

Month 2 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 2 (May) 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.

This month sees the second month of the new IPR format, now fully utilising Statistical Process Control (SPC) graphs and NHS EI recommended variation and assurance icons.

The scheduled Board Strategy meeting in June will include a presentation from the NHSEI 'Making Data Count' team to provide further training and oversight on this approach to presenting and utilising data.

The reading guide within the IPR gives a full explanation on the interpretation of SPC graphs and the icons to support understanding but as reminder some further explanation provided below.

Some KPIs are not appropriate to display as an SPC graph. This could be because the data points are usually zero or a small number or perhaps the metric does not have enough data points yet. It is recommended that 15+ data points are required for robust analysis. The IPR will display the variation icon as 'N/A to SPC' for these KPIs and will rate assurance based on performance against the target over the last three months.

From this month, an additional assurance icon has been introduced. The guidance from NHS EI advises that the intention of their assurance icons is to be utilised against measures that have a static target so on their advice we have introduced a 'Moving Target' icon for use against metrics that have a target that moves throughout the year, for example, as activity is based on working days that fluctuates from month to month. Over future months, our Development team will spend additional

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time to develop logic on this that will enable us to flag as Blue/Orange indicating improvement or deterioration with an aim to have this in use for quarter two reporting.

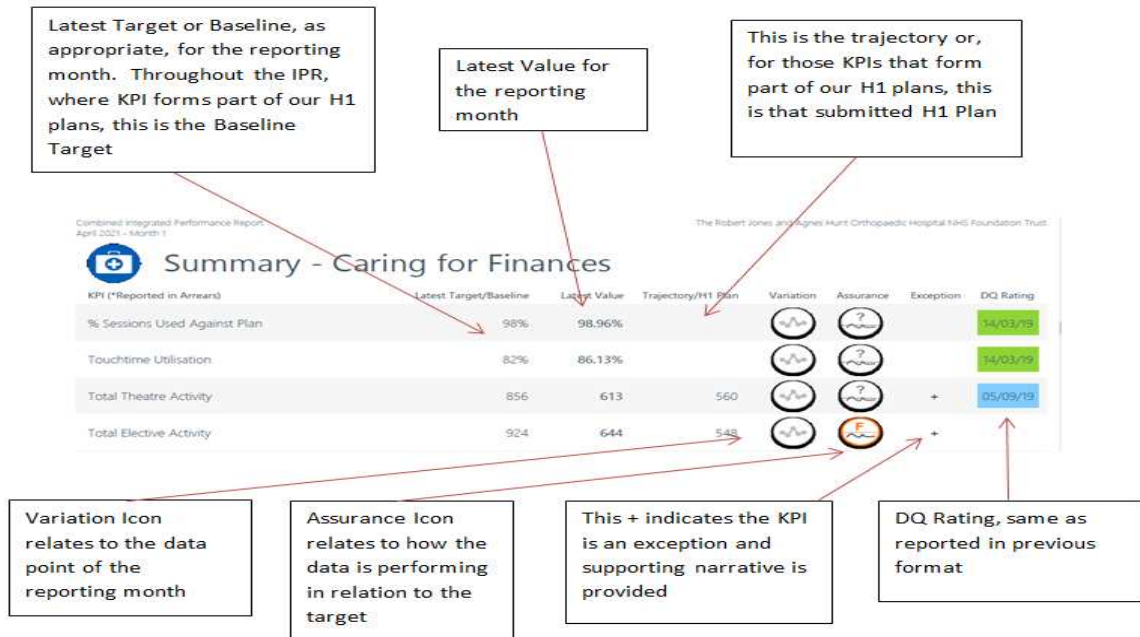
The assurance target relates to the target/baseline rather than the trajectory/H1 plan *with an update made in Month 2 to the H1 plan.*

The sections of the IPR now read as follows:

- Summary;

The summary pages remain with KPIs reported in the usual domains of Caring for Staff, Caring for Patients and Caring for Finances.

The summary page is laid out as follows:



When reading the data displayed, using Total Theatre Activity as an example from the picture above, it can be read as:

“Total Theatre Activity baseline figure was 856 (19/20 activity with adjustment for working days and covid), the performance was 613, the H1 plan was to achieve 560 (theatres proportion of the elective plan)”.

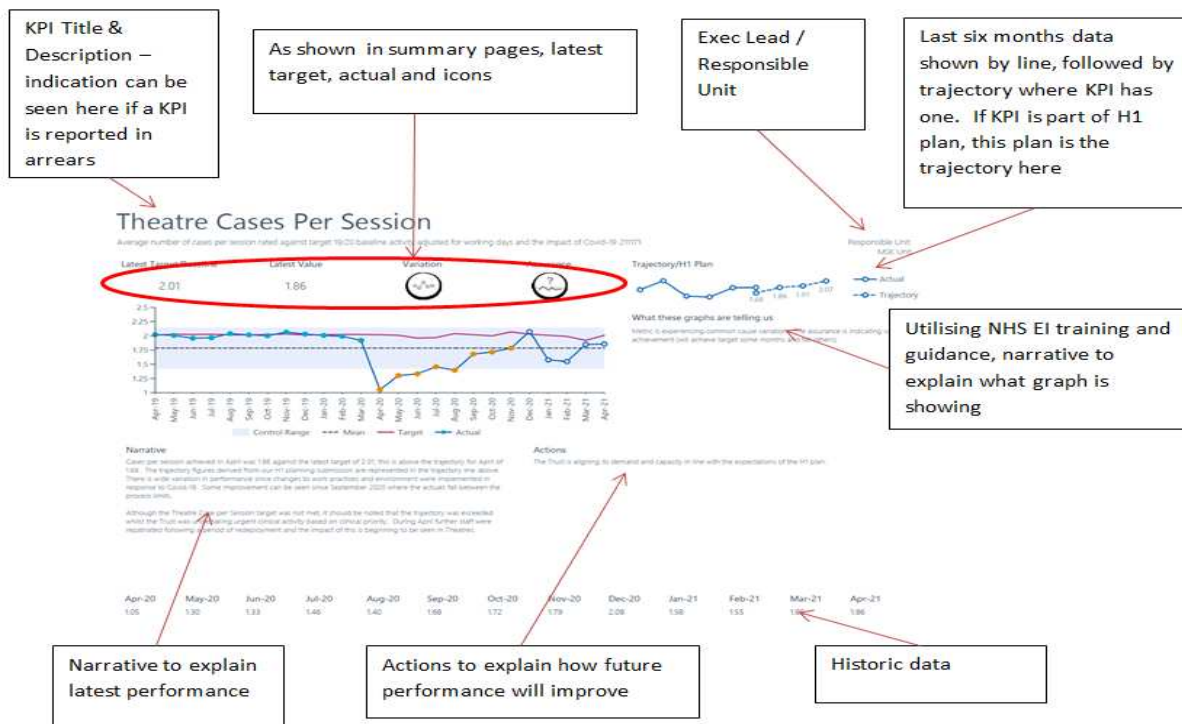
Narrative/Exception Pages;

The narrative/exception pages are included in the following circumstances:

- The icons indicate a measure should be an exception
- A metric is within common cause variation but has missed the target for three months
- A metric for low number incidents, e.g. Serious Incident or Never Event

The narrative/exception page is laid out as follows:

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2.2. Overview

The Board through this IPR should note the following;

Caring for Staff;

- Sickness absence;
 - 3.16% in May; this falls within normal variation.
 - Assurance indicates the target will be met some months, and fail others.

