The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Board of Directors (Public) 30.01.2020

MEETING
30 January 2020 09:30

PUBLISHED
29 January 2020

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	30/01/20		09:30

1. Part One - Public Meeting		
1.1. Minutes of the Previous Meeting	All	09:30
1.2. Matters Arising	All	
1.3. Declarations of Interest	All	
1.4. Staff Story - Ben Rowley, Improvement Champions	Director of Performance, Improvement and OD	09:35
1.5. Staff and Patient Story - Orthotics Department	Director of Nursing	09:50
2. Chief Executive Update	Chief Executive	10:05
3. Quality & Safety		
3.1. Chair Report: Quality and Safety Committee	Non Executive Director	10:15
3.2. Chair Report: Risk Management Committee	Non Executive Director	10:20
3.3. Consultant Appraisal Report	Medical Director	10:25
3.4. Chief Nurse Objectives	Chief Nurse	10:35
3.5. PALS Concerns Process	Trust Secretary	10:45

Continued on the next page...

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	30/01/20		09:30
4. Performance & Governance			
4.1. Chair Report: Finance Planning and Digital Committee (verbal)		Non Executive Director	10:50
4.2. Chair Report: Audit Committee		Non Executive Director	10:55
4.3. Chair Report: Policy Committee		Non Executive Director	11:00
4.4. Performance Report Month 9		Director of Performance, Improvement and OD	11:05
4.5. Board Assurance Framework and Corporate Objectives		Trust Secretary	11:20
4.6. Standing Financial Instructions and Scheme of Delegation		Director of Finance and Planning	11:25
4.7. NHS Pledge to Reducing Plastic Waste		Director of Finance	11:30
5. Items to note			11:35
5.1. Performance Report Month 8		Director of Performance, Improvement and OD	
5.2. Governors Update (verbal)		Trust Secretary	
6. Any Other Business		All	11:45
6.1. Questions from the Public			
6.2. Next meeting: 26th March 2020			

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6.2. Next meeting: 26th March 2020	

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Frank Collins ☎ 4358
Chairman

BOARD OF DIRECTORS – PRIVATE BOARD
28 NOVEMBER 2019
MINUTES OF MEETING

Present:

Harry Turner	Non-Executive Director (Chair)	HT
Mark Brandreth	Chief Executive	MB
David Gilburt	Non-Executive Director	DG
Steve White	Medical Director	SW
Craig Macbeth	Director of Finance	CM
Stacey-Lea Keegan	Interim Director of Nursing	SK
Paul Kingston	Non-Executive Director	PK

In Attendance:

Shelley Ramtuhul	Trust Secretary	SR
Kerry Robinson	Director of Performance, Improvement and Organisational Development	KR
Sarah Sheppard	Director of People	SS
Hilary Pepler	Board Advisor	HP

HT welcomed all Board members to the Public Board.

MINUTE NO	TITLE
28/11/1.0	**APOLOGIES** Frank Collins, Chairman and Chris Beacock, Non-Executive Director
28/11/2.0	**MINUTES OF THE MEETINGS 26 SEPTEMBER 2019** The minutes of the meeting held on the 26 September 2019 were agreed as an accurate representation of the meeting
28/11/3.0	**MATTERS ARISING** Actions from the previous meetings were noted to be complete or updates provided. In relation to action 26/09/15.0 PK has been confirmed as the Non-Executive Lead for diversity and inclusion. DG commented that the extra-ordinary meeting of the Finance, Planning and Digital Committee has been rescheduled to 19th December 2019. This meeting will focus on the latest financial performance and activity information only.
28/11/4.0	**DECLARATIONS OF INTEREST** HT had received a declaration for KR who had become Trustee for Neston Community and Youth Centre which was a voluntary position.
28/11/5.0	**CHIEF EXECUTIVE AND CHAIRMAN COMMENDATION** MB introduced Jonathan Hughes, Research Support Officer who was in attendance to receive the Chief Executive and Chairman Commendation. MB explained the commendation process and how it is awarded to a member of staff who had done something special. This is only the third award to be given. Teresa Jones, Research Manager read out the following: Jonathan joined the Research Department in June 2019. He's a keen rugby player and one night on his way home from a rugby match he came across a distressed young person. Jonathan has a caring nature and is always happy to help anyone at work and

	this is reflected in his home life as well. He stopped to help the young person, sat with them, listened and gave his time to his person in their time of need. MB commented that Jonathan had gone above and beyond that night to help someone and for that reason he was being presented with the commendations. Jonathan Hughes, Research Officer, was presented with the Chief Executive and Chairman Commendation.
28/11/6.0	**PATIENT STORY – DARREN GRAY** HT welcomed SK to her first meeting. SK introduced Mr Darren Gray who has been a patient of the Trust for the last 8 years. Darren provided an overview of his experience as a patient as follows: He gave a history of his diagnosis with Chronic fatigue / Fibromyalgia He outlined the impact this had on his daily life Initially treated for pain management before being referred to Dr Askari, Consultant Rheumatologist who has an interest in Fibromyalgia Saw Dr Askari first in 2011 and was referred for hydrotherapy He underwent 7 years of hydrotherapy, during which time he noticed staffing pressures In 2018 there was a change in the Therapies Management and he could see the difference with more person centred care He made suggestions to the team regarding ways to measure the success of treatments, the programme itself and the need for an education programme. The team took on board his comments. His experience has been positive as he came in using a wheelchair and walked out. The team have introduced outpatient hydrotherapy sessions to ensure learning from the inpatient rehabilitation treatment is embedded to be carried on at home. One of his goals had been to be able to run and he has been able to participate in park runs. Also, he recently completed the Snowpaedic Challenge which saw him walk up Snowdon with members of the Therapies Team supporting him. SK commented that it was an inspirational story and a good example of the difference person centred care can make MB commented on how the staff helped Darren's mind set and thought it was a good example of how treatment is as much about the physical part of a patient's wellbeing as the mental health and ongoing wellbeing Darren gave an example of his significant weight loss which had been prompted by discussion with the Dietician. MB thanked the Physiotherapy Team members present in the audience for everything they do to support patients. The Board ***noted*** the patient story.
28/11/7.0	**CHIEF EXECUTIVE'S UPDATE** MB showed a clip from the BBC show 'The One Show' which highlighted the Trust's work on the Autologous Chondrocyte Implantation procedure. MB then went on to provide an update on the following: • Celebration of Achievement awards 21 November. These celebrated the hard

	work of the staff with 17 awards presented • MB and a team of staff attended the HSJ Awards. The Trust had been shortlisted for the 'Reserves Initiative Award' and received a 'highy commended ' (runner up) commendation for 'Acute or Specialist Trust of the Year Award' • Staff side won a branch award from Unison for their health and safety work. They are now in the running for a national award. • The Trust held its third back to the floor event which was well received by staff and thoroughly enjoyed by the managers who took part • The Trust celebrated Occupational Therapy Week • Veterans awareness week saw the launch of the Trust's awareness project • The Trust was represented by a laying of a wreath at the Oswestry Park Gates for the Remembrance Sunday. MB also represented commemorations at St Chads, Shrewsbury. Also, the Trust held a two minute silence at the front of the hospital, joined by Veterans and a wreath was laid at the new statues. • The TSSU refurbishment has been completed. MB thanked the staff involved and particular thanks to the TSSU staff. • Welcome to Stacey-Lea Keegan as the Interim Chief Nurse • Health Hero for the month was Meg Evans, MRI and CT Radiographer HT thanked MB for his update which was ***noted*** by the Board.
	QUALITY AND SAFETY
28/11/8.0	**QUALITY AND SAFETY COMMITTEE CHAIR'S REPORT** SW presented the Chair's report in the absence of Chris Beacock, Non-Executive Director. SW highlighted the following from the Committee: • The Committee received the Patient Experience Report presented by Alison Harper, Divisional Governance Lead • The Committee received the quarterly Infection Control Report and in addition discussed the Board presentation on infection control. The Committee went through the recommended actions and agreed ongoing monitoring via the Infection Control Committee with quarterly updates back to the Quality and Safety Committee. • The Committee received the root cause analysis undertaken by Mr Rob Freeman, Consultant Orthopaedic Surgeon, in relation to the recent Never Event. Learning was identified with a number of actions being taken forward. • The CQC Action Plan was presented and good progress was noted The Board ***noted*** the Chair's Report.
28/11/9.0	**PEOPLE COMMITTEE CHAIR'S REPORT** SS presented the Chair's Report in the absence of Chris Beacock who had chaired the meeting. SS highlighted the following: • This was the second meeting of the Committee and it was well attended • The work plan was reviewed • The Committee looked at the detail of Guardian of Safe Working hours • The Job Planning Policy was considered and approved subject to a few minor amendments • The Staff Experience Group Terms of Reference were approved

	The Board ***noted*** the Chair's Report.
28/11/10.0	**GUARDIAN OF SAFE WORKING REPORT** SW presented the Guardian of Safe Working Hours Report for Quarter 2. This had been prepared by Mr Chris Marquis, Consultant Orthopaedic Surgeon and Guardian of Safe Working Hours. He regularly meets with the junior doctors to provide opportunity for concerns to be raised and to ensure that all is in order. The Trust had no exceptions report and no fines. There are plans to use the Allocate system as a digital means of monitoring working hours going forward. SW was able to provide significant assurance to the Board regarding working hours. The Board ***noted*** the report.
28/11/11.0	**INFECTION CONTROL Q2 REPORT** SK presented the Infection Control Q2 report which had previously been presented to the Quality and Safety Committee. SK highlighted the following: There had been two cases of E.coli, both in relation to urosepsis. For assurance purposes SK confirmed that a multi-disciplinary post infection review had been conducted for both cases with no lapses in care identified and patients received appropriate treatment. SK also highlighted the hand hygiene and bare below the elbows compliance. This was an improving picture but still some issues being picked out. . The Board ***noted*** the report
28/11/12.0	**LEARNING FROM DEATHS** SW presented the Learning from Deaths Report and confirmed there had been 6 deaths reported. A Structured Judgment Review had been carried out for each of them with no care issues identified. The Trust had introduced the National Respect Programme which relates to end of life care. Finally, SW confirmed that all deaths are reviewed at the Multi-Disciplinary Clinical Audit Meeting. The Board ***noted*** the report.
28/11/13.0	**FLU UPDATE** SK provided an update on the uptake of the flu vaccine amongst front line staff. Currently the uptake stood at 61.39%. One of the requests from the regulators was to complete a self-assessment checklist and put it into the public domain and therefore the check list was in the Board pack. HT asked when the cut-off date was for counting staff who had received the vaccine. SK confirmed that it is in January.

	MB highlighted that the Trust had originally been asked to work with a partner trust, enquiries have been made regarding this as the Trust remains committed to learning from others. If the Trust is notified of the suggested partner contact will be made. DG felt that those involved should be congratulated for their hard work. MB commented that it was important that we continue to try and increase our uptake as it remains below the target. The Board ***noted*** the update.
28/11/14.0	**CONTROLLED DRUGS ANNUAL REPORT** SK presented the Controlled Drugs Annual Report and confirmed that the Trust was compliant throughout last year with all regulatory requirements. There was one moderate risk which was in relation to a patient self-administrating, however, no care issues were identified. The Board ***noted*** the report.
28/11/15.0	**FINANCE PLANNING AND DIGITAL CHAIR'S REPORT** DG presented the Chair's Report and highlighted the following: • The Committee undertook a thorough review of the performance reports and looked in depth at the areas not on plan. However, the Committee took assurance from the measures being taken. • The Committee accepted it was looking increasingly difficult to deliver the financial target set for this year but it is still expected that the Trust will achieve a surplus position. • The Committee reviewed Service Line Reporting • The Committee considered the way forward for the ACI service • The Committee received an from Alyson Jordan, Head of Access, on the work on Breaking the Cycle • EPR updates were presented. The Board ***noted*** the Chair's Report
28/11/16.0	**M7 PERFORMANCE REPORT** KR provided an overview of the Trust's performance as follows: Areas where the Trust is performing well: • 10 consecutive months of meeting the voluntary turnover target • no grade 3.or 4 pressure ulcers • Friends and Family Test • No English or Welsh patients waiting over 52 weeks • Both diagnostic standards met this month in line with the improvement trajectory • Expenditure was within planned levels Areas where the Trust is not performing so well: • Sickness absence • Falls • Complaints • Delayed Discharges • RTT *Caring for Staff* SS highlighted the following: • There continues to be a focus on sickness absence. Work is underway on a

new policy aimed at supporting staff. Also, SS was aware that this is the more challenging time of the year in relation to staff sickness.

- Staff turnover has historically remained low however there is some work being undertaken on exit interviews.
- The response rate for the Staff Friends and Family Test has previously been an issue but this is back up to usual levels. The Staff Survey will provide another indicator and the take up for this is much higher, currently at 59%.

Caring for Patients

SK highlighted the following:

- One serious incident was reported which related to treatment delays for pressure ulcer management the report regarding this is due to go to Quality and Safety Committee next month.
- Falls increased in October with 17 in total but no moderate or severe harms. Work is underway to review the themes with some early learning regarding unwitnessed falls in bathrooms. The Falls Collaborative is due to meet in January and SK has asked for patients to be invited for their feedback.
- Complaints have increased to 19 in total in the main this is due to a change in the monitoring and reporting of PALS issues. This was discussed at Quality and Safety Committee.
- Delayed discharges continue to be an area of focus with extra resource being put in the Resettlement Team as part of the national work on care of the elderly and work on patient flow.

HT asked about the complaints increase and SR explained that a decision had been taken that complex PALS concerns should be dealt with through the Trust's complaints process as this provides a clear framework for investigation, response and hopefully conclusion for the patient. It also provides patients with the opportunity to escalate to the Ombudsman if they are not satisfied.

MB explained that the Trust has a small number of continuous complainants which have been dealt with via PALS as concerns but due to the informal nature of the way these have been handled it can be difficult to manage these contacts. If a PALS concern is complex and likely to require ongoing patient communication it is more effective and accurate to handle these as a complaint. MB thought it would be helpful to take the Board through this in more detail at the next meeting.

ACTION: Deep dive on complaints to be presented to the next Board

HT asked about delayed discharge rate and whether the system is set up to respond to the discharge issues.

MB commented that there are some internal changes that can be made and whilst there is good intention behind some of the extra steps taken around patient discharges there does need to be cultural change. It also requires the response of the local authority to the need that exists so there are external changes required too.

SW highlighted the following further aspects of caring for patients:

- There had been three deaths none of which were unexpected
- 99.85% VTE assessment compliance had been achieved for the month

KR highlighted the following:

- 62 days standard was missed in month, this impacted on six patients in total of which two were shared breaches. The Trust is currently in discussion with NHS Digital regarding the shared breaches.

	• RTT performance was behind plan due to there being fewer patients on the list. There is a focus on addressing the breaches but the impact of this work will be in Q4. • Theatre activity did not meet target as predicted and was below the recovery plan. This was due to a number of factors but predominantly anaesthetic sickness and compassionate leave. There were 68 cases lost but the month end position was 47 short so there was some recovery. MB asked about the months ahead and KR confirmed that T&O had booked 95% for November with an expected shortfall of around 40-50 cases as a result of temporary staffing. There are 130 sessions budgeted per week but delivery needs to be at 137 to hit the plan. For December it is anticipated that bookings will be plus 35 but allowing for sickness and cancellations it is expected that the plan will be achieved for December. At the moment January is expected to be plus 30. For private patients, the position has been recovered for November. DG commented that the theatre plan when he started at the Trust was at the Trust was 123 per week and therefore the organisation is doing a great deal more than it did historically. *Caring for Finances* CM highlighted the following: • October was planned to be the busiest month of the year to date and made a £611k surplus in month, short of plan by just under 200k • Shortfall in activity was the main driver for shortfall against the plan • The cost base remained in line with plan • The cost improvement program is back on plan on a year to date basis • £1.4m adrift of the control total trajectory with only 5 months to recover. These pressures are being discussed in the system to see what opportunities there are. HT asked if there was a position outturn yet and CM confirmed that the best case scenario was achieving the control total and the worst case is missing by £1m. MB commented on the contractual balance between the English and Welsh commissioners as the Trust is currently underperforming on the Welsh contract and over-performing on the English contract. Work underway to look to see if the balance can be addressed to help the Trust's Welsh patients and balance the contract issues. HT commented on the dial in meeting of the Finance Planning and Digital Committee to keep ongoing oversight. The Board ***noted*** the M7 Performance Report.
28/11/17.0	**TREASURY MANAGEMENT POLICY** CM presented the policy for ratification and confirmed that it had been through the Finance Planning and Digital Committee for comment. CM confirmed that it is an existing policy that has been refreshed and there are no material changes The Board considered and ratified the policy.
28/11/18.0	**CLINICAL EXCELLENCE AWARDS ROUNDS** SS presented the report which was for noting. It was noted that the awards were in relation to 2018.

	The Board noted the awards that had been made for 2018.
ITEMS TO NOTE	
28/11/19.0	**CORPORATE OBJECTIVES AND BOARD ASSURANCE FRAMEWORK** SR presented the paper and explained that this was presented to the Board when it met in October in private session and therefore it was being re-presented to put it into the public domain. The Board noted the report.
28/11/20.0	**M6 PERFORMANCE REPORT** The Board noted that this was previously presented during the private session in October and therefore was being re-presented to put it in to the public domain. The Board ***noted*** the report.
28/11/21.0	**ORTHOPAEDIC INSTITUTE ANNUAL REPORT.** This was presented for information. MB commended the work of the Trust's colleagues in the Institute and felt that this was a good report outlining the hard work and support they provide to the Trust. The Board ***noted*** the report.
28/11/22.0	**NOA ANNUAL REPORT** This was presented for information. MB commented that it provided a good summary of the work that has been undertaken over the last year. The Board ***noted*** the report.
28/11/23.0	**GOVERNORS UPDATE** SR highlighted the following: • Jan Greasley won Governor of the Year at the Celebration of Achievement Awards • The Governors have continued to participate in the Patient Safety Walkabouts • The Council of Governors approved the appointment of Rachel Hopwood • Quarterly meetings have been scheduled between the Senior Independent Director and the Governors. The Board ***noted*** the update.
	DATE OF NEXT MEETING IN PUBLIC: Thursday 30 January at 9.30 in the Meeting Room 1.
	CHAIRMAN'S CLOSING REMARKS HT thanked everyone for their contribution and closed the meeting.

28 NOVEMBER 2019

SUMMARY OF KEY ACTIONS

Outstanding Actions from Previous Meetings	Lead Responsibility	Progress
25/04/6.0 RESEARCH UPDATE PK and SS to look at the people strategy around research with a particular focus on upskilling.	Director of People	In progress
Actions from Last Meeting	**Lead Responsibility**	**Progress**
28/11/16.0 M7 PERFORMANCE REPORT Deep dive on complaints to be presented to the next Board	Interim Chief Nurse	For January meeting

Orthotics NHSi collaborative

Jane Dewsbury

Eileen Davey- Morgan

Orthotics

E xternal device fitted to the body to correct, maintain, relieve, accommodate or protect.

Vast selection including

- Helmets
- Spinal braces
- Knee braces
- Ankle braces
- Footwear and insoles

vista

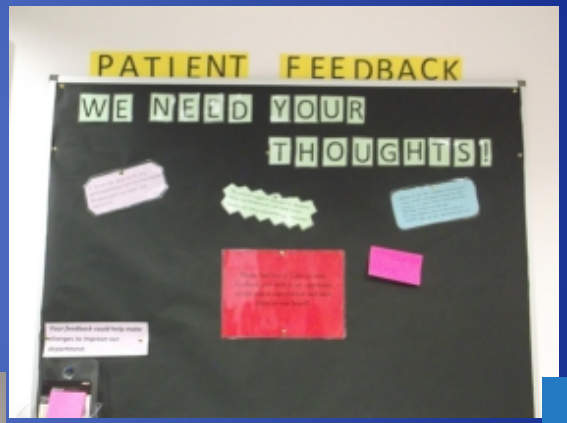
NHSi collaborative

- Service development from direct local patient feedback
- 18 NHS centres across UK
- 12 month project
- NHSi patient questionnaire

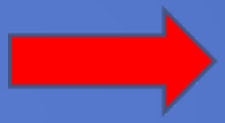
- Questionnaire
- 10 questions
- Covering treatment times to quality of service

RJAH Orthotics NHSi team

RJAH project

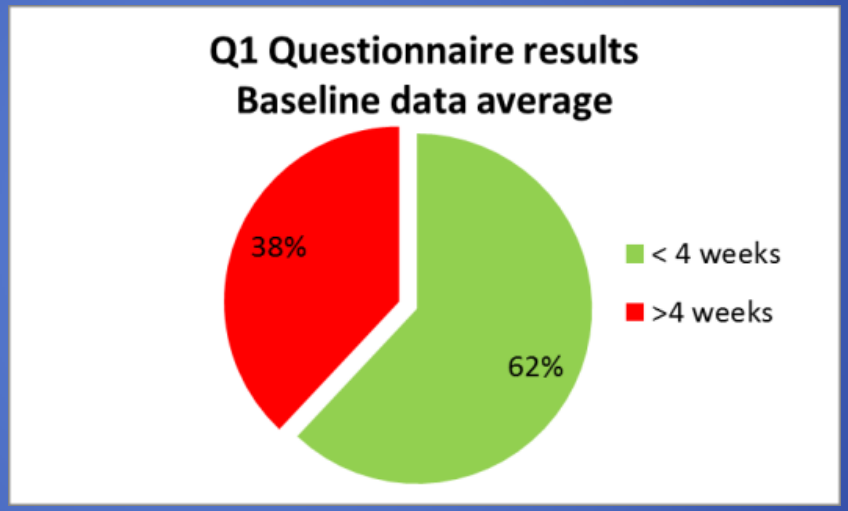


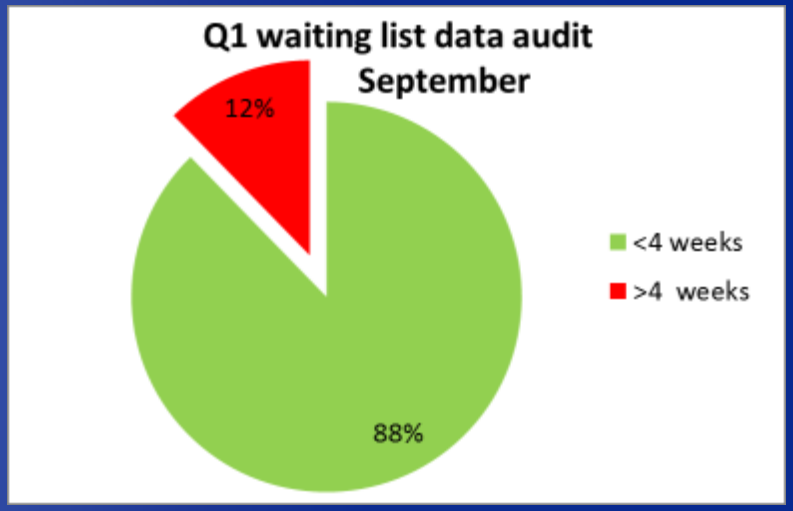
Baseline Data



		Jul-19	Aug-19	Sep-19
Number completed		13	21	27
Q1	Patients seen within 1 month of referral	62%	42%	81%
Q2	Patients supplied with orthoses within 4 months	77%	97%	80%
Q3	Happy with time from assess to supply	92%	88%	85%
Q4				
Q5	Understand why have orthoses	92%	100%	98%
Q6	Does your orthoses help you do what you want to	85%	95%	86%
Q7	Wear orthoses at least most days	100%	100%	92%
Q8	Good and very good experience rating of most recent visit	92%	97%	98%
Q9				
Q10	4 and 5 star rating	92%	90%	93%

Q1 Results


Q1 Questionnaire results
Baseline data average
38%
62%
< 4 weeks
>4 weeks


Q1 waiting list data audit
September
12%
88%
<4 weeks
>4 weeks

Project Aim

To reduce waiting times between assessment and supply of orthoses so 90% of patients are supplied within 4 months by March 2020

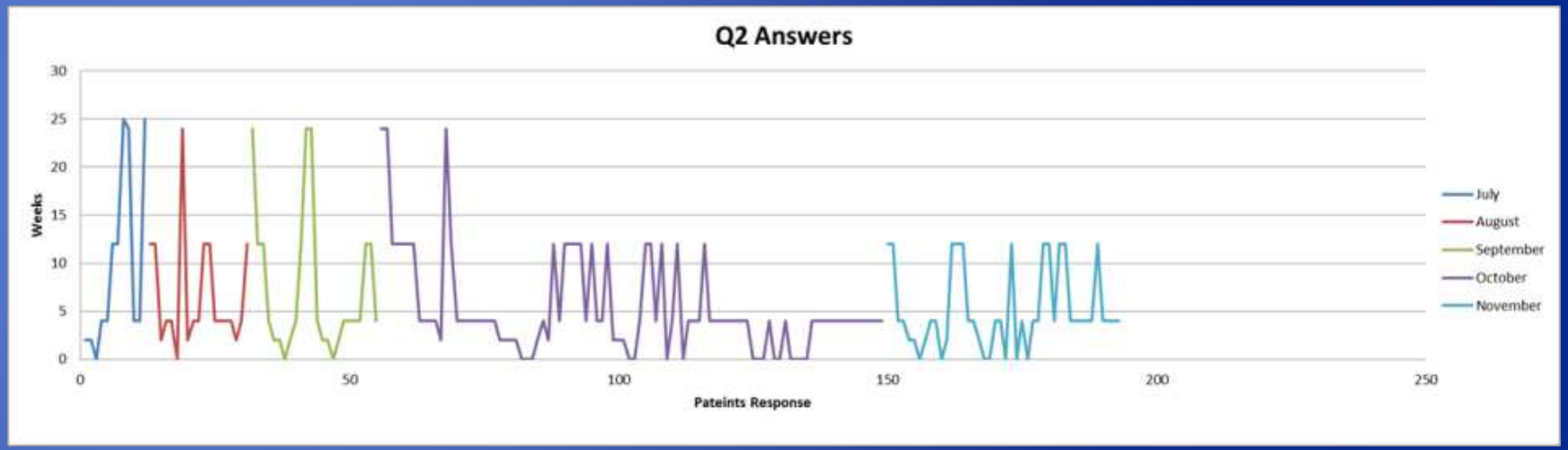
MARCH 2020

Our Changes

Data after change

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number completed		13	21	27	80	45	48
Q2	Patients supplied with orthoses within 4 months	77%	97%	80%	96%	100%	100%

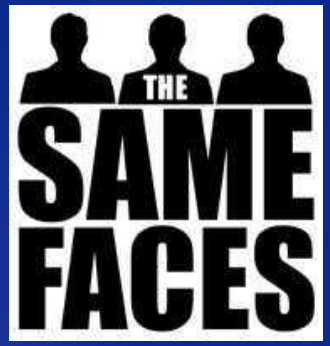
Time


Q2 Answers
30
25
20
15
10
5
0
Weeks
0
50
100
150
200
250
Pateints Response
July
August
September
October
November

Data summary

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number completed		13	21	27	80	45	48
Q1	Patients seen within 1 month of referral	62%	42%	81%	67%	68%	87%
Q2	Patients supplied with orthoses within 4 months	77%	97%	80%	96%	100%	100%
Q3	Happy with time from assess to supply	92%	88%	85%	89%	87%	96%
Q4							
Q5	Understand why have orthoses	92%	100%	98%	98%	93%	96%
Q6	Does your orthoses help you do what you want to	85%	95%	86%	89%	82%	94%
Q7	Wear orthoses at least most days	100%	100%	92%	93%	93%	98%
Q8	Good and very good experience rating of most recent visit	92%	97%	98%	96%	95%	98%
Q9							
Q10	4 and 5 star rating	92%	90%	93%	97%	91%	98%

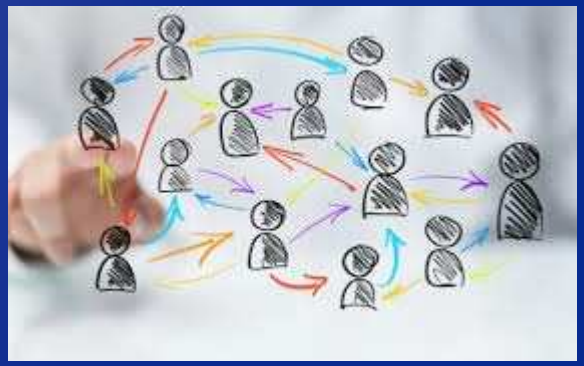
Staff comments



NHSi visit

As I was listening to your presentation, which was great, I made a note of some key themes for your success – leadership, connectivity, relationships, visibility, and QI competency

What next



BIG CHALLENGES

Eileen's story and the importance of Orthotics in her life

The Early Years

Late teens

Treatments

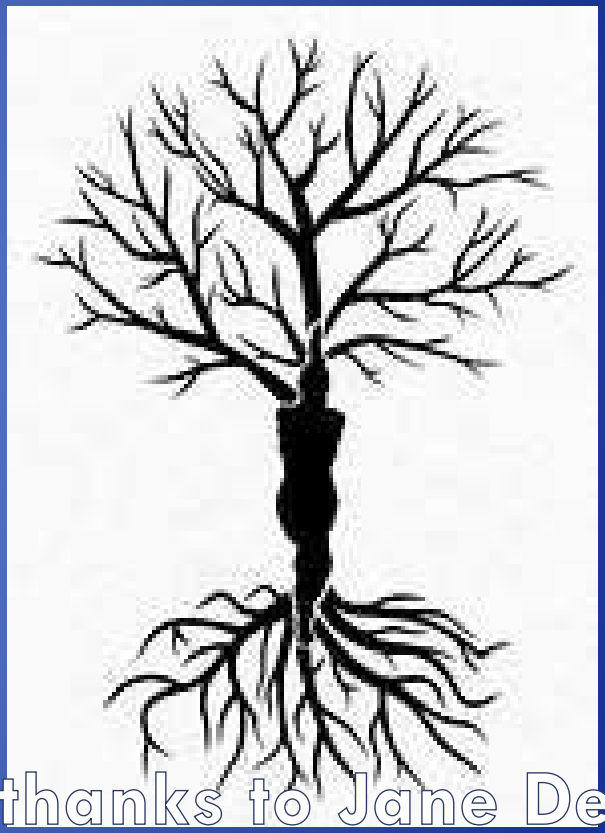
My precious trainers

Activity

Family and glam

My Scoliosis Posture suit

body with a strong foundation.



My grateful thanks to Jane Dewsbury, Mr Trevedi and all the medical staff at RJAH.

GIVE A GIRL THE RIGHT SHOES AND SHE CAN CONQUER THE WORLD

- Marilyn Monroe

NHS-i Update January 2020

Over the last 5 months we have been contacting patients to ask for their experience in Orthotics at their most recent appointment. In total 457 patients have been contacted and 42% of these patients have responded. Patients are being contacted 6 weeks after they receive their orthoses, via text or letter.

Our project aim is to improve waiting times from assessment to fitting so 90% of patients receive their orthoses within 4 months.

Our baseline data for September showed 16% of patients were waiting over 4 months for their goods.

The data for October and November shows the following responses:

Q1 – waiting time referral to assessment – 68% are seen within 4 weeks

Q2 – waiting time assessment to supply – 98% receive their orthoses within 4 months

Q3 – 88% report the time from assessment to supply is acceptable

Q5 – 96% report they understand why they need an orthoses

Q6 – 86% advise their orthoses help them do the things they want to in life

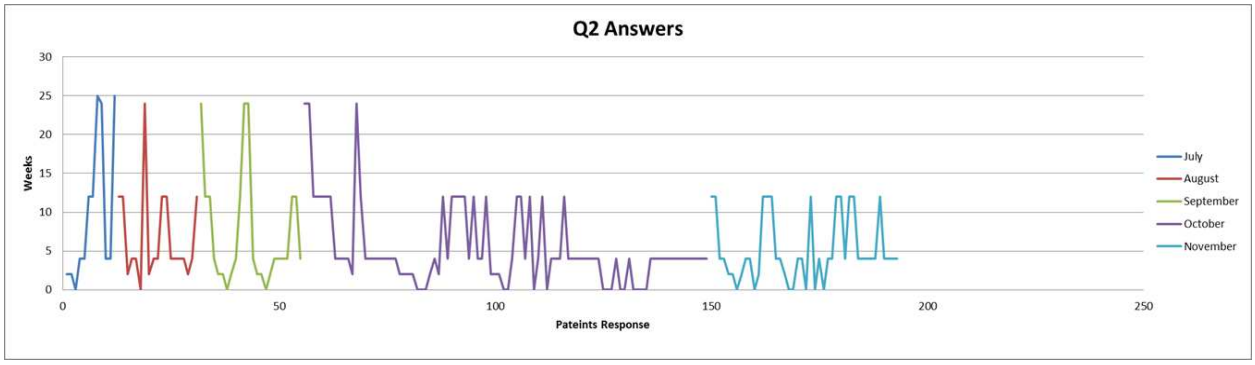
Q7 - 93% wear their orthoses either most days or everyday

Q8 – 96% rate their most recent experience as very good or good

Q10 – 94% rate the care as 4 or 5 star

We have managed to reduce the patient waiting time from assessment to supply by 14% after making some small initial changes - Orthotist job plan (NPC changed to QT), extending dept opening hours, introducing new WUB form on all receptions. We are still working on the much larger projects to assist this further and they include new accommodation for despatch area and reviewing of staffing hours in despatch area. This has been raised further through risk assessments. Last month the dispatch team processed around 1500 orders and rectifications.

This graph shows how the waiting for orthosis has dropped in the last 2 months.



Over the next few months we will keep selecting different areas and making changes to continue to try and maintain this time frame as there are many other areas to look at including IT, eliminating hand writing, chasing collect goods as well as appointed goods, monitoring company delivery times, continuity of care and product contracts.

NHS-i visited on Jan 14th to see and hear what we have done so far and what our aims are going forward. At the meeting there was Jane, Sophie, Soma Moulik (Divisional Performance Manager), Alison Harper (Governance Lead for Diagnostics and Patient Experience Lead), Eric Hughes, Jo Banks, Stacey Keegan (Interim Chief Nurse) and Caroline Poole(Deputy Clinical Director and Head of Allied Health Professions).

Caroline Poole noted a few things about her visit and what she learnt from our talk we had:

- Our team's success in building collaborative relationships across different trust teams to meet your goals and your partnership approach to improvement that has resulted
- Our success in working in co-production with your patients/carers, and how this has reaped rewards and helped the clinical service to think differently
- Our success in a getting specific patient feedback and your proactive stance of using this as data to drive your improvements and demonstrate the impact for your efforts

The key points Eric Hughes identified as work going forwards was

- Further refinement of the questionnaire such that there is an adoption of a standardised national questionnaire which commissioners can adopt to assess patient outcomes and satisfaction with the services they commission.
- The development of more NICE approved standards of care in order to assist standardising orthotic pathways across the NHS.

What's next?

