

Integrated Performance Report

October 2022 – Month 7



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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





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

SPC Chart Rules

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

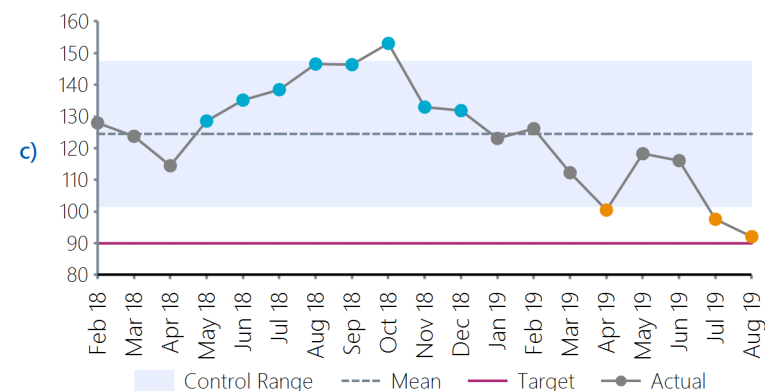
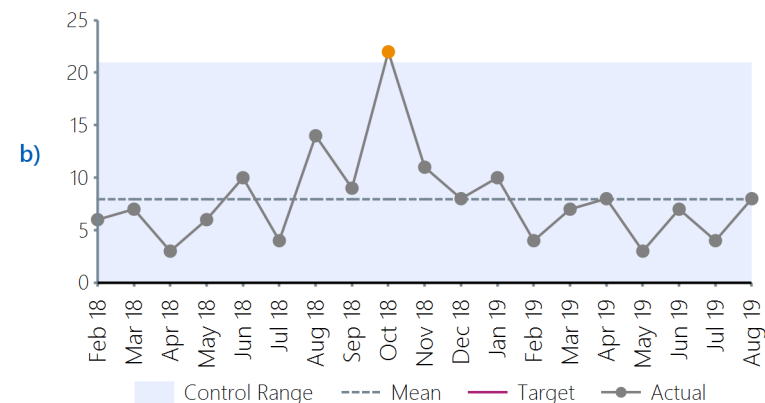
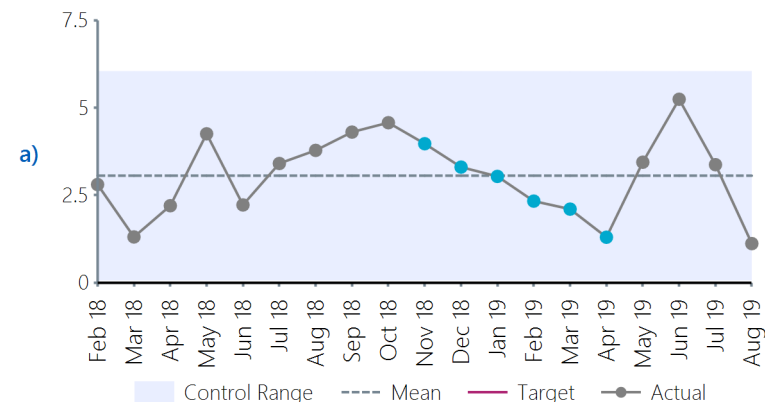
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

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

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

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



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

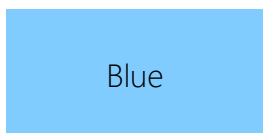
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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

Data Quality Rating Reading Guide

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

Colours

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



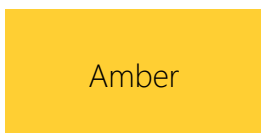
Blue

No improvement required to comply with the dimensions of data quality



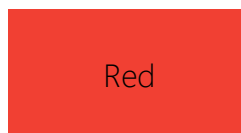
Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	6.13%				+	27/02/20
Staff Turnover - Headcount	8.00%	12.87%				+	24/06/21
Vacancy Rate	8.00%	9.20%				+	14/03/19



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	1				+	
Never Events	0	1				+	16/04/18
Number of Complaints	8	12					
RJAH Acquired C.Difficile	0	0					24/06/21
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	0					24/06/21
RJAH Acquired Pseudomonas	0	0					
Outbreaks	0	0					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Surgical Site Infections	0	0				+	
Total Deaths	0	1				+	16/04/18
WHO Quality Audit - % Compliance	100%	100%					
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85.00%	66.67%				+	
18 Weeks RTT Open Pathways	92.00%	53.43%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,577	1,909			+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,122				+	24/06/21
Patients Waiting Over 78 Weeks - English	0	372	387			+	
Patients Waiting Over 78 Weeks - Welsh (Total)		305	336			+	



Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 104 Weeks - English	0	39	39			+	
Patients Waiting Over 104 Weeks - Welsh (Total)		47	97			+	
6 Week Wait for Diagnostics - English Patients	99.00%	61.62%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	65.10%				+	
Overdue Follow Up Backlog	5,000	13,878				+	



Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Elective Activity Against Plan (volumes)	1,132	960	747			+	
Bed Occupancy – All Wards – 2pm	87.00%	85.36%				+	09/03/22
Total Outpatient Activity against Plan (volumes)	14,998	13,120				+	
Total Outpatient Activity - % Moved to PIFU Pathway	4.00%	4.16%					
Total Diagnostics Activity against Plan - Catchment Based	2,515	2,453					
Financial Control Total	256	590	405				
Income	11,385	11,299	10,796			+	
Expenditure	11,181	10,759	10,444				
Efficiency Delivered	165.67	316.00	150.00				
Big Ticket Item (BTI) Efficiency Delivered	114.33	26.00	95.00			+	



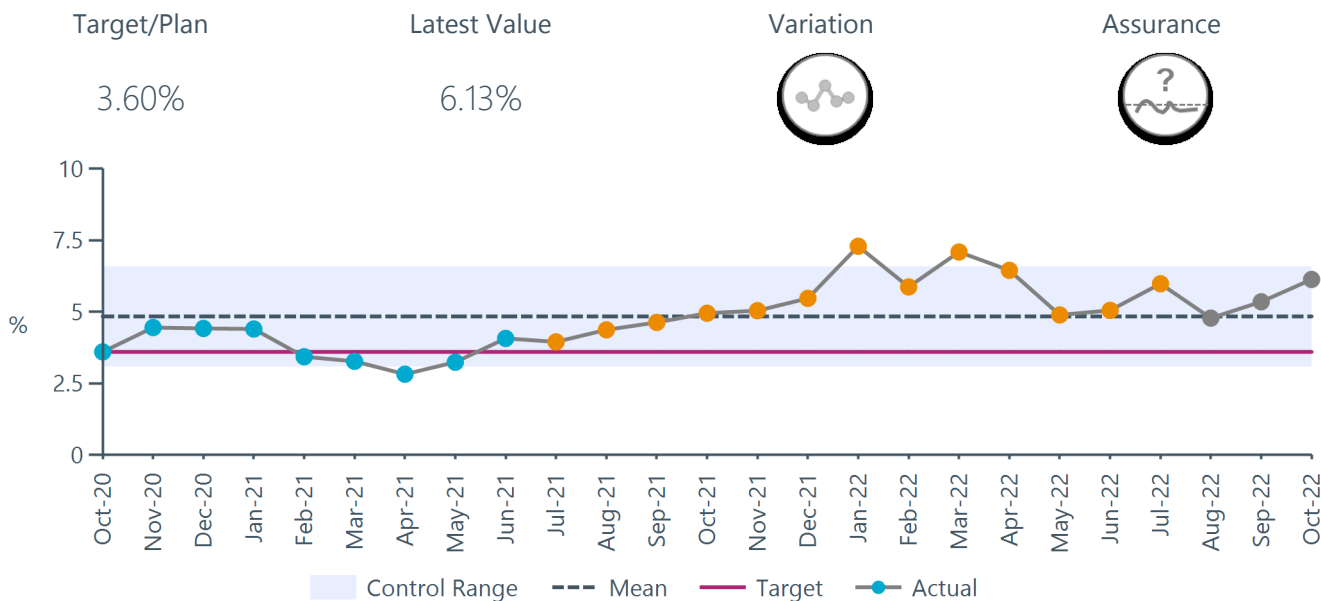
Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Cash Balance	23,325	26,333					
Capital Expenditure	2,287	1,011					
Agency Core	132	314				+	

Sickness Absence

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

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The sickness absence reported for October is 6.13% where 'infectious diseases' accounted for 1.02%, leaving remaining sickness at 5.11%. The rate remains within our control range. Further detail by area below:

- * Specialist Unit - 7.80% (6.94% excluding 'infectious diseases') - hot spot areas; Outpatients Dept 24.26%, Gladstone Ward 14.29%
- * MSK Unit - 5.81% (4.67% excluding 'infectious diseases') - hot spot areas; TSSU 15.35%, Clwyd Ward 13.42%
- * Corporate areas - 5.06% (4.07% excluding 'infectious diseases') - hot spot areas; Research 15.92%, Housekeeping 13.76%

'Anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence in Specialist Unit and MSK Unit. 'Infectious Diseases' was the highest reason for absence in Corporate areas.

Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in December.

Bite-size training sessions have been scheduled for November-March. Invites have been sent to managers to book onto sessions.

For short-term sickness, additional resource is now in place within the People Services Team. This role will help support review and monitoring of sickness. They will support managers in hot spot areas.

For long-term sickness, a review of current cases has been undertaken with relevant managers to ensure management plans are in place for each individual.

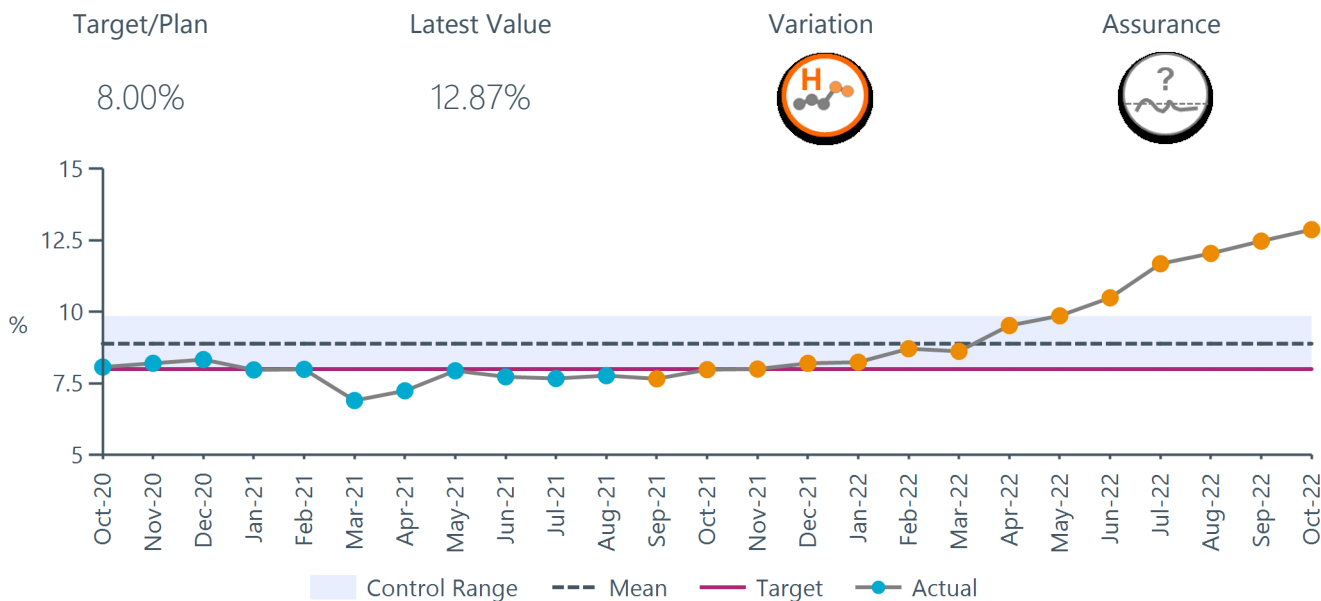
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
4.95%	5.04%	5.47%	7.29%	5.87%	7.09%	6.45%	4.89%	5.05%	5.98%	4.78%	5.35%	6.13%

- Staff - Patients - Finances -

Staff Turnover - Headcount

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

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The October rate of 12.87% remains above the control range showing continual deterioration. Six out of eight staff groups are reported above 8% as follows:

- Additional Clinic - 15.02%
- Nursing and Midwifery - 15.13%
- Estates and Ancillary - 14.09%
- Allied Health Professionals - 14.58%
- Add Prof Scientific and Technic - 10.53%
- Administrative and Clinical - 10.64%

In the latest twelve month period, November-21 to October-22, there have been 209 leavers throughout the Trust. This is in relation to a headcount in post of 1624, as at 31st October 2022. The top three reasons for leaving that accounts for 120 leavers/57% at Trust level were:

- * Voluntary Resignation - Other/Not Known - 50 / 23.92%
- * Retirement age - 37 / 17.70%
- * Voluntary Resignation - Work Life Balance - 33 / 15.79%

Actions

Actions in relation to voluntary staff turnover include:

- * Therapies has been highlighted as a 'hot spot' area. This area has undergone a full service review to assesses workforce and clinical pathways. Report recently shared with MSK Managing Director.
- * Previous action to assess benchmarking has been completed and shared with the Recruitment Workforce Group.

- * Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing.

STW ICB have developed a Recruitment and Retention Strategy/Workplan to drive improvements in retention, with RJAH a partner organisation in the group. Themes included are:

- * Effective use of turnover data
- * Meeting the needs of a modern workforce - flexible working
- * Recruit and retain existing and experienced workforce (professional development and careers)
- * Looking after our People Health and Wellbeing

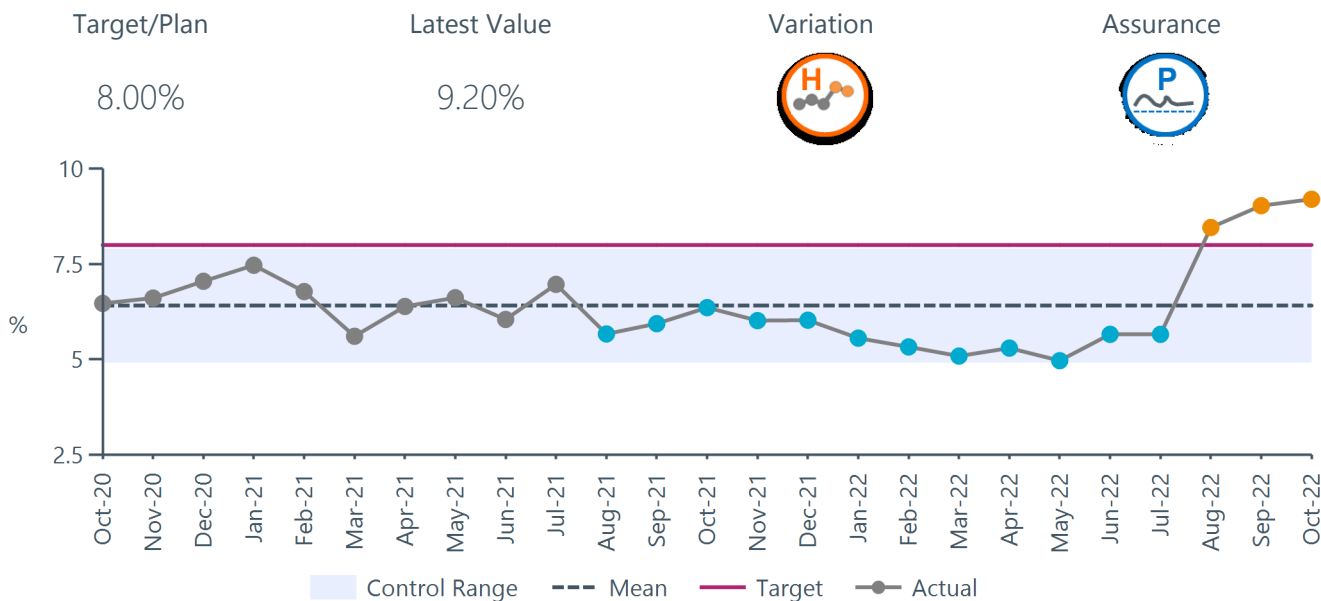
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
7%	8%	8%	8%	8%	8%	9%	9%	10%	11%	12%	12%	12%

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently meeting the target as the control range sits below the target line.

Narrative

The vacancy rate is reported at 9.20% this month and exceeds the 8% target for a third month. This equates to vacancies across the Trust at 142.95 WTE. The data point is also showing special cause variation of concern as it falls above our expected control range.

A breakdown by area is:

- Specialist Unit - 11.76% / 50.82 WTE vacant
- MSK Unit - 8.61% / 58.71 WTE vacant
- Corporate areas - 7.60% / 33.42 WTE vacant

Further details on the staff groups is provided against other KPIs (Nursing, Radiographers and Healthcare Support Workers).

Actions

Actions in this area include:

- * Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing.
- * Rolling adverts are now in place for Nursing and Healthcare Support Worker vacancies.
- * Following initial focus upon Registered Nursing and Healthcare Support Worker fill rates, the bi-weekly Recruitment Working Group will expand reporting to consider vacancy rates in other staff groups above target and without recruitment pipeline. This will support need identification for registered staff international recruitment.
- * Weekly review of recruitment pipeline to ensure minimal delays in recruitment checks process.

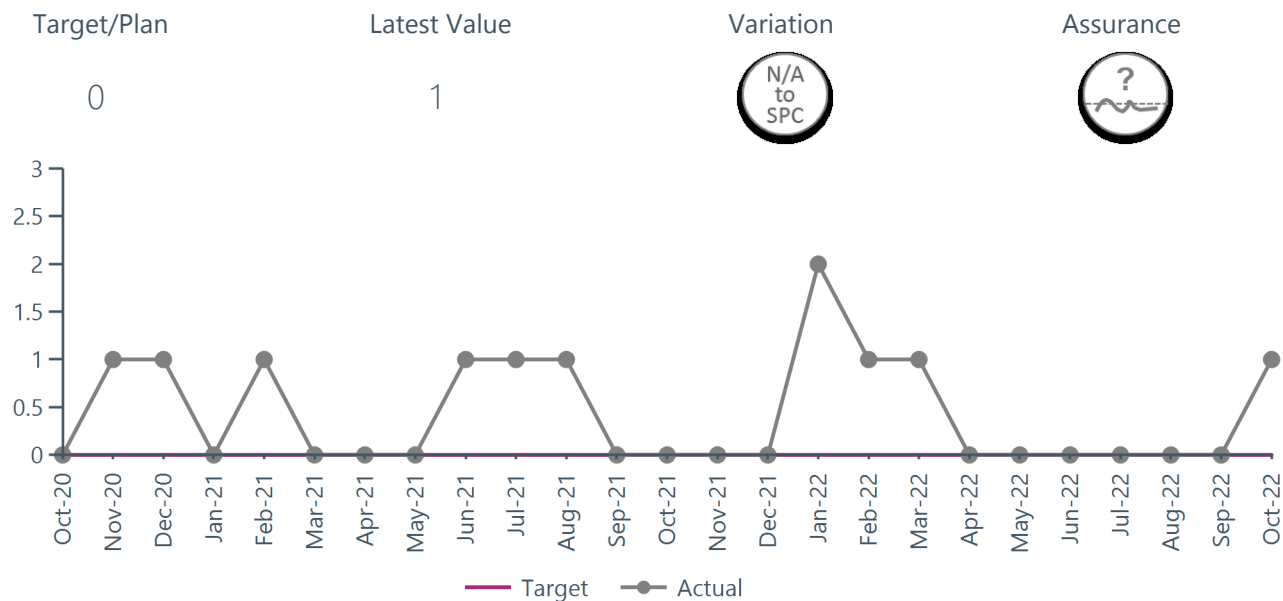
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
6.36%	6.02%	6.03%	5.56%	5.33%	5.09%	5.30%	4.97%	5.66%	5.66%	8.46%	9.03%	9.20%

- Staff - Patients - Finances -

Serious Incidents

Number of Serious Incidents reported in month 211160

Exec Lead:
Chief Nurse and Patient Safety Officer



What these graphs are telling us

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

Narrative

There was one serious incident reported in October. Upon investigation it was found that there were omissions in the process of inserting a catheter for a patient with a spinal injury. The patient later suffered an episode of autonomic dysreflexia and on investigation it was found that the catheter had not been inserted correctly causing urethral trauma and the inability for the bladder to drain which led to an AD response.

Actions

A root cause analysis is underway for this incident, being led by one of the Practice Development Nurses. The report from this will go to Patient Safety and Quality & Safety Committees.

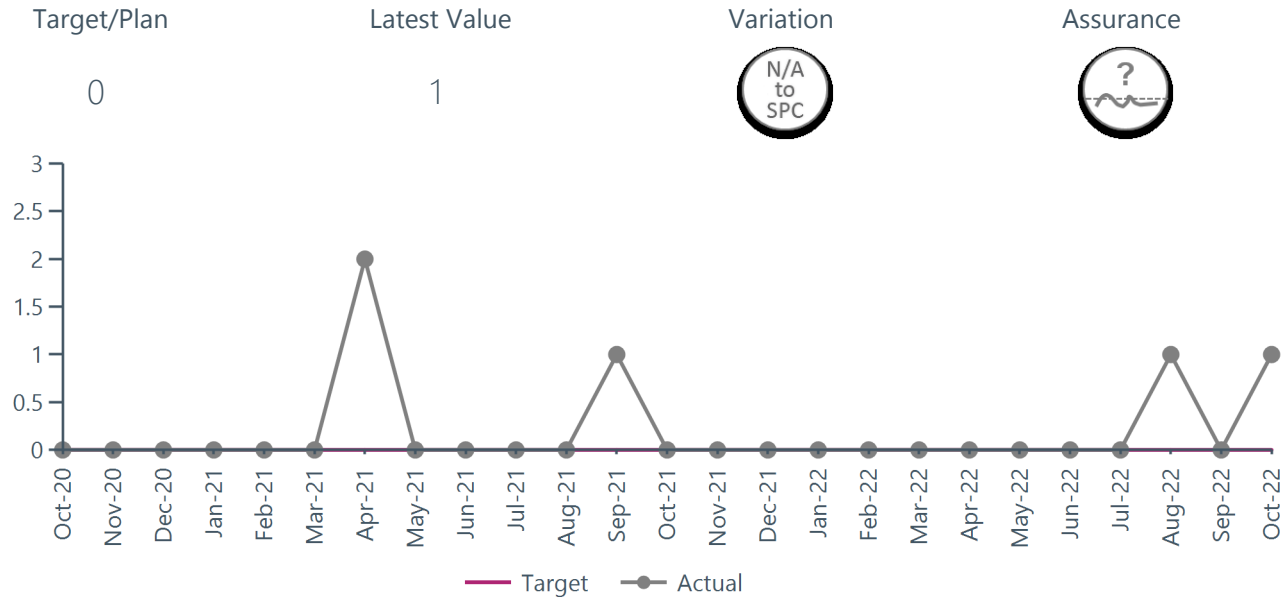
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
0	0	0	2	1	1	0	0	0	0	0	0	1

- Staff - **Patients** - Finances -

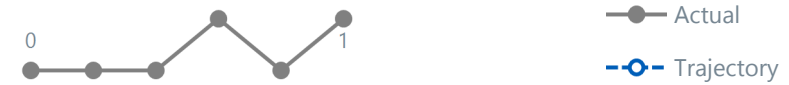
Never Events

Number of Never Events Reported in Month 211096

Exec Lead:
Chief Nurse and Patient Safety Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

There was one never event reported in October. This related to a retained foreign object post procedure.

Actions

A root cause analysis is underway for this incident, being led by one of the Consultant Anaesthetist team. The report from this will go to Patient Safety and Quality & Safety Committees.