Caring for Patients;

- RJAH Acquired C.Difficile; low number of incidents have taken place.
- 18 Weeks RTT Open Pathways (exception report included);
 - Metric is consistently failing target as expected from covid impact
 - Is showing a concerning nature which aligns to Trust response for mutual aid and restart of elective
 - All above results in a failure of assurance.
 - Actions in place monitored through Restart, Recovery & Renewal sub-committee
- Patients Waiting Over 52 Weeks (Combined) (exception report included);
 - Metric is experiencing special cause variation of a concerning nature as expected given covid
 - Actions in place monitored through Restart, Recovery & Renewal sub-committee
- 6 and 8 Week Wait for Diagnostics (exception report included);
 - Metric indicates common cause variation with variable achievement of Welsh and consistently failing English
 - Actions in place monitored through Restart, Recovery & Renewal sub-committee

Caring for Finances;

- Total Elective Activity;
 - Metric indicates special cause variation of an improving nature.
 - Although actual figure is below the baseline (19/20), but did over achieve against the regulatory target of 75% of baseline delivering 81.95% elective activity
- Total Outpatient Activity
 - Metric falling short of baseline target (19/20), again over achieving against the regulatory target of 75% of baseline delivering 86.88%

Month 2 Integrated Performance Report

- Bed Occupancy – All Wards – 2pm;
 - Metric is consistently failing target
- Expenditure
 - Metric indicates common cause variation but off target (under spent) for three consecutive months
- Cash Balance;
 - Metric is experiencing special cause variation of an improving nature being higher than planned.

2.3. Conclusion

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

Integrated Performance Report

May 2021 – Month 2



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

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

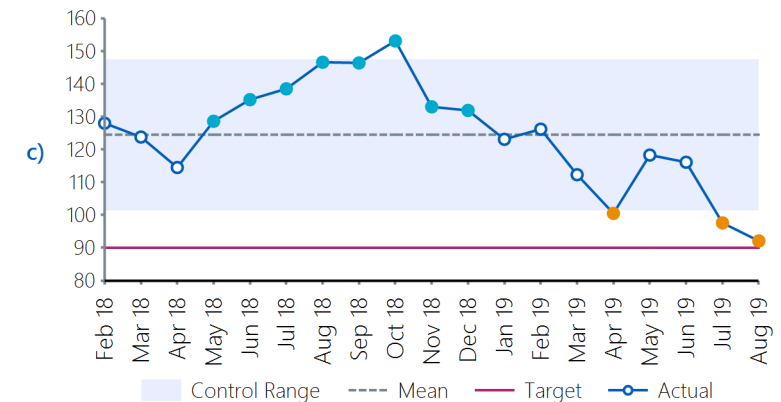
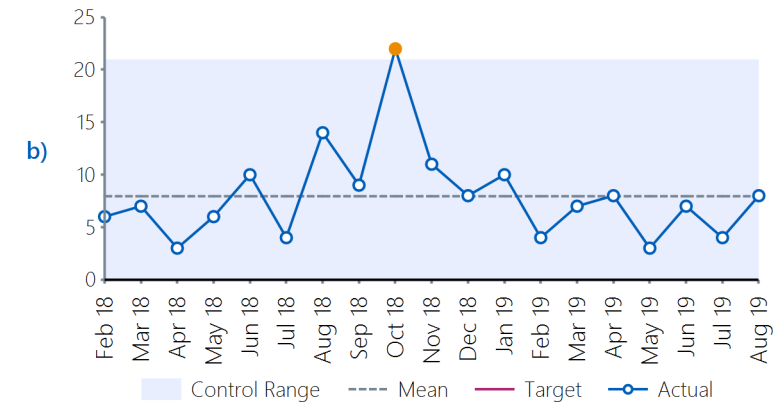
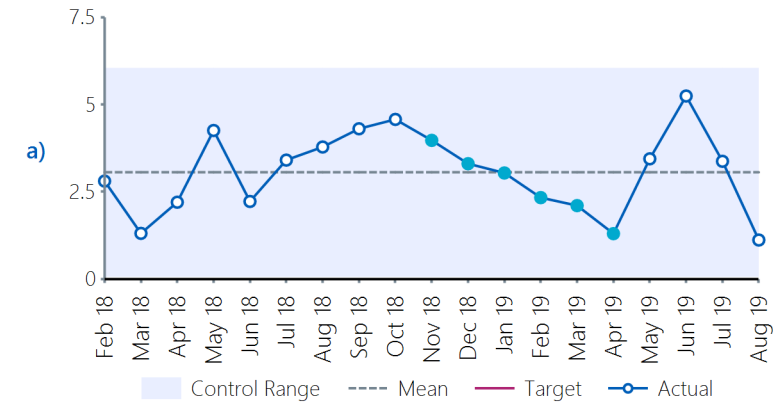
Different colours have been used to separate these trends of special cause variation; ● **blue points** have been used to show **areas of improvement** and ● **orange points** for **areas of concern**. It should be noted that SPC charts do not compare performance against targets; that is the purpose of the red and green heatmap indicators.

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

a) shows a run of improvement with 6 consecutive descending months.

b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.



Summary Icons Reading Guide

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

Exception Reporting

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

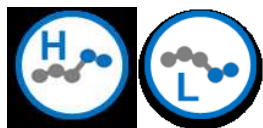
For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	3.16%					27/02/20
Voluntary Staff Turnover - Headcount	8.00%	7.80%					05/09/19



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					16/04/18
Never Events	0	0					16/04/18
Number of Complaints	8	4					11/05/18
RJAH Acquired C.Difficile	0	1				+	16/04/18
RJAH Acquired E. Coli Bacteraemia	0	0					06/06/19
RJAH Acquired MRSA Bacteraemia	0	0					16/04/18
Unexpected Deaths	0	0					16/04/18
31 Days First Treatment (Tumour)*	96%	100%					28/11/19
Cancer Plan 62 Days Standard (Tumour)*	85%	100%	100%				
18 Weeks RTT Open Pathways	92.00%	57.46%				+	
Patients Waiting Over 52 Weeks – English	0	1487	1450			+	28/11/19



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 52 Weeks – Welsh	0	729				+	28/11/19
6 Week Wait for Diagnostics - English Patients	99.00%	85.13%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	85.43%				+	



Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Total Elective Activity	925	758	702			+	
Bed Occupancy – All Wards – 2pm	87.00%	78.67%				+	05/09/19
Total Outpatient Activity	14754	12818	11672			+	
H1 Plan Performance	467.34	677.00	497.00				
Income	9,758.89	10,039.98	10,041.00				
Expenditure	9,336.30	9,409.90	9,588.00			+	
Efficiency Delivered	94.00	221.00	94.33				
Cash Balance	14,858.04	16,986.00	16,875.72			+	
Capital Expenditure	451	114	667				