Jane is presenting to the board what we as a department have been doing and what changes we have made to improve the service and get them on board to help make some more changes

This project officially finishes in March 2020 but we are keen to keep this going to ensure the changes we have made continue to improve our department. We are currently looking at options to do this. We won't have the formal NHS-i questionnaire and data collection after March 2020 but we are looking at customising our comment cards and utilising them as our data source.

I also would like to welcome any thoughts and ideas from the whole team in what else you think we could review. If you have any questions about the project feel free to ask Sophie or Jane for more details.

Scoliosis

My first recollection of staying in hospital was November 5th 1965 when I was 7 years old. I can remember the date clearly because it was bonfire night and I was not allowed to sit up with the other children to watch the fireworks because I had been to theatre and had a very painful injection in my back. I was told I had to lie flat so my bed was

1. Part One - Public Meeting	2. Chief Executive Update	3. Quality & Safety	4. Performance & Governance	5. Items to note	6. Any Other Business

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18 Weeks RTT Open Pathways

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

88.3% against **92%** target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

Our December performance was 88.30% against the 92% open pathway performance for patients waiting 18 weeks to start their treatment. The total number of breaches has reduced from 847 at the end of November to 826 at the end of December. The performance breakdown by milestone is as follows: MS1 - 4370 patients waiting of which 64 are breaches, MS2 - 806 patients are waiting of which are breaches, MS3 - 1886 patients are waiting of which 534 are breaches.

The reported position was behind our trajectory plan of 92.00%. The FPD agreed RTT trajectory looked to achieve 89.02% in December.

Actual performance against RAG ratings

Jul 201	89.9%
Aug 201	88.69%
Sep 201	88.54%
Oct 201	88.01%
Nov 201	88.1%
Dec 201	88.3%

Performance over 24 months ² SPC

Trajectory

SPC Alert - 7 or more consecutive points above or below the mean indciates a step change.

Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
88.84%	88.99%	89.37%	90.05%	90%	89.49%	89.98%	89.96%	89.6%	90.29%	90.66%	90.28%	90.04%	90.02%	90.47%	92.14%	92.01%	91.4%	90.61%	89.9%	88.69%	88.54%	88.01%	88.1%	88.3%	89.5%

Patients Waiting Over 52 Weeks ² English

Number of English RTT patients currently waiting 52 weeks or more

0 against **0** target

On target green rated

Exec Lead:
Director of Operations

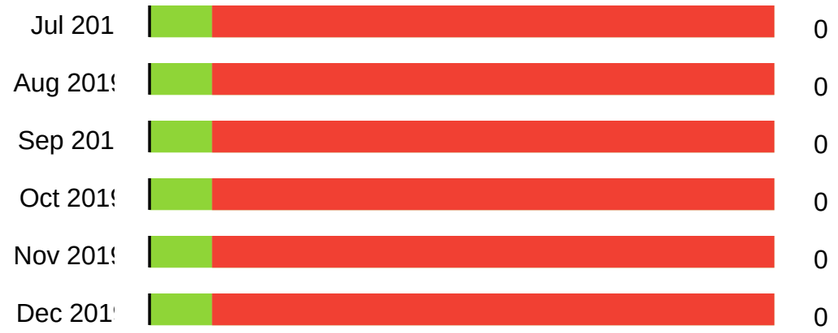
Integrated Performance Report

Narrative

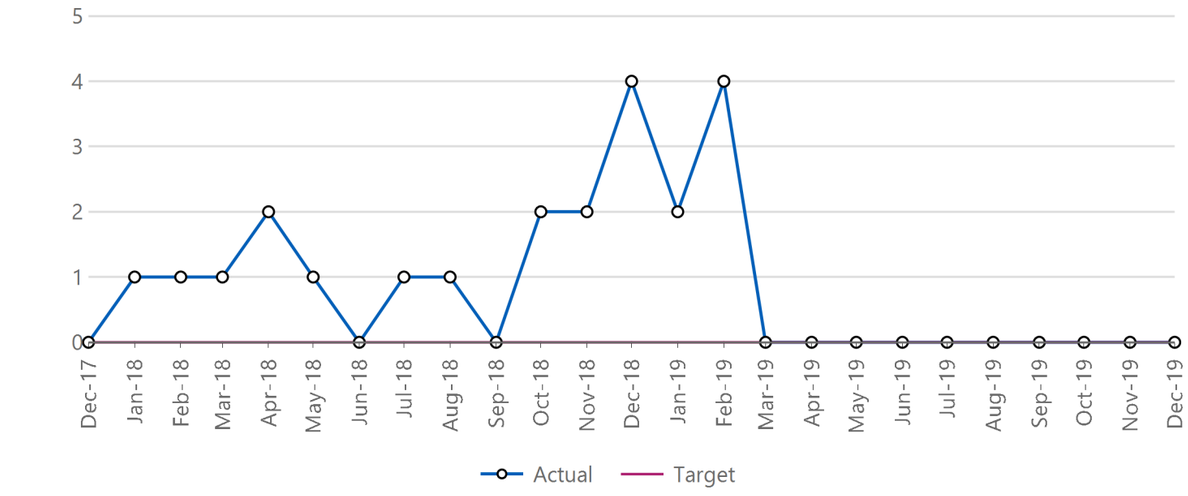
At the end of December there were no English patients waiting over 52 weeks.

The forecast figures show predicted 52+ weeks waits as follows:
- End of January - 0
- End of February - 1 - Spinal Disorders (Awaiting scan results from another Trust before further steps can be taken)
- End of March - 3:
  - 1x Spinal Disorders (Risk of breach due to Consultant leave)
  - 1x Knee & Sports Injuries (Pathway to be tracked following diagnostic review in January)
  - 1x Arthroplasty (Pathway to be tracked following outpatient appointment in January)

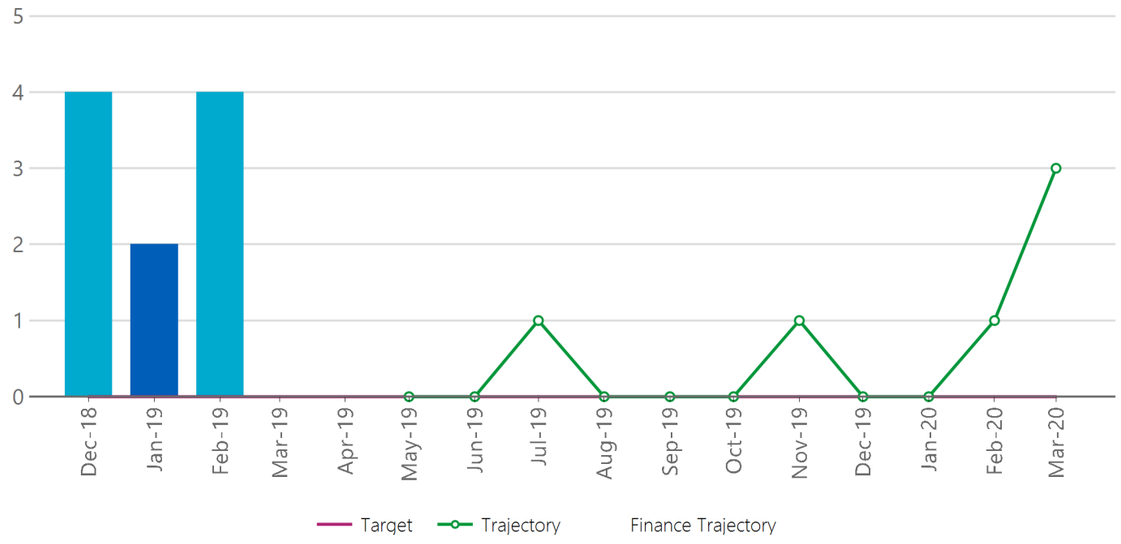
Actual performance against RAG ratings



Performance over 24 months ²



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	1	1	1	2	1	0	1	1	0	2	2	4	2	4	0	0	0	0	0	0	0	0	0	0

Patients Waiting Over 52 Weeks ² Welsh

Number of RJAH Welsh RTT patients currently waiting 52 weeks or more

0 against **0** target

On target green rated

Exec Lead:
Director of Operations

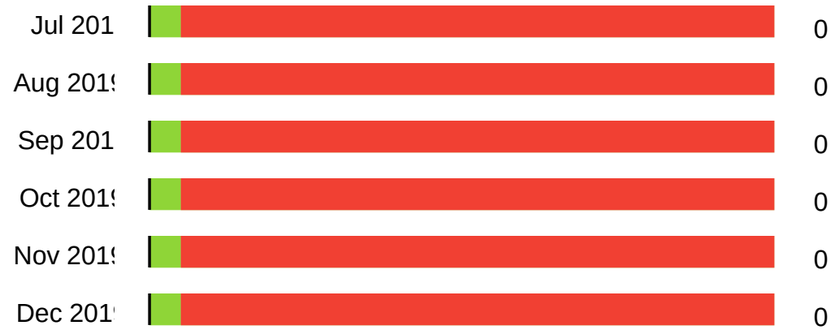
Integrated Performance Report

Narrative

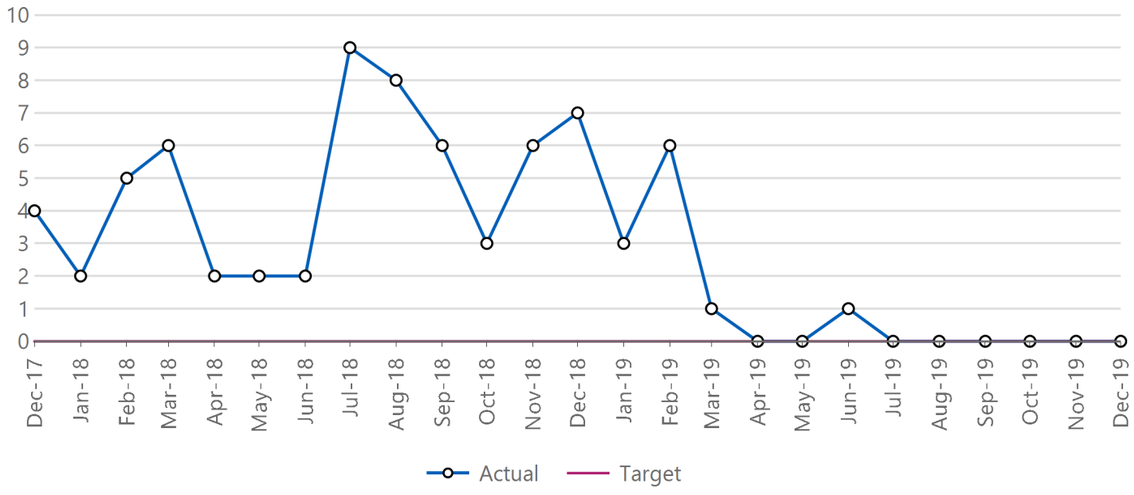
At the end of December there were no Welsh patients waiting over 52 weeks.

The forecast figures show predicted 52+ weeks waits as follows (these include BCU & Powys patients):
- End of January - 0
- End of February - 4:
  - 1x Arthroplasty - (Working to secure capacity)
  - 1x Arthroplasty - (Pathway to be tracked following MRI in January)
  - 1x Knee & Sports Injuries - (Pathway to be tracked following complex clinic attendance in January)
  - 1x Spinal Disorders - (Next steps of pathway to be agreed following rehab)
- End of March - 6 -
  - 4x Spinal Disorders - (All currently in diagnostics phase and pathways will be tracked following scan results)
  - 1x Arthroplasty - (Complex pathway currently being tracked)
  - 1x Paediatric Orthopaedics (Young Adult) - (Appointment in combined clinic booked)

Actual performance against RAG ratings



Performance over 24 months ²



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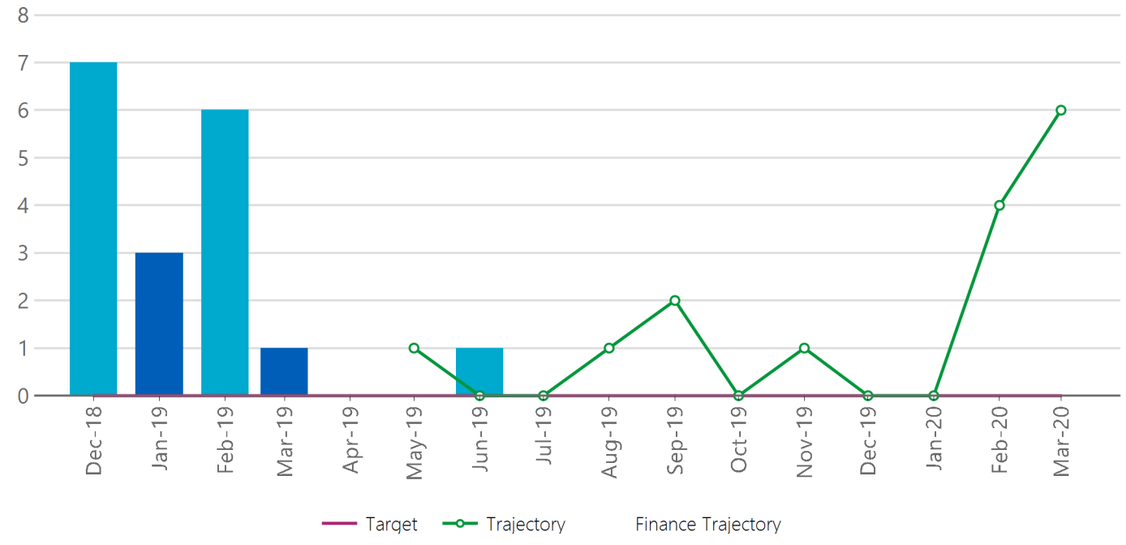


Heatmap performance over 24 months

Patients Waiting Over 52 Weeks 2 Welsh (BCU Transfers)

126 against N/A target

Exec Lead:
Director of Operations

Integrated Performance Report

Number of BCU transfer Welsh RTT patients currently waiting 52 weeks or more.

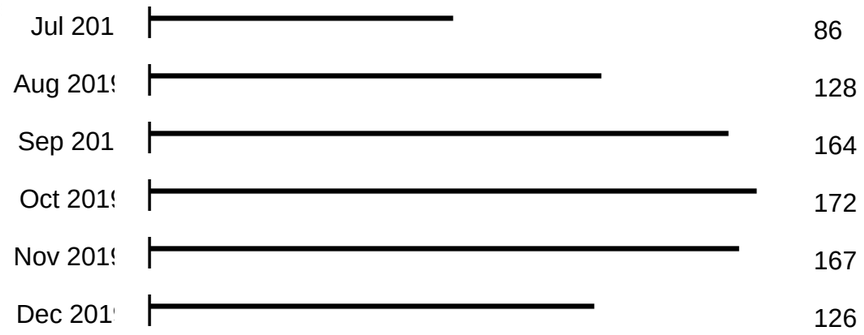
Narrative

At the end of December there were 126 Welsh patients waiting over 52 weeks who were transfers of care from BCU. Within this financial year 886 transfers of care have been received from BCU with none received beyond November.

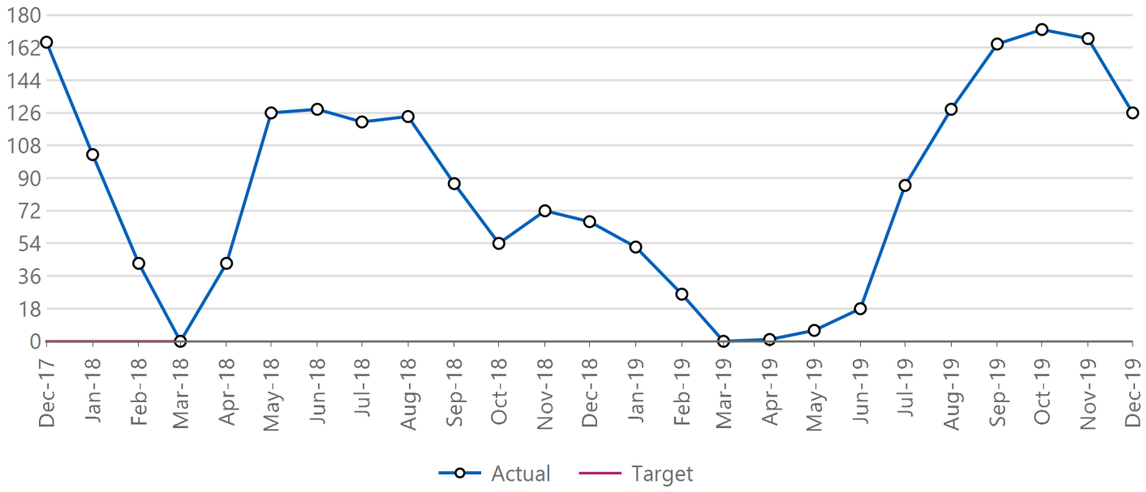
The forecast figures show predicted 52+ weeks waits as follows:
- End of January - 94
- End of February - 82
- End of March - 0

This forecast is based on the transfers received to date. The target for this measure is to treat all patients transferred by year-end.

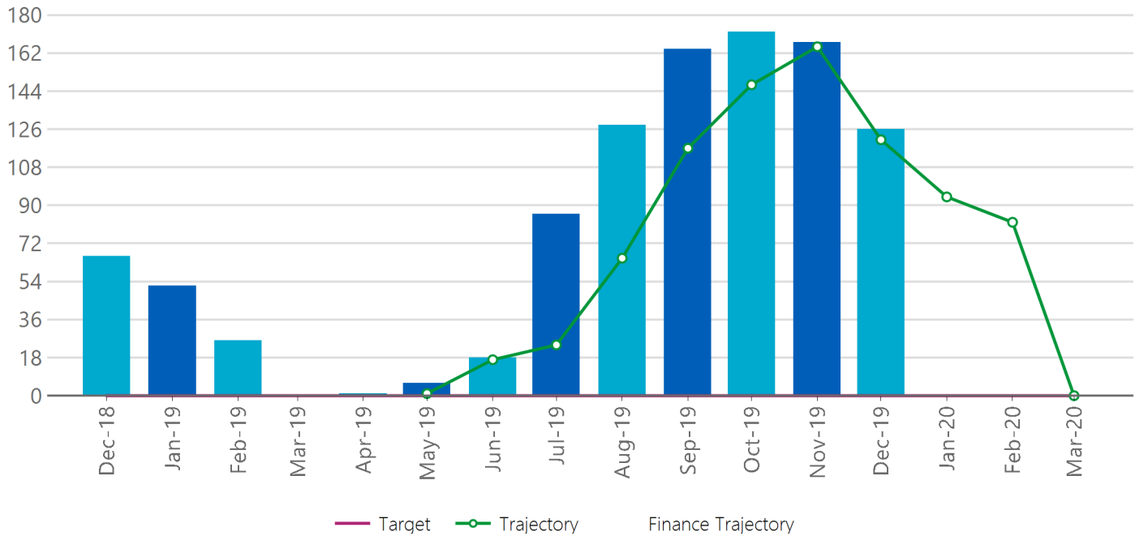
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
165	103	43	0	43	126	128	121	124	87	54	72	66	52	26	0	1	6	18	86	128	164	172	167	126

Integrated Performance Report
December ² Month 9

6 Week Wait for Diagnostics - English Patients

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

98.09% against **99%** target

Below target red rated

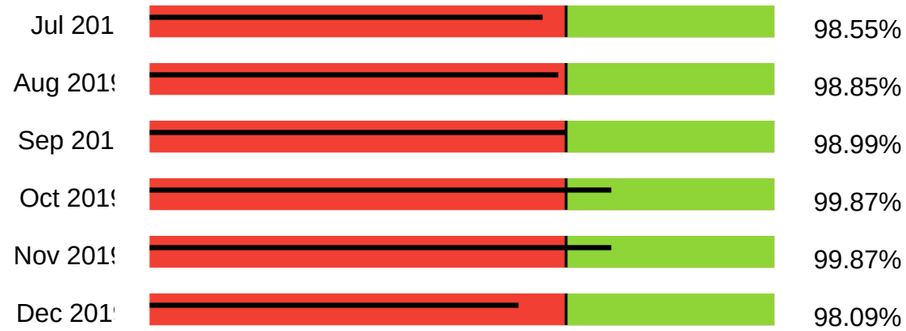
Exec Lead:
Director of Operations

Integrated Performance Report

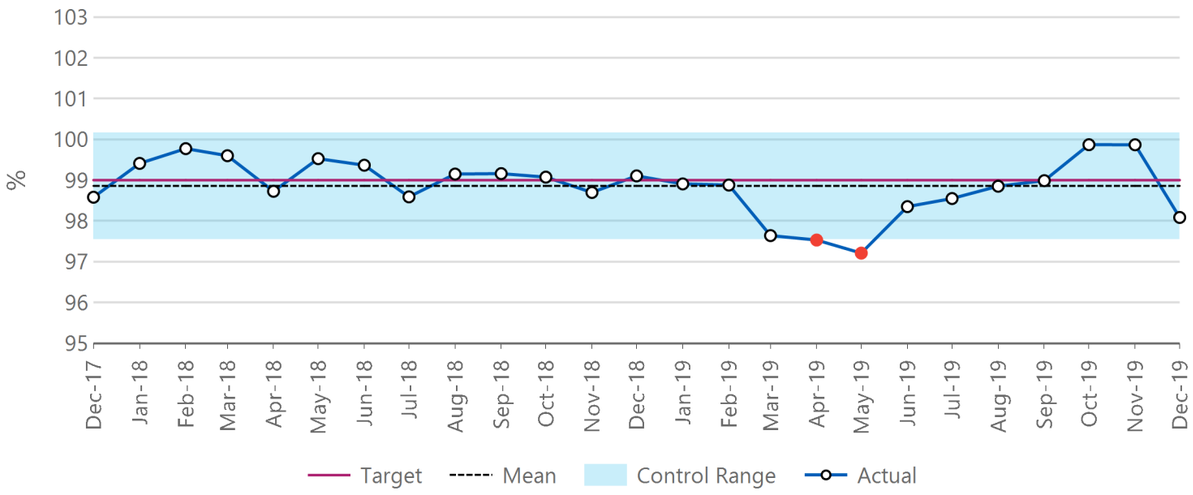
Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 98.09%. This equates to thirteen patients who waited beyond 6 weeks with reasons associated with late referrals, DNAs and patient initiated delays.

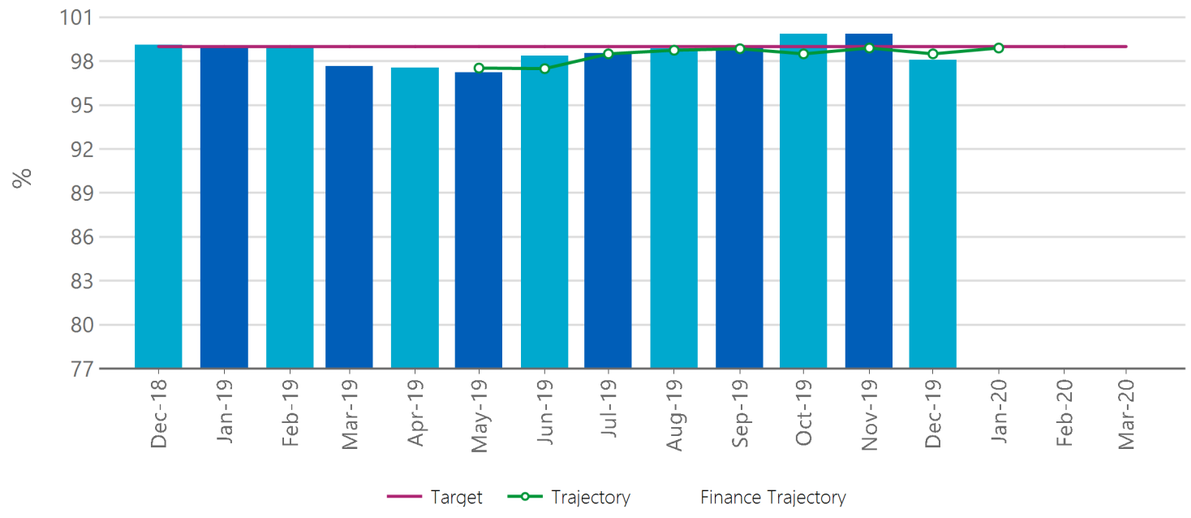
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
98.58%	99.41%	99.77%	99.6%	98.73%	99.53%	99.37%	98.59%	99.15%	99.16%	99.07%	98.7%	99.1%	98.91%	98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.09%	98.61%

8 Week Wait for Diagnostics - Welsh Patients

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

99.32% against **100%** target

Below target red rated

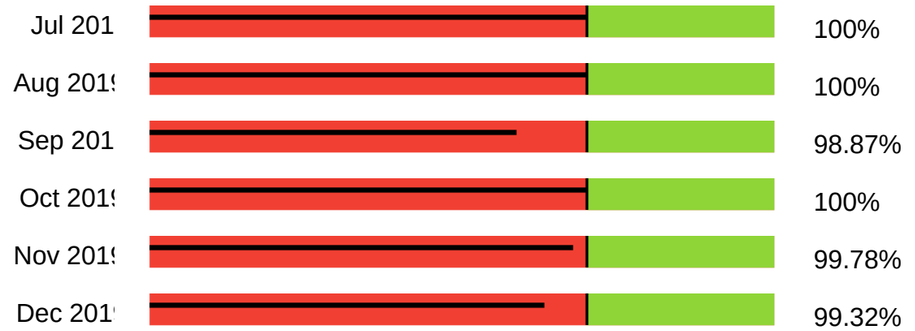
Exec Lead:
Director of Operations

Integrated Performance Report

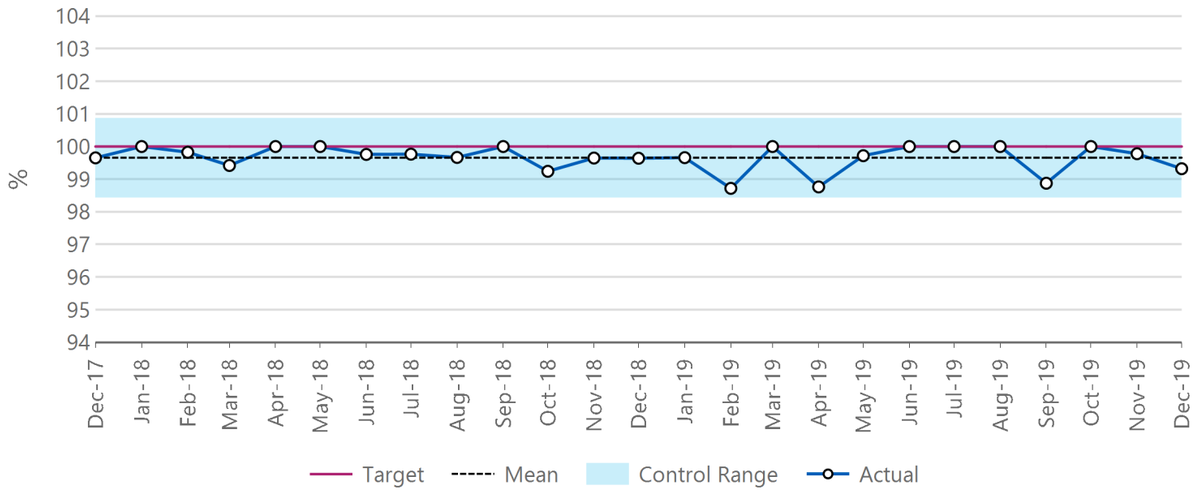
Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 99.32%. This equates to three patients who waited beyond 8 weeks with reasons associated with late referrals, DNAs and patient initiated delays.

Actual performance against RAG ratings



Performance over 24 months ² SPC



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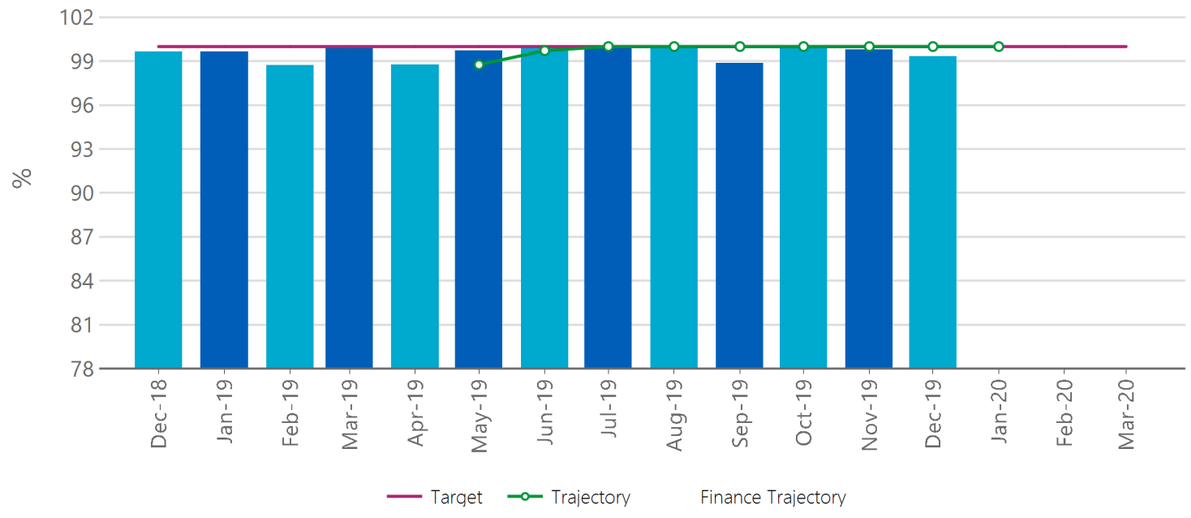


Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
99.65%	100%	99.82%	99.42%	100%	100%	99.76%	99.77%	99.67%	100%	99.24%	99.65%	99.64%	99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.61%

Total Theatre Activity

Activity in theatres in month

827 against 832 target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

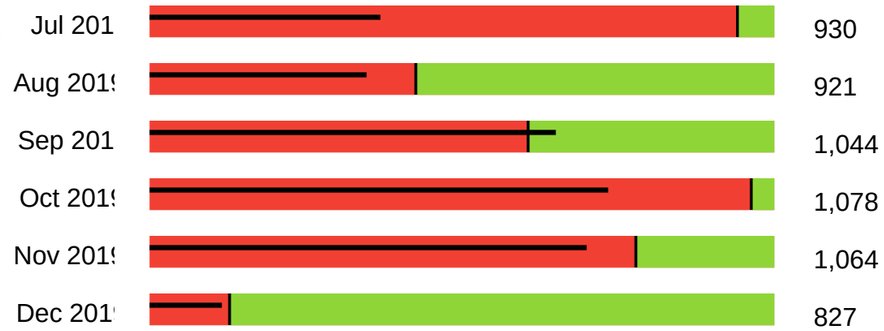
Narrative

Total Theatre Activity was behind plan in December. A breakdown of this is:
- T&O including Tumour & Hand Trauma - 765 cases. This was 23 cases above the original plan and 1 case behind the revised plan. This is broken down b
  - T&O Only - 720 cases (+17 from revised plan)
  - Tumour - 24 cases (-16 from revised plan)
  - Hand Trauma -21 cases (-2 from revised plan)
- MCSI - 24 cases (-9 from plan)
- Private Patients - 38 cases (-24 from revised plan)

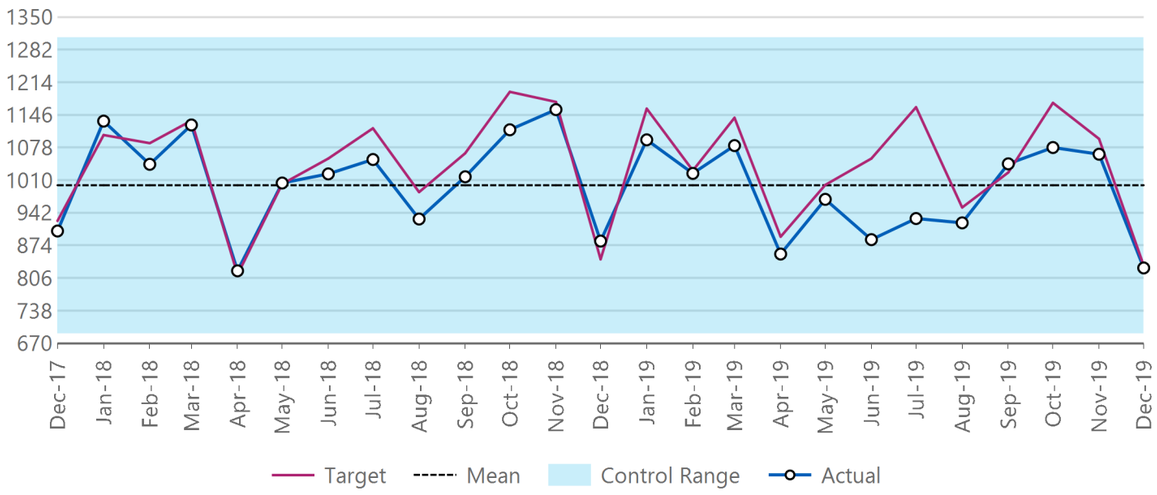
The trajectory reflects the revised plans agreed in December-19.

Action to Improve:A Theatres Improvement Plan is in place looking at scheduling and workforce. As part of demand and capacity planning there is focus o assessing the workforce requirements to deliver planned sessions; a paper is in progress by our Interim Head of Theatres.

