Paper ref:	TB Public (09/23) 011

REPORT TITLE:	Patient Metrics		
SPONSORING EXECUTIVE:	Dinah McLannahan, 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:**	13th September 2023

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on in discussion]*

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.

This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		**OUR PEOPLE**		**OUR POPULATION**	
To be good or outstanding in everything that we do	**X**	To cultivate and sustain happy, productive and engaged staff	**X**	To work seamlessly with our partners to improve lives	**X**

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Q&S and FIPC August 2023

4. Recommendation(s)

The Trust Board has asked to:

a. **RECEIVE** and NOTE the report for assurance

b. **DISCUSS** the escalations

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

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	

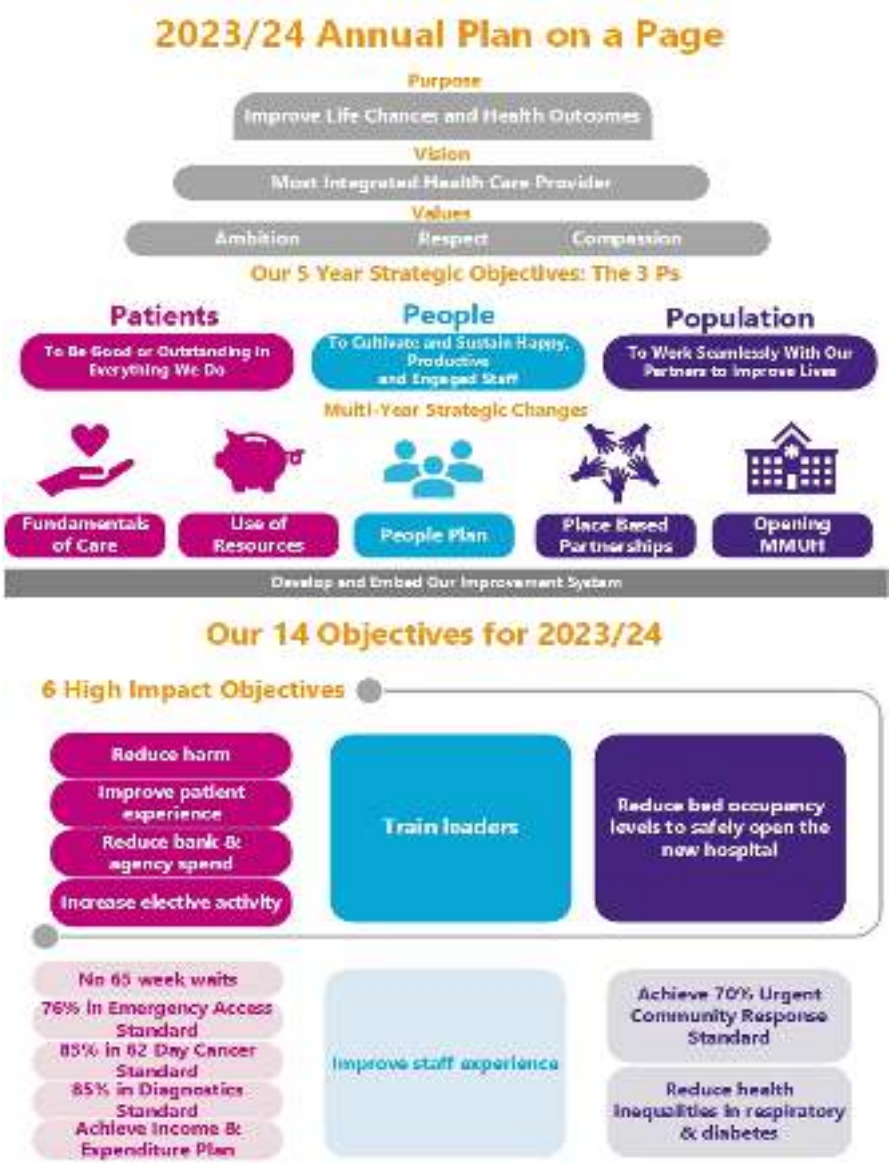
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 13th September 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.



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** Friends & Family Test	**Poor but getting better**
	Common Cause Variation	**Predictably good**	**Ok** Patient Safety Incidents – Moderate Harm or Above	**Predictably poor** 62 Day (urgent GP referral to treatment)

			Patient Safety Incidents Emergency Access Standard (EAS) Performance 2 Hour Urgent Community Response	Excluding Rare Cancers DM01 RTT-Incomplete Pathway Pts waiting >65 weeks Staff survey Urgent Community Response Contacts
	Special Cause Concern 	**Good but getting worse**	**Ok but getting worse**	**Poor and getting worse**
	Not an SPC Chart	**Good** Elective Activity	**Ok** Bed closure plan Train leaders	**Poor** Income & Expenditure Bank & Agency Spend
	Annual plan objectives delivery to date	**6.6%**	**46.6%**	**46.6%**

2.1.1 **Annual plan metrics where the target is outside the control limits.** This indicates that the target is unlikely to be reached without a significant change to existing process. These targets are:

2.1.2 DM01 Diagnostics 6 weeks target

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

2.1.4 62 Day (urgent GP referral to treatment) Excl Rare Cancers.