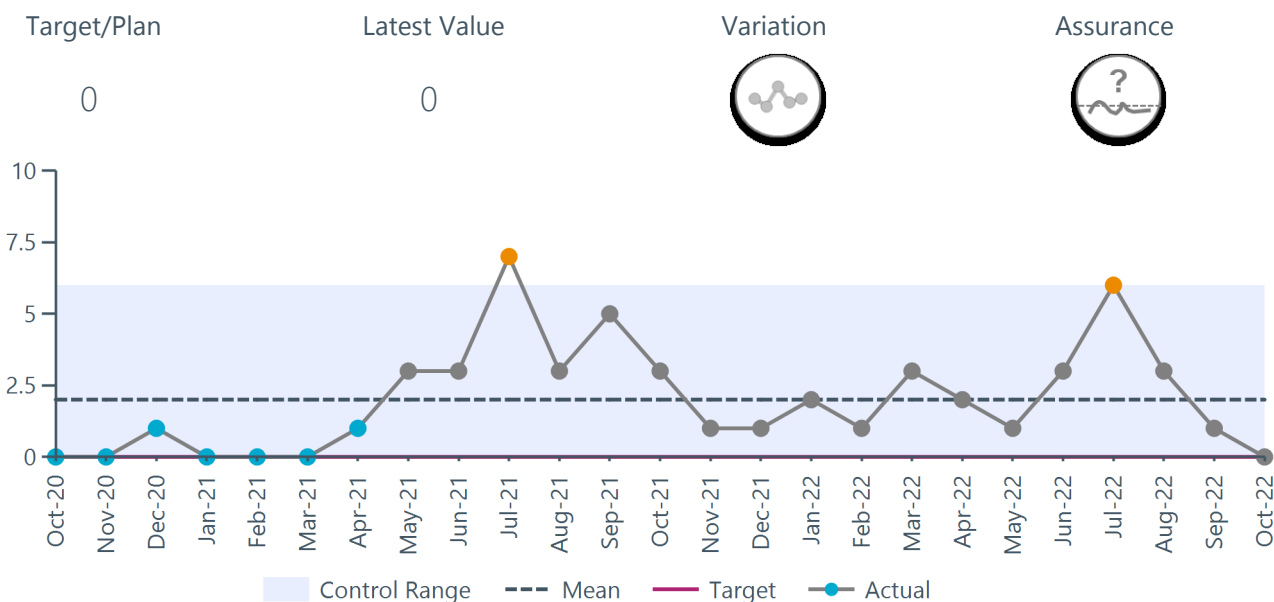
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
0	0	0	0	0	0	0	0	0	0	1	0	1

- Staff - **Patients** - Finances -

Surgical Site Infections

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

Exec Lead:
Chief Nurse and Patient Safety Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

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

In the latest twelve month period, covering November-21 to October-22, there have been 24 surgical site infections. There were two additional infections confirmed in October relating to a procedures that took place in August (1) and September (1). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

For the latest complete quarters a breakdown as follows:

- January 22 to March 22 - 6 SSIs with all Post Infection Reviews Complete
- April 22 to June 22 - 6 SSIs with all Post Infection Reviews Complete
- July - September 22 - 10 SSIs - as at 2nd November 2022 4 Post Infection Reviews complete with remaining 6 due to take place within 30 days of confirmation at MDT

Actions

Actions in this area are:

- A table top discussion was held at the start of November to establish if there are any further contributing factors. A further meeting is scheduled for the end of November.
- SSI prevention working group progressing action plan related to One Together Audit. Plan to repeat One Together Audit in quarter 3.
- MSSA decolonisation of all patients due to commence quarter 3

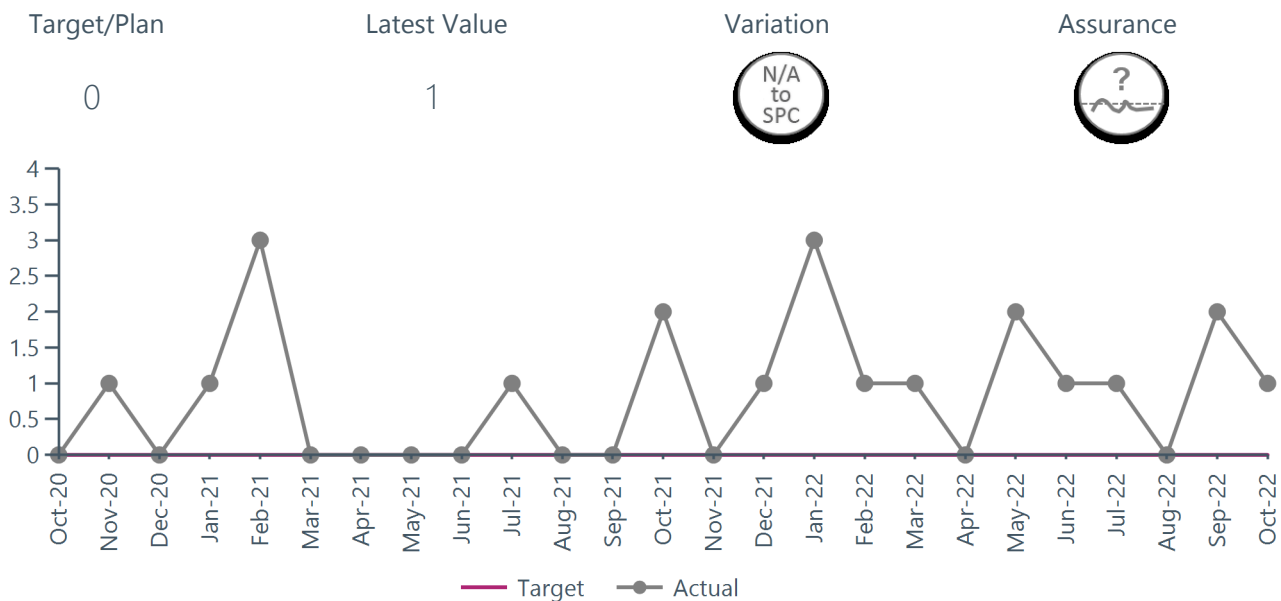
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
3	1	1	2	1	3	2	1	3	6	3	1	0

- Staff - **Patients** - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

There was one patient death in October that has been classified as 'Expected'.

Actions

All deaths are reviewed by the Hospital Mortality Lead.

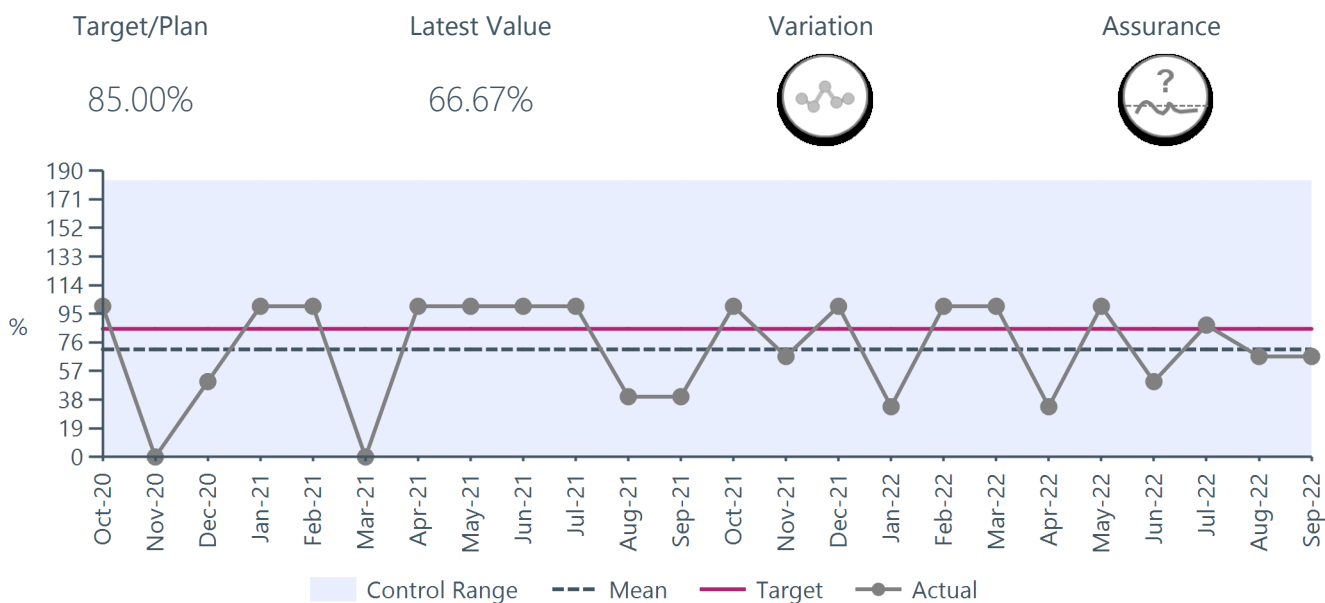
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
2	0	1	3	1	1	0	2	1	1	0	2	1

- Staff - **Patients** - Finances -

Cancer Plan 62 Days Standard (Tumour)*

% of cancer patients treated within 62 days of referral (*Reported one month in arrears) 211045

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The Cancer Plan 62 Days Standard was not met in September (reported one month in arrears). RJAH was accountable four shared pathways where one breached the standard. We believe this pathway has been attributed to RJAH on the national database in error as another Trust has used the incorrect site code. We are currently investigating and liaising with the relevant Trust to rectify this.

Actions

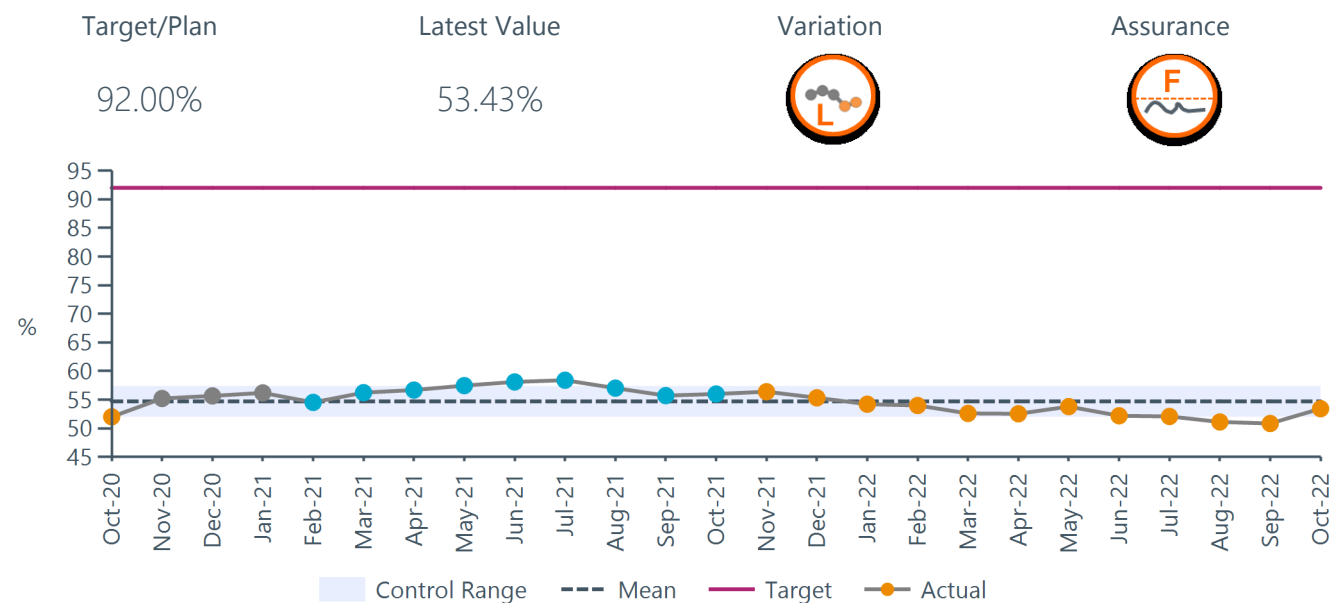
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
100%	66%	100%	33%	100%	100%	33%	100%	50%	87%	66%	66%	

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Our October performance was 53.43% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows:

- * MS1 - 7899 patients waiting of which 2082 are breaches
- * MS2 - 1666 patients waiting of which 1179 are breaches
- * MS3 - 4735 patients waiting of which 3398 are breaches

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialties
- * Eliminate waits of over 78 weeks by April 2023 - exceptions are patient choice / specific specialties
- * Develop plans to reduce 52 week waits with ambition to eliminate them by March 2025

Actions

The Operational Team is leading on revised demand and capacity assumptions to inform future planning and future waiting list management. Further detail provided against the list size and weeks waits KPIs.

