

# Combined Integrated Performance Report March 2025 – Month 12



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

Aspiring to deliver world class patient care

# SPC Reading Guide

## SPC Charts

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

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

## SPC Chart Rules

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

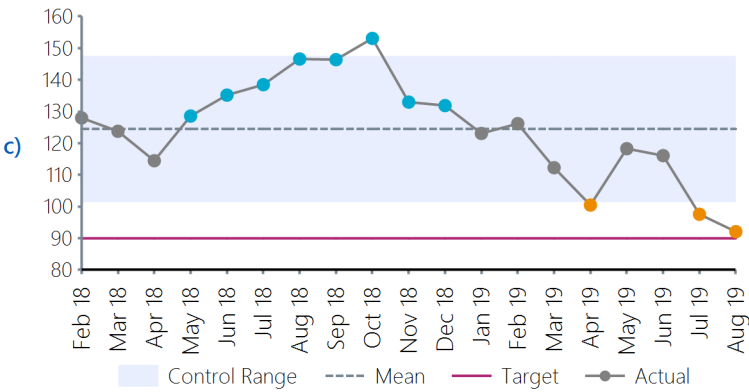
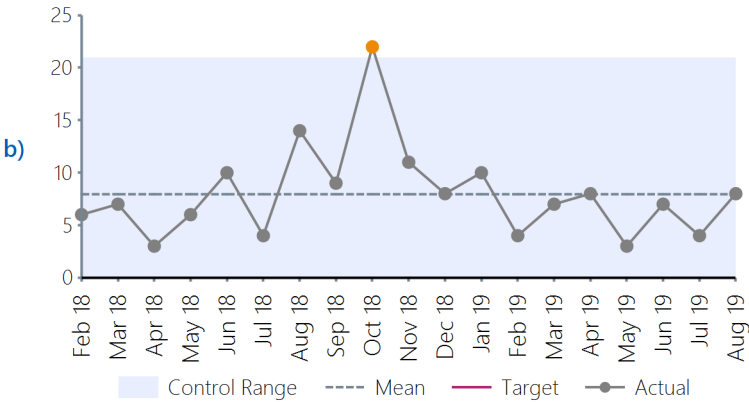
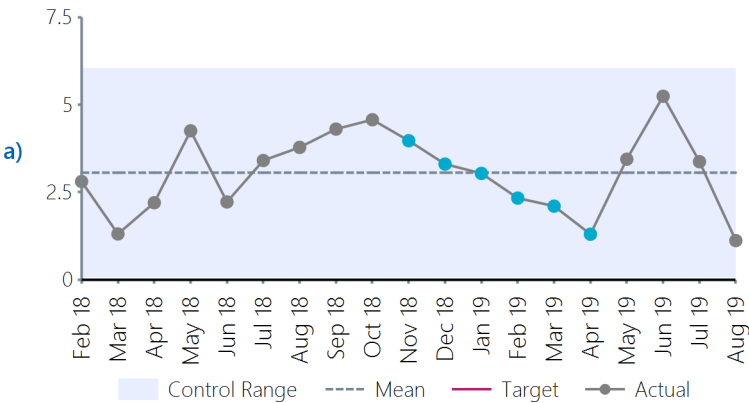
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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.

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



# 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

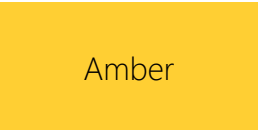
When rated, each KPI will display colour indicating the overall rating of the KPI



No improvement required to comply with the dimensions of data quality



Satisfactory - minor issues only



Requires improvement



Significant improvement required

## Dates

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



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.35%	5.35%				+	
Sickness Absence - Short Term	2.30%	1.84%					
Sickness Absence - Long Term	3.05%	3.51%				+	05/12/23
Staff Turnover - Headcount	7.86%	8.81%				+	04/06/24
In Month Leavers	12	14				+	
Vacancy Rate	8.00%	6.47%					15/04/24
Nursing Vacancy Rate (Trust)	8.00%	3.58%				+	
Healthcare Support Worker Vacancy Rate	8.97%	13.66%				+	
Allied Health Professionals Vacancy Rate	8.00%	5.17%					
Total Headcount in Post		2,158				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Hire	55	64				+	
Staff Retention		82.46%				No Target	+
% Staff Availability		77.30%				No Target	+
Statutory & Mandatory Training	92.00%	93.30%					
Personal Development Reviews	93.00%	94.20%					+
E-Rostering Level of Attainment	4	4				+	
Percentage of Staff on the E-Rostering System	90.00%	93.05%				+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	60.00%				+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	62.44%					
E-Job Planning Level of Attainment	4	1				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Percentage of Staff with an Active E-Job Plan	90.00%	17.42%				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0					
Number of Patient Safety Reviews		1				+	
Total Patient Falls	10	6					
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.83					
RJAH Acquired Pressure Ulcers	1	0					
Pressure Ulcer Assessments	99.00%	99.70%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.16%					
Number of Complaints	8	11				+	
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%					
Complex Complaints Response Rate Within 40 Days	100.00%	50.00%					





# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	2				+	
Number of Compliments		1,127					
Safe Staffing	90.00%	93.60%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	7.64%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	13				+	
RJAH Acquired C.Difficile	0	0					04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.55					
RJAH Acquired E. Coli Bacteraemia	0	0					04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	15.11					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0					04/03/24
RJAH Acquired MSSA Bacteraemia	0	0					04/03/24
RJAH Acquired Klebsiella spp	0	0					04/03/24
RJAH Acquired Pseudomonas	0	0					04/03/24
Surgical Site Infections	0	0				+	04/03/24
Outbreaks	0	0					04/03/24
Patient Safety Alerts Not Completed by Deadline	0	1				+	
Medication Errors		34				+	
Medication Errors with Harm	0	5				+	
Number of Deteriorating Patients	5	3					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	3				+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	0					
VTE Assessments Undertaken	95.00%	99.79%					
28 days Emergency Readmissions*	1.00%	0.29%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	59	39				+	
31 Day General Treatment Standard*	96.00%	100.00%	100.00%				
62 Day General Standard*	85.00%	78.57%	100.00%			+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	97.22%	94.12%				12/09/23
18 Weeks RTT Open Pathways	92.00%	46.14%				+	24/06/21



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	14,913	17,172				+	
Welsh List Size		9,035				+	
Combined List Size		26,207				+	
Patients Waiting Over 52 Weeks – English	519	882				+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,674				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,556				+	
Patients Waiting Over 65 Weeks - English	0	32				+	
Patients Waiting Over 65 Weeks - Welsh	0	1,069				+	
Patients Waiting Over 65 Weeks - Combined		1,101				+	
Overdue Follow Up Backlog	5,697	14,551				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	95.00%	91.13%	95.75%			+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	97.72%				+	04/03/24



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.04	1.97				+	
Touchtime Utilisation	85.00%	82.87%					
Total Theatre Activity Against Plan	1,079	996				+	
IJP Activity - Theatres - against Plan	797	790				+	
OJP Activity - Theatres - against Plan	200	97				+	
PP Activity - Theatres - against Plan	82	109				+	
Elective Activity Against Plan (volumes)	1,208	1,139				+	24/06/21
Overall BADS %	85.00%	83.65%				+	
Average Length of Stay – Elective & Non Elective		5.10					
Bed Occupancy – All Wards – 2pm	87.00%	79.63%					



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	13,910	13,297				+	24/06/21
IJP Activity - Outpatients - against Plan	12,834	12,918				+	
OJP Activity - Outpatients - against Plan	1,076	379				+	
Outpatient Procedures - ERF Scope	46.00%	29.59%	34.00%			+	
Total Outpatient Activity - % Virtual	12.00%	13.82%					
Total Outpatient Activity - % Moved to PIFU Pathway	6.60%	7.54%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	3.99%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.86					
Total Diagnostics Activity against Plan - Catchment Based	2,655	2,515				+	
Data Quality Maturity Index Score							



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Referrals Received for Consultant Led Services*		3,340					
Financial Control Total	385	1,474.70					
Income	13,809.40	22,066.40					
Expenditure	13,424.30	21,149.30				+	
Efficiency Delivered	613	650					
Cash Balance	19,663	19,519					
Capital Expenditure	203	1,686				+	
Agency Proportion of Pay Plan	3.20%	1.70%					
Proportion of Temporary Staff	8.31%	5.40%					
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	97.00%					





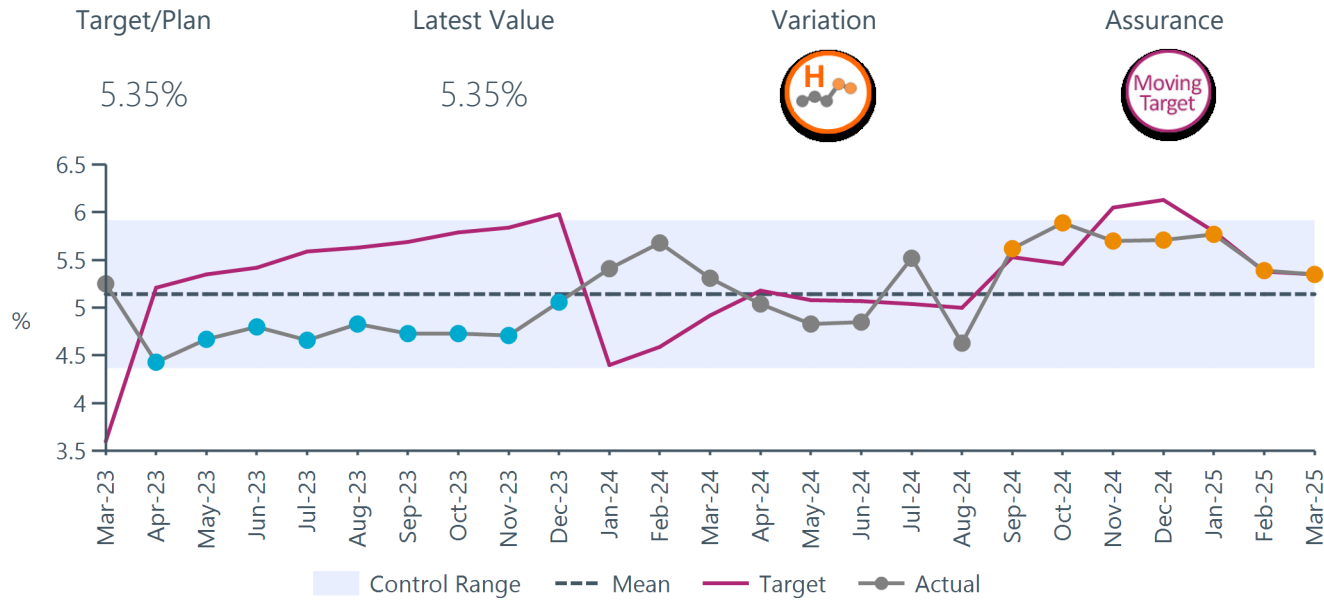
# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	120.43%	116.38%		<div>N/A to SPC</div>	<div>Moving Target</div>	+	

# Sickness Absence

FTE days lost as a percentage of FTE days available in month. Target as per Trust's Operational Plans. 211161

Exec Lead:  
Chief People Officer



**What these graphs are telling us**

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

### Narrative

The Sickness Absence for March is reported at 5.35%; exactly in line with the plan for this month. Although the graph above indicates a period of special cause variation of concern, the absence has aligned with the plan and over the last six months has been close to plan, or below it. Whilst short term absence has reduced month on month since October, long term absence has remained the key driver.

Throughout March the top three reasons for absence were; 'Anxiety/stress/depression/other psychiatric illnesses', 'Other known causes - not elsewhere classified' and 'Other musculoskeletal problems'.

The top three hotspot areas were: Theatre Support Workers - 16.34%, Ward Housekeepers - 15.29% and MCS1 Resettlement Team - 14.12%.

### Actions

The HR Team have oversight of the drivers of high absence in the identified areas and are working closely with managers to ensure appropriate management plans are in place, however, a number of the long term absence cases are for reasons in the areas highlighted are difficult to influence though HR management processes.

Ongoing Actions:

- \* ER Team fortnightly deep-dive review into long term absence cases with a particular focus on absence through stress
- \* 12 month review of areas with persistently high absence presented to People Committee in March 25 – actions underway
- \* Bespoke HR 101 absence training provided to managers into areas where absence is high
- \* Bespoke 'Managing absence related to Mental Health' HR masterclass in the planning
- \* Work underway with Optima Health and Moving and Handling team to triangulate MSK absence and potential absence (where staff are in work with MSK issues) to try to predict hotspots in advance and implement proactive plans

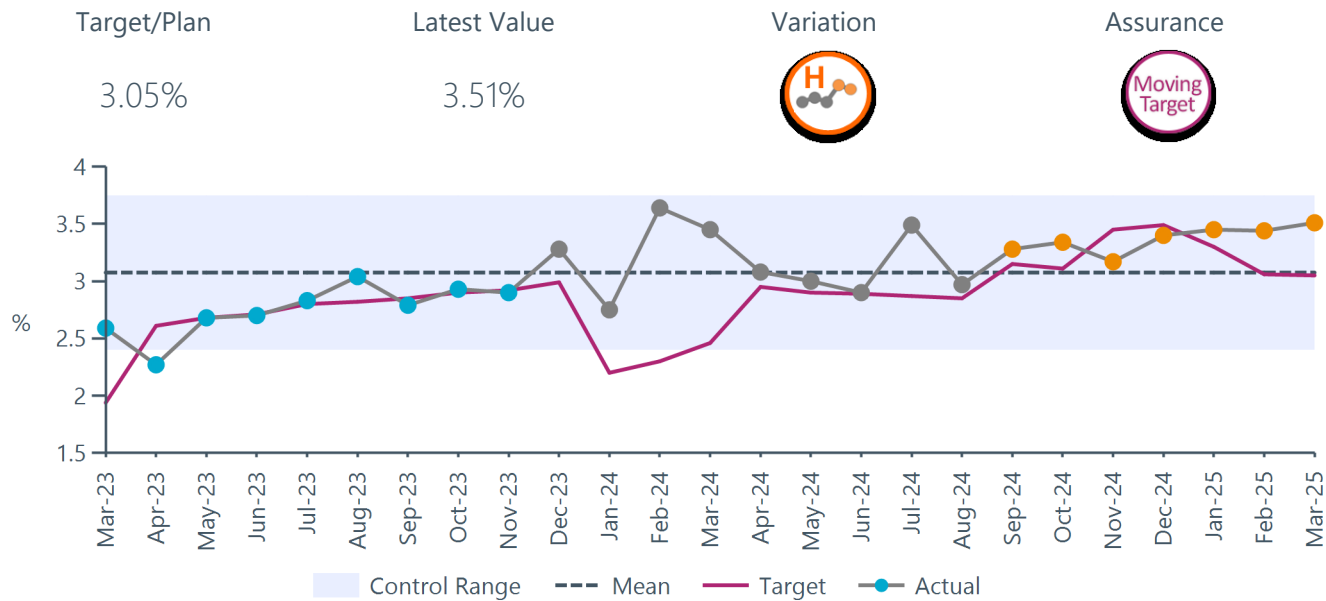
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
5.31%	5.04%	4.83%	4.85%	5.52%	4.63%	5.62%	5.89%	5.70%	5.71%	5.77%	5.39%	5.35%

- Staff - Patients - Finances -

# Sickness Absence - Long Term

Target derived from Trust's Operational Plans. 211162

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

### Narrative

The Long Term Sickness Absence for March is reported at 3.51%; this is included as an exception as the graph above indicates a period of special cause variation of concern and the position has exceeded the target for three consecutive months.

Throughout March, the top three reasons for absence mirror the overall sickness as: 'Anxiety/stress/depression/other psychiatric illnesses', 'Other known causes - not elsewhere classified' and 'Other musculoskeletal problems'.

The top three hotspot areas were: Theatre Support Workers - 15.24%, MCSI Resettlement Team - 11.90% and Ward Housekeepers - 11.44%. These three areas are also the hotspot areas for overall sickness.

### Actions

The HR Team have oversight of the drivers of high absence in the identified areas and are working closely with managers to ensure appropriate management plans are in place, however, a number of the long term absence cases are for reasons in the areas highlighted are difficult to influence though HR management processes.

Ongoing Actions:

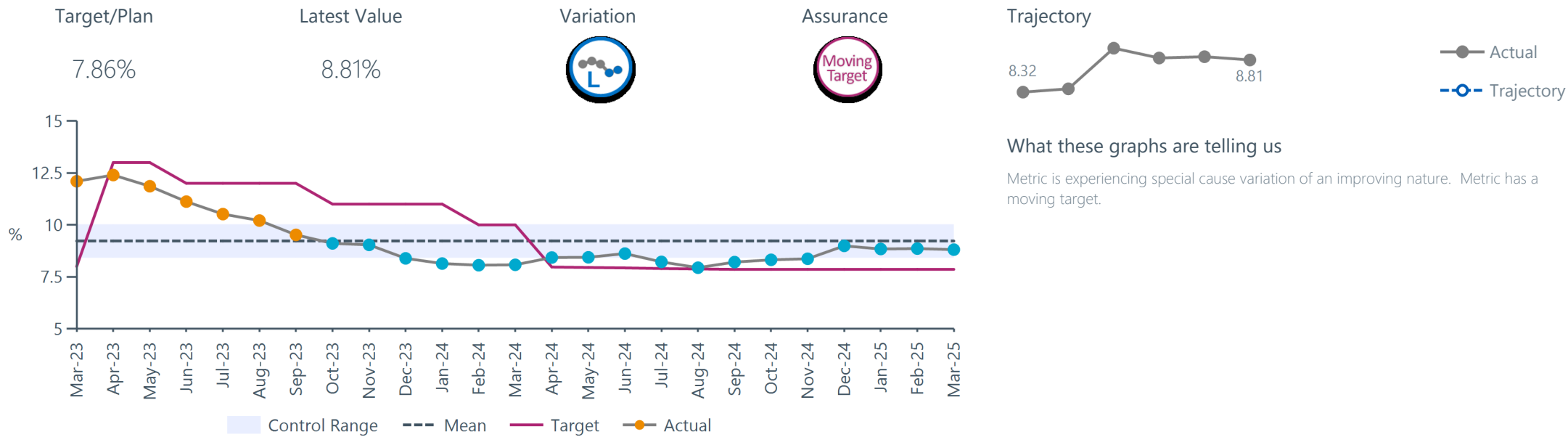
- \* ER Team fortnightly deep-dive review into long term absence cases with a particular focus on absence through stress
- \* 12 month review of areas with persistently high absence presented to People Committee in March 25 – actions underway
- \* Bespoke HR 101 absence training provided to managers into areas where absence is high
- \* Bespoke 'Managing absence related to Mental Health' HR masterclass in the planning
- \* Work underway with Optima Health and Moving and Handling team to triangulate MSK absence and potential absence (where staff are in work with MSK issues) to try to predict hotspots in advance and implement proactive plans

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
3.45%	3.08%	3.00%	2.90%	3.49%	2.97%	3.28%	3.34%	3.17%	3.40%	3.45%	3.44%	3.51%
- Staff - Patients - Finances -												

# Staff Turnover - Headcount

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

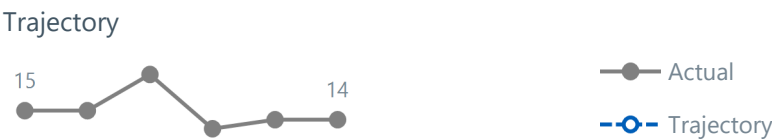
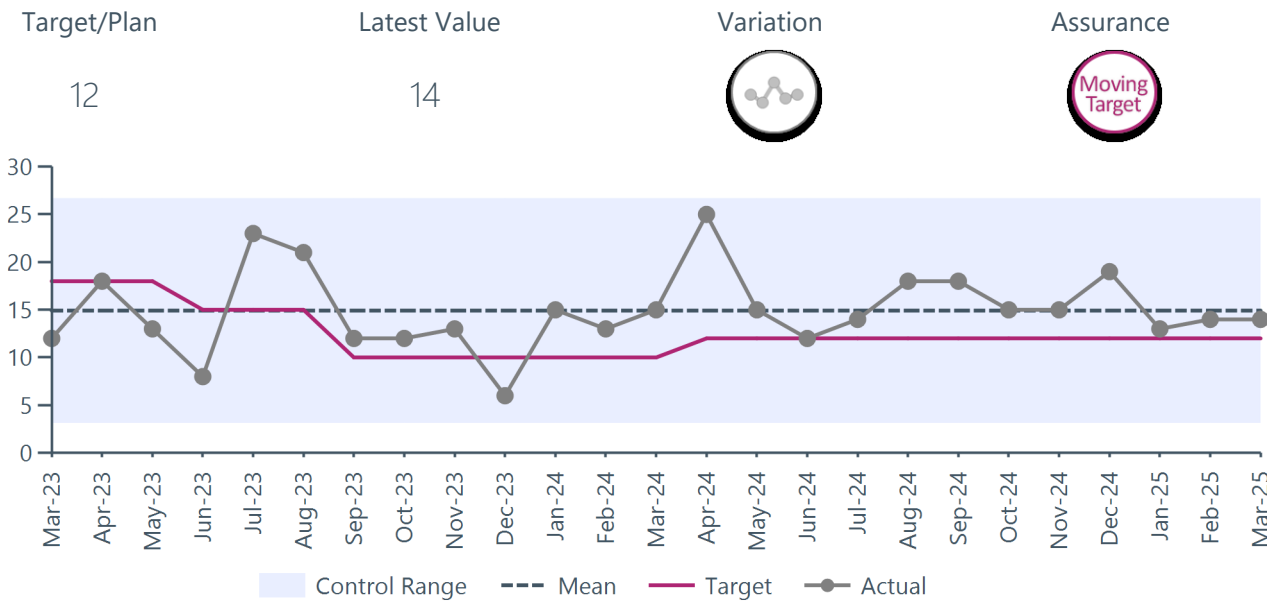
Exec Lead:  
Chief People Officer



# In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

## Narrative

There were 14 staff who left the Trust throughout March. This metric is included as an exception as it has consistently been above the target throughout this financial year with only June-24 reported below.

The leavers were from the following staff groups; Administrative & Clerical (6), Additional Clinical Services (3), Allied Health Professionals (3), Estates & Ancillary (1) and Medical & Dental (1).

