

<b>REPORT TITLE:</b>	Patient Metrics					
<b>SPONSORING EXECUTIVE:</b>	Dinah McLannahan, Chief Finance Officer, Mrs M Roberts, Chief Nursing Officer and Dr M Anderson, Chief Medical Officer					
<b>REPORT AUTHOR:</b>	Matthew Maguire (Associate Director of Performance and Strategic Insight)					
<b>MEETING:</b>	Public Trust Board				<b>DATE:</b>	8 <sup>th</sup> November 2023
<b>1.</b>	<b>Suggested discussion points</b> <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>						
<b>2.</b>	<b>Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>					
<b>OUR PATIENTS</b>		<b>X</b>	<b>OUR PEOPLE</b>		<b>X</b>	<b>OUR POPULATION</b>
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
<b>3.</b>	<b>Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>					
Q&S and FIPC August 2023						
<b>4.</b>	<b>Recommendation(s)</b>					
The Trust Board has asked to:						
<b>a.</b>	<b>RECEIVE</b> and NOTE the report for assurance					
<b>b.</b>	<b>DISCUSS</b> the escalations					
<b>5.</b>	<b>Impact</b> <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	Deliver safe, high-quality care.			
Board Assurance Framework Risk 02		X	Make best strategic use of its resources			
Board Assurance Framework Risk 03		X	Deliver the MMUH benefits case			
Board Assurance Framework Risk 04		X	Recruit, retain, train, and develop an engaged and effective workforce			
Board Assurance Framework Risk 05		X	Deliver on its ambitions as an integrated care organisation			
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 8<sup>th</sup> November 2023**

### **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

		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 Urgent Community Response – 2 Hour Performance (+)	Poor but getting better
	Common Cause Variation 	Predictably good	Ok Friends & Family Test	Predictably poor DM01  62 Day (urgent GP referral to treatment)

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

### 3. Committee escalations

#### 3.1 Quality & Safety Committee

- 3.1.1 No escalations identified; discussion should focus on the relevant annual plan objectives.
- 3.1.2 Band 5 nurse vacancies is showing as special cause concern. However, this is following a period of over establishment and is still close to zero target.
- 3.1.3 Local targets, many as stretch to existing performance, have been added to all metrics, prompting several to show as failing. The majority are in common cause variation indicating a stable position.
- 3.1.4 Additional measures have been added for Sandwell Place as requested (staffing ratio, learning disability reviews, cervical screening). Further data is being obtained to extend the historical position from 3 to 24 months and will be in place next month. A target will also be agreed.

#### 3.2 Finance, Investment & Performance Committee

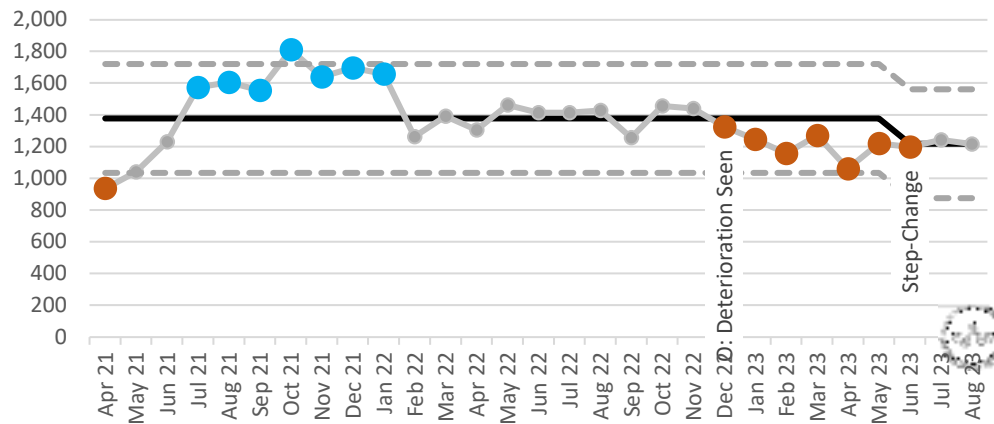
- 3.2.1 No escalations identified; discussion should focus on the relevant annual plan objectives.

3.2.2 Further productivity metrics were requested at FPC in September. 13 have been developed and are undergoing further triangulation and scrutiny to return to committee in November.

