The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Board of Directors (Public) 26.03.2020

MEETING
26 March 2020 10:00

PUBLISHED
24 March 2020

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	26/03/20		10:00

1. Part One - Public Meeting
   - 1.1. Apologies
   - 1.2. Matters Arising — All
   - 1.3. Declarations of Interest — All

2. COVID19 Briefing (including Finances) — Chief Nurse/Director of Finance and Planning

3. Performance Report Month 11 — Director of Performance, Improvement and OD

4. Operational Plan 2021/21 — Director of Finance and Planning

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Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	26/03/20		10:00

5. Items to Note:	
5.1. Quality & Safety	
5.1.1. Chair Report: Quality and Safety Committee	Non Executive Director
5.1.2. Chair Report: People Committee	Non Executive Director
5.1.3. Learning from Deaths Report	Medical Director
5.1.4. Guardian of Safe Working Hours	Medical Director
5.2. Performance & Governance	
5.2.1. Board of Directors Work plan 2020/21	Trust Secretary
5.2.2. Performance Report Month 10	Director of Performance, Improvement and OD
5.2.3. Governors Update (verbal)	Trust Secretary
6. Any Other Business	All
6.1. Next meeting: 30th April 2020	

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6.1. Next meeting: 30th April 2020	

Briefing Paper

Coronavirus Bill – Key Facts

The Coronavirus Bill 2020 will receive its second reading in the House of Commons on Monday 23 March 2020. None of the provisions will apply until the Bill has Royal Assent. Once it has you should check carefully that the specific provision has come into force and check regularly that it remains in force. The Government, on the advice of the Chief Medical Officer, will be able to start and stop the provisions at various times as needed.

Emergency registration of health and social care professionals

- Provision has been made to allow the temporary registration of the following health care professionals:
    - a registered nurse,
    - midwife,
    - nursing associate,
    - arts therapists;
    - chiropodists;
    - clinical scientists;
    - dietitians;
    - medical laboratory technicians;
    - occupational therapists;
    - orthoptists;
    - paramedics;
    - physiotherapists;
    - prosthetists and orthotists;
    - radiographers; and
    - speech and language therapists

- Provision has also been made to allow the temporary registration of social workers

Suspension of duties to undertake Assessments of need/Discharge of Patients from Hospital

- Trusts are not required to ensure that any assessment of CHC, following the National Framework is completed and/or consultation with social services prior to discharge from hospital;
- When issuing an Assessment notice Trusts are not required to include a statement that there has been consideration of CHC eligibility;
- CCG's are not under any duty to assess patient's for eligibility for CHC or FNC;
- If a choice is made to assess a person for eligibility for CHC then the duty to consider FNC also applies.
- The suspension of these duties applies in relation to duties arising before the Act comes into force.
- Local Authorities are not required to undertake any assessments of need under the Care Act for either persons appearing to be in need of care and support and/or carers assessments unless it is identified that not doing so would result in a breach of the person's human rights
- When the Local Authority is responding to an assessment notice they must inform the Trust:
    (a) whether the patient has needs for care and support,
    (b) (where applicable) whether a carer has needs for support,
    (c) which (if any) of those needs the authority plans to meet, and
    (d) how the authority plans to meet those needs.

Deaths and Inquests

- A registered medical practitioner, who is not the practitioner who attended the deceased person during their last illness may sign a certificate if—

(a) the practitioner who attended is unable to sign the certificate or it is impractical for that practitioner to sign the certificate, and
(b) They are able to state to the best of their knowledge and belief the cause of death.

- A registered medical practitioner is not required to notify the relevant senior coroner of a person's death in the circumstances described in regulation 3(1)(e) or (f) of the 2019 Reulations unless the practitioner also reasonably believes that there is no registered medical practitioner who may sign a certificate as set out at (a) and (b) above.
- Covid-19 is not a notifiable disease and therefore there is no requirement for an Inquest to be held with a Jury following a Covid-19 related death

Indemnity for Health Service Activity

- For any civil liabilities arising in respect of or consequent on death, personal injury or loss which arises out of or in connection with a breach of duty of care owed in connection with the provision of health care services, indemnity may be offered by the Secretary of State where existing insurance does not cover this.
- The secretary of state or a person authorised by the secretary of state will determine whether a qualifying liability has arisen and if so the amount of any payment to be made.
- This can cover situations where health services are being delivered to care for or treat a person who has or is suspected of having coronavirus
- It also includes situations where you have to use a replacement health professional to deliver care and treatment to patients which they would not usually be responsible for delivering because the professional who would usually deliver this is unable to because of a reason relating to coronavirus.

Powers in relation to potentially infectious persons

- If the Secretary of State, after consultation with the Chief Medical Officer or any of the Deputy Chief Medical Officers of the Department of Health and Social Care, declares that the incidence or transmission of coronavirus constitutes a serious and imminent threat to public health then there will be powers conferred on Public Health Officers, to:
  (a) direct the person to go immediately to a place specified in the direction which is suitable for screening and assessment,
  (b) remove the person to a place suitable for screening and assessment, or
  (c) direct a constable to remove the person
- A person is "potentially infectious" at any time if:
  (a) the person is, or may be, infected or contaminated with coronavirus, and there is a risk that the person might infect or contaminate others with coronavirus, or
  (b) the person has been in an infected area within the 14 days preceding that time
- Powers may only be exercised where the officer considers that there are reasonable grounds to suspect that the person is potentially infectious and that it is necessary and proportionate to do so:
  (a) in the interests of the person,
  (b) for the protection of other people, or
  (c) for the maintenance of public health.
- The person being removed needs to be informed of the above reasons and that it is an offence to refuse without reasonable grounds and/or to abscond.
- The person can be held for the purpose of screening and assessment for up to 48 hours
- The person can be required to be screened and assessed which can include taking of biological samples, assessing symptoms and state of health, an assessment of the appropriate measures to take to mitigate the risk that the person may infect or contaminate others with coronavirus and answering questions in relation to travel history and contact with other persons.
- The taking of biological samples and undertaking of health assessments would need to be completed by healthcare professionals.
- Constables may hold a person who they believe is potentially infectious for up to 24 hours pending attendance of a Public Health Officer to exercise their powers set out above and Immigration Officers may hold a person for up to 3 hours. Those time periods can be extended

for a further 24 hours for constables and 9 hours for immigration officers, where it is not reasonably practicable for the Public Health Officer to exercise their powers within the initial timeframe.

- Authorisations for extensions must be given by a constable of the rank of superintendent or above, in the case of keeping by a constable, or an immigration officer of the rank of senior immigration officer or above, in the case of keeping by an immigration officer.
- Where a person in England has been screened and assessed by a public health officer and either:
    - the screening confirmed that the person is infected or contaminated with coronavirus, or
    - the screening was inconclusive, or
    - the officer has reasonable grounds to suspect that the person is potentially infectious.

  The officer may impose requirements and restrictions on the person. This can include requirements to provide information; contact information; to attend for the purposes of further screening and assessment; to remain at a specified place for a specified period or to remain at a specified place in isolation from others for a specified period.
- Restrictions can include restrictions on the person's movements or travel (within or outside the United Kingdom); the person's activities (including their work or business activities); the person's contact with other persons or with other specified persons.
- Any restriction must be for no longer than 14 days and must be reviewed by the public health officer within 48 hours for reconsideration. Restrictions can be extended for a further 14 days if the public health officer considers it to be necessary;
- There are police powers to return any person being held who absconds and reasonable force can be used to remove the person to and/or keep them at a place for assessment and testing
- There will be a process of appeal established for individuals to challenge any requirement or restrictions imposed.

Impact on NHS Employers

Pensions

- The Bill suspends the application of a number of provisions in the NHS Pension Scheme Regulations for all three of the NHS Pension Schemes (1995, 2008 and 2015 Schemes) which would otherwise act as financial barriers for individuals returning to NHS employment.
- The amendments would allow individuals to continue or return to NHS employment without infringement on their NHS pension in payment which would otherwise apply.

Emergency Volunteering Leave

- The Bill creates a temporary new form of statutory unpaid leave for employees and workers who wish to volunteer, to be called Emergency Volunteering Leave.
- The clause also includes certain rights and protections for employees and workers who take Emergency Volunteering Leave, including, for example, the maintenance of terms and conditions of employment during any period of leave and protection from detriment or dismissal for taking the leave.
- The clause also provides an obligation on the Secretary of State for Health and Social Care to establish a compensation scheme, to compensate eligible volunteers for some loss of income and expenses incurred.
- To mitigate the impact on business of employees becoming volunteers, the maximum amount of Emergency Volunteering Leave an individual can take is 4 weeks in any volunteering period of 16 weeks. Agency staff can also become volunteers, under the scheme.
- The Government hopes that significant numbers of suitably qualified or experienced individuals will come forward to act as volunteers and that this will significantly benefit the NHS, as it attempts to treat those who contract the Covid-19 virus.

Changes to the Mental Health Act 1983

Applications for Detention under s.2 and s.3

- AMHPs can make applications for detention under s.2 or s.3 founded on a single medical recommendation if they consider obtaining two medical recommendations would be *"impractical or would involve undesirable delay'*
- The single medical recommendation needs to be completed by a s.12 approved doctor but there is no requirement for previous acquaintance with the patient
- Statutory forms can continue to be used with appropriate amendments where they do not fit with the modified provisions.
- Upon scrutiny if the Hospital managers are not satisfied that the single medical recommendation is sufficient then a fresh medical recommendation can be obtained within 14 days of the patient's admission.

Holding Powers

- Doctors holding powers extended from 72 hours to 120 hours;
- The report can be completed by any registered medical practitioner or approved clinician where *'it is impractical or would involve undesirable delay'* for the clinician in charge of treatment to complete this
- Nurses holding power extended from 6 hours to 12 hours

Treatment - Administration of medicine to persons liable to detention in hospital

- SOAD not required to certify continuation of medication after 3 months if the RC considers that this would be *'impracticable or would involve undesirable delay'.*
- Consultation can take place with one other person rather than two – requirements are:
    - The person must have been professionally concerned with the patient's medical treatment;
    - But not a nurse, registered medical practitioner, RC or AC in charge of the treatment in question

Detention in place of safety

- S.135 and S.136 timeframes extended from 24 hours to 36 hours;
- 12 hour extension can still be given after 36 hours if the criteria are met

Patients concerned with the Criminal Justice System

- Time limit of '12 weeks in all' for patients remanded to hospital under sections 35 and 36 is removed so there is now no total time limit in place. It will remain the case that a person cannot be remanded to hospital for more than 28 days at a time.
- Courts can rely on one medical recommendation for the following sections:
    - S.36, S.37, S.38, S.51
- Courts can rely on one medical recommendation for s.45A but the practitioner must have given evidence orally
- Once a decision has been made to admit a patient to hospital under one of the above sections the time limit for transfer has been amended to include or 'as soon as it is practicable after the end of that period' but this is limited to a further 7 days.
- Prison transfers under s.47 or s.48 can be granted on the basis of one medical recommendation;
- The timeframe for transfers to be completed under s.47 or s.48 is extended from 14 days to 28 days

Hill Dickinson LLP

20 March 2020

Board Briefing – Revised Financial Framework during COVID19

1. Situation

Preparing for COVID 19 has led to the introduction of emergency financial arrangements across the NHS. The aims of these are to provide simplification to free up time. Additional funding will be made available to support organisations with exceptional costs.

2. Background

The Trust has been focussed for many months on a financial recovery plan and has received system support so that it can achieve its control total for 2019/20. At month 11 there is still a further £230k recovery to be completed with the Trusts formal forecast showing this is expected to be achieved.

Additionally the Trust has been advancing its Operational and Financial plans for 2020/21 with a draft submission in March 2020 followed by a final submission to NHSI/E originally due at the end of April 2020.

3. Action

The emergence of COVID19 has led to the following measures being introduced by NHSI/E:

Governance:

- Governance arrangements should continue but must be simplified to support business continuity during COVID:
    - Sign off limits for RJAH have reverted back to SFI's (had been enhanced due to recovery plan)
    - Agency reporting to NHSI remains but locally we have introduced auto approval for clinical requirements
- Resilience testing of finance functions encouraged but acknowledged as a likely challenge

Month 12:

- Organisations are still expected to deliver Month 12 as per forecast submitted at Month 11.
- Exceptional costs relating to COVID 19 preparation are to be funded by Treasury. An estimated cost collection has been completed with RJAH submitting the following:
    - Impact of reduced elective activity from outside of system £2.1m (System income will be protected by year end deals)
    - Costs associated with preparation for COVID19 £0.7m (includes lost PP income of £0.3m from creation of isolation ward)
- A further cost collection exercise will take place post month 12 (the estimate provided has been used to inform Treasury)
- Regulatory scrutiny may take place before funding released – therefore important to keep good records alongside a compelling narrative.

Accounts:

- Draft accounts now due 27th April (pushed back from 23rd) – option to extend to 11th May if required
- Audited Accounts now due 25th June (previously end May)
- IFRS16 accounting standards deferred for a year
- Legal and statutory guidance remains, however:
    - Quality Accounts – working through legislation to simplify and push back even further on revised June deadline
    - Annual report will no longer require a Quality report and will potentially be streamlined
    - Auditor work on quality accounts will cease

2020/21:

- Planning round paused
- Payments for April to July will be made to providers as a block based on a pro-rata of the Month 9 2019/20 data collected as part of NHS Agreement of Balances (this excludes Wales).
- Inflation will be added and CIP/QIPP requirements during this period will be underwritten
- Further top up to cost base mechanism on an individual basis (likely to apply to RJAH for Wales)

Capital and cash:

- Early payments to providers from Commissioners and other NHS bodies – these will be automated with no invoices
- Access to capital at national/system level for COVID requirements

4. Recommendation

The Board is asked to note the revised financial arrangements and timetables introduced to support the NHS through the COVID emergency.

Craig Macbeth
Director of Finance and Planning
24 March 2020

Month 11 Integrated Performance Report

0. Reference Information

Author:	Claire Jones, Principal Analyst and Data Quality Lead	Paper date:	26/03/2020
Executive Sponsor:	Kerry Robinson, Director of Performance, Improvement and OD	Paper Category:	Performance
Paper Reviewed by:	Executive Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board 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 Trust Board 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 safety, quality, workforce, operational or financial metrics.

The Board is asked to note the overall performance as presented in the month 11 (February) 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 Management Strategy and Accountability Framework, Board-level Key Performance Indicators (KPIs) which are considered to drive the overall performance of the Trust have been agreed by the committees of the Board and are included in this report.

The Trust remains in segment 2 of the NHS Improvement Single Oversight Framework.

Areas of performance to highlight this month are as follows;

Caring for Staff;

- Sickness remains above target at 4.83%.
- Increased voluntary turnover, but still within the 8% target at 7.52%.

Caring for Patients;

- Reduction in total patient falls although two resulted in moderate harm; fractures in both cases.
- Further reduction in delayed discharges, reported at 4.01% this month which equates to 181 delayed days.
- No RJAH acquired infections reported this month.
- Increase in volume of complaints this month with 13 reported in month.
- Cancer 62 Days Consultant Upgrade waiting times standard not met and reported at 25%.
- Our English RTT open pathways performance is reported at 87.08%, 2.47% behind our FPD trajectory, with our English list size reducing by 205 to a reported figure of 6763 from the prior month.
- One Welsh patient waiting over 52 weeks along with continual reporting of Welsh transfer of care after 52 weeks patients.
- Both diagnostics standards (English and Welsh) did not achieve their respective targets.

Caring for Finances;

- Theatre activity behind plan for the month – T&O 50 cases behind plan, tumour 7 cases behind plan, hand trauma 6 cases behind plan, MCSI 7 cases behind plan and private patients 19 cases behind plan.
- Outpatient activity behind plan both in-month and YTD.
- Financial control total, income and expenditure remain green rated.
- CIP Delivery green rated in-month and ahead of plan YTD.
- Agency non-core remains above the national target having been red for over 12 months.
- Proportion of temporary staffing remains red rated and is forecast as red rated for the year end.

2.3. Conclusion

The Trust Board is asked to ***note*** the report and where insufficient assurance is received via the responsible sub-committee of the Board, the Board will seek additional assurance.

Integrated Performance Report
February 2020 – Month 11

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

Aspiring to deliver world class patient care

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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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	**YTD: Performance meets or exceeds target** **Forecast: Little risk of missing target at year end**
Red	**YTD: Performance behind target and outside tolerance** **Forecast: High risk of missing target at year end**

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.

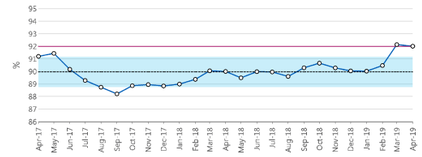
Data Quality Indicator

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**

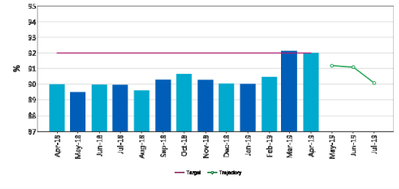
Trend graphs

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



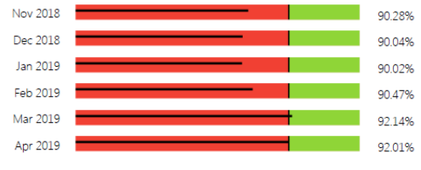
Trajectories

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.



The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Thirteen-month heatmap view

Caring for Staff

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	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%	3.6%	3.5%	4.7%	R	Feb-20
Voluntary Staff Turnover - Headcount	7.95%	7.37%	6.99%	6.86%	6.35%	6.59%	6.13%	6.77%	7.11%	7.37%	6.85%	7.45%	7.52%	8%	8%	7.45%	G	Sep-19

Integrated Performance Report
February – Month 11

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Caring for Patients

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	0	2	1	1	0	0	0	0	1	0	0	1	0	0	0	4	R	Apr-18
Never Events	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	R	Apr-18
Total Patient Falls	10	8	5	11	16	10	8	12	17	5	18	19	9	10	110	130	R	Mar-19
RJAH Acquired Pressure Ulcers - Grades 3 or 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Patient Friends & Family - % Would Recommend (Inpatients & Outpatients)	98.84%	98.84%	98.44%	98.52%	99.28%	98.9%	99.21%	99%	99.07%	98.63%	98.4%	98.48%	98.55%	95%			G	Apr-18
Number of Complaints	17	8	5	8	7	9	7	15	19	11	5	7	13	8	88	106	R	May-18
% Delayed Discharge Rate	6.05%	6.72%	7%	3.6%	4.63%	6.82%	4.75%	5.61%	5.98%	6.67%	6.78%	4.76%	4.01%	2.5%	2.5%	5.51%	R	Nov-19
Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Jun-19
RJAH Acquired E. Coli Bacteraemia	0	0	0	2	0	1	0	1	1	1	1	1	0	0	0	8	R	Jun-19
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 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	1	0	0	0	0	0	0	0	0	1	R	Apr-18
VTE Assessments Undertaken	99.84%	99.92%	99.91%	99.83%	99.73%	99.92%	100%	99.76%	99.85%	99.85%	100%	100%	100%	95%	95%	99.89%	G	Apr-18
Cancer Two Week Wait*	92.86%	100%	100%	100%	100%	96.77%	100%	100%	100%	100%	100%	100%			93%	99.61%	G	Feb-20
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			96%	100%	G	Nov-19
31 Days Subsequent Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			94%	100%	G	Nov-19
Cancer Plan 62 Days Standard (Tumour)*	100%	100%	100%	100%	100%	100%	100%	80%	100%	0%	100%	100%			85%	83.87%	R	

Integrated Performance Report
February – Month 11

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Cancer 62 Days Consultant Upgrade*	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	25%			85%	73.33%	R	Feb-20
18 Weeks RTT Open Pathways	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%	92%	92%	89.37%	R	
Patients Waiting Over 52 Weeks – English	4	0	0	0	0	0	0	0	0	0	0	0	0	0			G	Nov-19
Patients Waiting Over 52 Weeks – Welsh	6	1	0	0	1	0	0	0	0	0	0	0	1	0			G	Nov-19
Patients Waiting Over 52 Weeks – Welsh (BCU Transfers)	26	0	1	6	18	86	128	164	172	167	126	81	106				G	Nov-19
6 Week Wait for Diagnostics - English Patients	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%	99%	99%	98.62%	R	
8 Week Wait for Diagnostics - Welsh Patients	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.75%	99.52%	100%	100%	99.62%	R	

Integrated Performance Report
February – Month 11

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NHS Foundation Trust

Caring for Finances

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Total Theatre Activity	1,024	1,082	856	970	886	930	921	1,044	1,078	1,064	827	1,042	940	1,019	11,324	10,558	R	Sep-19
Bed Occupancy – All Wards – 2pm	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%	87%	87%	85.01%	G	Sep-19
Outpatients Activity Attendances	13,616	13,718	13,724	13,761	13,010	14,273	12,889	14,179	14,997	13,853	11,749	15,166	13,252	13,745	153,220	150,883	R	Sep-19
Financial Control Total	59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	50	1,304	1,077	G	
Income	9,049	10,278	8,677	9,508	8,842	9,484	8,837	9,585	10,256	10,065	8,595	10,415	9,792	9,379	104,722	104,056	R	
Expenditure	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	9,370	103,894	103,462	G	
CIP Delivery	307	358	166	193	241	246	303	302	270	321	301	232	356	251	2,735	2,931	G	
QIPP Delivery Risk Impact			82	91	-63	22	56	164	6	25	185	-62	-82	0	0	425	R	
Agency Core	45.75	68.59	51	68	44	65	77	93	125	107	94	103	133	132	1,454	961	G	
Agency Non-Core	243.43	317.48	229	239	221	231	254	252	314	334	229	291	370	168	1,808	2,964	R	
Cash Balance	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	5,181	5.18	6.78	G	
Capital Expenditure	165	1,327	260	336	162	458	588	119	179	546	158	836	233	273	4,306	3,876	G	
Use of Resources (UOR)	2	1	3	3	3	3	3	3	3	3	2	2	2	1	1	2	G	
Proportion of Temporary Staff			4.88%	5.48%	4.81%	5.3%	5.94%	6.14%	7.68%	7.58%	5.72%	6.85%	9.01%	5.37%	5.02%	6.85%	R	

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Sickness Absence

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

4.83% against **3.6%** target

Breaching target red rated

Exec Lead:
Director of People

Integrated Performance Report

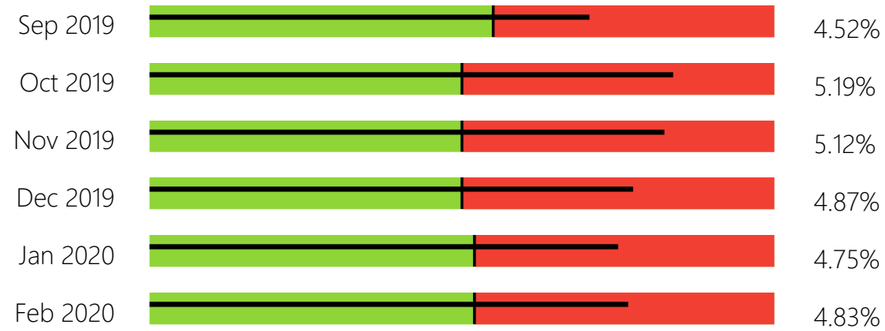
Narrative

The Sickness absence rate increased in month, due to an increase in long term absence rates. Thresholds for both long and short term absence continued to breach in month. Further increases above the threshold within Surgery, Theatres and Estates/Facilities/. Although above threshold, levels were reduced in Medicine and Corporate. Long term absences were slightly below trajectory.

Risk associated with increased sickness for covid-19.

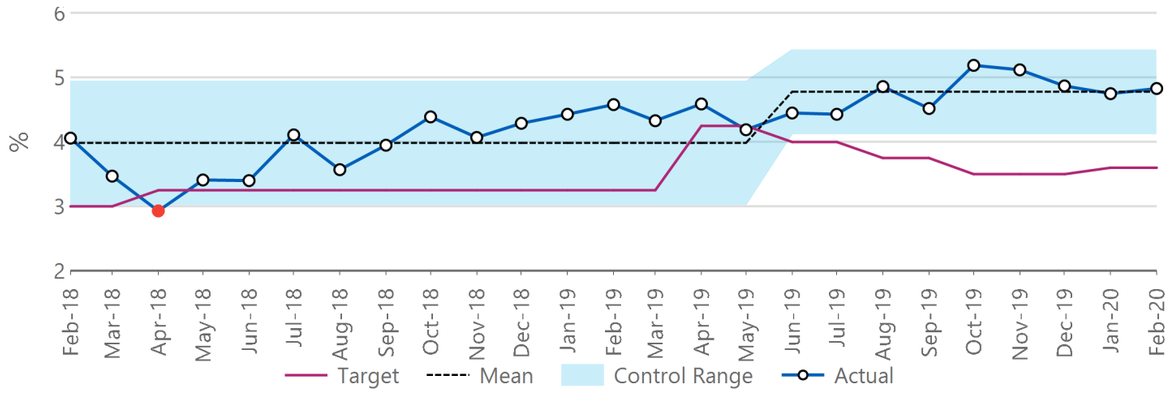
Action to Improve: People Committee have reviewed a deep-dive report of long term absences with a follow-up action for the first Staff Experience Group to consider the issues raised concerning incidence of MSK and stress.

Actual performance against RAG ratings

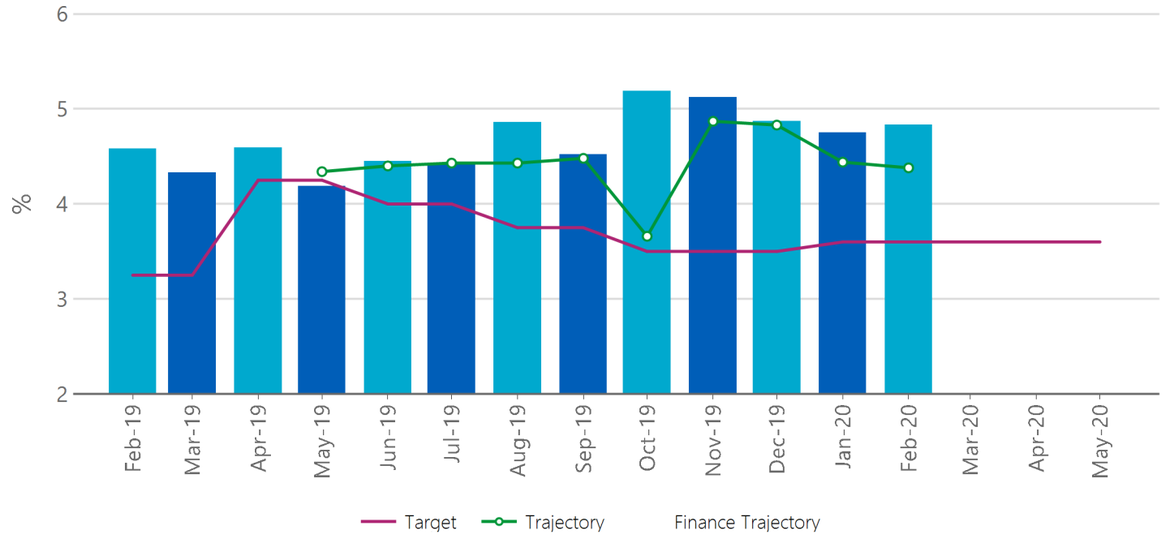


Performance over 24 months – SPC

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



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
4.06%	3.47%	2.93%	3.41%	3.4%	4.11%	3.57%	3.95%	4.39%	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%	4.7%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Voluntary Staff Turnover - Headcount

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

7.52% against 8% target

Within target green rated

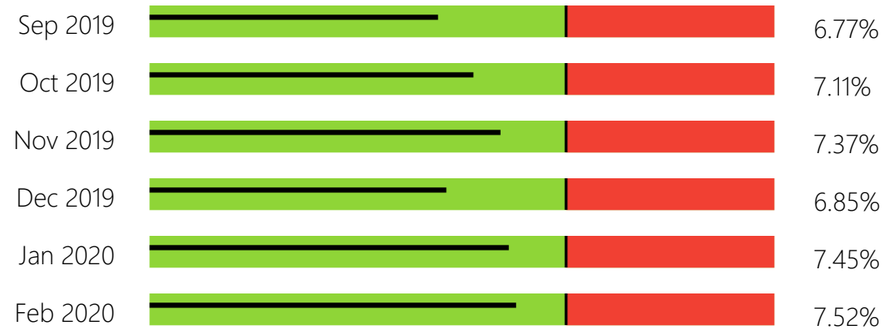
Exec Lead:
Director of People

Integrated Performance Report

Narrative

Increase in voluntary turnover in month (an increase of 1 headcount), although remained within threshold. Medicine continue to have the highest % turnover.

Actual performance against RAG ratings



Performance over 24 months – SPC

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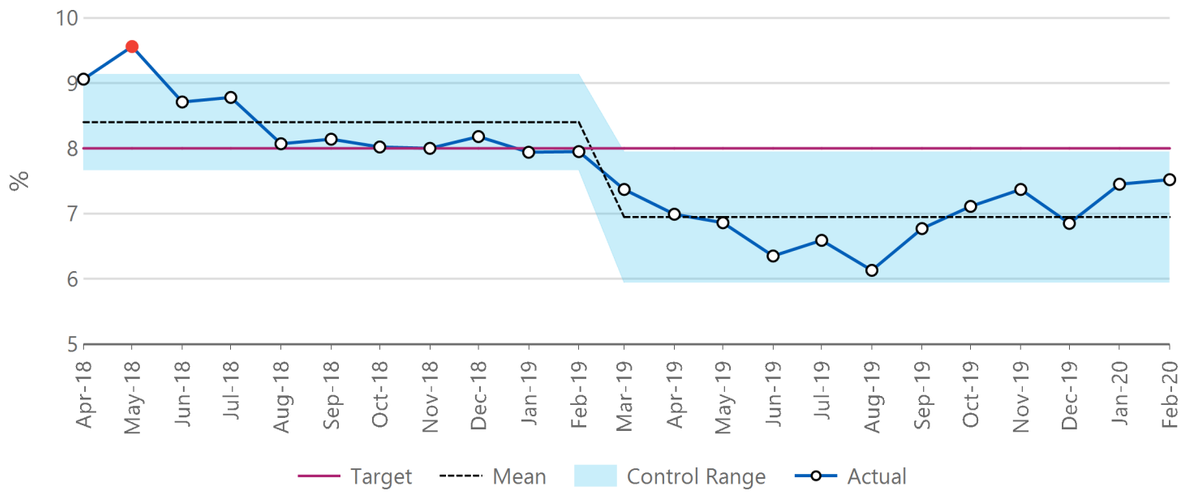
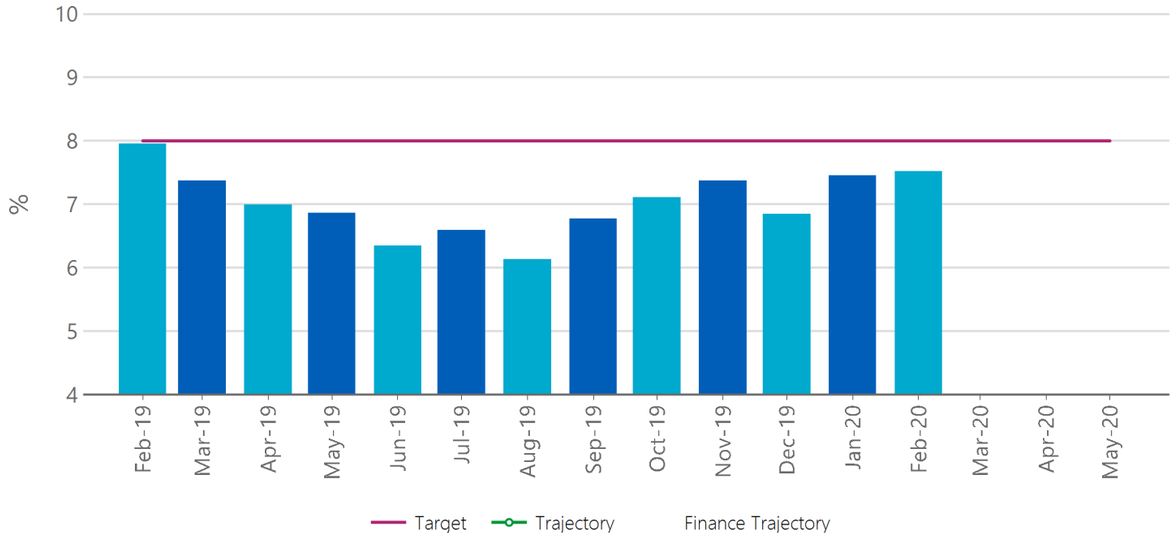


Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
9.06%	9.56%	8.71%	8.78%	8.07%	8.14%	8.02%	8%	8.18%	7.94%	7.95%	7.37%	6.99%	6.86%	6.35%	6.59%	6.13%	6.77%	7.11%	7.37%	6.85%	7.45%	7.52%	7.45%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Serious Incidents

Number of Serious Incidents reported in month

0 against 0 target

On target green rated

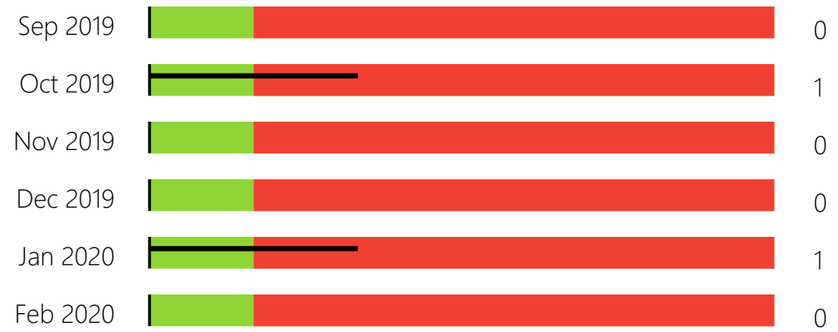
Exec Lead:
Director of Nursing

Integrated Performance Report

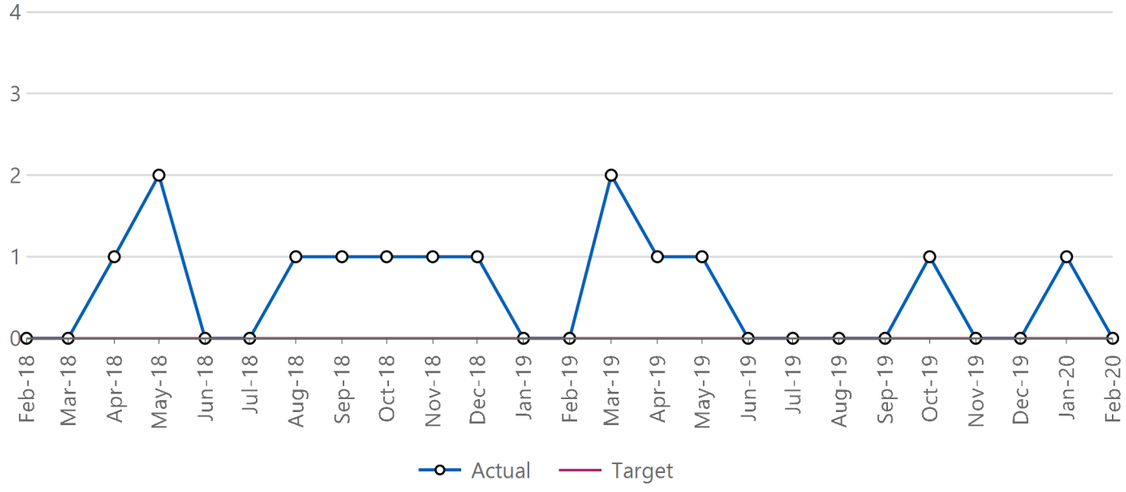
Narrative

There were no serious incidents reported in February.

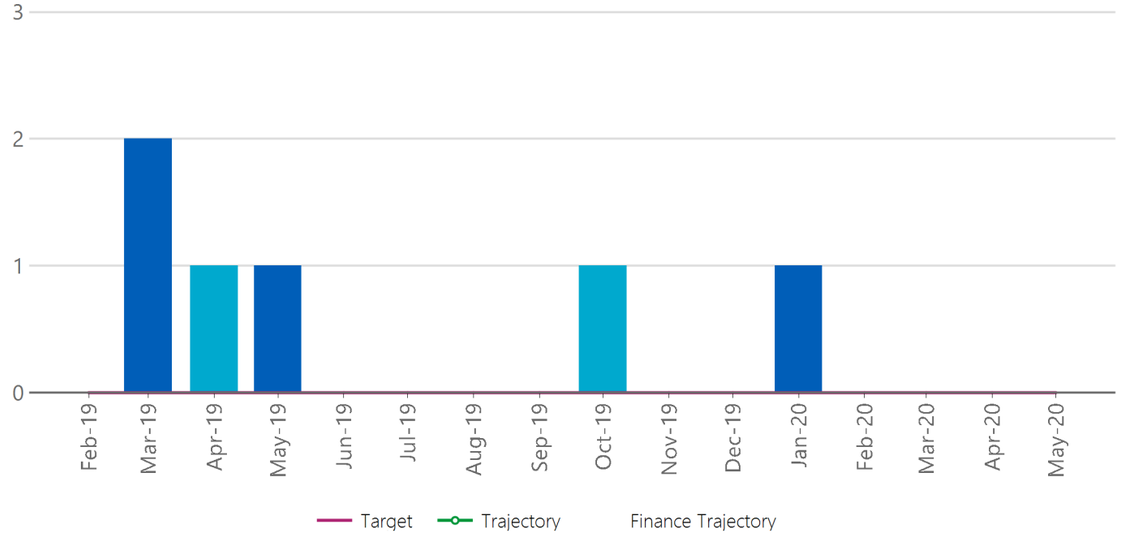
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Never Events

Number of Never Events Reported in Month

0 against 0 target

On target green rated

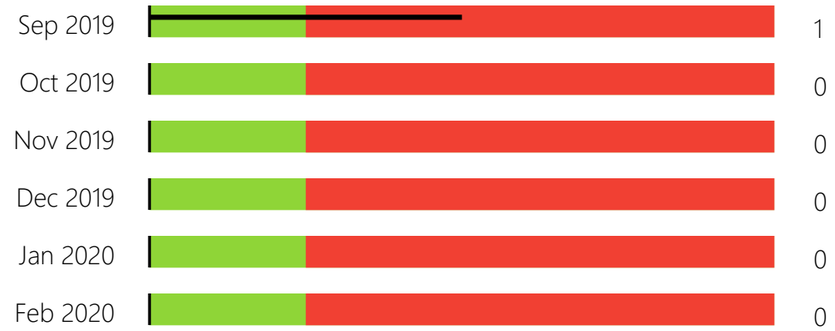
Exec Lead:
Director of Nursing

Integrated Performance Report

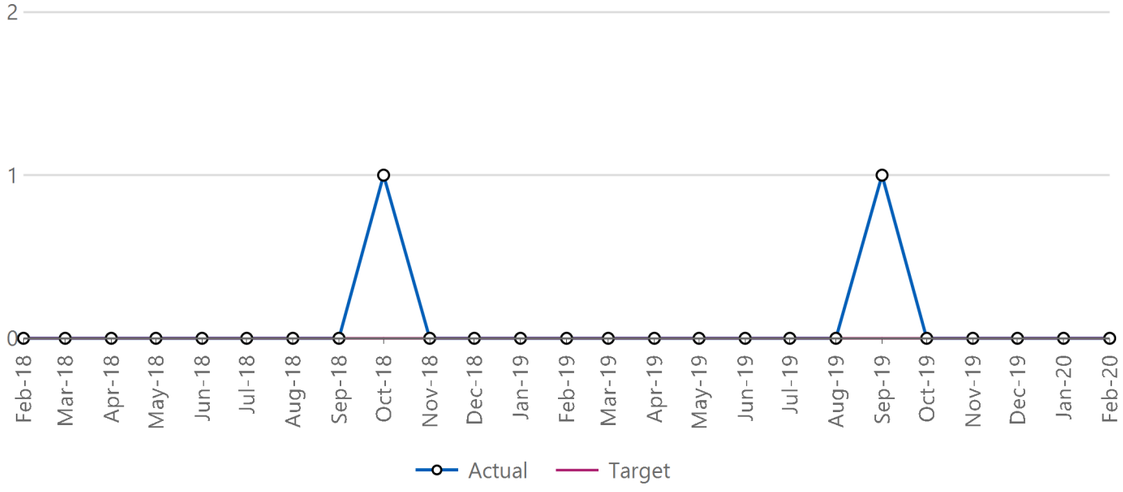
Narrative

There were no never events reported in February.