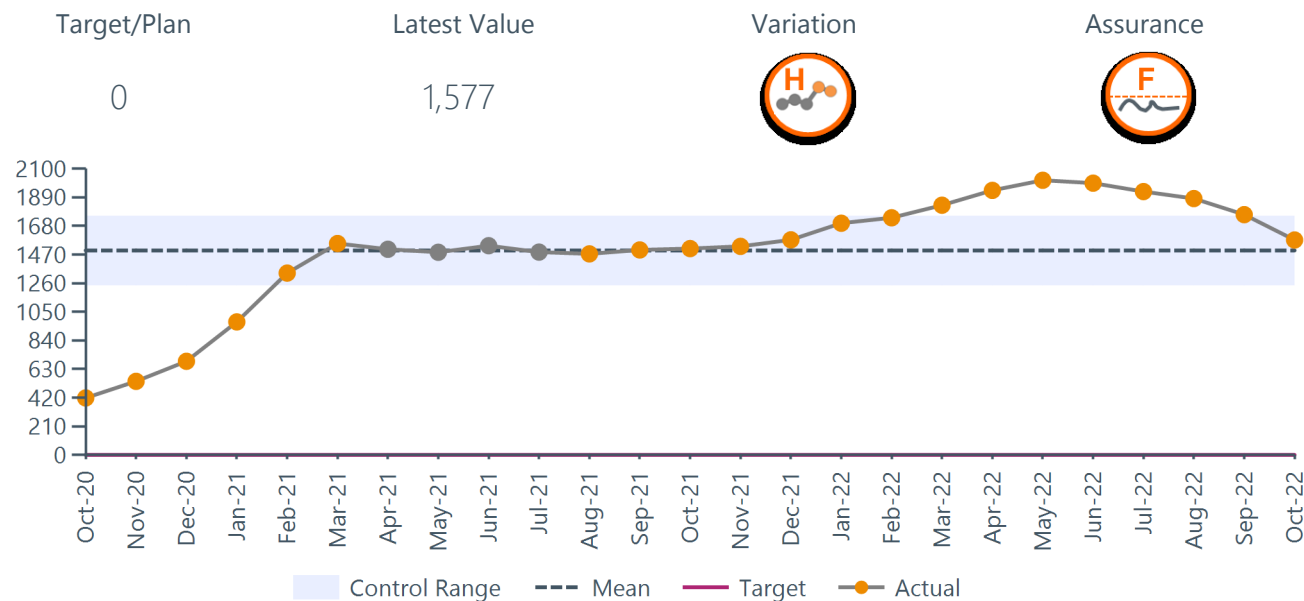
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
55.99%	56.39%	55.33%	54.21%	53.99%	52.60%	52.54%	53.79%	52.19%	52.07%	51.11%	50.84%	53.43%

- Staff - **Patients** - Finances -

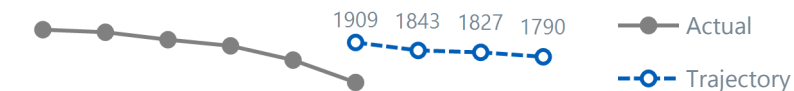
Patients Waiting Over 52 Weeks – English

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

At the end of October there were 1577 English patients waiting over 52 weeks; below our trajectory figure of 1909 by 332. The patients are under the care of the following sub-specialities; Spinal Disorders (656), Arthroplasty (312), Knee & Sports Injuries (306), Upper Limb (136), Foot & Ankle (101), Spinal Injuries (28), Paediatric Orthopaedics (11), Neurology (9), Metabolic Medicine (7), Tumour (5), Orthotics (2), Paediatric Medicine (2), Rheumatology (1) and Occupational Therapy (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1205 patients
- >78 to <=95 weeks - 270 patients
- >95 to <=104 weeks - 63 patients
- >104 weeks - 39 patients

2022/23 operational planning guidance stipulates that Trusts should:

* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties

The submitted plans have been reflected in the trajectory line above.

Actions

The Trust is currently focusing on greater than 52 weeks that will be 78 weeks by the end of March. Increased bookings for non-admitted pathways is where concentrated efforts are being made. Please see 78+ weeks indicator for further actions.

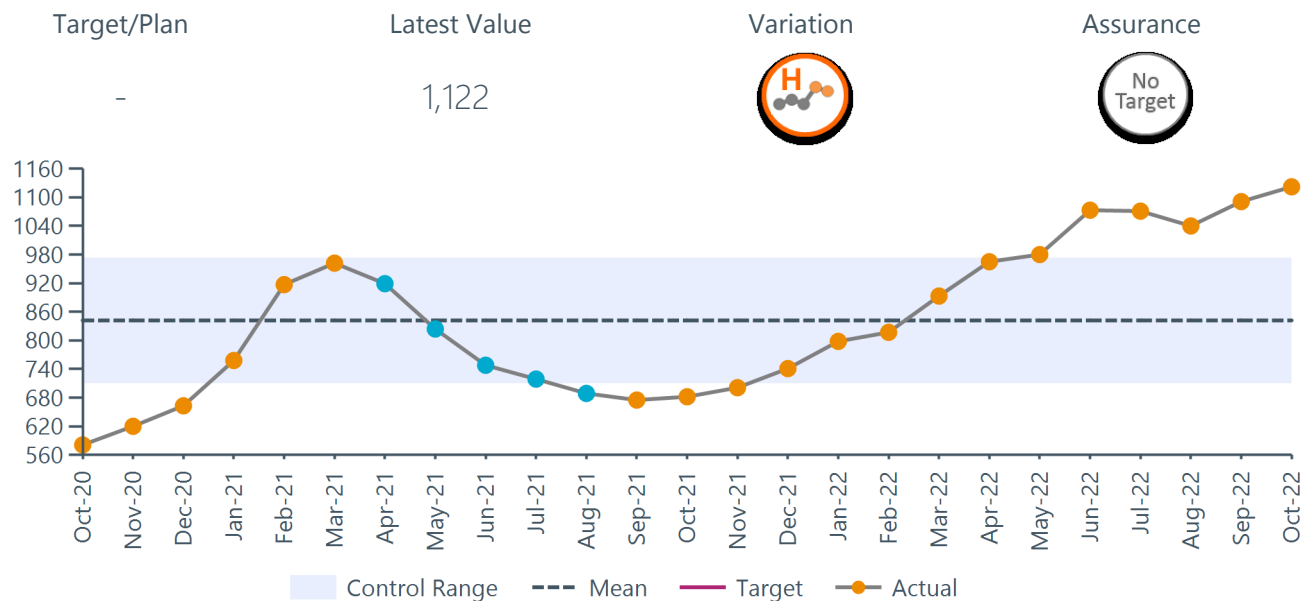
The bid to the regional NHS England team recognising the support required for validation, waiting list additional data submissions and mutual aid co-ordination has been approved. The Trust has already taken actions to ensure a mutual aid co-ordinator and validation resource is in place. These aspects all support with further reductions and governance/reporting of actions being taken.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
1514	1530	1578	1700	1740	1832	1941	2015	1994	1932	1881	1763	1577

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of October there were 1122 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (734), Arthroplasty (136), Knee & Sports Injuries (99), Upper Limb (57), Foot & Ankle (36), Paediatric Orthopaedics (25), Veterans (21), Spinal Injuries (8), Metabolic Medicine (2), Tumour (2), Neurology (1) and Paediatric Medicine (1).

The patients are under the care of the following commissioners; BCU (637), Powys (474), Hywel Dda (10) and Abertawe Bro (1). The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 817 patients
- >78 to <=95 weeks - 211 patients
- >95 to <=104 weeks - 47 patients
- >104 weeks - 47 patients

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

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

Actions

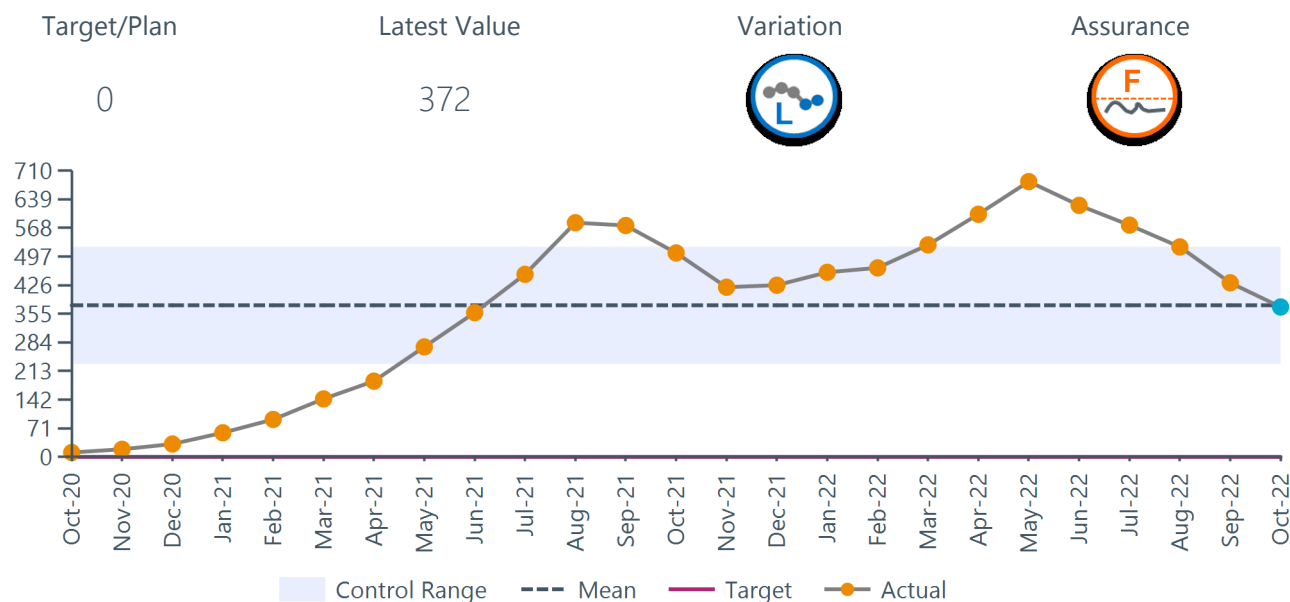
The Trust is currently focusing on greater than 52 weeks that will be 78 weeks by the end of March. Increased bookings for non-admitted pathways is where concentrated efforts are being made. Please see 78+ weeks indicator for further actions.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
682	701	741	798	817	893	965	980	1073	1071	1040	1091	1122

Patients Waiting Over 78 Weeks - English

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

At the end of October there were 372 English patients waiting over 78 weeks; this was 15 patients below our trajectory of 387. There have now been five months of consistent reduction. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialties; Spinal Disorders (240), Knee & Sports Injuries (70), Upper Limb (19), Arthroplasty (19), Foot & Ankle (9), Spinal Injuries (5), Tumour (4), Paediatric Orthopaedics (2), Metabolic Medicine (2) and Neurology (2).

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
- The submitted plans have been reflected in the trajectory line above.

Actions

The Trust continues to contact patients, and seek mutual aid, to support its most pressured service. Conversations with a regional provider continue to support both non-admitted and admitted pathways. Independent sector mutual aid has been for admitted pathways only to date. NHS EI regional team are also supporting progress for further support with recent returns stipulating our spinal disorders need. Progress has been made internally in reducing and dating patients within non-admitted pathways.

NHS EI discussions continue with a regional mutual aid co-ordinator being put in place to support further opportunities.

Utilisation of capacity across the consultant workforce continues.

The bid to the regional NHS England team recognising the support required for validation, waiting list additional data submissions and mutual aid co-ordination has been approved. The Trust has already taken actions to ensure a mutual aid co-ordinator and validation resource is in place. These aspects all support with further reductions and governance/reporting of actions being taken.

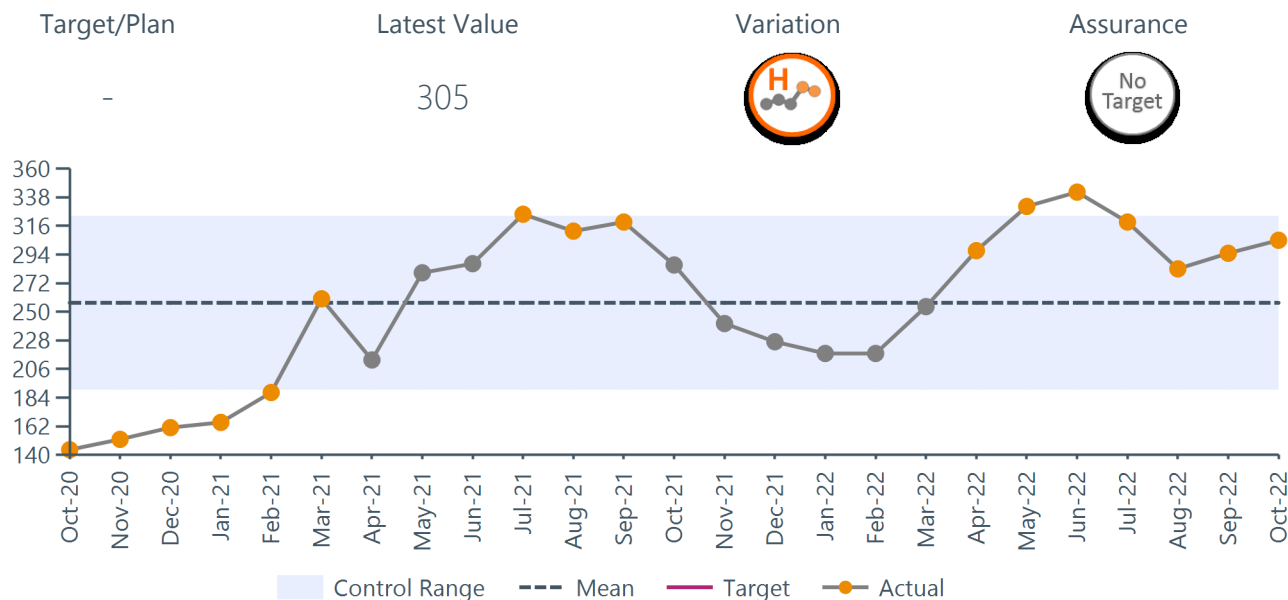
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
506	421	426	458	469	526	602	683	624	575	521	432	372

- Staff - Patients - Finances -

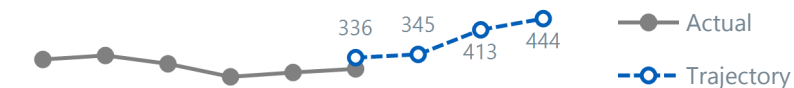
Patients Waiting Over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of October there were 305 Welsh patients waiting over 78 weeks; this was 31 patients below our trajectory of 336. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (268), Knee & Sports Injuries (18), Upper Limb (7), Arthroplasty (4), Veterans (4), Foot & Ankle (2), Spinal Injuries (1) and Neurology (1).

