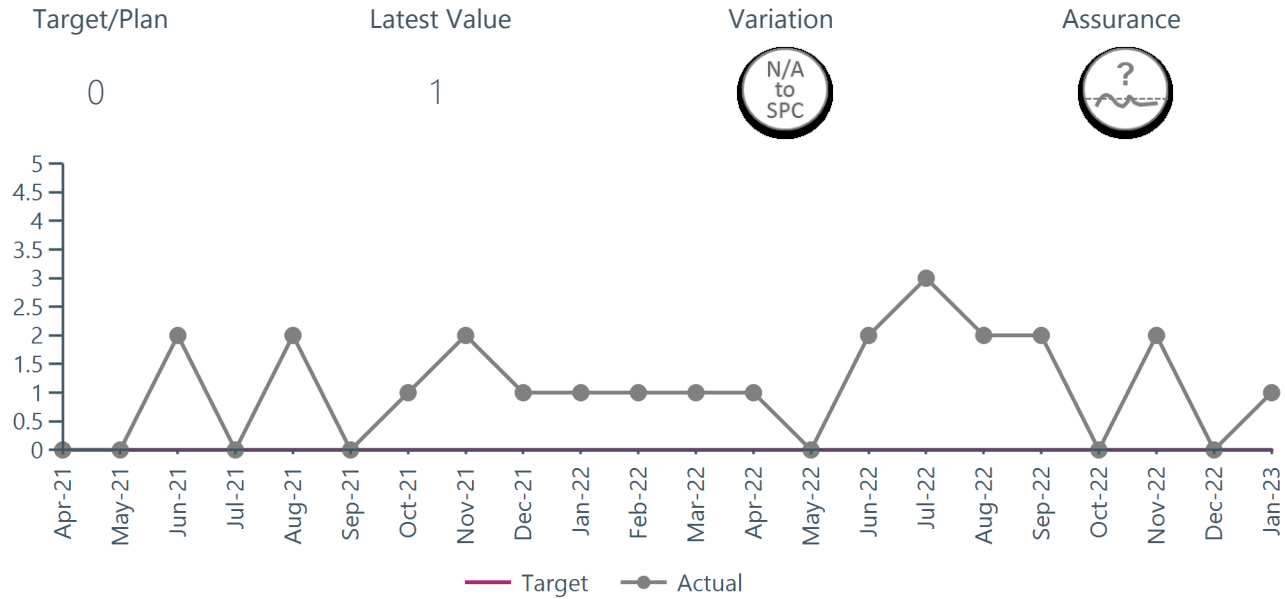
Although there has been progress in the number of job plans signed off through Consistency Committees, this has not been at the volumes anticipated. A realistic assessment has been made where it is anticipated the Trust will meet the 90% by the end of June-23.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			25.51%	28.57%	41.84%	41.41%	41.24%	35.71%	27.91%	40.00%	45.08%	53.28%

Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:
Chief Nurse and Patient Safety Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

There was one complaint re-opened in January as the patient was not satisfied with the response given by the Trust.

Actions

At the time of IPR production, an offer is going to be made to meet with the patient to discuss their concerns.

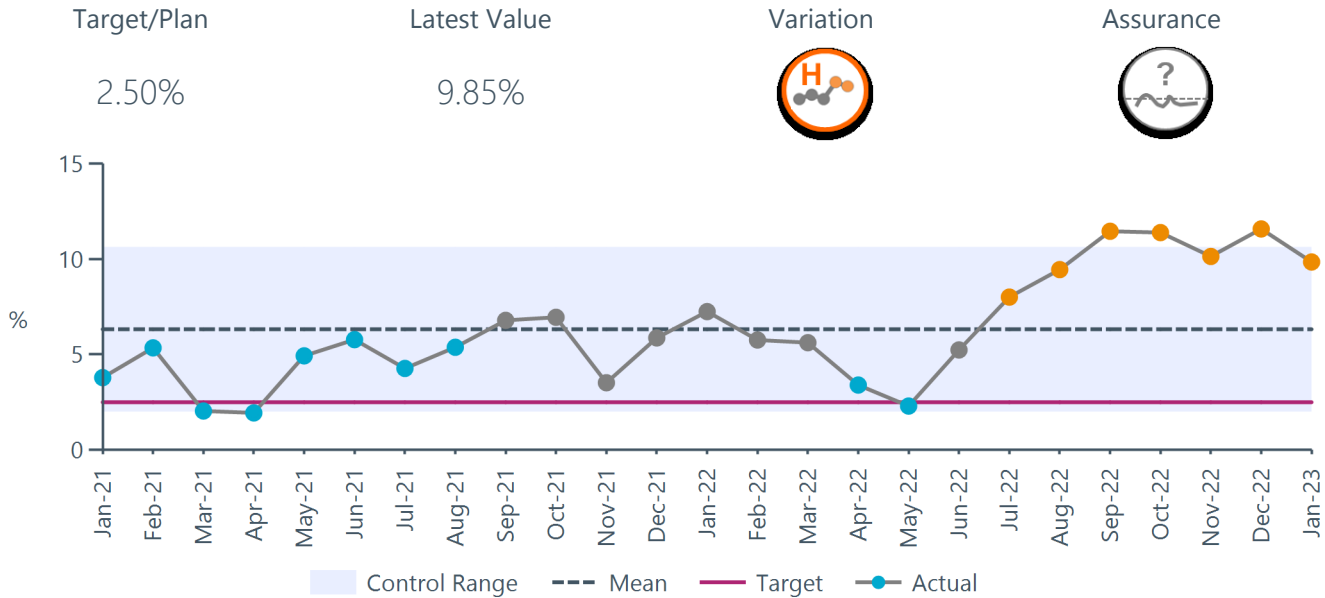
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
1	1	1	1	0	2	3	2	2	0	2	0	1

- Staff - **Patients** - Finances -

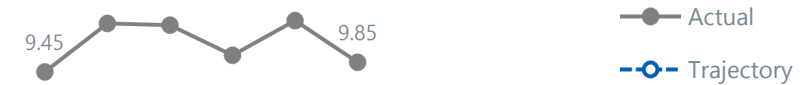
% Delayed Discharge Rate

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



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The Delayed Discharge rate is reported at 9.85% for January and is reported as special cause variation of concern. The total delayed days for January is 391 days with a breakdown as follows:

- * 12 spinal injuries patients amounting to 217 days - attributed to following organisations - Birmingham, Cheshire West and Chester, Solihull, Staffordshire, Wales, Walsall, Warwickshire, Worcestershire
- * 16 care of the elderly patients with 138 delayed days - attributed to Shropshire, Telford & Wrekin, Wales
- * 1 patient treated across care of the elderly & Arthroplasty delayed for 31 days - attributable to Wales
- * 1 T&O patients delayed for 5 days - attributable to Wales

The Trust's longest delayed patient was discharged from MCS1 in January.

In January system-support was provided with the transfer of patients from neighbouring site and therefore the DTOC days include these transfers.

Actions

NHSE continue to provide support in this area attending site on a weekly basis.

A deep dive was presented to the Quality and Safety Committee in November and included further recommendations where the following remain in progress:

- * Implementation of criteria led discharge on Sheldon ward; for completion in quarter 4
- * Standardisation of documentation related to discharge in progress with a standardised checklist now distributed by Assistant Chief Nurse
- * Embed Datix reporting for every DTOC in the Trust to monitor associated harm to patients

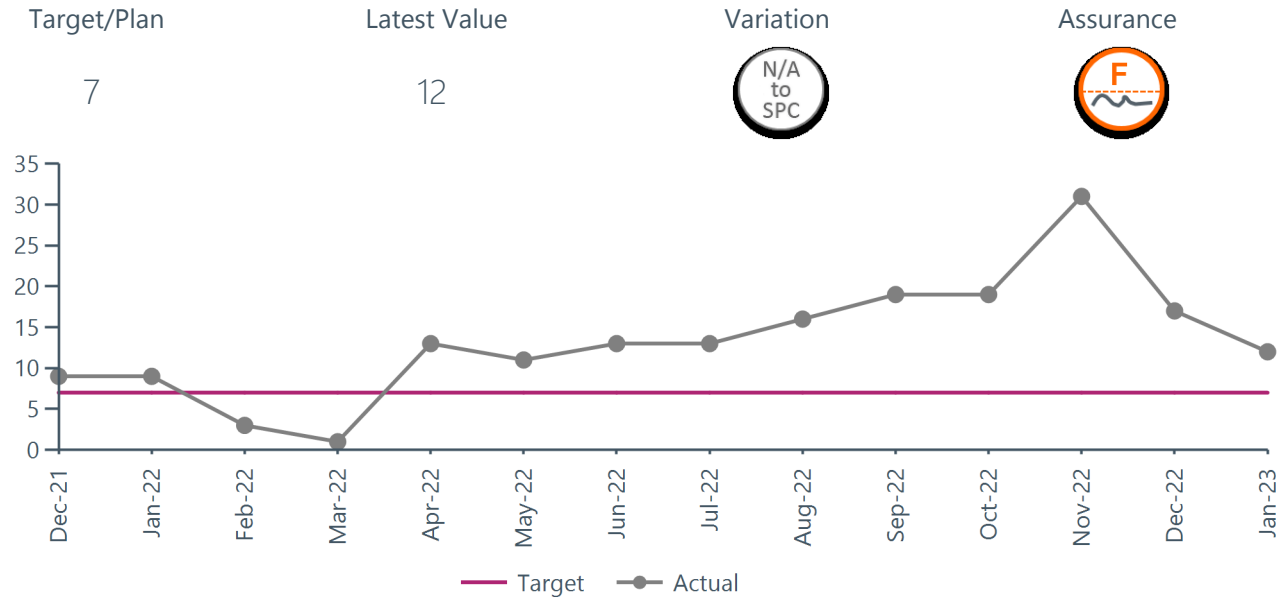
Review of NCTR guidance to assess if any changes to data collation and reporting are required.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
7.25%	5.76%	5.62%	3.40%	2.30%	5.24%	8.01%	9.45%	11.46%	11.39%	10.14%	11.58%	9.85%

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us
This measure is not appropriate to display as SPC. The assurance indicates that this is consistently failing the target.

Narrative

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

Actions

The further reduction of patient awaiting MCSI admissions builds on the improvements that started in December. As bed occupancy is increased, including the re-opening of 4 MCSI@Sheldon beds, this improved position is expected to continue during February.

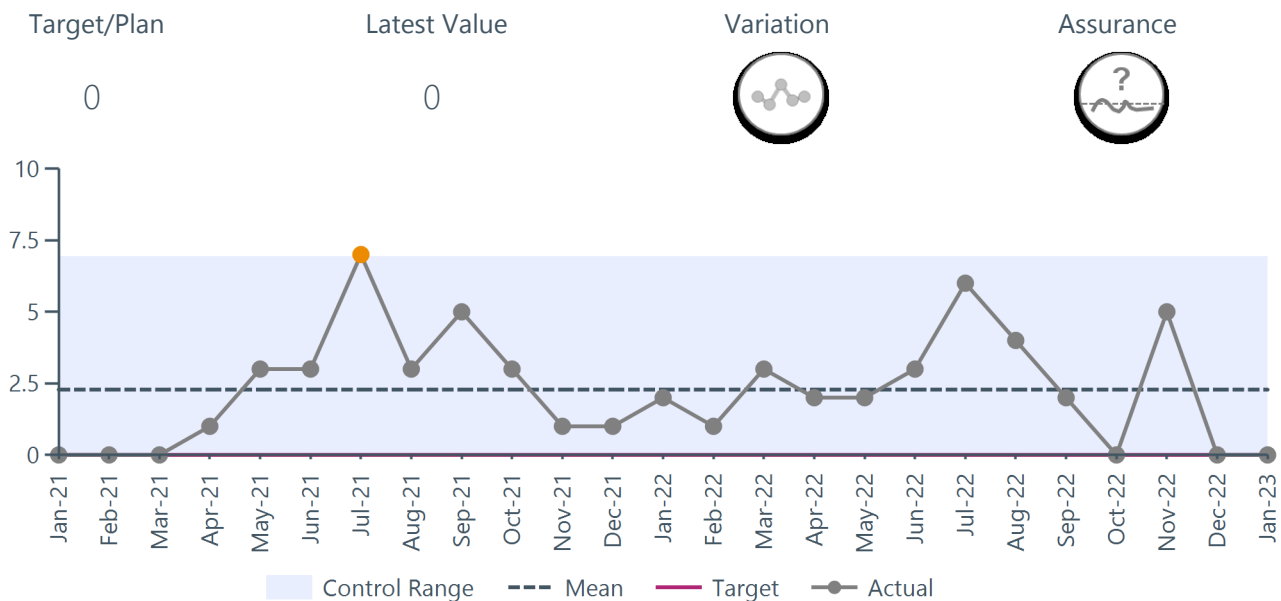
As per previous indicator, work to reduce delays will create capacity that allows these patients to be admitted.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
9	3	1	13	11	13	13	16	19	19	31	17	12

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



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

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

In the latest twelve month period, covering February-22 to January-23, there have been 28 surgical site infections. There were three additional infections confirmed in January, all relating to procedures that took place in November-22. A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

Actions

- Actions in this area are:
- * A review of theatre cleanliness and equipment cleanliness has been completed
 - * The frequency of IPC Quality walks moved from 6 to 3 months
 - * Equipment props now included as specific question on theatre environmental IPC audit
 - * One Together Audit done with significant improvement. Ongoing audit against that tool now in place
 - * Exploring data capture for SSIs in other procedures

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
2	1	3	2	2	3	6	4	2	0	5	0	0

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

There was one death within the Trust in January; this was an expected death.

Actions

All deaths are reviewed by the Hospital Mortality Lead.

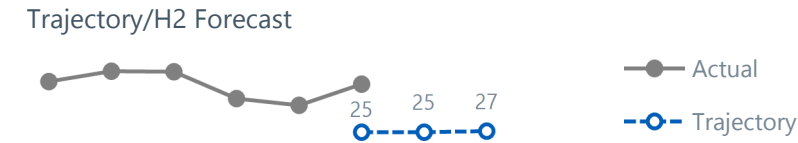
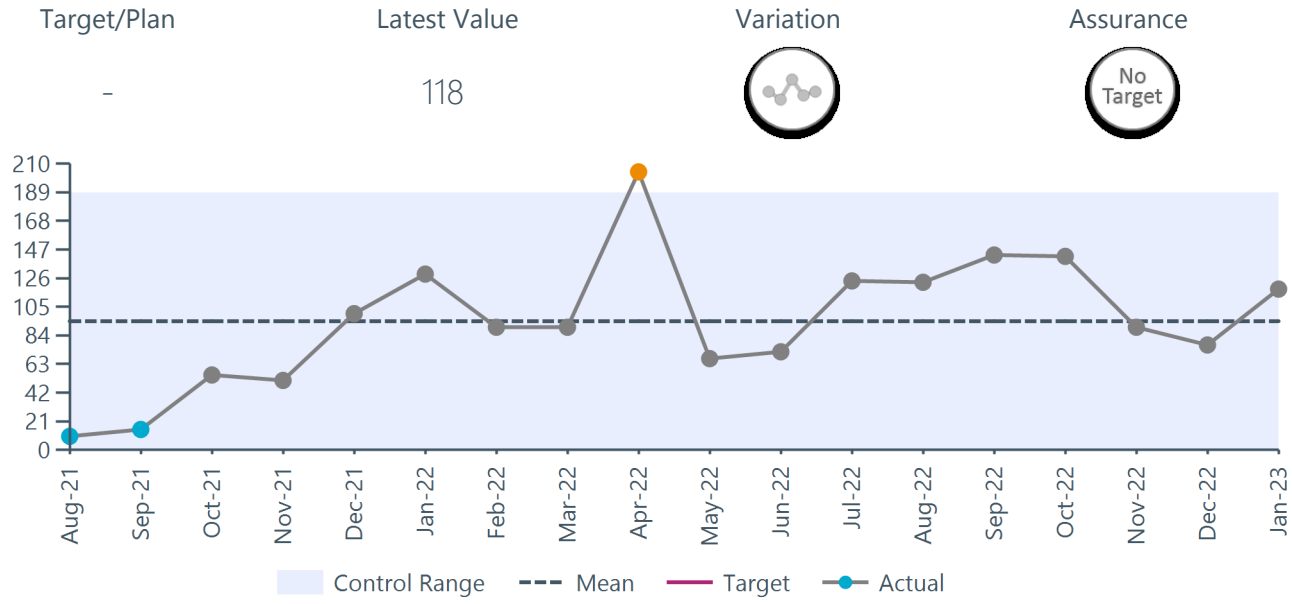
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
3	1	1	0	2	1	1	0	2	1	1	0	1

- 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.

Narrative

From January 2023, the volume of patients who have their procedure cancelled, on the day and within seven days of the surgery date, are monitored. Narrative also references any breaches of the 28-day rebooking standard. Currently this manual data collection does not provide the number of theatre slots which are cancelled and subsequently re-filled.

Total of 118 theatre cancellations in January:

- * 46 on the day; 22 reportable and 24 non-reportable. Reasons were Medically unfit (16), Lack of time (12), Lack of staff (3), DNA (3), Patient declined (2), Operation abandoned (2), Lack of HDU bed (2), Emergency case (2), Lack of kit (1), Technical failure (1), Surgery not required (1), Other (1)
- * 72 in the seven days prior to the TCI date. Reasons were Industrial Action (22), Other Operational Issue (11), Patient Medical Cancellation (11), Patient Initiated Delay (9), Emergency Case required (9), Staffing - Sickness (9), Patient - Covid case/Isolation (1)

All patients were rebooked within 28 days.

Actions

- All cancellations reviewed by operational managers.
- Cancellations should be escalated for agreement by MDs/COO; process under review.
- Actions to reduce cancellations:
 - * Daily process in place for theatre session scheduling to optimise patient booking.
 - * Monthly review of cancellations with improvement opportunities implemented.
 - * Breaches to the 28-day rebooking standard escalated to the Ops Team to secure required capacity.

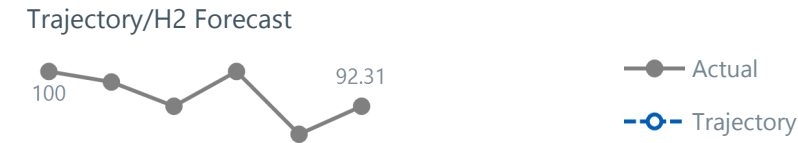
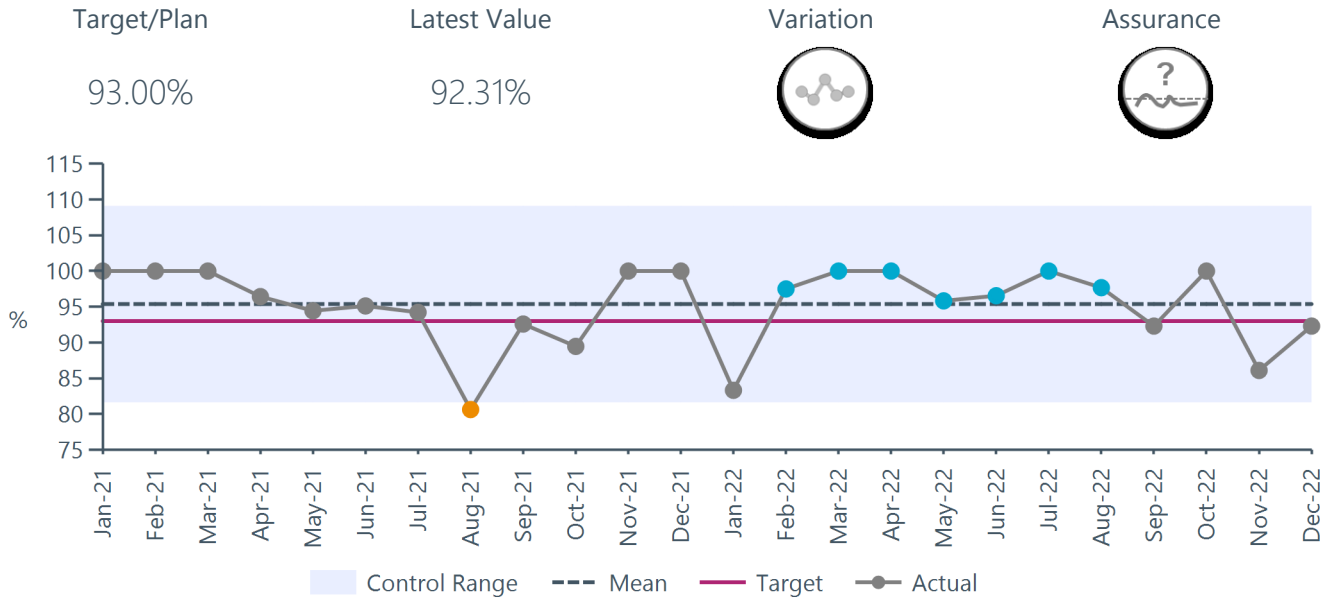
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
129	90	90	204	67	72	124	123	143	142	90	77	118

- Staff - **Patients** - Finances -

Cancer Two Week Wait*

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

Exec Lead:
Chief Operating Officer



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

Narrative

The Cancer Two Week Wait standard was not met in December; this metric is reported one month in arrears. There were two patients who were not seen. In both cases, the patients chose to delay their first appointment.

