

Month 8 Integrated Performance Report

0. Reference Information

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1. Purpose of Paper

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

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

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

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

The committee is asked to note the overall performance as presented in the month 8 (November) Integrated Performance Report, against all areas and actions being taken to meet targets.

2. Executive Summary

2.1. Context

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

2.2. Summary

In line with the Trust's Performance Framework, Board-level Key Performance Indicators (KPIs) which are considered to drive the overall performance of the Trust.

Areas of performance to highlight this month are as follows;

Caring for Staff;

- Sickness absence returned to a red rating this month as previously predicted reaching 4.45% with both long term and short term absence rates above Trust target.
- Voluntary staff turnover remain red rated for five months at 8.2%

Caring for Patients;

- One serious incidents reported in November.
- The continued improvement in falls is demonstrated.
- November saw complaints kpi's above target after a sustain period of meeting the targets.

Month 8 Integrated Performance Report

- All six cancer waits standards met in October (reported in arrears).
- 18 weeks RTT continues to improve between months by c. 3% but will remain red for a significant period of restoration, given the list size continues to grow which is slowing now at an increase between months of 129 patients less than half the growth the previous month.
- The number of patients waiting 52 weeks and over continues to grow now at 1,160 a growth of 170 patients between months.
- Continued improvement in meeting diagnostic targets can be seen, English now at 88.7%

Caring for Finances;

- Total elective activity was 694, this is 63.4% of 19/20, so c. 400 procedures less than month 8 19/20. Elective activity was 82% of our phase 3 plan, so c. 152 procedures short.
 - Cases per session, as previously highlighted as a risk, is 50% of the root of our variance.
 - Actual at 1.79, against a plan of 2, equates to c. 76 cases
 - 19/20 was c. 2.07 equating to a variance of 102 cases
 - Focus on improving this is evidenced month on month – $1.68 > 1.72 > 1.79$
- Total theatre activity phase 3 plan submission was 632 theatre cases continuing to increase month on month.
- Outpatient activity attendances continues to increase month on month. Total outpatients activity was 11,087 which is 73.3% of 19/20, c 4,039 attendances less.
- Income for the month was above target for the first time in eight months which had a subsequent effect on expenditure.

2.3. Conclusion

The Board is asked to **note** the report and where insufficient assurance is received seek additional assurance.

Integrated Performance Report

November 2020 – Month 8



**The Robert Jones and Agnes Hunt
Orthopaedic Hospital**
NHS Foundation Trust



Aspiring to deliver world class patient care

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Thirteen-month heatmap view



Caring for Staff

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	3.6%		3.6%	3.38%	R	Feb-20
Voluntary Staff Turnover - Headcount	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8%		8%	8.2%	R	Sep-19



Caring for Patients

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	0	0	1	0	0	0	1	0	2	0	0	0	1	0		0	4	R	Apr-18
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	G	Apr-18
Number of Complaints	11	5	7	13	7	2	7	5	3	2	4	8	10	8		64	40	G	May-18
RJAH Acquired C.Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0		1	0	G	Apr-18
RJAH Acquired E. Coli Bacteraemia	1	1	1	0	0	0	0	0	1	2	1	2	0	0		0	6	R	Jun-19
RJAH Acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	G	Apr-18
Unexpected Deaths	0	0	0	0	0	0	0	0	0	0	1	0	0	0		0	1	R	Apr-18
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				96%	100%	G	Nov-19
Cancer Plan 62 Days Standard (Tumour)*	0%	100%	100%	100%	100%	85.71%	50%	100%	100%	100%	50%	100%				85%	84.38%	G	
18 Weeks RTT Open Pathways	88.1%	88.3%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	92%		92%	53.65%	R	
Patients Waiting Over 52 Weeks – English	0	0	0	0	0	12	33	68	123	198	306	418	540	0				R	Nov-19
Patients Waiting Over 52 Weeks – Welsh	0	0	0	1	3	15	40	77	135	199	299	385	453	0				R	Nov-19
6 Week Wait for Diagnostics - English Patients	99.87%	98.09%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	99%		99%	47.06%	R	
8 Week Wait for Diagnostics - Welsh Patients	99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	100%		100%	44.15%	R	



Caring for Finances

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Total Elective Activity						35	35	81	132	153	491	605	694	1,083				NO FORE-CAST	
Bed Occupancy – All Wards – 2pm	86.26%	88.31%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	87%		87%	73.8%	R	Sep-19
Total Outpatient Activity						6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,087					NO FORE-CAST	
Financial Control Total	379	-457	794	560	1,107	0	0	0	0	0	0	462	463	438		901	925	G	
Income	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	9,864		72,460	72,622	G	
Expenditure	9,731	9,095	9,670	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	9,470		71,915	72,051	G	
Efficiencies Delivery	321	301	230	356	303	46	57	61	155	152	200	88	79	89		178	167	G	
Cash Balance	5,708	5,822	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	16,620		16,620	19,100	G	
Capital Expenditure	546	158	836	234	2,451	72	167	267	308	183	770	693	935	1,043		4,587	3,395	G	
Use of Resources (UOR)	3	2	2	2	1	1	1	1	1	1	1	1	1	1		1	1	G	

Sickness Absence

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

4.45% against 3.6% target
Breaching target **red rated**

Exec Lead:
Director of People

Integrated Performance Report

Narrative

Sickness absence rate is reported at 4.45%. Rate increased by 0.85% compared to previous month with increases in both short and long term sickness absences.

Sickness due to Covid-19 was reported at 0.93%; and was the highest individual reason for short-term sickness absence.

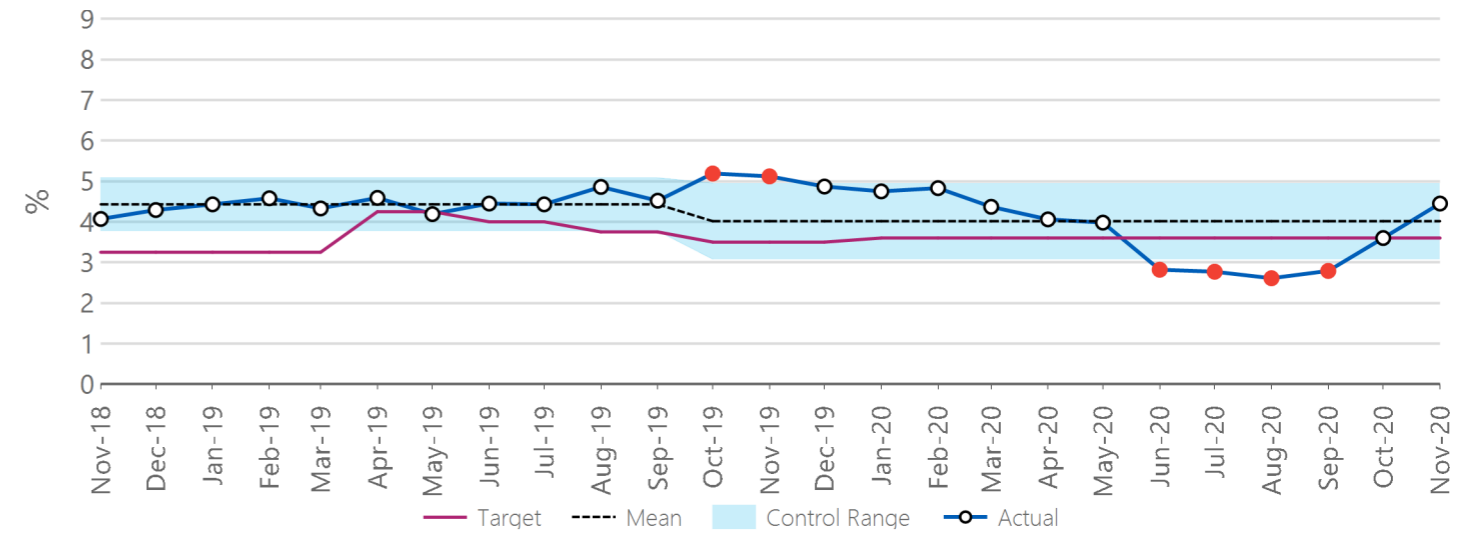
The MSK delivery unit saw an increase in sickness rates of 2.65% taking their sickness rate to 6.78% - of which 1.89% covid-19 sickness.

Stress/anxiety/depression and other psychiatric illnesses continue to be the highest individual reason for sickness absence, reported at 1.05%.

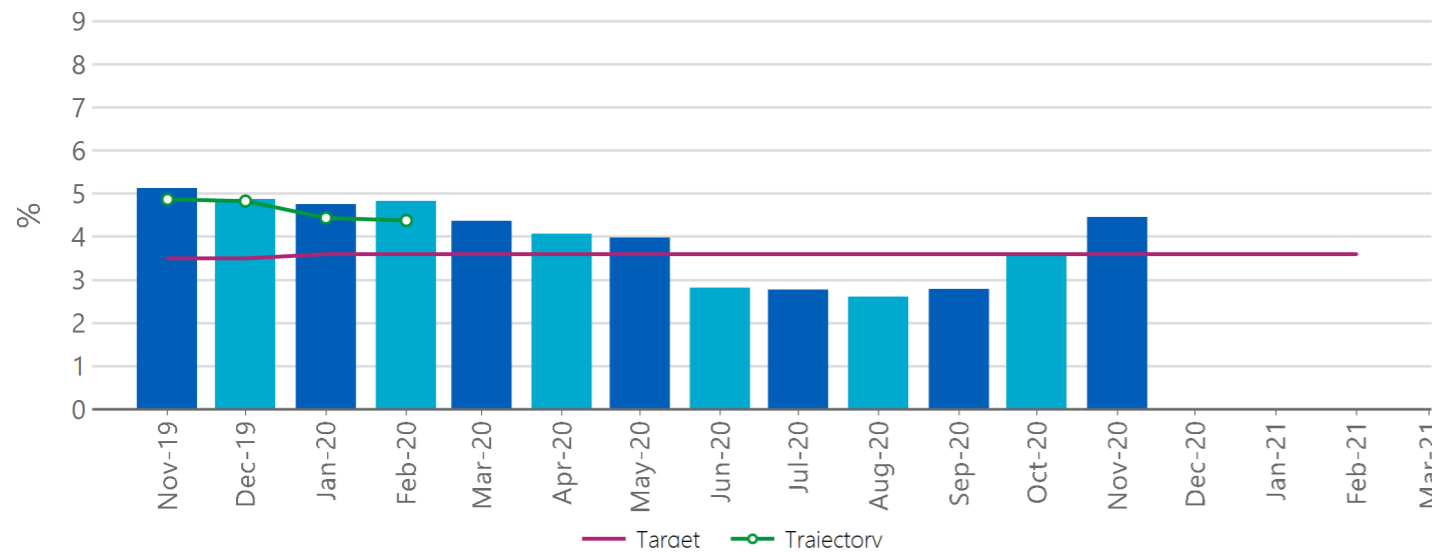
Absence within our additional clinical services staff group (the grouping that includes our healthcare assistants and clinical support staff), continues to have the highest staff group sickness absence, reported at 8.87% (4.52% short term and 4.35% long term).

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: Continue to ensure that sources of psychological support are promoted.

Every member of staff to have had a wellbeing conversation by 31/3/21.

Theatres are looking at sickness as part of the work being undertaken on Theatres Objectives. A small group of managers are taking forward work on this in order to take recommendations to the Theatres Objectives Meetings. This work will include incorporating wellness considerations into appraisals. Sickness is discussed at the monthly Theatres Senior Managers' Meeting and at managers' one to ones. Actions undertaken to improve working lives on the surgical wards include: planning of meal breaks in conjunction with Denbighs; provision of equipment; provision of an outside rest area.

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
4.07%	4.29%	4.43%	4.58%	4.33%	4.59%	4.19%	4.45%	4.43%	4.86%	4.52%	5.19%	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	3.38%

Voluntary Staff Turnover - Headcount

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

8.2% against 8% target
Breaching target **red rated**

Exec Lead:
Director of People

Integrated Performance Report

Narrative

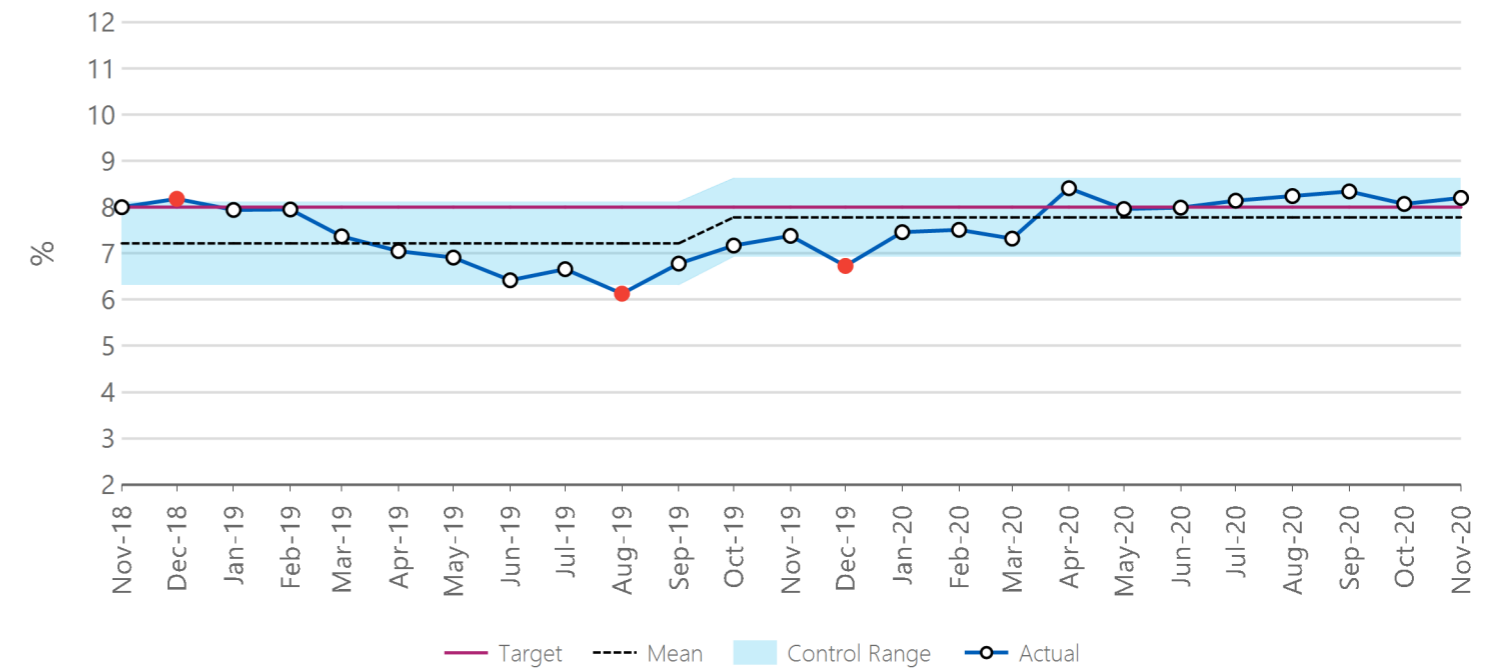
The voluntary staff turnover rate is reported above tolerance at 8.2%, which is an increase from last month and represents the number of voluntary leavers in the last 12 months reducing from 127 to 129. 43 individuals (33.33%) left in the last 12 month period due to retirement, of which 13 returned under a flexible retirement arrangement.

41% of turnover was in the MSK delivery unit.

Registered nursing turnover at November was 31% (40 individuals).

Performance over 24 months – SPC

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



Trajectory



Actions

- Action to Improve:** Operationalising local actions in accordance with our "We are the NHS" People Plan:
- Design roles which make the greatest use of each person's skill and experience and fits with their needs and preferences
 - Ensure that staff who are mid-career have a conversation with their line manager, HR, OH

Active focus on learning and actions from exit process for nursing and AHPs

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
8%	8.18%	7.94%	7.95%	7.37%	7.05%	6.91%	6.42%	6.66%	6.13%	6.78%	7.17%	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8.2%

Serious Incidents

Number of Serious Incidents reported in month

1 against **0** target
Breaching target **red rated**

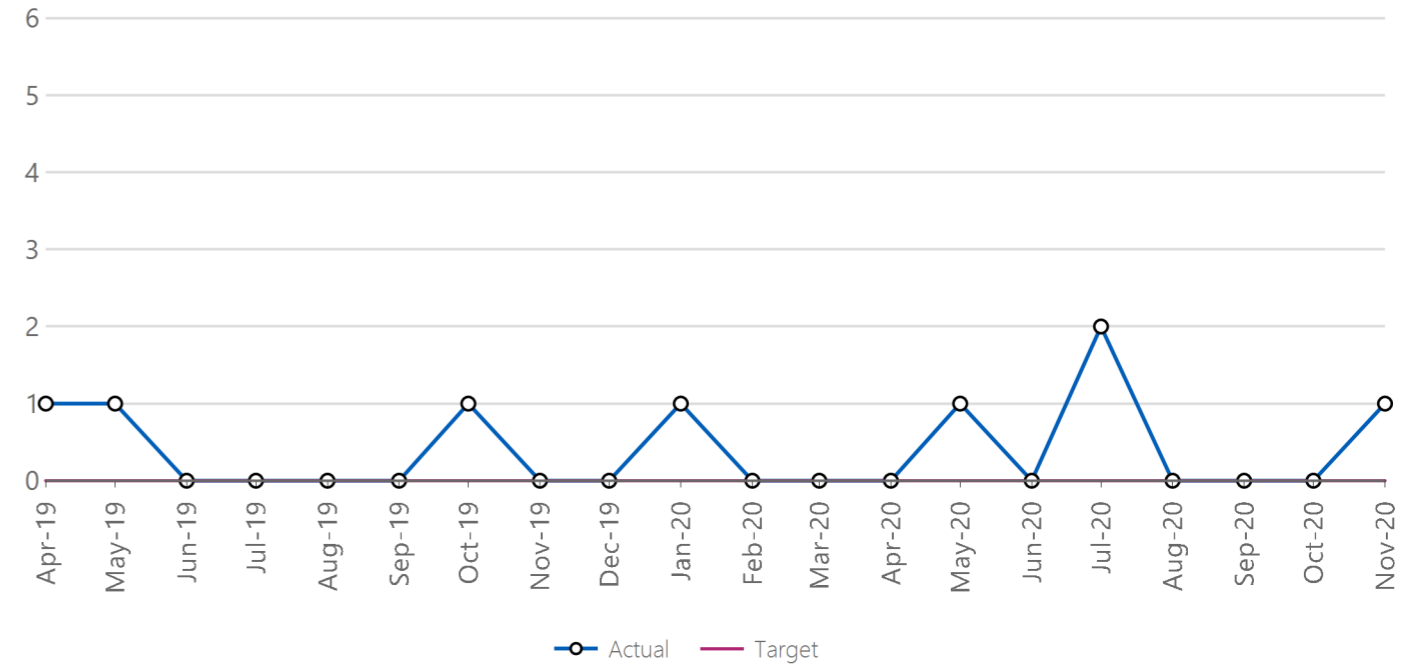
Exec Lead:
Director of Nursing

Integrated Performance Report

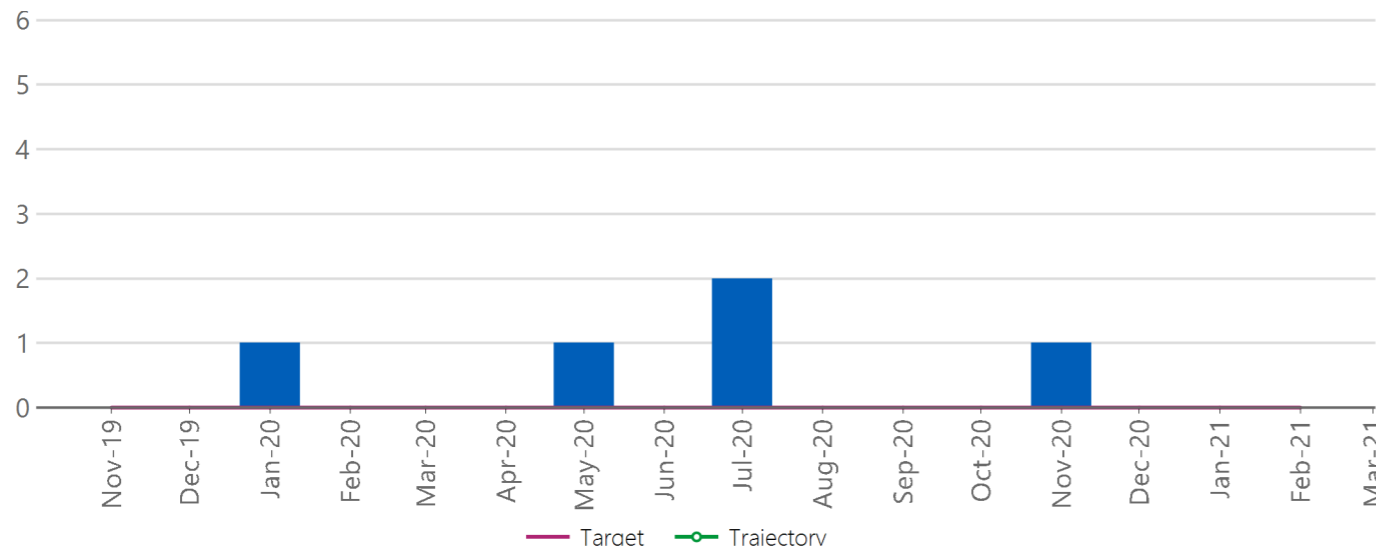
Narrative

There was one serious incident reported in November relating to infection prevention and control.

