

## Month 3 Integrated Performance Report

### 0. Reference Information

Author:	Claire Jones	Paper date:	03/08/2022
Executive Sponsor:	Craig Macbeth	Paper Category:	Performance
Paper Reviewed by:	Executive Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

### 1. Purpose of Paper

#### 1.1. Why is this paper going to Board of Directors and what input is required?

The committee is required to assure itself that the Trust is providing high quality, caring and safe health care services in accordance with national regulatory standards.

The purpose of the Integrated Performance Report (IPR) is to provide the committee with the evidence of achievement against the national regulatory standards, identification of emerging risks and the assurance that an improvement plan is in place and is effective.

This paper provides information summarising the key performance indicators, highlighting areas of high or low performance for operational and financial metrics.

The committee is asked to note the assurance provided on overall performance as presented in the month 3 (June) Integrated Performance Report, against all areas, and actions being taken to meet targets where missed, providing assurance on the process to meet the target.

### 2. Executive Summary

#### 2.1. Context

The paper incorporates the monthly integrated performance report with associated narrative and descriptions of key actions.

The format of the IPR utilises Statistical Process Control (SPC) graphs and NHS EI recommended variation and assurance icons.

The reading guide within the IPR gives a full explanation on the interpretation of SPC graphs and the icons to support understanding.

#### 2.2. Reporting Changes This Month

Following a review of the IPR the following changes have been made to this committee version this month:

- New KPI – ‘Total Deaths’
  - This replaces ‘Unexpected Deaths’ and will include all deaths that occur with narrative categorising them as either Expected Death, Unexpected Death or Sudden but not Unexpected
- New KPI – ‘Total Diagnostics Activity against Plan - Catchment Based’

## Month 3 Integrated Performance Report

- Three separate diagnostic modalities have previously been monitored through FPD. This new combined measure has replaced those and will be reported to Trust Board in addition to FPD committee.
- New KPI – ‘Overdue Follow Up Backlog’
  - This has previously been reported to Q&S and FPD committees. It will now be reported to Trust Board in addition to those committees.
- New KPI – ‘Agency Core’
  - This has previously been reported to FPD committee but it will now be reported to Trust Board in addition.
- KPI Removed – ‘WHO Documentation Audit - % Compliance’
  - This will continue to be monitored and reported in the MSK Unit Scorecard
  - ‘WHO Quality Audit - % Compliance’ will remain in the IPR
- KPI Changes
  - Reporting of Outpatients and Electives activity will now be monitored against 22/23 plans
  - Reporting of 52+, 78+ and 104+ Welsh patients will now be reported as a Welsh total rather than reporting BCU Transfers separately

### 2.3. Overview

The Board through this IPR should note the following;

The legacy of covid continues to impact delivery of our statutory targets and waiting times. A final plan has now been submitted in line with national guidance. Measures throughout this IPR are monitored against that plan.

Patients continue to be booked in line with guidance regarding clinical priority as a primary rather than date order, with an additional focus on eliminating 104 week waiters.

Caring for Staff;

- Sickness Absence
  - Metric showing special cause variation of a concerning nature but does remain within control range
  - Both long term and short term sickness remain as special cause variation of concern
- Voluntary Staff Turnover – an exception at Trust level and specific Staff Groups are consistently off target
  - Additional Clinical
  - Administrative and Clerical
  - Add Prof Scientific and Technic
  - Allied Health Professionals
  - Estates and Ancillary
  - Nursing and Midwifery

Caring for Patients;

- RJAH Acquired C. Difficile
  - One infection reported in June
- Surgical Site Infections
  - One infection confirmed in June relating to surgery in May
- Total Deaths
  - One unexpected death reported
- 18 Weeks RTT Open Pathways
  - Metric continues to fail the 92% target. As expected from covid impact, this will continue for a considerable time
- Patients Waiting Over 52 Weeks
  - Both English and Welsh showing special cause variation of concern

## Month 3 Integrated Performance Report

- For month 3 our English patients waiting over 52 weeks is 24 patients above our planned trajectory
- Patients Waiting Over 78 Weeks
  - Both English and Welsh showing special cause variation of concern
  - For month 3 our reported positions in relation to trajectory were:
    - English – 44 patients above trajectory of 580
    - Welsh – 1 patient below trajectory
- Patients Waiting Over 104 Weeks
  - English and Welsh individually showing special cause variation of concern
  - For month 3 our reported positions in relation to trajectory were:
    - English – 11 patients below trajectory
    - Welsh – 4 patients below trajectory
- Overdue follow up backlog
  - Special cause variation of an improving nature but consistently failing the target
  - Ongoing validation to continue
- 6 and 8 Week Wait for Diagnostics
  - Both English and Welsh standards showing as special cause variation and both consistently off target

### Caring for Finances;

- Bed Occupancy – All Wards – 2pm
  - Metric shown as special cause variation of an improving nature, although consistently failing target
- Total Outpatient Activity against Plan
  - 464 below plan at 96.34%
- Total Diagnostics Activity against Plan
  - MRI 110 cases below plan – 89.56%
  - CT 82 cases below plan – 82.70%
  - U/S 19 cases above plan – 102.30%
- Financial Control Total
  - Adverse to plan
- Income
  - Adverse in month
- Efficiency Delivered
  - 1.1% efficiencies in month against a phased plan of 1.4%
- Cash Balance
  - Behind plan due to phasing
- Agency Core
  - Above cap

## 2.4. Conclusion

The Board is asked to **note** the assurances provided on overall performance as presented in the month 3 (June) Integrated Performance Report, against all areas and actions being taken to meet targets providing assurance on process to meet the target and where insufficient assurance is received seek additional assurance.

	IPR Position	July 2022 Unvalidated Position		
Metric	Jun-22	Snapshot Date	Snapshot Position	Supporting commentary
Sickness Absence	5.04%	26/07/2022	5.74%	Sickness Absence % within Trust on snapshot date.
Vacancy Rate	5.66%	26/07/2022	7.59%	Unvalidated. Inclusive of July's payroll transactions. Subject to change.
Never Events	0	26/07/2022	0	
Serious Incidents	0	26/07/2022	0	
Surgical Site Infections	0	26/07/2022	1	One SSI confirmed in July; surgery took place in June
Patients Waiting Over 104 Weeks - English	82	27/07/2022	72	As per weekly submission made to NHS EI on snapshot date.
Private Patient Activity	86.57% (58 against a plan of 67)	26/07/2022	134.00% (67 against a plan of 50)	Snapshots include upcoming booked activity. Subject to change.
Total Elective Activity against Plan	102.06% (890 against a plan of 872)	26/07/2022	85.35% (897 against a plan of 1051)	
Total Theatre Activity against Plan	88.72% (755 against a plan of 851)	26/07/2022	84.86% (785 against a plan of 925)	
Total Outpatient Activity against Plan	96.34% (12,197 against a plan of 12,661)	26/07/2022	82.09% (11,373 against a plan of 13,854)	

# Integrated Performance Report

## June 2022 – Month 3



Aspiring to deliver world class patient care



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

- 1. Welcome
- 2. Chief Executive Update (Verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# SPC Reading Guide

## SPC Charts

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





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

## SPC Chart Rules

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

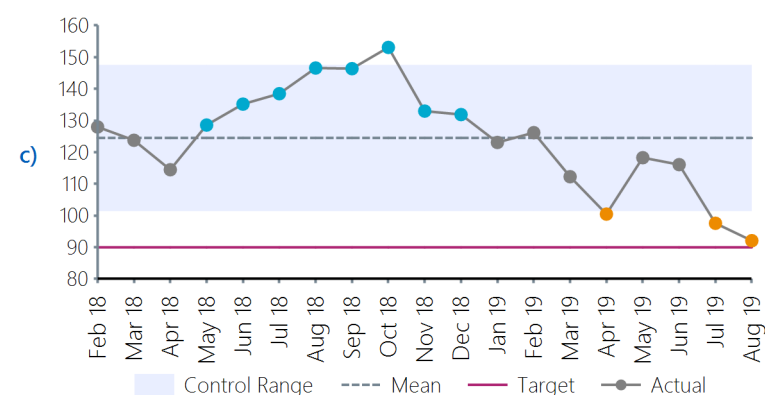
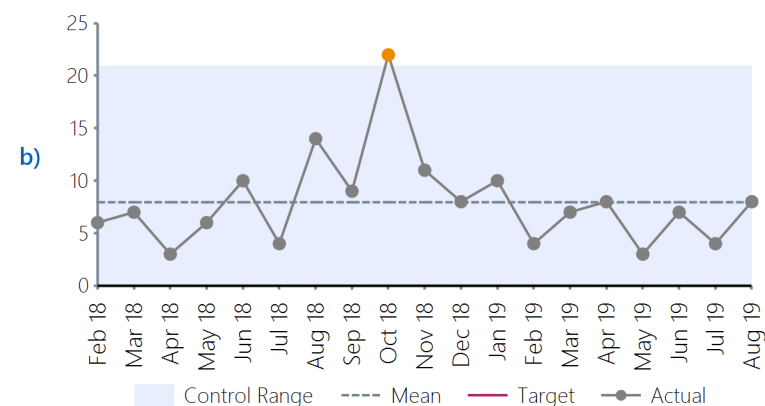
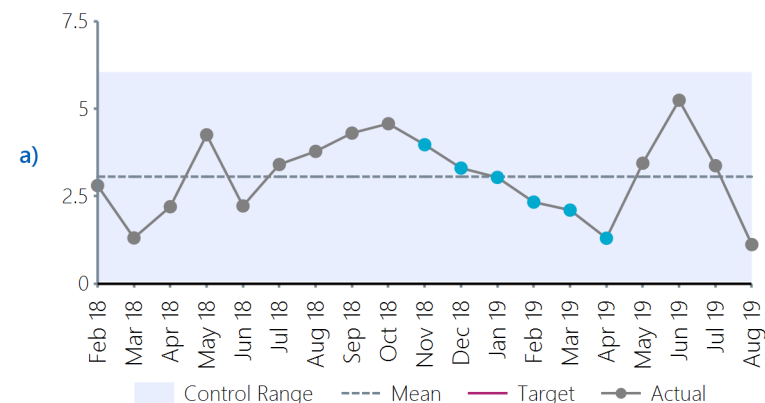
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

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

-  Blue Points highlight areas of improvement
-  Orange Points highlight areas of concern
-  Grey Points indicate data points within normal variation
-  White Points are used to highlight data points which have been excluded from SPC calculations

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

- a)** shows a run of improvement with 6 consecutive descending months.
- b)** shows a point of concern sitting above the control range.
- c)** shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.



# Summary Icons Reading Guide

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

## Exception Reporting

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

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

## Variation Icons

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



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



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



A grey graph icon tells us the variation is common cause, and there has been no significant change. For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

## Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

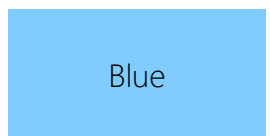


# Data Quality Rating Reading Guide

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

## Colours

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



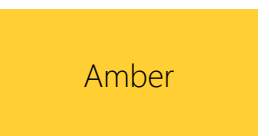
Blue

No improvement required to comply with the dimensions of data quality



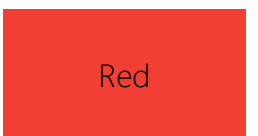
Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

## Dates

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

1. Welcome
2. Chief Executive Update (verbal)
3. Exceptional Items
4. Overall Board Reflection and Comments
5. Any Other Business





# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	5.04%				+	27/02/20
Voluntary Staff Turnover - Headcount	8.00%	10.49%				+	24/06/21
Vacancy Rate	8.00%	5.66%					14/03/19

- 1. Welcome
- 2. Chief Executive Update (Arrears)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					
Never Events	0	0					16/04/18
Number of Complaints	8	5					
RJAH Acquired C.Difficile	0	1				+	24/06/21
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	0					24/06/21
RJAH Acquired Pseudomonas	0	0					
Surgical Site Infections	0	0				+	

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	1				+	16/04/18
WHO Quality Audit - % Compliance	100%	100%					
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85%	100%					
18 Weeks RTT Open Pathways	92.00%	52.19%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,994	1,970			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,073				+	24/06/21
Patients Waiting Over 78 Weeks - English	0	624	580			+	
Patients waiting over 78 Weeks - Welsh (Total)		342	343			+	
Patients Waiting Over 104 Weeks - English	0	82	93			+	

- 1. Welcome
- 2. Chief Executive Update (Verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 104 Weeks - Welsh (Total)		81	85			+	
6 Week Wait for Diagnostics - English Patients	99.00%	54.90%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	54.90%				+	
Overdue Follow Up Backlog	5,000	13,705				+	

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Elective Activity Against Plan (volumes)	872	890					
Bed Occupancy – All Wards – 2pm	87.00%	86.06%				+	09/03/22
Total Outpatient Activity against Plan (volumes)	12,661	12,197				+	
Total Outpatient Activity - % Moved to PIFU Pathway	2.00%	3.03%					
Total Diagnostics Activity against Plan - Catchment Based	2,355	2,182				+	
Financial Control Total	-569	-603				+	
Income	9,695	9,573				+	
Expenditure	10,314	10,226					
Efficiency Delivered	141	117				+	
Big Ticket Item (BTI) Efficiency Delivered	0	0					

