



REPORT TITLE:	Patient Metrics					
SPONSORING EXECUTIVE:	Simon Sheppard, Interim Chief Finance Officer, Mrs M Roberts, Chief Nursing Officer and Dr M Anderson, Chief Medical Officer					
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)					
MEETING:	Public Trust Board				DATE:	20 th January 2024
1.	Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>					
<p>Each member of the Executive Team has personally provided their own exception reporting and commentary to the area for which they are the lead within the Population Strategic Objective.</p> <p>This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.</p>						
2.	Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>					
OUR PATIENTS		X	OUR PEOPLE		X	OUR POPULATION
To be good or outstanding in everything that we do			To cultivate and sustain happy, productive and engaged staff			To work seamlessly with our partners to improve lives
3.	Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>					
Q&S and FIPC December 2023						
4.	Recommendation(s)					
The Trust Board has asked to:						
a.	RECEIVE and NOTE the report for assurance					
b.	DISCUSS the escalations					
5.	Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>					
Board Assurance Framework Risk 01		X	<i>Deliver safe, high-quality care.</i>			
Board Assurance Framework Risk 02		X	<i>Make best strategic use of its resources</i>			
Board Assurance Framework Risk 03		X	<i>Deliver the MMUH benefits case</i>			
Board Assurance Framework Risk 04		X	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>			
Board Assurance Framework Risk 05		X	<i>Deliver on its ambitions as an integrated care organisation</i>			
Corporate Risk Register [Safeguard Risk Nos]						
Equality Impact Assessment		Is this required?	Y	N	X	If 'Y' date completed
Quality Impact Assessment		Is this required?	Y	N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 10th January 2024

Patients Metrics

1. Background

- 1.1 'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics are shown below, aligned against our three strategic objectives (Patients, People, Population) and our 2023/24 annual plan. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor our existing Integrated Quality and Performance Report (IQPR) which tracks over 200 metrics. Any performance exceptions from the IQPR are included in this report. This report shows data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' house style of reporting. Further detail on how to interpret SPC charts including the plain English descriptions of performance icons is shown in annex 1.

2023/24 Annual Plan on a Page








Our 14 Objectives for 2023/24


6 High Impact Objectives



2. Performance Overview: Annual Plan Objectives

(+) indicates improvement from last month, (-) indicates worsening from last month.

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better	Ok but getting better	Poor but getting better
	Common Cause Variation 	Predictably good	Ok Friends & Family Test	Predictably poor DM01

		Urgent Community Response Contacts Urgent Community Response – 2 Hour Performance	62 Day (urgent GP referral to treatment) Excluding Rare Cancers Staff survey
Special Cause Concern 	Good but getting worse	Ok but getting worse Emergency Access Standard (EAS) Performance (-)	Poor and getting worse RTT-Incomplete Pathway Pts waiting >65 weeks
Not an SPC Chart	Good	Ok Patient Safety Incidents: Moderate Harm or Above Patient Safety Incidents Train leaders	Poor Income & Expenditure Bank & Agency Spend Elective Activity Occupancy & Bed Closure Plan
Annual plan objectives delivery to date	0%	47%	53%

3. Escalations

3.1 **Bed Days, Occupancy and Length of Stay:** We are reporting an increased occupancy rate in the past few weeks (Figure 1). In Figure 2 we can see an increase in Average LOS in the past calendar year, because we have added a step-change in December 2022 which increased the mean LOS from 4.53 to 4.72. This metric is failing its target and cannot be expected to reach it under current process. In conjunction with an increased Average LOS, we have seen a decrease in the number of emergency admissions over the past calendar year (Figure 3 and Figure 4). The number of elective admissions is also within common cause variation (Figure 5). However, anecdotally we have seen emergency medical outliers in surgical beds, which may have influenced our elective performance. As a result, these changes have cancelled out any schemes implemented aiming to reduce the number of bed days used (Figure 6).

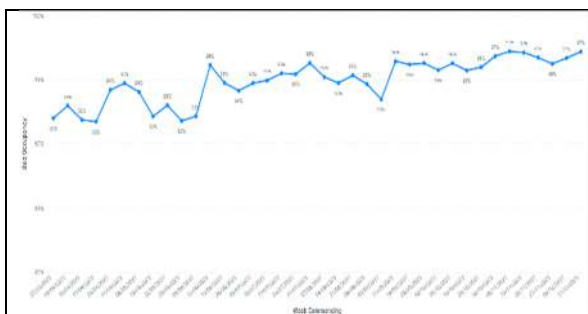


Figure 1. Occupancy of SWB Trust by week.

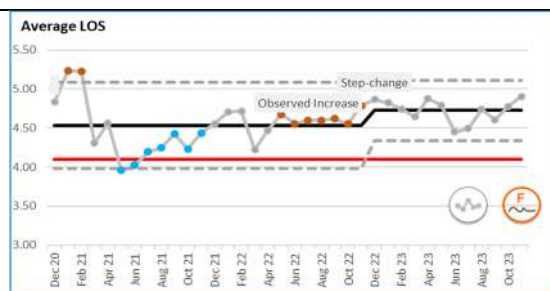


Figure 2.

*Note: this calculation uses MMUH principles and does not include Healthy Babies.

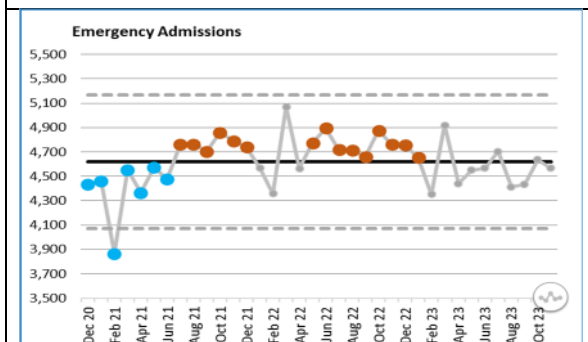


Figure 3.

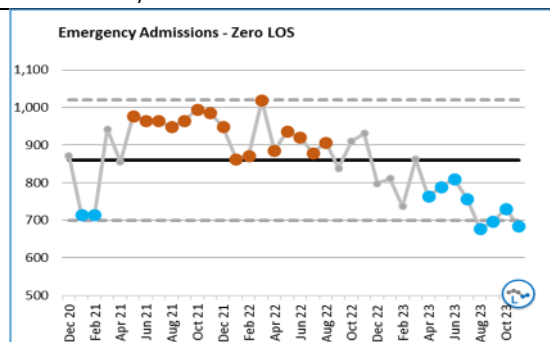


Figure 4.

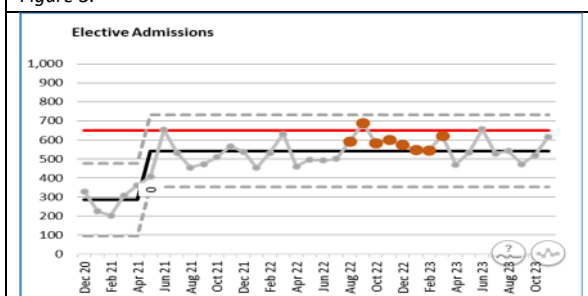


Figure 5.

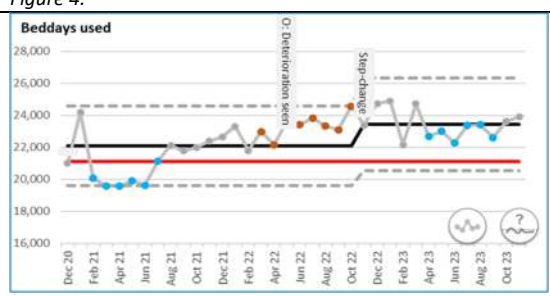


Figure 6.

3.2 **65-Week waiters Referral to Treatment:** Currently we have an issue with our performance of 65-week waiters for Referral to Treatment (RTT). The ICB has two key measures that they are now managing the organisation by and so we have included the operational graphs for these metrics. The first graph shows the total cohort of patients that could become 65-week waiters and shows our reduction of this cohort

completely by stopping the RTT clock (Figure 7). The second graph shows the same cohort but removes the patient once the first outpatient appointment has been given (Figure 8).