Performance over 24 months –



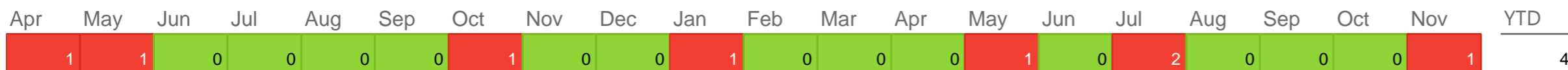
Trajectory



Actions

Action to Improve: Following review, immediate actions have already taken place.

Heatmap performance over 24 months



Exec Lead:
Director of Nursing

Integrated Performance Report

Never Events

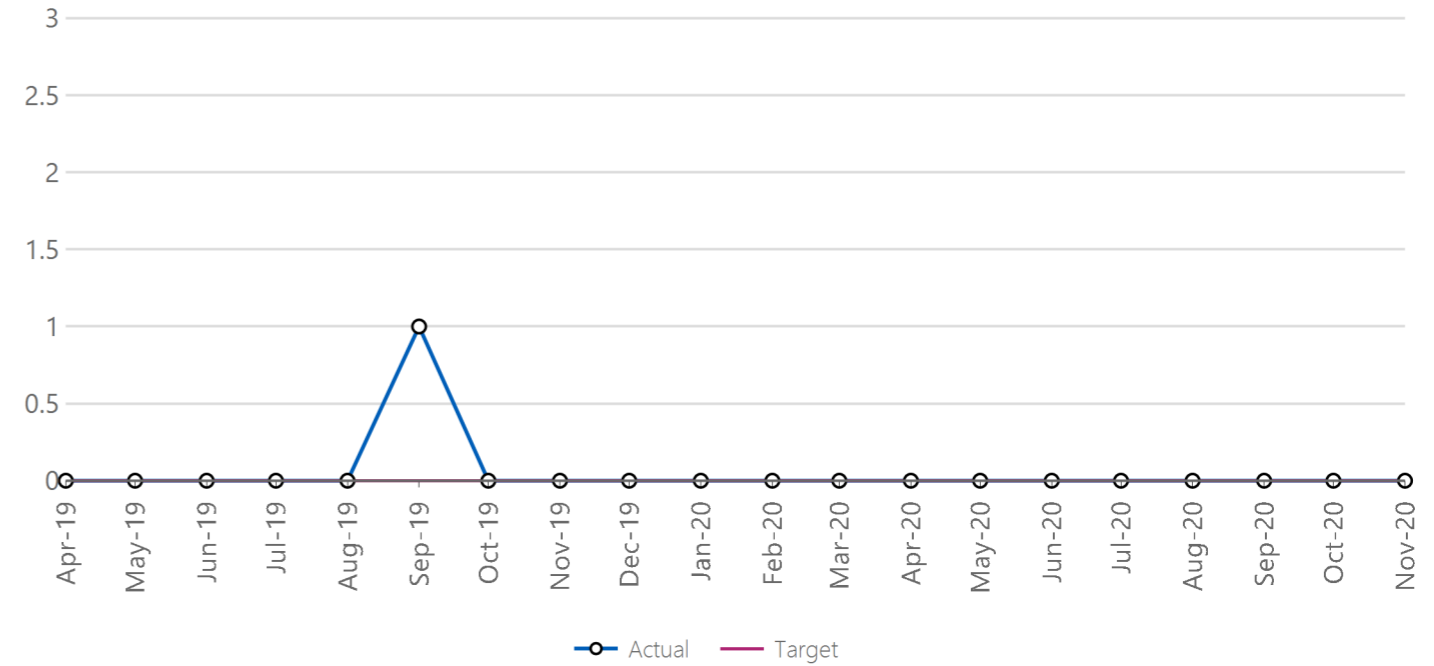
Number of Never Events Reported in Month

0 against 0 target
On target **green rated**

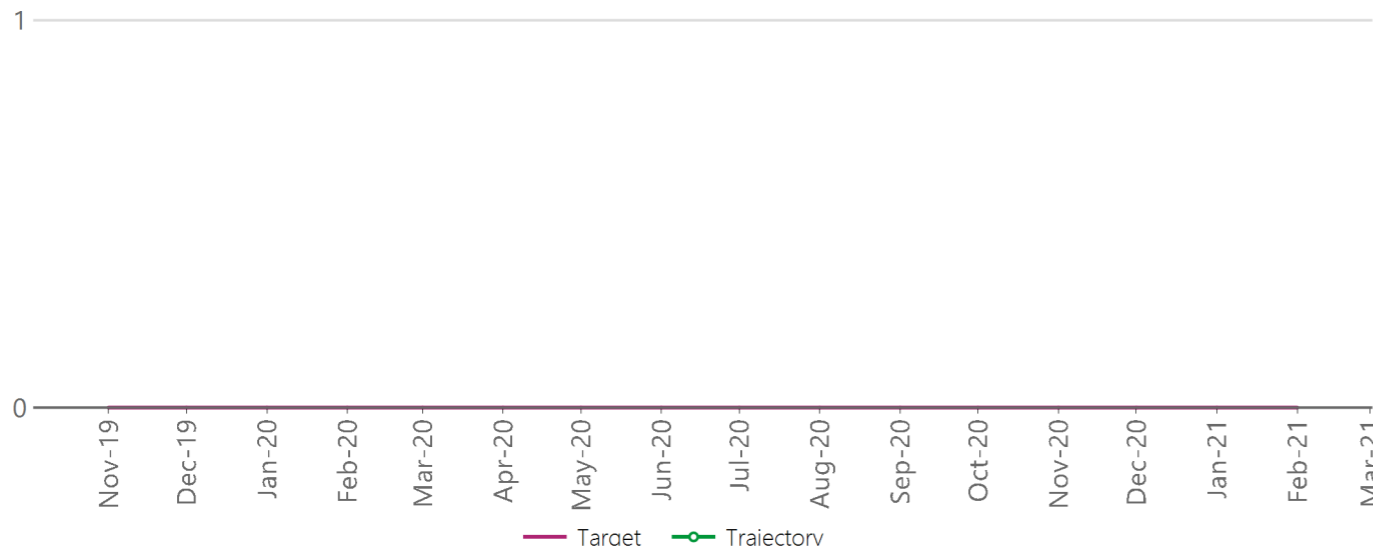
Narrative

There were no never events reported in November.

Performance over 24 months –



Trajectory



Actions

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	
0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of Complaints

Number of complaints received in month

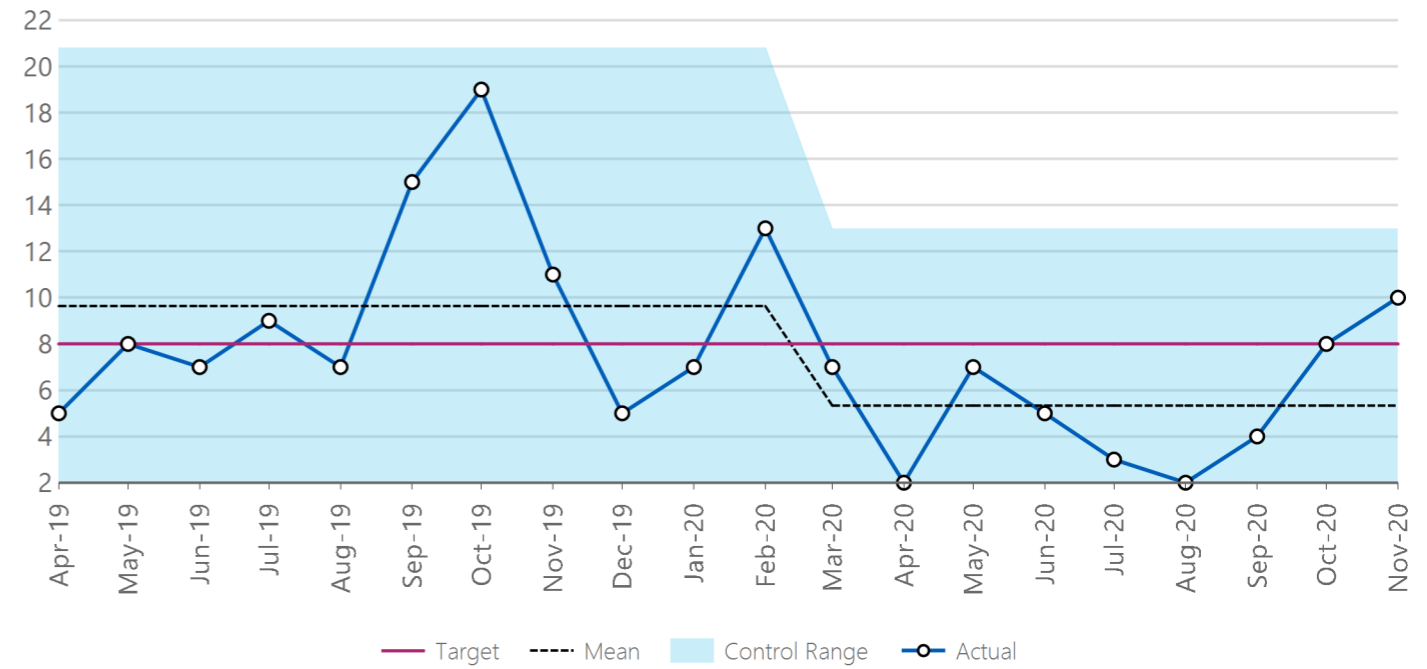
10 against **8** target
Breaching target **red rated**

Narrative

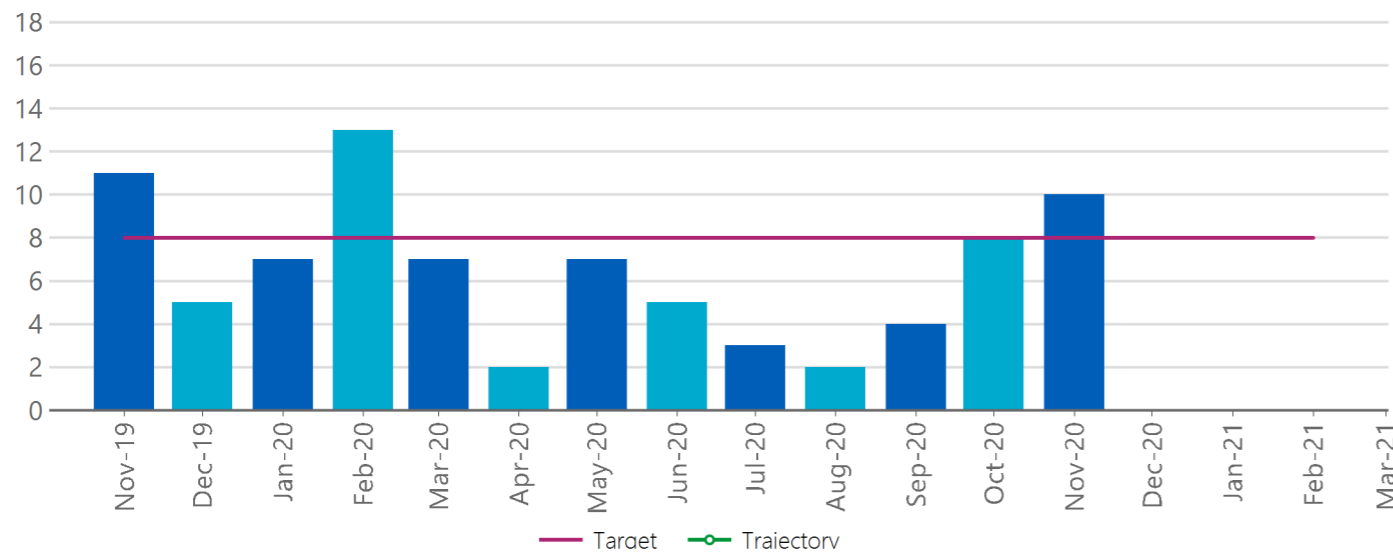
There were ten complaints received in November. Four complaints related to quality of care issues with reasons related to care on ward (1), appointment arrangements (1), consultant manner (1) and advice given (1). There were six complaints relating to operational issues with reasons associated with communication (2), delayed treatment (2), staff manner (1) and cancelled surgery (1).

Performance over 24 months – SPC

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



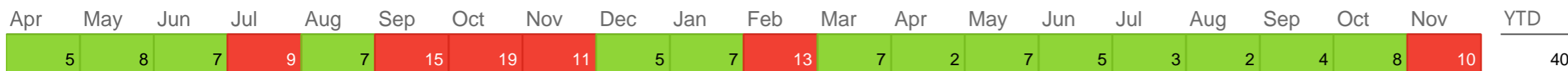
Trajectory



Actions

- Action to Improve:** Further analysis is being undertaken to understand the impact of covid on our complaints, an initial review indicates that four of these complaints could be associated with it. Other learning identified includes:
- Pain nurse to provide pain education sessions to nursing staff to help them utilise different pain management techniques
 - Advanced Practitioner Therapists to all be made aware of referral process for therapeutic injections
 - Emails requiring an urgent response to be flagged

Heatmap performance over 24 months



RJAH Acquired C.Difficile

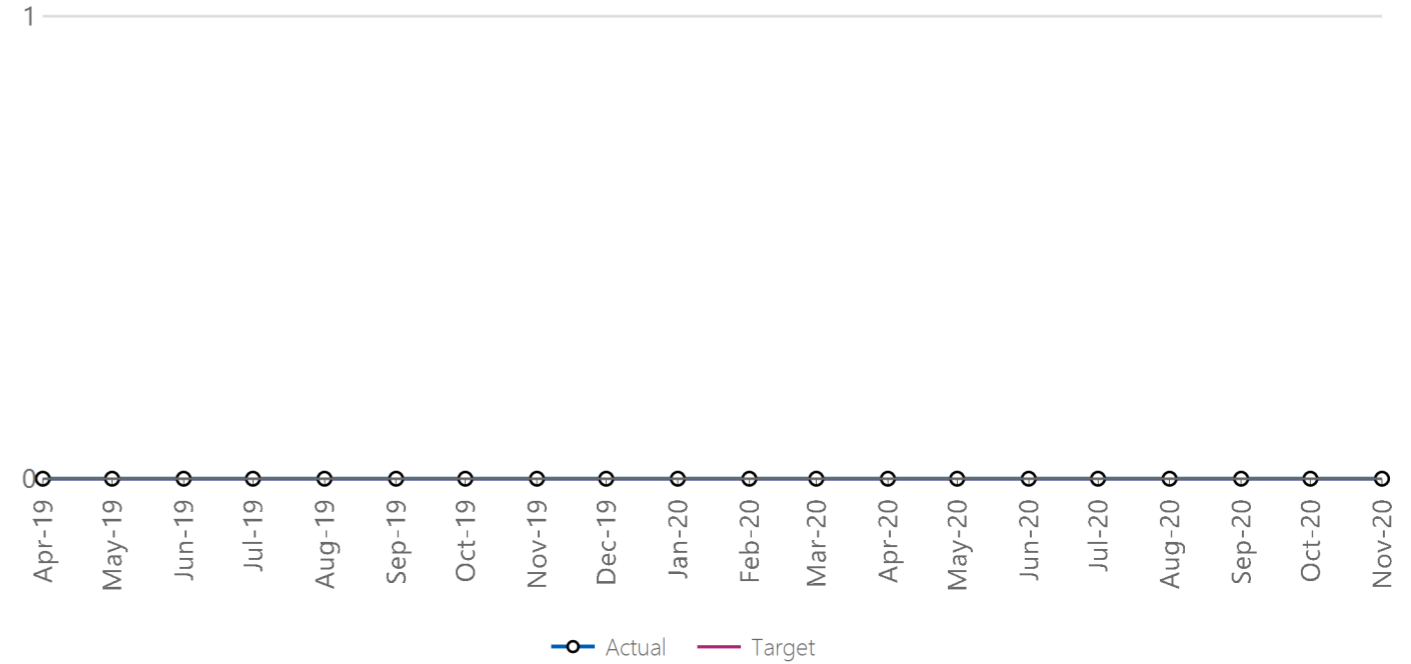
Number of cases of C.Difficile in Month

0 against 0 target
On target **green rated**

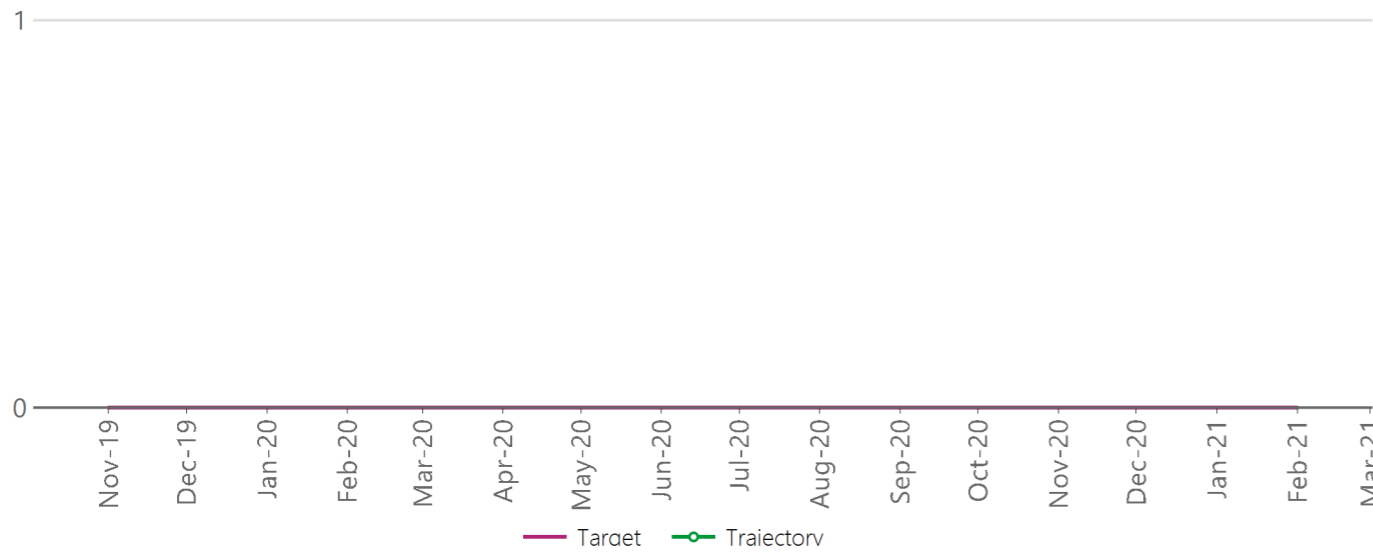
Narrative

There were no incidents reported in November.

Performance over 24 months –



Trajectory



Actions

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	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month.