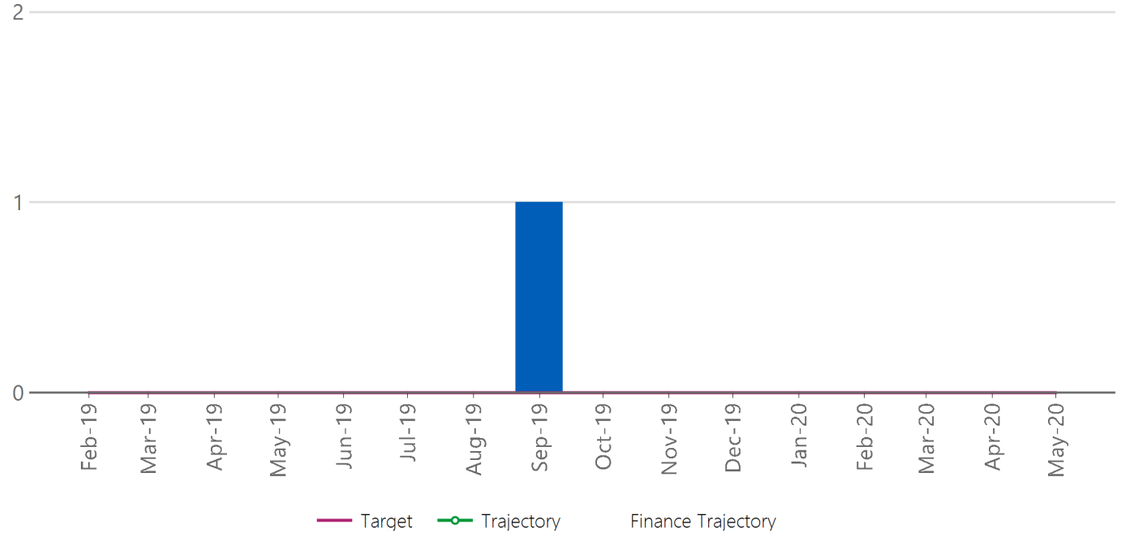
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

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

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

Total Patient Falls

Total number of falls - excludes slips, trips and assisted slides

9 against 10 target

Within target green rated

Exec Lead:
Director of Nursing

Integrated Performance Report

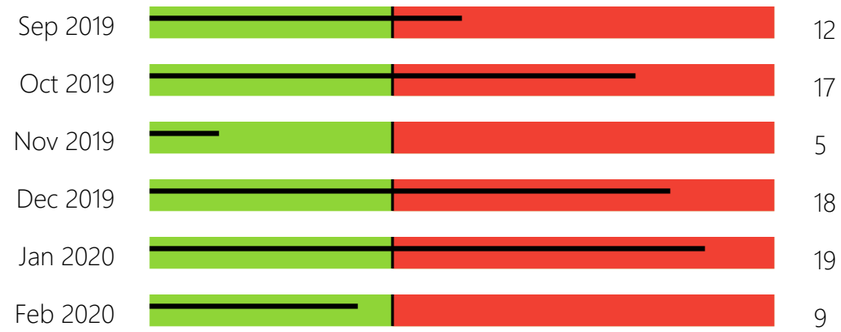
Narrative

The Total Patient Falls KPI is green rated in February as there were nine falls, seven relating to inpatients and two relating to outpatients. The falls are broken down as follows:
- No harm (2) 22.22%
- Low harm (5) 55.56%, made up of:
  - No obvious injury but unwitnessed (4) and abrasion (1)
- Moderate harm (2) 22.22%, made up of:
  - Fracture (2)

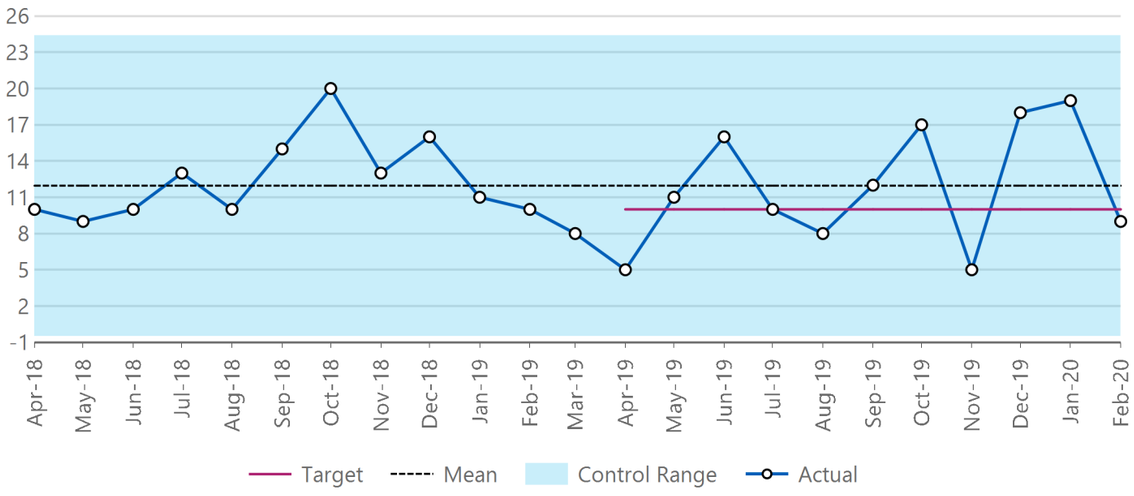
The falls occurred within the following wards/areas:
- Inpatient falls: Kenyon (2), Oswald (2) and Powys (1) & Outpatient falls: Estates and Facilities (1) and Outpatients (1)

The Clinical Governance department have also reviewed the number of falls year to date and found that there were 18 falls in December not 14 as previously recorded.

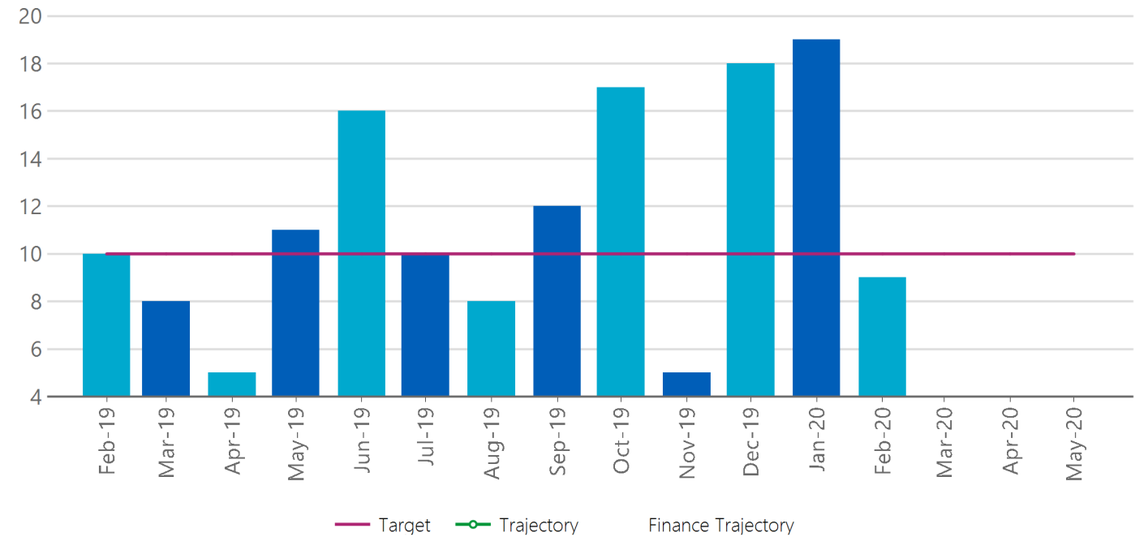
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
10	9	10	13	10	15	20	13	16	11	10	8	5	11	16	10	8	12	17	5	18	19	9	130

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

RJAH Acquired Pressure Ulcers - Grades 3 or 4

Total number of category 3 & 4 pressure ulcers acquired at RJAH

0 against 0 target

On target green rated

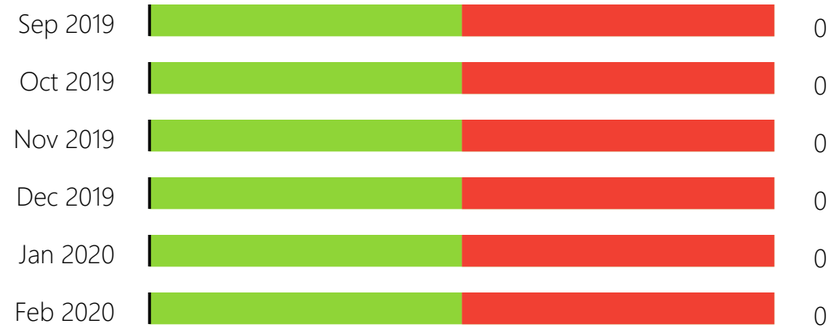
Exec Lead:
Director of Nursing

Integrated Performance Report

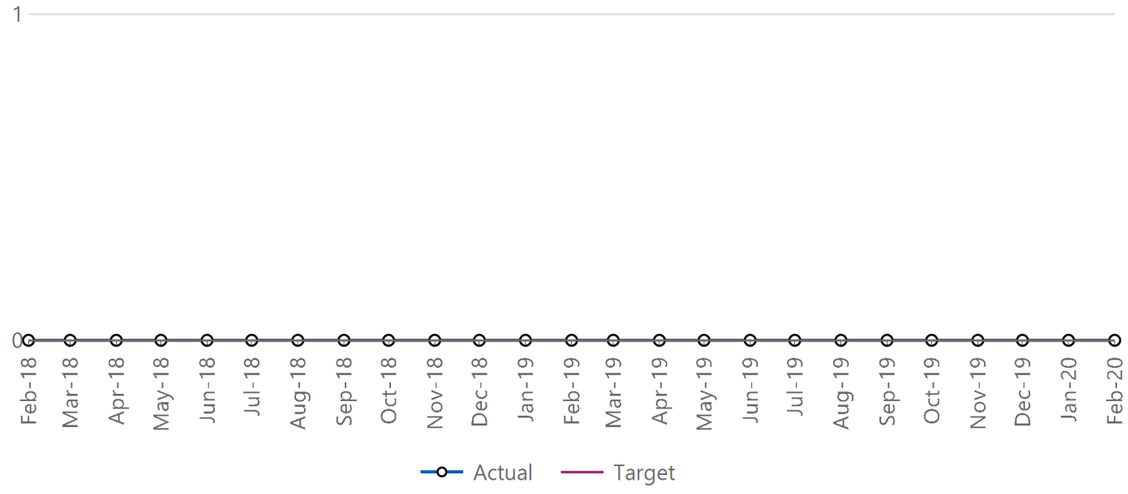
Narrative

There were no category three or four pressure ulcers in February.

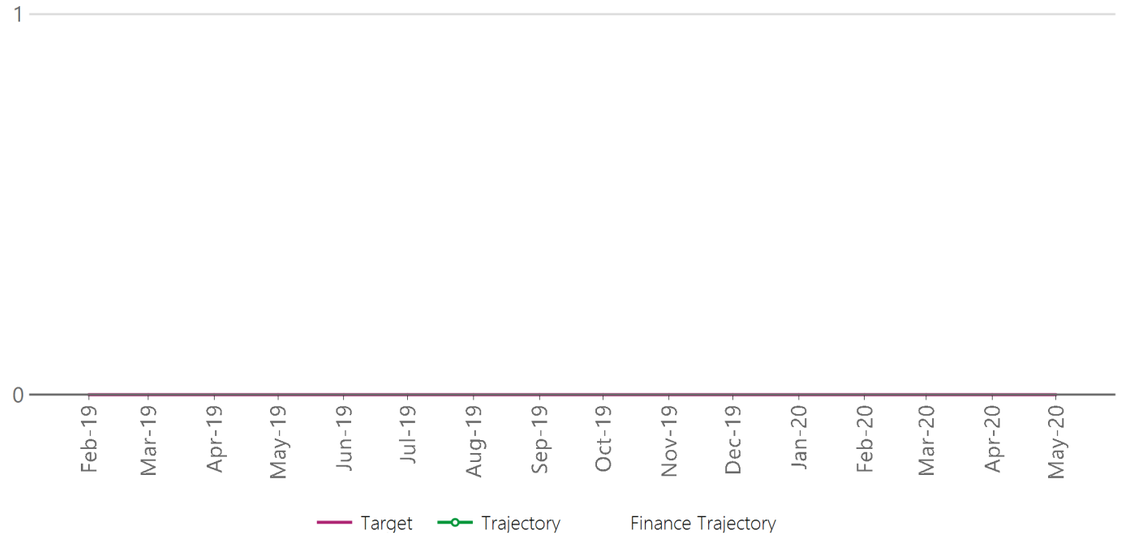
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Patient Friends & Family - % Would Recommend (Inpatients & Outpatients)

98.55% against 95% target

Above target green rated

Exec Lead:
Director of Nursing

Integrated Performance Report

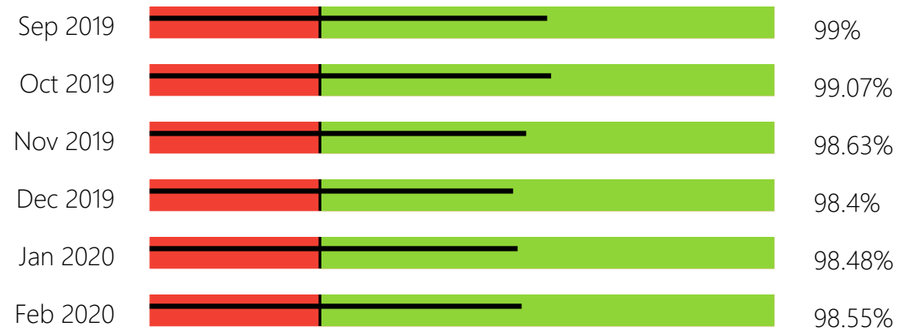
% of patients who would recommend the trust (inpatients and outpatients)

Narrative

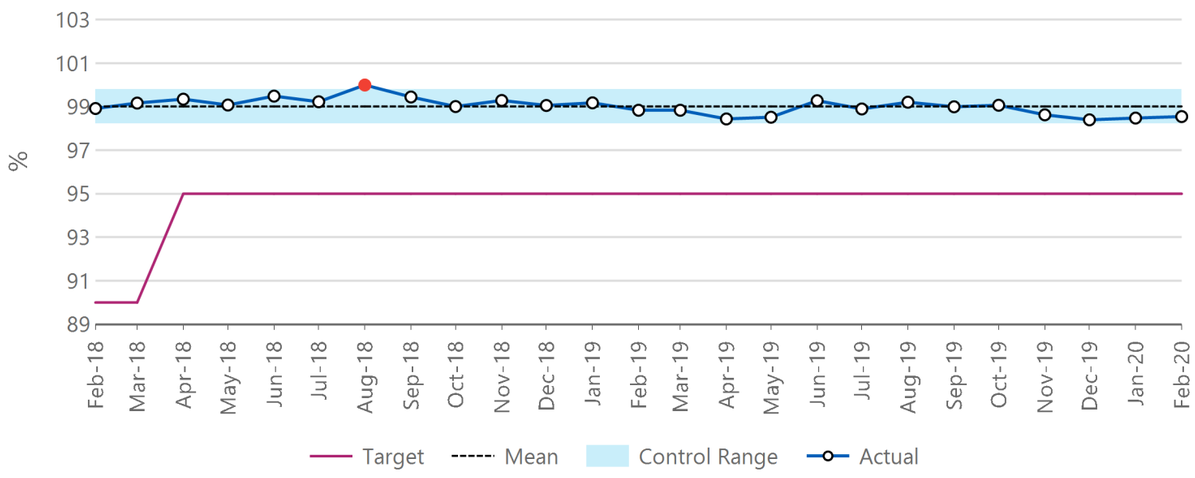
There were 2000 responses collected with a breakdown as follows:
- 1971 positive - giving a rate of 98.55% would recommend the Trust to friends and family
- 14 negative - giving a rate of 0.70% would not recommend the Trust to friends and family
- 15 responses as "neither likely or unlikely" or "don't know"

The number of compliments received in February was 373.

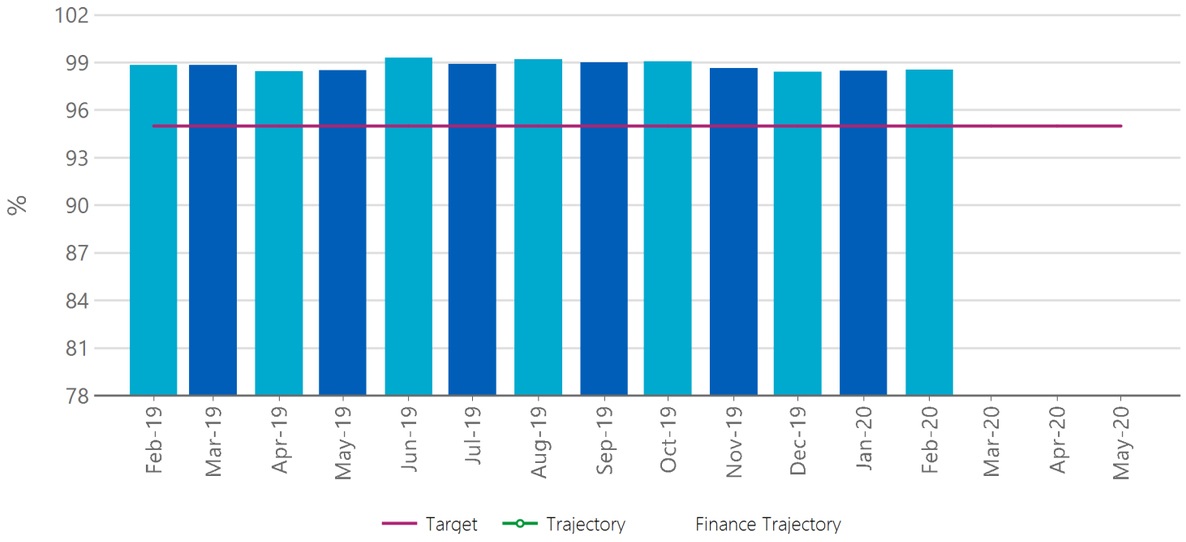
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
98.92%	99.17%	99.35%	99.08%	99.49%	99.23%	100%	99.45%	99.01%	99.29%	99.06%	99.18%	98.84%	98.84%	98.44%	98.52%	99.28%	98.9%	99.21%	99%	99.07%	98.63%	98.4%	98.48%	98.55%

Number of Complaints

Number of complaints received in month

13 against 8 target

Breaching target red rated

Exec Lead:
Director of Nursing

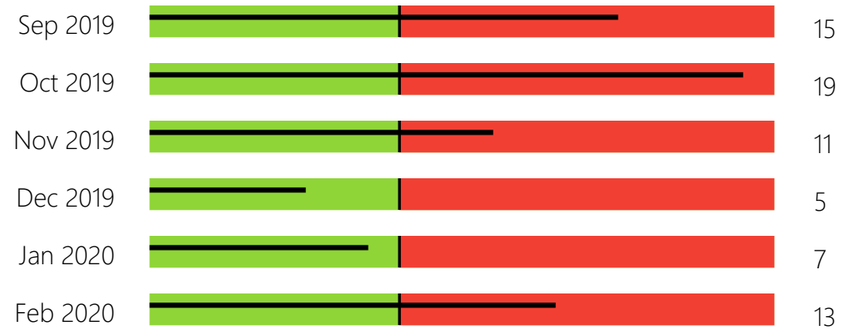
Integrated Performance Report

Narrative

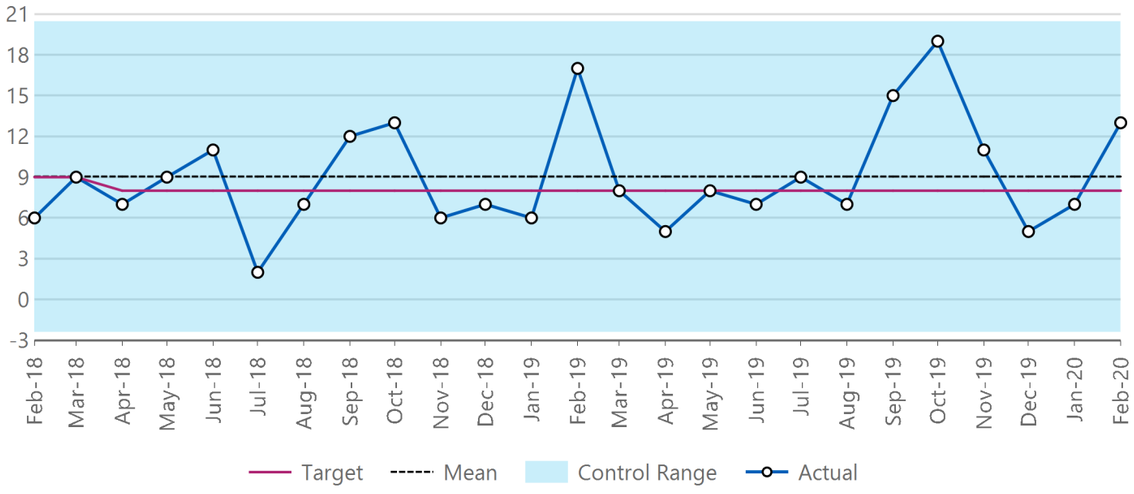
There were thirteen complaints received in February. Ten related to quality of care with reasons associated with attitude of staff (3), misdiagnosis (2), advice given (2), treatment (1), contents of clinic note (1) and post-operative concern (1). Three complaints related to operational issues associated with the current waiting time for surgery (1), being told appointment was cancelled upon on arrival (1) and with the delays in and treatment options (1) .

Action to Improve: KPIs for complaint processes have been reviewed for 2020/21 to take into account the change in process.

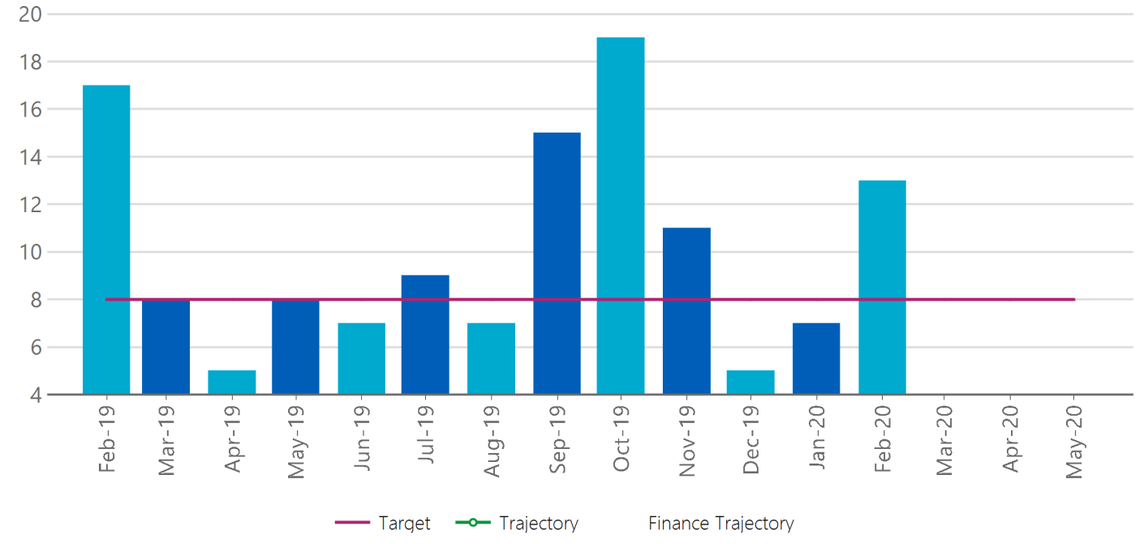
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
6	9	7	9	11	2	7	12	13	6	7	6	17	8	5	8	7	9	7	15	19	11	5	7	13	106

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

% Delayed Discharge Rate

The total number of delayed days against the total available bed days for the month in %

4.01% against **2.5%** target

Breaching target red rated

Exec Lead:
Director of Nursing

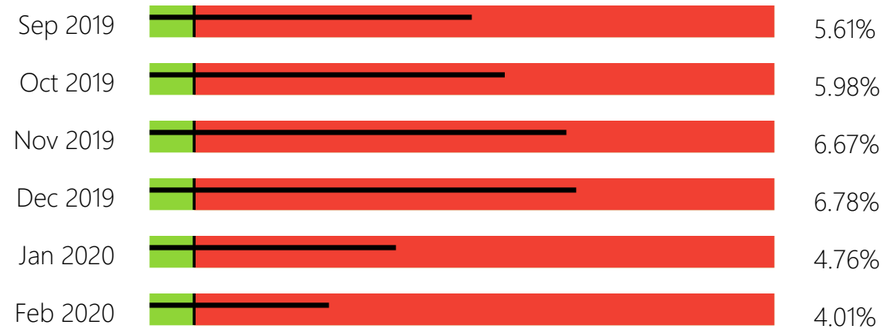
Integrated Performance Report

Narrative

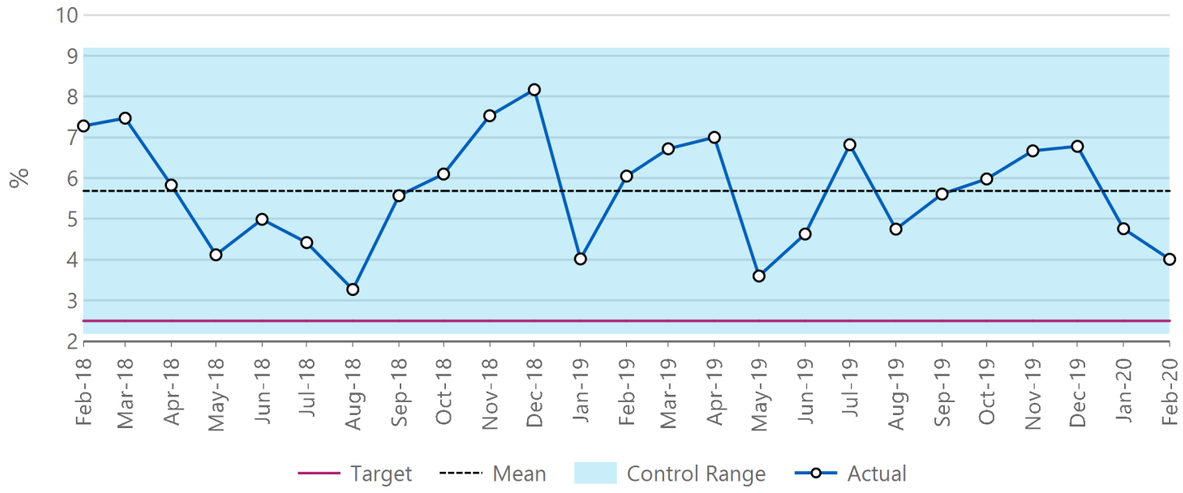
The Delayed Discharge rate is red rated this month at 4.01%. The total delayed days for February is 181 days with a breakdown as follows:
- 7 spinal injuries patients amounting to 84 days - attributed to Cheshire West and Chester Council 35%, Wolverhampton 23%, Coventry 21%, Worchester 8%, Resident in Wales 8% and Shropshire 5%
- 12 care of the elderly patients with 76 delayed days and 4 surgical patients with 21 delayed days. The patients fall under the responsibility of Shropshire (14), Resident in Wales (5) and 4 other organisations with one patient each.

Action to Improve: Follow up, Delayed Discharge workshop took place on the 26.2.20 with Shropshire CCG and Council, well represented from the wards and resettlement team.
Further focus on bringing the referral for social care and support earlier in the pathway, and improved escalation.

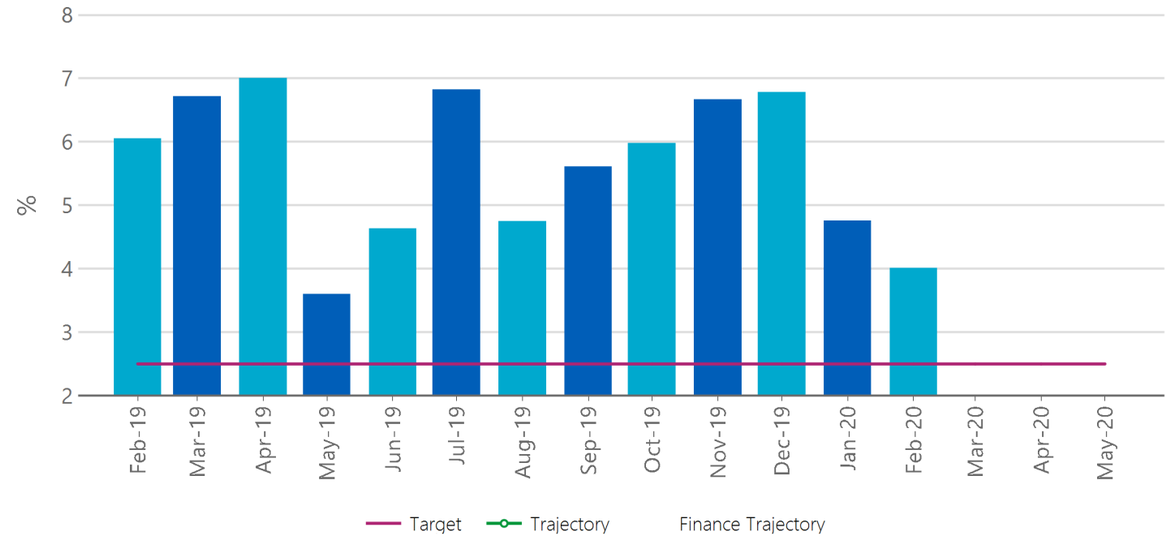
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
7.28%	7.47%	5.83%	4.12%	4.99%	4.42%	3.27%	5.57%	6.1%	7.53%	8.17%	4.02%	6.05%	6.72%	7%	3.6%	4.63%	6.82%	4.75%	5.61%	5.98%	6.67%	6.78%	4.76%	4.01%	5.51%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Mixed Sex Accommodation

Number of breaches to the mixed sex accommodation standard for non clinical reasons

0 against 0 target

On target green rated

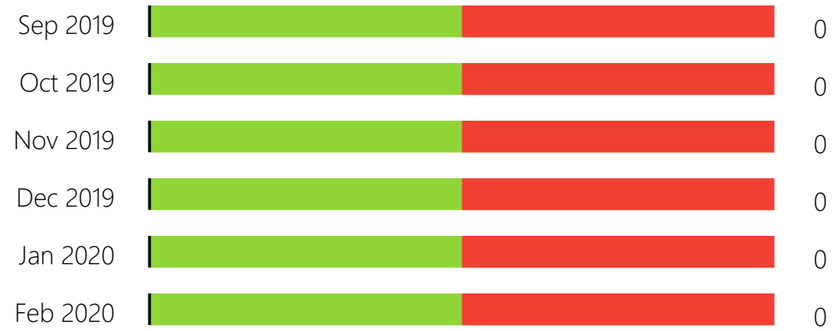
Exec Lead:
Director of Nursing

Integrated Performance Report

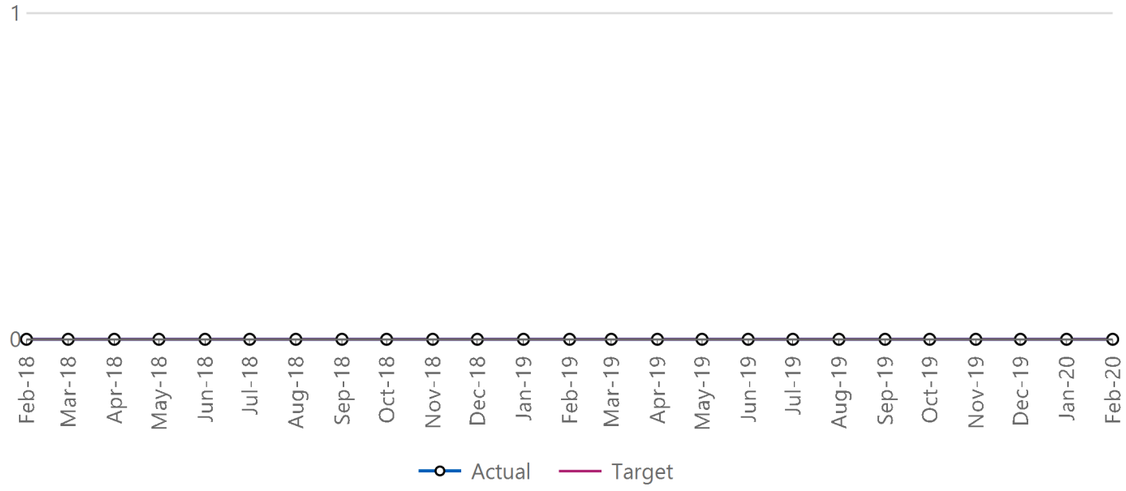
Narrative

There were no breaches of the mixed sex accommodation standard in February.

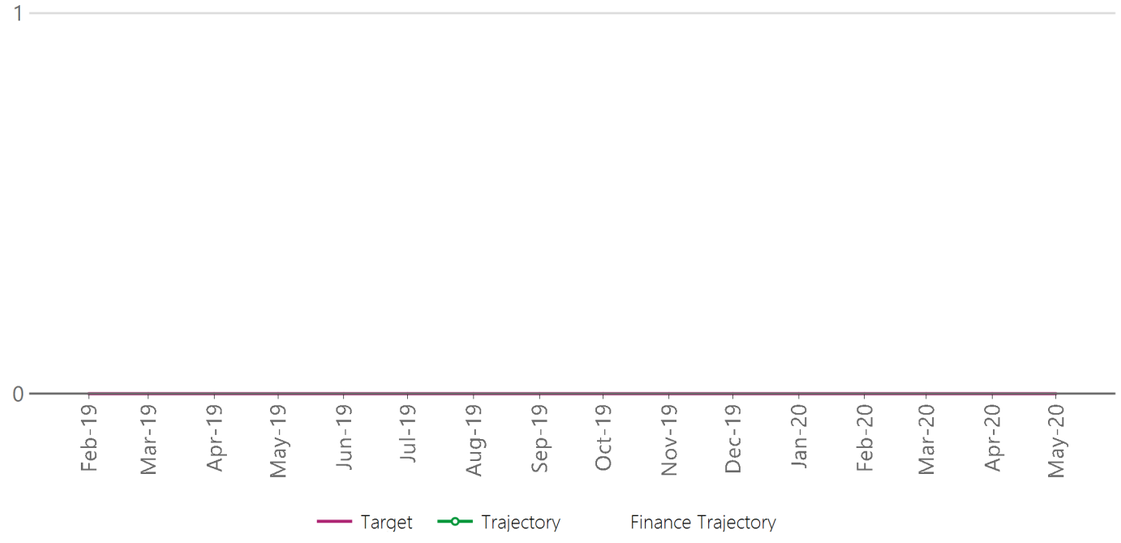
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month.

0 against 0 target

On target green rated

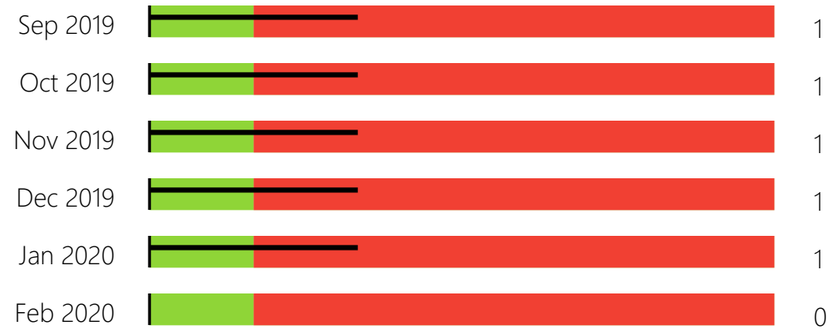
Exec Lead:
Director of Nursing

Integrated Performance Report

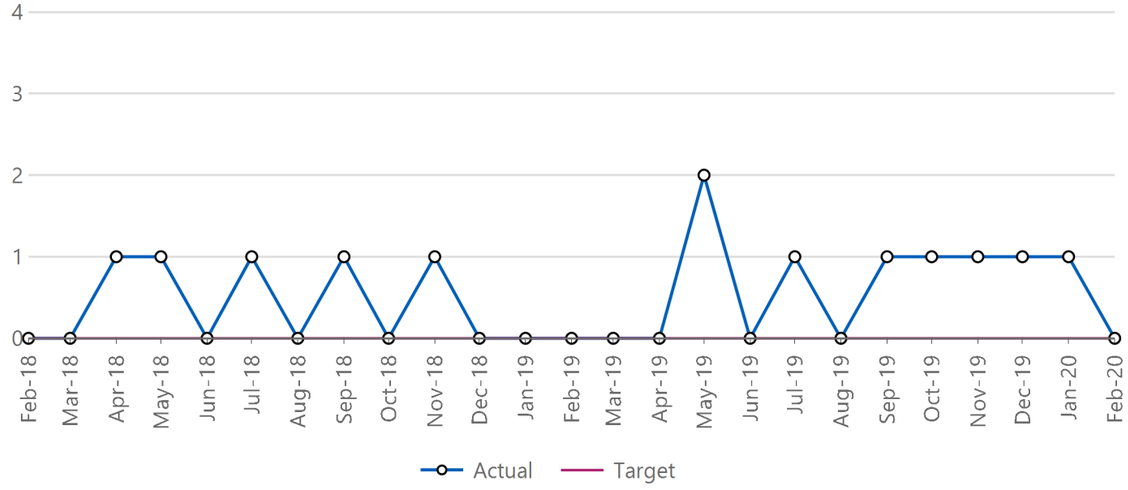
Narrative

There were no incidents reported in February.

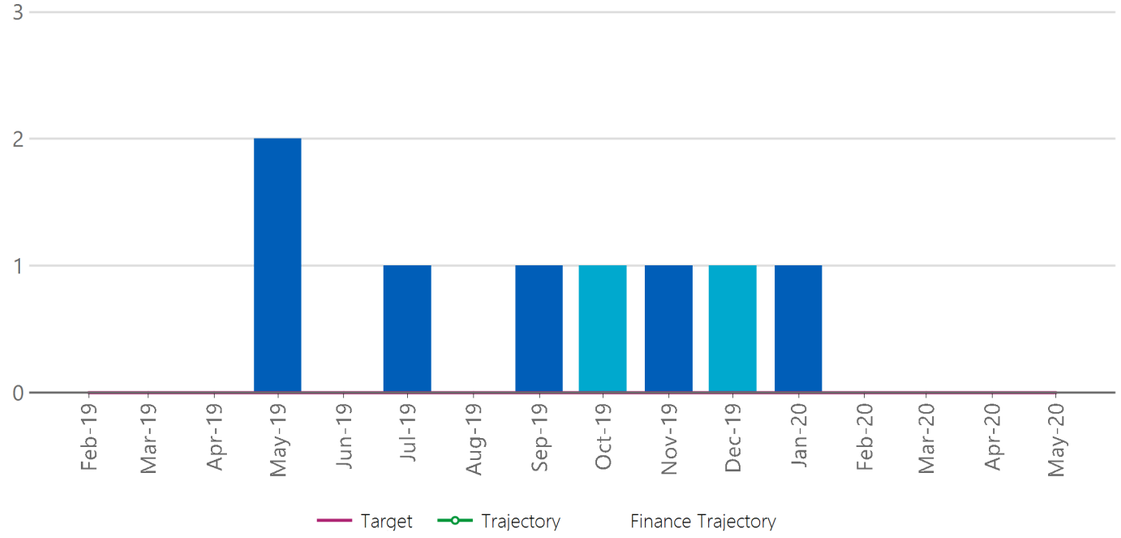
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	1	1	0	1	0	1	0	1	0	0	0	0	0	2	0	1	0	1	1	1	1	1	0	8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month

0 against 0 target

On target green rated

Exec Lead:
Director of Nursing

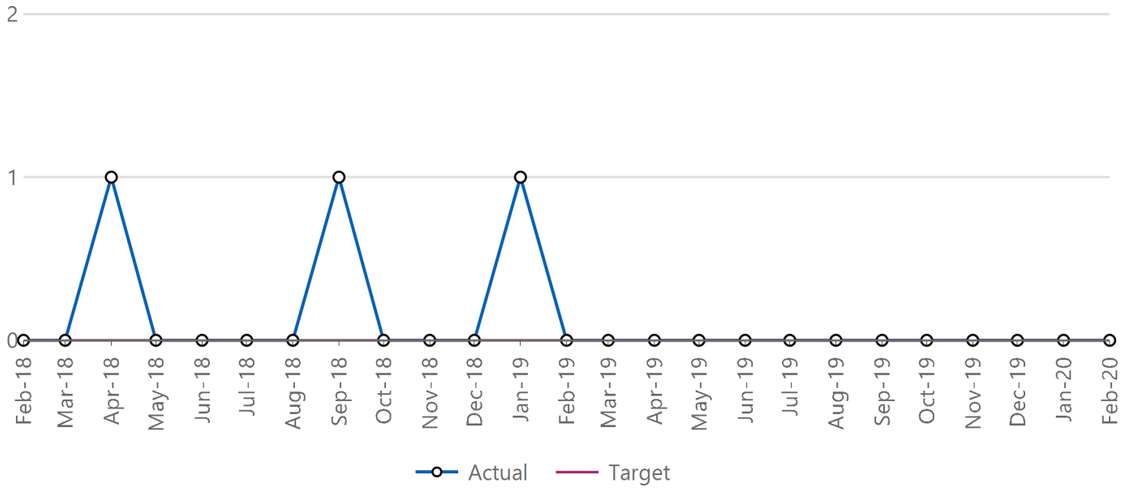
Integrated Performance Report

Narrative

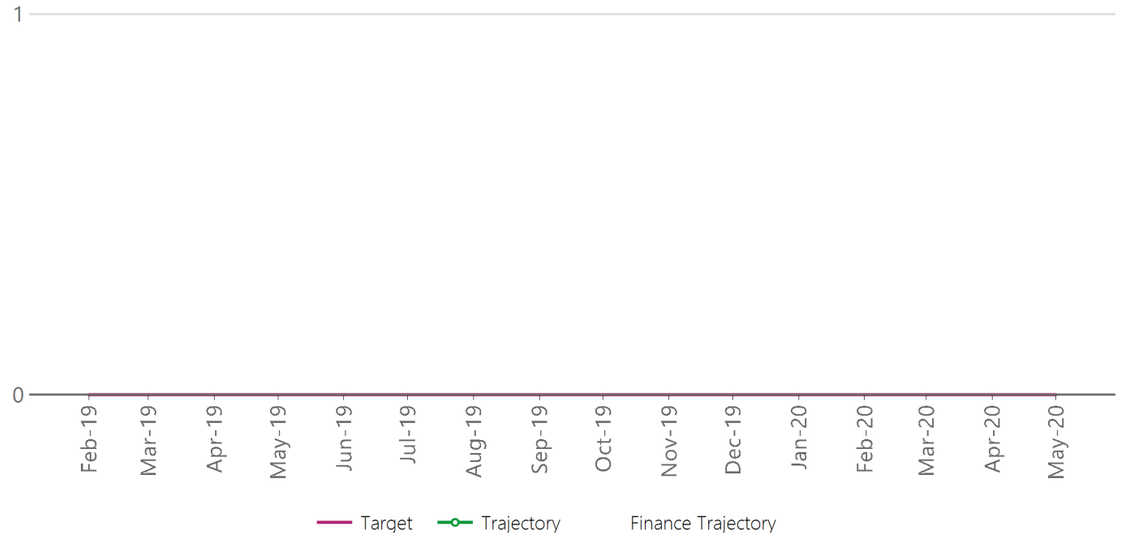
There were no incidents reported in February.

