

Month 10 Integrated Performance Report

0. Reference Information

Author:	Claire Jones	Paper date:	25/02/2021
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
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1. Purpose of Paper

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

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

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

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

The committee is asked to note the overall performance as presented in the month 10 (January) 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.

It should be noted that from week commencing 11th January the Trust began to cancel some of its elective work as part of the covid-19 system response. Changes to our services will impact on some of our standard KPIs. Trajectories and forecasts that are included in the IPR are based on activities before the system response was known. As at 9th February we anticipate the Trust will continue to provide system support for the covid-19 response for the remainder of February and into March.

2.2. Summary

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

Areas of performance to highlight this month are as follows;

Caring for Staff;

- Sickness absence remains above target at 4.4% for January, same level as that seen in previous two months.
- Reduction in voluntary staff turnover and now below 8% tolerance at 7.97%.

Caring for Patients;

Month 10 Integrated Performance Report

- Nine complaints received in January; above the tolerance level. 100% response rate reported this month.
- No RJAH acquired infections throughout January.
- Two cancer waits standards failed to meet respective targets in December (reported in arrears).
- 18 weeks RTT open pathways performance remains well below target; 56.19% for January. Increase in list size from 10,937 to 11,201.
- The number of patients waiting 52 weeks and over continues to grow now at 1,734.
- Both diagnostics standards remain below target with English reported at 78.24% and Welsh at 83.58%.

Caring for Finances;

- Total Elective activity was 377 in January; 607 spells behind 19/20 levels and 405 spells behind our phase three submission.
- Total Outpatient activity was 10748; 3622 behind 19/20 levels and 959 behind phase 3 plan submission.
- All finance measures green rated with exception of Income.

2.3. Conclusion

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

Integrated Performance Report January 2021 – Month 10



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



Aspiring to deliver world class patient care

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Thirteen-month heatmap view



Caring for Staff

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	4.42%	4.4%	3.6%	3.6%	3.59%	R	Feb-20
Voluntary Staff Turnover - Headcount	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8.33%	7.97%	8%	8%	7.97%	R	Sep-19



Caring for Patients

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	1	0	0	0	1	0	2	0	0	0	1	1	0	0	0	5	R	Apr-18
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Number of Complaints	7	13	7	2	7	5	3	2	4	8	10	4	9	8	80	54	G	May-18
RJAH Acquired C.Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	G	Apr-18
RJAH Acquired E. Coli Bacteraemia	1	0	0	0	0	0	1	2	1	2	0	0	0	0	0	6	R	Jun-19
RJAH Acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Unexpected Deaths	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	R	Apr-18
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%			96%	95.83%	G	Nov-19
Cancer Plan 62 Days Standard (Tumour)*	100%	100%	100%	85.71%	50%	100%	100%	100%	50%	100%	0%	100%			85%	80.56%	G	
18 Weeks RTT Open Pathways	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	92%	92%	54.17%	R	
Patients Waiting Over 52 Weeks – English	0	0	0	12	33	68	123	198	306	418	540	687	976	0			R	Nov-19
Patients Waiting Over 52 Weeks – Welsh	0	1	3	15	40	77	135	199	299	385	453	528	639	0			R	Nov-19
6 Week Wait for Diagnostics - English Patients	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	83.37%	78.24%	99%	99%	53.19%	R	
8 Week Wait for Diagnostics - Welsh Patients	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	85.82%	83.58%	100%	100%	51.31%	R	



Caring for Finances

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Total Elective Activity				35	35	81	132	153	491	605	693	779	377	984			NO FORE-CAST	
Bed Occupancy – All Wards – 2pm	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.46%	87%	87%	74%	R	Sep-19
Total Outpatient Activity				6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,221	10,349	10,748	14,370			NO FORE-CAST	
Financial Control Total	794	560	1,107	0	0	0	0	0	0	462	463	137	272	-100	925	1,334	G	
Income	10,415	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	9,138	8,988	9,597	91,685	90,750	G	
Expenditure	9,670	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	9,045	8,760	9,741	91,203	89,856	G	
Efficiencies Delivery	230	356	303	46	57	61	155	152	200	88	79	137	118	109	382	422	G	
Cash Balance	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	19,510	20,402	15,530	15,530	20,402	G	
Capital Expenditure	836	234	2,451	72	167	267	308	183	770	694	935	307	97	1,228	6,734	3,800	G	
Use of Resources (UOR)	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	G	

Sickness Absence

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

4.4% against 3.6% target

Breaching target **red rated**

Exec Lead:
Director of People

Integrated Performance Report

Narrative

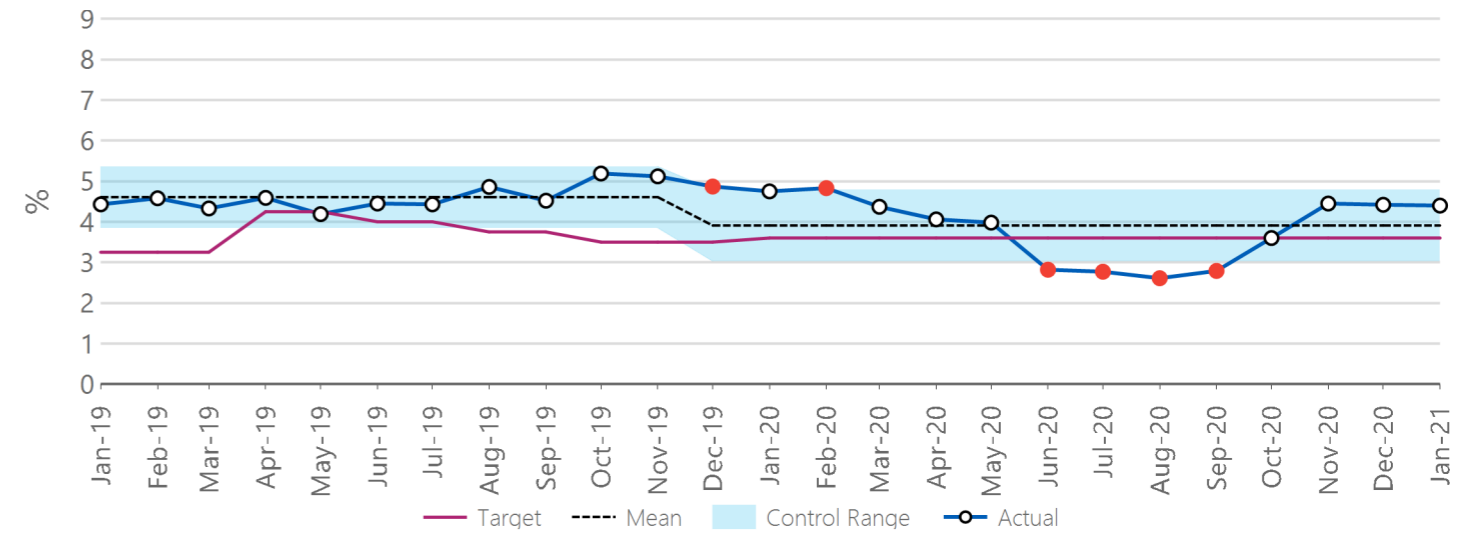
The sickness rate for January is reported at 4.40%, very similar to the levels in December at 4.42%. Trust-wide there was a reduction in long term absence at 2.07% whilst short term absence increased to 2.33%. Sickness due to Covid-19 was reported at 1.10% and was the highest individual reason for sickness absence, with anxiety/stress/depression/other psychiatric illnesses being the second highest reason for sickness absence at 1.08%. Those delivery units above target are MSK, Specialist and Support Services.

A unit breakdown is:

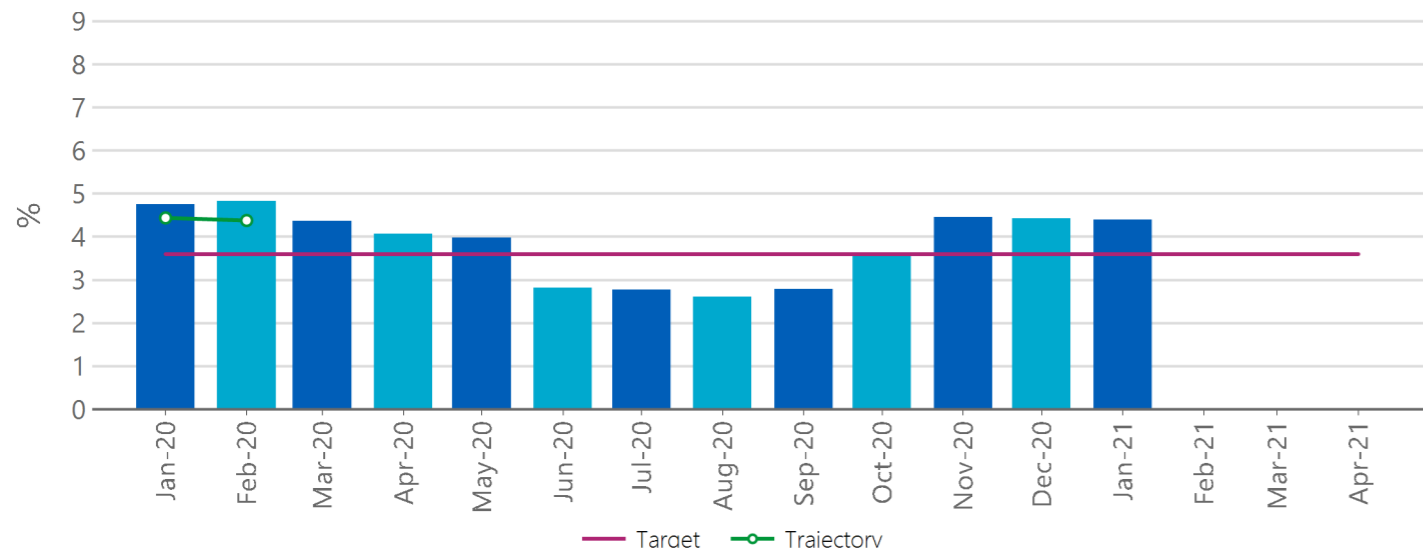
- MSK Unit 5.33% overall with 2.96% short term and 2.38% long term
- Specialist Unit 4.55% overall with 2.27% short term and 2.28% long term
- Clinical Services Unit 3.40% overall with 2.04% short term and 1.36% long term
- Support Services Unit 4.16% overall with 2.16% short term and 2.00% long term
- Assurance and Standards Team 3.06% overall with 0.3% short term and 2.76% long term

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: Ensuring local actions are maintained to ensure prevalence of stress/anxiety/depression and other psychiatric illnesses is effectively supported, due to continued prevalence.

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
4.43%	4.58%	4.33%	4.59%	4.19%	4.45%	4.43%	4.86%	4.52%	5.19%	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	4.42%	4.4%	3.59%

Voluntary Staff Turnover - Headcount

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

7.97% against **8%** target
Within target **green rated**

Exec Lead:
Director of People

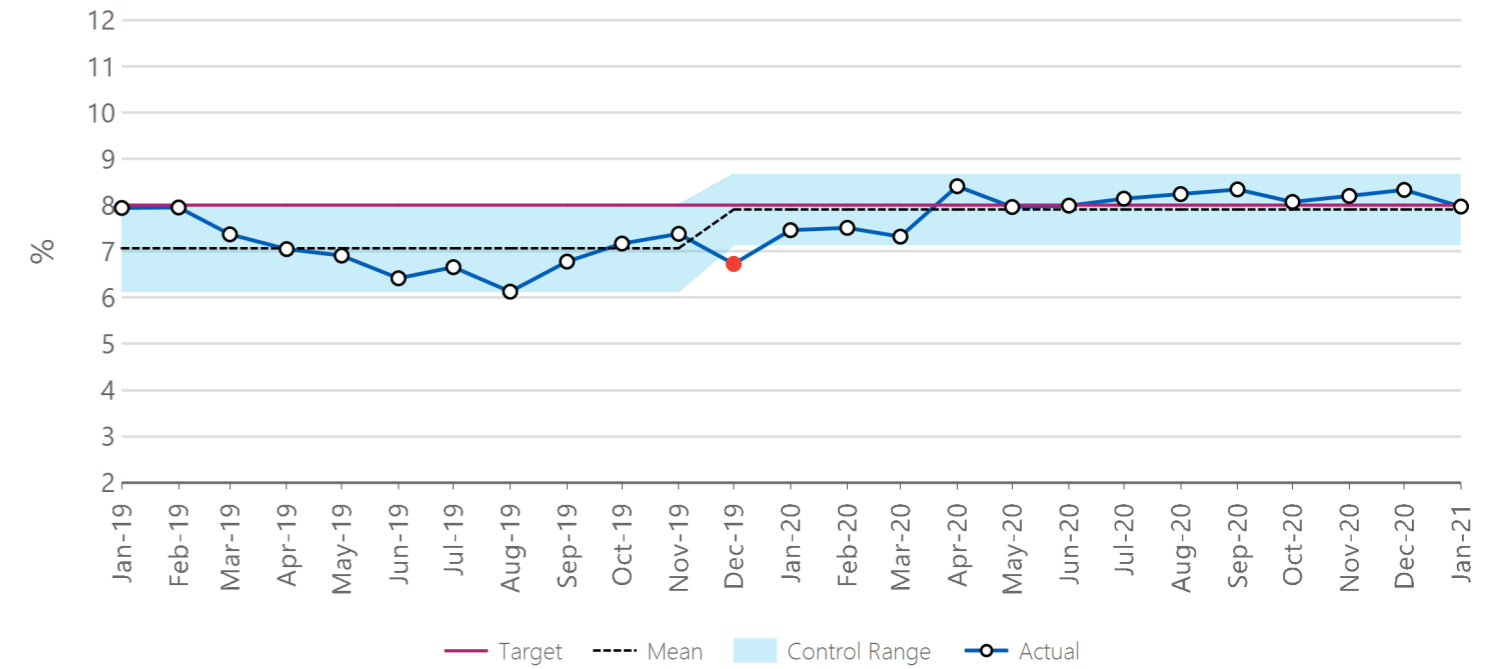
Integrated Performance Report

Narrative

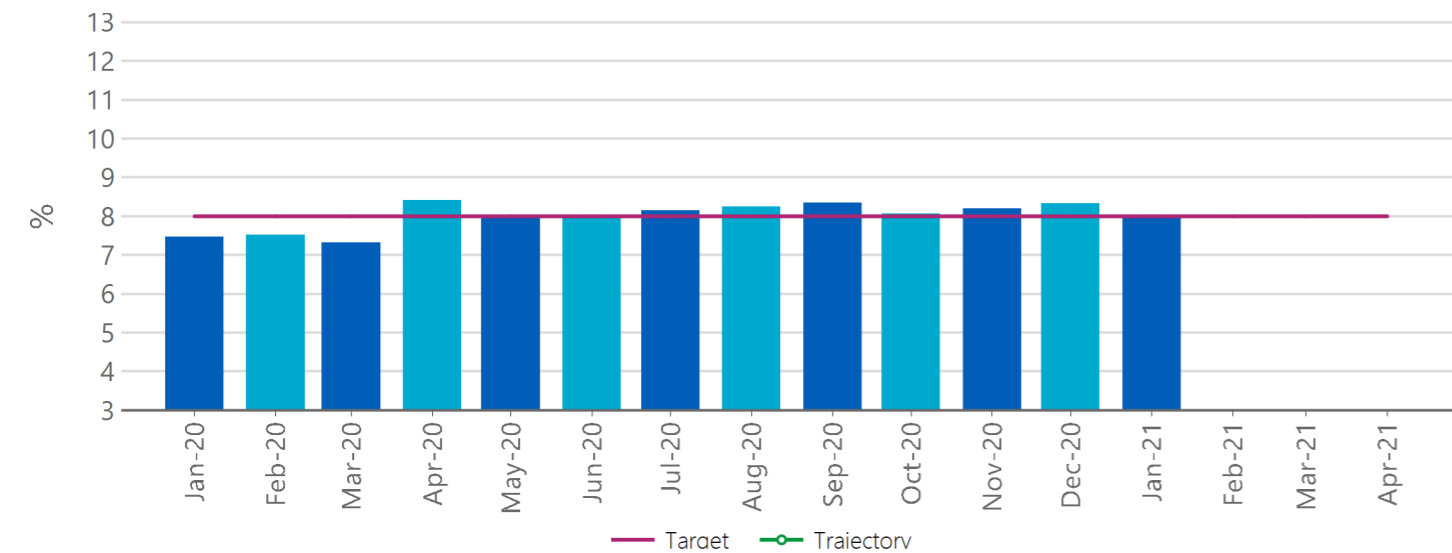
The voluntary staff turnover rate is reported below tolerance at 7.97%, with the number of voluntary leavers in the last 12 months reducing from 131 to 125 (42 due to retirement). 41% of turnover was in the MSK delivery unit.

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Sustain: Active focus on learning from exit process.

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
7.94%	7.95%	7.37%	7.05%	6.91%	6.42%	6.66%	6.13%	6.78%	7.17%	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8.33%	7.97%	7.97%

Serious Incidents

Number of Serious Incidents reported in month

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

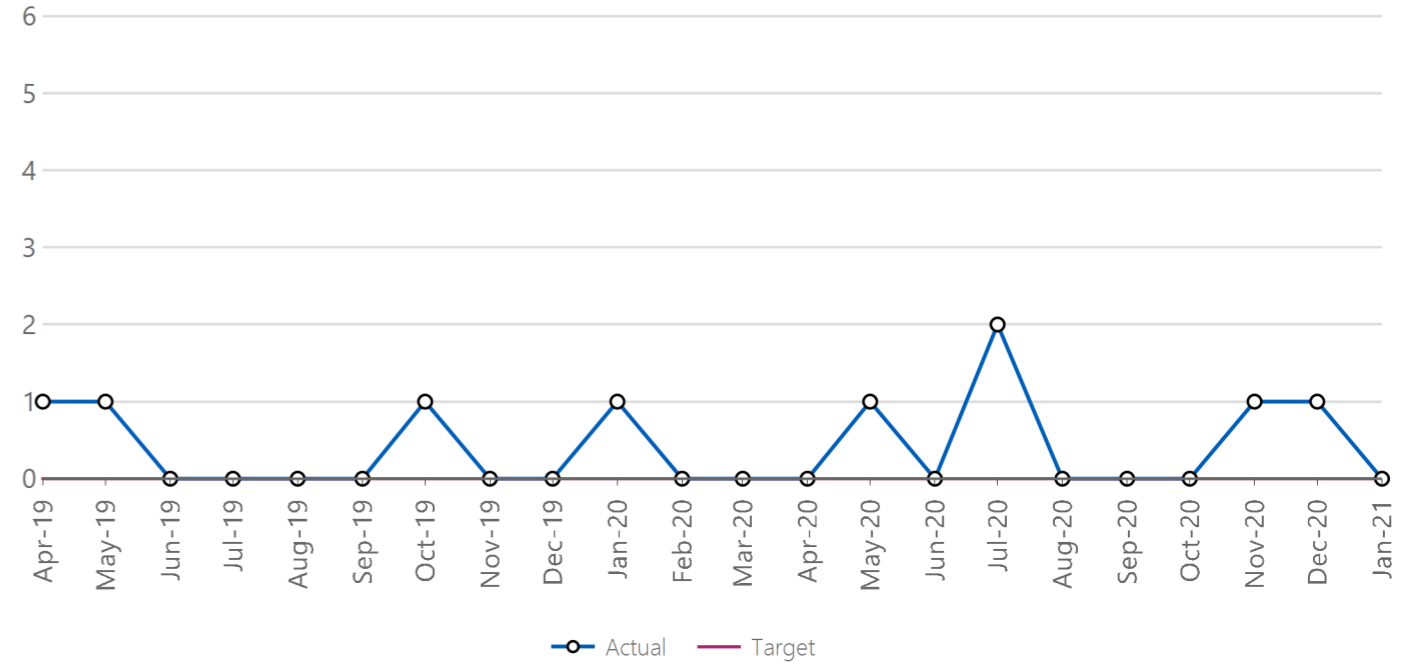
Exec Lead:
Director of Nursing

Integrated Performance Report

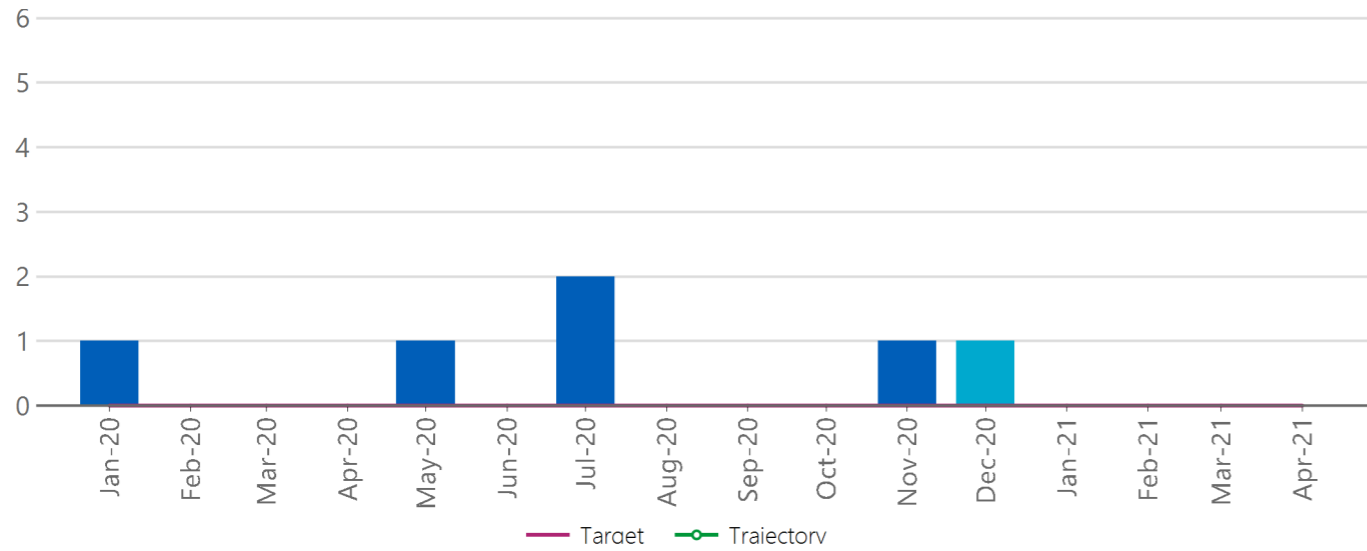
Narrative

There were no serious incidents reported in January.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months