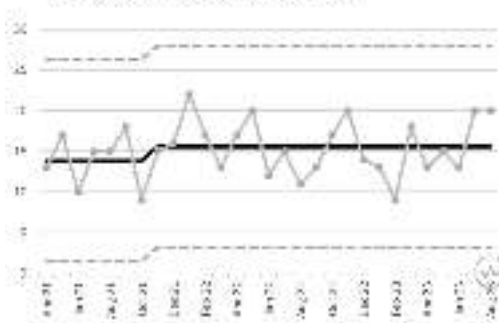
## Patients

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

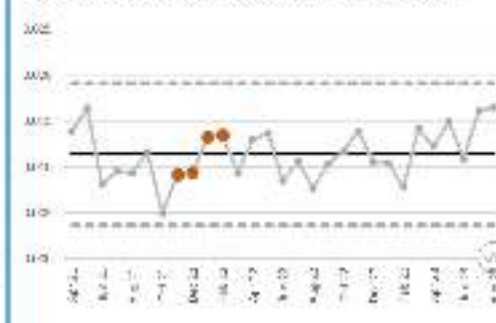
**Patient Safety Incidents**



**Patient Safety Incidents - moderate or above**



**Patient Safety Incidents Ratio (Moderate Harm/Total Incidents)**



**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:**

This process is in common cause variation.

**Executive Commentary:**

A communications plan and training package to improve patient safety incident reporting has been constructed and is awaiting sign off for dissemination. This will support the go live of the Learning from Patient Safety Events (LFPSE) system. Due to some additional fields for the grading of psychological harm, it is anticipated there may be a short period of lower reporting figures in the immediate term whilst staff become more familiar with the metric and then will increase the number of incidents reported thereafter.

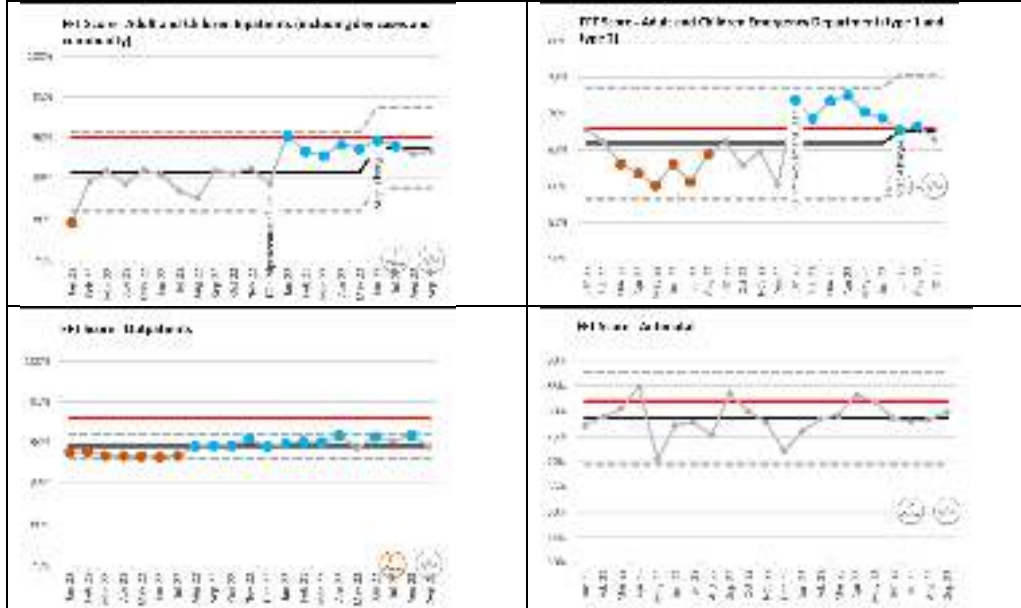
The Fundamentals of Care (FoC) programme continues to develop with workstream leads driving forward improvements. A FoC Delivery Assurance Group has been established with regular updates received. This also provides an opportunity for collaboration between workstreams.

The Patient Safety, Quality Improvement and People and OD Teams are working through the PSIRF process together to ensure all plans and processes are aligned as one process.

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	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

