

# Combined Integrated Performance Report December 2022 – Month 9



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

Aspiring to deliver world class patient care

# SPC Reading Guide

## SPC Charts

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





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

## SPC Chart Rules

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

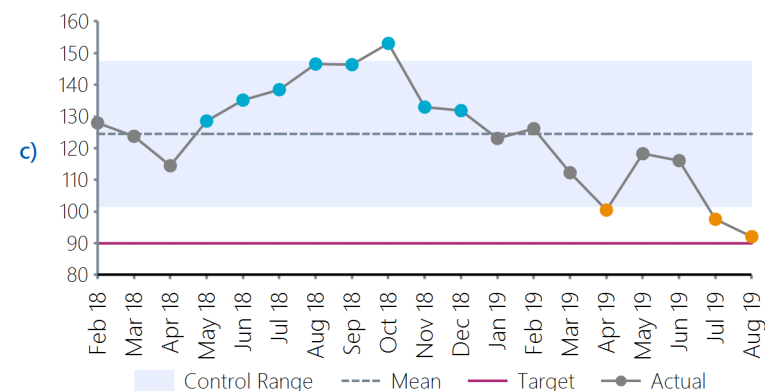
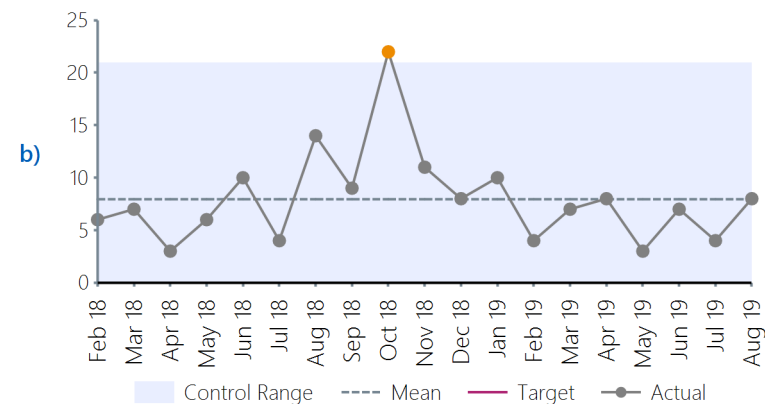
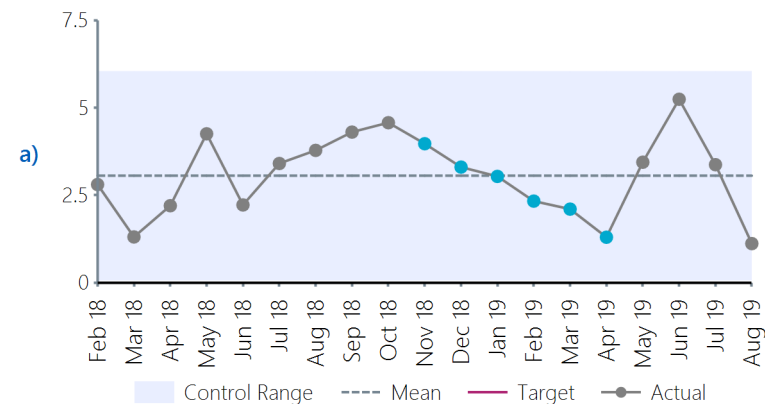
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

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

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

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



# Summary Icons Reading Guide

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

## Exception Reporting

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

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

## Variation Icons

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



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



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



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

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

## Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

# Data Quality Rating Reading Guide

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

## Colours

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



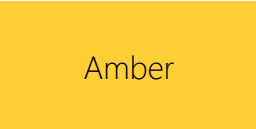
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

## Dates

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



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	7.15%				+	27/02/20
Sickness Absence - Short Term	1.66%	4.15%				+	
Sickness Absence - Long Term	1.94%	3.00%				+	
Staff Turnover - Headcount	8.00%	12.68%				+	24/06/21
In Month Leavers		14				+	
Vacancy Rate	8.00%	10.25%				+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	14.44%				+	
Healthcare Support Worker Vacancy Rate	0.00%	15.91%				+	
Allied Health Professionals Vacancy Rate	8.00%	8.10%				+	
% Staff Availability		71.33%				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Personal Development Reviews	93.00%	89.80%				+	
Statutory & Mandatory Training	92.00%	91.10%				+	
E-Rostering Level of Attainment	4	0				+	
Percentage of Staff on the E-Rostering System	90.00%	90.70%					
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		45.61%				+	
% of System-Generated E-Roster (Auto-Rostering)		52.26%				+	
E-Job Planning Level of Attainment	4	0	2			+	
Percentage of Staff with an Active E-Job Plan	90.00%	45.08%				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					16/04/18
Never Events	0	0					16/04/18
Total Patient Falls	10	11					
Patient Falls (With Moderate or Severe Harm)	1	1				+	
Inpatient Ward Falls Per 1,000 Bed Days	2.50	2.70				+	
RJAH Acquired Pressure Ulcers - Category 2	1	0					
RJAH Acquired Pressure Ulcers - Categories 3 or 4	0	0					
Pressure Ulcer Assessments	99.00%	99.72%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.53%				+	
Patient Friends & Family - % Would Recommend (Inpatients)	95.00%	98.72%					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Number of Complaints	8	7					11/05/18
Complaints Rate Per 1000 WTE	5.94	4.96					
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%					
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%					
Complaints Re-opened	0	0					
Safe Staffing	90.00%	108.90%					
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	11.58%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	17				+	
RJAH Acquired C.Difficile	0	0					24/06/21





# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
C Diff Infection Rates Per 100,000 Bed Days	3.18	4.87					
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	4.87					
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Surgical Site Infections	0	0				+	
Outbreaks	0	1				+	
Patient Safety Alerts Not Completed by Deadline	0	0					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Medication Errors with Harm	2	0					
Total Deaths	0	0					
RJAH Acquired VTE (DVT or PE)	4	7				+	
VTE Assessments Undertaken	95.00%	99.48%					
28 days Emergency Readmissions*	1.00%	0.80%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations		77	19			+	
Cancer Two Week Wait*	93.00%	86.11%				+	
31 Days First Treatment (Tumour)*	96.00%	100.00%					24/06/21
31 Days Subsequent Treatment (Tumour)*	94.00%	100.00%					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Cancer Plan 62 Days Standard (Tumour)*	85.00%	75.00%				+	24/06/21
Cancer 62 Days Consultant Upgrade*	85.00%	100.00%					
28 Day Faster Diagnosis Standard*	75.00%	90.00%					
18 Weeks RTT Open Pathways	92.00%	54.47%				+	24/06/21
English List Size	12,893	14,765	14,220			+	
Welsh List Size		6,539				+	
Combined List Size		21,304				+	
Patients Waiting Over 52 Weeks – English	0	1,627	1,827			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,095				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,722				+	



# 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	377	361			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		282	413			+	
Patients Waiting Over 78 Weeks - Combined		659	774			+	
Patients Waiting Over 104 Weeks - English	0	18	27			+	
Patients Waiting Over 104 Weeks - Welsh (Total)		51	83			+	
Patients Waiting Over 104 Weeks - (Combined)		69	110			+	
Overdue Follow Up Backlog	5,000	13,828				+	
Advice & Guidance	320	70				+	
6 Week Wait for Diagnostics - English Patients	99.00%	73.55%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	82.44%				+	



# 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	448.00	363.50	381.00			+	
Theatre Cases Per Session Against Plan	1.97	1.95	1.90			+	
Touchtime Utilisation	82.00%	78.65%					
Total Theatre Activity Against Plan	876	704	717			+	
IJP Activity - Theatres - against Plan	519	507	524			+	
OJP Activity - Theatres - against Plan	317	145	153			+	
PP Activity - Theatres - against Plan	40	52					
Independent Sector Activity Against Plan	18	0				+	
Elective Activity Against Plan (volumes)	944	840	771			+	24/06/21
Overall BADS %	85.00%	71.50%				+	



# 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	3.62					
Bed Occupancy – All Wards – 2pm	87.00%	78.06%				+	09/03/22
Total Outpatient Activity against Plan (volumes)	13,095	10,390				+	24/06/21
IJP Activity - Outpatients - against Plan	11,874	9,635				+	
OJP Activity - Outpatients - against Plan	1,221	755				+	
Total Outpatient Activity - % Virtual	25.00%	14.45%	18.00%			+	
Total Outpatient Activity - % Moved to PIFU Pathway	4.00%	6.20%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	7.29%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.23					
Total Diagnostics Activity against Plan - Catchment Based	2,197	2,553					



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Data Quality Maturity Index Score							
Referrals Received for Consultant Led Services, Including SOOS*		3,992					
Financial Control Total	-931	-780					
Income	9,843	10,368					
Expenditure	10,826	11,197					
Efficiency Delivered	165.67	219					
Big Ticket Item (BTI) Efficiency Delivered	114.33	19				+	
Cash Balance	23,349	28,063					
Capital Expenditure	453	560					
Agency Core	132	240				+	



# Summary - Caring for Finances

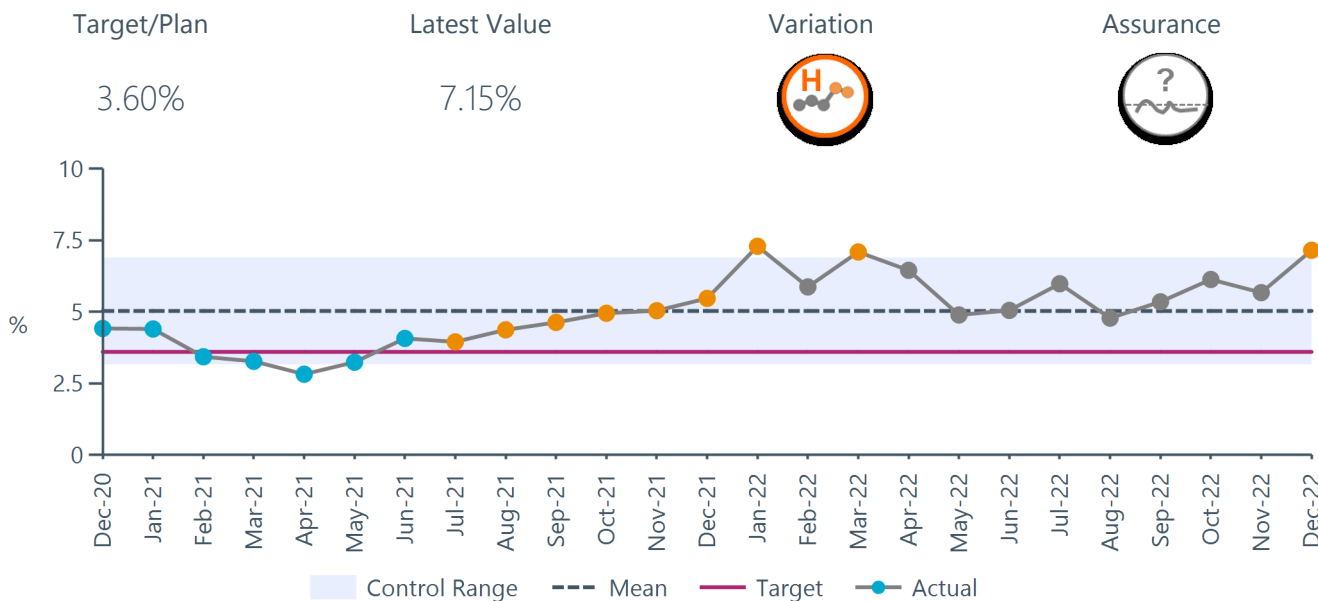
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Agency Non-Core	167	133					
Proportion of Temporary Staff	4.71%	5.64%				+	
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	86.00%					



# Sickness Absence

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

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing 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 sickness absence reported for December is 7.15% where 'infectious diseases' accounted for 1.08%, leaving remaining sickness at 6.07%. This is reported as special cause variation with the data point above our expected control range. Further detail by area below:

\* Specialist Unit - 7.96% (6.91% excluding 'infectious diseases') - hot spot areas; Outpatients Dept 24.33%, Sheldon Ward 15.36%

\* MSK Unit - 7.64% (6.70% excluding 'infectious diseases') - hot spot areas; Clwyd Ward 17.33%, Kenyon Ward 14.96%

\* Corporate areas - 5.71% (4.39% excluding 'infectious diseases') - hot spot areas; Research 17.15%, Housekeeping 15.91%

Highest reasons for absence across each area were:

\* Cold, Cough, Flu - Influenza in MSK and Specialist Units

\* Infectious diseases (Covid) in Corporate areas

At time of IPR production, as at 12th January, there is a reduction in sickness at the start of January.

## Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in January. Bite-size training sessions have been scheduled through to March. Attendance at sessions in December was poor so invites and reminders have been sent to managers.

In recognition of winter-related illnesses, we would anticipate short term sickness to increase during this winter period, as can be seen in this period last year. To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current update, as at 11th January is 56.92% for flu and 51.21% for covid.

For long-term sickness, a review of current cases has been undertaken with relevant managers to ensure management plans are in place for each individual. Once approved, the new policy will have some changes to monitoring long term sickness with a key milestone approach.

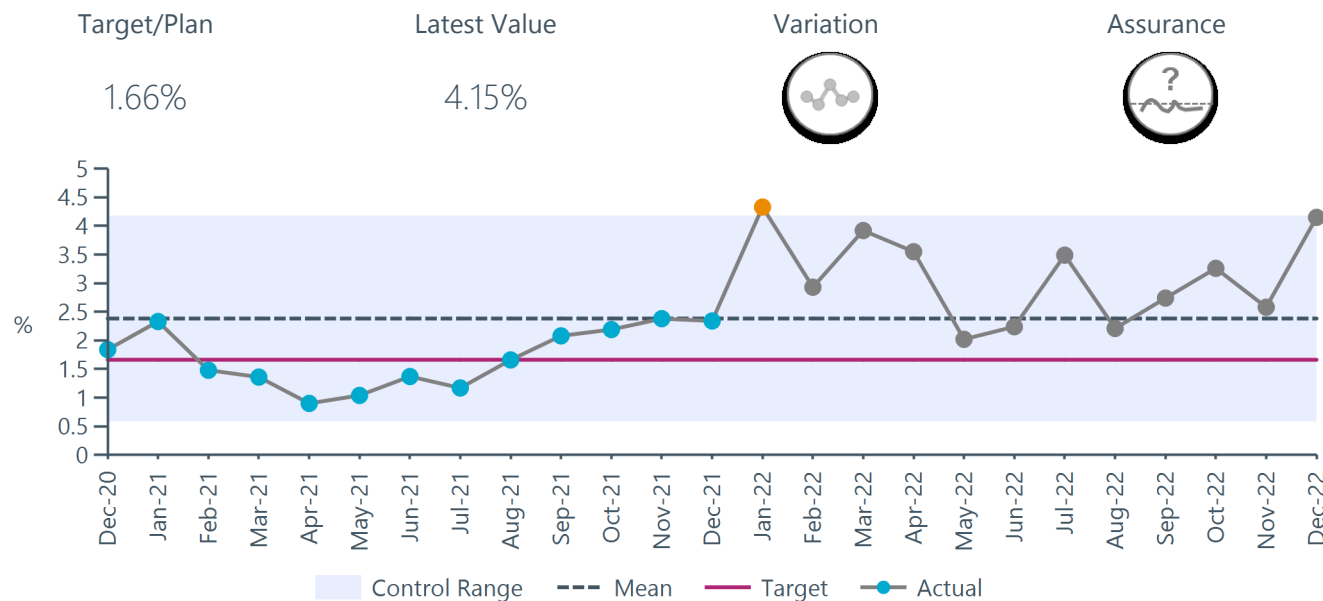
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
5.47%	7.29%	5.87%	7.09%	6.45%	4.89%	5.05%	5.98%	4.78%	5.35%	6.13%	5.67%	7.15%

- Staff - Patients - Finances -

# Sickness Absence - Short Term

211163

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Short Term sickness absence is reported at 4.15% for December (3.18% sickness excluding 'infectious diseases'). Further detail by area below:

\* MSK Unit - 4.87% (3.93% excluding 'infectious diseases') - hot spot areas; Kenyon Ward 10.61%, Therapies Spinal Team 8.82%

\* Specialist Unit - 4.51% (3.46% excluding 'infectious diseases') - hot spot areas; Sheldon Ward 12.27%, Gladstone Ward 8.97%

\* Corporate areas - 2.78% (1.84% excluding 'infectious diseases') - hot spot areas; Housekeeping 6.45%, Research 3.86%

Cold, Cough, Flu - Influenza was the highest reason for short-term sickness across all areas.

## Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in January.

Bite-size training sessions have been scheduled through to March. Attendance at sessions in December was poor so invites and reminders have been sent to managers.

In recognition of winter-related illnesses, we would anticipate short term sickness to increase during this winter period, as can be seen in this period last year. To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current update, as at 11th January is 56.92% for flu and 51.21% for covid.

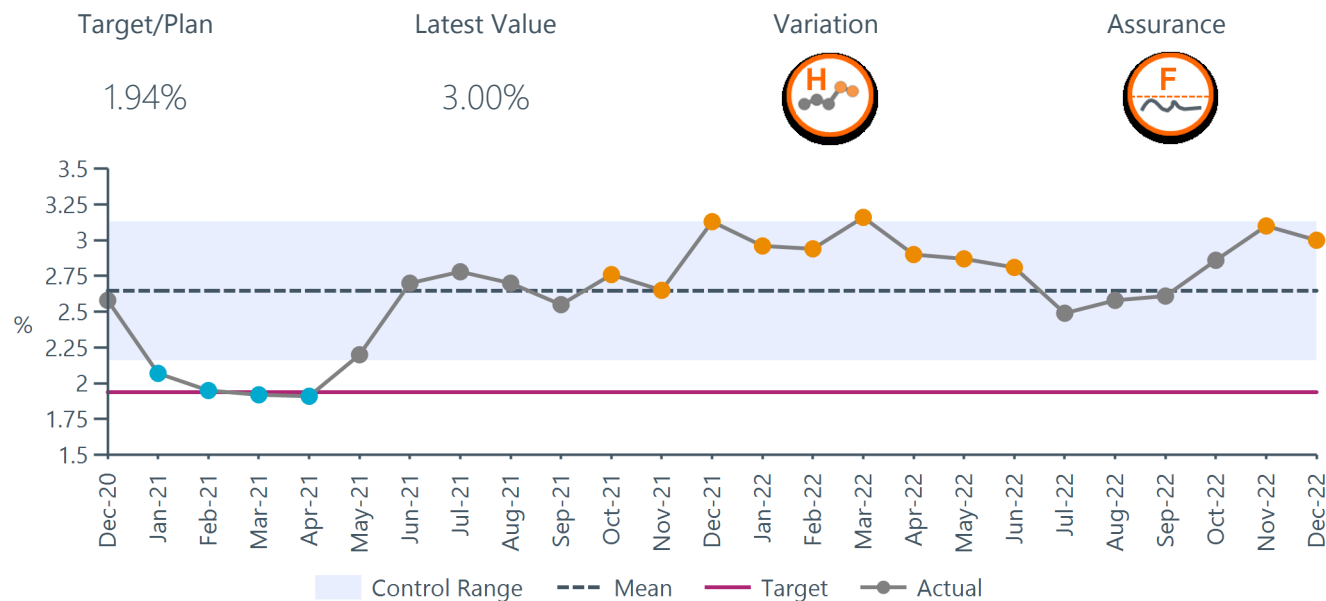
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2.34%	4.33%	2.93%	3.92%	3.55%	2.02%	2.24%	3.49%	2.21%	2.74%	3.26%	2.58%	4.15%

- Staff - Patients - Finances -

# Sickness Absence - Long Term

211162

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Long term sickness is reported at 3.00% for December (2.88% excluding 'infectious diseases'). Further detail by area below:

\* Specialist Unit - 3.45% - hot spot areas; Outpatients Dept 19.15%, Oswald Ward 8.43%

\* Corporate areas - 2.93% - hot spot areas; Research 13.29%, Housekeeping 9.46%

\* MSK Unit - 2.77% - hot spot areas; TSSU 9.62%, Clwyd Ward 8.52%

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

There were 59 episodes of sickness that fall with long term classification. Their status are outlined below:

\* LTS cases actively being managed (27)

\* Cases in December that are now long term – Manager to be chased for case management update (14)

\* Sickness episodes ended in December and employee has returned to work (13)

\* Sickness episodes due to end in December and employee return to work (5)

## Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in January.

Bite-size training sessions have been scheduled through to March. Attendance at sessions in December was poor so invites and reminders have been sent to managers.

For long-term sickness, a review of current cases has been undertaken with relevant managers to ensure management plans are in place for each individual. Once approved, the new policy will have some changes to monitoring long term sickness with a key milestone approach. The Trust is currently scoping external provision for post-pandemic debriefs and two more 'Challenge for Change' training days secured.

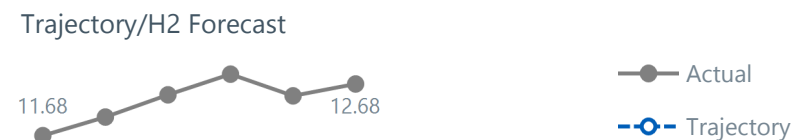
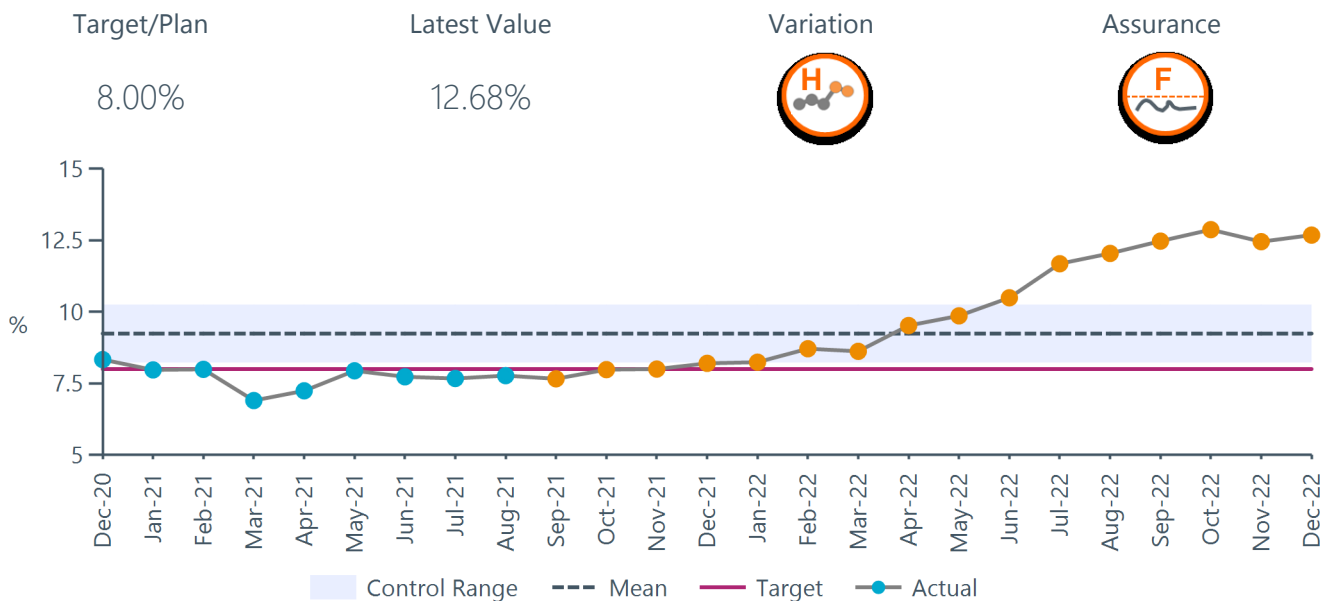
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
3.13%	2.96%	2.94%	3.16%	2.90%	2.87%	2.81%	2.49%	2.58%	2.61%	2.86%	3.10%	3.00%

- Staff - Patients - Finances -

# Staff Turnover - Headcount

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

Exec Lead:  
Chief People Officer



## What these graphs are telling us

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

## Narrative

Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The December rate of 12.68% remains above the control range. Six out of eight staff groups are reported above 8% as follows:

- Allied Health Professionals - 15.79%
- Additional Clinic - 14.79%
- Nursing and Midwifery - 14.11%
- Estates and Ancillary - 12.58%
- Add Prof Scientific and Technic - 10.81%
- Administrative and Clinical - 10.59%

In the latest twelve month period, January-22 to December-22, there have been 206 leavers throughout the Trust.

This is in relation to a headcount in post of 1625, as at 31st December 2022. The top three reasons for leaving that accounts for 113 leavers/55% at Trust level were:

- \* Voluntary Resignation - Other/Not Known - 45 / 21.84%
- \* Voluntary Resignation - Work Life Balance - 35 / 16.99%
- \* Retirement age - 33 / 16.02%

## Actions

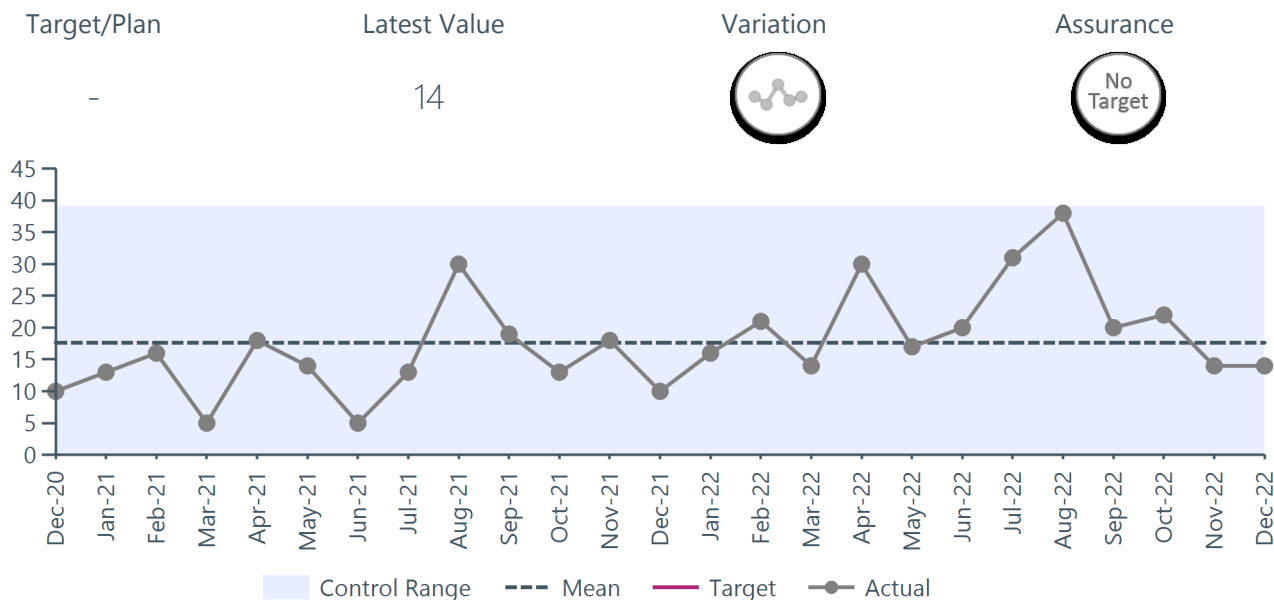
- \* Trust Open Day on 28th January targeting nurses, theatre staff, radiographers and physiotherapists with interviews on the day (one stop shop). Applications both in advance and on the day.
- \* Rolling adverts continue with all marketing and advertising reviewed to showcase the Trust to its fullest potential. Recruitment events being targeted to attract candidates. International recruitments for registered nurses continues.
- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses.
- \* Work within ICS to explore the general offers in place for agile/flexible working; assessing what can be done to grow support and attract new staff.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
8.20%	8.24%	8.71%	8.62%	9.52%	9.86%	10.49%	11.68%	12.04%	12.47%	12.87%	12.45%	12.68%

# In Month Leavers

Number of leavers in month 217809

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing common cause variation. Target to be agreed for this new KPI.

## Narrative

In December, 14 staff left the Trust. These were from the following areas of the Trust; Specialist Unit (6), MSK Unit (4) and Corporate areas (4). Those staff that left in December by staff group were Additional Clinical Services (4), Administrative & Clerical (4), Allied Health Professionals (2), Nursing & Midwifery Registered (2), Add Prof Scientific & Technic (1) and Estates & Ancillary (1).

Reasons for leaving were categorised as other/Not known (4), work life balance (4), relocation (2), retirement age (1), better reward package (1), child dependents (1) and health (1).