Actual performance against RAG ratings

Performance over 24 months –



Trajectory



Heatmap performance over 24 months

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

RJAH Acquired MRSA Bacteraemia

Number of cases of MRSA bacteraemia in month

0 against 0 target

On target green rated

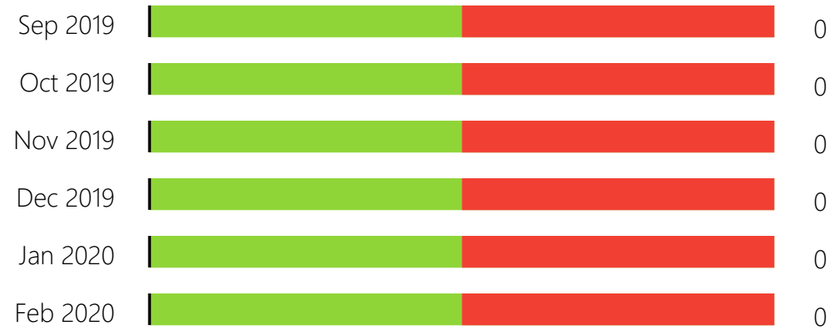
Exec Lead:
Director of Nursing

Integrated Performance Report

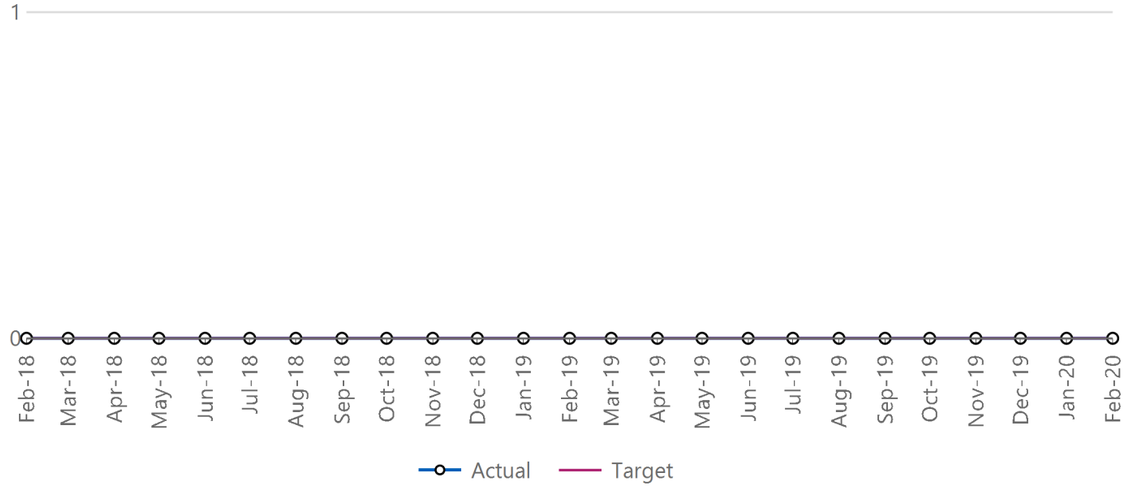
Narrative

There were no incidents reported in February.

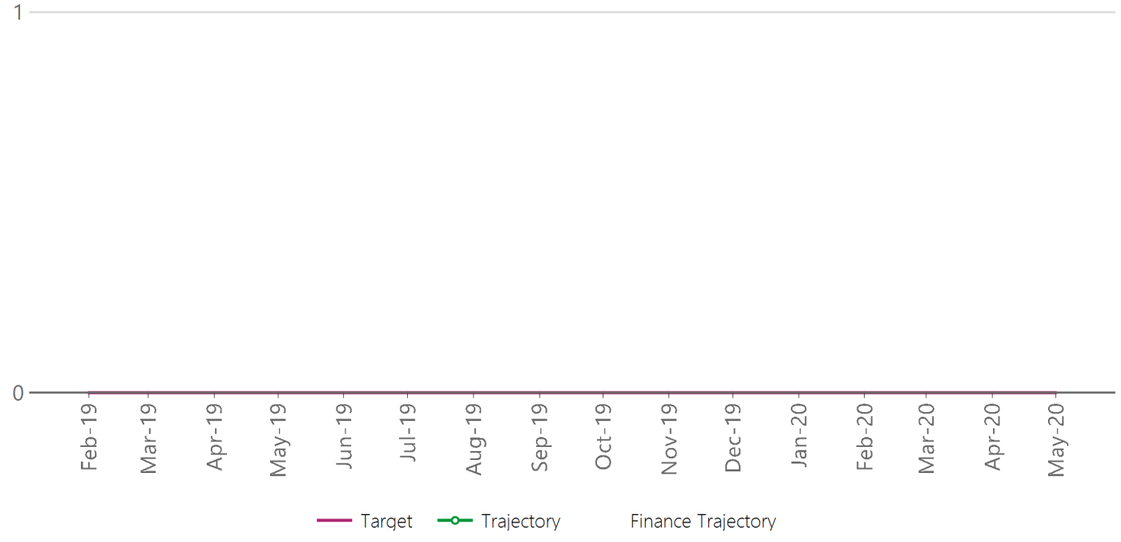
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Unexpected Deaths

Number of Unexpected Deaths in Month

0 against 0 target

On target green rated

Exec Lead:
Medical Director

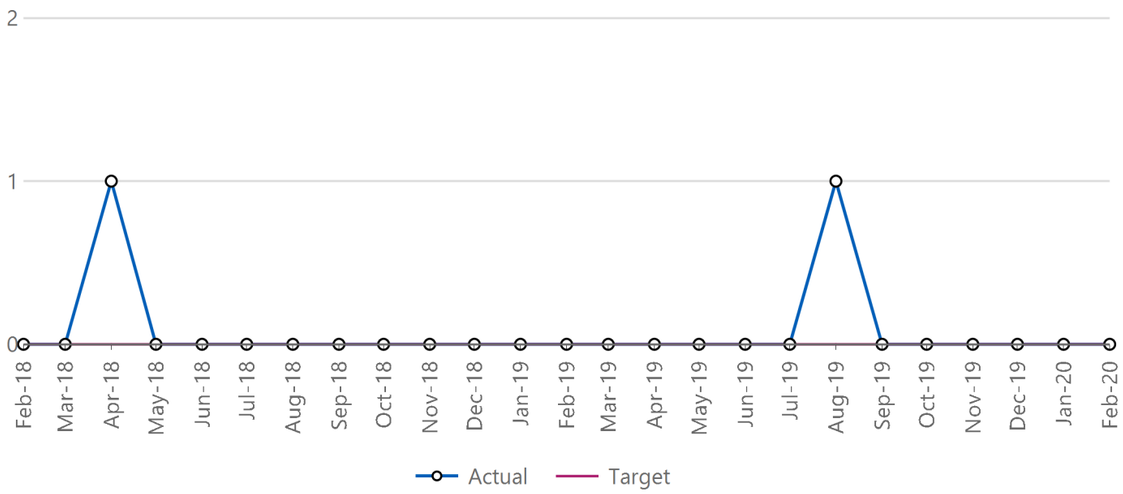
Integrated Performance Report

Narrative

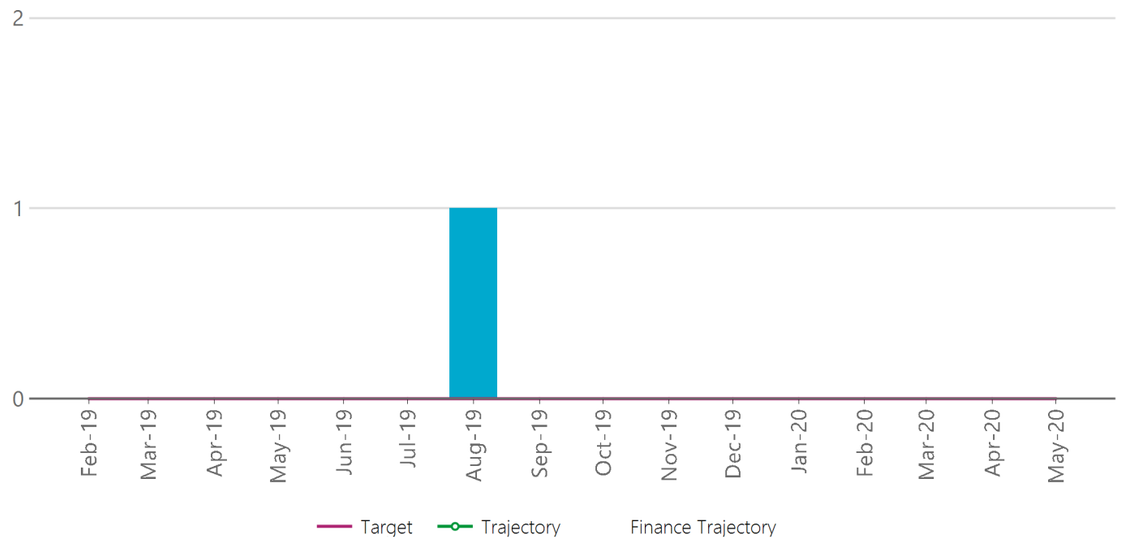
There were no deaths in the Trust in February.

Actual performance against RAG ratings

Performance over 24 months –



Trajectory



Heatmap performance over 24 months

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

VTE Assessments Undertaken

% of adult admissions in the month who have been risk assessed for VTE

100% against **95%** target

Above target green rated

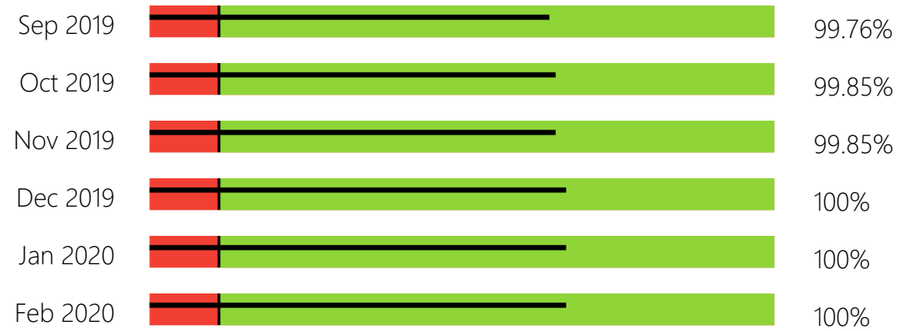
Exec Lead:
Medical Director

Integrated Performance Report

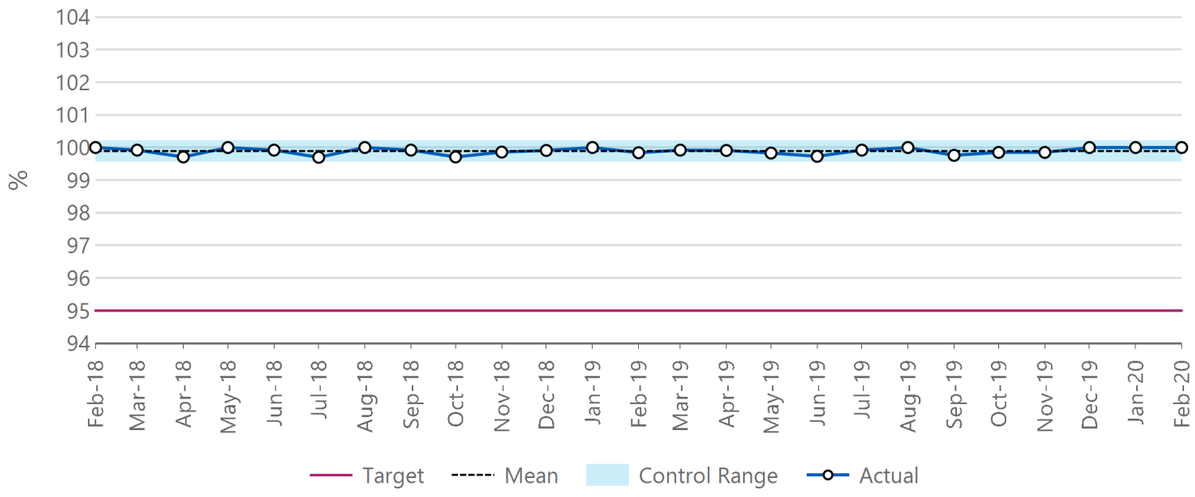
Narrative

The percentage of admissions risk assessed is reported at 100% in February and remains above the 95% target.

Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	99.92%	99.71%	100%	99.92%	99.7%	100%	99.92%	99.71%	99.86%	99.91%	100%	99.84%	99.92%	99.91%	99.83%	99.73%	99.92%	100%	99.76%	99.85%	99.85%	100%	100%	100%	99.89%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Cancer Two Week Wait*

% of urgent cancer referrals seen within 2 weeks (*Reported one month in arrears)

100% against 93% target

green rated

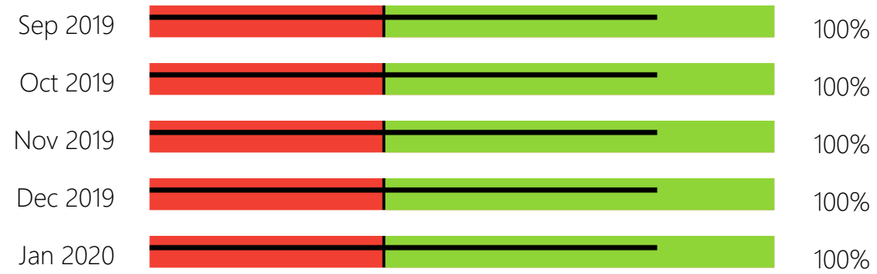
Exec Lead:
Director of Operations

Integrated Performance Report

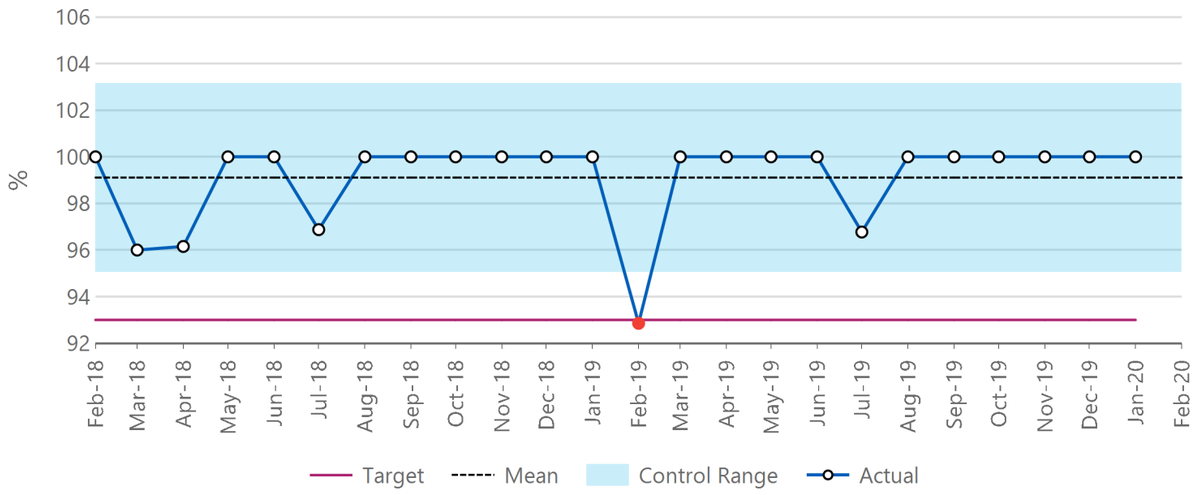
Narrative

The Cancer 2 week wait standard was achieved in January and indicative data for February shows the standard will be met.

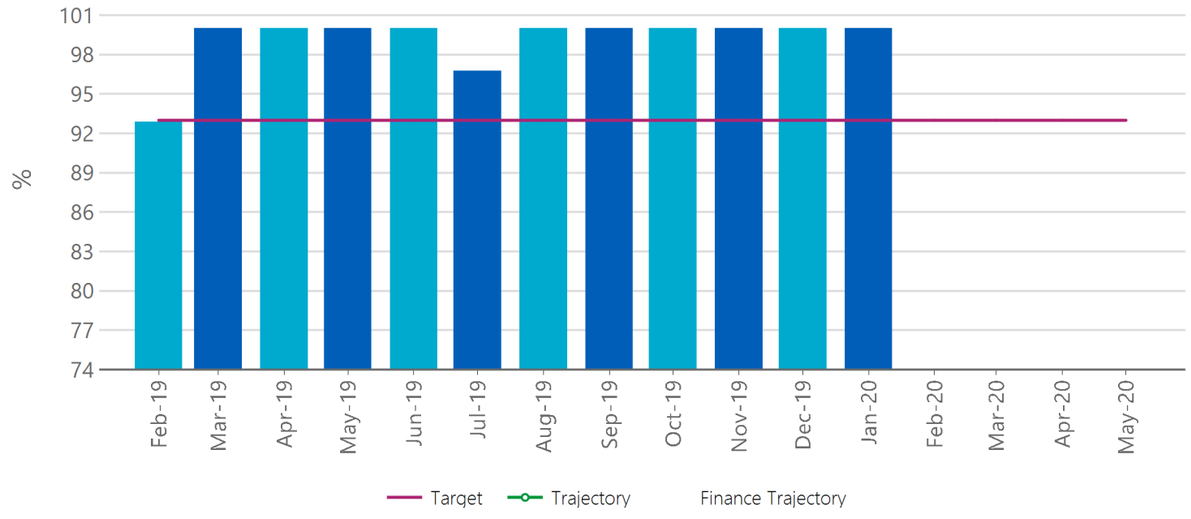
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	96%	96.15%	100%	100%	96.88%	100%	100%	100%	100%	100%	100%	92.86%	100%	100%	100%	100%	96.77%	100%	100%	100%	100%	100%	100%		99.61%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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:
Director of Operations

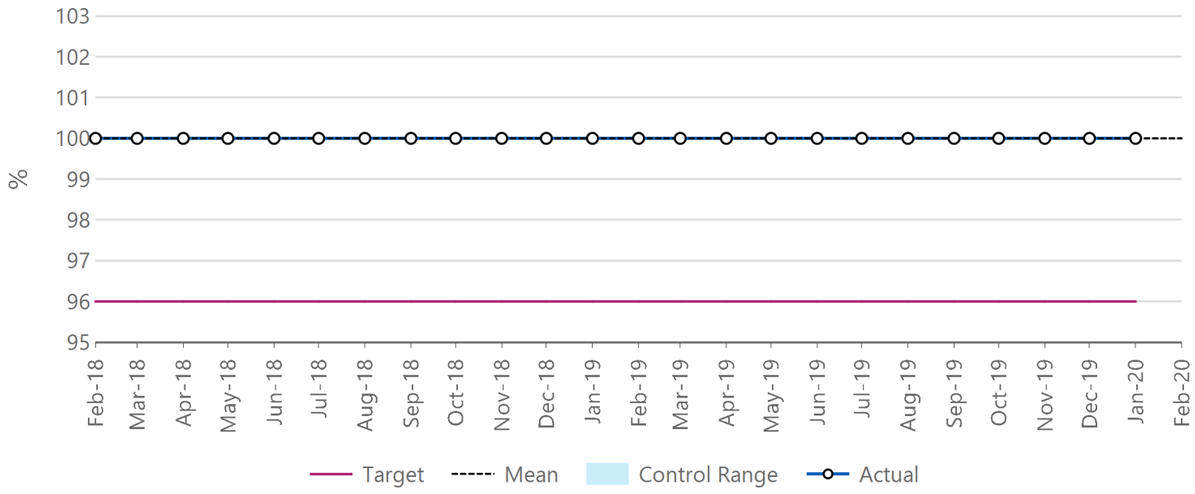
Integrated Performance Report

Narrative

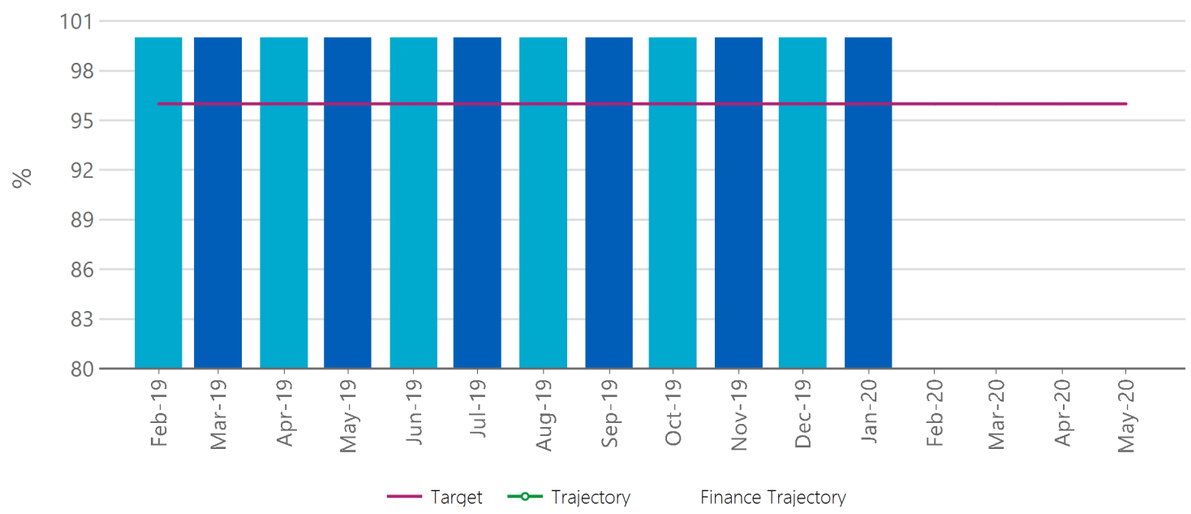
The Cancer 31 day first treatment standard was achieved in January and indicative data for February shows achievement of the standard will continue.

Actual performance against RAG ratings

Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

31 Days Subsequent Treatment (Tumour)*

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

100% against **94%** target

green rated

Exec Lead:
Director of Operations

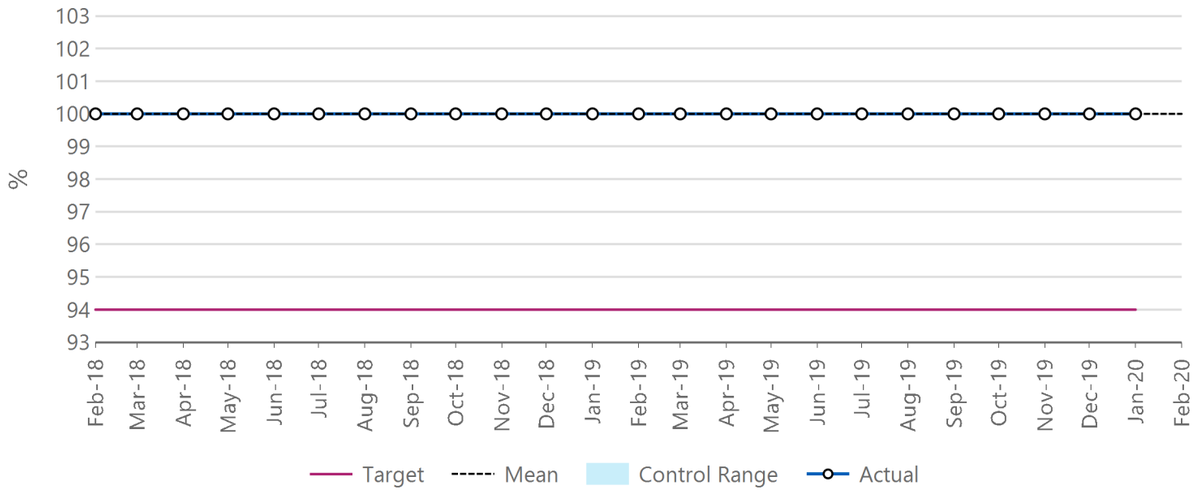
Integrated Performance Report

Narrative

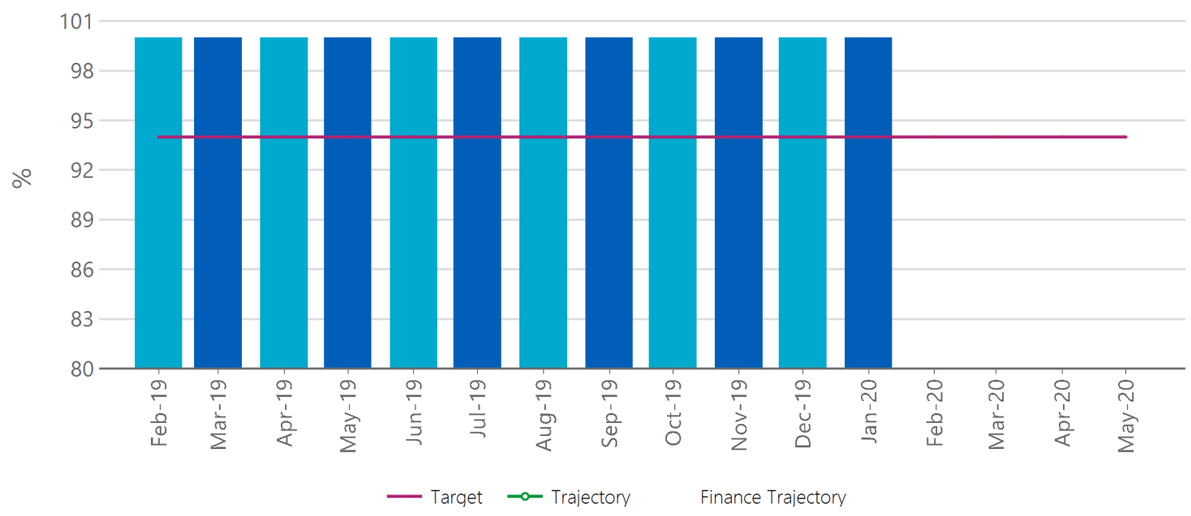
The Cancer 31 day subsequent treatment standard was achieved in January and indicative data for February shows achievement of the standard will continue.

Actual performance against RAG ratings

Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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

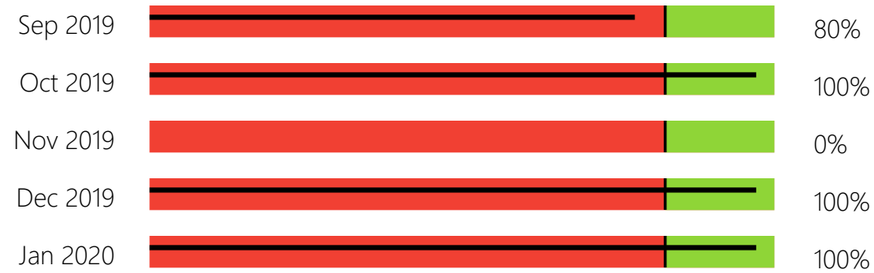
Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

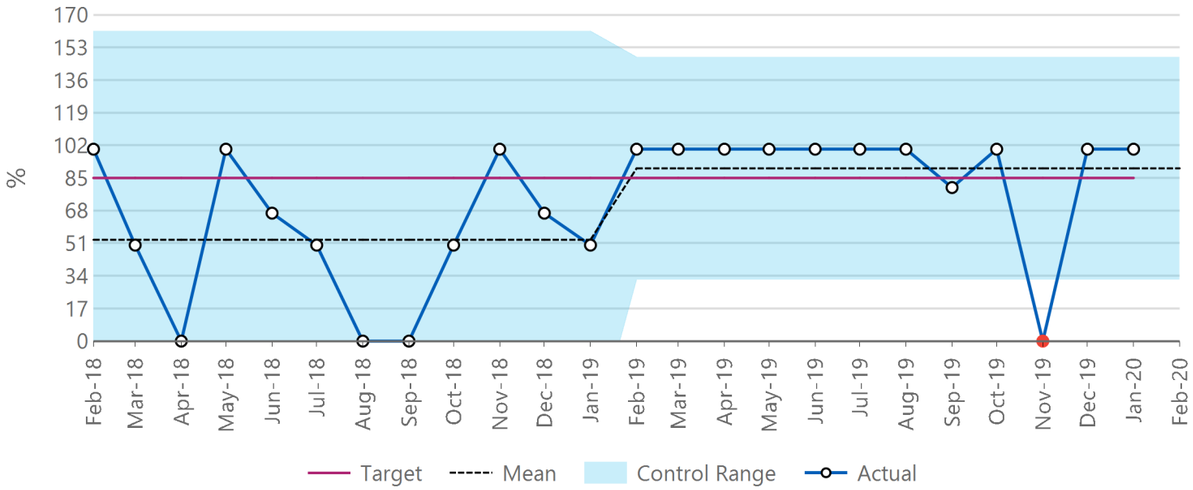
The Cancer 62 day standard was achieved in January. Indicative data for February shows the standard will not be met.

Actual performance against RAG ratings

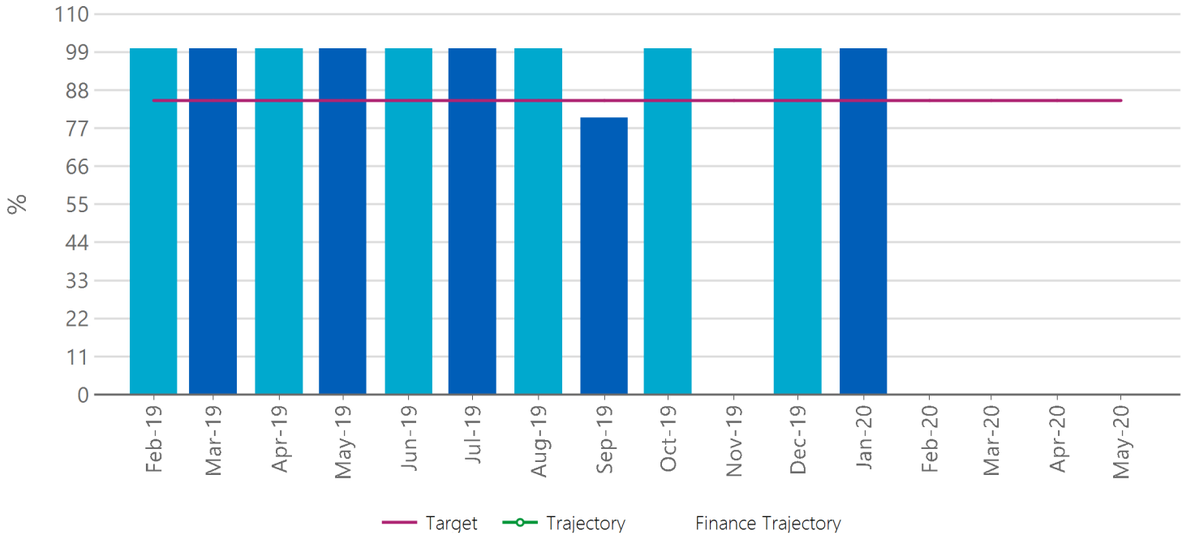


Performance over 24 months – SPC

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



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	50%	0%	100%	66.67%	50%	0%	0%	50%	100%	66.67%	50%	100%	100%	100%	100%	100%	100%	100%	80%	100%	0%	100%	100%		83.87%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Cancer 62 Days Consultant Upgrade*

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

25% against 85% target

red rated

Exec Lead:
Director of Operations

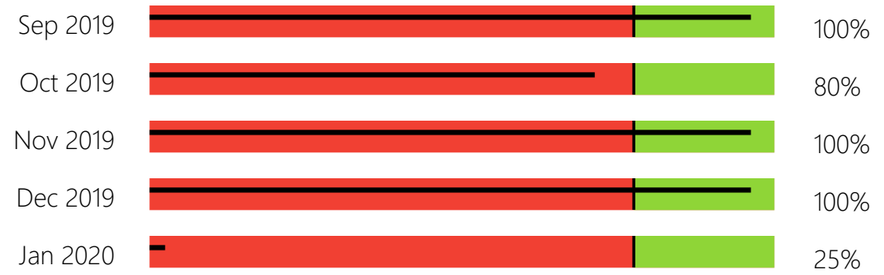
Integrated Performance Report

Narrative

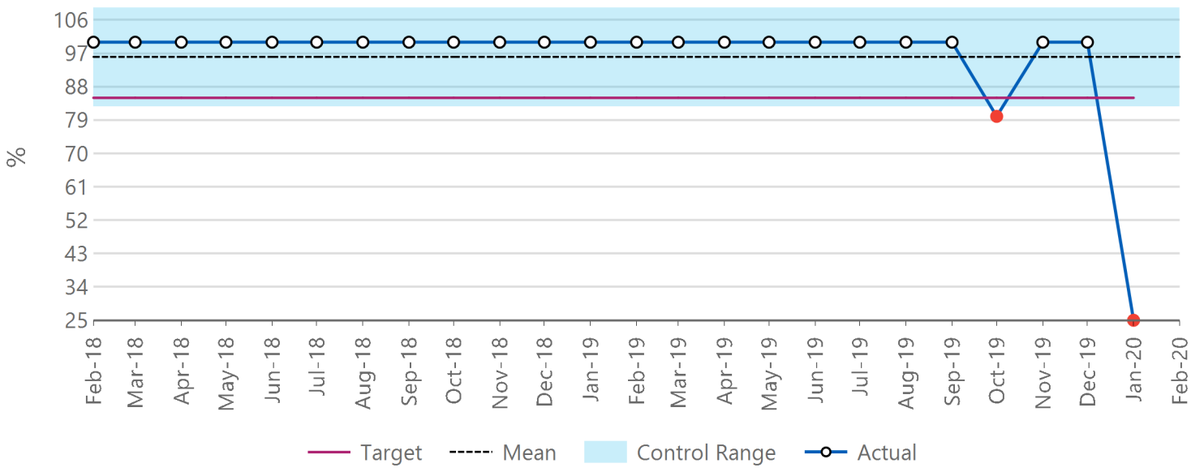
The Cancer 62 day consultant upgrade standard was not achieved in January. There were three applicable patients to the standard reported where one was a shared pathway treated in target, the second patient was a shared breach where the patient was unavailable due to social reasons resulting in a delay referring the patient for onward treatment and a third patient breached the pathway but RJAH is accountable for the entire pathway but this breach is under dispute with the other Trust.

Action to Improve: An action identified from these breaches is discussion taking place around a mechanisms for clinicians to be informed when patients on pathway are attending clinic.

Actual performance against RAG ratings



Performance over 24 months – SPC



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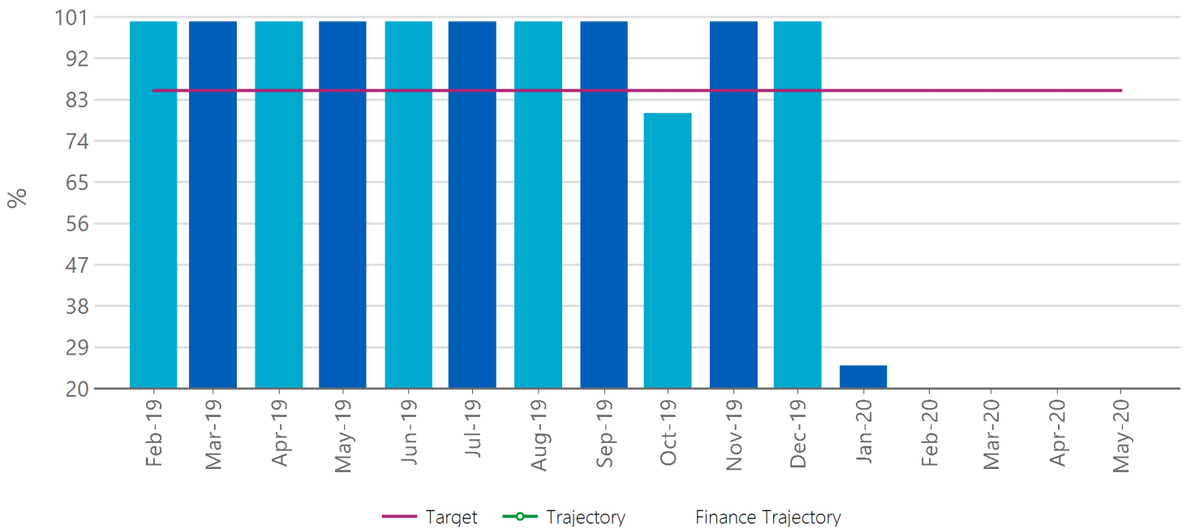


Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	25%		73.33%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

18 Weeks RTT Open Pathways

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

87.08% against 92% target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

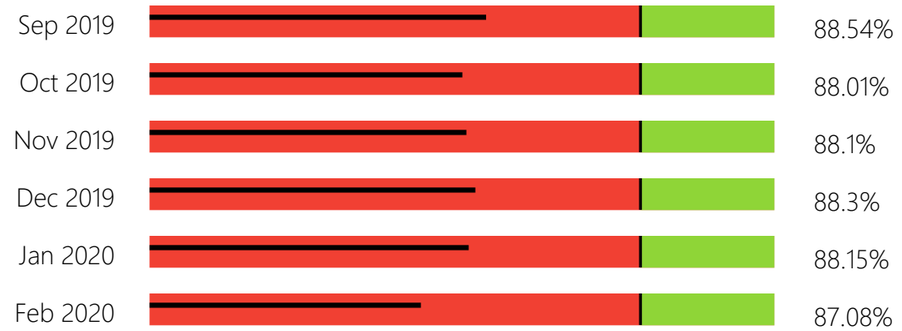
Narrative

Our February performance was 87.08% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches has increased by 48, rising from 826 in January to 874 at the end of February. The performance breakdown by milestone is as follows: MS1 - 4037 patients waiting of which 62 are breaches, MS2 - 790 patients are waiting of which 233 are breaches, MS3 - 1936 patients are waiting of which 579 are breaches.

The reported position was behind our trajectory plan of 92.00%. The FPD agreed RTT trajectory looked to achieve 89.55% in February.

