Combined Integrated Performance Report

November 2024 – Month 8

NHS

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

 - Any single point outside of the control range

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

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

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

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

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

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

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

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

a)

b)

c)

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
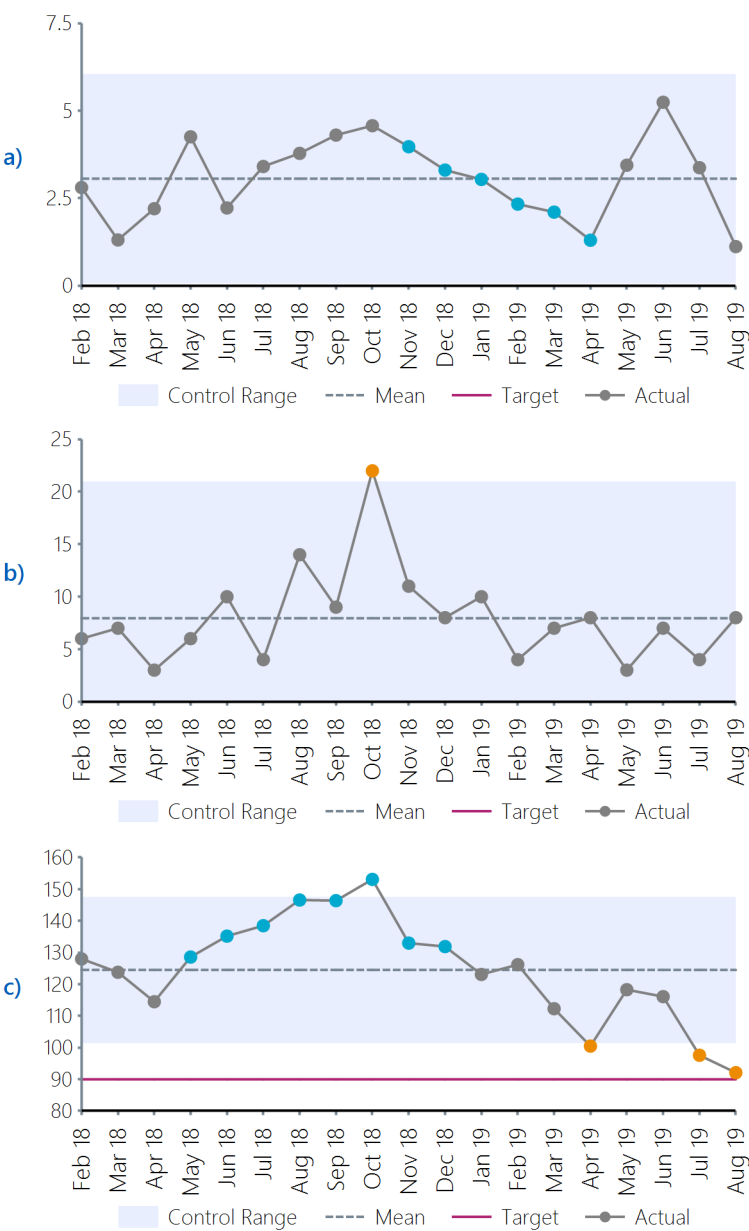
Summary Icons Reading Guide

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 execption if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

Dates

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

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

Blue	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
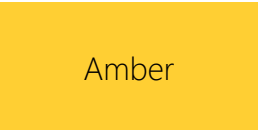
Requires improvement

Siginficant improvement required

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	6.05%	5.70%			Moving Target	+	05/12/23
Sickness Absence - Short Term	2.60%	2.52%			Moving Target	+	05/12/23
Sickness Absence - Long Term	3.45%	3.17%			Moving Target	+	05/12/23
Staff Turnover - Headcount	7.86%	8.38%		L	Moving Target	+	04/06/24
In Month Leavers	12	15			Moving Target	+	
Vacancy Rate	8.00%	6.42%			P	+	15/04/24
Nursing Vacancy Rate (Trust)	8.00%	4.69%		L	?	+	
Healthcare Support Worker Vacancy Rate	8.75%	14.72%			Moving Target	+	
Allied Health Professionals Vacancy Rate	8.00%	4.41%		L	?	+	
Total Headcount in Post		2,136		N/A to SPC	No Target	+	

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Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Hire	55	56		(variation)	(?)	+	
Staff Retention		82.03%		(H)	No Target	+	
% Staff Availability		80.74%		(variation)	No Target	+	
Statutory & Mandatory Training	92.00%	93.00%		(variation)	(?)		
Personal Development Reviews	93.00%	91.90%		(variation)	(?)	+	
E-Rostering Level of Attainment	4	4		N/A to SPC	(P)	+	
Percentage of Staff on the E-Rostering System	90.00%	91.67%		(H)	(P)	+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	61.11%		(variation)	(F)	+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	61.86%		(H)	(P)	+	
E-Job Planning Level of Attainment	4	1		N/A to SPC	(F)	+	

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%	23.18%		(L)	(F)	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0		N/A to SPC	No Target		
Number of Patient Safety Reviews		4		N/A to SPC	No Target	+	
Total Patient Falls	10	7		(variation)	(?)		
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.49		(variation)	(?)		
RJAH Acquired Pressure Ulcers	1	4		N/A to SPC	F	+	
Pressure Ulcer Assessments	99.00%	100.00%		(variation)	P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	97.63%		(variation)	P		
Number of Complaints	8	11		(variation)	(?)	+	04/03/24
Standard Complaints Response Rate Within 25 Days	100.00%	91.67%		L	(?)	+	
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%		N/A to SPC	(?)		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	2		N/A to SPC	F	+	
Number of Compliments		1,115		(variation)	No Target		
Safe Staffing	90.00%	95.90%		L	P	+	
Mixed Sex Accommodation	0	0		N/A to SPC	P		
% Delayed Discharge Rate	2.50%	8.94%		(variation)	F	+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	15		(variation)	?	+	
RJAH Acquired C.Difficile	0	2		N/A to SPC	?	+	04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.32		(variation)	F	+	
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	29.29		H	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired MSSA Bacteraemia	0	1		N/A to SPC	?	+	04/03/24
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		04/03/24
Surgical Site Infections	0	0		(variation)	?	+	04/03/24
Outbreaks	0	0		N/A to SPC	P		04/03/24
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	P		
Medication Errors		44		H	No Target	+	
Medication Errors with Harm	0	0		(variation)	?	+	
Number of Deteriorating Patients	5	6		N/A to SPC	?		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	1		N/A to SPC	F	+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	2			?		
VTE Assessments Undertaken	95.00%	99.93%			P		
28 days Emergency Readmissions*	1.00%	0.15%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%			P		
Volume of Theatre Cancellations	61	56			Moving Target	+	
31 Day General Treatment Standard*	96.00%	100.00%	100.00%		?		
62 Day General Standard*	85.00%	60.00%	100.00%		?	+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	91.11%	88.24%		Moving Target		12/09/23
18 Weeks RTT Open Pathways	92.00%	48.35%		L	F	+	24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	15,401	16,961		H	Moving Target	+	
Welsh List Size		8,738		H	No Target	+	
Combined List Size		25,699		H	No Target	+	
Patients Waiting Over 52 Weeks – English	796	1,181			Moving Target	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,606		H	No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,787		H	No Target	+	
Patients Waiting Over 65 Weeks - English	0	262			Moving Target	+	
Patients Waiting Over 65 Weeks - Welsh	0	955		H	F	+	
Patients Waiting Over 65 Weeks - Combined		1,217		H	No Target	+	
Overdue Follow Up Backlog	6,905	13,353		H	Moving Target	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	85.00%	91.97%	93.73%	H	Moving Target	+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	96.07%			F	+	04/03/24

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.05	1.93			Moving Target	+	
Touchtime Utilisation	85.00%	85.15%			Moving Target		
Total Theatre Activity Against Plan	1,104	944			Moving Target	+	
IJP Activity - Theatres - against Plan	766	711		H	Moving Target	+	
OJP Activity - Theatres - against Plan	256	116			Moving Target	+	
PP Activity - Theatres - against Plan	82	117			Moving Target	+	
Elective Activity Against Plan (volumes)	1,241	1,107			Moving Target	+	24/06/21
Overall BADS %	85.00%	83.14%			?	+	
Average Length of Stay – Elective & Non Elective		5.64			No Target		
Bed Occupancy – All Wards – 2pm	87.00%	82.84%			?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	10,417	12,689			Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	9,615	12,314			Moving Target	+	
OJP Activity - Outpatients - against Plan	802	375		L	Moving Target	+	
Outpatient Procedures - ERF Scope	46.00%	30.72%	32.70%		F	+	
Total Outpatient Activity - % Virtual	12.02%	13.96%			Moving Target		
Total Outpatient Activity - % Moved to PIFU Pathway	6.00%	4.68%			Moving Target		
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.34%		L	?	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.71			?		
Total Diagnostics Activity against Plan - Catchment Based	2,598	2,817			Moving Target	+	
Data Quality Maturity Index Score					?		

Summary - Caring for Finances

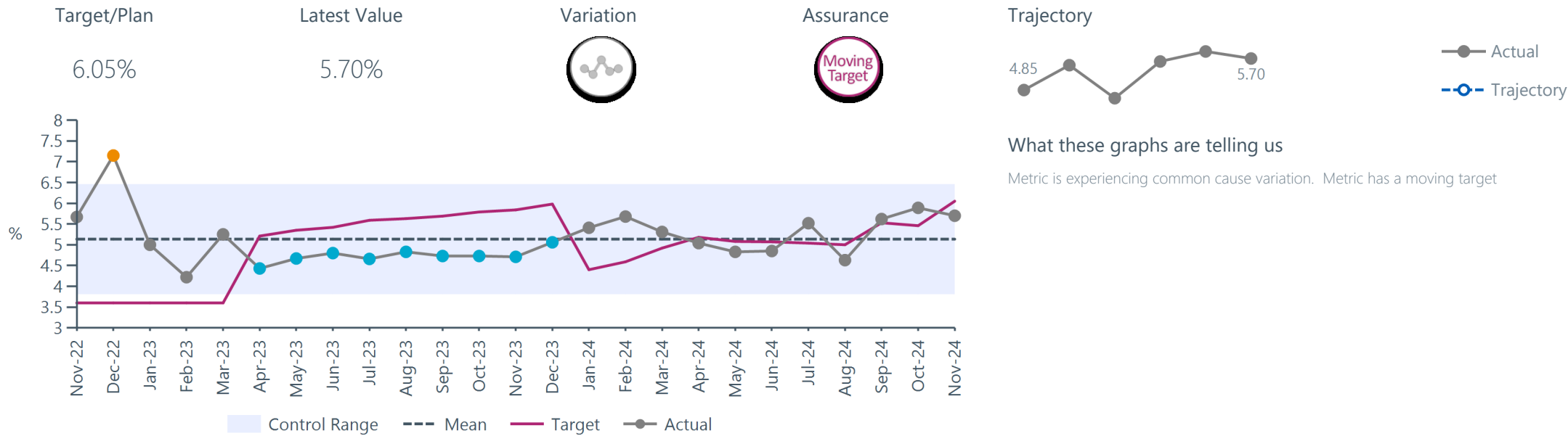| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Referrals Received for Consultant Led Services*		3,670		(SPC)	No Target		
Financial Control Total	245.10	1,256.20	245.10	N/A to SPC	Moving Target		
Income	13,719.70	15,498.90	13,719.70	N/A to SPC	Moving Target		
Expenditure	13,474.70	14,242.70	13,474.70	N/A to SPC	Moving Target	+	
Efficiency Delivered	599	745	599	N/A to SPC	Moving Target		
Cash Balance	19,591	14,300		L	Moving Target	+	
Capital Expenditure	213	1,418		N/A to SPC	Moving Target	+	
Agency Proportion of Pay Plan	3.20%	2.00%		N/A to SPC	P		
Proportion of Temporary Staff	10.93%	7.60%		N/A to SPC	Moving Target		
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	98.00%		H	?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	112.05%	102.58%		N/A to SPC	Moving Target	+	

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

Target/Plan	Latest Value	Variation	Assurance	Trajectory
6.05%	5.70%		Moving Target	4.85 5.70

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

The overall Sickness Absence rate is reported at 5.70% for November. Throughout the month, the top three reasons for absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Back Problems'.

The hotspot areas for sickness were Kenyon Ward (23.32%), Sheldon Ward (17.14%) and Orthotics Production (13.76%).

Other areas with high levels of sickness, that were a contributory factor in activity levels, were ODPs (12.82%), Anaesthetic Medical Staff (7.95%) Theatre Support Workers (11.87%) and ODOs (11.84%).

Actions

Due to the high number of long term sickness cases due to anxiety, stress and depression, the Employee Relations Team have put in place a regular team case review meeting (every 3 weeks) to ensure that each individual case has a management plan. The first meeting was 31 October.

The team have taken recommendations from 'NHS Employers – Supporting Staff Experiencing Stress Toolkit' and are working through applying where these have not already been put in place.

Long Term Sickness not related to stress are being managed appropriately, with a number being very complex in nature, requiring sensitive and careful management. Bespoke absence management training is being provided to ward managers at the end of December 24.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
4.71%	5.06%	5.41%	5.68%	5.31%	5.04%	4.83%	4.85%	5.52%	4.63%	5.62%	5.89%	5.70%

-   Staff   -   Patients   -   Finances   -

Sickness Absence - Long Term

Target derived from Trust's Operational Plans. 211162

Exec Lead:
Chief People Officer
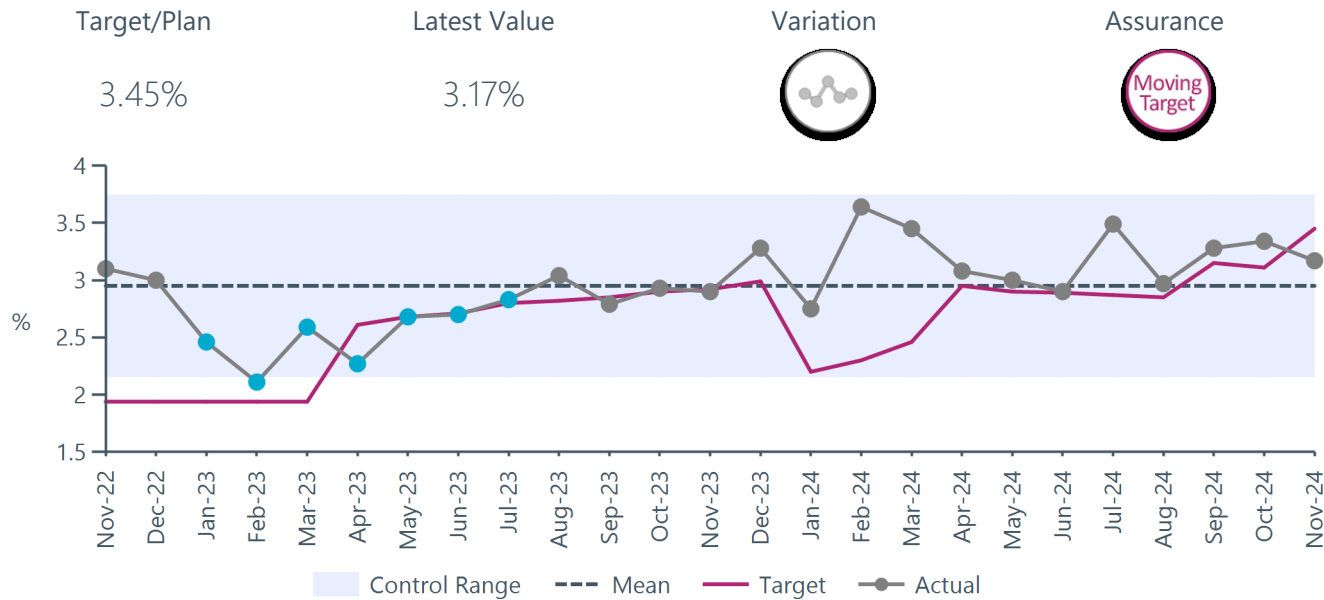
Target/Plan	Latest Value	Variation	Assurance	Trajectory
3.45%	3.17%		Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory legend: Actual, Trajectory (values 2.90 ... 3.17)

Narrative

The long term sickness rate for November is reported at 3.17%; below the 3.45% target. Overall sickness absence target reflects the Trust's Operational plans. Target is based on previous year's outturn, with short and long term targets derived from that.

In November, the top three reasons for long term absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'. The hotspot areas for long term sickness were:
* Kenyon Ward - 16.93%
* Orthotics Production - 13.25%
* Sheldon Ward - 10.20%
There were 75 episodes of long term sickness reported, of which 29 cases have closed in month with a further 4 scheduled to close in December.

Actions

Due to the high number of long term sickness cases due to anxiety, stress and depression, the Employee Relations Team have put in place a regular team case review meeting (every 3 weeks) to ensure that each individual case has a management plan. The first meeting was 31 October.

The team have taken recommendations from 'NHS Employers – Supporting Staff Experiencing Stress Toolkit' and are working through applying where these have not already been put in place.
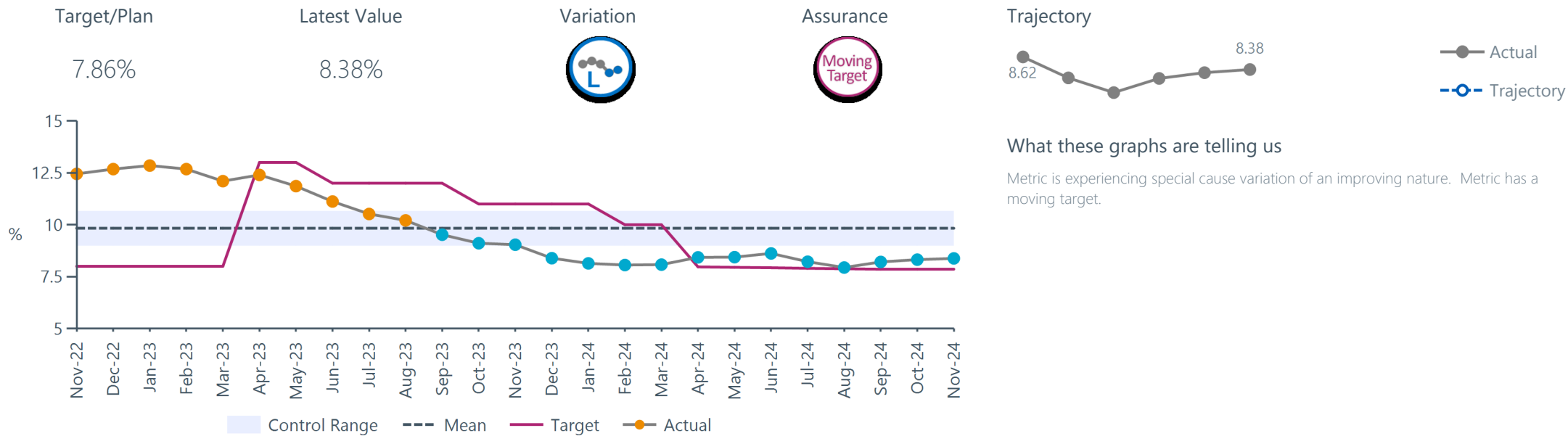
Long Term Sickness not related to stress are being managed appropriately, with a number being very complex in nature, requiring sensitive and careful management. Bespoke absence management training is being provided to ward managers at the end of December 24.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2.90%	3.28%	2.75%	3.64%	3.45%	3.08%	3.00%	2.90%	3.49%	2.97%	3.28%	3.34%	3.17%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
7.86%	8.38%	L	Moving Target	8.62 ... 8.38

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

Staff Turnover is reported at 8.38% for November, above the 7.86% plan. There has been a reduction in the target from April to reflect what has been submitted in the Trust's Operational Plans. The 24/25 target is aligned with the 23/24 outturn.

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

This metric relates to the leavers over the past twelve months. For the period of December-23 to November-24 there have been 153 leavers as a proportion of the month end headcount.

Actions
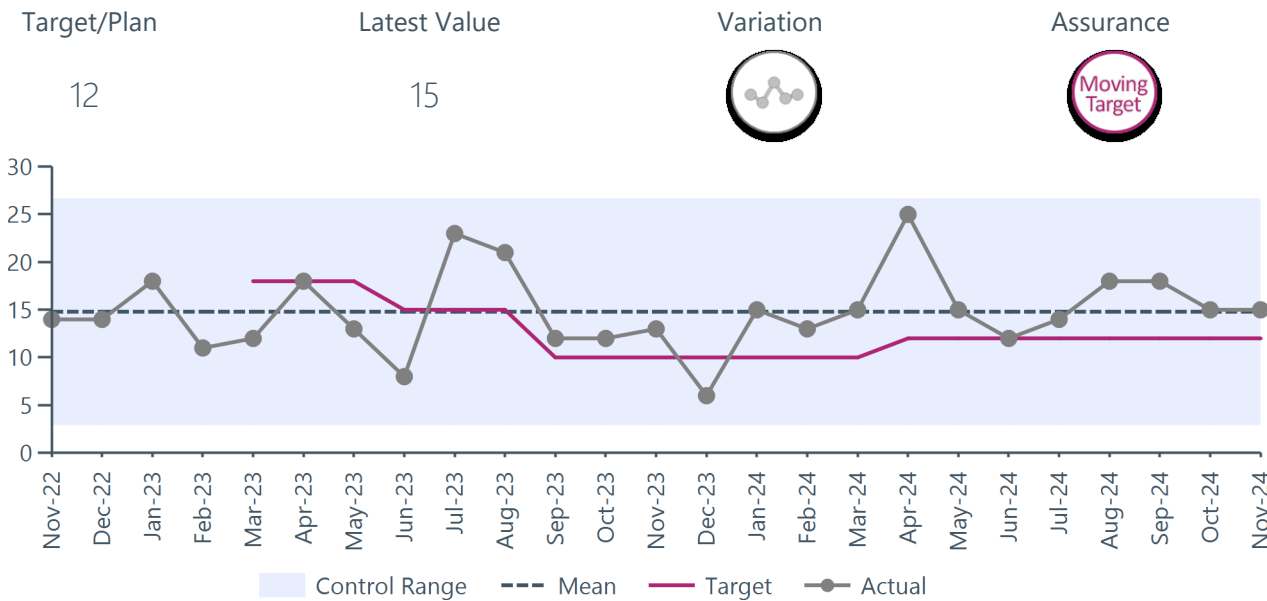
Retention Activities in place to support staff:
*Developing role competencies and career pathways for progression, Theatres and MCSI focus
*Preceptorship programme - utilising springboard to align with system partners
*Introduction of Legacy Mentors to support departments with high turnover and leavers
*Revised and improved staff induction
*System Retention Strategy in Development
*People Promise Programme activity

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
9.04%	8.39%	8.14%	8.06%	8.08%	8.43%	8.44%	8.62%	8.22%	7.94%	8.21%	8.32%	8.38%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
12	15	(common cause)	Moving Target

Trajectory

12 ... 15

Actual / Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

There were 15 staff who left the Trust throughout November. This metric is included as an exception as it has now exceeded the target of 12 for the last 5 months.

The leavers were from the following staff groups; Additional Clinical Services (6), Administrative & Clerical (4), Medical & Dental (2), Nursing & Midwifery Registered (1), Estates & Ancillary (1) and Allied Health Professionals (1)

The reasons for leaving were recorded as:
* Voluntary Resignation (7) with four of those attributed to work life balance
* Retirement (6) of which five were due to Flexi Retirement (retire and return, either same or reduced hours)
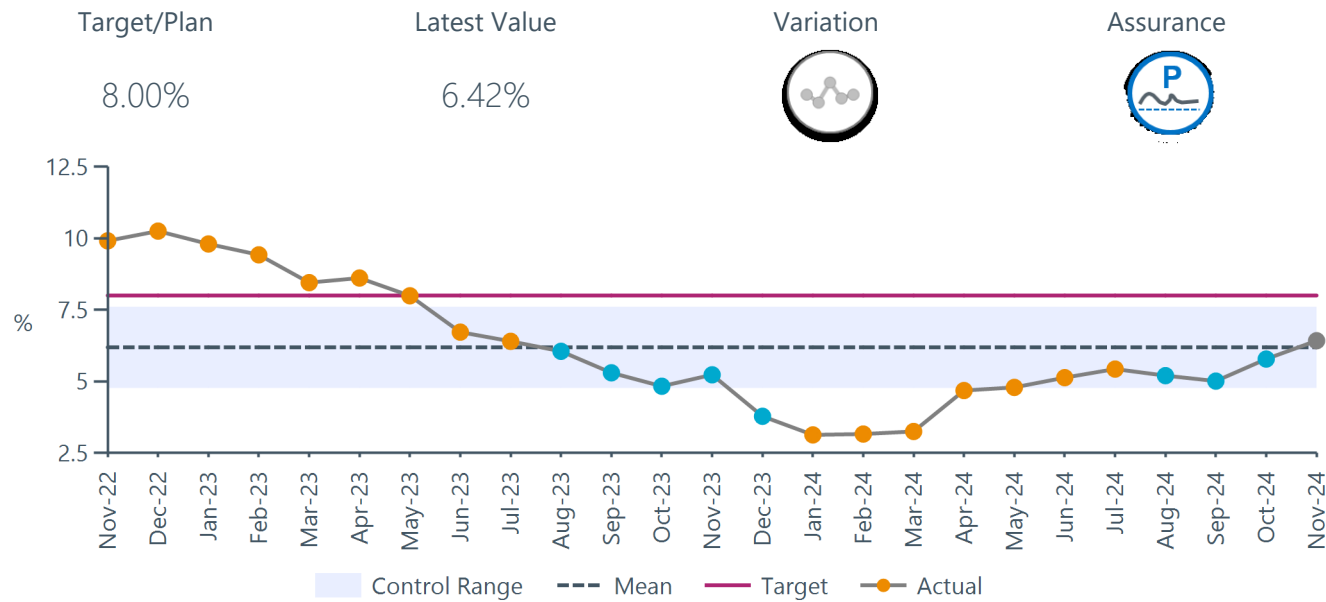* End of Fixed Term Contracts (2) (non-medical posts)

Actions

Retention Activities in place to support staff:
*Developing role competencies and career pathways for progression, Theatres and MCSI focus
*Preceptorship programme - utilising springboard to align with system partners
*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
*Flexible Working Approach - policy has been revised for Flexible Working and communicated out to the Trust as part of managers briefings.