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



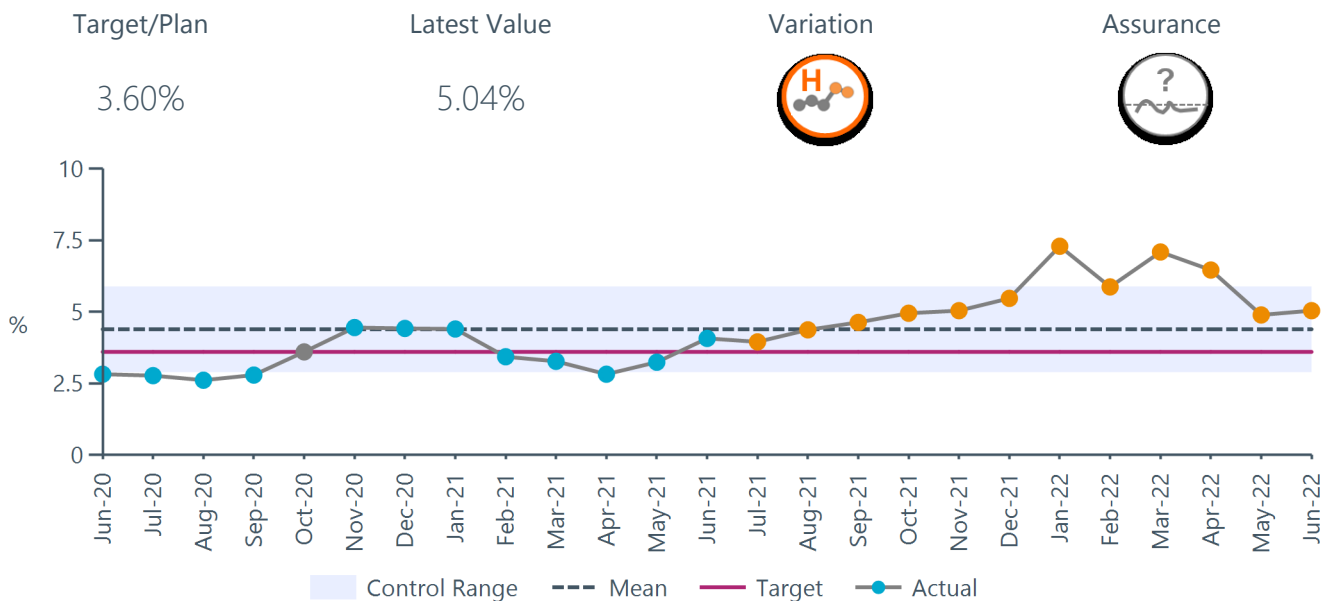
# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Cash Balance	23,553	22,470				+	
Capital Expenditure	728	579					
Agency Core	132	212				+	

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Sickness Absence

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



## What these graphs are telling us

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

## Narrative

The sickness absence reported for June is 5.04% where 'infectious diseases' accounted for 0.87%, leaving remaining sickness at 4.17%. The rate is shown as special cause variation of concern but remains within our control range. Unit level detail below for those areas that are above target:

- \* MSK Unit - 6.87% (5.59% excluding 'infectious diseases')
- \* Assurance & Standards Team - 4.26% (3.44% excluding 'infectious diseases')
- 'Anxiety/Stress/Depression/Other psychiatric illnesses' was the highest reason for absence in these two units

- \* Specialist Unit - 4.46% (4.10% excluding 'infectious diseases')
- \* CSU - 4.97% (4.01% excluding 'infectious diseases')
- 'Infectious Diseases' was the highest reason for absence in these two units

Staff groups with the highest levels of sickness absence were:

- \* Healthcare Assistants - 9.51%
- \* Registered Nursing Staff - 6.66%
- \* Radiographers - 4.51%

## Actions

- Actions in relation to sickness include:
  - \* Data Quality improvements where 'other known reasons' is recorded as absence reason; Workforce Information Team cross-checking against doctors' notes to update where possible
  - \* People Services Business Partners continue to provide regular engagement and coaching to managers whilst targeting areas with highest levels of absence
  - \* Emphasis on preventative actions to support staff to be in the workplace; this could include redeployment or agreement of flexible working
  - \* Wellbeing interventions remain in place for staff with multiple sources of support available and accessible via intranet. Content on intranet to be reviewed to aid ease of use
  - \* Wellbeing System guide recently received into the Trust and has been disseminated to managers
  - \* Some analysis of staff survey results has been undertaken with some correlation seen between engagement and sickness levels (although must be noted; there are limitations in the analysis as the results are not at department level)

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
4.07%	3.95%	4.37%	4.63%	4.95%	5.04%	5.47%	7.29%	5.87%	7.09%	6.46%	4.89%	5.04%

- Staff - Patients - Finances -

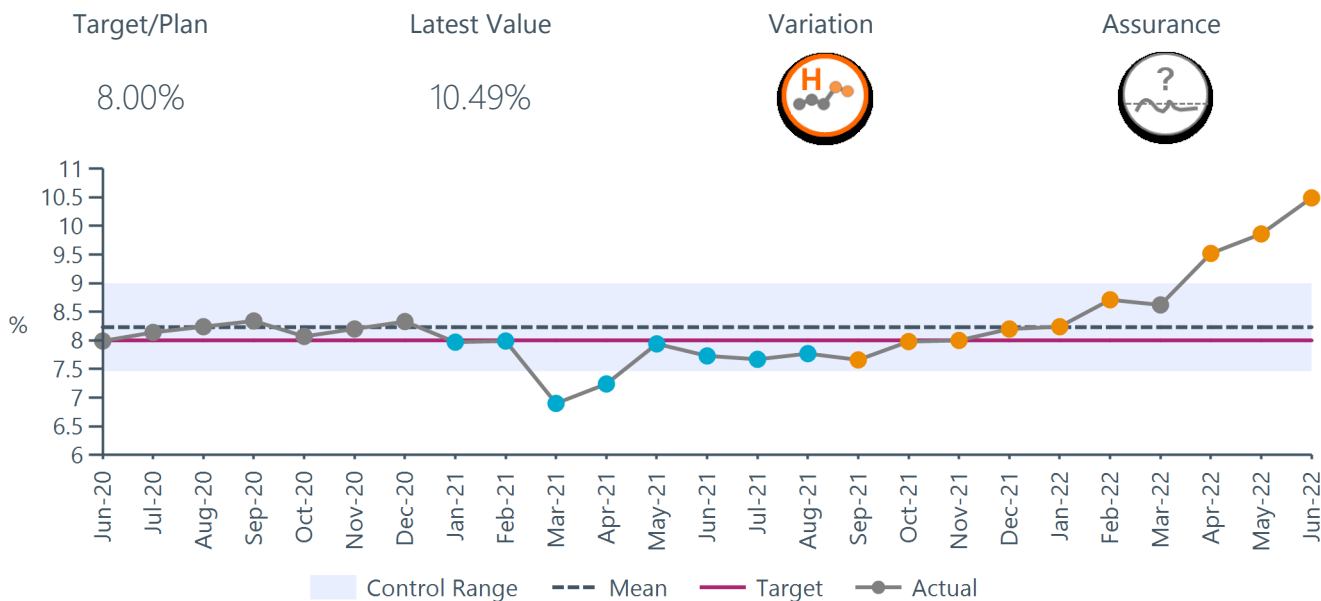
- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

Exec Lead:  
Chief People Officer



# Voluntary Staff Turnover - Headcount

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



## Trajectory



## What these graphs are telling us

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

## Narrative

Voluntary Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The June rate of 10.49% is now the third point above the control range. Six out of eight staff groups are reported above 8% as follows:

- Estates and Ancillary - 13.25%
- Nursing and Midwifery - 12.75%
- Allied Health Professionals - 12.44%
- Add Prof Scientific and Technic - 10.81%
- Additional Clinic - 10.54%
- Administrative and Clinical - 8.94%

In the latest twelve month period, July-21 to June-22, there have been 172 leavers throughout the Trust. This is in relation to a headcount in post of 1639, as at 30th June 2022. The top three reasons for leaving that accounts for 107 leavers/62% at Trust level were:

- \* Retirement age 45 / 26.16%
- \* Voluntary Resignation - Other/Not Known - 38 / 22.09%
- \* Voluntary Resignation - Work Life Balance - 24 / 13.95%

## Actions

Actions in relation to voluntary staff turnover include:

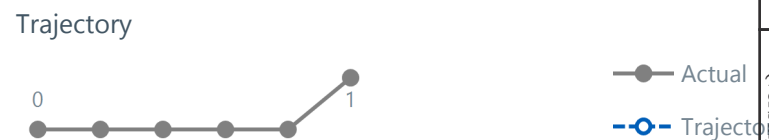
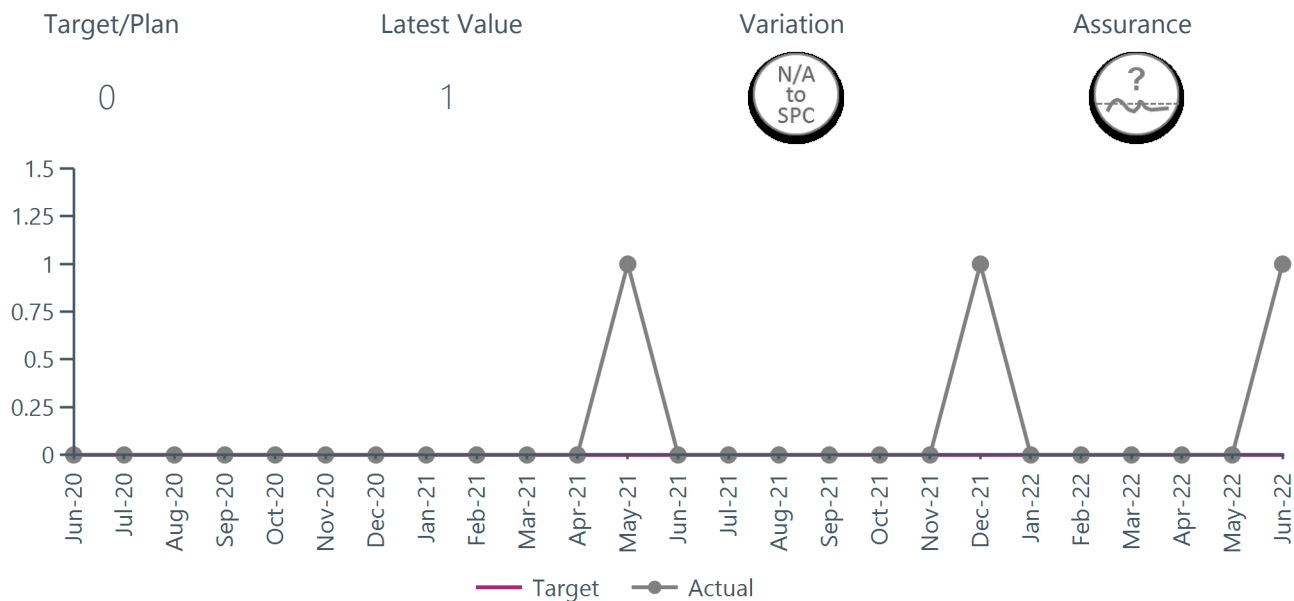
- \* In line with the 'Looking after our people' section in the Single Oversight Framework and NHS People Plan, need to consider the flexible working patterns being offered and taken up by staff; requirement to review the process to ensure there is accurate means of capturing this data for monitoring purposes. This can then be reviewed alongside turnover and retention data.
- \* Flexible working options now part of natural conversations held by managers with staff.
- \* Turnover in Therapies remains a 'hot spot' area; a review has been undertaken with a set of actions underway being supported with external expertise. A timeline being developed to closely monitor vacancies and recruitment in this area.
- \* Further 'hot spot' area on one ward; review has been undertaken with independent report recently received by Unit MD. Initial actions include streamlining agency sign-off process and reinstated enhanced bank across all wards.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
7%	7%	7%	7%	7%	8%	8%	8%	8%	8%	9%	9%	10%

# RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

Exec Lead:  
Chief Nurse and Patient Safety Officer



### What these graphs are telling us

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

### Narrative

There was one case of C.Difficile reported in June.

### Actions

Part one of the Post Infection Review was undertaken on 30th June where it was concluded that antibiotic usage is attributed to probable source of infection. Part two of the Post Infection Review will follow with Consultant and Matron in attendance. At time of IPR production date was to be arranged.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
0	0	0	0	0	0	1	0	0	0	0	0	1

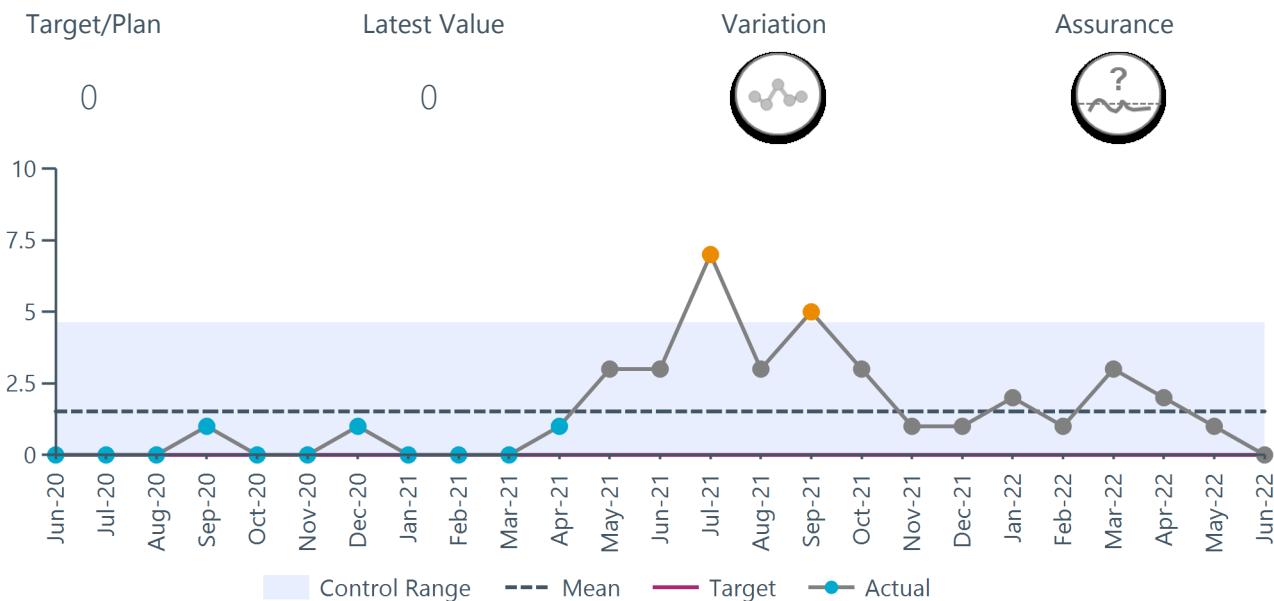
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Surgical Site Infections

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

Exec Lead:  
Chief Medical Officer



## What these graphs are telling us

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

## Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in the past twelve months. The data represented in the SPC above shows any surgical site infections that have been reported where they're shown on the graph above based on the month that the procedure took place.

