

<b>REPORT TITLE:</b>	Patient Metrics						
<b>SPONSORING EXECUTIVE:</b>	Simon Sheppard, Acting Chief Finance Officer, Mrs M Roberts, Chief Nursing Officer, Mrs J Newens, Chief Operating 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>	13 <sup>th</sup> March 2024	
<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 Patients 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 FPC							
<b>4.</b>	<b>Recommendation(s)</b>						
The Trust Board has asked to:							
<b>a.</b>	<b>RECEIVE</b> and <b>NOTE</b> 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		<b>X</b>	Deliver safe, high-quality care.				
Board Assurance Framework Risk 02		<b>X</b>	Make best strategic use of its resources				
Board Assurance Framework Risk 03		<b>X</b>	Deliver the MMUH benefits case				
Board Assurance Framework Risk 04		<b>X</b>	Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05		<b>X</b>	Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register <small>[Safeguard Risk Nos]</small>							
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 13<sup>th</sup> March 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.

#### 1.2 Patients

1.3 For quality, we have seen special cause concern in reporting of moderate and above harm events and consistent levels of overall reporting. Never events and medication errors with moderate and above harm remain at zero. Number of falls with harm has reduced but pressure ulcers started to rise. If persistent then PSIRF SEIPS analysis tool will be used. It is positive to note that readmissions for patients aged 65 and over have seen a special cause improvement, attributed to the interventions in frailty care and discharge.

1.4 For urgent care, Emergency Access Standard has stabilised since September '23 as the improvement plan continues implementation. Outflow from ED continues to be a significant issue to both admitted and non-admitted performance (cubical space) and has an impact on ambulance off loads (assessment areas' availability). Length of stay reduction actions, together with further right-sizing schemes form part of the bed fit assurance paper which has been socialised at Quality, Finance and MMUH committees.

1.5 For planned care, the Trust delivered 114% activity in January, with additional activity achieved through a coding and counting change. There is a risk of reduced activity and price value in February '24 due to scheduled industrial action. The Trust remains on track to deliver 65 week wait target by end of 2023/24, with ongoing slippage in 78 week wait performance. The top contributors of off-track performance in planned care are: non obstetric ultrasound for DM01, supported with a deep dive with NHS England; Lower GI, Haematology, and Urology for cancer; and ENT for referral to treatment.

# 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.

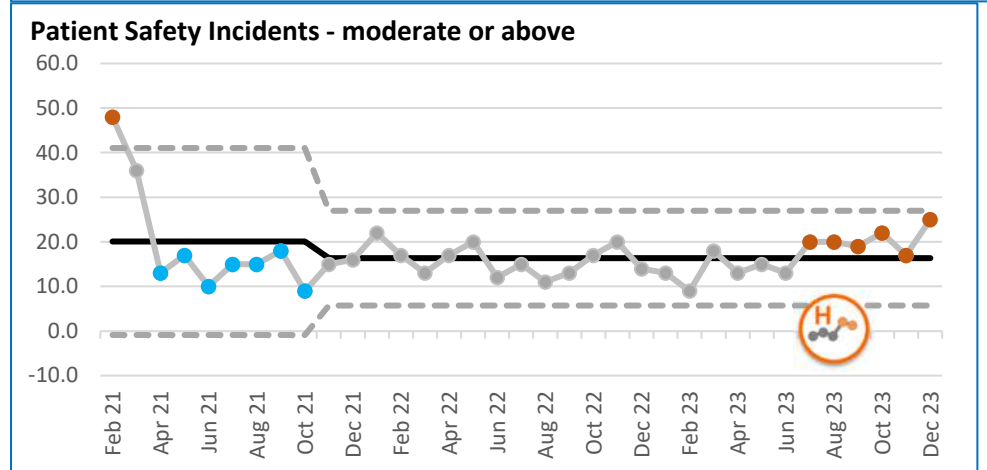
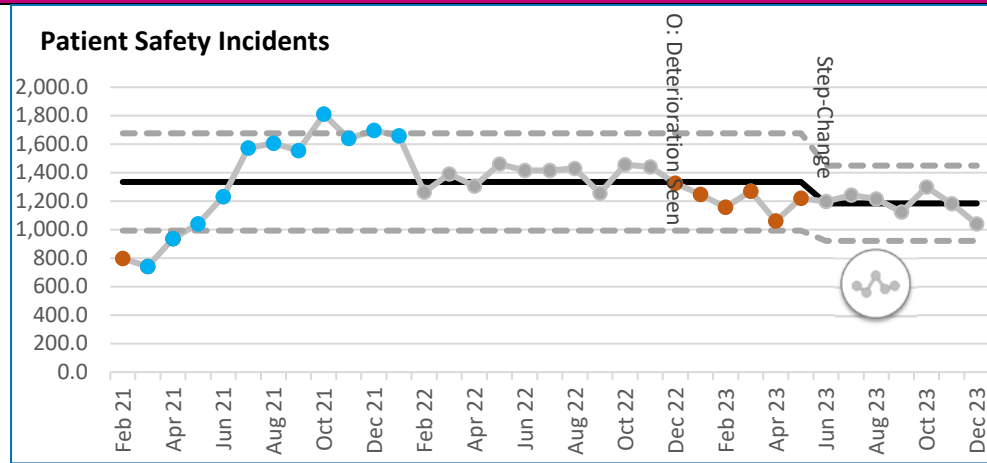
		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better	Ok but getting better	Poor but getting better
	Common Cause Variation	Predictably good	Ok Friends & Family Test	Predictably poor DM01