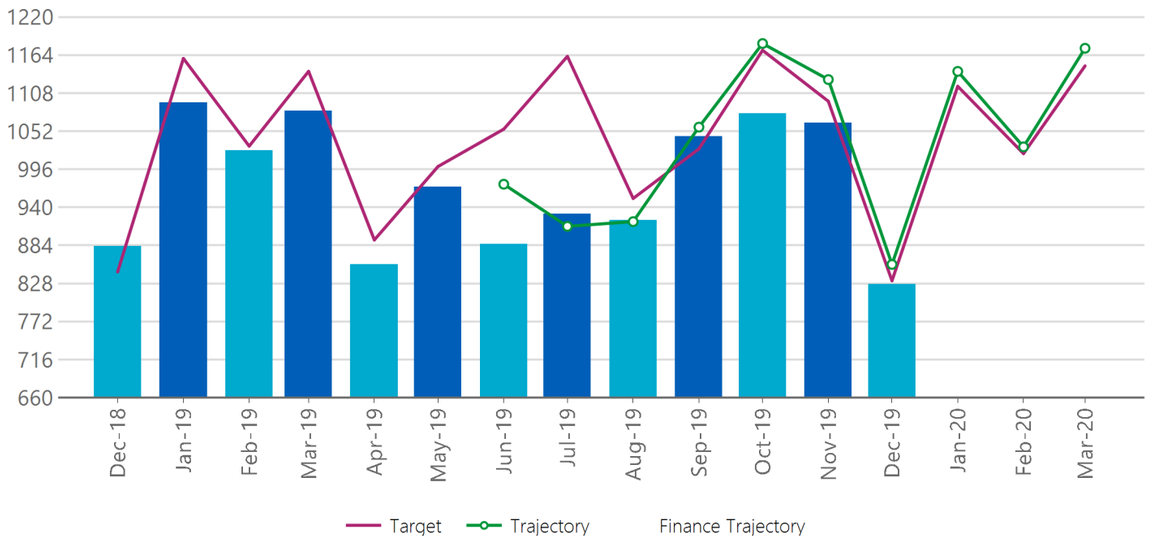
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
904	1,133	1,043	1,125	821	1,004	1,023	1,053	929	1,017	1,115	1,157	883	1,094	1,024	1,082	856	970	886	930	921	1,044	1,078	1,064	827	8,576

Integrated Performance Report
December ² Month 9

Bed Occupancy ² All Wards ² 2pm

% Bed occupancy at 2pm

88.31% against 87% target

Breaching target green rated

Exec Lead:
Director of Operations

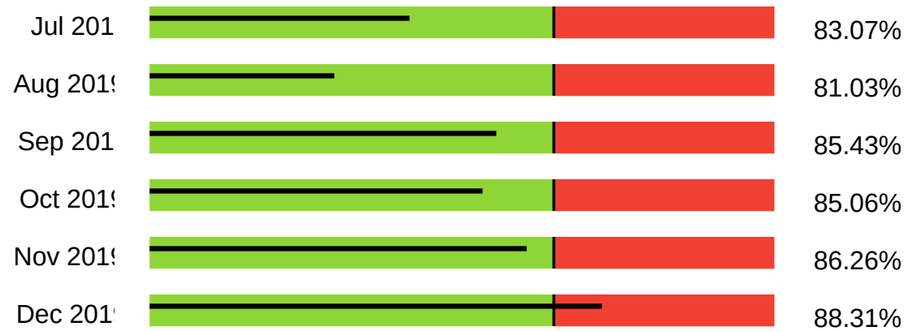
Integrated Performance Report

Narrative

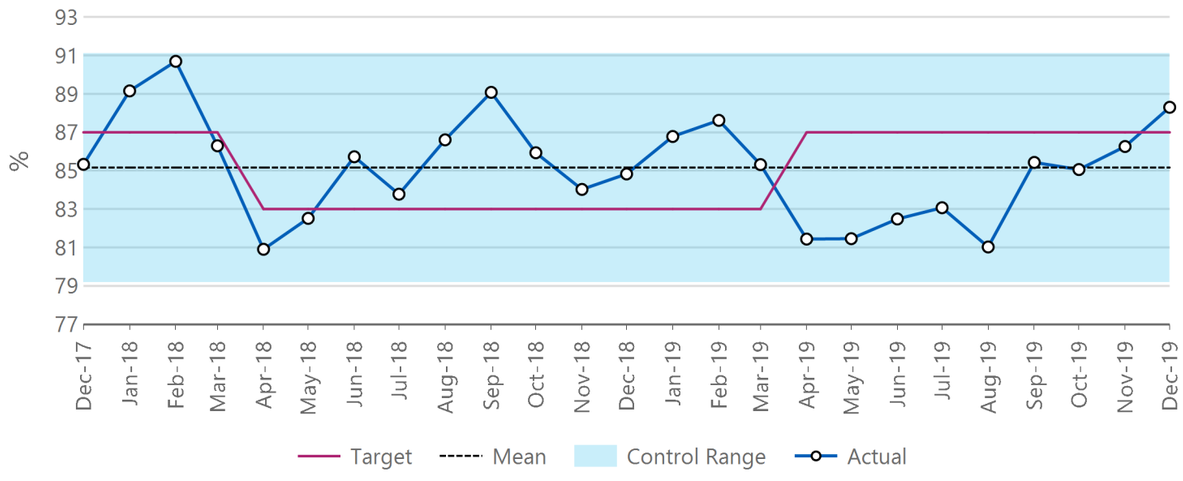
The occupancy rate for all wards is green rated this month at 88.31%. Occupancy across the Surgical Wards was:
- Alice 39.92%
- Clwyd 92.35%
- Kenyon 95.60%
- Ludlow 85.30%
- Oswald 82.35%
- Powys 84.18%

Occupancy within the Medicine Division was:
-Gladstone 96.06%
- Wrekin 96.34%
- Sheldon 92.34%

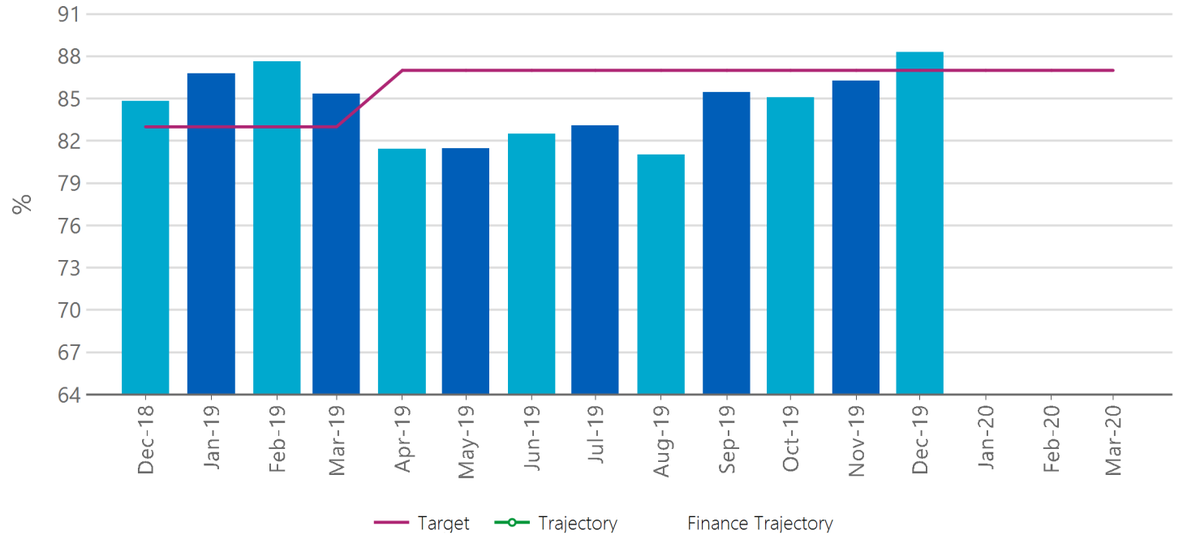
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
85.33%	89.16%	90.7%	86.3%	80.91%	82.52%	85.73%	83.78%	86.61%	89.08%	85.94%	84.03%	84.83%	86.78%	87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	88.31%	83.84%

Outpatients Activity Attendances

Number of attendances seen in Outpatients clinic ² excludes SOOS, MCSI and NCG as they are block contracts

11,722 against **12,210** target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

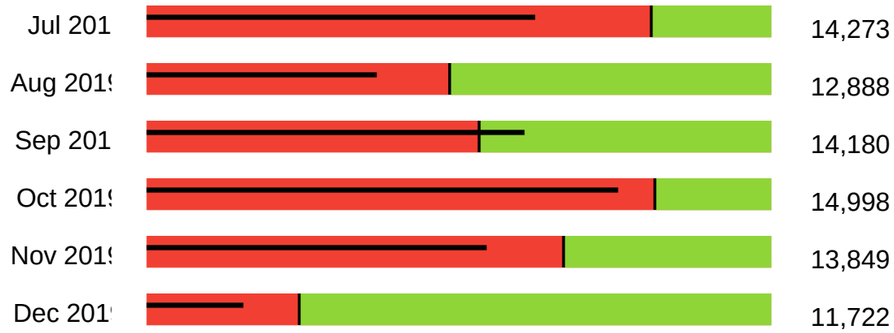
The number of attendances was 488 behind plan in month 9 with 11722 attendances seen against a plan of 12210. Divisional breakdown is:
- Surgery - 6002 against a plan of 5639 (+363) - YTD position +759
- Medicine - 4612 against a plan of 5321 (-709) - YTD position -2106

In Surgery division, area behind plan to note were:
- Lower Limb (+40) YTD position -164 and Upper Limb (+2) YTD position -806

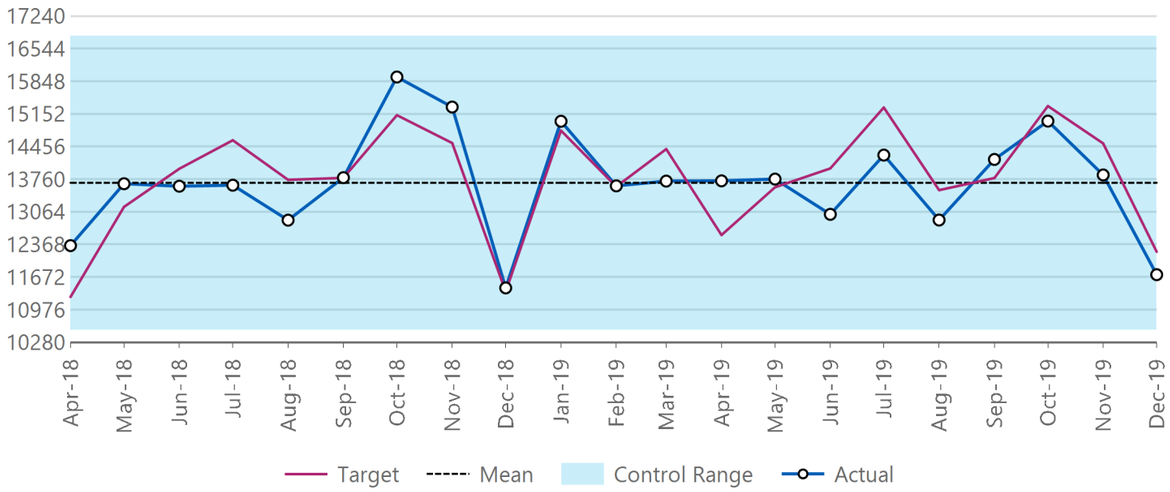
In Medicine division, areas behind plan to note were:
- Metabolic Medicine (-67) - YTD position -1120 and Physiotherapy Clinics (-456) - YTD position -1616

Action to Improve:Weekly meetings are being held for Surgical areas to review bookings and the capacity and demand of rooms. Planning assumptions for metabolic medicine and physiotherapy are also being reviewed in line with the capacity in these areas and this is being monitored through the Outpatient Delivery Board.

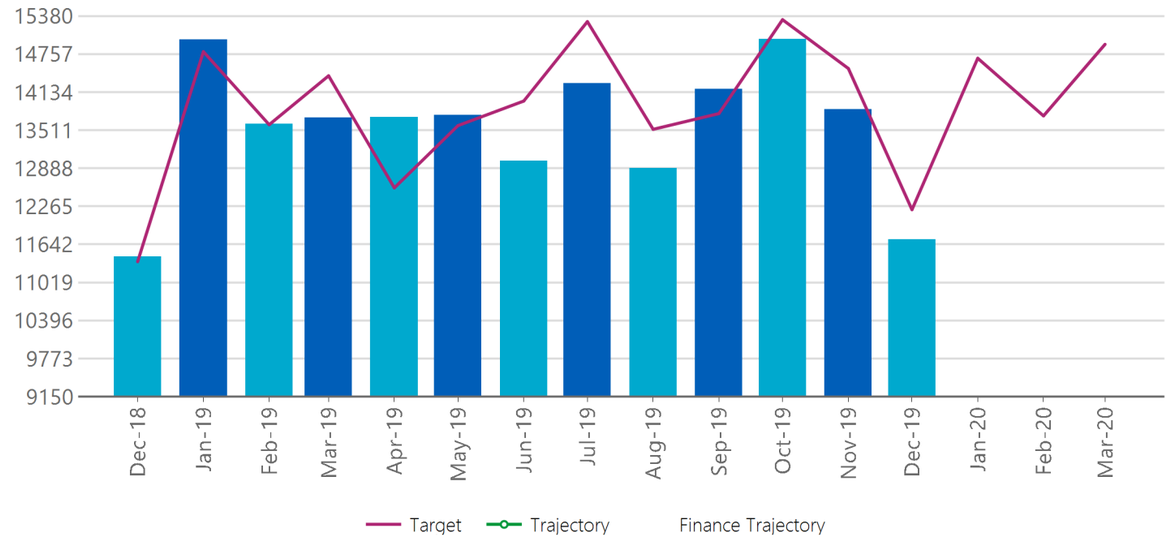
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
12,342	13,662	13,609	13,631	12,885	13,792	15,939	15,298	11,440	14,995	13,616	13,718	13,724	13,761	13,009	14,273	12,888	14,180	14,998	13,849	11,722	122,404

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

-457 against **-866** target

Above target green rated

Exec Lead:
Director of Finance

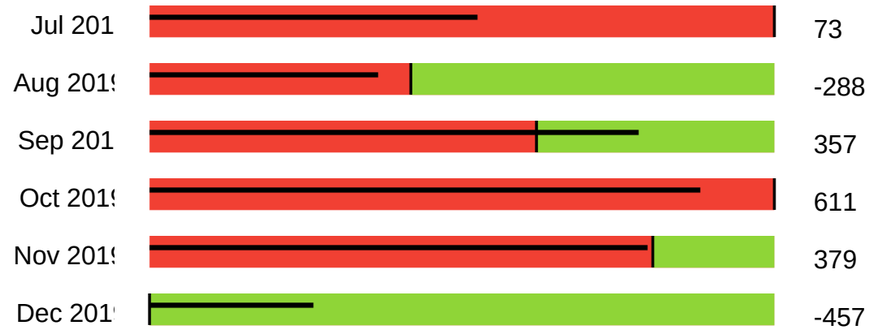
Integrated Performance Report

Narrative

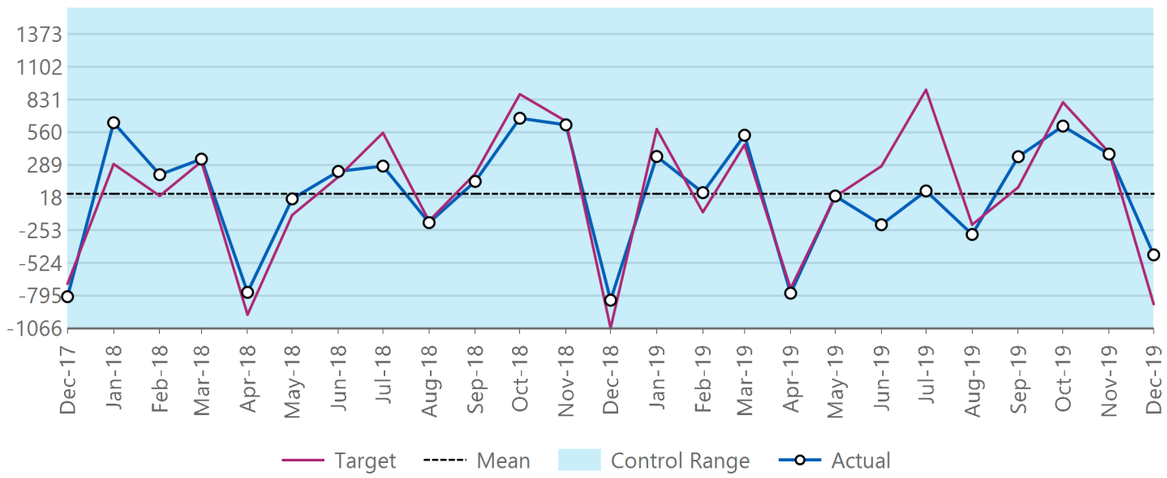
- M9 YTD … k deficit , … k adverse to plan

- Overall … k deficit in month
- … k favourable to plan

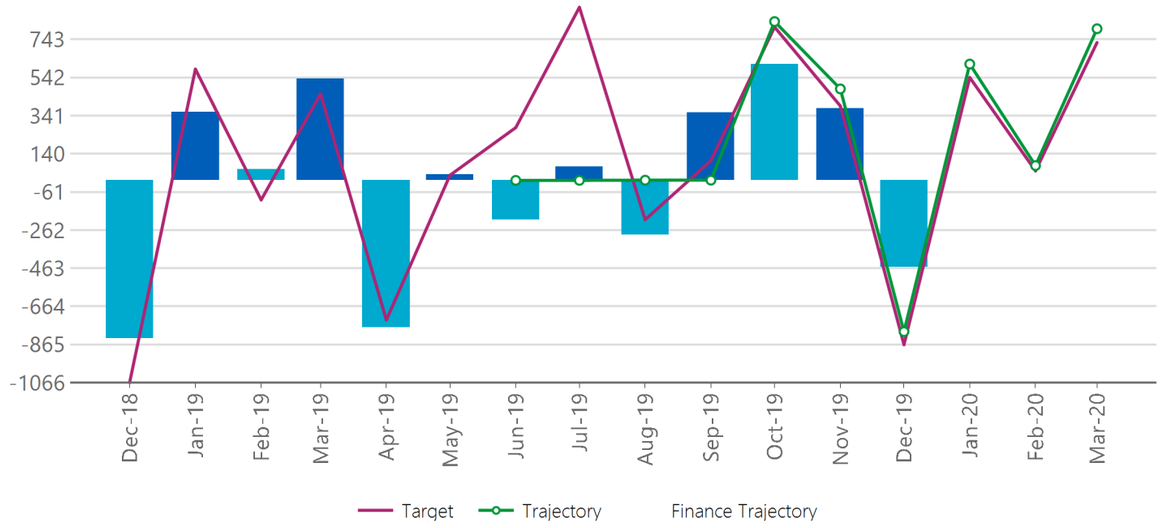
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
-804	639	208	337	-768	7	235	279	-190	152	676	621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	-457	-276

Integrated Performance Report
December ² Month 9

Income

All Trust Income, Clinical and non clinical

8,284 against **8,236** target

Above target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

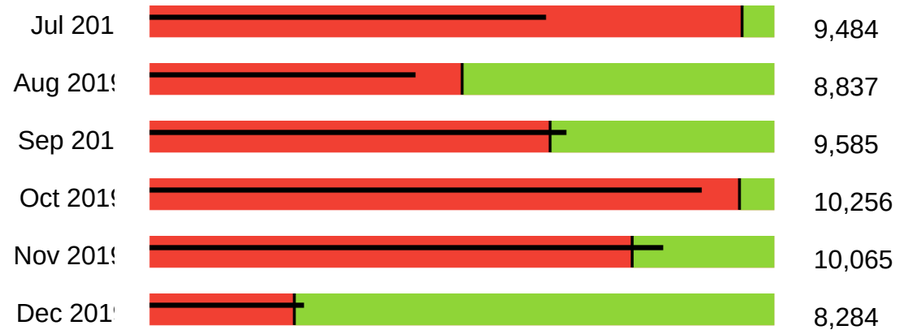
Narrative

Income … k favourable

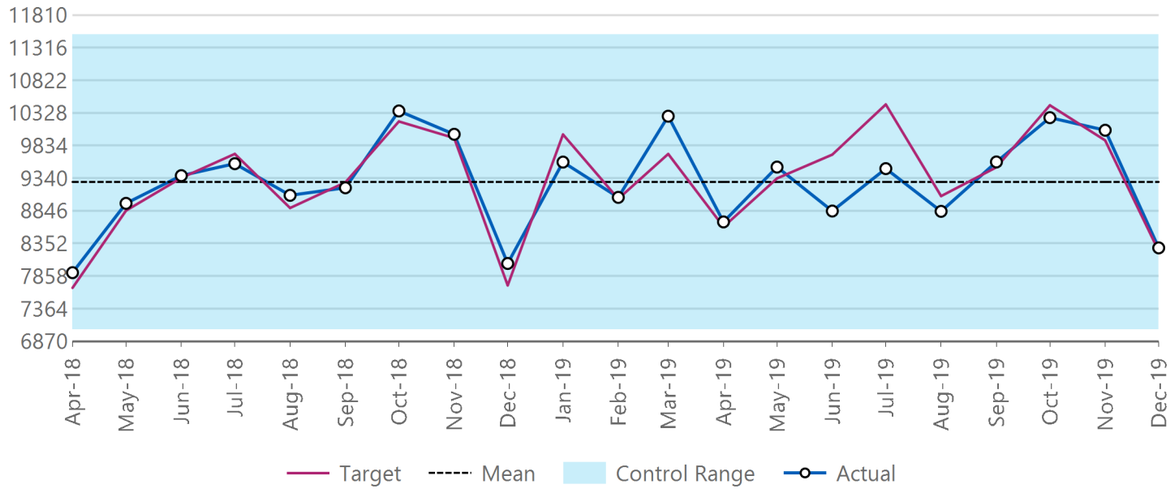
- NHS Clinical Income favourable
    - Theatres favourable
    - Outpatients favourable
    - Spinal Injuries favourable
    - Support funding included at 25% of agreed value

- Private Patients adverse

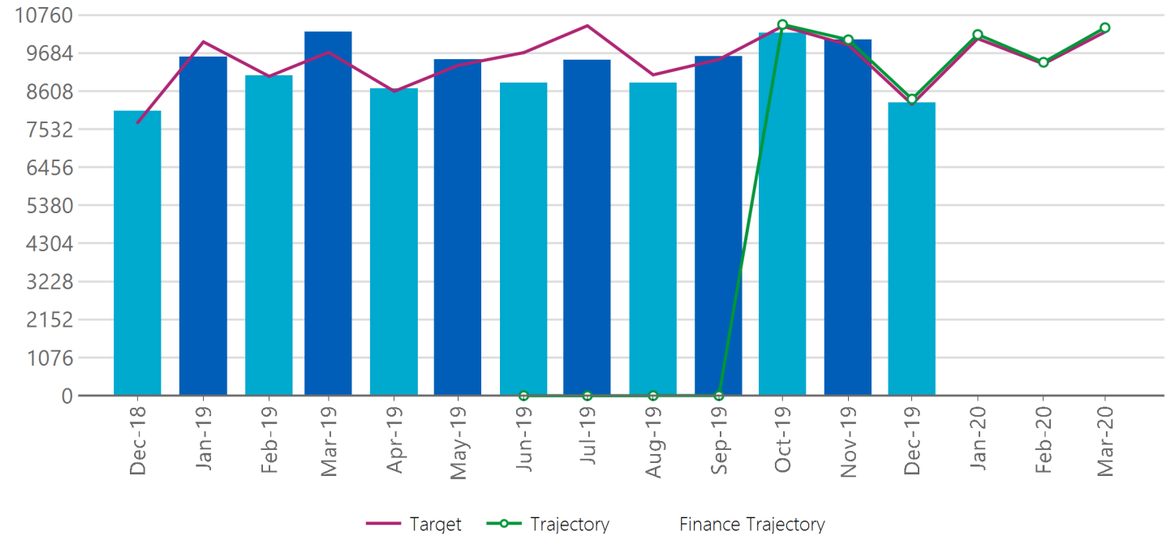
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
7,909	8,958	9,378	9,559	9,080	9,194	10,357	10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,484	8,837	9,585	10,256	10,065	8,284	83,848

Integrated Performance Report
December ² Month 9

Expenditure

All Trust expenditure including Finance Costs

9,095 against **9,146** target

Within target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

- Overall … k favourable in month:

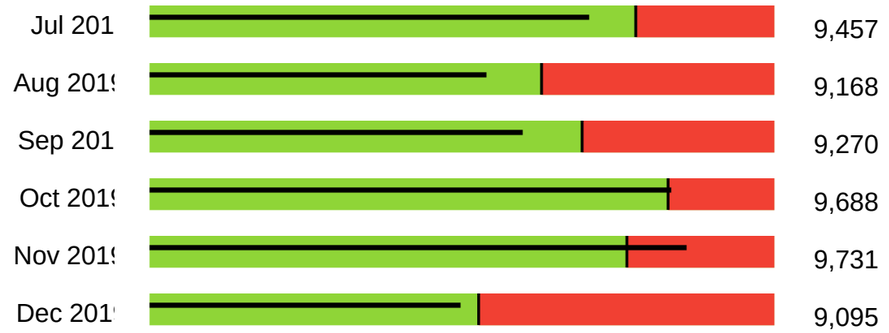
- Pay … k adverse

  - Theatres agency and bank adverse
  - Medicine premium costs (additional sessions, nursing agency & rheumatology locum) adverse
  - Anaesthetic vacancies favourable (partially offset on non pay)

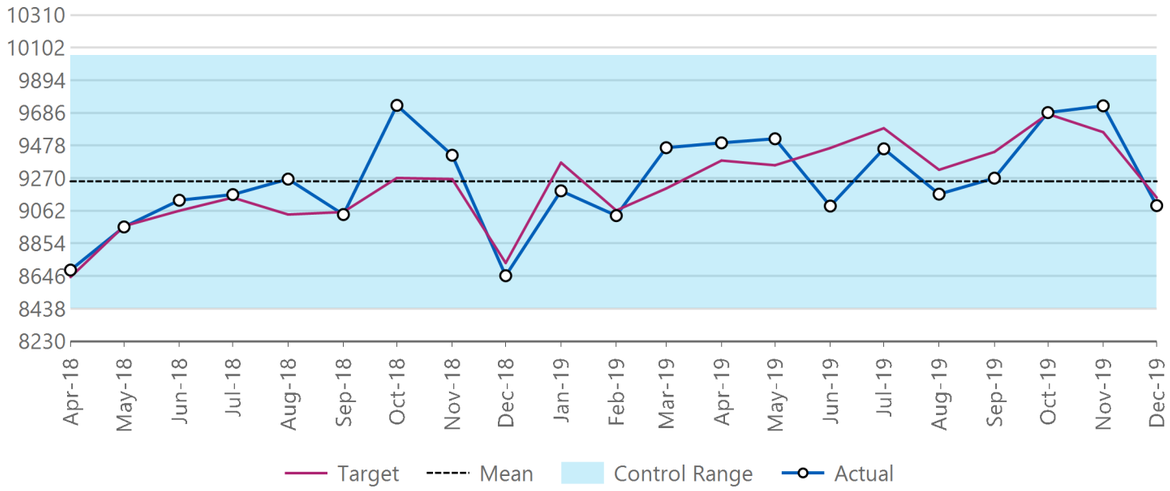
- Non pay … k favourable

  - Implants adverse (casemix and pass through costs)
  - LLP adverse (now includes anaesthetists additional sessions offset on pay)
  - Expenditure controls and reserves management favourable

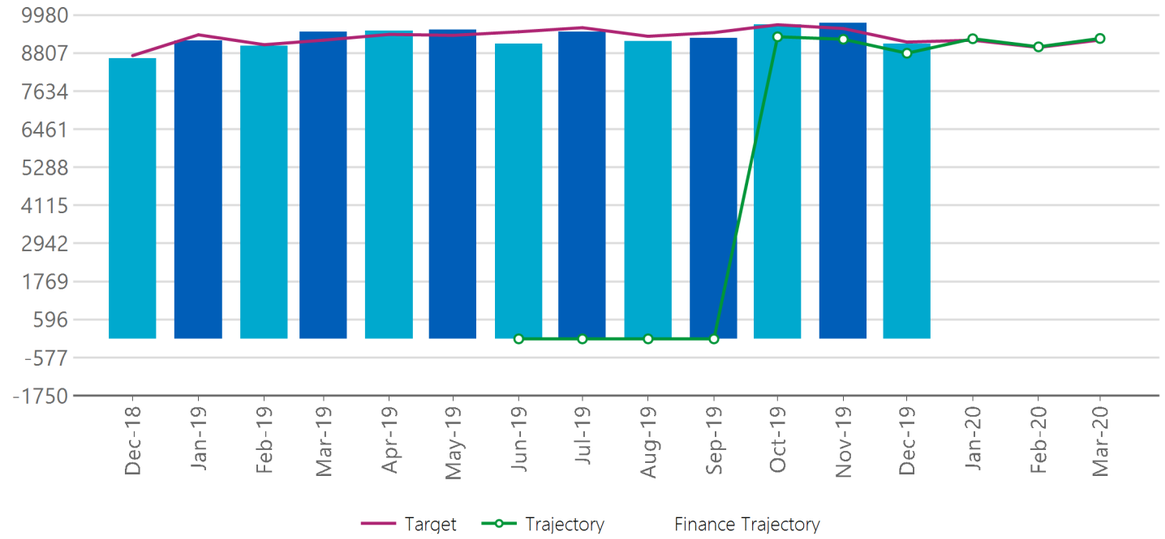
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
8,684	8,959	9,129	9,165	9,264	9,038	9,734	9,416	8,648	9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	84,517

CIP Delivery

Cost Improvement Programme requirement

301 against **250** target

Above target green rated

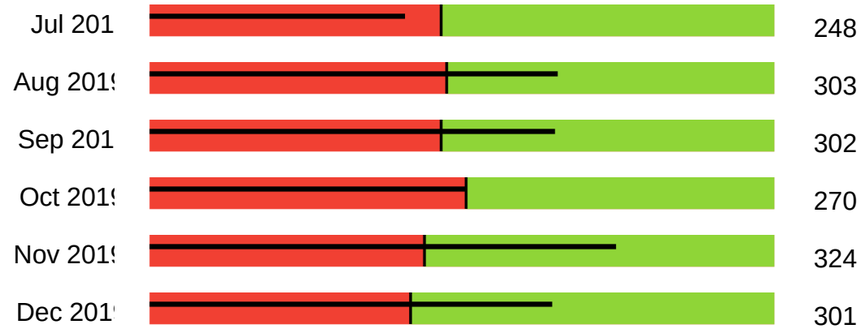
Exec Lead:
Director of Finance

Integrated Performance Report

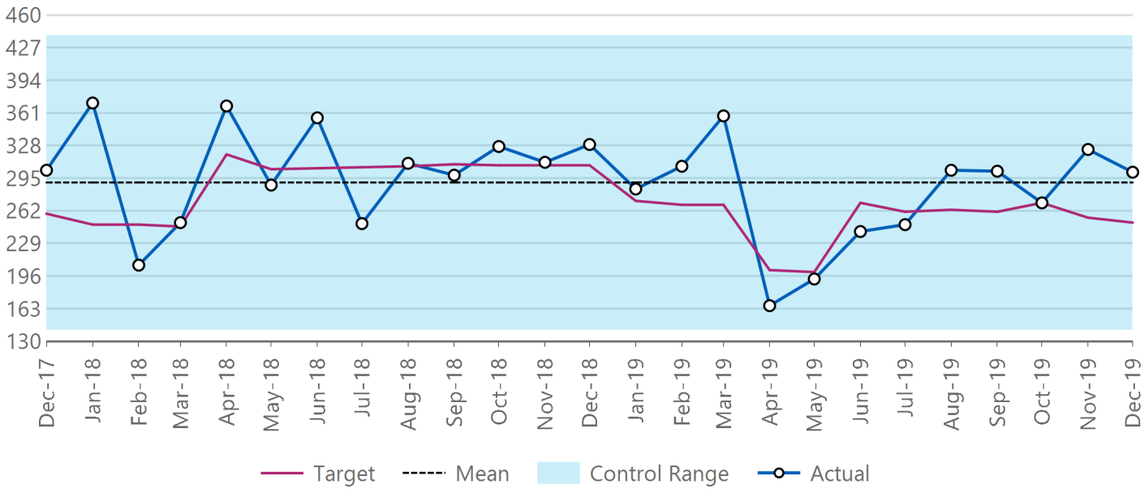
Narrative

…k favourable against plan in month
… k favourable against plan YTD

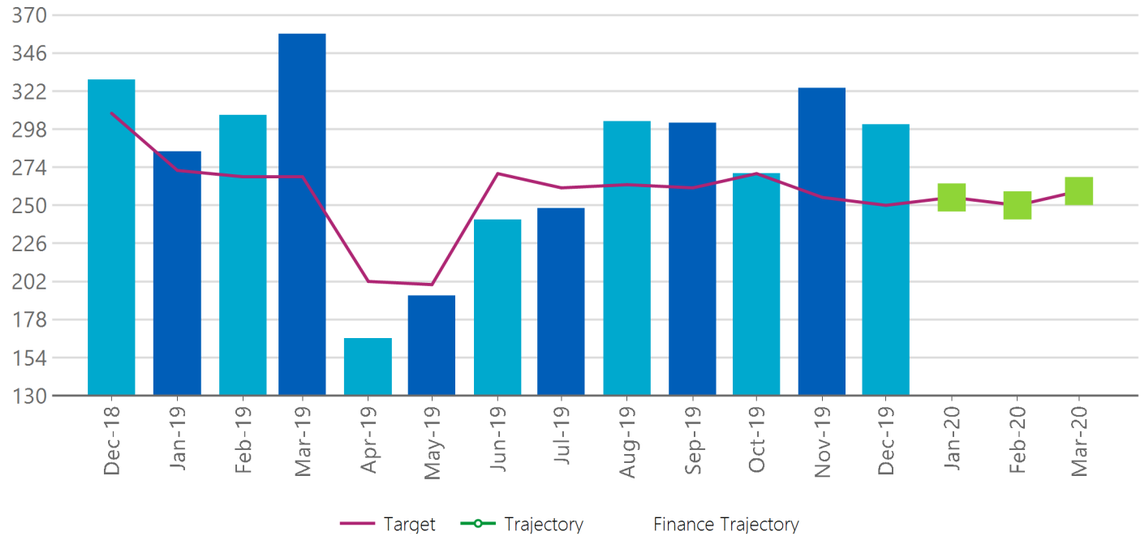
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
303	371	207	250	368	288	356	249	310	298	327	311	329	284	307	358	166	193	241	248	303	302	270	324	301	2,346

QIPP Delivery Risk Impact

MSK Transformation QIPP

183 against **0** target

Breaching target red rated

Exec Lead:
Director of Finance

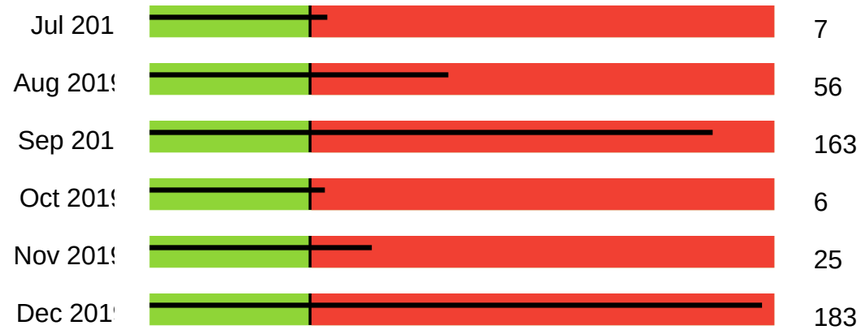
Integrated Performance Report

Narrative

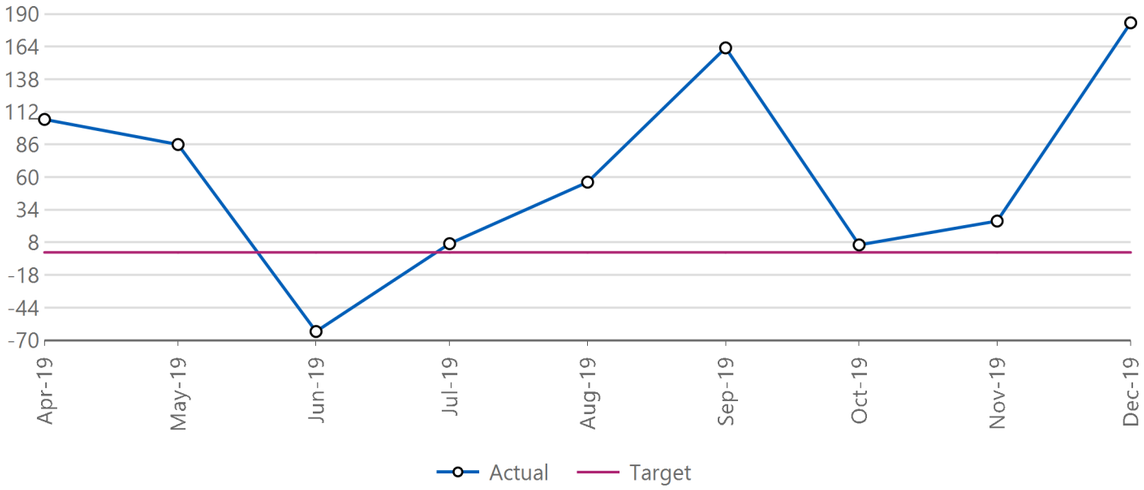
… k adverse to plan in month

Action to Improve:Rebalancing of commssioner mix following transfer of Welsh patient cohorts and delivery of waiting time standards.