Actions

As both breaches were due to patient choice, there are no further actions.

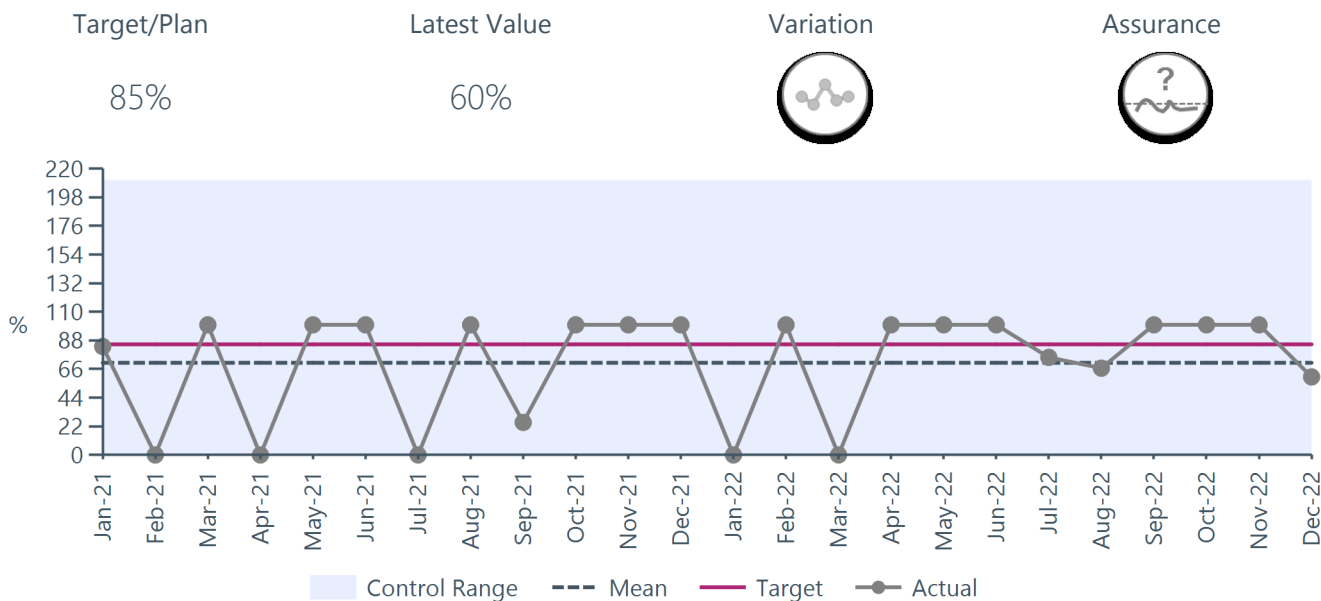
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
83.33%	97.50%	100.00%	100.00%	95.83%	96.55%	100.00%	97.67%	92.31%	100.00%	86.11%	92.31%	

- Staff - **Patients** - Finances -

Cancer 62 Days Consultant Upgrade*

% of cancer patients treated within 62 days of date of upgrade (*Reported one month in arrears) 211044

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The 62 Days Consultant Upgrade Standard is reported below the 85% target at 60.0% in December; reported one month in arrears. There was one pathway, fully attributable to RJAH, that breached the standard due to complexity.

Actions

As the breach was due to the complexity of the pathway, there are no further actions.

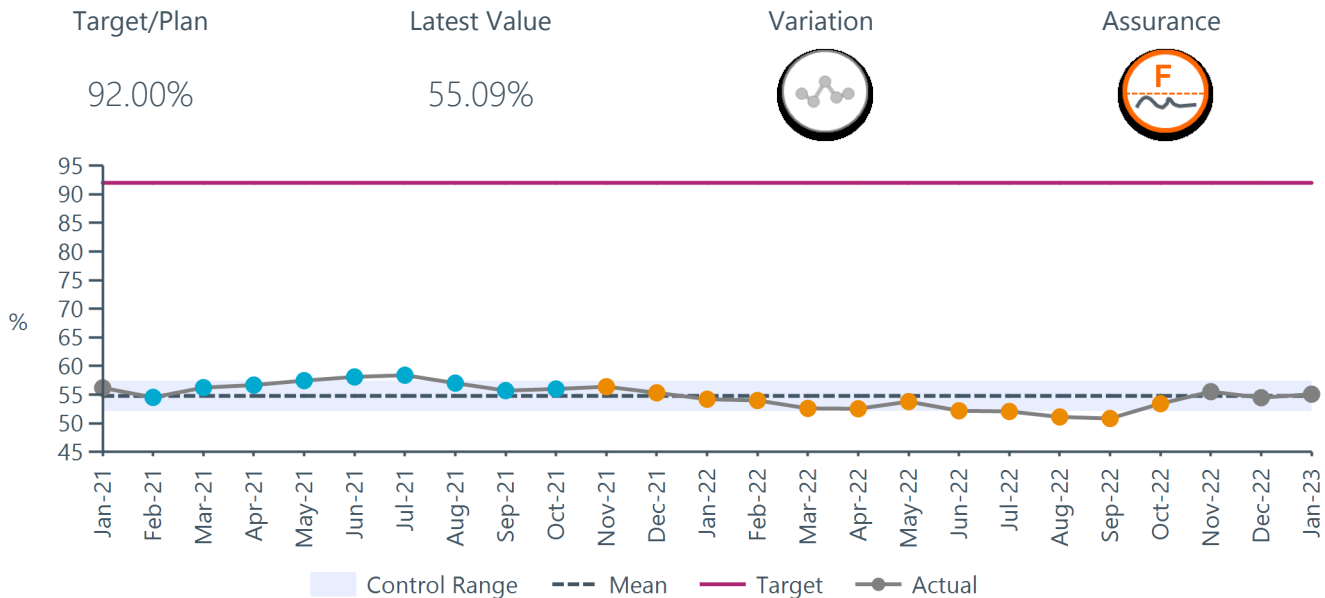
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	75.00%	66.67%	100.00%	100.00%	100.00%	60.00%	

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Our January performance was 55.09% 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 - 8396 patients waiting of which 2093 are breaches
- * MS2 - 1422 patients waiting of which 1007 are breaches
- * MS3 - 4937 patients waiting of which 3527 are breaches

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialties
- * Eliminate waits of over 78 weeks by April 2023 - exceptions are patient choice / specific specialties
- * Develop plans to reduce 52 week waits with ambition to eliminate them by March 2025

Actions

The Operational Team is leading on revised demand and capacity assumptions to inform future planning and future waiting list management. Further detail provided against the list size and weeks waits KPIs.

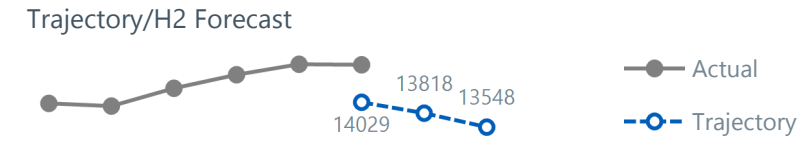
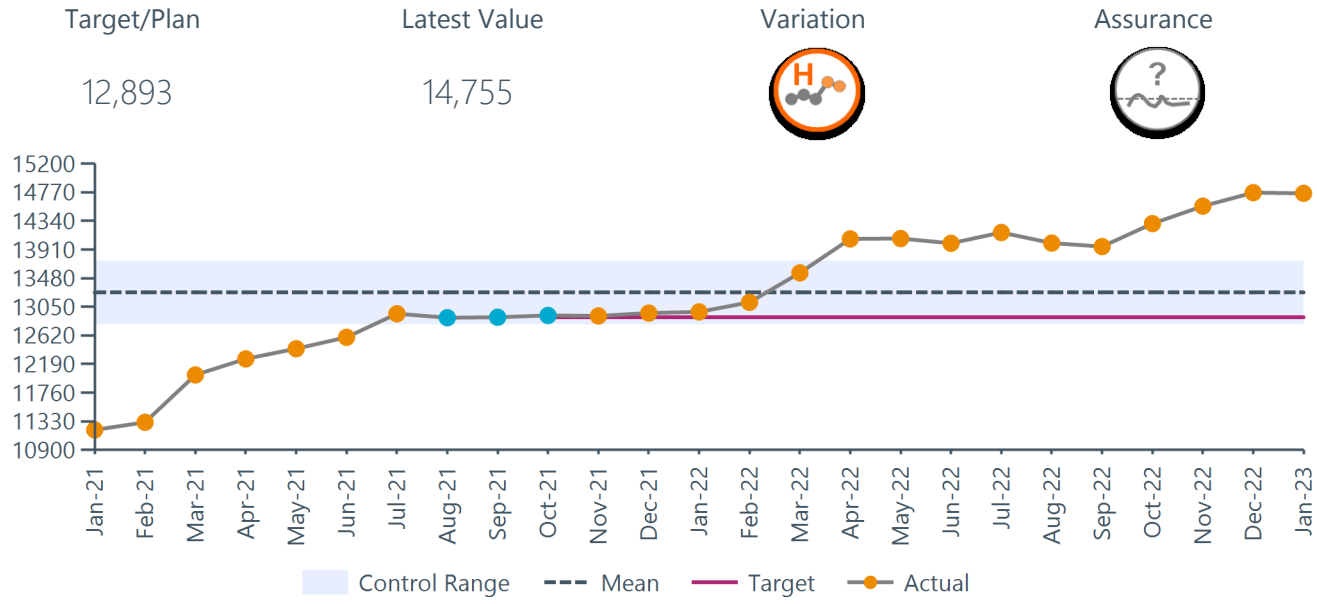
We continue with validation cycles on our waiting lists to ensure pathways are reviewed at regular intervals. Trusts were asked that any patient projected to wait greater than 52 weeks by the end of March-23 was validated within a previous 12-week cycle and feedback showed the Trust performing high against this requirement.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
54.21%	53.99%	52.60%	52.54%	53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%	54.47%	55.09%

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

Narrative

The number of English patients waiting at the end of January is reported at 14755; above our anticipated trajectory figure of 14029. Analysis of list size over the past six months indicates the following sub-specialties have seen the largest growth:

* Metabolic Medicine has increased by 568, rising from 2062 to 2630

* Arthroplasty has increased by 440, rising from 2507 to 2947

Areas with the greatest decrease have been:

* Spinal Disorders has decreased by 392, reducing from 2648 to 2256

* Physiotherapy has decreased by 145, reducing from 628 to 483

The 21/22 H2 planning guidance advised that Trust's should maintain the list size that was reported at the end of September-21 therefore we continue to monitor against this as a target. The list size at the end of September is 1411 above that at the end of September-21.

2022/23 operational planning guidance stipulates that Trusts should:

* Eliminate waits of over 104 by July 2022

* Eliminate waits of over 78 weeks by April 2023

Actions

The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. Discussions are now progressing with other providers to offer further mutual aid. The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.

Several actions have already been taken to address growth in the Metabolic Medicine service. These include; increased capacity of DXA scans through extended days, appointment of a new consultant, speciality doctor undertaking their own lists, specialist nurse undertaking metabolic clinics each week.

Discussions are underway with another provider to transfer patient at the beginning of their pathway for our most challenged speciality to support with managing demand and capacity required to meet this.

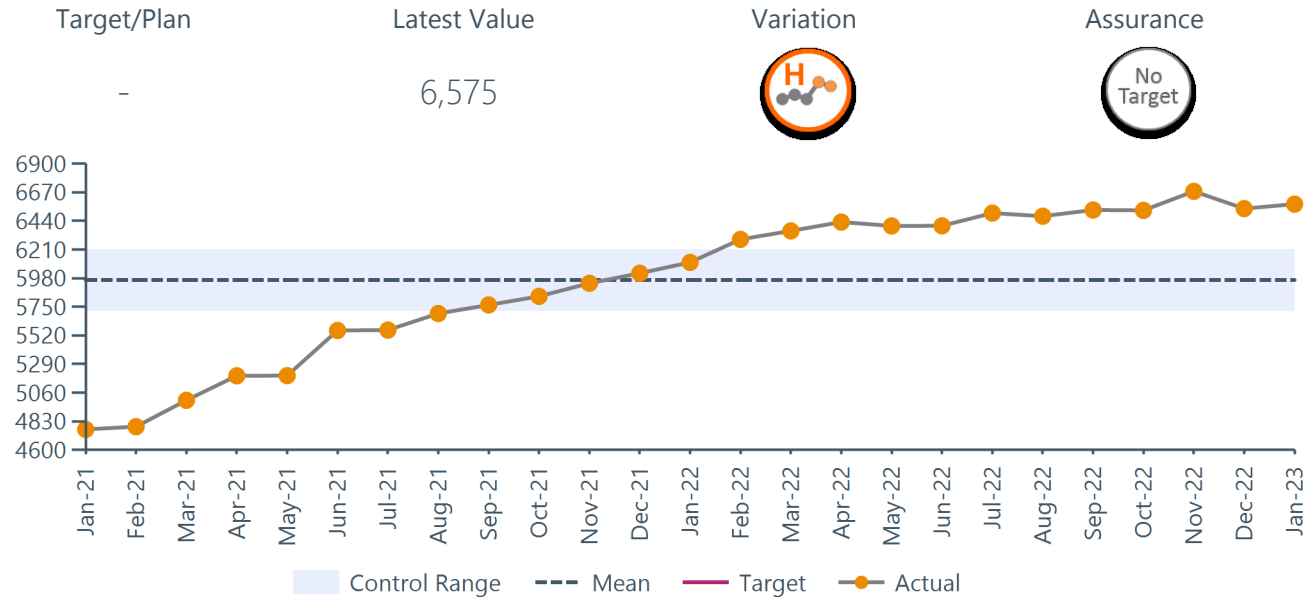
We continue with validation cycles on our waiting lists to ensure pathways are reviewed at regular intervals. Trusts were asked that any patient projected to wait greater than 52 weeks by the end of March-23 was validated within a previous 12-week cycle and feedback showed the Trust performing high against this requirement.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
12974	13117	13560	14070	14076	14004	14166	14007	13955	14300	14562	14765	14755

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



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 January is reported at 6575. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:

- Metabolic Medicine has increased by 219 patients over the past six months; rising from 934 to 1153
- Spinal Disorders has decreased by 109 patients over the past six months; reducing from 1894 to 1785

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:

- * Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
- * Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.

We continue with validation cycles on our waiting lists to ensure pathways are reviewed at regular intervals. Trusts were asked that any patient projected to wait greater than 52 weeks by the end of March-23 was validated within a previous 12-week cycle and feedback showed the Trust performing high against this requirement.

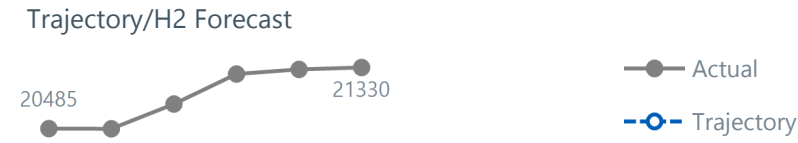
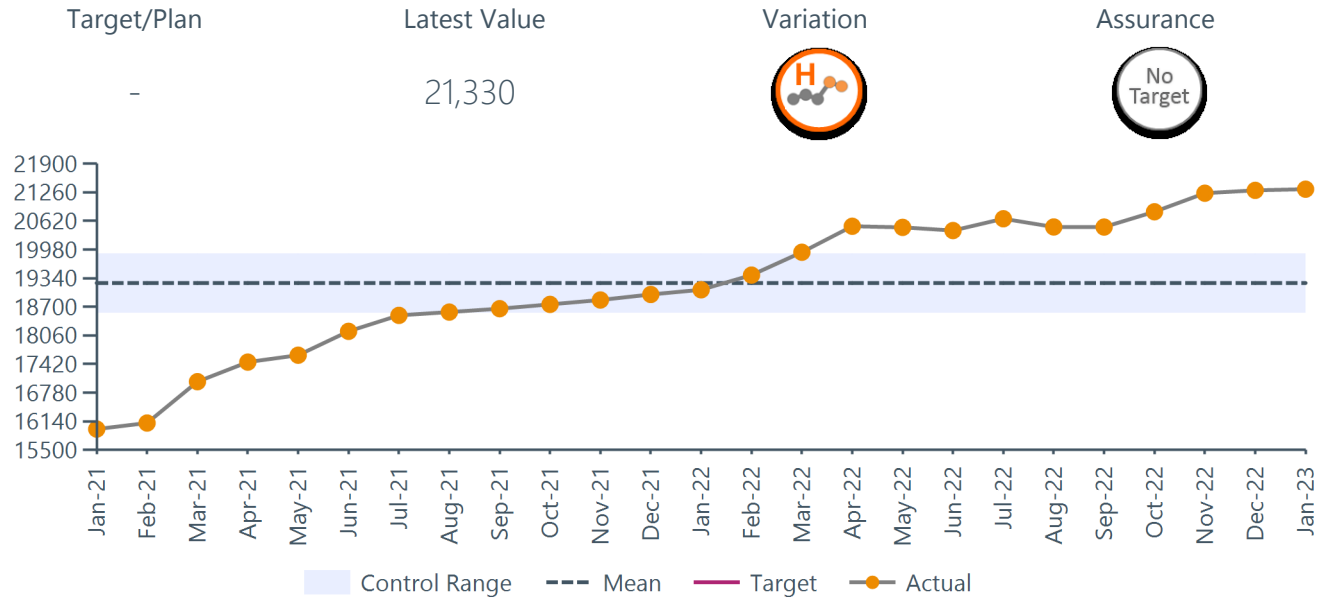
Several actions have already been taken to address growth in the Metabolic Medicine service. These include; increased capacity of DXA scans through extended days, appointment of a new consultant, speciality doctor undertaking their own lists, specialist nurse undertaking metabolic clinics each week.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
6107	6292	6360	6431	6400	6401	6503	6478	6528	6525	6678	6539	6575

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 January is 21330; 14755 are English patients and 6575 Welsh patients. The sub-specialties with the highest volume of patients are:
 * Spinal Disorders - 4041 / 18.95%
 * Arthroplasty - 3920 / 18.38%
 * Metabolic Medicine - 3783 / 17.73%
 Metabolic Medicine has seen an increase across all commissioners whilst the Spinal Disorders has shown the greatest improvement in line with NHSE focus in this area.

