Combined Integrated Performance Report November 2023 – Month 8

NHS
The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

a)

SPC Chart Rules

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

- Any single point outside of the control range

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

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

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

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

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

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

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

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

b)

- 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

c)
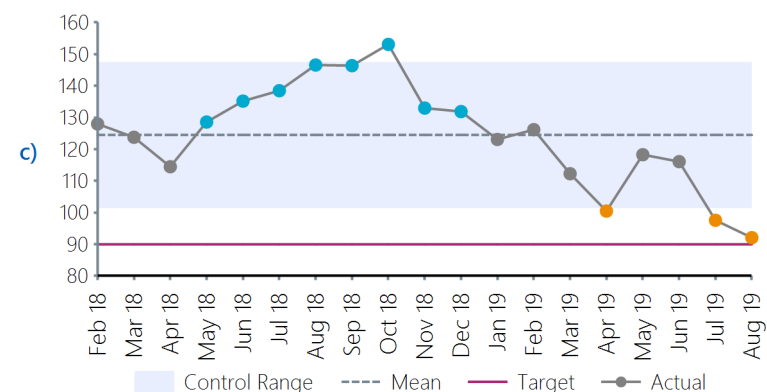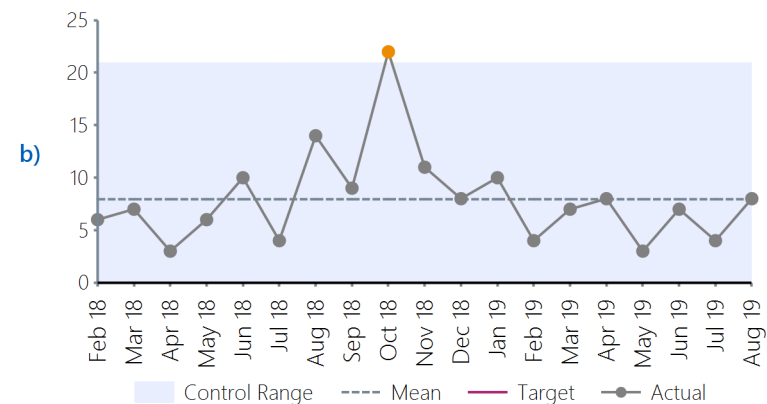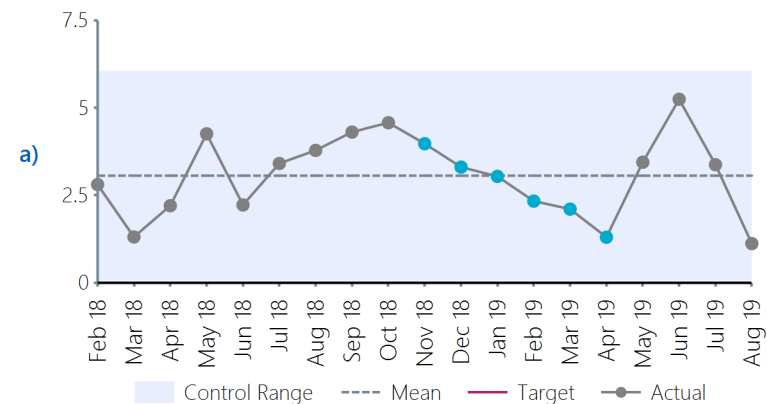
Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

Dates

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

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

Blue	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
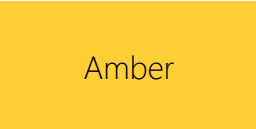
Requires improvement

Siginficant improvement required

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.84%	4.67%		L	Moving Target	+	05/12/23
Sickness Absence - Short Term	2.92%	1.93%		L	Moving Target	+	05/12/23
Sickness Absence - Long Term	2.92%	2.74%			Moving Target	+	05/12/23
Staff Turnover - Headcount	11.00%	8.98%		L	Moving Target	+	
In Month Leavers	10	11			Moving Target	+	
Vacancy Rate	8.00%	5.23%		L	?	+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	6.74%		L	F	+	
Healthcare Support Worker Vacancy Rate	0.00%	13.96%			F	+	
Allied Health Professionals Vacancy Rate	8.00%	6.45%			?	+	
Total Headcount in Post		2,077		N/A to SPC	No Target	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Recruit		185		(⌁)	No Target	+	
Staff Retention		79.72%		(L)	No Target	+	
% Staff Availability		81.53%		(H)	No Target	+	
Statutory & Mandatory Training	92.00%	93.80%		(H)	(?)	+	
Personal Development Reviews	93.00%	92.00%		(⌁)	(?)	+	
E-Rostering Level of Attainment	4	0		N/A to SPC	(F)	+	
Percentage of Staff on the E-Rostering System	90.00%	91.86%		(H)	(?)	+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		70.15%		(H)	No Target	+	
% of System-Generated E-Roster (Auto-Rostering)		52.37%		(⌁)	No Target	+	
E-Job Planning Level of Attainment	4	0		N/A to SPC	(F)	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Percentage of Staff with an Active E-Job Plan	90.00%	89.36%		(H)	(F)	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0		N/A to SPC	No Target		
Total Patient Falls	10	9			?		
Inpatient Ward Falls Per 1,000 Bed Days	2.50	2.14			?		
RJAH Acquired Pressure Ulcers	1	1		N/A to SPC	P		
Pressure Ulcer Assessments	99.00%	99.36%			P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.25%			P		
Number of Complaints	8	14			?		11/05/18
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%		H	?		
Complex Complaints Response Rate Within 40 Days	100.00%	50.00%		N/A to SPC	?		
Complaints Re-opened	0	0		N/A to SPC	?		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Safe Staffing	90.00%	100.80%					
Mixed Sex Accommodation	0	0		N/A to SPC			
% Delayed Discharge Rate	2.50%	7.96%			?	+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	9			?	+	
RJAH Acquired C.Difficile	0	0		N/A to SPC	?		24/06/21
C Diff Infection Rates Per 100,000 Bed Days	3.18	14.65		H	F		
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	9.77		H	P		
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		24/06/21
RJAH Acquired MSSA Bacteraemia	0	0		N/A to SPC	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired Klebsiella spp	0	1		N/A to SPC	?	+	
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		
Surgical Site Infections	0	1		(variation)	?	+	
Outbreaks	0	0		N/A to SPC	P		
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	P		
Medication Errors	18	36		(variation)	?	+	
Number of Deteriorating Patients	5	4		N/A to SPC	?		
Total Deaths	0	1		N/A to SPC	F	+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	3		(variation)	?		
VTE Assessments Undertaken	95.00%	99.78%		(variation)	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
28 days Emergency Readmissions*	1.00%	0.81%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%			P		
Volume of Theatre Cancellations	81	110			Moving Target	+	
31 Day General Treatment Standard*	96.00%	100.00%			P		
62 Day General Standard*	85.00%	60.00%			?	+	
28 Day Faster Diagnosis Standard*	75.00%	92.68%			?		12/09/23
18 Weeks RTT Open Pathways	92.00%	48.43%		L	F	+	24/06/21
English List Size	12,893	15,072	15,871	H	F	+	
Welsh List Size		7,921		H	No Target	+	
Combined List Size		22,993		H	No Target	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 52 Weeks – English	0	1,193	1,091	L	F	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,058			No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,251		L	No Target	+	
Patients Waiting Over 78 Weeks - English	0	10	0	L	F	+	
Patients Waiting Over 78 Weeks - Welsh (Total)		253			No Target	+	
Patients Waiting Over 78 Weeks - Combined		263		L	No Target	+	
Patients Waiting Over 104 Weeks - English	0	0		L	F	+	
Patients Waiting Over 104 Weeks - Welsh (Total)		66			No Target	+	
Patients Waiting Over 104 Weeks - (Combined)		66		L	No Target	+	
Overdue Follow Up Backlog	5,000	10,522		L	F	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	85.00%	77.80%		(H)	Moving Target	+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	86.18%		(H)	(F)	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.05	1.97			Moving Target	+	
Touchtime Utilisation	82.00%	85.73%		H	?	+	
Total Theatre Activity Against Plan	1,074	945			Moving Target	+	
IJP Activity - Theatres - against Plan	710	639			Moving Target	+	
OJP Activity - Theatres - against Plan	294	222			Moving Target	+	
PP Activity - Theatres - against Plan	70	84			Moving Target	+	
Elective Activity Against Plan (volumes)	1,182	1,106		H	Moving Target	+	24/06/21
Overall BADS %	85.00%	84.29%		H	?	+	
Average Length of Stay – Elective & Non Elective		5.27			No Target	+	
Bed Occupancy – All Wards – 2pm	87.00%	81.64%			?		

Summary - Caring for Finances

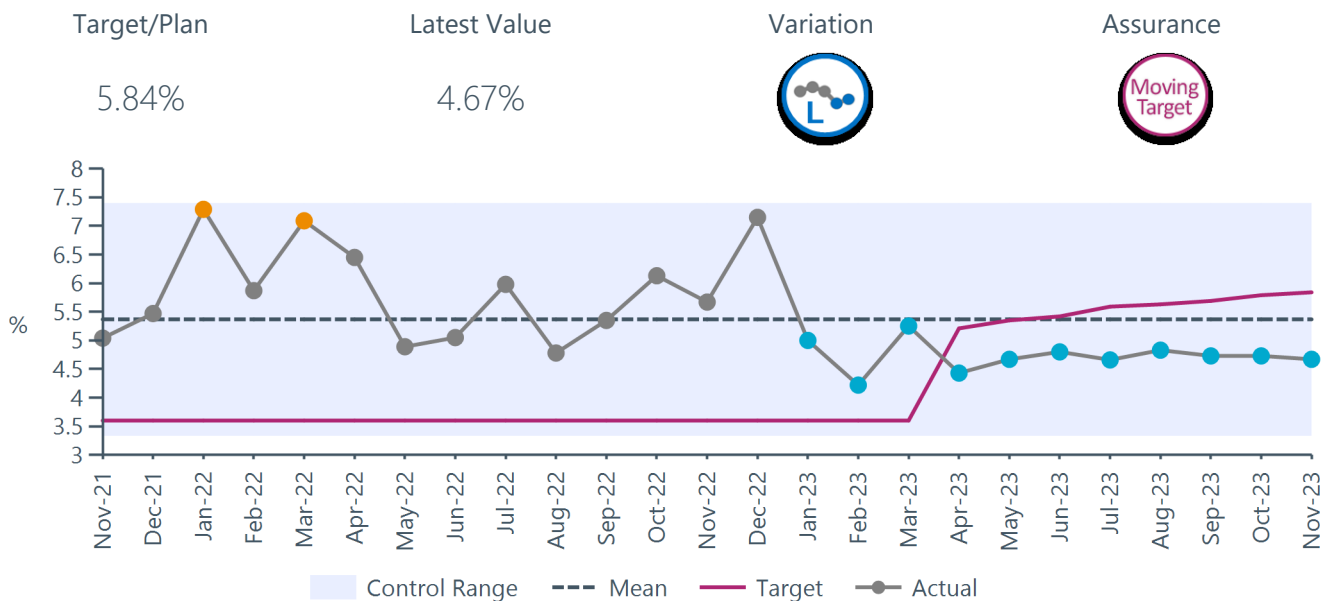| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	17,045	13,642		(variation)	Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	14,431	12,395		(variation)	Moving Target	+	
OJP Activity - Outpatients - against Plan	2,614	1,247		(variation)	Moving Target	+	
Total Outpatient Activity - % Virtual	15.00%	12.64%		L	Moving Target	+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	4.37%		H	Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.45%		L	?	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.54		(variation)	?		
Total Diagnostics Activity against Plan - Catchment Based	2,545	2,685		(variation)	Moving Target		
Data Quality Maturity Index Score				(variation)	?		
Referrals Received for Consultant Led Services, Including SOOS*		3,506		(variation)	No Target		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	795	1,033	459	N/A to SPC	Moving Target		
Income	12,851.80	12,767	12,427	N/A to SPC	Moving Target		
Expenditure	12,056.56	12,289	12,037	N/A to SPC	Moving Target	+	
Efficiency Delivered	456	403	456	N/A to SPC	Moving Target	+	
Cash Balance	21,714	23,915		(variation)	Moving Target		
Capital Expenditure	977	2,908		N/A to SPC	Moving Target		
Agency Core - On Framework	258	199		N/A to SPC	Moving Target		
Agency Core - Off Framework	0	30		N/A to SPC	F	+	
Insourcing Agency	0	246		H	Moving Target	+	
Proportion of Temporary Staff	3.64%	3.15%		N/A to SPC	Moving Target		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	96.00%			?		
Value Weighted Assessment	108.39%	100.76%		N/A to SPC	Moving Target	+	

Sickness Absence

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
5.84%	4.67%	L	Moving Target	4.80 ... 4.67

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric has had a target change from April-23.

Control Range — Mean — Target — Actual

Narrative

The sickness absence rate for November is reported at 4.67%. It is included as an IPR exception this month as the SPC graph indicates special cause variation of an improving nature with all data points since January consecutively below the mean.
The top three reasons for absence Trust-wide were:
* Anxiety/stress/depression/other psychiatric illnesses
* Other musculoskeletal problems
* Cold, Cough, Flu - Influenza

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
5.67%	7.15%	5.00%	4.22%	5.25%	4.43%	4.67%	4.80%	4.66%	4.83%	4.73%	4.73%	4.67%

- Staff - Patients - Finances -

Sickness Absence - Short Term

211163

Exec Lead:
Chief People Officer
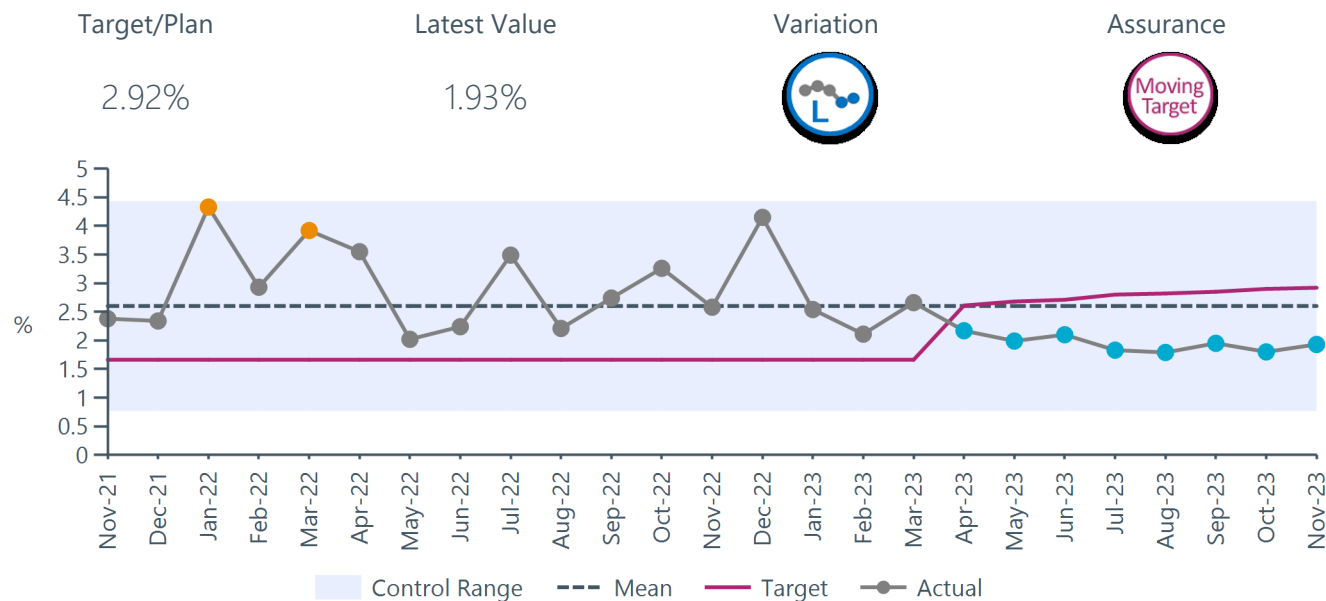
Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.92%	1.93%	L	Moving Target	2.10 ... 1.93

Legend: —●— Actual   --○-- Trajectory

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

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric has had a target change from April-23.

Narrative

The short-term sickness absence rate for November is reported at 1.93%. It is included as an IPR exception this month as the SPC graph indicates special cause variation of an improving nature with the data points since April all below the mean. The rate has remained below target every month of this financial year.

The top three reasons for short-term absence Trust-wide were:
* Cold, cough, flu - influenza
* Anxiety/stress/depression/other psychiatric illnesses
* Other known causes - not elsewhere classified

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
2.58%	4.15%	2.54%	2.11%	2.66%	2.17%	1.99%	2.10%	1.83%	1.79%	1.95%	1.80%	1.93%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer
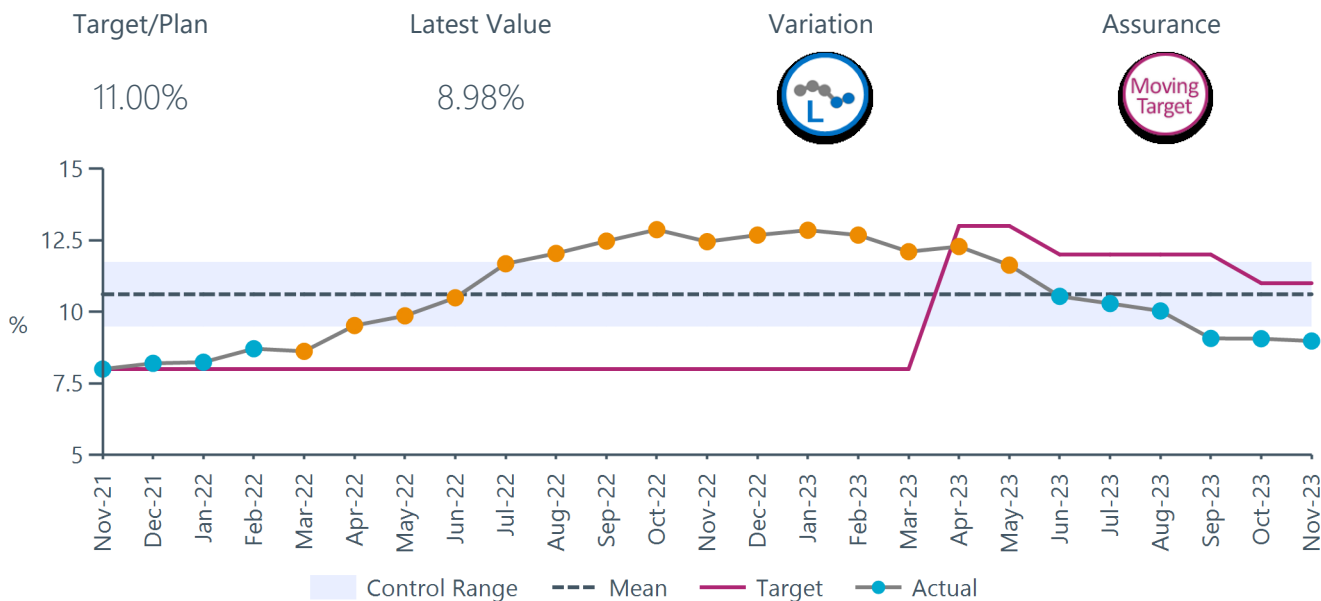
Target/Plan	Latest Value	Variation	Assurance	Trajectory
11.00%	8.98%	L	Moving Target	10.54 ... 8.98

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

Staff Turnover is reported at 8.98% for November and included as special cause variation due to the sustained improvement. This metric relates to the leavers over the past twelve months. For the period of December-22 to November-23 there have been 161 leavers as a proportion of the month end headcount of 1793.

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
12.45%	12.68%	12.85%	12.68%	12.10%	12.28%	11.63%	10.54%	10.29%	10.03%	9.07%	9.06%	8.98%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer
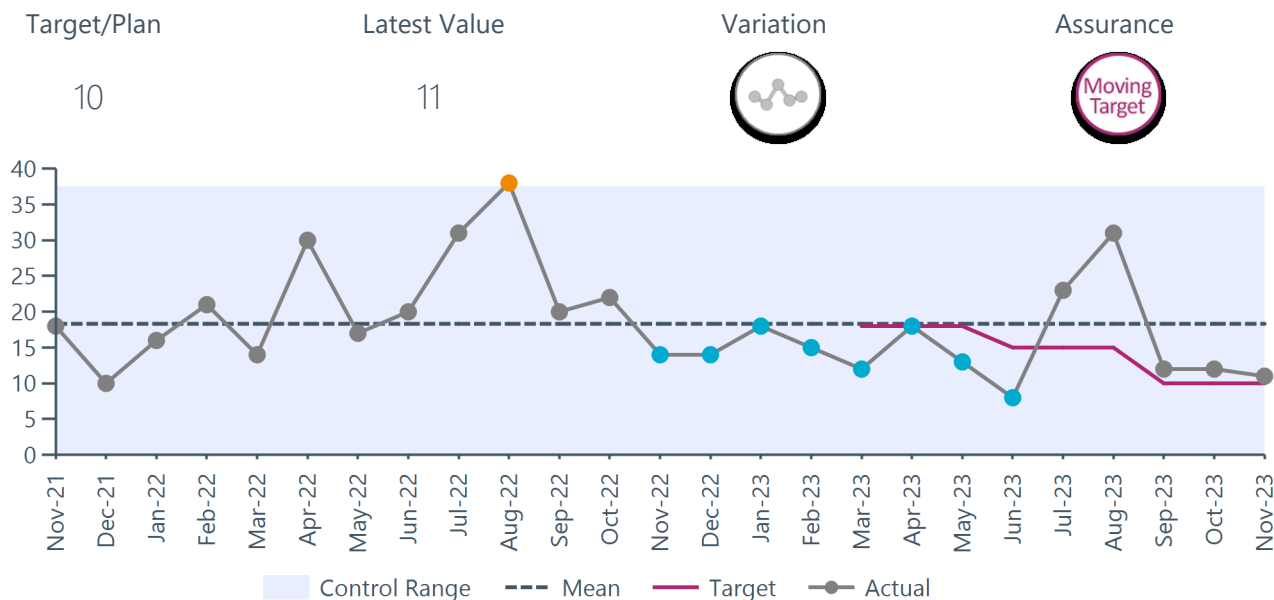
Target/Plan	Latest Value	Variation	Assurance	Trajectory
10	11	(Moving Target icon)	Moving Target	8 ... 11

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

There were 11 staff that left the Trust in November. There has been a gradual target reduction on this metric, stabilising at ten per month from September; therefore, it is included as an exception this month as it is reported above the target.

The November leavers were from the following areas: MSK Unit (5), Specialist Unit (4) and Corporate Areas (2).

The reasons for leaving were:
* Flexi retirement (1)
* Retirement Age (1)
* Voluntary resignations - Other/Not Known (2), Promotion (2), Work Life Balance (2), Incompatible working relationships (1), To undertake further education or training (1), Lack of opportunities (1)

Actions

* Focussed effort on developing role competencies and career pathways for progression to agenda for change. Within Theatres, this launched in November and links to PDRs; eventually supporting the Learning & Development Team with what courses/education are required. Work ongoing within MCSI to progress.
* Trainee Nurse Associates; March-24 cohort compromised due to funding challenges. Revised Business Case to be formulated and presented with the view to support a September-24 cohort.
* System rotation for operating department practitioners is on hold due to the high volume of learners in the department and delays with system leading this work. Meeting to be scheduled with RJAH Workforce Team, Chief Operation Officer, Chief Nurse and ICS AHP Workforce Lead with a view to progress.
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Plans to promote pushed back to quarter four.
* RJAH now delivering preceptorship programme independently, but still utilising springboard to align with system partners. Risk associated with preceptorship delivery due to training room availability within the Trust. This has been escalated to the Estates department.
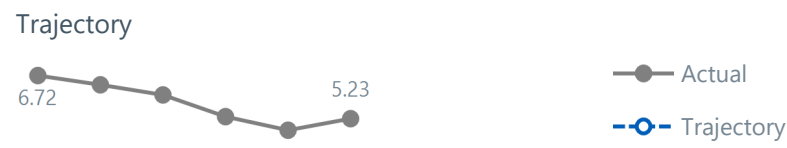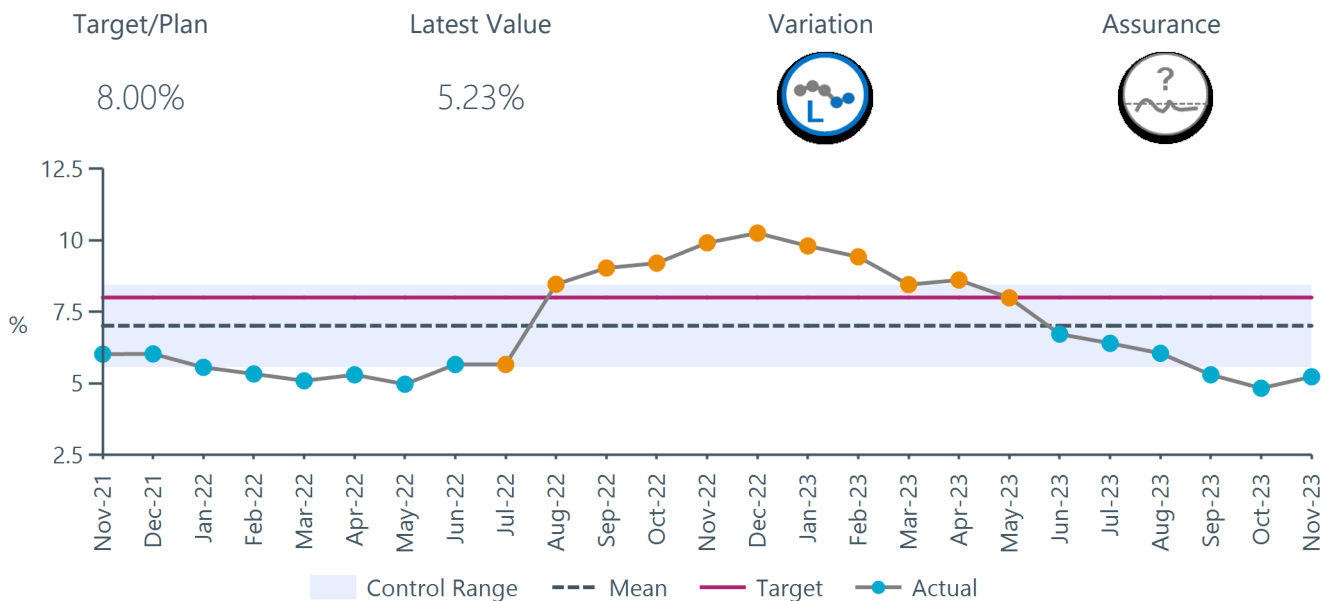
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
14	14	18	15	12	18	13	8	23	31	12	12	11

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	5.23%	L	?	6.72 — 5.23

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

The Trust-wide vacancy rate for November month-end is reported at 5.23%. It is included as an IPR exception due to the graph displaying special cause variation of an improving nature. The increase in vacancy rate reported this month is partly attributable to establishment increase that has been transacted in November that relates to additional staff planned for Theatres.