Actions

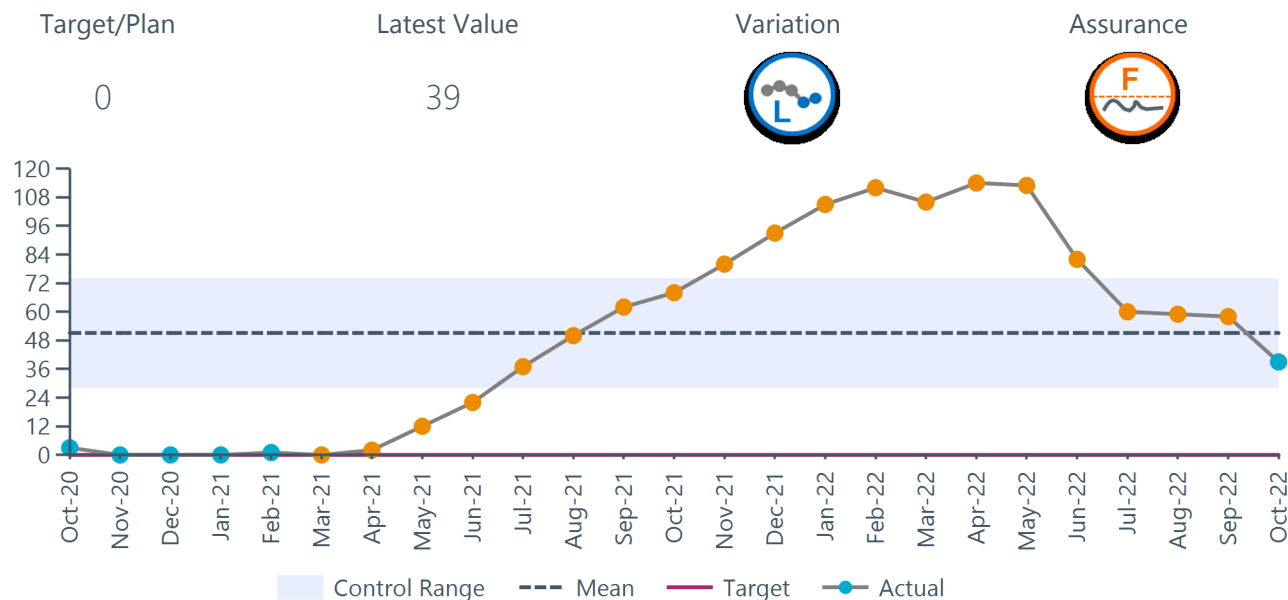
Progress has been made in reducing and dating patients within non-admitted pathways with utilisation of capacity across the consultant workforce. In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients in milestone 1.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
286	241	227	218	218	254	297	331	342	319	283	295	305

Patients Waiting Over 104 Weeks - English

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

At the end of October there were 39 English patients waiting over 104 weeks, in line with our trajectory.
- Spinal Disorders (37)
- Late transfers from SaTH -Arthroplasty (1) & Knee & Sports Injuries (1)

By Milestone, there were:

- Milestone 1 (Outpatients) - 0 patients
- Milestone 2 (Diagnostics) - 10 patients
- Milestone 3 (Electives) - 29 patients"

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.
Non-Spinal Disorders: - we continue to support a system partner with their longest waits and clinically urgent patients. This contributed to a small number of the breaches seen this month.

Spinal Disorders: - actions include:

- Seeking mutual aid from ROH and Independent Sector with continued discussions with NHSE for further mutual aid providers.
- Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
- Daily 104+ meetings being held within the Trust and chaired by Chief Operating Officer or Managing Director of Specialist Unit
- Escalation and monitoring through NHSE to support pathways requiring external providers support.

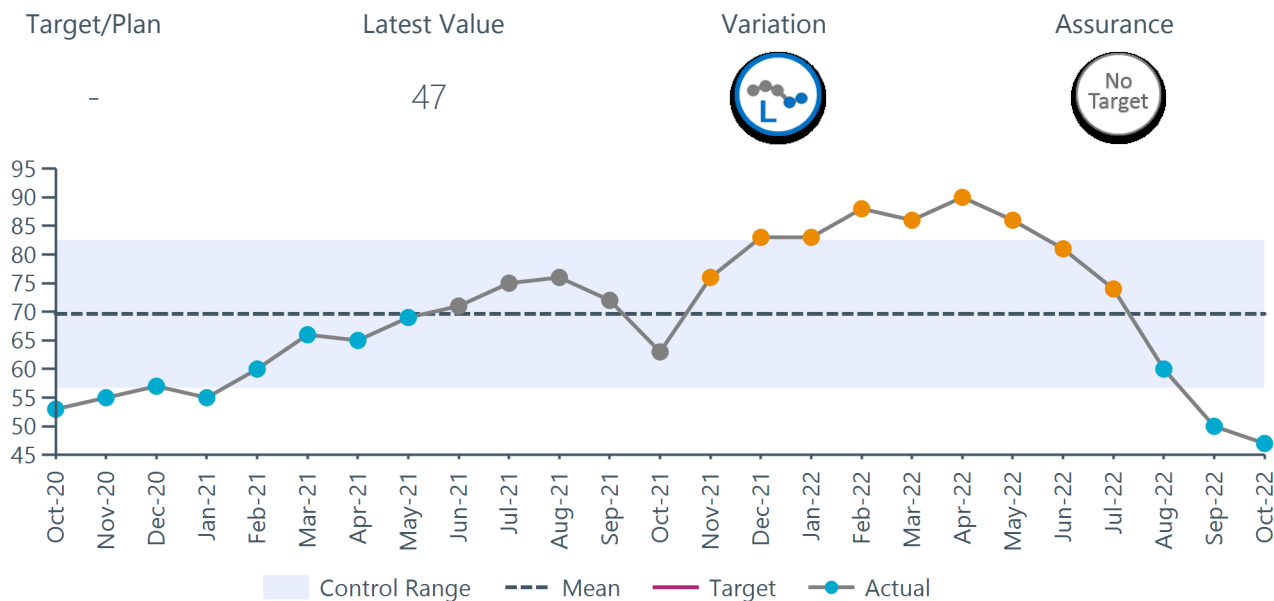
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
68	80	93	105	112	106	114	113	82	60	59	58	39

- Staff - **Patients** - Finances -

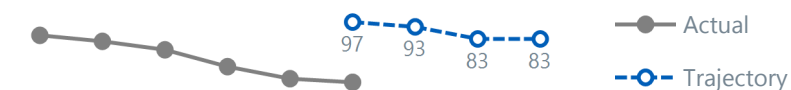
Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

At the end of October there were 47 Welsh patients waiting over 104 weeks; below our trajectory figure of 97 by 50. There have now been six months of consistent reduction.

The patients are under the care of the following sub-specialties;

- Spinal Disorders (46)
- Upper Limb (1)

By Milestone, there were:

- Milestone 1 (Outpatients) - 5 patients
- Milestone 2 (Diagnostics) - 5 patients
- Milestone 3 (Electives) - 37 patients

Actions

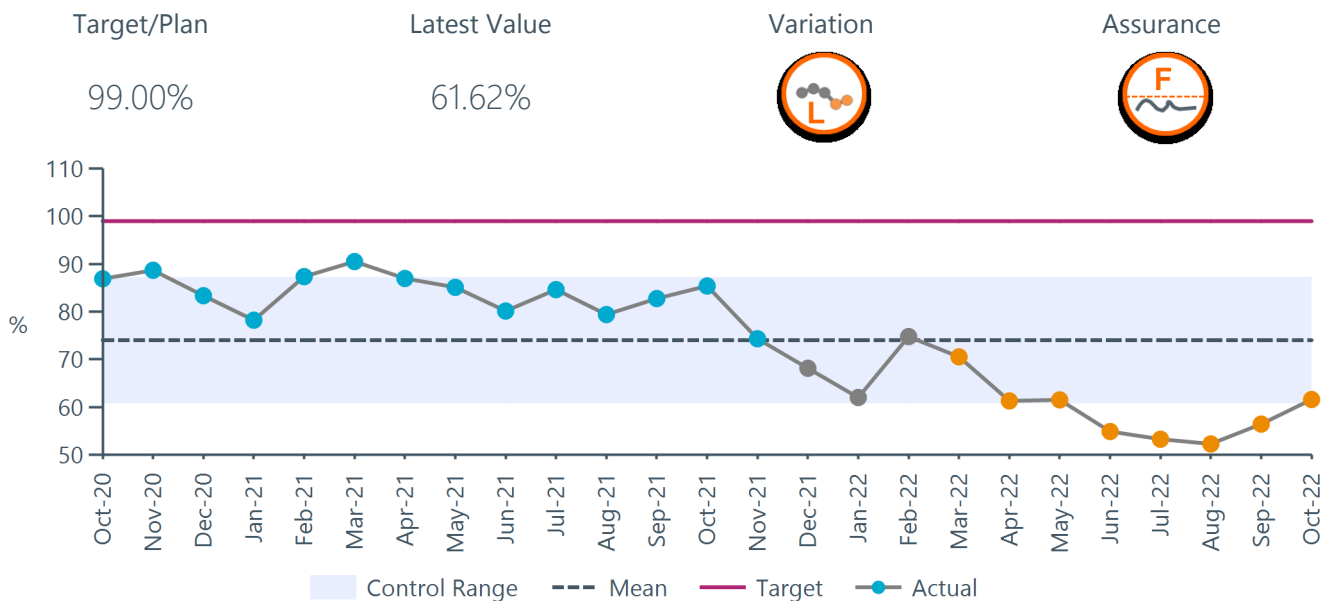
The Trust has been taking actions that also reduce trip-ins in subsequent months. Actions have been taken to progress and reduce the volume waiting in non-admitted pathways. The cohort of patients who will be waiting 104+ weeks at the end of March-23 will all have had their first Outpatient appointment by 31st December.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
63	76	83	83	88	86	90	86	81	74	60	50	47

6 Week Wait for Diagnostics - English Patients

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 61.62%. This equates to 722 patients who waited beyond 6 weeks. Breakdown below outlines performance and breaches by modality:

- MRI - 51.47% - D2 (Urgent - 0-2 weeks) 14 with 13 dated, D3 (Routine - 4-6 weeks) - 5 dated, D4 (Routine - 6-12 weeks) - 639 with 228 dated
- CT - 87.61% - D2 (Urgent - 0-2 weeks) 2 dated, D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 11 with 6 dated
- Ultrasound - 87.91% - D4 (Routine - 6-12 weeks) - 48 with 45 dated
- DEXA Scans - 100%

With the agreement of staff, the extended weekend working was implemented during September and activity figures reflect this. All MRI/CT staff are cross trained and deployed as necessary. However, there was sickness within Ultrasound during October.

The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were initially referred to as D4 (Routine - 6-12 weeks) but were updated to urgent at a later date; the 1 undated breach requires further information before an appointment can be made. MRI was reported at 51.47% against a trajectory specifically for MRI at 58%. It must be noted that MRI activity plans were met in October.

Actions

- Capacity has increased from September for MRI where they are now operating 8am to 8pm, 7 days per week to support backlog clearance.
- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.