In the latest twelve month period, covering July-21 to June-22, there have been 29 surgical site infections. There was one additional infection confirmed in June relating to a procedures that took place in May. A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

For the latest complete quarters a breakdown as follows:

- October 21 to December 21 - 5 SSIs with all Post Infection Reviews Complete
- January 22 to March 22 - 6 SSIs with all Post Infection Reviews Complete
- April 22 to June 22 - 3 SSIs with 2 Post Infection Reviews Complete - outstanding one scheduled in early July

## Actions

A thematic review of surgical site infections from the last twelve months has been carried out. Recommendations and actions from this will be monitored through the Surgical Site Infection Protection Working Group.

The IPC Nurse Specialist has introduced a Surgical Site Infection Prevention working group, chaired by the MSK matron, that is being held every two weeks. The group is being managed by the MSK unit with membership including Theatres, Pre-Op and Baschurch. The group has clear actions with initial focus on warming and wound care.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
3	7	3	5	3	1	1	2	1	3	2	1	0

- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Total Deaths

Number of Deaths in Month 211172

Exec Lead:  
Chief Finance and Planning Officer



### What these graphs are telling us

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

### Narrative

Historically the IPR has only reported on the number of 'Unexpected Deaths'. A change has been made this month to now report on all deaths where this narrative will provide a breakdown categorising as either an Expected Death, Unexpected Death or Sudden but not Unexpected, as recommended by the Trust's Learning from Deaths Lead.

In June there was one death reported and this is categorised as Unexpected.

### Actions

The initial scoping meeting has been held where it was agreed this was not classified as a Serious Incident. Root cause analysis is underway to ensure there is learning from this incident. The results of this will be taken to Patient Safety and plans to disseminate any relevant learning will be put in place.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
0	1	0	0	2	0	1	3	1	1	0	2	1

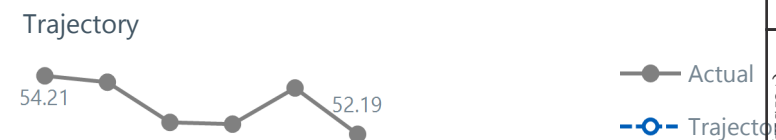
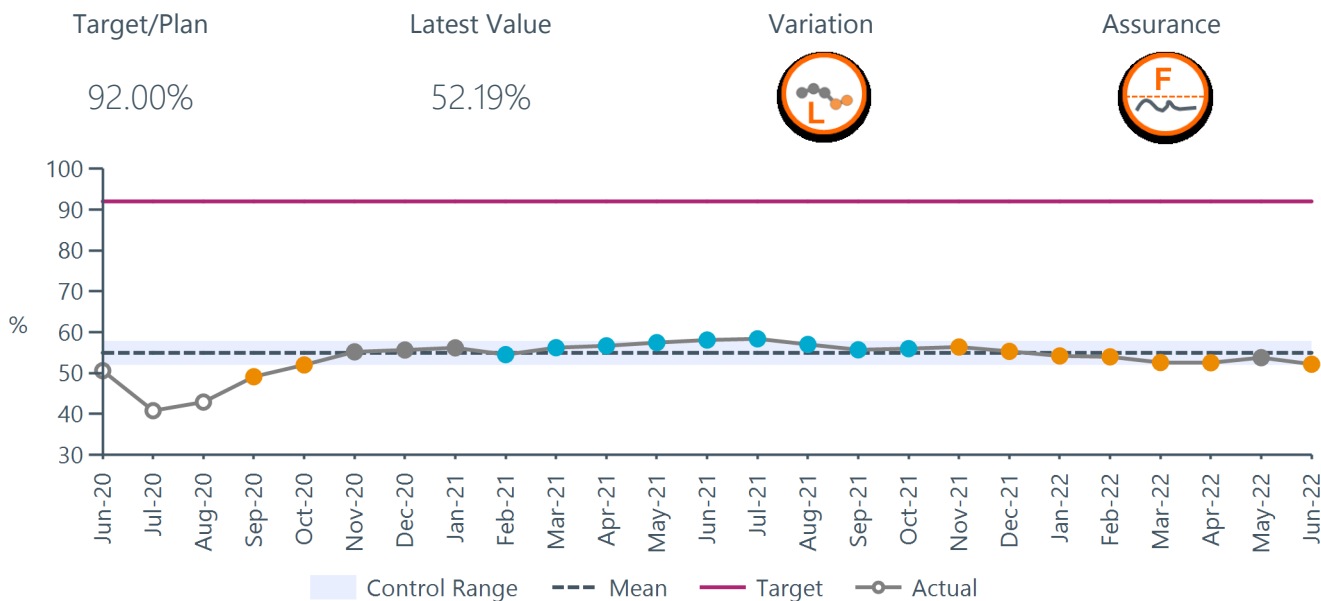
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# 18 Weeks RTT Open Pathways

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

Responsible Unit:  
Support Services Unit



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently failing the target. Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

Our June performance was 52.19% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows:

- \* MS1 - 7534 patients waiting of which 2227 are breaches
- \* MS2 - 1507 patients waiting of which 924 are breaches
- \* MS3 - 4963 patients waiting of which 3545 are breaches

## Actions

- 2022/23 operational planning guidance stipulates that Trusts should:
  - \* Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patient choice/specific specialties
  - \* Eliminate waits of over 78 weeks by April 2023 - exceptions are patient choice / specific specialties
  - \* Develop plans to reduce 52 week waits with ambition to eliminate them by March 2025
- We continue with the Trust's plans and actions to manage demand. These are inclusive of:
  - Activity plans for Independent sector and mutual aid capacity
  - Increasing available Theatre sessions - Theatres workforce plan and consultant recruitment
  - Exploring options to increase Cases per Session (CPS): - CPS when compared with 2019/20 is being impacted by complexity of patients presenting as high priority
  - More clock stops in non-admitted pathways - Capacity in delivery area (i.e. Radiology or MOPD) is continually assessed

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
58.10%	58.40%	57.02%	55.71%	55.99%	56.39%	55.33%	54.21%	53.99%	52.60%	52.54%	53.79%	52.19%

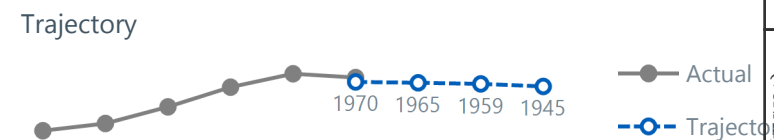
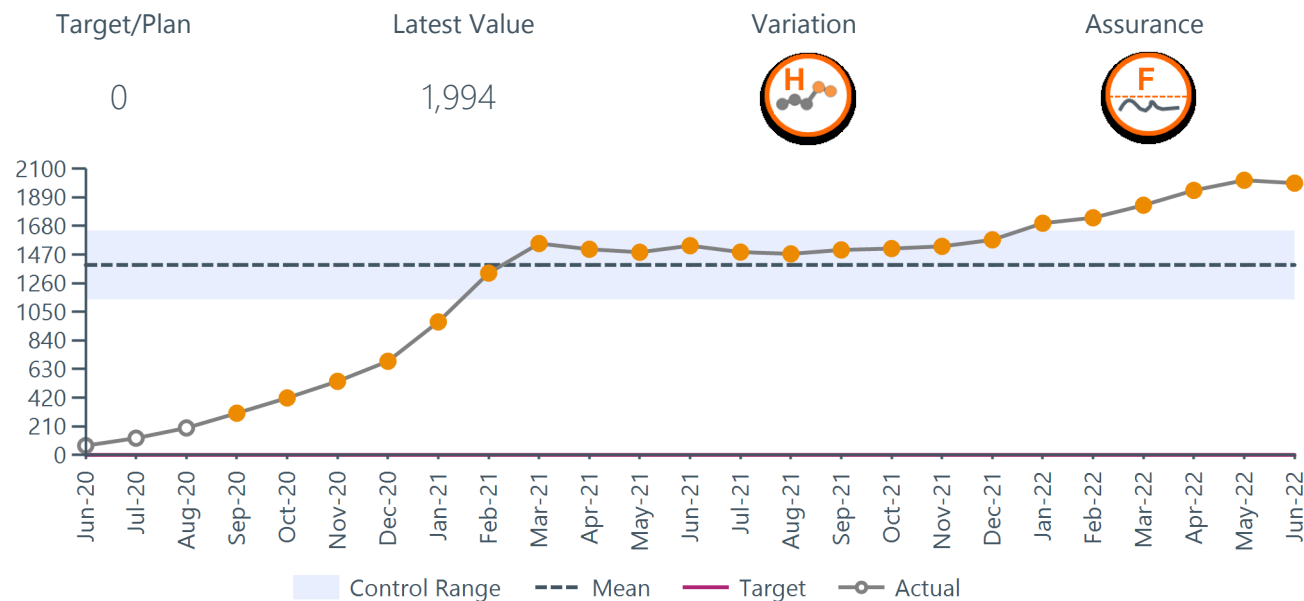
- Staff - Patients - Finances -

1. Welcome
2. Chief Executive Update (Verbal)
3. Exceptional Items
4. Overall Board Reflection and Comments
5. Any Other Business

# Patients Waiting Over 52 Weeks – English

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

Responsible Unit:  
Specialist Services Unit



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

At the end of June there were 1994 English patients waiting over 52 weeks; above our trajectory figure of 1970 by 24.

The patients are under the care of the following sub-specialities; Spinal Disorders (1060), Knee & Sports Injuries (324), Arthroplasty (202), Upper Limb (155), Foot & Ankle (88), Veterans (82), Spinal Injuries (40), Metabolic Medicine (12), Paediatric Orthopaedics (10), Tumour (7), Rheumatology (5), Neurology (5), Orthotics (3) and Physiotherapy (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1370 patients
- >78 to <=95 weeks - 439 patients
- >95 to <=104 weeks - 103 patients
- >104 weeks - 82 patients

## Actions

2022/23 operational planning guidance stipulates that Trusts should:

- \* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
  - \* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
  - \* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- The submitted plans have been reflected in the trajectory line above.

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1535	1488	1475	1504	1514	1530	1578	1700	1740	1832	1941	2015	1994

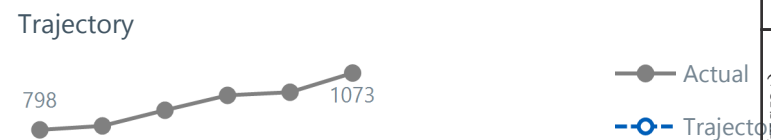
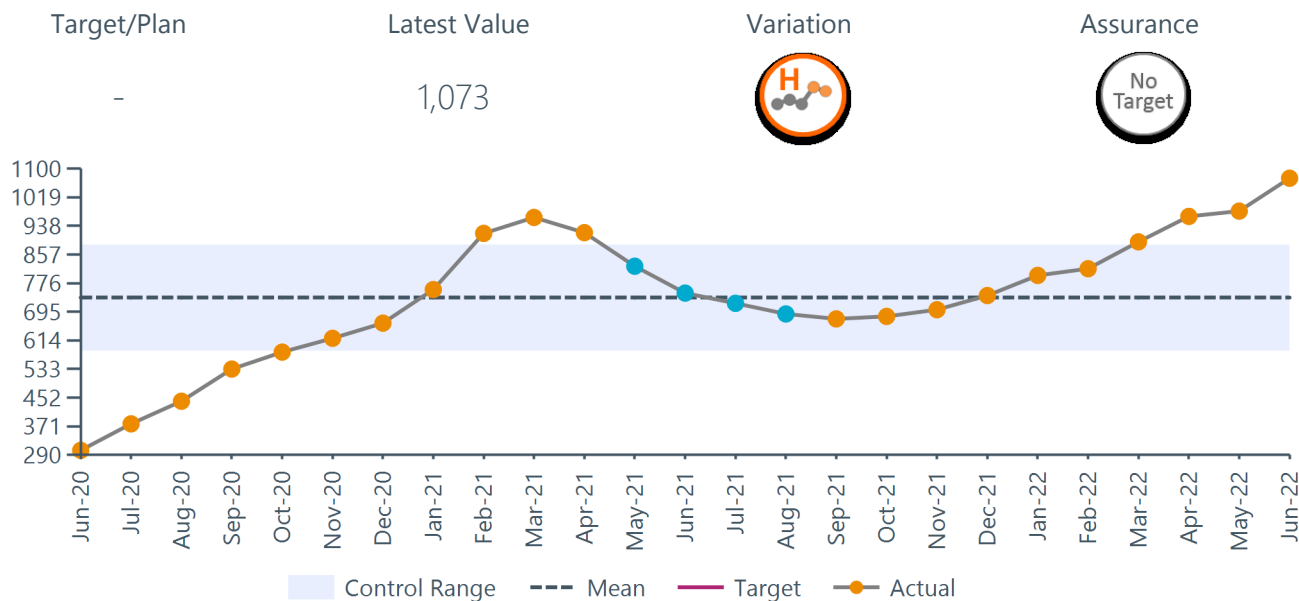
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of June there were 1073 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (686), Arthroplasty (126), Knee & Sports Injuries (106), Upper Limb (76), Foot & Ankle (37), Veterans (11), Paediatric Orthopaedics (11), Spinal Injuries (9), Metabolic Medicine (5), Tumour (3), Neurology (2) and Occupational Therapy (1).