0 against 0 target
On target **green rated**

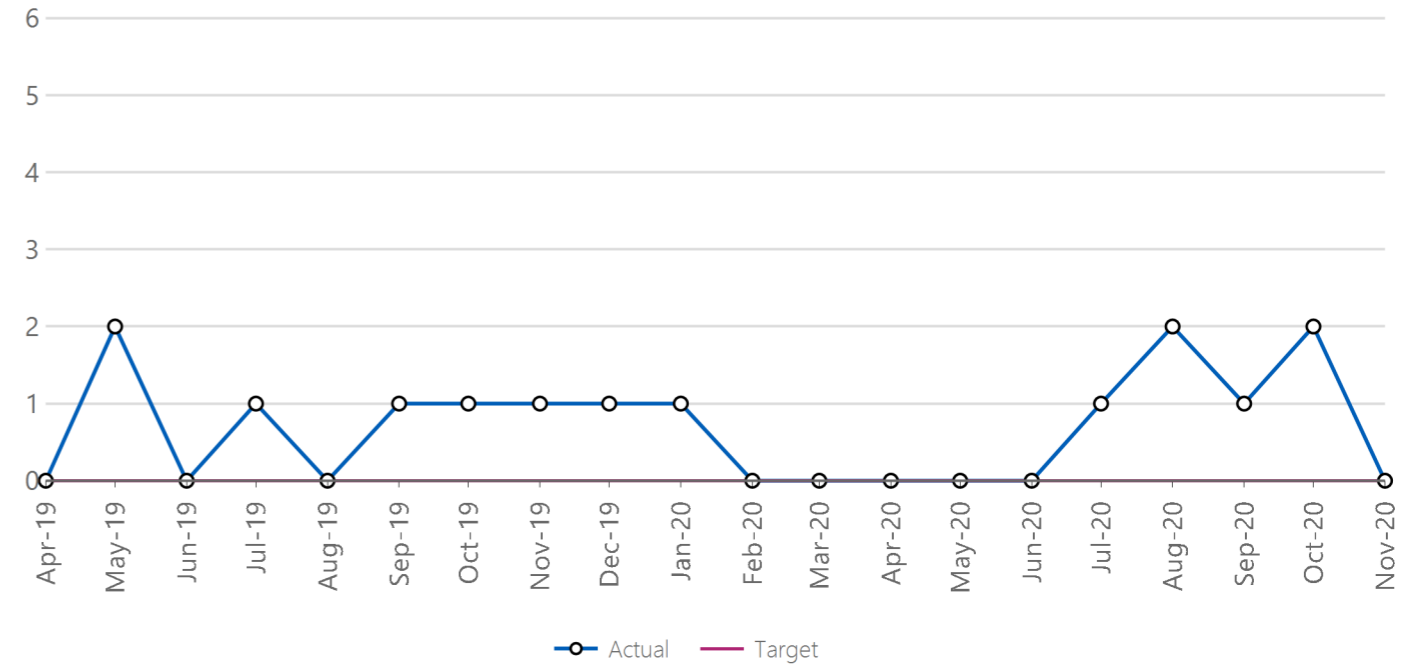
Exec Lead:
Director of Nursing

Integrated Performance Report

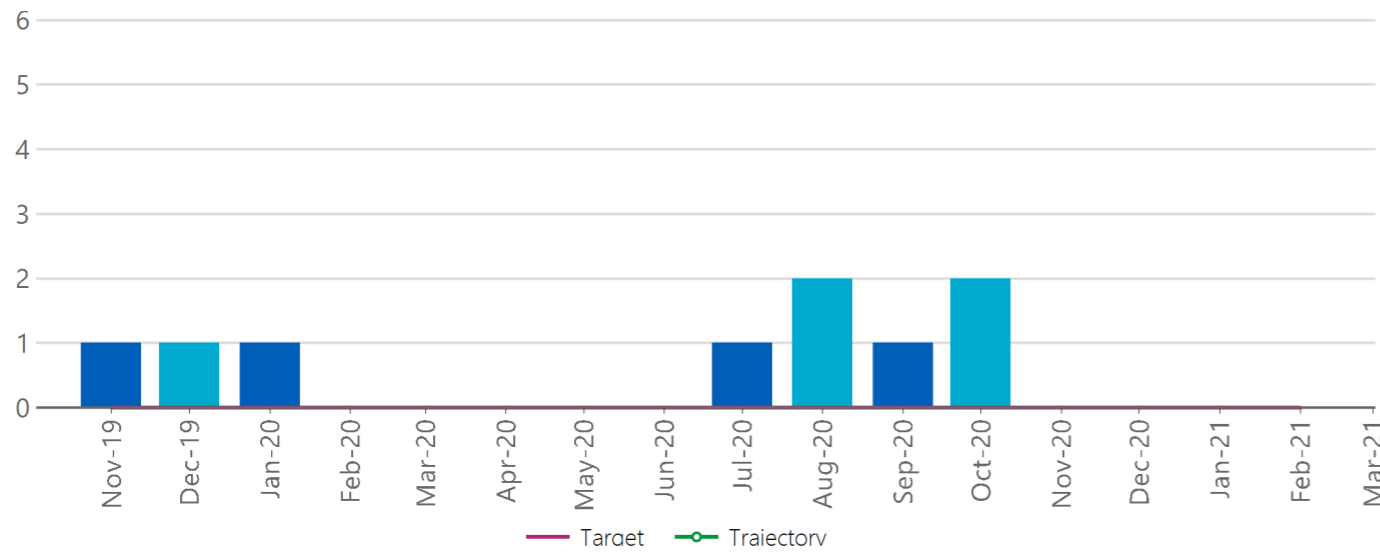
Narrative

There were no incidents of E.Coli Bacteraemia reported in November.

Performance over 24 months –

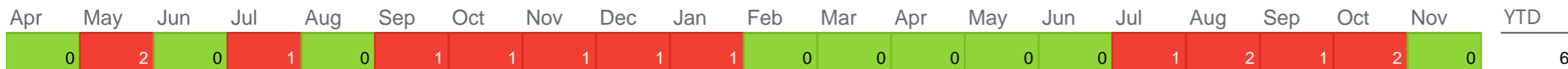


Trajectory



Actions

Heatmap performance over 24 months



RJAH Acquired MRSA Bacteraemia

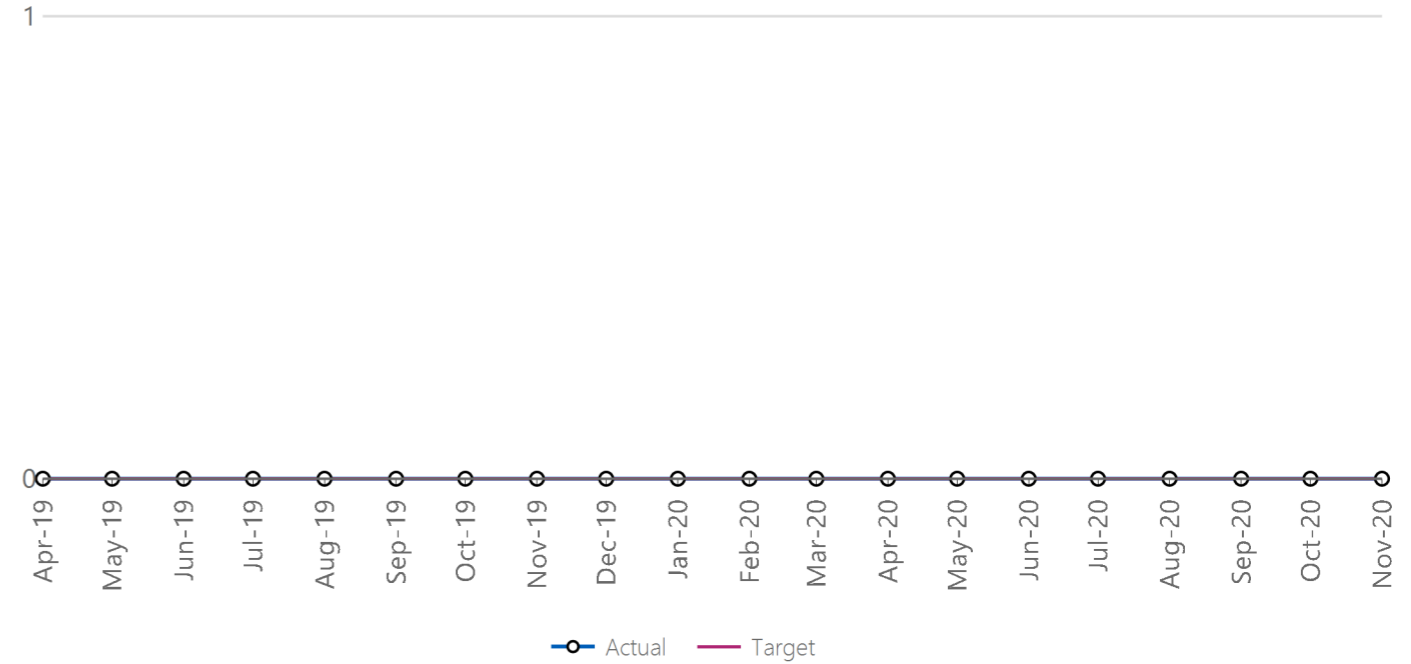
Number of cases of MRSA bacteraemia in month

0 against 0 target
On target **green rated**

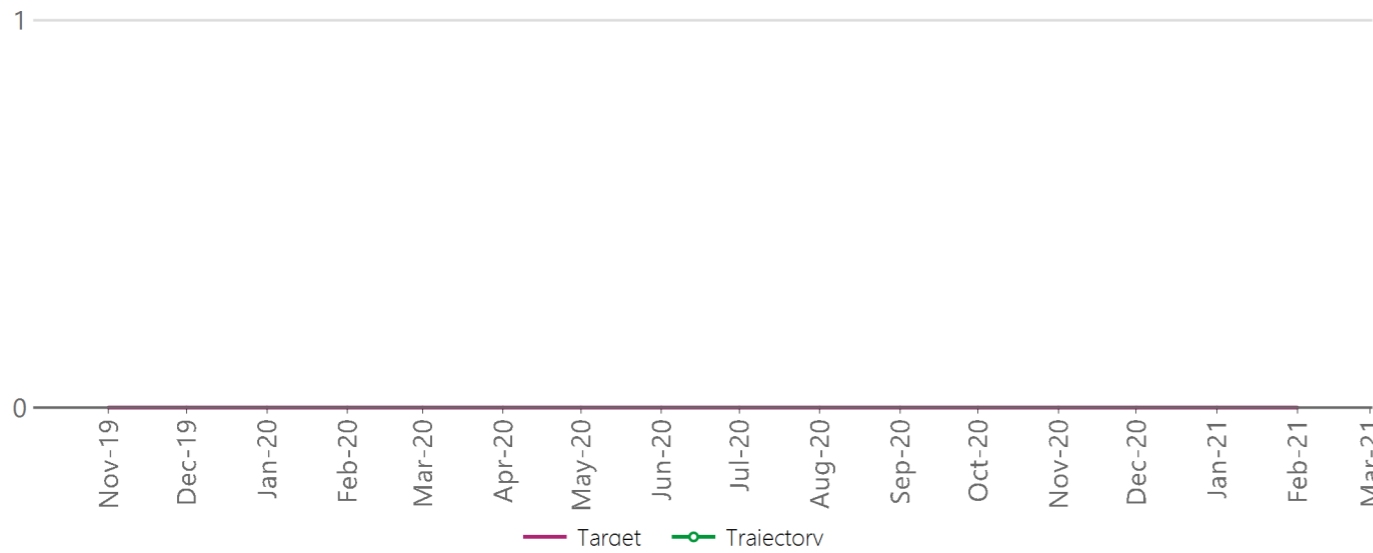
Narrative

There were no incidents reported in November.

Performance over 24 months –



Trajectory



Actions

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	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Unexpected Deaths

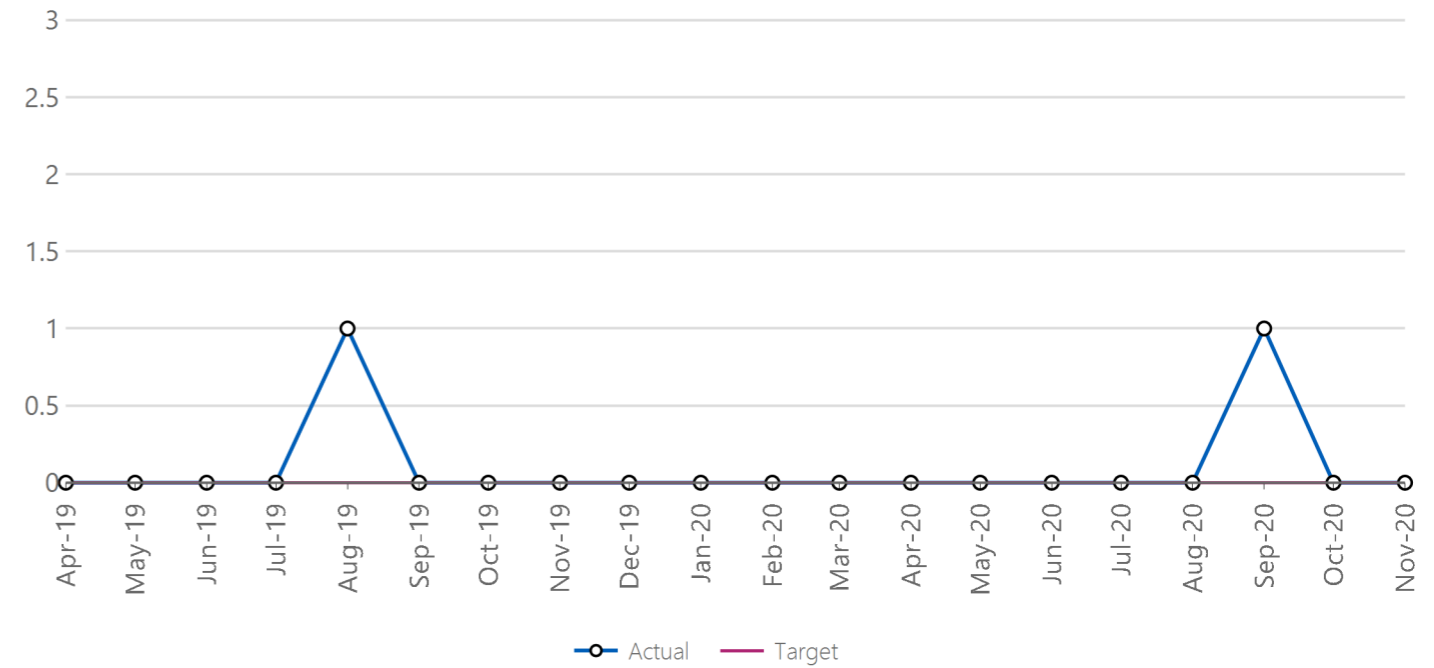
Number of Unexpected Deaths in Month

0 against 0 target
On target **green rated**

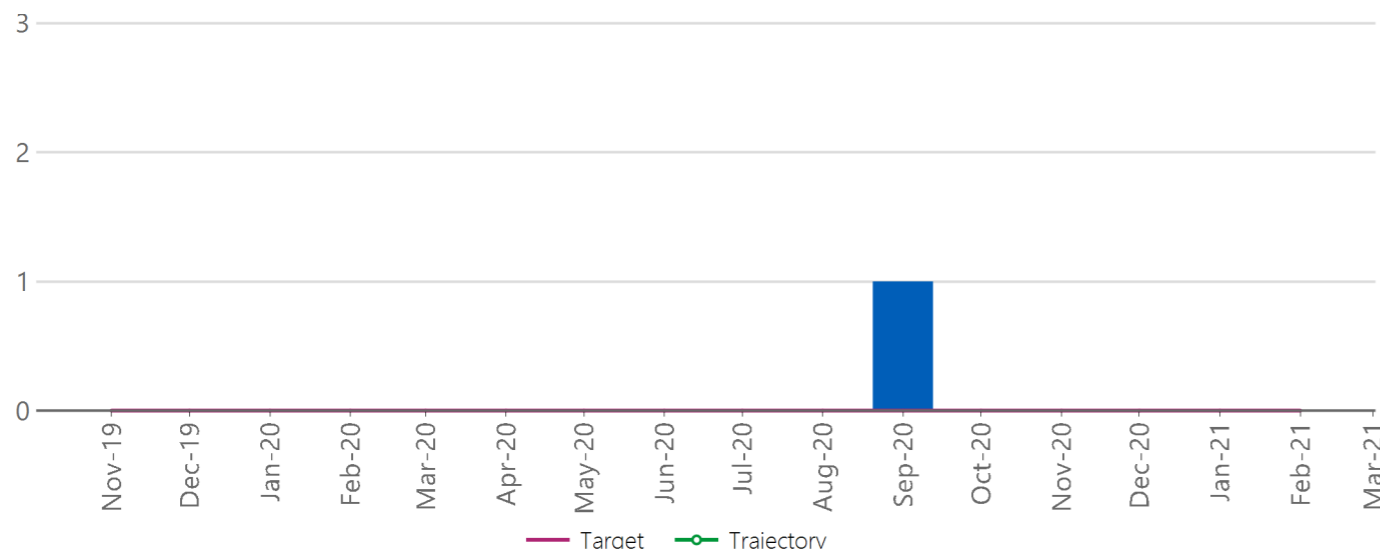
Narrative

There was one patient death within the Trust in November. The death was not unexpected.

Performance over 24 months –



Trajectory



Actions

Action to Sustain: The death will be further reviewed by the Learning from Deaths Lead and reported through the Quality and Safety Committee.

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
0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1

31 Days First Treatment (Tumour)*

% of cancer patients treated within 31 days of decision to treat (*Reported one month in arrears)

100% against 96% target
green rated

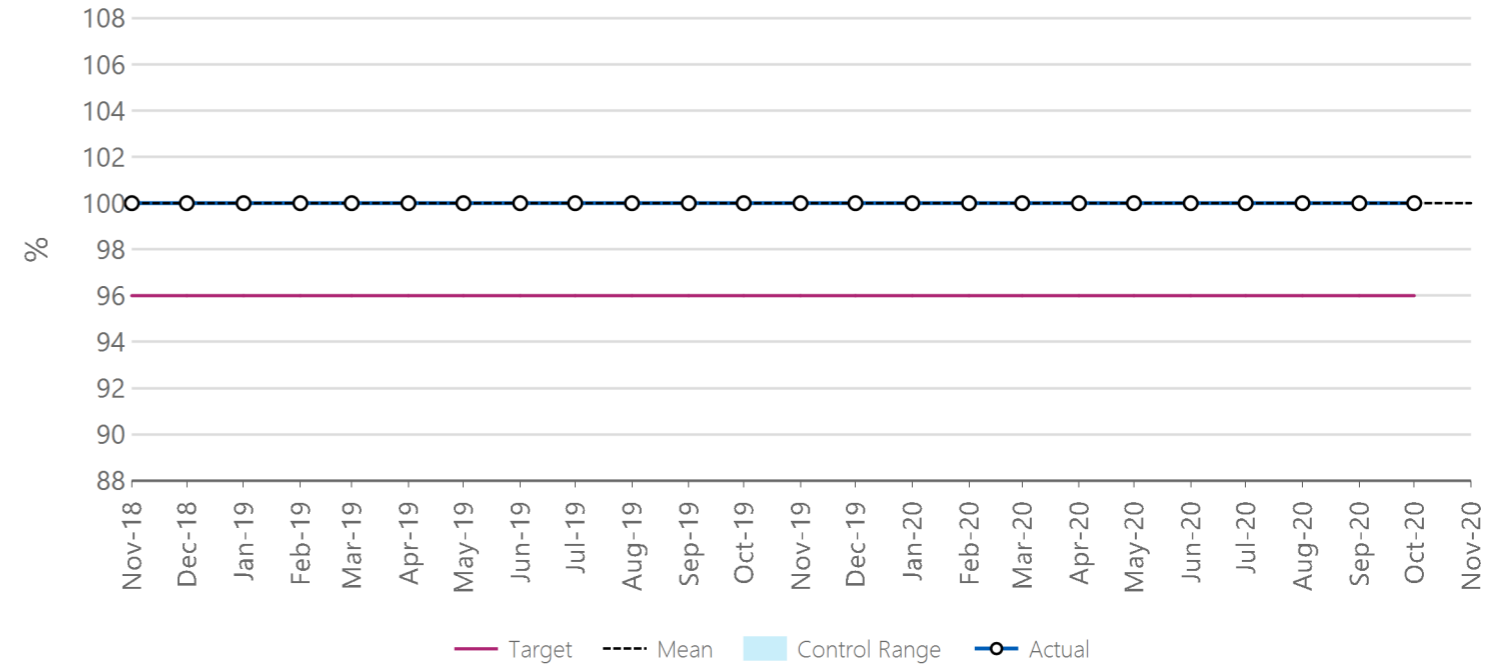
Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

The Cancer 31 day first treatment standard was achieved in October and indicative data for November shows achievement of the standard will continue.