The reasons for leaving were recorded as:

- \* Voluntary Resignation (9)
- \* Retirement/Flexi Retirement (3)
- \* End of Fixed Term Contracts (2)

## Actions

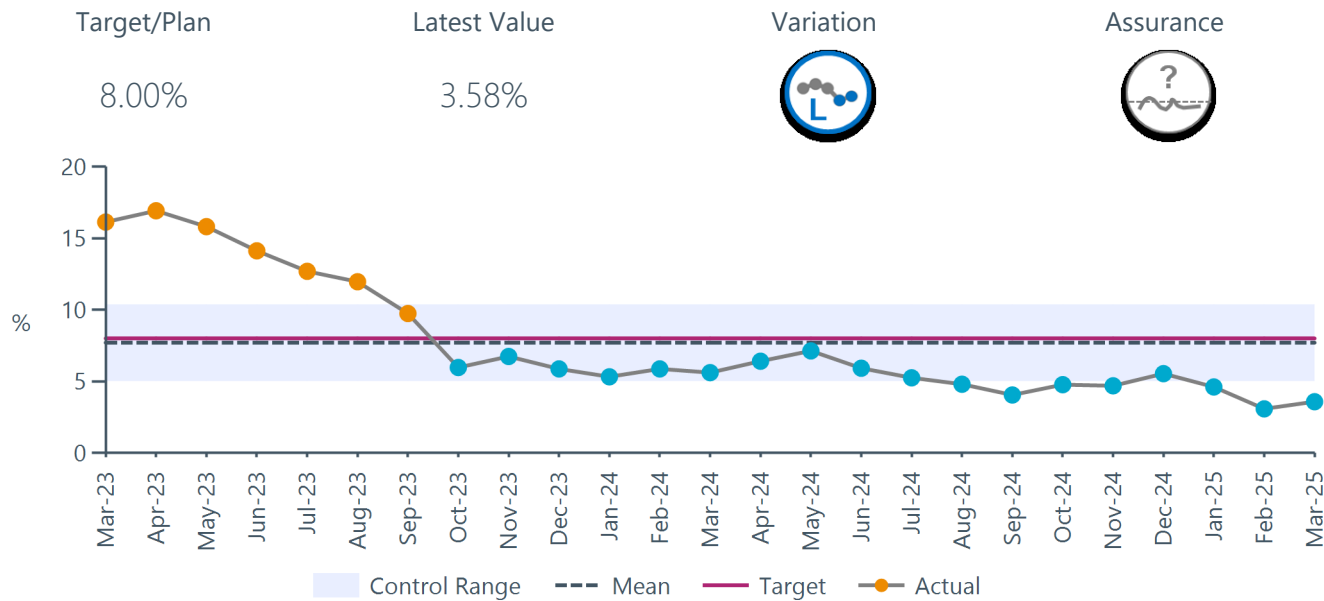
- Ongoing Long-Term Retention Activities in place to support staff:
- \*Developing role competencies and career pathways for progression, Theatres and MCSI focus
  - \*Introduction of Legacy Mentors to support departments with high turnover and leavers
  - \*Revised and improved staff induction
  - \*System Retention Strategy in Development
  - \*People Promise Programme activity
  - \* Workforce profiling to assess succession planning in progress

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
15	25	15	12	14	18	18	15	15	19	13	14	14

# Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff  
217455

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

## Narrative

The Nursing Vacancy Rate is reported at 3.58% for month end; this equates to 12.14 WTE vacant, up from 10.46 WTE at the end of February. The latest data point remains special cause variation of an improving nature, with the position held below the 8% target since October-23. A breakdown of the vacancies by area as follows:

- \* Specialist Unit - 6.24% / 8.51 WTE vacant
- \* MSK Unit - 4.11% / 7.46 WTE vacant
- \* Corporate Areas - over-established by 3.83 WTE

As at month end, 20.33 WTE was in progress against the vacant position of 12.14 WTE with a breakdown as follows:

- \* 10.08 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- \* 9.25 WTE in Recruitment Pipeline - at conditional or unconditional stage
- \* 1.00 WTE - International recruitment (applicant now has pin)

## Actions

- \* As at month end, the recruitment pipeline exceeds the vacant position but regular review of vacancies per ward/area is ongoing and monitored through NSSG.
- \* MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway (this has been delayed due to sickness)
- \* Business case approved for five Student Nurse Associates 24/25 and those appointed now commenced on programme. Further five Nurse Associate top-up apprenticeships agreed with recruitment commencing in April. Course will commence quarter 4 2025/26
- \* Recruitment Day took place 23rd March. At time of IPR production, interviews scheduled for end of April/beginning of May

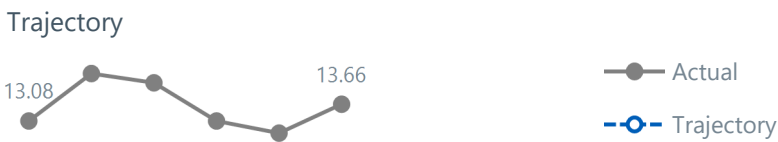
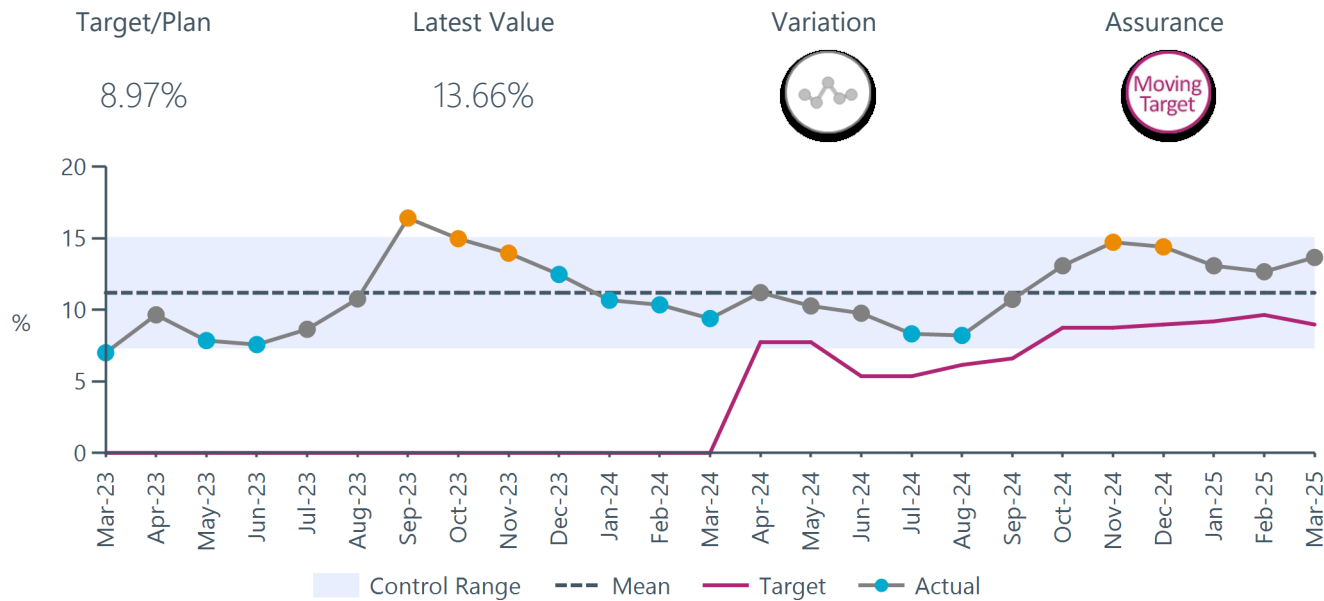
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
5.61%	6.41%	7.13%	5.92%	5.25%	4.80%	4.05%	4.77%	4.69%	5.54%	4.61%	3.08%	3.58%

- Staff - Patients - Finances -

# Healthcare Support Worker Vacancy Rate

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

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

### Narrative

The Healthcare Support Worker Vacancy Rate is reported at 13.66% for March month end. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 30.43 WTE; up from 28.19 WTE at the end of February. A breakdown of vacancies by area as follows;

- \* Specialist Unit - 16.20% / 19.95 WTE vacant
- \* MSK Unit - 10.61% / 10.48 WTE vacant
- \* Corporate areas - 0.80 Establishment in post

As at month end, 17.21 WTE was in progress against the vacant position of 30.43 WTE with a breakdown as follows:

- \* 15.20 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- \* 2.01 WTE in Recruitment Pipeline - at conditional or unconditional stage

### Actions

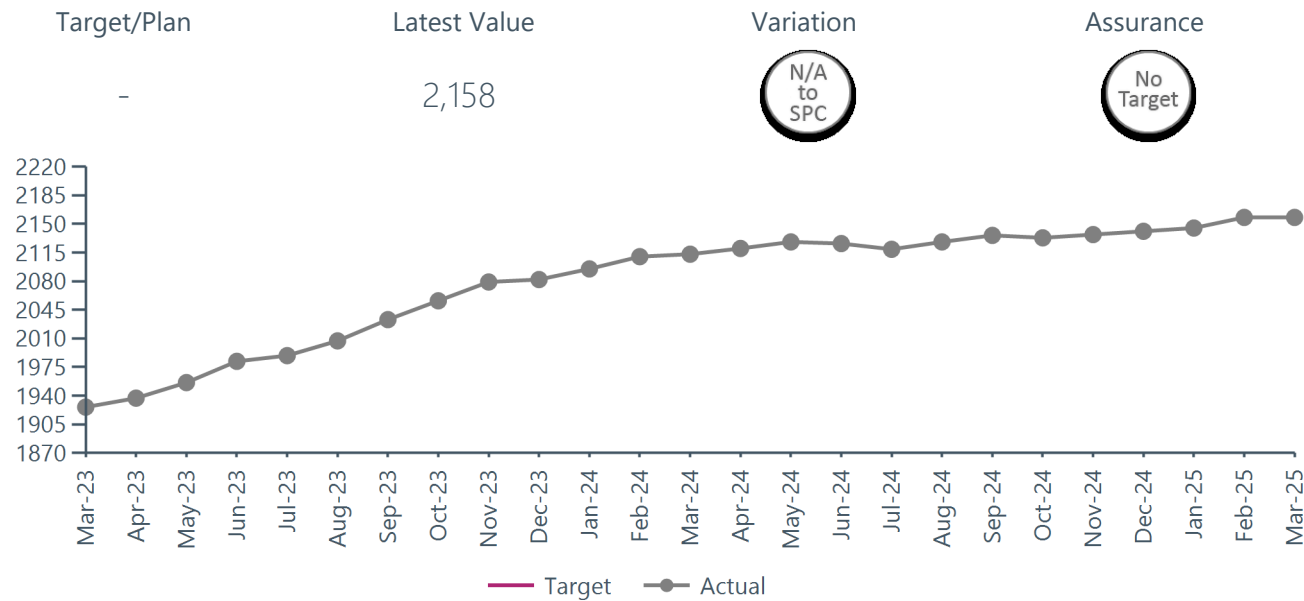
- \* Recruitment Day took place 23rd March. At time of IPR production, interviews scheduled for end of April/beginning of May
- \* Business case approved for five Student Nurse Associates 24/25 with backfill agreed for senior healthcare support worker apprenticeships; this has now been approved by FIG and is at shortlisting stage.
- \* MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway (this has been delayed due to sickness).

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
9.39%	11.20%	10.27%	9.76%	8.32%	8.21%	10.73%	13.08%	14.72%	14.40%	13.08%	12.66%	13.66%

# Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

## Narrative

At the end of March the Trust had a total headcount in post of 2158 with a breakdown as follows:

- \* Permanent - 1747
- \* Fixed Term - 110
- \* Locum - 2
- \* Bank - 299

## Actions

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

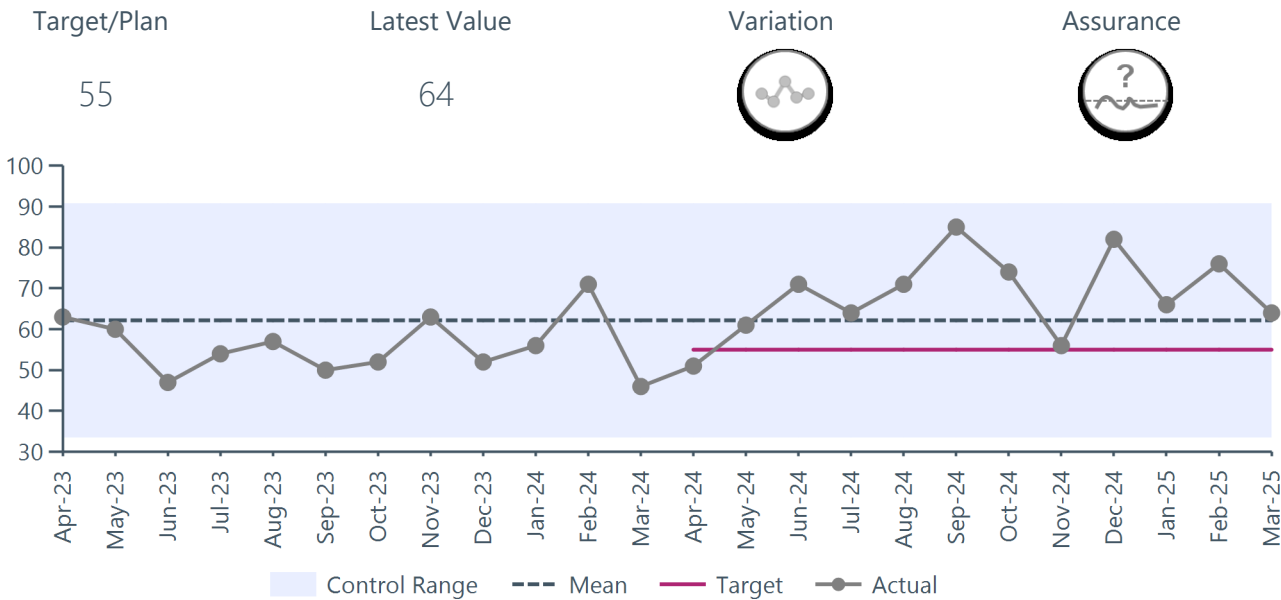
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2113	2120	2128	2126	2119	2128	2136	2133	2137	2141	2145	2158	2158



# Time to Hire

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

Exec Lead:  
Chief People Officer



**What these graphs are telling us**

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

### Narrative

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

As shown in the SPC above, the latest data remains within control range. For those staff who started in March, the average days to hire was 64 days. Average for completion of employment checks was 26 days which is within target. Notable issues for those outside of target for pre-employment checks was Occupational Health, translation of a required overseas police check and candidate who had not updated address on required ID document.

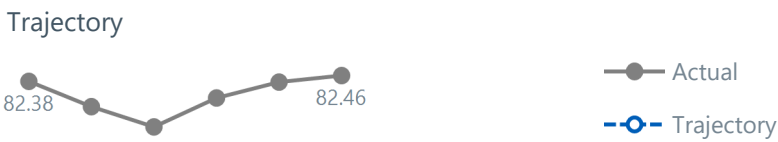
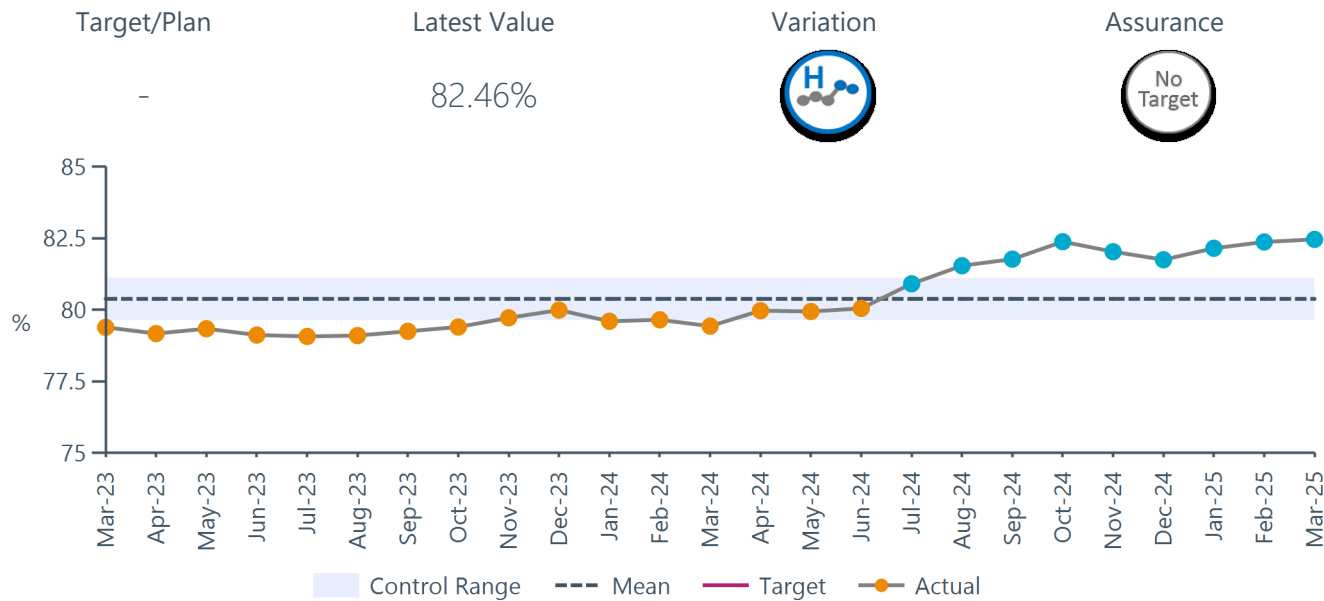
### Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
46	51	61	71	64	71	85	74	56	82	66	76	64
- Staff - Patients - Finances -												

# Staff Retention

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

Exec Lead:  
Chief People Officer



What these graphs are telling us

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

## Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period. As shown on the SPC graph above, the latest reported position remains special cause variation of an improving nature with 82.46% above the Trust's control range. This is the highest reported position since this metric was introduced.

In March, 82.46% of staff in post have been employed for 24 months. A breakdown by staff group as follows:

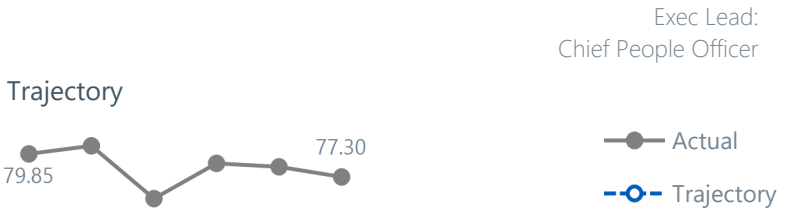
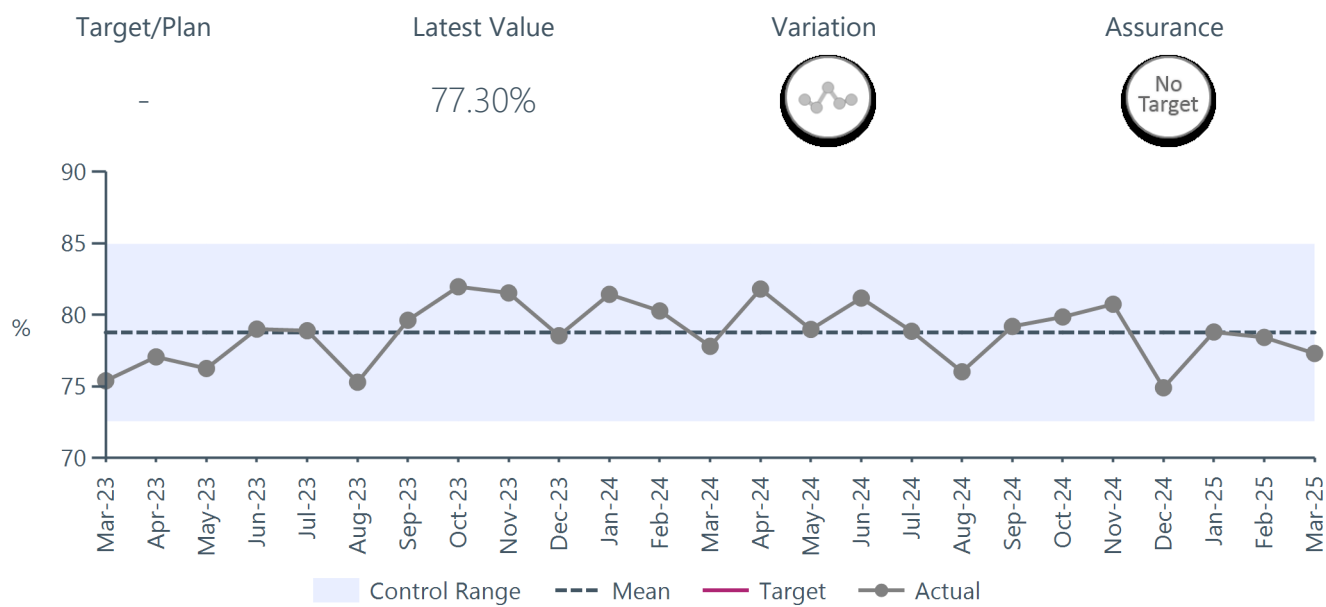
- \* Medical & Dental 91.74%
- \* Add Prof Scientific and Technic - 89.47%
- \* Administrative & Clerical 84.84%
- \* Allied Health Professionals 84.70%
- \* Nursing & Midwifery 81.19%
- \* Estates & Ancillary 79.07%
- \* Additional Clinical Services 77.61%
- \* Healthcare Scientists 50.00%

## Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
79.43%	79.97%	79.94%	80.05%	80.91%	81.54%	81.77%	82.38%	82.03%	81.75%	82.15%	82.37%	82.46%

# % Staff Availability

% of Staff available in month 217810



## What these graphs are telling us

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

### Narrative

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

In March, % staff availability was 77.30% with the 22.70% not available broken down as follows:

- \* Planned absence (annual leave, maternity, paternity) - 10.97%
- \* Vacancies - 6.47%
- \* Unplanned absence (sickness, special leave) - 5.26%

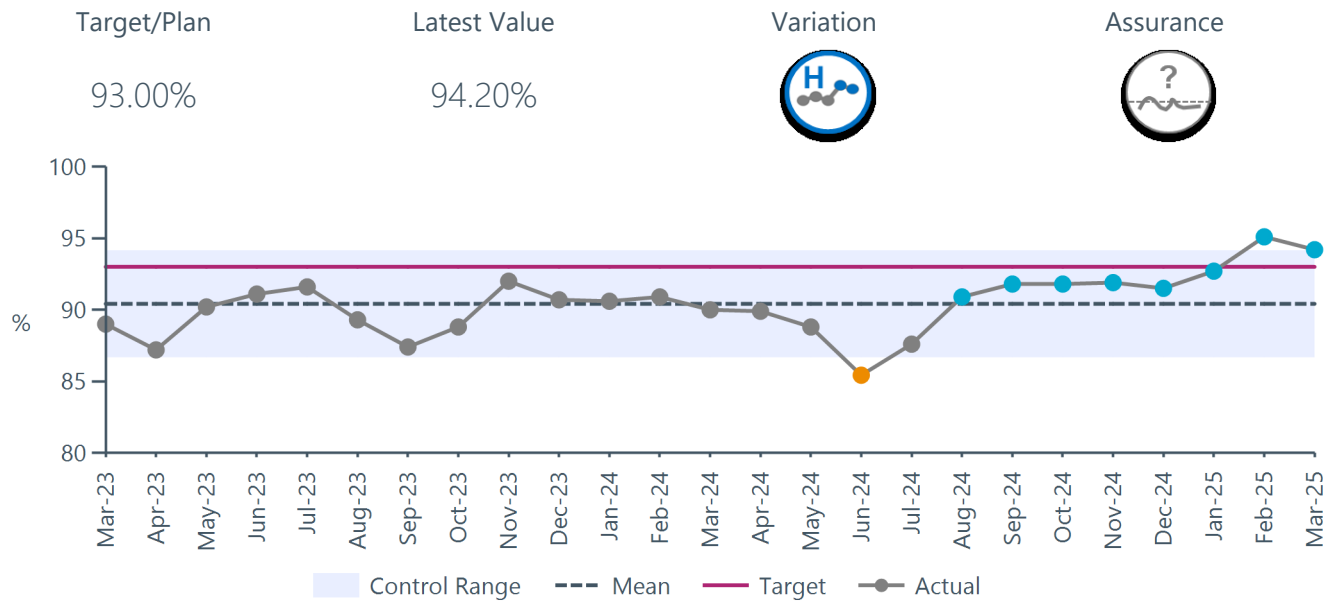
### Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
77.80%	81.80%	78.98%	81.17%	78.85%	76.02%	79.19%	79.85%	80.74%	74.90%	78.80%	78.42%	77.30%

# Personal Development Reviews

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

Exec Lead:  
Chief People Officer



### What these graphs are telling us

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

### Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 94.20% at the end of March. After a long period failing the target, this has now been above target for the last two months. It is also reported as special cause variation of an improving nature. The positions by area are:

- \* MSK Unit - 92.99% - 44 PDRs outstanding
- \* Corporate Areas - 93.31% - 24 PDRs outstanding
- \* Specialist Unit - 96.22% - 21 PDRs outstanding

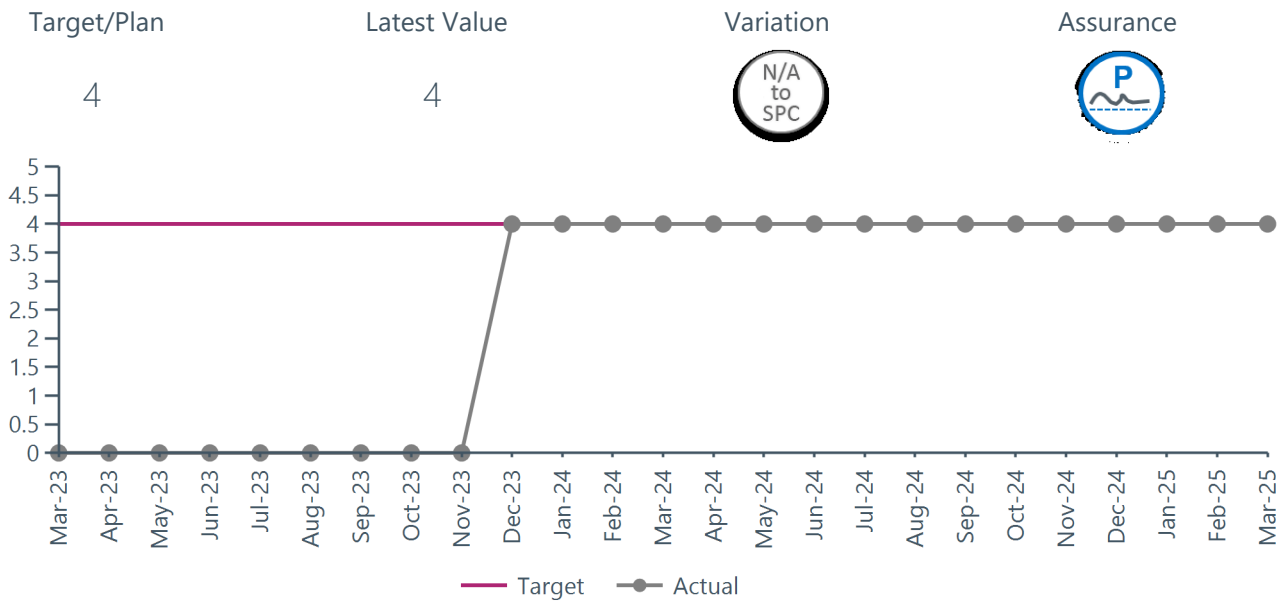
### Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
90.00%	89.90%	88.80%	85.43%	87.60%	90.90%	91.80%	91.80%	91.90%	91.50%	92.70%	95.10%	94.20%
- Staff - Patients - Finances -												

# E-Rostering Level of Attainment

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

## Narrative

RJAH is operating at level 4 and has now maintained this position since December-23. KPIs are shared with Teams and Managers via NSSG Meeting.