Never Events

Number of Never Events Reported in Month

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

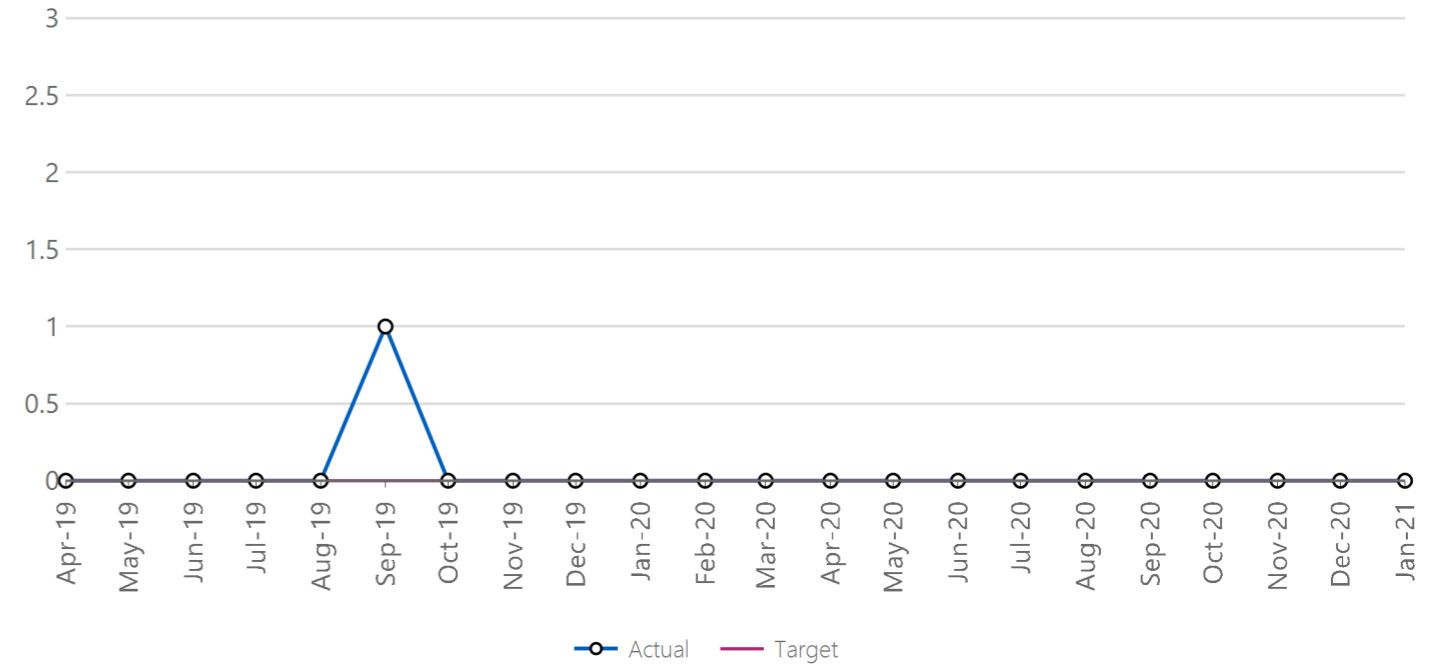
Exec Lead:
Director of Nursing

Integrated Performance Report

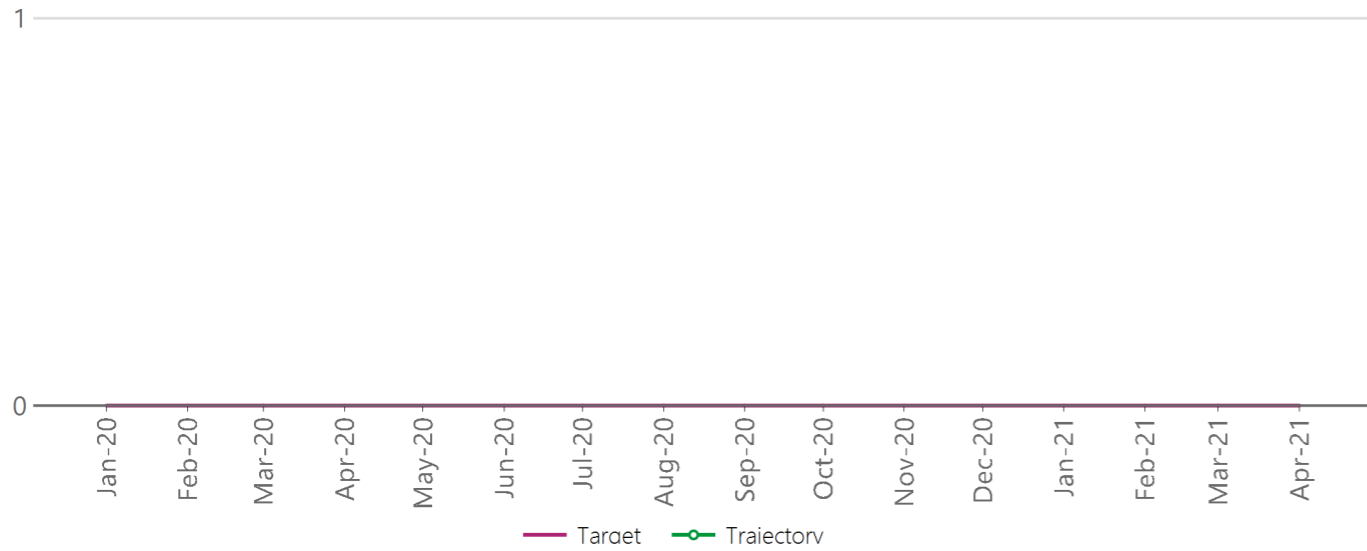
Narrative

There were no never events reported in January.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

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

Number of Complaints

Number of complaints received in month

9 against **8** target
Breaching target **red rated**

Exec Lead:
Director of Nursing

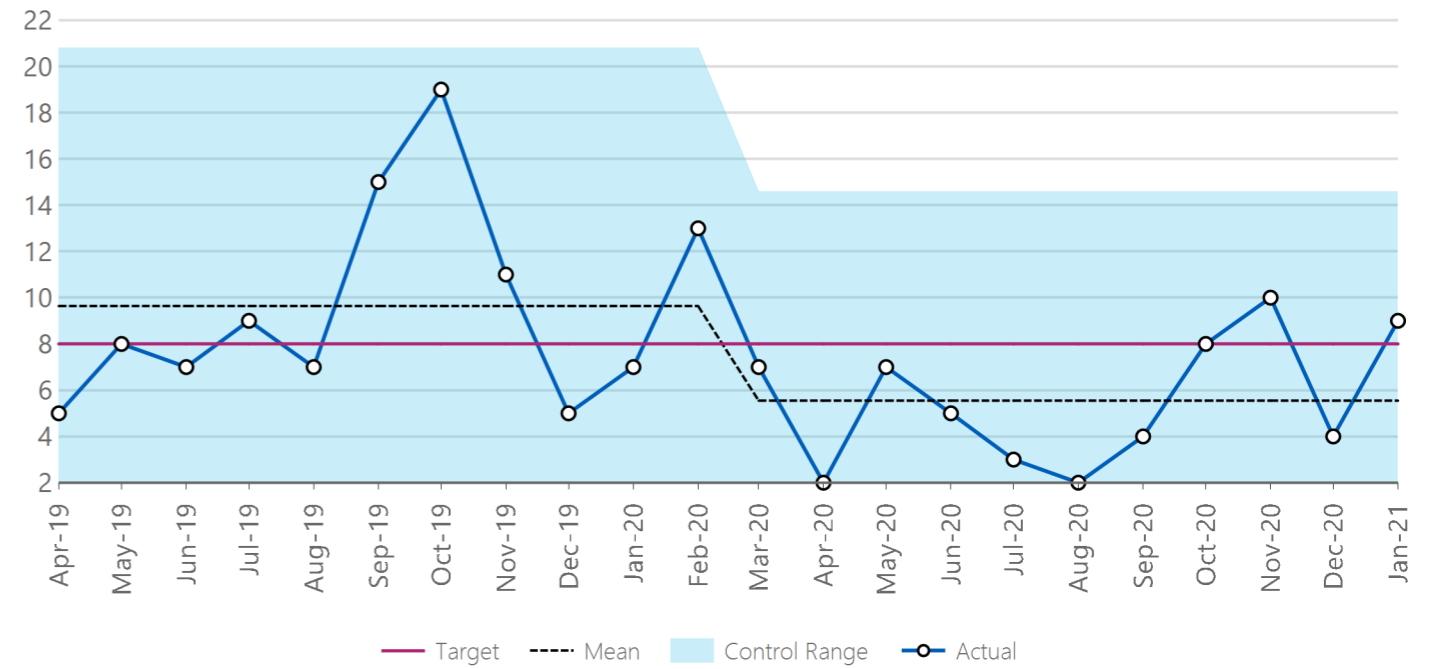
Integrated Performance Report

Narrative

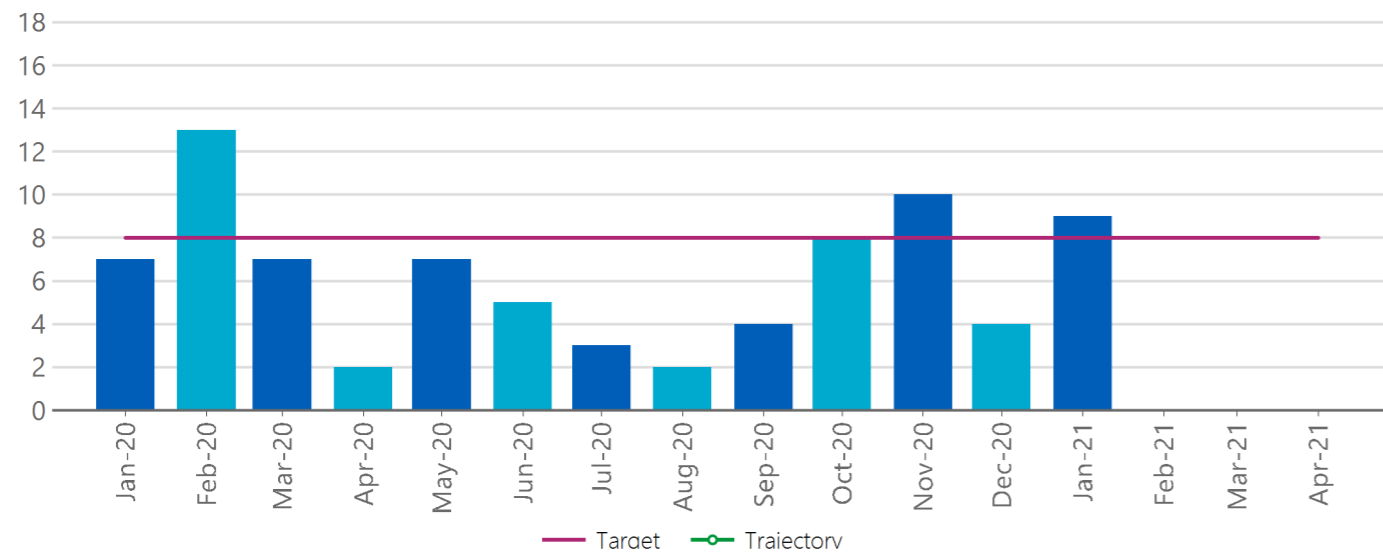
There were nine complaints received in January, above the Trust's tolerance of eight. Five complaints related to quality with reasons associated with quality of care (4) and staff manner (1). There were four operational complaints with reasons relating to transfer of care following consultant retirement (1), cancelled surgery (1), costs involved with private surgery (1) and waiting times (1).

Performance over 24 months – SPC

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



Trajectory



Actions

- Action to Improve:** A review of the complaints received in January has been conducted by the Clinical Governance team to identify any themes and from this two actions have been identified:
- Therapy Manager to undertake a workforce review for the therapy service
 - The Private Patient team will improve communication between admin team and consultants.

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
5	8	7	9	7	15	19	11	5	7	13	7	2	7	5	3	2	4	8	10	4	9	54

RJAH Acquired C.Difficile

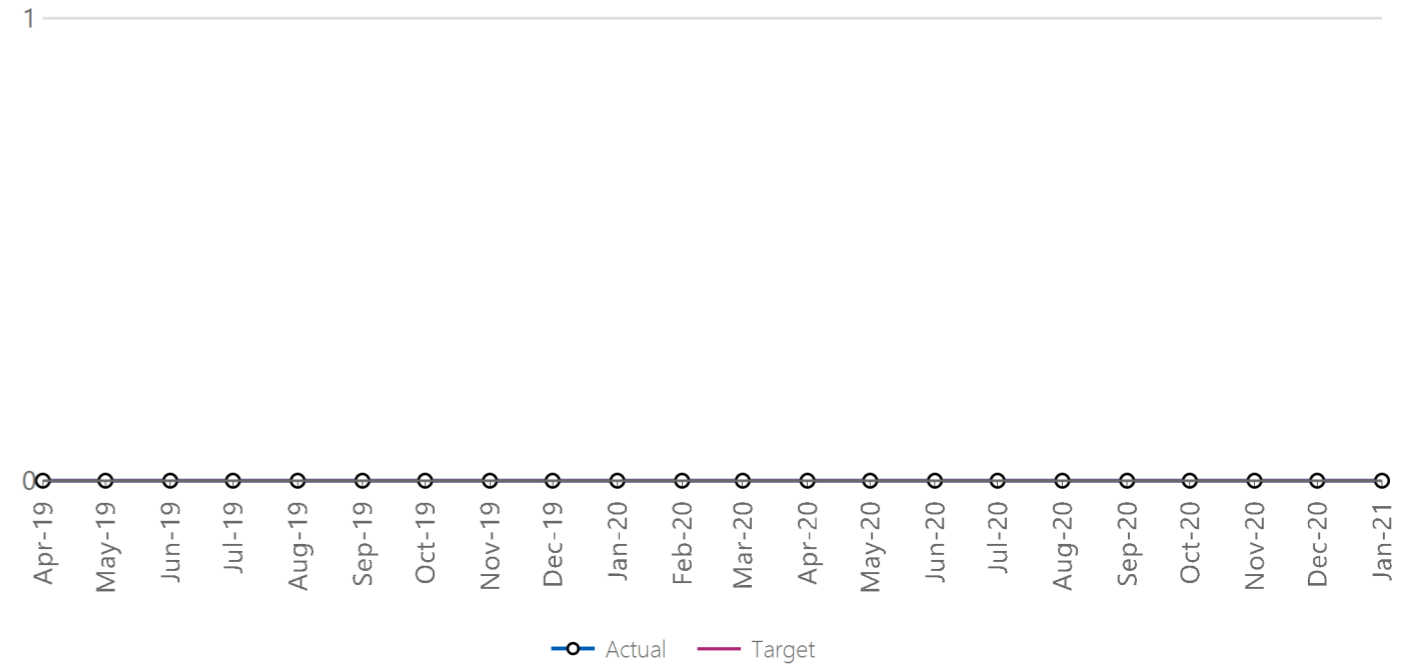
Number of cases of C.Difficile in Month

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

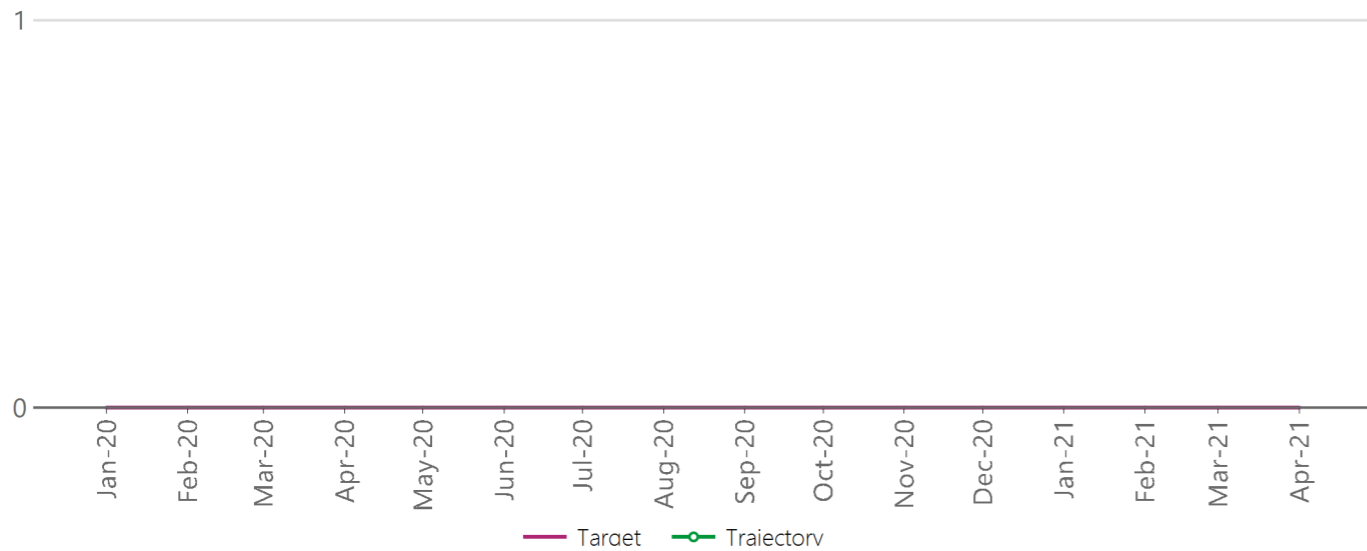
Narrative

There were no incidents reported in January.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

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

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month.