The patients are under the care of the following commissioners; BCU (598), Powys (464), Hywel Dda (8), Aneurin Bevan (1), Abertawe Bro (1) and Cardiff & Vale (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 731 patients
- >78 to <=95 weeks - 219 patients
- >95 to <=104 weeks - 42 patients
- >104 weeks - 81 patients

## Actions

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:

- \* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
- \* Eliminate the number of people waiting longer than two years in most specialties by March 2023

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
748	719	689	675	682	701	741	798	817	893	965	980	1073

- Staff - **Patients** - Finances -

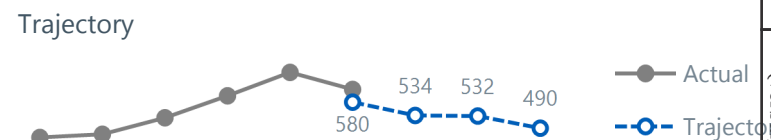
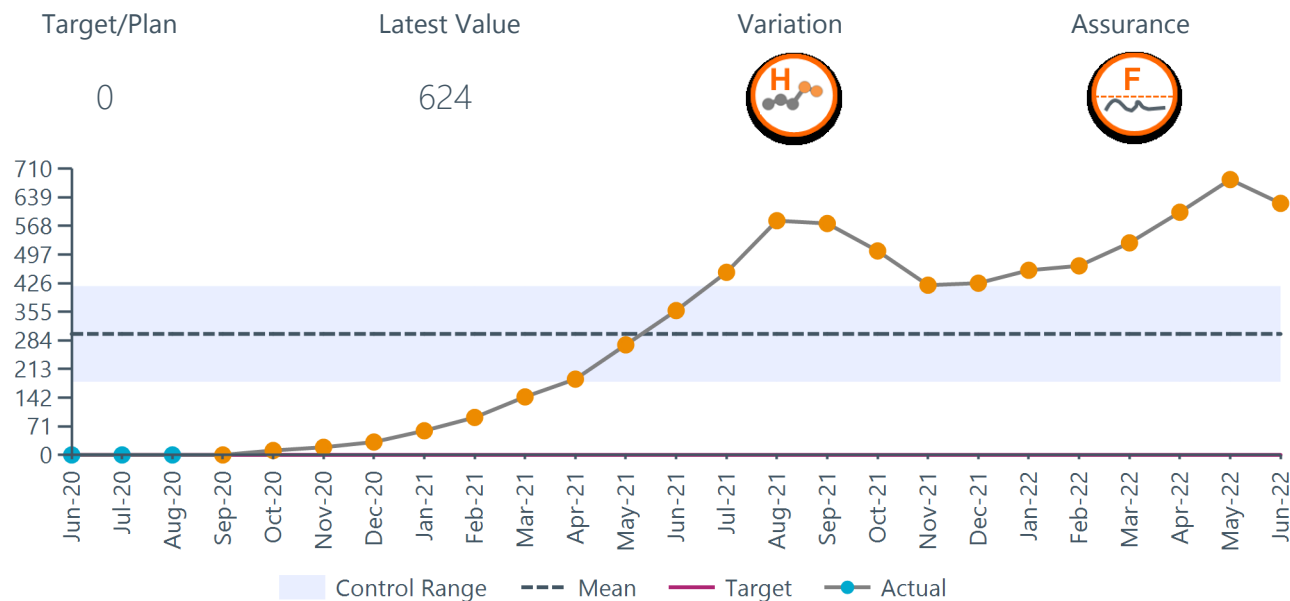
- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Patients Waiting Over 78 Weeks - English

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

Responsible Unit:  
Specialist Services Unit



## What these graphs are telling us

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

## Narrative

At the end of June there were 624 English patients waiting over 78 weeks; this was 44 patients above our trajectory. Submitted plans are visible in the trajectory line above.

The patients are under the care of the following sub-specialities; Spinal Disorders (444), Knee & Sports Injuries (93), Upper Limb (39), Spinal Injuries (19), Arthroplasty (17), Foot & Ankle (6), Veterans (3), Tumour (2) and Orthotics (1).

## Actions

- 2022/23 operational planning guidance stipulates that Trusts should:
    - \* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
    - \* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
    - \* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- The submitted plans have been reflected in the trajectory line above.

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

The Trust has been placed in Tier 2 monitoring. This is regionally led with national support. Weekly escalation calls are in place with NHS EI for monitoring purposes.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
358	453	581	574	506	421	426	458	469	526	602	683	624

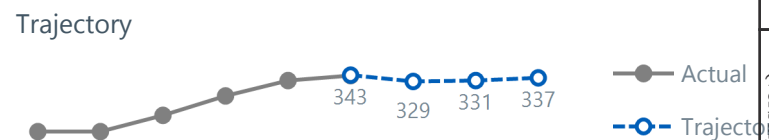
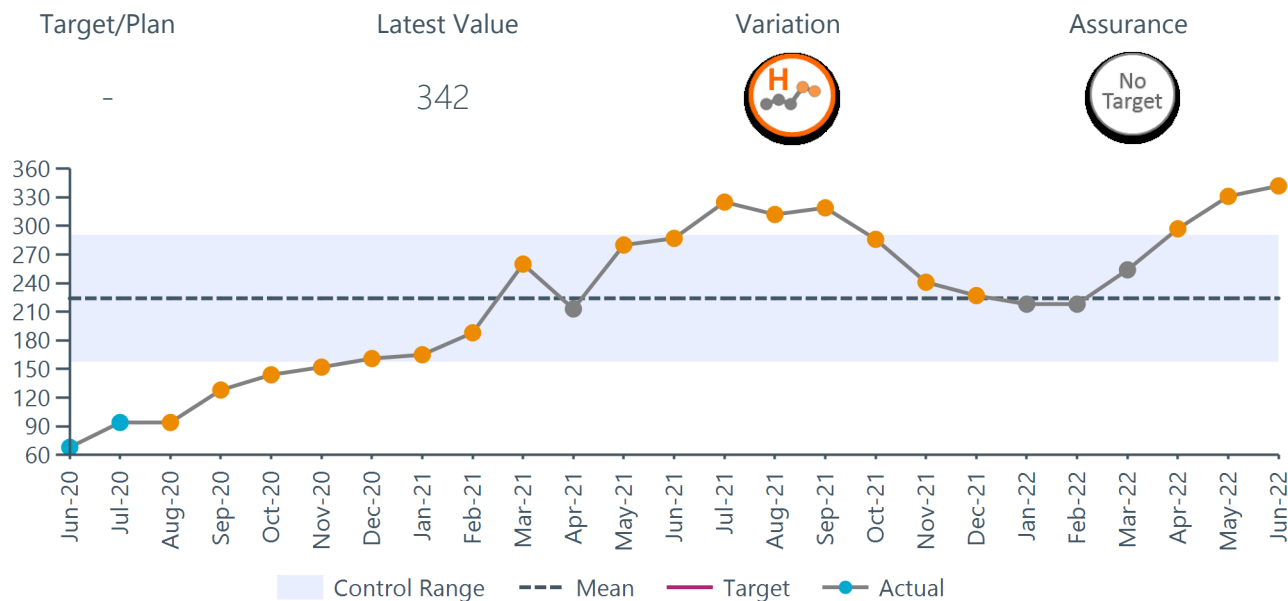
- Staff - **Patients** - Finances -

1. Welcome
2. Chief Executive Update (Verbal)
3. Exceptional Items
4. Overall Board Reflection and Comments
5. Any Other Business

# Patients waiting over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:  
Chief Medical Officer



### What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

### Narrative

At the end of June there were 342 Welsh patients waiting over 78 week; this was one patient below our trajectory. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (273), Knee & Sports Injuries (35), Arthroplasty (12), Upper Limb (11), Spinal Injuries (5), Foot & Ankle (4), Veterans (1) and Metabolic Medicine (1).

### Actions

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
287	325	312	319	286	241	227	218	218	254	297	331	342

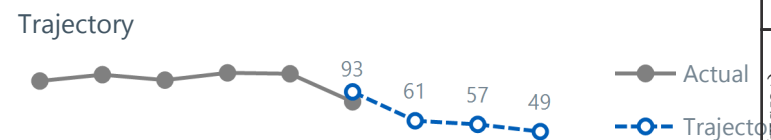
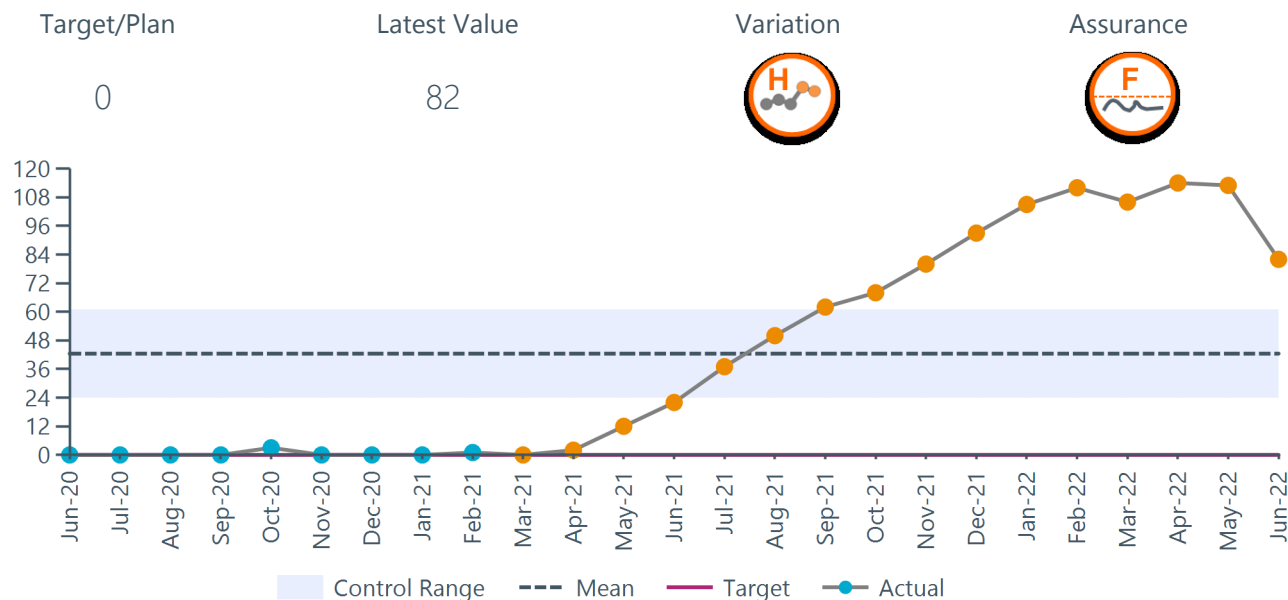
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update (Verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Patients Waiting Over 104 Weeks - English

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

Responsible Unit:  
Specialist Services Unit



## What these graphs are telling us

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

## Narrative

At the end of June there were 82 English patients waiting over 104 weeks, below our trajectory figure of 93 by 11.

The patients are under the care of the following sub-specialities, with further details on the volume by priority;

- Spinal Disorders (75) - P2 (2), P3 (17), P4 (39), Not on Elective WL yet so no priority (17)
- Knee & Sports Injuries (4) - P3 (1), P6 (2), Not on Elective WL yet so no priority (1)
- Spinal Injuries (3) - P4 (2), Not on Elective WL yet so no priority (1)

## Actions

2022/23 NHS England operational planning guidance stipulates that Trusts should:

- \* Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialities

The Trust expects spinal disorders 104+ weeks to still be present. This is due to national pressures for this specialist service and continued demand. As acknowledged through the planning guidance, there may also be patients who choose to wait. This formed part of our 2022/23 planning submission and our submitted plans can be viewed in the trajectory line above. The Trust has taken actions to review the volume of patients who fall into the 'patient choice' category with improvements to the volumes now seen and reflected in revised trajectories.

Mutual aid support has been identified with the Royal Orthopaedic Hospital where we anticipate treatment of some patients in July. Other providers are also being explored however complexity remains a limiting factor for mutual aid support.