## Actions

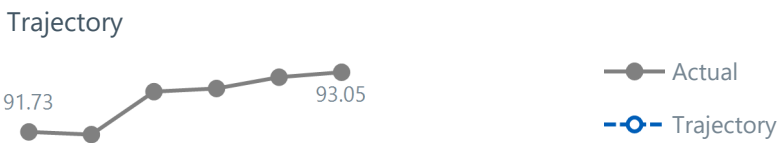
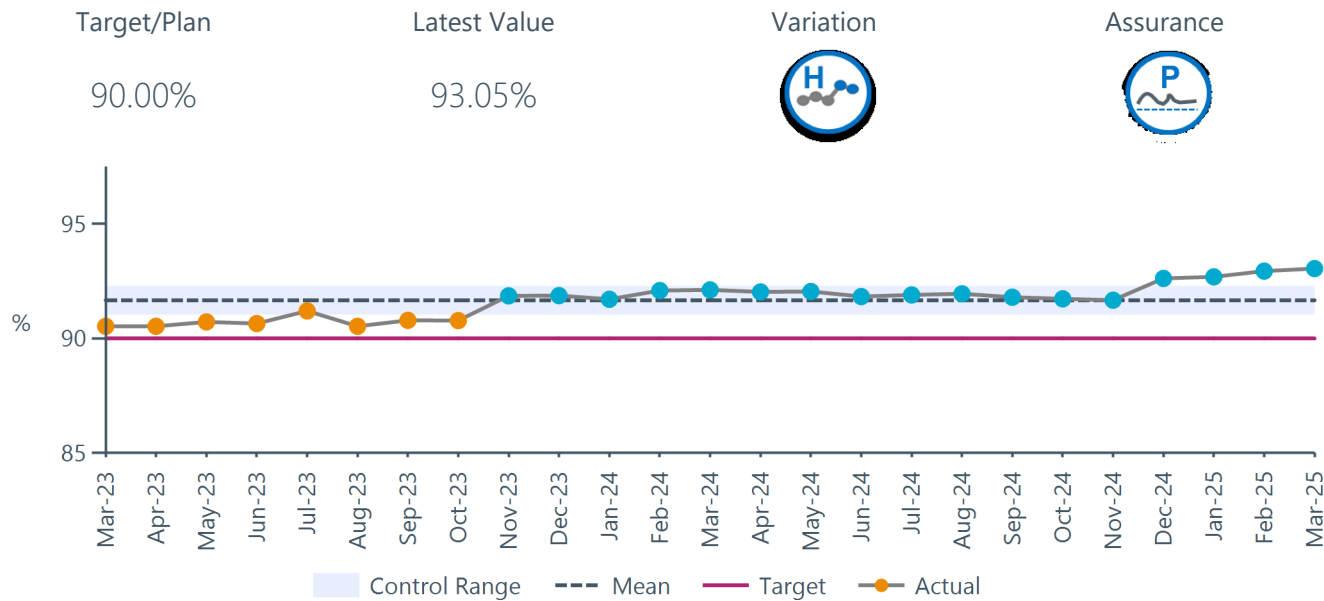
Ongoing monitoring to gain benefit realisation from this program and ensure compliance with attaining Level 4.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4	4	4	4	4	4	4	4	4	4	4	4	4

# Percentage of Staff on the E-Rostering System

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

### Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of March, 93.05% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

### Actions

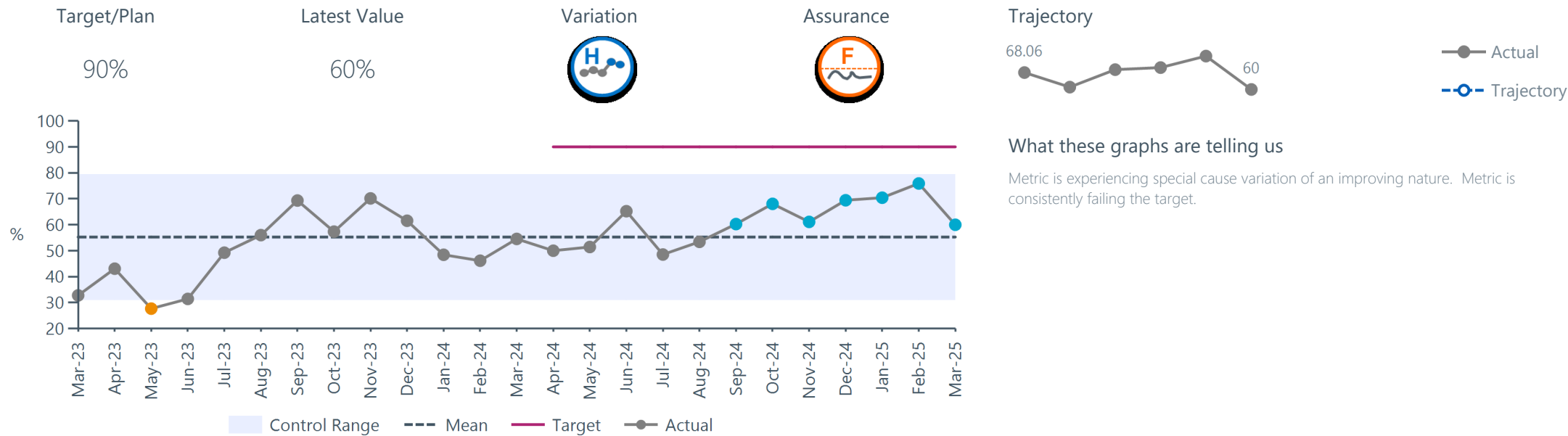
Workplan in place with rostering team, to add remaining clinical areas to roster including MRI and Radiology.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
92.12%	92.03%	92.05%	91.83%	91.90%	91.95%	91.80%	91.73%	91.67%	92.62%	92.69%	92.94%	93.05%

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

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 60.00%. This relates to the roster start date of 27th January and ending on the 23rd February 25. A breakdown by unit is provided below:

- \* MSK Unit - 70.59%
- \* Specialist Unit - 54.55%
- \* Corporate Areas - 42.86%

This measure has been disaggregated into professional areas; breakdown below:

- \* Radiology - 100%
- \* Nursing - 85.29%
- \* AHPs - 54.55%
- \* Corporate - 46.15%
- \* Medical - 0%

Actions

Metric impacted by non-compliance of medical rosters approvals. Head of Rostering working with the Medical Staffing Coordinator and Operational Managers to review the approval process for medical rosters to ensure it is consistently applied for each roster period.

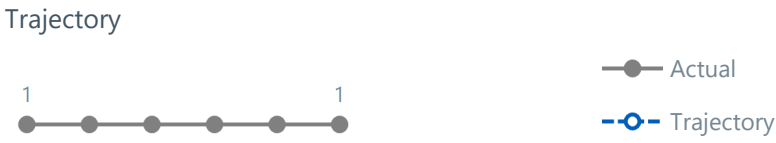
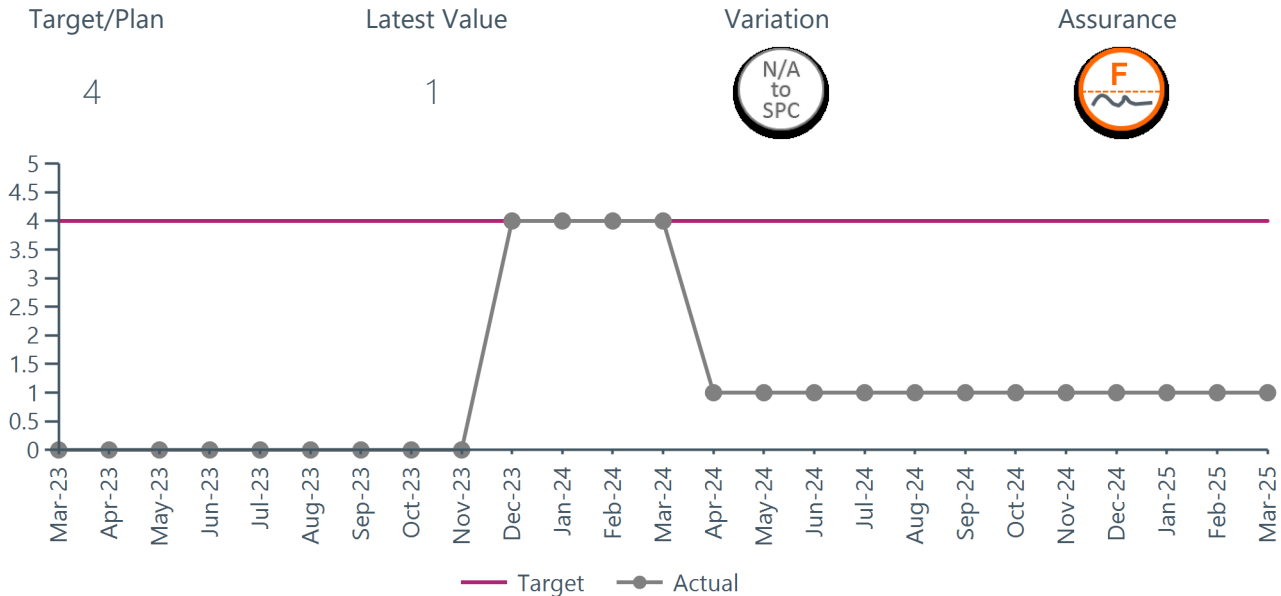
For other staff groups, this metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
54.55%	50.00%	51.43%	65.22%	48.53%	53.42%	60.27%	68.06%	61.11%	69.44%	70.42%	75.90%	60.00%
- 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 failing the target.

### Narrative

The E-Job Planning Level of Attainment has been reduced to level 1 to reflect the percentage of employees that have an active e-job plan. This should be at 90% in order for level 4 to be maintained.

A review of the reporting process for approved job plans identified errors in the historic reporting. The data has been refreshed from April 24 and demonstrates significant reduction in compliance rates from August onwards with evidence that the annual re-fresh of job plans has not been taking place.

### Actions

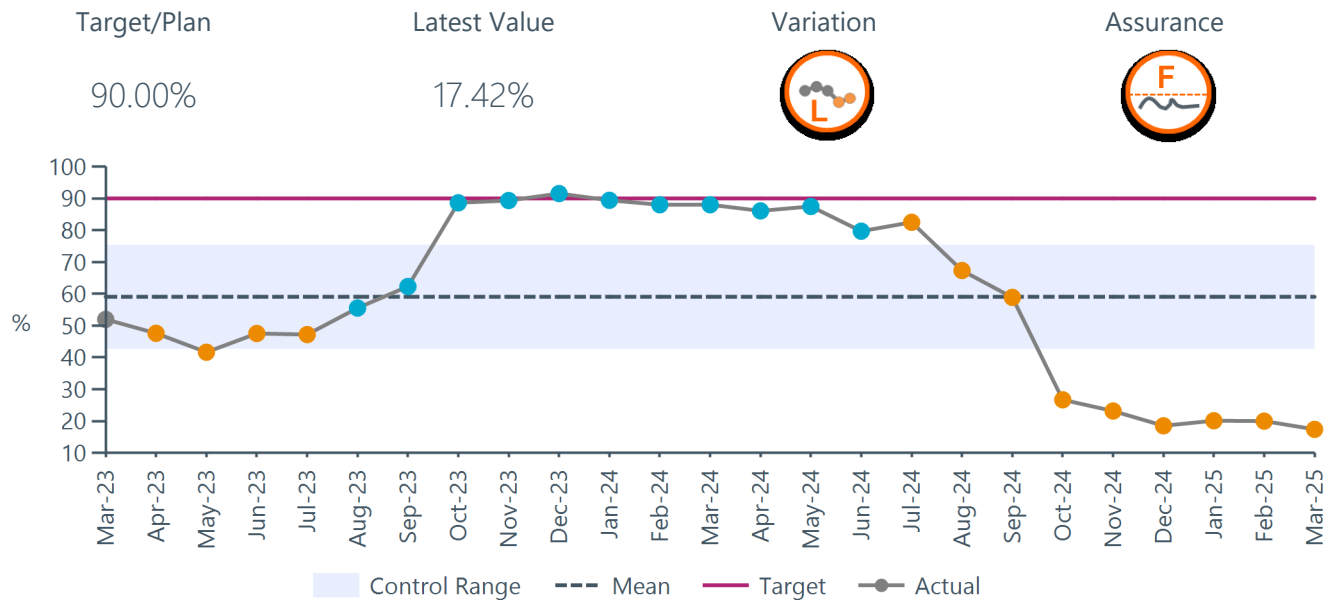
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4	1	1	1	1	1	1	1	1	1	1	1	1



# Percentage of Staff with an Active E-Job Plan

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

Exec Lead:  
Chief Medical Officer



What these graphs are telling us

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

Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The March month end position is 17.42%. Breakdown as follows:

- \* Specialist Nurses - 22 job plans with 0 signed off within last 12 months - 0%
- \* AHPs - 24 job plans with 3 signed off within last 12 months - 12.50%
- \* Consultants -109 job plans with 24 signed off within last 12 months - 22.02%

These KPIs are also included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 19.23% and MSK Unit reported at 16.5%. As at the end of March, below details the progress by staff group in chasing job plan completion at the different stages:

- Consultants 83 outstanding - Awaiting 1st sign off (35), Awaiting 2nd sign off (9), Awaiting 3rd sign off (8), In discussion (17), not published (2), out of date sign off (9)
- Nurses 22 outstanding - In discussion (7), Not published (2), out of date sign off (13)
- AHPs 21 outstanding - , Awaiting 3rd sign off (1), out of date sign off (20)

Actions

The Trust is non-compliant with the standard that all job plans are signed off in the last 12 months. A trajectory is not currently available for bringing the Trust back into compliance. Further to TPOIG discussions, it was agreed with the Units that for consultants job plans that:

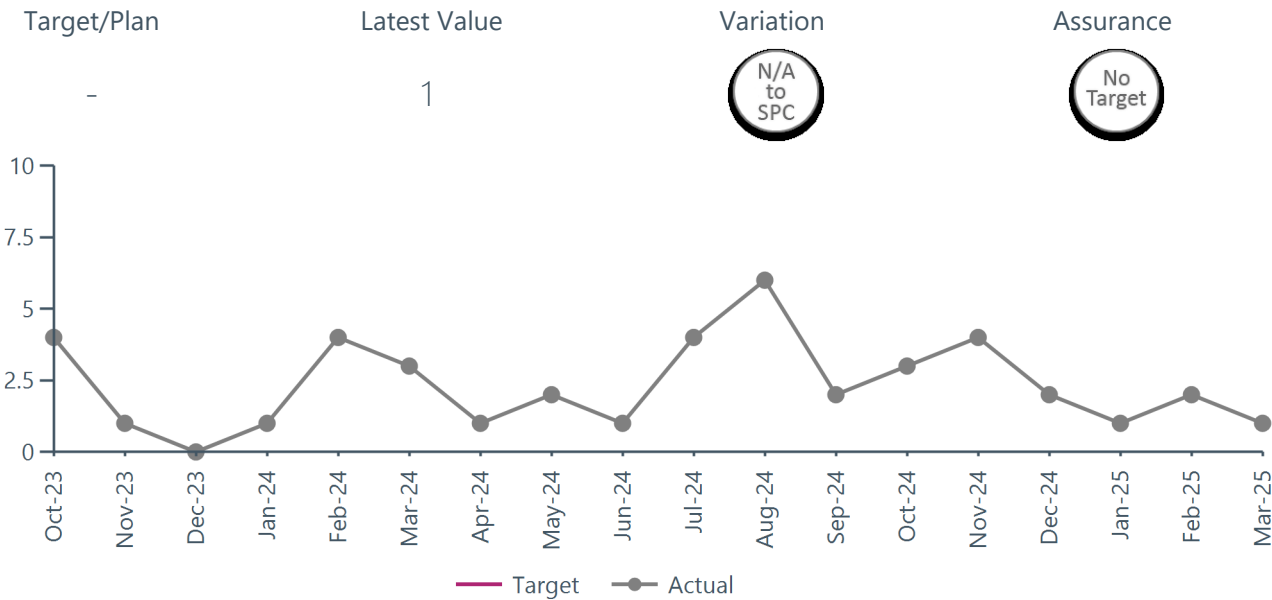
- There is a timeline of all Consultants with no changes required to be signed off in full by the end of April 25.
- Where changes are required, the Unit is to conduct job plan meeting with the individuals identified to reach conclusion by the end of June 25.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
88.03%	86.11%	87.50%	79.72%	82.52%	67.36%	58.90%	26.71%	23.18%	18.54%	20.13%	20.00%	17.42%

# Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

### Narrative

There was one Patient Safety Review requested in March; an MDT review in relation to a Spinal Disorders patient who deteriorated following anaesthetic.

### Actions

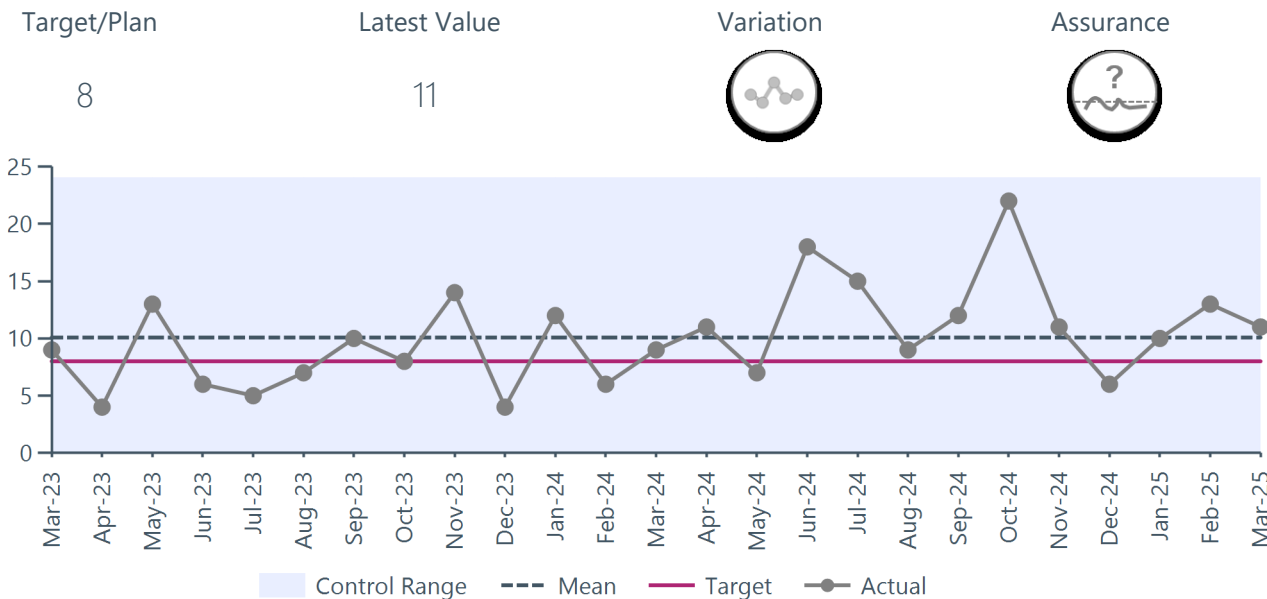
The Output of this Review will be taken to Patient Safety Committee in June.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
3	1	2	1	4	6	2	3	4	2	1	2	1

# Number of Complaints

Number of complaints received in month 211105

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

## Narrative

There were eleven complaints received in March. This metric is included as an exception as it has exceeded the tolerance of eight for three consecutive months. The reasons for complaints were associated with care provided (6), waiting times (3), communication issues (1) and cancellation (1).

## Actions

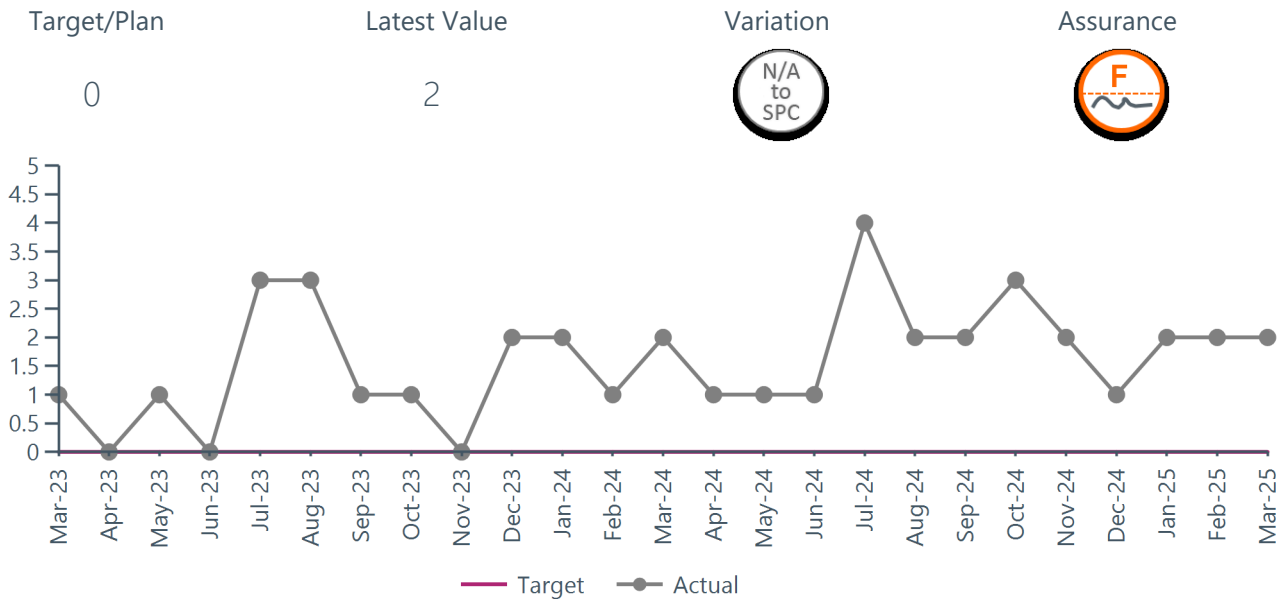
An increase in the volume of complaints has been seen throughout this financial year. Learning is identified for each one as part of the complaints response. Any themes are shared at Unit level and through Patient Experience Committee.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
9	11	7	18	15	9	12	22	11	6	10	13	11

# Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

**Narrative**

There were two complaints re-opened in March; in both cases the patient was dissatisfied with the Trust's response.

**Actions**

The Trust will continue to ensure actions to complaints are in line with the Trust Policy.

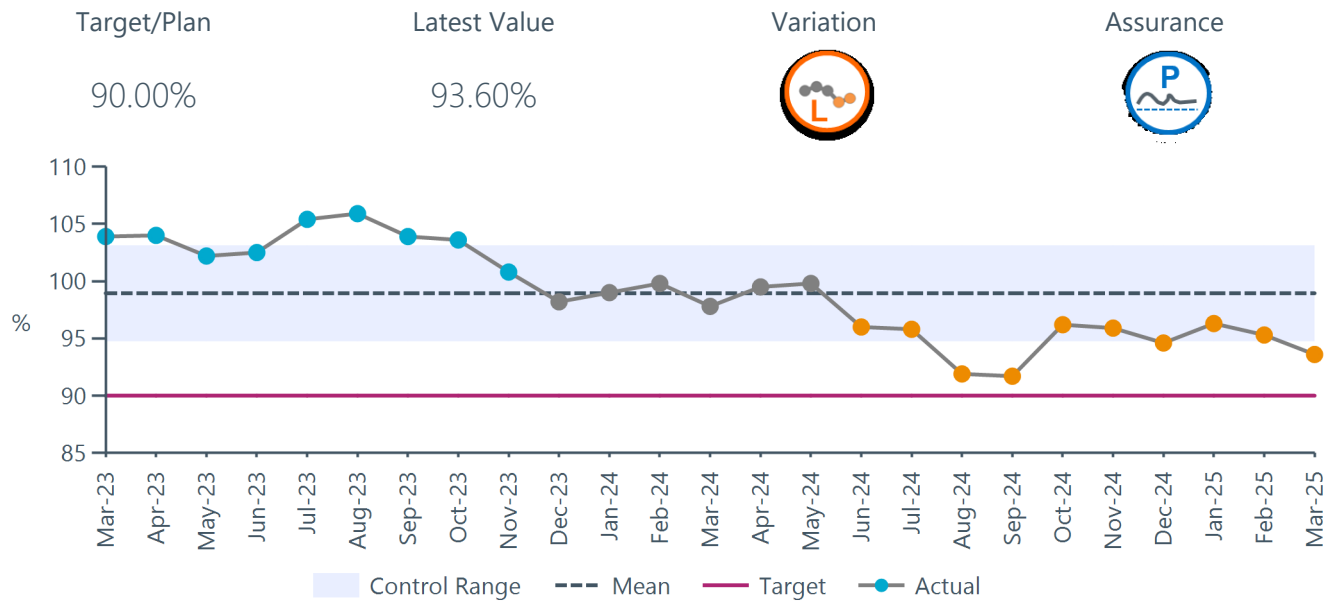
As part of the updated policy, the Trust will be introducing a feedback questionnaire. This will be sent to the patient approximately 6 weeks after to obtain their feedback on the process.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2	1	1	1	4	2	2	3	2	1	2	2	2
- Staff - Patients - Finances -												

# Safe Staffing

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

### Narrative

The % shift rate for March is reported at 93.60%. As demonstrated on the SPC graph above, the position is reported as special cause variation of a concerning nature with the rate below the control range but does remain above the 90% target. The reported position encompasses the data for both day and night shifts, registered nurses and health care support workers.