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month

Exec Lead:
Chief Nurse and Patient Safety Officer

Latest Target/Baseline

0

Latest Value

1

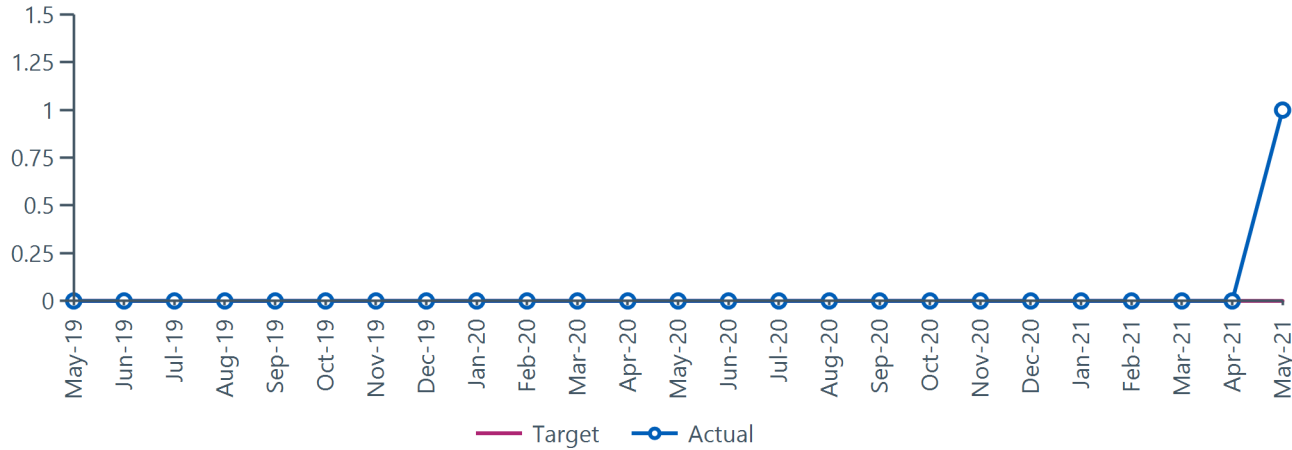
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

There was one case of hospital acquired C.Difficile during May. A post infection review meeting has taken place and confirmed the case was appropriately documented and the patient pathway was managed accordingly. Cleaning was undertaken and the room underwent fogging in accordance to policy

Actions

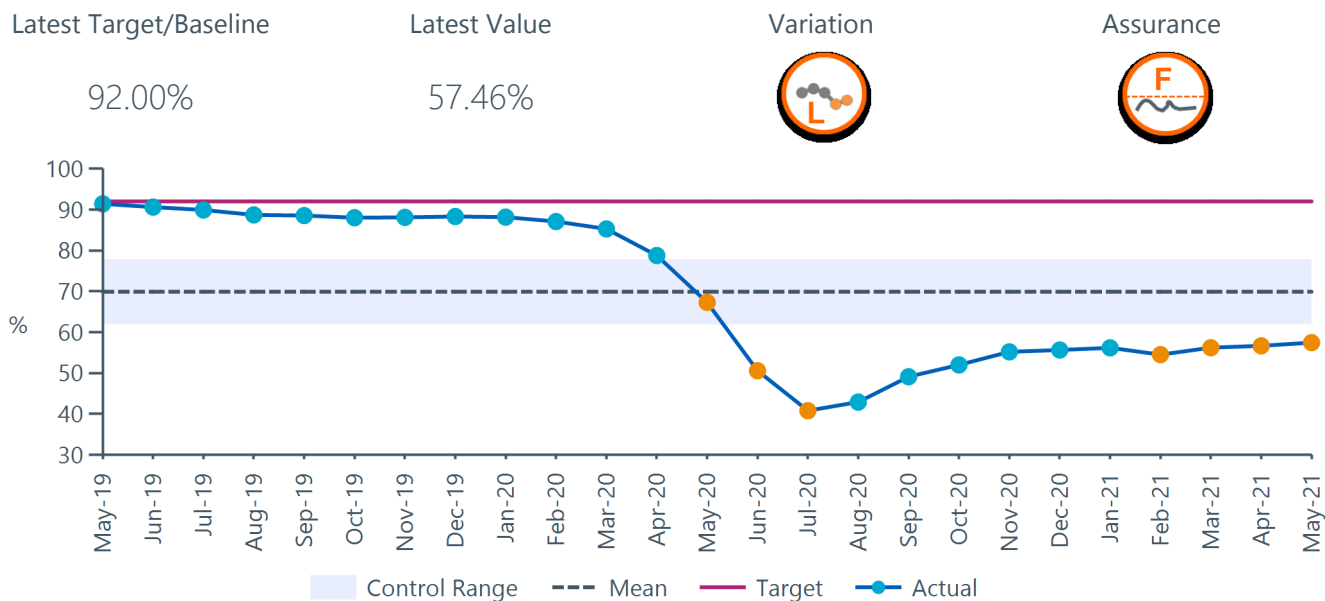
A system to be introduced whereby the Ward Pharmacy Technicians communicate details of antibiotics to the Antibiotic Pharmacist to provide control of antibiotic prescribing where necessary.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
0	0	0	0	0	0	0	0	0	0	0	0	1

18 Weeks RTT Open Pathways

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

Responsible Unit:
Support Services Unit



What these graphs are telling us

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

Narrative

Our May performance was 57.46% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows: MS1 - 7038 patients waiting of which 1661 are breaches, MS2 - 1133 patients waiting of which 662 are breaches, MS3 - 4250 patients waiting of which 2961 are breaches.

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
67.30%	50.60%	40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	54.53%	56.23%	56.68%	57.46%

- Staff - **Patients** - Finances -

Patients Waiting Over 52 Weeks – English

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

Responsible Unit:
Specialist Services Unit

Latest Target/Baseline

0

Latest Value

1487

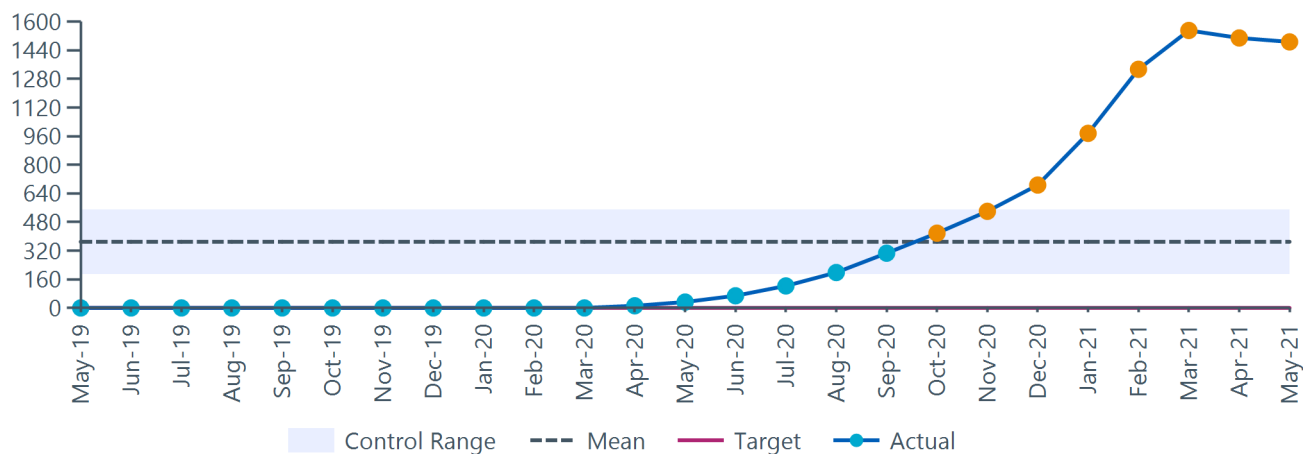
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

At the end of May there were 1487 English patients waiting over 52 weeks; above our trajectory figure of 1450.

The patients are under the care of the following sub-specialities; Arthroplasty (421), Spinal Disorders (397), Knee & Sports Injuries (320), Upper Limb (195), Foot & Ankle (88), Spinal Injuries (40), Tumour (12), Paediatric Orthopaedics (9), Metabolic Medicine (3) and Neurology (2).