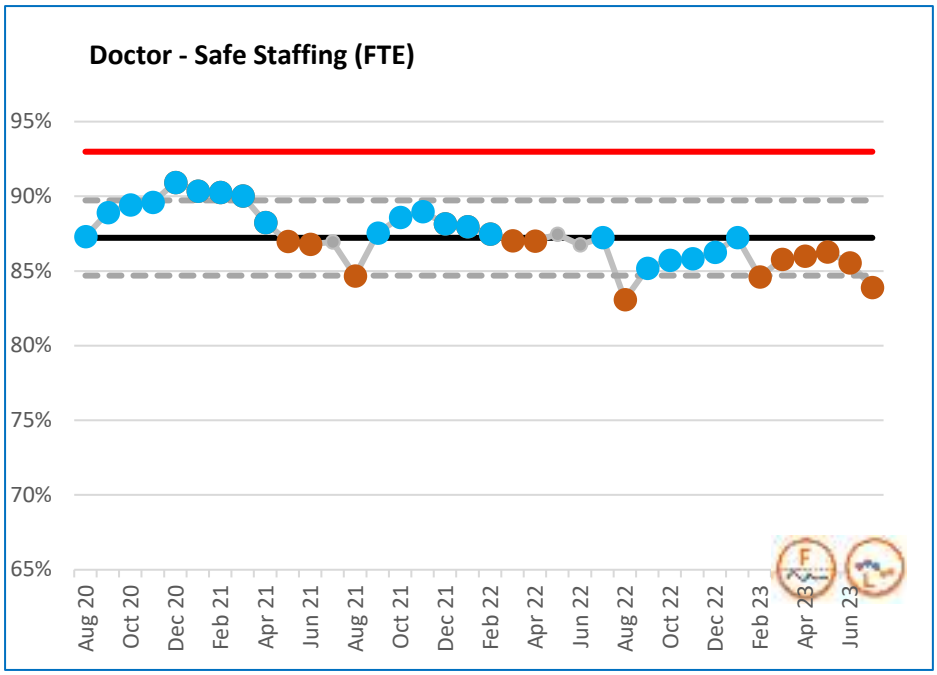
2.2 The Executive have agreed that the volume of **patient safety incidents and patient safety incidents with moderate harm and above** will not carry a target. This will affect the visualisation of pass, fail or hit and miss target assurance icons.

2.3 We have discussed **targets for committee metrics that do not have them set**, with the executive leads for Finance, Investment and Performance Committee, Quality and Safety Committee and the Integration Committee, we still have the executive lead for People and Organisational Development Committee to discuss targets with this will be completed by the middle of September 2023.

Committee escalations

2.4 Quality & Safety Committee

2.4.1 The **doctor staffing levels** (as measured by % full time equivalent in post) are in special cause concern and the performance is now below the lower control limit. As the target is above the upper control limit, the process requires a change if it is to meet the target.



2.4.2 Further commentary provided by the Deputy Chief Medical Officer as follows:

- Since March 1st 6 consultants have left the trust, and 15 have been appointed at interview. We have also appointed a new specialist grade doctor in palliative care.
- In terms of covering gaps in the services, we have had the following commence:
- 1 Emergency Medicine (Locum)
- 1 Diagnostic Radiology (Locum)
- 2 Elderly Care (1 x Locum to substantive + 1 Locum)
- 1 Haematologist (Locum)
- 1 Obstetrics & Gynae (substantive)
- 1 Breast Radiologist
- 1 Stroke Medicine - Locum
- 5 Anaesthetics – (2 of which are moving from Locum to Substantive + 3 Locum appointments)

2.4.3 A programme of Advisory Appointment Committee (AAC) panel dates has been arranged for the next 8 months and we work with groups to identify the priority order according to speciality.

Ongoing work continues for ESR reconciliation between, Medical Staffing and Finance. We will also be reviewing data on middle grade.

2.4.4 The Executive have agreed that the volume of patient safety incidents and patient safety incidents with moderate harm and above will not carry a target. This will affect the visualisation of pass, fail or hit and miss target assurance icons.

2.5 **Finance, Investment & Performance Committee**

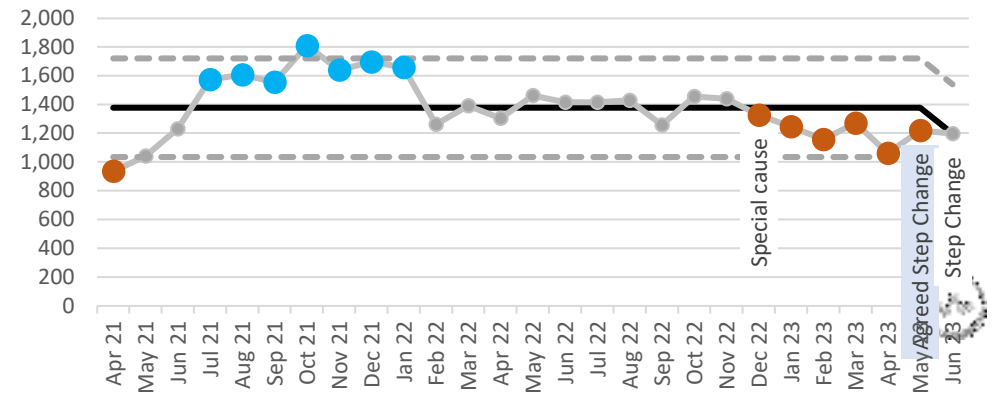
2.5.1 **Annual plan metrics where the target is outside the control limits.** This indicates that the target is unlikely to be reached without a significant change to existing process. These targets are:

- DM01 Diagnostics 6 weeks and 13 week targets.
- RTT – Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks.
- 62 Day (urgent GP referral to treatment) Excl Rare Cancers.

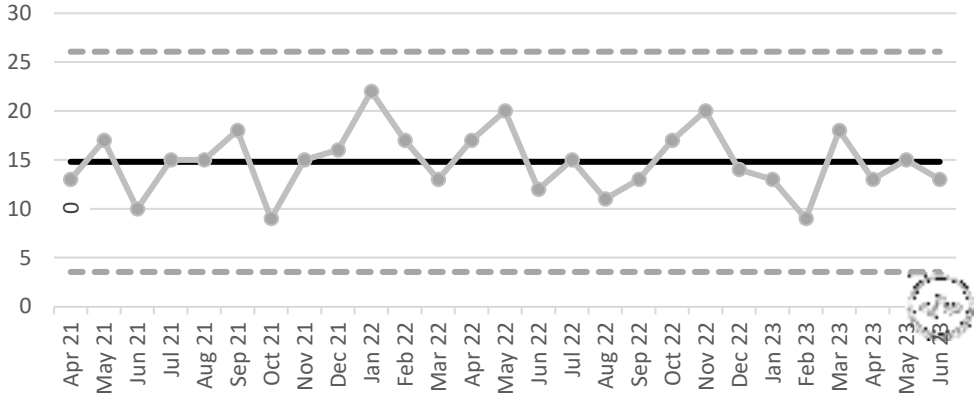
Patients

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. Target Source: Local (no Public View comparator).