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

### Actions

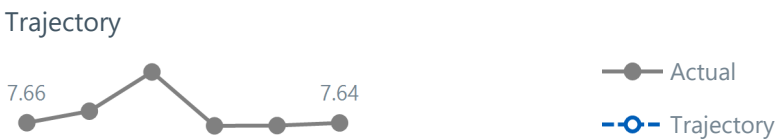
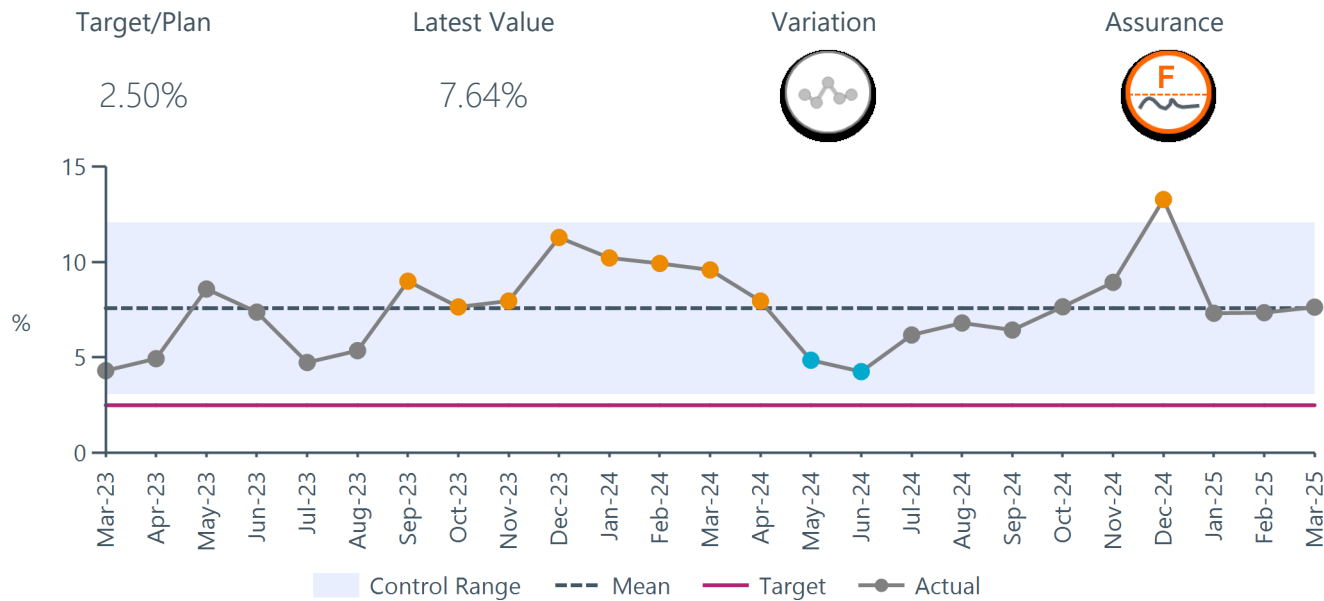
- Ward staffing levels are under regular review and discussed in daily State of Play meetings.
- The Safer Nursing Care Tool is currently under review with training due to take place in April, followed by an audit due for completion throughout May. The outputs will be used to inform safer staffing establishment reviews in June.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
97.80%	99.50%	99.80%	96.00%	95.80%	91.90%	91.70%	96.20%	95.90%	94.60%	96.30%	95.30%	93.60%

# % Delayed Discharge Rate

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

The Delayed Discharge rate is reported at 7.64% for March with the reported position remaining within the expected control range. The total delayed days for the month is 284. Breakdown as follows:

- \* 30 care of the elderly patients with 167 delayed days - attributed to Shropshire (27), Wales (2) & Telford (1)
- \* 8 spinal injuries patients amounting to 104 days - attributed to Birmingham (3), Wales (2), Wolverhampton (1), Worcestershire (1) and Solihull (1)
- \* 3 T&O patients totalling 13 days - attributed to Shropshire (2) & Wales (1)

## Actions

Criteria led discharge is now embedded on Sheldon and is part of Enhanced Recovery on MSK wards. Deemed not appropriate for MCSI due to complexity of discharges.

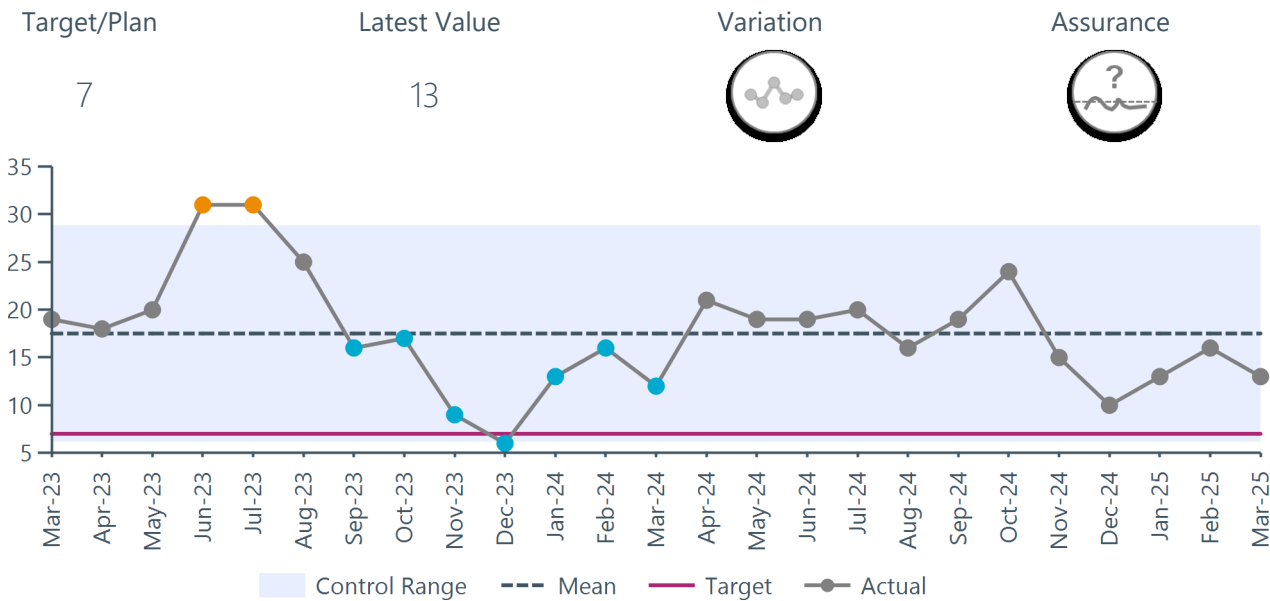
Ongoing staffing issues within the resettlement team due to long term sickness delaying staffing restructure and management of change. Focus remains on ensuring length of stay and discharge planning is not negatively affected.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
9.59%	7.96%	4.86%	4.26%	6.18%	6.81%	6.44%	7.66%	8.94%	13.28%	7.32%	7.35%	7.64%

# Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

### Narrative

As at 31st March, there were 13 spinal injury patients waiting to be transferred to the MCSI Unit. This remains above the tolerance of 7.

### Actions

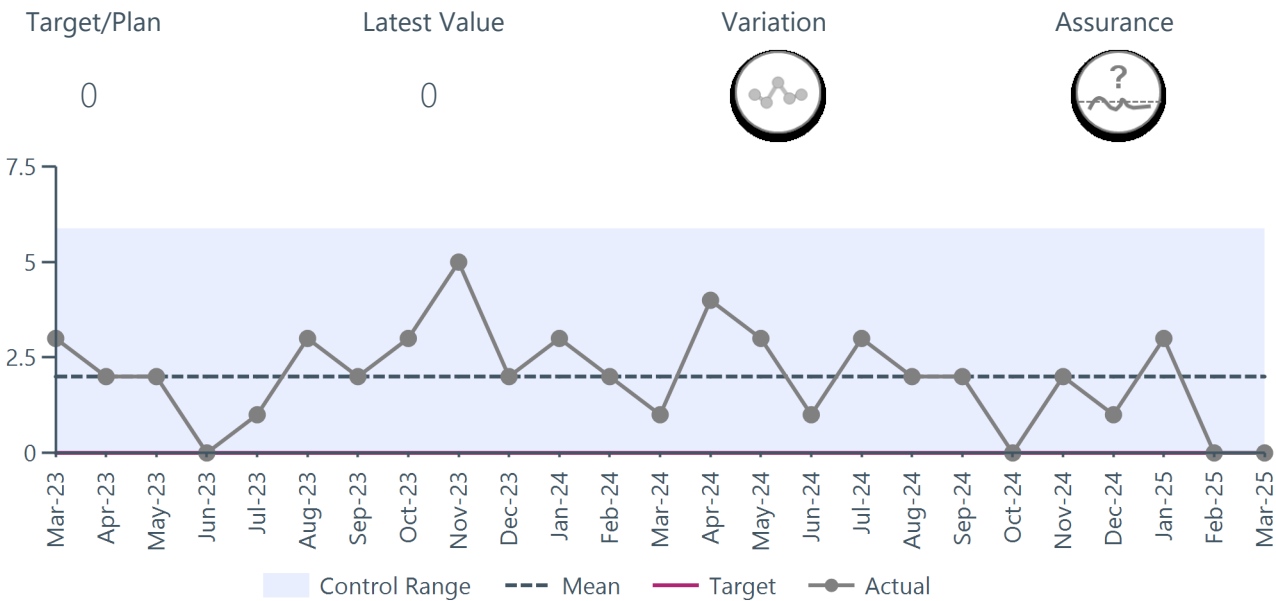
- Following Deep dive into length of stay presented at February TPOIG, further analysis is ongoing to understand the key drivers of the increasing length of stay. Weak link to patient complexity with focus on ward skill mix and therapy staffing. Revised workforce paper with focus on high risk areas to be presented back to NHSE but unsure on outcome due to changing political climate.
- Contacted Welsh Specialist commissioners to explore greater collaboration with Cardiff as they have no wait list and empty beds.
- Surveillance team is supporting patients awaiting admissions and working in collaboration with referring hospitals to review patient pathways as appropriate. Any patients discharged directly from acute Trust are added to our lifelong patient list, offered an OPD appt and where required, prioritised for a rehab admission.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
12	21	19	19	20	16	19	24	15	10	13	16	13

# Surgical Site Infections

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

### Narrative

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

There was one infection confirmed in March, relating to a procedure that took place in January-25.

### Actions

An SSI case review was completed, which concluded that there was good compliance to the OneTogether principles. The patient had multiple risk factors and several falls which could have contributed to the SSI. The case was reviewed at the Patient Safety Incident Response Group which determined no moderate harm.

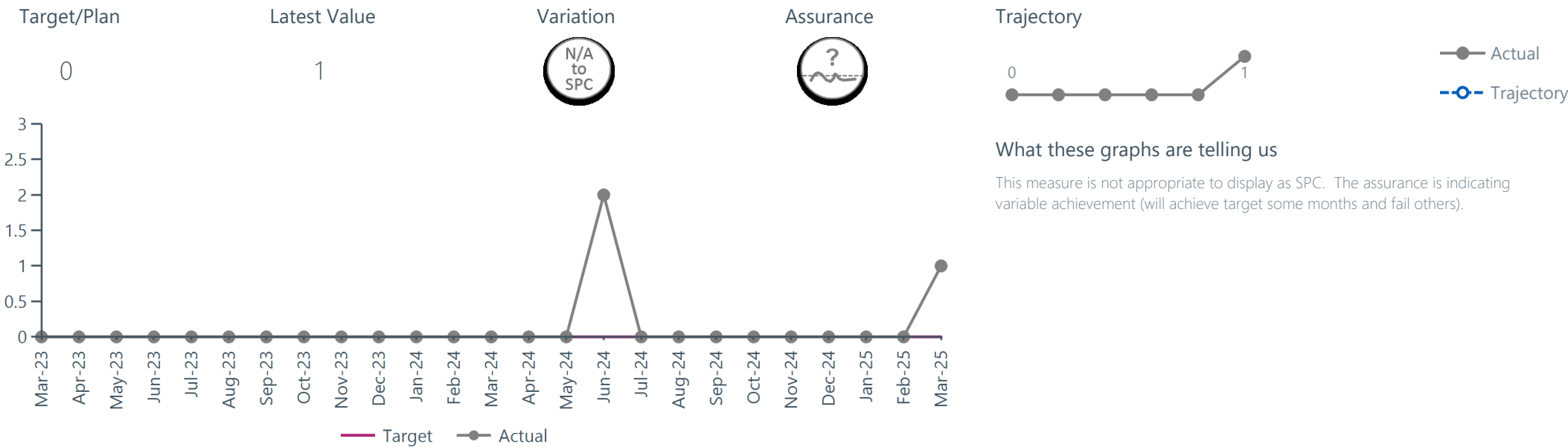
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1	4	3	1	3	2	2	0	2	1	3	0	0
- Staff - Patients - Finances -												



# Patient Safety Alerts Not Completed by Deadline

The volume of patient safety alerts that have not been completed by the deadline; where due date falls in reporting month 217377

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

### Narrative

The outstanding national patient safety alert is titled: Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks.

The completion date was 31st Jan 2025 – however, due to the complexities of: changing suppliers, getting in new stock, finding storage for new stock as delivered differently, and the general transition of use from all clinical staff, it has caused a breach.

### Actions

Leads are working through actions, and this is being discussed and monitored at ROM.

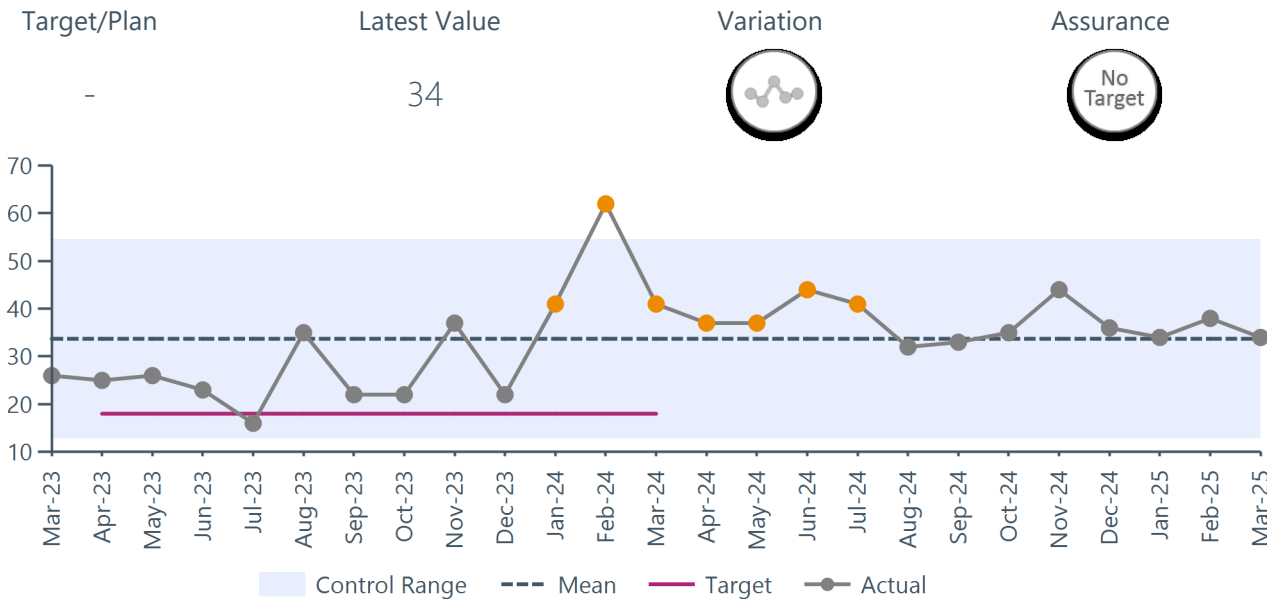
We anticipate the alert and all associated actions will be complete by the end of April.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
0	0	0	2	0	0	0	0	0	0	0	0	1
- Staff - Patients - Finances -												

# Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:  
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

### Narrative

Throughout March there were 34 errors reported; this month within the Trust's control range as common cause variation. A breakdown of these errors:

- \* Incidents that relate to the safe storage of medications (14)
- \* Incidents that relate to the administration or omission of patient medications (10)
- \* Incidents that relate to the supply of medications (7)
- \* Incidents that relate to the prescription of medications (3)

Graphical representation of categorisation of these errors is provided in the covering paper that accompanies the IPR.

Of the errors reported in March, five resulted in harm.

### Actions

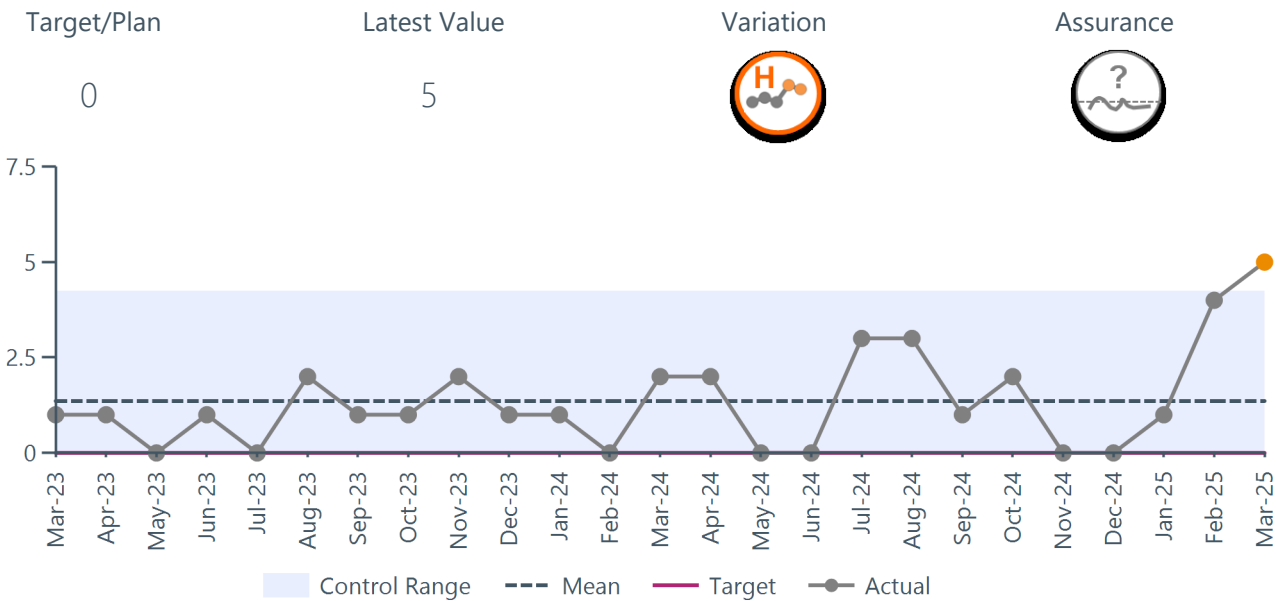
Actions in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by Pharmacy and the MSK Matron.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
41	37	37	44	41	32	33	35	44	36	34	38	34
- Staff - Patients - Finances -												

# Medication Errors with Harm

Total number of medication errors, and those with harm 211088

Exec Lead:  
Chief Medical Officer



What these graphs are telling us

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

### Narrative

There were five medication errors that resulted in harm throughout March; all were classified as low-level harm.

### Actions

Actions in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by Pharmacy and the MSK Matron.

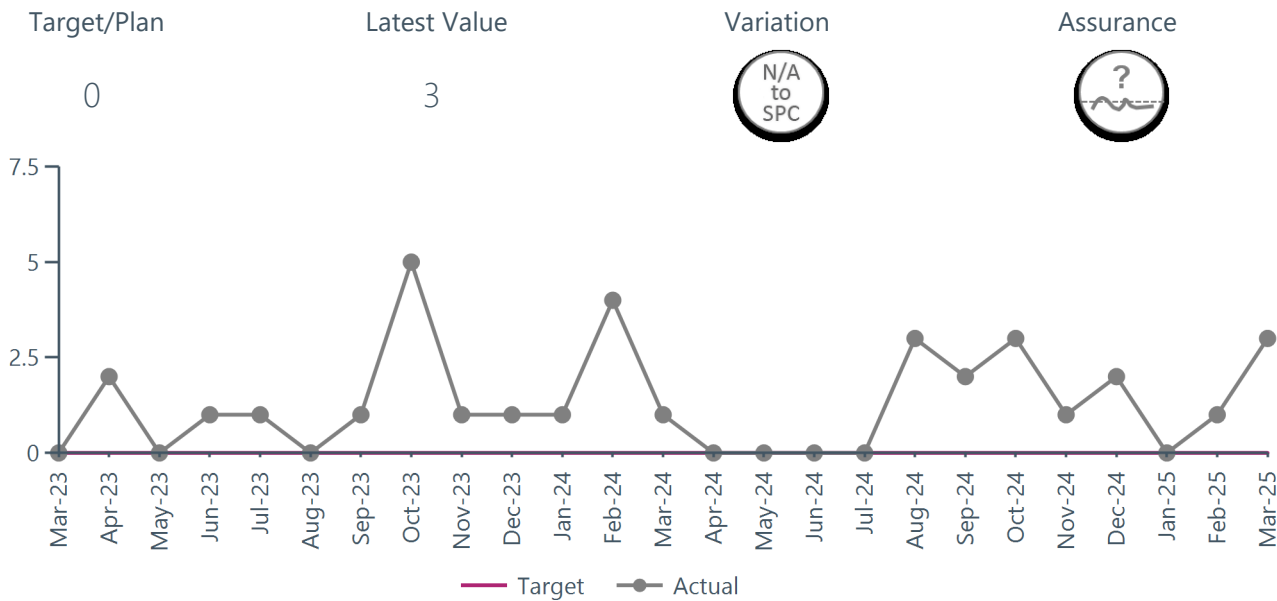
No themes identified from these incidents. One relates to a patient self-administration of insulin and others relate to prescribing and administration errors. An incident was reported where several patients had their procedure cancelled due a lack of medications being available. This is currently being reviewed in line with PSIRF and on conclusion the harm level will be confirmed.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2	2	0	0	3	3	1	2	0	0	1	4	5
- Staff - Patients - Finances -												

# Total Deaths

Number of Deaths in Month 211172

Exec Lead:  
Chief Medical Officer



What these graphs are telling us

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

## Narrative

There were three deaths throughout the Trust in March; all have been classified as Expected Deaths.