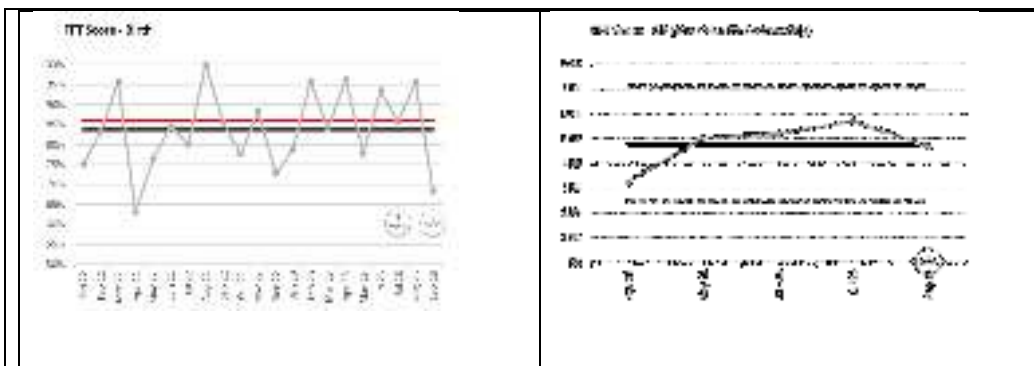


**Analyst Commentary:**

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:**

- Knowing / triangulating data and routes to training are established as year one priorities for the Experience and Personalisation work stream through the Fundamentals of Care programme.
- A personalisation study day will take place (27/10/2023) drawing on both internal and external expertise. 'Customer Care' training is being scoped further to be included in the overall Trust training plan.
- Further sessions are planned for the Fundamentals of Care study programme for Nursing Associates and three further sessions are to be delivered via the Harm Free Care study programme.
- A Patient Experience Steering Group with patient participation has been implemented to support the Patient Experience Ambassadors launch. This community of practice is under development to support personalisation locally.
- The Sandwell Deaf Community Association is providing training to the Breast Services Team during October.
- Patient and Public digital communication delivery and content is under development for MMUH and retained estate.
- A carer support package proposes free parking, overnight bed audit and carer packs. This is to be piloted on ward D11. Third sector organisations are supporting carer drop-in sessions and carer identification. A staff carers group is under development to support SWB staff with caring responsibilities and to provide insight.
- 'Patient Friendly Environment' standards have been drafted for discussion and agreement amongst (FoC) workstream leads.



Area	National Target	Local Target	Actual
Emergency Department	75%	68%	66.5%
Birth	93%	86%	68.4%
Antenatal	86%	82%	78.4%
Outpatient	94%	93%	89.5%
Inpatient (with day case incorporated)	95%	90%	88.4%
GP (Your Health Partnership)		In discussion	46.8%

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	April – December 2023
Implementation of guidelines, measures and on-site support for carers.	Patient Insight and Involvement Lead	April – December 2023
Patient Experience Ambassadors programme	Patient Insight and Involvement Lead / Patient Experience Manager	September 2023 – March 2024



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Index (SHMI) (monthly)	Apr 23	115	100			112	76	147
Sepsis - Treated in 1 Hour (as % Of Treated)	Sep 23	89.4%	85.0%			87.3%	83.0%	91.5%
Pressure Ulcer SWB Hospital Acquired - Total	Sep 23	21	23			28	8	47
Pressure Ulcer DN Caseload Acquired - Total	Sep 23	20	30			30	12	48
Falls with Harm	Sep 23	37	0			38	16	60
Doctor - Safe Staffing (FTE)	Sep 23	83.1%	93.0%			85.3%	83.2%	87.3%
Nurse Band 5 Vacancies	Sep 23	28	0			-31	-75	12
Pathway 1 % patients seen within target timescales	Sep 23	49.3%	55.0%			48.6%	33.9%	63.3%
No. of Complaints Received (formal and link)	Sep 23	9	8			14	7	21
Staff Service Recommender	Jul 23	54.0%	70.0%			56.0%	#DIV/0!	#DIV/0!
Readmission with 30 days for patients aged 65 and over	Sep 23	9.5%	7.0%			16.3%	10.8%	21.9%
Bed moves per patients	Sep 23	1.7	1.4			1.6	1.5	1.8

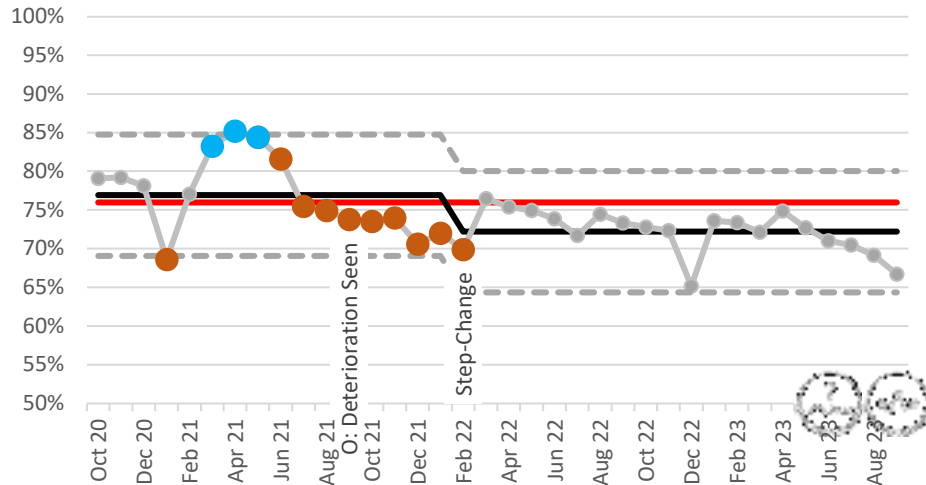
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Bed Days with no criteria to reside	Sep 23	1839	1313			1926	995	2857
Patient Safety Incidents	Aug 23	1216				1218	875	1562
Patient Safety Incidents - moderate or above	Aug 23	20				16	3	28
Discharges after 8am and before 5pm	Sep 23	45.1%				45.8%	42.0%	49.7%
Of those people who died in hospital % with a supporti	Sep 23	33.9%	79.0%			19.7%	11.5%	27.9%
Emergency Care Mean Time (minutes)	Sep 23	259	192			241	212	270
Cancer - 62 Day Referral to Treatment (Urgent GP refer	Aug 23	66.9%	85.0%			58.7%	43.7%	73.6%
RTT - Incomplete Pathway (18-weeks)	Aug 23	51.6%	92.0%			57.0%	53.4%	60.7%
E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 b	Sep 23	1.0	94.9			3.3	-4.0	10.7
C. Difficile (Post 48 hours)	Sep 23	1	3			3	-4	9
MRSA Bacteraemia (Post 48 hours)	Sep 23	0.0	0.0			0.0	0.0	0.0
MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 b	Sep 23	9.8	9.4			7.7	-6.8	22.3