Please see supporting analysis within covering paper to consider appropriate trajectory for this measure.

## Actions

- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* Heat map of leavers in development to enable targeted support to staff and managers.
- \* A training menu for clinical skills development is being established for rollout in quarter 4.
- \* Professional Career Cafes to be commenced enabling staff to obtain careers advice.
- \* Trust Open Day on 28th January targeting nurses, theatre staff, radiographers and physiotherapists with interviews on the day (one stop shop). Applications both in advance and on the day.
- \* Rolling recruitment days being planned quarterly with service specific events in-between as required.

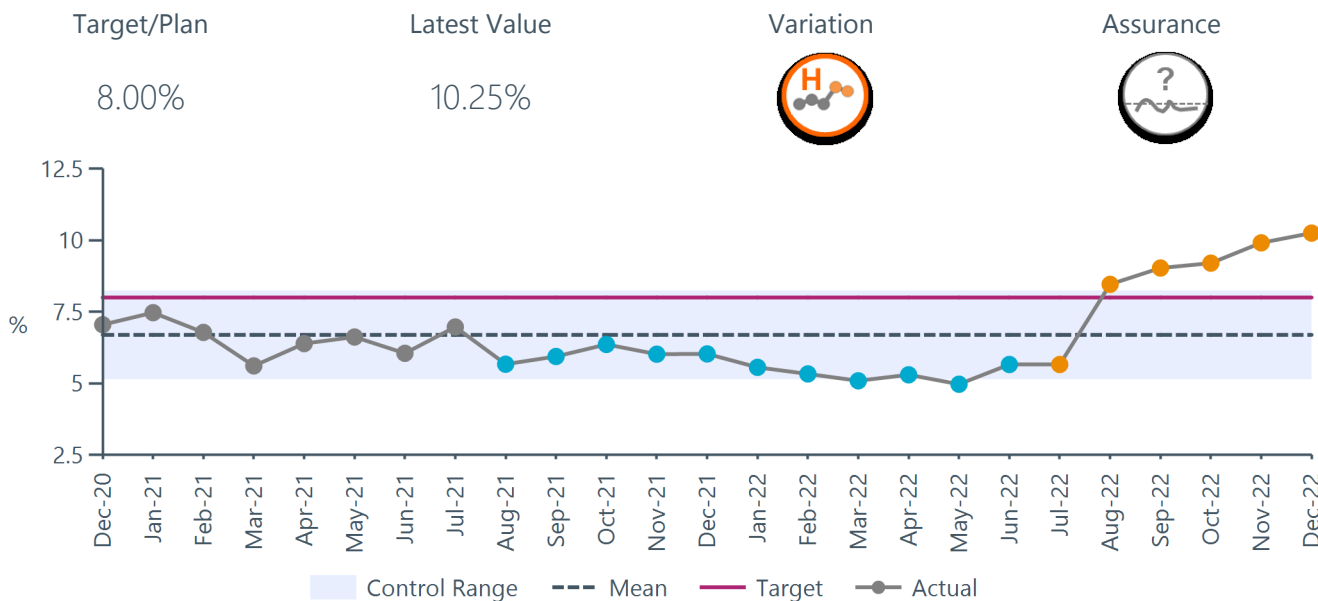
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
10	16	21	14	30	17	20	31	38	20	22	14	14

- Staff - Patients - Finances -

# Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The vacancy rate is reported at 10.25% this month and exceeds the 8% target for a fifth month. This equates to vacancies across the Trust at 161.10 WTE; up from 155.68 at the end of November. The data remains special cause variation of concern above our expected control range.

A breakdown by area is:

- Specialist Unit - 12.26% / 53.15 WTE vacant
- MSK Unit - 10.68% / 73.34 WTE vacant
- Corporate areas - 7.67% / 34.61 WTE vacant

Further details on the staff groups is provided against other KPIs (Nursing, Radiographers and Healthcare Support Workers).

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 1571.38 WTE at the end of December; an establishment increase of 53.07 WTE. Although when looking at an aggregate Trust-level view the vacancy rate mirrors the increased establishment, this is not the case for all staff groups. Further

## Actions

Specific actions tailored to staff groups are visible in the subsequent KPIs reported to People Committee but Trust-wide actions in relation to vacancy rate are:

- \* Trust Open Day on 28th January targeting nurses, theatre staff, radiographers and physiotherapists with interviews on the day (one stop shop). Applications both in advance and on the day.
- \* Any delays in process following interview are being monitored and proactively addressed, e.g. Occupational Health.
- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
- \* Oversight of vacancies remains in place from the Information Workforce team; now sent to the bi-weekly Recruitment Workforce Group. Nursing and Healthcare Support Worker vacancies are the initial focus of the group.

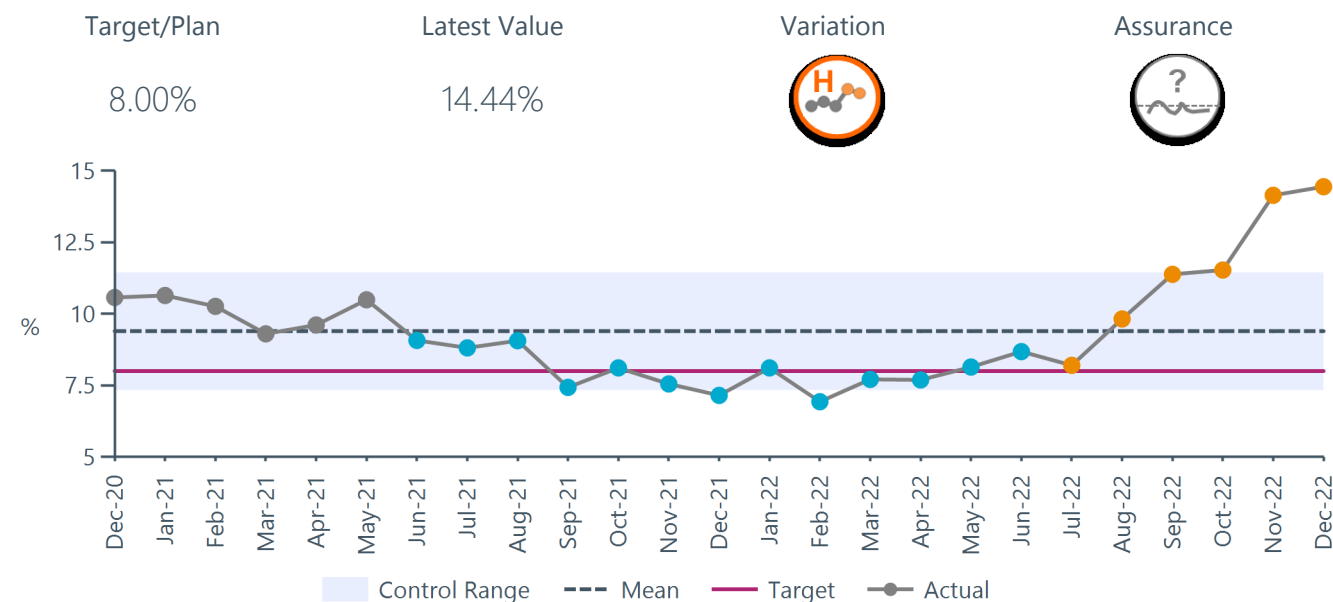
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
6.03%	5.56%	5.33%	5.09%	5.30%	4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%	10.25%

- Staff - Patients - Finances -

# Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff  
217455

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The Nursing Vacancy Rate is reported at 14.44% for December; this equates to 48.44 WTE vacant, up from 47.39 WTE at the end of November. A breakdown of the vacancies by area as follows;  
 - Specialist Unit - 24.23 WTE vacant - a vacancy rate of 19.30%  
 - MSK Unit - 25.56 WTE vacant - a vacancy rate of 13.23%  
 - Corporate Areas - over-established by -1.35 WTE

Based on the latest position as at week ending 1 January, 16.26 WTE registered nursing is in recruitment stage against the total vacancy of 48.44 WTE, breakdown as follows:  
 - 6.32 WTE currently being advertised in addition to a generic advert being placed for the Nursing Recruitment Campaign  
 - 9.94 WTE in 'pipeline' - at conditional or unconditional stage.

## Actions

- \* Targeted approach to university and military-leaver recruitment events in January and February.
- \* Trust Open Day on 28th January targeting nurses, theatre staff, radiographers and physiotherapists with interviews on the day (one stop shop). Applications both in advance and on the day.
- \* Rolling recruitment days being planned quarterly with service specific events in-between as required.
- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* A training menu for clinical skills development is being established for rollout in quarter 4.
- \* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified.
- \* Oversight of vacancies remains in place from the Information Workforce team; now sent to the bi-weekly Recruitment Workforce Group. Nursing and Healthcare Support Worker vacancies are the initial focus of the group.

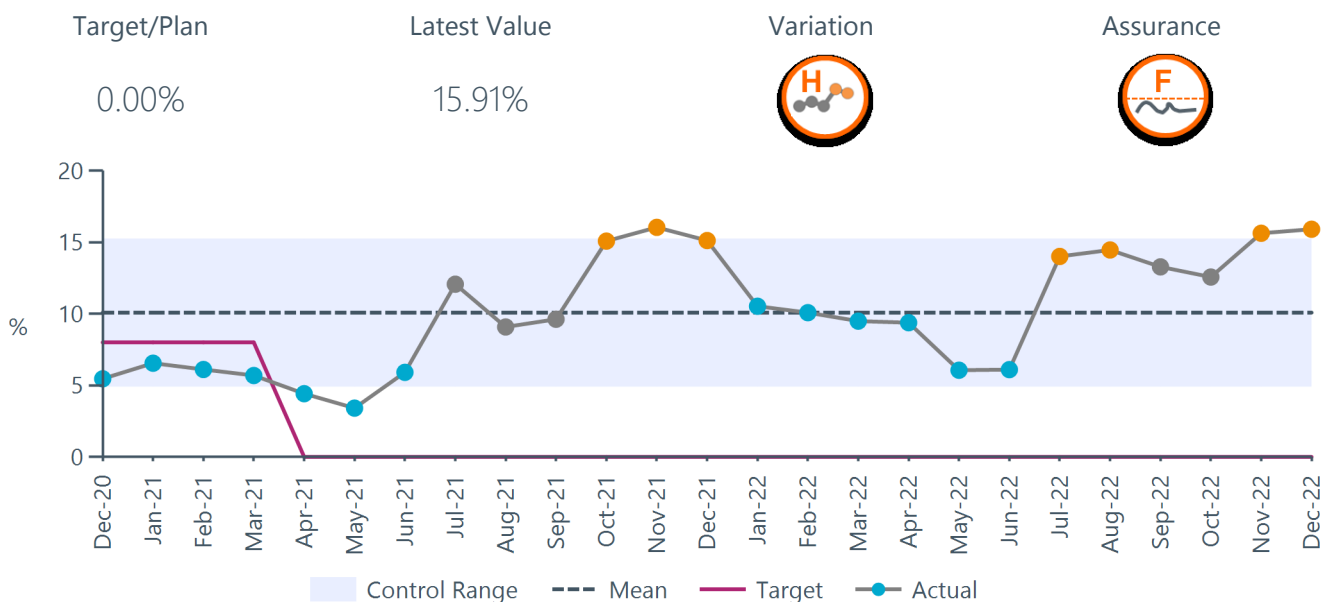
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
7.15%	8.11%	6.93%	7.71%	7.69%	8.14%	8.68%	8.20%	9.82%	11.38%	11.53%	14.14%	14.44%

- Staff - Patients - Finances -

# Healthcare Support Worker Vacancy Rate

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

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The healthcare support worker vacancy rate is reported at 15.91% in December and again showing as special cause variation above our expected control range. The vacancy rate equates to 33.21 WTE. A breakdown of vacancies by area as follows;

- MSK Unit - 16.88 WTE vacant - a vacancy rate of 15.17%
- Specialist Unit - 16.33 WTE vacant - a vacancy rate of 16.93%
- Corporate areas - no vacancies, establishment in post

The Trust has to comply with a mandatory weekly return on this data. Based on the latest position submitted as at week ending 1 January, recruitment is reported as follows:

- \* Generic HCA advert placed
- \* 14.33 WTE currently at 'pipeline - conditional or unconditional' stages.
- A Total of 14.33 WTE against the vacancy of 33.21 WTE

## Actions

- \* Interviews during January have produced a significant number of offers towards closing the gap in vacancies.
- \* Interviews run as 'one-stop shops' with identification checks, education tests and checks on the same day.
- \* Any delays in process following interview are being monitored and proactively addressed, e.g. Occupational Health.
- \* Over recruitment to 10% in place and being progressed to ensure there is a flow of staff into vacant posts.
- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* The Workforce Information Team continue to closely review the remaining vacant establishment and inform when advertising is required.
- \* Training offers for staff are being established to support HCSWs in both clinical and educational development.

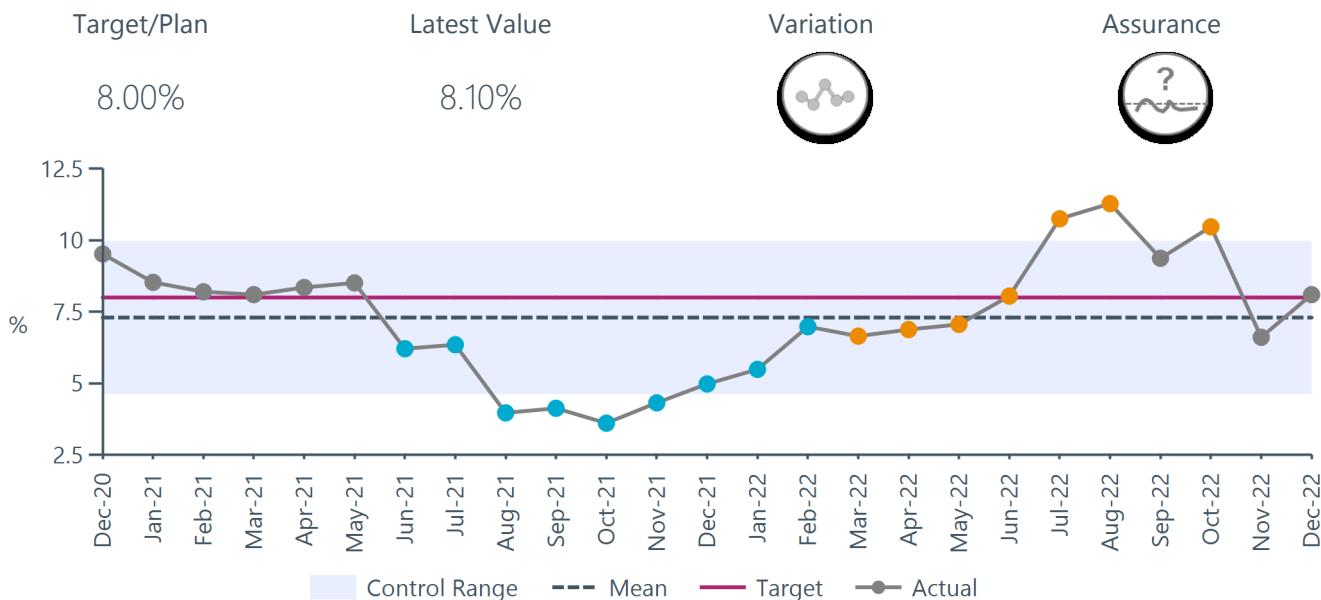
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
15.12%	10.53%	10.08%	9.49%	9.38%	6.06%	6.10%	14.01%	14.46%	13.28%	12.57%	15.63%	15.91%



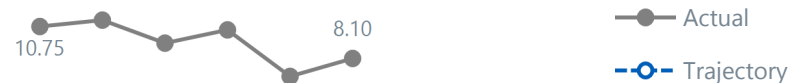
# Allied Health Professionals Vacancy Rate

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

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The vacancy rate for allied health professionals is an additional KPI that has been added this month to give oversight of that staff group in addition to those already reported in the IPR. The vacancy rate at the end of December is reported at 8.10%, just above the 8% target. This equates to 13.94 WTE. These vacancies predominantly sit within the MSK Unit. The roles with the highest WTE vacancies are:

- Physiotherapist - 5.73 WTE vacancy - a vacancy rate of 9.90%
- Operating Department Practitioner - 5.71 WTE - a vacancy rate of 17.78%
- Radiographer - Diagnostic - 4.43 WTE - a vacancy rate of 9.91%

## Actions

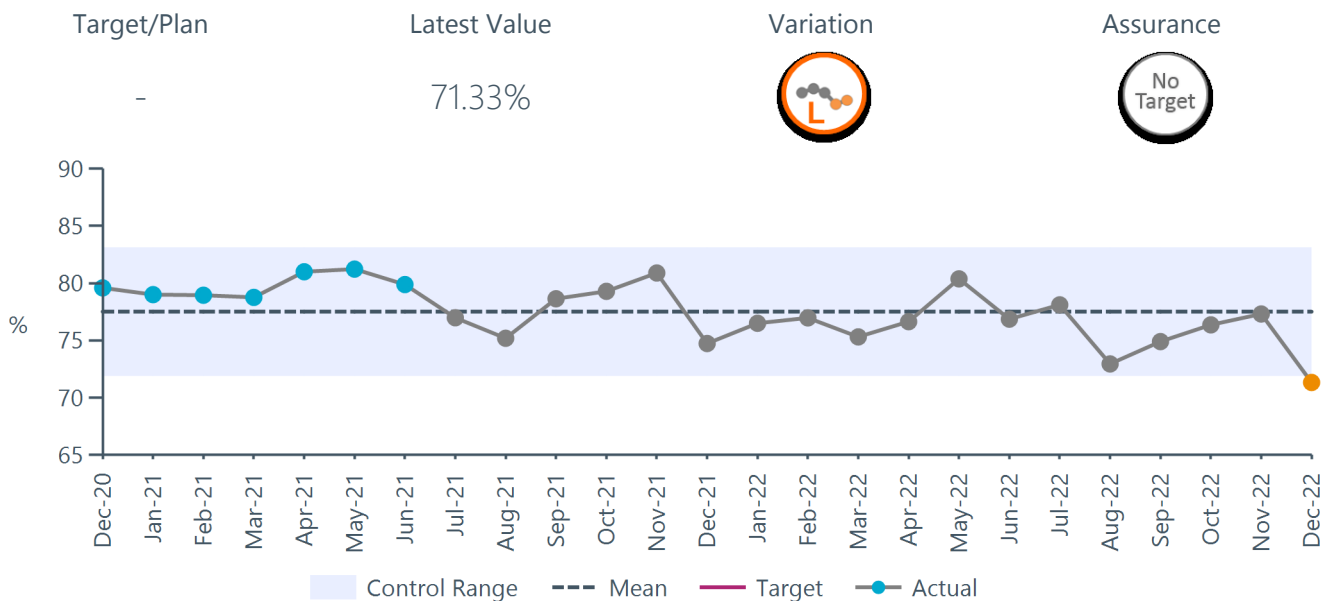
- \* Targeted approach to university and military-leaver recruitment events in January and February.
- \* Adverts for vacancies in place and digital recruitment campaign being expanded to include AHP's
- \* Trust Open Day on 28th January targeting nurses, theatre staff, radiographers and physiotherapists with interviews on the day (one stop shop). Applications both in advance and on the day.
- \* System rotation for operating department practitioners in development, due to be advertised at the end of March.
- \* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Gap analysis against national requirements and standardisation of job descriptions in progress.
- \* Focus on retention; Revised Staff Exit Policy submitted to People Committee by Head of Resources. The earlier identification of staff giving notice is being reviewed with assurance being sought to help address any reasons for leaving that are within our gift. Keeping in Touch conversations to be launched using the principles agreed at People Committee, with drop-in sessions to support managers to embed.
- \* The Workforce Information Team continue to closely review the remaining vacant establishment and inform when advertising is required.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
4.98%	5.49%	6.98%	6.65%	6.88%	7.06%	8.05%	10.75%	11.28%	9.37%	10.47%	6.61%	8.10%

# % Staff Availability

% of Staff available in month 217810

Exec Lead:  
Chief People Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of a concerning nature. Target to be agreed for this new KPI.

## Narrative

This is a new KPI that has been added this month so has been included as an exception to highlight, as well as showing special cause variation of concern. The 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 December, % staff availability was 71.33%. The 28.67% not available is broken down as follows:  
 \* Vacancies - 10.25%  
 \* Planned absence (annual leave, maternity, paternity) - 11.58%  
 \* Unplanned absence (sickness, special leave) - 6.83%

## Actions

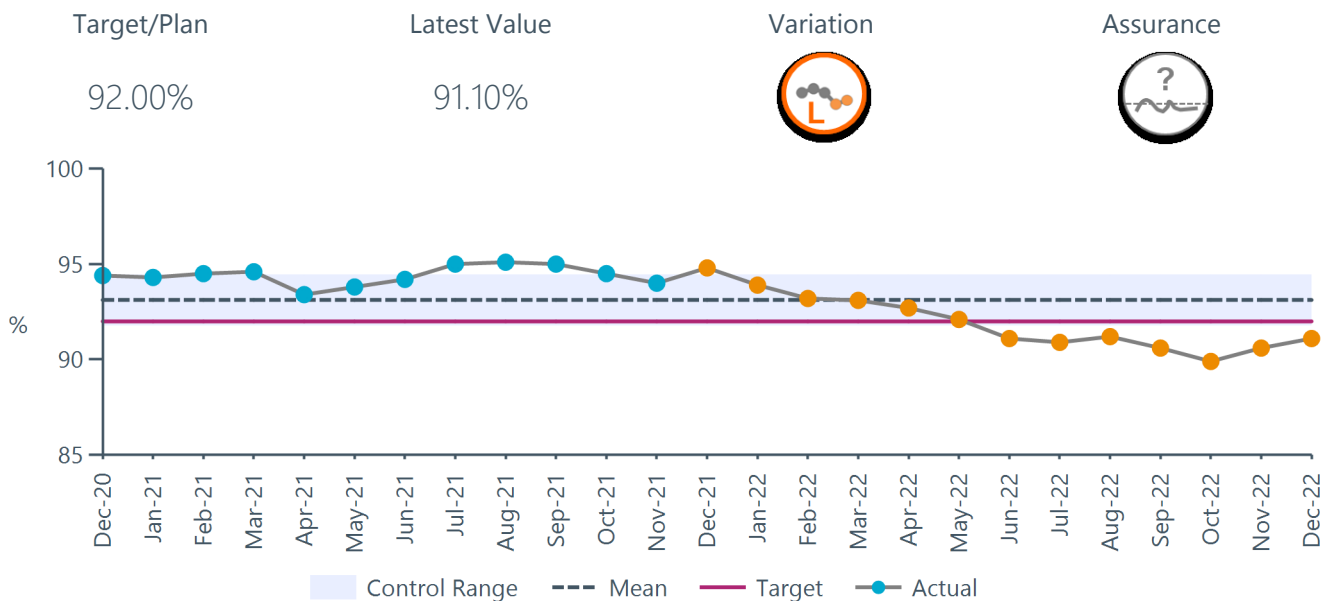
People Committee are asked to consider the appropriate target for this measure. Based on data for this financial year, on average, the % of staff available each month is 76.13%.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
74.73%	76.50%	76.97%	75.31%	76.64%	80.38%	76.86%	78.11%	72.95%	74.90%	76.36%	77.31%	71.33%

# Statutory & Mandatory Training

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

Exec Lead:  
Chief People Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The assurance indicates that this is consistently passing the target as the control range sits above the target line.

## Narrative

The Statutory and Mandatory Training compliance is reported at 91.10% at the end of December; below the 92% target. The subjects below the 92% target are:

- \* Fire Safety - 82.75%
- \* Moving & Handling - 89.29%
- \* Resuscitation Level 2 (BLS) - 77.36%
- \* Safeguarding - Level 3 Vulnerable Adults 63.05%

## Actions

Actions in relation to those subjects below target are:  
 \* Fire Safety - Non-clinical compliance has shown an increase but clinical has declined. The location for future scheduled classes has been moved in order to accommodate increased capacity.  
 \* Safeguarding - Level 3 Vulnerable Adults - this is a subject that formed part of the review to People Committee. Safeguarding team are reviewing whether MCA/DOLS training can contribute to the 8 hours overall.  
 For all subjects reported below compliance, the Learning and Development Team continue to chase and prompt those staff that are outstanding.

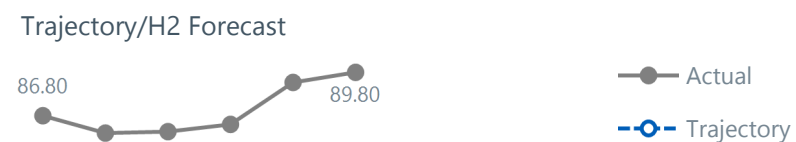
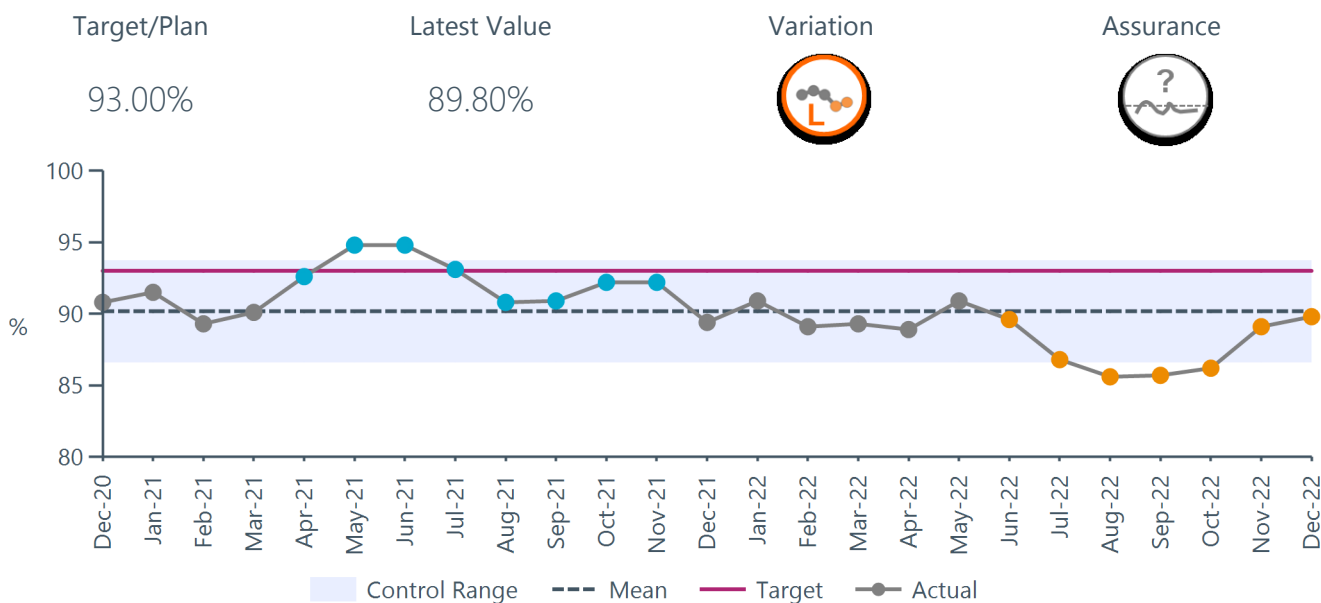
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
94.80%	93.90%	93.20%	93.10%	92.70%	92.10%	91.10%	90.90%	91.20%	90.60%	89.90%	90.60%	91.10%

- Staff - Patients - Finances -

# Personal Development Reviews

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

Exec Lead:  
Chief People Officer



## What these graphs are telling us

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

## Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 89.80% at the end of December. This has been reported below target since August '21. Breakdown below by area:

- MSK Unit - 88.60% - 65 not completed
- Specialist Unit - 91.30% - 31 not completed
- Corporate areas - 90.08% - 39 not completed

## Actions

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

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

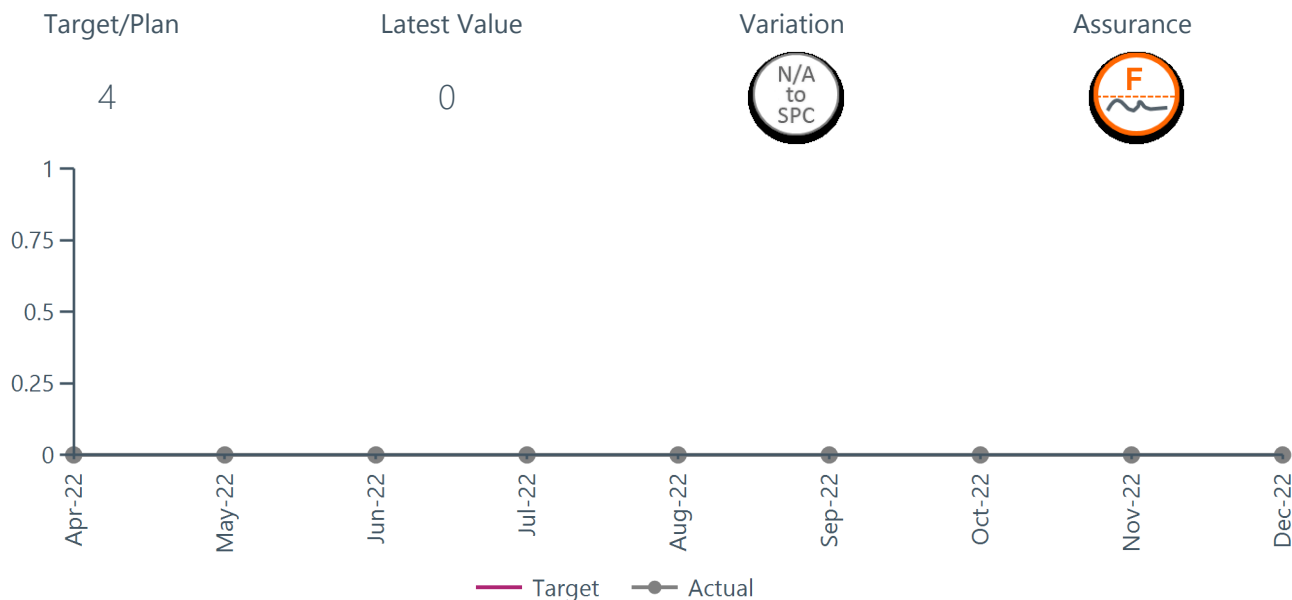
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
89.40%	90.90%	89.10%	89.30%	88.90%	90.90%	89.60%	86.80%	85.60%	85.70%	86.20%	89.10%	89.80%

- Staff - Patients - Finances -

# E-Rostering Level of Attainment

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

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

In order to meet level 1 fully, the following actions are required:

- \* Roles with budgetary responsibilities for e-rostering have had these responsibilities included in job description
- \* E-rostering policy to be reviewed to ensure alignment with national guidance

Once level 1 has been met the Trust should swiftly move into level 2 where the only outstanding stipulations are being progressed:

- \* KPIs to be reported to Trust Board; we currently report four out of six with the remaining two to follow once data fed from job plans

## Actions

Actions outstanding in order to progress to level 1 are:

- \* An assessment of all managers' job descriptions to be progressed by the People Services Team. This has been pushed back for completion to the end of January.
- \* The updated e-Roster policy was taken to the LNC meeting on 8th December where some further refinements to the policy were requested. These have been completed and it will return to LNC on 12th January. Once approved it will then need to go to the People Committee that follows.

