Combined Integrated Performance Report

March 2023 – Month 12

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.

a)

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.

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
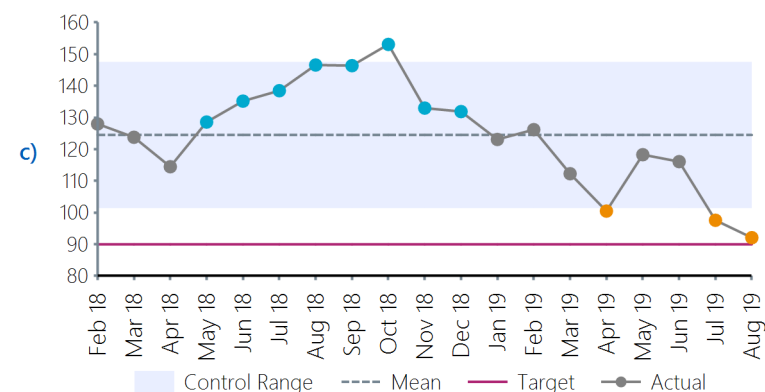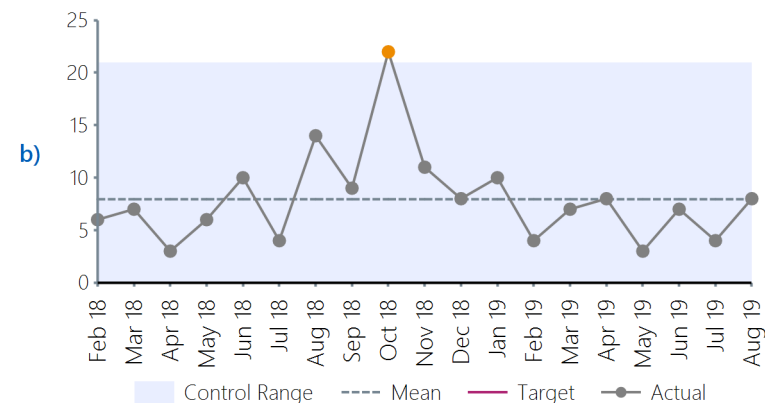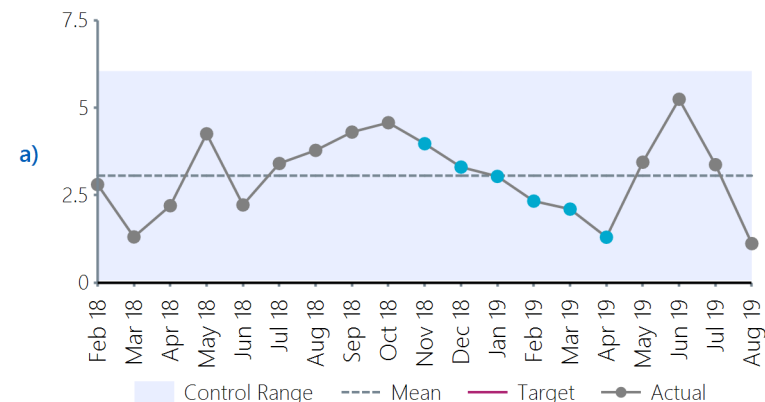
Summary Icons Reading Guide

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

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

Blue	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
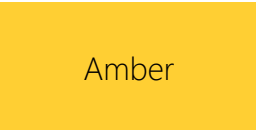
Requires improvement

Siginficant improvement required

Dates

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

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	5.25%			?	+	27/02/20
Sickness Absence - Short Term	1.66%	2.66%			?	+	
Sickness Absence - Long Term	1.94%	2.59%			F	+	
Staff Turnover - Headcount	8.00%	12.10%		H	F	+	
In Month Leavers	18	12			?	+	
Vacancy Rate	8.00%	8.45%		H	?	+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	16.13%		H	?	+	
Healthcare Support Worker Vacancy Rate	0.00%	7.00%			F	+	
Allied Health Professionals Vacancy Rate	8.00%	10.09%			?	+	
% Staff Availability		75.39%			No Target	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Statutory & Mandatory Training	92.00%	92.20%		L	?		
Personal Development Reviews	93.00%	89.00%		L	?	+	
E-Rostering Level of Attainment	4	0		N/A to SPC	F	+	
Percentage of Staff on the E-Rostering System	90.00%	90.53%		N/A to SPC	P		
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		27.87%		N/A to SPC	No Target	+	
% of System-Generated E-Roster (Auto-Rostering)		51.76%		N/A to SPC	No Target	+	
E-Job Planning Level of Attainment	4	0	4	N/A to SPC	F	+	
Percentage of Staff with an Active E-Job Plan	90.00%	52.00%		N/A to SPC	F	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	1		N/A to SPC	?	+	16/04/18
Never Events	0	0		N/A to SPC	?		16/04/18
Total Patient Falls	10	5		(variation)	?		
Patient Falls (With Moderate or Severe Harm)	1	0		N/A to SPC	P		
Inpatient Ward Falls Per 1,000 Bed Days	2.50	1.78		(variation)	?		
RJAH Acquired Pressure Ulcers - Category 2	1	2		N/A to SPC	?	+	
RJAH Acquired Pressure Ulcers - Categories 3 or 4	0	0		N/A to SPC	?		
Pressure Ulcer Assessments	99.00%	99.62%		(variation)	P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	97.73%		H	P	+	
Patient Friends & Family - % Would Recommend (Inpatients)	95.00%	97.77%		(variation)	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Number of Complaints	8	9					11/05/18
Complaints Rate Per 1000 WTE	5.94	6.23					
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%		N/A to SPC	P		
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%		N/A to SPC	P		
Complaints Re-opened	0	1		N/A to SPC	F	+	
Safe Staffing	90.00%	103.90%		H	P		
Mixed Sex Accommodation	0	0		N/A to SPC	P		
% Delayed Discharge Rate	2.50%	4.31%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	19		N/A to SPC	F	+	
RJAH Acquired C.Difficile	0	1		N/A to SPC		+	24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.16		H	Moving Target	+	
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	4.77		L	Moving Target		
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		24/06/21
RJAH Acquired MSSA Bacteraemia	0	0		N/A to SPC	P		
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	?		
RJAH Acquired Pseudomonas	0	0		N/A to SPC	?		
Surgical Site Infections	0	0			?	+	
Outbreaks	0	1		N/A to SPC	?	+	
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Medication Errors with Harm	2	1		N/A to SPC	P		
Total Deaths	0	0		N/A to SPC	?		
RJAH Acquired VTE (DVT or PE)	4	4			?		
VTE Assessments Undertaken	95.00%	99.74%			P		
28 days Emergency Readmissions*	1.00%	0.93%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%		N/A to SPC	P		
Volume of Theatre Cancellations		184	27		No Target	+	
Cancer Two Week Wait*	93.00%	88.89%			?	+	
31 Days First Treatment (Tumour)*	96.00%	100.00%			P		24/06/21
31 Days Subsequent Treatment (Tumour)*	94.00%	100.00%			P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Cancer Plan 62 Days Standard (Tumour)*	85.00%	100.00%			?		24/06/21
Cancer 62 Days Consultant Upgrade*	85.00%	100.00%			?		
28 Day Faster Diagnosis Standard*	75.00%	80.77%			?		
18 Weeks RTT Open Pathways	92.00%	54.18%			F	+	24/06/21
English List Size	12,893	15,028	13,548	H	F	+	
Welsh List Size		7,082		H	No Target	+	
Combined List Size		22,110		H	No Target	+	
Patients Waiting Over 52 Weeks – English	0	1,227	1,711	L	F	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		892			No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,119		L	No Target	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 78 Weeks - English	0	75	247	L	F	+	
Patients Waiting Over 78 Weeks - Welsh (Total)		196	539	L	No Target	+	
Patients Waiting Over 78 Weeks - Combined		271	786	L	No Target	+	
Patients Waiting Over 104 Weeks - English	0	6	0	L	F	+	
Patients Waiting Over 104 Weeks - Welsh (Total)		50	118	L	No Target	+	
Patients Waiting Over 104 Weeks - (Combined)		56	118	L	No Target	+	
Overdue Follow Up Backlog	5,000	12,777		L	F	+	
Advice & Guidance	387	37			Moving Target	+	
6 Week Wait for Diagnostics - English Patients	99.00%	91.15%		H	F	+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	98.94%		H	F	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Volume of Sessions Against Plan	607.00	427.00	525.00	(variation)	Moving Target	+	
Theatre Cases Per Session Against Plan	1.96	1.88	1.92	(variation)	Moving Target	+	
Touchtime Utilisation	82.00%	84.12%		(variation)	?		
Total Theatre Activity Against Plan	1,184	766	999	(variation)	Moving Target	+	
IJP Activity - Theatres - against Plan	715	495	751	(variation)	Moving Target	+	
OJP Activity - Theatres - against Plan	414	196	193	(variation)	Moving Target	+	
PP Activity - Theatres - against Plan	55	75		(variation)	Moving Target		
Independent Sector Activity Against Plan	18	0		N/A to SPC	Moving Target	+	
Elective Activity Against Plan (volumes)	1,252	899	1,060	H	Moving Target	+	24/06/21
Overall BADS %	85.00%	76.92%		(variation)	?	+	

Summary - Caring for Finances

| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Average Length of Stay	3.50	3.20			?		
Bed Occupancy – All Wards – 2pm	87.00%	83.76%			?		09/03/22
Total Outpatient Activity against Plan (volumes)	16,674	13,354			Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	15,482	12,071			Moving Target	+	
OJP Activity - Outpatients - against Plan	1,192	1,283			Moving Target		
Total Outpatient Activity - % Virtual	25.00%	14.98%	18.00%	L	F	+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	5.86%		H	Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	6.41%			?	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.30			?		
Total Diagnostics Activity against Plan - Catchment Based	2,835	2,977		H	Moving Target	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Data Quality Maturity Index Score				(variation icon)	?		
Referrals Received for Consultant Led Services, Including SOOS*		3,713		(variation icon)	No Target		
Financial Control Total	1,025	1,236		N/A to SPC	Moving Target		
Income	12,307	20,006		N/A to SPC	Moving Target		
Expenditure	11,338	18,833		N/A to SPC	Moving Target		
Efficiency Delivered	181.67	205		N/A to SPC	Moving Target		
Big Ticket Item (BTI) Efficiency Delivered	114.33	76		N/A to SPC	Moving Target		
Cash Balance	20,061	25,484		H (variation icon)	Moving Target		
Capital Expenditure	2,501	8,405		N/A to SPC	Moving Target		
Agency Core - On Framework	132	100		N/A to SPC	?	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Agency Core - Off Framework		208		N/A to SPC	No Target	+	
Agency Non-Core	167	176		H	?		
Proportion of Temporary Staff	4.67%	6.84%		N/A to SPC	Moving Target	+	
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	93.00%			?	+	

Sickness Absence

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

Exec Lead:
Chief People Officer
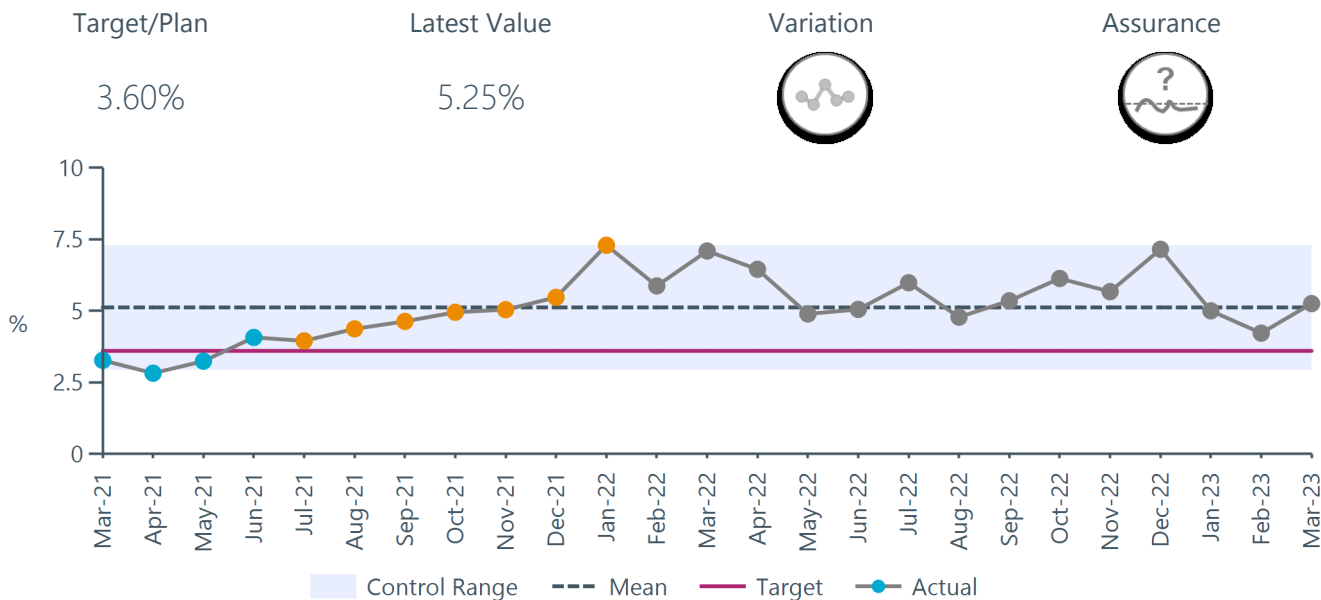
Target/Plan	Latest Value	Variation	Assurance
3.60%	5.25%		

Trajectory/H2 Forecast

6.13   5.25

● 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.

Control Range   - - - Mean   — Target   ● Actual

Narrative

The sickness absence reported for March is 5.25% where 'infectious diseases' accounted for 0.86%, leaving a remaining sickness at 4.39%. The reported position remains within our expected control range this month. Further detail by area below:
* Specialist Unit - 5.73% (4.76% excluding 'infectious diseases') - hot spot areas; Outpatients Dept 15.54%, Sheldon Ward 9.81%
* MSK Unit - 5.68% (4.82% excluding 'infectious diseases') - hot spot areas; Therapies T&O Team 19.21%, Powys Ward 10.49%
* Corporate areas - 4.18% (2.72% excluding 'infectious diseases') - hot spot areas; Ward Housekeepers 13.85%, Finance Dept 11.52%

For overall sickness, 'anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence across all areas.

Actions

Revised sickness policy has now been approved by People Committee and is available on the Trust Intranet. A relaunch advising stakeholders on the key messages and updates to be sent out. Bite-size training sessions to undergo content review to ensure they are aligned with the updated policy and further sessions to be scheduled in quarter one. Additional resources, such as FAQs that will accompany the policy are currently in development for roll out in quarter one.

Additional resource within the People Services department commenced in March/April where roles, following a period of induction within the team, will have a focus on sickness monitoring and support to managers .

With regards to support of anxiety/stress/depression sickness, People Services Team to request a communications update that outlines the resources available to NHS staff.
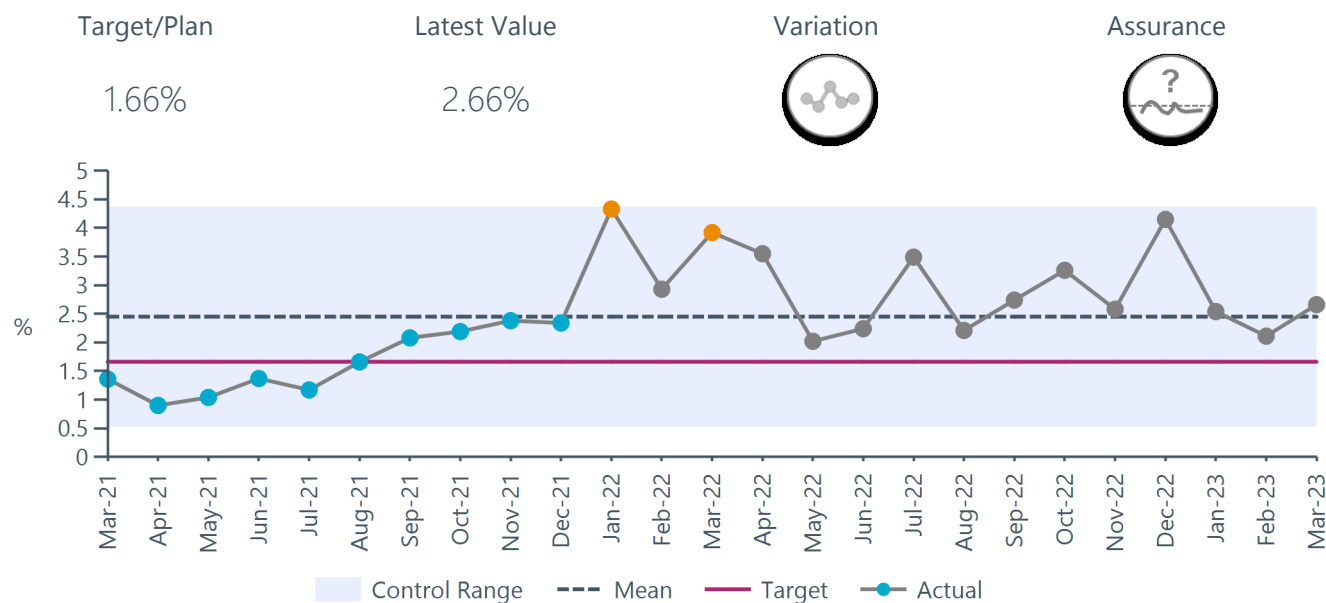
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
7.09%	6.45%	4.89%	5.05%	5.98%	4.78%	5.35%	6.13%	5.67%	7.15%	5.00%	4.22%	5.25%

- **Staff** - Patients - Finances -

Sickness Absence - Short Term

211163

Exec Lead:
Chief People Officer
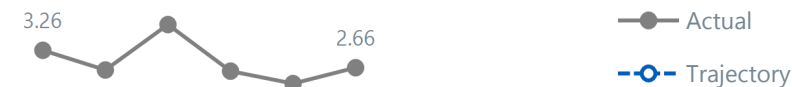
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.66%	2.66%			3.26 ... 2.66

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.

Control Range — Mean — Target — Actual

Narrative

Short Term sickness absence is reported at 2.66% for March (1.92% sickness excluding 'infectious diseases'). A Further detail by area below:
* MSK Unit - 3.27% (2.41% excluding 'infectious diseases') - hot spot areas; ODOs 8.97%, X-Ray Dept 7.22%
* Specialist Unit - 2.90% (1.93% excluding 'infectious diseases') - hot spot areas; Alice Ward 7.57%, Sheldon Ward 6.57%
* Corporate areas - 1.56% (0.71% excluding 'infectious diseases') - hot spot areas; Clinical Governance Dept 6.48%, Ward Housekeepers 5.15%

For short term sickness, 'Infectious diseases' was the highest reason for absence across all areas.

Actions

Revised sickness policy has now been approved by People Committee and is available on the Trust Intranet. A relaunch advising stakeholders on the key messages and updates to be sent out. Bite-size training sessions to undergo content review to ensure they are aligned with the updated policy and further sessions to be scheduled in quarter one. Additional resources, such as FAQs that will accompany the policy are currently in development for roll out in quarter one.

To assist with the management of short term sickness, People Services Team are recommencing assurance updates from managers.

Additional resource within the People Services department commenced in March/April where roles, following a period of induction within the team, will have a focus on sickness monitoring and support to managers .

With regards to support of anxiety/stress/depression sickness, People Services Team to request a communications update that outlines the resources available to NHS staff.
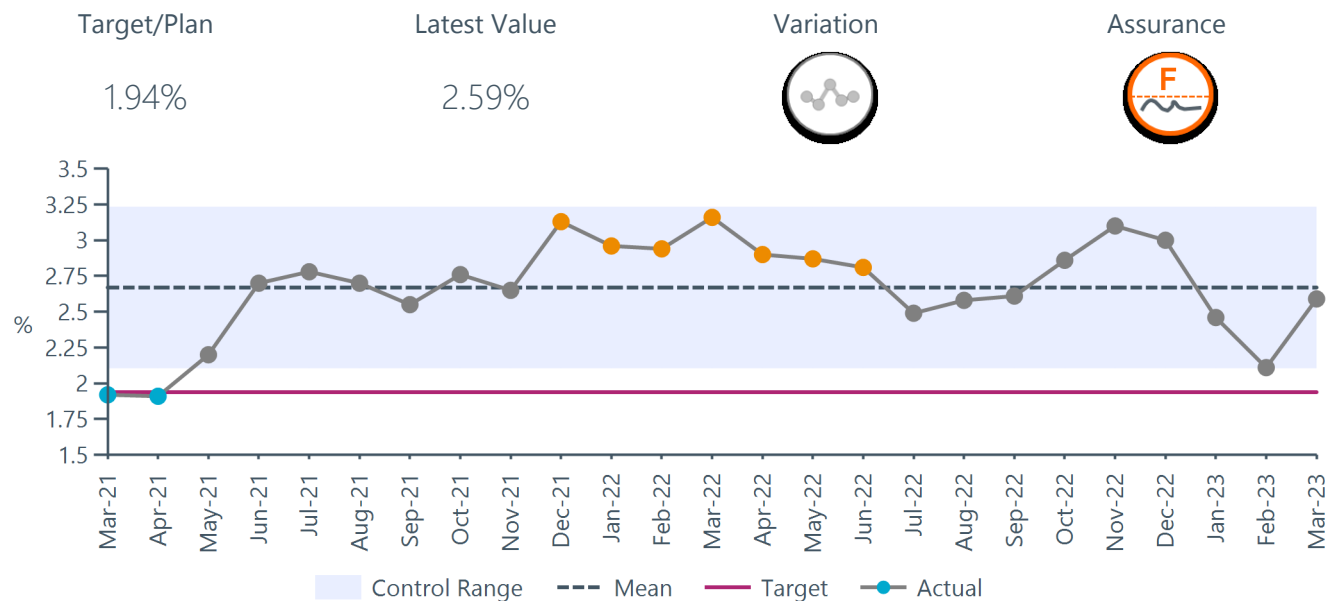
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
3.92%	3.55%	2.02%	2.24%	3.49%	2.21%	2.74%	3.26%	2.58%	4.15%	2.54%	2.11%	2.66%

- Staff - Patients - Finances -

Sickness Absence - Long Term

211162

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.94%	2.59%		F	

Actual
Trajectory

2.86

2.59

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Long term sickness is reported at 2.59% for March (2.47% excluding 'infectious diseases'). As can be seen in the SPC graph above, the reported position for March is reported as common cause variation as it falls within our expected control range. Further detail by area below:
* Specialist Unit - 2.83% - hot spot areas; Outpatients Dept 11.02%, Oswald Ward 6.53%
* Corporate areas - 2.62% - hot spot areas; Finance Dept 11.39%, Housekeeping 8.94%
* MSK Unit - 2.41% - hot spot areas; Therapies T&O Team 15.73%, SOOS Admin Staff 7.18%
For long term sickness, 'anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence across all areas.

There were 59 episodes of sickness that fall within long term classification in March. Their statuses are outlined below:
* LTS cases actively being managed (21)
* Sickness episodes ended in March and employee has returned to work (21)
* New cases that are now long term – Manager to be chased for case management update (12)
* Sickness episodes due to end in April and employee return to work (5)

Actions

Revised sickness policy has now been approved by People Committee and is available on the Trust Intranet. A relaunch advising stakeholders on the key messages and updates to be sent out. Bite-size training sessions to undergo content review to ensure they are aligned with the updated policy and further sessions to be scheduled in quarter one. Additional resources, such as FAQs that will accompany the policy are currently in development for roll out in quarter one.

There are some process changes within the revised policy that will improve the management of long term sickness.

Additional resource within the People Services department commenced in March/April where roles, following a period of induction within the team, will have a focus on sickness monitoring and support to managers .

With regards to support of anxiety/stress/depression sickness, People Services Team to request a communications update that outlines the resources available to NHS staff.
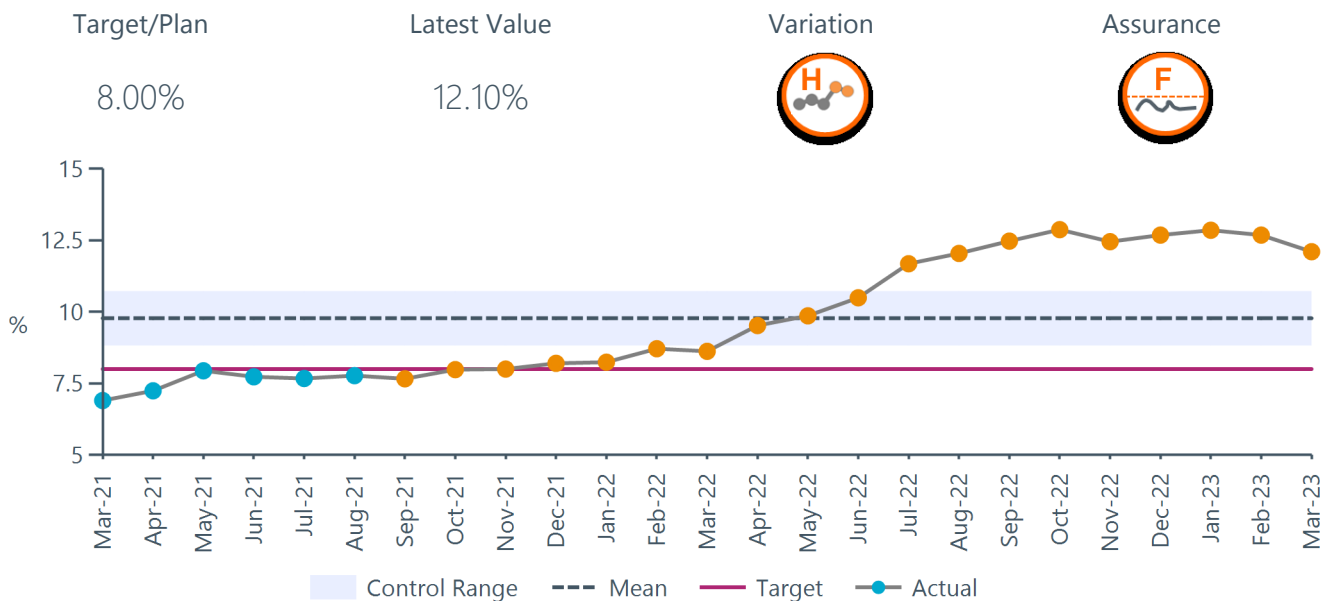
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
3.16%	2.90%	2.87%	2.81%	2.49%	2.58%	2.61%	2.86%	3.10%	3.00%	2.46%	2.11%	2.59%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
8.00%	12.10%	H	F	

12.87   12.10

— Actual
—o— 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

Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The March rate of 12.10% remains above the control range. Six out of eight staff groups are reported above 8% as follows:
* Allied Health Professionals - 19.68%
* Healthcare Scientists - 14.29%
* Additional Clinical Services - 13.95%
* Nursing and Midwifery - 13.46%
* Estates and Ancillary - 11.05%
* Administrative and Clinical - 9.09%
In the latest twelve month period, April-22 to March-23, there have been 202 leavers throughout the Trust. This is in relation to a headcount in post of 1670, as at 31st March 2023. The top three reasons for leaving that accounts for 101 leavers/50% at Trust level were:
* Voluntary Resignation - Other/Not Known - 39 / 19.31%
* Voluntary Resignation - Work Life Balance - 36 / 17.82%
* Retirement age - 26 / 12.87%

Actions

* Planning in place for the next Trust Open Day on the 16th April. This is a Trust-wide open day, not just professional roles. Further ones scheduled 15th July & 8th October.
* Focus on learning and development continues with nine mandatory study days planned up until October. Focus will move away from ward based training and focus on clinical skills and scenarios. Training being linked on ESR for all staff. 'Training Wednesday' launched in March for nursing staff. These are drop in sessions that are clinically focussed and responsive to needs of the organisation, e.g. falls. Development days for Health Care Support Workers diarised until October. Development days for registered nurses being planned; these will focus on personal professional growth. An update to the Trust's Study Leave Policy is in progress. A workforce review of the Learning & Development Team is taking place. Review and improvements made to training resources available on Intranet.
* Professional Career Cafes to be launched in quarter one, run by the Assistant Chief Nurses.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
8.62%	9.52%	9.86%	10.49%	11.68%	12.04%	12.47%	12.87%	12.45%	12.68%	12.85%	12.68%	12.10%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer
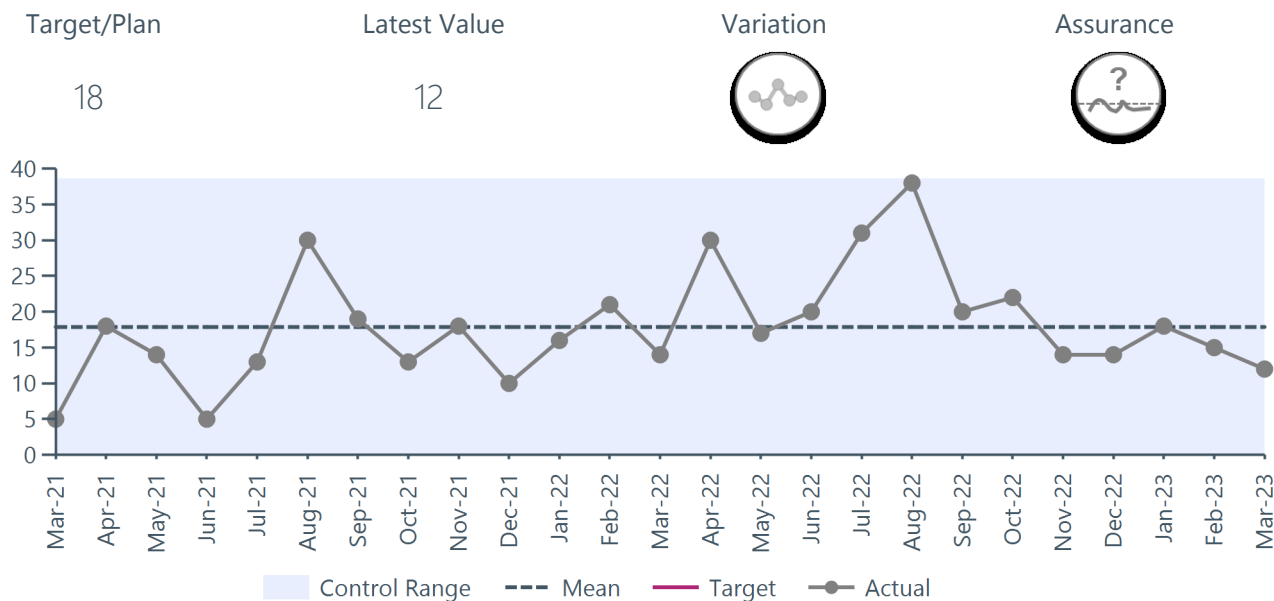
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
18	12			

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

In March, twelve staff left the Trust. These were from the following areas of the Trust; Specialist Unit (6), MSK Unit (5) and Corporate areas (1).