## Actions

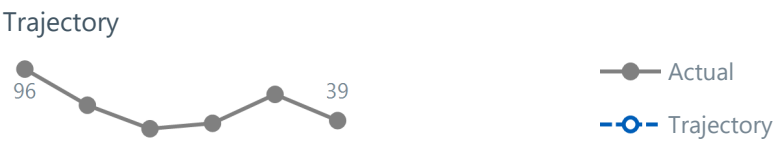
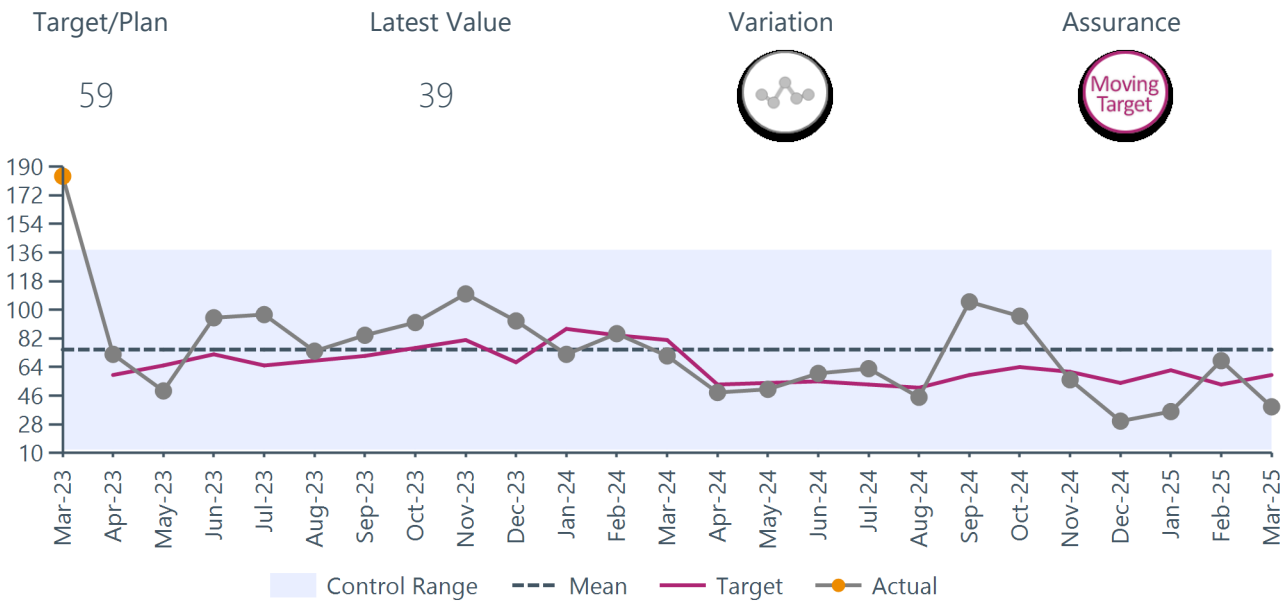
Learning from Deaths Reviews are completed by the Trust Lead.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1	0	0	0	0	3	2	3	1	2	0	1	3

# Volume of Theatre Cancellations

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

Responsible Unit:  
MSK Unit



What these graphs are telling us

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

### Narrative

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

In total there were 39 theatre cancellations in March: 34 on the day and 5 in the 7 days before surgery equating to 3.77% of total theatre activity delivered. Key theme for cancellations in the 7 days prior to TCI was operational issues whilst those on the day were impacted by medically unfit and lack of time. The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

There were 7 breaches of the 28-day booking standard in March:

- \* Lack of time (1)
- \* Emergency case took priority (1)
- \* Lack of HDU bed (2)
- \* Surgeon not available – double booked (3)

### Actions

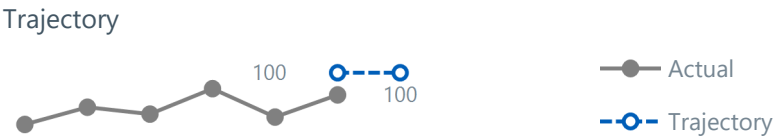
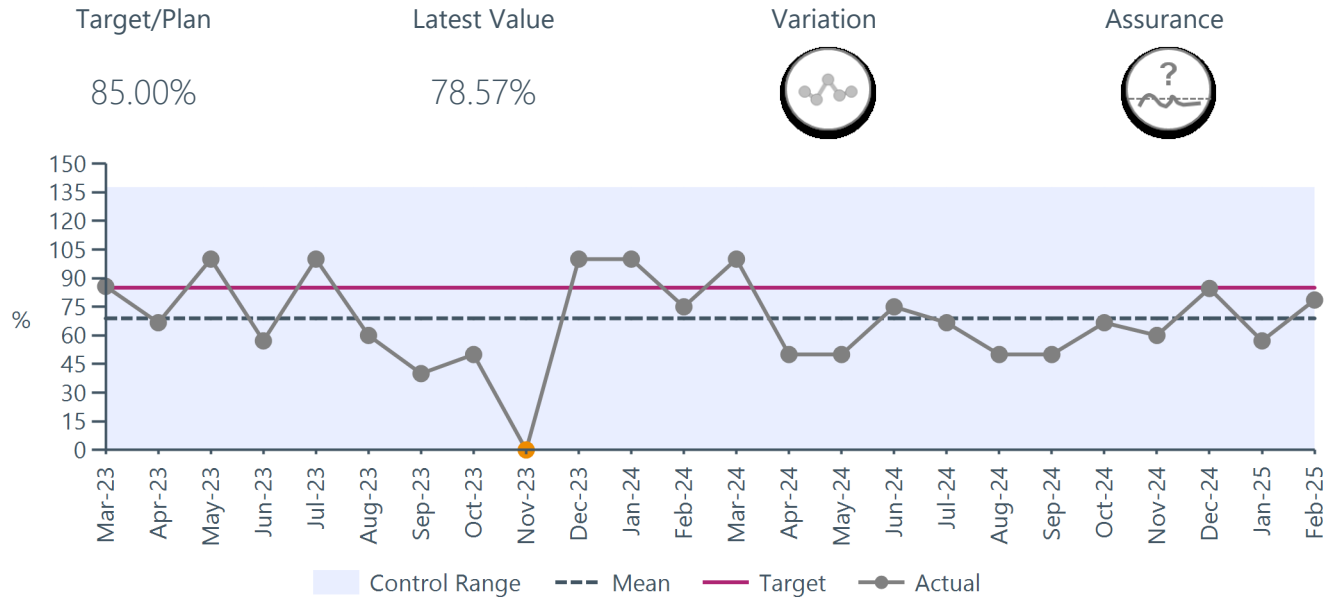
- Actions/monitoring in this area include:
- \* All cancellations on the day signed off at MD level.
  - \* Reported weekly at FIG to provide further challenge and assurance.
  - \* Implemented pre-op my recovery app with pre-op self-assessment.
  - \* Audited cancellations on the day showing themes for improvement.
  - \* Theatre cancellations relating to staff flexibility assessed and reviewed daily. Active recruitment in progress.
  - \* Review of HDU bed criteria and allocation.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
71	48	50	60	63	45	105	96	56	30	36	68	39
- Staff - Patients - Finances -												

# 62 Day General Standard\*

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

### Narrative

The 62 Day General Standard is reported at 78.57% in February; this is reported in arrears. There were two patients who were reported as breaches this month as they both had complex pathways; one requiring multiple diagnostics, and one requiring complex joint surgery.

### Actions

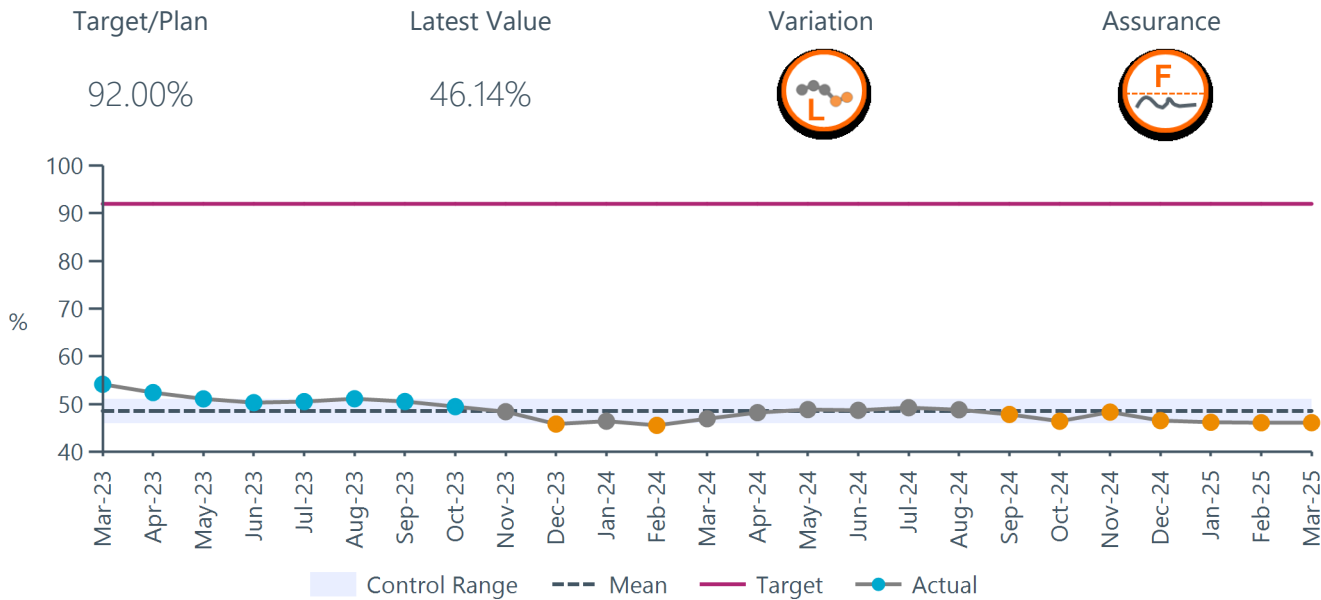
Six-month thematic review is due to be presented at TPOIG.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
100.00%	50.00%	50.00%	75.00%	66.67%	50.00%	50.00%	66.67%	60.00%	84.62%	57.14%	78.57%	

# 18 Weeks RTT Open Pathways

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

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

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

## Narrative

Our March performance was 46.14% 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 - 10377 patients waiting of which 4632 are breaches
- \* MS2 - 1523 patients waiting of which 1027 are breaches
- \* MS3 - 5272 patients waiting of which 3589 are breaches

Reduced activity levels since July has impacted services with long waits. Month-end position is inclusive of patients being progressed at mutual aid providers.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits. Rheumatology Insourcing due to commence w/c 21 April. Order for additional DEXA scanner now secured and due to be operational from quarter two.

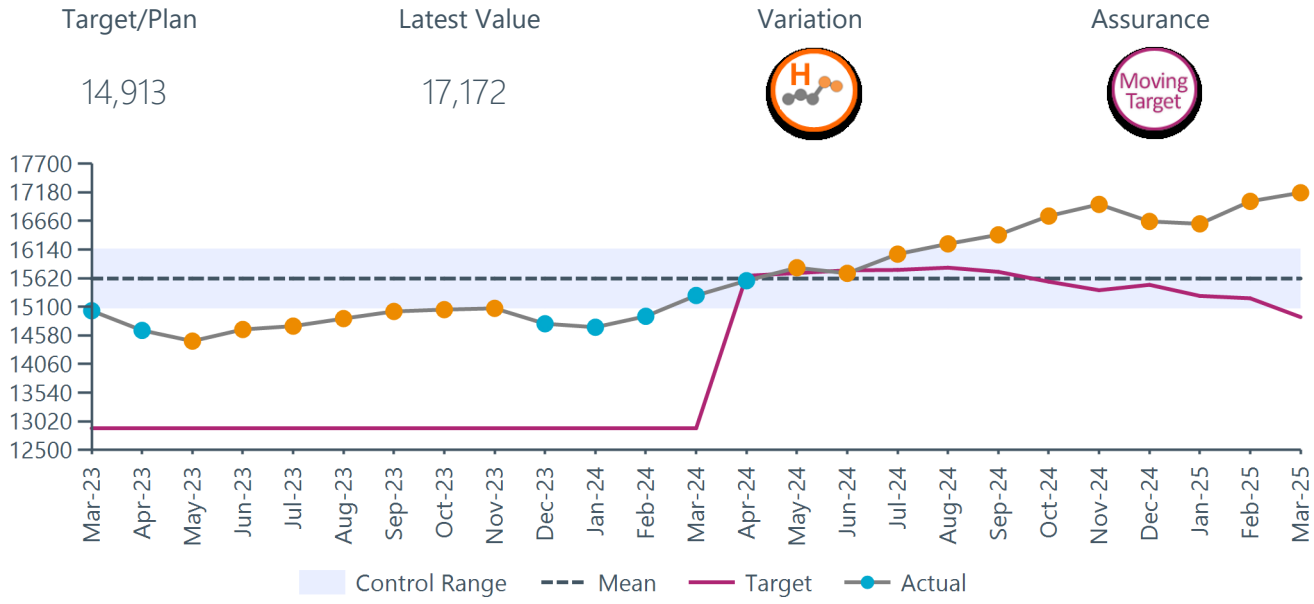
2025/26 planning is now submitted and will be reflected throughout the futures months' IPR. There are three main focuses for 25/26, full details provided in the covering paper.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
46.96%	48.24%	48.88%	48.73%	49.27%	48.84%	47.86%	46.44%	48.35%	46.57%	46.22%	46.12%	46.14%

# English List Size

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

Exec Lead:  
Chief Operating Officer



**Narrative**

The number of English patients waiting at the end of March is reported at 17172; 2259 above the plan of 14913. The target for this metric reflects the Trust's submitted Operational Plans. Month-end position is inclusive of patients being progressed at mutual aid providers.

As demonstrated on the graph above, in the December/January period there was some reduction in list size but throughout February/March this has grown again. From the end of January to end of March, the list size is 565 higher, with Metabolic Medicine accounting for 525 of that. Throughout February the department shut down for two weeks in order for estates work to take place in preparation for the additional scanner.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

**Actions**

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

2025/26 planning is now submitted and will be reflected throughout the futures months' IPR. There are three main focuses for 25/26, full details provided in the covering paper.

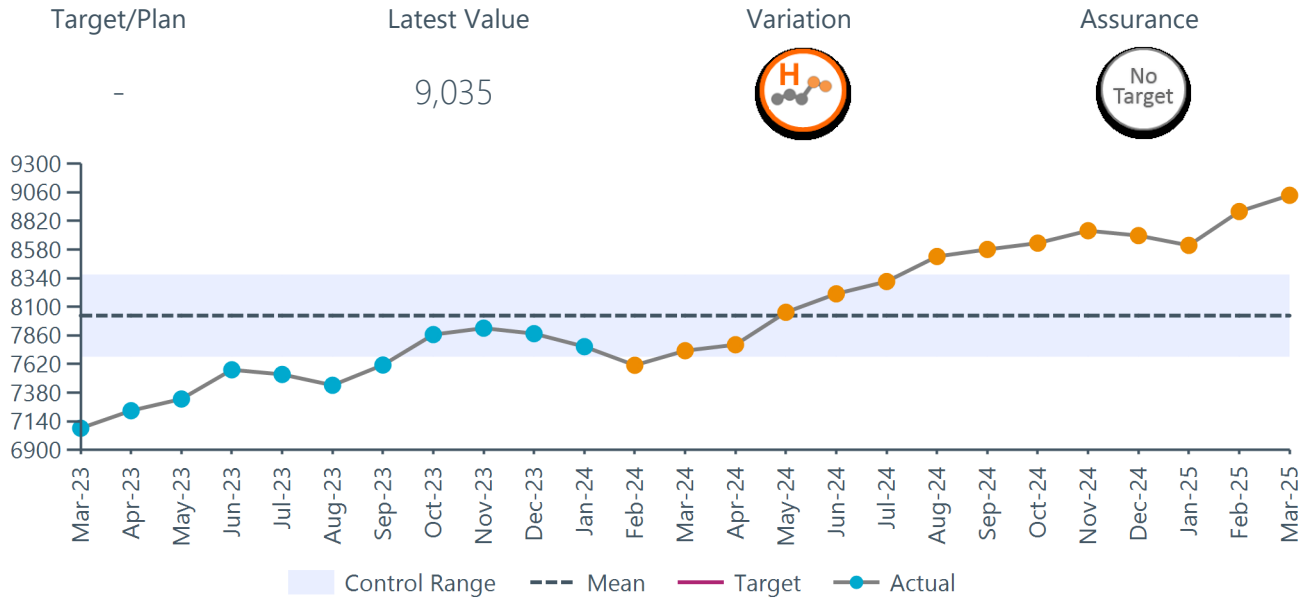
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
15306	15574	15810	15708	16057	16244	16408	16749	16961	16651	16607	17016	17172
- Staff - Patients - Finances -												



# Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

**Narrative**

The number of Welsh patients waiting at the end of March is reported at 9035. As can be seen in the graph above, the Welsh list size has consistently grown throughout the last twelve months. Reduced activity levels since July has impacted services with long waits.

As seen with the English list size, the Welsh list size has also grown throughout February/March, with an increase of 420. Metabolic Medicine accounts for 297 of that where throughout February the department shut down for two weeks in order for estates work to take place in preparation for the additional scanner.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients, national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

**Actions**

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

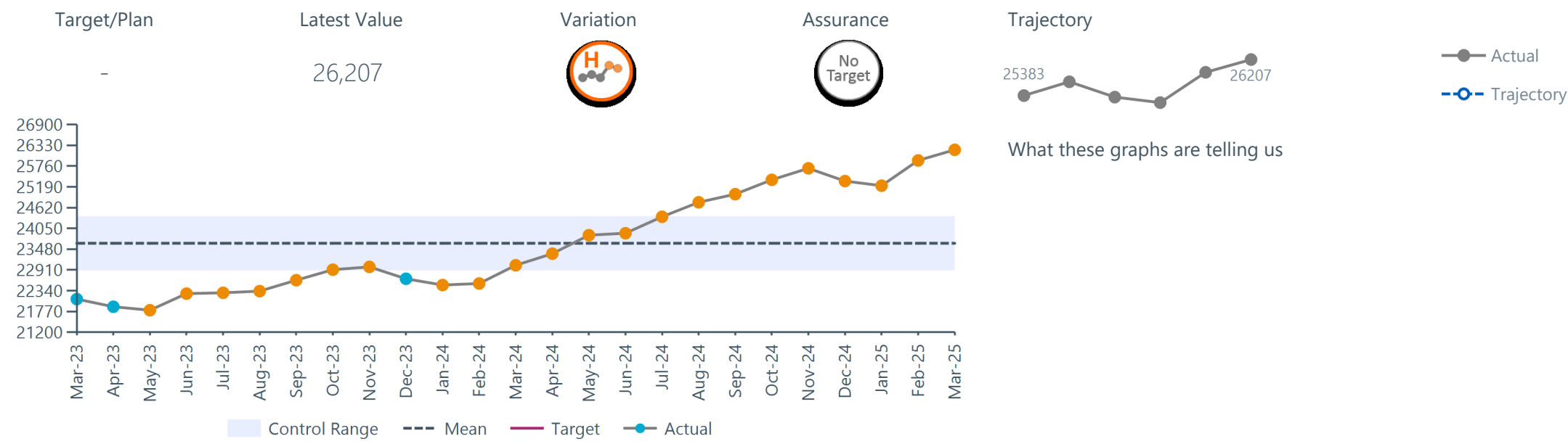
Discussions continue with Welsh Commissioners to provide clarity on 25/26 targets and expectations.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
7732	7782	8054	8209	8312	8522	8581	8634	8738	8697	8615	8899	9035
- Staff - Patients - Finances -												

# Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:  
Chief Operating Officer



Narrative

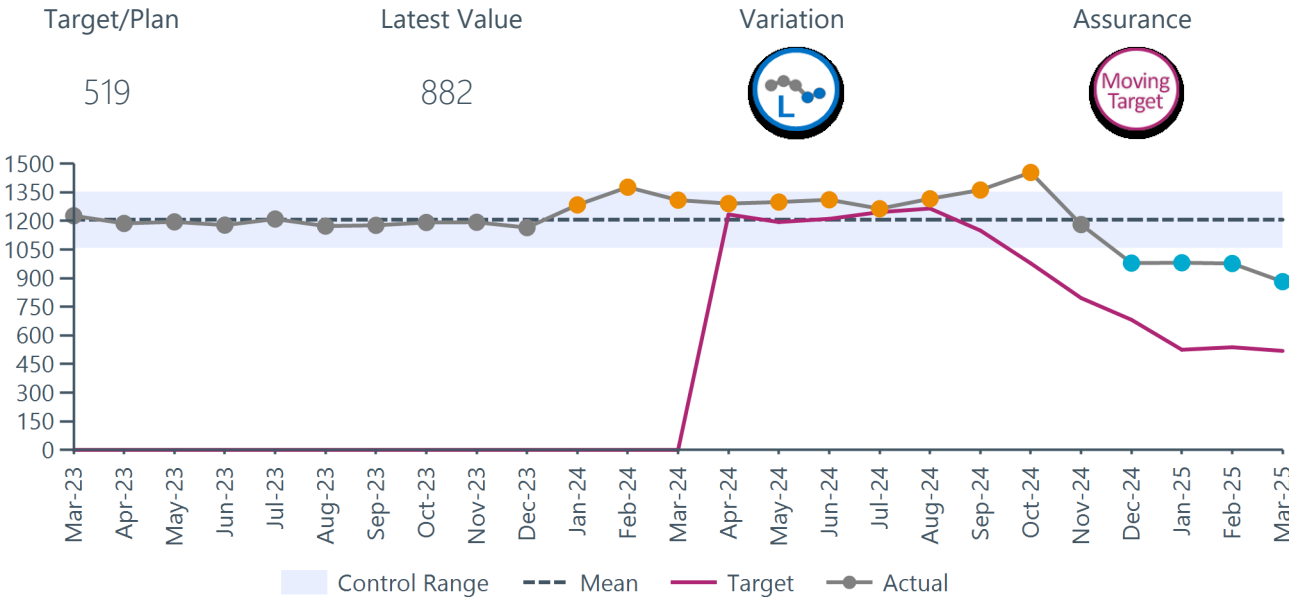
Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
23038	23356	23864	23917	24369	24766	24989	25383	25699	25348	25222	25915	26207

# Patients Waiting Over 52 Weeks – English

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

### Narrative

At the end of March there were 882 English patients waiting over 52 weeks; above our plan of 519 by 363. Target reflects the Trust's Operational plans.

The patients are under the care of these sub-specialities; Spinal Disorders (312), Arthroplasty (209), Knee & Sports Injuries (106), Foot & Ankle (75), Rheumatology (64), Veterans (48), Upper Limb (30), Metabolic Medicine (16), Paediatric Orthopaedics (6), ORLAU (4), Orthotics (4), Tumour (2), Physiotherapy (2), Occupational Therapy (2), Neurology (1) and Spinal Injuries (1).

Patients waiting, by weeks brackets is:

- \* >52 to <=65 weeks - 850 patients
- \* >65 to <=78 weeks - 28 patients
- \* >78 weeks - 4 patients

The number of English patients waiting over 52 weeks represents 5.14% of the English list size.

### Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

Focus on clearing sub-specialities with low numbers in month.

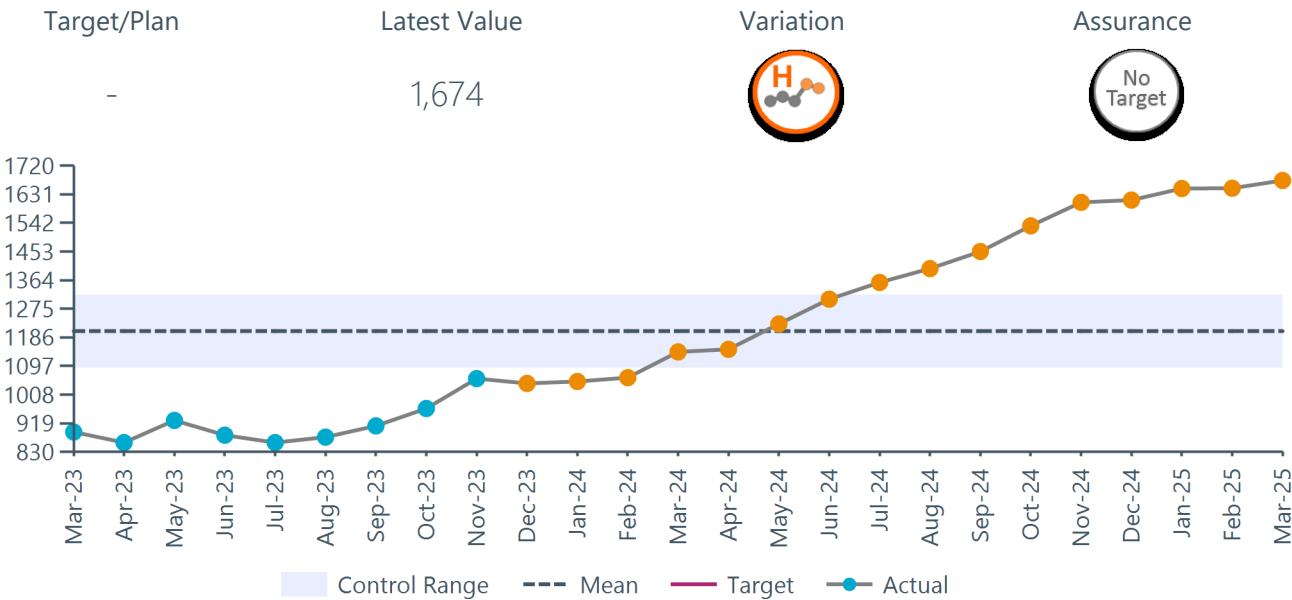
2025/26 planning is now submitted and will be reflected throughout the futures months' IPR. There are three main focuses for 25/26, full details provided in the covering paper.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1309	1291	1299	1311	1264	1316	1362	1454	1181	979	981	977	882

# 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

Month	Actual
Mar-24	1533
Apr-24	1533
May-24	1533
Jun-24	1533
Jul-24	1533
Aug-24	1533
Sep-24	1533
Oct-24	1533
Nov-24	1533
Dec-24	1533
Jan-25	1533
Feb-25	1533
Mar-25	1533

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

### Narrative

At the end of March there were 1674 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (964), Arthroplasty (376), Knee & Sports Injuries (120), Foot & Ankle (101), Upper Limb (51), Veterans (20), Paediatric Orthopaedics (14), Metabolic Medicine (11), Rheumatology (9), Tumour (3), Physiotherapy (3), Spinal Injuries (1) and ORLAU (1). The number of patients waiting, by weeks brackets is:

- \* >52 to <=65 weeks - 605 patients
- \* >65 to <=78 weeks - 415 patients
- \* >78 to <=95 weeks - 419 patients
- \* >95 to <=104 weeks - 98 patients
- \* >104 weeks - 137 patients