2022/23 operational planning guidance stipulates that Trusts should:
 * Eliminate waits of over 104 by July 2022
 * Eliminate waits of over 78 weeks by April 2023
 * Develop plans to reduce 52 week waits

Actions

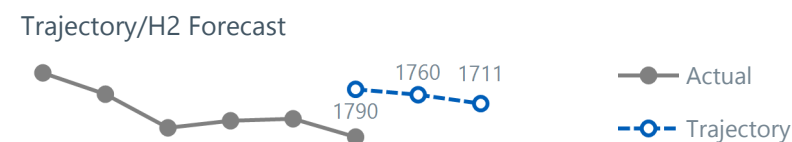
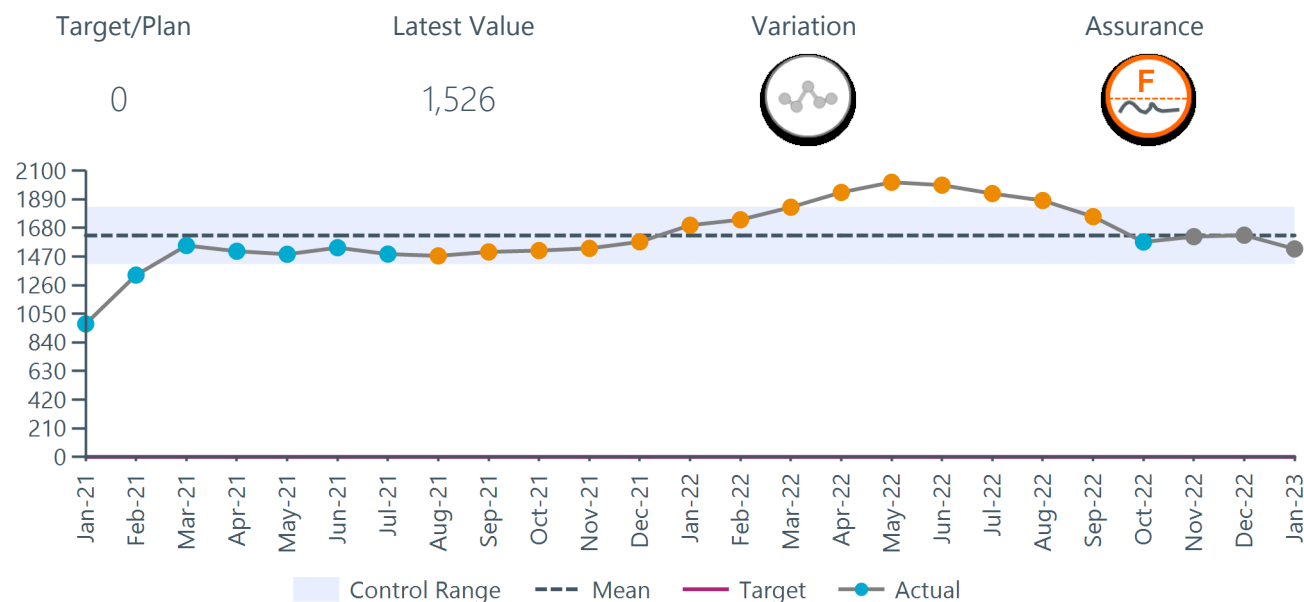
The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. Discussions are now progressing with other providers to offer further mutual aid. The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.
 We continue with validation cycles on our waiting lists to ensure pathways are reviewed at regular intervals. Trusts were asked that any patient projected to wait greater than 52 weeks by the end of March-23 was validated within a previous 12-week cycle and feedback showed the Trust performing high against this requirement.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
19081	19409	19920	20501	20476	20405	20669	20485	20483	20825	21240	21304	21330

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 common cause variation. Metric is consistently failing the target.

Narrative

At the end of January there were 1526 English patients waiting over 52 weeks; below our trajectory figure of 1790 by 261. The patients are under the care of the following sub-specialities; Spinal Disorders (539), Arthroplasty (383), Knee & Sports Injuries (276), Upper Limb (145), Foot & Ankle (124), Paediatric Orthopaedics (19), Spinal Injuries (18), Neurology (8), Tumour (4), Metabolic Medicine (4), Paediatric Medicine (2), Orthotics (2), Rheumatology (1) and SOOS GPSI (1).

The number of patients waiting, by weeks brackets is:

- * >52 to <=78 weeks - 1196 patients
- * >78 to <=95 weeks - 251 patients
- * >95 to <=104 weeks - 60 patients
- * >104 weeks - 19 patients

2022/23 operational planning guidance stipulates that Trusts should:

- * Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties

The submitted plans have been reflected in the trajectory line above.

Actions

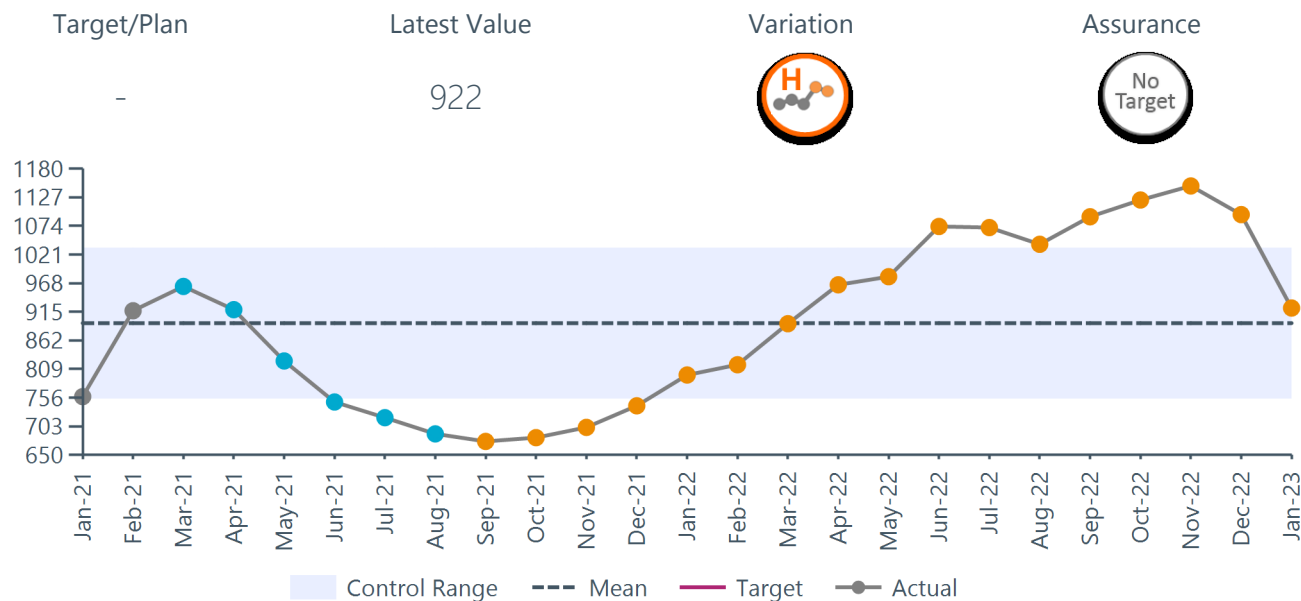
The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards. 65+ week position visibility will appear in future IPR from April. The focus will be on those patients that will trip-in to 65+ weeks within the 23/24 financial year.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
1700	1740	1832	1941	2015	1994	1932	1881	1763	1577	1616	1627	1526

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



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of January there were 922 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (512), Arthroplasty (140), Knee & Sports Injuries (105), Foot & Ankle (56), Upper Limb (54), Veterans (32), Paediatric Orthopaedics (18), Tumour (3), Metabolic Medicine (2), Spinal Injuries (1), Physiotherapy (1) and Rheumatology (1).

The patients are under the care of the following commissioners; BCU (552), Powys (359), Hywel Dda (8), Abertawe Bro (1), Cardiff & Vale (1) and Cwm Taf University LHB (1). The number of patients waiting, by weeks brackets is:

- * >52 to <=78 weeks - 691 patients
- * >78 to <=95 weeks - 147 patients
- * >95 to <=104 weeks - 38 patients
- * >104 weeks - 46 patients

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:

- * Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
- * Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

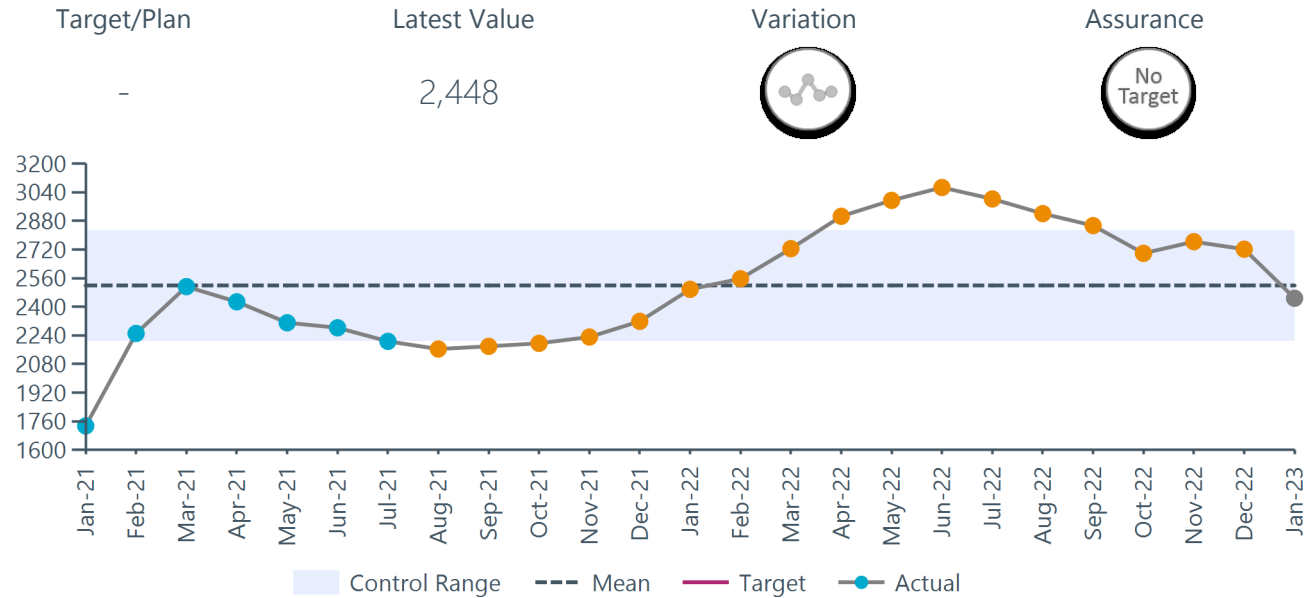
The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards. 65+ week position visibility will appear in future IPR from April. The focus will be on those patients that will trip-in to 65+ weeks within the 23/24 financial year.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
798	817	893	965	980	1073	1071	1040	1091	1122	1148	1095	922

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



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

Overall, there were 2448 patients waiting over 52 weeks at the end of January; 1526 English and 922 Welsh. The number of patients waiting over 52 weeks represents 11.48% of the total list size.

These patients are under the care of the following sub-specialties; Spinal Disorders (1051), Arthroplasty (523), Knee & Sports Injuries (378), Upper Limb (199), Foot & Ankle (180), Paediatric Orthopaedics (37), Veterans (32), Spinal Injuries (19), Neurology (8), Tumour (7), Metabolic Medicine (6), Rheumatology (2), Paediatric Medicine (2), Orthotics (2), Physiotherapy (1) and SOOS GPSI (1).

2022/23 NHS England operational planning guidance stipulates that Trusts should:

- * Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
 - * Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
 - * Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

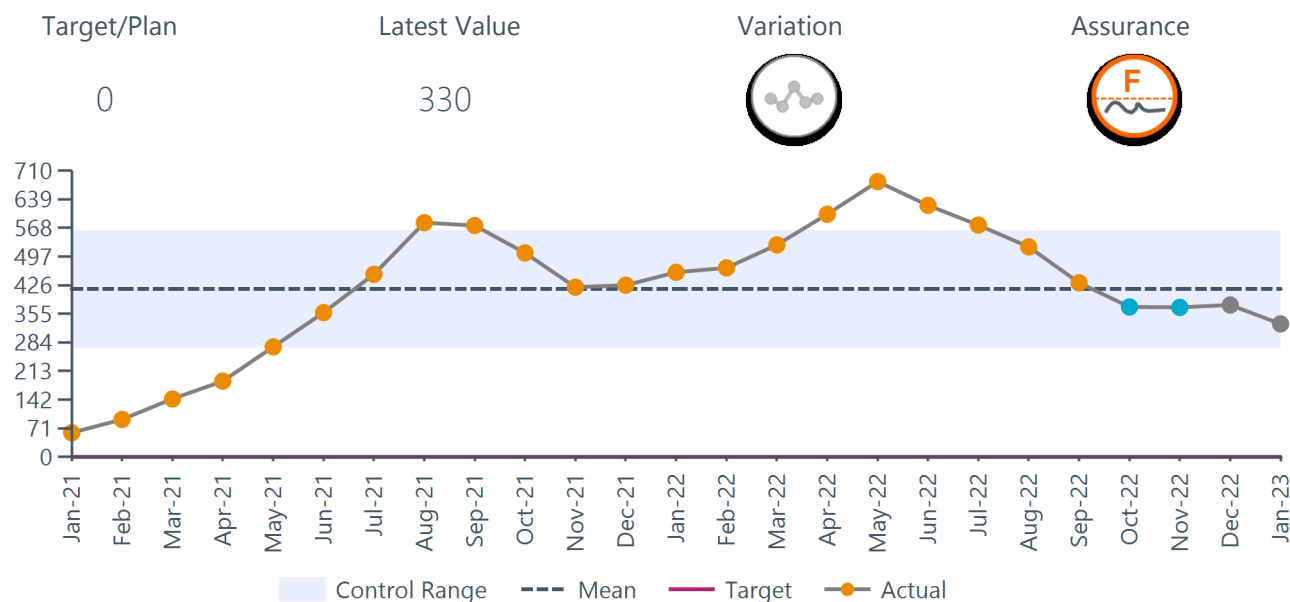
The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards. 65+ week position visibility will appear in future IPR from April. The focus will be on those patients that will trip-in to 65+ weeks within the 23/24 financial year.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
2498	2557	2725	2906	2995	3067	3003	2921	2854	2699	2764	2722	2448

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/H2 Forecast



What these graphs are telling us

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

Narrative

At the end of January there were 330 English patients waiting over 78 weeks; this was 3 patients above our trajectory of 327. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (158), Knee & Sports Injuries (73), Arthroplasty (67), Upper Limb (16), Foot & Ankle (10), Spinal Injuries (2), Neurology (2), Tumour (1) and Orthotics (1).

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

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
- The submitted plans have been reflected in the trajectory line above.

Actions

The Trust is currently monitoring, and submitting to NHSEI daily, updates on those patients who will be at 78+ weeks by the end of March. As part of 23/24 planning the Trust is putting together trajectories for a route to zero for this cohort of patients. Planning requirements also stipulate trajectories are required for 65+ weeks patients for next financial year. From April, monitoring of 65+ weeks patients will be visible within the IPR.

The Trust continues to contact patients, and seek mutual aid, to support its most pressured service. Conversations with a regional provider continue to support both non-admitted and admitted pathways. Discussions continue with other providers to offer further mutual aid. NHS EI regional team are supporting progress for further support with recent returns stipulating our spinal disorders need. Progress has been made internally in reducing and dating patients within non-admitted pathways. Support is in place for a system provider to accept non-spinal disorders 78+ weeks patients due to continued Orthopaedic pressures at this provider.

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place to support actions being taken. A GIRFT meeting took place on the 25th January, with the GIRFT team, exploring any available scoliosis capacity.

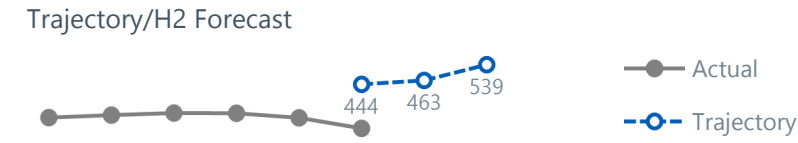
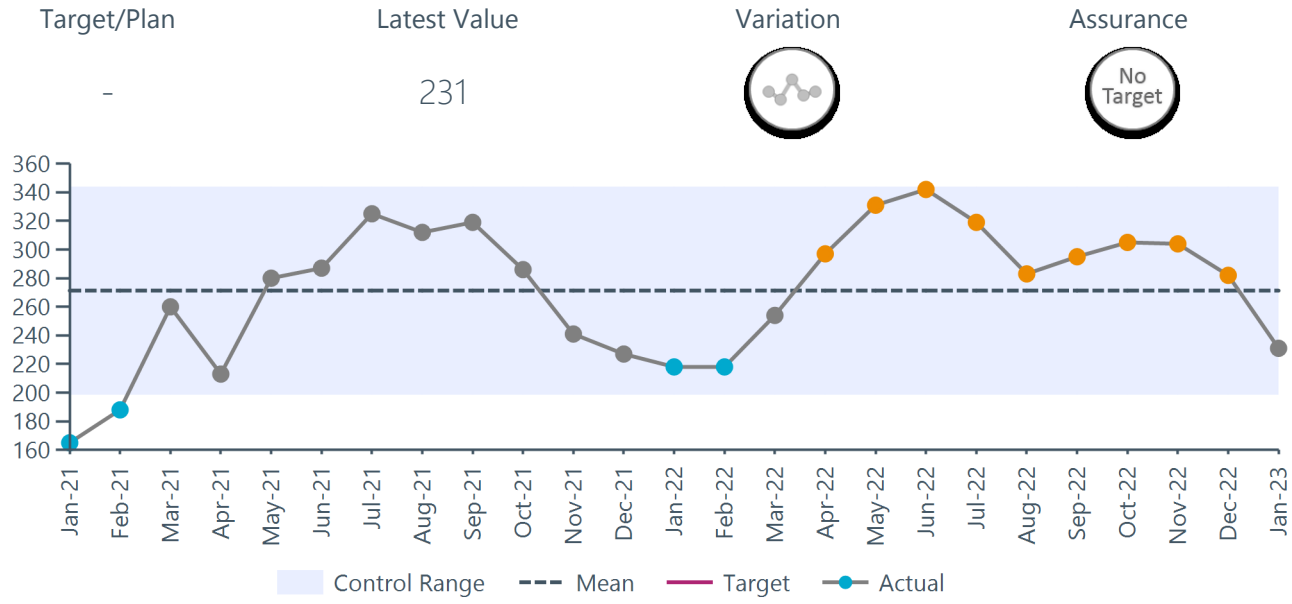
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
458	469	526	602	683	624	575	521	432	372	371	377	330

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:
Chief Operating Officer



What these graphs are telling us
Metric is experiencing common cause variation.

Narrative

At the end of January there were 231 Welsh patients waiting over 78 weeks; this was 213 patients below our trajectory of 444. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (194), Knee & Sports Injuries (16), Veterans (7), Foot & Ankle (5), Arthroplasty (5), Upper Limb (3) and Tumour (1).

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients in milestone 1 and there has been a focus to date patients currently waiting in this milestone, utilising capacity across the consultant workforce.

There have been Welsh Commissioner enquiries requesting to be part of national NHSE mutual aid efforts. This is to be further explored with regional teams.