The staff that left in March by staff group were; Additional Clinical Services (5), Nursing & Midwifery Registered (3), Administrative & Clerical (2), Allied Health Professionals (1) and Estates & Ancillary (1).

Reasons for leaving were categorised as; work life balance (5), flexi retirement (2), retirement age (1), adult dependents (1), child dependents (1), relocation (1) and to undertake further education or training (1).

Actions

* Planning in place for the next Trust Open Day on the 16th April. This is a Trust-wide open day, not just professional roles. Further ones scheduled 15th July & 8th October.
* Focus on learning and development continues with nine mandatory study days planned up until October. Focus will move away from ward based training and focus on clinical skills and scenarios. Training being linked on ESR for all staff. 'Training Wednesday' launched in March for nursing staff. These are drop in sessions that are clinically focussed and responsive to needs of the organisation, e.g. falls. Development days for Health Care Support Workers diarised until October. Development days for registered nurses being planned; these will focus on personal professional growth. An update to the Trust's Study Leave Policy is in progress. A workforce review of the Learning & Development Team is taking place. Review and improvements made to training resources available on Intranet.
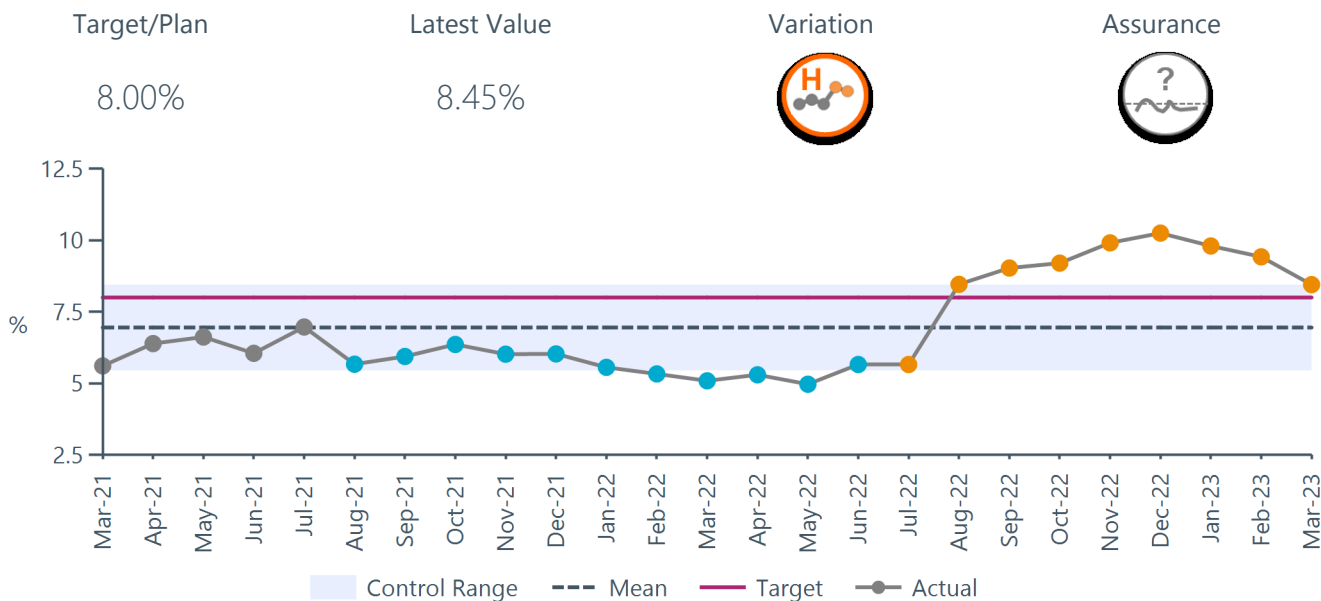* Professional Career Cafes to be launched in quarter one, run by the Assistant Chief Nurses.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
14	30	17	20	31	38	20	22	14	14	18	15	12

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
8.00%	8.45%	H	?	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The vacancy rate is reported at 8.45% this month and has exceeded the 8% target since August-22. This equates to vacancies across the Trust at 133.35 WTE; down from 149.00 at the end of February. The data remains special cause variation of concern above our expected control range. A breakdown by area is:
* MSK Unit - 10.70% / 73.48 WTE vacant
* Specialist Unit - 8.03% / 34.98 WTE vacant
* Corporate areas - 5.46% / 24.89 WTE vacant
Further details on the staff groups is provided against other KPIs (Nursing, Healthcare Support Workers & Allied Healthcare Professionals).

As can be seen in the SPC graph above, the vacancy rate has shown an increase from July. It must be noted, that when reviewing at a Trust-level the establishment has risen from 1518.31 WTE at the end of July to 1578.02 WTE at the end of March; an establishment increase of 59.71 WTE. Additional analysis is provided at staff group level in the covering paper that accompanies the IPR for People Committee.

Actions

* Planning in place for the next Trust Open Day on the 16th April. This is a Trust-wide open day, not just professional roles. Further ones scheduled 15th July & 8th October.
* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
* Workforce modelling for nursing and allied health professionals has begun. A forecast position for the next two financial years is in place and is reviewed on a weekly basis, taking pipeline recruitment into account. The modelling incorporates decision taken to recruit 10 student nurses twice a year (per cohort) and any known leavers such as retirement.
* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within MCSI a business case has been developed.
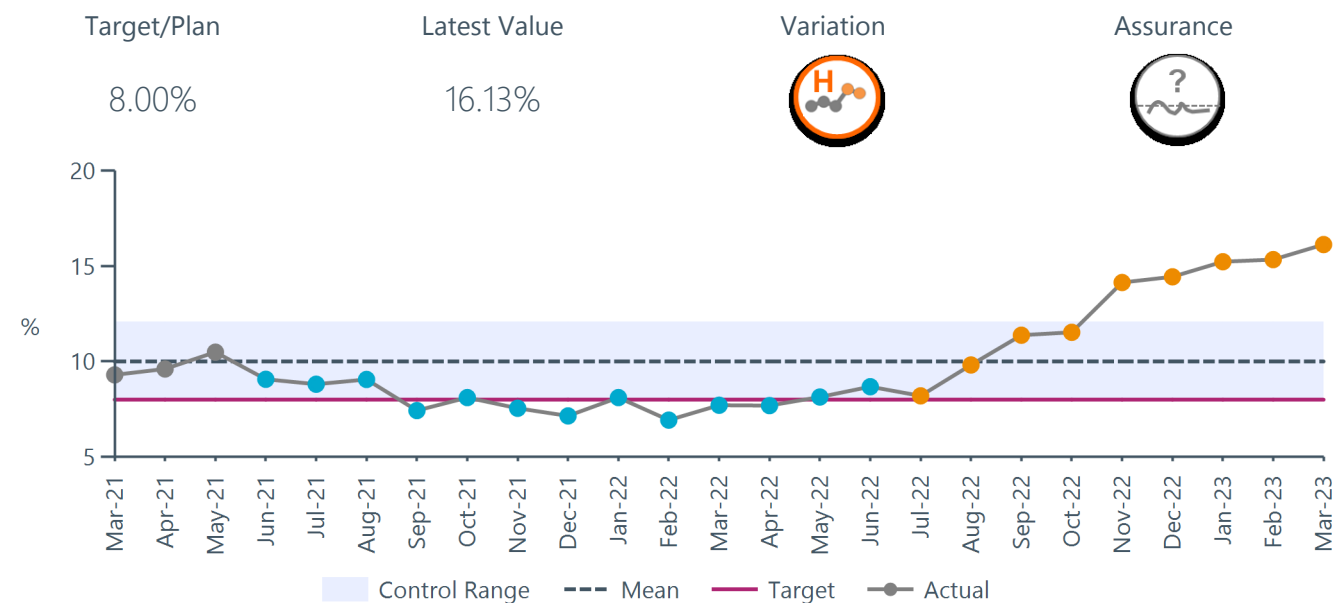
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5.09%	5.30%	4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%	10.25%	9.80%	9.42%	8.45%

- 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/H2 Forecast
8.00%	16.13%	H	?	11.53 ... 16.13

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

The Nursing Vacancy Rate is reported at 16.13% for March month end; this equates to 54.25 WTE vacant, up from 51.47 WTE at the end of February. A breakdown of the vacancies by area as follows;
* Specialist Unit - 24.81 WTE vacant - a vacancy rate of 19.69%
* MSK Unit - 32.10 WTE vacant - a vacancy rate of 16.60%
* Corporate Areas - over-established by -2.69 WTE

As at 9th April, the nursing vacancy rate stood at 59.43 WTE with a breakdown as follows:
* 12.36 WTE in 'pipeline' - at conditional or unconditional stage
* 21.00 WTE - International recruitment
* 8.44 WTE - Student Offers
* Remaining vacancies being addressed through generic advert as part of the Nursing Recruitment Campaign

Actions

* Professional Career Cafes to be launched in quarter one, run by the Assistant Chief Nurses.
* 'Golden Ticket' offered for registered individuals on placement with the Trust, with offer of role once qualified.
* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within MCSI a business case has been developed.
* Focus on development continues with nine mandatory study days planned up until October. 'Training Wednesday' launched in March for nursing staff.
* Rolling adverts and interviews continue for domestic nurses and allied health professionals. Six nurses had arrived by the end of March with others scheduled for April (2), May (3) and June (2). This will complete the 22/23 allocation with a further 12 by November as part of the 23/24 allocation. Trust to apply for pastoral care award for International Recruitment by July.
* Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses.
* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts within agreed areas.
* Trainee Nurse Associates; First cohort due to complete September-23, second cohort in April-24. Approval for further 10 candidates to commence in September-23.

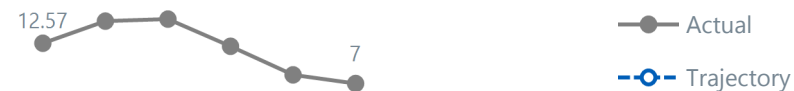| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
7.71%	7.69%	8.14%	8.68%	8.20%	9.82%	11.38%	11.53%	14.14%	14.44%	15.23%	15.34%	16.13%

-    Staff   -   Patients   -   Finances   -

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer
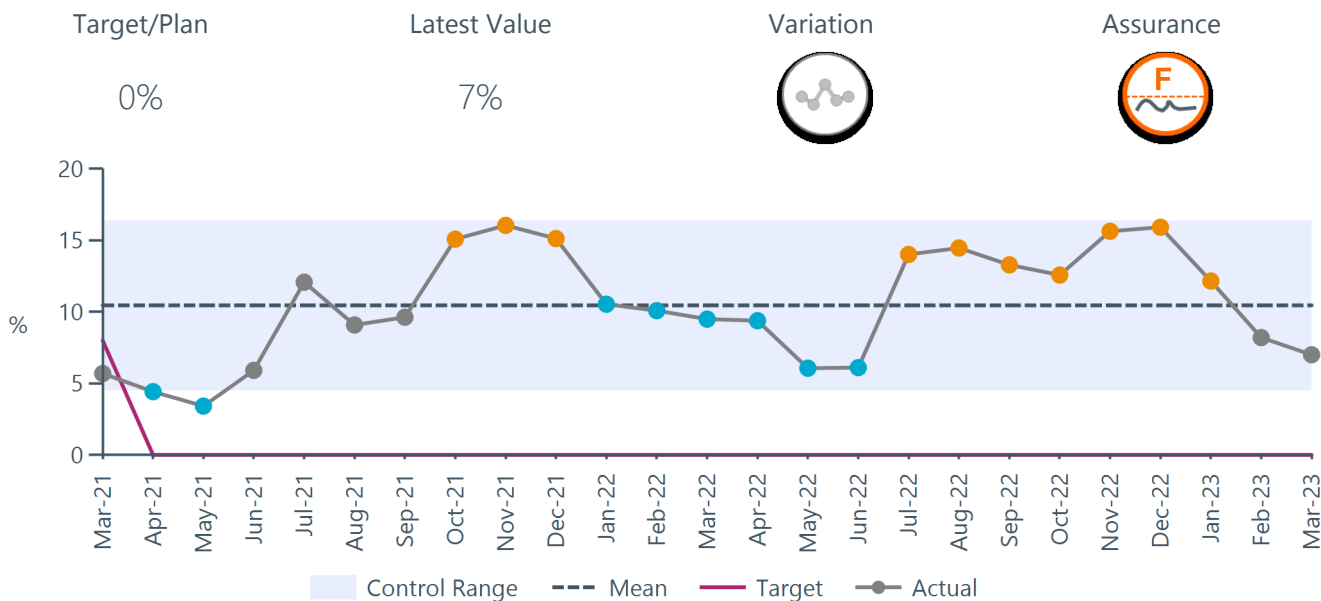
Target/Plan	Latest Value	Variation	Assurance
0%	7%		F

Trajectory/H2 Forecast

12.57 ... 7

- 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 healthcare support worker vacancy rate is reported at 7.00% for March month end and remains within our control range with a further reduction in vacancies. The vacancy rate equates to 14.60 WTE; down from 17.12 WTE at the end of February. A breakdown of vacancies by area as follows;
* MSK Unit - 12.90 WTE vacant - a vacancy rate of 11.60%
* Specialist Unit - 1.70 WTE vacant - a vacancy rate of 1.76%
* Corporate areas - no vacancies, establishment in post

As at 9th April, the healthcare support worker vacancy rate stood at 19.65 WTE with a breakdown as follows:
* 7.40 WTE in 'pipeline' - at conditional or unconditional stage
* Remaining vacancies being addressed through generic advert as part of recruitment campaign

Actions

* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts within agreed areas. Working towards zero vacancies in this staff group.
* Focus on learning and development continues where focus will move away from ward based training and focus on clinical skills and scenarios. Training being linked on ESR for all staff. Development days for Health Care Support Workers diarised until October. An update to the Trust's Study Leave Policy is in progress.
* Recruitment policy is being refreshed to ensure it aligns with new ways of working.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
9.49%	9.38%	6.06%	6.10%	14.01%	14.46%	13.28%	12.57%	15.63%	15.91%	12.15%	8.20%	7.00%

- Staff - Patients - Finances -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer
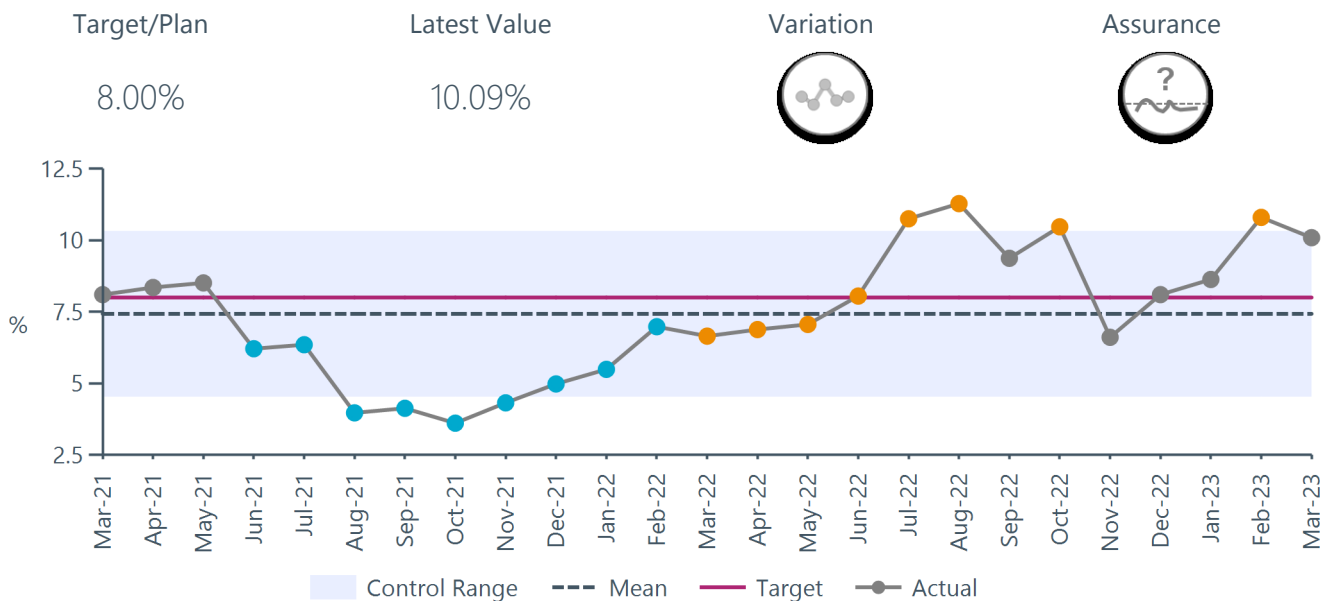
Target/Plan	Latest Value	Variation	Assurance
8.00%	10.09%		?

Trajectory/H2 Forecast

10.47   10.09

— Actual
--O-- 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.

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

Narrative

The allied health professionals vacancy rate it reported at 10.09% for March month end. This equates to 17.42 WTE; down from 18.66 at the end of February. These vacancies predominantly sit within the MSK Unit. The roles with the highest WTE vacancies are:
* Operating Department Practitioner - 7.51 WTE - a vacancy rate of 23.38%
* Physiotherapist - 5.53 WTE vacancy - a vacancy rate of 9.46%
* Radiographer - Diagnostic - 5.47 WTE - a vacancy rate of 12.23%

As at 9th April, the allied health professionals vacancy rate stood at 16.25 WTE with a breakdown as follows:
* 9.55 WTE in 'pipeline' - a conditional or unconditional stage
* 6.00 WTE - student offers

Actions

* Professional Career Cafes to be launched in quarter one, run by the Assistant Chief Nurses.
* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within MCSI a business case has been developed.
* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts within agreed areas.
* Rolling adverts and interviews continue for domestic nurses and allied health professionals.
* Over-recruiting recovery nurses in order for some to be trained on anaesthetic course that will enable them to work to ODP role.
* System rotation for operating department practitioners in development, due to be advertised in quarter one.
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Gap analysis against national requirements is now complete with a list of recommendations that have been approved at People Committee to be implemented.
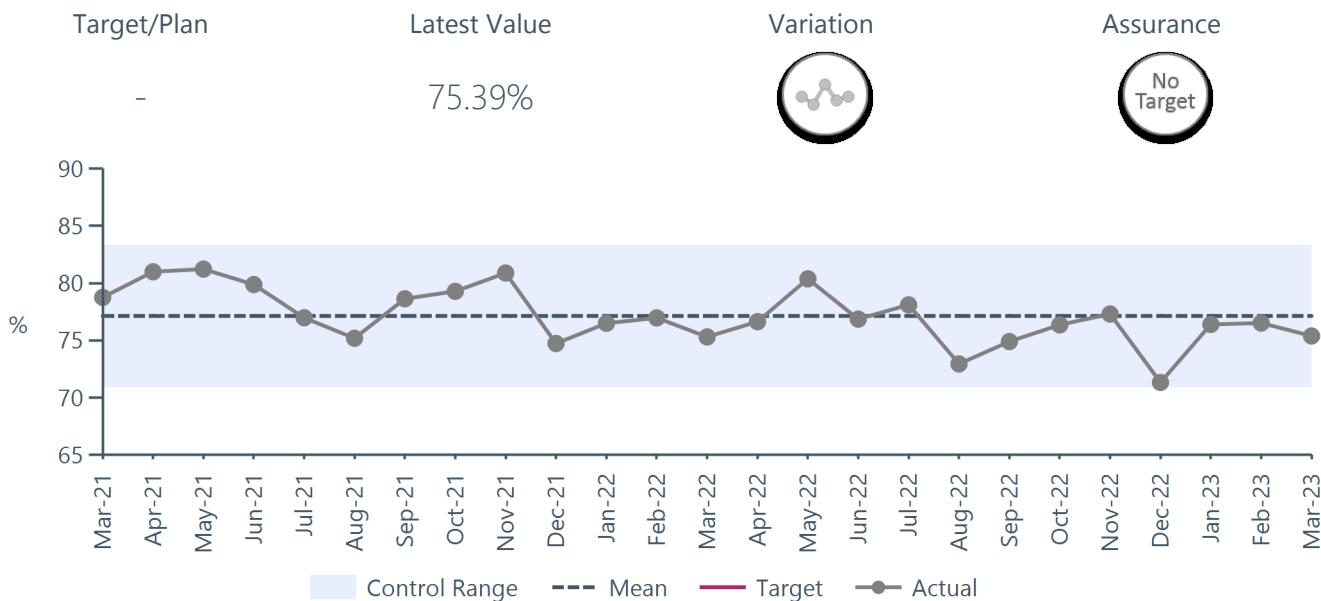
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
6.65%	6.88%	7.06%	8.05%	10.75%	11.28%	9.37%	10.47%	6.61%	8.10%	8.63%	10.80%	10.09%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	75.39%		No Target	

Trajectory/H2 Forecast

76.36   75.39

- 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 March, % staff availability was 75.39%. The 24.61% not available is broken down as follows:
* Vacancies - 8.45%
* Planned absence (annual leave, maternity, paternity) - 10.87%
* Unplanned absence (sickness, special leave) - 5.29%

Actions

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
75.31%	76.64%	80.38%	76.86%	78.11%	72.95%	74.90%	76.36%	77.31%	71.33%	76.40%	76.52%	75.39%

- 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
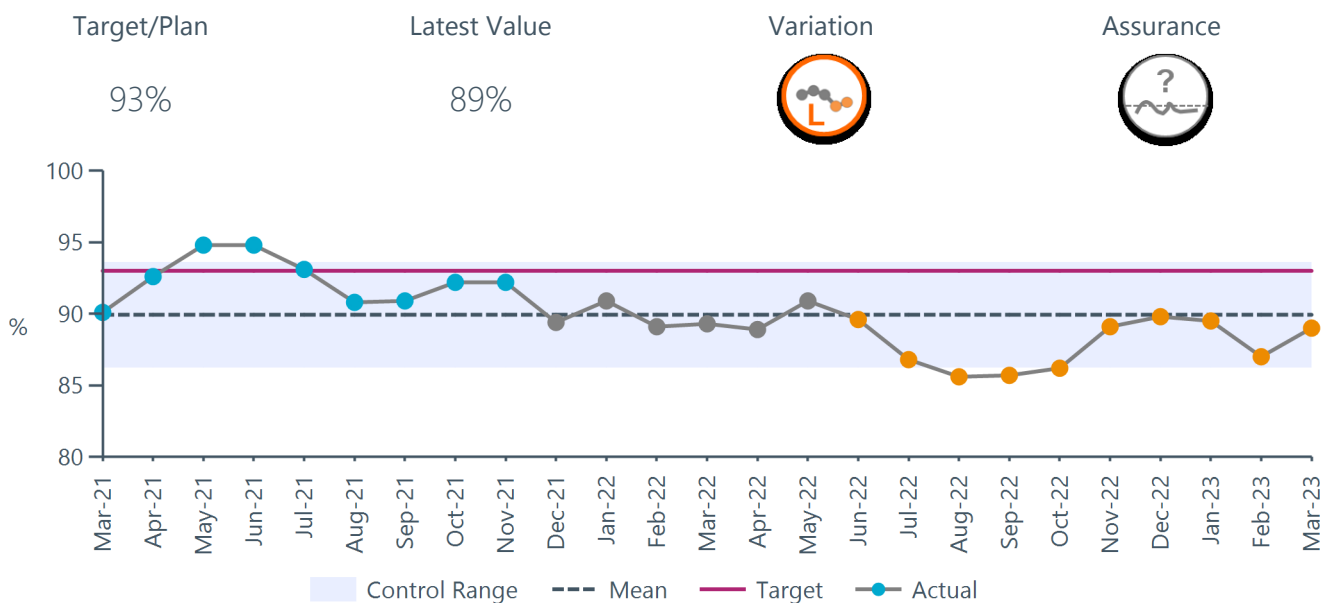
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
93%	89%			

86.20   89

— Actual
--O-- Trajectory

What these graphs are telling us

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

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

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 89.00% at the end of March. This has been reported below target since August '21. Breakdown below by area:
* Specialist Unit - 90.67% - 35 not completed
* MSK Unit - 89.30% - 61 not completed
* Corporate areas - 86.91% - 53 not completed

Actions

The People Services Business Partners continue to remind and prompt managers where personal development reviews are outstanding with particular focus on areas with low compliance. Performance against this metric continues to be a regular agenda item at Unit Board meetings.