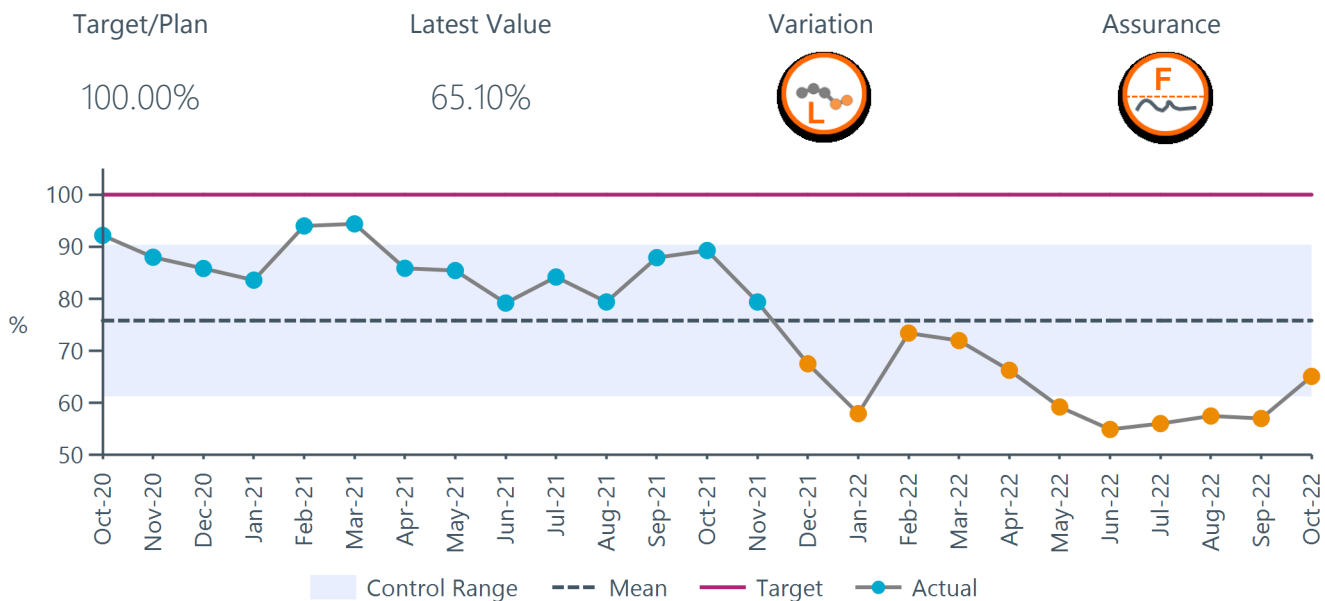
The national expectation is for delivery of 95% in 6 weeks by March 2025.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
85.42%	74.35%	68.16%	62.04%	74.81%	70.56%	61.33%	61.54%	54.90%	53.30%	52.31%	56.47%	61.62%

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 65.30%. This equates to 297 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- MRI - 60.78% - D2 (Urgent 0-2 weeks) - 2 dated, D3 (Routine 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 288 with 81 dated
- CT - 87.50% - D2 (Urgent 0-2 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 3 with 1 dated
- Ultrasound - 97.40% - D4 (Routine - 6-12 weeks) - 2 with 1 dated
- DEXA Scans - 100%

With the agreement of staff, the extended weekend working was implemented during September and activity figures reflect this. All MRI/CT staff are cross trained and deployed as necessary. However, there was sickness within Ultrasound during October.

The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were initially referred to as D4 (Routine - 6-12 weeks) but were updated to urgent at a later date. It must be noted that MRI activity plans were met in October.

Actions

- Capacity has increased from September for MRI where they are now operating 8am to 8pm, 7 days per week to support backlog clearance.
- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.

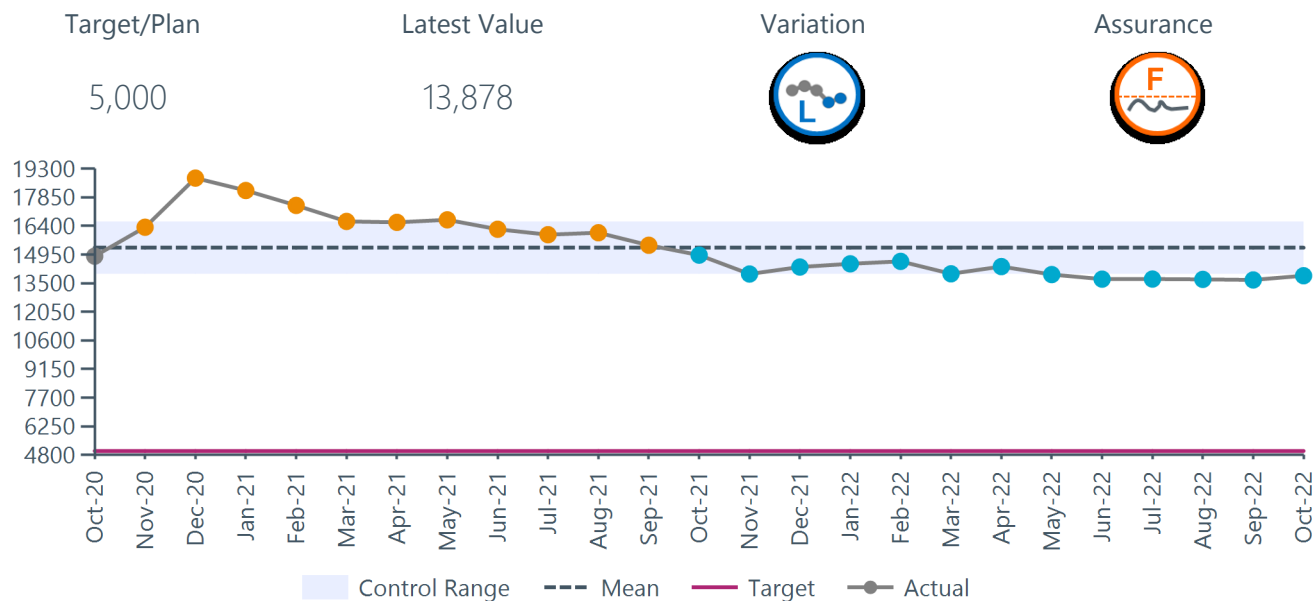
The national expectations are not for this target to be achieved throughout 22/23.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
89%	79%	67%	57%	73%	71%	66%	59%	54%	56%	57%	57%	65%

Overdue Follow Up Backlog

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

At the end of October, there were 13878 patients overdue their follow up appointment. This is broken down by:

- Priority 1 is our more urgent follow-up cohort - 8627 with 1687 dated (17%)
- Priority 2 is the lower priority - 5251 with 1301 dated (27%)

MSK backlog at the end of October is 5374. In April 20 it was 4928, it later increased to as high as 10545 and has steadily been reducing. Focus on improvement within Arthroplasty, SOOS, Upper Limb and Therapies as well as revalidation focus on MSK, particularly Arthroplasty.

Specialist backlog at the end of October is 8504. In April 20 it was 5016, it later increased to 8938 and has remained in the 8-9 thousand range. Main focus within the Trust has been on 104 week waiters.

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

- Rheumatology - 19.97%; Arthroplasty - 18.54%; Spinal Disorders - 10.98%; Spinal Injuries - 8.66%

Planning expectations for 2022/23 is to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans for 2022/23 do not meet this aspiration as the Trust continues to address its overdue follow-up backlog.

Actions

- The information team have developed a tool for use by the operational teams for all specialties that will calculate a trajectory for each sub-specialty based on their input of known bookings / capacity.
- In Rheumatology, additional capacity is now in place for follow ups where it is anticipated an additional 100 patients per month will be seen. In November, an additional consultant starts in Rheumatology.
- The Trust has a number of Transformational projects in progress, such as PIFU, that will support in further reductions in this area
- Consultants to increase desk-top reviews for their overdue follow up patients
- Revalidation to commence within Spinal Disorders
- Outpatient task and finish groups in place
- Expressions of interest out for an outpatient consultant lead

This has been flagged as a hot topic for Units to provide an update at the next Trust Performance Operational Improvement Board

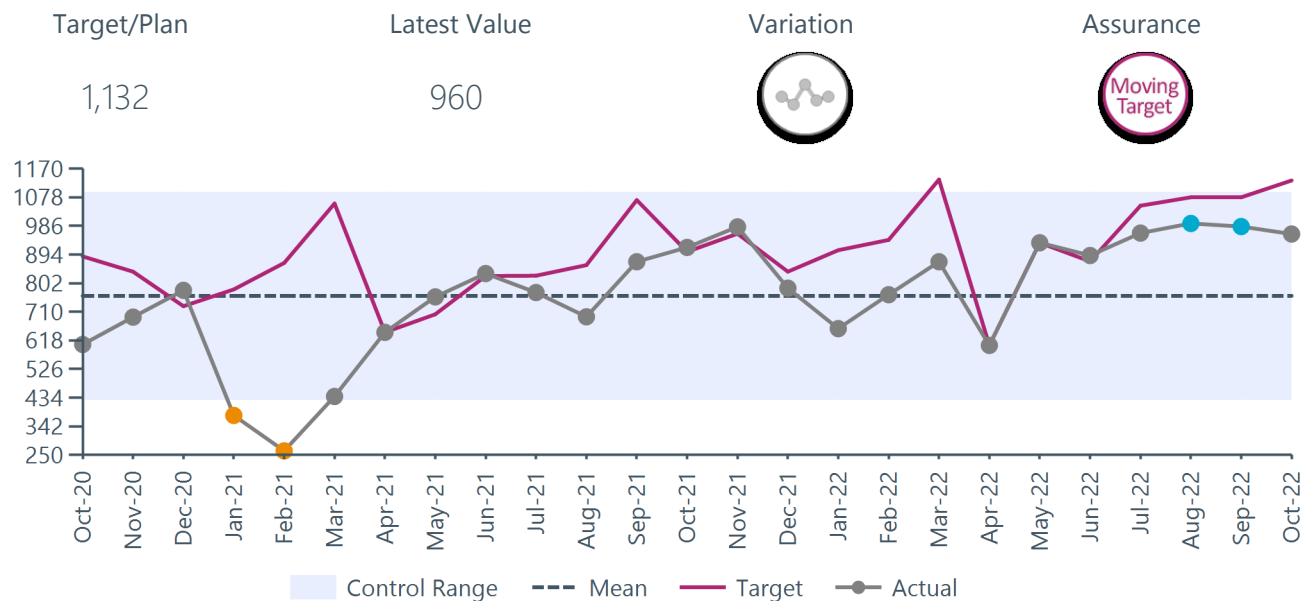
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
14923	13965	14319	14482	14605	13976	14342	13937	13705	13710	13693	13665	13878

- Staff - Patients - Finances -

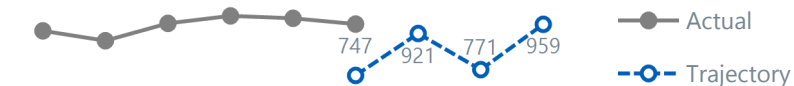
Elective Activity Against Plan (volumes)

Total elective activity rated against 2022/23 plans. 217796

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

Narrative

The plan for October was 105.9% of 19/20 baseline against a national target of 104%. The internal H2 trajectory for Elective Activity Against Plan (Volumes) was 747. Total elective activity undertaken in October was 960, 172 behind the 2022/23 plan of 1132 equating to 84.81%. Non-theatre activity is reporting 22.73% of the total and Theatre activity is 77.27% of the total.

Several factors contributed to the shortfall in October elective activity:

- Lack of Independent Sector uptake - 0 undertaken in October against a plan of 18
- 51 on the day theatre cancellations and 91 ahead of TCI date (some attributed to partial ward closure for maintenance work)
- NHS sessions behind plan
- Cases per session behind plan in Specialist unit

NB: The plan in October was set outside of the upper control limit indicating that without a process change it was unlikely to achieve this target.