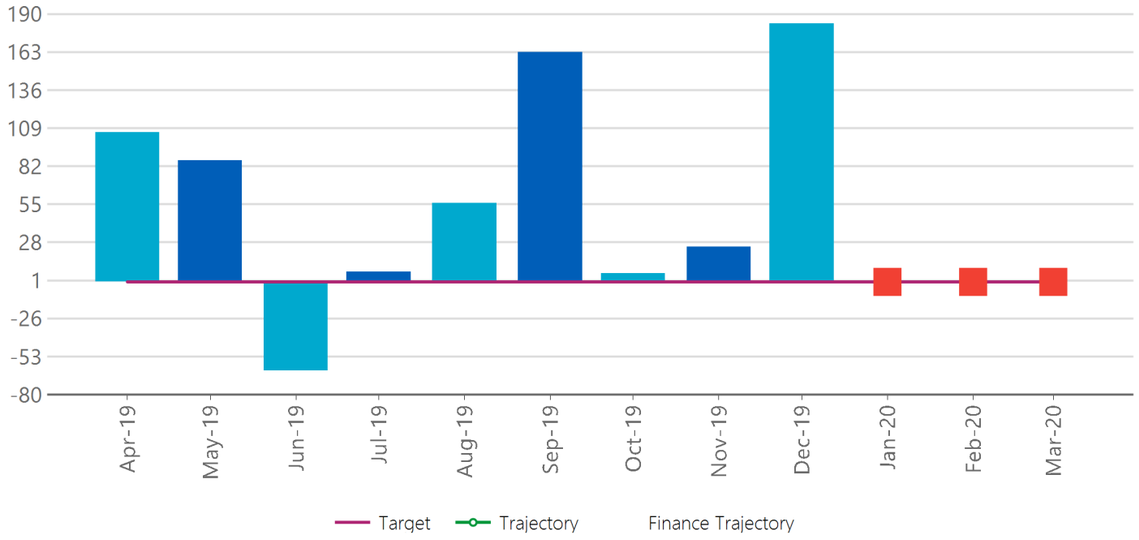
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
106	86	-63	7	56	163	6	25	183	569

Agency Core

Annual ceiling for total agency spend introduced by NHS Improveme nt - Core Agency only

94 against **132** target

Within target green rated

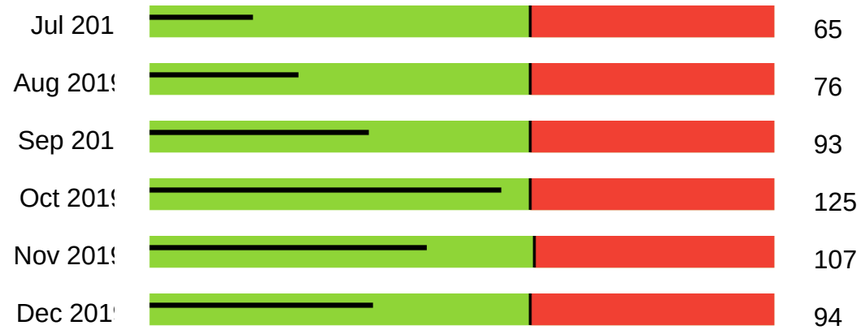
Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

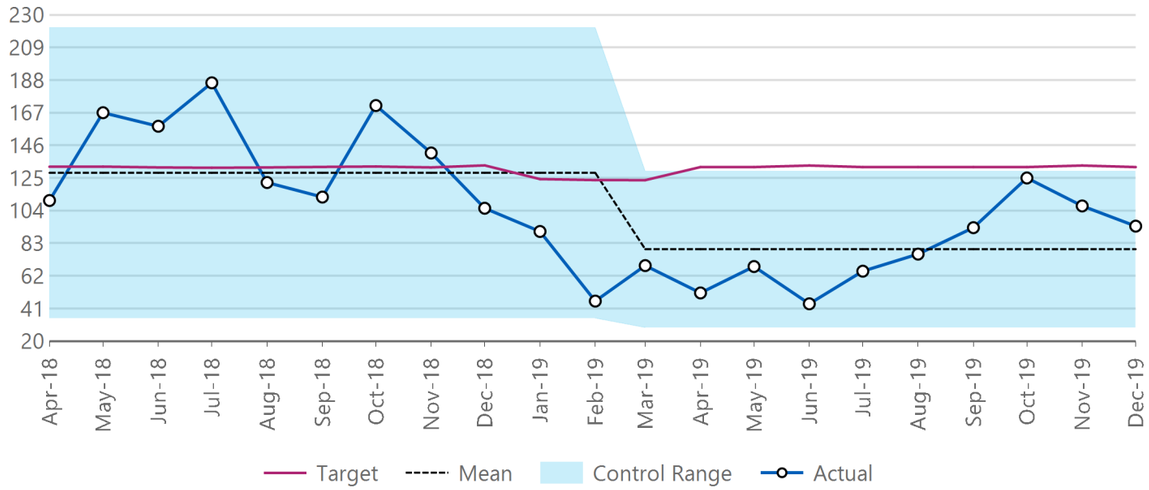
&RUH DJHQF\ VSHQG … N IDYRXUDEOH DJDLQVW FDS LQ PRQWK

Actual performance against RAG ratings

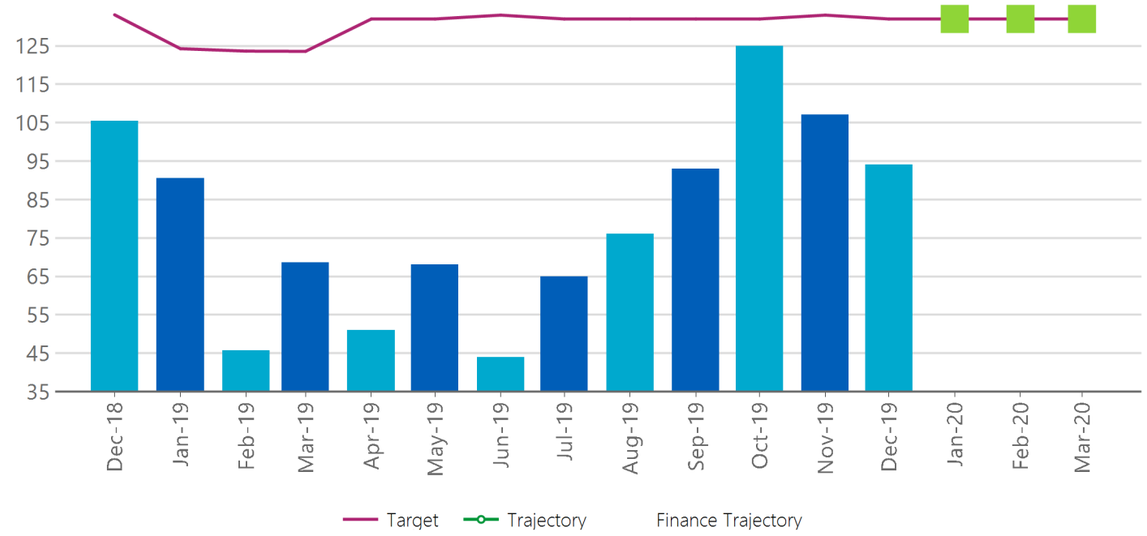


Performance over 24 months ² SPC

SPC Alert - 7 or more consecutive points above or below the mean indciates a step change.



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
110.49	167	158.27	186.24	122.05	112.7	171.62	141.07	105.5	90.56	45.75	68.59	51	68	44	65	76	93	125	107	94	723

Agency Non-Core

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

229 against **145** target

Breaching target red rated

Exec Lead:
Director of Finance

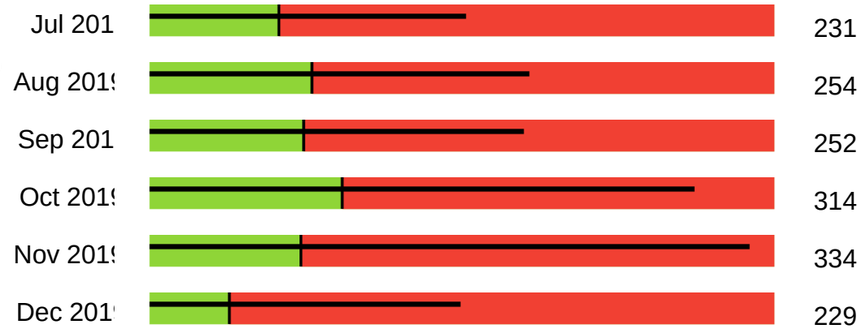
Integrated Performance Report

Narrative

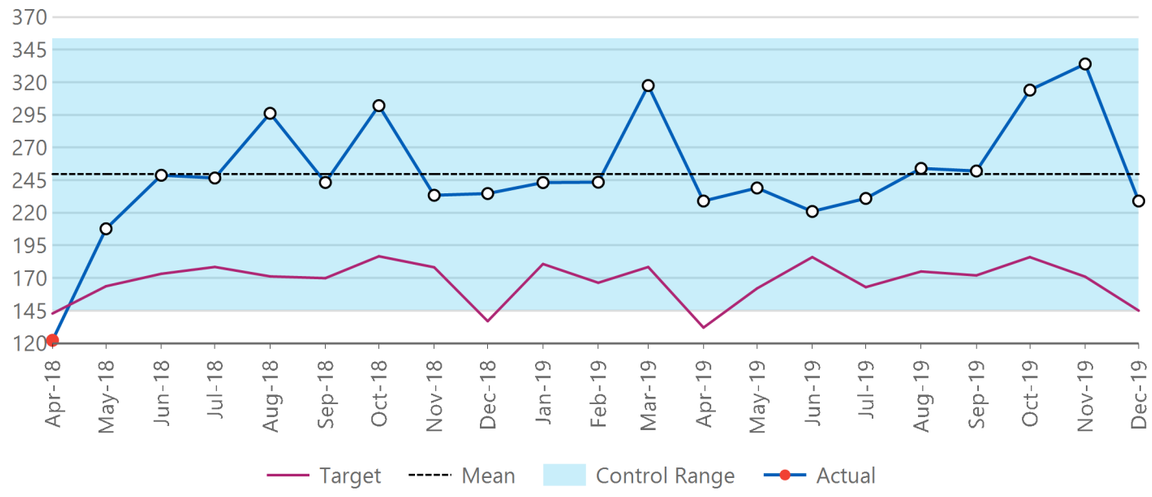
Non core agency spend… k adverse against cap in month

Action to Improve:Agency limit for LLP does not align to operational plan - NHSI aware. Long term plan to reduce to 0.5 more than 20% of total activity is dependent upon new consultant appointments and job plan productivity.

Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
122.26	207.73	248.74	246.63	296.21	243.2	302.08	233.41	234.72	243.13	243.43	317.48	229	239	221	231	254	252	314	334	229	2,303

Integrated Performance Report
December ² Month 9

Cash Balance

Cash in bank

5,822 against **4,417** target

Above target green rated

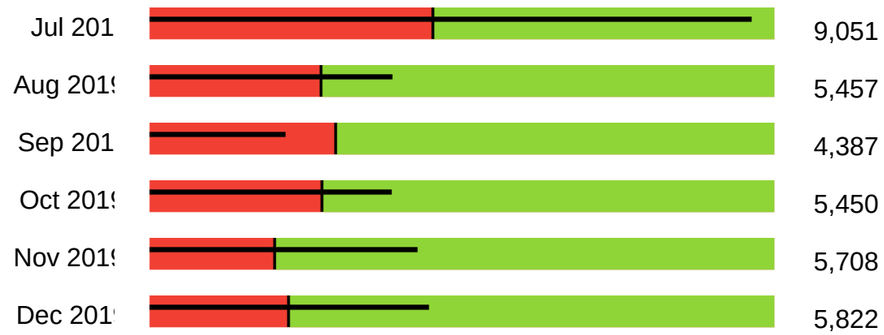
Exec Lead:
Director of Finance

Integrated Performance Report

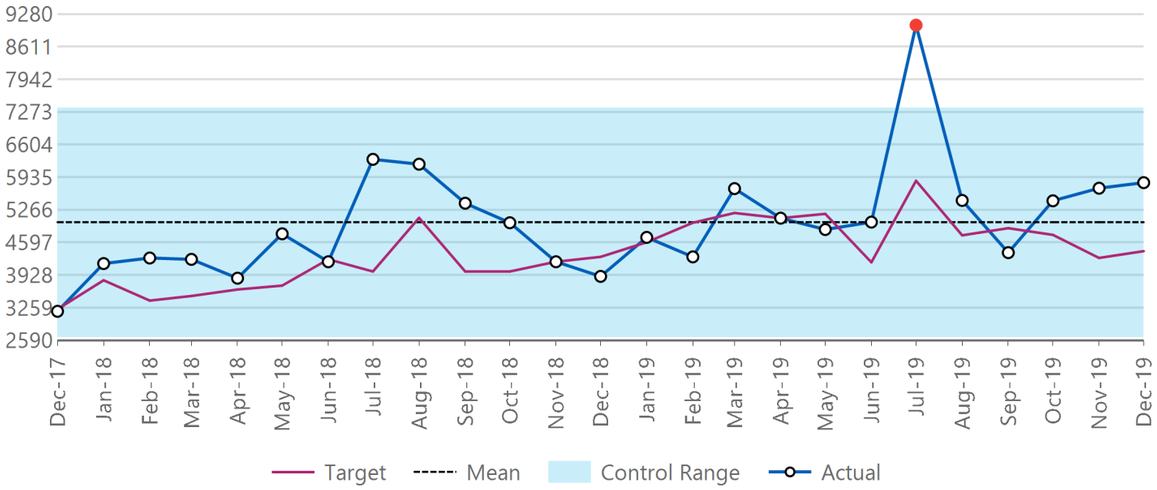
Narrative

&DVK EDODQFHV IDYRXUDEOH DJDLQVW SODQ ... P GXH WR DGYDQFH SD\PHQW IURP :I

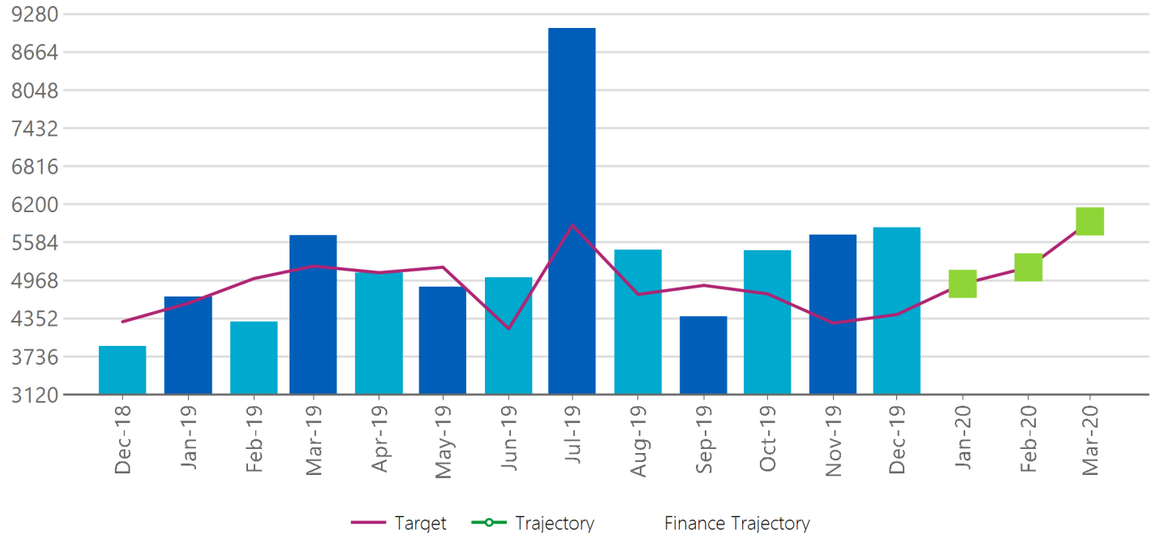
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
3,184	4,163	4,277	4,249	3,863	4,773	4,200	6,300	6,200	5,400	5,000	4,200	3,900	4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,822

Capital Expenditure

Expenditure against Trust capital programme

158 against 319 target

Within target green rated

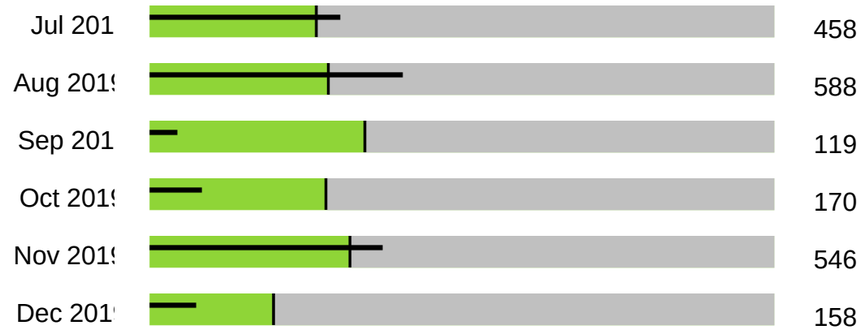
Exec Lead:
Director of Finance

Integrated Performance Report

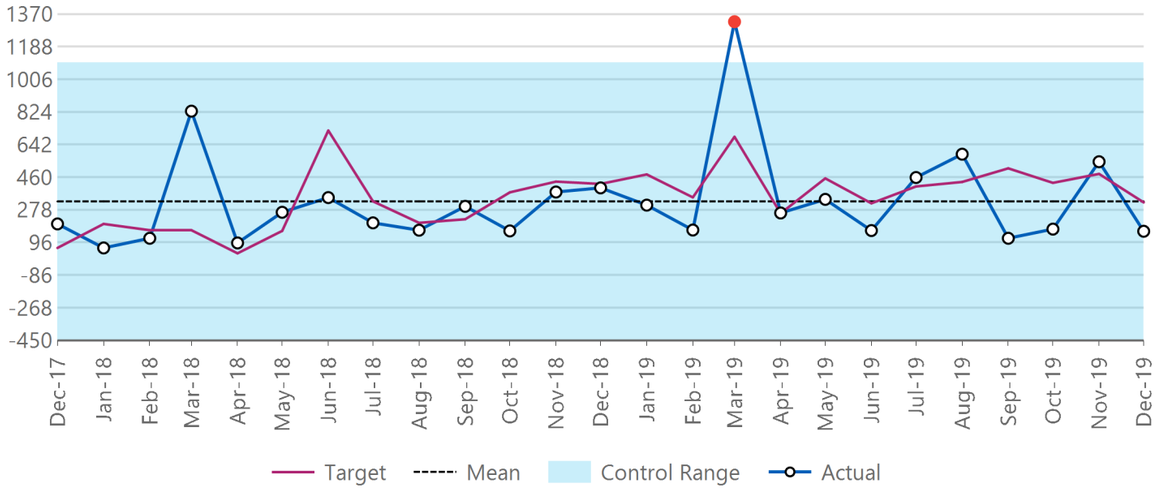
Narrative

&DSLWDO VSHQG RI … N LQ PRQWK <7' … N XQGHU SODQ GXH WR SKDVLQJ RI VFKH

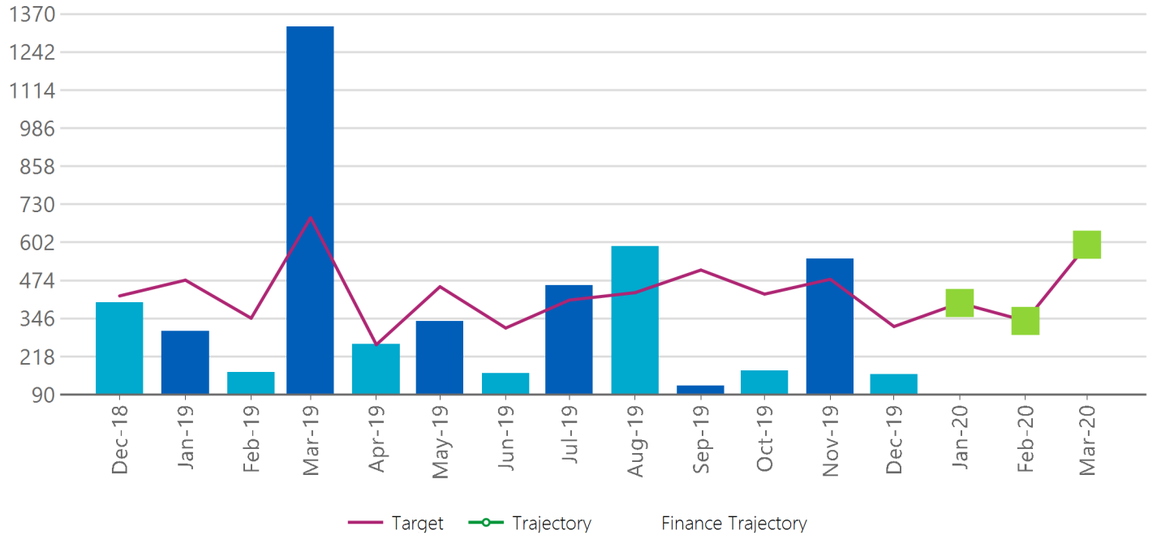
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
199	65	119	828	93	264	346	205	164	297	160	377	400	304	165	1,327	260	336	162	458	588	119	170	546	158	2,797

Use of Resources (UOR)

Overall Use of Resources indicator

2 against 1 target

red rated

Exec Lead:
Director of Finance

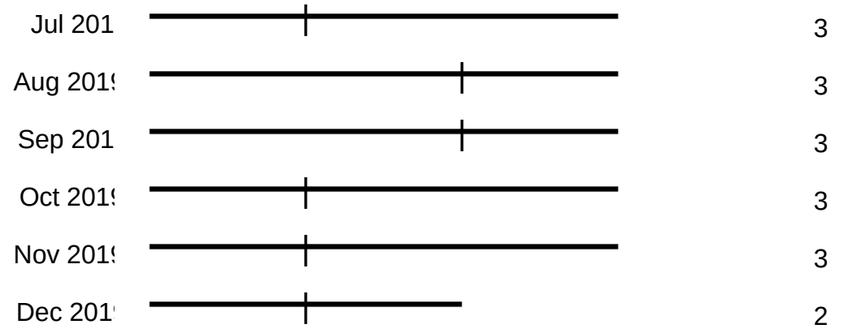
Integrated Performance Report

Narrative

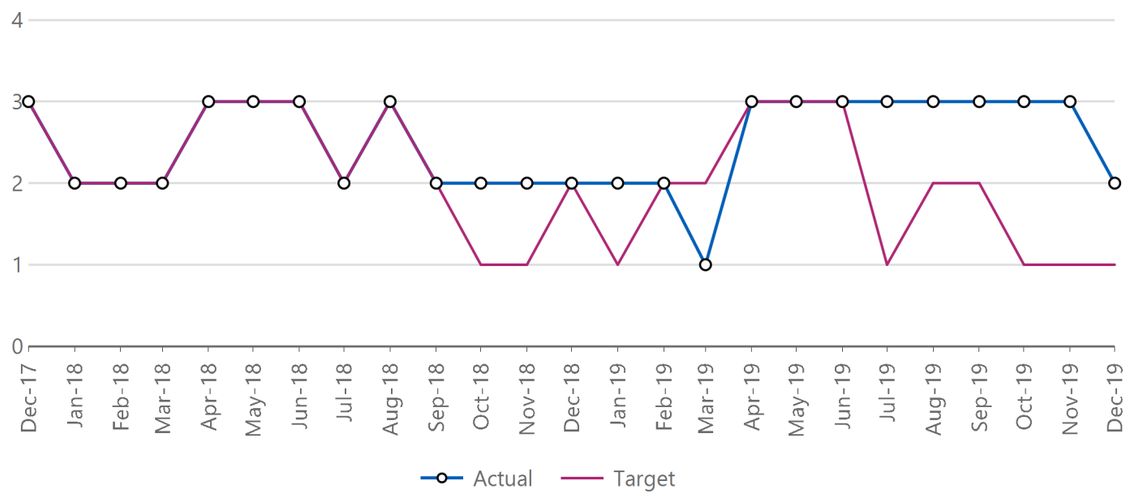
UOR is below plan in month driven by cumulative I&E varinace against plan

Action to Improve:This is a trigger under the 19/20 oversight framework and will improve with delivery against the financial recovery plan.

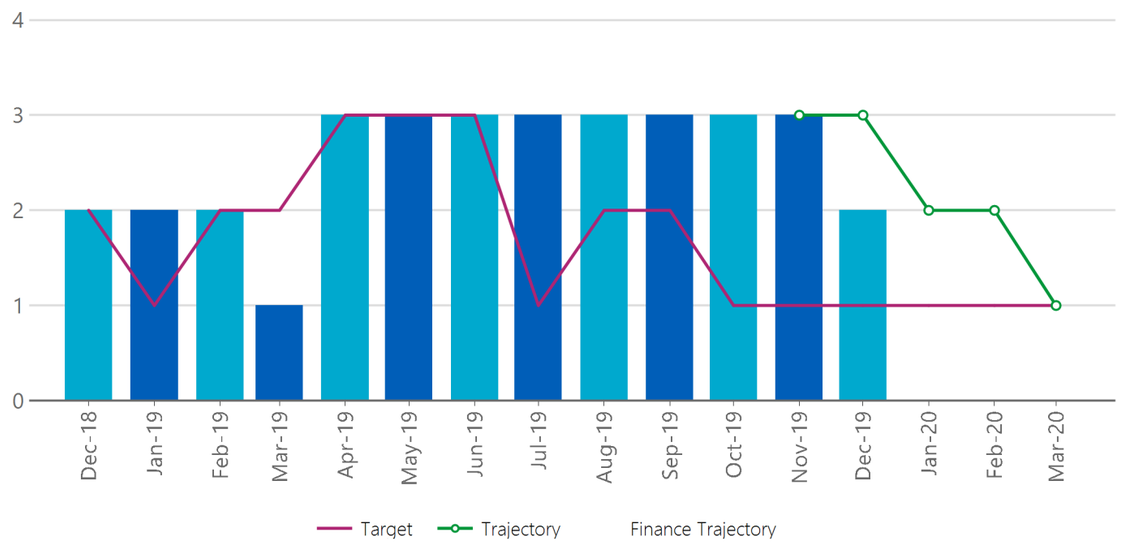
Actual performance against RAG ratings



Performance over 24 months [2]



Trajectory



Heatmap performance over 24 months

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
3	2	2	2	3	3	3	2	3	2	2	2	2	2	2	1	3	3	3	3	3	3	3	3	2	3

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs.

5.72% against **4.97%** target

Breaching target red rated

Exec Lead:
Director of Finance

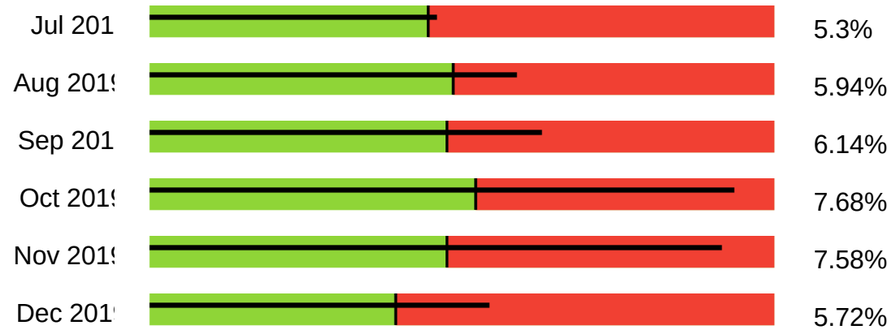
Integrated Performance Report

Narrative

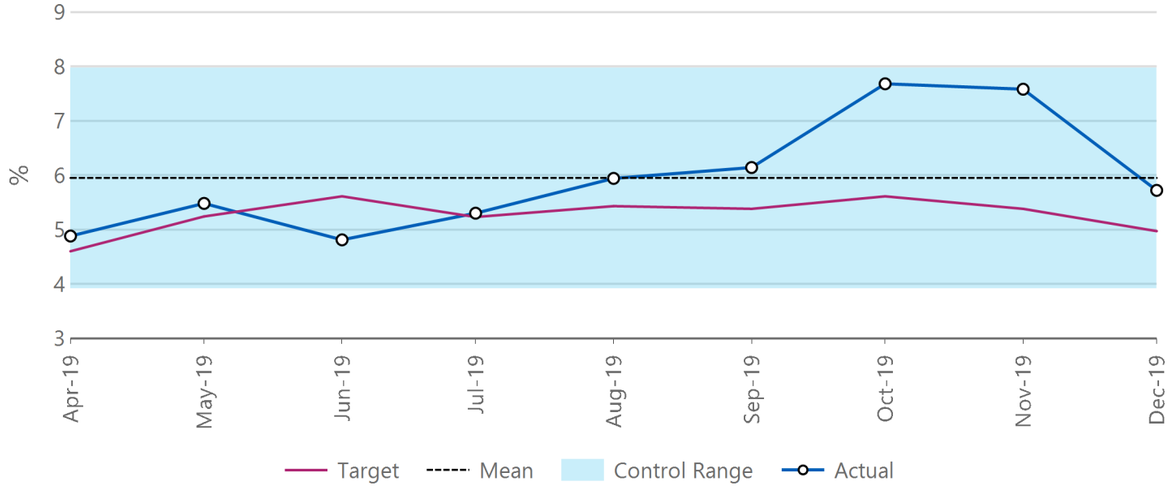
Agency % higher than cap due to Non core agency usage

Action to Improve:Executive sign off and challenge process in place to minimise agency usage.