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

Focus on Corporate Services being led by the Executive Team. Review of process for bank staff to take place.
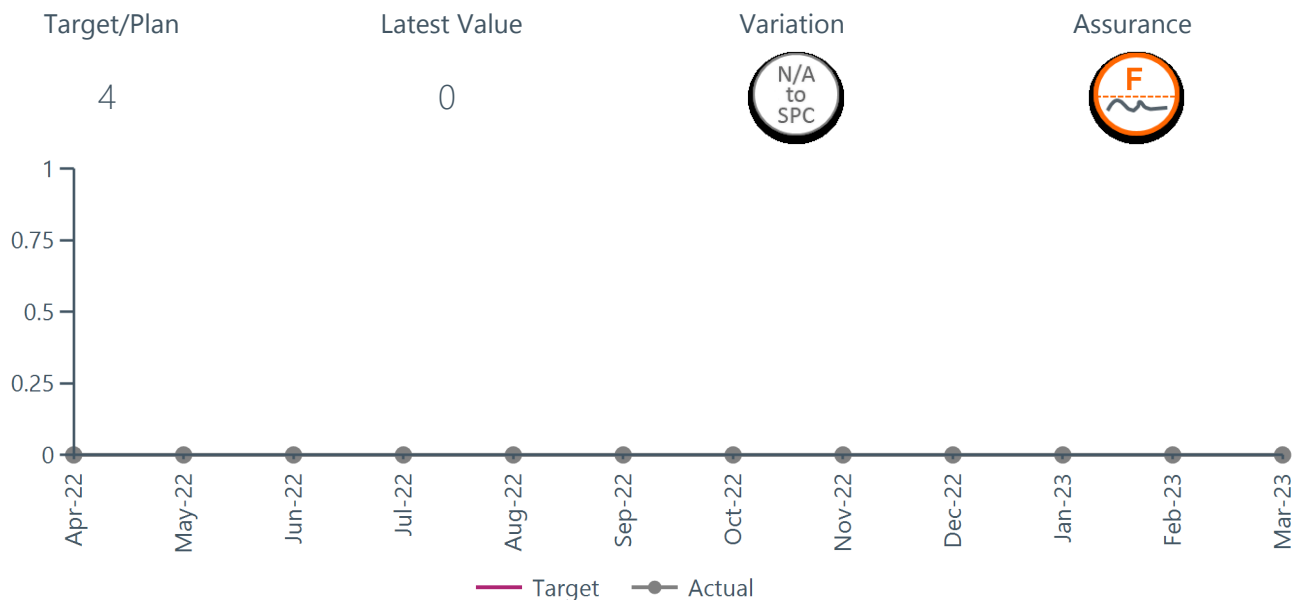
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
89.30%	88.90%	90.90%	89.60%	86.80%	85.60%	85.70%	86.20%	89.10%	89.80%	89.50%	87.00%	89.00%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
4	0	N/A to SPC	F	0 ———— 0

● Actual
—○— Trajectory

What these graphs are telling us

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

[Chart: E-Rostering Level of Attainment, values at 0 from Apr-22 through Mar-23, with Target and Actual lines]

Narrative

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

In order to meet level 1 fully, the following actions are required:
* Roles with budgetary responsibilities for e-rostering have had these responsibilities included in job description
* All contracted hours are recorded on the system to which local, contractual and statutory safe working rules are applied. Net hours per roster period are monitored to ensure all contracted hours are rostered

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

Actions

Actions outstanding in order to progress to level 1 are:
* An assessment of all managers' job descriptions has now been carried out. There are some job descriptions that require an update where relevant employees need to be notified of the change. This is currently in progress.
* When consultant job plans have all been signed off the data will be monitored through e-Roster KPIs. The development of the final KPIs is in progress but testing of the data flow to e-Roster has taken place.
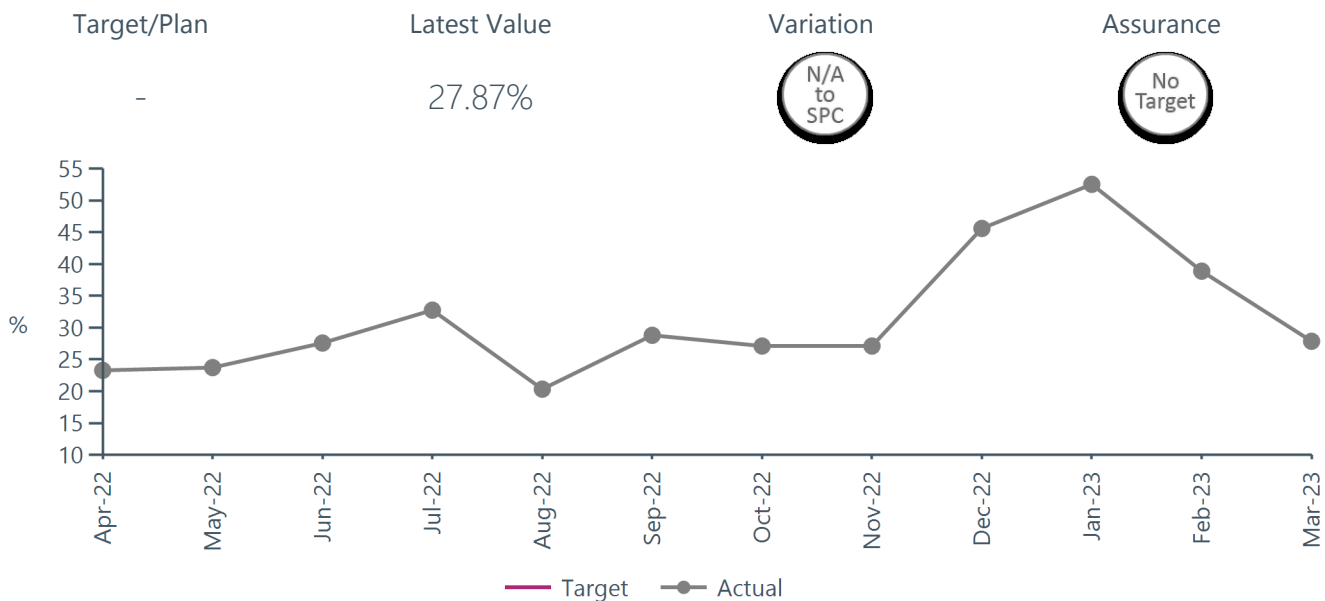
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	0	0	0	0	0	0	0	0	0	0	0	0

- 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/H2 Forecast
-	27.87%	N/A to SPC	No Target	27.12 ... 27.87

Actual
Trajectory

What these graphs are telling us

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

Narrative

The % of e-rosters that has been approved six weeks ahead of their start date is reported at 27.87%. This relates to the roster start date of 31st January 2023. A breakdown by unit is provided below:
* Corporate Areas - 57.14%
* MSK Unit - 19.35%
* Specialist Unit - 30.43%

Reporting on this measure is now included within Unit scorecards to ensure monitoring at that level.

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

Actions

Although confirm and challenge meetings are established within the Trust, the recent dip in performance can be attributed to a lack of senior manager resource to run the meetings Resource is now back and future position expected to show an improvement.
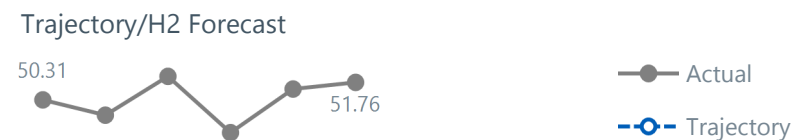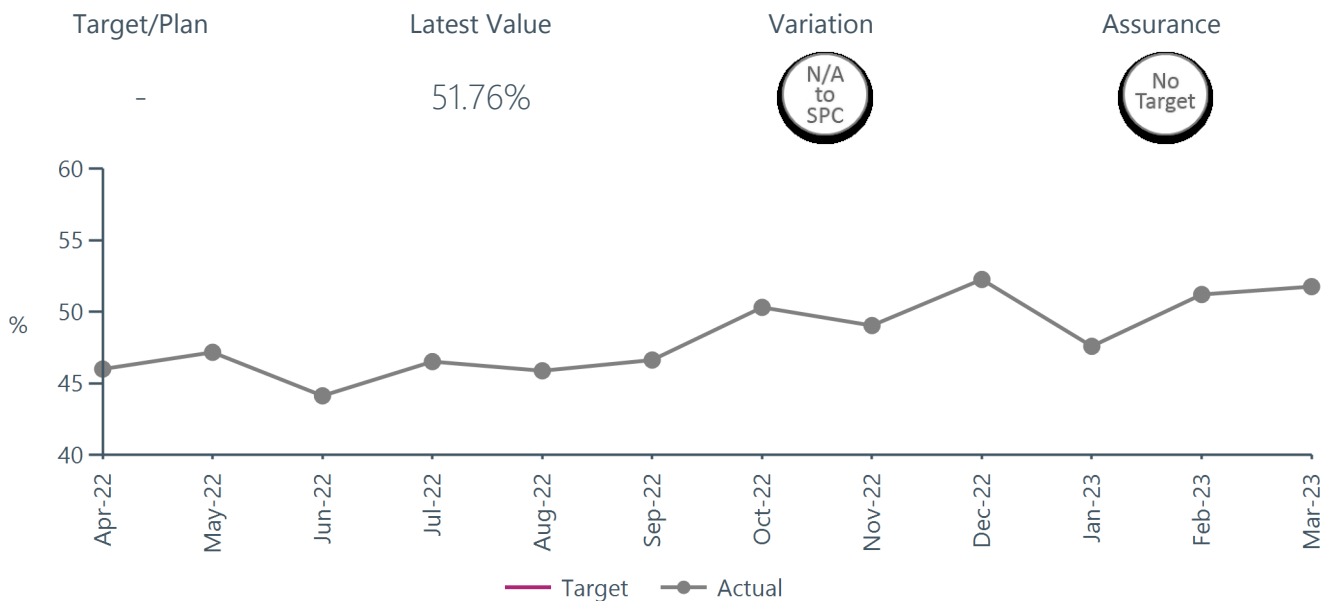
As there is no national target for this KPI, it is proposed that the visible graph is updated to SPC once the required number of data points are available (15 months) and that will then drive whether the measure is included as an exception going forward.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	23.29%	23.73%	27.59%	32.76%	20.34%	28.81%	27.12%	27.12%	45.61%	52.54%	38.89%	27.87%

- 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
-	51.76%	N/A to SPC	No Target

Trajectory/H2 Forecast

50.31 ... 51.76

—●— Actual
—○— Trajectory

What these graphs are telling us

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

— Target   —●— Actual

Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The data reported this month relates to the roster start date of 31st January 2023 and trust-wide 51.76% of shifts were auto-rostered. A breakdown by unit is provided below:
* Corporate Areas - 90.05%
* MSK Unit - 54.02%
* Specialist Unit - 40.78%

Reporting on this measure is now included within Unit scorecards to ensure monitoring at that level.

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

Actions

Process now established within the Trust and improvements are now visible against this metric.

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

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	46.00%	47.17%	44.13%	46.52%	45.88%	46.63%	50.31%	49.04%	52.26%	47.59%	51.21%	51.76%

-   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
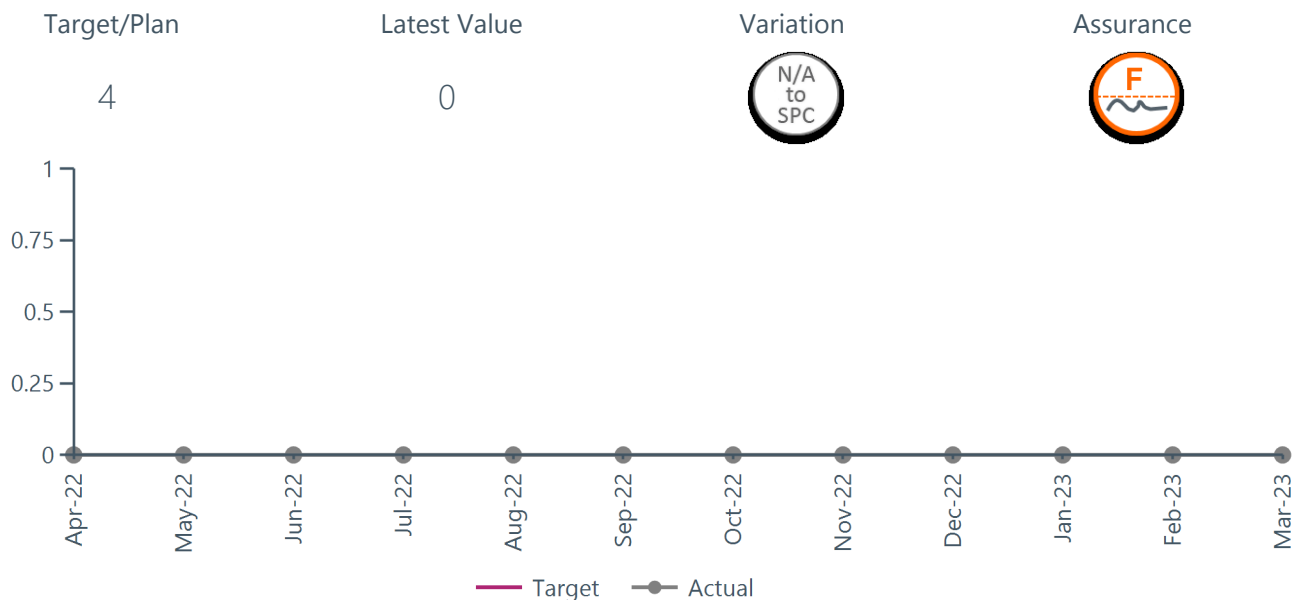
Target/Plan	Latest Value	Variation	Assurance
4	0	N/A to SPC	F

Trajectory/H2 Forecast

○ 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

At present, RJAH is operating at level 0. The outstanding points stipulated to meet level 1 are:
* Trust-wide policies detail the e-job planning process
* At least 90% of employees have an active e-job plan
The outstanding points to meet level 2 are:
* The trust allocates time and resources to e-job planning
* Trusts use the full functionality of e-job planning software to include details of the expected output of planned activity

As assessment of when the attainment levels will be achieved has been carried out and it is now anticipated that the Trust will be meeting level 1 by the end of quarter 1 (June-23) as 90% employees with an active job plan will not be achieved until then.

Actions

Key milestones to meet standards for our Trust are:
* A trust-wide e-job planning policy covering all clinical workforce groups is live. The policy has been to prior LNC meetings where further refinements to the policy were requested. The March and April LNC meetings did not go ahead so this will now go to the May meeting. In the meantime, the policy has been shared and discussed with the LNC Representative. Approval through People Committee to then follow.
* The updated policy will reflect a process change whereby the consistency panel will not be the final point of sign off. This should improve the efficiency of the sign off process.
* An assessment of all managers' job descriptions has now been carried out. There are some job descriptions that require an update where relevant employees need to be notified of the change. This is currently in progress.
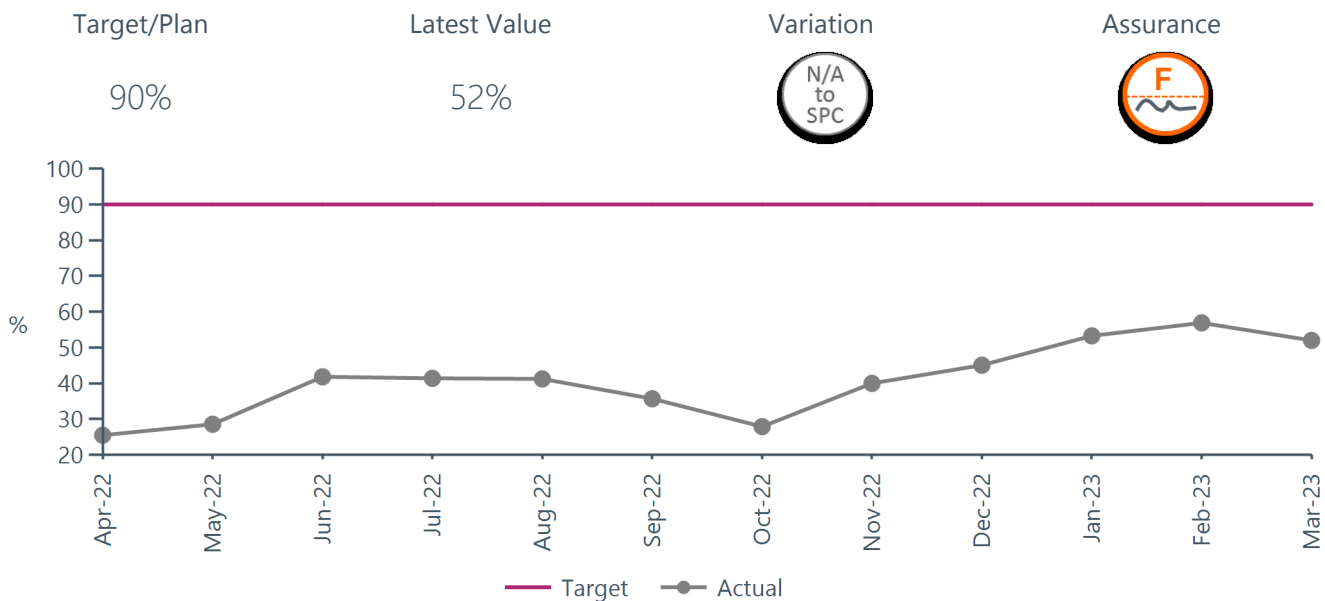
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	0	0	0	0	0	0	0	0	0	0	0	0

- **Staff** - Patients - Finances -

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
90%	52%	N/A to SPC	F	27.91 ... 52

What these graphs are telling us

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

Legend: ● Actual — ○ — Trajectory

Chart (%, Apr-22 to Mar-23): — Target (90%), ● Actual

Narrative

This KPI relates to the percentage of staff with an active e-job plan; this is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. As at the end of March, the Trust is reporting this measure at 52.00%. Breakdown as follows:
* Consultants - 98 job plans with 56 signed off within last 12 months - 57.14%
* AHPs - 24 job plans with 19 signed off within last 12 months - 79.17%
* Specialist Nurses - 3 jobs plans with all signed off within last 12 months - 100%

These KPIs are now included in the Unit scorecards to allow monitoring at that level. Performance by Unit is reported as follows:
* MSK Unit - 58.06%
* Specialist Unit - 34.38%

Actions

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

The updated policy includes a process change whereby the consistency panel will not form part of the sign off process; this should improve the efficiency of the sign off process. A realistic assessment has been made where it is anticipated the Trust will meet the 90% by the end of June-23.

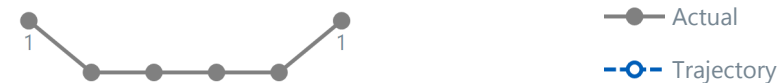| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	25.51%	28.57%	41.84%	41.41%	41.24%	35.71%	27.91%	40.00%	45.08%	53.28%	56.91%	52.00%

- Staff - Patients - Finances -

Serious Incidents

Number of Serious Incidents reported in month 211160

Exec Lead:
Chief Nurse and Patient Safety Officer
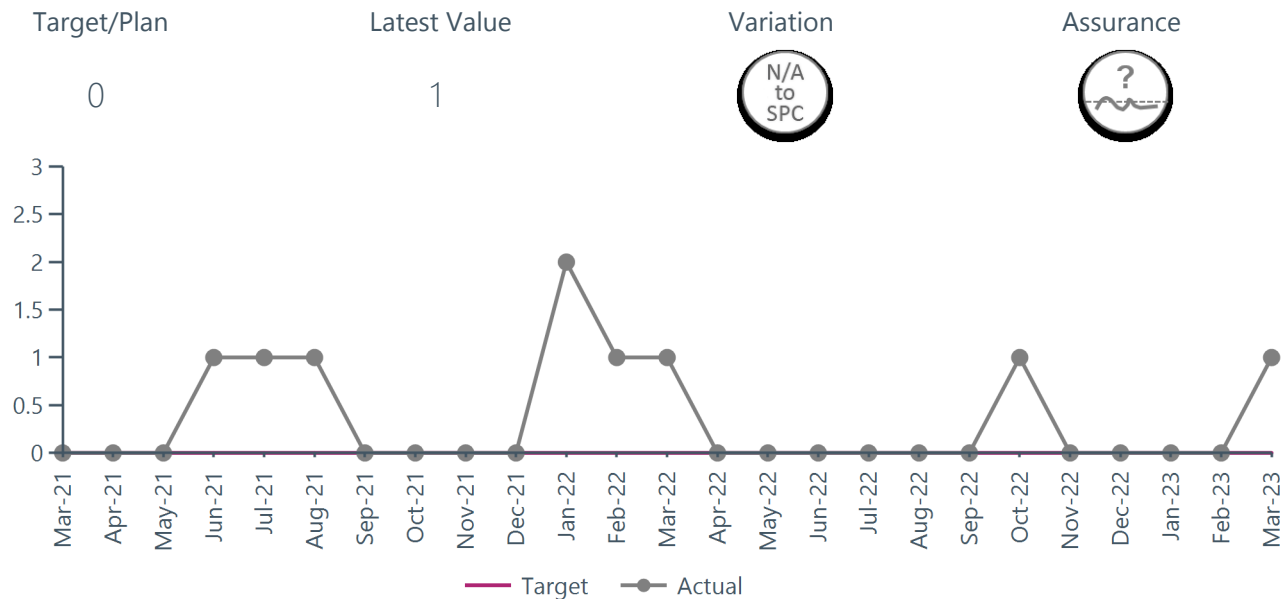
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1	N/A to SPC	?	

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 was one serious incident reported in March. This relates to the category three pressure ulcer that was reported in February. Following review, it was confirmed as a serious incident and reported in March.

Actions

At the time of IPR production, the investigation for this incident is still underway and due for completion by the end of April. The findings will be presented to Specialist Unit Governance meeting, Specialist Unit Board meeting and if relevant, reported to Quality and Safety Committee.
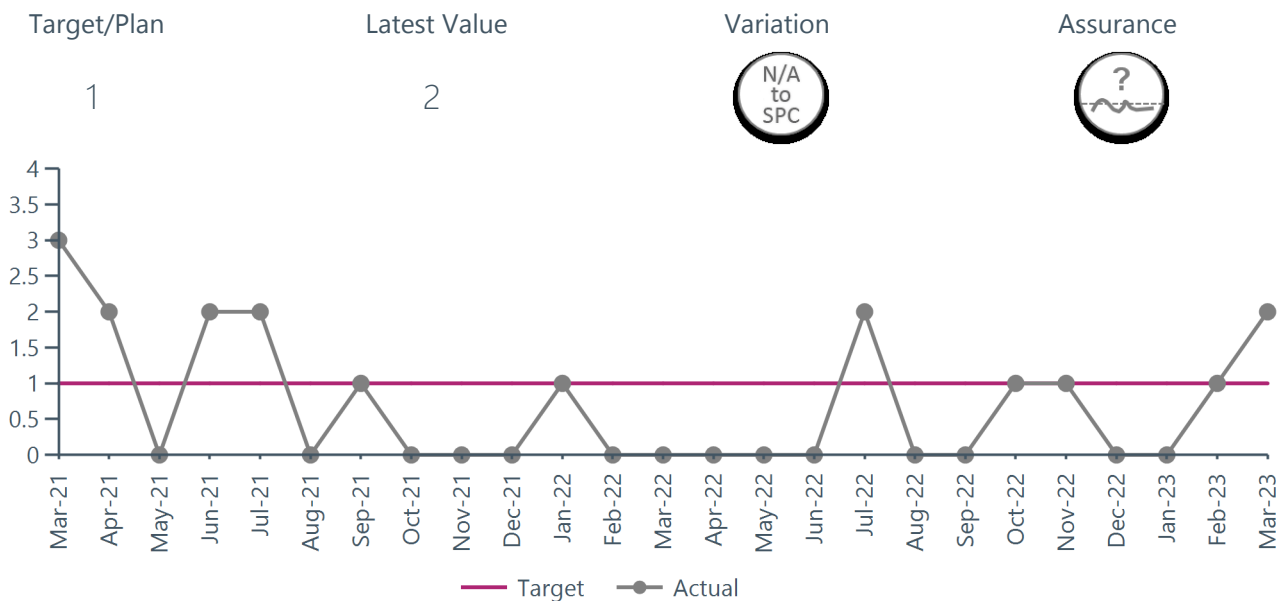
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
1	0	0	0	0	0	0	1	0	0	0	0	1

- Staff - Patients - Finances -

RJAH Acquired Pressure Ulcers - Category 2

Total number of category 2 pressure ulcers acquired at RJAH 211154

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1	2	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).

Narrative

There were two category two pressure ulcers reported in March.

Actions

One pressure ulcer was the result of an old and worn wheelchair cushion. As process has now been put in place to barcode cushions to ensure they are not used beyond recommended lifespan.

The second pressure ulcer was in a patient transferred from another organisation where there was not adequate communication provided in the handover. Process for robust handover in transferred patients to be reviewed.
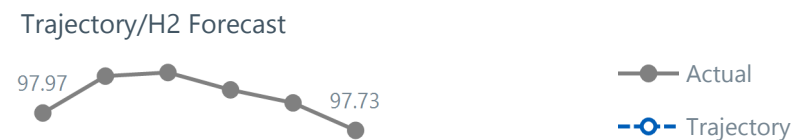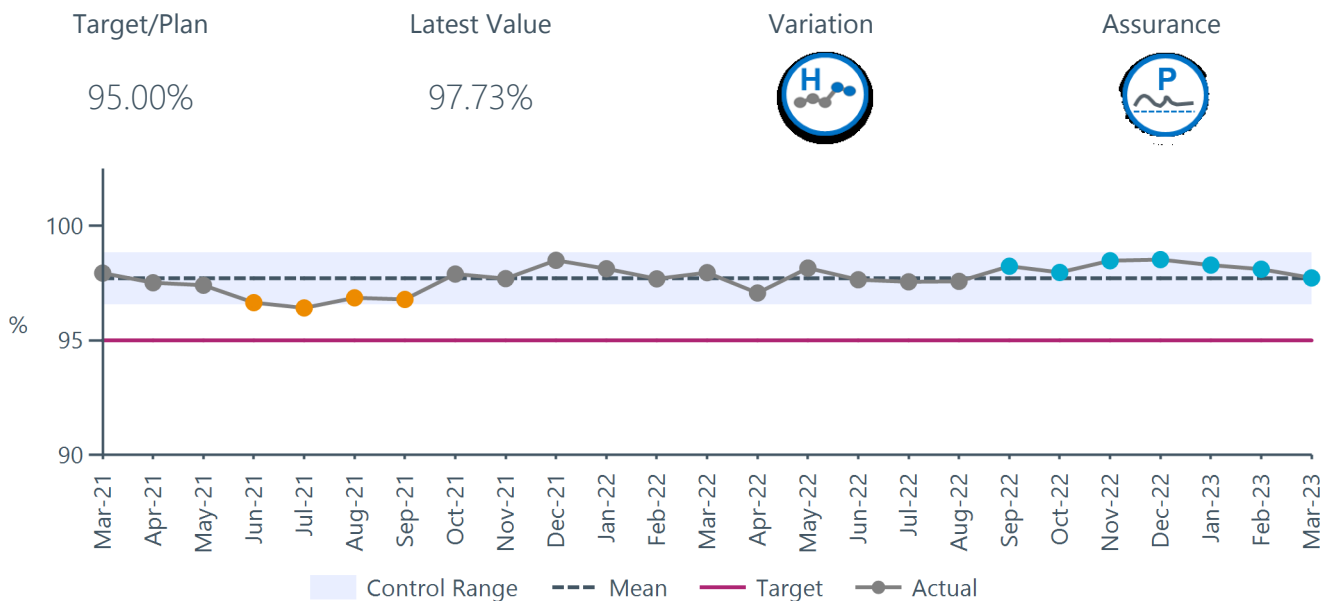
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	0	0	0	2	0	0	1	1	0	0	1	2

- Staff - Patients - Finances -

Patient Friends & Family - % Would Recommend (IP & OP)

% of patients who would recommend the trust (inpatients (IP) and outpatients (OP)) 211137

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
95.00%	97.73%	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

The latest position reported for Patients Friends & Family who would recommend is 97.72% (for both Inpatients and Outpatients). The KPI is included as an exception this month as the SPC indicates special cause variation of an improving nature with the last seven data points consistently above the mean.

In March there were 1883 responses collected overall, with 1840 responding positively.
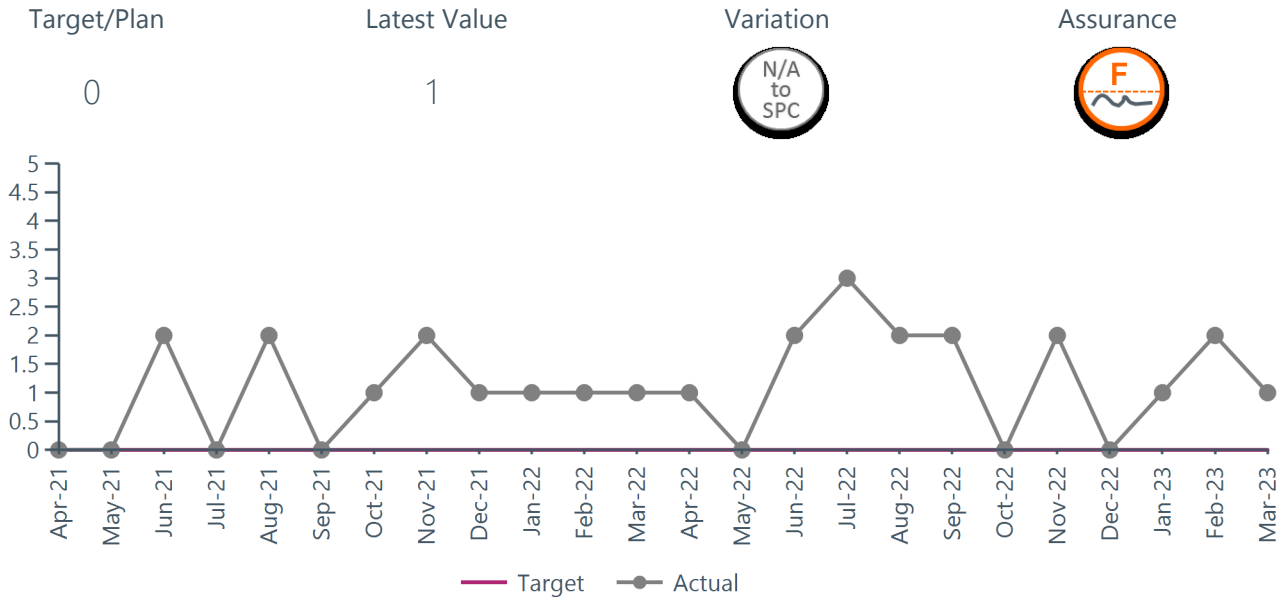
Actions

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
97.96%	97.07%	98.16%	97.65%	97.56%	97.58%	98.24%	97.97%	98.48%	98.53%	98.29%	98.11%	97.73%

- 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/H2 Forecast
0	1	N/A to SPC	F	

What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance indicates that this is consistently failing the target.

Narrative

There was one complaint re-opened in March. The original complaint relates to concerns regarding the time taken for diagnostics results to be made available to GP. Patient was not happy with initial response and came back to the Trust with further comments.

Actions

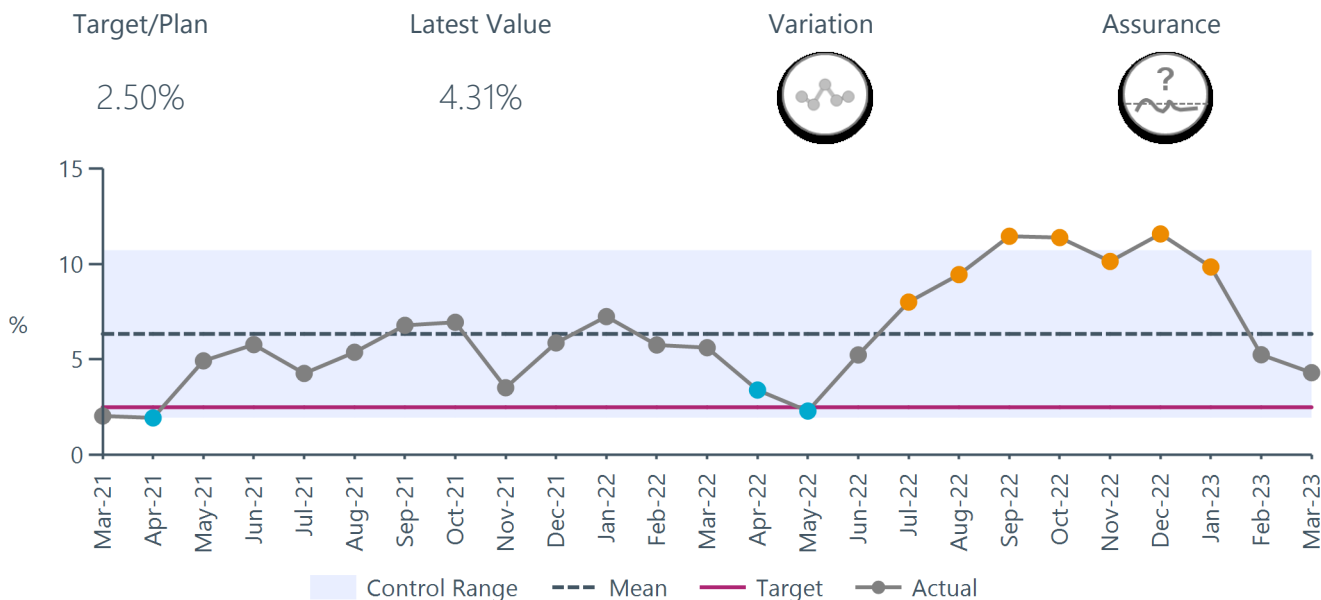At the time of IPR production, this re-opened complaint is still under investigation so no actions identified as yet.