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Urgent Community Response - 2 hour performance	Sep 23	79.8%	70.0%			64.7%	43.9%	85.6%
Ambulance handover time within 30 mins	Sep 23	70.2%	65.0%			80.1%	70.9%	89.2%
Length of stay (acute) for Virtual Ward Patients	Sep 23	3.8	4.1			3.7	2.4	5.1
No. of Sitrep Declared Late Cancellations - Total	Aug 23	44	20			50	30	70
65+ 18 wks Referral to Treatment	Aug 23	957	0			665	393	937
Medication Errors causing serious harm	Sep 23	0	0			0	0	1
Complaints – Responses exceeding agreed response date	Sep 23	46.0%	20.0%			60.2%	-7.0%	127.4%
Health Surveillance Rate - Cervical Cancer Screening	Jan 23	66.1%				66.1%	#DIV/0!	#DIV/0!
Sandwell Place - Staffing Ratio (GP) per 10,000 population	Sep 23	6				6	#DIV/0!	#DIV/0!
Sandwell Place - Learning Disability Reviews undertaken	Aug 23	256				256	#DIV/0!	#DIV/0!
End of Life training	Sep 23	77.6%	95.0%			66.1%	57.9%	74.3%

## 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**



**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 67<sup>th</sup> out of 119 Trusts in the most recent Public View rankings [September 2023]. This process is in common cause variation. 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 lower percentage reporting beginning December 2021. This process is in common cause variation.

**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 98<sup>th</sup> out of 119 Trusts in the most recent Public View rankings [September 2023].

**Executive Commentary:** EAS performance has continued to deteriorate, further exacerbated by industrial action. September saw continued unseasonable pressure on acute services. Work continues to improve both non-admitted performance and admitted outflow performance, in relation to skill mix and pathway 0 discharge numbers from the inpatient wards.

**Supporting Metrics:**

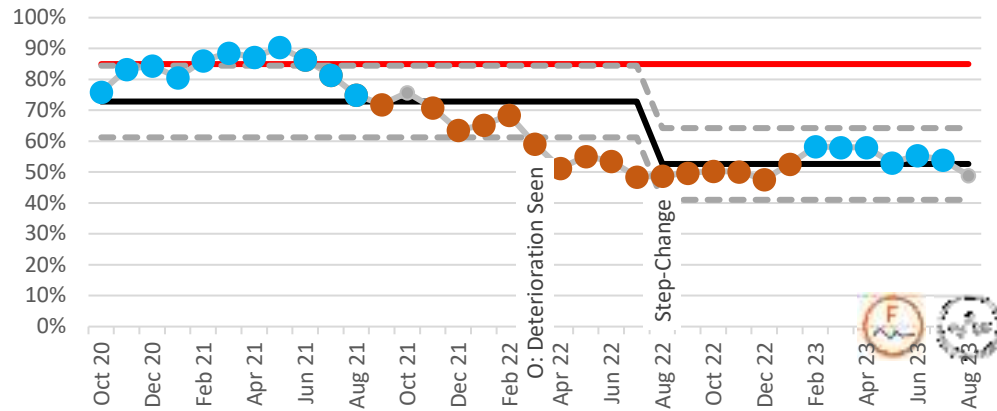


Action	By who	By when
Improve diversion of patients away from Emergency Department to community and Same Day Emergency Care services through implementation of trust streaming model and Integrated front-door.	Rachel Clarke (Deputy GDOP)/Demetri Wade (Deputy COO)	September 23 - Recruitment still to commence, 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
Review of non-admitted emergency care performance and associated action plan to be presented to UEC in October	Rachel Clarke (Deputy GDOP)	October 2023