Those patients waiting over 52 weeks represents 18.53% of the Welsh list size. Welsh long waiters is experiencing a sustained period of increase, partly due to reduced activity levels since July impacting services. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 23% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

### Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

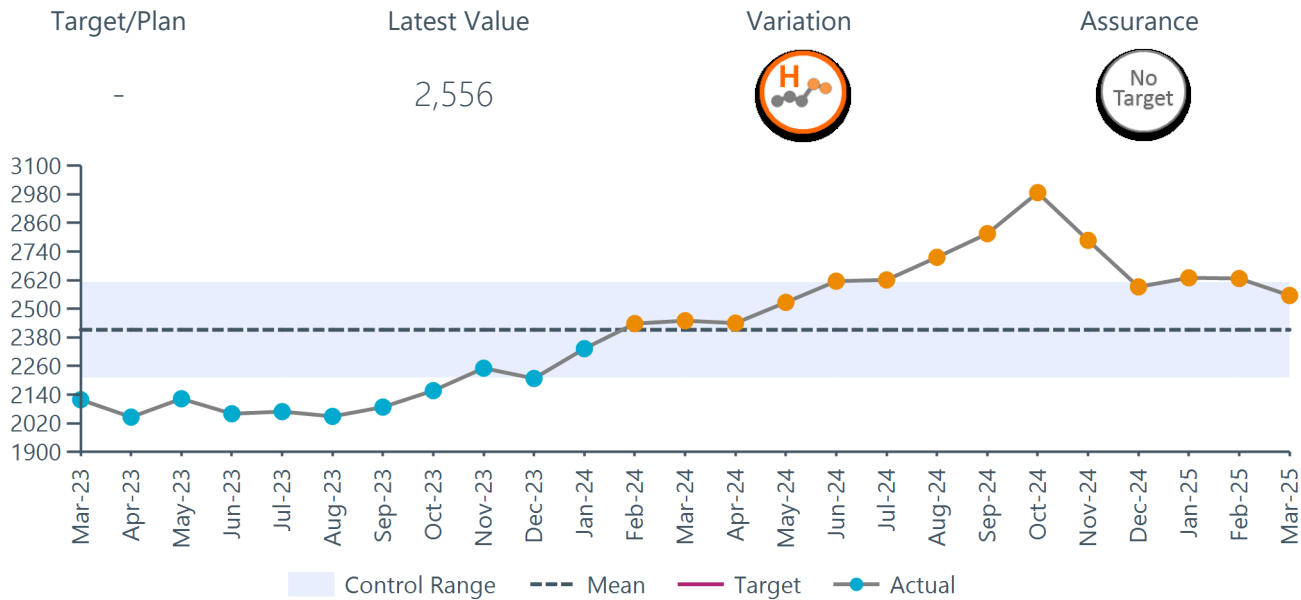
Discussions continue with Welsh Commissioners to provide clarity on 25/26 targets and expectations.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1141	1149	1228	1305	1357	1400	1453	1533	1606	1613	1649	1650	1674

# Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Narrative

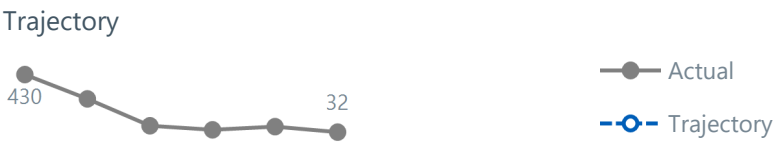
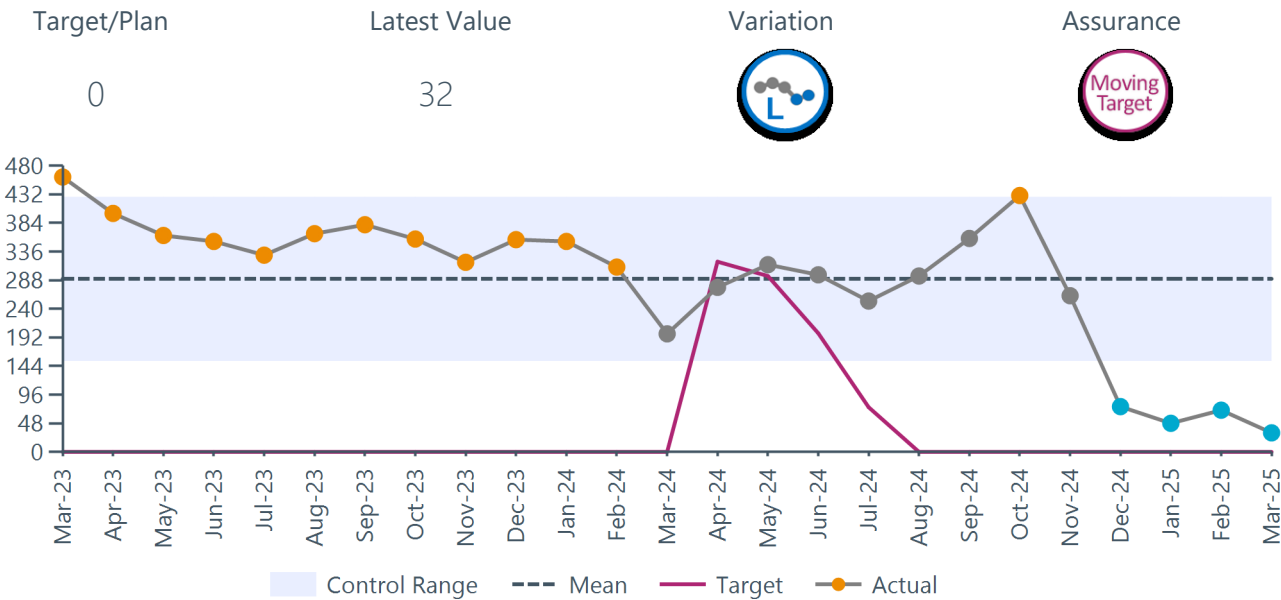
Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2450	2440	2527	2616	2621	2716	2815	2987	2787	2592	2630	2627	2556

# Patients Waiting Over 65 Weeks - English

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

## Narrative

At the end of March there were 32 English patients waiting over 65 weeks, of which 12 at mutual aid providers. Target of zero reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Spinal Disorders (24), Arthroplasty (3), Knee & Sports Injuries (3) and Foot & Ankle (2). Patients waiting, by weeks brackets is:

- \* >65 to <=78 weeks - 28 patients
- \* >78 to <=95 weeks - 4 patients

The Trust is now reporting 78+ weeks to NHSE by exception. At March month end there were four patients, of which 1x patient is at a mutual aid provider with operational pressures (UHNM), 2x patients are spinal disorders patients, 1x patient has moved from a Welsh to English GP.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients, national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

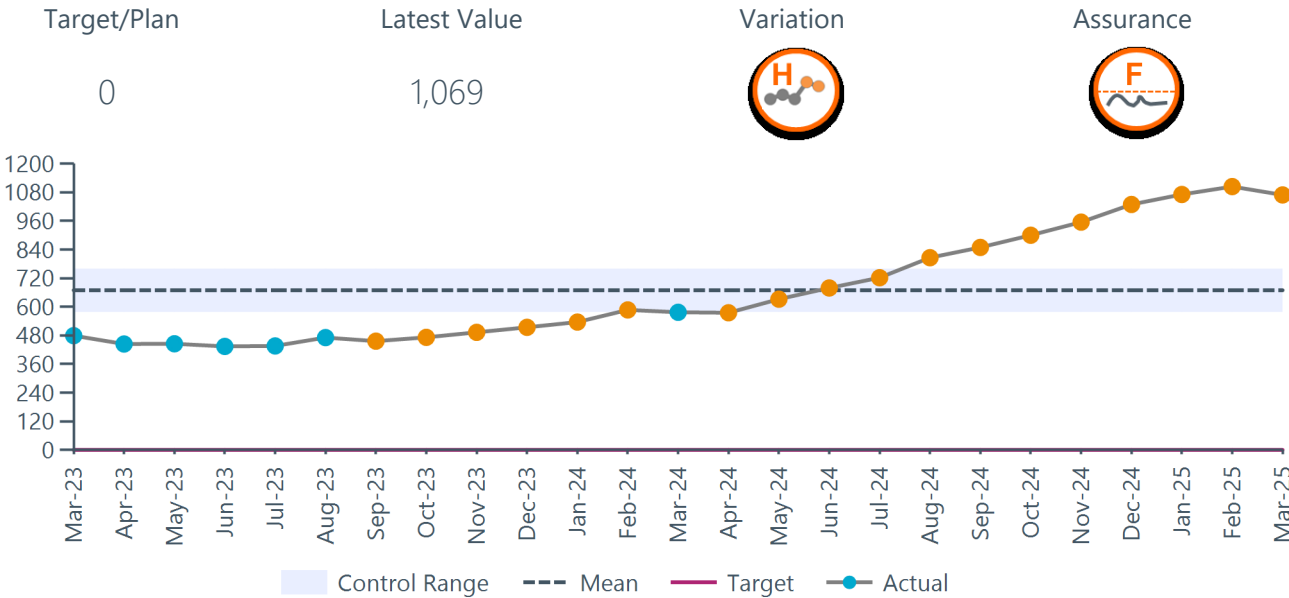
2025/26 planning is now submitted and will be reflected throughout the futures months' IPR. There are three main focuses for 25/26, full details provided in the covering paper.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
198	276	314	297	253	295	358	430	262	76	48	70	32

# Patients Waiting Over 65 Weeks - Welsh

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

### Narrative

At the end of March there were 1069 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (649), Arthroplasty (233), Knee & Sports Injuries (90), Foot & Ankle (61), Upper Limb (15), Veterans (12), Paediatric Orthopaedics (5), Tumour (2), Spinal Injuries (1) and ORLAU (1). The number of patients waiting, by weeks brackets is:

- \* >65 to <=78 weeks - 415 patients
- \* >78 to <=95 weeks - 419 patients
- \* >95 to <=104 weeks - 98 patients
- \* >104 weeks - 137 patients

Welsh long waiters is experiencing a sustained period of month on month increases, partly due to reduced activity levels since July impacting services. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 23% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

### Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

The Trust will be commencing a validation exercise with an external company in April with a focus on our longest waits.

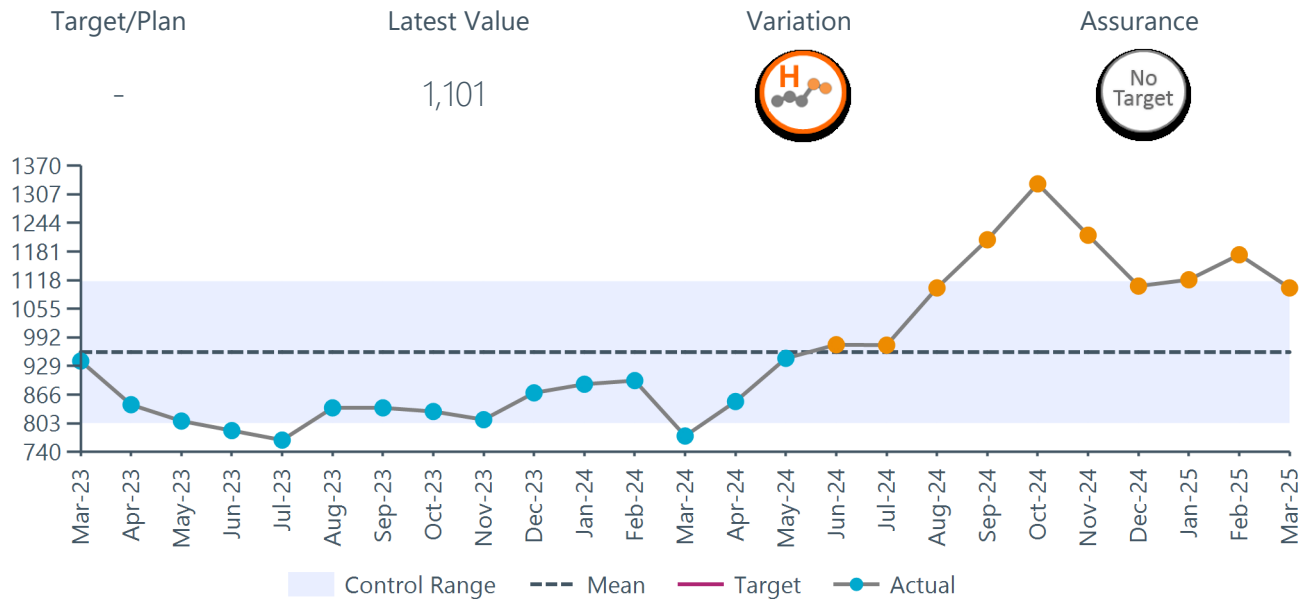
Discussions continue with Welsh Commissioners to provide clarity on 25/26 targets and expectations.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
577	575	632	679	722	806	849	900	955	1029	1071	1104	1069

# Patients Waiting Over 65 Weeks - Combined

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Narrative

Actions

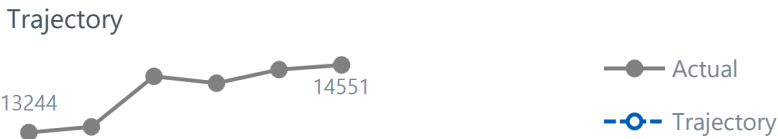
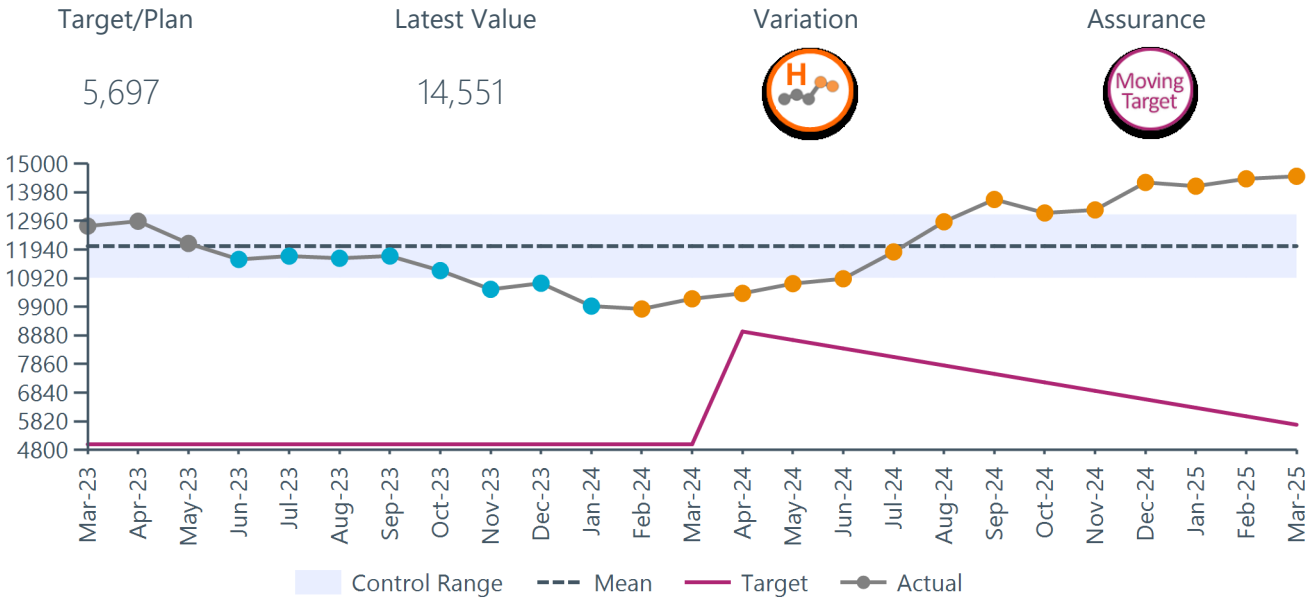
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
775	851	946	976	975	1101	1207	1330	1217	1105	1119	1174	1101



# Overdue Follow Up Backlog

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

Exec Lead:  
Chief Operating Officer



### Narrative

At the end of March, there were 14551 patients overdue their follow up appointment, consistently remaining above target. The target forms part of the Trust's Operational Plans. In recent months the Trust has focused on it's RTT long waits.

- This backlog is broken down by:
- Priority 1 – 8821 with 1194dated (13.54%) (priority 1 is our more overdue follow-up cohort)
  - Priority 2 – 5730 with 903 dated (15.76%)

The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (3703), Arthroplasty (2186) and Spinal Disorders (1921).

### Actions

The Managing Director of Special Unit recently presented data on overdue follow ups by firm to Trust Management Group and Clinical Leads. The Specialist Unit Managing Director and MSK Unit Clinical Chair will now work alongside Clinical Leads, with support from PMO. A Task and Finish Group has been set up and bi-weekly meetings will commence in April. As an initial action, all consultants have been communicated with in order to seek their input into exploring new ways of working that would assist with this backlog and avoid it growing. Agreement has been reached within Arthroplasty to change their post op routine and move patients to PIFU following their six-week follow up appointment.

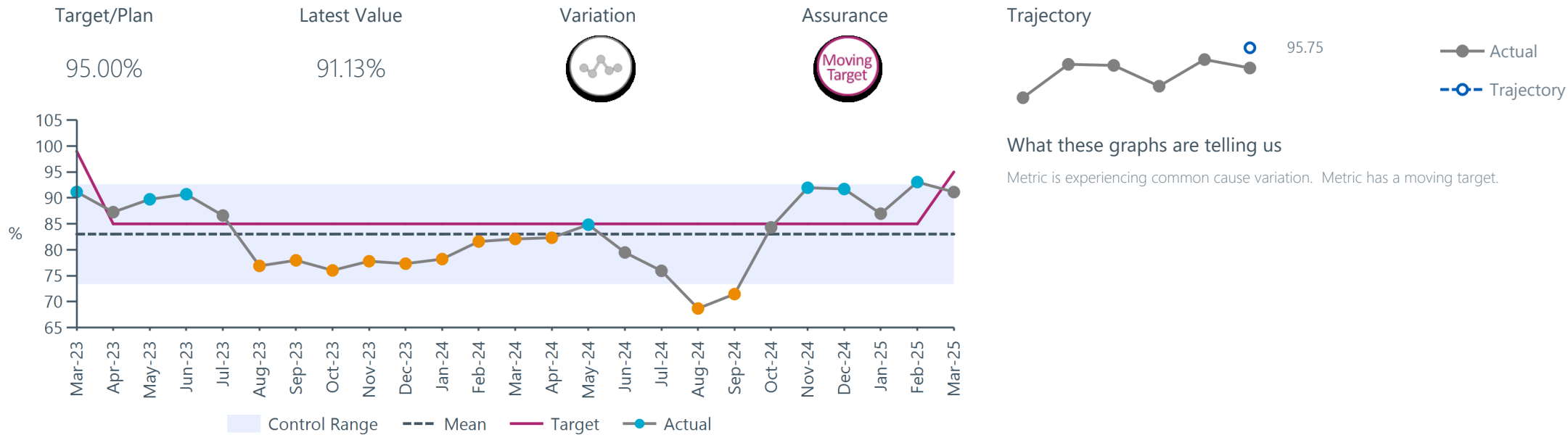
The Trust will be commencing a validation exercise with a company that has been used by other Providers within the System to cleanse the waiting list. This is due to begin week commencing 14th April.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
10186	10380	10726	10900	11856	12930	13726	13244	13353	14331	14199	14461	14551

# 6 Week Wait for Diagnostics - English Patients

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

Exec Lead:  
Chief Operating Officer



Narrative

Performance for March is 91.13% against the 95% target. The trajectory for March month end was 95.75%; this reflects the Trust's submitted Operational Plans. Reported position relates to 122 patients who waited beyond 6 weeks. Of the 6-week breaches; 1 is over 13 weeks (MRI).

Performance and breaches by modality:

- \* MRI – 95.85% - D2 (Urgent - 0-2 weeks) - 6 dated, D4 (Routine – 6-12 weeks) – 27 with 25 dated
- \* CT – 98.17% - D2 (Urgent - 0-2 weeks) - 1 undated, D4 (Routine - 6-12 weeks) - 1 dated
- \* Ultrasound – 80.89% - D2 (Urgent - 0-2 weeks) – 2 dated, D4 (Routine - 6-12 weeks) - 84 with 77 dated
- \* DEXA Scans – 95.45% - 1 dated

None of the modality activity plans were met in March.

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

Actions

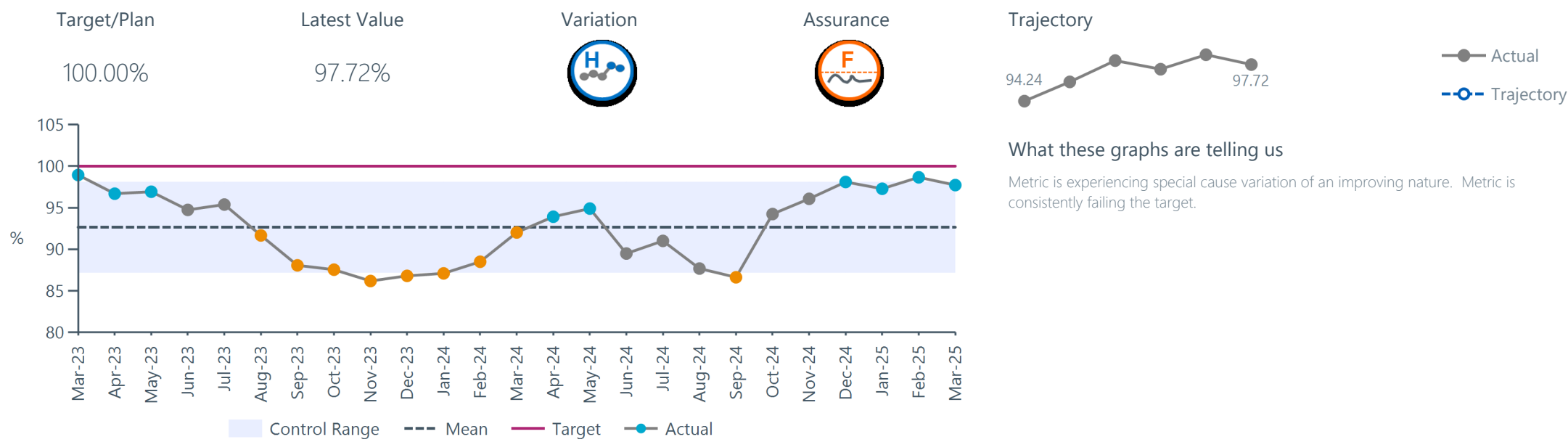
- Ultrasound – weekend clinics being utilised to increase activity levels until additional capacity in place from new consultant in mid-May.
- MRI – Continued Increase in demand across ICS. Staff shortages have increased agency. ACTIONS - Business case in progress to increase skills mix; due for presentation to Execs in April. Case to increase mobile activity by 68%.
- CT- Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted (validation)

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
82.09%	82.33%	84.85%	79.49%	75.95%	68.69%	71.47%	84.33%	91.97%	91.72%	86.97%	93.07%	91.13%

# 8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:  
Chief Operating Officer



Narrative

The 8-week standard for diagnostics is reported at 97.72%. The reporting position includes 9 patients who waited beyond 8 weeks.

Performance and breaches by modality:

- \* MRI – 98.71% - D2 (Urgent - 0-2 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 2 dated
- \* CT – 100%
- \* Ultrasound – 90.74% - D4 (Routing - 6-12 weeks) - 5 dated
- \* DEXA Scans - 100%

None of the modality activity plans were met in March.

Actions

Ultrasound – weekend clinics being utilised to increase activity levels until additional capacity in place from new consultant in mid-May.

MRI – Continued Increase in demand across ICS. Staff shortages have increased agency. ACTIONS - Business case in progress to increase skills mix; due for presentation to Execs in April. Case to increase mobile activity by 68%.