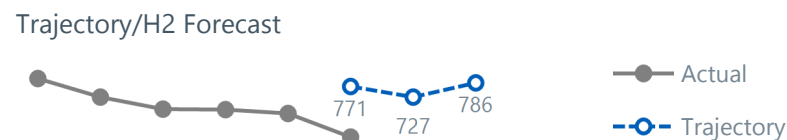
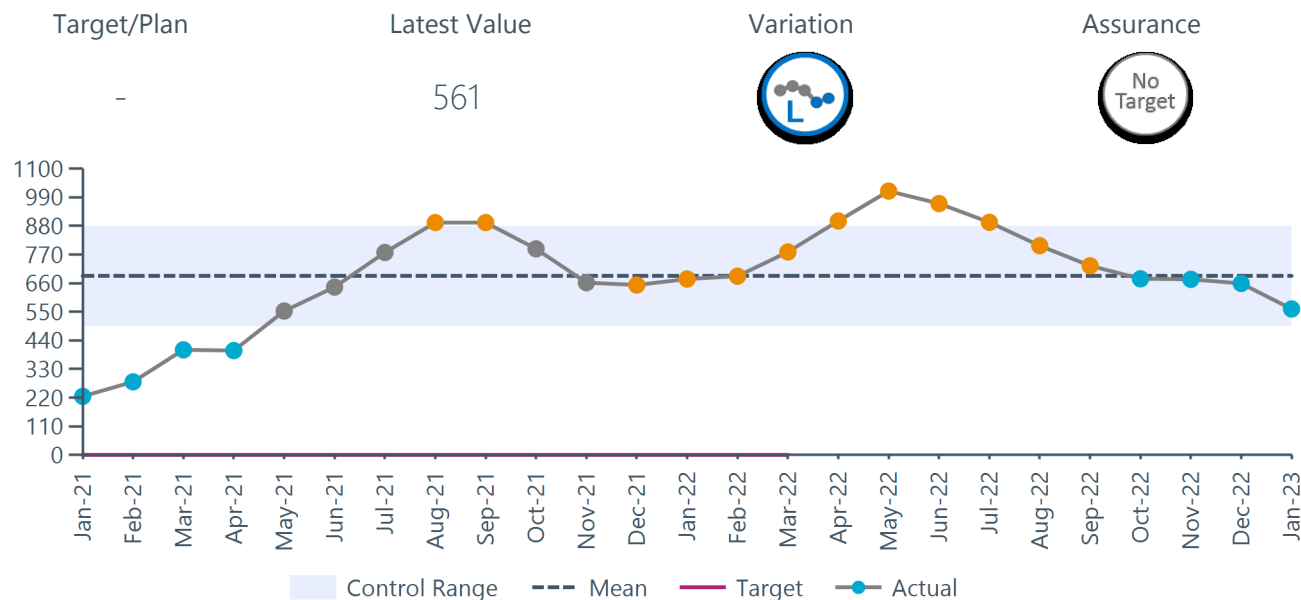
Internal pooling is underway to further support progressing our longest waits.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
218	218	254	297	331	342	319	283	295	305	304	282	231

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 561 patients waiting over 78 weeks at the end of January; 330 English and 231 Welsh. This was below our trajectory of 771 by 210. The Trust plans are visible in the trajectory line above.

The patients are under the care of the following sub-specialties; Spinal Disorders (352), Knee & Sports Injuries (89), Arthroplasty (72), Upper Limb (19), Foot & Ankle (15), Veterans (7), Spinal Injuries (2), Tumour (2), Neurology (2) and Orthotics (1).

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
- The submitted plans have been reflected in the trajectory line above.

Actions

The Trust is currently monitoring, and submitting to NHSEI daily, updates on those patients who will be at 78+ weeks by the end of March. As part of 23/24 planning the Trust is putting together trajectories for a route to zero for this cohort of patients. Planning requirements also stipulate trajectories are required for 65+ weeks patients for next financial year. From April, monitoring of 65+ weeks patients will be visible within the IPR.

The Trust continues to contact patients, and seek mutual aid, to support its most pressured service. Conversations with a regional provider continue to support both non-admitted and admitted pathways. Discussions continue with other providers to offer further mutual aid. NHS EI regional team are supporting progress for further support with recent returns stipulating our spinal disorders need. Progress has been made internally in reducing and dating patients within non-admitted pathways. Support is in place for a system provider to accept non-spinal disorders 78+ weeks patients due to continued Orthopaedic pressures at this provider.

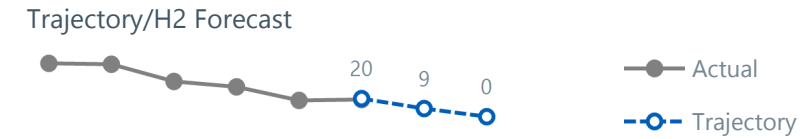
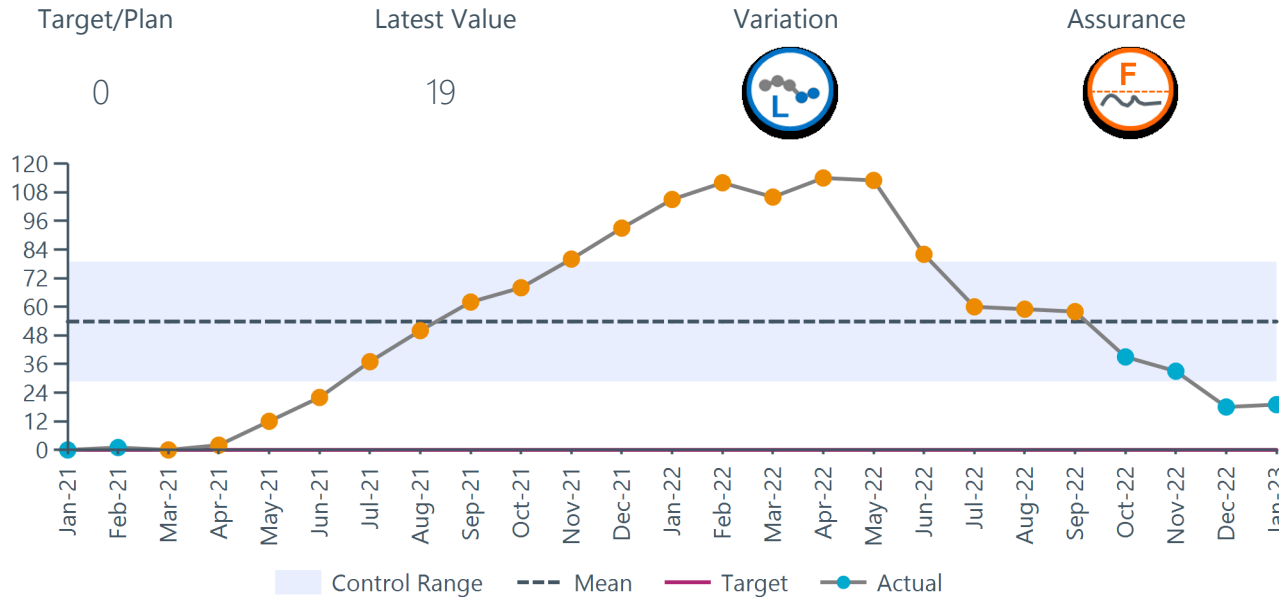
Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place to support actions being taken. A GIRFT meeting took place on the 25th January, with the GIRFT team, exploring any available scoliosis capacity.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
676	687	780	899	1014	966	894	804	727	677	675	659	561

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 January there were 19 English patients waiting over 104 weeks. This was 1 patient below our trajectory of 20. Five of these patients are included in our data but currently with ROH. Breakdown by sub-specialty below:

- * Spinal Disorders (14)
- * Upper Limb (2)
- * Knee & Sports Injuries (2)
- * Neurology (1)

By Milestone, there were:

- * Milestone 1 (Outpatients) - 2 patients
- * Milestone 2 (Diagnostics) - 4 patients
- * Milestone 3 (Electives) - 13 patients

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

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.

For all Patients:

- Review and application of revised interim choice guidance, issued by NHSE, continues

Spinal Disorders: - actions include:

- * Seeking mutual aid from ROH and active discussions with other Providers for further support.
- * Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
- * Regular 104+ meetings being held within the Trust and chaired by Chief Operating Officer or Managing Director of Specialist Unit
- * Escalation and monitoring through NHSE to support pathways requiring external providers support.
- * Additional lists identified with consultants and being mobilised where possible.

Non-Spinal Disorders:

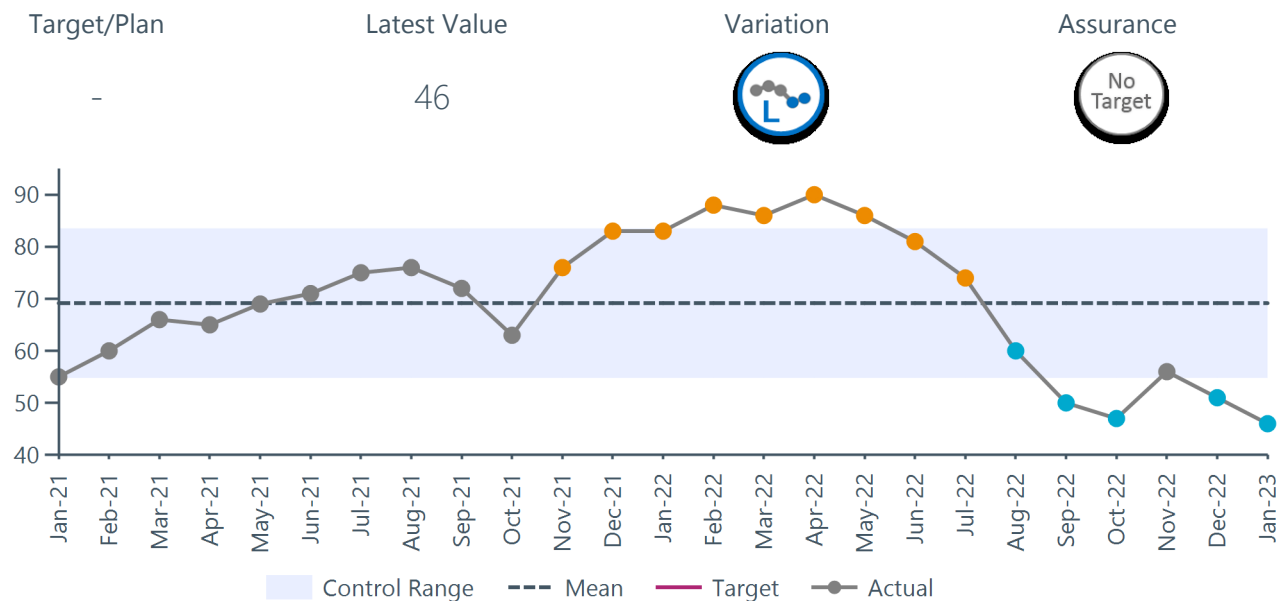
- * We continue to support a system partner with their longest waits and clinically urgent patients.
- * Continue to work with our laboratory for specialist ACI patients

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
105	112	106	114	113	82	60	59	58	39	33	18	19

Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

At the end of December there were 46 Welsh patients waiting over 104 weeks; below our trajectory figure of 83 by 37.

The patients are under the care of the following sub-specialties;

* Spinal Disorders (45)

* Veterans (1)

By Milestone, there were:

* Milestone 1 (Outpatients) - 5 patients

* Milestone 2 (Diagnostics) - 11 patients

* Milestone 3 (Electives) - 30 patients

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients in milestone 1 and there had been a focus to date patients currently waiting in this milestone, utilising capacity across the consultant workforce.

There have been Welsh Commissioner enquiries requesting to be part of national NHSE mutual aid efforts. This is to be further explored with regional teams.

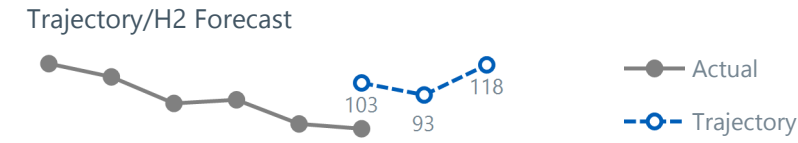
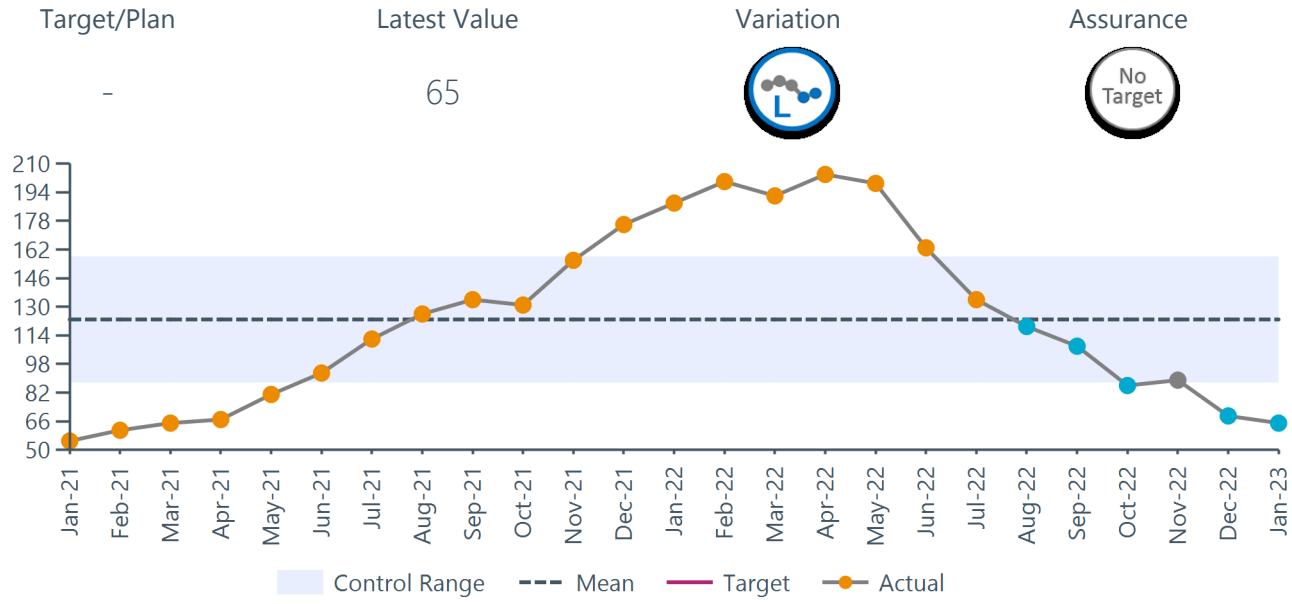
The Trust continues to ensure oversight of all commissioners and their long waits and balance this with clinically urgent.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
83	88	86	90	86	81	74	60	50	47	56	51	46

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

Overall, there were 65 patients waiting over 104 weeks at the end of January; 19 English and 46 Welsh. This was below the combined trajectory of 103 by 38 patients. The patients are under the care of the following sub-specialities, ;

- * Spinal Disorders (59)
- * Knee & Sports Injuries (2)
- * Upper Limb (2)
- * Neurology (1)
- * Veterans (1)

By Milestone, there were:

- * Milestone 1 (Outpatients) - 7 patients
- * Milestone 2 (Diagnostics) - 15 patients
- * Milestone 3 (Electives) - 43 patients

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.

For all Patients:

- * Review and application of revised interim choice guidance, issued by NHSE, continues

Spinal Disorders: - actions include:

- * Seeking mutual aid from ROH and active discussions with other Providers for further support.
- * Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
- * Regular 104+ meetings being held within the Trust and chaired by Chief Operating Officer or Managing Director of Specialist Unit
- * Escalation and monitoring through NHSE to support pathways requiring external providers support.
- * Additional lists identified with consultants and being mobilised where possible.

Non-Spinal Disorders:

- * We continue to support a system partner with their longest waits and clinically urgent patients.
- * Continue to work with our laboratory for specialist ACI patients

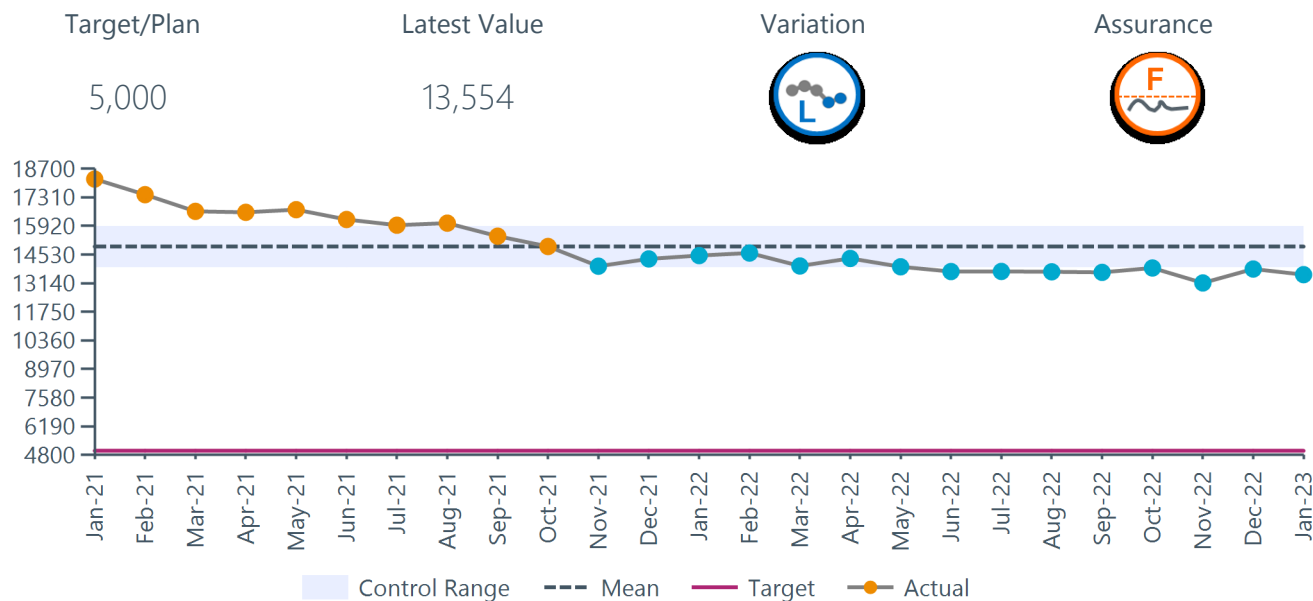
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
188	200	192	204	199	163	134	119	108	86	89	69	65

- Staff - **Patients** - Finances -

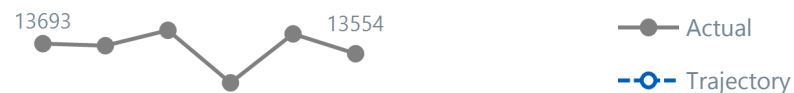
Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



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 January, there were 13554 patients overdue their follow up appointment. This is broken down by:
 * Priority 1 is our more urgent follow-up cohort - 8524 with 1644 dated (19%)
 * Priority 2 is the lower priority - 5030 with 1543 dated (31%)

MSK backlog at the end of January is 5388, which is 9% higher than it was in April 2020. Most sub-specialties in MSK are holding stable, however Foot & Ankle backlog has increased by 256 in the last 2 months. Specialist backlog at the end of January is 8166, which is 62% higher than it was in April 2020. Most sub-specialties in Specialist have either held or reduced their backlog in January, with the exception of Orthotics and Paediatric Orthopaedics. There has been an increased focus on validation in Specialist which has seen a reduction in the backlog from December's position. Tumour team in particular have seen a significant decrease in their backlog where validation has been both completed both by admin and clinical staff. Main focus within the Trust has been on 104 week waiters.

Sub-specialties with the highest percentage of overdue follow ups:

- Rheumatology - 18.95%; Arthroplasty - 18.40%; Spinal Disorders - 12.10%; Spinal Injuries - 8.40%

Actions

- * The Information team have developed a tool to be used by the operational teams that will calculate a trajectory for each sub-specialty based on their input of known bookings / capacity. Trajectory to be completed for Specialist Unit by February's Trust Board.
- * In Rheumatology, additional capacity is now in place for follow ups where it is anticipated an additional 100 patients per month will be seen.
- * PIFU for overdue follow ups has begun within Spinal Disorders.
- * Revalidation has commenced within Spinal Disorders.
- * Outpatient task and finish groups are in place and ongoing with work continuing to progress.
- * Clinical discussions are taking place with regards to validation of overdue follow ups.