Performance over 24 months – SPC



Trajectory



Actions

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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancer Plan 62 Days Standard (Tumour)*

% of cancer patients treated within 62 days of referral (*Reported one month in arrears)

100% against 85% target
green rated

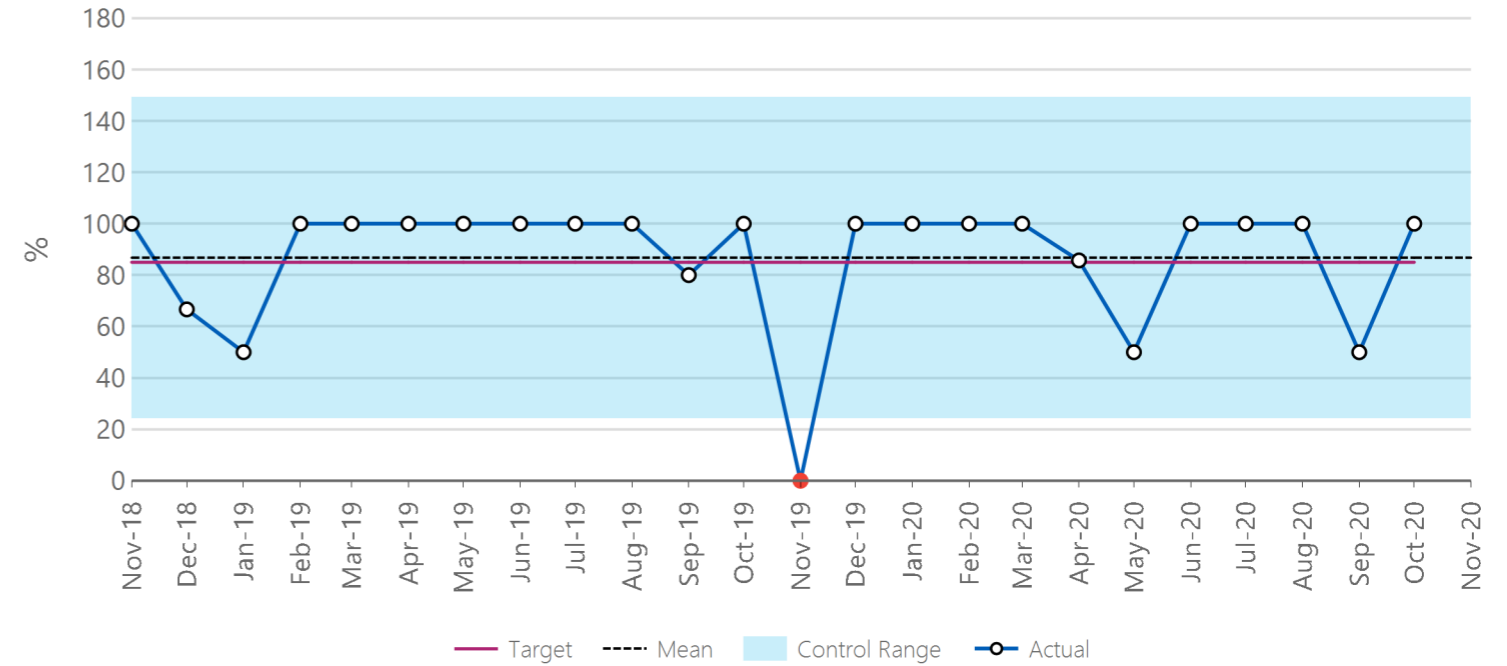
Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

The Cancer 62 day standard was achieved in October and indicative data for November shows achievement of the standard will continue. A breach is anticipated in future months but as yet the date of treatment is unknown so we do not know which month this will be reported in.

Performance over 24 months – SPC



Trajectory



Actions

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%	66.67%	50%	100%	100%	100%	100%	100%	100%	100%	80%	100%	0%	100%	100%	100%	100%	85.71%	50%	100%	100%	100%	50%	100%		84.38%

18 Weeks RTT Open Pathways

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

55.21% against 92% target
Below target **red rated**

Exec Lead:
Support Services Unit

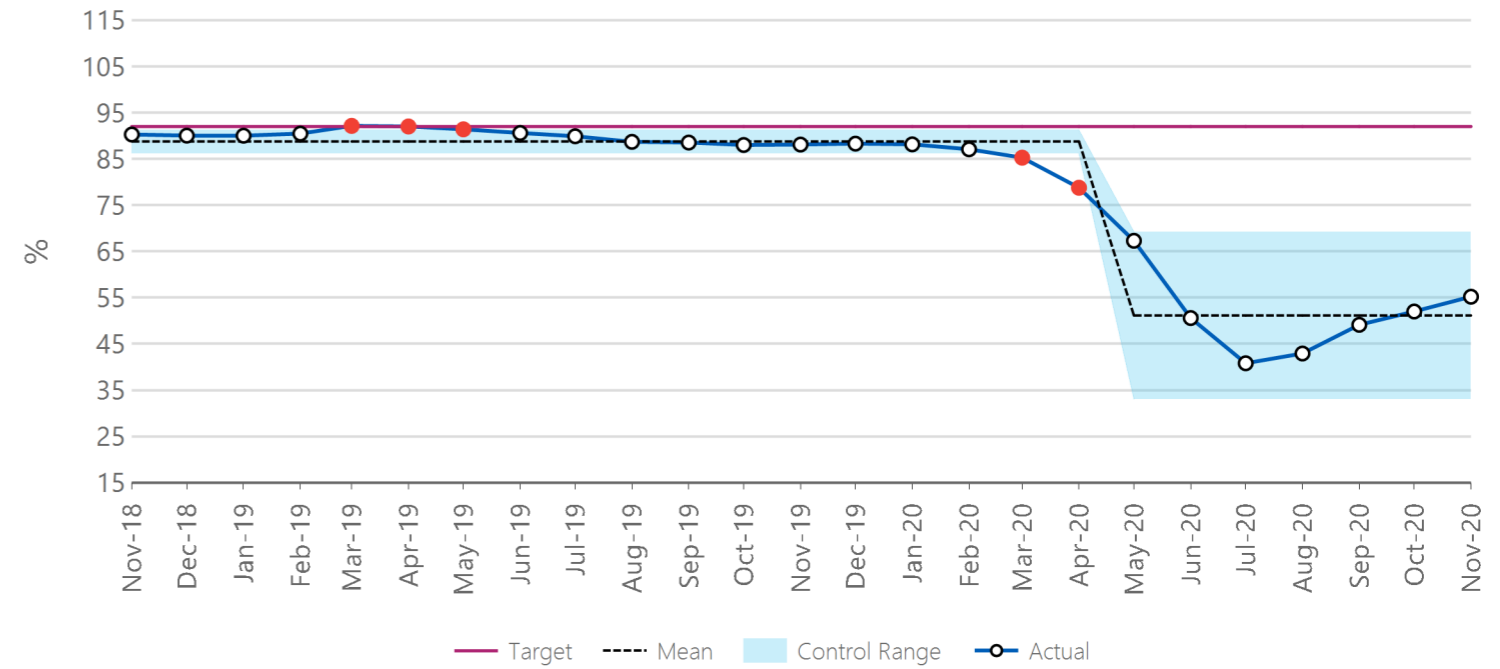
Integrated Performance Report

Narrative

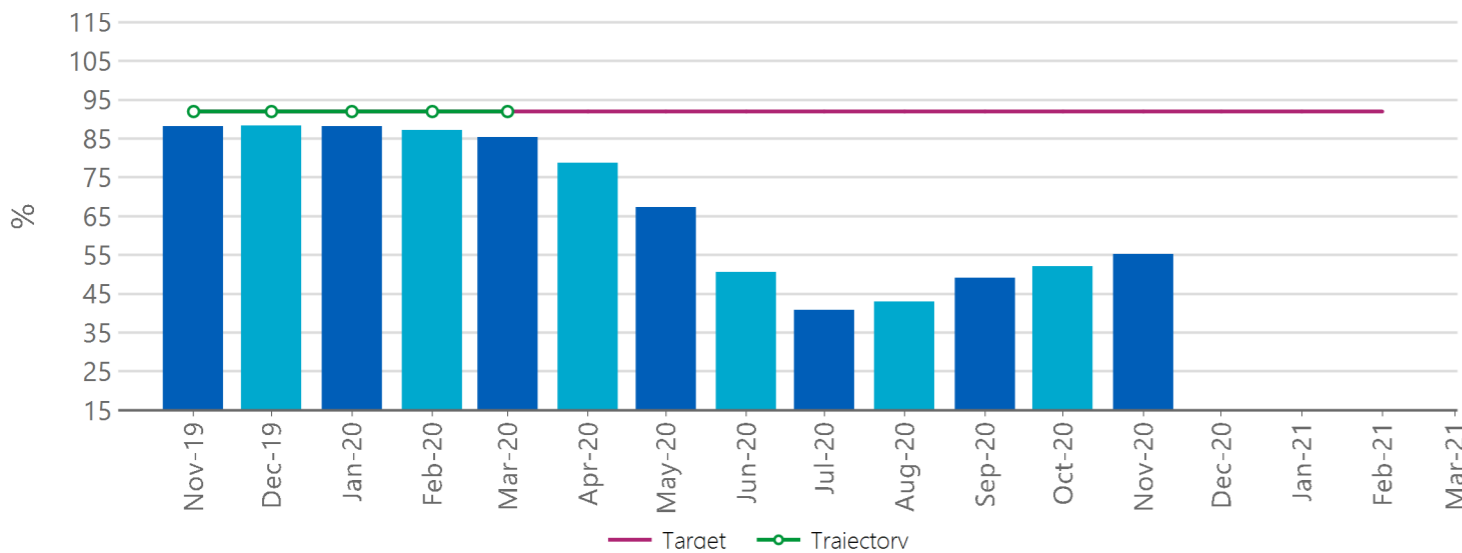
Our November performance was 55.21% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches has reduced by 290, reducing from 5225 at the end of October to 4935 at the end of November. The performance breakdown by milestone is as follows: MS1 - 7003 patients waiting of which 2263 are breaches, MS2 - 1052 patients are waiting of which 658 are breaches, MS3 - 2962 patients are waiting of which 2014 are breaches.

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: In line with national guidance our restoration and recovery will need to take into consideration the balance of clinical prioritisation as well as the waiting times for our patients. Work is continuing to clinically assess the volume of patients needing treatment alongside available capacity. A working group has been set up to look at harms and use of PROMS data to assist with the prioritisation of patients.

The original and revised phase three plans we recently submitted required plans for English 52+ weeks and English list size that indicates this is where the national focus will be as opposed to open pathway performance.

We are now part of the National E-Review Programme with emphasis on a clinically validated waiting list.

We continue to work within the system to understand population demand across providers.

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
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%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	53.65%

Patients Waiting Over 52 Weeks – English

Number of English RTT patients currently waiting 52 weeks or more

540 against 0 target

Breaching target **red rated**

Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

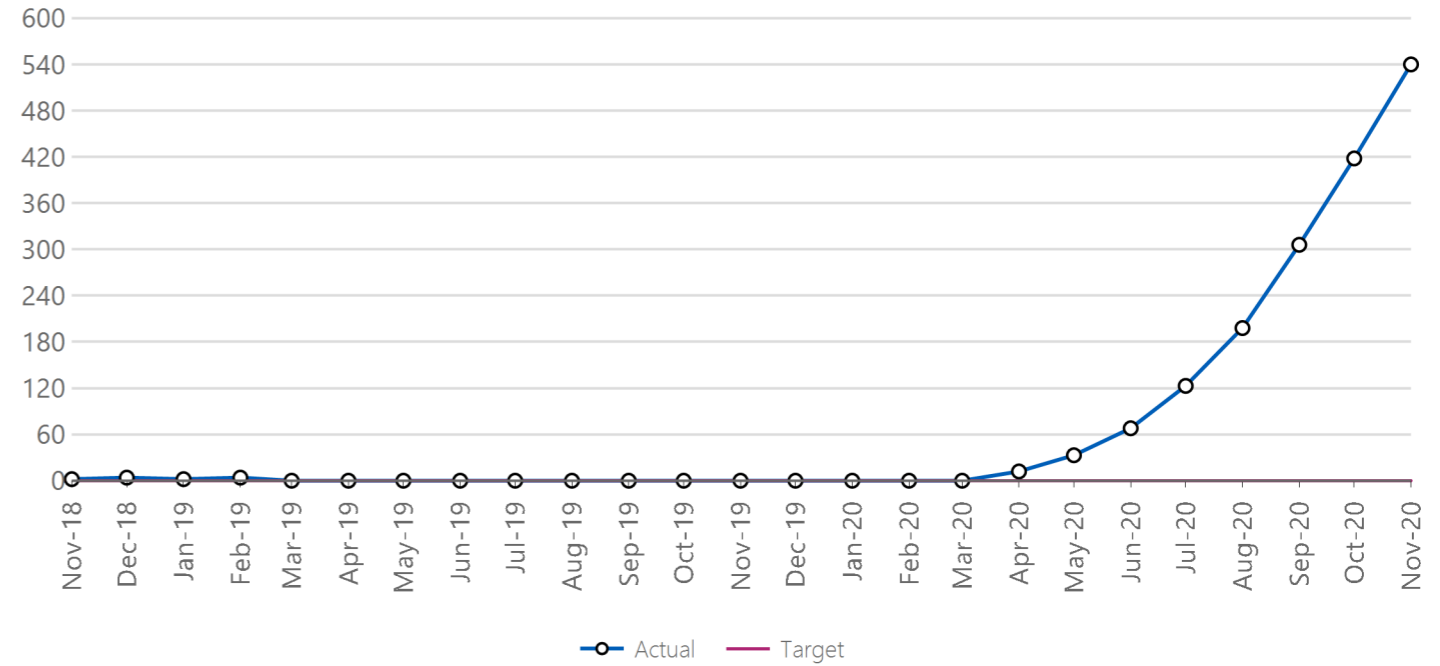
At the end of November there were 540 English patients waiting over 52 weeks. This is above our trajectory figure of 479.

The patients are under the care of the following sub-specialities; Arthroplasty (177), Spinal Disorders (171), Knee & Sports Injuries (89), Upper Limb (55), Foot & Ankle (28), Paediatric Orthopaedics (12), Spinal Injuries (2), Tumour (2), Neurology (2), SOOS GPSI (1) and Rheumatology (1).

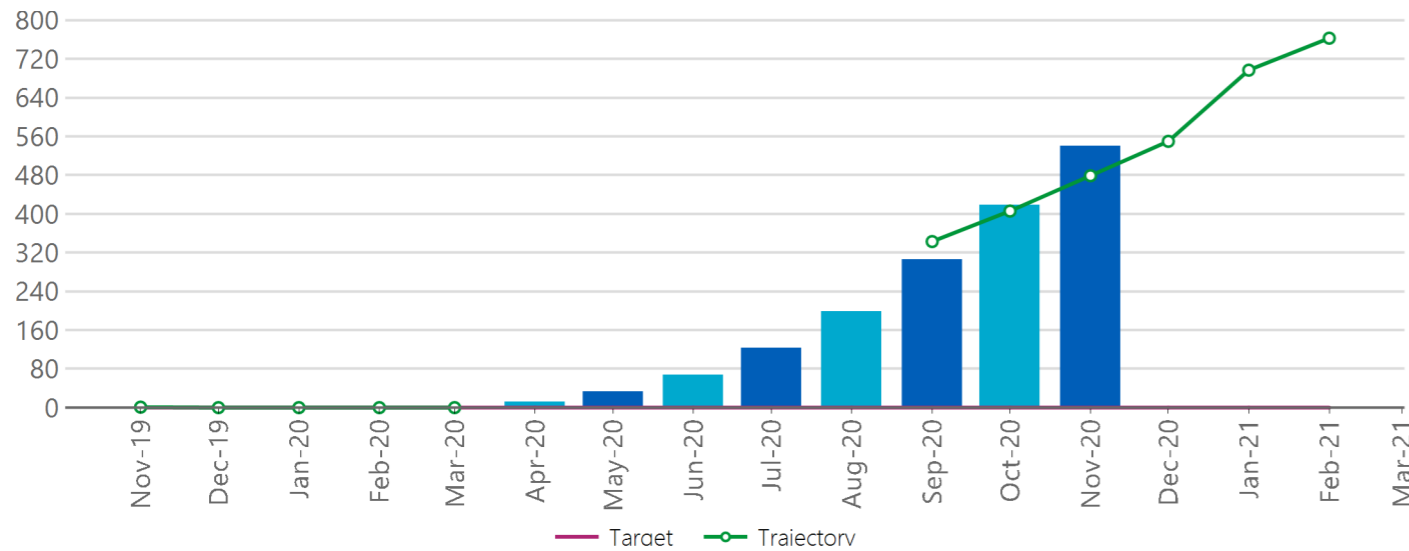
The number of patients waiting, by weeks brackets is:

- 52 to 60 weeks - 318 patients
- 61 to 70 weeks - 162 patients
- 71 weeks to 80 weeks - 47 patients
- 80+ weeks - 13 patients

Performance over 24 months –



Trajectory



Actions

Action to Improve: As our restoration develops our capacity increases to treat these patients. We continue to book in accordance with clinical priority and responding to any patients identified with potential harm. Beyond that, patients are booked according to chronological order. We continue to review this position as we bring on line additional capacity through OJP, although we expect low impact.

Our submitted phase three plans show an increasing position for this measure and this can be viewed on the trajectory graph. The phase three planning only required a plan for English 52+ weeks but it must be acknowledged that we must treat Welsh patients as well.

Heatmap performance over 24 months



Patients Waiting Over 52 Weeks – Welsh

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

453 against 0 target

Breaching target **red rated**

Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

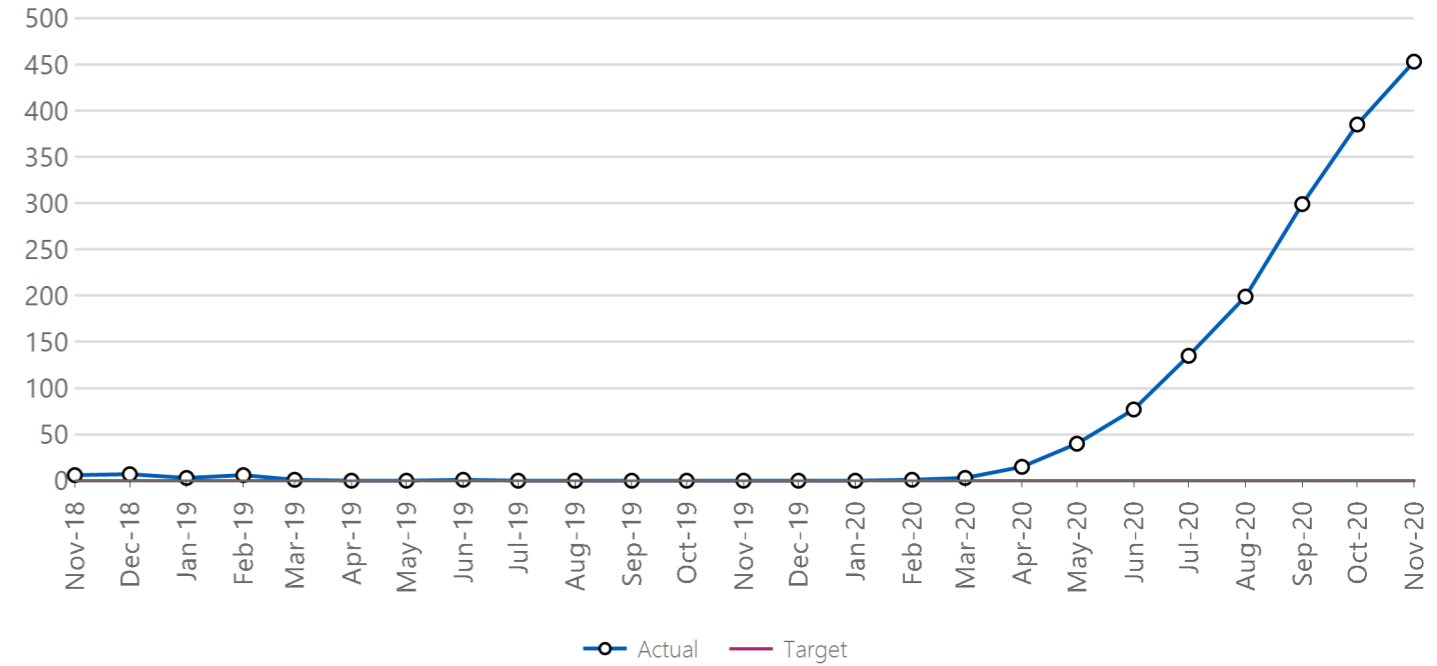
At the end of November there were 453 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (185), Arthroplasty (123), Knee & Sports Injuries (67), Foot & Ankle (29), Upper Limb (23), Paediatric Orthopaedics (21), Tumour (2), Neurology (1), Spinal Injuries (1) and Occupational Therapy (1). The patients are under the care of the following commissioners; BCU (254), Powys (191), Hywel Dda (7) and Aneurin Bevan (1).