Actions

* Emerging awareness of number of Admin & Clerical vacancies within MSK Unit that require support from Unit General Manager. Need to understand if related to SOOS/MUSST transition.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
9.91%	10.25%	9.80%	9.42%	8.45%	8.61%	7.99%	6.72%	6.40%	6.05%	5.30%	4.83%	5.23%

-   Staff   -   Patients   -   Finances   -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer
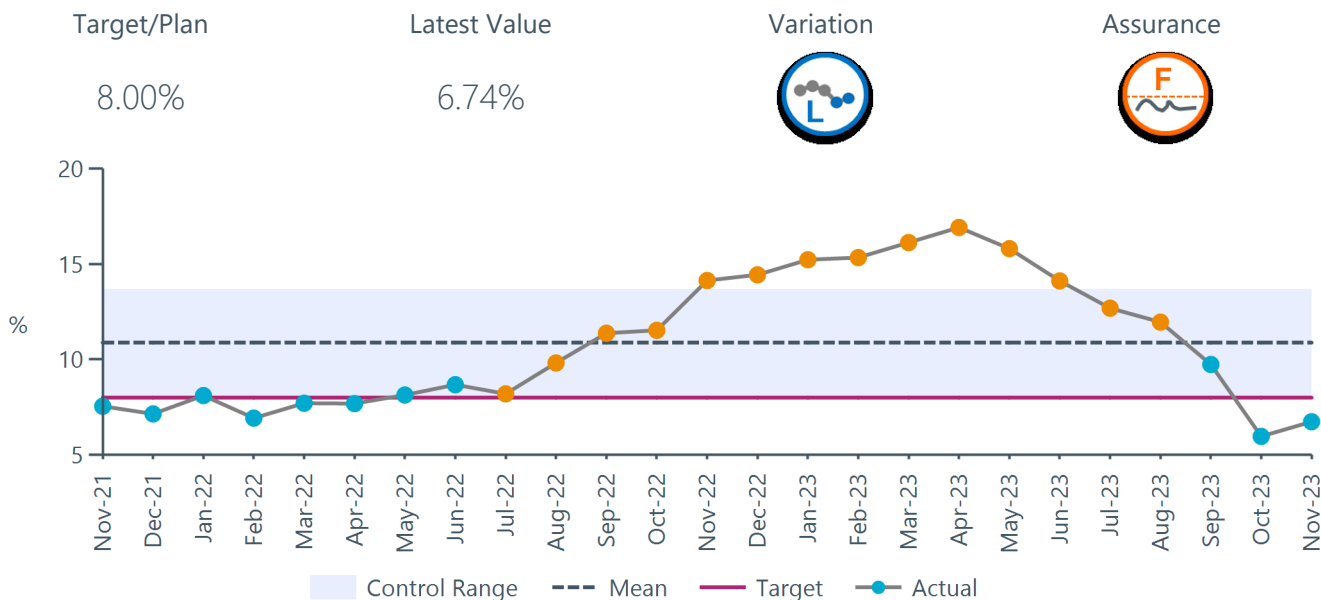
Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	6.74%			

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The Nursing Vacancy Rate is reported at 6.74% for November month end; this equates to 22.71 WTE vacant, up from 19.84 WTE at the end of October. The latest data point remains special cause variation of an improving nature. A breakdown of the vacancies by area as follows;
* Specialist Unit - 7.41% / 9.19 WTE vacant
* MSK Unit - 6.62% / 12.79 WTE vacant
* Corporate Areas - 3.72% / 0.73 WTE vacant

For week ending 10th December, the nursing vacancy rate stood at 23.02 WTE with a total of 22.08 WTE in progress; breakdown as follows:
* 6.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 4.08 WTE in Recruitment Pipeline - at conditional or unconditional stage
* 12.00 WTE - International recruitment

Actions

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* Trainee Nurse Associates; March-24 cohort compromised due to funding challenges. Revised Business Case to be formulated and presented with the view to support a September-24 cohort.
* RJAH now delivering preceptorship programme independently, but still utilising springboard to align with system partners. Risk associated with preceptorship delivery due to training room availability within the Trust. This has been escalated to the Estates department.
* Golden Tickets; Of those issued for September registrations, 66% was achieved. Regular promotion through SNAHP and NSSG. Latest SNAHP meeting was cancelled that delayed in presentation of the latest data. Latest percentage impacted by one candidate withdrawing. Action to re-assess current process to emphasise communication channels with candidates.
* Theatres Recruitment remains an ongoing priority with International hires for nursing and ODP roles due in January.
* Over recruitment to 10% in place with input required from ACNs to encourage at department level.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
14.14%	14.44%	15.23%	15.34%	16.13%	16.92%	15.81%	14.12%	12.69%	11.96%	9.74%	5.97%	6.74%

- Staff - Patients - Finances -

Healthcare Support Worker Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0.00%	13.96%		F	

Actual
Trajectory
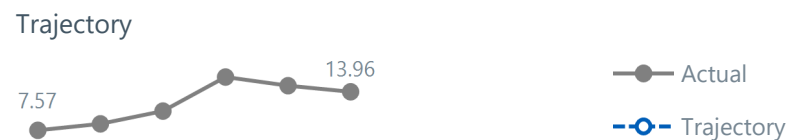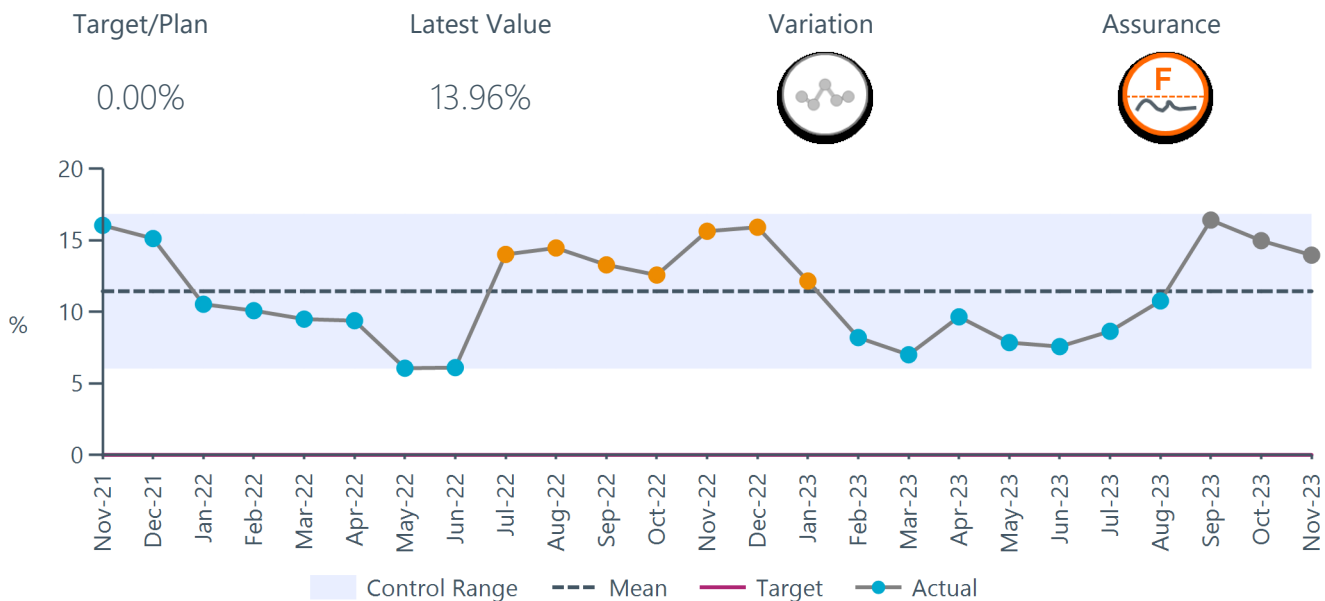
What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The healthcare support worker vacancy rate is reported at 13.96% for November month end. The vacancy rate equates to 30.85 WTE; down from 32.62 WTE at the end of October. The increased number of vacancies seen from September is primarily driven by nine staff that have moved into Trainee Nurse Associate roles.   A breakdown of vacancies by area as follows;
* MSK Unit - 17.00% / 19.29 WTE vacant
* Specialist Unit - 11.61% / 12.36 WTE vacant
* Corporate areas - over-established by 0.8 WTE

For week ending 10th December, the healthcare support worker vacancy rate stood at 30.45 WTE with a total of 17.96 WTE in progress; breakdown as follows:
* 2.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 15.96 WTE - Recruitment Pipeline - at conditional and unconditional stage

Actions

* HCSW Retention; Begin plans for a focus on retention of this staff group within quarter one. This will align with roll out of career progression work (see following point).
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Plans to promote pushed back to quarter four.
* Working towards zero vacancies in this staff group. Vacancy position has been impacted by the transition to Trainee Nurse Associate roles in September.   Recruitment to backfill has commenced. MCSI have made good process with some vacancies still to fill. Within Theatres there has been some progress to address vacancies, however, pace by department is required to close the vacancy gaps. Active recruitment in this area would support the training needs to meet competency requirements that align with completion of new build.
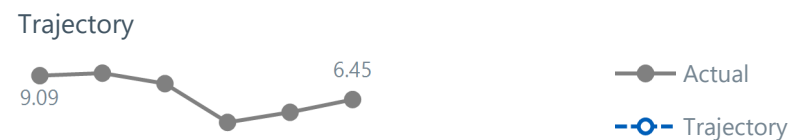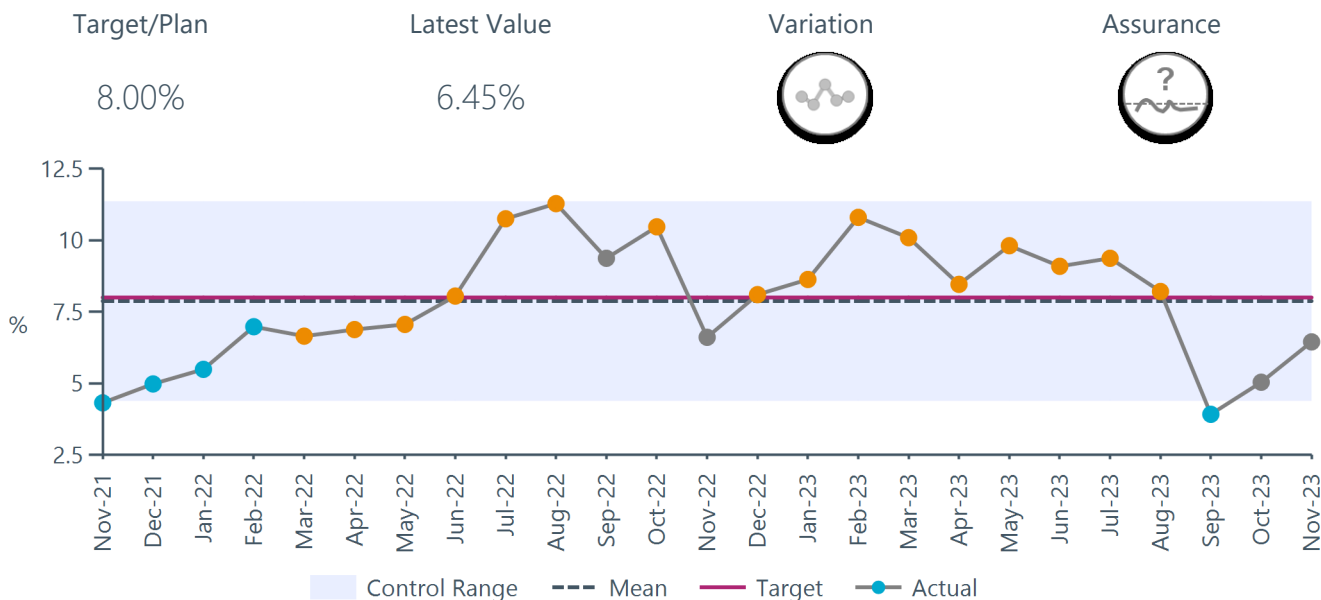
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
15.63%	15.91%	12.15%	8.20%	7.00%	9.65%	7.85%	7.57%	8.64%	10.76%	16.41%	14.97%	13.96%

- **Staff** - Patients - Finances -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
8.00%	6.45%			

What these graphs are telling us

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

Narrative

The allied health professionals vacancy rate it reported at 6.45% for November month end. This equates to 11.76 WTE; up from 9.00 at the end of October. The reported rate remains below the 8% target for a third month.

For week ending 10th December, the allied health professionals vacancy rate stood at 14.06 WTE with a total of 16.70 WTE in progress; a breakdown as follows:
* 3.00 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
* 6.70 WTE in 'pipeline' - a conditional or unconditional stage
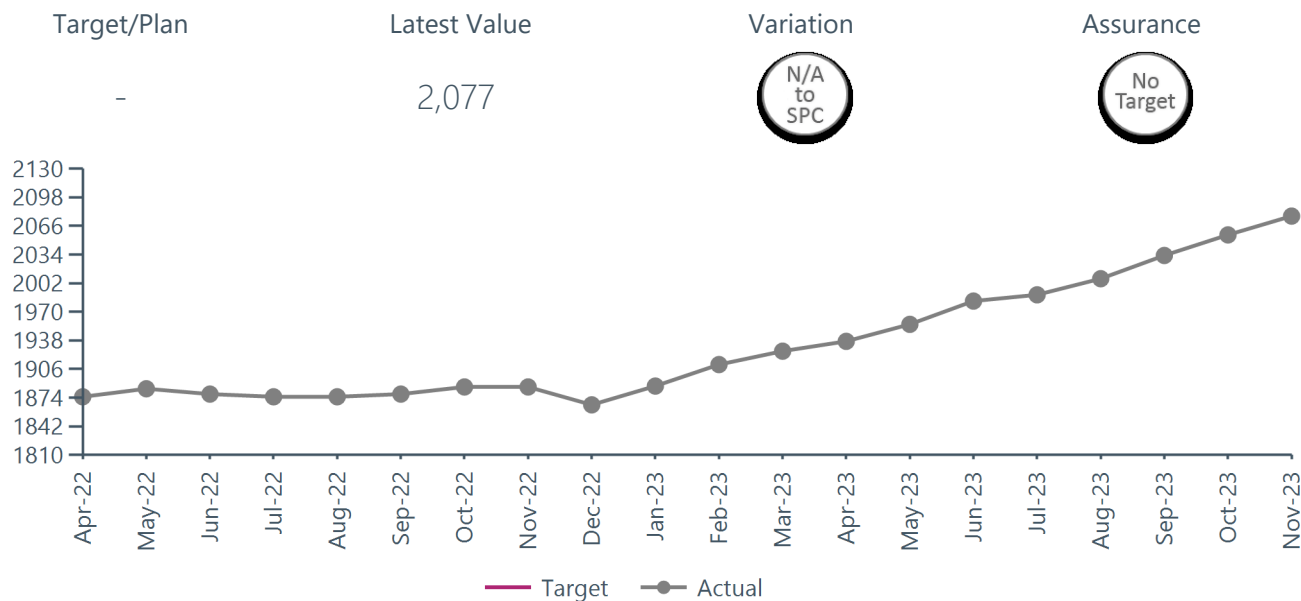* 7.00 WTE - International Recruitment

Actions

* System rotation for operating department practitioners is on hold due to the high volume of learners in the department and delays with system leading this work. Meeting to be scheduled with RJAH Workforce Team, Chief Operation Officer, Chief Nurse and ICS AHP Workforce Lead with a view to progress.
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Plans to promote pushed back to quarter four.
* RJAH now delivering preceptorship programme independently, but still utilising springboard to align with system partners. Risk associated with preceptorship delivery due to training room availability within the Trust. This has been escalated to the Estates department.
* Theatres Recruitment remains an ongoing priority with International hires for nursing and ODP roles due in January.
* Over recruitment to 10% in place with input required from ACNs to encourage at department level and therefore ensure this translates into recruitment decisions. Managers to ensure establishment remains within the 10% agreed.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6.61%	8.10%	8.63%	10.80%	10.09%	8.46%	9.81%	9.09%	9.37%	8.21%	3.92%	5.04%	6.45%

- Staff - Patients - Finances -

Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	2,077	N/A to SPC	No Target	

Trajectory: 1982 — 2077

Actual
Trajectory
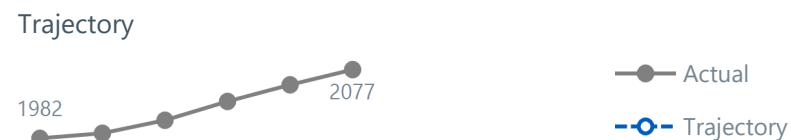
What these graphs are telling us

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

Target — Actual

Narrative

At the end of November the Trust had a total headcount in post of 2077. Data in the graph has been included back to April-22 and demonstrates an increased headcount that has steadily increased throughout this calendar year. For November, the breakdown of 2077 in post is:
* Permanent - 1675
* Fixed Term - 139
* Locum - 1
* Bank - 262

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
1886	1866	1887	1911	1926	1937	1956	1982	1989	2007	2033	2056	2077

- Staff - Patients - Finances -

26

Time to Recruit

The average number of days taken to recruit- based on post approval logged to new member of staff commencing post. Excludes International recruits and rotational doctors. 217821

Exec Lead:
Chief People Officer
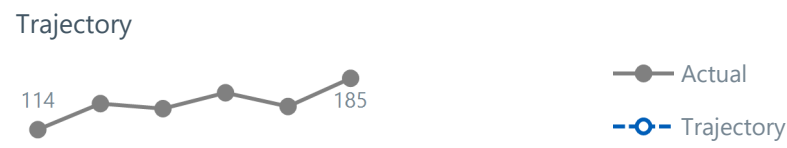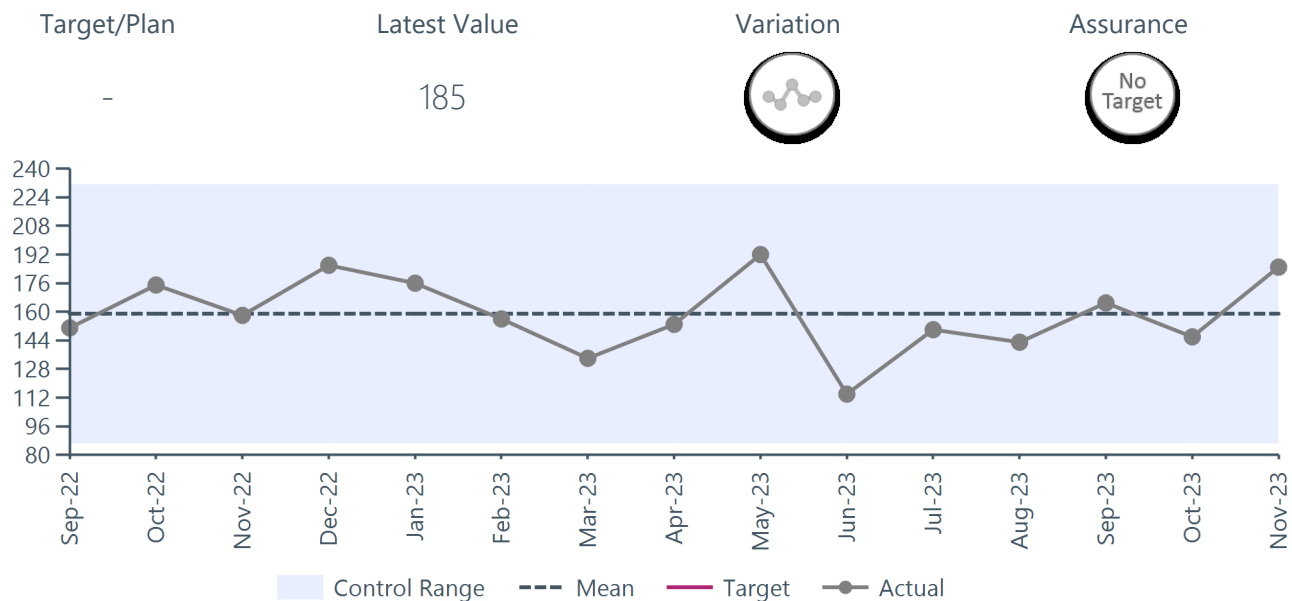
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	185		No Target	114 ... 185

—●— Actual
--○-- Trajectory

What these graphs are telling us

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

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

Narrative

This KPI captures the average time to recruit for any starters in the reporting month. It covers the period of time from when the recruiting manager first logs the request on the Trust post approval system through to the start date of the new member of staff.

For those staff that started new positions in November, the average time to recruit was 185 days. A breakdown of the stages of recruitment is provided within the covering paper/Workforce report that accompanies the IPR.
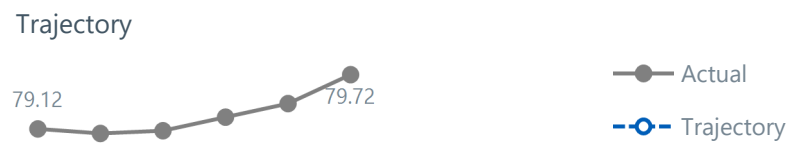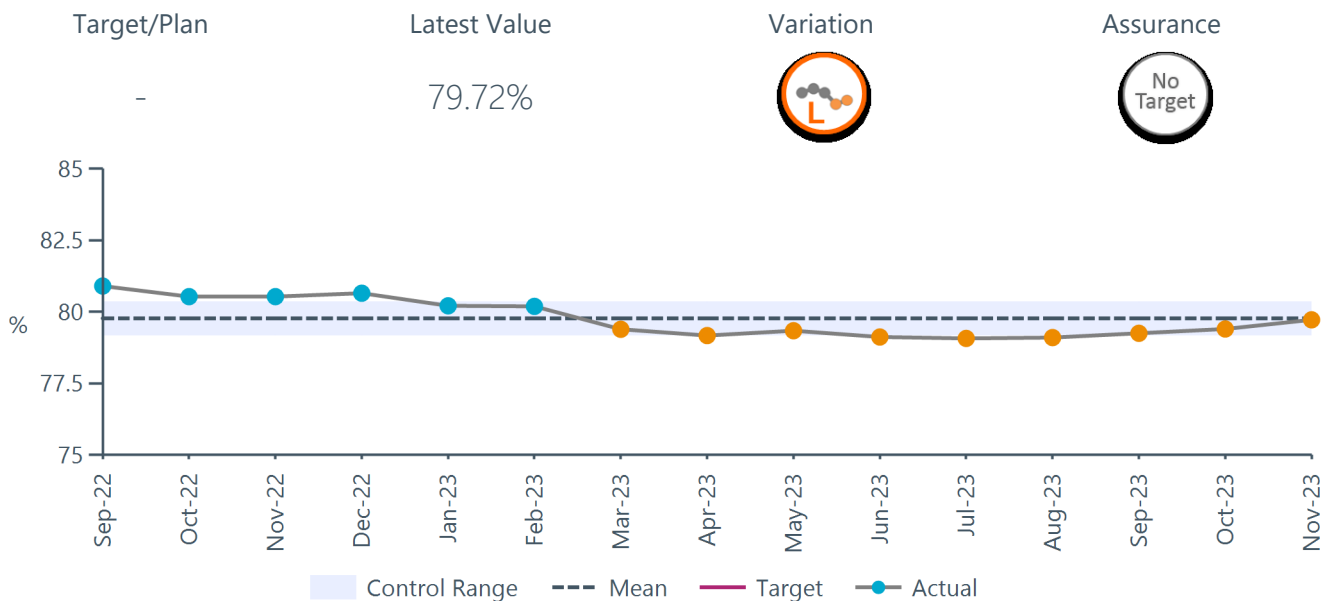
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
158	186	176	156	134	153	192	114	150	143	165	146	185

- Staff - Patients - Finances -

Staff Retention

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	79.72%		No Target	

79.12   79.72

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period.

In November, 79.72% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
* Medical & Dental 90.00%
* Administrative & Clerical 83.52%
* Additional Clinical Services 79.58%
* Add Prof Scientific and Technic - 77.78%
* Nursing & Midwifery 77.55%
* Estates & Ancillary 75.68%
* Allied Health Professionals 72.78%
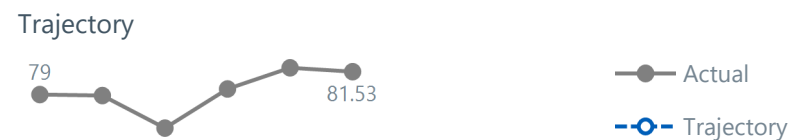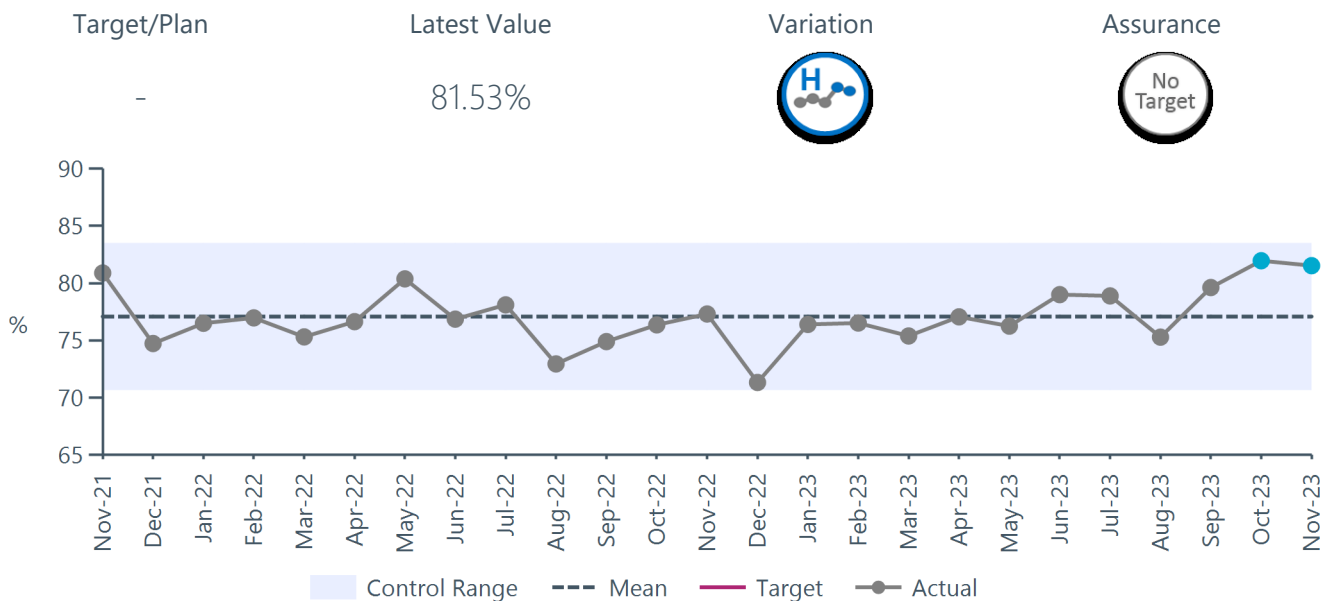* Healthcare Scientists 66.67%

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
80.53%	80.65%	80.21%	80.19%	79.39%	79.17%	79.34%	79.12%	79.07%	79.10%	79.25%	79.40%	79.72%

-    Staff   -   Patients   -   Finances   -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	81.53%	H	No Target	79 ... 81.53

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

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

In November, % staff availability was 81.53%. The 18.47% not available is broken down as follows:
* Vacancies - 5.23%
* Planned absence (annual leave, maternity, paternity) - 8.59%
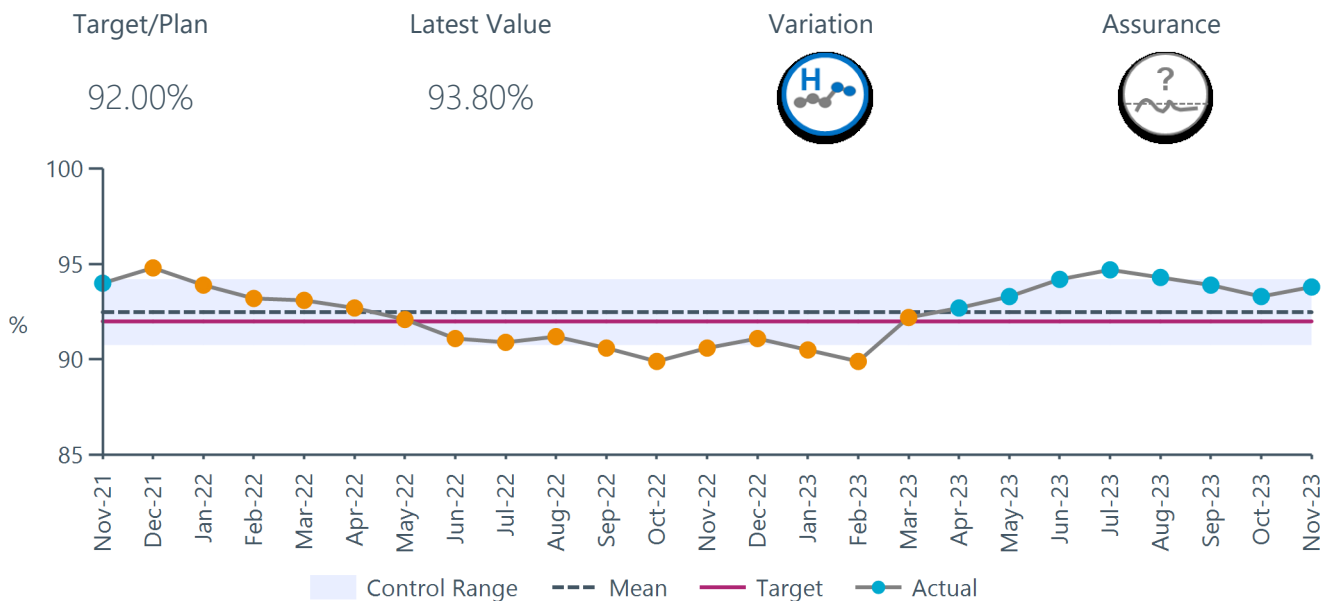* Unplanned absence (sickness, special leave) - 4.65%

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
77.31%	71.33%	76.40%	76.52%	75.39%	77.06%	76.25%	79.00%	78.89%	75.29%	79.62%	81.96%	81.53%

- Staff - Patients - Finances -

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

Target/Plan	Latest Value	Variation	Assurance	Trajectory
92.00%	93.80%			

Trajectory: 94.20 ... 93.80

Legend: Actual, Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The Statutory & Mandatory Training compliance is reported at 93.80% for November month end. The measure is included as an IPR exception as the graph indicates special cause variation of an improving nature with the target now being met consistently since March-23.