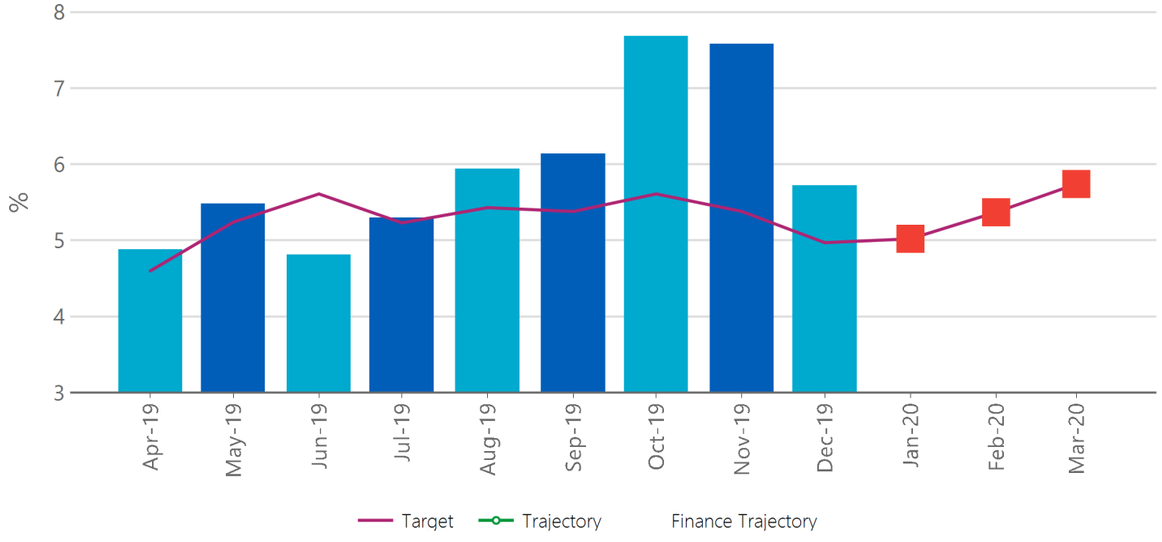
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
4.88%	5.48%	4.81%	5.3%	5.94%	6.14%	7.68%	7.58%	5.72%	7.58%

1. Part One - Public Meeting	2. Chief Executive Update	3. Quality & Safety	**4. Performance & Governance**	5. Items to note	6. Any Other Business

Integrated Performance Report
December [2] Month 9

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st December 2019

Income and Expenditure £'000s

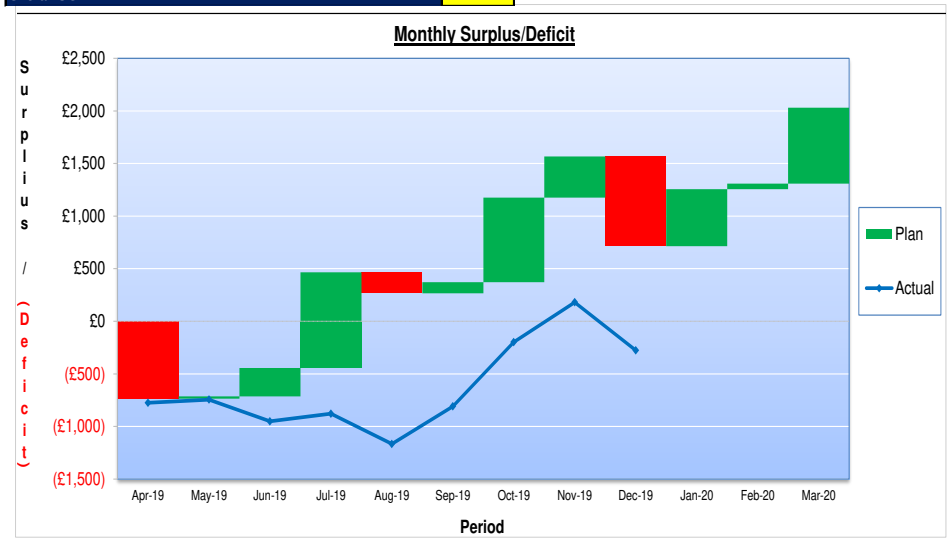
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	103,145	7,352	7,773	420	76,379	74,977	(1,402)
PSF	372	37	0	(37)	242	0	(242)
Private Patient income	5,854	391	261	(130)	4,369	4,115	(254)
Other income	6,004	493	561	68	4,505	4,757	251
Pay	(64,832)	(5,355)	(5,448)	(92)	(48,747)	(48,554)	193
Non-pay	(43,772)	(3,380)	(3,236)	144	(32,541)	(32,326)	215
EBITDA	6,772	(462)	(89)	373	4,207	2,968	(1,239)
Finance Costs	(4,890)	(411)	(412)	(1)	(3,644)	(3,637)	7
Capital Donations	150	14	0	(14)	110	35	(75)
Operational Surplus	2,032	(859)	(501)	358	673	(634)	(1,307)
Remove Capital Donations	(150)	(14)	0	14	(110)	(35)	75
Add Back Donated Dep'n	521	44	44	(0)	391	393	2
Remove PSF	(372)	(37)	0	37	(242)	0	242
Control Total exl PSF	2,031	(866)	(457)	409	712	(276)	(988)
PSF Earnt	372	37	0	(37)	242	0	(242)
Control Total	2,403	(829)	(457)	371	954	(276)	(1,230)
EBITDA margin	5.9%	-5.6%	-1.0%	4.6%	4.9%	3.5%	-1.4%

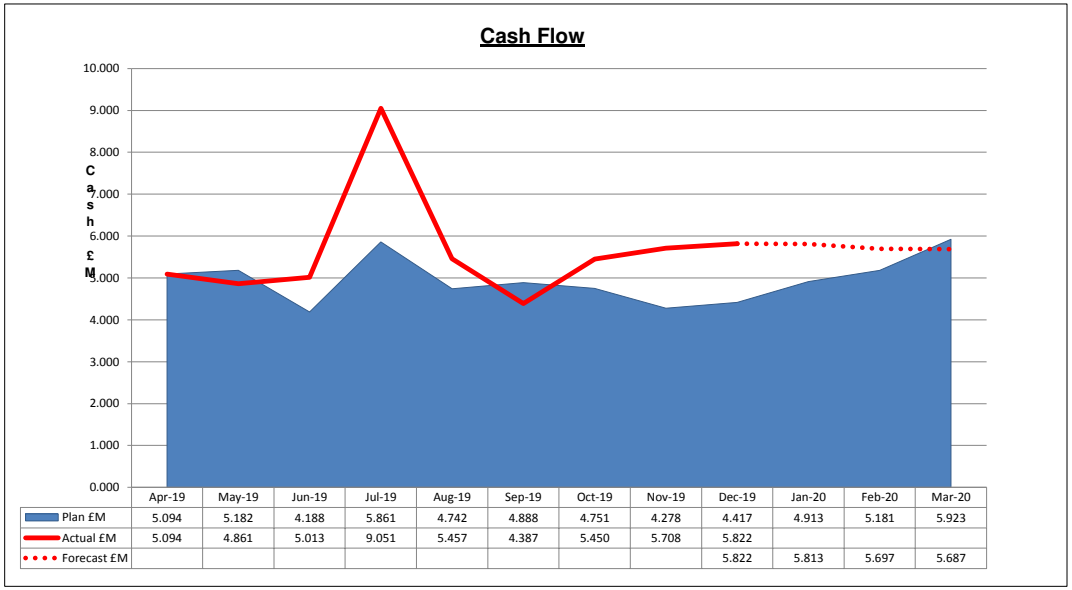
Capital service	2	I&E Margin	3
Liquidity (days)	1	Variance in I&E Margin	3
Agency	2		
Overall UOR	2		

	Dec-19	YTD
Debtor Days	24	24
Creditor Days	33	33

Statement of Financial Position £'000s

Category	Nov-19	Dec-19	Movement	Drivers
Fixed Assets	72,130	72,037	(93)	Additions less depreciation
Non current receivables	812	817	5	
Total Non Current Assets	72,942	72,854	(88)	
Inventories (Stocks)	1,081	1,219	138	Theatres and pharmacy stock movement
Receivables (Debtors)	8,283	7,153	(1,130)	Reduction in recievables due to receipt of Powys contract performance and December working days.
Cash at Bank and in hand	5,708	5,822	114	
Total Current Assets	15,072	14,194	(878)	
Payables (Creditors)	(11,733)	(11,255)	478	Reductions in deferred income and underpeformance accruals linked to performance.
Borrowings	(1,211)	(1,223)	(12)	
Current Provisions	(97)	(97)	0	
Total Current Liabilities (< 1 year)	(13,041)	(12,575)	466	
Total Assets less Current Liabilities	74,973	74,473	(500)	
Non Current Borrowings	(5,296)	(5,296)	0	
Non Current Provisions	(141)	(141)	0	
Non Current Liabilities (> 1 year)	(5,437)	(5,437)	0	
Total Assets Employed	69,536	69,036	(500)	
Public Dividend Capital	(33,718)	(33,718)	0	
Revenue Position	(15,047)	(15,047)	0	
Retained Earnings	134	634	500	Deficit before adjustments
Revaluation Reserve	(20,905)	(20,905)	0	
Total Taxpayers Equity	(69,536)	(69,036)	500	





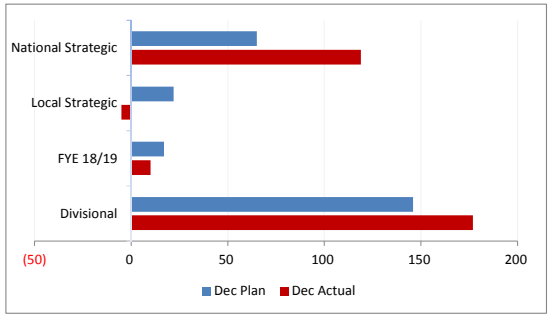
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Plan £M	5.094	5.182	4.188	5.861	4.742	4.888	4.751	4.278	4.417	4.913	5.181	5.923
Actual £M	5.094	4.861	5.013	9.051	5.457	4.387	5.450	5.708	5.822			
Forecast £M									5.822	5.813	5.697	5.687

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st December 2019

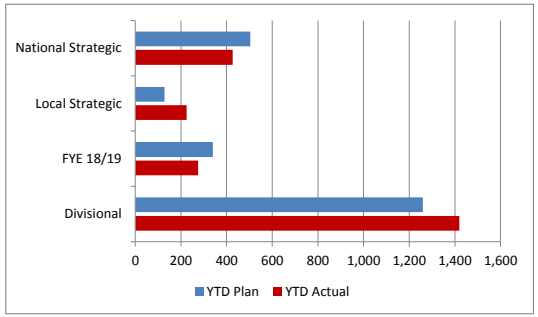
Cost Improvement Programme

CIP by Theme

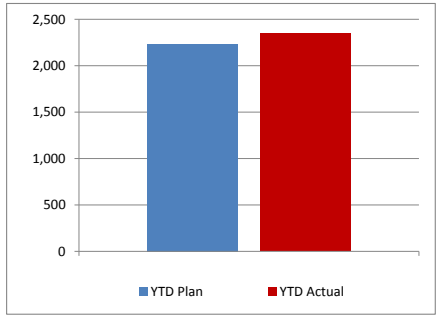
In Month CIP Achievement £000's



Year To Date CIP Achievement £000's

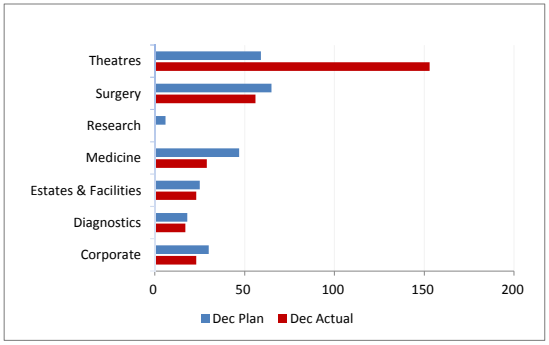


Trust YTD Achievement Against YTD Plan £000's

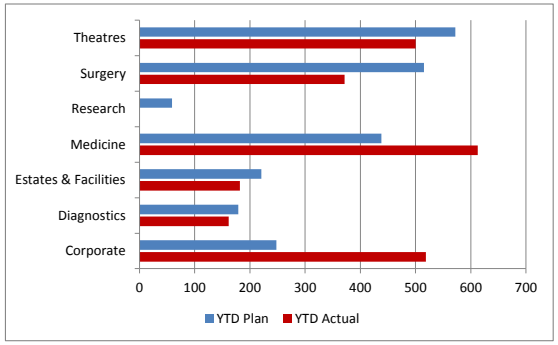


CIP by Division

In Month CIP Achievement £000's



Year To Date CIP Achievement £000's



RAG of Total Schemes Being Tracked

313	8%	b
1,490	36%	g
2,098	51%	a
228	6%	r
4,129	100%	

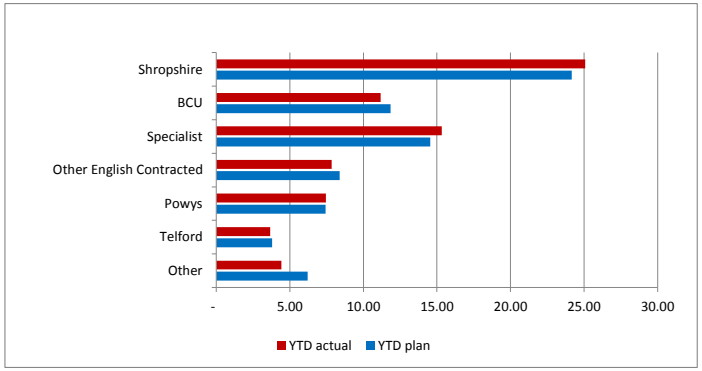
Capital

Year to date capital programme £000's

Position as at	1920-09	Capital Programme 2019-20			
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
TSSU improvements & refurbishment	1,350	1,350	1,426	-76	1,436
Diagnostic equipment replacement	2,019	500	0	500	1,971
Replacement I/T network	400	400	375	25	400
EPR development	100	85	47	38	70
Digital developments	100	50	0	50	100
Invest-to-save schemes	300	150	30	120	266
I/T investment & replacement	250	250	221	29	250
Backlog maintenance	300	230	148	82	300
Equipment & service continuity	500	300	272	28	437
Project management	100	75	116	-41	140
Trust improvement bids	100	20	48	-28	109
Salix Improvements	0	0	13	-13	40
HSLI	419			0	419
Other - allocated from contingency	197	65	64	1	195
Contingency	103	15	0	15	0
NHS Capital Funding	6,238	3,490	2,759	731	6,133
Donated equipment / building works	150	110	38	72	150
Total Capital Funding (NHS & Donated)	6,388	3,600	2,797	803	6,283

Commissioner Performance

Year To Date Commissioner Income against Plan £m



Corporate Objectives 2019/20 and Board Assurance Framework

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	30thJanuary 2020
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	Risk Management Committee (8th Jan.) Audit Committee (13th Jan.) Quality and Safety Committee (16th Jan.) Finance, Planning and Digital Committee (28th Jan.)	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 the Board of Directors and what input is required?

The Board of Directors is asked to ***note*** the current position in relation to the delivery of the Trust's Corporate Objectives and the associated risks.

2. Executive Summary

2.1. Context

The Board of Directors uses the BAF as tool to ensure effective management of any risks which have potential to impact on delivery of the Trust strategy. The Trust has defined its three key strategic aims as: Operational Excellence; Specialist Orthopaedic; MSK

All underpinned by a fourth aim relating to Culture and Leadership.

2.2 Summary

This paper presents the current position with regard to delivery of the corporate objectives for Q3 2019/20 and the management of the associated risks.

Each of the Board Committees have continued to receive a report at each meeting of the corporate objectives and risks that fall within their remit and the Risk Management Committee reviews the Board Assurance Framework on a quarterly basis.

The mitigating actions for the risks of delivery have been updated and highlighted in blue.

2.3. Conclusion

The Board is asked to:

- Note the Q3 delivery against the Corporate Objectives
- Note the content of the Board Assurance Framework and consider any additional risks that should be articulated

Corporate Objectives 2019/20 and Board Assurance Framework

Caring for Patients — OBJ 1

Achieving Outstanding Patient Safety

Principal Objective: Reduce unwarranted variation with a focus in 19/20 upon reducing avoidable harm

This objective will focus on four key areas, GIRFT principles, falls, UTIs and managing deteriorating patients.

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast
G	G	A		G

Key Measures:

- Lower UTIs in older people are diagnosed and treated in line with NICE guidance for 90% cases by year end
- All new devices across all disciplines are reviewed and approved through the New Devices and Procedures Committee
- Older people have recognised falls prevention measures in place. 80% compliance by year end.
- Implement quarterly audits of compliance with patient observations including NEWS.
- Ensure correct level of patient deterioration training available to reach trust wide compliance of 80% by year end.

*Due to timing of production of this report, the Q3 RAG rated position is not yet known and this will be updated in due course.

Objective Details

Opened: April 2019

Reviewed Date: January 2020

Progress Update:

The work for diagnosing and treating lower UTIs in older people in line with NICE guidance is on track as is the process for the review and approval of new devices.

CQUIN meetings are being held regularly and performance is on track.

Quarterly audits of compliance with patient observations were carried out for Q1 and the results are to be presented to the next Patient Deterioration Committee.

The availability of training in the management of deteriorating patients has been reviewed with capacity increased for 2019/20.

The Trust has had two visits from the GIRFT Team in relation in General Orthopaedics and Spinal Disorders. A full report is due to go to Clinical Quality Governance Committee in quarter four.

Supporting programmes of work

- GIRFT action plan
- CQUIN
- Outpatients protocols
- Booking and scheduling review
- Model Hospital

Risks

BAF 1.1	Engagement with the clinical workforce fails to gain traction
BAF 1.2	Failure to apply nationally recognised evidence based practice

Lead Director:

Director of Nursing & Medical Director

Lead Committee

Quality and Safety Committee

Corporate Objectives 2019/20 and Board Assurance Framework

BAF 1.1 **OBJ 1**

Principal Risk: Engagement with the clinical workforce fails to gain traction

Inability to implement new processes aimed at reducing variation resulting in failure to reduce avoidable harm

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	3	3
Likelihood	3	3	1
Total	15	9↓	3

Risk Details

Opened: May 2019

Review Date: January 2019

Source of Risk: Risk Assessment

Corporate Risk Register? DX2178

Controls:

- ✓ ~~Innovation~~ New Devices and Procedures Committee will ensure rationalisation of new procedures and equipment
- ✓ Forums for clinical engagement (Clinical Management Board, Clinical Cabinet, Multi-Disciplinary Clinical Audit Meeting, Medical Advisory Committee

Assurance: **Source of Assurance** **2**

- ✓ Oversight by Quality and Safety Committee
- ✓ Innovation Committee to oversee and rationalise the introduction of new techniques and equipment and to ensure evidence base.
- ✓ Operational Excellence Board
- ✓ Compliance with NICE guidance
- ✓ Participation in Clinical Audit

Gaps in Controls:

- ~~C1: New clinical leadership structure will provide additional control and will not be in place until April 2020~~
- ~~C2: Clarity required for roles and responsibilities~~

Gaps in Assurance:

- A1: Effectiveness of Clinical Quality Governance Committee
- A2: Lack of line of sight of New Devices and Procedures Committee

Action Plan to Address Gaps

Ref	Action	Lead	Due By	Progress Update	Completed
C1:	Implementation of new clinical leadership structure	Chief Executive	Mar 2020	The new clinical leadership structure has been approved and plans are in place to move to the new structure from 1 April 2020	
A1	Review of Clinical Quality Governance Committee effectiveness to be prioritised	Director of Nursing / Trust Secretary	Feb 2020	Review of terms of reference and work plan being undertaken by Interim Director of Nursing	
C2	Mapping of roles in new structure to be undertaken with formal handover process for clarity	Chief Executive	Dec 2019	Statutory roles and key responsibilities have been identified with mapping to new roles being undertaken.	Completed
A2	Introduction of new governance framework for new devices	Medical Director	Mar 2020	Medical Director and Trust Secretary have	

Corporate Objectives 2019/20 and Board Assurance Framework

	and procedures			drafted outline governance framework for new devices and procedures. Policy to be reviewed and aligned and then implementation by March 2020.	

Corporate Objectives 2019/20 and Board Assurance Framework

BAF 1.2 **OBJ 1**

Failure to implement nationally recognised evidence based practice

Potential for avoidable harm or prevention of reducing avoidable harm. Inability to provide world class care if practice is not evidence based

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	4	3
Likelihood	3	3	1
Total	15	12	3

Opened: May 2019

Review Date: January 2020

Source of Risk: Risk Assessment

Corporate Risk Register? DX2177

Controls:

- ~~✓ Falls collaborative~~
- ✓ Falls management training needs analysis and records
- ✓ Falls policy
- ✓ CQUIN
- ✓ Quality account priorities
- ✓ Divisional Quality Reports
- ✓ Falls documentation reviewed by senior nursing team

Assurance: Source of Assurance **2**

- ✓ Oversight by Quality and Safety Committee
- ✓ Integrated Performance Report metrics
- ✓ Innovation Committee
- ✓ Quarterly update on GIRFT
- ✓ CQRM oversight of CQUIN

Gaps in Controls:

- ~~C1: No clear work group for implementation of GIRFT principles~~
- ~~C2: Capacity and resource to provide the deteriorating patient training~~
- ~~C3: Compliance with completion of falls documentation~~
- C4: Benchmarking for world class
- C5: Clear implementation plan required for GIRFT principles
- C6: Falls collaborative no longer established

Gaps in Assurance:

- A1: Monitoring of deteriorating patient training figures
- A2: Lack of robust assurance regarding effectiveness of falls work

Action Plan to Address Gaps

Ref	Action	Lead	Due By	Progress Update	Completed
C4	Consideration of benchmarking opportunities with recommendations to be presented to Quality and Safety Committee	Medical Director	~~Jul 19~~ Mar 20	Surgical Site Infections has been identified as the first benchmarking opportunity – the Medical Director has presented this to the Board with ongoing monitoring via Infection Control Committee and Quality and Safety Committee	

Corporate Objectives 2019/20 and Board Assurance Framework

C5	Work programme to be developed for GIRFT	Medical Director	Mar 2020	Medical Director has met with Clinical Chair for MSK to lead on a work programme taking into account feedback from recent GIRFT visits and the Trust's GIRFT reports	
C6, A2	Falls Collaborative to be re-established	Interim Director of Nursing	Feb 2020	First meeting scheduled for January 2020	
A1	Deteriorating patient training figures to be monitored via Clinical Quality Governance Committee	Interim Director of Nursing	Feb 2020	To be included in the work plan as part of the Interim Director of Nursing's review of the work plan	

Corporate Objectives 2019/20 and Board Assurance Framework

Caring for Patients **OBJ 2**

Delivering outstanding outcomes and experience

Principal Objective: Increased focus on MSK population health

This objective will focus on transition from volume based to value based, reactive to proactive and illness to health and wellness focus.

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast
A	A	G		G

Measurements of improvement:

- Alternative contract model in place for 2020/21 more focused upon value than volume.
- Roll out of Q Lab improvement programme
- Stabilisation of SOOS to be measured through improved KPI performance

Objective Details

Opened: April 2019

Reviewed Date: January 2020

Progress Update:

The system wide MSK clinical model has been produced by the MSK Design Group, clinicians from RJAh have been involved in the development. In September this is now being tested with a wider base of RJAH clinicians in anticipation of feedback to the MSK Transformation Board. Simultaneously commissioners are writing this model into a commissioning specification in preparation for alternative contracting models for 2020/21.

The Shropshire JSNA has been produced in draft format to support the work of the Transformation Group and ensure the model addresses the needs within our locality.

Q Lab improvement continues, through the work completed to date Health Foundation's Q Lab have made available the opportunity to bid for funding to continue the work. Staff across the health system have engaged with this work with patient communications now developed. A national sharing event takes place late September for the work completed.

SOOS stabilisation has begun having effect, the management for administration of the service now sits with our access manager, with significant improvements in removal of any typing backlog and the commencement of improvement in clinic booking utilisation. Environmental issues for this team are being resolved with new office space due to be delivered in the next quarter. Secondary care referrals have now been proven to be in line with providers nationally through a series of benchmarking and clinical audit work. Next steps focus on removing any backlog as there is a full understanding of capacity and demand for the service, together with collaboratively working with the CCH on standardised referral information for all triage to transfer to RJAH.

Corporate Objectives 2019/20 and Board Assurance Framework

Supporting programmes of work:

- Development of system healthcare pathways
- MSK joint strategic needs assessment
- SOOS continued development
- Q Lab improvement partnership – mental health, neck and back pain
- MSK PROMs
- MSK self-management

Risks

BAF 2.1	MSK service integration fails to deliver expected benefits due to lack of understanding of the self-management and non-surgical pathways

Lead Director:

Director of Performance, Improvement & OD

Lead Committee

Finance, Planning & Digital Committee

Corporate Objectives 2019/20 and Board Assurance Framework

BAF 2.1 **OBJ 2**

Principal Risk: MSK service integration fails to deliver expected benefits due to lack of understanding of the self-management and non-surgical pathways

Potential reduction in activity at the Trust with loss of contracted work, impact on stability and availability of specialist work, potential for duplicate visits for patients, inability to respond to external factors. Host commissioner in financial recovery and requires material reduction in orthopaedic spend, impact for the Trust still to be determined. Potential for local health partners to not see the benefit of specialist orthopaedic services within the system

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	4
Likelihood	4	3	1
Total	16	12	4

Risk Details

Opened: May 2017

Review Date: January 2020

Source of Risk: External drivers

Corporate Risk Register? (DX1490, DX1533, DX1602)

Controls:

- ✓ Monitoring of GP referrals
- ✓ Horizon scanning in place
- ✓ Regular dialogue through contract meetings
- ✓ Monthly 1:1 between the Directors of Finance and Chief Executives
- ✓ Participation in MSK service developments and SOOS
- ✓ Delivery of QIPP prior approval requirements
- ✓ STP Directors Monthly Report
- ✓ Strategy deployment linked to objective setting
- ✓ Programme plan in place
- ✓ STP governance arrangements defined
- ✓ SOOS KPIs in place
- ✓ 1st phase complexity modelling completed
- ✓ Definition of MSK agreed by the Board
- ✓ Trust representation within the STP work streams
- ✓ CEO attends Senior Leadership Meetings for the STP
- ✓ Engagement with key partners in the local health system
- ✓ Future fit response
- ✓ MSK Orthopaedic System Paper
- ✓ MSK Partnership Alliance with MOU in place

Assurance: **Source of Assurance** **3**

- ✓ Strategy Oversight Group overseeing delivery
- ✓ Board reporting programme in place
- ✓ Clinical Cabinet established
- ✓ Local MSK Programme Board in place
- ✓ Increased Finance, Planning and Digital Committee Oversight
- ✓ Monthly performance report
- ✓ NHS I monitoring
- ✓ Shropshire CCG MSK Programme Board with weekly oversight meetings introduced
- ✓ SOOS project board in place
- ✓ Contract in place with contractual review meetings
- ✓ Monthly MSK meeting with the CCG
- ✓ Updates to Q&S Committee on quality aspects
- ✓ Planned Care Working Group
- ✓ STP updates to Board
- ✓ Board oversight of partner risks
- ✓ Specialised Services included in the STP Operational Plan

Gaps in Controls:

- C1: Ability to implement system strategy
- ~~C2: Stakeholder relationships~~
- C3: System contract alignment with strategic MSK vision

Gaps in Assurance:

- A1: ~~Lack of integration of MSK provider and commissioner programme boards, together with split commissioner reporting.~~
- A2: Lack of integration between local and specialised commissioning for

Corporate Objectives 2019/20 and Board Assurance Framework

- C4: Lack of triangulated system MSK reporting i.e. finance, outcomes, quality, experience, activity
- C5: Consultant body understanding of SOOS
- C6: Potential for lack of alignment between internal and system strategies for MSK

MSK conditions

- A3: No national inclusion of MSK in NHS long 10 year plan
- ~~A4: No inclusion of Specialised Services in the STP Operational Plan~~

Action Plan to Address Gaps

Ref	Action	Lead	Due By	Progress Update	Completed
C1, C3, C4, C6	MSK Partnership and financial envelope linked to joint strategies needs assessment	Director of Finance	Mar 2020	Ongoing discussion with the CCG and MSK Partnership Alliance	
C5	Review of clinical leadership for SOOS	MD for MSK	Mar 2020	MSK Unit has been developed as part of the new organisational structure with focus on clinical leadership. New leadership to provide link and engagement with consultant body.	

Note: A3 – actions to address gap are outside of the organisation's control

1. Part One - Public Meeting	2. Chief Executive Update	3. Quality & Safety	4. Performance & Governance	5. Items to note	6. Any Other Business

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Patients Waiting Over 52 Weeks ² English

Number of English RTT patients currently waiting 52 weeks or more

0 against **0** target

On target green rated

Exec Lead:
Director of Operations

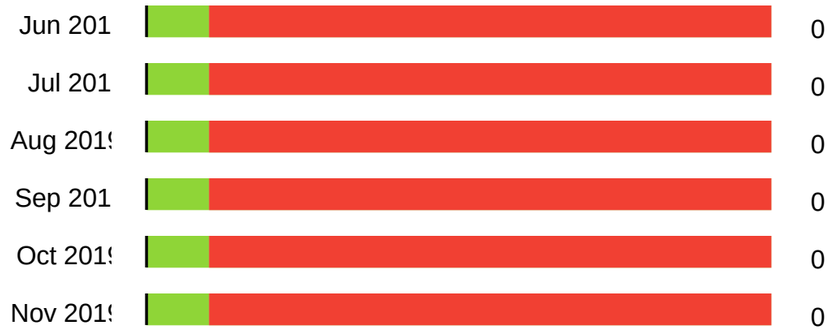
Integrated Performance Report

Narrative

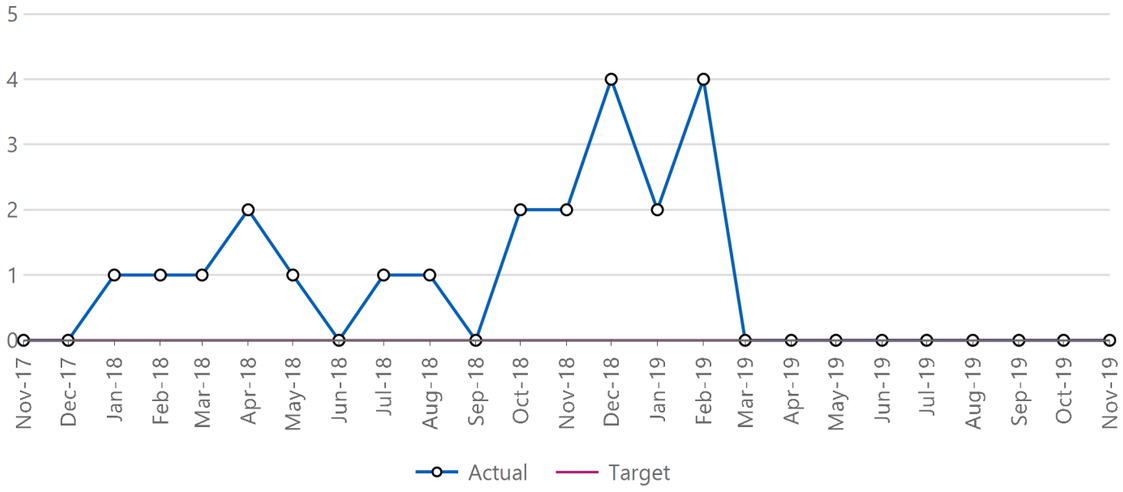
At the end of November there were no English patients waiting over 52 weeks.

The forecast figures show predicted 52+ weeks waits as follows:
- End of December - 0
- End of January - 4 - 3x Spinal Disorders, 1x Upper Limb (patient initiated)
- End of February - 3 - 2x Spinal Disorders, 1x Foot & Ankle (two patients awaiting SPECT CT scan at another Trust)

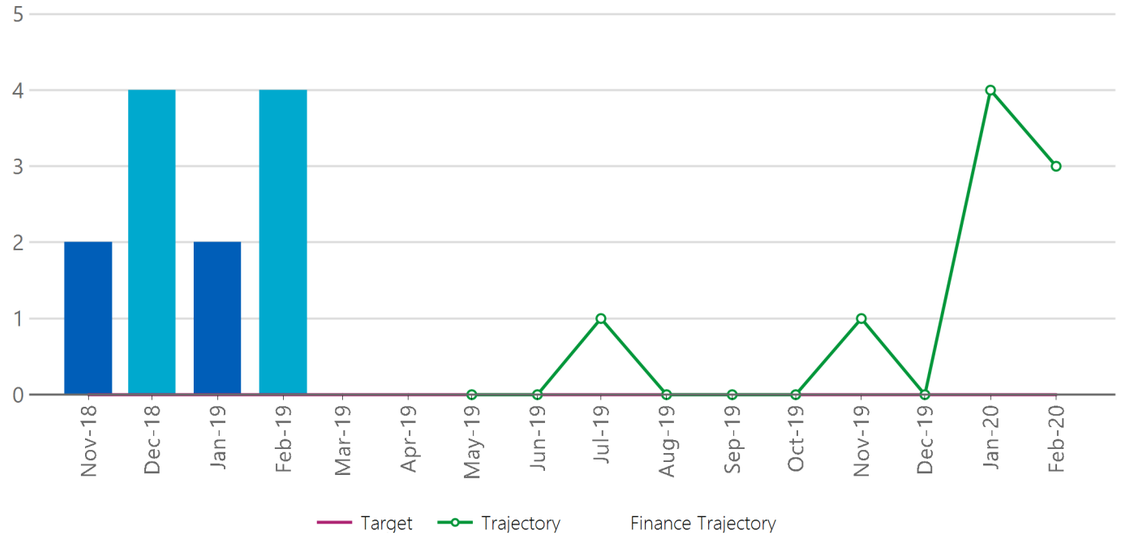
Actual performance against RAG ratings



Performance over 24 months ²



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
0	0	1	1	1	2	1	0	1	1	0	2	2	4	2	4	0	0	0	0	0	0	0	0	0

Patients Waiting Over 52 Weeks ² Welsh

Number of RJAH Welsh RTT patients currently waiting 52 weeks or more

0 against **0** target

On target green rated

Exec Lead:
Director of Operations

Integrated Performance Report

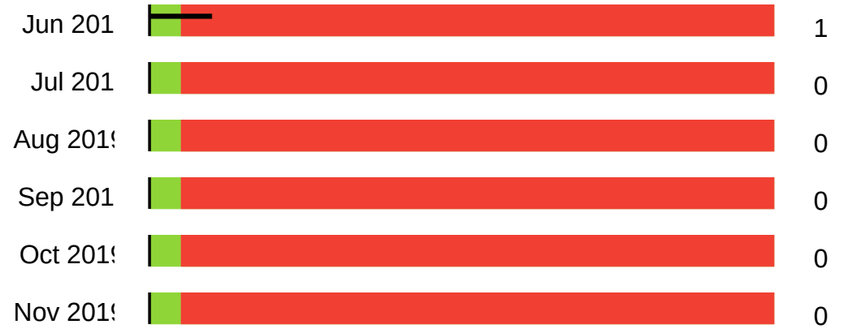
Narrative

At the end of November there were no Welsh patients waiting over 52 weeks.

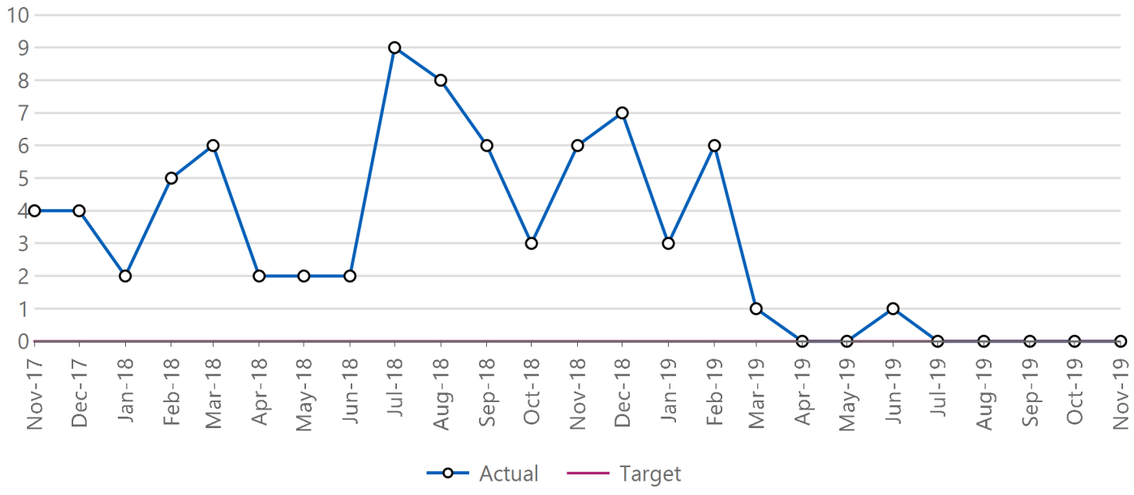
The forecast figures show predicted 52+ weeks waits as follows:
- End of December - 0
- End of January - 3 - Spinal Disorders
- End of February - 7 - 4x Spinal Disorders, 2x Knee & Sports Injuries, 1x Arthroplasty

The forecast patients are BCU and Powys patients.

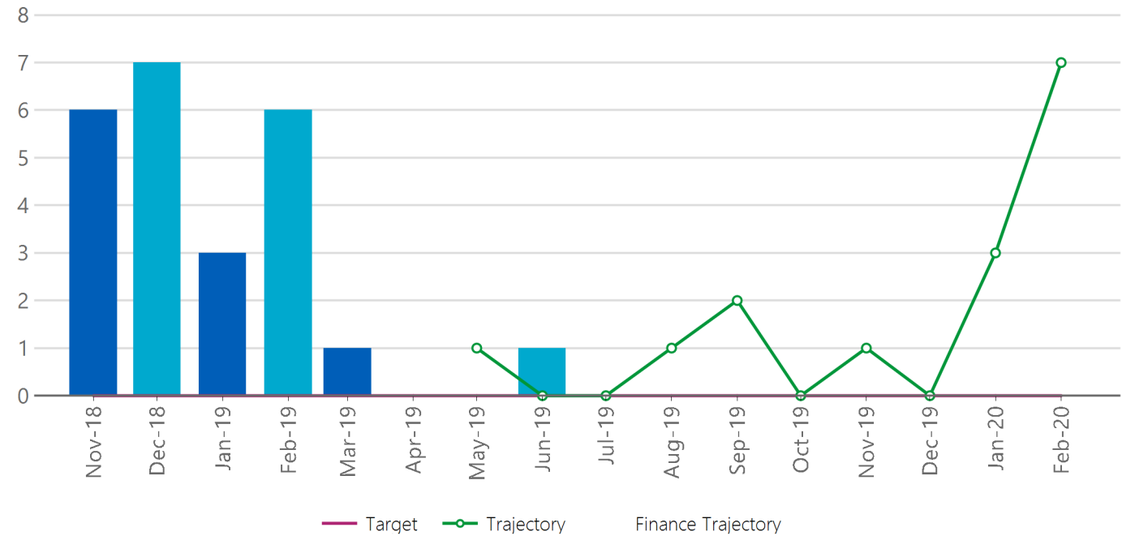
Actual performance against RAG ratings



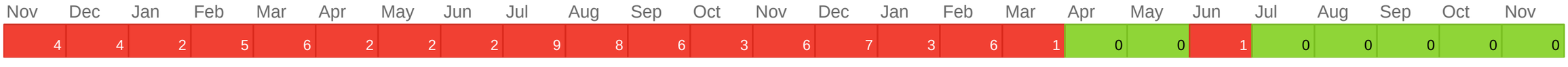
Performance over 24 months ²



Trajectory



Heatmap performance over 24 months



Patients Waiting Over 52 Weeks 2 Welsh (BCU Transfers)

167 against N/A target

Exec Lead:
Director of Operations

Integrated Performance Report

Number of BCU transfer Welsh RTT patients currently waiting 52 weeks or more.

