

## Month 6 Integrated Performance Report

### 0. Reference Information

Author:	Claire Jones, Senior Information Analyst	Paper date:	28 October 2021
Executive Sponsor:	Kerry Robinson, Chief of Performance, Improvement and OD	Paper Category:	Performance
Paper Reviewed by:	Senior Leader Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

### 1. Purpose of Paper

#### 1.1. Why is this paper going to 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 6 (September) 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.

The format of the IPR utilises Statistical Process Control (SPC) graphs and NHS EI recommended variation and assurance icons.

The reading guide within the IPR gives a full explanation on the interpretation of SPC graphs and the icons to support understanding.

#### 2.2. Overview

The Board through this IPR should note the following;

The impacts of covid continue to be seen in the delivery of our statutory targets and will continue not to be met due to pausing of elective services last year. Therefore assurance cannot be given for meeting the targets, hence assurance should be through the processes in place to manage such impact. The Trust will be reviewing targets and trajectories in upcoming months aligning to H2 plans.

Patients continue to be booked in line with guidance regarding clinical priority as a primacy rather than date order, illustrated in the long wait patients impact.

Caring for Staff;

## Month 6 Integrated Performance Report

- Sickness Absence
  - Metric showing normal variation but now exceeded target for four consecutive months, currently c.1% above target.
  - Long term sickness above target for four consecutive months

### Caring for Patients;

- Never Events;
  - Low number of incidents have taken place
- RJAH Acquired E. Coli. Bacteraemia
  - Low number of incidents have taken place
- Cancer 62 Days Standard
  - Performance reported below 85% target at 28.57%
- 18 Weeks RTT Open Pathways
  - Metric is showing special cause variation of an improving nature; although consistently failing the target as expected from covid impact which will continue for a significant time.
- Patients Waiting Over 52 Weeks
  - Both English and Welsh showing special cause variation with increases reported this month.
  - BCU Transfers show an improvement with reductions since November.
- 6 and 8 Week Wait for Diagnostics
  - Both metrics indicate common cause variation with variable achievement of Welsh target and consistently failing English
  - Whilst operating over and above 19/20 capacity MRI is the predominant area of impact.

### Caring for Finances;

- Total Elective Activity
  - 74.06% of baseline target (19/20); underachieving the regulatory target of 85%
  - Underachieving the regulatory target of 85% completing 305 cases below the requirement.
  - Cases per session at 1.95 against plan of 2.06
  - 89.88% sessions used against plan;
    - Whilst in normal variation, below target for two consecutive months
- Total Outpatient Activity
  - 82.91% of baseline target (19/20); underachieving the regulatory target of 85%
  - % Virtual below 25% target at 19.58%
  - DNA rate consistently failing target
- Bed Occupancy – All Wards – 2pm
  - Metric is consistently failing target
- H1 Plan Performance
  - Deficit in month
- Income
  - Adverse position in month
- Recurrent Financial Performance (Sustainability Plan)
  - Adverse variance in month

## 2.3. Conclusion

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

# Integrated Performance Report September 2021 – Month 6



Aspiring to deliver world class patient care

# SPC Reading Guide

## SPC Charts

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

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

## SPC Chart Rules

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

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

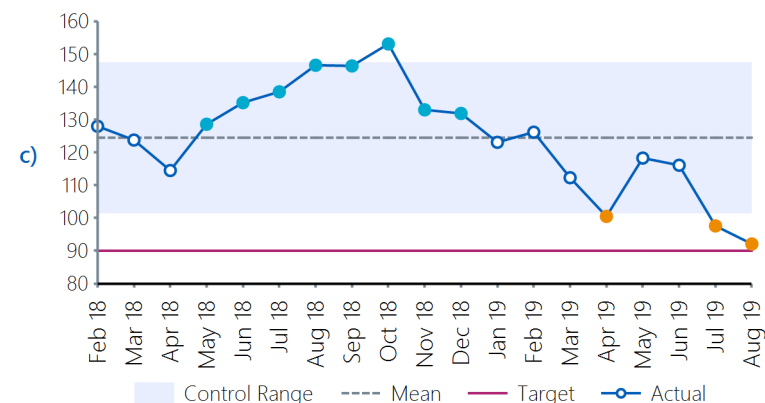
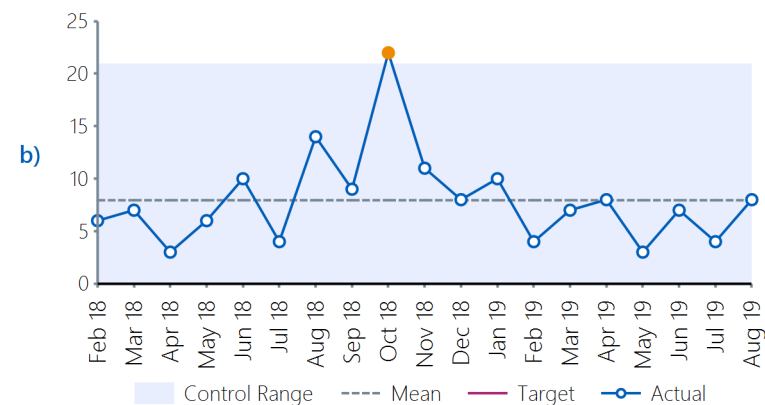
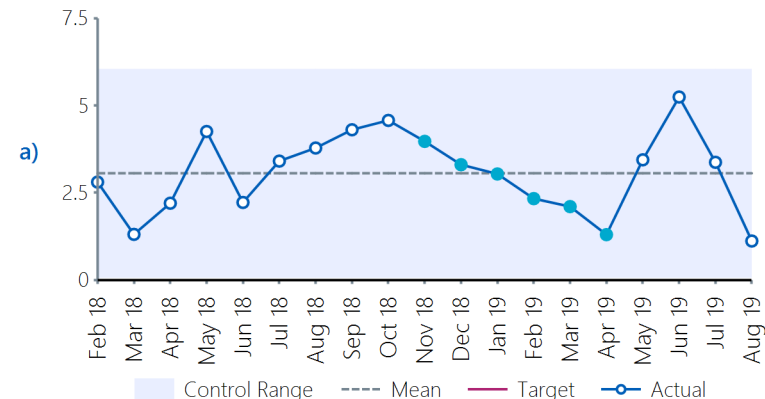
Different colours have been used to separate these trends of special cause variation; ● **blue points** have been used to show **areas of improvement** and ● **orange points** for **areas of concern**. It should be noted that SPC charts do not compare performance against targets; that is the purpose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