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
90.60%	91.10%	90.50%	89.90%	92.20%	92.70%	93.30%	94.20%	94.70%	94.30%	93.90%	93.30%	93.80%

- Staff - Patients - Finances -

Personal Development Reviews

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

Exec Lead:
Chief People Officer
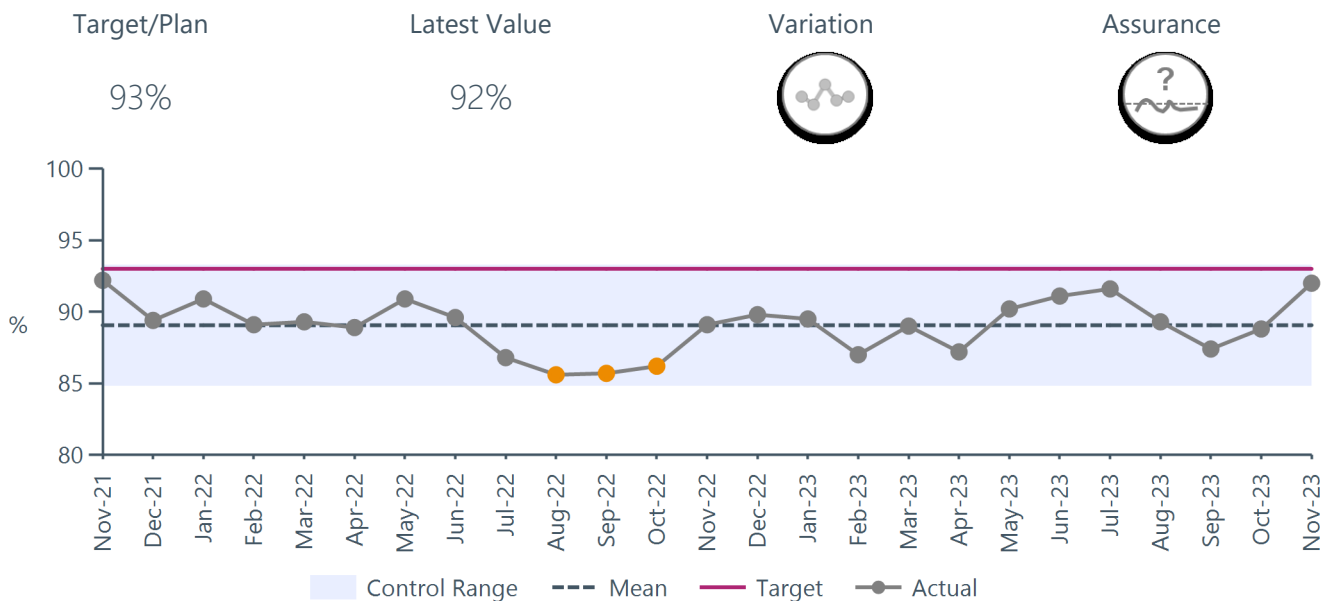
Target/Plan	Latest Value	Variation	Assurance
93%	92%		

Trajectory

91.10

92

● Actual
○ Trajectory

What these graphs are telling us

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

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 91.14% at the end of November. This has been reported below target since August '21. Breakdown below by area:
* Specialist Unit - 89.90% - 52 not completed
* Corporate areas - 87.76% - 41 not completed
* MSK Unit - 94.20% - 34 not completed - 10% increase in compliance throughout November for MSK Unit

Actions

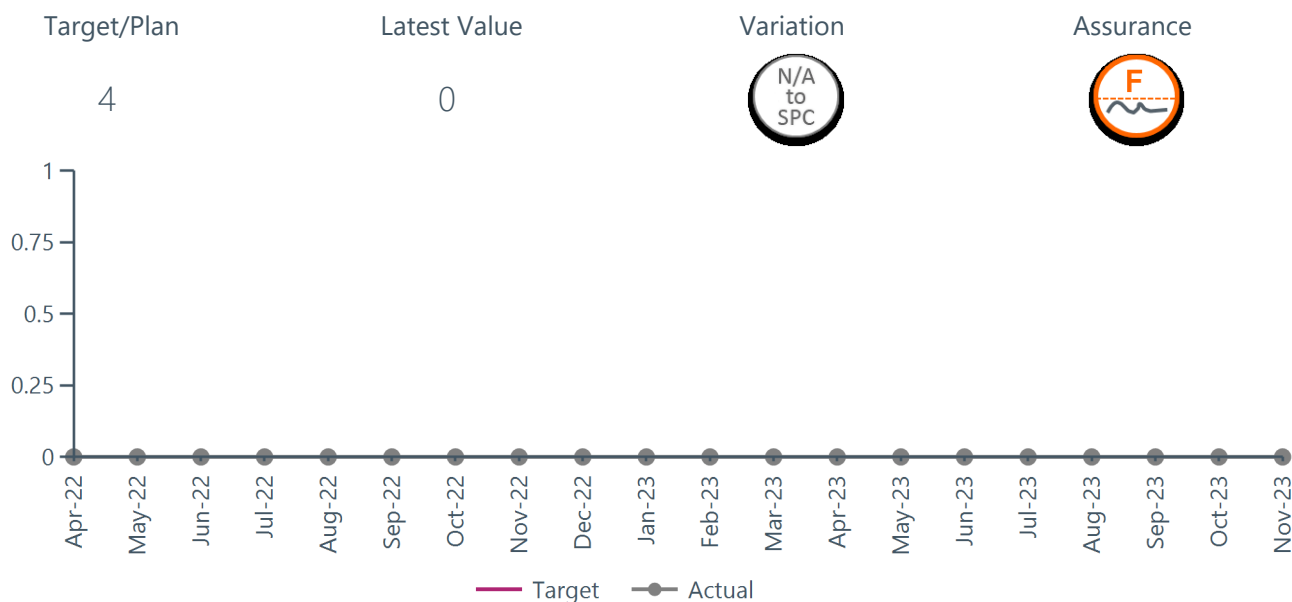Performance against this target is monitored through Trust Performance and Operational Improvement Group.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
89.10%	89.80%	89.50%	87.00%	89.00%	87.20%	90.20%	91.10%	91.60%	89.30%	87.40%	88.80%	92.00%

- Staff - Patients - Finances -

E-Rostering Level of Attainment

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

Exec Lead:
Chief Nurse and Patient Safety Officer

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

Actual
Trajectory

What these graphs are telling us

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

— Target — Actual

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."

Level 2 has been achieved for AHPs and Nursing with the additional KPIs required now being reported on and will be shared to Teams and Managers.

In order to meet level 1 fully, the following actions are required:
* All contracted hours are recorded on the system to which local, contractual and statutory safe working rules are applied. Net hours per roster period are monitored to ensure all contracted hours are rostered
* Trust wide policies detail e-rostering process ensuring consistent roster rules are applied

Actions

Actions outstanding in order to progress to Medics to level 1 are:
* Medical roster templates based on signed off job plans to be uploaded onto the system. Awaiting all job plans within department to be signed-off prior to departmental level roster go-live.   Templates uploaded for all MSK apart from Upper Limb. All Specialist uploaded apart from Spinal Disorders, Rheumatology and MCSI.
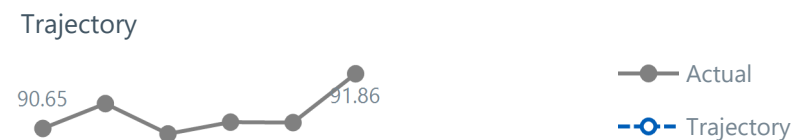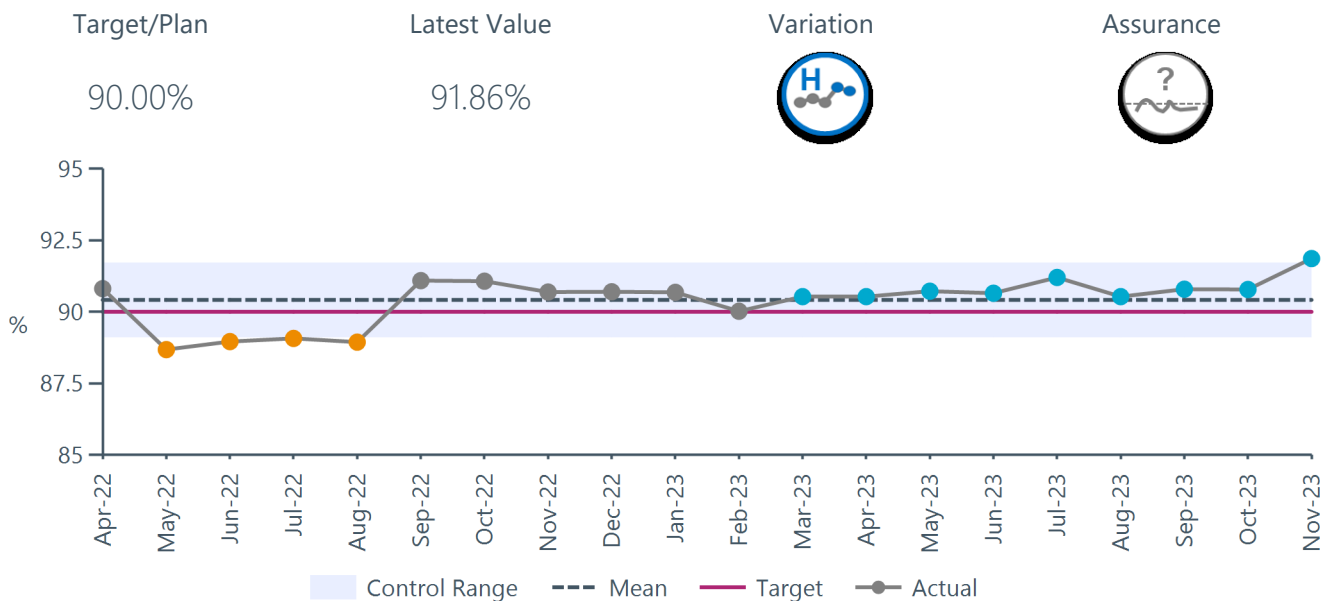* Anticipating standard 1 for Medics completion by end of December 23.

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

- Staff - Patients - Finances -

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	91.86%	H	?	

Trajectory: 90.65 ... 91.86

— Actual
–O– Trajectory

What these graphs are telling us

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

Chart legend: Control Range | Mean | Target | Actual

Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of November, 91.86% of clinical staff are on roster. This has consistently been over the target of 90% for the last 12 months.

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
90.69%	90.70%	90.68%	90.02%	90.53%	90.53%	90.72%	90.65%	91.20%	90.53%	90.79%	90.78%	91.86%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer
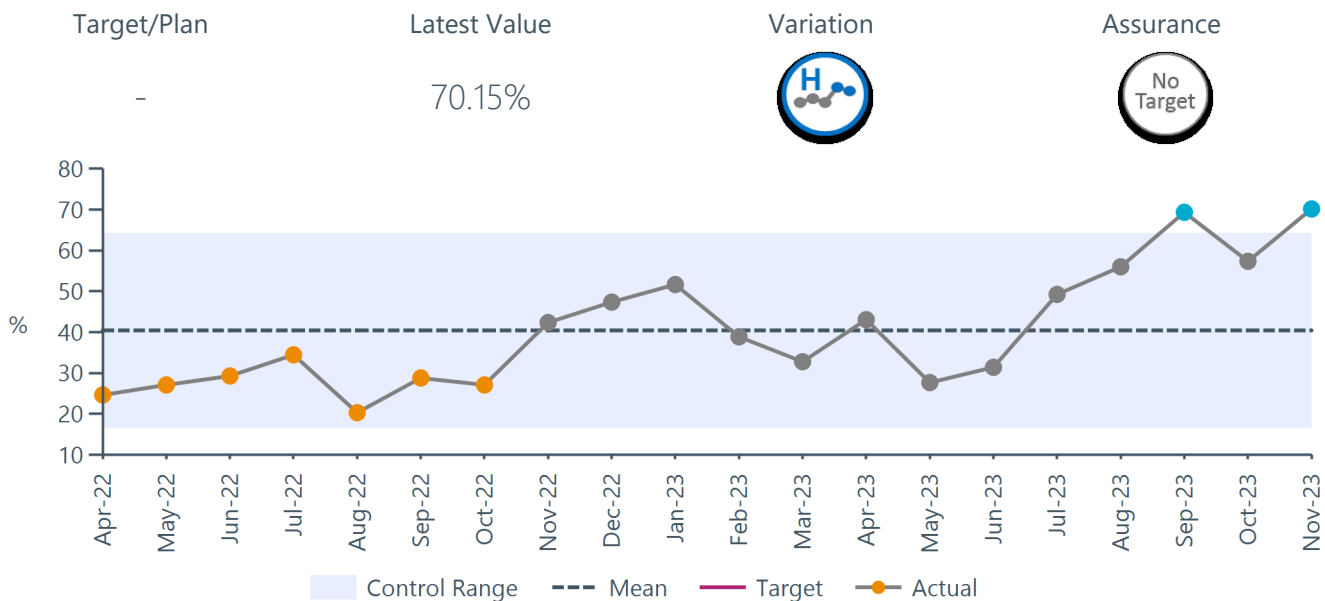
Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	70.15%	H	No Target	31.43 ... 70.15

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. There is no target for this metric.

Control Range   Mean   Target   Actual

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 70.15%. This relates to the roster start date of 9th October 2023. A breakdown by unit is provided below:
* Corporate Areas - 85.71%
* MSK Unit - 74.29%
* Specialist Unit - 50.00%

We have been able to disaggregate this measure into professional areas. The breakdowns are :
* Radiology - 100%
* Corporate - 91.67%
* Nursing - 77.14%
* Medical - 2.22%
* AHPs - 60.00%

Actions

A task and finish group has been established for medical rostering with an implementation plan in place. We will expect compliance to further improve through December and January as further job plans were added to e-roster during November. This metric will be presented at NSSG with actions to be provided for improvement.

At present the performance reported relates to data on the Trust's main system. A meeting has been held with CWL who host the anaesthetics staff system to progress incorporating the data reported for this metric. A task and finish group has been set up to develop the SOP to support the process to approve anaesthetic rotas at 6 weeks.
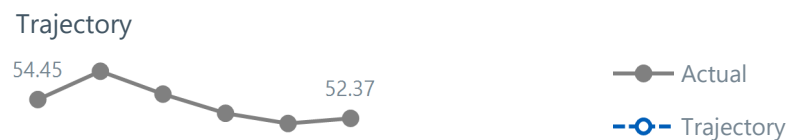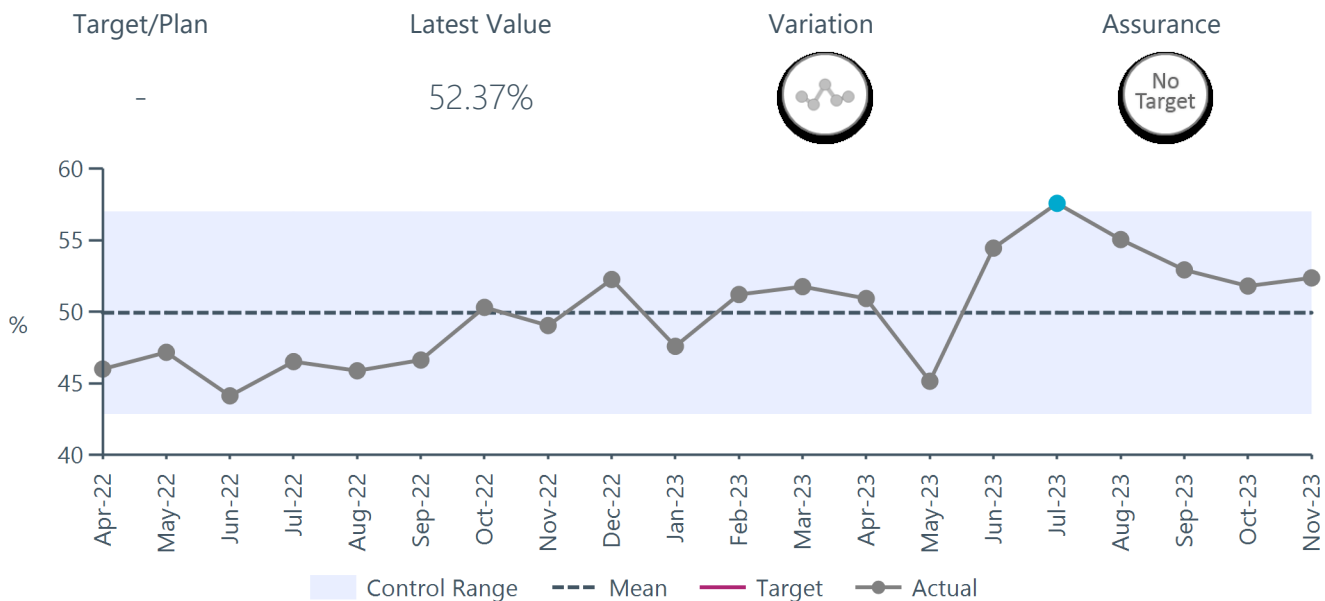
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
42.37%	47.37%	51.67%	38.89%	32.79%	43.08%	27.69%	31.43%	49.25%	56.00%	69.33%	57.35%	70.15%

- Staff - Patients - Finances -

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

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	52.37%	(variation icon)	No Target	(trajectory chart)

Trajectory values: 54.45 ... 52.37

Actual
Trajectory

What these graphs are telling us

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

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

Narrative

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

Trust wide compliance is 52.73% and we have been able to disaggregate this measure into professional areas. The breakdowns are :
* Medical - 100%, AHPs - 84.10%, Corporate - 73.84%, Radiology - 48.73%, Nursing - 34.61%

Actions

A task and finish group has been set up to develop the SOP to support the process to approve anaesthetist rota at 6 week. We will aim to report compliance for anaesthetists from December. Performance relating to this metric will be monitored via ACN with actions to be taken to improve monitored at Agency Task and Finish group
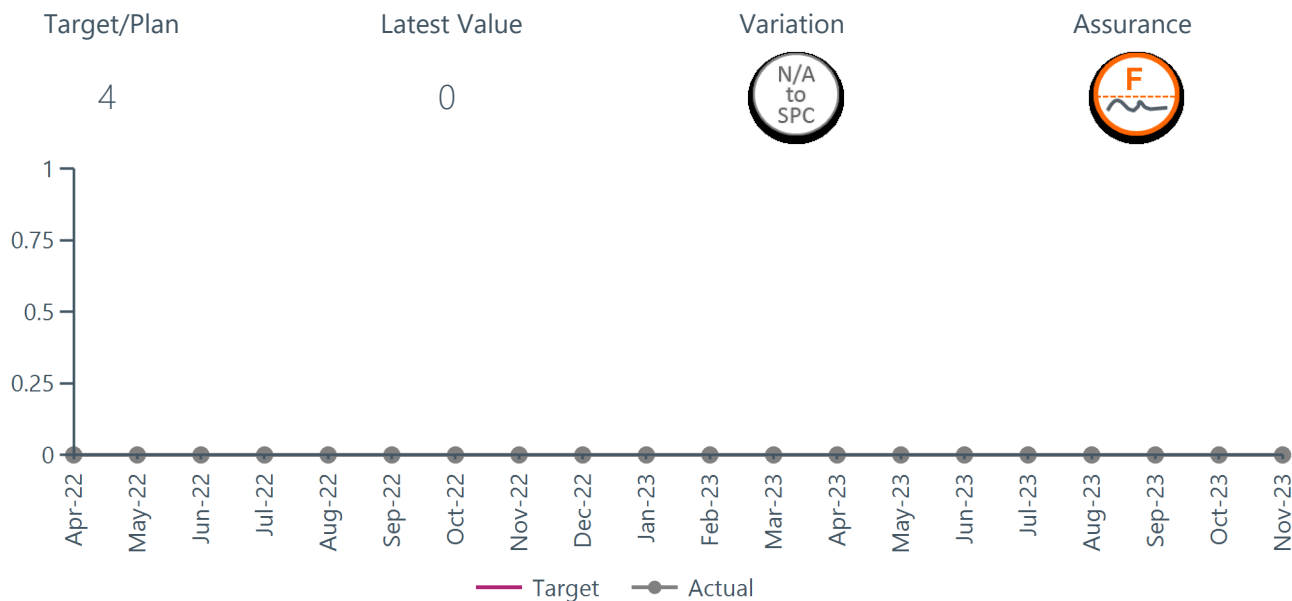
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
49.04%	52.26%	47.59%	51.21%	51.76%	50.93%	45.15%	54.45%	57.58%	55.05%	52.93%	51.80%	52.37%

- Staff - Patients - Finances -

E-Job Planning Level of Attainment

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

Exec Lead:
Chief Medical Officer

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

Trajectory

0 0

- Actual
- Trajectory

What these graphs are telling us

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

— Target   — Actual

Narrative

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

As at 12th December, with anticipated job plans due for sign off this month, it is anticipated the Trust will be compliant with Level 1 for next month.

Actions

Key milestones to meet standards for our Trust are:
* The Trust has refreshed its Job policies for both medics and non-medical job plans. Both policies were approved by People and Culture Committee in November
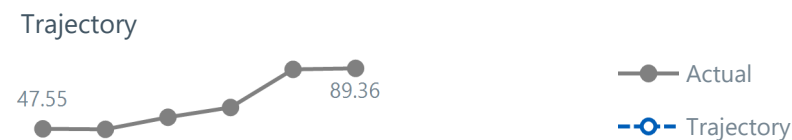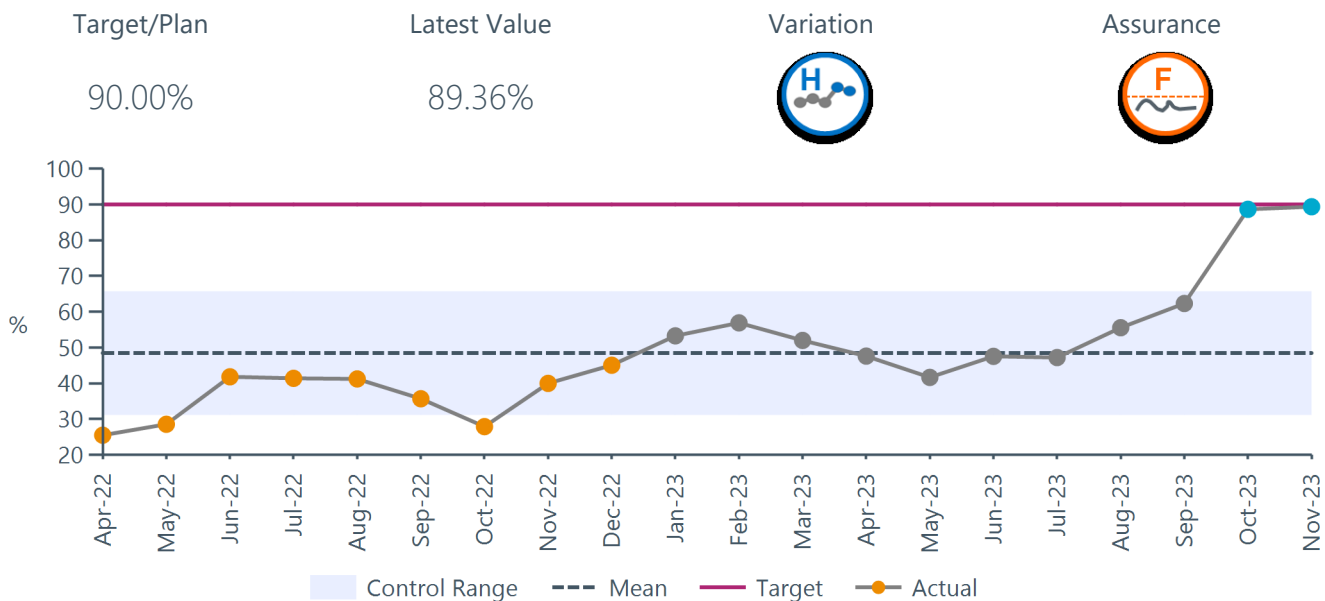
* Concentrated focus from PMO to assess status of all job plans and liaise with relevant stakeholders to progress. This has resulted in an improved position in November with further improvement by end of December.

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

- Staff - Patients - Finances -

Percentage of Staff with an Active E-Job Plan

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

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	89.36%	H	F	47.55 ... 89.36

— Actual
--O-- Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The November month end position is 89.36%. Breakdown as follows:
* AHPs - 24 job plans with 24 signed off within last 12 months - 100%
* Specialist Nurses - 21 job plans with 19 signed off within last 12 months - 90.48%
* Consultants - 96 job plans with 83 signed off within last 12 months - 86.46%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with MSK Unit reported at 91.40% and Specialist Unit reported at 85.42%.

As at the 12th December, the below details the progress by staff group in chasing job plan completion at the different stages:
 - Consultants 13 outstanding - Awaiting 1st sign off (6) Awaiting 2nd sign off (2) In discussion (4) on hold (1)
 - Nurses 2 outstanding - In discussion (2)

Actions

For over-arching actions in relation to e-roster, please see KPI 'E-Job Planning Level of Attainment'.
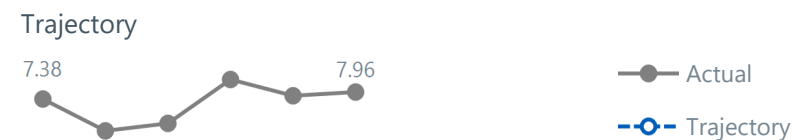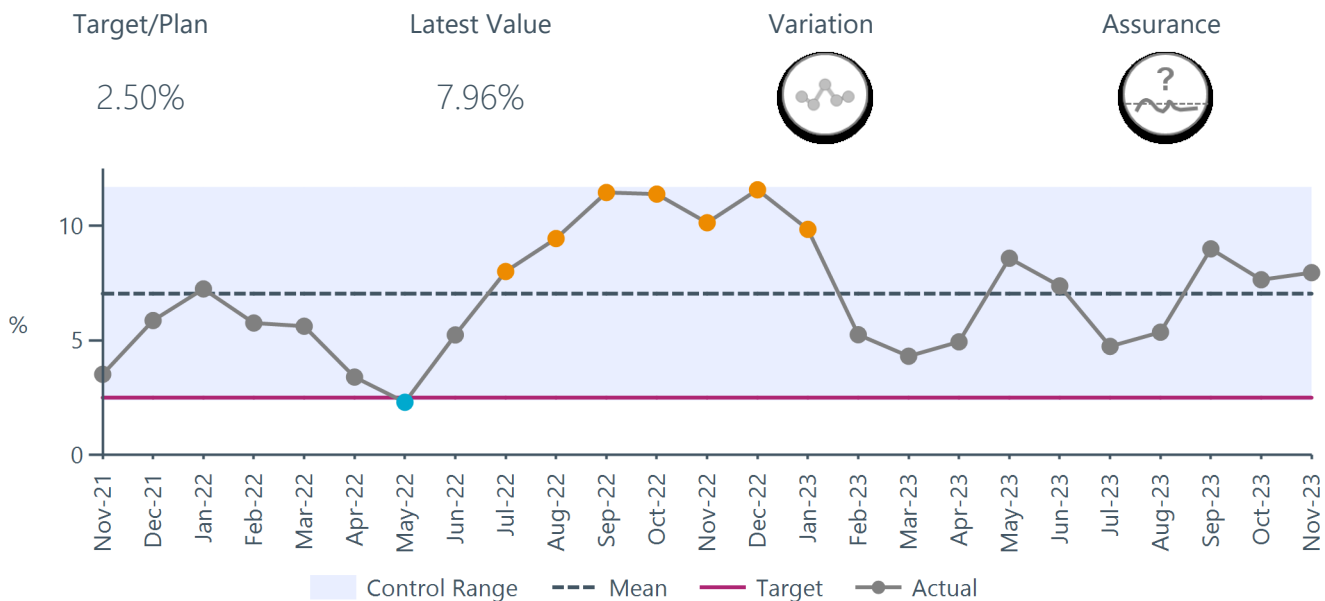
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
40.00%	45.08%	53.28%	56.91%	52.00%	47.62%	41.67%	47.55%	47.22%	55.56%	62.33%	88.65%	89.36%

- Staff - Patients - Finances -

% Delayed Discharge Rate

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

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
2.50%	7.96%		?

Trajectory

7.38   7.96

Actual

Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The Delayed Discharge rate is reported at 7.96% for November with the figure remaining within the expected control range. The total delayed days for the month is 325 days with a breakdown as follows:
* 26.44% - 19 care of the elderly patients with 147 delayed days - attributed to Shropshire, Telford, Solihull & Wales
* 18.14% - 11 spinal injuries patients amounting to 178 days - attributed to following organisations - Coventry, Walsall, Wales, Hertfordshire, Northamptonshire, Dudley, Birmingham & Herefordshire

Actions

The Discharge Task and Finish Group continues to review all delayed discharges on a monthly basis to ensure all internal delays have been reduced/removed; however internal delays are now rare. All areas now record a datix for any delays in order that the group can also assess for harm. No harms have been identified for the delays this month.

The rollout of Criteria Led Discharge is underway on Sheldon Ward and it is being absorbed into Enhanced Recovery for MSK. Criteria to be decided by MCSI consultants prior to rollout in that area.

Now recording NCTRs with the reason for delay on Lorenzo and trialling reporting on new data source.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
10.14%	11.58%	9.85%	5.25%	4.31%	4.94%	8.59%	7.38%	4.74%	5.36%	9.00%	7.65%	7.96%

-    Staff   -   Patients   -   Finances   -

Number Of Spinal Injury Patients Fit For Admission To RJAH

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

Exec Lead:
Chief Operating Officer
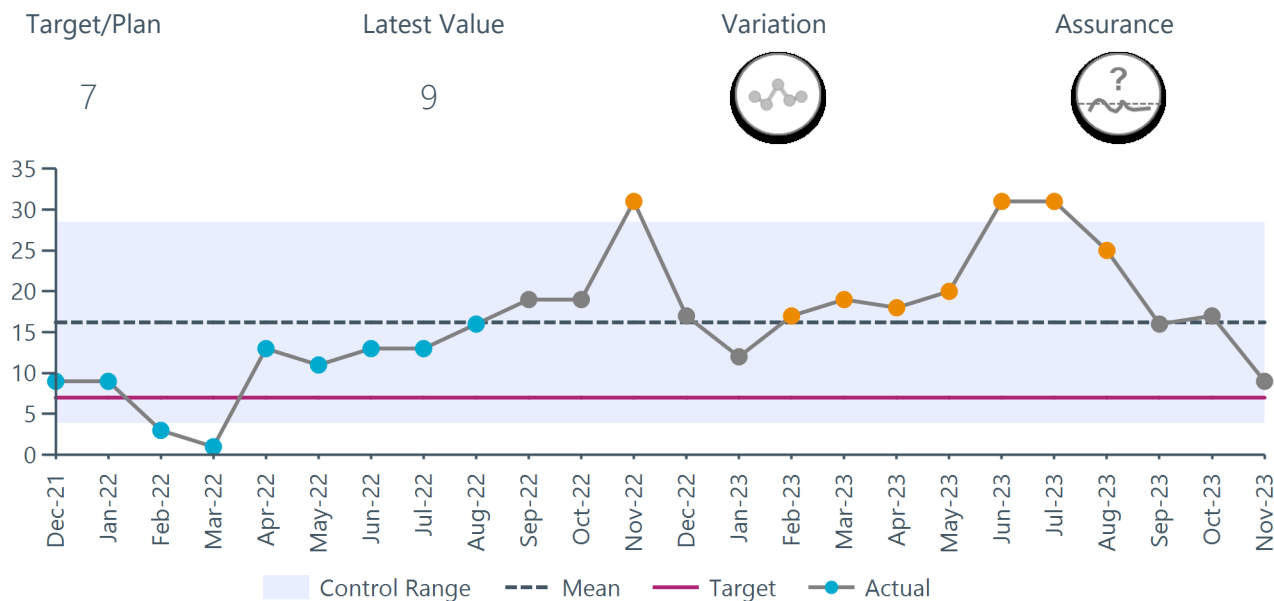
Target/Plan	Latest Value	Variation	Assurance	Trajectory
7	9			

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

As at 30th of November there were 9 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

Actions

Acute waiting numbers have improved although remain above the long-term average. Unit is maintaining high bed occupancy. The increase is demand driven and increased acute referrals are a national picture.