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

# Patients

## Quality Committee Indicators

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



**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 special cause concern variation.

**Analyst Commentary – Patient Safety Incidents Ratio:**

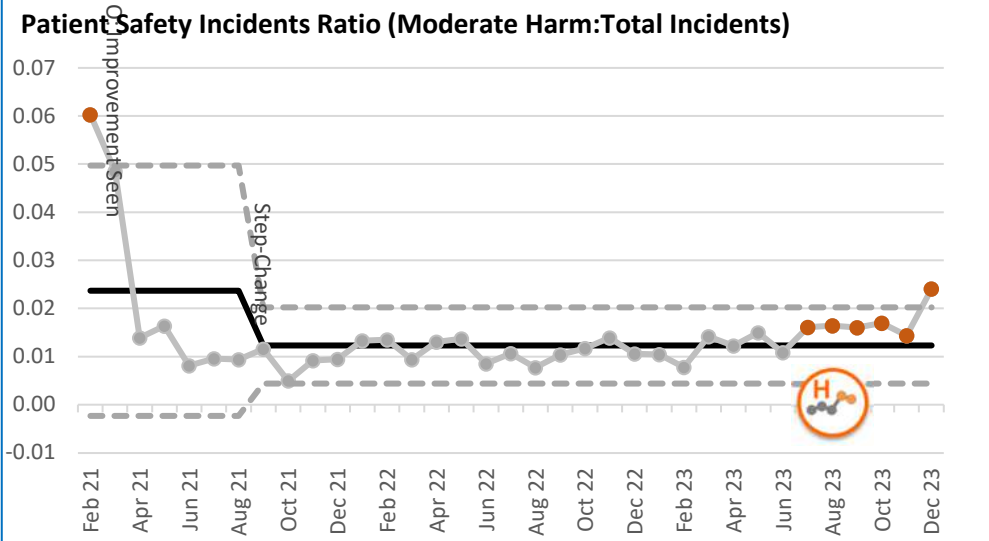
A step-change has been added in September 2021 to reflect improvement in performance. This process is in special cause concern variation.

**Executive Commentary:**

The total number of incidents reported has shown minimal change and the number of serious incidents leading to serious incident (SI) investigations has not shown significant rise. There have been no medication incidents resulting in moderate harm as an ongoing package of work continues to be implemented in this area. Never events remain at zero. Number of falls with harm has reduced but pressure ulcers started to rise. If persistent then PSIRF SEIPS analysis tool will be used.

PSIRF moves closer to being implemented fully on the 1st of April, with PCCT group providing positive feedback of their pilot, and training being provided across the trust.

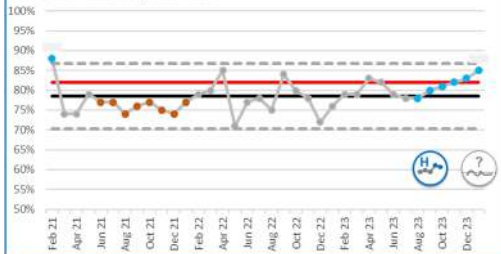
Action	By who	By when
Continue to provide robust review of moderate harm and above incidents	Chief Medical Officer Chief Nursing Officer Deputy Director of Governance	Ongoing
Continue to implement PSIRF across the Trust	Chief Nursing Officer Chief Medical Officer Associate Director of Quality Governance	1 <sup>st</sup> April 2024
Monitor trends to identify issues in a timely and proactive manner.	Head of Patient Safety/ Patient Safety Specialist	Ongoing



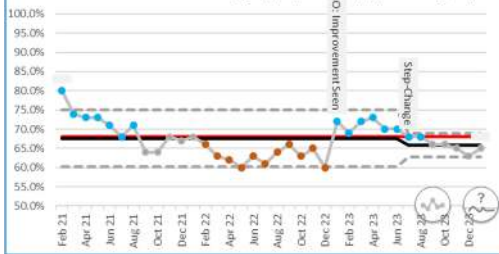
## Patients

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

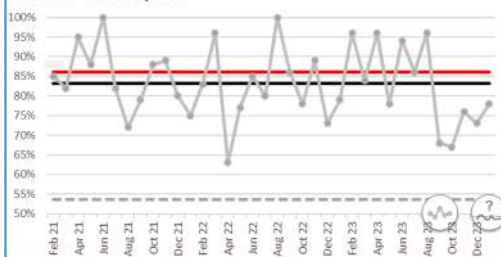
FFT Score - Maternity Antenatal



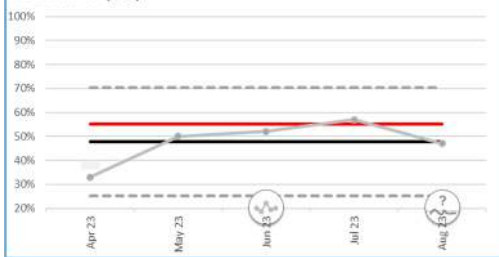
FFT Score - Adult and Children Emergency Department (type 1 and type 2)



FFT Score - Maternity Birth



FFT Score - GP (YHP)

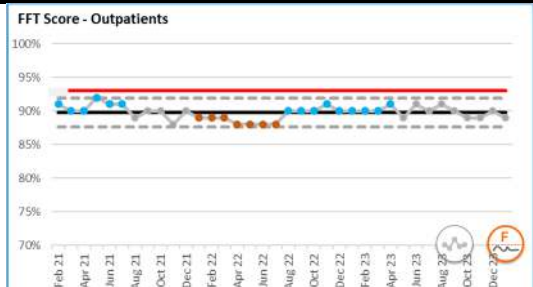
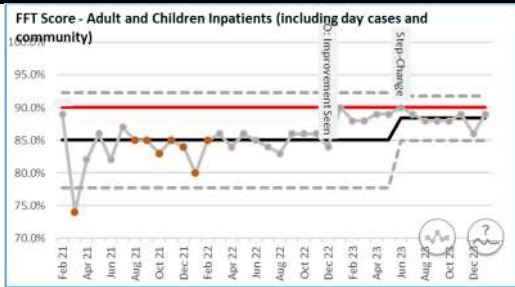


**Analyst Commentary:**

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 Analyst post appointed to; start date being arranged.
- Planning for two further study days on communication and personalisation. On 15<sup>th</sup> March - one focussing on 'Vulnerabilities'. In May focusing on these elements at end of life and beyond with family / carers.
- Arrangements and planning for creation on an SWB patient and Public Voice reference group and patient forum.
- Plans to involve patients in Deteriorating Patient and Resuscitation Group.
- Work underway to improve food options available to children and young people and their parents whilst in hospital.
- Patient Experience Ambassadors forum held, projects and work undertaken by Ambassadors was presented.
- Training session – AMU study day.
- Communication skills working group discussed and being convened.
- Plan to further develop Sickle Cell services engagement group and workstream.
- Patient Experience Group discussed 'Getting to Know Me' documentation, 'Partners in Care' passport to support carers, 'Rhythm of the Day' and its relationship with 'Personalisation,' the 'Guiden by You' Healthwatch study / report, the future operational delivery of a PALS function and received an update on the Patient Engagement Portal.