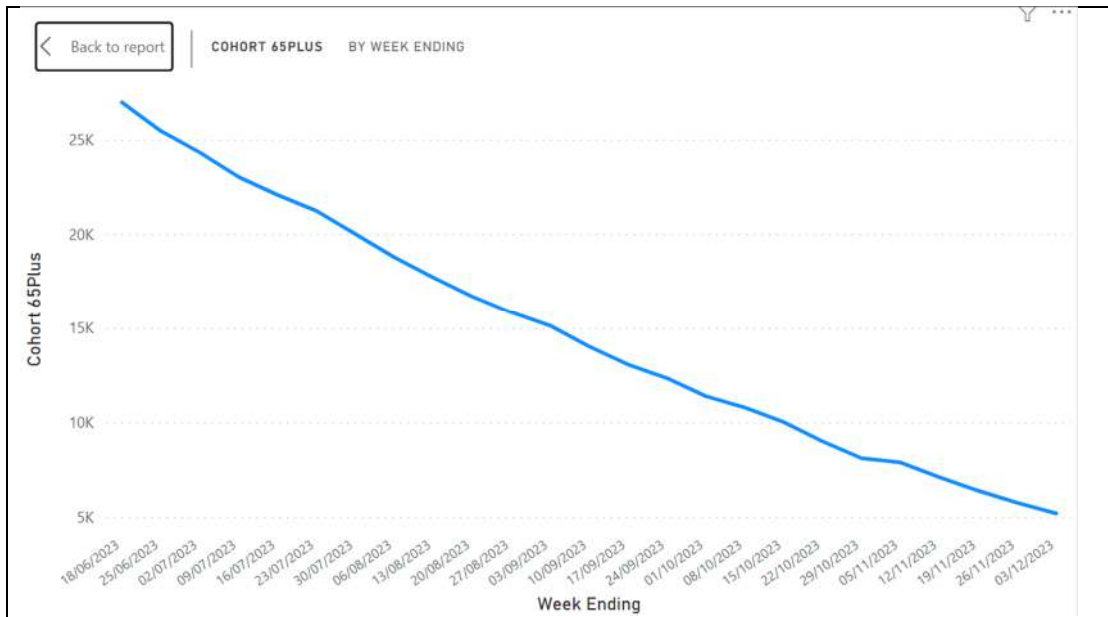


Figure 7.

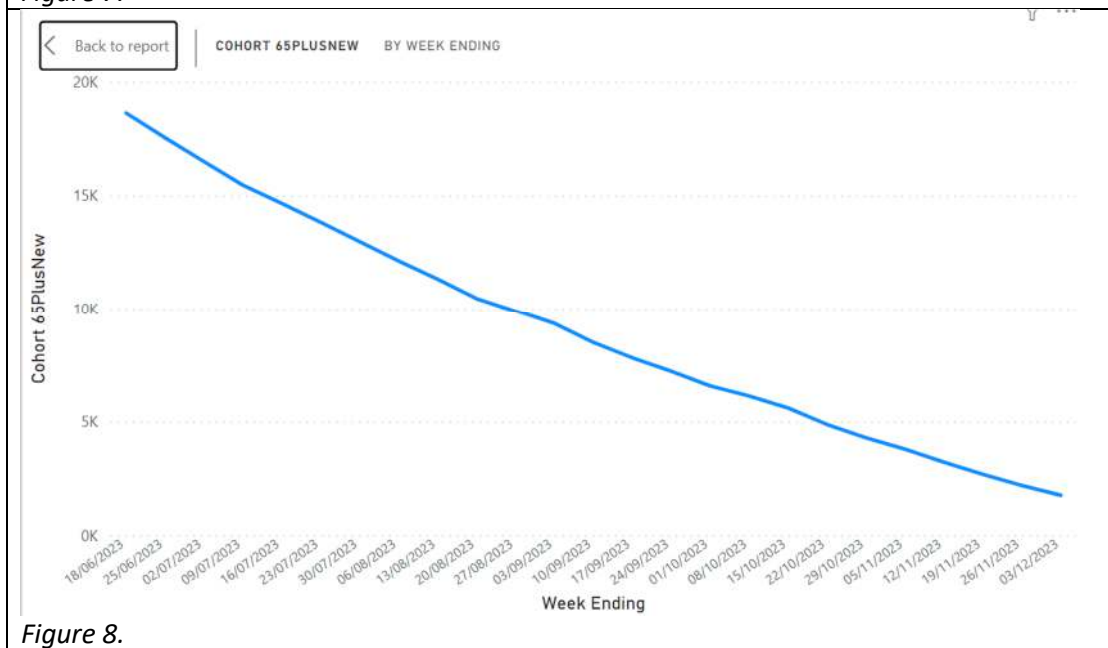
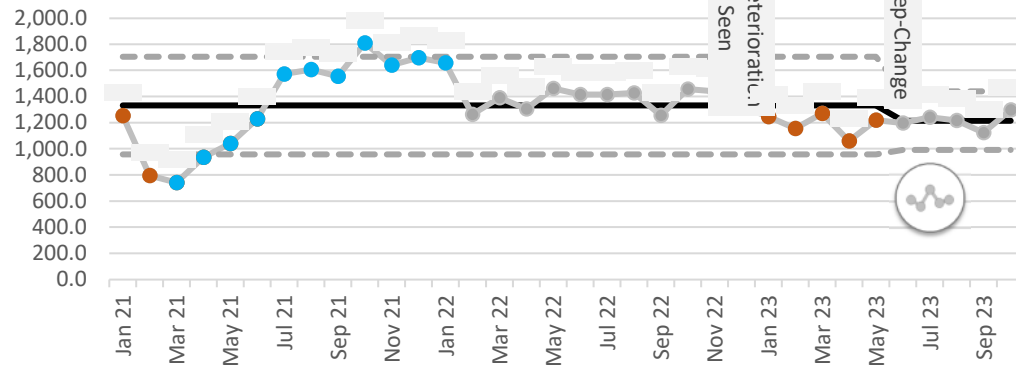


Figure 8.

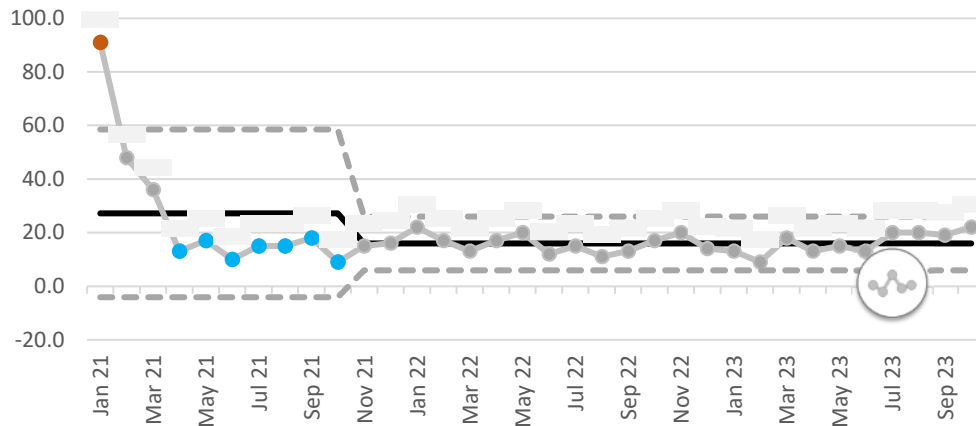
Patients

Increase patient safety incidents with no or low harm incidents and decrease patient safety incidents with moderate harm or above – Top 6 objective

Patient Safety Incidents



Patient Safety Incidents - moderate or above



Analyst Commentary – Patient safety incidents:

A step change has been added in June '23 to adjust the mean based on a consistent period of lower level of reporting. This process is in common cause variation.

Analyst Commentary – Moderate or above harm:

This process is in common cause variation.

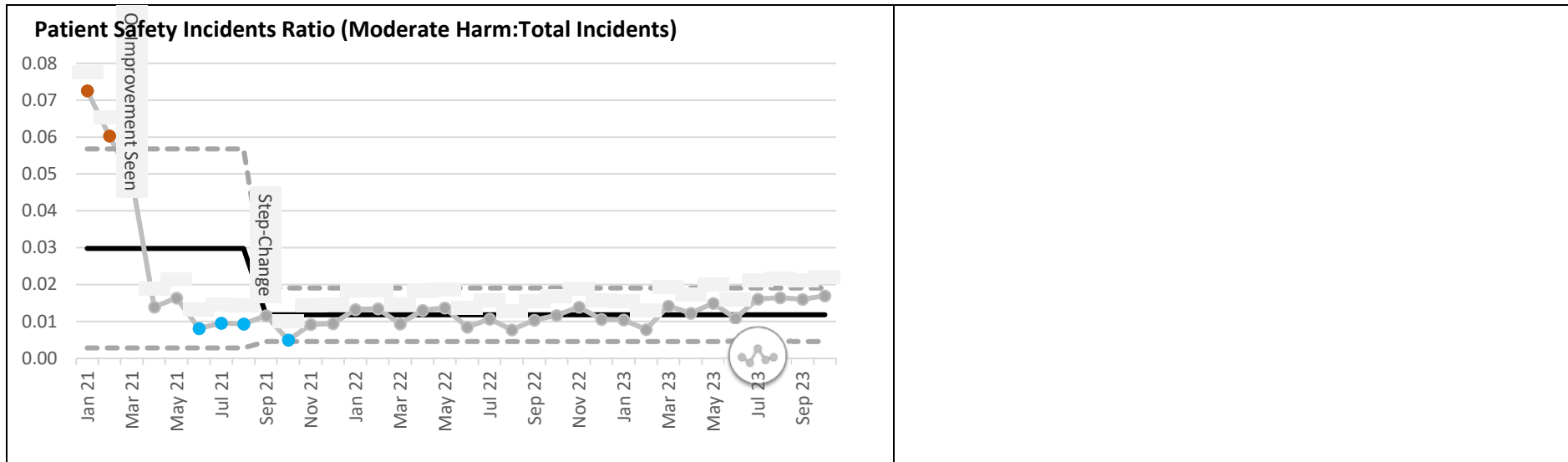
Analyst Commentary – Patient Safety Incidents Ratio:

A step-change has been added in September 2021 to reflect improvement in performance. This process is in common cause variation.