Patients waiting in referring hospitals are being supported by Nurse Consultant and networked model of care.

New NHSE occupancy reporting requirement have commenced to provide transparency on MCSI bed management and ringfencing.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
31	17	12	17	19	18	20	31	31	25	16	17	9

- Staff - Patients - Finances -

RJAH Acquired Klebsiella spp

RJAH Acquired Klebsiella spp 217635

Exec Lead:
Chief Nurse and Patient Safety Officer

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

Actual
Trajectory
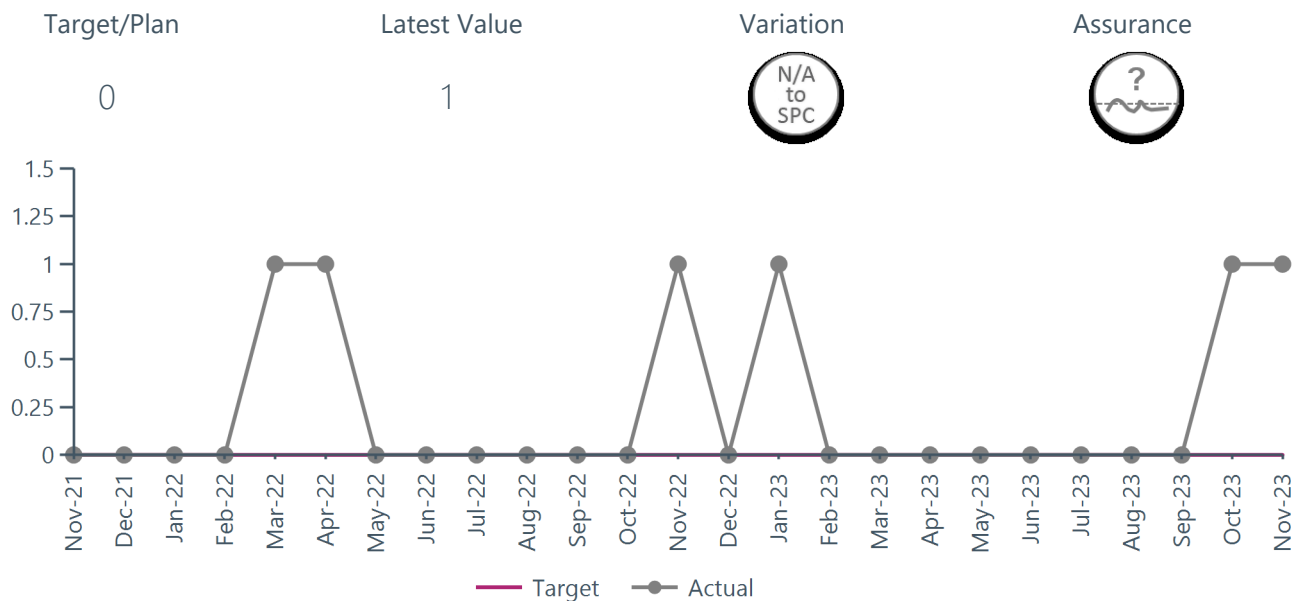
What these graphs are telling us

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

Narrative

There was one case of RJAH Acquired Klebsiella spp reported in November. A post infection review has been conducted where it was deemed to be unavoidable due to non-compliance of treatment.

Actions

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

- Staff - Patients - Finances -

Surgical Site Infections

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

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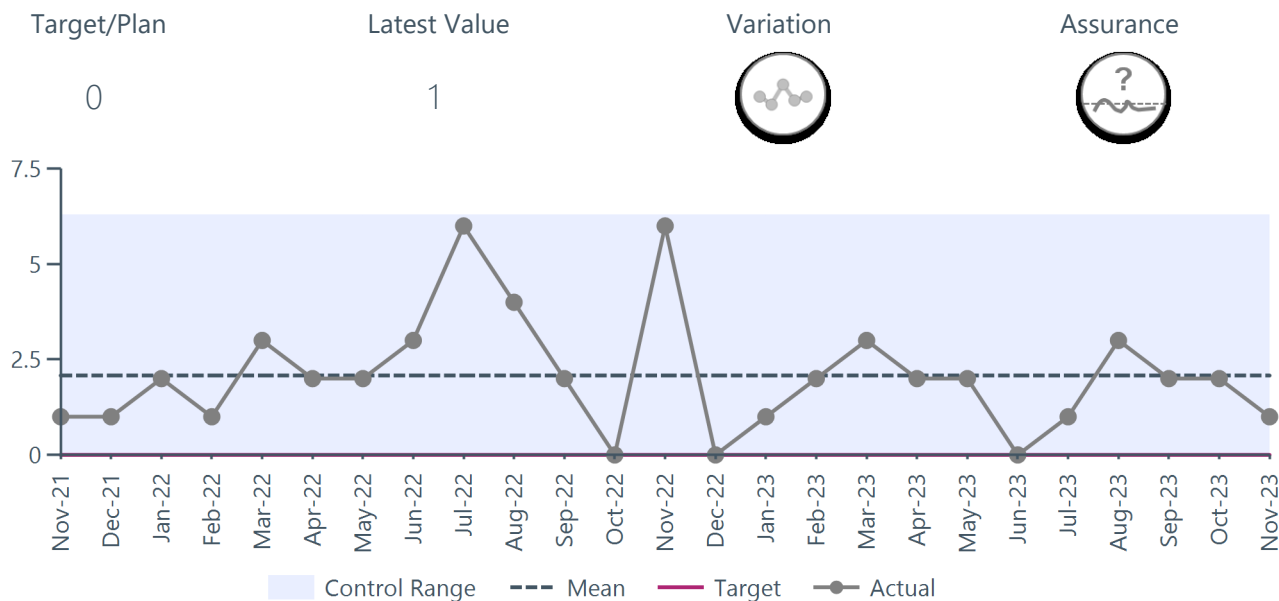
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	1		?	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual
Trajectory legend: Actual, Trajectory

Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement. They are monitored for a period of 365 days following their procedure. The data represented in the SPC above shows any surgical site infections that have been confirmed. SSI rates are benchmarked against peer providers by the UKHSA, and Trusts are notified if the data identifies them as an outlier. At present, RJAH is identified as an outlier for Hips in the period of January-23 to March-23.

There were four additional infections confirmed in November, these related to procedures that took place in August (1), October (2) and November (1). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team have completed case reviews for all SSIs which shows compliance against the OneTogether assessment. These are then explored further at MDT, in line with PSIRF, and all actions will be added to the IPC Quality Improvement plan and actioned by the SSIPWG.
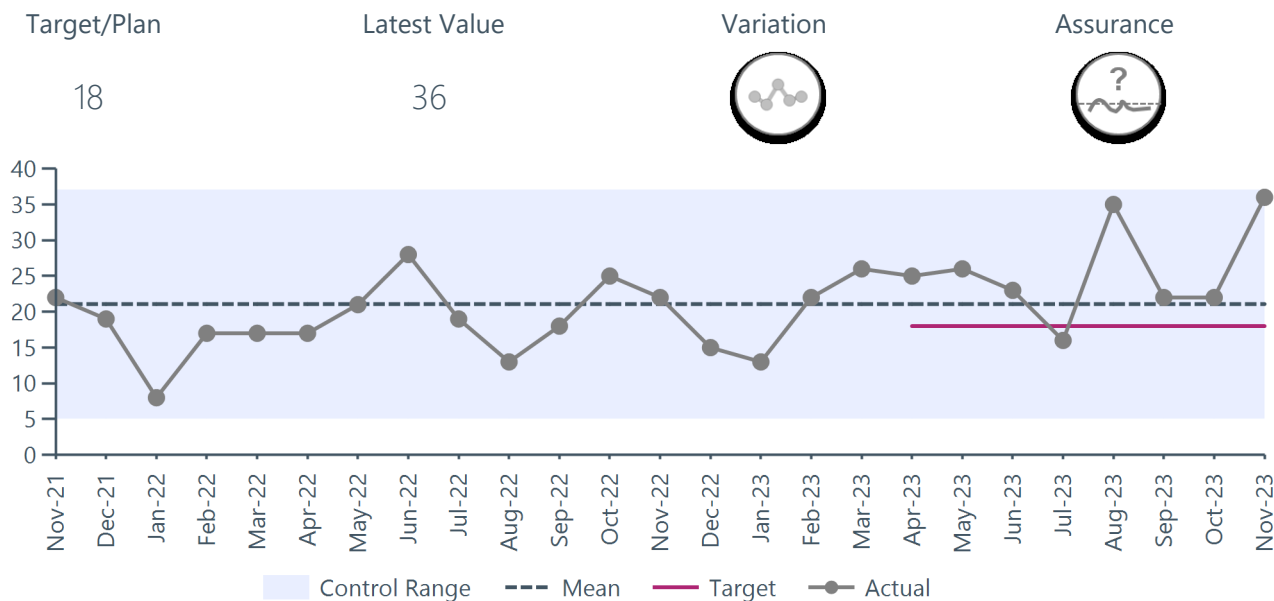
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6	0	1	2	3	2	2	0	1	3	2	2	1

- Staff - Patients - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
18	36		?	

Actual

Trajectory

What these graphs are telling us

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

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

Narrative

There were 36 medication errors reported throughout November. This is included as an exception as it remains above the Trust's tolerance of 18.

The incidents are reported against the following areas; Gladstone (8), Powys (6), Pharmacy (5), Sheldon (4), Clwyd (3), Oswald (3), Wrekin (2) and one in each of the following - Ludlow, Kenyon, Theatres, HDU and MCSI OPD.

Three patients were deemed to sustain low level harm as a result of the errors.

Actions

A review of incidents has been undertaken to share learning and this will be presented to Patient Safety Committee in January.
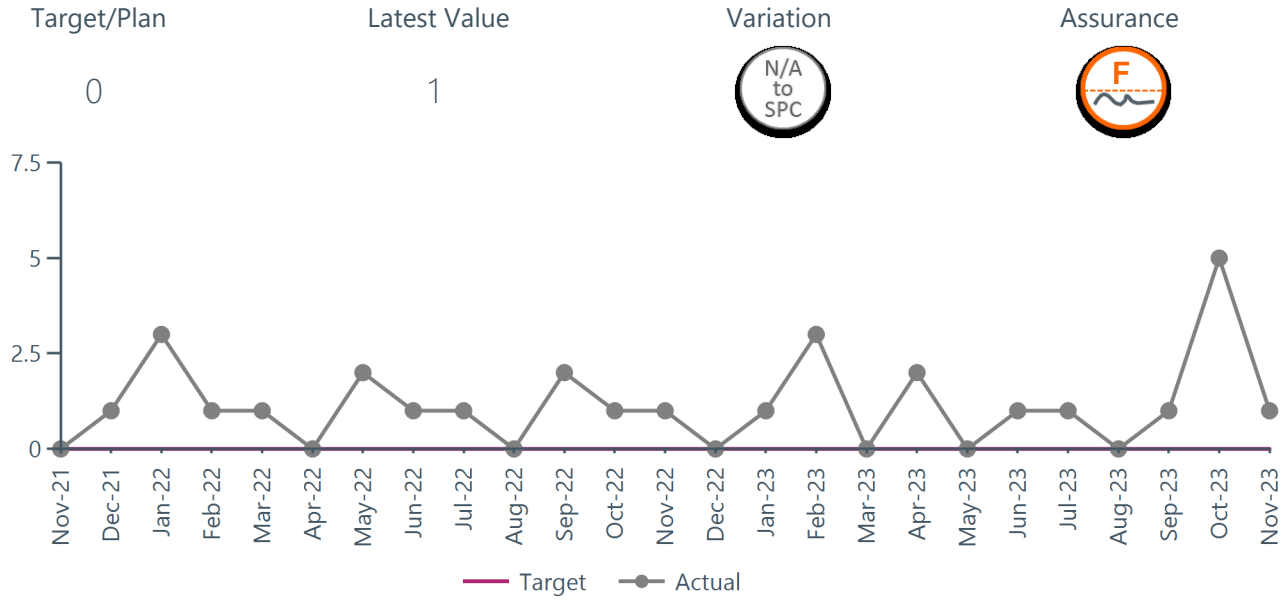
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
22	15	13	22	26	25	26	23	16	35	22	22	36

- Staff - Patients - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	1	N/A to SPC	F	1 ... 1

Actual
Trajectory

What these graphs are telling us

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

Target   Actual

Narrative

There were one death within the Trust throughout November that has been classified as an Expected Death.

Actions

The death has been referred to the medical examiners office and will undergo a Learning from Death review within the Trust.

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

-    Staff   -   Patients   -   Finances   -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit
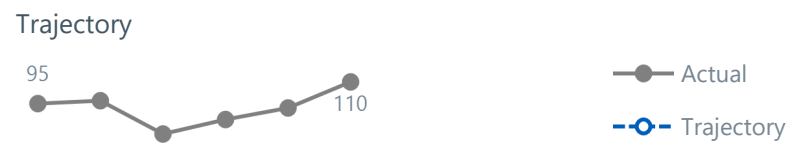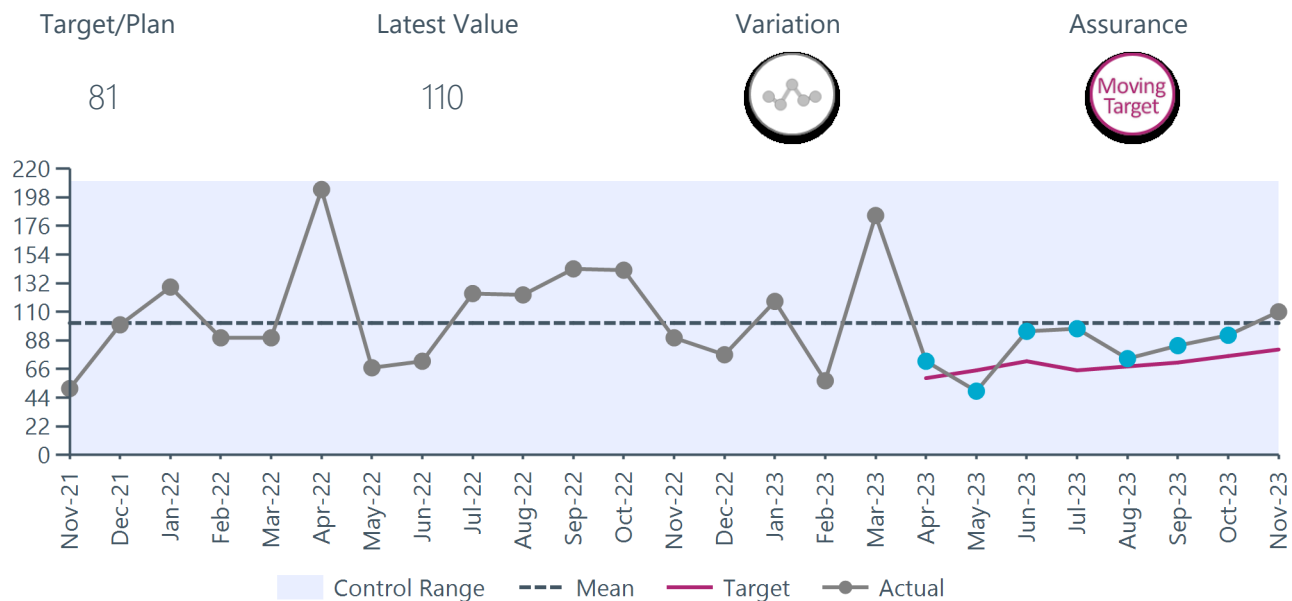
Target/Plan	Latest Value	Variation	Assurance	Trajectory
81	110	(common cause variation)	Moving Target	95 ... 110

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

This metric includes the volume of procedures cancelled on the day, and within seven days of the surgery date, rated against 7.5% of planned theatre activity. References to any breaches of the 28-day rebooking standard given. Currently this manual data collection does not provide the number of theatre slots which are cancelled and subsequently re-filled.

In total there were 110 theatre cancellations in November: 46 on the day and 64 in the 7 days before surgery, 29 above target (81).

There were 0 breaches of the 28-day booking standard in November.

The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

Actions

* All cancellations reviewed by operational managers. Cancellations are escalated for challenge and assurance to MDs/COO.
* T&F group focus on the day cancellations, themes, lessons learned, and actions implemented to reduce volumes.

* Data quality check against Datix to ensure consistency of reporting across systems.
* Further analysis of on the day cancellations are provided weekly at Financial Recovery Group on a "look back" basis. Similarly, a live audit is in progress to identify how many ahead of the day cancellations are re-listed from pre-op pool.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
90	77	118	57	184	72	49	95	97	74	84	92	110

- Staff - Patients - Finances -

62 Day General Standard*

From receipt of an urgent GP referral for urgent suspected cancer, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer 217831

Exec Lead:
Chief Operating Officer
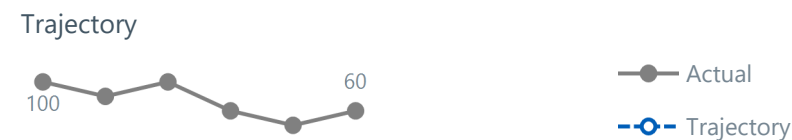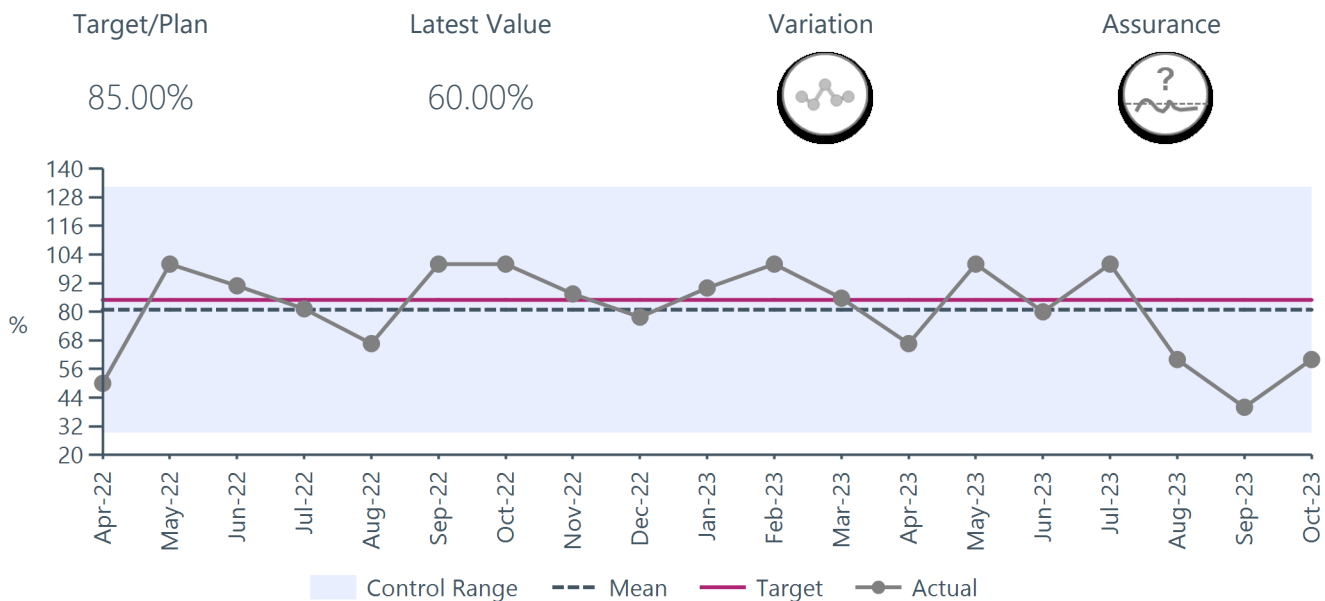
Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	60.00%			

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory legend: Actual, Trajectory

Narrative

The Cancer 62 Day General Standard was not met in October; this measure is reported in arrears. The October performance is reported at 60% against the 85% target. A breakdown of the October performance is:
* 3 shared pathways all within target
* 1 x shared pathway that breached due to the complexity of the pathway that required multiple diagnostics
* 1 x breach shared pathway that has been allocated to RJAH in error - another Provider has selected the wrong site code so this has been raised with the national help desk
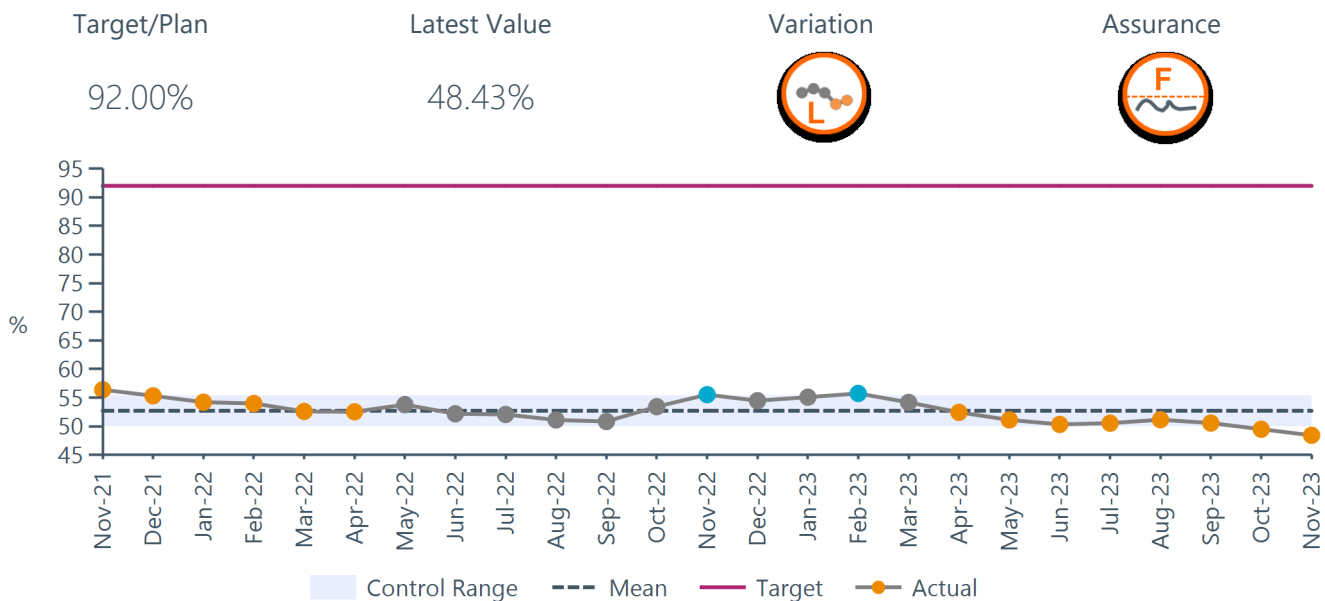
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
87.50%	77.78%	90.00%	100.00%	85.71%	66.67%	100.00%	80.00%	100.00%	60.00%	40.00%	60.00%	

- Staff - **Patients** - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
92.00%	48.43%		

Trajectory

50.33

48.43

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Our November performance was 48.43% 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 – 8094 patients waiting of which 2871 are breaches
* MS2 - 1454 patients waiting of which 967 are breaches
* MS3 - 5524 patients waiting of which 3934 are breaches

Following the system transition to MUSST service, we expect to see a 4% negative impact on this measure.

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services. The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support continue to be reviewed. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. The Trust has put in place a digital solution to support with validation; expected to go in live in December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.
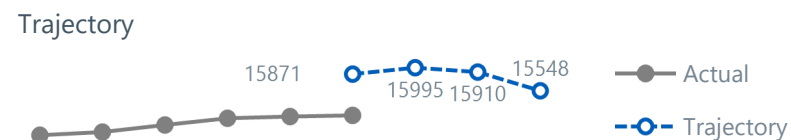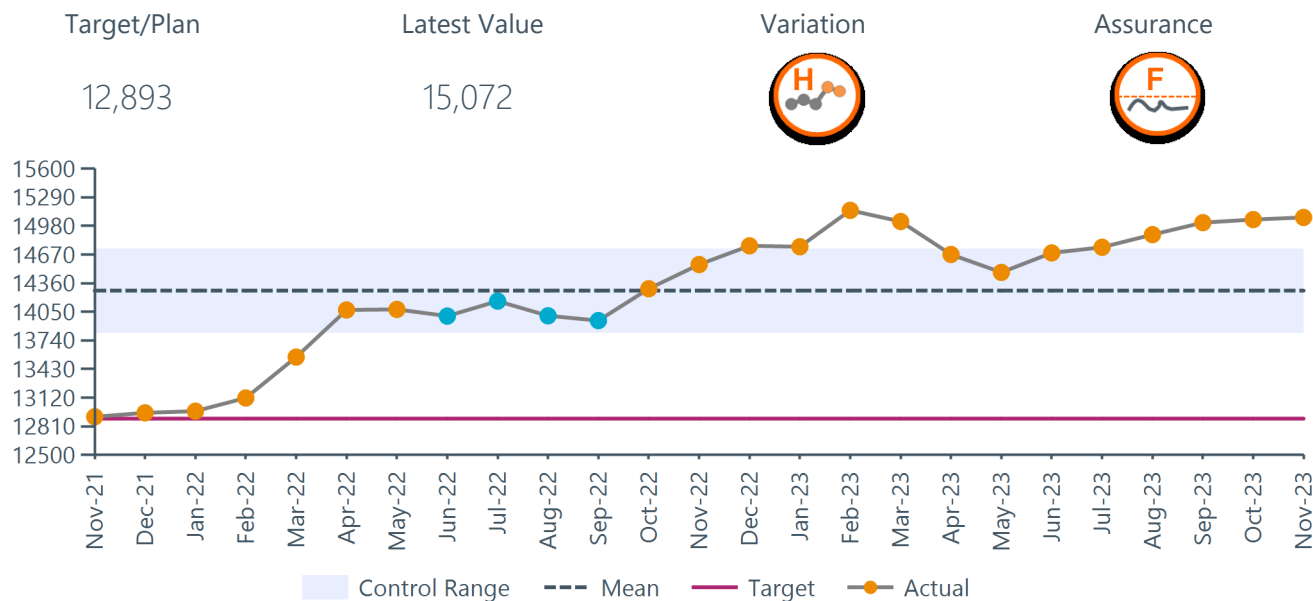
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
55.53%	54.47%	55.09%	55.74%	54.18%	52.44%	51.12%	50.33%	50.55%	51.15%	50.57%	49.49%	48.43%

- Staff - Patients - Finances -

English List Size

Number of English patients currently waiting 215282

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
12,893	15,072	H	F	

What these graphs are telling us

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

Trajectory values: 15871, 15995, 15910, 15548

Control Range — Mean — Target — Actual

Narrative

The number of English patients waiting at the end of November is reported at 15072; 799 below our anticipated trajectory figure of 15871. List size analysis over the past six months indicates largest growth in these areas:
* Spinal Disorders has increased by 353, rising from 2424 to 2777
* Rheumatology has increased by 144, rising from 467 to 611
Areas with the greatest decrease have been:
* Metabolic Medicine has decreased by 149, reducing from 3144 to 2995
* SOOS Physiotherapy has decreased by 110, reducing from 112 to 2
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. Submitted plans for this year forecast a reduction from quarter three, aligned to additional capacity available. 2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025

Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services. The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support continue to be reviewed. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution to support with validation went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

Discussions with System colleagues in place to assess any further support required for their Orthopaedic patients to ensure equity within the system. Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.
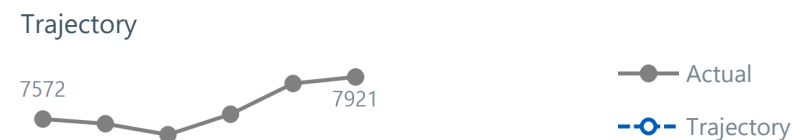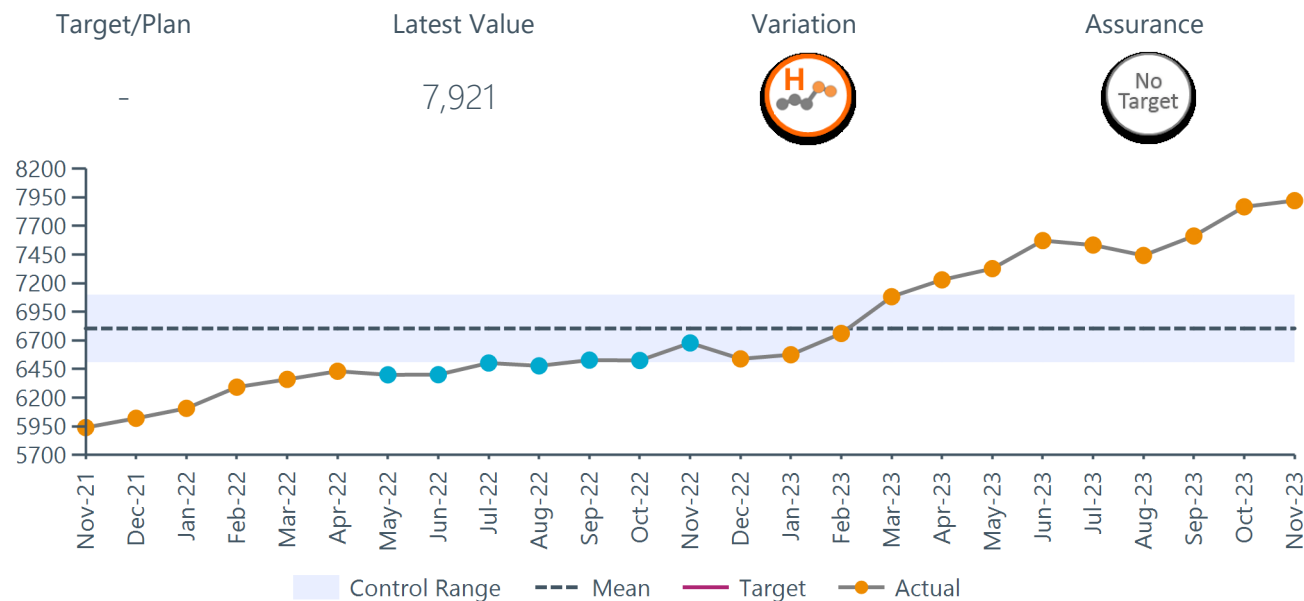
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
14562	14765	14755	15149	15028	14671	14477	14688	14749	14886	15016	15049	15072

- Staff - Patients - Finances -

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	7,921	(H)	No Target	7572 ... 7921

Actual
Trajectory

Control Range   Mean   Target   Actual

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 November is reported at 7921. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:
* Spinal Disorders has increased by 308 patients over the past six months: rising from 1991 to 2299
* Arthroplasty has increased by 99 patients over the past six months: rising from 1127 to 1226
* Metabolic Medicine has decreased by 50 patients over the past six months: reducing from 1486 to 1436
The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.