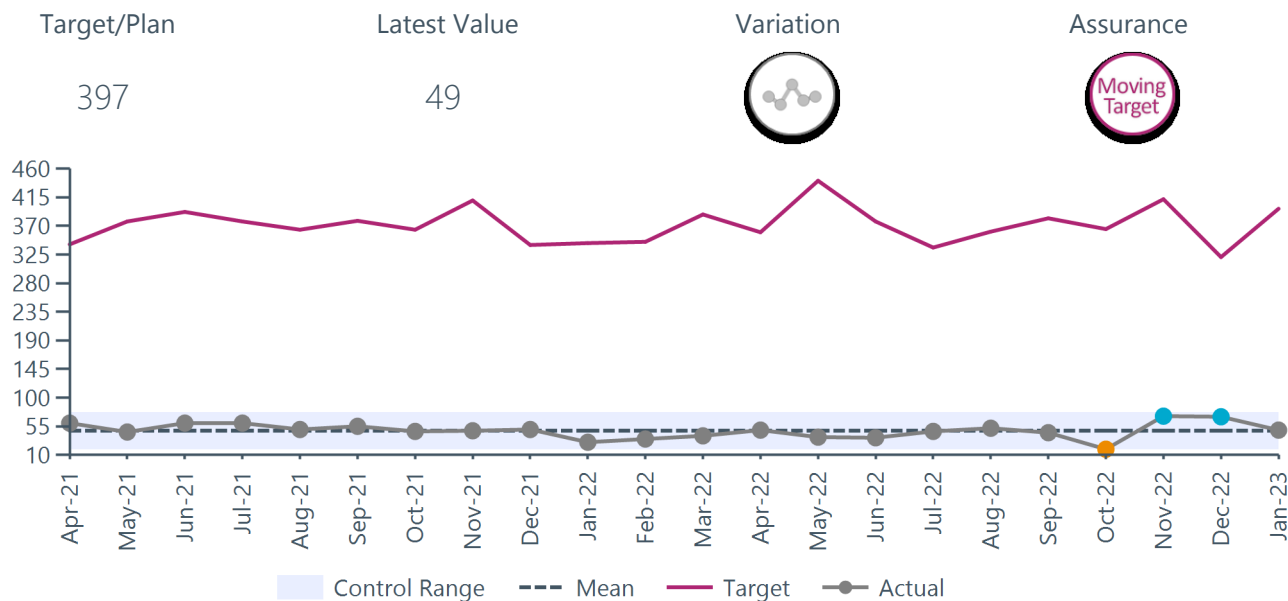
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
14482	14605	13976	14342	13937	13705	13710	13693	13665	13878	13151	13828	13554

- Staff - Patients - Finances -

Advice & Guidance

Number of e-RS advice & guidance requests 217720

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

This KPI was introduced as part of H2 planning in 21/22. This is a system target that needs to be achieved overall, encompassing all services within local providers. The target stipulated for 22/23 is a minimum of 16 advice and guidance requests should be delivered per 100 outpatient first attendances (consultant led only) by the end of March.

As a Trust we monitor Advice and Guidance requests that we receive as a provider. There is also post referral Specialist Advice (including referral triage models) which includes SOOS, TEMS referrals and other RAS clinics. The system, within its own performance reports, observes overall performance. The overall position within the system is that the target is being achieved when all services are combined. Latest NHSEI reports for our system (December 2022) report 6,762 requests in total and 2 first attendances. Of which, 2,133 were T&O requests.

At RJAH, based on the number of consultant led first attendances in January, the target is 397 and the number of advice and guidance requests received was 49. This equates to 1.48%.

Actions

We are monitoring our performance against this standard although recognise advice and guidance requests will vary by specialty. We are working with the system to further understand the opportunities with the services we provide. It must be noted, this is a system target and we recognise there may be limitations in Orthopaedics.

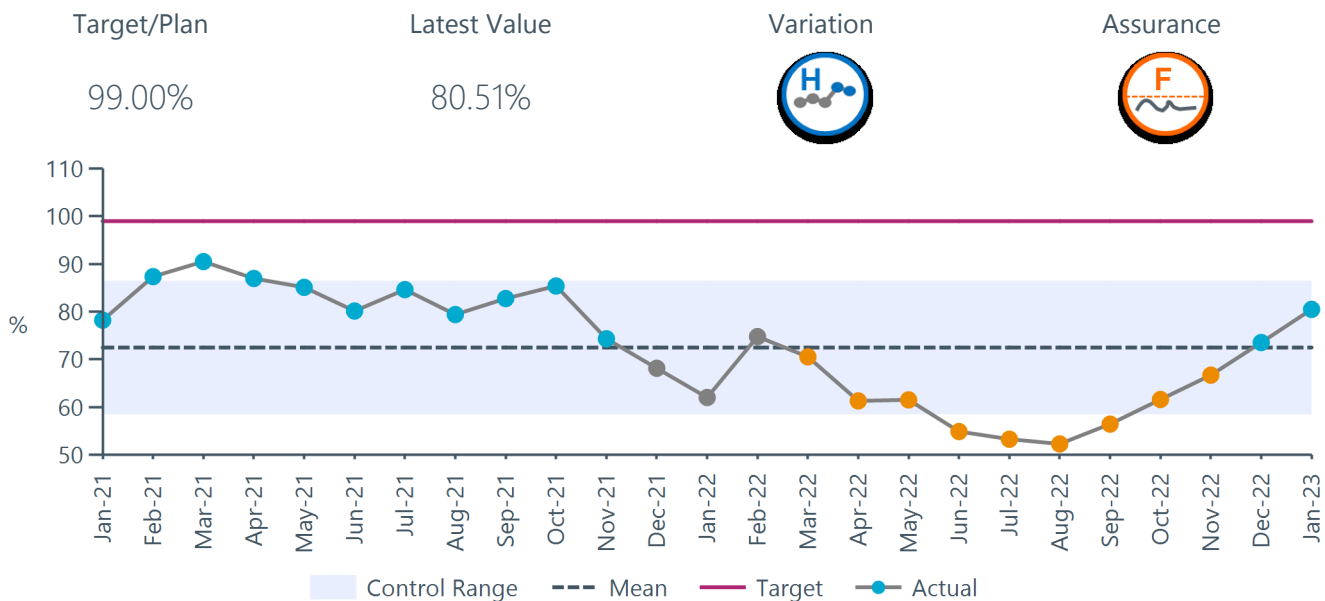
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
30	35	40	49	38	37	47	52	45	19	71	70	49

- 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/H2 Forecast



What these graphs are telling us

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

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 80.51%. This equates to 275 patients who waited beyond 6 weeks. Of the 6-week breaches; 40 are over 13 weeks (39 MRI, 1 Ultrasound). Breakdown below outlines performance and breaches by modality:

- * MRI - 79.02% - D2 (Urgent - 0-2 weeks) 2 dated, D3 (Routine - 4-6 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 176 with 161 dated
- * CT - 86.67% - D4 (Routine - 6-12 weeks) - 22 dated
- * Ultrasound - 80.59% - D4 (Routine - 6-12 weeks) - 73 with 68 dated
- * DEXA Scans - 100%

The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were initially referred to as D4 (Routine - 6-12 weeks) but were updated to urgent at a later date. MRI was reported at 79.02% against a trajectory specifically for MRI at 55%. It must be noted that all diagnostic activity plans were met in January.

Actions

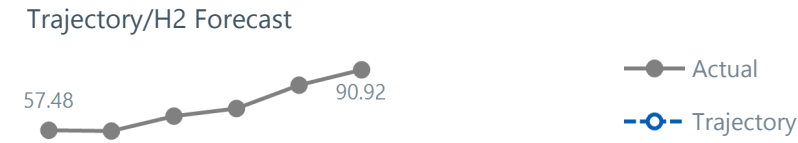
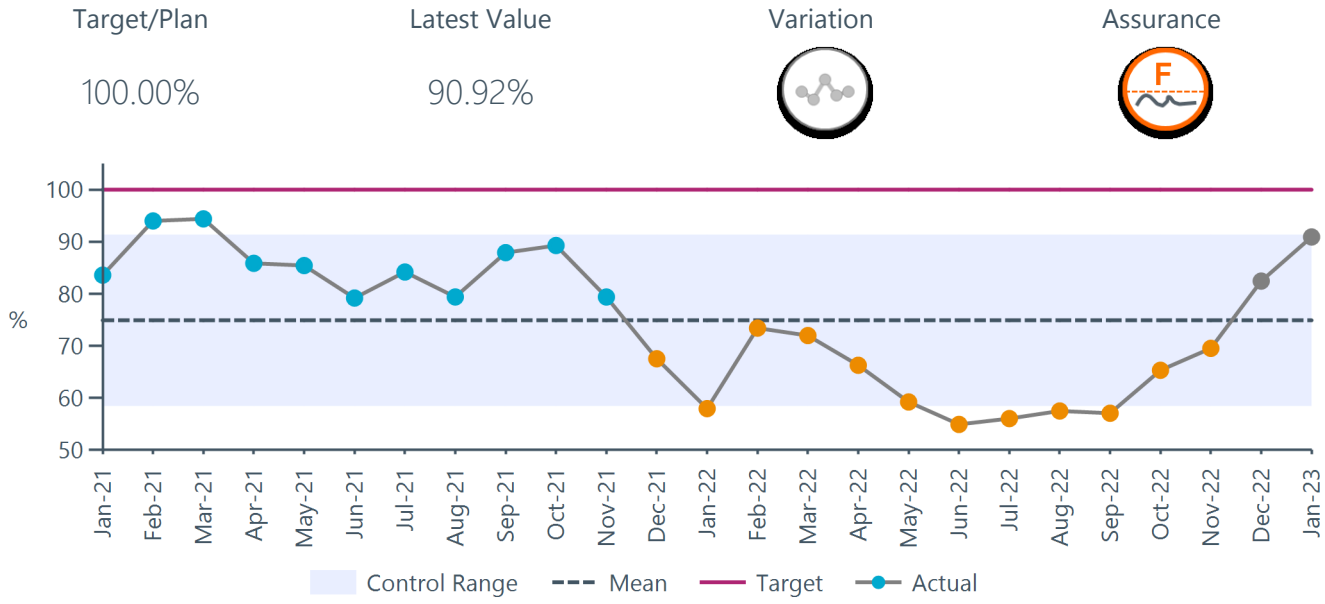
- * Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.
- * Complete MRI demand capacity work to determine future need for Mobile MRI attendance.
- * Recruitment of Radiographers to replace current vacancies.
- * In order to support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. This is in line with national planning guidance; by March 2025 the ambition is to achieve 95% against the 6-week standard.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
62.04%	74.81%	70.56%	61.33%	61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%	73.55%	80.51%

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer



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

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 90.92%. This equates to 53 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
 * MRI - 90.91% - D4 (Routine - 6-12 weeks) - 43 with 39 dated
 * CT - 97.50% - D4 (Routine - 6-12 weeks) - 1 dated
 * Ultrasound - 87.32% - D4 (Routine - 6-12 weeks) - 9 dated
 * DEXA Scans - 100%
 It must be noted that all diagnostic activity plans were met in January.

Actions

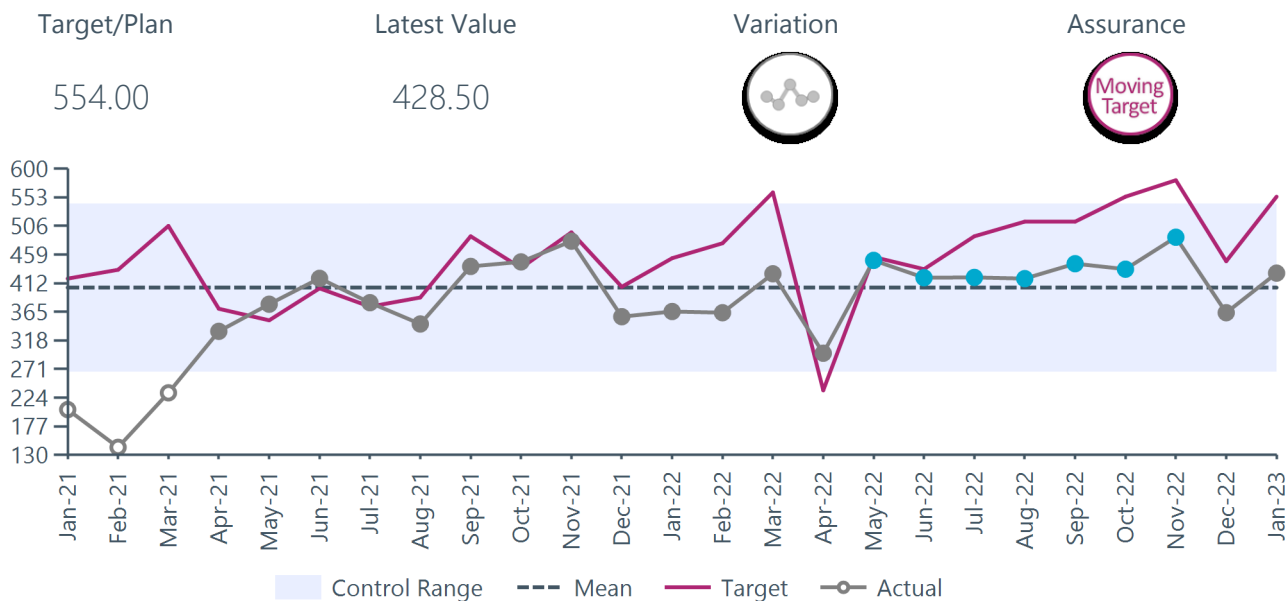
- * Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.
 - * Complete MRI demand capacity work to determine future need for Mobile MRI attendance.
 - * Recruitment of Radiographers to replace current vacancies.
- The national expectations are not for this target to be achieved throughout 22/23.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
57.94%	73.41%	71.98%	66.27%	59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%	82.44%	90.92%

Volume of Sessions Against Plan

Total number of Theatre sessions delivered (includes PP and Dental sessions) rated against 2022/23 plan. 217709

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Volume of Sessions Against Plan in January was 428.5 against a target of 554 equating to 77.35% of the plan. The plan is derived from the 2022/23 planning submission (NHS & Private) plus Dental sessions; the internal H2 trajectory was 472.

Summary:

- * NHS sessions against plan – 395/515, 120 short (76.70%)
- * Private sessions against plan – 29.5/35, 6 short (84.29%)
- * Dental sessions against plan – 4/4 (100%)

Sessions impacted by:

- * Industrial action 18th and 19th January resulting in planned reduction in Theatre activity
- * Patient cancellations

Actions

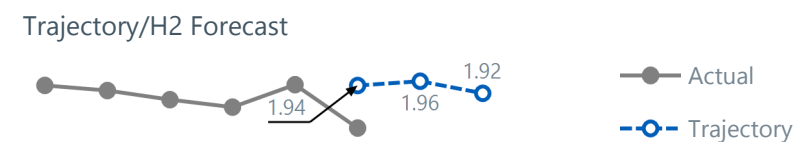
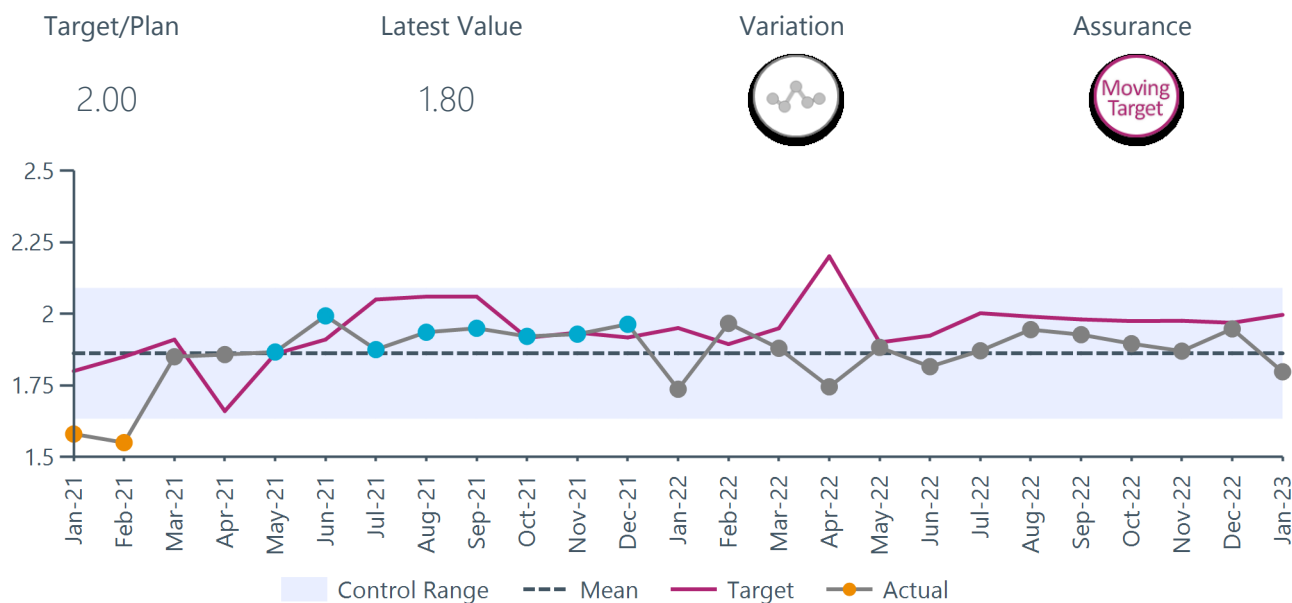
See 'Elective Activity Against Plan' and '% Cancellations' for details.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
365.50	363.50	427.50	297.00	449.50	421.00	421.50	419.50	444.00	435.00	487.50	363.50	428.50

Theatre Cases Per Session Against Plan

Average number of cases per session rated against 2022/23 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 January was 1.80 against the plan of 2.00 derived from our 2022/23 planning submission. The internal H2 trajectory was 1.94.

Summary:

- * MSK Unit – achieved 1.87 of 2.07 plan equating to 66 cases short
 - * Specialist Unit - achieved 1.57 of 1.83 plan equating to 30 cases short, mostly due to Spinal Disorders (1.33)
- The net result is 96 cases adverse to CPS plan. Impacts on CPS in January were:
- * 118 late notice theatre cancellations including on the day and within seven days of TCI - these gaps are difficult to fill
 - * Fewer OJP sessions undertaken than planned - OJP sessions typically achieve a higher CPS than IJP sessions
 - * Highly complex Spinal Disorders patients achieving a lower CPS than planned

As seen in the SPC graph, since March 2021 the actuals fall between the control limits and have remained steady around the mean - in January CPS remains within control.

Actions

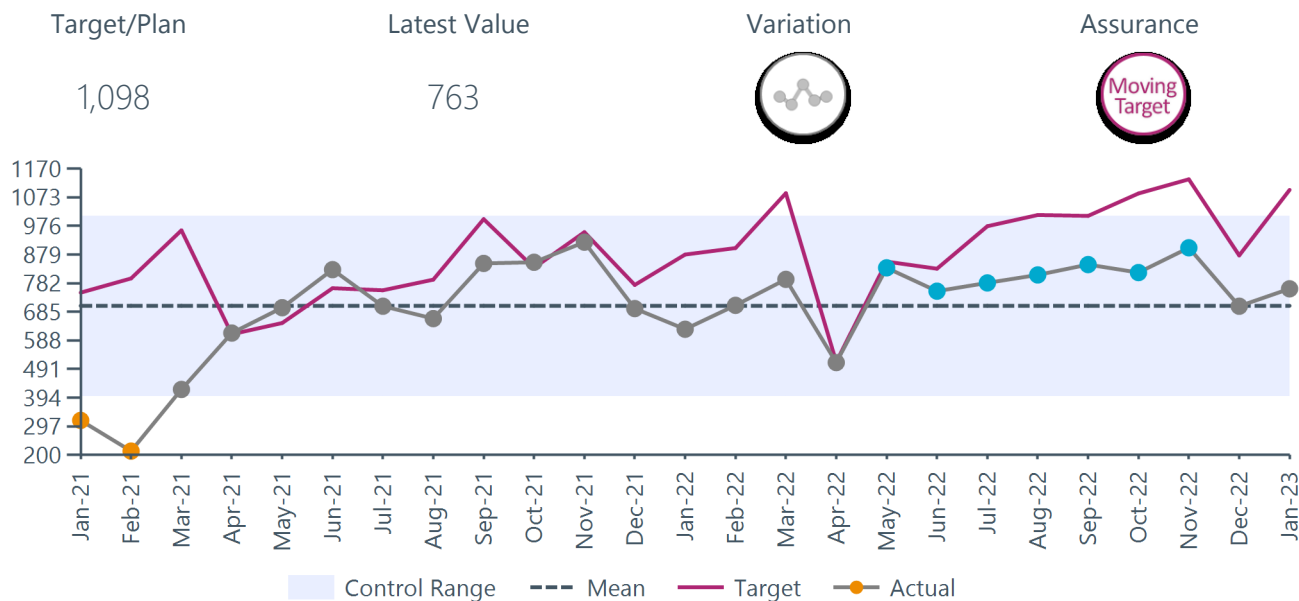
See 'Elective Activity Against Plan'.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
1.74	1.97	1.88	1.74	1.88	1.82	1.87	1.94	1.93	1.90	1.87	1.95	1.80

Total Theatre Activity Against Plan

All activity in Theatres in month, rated against 2022/23 plan. 217797

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



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 2022/23 plan.