The number of patients waiting, by weeks brackets is:

- >52 to <=60 weeks - 276 patients
- >60 to <=70 weeks - 622 patients
- >70 weeks to <=80 weeks - 381 patients
- >80 weeks to <=104 weeks - 196 patients
- >104 weeks - 12 patients

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

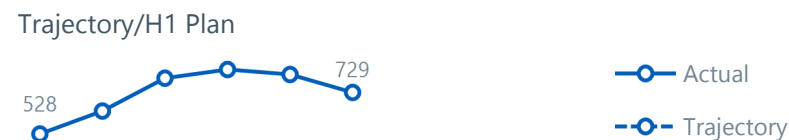
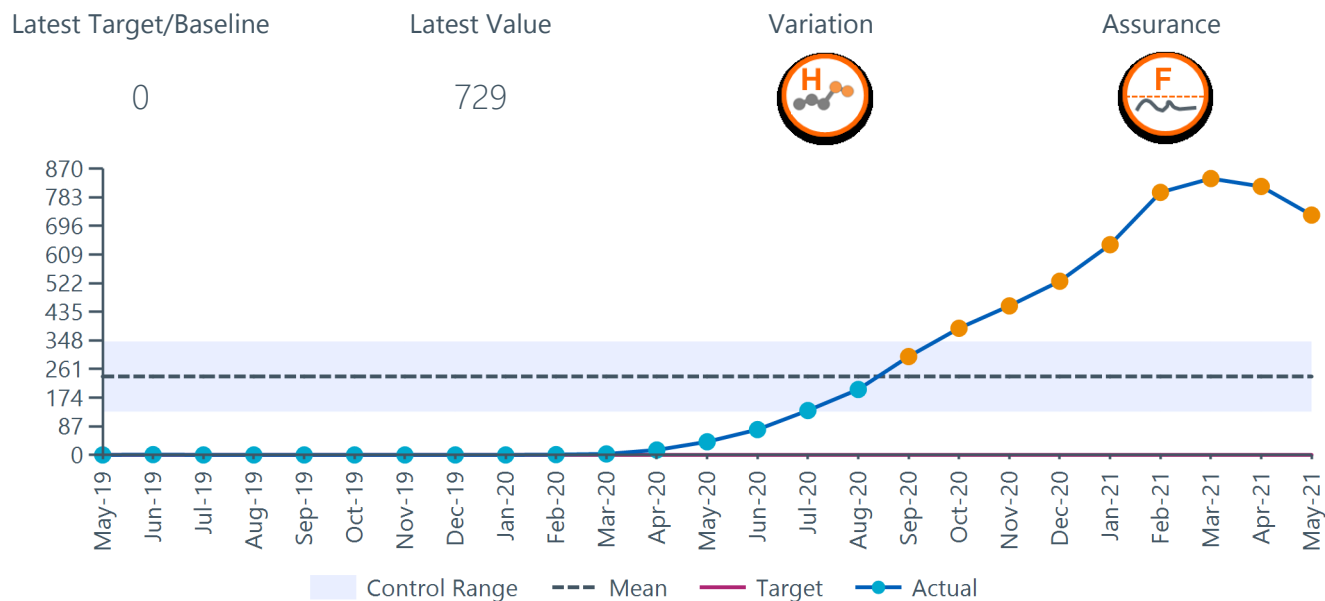
As a Trust, we have started to monitor our longest waits, as can be reflected in new measures to monitor patients waiting over 104 weeks.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
33	68	123	198	306	418	540	687	976	1334	1551	1509	1487

Patients Waiting Over 52 Weeks – Welsh

Number of RJAH Welsh RTT patients waiting 52 weeks or more at month end

Responsible Unit:
Specialist Services Unit



What these graphs are telling us

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

Narrative

At the end of May there were 729 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (335), Arthroplasty (160), Knee & Sports Injuries (90), Upper Limb (63), Foot & Ankle (51), Spinal Injuries (11), Paediatric Orthopaedics (10), Tumour (6) and Neurology (3). The patients are under the care of the following commissioners; BCU (407), Powys (307), Hywel Dda (12) and Aneurin Bevan (3).

The number of patients waiting, by weeks brackets is:

- >52 to <=60 weeks - 102 patients
- >60 to <=70 weeks - 263 patients
- >70 weeks to <=80 weeks - 183 patients
- >80 weeks to <=104 weeks - 172 patients
- >104 weeks - 9 patients

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

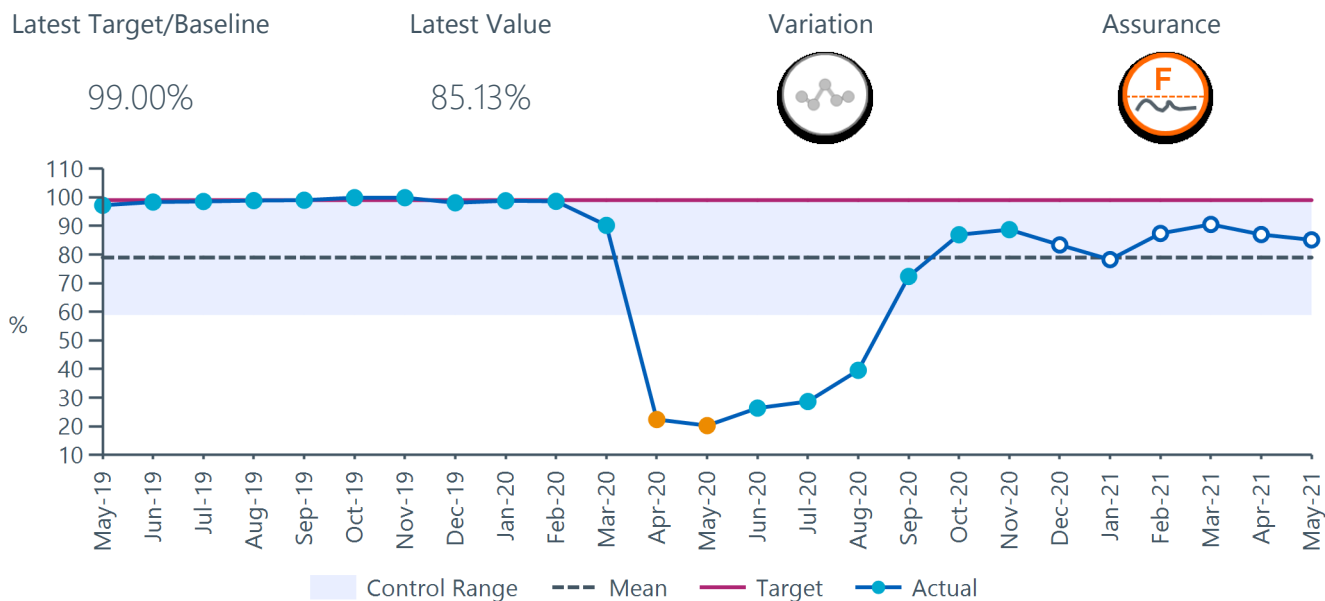
As a Trust, we have started to monitor our longest waits, as can be reflected in new measures to monitor patients waiting over 104 weeks.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
40	77	135	199	299	385	453	528	639	798	840	816	729

6 Week Wait for Diagnostics - English Patients

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

Responsible Unit:
Clinical Services Unit



What these graphs are telling us

Metric is experiencing common cause variation. Metric is consistently failing the target.

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 85.13%. This equates to 150 patients who waited beyond 6 weeks.