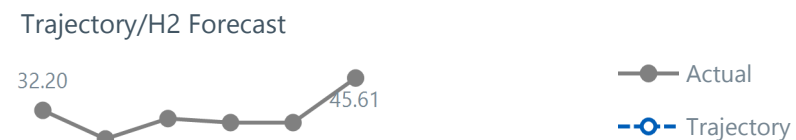
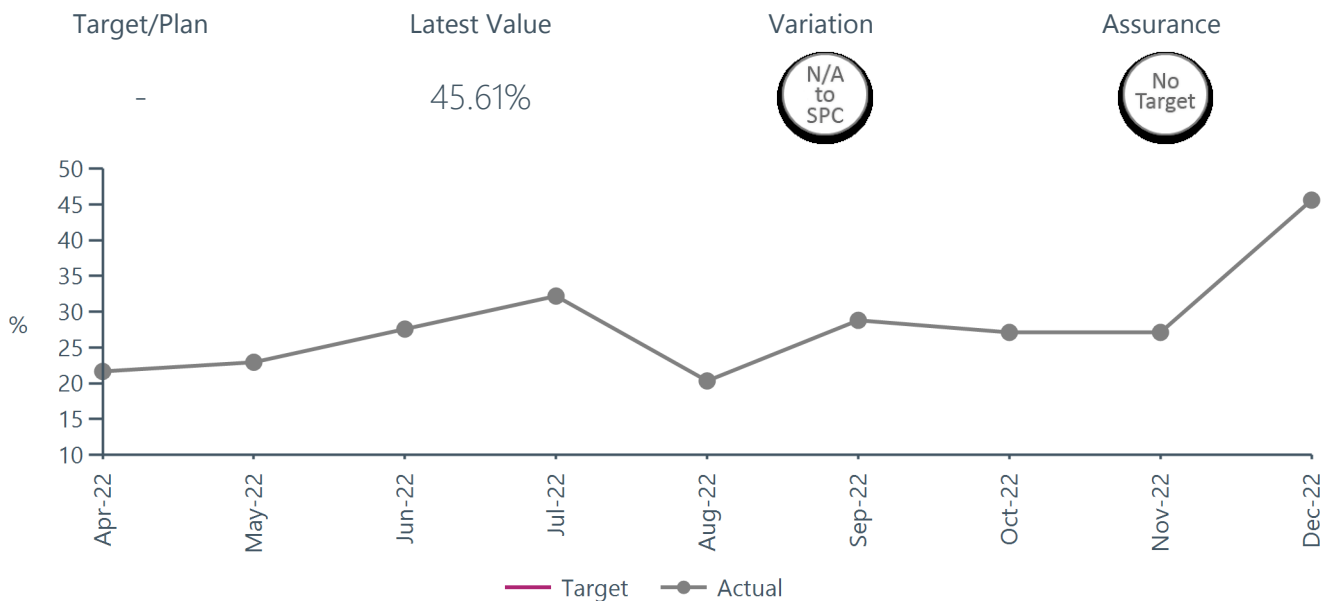
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				0	0	0	0	0	0	0	0	0

- 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



## What these graphs are telling us

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

## Narrative

The data reported against this KPI this month relates to the roster start date of 7th November 2022 and trust-wide 45.61% of e-rosters had been approved ahead of the start date. This is a 18% increase on that reported for the previous roster. A breakdown by unit is provided below:

- \* Corporate Areas - 80.00%
- \* Specialist Unit - 34.78%
- \* MSK Unit - 48.28%

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

## Actions

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

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

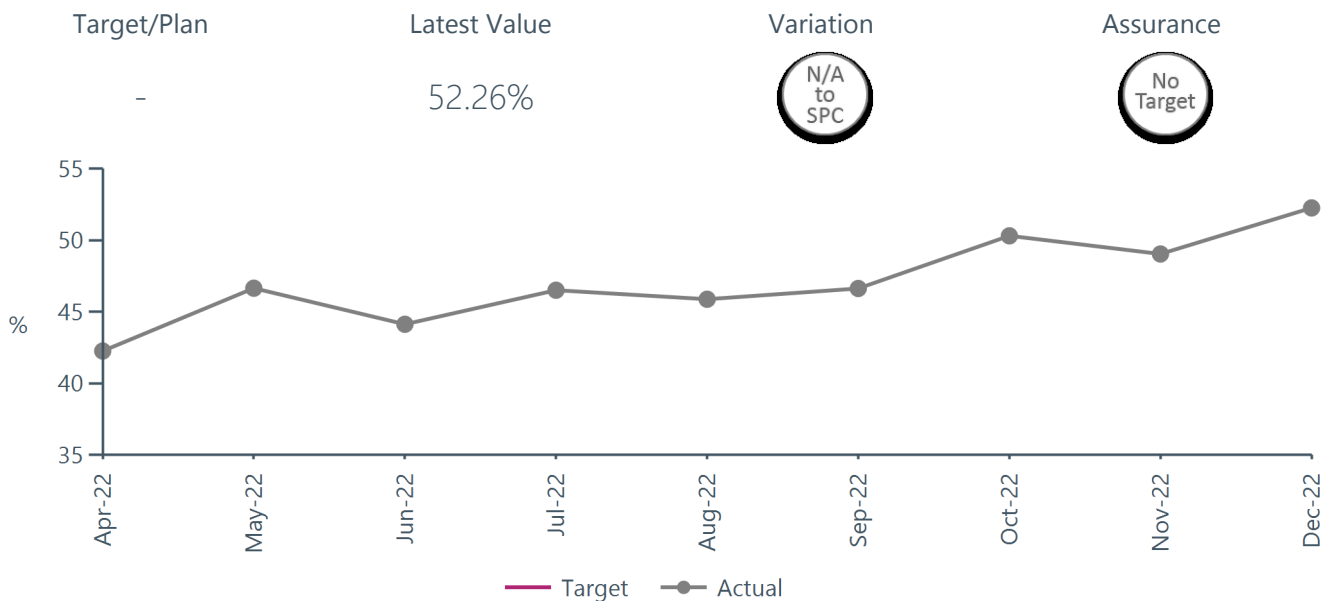
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				21.67%	22.95%	27.59%	32.20%	20.34%	28.81%	27.12%	27.12%	45.61%

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The data reported this month relates to the roster start date of 7th November 2022 and trust-wide 52.26% of shifts were auto-rostered. A breakdown by unit is provided below:

- \* Corporate Areas - 89.08%
- \* MSK Unit - 53.03%
- \* Specialist Unit - 45.92%

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

## Actions

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

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

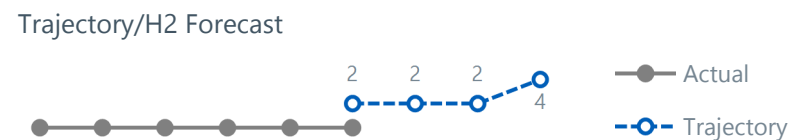
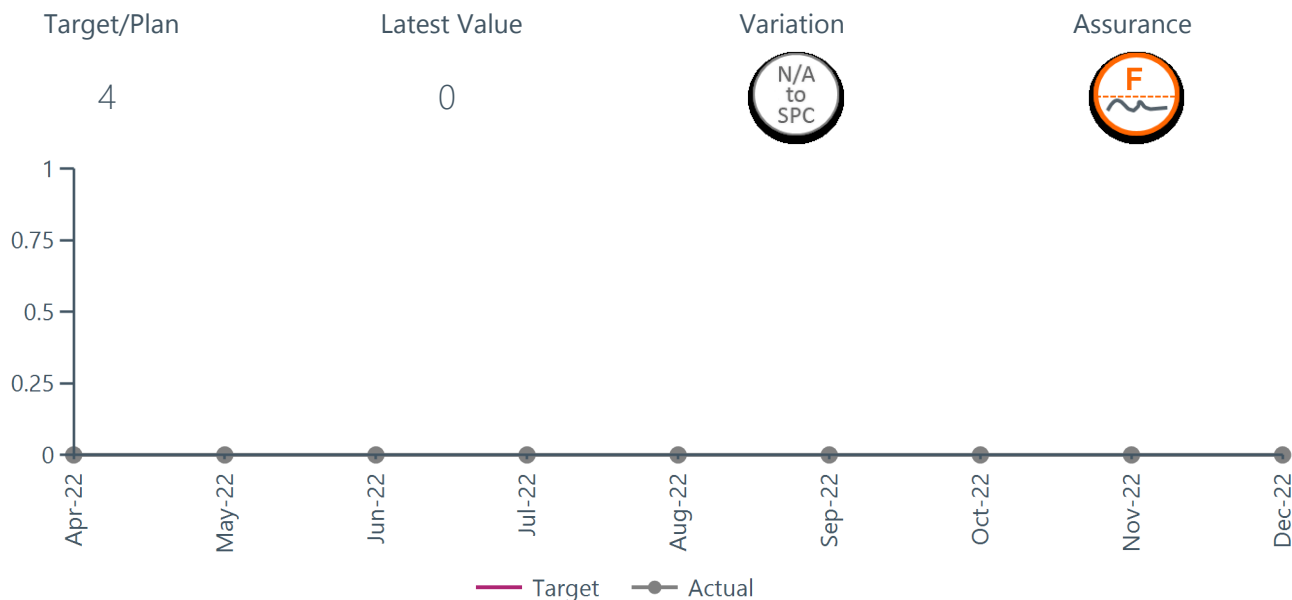
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				42.26%	46.65%	44.13%	46.51%	45.88%	46.63%	50.31%	49.04%	52.26%

- Staff - Patients - Finances -

# E-Job Planning Level of Attainment

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

Exec Lead:  
Chief Medical Officer



## What these graphs are telling us

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

## Narrative

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

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

The outstanding points to meet level 2 are:

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

As assessment of when the attainment levels will be achieved has been carried out and it is now anticipated that the Trust will be meeting level 1 by the end of quarter 4.

## 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 was taken to the LNC meeting on 8th December where some further refinements to the policy were requested. These have been completed and it will return to LNC on 12th January. Once approved it will then need to go to the People Committee that follows.
- An assessment of all managers' job descriptions to be progressed by the People Services Team. This has been pushed back for completion to the end of January.
- The number of job plans anticipated for sign off through Consistency Committees in December did not occur. Those job plans ready for approval will now go to the committees in January and February. As at 10th January, 10 job plans were awaiting 2nd sign off, 2 job plans ready for 3rd sign off.
- Ensure individual e-job plans have adequate time allocated to achieve the job planning scheduled timelines; this has now been quantified and will reflect in the next round of job planning.
- Each recorded activity details the agreed average output per session and established activity tariffs are made available for team job plans; aim for completion by end of quarter 4. A template for collation of this is included in the E-Job Planning Policy.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				0	0	0	0	0	0	0	0	0

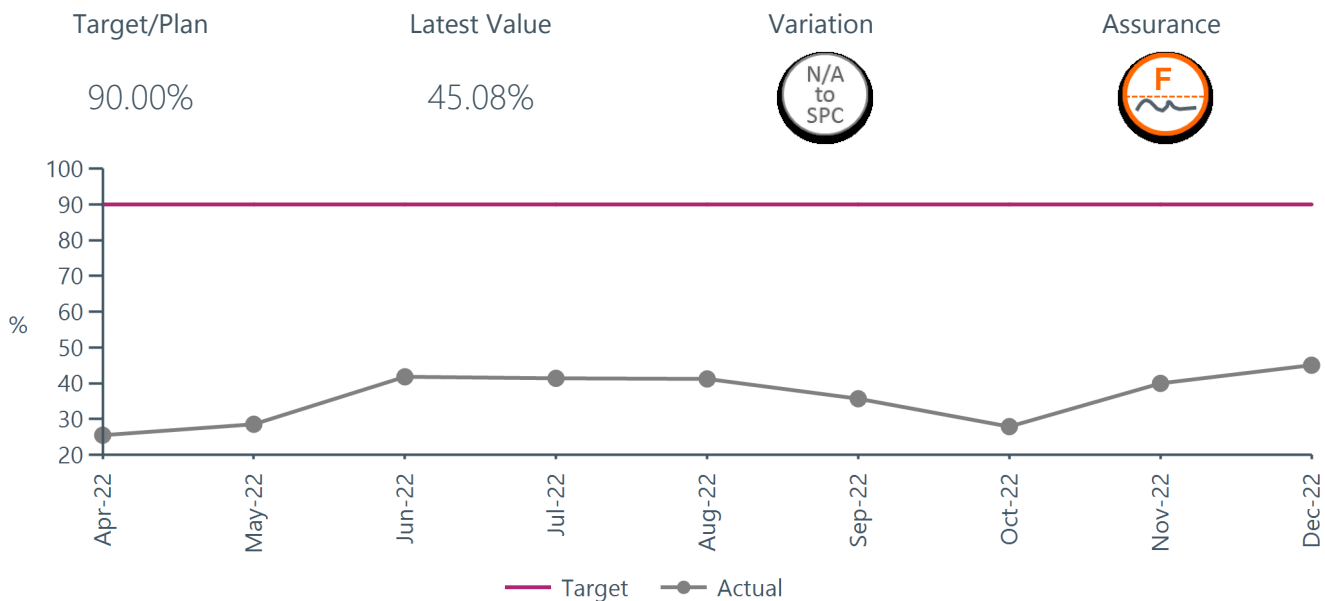
- Staff - Patients - Finances -



# 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

This KPI 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 December, the Trust is reporting this measure at 45.08%; a 5% increase. Breakdown as follows:

- \* Consultants - 95 job plans with 44 signed off within last 12 months - 46.32%
- \* AHPs - 24 job plans with 8 signed off within last 12 months - 33.33%
- \* Specialist Nurses - 3 jobs plans with all signed off within last 12 months - 100%

## Actions

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

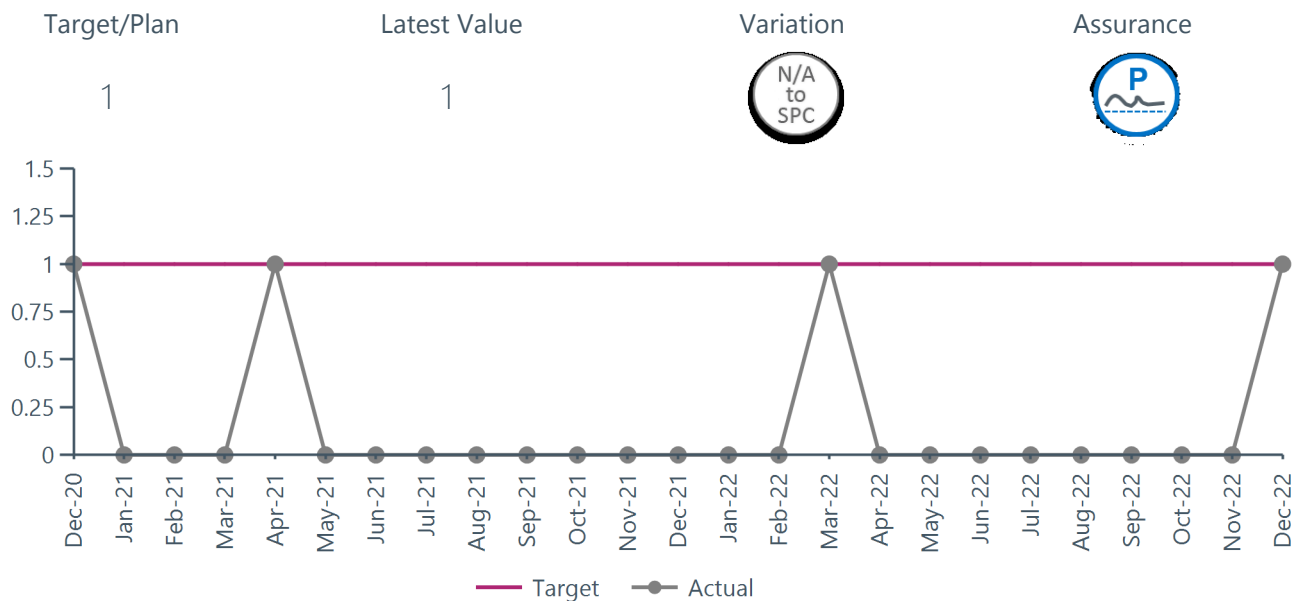
The number of job plans anticipated for sign off through Consistency Committees in December did not occur. Those job plans ready for approval will now go to the committees in January and February. As at 10th January, 10 job plans were awaiting 2nd sign off, 2 job plans ready for 3rd sign off.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				25.51%	28.57%	41.84%	41.41%	41.24%	35.71%	27.91%	40.00%	45.08%

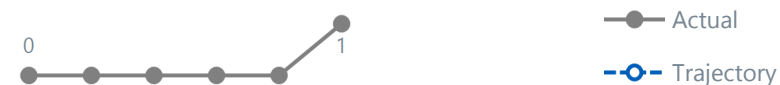
# Patient Falls (With Moderate or Severe Harm)

Number of patients falls with moderate or severe harm. 215252

Exec Lead:  
Chief Nurse and Patient Safety Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

This measure is not appropriate to display as SPC. Based on data reported for the past three months, the assurance is indicating that the target is consistently being met.

## Narrative

There was one fall in December that resulted in moderate harm.

## Actions

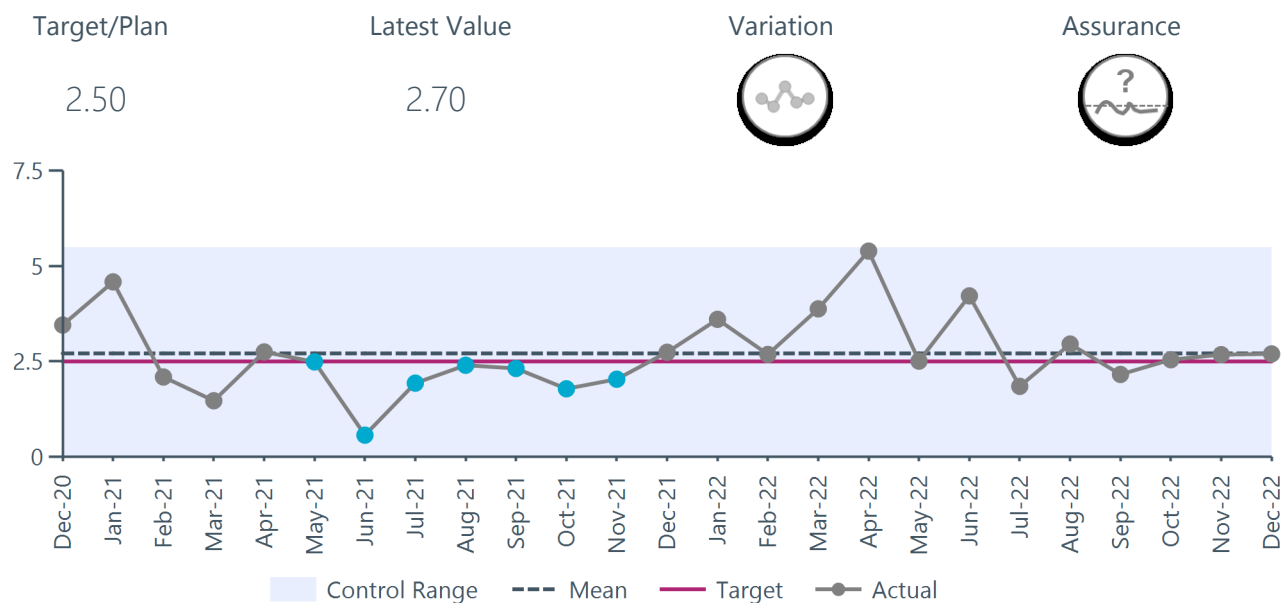
A review of this incident has taken place and the fall has been categorised as unavoidable. Although a moderate harm to the patient due to a return to theatre, there were no omissions or lapses in care. A falls risk assessment was in place and appropriate mitigations in place.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
0	0	0	1	0	0	0	0	0	0	0	0	1

- Staff - **Patients** - Finances -

# Inpatient Ward Falls Per 1,000 Bed Days

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



Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

There were 2.70 inpatient falls per 1000 bed days reported in December. This measure has now exceeded the 2.5 target for three consecutive months so is included as an exception.

There were ten inpatient falls reported in December (with one further fall reported within outpatients). Ten falls were deemed to be low level harm with one classified as moderate harm (as per previous indicator).

## Actions

The Trust has adopted a national driven improvement recommendation to use a colour-coded identifier for patients deemed at risk of falls. This has been adopted across all wards.

The Governance department continues to review themes and trends with monitoring through the Patient Harms Group.

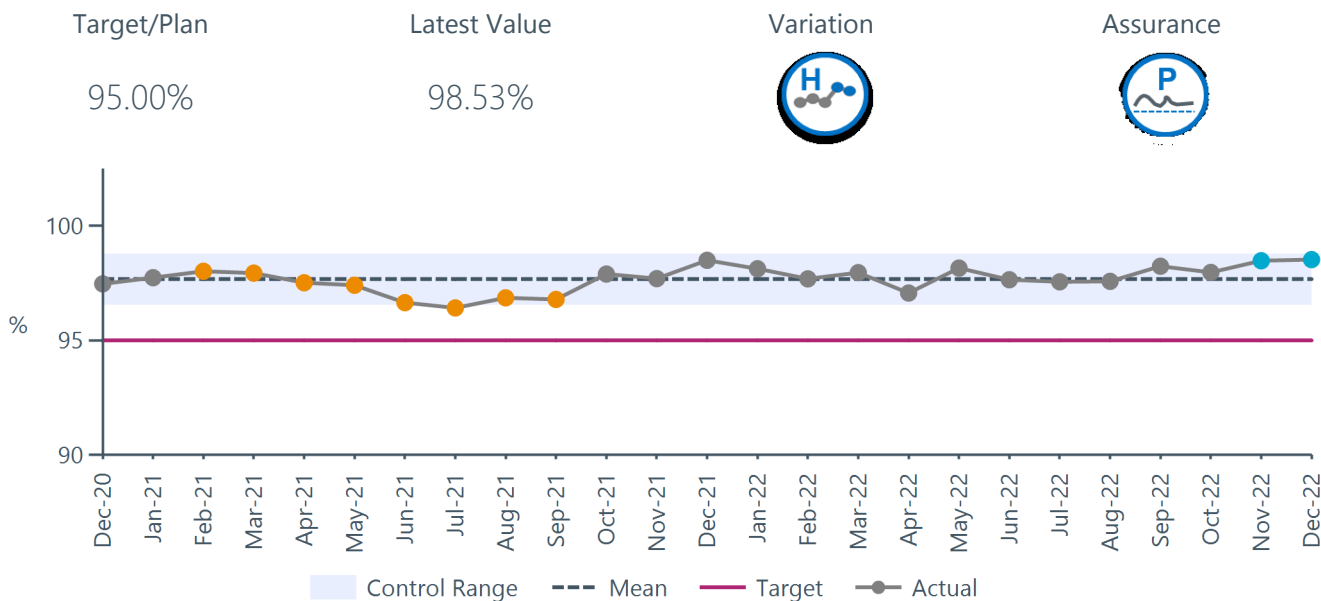
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2.74	3.61	2.69	3.88	5.39	2.51	4.22	1.85	2.96	2.16	2.55	2.68	2.70

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

This measure is showing special cause variation of an improving nature, as well as consistently meeting the 95% target. The following areas recorded 100% recommendations in December; Clwyd Ward, Gladstone Ward, Sheldon Ward, Kenyon Ward, Recovery, Oswald Ward, Montgomery Unit, MCSI Outpatients, ORLAU and Childrens' Outpatients.

## Actions

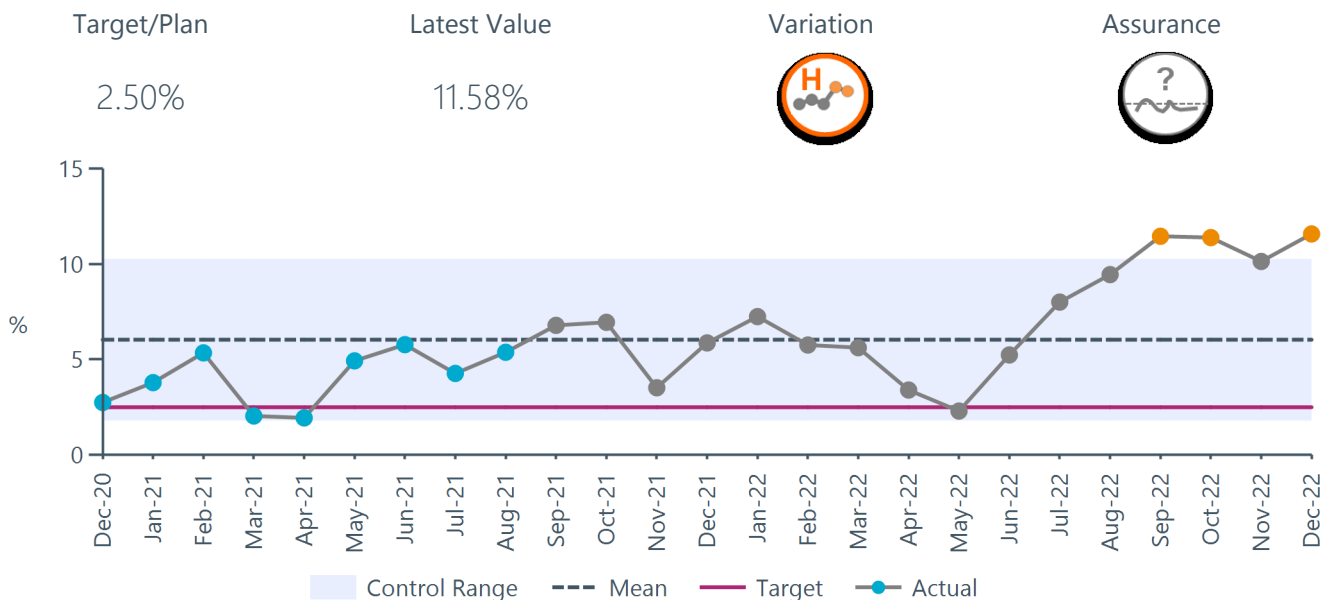
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
98.50%	98.13%	97.69%	97.96%	97.07%	98.16%	97.65%	97.56%	97.58%	98.24%	97.97%	98.48%	98.53%

- Staff - **Patients** - Finances -

# % Delayed Discharge Rate

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The Delayed Discharge rate is reported at 11.58% for December and is reported as special cause variation of concern. The total delayed days for December is 437 days with a breakdown as follows:

- 17 spinal injuries patients amounting to 271 days - attributed to following organisations - Birmingham, Stoke on Trent, Worcestershire, Solihull, Warwickshire, Walsall, Dudley, Wales, Shropshire
- 13 care of the elderly patients with 147 delayed days - attributed to Shropshire & Wales
- 1 T&O patient delayed for 19 days - attributable to Shropshire

In December some patients have been delays across multiple wards but for the purpose of this breakdown, they are allocated to the ward where they first became a delay.