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

- Staff - **Patients** - Finances -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
2.50%	4.31%			11.39 · · · 4.31

Legend: Actual, Trajectory

Legend: 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

The Delayed Discharge rate is reported at 4.31% for March with the figure remaining within our expected control range. It is also the lowest reported position since May-22. The total delayed days for March is 181 days with a breakdown as follows:
* 3 spinal injuries patients amounting to 37 days - attributed to following organisations - Birmingham, Warwickshire and Staffordshire
* 14 care of the elderly patients with 102 delayed days - attributed to Shropshire and Birmingham
* 1 paediatric patient delayed for 31 days - attributable to Walsall
* 1 T&O patient delayed for 11 days - attributed to Wales

Actions

Review of NCTR guidance to assess changes to data collection and reporting, in comparison to DTOCs guidance. Learning and education to then follow for wards staff.

Standardisation of documentation related to discharge in progress. A standardised checklist has been distributed by Assistant Chief Nurse for comments and this will now be piloted from week commencing 17th April.

Within the MCSI area, NHSE continue to provide support. A Band 4 Discharge Co-Ordinator role has ben trialled on MCSI through fixed-term contract. This period has demonstrated an improvement and benefits from the role so case of need is being prepared to make this a permanent position.

A service review of the Resettlement team on MCSI is in progress.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5.62%	3.40%	2.30%	5.24%	8.01%	9.45%	11.46%	11.39%	10.14%	11.58%	9.85%	5.25%	4.31%

- 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
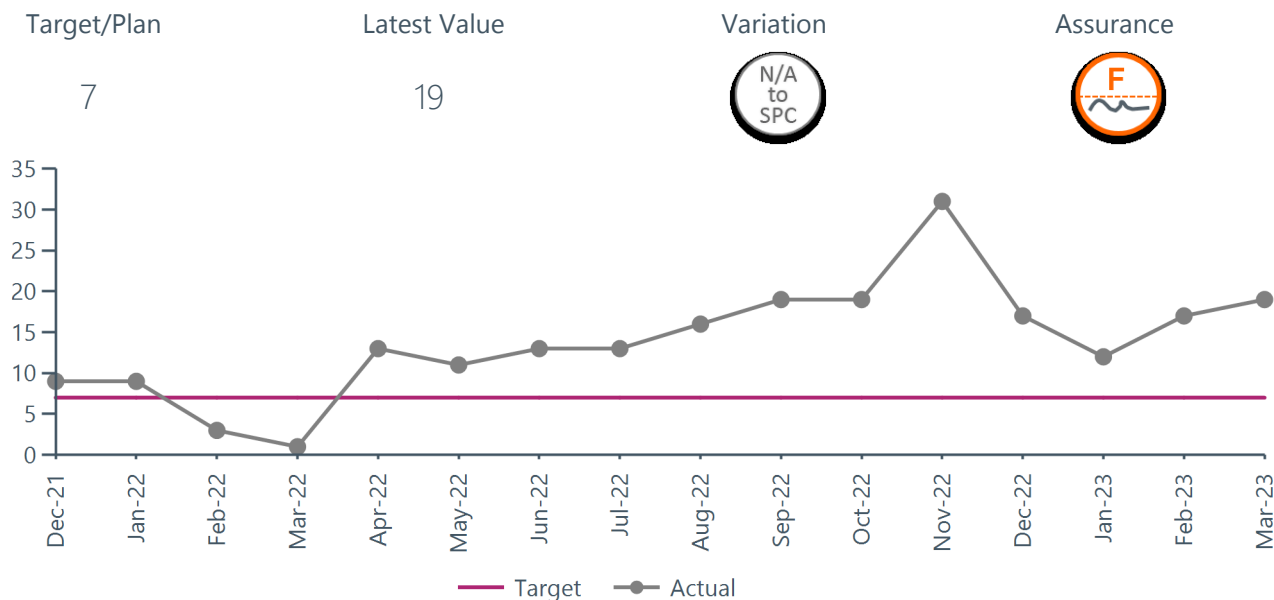
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
7	19	N/A to SPC	F	19 ... 19

Actual
Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance indicates that this is consistently failing the target.

— Target — Actual

Narrative

As at 31st March there were 19 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

Actions

We are continuing to see a trend of higher new patient referral levels. Currently MCSI has usual 44 commissioned beds, +2 additional on Alice and +4 on MCSI@Sheldon. Conversations with NHSE around permanently increasing bed base are in progress. Patients waiting in referring hospitals are being supported by Nurse Consultant.

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

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

- Staff - Patients - Finances -

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

Exec Lead:
Chief Nurse and Patient Safety Officer
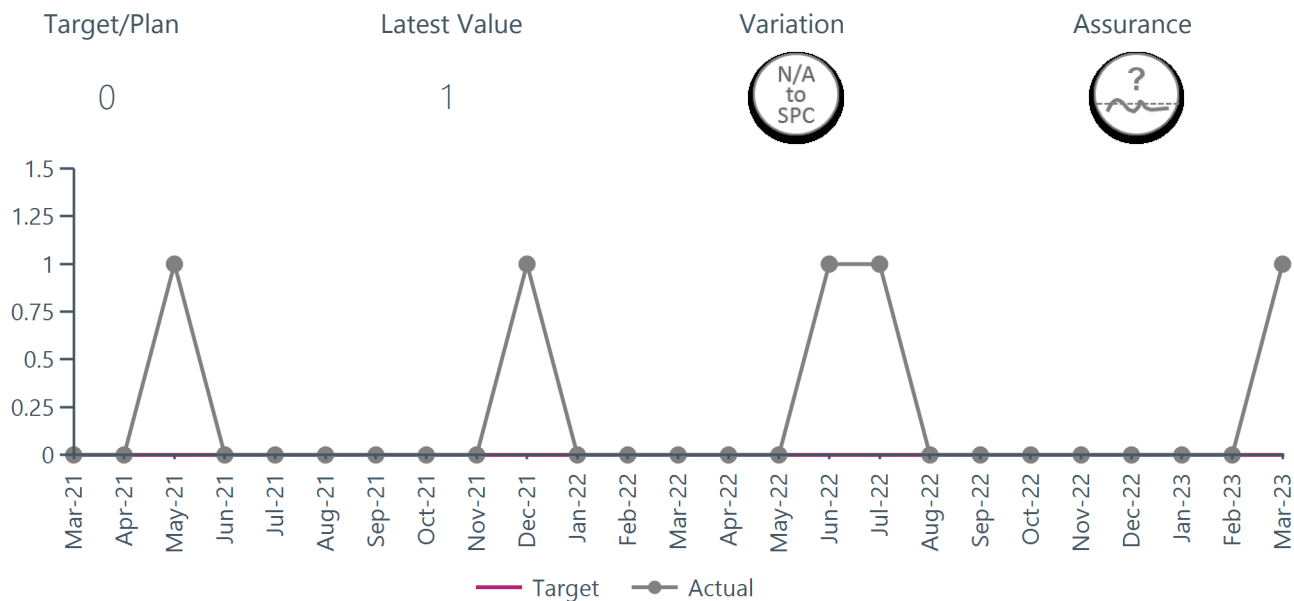
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1	N/A to SPC	?	

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 case of C.Difficile in March.

Actions

A post-infection review will be undertaken and reported through IPCCC. It must be noted that there has been a national rise in C.Difficile cases and regional collaboratives have devised a standardised post infection review tool for use which will be used for this case. Lessons learned will be shared through SNAHP, IPCCWG and IPCCC.

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

- 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:
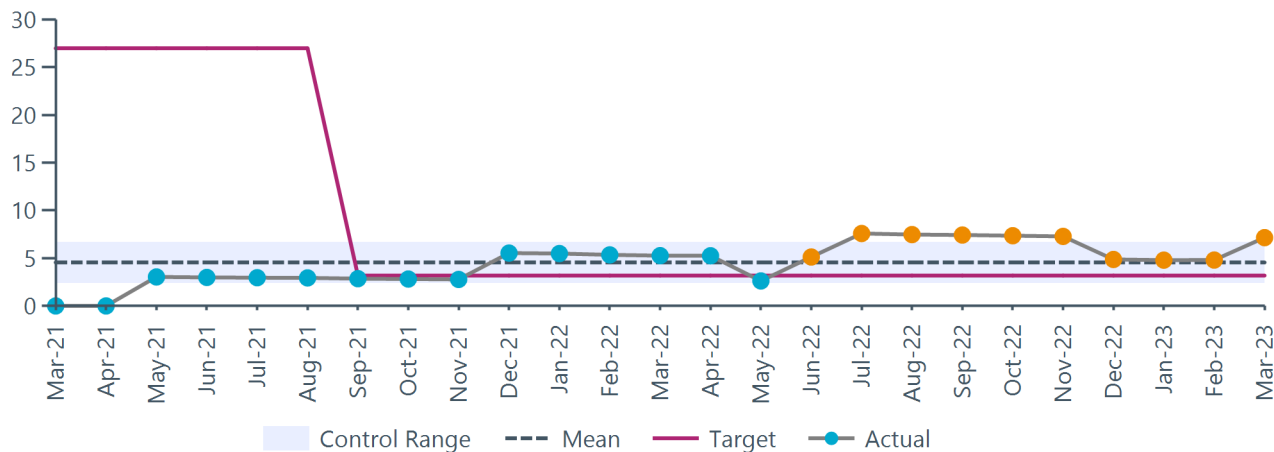Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
3.18	7.16	H	Moving Target	7.36 ... 7.16

Legend: Actual, Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The KPI has a moving 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 so this is currently showing as special cause variation

Actions

See previous KPI; 'RJAH Acquired C.Difficile'

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5.27	5.26	2.62	5.13	7.59	7.48	7.43	7.36	7.29	4.87	4.80	4.81	7.16

- 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
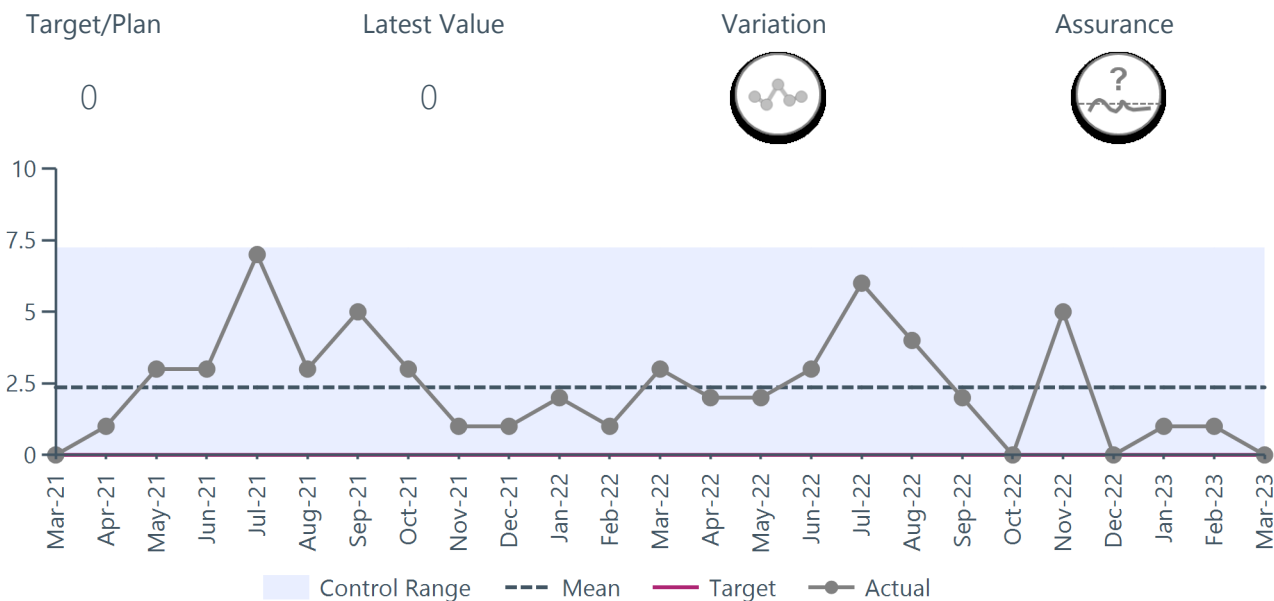
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	0			

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

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

In the latest twelve month period, covering April-22 to March-23, there have been 26 surgical site infections. There were two additional infections confirmed in March, relating to procedures that took place in January (1) and February (1). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

Actions

Post infection reviews will be undertaken for the latest confirmed SSIs and findings will be reported through IPCCC.
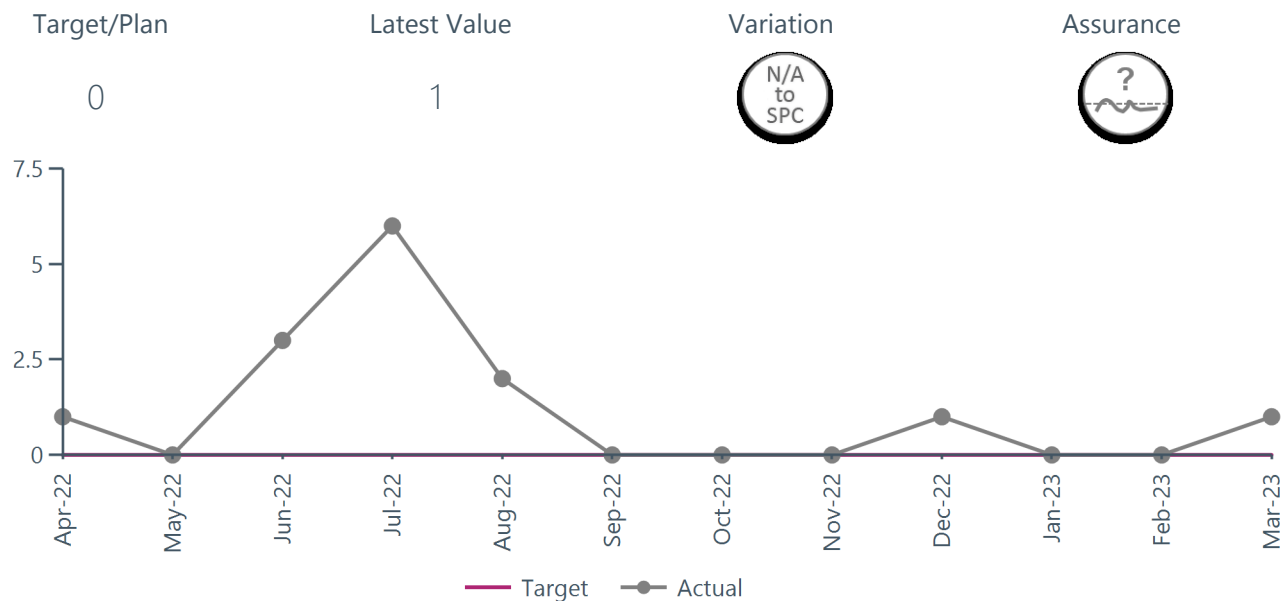
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
3	2	2	3	6	4	2	0	5	0	1	1	0

- Staff - Patients - Finances -

Outbreaks

Number of declared outbreaks in month 217806

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1	N/A to SPC	?	

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 was one covid-19 outbreak reported in March on Sheldon ward involving four patients and four staff.

Actions

An After Action Review was held on 31st March with likely cause of outbreak considered to be patient visitor attending the ward. Outbreak management policy followed. After Action Review to be shared with ward team, SNAHP and IPCCWG. Outbreak reported through IPCCC
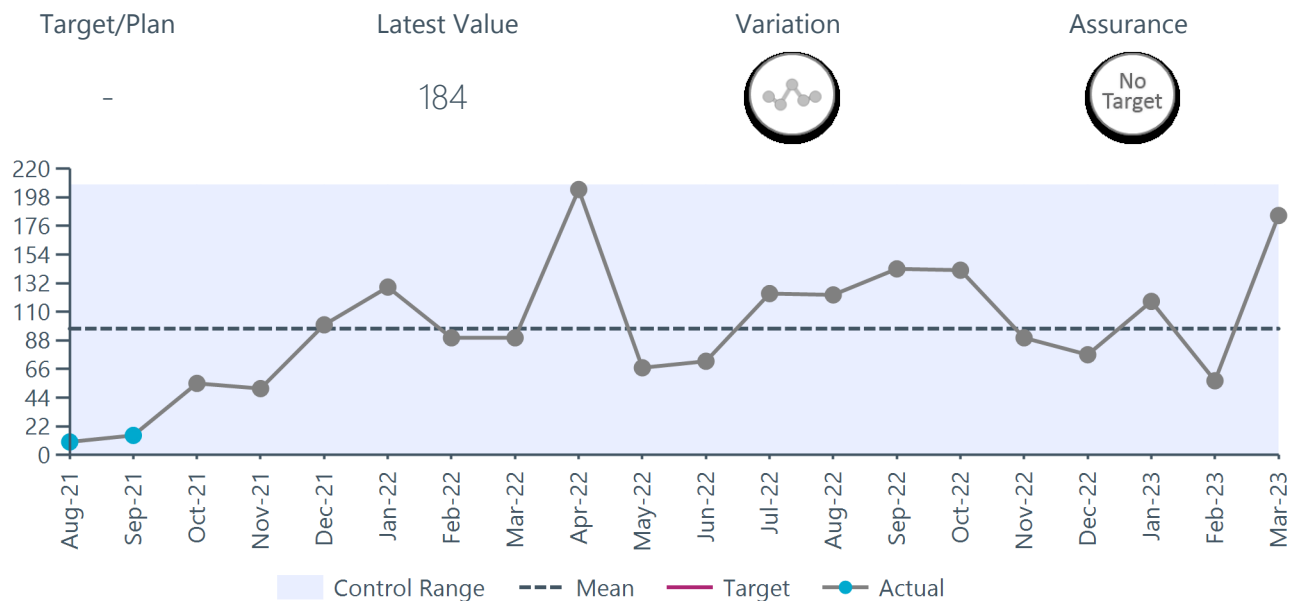
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	1	0	3	6	2	0	0	0	1	0	0	1

- Staff - Patients - Finances -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	184		No Target	27

What these graphs are telling us

Metric is experiencing common cause variation.

Control Range — Mean — Target — Actual

Narrative

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

Total of 184 theatre cancellations in March - this includes IA impact and impacts due to adverse weather:
- 57 on the day; 41 reportable and 16 non-reportable. Reasons were Lack of staff (12), Emergency case (8), Surgeon/Anaesthetist Ill (6), Lack of time (6), Lack of ward bed (4), Lack of HDU bed (3), Lack of kit (2), Medically unfit (8), DNA (5), Patient declined (1), Operation abandoned (1), Further investigation required (1).
- 127 in the seven days prior to the TCI date. Reasons were Industrial Action (42), Staffing Shortfall (38), Staffing - Sickness (14), Emergency Case required (12), Patient Initiated Delay (6), Patient Medical Cancellation (4), Other Operational Issue (4), Surgical Team – Covid case/Isolation (4), Decision not to treat (2), Patient – Covid case/Isolation (1)
There was one breach of the 28-day booking standard in March; the patient was given a new theatre date however due to HDU bed not being pre-booked none were available on the day.

Actions

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

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
90	204	67	72	124	123	143	142	90	77	118	57	184

- Staff - **Patients** - Finances -

Cancer Two Week Wait*

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

Exec Lead:
Chief Operating Officer
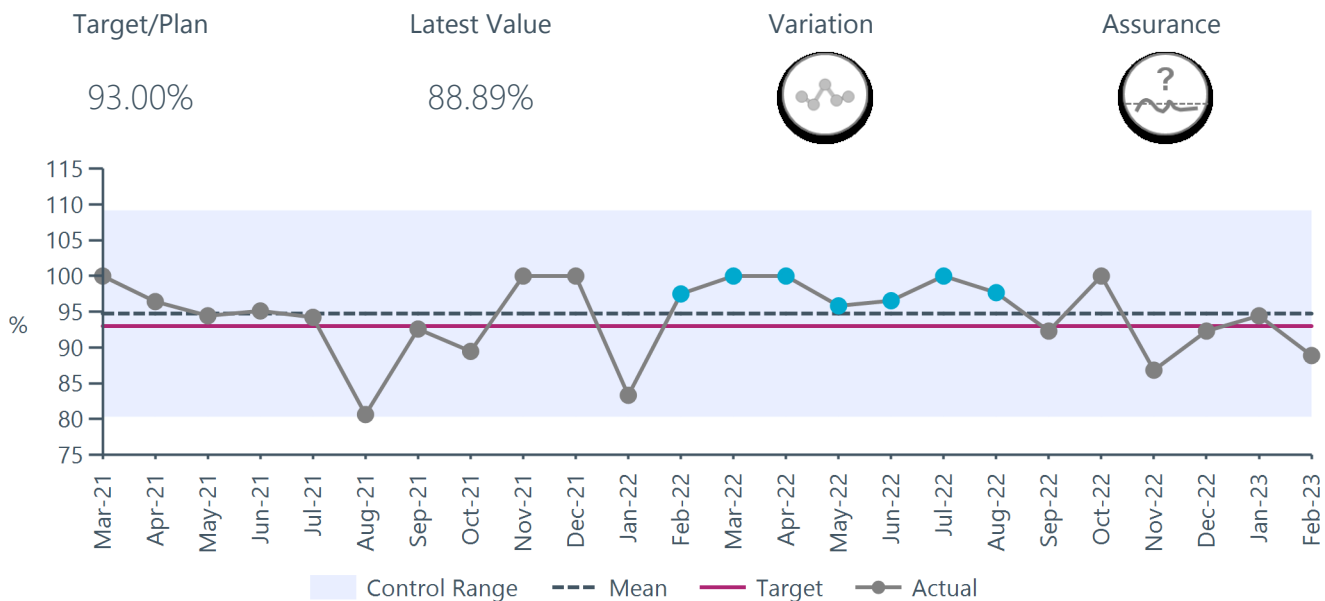
Target/Plan	Latest Value	Variation	Assurance
93.00%	88.89%		

Trajectory/H2 Forecast

92.31   88.89

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 Cancer Two Week Wait Standard was not met in February; this measure is reported in arrears. The February performance is reported at 88.89% against the 93% target. There were three patients that breached the standard due to patient availability (2) and requirement for MDT discussion and ultrasound (1).

Actions

From the end of February, the Service Manager for the Tumour Service has put in a weekly meeting with the admin team so they are able to escalate any potential breaches so robust structure now in place to help prevent breaches. Team now all fully aware of process when patients are unavailable whereby contact needs to be made with GP and ask them to re-refer.
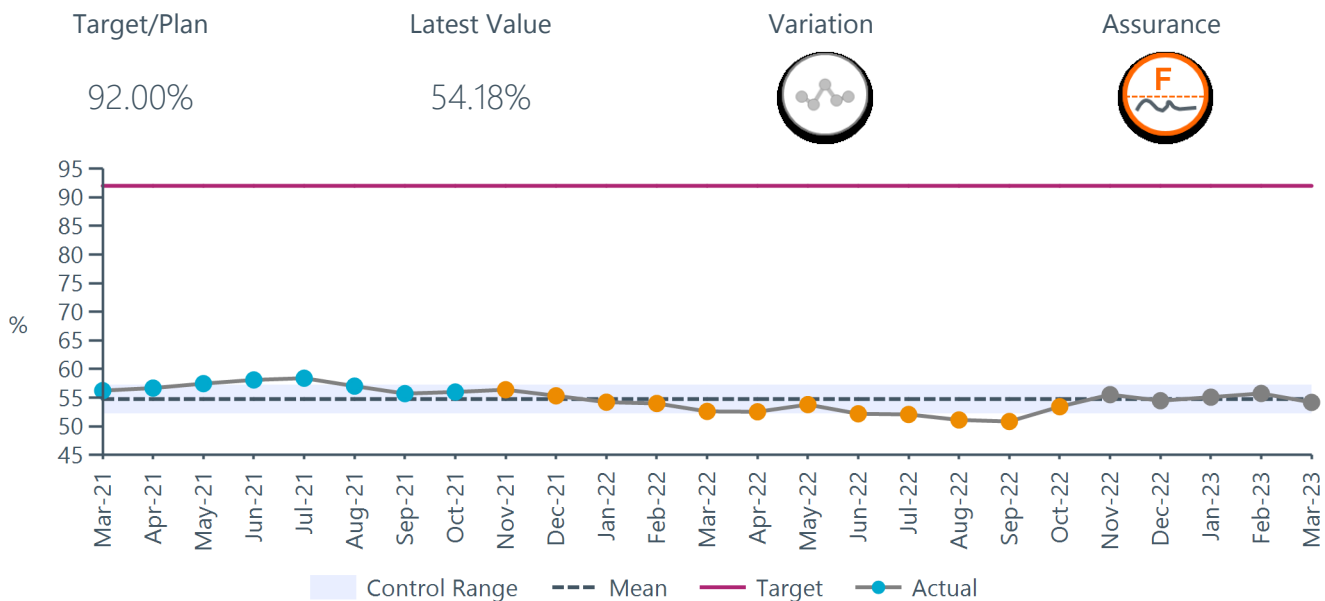
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
100.00%	100.00%	95.83%	96.55%	100.00%	97.67%	92.31%	100.00%	86.84%	92.31%	94.44%	88.89%	

- 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%	54.18%		F

Trajectory/H2 Forecast

53.43   54.18

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

Our March performance was 54.18% 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 – 8698 patients waiting of which 2417 are breaches
* MS2 - 1337 patients waiting of which 904 are breaches
* MS3 - 4993 patients waiting of which 3565 are breaches

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

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles.

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity and estates programmes of work. These will be reflected within the IPR trajectories in the next financial year.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52.60%	52.54%	53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%	54.47%	55.09%	55.74%	54.18%

-    Staff   -   Patients   -   Finances   -

English List Size

Number of English patients currently waiting 215282

Exec Lead:
Chief Operating Officer
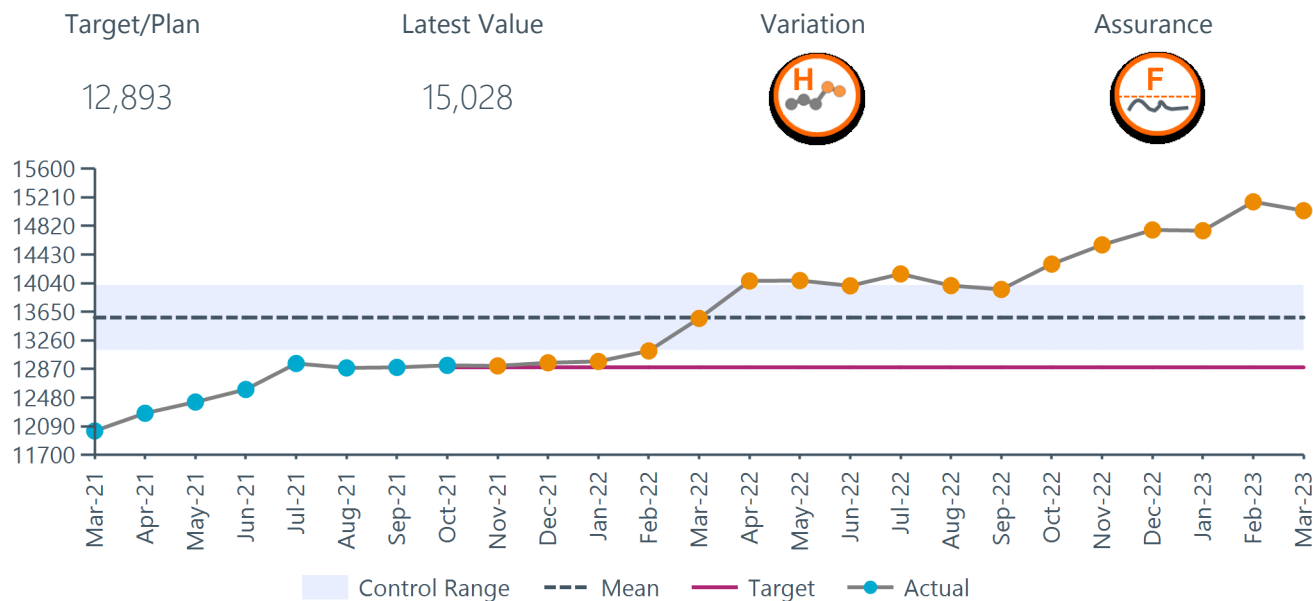
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
12,893	15,028	H	F	

What these graphs are telling us

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

Narrative

The number of English patients waiting at the end of March is reported at 15028; 1480 above our anticipated trajectory figure of 13548. Analysis of list size over the past six months indicates the following sub-specialties have seen the largest growth:
* Metabolic Medicine has increased by 719, rising from 2194 to 2913
* Arthroplasty has increased by 579, rising from 2715 to 3294

Areas with the greatest decrease have been:
* SOOS Physiotherapy has decreased by 434, reducing from 901 to 467
* Physiotherapy has decreased by 266, reducing from 563 to 297

The 21/22 H2 planning guidance advised that Trust's should maintain the list size that was reported at the end of September-21 therefore we continue to monitor against this as a target. The list size at the end of September is 1411 above that at the end of September-21.
2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles.