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

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	6.42%			

Trajectory

5.13 ... 6.42

— Actual
—O— Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Actions

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
	5.23%	3.78%	3.13%	3.16%	3.25%	4.68%	4.79%	5.13%	5.43%	5.20%	5.01%	5.78%	6.42%

- **Staff** - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
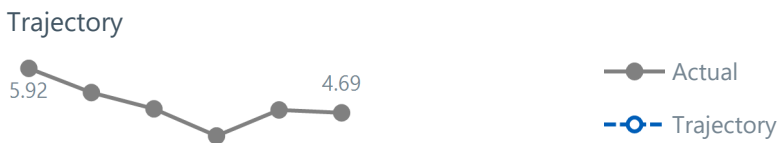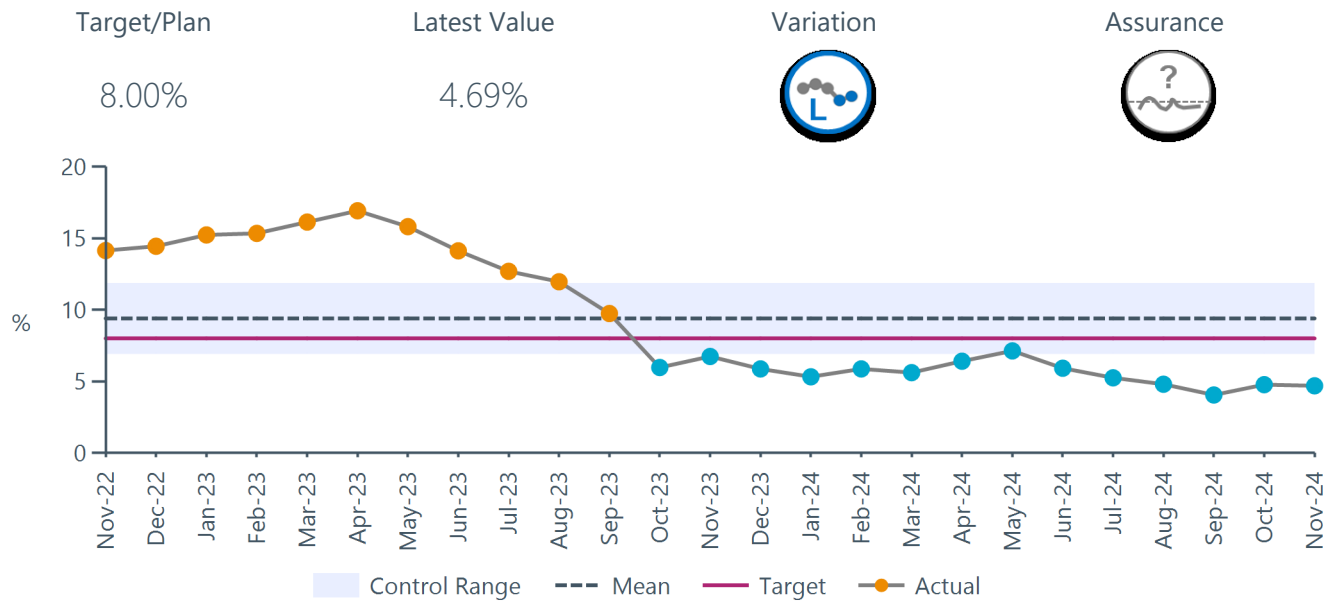217455

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	4.69%			

What these graphs are telling us

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

Narrative

The Nursing Vacancy Rate is reported at 4.69% for November month end; this equates to 15.91WTE vacant, down from 16.10 WTE at the end of October. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target since October-23. A breakdown of the vacancies by area as follows:
* Specialist Unit - 9.30% / 11.51 WTE vacant
* MSK Unit - 3.73% / 7.22 WTE vacant
* Corporate Areas - over-established by 2.82 WTE

As at month end, 12.08 WTE was in progress against the vacant position of 15.91 WTE with a breakdown as follows:
* 5.44 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 11.08 WTE in Recruitment Pipeline - at conditional or unconditional stage
* 1 WTE - International recruitment

Actions

* Staffing templates under review for MSK registered nurses specifically Clwyd and Kenyon Wards.
* Assurance that HDU vacancies now covered. Urgent requirement for Kenyon ward to progress RN vacancies to vacancy control panel.
* Positive recruitment to RN vacancies on MCSI with 6WTE progressing through pre-employment checks.
* MCSI Outpatients is temporarily holding some vacant positions whilst a full review of the Outpatient and Urology Service is carried out. Plans to complete this now moved to quarter four due to sickness. MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway.
* Business case approved for five Student Nurse Associates 24/25 with additional plans to include top-up to registered nurse in quarter 2 of 2025/26

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
6.74%	5.87%	5.32%	5.87%	5.61%	6.41%	7.13%	5.92%	5.25%	4.80%	4.05%	4.77%	4.69%

- Staff - Patients - Finances -

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer
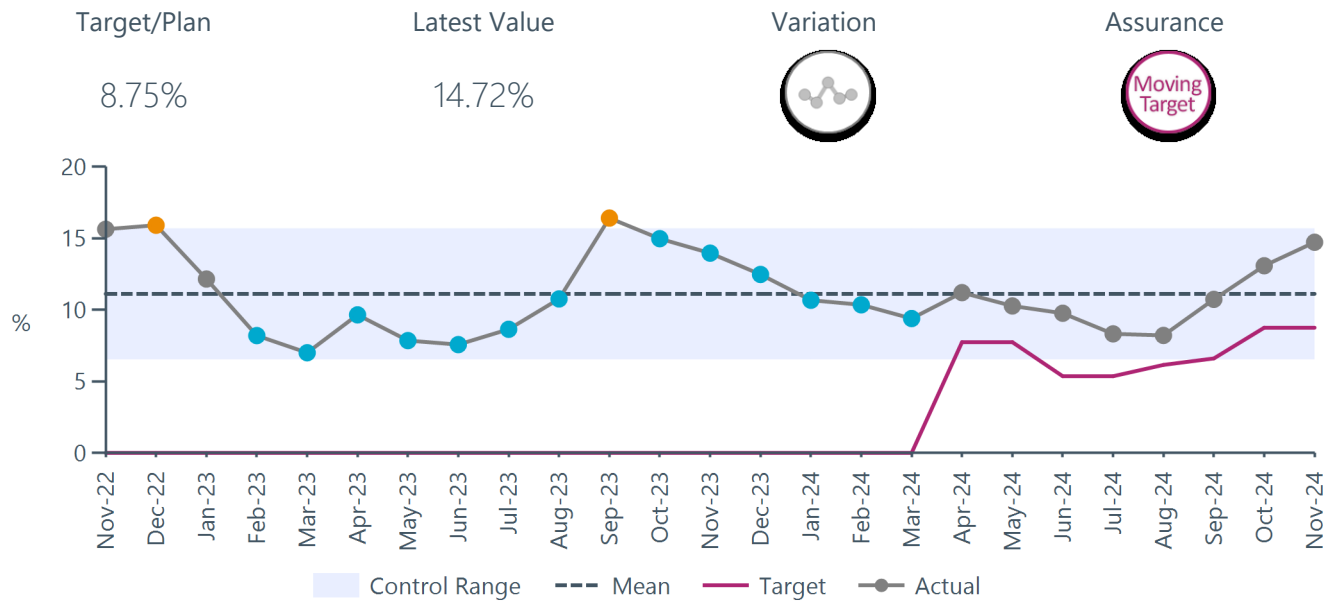
Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.75%	14.72%	(common cause)	Moving Target	9.76 ... 14.72

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The healthcare support worker vacancy rate is reported at 14.72% for November month end. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 32.78 WTE; up from 29.10 WTE at the end of October. A breakdown of vacancies by area as follows;
* MSK Unit - 15.40% / 17.11 WTE vacant
* Specialist Unit - 14.14% / 15.67 WTE vacant
* Corporate areas - 0.80 Establishment in post

As at month end, 13.30 WTE was in progress against the vacant position of 32.78 WTE with a breakdown as follows:
* 0 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 13.30 WTE in Recruitment Pipeline - at conditional or unconditional stage

Actions

* MCSI recently received a high number of vacancies to one of their adverts so agreement in place to pool together the HCSW applications for ward-based positions. Over 25 applicants were interviewed with only 5 appointable. Therefore unable to offer ward based positions to fill MSK ward vacancies. MCSI to re-advertise unfilled vacant hours.
* Kenyon have interviews scheduled for 2WTE , however clarity is needed regarding intention to recruit to the additional WTE added to staffing template. Progress of approved PAs for Powys ward to vacancy panel required. No action for Clwyd ward due to reduction in staffing template. Clarification required from Theatres of their intention to hold HCSW vacancies.
* MCSI Outpatients is temporarily holding some vacant positions whilst a full review of the Outpatient and Urology Service is carried out. Plans to complete this now moved to quarter four due to sickness. MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway.
* Business case approved for five Student Nurse Associates 24/25 with backfill agreed for senior healthcare support worker apprenticeships.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
13.96%	12.47%	10.67%	10.35%	9.39%	11.20%	10.27%	9.76%	8.32%	8.21%	10.73%	13.08%	14.72%

- **Staff** - Patients - Finances -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer
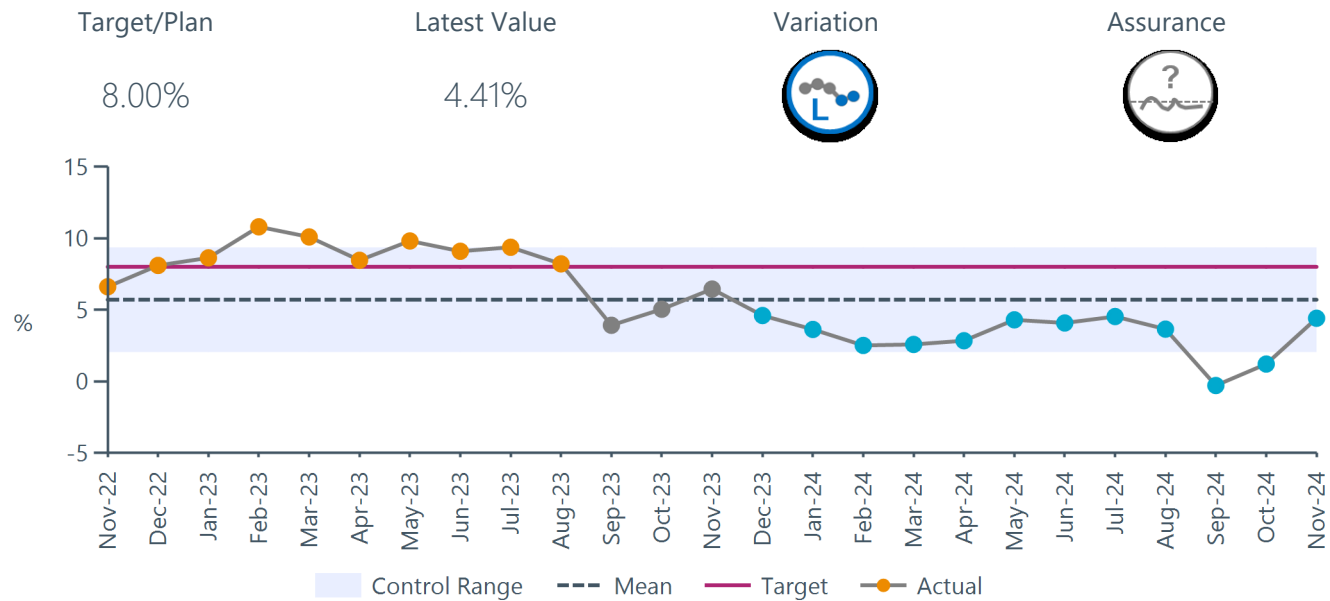
Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	4.41%	L	?	4.08 → 4.41

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The allied health professionals vacancy rate it reported at 4.41% for November month end. The reported rate has been below the 8% target since November-23 and as demonstrated in the graph above, we have reported a consistent period of improvement.

As at month end, 7.36 WTE was in progress against the vacant position of 10.76WTE with a breakdown as follows:
* 2.36 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 5 WTE in Recruitment Pipeline - at conditional or unconditional stage

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
6.45%	4.60%	3.63%	2.51%	2.58%	2.84%	4.30%	4.08%	4.53%	3.65%	-0.29%	1.21%	4.41%

- Staff - Patients - Finances -

25

Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
–	2,136	N/A to SPC	No Target

Trajectory

2126

2136

Actual

Trajectory
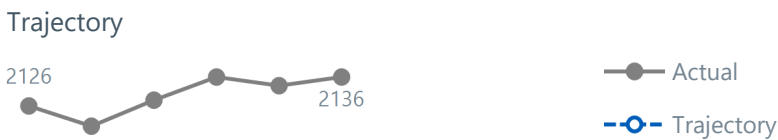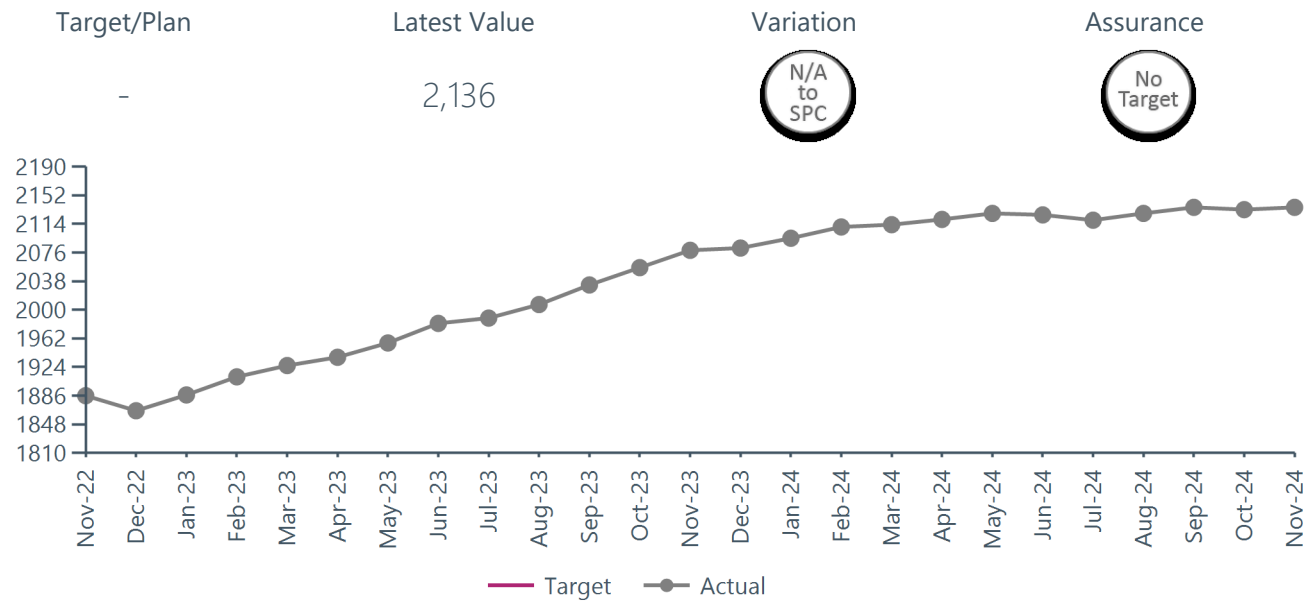
What these graphs are telling us

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

Target   Actual

Narrative

At the end of November the Trust had a total headcount in post of 2136 with a breakdown as follows:
* Permanent - 1718
* Fixed Term - 132
* Locum - 3
* Bank - 283

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

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2079	2082	2095	2110	2113	2120	2128	2126	2119	2128	2136	2133	2136

-   **Staff**   -   Patients   -   Finances   -

Time to Hire

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

Exec Lead:
Chief People Officer
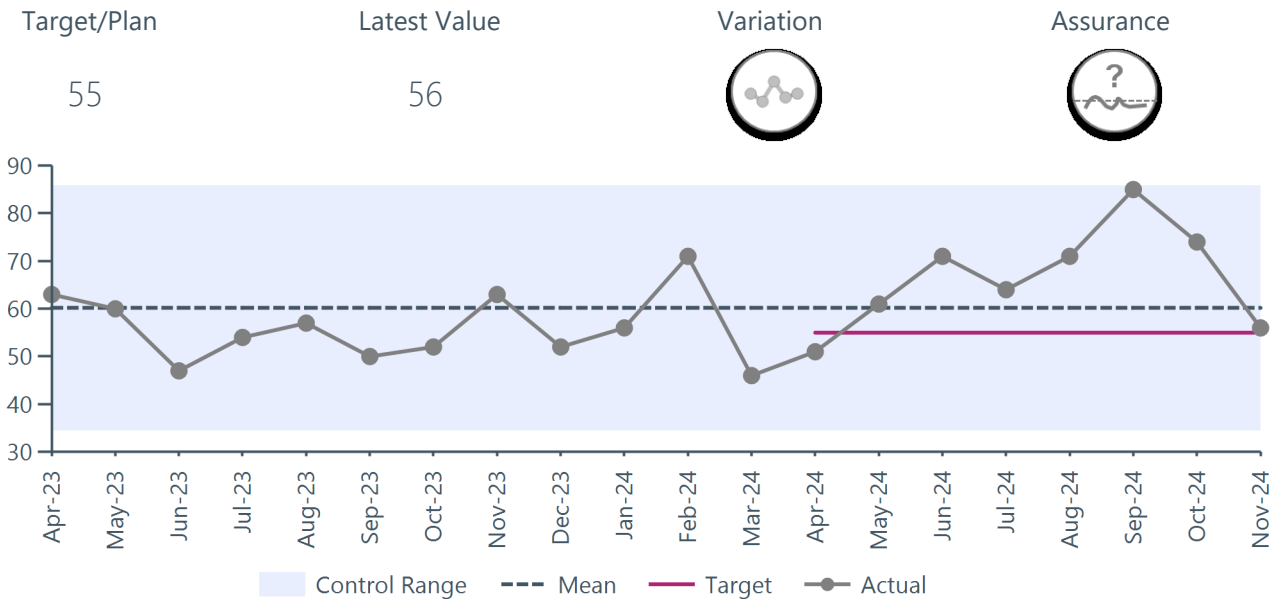
Target/Plan	Latest Value	Variation	Assurance
55	56		?

Trajectory

71 ... 56

—●— Actual
—○— Trajectory

What these graphs are telling us

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

Legend: Control Range · Mean · Target · Actual

Narrative

This KPI focuses on the average number of working days taken to hire based on vacancy created to unconditional offer. The data reported each month relates to the starters in that month but excludes any international recruits, 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 November, the average days to hire was 56 days. There were 8 starters in month with 6 appointments contributing to the actual time to hire metric. (2 excluded as Golden ticket and an expression of interest) Metric improvement as 5 starters commenced in non-clinical roles, requiring immunisation and vaccination review and enhanced DBS clearances.

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

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
63	52	56	71	46	51	61	71	64	71	85	74	56

- Staff - Patients - Finances -

Staff Retention

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

Exec Lead:
Chief People Officer
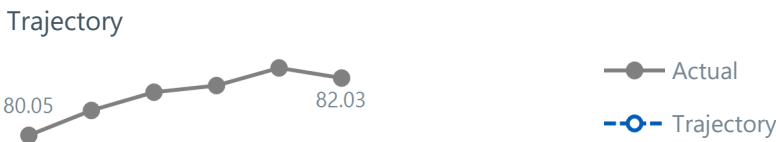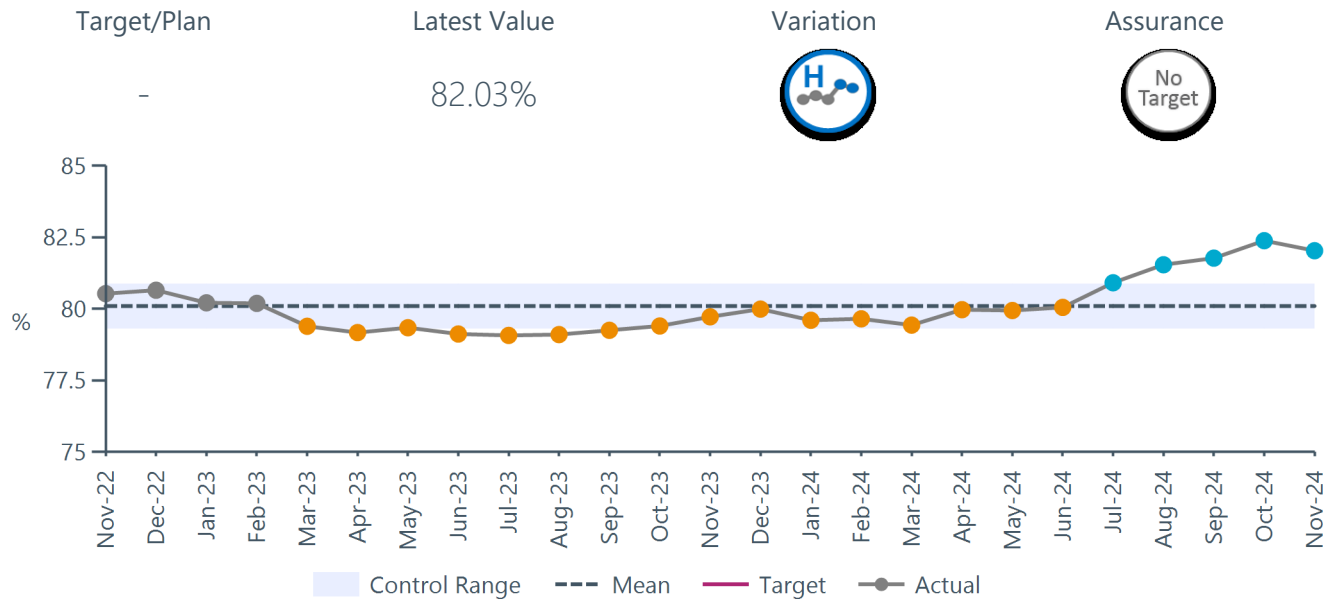
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	82.03%	H	No Target	80.05 ... 82.03

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period. As shown on the SPC graph above, the latest reported position is special cause variation of an improving nature with 82.03% above the Trust's control range. This is also the highest reported position on the graph above covering a period of 25 months.