Area	National Target	Local Target	Actual
Emergency Department	75%	68%	65%
Birth	93%	86%	77%
Antenatal	86%	82%	85%
Outpatient	94%	93%	89%
Inpatient (with day case incorporated)	95%	90%	89%
GP (Your Health Partnership)		In discussion	

Action	By who	By when
Personalisation and experience training development – additional study days	Patient Insight and involvement lead / Patient Experience Manager	October 2023 – May 2024
Interpreting quality standards development and implementation. Business case development to support virtual interpreting	Patient Insight and Involvement Lead	October 2023 – April 2024
Patient Experience Ambassadors programme	Patient Insight and Involvement Lead / Patient Experience Manager	September 2023 – March 2024
Environmental quality, reporting and actions	Head of Soft FM / Patient Insight and involvement lead / Patient Experience Manager	January – June 2024
Carer passport introduction	Patient Insight and involvement lead / Patient Experience Manager	January - June 2024

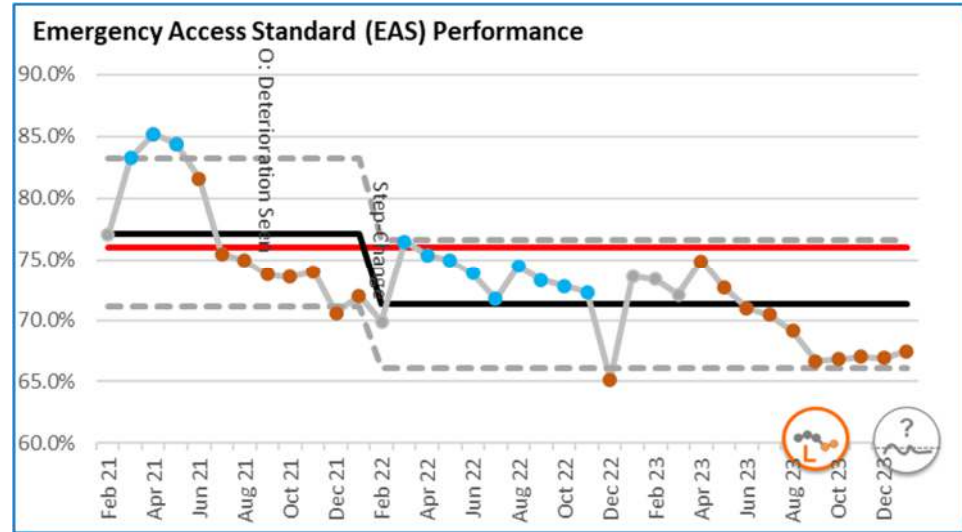


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Index (SHMI) (monthly)	Aug 23	118	100			111	80	142
Sepsis - Treated in 1 Hour (as % Of Treated)	Jan 24	89.8%	85.0%			87.7%	83.4%	92.1%
Pressure Ulcer SWB Hospital Acquired - Total	Dec 23	35	23			28	17	39
Pressure Ulcer DN Caseload Acquired - Total	Dec 23	23	30			30	12	47
Falls with Harm	Dec 23	20	0			38	10	65
Doctor - Safe Staffing (FTE)	Dec 23	84.4%	93.0%			85.3%	82.4%	88.1%
Nurse Band 5 Vacancies	Dec 23	34	0			-26	-70	18
Pathway 1 % patients seen within target timescales	Jan 24	35.6%	55.0%			44.9%	33.6%	56.2%
No. of Complaints Received (formal and link)	Jan 24	48	8			87	39	135
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Nov 23	54.0%	70.0%			55.2%	#N/A	#N/A
Readmission with 30 days for patients aged 65 and over	Jan 24	8.9%	7.0%			16.4%	10.7%	22.2%
Bed moves per patients	Jan 24	1.7	1.4			1.7	1.5	1.8
Bed Days with no criteria to reside	Jan 24	1656	1313			1997	1193	2800
Patient Safety Incidents	Dec 23	1181	-			1211	1000	1423
Patient Safety Incidents - moderate or above	Dec 23	17	-			16	5	26
Discharges after 8am and before 5pm	Jan 24	47.2%	60.0%			45.7%	42.4%	48.9%
Of those people who died in hospital % with a supportive care plan	Jan 24	36.6%	80.0%			30.7%	21.6%	39.8%
Emergency Care Mean Time (minutes)	Jan 24	280.4	192.0			246.1	206.1	286.1
Cancer - 62 Day Referral to Treatment (Urgent GP Referral)	Dec 23	59.9%	85.0%			59.1%	44.1%	74.0%
RTT - Incomplete Pathway (18-weeks)	Dec 23	52.2%	92.0%			56.6%	53.7%	59.6%
E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Dec 23	9.7	94.9			18.4	-15.2	52.0
C. Difficile (Post 48 hours)	Dec 23	0	3			3	-4	9
MRSA Bacteraemia (Post 48 hours)	Dec 23	0	0			0	0	1
MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Dec 23	4.8	9.4			8.2	-4.2	20.5
Urgent Community Response - 2 hour performance	Jan 24	70.8%	70.0%			67.3%	51.1%	83.4%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance handover time within 30 mins	Jan 24	64.8%	65.0%			78.3%	67.4%	89.1%
Length of stay (acute) for Virtual Ward Patients	Jan 24	5.6	4.1			3.9	2.5	5.4
No. of Sitrep Declared Late Cancellations - Total	Jan 24	28	20			48	20	77
RTT - Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks	Dec 23	753	0			743	440	1045
Medication Errors causing serious harm	Jan 24	0	0			0	-1	1
Complaints – Responses exceeding agreed response date	Jan 24	29.0%	20.0%			53.6%	27.2%	79.9%
Primary Care Appointments	Jan 24	8241	17750			8719	5965	11473
Health Surveillance Rate - Cervical Cancer Screening	Jul 22	66.3%	-			66.3%	#N/A	#N/A
Sandwell Place - GP Ratio per 10,000 population	Sep 23	6.9	-			7.0	6.8	7.2
Sandwell Place - Learning Disability Reviews	Aug 23	261	-			441	-72	955
End of Life training	Dec 23	79.5%	95.0%			68.1%	61.0%	75.2%
Number of Participants recruited into research projects across the organisation (quarterly)	Nov 23	467	625			700	#N/A	#N/A
Median number of days taken to setup a study at the Trust	Nov 23	45	40			59	#N/A	#N/A
Median number of days taken to recruit the first participant into a study at site	Nov 23	101	70			147	#N/A	#N/A

# Finance & Productivity Indicators

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 February 2022 to adjust the mean based on a persistent period of lower percentage reporting following COVID. We are 76<sup>th</sup> out of 143 Trusts in the most recent Public View rankings [January 2024]. 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 special cause concern variation. If the target is below the lower process limit, the target cannot be expected to be achieved.

**Analyst Commentary – WIMAS – 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 special cause concern variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 89<sup>th</sup> out of 122 Trusts in the most recent Public View rankings [January 2024].