The number of patients waiting, by weeks brackets is:

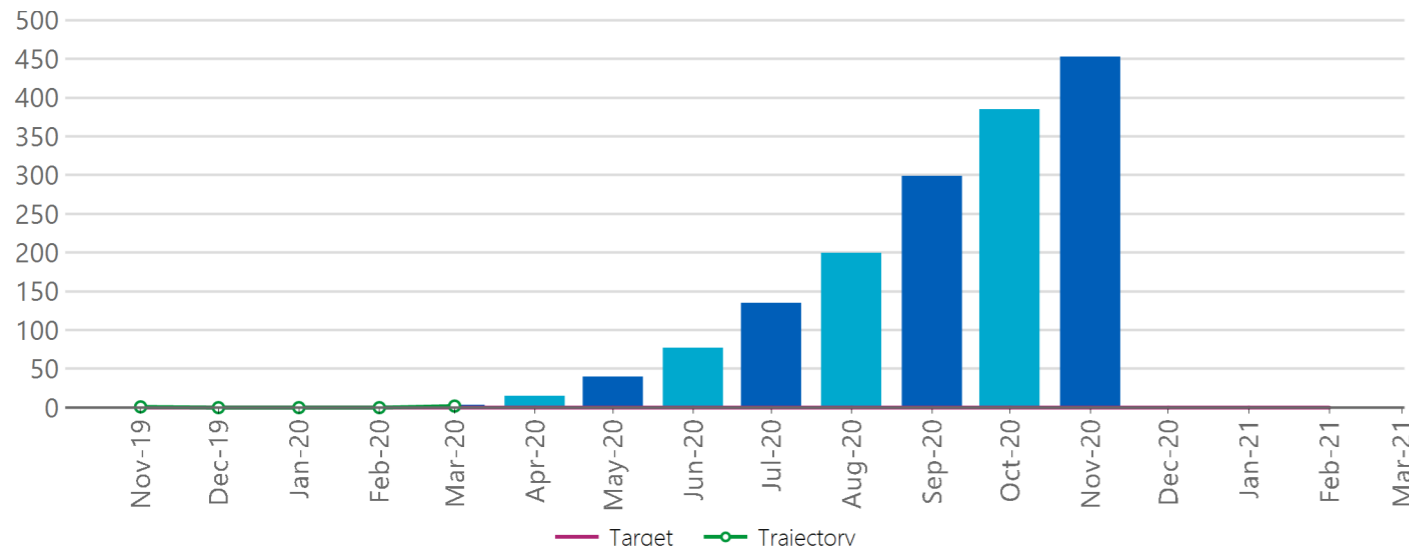
- 52 to 60 weeks - 223 patients
- 61 to 70 weeks - 144 patients
- 71 to 80 weeks - 73 patients
- 80+ weeks - 13 patients

A revision has been made to the reported September position. Two patients have been further validated following discussions with Welsh commissioners. These should not have been reported within this position and have been removed accordingly. This updated the position from 301 to 299.

Performance over 24 months –



Trajectory



Actions

Action to Improve: As our restoration develops our capacity increases to treat these patients. We continue to book in accordance with clinical priority and responding to any patients identified with potential harm. Beyond that, patients are booked according to chronological order. We continue to review this position as we bring on line additional capacity through OJP, although we expect low impact.

Our submitted phase three plans show an increasing position for this measure and this can be viewed on the trajectory graph. The phase three planning only required a plan for English 52+ weeks but it should be acknowledged that we must treat Welsh patients as well.

Heatmap performance over 24 months



6 Week Wait for Diagnostics - English Patients

88.7% against 99% target

Exec Lead:
Clinical Services Unit

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

Below target **red rated**

Integrated Performance Report

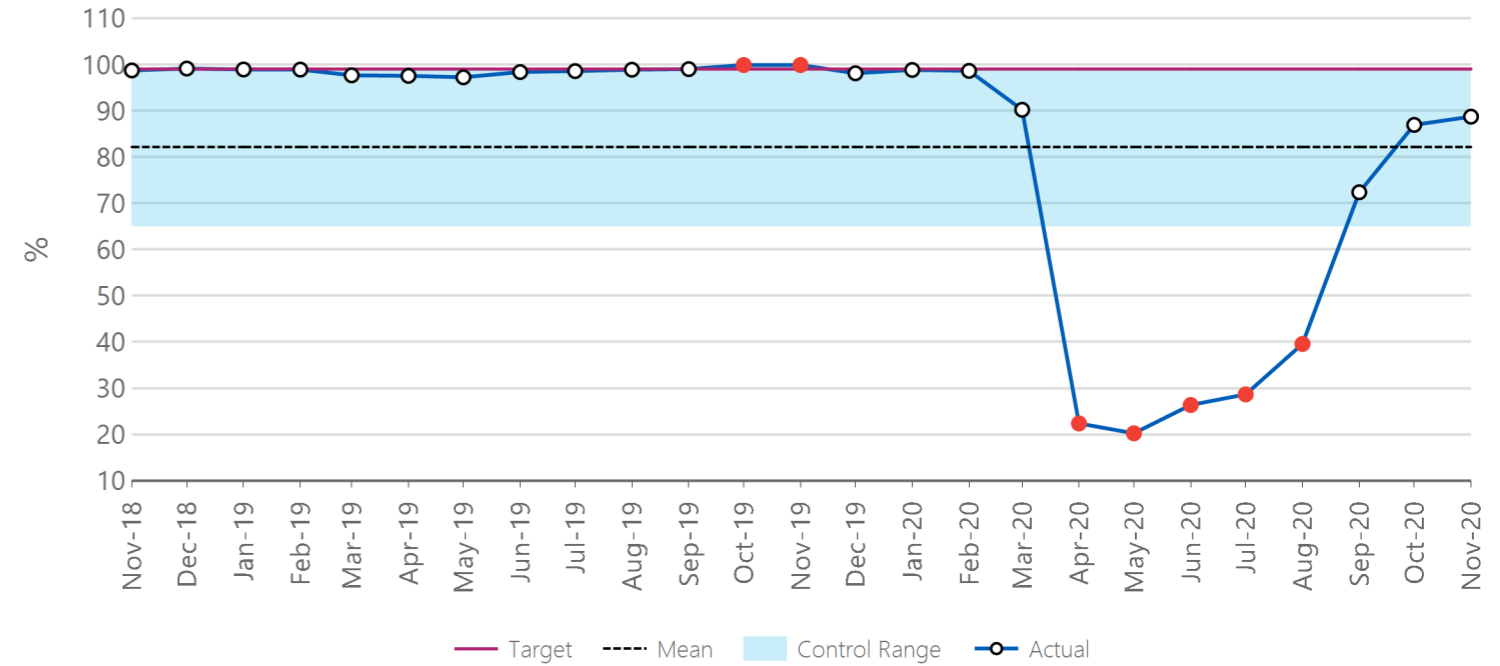
Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 88.70%. This equates to 102 patients who waited beyond 6 weeks, a 14 reduction on the figure reported at the end of October.

The breaches occurred in the following modalities;

- MRI (84 - with 30 dated)
- Ultrasound (3 - with 2 dated)
- CT (6 - with 3 dated)
- DEXA (9 - with 8 dated)

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
- Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Within MRI we have recently strengthened the leadership through recruitment to the vacancy of MRI Superintendent. It is anticipated that we will see efficiencies from this.
 - Recruitment of additional radiographers, to include agency radiographers. The international recruitment process contract has now been signed and commenced. As at 9th December, four offers of employment have been made for additional radiographers.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Ultrasound capacity was lost due to IPC requirements but following recent estates work in Menzies additional space is now being used from week commencing 7th December.

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
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%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	47.06%

8 Week Wait for Diagnostics - Welsh Patients

87.99% against 100% target
Below target **red rated**

Exec Lead:
Clinical Services Unit

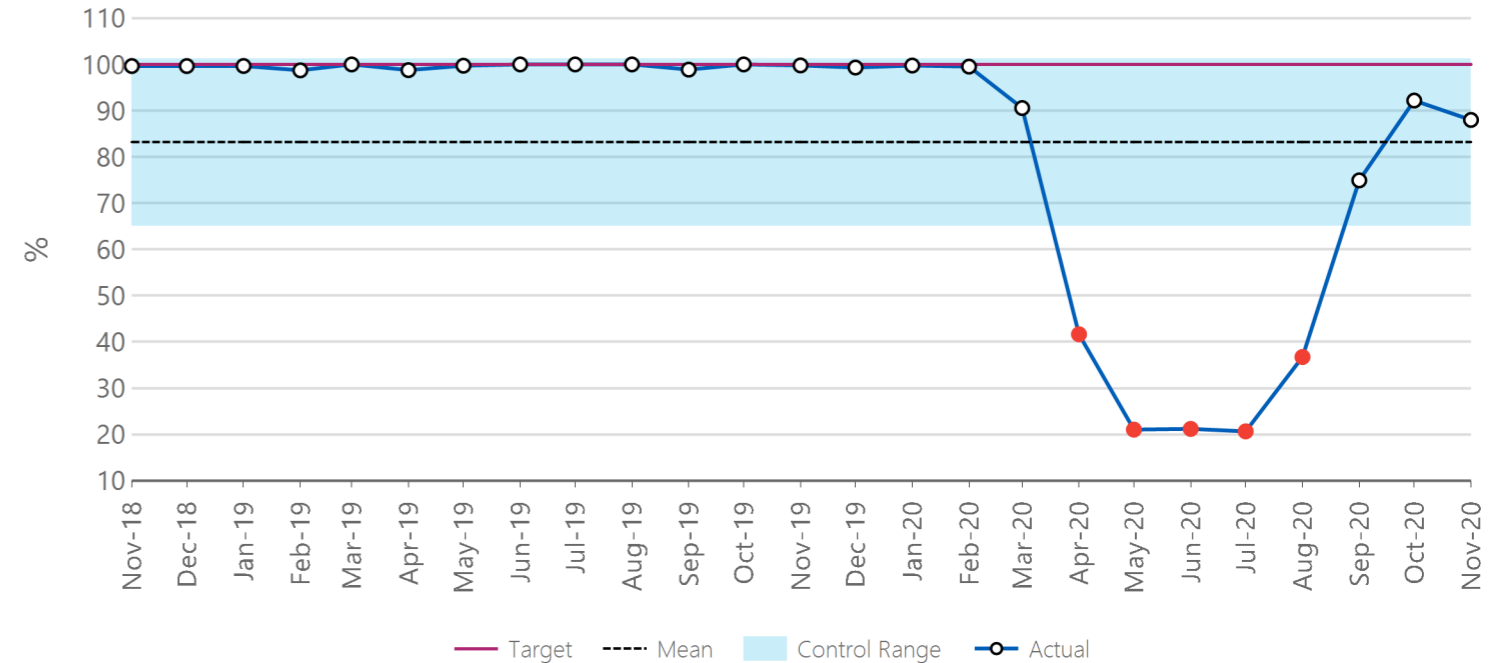
Integrated Performance Report

Narrative

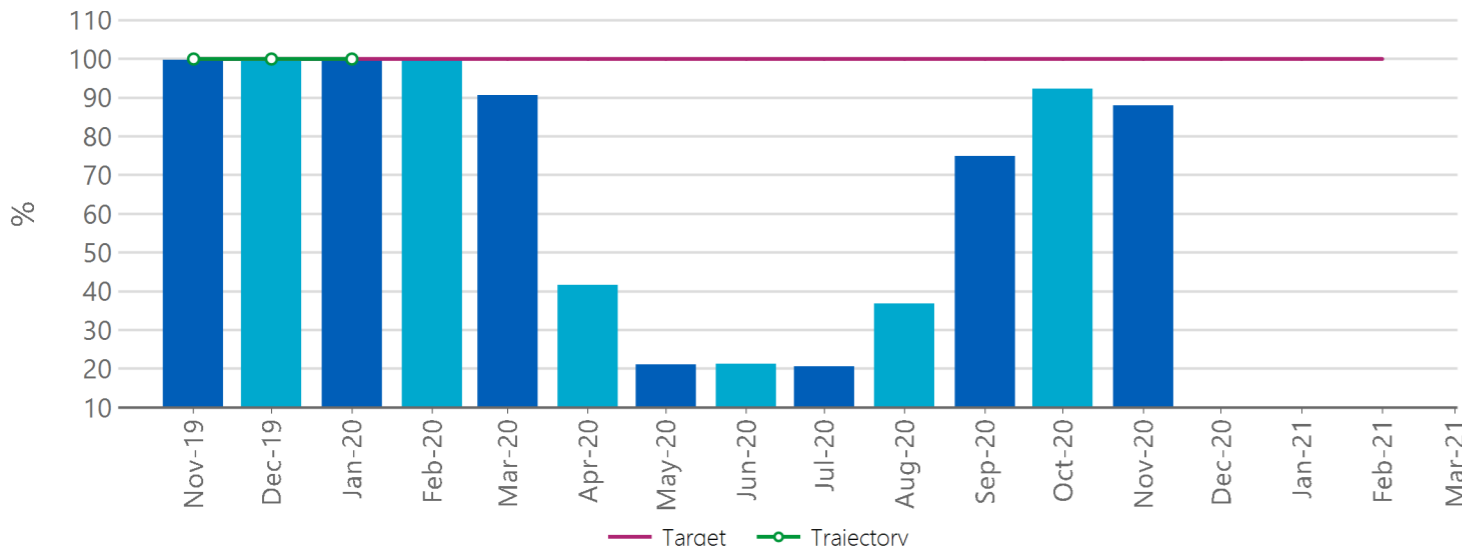
The 8 week standard for diagnostics was not achieved this month and is reported at 87.99%. This equates to 43 patients who waited beyond 8 weeks; an increase of 14 from volume reported at the end of October. The breaches occurred in the following modalities;

- MRI (35 - with 14 dated)
- CT (4 - with 1 dated)
- DEXA (4 - with 4 dated)

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
- Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Within MRI we have recently strengthened the leadership through recruitment to the vacancy of MRI Superintendent. It is anticipated that we will see efficiencies from this.
 - Recruitment of additional radiographers, to include agency radiographers. The international recruitment process contract has now been signed and commenced. As at 9th December, four offers of employment have been made for additional radiographers.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Ultrasound capacity was lost due to IPC requirements but following recent estates work in Menzies additional space is now being used from week commencing 7th December.

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
99.65%	99.64%	99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	44.15%

Total Elective Activity

694 against 1,083 target
Within target **red rated**

Exec Lead:
MSK Unit

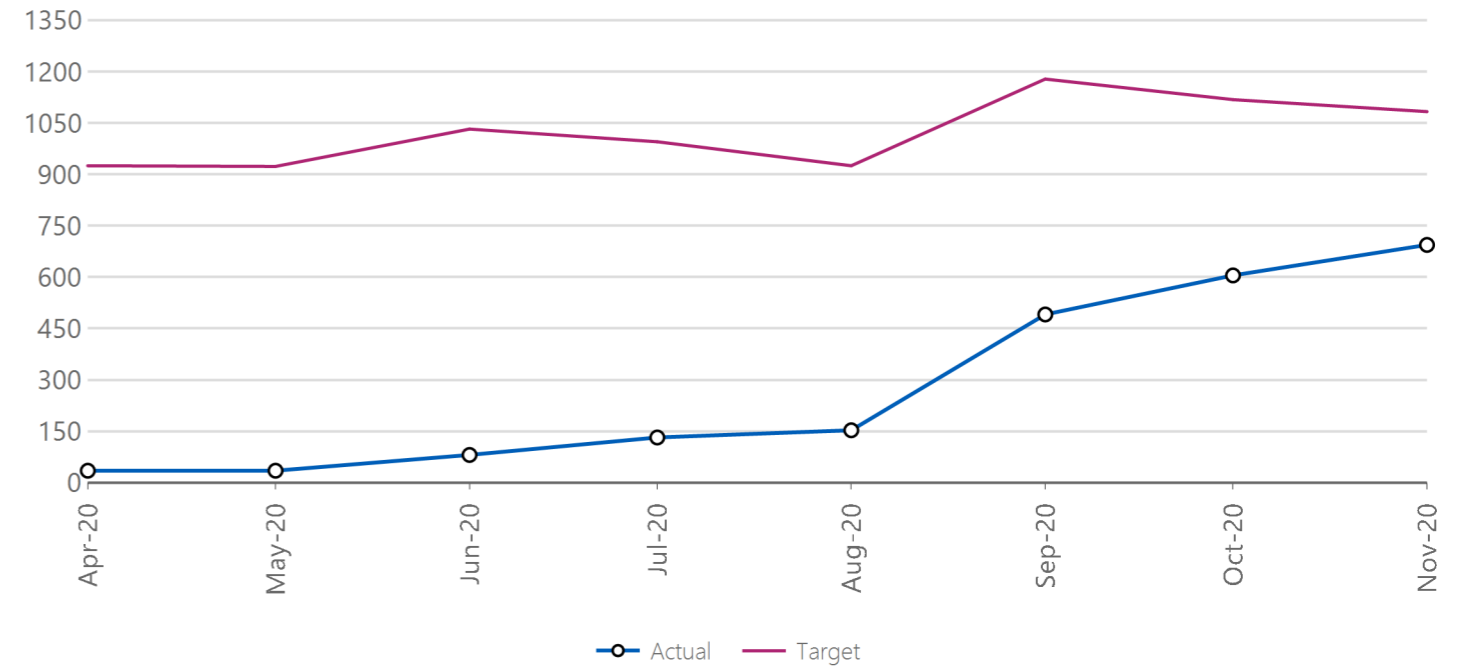
Integrated Performance Report

Narrative

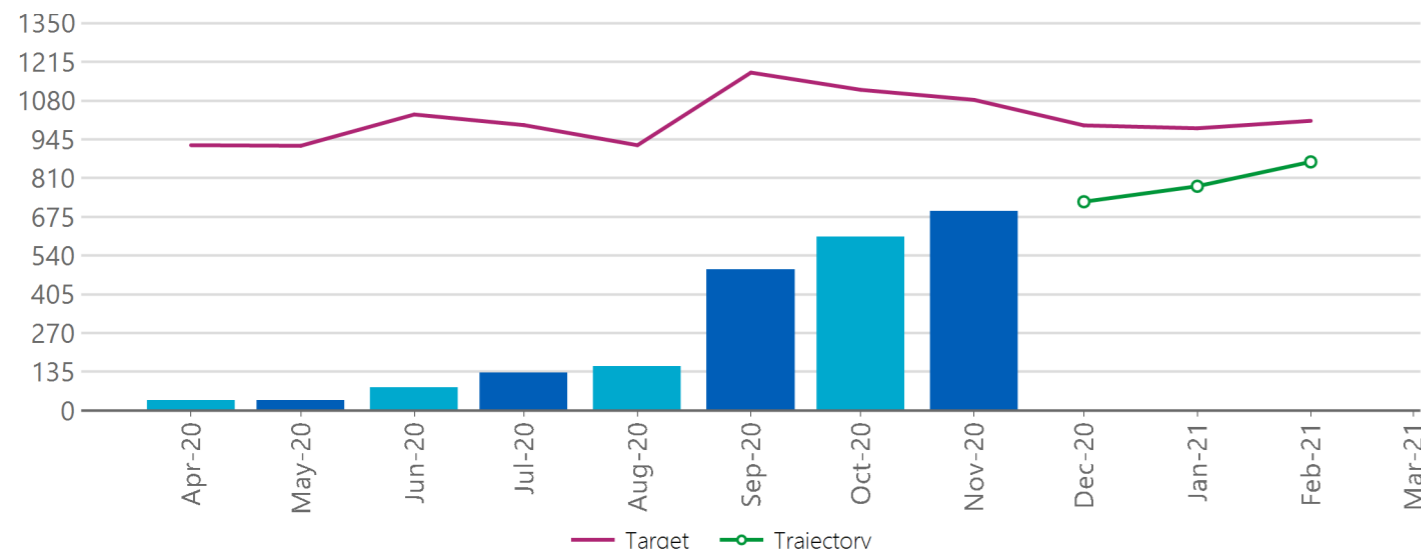
Nationally, Trusts are being monitored against activity levels delivered in 19/20, therefore the 20/21 plans have been updated to monitor against these figures. In November the Trust has revised the submitted phase 3 planning figures with revised plans for the months of December to March. These figures are represented as a trajectory in the trajectory graph.

In November the total of elective activity undertaken in the Trust was 694; this was 175 spells behind the plan of 839. As at 14th December, the forecast for total elective spells against the refreshed November plan is 323; this is 405 behind the plan of 728 for December.

Performance over 24 months –



Trajectory



Actions

Action to Improve: November saw the re-establishment of OJP.

Booking and scheduling is being done through the 6-4-2 process to ensure capacity is well utilised and identifies any risks to achieving the plan. A forecasting and scheduling team has been formed within the Trust. Any risks to the delivery of plan due to not fulfilling templated capacity are escalated to the Clinical Chair.