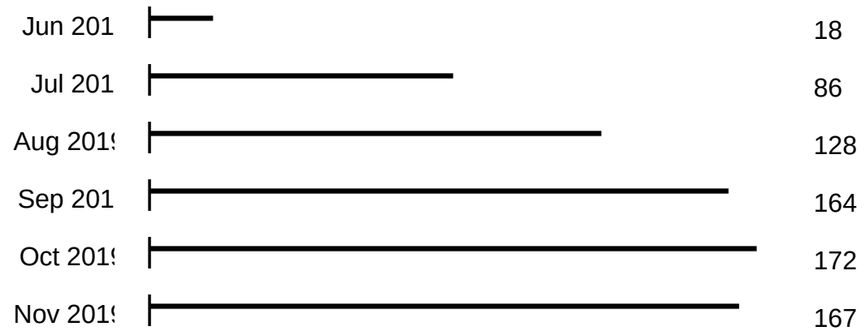
Narrative

At the end of November there were 167 Welsh patients waiting over 52 weeks who were under the care of BCU. Within the month of November 93 transfers were received. 821 transfers have been received so far this financial year.

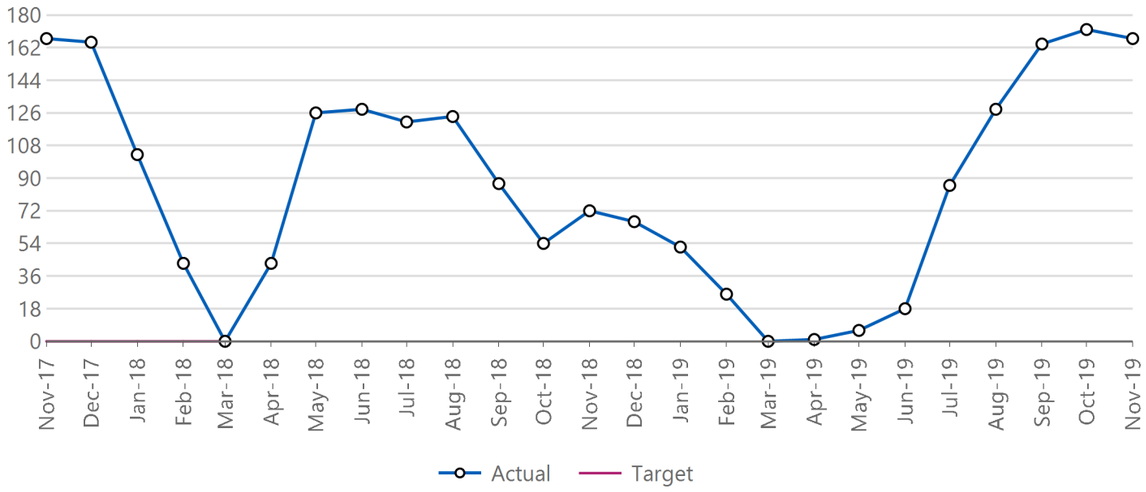
The forecast figures show predicted 52+ weeks waits as follows:
- End of December - 121
- End of January - 116
- End of February - 124

This forecast is based on the transfers received to date. The target for this measure is to treat all patients transferred by year-end.

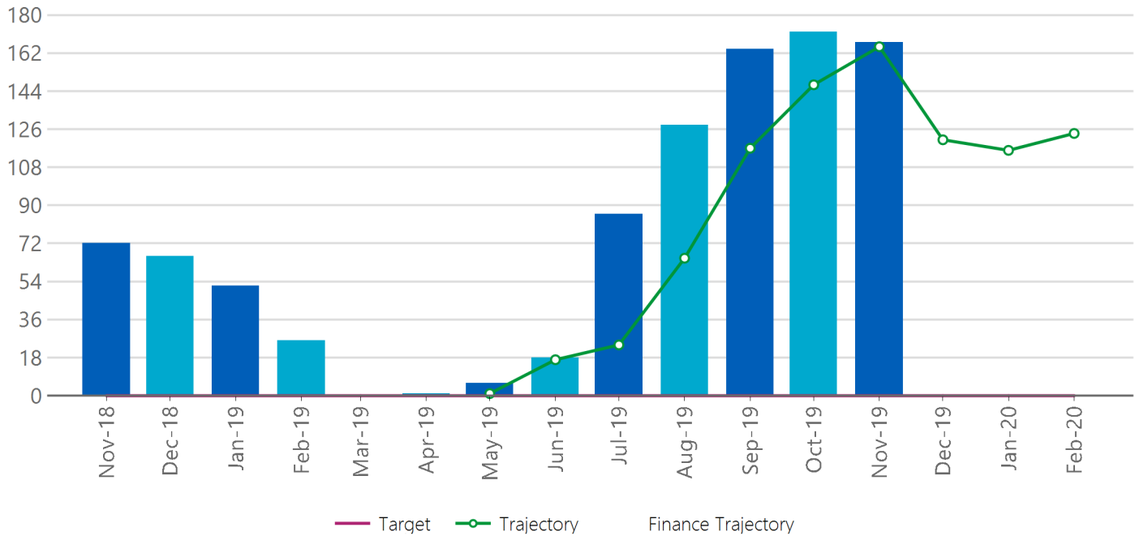
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
167	165	103	43	0	43	126	128	121	124	87	54	72	66	52	26	0	1	6	18	86	128	164	172	167

6 Week Wait for Diagnostics - English Patients

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

99.87% against **99%** target

Above target green rated

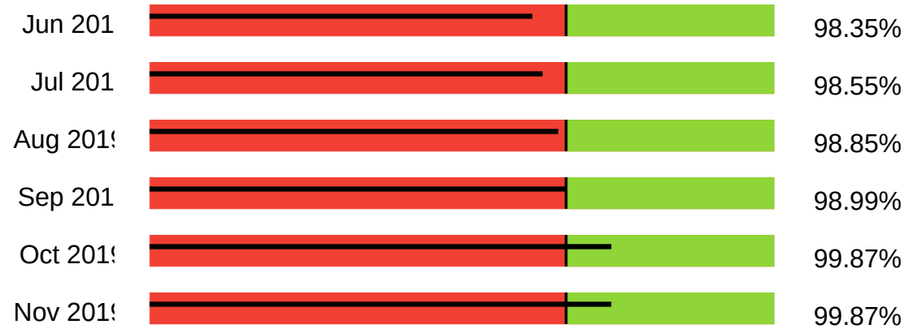
Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

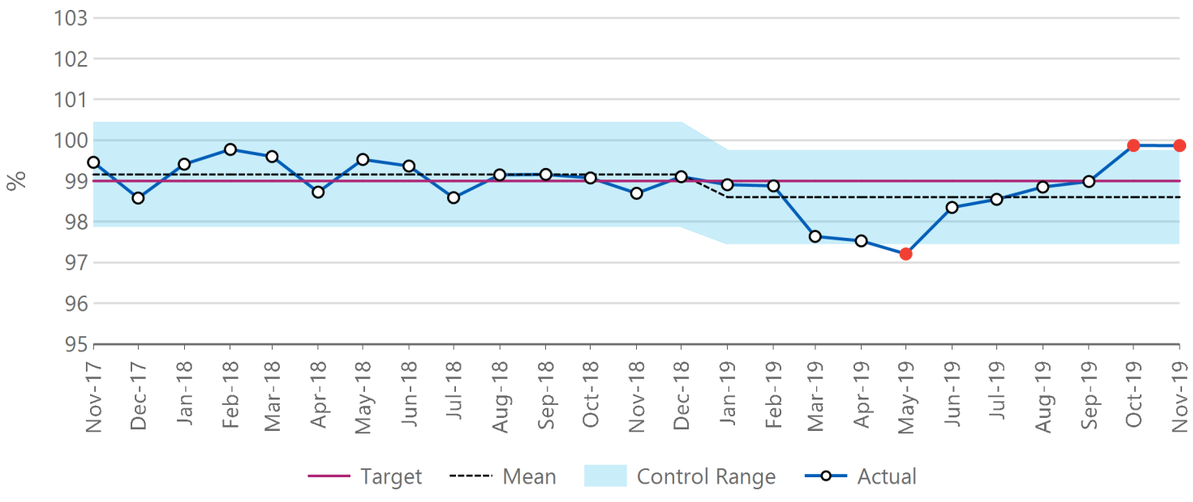
The 6 week standard for diagnostics was achieved this month and is reported at 99.87%. This equates to one patient waited beyond 6 weeks. This month's data point is second above the control range.

Actual performance against RAG ratings

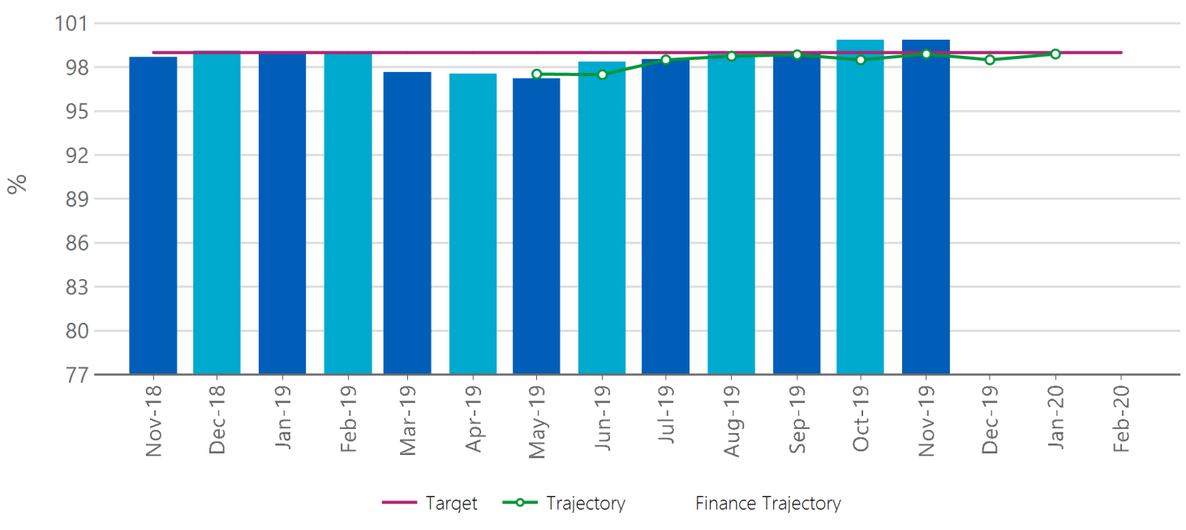


Performance over 24 months ² SPC

SPC Alert - 7 or more consecutive points above or below the mean indciates a step change.



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
99.46%	98.58%	99.41%	99.77%	99.6%	98.73%	99.53%	99.37%	98.59%	99.15%	99.16%	99.07%	98.7%	99.1%	98.91%	98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.67%

Integrated Performance Report
November 2 Month 8

8 Week Wait for Diagnostics - Welsh Patients

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

99.78% against **100%** target

Below target red rated

Exec Lead:
Director of Operations

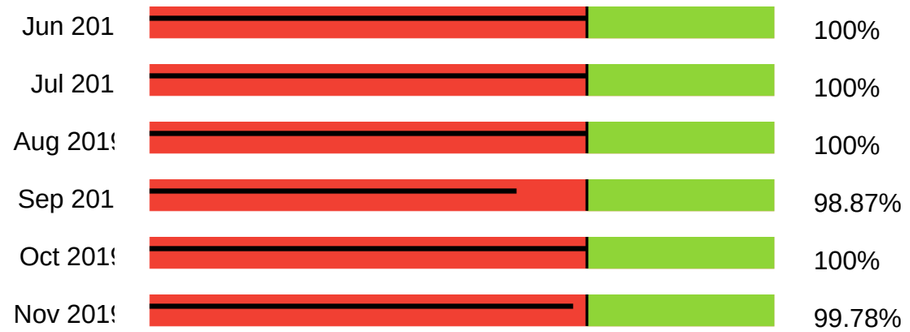
Integrated Performance Report

Narrative

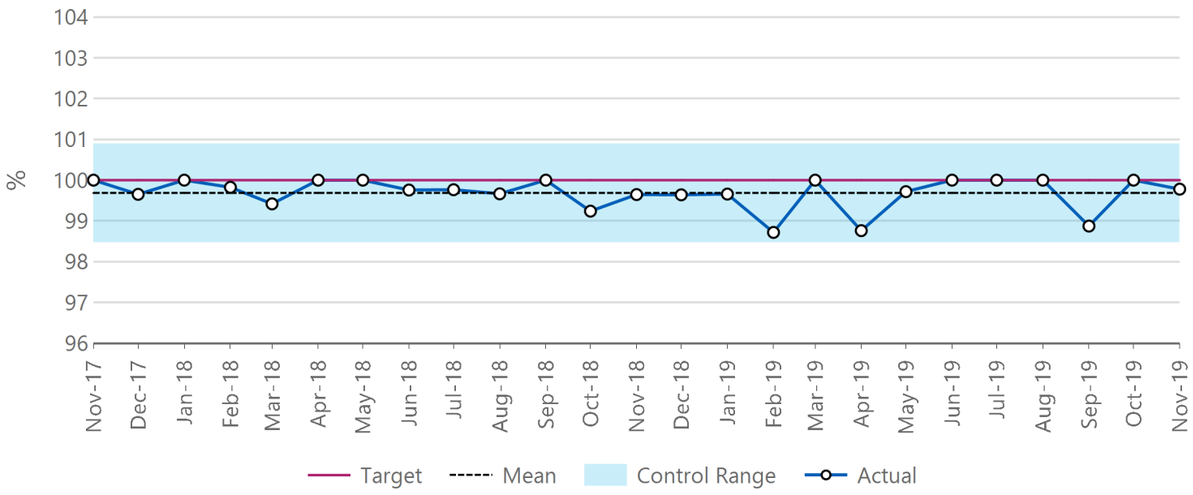
The 8 week standard for diagnostics was not achieved this month and is reported at 99.78%. This equates to one patient waited beyond 8 weeks and following further validation this patient was later identified as a planned patient and therefore wouldn't have been reported as a breach.

Action to Improve:As a result of this reported breach, an investigation is underway to review the Divisional validation processes in place as part of the submission.

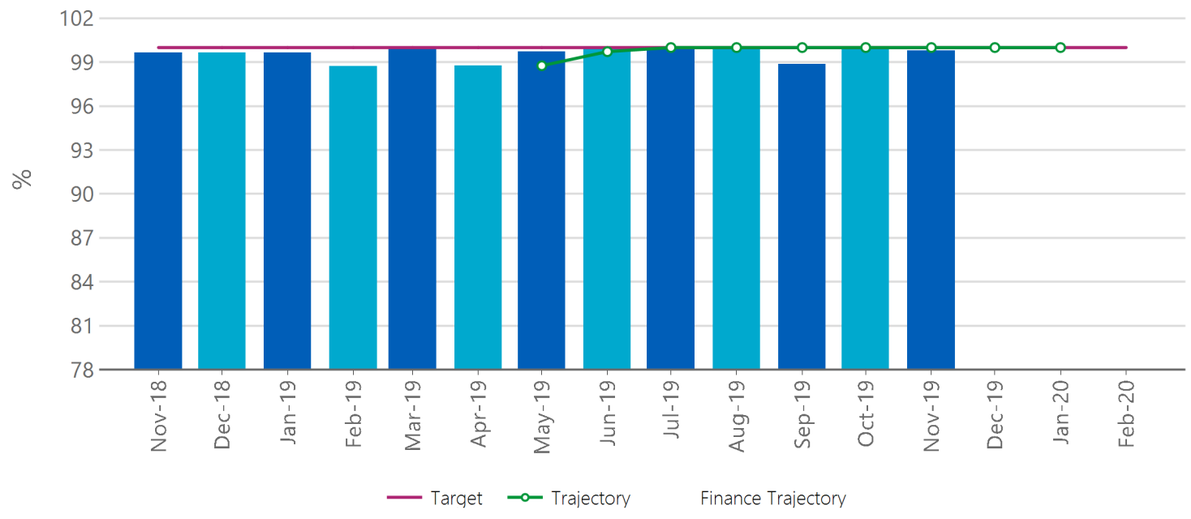
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
100%	99.65%	100%	99.82%	99.42%	100%	100%	99.76%	99.77%	99.67%	100%	99.24%	99.65%	99.64%	99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.65%

Total Theatre Activity

Activity in theatres in month

1,064 against **1,096** target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

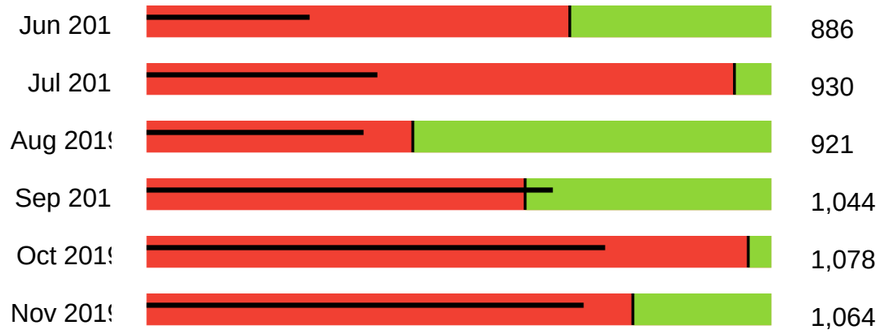
Narrative

Total Theatre Activity was behind plan in November. A breakdown of this is:
- T&O including Tumour & Hand Trauma - 944 cases. This was 30 cases behind the original plan and 62 cases behind the revised plan. This is broken down by:
  - T&O Only - 888 cases (-55 from revised plan)
  - Tumour - 37 cases (-3 from revised plan)
  - Hand Trauma -19 cases (-4 from revised plan)
- MCSI - 41 cases (-4 from plan)
- Private Patients - 79 cases (+2 from revised plan)

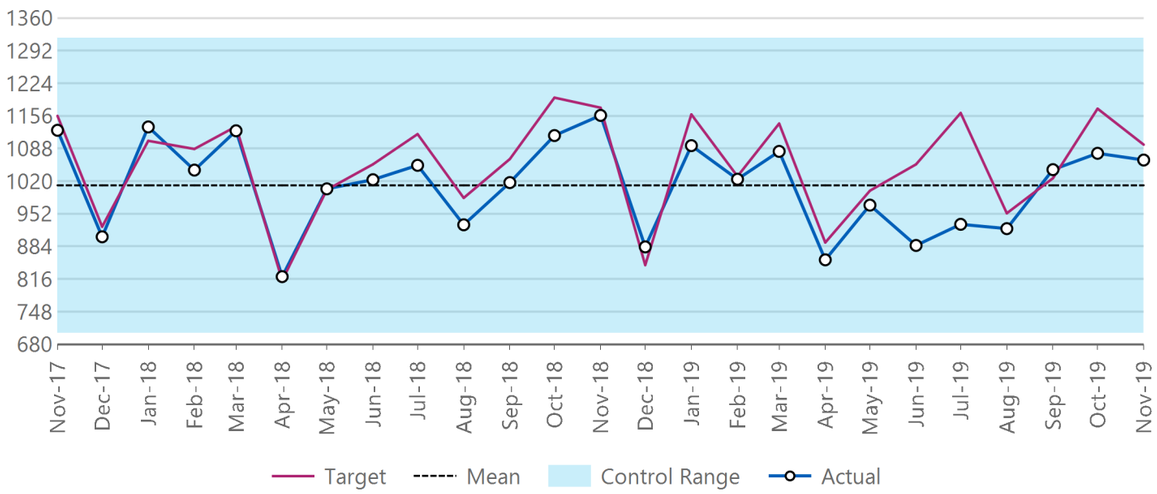
The trajectory reflects the revised plans agreed in November-19.

Action to Improve:This is linked with the action on sessions with a link to review staffing levels required, particularly assistant scrub practitioners.

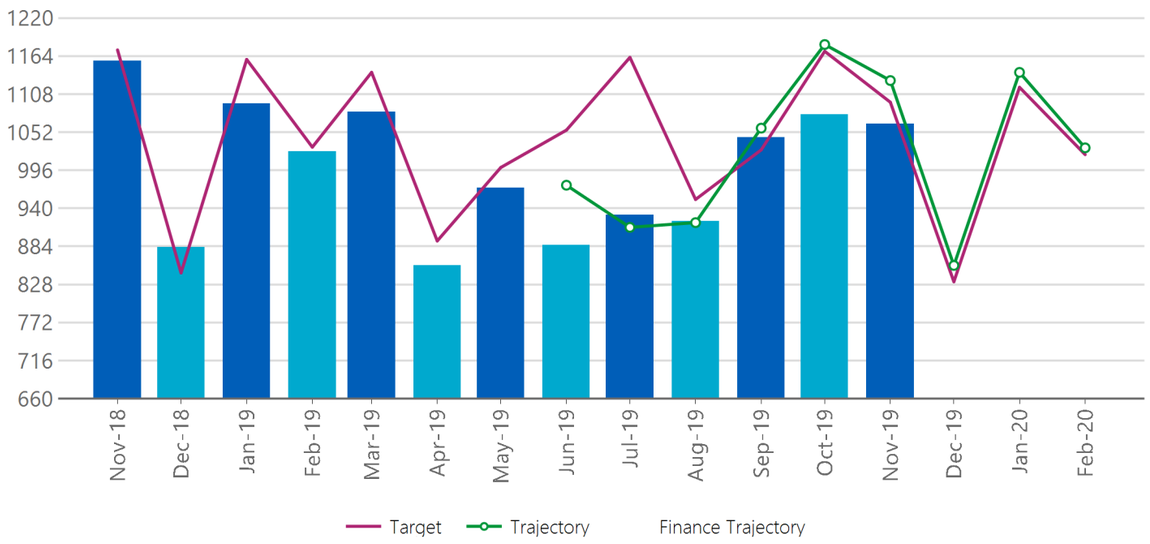
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
1,126	904	1,133	1,043	1,125	821	1,004	1,023	1,053	929	1,017	1,115	1,157	883	1,094	1,024	1,082	856	970	886	930	921	1,044	1,078	1,064	7,749

Integrated Performance Report
November ² Month 8

Bed Occupancy ² All Wards ² 2pm

% Bed occupancy at 2pm

86.26% against **87%** target

Within target green rated

Exec Lead:
Director of Operations

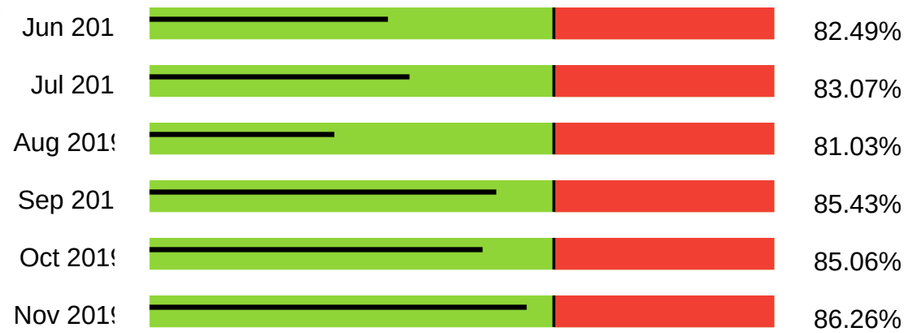
Integrated Performance Report

Narrative

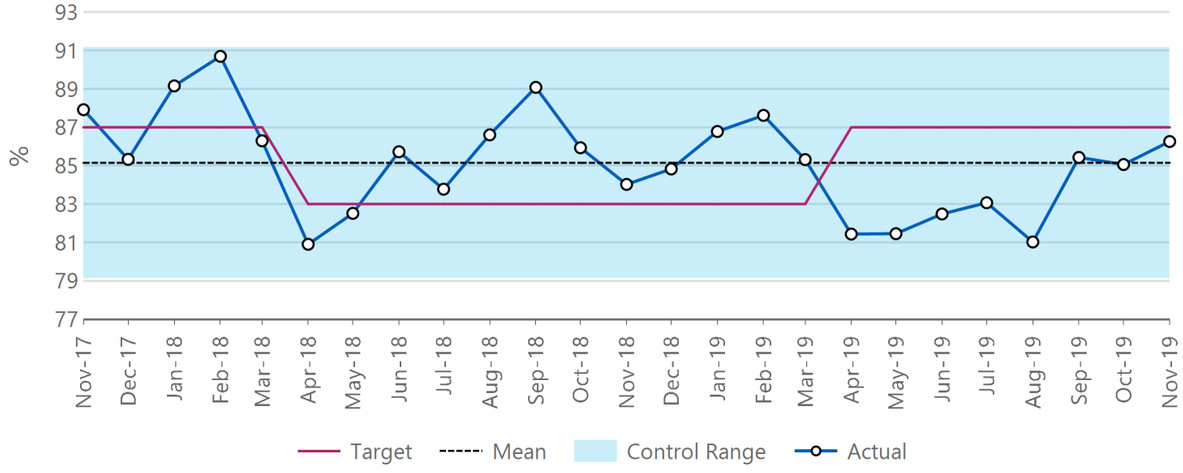
The occupancy rate for all wards is green rated this month at 86.26% and the closest to the 87% target since February 2019. Occupancy across the Surgical Wards was:
- Alice 31.01%
- Clwyd 87.27%
- Kenyon 84%
- Ludlow 85.80%
- Oswald 87.21%
- Powys 88.96%

Occupancy within the Medicine Division was:
-Gladstone 97.45%
- Wrekin 95.11%
- Sheldon 91.43%

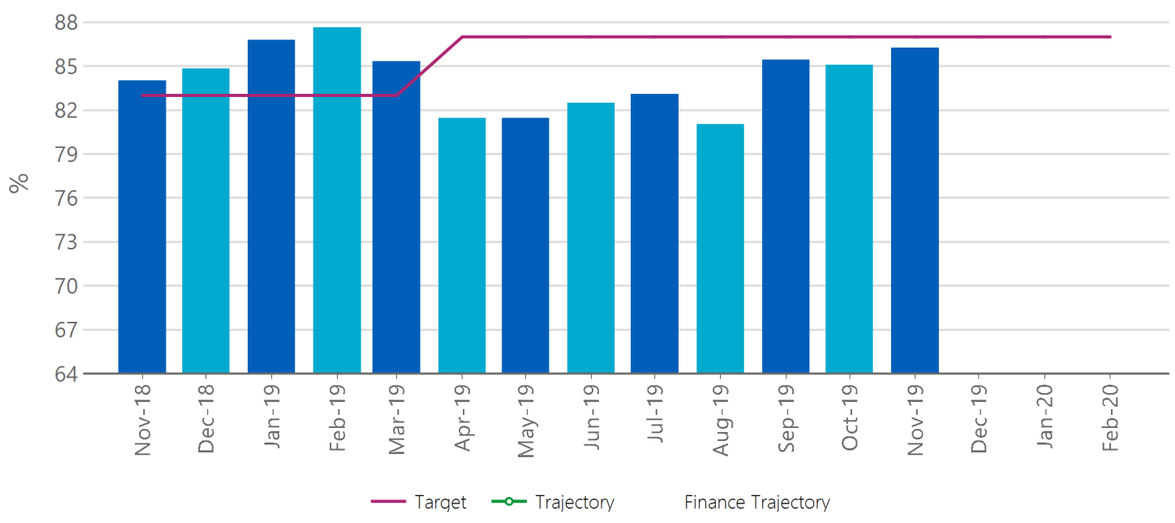
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
87.92%	85.33%	89.16%	90.7%	86.3%	80.91%	82.52%	85.73%	83.78%	86.61%	89.08%	85.94%	84.03%	84.83%	86.78%	87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	83.28%

Outpatients Activity Attendances

Number of attendances seen in Outpatients clinic ² excludes SOOS, MCSI and NCG as they are block contracts

13,815 against **14,521** target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

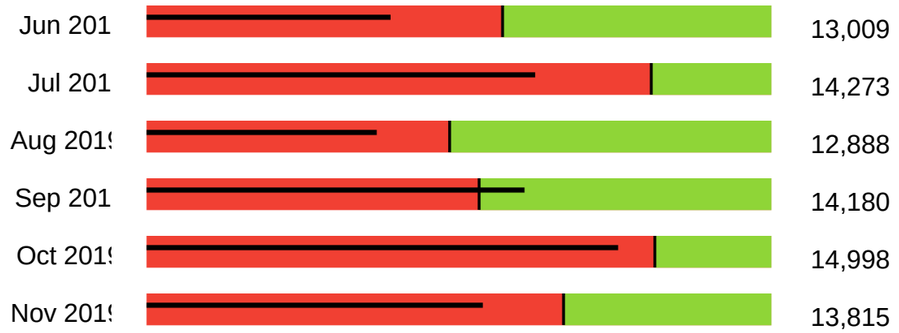
The number of attendances was 706 behind plan in month 8 with 13815 attendances seen against a plan of 14521. Division al breakdown is:
- Surgery - 7183 against a plan of 7402 (-219) - YTD position +371
- Medicine - 5318 against a plan of 5764 (-446) - YTD position -1404

In Surgery division, area behind plan to note were:
- Lower Limb (-78) - YTD position -205 and Upper Limb (-96) - YTD position -810

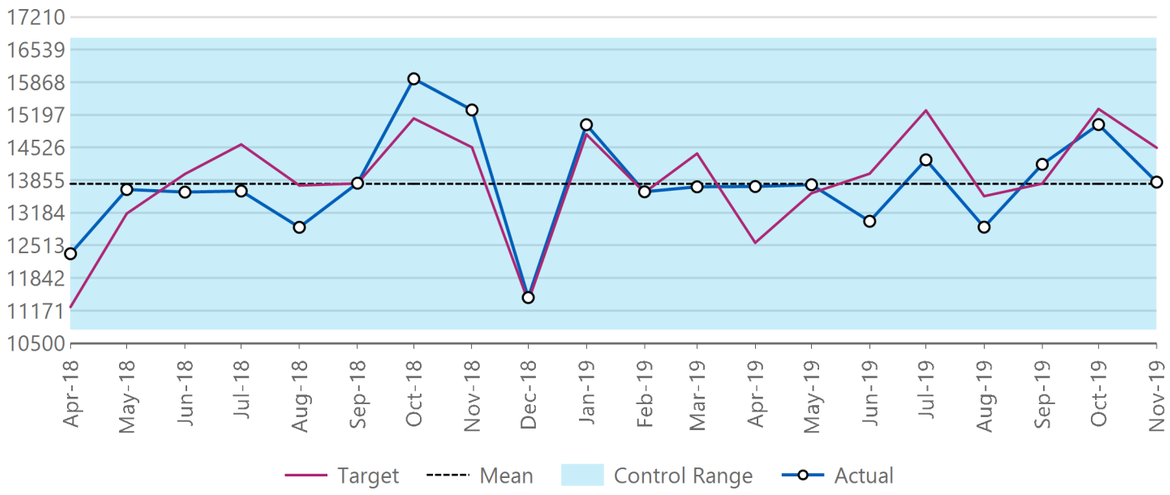
In Medicine division, areas behind plan to note were:
- Metabolic Medicine (-77) - YTD position -1053 and Physiotherapy Clinics (-351) - YTD position -1166

Action to Improve:Weekly meetings are being held for Surgical areas to review bookings and the capacity and demand of rooms. Other items to note which will impact activity are BCU transfers. A deep dive into individual services that are showing a continued underperformance to be undertaken with improvement plans and trajectory updated. Planning assumptions for metabolic medicine and physiotherapy are also being reviewed

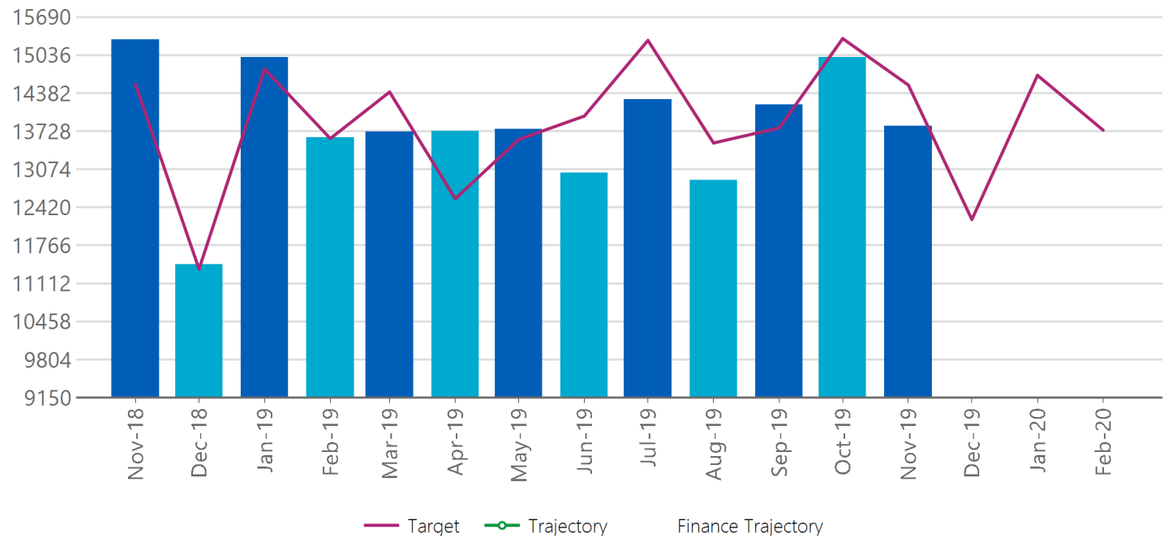
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
12,342	13,662	13,609	13,631	12,885	13,792	15,939	15,298	11,440	14,995	13,616	13,718	13,724	13,761	13,009	14,273	12,888	14,180	14,998	13,815	110,648