**Executive Commentary:**  
 Current EAS performance is 67.75%. Following a downward shift since April 23, performance stable at around 66% since Sep23.

EAS improvement plan continues to be implemented, with senior weekly oversight from Group Director of Operations and Group Director of Nursing and involvement from ED Clinical Lead.

Outflow from ED continues to be a significant issue to both admitted and non-admitted performance (cubical space) and has an impact on ambulance off loads (assessment areas’ availability). Length of stay reduction actions for medicine wards, together with further right-sizing schemes form part of the bed fit assurance paper which has been socialised at Quality, Finance and MMUH committees.

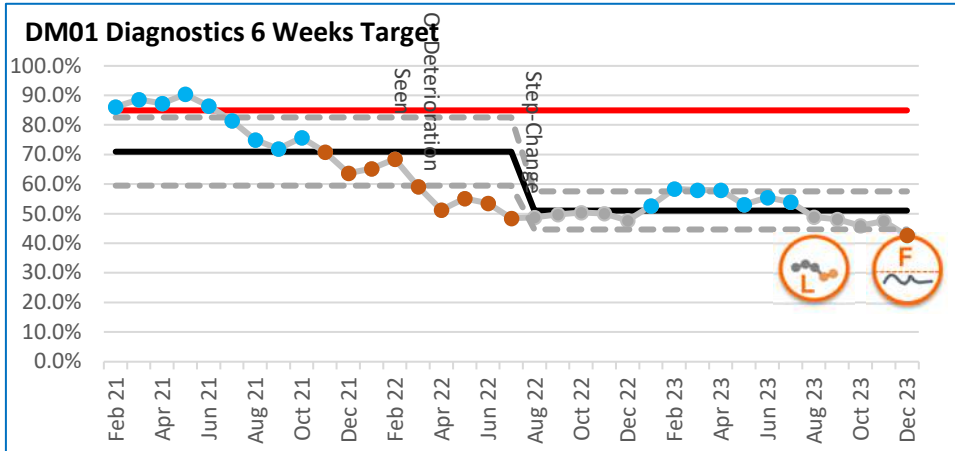
Beds opened in line with the winter plan are now being closed as per bed closure plan.

Action	By who	By when
Full action plan in place to improve EAS performance- with particular focus on non-admitted performance to achieve the 76% national target.	Rachel Clarke (Deputy GDOP)	March 2024
Review and focus of ward based LoS to to generate action plan to reduce overall bed day to support site flow and blocked ED space	David Byrne (DOP)	March 2024

	<p>First Net roll-out for all Same Day Emergency Care areas – on hold until Cerner resource is identified – change to inpatient recording is being developed as an interim measure.</p>	<p>Demetri Wade (Deputy COO)</p>	<p>July 2024</p>
	<p>Implementation of Urgent care bed rightsizing schemes</p>	<p>Rachel Clarke (Deputy GDOP)</p>	<p>On-going</p>
	<p>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.</p>	<p>Lydia Jones (GDOP PCCT)/Rachel Clarke (Deputy GDOP MEC)/Demetri Wade (Deputy COO)/Tammy Davies (Deputy CIO)</p>	<p>November 23 - Recruitment ongoing, funding now agreed.</p>

## Patients

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



**Analyst Commentary – DM01 Diagnostics 6 weeks target:**

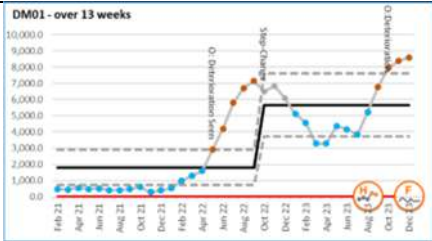
Percentage of patients waiting less than 6 weeks for a diagnostic examination. A step change has been added from August 2022 to adjust the mean based on a persistent period of deteriorated performance. This process is in special cause concern variation. If the target is above the upper process limit, the target cannot be expected to be achieved. We are 150<sup>th</sup> out of 156 Trusts in the most recent Public View rankings [December 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:**

There was a deterioration in December which was largely contributed to the Non-Obstetric UltraSound (NOUS) position. Additional £206k given by NHS England and NHS Improvement (NHSE/I) to support increased insourcing, Consultant Waiting List Initiative (WLI) and enhanced bank rate. Enhanced bank rate and cost per case WLI introduced until end of financial year to support. This has resulted in removal of 2000 13+ weeks in January and an improvement of 2% seen in provisional figures in January.



**OUTSTANDING TESTS**

Modality	No.OfTests	>13Weeks
Non-obstetric ultrasound	19165	7081
Computed Tomography	1954	652
Colonoscopy	810	269
Flexi sigmoidoscopy	469	205
Gastroscopy	591	154

NHSE/I deep dive took place 22/23<sup>rd</sup> January 2024 with good level of engagement across the clinical groups. Trust awaiting formal report with action plan to be established across the modalities. A separate Modality LLP Deep Dive will take place with regards to their NOUS Contract.

There was an impact of Industrial action, bank holiday and workforce challenges across multiple modalities in December and start of January 2024 with prioritisation for Inpatient and Cancer.