Actions

A full review of Theatre staffing and Theatre processes in progress. Actions and implementation planned 16th November 2022. Once finalised, findings and actions to be formulated by Theatre Services Manager and MSK unit Managing Director. Key themes identified for improvement:

- Workforce model – planning and retention.
- Booking and Scheduling
- Working day effectiveness

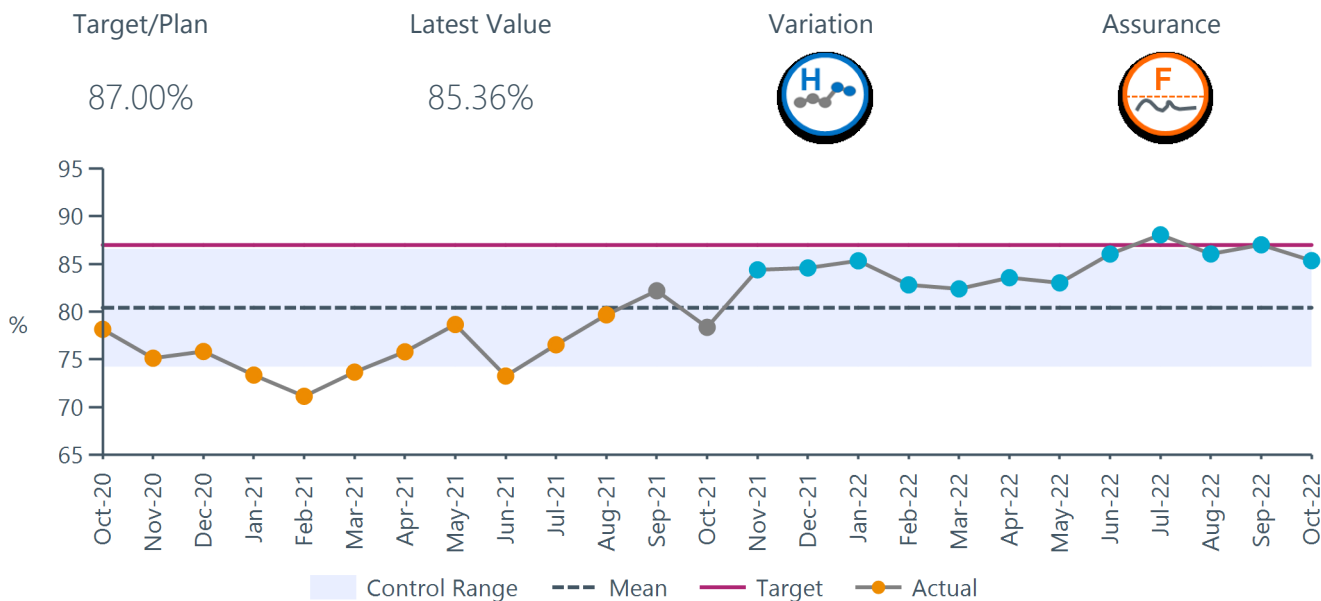
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
917	983	786	656	765	871	602	932	891	963	994	984	960

- Staff - Patients - Finances -

Bed Occupancy – All Wards – 2pm

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

Exec Lead:
Chief Operating Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

The occupancy rate for all wards is reported at 85.36% for October and remains shown as special cause variation with sustained improvement. Breakdown provided below:

MSK Unit:

- Clwyd - 62.36% - compliment of 22 beds open majority of month
- Powys - 83.28% - compliment of 22 beds - 6 beds closed for part of month
- Kenyon - 84.26% - compliment of 22 beds - 6 beds closed for part of month
- Ludlow - 75.95% - compliment of 16 bed - 2/3 beds closed some days

Specialist Unit:

- Alice - 51.36% - compliment of 16 beds; open to 4-16 beds dependant on weekday/weekend and demand
- Oswald - 93.14% - compliment of 10 beds open all month
- Gladstone - 98.11% - compliment of 29 beds open all month
- Wrekin - 96.98% - compliment of 15 beds open all month
- Sheldon - 94.71% - compliment of 19 beds; open 15-19 throughout month

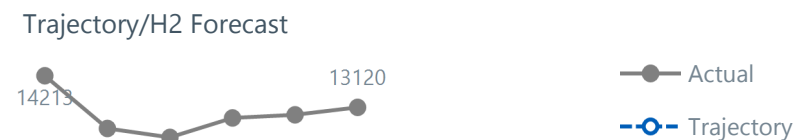
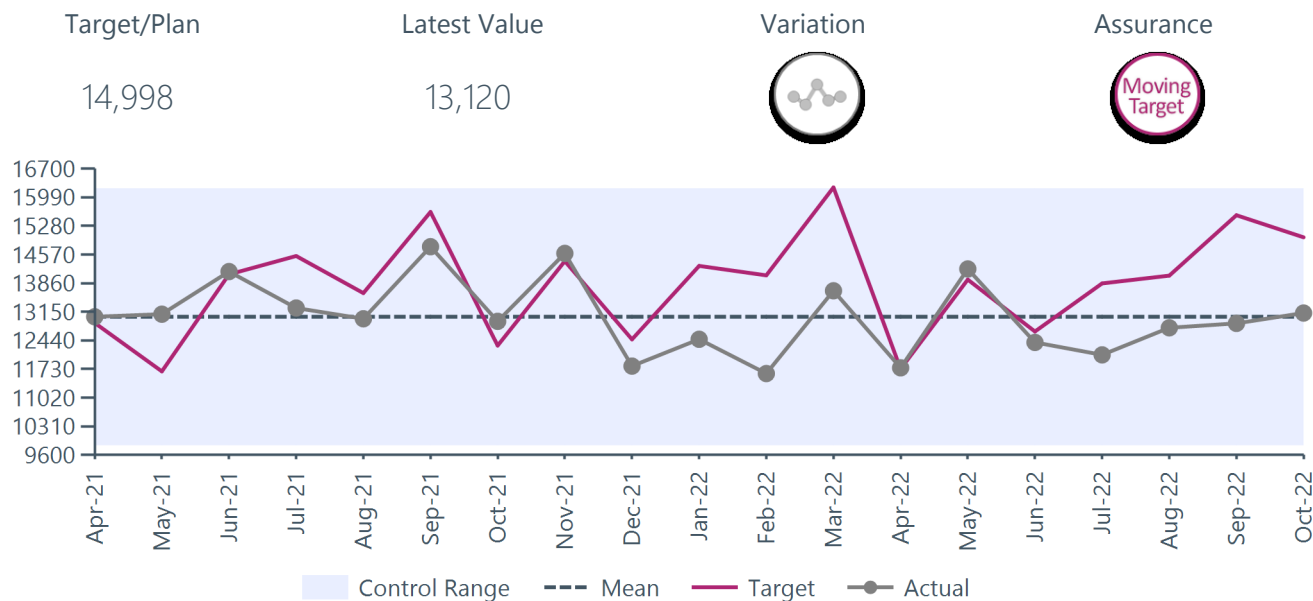
Actions

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
78.37%	84.40%	84.60%	85.35%	82.82%	82.40%	83.58%	83.03%	86.06%	88.07%	86.07%	87.02%	85.36%

Total Outpatient Activity against Plan (volumes)

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

Exec Lead:
Chief Operating Officer



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

Narrative

The plan for October was 98.36% of 19/20 against a national target of 104%. Total outpatient activity undertaken in October was 13120 against the 2022/23 plan of 14998; 1878 cases below - equating to 87.48%. This is broken down as:

- New Appointments - 3984 against 4539 - equating to 87.77%
- Follow Up Appointments - 9136 against 10459 - equating to 87.35%

The sub-specialities with the lowest activity against plan in October are:

- Physiotherapy - 1733 against 2746 - 1013 cases below - associated with cancellations, unfilled slots, class capacity reduction and high levels of sickness
- Arthroplasty - 1072 against 1402 - 330 cases below - shortfall can be attributed mostly to OJP plan underperformance
- Upper Limb - 903 against 1042 - 139 cases below - shortfall can mainly be seen against the plan flex

Actions

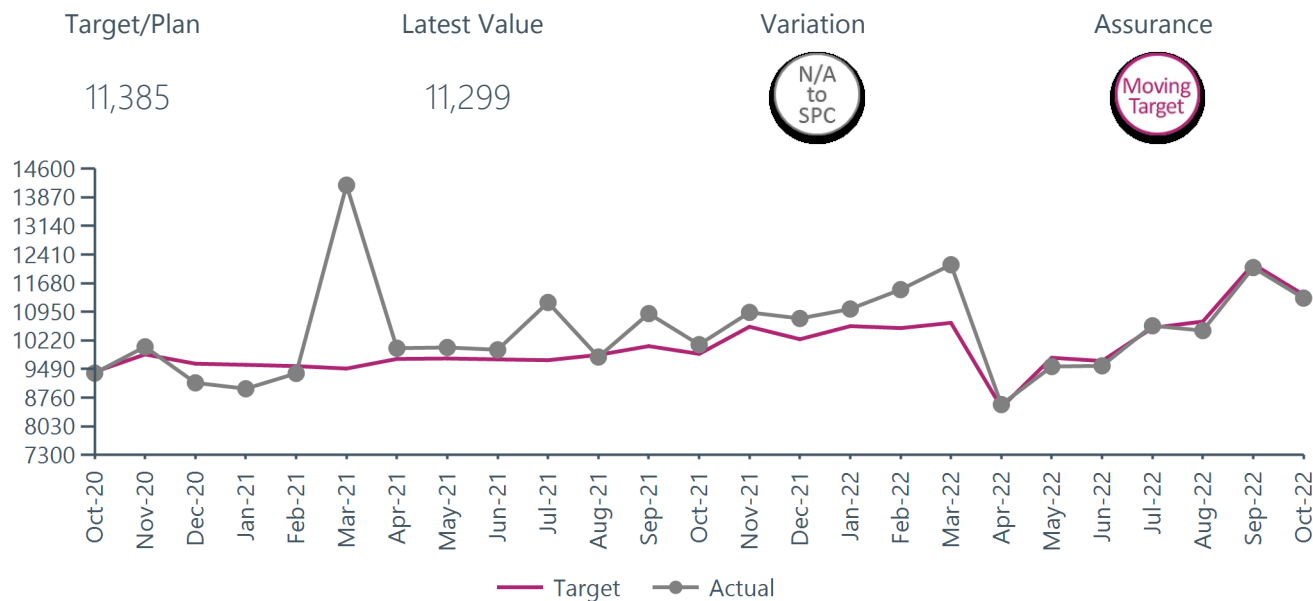
- Outpatient Improvement Plan which includes all aspects of Outpatient activity including Overdue Follow Ups, DNAs, PIFU, Virtual, IPC, clinic utilisations etc. Task and Finish groups are now in place which encompass all of these workstreams.
 - Review clinic templates within sub-specialities to maximise number of appointments
 - Therapies is currently under a service review with report being finalised imminently
 - Backlog management Plan for SOOS patients has been developed and an application to the ERF has been made
 - Review of staffing within outpatients to meet current demand
 - Recruitment (particularly consultants and therapists)
 - Review process and systems for radiology plain film
 - Expressions of interest out for an outpatient consultant lead
- A H2 forecast was presented to FPD Committee in October, however, before final approval there are further actions required. Further refinement to be carried out before presenting to FPD committee again in November.

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
12914	14599	11804	12469	11619	13672	11761	14213	12391	12082	12754	12863	13120

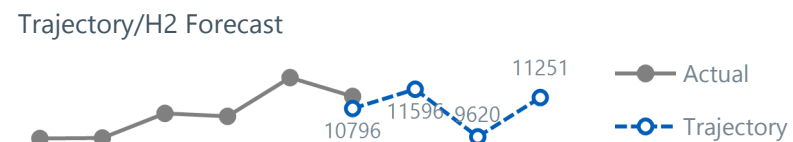
- Staff - Patients - **Finances** -

Income

All Trust Income, Clinical and Non-Clinical 216333



Exec Lead:
Chief Finance and Planning Officer



What these graphs are telling us

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

Narrative

- Income £52k adverse excluding pass through income:
- NHS Clinical Income adverse driven by activity (variable contracts)
 - Private Patients adverse driven by activity/casemix (partially offset by expenditure)
 - Other Income adverse (Research)

Partially offset by:

- Spec Comm funding arrangements adjusted YTD (no claw back assumed on underperformance).

Actions

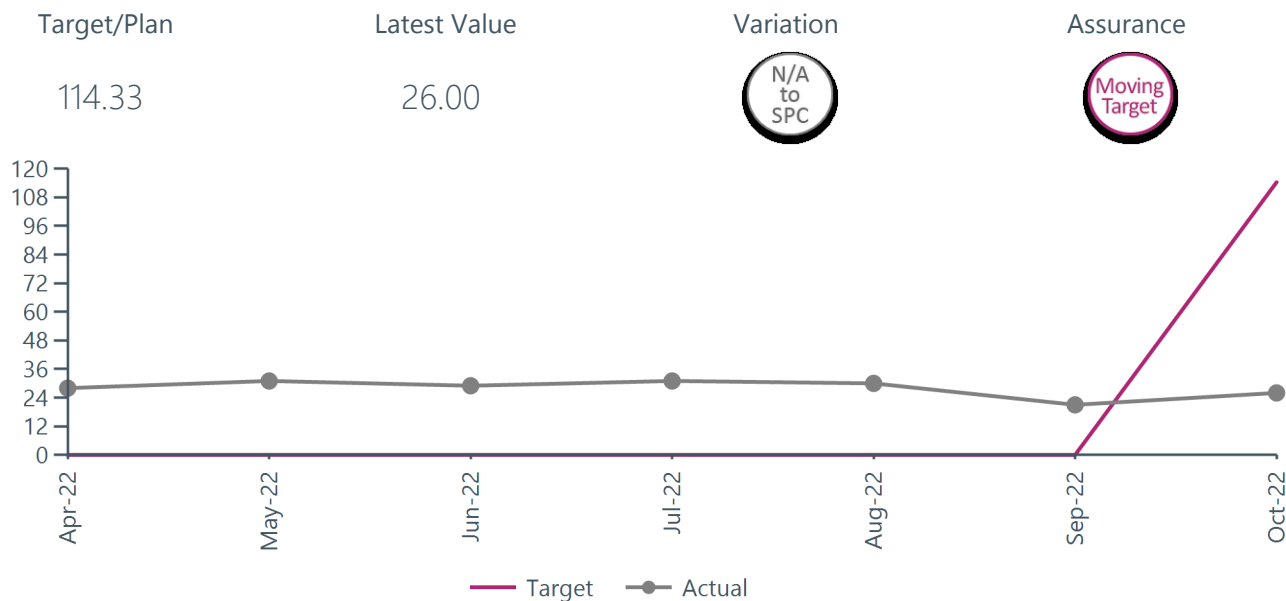
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
10113	10935	10780	11021	11516	12150	8585	9554	9573	10594	10471	12079	11299

- Staff - Patients - **Finances** -

Big Ticket Item (BTI) Efficiency Delivered

MSK Transformation 217785

Exec Lead:
Chief Finance and Planning Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Delay in Go Live for single point of access and standardised interface service driving adverse performance in month.