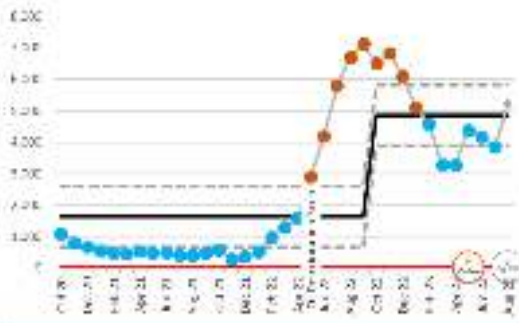
## Patients

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

**DM01 Diagnostics 6 weeks target**



**DM01 - over 13 weeks**



**Outstanding Tests (August 2023)**

Modality	No. of Tests	>13 Weeks
Non-obstetric ultrasound	17404	3603
Computed Tomography	1638	776
Colonoscopy	865	324
Flexi sigmoidoscopy	447	216
Magnetic Resonance Imag	2322	109

**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 lower 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 [August 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 common cause variation. A step change has been added from September 2022 to adjust the mean based on a persistent period of lower performance. If the target is below the lower process limit, the target cannot be expected to be achieved. Target Source: National

**Executive Commentary:**

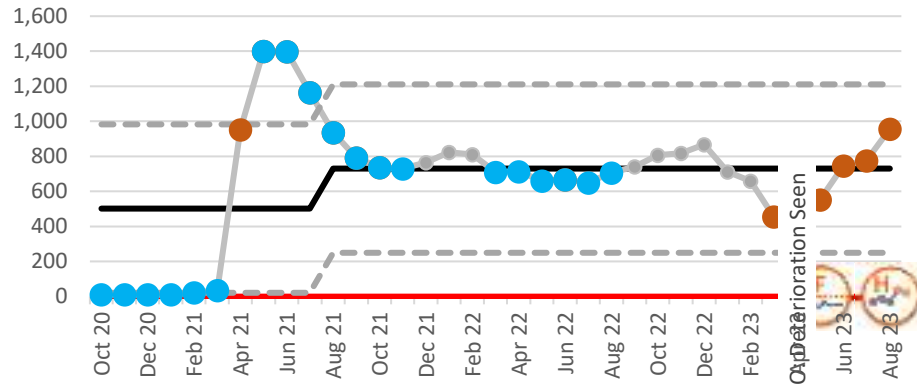
There has been a deterioration in the performance in August with further slight deterioration predicted in September's provisional figures. This has been caused by a significant increase of demand in relation to Non-Obstetric Ultrasound (NOUS) during June/July especially from GP Direct Access. This has seen as a result a significant increase of both 6+ and 13+ weeks from August to September. The other main drivers for the position are Endoscopy and CTCA. Actions have been put in place to increase capacity for NOUS including increasing the use of Independent Sector from 100 to 200 per week and the starting of mutual aid with Dudley Group starting w.c 13<sup>th</sup> November. Further increase of insourcing has been agreed following the unbundling of tariff which will support the activity and production plan and deliver increased activity. Further increase of capacity could be provided with recommended increase of bank rates to match surrounding Trusts. Endoscopy insourcing has commenced to support the increased demand of 2ww and reduce impact on DM01 position and support removal of long waiting patients. Two locum consultants have also started in post and been fully job planned aligned to recovery. CTCA working group commenced in September 2023 to support delivery of recovery as well as implementing different pathways and supporting workforce. Waiting List Initiatives (WLIs) are in place which has stabilised the 13+ week position without reducing. October WLIs will support some reduction of the longest waiting patients. Independent Radiologist additional capacity starting October 23, with additional Cardiologist support in November 23 to provide cross cover.

Action	By who	By when
Additional Mutual Aid for NOUS and CTCA	Darren Smith (Group Director of Operations)	30 <sup>th</sup> September
Additional contracts for NOUS, CTCA and Endoscopy insourcing/outsourcing to be awarded	Darren Smith (Group Director of Operations) David Byrne (Group Director of Operations)	30 <sup>th</sup> September
Bank rate Paper to be submitted and reviewed	Darren Smith (Group Director of Operations) Mel Roberts (Chief Nurse)	31 <sup>st</sup> October

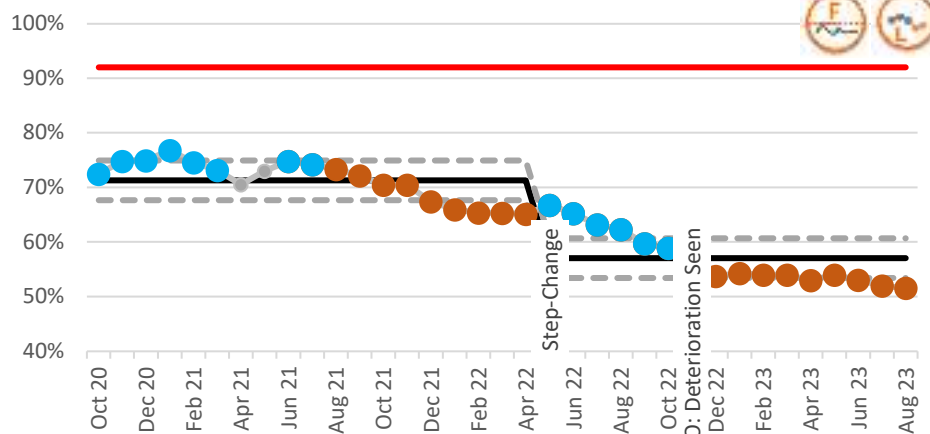
## Patients

### 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:**



**RTT - Incomplete Pathway (18-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 80th out of 119 in the latest Public View rankings [August 2023]. Target Source: National