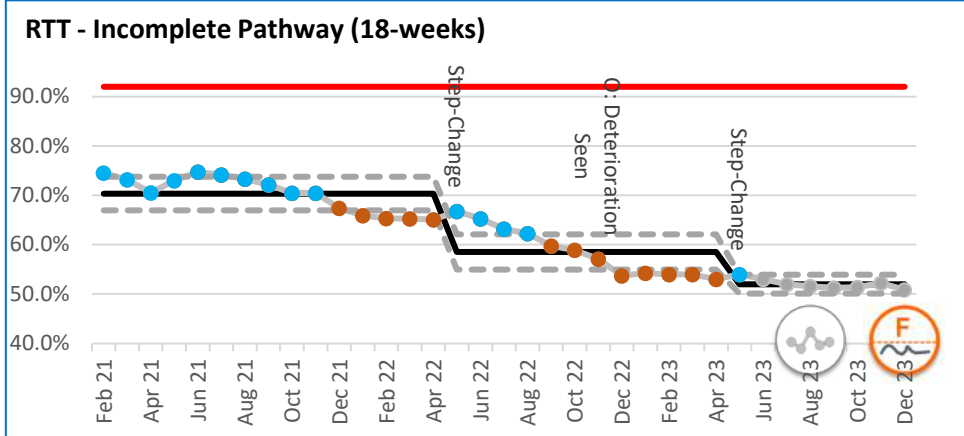
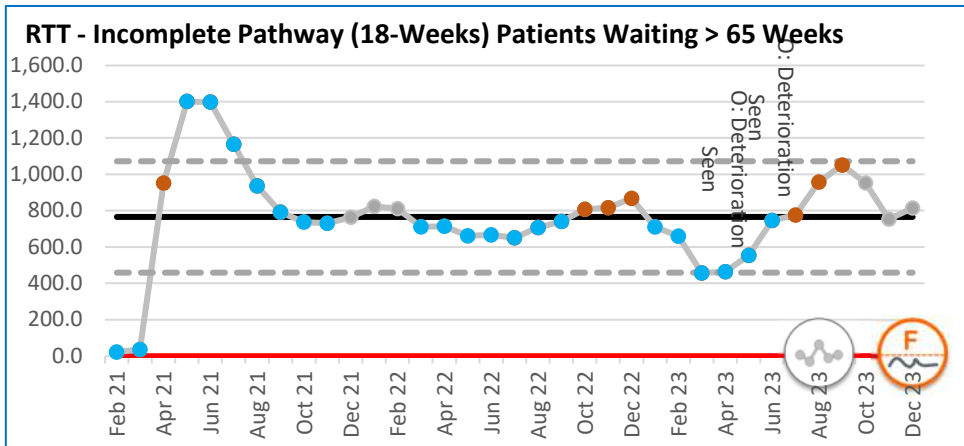
Revised Trajectories have been sent to the Integrated Care System (ICS) and NHSE/I Regional Team and have been shared with the Diagnostic Working Group and Planned Care Group. Route to zero expected to be March 2025 for 13+ weeks but will be delivered earlier if current funding and unbundling established for 24/25. Ongoing discussions as part of operational planning taking place

Cardiac Computerised Tomography (CT) waiting list initiatives have recommenced in February following discussions around templates and expected list availability. Computerised Tomography Coronary Angiogram (CTCA) working group now fully established and supporting change in pathways including opportunities to reduce demand and review Did Not Attend (DNA) rate. Dual energy x-ray absorptiometry (DEXA) scan had a deterioration in December but has seen a recovery in January and route to zero expected in February/March 2024. Endoscopy has recommenced the insourcing and establishing the Trainee Endoscopist post aiming to be live in July 2024. Aim for route to zero for 13+ weeks by end of December 2024.

<i>Action</i>	<i>By who</i>	<i>By when</i>
Additional funding sought from NHSE/I to support insourcing for NOUS	Darren Smith (Group Director of Operations) Johanne Newens (Chief Operating Officer)	Completed
Ultrasound sustainability business case to be completed	Darren Smith (Group Director of Operations) Jade Payne (Group director of Operations)	March 2024
Bank rate Paper to be submitted and reviewed to Workforce Committee	Ciara Browne (Group Director of HCP)	January 2024

## Patients

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



**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 common cause variation. If the target is below the lower process limit, the target cannot be expected to be achieved. We are 128th out of 172 in the latest Public View rankings [December 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 31<sup>st</sup> March 2024, if their pathway is not completed (these are shown below).

**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 special cause concern variation. We are 139<sup>th</sup> out of 172 Trusts in the latest Public View rankings [December 2023]. Target Source: National

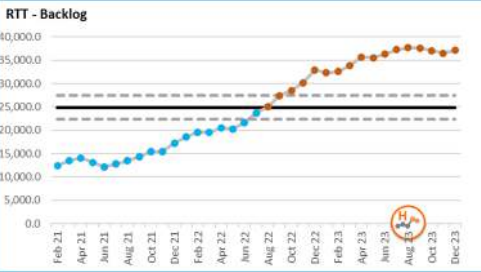
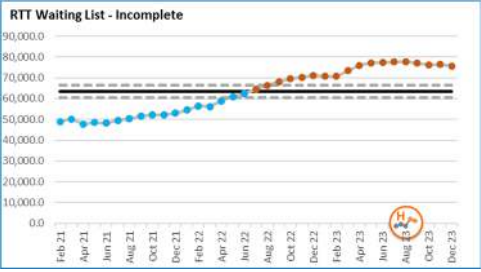
**Executive Commentary:**

The Trust is ahead of 65+ weeks internal trajectory (that is being monitored by the Trust and Black Country Elective Care Board) by 576 patients, have significantly improved on patient waiting for 1<sup>st</sup> Outpatient Department (OPD) appointments which is now reduced well below 50 patients only with high risk in Oral surgery due to capacity shortfall where University Hospitals Birmingham Foundation Trust (UHBFT) is not meeting the Service Level Agreement (SLA) arrangements. Clinical Groups have reviewed their plans and assured to deliver 65+ weeks by March 31, 2024 except Oral surgery and Ear, Nose, Throat (ENT) where System to provide mutual aid, and both insourcing and outsourcing arrangements are in place for additional capacity.

Junior Doctor strikes in December and January did impact 65+ weeks cohort where patients treatment moved to further than originally scheduled and some of the specialities have slipped from performance gained previously on this metric. Scheduled February Junior Dr strike will have further deterioration and will impact on our delivery. Specialities with high demand and backlog have explored opportunities with the use of mutual aid, outsourcing and insourcing options to support the capacity gap.

The delivery of 104+ weeks and 78+ weeks are closely monitored at the Integrated Care Board (ICB) level and at NHSE weekly tier call, there has been support mechanism for ENT (adult and paed) in place via mutual aid from providers in the region as well as additional capacity through Optimised Care and currently negotiating with other providers for further capacity to mitigate any risk of delivery.

INPATIENTS WAITING > 65 WEEKS		OUTPATIENTS WAITING > 65 WEEKS	
SPECIALTY	QTY	SPECIALTY	QTY
ENT	168	ENT	207
TRAUMA AND ORTHOPAEDICS	130	GENERAL SURGERY	54
GYNAECOLOGY	23	DERMATOLOGY	45
ORAL MAXILLOFACIAL SURGERY	17	TRAUMA AND ORTHOPAEDICS	42
OPHTHALMOLOGY	13	PAEDIATRICS	19



As part of "Further Faster" program;

- Follow-up Reductions is currently ahead of both midlands average and remaining Black Country providers.
- Missed Appointments has seen significant improvement with the roll out of various interventions and further plans in place to progress in high demand specialties.
- 12-week validation has seen improvements with the use of technical validation and with expansion of validation workforce will see improvement in admin validation.
- Remote consultation has seen improvement but not to the level of midlands average.
- Patient Initiated Follow Up (PIFU) with the increased delivery of follow up reduction and that patients are not categorized under PIFU. In January 2024 we saw a slight improvement, but this intervention requires a change to our partial booking processes which is being developed with Performance and Insight and IT teams for target implementation in March 2024.