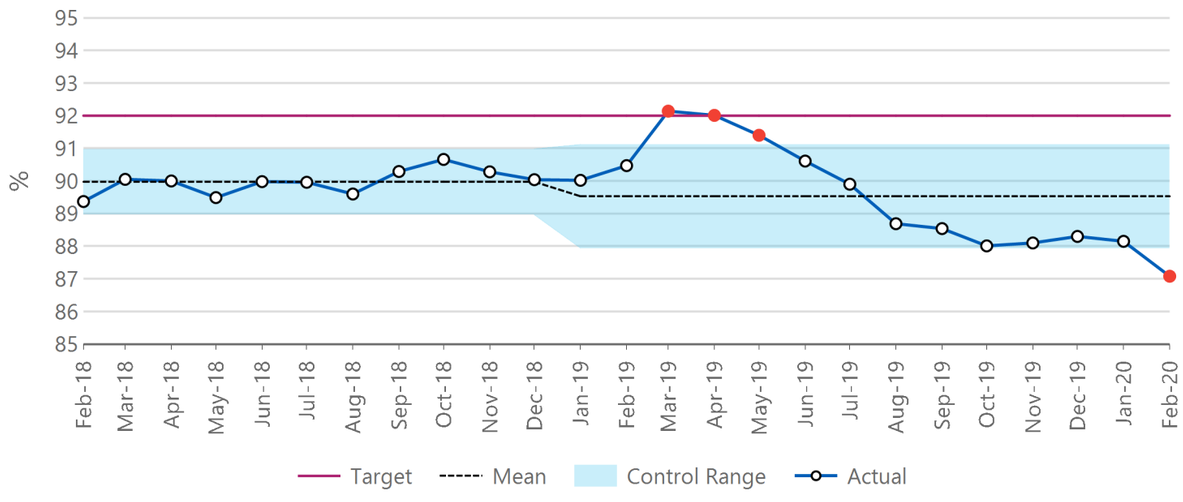
Action to Improve: For 2020/21 development plans at sub-specialty level are being refreshed to identify key actions for improvement.

Actual performance against RAG ratings

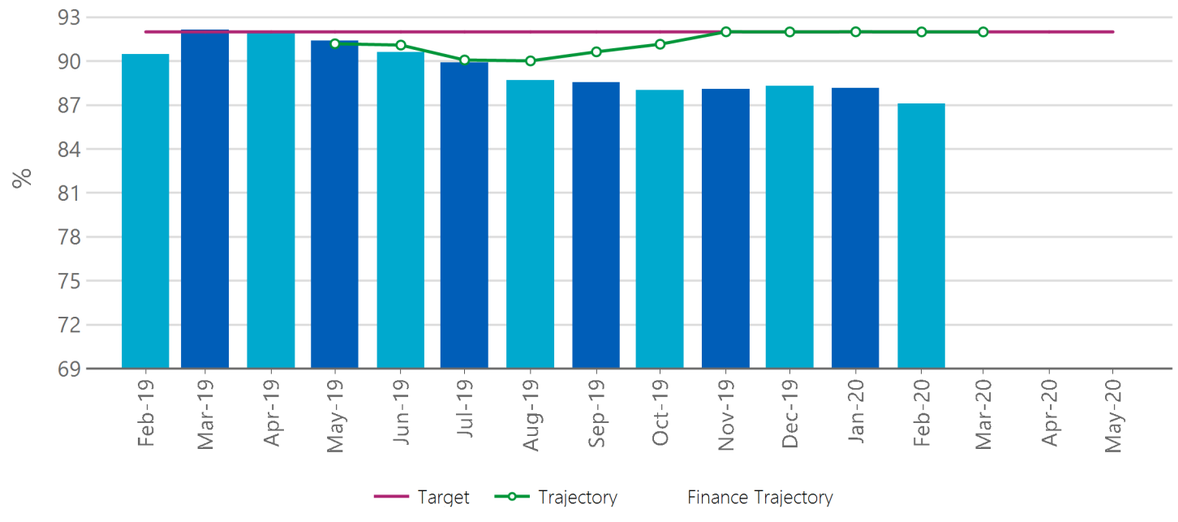


Performance over 24 months – SPC

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



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
89.37%	90.05%	90%	89.49%	89.98%	89.96%	89.6%	90.29%	90.66%	90.28%	90.04%	90.02%	90.47%	92.14%	92.01%	91.4%	90.61%	89.9%	88.69%	88.54%	88.01%	88.1%	88.3%	88.15%	87.08%	89.37%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Patients Waiting Over 52 Weeks – English

Number of English RTT patients currently waiting 52 weeks or more

0 against 0 target

On target green rated

Exec Lead:
Director of Operations

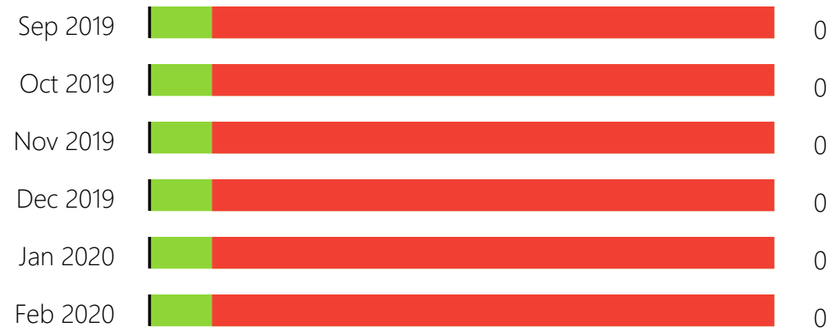
Integrated Performance Report

Narrative

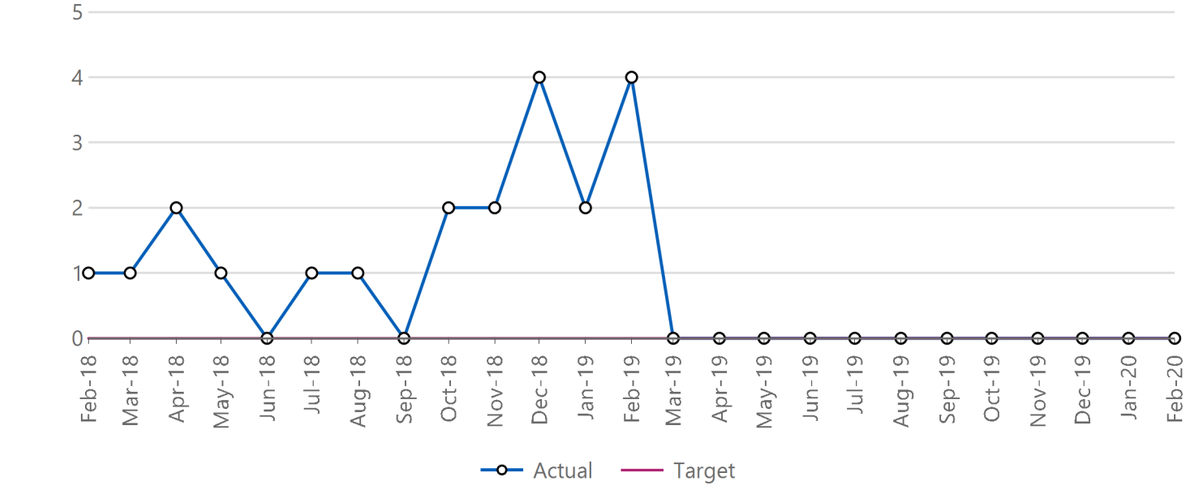
At the end of February there were no English patients waiting over 52 weeks.

The forecast figures show predicted 52+ weeks waits as follows:
- End of March - 0
- End of April - 4 - 2x Spinal Disorders, 1x Knee & Sports, 1x Upper Limb
- End of May - 6 - 2x Spinal Disorders, 1x Knee & Sports, 1x Tumour, 1xArthroplasty

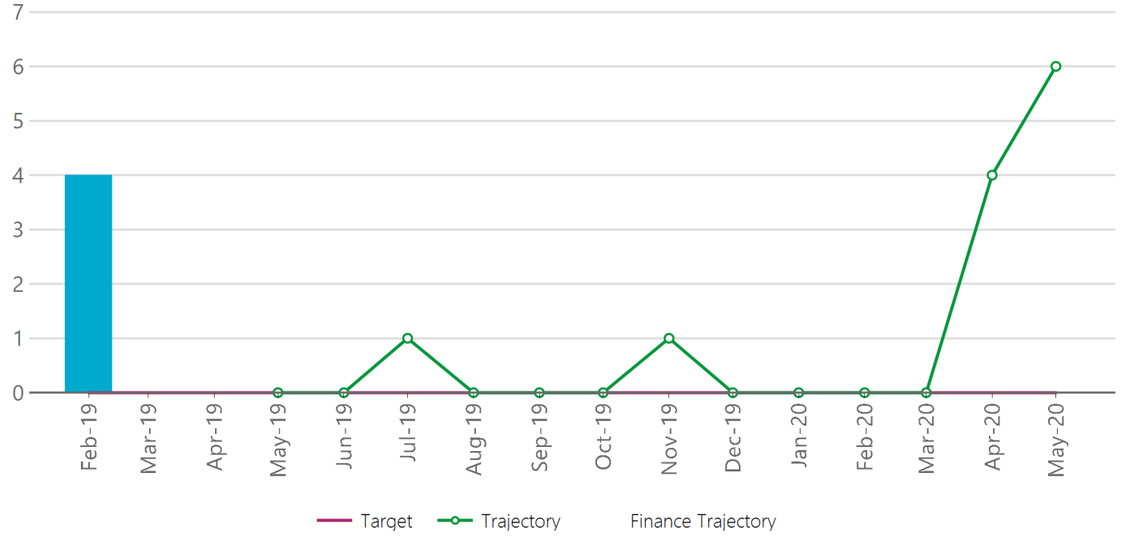
Actual performance against RAG ratings



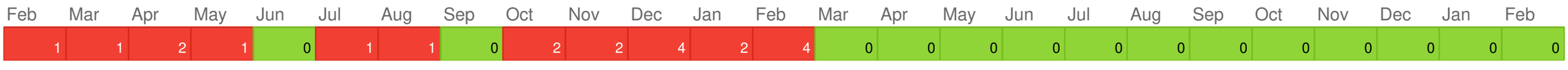
Performance over 24 months –



Trajectory



Heatmap performance over 24 months



The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Patients Waiting Over 52 Weeks – Welsh

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

1 against 0 target
Breaching target red rated

Exec Lead:
Director of Operations

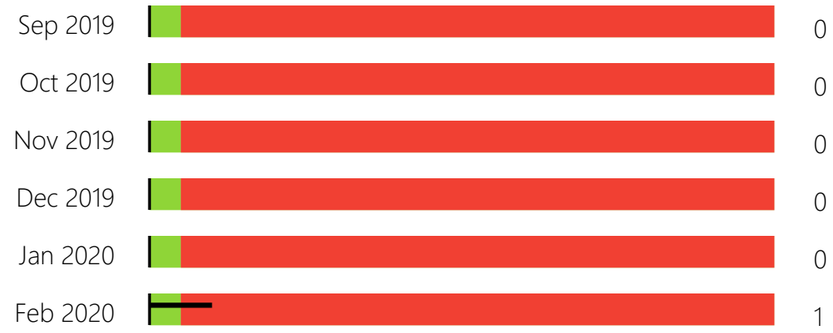
Integrated Performance Report

Narrative

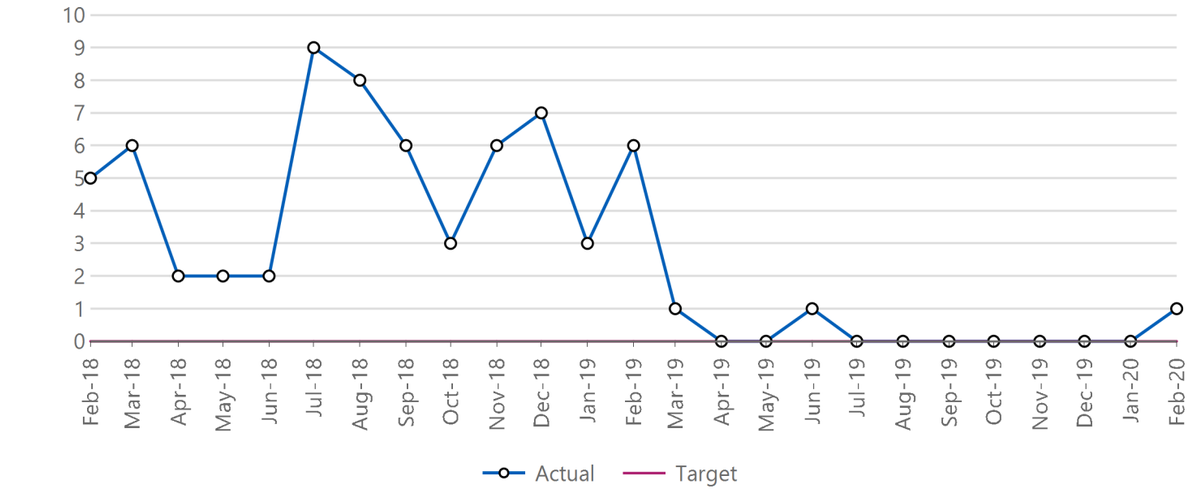
At the end of February there was one Welsh patient (Spinal Disorders) waiting over 52 weeks.

The forecast figures show predicted 52+ weeks waits as follows (these include BCU & Powys patients):
- End of March - 2 - Both Spinal Disorders
- End of April - 5 - 2x Spinal Disorders, 2x Arthroplasty, 1x Knee & Sports
- End of May - 8 - 5x Spinal Disorders, 2x Upper Limb, 1x Arthroplasty

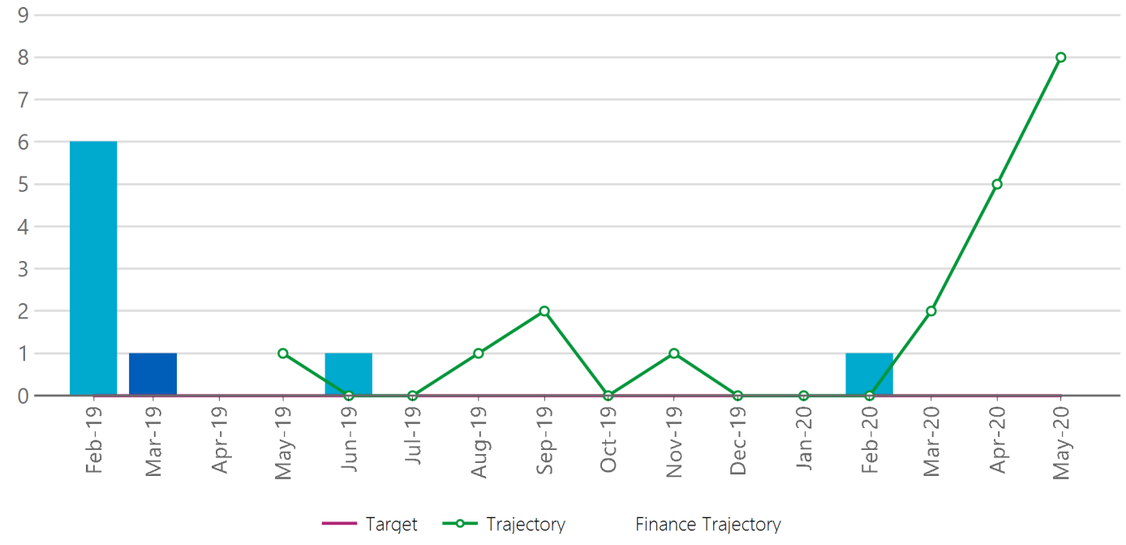
Actual performance against RAG ratings



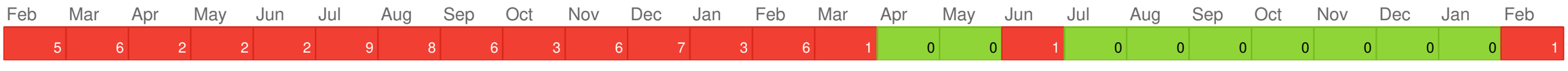
Performance over 24 months –



Trajectory



Heatmap performance over 24 months



The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Patients Waiting Over 52 Weeks – Welsh (BCU Transfers)

106 against N/A target

Exec Lead:
Director of Operations

Integrated Performance Report

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

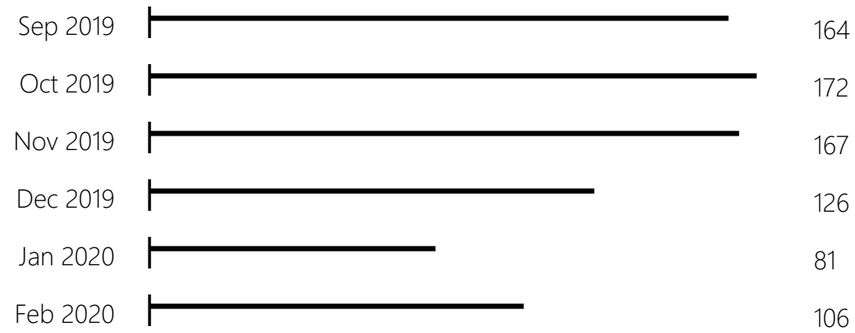
Narrative

At the end of February there were 106 Welsh patients waiting over 52 weeks who were transfers of care from BCU.

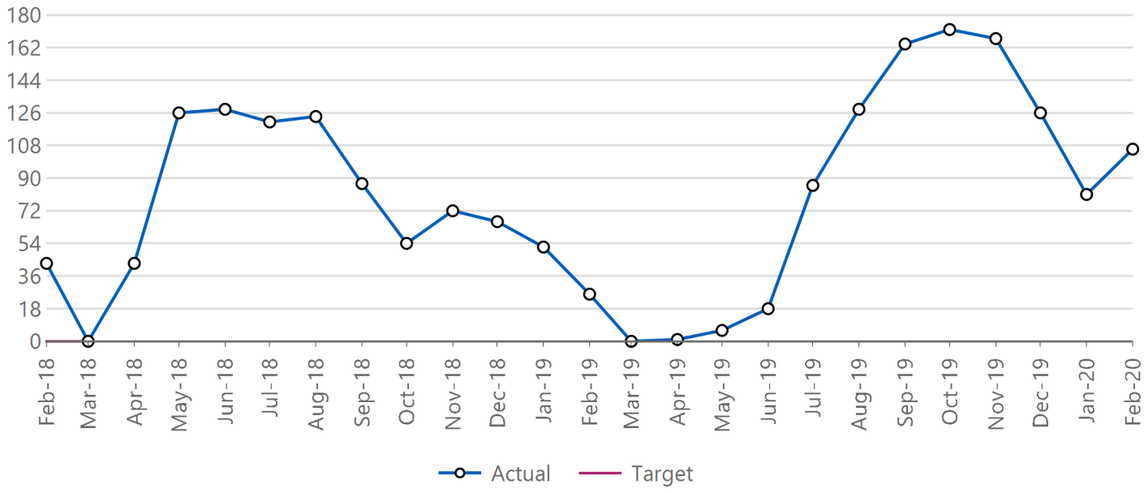
The forecast figures show predicted 52+ weeks waits as follows:
- End of March - 10 - all of these patients have been on complex pathways requiring multiple diagnostics and opinions and care plans are in place for each patient.

Furthers transfers will be received throughout 2020/21.

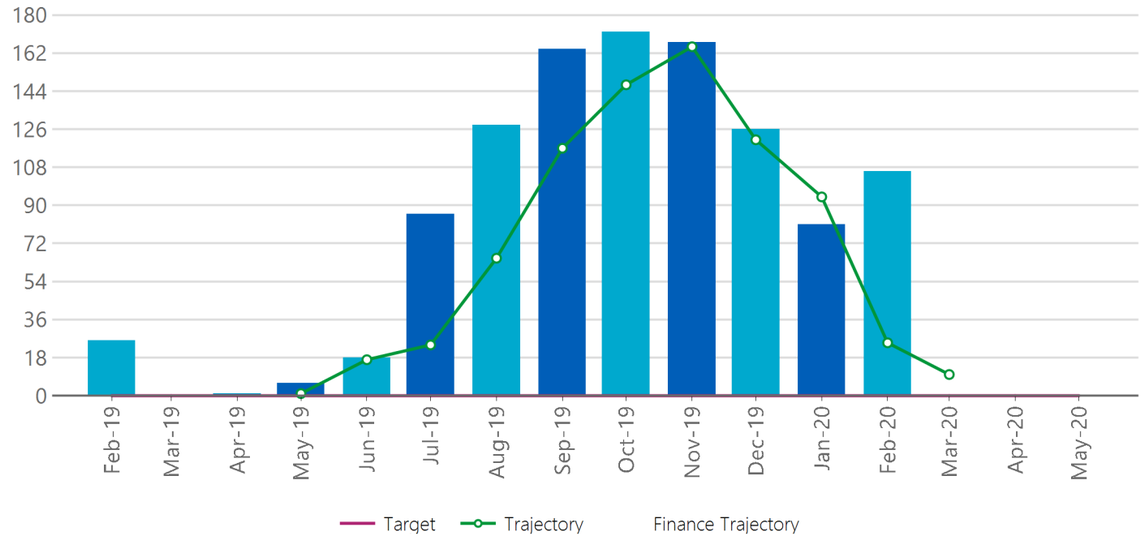
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
43	0	43	126	128	121	124	87	54	72	66	52	26	0	1	6	18	86	128	164	172	167	126	81	106

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

6 Week Wait for Diagnostics - English Patients

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

98.6% against 99% target

Below target red rated

Exec Lead:
Director of Operations

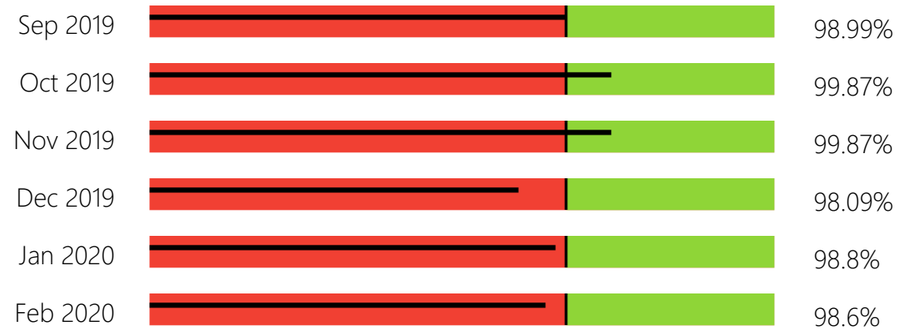
Integrated Performance Report

Narrative

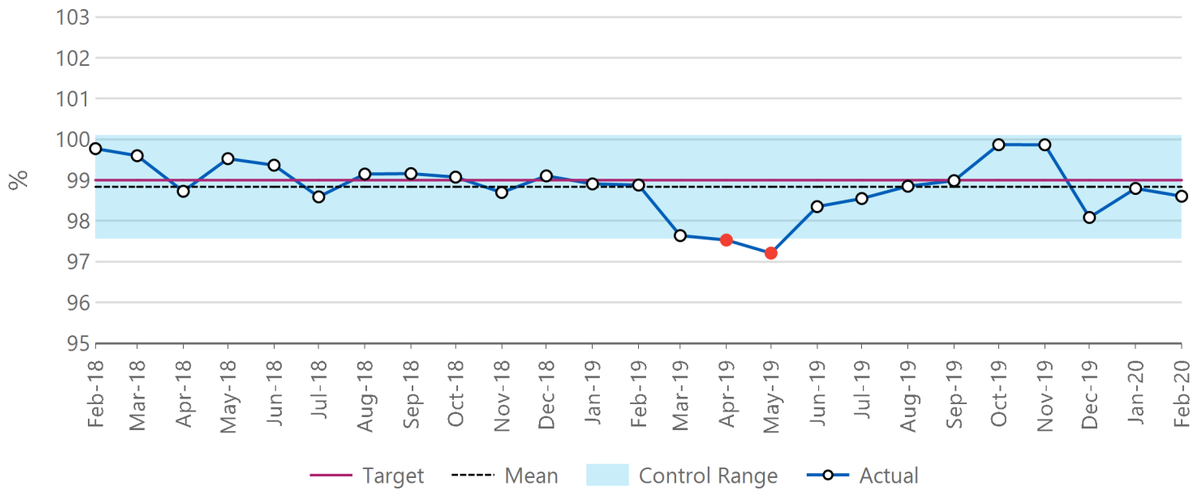
The 6 week standard for diagnostics was not achieved this month and is reported at 98.60%. This equates to nine patients who waited beyond 6 weeks with reasons associated with capacity (3), patient unfit for procedure (3), patient request (1), referrer request (1) and patient cancelled and 3 weeks notice not given to patient (1). The braches occurred in the following modalities; MRI (6) and CT (3)

Action to Improve: The Division continue to review any breaches to the standard and where delays are within our control actions are taken. In particular, cancellations/DNA's where 3 weeks notice has not been given, the Division will now ensure patients are given 3 weeks' notice.

Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
99.77%	99.6%	98.73%	99.53%	99.37%	98.59%	99.15%	99.16%	99.07%	98.7%	99.1%	98.91%	98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.09%	98.8%	98.6%	98.62%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

8 Week Wait for Diagnostics - Welsh Patients

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

99.52% against **100%** target

Below target red rated

Exec Lead:
Director of Operations

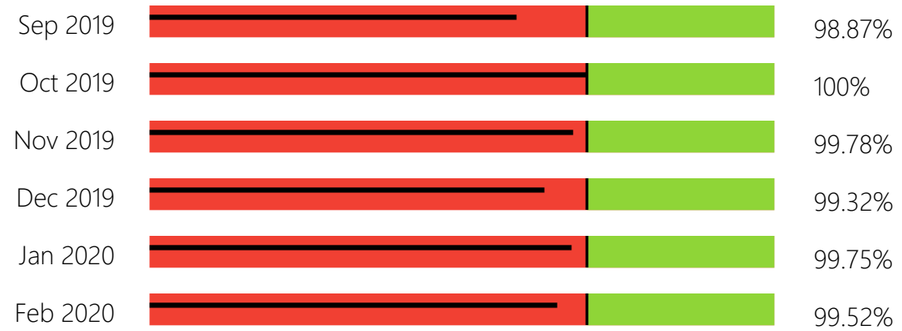
Integrated Performance Report

Narrative

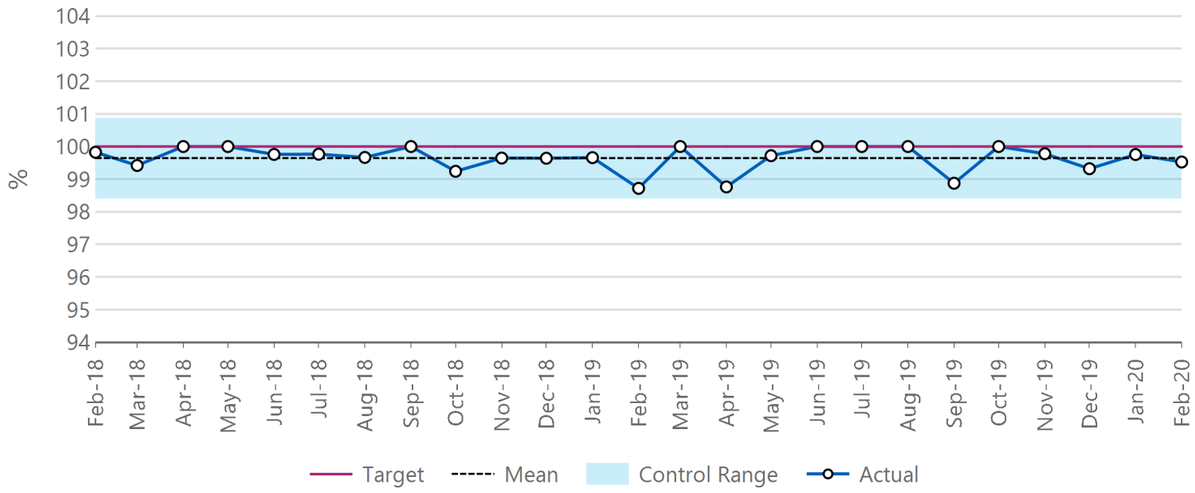
The 8 week standard for diagnostics was not achieved this month and is reported at 99.52%. This equates to two patients who waited beyond 8 weeks due to hospital cancelling clinic appointment that needs to be same day (1) and delay in getting referral (1). The breaches were both for MRI.

Action to Improve: The Division continue to review any breaches to the standard and where delays are within our control actions are taken. In particular, cancellations/DNA's where 3 weeks notice has not been given, the Division will now ensure patients are given 3 weeks' notice.

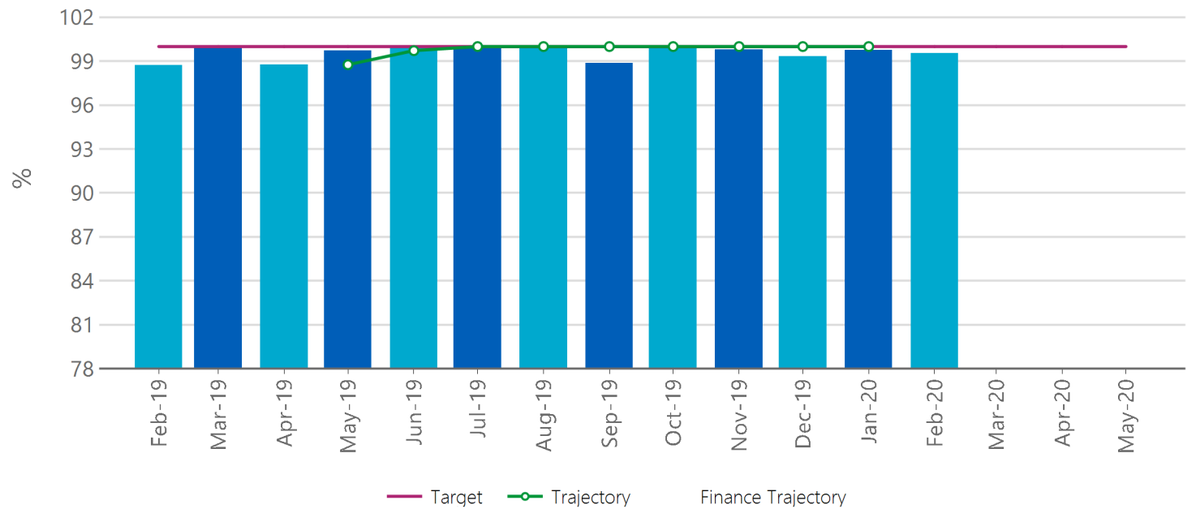
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
99.82%	99.42%	100%	100%	99.76%	99.77%	99.67%	100%	99.24%	99.65%	99.64%	99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.75%	99.52%	99.62%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Total Theatre Activity

Activity in theatres in month

940 against **1,019** target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

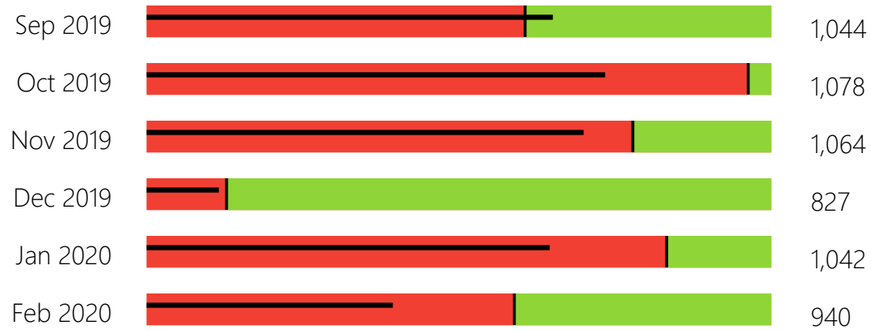
Narrative

Total Theatre Activity was behind plan in February. A breakdown of this is:
- T&O including Tumour & Hand Trauma - 855 cases. This was 53 cases below the original plan and 63 cases behind the revised plan. This is broken down by:
  - T&O Only - 805 cases (-50 from revised plan)
  - Tumour - 33 cases (-7 from revised plan)
  - Hand Trauma -17 cases (-6 from revised plan)
- MCSI - 34 cases (-7 from plan)
- Private Patients - 51 cases (-19 from revised plan)

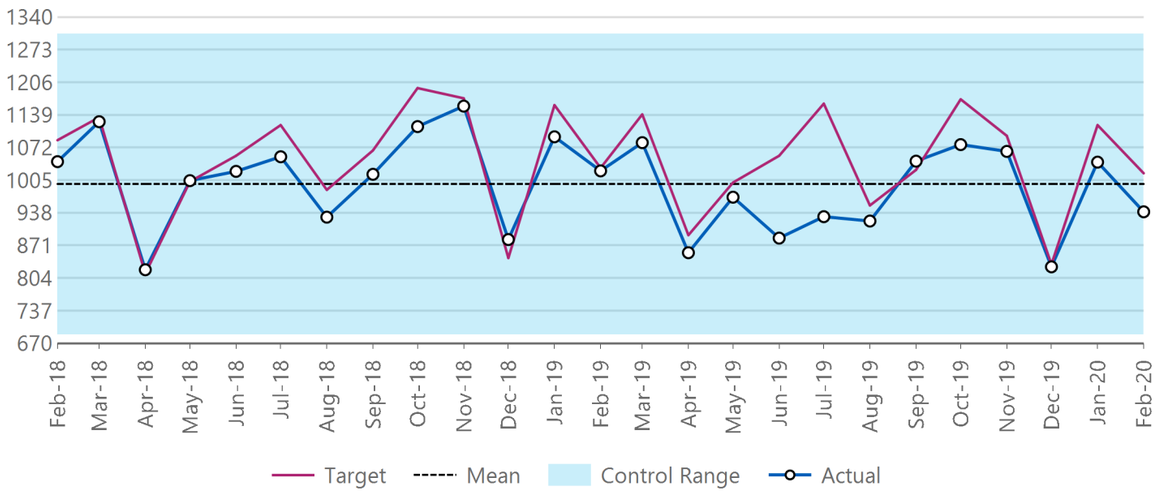
The trajectory reflects the revised plans agreed in November-19.

Action to Improve: Following Capacity and Demand planning for 2020/21 workforce assessments have taken place across surgical sub-specialties. This has identified where additional fixed capacity is required, alongside this theatres staffing has been reviewed and a case for increasing whole-time equivalent was approved in February. A recruitment action plan has been produced to track progress. Theatres recruitment is underway.

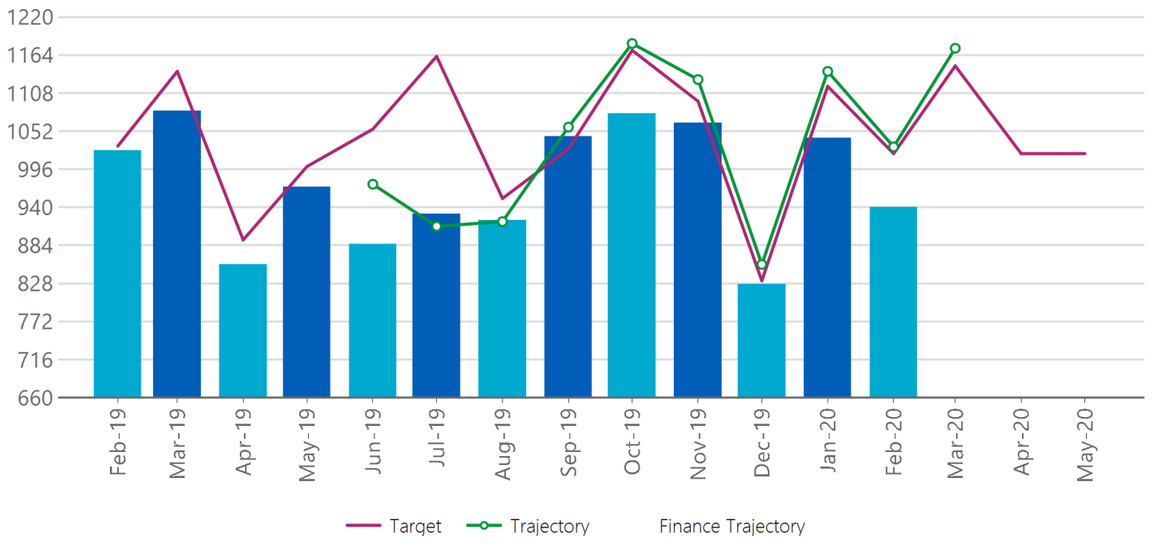
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
1,043	1,125	821	1,004	1,023	1,053	929	1,017	1,115	1,157	883	1,094	1,024	1,082	856	970	886	930	921	1,044	1,078	1,064	827	1,042	940	10,558

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

89.53% against **87%** target

Breaching target green rated

Exec Lead:
Director of Operations

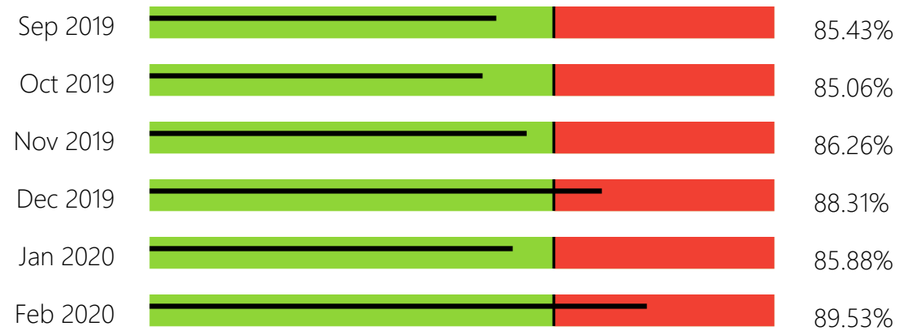
Integrated Performance Report

Narrative

The occupancy rate for all wards is green rated this month at 89.53%. Occupancy across the Surgical Wards was:
- Alice 41.38%
- Clwyd 93.57%
- Kenyon 93.52%
- Ludlow 90.48%
- Oswald 84.62%
- Powys 92.79%

Occupancy within the Medicine Division was:
- Gladstone 95.86%
- Wrekin 98.62%
- Sheldon 91.76%

Actual performance against RAG ratings



Performance over 24 months – SPC

Trajectory

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
90.7%	86.3%	80.91%	82.52%	85.73%	83.78%	86.61%	89.08%	85.94%	84.03%	84.83%	86.78%	87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	88.31%	85.88%	89.53%	85.01%

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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Outpatients Activity Attendances

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

13,252 against 13,745 target

Below target red rated

Exec Lead:
Director of Operations

Integrated Performance Report

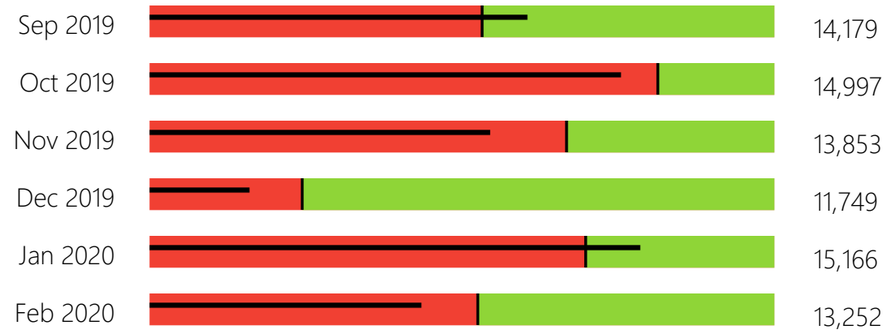
Narrative

The number of attendances was 493 behind plan in month 11 with 13252 attendances seen against a plan of 13745. A divisional breakdown is:
- Surgery - 6377 against a plan of 6900 (-523) - YTD position + 521
- Medicine - 5710 against a plan of 5542 (+168) - YTD position -1650

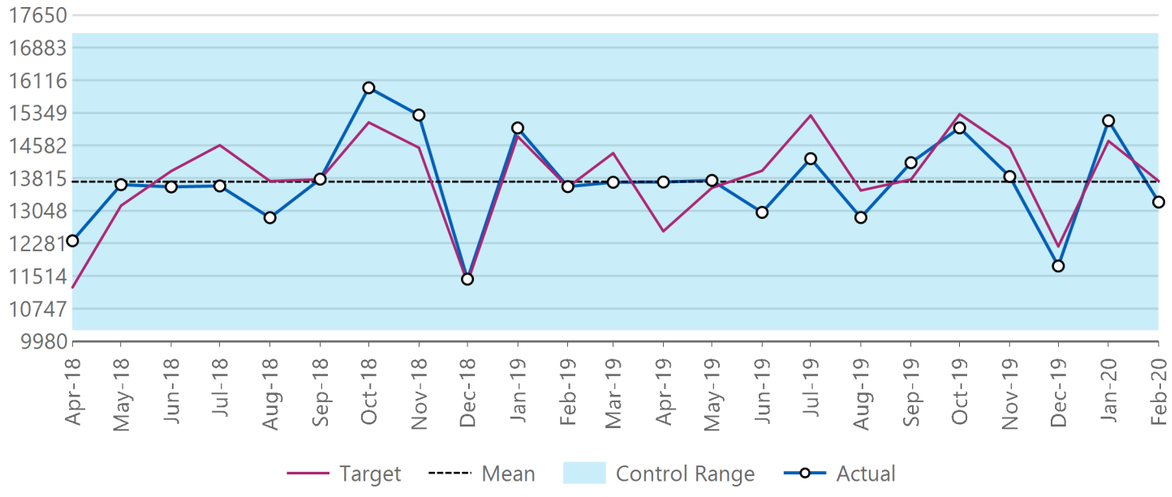
In Medicine division, areas behind plan to note were:
Metabolic Medicine with YTD position -1088 and Physiotherapy Clinics with YTD position -1822

Action to Improve: In-month pressure with Upper Limb, Paediatrics and Foot & Ankle. Upper Limb under-performance is consistent with that seen YTD. Further work to be taken to understand changing demand.