Analyst Commentary – Moderate or above harm:

Following four high data points from November '20 to February '21 related to changing reporting requirements for hospital acquired COVID, the period from April '21 has included a step change. This process is in common cause variation.

Analyst Commentary – Patient Safety Incidents Ratio:

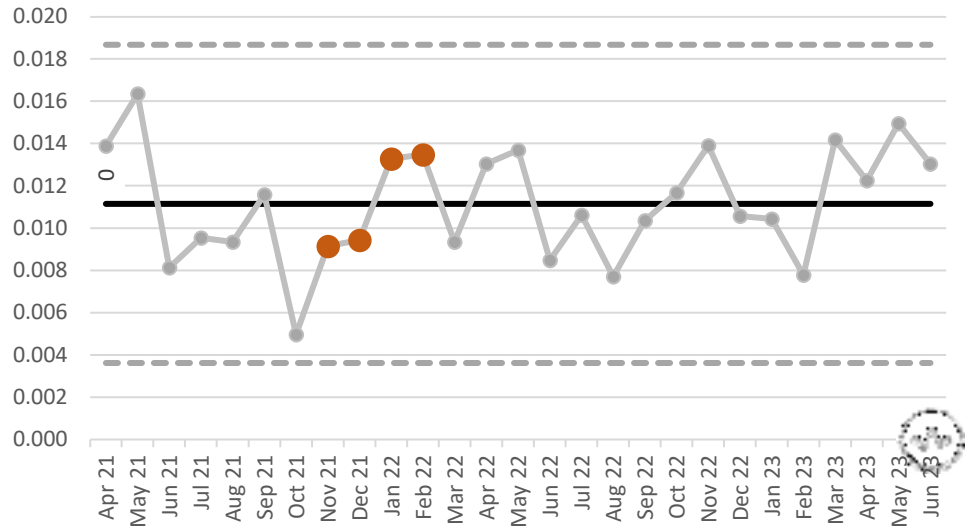
The ratio is the number of incidents with moderate harm or above, over the total number of incidents. Following four high data points from November '20 to February '21 related to changing reporting requirements hospital acquired COVID, the period from April '21 has included a step change. This process is in common cause variation.

Executive Commentary:

Patient safety team members continue to liaise with the groups to understand the reason for the reduction in incident reporting numbers. This trend has been recognised by the triumvirates. There has been limited feedback from frontline staff to identify the cause of the reduction.

Learning from Patient Safety Events (LFPSE) is enabled, and a training package created for roll out to staff. A decision regarding the go live date for LFPSE is awaited but the team are prepared to roll out communications and training in readiness. It is anticipated there will be a change in reporting numbers and trends when this goes live due to additional fields being added to the incident form. The most significant addition will be that the reporter is required to grade psychological harm, in addition to physical harm. This will also impact the moderate harm metric and how this is presented.

Patient Safety Incidents Ratio (Moderate Harm:Total Incidents)

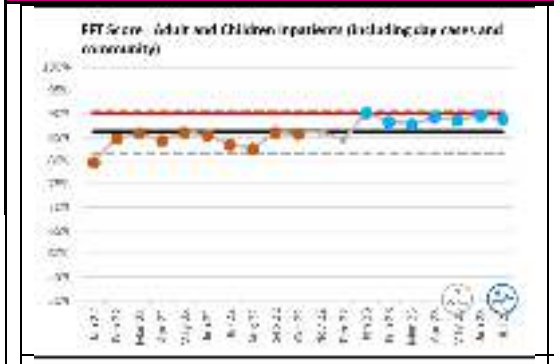


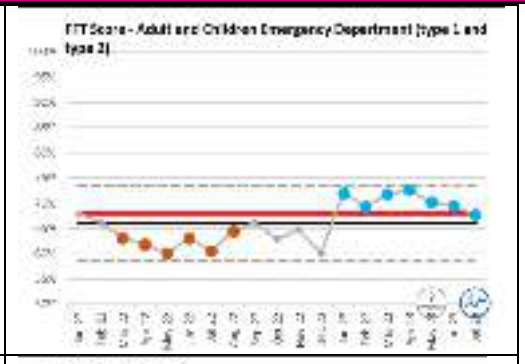
Reduction in incident reporting since January 2020			
Directorate	**%**	**Jan-20**	**Jun-23**
Diagnostic Imaging	51%	31	15
Admitted Care A	71%	207	59
Ophthalmology	72%	54	15
Theatres	40%	115	69

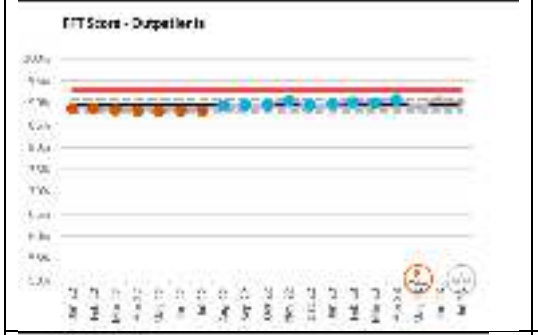
Action	*By who*	*By when*
Continue to provide robust review of moderate harm and above incidents	Chief Medical Officer Chief Nursing Officer Deputy Director of Governance	Ongoing
Identified PSRIF theme sign off through governance structures	Deputy Director of Governance	Complete
Re-launch of incident reporting (LFPSE)	Chief Medical Officer Chief Nursing Officer Deputy Director of Governance	September 2023
Fundamentals of Care rollout	Chief Medical Officer Chief Nursing Officer	Ongoing

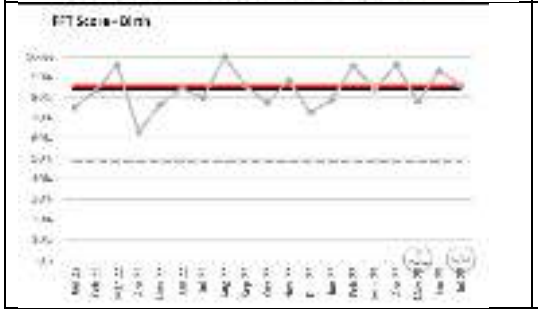
Patients

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:

Friends and Family scores for both Inpatient & Emergency Department are in special cause improvement. We have reported higher than the Emergency Department local target for 7 months. As this is the local target, it may need increasing to the Public View target.