In November, 82.03% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
* Medical & Dental 95.41%
* Administrative & Clerical 84.44%
* Add Prof Scientific and Technic - 81.48%
* Allied Health Professionals 81.48%
* Nursing & Midwifery 79.82%
* Additional Clinical Services 77.63%
* Estates & Ancillary 79.47%
* Healthcare Scientists 57.14%

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
79.72%	79.99%	79.60%	79.65%	79.43%	79.97%	79.94%	80.05%	80.91%	81.54%	81.77%	82.38%	82.03%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	80.74%		No Target	

Actual
Trajectory

What these graphs are telling us

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

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

Narrative

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

In November, % staff availability was 80.74% with the 19.26% not available broken down as follows:
* Planned absence (annual leave, maternity, paternity) - 7.10%
* Vacancies - 6.42%
* Unplanned absence (sickness, special leave) - 5.74%

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
81.53%	78.54%	81.43%	80.27%	77.80%	81.80%	78.98%	81.17%	78.85%	76.02%	79.19%	79.85%	80.74%

- Staff - Patients - Finances -

Personal Development Reviews

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
93.00%	91.90%			

85.43 ... 91.90

—●— Actual
--○-- Trajectory

What these graphs are telling us

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

Control Range · · Mean — Target —●— Actual

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 91.90% at the end of November; this equates to 125 members of staff who require a PDR. This has been reported below target since August '21. Breakdown below by area:
* MSK Unit - 90.20% - 63 not completed
* Corporate areas - 91.53% - 30 not completed
* Specialist Unit - 94.10% - 32 not completed but comfortably meeting the target

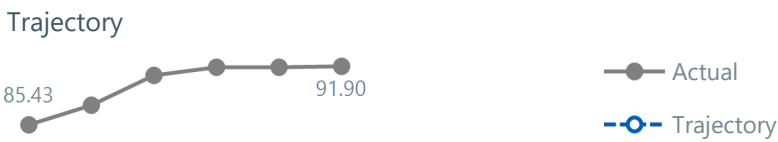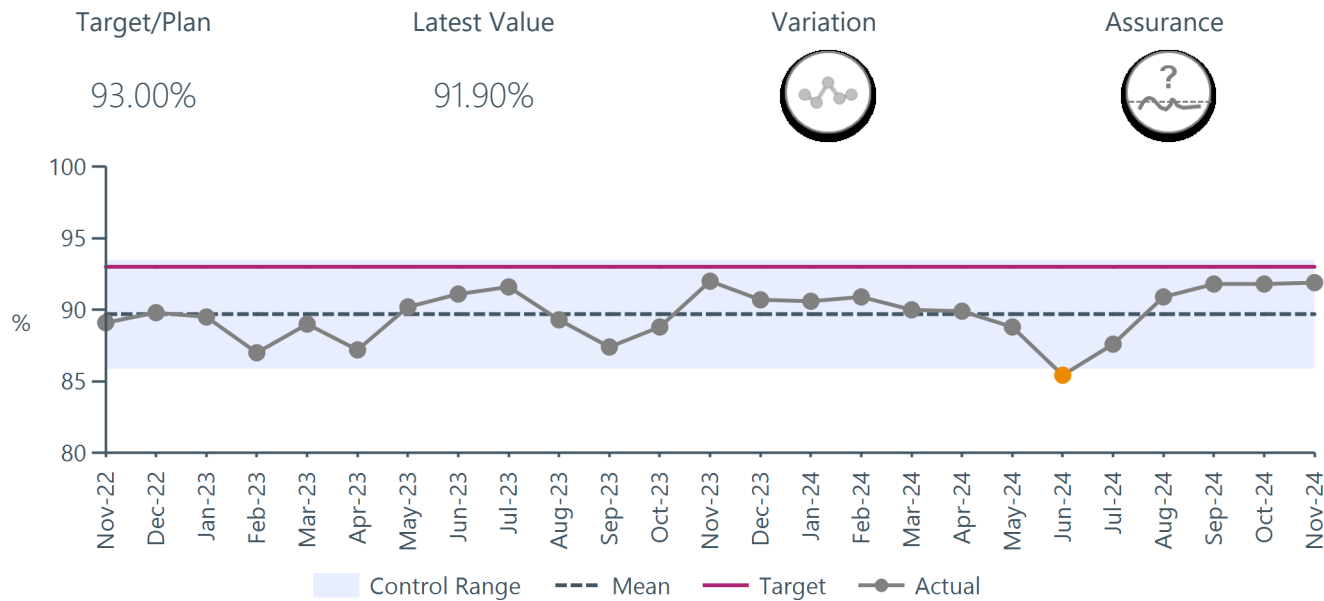A breakdown of the Corporate areas with PDRs outstanding:
* Office of the Medical Director - 15 - with majority in EPR project (10) and IMT Department (2)
* People Services - 5
* Finance & Planning - 4
* Nursing & Patient Safety - 3
* Office of the CEO - 2
* Operations Team - 1

Actions

Key actions currently being implemented for MSK include:
* Unit MD has chased all areas with PDRs outstanding, requesting completion and indication of plans
* For MSK Unit, the People Services Business partner, supported by People Services Advisor, now compiles live record of outstanding appraisals and team completion to target, several times a month. The live data is shared with managers to chase and encourage completion.
* Learning and Development team sending out individual emails to chase managers monthly
* Data cleansing taking place on an ongoing basis, and with improved visibility and communication with the admin lead for consultant appraisals

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
92.00%	90.70%	90.60%	90.90%	90.00%	89.90%	88.80%	85.43%	87.60%	90.90%	91.80%	91.80%	91.90%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

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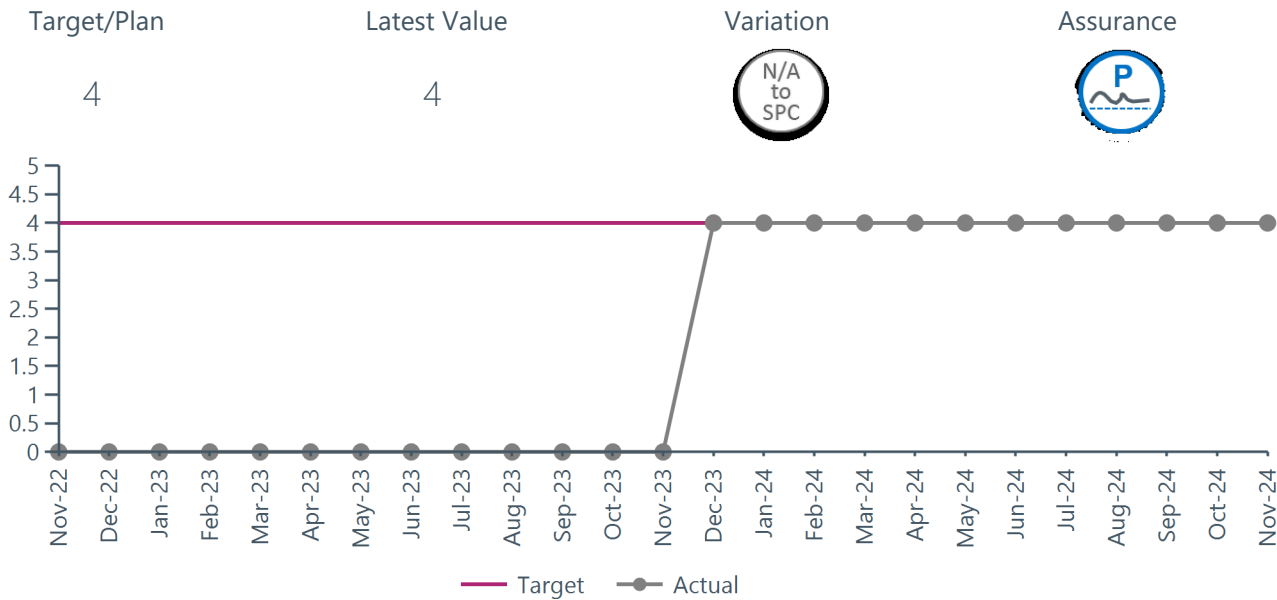
Target/Plan	Latest Value	Variation	Assurance
4	4	N/A to SPC	P

Trajectory

Actual 4 —————— 4

Trajectory

What these graphs are telling us

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

Narrative

RJAH is operating at level 4 and has now maintained this position for the last twelve months. 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.

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

- **Staff** - Patients - Finances -

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer
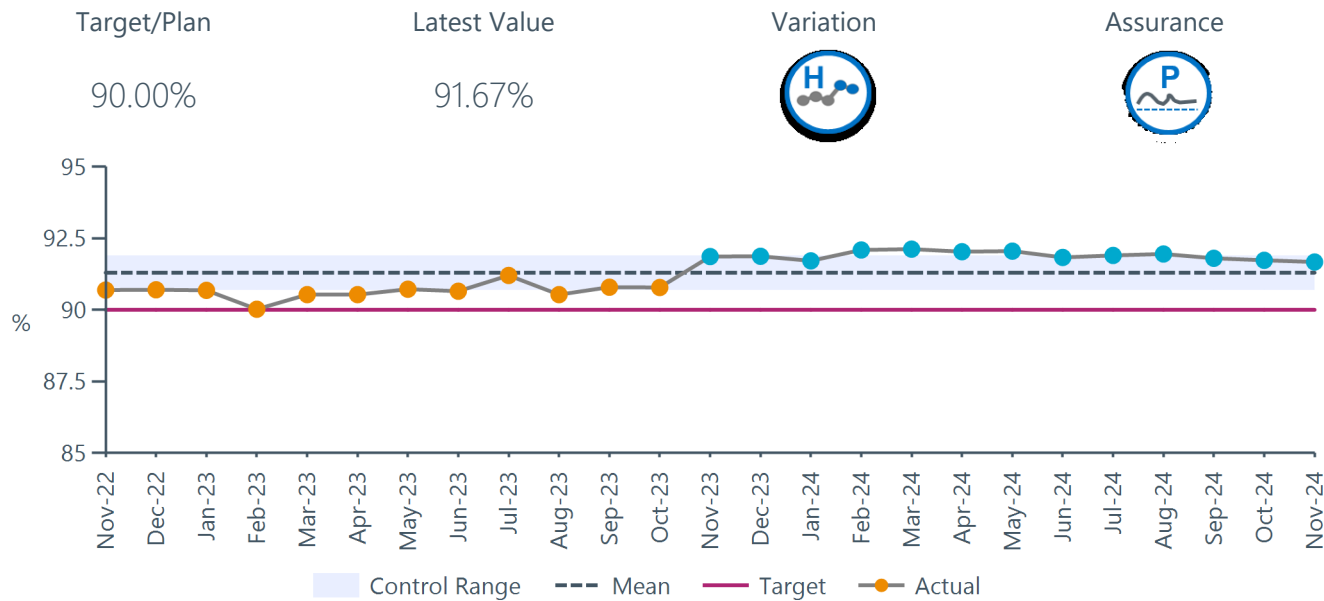
Target/Plan	Latest Value	Variation	Assurance
90.00%	91.67%	H	P

Trajectory

91.83

91.67

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of November, 91.67% 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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
91.86%	91.87%	91.71%	92.09%	92.12%	92.03%	92.05%	91.83%	91.90%	91.95%	91.80%	91.73%	91.67%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer
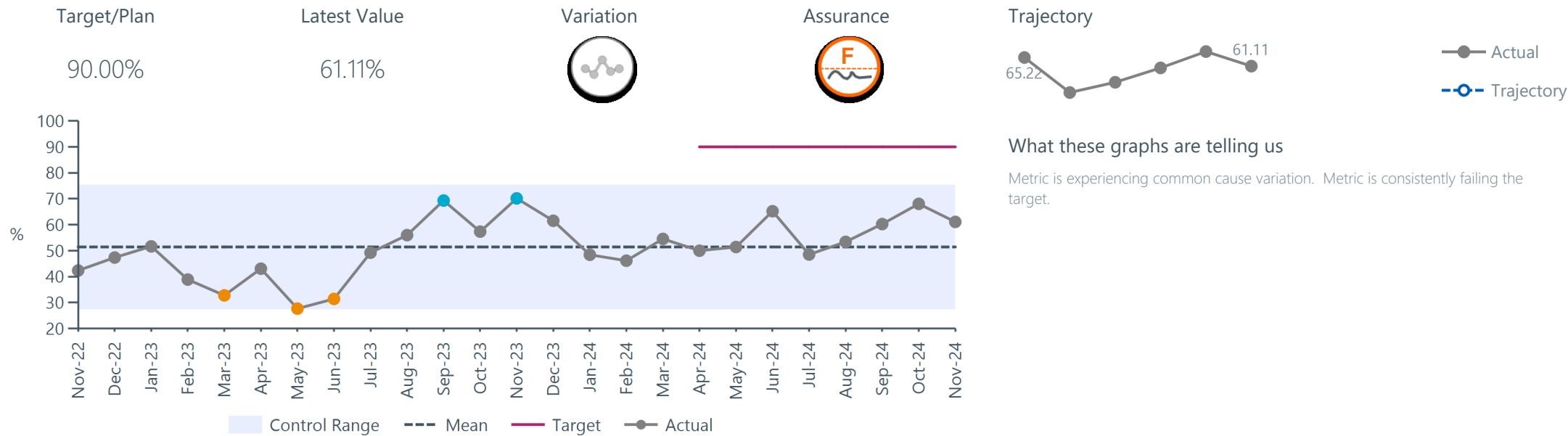
Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	61.11%		F	

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 61.11%. This relates to the roster start date of 7th September and ending on the 3rd November. A breakdown by unit is provided below:
* Corporate Areas - 78.57%
* MSK Unit - 58.33%
* Specialist Unit - 54.55%

This measure has been disaggregated into professional areas; breakdown below:
* Radiology - 100%
* Nursing - 85.29%
* Corporate - 76.92%
* AHPs - 33.33%
* Medical - 0%

Actions

Escalation to Rostering and Temporary staffing team regarding Medical rostering information. Work undertaken in November to improve Medical data and roster information, will see improvement in reporting from the 30th December roster.

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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
70.15%	61.54%	48.44%	46.15%	54.55%	50.00%	51.43%	65.22%	48.53%	53.42%	60.27%	68.06%	61.11%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer
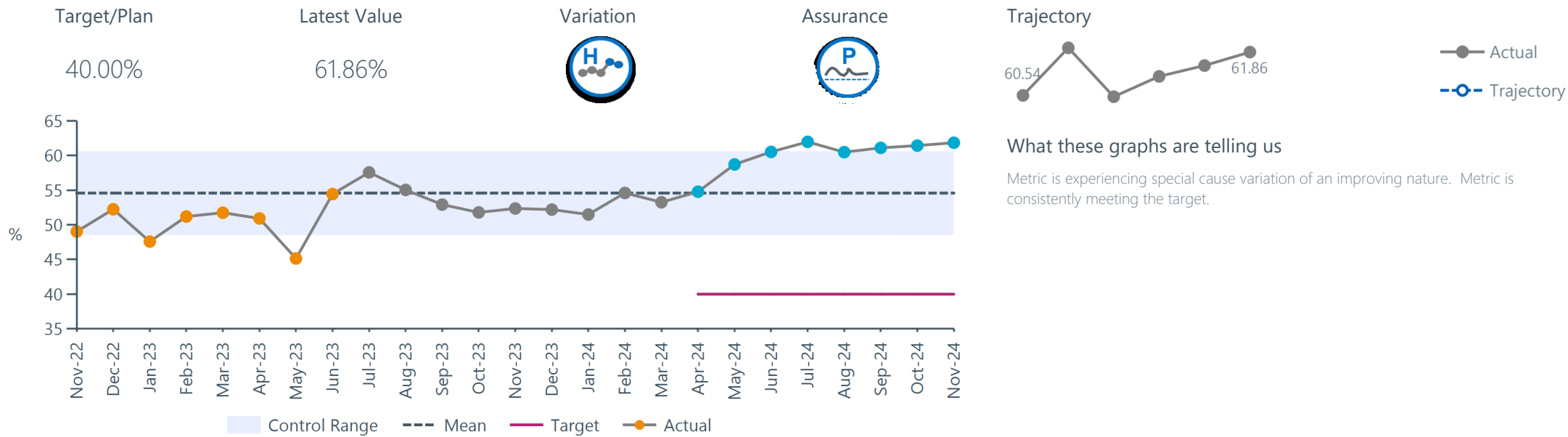
Target/Plan	Latest Value	Variation	Assurance	Trajectory
40.00%	61.86%	(H)	(P)	

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

Trust wide compliance is 61.86%, above the target set of 40%. The breakdowns by professional area are:
* AHPs - 92.87%, Radiology - 91.59%, Corporate - 84.34%, Nursing - 46.79%, Medical - 0%,

Actions

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

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
52.37%	52.21%	51.50%	54.61%	53.27%	54.79%	58.73%	60.54%	61.99%	60.50%	61.12%	61.45%	61.86%

- Staff - Patients - Finances -

E-Job Planning Level of Attainment

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

Exec Lead:
Chief Medical Officer
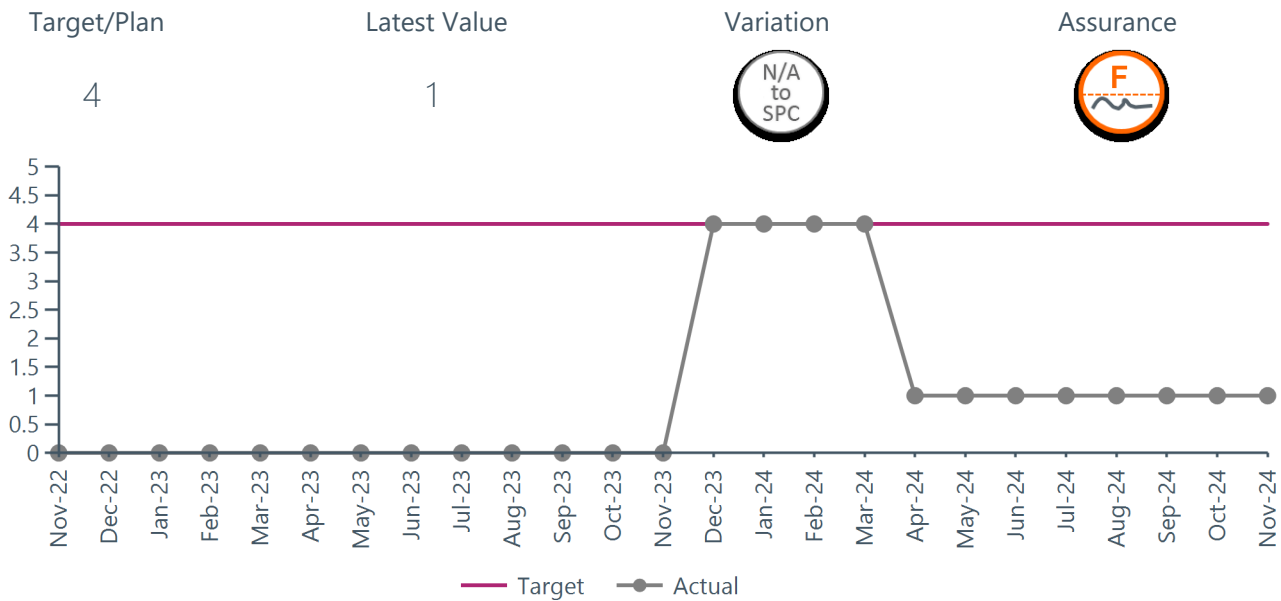
Target/Plan	Latest Value	Variation	Assurance	Trajectory
4	1	N/A to SPC	F	1 ———— 1

● Actual
○ Trajectory

What these graphs are telling us

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

— Target   ● Actual

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

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

-   **Staff**   -   Patients   -   Finances   -

35

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	23.18%	L	F	79.72 ... 23.18

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual
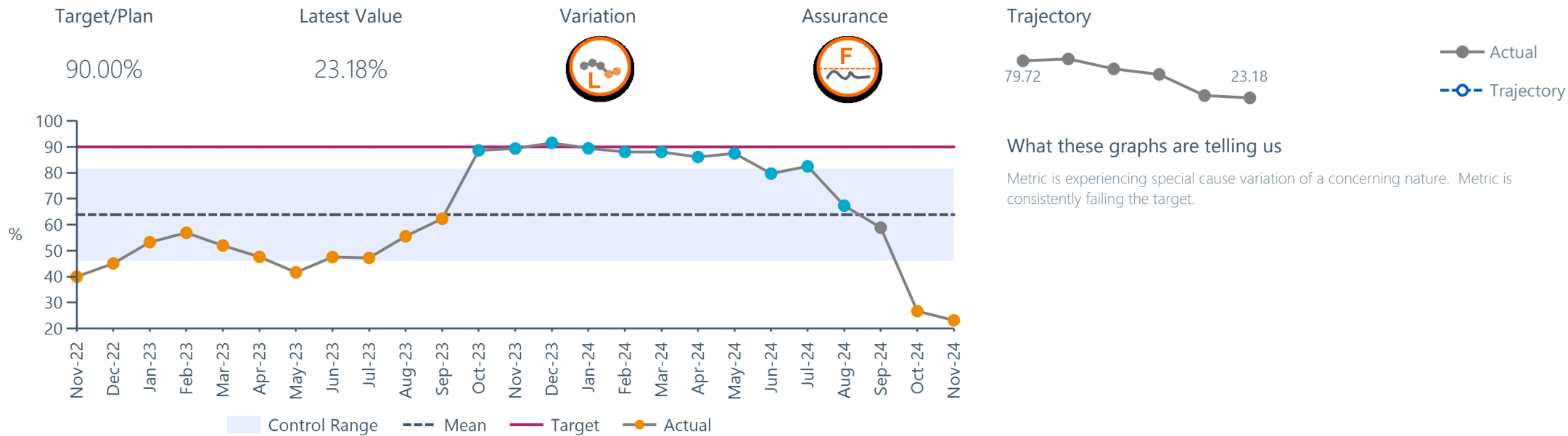
Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The November month end position is 23.18%.
Breakdown as follows:
* Specialist Nurses - 22 job plans with 0 signed off within last 12 months - 0%
* AHPs - 25 job plans with 3 signed off within last 12 months - 12.00%
* Consultants -104 job plans with 32 signed off within last 12 months - 30.77%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 18.75% and MSK Unit reported at 25.24%.

As at the end of November, below details the progress by staff group in chasing job plan completion at the different stages:
 - Consultants 72 outstanding - Awaiting 1st sign off (26), Awaiting 2nd sign off (4), Awaiting 3rd sign off (1), In discussion (15), on hold (1), not published (1), no status (24)
 - Nurses 22 outstanding - In discussion (1), Not published (2), no status (19)

Actions

Deep dive status report undertaken by Director of Planning and Strategy shared with Medical Director and Chief People Officer. This provided a starting point for actions and next steps to address the deteriorating performance against the IPR metrics.
Consistency committee, clinical chairs, ACNs and MDs contacted to assess their current timelines for bringing back into compliance. Meeting was held on the 26th November 2024 to discuss. Details of actions agreed to follow.

* CMO, COO & CPO attended regional job planning ignition event; plans to be developed for Trust Wide job planning schedule for 25/26 and to align to operational plan for 25/26

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
89.36%	91.55%	89.44%	88.03%	88.03%	86.11%	87.50%	79.72%	82.52%	67.36%	58.90%	26.71%	23.18%

- Staff - Patients - Finances -

Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	4	N/A to SPC	No Target	
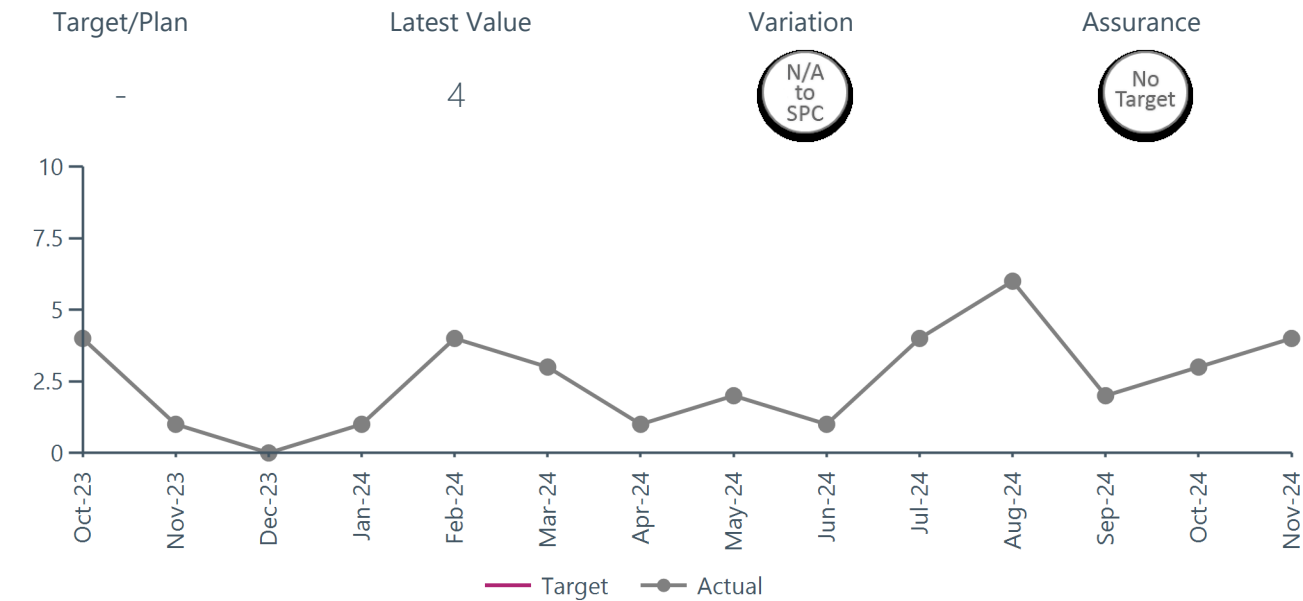
What these graphs are telling us

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

Narrative

There were four Patient Safety Reviews in November with a breakdown of each below:
* An After-Action Review into an incident where a patient was transferred out for level 3 care.
* An MDT Review for a RJAH acquired category 3 pressure ulcer
* An After-Action Review for a near miss never event
* An After-Action Review for an outbreak of diarrhoea and vomiting

Actions

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

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

- Staff - **Patients** - Finances -

RJAH Acquired Pressure Ulcers

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

Exec Lead:
Chief Nurse and Patient Safety Officer
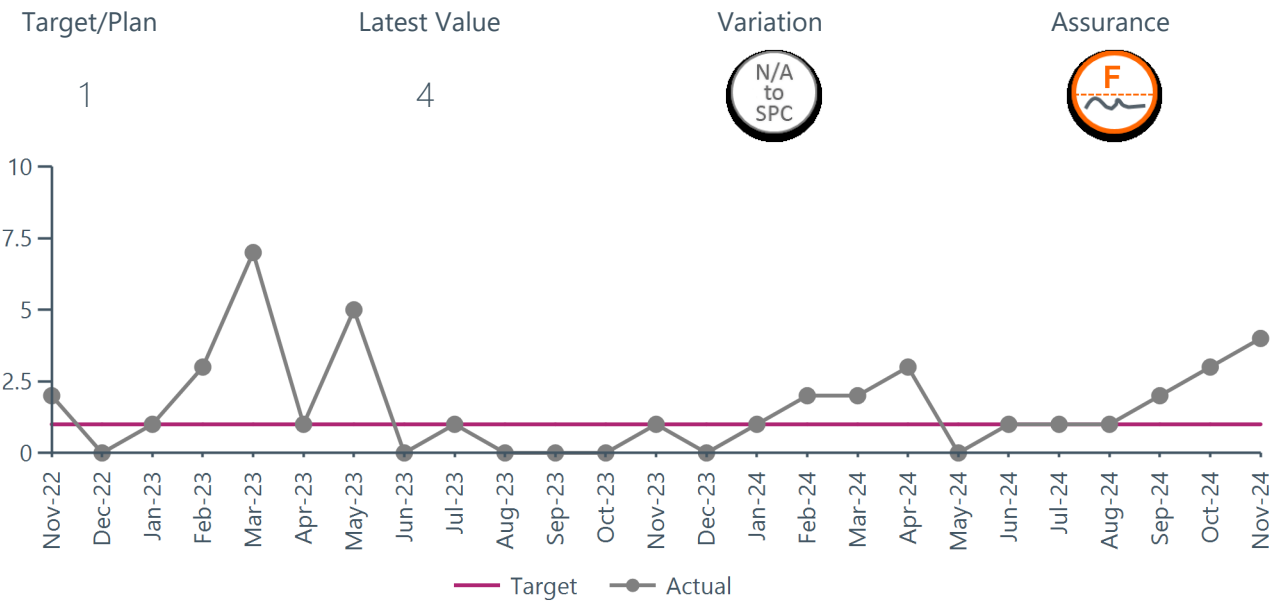
Target/Plan	Latest Value	Variation	Assurance
1	4	N/A to SPC	F

Trajectory

1 4

— Actual
--○-- Trajectory

What these graphs are telling us

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

— Target   — Actual

Narrative

There were four RJAH acquired pressure ulcers reported in November. These were categorised as follows:
* Category 2 (3)
* Category 3 (1)

Actions

Category 3 - For MDT Review.
Category 2- Acquired PU reviewed by Tissue Viability nurse and no themes identified.