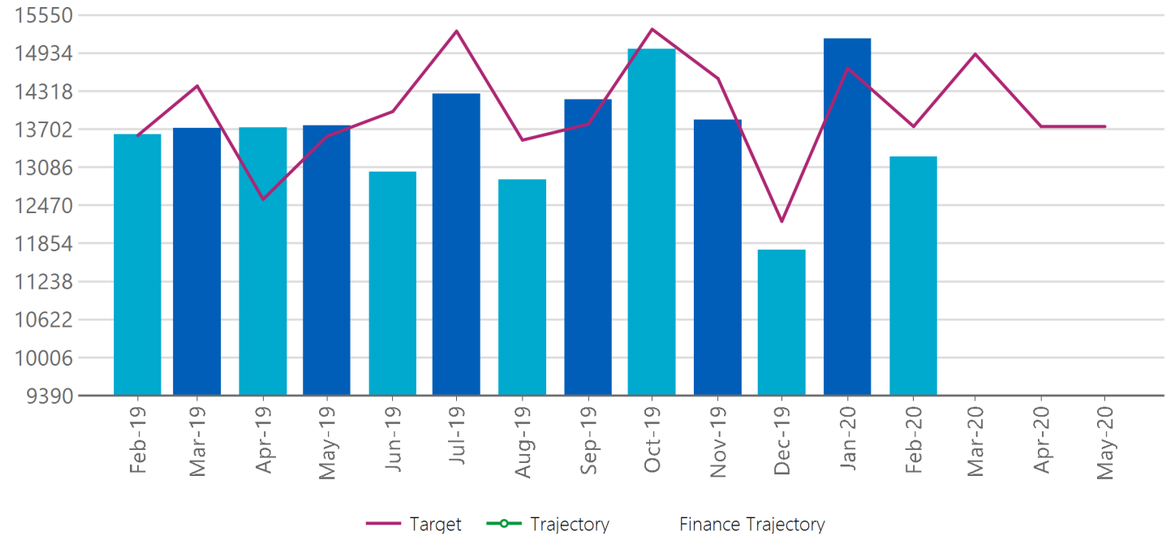
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
12,342	13,662	13,609	13,631	12,885	13,792	15,939	15,298	11,440	14,995	13,616	13,718	13,724	13,761	13,010	14,273	12,889	14,179	14,997	13,853	11,749	15,166	13,252	150,883

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

560 against **50** target

Above target green rated

Exec Lead:
Director of Finance

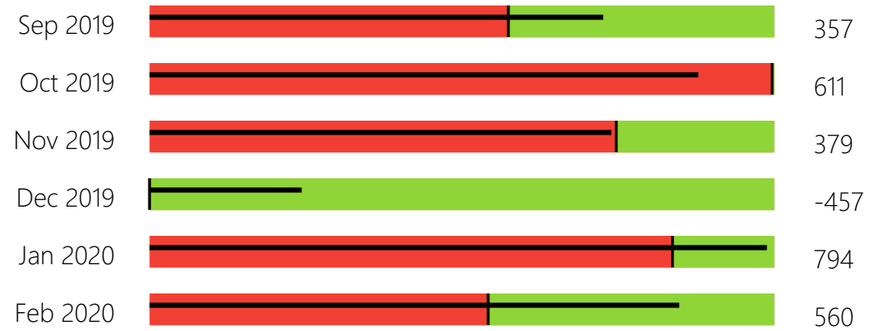
Integrated Performance Report

Narrative

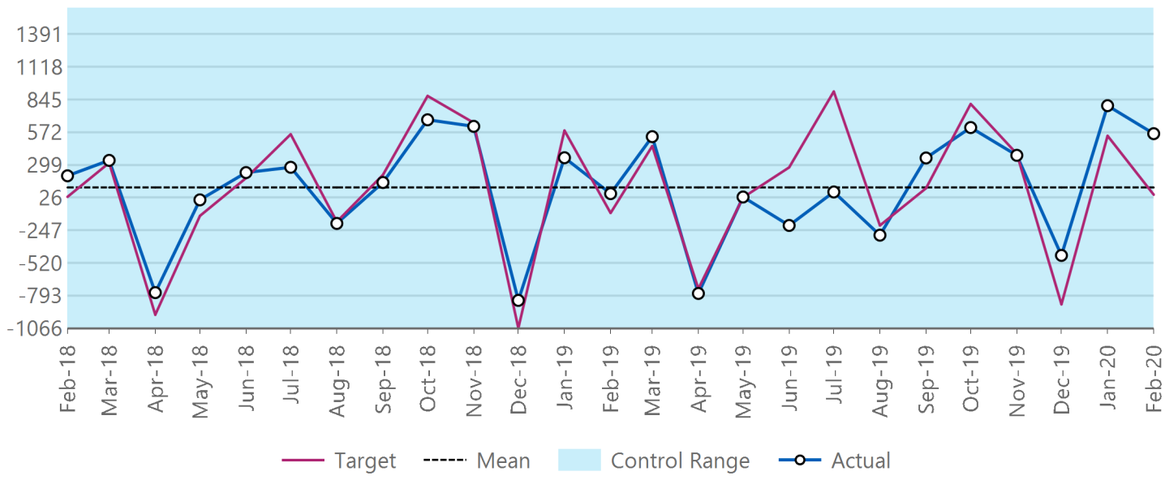
- YTD £1,077k surplus , £227k adverse to plan

- Overall £560k surplus in month
- £510k favourable to plan (including £225k system support)

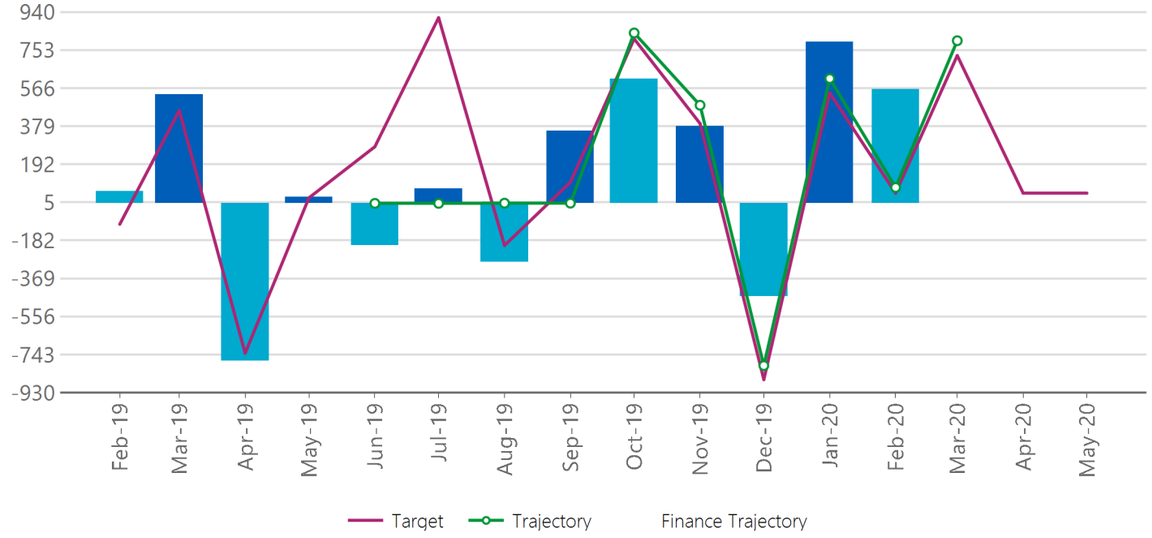
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
208	337	-768	7	235	279	-190	152	676	621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	1,077

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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Income

All Trust Income, Clinical and non clinical

9,792 against **9,379** target

Above target green rated

Exec Lead:
Director of Finance

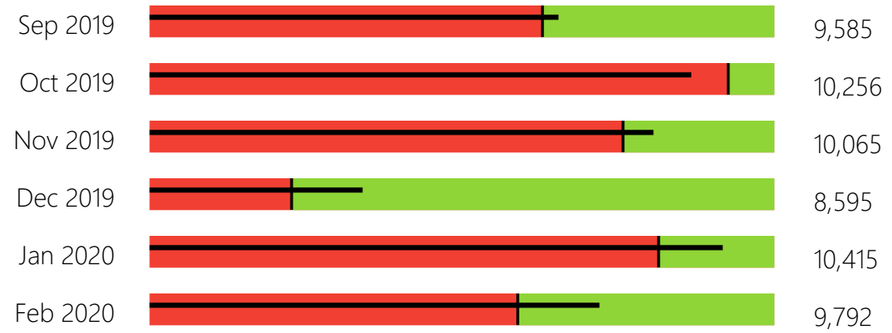
Integrated Performance Report

Narrative

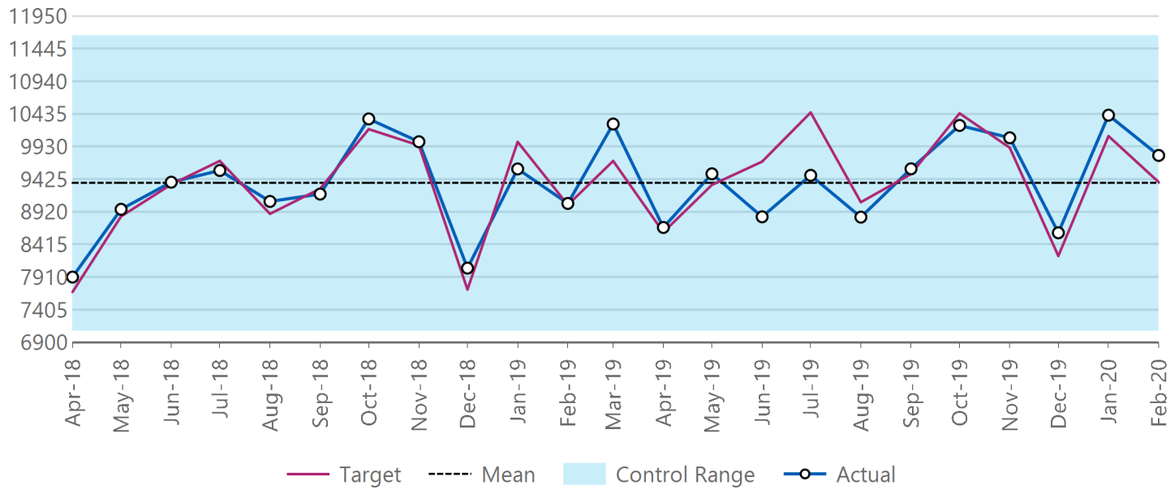
Income £413k favourable (includes system support £225k):

- Theatres adverse (50 case shortfall against recovery plan)
- MCSI favourable
- Medicine Outpatients favourable
- QIPP risk share favourable

Actual performance against RAG ratings



Performance over 24 months – SPC



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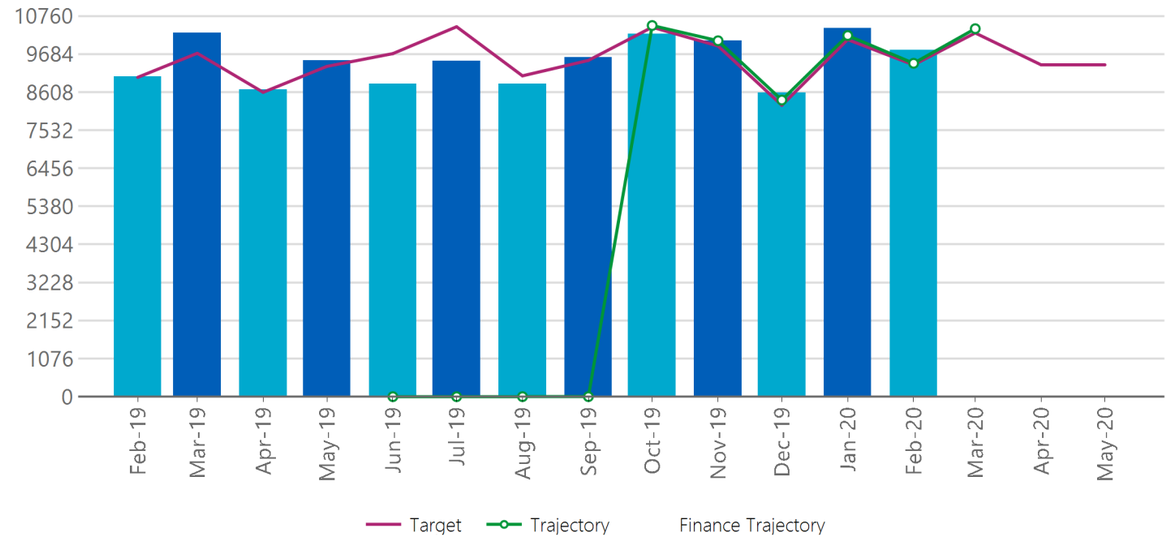


Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
7,909	8,958	9,378	9,559	9,080	9,194	10,357	10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,484	8,837	9,585	10,256	10,065	8,595	10,415	9,792	104,056

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Expenditure

All Trust expenditure including Finance Costs

9,275 against **9,370** target

Within target green rated

Exec Lead:
Director of Finance

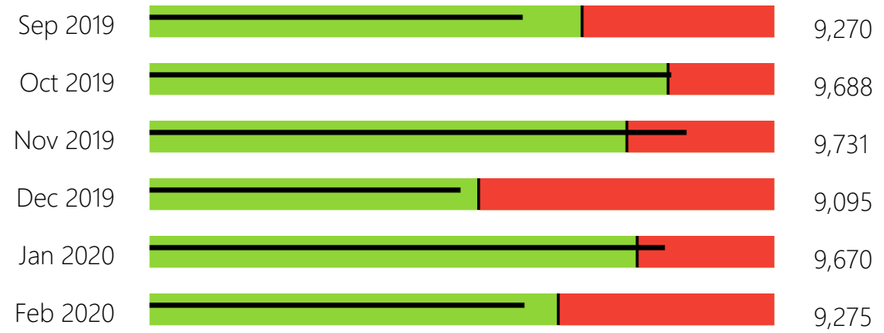
Integrated Performance Report

Narrative

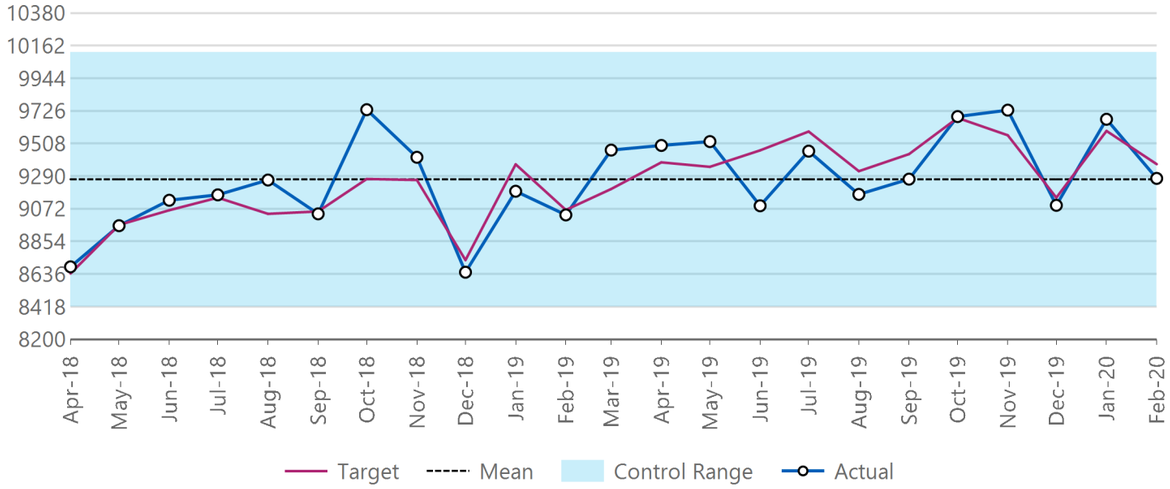
- Overall £95k favourable in month through ongoing financial controls and mitigations which offset pay pressure areas of:

- Locum consultant premium costs
- Nursing premium costs

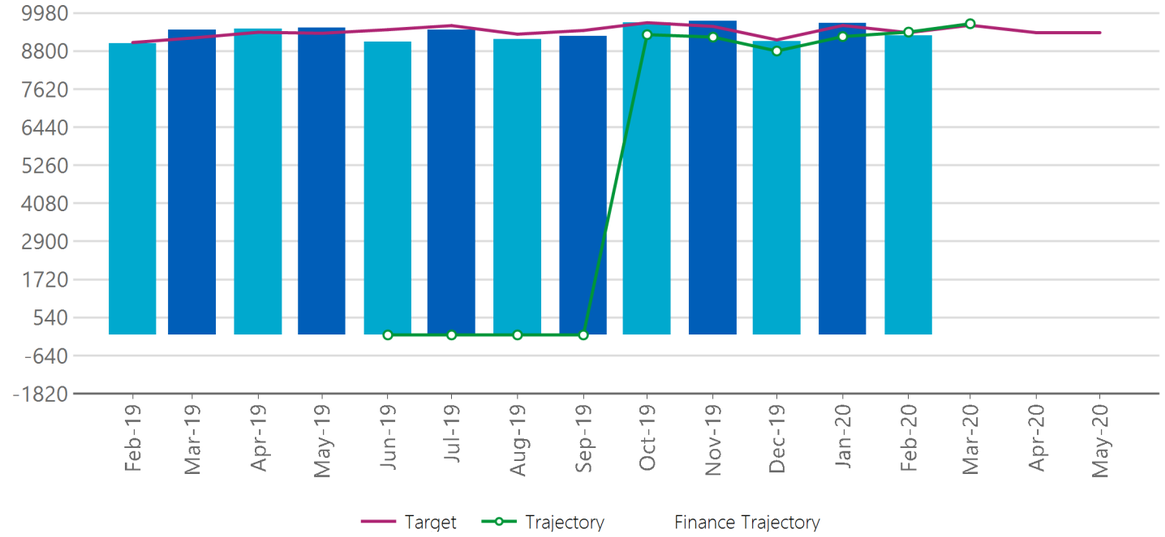
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
8,684	8,959	9,129	9,165	9,264	9,038	9,734	9,416	8,648	9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	9,670	9,275	103,462

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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

CIP Delivery

Cost Improvement Programme requirement

356 against **251** target

Above target green rated

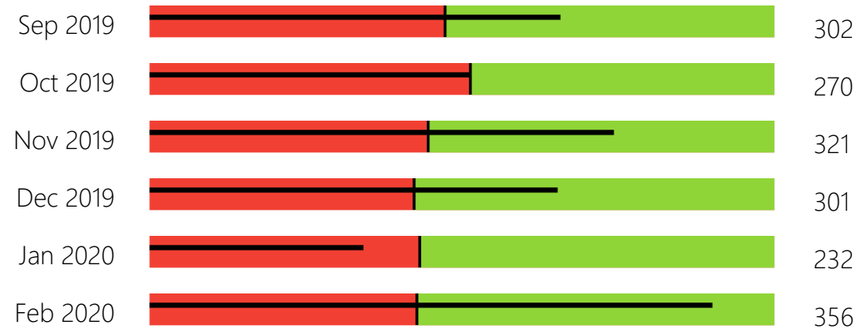
Exec Lead:
Director of Finance

Integrated Performance Report

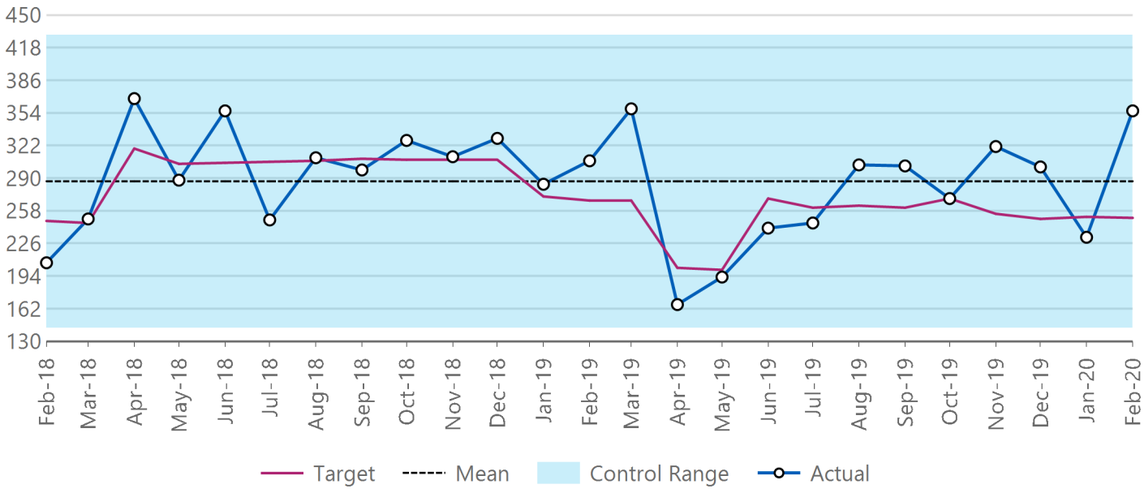
Narrative

£105k favourable against plan in month
£197k favourable against plan YTD

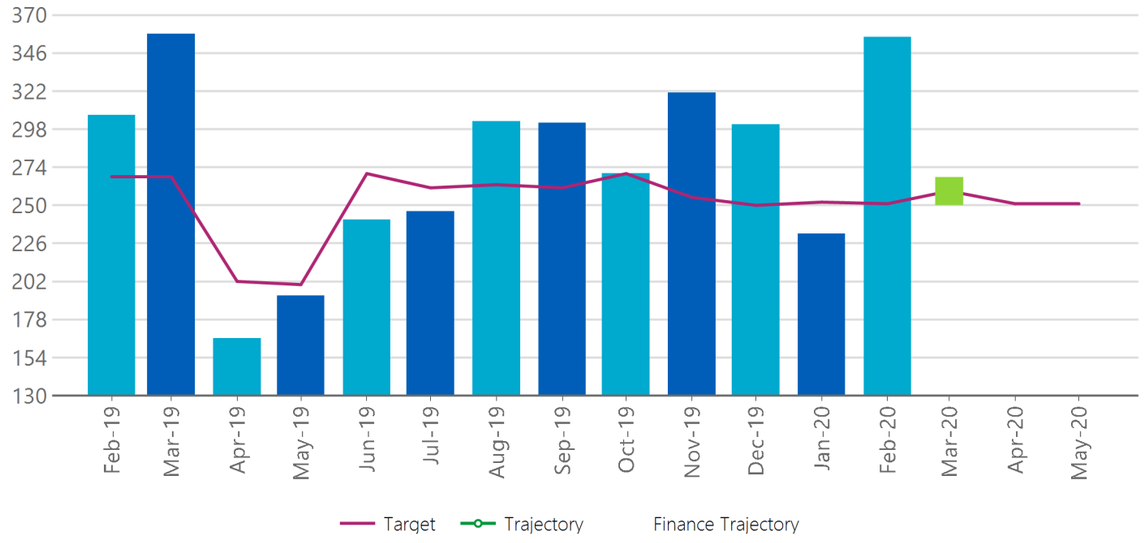
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
207	250	368	288	356	249	310	298	327	311	329	284	307	358	166	193	241	246	303	302	270	321	301	232	356	2,931

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

QIPP Delivery Risk Impact

MSK Transformation QIPP

-82 against 0 target

Within target green rated

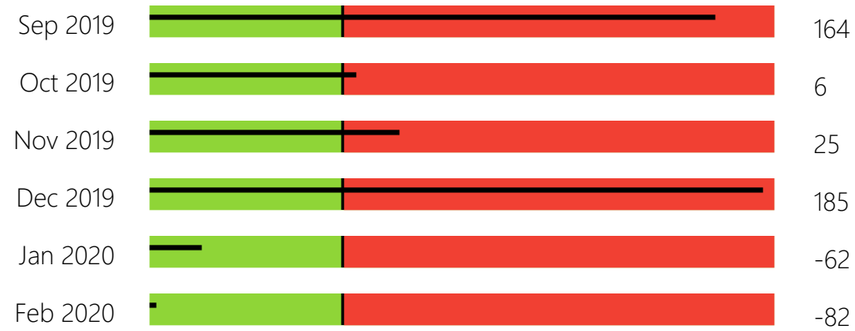
Exec Lead:
Director of Finance

Integrated Performance Report

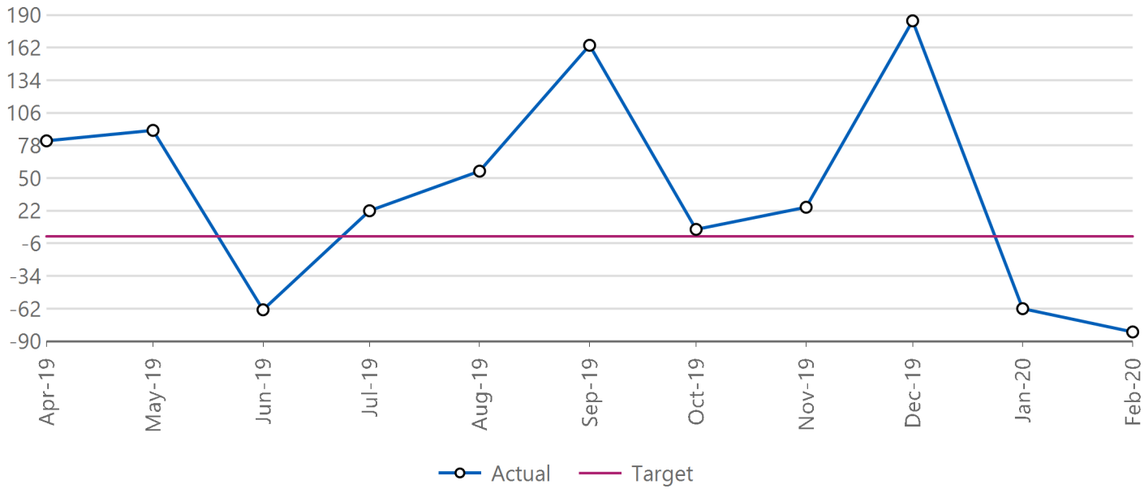
Narrative

£82k favourable in month
£424k adverse YTD

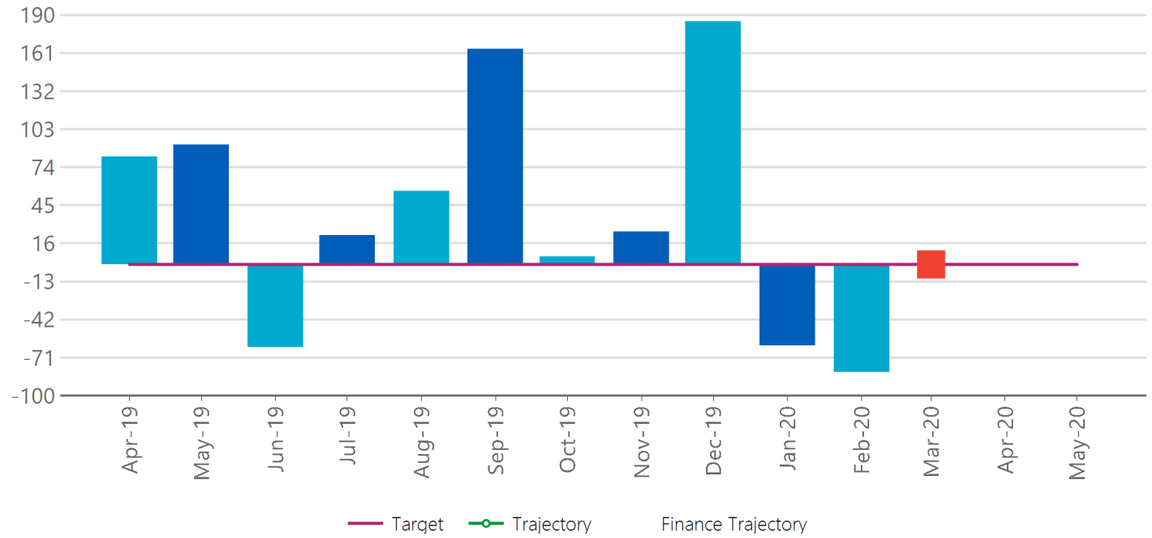
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
82	91	-63	22	56	164	6	25	185	-62	-82	425

Agency Core

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

133 against 132 target

Breaching target green rated

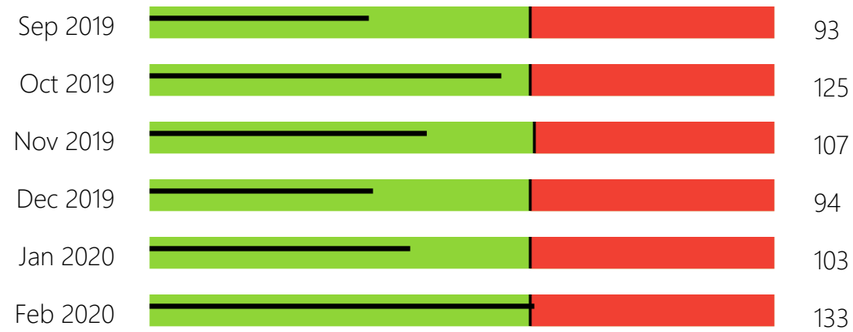
Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

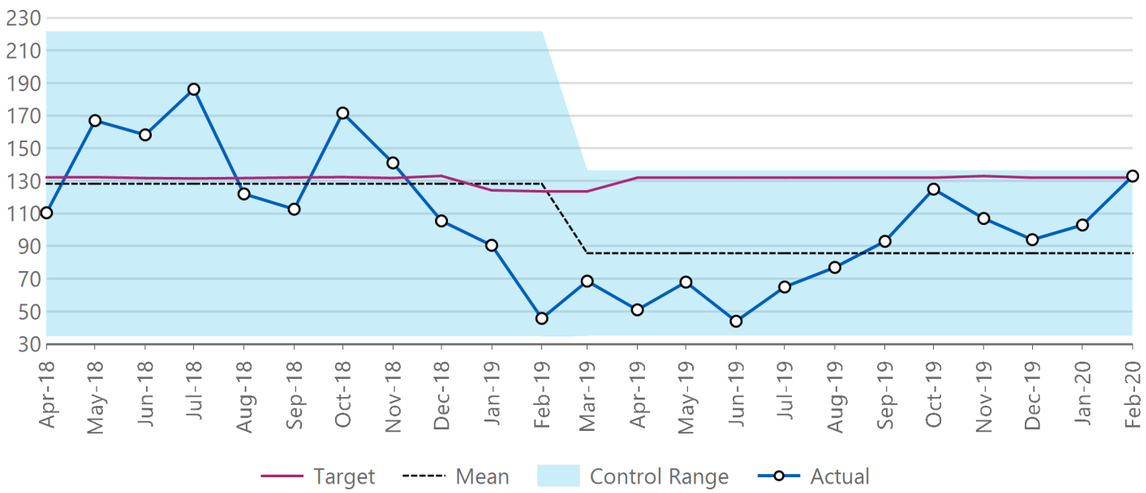
Core agency spend £1k adverse against cap in month

Actual performance against RAG ratings

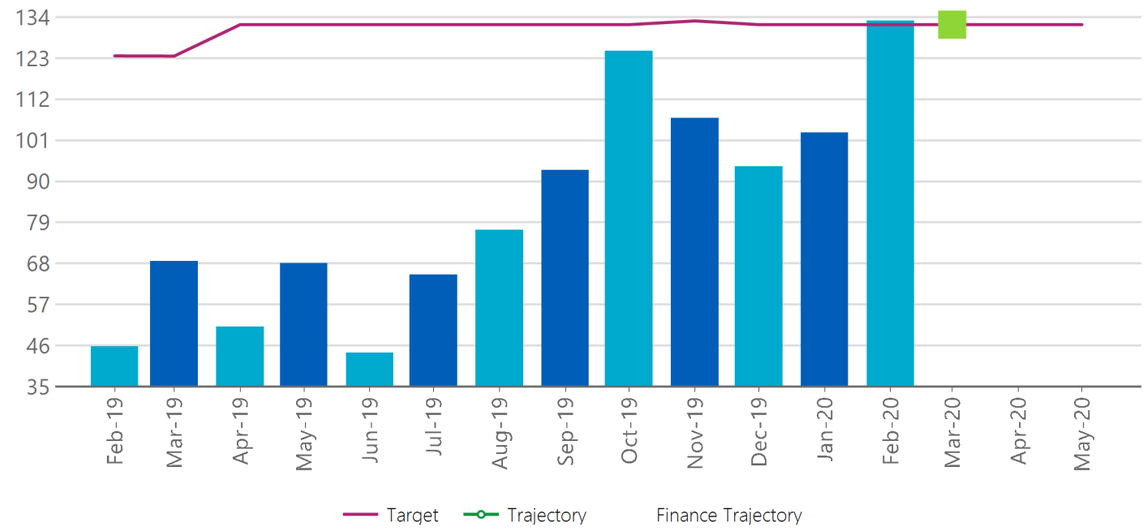


Performance over 24 months – SPC

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



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
110.49	167	158.27	186.24	122.05	112.7	171.62	141.07	105.5	90.56	45.75	68.59	51	68	44	65	77	93	125	107	94	103	133	961

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

Agency Non-Core

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

370 against **168** target

Breaching target red rated

Exec Lead:
Director of Finance

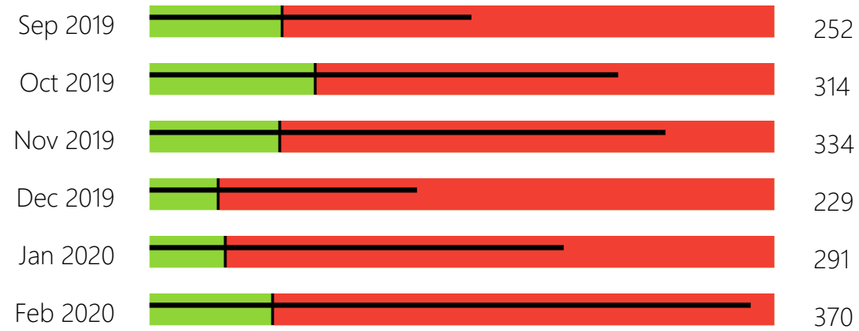
Integrated Performance Report

Narrative

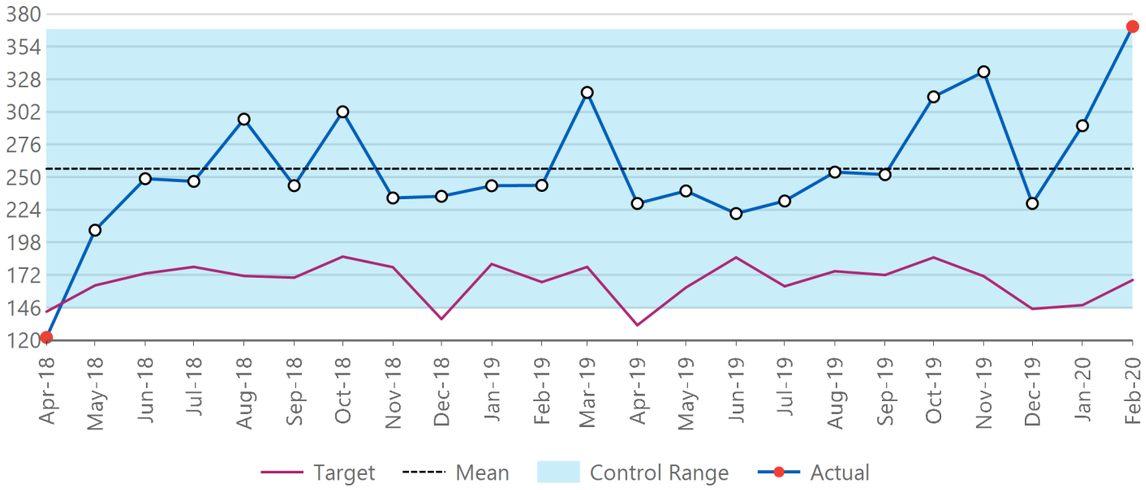
Non core agency spend £202k adverse against cap in month

Action to Improve: Agency limit for LLP does not align to operational plan - NHSI notified as part of planning. Long term plan to reduce OJP proportions activity delivery is dependent upon new consultant appointments and job plan productivity.