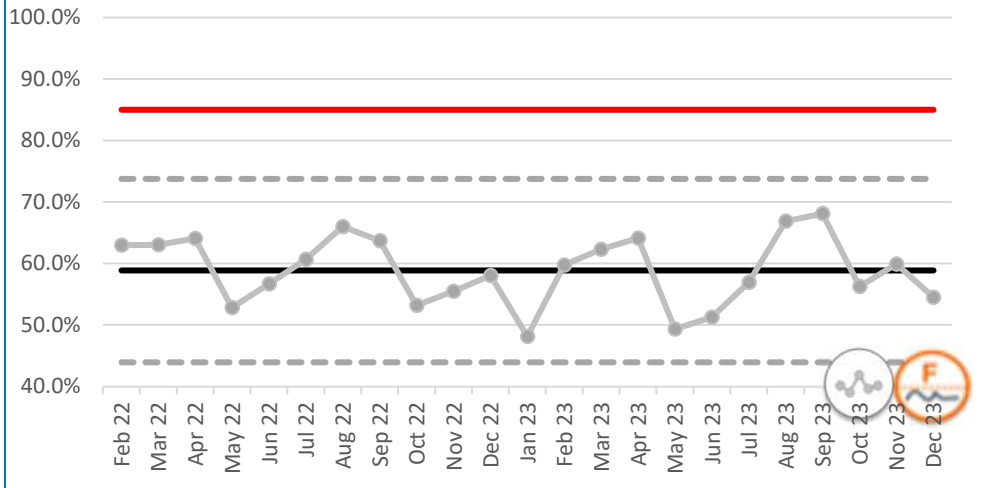
Action	By who	By when
Weekly review of month to date and month end performance projection	Alwin Luke, Asst. Director of Planned Care	Emphasis at weekly Planned Care Delivery Group
Specialty level recovery and trajectory plans using demand & capacity	All Clinical Groups – GDOPs	On-going / review
Streamlining 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)**



**Analyst Commentary:**

**Cancer- 62 Day Referral to Treatment:** 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 62<sup>nd</sup> out of 139 in the latest Public View rankings [December 2023].

**Cancer- 2 Week Waits:** This process is in common cause variation. We are 15<sup>th</sup> out of 134 in the latest Public View rankings [December 2023].

**Cancer- 28 Day (% Informed):** This process is in common cause variation. We are 80<sup>th</sup> out of 138 in the latest Public View rankings [December 2023].

**Cancer- 31 Day Decision to Treat to Treatment (First and Subsequent):** This process is in common cause variation. Public View does not have the figures for the new combined 31-day target. For first treatment we are 67<sup>th</sup> out of 136; for subsequent treatment we are 84<sup>th</sup> out of 136 [December 2023].

**Executive Commentary:**

Trust unvalidated January 2024 position shows that Trust sustained Two Week Wait (TWW) position achieving 95.30% against 93% target and significant underperformance still remains in Haematology due to three consultant gaps.

28-day Faster Diagnosis Standard (FDS) slightly underperformed delivering 72.2% against the new target of 72.5% rolled out in December '23 but February current position is at 76.30%. Colorectal, Urology and Haematology remains a challenge, due to need for repeat scopes and patient-initiated delays and complex pathways impacting the performance.

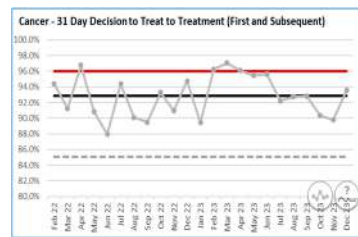
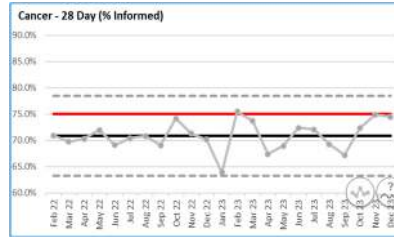
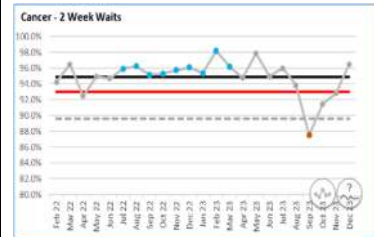
The 31-day combined performance has slightly slipped from last month performance to 94.78% against the target of 96%. Breast, Gynae, Urology, and Upper GI remains a challenge due to theatre capacity and workforce issues but there are no reported breaches so far in February.

The 62-day combined unvalidated January 2024 position shows that Trust achieved 75.50% against the target of 70% on implementation from October 2023 and the standard raising to 85%. The 62-day performance has sustained compared to previous month to 62.04% but still non-compliant against 85% target. The challenges remain in General Surgery, Haematology, Urology and Skin due to endoscopy delays, complex pathways, high demand and workforce issues.

The 62-day backlog has been reduced to 119 patients compared to the previous month which was over 125 patients but still poses risk of achieving the trajectory of 100 patients by March 31, 2024. A revised trajectory has been submitted to System Cancer Board which is currently being reviewed and this standard will not be monitored after year end.

- All Directorates have been affected directly or indirectly due to industrial action, diagnostic capacity shortfall and patient non-availability.
- Head and Neck with imaging delays

**Supporting Metrics:**



- General Surgery with Endoscopy delays for variety of reasons. Deep dive has been set up to address both pathway and operational issues.
- Imaging workshop held on 1<sup>st</sup> February with all modalities with positive plans to work through and to meet in 8 weeks to track progress.
- General Surgery and Head & Neck workshops planned for the end of February to work through Best Practice Timed Pathways (BTP).
- Easter break will impact the backlog and directorates to have early planning to address capacity shortfall and consider mutual aid.