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

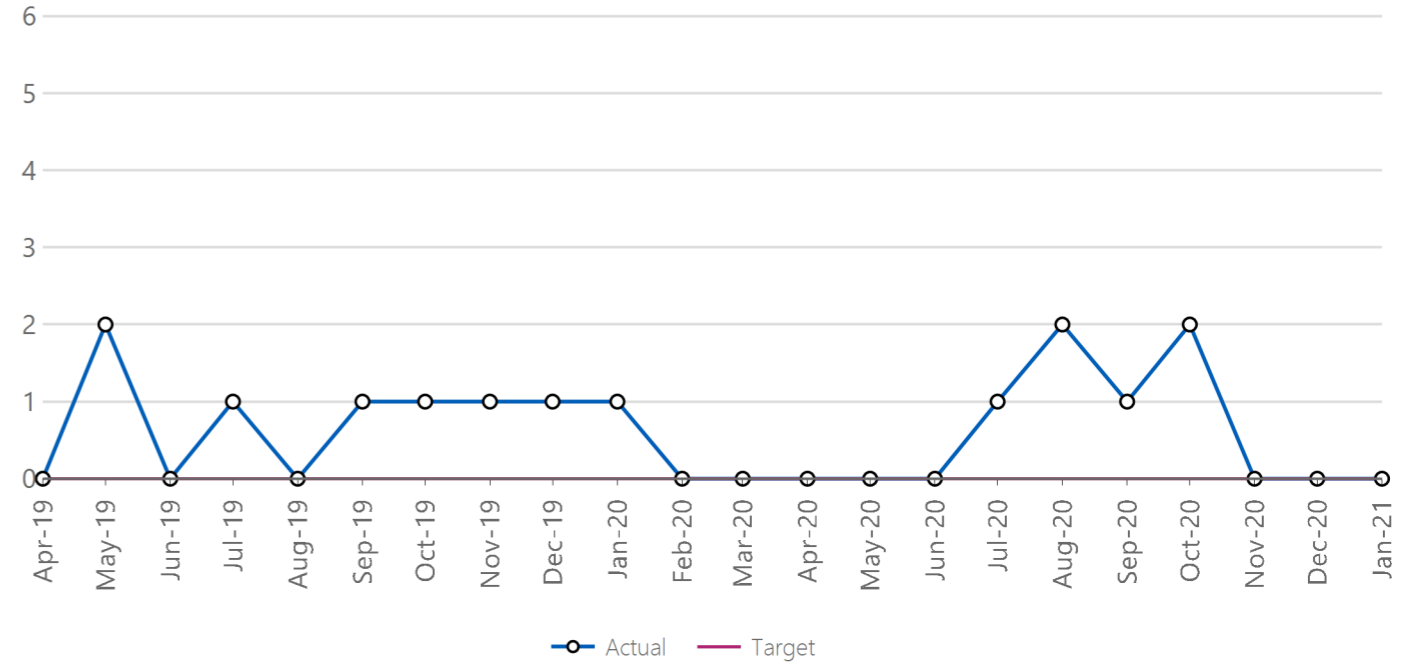
Exec Lead:
Director of Nursing

Integrated Performance Report

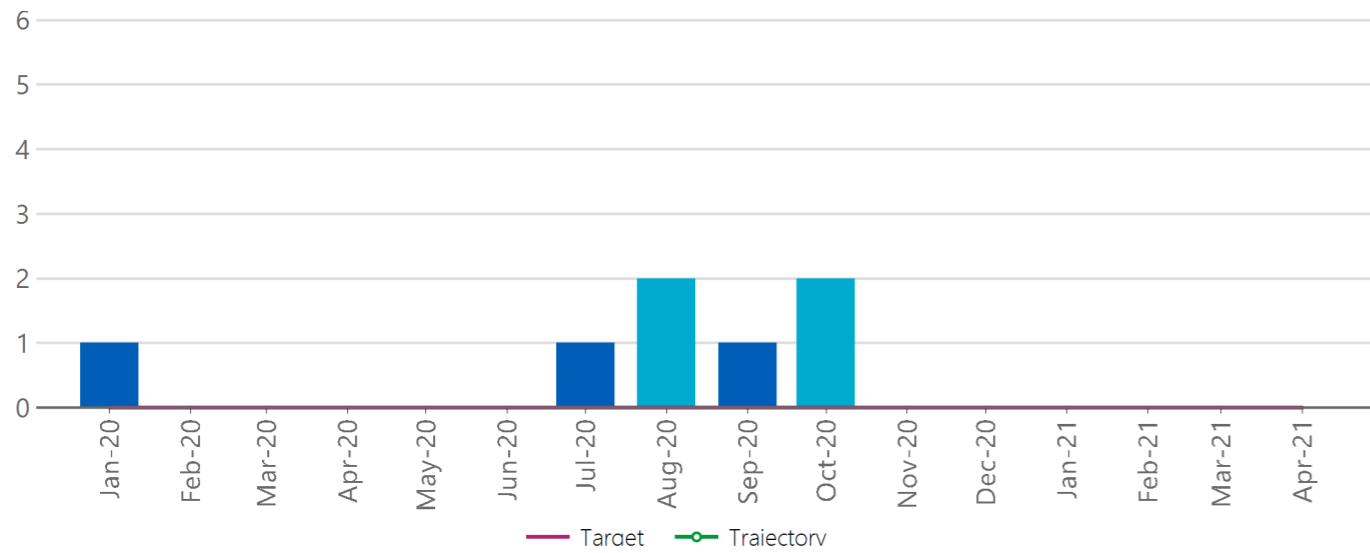
Narrative

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

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months



RJAH Acquired MRSA Bacteraemia

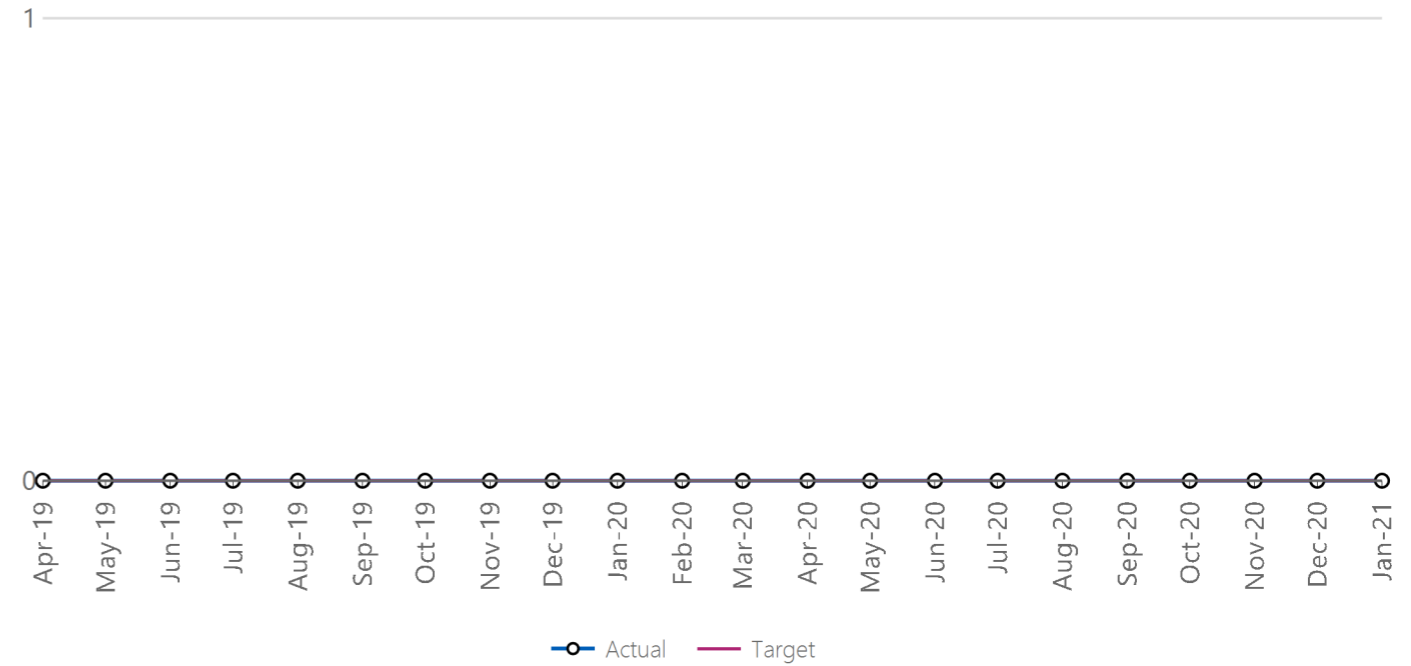
Number of cases of MRSA bacteraemia in month

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

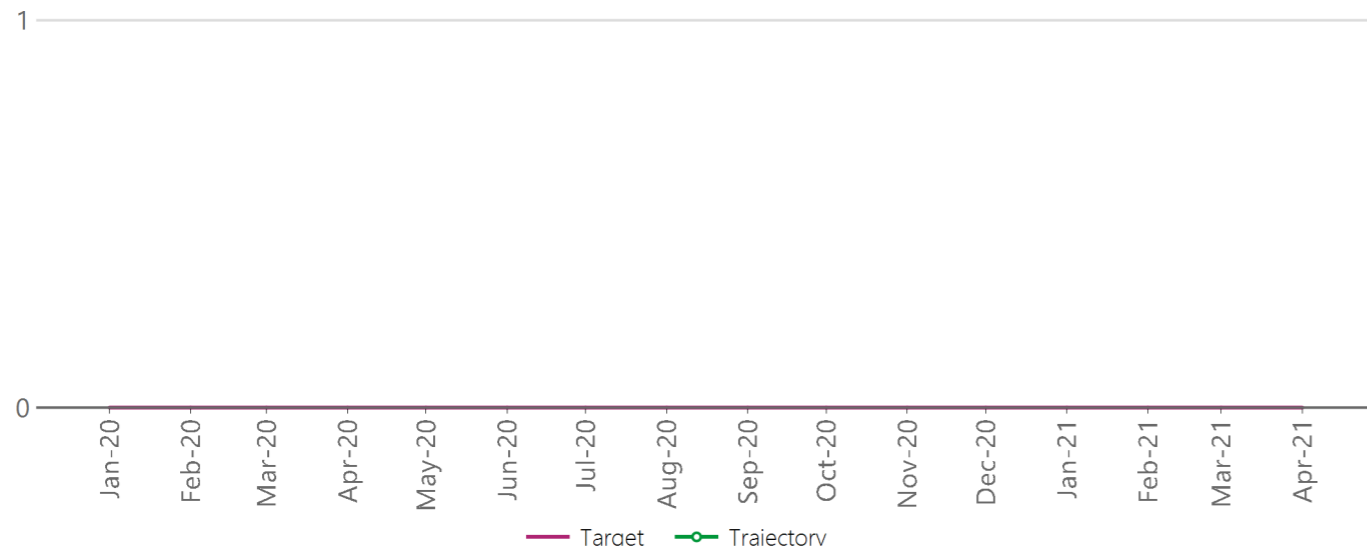
Narrative

There were no incidents reported in January.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

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

Unexpected Deaths

Number of Unexpected Deaths in Month

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

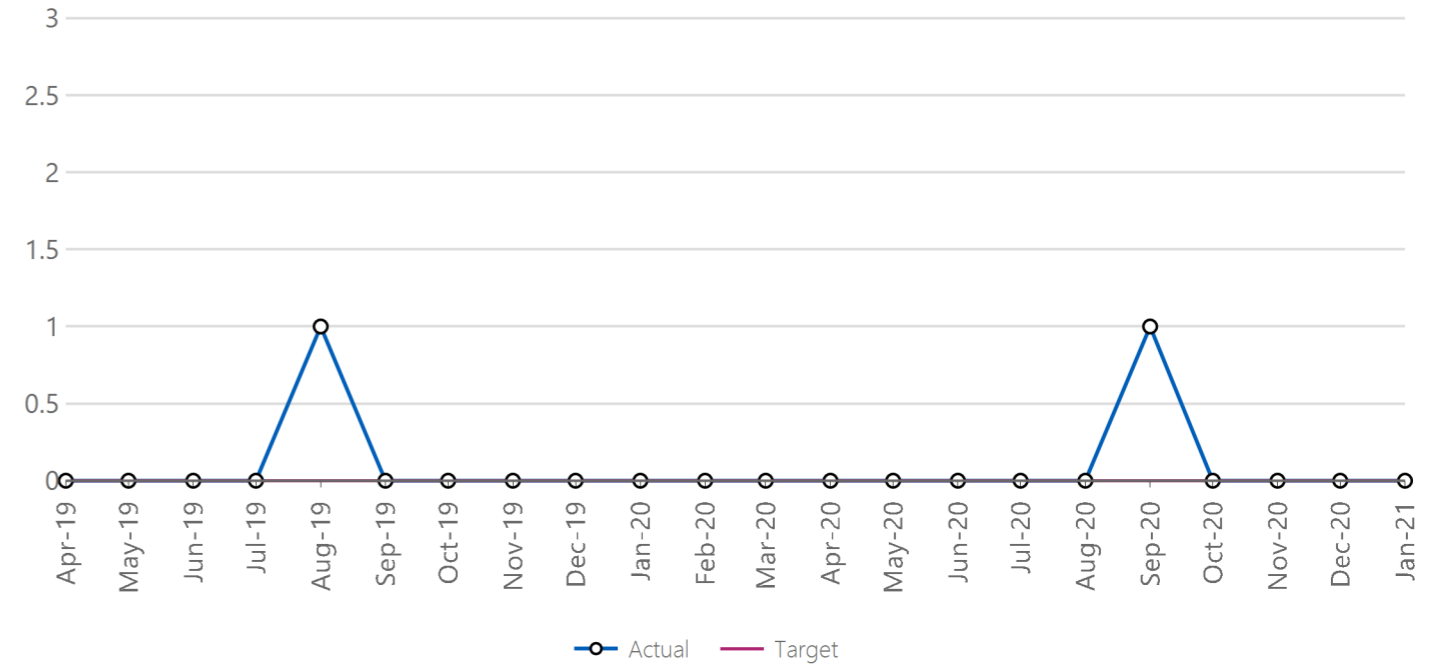
Exec Lead:
Medical Director

Integrated Performance Report

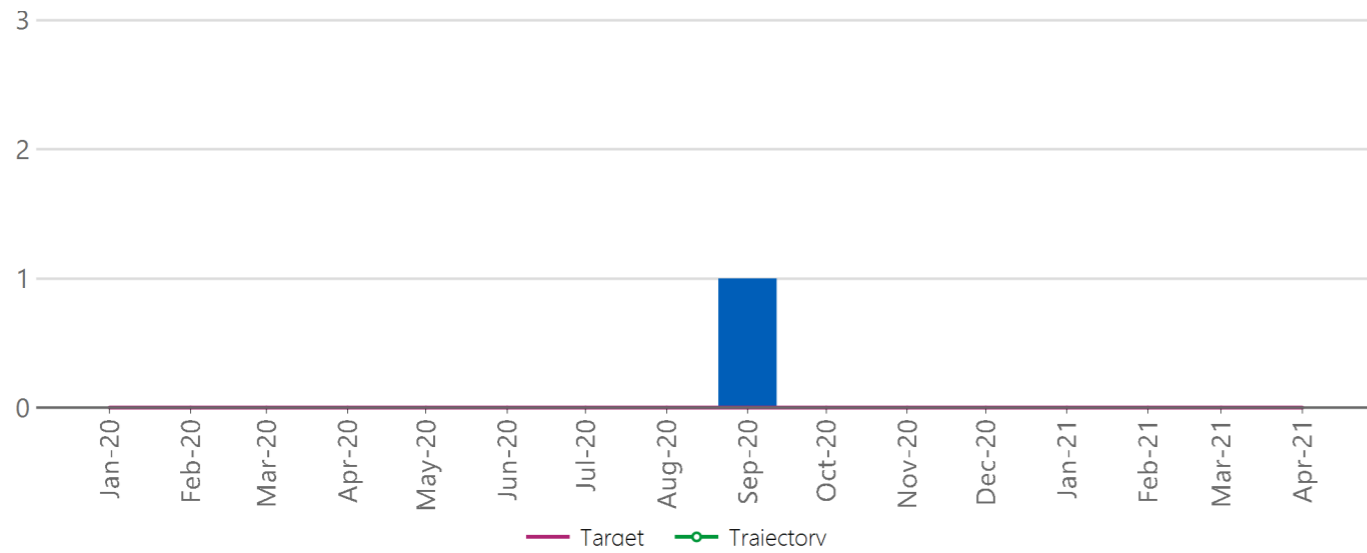
Narrative

There was one patient death within the Trust in January. It was not unexpected.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

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

31 Days First Treatment (Tumour)*

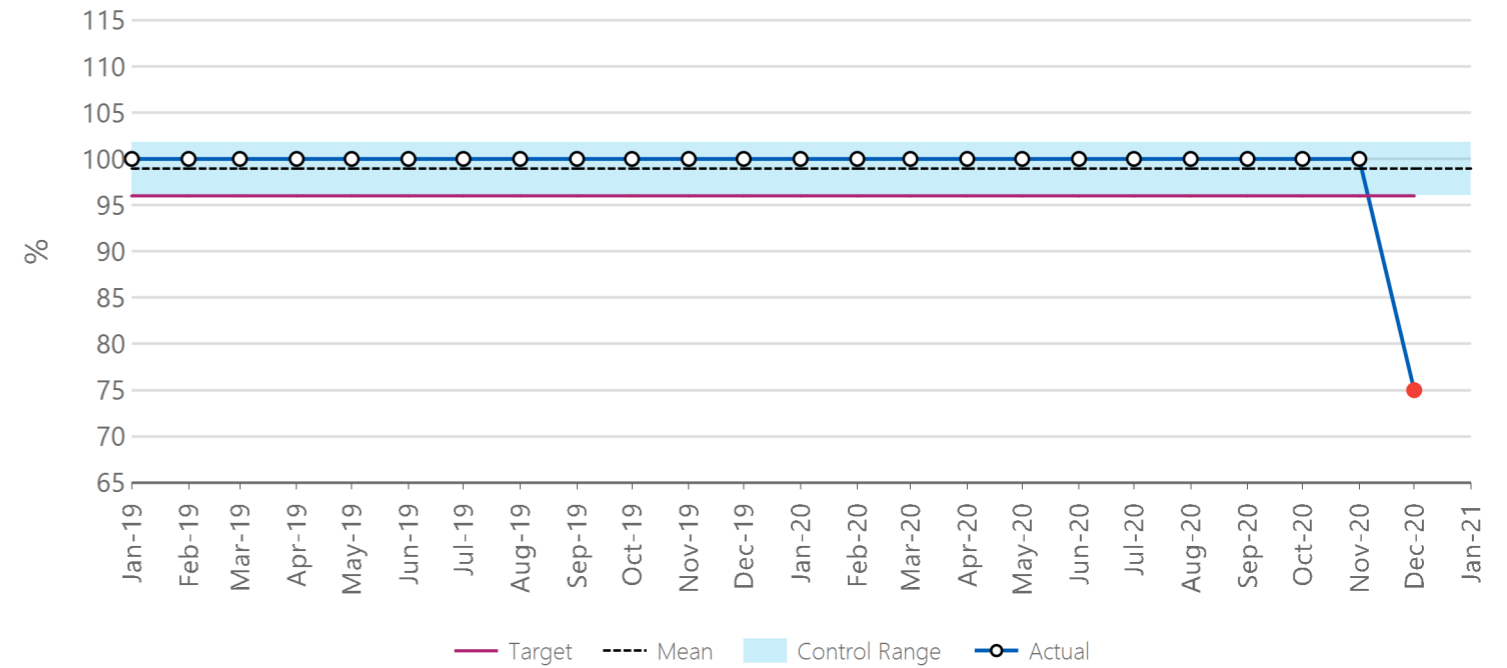
% of cancer patients treated within 31 days of decision to treat (*Reported one month in arrears)

75% against **96%** target
red rated

Narrative

The Cancer 31 day first treatment standard was not achieved in December. There were four patients reported against this standard where three were treated within 31 days and one patient was a breach. This was an expected breach that we had known for some time whereby the patient required a unique custom made implant that required a number of weeks to produce.

Performance over 24 months – SPC



Trajectory



Actions

Action to Improve: As the reasons for this breach were unique there are no appropriate actions.

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
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	95.83%	

Cancer Plan 62 Days Standard (Tumour)*

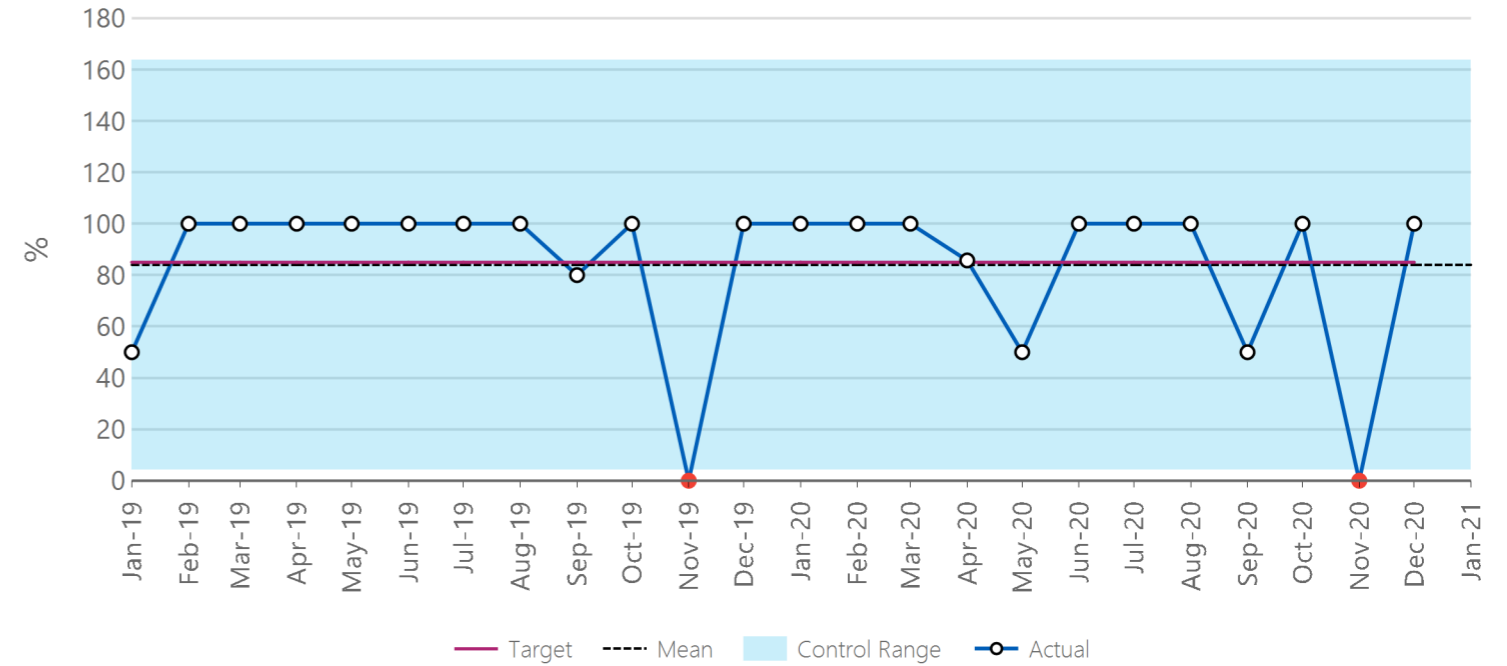
% of cancer patients treated within 62 days of referral (*Reported one month in arrears)

100% against 85% target
green rated

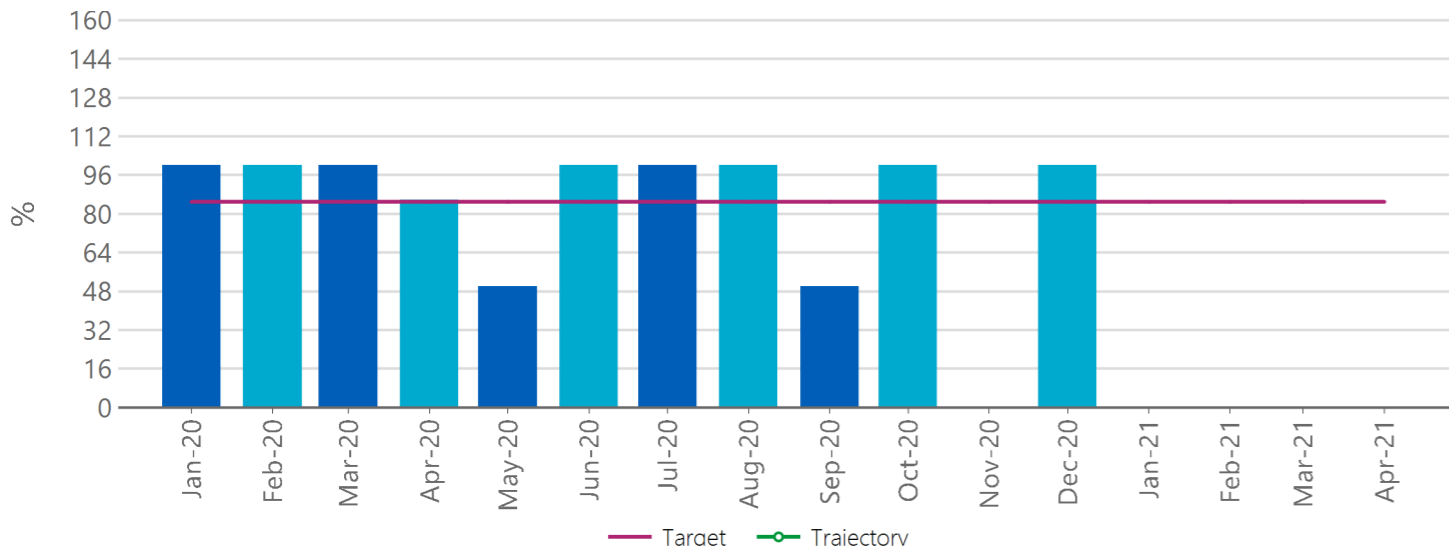
Narrative

The Cancer 62 day standard was achieved in December and indicative data for January shows achievement of the standard will continue.