The breaches occurred in the following modalities:

- MRI (148 - with 145 dated)
- CT (2 dated)

The majority of breaches relate to the MRI modality and although performance for the H1 Plan Total MRI against baseline - Catchment Based was reported at 98% in May the improvement has not been seen in waiting times due to increased demand in this modality.

Actions

'Continuation of extended working hours and weekend working. International recruitment of Radiographers is underway and taking into account a lead-time improvements are expected by the end of quarter 2. Continue to monitor the demand for MRI's.

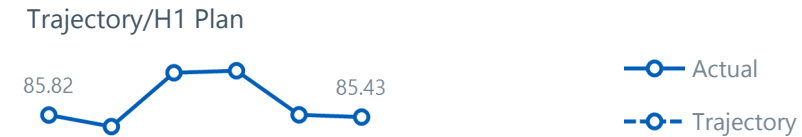
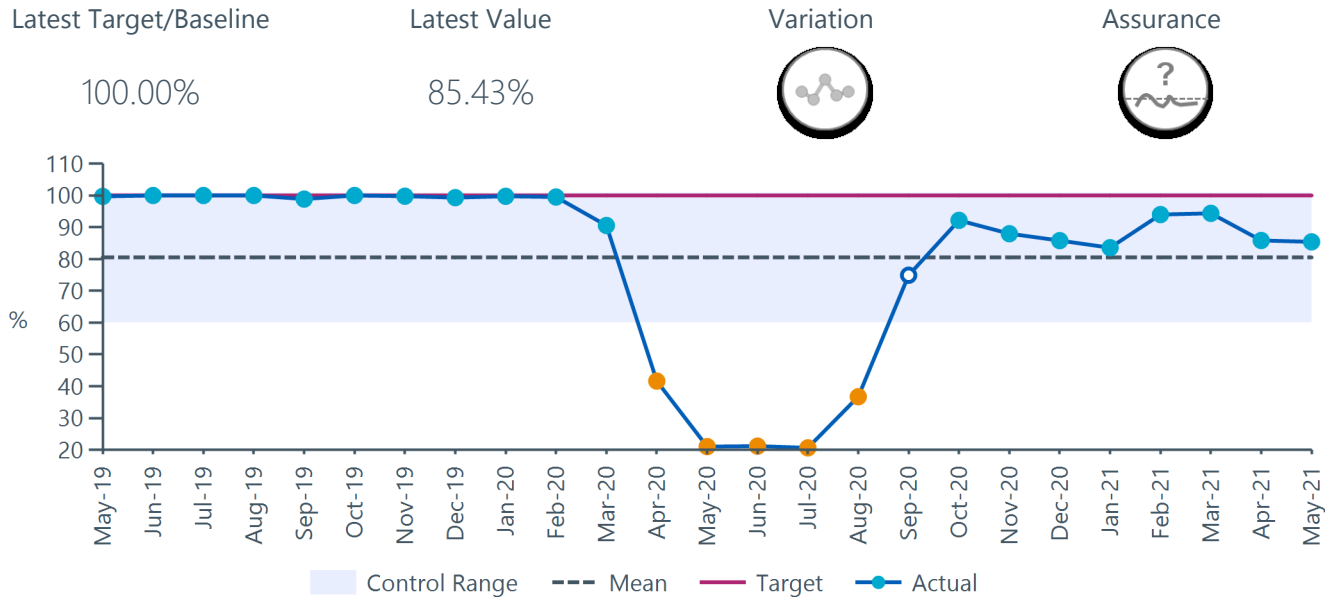
May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.70%	83.37%	78.24%	87.38%	90.53%	86.99%	85.13%

- Staff - Patients - Finances -

8 Week Wait for Diagnostics - Welsh Patients

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

Responsible Unit:
Clinical Services Unit



What these graphs are telling us

Following a period of concern in Q1 of last year, the metric is showing eight months of improvement. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 85.43%. This equates to 72 patients who waited beyond 8 weeks. The breaches occurred in the following modalities:
- MRI (72 dated)

The majority of breaches relate to the MRI modality and although performance for the H1 Plan Total MRI against baseline - Catchment Based was reported at 98% in May the improvement has not been seen in waiting times due to increased demand in this modality.

Actions

'Continuation of extended working hours and weekend working. International recruitment of Radiographers is underway and taking into account a lead-time improvements are expected by the end of quarter 2. Continue to monitor the demand for MRI's.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
21%	21%	20%	36%	74%	92%	87%	85%	83%	94%	94%	85%	85%

- Staff - Patients - Finances -

Total Elective Activity

All elective activity in month rated against 19/20 baseline activity adjusted for working days and the impact of Covid-19

Responsible Unit:
MSK Unit

Latest Target/Baseline

925

Latest Value

758

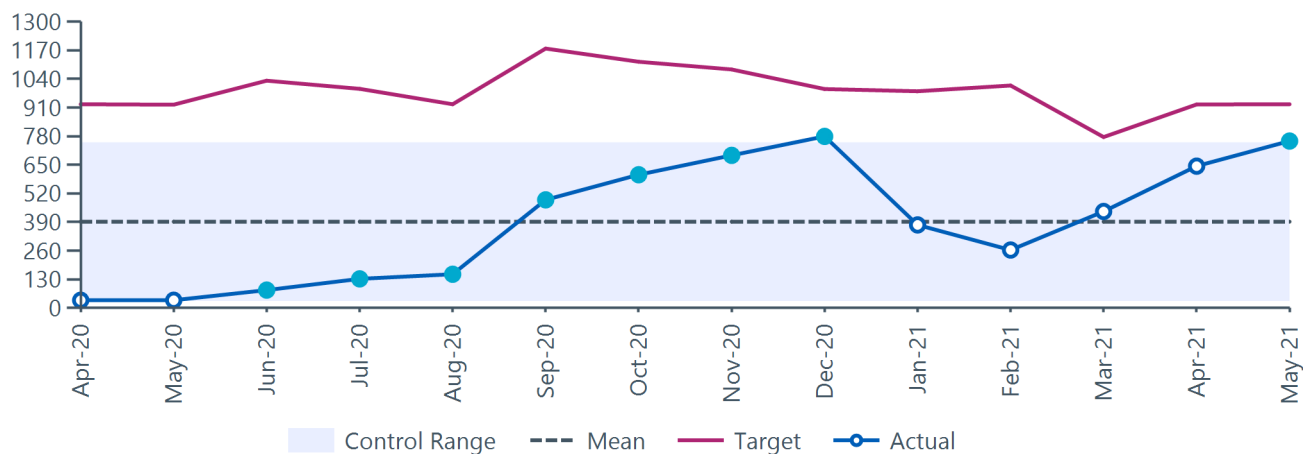
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

Total elective activity undertaken in May was 758 against the latest target of 925; this is above the trajectory for May of 702. The trajectory figures are from our H1 planning resubmission and are represented in the trajectory line above. The actual achieved against the target 19/20 baseline figure is 81.9%. The May target, as set by NHS EI, was to meet 75% of baseline 19/20 activity.

This measure has not hit the monthly target since changes to work practises and environment were implemented in response to Covid-19. There has been considerable monthly variation since April 2020 causing the process limits to widen.

Although the Total Elective Activity plan was not met, it should be noted that the trajectory was exceeded whilst the Trust was undertaking urgent clinical activity based on clinical priority. The impact of repatriation of staff following a period of redeployment is beginning to be seen in the increased activity numbers.

Actions

The Trust has submitted revised H1 plans for the highest possible levels of activity across elective services, which maximise physical and workforce capacity, prioritise the most urgent patients, incorporate clinically led reviews and validation of the waiting list, maintain effective communication with patients, address the longest waiters and addresses health inequalities, and safeguards the health and wellbeing of staff.