<i>Action</i>	<i>By who</i>	<i>By when</i>
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	On-going monitoring post-December 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	PodGrpCode2	January			Price Plan	Price Actual	Price Diff	Total Activity Plan	Total Activity Actual	Total Activity Diff	Total Price Plan	Total Price Actual	Total Price Diff
		Plan	Activity	Activity Diff									
-ERF	Daycase	3,310	3,050	-260	£3,357,667	£3,070,070	£287,597	31,445	29,672	-1,773	£31,897,835	£30,073,272	£1,824,563
	Elective	488	410	-78	£1,800,477	£1,359,538	£440,939	4,635	4,404	-231	£17,104,528	£16,476,873	£627,655
	Excess Bed Days	90	123	33	£31,989	£42,510	£10,541	856	1,249	393	£33,703	£463,236	£129,532
	OP New Attendances	14,194	18,256	4,062	£2,680,283	£3,535,762	£855,479	134,846	169,411	35,565	£25,462,686	£31,535,762	£6,073,076
	OP New Virtual Attendances	2,402	1,633	-768	£504,685	£347,642	£157,043	22,818	17,738	-5,079	£4,794,509	£3,803,667	£990,842
	OP Procedures	11,164	10,923	-242	£2,029,702	£2,095,635	£65,933	106,064	106,076	11	£19,289,110	£19,899,512	£610,402
	Other	0	0	0	£870,913		£870,913	0	0	0	£3,494,511	£538,262	£3,932,793
	SDEC Outpatients	0	1,952	1,952	£0	£394,429	£394,429	0	19,246	19,246	£0	£3,916,864	£3,916,864
<b>ERF Total</b>		<b>31,649</b>	<b>36,347</b>	<b>4,698</b>	<b>£11,275,695</b>	<b>£10,845,586</b>	<b>£430,110</b>	<b>300,664</b>	<b>341,796</b>	<b>41,132</b>	<b>£102,300,881</b>	<b>£105,570,923</b>	<b>£3,270,042</b>
-Other Elective Variable	Advice and Guidance	874	1,789	915	£190,021	£411,649	£221,628	8,306	17,534	9,228	£1,805,198	£4,030,496	£2,225,298
	Imaging - Direct Access	5,062	3,328	-1,735	£362,373	£308,669	£53,704	48,170	40,611	-7,559	£3,455,348	£3,146,945	£308,403
	Imaging - OP Diagnostics	4,766	5,157	391	£517,452	£621,537	£104,085	45,279	50,489	5,211	£4,915,793	£5,082,781	£166,987
	Chemotherapy	264	300	35	£52,701	£71,623	£18,923	2,513	3,136	623	£56,656	£75,383	£18,727
	SDEC Diagnostic Imaging	0	66	66	£0	£5,131	£5,131	0	638	638	£0	£49,756	£49,756
<b>Other Elective Variable Total</b>		<b>10,967</b>	<b>11,739</b>	<b>772</b>	<b>£1,132,547</b>	<b>£1,418,610</b>	<b>£286,063</b>	<b>104,266</b>	<b>112,407</b>	<b>8,141</b>	<b>£10,771,995</b>	<b>£14,062,342</b>	<b>£3,290,346</b>
<b>Grand Total</b>		<b>42,616</b>	<b>47,587</b>	<b>4,971</b>	<b>£12,408,242</b>	<b>£12,264,196</b>	<b>£144,046</b>	<b>404,931</b>	<b>454,204</b>	<b>49,273</b>	<b>£113,072,877</b>	<b>£119,633,265</b>	<b>£6,560,388</b>

### Executive Commentary:

Trust delivered 114% activity in January 2024, an increase compared to previous month December 2023 (103%) and improved price value of 103% in January 2024 compared to December 2023 (97%). There is a risk of reduced activity and price value in February '24 due to scheduled industrial action.

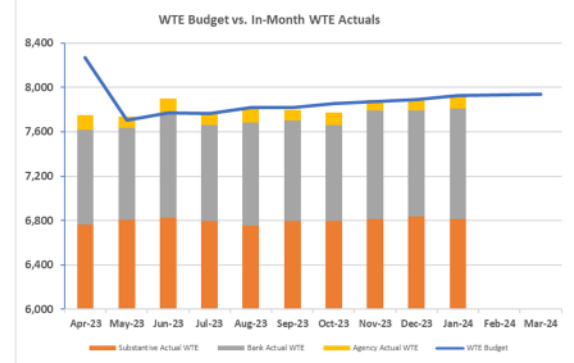
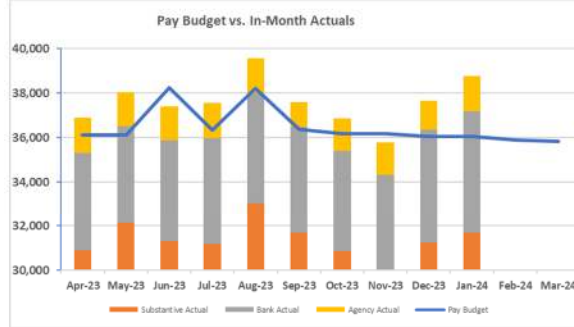
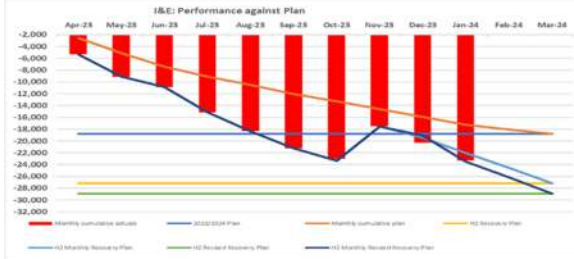
Table highlights areas where our price value dropped showing that the trust carried increased outpatient activity compared to day case and elective and it also points out reduced virtual attendances.

As part of change management workforce, the Trust has allocated short term operational team to support with production plan and efficiency drive. The operational team will focus on overall recovery program supporting efficiencies in theatre, booking and review on pathway improvement programs. As part of Further Faster the trust has already seeing improvements in follow-up reduction, missed appointments and 12-week validation.

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**



### **Finance Commentary:**

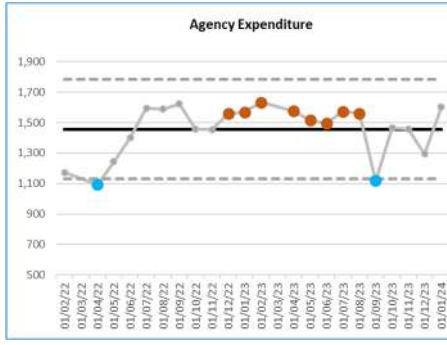
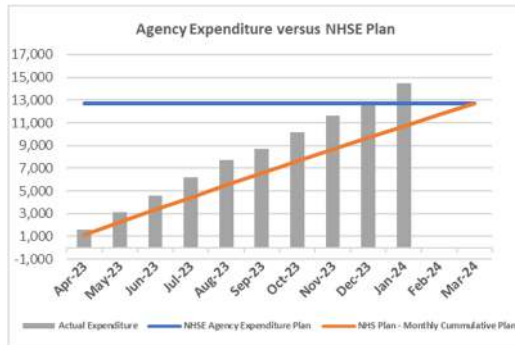
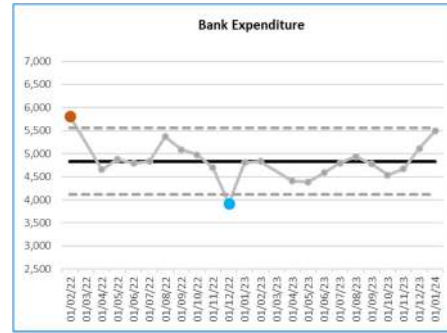
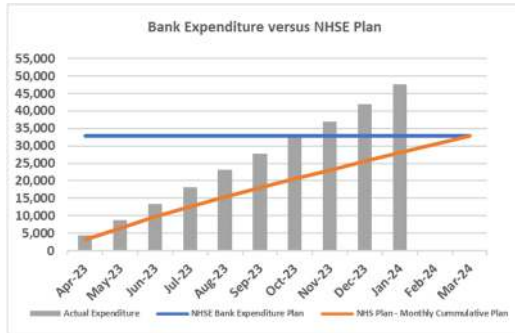
Trust reported position deficit of £23.33m at the end of January.