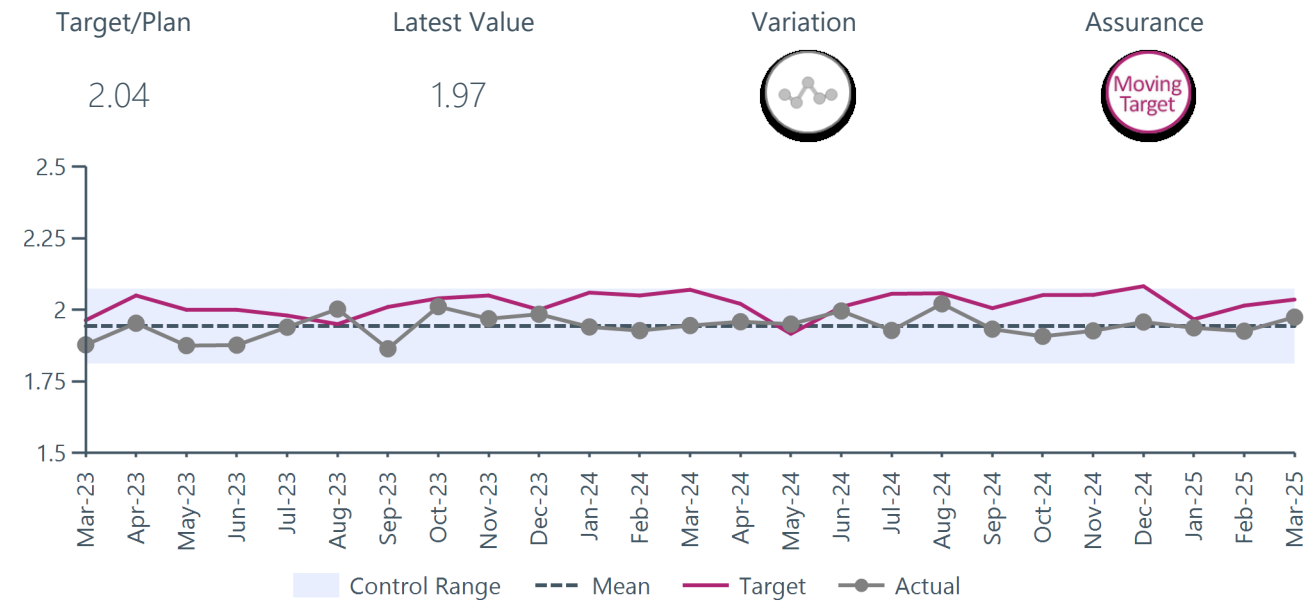
CT- Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted (validation)

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
92.02%	93.92%	94.90%	89.48%	91.01%	87.68%	86.63%	94.24%	96.07%	98.10%	97.28%	98.66%	97.72%
- Staff - Patients - Finances -												

# Theatre Cases Per Session Against Plan

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

### Narrative

Cases per session in March achieved 1.97 against the plan of 2.04 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

Summary:

- \* MSK Unit – achieved 2.07 of 2.27 plan.
- \* Specialist Unit - achieved 1.66 of 1.46 plan.

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

### Actions

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

Reduction of OJP has led to a reduction in CPS as OJP historically has seen a higher CPS due to numerous factors including training.

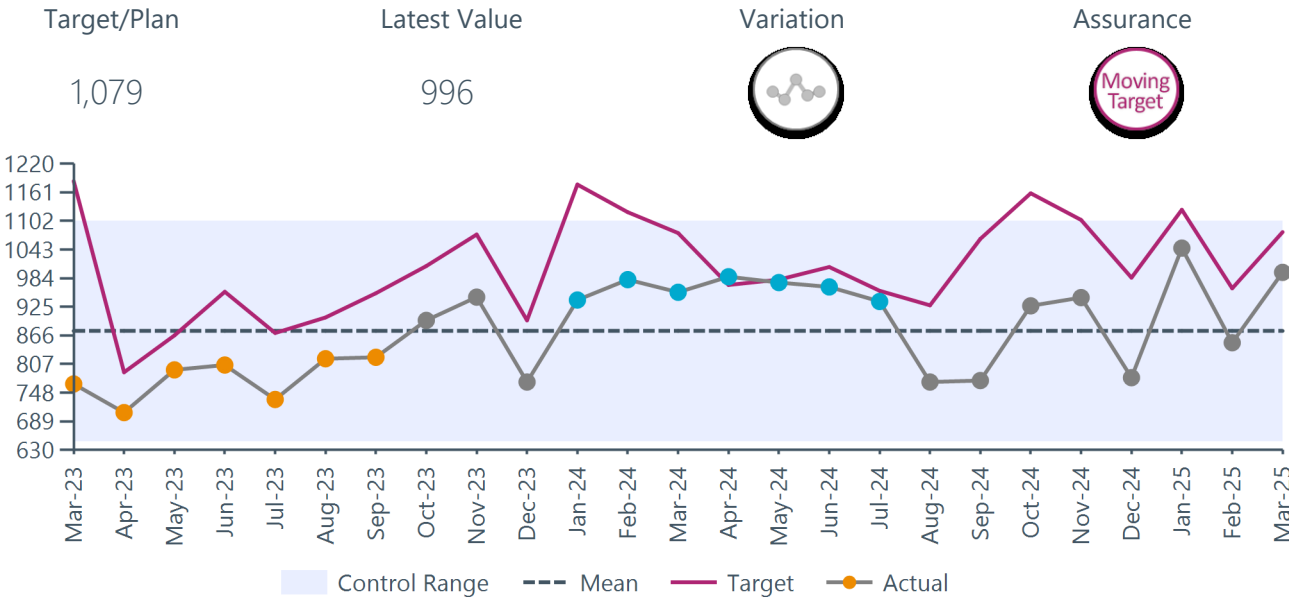
Thorough review of Cases per session undertaken as part of 2025/26 planning.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1.94	1.96	1.95	2.00	1.93	2.02	1.93	1.91	1.93	1.96	1.94	1.93	1.97

# Total Theatre Activity Against Plan

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

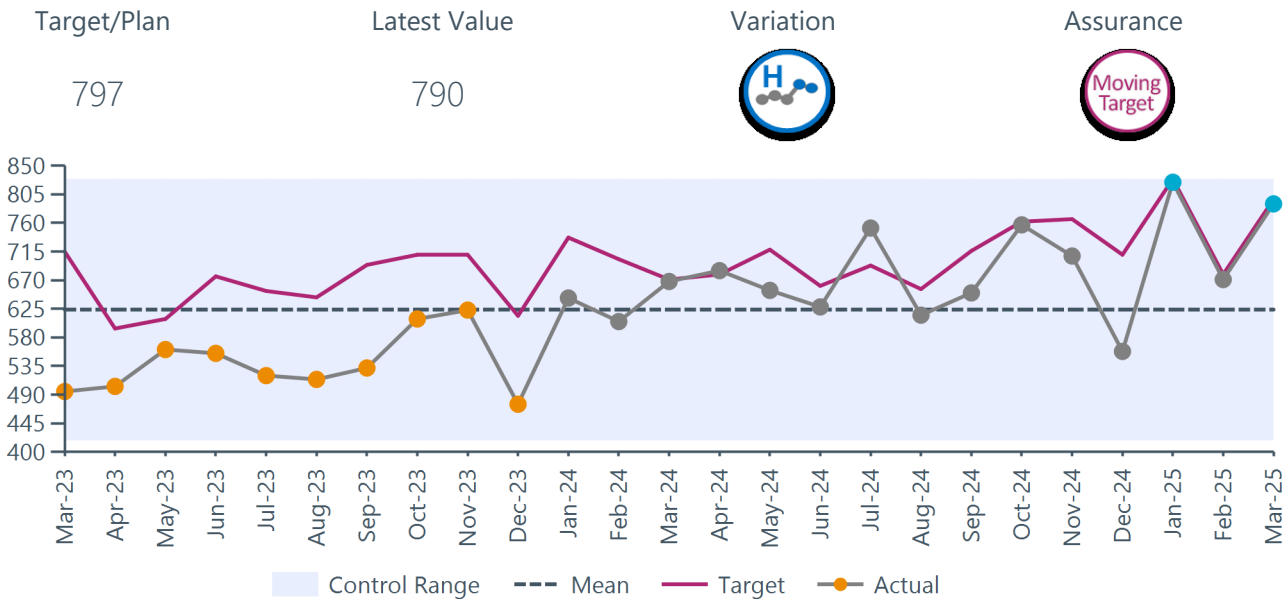
Exec Lead:  
Chief Operating Officer



# IJP Activity - Theatres - against Plan

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

## Narrative

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

The IJP plan for March was 797 theatre cases, of which the Trust achieved 790, 7 cases below the plan equating to 99.12%. As a result of the commitment to maximising IJP theatre activity this metric is now reporting special cause of an improving nature.

The total plan was 1079 cases: 797 IJP, 200 OJP, 82 PP's

## Actions

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

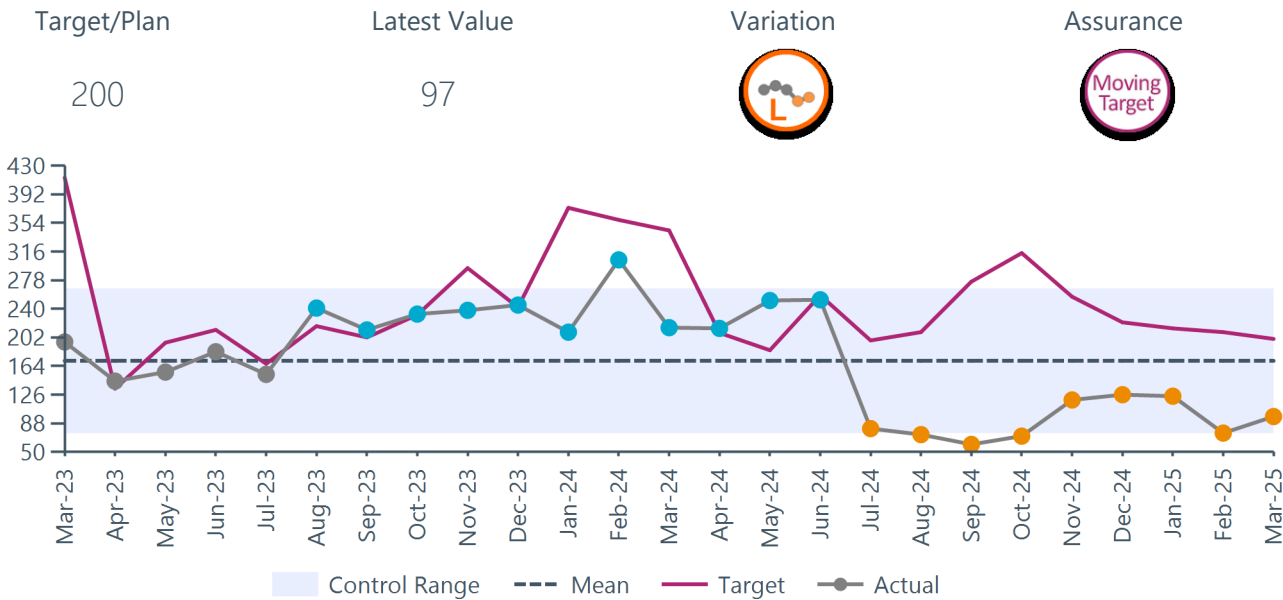
IJP being reviewed as part of planning assumptions for 2025/26 Operational Plan.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
668	685	654	628	752	615	650	757	708	558	824	671	790

# OJP Activity - Theatres - against Plan

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

Exec Lead:  
Chief Operating Officer



Trajectory

What these graphs are telling us

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

### Narrative

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

The OJP plan for March was 200 theatre cases, of which the Trust achieved 97, 103 cases below the plan equating to 48.5%.

The total plan was 1079 cases: 797 IJP, 200 OJP, 82 PP's.

OJP activity has reduced in recent months and is now reporting special cause variation of a concerning nature; March position remains within the control range.

### Actions

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

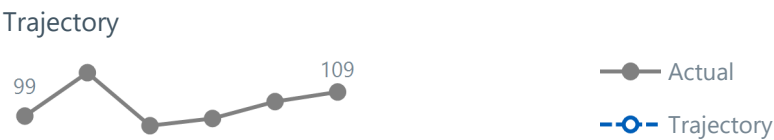
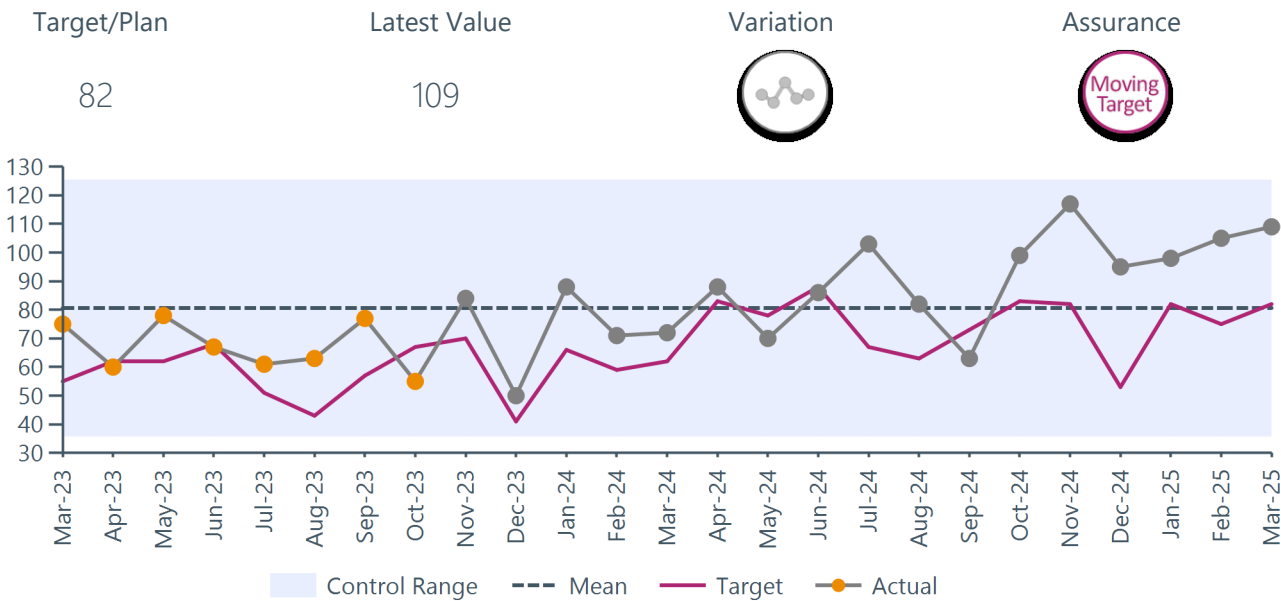
Continue to encourage consultants to undertake OJP on payroll.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
215	214	251	252	81	73	60	71	119	126	124	75	97

# PP Activity - Theatres - against Plan

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

**Narrative**

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

In March, the Trust undertook 109 private cases, 27 cases above the plan of 82 which equates to 132.93%.

**Actions**

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

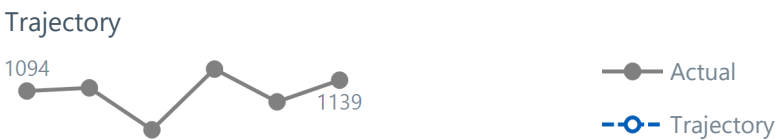
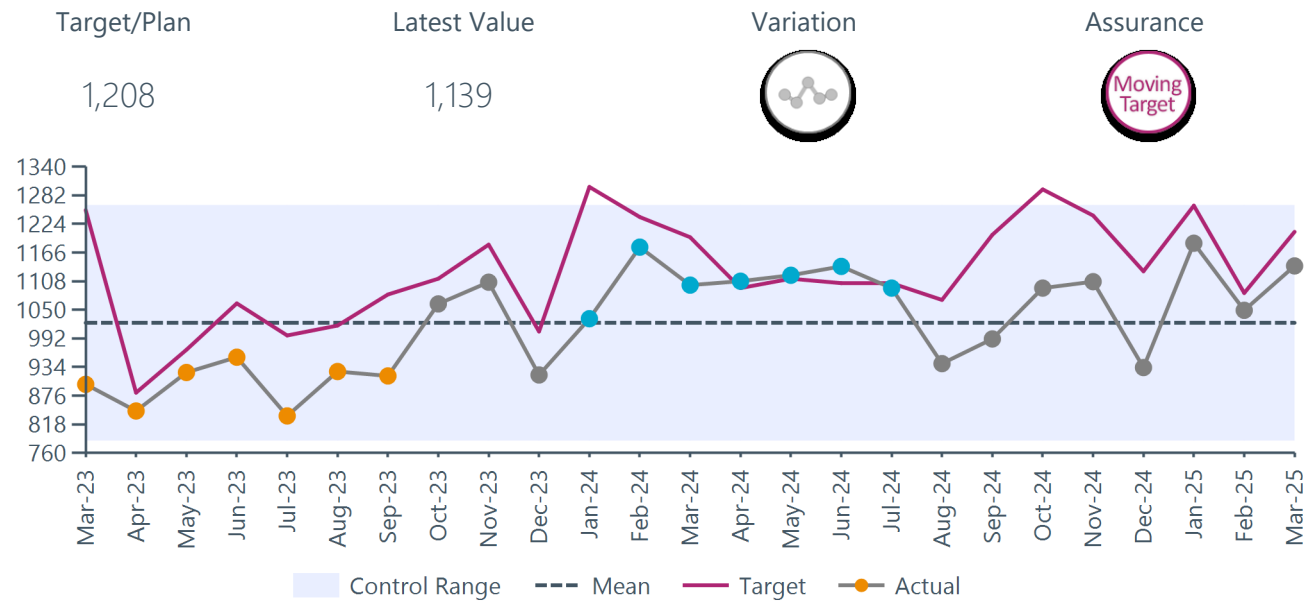
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
72	88	70	86	103	82	63	99	117	95	98	105	109



# Elective Activity Against Plan (volumes)

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

## Narrative

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

The plan for March was 1208 elective spells of which the Trust achieved 1139 equating to 94.29% (69 cases below plan).

Elective spell activity is broken down as follows:

- Elective patients discharged in reporting month following operation - plan was 1004; 863 delivered (85.96%)
- Elective patients discharged in reporting month, no operation - plan was 204; 276 delivered (135.29%)
- Non-theatre activity accounted for 24.23% of elective spells this month; plan was 16.89%.

This metric is reporting normal variation. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. The Theatres IJP activity was close to plan in March (99.12%).

## Actions

Ongoing review to maintain performance.

- \* Patients are being treated in Theatre 11 following commencement of TIF2 in November; bookings are becoming routine, and usage is increasing and running according to staffing capacity.
- \* Commencement of mutual aid by RJAH Consultants being undertaken at Independent Sector providers and logged back to RJAH systems:
- Nuffield Shrewsbury: 22 patients treated in March
- Spire Yale: 15 patients treated March
- Nuffield North Staffs: 4 patients treated in March

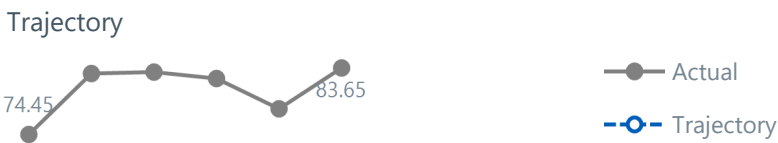
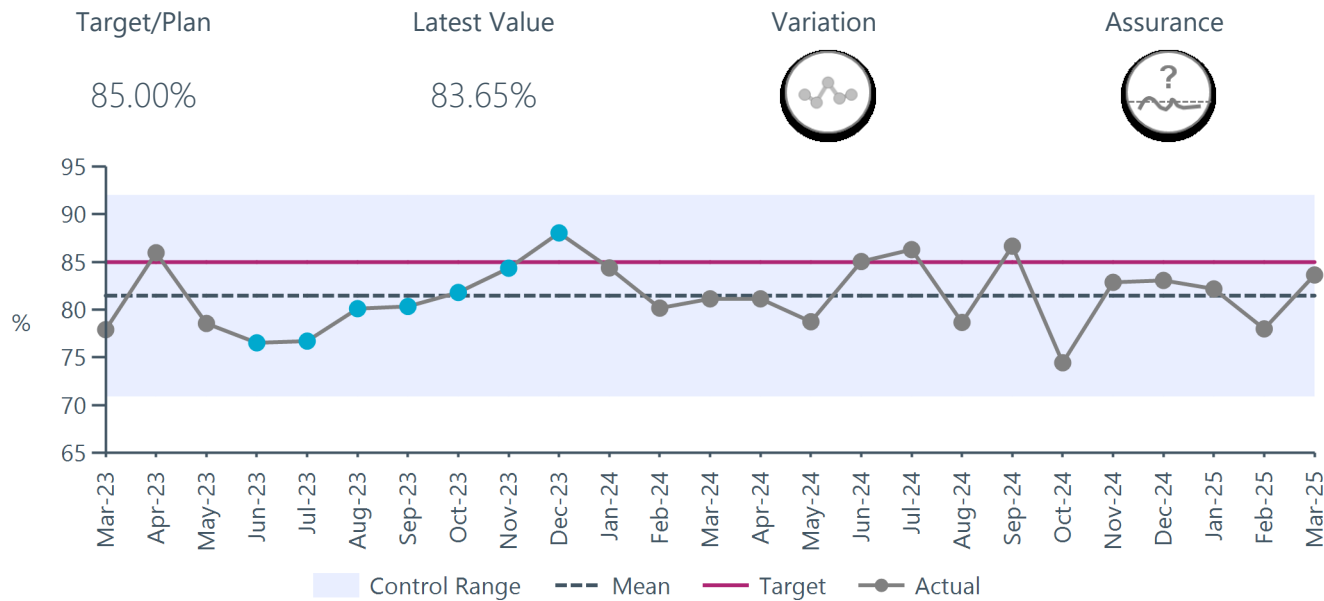
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1100	1108	1120	1138	1094	941	991	1094	1107	933	1185	1049	1139

- Staff - Patients - **Finances** -

# Overall BADS %

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

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

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

In March the 85% target was not met and is reported at 83.65%.

Common booking issues continue to impact on the BADS %, which if addressed, would have resulted in achieving target.

### Actions

- The Trust is aiming for continuous improvements with Clinically led monthly day case surgery meeting. Data quality issues have been identified with Clinical audits and further investigations being undertaken:
- \* Focus on correct booking of high volume BADS procedures e.g. carpal tunnels.
  - \* Retrospectively corrections being made to obvious data quality errors.
  - \* Clinical Leads to raise correct booking of BADS procedures at team meetings.
- There continues to be case by case reviews on day case conversions.
- Actions also align to, and support with, the GIRFT recommendation following accreditation as a surgical hub for "A plan and review of clinical pathways that will support the Trust ambition to increase day case rates."

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
81%	81%	78%	85%	86%	78%	86%	74%	82%	83%	82%	78%	83%

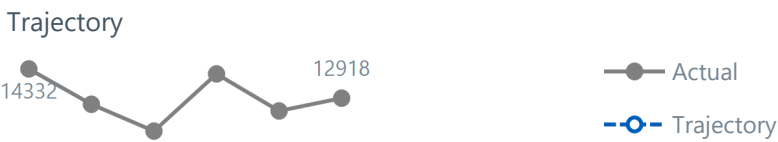
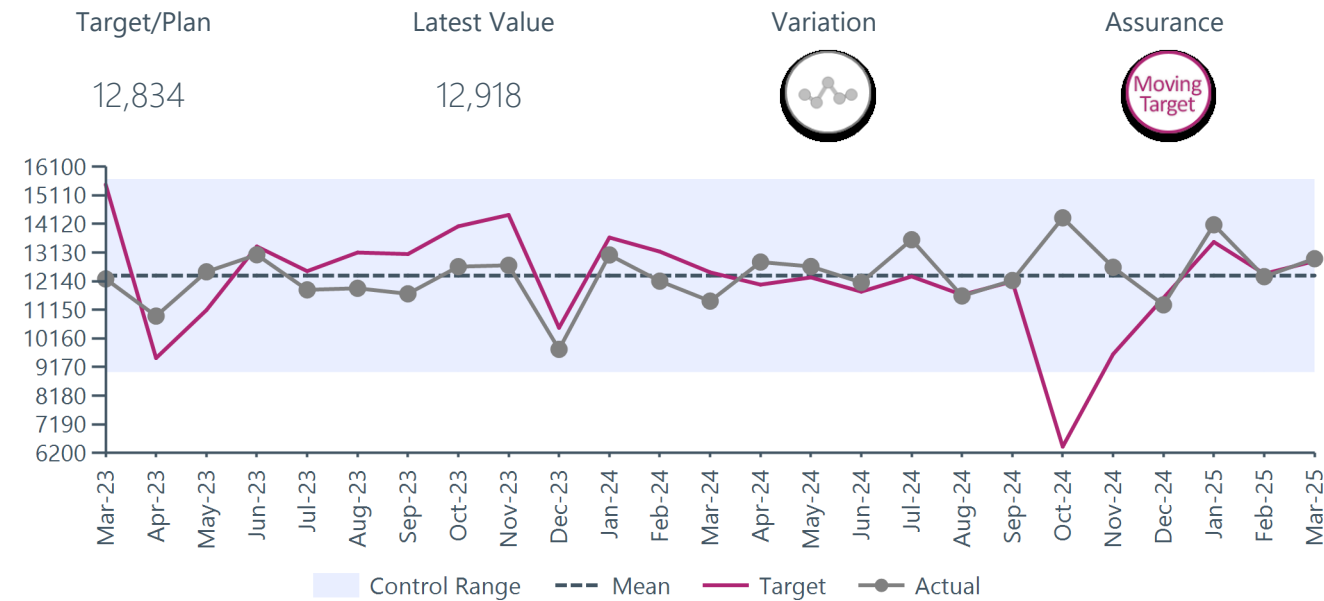
Total outpatient activity (consultant led and non-consultant led) against plan. Target as per Trust's Operational Plans. 217795

67

# IJP Activity - Outpatients - against Plan

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

Exec Lead:  
Chief Operating Officer



### Narrative

In March, IJP activity was 12918 against a plan of 12834; equating to 100.65%.

Some sub-specialities did not meet the IJP plan at 100%.