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.

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

Executive Commentary:

- The Patient Experience Manager is collaborating with the End-of-Life team regarding patient/family experience; a community focus group is planned (06.09.2023). The invitations have been sent out and it is anticipated to have a high attendance.
- Patient experience ambassadors are being created to support personalisation. The role description is complete and will be communicated via the communication bulletin.
- Interpreting quality standards are drafted. Following a meeting with Sandwell Deaf Community Association (SDCA), there is commitment to close collaborative working relationships regarding interpreting standards, policy and training. SDCA will be invited into future Patient Experience / FoC training days and are providing a session locally within Breast services (October 2023). This will be publicised so Groups can take advantage of this training provision locally to support Deaf patients and carers.
- 'Customer Care' training is being scoped further to be included in the overall Trust training plan. Further discussions have been held regarding more advanced communications skills training inclusion. A Patient Experience session was delivered through the nurse preceptorship program during June. Education and awareness sessions around personalisation of care are being delivered. Six sessions were completed during May/June. A further 4 sessions are planned for August.
- Newton 4 personalisation pilot with the use of the "getting to know me tool" has been completed with measurement of success being captured via patient and carer feedback. The tool is being introduced to Elderly Care commencing with Lyndon 5 and D26.
- Patient Engagement Group (PEG) discussed Learning Disability experience and support, the Patient Engagement Portal, Patient Property Policy draft and a proposed carer support package. Updates were received from Surgery (including Birmingham and Midlands Eye Centre [BMEC]), Maternity and Imaging.
- Carer support proposed including free parking, overnight bed audit and carer packs. A staff carers group is also being developed to support both our people who

Area	National Target	Local Target	Actual
Emergency Department	75%	68%	67.8%
Birth	93%	86%	85.7%
Antenatal	86%	82%	78.0%
Outpatient	94%	93%	90.2%
Inpatient (with day case incorporated)	95%	90%	89.0%

have caring responsibilities and to provide insight, driving action to improving carer (and consequently patient) experience.

- A trial of Patient Reported Experience Measures (PREMs) (Imaging) via SMS (n=2000 patients) has been set up. Findings regarding patient responsiveness and quality scores will inform future PREMs practices. There are 66 PREMs now established; whilst participation varies across specialties this continues to significantly increase each month. PREMs data collected locally is now included in national submissions and the data presented as left.
- Funding for 'communication boxes' is secured via charitable funds. Contents required have been established post engagement with families and carers. Discussions with library services have taken place regarding storage and ward access.
- Guidelines for dog therapy have been formulated and following consultation will be discussed at Group governance boards before proceeding for final sign off.

Action	*By who*	*By when*
Personalisation of care project – initial trial areas	Patient Insight and involvement lead	April – September 2023
Tools to support communication with vulnerable people	Patient Insight and involvement lead	April – September 2023
Interpreting quality standards development and implementation. Business case development to support virtual interpreting	Patient Insight and Involvement Lead	April – September 2023
Implementation of guidelines, measures and on-site support for carers.	Patient Insight and Involvement Lead	April – September 2023
Development of information clarifying information to empower communication.	Patient Insight and Involvement Lead	April – September 2023

Patients: Summary Table	Quality & Safety Committee

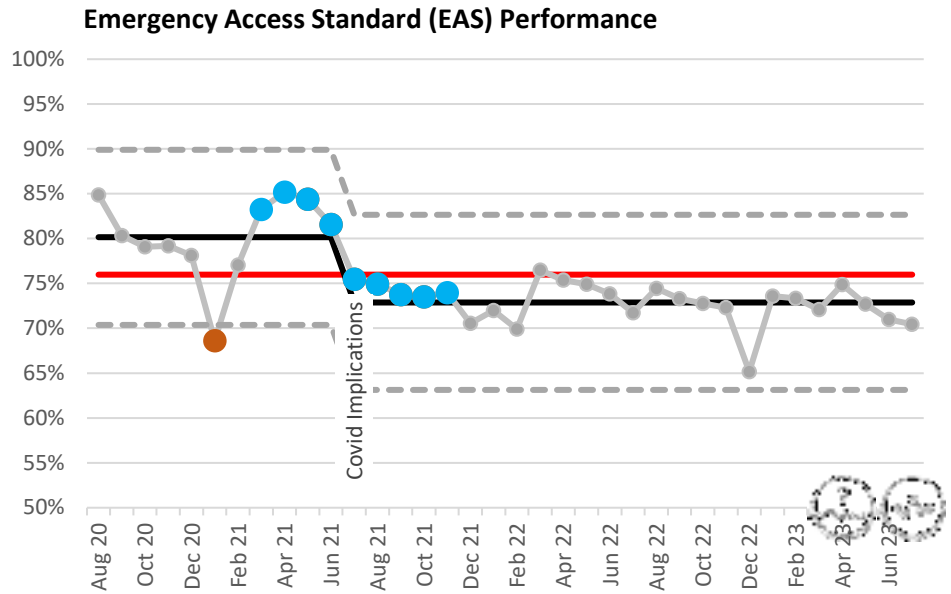
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital level Mortality Index (SHMI) (month	Feb 23	94	100			111	78	145
Sepsis - Treated in 1 Hour (as % Of Treated)	Jul 23	88.4%	85.0%			84.7%	71.2%	98.3%
Pressure Ulcer SWB Hospital Acquired - Total	Jul 23	28				29	13	46
Pressure Ulcer DN Caseload Acquired - Total	Jul 23	24				31	12	49
Falls with Harm	Jul 23	18	0			42	17	67
Doctor - Safe Staffing (FTE)	Jul 23	83.9%	93.0%			86.4%	83.7%	89.0%
Nurse Band 5 Vacancies	Jul 23	13	0			65	21	109
Pathway 1 % patients seen within target timescales	Jul 23	46.9%				37.7%	24.2%	51.2%
No. of Complaints Received (formal and link)	Jul 23	12	8			14	7	21
Staff Service Recommender	Jul 23	53.5%	70.0%			56.0%	#DIV/0!	#DIV/0!
Readmission with 30 days for patients aged 65 and ove	Jul 23	10.2%				16.9%	11.2%	22.6%
Bed moves per patients	Jul 23	1.6				1.7	1.6	1.8