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

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity and estates programmes of work. These will be reflected within the IPR trajectories in the next financial year.
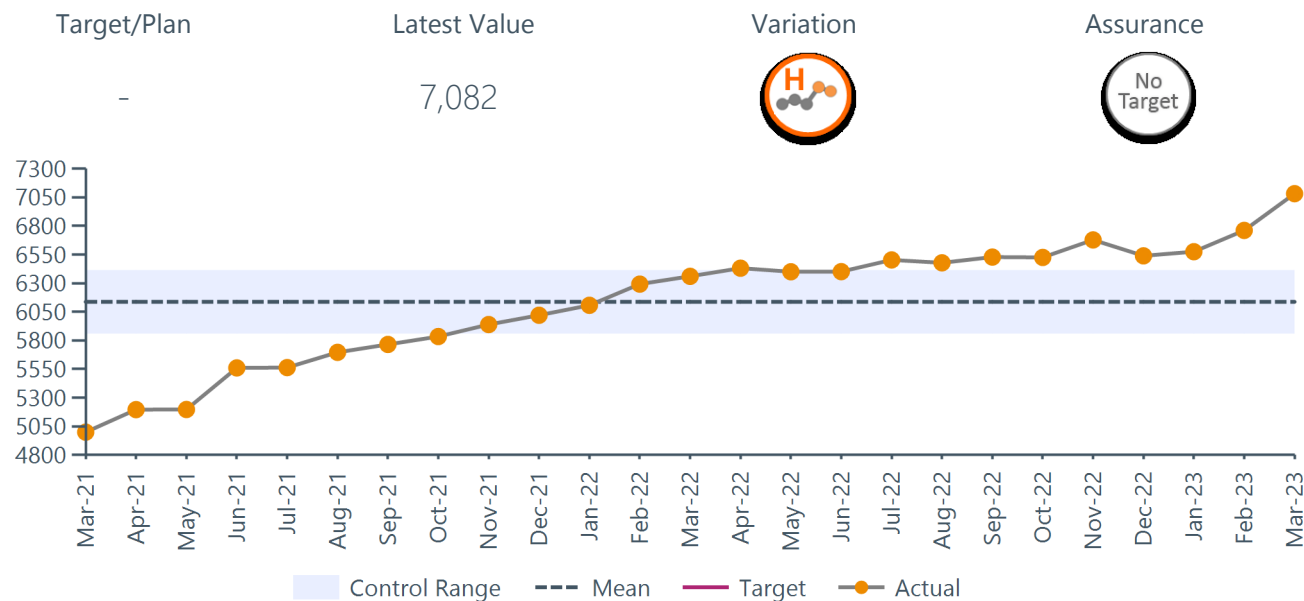
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
13560	14070	14076	14004	14166	14007	13955	14300	14562	14765	14755	15149	15028

- 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/H2 Forecast
-	7,082	(H)	No Target	6525 ... 7082

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 March is reported at 7082. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:
- Metabolic Medicine has increased by 315 patients over the past six months: rising from 996 to 1311
- Spinal Disorders has decreased by 114 patients over the past six months: reducing from 1963 to 1849

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles.

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

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity and estates programmes of work. These will be reflected within the IPR trajectories in the next financial year.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
6360	6431	6400	6401	6503	6478	6528	6525	6678	6539	6575	6761	7082

- Staff - Patients - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer
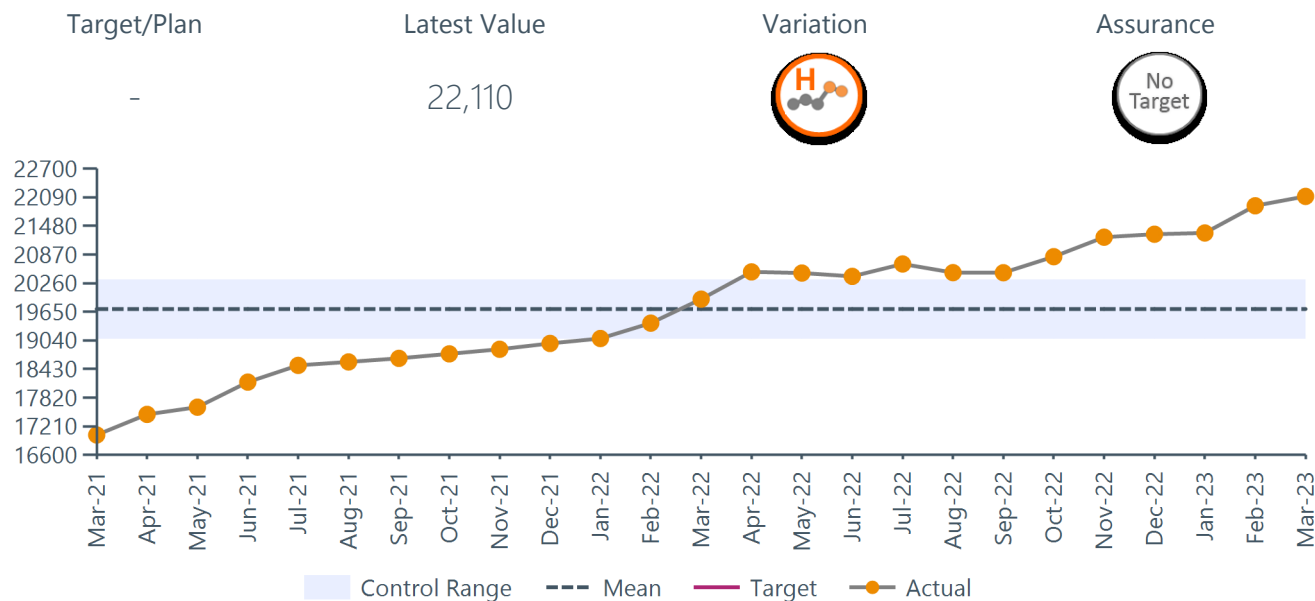
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	22,110	H	No Target	

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Actual — Trajectory

Narrative

The total volume of patients waiting at the end of March is 22110; 15028 are English patients and 7082 Welsh patients. The sub-specialties with the highest volume of patients are:
* Spinal Disorders - 4358 / 19.71%
* Arthroplasty - 4188 / 18.94%
* Metabolic Medicine - 3950 / 17.87%
Metabolic Medicine has seen an increase across all commissioners whereas Spinal Disorders has decreased across all commissioners in this reporting month.

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

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles.

Several actions have already been taken to address growth in the Metabolic Medicine service. These include; increased capacity of DXA scans through extended days, appointment of a new consultant, speciality doctor undertaking their own lists, specialist nurse undertaking metabolic clinics each week.
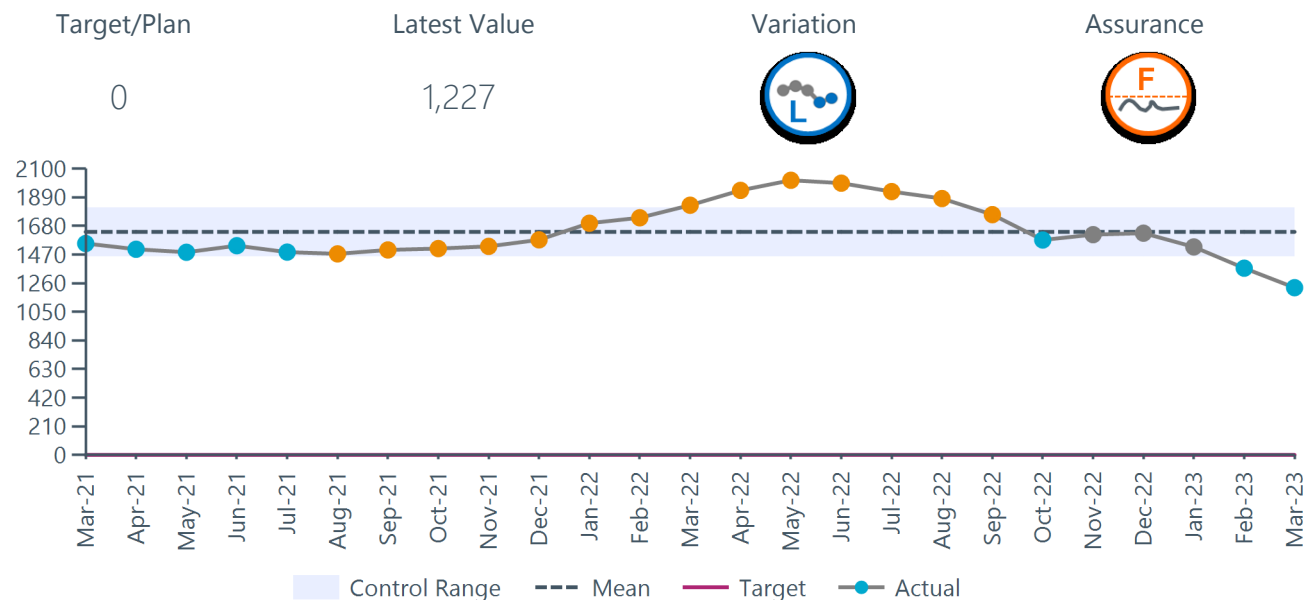
Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity and estates programmes of work. These will be reflected within the IPR trajectories in the next financial year.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
19920	20501	20476	20405	20669	20485	20483	20825	21240	21304	21330	21910	22110

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1,227	L	F	

Trajectory/H2 Forecast values: 1711, 1595, 1535, 1476

Actual — Trajectory

What these graphs are telling us

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

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

Narrative

At the end of March there were 1227 English patients waiting over 52 weeks; below our trajectory figure of 1711 by 484. The patients are under the care of the following sub-specialities; Arthroplasty (359), Spinal Disorders (310), Knee & Sports Injuries (209), Upper Limb (156), Foot & Ankle (138), Paediatric Orthopaedics (17), Metabolic Medicine (11), Spinal Injuries (7), Orthotics (6), Neurology (3), Tumour (3), Paediatric Medicine (1), Physiotherapy (1), Geriatrics (1), Other(5)

The number of patients waiting, by weeks brackets is:
* >52 to <=78 weeks - 1152 patients
* >78 to <=95 weeks - 58 patients
* >95 to <=104 weeks - 11 patients
* >104 weeks - 6 patients

2022/23 operational planning guidance stipulates that Trusts should:
* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

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

The Trust has a continuous validation programme in place whilst these patients continue to wait.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

Internal insourcing options are being explored to further increase capacity.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
1832	1941	2015	1994	1932	1881	1763	1577	1616	1627	1526	1370	1227

- 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
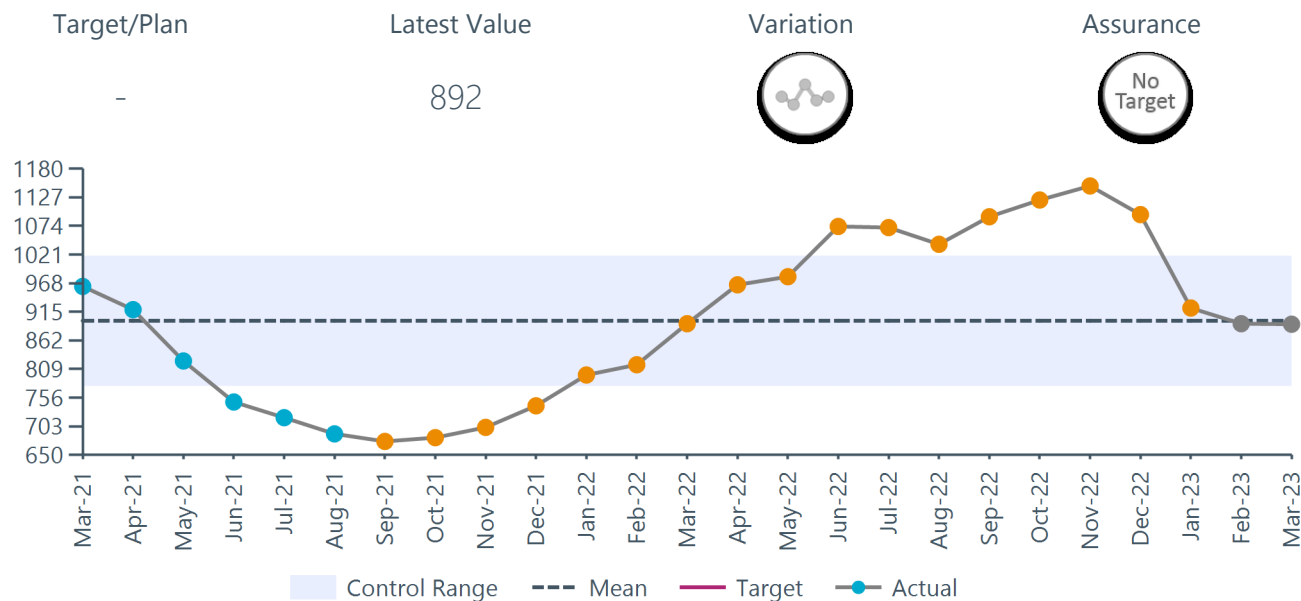
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	892	(common cause)	No Target	1122 ... 892

What these graphs are telling us

Metric is experiencing common cause variation.

Control Range — Mean — Target — Actual

—●— Actual
--○-- Trajectory

Narrative

At the end of March there were 892 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (420), Arthroplasty (148), Knee & Sports Injuries (104), Upper Limb (88), Foot & Ankle (72), Veterans (24), Paediatric Orthopaedics (23), Tumour (6), Metabolic Medicine (3), Neurology (2), Spinal Injuries (1), and Rheumatology (1).

The patients are under the care of the following commissioners: BCU (522), Powys (355), Hywel Dda (12), Cardiff & Vale (1)< Aneurin Bevan (1), and Cwm Taf University LHB (1). The number of patients waiting, by weeks brackets is:
* >52 to <=78 weeks - 696 patients
* >78 to <=95 weeks - 123 patients
* >95 to <=104 weeks - 23 patients
* >104 weeks - 50 patients

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Welsh guidance differs from NHS England guidance. The Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. The NHS England national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards. 65+ week position visibility will appear in IPR within the next financial year. The focus will be on those patients that will trip-in to 65+ weeks within the 23/24 financial year. Trajectories for our Welsh Commissioners are in development.

The Trust has a continuous validation programme in place whilst these patients continue to wait.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

Internal insourcing options are being explored to further increase capacity.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
893	965	980	1073	1071	1040	1091	1122	1148	1095	922	893	892

-   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
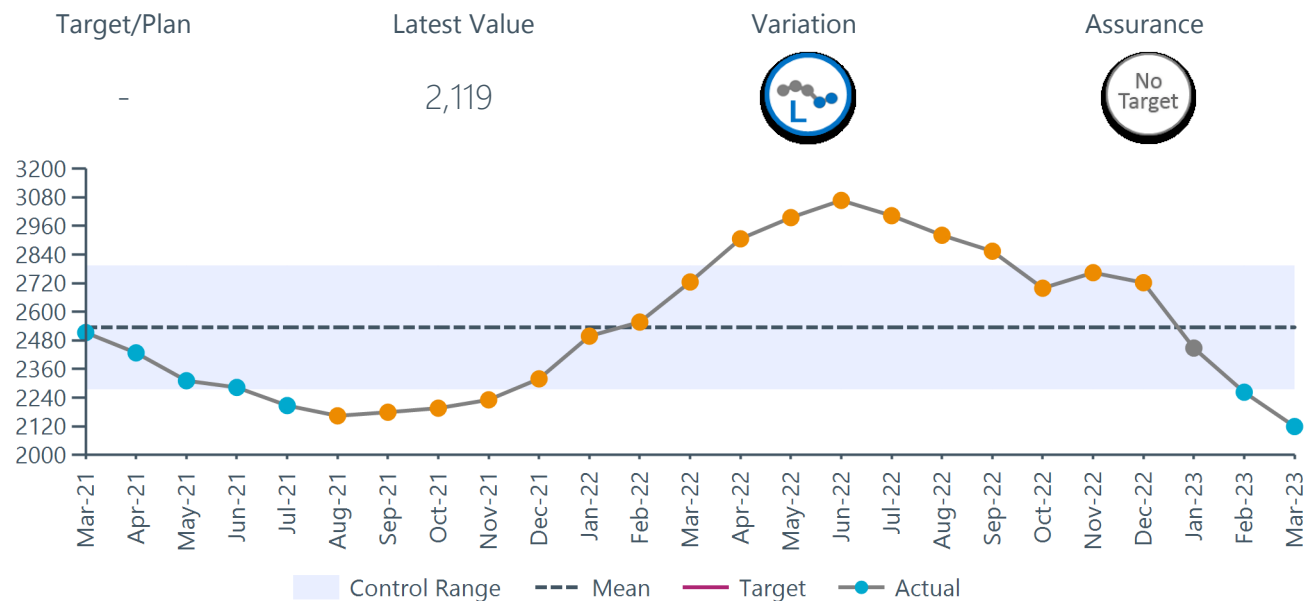
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	2,119	L	No Target	2699 ... 2119

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range — Mean — Target — Actual

Narrative

Overall, there were 2119 patients waiting over 52 weeks at the end of March; 1227 English and 892 Welsh. The number of patients waiting over 52 weeks represents 9.58% of the total list size.

There patients are under the care of the following sub-specialties; Spinal Disorders (730), Arthroplasty (507), Knee & Sports Injuries (313), Upper Limb (244), Foot & Ankle (210), Paediatric Orthopaedics (40), Veterans (24), Metabolic Medicine (14)Tumour (9), Spinal Injuries (8), Orthotics (6), Neurology (5), Other (5), Paediatric Medicine (1), Rheumatology (1), Physiotherapy (1) and Geriatrics (1)

2022/23 NHS England operational planning guidance stipulates that Trusts should:
* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

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

The Trust has a continuous validation programme in place whilst these patients continue to wait.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

Internal insourcing options are being explored to further increase capacity.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
2725	2906	2995	3067	3003	2921	2854	2699	2764	2722	2448	2263	2119

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - English

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

Exec Lead:
Chief Operating Officer
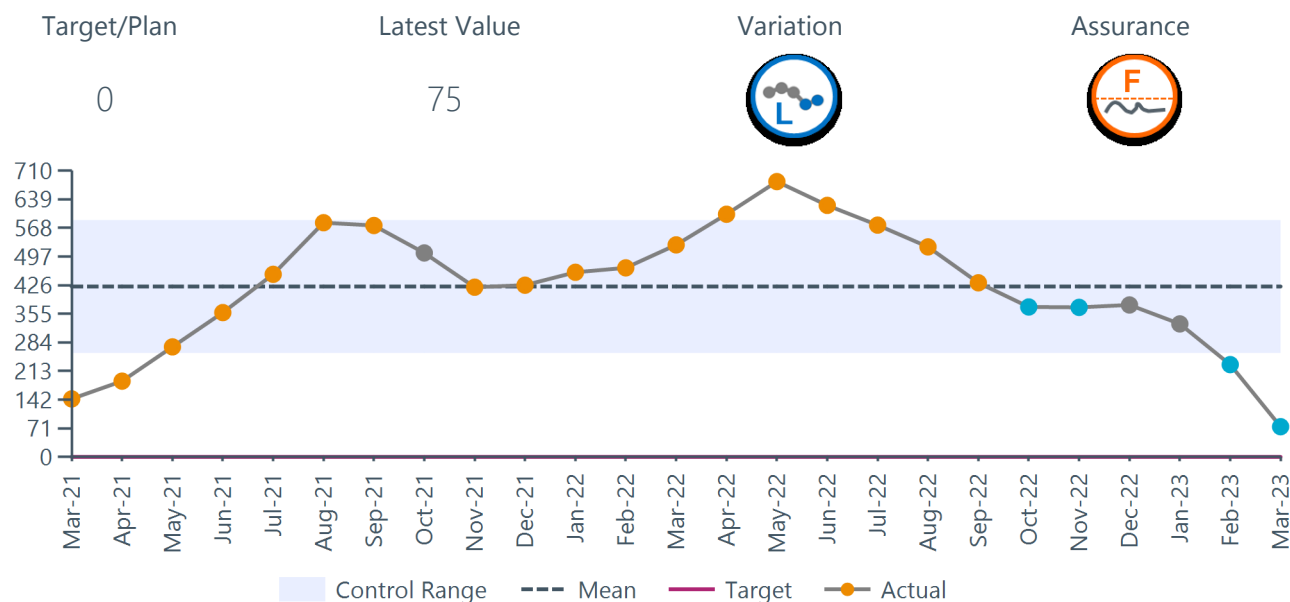
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	75	(L)	(F)	247

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual · Actual — Trajectory

Narrative

At the end of March there were 75 English patients waiting over 78 weeks; this was 172 patients below our trajectory of 247. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (44), Knee & Sports Injuries (9), Arthroplasty (8), Upper Limb (5), Foot & Ankle (2), Paediatric Orthopaedics (2), Orthotics (2), Spinal Injuries (1), Other (1) and Metabolic Medicine (1).

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

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

As part of 23/24 planning, our Trust trajectory has been submitted to NHSE to clear this cohort in quarter 1. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24. Trajectories have been created for this.

The Trust has sought mutual aid to support its most challenged specialty. Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England.   A mutual aid co-ordinator and validation resource are in place and this resource has been extended into 23/24 to support actions being taken. Support is in place with a system provider for RJAH to accept non-spinal disorders 78+ weeks patients due to continued Orthopaedic pressures at the other provider.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

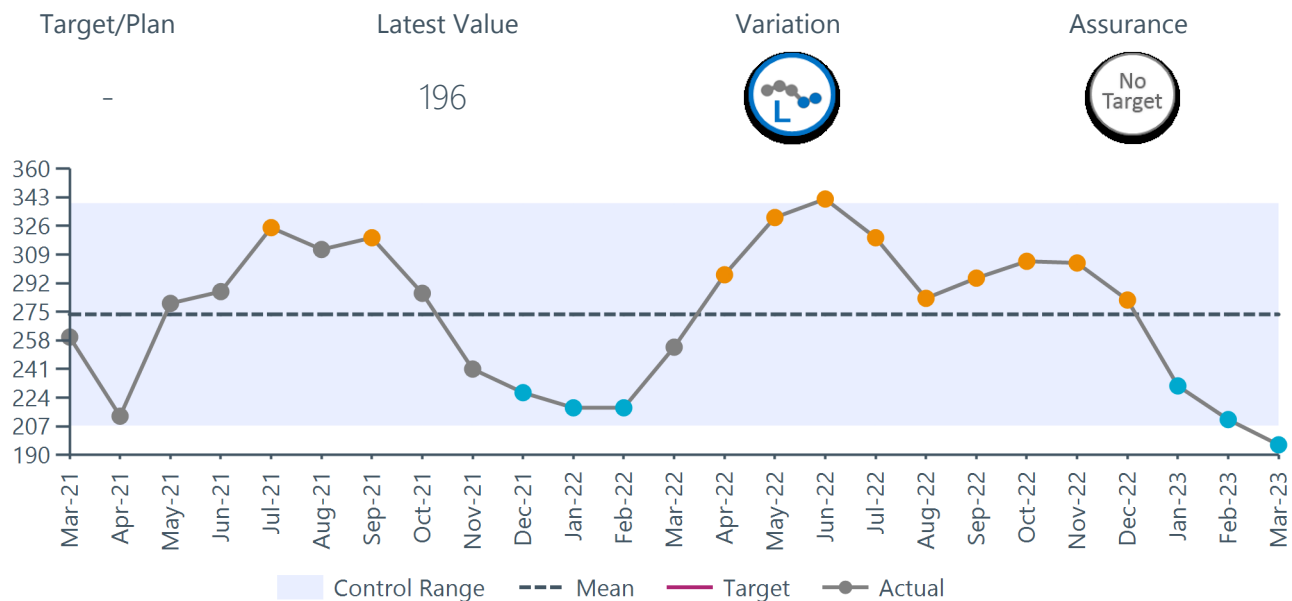Internal insourcing options are being explored to further increase capacity.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
526	602	683	624	575	521	432	372	371	377	330	229	75

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	196	L	No Target	539

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Legend: Actual — Trajectory

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

Narrative

At the end of March there were 196 Welsh patients waiting over 78 weeks; this was 343 patients below our trajectory of 539. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (162), Knee & Sports Injuries (15), Veterans (4), Foot & Ankle (4), Arthroplasty (3), Upper Limb (3), Paediatric Orthopaedics (2), Spinal Injuries (1), Metabolic Medicine (1) and Tumour (1).

Actions

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

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

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

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

Internal insourcing options are being explored to further increase capacity.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
254	297	331	342	319	283	295	305	304	282	231	211	196

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Combined

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

Exec Lead:
Chief Operating Officer
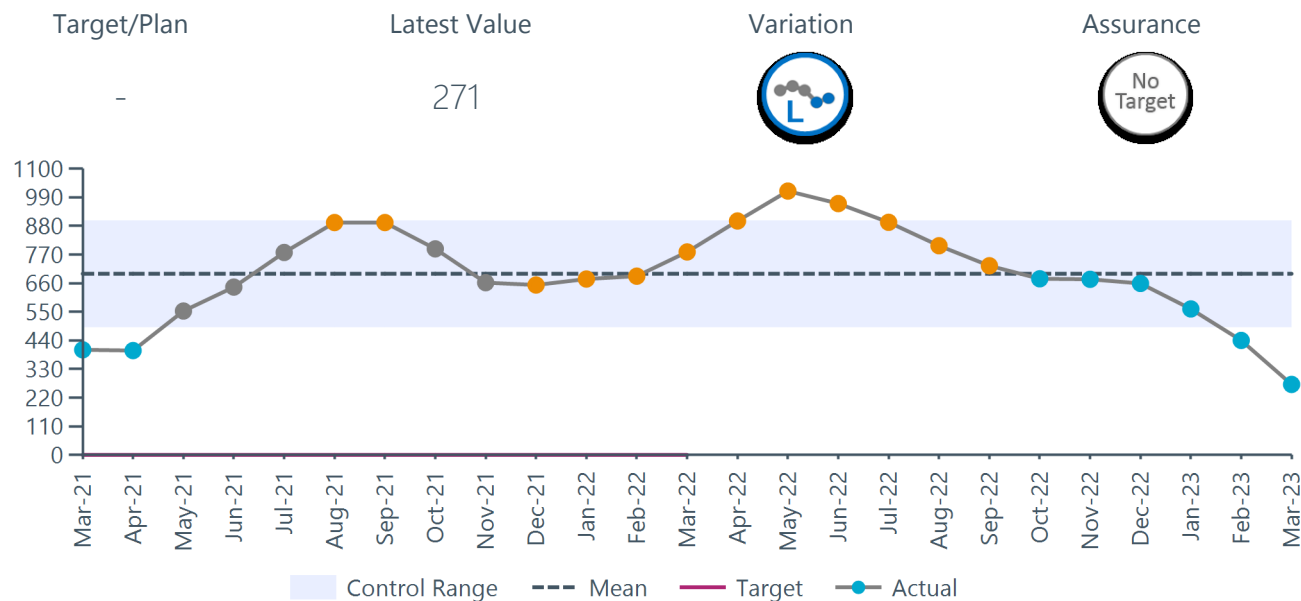
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	271	L	No Target	786

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

Overall, there were 271 patients waiting over 78 weeks at the end of March; 75 English and 196 Welsh. This was below our trajectory of 786 by 515. The Trust plans are visible in the trajectory line above.

The patients are under the care of the following sub-specialties; Spinal Disorders (206), Knee & Sports Injuries (24), Arthroplasty (11), Upper Limb (8), Foot & Ankle (6), Veterans (4), Paediatric Orthopaedics (4), Spinal Injuries (2), Orthotics (2), Neurology (1), Tumour (1) and Other (1) .

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

As part of 23/24 planning, our Trust trajectory has been submitted to NHSE to clear this cohort in quarter 1. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24. English trajectories have been created for this and form part of the NHSE submission. Welsh trajectories are currently in development.