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
35	35	81	132	153	491	605	694

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

75.14% against 87% target
Within target **red rated**

Exec Lead:
MSK Unit

Integrated Performance Report

Narrative

The occupancy rate for all wards is red rated this month at 72.68%. The breakdown below gives the November occupancy per ward along with details on bed base and it's current use. Beds have been reduced in line with social distancing guidance:

MSK Unit:

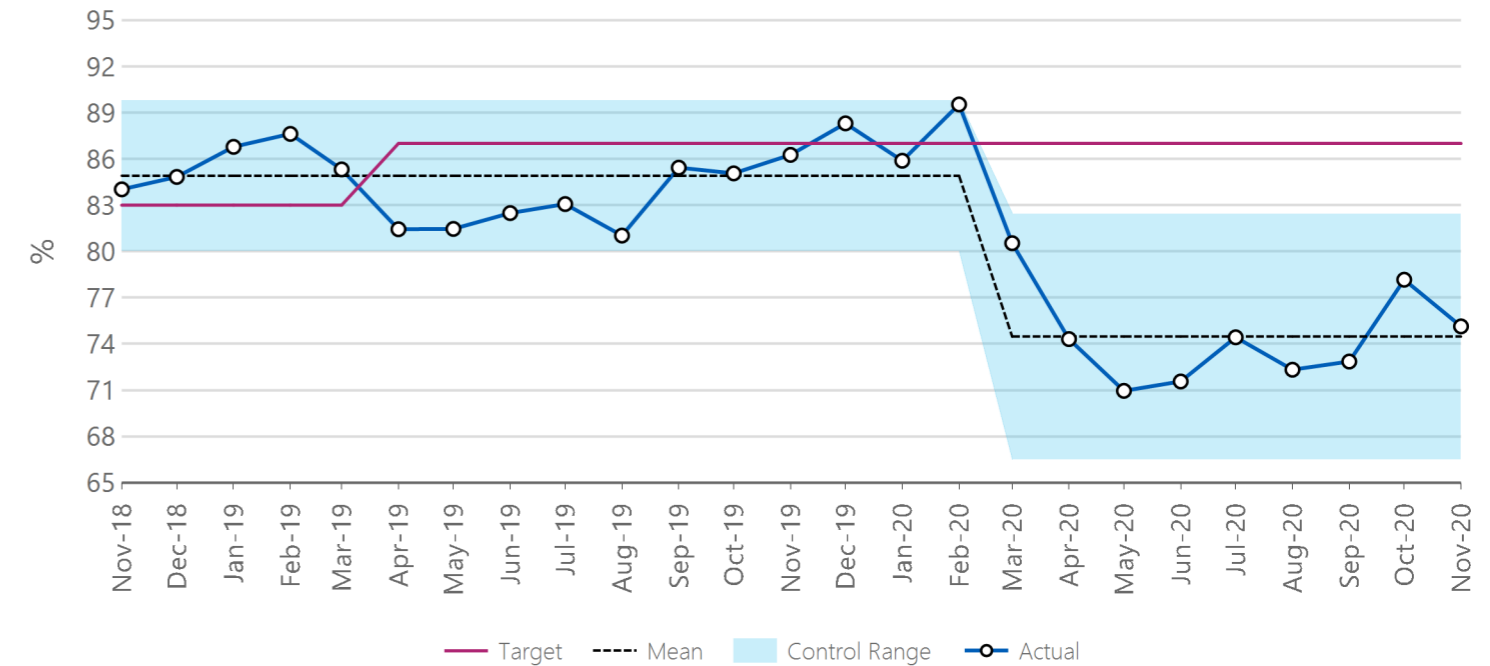
- Clwyd - 77.04% - usually 28 beds; open to 18/20 beds for majority of the month
- Powys - 70.87% - usually 28 beds; open to 18/20 beds for majority of the month
- Kenyon - 80.05% - open to usual 16 beds
- Ludlow - 53.75% - usually 16 beds; open to 14 beds for majority of the month - used for suspected/confirmed covid patients

Specialist Unit:

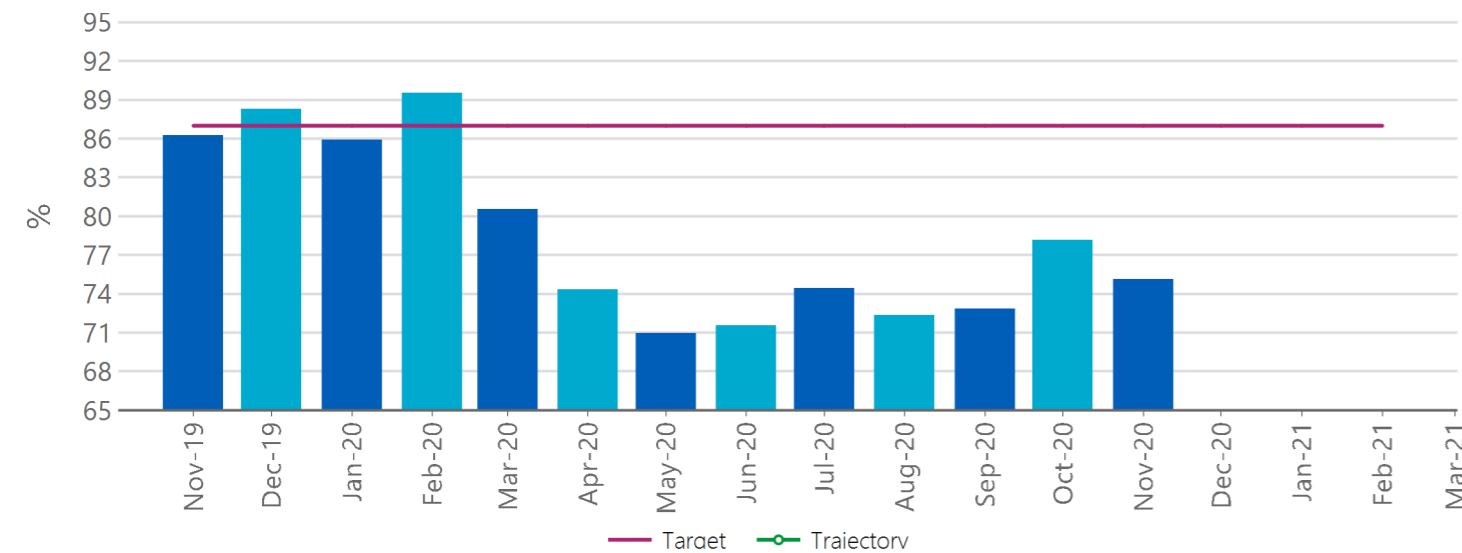
- Alice - 32.25% - usually 16 beds and open to this most days throughout month
- Oswald - 80.70% - open to usual 10 beds for majority of the month
- Gladstone - 92.17% - open to usual 29 beds for majority of the month
- Wrekin - 97.77% - open to usual 15 beds
- Sheldon - 65.73% - usually 23 beds; open to between 15 and 18 beds throughout month

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: As our restoration continues, occupancy is being reported at anticipated levels and we expect this to align with our planned activity in future months but also taking into account casemix. We will look to develop a trajectory in the coming months.

The Trust continues to review any updates to guidance but at the moment we are still working to same target.

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
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%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	73.8%

Total Outpatient Activity

Total Outpatient Activity (Against Unadjusted External Plan (Phase 3), Catchment Based)

11,087 against N/A target

Exec Lead:
Clinical Services Unit

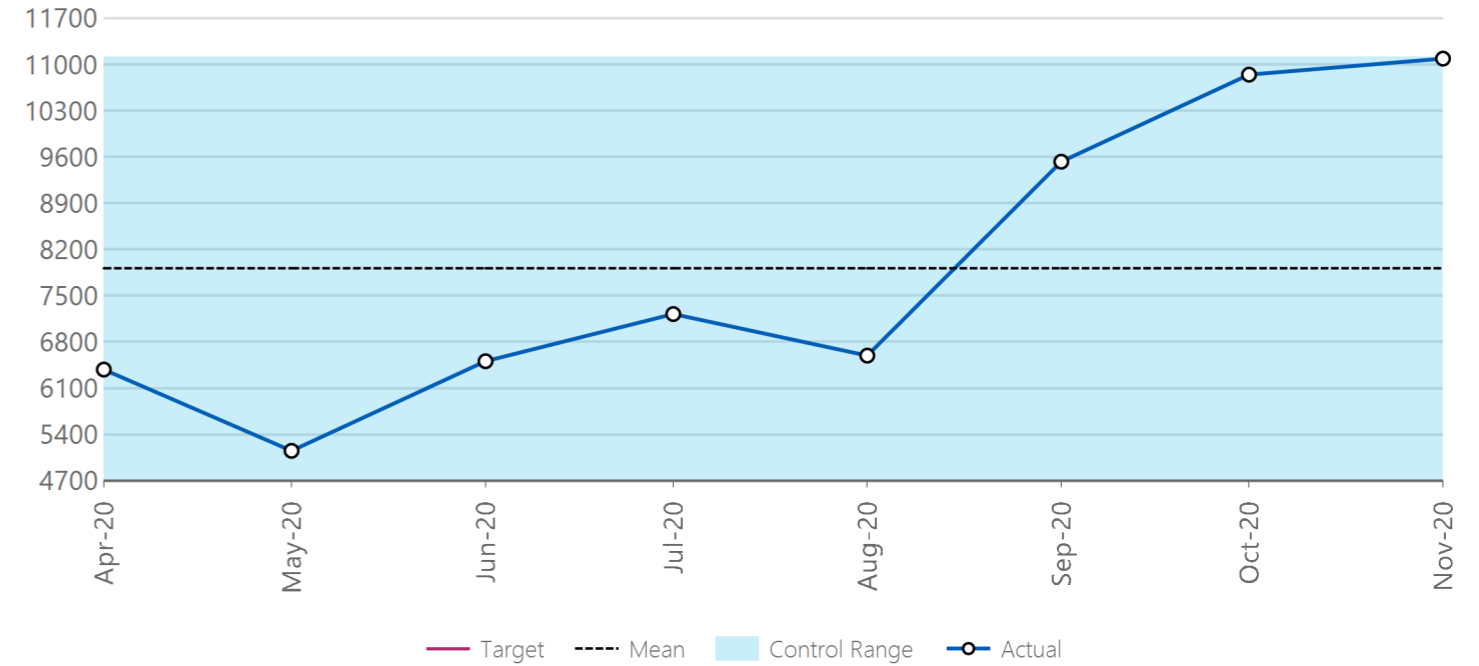
Integrated Performance Report

Narrative

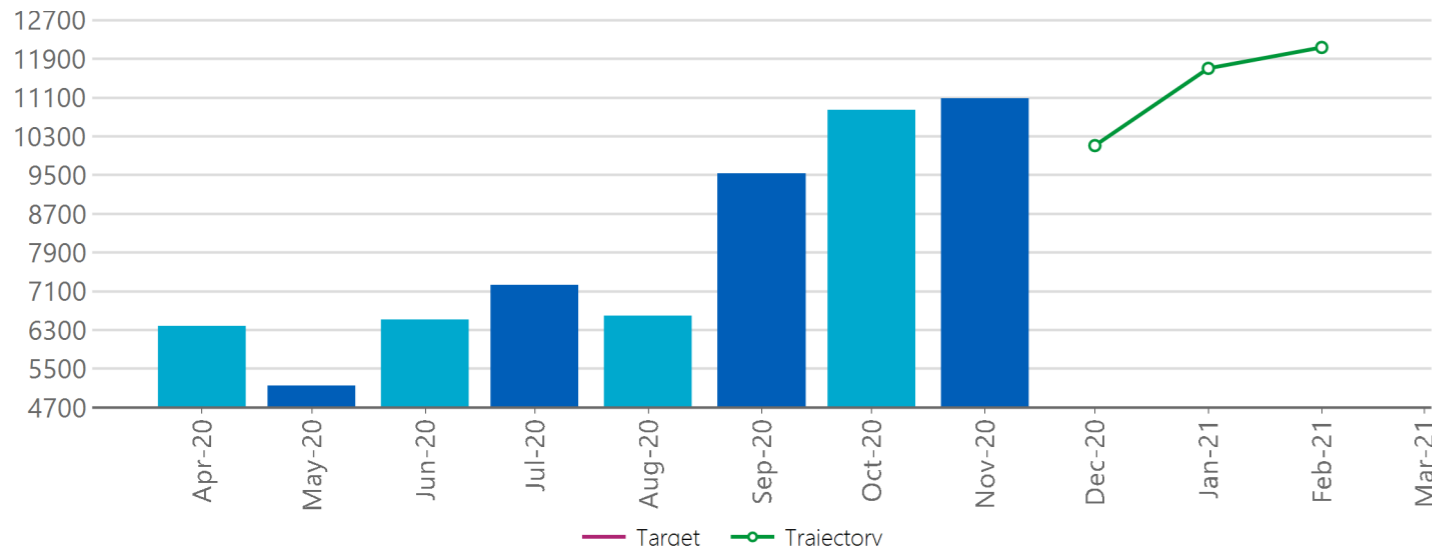
Historically we have reported our Outpatient activity metric from a commissioning perspective whereas it is now appropriate to look at the Total Outpatient Activity that is carried out and that which has been submitted in our phase 3 plans, with the months of December to March representing those figures from our planning refresh in November. This now aligns with the NHS E/I inclusions and exclusions for restoration monitoring, effectively monitoring consultant-led activity.

In November the total Outpatient activity undertaken in the Trust was 11087, 330 cases behind our phase 3 plan. As at 14th December, the forecast total activity against the plan of 10112 is 9200 for December.

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,087

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

463 against **438** target
Above target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

Overall £463k surplus in month, £24k favourable to plan.

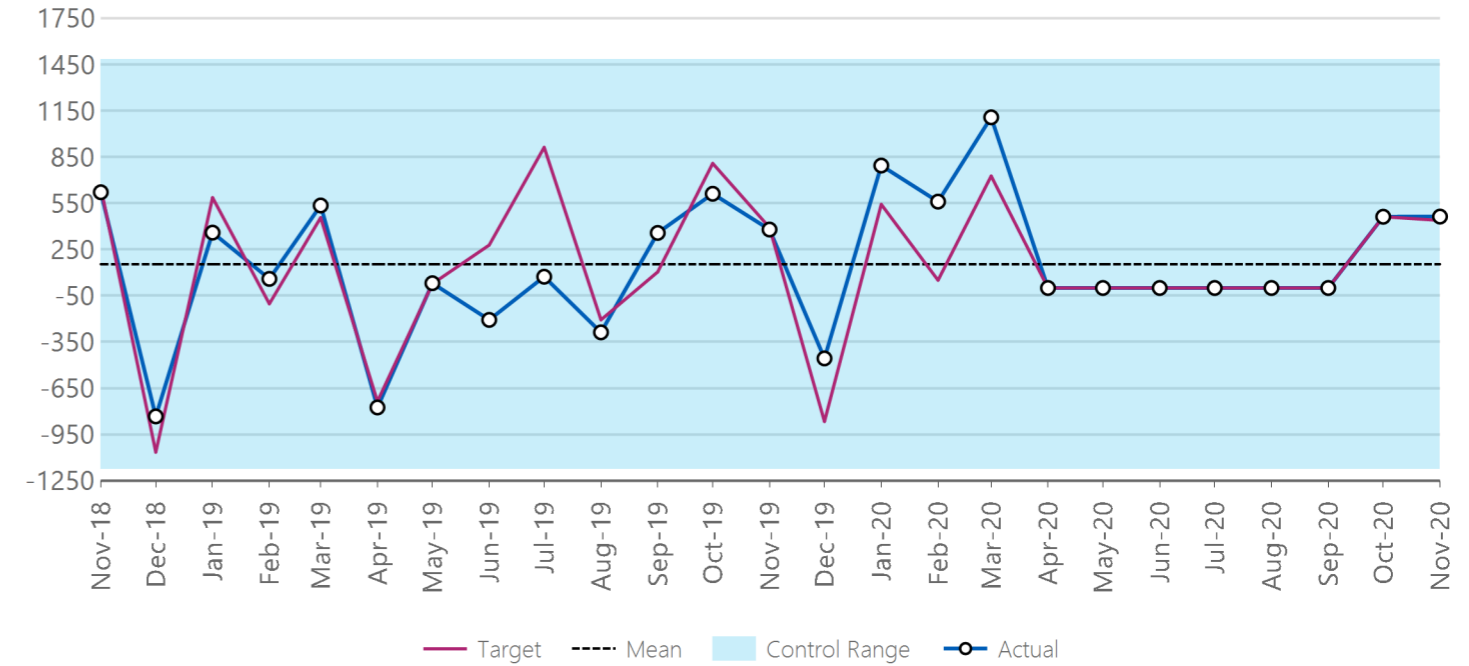
Revised forecast - following a revision of the phase 3 delivery plan, the M8-12 internal financial plan has been adjusted. The revised plan includes a improved projection on efficiency, private income and risk which has enabled the Trust to contribute back £1.080m of the £2.060m system support funding received as part of the phase 3 plan.

Activity Penalties - separate financial schemes exist for England and Wales tracking delivery of activity against 2019/20 baseline.

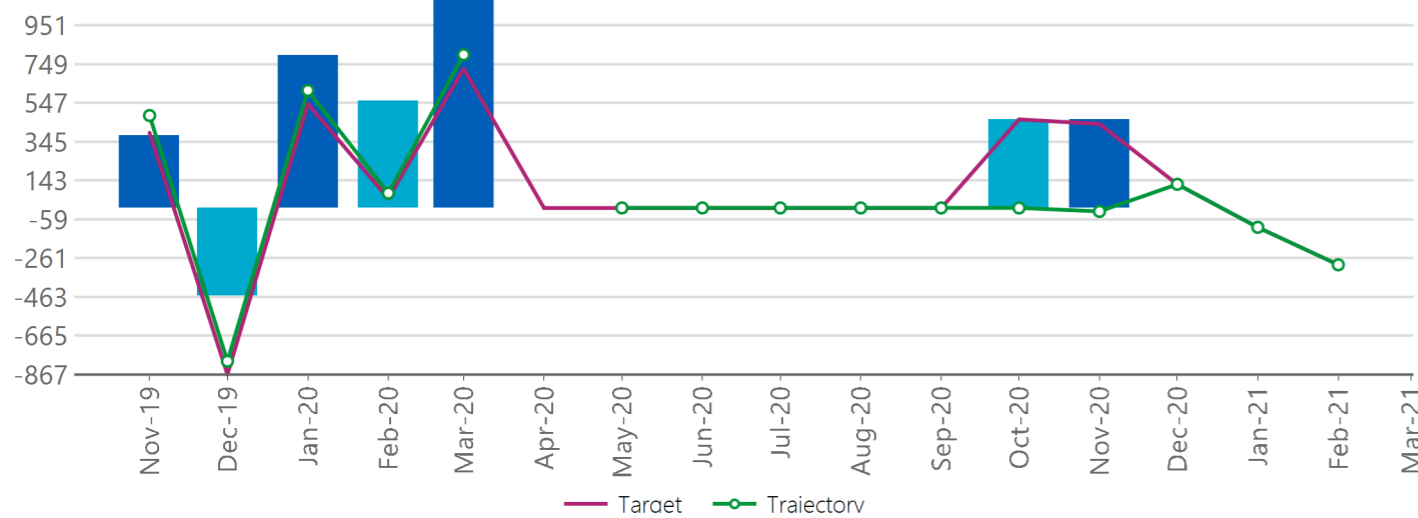
- England - Elective Incentive Scheme (EIS) risk £196k in month and £921k ytd not recognised in position as per national guidance.
- Wales – Contract flexing scheme risk £309k in month and £618k YTD.

Note: the revised delivery plan removes the variances for M1-7 YTD to enable meaningful monitoring going forward.