- \* In Metabolic Medicine, the plan for this part of year included the assumption that the 2nd scanner would have been in place however the Trust have faced difficulties securing a delivery date. Progress has been made in March and the order is now placed with additional scanner expected to be operational in quarter two.
- \* Within Paediatrics/Muscle and Spinal Disorders the plan included additional capacity in quarter four that was not in place.
- \* Activity remained behind plan in Therapies with sickness a contributory factor.

Year to date performance against the in-job plan is 110% (+14010 attendances).

### Actions

IJP activity against plan is discussed regularly at the weekly outpatient activity meeting.

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

As at 14th April the forecast positions are:

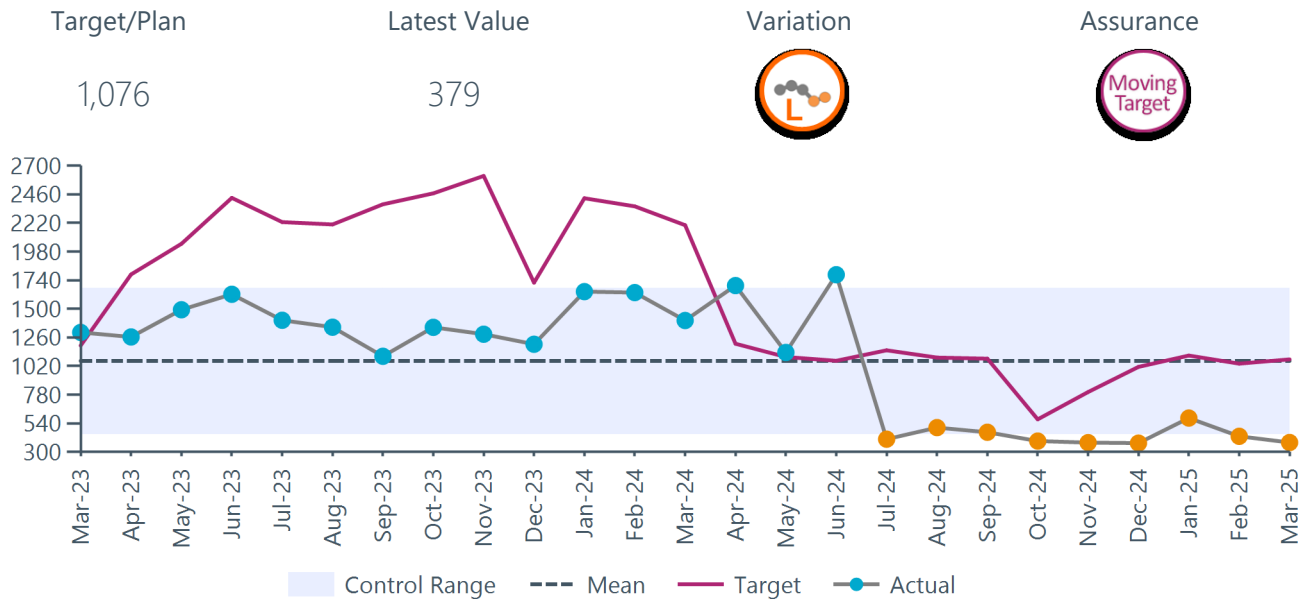
- \* April – overall Outpatient Activity at 97.12% with IJP at 99.50%
- \* May – overall Outpatient Activity at 63.51% with IJP at 65.72%

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
11450	12802	12647	12096	13575	11629	12163	14332	12622	11322	14092	12297	12918

# OJP Activity - Outpatients - against Plan

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

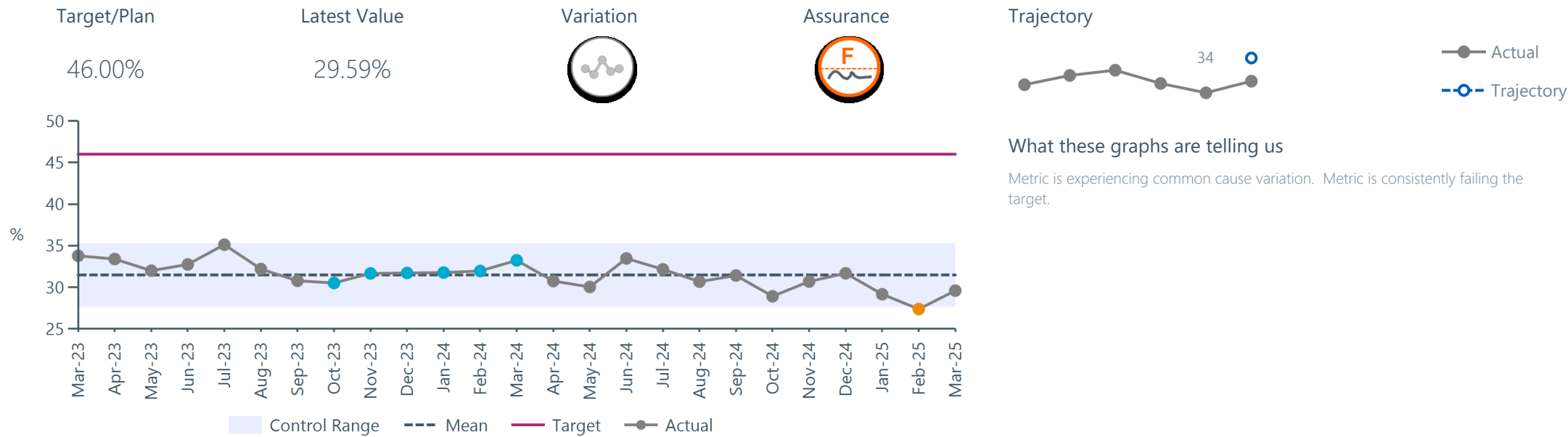
Exec Lead:  
Chief Operating Officer



# Outpatient Procedures - ERF Scope

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

Exec Lead:  
Chief Operating Officer



### Narrative

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

For March, the rate is reported at 29.59%; below the Trust's trajectory plan of 34%. It must be noted, the data for previous months does continue to increase as further transactions are made on our PAS system.

### Actions

This data is refreshed weekly and presented at the outpatient activity meeting for discussion. Sub-speciality meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations where improvements in this may be an output of that work.

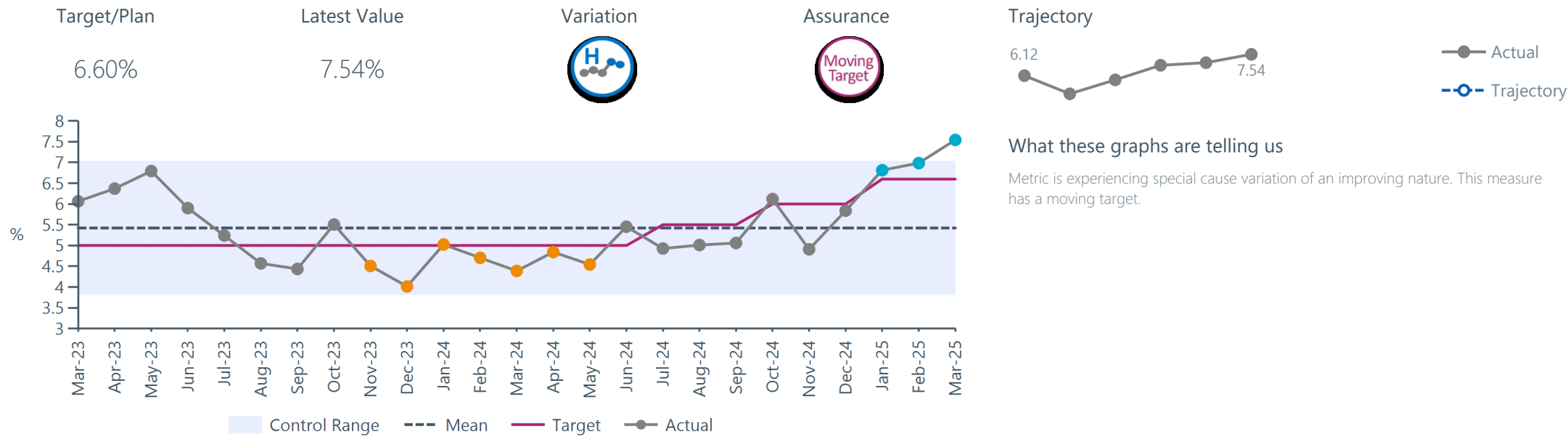
The Access/Scanning team continue to ensure that these forms are scanned onto the system & sent to clinical coding for processing. This will help the timeliness of reporting this figure each month. It must be noted that there will be a process change following the Apollo implementation.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
33.23%	30.74%	30.04%	33.46%	32.15%	30.67%	31.41%	28.91%	30.69%	31.68%	29.16%	27.37%	29.59%
- Staff - Patients - Finances -												

# Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:  
Chief Operating Officer



Narrative

The target for the number of episodes moved to a PIFU Pathway is 6.60% of all outpatients attendances. In March this was exceeded with 7.54% of total outpatient activity moved to a PIFU pathway. As demonstrated on the SPC above, this is now the highest reported position and displayed as special cause variation of an improving nature.

There has been a significant increase since January due to the metric now including activity carried out at SaTH within Orthotics, Speech & Language Therapy and Dietetics.

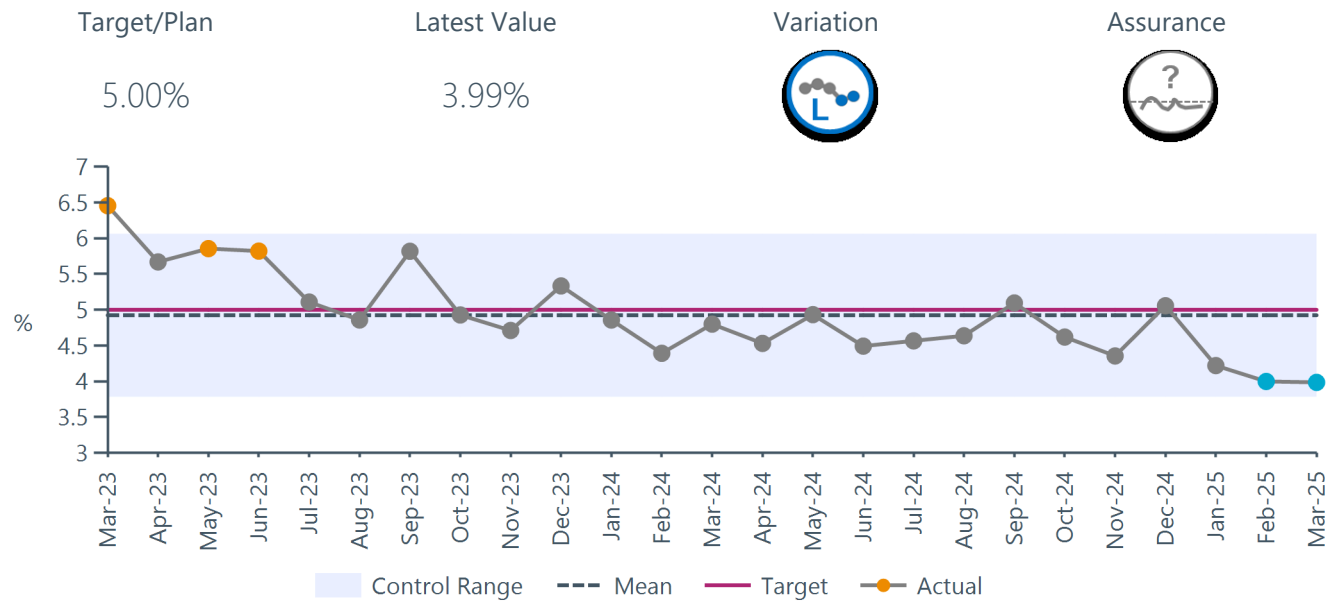
Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4.39%	4.84%	4.54%	5.45%	4.93%	5.01%	5.06%	6.12%	4.91%	5.84%	6.81%	6.98%	7.54%

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

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

Narrative

Actions

The DNA rate for March is reported at 3.94%. As demonstrated on the SPC graph above, this is the lowest position reported and special cause variation of an improving nature.

Internal reporting remains in place to ensure this can be monitored at a sub-speciality level so any appropriate actions can be taken if required.

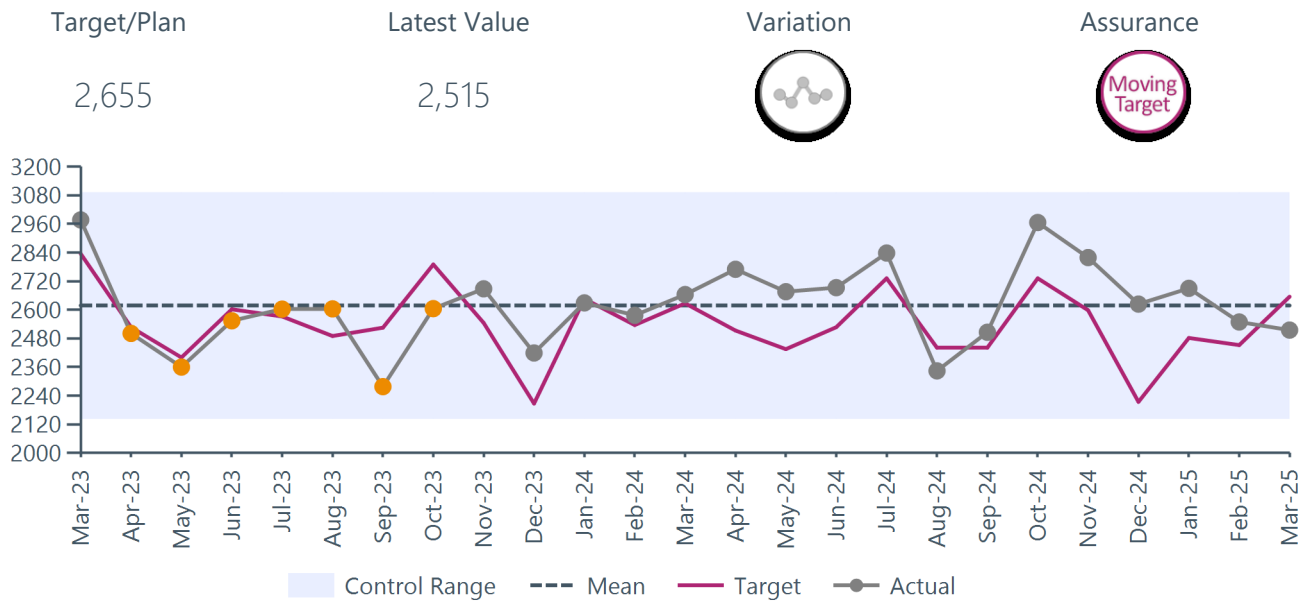
Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4.80%	4.53%	4.93%	4.49%	4.57%	4.64%	5.10%	4.62%	4.36%	5.06%	4.22%	4.00%	3.99%
- Staff - Patients - Finances -												



# Total Diagnostics Activity against Plan - Catchment Based

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

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

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

**Narrative**

The Diagnostic activity plan was not met in March, with all three modalities behind plan. Overall activity is reported at 94.73% with a breakdown as follows:

- CT – 369 against plan of 430; equating to 85.81%
- MRI - 1336 against plan of 1376; equating to 97.09%
- U/S – 810 against 849; equating to 95.41%

Reduced activity levels in Ultrasound had been anticipated due to the volume of annual leave, that in turn, also reduced weekend clinics. Within MRI, there were increased cancellations and lost capacity due to staffing.

**Actions**

Actions in this area include:

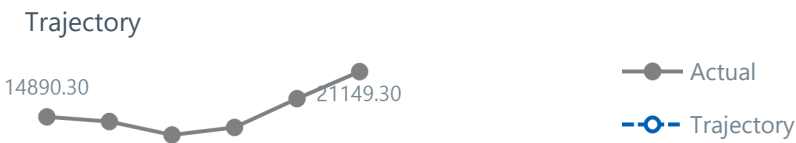
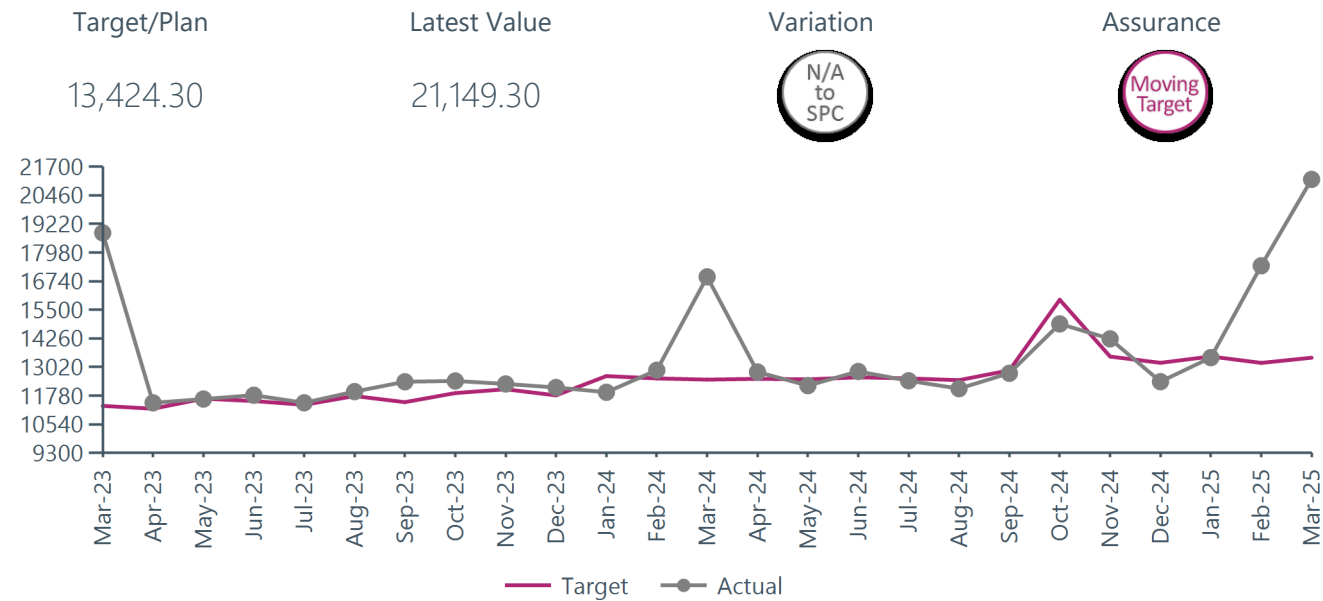
- \* Ultrasound - weekend clinics being utilised to increase activity levels until additional capacity in place from new consultant in mid-May.
- \* MRI - Business case in progress to increase skills mix; due for presentation to Execs in April.

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2664	2770	2676	2693	2838	2344	2506	2966	2819	2624	2690	2549	2515
- Staff - Patients - Finances -												

# Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead:  
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Overall expenditure £371k adverse to plan, £6,034k pension pass through adjusted

- Pay position £351k adverse to plan driven by net movement in employment provisions

- Non-Pay position £66k adverse driven by EPR go live slippage

- Finance costs £52k favourable to plan due to depreciation and interest receivable

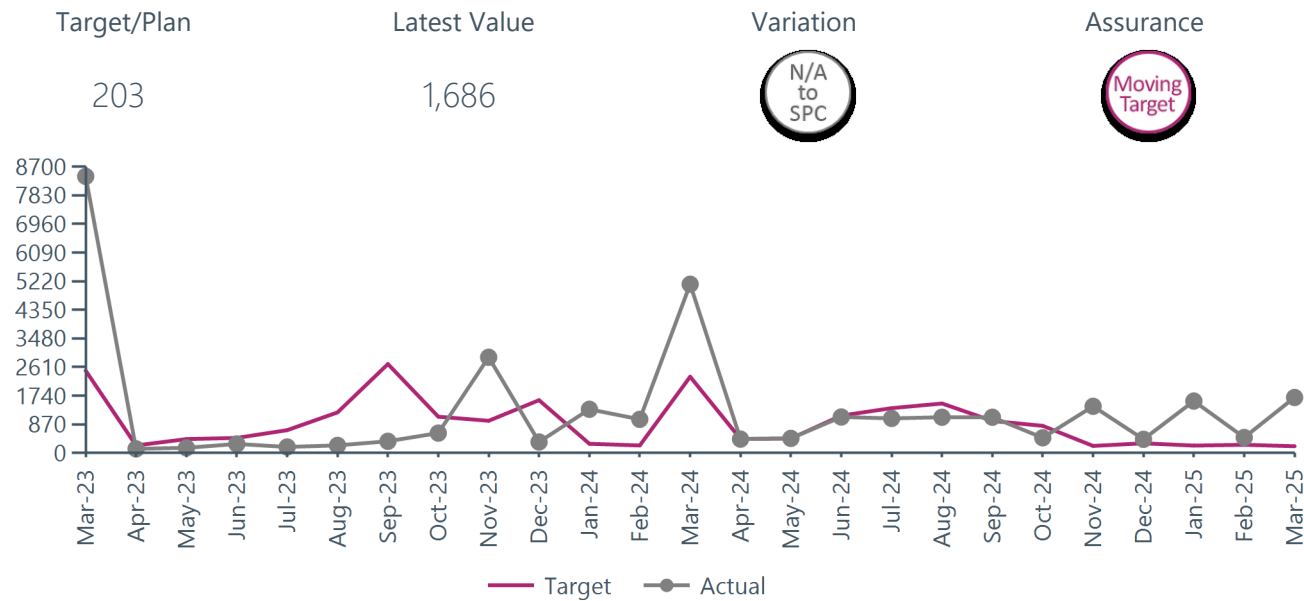
Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
16929	12806	12216	12829	12426	12085	12751	14890	14242	12387	13429	17409	21149
- Staff - Patients - Finances -												

# Capital Expenditure

Expenditure against Trust capital programme 215301

Exec Lead:  
Chief Finance and Planning Officer



What these graphs are telling us

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

## Narrative

Full year capital expenditure of £11.2m was overspent against the original plan by £3.4m, this was funded through additional PDC allocations of £3.1m for EPR and £0.4m for PACs, both of which were fully spent. All other capital budgets were spent broadly in line with adjusted plans, with minor underspends totalling £0.1m.

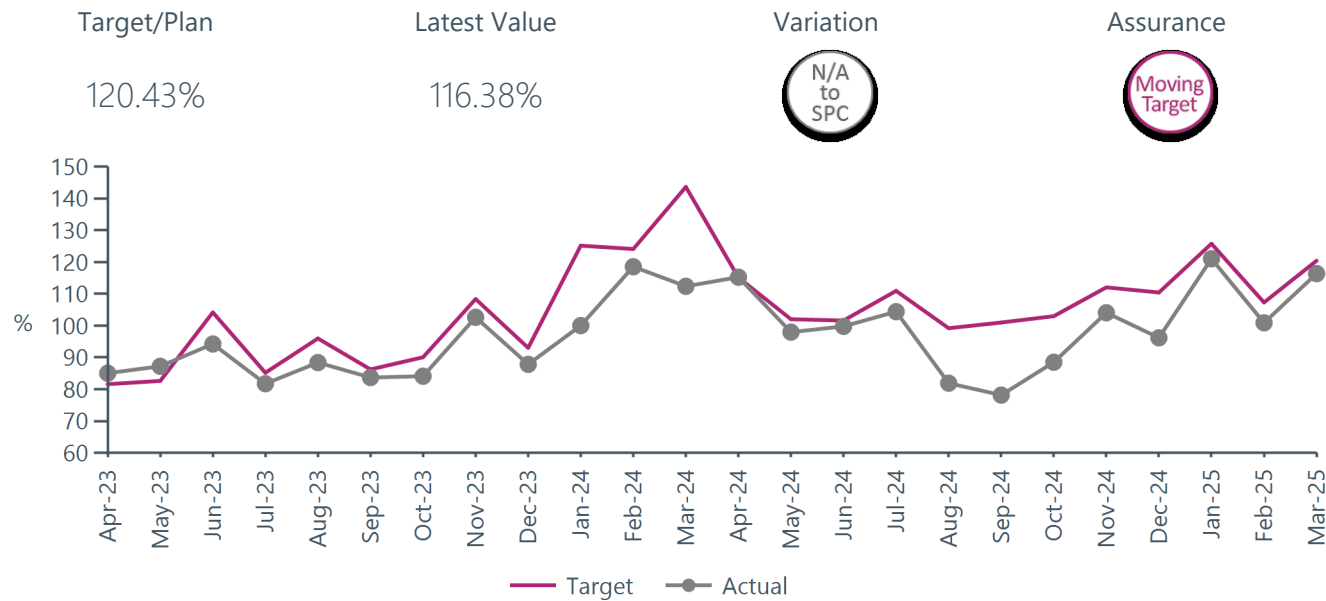
## Actions

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
5127	420	443	1092	1049	1085	1085	461	1418	415	1577	469	1686

# Value Weighted Assessment

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

Exec Lead:  
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

Actions

Full year position is 103% of 19/20 baseline against a planned performance of 113%. Theatre activity shortfalls impacted the full year performance for VWA

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
112.40%	115.26%	97.98%	99.79%	104.42%	81.93%	78.18%	88.52%	104.08%	96.21%	121.06%	100.91%	116.38%