The Trust has sought mutual aid to support its most challenged specialty. Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England.   A mutual aid co-ordinator and validation resource are in place and this resource has been extended into 23/24 to support actions being taken. Support is in place with a system provider for RJAH to accept non-spinal disorders 78+ weeks patients due to continued Orthopaedic pressures at the other provider.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
780	899	1014	966	894	804	727	677	675	659	561	440	271

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - English

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

Exec Lead:
Chief Operating Officer
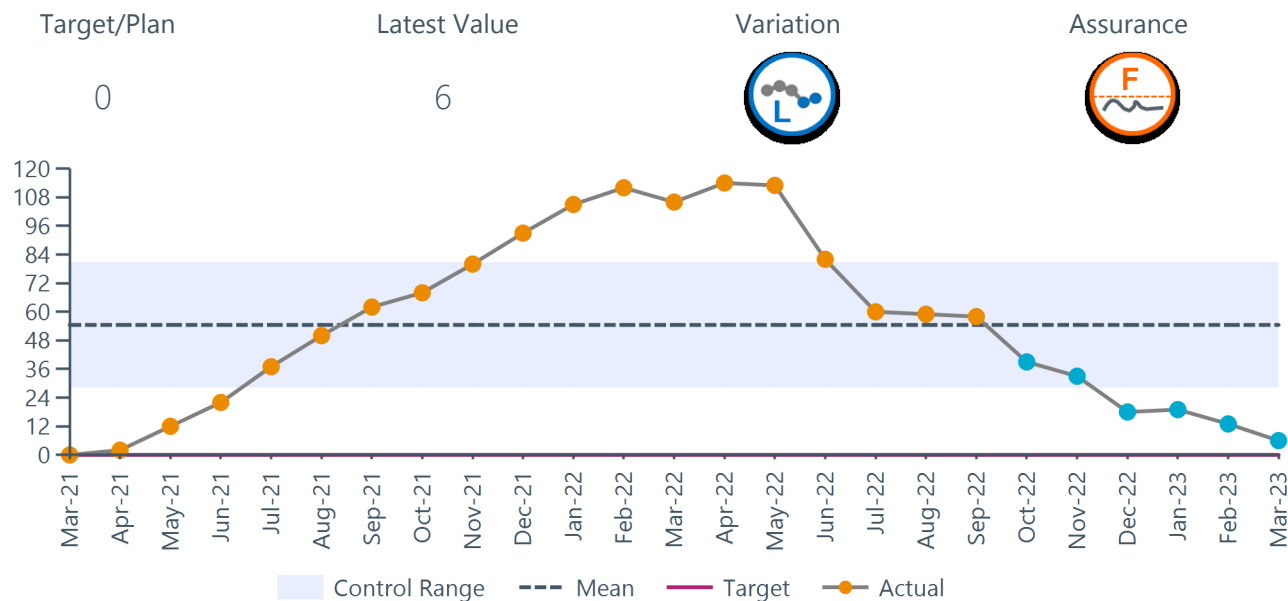
Target/Plan	Latest Value	Variation	Assurance
0	6	L	F

Trajectory/H2 Forecast — Actual / Trajectory — 0

What these graphs are telling us

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

Control Range | Mean | Target | Actual

Narrative

At the end of March there were 6 English patients waiting over 104 weeks. This was 6 patients above our trajectory of 0. Breakdown by sub-specialty below:

* Spinal Disorders (5) - of these spines patients, 4 are ROH transfers remaining on RJAH waiting lists until treatment complete. 1 complex patient had TCI cancelled due to industrial action.
* Arthroplasty (1) - non-spines patient had a clinical requirement for period of time between treatment

By Milestone, there were: - please note ROH patients are reported at stage of transfer and not reflective of current ROH stage
* Milestone 1 (Outpatients) - 2 patients
* Milestone 2 (Diagnostics) - 1 patients
* Milestone 3 (Electives) - 3 patients

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

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months. Actions for all patients include:

* Review and application of revised interim choice guidance, issued by NHSE, continues
* Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
* Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible
* Internal insourcing options are being explored to further increase capacity
Spinal Disorders: - actions include:
* Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.
* Regular 104+ meetings held within the Trust; chaired by Chief Operating Officer or Managing Director of Specialist Unit
* Additional lists identified with consultants and being mobilised where possible.
Non-Spinal Disorders:
* We continue to support a system partner with their longest waits and clinically urgent patients.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
106	114	113	82	60	59	58	39	33	18	19	13	6

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:
Chief Operating Officer
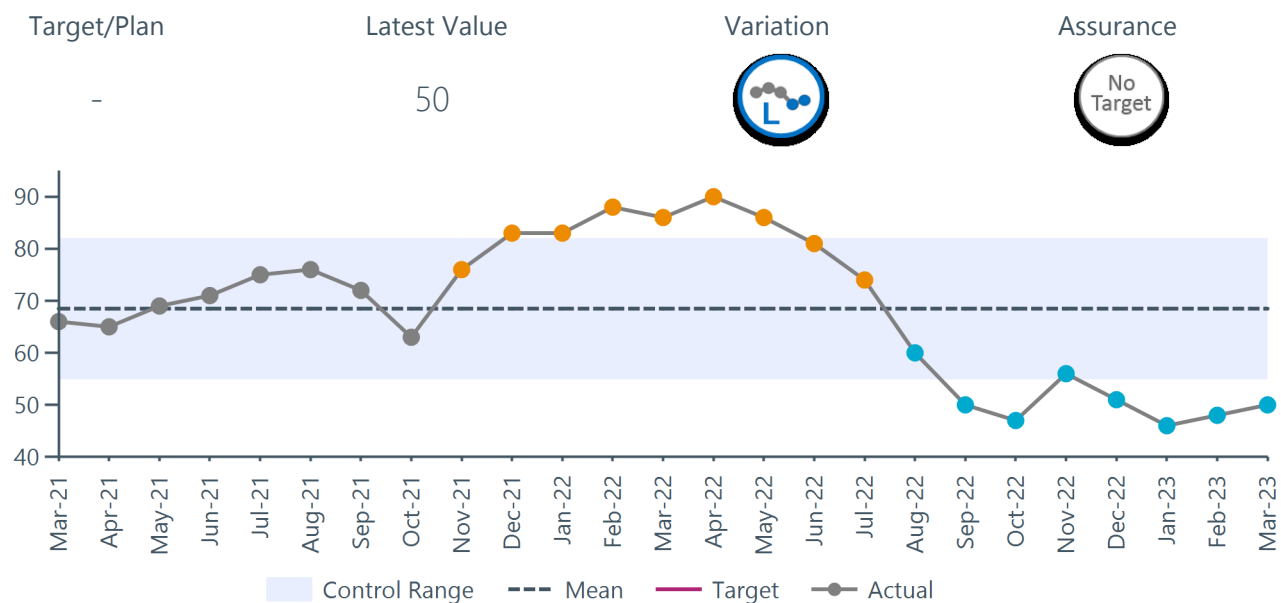
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	50	(L)	No Target	118

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range — Mean — Target — Actual

Narrative

At the end of March there were 50 Welsh patients waiting over 104 weeks: below our trajectory figure of 118 by 68.

The patients are under the care of the following subspecialties:
* Spinal Disorders (48)
* Veterans (1)
*Upper Limb (1)

By Milestone, there were:
* Milestone 1 (Outpatients) - 6 patients
* Milestone 2 (Diagnostics) - 12 patients
* Milestone 3 (Electives) – 32 patients

Actions

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

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

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

Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients. The Trust has a harms review process in place.

Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
86	90	86	81	74	60	50	47	56	51	46	48	50

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - (Combined)

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

Exec Lead:
Chief Operating Officer
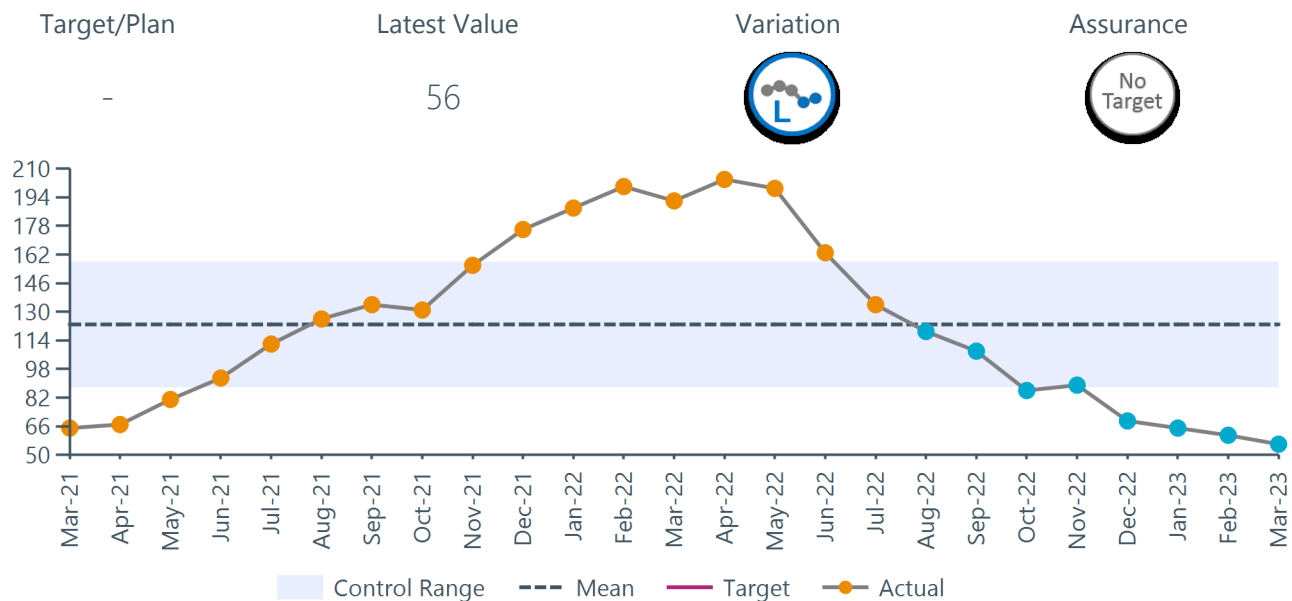
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	56	L	No Target	118

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

Overall, there were 56 patients waiting over 104 weeks at the end of March; 6 English and 50 Welsh. This was below the combined trajectory of 118 by 62 patients. The patients are under the care of the following sub-specialities:
* Spinal Disorders (53)
* Arthroplasty (1)
* Upper Limb (1)
* Veterans (1)

By Milestone, there were:
* Milestone 1 (Outpatients) - 8 patients
* Milestone 2 (Diagnostics) - 13 patients
* Milestone 3 (Electives) - 35 patients

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months. Actions for all patients include:

* Review and application of revised interim choice guidance, issued by NHSE, continues
* Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
* Industrial Action impacts; the Trust is prioritising clinical urgent and longest waits wherever possible
* Internal insourcing options are being explored to further increase capacity
Spinal Disorders: - actions include:
* Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.
* Regular 104+ meetings held within the Trust; chaired by Chief Operating Officer or Managing Director of Specialist Unit
* Additional lists identified with consultants and being mobilised where possible.
Non-Spinal Disorders:
* We continue to support a system partner with their longest waits and clinically urgent patients.

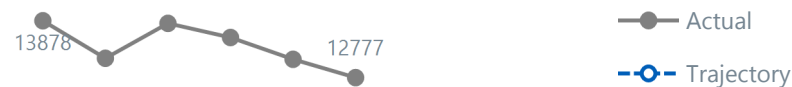| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
192	204	199	163	134	119	108	86	89	69	65	61	56

-    Staff   -   Patients   -   Finances   -

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer
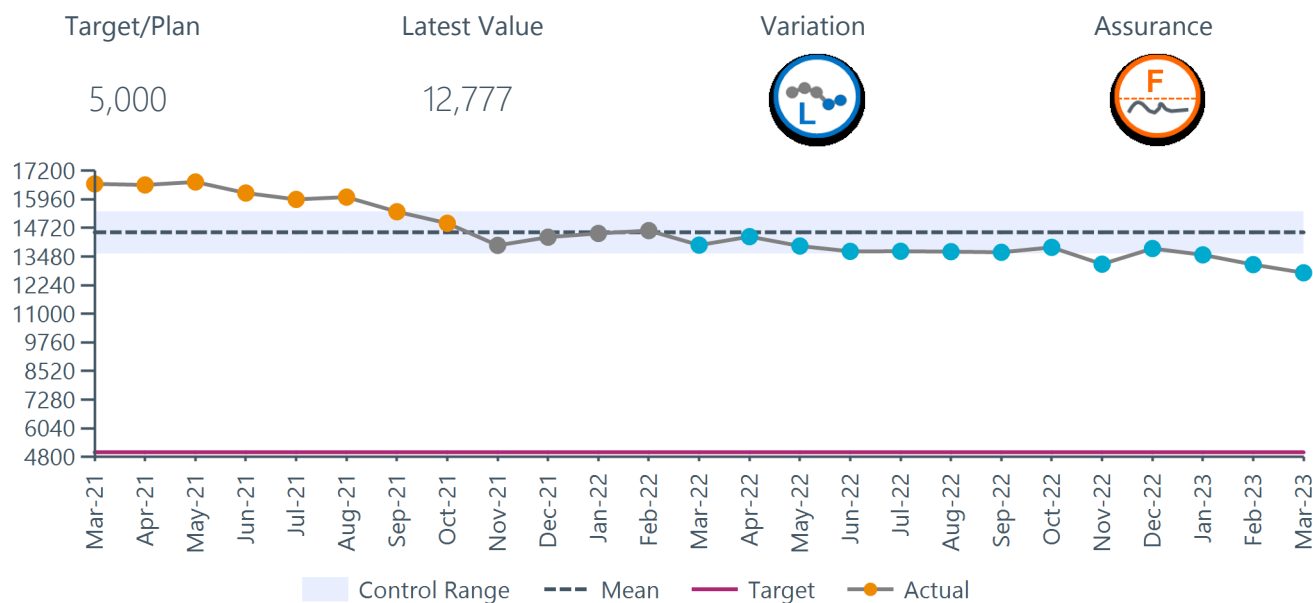
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
5,000	12,777	L	F	13878 ... 12777

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

At the end of March, there were 12777 patients overdue their follow up appointment. This is broken down by:
* Priority 1 - 8505 with 1407 dated (17%) (priority 1 is our more overdue follow-up cohort)
* Priority 2 - 4272 with 1381 dated (32%);

The backlog reduced by 355 from last month, however it is noted that 2083 patients were removed from the backlog in March (similar figure to previous months); indicating a high number of trip ins each month. MSK backlog at the end of March is 5298; 8% higher than it was in April 2020. Most sub-specialties in MSK are holding stable, however backlog has increased in the last 4 months for Foot & Ankle, Knee & Sports Injuries and SOOS. Specialist backlog at the end of March is 7479; 49% higher than it was in April 2020. Most sub-specialties in Specialist have either held relatively stable or reduced their backlog in March.

Main focus within the Trust has been on long waiters. The sub-specialities with the highest percentage of overdue follow ups are:
Arthroplasty - 18.67%; Rheumatology - 17.33%; Spinal Disorders - 11.48%;

Actions

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

Planning expectations for 2022/23 is to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans for 2022/23 do not meet this aspiration as the Trust continues to address its overdue follow-up backlog.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
13976	14342	13937	13705	13710	13693	13665	13878	13151	13828	13554	13132	12777

- Staff - Patients - Finances -

Advice & Guidance

Number of e-RS advice & guidance requests 217720

Exec Lead:
Chief Operating Officer
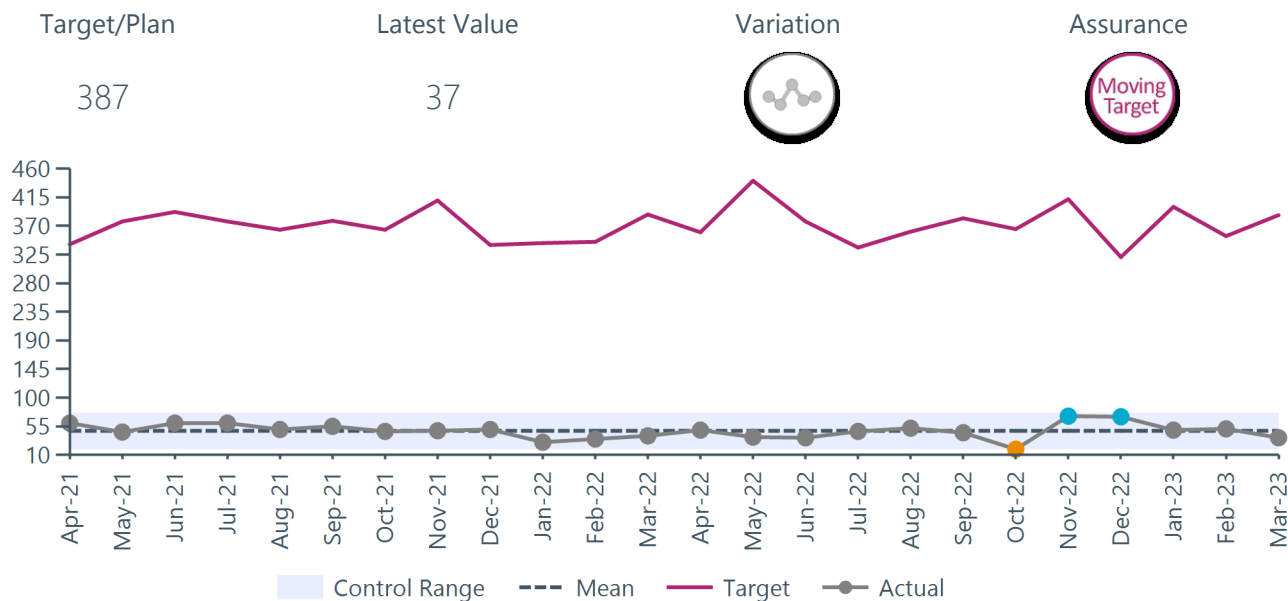
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
387	37		Moving Target	

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 legend: Actual, Trajectory

Narrative

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

As a Trust we monitor Advice and Guidance requests that we receive as a provider. There is also post referral Specialist Advice (including referral triage models) which includes SOOS, TEMS referrals and other RAS clinics. The system, within its own performance reports, observes overall performance. The overall position within the system is that the target is being achieved when all services are combined. Latest NHSEI reports for our system (February 2023) report 6,938 requests in total and 21,537 first attendances. Of which, 1,172 were T&O requests.

At RJAH, based on the number of consultant led first attendances in March, the target is 387 and the number of advice and guidance requests received was 37. This equates to 1.17%.

Actions

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

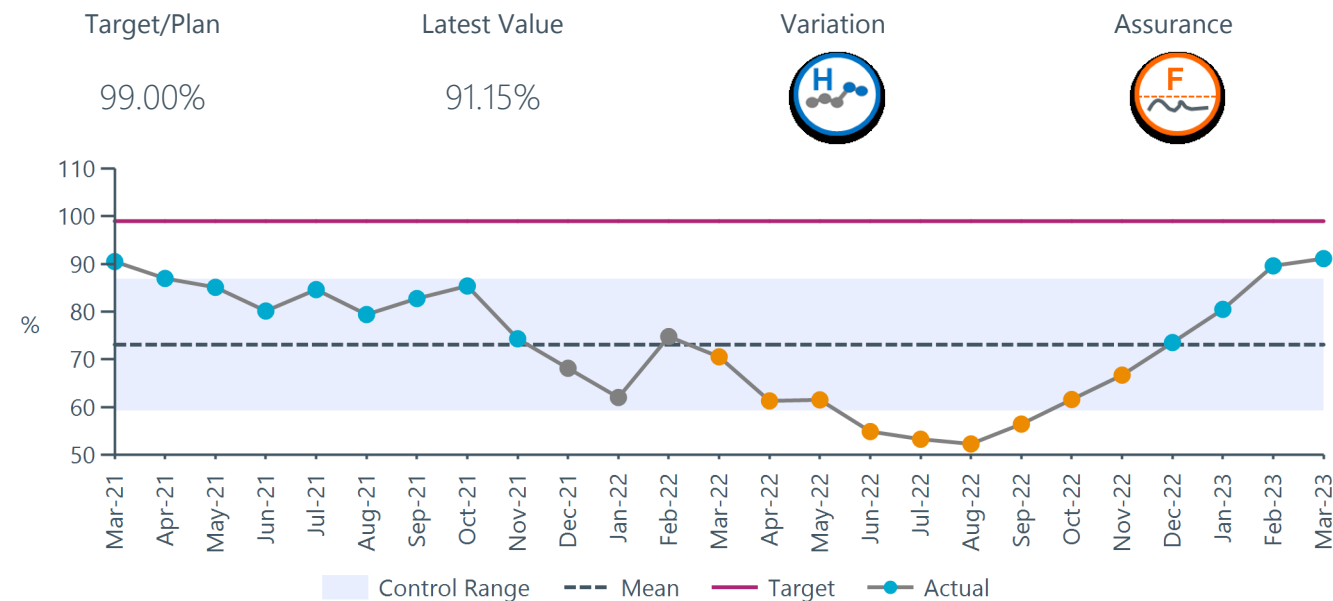| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
40	49	38	37	47	52	45	19	71	70	49	51	37

- Staff - Patients - Finances -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
99.00%	91.15%	H	F	61.62 ... 91.15

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 91.15%; however, as can be seen in the graph above, there have now been seven months of consistent improvement.

Reported performance equates to 96 patients who waited beyond 6 weeks. Of the 6-week breaches; 10 are over 13 weeks (9 MRI and 1 CT).

Breakdown below outlines performance and breaches by modality:
* MRI - 93.86% - D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 36 with 30 dated
* CT - 96.06% - D4 (Routine - 6-12 weeks) - 5 dated
* Ultrasound - 84.32% - D4 (Routine - 6-12 weeks) - 54 with 50 dated
* DEXA Scans - 100%
The trust continues to treat by clinical priority. MRI was reported at 93.86% against a trajectory specifically for MRI at 83%.

Actions

* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. This has now been extended beyond April for a smaller volume per week in order to stabilise the waiting list.
* Continue to monitor referrals as outpatient restoration increases.
* In order to support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. This is in line with national planning guidance; by March 2025 the ambition is to achieve 95% against the 6-week standard.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
70.56%	61.33%	61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%	73.55%	80.51%	89.63%	91.15%

- 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
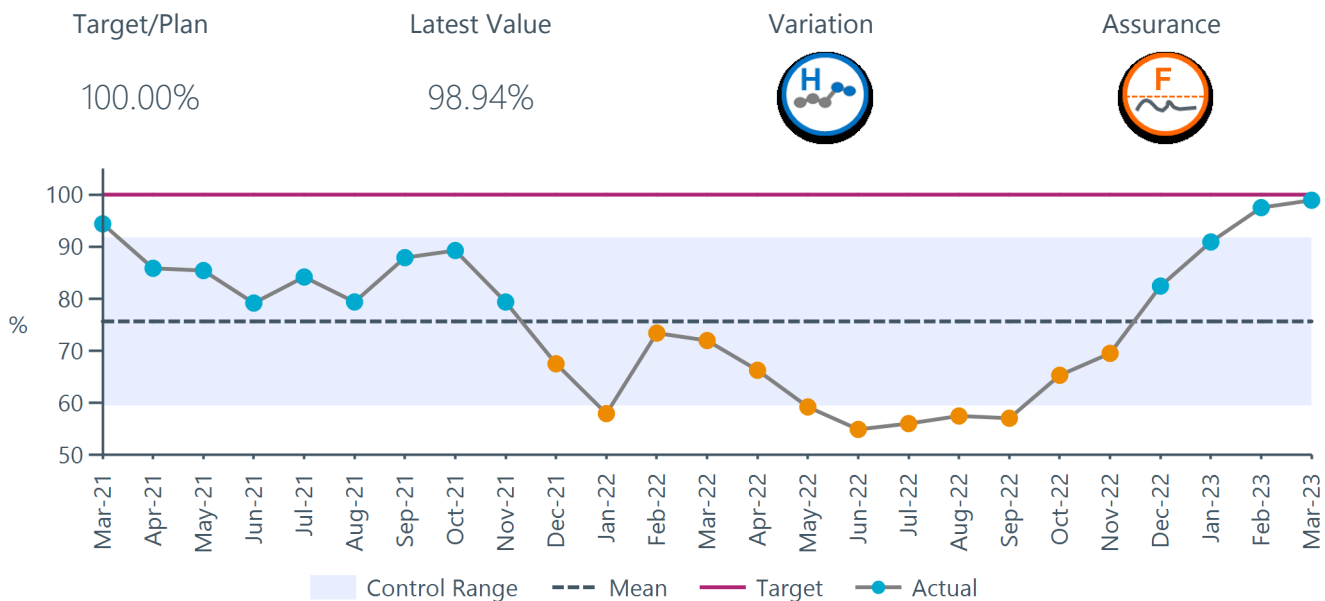
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
100.00%	98.94%	H	F	65.30 ... 98.94

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 98.94%; however, as can be seen in the graph above, there have now been six months of consistent improvement.

Reported performance equates to 4 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
* MRI - 88.76% - D4 (Routine - 6-12 weeks) - 10 dated
* CT - 100%
* Ultrasound - 100%
* DEXA Scans - 100%
 It must be noted that MRI activity plans were met in March.

Actions

* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. This has now been extended beyond April for a smaller volume per week in order to stabilise the waiting list.
* Continue to monitor referrals as outpatient restoration increases

The national expectations are not for this target to be achieved throughout 22/23.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
71.98%	66.27%	59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%	82.44%	90.92%	97.52%	98.94%

- Staff - Patients - Finances -

Volume of Sessions Against Plan

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

Exec Lead:
Chief Operating Officer
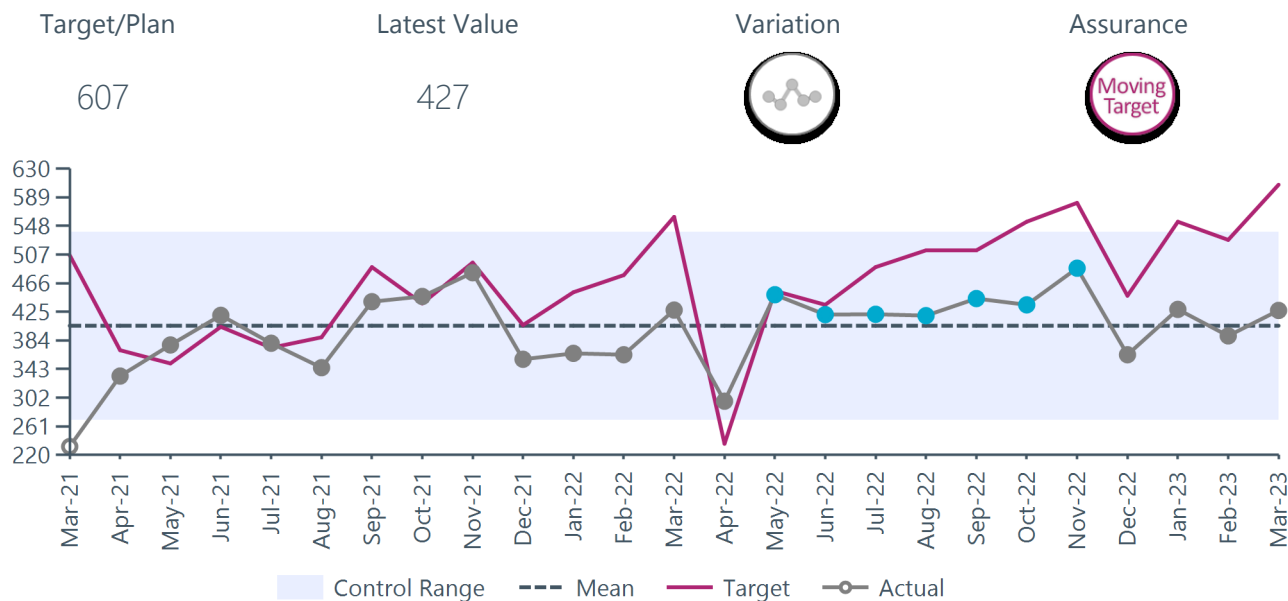
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
607	427		Moving Target	525

What these graphs are telling us

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

Legend: ● Actual ○ Trajectory

Chart legend: Control Range | --- Mean | Target | Actual

Narrative

Volume of Sessions Against Plan in March was 427 against a target of 607 equating to 70.35% of the plan. The plan is derived from the 2022/23 planning submission (NHS & Private) plus Dental sessions; the internal H2 trajectory was 525.

Summary:
* NHS sessions against plan – 388/573, -185 short (67.71%)
* Private sessions against plan – 32/30, (106.67%)
* Dental sessions against plan – 7/4 (175.00%)

Sessions impacted by:
- Reduction in Theatre activity resulting from industrial action 13th to 15th March
- Workforce flexibility: challenges resulting from adverse weather conditions (snow disruption 9th & 10th March)
- Lack of OJP uptake
- Patient cancellations

Year-end performance in this metric is reporting 4984.5 against a plan of 5913.0 (84.30%).