**RTT – Incomplete Pathway (18-Weeks):**

A step change has been added in March 22 to reflect declining performance. This process is in special cause concern 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 latest Public View rankings [August 2023]. Target Source: National

**Executive Commentary:**

The number of patients in the patient tracking list (PTL) has grown over and majority of patients in the list are waiting over 12 weeks for first outpatient appointment resulting in non-compliance in meeting 18-week standard. The clinical groups are currently working through plan in creating additional capacity to accommodate patients awaiting 1st appointment from the 65+ weeks cohort and actions to bring forward few specialities’ projection in support of meeting national standard of not having any patients wait over 65 weeks by March 31, 2024.

Currently, the Trust is adrift of plan to deliver 65+ weeks wait and a straight-line projection against the originally submitted plan indicates that we would not achieve the required standard by the end of March 2024 especially in both adult and paediatric ENT. However, a revised trajectory (that is being internally monitored by the Trust and Black Country Elective Care Board,) indicates the Trust is ahead. The Trust is currently working through actions to deliver 78+ weeks “route to zero” in November 2023 and shortfall in ENT to be absorbed within the System to support the delivery.

Trust has ensured additional capacity is explored by outsourcing, insourcing and mutual aid. Efficiency and recovery actions are being employed across all clinical groups. There are number of workstreams identified as part of transformation for both outpatients and inpatients. These workstreams include super clinics, reducing outpatient follow up appointments, pathway redesign focusing on maximising clinical value and minimizing unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity, booking efficiency and theatre utilisation. These workstreams will investigate and adapt best practices to support reducing the waiting list and to improve overall RTT.

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 PMO
Specialty level recovery and trajectory plans using demand & capacity	All Clinical Groups – GDOPs	On-going / review

INPATIENTS WAITING > 65 WEEKS		OUTPATIENTS WAITING > 65 WEEKS	
SPECIALTY	QTY	SPECIALTY	QTY
ENT	200	ENT	304
TRAUMA AND ORTHOPAEDICS	101	GENERAL SURGERY	69
OPHTHALMOLOGY	25	UROLOGY	58
GYNAECOLOGY	15	CARDIOLOGY	42
UROLOGY	14	TRAUMA AND ORTHOPAEDICS	42

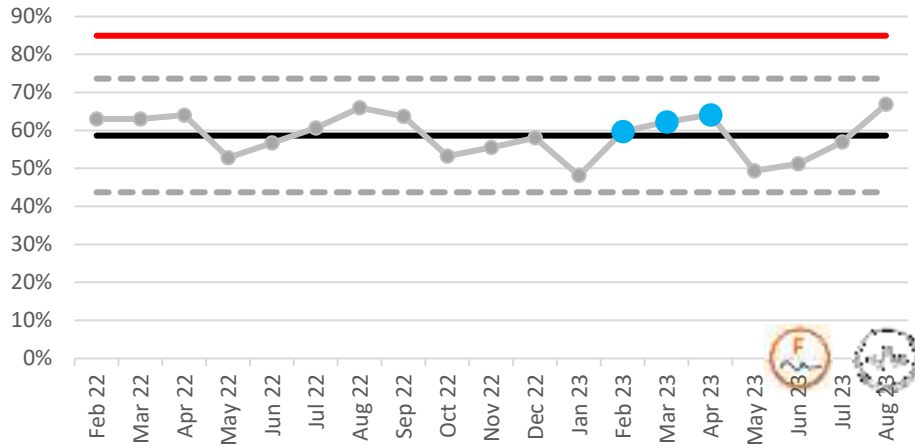


Streamlining referral processes and introduction of one stop clinics	All Clinical Groups – GDOPs	On-going / review
Follow up capacity release schemes e.g., Supported Discharge, virtual clinics.	All Clinical Groups – GDOPs	On-going / review
Maximise use of Outpatient capacity and Theatre utilisation	All 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
Lung	9.5
Gynaecological	7.5
Lower Gastrointestinal	5.5
Breast	5
Urological (Excluding Testicular)	5
Haematological	3
Skin	2
Upper Gastrointestinal	1.5
Sarcoma	1
Other (not listed)	0.5
Head and Neck	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 55<sup>th</sup> out of 119 in the latest Public View rankings [August 2023].

Patients who waited >62 Days for Treatment: Breaches that are shared with an external provider are marked 0.5.