Performance over 24 months – SPC

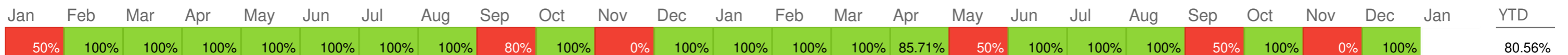


Trajectory



Actions

Heatmap performance over 24 months



18 Weeks RTT Open Pathways

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

56.19% against 92% target
Below target **red rated**

Exec Lead:
Support Services Unit

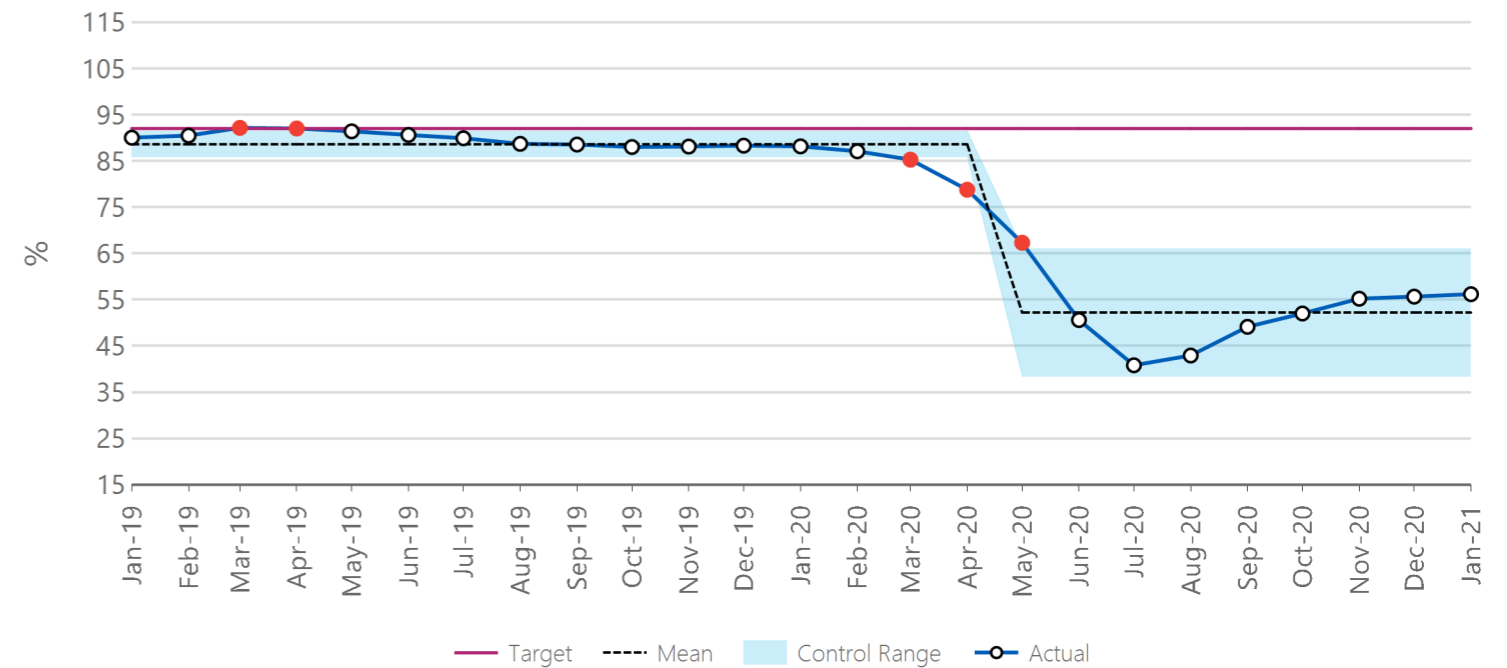
Integrated Performance Report

Narrative

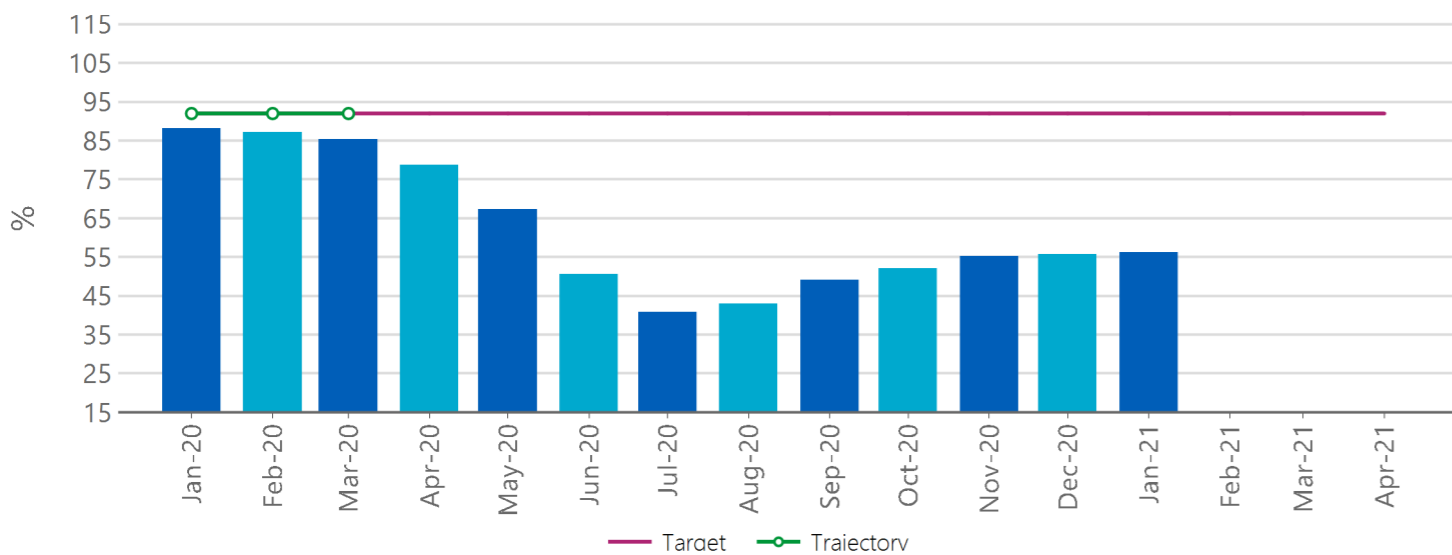
Our January performance was 56.19% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches has increased by 58, increasing from 4849 at the end of December to 4907 at the end of January. The performance breakdown by milestone is as follows: MS1 - 6750 patients waiting of which 2025 are breaches, MS2 - 1088 patients waiting of which 686 are breaches, MS3 - 3363 patients waiting of which 2196 are breaches.

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th February, this support will remain in place for the remainder of this month and into March so we anticipate the open pathways performance to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential.

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
90.02%	90.47%	92.14%	92.01%	91.4%	90.61%	89.9%	88.69%	88.54%	88.01%	88.1%	88.3%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	54.17%

Patients Waiting Over 52 Weeks – English

Number of English RTT patients currently waiting 52 weeks or more

976 against 0 target
Breaching target **red rated**

Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

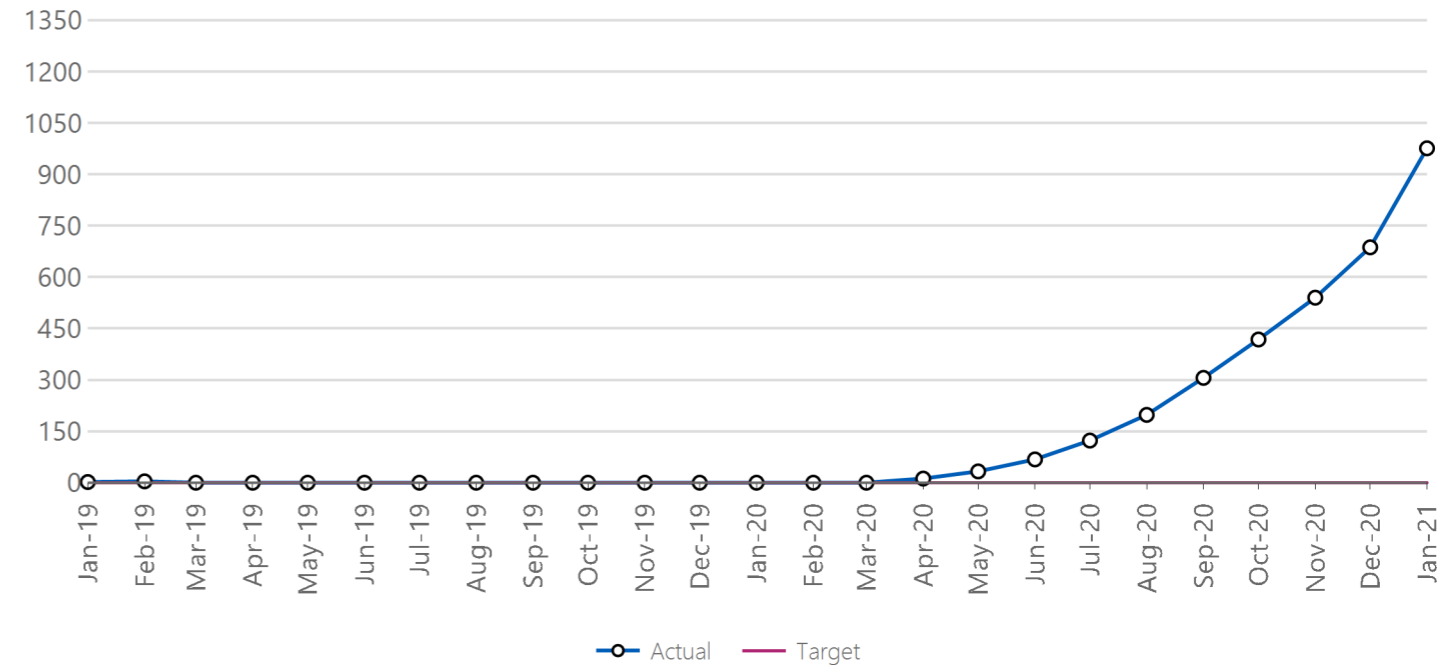
At the end of January there were 976 English patients waiting over 52 weeks. This is above our trajectory figure of 697.

The patients are under the care of the following sub-specialities; Arthroplasty (300), Spinal Disorders (279), Knee & Sports Injuries (194), Upper Limb (111), Foot & Ankle (49), Paediatric Orthopaedics (15), Tumour (9), Metabolic Medicine (8), Spinal Injuries (6), SOOS GPSI (3), Neurology (1) and Orthotics (1).

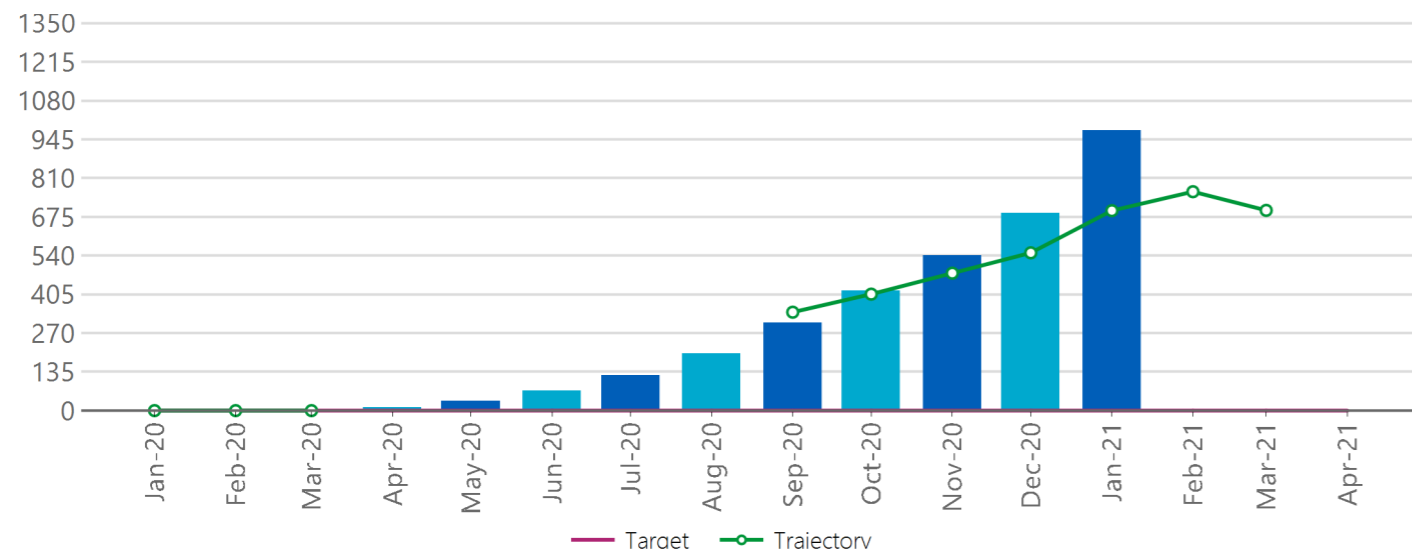
The number of patients waiting, by weeks brackets is:

- 52 to 60 weeks - 528 patients
- 61 to 70 weeks - 298 patients
- 71 weeks to 80 weeks - 109 patients
- 80+ weeks - 41 patients

Performance over 24 months –



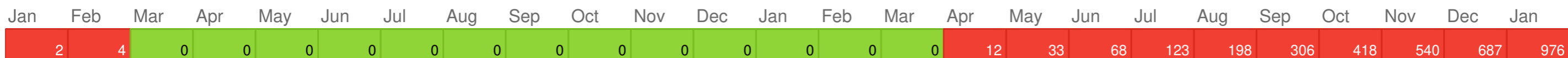
Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th February, this support will remain in place for the remainder of this month and into March so we anticipate the number of patients waiting over 52 weeks to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential. We continue to review the clinical priority of patients and update harms assessments as appropriate.

Heatmap performance over 24 months



Patients Waiting Over 52 Weeks – Welsh

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

639 against 0 target
Breaching target **red rated**

Exec Lead:
Specialist Services Unit

Integrated Performance Report

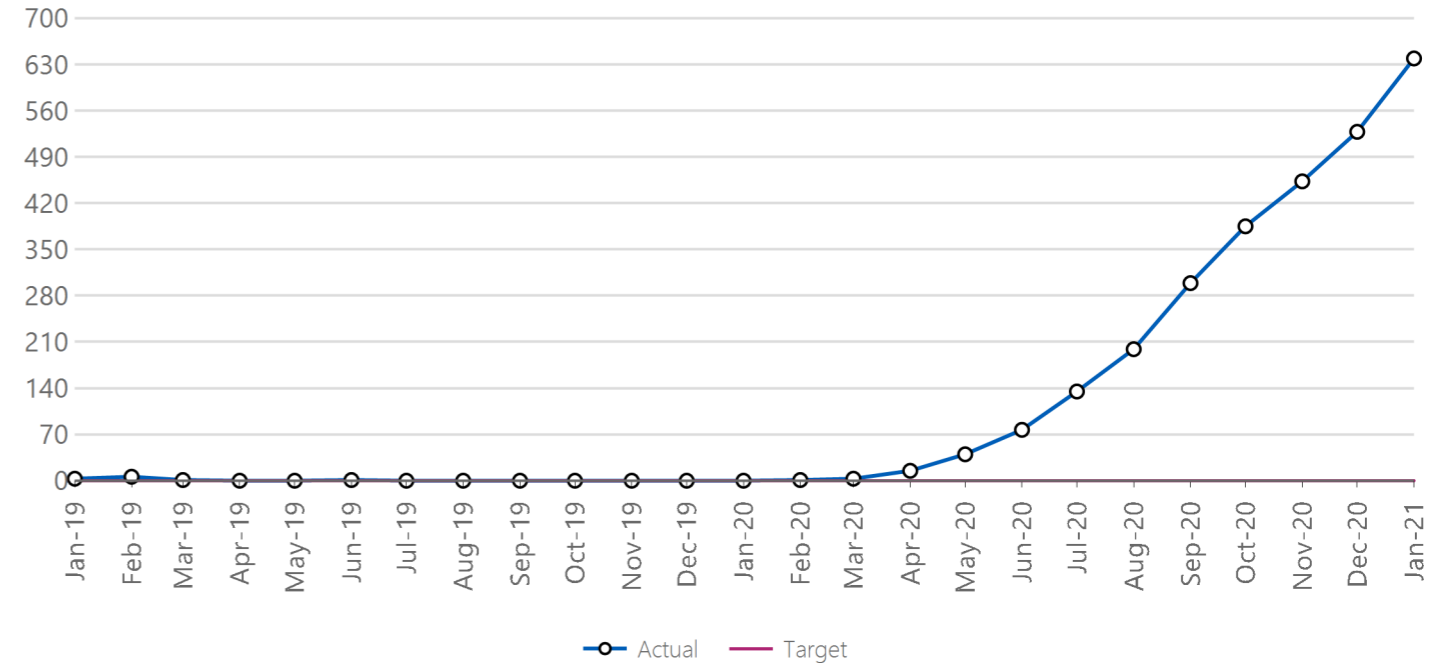
Narrative

At the end of January there were 639 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (264), Arthroplasty (167), Knee & Sports Injuries (85), Foot & Ankle (45), Upper Limb (43), Paediatric Orthopaedics (19), Metabolic Medicine (8), Tumour (4), Spinal Injuries (2) and Neurology (2). The patients are under the care of the following commissioners; BCU (348), Powys (276), Hywel Dda (12) and Aneurin Bevan (3).

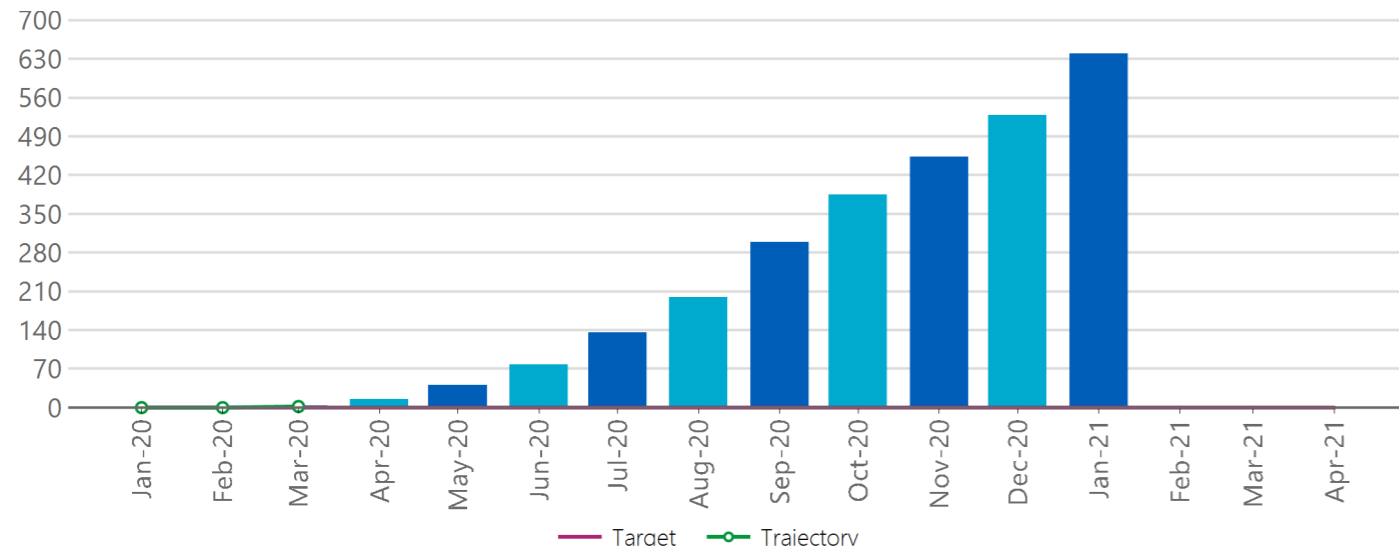
The number of patients waiting, by weeks brackets is:

- 52 to 60 weeks - 282 patients
- 61 to 70 weeks - 195 patients
- 71 to 80 weeks - 107 patients
- 80+ weeks - 55 patients

Performance over 24 months –



Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th February, this support will remain in place for the remainder of this month and into March so we anticipate the number of patients waiting over 52 weeks to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential. We continue to review the clinical priority of patients and update harms assessments as appropriate.