Actions

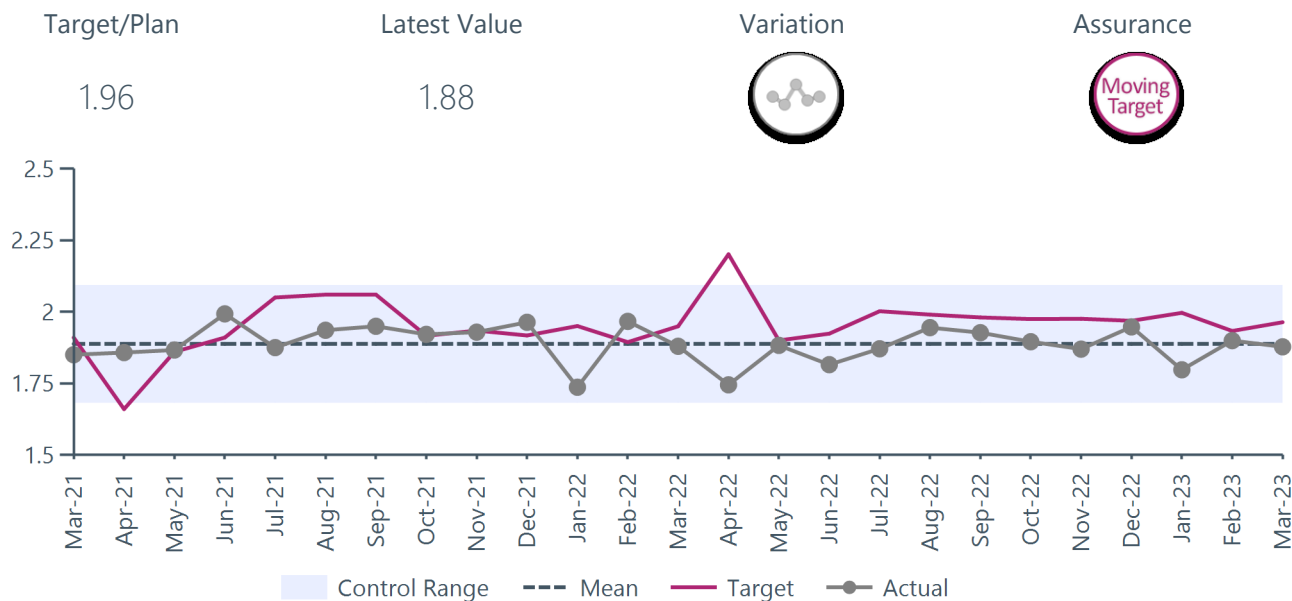See 'Elective Activity Against Plan' and '% Cancellations' for details.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
427.50	297.00	449.50	421.00	421.50	419.50	444.00	435.00	487.50	363.50	428.50	390.50	427.00

- Staff - Patients - Finances -

Theatre Cases Per Session Against Plan

Average number of cases per session rated against 2022/23 plan. 217801

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.96	1.88	(common cause variation icon)	Moving Target	1.92

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 achieved in March was 1.88 against the plan of 1.96 derived from our 2022/23 planning submission. The internal H2 trajectory was 1.92.

Summary:

* MSK Unit – achieved 2.02 of 2.05 plan

* Specialist Unit - achieved 1.47 of 1.75 plan equating to 31 cases short,

Impacts on CPS in March were:

* 57 late notice theatre cancellations including on the day and 127 within seven days of TCI - these gaps are difficult to fill

* Fewer OJP sessions undertaken than planned - OJP sessions typically achieve a higher CPS than IJP sessions

* Highly complex Spinal Disorders patients achieving a lower CPS than planned

As seen in the SPC graph, since March 2021 the actuals fall between the control limits - in March CPS is on the mean.

Actions

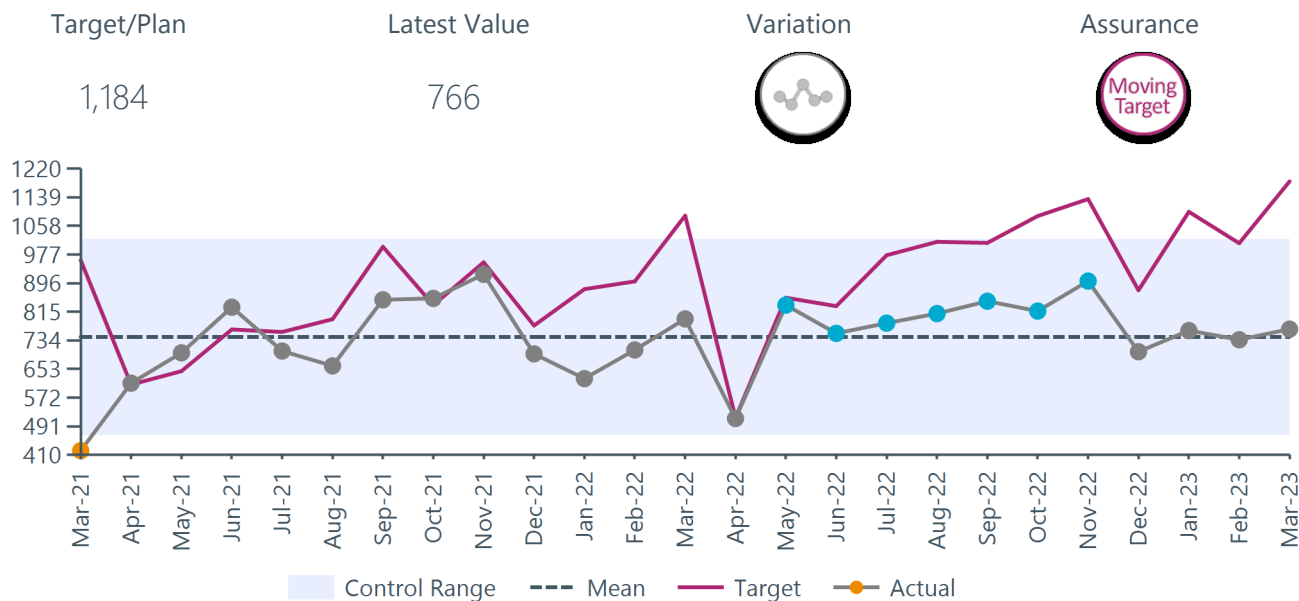See 'Elective Activity Against Plan'.

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

- Staff - Patients - Finances -

Total Theatre Activity Against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1,184	766		Moving Target	999

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 theatre activity is monitored against the 2022/23 plan.
 March summary:
* Total Theatre Activity –766 (plan 1184) 418 short (64.70%)
* NHS activity – 691 (plan 1129) 438 short (61.20%)
* Private patients – 75 (plan of 55) 20 above (136.36%)
The internal H2 trajectory for total theatre activity was 999 with 766 delivered (76.68%).
Factors affecting delivery:
- Reduction in Theatre activity resulting from industrial action 13th to 15th March equating to 42 rescheduled patients
- Workforce flexibility: challenges resulting from adverse weather conditions (snow disruption 9th & 10th March)
- Lack of OJP uptake
- Lack of Independent Sector uptake - 0 undertaken in March against a plan of 18
- 184 theatre cancellations (57 on the day and 127 ahead of TCI)
- NHS sessions behind plan (68.06%)
Year-end performance in this metric is reporting 9224 against a plan of 11586 (79.61%).

Actions

Key themes identified for improvement:
* Exploring insourcing to grow Theatre capacity; Task and Finish Group commenced scoping.
* Workforce model – planning and retention.
* Booking and Scheduling – maximising theatre usage
* Working day effectiveness
* OJP alignment to booking processes
* Reducing cancellations

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
795	513	834	754	783	810	845	817	902	702	762	736	766

-   Staff   -   Patients   -   Finances   -

IJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer
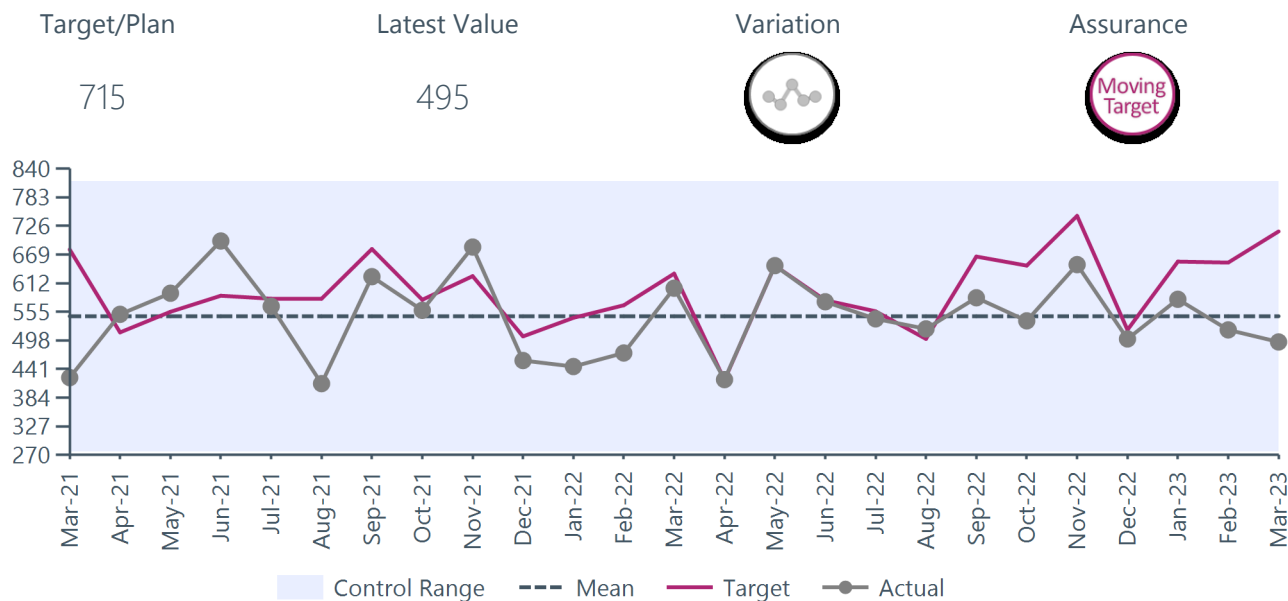
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
715	495		Moving Target	751

What these graphs are telling us

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

Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2022/23 IJP plan for March was 715 cases. The internal H2 trajectory was 751.

In March, the Trust undertook 495 NHS theatre cases IJP, 220 cases behind the plan of 715 which equates to 69.23%; see 'Elective Activity Against Plan' and 'Volume of Sessions Against Plan' for further analysis.

Year-end performance in this metric is reporting 6568 against a plan of 7301 (89.96%).

The H2 trajectory for March was 999 cases: 751 IJP, 193 OJP, 55 PP's. The plan was 1184 cases: 715 IJP, 414 OJP, 55 PP's.

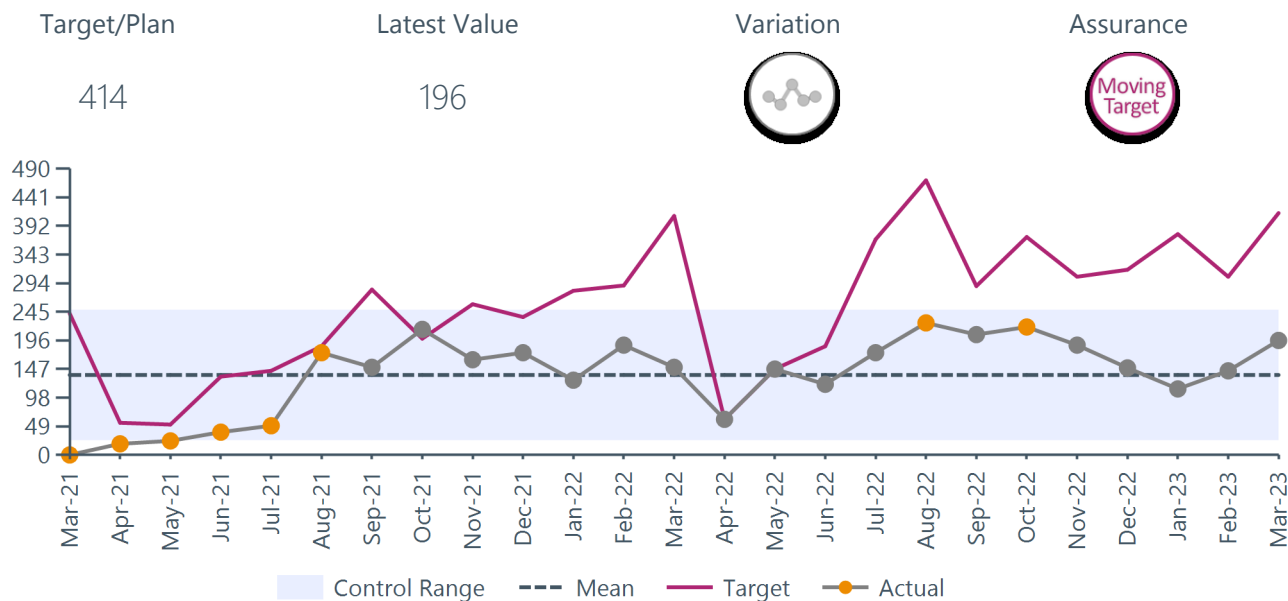## Actions

Weekly review of theatre schedule alignment to IJP

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
602	420	647	575	541	521	583	537	649	501	580	519	495

- Staff - Patients - **Finances** -

OJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
414	196		Moving Target	193

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

Narrative

Activity levels are dependent on both IJP and OJP activity. This measure reflects the amount the Trusts use of OJP; the 2022/23 OJP plan for March was 414 cases. The internal H2 trajectory for OJP activity was 193.

In March, the Trust undertook 196 NHS theatre cases OJP, 218 cases behind the plan of 414 which equates to 47.34%; see 'Elective Activity Against Plan' and 'Volume of Sessions Against Plan' for further analysis.

Year-end performance in this metric is reporting 1945 against a plan of 3614 (53.82%).

The H2 trajectory for March was 999 cases: 751 IJP, 193 OJP, 55 PP's. The plan was 1184 cases: 715 IJP, 414 OJP, 55 PP's.

Actions

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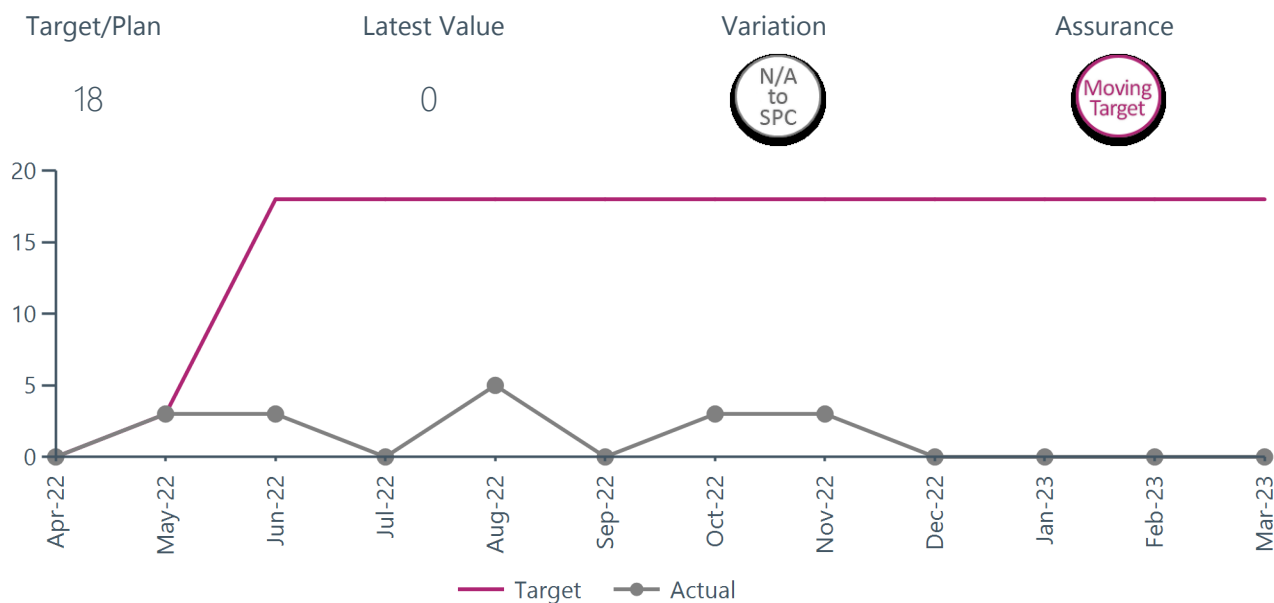* Weekly review of theatre schedule alignment to IJP

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
150	61	147	121	175	226	206	219	188	149	113	144	196

- Staff - Patients - **Finances** -

Independent Sector Activity Against Plan

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

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
18	0	N/A to SPC	Moving Target

Trajectory/H2 Forecast

3   0

- Actual
- Trajectory

What these graphs are telling us

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

Target — Actual

Narrative

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

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

Actions

The Trust has been liaising with other NHS providers to support with mutual aid as a mitigation to this shortfall. A Mutual Aid Co-Ordinator has been appointed to support with NHS provider transfers.

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

- Staff - Patients - Finances -

Elective Activity Against Plan (volumes)

Total elective activity rated against 2022/23 plans. 217796

Exec Lead:
Chief Operating Officer
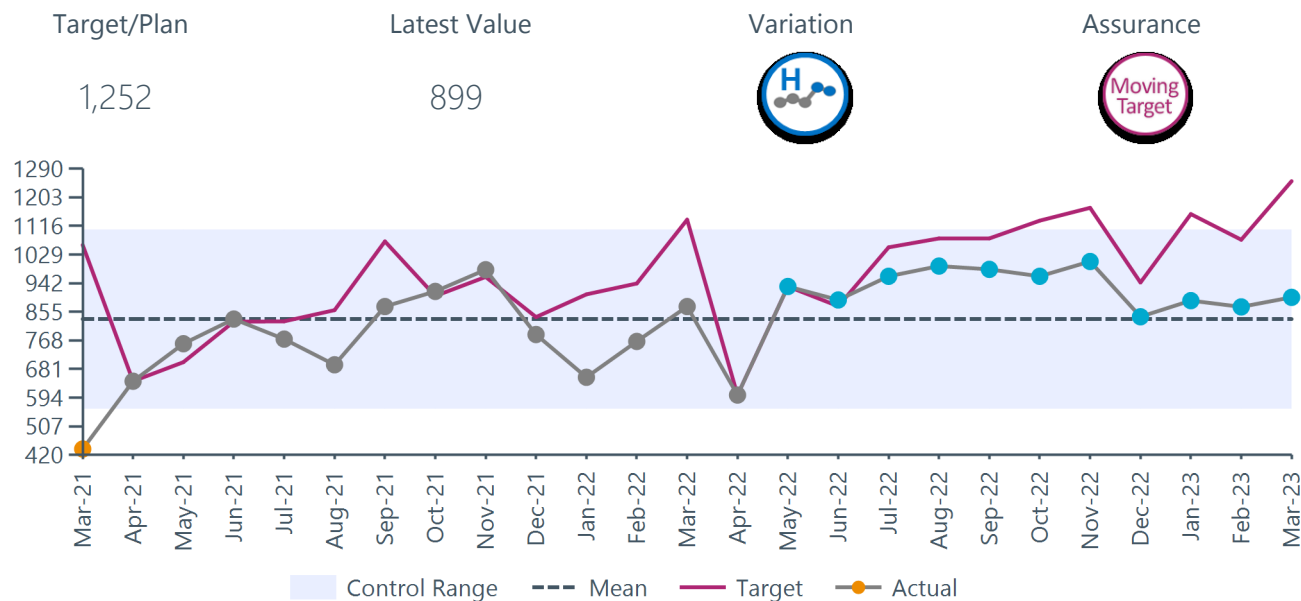
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1,252	899			1060

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

Legend: Actual — Trajectory

Narrative

Total elective activity reported externally against plan 2022/23 in March was 899, 353 below plan 1252 (71.80%). The internal H2 trajectory for Elective Activity Against Plan (Volumes) was 1060 with 899 delivered, 161 below trajectory (84.81%). Factors affecting delivery:
- Reduction in Theatre activity resulting from industrial action 13th to 15th March equating to 42 rescheduled patients
- Workforce flexibility: challenges resulting from adverse weather conditions (snow disruption 9th & 10th March)
- Lack of OJP uptake
- Lack of Independent Sector uptake - 0 undertaken in March against a plan of 18
- 184 theatre cancellations (57 on the day and 127 ahead of TCI)
- NHS sessions behind plan (68.06%)
- Cases per session behind plan in Specialist Unit
Non theatre activity accounted for 28.14% of spells this month. Year-end performance in this metric is reporting 10835 against a plan of 12338 (87.82%).

Actions

Key themes identified for improvement:
* Exploring insourcing to grow Theatre capacity; Task and Finish Group commenced scoping.
* Workforce model – planning and retention.
* Booking and Scheduling – maximising theatre usage
* Working day effectiveness
* OJP alignment to booking processes
* Reducing cancellations

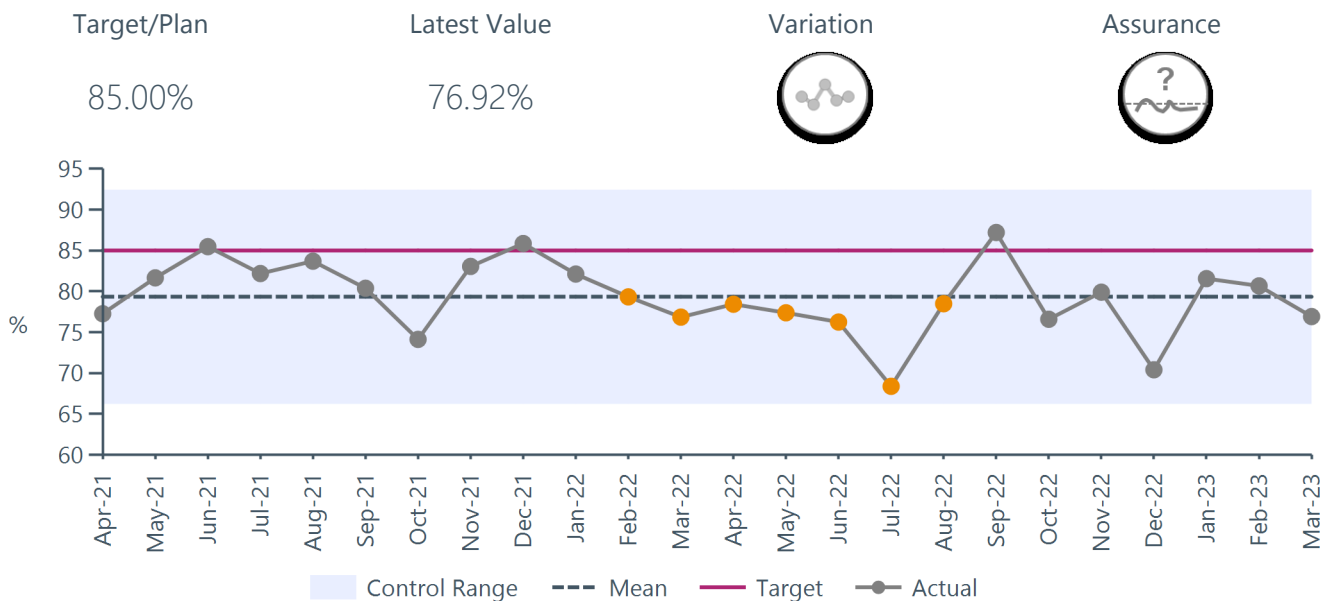| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
871	602	932	891	963	994	984	963	1008	840	889	870	899

- Staff - Patients - Finances -

Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85.00%	76.92%		?

Trajectory/H2 Forecast

76.59   76.92

— Actual
–O– 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

This KPI has been added to monitor the overall % Trust performance of day cases against the latest online British Association Of Day Surgery directory of procedures, Orthopaedic and Urology pages. In March the Trust is reporting 76.47% BADS day cases against a target of 85%.

There is an ongoing data quality review which focuses on the timely discharge of patients to ensure they are classified correctly and therefore reflected accordingly in the % day case adherence. Work is also underway to review booking practises to align with BADS expectations.

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

Actions

Performance monitored via the Day Case Working Group and actions progressed as further understanding of metric grows.
Current actions include:
* Data quality review focusing on timely discharge of patients
* Develop strategies to minimise day case to inpatient conversions
* Improve accuracy of booking, coding, and data collection - immediate focus on Spinal Injuries day case booking practises
The Trust is exploring opportunities for expanding day case working practises to procedures that fall outside of BADS, including Spinal Disorders discectomies; anticipated start June 2023.
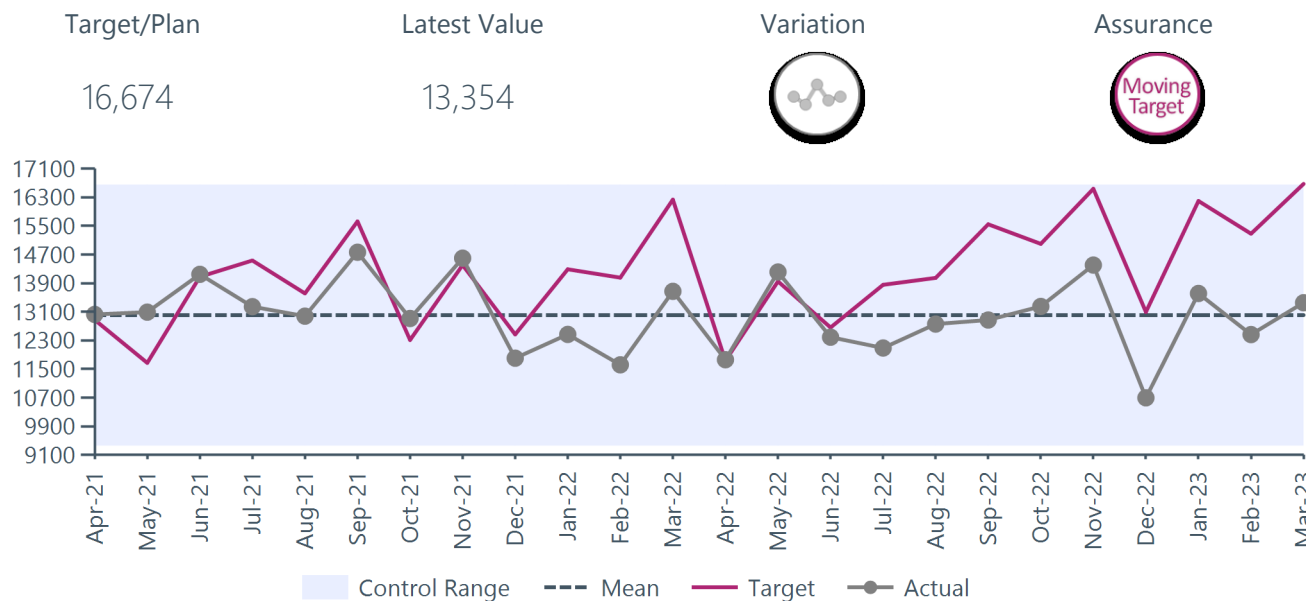
Further assessment of target to be carried out as understanding of metric evolves.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
76.85%	78.43%	77.38%	76.25%	68.39%	78.49%	87.20%	76.59%	79.90%	70.41%	81.56%	80.67%	76.92%

- Staff - Patients - **Finances** -

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
16,674	13,354		Moving Target	13250 ... 13354

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

The plan for March was 97.95% of 19/20 against a national target of 104%. Total outpatient activity undertaken in March was 13354 against the 2022/23 plan of 16674; 3320 below - equating to 80.09%.
This is broken down as:
* New Appointments - 4047 against 5048 - equating to 80.17%
* Follow Up Appointments - 9307 against 11626 - equating to 80.05%

The sub-specialities with the lowest activity against plan in March are:
* Therapies - 1945 against 3181 - 1236 below plan - associated with cancellations, unfilled slots, class capacity reduction and high levels of sickness
* Arthroplasty - 1043 against 1675 - 632 below plan - deep dive into shortfalls is underway
* Upper Limb - 883 against 1238 - 355 below plan - deep dive into shortfalls is underway

It should be noted that the 2022/23 plan significantly increases in Q4. Year-end performance in this metric is reporting 153,866 against a plan of 174,573 (88.14%).

Actions

* Outpatient Improvement Plan which includes all aspects of Outpatient activity including Overdue Follow Ups, DNAs, PIFU, Virtual, IPC, clinic utilisations etc. Task and Finish groups are now in place which encompass all of these workstreams.
* Therapies review has been undertaken and templates to be reviewed within the service. Please note that the Therapies appointment duration of 45 minutes has been approved by MSK board, as per MUSST guidance. A benchmarking exercise has also been undertaken.
* Backlog management Plan for SOOS patients has been developed and an application to the ERF was successful. Until recruitment happens, some additional hours are being picked up within the team.
* Staffing review completed within outpatients; two phase case of need now signed off and agreed; staffing being sourced and plans adjusted accordingly.
* Recruitment (particularly consultants, therapists and radiographers). Of the AHP vacancies, 95.52% are in the recruitment pipeline.
* Orthotics recruited to their vacant posts with one person started early April. A further two vacancies have since opened up and recruitment has started.
* Work to accommodate offers of OJP from clinicians.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
13672	11761	14213	12391	12088	12758	12871	13250	14407	10696	13613	12464	13354

-   Staff   -   Patients   -   **Finances**   -

IJP Activity - Outpatients - against Plan

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

Exec Lead:
Chief Operating Officer

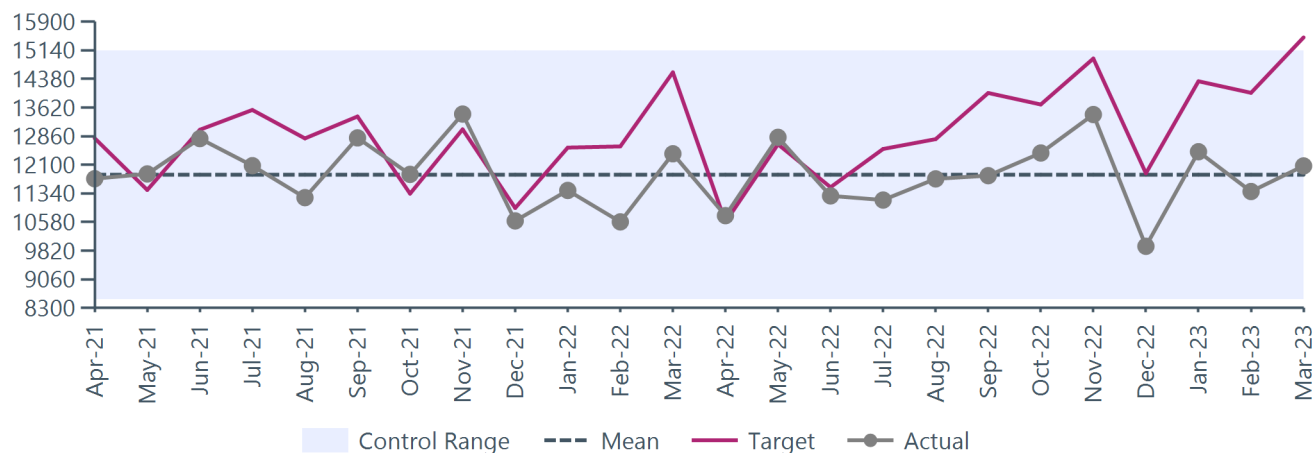| Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
15,482	12,071		Moving Target	12414 ... 12071

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

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

In March, Outpatients saw 12071 via in job plan, 3411 behind the plan of 15482 and equates to 77.97%.