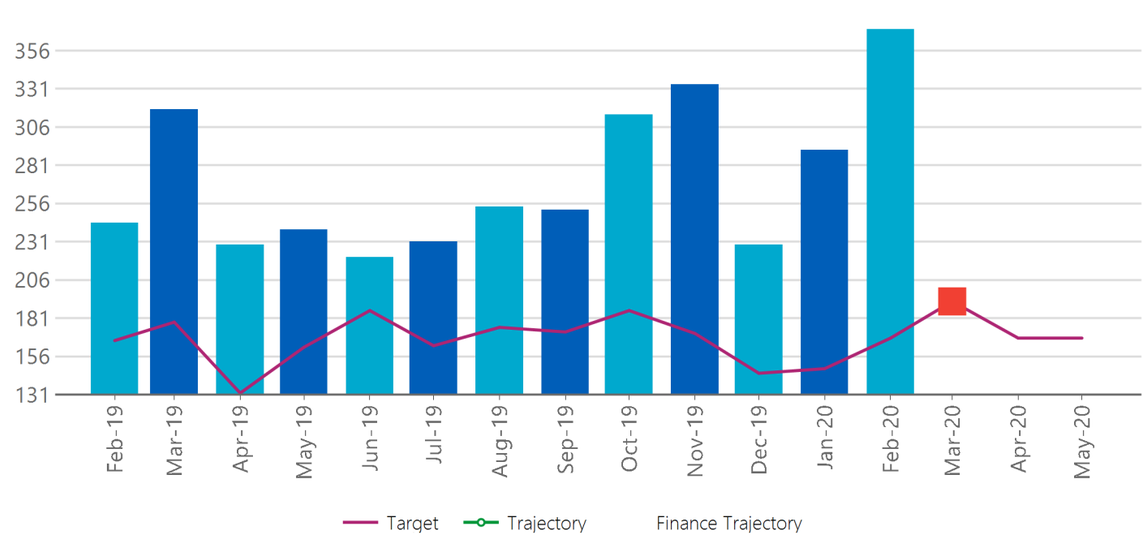
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
122.26	207.73	248.74	246.63	296.21	243.2	302.08	233.41	234.72	243.13	243.43	317.48	229	239	221	231	254	252	314	334	229	291	370	2,964

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Cash Balance

Cash in bank

6,781 against **5,181** target

Above target green rated

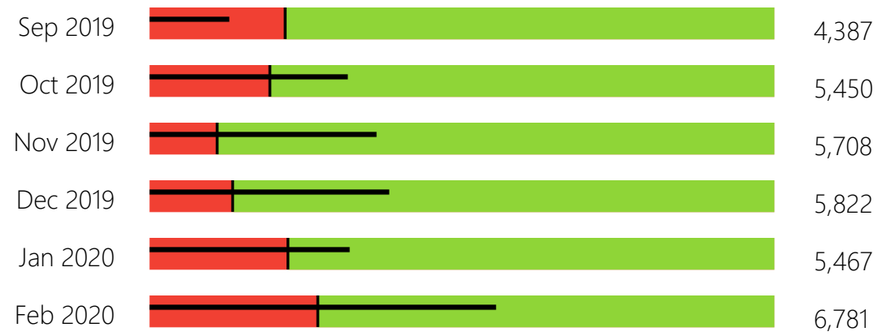
Exec Lead:
Director of Finance

Integrated Performance Report

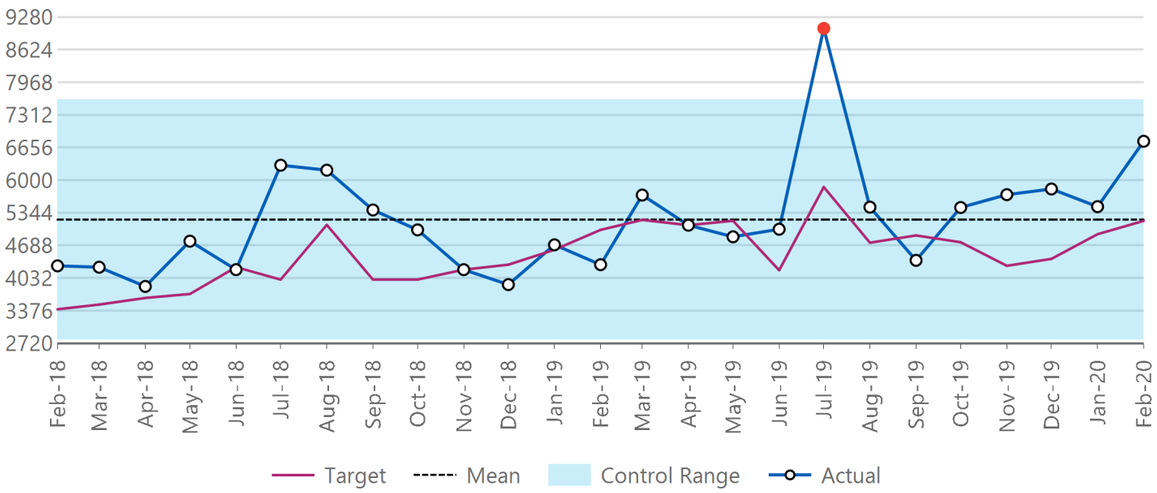
Narrative

Cash balances favourable against plan £1.6m due to advance payment from Welsh commissioners linked to transfers and slippage on capital schemes

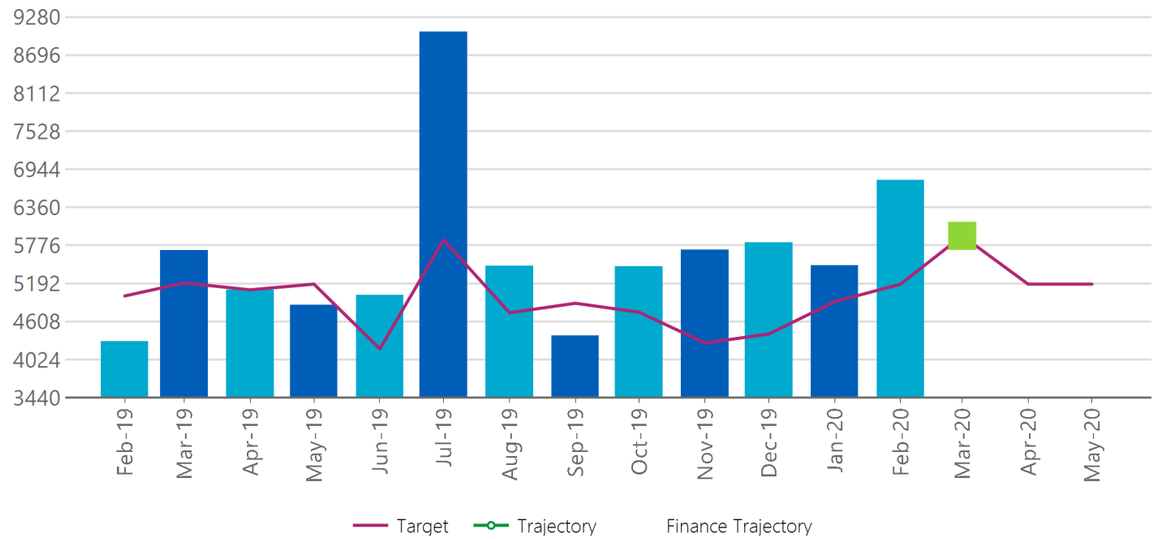
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
4,277	4,249	3,863	4,773	4,200	6,300	6,200	5,400	5,000	4,200	3,900	4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,467	6,781	6.78

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Capital Expenditure

Expenditure against Trust capital programme

233 against 273 target

Within target green rated

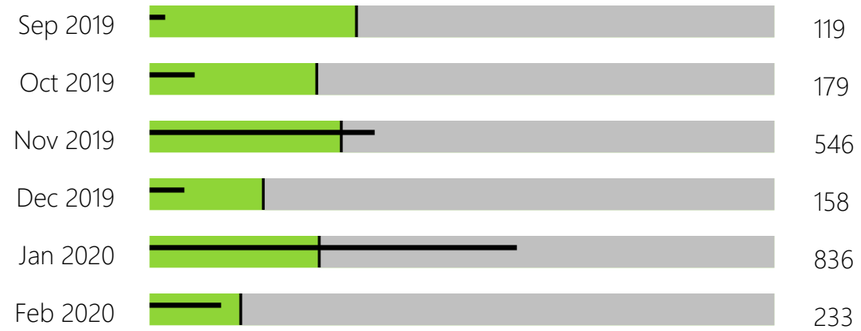
Exec Lead:
Director of Finance

Integrated Performance Report

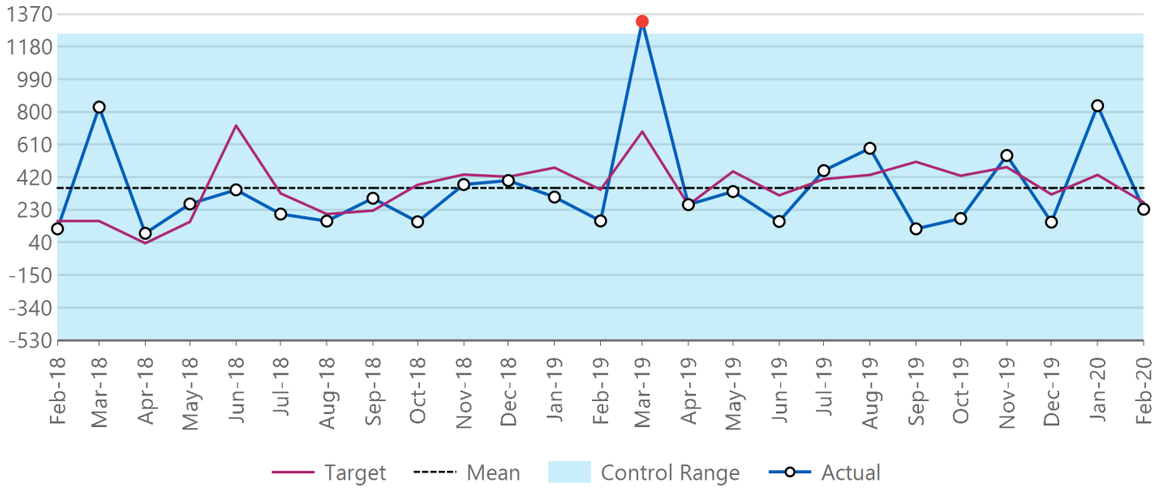
Narrative

Capital spend of £233k in month, YTD £430k under plan due to slippage of schemes

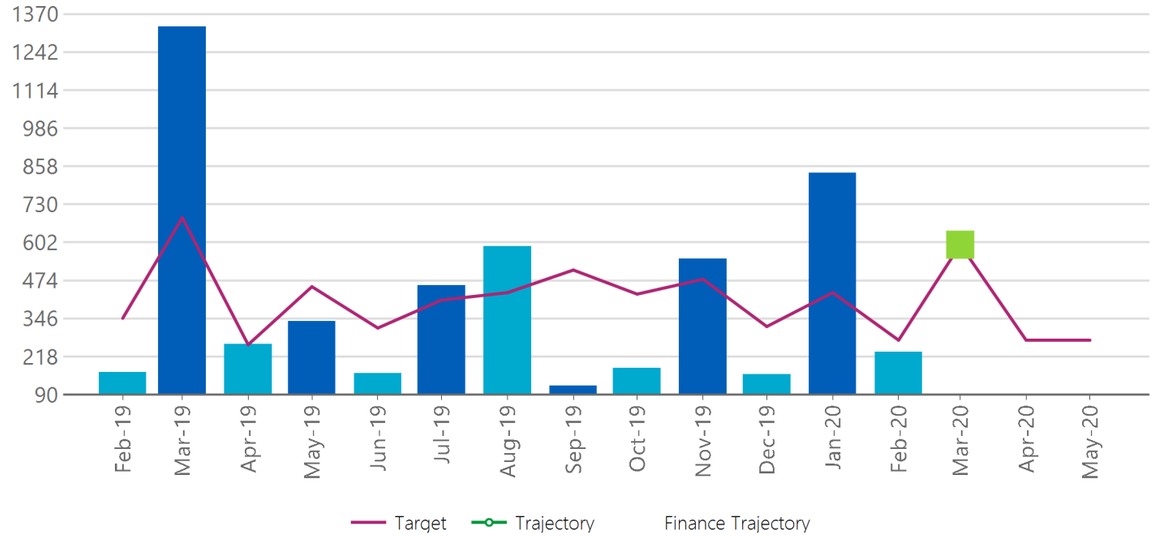
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
119	828	93	264	346	205	164	297	160	377	400	304	165	1,327	260	336	162	458	588	119	179	546	158	836	233	3,876

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Use of Resources (UOR)

Overall Use of Resources indicator

2 against 1 target

red rated

Exec Lead:
Director of Finance

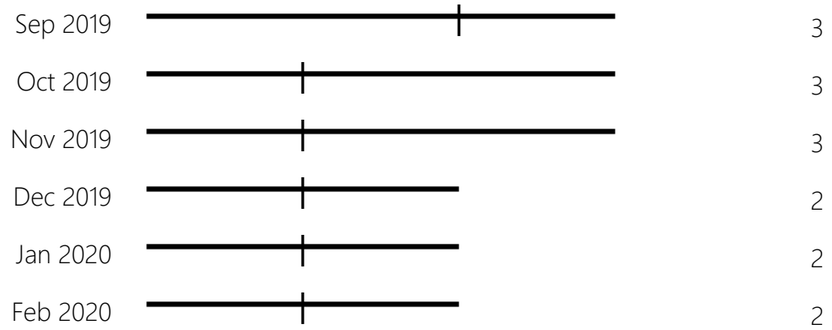
Integrated Performance Report

Narrative

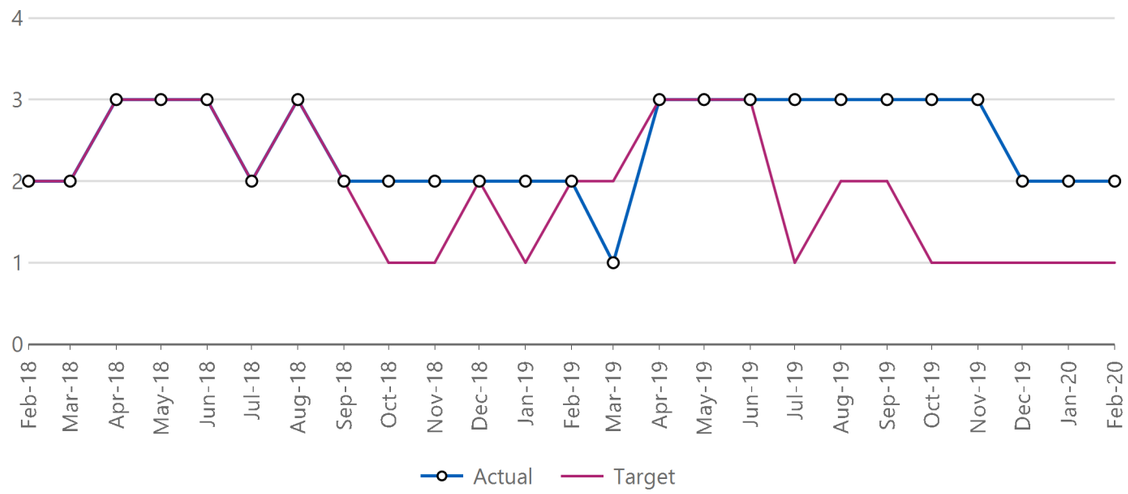
UOR remains behind plan at 2 in month

Action to Improve: This is a trigger under the 19/20 oversight framework and will improve with delivery against the control total

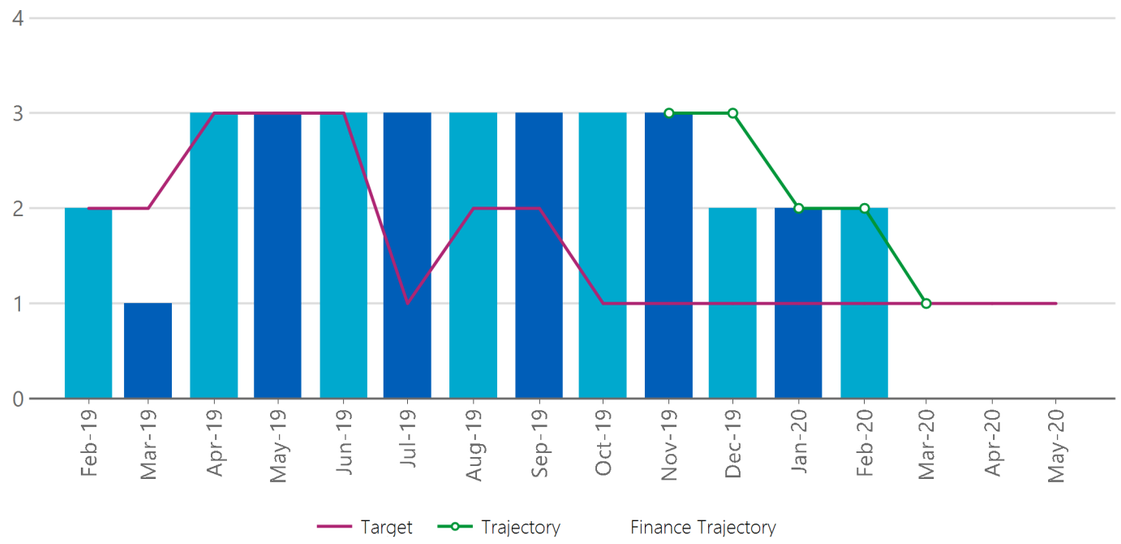
Actual performance against RAG ratings



Performance over 24 months –



Trajectory



Heatmap performance over 24 months

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs.

9.01% against **5.37%** target

Breaching target red rated

Exec Lead:
Director of Finance

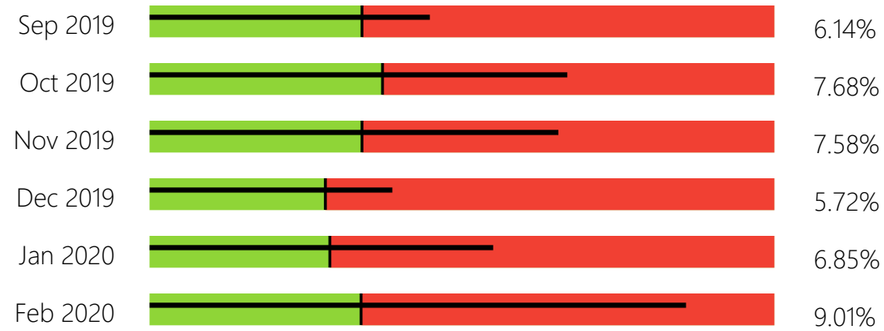
Integrated Performance Report

Narrative

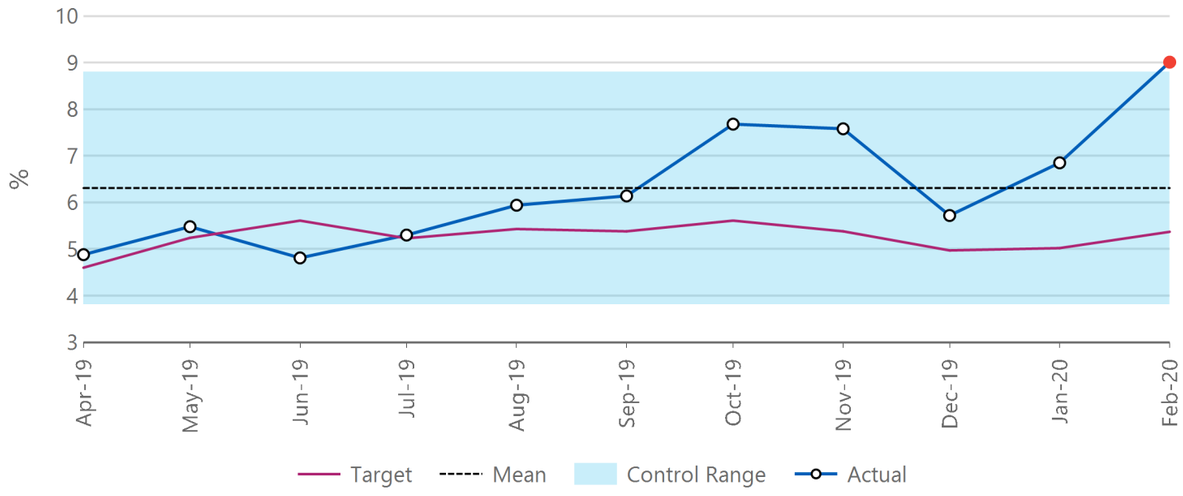
Agency % higher than cap due to non core agency usage (LLP)

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

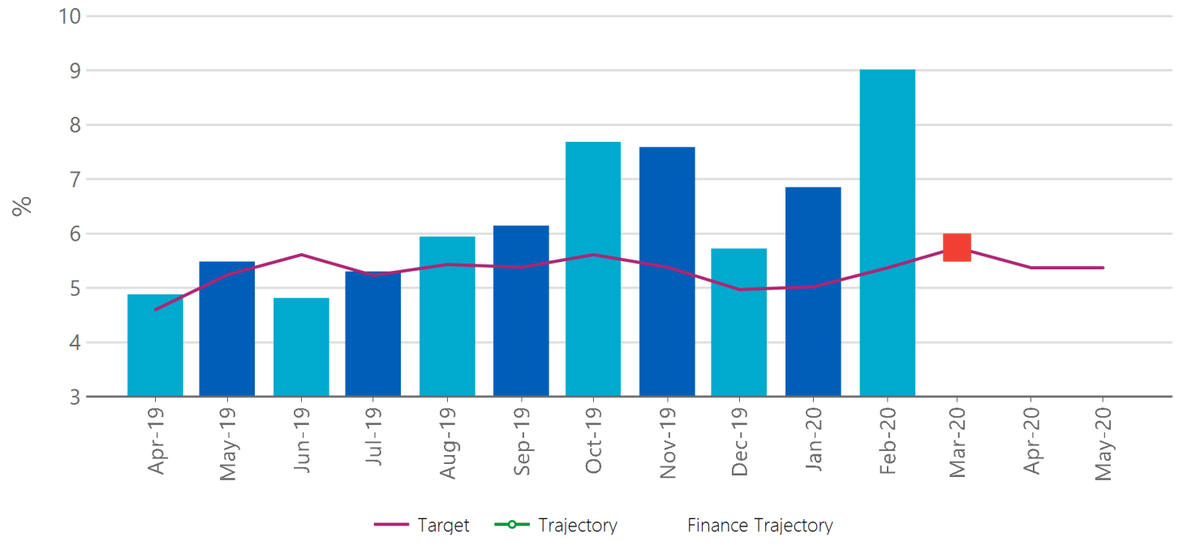
Actual performance against RAG ratings



Performance over 24 months – SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
4.88%	5.48%	4.81%	5.3%	5.94%	6.14%	7.68%	7.58%	5.72%	6.85%	9.01%	6.85%

Integrated Performance Report
February – Month 11

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 29th February 2020

Income and Expenditure £'000s

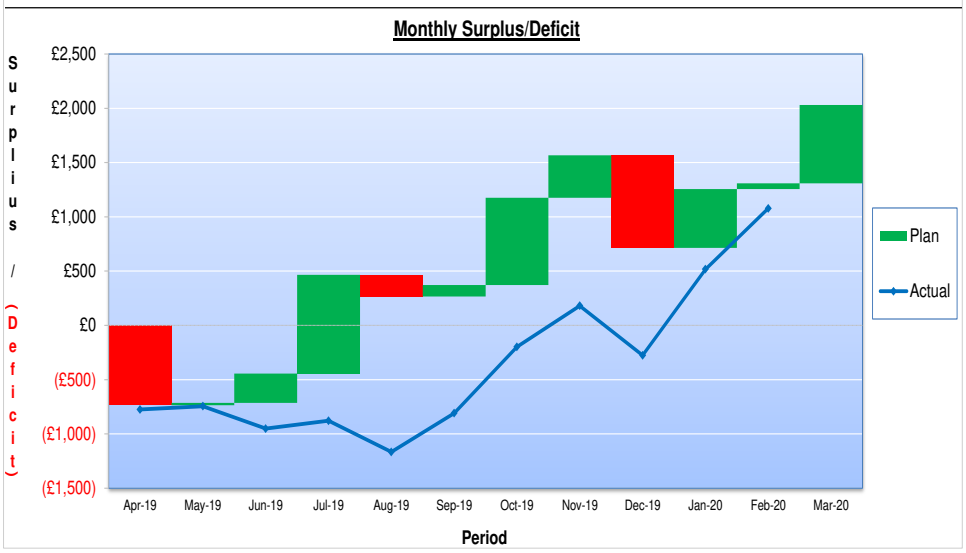
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	103,145	8,451	8,525	73	93,878	92,783	(1,095)
PSF	372	43	0	(43)	329	0	(329)
Private Patient income	5,854	429	420	(9)	5,340	5,028	(312)
Other income	6,004	497	847	350	5,504	6,243	739
Pay	(64,832)	(5,340)	(5,224)	116	(59,473)	(59,237)	236
Non-pay	(43,772)	(3,614)	(3,630)	(16)	(39,947)	(39,735)	212
EBITDA	6,772	467	938	471	5,631	5,083	(548)
Finance Costs	(4,890)	(416)	(421)	(5)	(4,475)	(4,491)	(16)
Capital Donations	150	13	25	12	136	624	488
Operational Surplus	2,032	64	541	478	1,292	1,216	(76)
Remove Capital Donations	(150)	(13)	(25)	(12)	(136)	(624)	(488)
Add Back Donated Dep'n	521	43	44	1	477	485	8
Remove PSF	(372)	(43)	0	43	(329)	0	329
Control Total exl PSF	2,031	50	560	510	1,304	1,077	(227)
PSF Earnt	372	43	0	(43)	329	0	(329)
Control Total	2,403	94	560	466	1,633	1,077	(556)
EBITDA margin	5.9%	5.0%	9.6%	4.6%	5.4%	4.9%	-0.5%

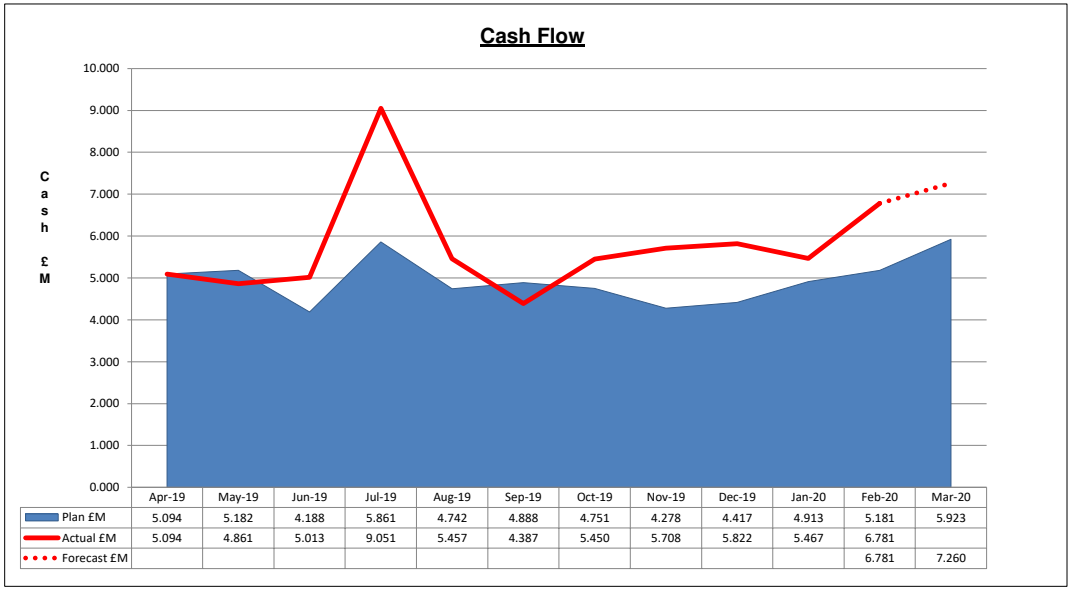
Capital service	2	I&E Margin	1
Liquidity (days)	1	Variance in I&E Margin	2
Agency	2		
Overall UOR	2		

	Feb-20	YTD
Debtor Days	22	23
Creditor Days	30	33

Statement of Financial Position £'000s

Category	Jan-20	Feb-20	Movement	Drivers
Fixed Assets	72,601	72,563	(38)	
Non current receivables	900	899	(1)	
Total Non Current Assets	73,501	73,462	(39)	
Inventories (Stocks)	1,181	1,183	2	
Receivables (Debtors)	8,098	6,390	(1,708)	Payments received for year end contract settlements
Cash at Bank and in hand	5,467	6,781	1,314	Payments received for year end contract settlements less payment of capital loan
Total Current Assets	14,746	14,354	(392)	
Payables (Creditors)	(11,147)	(10,817)	330	
Borrowings	(1,233)	(1,180)	53	
Current Provisions	(97)	(97)	0	
Total Current Liabilities (< 1 year)	(12,477)	(12,094)	383	
Total Assets less Current Liabilities	75,770	75,722	(48)	
Non Current Borrowings	(5,296)	(4,708)	588	Principal payment made against capital loan.
Non Current Provisions	(129)	(129)	0	
Non Current Liabilities (> 1 year)	(5,425)	(4,837)	588	
Total Assets Employed	70,345	70,885	540	
Public Dividend Capital	(33,718)	(33,718)	0	
Revenue Position	(15,047)	(15,047)	0	
Retained Earnings	(675)	(1,216)	(541)	Surplus before adjustments
Revaluation Reserve	(20,905)	(20,905)	0	
Total Taxpayers Equity	(70,345)	(70,886)	(541)	





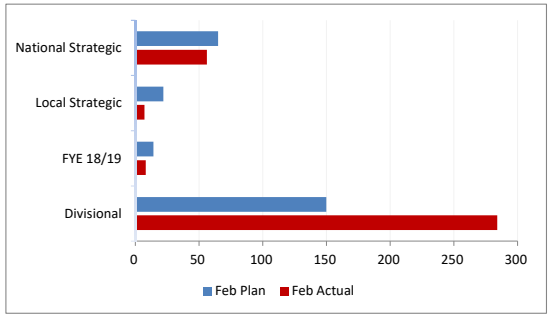
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Plan £M	5.094	5.182	4.188	5.861	4.742	4.888	4.751	4.278	4.417	4.913	5.181	5.923
Actual £M	5.094	4.861	5.013	9.051	5.457	4.387	5.450	5.708	5.822	5.467	6.781	
Forecast £M											6.781	7.260

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 29th February 2020

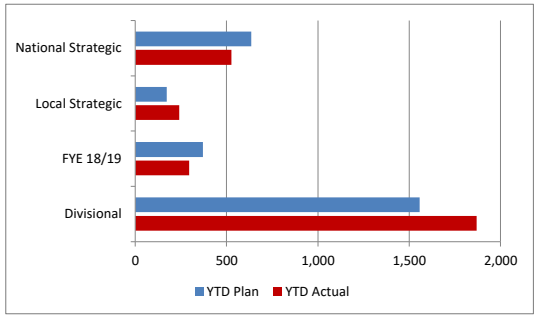
Cost Improvement Programme

CIP by Theme

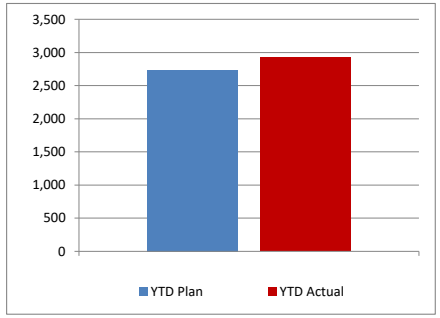
In Month CIP Achievement £000's



Year To Date CIP Achievement £000's

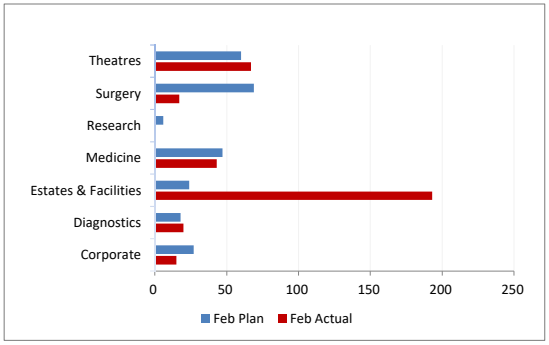


Trust YTD Achievement Against YTD Plan £000's

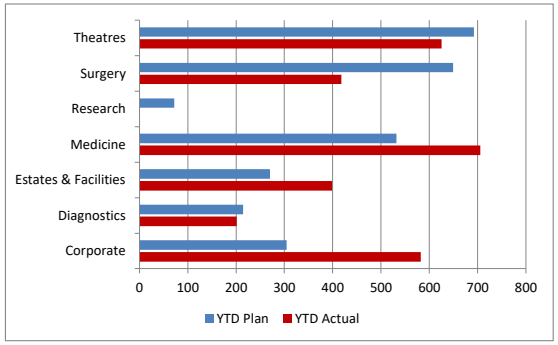


CIP by Division

In Month CIP Achievement £000's



Year To Date CIP Achievement £000's



RAG of Total Schemes Being Tracked

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

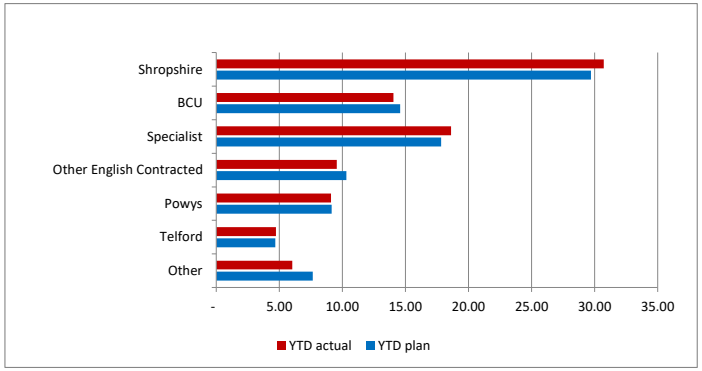
Capital

Year to date capital programme £000's

Position as at	1920-11	Capital Programme 2019-20			
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
TSSU improvements & refurbishment	1,350	1,350	1,437	-87	1,437
Diagnostic equipment replacement	3,019	800	6	794	1,173
Replacement I/T network	400	400	398	2	400
EPR development	100	95	57	38	70
Digital developments	409	100	80	20	309
Invest-to-save schemes	300	210	61	149	266
I/T investment & replacement	250	250	211	39	250
Backlog maintenance	300	250	205	45	300
Equipment & service continuity	500	400	434	-34	434
Project management	100	91	133	-42	141
Trust improvement bids	100	60	79	-19	109
Salix Improvements	0	0	21	-21	40
HSLI	419	0	10	-10	419
Digital accelerator schemes	0	0	0	0	460
Other - allocated from contingency	197	158	123	35	156
Contingency	103	32	0	32	0
NHS Capital Funding	7,547	4,196	3,252	944	5,964
Donated equipment / building works	150	110	624	-514	624
Total Capital Funding (NHS & Donated)	7,697	4,306	3,876	430	6,588

Commissioner Performance

Year To Date Commissioner Income against Plan £m



0. 2020/21 Budget Setting

Author:	Mark Salisbury, Deputy Director of Finance	Paper date:	23rd March 2020
Executive Sponsor:	Craig Macbeth, Chief Finance Officer	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Trust Board	Trust Paper FOIA Status:	Full

1. Purpose of Paper

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

It is a statutory requirement to commence a new financial year with a Board approved budget.

2. Executive Summary

2.1. Context

Pending further clarification as to how the business interruption of COVID is to be reflected in plans an initial budget has been set based on the pre COVID draft plan submission made to NHSI/E on the 5thMarch

.The original timetable planned for a submission of the final operating plan on 30 April 2020, due to the Coronavirus Pandemic all planning guidance has been postponed until further notice – we will refine the opening budgets further as key planning information becomes available, including contract values in preparation for the eventual submission of a final version of the plan.

2.2. Summary

This paper summarises the draft budget setting position for 2020/21.

2.3. Conclusion

The Trust Board is asked to:

- Approve an initial budget to deliver a surplus of £1.141m in line with the draft NHSE/I plan submitted on 5 March 2020 noting that this does not meet the financial trajectory issued to the Trust by NHSI/E of £2.34m.
- Approve an initial Capital Programme of £9.677m including £4.1m from Headley Court for the Veterans Centre.
- Recognise that further adjustments will be required once the planning process resumes to reflect agreement of clinical income contract values and the impact of Covid19

1. 2020/21 Plan

The Trust's draft Plan for 2020/21 was submitted to NHSE/I on 5 March 2020 with the key financial elements summarised in Table 1 below:

Table 1: Key Financial Headlines from Draft 2020/21 Plan

Detail	Draft Plan 2020/21	Comments
Adjusted Financial Performance - Surplus	£1.141m	**Trajectory of £2.340m issued by NHSE/I not currently accepted. Surplus in line with the January STP financial plan**
Efficiency Target	£3.431m	**The CIP target reflects the efficiency requirement within the tariff and estimated internal cost pressures**
Cost Improvement as % of controllable costs	3.7%	**Requirement via the national tariff of 1.1%**
Closing Cash Balance	£5.813m	
Capital Expenditure Plan	£9.677m	**Includes £0.25m for IFRS16 (latest guidance has postponed implementation for 1 year)** **Includes £4m for Veterans Facility**

2. Opening Budgets 2020/21 for Approval

The opening budgets for 2020/21 are based on the assumptions noted below but will be revised once normal business resumes post COVID.

2.1. Key Assumptions

The key assumptions when formulating the budgets are as follows:

Income

- Relevant income from patient care activities has been adjusted for inflationary uplifts, see Table 2

Table 2: Inflationary uplift rates in 2020/21

Detail	% Movement
Total Uplift	**2.50%**
Less efficiency target	**(1.10%)**
Total	**1.40%**

- T&O Theatre activity has been planned to return to 18/19 productivity levels as per table 3 below.

Table 3: Inflationary uplift rates in 2020/21

Type	Activity
Forecast Outturn (before Covid)	**9,859**
Return to 18/19 productivity levels	**273**
Total	**10,132**

- Other theatre activity is planned at outturn with adjustments for efficiencies as required.
- Non theatre activity growth of 2.8% as per system plan.
- £2.5m block funding for orthopaedic complexity uplift has been confirmed to roll over for 20/21.
- QIPP proposal of £1.1m received from Shropshire and Telford & Wrekin commissioners – subject to contract sign off but included in plan with the assumption that work will be resold to Welsh Commissioners.
- Other income budgets (non-healthcare) remain consistent with rollover with adjustments for efficiencies and known changes as required.

Expenditure

- Pay budgets have been uplifted as per agenda for change deal.
- Incremental drift has been funded as per current establishments.
- Vacancies have been funded at mid-point of scale.
- FYE of agreed investments and business cases has been transacted.
- Unavoidable cost pressures have been transacted as required.
- Apart from adjustments for volume changes non pay budgets are largely unadjusted unless specific cost pressures or non-recurrent expenditure have been identified.
- Impact of IFRS 16 is fully reflected – the main impact on the financial statements is that leases will be showed on the balance sheet (assets and corresponding liabilities) and lease costs previously charged to expenditure will be replaced with depreciation and interest charges. *Latest guidance has indicated that this change will be postponed for 1 year.*

Other

- A pay and non-pay contingency reserve of 0.5% has been included

- Non Pay Inflation reserve of 0.5% has been included.
- The CIP requirement of £3.431m has been fully identified in the plan stage; however 20% contingency needs to be identified to mitigate risk. National guidance has indicated an assumption that efficiency and QIPP requirements will be underwritten for Q1 – *updates will be provided when known.*

2.2. Key Movements between 2019/20 and 2020/21

Table 4 summarises the movements between the forecast outturn position for 2019/20 before the effects of Covid19 and the draft annual budgets for 2020/21.

Table 4 – Forecast Outturn 19/20 vs Draft Plan 20/21

Category	2019/20 Forecast Outturn (before Covid19 impact)	DRAFT 2020/21Annual Plan	Variance	Comments
Income	(114,741)	(117,669)	(2,928)	Tariff inflation, theatre activity restated at 18/19 levels, non theatre growth and efficiencies
PSF	(372)	0	372	PSF discountinued
Pay	64,622	66,907	2,285	Inflation and incremental drift net of efficiency - anaesthetic OJP moved to non pay
Non-pay	43,347	44,298	951	Inflation net of effiency - anaesthetic OJP moved to non pay
EBITDA	**(7,144)**	**(6,464)**	**680**	
Finance Costs	4,899	5,862	963	Increases in depreciation and PDC due to investment in capital programme and receipt of PDC funding
Capital Donations	(624)	(4,100)	(3,476)	Veterans Facility donation
Operational Surplus	**(2,869)**	**(4,702)**	**(1,833)**	
Remove Capital Donations	624	4,100	3,476	
Add Back Donated Dep'n	(529)	(539)	(10)	
Remove PSF Funding	372	0	(372)	
Control Total exl PSF	**(2,402)**	**(1,141)**	**1,261**	
PSF Earnt	372	0	(372)	
Control Total	**(2,030)**	**(1,141)**	**889**	

Control Total

This budget delivers a surplus of £1.141m at adjusted performance level in line with the draft NHSE/I plan. The financial improvement trajectory set for the Trust by NHSI/E is £2.340m but as a system it has been acknowledged that this is not deliverable.

3. Capital

A 5 year capital plan was submitted to NHSE/I within the draft Plan in March 2020; the proposed schemes are shown in Table 5. 2020/21 capital plans were developed based on risk assessed schemes across the Trust with alignment to the estates strategy.

The plans also include £0.25m additions resulting from implementing IFRS 16 – confirmation has been received that the implementation of this accounting change will be postponed for 1 year, therefore the post COVID capital plan will need to be adjusted for this.

These schemes will be managed and monitored through the Capital Management Group and reported to the Financial Planning and Digital Committee as appropriate.

Table 5 – Draft Capital Plan 2020/21

Capital Plan	2020/21 £'m
Trust Funded Investments:	
Business Continuity	
Backlog estates maintenance	0.50
IT investment & replacement	0.30
Capital project management	0.10
Equipment replacement	0.60
Diagnostic equipment brought forward	1.00
Diagnostic equipment replacement plan	0.60
Improvement bids	0.10
Scheme slippage from 19/20	0.10
Contingency	0.30
Sub Total Business Continuity	3.60
Developments	
EPR planning & implementation	0.20
Invest to Save	0.20
Sub Total Developments	0.40
Total Trust Funded Investments	**4.00**
Externally Funded	
Donated equipment	0.10
Veterans facility	4.00
E-job planning	0.12
Salix investment	1.20
Total Externally Funded	**5.42**
IFRS16 Adjustments	0.25
Total Capital Programme	**9.67**

5. Outstanding Areas

There were two main outstanding material areas upon submission of the draft plan in March:

- Sign off of clinical income contracts – Shropshire and Telford & Wrekin CCG's and Specialised Commissioning have both indicated the requirement for a block contract for 2020/21 the terms of which are still under discussion.
- Confirmation of knee revision complexity funding uplift – procurement method and mechanism still to be confirmed along with funding envelope – RJAH confirmed to be doing significant volume of work nationally so will be a key stakeholder.

Both of these areas are further complicated by the Covid19 Pandemic and the national approach for blocking all clinical income for Q1 20/21 – *as guidance is released and next steps are confirmed updates will be provided through Financial Investment and Digital Committee.*

5. Next Steps

The Trust will continue to monitor guidance changes with the expectation that once the Covid19 Pandemic situation is resolved a final operational plan submission will be required.

6. Recommendation

The Trust Board is asked to:

- Approve an initial budget to deliver a surplus of £1.141m in line with the draft NHSE/I plan submitted on 5 March 2020 noting that this does not meet the financial trajectory issued to the Trust by NHSI/E of £2.34m.
- Approve an initial Capital Programme of £9.677m including £4.1m from Headley Court for the Veterans Centre.
- Recognise that further adjustments will be required once the planning process resumes to reflect agreement of clinical income contract values and the impact of Covid19
- .

Chairs Assurance Report
Quality and Safety Committee 19th March 2020

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	26th March 2020
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Performance
Paper Reviewed by:	Quality and Safety Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper provides an outline of the Quality and Safety Committee Agenda for the meeting of 19th March 2020. This will support the verbal report provided by the Non-Executive Chair of the committee.