Summary:

* Total Theatre Activity – 763 (plan 1098) 335 short (69.49%)

* NHS activity – 694 (plan 1033) 339 short (67.18%)

* Private patients – 69 (plan of 65) above (106.15%)

The internal H2 trajectory for total theatre activity was 910 with 694 delivered (76.26%). Theatre activity was impacted by industrial action 18th and 19th January when the Trust planned a reduction in patient throughput to mitigate staffing shortages. Priority was given to long waiters and critically urgent patients, resulting in less than half the average number of patients being seen these two days; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

Actions

See 'Elective Activity Against Plan'.

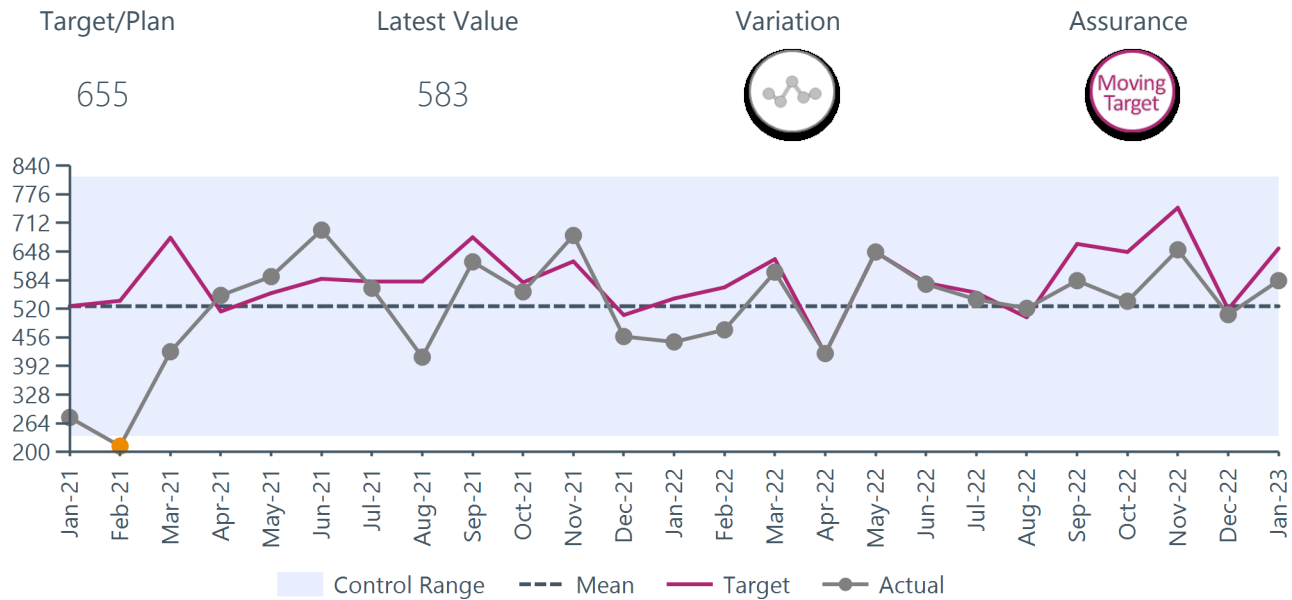
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
626	707	795	513	834	755	783	810	845	818	902	704	763

- Staff - Patients - **Finances** -

IJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken in job plan; rated against 2022/23 submitted plan. 217552

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



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 2022/23 IJP plan for January was 655 cases. The internal H2 trajectory was 685.

In January, the Trust undertook 583 NHS theatre cases IJP, 72 cases behind the plan of 655 which equates to 89.01%; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for January was 910 cases: 685 IJP, 160 OJP, 65 PP's. The plan was 1098 cases: 655 IJP, 378 OJP, 65 PP's.

Actions

Weekly review of theatre schedule alignment to IJP

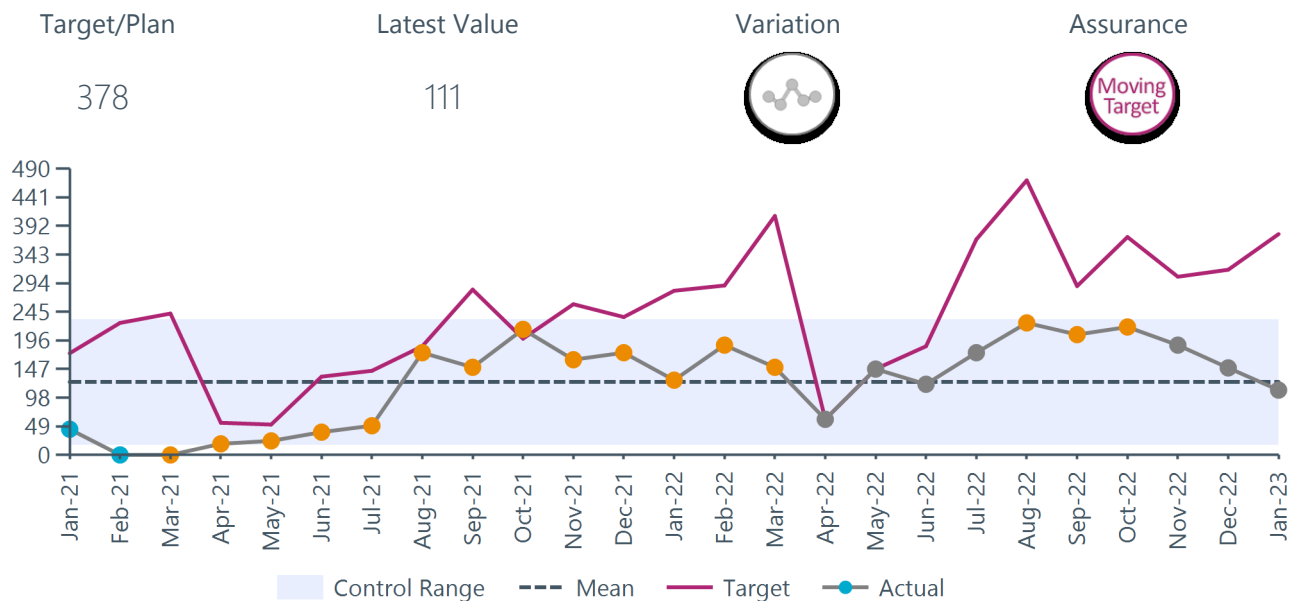
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
446	473	602	420	647	575	541	521	583	537	652	507	583

- Staff - Patients - **Finances** -

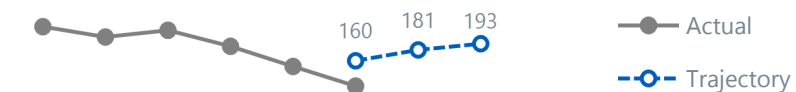
OJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken out of job plan; rated against 2022/23 submitted plan. 217553

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target. This metric should not be achieving too high or too low against the trajectory. At present, our IPR shows an increase of OJP activity as concerning. Recent news from the 'Making Data Count' team at NHS EI is to make further enhancements to SPC reporting that would indicate something is neither negative or positive and we hope to incorporate that into our reporting in the future for measures such as this.

Narrative

Activity levels are dependent on both IJP and OJP activity. This measure reflects the amount the Trusts use of OJP; the 2022/23 OJP plans for January was 378 cases. The internal H2 trajectory for OJP activity was 160.

In January, the Trust undertook 111 NHS theatre cases OJP, 267 cases behind the plan of 378 which equates to 29.37%; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for January was 910 cases: 685 IJP, 160 OJP, 65 PP's. The plan was 1098 cases: 655 IJP, 378 OJP, 65 PP's.

Actions

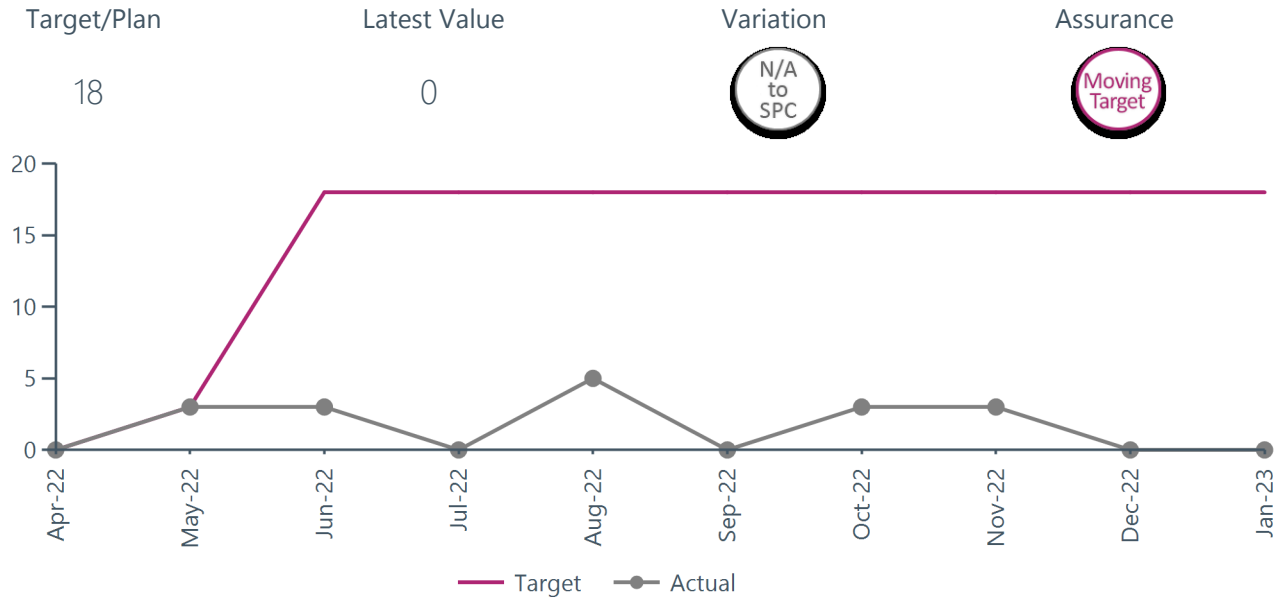
- * Daily monitoring of sessions and daily review of OJP of offer and uptake
- * Weekly review of theatre schedule alignment to IJP

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
128	188	150	61	147	121	175	226	206	219	188	149	111

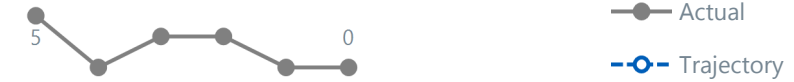
Independent Sector Activity Against Plan

Actual theatre cases delivered by the IS capacity monitored against plan. 217808

Exec Lead:
Chief Finance and Planning Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

This KPI has been added to ensure visibility of all Independent Sector activity undertaken against plan each month.

Since June, this metric has not achieved the target number of 18 patients and in January zero patients were treated by Independent Sector.

Actions

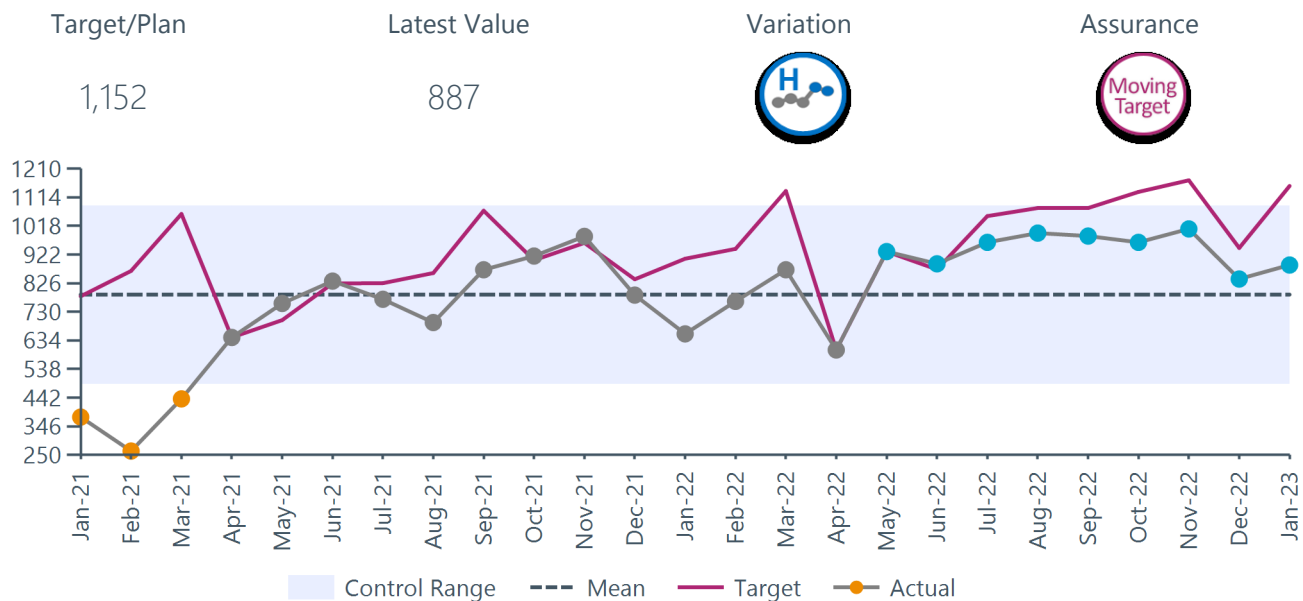
Mutual Aid Co-Ordinator appointed following request from central mutual aid funding.

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

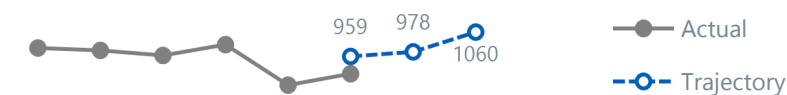
Elective Activity Against Plan (volumes)

Total elective activity rated against 2022/23 plans. 217796

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Total elective activity reported externally against plan 2022/23 in January was 887, 265 below plan 1152 (77.00%). The internal H2 trajectory for Elective Activity Against Plan (Volumes) was 959 with 887 delivered, 72 below trajectory (92.49%)

Factors affecting delivery:

- * Reduction in Theatre activity resulting from industrial action 18th/19th January
- * Lack of Independent Sector uptake - 0 undertaken in January against a plan of 18
- * 118 theatre cancellations (46 on the day and 72 ahead of TCI)
- * NHS sessions behind plan
- * Cases per session behind plan in both units

Actions

Key themes identified for improvement:

- * Workforce model – planning and retention.
- * Booking and Scheduling – maximising theatre usage
- * Working day effectiveness
- * OJP alignment to booking processes
- * Reducing cancellations

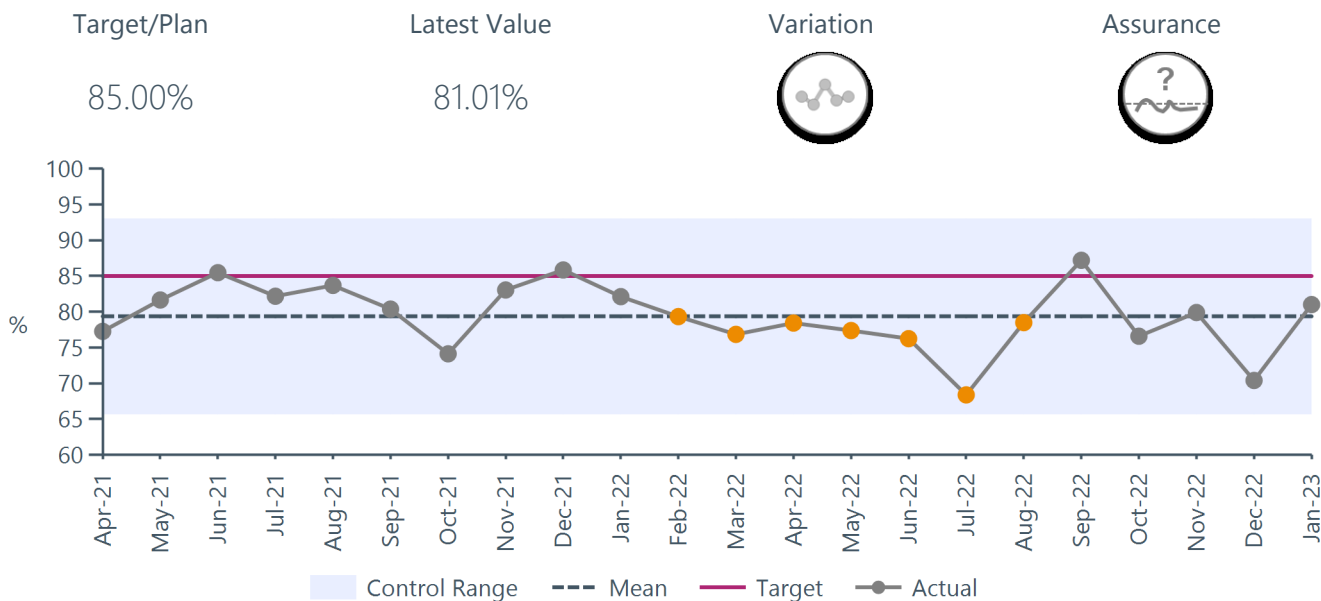
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
656	765	871	602	932	891	963	994	984	963	1008	840	887

- Staff - Patients - **Finances** -

Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

This KPI has been added to monitor the overall % Trust performance of day cases against the latest online British Association Of Day Surgery directory of procedures, Orthopaedic and Urology pages. In January the Trust is reporting 81.01% BADS day cases against a target of 85%.

In preparation for the introduction of this new KPI, there is an ongoing data quality review which focuses on the timely discharge of patients to ensure they are classified correctly and therefore reflected accordingly in the % day case adherence. Work is also underway to review booking practises to align with BADS expectations.

Currently, we are reporting in line with Model Hospital, who exclude primary total replacements of hips/knees. We are carrying out further analysis of this.

Actions

Performance monitored via the Day Case Working Group and actions progressed as further understanding of metric grows.