Heatmap performance over 24 months



6 Week Wait for Diagnostics - English Patients

78.24% against 99% target
Below target **red rated**

Exec Lead:
Clinical Services Unit

Integrated Performance Report

Narrative

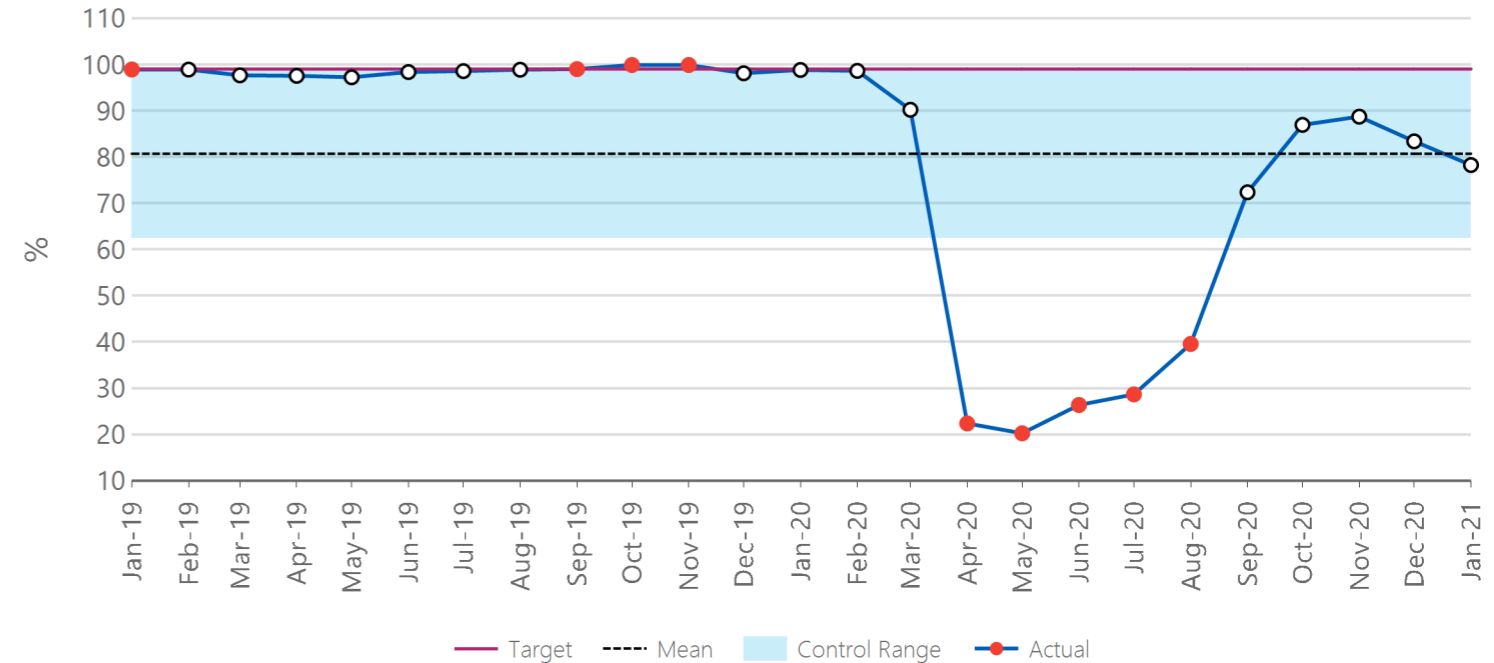
The 6 week standard for diagnostics was not achieved this month and is reported at 78.24%. This equates to 171 patients who waited beyond 6 weeks, an increase of 31 from volume reported at the end of December.

The breaches occurred in the following modalities;

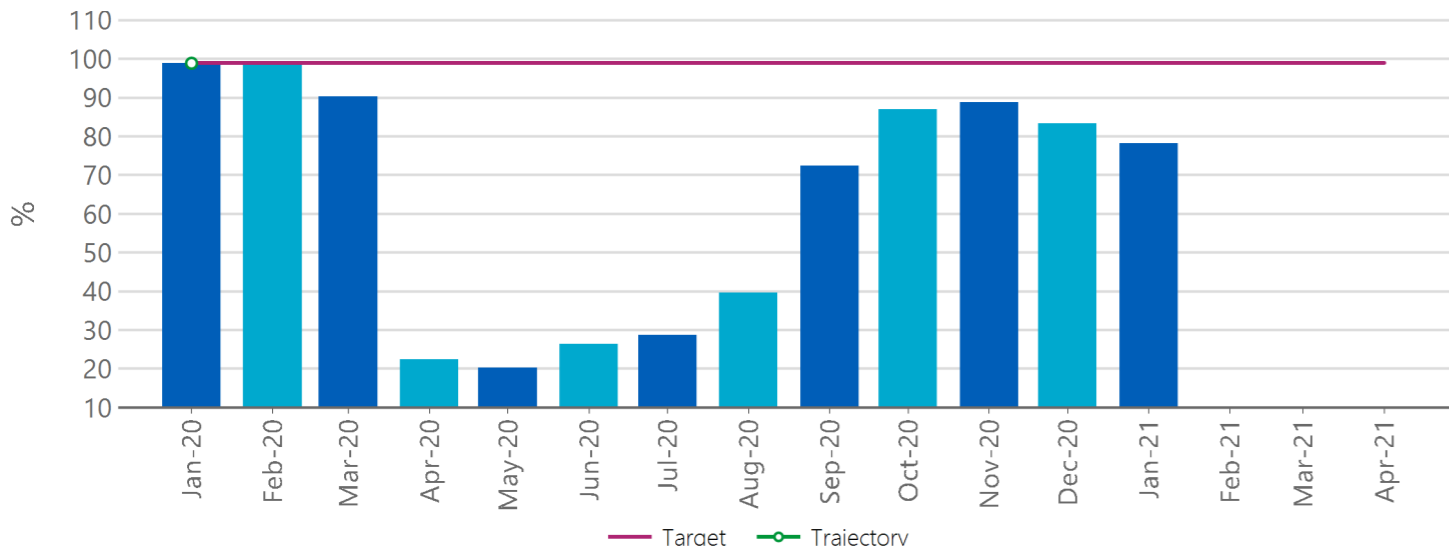
- MRI (156 - with 96 dated)
- Ultrasound (2 - with 1 dated)
- CT (8 - with 6 dated)
- DEXA (5 - with 1 dated)

Reasons associated with the delays include capacity issues, delays due to COVID19, spinal injuries patients awaiting MCSI support, limited appointments for Arthrograms and patients wanting same day appointments for different tests. Furthermore, we have seen an increase of patients cancelling their appointments and choosing to wait due to COVID19.

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
 - Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Recruitment of additional radiographers, to include agency radiographers. Appointed radiographers to commence employment throughout quarter one.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Focus on the administrative part of processes to include; mentoring of recent employed Supervisor, review process to booking appointments and reiterate diagnostic standards to team.

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
98.91%	98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.09%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	83.37%	78.24%	53.19%

8 Week Wait for Diagnostics - Welsh Patients

83.58% against 100% target
Below target **red rated**

Exec Lead:
Clinical Services Unit

Integrated Performance Report

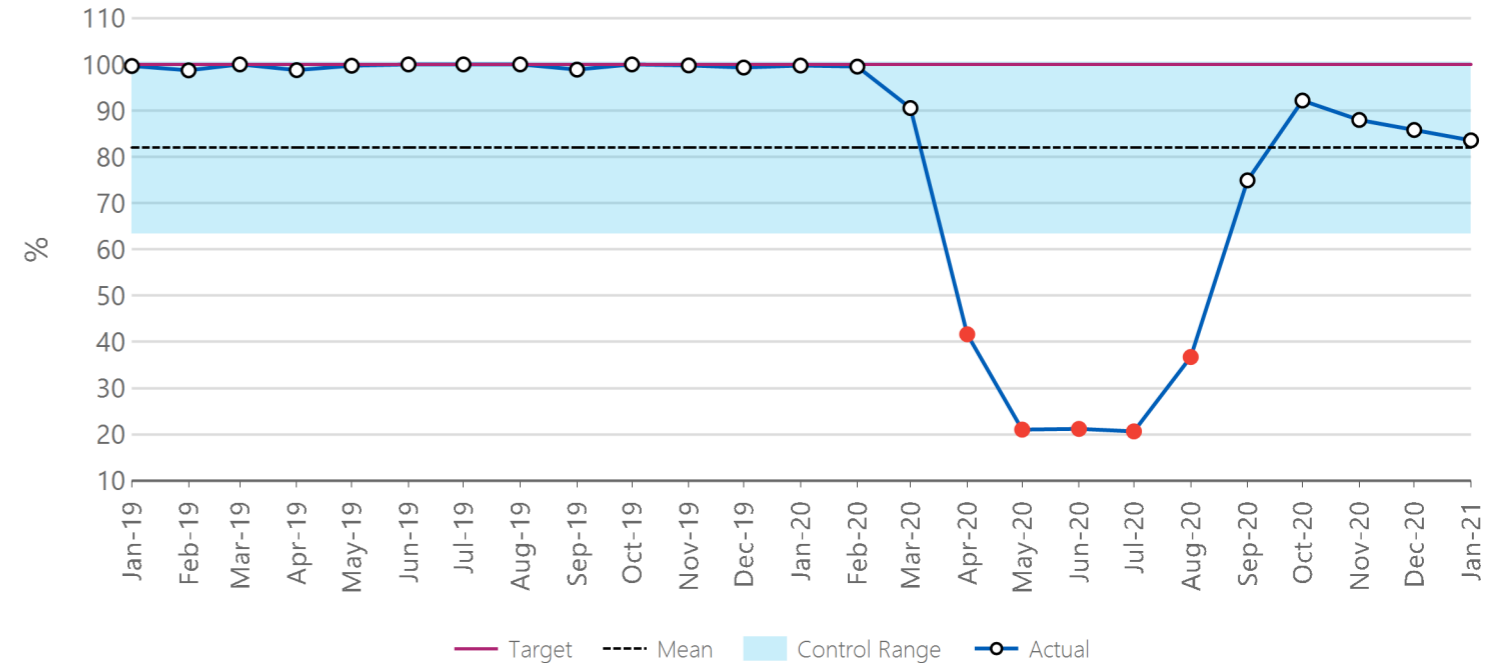
Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 83.58%. This equates to 66 patients who waited beyond 8 weeks; an increase of 14 from volume reported at the end of December. The breaches occurred in the following modalities;

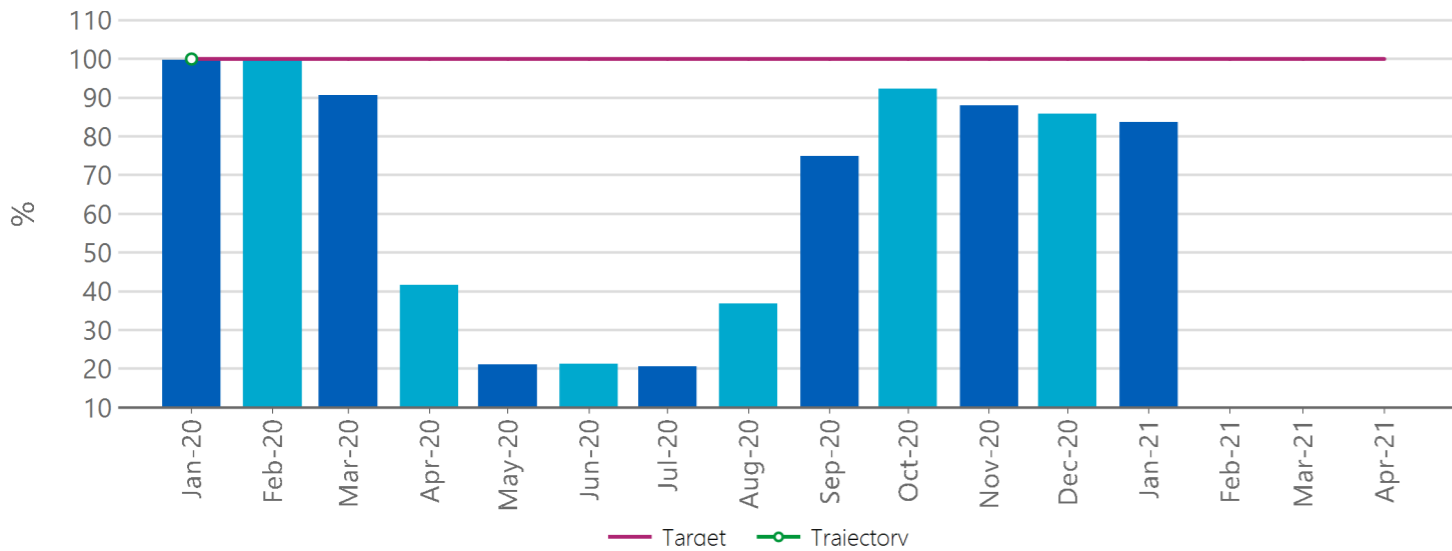
- MRI (64 - with 43 dated)
- CT (2 undated)

Reasons associated with the delays include capacity issues, delays due to COVID19, spinal injuries patients awaiting MCSI support and limited appointments for Arthrograms. Furthermore, we have seen an increase of patients cancelling their appointments and choosing to wait due to COVID19.

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
- Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Recruitment of additional radiographers, to include agency radiographers. Appointed radiographers to commence employment throughout quarter one.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Focus on the administrative part of processes to include; mentoring of recent employed Supervisor, review process to booking appointments and reiterate diagnostic standards to team.

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
99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	85.82%	83.58%	51.31%

Total Elective Activity

377 against **984** target
Within target **red rated**

Exec Lead:
MSK Unit

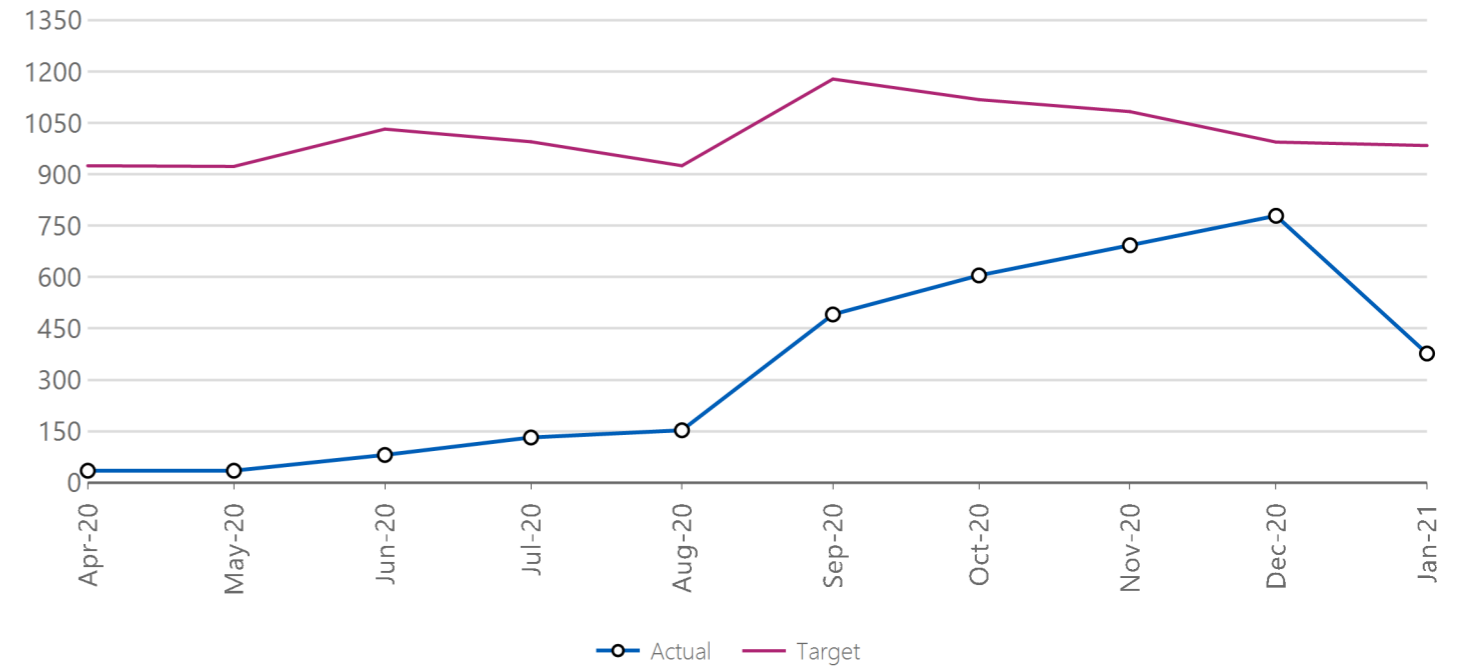
Integrated Performance Report

Narrative

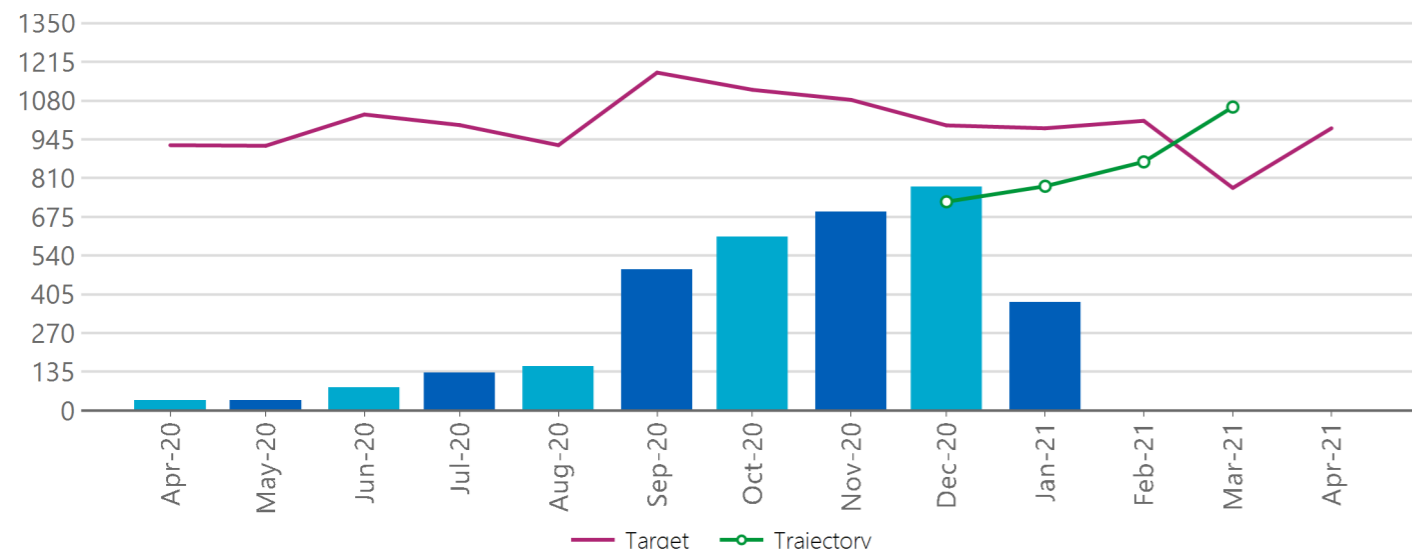
Nationally, Trusts are being monitored against activity levels delivered in 19/20, therefore the 20/21 plans have been updated to monitor against these figures. In November the Trust revised the submitted phase 3 planning figures with revised plans for the months of December to March. These figures are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

In January the total elective activity undertaken in the Trust was 377; this was 607 spells behind the plan of 984. As at 5th February, the forecast for total elective spells against the refreshed February plan is 36; this is 831 behind the plan of 867 for February.

Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
35	35	81	132	153	491	605	693	779	377

Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th February, this support will remain in place for the remainder of this month and into March so we do not anticipate total elective activity to improve as we will only be treating priority 2 patients where it is deemed clinically essential

The Trust will continue to review our actions alongside the impact of the covid-19 system response.