Patients: Summary Table	Quality & Safety Committee

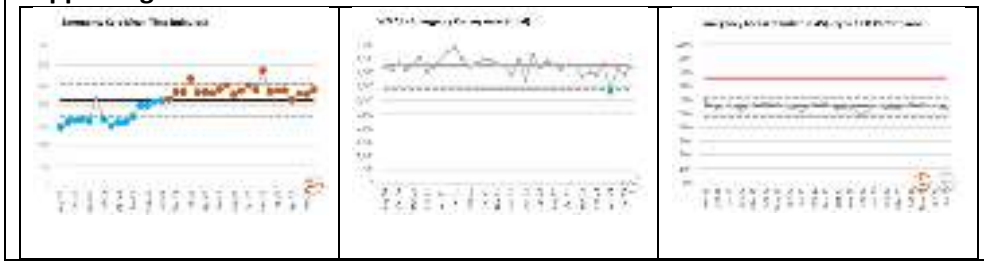
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Bed Days with no criteria to reside	Jul 23	1540				1742	882	2602
Patient Safety Incidents	Jun 23	1197				1197	854	1540
Patient Safety Incidents - moderate or above	Jun 23	13				15	4	26
Discharges after 8am and before 5pm	Jul 23	47.6%				42.6%	39.1%	46.2%
Of those people who died in hospital % with a supporti	Jul 23	72.2%				61.1%	48.0%	74.2%
Emergency Care Mean Time (minutes)	Jul 23	239				212	171	253
62 Day (urgent GP referral to treatment) Excl Rare Canc	Jun 23	50.6%	85.0%			61.6%	44.4%	78.7%
RTT - Incomplete Pathway (18-weeks)	Jun 23	53.0%	92.0%			53.5%	49.1%	57.9%
E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 b	Jul 23	3.0	94.9			3.4	-1.0	10.8
C. Difficile (Post 48 hours)	Jul 23	4				2	-3	8
MRSA Bacteraemia (Post 48 hours)	Jul 23	0	0			0	0	0
MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 b	Jul 23	0.0	9.4			7.7	-7.3	22.6
Urgent Community Response - 2 hour performance	Jul 23	88.6%	70.0%			78.1%	57.7%	98.5%
Ambulance handover time within 30 mins	Jul 23	79.7%	65.0%			85.1%	75.8%	94.5%
Length of stay (acute) for Virtual Ward Patients	Jul 23	4.4				3.7	2.2	5.2
NCTR worklist to Discharge	Jul 23	4.1				5.8	3.4	8.2
No. of Sitrep Declared Late Cancellations - Total	Jun 23	54	20			43	18	67
65+ 18 wks Referral to Treatment	Jun 23	746	0			615	359	872
Medication Errors causing serious harm	Jul 23	0	0			0	-1	1
Complaints – Responses exceeding agreed response dat	Jul 23	60.8%				58.3%	-3.4%	120.0%

Patients

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



Supporting Metrics:



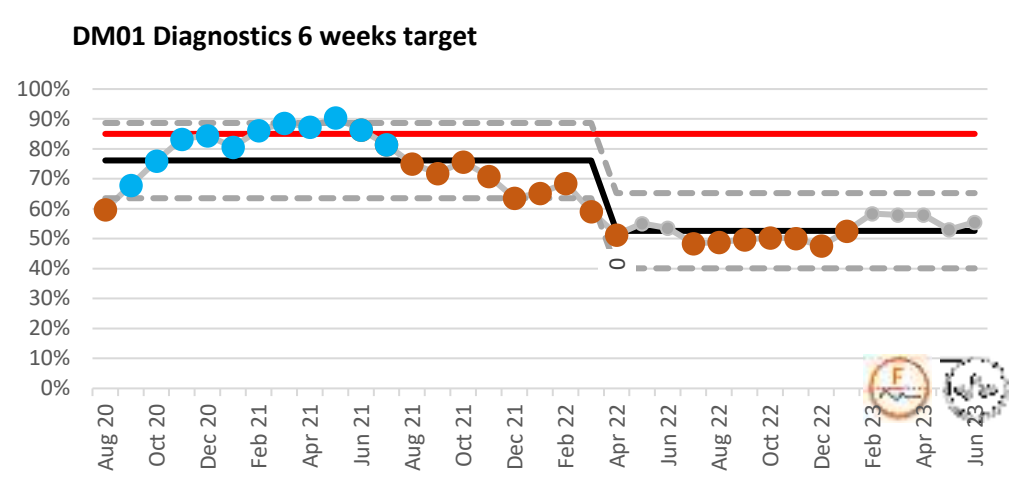
Analyst Commentary – Emergency Access Standard (EAS) Performance:
A step change has been added from July '21 to adjust the mean based on a persistent period of lower percentage reporting following COVID. We are 35th out of 106 Trusts in the most recent Public View rankings [June 2023]. This process is in common cause variation. Target Source: National – updated for 23/24 operational guidance.
Analyst Commentary – Emergency Care Mean Time: This process is in special cause concern variation.
Analyst Commentary – WMAS – Emergency Conveyances (total): This process is in common cause variation.
Analyst Commentary – Emergency Access Standard (EAS) Performance Type 1 ED: This process is in common cause variation. If the target is above the upper process limit, the target cannot be expected to be achieved.

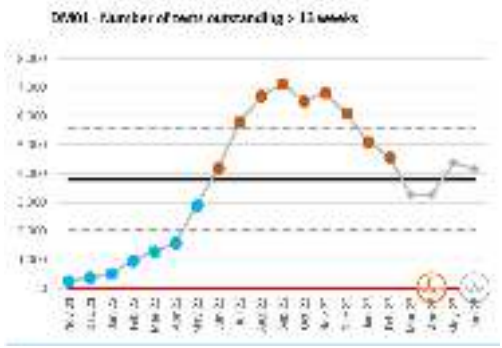
Executive Commentary:
Whilst EAS performance has remained consistent, we are looking at further metrics to understand both non-admitted performance and admitted outflow performance, in relation to skill mix and pathway 0 discharge numbers from the inpatient wards.