**Executive Commentary:**

Whilst the current reporting month (August) shows no significant improvement/deterioration in the metric, we would like to bring attention to the current month's (September) unverified position. The Trust experienced a challenging month as we failed on the constitutional standards meeting cancer targets due to industrial action and unavailability of patients agreeing to surgery date. After 15 consecutive months of achieving Two Week Wait (TWW) target the trust has failed its position in September delivering 87.5% due to excessive dermatology out of area referrals. The specialty struggled to create additional inhouse capacity and failed to secure any mutual aid.

We have been consistently ahead of 62-day backlog trajectory and on track to achieve the March 31st 2024 target. Trust's day 28 faster diagnosis is currently at 69.4% (September) against a 70% standard and to meet the requirement the trust would need an additional 31 patients from dermatology and head and neck to be informed of their cancer diagnosis.

There are discussions at System level to support with additional capacity; Royal Wolverhampton Hospitals (RWH) to provide capacity support for ENT and Dudley Groups to provide support for dermatology.

There is a change to the national cancer waiting times standard from October 2023 onwards where there will be no day 14 (TWW) and the key target will be day 28 Faster Diagnosis standard. Day 62 RTT will encompass both screening and upgrades and, 31 Day Diagnosis to Treatment (DTT) will encompass all treatments. Currently it is not known whether October data or data in three months' time would be used for monitoring.

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	Needs review
Imaging turnaround time – diagnostic tests.	Darren Smith, Group Director of Ops. Imaging	Needs review



## Patients

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

Variable Type	Proc Code	September			Plan	Actual	Diff	Plan	Actual	Diff	Plan	Actual	Diff
		Plan	Actual	Diff									
ERF	Service	4,181	4,530	106	£1,302,000	£1,362,794	£60,794	12,888	17,888	5,000	£10,300,100	£10,350,000	£49,900
	Theatre	305	437	132	£,400,000	£1,000,000	£600,000	30,000	2,000	-28,000	£10,000,000	£9,000,000	£1,000,000
	Daycase	38	35	-3	£20,000	£18,000	£2,000	100	700	600	£10,000	£9,000	£1,000
	OP/Outpatient	3,838	4,058	220	£1,262,000	£1,344,794	£82,794	12,788	15,888	3,100	£9,990,100	£10,350,000	£360,000
	OP/Outpatient/Daycase	2,701	3,331	630	£800,000	£1,000,000	£200,000	1,000	12,000	11,000	£7,000,000	£7,900,000	£900,000
	OP/Outpatient	1,137	727	-410	£462,000	£344,794	£117,206	4,000	8,000	4,000	£2,000,000	£1,900,000	£100,000
	Daycase	7	8	1	£38,000	£40,000	£2,000	100	100	0	£10,000	£10,000	£0
	OP/Outpatient	1,130	719	-411	£424,000	£304,794	£119,206	4,000	7,900	3,900	£1,990,000	£1,890,000	£100,000
ERF Total		36,301	37,071	770	£9,800,000	£9,800,000	£0	100,000	100,000	0	£90,000,000	£90,000,000	£0
Over/Under Available	Acute and Outpatient	222	421	199	£1,000,000	£1,000,000	£0	10,000	10,000	0	£10,000,000	£10,000,000	£0
	Imaging - Elective	4,841	4,111	-730	£1,000,000	£800,000	£200,000	10,000	10,000	0	£10,000,000	£9,000,000	£1,000,000
	Imaging - OP Diagnostic	4,174	4,011	-163	£1,000,000	£900,000	£100,000	10,000	10,000	0	£10,000,000	£9,000,000	£1,000,000
	Daycase	111	101	-10	£100,000	£90,000	£10,000	1,000	1,000	0	£1,000,000	£900,000	£100,000
	OP/Outpatient	7	11	4	£100,000	£100,000	£0	1,000	1,000	0	£1,000,000	£1,000,000	£0
Other Elective Available Total		36,301	36,301	0	£10,000,000	£10,000,000	£0	100,000	100,000	0	£90,000,000	£90,000,000	£0
Plan Total		40,700	41,771	1,071	£10,000,000	£11,000,000	£1,000,000	100,000	100,000	0	£90,000,000	£91,000,000	£1,000,000

### Analyst Commentary:

Despite a plan amendment of £1,200k year to date the performance against the ERF target is £867k adverse. Whilst the plan adjustment covers off the majority of lost activity YTD (£1,288k), it is also meant to cover the additional pay costs – these are almost £5,300k year to date. The ERF performance is partly offset by an overperformance on other variable activity of £551k.