Executive Commentary:

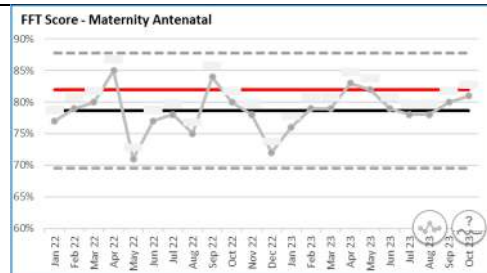
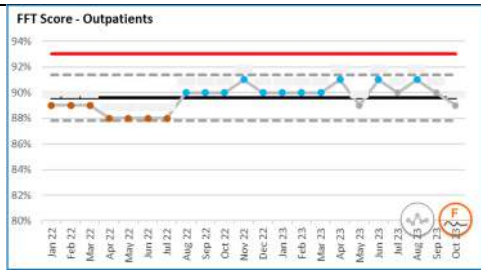
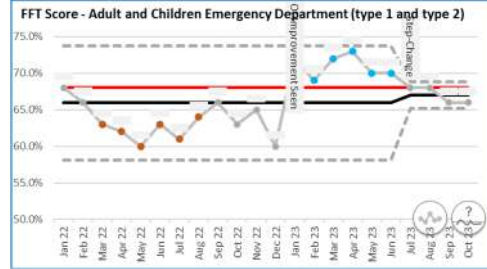
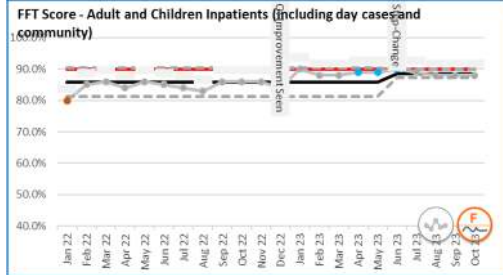
Learning from Patient Safety Events (LFPSE) was successfully launched on 1st December. In the preceding months there has been additional resources available to support staff to understand how to submit incident reports in a timely and effective manner. This appears to have positively impacted the increase in numbers of incidents reported. Moderate harm incidents remain relatively static, with only a small increase in the number recorded in October. Medicine and Emergency Care and Maternity remain the highest reporters of moderate harm or above cases. This is due to the nature and acuity of patients within these groups. There are no real trends identified within these incidents at this stage. All incidents are reviewed as per standard governance processes. It has been agreed by the Executive team that Patient Safety Incident Response Framework will commence on 1st April 2024, with planned activities being agreed to ensure successful launch. Fundamentals of care is gaining traction with workflow leads providing assurance at the Fundamentals of Care Delivery group on a regular basis.

Action	By who	By when
Continue to provide robust review of moderate harm and above incidents	Chief Medical Officer Chief Nursing Officer Deputy Director of Governance	Ongoing
Re-launch of incident reporting (LFPSE)	Chief Medical Officer Chief Nursing Officer Deputy Director of Governance	Completed 1 st December 2023
Fundamentals of Care rollout	Chief Medical Officer Chief Nursing Officer	Ongoing



Patients

Increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT) by area - Top 6 objective



Analyst Commentary:

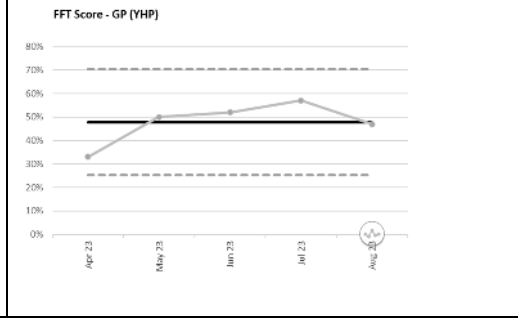
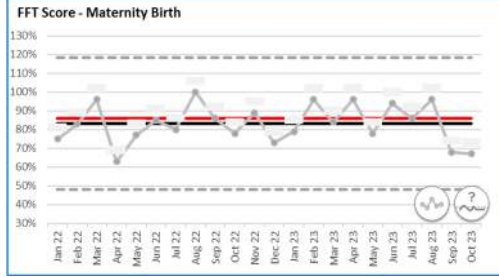
We have added step changes to FFT Score – Adult and Children Inpatients and Adult and Children Emergency Department following 6 months of special cause improvement variation. Our Friends and Family scores for Outpatient, Antenatal and Birth are in common cause variation.

Birth scores are volatile due to their low response numbers. GP Scores have only been recorded since April 2023.

Target Source: Local Targets (median value from Public View).

Executive Commentary:

- Patient Experience Ambassadors increasing; Ambassador forum and Steering Group in place to support embedment and influence.
- A further Personalisation / Vulnerabilities study day being planned (March 2024) following successful delivery in October.
- Further stories captured regarding vulnerabilities (IVD use) and end of life.
- Further training provided via Preceptorship programme, Nursing Associate programme and the Safeguarding Team.
- Conclusion of a previous Trust Board story (re mental health care and provision) concluded with multi-agency participation and learning
- Environmental priorities around mobility and diverse needs support agreed, specific tasks to be defined (for year one, FoC Patient Friendly Environment).
- Communication boxes delivered; content and SOP to be disseminated.
- Discussion with the Patient Partner Food and Nutrition Panel about widening group's scope to cover wider needs of the organisation with group interest not restricted to food and nutrition alone.



Area	National Target	Local Target	Actual
Emergency Department	75%	68%	65%
Birth	93%	86%	76%
Antenatal	86%	82%	82%
Outpatient	94%	93%	89%
Inpatient (with day case incorporated)	95%	90%	88%
GP (Your Health Partnership)		In discussion	

Action	By who	By when
Personalisation of care measurement – broadened across project initial trial areas	Patient Insight and involvement lead	September - December 2023
Personalisation and experience training development – additional study days	Patient Insight and involvement lead / Patient Experience Manager	October 2023– March 2024
Interpreting quality standards development and implementation. Business case development to support virtual interpreting	Patient Insight and Involvement Lead	October 2023 – March 2024
Implementation of guidelines, measures and on-site support for carers (trial).	Patient Insight and Involvement Lead	April – December 2023
Patient Experience Ambassadors programme	Patient Insight and Involvement Lead / Patient Experience Manager	September 2023 – March 2024

Patients: Summary Table

Quality Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Index (SHMI) (monthly)	Jun 23	99	100			111	77	145
Sepsis - Treated in 1 Hour (as % Of Treated)	Nov 23	88.2%	85.0%			87.5%	83.1%	91.9%
Pressure Ulcer SWB Hospital Acquired - Total	Oct 23	22	23			27	18	37
Pressure Ulcer DN Caseload Acquired - Total	Oct 23	25	30			30	12	47
Falls with Harm	Oct 23	37	0			38	12	64
Doctor - Safe Staffing (FTE)	Nov 23	84.4%	93.0%			85.2%	82.3%	88.1%
Nurse Band 5 Vacancies	Nov 23	34	0			-28	-73	18
Pathway 1 % patients seen within target timescales	Nov 23	40.6%	55.0%			46.7%	35.2%	58.2%
No. of Complaints Received (formal and link)	Nov 23	67	8			89	42	136
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Jul 23	54.0%	70.0%			55.3%	#N/A	#N/A
Readmission with 30 days for patients aged 65 and over	Nov 23	10.9%	7.0%			16.5%	10.7%	22.2%
Bed moves per patients	Nov 23	1.6	1.4			1.6	1.5	1.8
Bed Days with no criteria to reside	Nov 23	2215	1313			2002	1248	2755
Patient Safety Incidents	Nov 23	1170	-			1208	960	1455
Patient Safety Incidents - moderate or above	Nov 23	19	-			16	6	26
Discharges after 8am and before 5pm	Nov 23	47.2%	60.0%			45.8%	42.2%	49.3%
Of those people who died in hospital % with a supportive care plan	Nov 23	35.8%	79.0%			31.0%	21.8%	40.3%
Emergency Care Mean Time (minutes)	Nov 23	273.0	192.0			245.0	201.9	288.0
Cancer - 62 Day Referral to Treatment (Urgent GP Referral)	Oct 23	56.3%	85.0%			59.0%	43.8%	74.2%
RTT - Incomplete Pathway (18-weeks)	Oct 23	51.4%	92.0%			56.4%	53.5%	59.3%
E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Nov 23	0.0	94.9			0.0	0.0	0.0
C. Difficile (Post 48 hours)	Nov 23	0	3			3	-4	9
MRSA Bacteraemia (Post 48 hours)	Nov 23	0	0			0	0	1
MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Nov 23	0.0	9.4			0.0	0.0	0.0
Urgent Community Response - 2 hour performance	Nov 23	75.2%	70.0%			66.3%	49.7%	82.9%