Actions

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Transformation, alongside increases in capacity, will continue to be assessed against the impact to overall list size. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services. Actions during 2023/24 to assess waiting lists alongside health inequalities assessments. Welsh guidance differs from NHS England guidance; the Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. Confirmation now received (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients.   Mutual aid discussions progressing with commissioners; further discussions re pathway requirements are taking place.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. Industrial Action impacts continue to be monitored, with clinically urgent and long waits being prioritised, during these periods.

A meeting is scheduled in December between Powys & RJAH to discuss further opportunities for treatment of their patients.
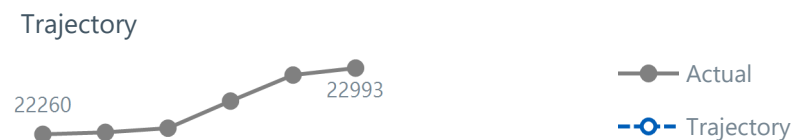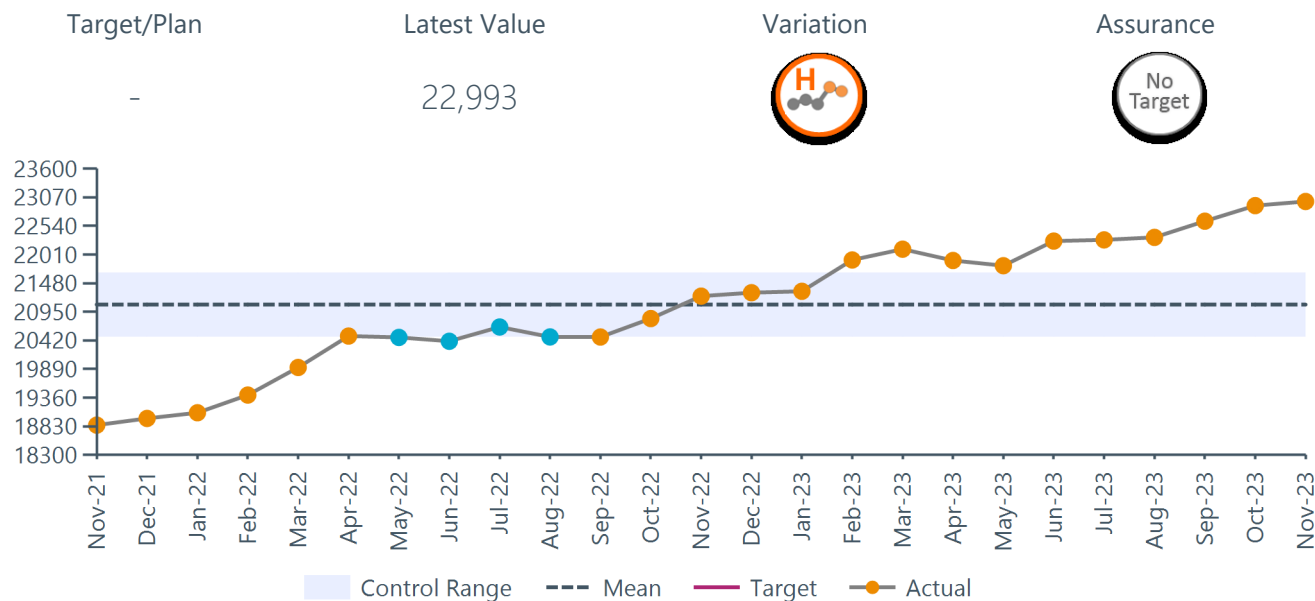
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6678	6539	6575	6761	7082	7229	7327	7572	7533	7442	7612	7867	7921

-    Staff   -   Patients   -   Finances   -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	22,993	H	No Target	

Trajectory: 22260 ... 22993

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

The total volume of patients waiting at the end of November is 22993; 15072 are English patients and 7921 are Welsh patients. The sub-specialties with the highest volume of patients are:
* Spinal Disorders - 5076 / 22.08%
* Arthroplasty - 4612 / 20.06%
* Metabolic Medicine - 4431 / 19.27%

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.
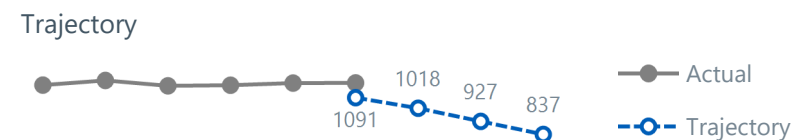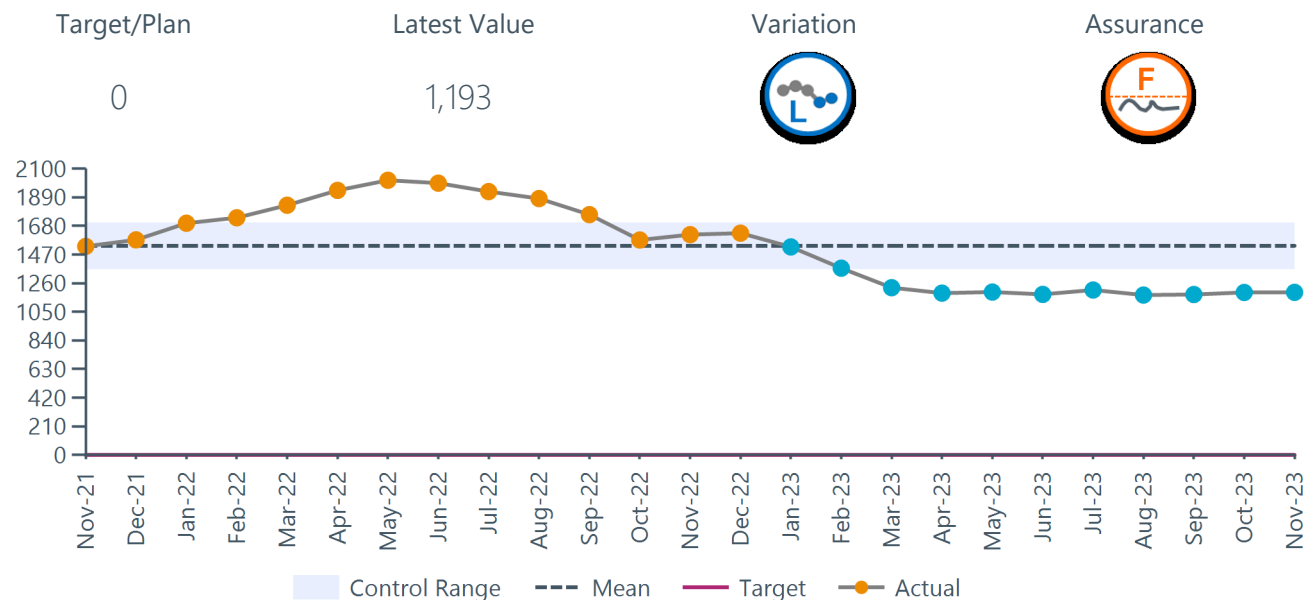
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
21240	21304	21330	21910	22110	21900	21804	22260	22282	22328	22628	22916	22993

- Staff - **Patients** - Finances -

Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	1,193	(L)	(F)

Trajectory

1091 → 1018 927 837

- Actual
- Trajectory

What these graphs are telling us

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

Control Range — Mean - - Target — Actual

Narrative

At the end of November there were 1193 English patients waiting over 52 weeks; above our trajectory figure of 1091 by 102. The patients are under the care of these sub-specialities; Arthroplasty (516), Spinal Disorders (174), Upper Limb (169), Knee & Sports Injuries (163), Foot & Ankle (135), Paediatric Orthopaedics (11), Metabolic Medicine (8), Tumour (5), Neurology (4), ORLAU (3), SOOS GPSI (2), Paediatric Medicine (1), Spinal Injuries (1) and Physiotherapy (1).
Patients waiting, by weeks brackets is:
* >52 to <=78 weeks - 1183 patients
* >78 to <=95 weeks - 9 patients
* >95 to <=104 weeks - 1 patient

Actions

The national planning requirements for 2023/24 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). To support achievement of this the Trust has ensured all patients, where possible, are waiting for a 1st Outpatient appointment have been dated before the end of December-2023. The Trust has revised its submitted plan to NHSE that originally forecast zero 65+ weeks waits by March-24; the revised plan now reflects known capacity issues expected in quarter four.
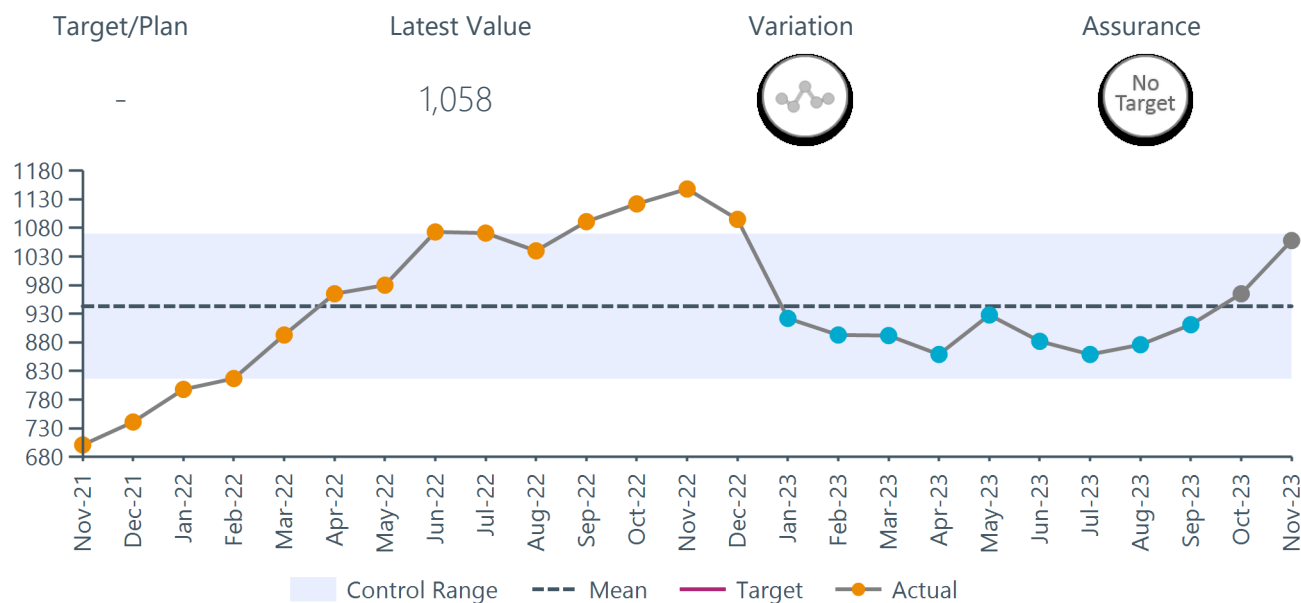
A continuous validation programme is in place whilst patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. The Trust has put in place a digital solution to support with validation that went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
1616	1627	1526	1370	1227	1187	1195	1178	1210	1173	1177	1192	1193

- Staff - Patients - Finances -

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	1,058		No Target	882 ... 1058

What these graphs are telling us

Metric is experiencing common cause variation.

Control Range — **Mean** — **Target** — **Actual**

Narrative

At the end of November there were 1058 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (445), Arthroplasty (236), Knee & Sports Injuries (162), Upper Limb (100), Foot & Ankle (76), Veterans (19), Paediatric Orthopaedics (12), Metabolic Medicine (3),Tumour (2), Physiotherapy (2), Neurology (1).

Patients are under the care of the following commissioners: BCU (575), Powys (454), Hywel Dda (25), Aneurin Bevan (2), Cwm Taf (1) and Abertawe Bro Morgannwg (1). The number of patients waiting, by weeks brackets is:
*   >52 to <=78 weeks - 805 patients
*   >78 to <=95 weeks - 153 patients
*   >95 to <=104 weeks - 34 patients
*   >104 weeks - 66 patients

Actions

The Welsh guidance differs from NHS England guidance. The Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients.   Mutual aid discussions progressing with commissioners; further discussions re pathway requirements are taking place.

A continuous validation programme is in place whilst patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. The Trust has put in place a digital solution to support with validation that went live in early December.
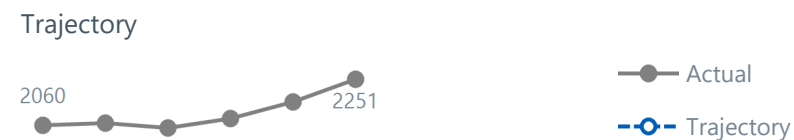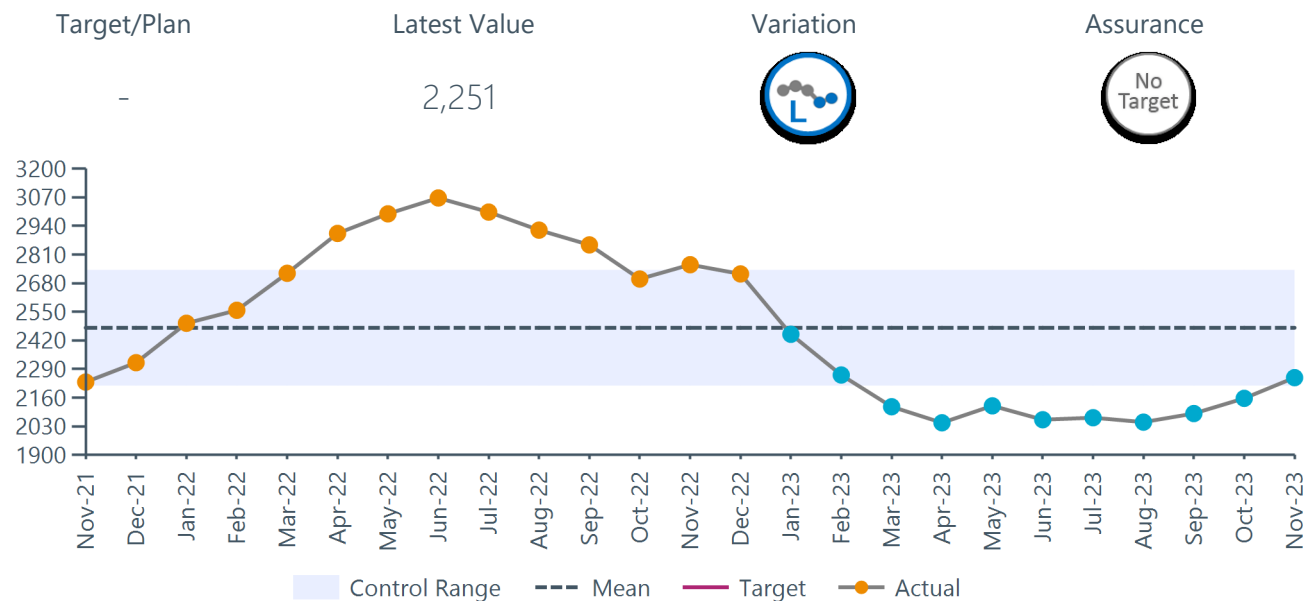
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
1148	1095	922	893	892	859	928	882	859	876	911	965	1058

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 52 Weeks - Combined

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	2,251	L	No Target

Trajectory

2060 ————— 2251

- Actual
- Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range — Mean — Target — Actual

Narrative

Overall, there were 2251 patients waiting over 52 weeks at the end of November; 1193 English and 1058 Welsh.
The number of patients waiting over 52 weeks represents 9.79% of the total list size.

The patients are under the care of the following sub-specialties; Arthroplasty (752), Spinal Disorders (619), Knee & Sports Injuries (325), Upper Limb (269), Foot & Ankle (211), Paediatric Orthopaedics (23), Veterans (19), Metabolic Medicine (11), Tumour (7), Neurology (5), ORLAU (3), Physiotherapy (3), SOOS GPSI (2), Paediatric Medicine (1) and Spinal Injuries (1).

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.
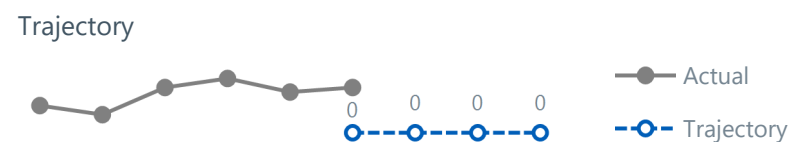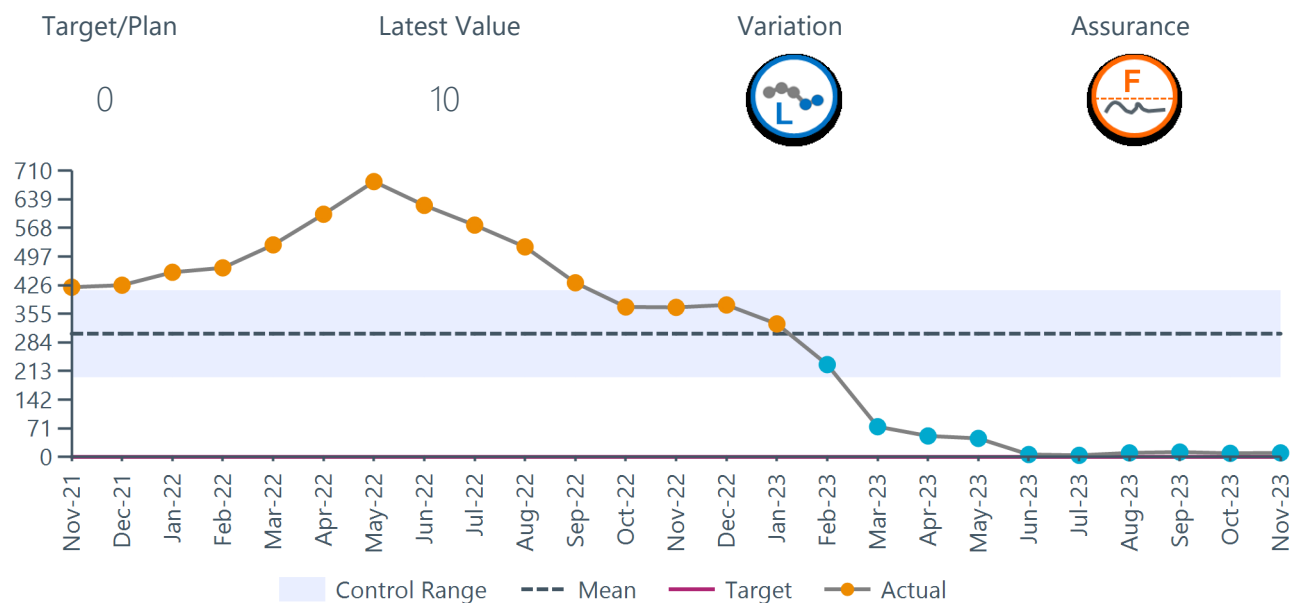
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
2764	2722	2448	2263	2119	2046	2123	2060	2069	2049	2088	2157	2251

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	10	L	F

Trajectory

— Actual
—○— Trajectory

What these graphs are telling us

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

Control Range — Mean — Target —●— Actual

Narrative

At the end of November there were 10 English patients waiting over 78 weeks; above our trajectory of 0. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Arthroplasty (3), Spinal Disorders (3), Upper Limb (2) and Foot & Ankle (2).

32 patients declined the offer of mutual aid leading to non-admitted clock stops.

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

The Trust is now reporting against this standard by exception with the Trust making significant improvements against this standard in quarter one. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24. Forecasts are being revisited to assess the achievability of this.

A mutual aid co-ordinator and validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

Internal Operational meeting are in place to further monitor progress.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible during the periods.
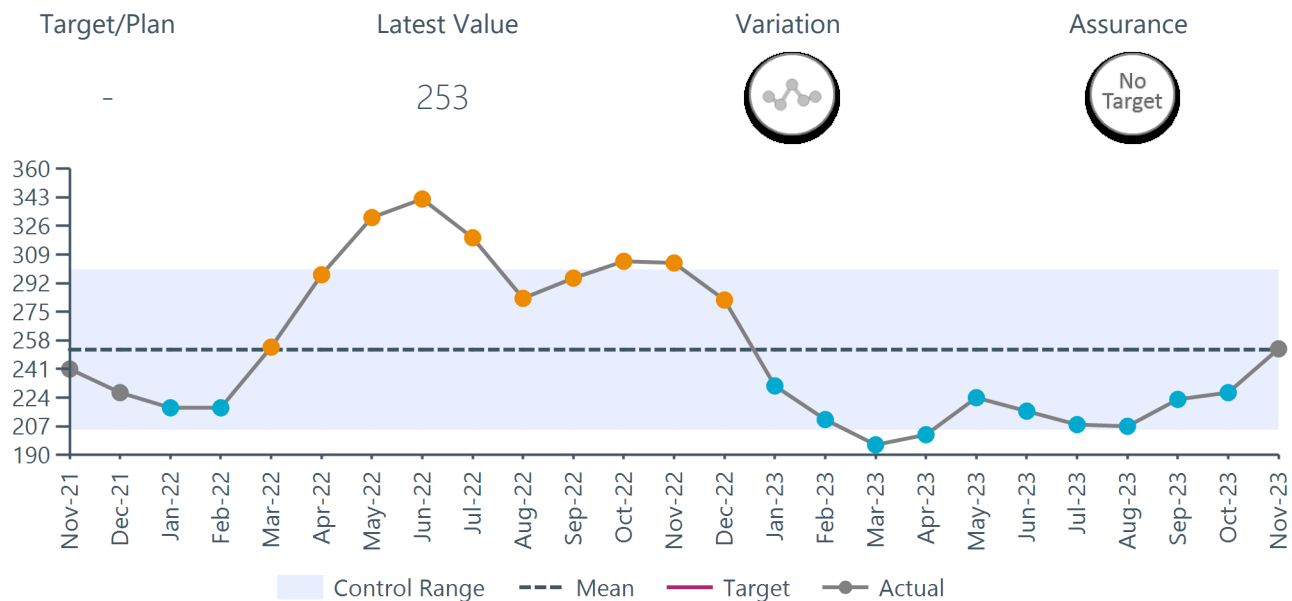
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
371	377	330	229	75	52	46	6	4	10	12	9	10

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Welsh (Total)

Number of Welsh RTT patients waiting 78 weeks or more at month end 217802

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	253		No Target	216 ... 253

Actual

Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

At the end of November there were 253 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (121), Knee & Sports Injuries (59), Arthroplasty (35), Foot & Ankle (18), Upper Limb (14), Veterans (3), Metabolic Medicine (1), Neurology (1) and Paediatric Orthopaedics (1).

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients. Mutual aid discussions progressing with commissioners; further discussions re pathway requirements are taking place.

The Trust has put in place a digital solution to support with validation that went live in early December.

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

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
304	282	231	211	196	202	224	216	208	207	223	227	253

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Combined

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

Exec Lead:
Chief Operating Officer
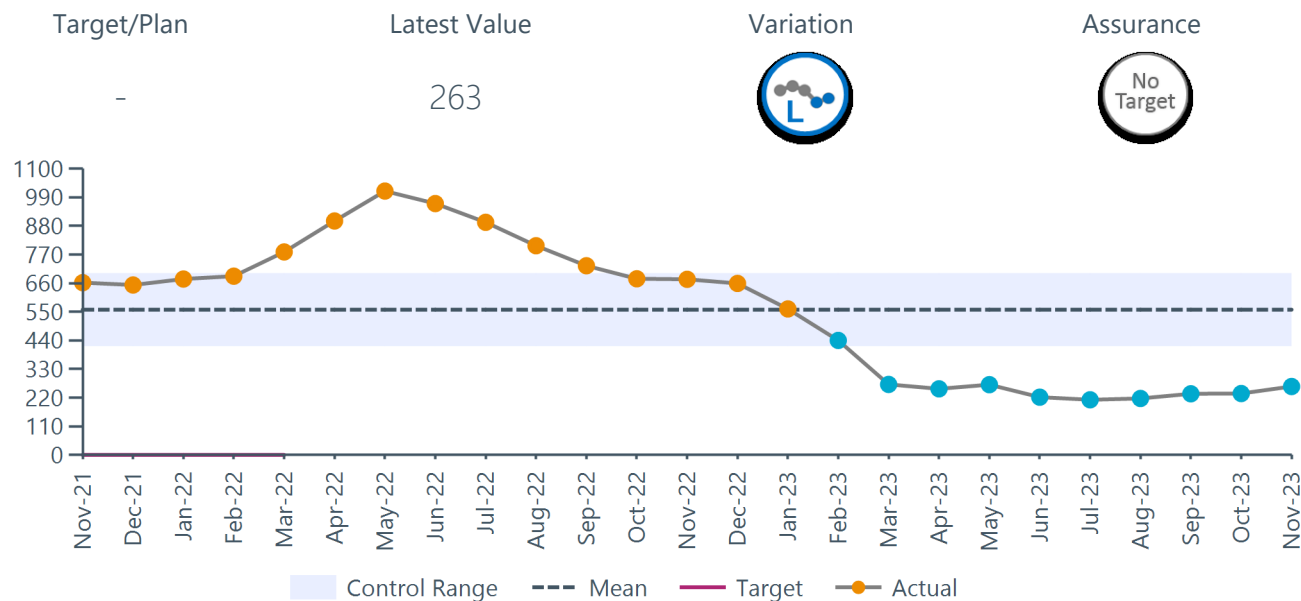
Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	263	L	No Target	222 ⟶ 263

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Legend: Control Range — Mean — Target — Actual

Narrative

Overall, there were 263 patients waiting over 78 weeks at the end of November; 10 English and 253 Welsh.

The patients are under the care of the following sub-specialties; Spinal Disorders (124), Knee & Sports Injuries (59), Arthroplasty (38), Foot & Ankle (20), Upper Limb (16), Veterans (3), Neurology (1), Rheumatology (1) and Paediatric Orthopaedics (1).

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.
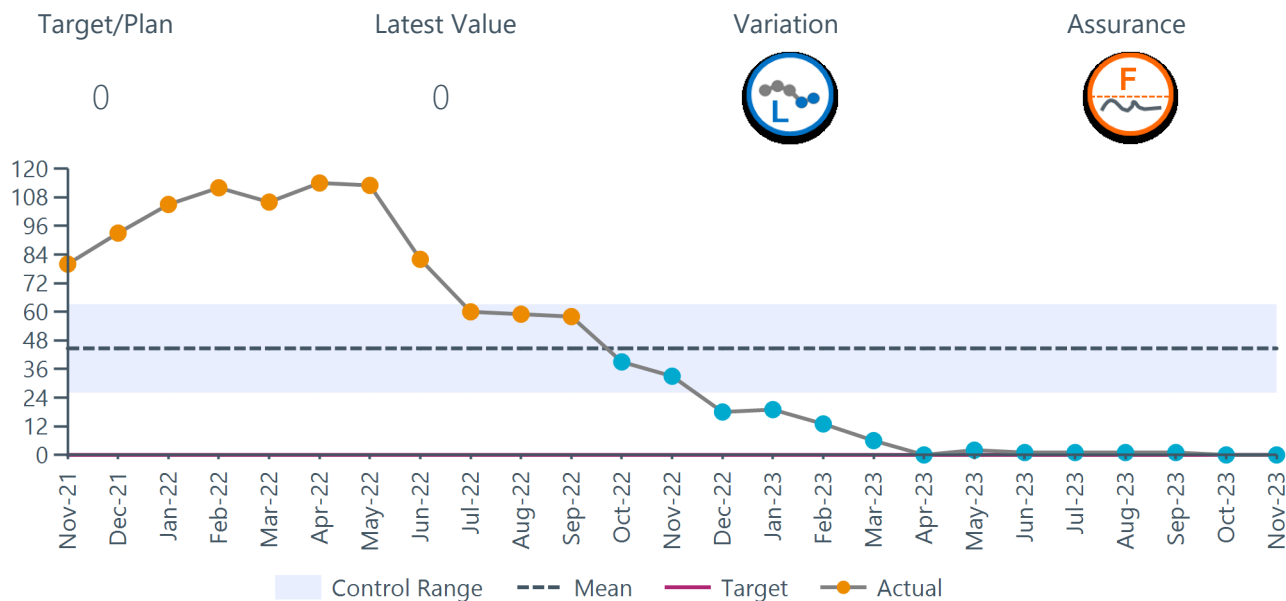
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
675	659	561	440	271	254	270	222	212	217	235	236	263

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 104 Weeks - English

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0	L	F	1 ... 0

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

At the end of November there were 0 (zero) English patients waiting over 104 weeks.