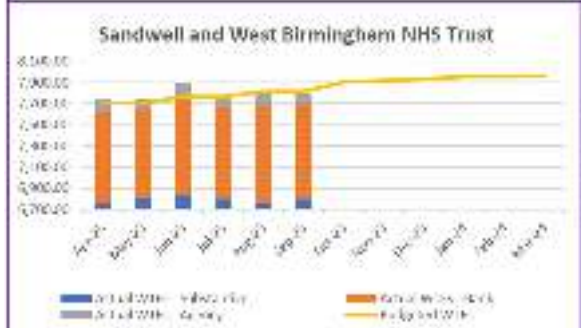
### Executive Commentary:

The Planned Care Steering Group monitors various initiatives to enhance performance further, supported by the external Cost Improvement Programmes (CIP) support the Trust has secured. The joint (junior doctor and consultant) industrial action in September and sickness in some high-volume specialities has resulted in reduced activity compared to baseline on the production plan. The planned care workstreams are currently being worked through to improve productivity and efficiency, via the transformation of both outpatient and inpatient activities. As part of inpatient transformation there are number of specialities have rolled out initiatives focussing to pathways (LOS, daycase, nurse led discharge, digital platform for pre-assessment etc.) and theatre workshop scheduled on 12th of October will focus on booking efficiency, theatre utilisation / efficiency.

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, 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



WTE  
Budget vs  
In-Month  
WTE  
Actuals

### Analyst Commentary:

The Trust reported a year-to-date deficit of £21.24m, adverse to plan after 6 months by £9.23m and has breached its annual deficit plan. September position was £0.176m better than the average of M1-5, driven by some improvements in pay. The adverse variance at a high level can be explained by Industrial Action Costs £5.341m (including lost income and funding received YTD), MMUH Income (£4.85m) Excess Inflation (£1.996m), Elective Recovery Fund (ERF) performance - £0.867m YTD remains a concern as performance is being driven by SDEC activity which is £2.311m favourable YTD, and coding and counting improvements driven by the P&I team £0.279m favourable YTD. The latter is an Exec Led Improvement scheme that is meant to deliver performance above the base contract.

### Executive Commentary:

The variance to plan can be explained by industrial action costs (£5.341m YTD, net of income lost and received), Excess Inflation (£1.996m) and MMUH Income (£4.85m). Underneath this headline result is the need to identify recurrent workforce plans that are compliant with the run rate required for 24/25 start point plans. This work has been completed, and whilst it highlights an improvement on the original submission, it still sees an increase in staffing and excludes Winter Plan staffing requirements.

64% of the annual deficit is phased in at M6 and there is therefore a run rate improvement requirement implicit in the remainder of the financial year.

As part of system work, a Most Likely/Best Case/Worst case forecast has been submitted with the Trusts submission being -£34.4m, -£18.823m and -£51.4m respectively. The Trust remains committed to delivering as close to plan as possible.

Group positions are being underpinned by non-recurrent measures such as vacancies. If these are filled without corresponding planned reductions, there will be further pressure on the position.

There remains significant under-delivery against the Financial Improvement Plan, and very challenging plans to deliver over the coming months, most notably the bed closure plan as we move into Winter. The Trust has taken additional action to support Cost Improvement Programme (CIP) delivery and financial recovery which will be overseen by the executive and FPC, with the main focus of the next FPC being on CIPs. The recurrent level of schemes is of significant concern

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



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Sickness Absence (Monthly)	Sep 23	6.5%	4.0%			5.8%	4.0%	7.6%
No. of Sitrep Declared Late Cancellations - Total	Aug 23	44	20			50	30	70
New:Follow Up appointments ratio	Sep 23	1.6	2.5			1.6	1.5	1.6
DNA Rate - Exc Radiology (SWB)	Sep 23	12.0%				12.2%	10.7%	13.6%
RTT - Incomplete Pathway (18-weeks)	Aug 23	51.6%	92.0%			57.0%	53.4%	60.7%
78+ 18 wks Referral to Treatment	Aug 23	48	0			48	-73	169
Cancer - 2 Week Waits	Aug 23	93.8%	93.0%			95.5%	91.3%	99.7%
Ambulance handover time within 30 mins	Sep 23	70.2%	65.0%			80.1%	70.9%	89.2%
Theatre session utilisation	Sep 23	77.4%	84.0%			77.1%	69.4%	84.8%
Theatre in session utilisation	Sep 23	71.7%	84.0%			71.9%	64.5%	79.3%
DM01 Diagnostics 13 Weeks target	Aug 23	5221				4844	3882	5805
Acute Diagnostic Waits in Excess of 6-weeks (End of Mo	Aug 23	48.9%	85.0%			52.7%	41.1%	64.3%
65+ 18 wks Referral to Treatment	Aug 23	957	0			665	393	937
Urgent Community Response - 2 hour performance	Sep 23	79.8%	70.0%			64.7%	43.9%	85.6%
Emergency Access Standard (EAS) Performance	Sep 23	66.7%	76.0%			72.2%	64.4%	80.0%

#### 4. Recommendations

4.1 The Trust Board is asked to:

- a. **DISCUSS** performance against annual plan objectives
- b. **DISCUSS** the escalations

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight  
November 2023