The Trust is aligning its demand and capacity in line with the expectations of the H1 plan.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
35	81	132	153	491	605	693	779	377	263	438	644	758

- Staff - Patients - Finances -

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

Responsible Unit:
MSK Unit

Latest Target/Baseline

87.00%

Latest Value

78.67%

Variation



Assurance



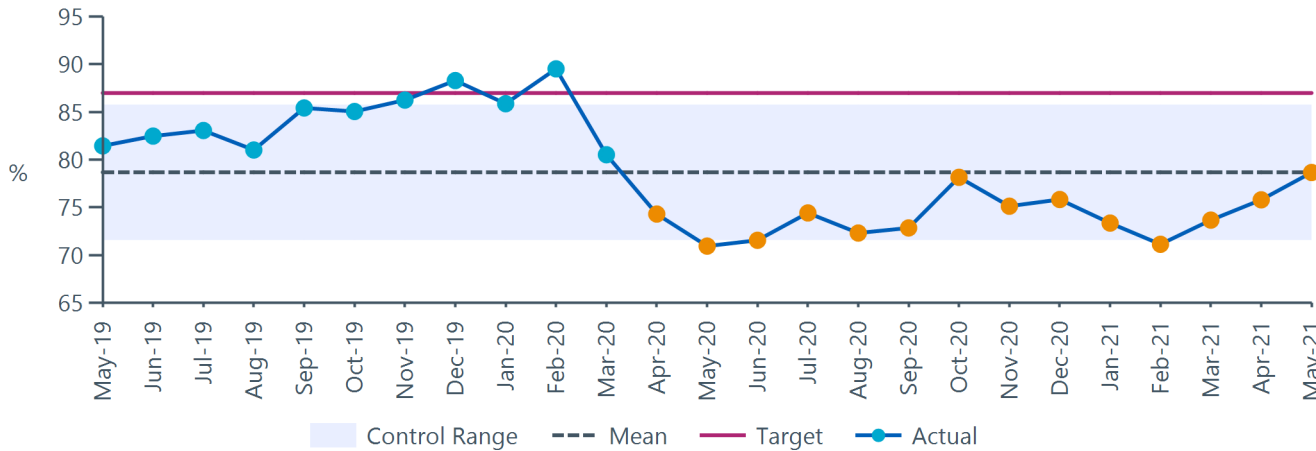
Trajectory/H1 Plan



—○— Actual
- -○- - Trajectory

What these graphs are telling us

Fourteen months of concerning performance. Metric is consistently failing the target.



Narrative

The occupancy rate for all wards is reported at 78.67% for May. The breakdown below gives the May 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 - 69.94% - compliment of 22 beds open throughout majority of month
- Powys - 69.35% - compliment of 22 beds open throughout majority of month
- Kenyon - Ward closed throughout month
- Ludlow - 80.96% - compliment of 15 beds open throughout month

Specialist Unit:

- Alice - 46.05% - compliment of 16 beds; open to 4-12 beds throughout month
- Oswald - 76.67% - compliment of 10 beds open throughout month
- Gladstone - 93.09% - compliment of 29 beds open throughout month
- Wrekin - 97.18% - compliment of 15 beds open throughout month
- Sheldon - 78.03% - compliment of 20 beds open throughout month

Actions

A refreshed bed modelling tool is under development that will remove the reliance on historical data. It is anticipated that the tool will be available in quarter 2.

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.37%	71.15%	73.68%	75.81%	78.67%

- Staff - Patients - **Finances** -

Total Outpatient Activity

Total Outpatient Activity (Against Unadjusted External Plan (H1), Catchment Based)

Responsible Unit:
Clinical Services Unit

Latest Target/Baseline

Latest Value

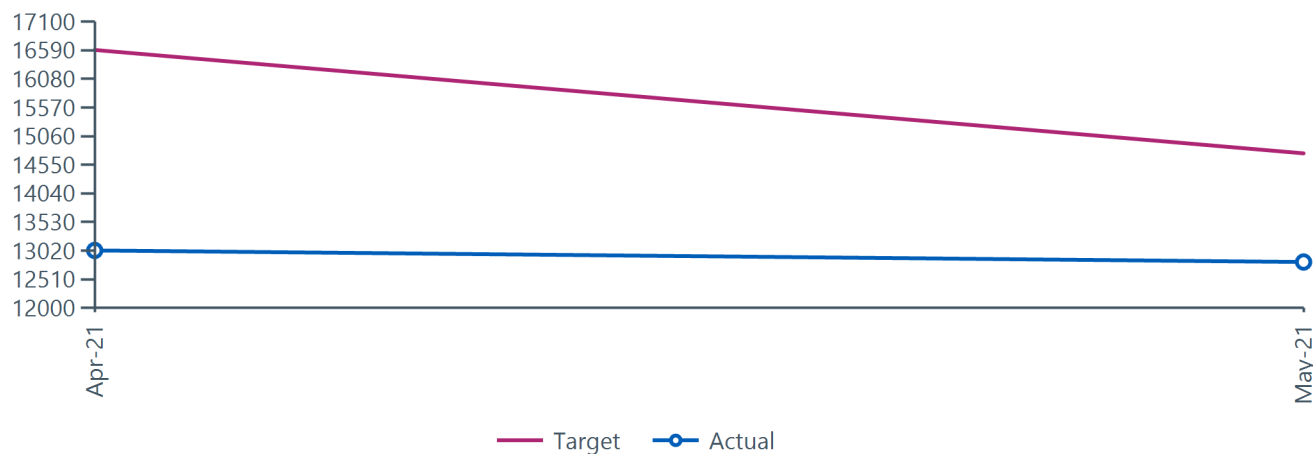
Variation

Assurance

Trajectory/H1 Plan

14754

12818



What these graphs are telling us

Currently this measure is not appropriate to display as SPC. Analysis will improve as more data points are added. It is recommended that 15+ data points are required for robust analysis. This measure has a moving target.

Narrative

In May the total Outpatient activity undertaken in the Trust was 12,818; 1,936 below the 19/20 baseline of 14,754. The actual achieved against the target 19/20 baseline figure is 86.88%; therefore the trust exceeded the 75% H1 plan. Overall, the Trust was 1,146 cases above the H1 plan.

As at 7th June (5th working day) there were 274 missing outcomes so once administrative actions are taken with these data entries, the May position will alter and the figures will be updated for the IPR next month. Taking into account the missing outcomes, this would mean that the Outpatient activity for May was 13,093 which would be 1,661 below the baseline of 14,754. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Actions