Performance over 24 months – SPC



Trajectory



Actions

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
621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	1,107	0	0	0	0	0	0	462	463	925

Income

All Trust Income, Clinical and non clinical

10,058 against 9,864 target

Above target **green rated**

Exec Lead:
Director of Finance

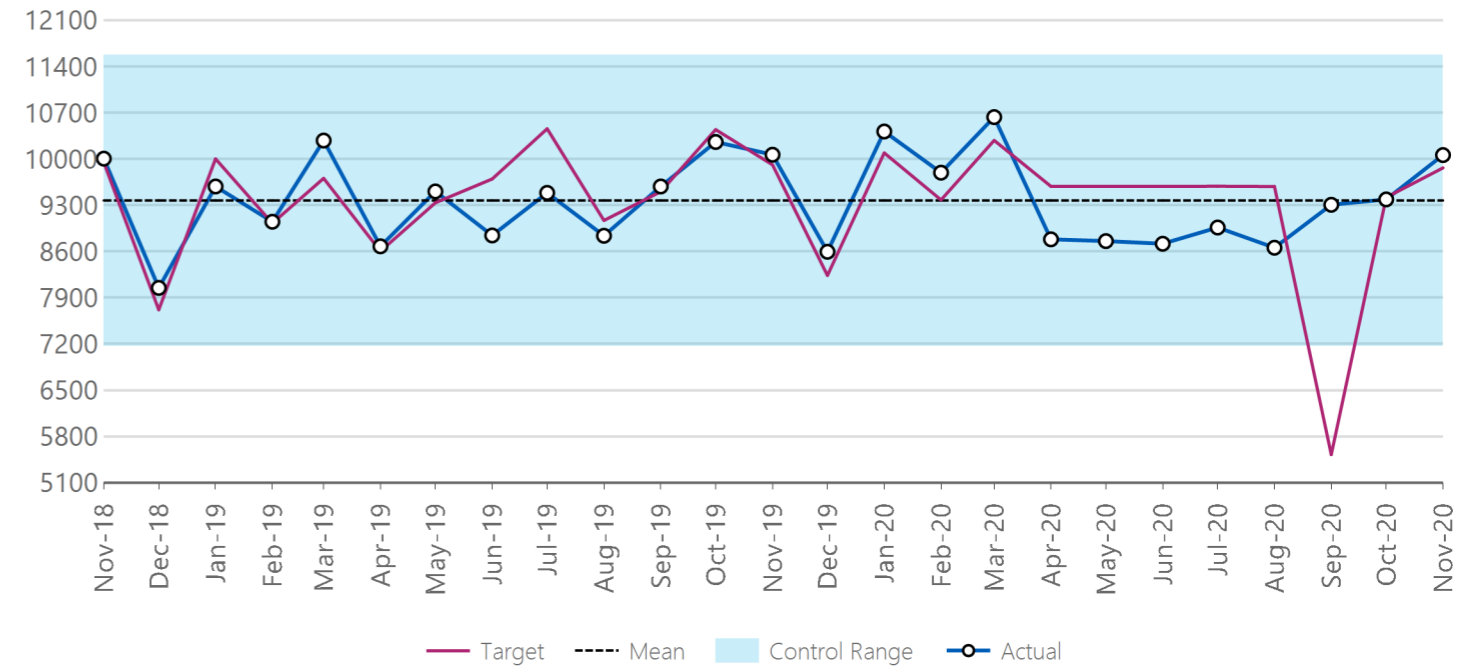
Integrated Performance Report

Narrative

Income £193k favourable

- Favourable clinical income due to high cost drugs outside of block income (offset by corresponding expenditure)
- Favourable covid funding release from income deferred in month 7 (offset by increased expenditure)
- Favourable private patients

Performance over 24 months – SPC



Trajectory



Actions

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
10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,486	8,837	9,583	10,256	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	72,622

Expenditure

All Trust expenditure including Finance Costs

9,640 against 9,470 target

Breaching target **red rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

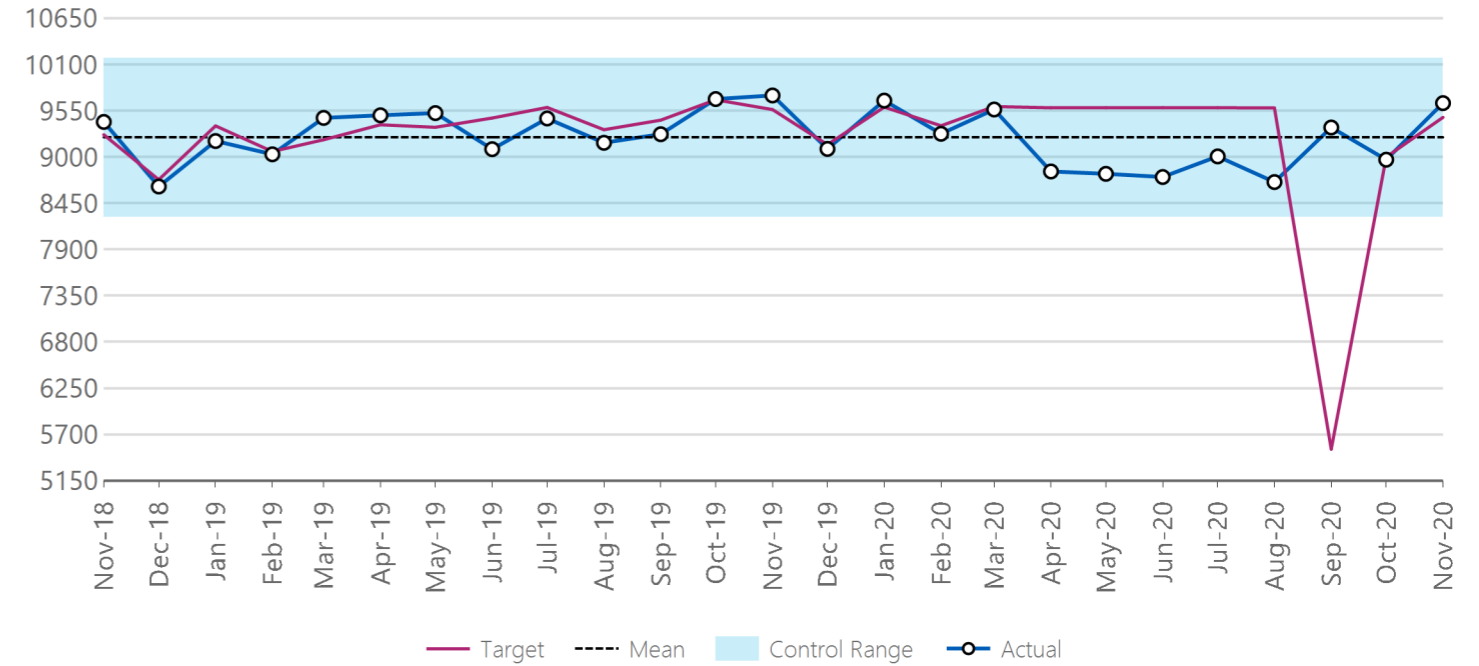
Overall expenditure £170k adverse.

Pay £119k favourable driven by lower than planned flexible staffing costs and vacancies.

Non pay £289k adverse driven by:

- High cost drugs outside of block income
- Covid direct costs
- Depreciation costs – review of asset base remaining life

Performance over 24 months – SPC



Trajectory



Actions

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
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	9,670	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	72,051

Efficiencies Delivery

Cost Improvement Programme requirement

79 against **89** target
Below target **green rated**

Exec Lead:
Director of Finance
Integrated Performance Report

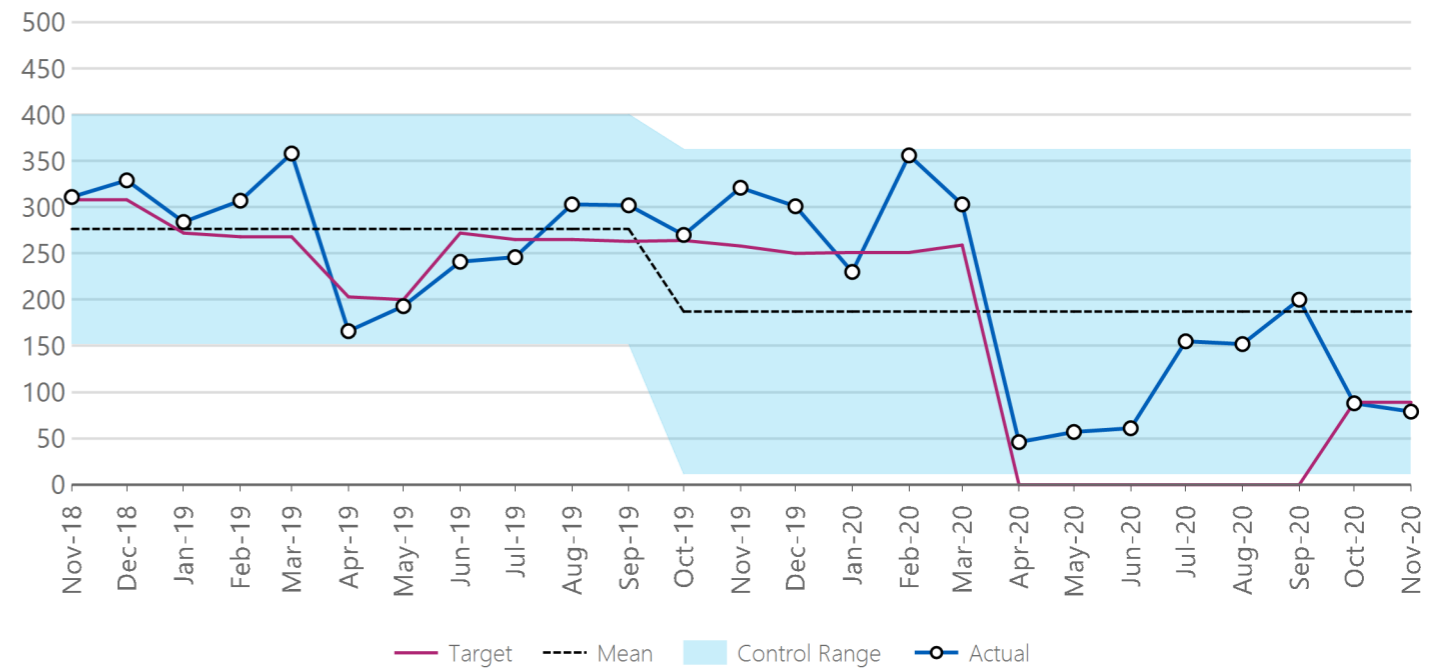
Narrative

Revised phase 3 planning requirements include a 1.4% efficiency expectation (increase from 1% to align with national average).

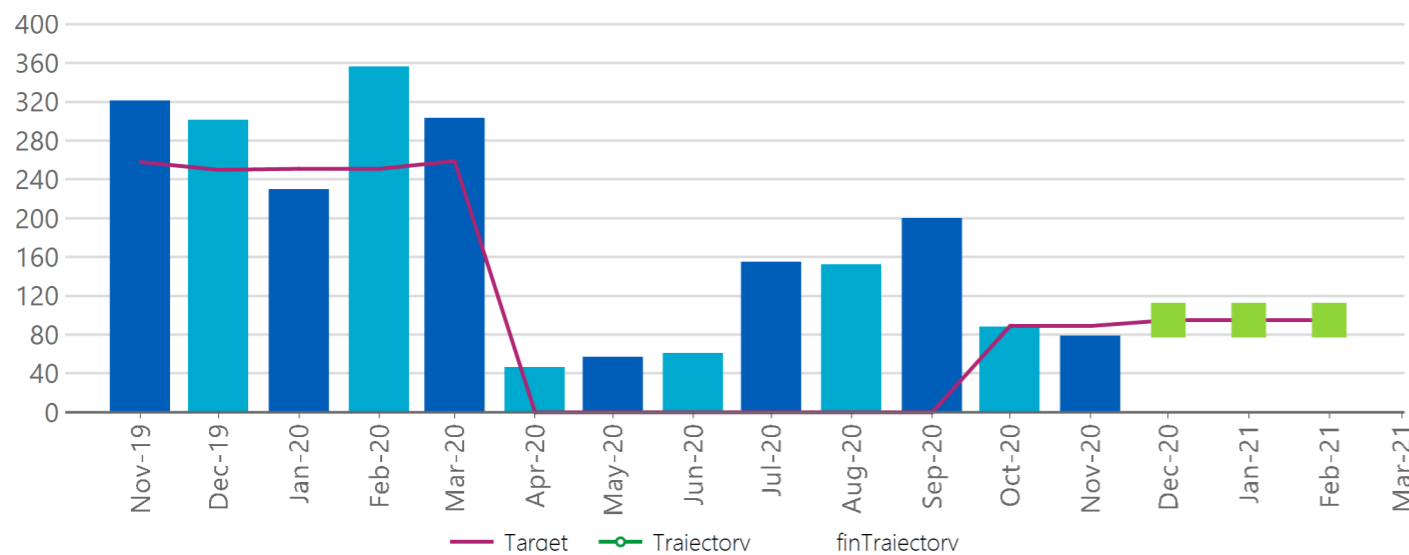
£10k adverse to new target in month.

Performance over 24 months – SPC

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



Trajectory



Actions

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
311	329	284	307	358	166	193	241	246	303	302	270	321	301	230	356	303	46	57	61	155	152	200	88	79	167

Cash Balance

Cash in bank

19,100 against **16,620** target
Above target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

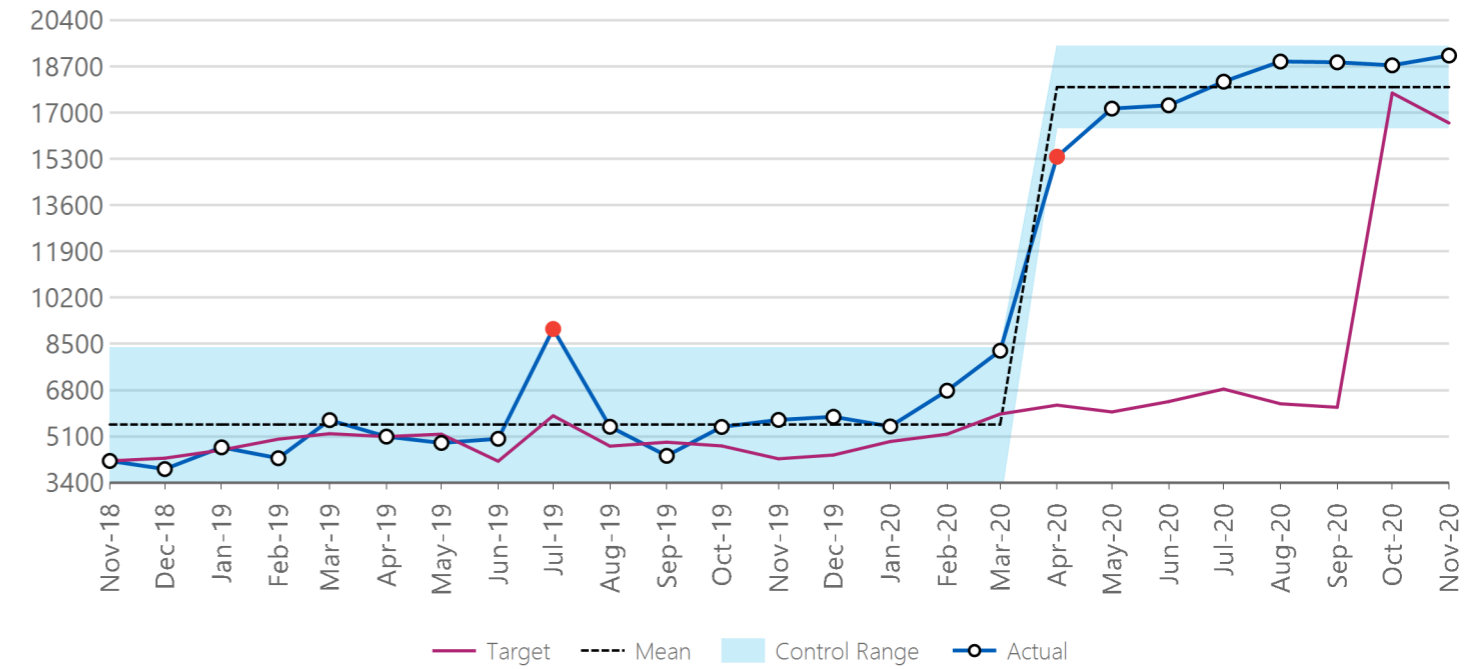
Cash balance of £19.1m, which includes the following payments in advance:

- £7.0m English block income
- £1.5m of Covid top up funding

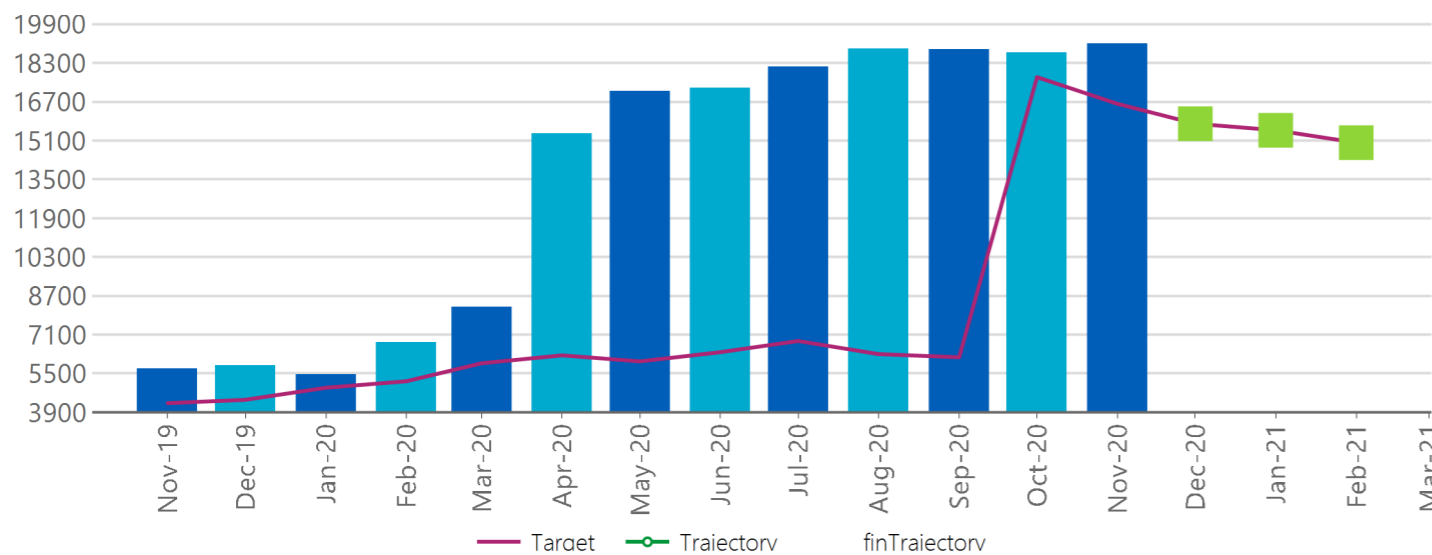
Underlying cash balance £10.6m

Performance over 24 months – SPC

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



Trajectory



Actions

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
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	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	19,100

Capital Expenditure

Expenditure against Trust capital programme

935 against **1,043** target
Within target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

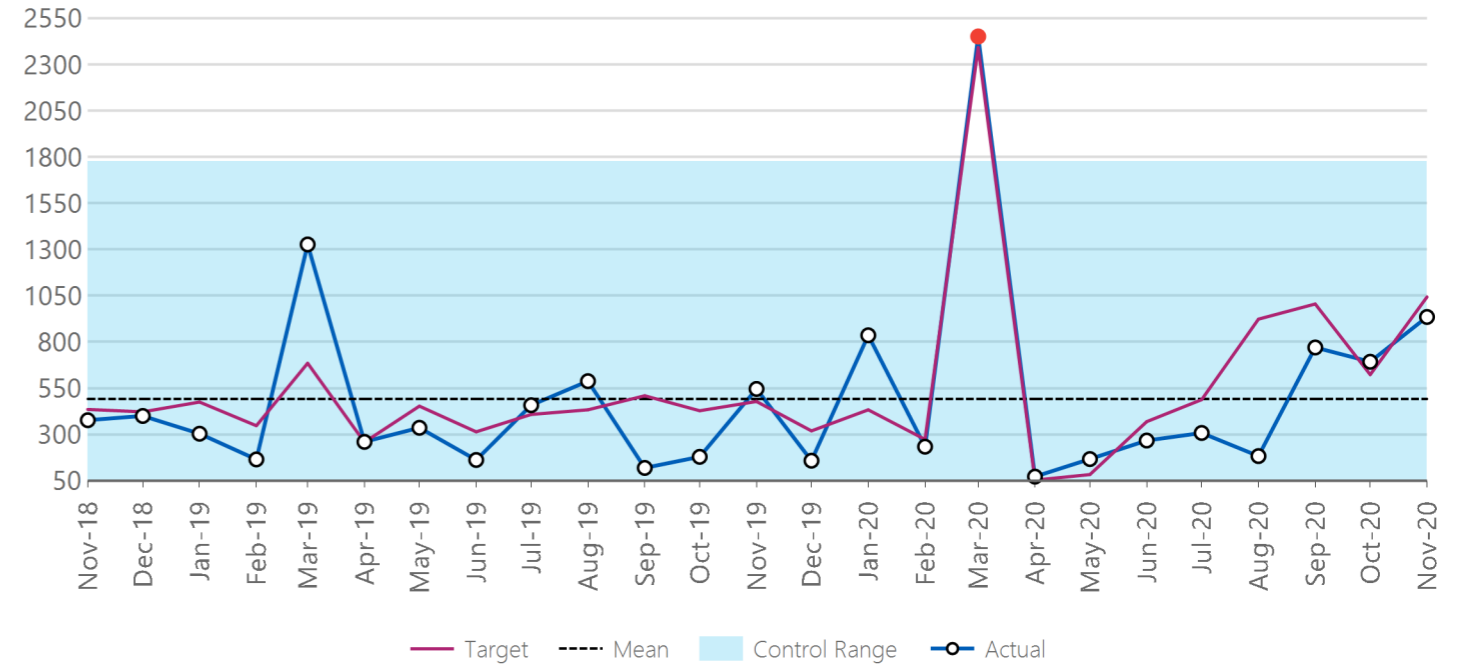
Narrative

In month £108k favourable to plan.