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. Recruitment still to commence, funding now agreed.	Rachel Clarke (Deputy GDOP)/Demetri Wade (Deputy COO)	September 23
First Net roll-out for all Same Day Emergency Care areas – on hold until full review by UCAG of frailty pilot – review now complete, report submitted for consideration of next steps.	Demetri Wade (Deputy COO)	Apr-Sep 2023
Implementation of Urgent care bed rightsizing schemes	Rachel Clarke (Deputy GDOP)	On-going
Review of non-admitted emergency care performance and associated action plan	Rachel Clarke (Deputy GDOP)	September 2023

Patients

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





Outstanding Tests (June 2023)

Modality	No.OfTests	>13Weeks
Non-obstetric ultrasound	15571	2745
Computed Tomography	1886	603
Colonoscopy	624	265
Flexi sigmoidoscopy	346	173
Cystoscopy	315	107

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 April'22 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. 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. If the target is below the lower process limit, the target cannot be expected to be achieved. Target Source: National

Executive Commentary:

There was an exceptional level of demand for Non-Obstetric UltraSound (NOUS) in June and July with a 25% increase in demand seen in July from GP Direct Access. Some mutual aid offered by Dudley was delayed due to their staffing shortages. Confirmed by Dudley COO and Integrated Care System (ICS) Lead that mutual aid will now be re-offered.

Neurophysiology have experienced a backlog in putting referrals onto Trust systems. Whilst actions are in place to resolve, this will have an impact on the overall 6 week DM01 by 0.5% next month and a service level target from 84% to 61%. 20 patients rather than the forecast 9 will move beyond 13 weeks outstanding.

Independent Sector monies being explored with ICS – with ICS able to offer mutual aid due to the length of their waiting lists. Awaiting confirmation of ICS Finance team of utilisation of IS monies.

Separate conversation around unbundling diagnostics to support increased activity and delivery of waiting list recovery. DOF conversations within ICS occurring within August.

Increased 13+ weeks for CT Coronary Angiography (CTCA) – short term plan to reduce being worked within MEC and Imaging Groups – with sustainable service re-design work being completed by both Groups. Working Group established starting from September to look at demand management and service re-design.

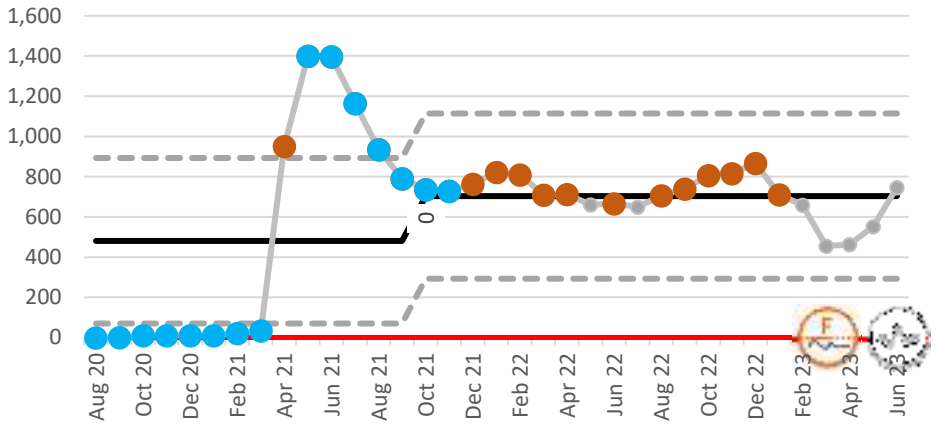
Two locums approved to support endoscopy recovery which has seen an increased demand for two week waits.

Action	*By who*	*By when*
Mutual Aid for NOUS and CTCA	Darren Smith (Group Director of Operations)	EO August
Unbundling of Diagnostics from block contract	Dinah McLannahan (Chief Finance Officer)	EO August
Recruitment of two locums for Endoscopy	David Byrne – Group Director of Operations	September

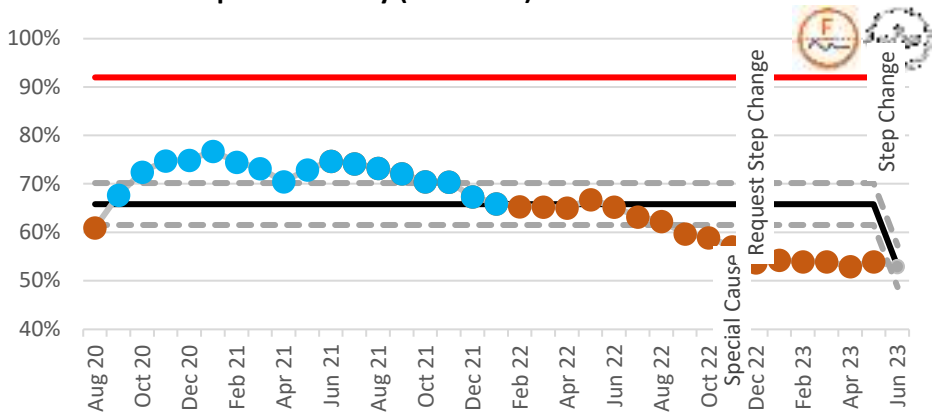
Patients

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 October 21 to reflect covid implications in April,21. This process is in common cause variation. If the target is below the lower process limit, the target cannot be expected to be achieved.

RTT – Incomplete Pathway (18-Weeks):

A step change has been added in March 22 to reflect declining performance. This process is in special cause concerning variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 91st out of 121 Trusts in the latest Public View rankings [April 23]. Target Source: National

Executive Commentary:

The number of patients in the patient tracking list (PTL) has grown over a period of time 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 trust failed to achieve 78+ weeks "route to zero" in July due to some electives cancelled as a result of industrial action and also capacity / workforce shortfalls in Ear Nose Throat (ENT)/Paediatrics ENT. The trust is ahead of 65+ weeks trajectory and the clinical groups are working through plans to create additional capacity via Mutual Aid, outsourcing and WLI sessions.