It is anticipated that the January data will remain high following the system-support provided with the transfer of patients from neighbouring site.

## Actions

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

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

- \* Implementation of criteria led discharge on Sheldon ward; for completion in quarter 4
- \* Standardisation of documentation related to discharge; for completion in quarter 4
- \* Embed Datix reporting for every DTOC in the Trust to monitor associated harm to patients

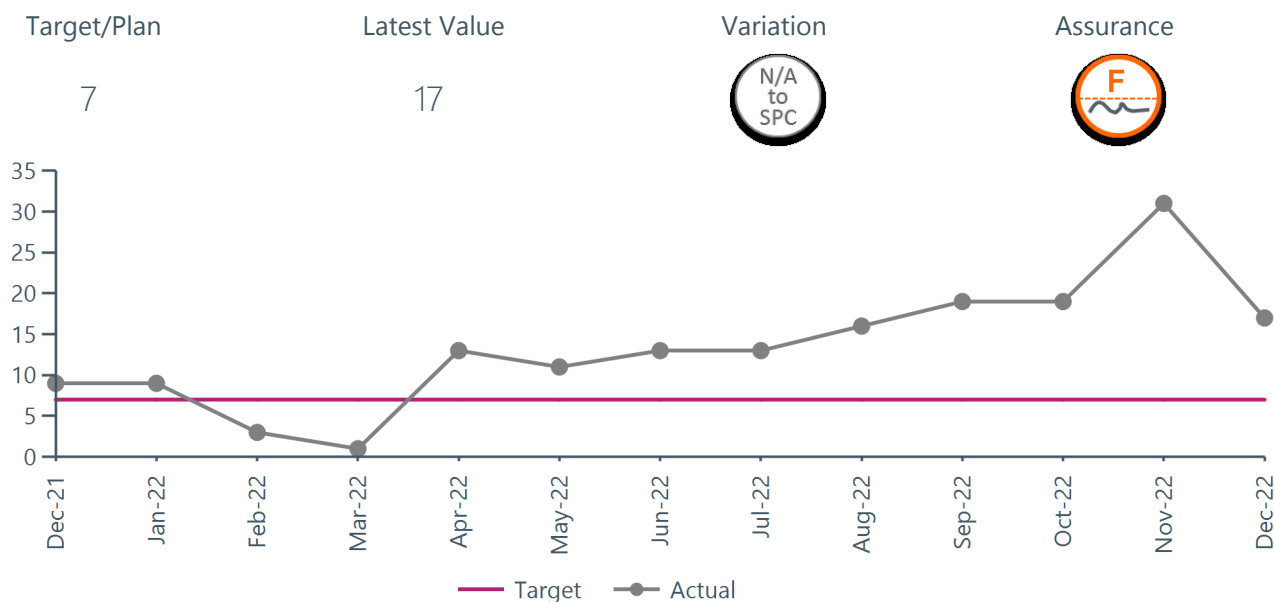
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
5.87%	7.25%	5.76%	5.62%	3.40%	2.30%	5.24%	8.01%	9.45%	11.46%	11.39%	10.14%	11.58%

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

As at 31st December there were 17 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

## Actions

During December we saw a significant reduction in patients awaiting MCSI admissions. Further improvements are expected in January with an agreed Trust position that staffing will be prioritised to enable MCSI to return to their full bed base including the re-opening of the 4 MCSI at Sheldon beds. Pending new additions remaining steady, we expect to be below the benchmark at the end of January.

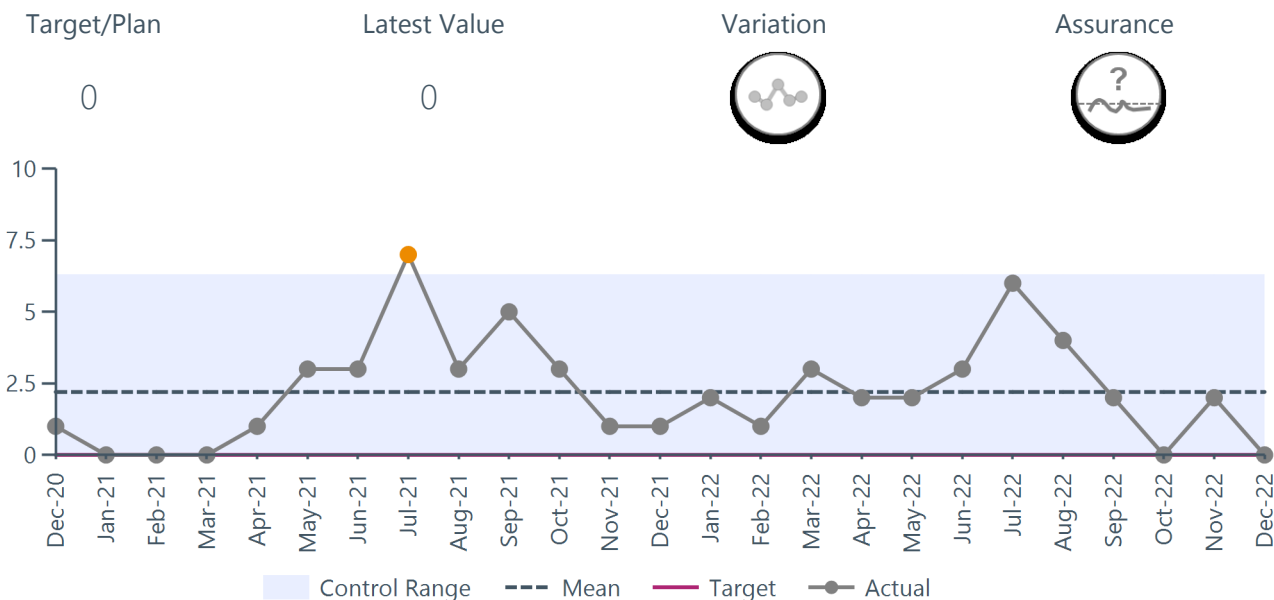
As per previous indicator, work to reduce delays will create capacity that allows these patients to be admitted.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
9	9	3	1	13	11	13	13	16	19	19	31	17

# Surgical Site Infections

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

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

In the latest twelve month period, covering January-22 to December-22, there have been 27 surgical site infections. There were two additional infections confirmed in December, both relating to procedures that took place in November-22. A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

As at 3rd January there were three post infection reviews outstanding all with dates booked for completion.

## Actions

- Actions in this area are:
- MSSA decolonisation of all patients has commenced from 21st November
  - A review of theatre cleanliness and equipment cleanliness has been completed
  - The frequency of IPC Quality walks moved from 6 to 3 months
  - Equipment props now included as specific question on theatre environmental IPC audit
  - One Together Audit to be repeated week commencing 16th January

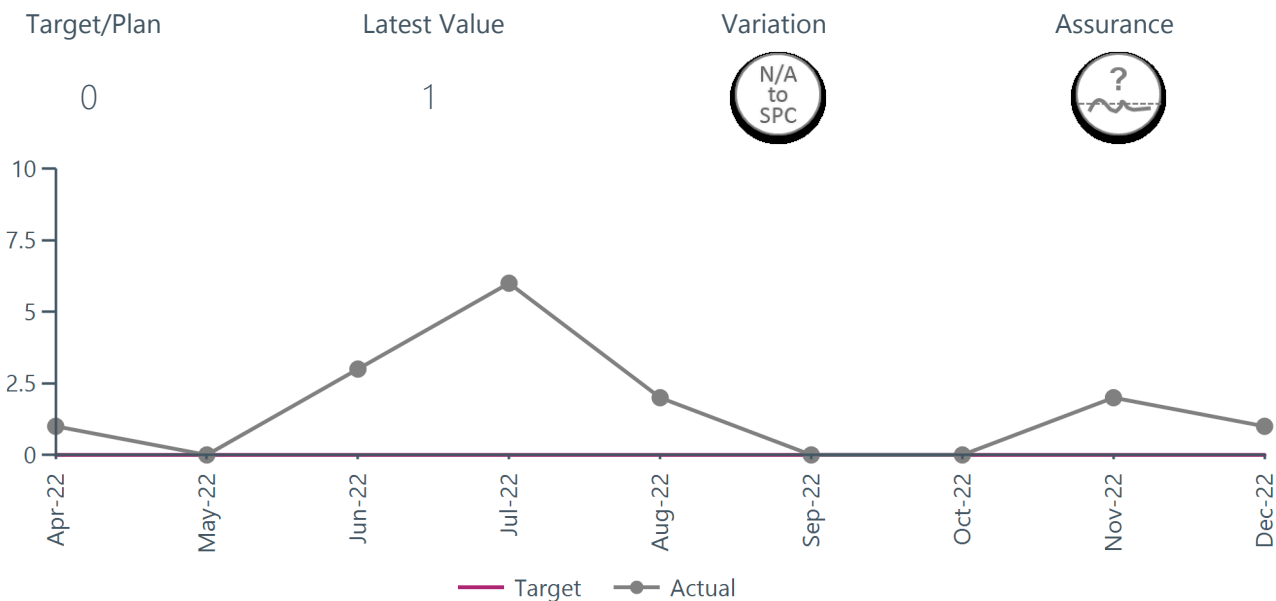
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1	2	1	3	2	2	3	6	4	2	0	2	0

- Staff - **Patients** - Finances -

# Outbreaks

Number of declared outbreaks in month 217806

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

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

## Narrative

There was one Covid outbreak declared on Sheldon Ward in December that involved four patients and three staff. This has now been formally closed.

Please note; the November data has been updated. It was previously reported as zero but has now been updated to include two covid outbreaks that were reported on Kenyon and Sheldon wards.

## Actions

The findings from this outbreak have indicated the requirement for estates work to take place on Sheldon ward. This was scheduled for mid-January as patients were going to be transferred to Kenyon ward whilst the work took place. This is now subject to change following the system instruction to provide support with beds on Kenyon ward.

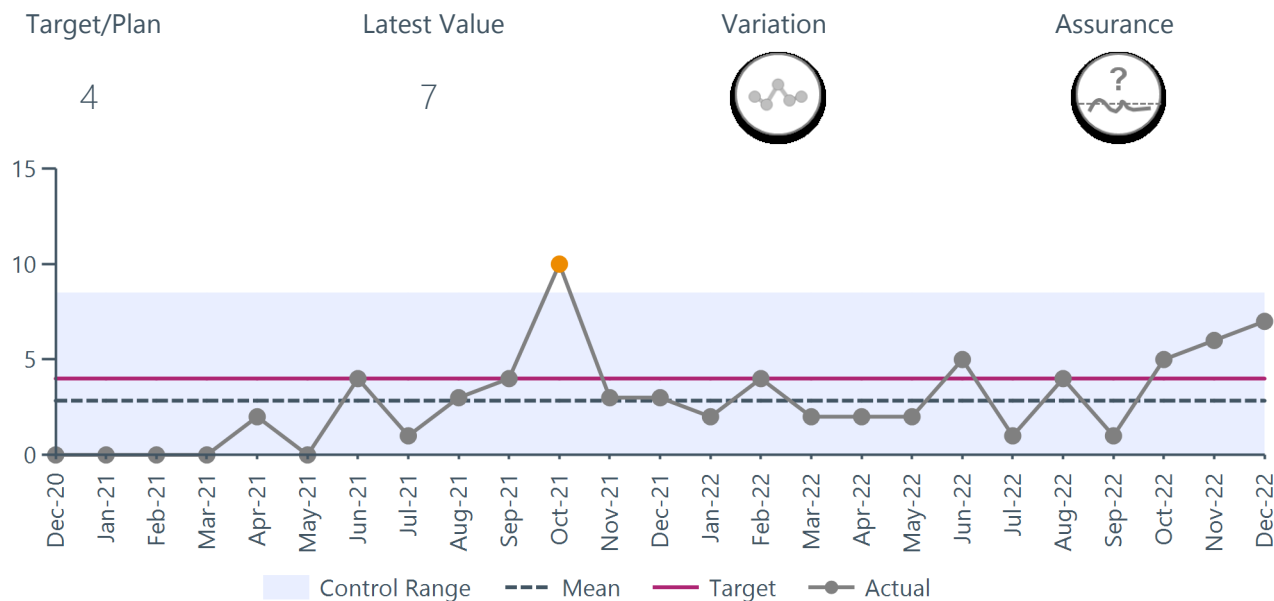
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				1	0	3	6	2	0	0	2	1
				- Staff	- Patients	- Finances						



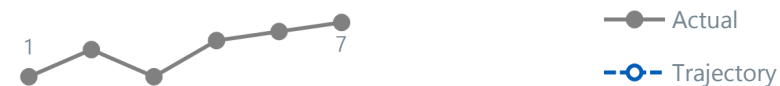
# RJAH Acquired VTE (DVT or PE)

Number of RJAH acquired DVT or PE within 90 days of surgery 211156

Exec Lead:  
Chief Medical Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

There were seven RJAH Acquired VTE reported in December. This measure has now exceeded the tolerance of seven for three consecutive months so is included as an exception.

## Actions

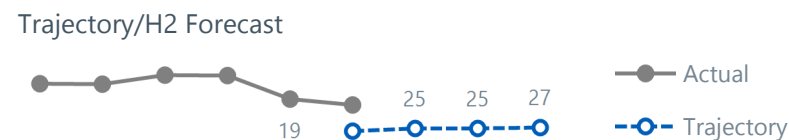
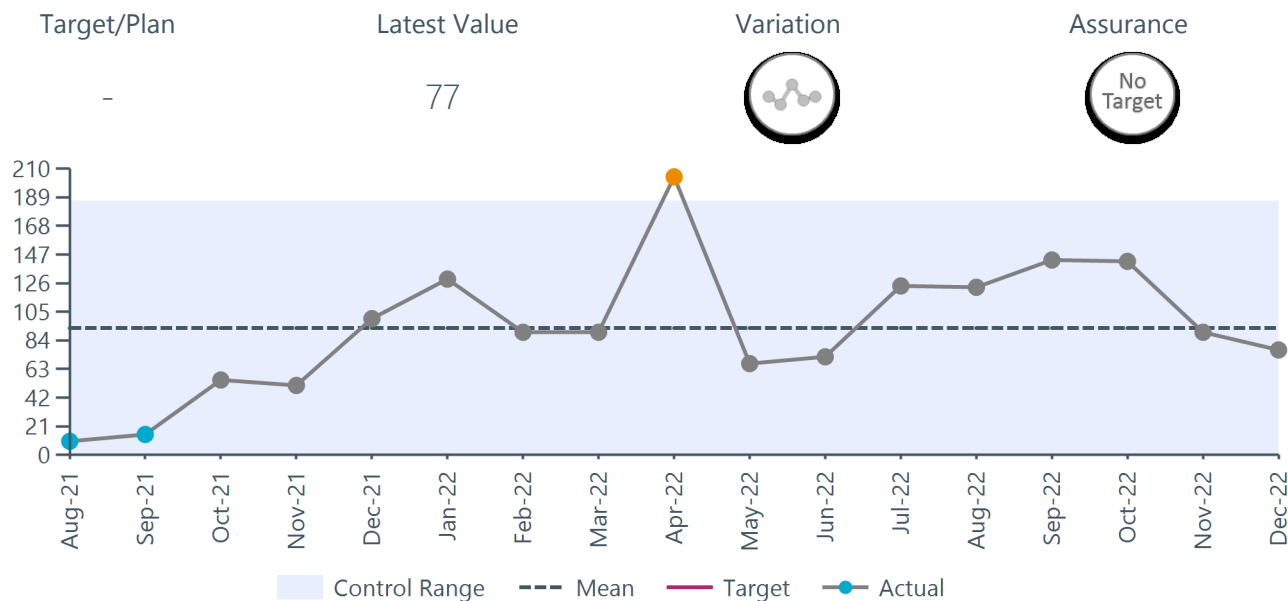
Members of the VTE committee are reviewing all patients who have acquired VTE in the last 6 months, looking for common themes. The VTE rates are also being compared with activity levels. The summary of the reviews will be presented at Q&S.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
3	2	4	2	2	2	5	1	4	1	5	6	7

# Volume of Theatre Cancellations

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

Responsible Unit:  
MSK Unit



## What these graphs are telling us

Metric is experiencing common cause variation.

## Narrative

A change has been made this month where we will now report the volume of patients who have their procedure cancelled, both on the day and within seven days of the patients' surgery date within this one KPI. Narrative will also pay reference to 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.

In December there were a total of 77 theatre cancellations:

- 24 on the day; 7 reportable and 17 non-reportable. Reasons were Surgeon/Anaesthetist ill (4), Lack of time (3), Medically unfit (9), DNA (4), Surgery not required (2), Patient declined (1), Further Investigations Required (1)
- 53 in the seven days prior to the TCI date. Reasons were Staffing - Sickness (22), Patient Medical Cancellation (12), Staffing - Shortfall (8), Emergency Case required (8), Other Operational Issue (1), Patient Initiated Delay (1), Decision not to treat (1)

Of these cancellations, one patient was not rebooked within 28 days. The reason for the breach is outlined below:

- Patient was cancelled on the day due to spinal emergency. There were no patients to displace to accommodate rebooking within 28 days, as per consultant instruction.

## Actions

Cancellations reviewed by operational managers. Cancellations escalated for agreement by MDs/COO. Actions to reduce cancellations include:

- Daily process in place for theatre session scheduling to optimise patient booking;
- Monthly review of cancellations with improvement opportunities implemented.

Potential breaches to the 28-day rebooking standard are escalated to the Ops Team to secure required capacity.

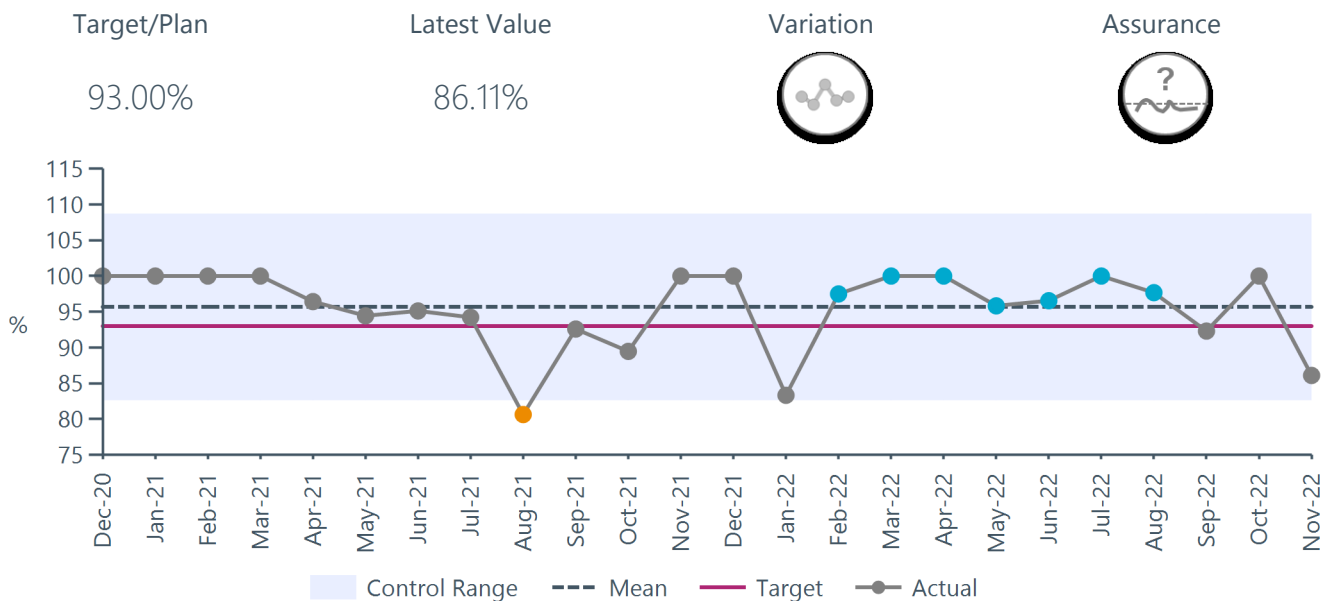
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
100	129	90	90	204	67	72	124	123	143	142	90	77

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The Cancer Two Week Wait standard is reported below the 93% target at 86.11% in November; reported one month in arrears. There were 36 patients reported against this standard but 5 were breaches with a breakdown as follows:

- Outpatient/Imaging capacity issue (3)
- Patient choice (1)
- Patient unable to attend due to Covid (1)

## Actions

Conversations between consultants, booking team and service manager are being held to ensure the Trust is maximising capacity at MS1 phase; we are aware that due to increasing referral numbers, capacity is stretched both within Montgomery and in the radiology department. For patients who choose to delay their Outpatient appointment, we must allow patient choice and ultimately must accept these breaches. Similarly, in the case of patient sickness (Covid) the breach is inevitable.

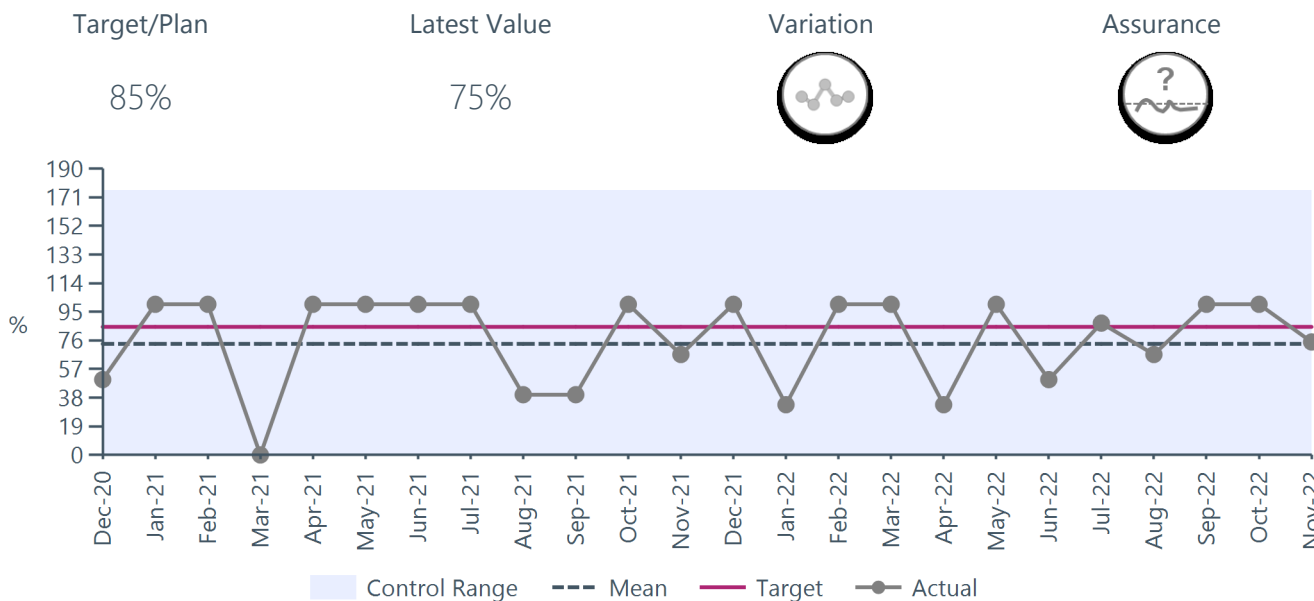
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
100.00%	83.33%	97.50%	100.00%	100.00%	95.83%	96.55%	100.00%	97.67%	92.31%	100.00%	86.11%	

- Staff - Patients - Finances -

# Cancer Plan 62 Days Standard (Tumour)\*

% of cancer patients treated within 62 days of referral (\*Reported one month in arrears) 211045

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The Cancer 62 Days Standard is reported below the 85% target at 75.0% in November; reported one month in arrears. There was one shared breach with another Trust where reasons for delay were associated with the complexity of the pathway.