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

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

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

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



## Summary Icons Reading Guide

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

### Exception Reporting

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

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

### Variation Icons

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



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



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



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

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

### Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

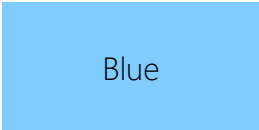
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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

# 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



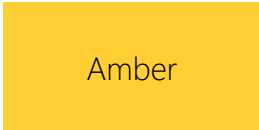
Blue

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)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	4.55%				+	27/02/20
Voluntary Staff Turnover - Headcount	8.00%	7.66%					24/06/21



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					
Never Events	0	1				+	16/04/18
Number of Complaints	8	11					
RJAH Acquired C.Difficile	0	0					24/06/21
RJAH Acquired E. Coli Bacteraemia	0	1				+	24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Unexpected Deaths	0	0					16/04/18
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85.00%	28.57%				+	24/06/21





# Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
18 Weeks RTT Open Pathways	92.00%	55.71%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,504	1,276			+	24/06/21
Patients Waiting Over 52 Weeks – Welsh	0	645				+	24/06/21
6 Week Wait for Diagnostics - English Patients	99.00%	82.78%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	87.91%				+	



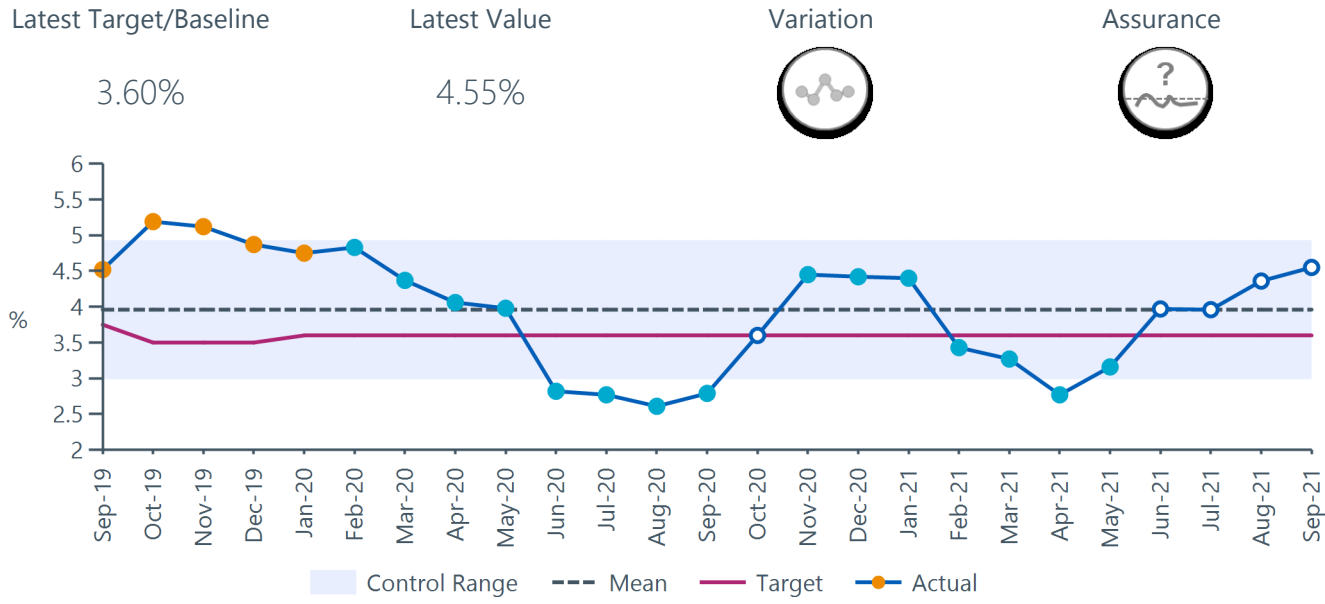
# Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Total Elective Activity	1,176	871	1,069			+	24/06/21
Bed Occupancy – All Wards – 2pm	87.00%	82.21%				+	05/09/19
Total Outpatient Activity	17,609	14,599	15,626			+	24/06/21
H1 Plan Performance	40.98	-18.00				+	
Income	10,074	10,905				+	
Expenditure	10,078	10,969					
Efficiency Delivered	94	201					
Cash Balance	17,728.81	21,974.00					
Capital Expenditure	1,010	611					
Recurrent Financial Performance (Sustainability Plan)	-353	-407				+	