The Trust as part of this review has agreed, (through Finance and Productivity Committee) a forecast outturn of £27.196m, further revised to £29.897m deficit to reflect Industrial Action Costs and lost income relating to December and January action. In January this has been refined again to £28.9m to reflect reduced Industrial action costs (£0.31m), additional Integrated Care Board (ICB) income (£0.215m) and an agreed non- pay stretch (£0.464m) This further revision has not been discussed and agreed by committees or the Board but reflects national submissions. At month 10, the actual position was £0.184m better than this revised plan. Delivery of elective income plans and control of winter plan spend is vital to delivery of the plan.

<b>Action</b>	<b>By who</b>	<b>By when</b>
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



#### Finance Commentary:

Bank is running £1.852m a month above the NHSE plan. Agency £0.35m 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 £72.9m, £27.4m more than plan. Main reasons are high level of vacancies, sickness above funded levels, additional G&A beds being opened, enhanced rates.

Action	By who	By when
Actions to reduce Medical Bank and agency	Chief Operating 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 reporting to Chief Medical officer	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
Emergency Access Standard (EAS) Performance	Jan 24	67.5%	76.0%			71.3%	66.1%	76.6%
Ambulance handover time within 30 mins	Jan 24	63.0%	65.0%			77.4%	66.8%	88.1%
Urgent Community Response - 2 hour performance	Jan 24	75.2%	70.0%			67.3%	52.1%	82.5%
Cancer - 2 Week Waits	Dec 23	96.4%	93.0%			94.9%	89.6%	100.2%
Cancer - 28 Day (% Informed)	Dec 23	74.5%	75.0%			70.9%	63.3%	78.5%
Cancer - 31 Day Decision to Treat to Treatment (First and	Dec 23	93.6%	96.0%			92.9%	85.1%	100.6%
Cancer - 62 Day Referral to Treatment (All pathways)	Dec 23	69.3%	85.0%			70.1%	58.2%	82.0%
78+ 18 wks Referral to Treatment	Dec 23	47	0			46	14	79
RTT - Incomplete Pathway (18-Weeks) Patients Waiting	Dec 23	814	0			766	459	1072
New:Follow Up appointments ratio	Jan 24	1.5	2.5			1.5	1.4	1.6
DM01 Diagnostics 6 Weeks Target	Dec 23	42.6%	85.0%			51.1%	44.7%	57.5%
DM01 Diagnostics 13 Weeks target	Dec 23	8605	0			5668	3718	7617
Sickness Absence (Monthly)	Jan 24	5.9%	5.5%			6.0%	4.7%	7.3%
No. of Sitrep Declared Late Cancellations - Total	Jan 24	47	20			48	18	79
DNA Rate - Exc Radiology (SWB)	Jan 24	10.7%	8.5%			12.2%	10.1%	14.3%
RTT - Incomplete Pathway (18-weeks)	Dec 23	50.9%	92.0%			54.3%	51.6%	57.0%
Theatre session utilisation	Jan 24	75.2%	84.0%			99.5%	-26.9%	225.9%
Theatre in session utilisation	Jan 24	70.3%	84.0%			70.4%	65.7%	75.0%

KPI	Latest month	Measure	Target	Variation	Insurance	Mean	Lower process limit	Upper process limit
DNA Rate - Exc Radiology (SWB)	Jan 24	13.3%	8.5%			12.0%	10.5%	13.6%
Outpatient - Clinic Throughput	Jan 24	11.1	-			10.9	10.3	11.5
Outpatient - Procedures	Jan 24	25.3%	-			25.4%	23.4%	27.4%
Inpatients - Daycase Rate	Jan 24	0.8	-			0.9	0.8	0.9
Theatre - Elective Patient Rate	Jan 24	3.2	-			3.2	2.9	3.5
Theatre - Elective Minute Rate	Jan 24	233.6	-			227.3	211.8	242.7
Theatre - Emergency Patient Rate	Jan 24	2.5	-			2.4	2.0	2.7
Theatre - Emergency Minute Rate	Jan 24	123.5	-			130.6	82.2	178.9
Outpatients per FTE	Nov 23	11.0	-			10.5	8.1	12.9
Outpatient Procedures per FTE	Nov 23	2.9	-			1.6	1.1	2.2
Inpatient Spells per FTE	Nov 23	0.7	-			0.7	0.6	0.8
Daycases per FTE	Nov 23	0.4	-			0.4	0.3	0.5

### **3. Recommendations**

- 3.1 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: March 2024

#### **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 	<b>Good and getting better</b> We consistently pass the target, and performance is improving	<b>Ok but getting better</b> We hit the target sometimes and performance is improving	<b>Poor but getting better</b> We consistently fail the target, but performance is improving
	Common Cause Variation 	<b>Predictably good</b> We consistently pass the target and performance stays within a reliable range	<b>Ok</b> We hit the target sometimes but performance stays within a reliable range	<b>Predictably poor</b> We consistently fail the target and performance stays within a reliable range
	Special Cause Concern 	<b>Good but getting worse</b> We consistently pass the target but performance is worsening	<b>Ok but getting worse</b> We hit the target sometimes but performance is worsening	<b>Poor and getting worse</b> We consistently fail the target and performance is worsening
	Not an SPC Chart	<b>Good</b> We don't track this using an SPC chart, but it is hitting the target or plan	<b>Ok</b> We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently	<b>Poor</b> 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](https://improvement.nhs.uk/resources/making-data-count)