## Actions

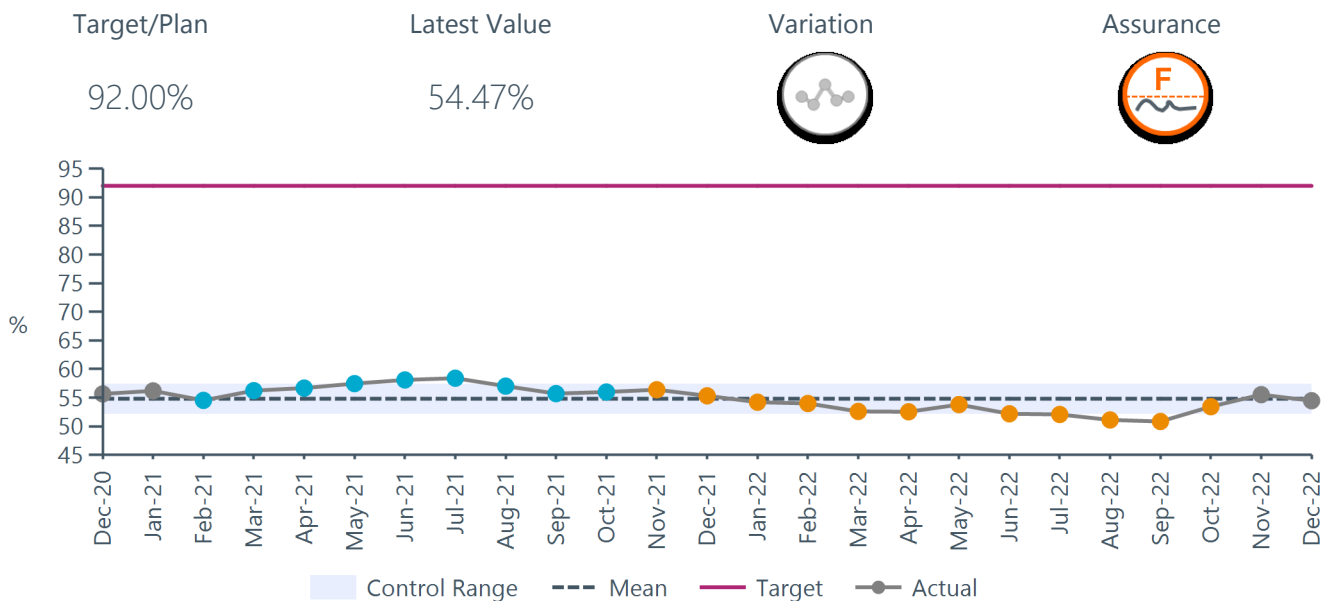
As this breach was attributed to complexity, there are no specific actions.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
100.00%	33.33%	100.00%	100.00%	33.33%	100.00%	50.00%	87.50%	66.67%	100.00%	100.00%	75.00%	

# 18 Weeks RTT Open Pathways

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Our December performance was 54.47% 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 - 8446 patients waiting of which 2194 are breaches
- \* MS2 - 1522 patients waiting of which 1052 are breaches
- \* MS3 - 4797 patients waiting of which 3476 are breaches

2022/23 operational planning guidance stipulates that Trusts should:

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

## Actions

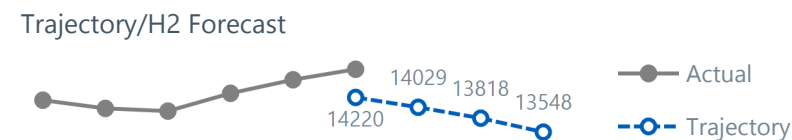
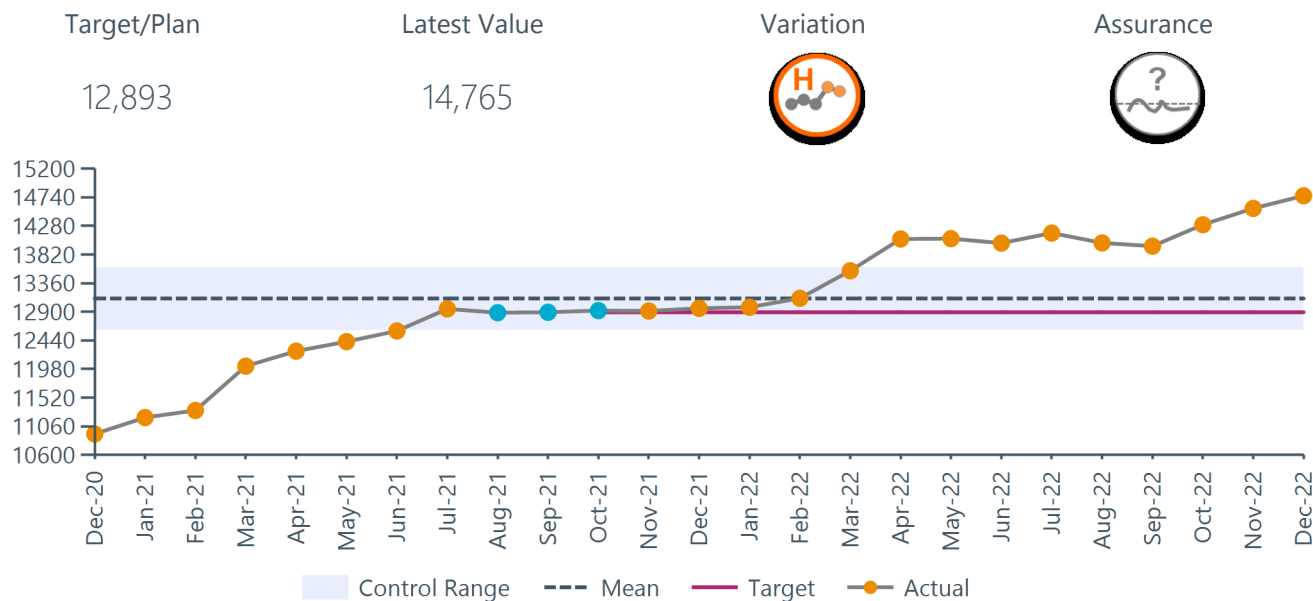
The Operational Team is leading on revised demand and capacity assumptions to inform future planning and future waiting list management. Further detail provided against the list size and weeks waits KPIs.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
55.33%	54.21%	53.99%	52.60%	52.54%	53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%	54.47%

# English List Size

Number of English patients currently waiting 215282

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

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

## Narrative

The number of English patients waiting at the end of December is reported at 14765; above our anticipated trajectory figure of 14220. Analysis of list size over the past six months indicates the following sub-specialties have seen the largest growth:

- Metabolic Medicine has increased by 479, rising from 2110 to 2589
- SOOS has increased by 376, rising from 1125 to 1501

Areas with the greatest decrease have been:

- Spinal Disorders has decreased by 344, reducing from 2614 to 2270
- Physiotherapy has decreased by 217, reducing from 668 to 451

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

2022/23 operational planning guidance stipulates that Trusts should:

- \* Eliminate waits of over 104 by July 2022
- \* Eliminate waits of over 78 weeks by April 2023

## Actions

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

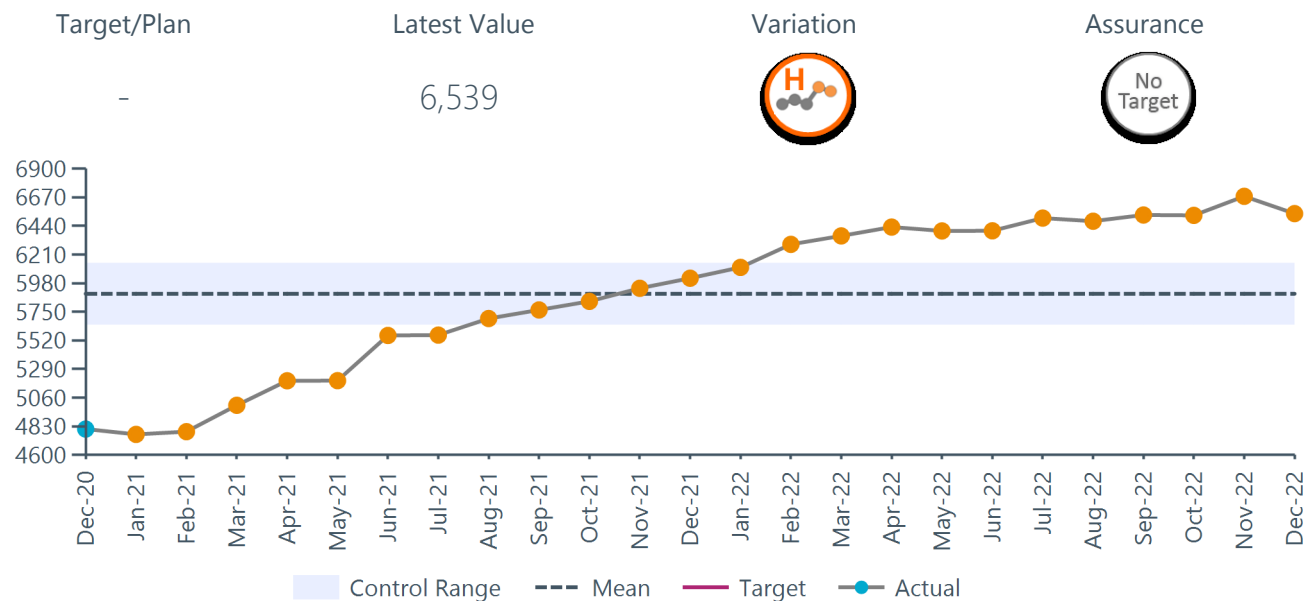
SOOS has been successful in getting ERF support and have a backlog management plan. This includes additional hours where recruitment for fixed terms posts will take place.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
12956	12974	13117	13560	14070	14076	14004	14166	14007	13955	14300	14562	14765

# Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

The number of Welsh patients waiting at the end of December is reported at 6539. 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 138 patients over the past six months; rising from 910 to 1048
- Arthroplasty has decreased by 55 patients over the past six months; reducing from 1013 to 958

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

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

## Actions

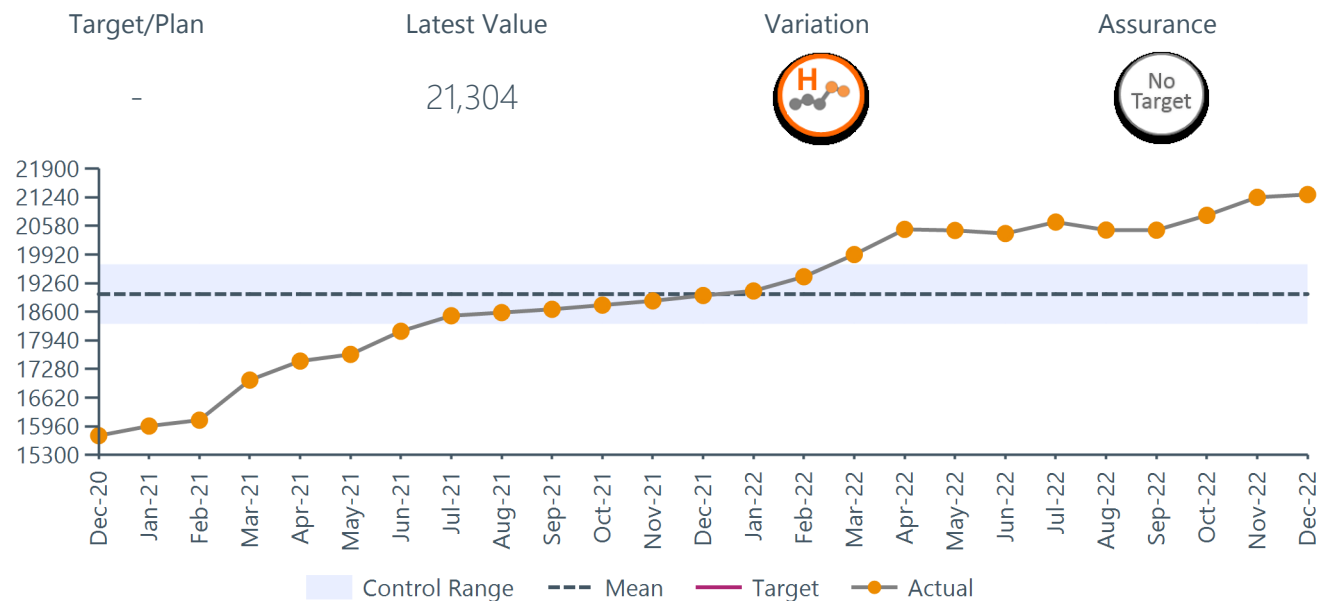
The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. The Operational Team is leading on revised demand and capacity assumptions to inform future planning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

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
6020	6107	6292	6360	6431	6400	6401	6503	6478	6528	6525	6678	6539

# Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

The total volume of patients waiting at the end of December is 21304; 14765 are English patients and 6539 Welsh patients. The sub-specialties with the highest volume of patients are:

- Spinal Disorders - 4178 / 19.61%
- Arthroplasty - 3887 / 18.25%
- Metabolic Medicine - 3637 / 17.07%

Metabolic Medicine has seen an increase across all commissioners, whilst SOOS has increased within the English list size as an English commissioned service. Spinal Disorders has shown the greatest improvement in line with NHSE focus in this area.

2022/23 operational planning guidance stipulates that Trusts should:

- \* Eliminate waits of over 104 by July 2022
- \* Eliminate waits of over 78 weeks by April 2023
- \* Develop plans to reduce 52 week waits

## Actions

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

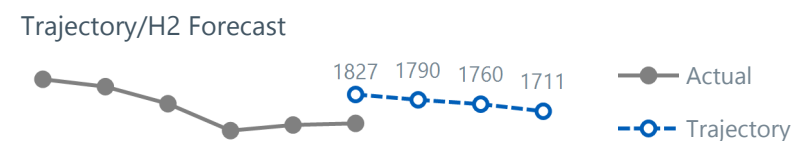
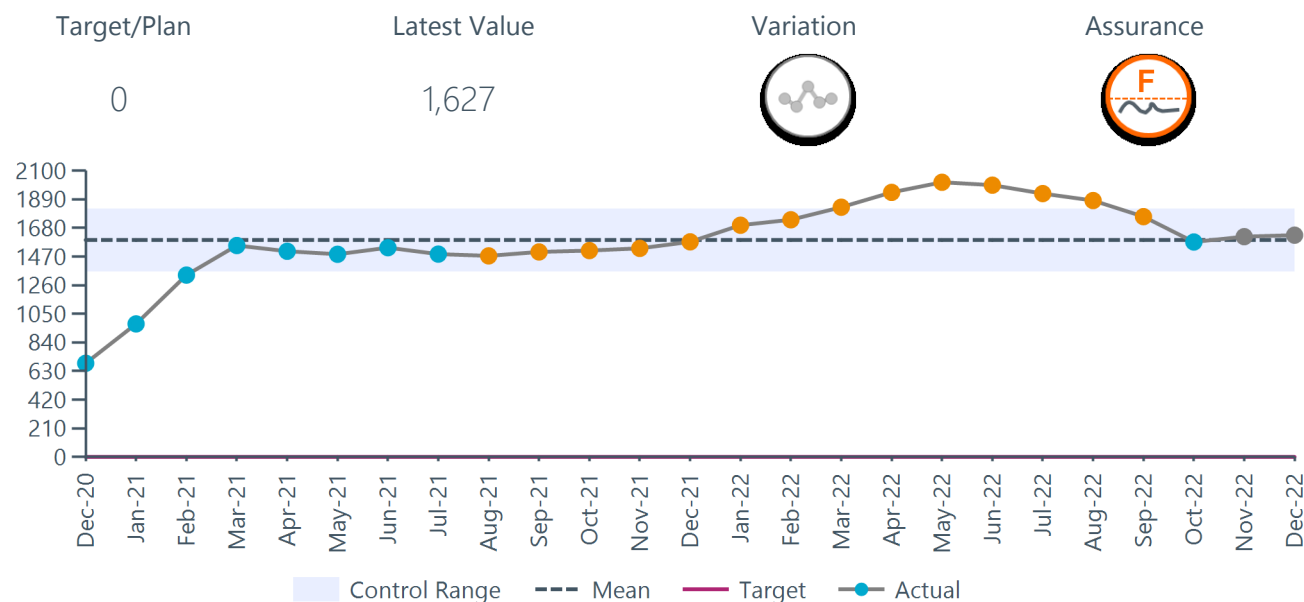
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
18976	19081	19409	19920	20501	20476	20405	20669	20485	20483	20825	21240	21304



# Patients Waiting Over 52 Weeks – English

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

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

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

## Narrative

At the end of December there were 1627 English patients waiting over 52 weeks; below our trajectory figure of 1827 by 200. The patients are under the care of the following sub-specialities; Spinal Disorders (603), Arthroplasty (378), Knee & Sports Injuries (295), Upper Limb (147), Foot & Ankle (128), Spinal Injuries (30), Paediatric Orthopaedics (18), Neurology (9), Tumour (5), Metabolic Medicine (4), Rheumatology (3), Paediatric Medicine (2), Orthotics (2) and SOOS GPSI (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1250 patients
- >78 to <=95 weeks - 286 patients
- >95 to <=104 weeks - 73 patients
- >104 weeks - 18 patients

2022/23 operational planning 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

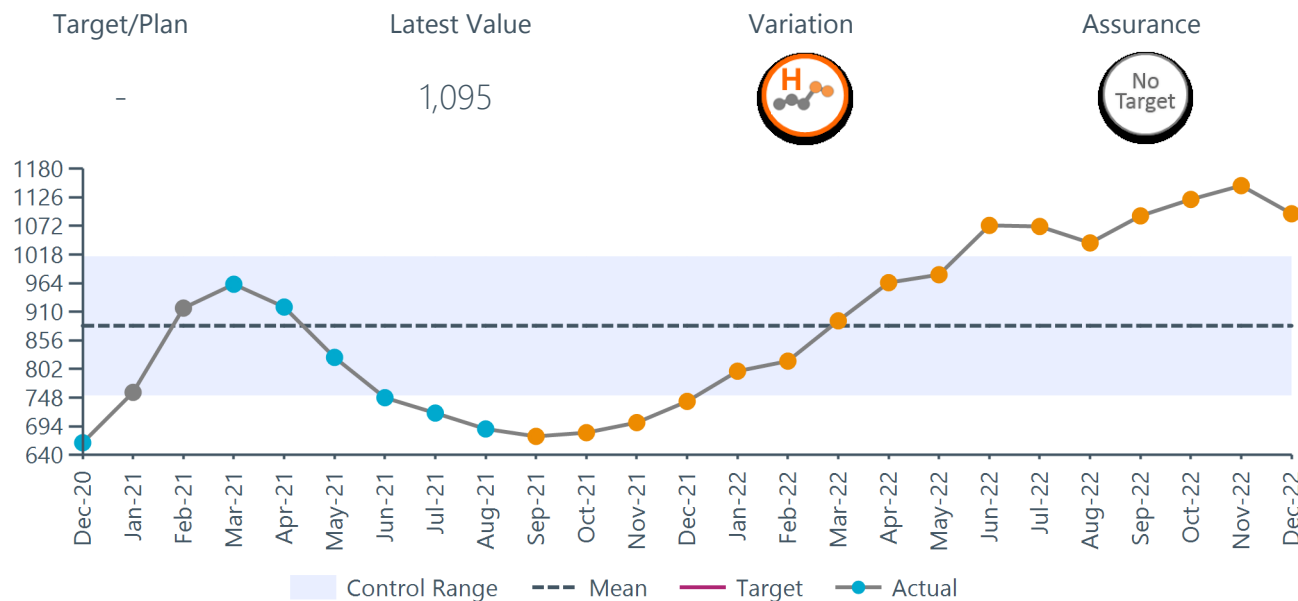
The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1578	1700	1740	1832	1941	2015	1994	1932	1881	1763	1577	1616	1627

# Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of December there were 1095 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialities; Spinal Disorders (666), Arthroplasty (149), Knee & Sports Injuries (102), Upper Limb (56), Foot & Ankle (55), Veterans (30), Paediatric Orthopaedics (25), Spinal Injuries (6), Metabolic Medicine (3), Tumour (2) and Rheumatology (1).

The patients are under the care of the following commissioners; BCU (637), Powys (443), Hywel Dda (11), Abertawe Bro (2), Cardiff & Vale (1) and Cwm Taf University LHB (1). The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 813 patients
- >78 to <=95 weeks - 181 patients
- >95 to <=104 weeks - 50 patients
- >104 weeks - 51 patients

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

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

## Actions

The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards.

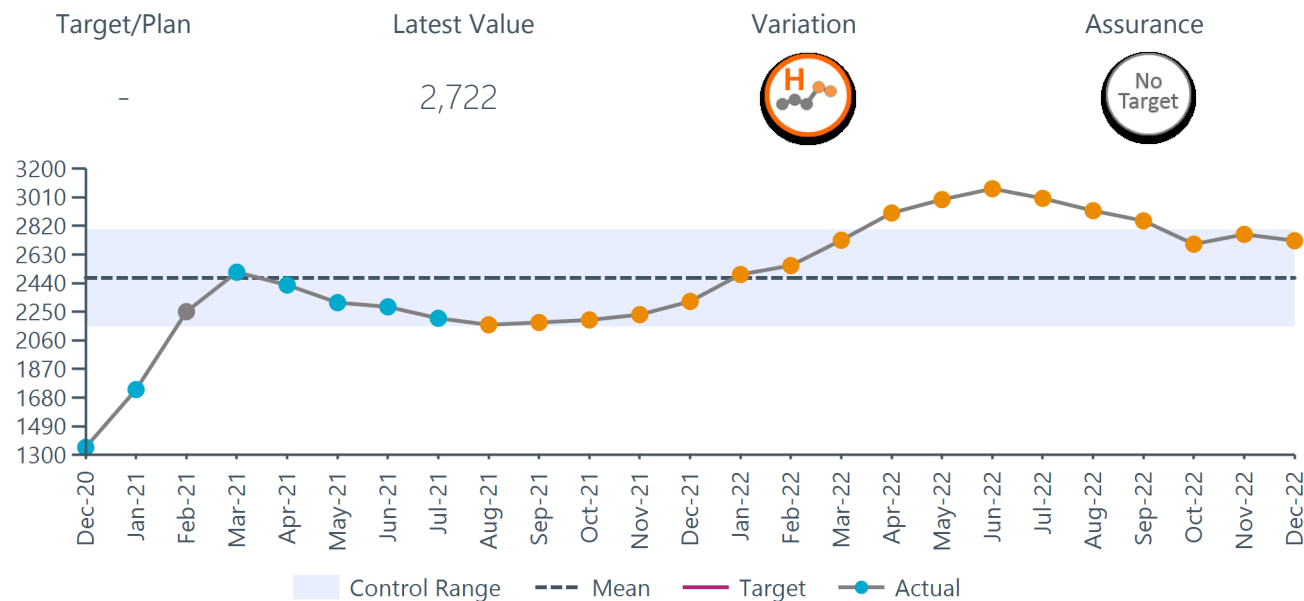
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
741	798	817	893	965	980	1073	1071	1040	1091	1122	1148	1095

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

Overall, there were 2722 patients waiting over 52 weeks at the end of December; 1627 English and 1095 Welsh. The number of patients waiting over 52 weeks represents 12.78% of the total list size.

These patients are under the care of the following sub-specialties; Spinal Disorders (1269), Arthroplasty (527), Knee & Sports Injuries (397), Upper Limb (205), Foot & Ankle (183), Paediatric Orthopaedics (43), Spinal Injuries (36), Veterans (30), Neurology (9), Metabolic Medicine (7), Tumour (7), Rheumatology (4), Paediatric Medicine (2), Orthotics (2) and SOOS GPSI (1).

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

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

## Actions

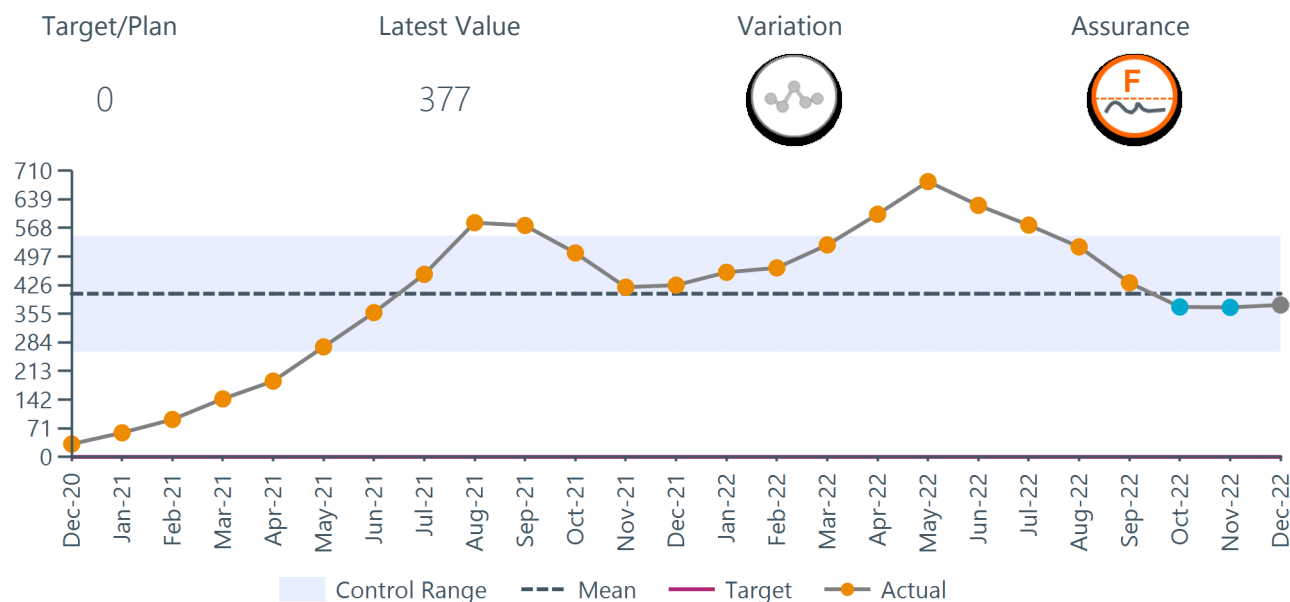
The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). This is to support longer term improvements to get back to 52 weeks standards.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2319	2498	2557	2725	2906	2995	3067	3003	2921	2854	2699	2764	2722

# Patients Waiting Over 78 Weeks - English

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

At the end of December there were 377 English patients waiting over 78 weeks; this was 16 patients above our trajectory of 361. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (215), Knee & Sports Injuries (72), Arthroplasty (52), Upper Limb (20), Foot & Ankle (9), Spinal Injuries (3), Neurology (3), Tumour (2) and Metabolic Medicine (1).

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

2022/23 operational planning guidance stipulates that Trusts should:

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

## Actions

The Trust has received a letter from NHSE during January with further focus on non-admitted and admitted pathways without dates and further assurance that validation has been completed in line with previous recovery letters. A review of 78+ weeks trajectories and further assessing compliance against validation is underway. The outputs will support next steps.

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

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place to support actions being taken. A GIRFT meeting is scheduled within the system on the 25th January to discuss further opportunities to improve Orthopaedic pathways for our population.

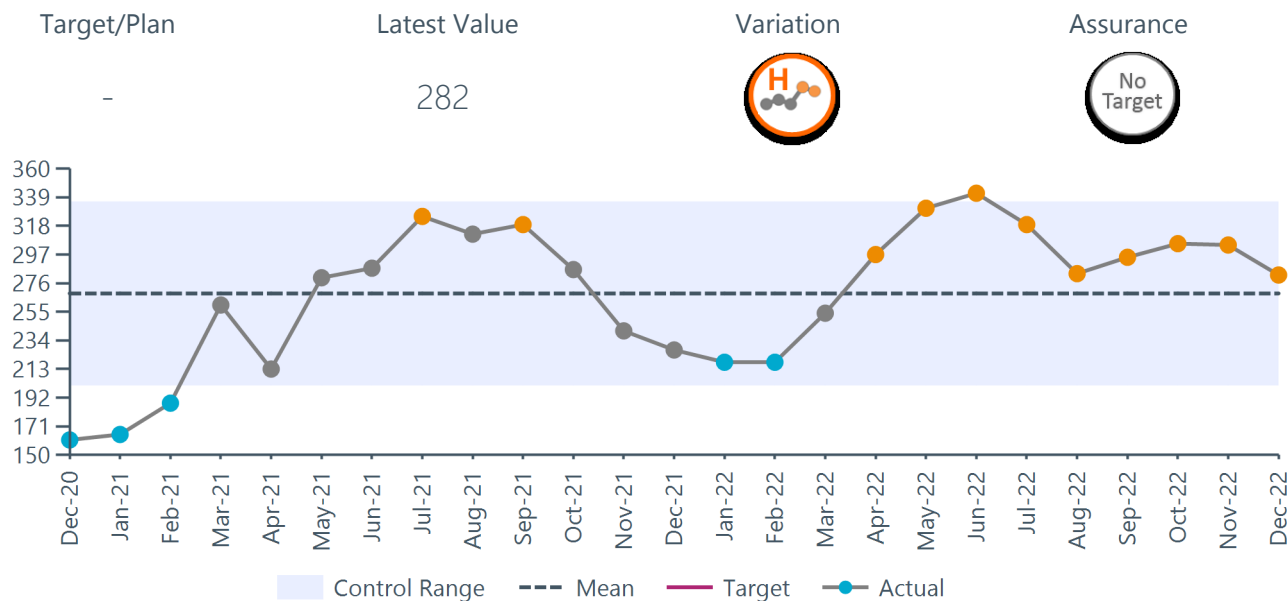
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
426	458	469	526	602	683	624	575	521	432	372	371	377

- Staff - **Patients** - Finances -

# Patients Waiting Over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of December there were 282 Welsh patients waiting over 78 weeks; this was 131 patients below our trajectory of 413. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (242), Knee & Sports Injuries (22), Upper Limb (8), Foot & Ankle (4), Arthroplasty (2), Veterans (2), Spinal Injuries (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.

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.

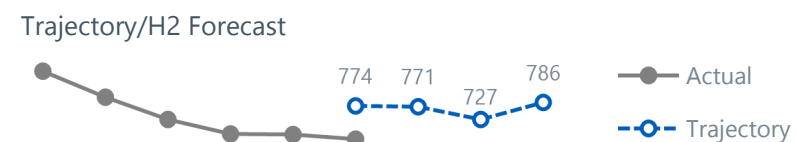
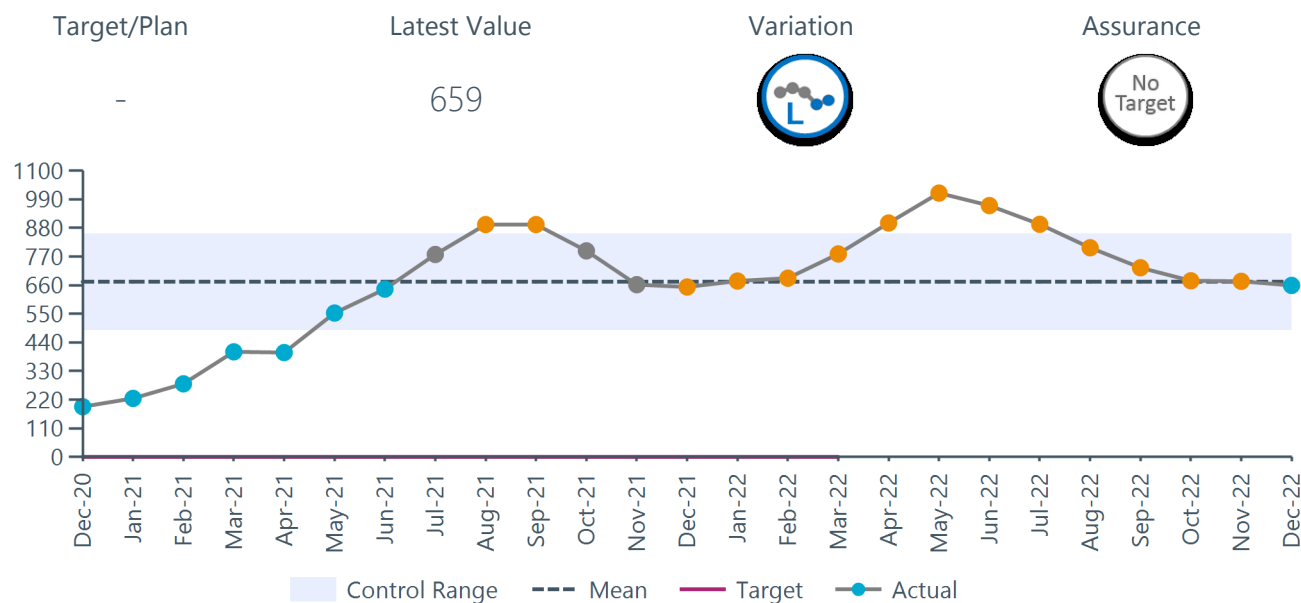
A GIRFT meeting is scheduled within the system on the 25th January to discuss further opportunities to improve Orthopaedic pathways for our population.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
227	218	218	254	297	331	342	319	283	295	305	304	282

# Patients Waiting Over 78 Weeks - Combined

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

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

## Narrative

Overall there were 659 patients waiting over 78 weeks at the end of December; 377 English and 282 Welsh. This was below our trajectory of 774 by 115. The Trust plans are visible in the trajectory line above.