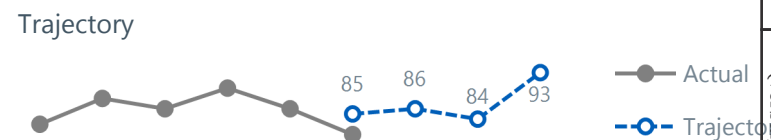
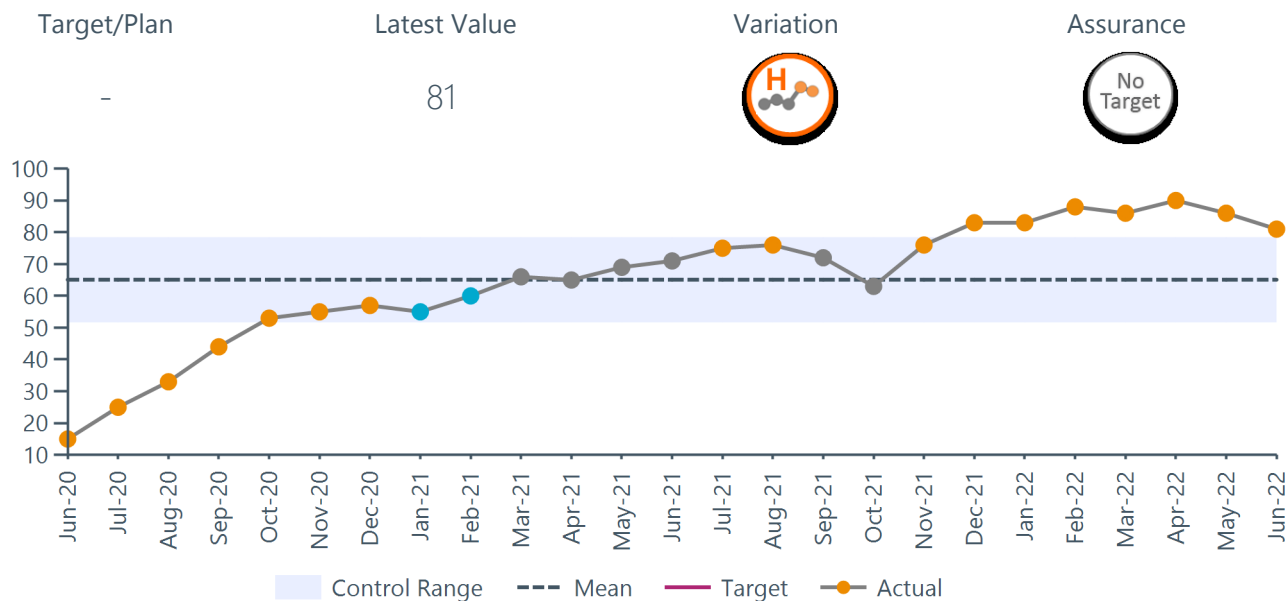
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
22	37	50	62	68	80	93	105	112	106	114	113	82

- Staff - **Patients** - Finances -

# Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:  
Chief Medical Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of June there were 81 Welsh patients waiting over 104 weeks; below our trajectory figure of 85 by 4.

The patients are under the care of the following sub-specialities, with further details on the volume by priority;  
- Spinal Disorders (81) - P2 (2), P3 (29), P4 (41), Not on Elective WL yet so no priority (9)

## Actions

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:

\* Eliminate the number of people waiting longer than two years in most specialties by March 2023

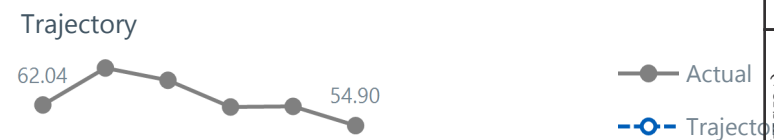
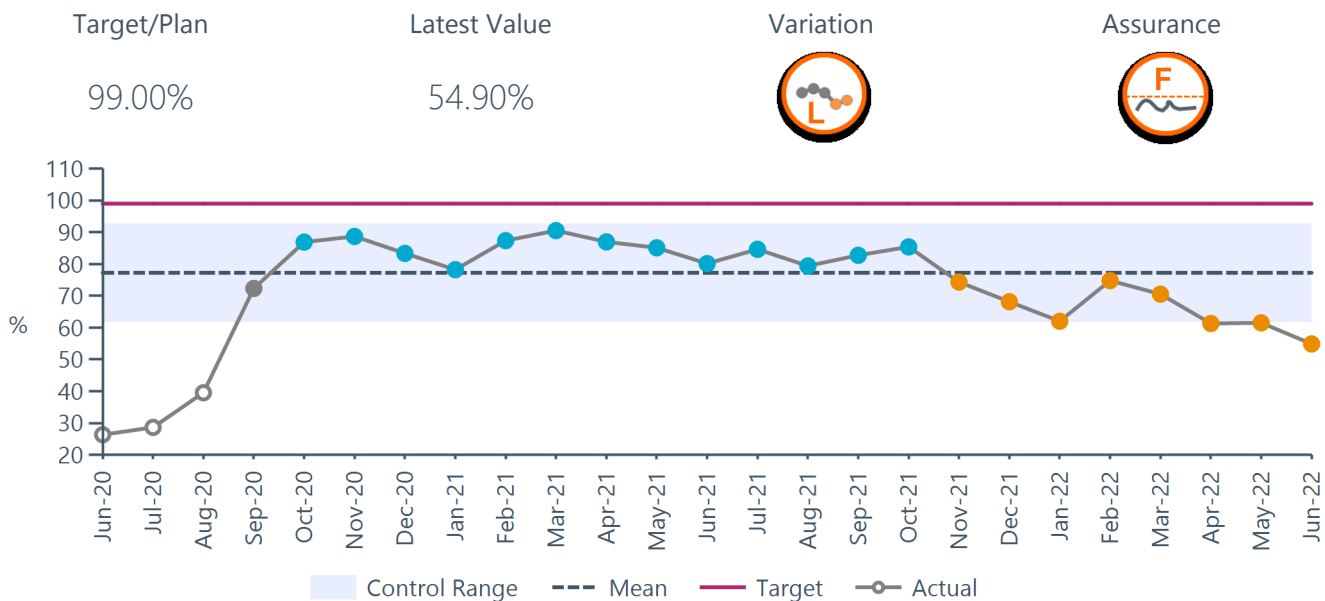
The Trust's pressured service continues to be spinal disorders. This is due to national pressures for this specialist service and continued demand. As acknowledged through current clinical prioritisation, there may also be patients who choose to wait. This formed part of our 2022/23 planning submission, although plans were only required for English patients.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
71	75	76	72	63	76	83	83	88	86	90	86	81

# 6 Week Wait for Diagnostics - English Patients

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

Responsible Unit:  
Clinical Services Unit



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 54.90%. This equates to 915 patients who waited beyond 6 weeks. Breakdown below outlines performance and breaches by modality:  
 - MRI - 44.23% - D2 (Urgent - 0-2 weeks) 2 dated, D3 (Routine - 4-6 weeks) - 5 dated, D4 (Routine - 6-12 weeks) - 781 with 303 dated  
 - CT - 87.32% - D4 (Routine - 6-12 weeks) - 18 with 11 dated  
 - Ultrasound - 76.51% - D4 (Routine - 6-12 weeks) - 109 with 107 dated  
 - DEXA Scans - 100%

This is the position following minimum validation as a result of resource within diagnostics for this task. The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were due to referred as routine in error (1) and delay in referral letter (1). The trajectory for June for MRI was 52%.

## Actions

Actions include:  
 - Review options to support with diagnostic validation  
 - Extended weekend working to be implemented from October 2022, up until then staff to continue to work overtime at the weekends  
 - Training and utilising established staff across multiple modalities where pressures arise - this has been agreed by ERF  
 - Review options to support with diagnostic validation  
 It is anticipated that the actions above will help to improve the current performance although not meet the target. The national expectations are not for this target to be achieved throughout 22/23.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
80.17%	84.66%	79.43%	82.78%	85.42%	74.35%	68.16%	62.04%	74.81%	70.56%	61.33%	61.54%	54.90%

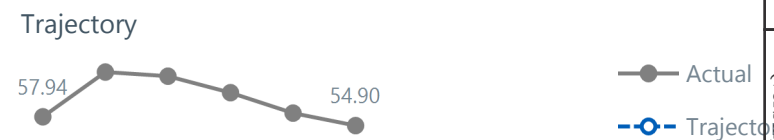
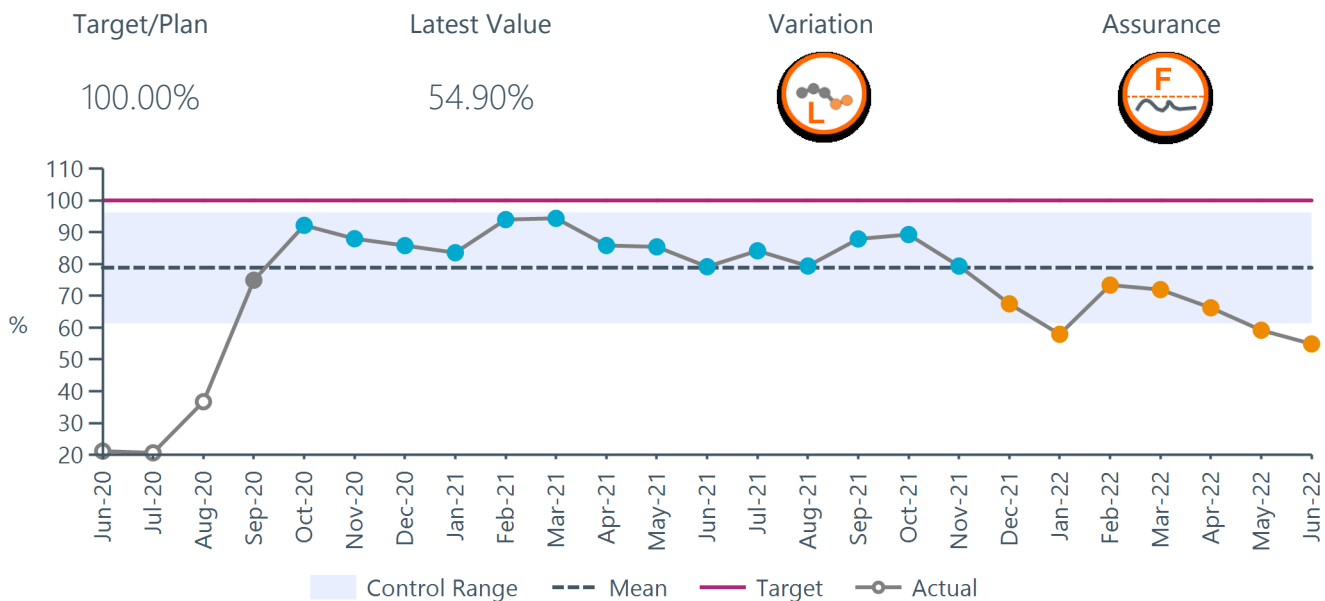
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# 8 Week Wait for Diagnostics - Welsh Patients

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

Responsible Unit:  
Clinical Services Unit



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 54.90%. This equates to 423 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:  
 - MRI - 49.75% - D2 (Urgent - 0-2 weeks) - 4 dated, D3 (Routine - 4-6 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 395 with 189 dated  
 - CT - 80.77% - D4 (Routine - 6-12 weeks) - 10 with 6 dated  
 - Ultrasound - 86.21% - D4 (Routine - 6-12 weeks) - 12 dated  
 - DEXA Scans - 100%

This is the position following minimum validation as a result of resource within diagnostics for this task. The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were due to change from routine to urgent (3) and delay due to surgery (1).

## Actions

Actions include:  
 - Review options to support with diagnostic validation  
 - Extended weekend working to be implemented from October 2022, up until then staff to continue to work overtime at the weekends  
 - Training and utilising established staff across multiple modalities where pressures arise - this has been agreed by ERF  
 - Review options to support with diagnostic validation  
 It is anticipated that the actions above will help to improve the current performance although not meet the target. The national expectations are not for this target to be achieved throughout 22/23.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
79.18%	84.19%	79.39%	87.91%	89.28%	79.38%	67.51%	57.94%	73.41%	71.98%	66.27%	59.22%	54.90%

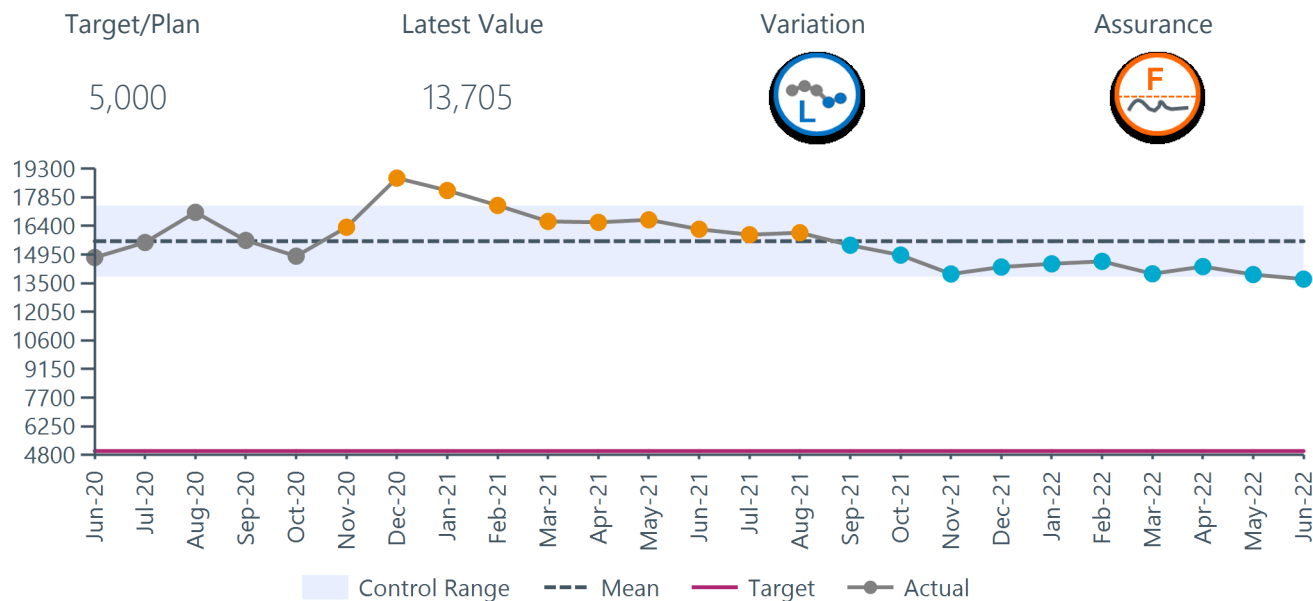
- Staff - **Patients** - Finances -

- 1. Welcome
- 2. Chief Executive Update
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Overdue Follow Up Backlog

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

Responsible Unit:  
Clinical Services Unit



## What these graphs are telling us

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

## Narrative

At the end of June, there were 13705 patients overdue their follow up appointment. This is broken down by:

- Priority 1 is our more urgent follow-up cohort - 8873 with 1558 dated (18%)
- Priority 2 is the lower priority - 4832 with 1159 dated (24%)

There was a decrease of 232 patients overdue their follow up appointment.