Integrated Performance Report
November ² Month 8

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

379 against **392** target

Below target green rated

Exec Lead:
Director of Finance

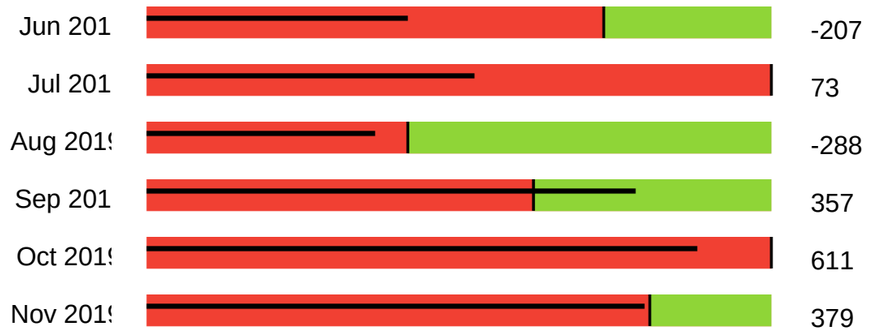
Integrated Performance Report

Narrative

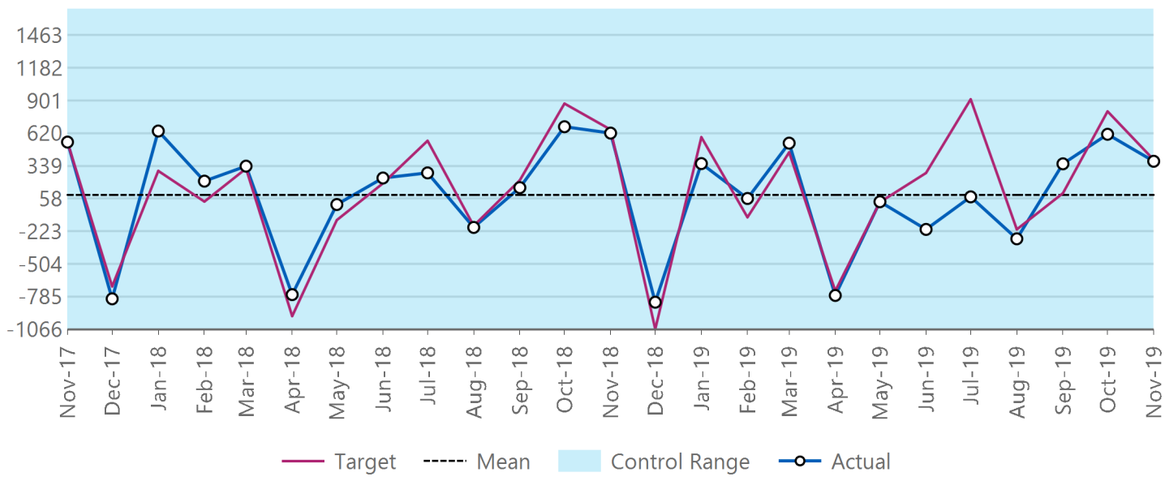
- M8 YTD … k surplus , … k adverse to plan

- Overall … k surplus in month
- … k adverse to plan

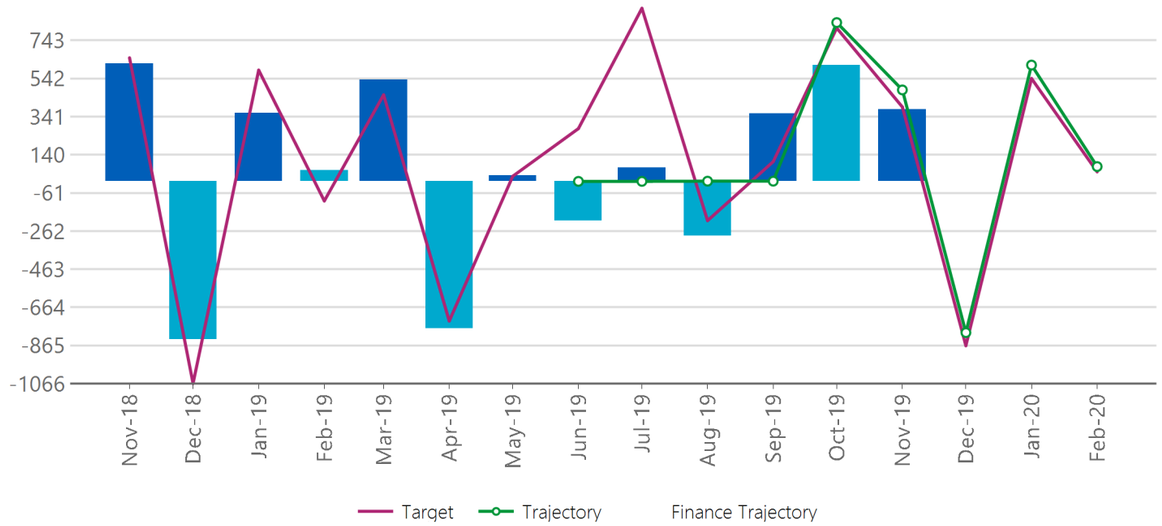
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
544	-804	639	208	337	-768	7	235	279	-190	152	676	621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	181

Integrated Performance Report
November ² Month 8

Income

All Trust Income, Clinical and non clinical

10,064 against **9,911** target

Above target green rated

Exec Lead:
Director of Finance

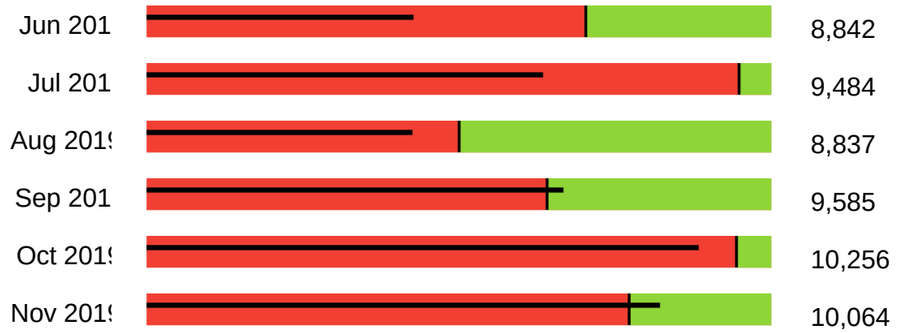
Integrated Performance Report

Narrative

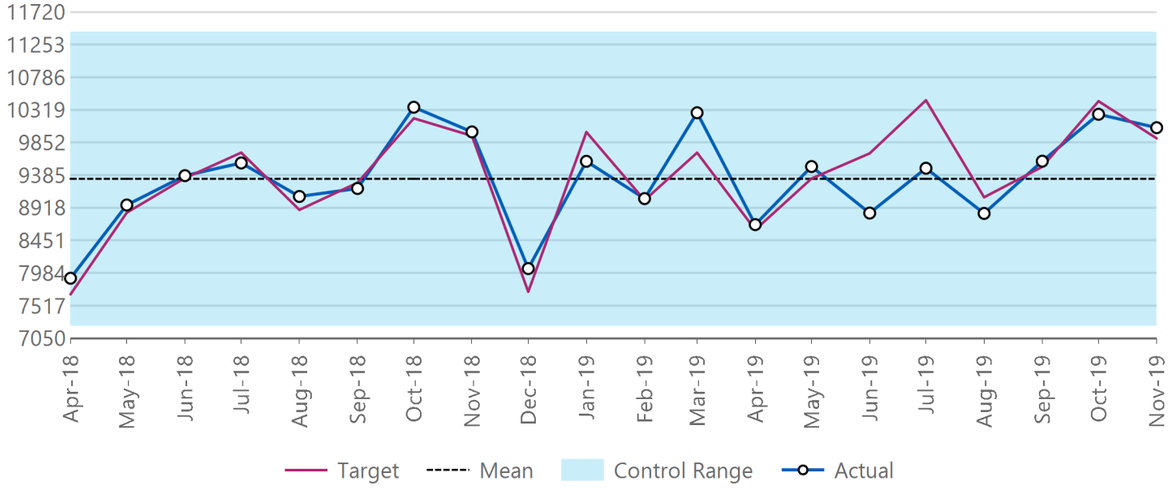
Overall … k favourable in month:

- Theatre activity shortfall against plan 62 cases adverse
- Private patients favourable to plan
- RTA favourable (recognition of increased notifications ytd)
- Non Theatres favourable
- QIPP risk share adverse (improvement to run rate)

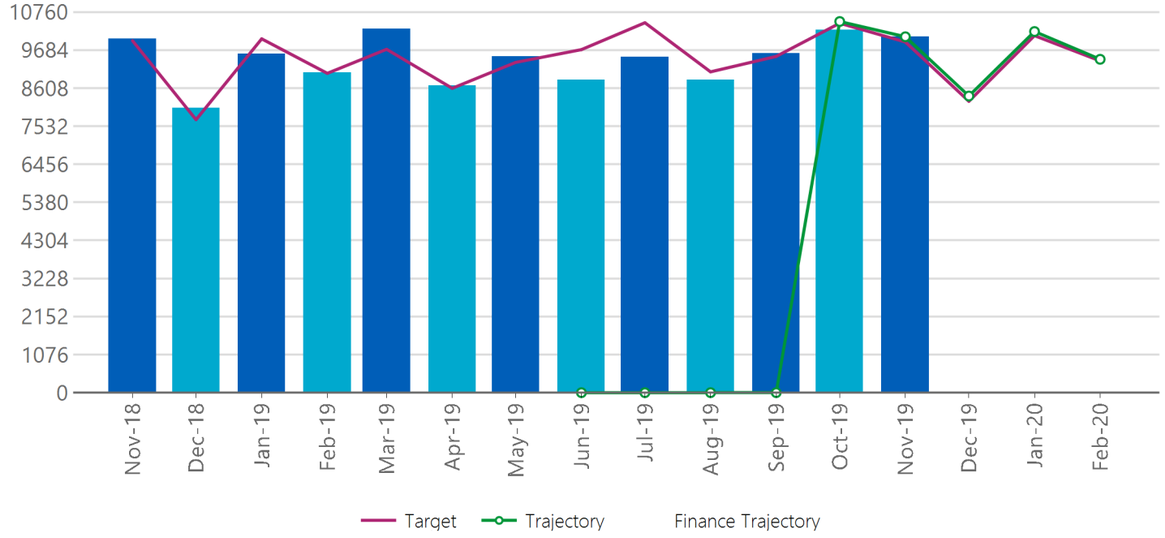
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
7,909	8,958	9,378	9,559	9,080	9,194	10,357	10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,484	8,837	9,585	10,256	10,064	75,253

Integrated Performance Report
November ² Month 8

Expenditure

All Trust expenditure including Finance Costs

9,730 against **9,563** target

Breaching target red rated

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

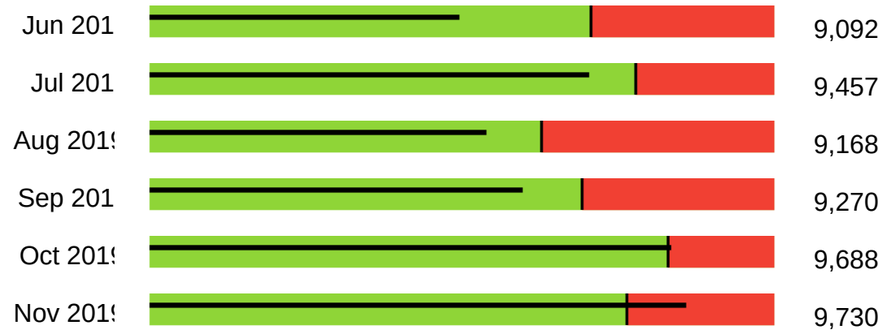
- Overall … k adverse in month:

Pay … k adverse:
- Theatre nursing and bank adverse (sickness driven)
- Anaesthetic agency & OJP adverse (sickness driven)

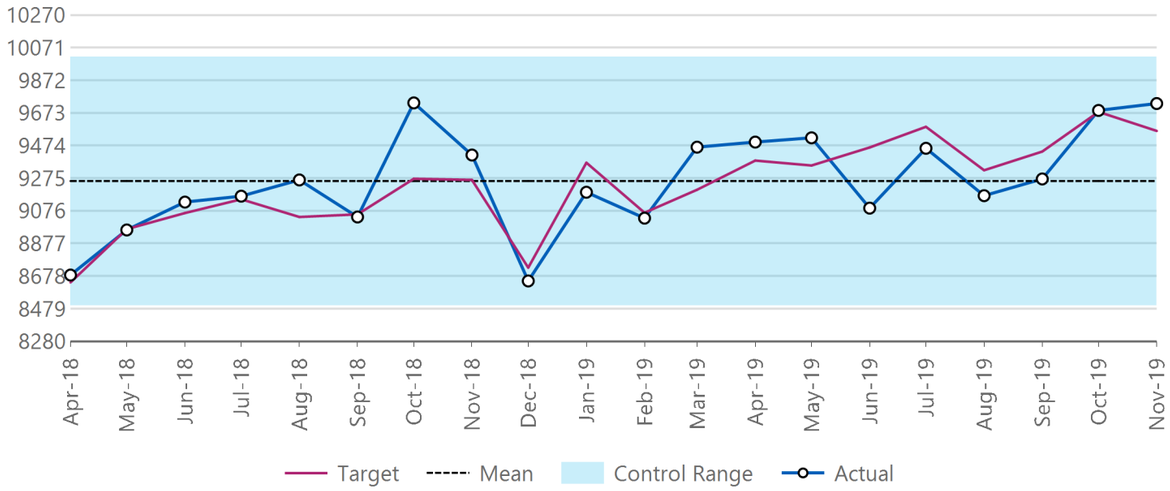
Non pay … k adverse:
- LLP adverse (now includes anaesthetists previously shown in pay)
- Facilities pressures adverse

Action to Improve:Action plans to address sickness levels and improve staff well being.
Recruitment initiatives to minimise vacancy rates to promote resilience.
Premium spend review to align to recovery plan requirements.

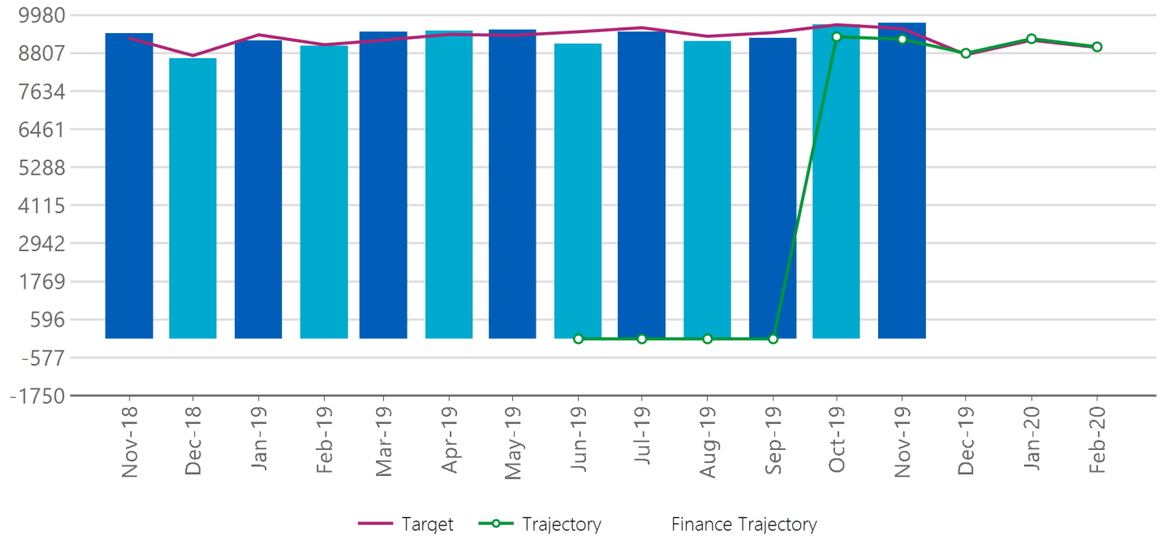
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
8,684	8,959	9,129	9,165	9,264	9,038	9,734	9,416	8,648	9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,730	75,421

Integrated Performance Report
November ² Month 8

CIP Delivery

Cost Improvement Programme requirement

320 against **257** target

Above target green rated

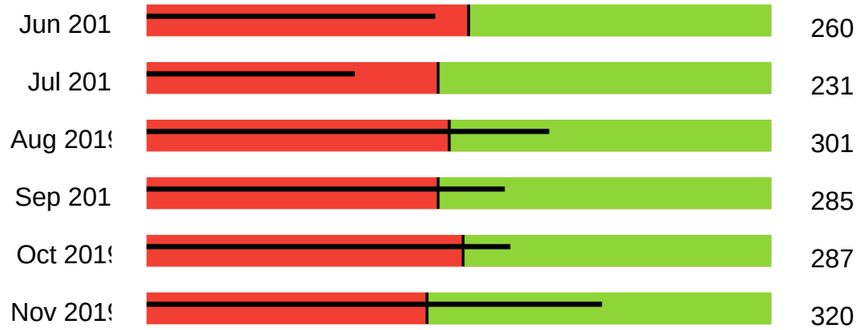
Exec Lead:
Director of Finance

Integrated Performance Report

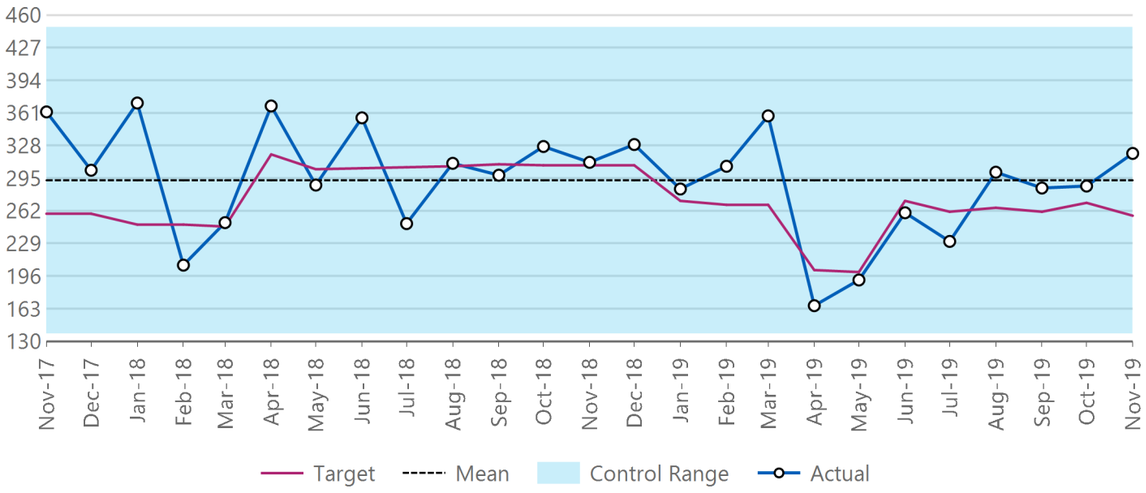
Narrative

… k favourable against plan in month
… k favourable against plan YTD

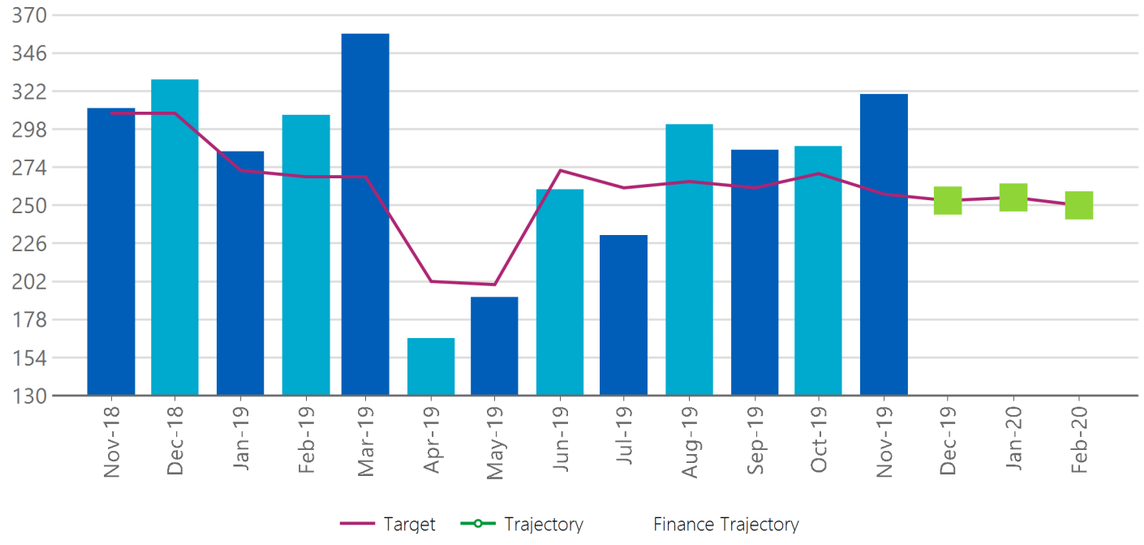
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
362	303	371	207	250	368	288	356	249	310	298	327	311	329	284	307	358	166	192	260	231	301	285	287	320	2,043

QIPP Delivery Risk Impact

MSK Transformation QIPP

25 against **0** target

Breaching target red rated

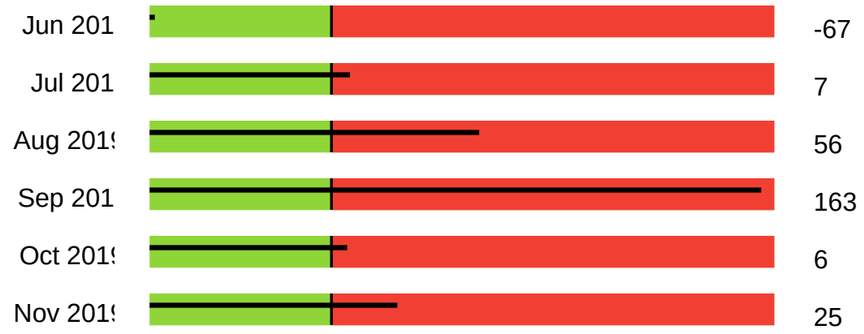
Exec Lead:
Director of Finance

Integrated Performance Report

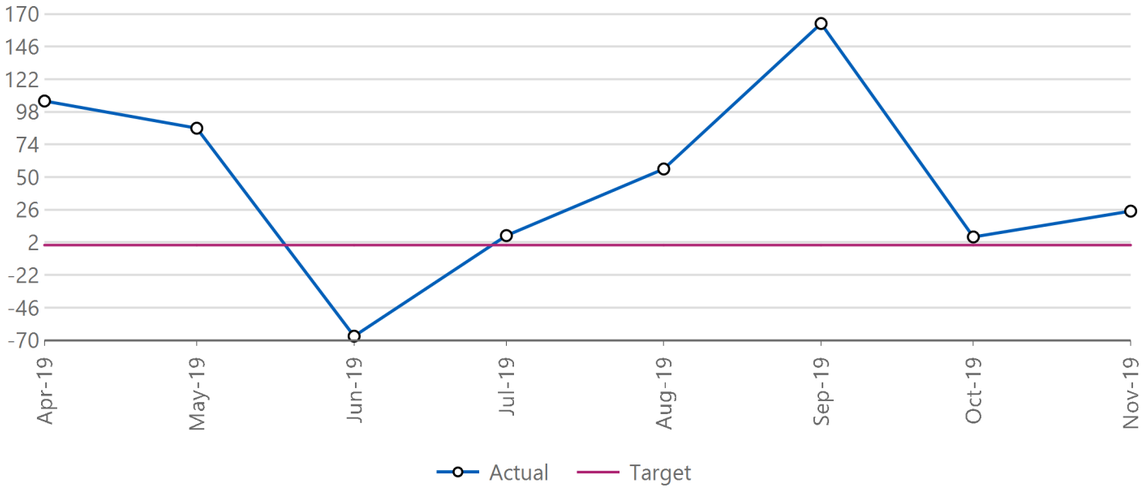
Narrative

06. ULVN VKDUH … N LQ PRQWK … N ULVN SURYLGHG IRU \WG

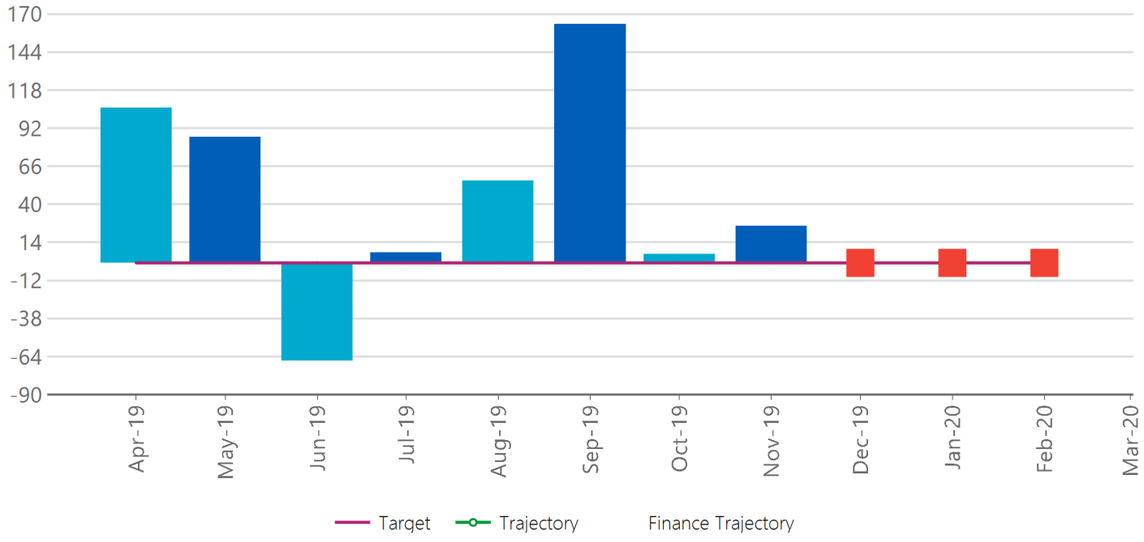
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
106	86	-67	7	56	163	6	25	382

Agency Core

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

108 against **132** target

Within target green rated

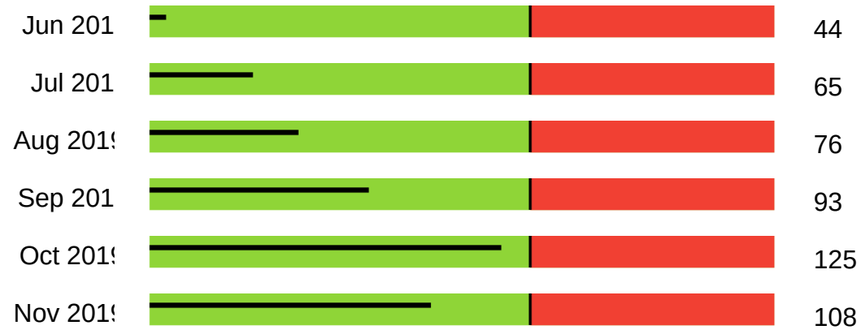
Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

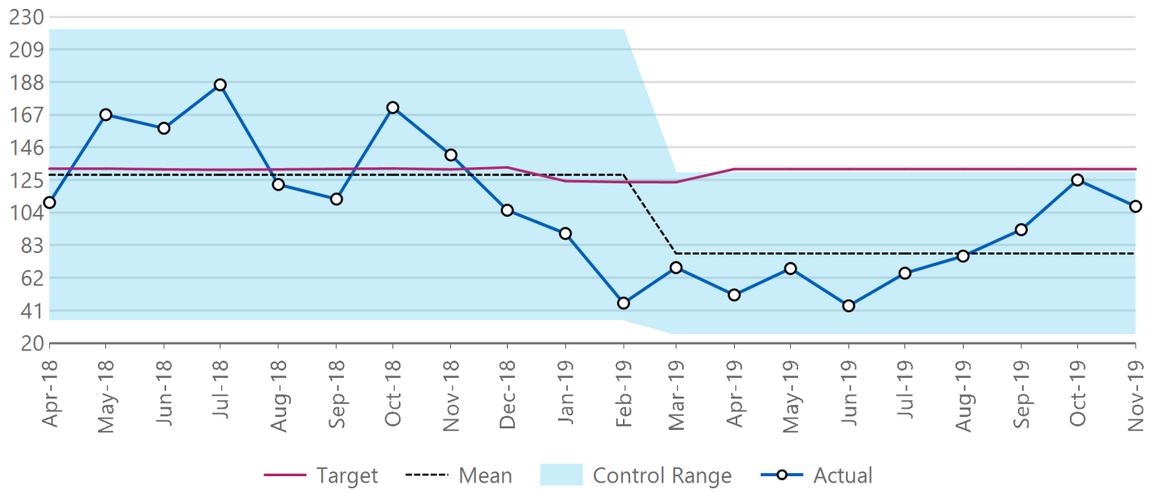
&RUH DJHQF\ VSHQG … N IDYRXUDEOH DJDLQVW FDS LQ PRQWK

Actual performance against RAG ratings

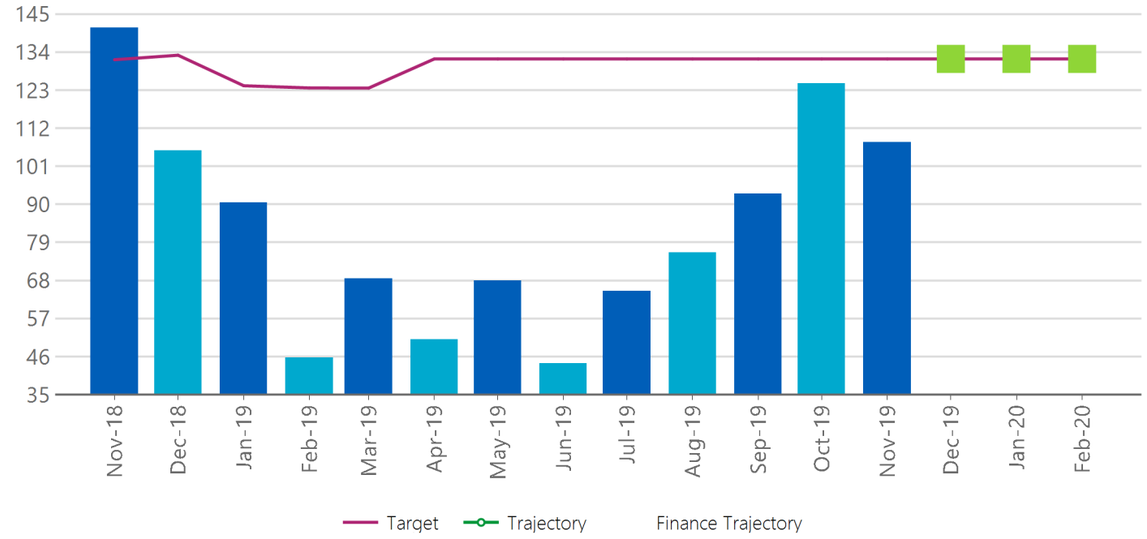


Performance over 24 months ² SPC

SPC Alert - 7 or more consecutive points above or below the mean indciates a step change.



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
110.49	167	158.27	186.24	122.05	112.7	171.62	141.07	105.5	90.56	45.75	68.59	51	68	44	65	76	93	125	108	630

Integrated Performance Report
November ² Month 8

Agency Non-Core

Annual ceiling for total agency spend introduced by NHS Improveme nt - Non Core Agency

334 against **171** target

Breaching target red rated

Exec Lead:
Director of Finance

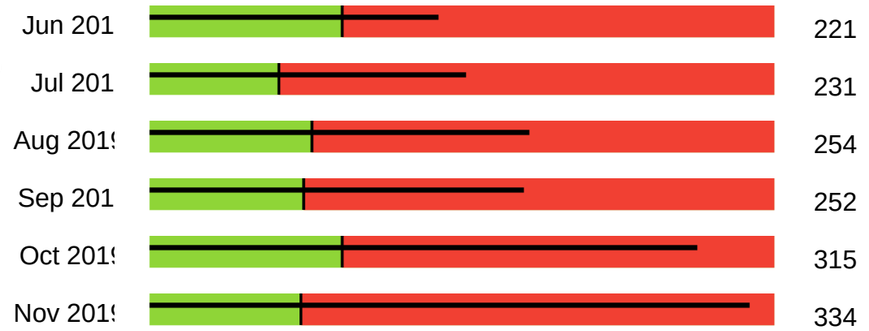
Integrated Performance Report

Narrative

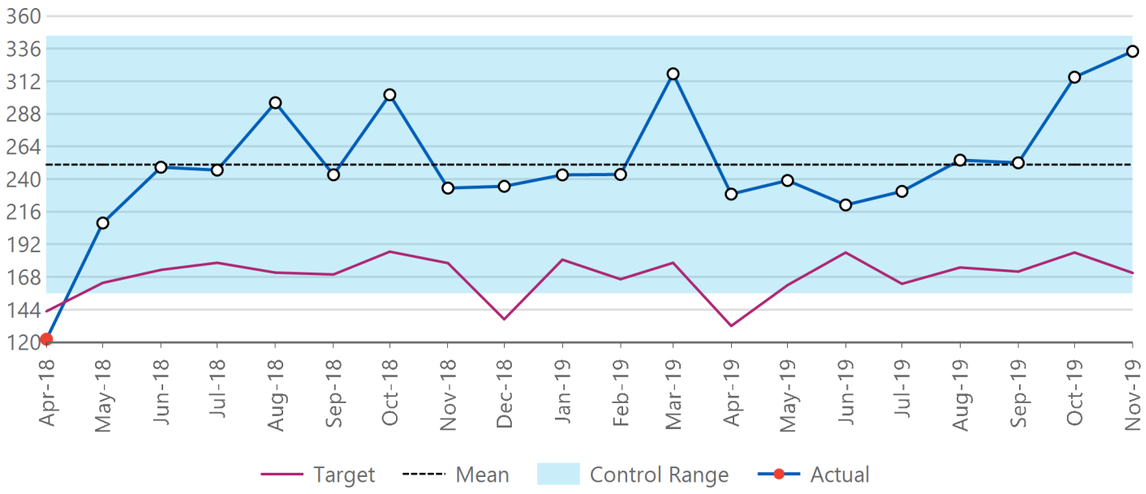
Non core agency spend… k adverse against cap in month

Action to Improve:Agency limit for LLP does not align to operational plan - NHSI aware. Long term plan to reduce to 0 more than 20% of total activity is dependent upon new consultant appointments and job plan productivity.