Targeted educational sessions are being provided by the tissue viability nurse to staff on MCSI.

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

-   Staff   -   Patients   -   Finances   -

Number of Complaints

Number of complaints received in month 211105

Exec Lead:
Chief Nurse and Patient Safety Officer
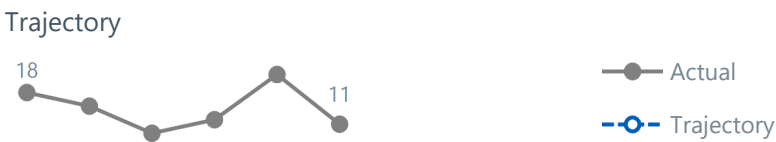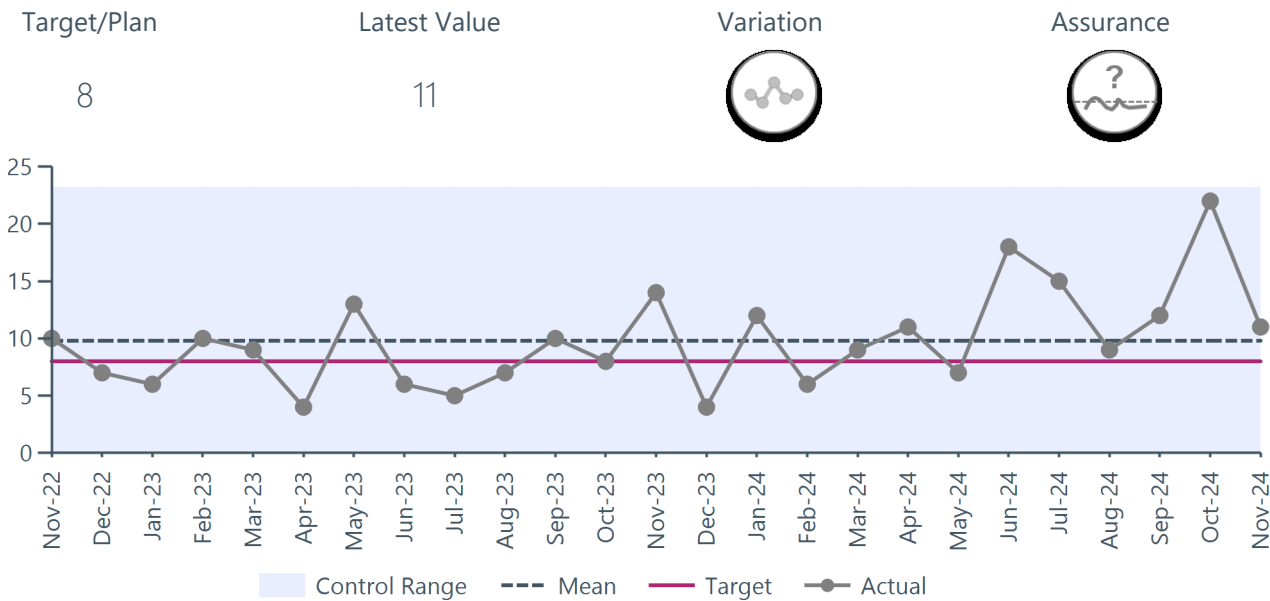
Target/Plan	Latest Value	Variation	Assurance	Trajectory
8	11			

Variation icon, Assurance icon (?), Trajectory sparkline showing 18 ... 11

Actual
Trajectory

What these graphs are telling us

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

Chart: Number of Complaints (Nov-22 to Nov-24)

Legend: Control Range — Mean — Target — Actual

Narrative

There were eleven complaints received in November, where the themes are associated with care received/outcome of care (5), issues with staff (3), waiting times (2) and cancelled surgery/appointments (1).

Actions

A deep dive into PALS and complaints in relation to MSST service has been shared with executive colleagues and will be presented at the Patient Experience Committee on 16th December.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
14	4	12	6	9	11	7	18	15	9	12	22	11

- Staff - Patients - Finances -

Standard Complaints Response Rate Within 25 Days

Standard Complaints Response Rate Within 25 Days 217736

Exec Lead:
Chief Nurse and Patient Safety Officer
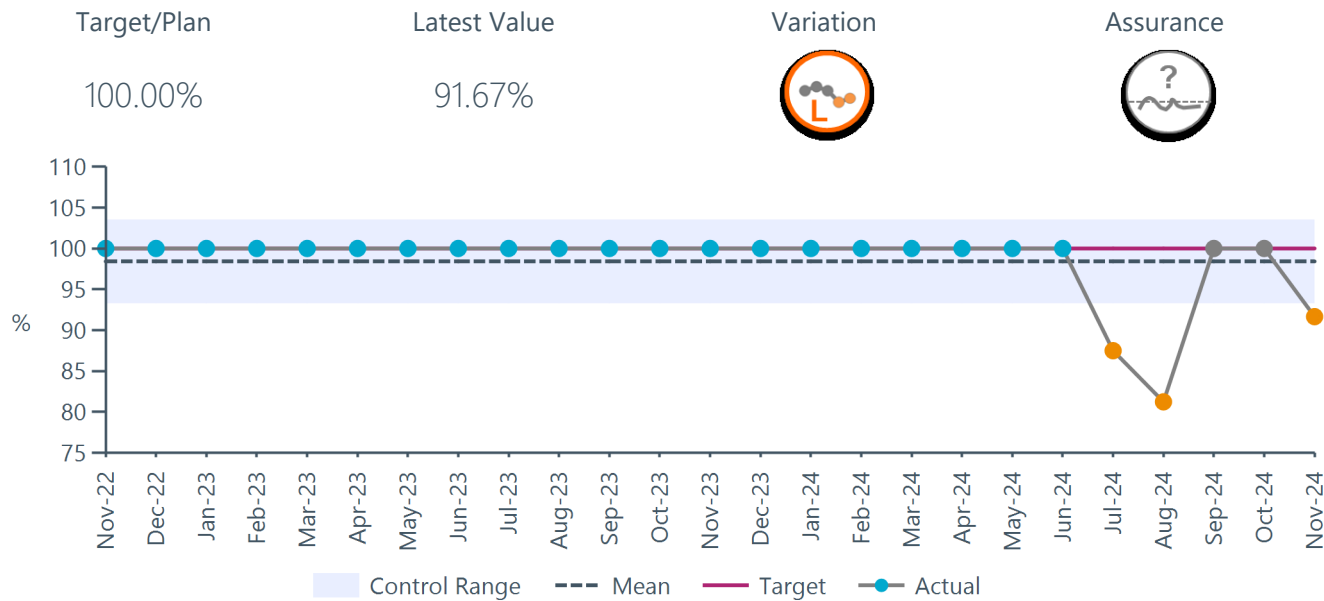
Target/Plan	Latest Value	Variation	Assurance	Trajectory
100.00%	91.67%			

What these graphs are telling us

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

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

Narrative

The standard complaints response rate within 25 day is reported at 91.67% in November. This is included as an exception as the SPC above indicates special cause variation of a concerning nature with the data point below the control range.

There were twelve standard complaints that were due for a response within 25 days in November but one did not meet the target due to queries of vetting process at sign off (1).

Reduction in complicance of this standard is reflective of the increase in the number of complaints received.

Actions

A deep dive into PALS and complaints in relation to MSST service has been shared with executive colleagues and will be presented at the Patient Experience Committee on 16th December.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	81.25%	100.00%	100.00%	91.67%

- Staff - Patients - Finances -

Complaints Re-opened

Complaints Re-opened 217566

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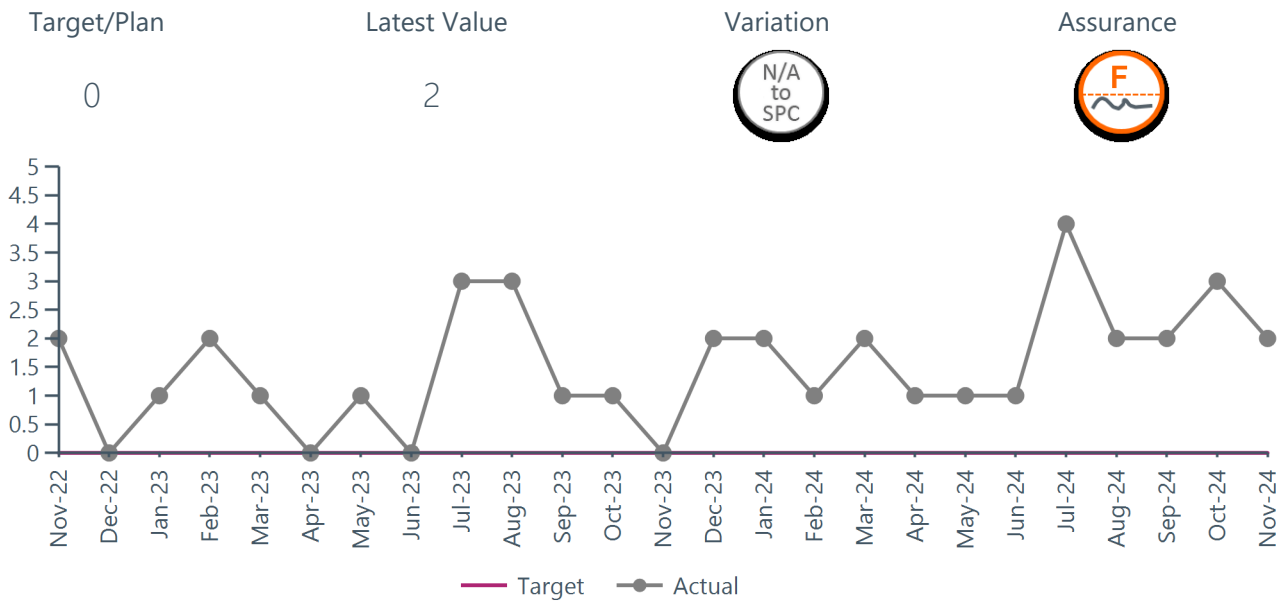
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	2	N/A to SPC	F	

Actual

Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

There were two complaints re-opened in November due to:
* Patient requiring further information (1)
* Patient unhappy with initial complaint response (1)

Actions

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

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

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	95.90%			96 ... 95.90

Legend: ● Actual ─○─ Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The % shift rate for November is reported at 95.90%. 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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
100.80%	98.20%	99.00%	99.80%	97.80%	99.50%	99.80%	96.00%	95.80%	91.90%	91.70%	96.20%	95.90%

- Staff - **Patients** - Finances -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer
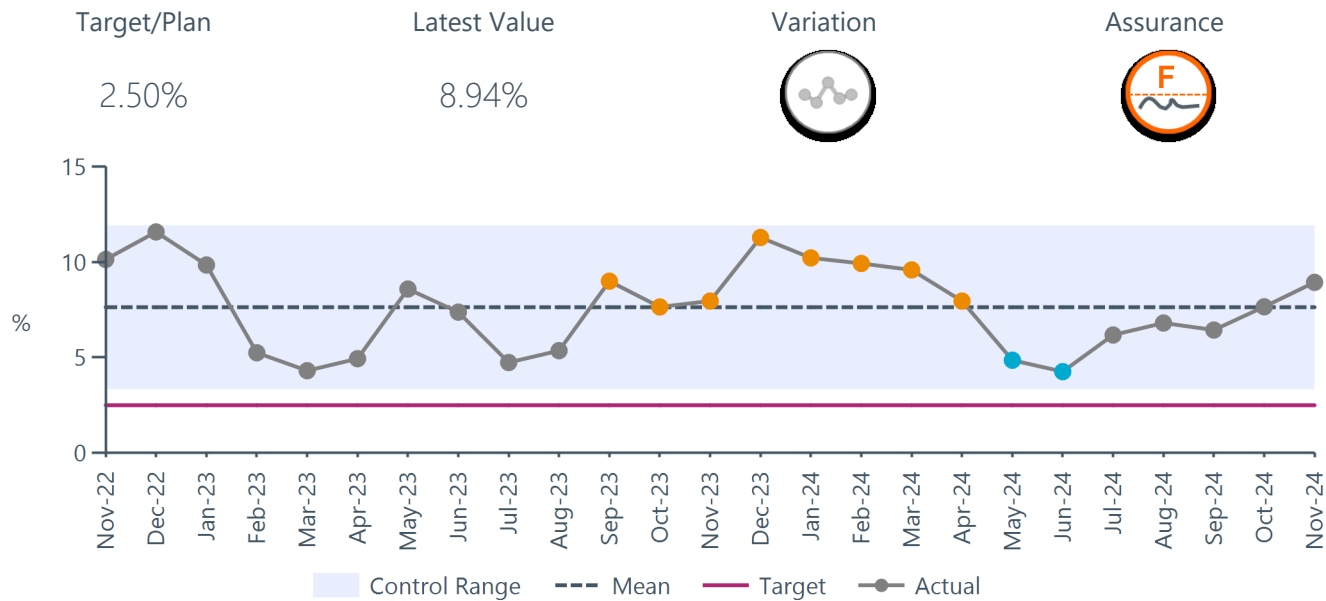
Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.50%	8.94%		F	

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 8.94% for November with the figure remaining within the expected control range and has can be seen in the graph above there has been a continual increase for the past five months. The total delayed days for the month is 328 days with a breakdown as follows:
* 23 care of the elderly patients with 174 delayed days - attributed to Shropshire (18), Wales (4), Birmingham (1)
* 8 spinal injuries patients amounting to 100 days - attributed to Wales (3), Dudley (2), Shropshire (1), Warwickshire (1), Walsall (1)
* 4 T&O patients totalling 54 days - attributed to Shropshire (2), Wales (2)

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.

There is a steady decline of length of stay in Sheldon and is testament to the MDT working on Sheldon Ward.

Staffing issues still remain due to long term sickness within the resettlement team remain a significant problem and is delaying the staffing restructure and management of change programme. Focus remains on ensuring length of stay and discharge planning is not negatively affected. Ward managers, surveillance team and Sheldon discharge coordinator are supporting as required.

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

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
7.96%	11.29%	10.22%	9.93%	9.59%	7.96%	4.86%	4.26%	6.18%	6.81%	6.44%	7.66%	8.94%

- Staff - Patients - Finances -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer
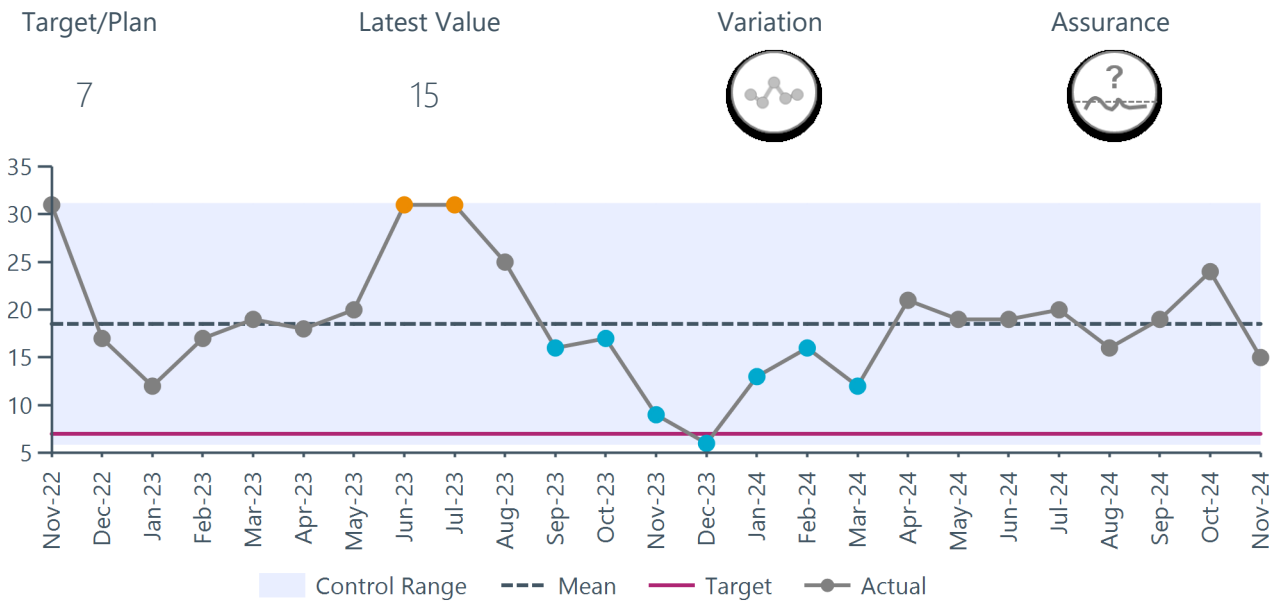
Target/Plan	Latest Value	Variation	Assurance
7	15		

Trajectory

19 ... 15

— Actual
--○-- Trajectory

What these graphs are telling us

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

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

Narrative

As at 30th of November, there were 15 spinal injury patients waiting to be transferred to the MCSI Unit. This remains above the tolerance of 7.

Actions

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

Deep dive into LOS is underway with a specific focus on impact of gaps in therapy staffing and impact of patients being admitted with pre-existing pressure ulcers. SOP for IPC solution to increase 'safe admission space' is being worked up and being costed. 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 and offered an OPD appt.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
9	6	13	16	12	21	19	19	20	16	19	24	15

- Staff - Patients - Finances -

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

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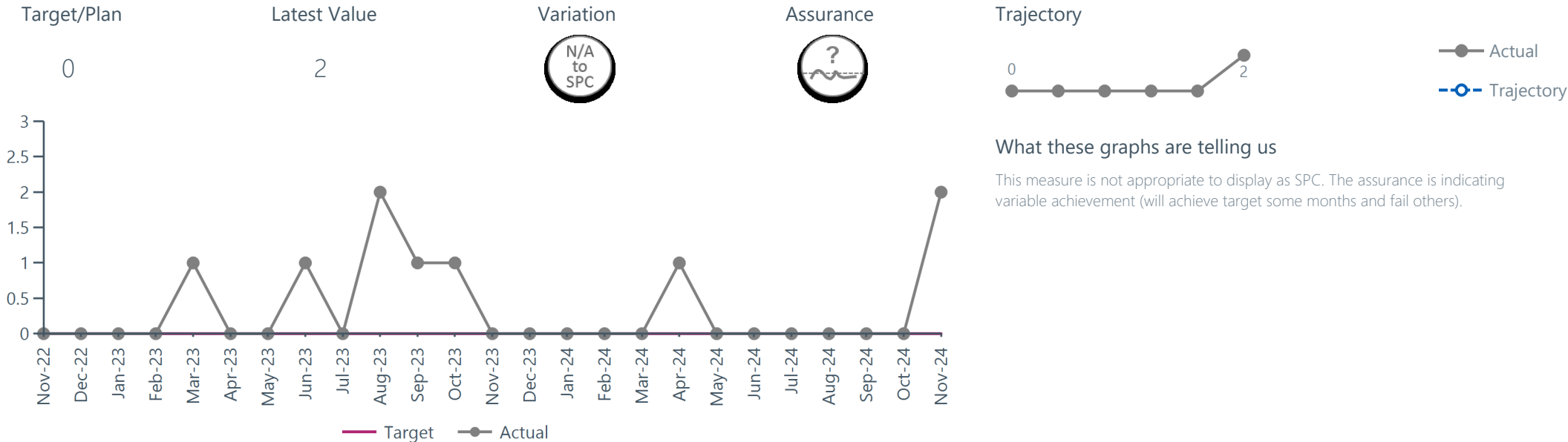
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	2	N/A to SPC	?	0 ... 2

Actual

Trajectory

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).

— Target — Actual

Narrative

There were two cases of RJAH Acquired C.Difficile reported in November.

Actions

* Case 1 was deemed unavoidable. The patient was a known C diff carrier. A full review was conducted by Antimicrobial Pharmacist which ensured that the patient had received the correct antibiotics for their infection. Full assurance was reached that each prescription was discussed with microbiology and therefore the resultant C diff infection was deemed unavoidable.
* Case 2 – The Post Infection Review findings reveal a missed opportunity for testing. If samples are not taken within a 48 hour period from admission, any infection is allocated to RJAH. This patient was transferred and symptomatic within the 48 hour window but a sample was not sent until the following day. Safety actions have been captured and progress monitored through the Patient Safety Meeting and IPC Working Group.

The Trust remains below target threshold for acquisition of C diff.

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

- Staff - Patients - Finances -

C Diff Infection Rates Per 100,000 Bed Days

The rolling twelve month count of trust apportioned C.Difficile infections in patients aged two years and over divided by the rolling twelve-month average occupied bed days per 100,000 217371

Exec Lead:
Chief Nurse and Patient Safety Officer
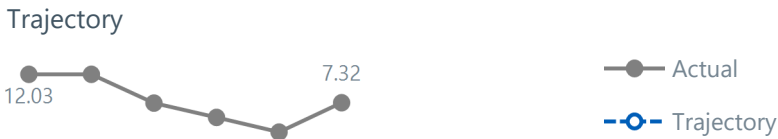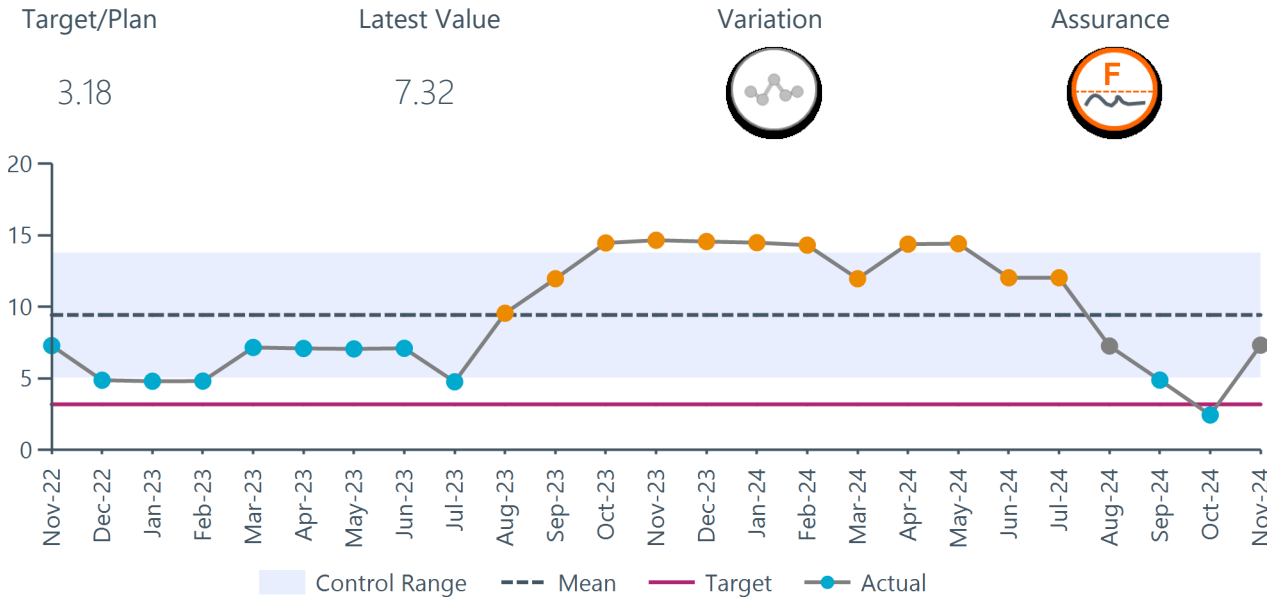
Target/Plan	Latest Value	Variation	Assurance	Trajectory
3.18	7.32		F	12.03 ... 7.32

—●— Actual
--○-- Trajectory

What these graphs are telling us

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

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

Narrative

This measure relates to the rolling twelve month count of Trust apportioned infections divided by the rolling twelve month average occupied beds. There have been three infections reported in this timeframe, of which 2 were reported in November.