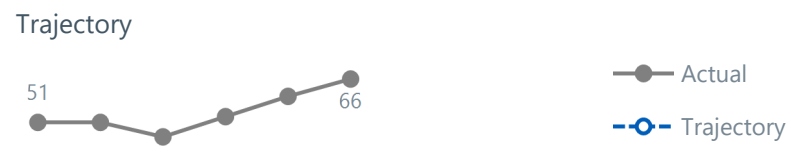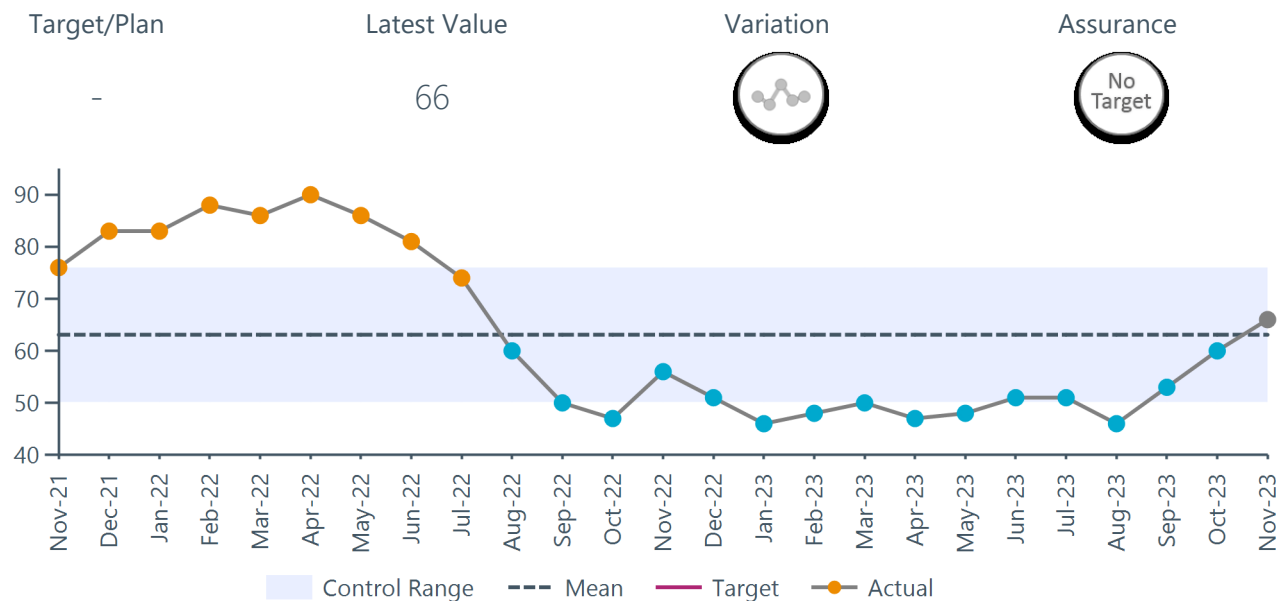The Trust is forecasting 0 breaches for the end of December.

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
33	18	19	13	6	0	2	1	1	1	1	0	0

-    Staff   -   Patients   -   Finances   -

Patients Waiting Over 104 Weeks - Welsh (Total)

Number of Welsh RTT patients waiting 104 weeks or more at month end 217803

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	66		No Target	51 ... 66

Control Range · · · Mean — Target ● Actual

What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

At the end of November there were 66 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:
* Spinal Disorders (58)
* Knee & Sports Injuries (5)
* Foot & Ankle (1)
* Metabolic Medicine (1)
* Neurology (1)

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty.   The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients. Mutual aid discussions progressing with commissioners; further discussions re pathway requirements are taking place.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
56	51	46	48	50	47	48	51	51	46	53	60	66

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - (Combined)

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

Exec Lead:
Chief Operating Officer
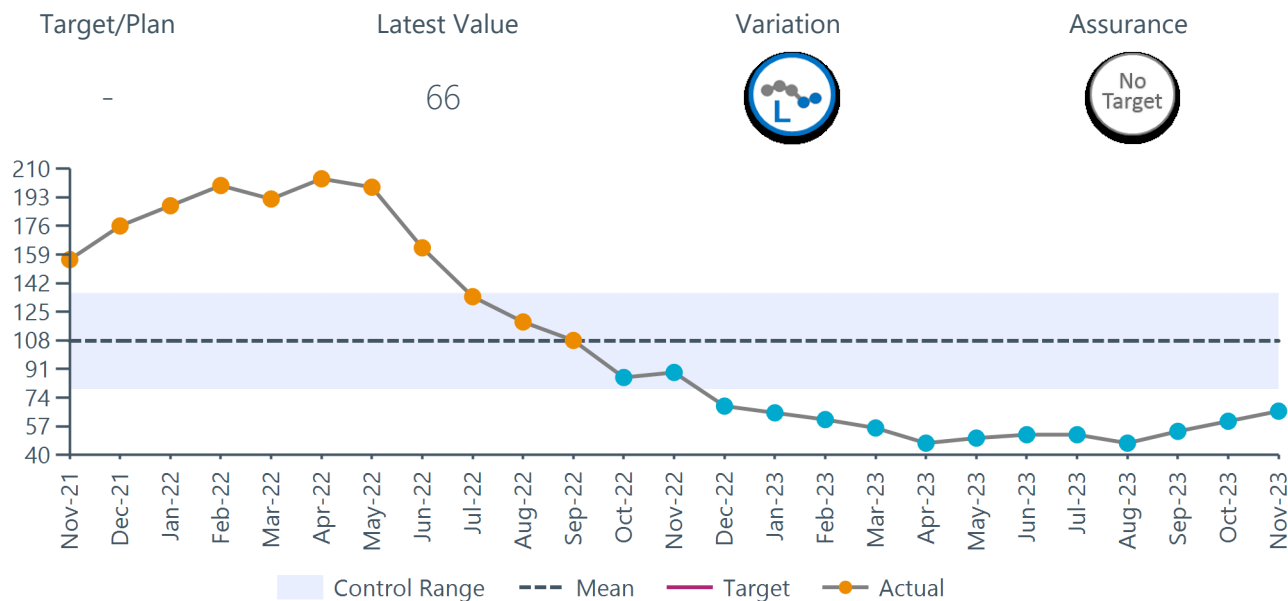
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	66	L	No Target	52 → 66

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

The reported position for the end of November included 0 English patients and 66 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:
* Spinal Disorders (58)
* Knee & Sports Injuries (5)
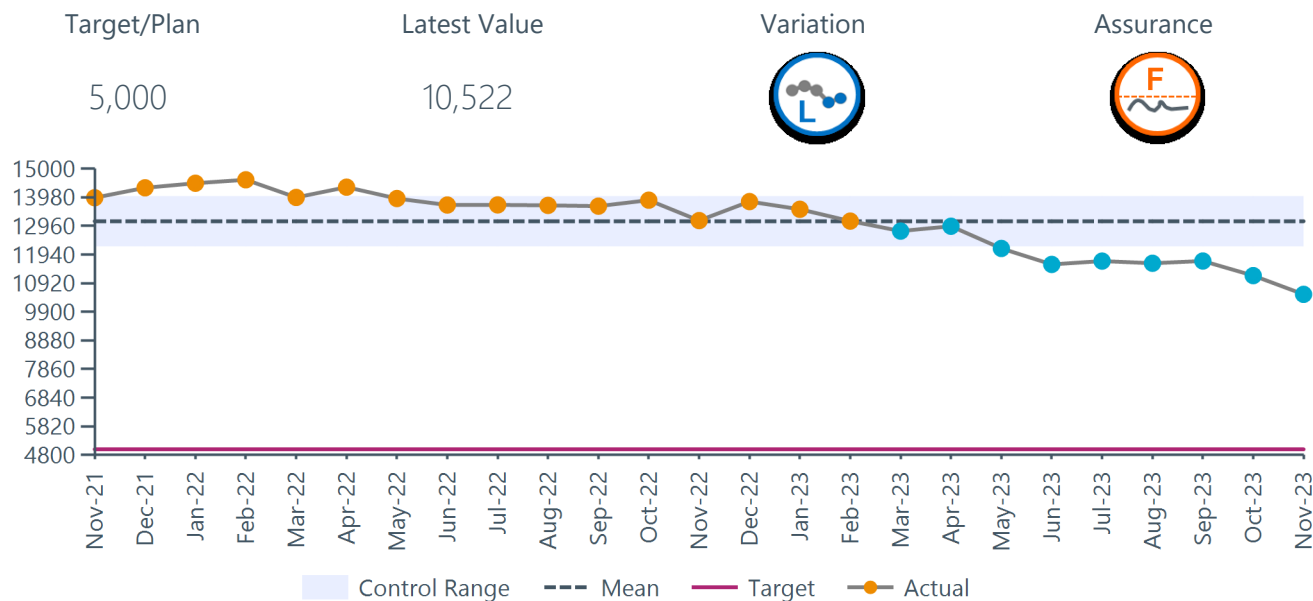* Foot & Ankle (1)
* Metabolic Medicine (1)
* Neurology (1)

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
89	69	65	61	56	47	50	52	52	47	54	60	66

- Staff - Patients - Finances -

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
5,000	10,522	L	F	11589 ... 10522

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

At the end of November, there were 10522 patients overdue their follow up appointment. This is broken down by:

 - Priority 1 - 6765 with 1064 dated (15%) (priority 1 is our more overdue follow-up cohort)
 - Priority 2 - 3757 with 1123 dated (27%);
* The backlog decreased by 668 from last month, of which, 302 are Rheumatology. The priority 1 backlog reduced by 25.
* Of the 10522 patients overdue, 36% are diagnostic follow ups.
* Of all the patients on a non diagnostic follow up, 18% are overdue.
* Of all the patients on a diagnostic follow up, 55% are overdue.
* The sub-specialities with the highest proportion of overdue follow ups are: Spinal Injuries - 52%; Neurology - 52%; Muscle - 43%; (% of their total follow up waiting list which are overdue)
* The main focus within the Trust has been on long waiters, with a specific focus on the NHSE ask to meet the 65 week milestone 1 target.

Actions

Meeting to be held with the clinical leads/clinical chairs to review how we urgently reduce the overdue follow up backlog.
* Review of current processes for technical validation has started.
* Further validation of diagnostic follow ups is required.
* Clinical meetings are planned in December to look at further opportunities.
* Assessment of utilising PIFU pathways.
* Planning expectations for 2022/23 were to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans do not meet this aspiration. One of the factors to non-achievement is recognition that the Trust continues to address its overdue follow-up backlog.
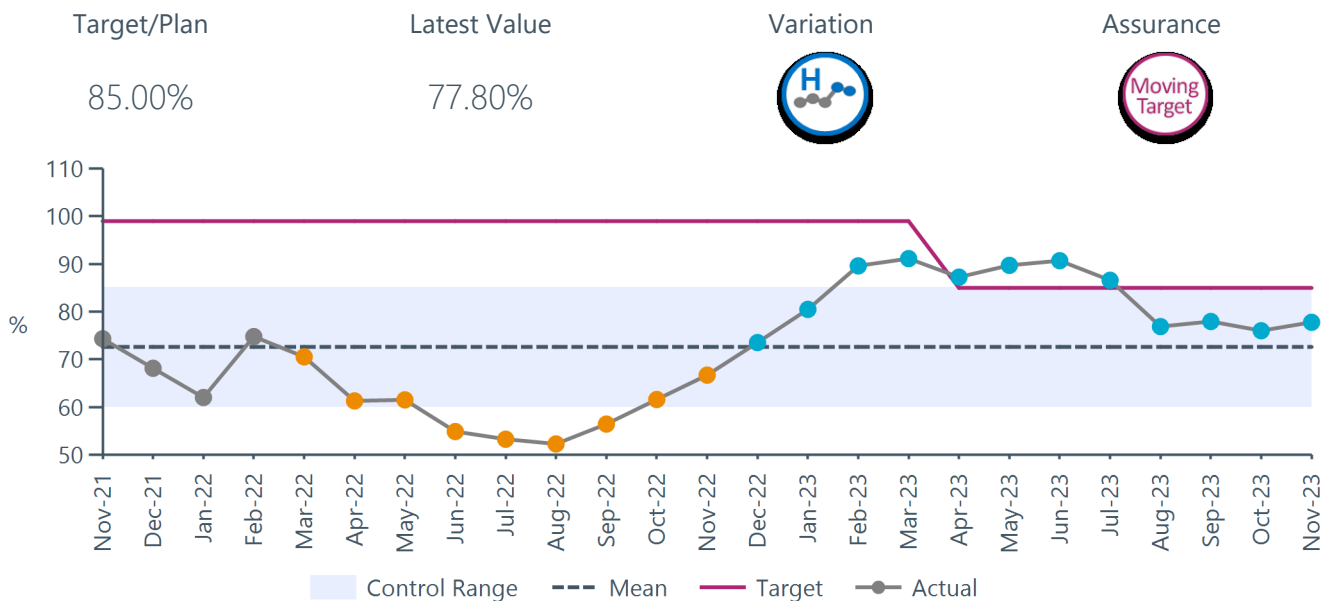
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
13151	13828	13554	13132	12777	12949	12158	11589	11707	11630	11710	11190	10522

- Staff - Patients - Finances -

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	77.80%	H	Moving Target	90.71 ... 77.80

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Due to target change, this shows as a moving target.

Control Range — Mean — Target — Actual

Narrative

The November position is reported at 77.80%; below the 85% target. Reported performance equates to 206 patients who waited beyond 6 weeks. Of the 6-week breaches; 58 are over 13 weeks (Ultrasound). Breakdown below outlines performance and breaches by modality:
* MRI – 99.36% - D4 (Routine - 6-12 weeks) - 2 dated
* CT – 100%
* Ultrasound – 60.99% - D2 (Urgent - 0-2 weeks) - 1 dated, D3 (Routine - 4-6 weeks) – 2 with 1 undated, D4 (Routine - 6-12 weeks) - 201 with 63 dated
* DEXA Scans - 100%
Although there is only a slight increase in performance since last month, there has been both a reduction in the number of patients waiting over 6 and 13 weeks and in the waiting list. In order to support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. National expectations to have no 13 weeks by end of June 2023 and by March 2024 the ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard. The trust continues to treat by clinical priority. Both Ultrasound and MRI activity plans were met in November.

Actions

* Currently training additional people within Radiology to shift validation from monthly to weekly.
* Business case for additional Radiologists to be completed by Clinical Director is still in progress and due to be completed before end of December. Focus is on offsetting OJP and high tariff procedure lists.
* 'Case of Need' for bank/locum Radiologist to run Ultrasound diagnostic all day Saturday lists has been agreed and clinics will start in January '24.
* Additional ultrasound clinics still in place, although there is limited uptake there has been some improvement within ultrasound performance in November.
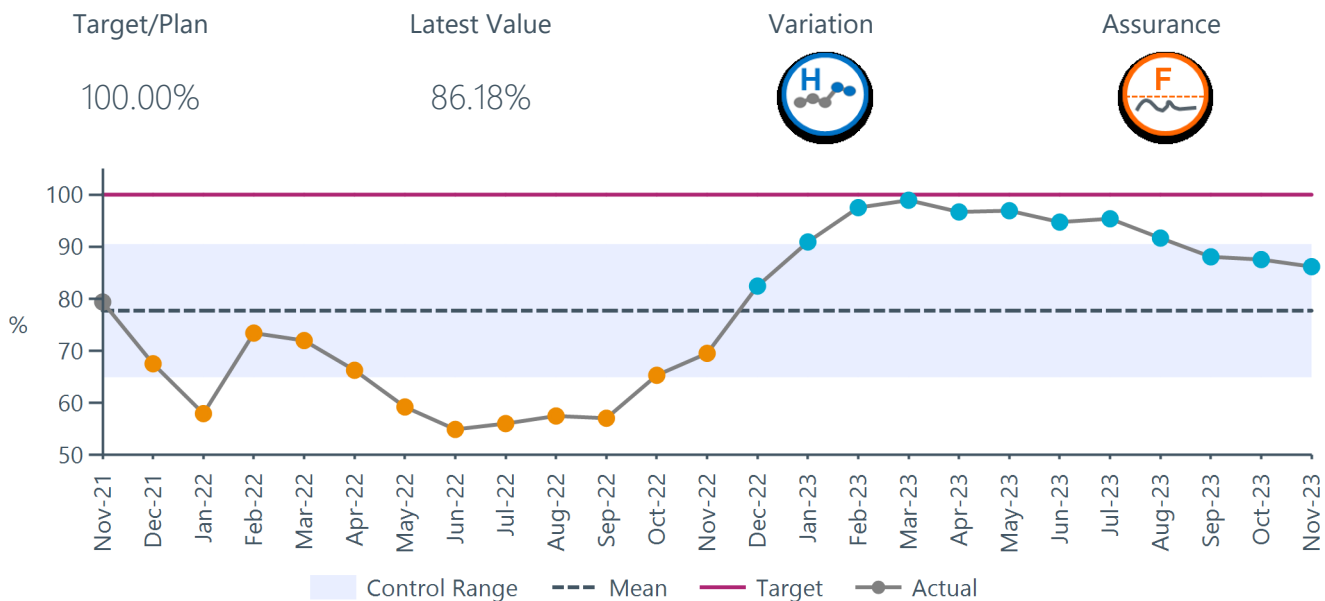
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
66.73%	73.55%	80.51%	89.63%	91.15%	87.27%	89.74%	90.71%	86.61%	76.91%	77.97%	76.04%	77.80%

- Staff - Patients - Finances -

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
100.00%	86.18%	H	F	94.74 ... 86.18

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The 8-week standard for diagnostics was not achieved this month and is reported at 86.18%. Reported performance equates to 34 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
* MRI – 100%
* CT - 100%
* Ultrasound – 68.52% - (D4 (Routine - 6-12 weeks) - 34 with 13 dated
* DEXA Scans - 100%
The trust continues to treat by clinical priority. Both Ultrasound and MRI activity plans were met in November.

Actions

* Currently training additional people within Radiology to shift validation from monthly to weekly.
* Business case for additional Radiologists to be completed by Clinical Director is still in progress and due to be completed before end of December. Focus is on offsetting OJP and high tariff procedure lists.
* 'Case of Need' for bank/locum Radiologist to run Ultrasound diagnostic all day Saturday lists has been agreed and clinics will start in January '24.
* Additional ultrasound clinics still in place, although there is limited uptake there has been some improvement within ultrasound performance in November.
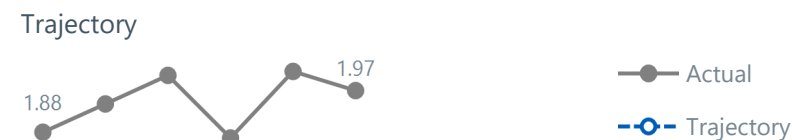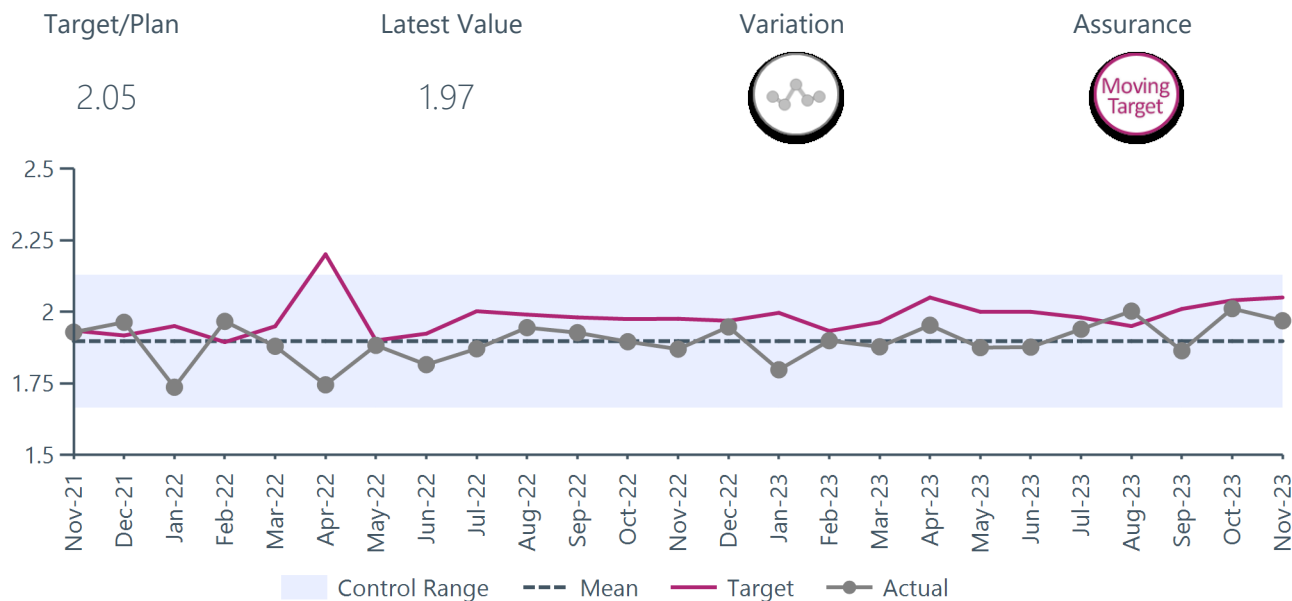
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
69.52%	82.44%	90.92%	97.52%	98.94%	96.69%	96.92%	94.74%	95.38%	91.67%	88.06%	87.54%	86.18%

- Staff - Patients - Finances -

Theatre Cases Per Session Against Plan

Average number of cases per session rated against plan. 217801

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
2.05	1.97		Moving Target

Trajectory

1.88   1.97

- Actual
- Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Cases per session achieved in November was 1.97 against the plan of 2.05 derived from our 2023/24 planning submission.
Summary:
* MSK Unit – achieved 2.07 of 2.17 plan
* Specialist Unit - achieved 1.72 of 1.67 plan

Actions

* Greater focus on Theatre Improvement programme:
- commencement of early session starts by a number of consultants
- regular weekly use of Headley Court Day Case facility
- Sunday working
- 5 major joint lists
All initiatives are subject to staffing alignment; additional activity is being taken at the weekly 6-4-2 meeting and utilisation of our theatres is reviewed as part of this process.
* Clear, staggered workforce pipeline for new starters; delivery of personalised local training plans via simulation lab and an element of double scrubbing.
* Workforce Improvements completed to improve recruitment and retention opportunities, report in development.
- The aim to move to 12 theatres is proving challenging at present due to the Theatre workforce not reaching the assumed and forecasted levels to facilitate the increased usage. Where staffing allows 12 theatres are being run however the daily average is 11 in November.
- Focus on maximising capacity in theatres staffed and available, implemented through 6-4-2 and daily CommCell meeting.
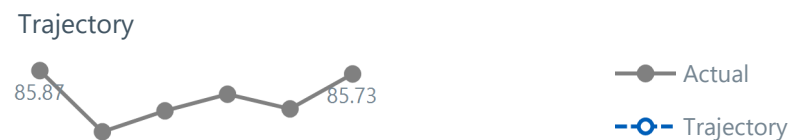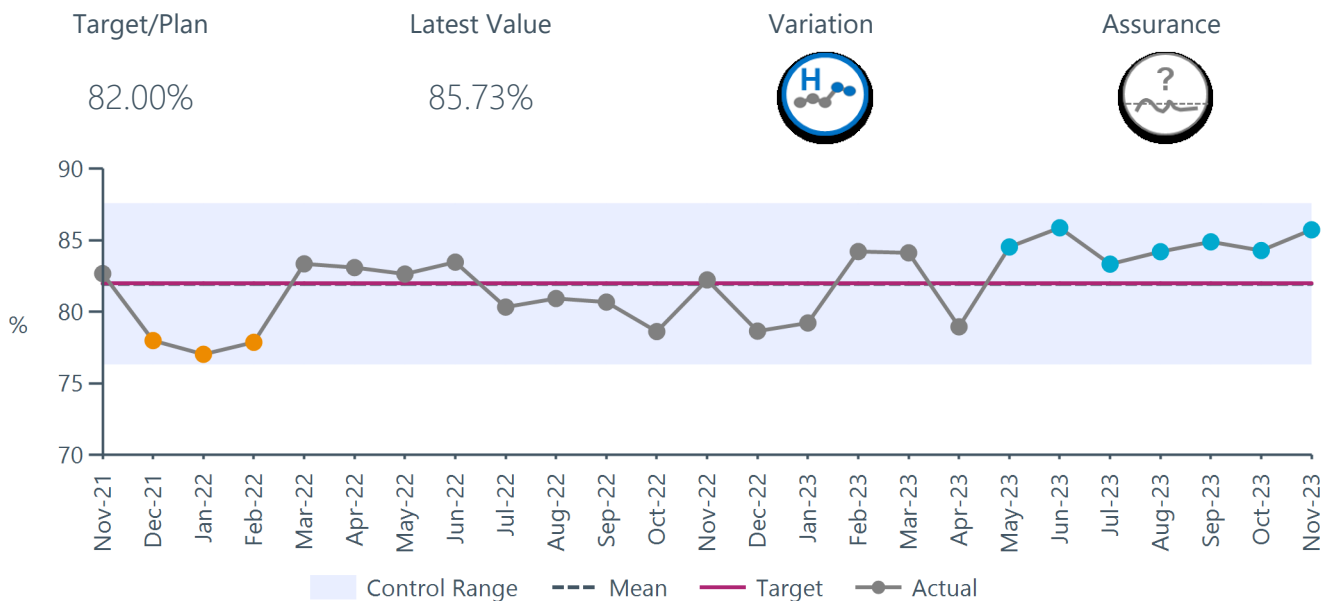
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
1.87	1.95	1.80	1.90	1.88	1.95	1.88	1.88	1.94	2.00	1.86	2.01	1.97

- Staff - Patients - **Finances** -

Touchtime Utilisation

% of Minutes Utilised replicating Touch Time methodology 215309

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
82.00%	85.73%			

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Touchtime Utilisation in November was 85.73% and is included as an exception this month as it is now reporting special cause variation of an improving nature. This follows 7 consecutive months achieving the 82% target and reporting above the mean.