2. Executive Summary

2.1. Context

The purpose of the Quality and Safety Committee is to assist the Board obtaining assurance that high standards of care are provided and any risks to quality identified and robustly addressed at an early stage. The Committee will work with the Audit Committee and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes and controls in place throughout the Trust to:

- Promote safety and excellence in patient care
- Identify, prioritise and manage risk arising from clinical care
- Ensure efficient and effective use of resources through evidence based clinical practice

2.2. Summary

Due to the timing of the committee it is not possible to provide a paper Chair's Report and this will be provided at the next meeting. The Non-Executive Director Chair of the committee will provide a verbal report covering the attached agenda from the committee.

2.3. Conclusion

The Board is asked to ***note*** the agenda and that a verbal report will be provided during the meeting.

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	19/03/20		14:00
1. Introduction			14:00
1.1. Apologies		All	
1.2. Minutes from the previous meeting		Chris Beacock	
1.3. Action Log / Matters Arising		Chris Beacock	
1.4. Declaration of Interests		All	
2. Covid 19		Stacey Keegan	
3. Serious Incidents Reports		Shelley Ramtuhul	
4. Management of Metal on Metal Patients		Ruth Longfellow	
5. Performance Report Month 11		Stacey Keegan	14:05
6. Critical Care Operational Policy		Kirsty Foskett	14:10

Continued on the next page...

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	19/03/20		14:00

7. Governance (for noting)

7.1. Safer Sharps Update	Stacey Keegan	
7.2. Histopathology Action Log	Nicki Bellinger/Pat Evans	
7.3. Learning from Deaths Report	James Neil	
7.4. PROMS Report	Ruth Longfellow	
7.5. NOA Annual Update	Ruth Longfellow	
7.6. GIRFT Update	Ruth Longfellow	
7.7. Theatre Quality Report	Rachael Flood	14:15
7.8. CQC Update (verbal)	Stacey Keegan	14:25
7.8.1. CQC HDU Presentation	James Neil/Kirsty Foskett	14:30
7.9. Venous Thromboembolism Policy	Ruth Longfellow	
7.10. Research Committee Chair Report	Teresa Jones	
7.11. Performance Report Month 10	Stacey Keegan	
7.12. Work Plan 2020/21	Shelley Ramtuhul	

8. Any Other Business

8.1. Next Meeting: to be confimed (16th April)

Chair's Assurance Report
People Committee 13th March 2020

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	26th March 2020
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the People Committee Meeting which was held on 13th March and is provided for assurance purposes.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the oversight of the Trust's Caring for Staff performance to the People Committee. People Committee is to assist the Board obtaining assurance that the Trust's workforce strategies and policies are aligned with the Trust's strategic aims and support a patient-focused, performance culture where staff engagement, development and innovation are supported. The Committee will work with the Audit Committee and Risk Management Committee to ensure that there are adequate and appropriate governance structures, processes and controls in place throughout the Trust to:

- Promote excellence in staff health and wellbeing
- Identify, prioritise and manage risks relating to staff
- Ensure efficient and effective use of resources

2.2 Summary

- The meeting was well attended with 1 Non Executive and 4 Directors in attendance
- The members of the meeting discussed the performance report for month 10.
- The Equality and Diversity Policy was reviewed.
- The committee received the quarterly report for Guardian of Safe Working Hours.
- The committee received an update on the freedom to speak up issues.

2.3. Conclusion

The Board is asked to note the meeting that took place and the assurances obtained.

Chair's Assurance Report
People Committee 13th March 2020

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the People Committee which met on 13th March 2020. The meeting was quorate with 1 Non-Executive Director and 4 Directors in attendance. A full list of the attendance is outlined below:

Chair/Attendance:
Members
Chris Beacock, Non-Executive Director (Chair)
Stacey Keegan, Chief Nurse
Kerry Robinson, Director of Performance, Improvement and OD
Craig Macbeth, Director of Finance and Planning
In Attendance
Hilary Pepler, Board Advisor
Sue Pryce, Head of People Services
Rob Freeman, Clinical Representation
Alexander Yashchik, Well Being Guardian
Shelley Ramtuhul, Trust Secretary (minute secretary)
Apologies
Paul Kingston, Harry Turner, Ruth Longfellow and Sue Pryce.

3.2 Actions from the Previous Meeting

The majority of the actions from the previous meeting were noted as complete. The committee asked for a further update on the Occupational Health Tender Specification and Statutory and Mandatory Training 2020/21 at the next meeting.

3.3 Key Agenda

The Committee received selected items for discussion due to being an extra-ordinary meeting. The Board is asked to note that the committee focused on the performance and recruitment actions.

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Declaration of Interest		
There were no announcements regarding declarations of interest.	N/A	
Performance Report		
The committee received the performance report for month 10 and the following was highlighted: • There has been a reduction in sickness although still this target in all areas except diagnostics • Vacancy rate is below target but above target in diagnostics. 9.25% vacancy rate in nursing within Theatres and Medicine divisions. • Staff voluntary turnover within target.	Y	

Chair's Assurance Report
People Committee 13th March 2020

• Trust appraisal rate is in target although Corporate areas are red rated. • Mandatory training (Fire, H&S and Moving & Handling) all areas compliant except for Theatres The committee were informed that there is an expectation for sickness rates to increase and further details will be provided to the Board. The Trust confirmed self-isolation is recorded as a medical suspension and not sickness unless they are actually unwell. The Trust will be supporting staff to work from home where appropriate. The committee were advised that there is a planned campaign for recruitment in diagnostics. The triangulation of vacancy rates to the staff survey results is significant as clearly areas with significant vacancies are more likely to have morale issues. The People Services department have received feedback from staff is that the appraisals are not useful and therefore the quality is being monitored. The Committee noted the performance report.		
Freedom to Speak Up		
The committee received an update on the freedom to speak up issues and advised that the plan is for this to be reported quarterly due to the small numbers. The Freedom to speak up guardian has a meeting scheduled for March.	Y	
Well Being Guardian		
The committee was introduced to the newly appointed Wellbeing Guardian for the medical staff. The new role is currently being established within the Trust and therefore the guardian will be meeting with staff. The assurance for the Board is required and asked whether there should be mapping against the recommendations and articulate if there is a conscious deviation from the recommendations. The staff survey and people plan will be used to evidence the improvements required. The committee agreed to receive a gap analysis against the GMC wellbeing recommendations to next meeting. The Trust confirmed there attendance at the upcoming NOA meeting which is relating to wellbeing theme.	Y	
Staff Survey Update		
Currently in the Trust is in the process of working through the results. The Managing Directors for the 4 Units are preparing actions plans. An overall Trust action plan is to be devised and presented to the Board of Directors.	Y	
Equality and Diversity Inclusion Group		
The committee were informed the first ED&I Group meeting took place in March with some actions agreed which included the paper presented. The Trust is proposing that the paper will be presented to the Board	Y	

Chair's Assurance Report
People Committee 13th March 2020

which outlines the good governance institute best practice. The Trust are considering commissioning a more detailed insight with our staff and looking to include in the well led which is being conducted by external assessors. The committee were informed the ED&I will be incorporated into the monthly performance report for monitoring. The Trust is working within partnership with Derwen College to support work placements for their students and in return they will support training of our staff. The committee agreed to receive an update on ED&I items at each meeting.		
Recruitment Action Plan		
The draft action plan was presented to the committee. The Trust highlighted further work is required relating to assurance and evidence. The action plan will become a standard agenda item. The committee were informed that the spinal disorders are currently behind plan but projected to be on track within the month. There are also concerns relating to arthroplasty. A meeting has been scheduled with the clinical lead to discuss further.	Y	
National/STP People Update		
The system continues to focus on people planning, resourcing and occupational health and wellbeing. The Director of People will be meeting the counter parts from the system to develop an action plan. There has been a new leadership in place with partners and for the system leadership too with Mark Brandreth taking on the role of Interim CEO. The national people plan will have a strong focus on system working and the funding will come into the system rather than individual organisations. This will be a standing item for the Committee and the People Plan will be presented to the next meeting.		
Board Assurance Framework		
The committee was informed that the new objectives have been agreed by the Board and is therefore underway to reassess the Trust's risks to delivery. The risks currently on the BAF will either be considered no longer relevant to the delivery of the objectives or will be carried forward. The committee were reminded that all risks are on linked to Datix risks and therefore even if not carried forward will continue to be addressed through the Trust's risk management processes and via Risk Management Committee as appropriate.	Y	
Equality and Diversity Policy		
The committee received an update on EDS2 and the contractual requirements. The Trust explained that the objectives proposed cover both patient and people aspects therefore it has been presented to this committee		

Chair's Assurance Report
People Committee 13th March 2020

for consideration of the people aspects. The Quality and Safety Committee are to receive the document for discussion.		
EDI Chair Report		
A verbal update was provided to the committee.	Y	
Performance Review Letters		
The committee received the performance review letters for information only. The Trust agreed to share the actions of the meetings at the next People Committee.	Y	
Caring for Doctors, Caring for Patients		
The committee received the caring for doctors, caring for patients for information only.	Y	

3.4 Approvals

The committee did not formally approve any documents.

3.6 Risks to be Escalated

In the course of its business the Committee identified no items for escalation.

3.5 Conclusion

The Board of Directors is asked to note the meeting that took place and the assurances obtained with regard to the format and remit of the Committee going forward.

Learning From Deaths

0. Reference Information

Author:	Dr James Neil, Mortality Lead	Paper date:	26th March 2020
Executive Sponsor:	Mr Steve White, Medical Director	Paper Category:	Governance and Quality
Paper Reviewed by:	Mortality Steering Group. Quality and Safety Committee – 19th March	Paper Ref:	N/A
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

Following presentation at the Quality and Safety Committee, the Learning from Deaths summary report is presented to the Trust Board for information.

Review of numbers.

2. Executive Summary

2.1. Context

To report the current numbers in last quarter for In-patient Learning from Deaths (LFD).

2.2. Summary

See Numbers Below.

2.3. Conclusion

No concerns identified.

One death unexpected but no issues with care.

3. The Main Report

3.1. Introduction

NHSI asks that we have an update for the board on the current state of LFD investigations/numbers/actions and themes identified.

3.2. Learning From Deaths Summary.

Date	Total In-patient Deaths	Number for case record (SJR) review	SI	Death likely due to problems with care	Themes	Actions/Learning Identified
November 2019	2	2	0	0	None	None
December 2019	0	0	0	0	None	None
January 2020	0	0	0	0	None	None
February 2020	0	0	0	0	None	None

3.3. Associated Risks

None identified.

3.4. Next Steps.

I am liaising with local and national bodies concerning the implementation of the Medical Examiner process at RJAH.

3.5. Conclusion

No concerns identified.

Appendix 1: Acronyms

LFD	Learning From Deaths
SJR	Structured Judgment Review
MSG	Mortality Steering Group

1. Part One - Public Meeting	2. COVID19 Briefing (including Finances)	3. Performance Report Month 11	4. Operational Plan 2021/21	5. Items to Note:	6. Any Other Business

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Outpatients Activity Attendances

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

15,111 against **14,688** target

Above target green rated

Exec Lead:
Director of Operations

Integrated Performance Report

Narrative

The number of attendances was 423 ahead of plan in month 10 with 15111 attendances seen against a plan of 14688. Additional breakdown is:
- Surgery - 7790 against a plan of 7569 (+221) - YTD position +1000
- Medicine - 6031 against a plan of 5764 (+267) - YTD position -1851

In Medicine division, areas behind plan to note were:
- Metabolic Medicine with YTD position -1053 and Physiotherapy Clinics with YTD position -1708

Action to Improve: Plans for Q4 are expected to recover the activity levels in Physiotherapy through increased administrative staff for booking and clinical staff to deliver the activity.

Actual performance against RAG ratings

Aug 201	12,888
Sep 201	14,180
Oct 201	14,998
Nov 201	13,849
Dec 201	11,745
Jan 202	15,111

Performance over 24 months 2 SPC

Trajectory

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
12,342	13,662	13,609	13,631	12,885	13,792	15,939	15,298	11,440	14,995	13,616	13,718	13,724	13,761	13,009	14,273	12,888	14,180	14,998	13,849	11,745	15,111	122,404

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

794 against **542** target

Above target green rated

Exec Lead:
Director of Finance

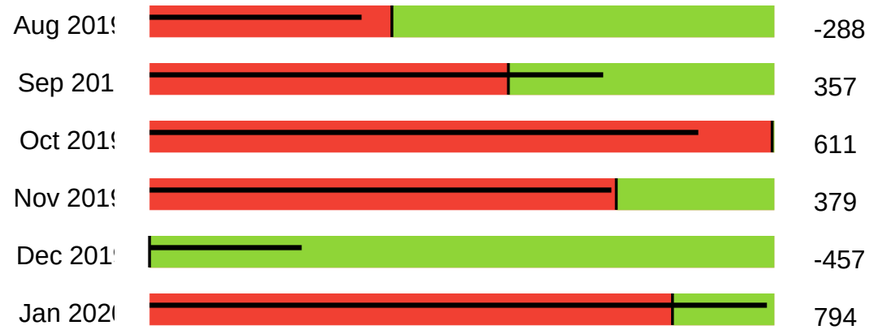
Integrated Performance Report

Narrative

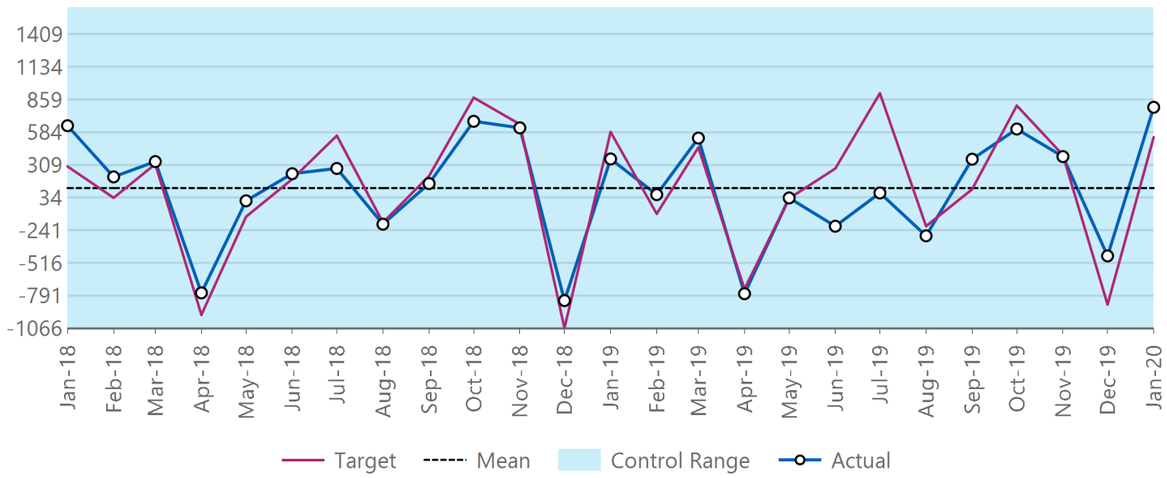
- M10 YTD … k surplus , … k adverse to plan

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

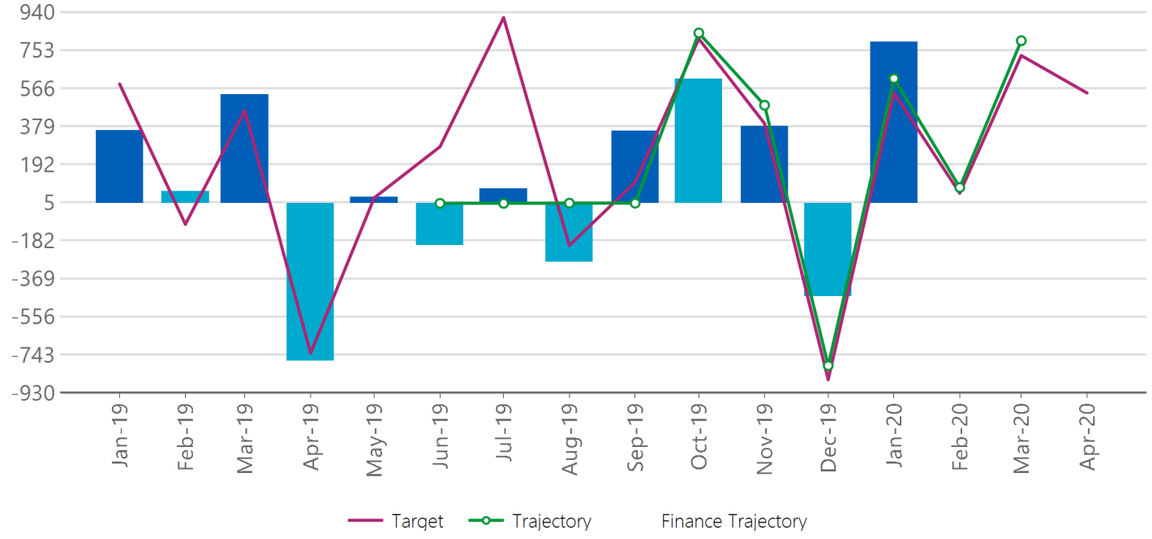
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
639	208	337	-768	7	235	279	-190	152	676	621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	-457	794	518

Integrated Performance Report
January 2 Month 10

Income

All Trust Income, Clinical and non clinical

10,415 against **10,091** target

Above target green rated

Exec Lead:
Director of Finance

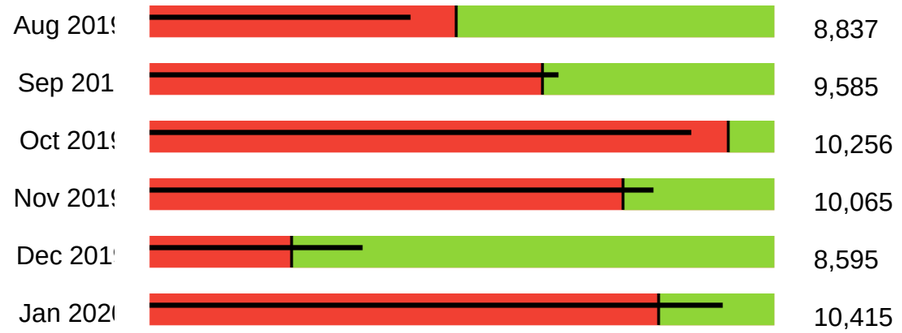
Integrated Performance Report

Narrative

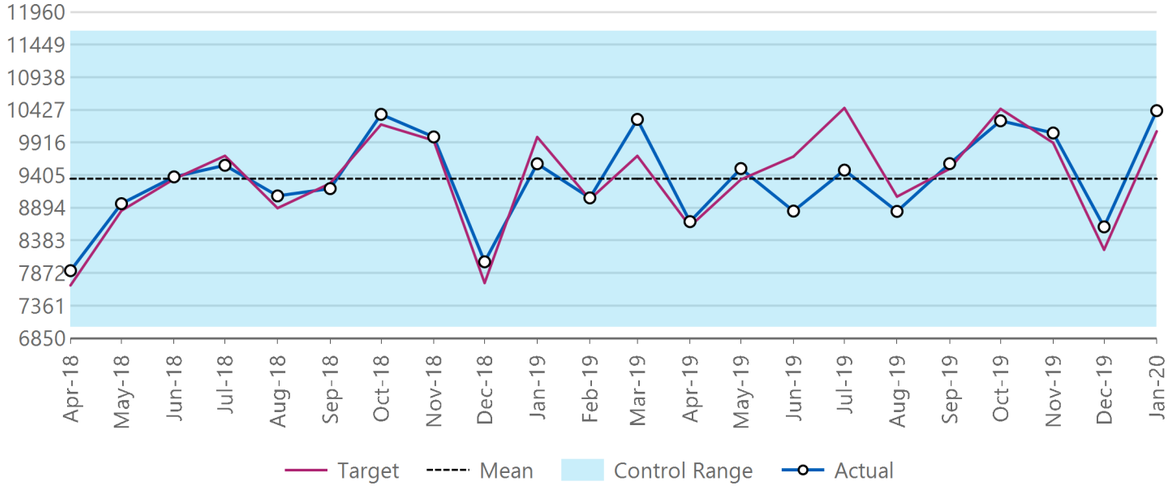
Income … k favourable (includes system support… k), … k favourable from internal performance:

o Theatres adverse (88 cases shortfall against recovery plan)
o MCSI favourable (part of financial mitigations)
o Outpatients favourable (part of financial mitigations)
o QIPP risk share favourable

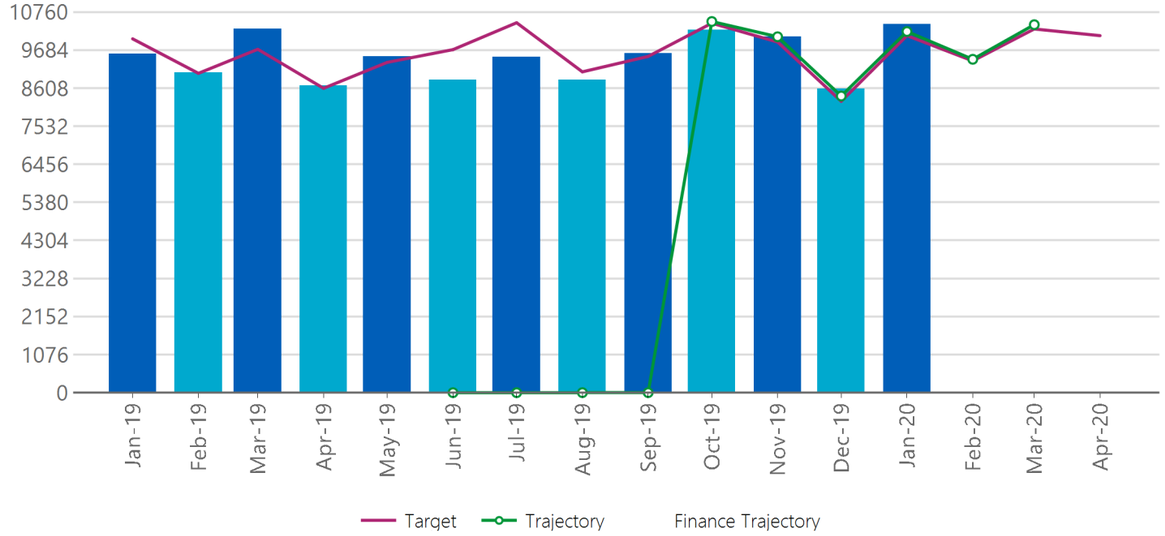
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
7,909	8,958	9,378	9,559	9,080	9,194	10,357	10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,484	8,837	9,585	10,256	10,065	8,595	10,415	94,264

Integrated Performance Report
January 2 Month 10

Expenditure

All Trust expenditure including Finance Costs

9,670 against **9,592** target

Breaching target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

- Overall … k adverse in month:

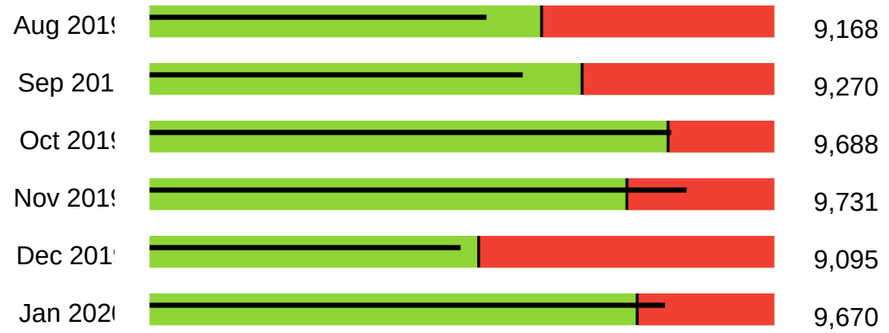
‡Pay … k adverse

o Rheumatology locum adverse (supporting activity)
o Nursing adverse (MCSI & Sheldon)
o Theatres agency and bank adverse
o Anaesthetic pay favourable (partial offset on non-pay)

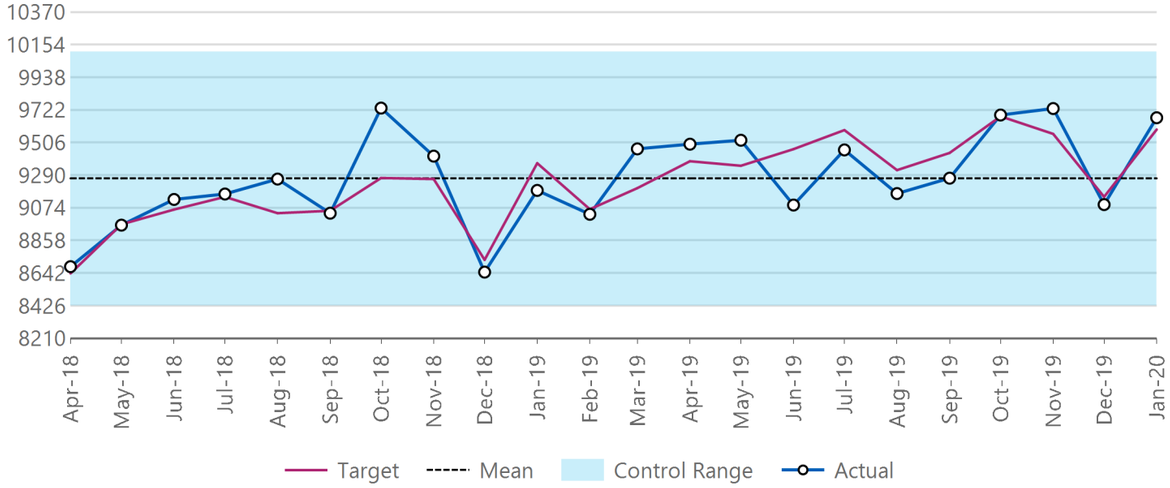
‡Non pay … k favourable

o LLP OJP adverse (now includes anaesthetists saving pay)
o Expenditure controls and reserves management offset

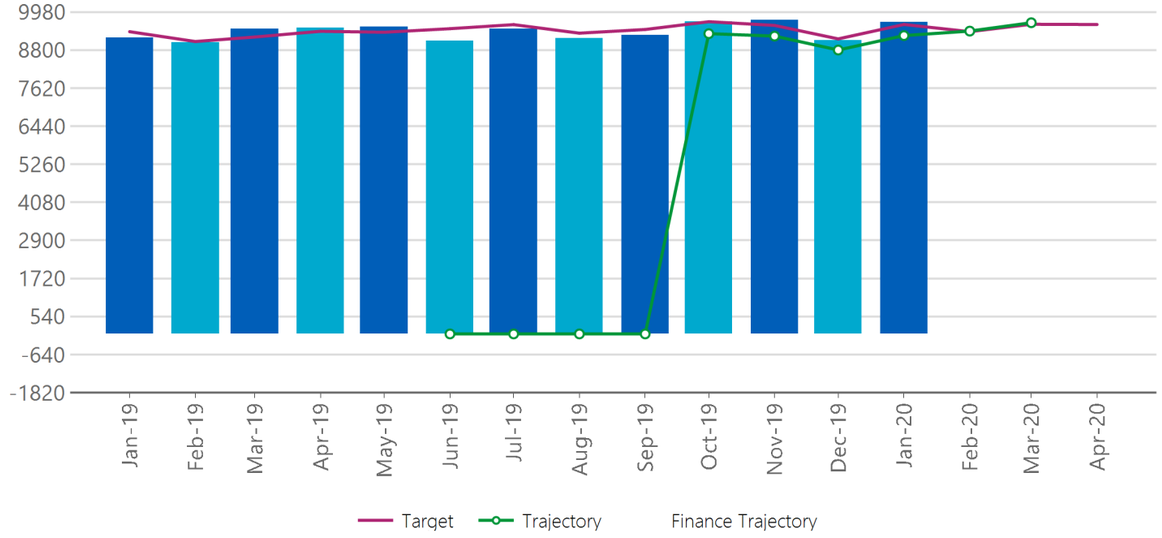
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
8,684	8,959	9,129	9,165	9,264	9,038	9,734	9,416	8,648	9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	9,670	94,187

Integrated Performance Report
January 2 Month 10

CIP Delivery

Cost Improvement Programme requirement

232 against **252** target

Below target red rated

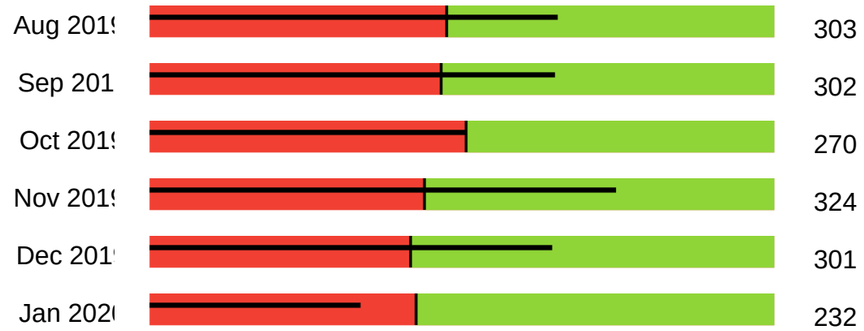
Exec Lead:
Director of Finance

Integrated Performance Report

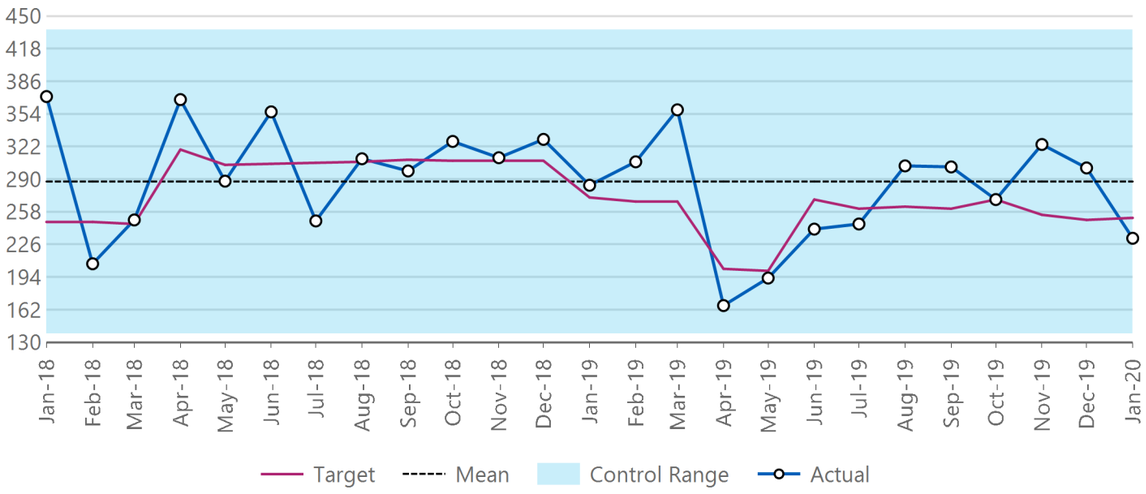
Narrative

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

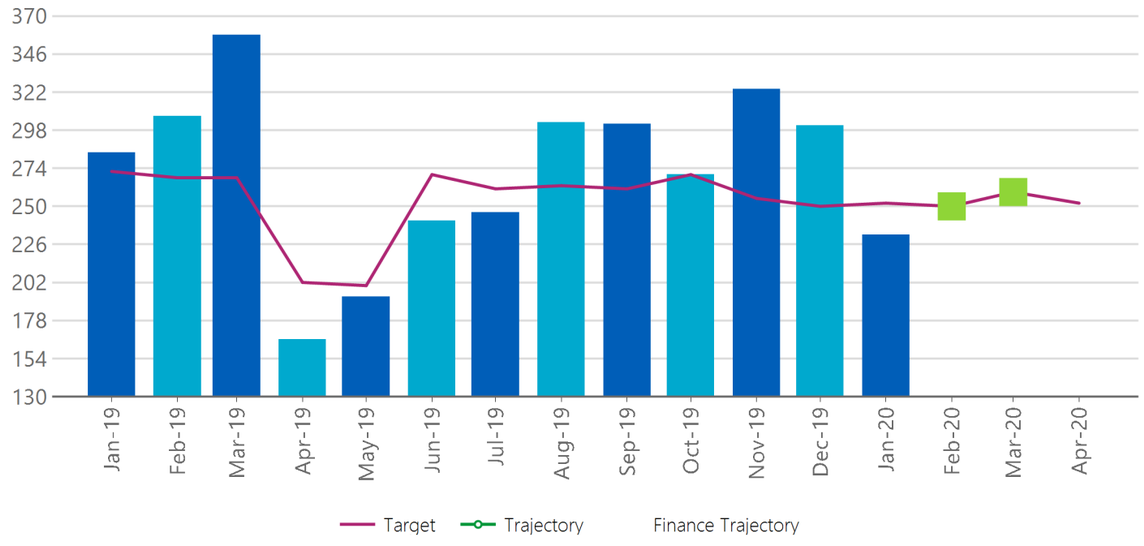
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
371	207	250	368	288	356	249	310	298	327	311	329	284	307	358	166	193	241	246	303	302	270	324	301	232	2,578

QIPP Delivery Risk Impact

MSK Transformation QIPP

-62 against **0** target

Within target green rated

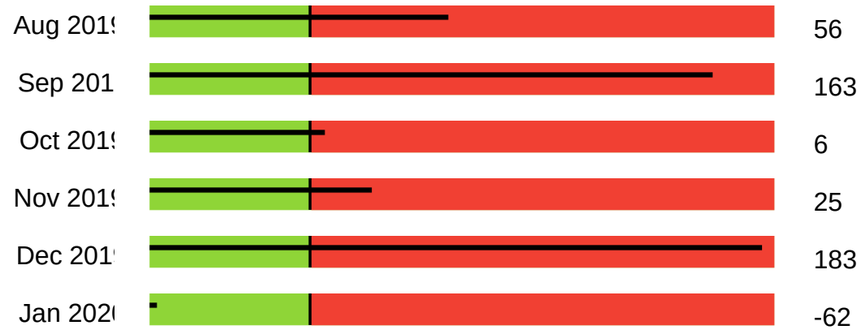
Exec Lead:
Director of Finance

Integrated Performance Report

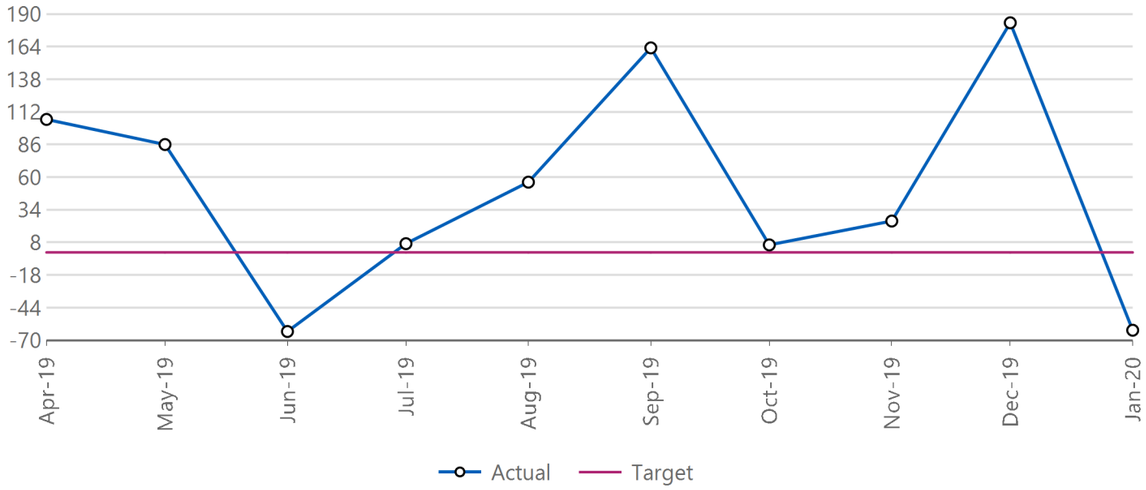
Narrative

… N IDYRXUDEOH LQ PRQWK VXSSRUWHG E\ UHEODODQFLQJ RI FRPPLVVLRQHU PL[

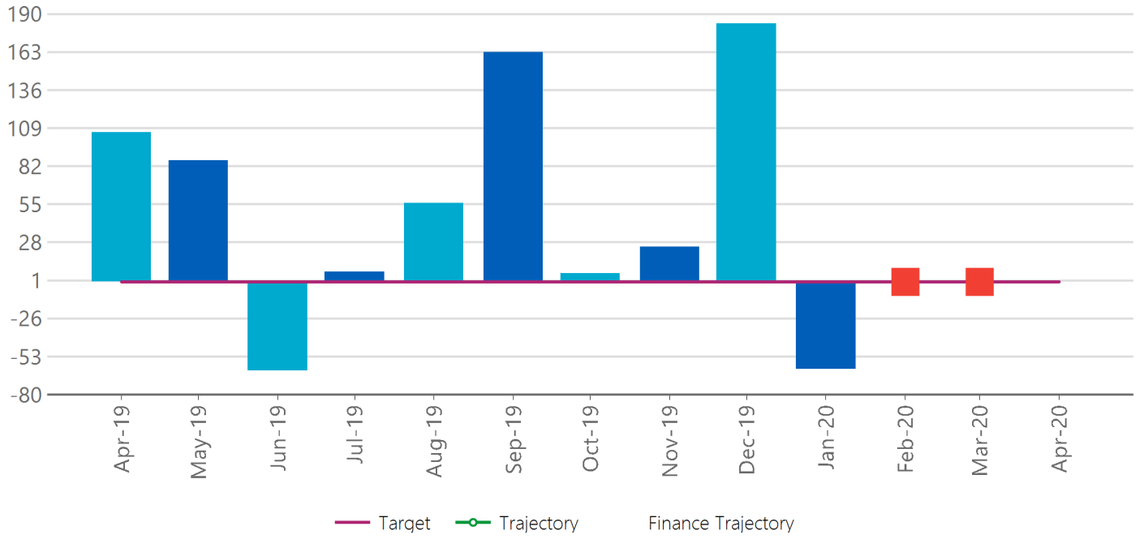
Actual performance against RAG ratings



Performance over 24 months [2]



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
106	86	-63	7	56	163	6	25	183	-62	507

Agency Core

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

103 against **132** target

Within target green rated

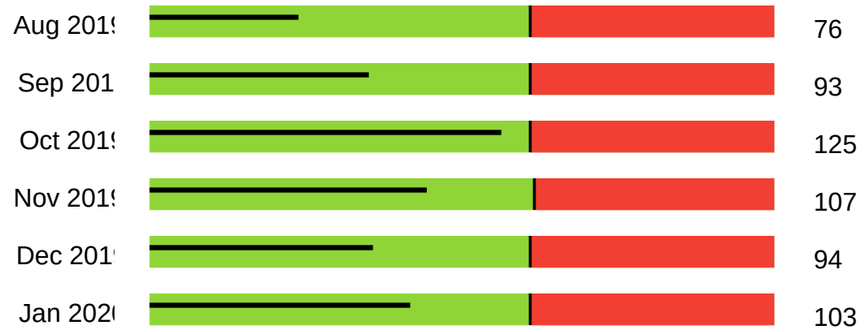
Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

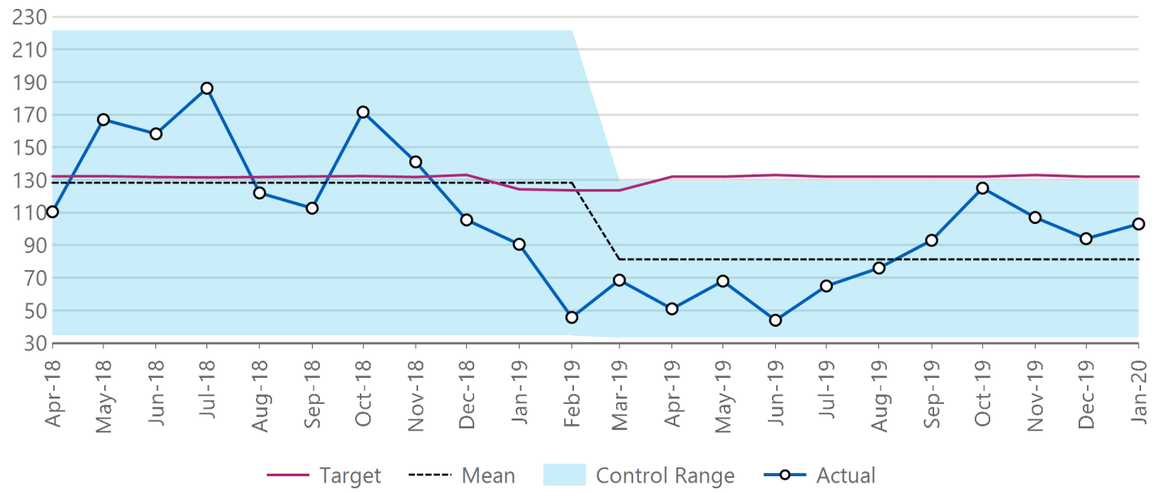
&RUH DJHQF\ VSHQG … N IDYRXUDEOH DJDLQVW FDS LQ PRQWK

Actual performance against RAG ratings

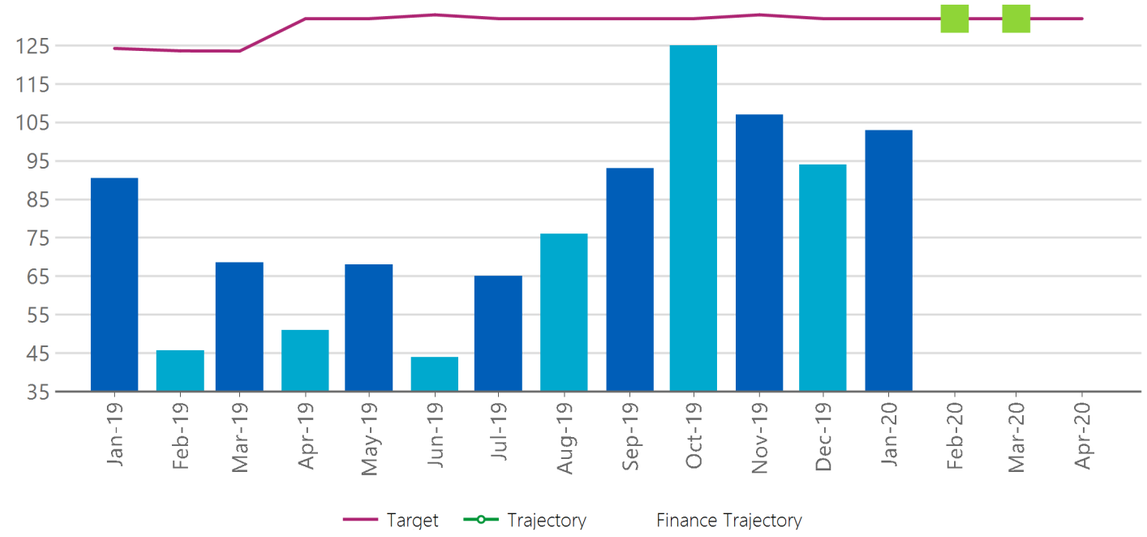


Performance over 24 months ² SPC

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



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
110.49	167	158.27	186.24	122.05	112.7	171.62	141.07	105.5	90.56	45.75	68.59	51	68	44	65	76	93	125	107	94	103	828

Agency Non-Core

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

291 against **148** target

Breaching target red rated

Exec Lead:
Director of Finance

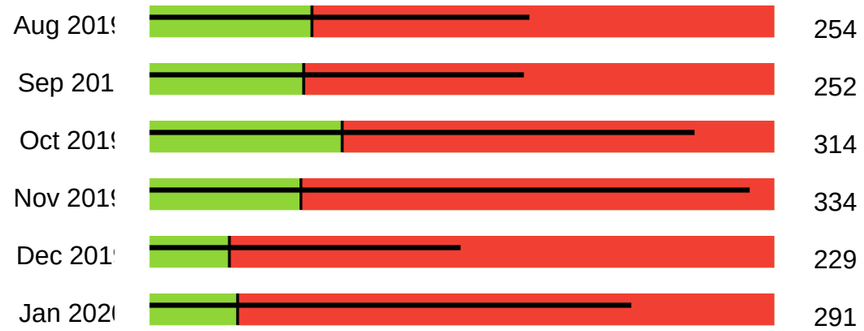
Integrated Performance Report

Narrative

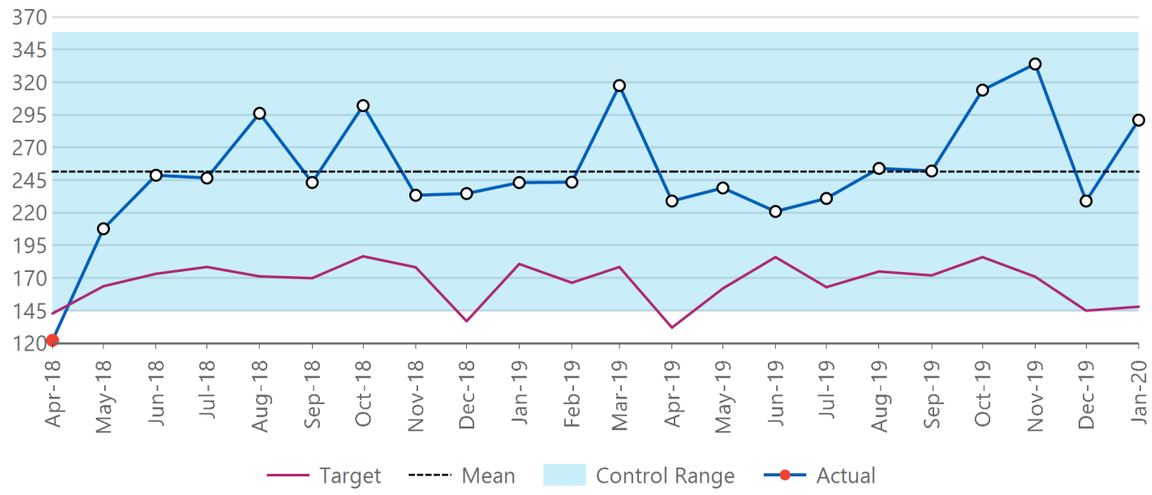
Non core agency spend… k adverse against cap in month

Action to Improve: Agency limit for LLP does not align to operational plan - NHSI notified as part of planning. Long plan to reduce OJP proportions activity delivery is dependent upon new consultant appointments and job plan productivity.