As part of Further Faster programme there are number of workstreams currently been worked through to improve productivity and efficiency looking at transforming both outpatient and inpatient. 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
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	Already began and ongoing

INPATIENTS WAITING > 65 WEEKS	
SPECIALTY	QTY
ENT	190
TRAUMA AND ORTHOPAEDICS	84
UROLOGY	41
OPHTHALMOLOGY	33
GYNAECOLOGY	6

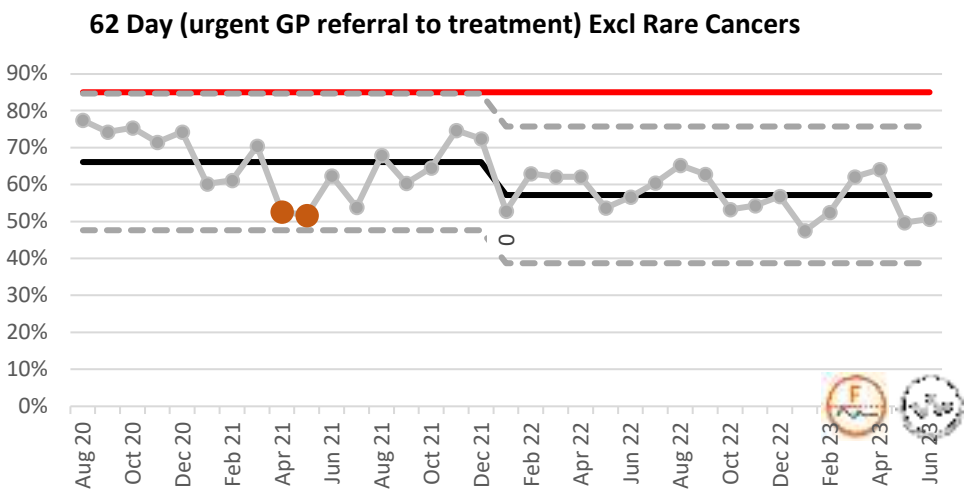
OUTPATIENTS WAITING > 65 WEEKS	
SPECIALTY	QTY
ENT	169
GENERAL SURGERY	60
TRAUMA AND ORTHOPAEDICS	39
UROLOGY	29
CARDIOLOGY	23

RTT Waiting List - Incomplete (June 2023)	
Directorate	Qty
General Surgery	22231
Ophthalmology	13034
Specialist Surgery	7945
Community Medicine	6202
Admitted Care A	5568
Admitted Care B	5152
Gynaecology, Gynae-Oncology and GUM	3399

RTT - Backlog (June 2023)	
Directorate	Qty
General Surgery	12660
Ophthalmology	6057
Specialist Surgery	4184
Community Medicine	3305
Admitted Care B	2496
Admitted Care A	2251
Gynaecology, Gynae-Oncology and GUM	1238

Patients

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



PATIENTS WHO WAITED > 62 DAYS FOR TREATMENT	
CANCER SITE	**QTY**
Urological	17.5
Gynaecology	8.5
Lower GI	6
Head & Neck	3
Lung	2
Breast	1.5
Upper GI	0.5

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.

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

Executive Commentary:

The trust has achieved and sustained Two Week Wait position and have made consistent improvement towards the 31-day target. We have not achieved 62-day 85% since pre-covid. Our performance has been in the range of 50 to 60% for last 12 months.

There has been a slight improvement with Black Country Pathology Service (BCPS) histology turnaround times to four weeks. Patient choice is impacting on all pathways with it being the summer holidays. The 62-day backlog has reduced to 92 (20 below trajectory) and is currently ahead of end of year target of 100 by March 2024.

Work continues across cancer delivered specialties with the introduction of a weekly cancer long waiters meeting, which is proving to be a positive change in removing patients off the pathway.

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

ContractType2Group	PodGrpCode2	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
Variable - Elective Recovery Fund	Daycase	12,063	11,745	-317	11,963,829	11,502,839	-460,991
	Elective	1,785	1,729	-56	6,438,462	6,156,202	-282,263
	Excess Bed Days	325	658	333	112,582	248,653	135,070
	OP New Attendances	51,676	50,340	8,664	9,739,015	11,350,324	1,611,308
	OP New Virtual Attendances	8,708	6,906	-1,802	1,788,209	1,451,347	-335,862
	OP Procedures	40,783	37,915	-2,868	7,272,417	6,863,765	-408,652
Variable - Elective Recovery Fund Total		115,339	119,293	3,954	37,314,517	37,575,128	260,611
Grand Total		115,339	119,293	3,954	37,314,517	37,575,128	260,611

Analyst Commentary:

Performance against the elective recovery target is reflected in the table on the left – shows a favourable performance of £0.261m at the end of July 2023. This is driven predominately by new outpatients with the other key points of delivery showing an adverse performance. Work is required on the significant over-performance against outpatients, related to SDEC (Same Day Emergency Care) and to review if any follow up clinics are being aligned to new contract lines

Executive Commentary:

Performance against Elective Recovery Fund is positive, given that Month 4 performance is likely to improve with the final cut of data, and the impact of Industrial action. The Planned Care Steering Group has started various programmes to look at enhancing performance further, supported by the external Cost Improvement Programmes (CIP) support the Trust has secured. These ideas will form part of the CIP report delivered to FIPC in early September. The holiday period in August and further strikes though warrant a word of caution.

As pointed out in the Analyst section, the impact of SDEC and any activity being recorded as new will have a negative impact on performance. YTD SDEC income is around £1.5m.

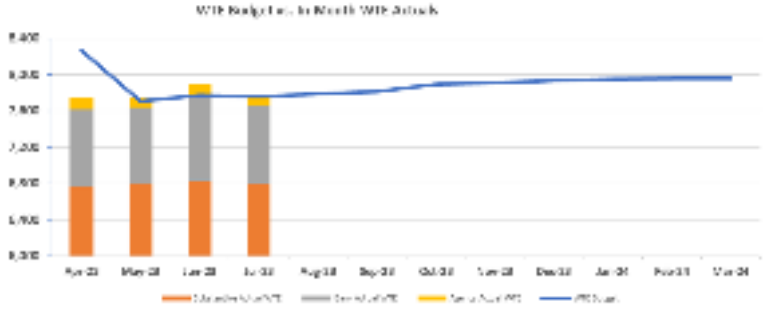
The planned care workstreams currently been worked through to improve productivity and efficiency looking at transforming both outpatient and inpatient.