Actions

- Revised Go Live date for interface service, digital solution and single point of access.
- Business case approved for recurrent investment into therapies at system level.
- Development of system MSK dashboard and data sets to properly monitor performance and changes.
- Embed measurable outcomes and KPI's into project objectives along with leads/owners for delivery.

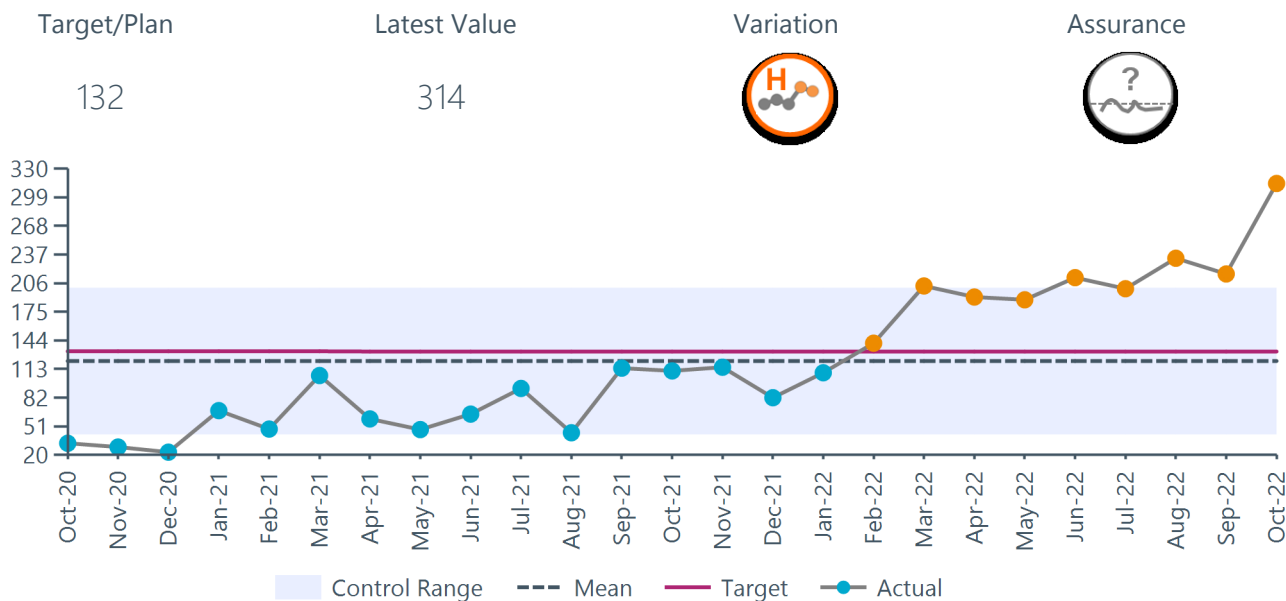
Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
						28	31	29	31	30	21	26

- Staff - Patients - **Finances** -

Agency Core

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

Exec Lead:
Chief Finance and Planning Officer



Trajectory/H2 Forecast



What these graphs are telling us

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

Narrative

Core agency adverse to cap driven by vacancy rates and absence levels. Significant Increase in monthly agency spend of £100k from last month.

Actions

- Agency reporting to be overseen by People Committee for oversight and context against recruitment objectives.
- Recruitment plans focus, particularly registered nursing, HCA and consultants (anaesthetics, rheumatology, MCSI).
- Trainee nurse associate initiatives supported to increase workforce numbers.
- International recruitment second cohort H2.
- Further incentivisations to Bank

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
111	115	82	109	141	203	191	188	212	200	233	216	314

- Staff - Patients - **Finances** -

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 31st October 2022

Performance Against Plan £'000s										
Category	Annual Plan	In Month Position			22/23 YTD Position			Forecast Position		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	115,065	10,148	10,158	10	64,761	64,059	(702)	115,065	113,631	(1,434)
Covid-19 Funding	1,411	118	117	(0)	823	941	118	1,411	1,411	0
Private Patient income	5,868	563	440	(123)	3,326	3,116	(210)	5,868	5,615	(253)
Other income	6,654	556	585	29	3,869	4,040	171	6,654	6,667	13
Pay	(78,681)	(6,616)	(6,584)	32	(45,765)	(45,160)	605	(78,681)	(77,261)	1,420
Non-pay	(43,762)	(3,903)	(3,472)	431	(24,358)	(24,109)	249	(43,762)	(42,610)	1,152
EBITDA	6,555	866	1,244	378	2,655	2,887	231	6,555	7,453	898
Finance Costs	(7,959)	(663)	(703)	(40)	(4,572)	(4,437)	135	(7,959)	(7,776)	183
Capital Donations	3,300	0	506	506	3,250	2,869	(381)	3,300	3,300	0
Operational Surplus	1,896	202	1,047	844	1,333	1,318	(15)	1,896	2,977	1,081
Remove Capital Donations	(3,300)	0	(506)	(506)	(3,250)	(2,869)	381	(3,300)	(3,300)	0
Add Back Donated Dep'n	632	53	49	(3)	359	350	(9)	632	632	(0)
Control Total	(772)	255	590	335	(1,557)	(1,200)	357	(772)	309	1,081
EBITDA margin	5.1%	7.6%	11.0%	3.4%	3.6%	4.0%	0.4%	5.1%	5.9%	0.8%

Statement of Financial Position £'000s				
Category	Sep-22	Oct-22	Movement	Drivers
Fixed Assets	91,776	92,214	438	£1m additions less £0.6m depreciation
Non current receivables	1,284	1,295	11	
Total Non Current Assets	93,060	93,509	449	
Inventories (Stocks)	1,281	1,273	(8)	
Receivables (Debtors)	6,559	6,805	246	
Cash at Bank and in hand	26,438	26,333	(105)	
Total Current Assets	34,278	34,411	133	
Payables (Creditors)	(23,374)	(22,688)	686	Decreases linked to payment of NI & Pension arrears from month 6
Borrowings	(1,996)	(2,044)	(48)	
Current Provisions	(541)	(546)	(5)	
Total Current Liabilities (< 1 year)	(25,911)	(25,278)	633	
Total Assets less Current Liabilities	101,427	102,642	1,215	
Non Current Borrowings	(3,507)	(3,693)	(186)	
Non Current Provisions	(1,032)	(1,015)	17	
Non Current Liabilities (> 1 year)	(4,539)	(4,708)	(169)	
Total Assets Employed	96,888	97,934	1,046	
Public Dividend Capital	(36,354)	(36,354)	0	
Retained Earnings	(30,598)	(30,598)	0	
Revenue Position	(272)	(1,318)	(1,046)	Current period surplus
Revaluation Reserve	(29,664)	(29,664)	0	
Total Taxpayers Equity	(96,888)	(97,934)	(1,046)	

Finance Metrics (NHS Oversight Framework)

Financial efficiency - variance from efficiency plan		Financial stability - variance from break-even *	
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Agency spending	
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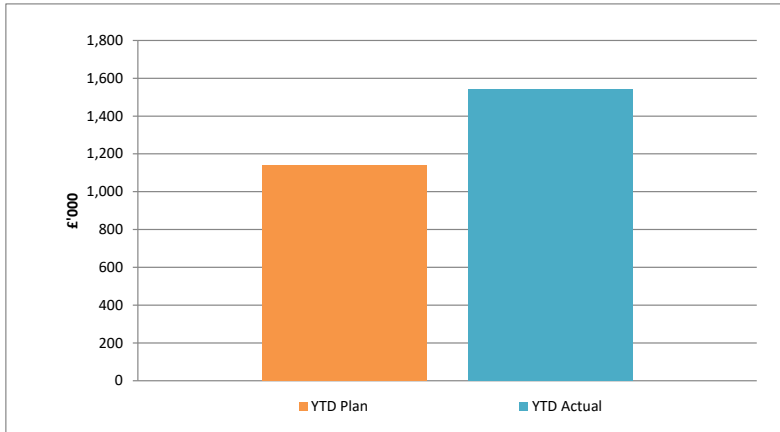
* Subject to system position through IFP arrangements

	YTD
Debtor Days	19

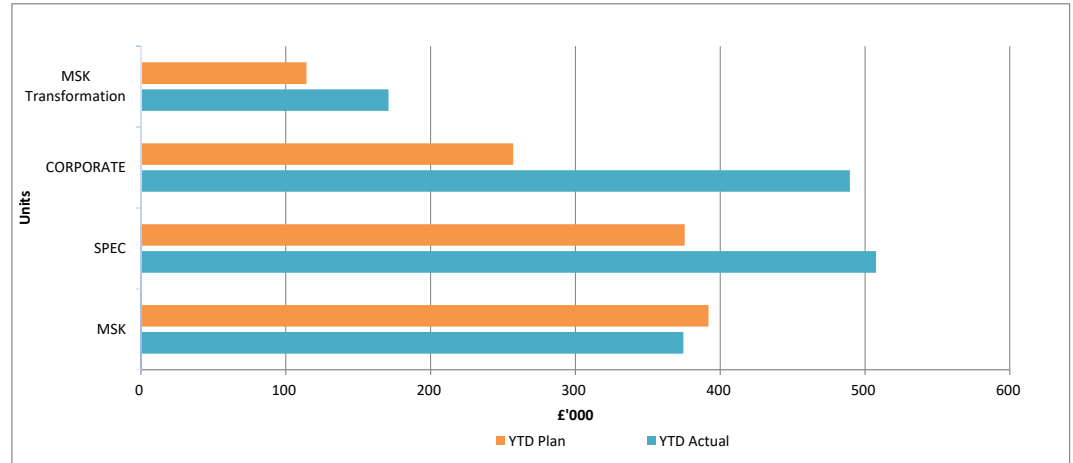
Creditor Days	67
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Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 31st October 2022

Trust YTD Achievement Against YTD Plan £000's



YTD Efficiencies Achievement £000's



Note - Target represents original external plan which doesn't include 21/22 carry/forward and strict to cover investment reported at a unit level

Position as at	2223-07 Capital Programme 2022-23							
Project	Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
Backlog maintenance	350	10	15	-5	215	160	55	420
I/T investment & replacement	300	30	22	8	70	27	43	600
Capital project management	130	11	11	-0	75	72	3	130
Equipment replacement	750	75	111	-36	325	143	182	1,350
Diagnostic equipment replacement	920	0	63	-63	490	311	179	800
IPC & safety compliance	360	0	52	-52	260	570	-310	700
EPR planning & implementation	4,500	2,117	46	2,071	3,117	1,151	1,966	4,500
Invest to save	200	0	0	0	100	0	100	200
Enhanced staff facilities	500	0	0	0	200	0	200	0
Additional theatres x 4 (replace barns)	3,000	0	0	0	0	0	0	0
Leases (IFRS16)	149	44	174	-130	74	174	-100	249
Veterans' facility	3,200	0	471	-471	3,200	2,833	367	3,200
Veterans' facility (HEE)	0	0	0	0	0	2	-2	58
Donated medical equipment	100	0	35	-35	50	35	15	100
Contingency	500	0	10	-10	100	-6	106	362
Total Capital Funding	14,959	2,287	1,011	1,276	8,276	5,472	2,804	12,669
Veterans' facility	-3,200	0	-471	471	-3,200	-2,833	-367	-3,200
Donated medical equipment	-100	0	-35	35	-50	-35	-15	-100
Capital Funding (NHS only)	11,659	2,287	504	1,783	5,026	2,603	2,423	9,369
Less leases (IFRS16)	-149	-44	-174	130	-74	-174	100	-249
Charge to CDEL excluding IFRS16	11,510	2,243	331	1,912	4,952	2,429	2,523	9,120

Cash Flow