Actions

It is expected that the rolling count will reduce in the next quarter. The assurance shows as consistently failing due to the method of data capture and how it is displayed. A more accurate and up to date measure is that the Trust remains below this years target threshold set by NHSE.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
14.65	14.56	14.48	14.31	11.96	14.38	14.41	12.03	12.03	7.26	4.88	2.44	7.32

- Staff - Patients - Finances -

RJAH Acquired MSSA Bacteraemia

Number of cases of MSSA bacteraemia in month 211152

Exec Lead:
Chief Nurse and Patient Safety Officer
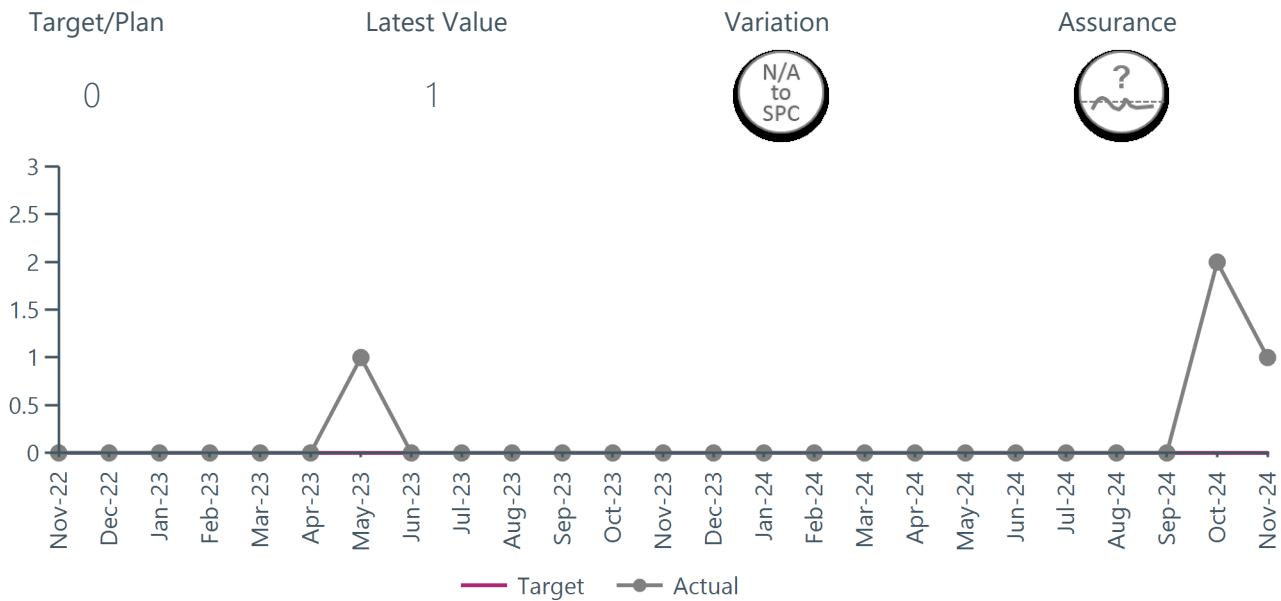
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	1	N/A to SPC	?	

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).

Actual — Trajectory

Narrative

There was one RJAH Acquired MSSA Bacteraemia reported in November; Wrekin Ward (1).

Actions

MSSA thresholds are not set by NHSE. This is RJAH acquired in terms of reporting, however this was deemed an unavoidable case. Safety actions have been captured following the PIR and will be actioned and monitored through the Trust's Gram Negative Blood Stream Infection Prevention Working Group, which reports monthly to the IPCC Meeting.

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

-   Staff   -   Patients   -   Finances   -

Surgical Site Infections

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

Exec Lead:
Chief Nurse and Patient Safety Officer
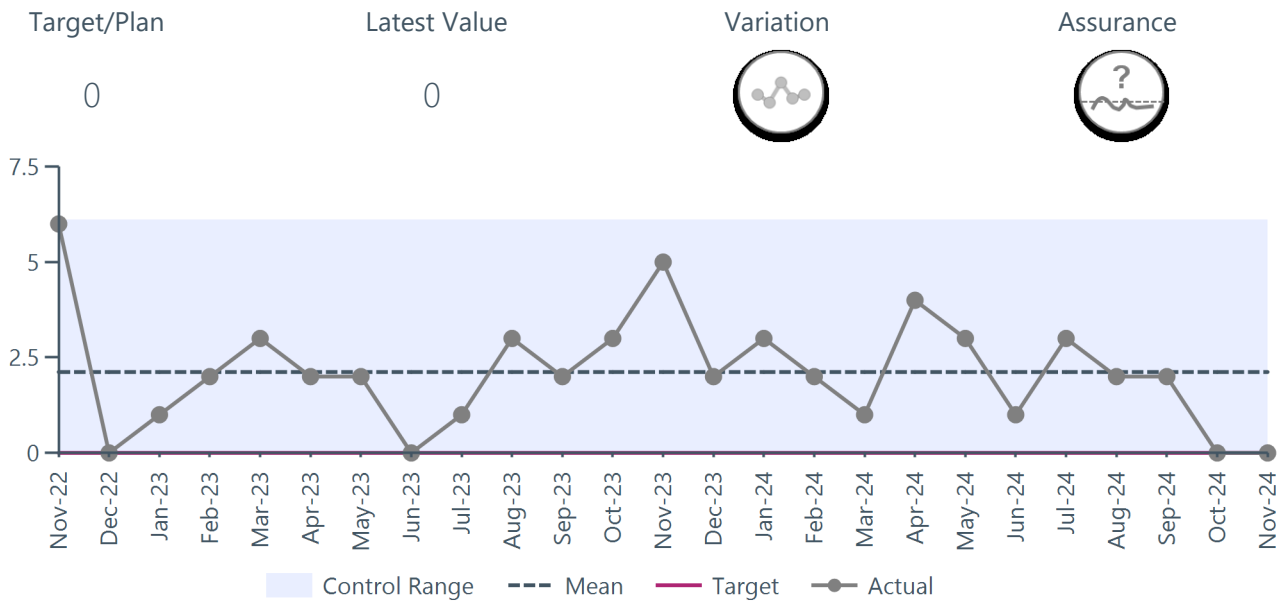
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0			

What these graphs are telling us

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

Control Range — Mean — Target — Actual

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 were 2 infections confirmed in November, relating to procedures that took place in May (1) and September (1).

Actions

As expected, a knee outlier letter was received for April-July 24 as the Trust reached but did not breach the 1% threshold.
Case reviews are conducted within 30 days of notification and investigations are in progress in line with this process. Common themes are identified and explored. In addition, 6 monthly SSI thematic analyses are conducted as part of the IPC Team work plan. The thematic review is discussed in detail at the IMDT meeting. This was conducted in October and the following safety actions were identified:
* Develop an IPC back-to basics programme for Theatre personnel (including Registrars)
* Theatre Clinical Lead to communicate to scrub staff importance of not touching Stryker hoods whilst being scrubbed. This should be included in training.
* Consider placing staff who are learning in lower risk areas before they are moved to more high-risk surgical cases
* Explore options for the use of probiotics for surgical patients
* Extend MSSA decolonisation to ALL joint replacement surgery.
Actions progressed through SSIPWG and monitored through the Patient Safety Meeting and IPC&C Meetings.

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

- Staff - Patients - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer
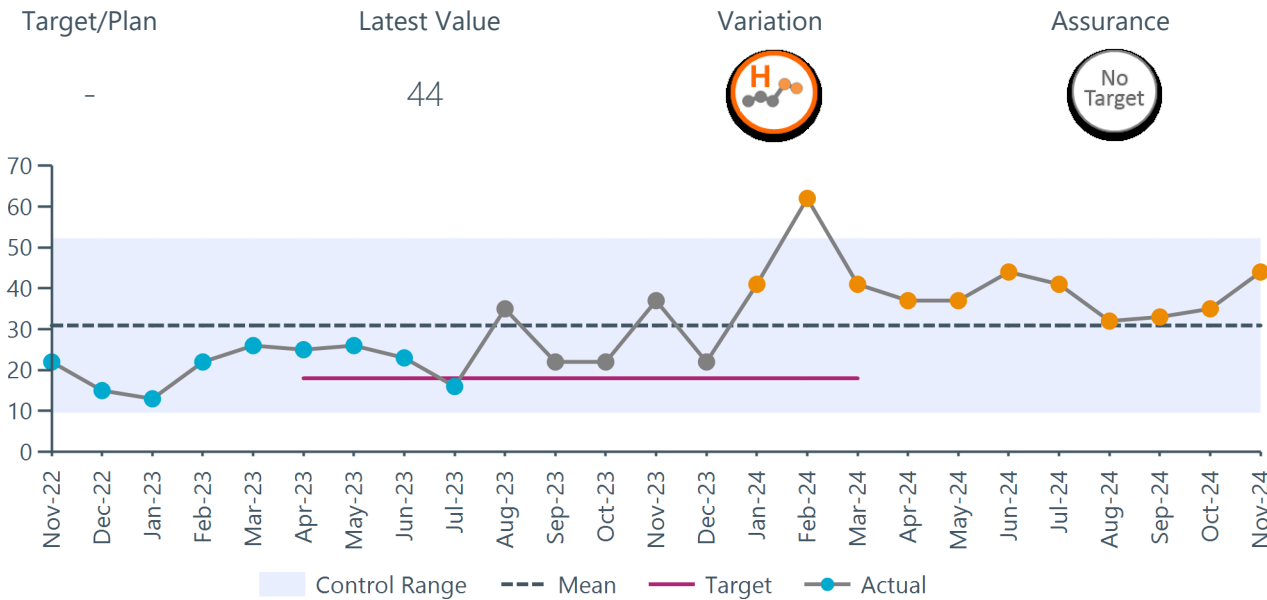
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	44	H	No Target	44 ... 44

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

Throughout November there were 44 errors reported. This remains within the Trust's control range but included as an exception as the SPC above indicates special cause variation of a concerning nature with the data since January all reported above the mean. Breakdown of these errors as follows:
* Incidents that relate to the supply of medications (15)
* Incidents that relate to the administration or omission of patient medications (13)
* Incidents that relate to the prescription of medications (8)
* Incidents that relate to the safe storage of medications (8)

Graphical representation of this breakdown is provided in the covering paper that accompanies the IPR to provide additional analysis.

Of the errors reported in November, none resulted in low 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 the MSO and Unit Matrons.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
37	22	41	62	41	37	37	44	41	32	33	35	44

-    Staff   -   Patients   -   Finances   -

Medication Errors with Harm

Total number of medication errors, and those with harm 211088

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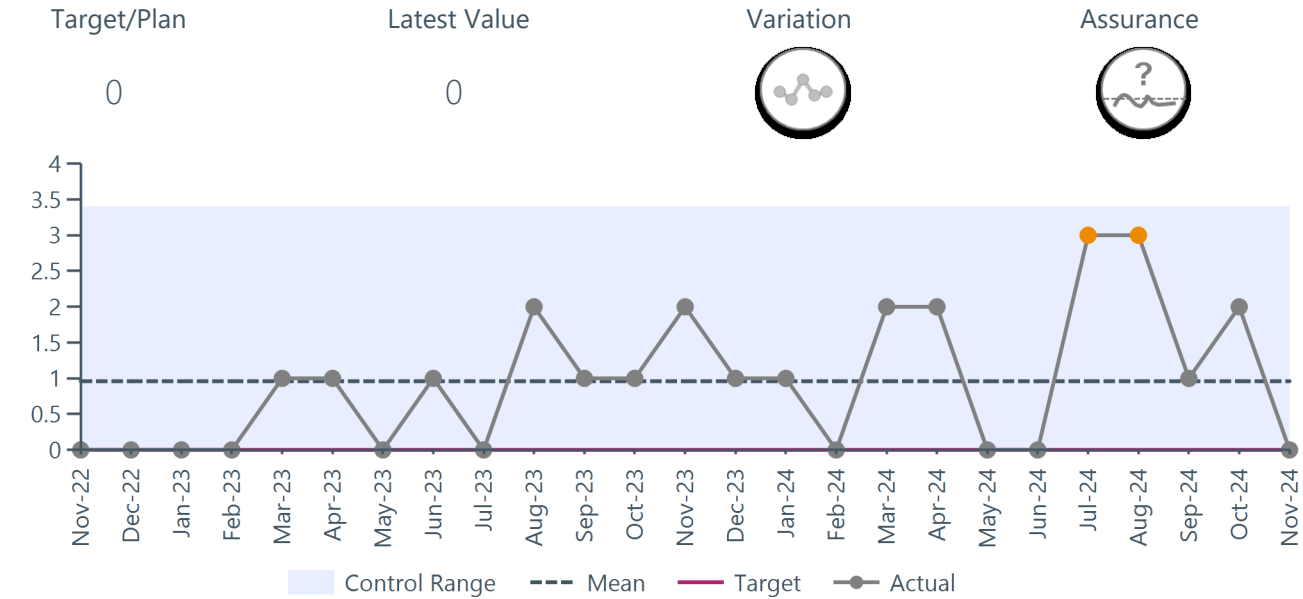
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0			

What these graphs are telling us

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

Legend: Control Range, Mean, Target, Actual

Trajectory legend: Actual, Trajectory

Narrative

Of the 44 Medication Errors reported in November, none resulted in low harm.

Actions

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

- Staff - Patients - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer
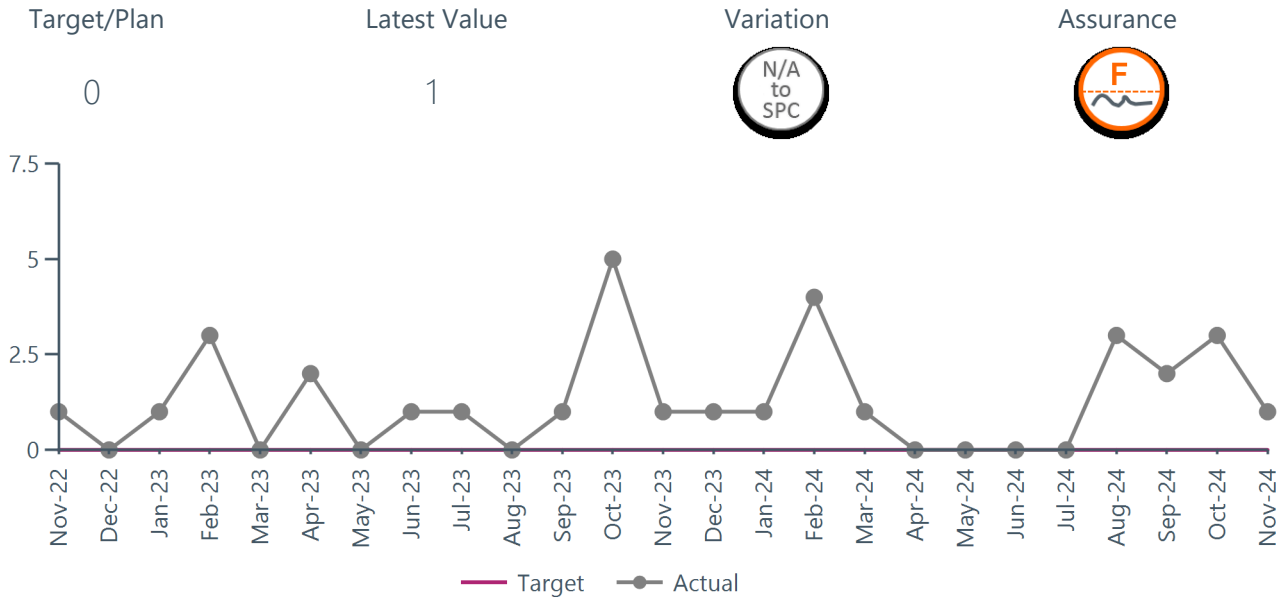
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	1	N/A to SPC	F	

What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently exceeding the tolerance.

Narrative

There was one death within the Trust throughout November; which has been classified as an Unexpected Death.

Actions

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

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

-   Staff   -   Patients   -   Finances   -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit
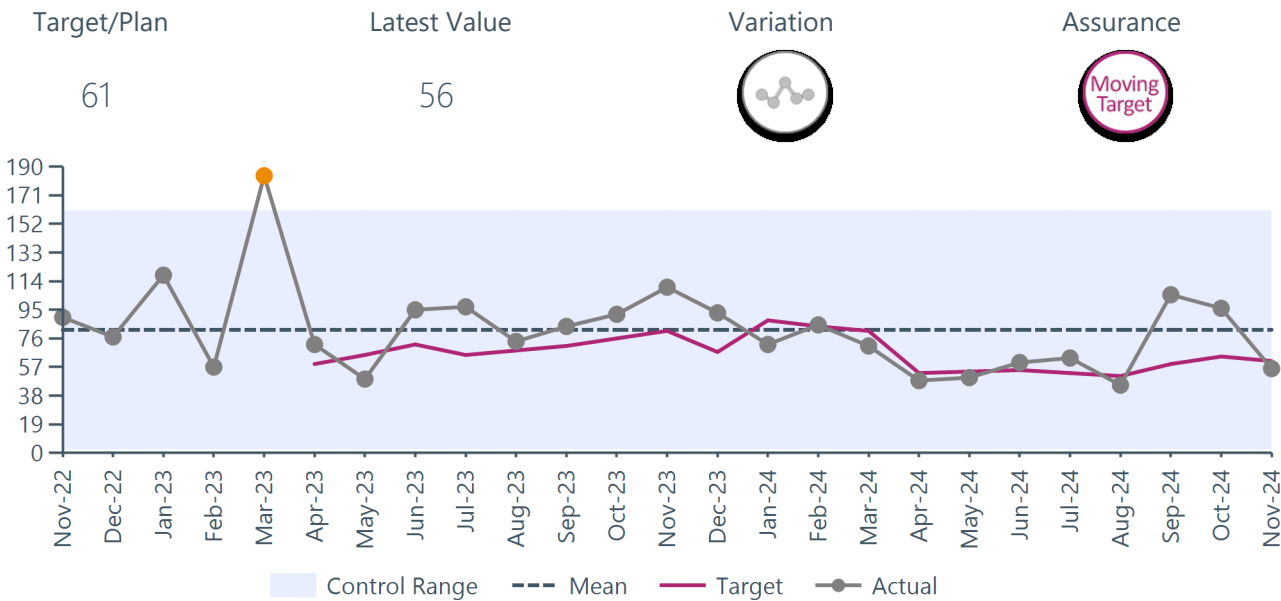
Target/Plan	Latest Value	Variation	Assurance	Trajectory
61	56		Moving Target	

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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 56 theatre cancellations in November: 50 on the day and 6 in the 7 days before surgery, 5 below the target of 61. Key theme for cancellations in the 7 days prior to TCI was staffing shortfall/sickness whilst those on the day were primarily impacted by lack of time or medically unfit. The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

There were 3 breaches of the 28-day booking standard in November:
* Lack of time (2)
* Lack of HDU bed (1)

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.
* Focus on increasing Anaesthetic and theatre staffing levels.
* Implemented pre-op my recovery app with pre-op self-assessment.
* Audited cancellations on the day showing themes for improvement.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
110	93	72	85	71	48	50	60	63	45	105	96	56

- Staff - Patients - Finances -

62 Day General Standard*

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

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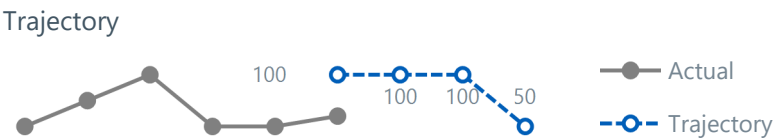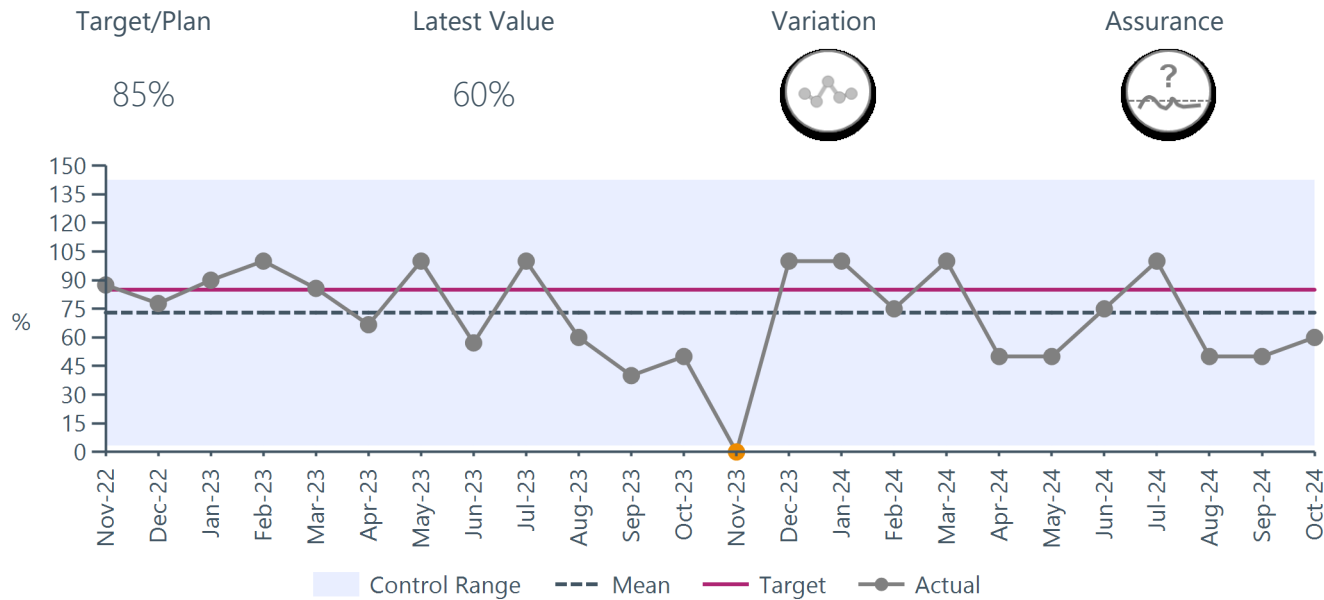
Target/Plan	Latest Value	Variation	Assurance	Trajectory
85%	60%		?	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The 62 Day General Standard is reported at 60% in October; this is reported in arrears. There were two shared breaches due to the requirement of various tests/scans and complexity. At the time of IPR production, a third breach is currently being queried nwith another provider regarding the breach allocation.

Actions

Operational management for Tumour service liaising with other provider regarding breach allocation.
* 6 month thematic review of cancer standard breaches presented at November's TPOIG. Areas of focus include collaboration with referring centres regarding diagnostic pathways.

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

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer
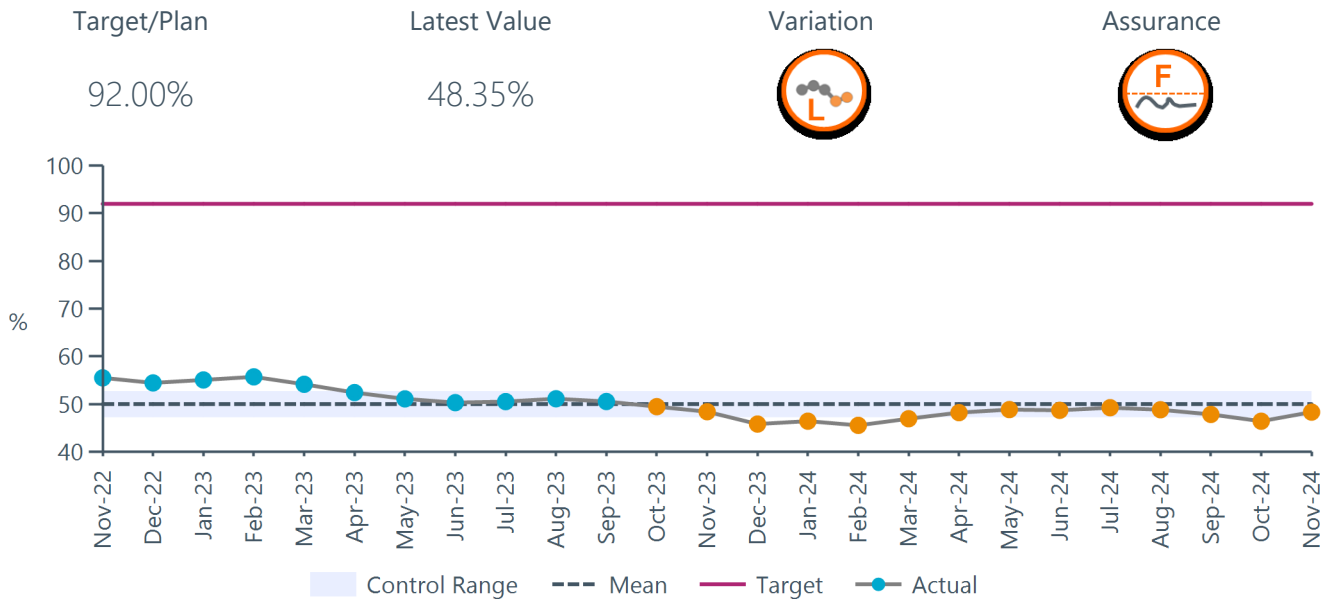
Target/Plan	Latest Value	Variation	Assurance
92.00%	48.35%		

Trajectory

48.73   48.35

- Actual
- Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Our November performance was 48.35% 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 - 9681 patients waiting of which 3725 are breaches
* MS2 - 1599 patients waiting of which 1093 are breaches
* MS3 - 5681 patients waiting of which 3973 are breaches

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
48.43%	45.84%	46.45%	45.57%	46.96%	48.24%	48.88%	48.73%	49.27%	48.84%	47.86%	46.44%	48.35%

- Staff - Patients - Finances -

English List Size

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
15,401	16,961	H	Moving Target	15708 ... 16961

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The number of English patients waiting at the end of November is reported at 16961; 1560 above the plan of 15401. The target for this metric reflects the Trust's submitted Operational Plans.