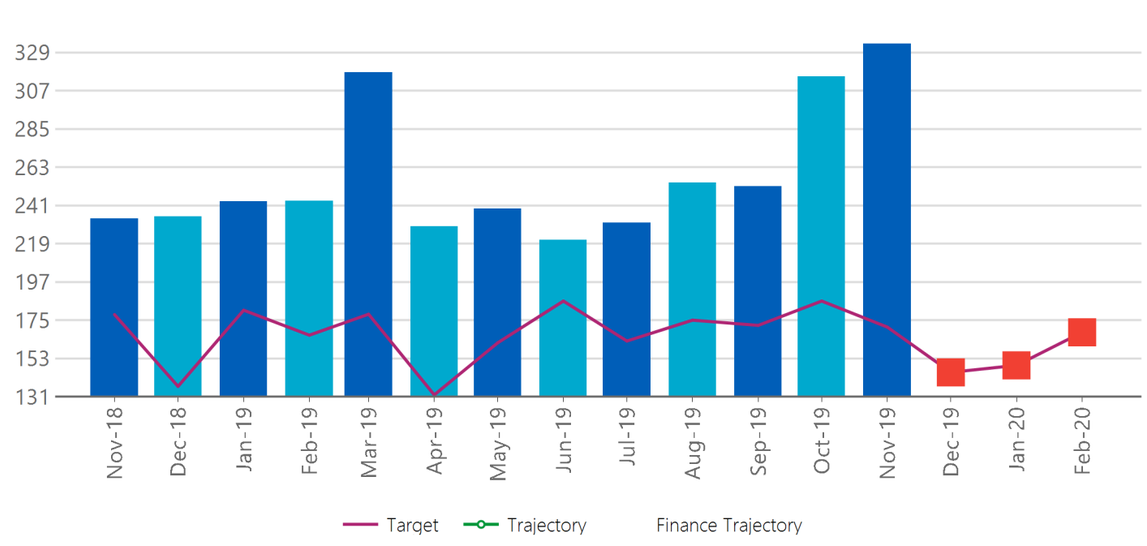
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
122.26	207.73	248.74	246.63	296.21	243.2	302.08	233.41	234.72	243.13	243.43	317.48	229	239	221	231	254	252	315	334	2,075

Integrated Performance Report
November ² Month 8

Cash Balance

Cash in bank

5,708 against **4,278** target

Above target green rated

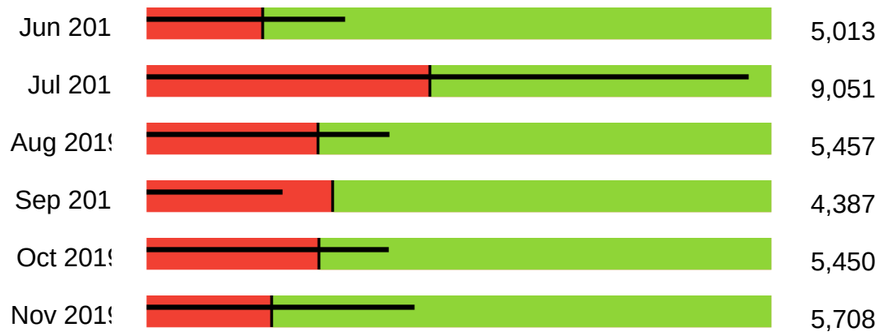
Exec Lead:
Director of Finance

Integrated Performance Report

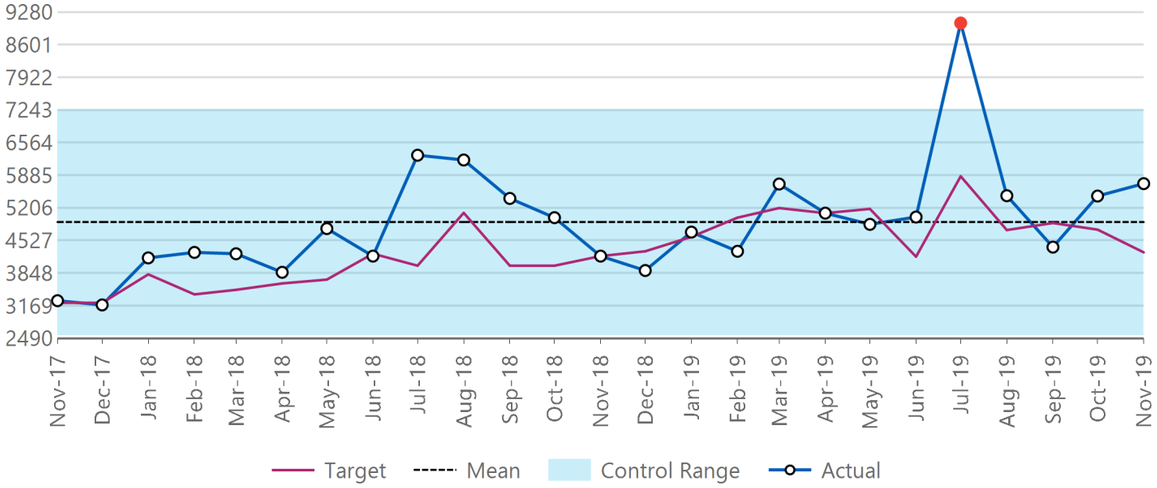
Narrative

&DVK EDODQFHV IDYRXUDEOH DJDLQVW SODQ ... P GXH WR LQFUHDVHG IXQGLQJ IURP

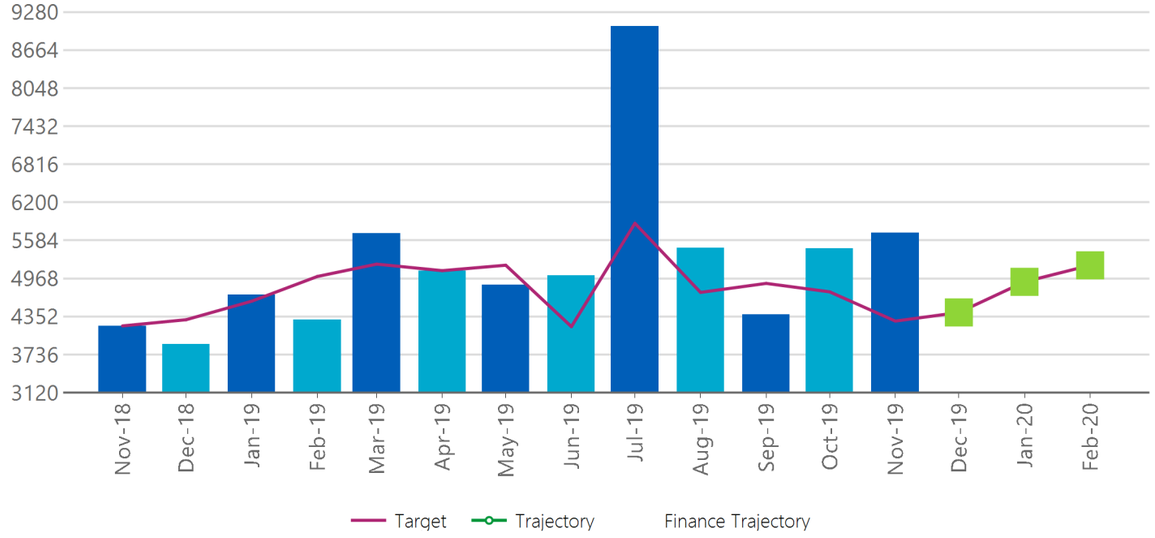
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
3,272	3,184	4,163	4,277	4,249	3,863	4,773	4,200	6,300	6,200	5,400	5,000	4,200	3,900	4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,780

Integrated Performance Report
November ² Month 8

Capital Expenditure

Expenditure against Trust capital programme

546 against **478** target

Breaching target green rated

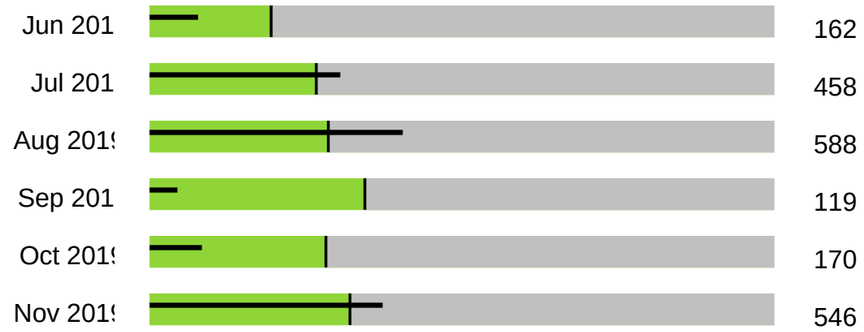
Exec Lead:
Director of Finance

Integrated Performance Report

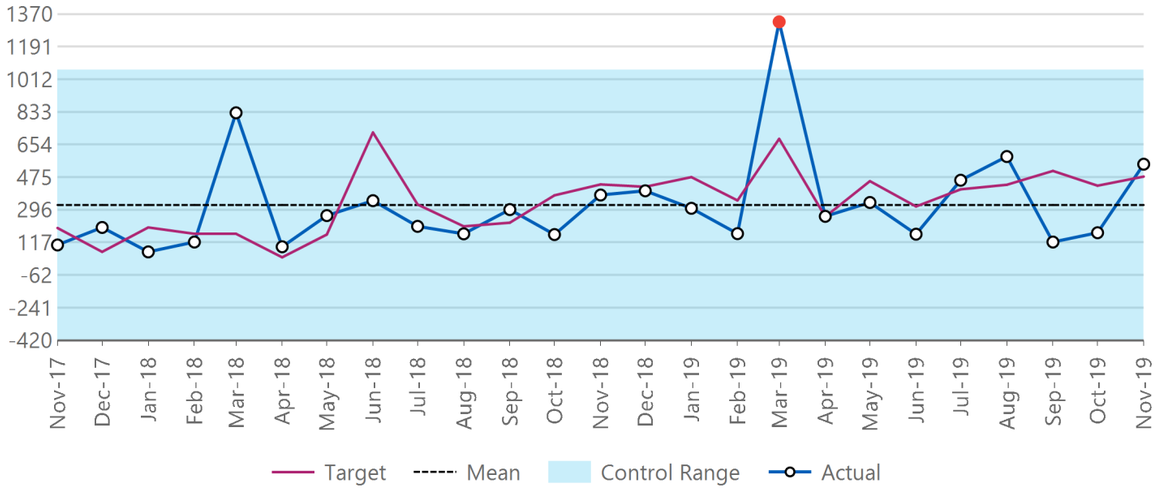
Narrative

&DSLWDO VSHQG RI … N LQ PRQWK <7' … N XQGHU SODQ GXH WR SKDVLQJ RI LQYH

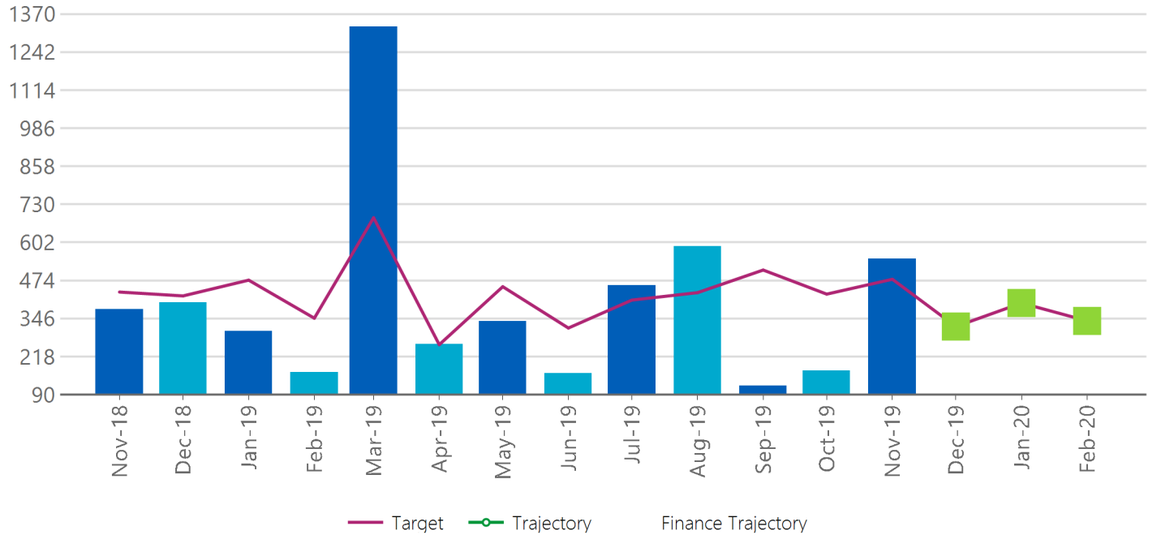
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
103	199	65	119	828	93	264	346	205	164	297	160	377	400	304	165	1,327	260	336	162	458	588	119	170	546	2,639

Use of Resources (UOR)

Overall Use of Resources indicator

3 against 1 target

red rated

Exec Lead:
Director of Finance

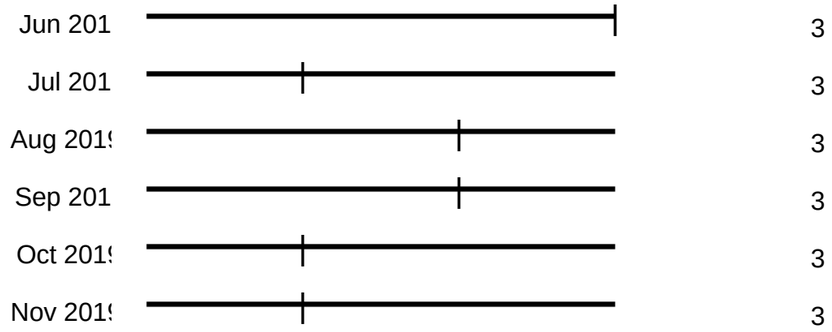
Integrated Performance Report

Narrative

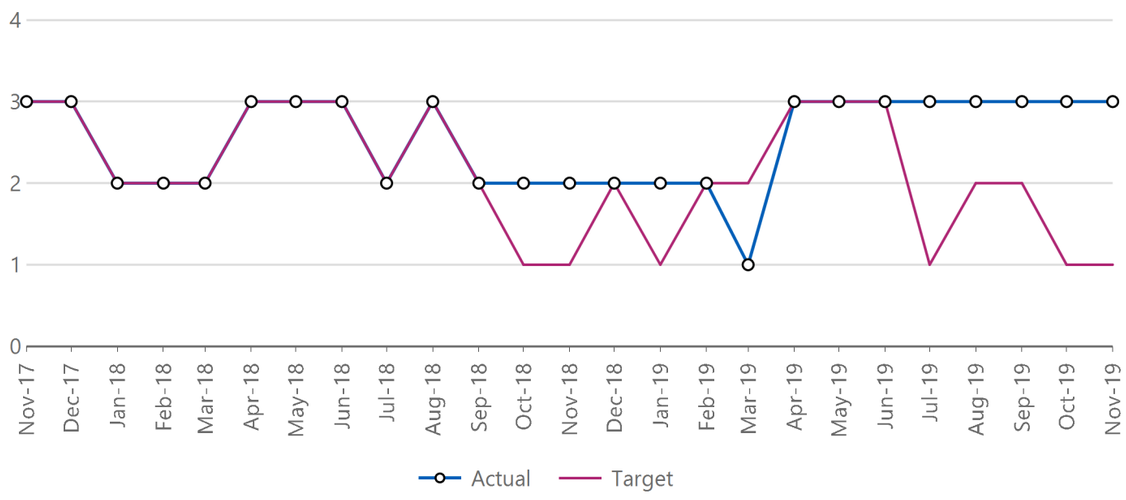
UOR is below plan in month driven by cumulative I&E varinace against plan.

Action to Improve:This is a trigger under the 19/20 oversight framework and will improve with delivery against the financial recovery plan.

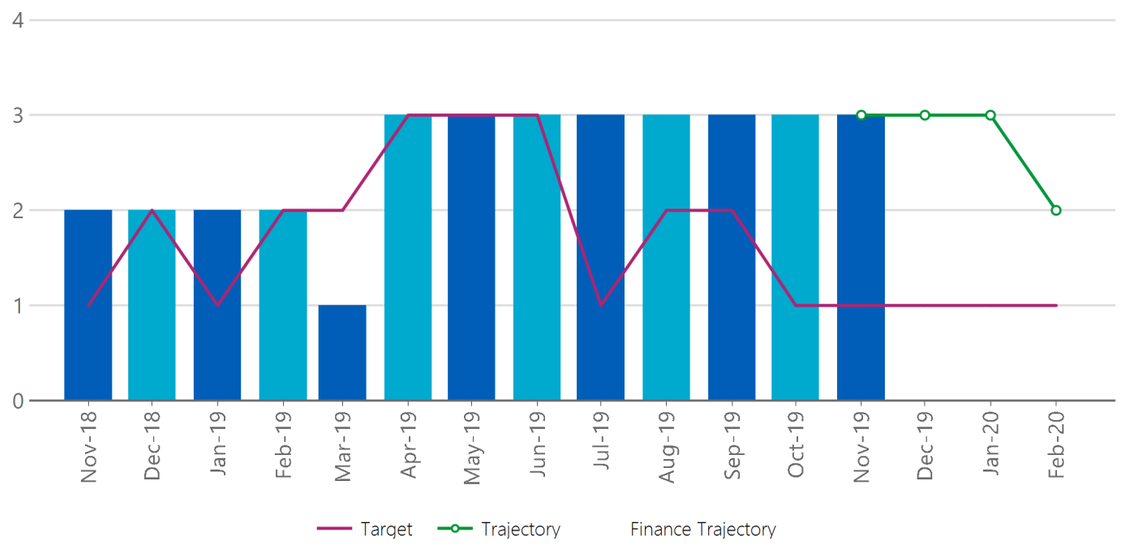
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
3	3	2	2	2	3	3	3	2	3	2	2	2	2	2	2	1	3	3	3	3	3	3	3	3	3

Integrated Performance Report
November 2 Month 8

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs.

7.58% against **5.38%** target

Breaching target red rated

Exec Lead:
Director of Finance

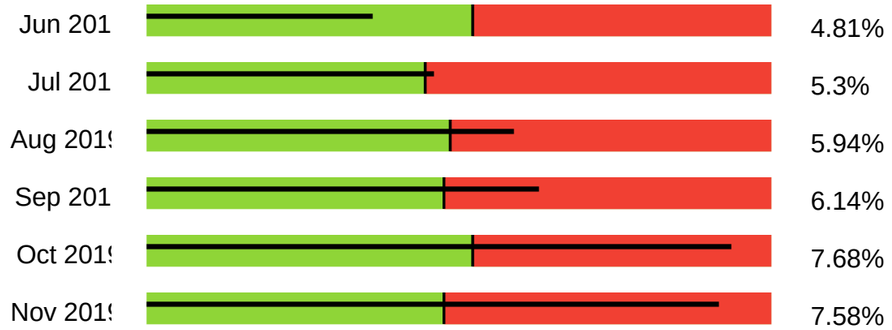
Integrated Performance Report

Narrative

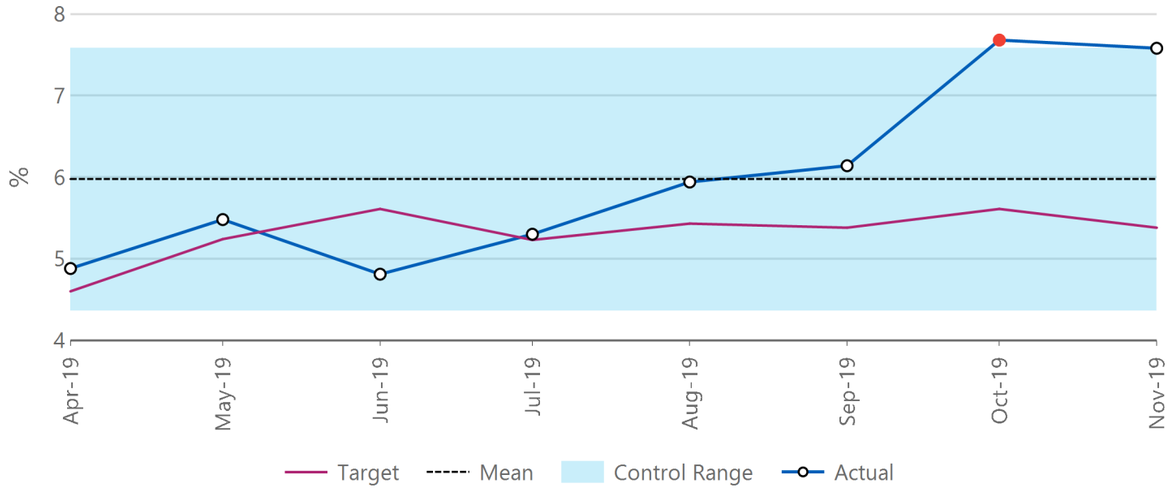
Agency % higher than cap due to Non core agency usage

Action to Improve:Executive sign off and challenge process in place to minimise agency usage.

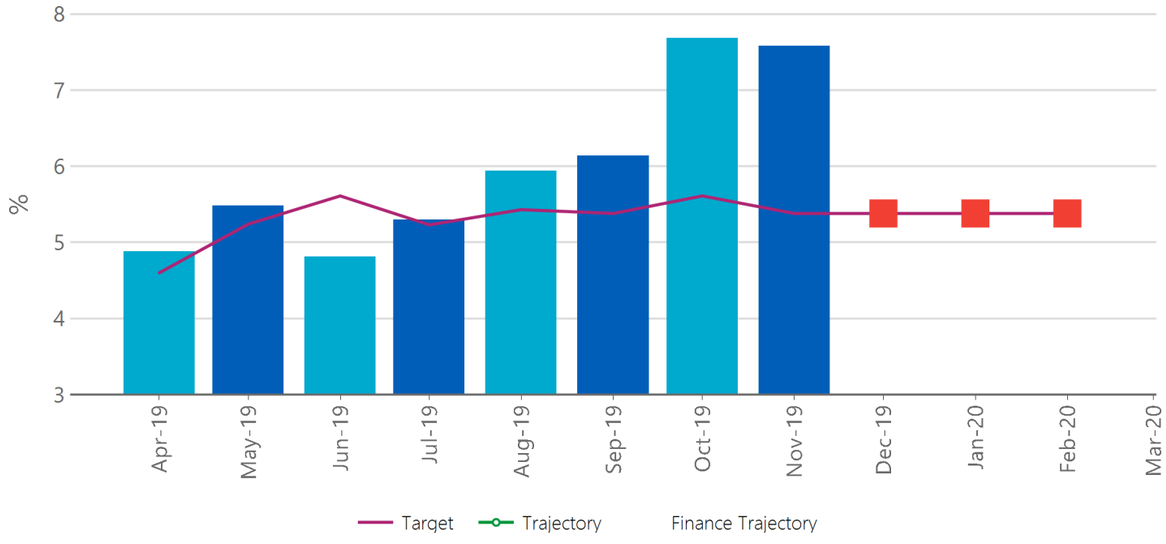
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
4.88%	5.48%	4.81%	5.3%	5.94%	6.14%	7.68%	7.58%	7.58%

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 30th November 2019

Income and Expenditure £'000s

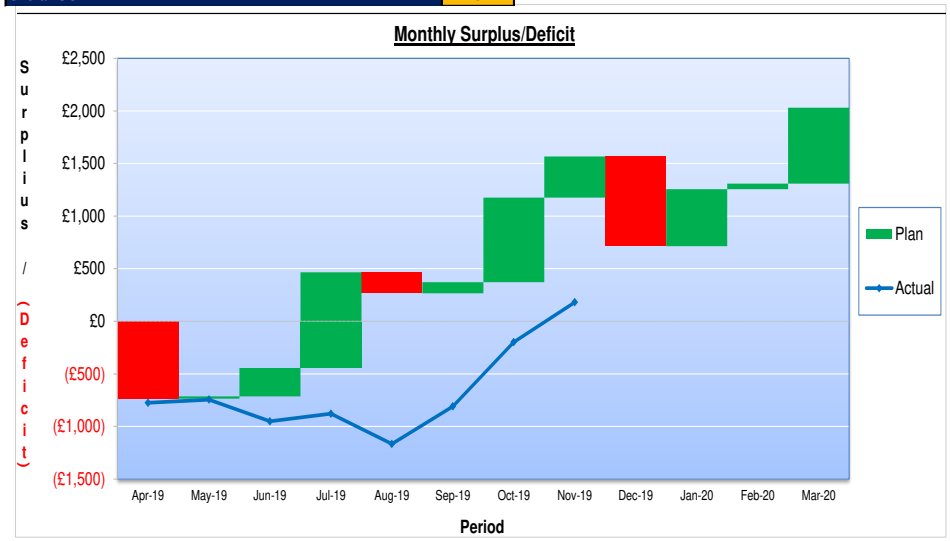
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	103,145	8,895	8,832	(63)	69,027	67,204	(1,822)
PSF	372	37	0	(37)	205	0	(205)
Private Patient income	5,854	516	612	95	3,978	3,853	(124)
Other income	6,004	499	620	121	4,013	4,196	183
Pay	(64,833)	(5,400)	(5,507)	(107)	(43,392)	(43,107)	286
Non-pay	(43,770)	(3,751)	(3,820)	(69)	(29,161)	(29,090)	71
EBITDA	6,772	797	738	(60)	4,668	3,057	(1,612)
Finance Costs	(4,890)	(412)	(403)	9	(3,233)	(3,225)	8
Capital Donations	150	13	0	(13)	96	35	(61)
Operational Surplus	2,032	398	334	(64)	1,532	(133)	(1,665)
Remove Capital Donations	(150)	(13)	0	13	(96)	(35)	61
Add Back Donated Dep'n	521	44	44	0	347	349	2
Remove PSF	(372)	(37)	0	37	(205)	0	205
Control Total exl PSF	2,031	392	379	(13)	1,578	181	(1,397)
PSF Earnt	372	37	0	(37)	205	0	(205)
Control Total	2,403	429	379	(51)	1,783	181	(1,602)
EBITDA margin	5.9%	8.0%	7.3%	-0.7%	6.1%	4.1%	-2.0%

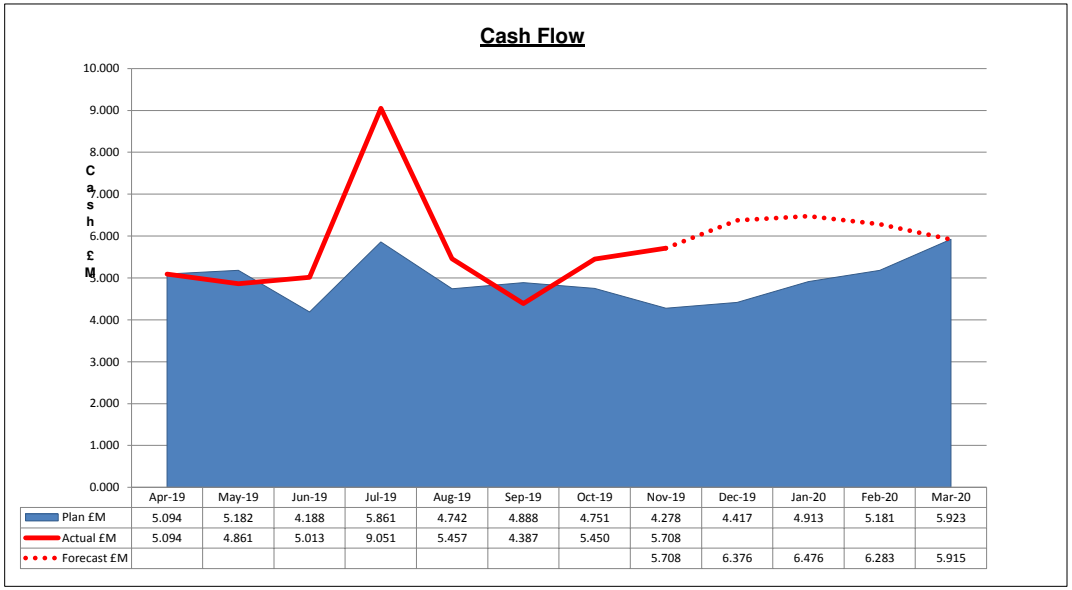
Capital service	3	I&E Margin	2
Liquidity (days)	1	Variance in I&E Margin	4
Agency	2		
Overall UOR	3		

	Nov-19	YTD
Debtor Days	23	24
Creditor Days	32	33

Statement of Financial Position £'000s

Category	Oct-19	Nov-19	Movement	Drivers
Fixed Assets	71,840	72,130	290	Additions less depreciation
Non current receivables	772	812	40	
Total Non Current Assets	72,612	72,942	330	
Inventories (Stocks)	1,104	1,081	(23)	
Receivables (Debtors)	8,134	8,283	149	
Cash at Bank and in hand	5,450	5,708	258	Welsh contract payments
Total Current Assets	14,688	15,072	384	
Payables (Creditors)	(11,385)	(11,733)	(348)	Increase linked to in month expenditure (premium costs & PDC accruals)
Borrowings	(1,201)	(1,211)	(10)	
Current Provisions	(85)	(97)	(12)	
Total Current Liabilities (< 1 year)	(12,671)	(13,041)	(370)	
Total Assets less Current Liabilities	74,629	74,973	344	
Non Current Borrowings	(5,296)	(5,296)	0	
Non Current Provisions	(131)	(141)	(10)	
Non Current Liabilities (> 1 year)	(5,427)	(5,437)	(10)	
Total Assets Employed	69,202	69,536	334	
Public Dividend Capital	(33,718)	(33,718)	0	
Revenue Position	(15,047)	(15,047)	0	
Retained Earnings	468	134	(334)	Current period surplus, before control total adjustment
Revaluation Reserve	(20,905)	(20,905)	0	
Total Taxpayers Equity	(69,202)	(69,536)	(334)	





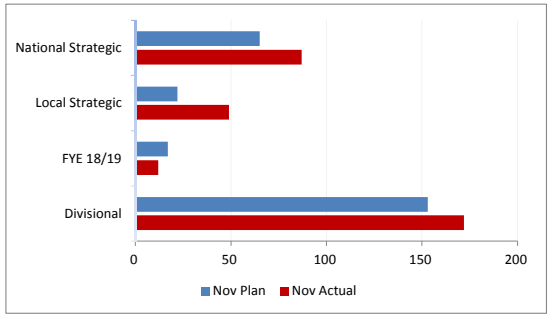
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Plan £M	5.094	5.182	4.188	5.861	4.742	4.888	4.751	4.278	4.417	4.913	5.181	5.923
Actual £M	5.094	4.861	5.013	9.051	5.457	4.387	5.450	5.708				
Forecast £M								5.708	6.376	6.476	6.283	5.915

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 30th November 2019

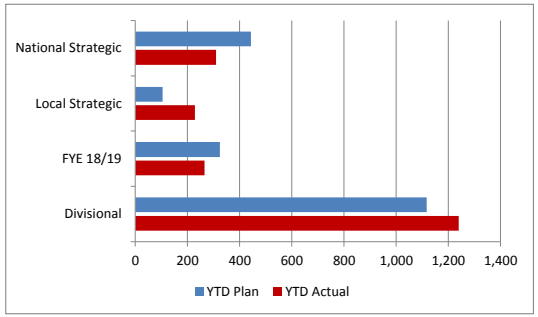
Cost Improvement Programme

CIP by Theme

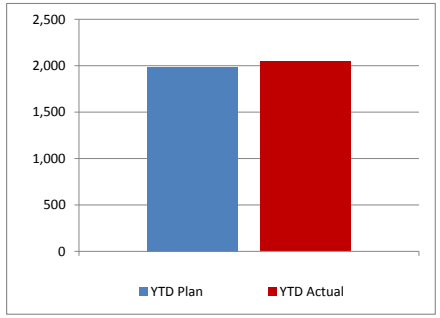
In Month CIP Achievement £000's



Year To Date CIP Achievement £000's

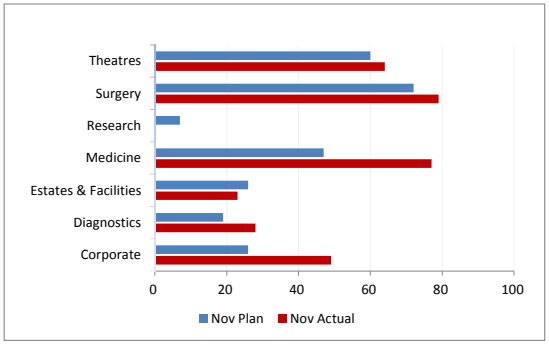


Trust YTD Achievement Against YTD Plan £000's

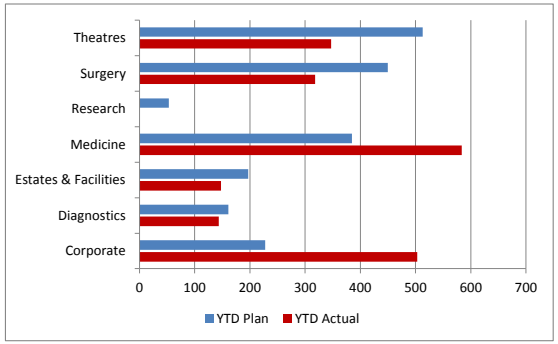


CIP by Division

In Month CIP Achievement £000's



Year To Date CIP Achievement £000's



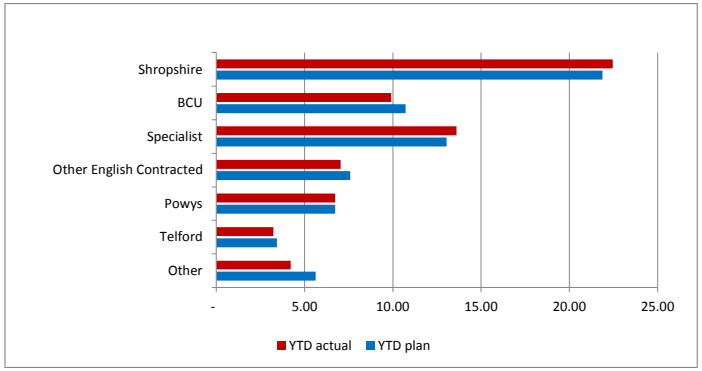
RAG of Total Schemes Being Tracked

313	8%	b
1,116	27%	g
2,301	57%	a
420	8%	r
4,150	100%	

Capital

Year to date capital programme £000's

Position as at 1920-08 Capital Programme 2019-20					
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
TSSU improvements & refurbishment	1,350	1,350	1,422	-72	1,465
Diagnostic equipment replacement	2,019	300	0	300	1,971
Replacement I/T network	400	400	344	56	400
EPR development	100	75	44	31	70
Digital developments	100	0	0	0	100
Invest-to-save schemes	300	150	9	141	264
I/T investment & replacement	250	240	221	19	250
Backlog maintenance	300	230	131	99	300
Equipment & service continuity	500	300	237	63	449
Project management	100	66	107	-41	140
Trust improvement bids	100	20	38	-18	109
Salix Improvements	0	0	10	-10	39
Other - allocated from contingency	169	15	37	-22	197
Contingency	131	65	0	65	0
NHS Capital Funding	5,819	3,211	2,601	610	5,754
Donated equipment / building works	150	70	38	32	150
Total Capital Funding (NHS & Donated)	5,969	3,281	2,639	642	5,904

Commissioner Performance

Year To Date Commissioner Income against Plan £m