Sub-specialities with the highest percent of overdue follow ups:

- Rheumatology - 21.61%
- Arthroplasty - 17.41%
- Spinal Disorders - 9.02%
- Metabolic Medicine - 8.35%

## Actions

- There are a number of contributable factors that will address the volume of backlog as follows:
  - Additional validation posts now in place to address any data quality issues that will ensure we're working to, and reporting on, a cleansed list of patients
  - In delivering the Outpatient activity levels that were submitted in our plans, this will impact the overdue follow ups with a proportion of the activity planned for follow ups. A trajectory to be put in place for monitoring this.
  - The Trust has a number of Transformational projects in progress, such as PIFU, that will support in further reductions in this area
  - Consultants to continue to carry out desk-top reviews of their overdue follow up patients
  - Further analysis on-going on how overdue follow ups have increased/decreased due to practice changes within different sub-specialities

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
16232	15956	16055	15422	14923	13965	14319	14482	14605	13976	14342	13937	13705

- Staff - **Patients** - Finances -

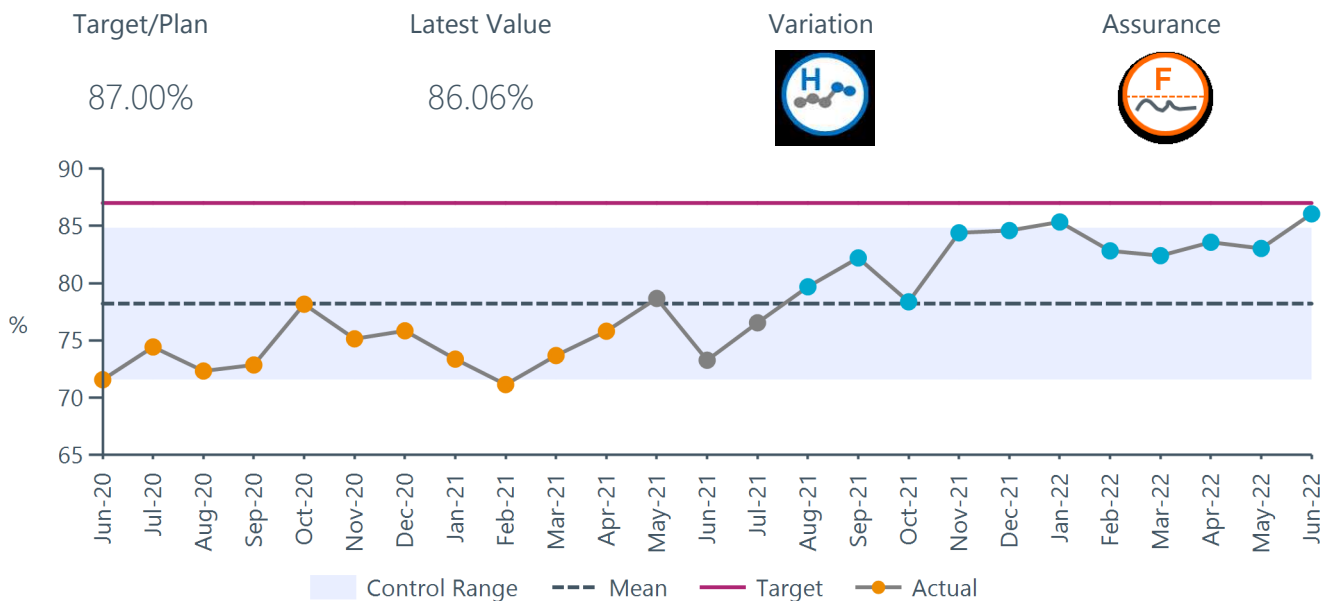
- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business



# Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm (NHS & Private Beds) 211039

Responsible Unit:  
MSK Unit



## Trajectory



## What these graphs are telling us

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

## Narrative

The occupancy rate for all wards is reported at 86.06% for June and remains shown as special cause variation with sustained improvement. Breakdown provided below:

MSK Unit:

- Clwyd - 80.32% - compliment of 22 beds; ward re-opened from 7th June
- Powys - 77.32% - compliment of 22 beds; open to 16 beds for majority of month
- Kenyon - 82.38% - compliment of 22 beds open for majority of month
- Ludlow - 83.84% - compliment of 16 beds; 2/3 beds closed on some days

Specialist Unit:

- Alice - 51.75% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
- Oswald - 84.41% - compliment of 10 beds open throughout month
- Gladstone - 97.59% - compliment of 29 beds open throughout month
- Wrekin - 97.98% - compliment of 15 beds open throughout month
- Sheldon - 93.27% - compliment of 20 beds open throughout month

## Actions

With regular review, we continue to flex our bed base whenever possible to have sufficient beds open for the anticipated activity numbers based on the existing bed model. This includes assessing the variability of occupancy by weekday. Flexing has included ward and bed closures and redeployment of staff to other areas of the Trust. IPC guidance is reviewed as updates are issued. Consideration and assessment of length of stay and delayed transfers of care are considered when monitoring our occupancy.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
73.27%	76.54%	79.68%	82.21%	78.37%	84.40%	84.60%	85.35%	82.82%	82.40%	83.58%	83.03%	86.06%

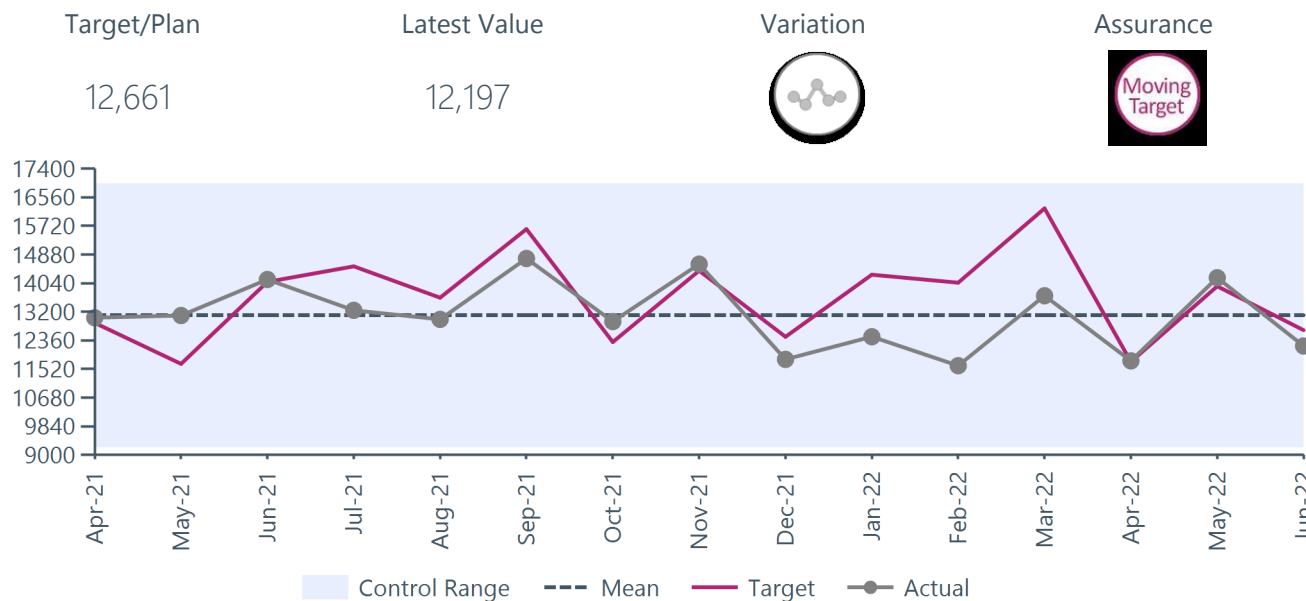
- Staff - Patients - Finances -

1. Welcome
2. Chief Executive Update (verbal)
3. Exceptional Items
4. Overall Board Reflection and Comments
5. Any Other Business

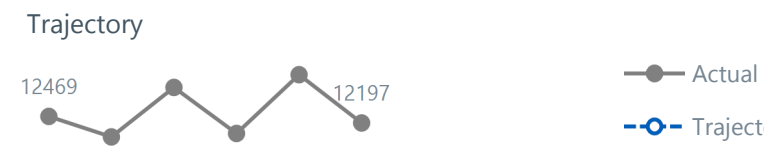
# Total Outpatient Activity against Plan (volumes)

Total outpatient activity (H1 - consultant led, non-consultant led and un-bundled and H2 and 22/23 plan - consultant led and non-consultant led) against submitted plans.  
217795

Responsible Unit:  
Clinical Services Unit



**Assurance**



**What these graphs are telling us**  
Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

The plan for June was 88% of 19/20 against a national target of 104%. Total outpatient activity undertaken in June was 12197 against the 2022/23 plan of 12661; 464 cases below - equating to 96.34%. This is broken down as:  
 - New Appointments - 4084 against 3983 - equating to 102.54%  
 - Follow Up Appointments - 8113 against 8678 - equating to - 93.49%  
 The sub-specialities with the lowest activity against plan in June are:  
 - Upper Limb 74.36% (638 against 858)  
 - Arthroplasty - 76.93% (957 against 1244)  
 - Pre-Op - 81.11% (953 against 1175)  
 Outpatient activity was lost in June due to a higher percent of DNAs, higher number of short notice cancellations and annual/study leave beyond those planned in month. Activity has also been lost in a number of sub-specialities due to a shift in follow ups to new appointments in clinic templates (longer slots allocated to new appointments).

## Actions

The CSU Unit closely monitor outpatient activity to ensure activity is booked within all sub-specialities in order for the 22/23 plan to be met. Current Actions include:  
 - CSU Improvement Plan which includes all aspects of outpatient activity including Overdue Follow Ups, DNA's, PIFU, Virtual, IPC etc.  
 - Various improvement programs have been implemented to increase outpatient activity  
 - Changes to clinic templates within sub-specialities to maximise number of appointments  
 - Review of staffing within outpatients to meet current demand

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
14148	13244	12978	14765	12914	14599	11804	12469	11619	13672	11761	14200	12197

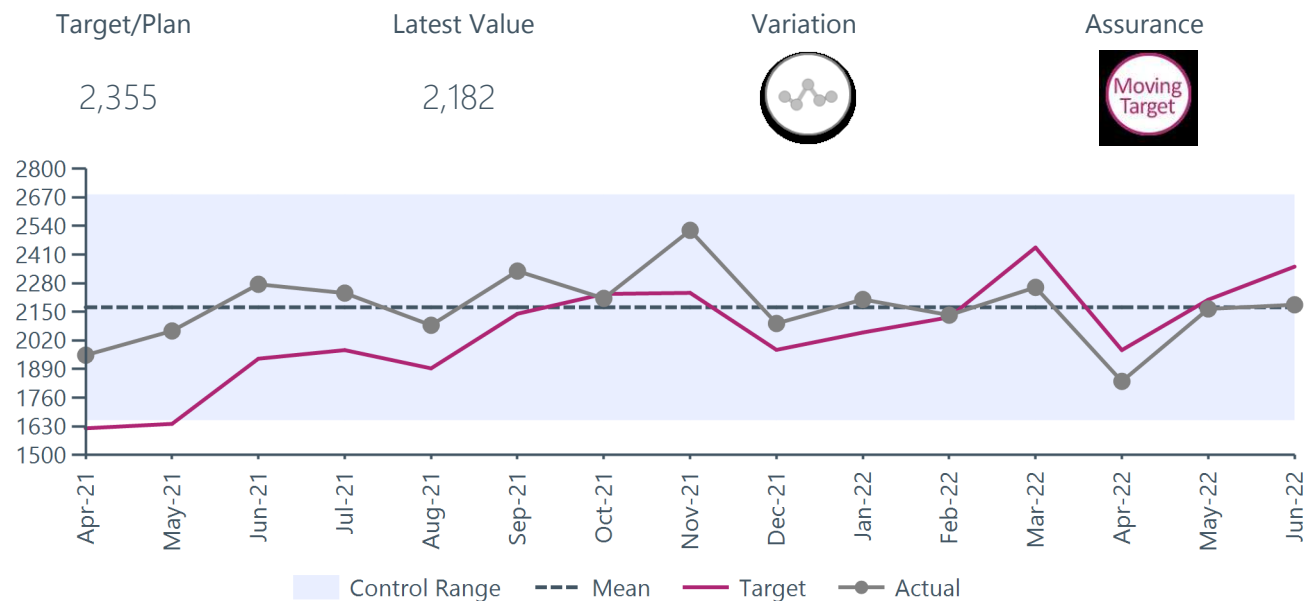
- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Total Diagnostics Activity against Plan - Catchment Based