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

73.46% against **87%** target
Within target **red rated**

Exec Lead:
MSK Unit

Integrated Performance Report

Narrative

The occupancy rate for all wards is red rated this month at 73.46%. The breakdown below gives the January occupancy per ward along with details on bed base and it's current use. Beds have been reduced in line with social distancing guidance:

MSK Unit:

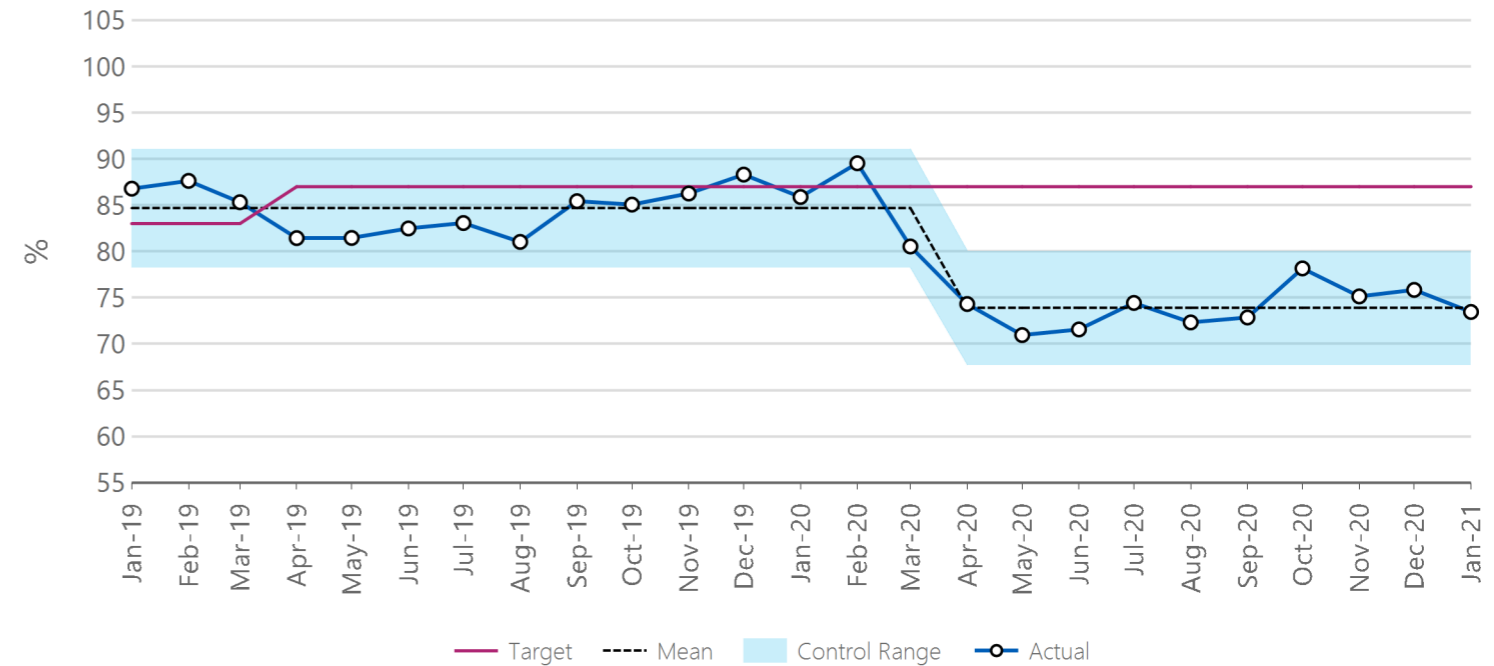
- Clwyd - 78.77% - usually 28 beds; open to 14-20 beds throughout month
- Powys - 81.60% - usually 28 beds; open to 10-18 beds at start of month and then closed from 15th
- Kenyon - Ward closed throughout January
- Ludlow - 46.62% - usually 16 beds; open to 14 beds for majority of the month - used for suspected/confirmed covid patients

Specialist Unit:

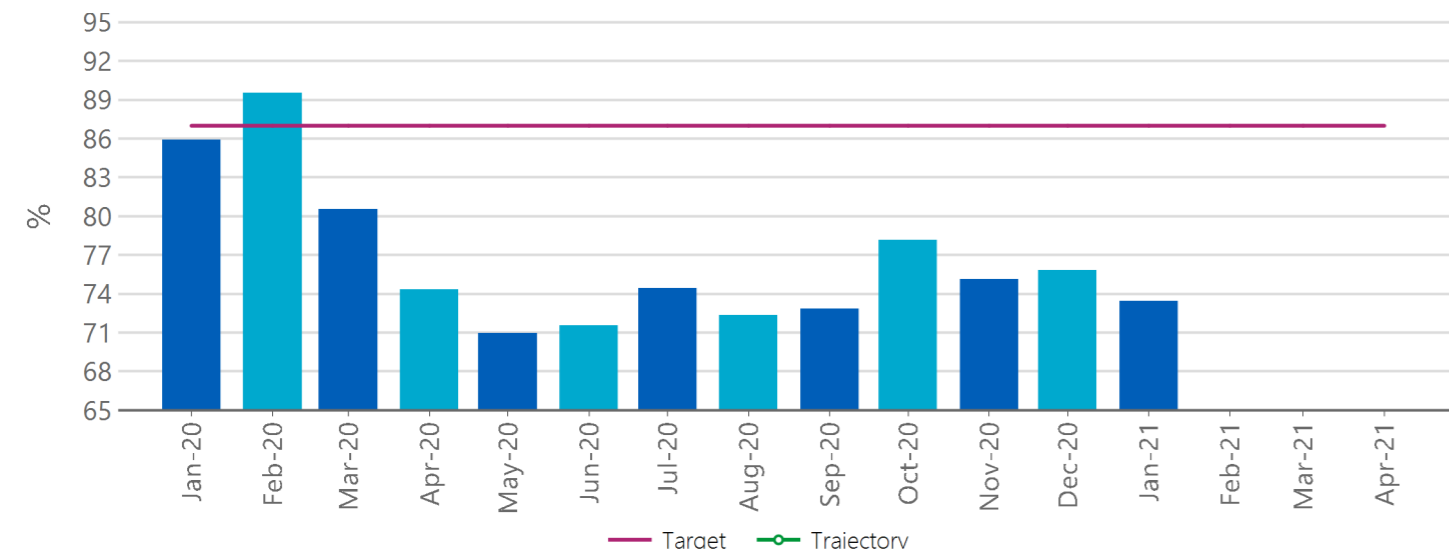
- Alice - 33.62% - open to usual 16 beds with closures on and around weekends
- Oswald - 70.47% - open to usual 10 beds
- Gladstone - 90.95% - open to usual 29 beds at start of month and then fluctuated from 24-28 beds from 18th onwards
- Wrekin - 91.92% - open to usual 15 beds at start of month and then fluctuated from 14-10 beds from 18th onwards
- Sheldon - 70.78% - usually 23 beds; open to between 8 and 15 beds throughout month

Performance over 24 months – SPC

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



Trajectory



Actions

Action to Improve: As part of the Trust's covid-19 system response we will need to continually review our availability and utilisation of beds.

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
86.78%	87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	88.31%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.46%	74%

Total Outpatient Activity

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

10,748 against 14,370 target
Within target **red rated**

Exec Lead:
Clinical Services Unit

Integrated Performance Report

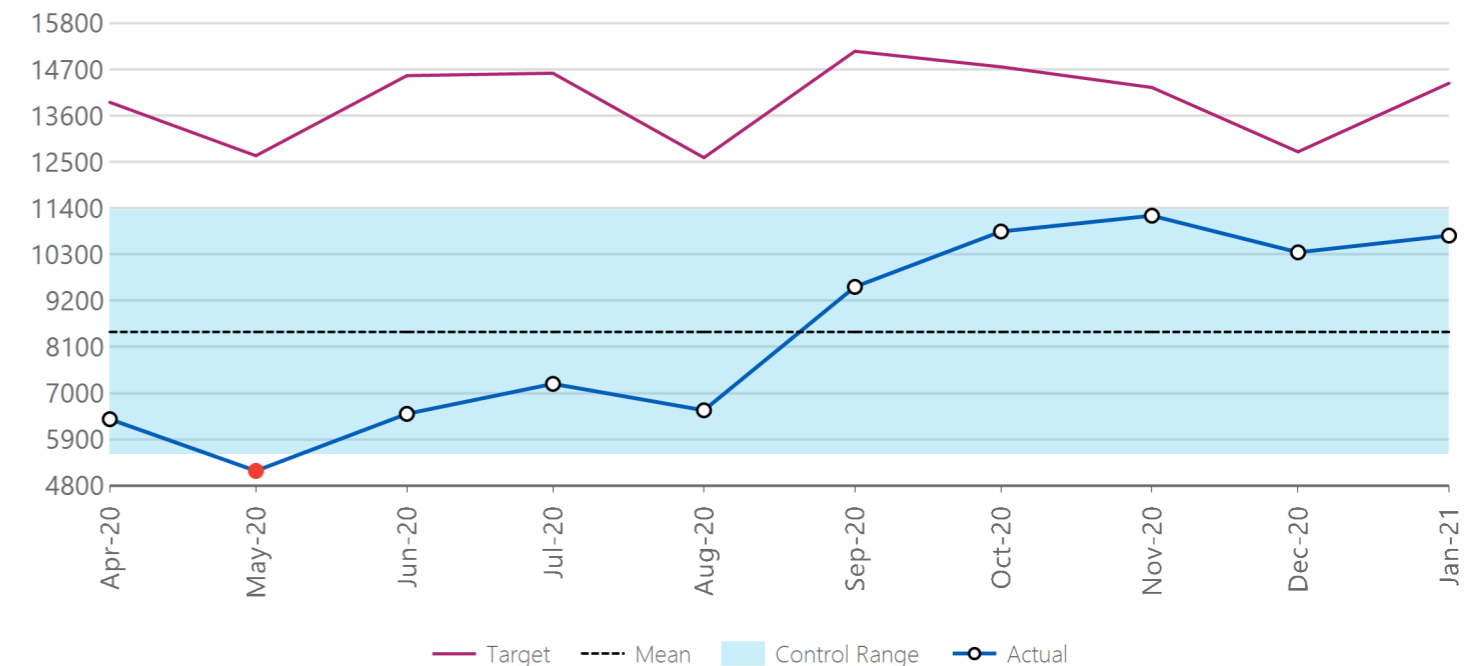
Narrative

This measure aligns with the NHS E/I inclusions and exclusions for restoration monitoring, effectively monitoring consultant-led activity. The target for this measure is the 19/20 activity that was delivered, with the phase 3 plans included as a trajectory in the trajectory graph. The months of December to March represent the figures included in our planning refresh carried out in November.

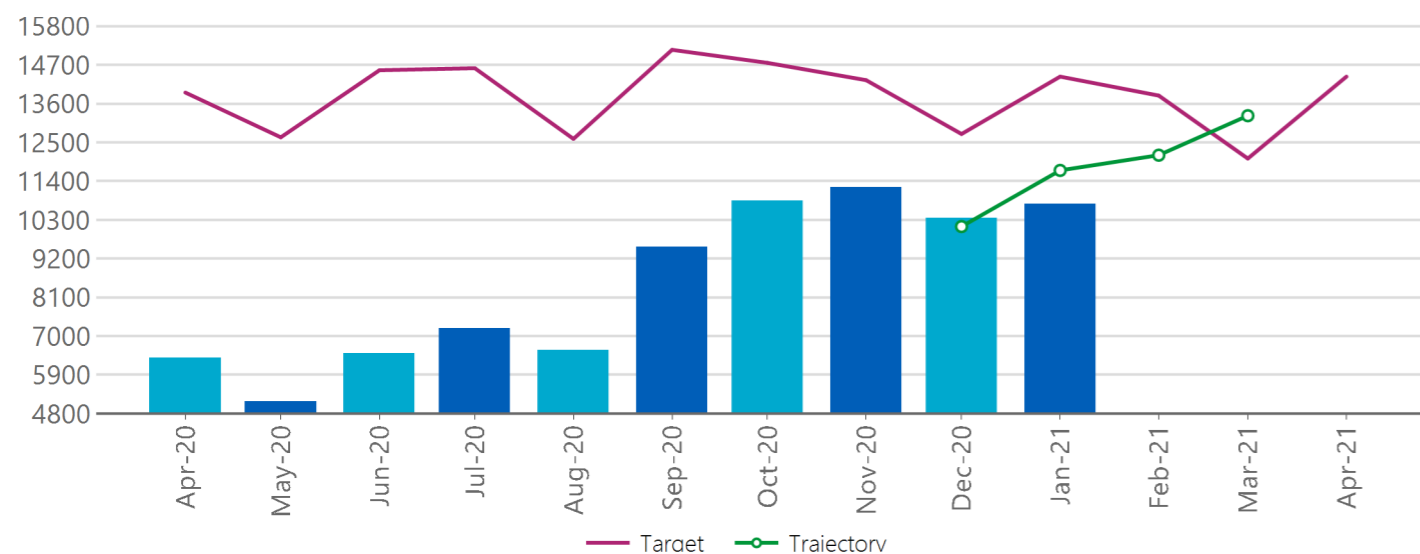
In January the total Outpatient activity undertaken in the Trust was 10748; 959 cases below our phase 3 plan. As at 5th February (5th working day) there were 302 missing outcomes so once administrative actions are taken with these data entries, the January position will alter and updated figures will be included in the IPR next month. Taking into account the missing outcomes, this would mean that the Outpatient activity for January was 11050, 657 below our phase 3 plan of 11707. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Last month December was reported as 10187, 75 cases above our phase 3 plan, now with latest data available, as at 5th February, December now reported at 10349, 237 cases above our phase 3 plan. As at 5th February, the forecast for February is 8734 against the plan of 12139.

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:** Analysis of activity levels delivered in January has been done with actions and learning identified that includes:
- Upper limb clinics are off plan so further investigations underway and key learning in place for February
 - Scrutiny of plan versus actual to understand where reduction in theatre activity has resulted in reduction of post-operative follow up patients
 - Looking at booking processes where short notice booking of clinics and coupling with radiology appointments creates higher than normal rework, DNA and outcome management caused a peak of intense workload which affected performance
 - Outcome management requires scrutiny as admin support from reception team is now in place supporting the vaccination centre.
 - Improved confirmation process from bookwise/MOPD/radiology to provide correct notice of clinics (improvement event planned)
 - Highlighted the patient type required to backfill post-operative patients

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,221	10,349	10,748

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

272 against **-100** target
Above target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

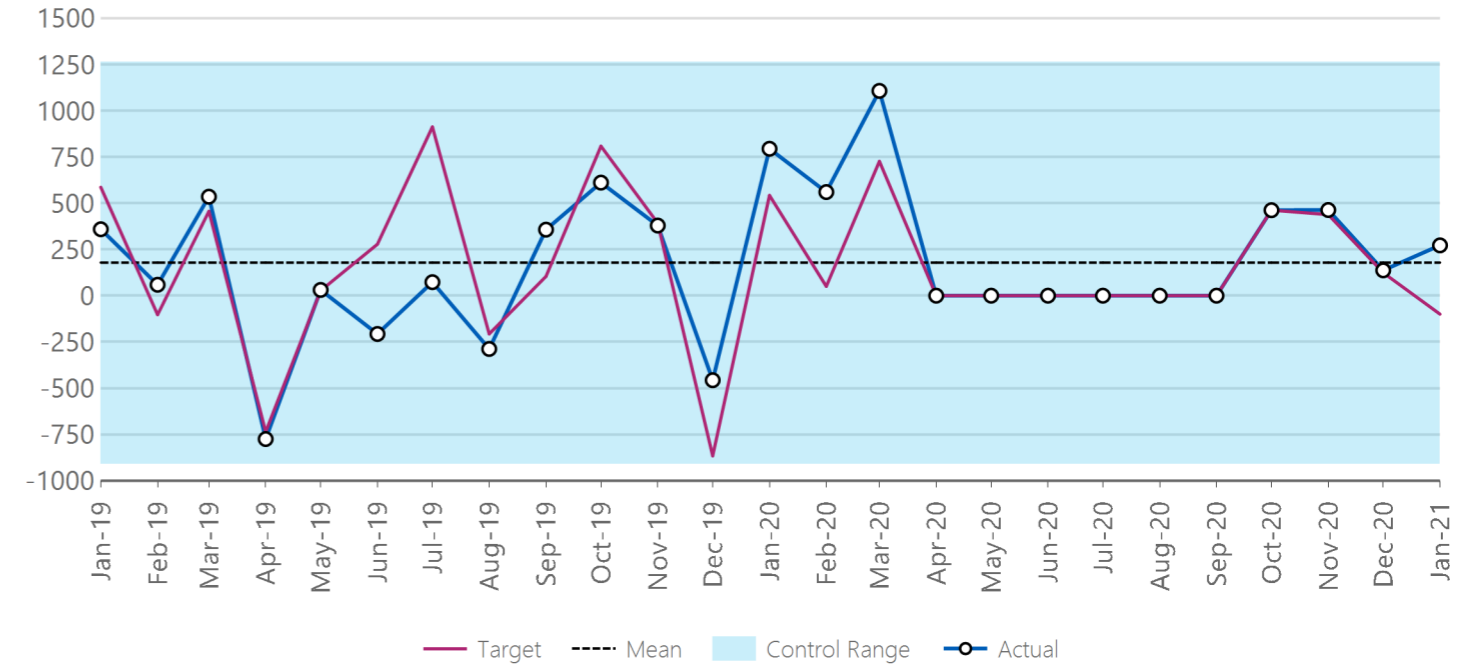
Overall £272k surplus in month, £372k favourable to plan.

YTD £1,334k surplus, £409k favourable to revised plan.

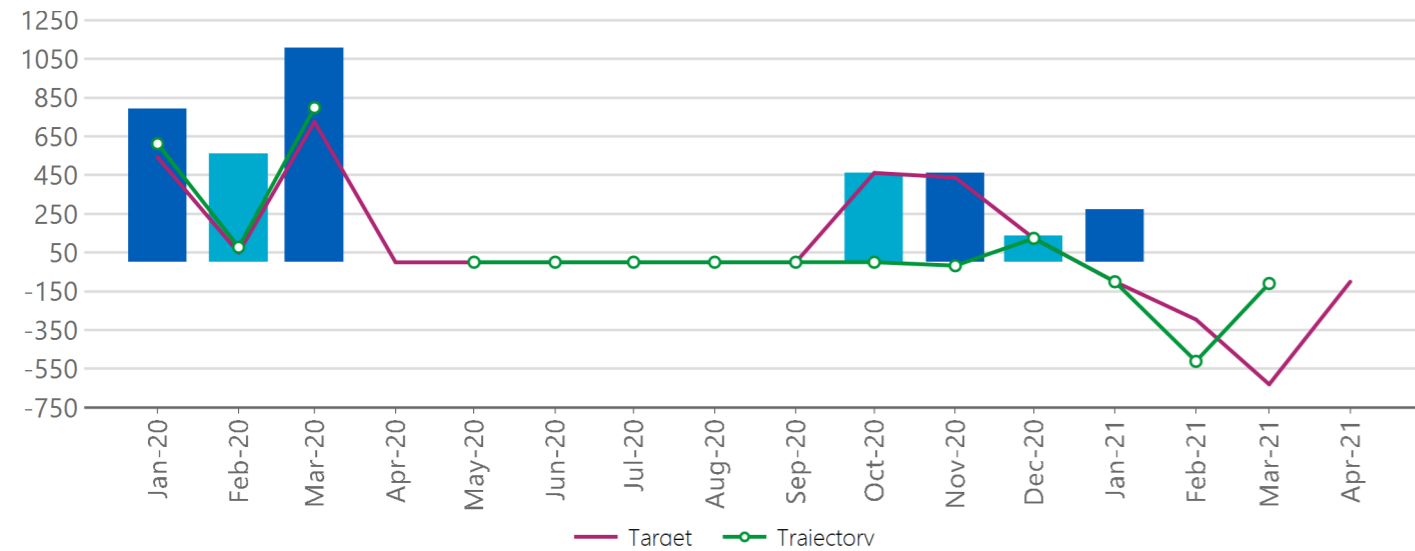
Activity Penalties - separate financial schemes exist for England and Wales tracking delivery of activity against 2019/20 baseline.

- Welsh income risk recognised linked to suspension of elective theatre activity to support local surge response.
- Elective Incentive Scheme (EIS) income risk continues to be excluded as per the latest national guidance (potential cumulative £1.04m impact).

Performance over 24 months – SPC



Trajectory



Actions

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
359	59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	1,107	0	0	0	0	0	0	462	463	137	272	1,334

Income

All Trust Income, Clinical and non clinical

8,988 against **9,597** target
Below target **red rated**

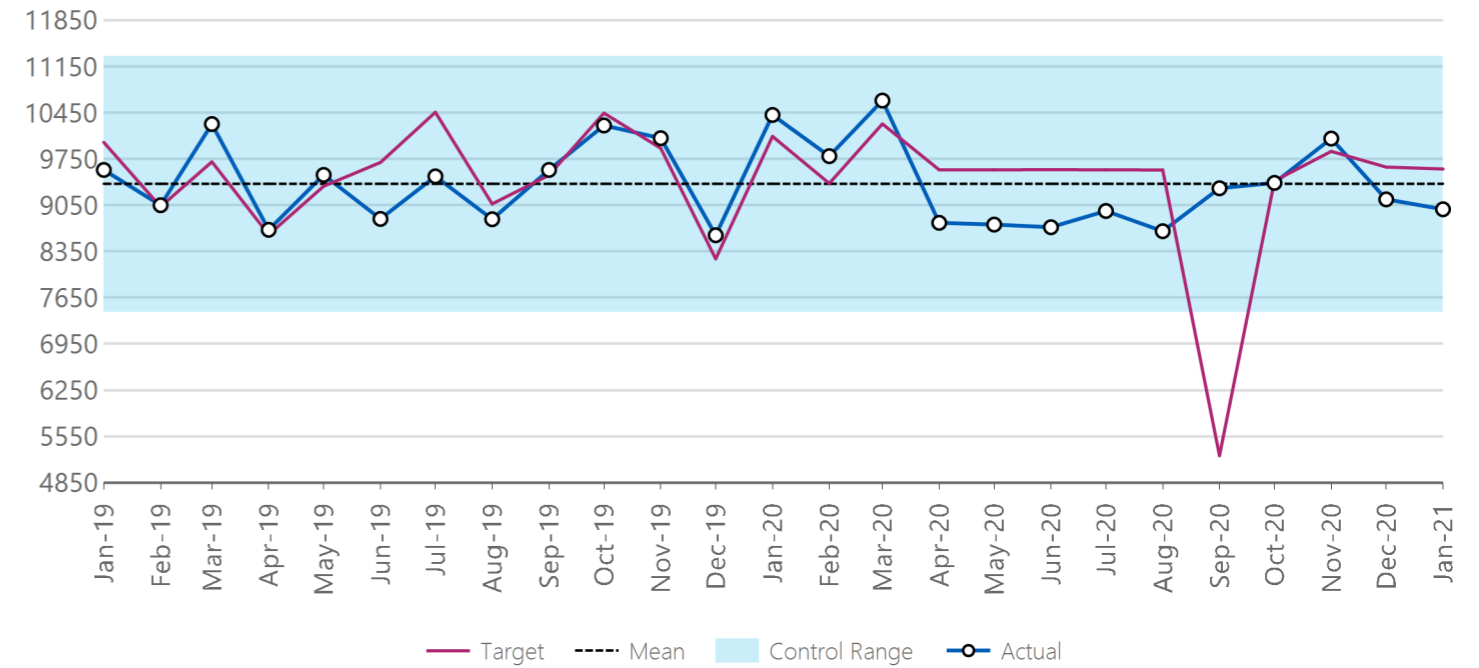
Exec Lead:
Director of Finance
Integrated Performance Report

Narrative

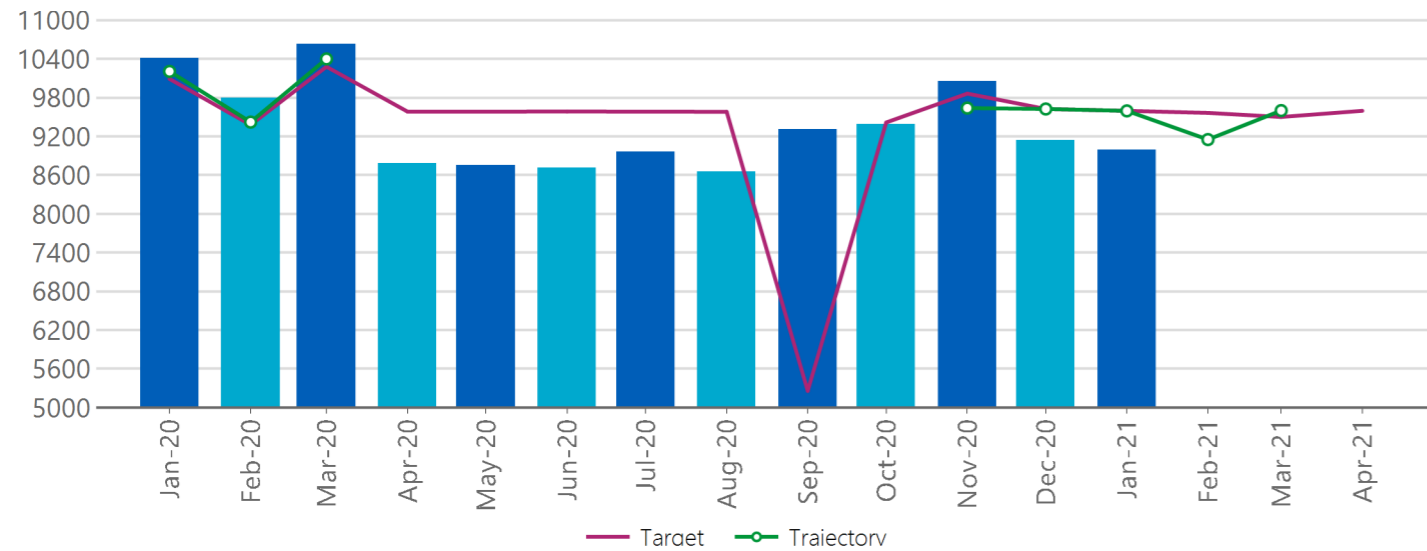
Income £609k adverse in month

- Clinical income adverse due to recognition Welsh income risk linked to suspension of elective theatre activity.
- Private patients adverse

Performance over 24 months – SPC



Trajectory



Actions

Action to Improve: Close review of internal delivery position vs national guidance alongside system partners and regulator to inform forecast year end position, which remains breakeven due to marginal costs offset.