The patients are under the care of the following sub-specialties; Spinal Disorders (457), Knee & Sports Injuries (94), Arthroplasty (54), Upper Limb (28), Foot & Ankle (13), Spinal Injuries (4), Tumour (3), Neurology (3), Veterans (2), and Metabolic Medicine (1).

2022/23 operational planning guidance stipulates that Trusts should:

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

## Actions

The Trust has received a letter from NHSE during January with further focus on non-admitted and admitted pathways without dates and further assurance that validation has been completed in line with previous recovery letters. A review of 78+ weeks trajectories and further assessing compliance against validation is underway. The outputs will support next steps.

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

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place to support actions being taken. A GIRFT meeting is scheduled within the system on the 25th January to discuss further opportunities to improve Orthopaedic pathways for our population.

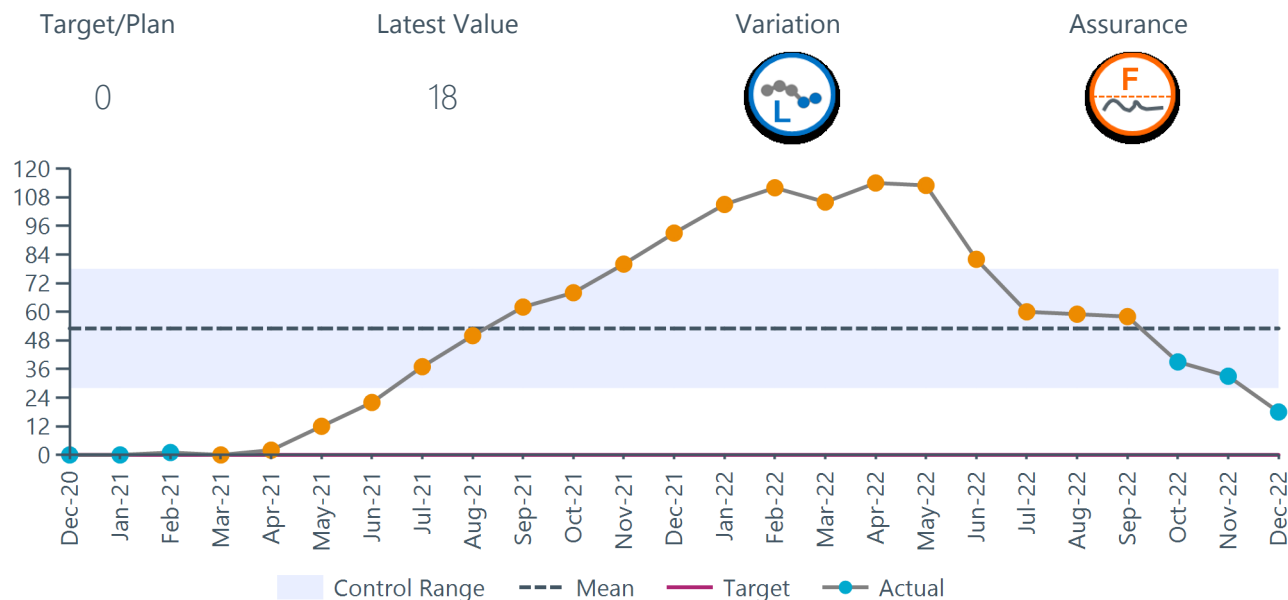
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
653	676	687	780	899	1014	966	894	804	727	677	675	659

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

At the end of December there were 18 English patients waiting over 104 weeks. This was 9 patients below our trajectory of 27. Breakdown by sub-specialty below:  
- Spinal Disorders (17)  
- Upper Limb (1)

By Milestone, there were:

- Milestone 1 (Outpatients) - 1 patient
- Milestone 2 (Diagnostics) - 0 patients
- Milestone 3 (Electives) - 17 patients

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

## Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.  
For all Patients:  
- Review and application of revised interim choice guidance, issued by NHSE, continues

Spinal Disorders: - actions include:

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

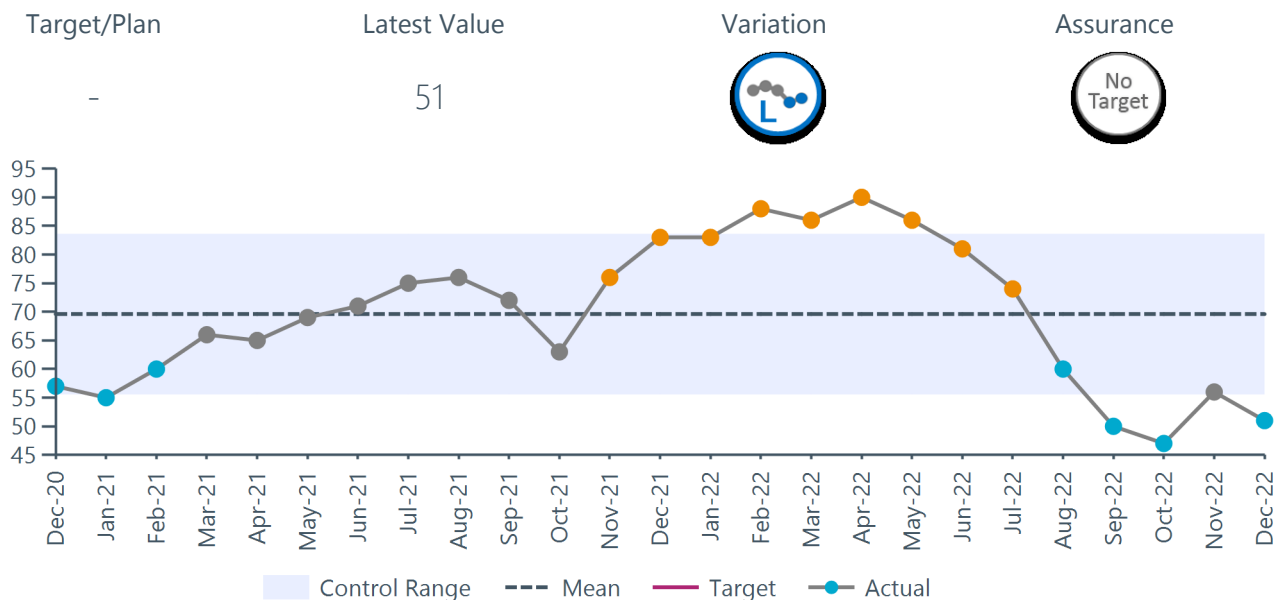
Non-Spinal Disorders: - we continue to support a system partner with their longest waits and clinically urgent patients.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
93	105	112	106	114	113	82	60	59	58	39	33	18

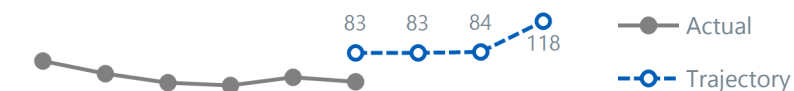
# Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

## Narrative

At the end of December there were 51 Welsh patients waiting over 104 weeks; below our trajectory figure of 83 by 32.

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

- Spinal Disorders (49)
- Veterans (1)
- Arthroplasty (1)

By Milestone, there were:

- Milestone 1 (Outpatients) - 9 patients
- Milestone 2 (Diagnostics) - 11 patients
- Milestone 3 (Electives) - 31 patients

## Actions

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

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

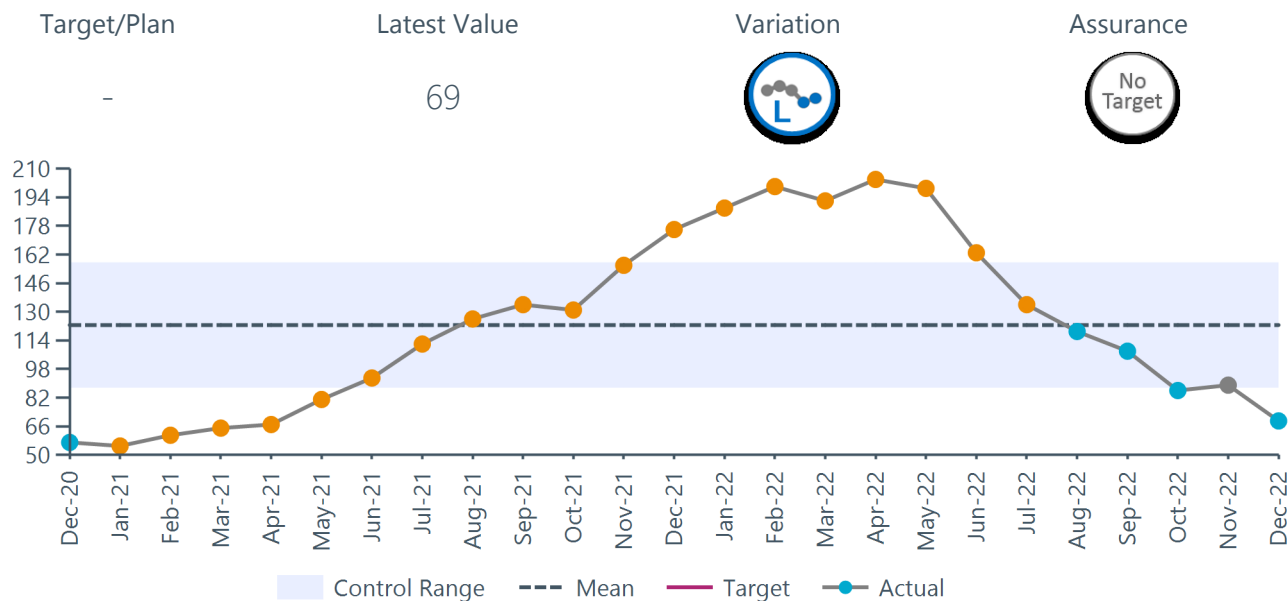
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
83	83	88	86	90	86	81	74	60	50	47	56	51



# 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



## Trajectory/H2 Forecast



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

## Narrative

Overall, there were 69 patients waiting over 104 weeks at the end of December; 18 English and 51 Welsh. This was below the combined trajectory of 110 by 41 patients. The patients are under the care of the following sub-specialities;

- Spinal Disorders (66)
- Arthroplasty (1)
- Upper Limb (1)
- Veterans (1)

By Milestone, there were:

- Milestone 1 (Outpatients) - 10 patients
- Milestone 2 (Diagnostics) - 11 patients
- Milestone 3 (Electives) - 48 patients

## Actions

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

For all Patients:

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

Spinal Disorders: - actions include:

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

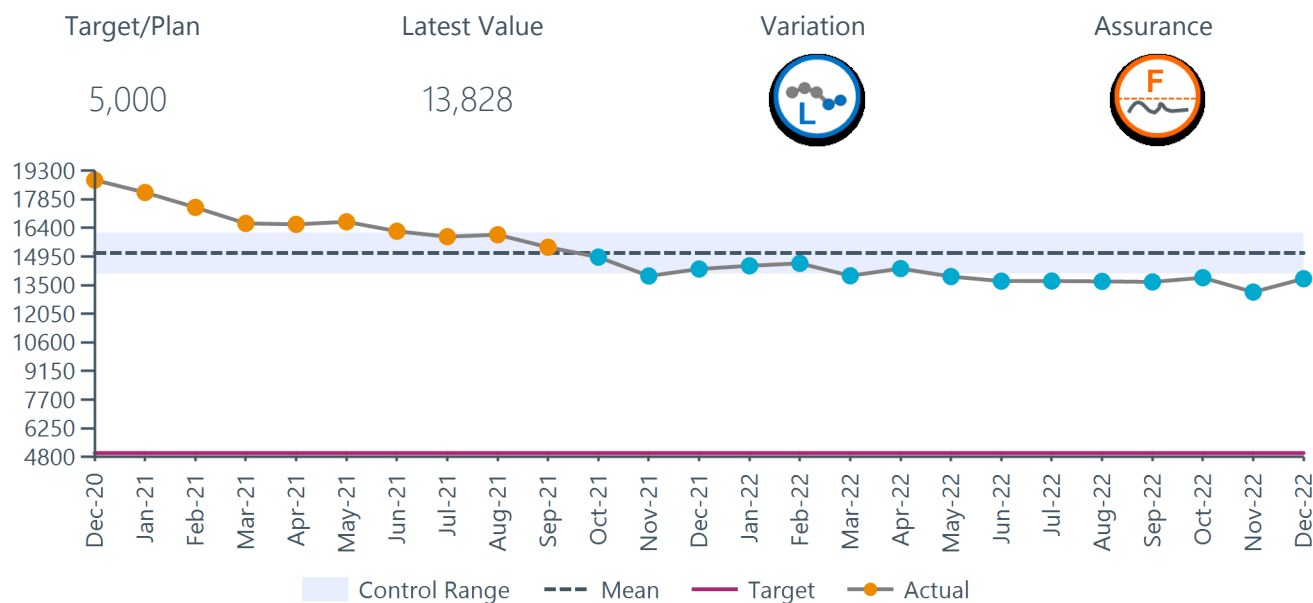
Non-Spinal Disorders: - we continue to support a system partner with their longest waits and clinically urgent patients.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
176	188	200	192	204	199	163	134	119	108	86	89	69

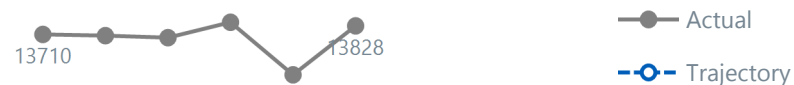
# Overdue Follow Up Backlog

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

At the end of December, there were 13828 patients overdue their follow up appointment. This is broken down by:

- Priority 1 is our more urgent follow-up cohort - 8697 with 1422 dated (16%)
- Priority 2 is the lower priority - 5131 with 1399 dated (27%)

MSK backlog at the end of December is 5275. In April 20 it was 4928, it later increased to as high as 10545 and has steadily been reducing. Focus on improvement within Arthroplasty, SOOS, Upper Limb and Therapies as well as revalidation focus on MSK, particularly Arthroplasty.

Specialist backlog at the end of December is 8553. In April 20 it was 5016, it later increased to 8938 and has remained in the 8-9 thousand range. Main focus within the Trust has been on 104 week waiters.

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

- Rheumatology - 19.47%; Arthroplasty - 18.53%; Spinal Disorders - 12.24%; Spinal Injuries - 8.42%

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.

## Actions

- The Information team have developed a tool to be used by the operational teams that will calculate a trajectory for each sub-specialty based on their input of known bookings / capacity - trajectory to be completed for Specialist Unit by 30th January 2023
- In Rheumatology, additional capacity is now in place for follow ups where it is anticipated an additional 100 patients per month will be seen.
- Explore the use of utilising PIFU for overdue follow ups within certain specialities
- Revalidation to commence within Spinal Disorders
- Outpatient task and finish groups in place
- Expressions of interest out for an outpatient consultant lead

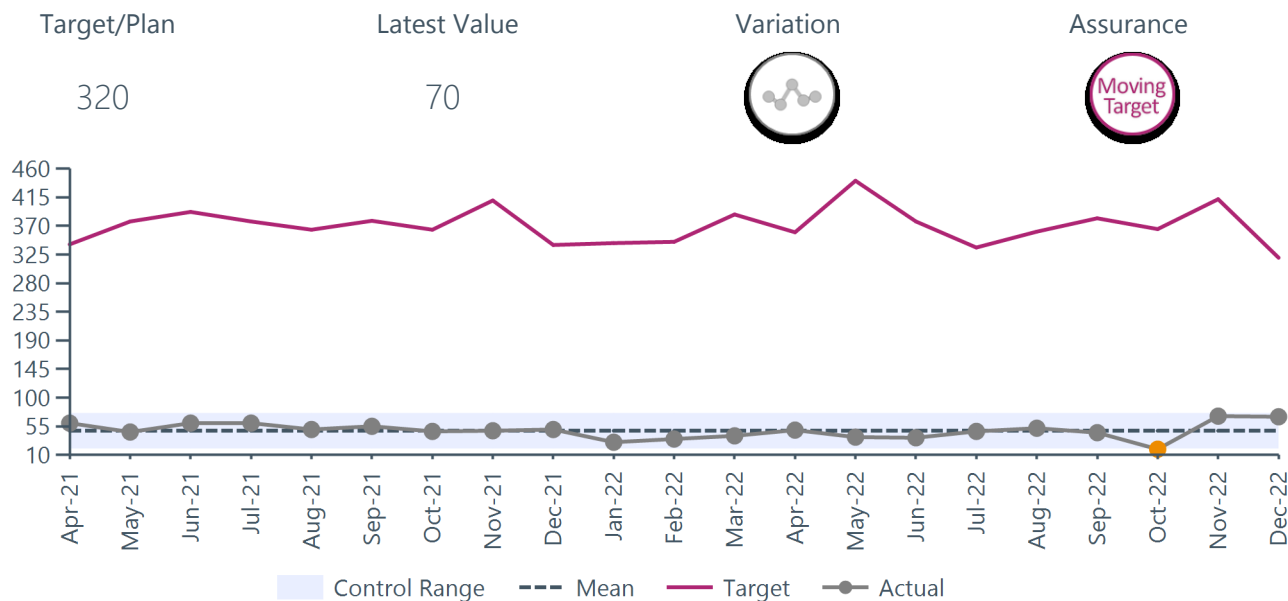
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
14319	14482	14605	13976	14342	13937	13705	13710	13693	13665	13878	13151	13828

- Staff - Patients - Finances -

# Advice & Guidance

Number of e-RS advice & guidance requests 217720

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

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

As a Trust we monitor Advice and Guidance requests that we receive as a provider. There is also post referral Specialist Advice (including referral triage models) which includes SOOS, TEMS referrals and other RAS clinics. The system, within its own performance reports, observes overall performance. The overall position within the system is that the target is being achieved when all services are combined. Latest NHSEI reports for our system (November 2022) report 7,822 requests in total and 23,199 first attendances. Of which, 2,247 were T&O requests.

At RJAH, based on the number of consultant led first attendances in December, the target is 320 and the number of advice and guidance requests received was 70. This equates to 2.62%.

## 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.

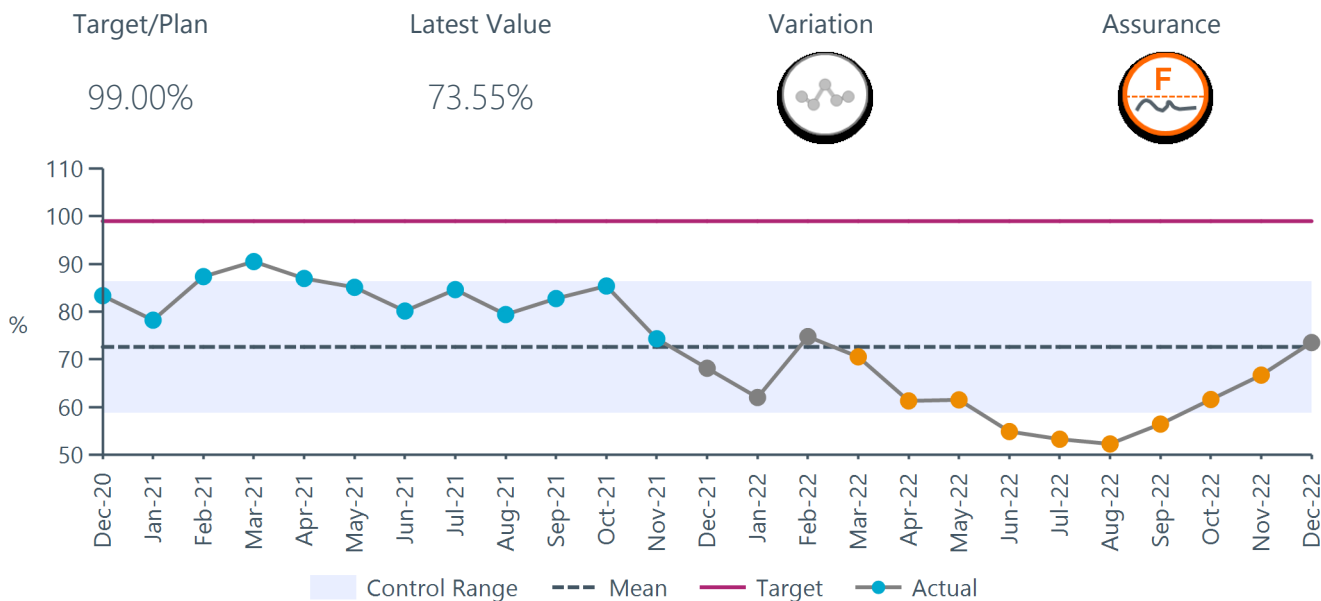
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
50	30	35	40	49	38	37	47	52	45	19	71	70

- Staff - **Patients** - Finances -

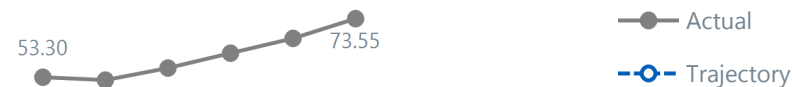
# 6 Week Wait for Diagnostics - English Patients

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 73.55%. This equates to 384 patients who waited beyond 6 weeks. Of the 6-week breaches; 111 are over 13 weeks (all within MRI). Breakdown below outlines performance and breaches by modality:

- MRI - 70.44% - D2 (Urgent - 0-2 weeks) 4 dated, D3 (Routine - 4-6 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 281 with 243 dated
- CT - 95.04% - D2 (Urgent - 0-2 weeks) 1 dated, D3 (Routine - 4-6 weeks) - 1 undated, D4 (Routine - 6-12 weeks) - 4 dated
- Ultrasound - 73.85% - D4 (Routine - 6-12 weeks) - 91 with 89 dated
- DEXA Scans - 100%

The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were initially referred to as D4 (Routine - 6-12 weeks) but were updated to urgent at a later date. MRI was reported at 70.44% against a trajectory specifically for MRI at 52%. It must be noted that both MRI and Ultrasound activity plans were met in December.

## Actions

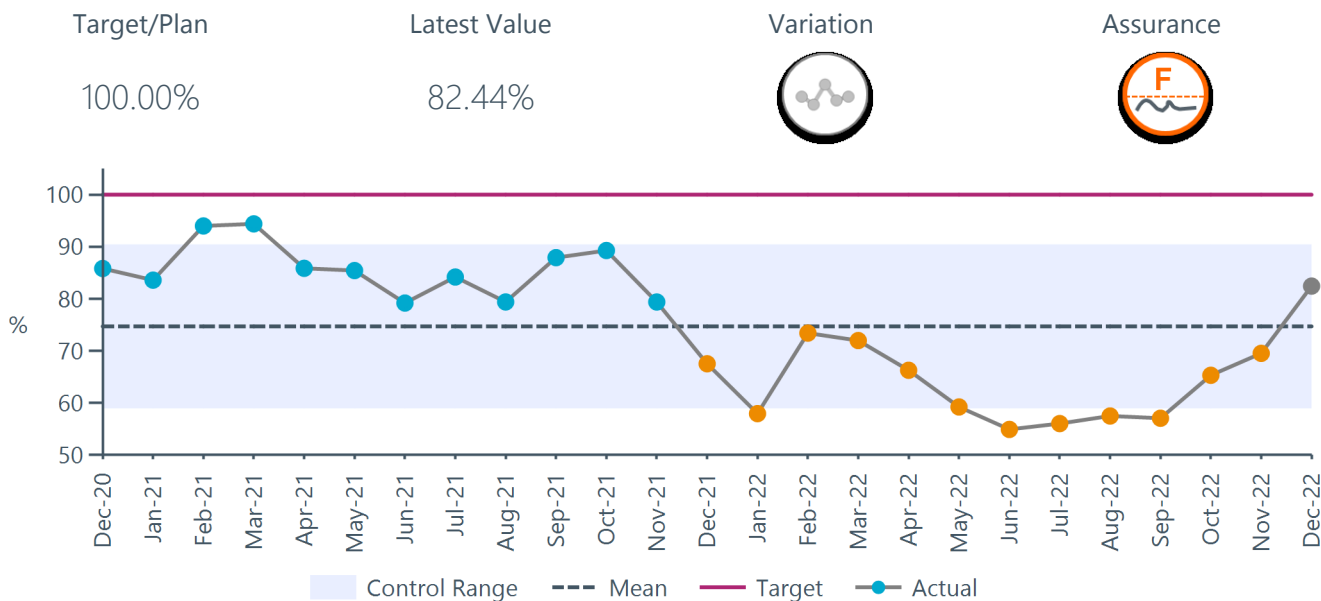
- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.
- NHSE are increasing focus on >13 weeks. This is to support monitoring the progress to increase the percentage of patients that receive a diagnostic test within six weeks. This is in line with national planning guidance; by March 2025 the ambition is to achieve 95% against the 6-week standard.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
68.16%	62.04%	74.81%	70.56%	61.33%	61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%	73.55%

# 8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 82.44%. This equates to 105 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- MRI - 80.72% - D4 (Routine - 6-12 weeks) - 97 with 87 dated
- CT - 96.30% - D4 (Routine - 6-12 weeks) - 1 dated
- Ultrasound - 89.39% - D4 (Routine - 6-12 weeks) - 7 with 6 dated
- DEXA Scans - 100%

It must be noted that both MRI and Ultrasound activity plans were met in December.

## Actions

- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.

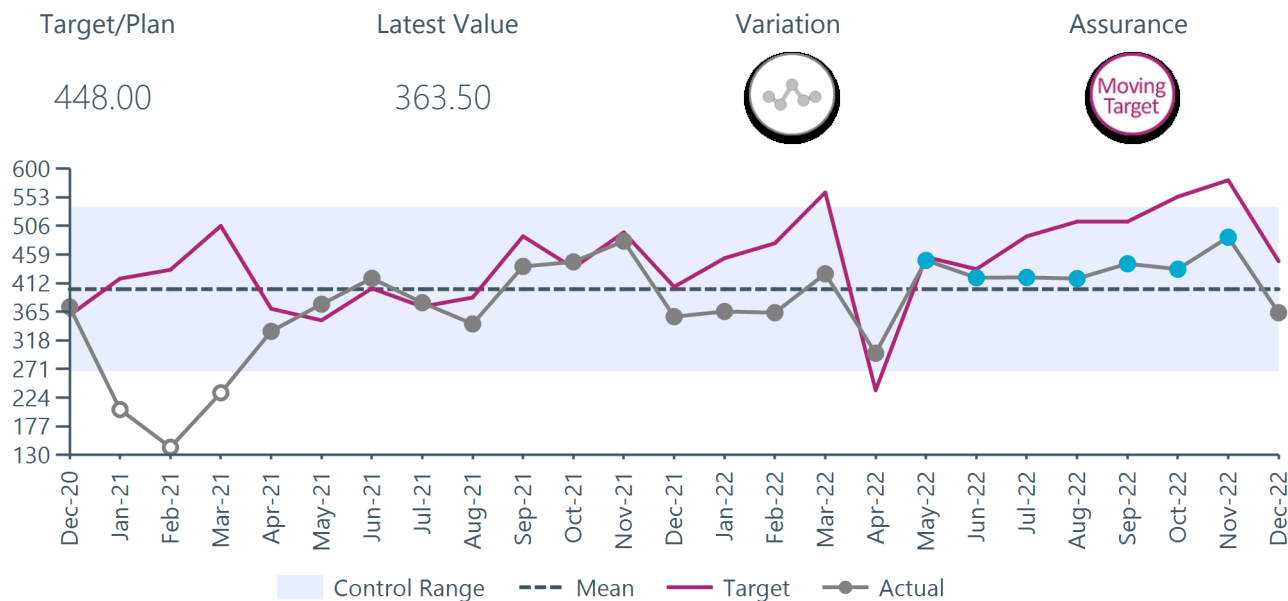
The national expectations are not for this target to be achieved throughout 22/23.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
67.51%	57.94%	73.41%	71.98%	66.27%	59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%	82.44%

# Volume of Sessions Against Plan

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Volume of Sessions Against Plan in December was 363.5 against a target of 448 equating to 81.14% of the plan. The plan is derived from the 2022/23 planning submission (NHS & Private) plus Dental sessions; the internal H2 trajectory was 381.