Patients: Summary Table

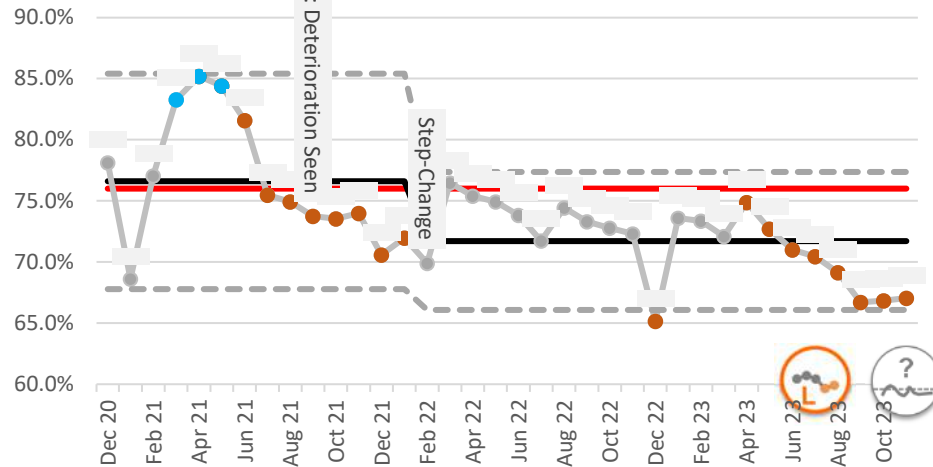
Quality Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance handover time within 30 mins	Nov 23	68.6%	65.0%			78.7%	67.7%	89.7%
Length of stay (acute) for Virtual Ward Patients	Nov 23	4.4	4.1			3.8	2.5	5.1
No. of Sitrep Declared Late Cancellations - Total	Oct 23	48	20			49	20	79
RTT - Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks	Oct 23	952	0			721	434	1008
Medication Errors causing serious harm	Nov 23	2	0			0	0	1
Complaints – Responses exceeding agreed response date	Nov 23	25.0%	20.0%			53.8%	26.7%	80.8%
Health Surveillance Rate - Cervical Cancer Screening	Jun 22	66.3%	-			66.3%	#N/A	#N/A
Sandwell Place - GP Ratio per 10,000 population	Aug 23	6.9	-			7.0	6.8	7.2
Sandwell Place - Learning Disability Reviews	Jul 23	261	-			441	-72	955
End of Life training	Nov 23	79.5%	95.0%			68.1%	61.0%	75.2%
Median number of days taken to setup a study at the Trust	Oct 23	45	40			59	#N/A	#N/A
Median number of days taken to recruit the first participant into a study at site	Oct 23	101	70			147	#N/A	#N/A

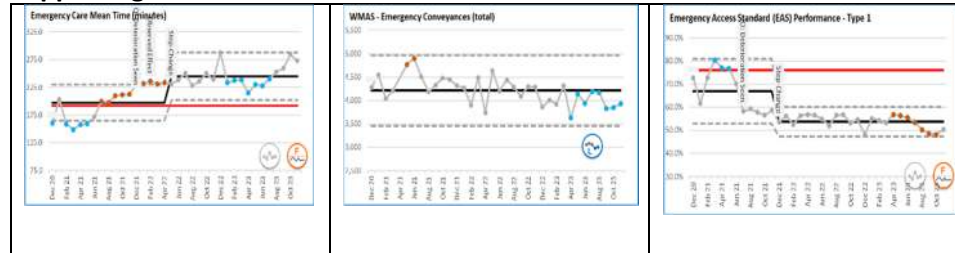
Patients

To increase patients who are seen and treated within the 4 hour emergency access standard from 73% to 76%

Emergency Access Standard (EAS) Performance



Supporting Metrics:



Analyst Commentary – Emergency Access Standard (EAS) Performance:

A step change has been added from February 2022 to adjust the mean based on a persistent period of lower percentage reporting following COVID. We are 58th out of 119 Trusts in the most recent Public View rankings [October 2023]. This process is in special cause concern. Target Source: National – updated for 23/24 operational guidance.

Analyst Commentary – Emergency Care Mean Time: A step change has been added from May 2022 to adjust the mean based on a persistent period of deteriorated performance beginning December 2021. This process is in common cause variation. If the target is below the lower process limit, the target cannot be expected to be achieved.

Analyst Commentary – WMAS – Emergency Conveyances (total): This process is in special cause improvement variation.

Analyst Commentary – Emergency Access Standard (EAS) Performance Type 1 ED: A step change has been added from December 2021 to adjust the mean based on a persistent period of lower percentage reporting beginning July 2021. This process is in common cause variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 98th out of 119 Trusts in the most recent Public View rankings [October 2023].

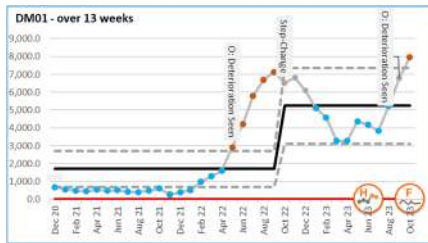
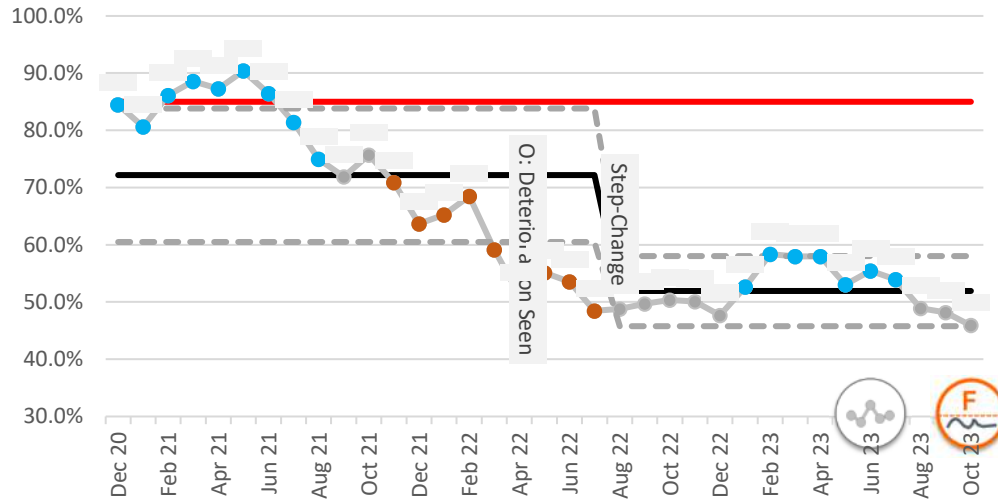
Executive Commentary: November performance showed a stabilisation and improvement in real terms EAS performance- although not yet statistically significant utilise SPC principle. All key metrics improved from October to November. Significant work continues in relation to the Winter Ambition and the EAS improvement plan.

Action	By who	By when
Improve diversion of patients away from Emergency Department to community and Same Day Emergency Care services through implementation of trust streaming model and Integrated front-door.	Rachel Clarke (Deputy GDOP)/Demetri Wade (Deputy COO)	November 23 - Recruitment ongoing, funding now agreed.
First Net roll-out for all Same Day Emergency Care areas – on hold until full review by UCAG of frailty pilot – review now complete.	Demetri Wade (Deputy COO)	Apr-Sep 2023 - report submitted for consideration of next steps.
Implementation of Urgent care bed rightsizing schemes	Rachel Clarke (Deputy GDOP)	On-going
Full action plan in place to improve EAS performance-with particular focus on Non-admitted performance	Rachel Clarke (Deputy GDOP)	On-going implementation

Patients

To increase patients who have their diagnostic completed within 6 weeks of referral from 50% to 85% (DM01)

DM01 Diagnostics 6 Weeks Target



Outstanding Tests (October 2023)		
Modality	No.OfTests	>13Weeks
Non-obstetric ultrasound	19027	6370
Computed Tomography	2023	770
Colonoscopy	841	261
Flexi sigmoidoscopy	462	194
Gastroscopy	556	144

Analyst Commentary – DM01 Diagnostics 6 weeks target:

Percentage of patients waiting less than 6 weeks for a diagnostic examination. A step change has been added from August 2022 to adjust the mean based on a persistent period of deteriorated performance. This process is in common cause variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 116th out of 119 Trusts in the most recent Public View rankings [September 2023]. Target Source: National

Analyst Commentary – DM01 Number of Tests Outstanding > 13 Weeks:

Number of tests that are still outstanding after 13 weeks. This process is in special cause concerning variation. A step change has been added from September 2022 to adjust the mean based on a persistent period of deteriorated performance. If the target is below the lower process limit, the target cannot be expected to be achieved. Target Source: National

Executive Commentary:

The position for 13+ weeks and deterioration of DM01 is largely driven by the Non-Obstetric UltraSound (NOUS) position with contribution from CTCA, Endoscopy Neurophysiology and Echo. Deterioration of DM01 and 13+ week position has resulted in 13+ weeks added as an agenda item on tiering meeting with particular focus on NOUS.