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

June contains £1.438m of YTD balance sheet flexibility, July £0.127m.



Analyst Commentary:

The Trust continues to be off plan after 4 months. July position was £0.637m worse than the average of Q1, driven by the accrual of 4 months of 5% uplift to non-medical bank expenditure. This was to reflect a decision to make the award and backdate to April as opposed to the initial plan to award from July. Industrial action costs in July were £1.345m, YTD £3.046m, costs influenced by the Consultant strike in July. The variance to plan can be explained by industrial action costs (£3.289m) excess inflation £1.288m) and MMUH Income (£2.776m). The balance across the plan is being achieved via non-recurrent means; either vacancies or delays in planned investments which offset pressures in other areas. The Trust therefore needs to take action urgently to ensure recurrent plans are in place to underpin the position.

Executive Commentary:

The variance to plan can be explained by Junior Doctor industrial action costs (£3.046m YTD), Excess Inflation (£1.288m) and MMUH Income (£2.776m). 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. Workforce Profiles will have been returned on the 18th August, and go through a confirm and challenge process in advance of FIPC.

Just under 48.2% of the annual deficit is phased in at the end of M4 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.

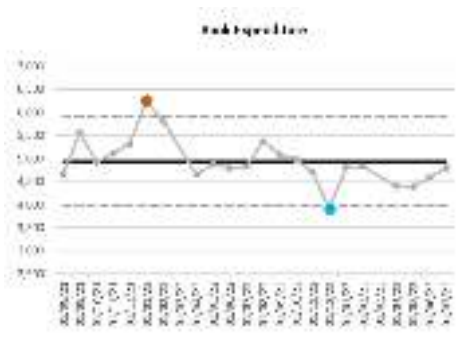
There remains significant under-delivery against the Financial Improvement Plan, and very challenging plans to deliver over the coming months, most notably the bed closure plan as we move into Winter. The Trust has taken additional action to support CIP delivery and financial recovery which will be overseen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

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 FIPC 1/9/2023
Executive Led Schemes £16.2m. £2m with clear plan	Executive Group	Paper to FIPC 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

*excludes release of balance sheet flex £0.911m



*excludes release of balance sheet flex £0.911m

Analyst Commentary:

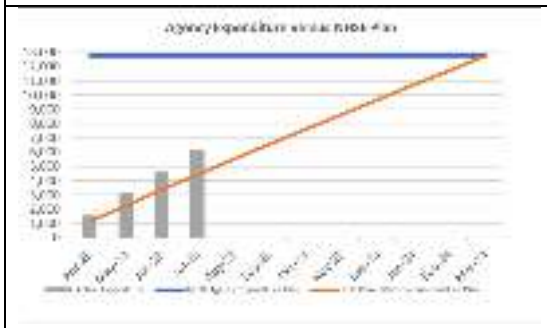
Bank and agency are both currently running above the NHSE plan. This is partly offset by substantive pay being below plan.

The bank and agency charts exclude non-recurrent balance sheet flexibility related as it was felt important to show under-lying trends.

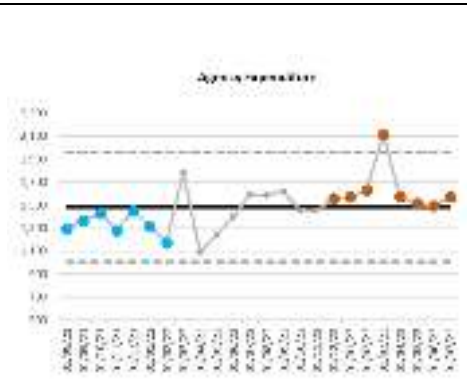
Executive Commentary:

The Trust is not seeing a marked recurrent improvement in the bank and agency expenditure position, with a year to date spend of approximately £23.183m. Nursing and Health Care Assistant (HCA) continue to show improvement as did Allied Health Professionals (AHPs) for the first month. We have applied a change to the calculation for bank and agency costs to address the information issues we had experienced. Bank spend has increased. The main priorities in this objective remain reducing agency and those bank areas paying a premium as well as grip and control on rotas and sickness.

It is recommended this metric is amended to look at total pay costs, not just bank and agency.



*excludes release of balance sheet flex £0.249m



*excludes release of balance sheet flex £0.249m

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
Group and Directorate workforce plans to deliver 2023/24 budgets inclusive of Cost Improvement Programme.	Group and Corporate Directorate Management Teams	31 August 2023

Patients: Summary Table	Finance, Investment & Performance Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Sickness Absence (Monthly)	Jul 23	5.6%	4.0%			5.9%	4.2%	7.6%
No. of Sitrep Declared Late Cancellations - Total	Jul 23	42	20			51	29	72
New:Follow Up appointments ratio	Jul 23	1.6	2.5			1.7	1.7	1.8
DNA Rate - Exc Radiology (SWB)	Jul 23	11.7%				11.9%	10.4%	13.5%
RTT - Incomplete Pathway (18-weeks)	Jun 23	53.0%	92.0%			55.2%	50.5%	59.8%
78+ 18 wks Referral to Treatment	Jun 23	19	0			173	56	290
2 weeks	Jun 23	94.9%	93.0%			90.0%	81.2%	98.8%
Ambulance handover time within 30 mins	Jul 23	79.7%	65.0%			85.1%	75.8%	94.5%
Theatre session utilisation	Jul 23	77.5%	84.0%			98.7%	-28.1%	225.6%
Theatre in session utilisation	Jul 23	71.4%	84.0%			69.6%	63.6%	75.7%
DM01 Diagnostics 13 Weeks target	Jun 23	4169				2509	1301	3717
Acute Diagnostic Waits in Excess of 6-weeks (End of Mo	Jun 23	55.4%	85.0%			66.1%	55.8%	76.3%
65+ 18 wks Referral to Treatment	Jun 23	746	0			615	359	872
NCTR worklist to Discharge	Jul 23	4.1				5.8	3.4	8.2
2 Hour Community Response	Jul 23	88.6%	70.0%			78.2%	57.2%	99.3%
Emergency Access Standard (EAS) Performance	Jul 23	70.4%	76.0%			75.1%	68.1%	82.1%

3. Recommendations

3.1 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
September 2023