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
9,583	9,049	10,278	8,677	9,508	8,842	9,486	8,837	9,583	10,256	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	9,138	8,988	90,750

Expenditure

All Trust expenditure including Finance Costs

8,760 against **9,741** target
Within target **green rated**

Exec Lead:
Director of Finance
Integrated Performance Report

Narrative

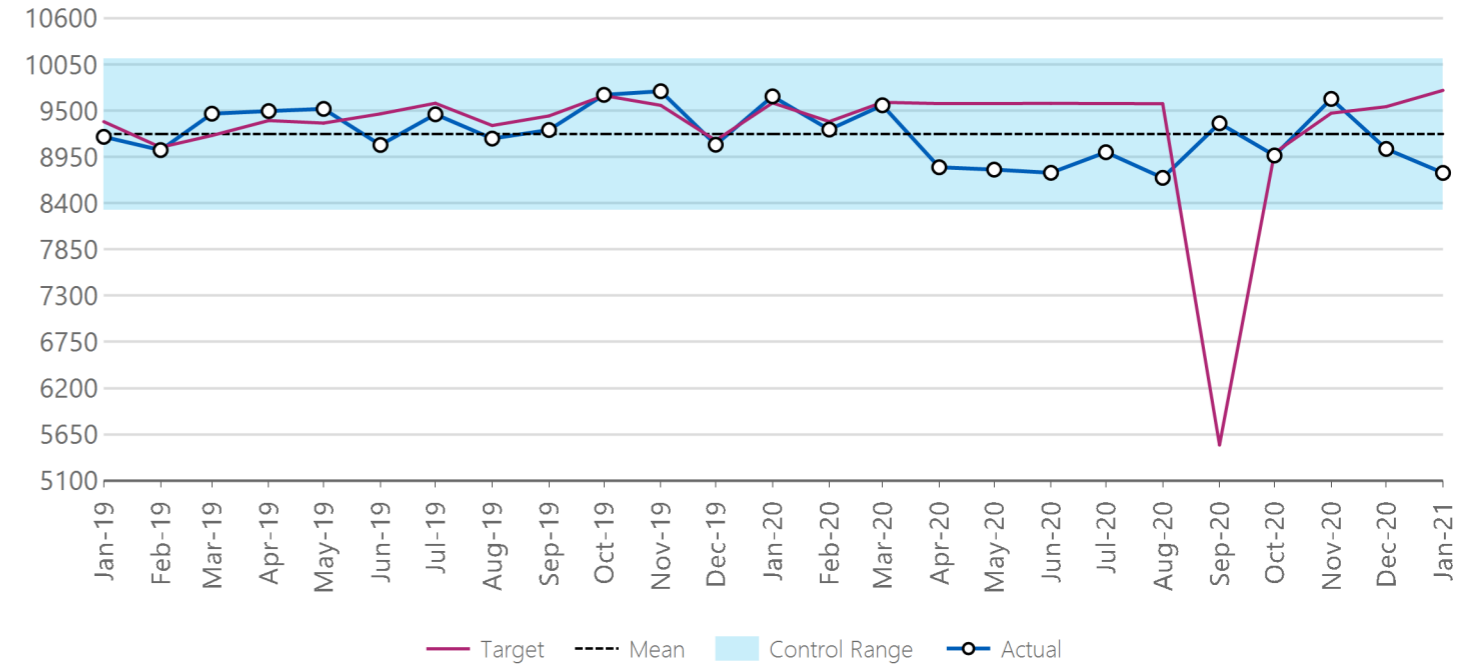
Overall expenditure £981k favourable

Pay £128k adverse:
- Flexible staffing and vacancies favourable, offset by annual leave accrual estimate due to Covid

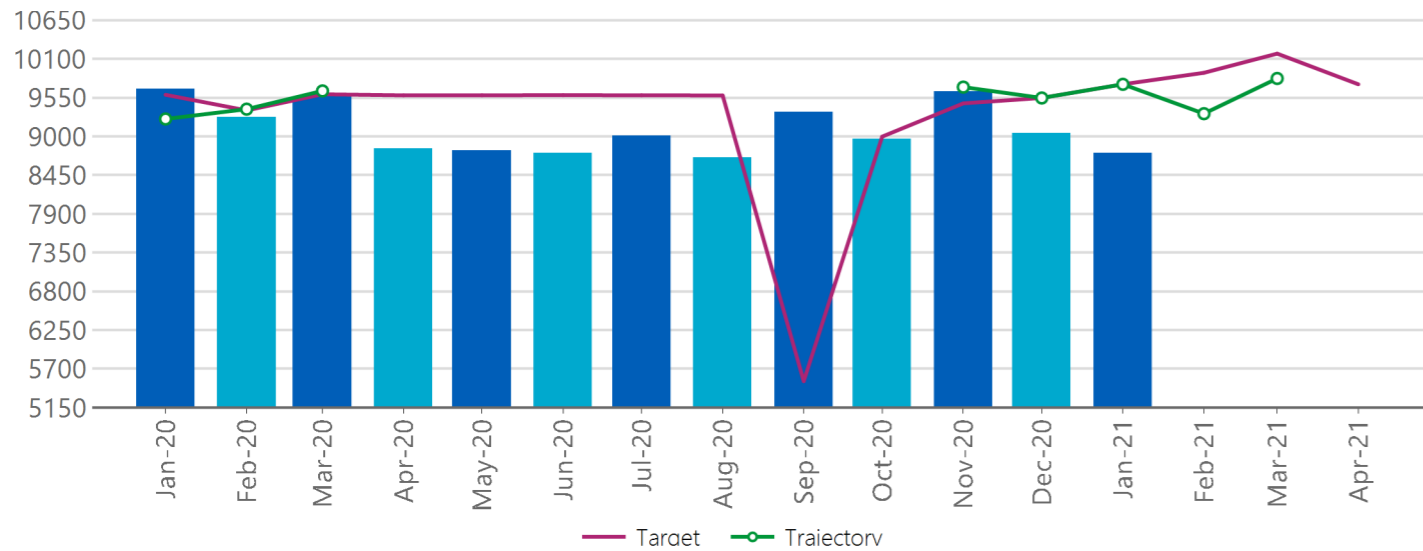
Non pay £1,108k favourable
- Implants, drugs and consumables favourable due to pause of elective theatre activity

Note: vaccination hub/workforce services costs of £164k recharged Shrewsbury and Telford Hospitals (SaTH) excluded from these figures.

Performance over 24 months – SPC



Trajectory



Actions

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
9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	9,670	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	9,045	8,760	89,856

Efficiencies Delivery

Cost Improvement Programme requirement

118 against **109** target
Above target **green rated**

Exec Lead:
Director of Finance

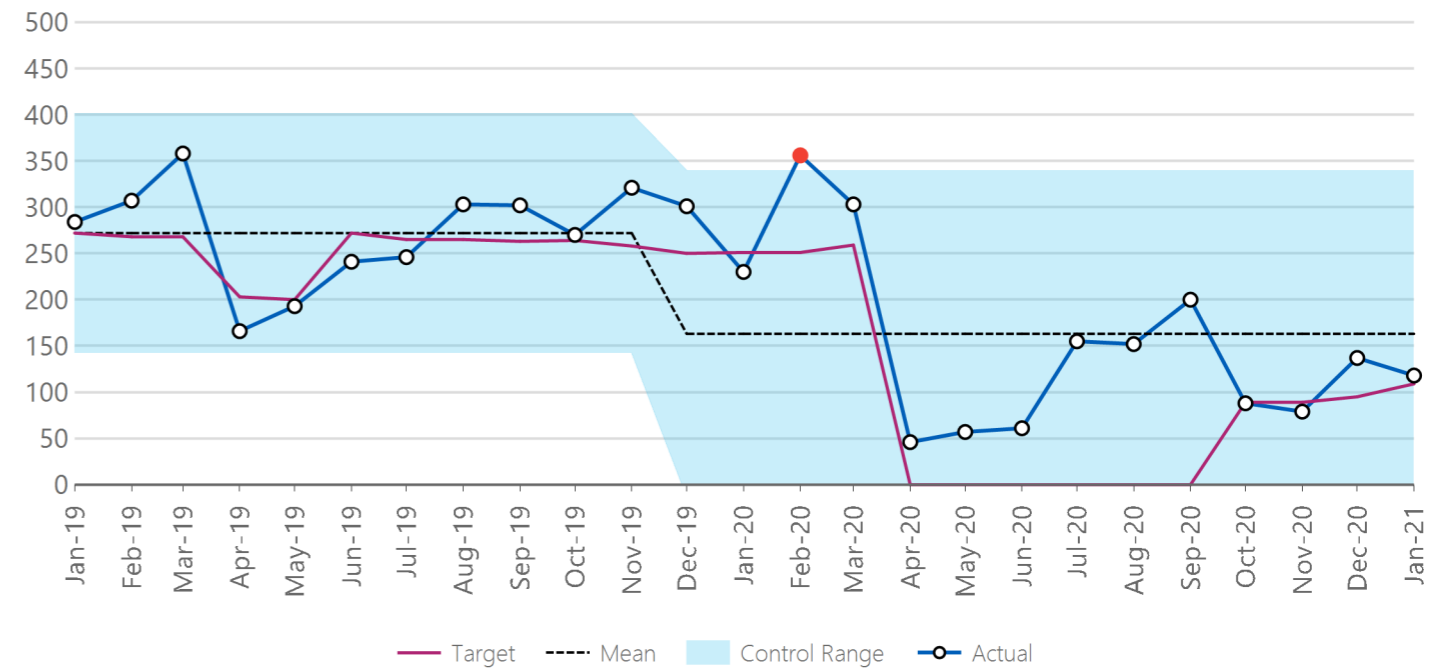
Integrated Performance Report

Narrative

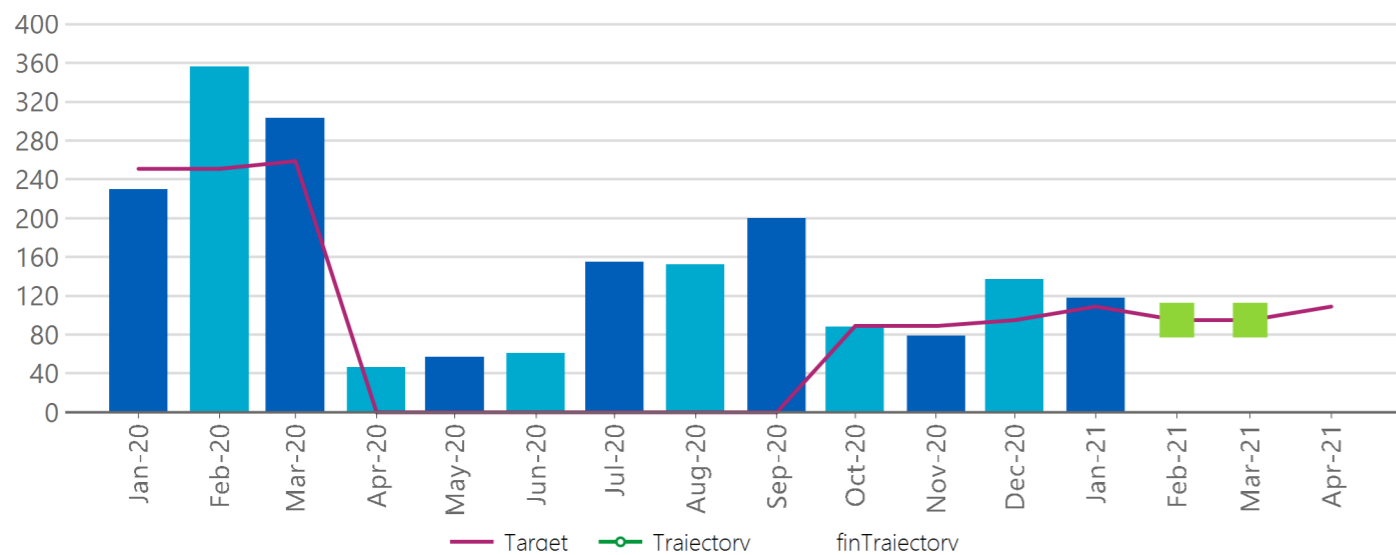
£9k favourable in month.

Performance over 24 months – SPC

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



Trajectory



Actions

Heatmap performance over 24 months

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
284	307	358	166	193	241	246	303	302	270	321	301	230	356	303	46	57	61	155	152	200	88	79	137	118	422

Cash Balance

Cash in bank

20,402 against 15,530 target
Above target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

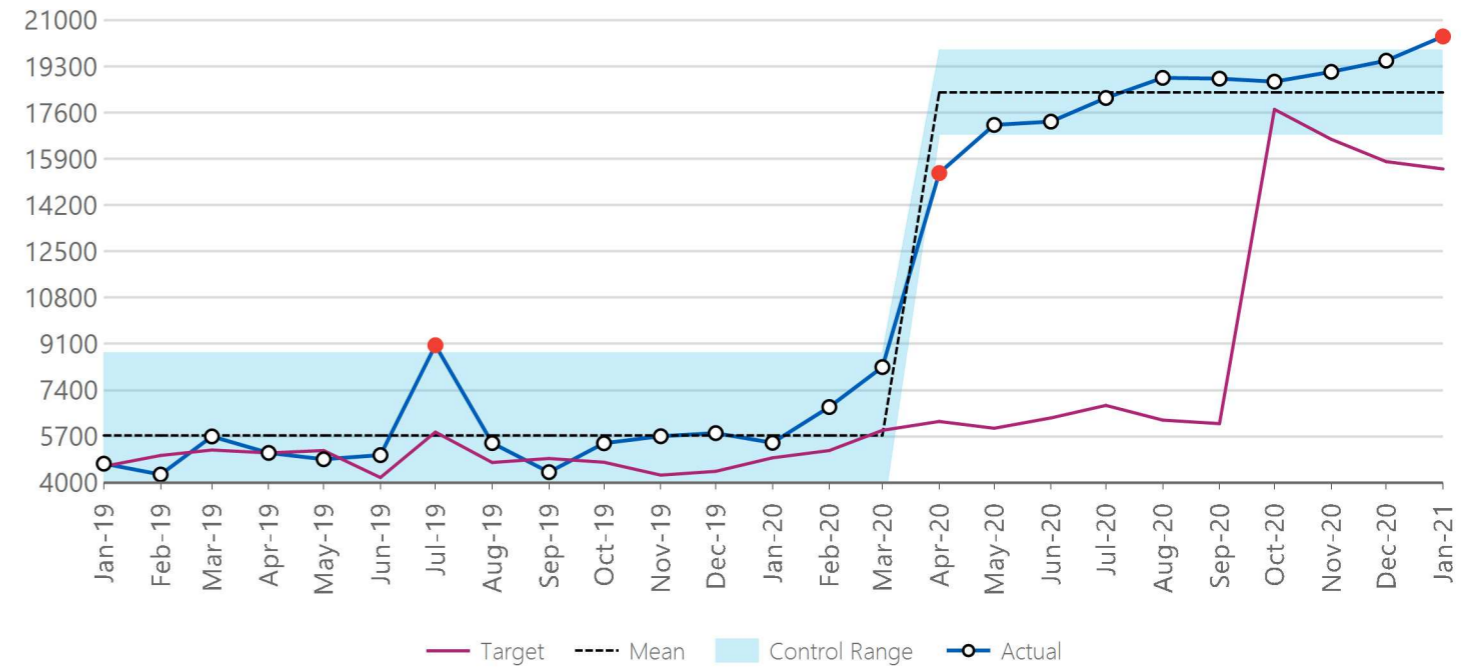
Cash balances of £20.4m, which includes the following payments in advance:

- £5.7m English block income
- £1.0m of top up and system support funding

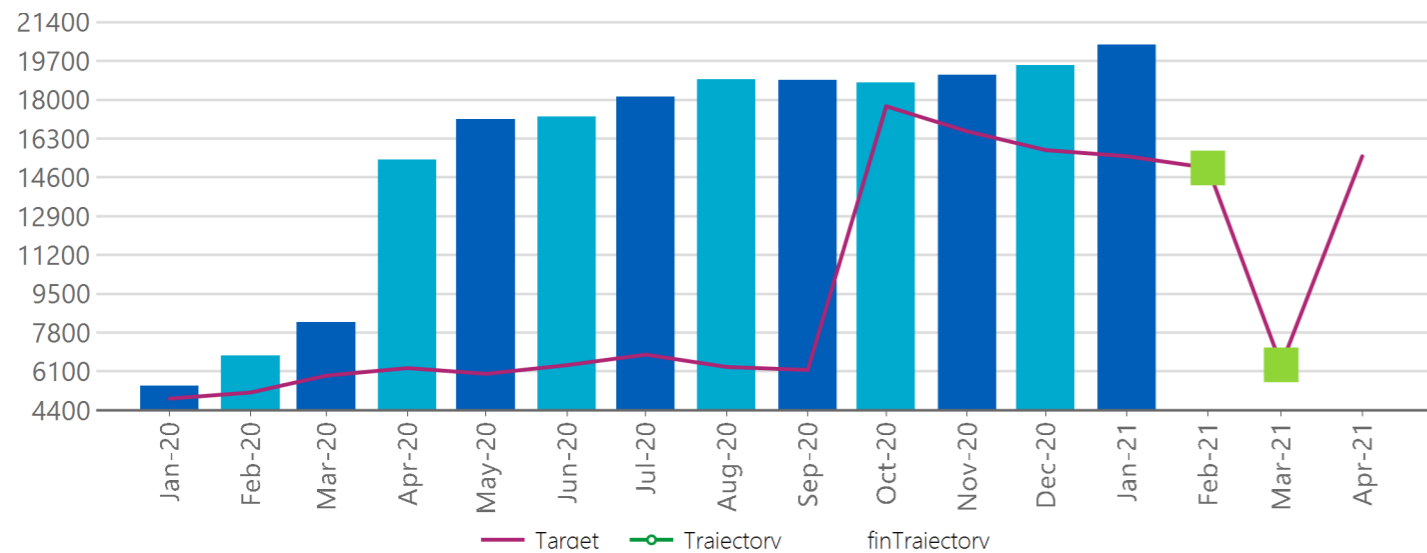
Underlying cash balance £13.7m

Performance over 24 months – SPC

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



Trajectory



Actions

Heatmap performance over 24 months

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
4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	19,510	20,402	20,402

Capital Expenditure

Expenditure against Trust capital programme

97 against **1,228** target
Within target **green rated**

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

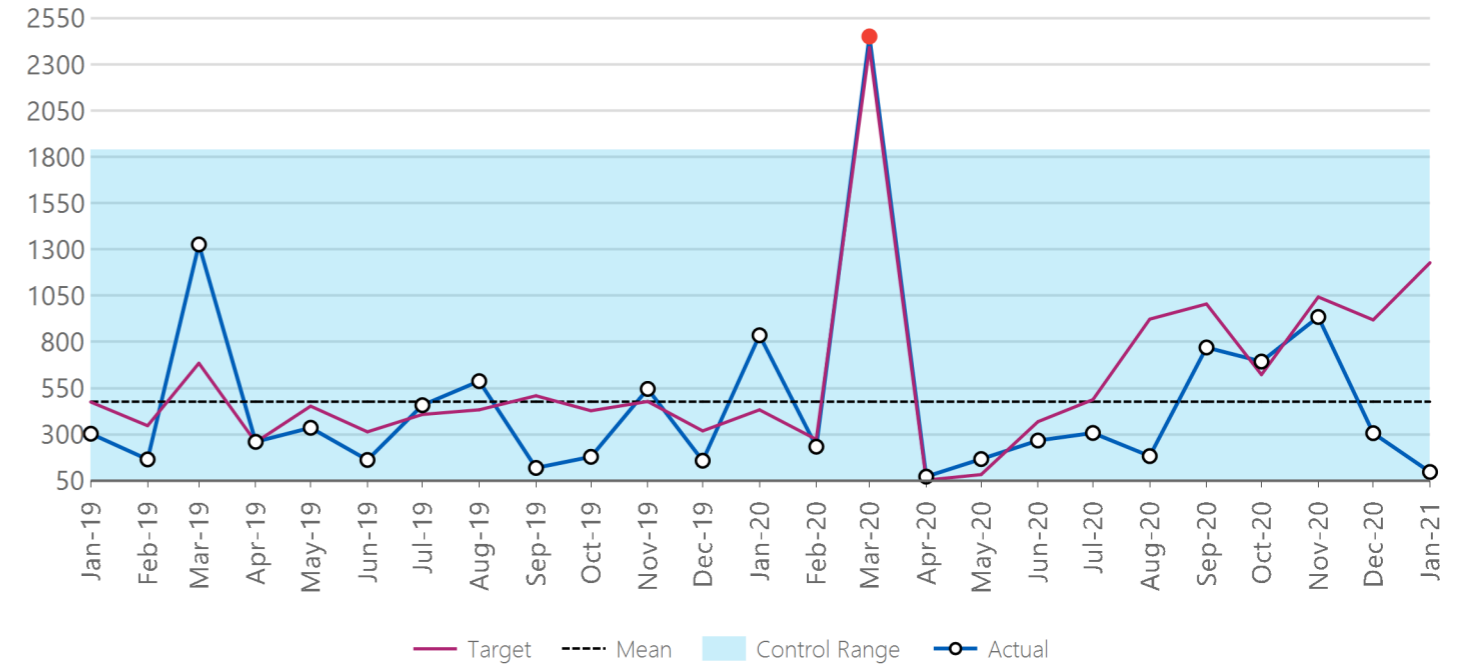
In month £1,131k favourable to plan.