Integrated Care System (ICS) are to complete a deep dive into NOUS with NHSE/I regional team to complete deep dive into other diagnostics/physiological services (CT, Endoscopy, Neurophysiology, Echo)

The provisional data for November shows 1.5% increase in DM01 performance but further deterioration in 13+ weeks again largely driven to the NOUS tip over from 6-12 weeks.

The NOUS position was largely contributed due to the delay in the funding decision regarding unbundling of tariff which added 4000 to the backlog due to the loss of insourcing capacity. A further 1800 was added to the backlog due to further loss of insourcing capacity when Trust aligned sonographers not to work for insourcing companies within own Trust. Increased insourcing and increased bank rates have been utilised to slow down the increase of 13+ weeks and reduce the waiting list. Increased mutual aid as well as insourcing is due to be delivered from January 2024, with additional funding sought from NHSE/I for Q4 23/24 and 24/25. A sustainability business case will be written supporting delivery of both NOUS and Obstetric Ultrasound and will go through Governance processes in February following deep dive.

CTCA has seen improved position from that reported in November with continued support of Waiting List Initiatives (WLIs) to reduce the backlog as well as template changes. A CTCA working Group chaired by the Deputy Chief Operating Officer (DCOO) and Chief Medical Officer (CMO) is looking at sustainability of the CTCA services and transformations that required to support future service delivery.

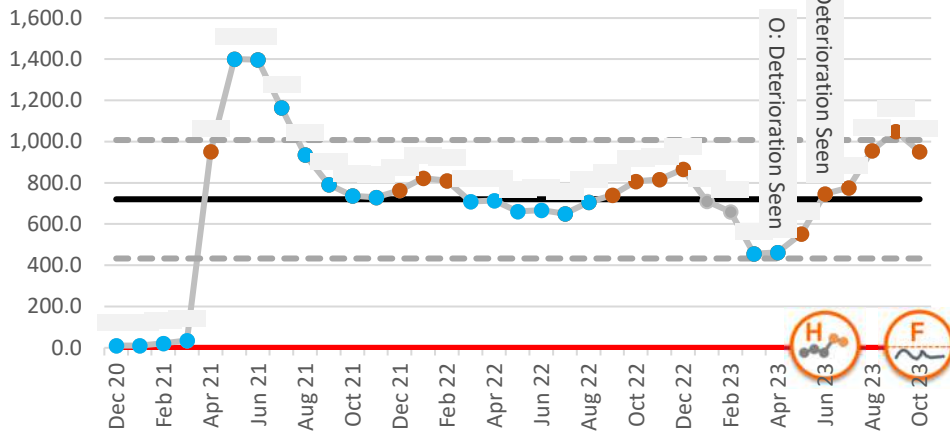
Endoscopy position being supported by insourcing provision and recruitment of locum consultants. However, significant increase in 2ww and also supporting RTT recovery is having an impact on recovery.

	<p>There has been significant improvement in the Echo position near eradication of 13+ weeks which is expected to be sustained. Neurophysiology has seen a deterioration in position due to workforce challenges but is mitigated with extension of insourcing been agreed. MRI and Audiology achieving 85% DM01 but MRI still to eradicate 100 13+ weeks</p>		
	<p>Action</p>	<p>By who</p>	<p>By when</p>
	<p>Additional funding sought from NHSE/I to support insourcing for NOUS</p>	<p>Darren Smith (Group Director of Operations) Johanne Newens (Chief Operating Officer)</p>	<p>December 2023</p>
	<p>Extension of Neurophysiology Contract</p>	<p>David Byrne (Group Director of Operations)</p>	<p>December 2023</p>
	<p>Bank rate Paper to be submitted and reviewed to Workforce Committee</p>	<p>Ciara Browne (Group Director of HCP)</p>	<p>January 2024</p>

Patients

To reduce the maximum length of our waiting list in all specialities from 100 weeks to 65 weeks for Referral to Treatment standard

RTT - Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks



Analyst Commentary:

RTT – Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks:

A step change has been added in August 2021 to reflect the COVID implications beginning April 2021. This process is in special cause concern variation. If the target is below the lower process limit, the target cannot be expected to be achieved. We are 85th out of 119 in the latest Public View rankings [September 2023]. Target Source: National

This chart is reporting the total number of patients waiting over 65 weeks on an incomplete RTT pathway as at the reporting month. The Operations team and the national targets are focused on all patients who will be waiting >65 weeks on March 31st 2024, if their pathway is not completed.

RTT – Incomplete Pathway (18-Weeks):

A step change has been added in March 22 to reflect declining performance. A second step-change has been added to reflect further deteriorating performance. This process is in common cause concern variation. We are 95th out of 119 Trusts in the latest Public View rankings [September 2023]. Target Source: National

Executive Commentary:

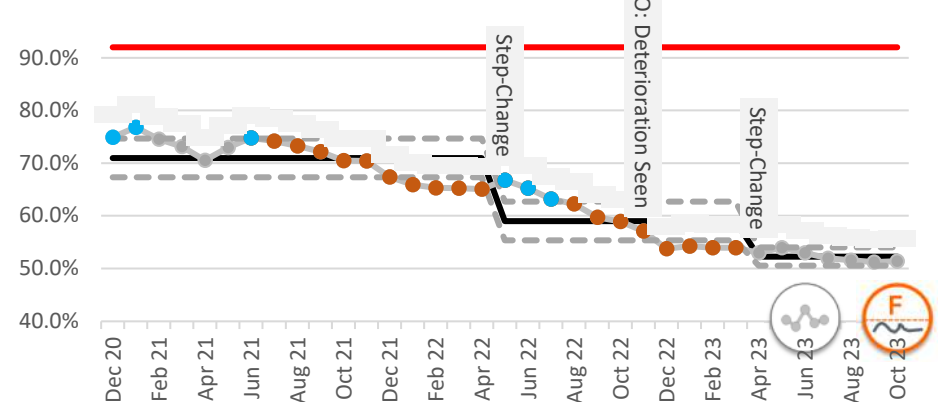
Trust is ahead of 65+ weeks cohort internal trajectory (that is being monitored by the Trust and Black Country Elective Care Board) by 3,217 patients and have seen reduction in patient waiting for 1st OPD in high-risk specialities (ENT and Dermatology) due to additional outsource capacity. Clinical Groups review and monitor both inhouse and outsource capacity and with further plans been developed to support the delivery of 65+ weeks by March 31, 2024 except ENT where System to provide mutual aid.

Junior Dr strike scheduled in December and January pose a high risk on delivering zero patients wait over 78+ weeks, 65+ weeks 1st OPD and some of the specialities may slip from performance gained past few weeks on these metrics. Clinical Groups are working through plans to mitigate and ring fence long waiters and avoid being cancelled.

Theatre improvement program commenced and have identified number of opportunities as well as been focussing on quick wins looking at both prospective / forecast as well as learning from retrospective data to improve further and a review is scheduled in December 2023. Booking efficiency program involving all stakeholders has started and have seen improvements in specialities with high demand.

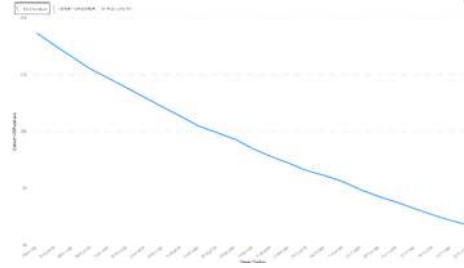
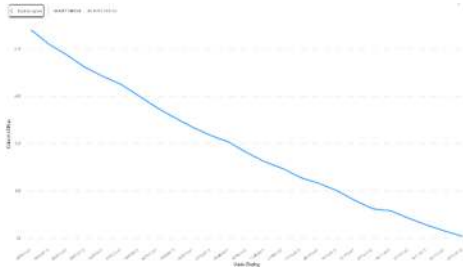
As part of outpatient transformation there are number of efficiencies identified to improve as well as best use of resources. "Further Faster" program is a good benchmark to assess the scale of improvement based on the initiatives put in place, since July 2023, Trust has made good progress in follow up reduction, and 12+ weeks validation and still have improvement work to do in Specialist Advice, missed appointments and PIFU. Action plans / working groups are in place for specialities with high cancellation rate. A new process has been rolled for Remote consultation where staff must choose type of consultation and remote consultation is one on top of the list.