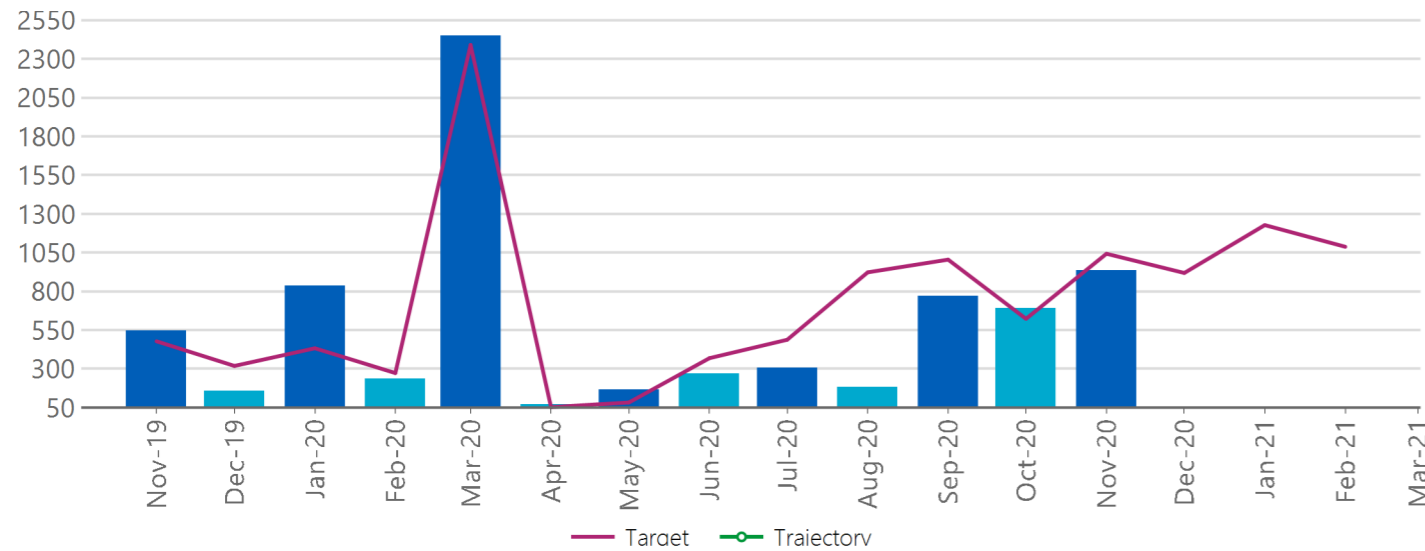
Year to date £1,192k favourable to plan made up of £409k NHS and £783k donated.
- Slippage on NHS schemes linked to phasing, expected to be recovered by 31st March 2021.
- Slippage on donated linked to Veteran's project which will be carried forward to 21/22.

Forecast position includes investment to support restoration of £1.8m.

Performance over 24 months – SPC



Trajectory



Actions

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
377	400	304	165	1,327	260	336	162	458	588	119	179	546	158	836	234	2,451	72	167	267	308	183	770	693	935	3,395

Use of Resources (UOR)

Overall Use of Resources indicator

1 against **1** target
On target **green rated**

Exec Lead:
Director of Finance

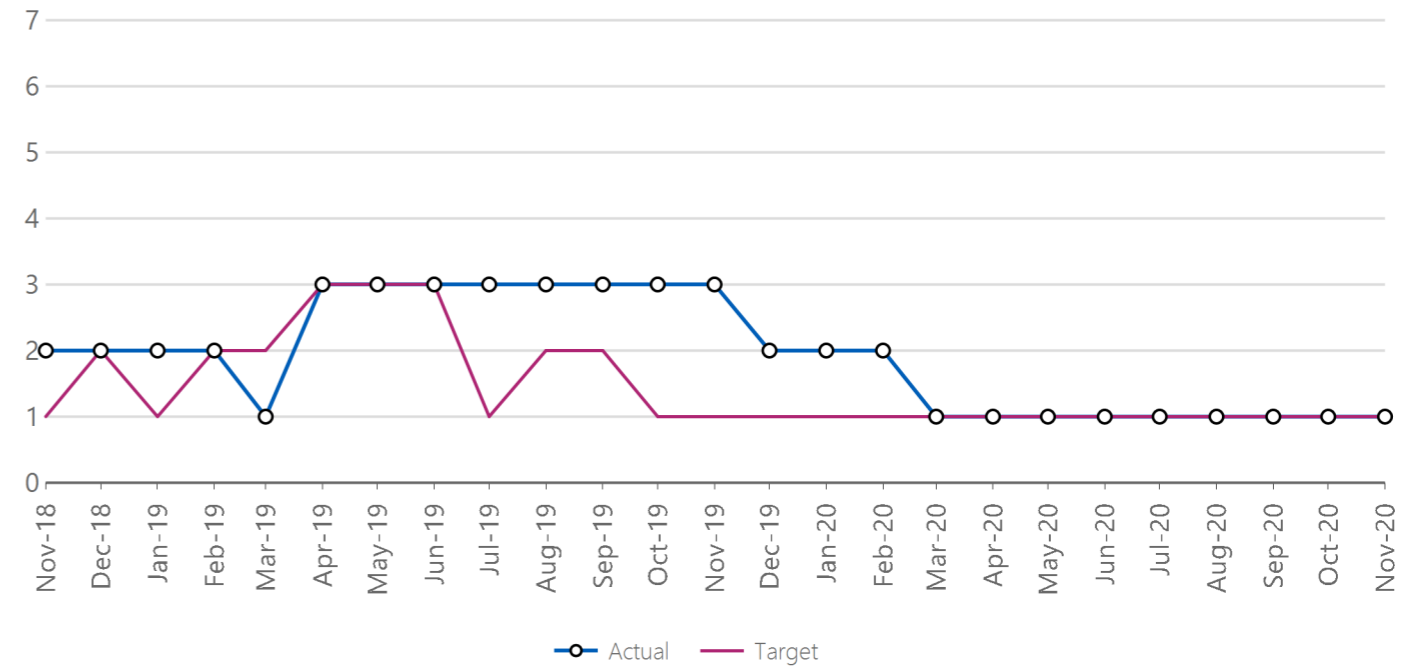
Integrated Performance Report

Narrative

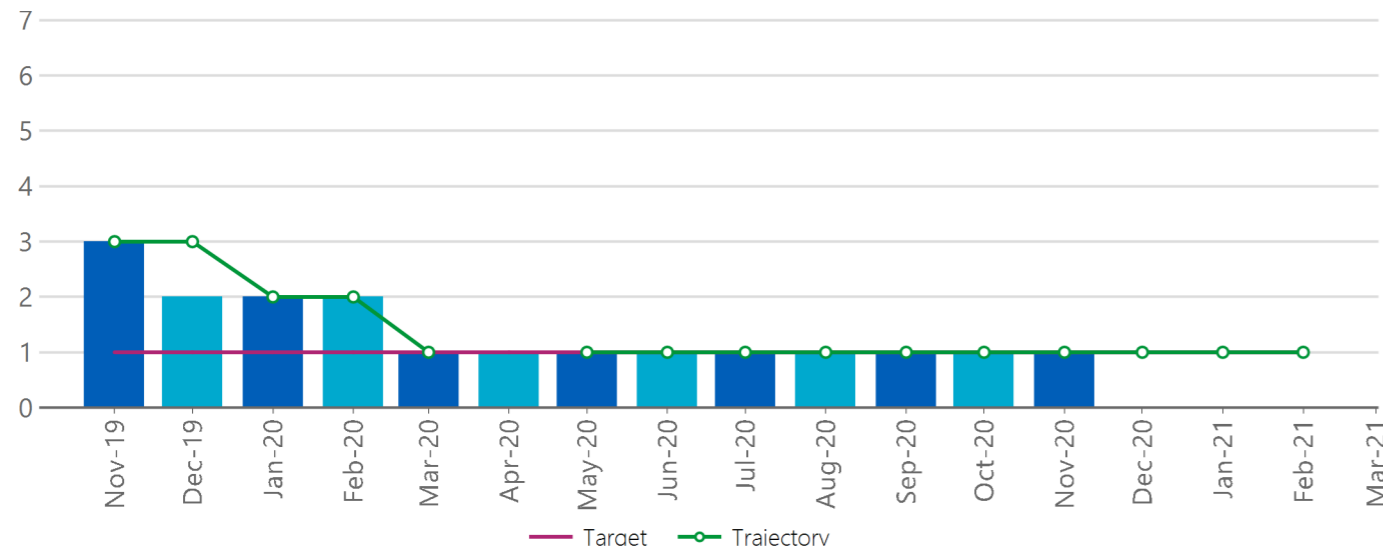
UOR 1 (Best)

Note - No formal UOR plan in place during 20/21, monitoring against historical indicators.

Performance over 24 months –



Trajectory



Actions

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
2	2	2	2	1	3	3	3	3	3	3	3	3	2	2	2	1	1	1	1	1	1	1	1	1	1

Reading guide

The Integrated Performance Report (IPR) is designed to provide the Board with a monthly balanced summary of the Trust’s performance across the three areas of the Trust’s mission: caring for patients, caring for staff and caring for finances. To achieve this, the Trust has identified the Board-level Key Performance Indicators (KPIs), which are considered to drive the overall performance of the Trust. The report highlights key areas of improvement or concern enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board and its committees to accompany the IPR where requested by the Board, its committees or the Executive Team. Contents of the report include:

- Heatmaps**
In month, year-to-date and forecast performance against target for each KPI and rolling 13-month performance information. A data quality indicator for each KPI is also included where available.
- Narrative**
Supporting narrative and trend graphs (with statistical process control where appropriate) are provided for each KPI including mitigating actions for red rated indicators.

Key

Key Performance Indicator RAG Ratings

Green	<p>YTD: Performance meets or exceeds target</p> <p>Forecast: Little risk of missing target at year end</p>
Red	<p>YTD: Performance behind target and outside tolerance</p> <p>Forecast: High risk of missing target at year end</p>

KPIs reported in arrears

KPIs reported in arrears, for which no current-month values are available, are marked with an asterisk (*) next to their name. The latest values for these KPIs are from the previous reporting month.

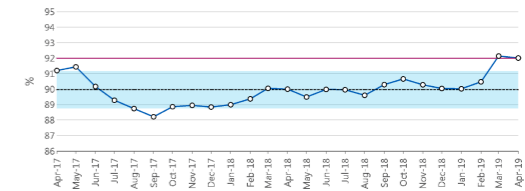
Data Quality Indicator

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

Blue	No improvement required to comply with the dimensions of data quality
Green	Satisfactory – minor issues only
Amber	Requires improvement
Red	Significant improvement required

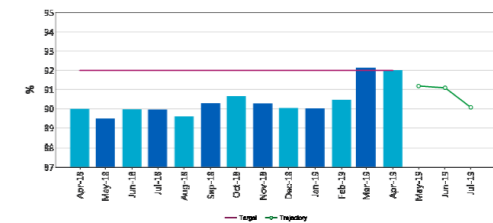
Trend graphs

Each KPI has a trend graph (or Statistical Process Control (SPC) where appropriate), which summarises performance over a rolling 24-month period.



Trajectories

Where available, three-month trajectory data is included to indicate expected future performance. Historical trajectory data will be kept to compare actual performance with forecast performance.



Bullet graphs

Bullet graphs provide a clear visualisation to understand how well a KPI is performing against its target.



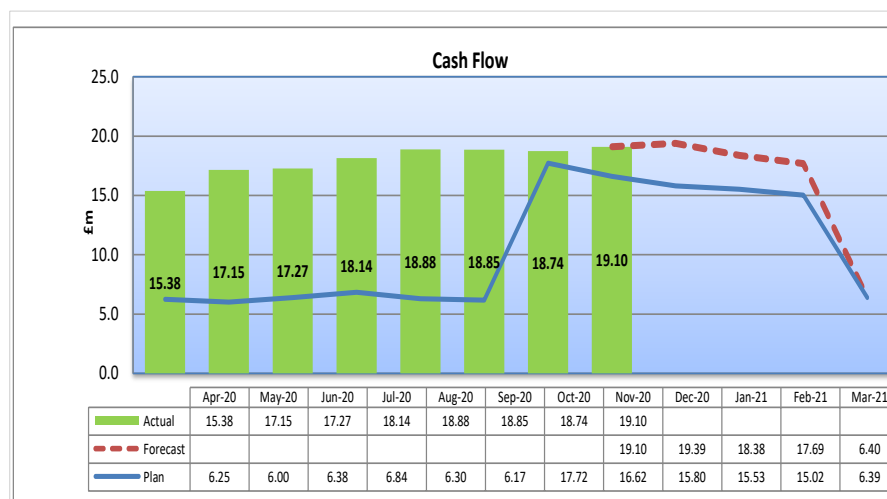
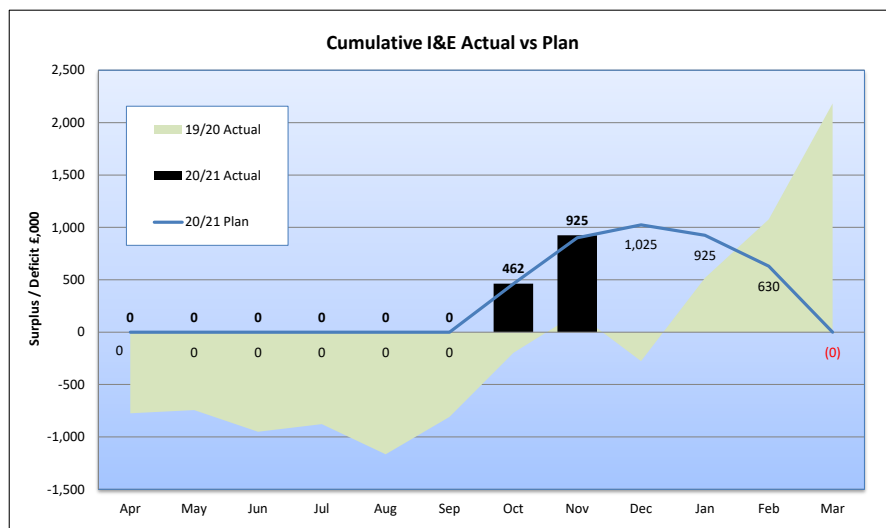
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 30th November 2020

Income and Expenditure £'000s							
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	97,326	8,176	8,280	104	65,274	65,379	105
System Discretionary Funding	980	127	127	(0)	471	470	(0)
System Top Up Funding	2,560	427	427	0	853	853	0
Covid-19 Funding	1,452	242	273	31	484	484	0
Private Patient income	1,880	265	295	30	647	677	30
Other income	6,552	628	656	28	4,731	4,758	27
Pay	(67,678)	(5,596)	(5,478)	119	(44,666)	(44,501)	165
Non-pay	(38,083)	(3,429)	(3,441)	(12)	(23,505)	(23,550)	(45)
EBITDA	4,989	838	1,139	301	4,289	4,571	282
Finance Costs	(5,520)	(444)	(721)	(277)	(3,741)	(4,001)	(259)
Capital Donations	1,170	100	0	(100)	315	123	(192)
Operational Surplus	639	494	418	(76)	863	694	(169)
Remove Capital Donations	(1,170)	(100)	0	100	(315)	(123)	192
Add Back Donated Dep'n	531	44	44	0	353	355	2
Control Total*	0	438	463	24	901	925	24
EBITDA margin	4.7%	9.1%	12.2%	3.1%	6.0%	6.4%	0.4%

Statement of Financial Position £'000s				
Category	Oct-20	Nov-20	Movement	Drivers
Fixed Assets	76,318	76,643	325	Additions less depreciation
Non current receivables	990	983	(7)	
Total Non Current Assets	77,308	77,626	318	
Inventories (Stocks)	1,285	1,275	(10)	
Receivables (Debtors)	5,538	6,097	559	Health Education England (LDA) invoiced for Q3
Cash at Bank and in hand	18,743	19,097	354	
Total Current Assets	25,566	26,469	903	
Payables (Creditors)	(19,701)	(20,508)	(807)	Increase in deferred income: - Workforce development funding from Health Education England - System top up and support monies for M9 paid in advance
Borrowings	(1,318)	(1,326)	(8)	
Current Provisions	(207)	(199)	8	
Total Current Liabilities (< 1 year)	(21,226)	(22,033)	(807)	
Total Assets less Current Liabilities	81,648	82,062	414	
Non Current Borrowings	(5,058)	(5,058)	0	
Non Current Provisions	(963)	(958)	5	
Non Current Liabilities (> 1 year)	(6,021)	(6,016)	5	
Total Assets Employed	75,627	76,046	419	
Public Dividend Capital	(35,486)	(35,486)	0	
Revenue Position	(17,703)	(17,703)	0	
Retained Earnings	(275)	(694)	(419)	Current period surplus
Revaluation Reserve	(22,163)	(22,163)	0	
Total Taxpayers Equity	(75,627)	(76,046)	(419)	

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

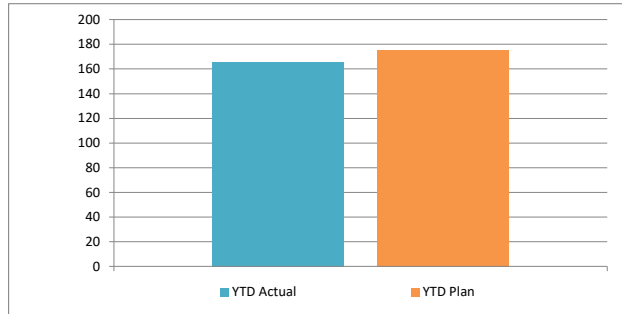
Debtor Days	YTD	19
Creditor Days		36



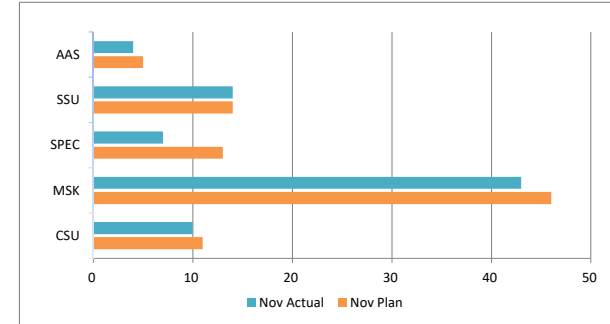
Note: Assumes April 2021 blocks will not be prepaid in March 2021 c£6.6m.

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 30th November 2020

Trust YTD Achievement Against YTD Plan £000's



In Month Efficiencies Achievement £000's



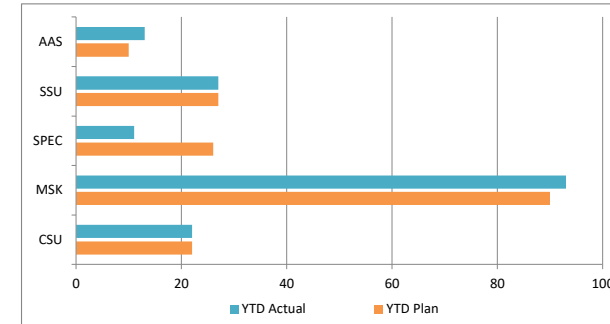
Efficiencies Total

Efficiencies by Theme

Position as at	Capital Programme 2020-21					
	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s	Forecast Variance £000s
Project						
Diagnostic equipment replacement	1,545	945	1,069	-174	1,545	0
EPR planning & implementation	200	60	0	60	200	0
Backlog maintenance (System CIR)	500	340	379	-39	500	0
I/T investment & replacement	295	190	140	51	295	0
Equipment & service continuity	600	300	339	-39	554	-46
Project management	50	16	21	-5	50	0
Scheme slippage from 19/20	135	135	79	56	90	-45
Salix energy improvements	1,210	1,000	950	50	1,210	0
E-job planning	86	86	46	40	86	0
Covid-19	0	0	36	-36	36	36
Contingency	1,165	465	10	454	300	-865
Restoration Schemes (System CIR)	0	0	60	-60	1,800	1,800
NHS Capital Funding	5,786	3,537	3,128	409	6,666	880
Veteran's facility	3,000	1,000	143	857	300	-2,700
Donated medical equipment	100	50	124	-74	170	70
Total Capital Funding (NHS & Donated)	8,886	4,587	3,395	1,192	7,136	-1,750

Capital

Year To Date Efficiencies Achievement £000's



Category	Forecast		
	Plan	Actual	Variance
Clinical Income	97,326	97,531	205
System Discretionary Funding	980	980	0
System Top Up Funding	2,560	2,560	0
Covid-19 Funding	1,452	1,452	0
Private Patient income	1,880	1,950	70
Other income	6,552	6,552	0
Pay	(67,678)	(67,513)	165
Non-pay	(38,083)	(38,103)	(20)
EBITDA	4,989	5,409	420
Finance Costs	(5,520)	(5,940)	(420)
Capital Donations	1,170	1,170	0
Operational Surplus	639	639	0
Remove Capital Donations	(1,170)	(1,170)	(0)
Add Back Donated Dep'n	531	531	(0)
Control Total	0	(0)	(0)

Forecast

Risks to Delivery.

Elective incentive Scheme – for England value is calculated monthly but not provided for in plan or actuals as per national guidance.

Welsh Funding – plan assumes full income recovery from Wales but penalties will be applied if activity falls short of 75% of 19/20 levels for months 7-12 cumulatively.

Non NHS income restoration – The impact of further waves of the pandemic could jeopardise achievement of improved targets included in the plan

Workforce – The plan assumes recruitment to vacancies. Should this not be achieved then there is a risk of increased bank and agency costs or further exposure from the Elective Incentive Scheme.

COVID costs – COVID funding is now fixed at a level 20% lower than the average run rate from the first half of the year. It is important that costs are contained within this fixed budget and this may be challenging as the costs of increasing capacity back to pre COVID levels unravel.