Total Diagnostic Activity against Plan - (MRI, U/S and CT activity against 2022/23 plan) 217794

Responsible Unit:  
Clinical Services Unit



**What these graphs are telling us**  
Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

This measure has been introduced this month and replaces three KPIs that were previously reported; Total CT against Plan, Total MRI against Plan and Total U/S against Plan (All Catchment Based). The plan for June was 107% of 19/20 against a national target of 120%. In June the Trust delivered diagnostic activity that was 92.65% of the 22/23 plan; this equates to 173 cases below the plan of 2,355. This is the position reported as at 7th July (5th working day). Breakdown below outlines performance by modality:

- MRI - 944 against plan of 1054 - 110 cases below - equating to 89.56%
- CT - 392 against plan of 474 - 82 cases below - equating to 82.70%
- U/S - 846 against plan of 827 - 19 cases above - equating to 102.30%

## Actions

- Actions include:
- Extended weekend working to be implemented from October 2022, up until then staff to continue to work overtime at the weekends
  - Training and utilising established staff across multiple modalities where pressures arise - this has been agreed by ERF

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
2275	2235	2089	2335	2211	2520	2097	2206	2135	2261	1834	2163	2182

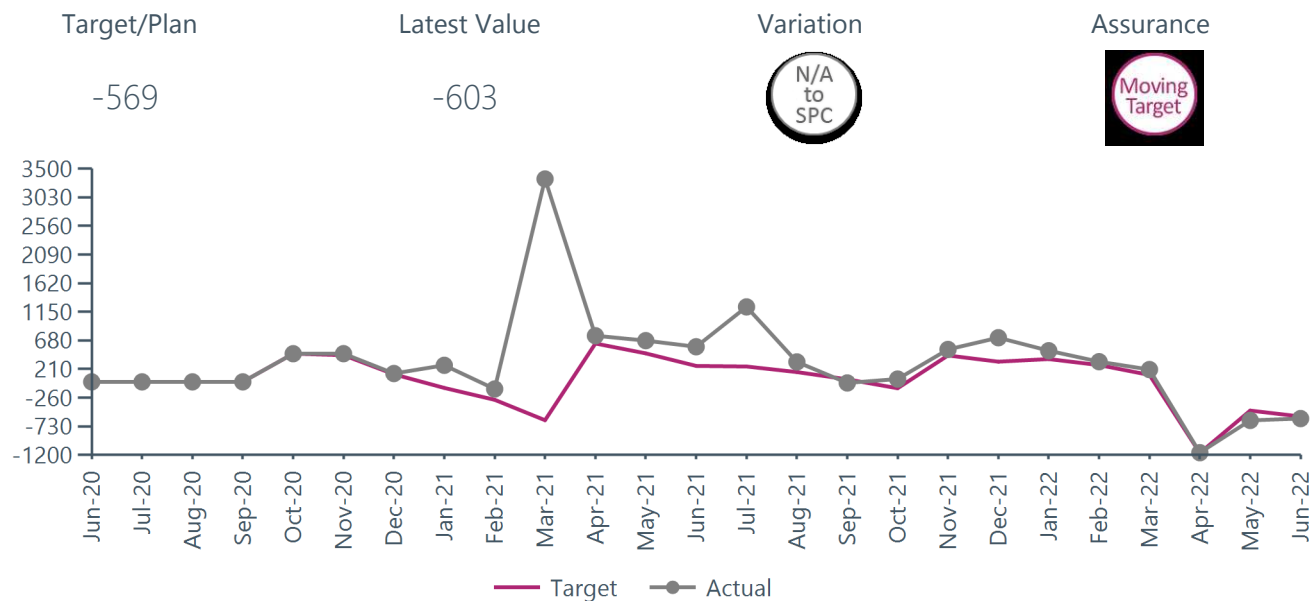
- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Financial Control Total

Surplus/deficit adjusted for donations 215290

Exec Lead:  
Chief Finance and Planning Officer



## What these graphs are telling us

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

## Narrative

Overall £603k deficit in month, £35k adverse to plan

YTD £2,400k deficit, £190k adverse to plan

## Actions

Actions within individual financial exceptions.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
576	1231	327	-18	46	532	725	511	331	202	-1163	-633	-603

- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Income

All Trust Income, Clinical and Non-Clinical 216333

Exec Lead:  
Chief Finance and Planning Officer

Target/Plan

9,695

Latest Value

9,573

Variation



Assurance

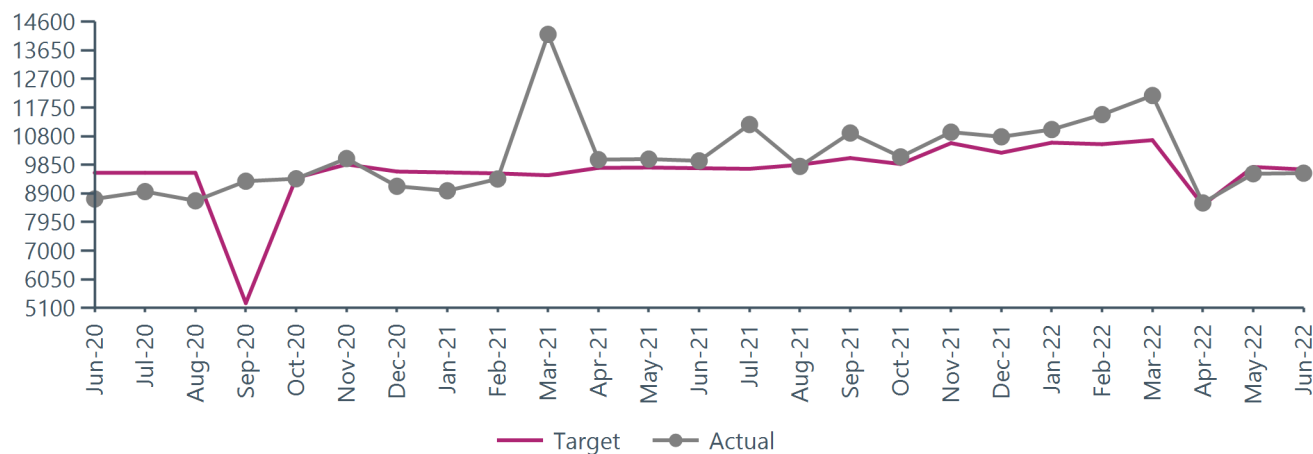


Trajectory



What these graphs are telling us

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



## Narrative

Income £123k adverse in month:

- Private Patient adverse £83k
- Clinical Income adverse - £73k
- Other income adverse - £24k (Research, Car Parking & TSSU)
- Pass through favourable £57k (offset in expenditure)

## Actions

- Private patient activity recovery (July performance stronger).
- Delivery of NHS activity against plan.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
9981	11188	9797	10905	10113	10935	10780	11021	11516	12150	8585	9554	9573

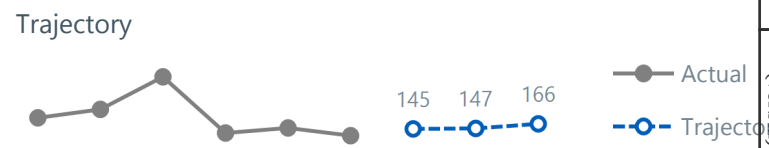
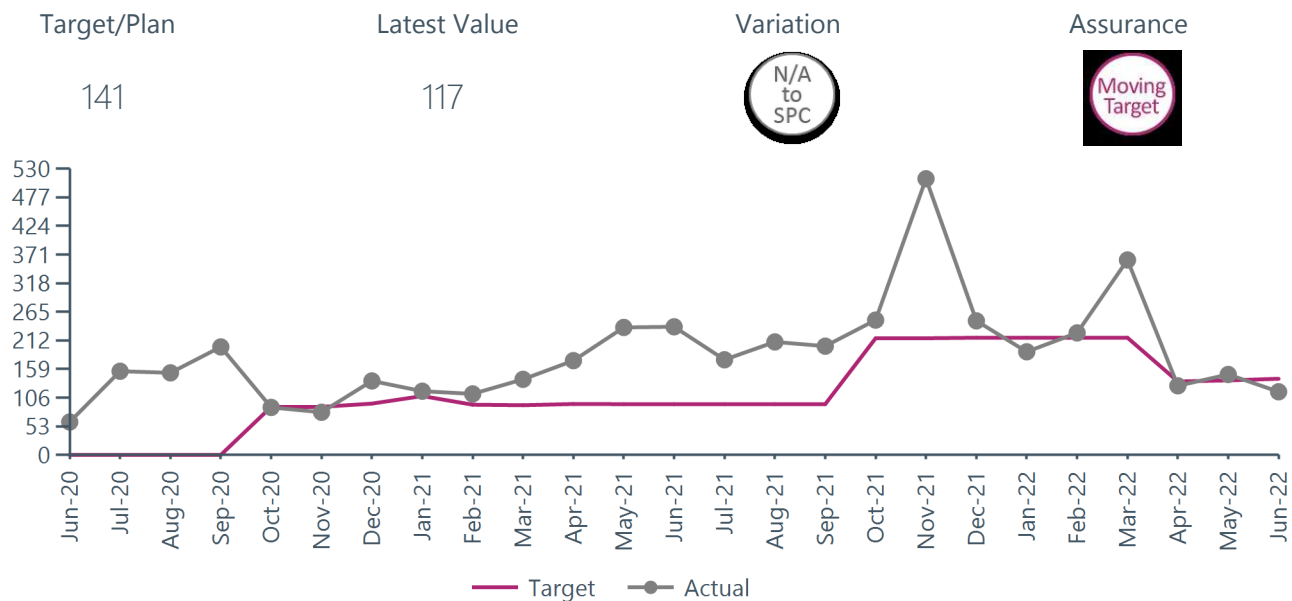
- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Efficiency Delivered

Efficiency requirements 215298

Exec Lead:  
Chief Finance and Planning Officer



**What these graphs are telling us**  
This measure is not appropriate to display as SPC. This measure has a moving target.

## Narrative

1.1% efficiencies achieved in month against phased plan of 1.4%

## Actions

Units to review delivery against planned schemes with particular focus on start dates.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
237	176	209	201	249	511	248	191	226	361	128	149	117

- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Cash Balance

Cash in bank 215300

Target/Plan

23,553

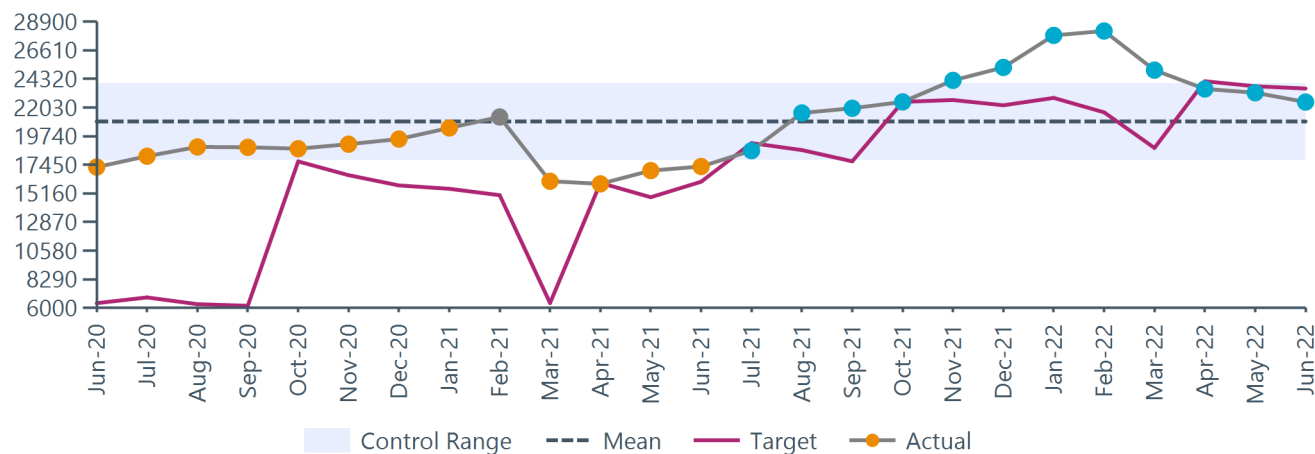
Latest Value

22,470

Variation



Assurance



## Narrative

Cash balances are £1.1m behind plan due to phasing of ERF cash to second half of the year (subject to updated guidance), inflationary uplifts/contract adjustments not yet added to clinical income contracts and I&E position.

## Actions

Close forecasting of cash position for year. Continued dialogue with CCG over payment of ERF cash.