Year to date £2,934k favourable to plan made up of £1,242k NHS and £1,692k donated.

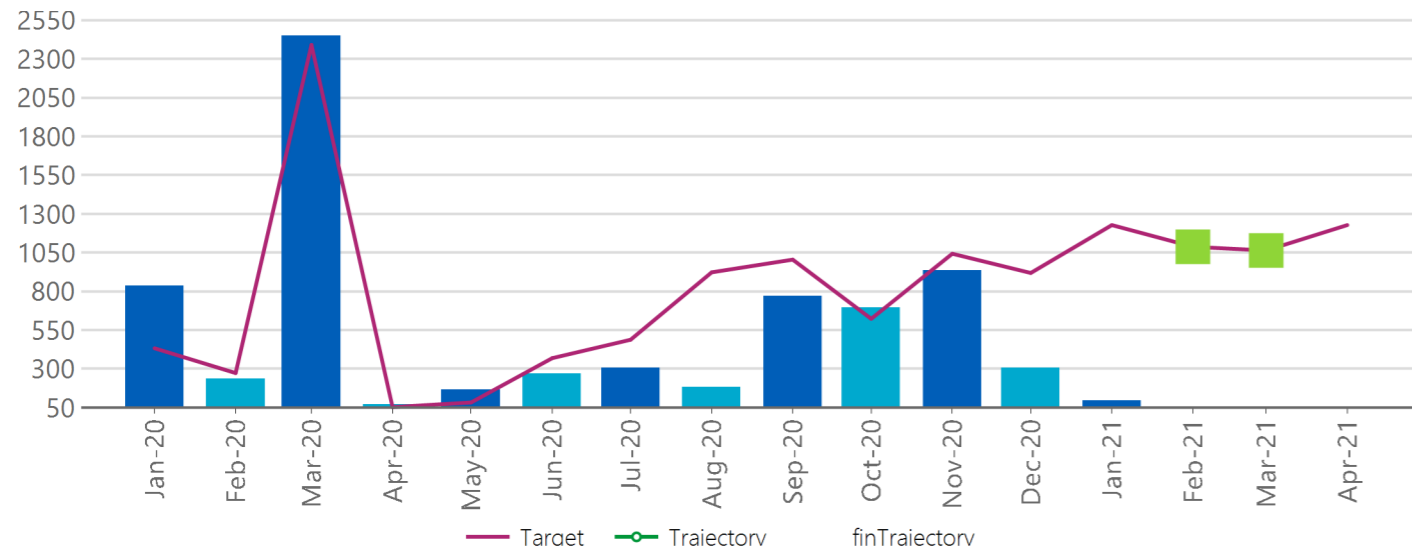
- Slippage on NHS schemes forecast at c£1.1m by 31st March 2021 - largest scheme replacement X-ray rooms to be carried over to 2021/22.

- Slippage on donated linked to Veteran's project which will be carried forward to 21/22.

Performance over 24 months – SPC



Trajectory



Actions

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
304	165	1,327	260	336	162	458	588	119	179	546	158	836	234	2,451	72	167	267	308	183	770	694	935	307	97	3,800

Use of Resources (UOR)

Overall Use of Resources indicator

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

Exec Lead:
Director of Finance

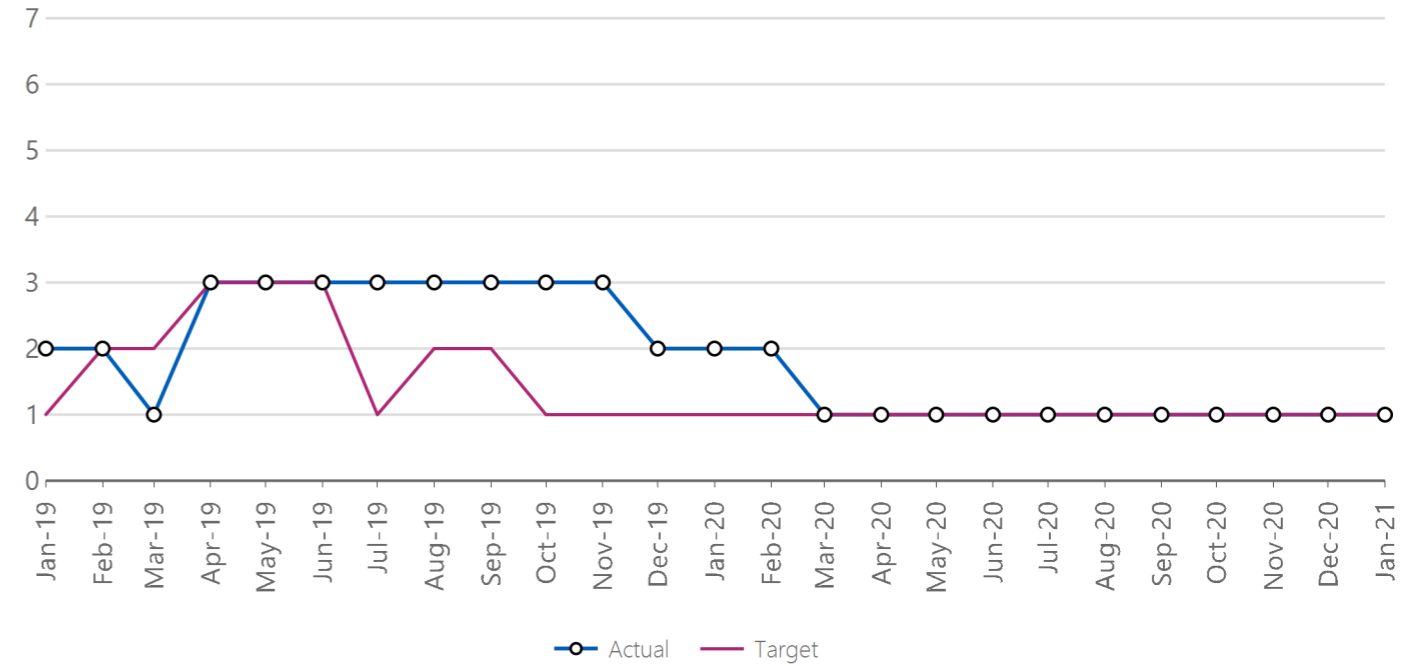
Integrated Performance Report

Narrative

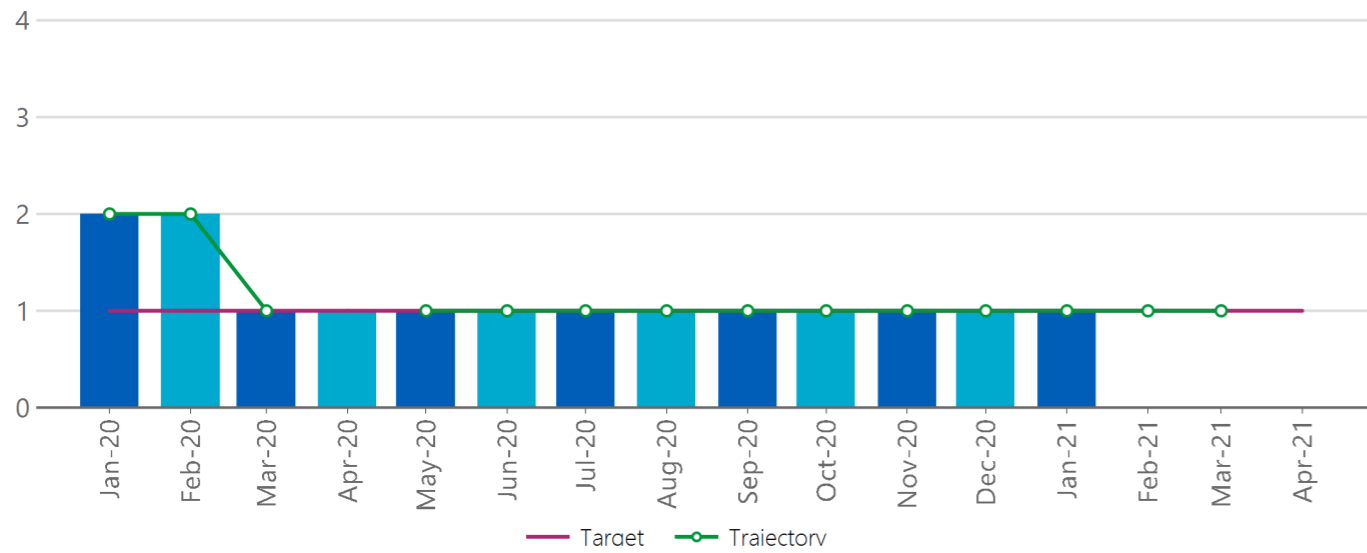
UOR 1 (Best)

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

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months



Reading guide

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

Heatmaps
In month, year-to-date and forecast performance against target for each KPI and rolling 13-month performance information. A data quality indicator for each KPI is also included where available.

Narrative
Supporting narrative and trend graphs (with statistical process control where appropriate) are provided for each KPI including mitigating actions for red rated indicators.

Key

Key Performance Indicator RAG Ratings

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

KPIs reported in arrears

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

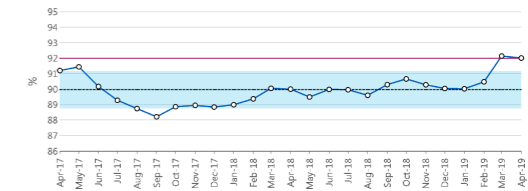
Data Quality Indicator

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

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

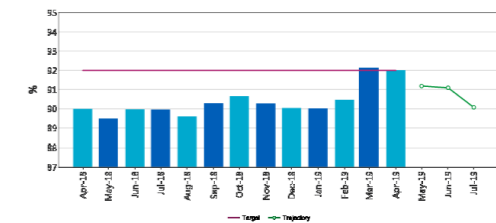
Trend graphs

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



Trajectories

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



Bullet graphs

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



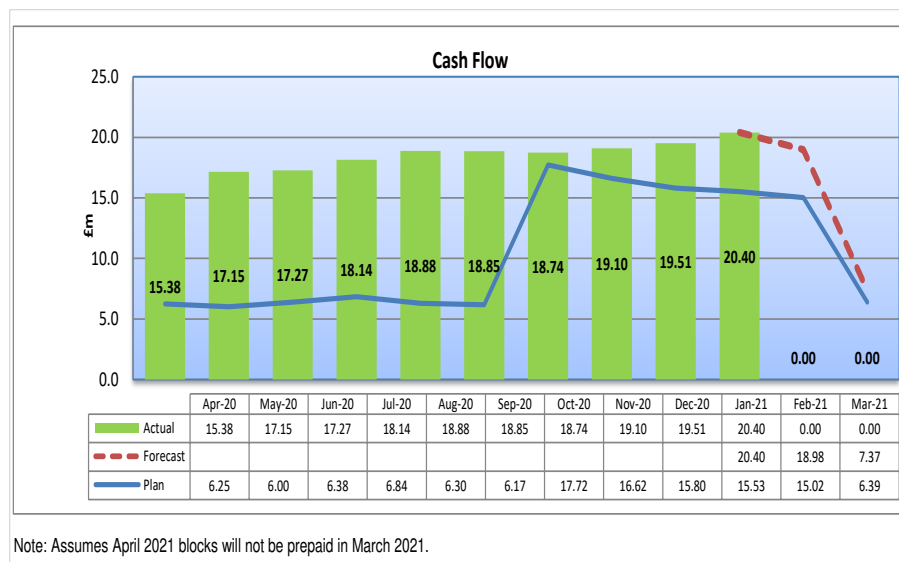
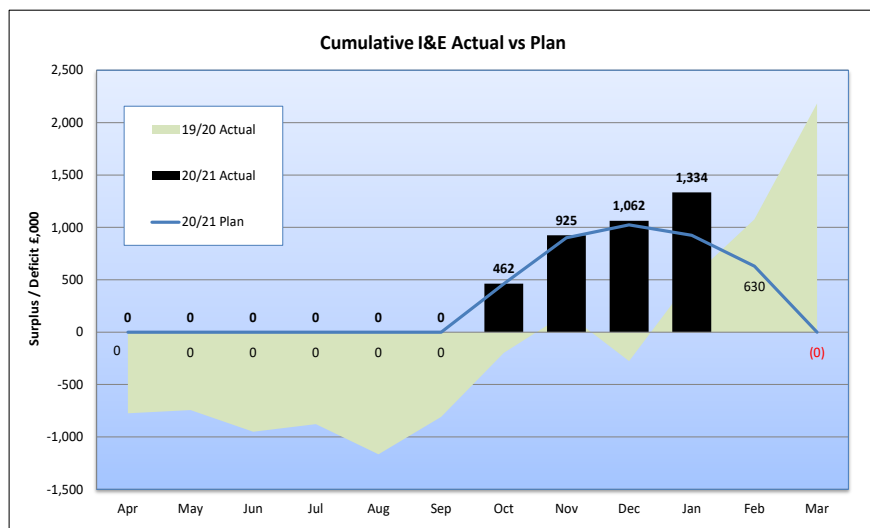
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 31st January 2021

Income and Expenditure £'000s							
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	97,326	8,013	7,556	(457)	81,300	80,347	(953)
System Discretionary Funding	980	127	127	(0)	725	724	(1)
System Top Up Funding	2,560	427	427	0	1,707	1,707	0
Covid-19 Funding	1,452	242	181	(61)	968	907	(61)
Private Patient income	1,880	358	191	(167)	1,292	1,255	(37)
Other income	6,552	430	506	75	5,692	5,809	117
Pay	(67,678)	(5,726)	(5,854)	(128)	(56,063)	(55,819)	244
Non-pay	(38,083)	(3,570)	(2,364)	1,206	(30,506)	(29,035)	1,471
EBITDA	4,989	301	770	469	5,114	5,894	780
Finance Costs	(5,520)	(445)	(543)	(98)	(4,631)	(5,004)	(373)
Capital Donations	1,170	100	37	(63)	515	161	(354)
Operational Surplus	639	(44)	265	309	998	1,051	54
Remove Capital Donations	(1,170)	(100)	(37)	63	(515)	(161)	354
Add Back Donated Dep'n	531	44	44	0	442	444	1
Control Total*	0	(100)	272	372	925	1,334	409
EBITDA margin	4.7%	3.4%	9.2%	5.8%	5.7%	6.7%	0.9%

Statement of Financial Position £'000s				
Category	Dec-20	Jan-21	Movement	Drivers
Fixed Assets	76,602	76,246	(356)	Decrease in fixed assets mainly due to depreciation
Non current receivables	1,179	1,183	4	
Total Non Current Assets	77,781	77,429	(352)	
Inventories (Stocks)	1,204	1,297	93	Implant stock increase
Receivables (Debtors)	4,661	4,737	76	
Cash at Bank and in hand	19,511	20,402	891	Increase due to expenditure reductions
Total Current Assets	25,376	26,436	1,060	
Payables (Creditors)	(19,474)	(19,971)	(497)	Recognition of Welsh income risk
Borrowings	(1,335)	(1,344)	(9)	
Current Provisions	(194)	(145)	49	
Total Current Liabilities (< 1 year)	(21,003)	(21,460)	(457)	
Total Assets less Current Liabilities	82,154	82,405	251	
Non Current Borrowings	(5,058)	(5,058)	0	
Non Current Provisions	(958)	(944)	14	
Non Current Liabilities (> 1 year)	(6,016)	(6,002)	14	
Total Assets Employed	76,138	76,403	265	
Public Dividend Capital	(35,486)	(35,486)	0	
Revenue Position	(17,703)	(17,703)	0	
Retained Earnings	(786)	(1,051)	(265)	Current period surplus
Revaluation Reserve	(22,163)	(22,163)	0	
Total Taxpayers Equity	(76,138)	(76,403)	(265)	

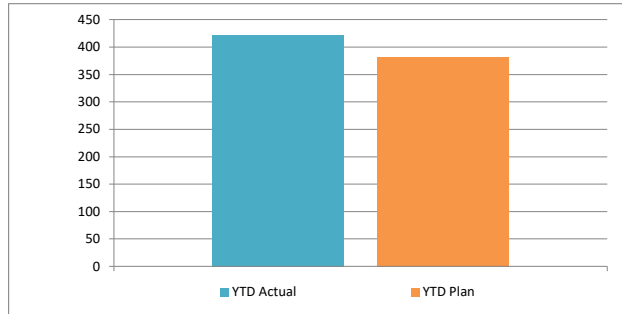
Capital service	1	I&E Margin	1
Liquidity (days)	1	Variance in I&E Margin	1
Agency	1		
Overall UOR	1		

Debtor Days	YTD	16
Creditor Days		38

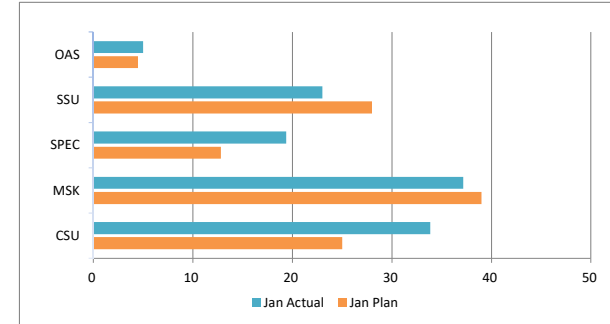


Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 31st January 2021

Trust YTD Achievement Against YTD Plan £000's



In Month Efficiencies Achievement £000's



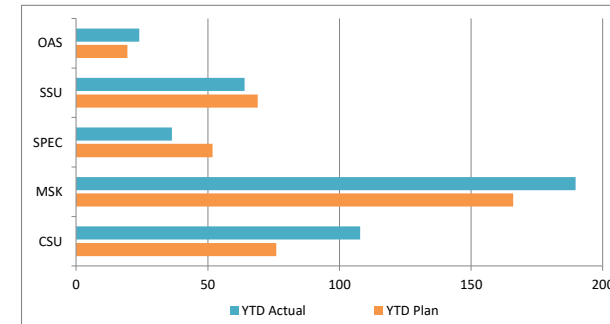
Efficiencies Total

Efficiencies by Theme

Position as at	Capital Programme 2020-21					
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s	Forecast Variance £000s
Diagnostic equipment replacement	1,545	1,145	1,072	73	1,410	-135
EPR planning & implementation	200	120	-128	248	-128	-328
Backlog maintenance (System CIR)	500	420	400	20	500	0
I/T investment & replacement	295	255	207	49	380	85
Equipment & service continuity	600	500	370	130	597	-3
Project management	50	33	42	-9	59	9
Scheme slippage from 19/20	135	135	79	56	79	-56
Salix energy improvements	1,210	1,150	1,153	-3	1,210	0
E-job planning	86	86	55	31	86	0
Covid-19	0	0	36	-36	36	36
Contingency	1,165	815	50	764	369	-794
Restoration Schemes (System CIR)	0	0	82	-82	82	82
NHS Capital Funding	5,786	4,659	3,417	1,242	4,680	-1,026
Veteran's facility	3,000	2,000	221	1,779	300	-2,700
Donated medical equipment	100	75	161	-86	170	70
Total Capital Funding (NHS & Donated)	8,886	6,734	3,800	2,934	5,150	-3,736

Capital

Year To Date Efficiencies Achievement £000's



Forecast

Category	Forecast		
	Plan	Actual	Variance
Clinical Income	97,326	95,310	(2,016)
System Discretionary Funding	980	980	(0)
System Top Up Funding	2,560	2,560	0
Covid-19 Funding	1,452	1,452	0
Private Patient income	1,880	1,377	(503)
Other income	6,552	7,882	1,330
Pay	(67,678)	(68,263)	(585)
Non-pay	(38,083)	(34,830)	3,253
EBITDA	4,989	6,468	1,479
Finance Costs	(5,520)	(5,973)	(453)
Capital Donations	1,170	816	(354)
Operational Surplus	639	1,311	672
Remove Capital Donations	(1,170)	(816)	354
Add Back Donated Dep'n	531	533	2
Control Total	0	1,028	1,028

Forecast Assumptions

- Continuation of Welsh income penalties at current run rate
- No reduction in English income associated with the transaction of the Elective Incentive Scheme
- Reduction in the run rate for Non NHS income in Quarter 4 attributable to the COVID response
- Reduced cost base versus plan linked to the marginal cost of reduced activity attributable to the COVID response
- Recognition of expected annual leave accrual requirement by year end
- Vaccination costs incurred are fully recharged
- Covid expenditure remains at current run rate
- Improvement in forecast offset against system discretionary support income to report a small surplus