Summary:

- \* NHS sessions against plan – 342/423, 81 short equating to 80.85%
- \* Private sessions against plan – 18.5/22, 3.5 short equating to 84.09%
- \* Dental sessions against plan – 3/3 100%

Sessions impacted by:

- \* Staffing shortfall due to vacancies and sickness, mitigated where possible with bank staff on the day
- \* Patient cancellations

## Actions

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

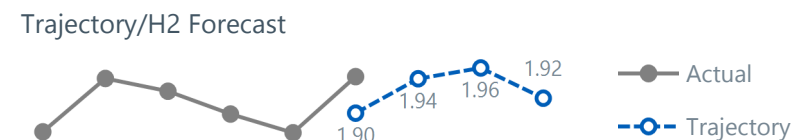
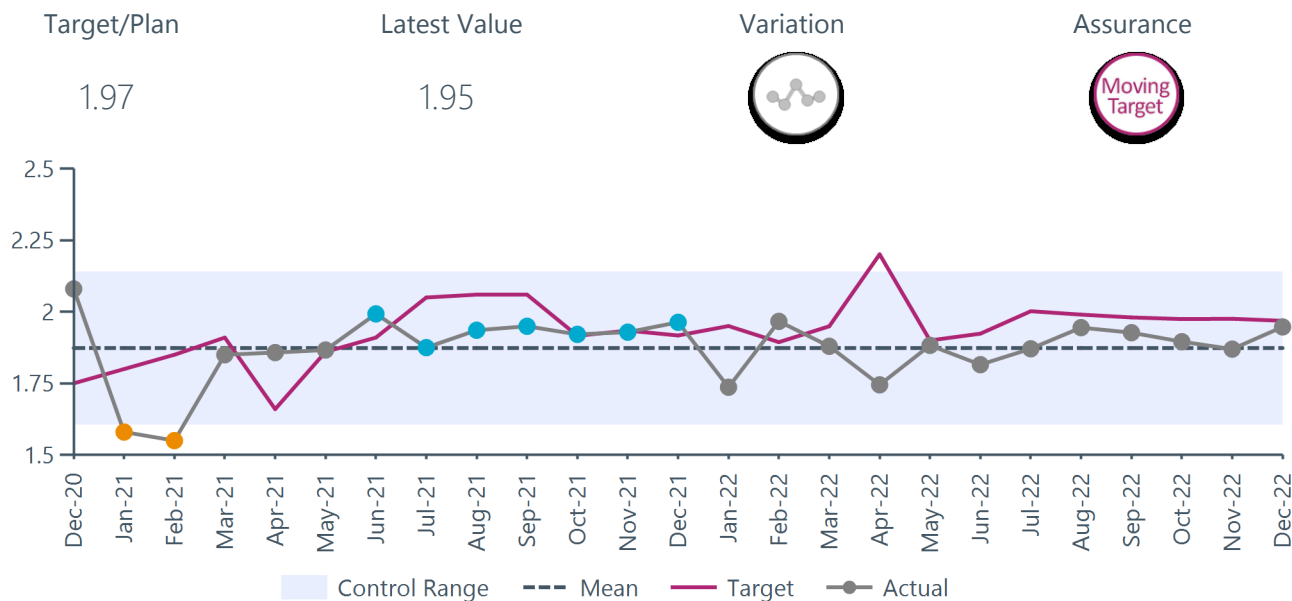
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
357.00	365.50	363.50	427.50	297.00	449.50	421.00	421.50	419.50	444.00	435.00	487.50	363.50

- 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



## What these graphs are telling us

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

## Narrative

Cases per session achieved in December was 1.95 against the plan of 1.97 derived from our 2022/23 planning submission. The internal H2 trajectory was 1.90.

Summary:

- \* MSK Unit – achieved 2.09 of 2.06 plan equating to 7 cases above plan
  - \* Specialist Unit - achieved 1.56 of 1.79 plan equating to 15 cases short, mostly due to Spinal Disorders (1.23 CPS)
- The net result is 8 cases adverse to CPS plan. Impacts on CPS in December were:
- \* 77 late notice theatre cancellations including on the day and within seven days of TCI - these gaps are difficult to fill
  - \* Fewer OJP sessions undertaken than planned - OJP sessions typically achieve a higher CPS than IJP sessions
  - \* Highly complex Spinal Disorders patients achieving a lower CPS than planned

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

## Actions

See 'Elective Activity Against Plan'.

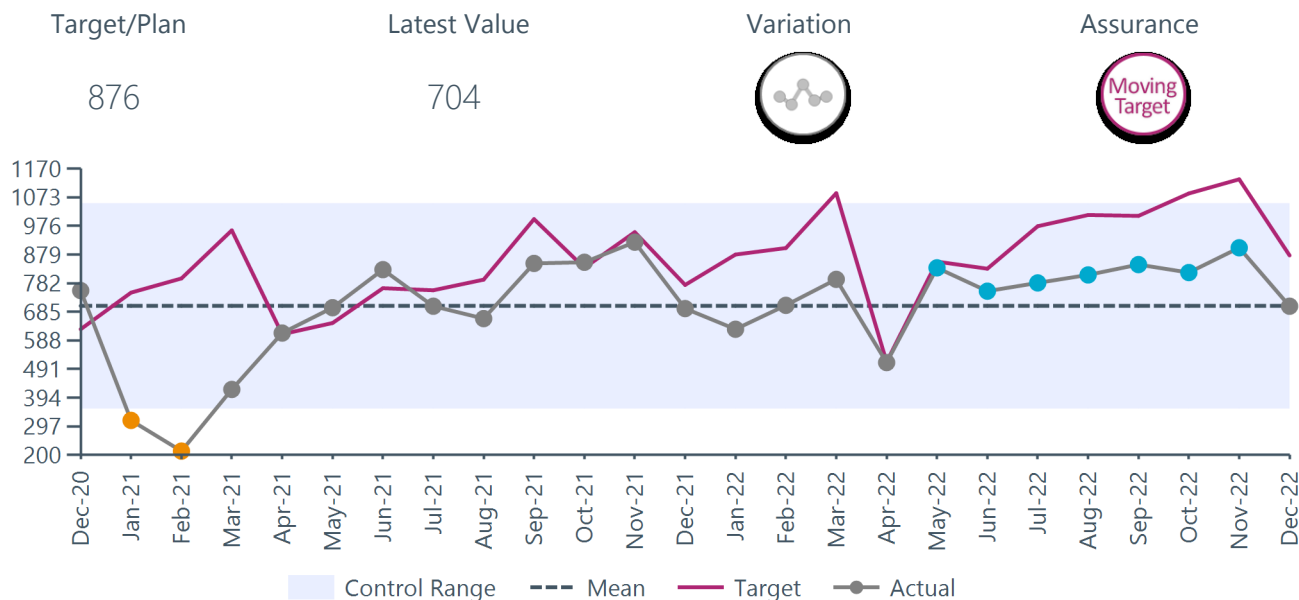
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1.96	1.74	1.97	1.88	1.74	1.88	1.82	1.87	1.94	1.93	1.90	1.87	1.95

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Total theatre activity is monitored against the 2022/23 plan.

Summary:

\* Total Theatre Activity against plan – 704 against a plan of 876; 172 short equating to 80.37%

\* NHS activity – 652 against a plan of 836; 184 short equating to 77.99%

\* Private patients – 52 against a plan of 40; 12 above equating to 130.00%

The internal H2 trajectory for total theatre activity was 717 with 704 delivered (98.19%).

172 cases shortfall, 77 attributed to cancellations. Fewer sessions delivered than planned and cases per session falling short in Specialist Unit; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

## Actions

See 'Elective Activity Against Plan'.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
696	626	707	795	513	834	755	783	810	845	818	902	704

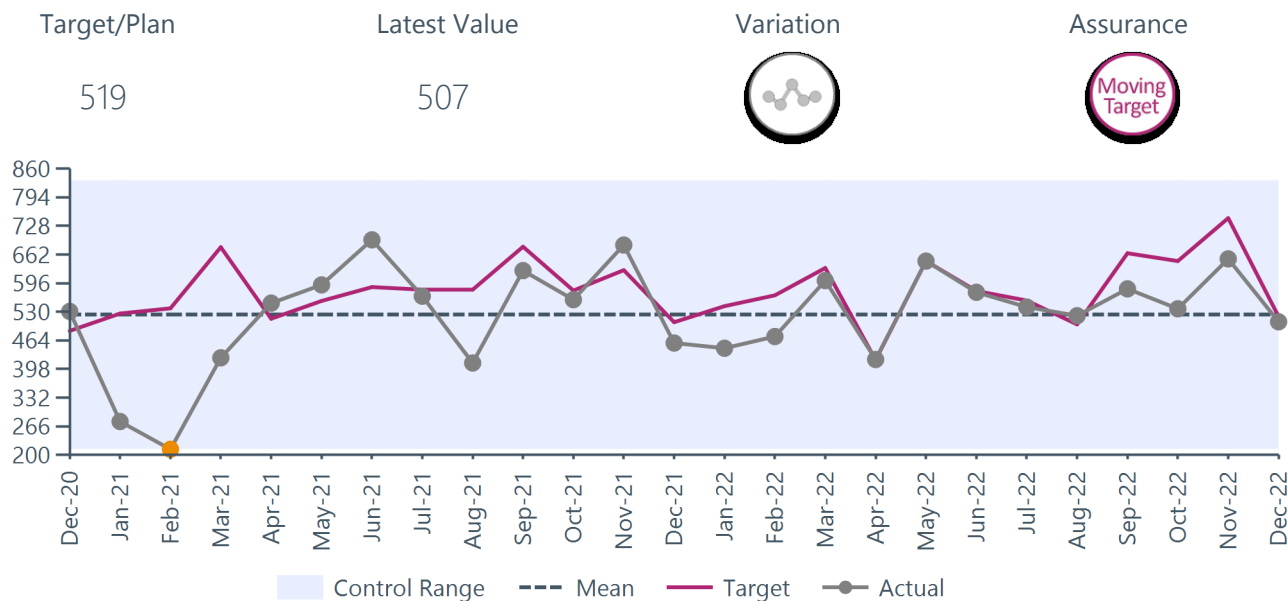
- Staff - Patients - Finances -



# IJP Activity - Theatres - against Plan

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2022/23 IJP plan for December was 519 cases. The internal H2 trajectory was 524.

In December, the Trust undertook 507 NHS theatre cases IJP, 12 cases behind the plan of 519 which equates to 97.6%; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for December was 717 cases: 524 IJP, 153 OJP, 40 PP's. The plan was 876 cases: 519 IJP, 317 OJP, 40 PP's.

## Actions

\* Weekly review of theatre schedule alignment to IJP

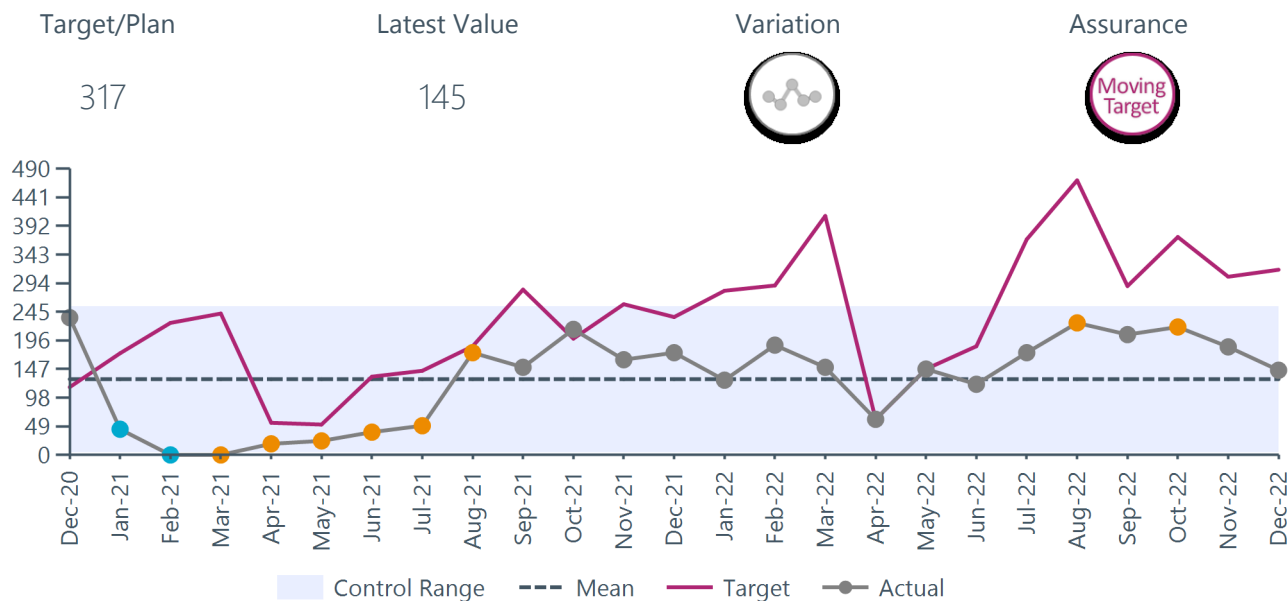
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
458	446	473	602	420	647	575	541	521	583	537	652	507

- Staff - Patients - **Finances** -

# OJP Activity - Theatres - against Plan

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Activity levels are dependent on both IJP and OJP activity. This measure reflects the amount the Trusts use of OJP; the 2022/23 OJP plans for December was 317 cases. The internal H2 trajectory for OJP activity was 153.

In December, the Trust undertook 145 NHS theatre cases OJP, 172 cases behind the plan of 317 which equates to 45.74%; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for December was 717 cases: 524 IJP, 153 OJP, 40 PP's. The plan was 876 cases: 519 IJP, 317 OJP, 40 PP's.

## Actions

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

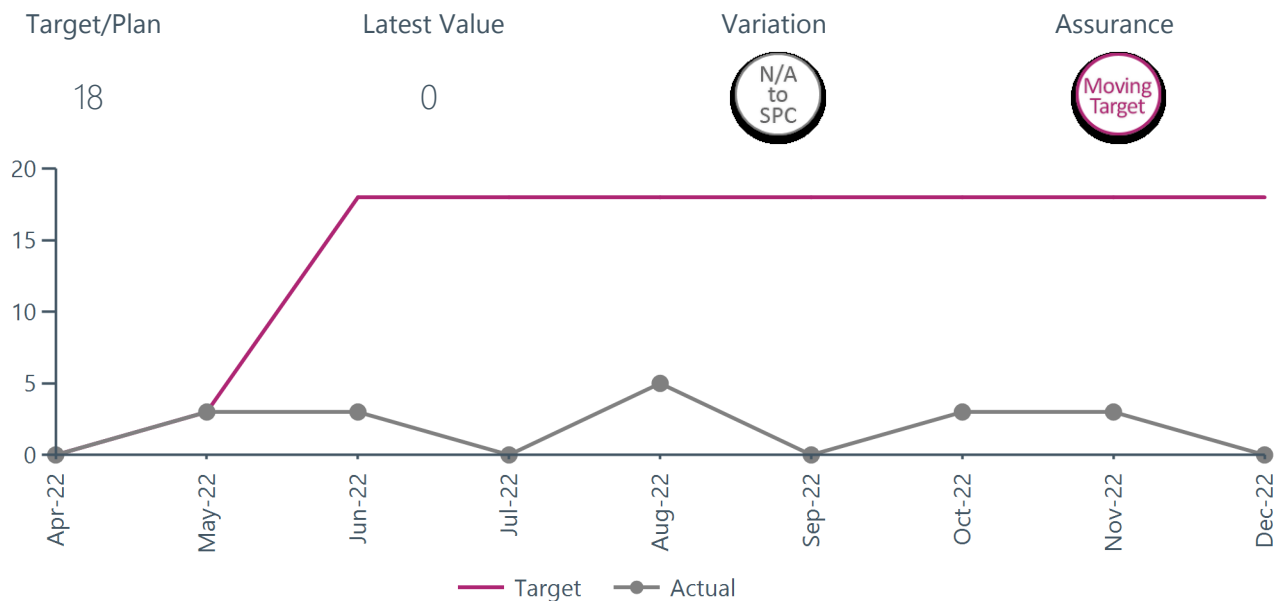
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
175	128	188	150	61	147	121	175	226	206	219	185	145

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

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

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

October and November figures have been refreshed to include four patients treated by Schoen Clinic Orthopaedic and Spinal Hospital London.

## Actions

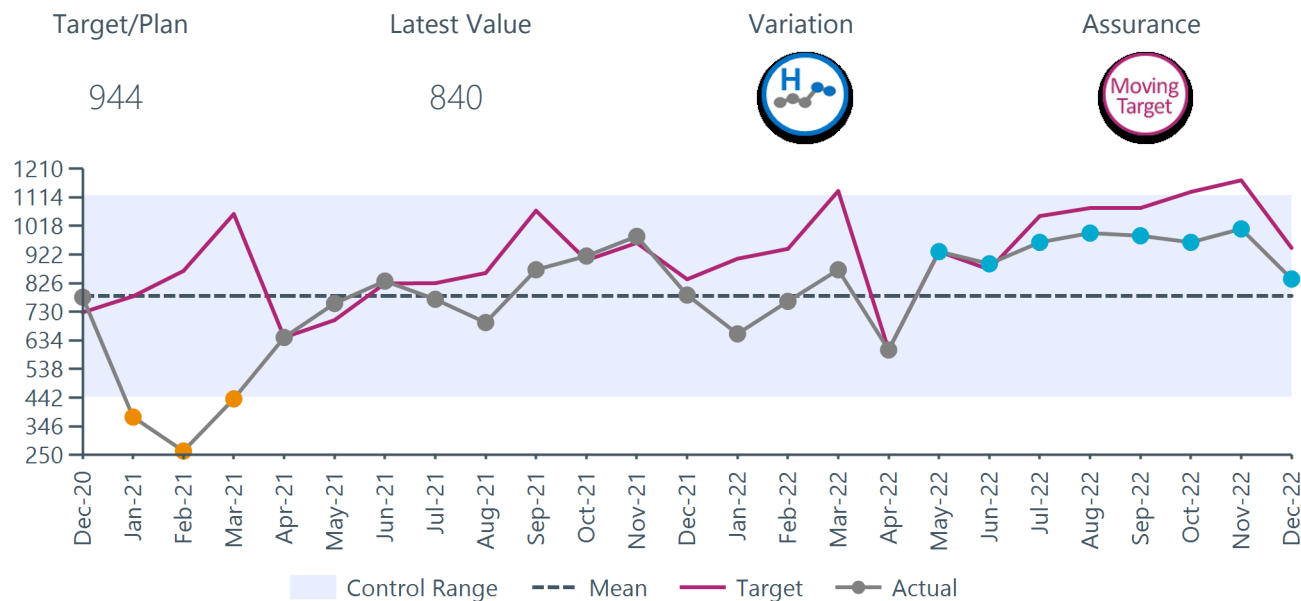
Mutual Aid Co-Ordinator appointed following request from central mutual aid funding.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
				0	3	3	0	5	0	3	3	0

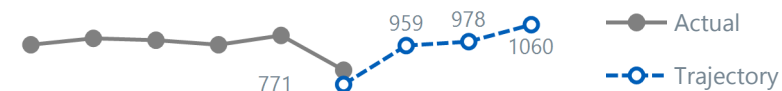
# Elective Activity Against Plan (volumes)

Total elective activity rated against 2022/23 plans. 217796

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Total elective activity reported externally against plan 2022/23 in December was 840, 104 below 944 (88.98%). The internal H2 trajectory for Elective Activity Against Plan (Volumes) was 771 with 840 delivered (69 above trajectory) 108.95%

Factors impacting delivery:

- Lack of Independent Sector uptake - 0 undertaken in December against a plan of 18
- 77 theatre cancellations (24 on the day and 53 ahead of TCI)
- NHS sessions behind plan
- Cases per session behind plan in Specialist unit

## Actions

A full review of Theatre staffing and Theatre processes in progress. Key themes identified for improvement:

- Workforce model – planning and retention.
- Booking and Scheduling
- Working day effectiveness
- OJP alignment to booking processes

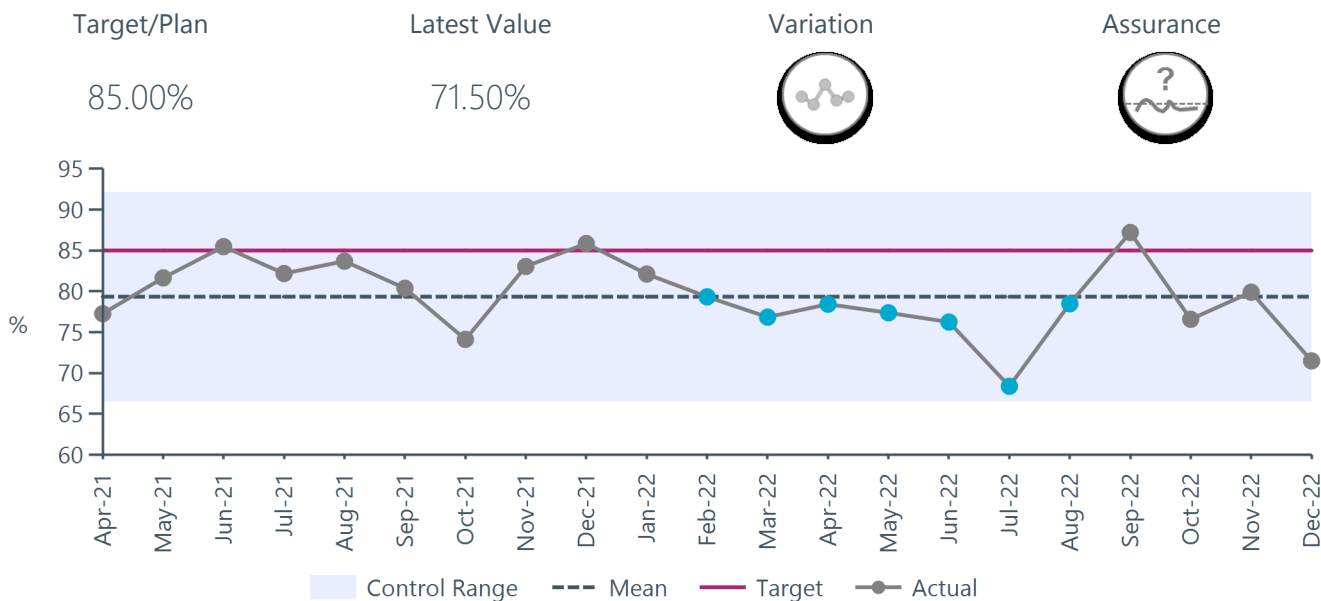
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
786	656	765	871	602	932	891	963	994	985	963	1008	840

- Staff - Patients - **Finances** -

# Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

This KPI has been added to monitor the overall % Trust performance of day cases against the latest online British Association Of Day Surgery directory of procedures; Orthopaedic and Urology pages. In December the Trust is reporting 71.5% BADS day cases against a target of 85%.

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

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.

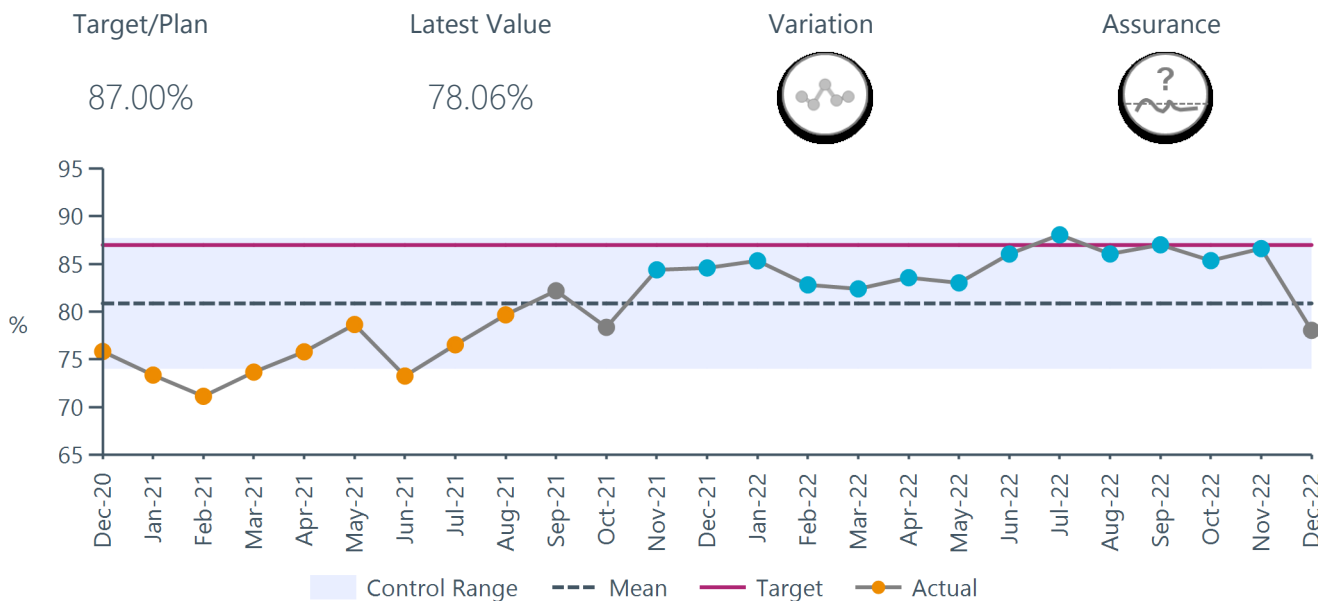
Further assessment of target to be carried out as understanding of metric evolves.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
85.85%	82.12%	79.33%	76.85%	78.43%	77.38%	76.25%	68.39%	78.49%	87.20%	76.59%	79.90%	71.50%

# Bed Occupancy – All Wards – 2pm

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The occupancy rate for all wards is reported at 78.06% for December. Breakdown provided below:

MSK Unit:

- Clwyd - 84.92% - compliment of 22 beds; 6 beds closed on some days
- Powys - 74.32% - compliment of 22 beds; 6 beds closed on some days
- Kenyon - 80.00% - compliment of 22 beds; 6 beds closed on some days
- Ludlow - 80.80% - compliment of 16 beds; ward closed over Christmas period

Specialist Unit:

- Alice - 65.78% - compliment of 16 beds; open to 4-16 beds dependant on weekday/weekend and demand
- Oswald - 73.67% - compliment of 10 beds open all month
- Gladstone - 80.00% - compliment of 29 beds open majority of month
- Wrekin - 77.37% - compliment of 15 beds open majority of month
- Sheldon - 92.77% - compliment of 19 beds; open 15-18 throughout month

Occupancy on MCSI was much lower than normal as there was a requirement to assess staffing levels on a daily basis before accepting admissions so the number of beds occupied was lower.