Trajectory



## What these graphs are telling us

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

Exec Lead:  
Chief Finance and Planning Officer

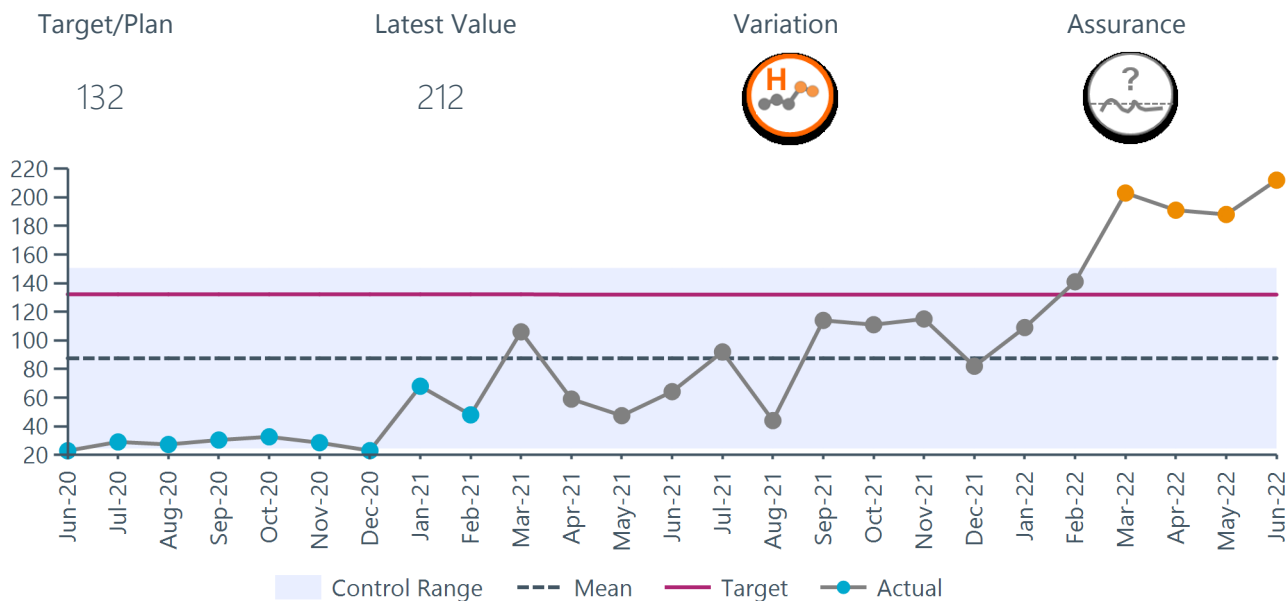
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
17314	18582	21600	21974	22482	24205	25241	27804	28155	25024	23519	23218	22470



# Agency Core

Annual ceiling for total agency spend introduced by NHS Improvement - Core Agency only 216336

Exec Lead:  
Chief Finance and Planning Officer



## Trajectory



## What these graphs are telling us

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

## Narrative

Core agency above cap. Exacerbated by mental health agency 1:1 and system winter pressures support.

## Actions

Mental Health agency 1:1 costs raised with NHSE for potential funding route, Patient discharged in June.  
Request to de-escalate winter beds through system - reduction from 4 to 2 beds.  
Reinforced agency approval procedures and oversight.

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
64	92	44	114	111	115	82	109	141	203	191	188	212

- Staff - Patients - **Finances** -

- 1. Welcome
- 2. Chief Executive Update (verbal)
- 3. Exceptional Items
- 4. Overall Board Reflection and Comments
- 5. Any Other Business

# Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

## Finance Dashboard 30th June 2022

### Performance Against Plan £'000s

Category	Annual Plan	In Month Position			22/23 YTD Position			Forecast Position		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
		Clinical Income	112,919	8,457	8,369	(88)	24,531	24,542	11	112,919
System Top Up Funding	0	0	0	0	0	0	0	0	0	0
Non NHS income support	0	0	0	0	0	0	0	0	0	0
Covid-19 Funding	1,411	118	118	0	353	353	0	1,411	1,411	0
Private Patient income	5,868	570	487	(83)	1,451	1,089	(362)	5,868	5,868	(0)
Other income	6,653	550	599	49	1,650	1,728	78	6,653	6,665	12
Pay	(76,490)	(6,304)	(6,298)	6	(18,881)	(18,804)	77	(76,490)	(76,433)	57
Non-pay	(43,804)	(3,374)	(3,310)	65	(9,539)	(9,594)	(55)	(43,804)	(43,182)	622
<b>EBITDA</b>	<b>6,558</b>	<b>17</b>	<b>(35)</b>	<b>(52)</b>	<b>(435)</b>	<b>(687)</b>	<b>(251)</b>	<b>6,558</b>	<b>6,497</b>	<b>(61)</b>
Finance Costs	(7,962)	(636)	(619)	17	(1,924)	(1,864)	60	(7,962)	(7,901)	61
Capital Donations	3,300	517	311	(206)	1,503	896	(607)	3,300	3,300	0
<b>Operational Surplus</b>	<b>1,896</b>	<b>(102)</b>	<b>(343)</b>	<b>(241)</b>	<b>(856)</b>	<b>(1,655)</b>	<b>(798)</b>	<b>1,896</b>	<b>1,896</b>	<b>(0)</b>
Remove Capital Donations	(3,300)	(517)	(311)	206	(1,503)	(896)	607	(3,300)	(3,300)	0
Add Back Donated Dep'n	632	50	50	0	150	150	1	632	632	0
	(2,668)	(467)	(261)	206	(1,353)	(745)	608	(2,668)	(2,668)	0
<b>Control Total</b>	<b>(772)</b>	<b>(589)</b>	<b>(603)</b>	<b>(35)</b>	<b>(2,210)</b>	<b>(2,400)</b>	<b>(190)</b>	<b>(772)</b>	<b>(772)</b>	<b>(0)</b>
EBITDA margin	5.2%	0.2%	-0.4%	-0.5%	-1.6%	-2.5%	-0.9%	5.2%	5.2%	0.0%

### Statement of Financial Position £'000s

Category	May 22	Jun 22	Movement	Drivers
Fixed Assets	89,983	90,092	109	Additions less depreciation
Non current receivables	1,458	1,363	(95)	
Total Non Current Assets	91,441	91,455	14	
Inventories (Stocks)	1,303	1,273	(30)	
Receivables (Debtors)	5,990	6,678	688	Increases in accruals and prepayments less decrease in outstanding invoices
Cash at Bank and in hand	23,218	22,470	(748)	Deficit, phasing of Elective Recovery Funding (ERF) cash to second half of the year and inflationary uplifts/contract adjustments not yet added to clinical income contracts
<b>Total Current Assets</b>	<b>30,511</b>	<b>30,421</b>	<b>(90)</b>	
Payables (Creditors)	(18,507)	(18,776)	(269)	Increases in accrued payables less decreases in deferred income and money held on account
Borrowings	(2,011)	(2,017)	(6)	
Current Provisions	(336)	(336)	0	
Total Current Liabilities (< 1 year)	(20,854)	(21,129)	(275)	
<b>Total Assets less Current Liabilities</b>	<b>101,098</b>	<b>100,747</b>	<b>(351)</b>	
Non Current Borrowings	(4,748)	(4,740)	8	
Non Current Provisions	(1,046)	(1,046)	0	
Non Current Liabilities (> 1 year)	(5,794)	(5,786)	8	
<b>Total Assets Employed</b>	<b>95,304</b>	<b>94,961</b>	<b>(343)</b>	
Public Dividend Capital	(36,354)	(36,354)	0	
Retained Earnings	(30,598)	(30,598)	0	
Revenue Position	1,312	1,655	343	In month deficit
Revaluation Reserve	(29,664)	(29,664)	0	
<b>Total Taxpayers Equity</b>	<b>(95,304)</b>	<b>(94,961)</b>	<b>343</b>	

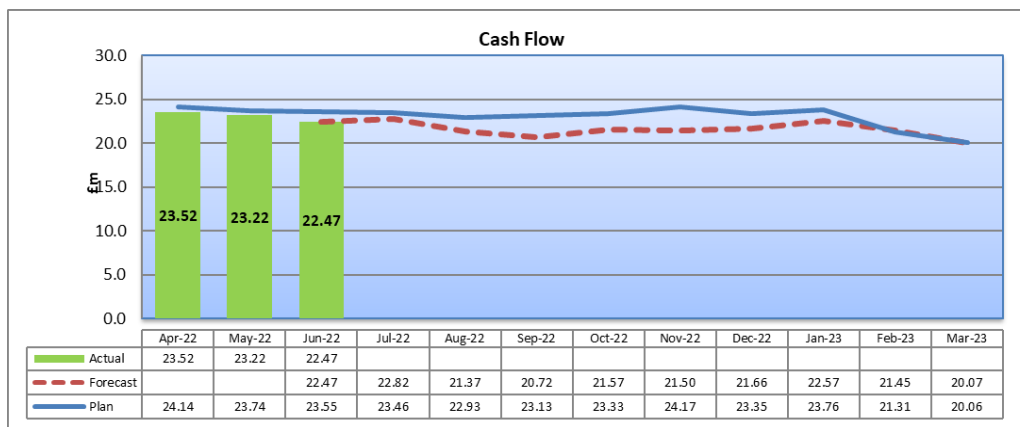
### Finance Metrics (NHS Oversight Framework)



\* Subject to system position through IFP arrangements

	YTD
Debtor Days	22

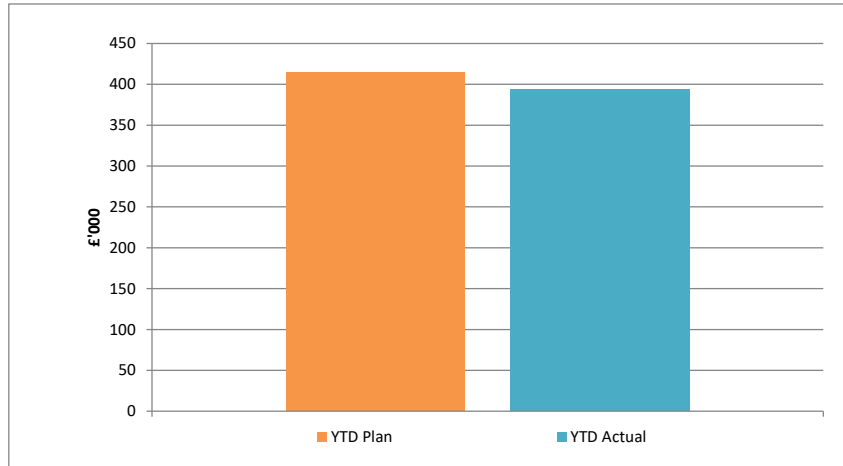
Creditor Days	55
---------------	----



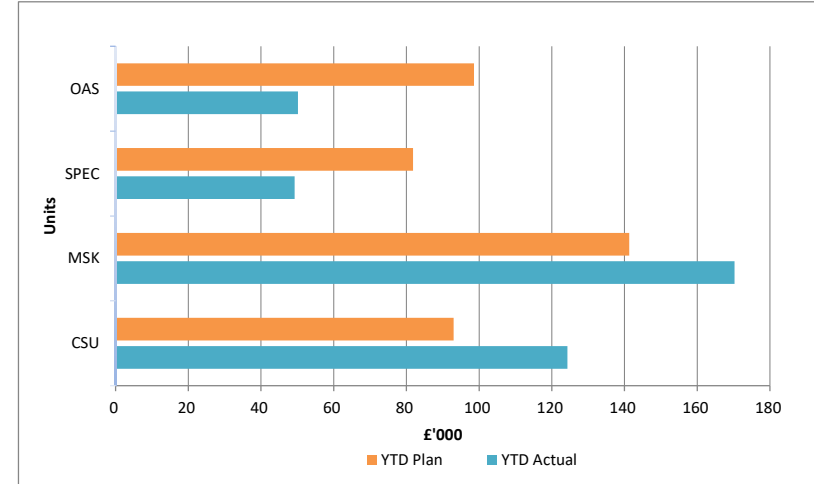
1. Welcome  
2. Chief Executive Update (verbal)  
3. Exceptional Items  
4. Overall Board Reflection and Comments  
5. Any Other Business

# Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 30th June 2022

Trust YTD Achievement Against YTD Plan £000's



YTD Efficiencies Achievement £000's



Efficiencies Total

YTD Efficiencies

Capital

Position as at	2223-03 Capital Programme 2022-23							
Project	Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
Backlog maintenance	350	10	3	7	25	63	-38	350
I/T investment & replacement	300	10	0	10	10	0	10	300
Capital project management	130	11	11	0	31	32	-1	130
Equipment replacement	750	50	0	50	50	0	50	750
Diagnostic equipment replacement	920	0	167	-167	390	250	140	920
IPC & safety compliance	360	80	64	16	130	64	66	360
EPR planning & implementation	4,500	0	0	0	0	0	0	4,500
Invest to save	200	50	0	50	50	0	50	200
Enhanced staff facilities	500	0	0	0	0	0	0	500
Additional theatres x 4 (replace barns)	3,000	0	0	0	0	0	0	3,000
Leases (IFRS16)	149	0	0	0	0	0	0	149
Veterans' facility	3,200	492	311	181	1,478	896	582	3,200
Veterans' facility (HEE)	0	0	2	-2	0	2	-2	10
Donated medical equipment	100	25	0	25	25	0	25	100
Contingency	500	0	22	-22	0	11	-11	490
<b>Total Capital Funding</b>	<b>14,959</b>	<b>728</b>	<b>579</b>	<b>149</b>	<b>2,189</b>	<b>1,317</b>	<b>872</b>	<b>14,959</b>
Veterans' facility	-3,200	-492	-311	-181	-1,478	-896	-582	-3,200
Donated medical equipment	-100	-25	0	-25	-25	0	-25	-100
<b>Capital Funding (NHS only)</b>	<b>11,659</b>	<b>211</b>	<b>269</b>	<b>-58</b>	<b>686</b>	<b>421</b>	<b>265</b>	<b>11,659</b>

1. Welcome

2. Chief Executive Update (verbal)

3. Exceptional Items

4. Overall Board Reflection and Comments

5. Any Other Business