Several areas of focus and theatre improvements have impacted touch time utilisation including:
* On the day cancellation policy in place
* Early starts commenced for 4x consultants
* Focus on maximising capacity in theatres staffed and available

Touch time utilisation over 85% is considered good practice and demonstrates effective use of theatre time as well as efficiency in non-surgery activities such as set up and logistics.
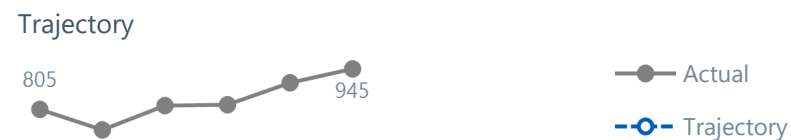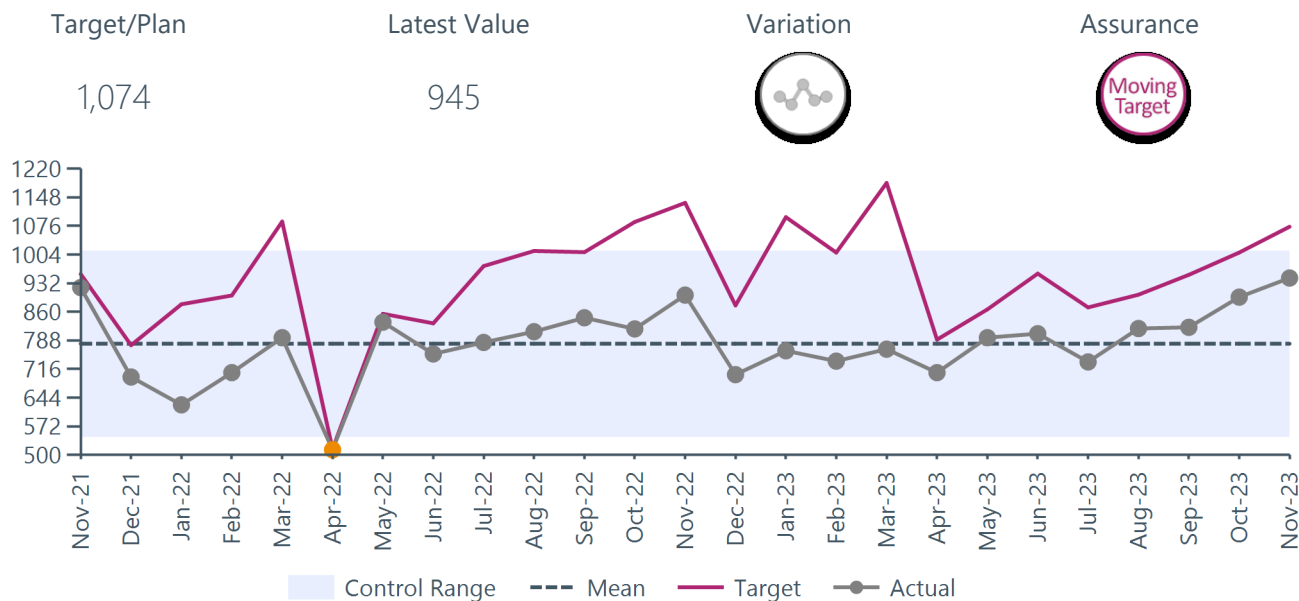
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
82.23%	78.65%	79.22%	84.21%	84.12%	78.95%	84.53%	85.87%	83.33%	84.20%	84.89%	84.28%	85.73%

- Staff - Patients - **Finances** -

Total Theatre Activity Against Plan

All activity in Theatres in month, rated against plan. 217797

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,074	945	(common cause variation)	Moving Target

Trajectory

805 ... 945

- Actual
- Trajectory

What these graphs are telling us

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

Control Range · Mean · Target · Actual

Narrative

Total theatre activity is monitored against the 2023/24 plan.
 November summary:
* Total Theatre Activity – 945 (plan 1074) 129 short (87.99%)
* NHS activity – 861 (plan 1004) 143 short (85.76%)
* Private patients – 84 (plan of 70) 14 above (120.00%)
Factors affecting delivery:
- Staffing issues in Theatres resulting in lost sessions
- 110 theatre cancellations (46 on the day and 64 ahead of TCI)
- Shortfall in NHS sessions (-47.5). 91.85% of sessions were used against plan.
- IJP activity not maximised (90.00% of plan)
- Cases per session behind plan (1.97 of 2.05 plan)

Actions

* Greater focus on Theatre Improvement programme:
- commencement of early session starts by a number of consultants
- regular weekly use of Headley Court Day Case facility
- Sunday working
- 5 major joint lists
All initiatives are subject to staffing alignment; additional activity is being taken at the weekly 6-4-2 meeting and utilisation of our theatres is reviewed as part of this process.
* Clear, staggered workforce pipeline for new starters; delivery of personalised local training plans via simulation lab and an element of double scrubbing.
* Workforce Improvements completed to improve recruitment and retention opportunities, report in development.
- The aim to move to 12 theatres is proving challenging at present due to the Theatre workforce not reaching the assumed and forecasted levels to facilitate the increased usage. Where staffing allows 12 theatres are being run however the daily average is 11 in November.
- Focus on maximising capacity in theatres staffed and available, implemented through 6-4-2 and daily CommCell meeting. Monitoring also through weekly Finance Recovery Group.
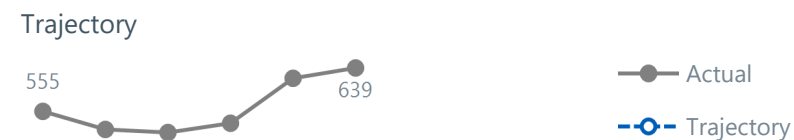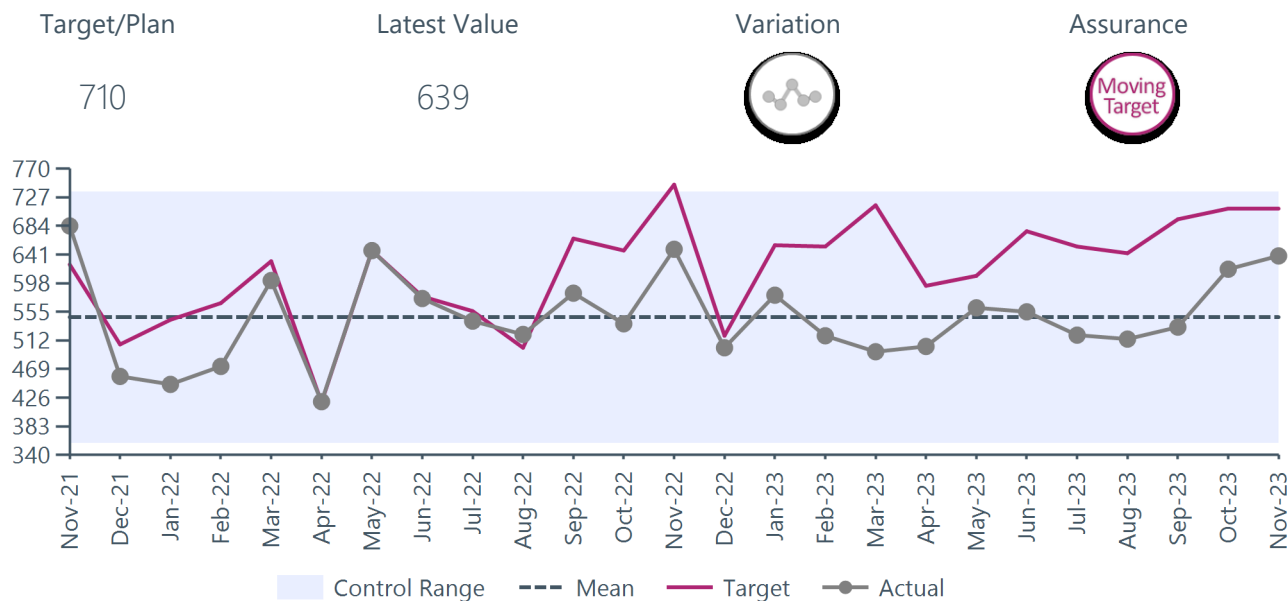
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
902	702	762	736	766	707	795	805	734	818	821	897	945

- Staff - Patients - Finances -

IJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken in job plan; rated against plan. 217552

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
710	639		Moving Target

Trajectory

555 639

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2023/24 IJP plan for November was 710 cases.

In November, the Trust undertook 639 NHS theatre cases IJP, 71 cases behind the plan of 710 which equates to 90.00%.

The plan was 1074 cases: 710 IJP, 294 OJP, 70 PP's.

Actions

* Greater focus on Theatre Improvement programme:
- commencement of early session starts by a number of consultants
- regular weekly use of Headley Court Day Case facility
- Sunday working
- 5 major joint lists
All initiatives are subject to staffing alignment; additional activity is being taken at the weekly 6-4-2 meeting and utilisation of our theatres is reviewed as part of this process.
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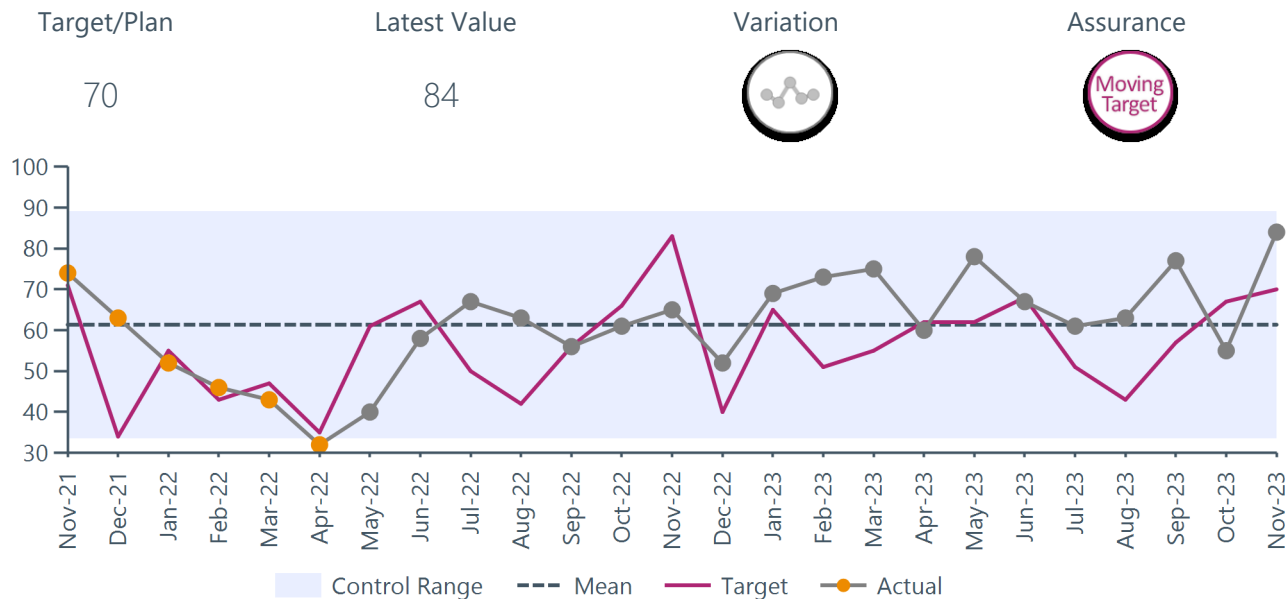
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
649	501	580	519	495	503	561	555	520	514	532	619	639

-   Staff   -   Patients   -   **Finances**   -

PP Activity - Theatres - against Plan

Private patient activity in Theatres in month, rated against plan. 217741

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
70	84	(common cause)	Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory legend: Actual — Trajectory

Narrative

Part of the Trust's Finance mitigations is to over-achieve on private patient activity through Theatres from November onwards therefore this measure is included as an exception to emphasise the plan was exceeded in November.
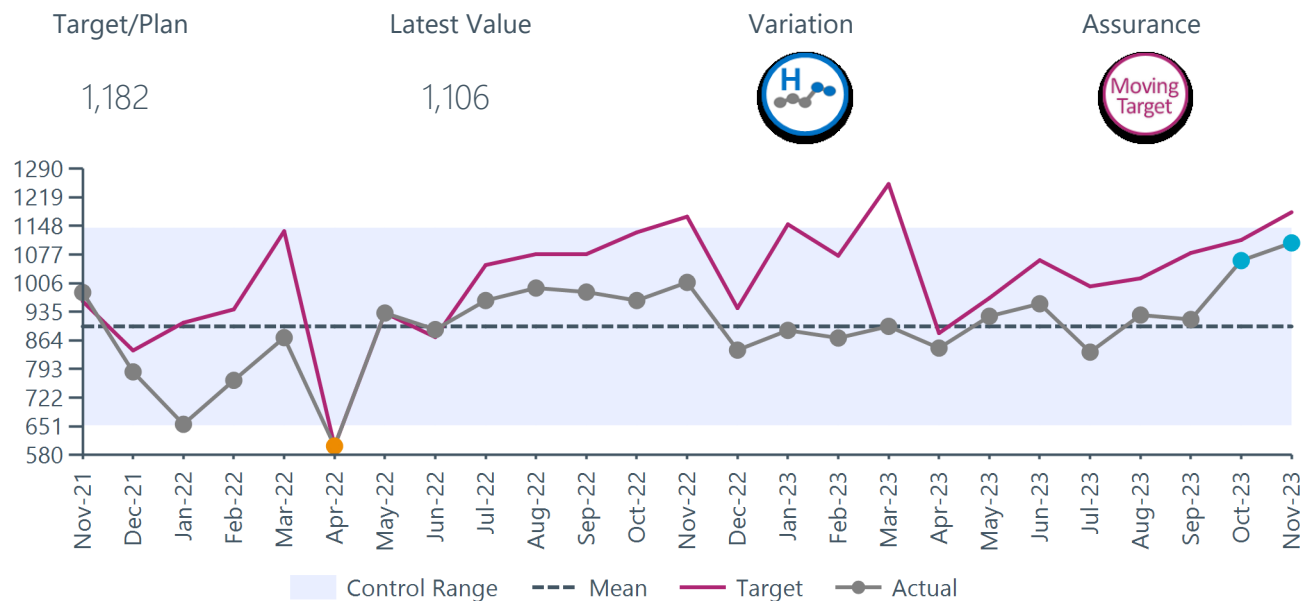
Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
65	52	69	73	75	60	78	67	61	63	77	55	84

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

Total elective activity rated against plan. 217796

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,182	1,106	H	Moving Target

Trajectory

955   1106

Actual
Trajectory

Control Range — — Mean — Target — Actual

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 2023/24 plan of 1182 in November was 1106, shortfall of 76 (93.57%).
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 1021; 825 delivered (80.80%)
- Elective patients discharged in reporting month, no operation - plan was 161; 281 delivered (174.53%)
Non-theatre activity accounted for 25.41% of elective spells this month; plan was 13.62%.

Although below plan, it is worth noting that November saw the highest level of elective activity delivered in the last two years and is now reporting special cause variation of an improving nature.

Actions

* Greater focus on Theatre Improvement programme:
- commencement of early session starts by a number of consultants
- regular weekly use of Headley Court Day Case facility
- Sunday working
- 5 major joint lists
All initiatives are subject to staffing alignment; additional activity is being taken at the weekly 6-4-2 meeting and utilisation of our theatres is reviewed as part of this process.
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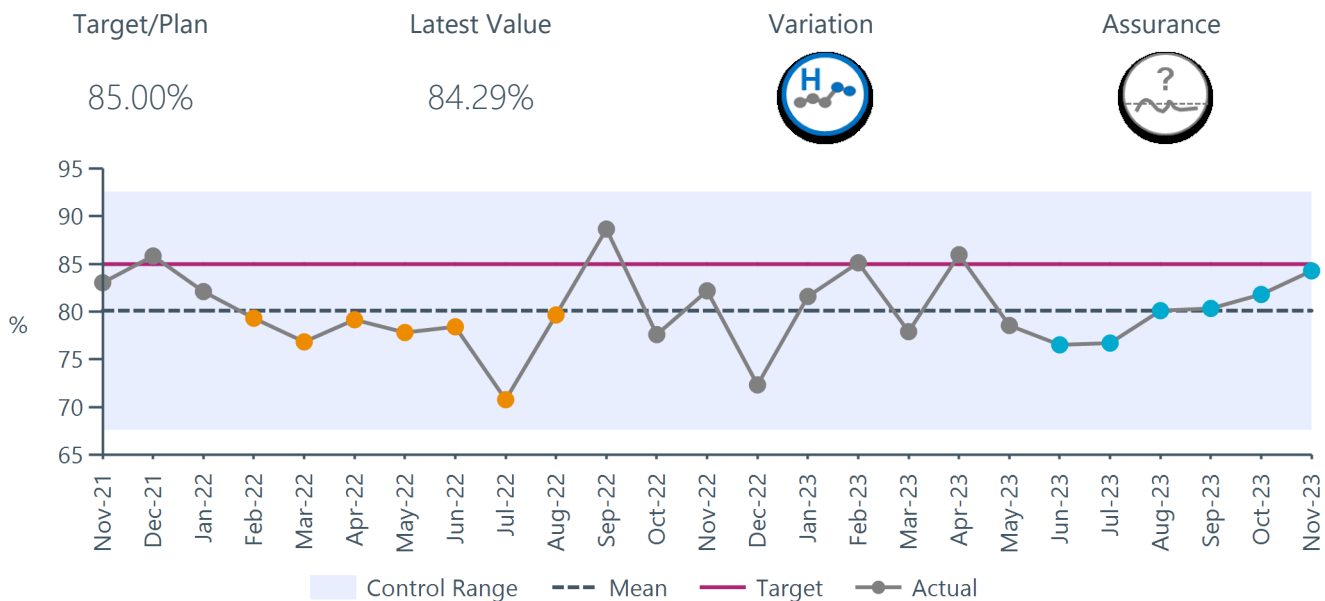
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
1008	840	889	870	899	845	924	955	835	927	916	1062	1106

- Staff - Patients - **Finances** -

Overall BADS %

% of BADS procedures performed as a day case 217813

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
85.00%	84.29%			

What these graphs are telling us

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

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

Narrative

This measure reflects the overall % Trust performance of day cases against the latest online British Association Of Day Surgery directory of procedures; Orthopaedic and Urology pages.

In November the Trust is reporting 84.29% BADS day cases against a target of 85%. Although below target, this is the sixth consecutive month of improved performance and is above the mean in November.

Actions

Ongoing monitoring of performance via the Day Case Working Group; actions include:
* To improve day surgery success rates (against BADS).
* To extend range of procedures done as day cases.
* To meet process checklist set out in GIFRT day surgery delivery document.
 - Theatres Manager to work with Day Case lead to support these ambitions.
* To improve the data quality of Day Case patients by:
- Working with Access Team to improve data quality of bookings and alignment between PAS and Bluespier.
- Working with nursing and admin staff to improve timeliness of patient discharge from PAS.
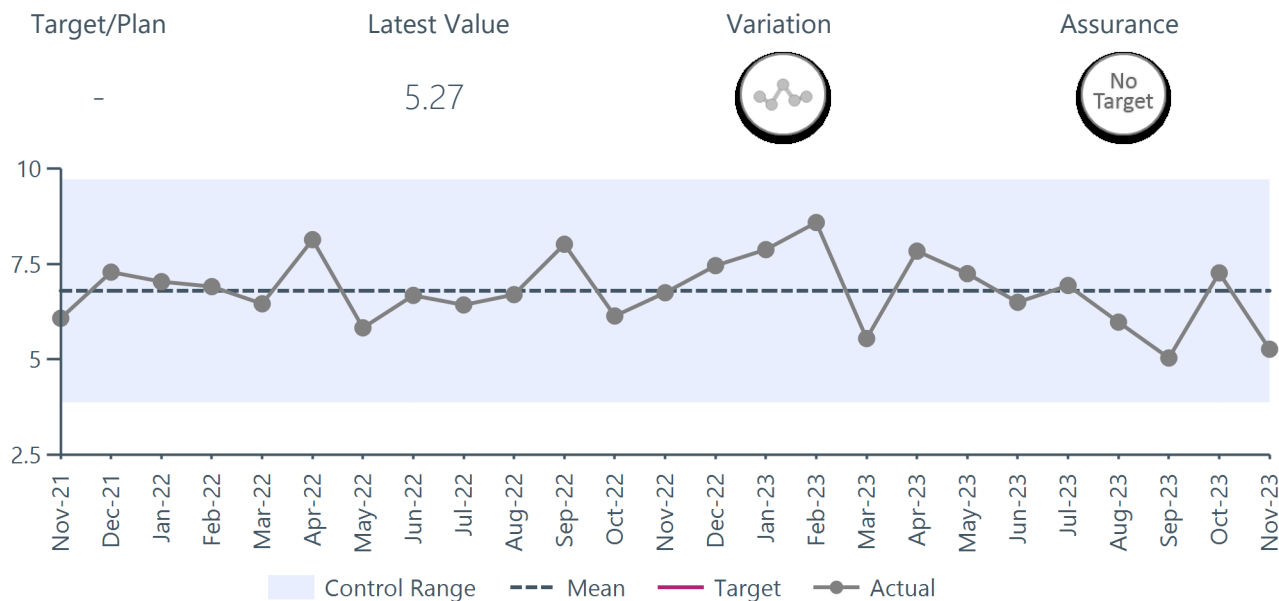
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
82.20%	72.34%	81.61%	85.14%	77.92%	85.98%	78.57%	76.54%	76.72%	80.12%	80.35%	81.82%	84.29%

- Staff - Patients - **Finances** -

Average Length of Stay – Elective & Non Elective

Length of Stay of all patients - Elective and Non Elective (excluding daycases). 217820

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	5.27	(variation icon)	No Target

Trajectory

6.50

5.27

—●— Actual
--○-- Trajectory

What these graphs are telling us

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

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

Narrative

This KPI now encompasses both elective and non-elective patients. For November, the average length of stay was 5.72 days, with a breakdown as follows:

* Elective Patients - 2.37 days
* Non-Elective Patients 35.17 days; of which
- Spinal Injuries - 97.50 days
- Care of the Elderly - 25.67 days

An improvement seen for elective patients can be attributed to the Enhanced Recovery patients being admitted to Clwyd ward. In November, twice as many patients had a 0 or 1 day length of stay when compared to the previous month.

There were 27 patients discharged in month from adult wards who had a length of stay of over 20 days.

A target for this KPI still needs to be agreed.

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6.75	7.46	7.88	8.59	5.55	7.84	7.25	6.50	6.94	5.98	5.04	7.27	5.27

-   Staff   -   Patients   -   **Finances**   -

Total Outpatient Activity against Plan (volumes)

Total outpatient activity (consultant led and non-consultant led) against plan. 217795

Exec Lead:
Chief Operating Officer
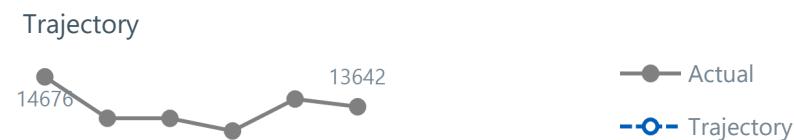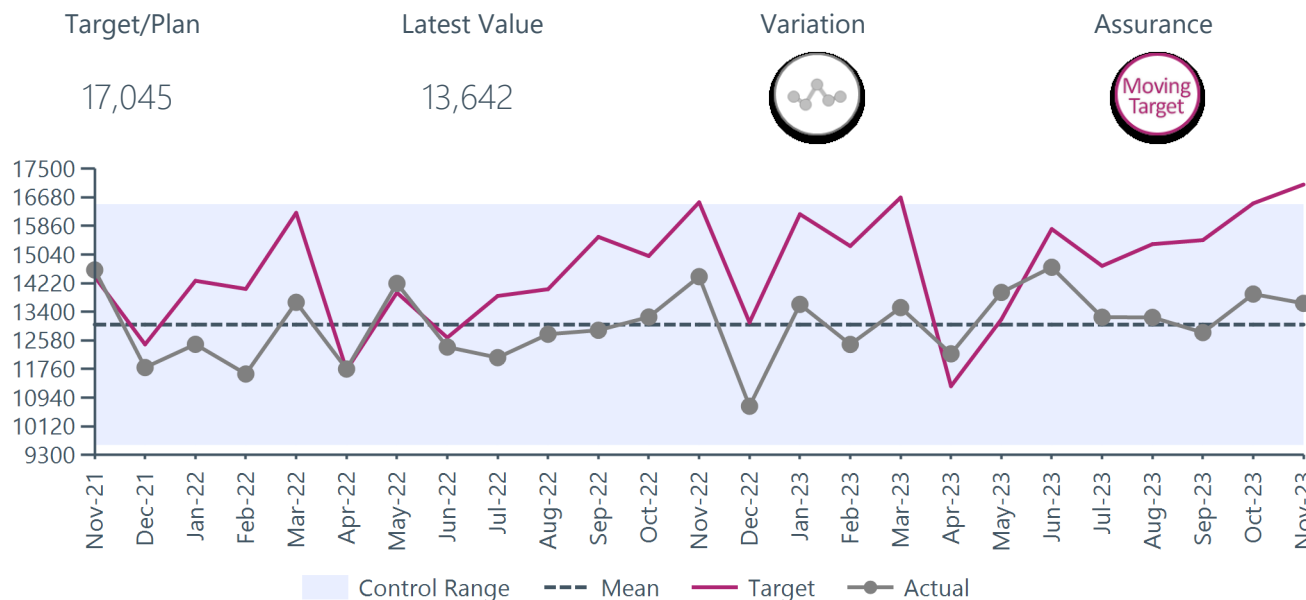
Target/Plan	Latest Value	Variation	Assurance	Trajectory
17,045	13,642		Moving Target	

What these graphs are telling us

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

Narrative

Total outpatient activity undertaken in November was 13642 against the 2023/24 plan of 17045; a shortfall of 3403 that equates to 80.04% of plan. This is broken down as; New Appointments – 3851 against 5123 - equating to 75.17% and Follow Up Appointments - 9791 against 11922 - equating to 82.13%
Factors affecting delivery:
- Reduction in SOOS activity on our PAS system as a result of the growth of the MUSST service (SOOS was 1503 behind plan). This has also impacted the level of Therapies activity with 851 behind in November.
- In 2023/24, a step change can be seen in the OJP plan as the plan significantly increased. Our OJP actual activity is within normal variation and not meeting this step change.
The following sub-specialities then reported the highest variance to plan:
* Arthroplasty – 1482 against 2095 - 613 behind plan; 90.79% of IJP plan met, 41.20% of OJP plan met
* Upper Limb – 916 against 1457 - 541 behind plan; 83.55% of IJP plan met, 32.83% of OJP plan met
Year to date performance is under plan by 11610 cases (90.27% of plan). The activity numbers are always taken on 5th working day to allow 4 working days for administrative transactions.

Actions

Outpatient Improvement Group meets fortnightly to discuss performance and actions in relation to Overdue Follow Ups, DNAs, PIFU & Virtual KPI's.
* Three other groups are in their infancy but will support with key areas of improvement, which are: Therapies Improvement Group, Radiology Improvement Group and Rheumatology Improvement Group
* All four of the above groups then feed into an Oversight group that meets monthly.
* Requirement to revisit plans at sub-speciality level.
* Plans being reviewed for 23/24 and 24/25.
* The impact of MUSST service is under assessment with areas identified that impact plan. A separate presentation has detailed this for F&P Committee.
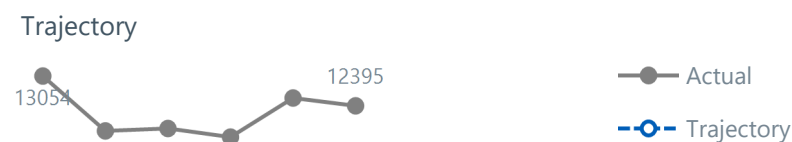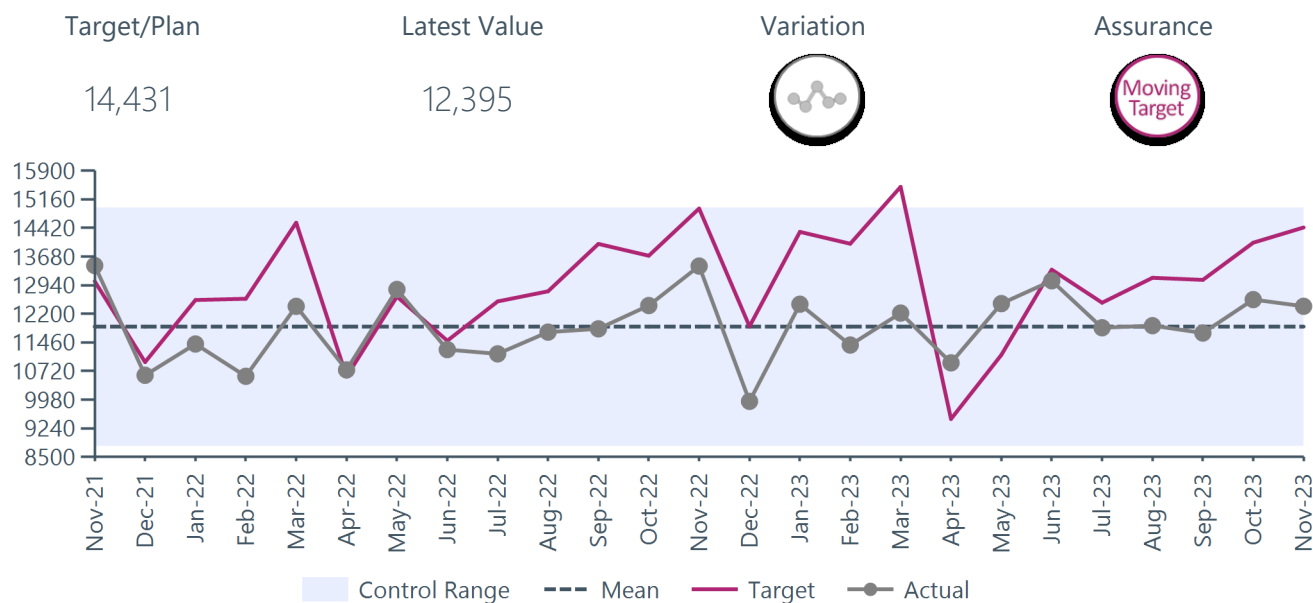
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
14407	10696	13613	12466	13521	12197	13956	14676	13244	13240	12805	13909	13642

-    Staff   -   Patients   -   **Finances**   -

IJP Activity - Outpatients - against Plan

Total IJP Activity (consultant led and non-consultant led) against plan. 217583

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
14,431	12,395		Moving Target	

What these graphs are telling us

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

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

Narrative

Delivered activity is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust utilises in job plan and will be monitored against 2023/24 plans.

In November, Outpatients saw 12395 via IJP, 2036 below the plan of 14431 and equates to 85.89%. Year to date position is 95.77% against the IJP plan.

The sub-specialities with the highest variance against IJP plans in November were:
* SOOS - 11 against a plan of 1514 that equates to 0.73%; variance of 1503
* Therapies - 1814 against a plan of 2665 that equates to 68.07%; variance of 851
* Spinal Disorders - 600 against a plan of 909 that equates to 66.01%; variance of 309

SOOS activity is reducing on our PAS system as a result of the MUSST service; most activity is now being transacted through the RIO system with the exception of urgent which are still on our PAS system.
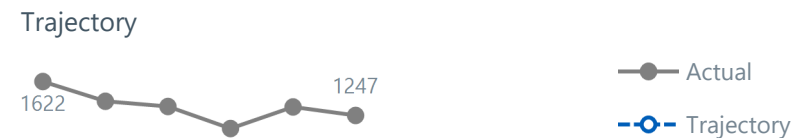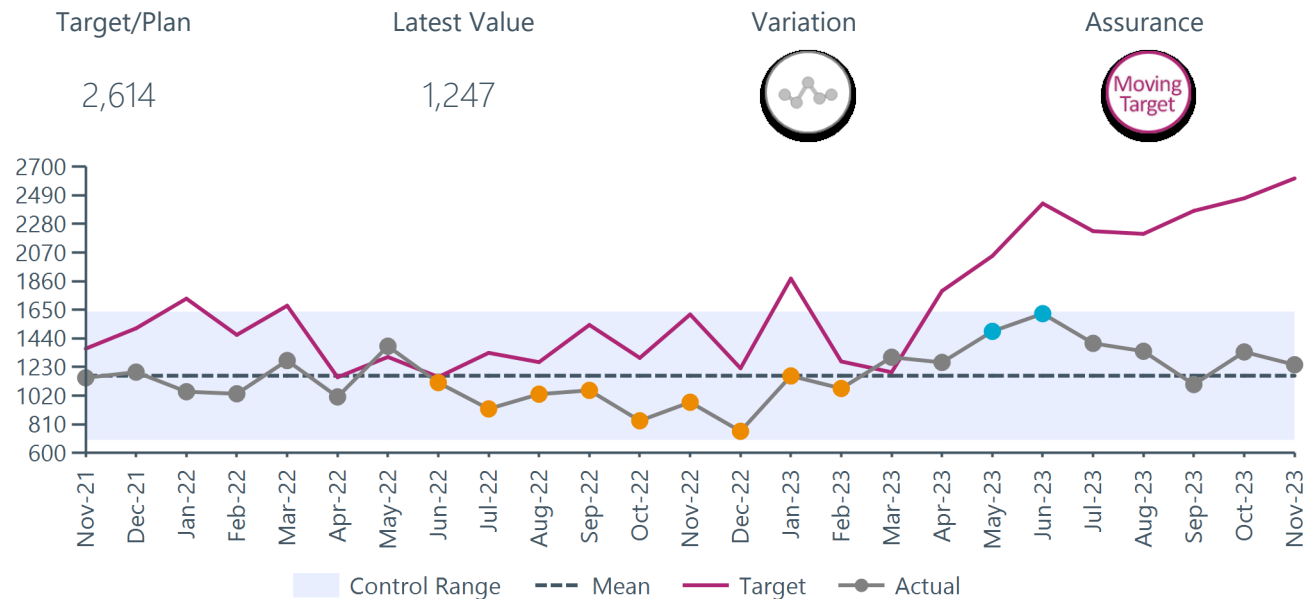
Actions

Discussions are taking place with service managers for the areas where IJP target is not being met to understand this in more detail and address any actions required.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
13435	9937	12448	11393	12219	10933	12464	13054	11840	11894	11703	12568	12395

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

Total OJP Activity (consultant led and non-consultant led) against plan. 217585

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2,614	1,247		Moving Target	1622 ... 1247

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Delivered activity is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust utilises out of job plan and will be monitored against 2023/24 plans.