As outlined in previous months, the English list size has continually grown since January, where the initial increase was a result of the Rheumatology service. In the period January to November, the list has increased by 2232 with Rheumatology accounting for 46% of that.

More recently, reduced activity levels since July has impacted services with long waits. The English list size at the end of November is 1253 higher than the end of June, with the five surgical teams accounting for 65% of that.

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
15072	14792	14729	14928	15306	15574	15810	15708	16057	16244	16408	16749	16961

- Staff - Patients - Finances -

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	8,738	H	No Target	8209 ... 8738

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

The number of Welsh patients waiting at the end of November is reported at 8738. As can be seen in the graph above, there continues to be month on month increases. Reduced activity levels since July has impacted services with long waits. The Welsh list size at the end of November is 529 higher than the end of June, with the five surgical teams increasing by 599.

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
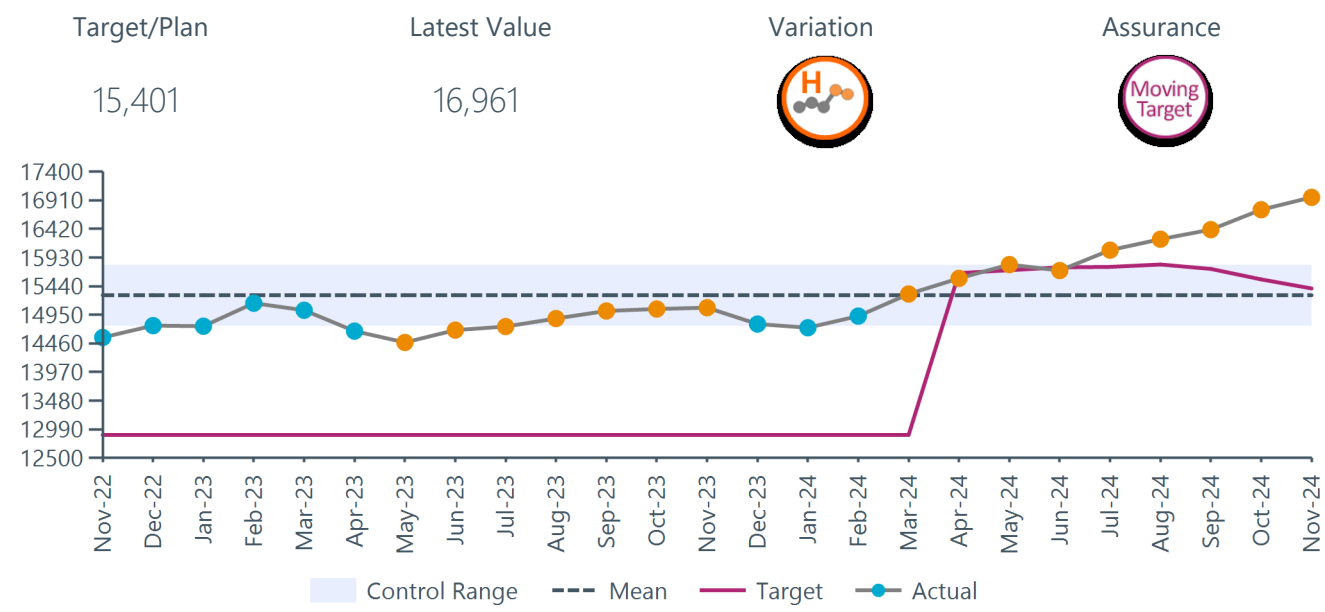* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
7921	7875	7766	7610	7732	7782	8054	8209	8312	8522	8581	8634	8738

- Staff - Patients - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	25,699	H	No Target	23917 ... 25699

What these graphs are telling us

Actual
Trajectory

Control Range — Mean — Target — Actual

Narrative

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
22993	22667	22495	22538	23038	23356	23864	23917	24369	24766	24989	25383	25699

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
796	1,181	(variation icon)	Moving Target

Trajectory

1311 ... 1181

Actual
Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

At the end of November there were 1181 English patients waiting over 52 weeks; above our plan of 796 by 385. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (355), Spinal Disorders (309), Knee & Sports Injuries (150), Foot & Ankle (131), Upper Limb (116), Veterans (47), Rheumatology (45), ORLAU (6), Orthotics (5), Spinal Injuries (5), Paediatric Orthopaedics (4), Metabolic Medicine (4), Physiotherapy (2), Neurology (1) and Tumour (1).

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for the revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Patients waiting, by weeks brackets is:
*   >52 to <=65 weeks - 919 patients
*   >65 to <=78 weeks - 242 patients
*   >78 weeks - 20 patients

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
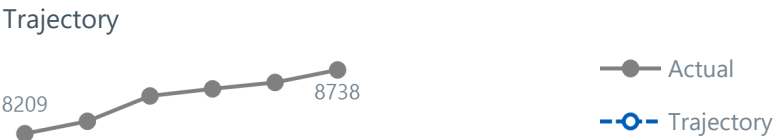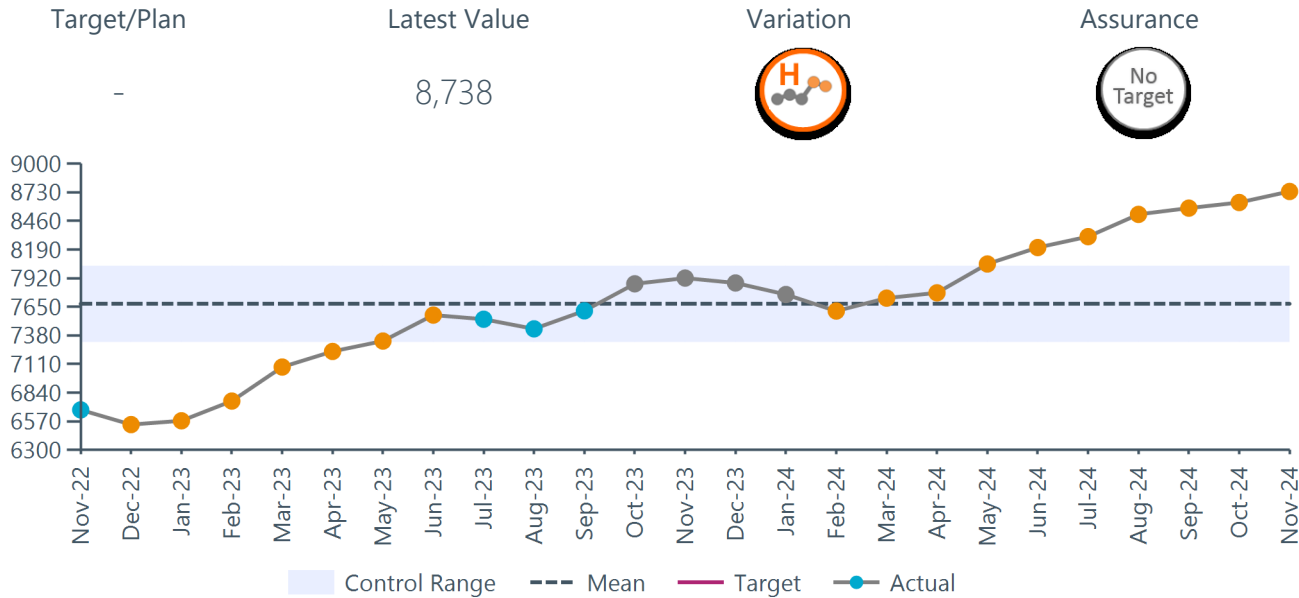* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1193	1165	1284	1377	1309	1291	1299	1311	1264	1316	1362	1454	1181

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	1,606	H	No Target	1305 ... 1606

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

At the end of November there were 1606 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (795), Arthroplasty (424), Knee & Sports Injuries (131), Foot & Ankle (111), Upper Limb (90), Veterans (25), Paediatric Orthopaedics (10), Rheumatology (7), Tumour (4), Spinal Injuries (4), Metabolic Medicine (4) and ORLAU (1).

Reduced activity levels since July has impacted services with long waits. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

The number of patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 651 patients
* >65 to <=78 weeks - 454 patients
* >78 to <=95 weeks - 335 patients
* >95 to <=104 weeks - 46 patients
* >104 weeks - 120 patients

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
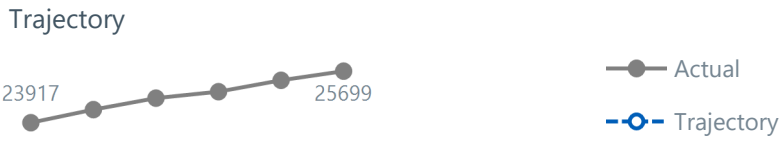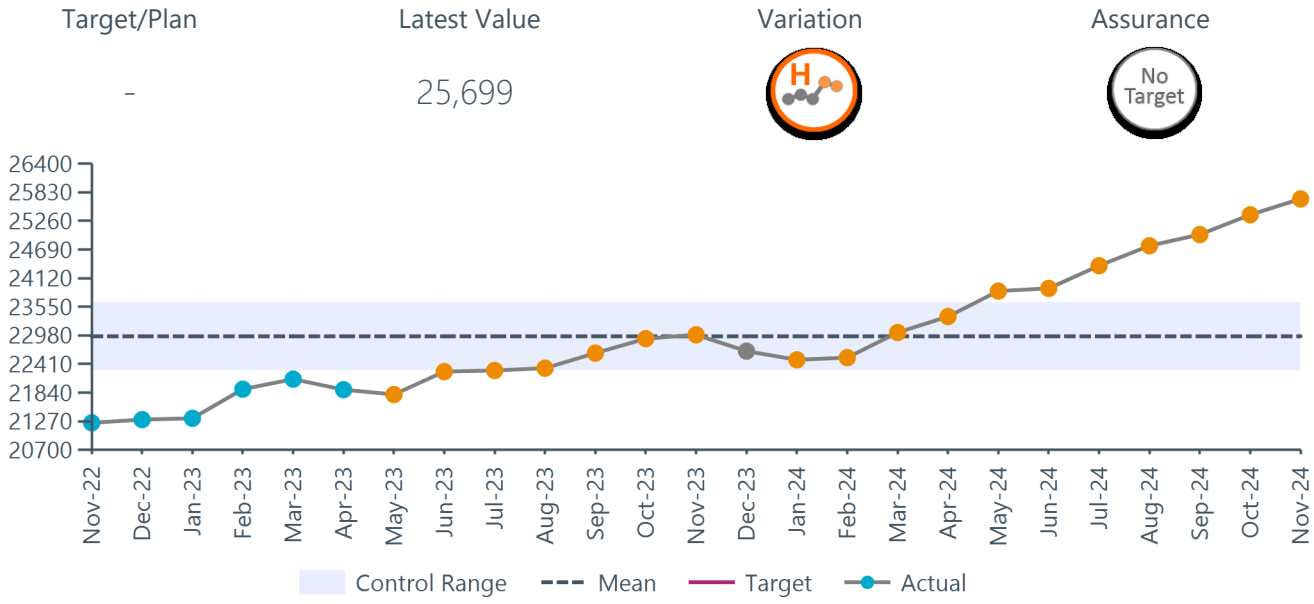* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1058	1043	1049	1061	1141	1149	1228	1305	1357	1400	1453	1533	1606

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	2,787	H	No Target	

Trajectory: 2616 ... 2787

Actual / Trajectory

What these graphs are telling us

Control Range — Mean — Target — Actual

Narrative

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2251	2208	2333	2438	2450	2440	2527	2616	2621	2716	2815	2987	2787

- Staff - Patients - Finances -

Patients Waiting Over 65 Weeks - English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	262		Moving Target	297 ... 262

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative
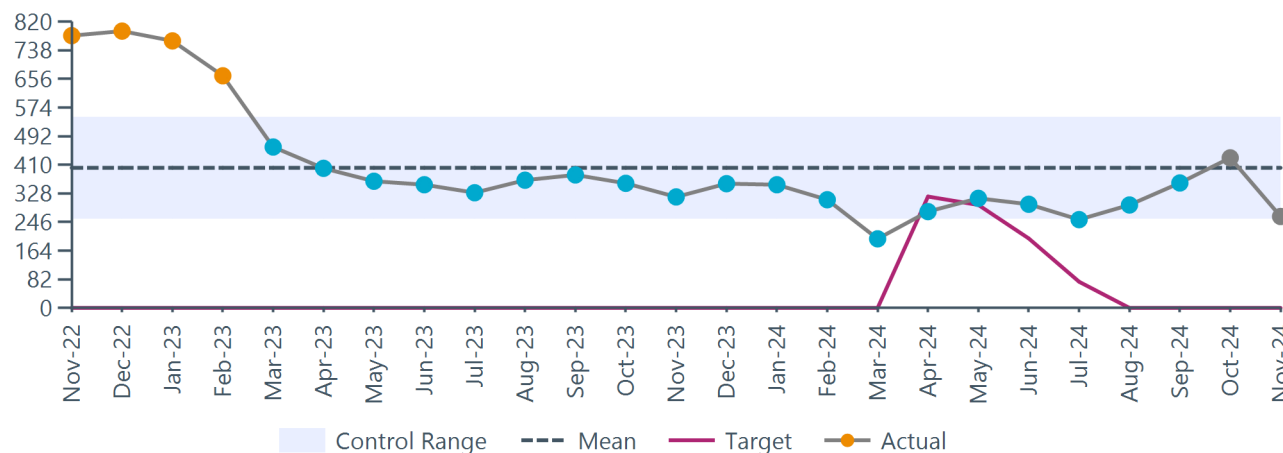
At the end of November there were 262 English patients waiting over 65 weeks. Target of zero reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Spinal Disorders (85), Arthroplasty (70), Foot & Ankle (48), Knee & Sports Injuries (27), Upper Limb (17), Veterans (9), Physiotherapy (2), Orthotics (2), ORLAU (1), and Neurology (1). Patients waiting, by weeks brackets is:
* >65 to <=78 weeks - 242 patients
* >78 to <=95 weeks - 20 patients

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
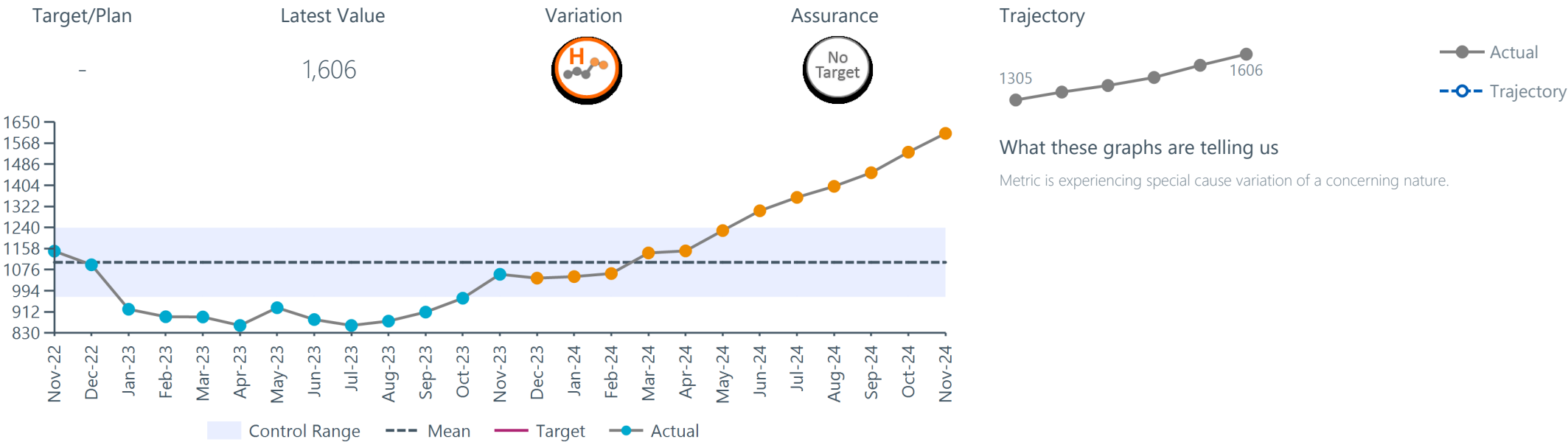* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
318	356	353	310	198	276	314	297	253	295	358	430	262

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 65 Weeks - Welsh

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	955	H	F

Trajectory

679 ... 955

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — — Mean — Target — Actual

Narrative

At the end of November there were 955 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (486), Arthroplasty (254), Knee & Sports Injuries (91), Foot & Ankle (66), Upper Limb (44), Veterans (9), Paediatric Orthopaedics (3), ORLAU (1) and Spinal Injuries (1). The number of patients waiting, by weeks brackets is:
* >65 to <=78 weeks -454 patients
* >78 to <=95 weeks - 335 patients
* >95 to <=104 weeks - 46 patients
* >104 weeks - 120 patients

Reduced activity levels since July has impacted services with long waits. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

Actions

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.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE. The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
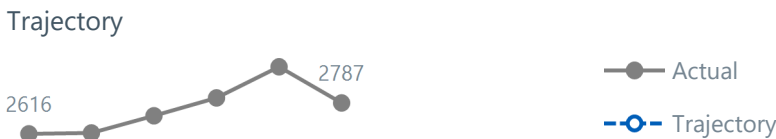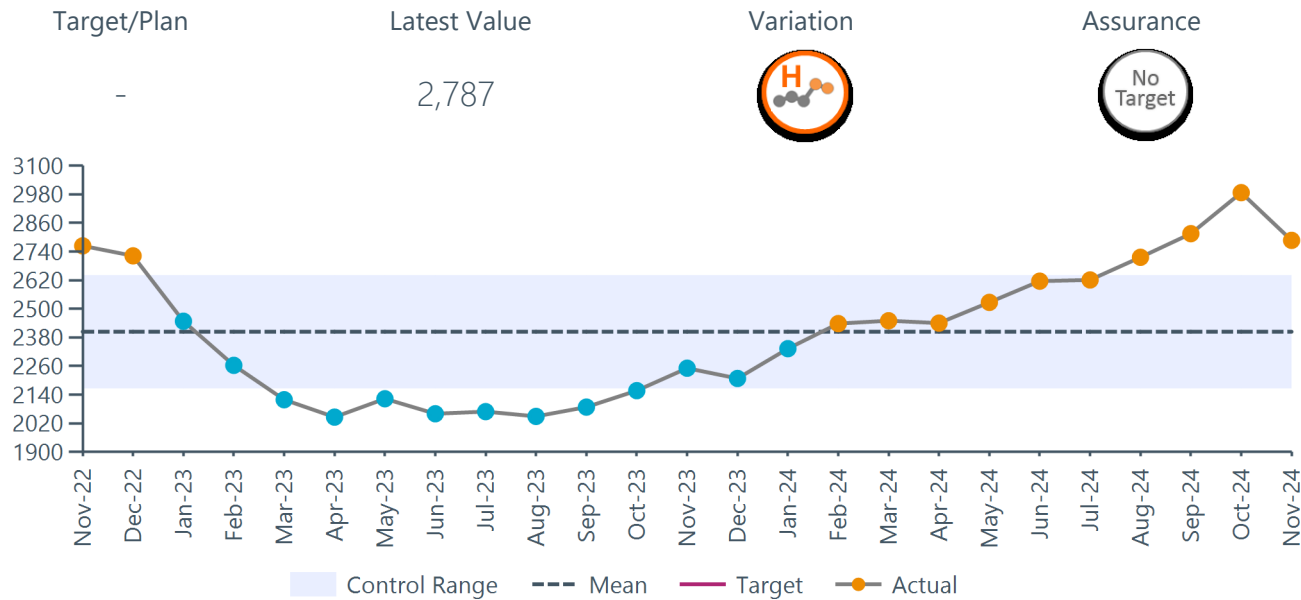* Insourcing, with aim to commence February 2025.
To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
493	514	536	587	577	575	632	679	722	806	849	900	955

- Staff - Patients - Finances -

Patients Waiting Over 65 Weeks - Combined

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	1,217	H	No Target	976 ... 1217

What these graphs are telling us

Narrative

Actions

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
	811	870	889	897	775	851	946	976	975	1101	1207	1330	1217

- Staff - Patients - Finances -

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
6,905	13,353	H	Moving Target	10900 ... 13353

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

At the end of November, there were 13353 patients overdue their follow up appointment, this is 6448 above the target of 6905. The target forms part of the Trust's Operational Plans. As demonstrated on the graph above, with the exception of October this metric has continued to increase since January.

This backlog is broken down by:
- Priority 1 – 7970 with 1294 dated (16.24%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 – 5383 with 999 dated (18.56%);

The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (3793), Spinal Disorders (1754) and Arthroplasty (1616).

Actions

Sub-speciality meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations.
* Spinal follow up pathways to be reviewed following discussions with GIRFT colleagues

The use of Dr Doctor continues to be explored and was utilised throughout November by Access Teams.

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

The Harms Review process remains in place with validation to support.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
10522	10740	9925	9823	10186	10380	10726	10900	11856	12930	13726	13244	13353

-   Staff   -   Patients   -   Finances   -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	91.97%	H	Moving Target	

Trajectory values: 95.15, 93.73, 92.60, 95.65 — Actual / Trajectory

What these graphs are telling us

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

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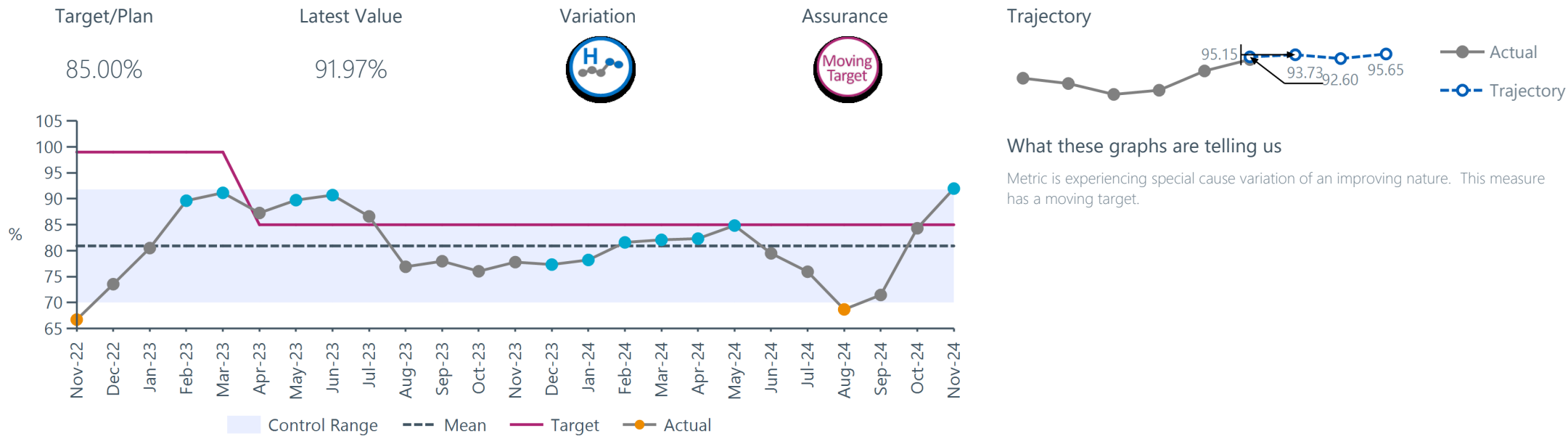
Narrative

Performance for November is 91.97% against the 85% target and as can be seen in the graph above this standard has improved significantly for the past three months and is the highest reported position in the last two years. The trajectory for November month end was 93.73%; this reflects the Trust's submitted Operational Plans. Reported position relates to 117 patients who waited beyond 6 weeks. Of the 6-week breaches; 8 are over 13 weeks (4 in Ultrasound and 4 in MRI).
Performance and breaches by modality:
* MRI – 96.70% - D2 (Urgent - 0-2 weeks) – 7 with 6 dated, D4 (Routine – 6-12 weeks) – 22 with 21 dated
* CT – 95.14% - D2 (Urgent - 0-2 weeks) – 1 dated, D4 (Routine – 6-12 weeks) – 6 with 5 dated
* Ultrasound – 80.43% - D2 (Urgent - 0-2 weeks) – 3 dated,
  D4 (Routine - 6-12 weeks) - 78 with 77 dated
* DEXA Scans

Diagnostic activity plans were met in November overall, with just CT slightly behind.
National target – 0 patients waiting over 13 weeks by end of September 2024 and 95% against the 6-week standard within all modalities.

Actions

Ultrasound - Additional weekend clinics increased from October. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Advert for Consultant Radiologist due to go Live. Continuous work on maximising utilisation.

MRI – Increasing demand across ICS. Maternity/sickness continues to impact breaches in month. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand.

Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.

DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
77.80%	77.33%	78.22%	81.60%	82.09%	82.33%	84.85%	79.49%	75.95%	68.69%	71.47%	84.33%	91.97%

- Staff - Patients - Finances -

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
100.00%	96.07%		F	89.48 ... 96.07

Actual
Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target — Actual
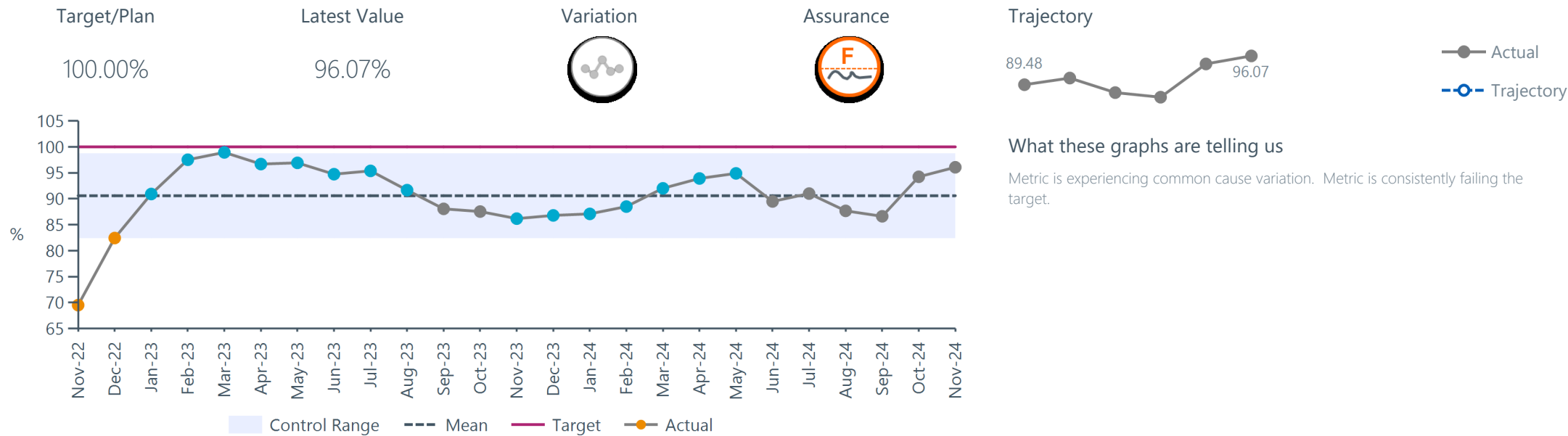
Narrative

The 8-week standard for diagnostics is reported at 96.07%, a better position than that reported on previous months. The reporting position includes 20 patients who waited beyond 8 weeks. Of the 8-week breaches; 2 are over 13 weeks (Ultrasound).

Performance and breaches by modality:
* MRI – 99.23% - (D4 (Routine - 6-12 weeks) - 3 dated
* CT – 90.91% - (D4 (Routine - 6-12 weeks) - 3 with 2 dated
* Ultrasound – 82.28% - D4 (Routine - 6-12 weeks) - 14 with 13 dated
* DEXA Scans - 100%

Diagnostic activity plans were met in November overall, with just CT slightly behind.

Actions

Ultrasound - Additional weekend clinics increased from October. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Advert for Consultant Radiologist due to go Live. Continuous work on maximising utilisation.

MRI – Increasing demand across ICS. Maternity/sickness continues to impact breaches in month. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand.

Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.

DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
86.18%	86.80%	87.10%	88.50%	92.02%	93.92%	94.90%	89.48%	91.01%	87.68%	86.63%	94.24%	96.07%

- Staff - Patients - Finances -

Theatre Cases Per Session Against Plan

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

Exec Lead:
Chief Operating Officer
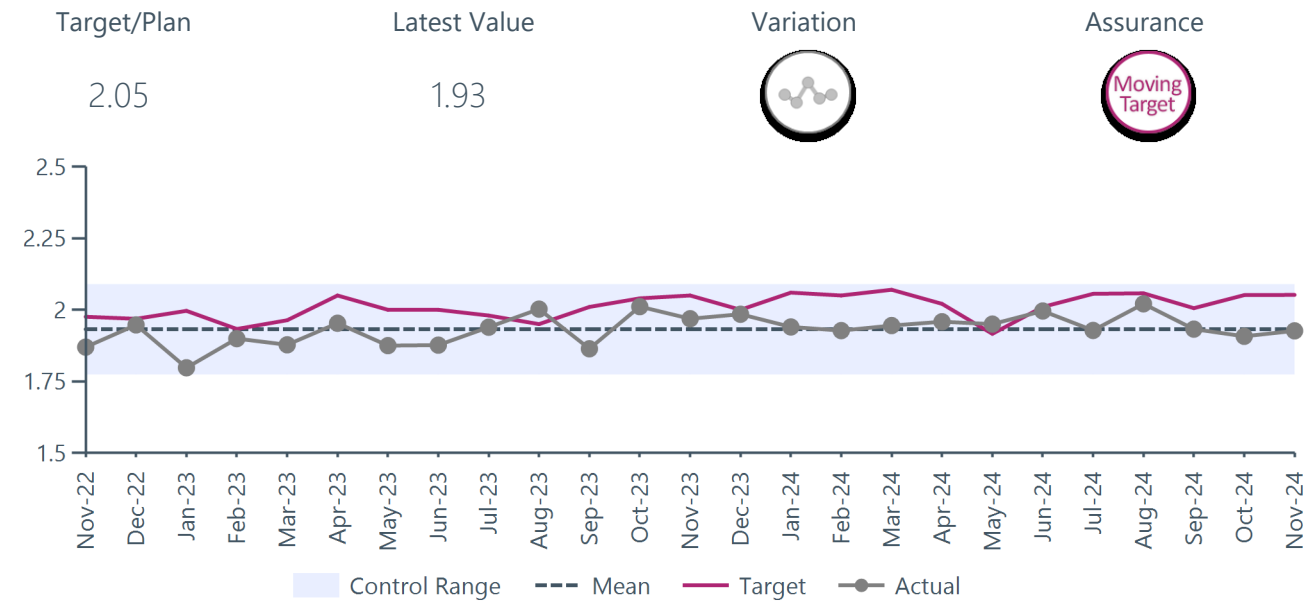
Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.05	1.93		Moving Target	2 ... 1.93

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Cases per session in November achieved 1.93 against the plan of 2.05 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

Summary:
* MSK Unit – achieved 2.05 of 2.29 plan.
* Specialist Unit - achieved 1.54 of 1.46 plan.

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

Actions

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

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

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1.97	1.98	1.94	1.93	1.94	1.96	1.95	2.00	1.93	2.02	1.93	1.91	1.93

- Staff - Patients - Finances -

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer
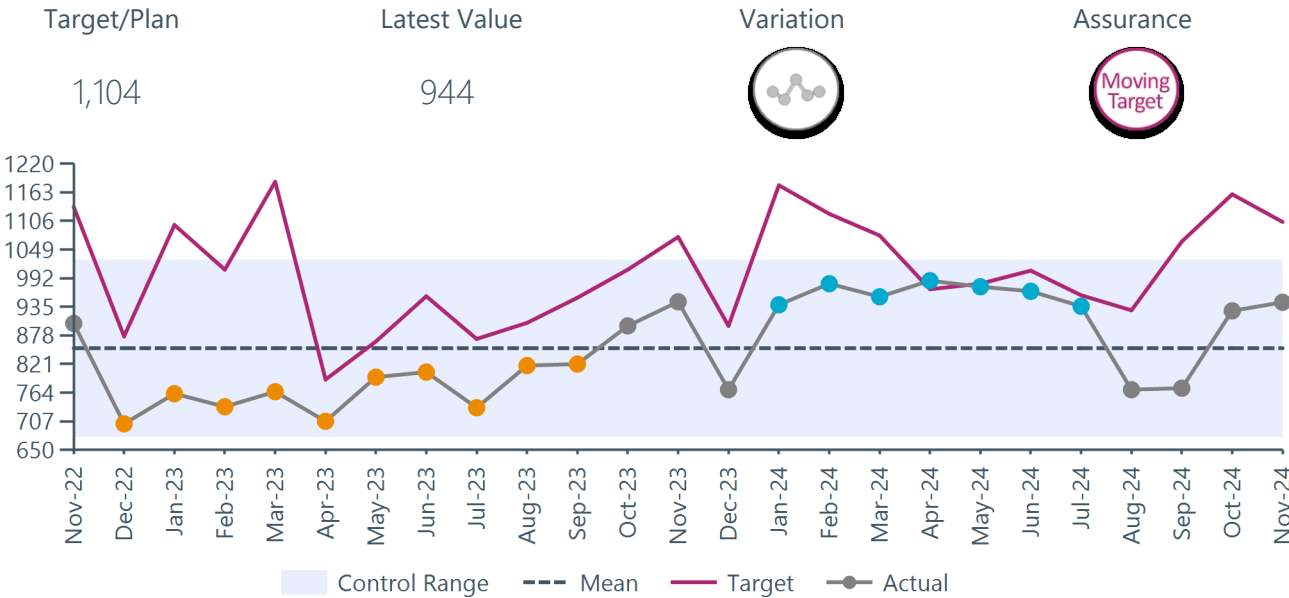
Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,104	944		Moving Target	

966 ... 944

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

November summary:
* Total Theatre Activity – 944 (plan 1104) 160 below, 85.51%.
* NHS activity – 827 (plan 1022) 195 below, 80.92%.
* Private patients – 117 (plan of 82) 35 above, 142.68%.
The total plan was 1104 cases: 766 IJP, 256 OJP, 82 PP's.

This metric is reporting normal variation after a period of sustained improvement this calendar year. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. The original plan also included TIF2 that was delayed until week commencing 18th November.
The Theatres IJP plan was not met in November (92.82%).

Actions

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

Fortnightly activity recovery meeting in place – chaired by non-executive to review improvement actions where possible and gain further assurance for trust Board.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
945	770	939	981	955	987	975	966	936	770	773	927	944

- Staff - Patients - Finances -

IJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer
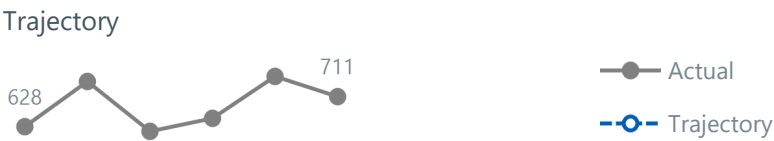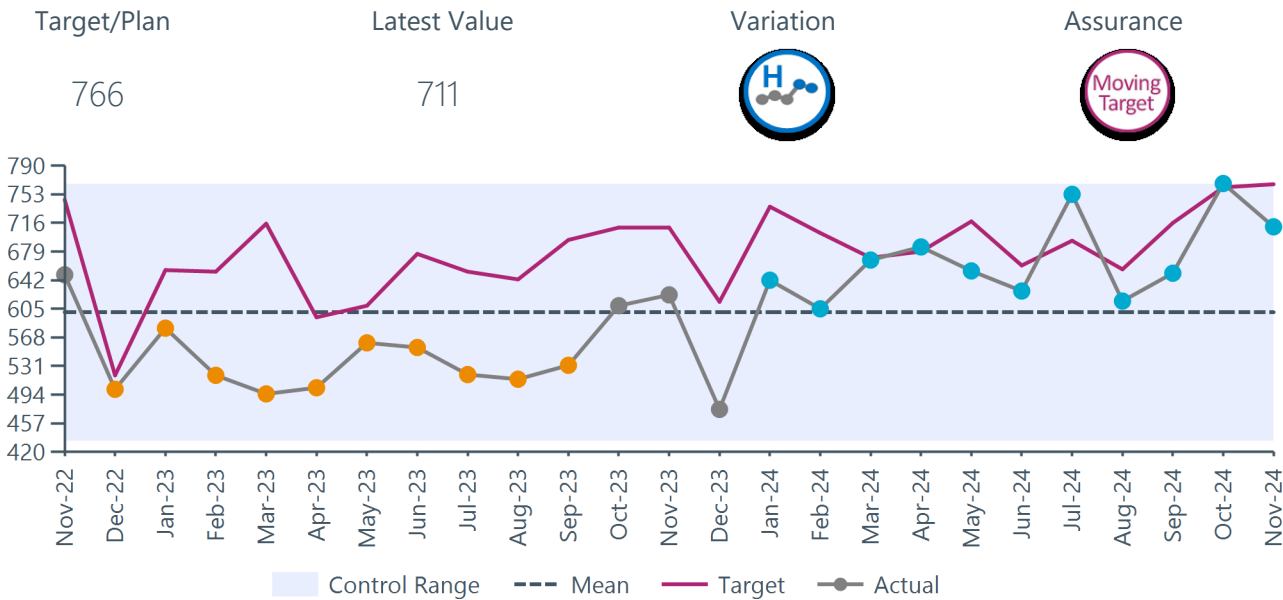
Target/Plan	Latest Value	Variation	Assurance	Trajectory
766	711			

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

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

The IJP plan for November was 766 theatre cases, of which the Trust achieved 711, 55 cases below the plan equating to 92.82%.

The plan was 1104 cases: 766 IJP, 256 OJP, 82 PP's.

Although below plan in November, IJP continues to report special cause variation of an improving nature.

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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
623	475	642	605	668	685	654	628	753	615	651	767	711

-   Staff   -   Patients   -   **Finances**   -

OJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
256	116	(common cause)	Moving Target	252 ... 116

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

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 November was 256 theatre cases, of which the Trust achieved 116, 140 cases below the plan equating to 45.31%.

The plan was 1104 cases: 766 IJP, 256 OJP, 82 PP's.

OJP is now reporting common cause variation following a period of special cause of a concerning nature; the reported position is now 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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
238	245	209	305	215	214	251	252	80	73	57	53	116

- Staff - Patients - **Finances** -

PP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
82	117		Moving Target	86 ... 117

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

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

In November, the Trust undertook 117 private cases, 35 cases above the plan of 82 which equates to 142.68%.

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.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
84	50	88	71	72	88	70	86	103	82	63	99	117

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

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

Exec Lead:
Chief Operating Officer
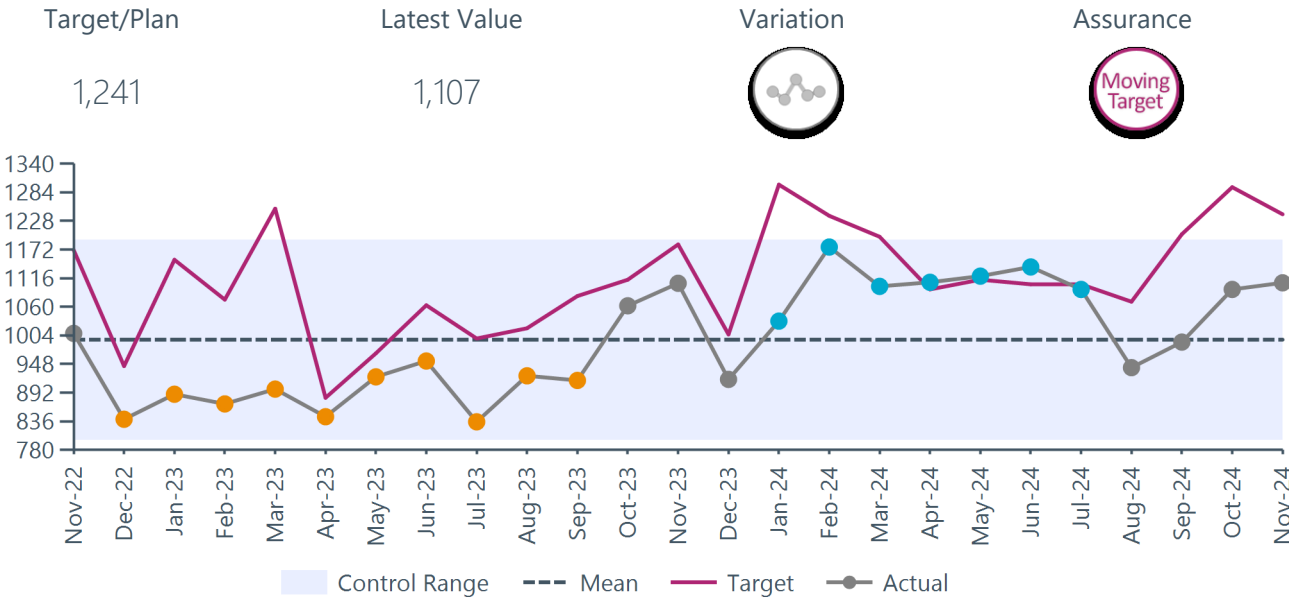
Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,241	1,107	(variation icon)	Moving Target	1138 ... 1107

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

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

The plan for November was 1241 elective spells of which the Trust achieved 1107 equating to 89.20% (134 cases below plan).
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 1030; 804 delivered (78.06%)
- Elective patients discharged in reporting month, no operation - plan was 211; 303 delivered (143.60%)
- Non-theatre activity accounted for 27.37% of elective spells this month; plan was 17.00%.

This metric is reporting normal variation after a period of sustained improvement this calendar year. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. The original plan also included TIF2 that was delayed until week commencing 18th November.
The Theatres IJP plan was not met in November (92.82%).

Actions

Ongoing review to maintain performance.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1106	918	1032	1177	1100	1108	1120	1138	1094	941	991	1094	1107

-   Staff   -   Patients   -   Finances   -

Overall BADS %

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85.00%	83.14%		?

Trajectory

85.06   83.14

- Actual
- Trajectory

Control Range - - - Mean — Target — Actual

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 November the 85% target was not met although the position has improved since October and is reported at 83.14%.

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

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

Actions

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

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

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
84.36%	88.06%	84.39%	80.18%	81.15%	81.15%	78.75%	85.06%	86.31%	78.68%	86.67%	74.45%	83.14%

- Staff - Patients - **Finances** -

Total Outpatient Activity against Plan (volumes)

Total outpatient activity (consultant led and non-consultant led) against plan. Target as per Trust's Operational Plans. 217795
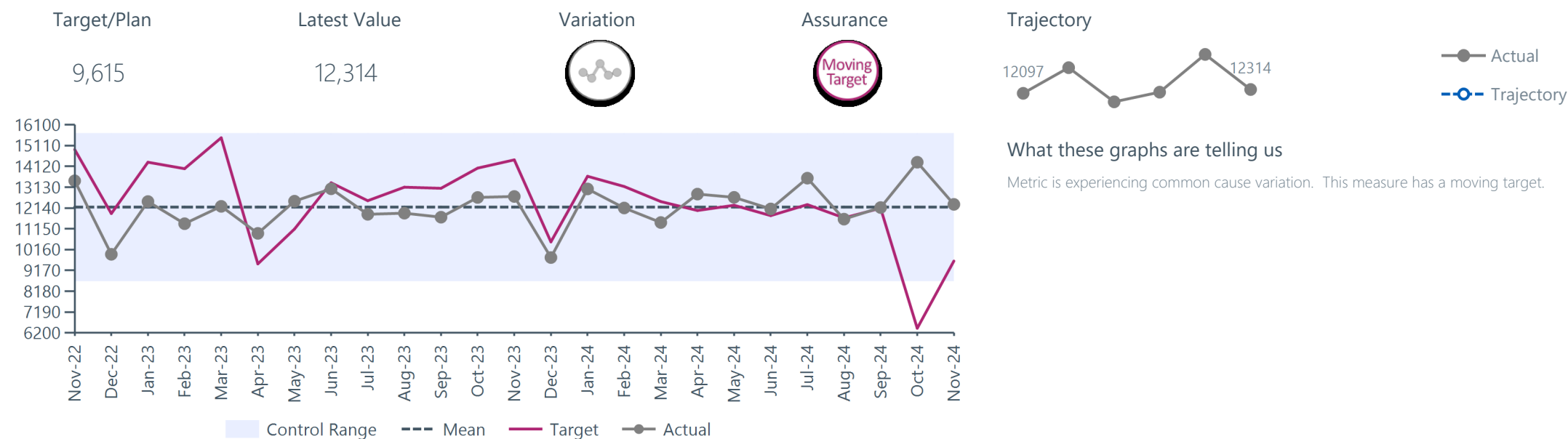
Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
10,417	12,689		Moving Target	13883 ... 12689

Actual

Trajectory

What these graphs are telling us

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

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

Narrative

Total outpatient activity was 12,689 attendances against the Trust's Operational Plan of 10,417 equating to 121.81% of plan (+2272 attendances). At the start of the financial year, the plan was set on the assumption that Apollo was due to go live 30th September so the November plan allowed a 25% reduction. Since then, the Apollo implementation was moved to November and more recently a pause applied to the programme.

In November the IJP was at 128.07% whilst OJP was at 46.76%. Despite the assumptions made for Apollo implementation, the original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Areas have been monitored to assume IJP was at 125% for November. There are some areas that have not achieved this. Metabolic Medicine have the lowest percentage against plan this month; this is due to a step change in the plan from November as the 2nd DEXA scanner was expected to be in place this month. However there is a delay with new scanner due to a motor fault; the company are now indicating delivery in early 2025.

Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans. The Outpatient Activity Meeting continues to meet on a weekly basis to focus on in-month and future month's activity. An expectation has been set whereby in the first week of the month, the current month should be booked to approximately 75%, and the following month to 50% - recognising that there will be different booking practices within firms due to the nature of their activity.

As at 9th December the forecast positions are:
* December – overall Outpatient Activity at 82.81% with IJP at 87.46%
* January – overall Outpatient Activity at 44.16% with IJP at 47.04%

Plans underway to stabilise the workforce in Therapies. Bank staff are now in place to support administrative functions. Activity levels receiving focus in daily huddles to discuss gaps and book ahead.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
13976	10986	14688	13778	12852	14497	13781	13883	13967	12114	12627	14709	12689

-   Staff   -   Patients   -   **Finances**   -

IJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
9,615	12,314	(Common cause)	Moving Target	12097 ... 12314

Actual — Trajectory

What these graphs are telling us

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

Control Range --- Mean — Target — Actual

Narrative

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

In November, IJP activity was 12314 against a plan of 9615; equating to 128.07%. At the start of the financial year, the plan was set on the assumption that Apollo was due to go live 30th September so the November plan allowed a 25% reduction. Since then, the Apollo implementation was moved to November and more recently a pause applied to the programme.

Areas have been monitored to assume IJP was at 125% for November. There are some areas that have not achieved this. Metabolic Medicine have the lowest percentage against plan this month; this is due to a step change in the plan from November as the 2nd DEXA scanner was expected to be in place this month. However there is a delay with new scanner due to a motor fault; the company are now indicating delivery in early 2025.

Year to date performance against the in-job plan as of 9th December is 115.15% (+13359 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 9th December the forecast positions are:
* December – overall Outpatient Activity at 82.81% with IJP at 87.46%
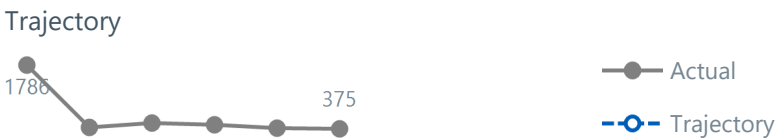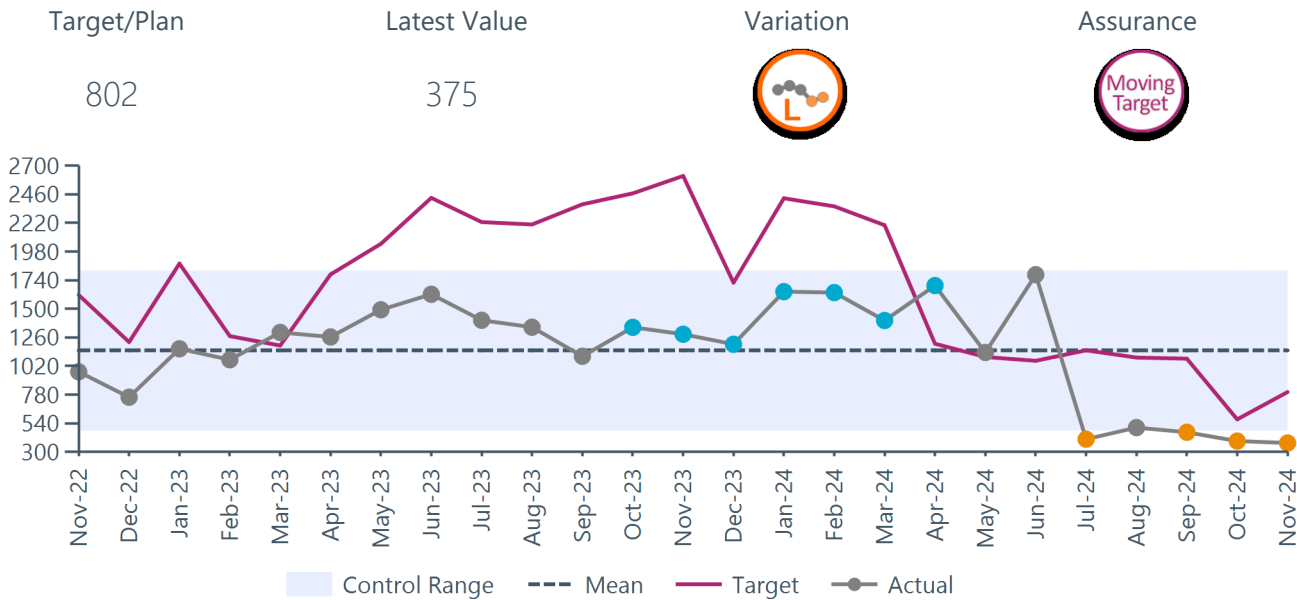* January – overall Outpatient Activity at 44.16% with IJP at 47.04%

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
12689	9783	13047	12142	11450	12802	12647	12097	13560	11610	12162	14318	12314

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
802	375	(L)	Moving Target

Trajectory

1786   375

- ● - Actual
- ○ - Trajectory

What these graphs are telling us

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

Legend: Control Range | Mean | Target | Actual

Narrative

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

In November the IJP was at 128.07% whilst OJP was at 46.76%. The original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Year to date performance against the out of job plan as of 9th December is at 83.79% (-1308 attendances).