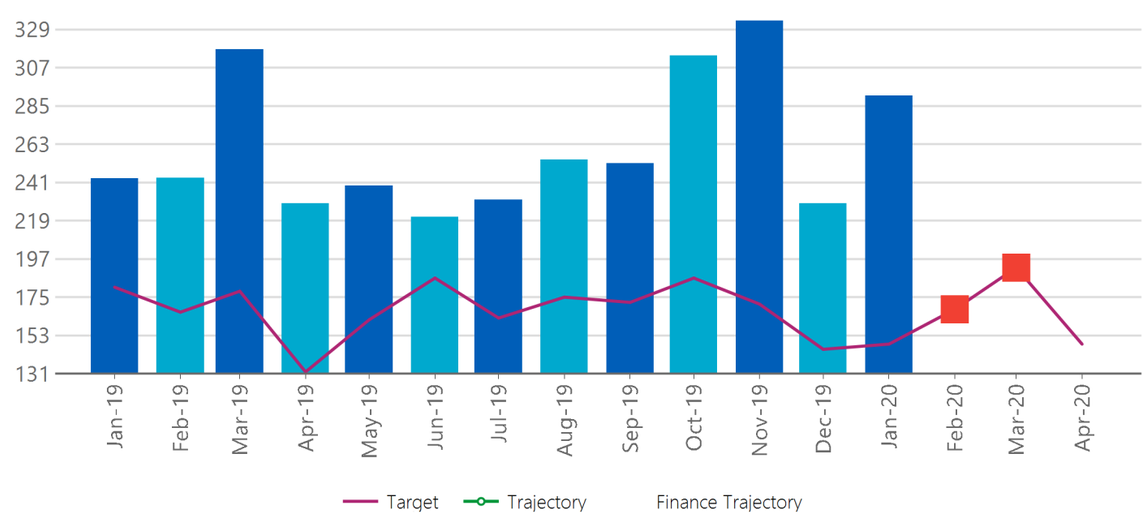
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
122.26	207.73	248.74	246.63	296.21	243.2	302.08	233.41	234.72	243.13	243.43	317.48	229	239	221	231	254	252	314	334	229	291	2,595

Integrated Performance Report
January 2 Month 10

Cash Balance

Cash in bank

5,467 against **4,913** target

Above target green rated

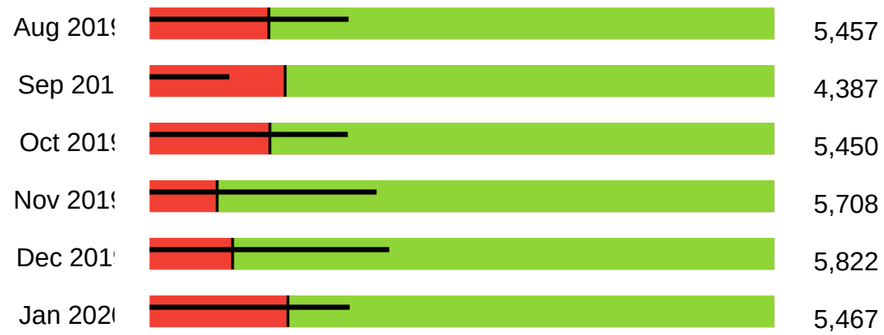
Exec Lead:
Director of Finance

Integrated Performance Report

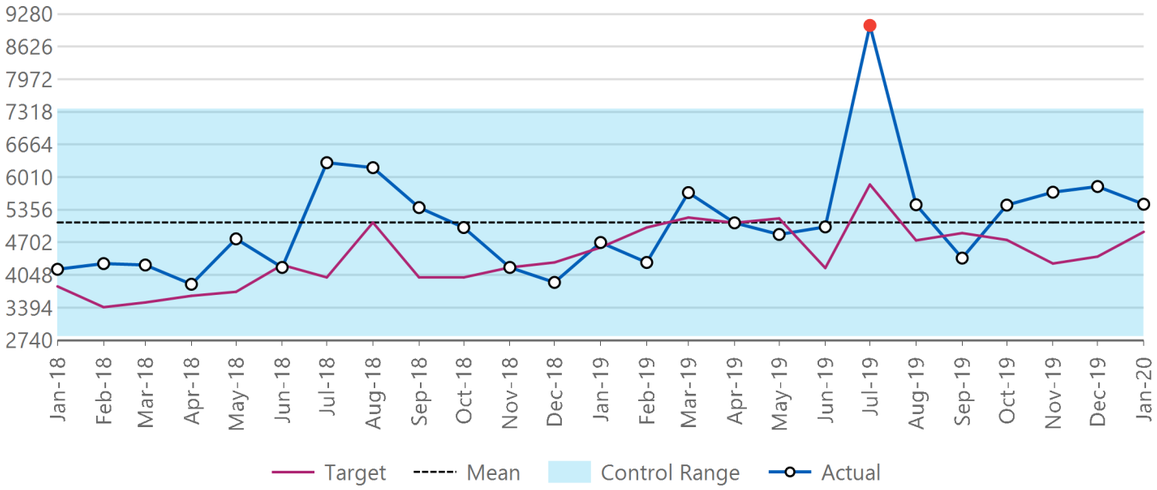
Narrative

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

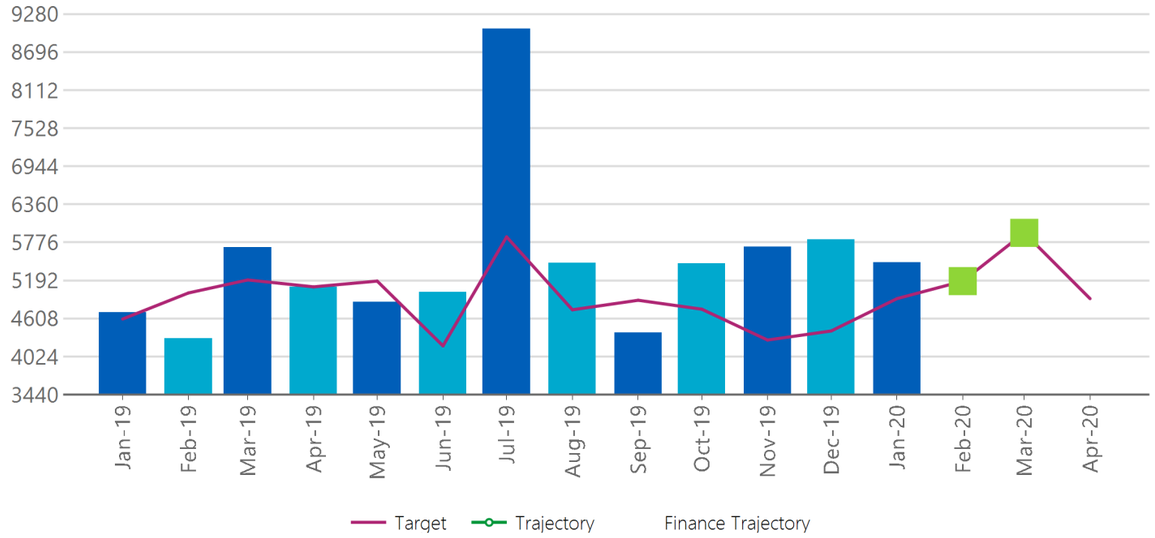
Actual performance against RAG ratings



Performance over 24 months 2 SPC



Trajectory



Heatmap performance over 24 months

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
4,163	4,277	4,249	3,863	4,773	4,200	6,300	6,200	5,400	5,000	4,200	3,900	4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,467	5,467

Capital Expenditure

Expenditure against Trust capital programme

836 against **433** target

Breaching target green rated

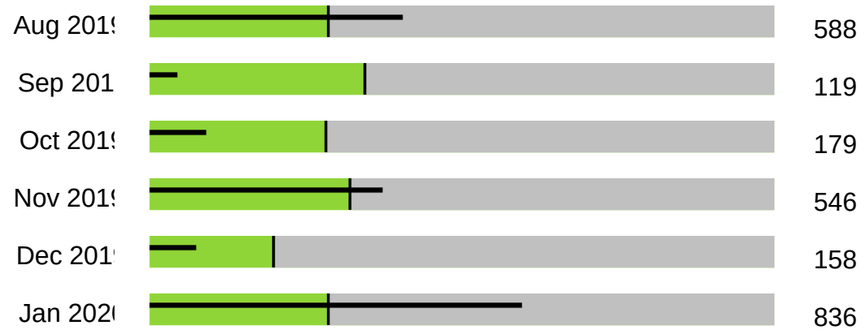
Exec Lead:
Director of Finance

Integrated Performance Report

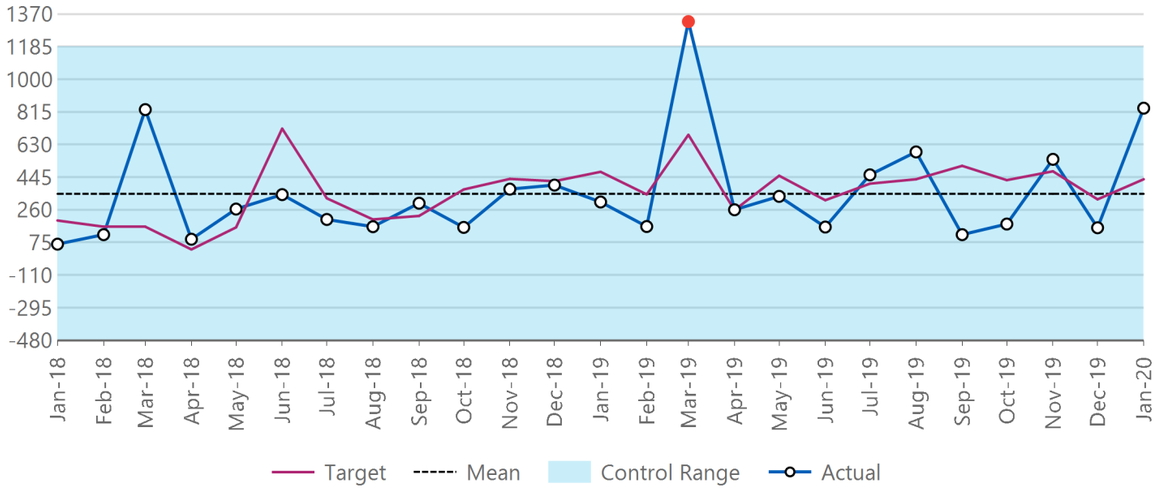
Narrative

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

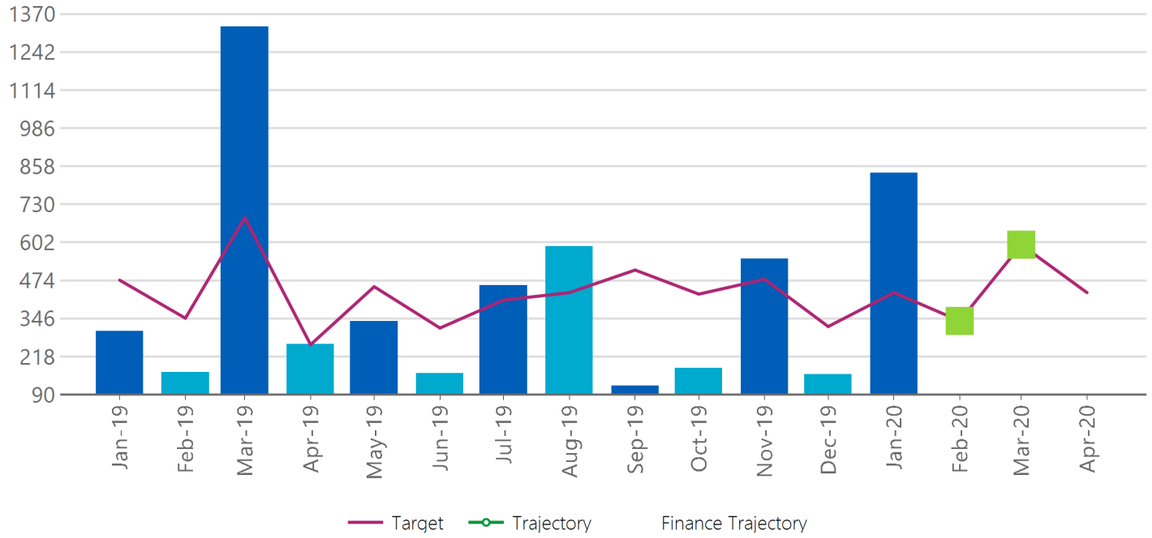
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
65	119	828	93	264	346	205	164	297	160	377	400	304	165	1,327	260	336	162	458	588	119	179	546	158	836	3,642

Use of Resources (UOR)

Overall Use of Resources indicator

2 against 1 target

red rated

Exec Lead:
Director of Finance

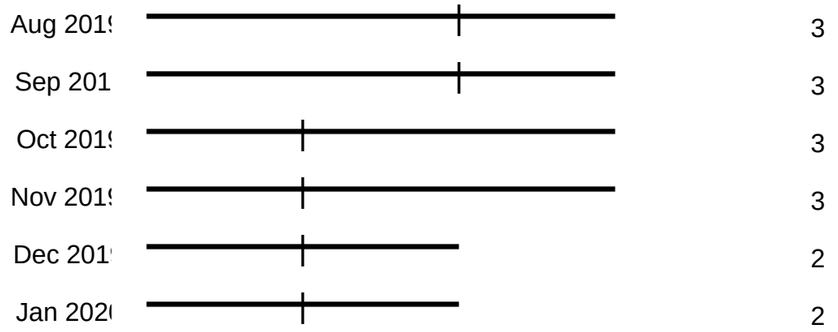
Integrated Performance Report

Narrative

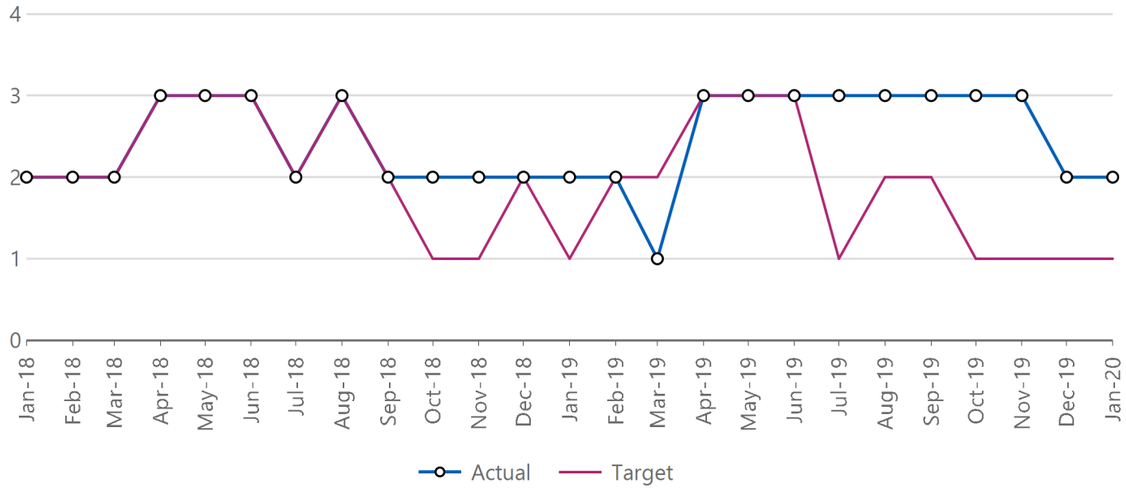
UOR remains behind plan at 2 in month

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

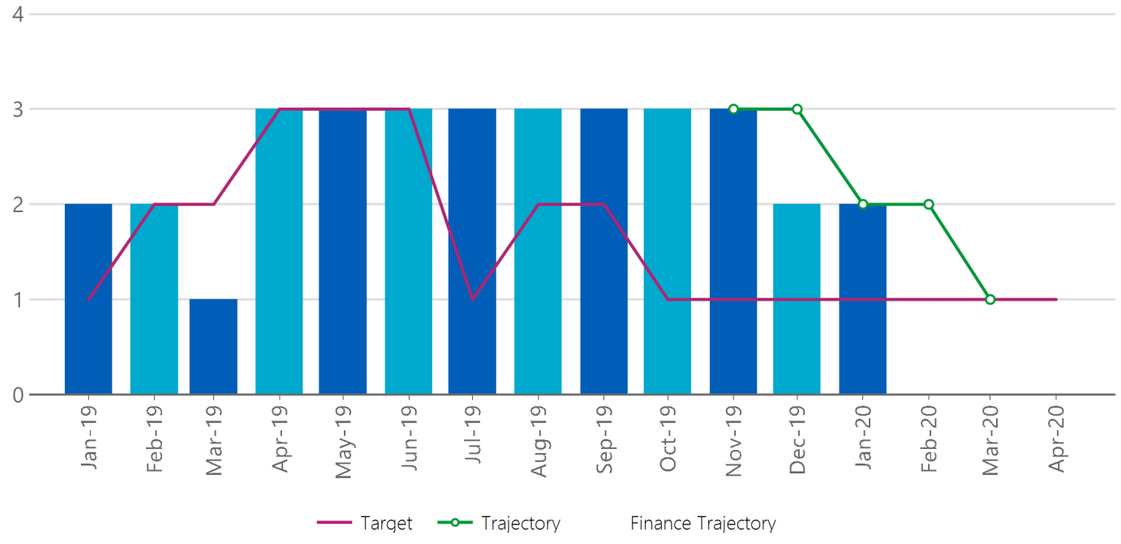
Actual performance against RAG ratings



Performance over 24 months 2



Trajectory



Heatmap performance over 24 months

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

Proportion of Temporary Staff

Agency staff costs as a proportion of total staff costs.

6.85% against **5.02%** target

Breaching target red rated

Exec Lead:
Director of Finance

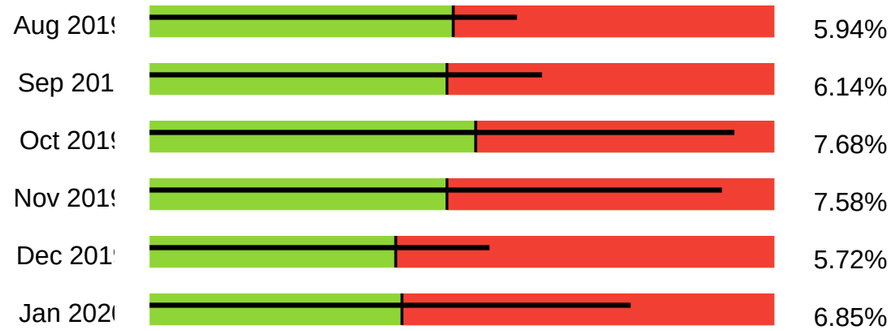
Integrated Performance Report

Narrative

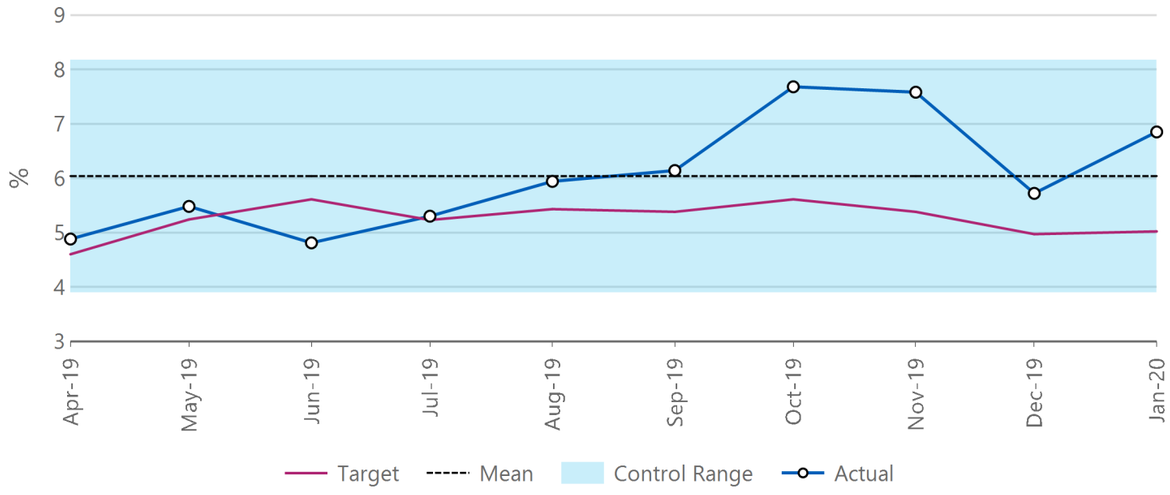
Agency % higher than cap due to non core agency usage (LLP)

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

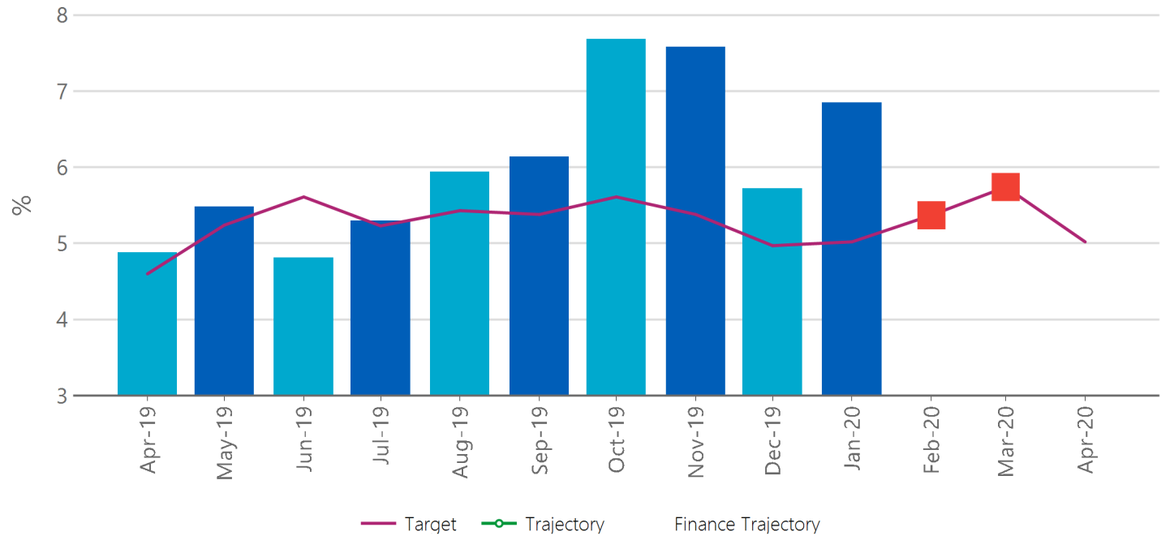
Actual performance against RAG ratings



Performance over 24 months ² SPC



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
4.88%	5.48%	4.81%	5.3%	5.94%	6.14%	7.68%	7.58%	5.72%	6.85%	6.85%

Integrated Performance Report
January 2 Month 10

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st January 2020

Income and Expenditure £'000s

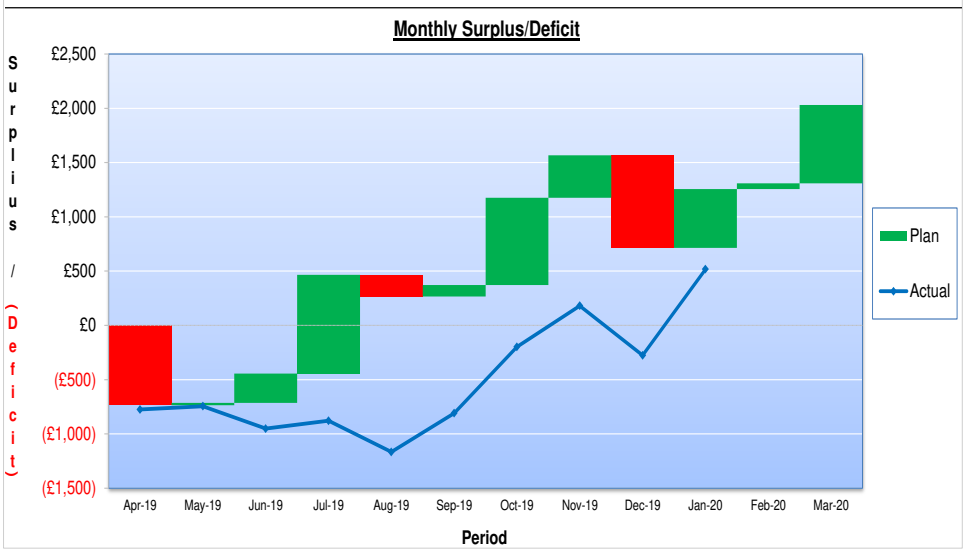
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	103,145	9,047	9,281	234	85,426	84,258	(1,168)
PSF	372	43	0	(43)	285	0	(285)
Private Patient income	5,854	543	494	(49)	4,912	4,609	(303)
Other income	6,004	501	640	138	5,007	5,396	389
Pay	(64,832)	(5,385)	(5,458)	(73)	(54,132)	(54,012)	120
Non-pay	(43,772)	(3,792)	(3,779)	13	(36,333)	(36,105)	228
EBITDA	6,772	957	1,177	220	5,164	4,145	(1,019)
Finance Costs	(4,890)	(415)	(433)	(18)	(4,059)	(4,070)	(11)
Capital Donations	150	13	564	551	123	599	476
Operational Surplus	2,032	555	1,309	754	1,228	675	(554)
Remove Capital Donations	(150)	(13)	(564)	(551)	(123)	(599)	(476)
Add Back Donated Dep'n	521	43	49	6	434	442	8
Remove PSF	(372)	(43)	0	43	(285)	0	285
Control Total exl PSF	2,031	542	794	251	1,254	517	(737)
PSF Earnt	372	43	0	(43)	285	0	(285)
Control Total	2,403	585	794	208	1,539	517	(1,022)
EBITDA margin	5.9%	9.5%	11.3%	1.8%	5.4%	4.4%	-1.0%

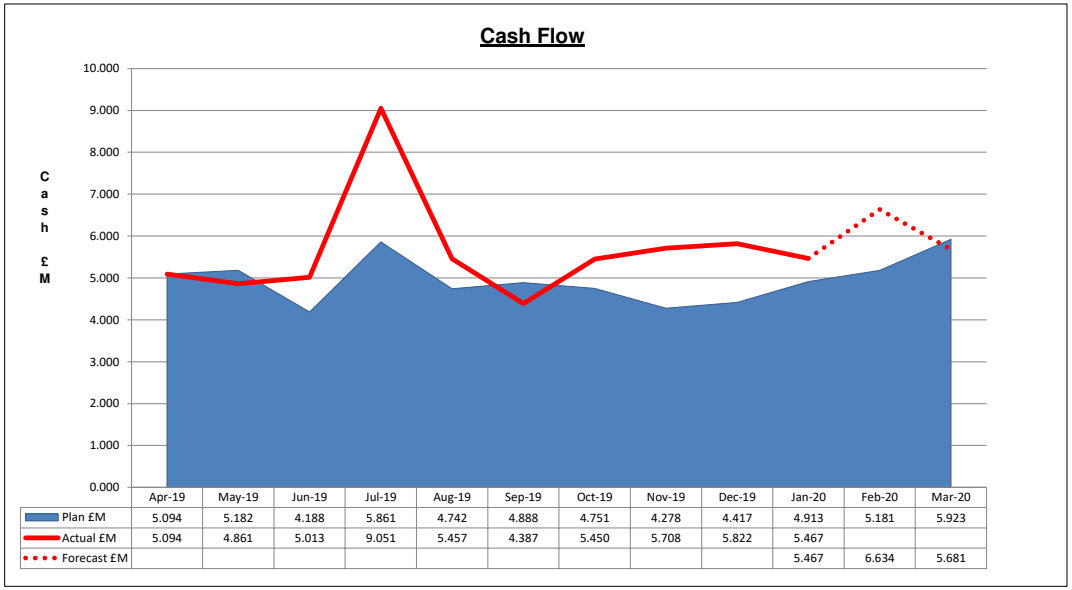
Capital service	2	I&E Margin	2
Liquidity (days)	1	Variance in I&E Margin	3
Agency	2		
Overall UOR	2		

	Jan-20	YTD
Debtor Days	24	24
Creditor Days	33	33

Statement of Financial Position £'000s

Category	Dec-19	Jan-20	Movement	Drivers
Fixed Assets	72,037	72,601	564	Additions (including Horatio's Garden revaluation) less depreciation
Non current receivables	817	900	83	
Total Non Current Assets	72,854	73,501	647	
Inventories (Stocks)	1,219	1,181	(38)	
Receivables (Debtors)	7,153	8,098	945	Year end settlement including system support
Cash at Bank and in hand	5,822	5,467	(355)	
Total Current Assets	14,194	14,746	552	
Payables (Creditors)	(11,255)	(11,147)	108	
Borrowings	(1,223)	(1,233)	(10)	
Current Provisions	(97)	(97)	0	
Total Current Liabilities (< 1 year)	(12,575)	(12,477)	98	
Total Assets less Current Liabilities	74,473	75,770	1,297	
Non Current Borrowings	(5,296)	(5,296)	0	
Non Current Provisions	(141)	(129)	12	
Non Current Liabilities (> 1 year)	(5,437)	(5,425)	12	
Total Assets Employed	69,036	70,345	1,309	
Public Dividend Capital	(33,718)	(33,718)	0	
Revenue Position	(15,047)	(15,047)	0	
Retained Earnings	634	(675)	(1,309)	Surplus before adjustments
Revaluation Reserve	(20,905)	(20,905)	0	
Total Taxpayers Equity	(69,036)	(70,345)	(1,309)	





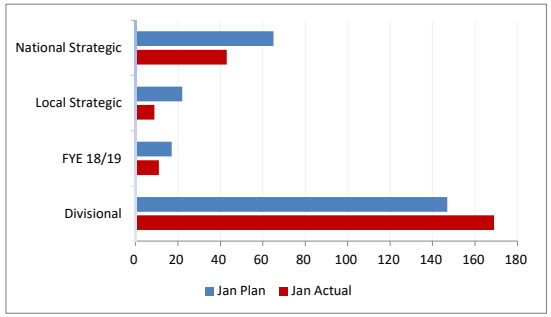
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Plan £M	5.094	5.182	4.188	5.861	4.742	4.888	4.751	4.278	4.417	4.913	5.181	5.923
Actual £M	5.094	4.861	5.013	9.051	5.457	4.387	5.450	5.708	5.822	5.467		
Forecast £M										5.467	6.634	5.681

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st January 2020

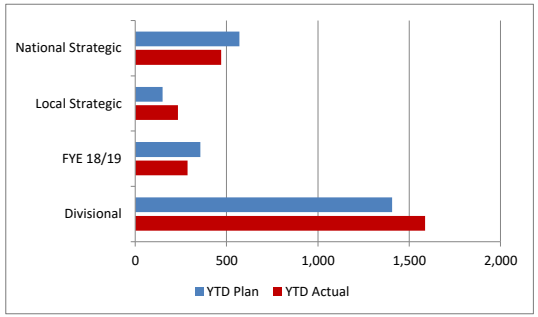
Cost Improvement Programme

CIP by Theme

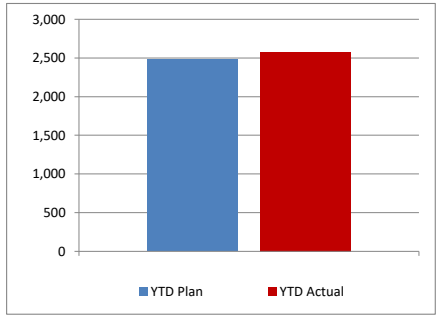
In Month CIP Achievement £000's



Year To Date CIP Achievement £000's

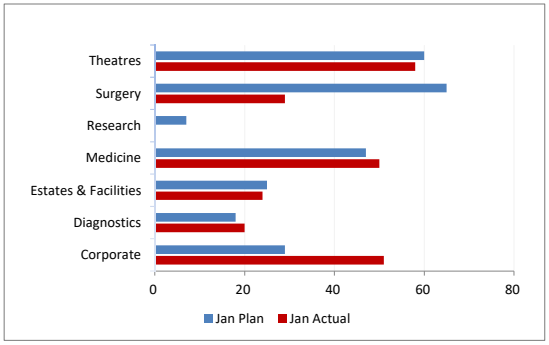


Trust YTD Achievement Against YTD Plan £000's

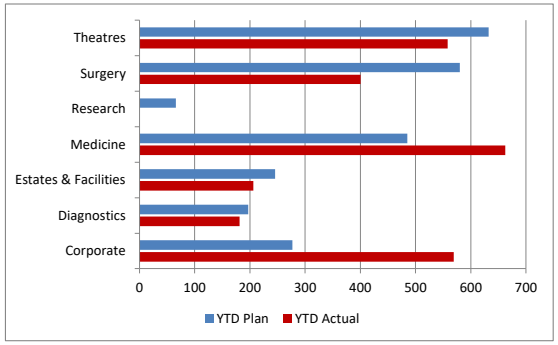


CIP by Division

In Month CIP Achievement £000's



Year To Date CIP Achievement £000's



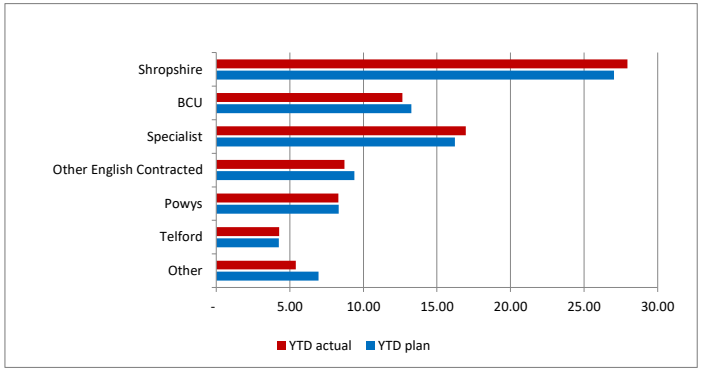
RAG of Total Schemes Being Tracked

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

Capital

Year to date capital programme £000's

Position as at	1920-10	Capital Programme 2019-20			
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
TSSU improvements & refurbishment	1,350	1,350	1,436	-86	1,436
Diagnostic equipment replacement	2,019	600	3	597	1,562
Replacement I/T network	400	400	398	2	400
EPR development	100	90	49	41	70
Digital developments	373	50	0	50	273
Invest-to-save schemes	300	210	33	177	266
I/T investment & replacement	250	250	208	42	250
Backlog maintenance	300	240	154	86	300
Equipment & service continuity	500	400	434	-34	434
Project management	100	83	124	-41	141
Trust improvement bids	100	60	77	-17	109
Salix Improvements	0	0	17	-17	40
HSLI	419	0	10	-10	419
Digital accelerator schemes	0	0	0	0	500
Other - allocated from contingency	197	158	101	57	189
Contingency	103	32	0	32	0
NHS Capital Funding	6,511	3,923	3,043	880	6,389
Donated equipment / building works	150	110	599	-489	624
Total Capital Funding (NHS & Donated)	6,661	4,033	3,642	391	7,013

Commissioner Performance

Year To Date Commissioner Income against Plan £m