In November, Outpatients saw 1247 via OJP, 1367 below the plan of 2614 and equates to 47.70%. Year to date position is 59.59% against OJP plan.

The sub-specialities with the highest variance against OJP plans in November were:
* Arthroplasty - 349 against a plan of 847 that equates to 41.20%; variance of 498
* Upper Limb - 195 against a plan of 594 that equates to 32.83%; variance of 399
* Foot & Ankle - 117 against a plan of 445 that equates to 39.78%; variance of 268

There is not adequate offers for this plan to be recovered this year.

Actions

OJP service assessments are underway recognising the limitations in OJP.
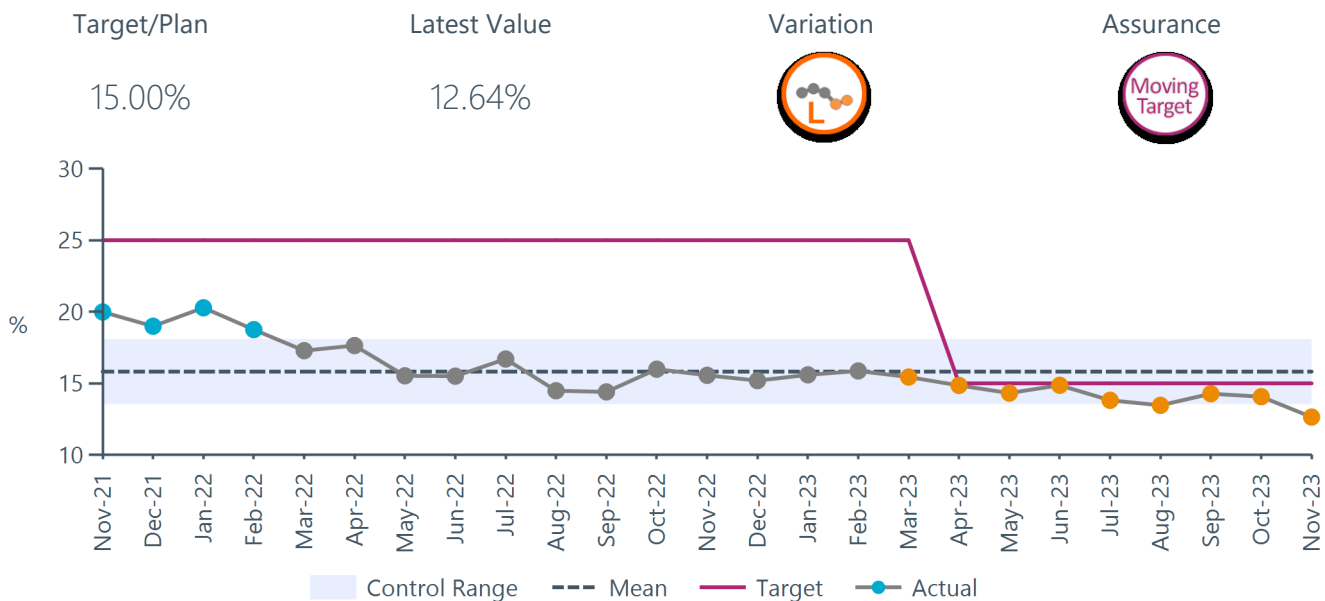* Plans being reviewed for 23/24 and 24/25.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
972	759	1165	1073	1302	1264	1492	1622	1404	1346	1102	1341	1247

-    Staff   -   Patients   -   **Finances**   -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual against plan 217586

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
15.00%	12.64%	L	Moving Target	14.87 ... 12.64

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target as a result of change this financial year.

Control Range — Mean — Target — Actual

Narrative

In November the total Virtual Outpatient Activity undertaken in the Trust was 1725 against 13642, equating to 12.64%.   This is broken down as follows:
* New appointments - 3.95% (152 out of 3851)
* Follow-up appointments - 16.07% (1573 out of 11922)
The sub-specialities with the highest achieving percentage for virtual appointments are:
* Spinal Injuries (49.35%); Rheumatology (40.23%); Veterans (22.04%)
The sub-specialities with the lowest virtual percentage, not achieving target are:
* Spinal Disorders (1.51%); Physiotherapy (2.04%); Upper Limb (4.15); Muscle (4.35%)

A reduction in Virtual activity can also be attributed to the loss of SOOS activity from our PAS system. Historically, SOOS saw a high proportion of patients virtually.

Based on historic performance, we have submitted a plan to the System to achieve 14.4% Virtual Outpatient Activity (6.2% new and 17.9% follow up). Target here in IPR has been added as a stretch-target at 15%.
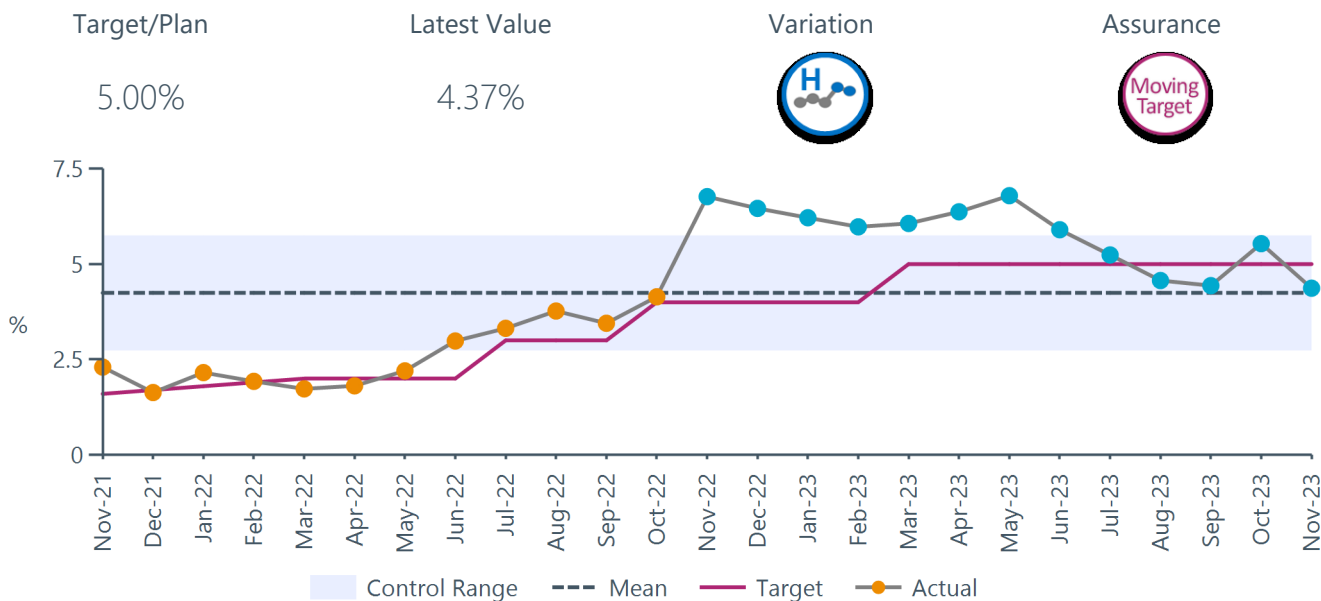
Actions

Conversations are ongoing at directorate meetings regarding face to face vs virtual appointments.
* Nurse practitioner surgical helplines are all being recorded and process documented.
* A profile of our virtual activity for next year has been submitted to the ICS.
* A combination of clinical assessments and opportunities identified through benchmarking will support with informing future targets and further actions for 2023/24.
* This metric will also continue to have oversight within the system as part of transformational work.
* Collaboration with other specialist providers to benchmark our performance.
* Assess that all virtual activity that is happening throughout the Trust is captured and recorded correctly.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
15.56%	15.19%	15.60%	15.87%	15.44%	14.86%	14.32%	14.87%	13.82%	13.47%	14.28%	14.07%	12.64%

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway against plan 217715

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5.00%	4.37%	H	Moving Target

Trajectory

5.90   4.37

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances. In November the target was not met with 4.37% of total outpatient activity moved to a PIFU pathway. This is primarily due to the reduction of SOOS activity being recorded on our PAS system due to the growth of the MSST service. If we exclude SOOS from the numerator and denominator then in November our performance stands at 4.35%.

The following Sub - Specialties achieved the highest % moved to PIFU rates in November:
* Upper Limb (15.14%)
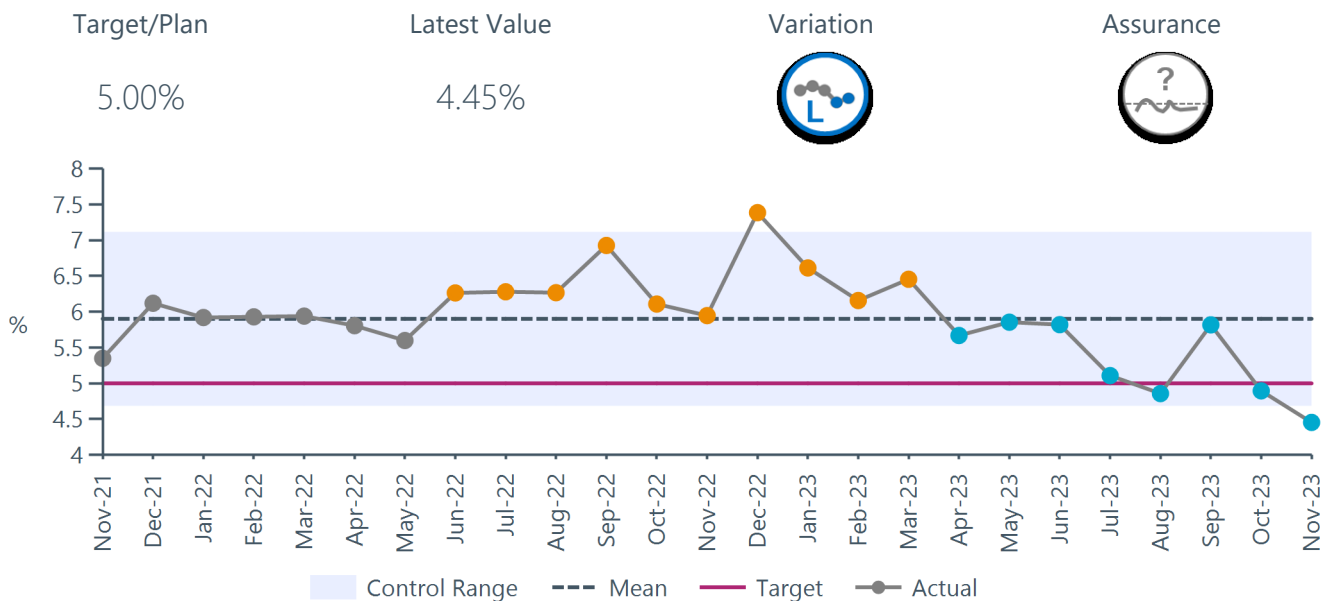* Spinal Disorders (9.13%)
* Knee & Sports Injuries (9.01%)

Actions

* System action - working with STW MSK with the transition of the MSST service from SOOS
* Review of PIFU utilisation by sub-specialties to be undertaken with focus on different working practices within firms
* Exploring new variation of PIFU called 'Continuous PIFU' which will apply to our lifelong patients. This has the potential to boost numbers in certain sub-specialties.
* Focus on working practices and process being reviewed within Rheumatology by Operational Manager and Access

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6.77%	6.46%	6.21%	5.98%	6.06%	6.37%	6.79%	5.90%	5.24%	4.57%	4.44%	5.54%	4.37%

-   Staff   -   Patients   -   **Finances**   -

Outpatient DNA Rate (Consultant Led and Non Consultant Led

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5.00%	4.45%		

Trajectory

5.82   4.45

— Actual
--o-- Trajectory

What these graphs are telling us

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

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

Narrative

The DNA rate has achieved target for a second consecutive month with a rate of 4.45%. The measure is included as an IPR exception as the graph indicates special cause variation of improvement that has been sustained throughout this financial year. Significant improvements have been seen in the 'was not brought' rate for paediatrics.

Actions

Although the target has been met again this month, actions remain in progress.

Outpatient Improvement group regularly meet and monitor this. Current actions in progress are:
* Ensuring maximum confirmation rate wherever possible.
* Ensuring text reminder usage is maximised.
* The Synertec digital portal has now gone live so patients are now offered the option to receive their letters digitally.
* Observing and capturing qualitative data around why patients DNA / do not bring their child. A case of need is to be finalised to provide extra resource for the paediatric team.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
5.95%	7.39%	6.61%	6.16%	6.45%	5.67%	5.86%	5.82%	5.11%	4.86%	5.82%	4.90%	4.45%

-   Staff   -   Patients   -   **Finances**   -

Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
12,056.56	12,289.00	N/A to SPC	Moving Target
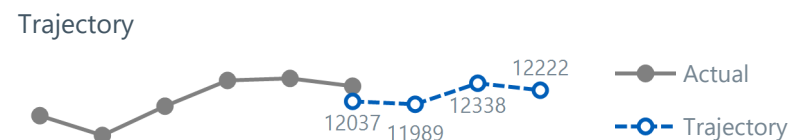
Trajectory

Actual — Trajectory

12037 11989 12338 12222

What these graphs are telling us

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

Target — Actual
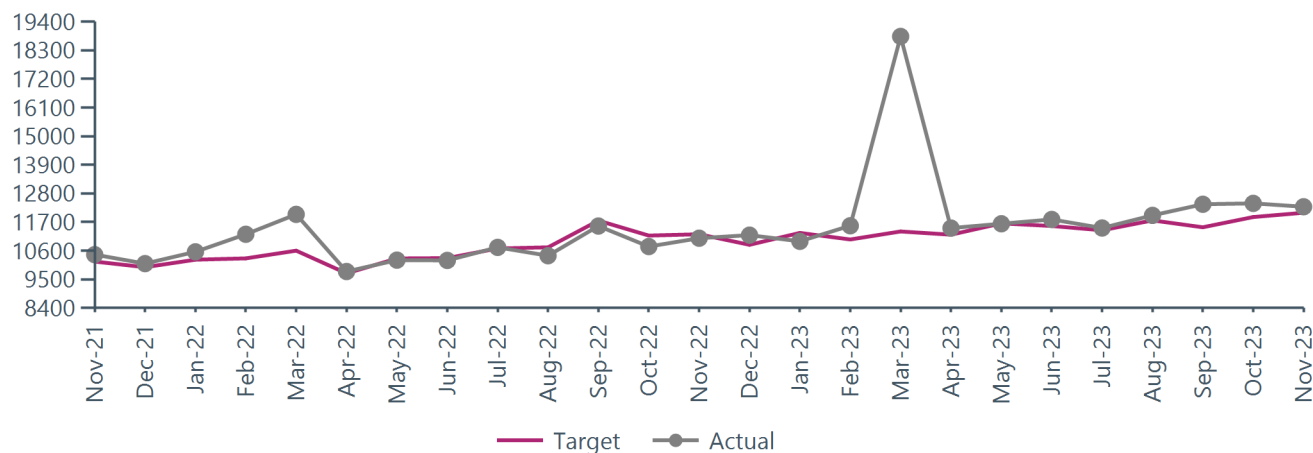
Narrative

Expenditure favourable to plan £35k excluding pass through.

Material pressures in month:
- MCSI wards £140k adverse (agency & super numerary staffing)
- Theatres underlying casemix pressure on consumables and implants £76k adverse
- MSK wards £63k adverse (bank & agency)
- Theatres staffing £57k (agency driven and 10 wte supernumerary staff £32k)
- Sheldon ward £35k adverse (bank & agency)

Partially offset by vacancies and non recurrent balance sheet support (including annual leave accrual).

Finance costs £89k favourable (interest receivable)

Actions

Oversight of cost pressures, drivers and actions to mitigate by Financial Recovery Group .

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
11080	11197	10960	11558	18833	11469	11635	11800	11472	11957	12384	12418	12289

- Staff - Patients - **Finances** -

Efficiency Delivered

Efficiency requirements 215298

Exec Lead:
Chief Finance and Planning Officer
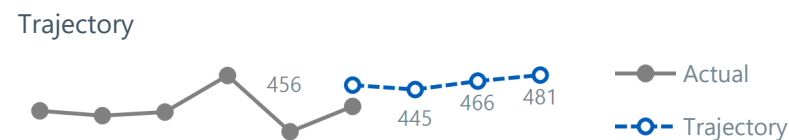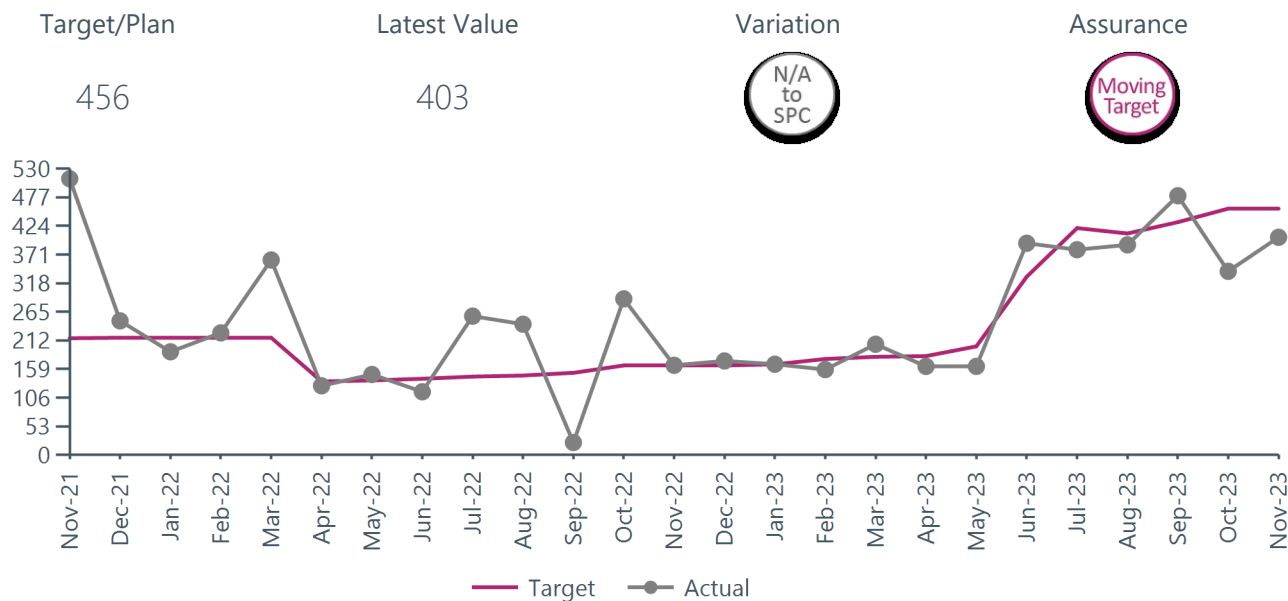
Target/Plan	Latest Value	Variation	Assurance	Trajectory
456	403	N/A to SPC	Moving Target	

What these graphs are telling us

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

Narrative

£2,712k efficiency savings delivered against plan of £2,887k - 57% of annual plan delivered YTD.

Actions

- Units reviewing mitigating efficiency schemes
- Trust wide overview and opportunities through TPOIB
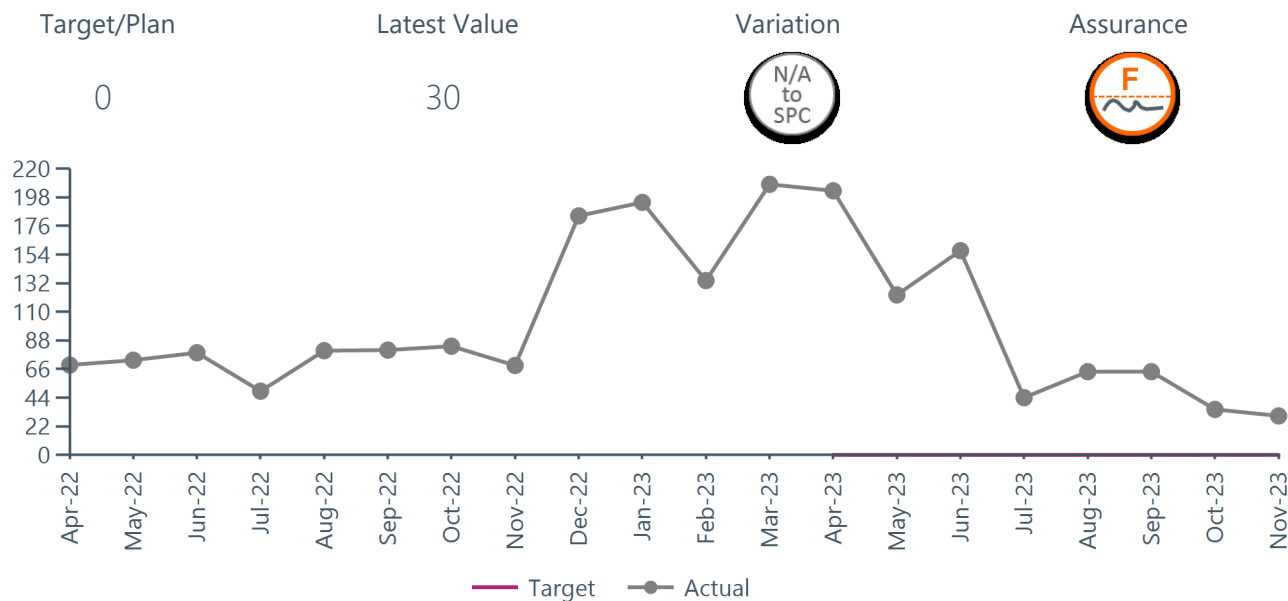- Deep dive of Efficiency schemes undertaken by Finance & Performance Committee.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
166	174	168	158	205	164	164	392	380	389	480	340	403

- Staff - Patients - **Finances** -

Agency Core - Off Framework

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

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	30	N/A to SPC	F	

Trajectory

157 30

— Actual
--O-- Trajectory

What these graphs are telling us

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

— Target   —●— Actual

Narrative

Off framework usage at 13%, in line with 14% in M7.

Actions

- Enhanced sign off arrangements for off framework agency shifts'.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
68	183	194	134	208	203	123	157	44	64	64	35	30

- Staff - Patients - **Finances** -

Insourcing Agency

Annual ceiling for total agency spend introduced by NHS Improvement - Non-Core Agency 216337

Exec Lead:
Chief Finance and Planning Officer
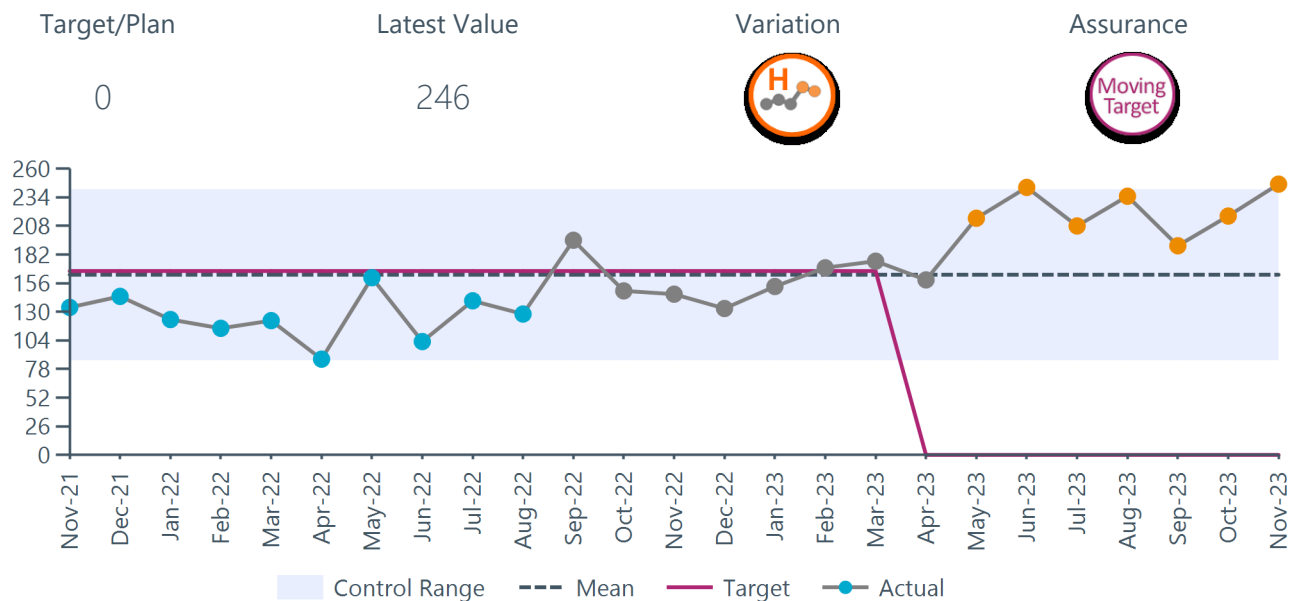
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	246	H	Moving Target	243 ... 246

Actual
Trajectory

What these graphs are telling us

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

Control Range — — Mean — Target — Actual

Narrative

Includes spend with insourcing contracts which is required to be reported as Agency under new guidance. Reporting change only - does not in itself generate a budgetary pressure as expenditure is planned.

Actions

- Continued engagement with NHSE/ICS regarding future arrangements given that this spend can not be tolerated within Agency limits
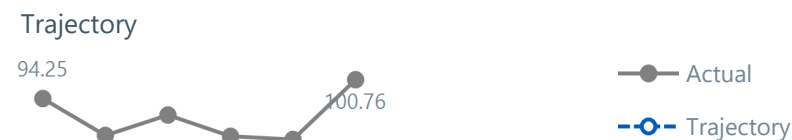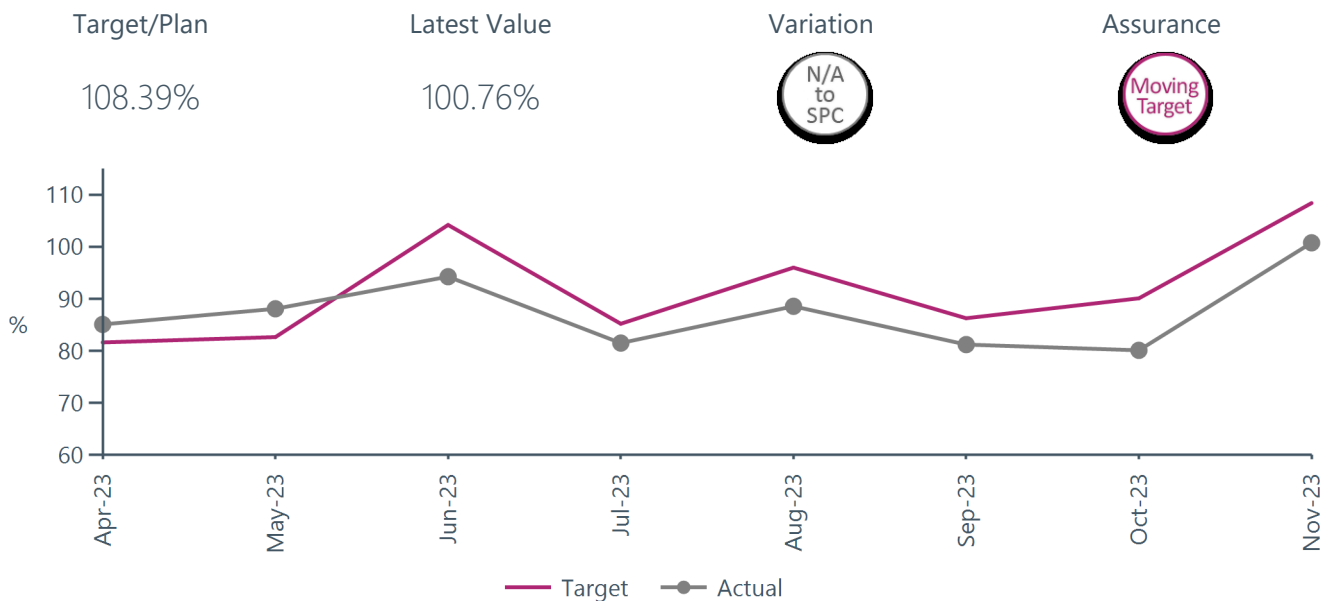
Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
146	133	153	170	176	159	215	243	208	235	190	217	246

- Staff - Patients - **Finances** -

Value Weighted Assessment

Relative value in pounds (£) of patient activity from the 2019/20 baseline to the 2023/24 actual delivery (English only) 217818

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
108.39%	100.76%	N/A to SPC	Moving Target	94.25 ... 100.76

Actual — **Trajectory**

What these graphs are telling us

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

— Target — Actual

Narrative

Adverse to plan ytd driven by industrial action activity losses and underlying shortfalls in activity for theatres and outpatients due to workforce constraints.

Actions

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
					85.08%	88.08%	94.25%	81.49%	88.56%	81.20%	80.10%	100.76%

- Staff - Patients - **Finances** -