2022/23 plans for March 2023 were set to achieve 97.95% of 2019/20 baseline overall (IJP and OJP combined). Year-end performance in this metric is reporting 141,255 against a plan of 158,342 (89.21%).

Actions

See 'Total Outpatient Activity' for further details.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
12394	10750	12830	11275	11165	11727	11812	12414	13435	9937	12448	11391	12071

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Virtual

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

Exec Lead:
Chief Operating Officer
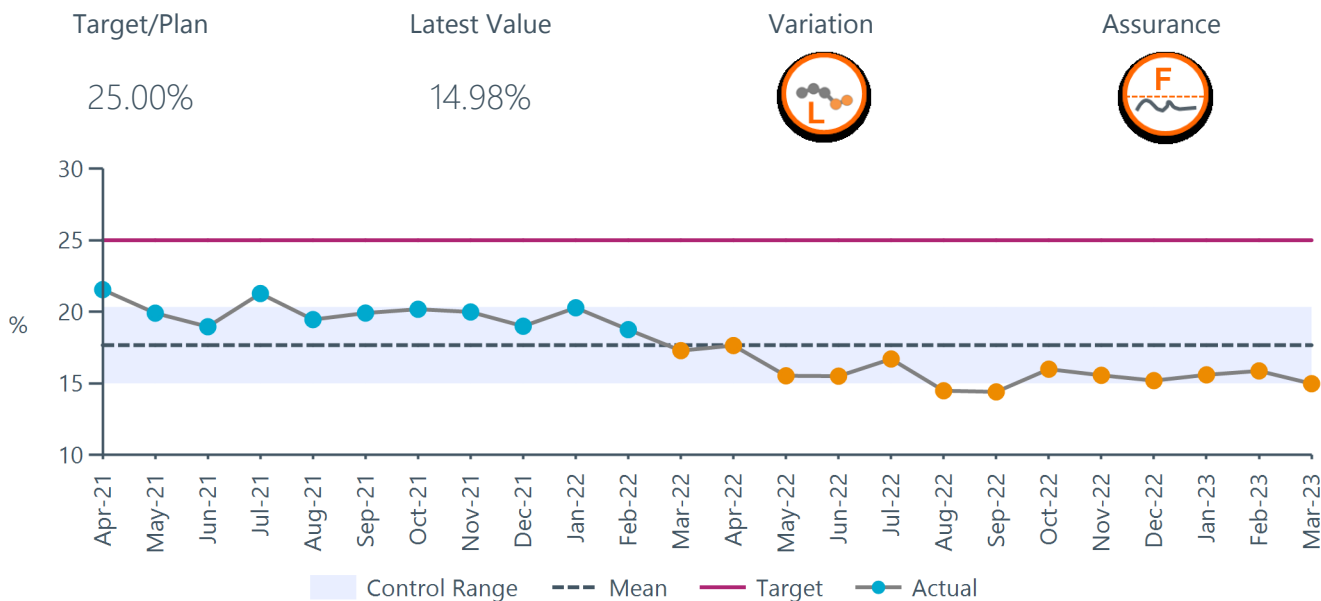
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
25.00%	14.98%	(L)	(F)	18 18

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

In March the total Virtual Outpatient Activity undertaken in the Trust was 2000 against 13354, equating to 14.98%; 1339 below 2022/23 NHS EI plan of 25% and 404 below 2022/23 trajectory of 18%.
 This is broken down as follows:
* New appointments - 3.56% (144 out of 4047)
* Follow-up appointments - 19.94% (1856 out of 9307)

The sub-specialities achieving the 25% target for virtual appointments are:
* Spinal Injuries (52.35%); Rheumatology (36.57%); SOOS (29.08%);
And the sub-specialities with the lowest virtual percentage, not achieving target are:
* Neurology (1.18%); Muscle (2.44%); Spinal Disorders (3.25%);
Whilst most sub-specialties saw a hike in % virtual around covid and a later dip that then remained stable;
Therapies have seen a gradual decline month on month since April 2020. Year-end performance in this metric is reporting 15.61% which equates to 24,011 appointments delivered virtually across the year.

Actions

* Conversations are ongoing at directorate meetings regarding face to face vs virtual appointments.
* Nurse practitioner surgical helplines are all being recorded and process documented.
* A profile of our virtual activity for next year has been submitted to the ICS.
* The target will be reviewed for 2023/24.
* This metric will continue to have oversight within the system as part of transformational piece of work.
* Local benchmarking shows we are performing better than similar orthopaedic specialist trusts in the area. Further engagement with the operational team required.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
17.29%	17.64%	15.53%	15.50%	16.70%	14.49%	14.40%	15.99%	15.56%	15.19%	15.60%	15.87%	14.98%

- Staff - Patients - Finances -

Total Outpatient Activity - % Moved to PIFU Pathway

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

Exec Lead:
Chief Operating Officer
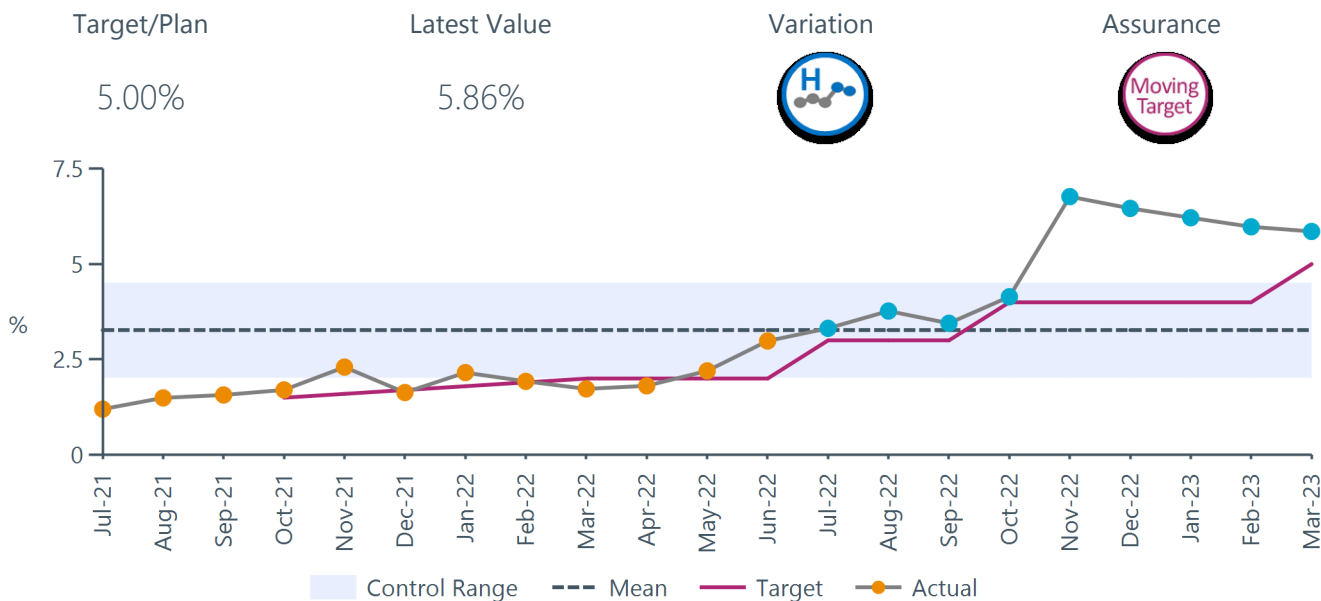
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
5.00%	5.86%	H	Moving Target	

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

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances by March 2023. In March this was exceeded with 5.86% of total outpatient activity moved to a PIFU pathway.

Actions

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
1.73%	1.81%	2.20%	2.99%	3.32%	3.77%	3.45%	4.14%	6.77%	6.46%	6.21%	5.98%	5.86%

- 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
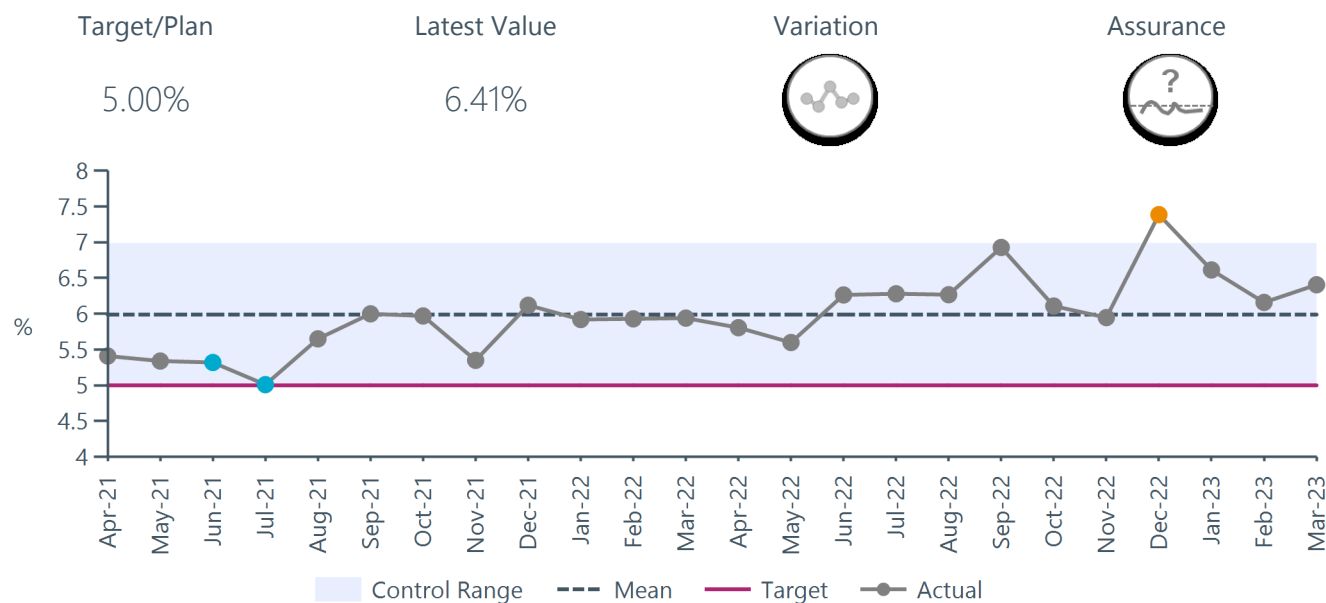
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
5.00%	6.41%			6.11 6.41

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 DNA rate remains above target at 6.41% for March. This equates to 914 missed appointments; 201 above the 5%.   This is broken down as follows: New appointments - 5.95% (256 out of 4303); Follow-up appointments - 6.60% (658 out of 9965)

The sub-specialties that recorded the highest volumes of DNAs in March were:
* Veterans - 25 DNAs; 12.95% of their activity
* Rheumatology - 127 DNAs; 10.09% of their activity
* Paediatric Orthopaedics - 49 DNAs; 9.53% of their activity

Approximately 30% of patients confirm their appointment with the Trust ahead of time. Of the patients who confirmed, the DNA rate for March was 3.37%; of the patients who did not confirm, the DNA rate for March was 8.23%. Benchmarking data shows that compared with other acute Trusts, our DNA rate is within the top 25%. Year-end performance in this metric is reporting 6.30% which equates to 10,339 missed appointments across the year.

Actions

DNA Task and Finish group regularly meeting. Current actions in progress/under review are:
* Reviewing our DNA process and letter.
* The clear read letters for Paediatrics are now implemented.
* Exploring how we can support patients who find it difficult to attend - a deep dive is underway on this.
* Ensuring maximum confirmation rate wherever possible, bank staff member has been recruited 12/01/23 to support with confirmation of patients across all specialities, utilising reminder letters and telephoning non responders.
* Further analysis and understanding of our current processes has been undertaken. This has identified an opportunity to improve text reminders to our patients. This improvement is being made to our systems. The Trust is also exploring options for two way text messages.
* Look at option for flexible hours and ways for patients to contact out of hours.
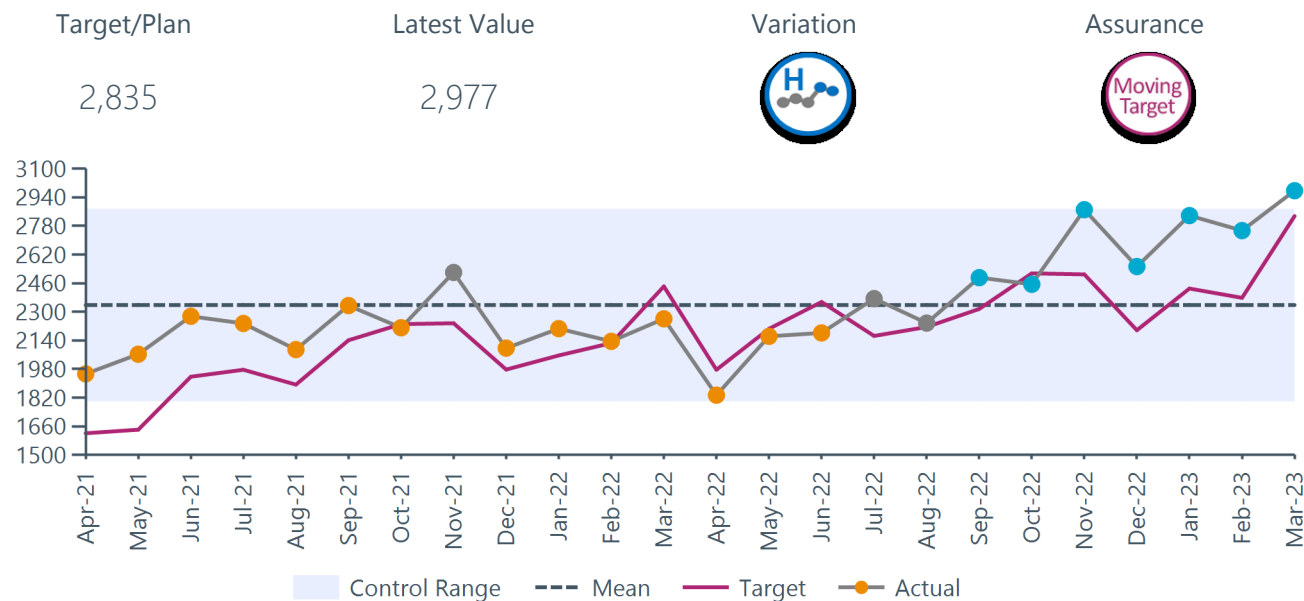* Develop a method for recording patients willing to attend at short notice.

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5.94%	5.81%	5.60%	6.26%	6.28%	6.27%	6.93%	6.11%	5.95%	7.39%	6.61%	6.16%	6.41%

-   Staff   -   Patients   -   Finances   -

Total Diagnostics Activity against Plan - Catchment Based

Total Diagnostic Activity against Plan - (MRI, U/S and CT activity against 2022/23 plan) 217794

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
2,835	2,977	H	Moving Target	2454 ... 2977

Actual
Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target — Actual

Narrative

This metric is included as an exception as it is reported as special cause variation of an improving nature. The plan for March was 102.82% of 19/20 against a national target of 120%. In March this was exceeded as total diagnostic activity undertaken in March was 2977 against the 2022/23 plan of 2835; 142 cases above - equating to 105.01%.
This is broken down as:
- CT - 459 against plan of 532; equating to 86.28%
- MRI - 1559 against plan of 1325; equating to 117.66%
- U/S - 959 against 978; equating to 98.06%
There has been a significant improvement since November due to the installation of the staffed Mobile MRI scanner.
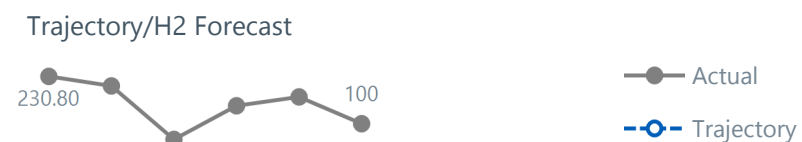
Actions

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
2261	1834	2163	2182	2374	2237	2491	2454	2871	2553	2838	2754	2977

- Staff - Patients - Finances -

Agency Core - On Framework

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

Exec Lead:
Chief Finance and Planning Officer
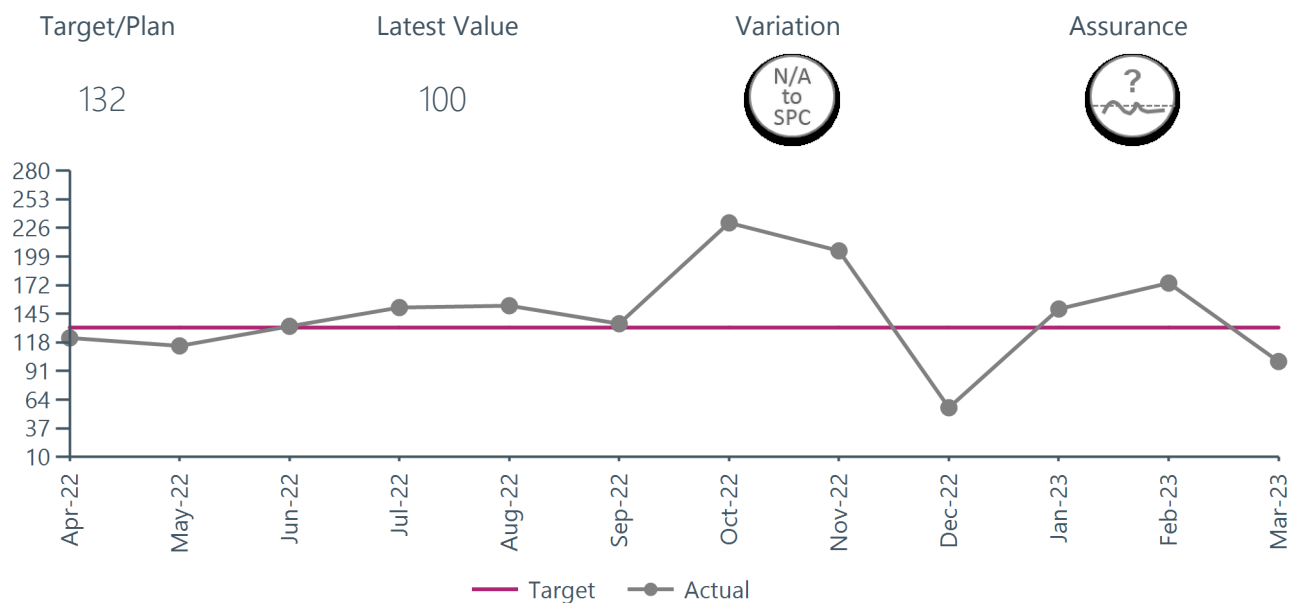
Target/Plan	Latest Value	Variation	Assurance
132	100	N/A to SPC	?

Trajectory/H2 Forecast

230.80 ··· 100

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

Remains adverse to cap driven by vacancy rates.

Actions

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

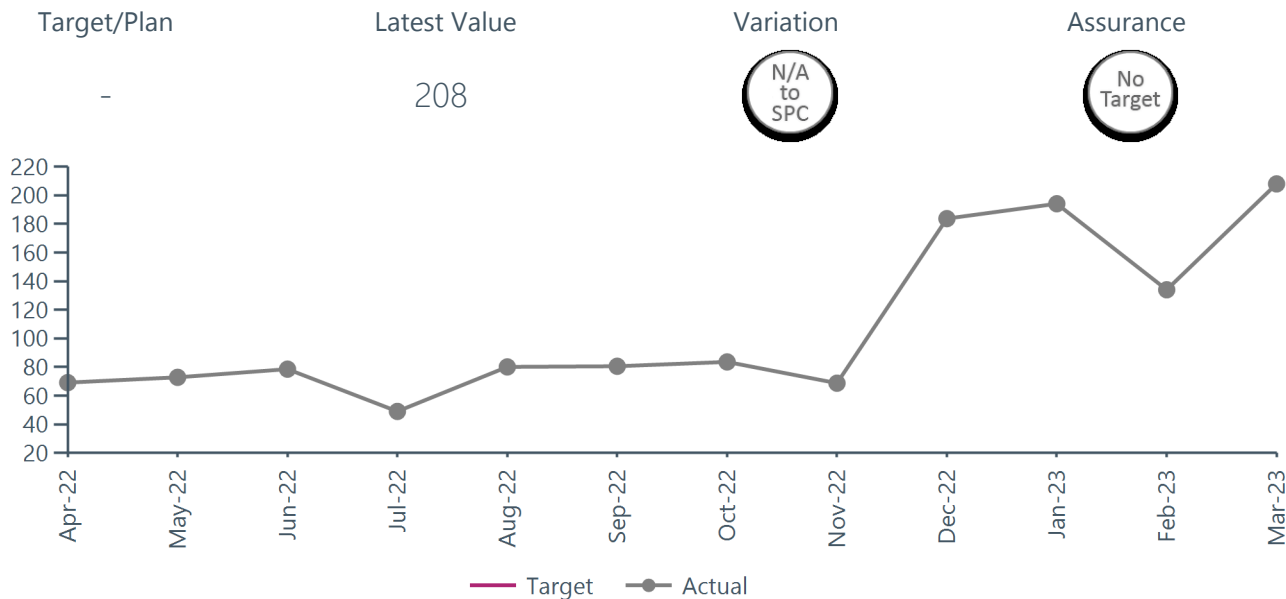| Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	122	114	133	150	152	135	230	204	56	149	174	100

- Staff - Patients - **Finances** -

Agency Core - Off Framework

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

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	208	N/A to SPC	No Target	

What these graphs are telling us

This measure is not appropriate to display as SPC and has no target.

Legend: Actual, Trajectory

Chart legend: Target, Actual

Narrative

Increased levels of off framework agency usage driven by MCSI

Actions

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

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		69	72	78	49	80	80	83	68	183	194	134	208

- Staff - Patients - **Finances** -

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs 217413

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
4.67%	6.84%	N/A to SPC	Moving Target

Trajectory/H2 Forecast

7.03   6.84

● Actual
○ Trajectory
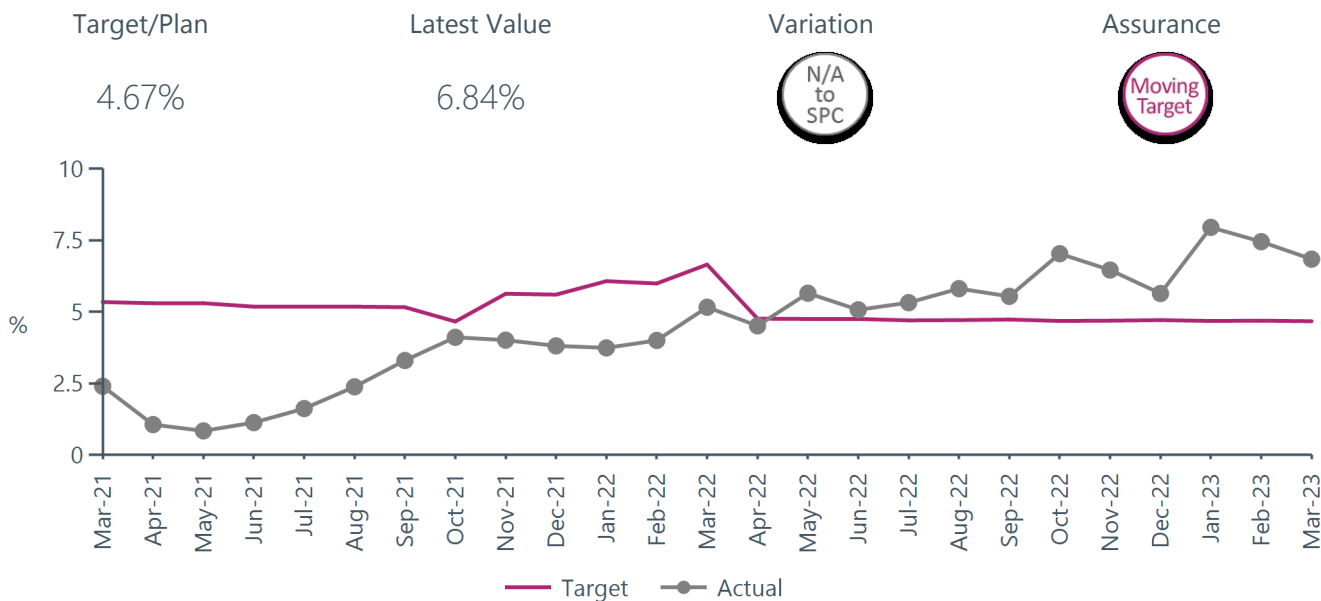
What these graphs are telling us

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

Target ── **Actual**

Narrative
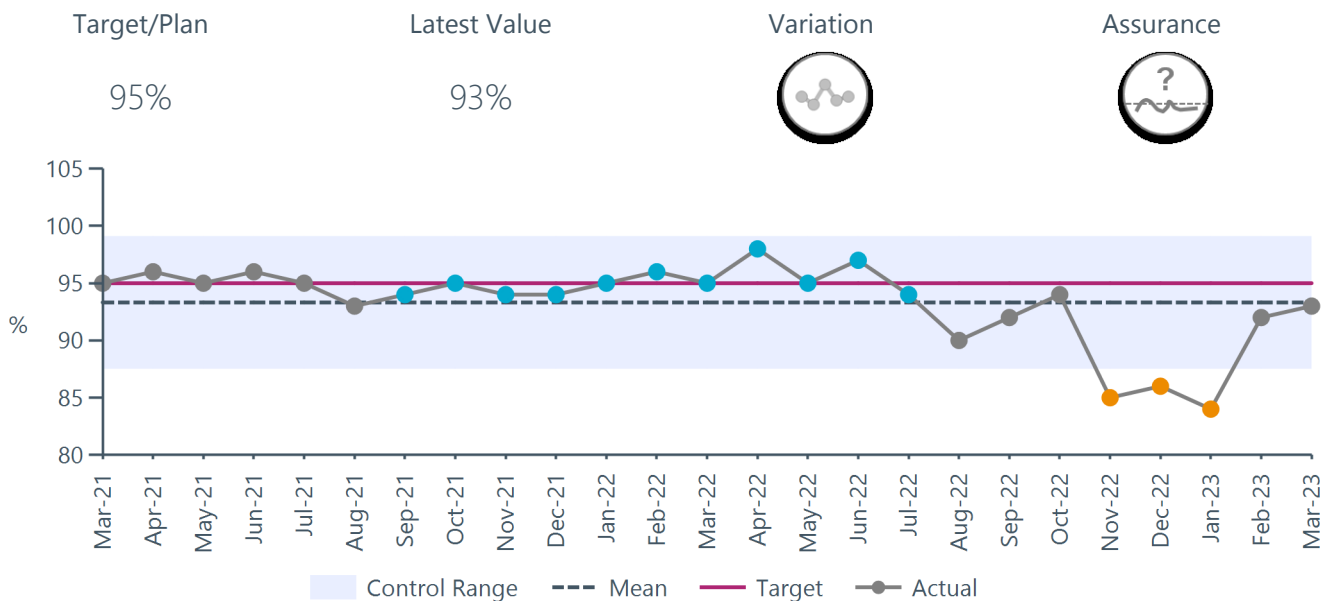
Small reduction in month

Actions

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5.16%	4.51%	5.65%	5.07%	5.32%	5.81%	5.54%	7.03%	6.46%	5.64%	7.95%	7.45%	6.84%

- Staff - Patients - **Finances** -

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

Percentage of invoices paid within 30 days 217537

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
95%	93%		?	94 ... 93

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

Performance below target (but improving) due to cumulative effect of staffing issues, continued clearance of old invoices.

Actions

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

Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
95.00%	98.00%	95.00%	97.00%	94.00%	90.00%	92.00%	94.00%	85.00%	86.00%	84.00%	92.00%	93.00%

- Staff - Patients - Finances -