Apr-21	May-21
13024	12818

Expenditure

All Trust expenditure including Finance Costs

Exec Lead:
Chief Finance and Planning Officer

Latest Target/Baseline

9,336.30

Latest Value

9,409.90

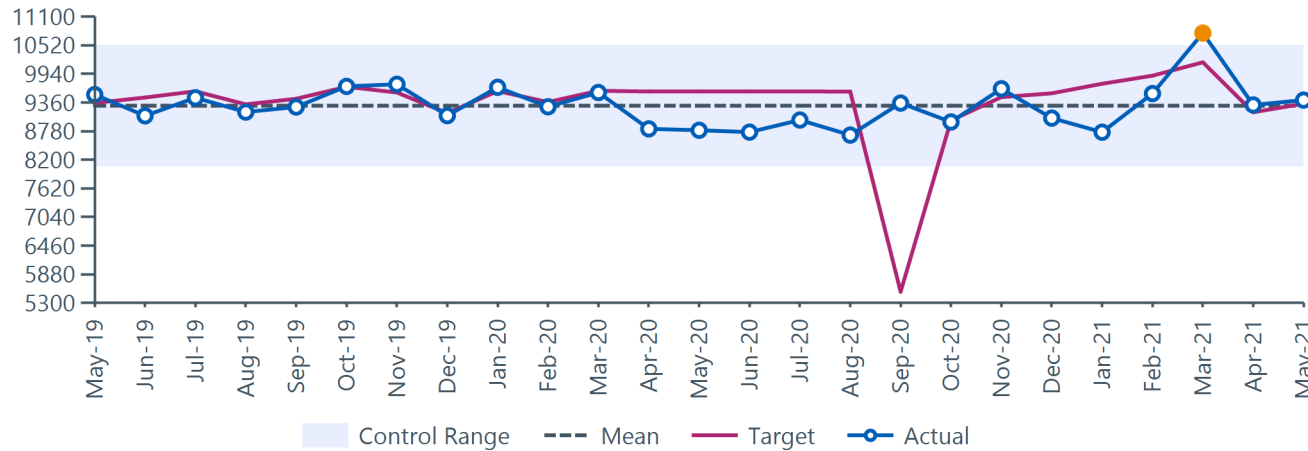
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target but has been off target for three consecutive months so triggered as an exception.

Narrative

Overall £74k adverse in month

Pay £52k favourable
- Covid costs favourable

Non pay £126k adverse
- Private patient implants adverse
- Covid costs adverse

Note: vaccination hub/workforce services £451k of costs recharged to Shrewsbury and Telford Hospitals (SaTH) in month (excluded from these figures)

Actions

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
8799	8761	9006	8701	9350	8967	9640	9045	8760	9542	10769	9311	9409

- Staff - Patients - **Finances** -

Cash Balance

Cash in bank

Exec Lead:
Chief Finance and Planning Officer

Latest Target/Baseline

14,858.04

Latest Value

16,986.00

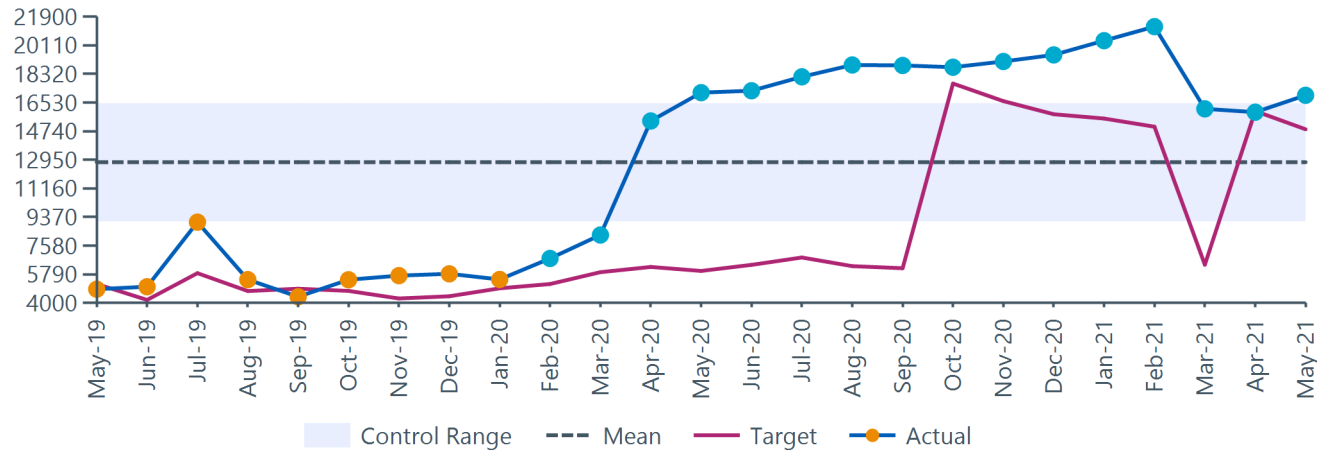
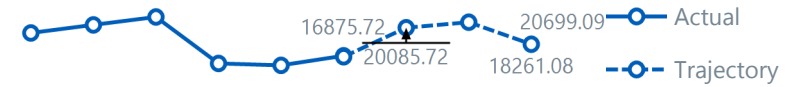
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

£2.1m favourable against plan - driven by Veterans Centre donation and increased Private Patient advance payments received.

Actions

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
17150	17270	18140	18880	18850	18740	19100	19510	20402	21278	16137	15928	16986

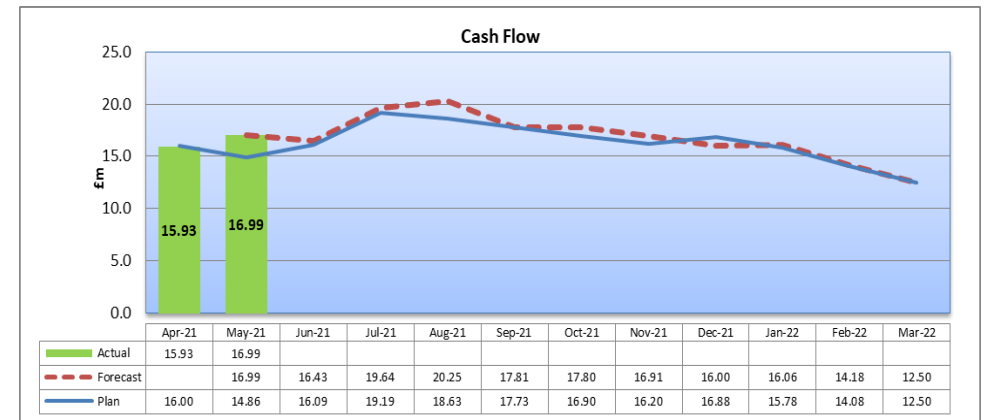
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 31st May 2021

Performance Against H1 Plan £'000s							
Category	H1 Plan	In Month Position			21/22 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	48,450	8,072	8,099	27	16,144	16,495	351
System Discretionary Funding	2,560	427	427	0	853	853	0
System Top Up Funding	1,194	199	199	0	398	398	0
Covid-19 Funding	1,452	242	242	0	484	484	0
Private Patient income	1,877	332	632	300	661	950	288
Other income	2,973	487	442	(45)	966	882	(84)
Pay	(33,996)	(5,659)	(5,606)	52	(11,296)	(11,192)	104
Non-pay	(19,325)	(3,123)	(3,257)	(134)	(6,094)	(6,423)	(329)
EBITDA	5,185	977	1,176	199	2,116	2,447	331
Finance Costs	(3,326)	(554)	(546)	8	(1,109)	(1,106)	2
Capital Donations	1,740	170	5	(165)	270	115	(155)
Operational Surplus	3,599	593	635	42	1,277	1,456	179
Remove Capital Donations	(1,740)	(170)	(5)	165	(270)	(115)	155
Add Back Donated Dep'n	269	45	47	2	90	94	4
Control Total	2,127	467	677	210	1,097	1,434	338
EBITDA margin	9.3%	10.5%	12.3%	1.8%	11.4%	12.8%	1.4%