Current actions include:

- * Data quality review focusing on timely discharge of patients
- * Develop strategies to minimise day case to inpatient conversions
- * Improve accuracy of booking, coding and data collection - immediate focus on Spinal Injuries day case booking practises

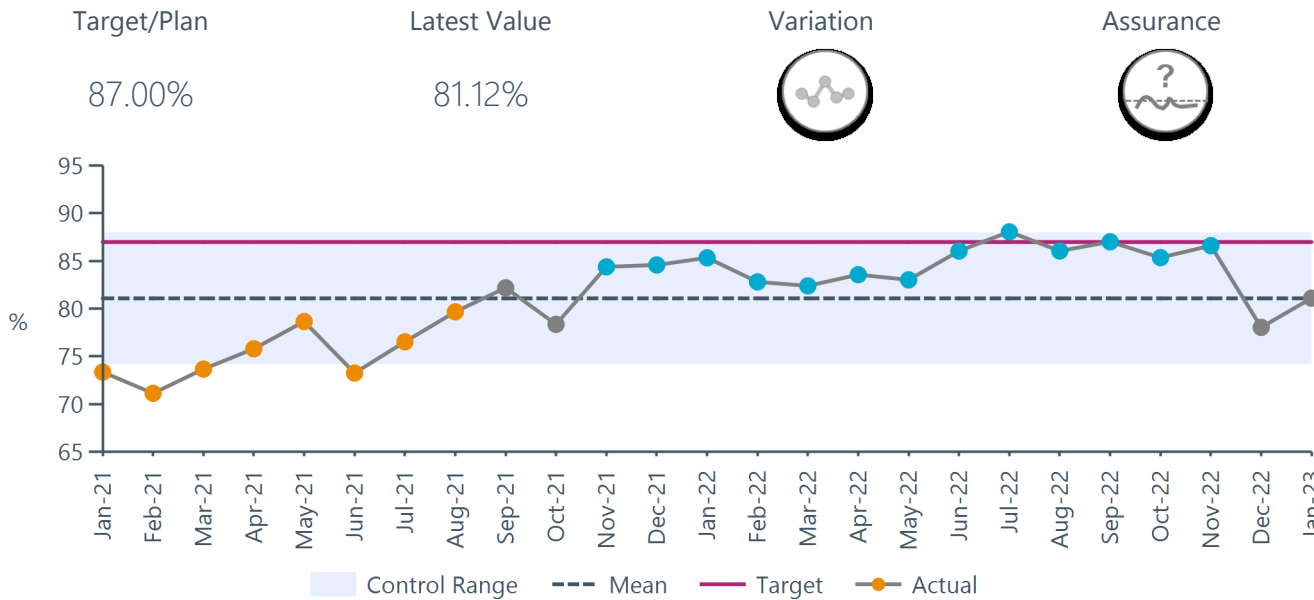
Further assessment of target to be carried out as understanding of metric evolves.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
82.12%	79.33%	76.85%	78.43%	77.38%	76.25%	68.39%	78.49%	87.20%	76.59%	79.90%	70.41%	81.01%

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm (NHS & Private Beds) 211039

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



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 occupancy rate for all wards is reported at 81.12% for January; within our expected control range. Breakdown provided below:

MSK Unit:

- * Clwyd - 79.20% - compliment of 22 beds open throughout the month
- * Powys - 83.99% - compliment of 22 beds open throughout the month
- * Kenyon - 89.74% - compliment of 22 beds; ward just open a few days in the month
- * Ludlow - 78.84% - compliment of 16 beds open throughout the month

Specialist Unit:

- * Alice - 48.81% - compliment of 16 beds; open to 4-16 beds dependant on weekday/weekend and demand
- * Oswald - 89.14% - compliment of 10 beds open throughout the month
- * Gladstone - 82.71% - compliment of 29 beds open majority of month
- * Wrekin - 76.61% - compliment of 15 beds open throughout the month
- * Sheldon - 94.57% - compliment of 19 beds; open 15-18 throughout month with period of time physically on Kenyon Ward whilst estates work took place

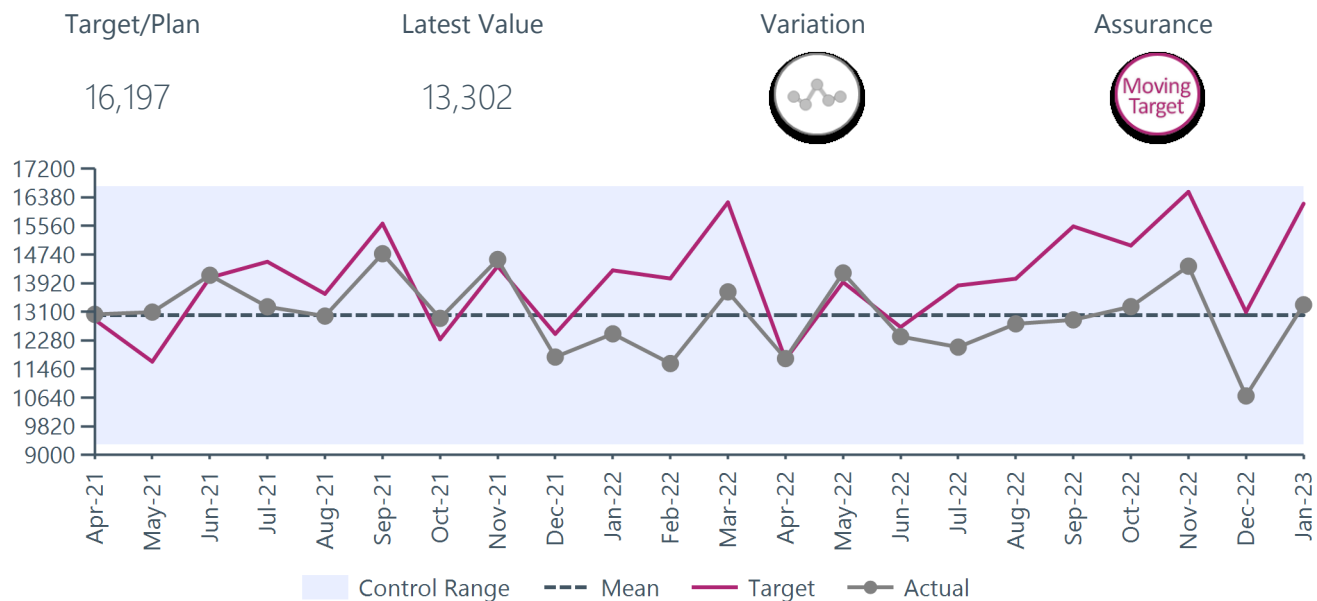
Actions

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
85.35%	82.82%	82.40%	83.58%	83.03%	86.06%	88.07%	86.07%	87.02%	85.36%	86.62%	78.06%	81.12%

Total Outpatient Activity against Plan (volumes)

Total outpatient activity (H1 - consultant led, non-consultant led and un-bundled and H2 and 22/23 plan - consultant led and non-consultant led) against submitted plans.
217795

Exec Lead:
Chief Operating Officer



What these graphs are telling us
Metric is experiencing common cause variation. This measure has a moving target.

Narrative

The plan for January was 99.80% of 19/20 against a national target of 104%. Total outpatient activity undertaken in January was 13302 against the 2022/23 plan of 16197; 2895 below - equating to 82.13%. This is broken down as:

- * New Appointments - 4079 against 4984 - equating to 81.84%
- * Follow Up Appointments - 9223 against 11213 - equating to 82.25%

- The sub-specialities with the lowest activity against plan in January are:
- * Therapies - 1800 against 3185 - 1385 below plan - associated with cancellations, unfilled slots, class capacity reduction and high levels of sickness
 - * Upper Limb - 875 against 1341 - 466 below plan - shortfall in all areas of the plan, not meeting plan flex
 - * SOOS - 1307 against 1572 - 265 below plan - shortfall is mostly in SOOS GPSI; SOOS clinical vacancy rate remains high

It should be noted that the 2022/23 plan significantly increases in Q4.

Actions

- * Outpatient Improvement Plan which includes all aspects of Outpatient activity including Overdue Follow Ups, DNAs, PIFU, Virtual, IPC, clinic utilisations etc. Task and Finish groups are now in place which encompass all of these workstreams
- * Therapies review has been undertaken and templates to be reviewed within the service
- * Review of Therapies appointment duration as per MUSST guidance
- * Backlog management Plan for SOOS patients has been developed and an application to the ERF has been made
- * Staffing review completed within outpatients; two phase case of need now signed off and agreed; staffing being sourced and plans adjusted accordingly
- * Recruitment (particularly consultants, therapists and radiographers)
- * Orthotics now fully recruited to all vacant posts, start dates are April 2023

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
12469	11619	13672	11761	14213	12391	12088	12756	12869	13248	14407	10690	13302

- Staff - Patients - **Finances** -

IJP Activity - Outpatients - against Plan

Total IJP Activity (consultant led and non-consultant led) with submitted Plan (22/23) as the target. 217583

Exec Lead:
Chief Operating Officer

Target/Plan

14,318

Latest Value

12,159

Variation



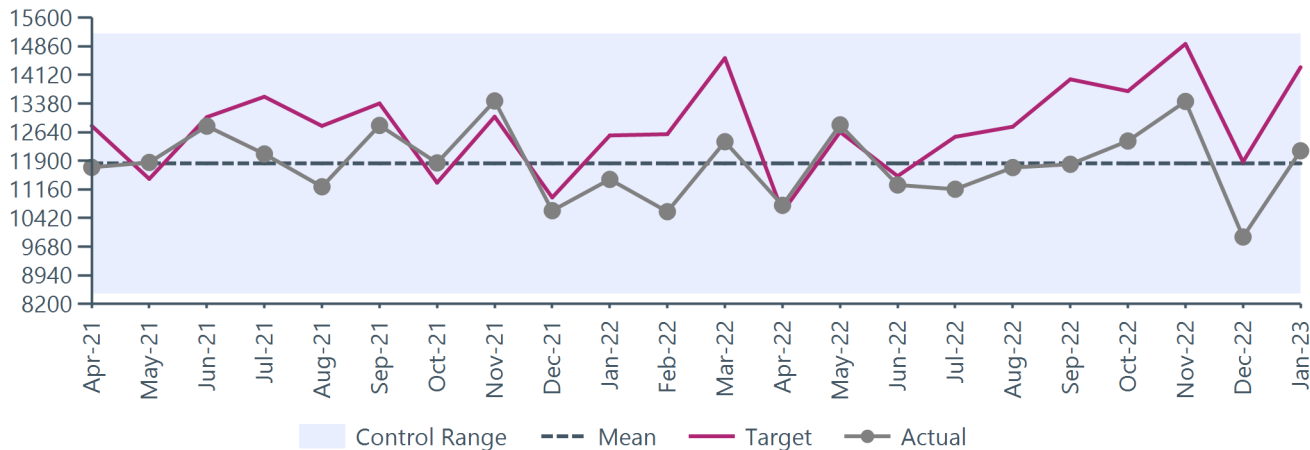
Assurance



Trajectory/H2 Forecast



● Actual
○ Trajectory



What these graphs are telling us

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

Narrative

Our restoration is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust is reliant on IJP and will be monitored against 2022/23 plans.

In January, Outpatients saw 12159 via in job plan, 2159 behind the plan of 14318 and equates to 84.92%. 2022/23 plans for January 2023 were set to achieve 99.80% of 2019/20 baseline overall (IJP and OJP combined).

Actions

See 'Total Outpatient Activity' for further details.

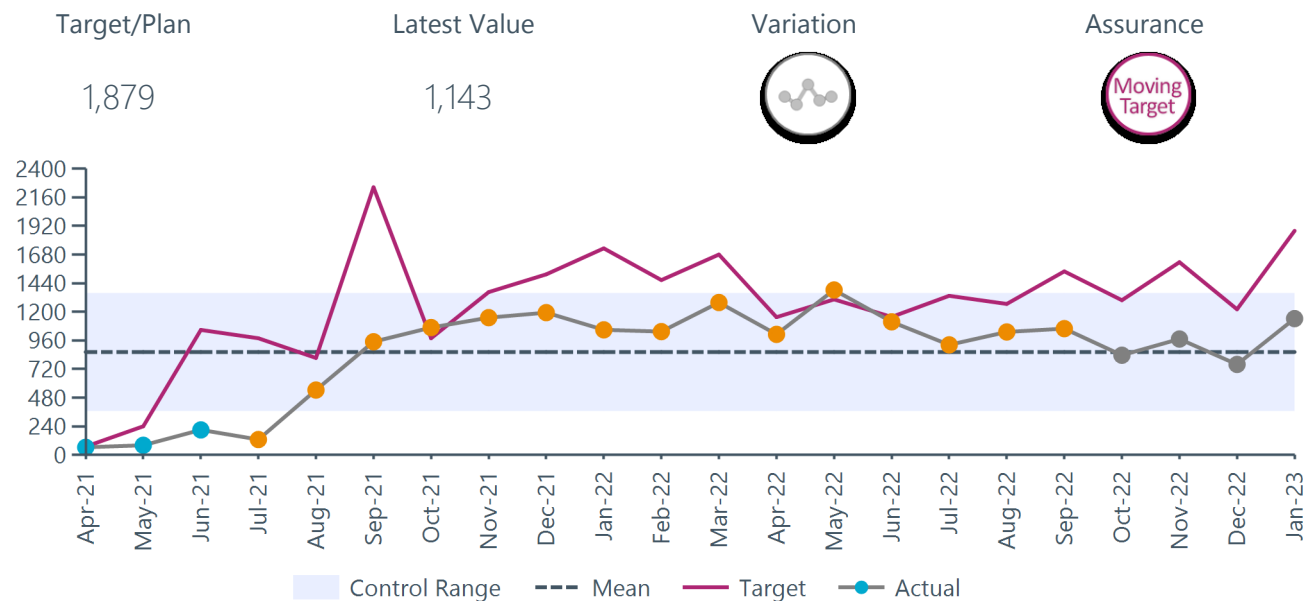
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
11420	10585	12394	10750	12830	11275	11165	11725	11810	12412	13435	9931	12159

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

Total OJP Activity (consultant led and non-consultant led) with submitted Plan (22/23) as the target. 217585

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Our restoration is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust is reliant on OJP and will be monitored against 2022/23 plans.

In January, Outpatients saw 1143 via out of job plan, 736 below the plan of 1879 and equates to 60.83%. 2022/23 plans for January 2023 were set to achieve 99.80% of 2019/20 baseline overall (IJP and OJP combined).

Actions

- * Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.
- * OJP is being reviewed and discussed at sub-specialty level with figures being shared to help target discussions.
- * Business case approved re. staffing of four more rooms in outpatients, which will give some extra availability in order to align offers and clinics.
- * Matching of offers to available rooms is a challenge, however there are regular 2 week allocation meetings to make sure we get as many matches as possible.

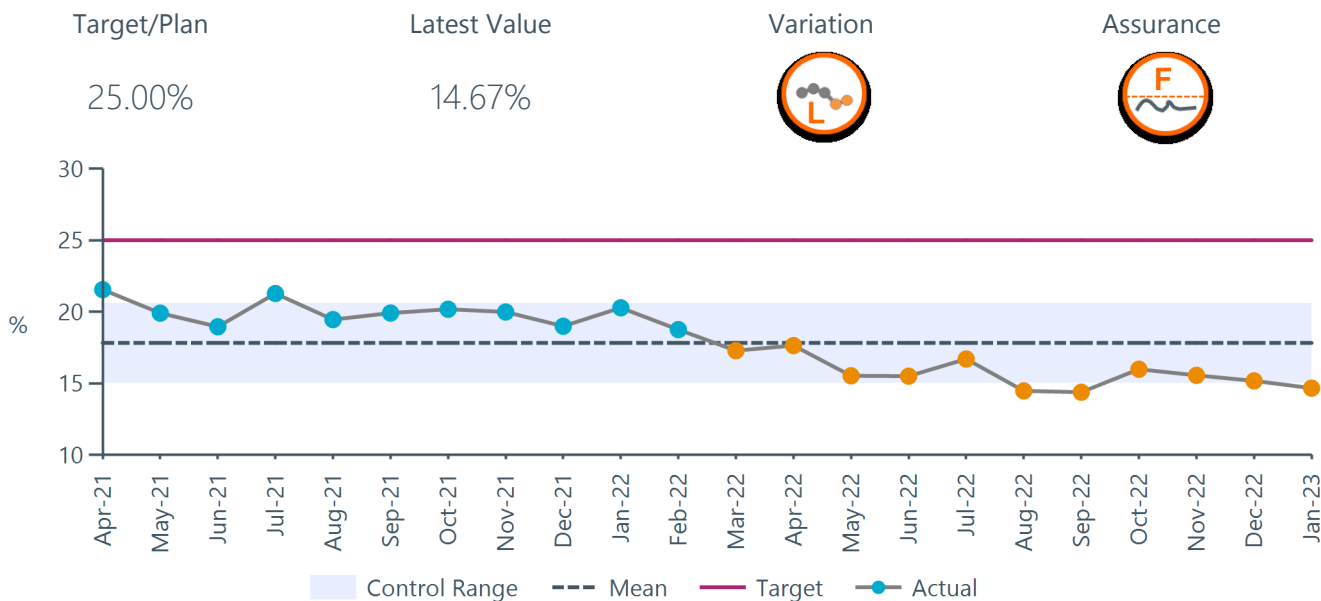
See 'Total Outpatient Activity' for further details.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
1049	1034	1278	1011	1383	1116	923	1031	1059	836	972	759	1143

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual (Against Unadjusted External Plan (22/23), Catchment Based) 217586

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

In January the total Virtual Outpatient Activity undertaken in the Trust was 1951 against 13302, equating to 14.67%; 1375 below 2022/23 NHS EI plan of 25% and 443 below 2022/23 trajectory of 18%.

This is broken down as follows:

* New appointments - 5.98% (244 out of 4079)

* Follow-up appointments - 18.51% (1707 out of 9223)

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

* Spinal Injuries (51.76%); SOOS Physiotherapy (37.74%); Rheumatology (32.13%); Paediatric Medicine (26.09%)

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

* Neurology (0.00%); Muscle (1.52%); Physiotherapy (2.90%); Spinal Disorders (2.90%)

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

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

Actions

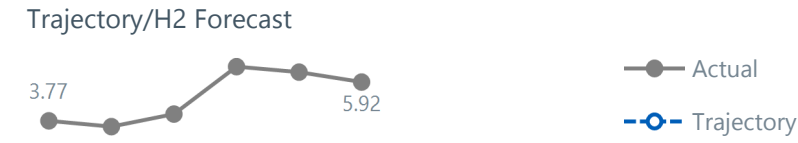
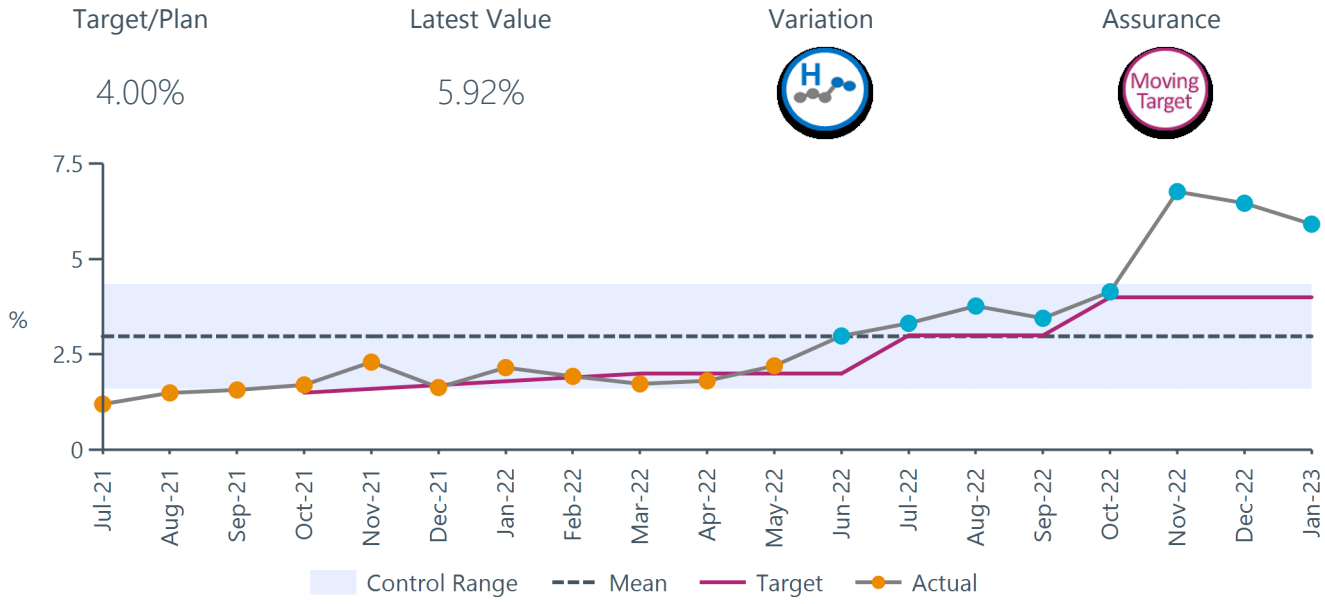
- * Conversations are ongoing at directorate meetings regarding face to face vs virtual appointments.
- * Bank staff member been recruited 12/01/23 to support with the virtual activity, proof of concept required and structure of the role to be defined to ensure maximum outputs.
- * Nurse practitioner surgical helplines are all being recorded and process documented.
- * Local benchmarking shows we are performing better than similar orthopaedic specialist trusts in the area. Further engagement with the operational team required.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
20.28%	18.75%	17.29%	17.64%	15.53%	15.50%	16.70%	14.47%	14.38%	15.99%	15.56%	15.17%	14.67%

Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway, (Against External Plan (22/23), Catchment Based) 217715

Exec Lead:
Chief Operating Officer



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

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances by March 2023. In January this was exceeded with 5.92% of total outpatient activity moved to a PIFU pathway against the 2022/23 plan of 4%.

PIFU has now been successfully implemented within Rheumatology.