## Actions

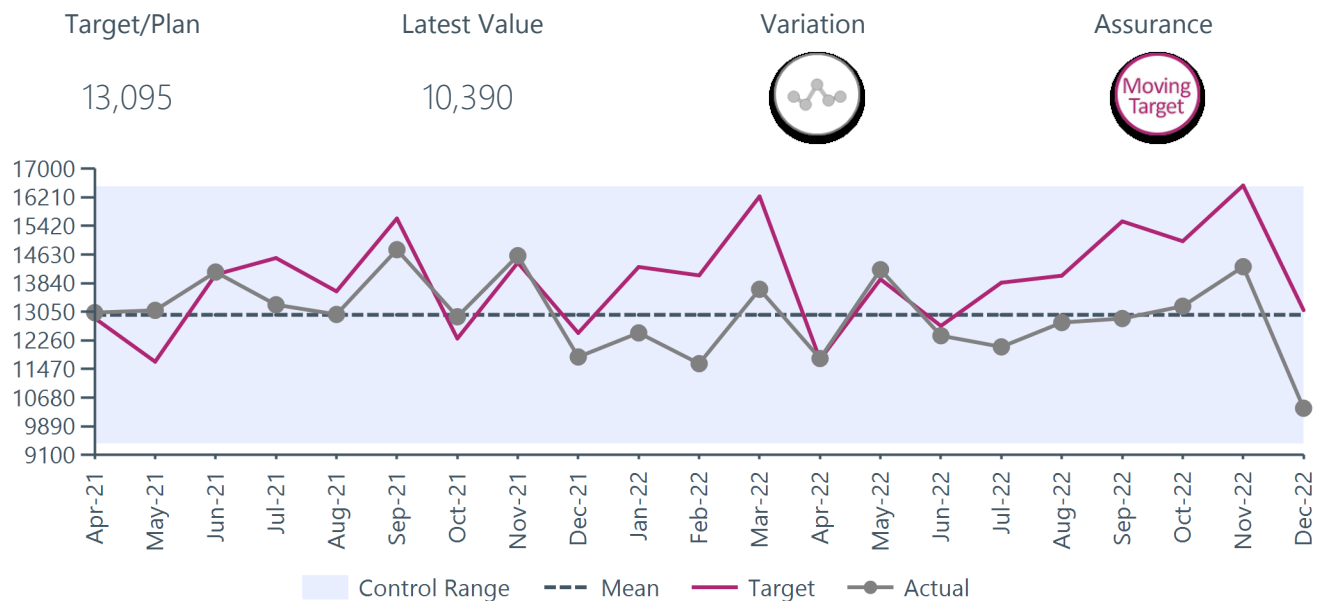
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
84.60%	85.35%	82.82%	82.40%	83.58%	83.03%	86.06%	88.07%	86.07%	87.02%	85.36%	86.62%	78.06%

- 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



## What these graphs are telling us

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

## Narrative

The plan for December was 99.59% of 19/20 against a national target of 104%. Total outpatient activity undertaken in December was 10390 against the 2022/23 plan of 13095; 2705 below - equating to 79.34%. This is broken down as:

- New Appointments - 3212 against 3906 - equating to 82.23%
- Follow Up Appointments - 7178 against 9189 - equating to 78.12%

The sub-specialities with the lowest activity against plan in December are:

- Therapies - 1201 against 2685 - 1484 below plan - associated with cancellations, unfilled slots, class capacity reduction and high levels of sickness
- Arthroplasty - 857 against 1237 - 380 below plan - performance is below plan for both IJP & OJP
- Upper Limb - 592 against 849 - 257 below plan - shortfall can mainly be seen against the plan flex

## 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
- Backlog management Plan for SOOS patients has been developed and an application to the ERF has been made
- Staffing review completed within outpatients; two phase case of need completed and awaiting Exec sign off, funding already sourced
- Recruitment (particularly consultants, therapists and radiographers)
- Orthotics now fully recruited to all vacant posts, start dates are April 2023
- Expressions of interest out for an outpatient consultant lead

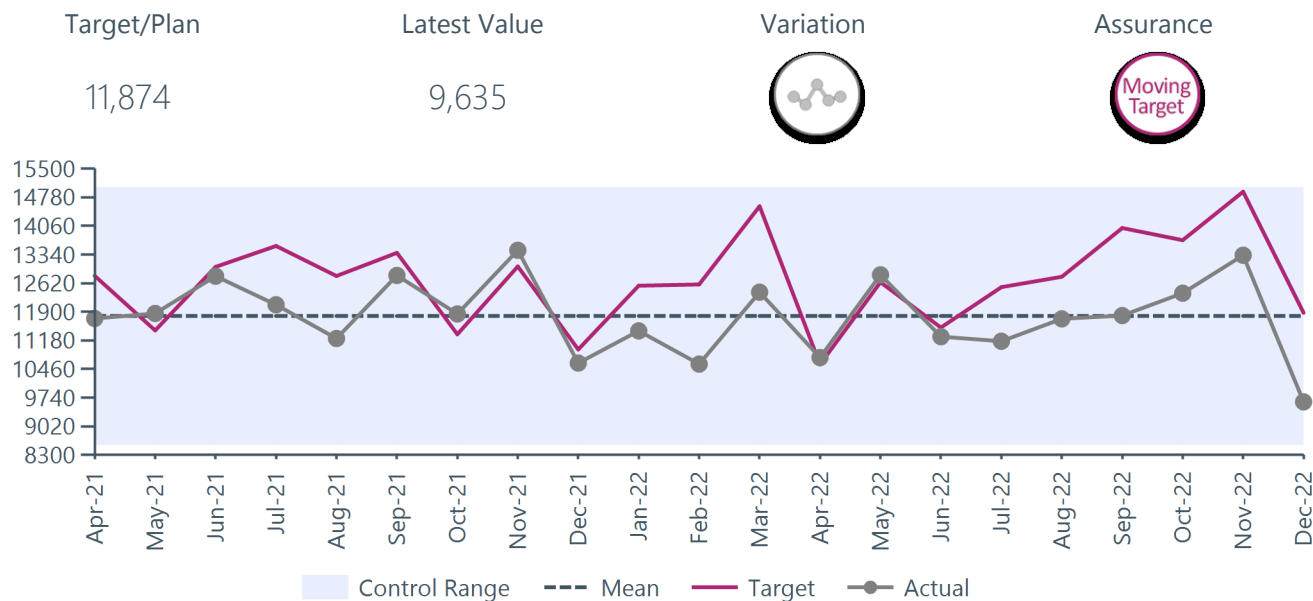
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
11804	12469	11619	13672	11761	14213	12391	12082	12754	12865	13204	14295	10390

- 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

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

In December, Outpatients saw 9635 via in job plan, 2239 behind the plan of 11874 and equates to 81.14%. 2022/23 plans for December 2022 were set to achieve 99.59% of 2019/20 baseline overall (IJP and OJP combined).

## Actions

Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.

See 'Total Outpatient Activity' for further details.

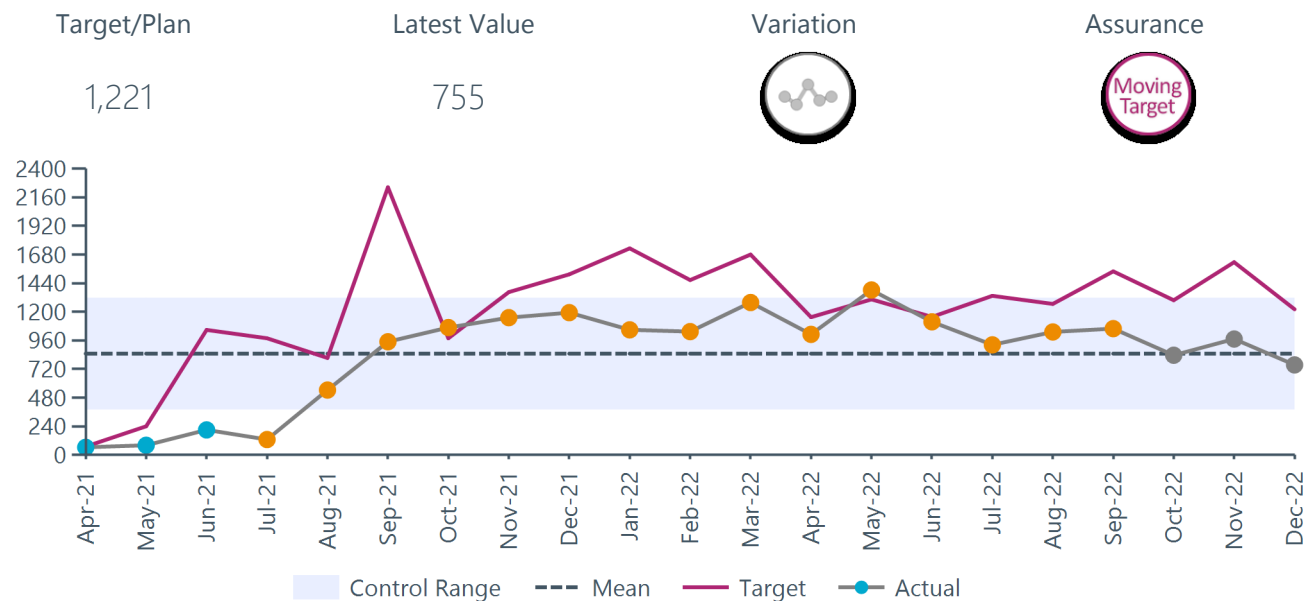
Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
10611	11420	10585	12394	10750	12830	11275	11159	11723	11806	12368	13323	9635



# OJP Activity - Outpatients - against Plan

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

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

In December, Outpatients saw 755 via out of job plan, 466 below the plan of 1221 and equates to 61.83%. 2022/23 plans for December 2022 were set to achieve 99.59% of 2019/20 baseline overall (IJP and OJP combined).

## Actions

- Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.
- OJP is being reviewed and discussed at sub-specialty level with figures being shared to help target discussions.
- Review of our estate is being carried out in order to look to provide more OJP clinics within working hours.

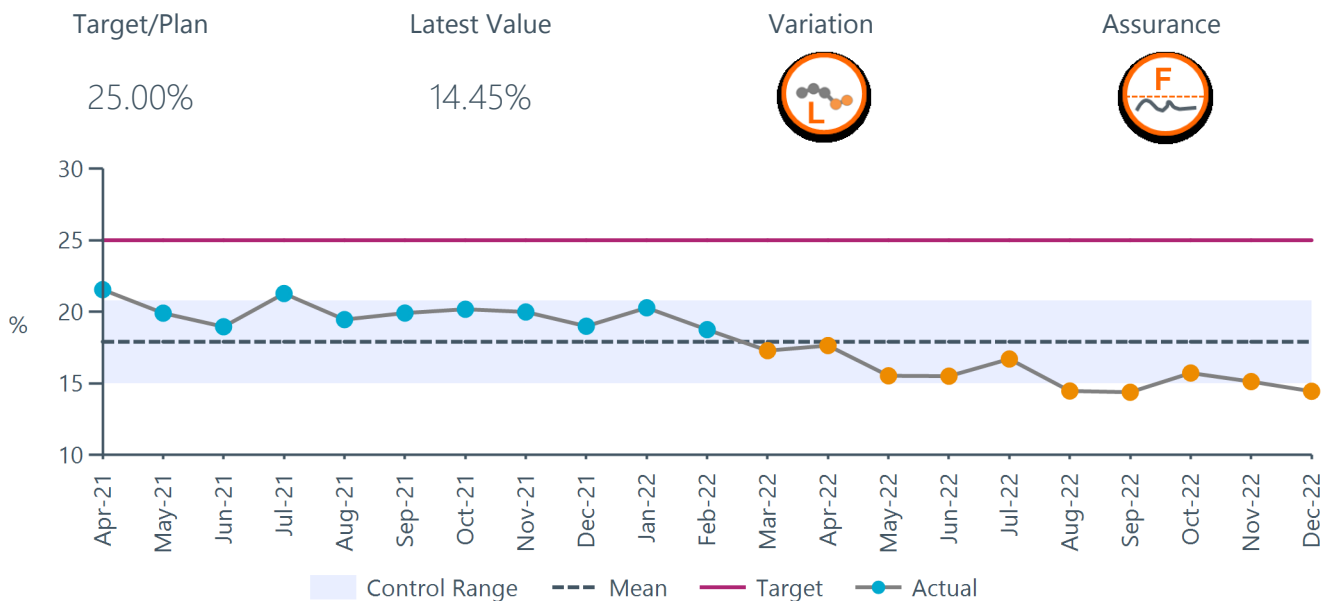
See 'Total Outpatient Activity' for further details.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1193	1049	1034	1278	1011	1383	1116	923	1031	1059	836	972	755

# Total Outpatient Activity - % Virtual

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

In December the total Virtual Outpatient Activity undertaken in the Trust was 1501 against 10390, equating to 14.45%; 1097 below 2022/23 NHS EI plan of 25% and 369 below 2022/23 trajectory of 18%.

This is broken down as follows:

- New appointments - 5.07% (163 out of 3212)
- Follow-up appointments - 18.64% (1338 out of 7178)

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

- SOOS GPSI (38.14%); SOOS Physiotherapy (35.99%); Spinal Injuries (27.94%); Rheumatology (27.24%);

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

- Neurology (1.42%); Upper Limb (2.87%); Paediatric Orthopaedics (4.23%); Arthroplasty (4.35%)

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

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

## Actions

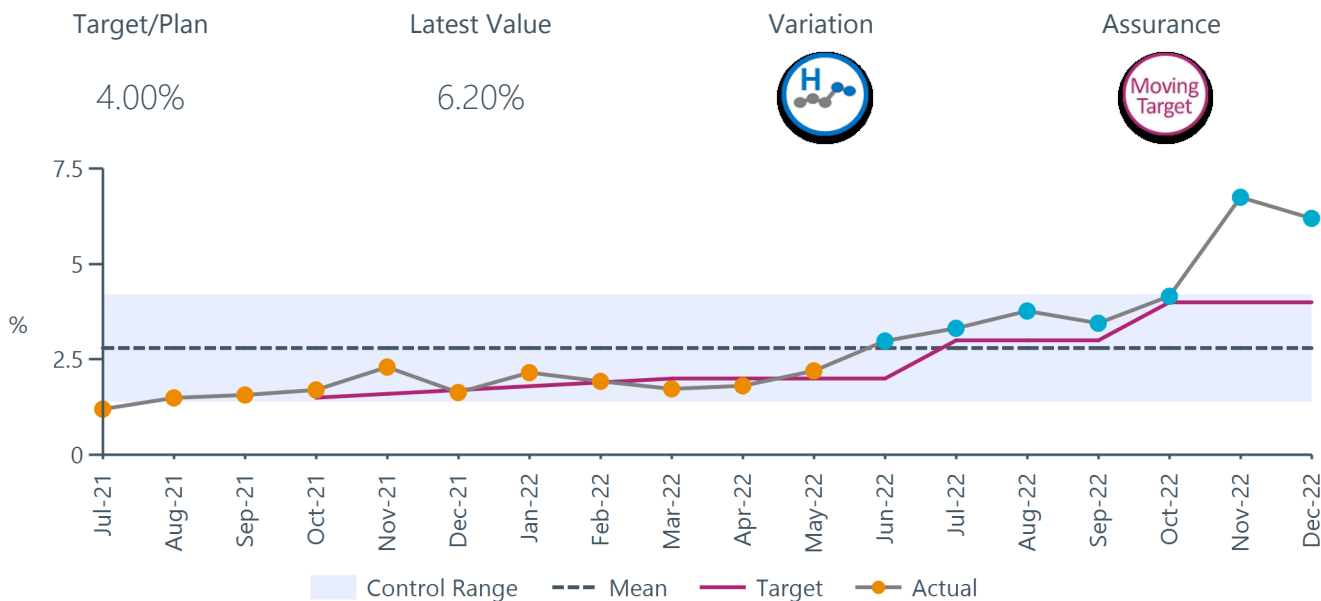
- Work is still ongoing to increase the virtual activity, trial clinics are being held within foot and ankle and feedback from that will follow.
- Discussions with other firms about how best to increase are ongoing and operational team attending firm meetings to encourage clinician engagement.
- Bank staff member been recruited 12/01/23 to support with the virtual activity, proof of concept required and structure of the role to be defined to ensure maximum outputs.
- Nurse practitioner surgical helplines are all being recorded and process documented.
- Local benchmarking shows we are performing better than similar orthopaedic specialist trusts in the area. Further engagement with the operational team required.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
18.99%	20.28%	18.75%	17.29%	17.64%	15.53%	15.50%	16.70%	14.47%	14.38%	15.72%	15.12%	14.45%

# 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



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances by March 2023. In December this was exceeded with 6.20% of total outpatient activity moved to a PIFU pathway against the 2022/23 plan of 4%.

PIFU has now been successfully implemented within SOOS, in December 346 SOOS episodes were moved to a PIFU pathway; this equates to 53.73% of the total number of episodes moved to a PIFU pathway in December. Furthermore, Rheumatology will be implementing PIFU in January 2023.

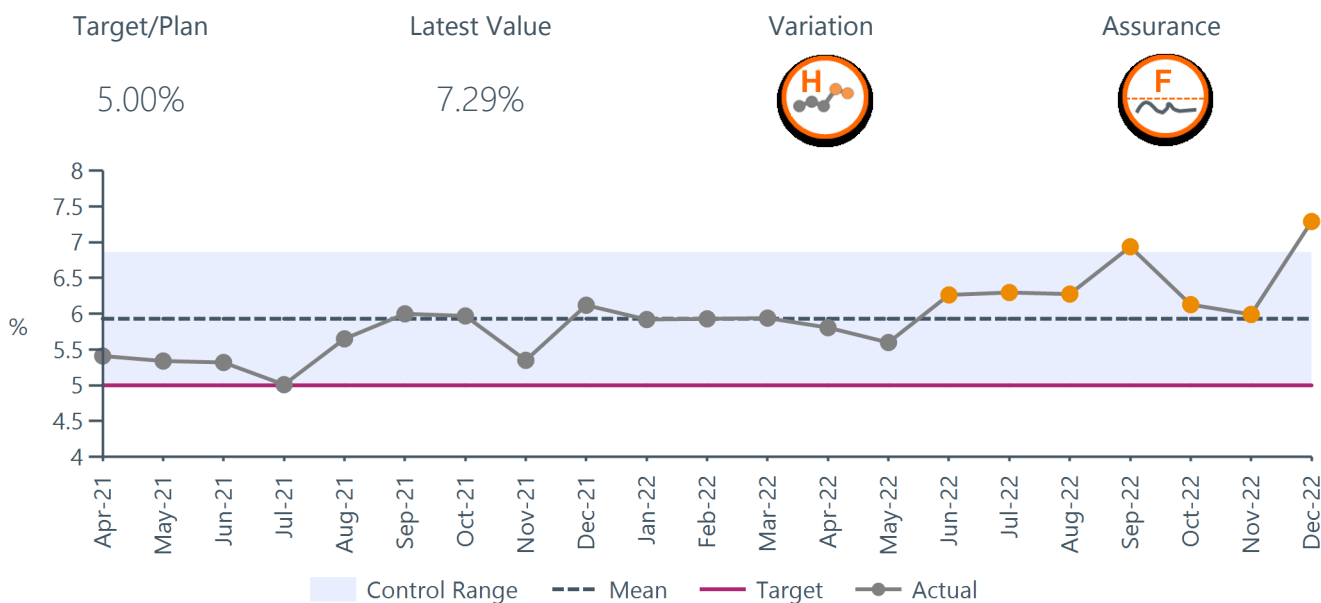
## Actions

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1.64%	2.16%	1.93%	1.73%	1.81%	2.20%	2.99%	3.32%	3.77%	3.45%	4.16%	6.75%	6.20%

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

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

Exec Lead:  
Chief Operating Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

The DNA rate remains above target at 7.29% for December. This equates to 817 missed appointments; 257 above the 5%.

This is broken down as follows:

- New appointments - 6.49% (223 out of 3435)
- Follow-up appointments - 7.64% (594 out of 7772)

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

- Paediatric Orthopaedics - 56 DNAs; 13.63% of their activity
- Rheumatology - 110 DNAs; 11.10% of their activity
- Foot & Ankle - 51 DNAs; 10.04% of their activity

## Actions

DNA Task and Finish group regularly meeting. Current actions being taken are:

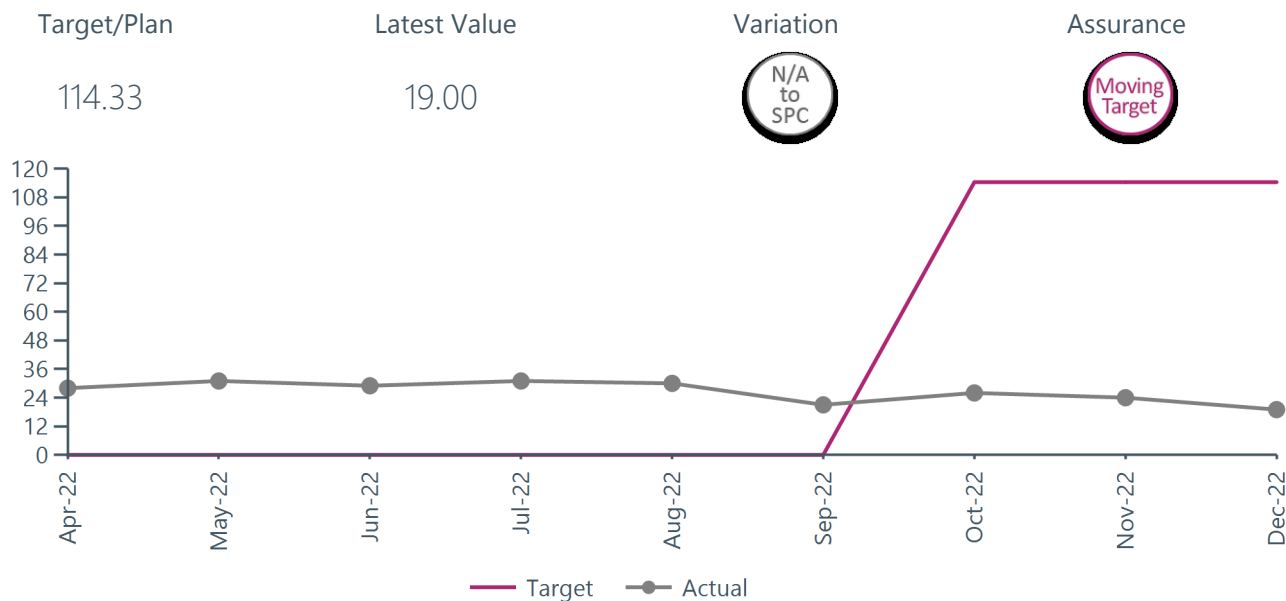
- Focus on reviewing letters and converting to clear read format; linking with Synertec to support with clear read format
- Digital comms has launched which will improve communication with patients
- Ensuring maximum confirmation rate wherever possible, bank staff member been recruited 12/01/23 to support with confirmation of patients across all specialities, utilising reminder letters and telephoning non responders
- For Paediatric Orthopaedics there is now prior contact to the patient/parent prior to appointment via telephone.

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
6.12%	5.92%	5.93%	5.94%	5.81%	5.60%	6.26%	6.30%	6.28%	6.94%	6.13%	5.99%	7.29%

# Big Ticket Item (BTI) Efficiency Delivered

MSK Transformation 217785

Exec Lead:  
Chief Finance and Planning Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

## Actions

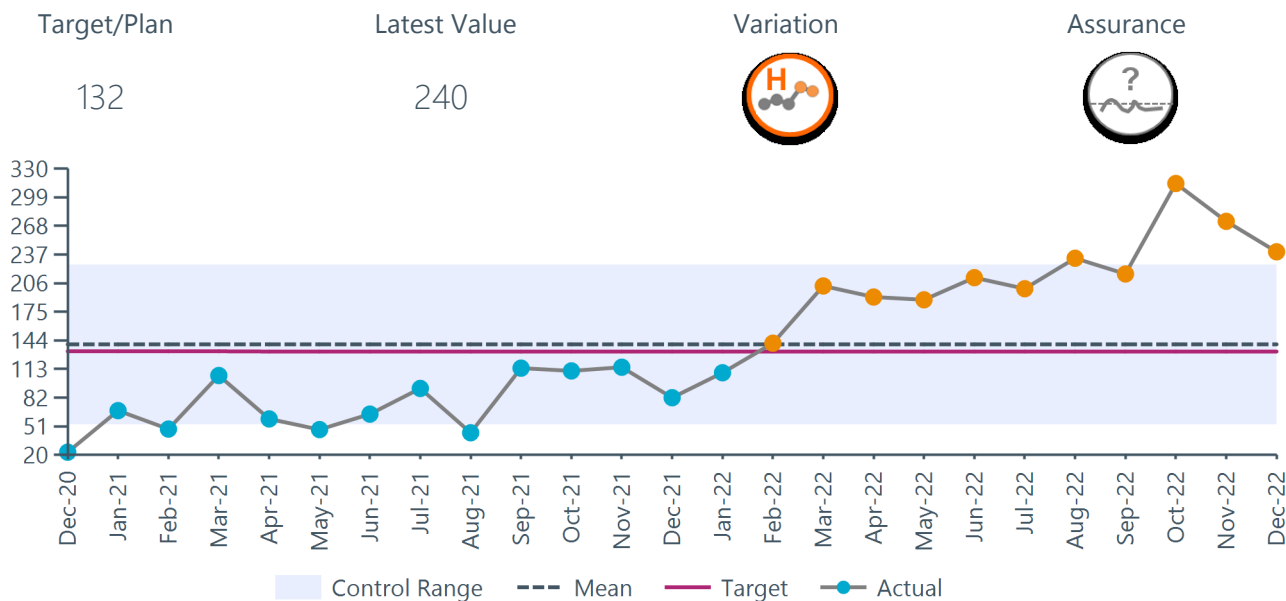
- Revised Go Live date Feb23 for interface service, digital solution and single point of access.
- Business case approved for recurrent investment into therapies at system level - progressing with recruitment and host provider agreed.
- Development of system MSK dashboard and data sets to properly monitor performance and changes.
- Embed measurable outcomes and KPI's into project objectives along with leads/owners for delivery.

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

# Agency Core

Annual ceiling for total agency spend introduced by NHS Improvement - Core Agency only 216336

Exec Lead:  
Chief Finance and Planning Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Core agency adverse to cap driven by vacancy rates and absence levels. Decrease in monthly agency spend of £33k from last month.

## Actions

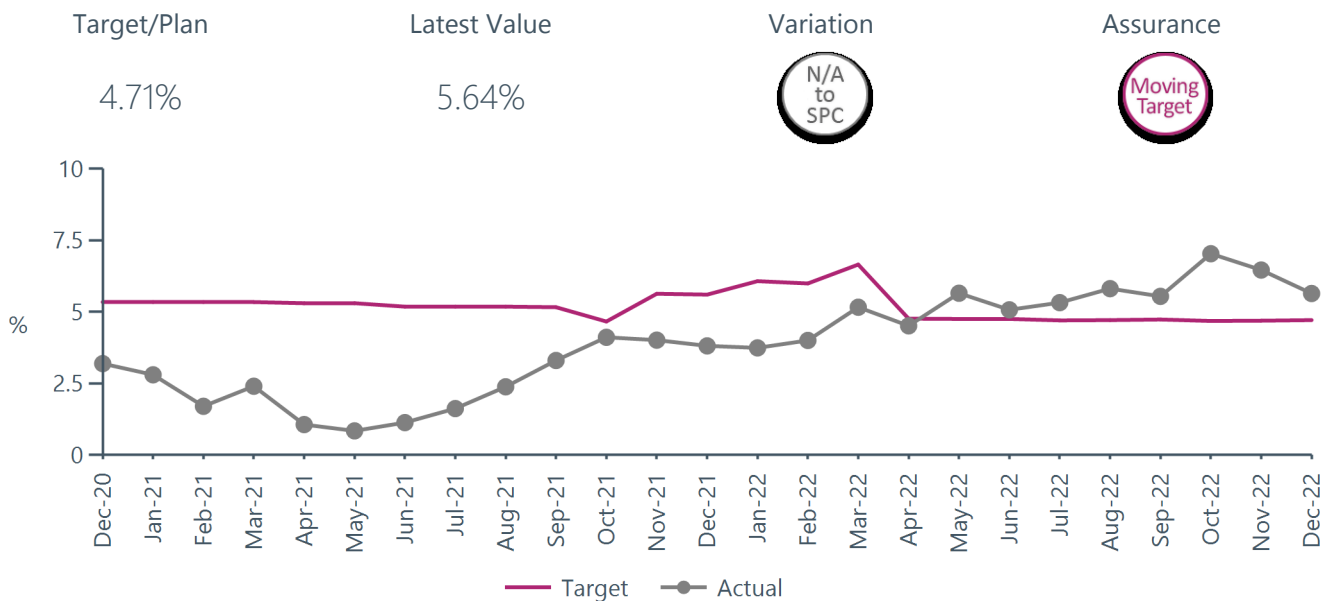
- Agency overseen by People Committee.
- Recruitment plans focused on registered nursing, HCA and consultants (anaesthetics, rheumatology, MCSI).
- Trainee nurse associate initiatives supported to increase clinical workforce numbers.
- International recruitment second cohort H2.
- Launch of bank incentives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

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
82	109	141	203	191	188	212	200	233	216	314	273	240

# Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs 217413

Exec Lead:  
Chief Finance and Planning Officer



## Trajectory/H2 Forecast



## What these graphs are telling us

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

## Narrative

Decrease in agency spend compared to M08

## Actions

See agency actions

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
3.81%	3.74%	4.00%	5.16%	4.51%	5.65%	5.07%	5.32%	5.81%	5.54%	7.03%	6.46%	5.64%