RTT - Incomplete Pathway (18-weeks)

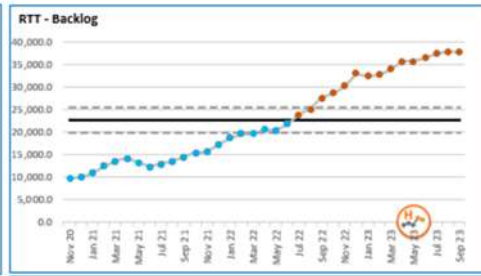
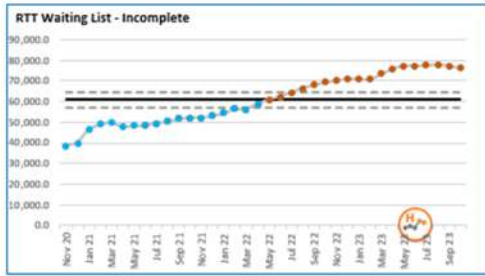


Volume of patient that would breach 65 Week Waiters as at 31/03/2024.

Volume of patient that would breach 65 Week Waiters as at 31/03/2024. – does not include patients who have a new appointment booked



INPATIENTS WAITING > 65 WEEKS		OUTPATIENTS WAITING > 65 WEEKS	
SPECIALTY	QTY	SPECIALTY	QTY
ENT	195	ENT	382
TRAUMA AND ORTHOPAEDICS	95	GENERAL SURGERY	56
OPHTHALMOLOGY	22	DERMATOLOGY	37
GYNAECOLOGY	13	TRAUMA AND ORTHOPAEDICS	31
ORAL MAXILLOFACIAL SURGERY	7	UROLOGY	27

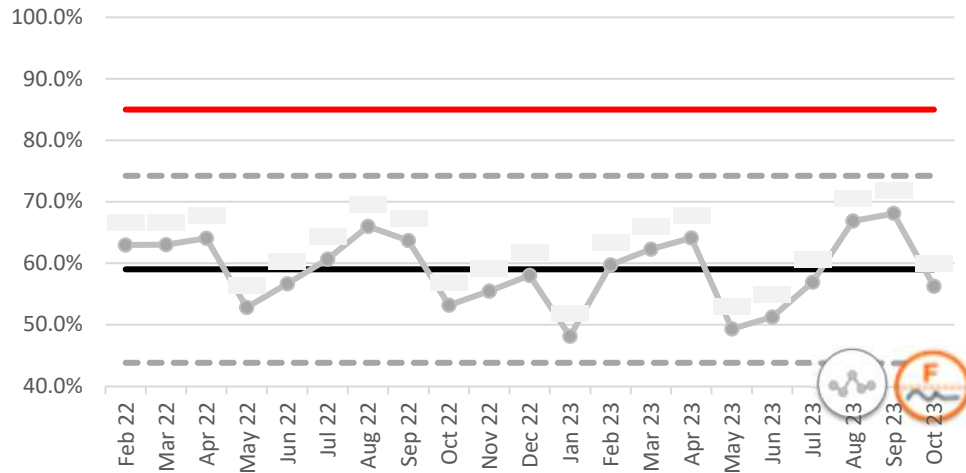


Action	By who	By when
Weekly review of month to date and month end performance projection	Alwin Luke, Asst. Director of Planned Care	Emphasis at weekly Planned Care Delivery Group
Specialty level recovery and trajectory plans using demand & capacity	All Clinical Groups – GDOPs	On-going / review
Streamlining referral processes and introduction of one stop clinics	All Clinical Groups – GDOPs	On-going / review
Follow up capacity release schemes e.g., Supported Discharge, virtual clinics.	All Clinical Groups – GDOPs	On-going / review
Maximise use of Outpatient capacity and Theatre utilisation	All Clinical Groups – GDOPs	On-going / review
Train & assess knowledge of 18-week pathway management in all relevant staff groups.	Alwin Luke, Asst. Director of Planned Care Mark Whitehouse, Head of Patient Access	Commenced and ongoing

Patients

To increase cancer patients who are seen and treated within 62 days from 68% to 85%

Cancer - 62 Day Referral to Treatment (Urgent GP Referral)



PATIENTS WHO WAITED > 62 DAYS FOR TREATMENT	
CANCER SITE	QTY
Urological (Excluding Testicular)	10
Gynaecological	5
Skin	4
Lower Gastrointestinal	4
Breast	4
Lung	3.5
Haematological	3
Head and Neck	1
Other (not listed)	1
Sarcoma	1
Upper Gastrointestinal	0.5

NB '-.5' patients refer to shared breaches where patients are referred between providers.

Analyst Commentary:

This process is in common cause variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 35th out of 119 in the latest Public View rankings [September 2023]. Patients who waited >62 Days for Treatment: Breaches that are shared with an external provider are marked 0.5.

Executive Commentary:

The Trust recovered TWW (Two Week Wait) position in November achieving 93%. Capacity issues in Dermatology has improved to 80% with additional capacity via outsourcing delivered for routine patients and Colorectal pathway continues to improve achieving 90%. Non-compliance in Haematology due to consultant vacancy and long-term sickness. The 31-day performance is static at 90% against 96% target.

The trust 62-day performance has declined, 56% for October against 85% target. However, with the introduction of the combined 62-day target from 1st October 2023, trust is above the 70% target set on implementation.

28-day FDS (Faster Diagnosis Standard) has improved achieving the 70% target for October and on track to achieve the expectation from ICB that all providers to achieve 72.5% by December 2023. USS Head&Neck capacity remains a challenge, along with the need for repeat scopes and patient-initiated delays impacting the colorectal FDS.

The backlog continued to remain ahead of trajectory through October but there are now concerns whether the March 2024 trajectory will be achieved. The backlog has continued to rise throughout November and December, areas of concern are Lower GI, Gynaecology, Haematology and Dermatology. The plans for industrial action will have an impact on performance even though cancer is a priority. Cancer Services are meeting with each speciality to develop a recovery plan which will need to be micromanaged weekly.

Action	By who	By when
Review Cancer escalation & breaches guidance to ensure fit for purposes with changes.	Alwin Luke, Asst. Director of Planned Care Jennifer Donovan, Cancer Services Manager	On-going review
Comprehensive and robust Patient Treatment List (PTL) management – separate session for each speciality	Alwin Luke, Asst. Director of Planned Care Jennifer Donovan, Cancer Services Manager	On-going review
Ensure all waiting lists, appointments and diagnostic requests have a 2WW priority.	Jennifer Donovan, Cancer Services Manager All Clinical Groups – GDOPs	On-going review
Black Country Pathology Service (BCPS) turnaround time – diagnostic tests.	Black Country Pathology Service	Action plan completed
Imaging turnaround time – diagnostic tests. Review of STT pathway	Darren Smith, Group Director of Ops. Imaging Jenny Donovan - Cancer Services Manager	December 23

Patients

To increase elective activity from 94% to 104% of 2019/20 activity levels as per our production plan - Top 6 objective

Variable Type	PodGrpCode2	November							Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
		Activity Plan	Activity Actual	Activity Diff	Price Plan	Price Actual	Price Diff							
ERF		3,310	3,067	-243	£3,357,607	£3,073,977	£283,630	25,279	23,856	-1,423	£25,640,366	£24,077,946	£1,562,420	
	Daycase	489	487	-2	£1,800,477	£1,724,300	£76,177	3,729	3,573	-156	£13,749,094	£13,403,506	£345,589	
	Excess Bed Days	90	101	11	£31,969	£37,268	£5,299	688	951	263	£244,125	£357,348	£113,223	
	OP New Attendances	14,194	16,195	2,000	£2,735,709	£3,120,253	£384,543	108,393	116,234	7,840	£20,890,870	£22,311,493	£1,420,623	
	OP New Virtual Attendances	2,402	2,138	-264	£504,085	£446,409	£57,676	18,341	14,572	-3,769	£3,853,959	£3,127,133	£726,826	
	OP Procedures	11,164	10,229	-935	£2,029,701	£1,961,838	£67,863	85,252	76,344	-8,908	£15,500,225	£14,327,508	£1,172,717	
	Other	0	0	0	£1,220,663		£1,220,663	0	0	0	£1,899,084	£334,333	£1,564,751	
	SDEC Outpatients	0	2,005	2,005	£0	£408,322	£408,322	0	15,360	15,360	£0	£3,128,832	£3,128,832	£0
ERF Total		31,649	34,223	2,574	£11,680,871	£10,772,426	£908,446	241,682	250,891	9,209	£81,777,724	£80,359,432	£1,418,292	
Other Elective Variable	Advice and Guidance	874	1,826	952	£190,021	£413,467	£223,446	6,676	13,821	7,145	£1,451,068	£3,177,246	£1,726,178	
	Imaging - Direct Access	5,062	3,970	-1,092	£362,373	£323,993	£38,380	38,714	32,255	-6,459	£2,795,525	£2,558,217	£237,307	
	Imaging - OP Diagnostics	4,766	5,047	281	£517,452	£606,550	£89,098	36,397	40,308	3,911	£3,951,451	£4,843,011	£891,559	
	Chemotherapy	264	324	60	£62,701	£77,540	£14,839	2,020	2,562	542	£478,805	£608,794	£129,989	
	SDEC Diagnostic Imaging	0	57	57	£0	£4,542	£4,542	0	486	486	£0	£37,789	£37,789	£0
Other Elective Variable Total		10,967	11,225	258	£1,132,547	£1,426,082	£293,535	89,807	89,433	5,626	£8,657,849	£11,225,057	£2,567,208	
Grand Total		42,616	45,448	2,832	£12,813,418	£12,198,518	£614,900	325,490	340,324	14,834	£90,435,573	£91,584,489	£1,148,915	

Analyst Commentary:

Despite a plan amendment relating to the national financial settlement year to date the performance against the ERF target is £1,419k adverse. The ERF performance is offset by an overperformance on other variable activity of £2,567k.