Actions

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

Plans have been developed with the options per Firm looking at alternative ways of delivery activity being reviewed to deliver a sustainable workforce solution.
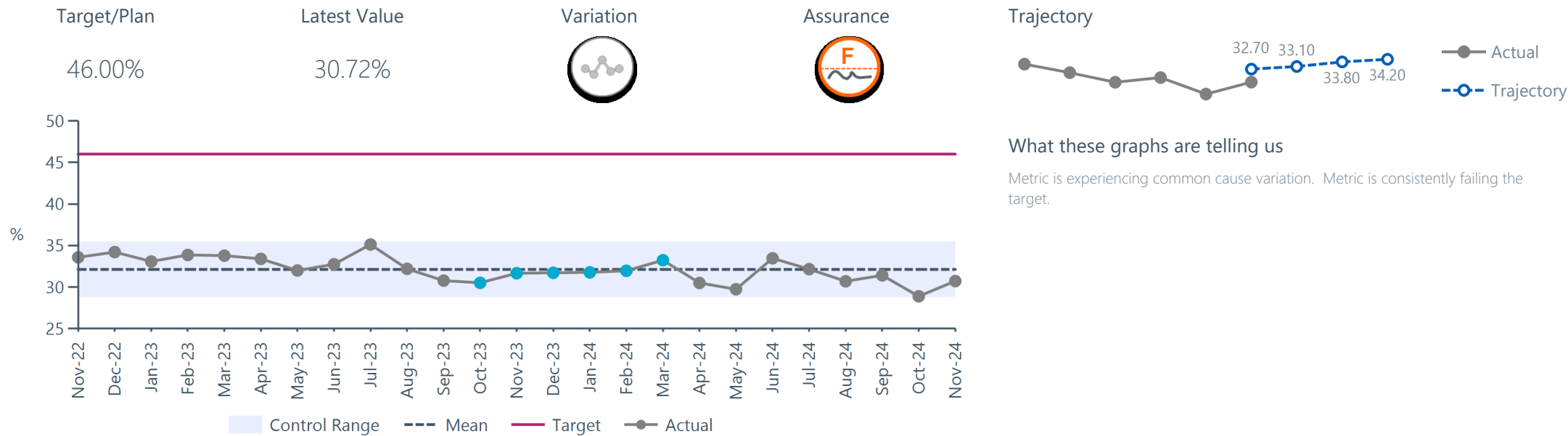
Weekly updates are requested by PMO from Managing Directors, Unit Managers and Clinical Leads in advance of the COO meeting.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1287	1203	1644	1636	1402	1695	1134	1786	407	504	465	391	375

- Staff - Patients - **Finances** -

Outpatient Procedures - ERF Scope

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
46.00%	30.72%		F	

What these graphs are telling us

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

Narrative

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

For November, the rate is reported at 30.72%; below the Trust's trajectory plan of 32.70%. 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. At recent meeting Access Team explained a recent audit of the process was carried out in Main Outpatients. As a result of this, some particular focus on activity in relation to dressings that can be counted. Specialist Unit Managing Director to issue comms to Consultant and Nursing workforce to address.

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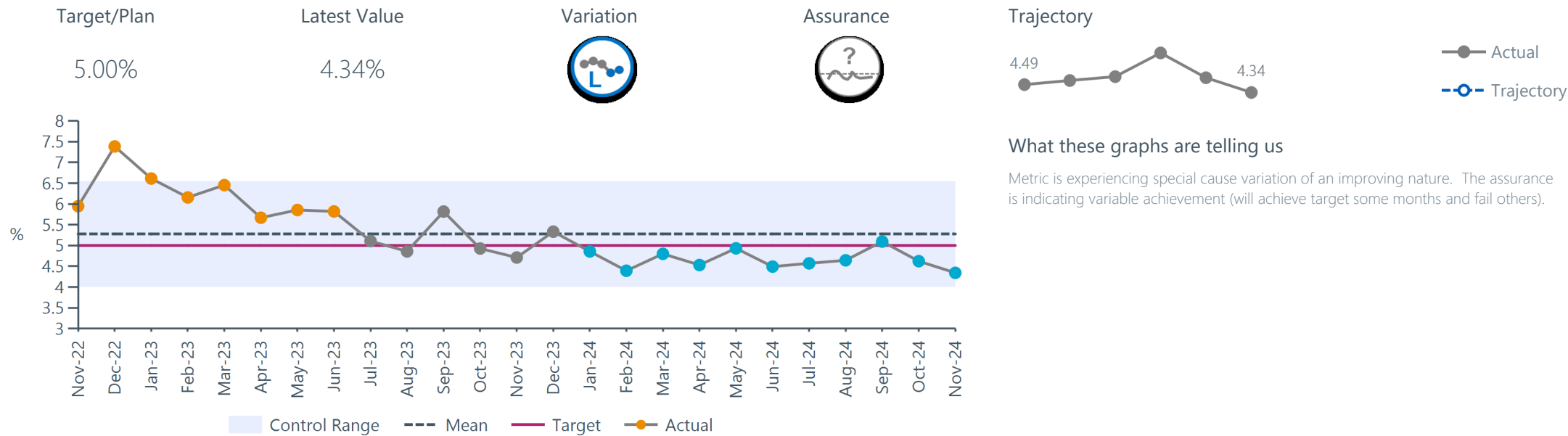
The Access/Scanning team continue to ensure that these forms are scanned onto the system & sent to clinical coding for processing. This will help the timeliness of reporting this figure each month. It must be noted that there will be a process change following the Apollo implementation.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
31.66%	31.71%	31.77%	31.96%	33.23%	30.49%	29.74%	33.46%	32.16%	30.69%	31.41%	28.89%	30.72%

- Staff - Patients - **Finances** -

Outpatient DNA Rate (Consultant Led and Non Consultant Led

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
5.00%	4.34%	L	?	

Trajectory
4.49
4.34

—●— Actual
--○-- Trajectory

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

What these graphs are telling us

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

Narrative

The Outpatient DNA rate for November was 4.34% so remaining below the 5% target this month and continuing with the sustained level of improvement now held for the past twelve months.

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

Paediatric Orthopaedics has seen an improvement in their DNA rate for November, with the rate falling below the 5% target with a reported rate of 4.14%.

Actions

It is recognised that our Paediatric DNA (Was not Brought) rate is often significantly different to that of the Trust and focus remains in this area to understand the reasons these patients are not being brought to their appointments. As a Trust, we are looking for different ways to further understand and support improvements in children not being brought. Work is being done to strengthen relationships between our Paediatric Team and Shropshire, Telford & Wrekin council. The aim is to directly help these families in accessing our services if a child has not been brought repeatedly by utilising close relationships with social workers where possible, as well as other services offered that support families and their children who don't have a social worker.

Within Physiotherapy, review of text reminders system for their clinics to be undertaken. Admin Team have been monitoring DNA's and contacting patients who DNA to understand the reasons why.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
4.71%	5.33%	4.86%	4.39%	4.80%	4.53%	4.93%	4.49%	4.57%	4.64%	5.10%	4.62%	4.34%

- Staff - Patients - **Finances** -

Total Diagnostics Activity against Plan - Catchment Based

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

Exec Lead:
Chief Operating Officer
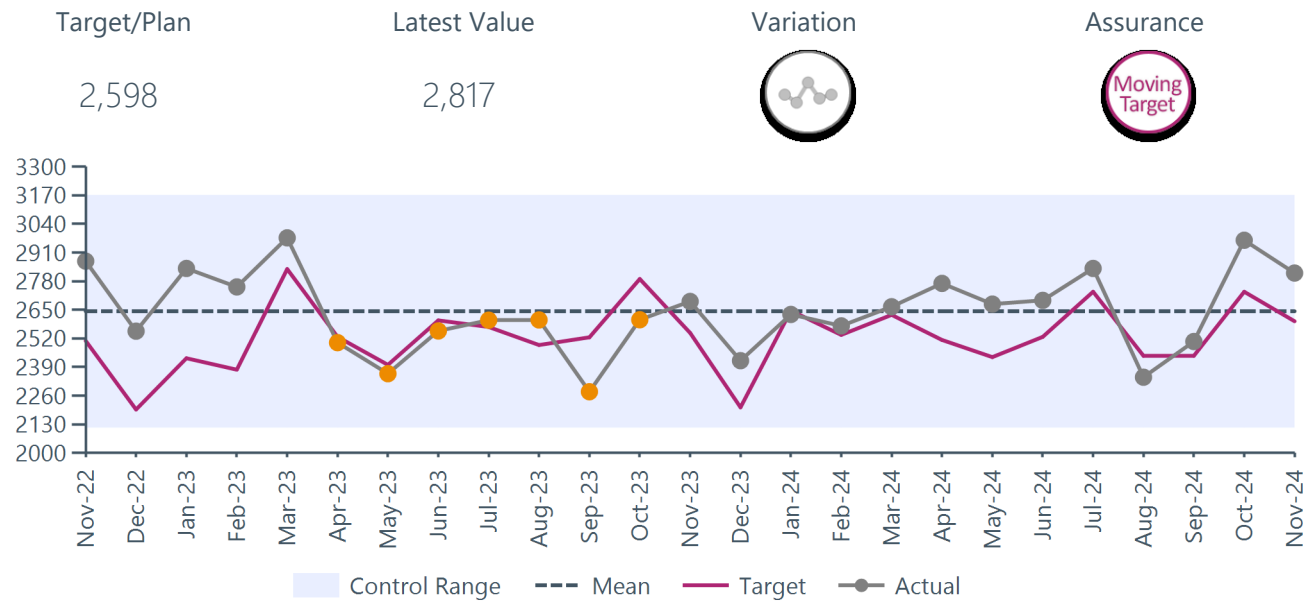
Target/Plan	Latest Value	Variation	Assurance	Trajectory
2,598	2,817		Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory: Actual / Trajectory (2693 ... 2817)

Narrative

The plan for November was met as total diagnostic activity undertaken was 2817 against the Trust's Operation plan of 2598; 219 cases above - equating to 108.43%
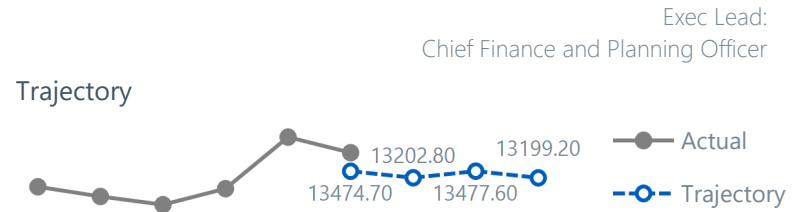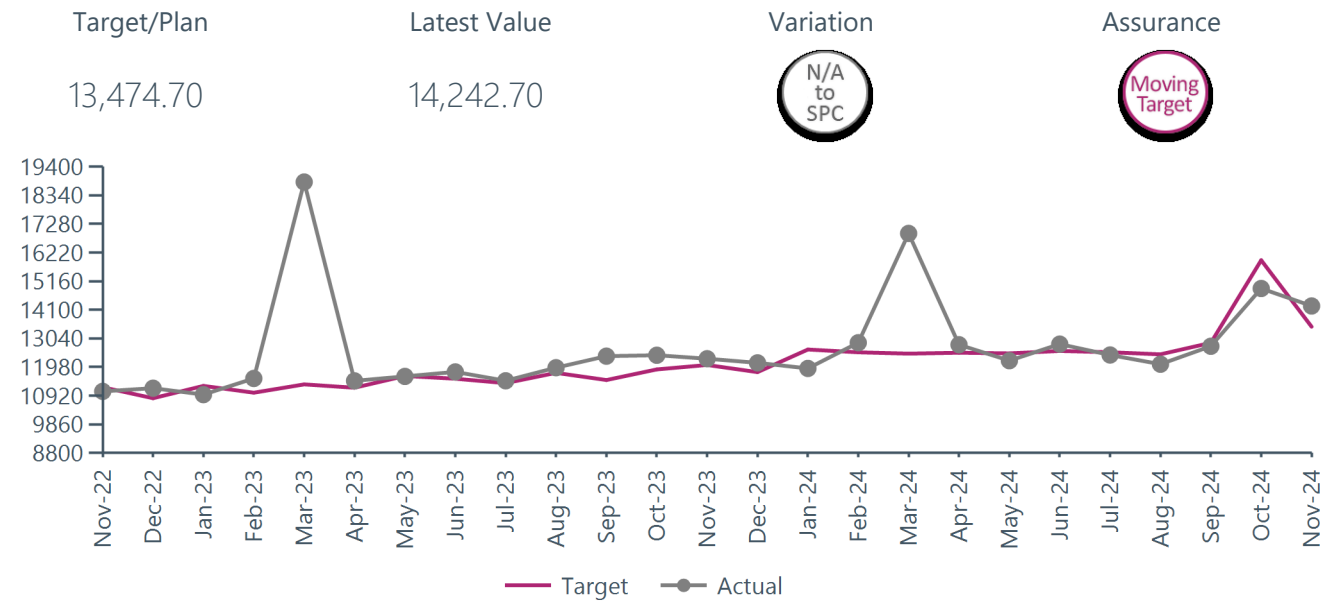
This is broken down as:
- CT – 404 against plan of 417; equating to 96.88%
- MRI - 1343 against plan of 1336; equating to 100.52%
- U/S –1070 against 845; equating to 126.63%

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2688	2419	2629	2577	2664	2770	2676	2693	2838	2344	2506	2966	2817

- Staff - Patients - **Finances** -

Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
13,474.70	14,242.70	N/A to SPC	Moving Target	

Trajectory values: 13202.80 13199.20 13474.70 13477.60

● Actual
○ Trajectory

What these graphs are telling us

(Expenditure SPC chart: y-axis 8800 to 19400; x-axis Nov-22 through Nov-24; Target and Actual lines)

— Target — Actual

Narrative

Overall expenditure £359k adverse to plan including adjustments of £1,050k for future pay liabilities.

Unadjusted position is £691k favourable driven by reduced insourcing costs, temporary staffing controls and reduced implant and consumable costs driven by lower activity.
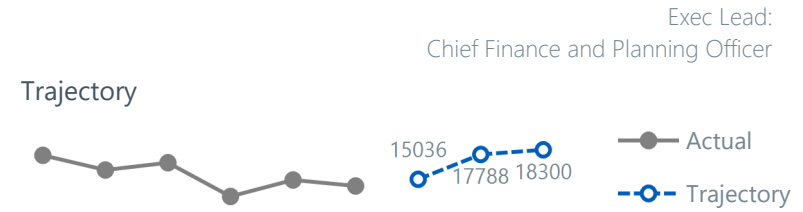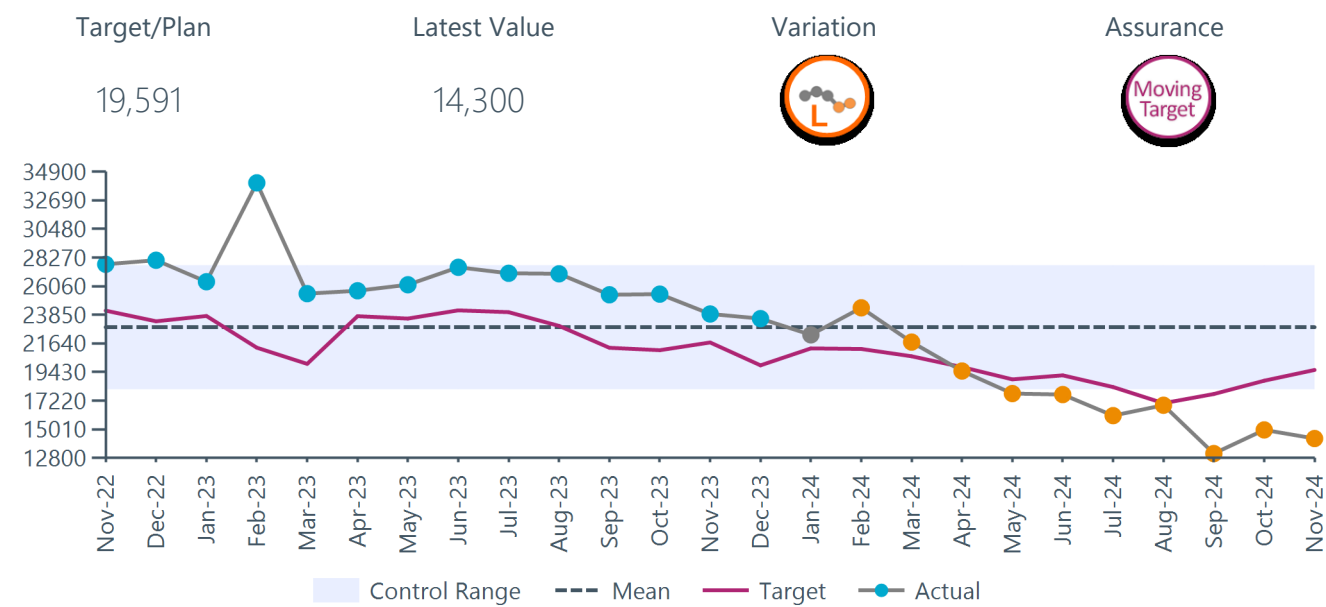
Actions

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

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
12288	12136	11929	12881	16929	12806	12216	12829	12426	12085	12751	14890	14242

- Staff - Patients - Finances -

Cash Balance

Cash in bank 215300

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
19,591	14,300			

Variation: L (orange)

Assurance: Moving Target

Trajectory values: 15036, 17788, 18300

Legend: Actual, Trajectory

What these graphs are telling us

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

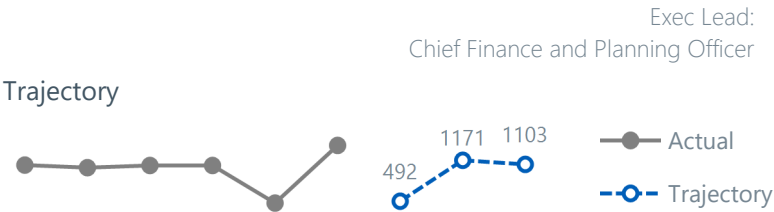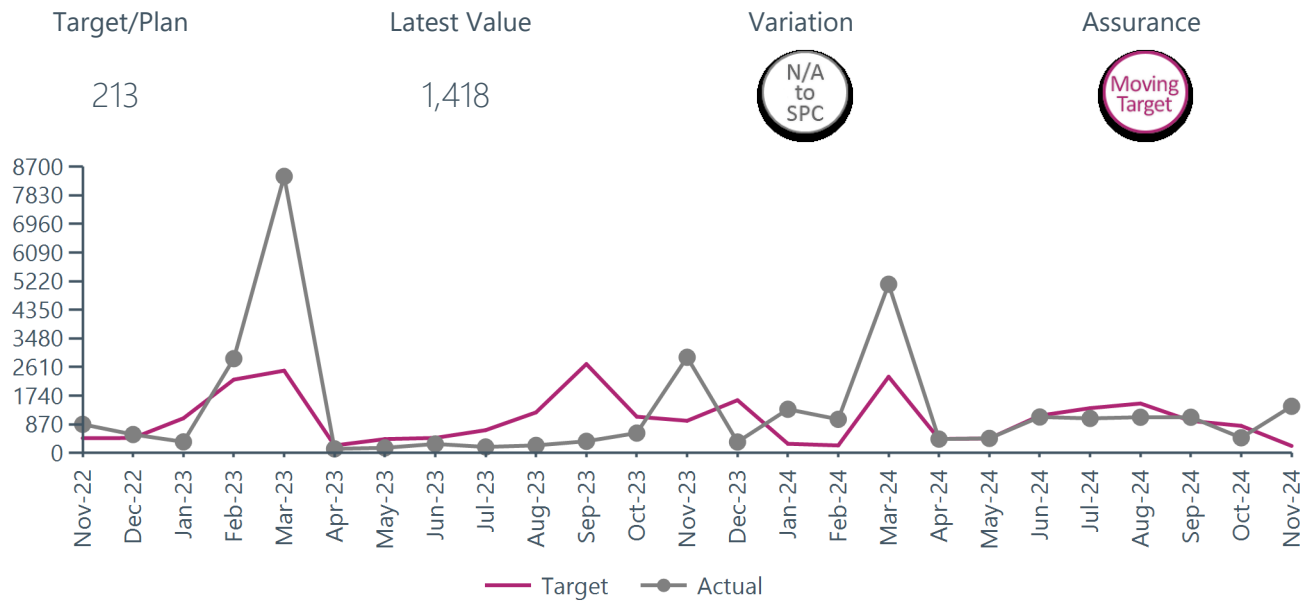Chart legend: Control Range, Mean, Target, Actual

Narrative

Cash is behind plan by £5.3m due to income owed from Commissioners for ERF, NCA and pay award.

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
23915	23556	22304	24391	21743	19510	17770	17694	16066	16870	13138	14964	14300

- Staff - Patients - **Finances** -

Capital Expenditure

Expenditure against Trust capital programme 215301

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
213	1,418	N/A to SPC	Moving Target	

Trajectory values: 492, 1171, 1103

Legend: Target, Actual / Actual, Trajectory

What these graphs are telling us

Narrative

Capital expenditure is £184k overspent YTD mainly due to additional EPR spend, this has been offset so far by other programmes slipping behind plan, which are expected to catch up in Q4.

The delay to EPR go live has led to an additional forecast pressure of £3m although this is expected to be funded by NHSE Digital.
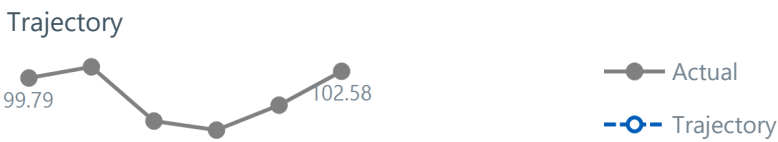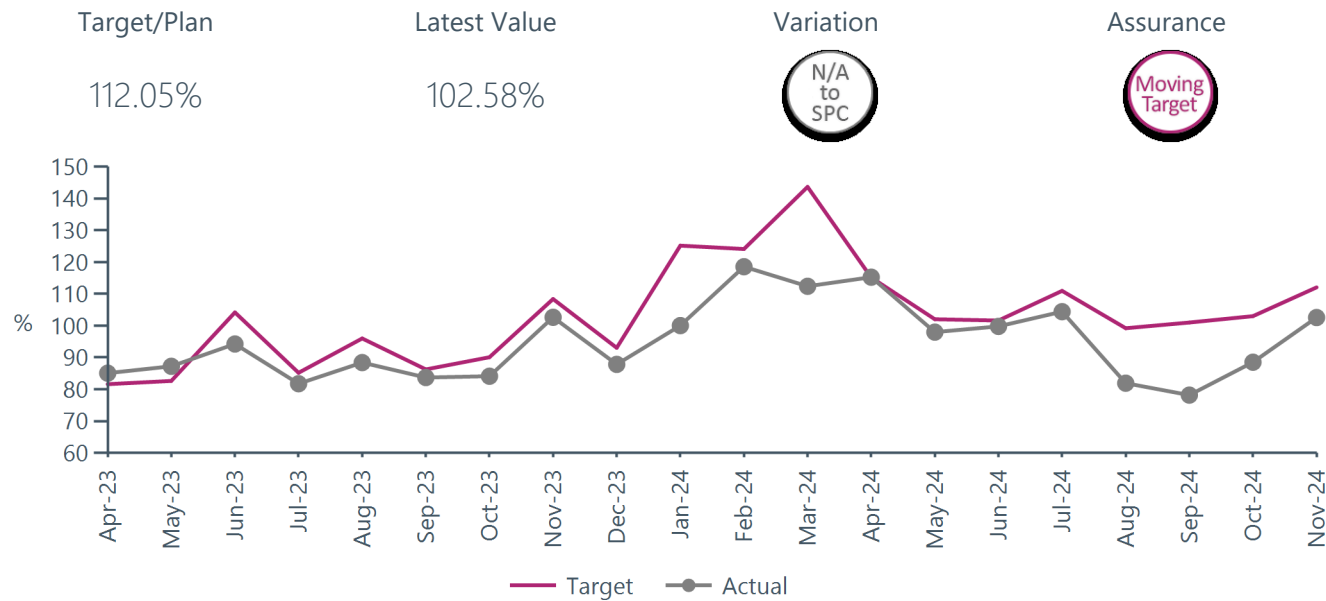
Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2908	333	1327	1022	5127	420	443	1092	1049	1085	1085	461	1418

- Staff - Patients - Finances -

Value Weighted Assessment

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

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
112.05%	102.58%	N/A to SPC	Moving Target	

Trajectory: 99.79 ... 102.58

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

Current position to date is 97% of 19/20 baseline against a planned performance of 109%.
Month 8 is showing improvement and achieved over 100% restoration for English patients. However theatre activity shortfalls are significantly impacting the YTD performance and forecast outturn.

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
102.65%	87.85%	100.04%	118.55%	112.40%	115.26%	97.98%	99.79%	104.42%	81.93%	78.18%	88.52%	102.58%

-   Staff   -   Patients   -   **Finances**   -