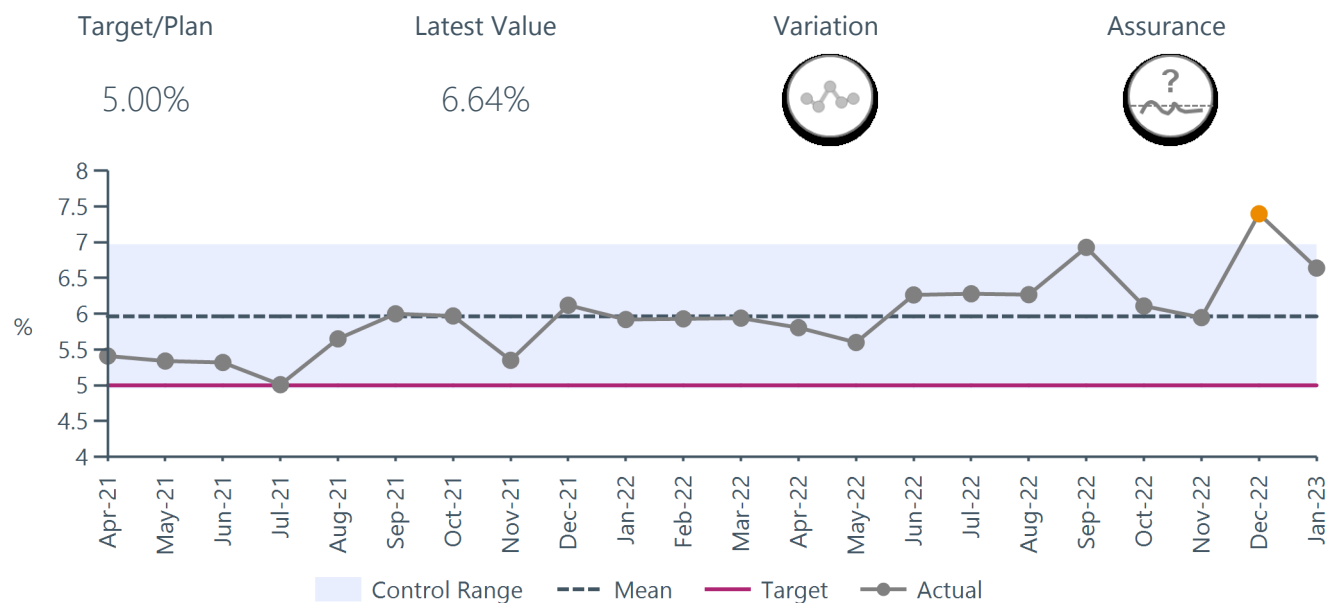
Actions

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
2.16%	1.93%	1.73%	1.81%	2.20%	2.99%	3.32%	3.77%	3.45%	4.14%	6.77%	6.46%	5.92%

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



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The DNA rate remains above target at 6.64% for January. This equates to 946 missed appointments; 234 above the 5%. This is broken down as follows: New appointments - 6.36% (277 out of 4356); Follow-up appointments - 6.76% (669 out of 9892)

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

- * Veterans - 26 DNAs; 12.04% of their activity
- * Rheumatology - 133 DNAs; 10.72% of their activity
- * Paediatric Orthopaedics - 48 DNAs; 9.98% of their activity

Approximately 30% of patients confirm their appointment with the Trust ahead of time. Of the patients who confirmed, the DNA rate for January was 3.15%; of the patients who did not confirm, the DNA rate for January was 8.57%. Benchmarking data shows that compared with other acute Trusts, our DNA rate is within the top 25%.

Actions

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

- * Reviewing our DNA process and letter.
- * Exploring how we can support patients who find it difficult to attend.
- * Ensuring maximum confirmation rate wherever possible, bank staff member has been recruited 12/01/23 to support with confirmation of patients across all specialities, utilising reminder letters and telephoning non responders.
- * Exploring whether our current one way text messages could be readily adapted to two way. By introducing two way text messages, this gives patients the option to confirm, rebook or cancel.
- * Look at option for flexible hours and ways for patients to contact out of hours.
- * Develop a method for recording patients willing to attend at short notice.

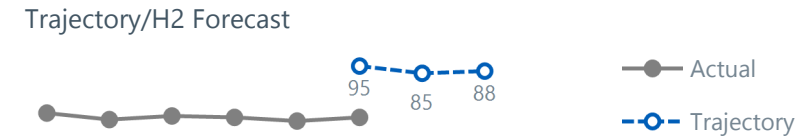
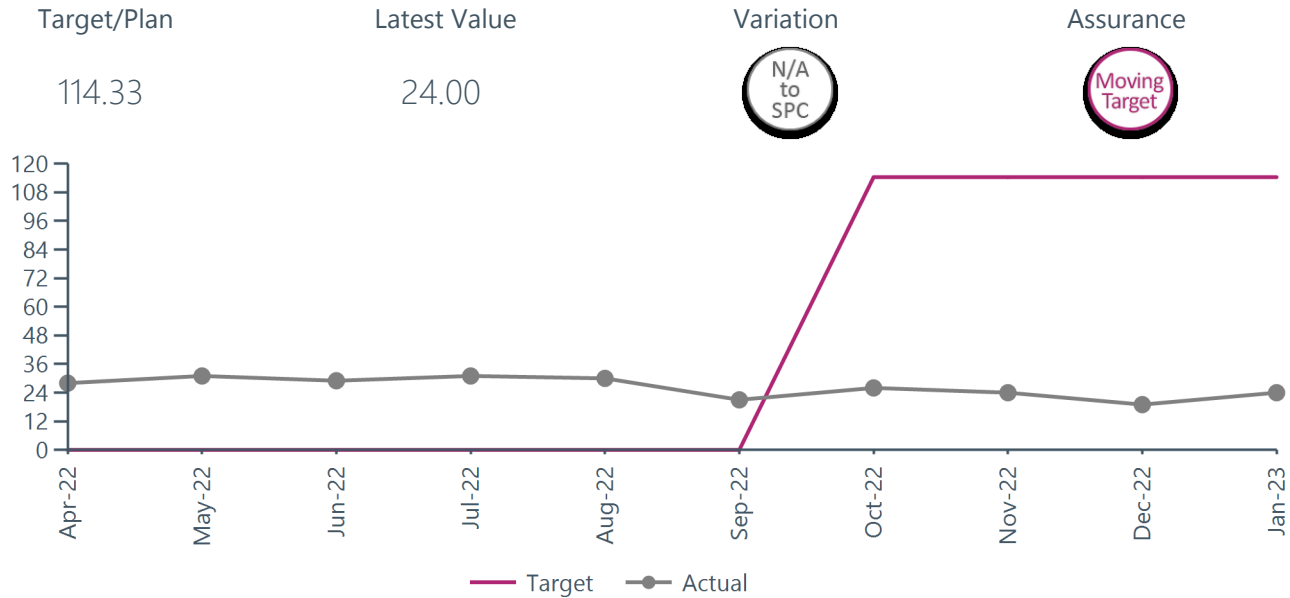
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
5.92%	5.93%	5.94%	5.81%	5.60%	6.26%	6.28%	6.27%	6.93%	6.11%	5.95%	7.40%	6.64%

- Staff - Patients - **Finances** -

Big Ticket Item (BTI) Efficiency Delivered

MSK Transformation 217785

Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Revised Go Live date 13th Feb23 for interface service, digital solution and single point of access. Business case approved for recurrent investment into therapies at system level - progressing with recruitment and host provider agreed.

Actions

Ensure successful Go Live for MSST interface service and supporting infrastructure.

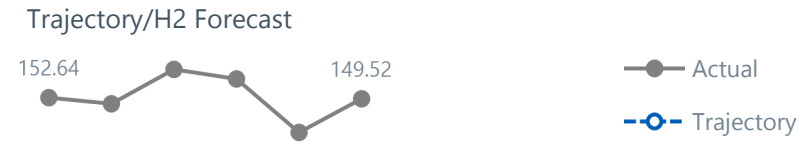
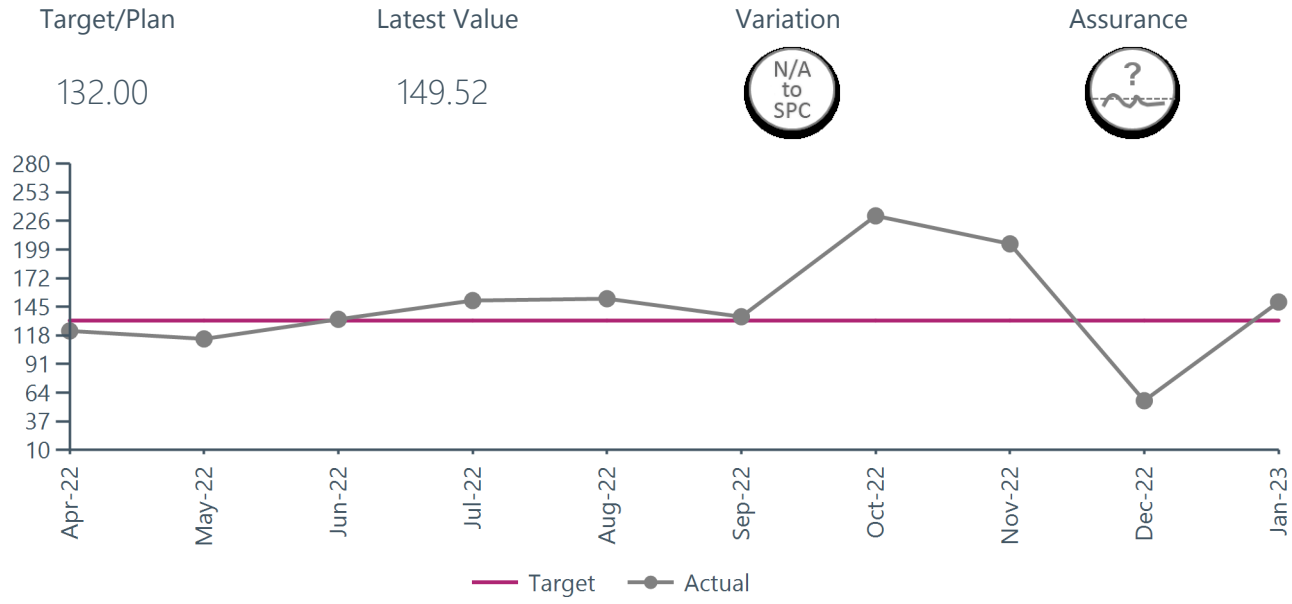
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			28	31	29	31	30	21	26	24	19	24

- 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 until there are enough data points. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

Core agency adverse to cap driven by vacancy rates and absence levels. Increase in spend of £104k from last month.

Actions

Recruitment plans focused on registered nursing, HCA and consultants (anaesthetics, rheumatology, MCSI).
Trainee nurse associate initiatives supported to increase clinical workforce numbers.
International recruitment second cohort H2.
Launch of bank incentives and bonus scheme.

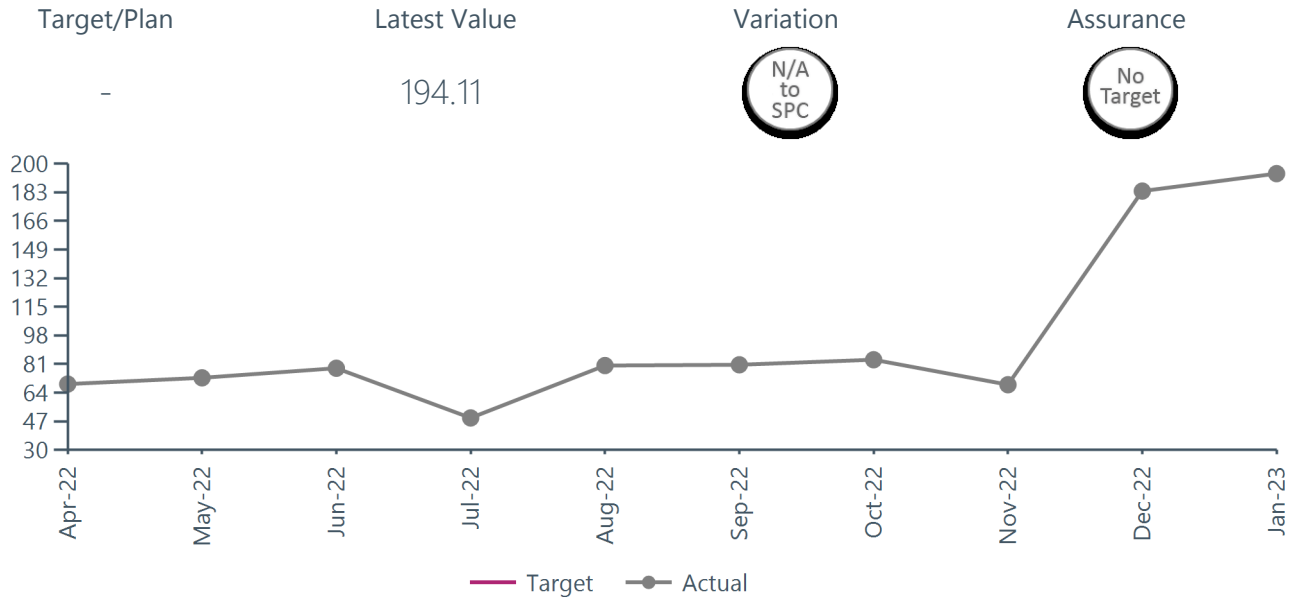
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			122.23	114.72	133.21	150.89	152.64	135.63	230.80	204.39	56.42	149.52

- 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 until there are enough data points. There is no target.

Narrative

Continued workforce pressures arising from sickness and vacancies particularly on on MCS1 driving usage

Actions

Agency escalation policy in place, off framework agency only utilised when all other options are exhausted prior to commencement of shift. Focus on recruitment and retention.

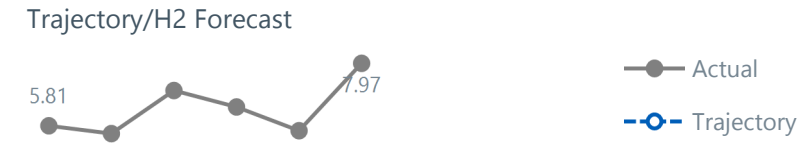
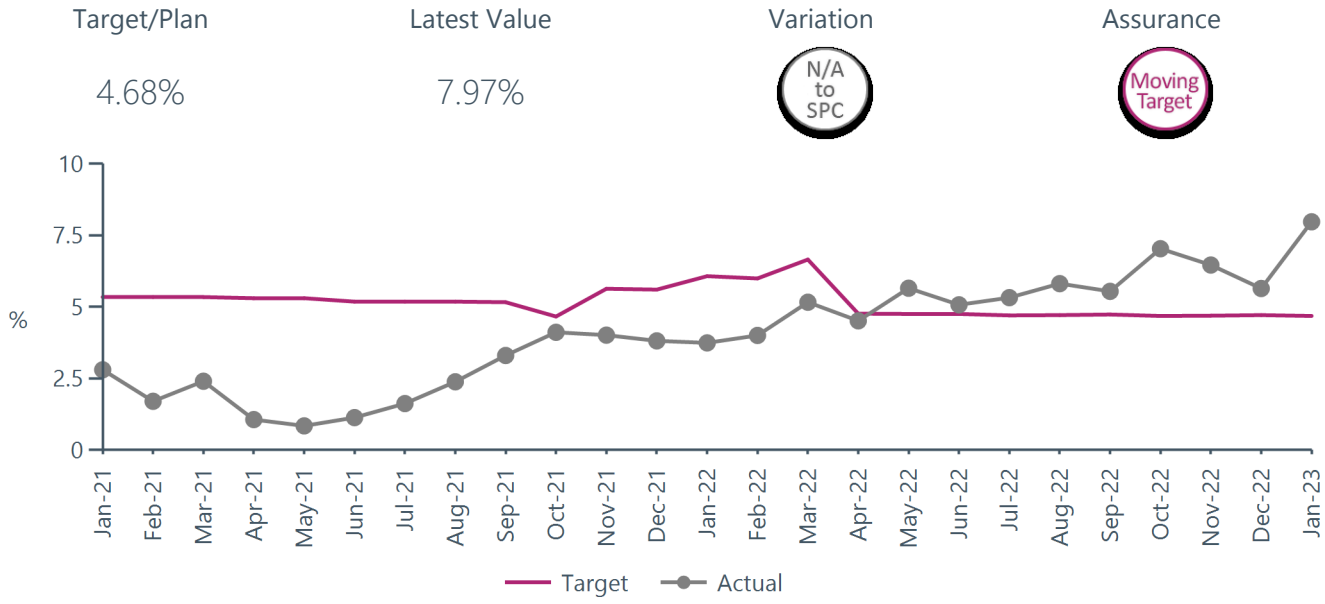
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
			69.12	72.82	78.53	49.01	80.11	80.57	83.58	68.74	183.73	194.11

- Staff - Patients - **Finances** -

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs 217413

Exec Lead:
Chief Finance and Planning Officer



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

Narrative
Increase in agency spend compared to M09

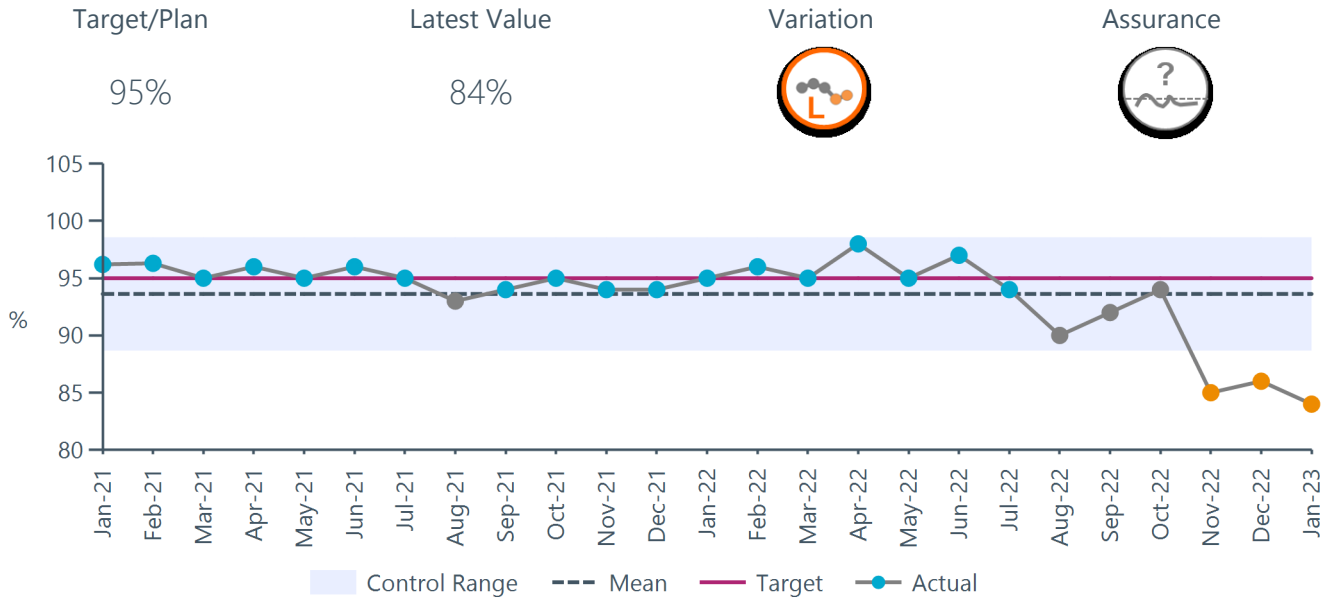
Actions
See agency actions

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
3.74%	4.00%	5.16%	4.51%	5.65%	5.07%	5.32%	5.81%	5.54%	7.03%	6.46%	5.64%	7.97%

Better Payment Practice Code (BPPC) % of Invoices paid within 30

Percentage of invoices paid within 30 days 217537

Exec Lead:
Chief Finance and Planning Officer



Trajectory/H2 Forecast



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

Performance below target due to cumulative effect of staffing issues. Large number of old invoices paid in month.

Actions

Performance linked to staffing issues, mitigations in place include additional hours for staff.

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
95.00%	96.00%	95.00%	98.00%	95.00%	97.00%	94.00%	90.00%	92.00%	94.00%	85.00%	86.00%	84.00%

- Staff - Patients - **Finances** -