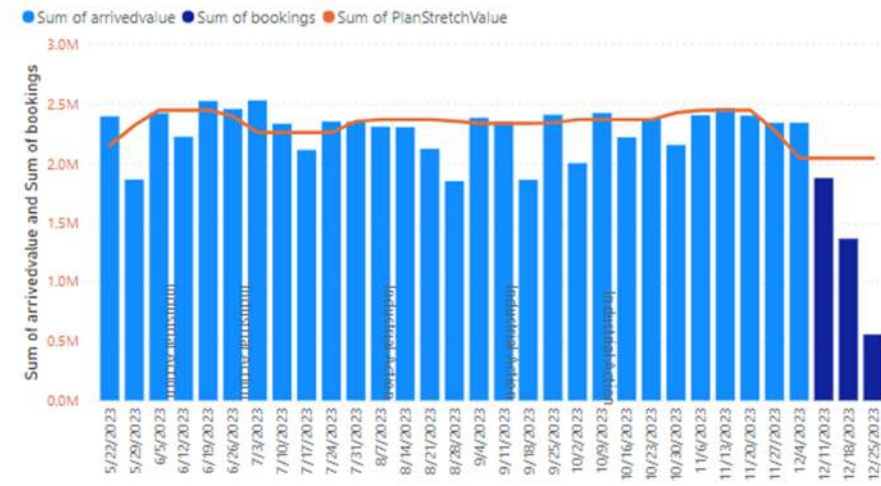
The bottom graph shows production plan against predicted income per week based on delivered activity. November has seen improved arrival numbers in relation to the Plan. However, December bookings are significantly below Plan.

Executive Commentary:

The current forecast moving from £437k shortfall to £442k (against a target of £123,279k outturn) between November and December shortfall is based on a number of adjustments.

Narrative	
ERF Forecast Outturn as at Nov-23 FPC	£122,842,467
Forecast Movement: Update to Nov-23 YTD Actuals	£531,769
Winter Pressures Impact	£1,697
Coding & Counting	£929
Burcott Hall Coding	£199,425
BCHC Dental Activity	£417
SDEC Winter Surge	£58,062
Improvement Scheme: Surgery (Optimised Care)	£58,928
Improvement Scheme: Knee Joint Lists	£21,515
Improvement Scheme: Endoscopy Locums	£99,153
Junior Doctors Industrial Action	£502,542

The significant adjustments are the forecast negative impact in December and January of the Junior Doctors Industrial action based on the impact of previous strikes, and the positive improvement in forecast based on the increase in activity in November compared to previous months. These largely net each other out but if increases continue as new scheduling processes

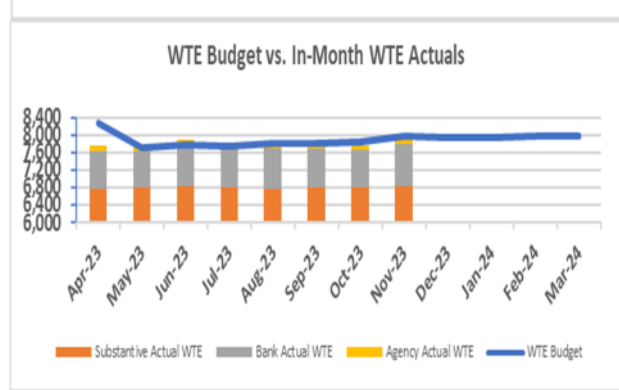
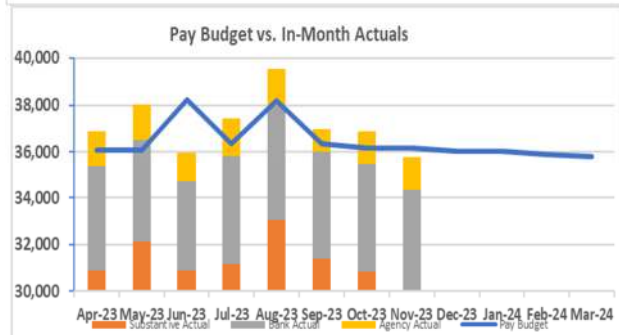
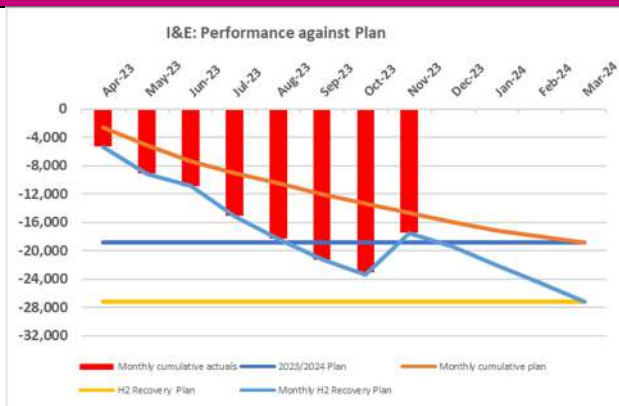


are embedded and better mitigation than previous strikes are realised then the situation will improve further.

Action	By who	By when
Improve outpatient clinic utilisation – workforce, room	Clinical Groups	Ongoing
Reducing follow-up patients by 25% and replace with new patients	Clinical Groups	Ongoing March 2024
Streamline patient pathway to include virtual clinics, Patient Initiated Follow-Up (PIFU) outcome	Clinical Groups	August 2024
Reduce patient DNAs – review patient letters, text	Clinical Groups Mark Whitehouse, Head of Patient Access	July 2024
Rota published six weeks in advance – to avoid short notice sessions	Clinical Groups	September 2024
Improve theatre efficiency – list and in-session utilisation	Clinical Groups	Ongoing
Reduce on the day surgery cancellation	Clinical Groups	September 2024
Improve OPD and theatre booking efficiency to 100%	Mark Whitehouse, Head of Patient Access Alwin Luke, Asst. Director of Operations	August 2024

Patients

To deliver our income and expenditure plan and improve our underlying deficit position from £46.9m to £40m



Analyst Commentary:

Trust reported position deficit of £17.499m. This is a significant movement from last month and reflects the system wide review of financial positions in light of announcements from NHSE around Industrial action funding and other additional non-recurrent funding releases. The Trust as part of this review has agreed, (through FPC) a forecast outturn of £27.196m. At month 8, the position is tracking in line with this, although with some significant risks to this in the next 4 months.

Executive Commentary:

The Trust has agreed to an outturn deficit position of £27.196m. At month 8, the position was in line with this trajectory. The main risk elements within the plan were:

- 1) Significant coding and counting improvements
- 2) Significant Increase in Financial Improvement Plan delivery

Since the sign off, of the plan further risks have emerged:

- 1) Winter Plan. Additional beds have had to be opened in advance of planned opening and significantly above the planned number.
- 2) Industrial Action. As part of the H2 system re-forecast, Trusts were asked to take out and forecast of further costs related to this. Since the sign off of the plan, Junior doctors have announced further strikes. From a financial perspective, this will impact both cost and income delivery, and the Trust will have to await and decisions on the funding of this
- 3) ERF. This may be affected by point 1 and will be affected by Point 2. Current forecasts do not meet the required delivery within the H2 system forecast.