Sustainability (Recurrent) Plan 2021/22						
Category	In Month Position (£'000)			Year To Date Position		
	Recurrent Plan	Recurrent Actual	Variance	Recurrent Plan	Recurrent Actual	Variance
Clinical Income	8,542	8,558	16	17,084	17,083	(0)
System Top Up Funding	0	0	0	0	0	0
System Discretionary Funding	0	0	0	0	0	0
Covid-19 Funding	0	0	0	0	0	0
Private Patient income	476	476	0	971	972	1
Other income	530	523	(6)	1,055	1,042	(13)
Pay	(5,901)	(5,927)	(25)	(11,794)	(11,845)	(51)
Non-pay	(3,435)	(3,515)	(80)	(6,753)	(6,915)	(162)
EBITDA	211	116	(95)	563	338	(225)
Finance Costs	(562)	(546)	16	(1,124)	(1,106)	17
Capital Donations	170	5	(165)	487	115	(371)
Operational Surplus	(181)	(426)	(245)	(74)	(653)	(579)
Remove Capital Donations	(170)	(5)	165	(487)	(115)	371
Add Back Donated Dep'n	45	47	2	90	94	4
Control Total	(307)	(384)	(77)	(471)	(674)	(204)

Statement of Financial Position £'000s				
Category	Apr-21	May-21	Movement	Drivers
Fixed Assets	79,677	79,397	(280)	Additions less depreciation
Non current receivables	1,250	1,194	(56)	
Total Non Current Assets	80,927	80,591	(336)	
Inventories (Stocks)	1,338	1,321	(17)	
Receivables (Debtors)	9,963	8,942	(1,021)	Decrease in accrued receivables
Cash at Bank and in hand	15,928	16,986	1,058	Veterans Centre donation
Total Current Assets	27,229	27,249	20	
Payables (Creditors)	(16,415)	(15,454)	961	Payment of Welsh penalties for 20/21 underperformance
Borrowings	(1,315)	(1,444)	(129)	Salix Loan timing
Current Provisions	(707)	(707)	0	
Total Current Liabilities (< 1 year)	(18,437)	(17,605)	832	
Total Assets less Current Liabilities	89,719	90,235	516	
Non Current Borrowings	(4,470)	(4,349)	121	Salix Loan timing
Non Current Provisions	(985)	(987)	(2)	
Non Current Liabilities (> 1 year)	(5,455)	(5,336)	119	
Total Assets Employed	84,264	84,899	635	
Public Dividend Capital	(36,108)	(36,108)	0	
Retained Earnings	(22,397)	(22,397)	0	
Revenue Position	(821)	(1,456)	(635)	Current period surplus
Revaluation Reserve	(24,938)	(24,938)	0	
Total Taxpayers Equity	(84,264)	(84,899)	(635)	

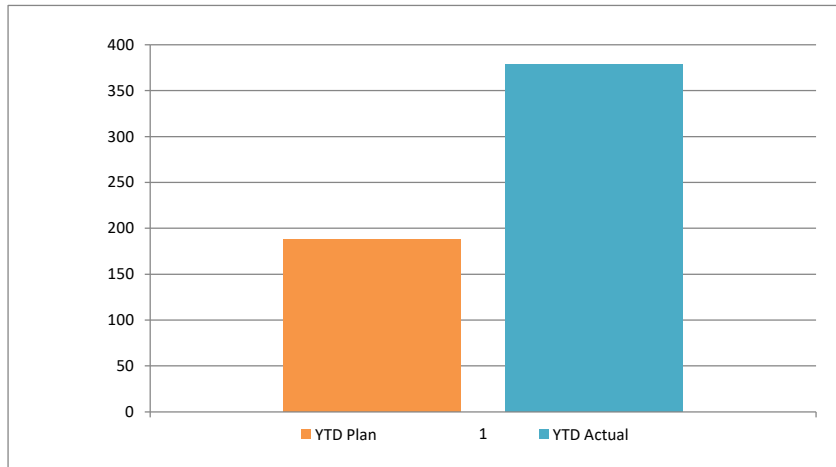
Capital service	1	I&E Margin	1	YTD	
Liquidity (days)	1	Variance in I&E Margin	1	Debtor Days	28
Agency	1			Creditor Days	48



Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

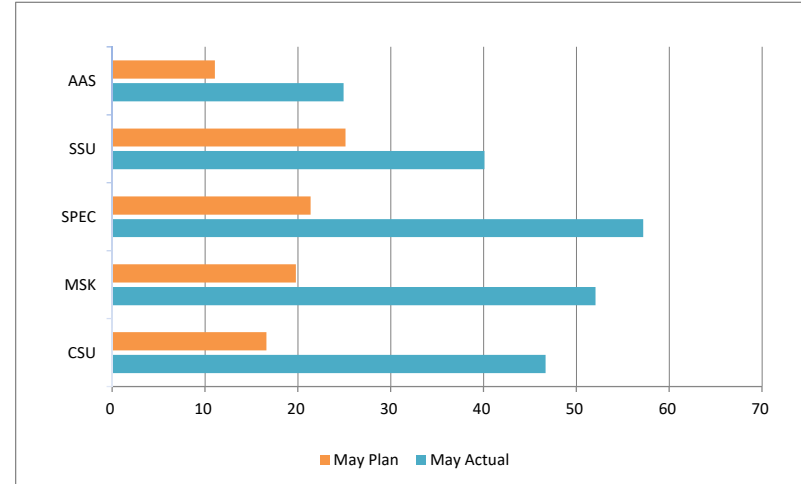
Finance Dashboard 31st May 2021

Trust YTD Achievement Against YTD Plan £000's



Efficiencies Total

In Month Efficiencies Achievement £000's



In Month Efficiencies

Position as at	2122-02		Capital Programme 2021-22					
	Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn
Backlog maintenance	600	23	9	14	31	10	21	600
I/T investment & replacement	300	0	0	0	0	0	0	300
Capital project management	100	8	10	-2	16	19	-3	100
Equipment replacement	500	0	0	0	0	-0	0	500
Diagnostic equipment replacement	1,701	200	80	120	200	85	115	1,701
Diagnostic equipment replacement PDC	99	0	0	0	0	0	0	99
Contingency	500	50	11	39	50	11	39	500
EPR planning & implementation	2,000	0	0	0	0	0	0	2,000
Invest to save	200	0	0	0	0	0	0	200
Donated medical equipment	200	0	0	0	100	111	-11	200
Veterans' centre	4,500	170	5	165	170	5	165	4,500
Total Capital Funding	10,700	451	114	337	567	240	327	10,700
Donated medical equipment	-200	0	0	0	-100	-111	11	-200
Veteran's facility	-4,500	-170	-5	-165	-170	-5	-165	-4,500
Capital Funding (NHS only)	6,000	281	110	171	297	125	172	6,000

Capital

Forecast

Category	Forecast			Notes
	Plan	Actual	Variance	
Clinical Income	48,450	49,495	1,045	£694k ERF funding, £276k pass through drugs
CCG Growth Funding	2,561	2,561	0	
System Top up Funding	878	878	0	
Covid-19 Funding	1,452	1,452	0	
Private Patient income	1,877	2,505	628	M3 Forecast additional 43 cases £340k income
Other income	2,973	2,744	(228)	Continued shortfalls for Denbighs, Car parking & Research
Pay	(33,966)	(34,036)	(71)	ERF £339k offset by Covid underspends £204k
Non-pay	(19,355)	(20,046)	(690)	ERF £355k, pass through drugs £276k & PP Implants £181k offset by Covid underspends £90k
EBITDA	4,870	5,554	684	
Finance Costs	(3,328)	(3,325)	3	
Capital Donations	1,710	1,555	(155)	
Operational Surplus	3,252	3,785	532	
Remove Capital Donations	(1,710)	(1,555)	155	
Add Back Donated Dep'n	270	274	4	
Control Total	1,812	2,504	691	