Mitigations

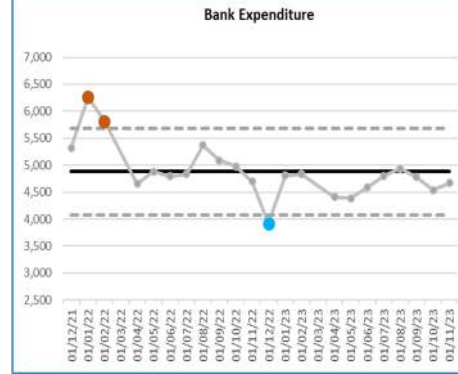
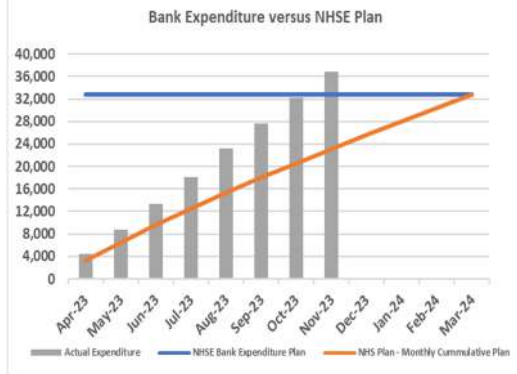
The trust is working through mitigations to the risks identified above. These include.

- 1) Possible further non-recurrent flexibility
- 2) Revenue to capital transfers, based on any slippage within the financial plan.
- 3) Financial Recovery improvements, through the CIP lead, and the Elective Recovery resource brought in by the Trust.

Action	By who	By when
Group and Corporate Directorate CIP/Pay Stretch – Delivery of £27m of identified schemes	Groups/Corporate Directorates	Identification Complete; Delivery on-going
Group and Corporate Directorate CIP – Identification and delivery of schemes to close gap - £10m	Groups Corporate Directorates/Executive Group	Paper to FPC 1/9/2023
Executive Led Schemes £16.2m. £2m with clear plan	Executive Group	Paper to FPC 1/9/2023
MMUH Income - £14.6m. Requirement likely to be lower in 23-24	Chief Finance Officer	Ongoing
Non-recurrent measures - £9.6m	Chief Finance Officer	On plan to deliver
Excess Inflation - £7m	Chief Development Officer	Ongoing
Elective Plan	Chief Operating Officer	Ongoing

Patients

To reduce our bank and agency spend from £64.4 million to £45.6 million - Top 6 objective



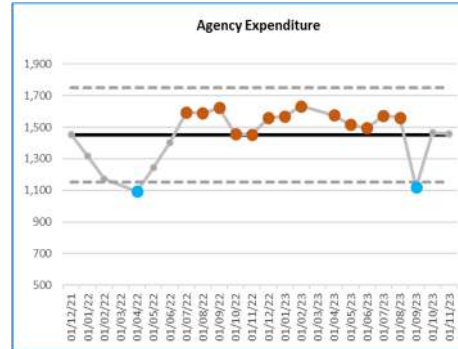
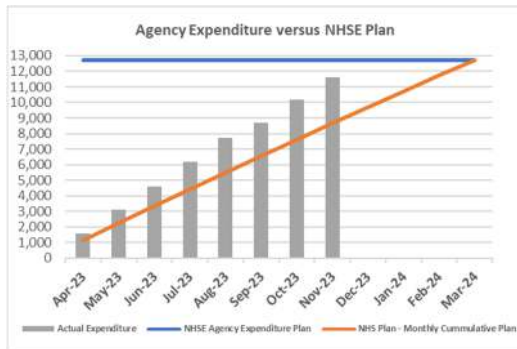
Analyst Commentary:

Bank is running nearly £1.7m a month above the NHSE plan. Agency £0.37m a month above plan. Financially bank expenditure is roughly equivalent of substantive staff, there are some areas that have agreed enhanced rates, and medical staff bank rates can vary dependent on availability. This level of spend is offset by underspends against substantive workforce lines. If our current trajectory of spending on Bank and Agency continues, we will finish the financial year with a spend on Bank and Agency staff of £73m.

Executive Commentary:

The headline pay position of the Trust is an adverse variance of £3.74 to the NHSE plan Against the System H2 forecast, pay is £1.74m ahead of the forecast, largely due to the release of reserves protection to offset slippage on income improvements. The main risks to bank and agency expenditure and improvements relate to the following:

- 1) Winter Plan (current Board Agreed). Have opened additional capacity in advance of the plan and opened significantly more.
- 2) Winter Plan (revised) opened the additional capacity in this earlier than the plan stated.
- 3) No scope in the revised forecast outturn of £27.196m for further winter schemes unless mitigations are identified.



Action	By who	By when
Actions to reduce Medical Bank and agency	Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer	31 August 2023 (complete)
Group and Directorate workforce plans to deliver 2023/24 budgets inclusive of Cost Improvement Programme.	Group and Corporate Directorate Management Teams	31 August 2023 (complete)
CMO to authorise any request for Agency Locum Consultants	Chief Medical Officer	On-going
Plans to reduce need for Agency Locum Consultants developed by Groups	Group Directorate Management Teams	On-going
Work to analyse current medical rota oversight, initially in MEC to develop 'golden rules' being used and process for rate negotiation	Improvement Team	On-going
Engagement in Health Trust Europe (HTE) meetings with view to re-establishing clusters to assist with rate reduction	Trust-wide	On-going

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Sickness Absence (Monthly)	Nov 23	6.1%	5.5%			5.9%	4.7%	7.2%
No. of Sitrep Declared Late Cancellations - Total	Oct 23	48	20			49	20	79
New:Follow Up appointments ratio	Nov 23	1.5	2.5			1.5	1.5	1.6
DNA Rate - Exc Radiology (SWB)	Nov 23	13.2%	8.5%			12.3%	10.4%	14.2%
RTT - Incomplete Pathway (18-weeks)	Oct 23	51.4%	92.0%			56.4%	53.5%	59.3%
78+ 18 wks Referral to Treatment	Oct 23	48	0			51	27	75
Cancer - 2 Week Waits	Oct 23	91.5%	93.0%			94.9%	89.8%	100.1%
Ambulance handover time within 30 mins	Nov 23	68.6%	65.0%			78.7%	67.7%	89.7%
Theatre session utilisation	Nov 23	75.4%	84.0%			99.0%	-27.3%	225.4%
Theatre in session utilisation	Nov 23	70.8%	84.0%			71.8%	69.0%	74.6%
DM01 Diagnostics 13 Weeks target	Oct 23	7970	0			5233	3100	7367
DM01 Diagnostics 6 Weeks Target	Oct 23	45.9%	85.0%			51.9%	45.8%	58.1%
RTT - Incomplete Pathway (18-Weeks) Patients Waiting	Oct 23	952	0			721	434	1008
Urgent Community Response - 2 hour performance	Nov 23	75.2%	70.0%			66.3%	49.7%	82.9%
Emergency Access Standard (EAS) Performance	Nov 23	67.0%	76.0%			71.7%	66.1%	77.4%

KPI	Latest month	Measure	Target	Variation	Variance	Mean	Lower process limit	Upper process limit
DNA Rate - Exc Radiology (SWB)	Nov 23	13.3%	8.5%			12.0%	10.5%	13.6%
Outpatient - Clinic Throughput	Nov 23	11.1	-			10.9	10.3	11.5
Outpatient - Procedures	Nov 23	25.3%	-			25.4%	23.4%	27.4%
Inpatients - Daycase Rate	Nov 23	0.8	-			0.9	0.8	0.9
Theatre - Elective Patient Rate	Nov 23	3.2	-			3.2	2.9	3.5
Theatre - Elective Minute Rate	Nov 23	233.6	-			227.3	211.8	242.7
Theatre - Emergency Patient Rate	Nov 23	2.5	-			2.4	2.0	2.7
Theatre - Emergency Minute Rate	Nov 23	123.5	-			130.6	82.2	178.9
Outpatients per FTE	Sep 23	11.0	-			10.5	8.1	12.9
Outpatient Procedures per FTE	Sep 23	2.9	-			1.6	1.1	2.2
Inpatient Spells per FTE	Sep 23	0.7	-			0.7	0.6	0.8
Daycases per FTE	Sep 23	0.4	-			0.4	0.3	0.5

4. Recommendations







- 4.1 The Public Trust Board is asked to:
- a. **NOTE** performance against annual plan objectives.
 - b. **NOTE** relevant escalations.

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight

Date: 15th December 2023

Annex 1: How to Interpret SPC Charts

How to Interpret Statistical Process Control Charts

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better We consistently pass the target, and performance is improving	Ok but getting better We hit the target sometimes and performance is improving	Poor but getting better We consistently fail the target, but performance is improving
	Common Cause Variation 	Predictably good We consistently pass the target and performance stays within a reliable range	Ok We hit the target sometimes but performance stays within a reliable range	Predictably poor We consistently fail the target and performance stays within a reliable range
	Special Cause Concern 	Good but getting worse We consistently pass the target but performance is worsening	Ok but getting worse We hit the target sometimes but performance is worsening	Poor and getting worse We consistently fail the target and performance is worsening
	Not an SPC Chart	Good We don't track this using an SPC chart, but it is hitting the target or plan	Ok We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently	Poor We don't track this using an SPC chart, but it is consistently failing the target or plan

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - improvement.nhs.uk/resources/making-data-count