# Sickness Absence

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

Exec Lead:  
Chief People Officer



## 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

Although the latest data is showing normal variation, the sickness rate has been above target for four consecutive months. Unit level detail below for those areas that are above target:

- \* MSK Unit - overall sickness was 5.24% for September and has been above target for four consecutive months
- \* CSU Unit - overall sickness was 5.35% for September and has been above target for five consecutive months
- \* Specialist Unit - overall sickness was 5.93% for September and has been above target for four consecutive months

Anxiety/stress/depression is the highest reason for sickness across all three Units.

## Actions

Actions within each Unit detailed below:

- \* MSK Unit - Theatres sickness absence policy to be reviewed and Surgical wards are doing some targeted work reviewing management and compliance with the sickness absence policy.
- \* CSU Unit - Work is underway on highlighting the wellness conversations throughout areas of the Unit and proactive support for staff in line with sickness absence policy.
- \* Specialist Unit - People Services Business Partner providing support and coaching to managers in sickness absence actions - training where required, reminders to managers to highlight importance of accurate data input to ESR, triangulate 'hot spot areas' with other KPIs, unit wellness discussions, unit morale/motivation discussions.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
2.79%	3.60%	4.45%	4.42%	4.40%	3.43%	3.27%	2.77%	3.16%	3.97%	3.96%	4.36%	4.55%

- Staff - Patients - Finances -

# Never Events

Number of Never Events Reported in Month

Exec Lead:  
Chief Nurse and Patient Safety Officer

Latest Target/Baseline

0

Latest Value

1

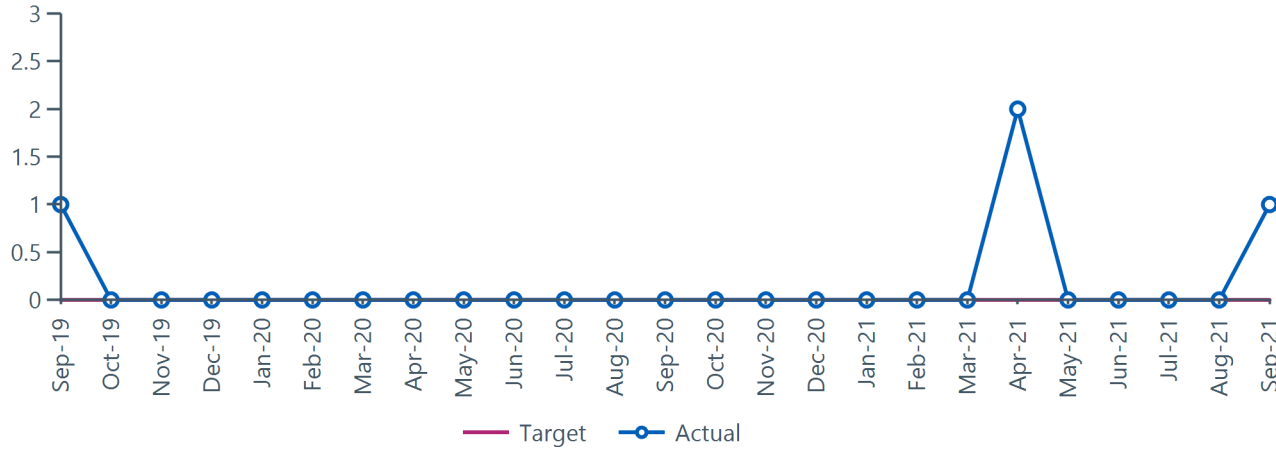
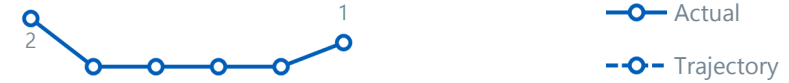
Variation



Assurance



Trajectory/H1 Plan



## What these graphs are telling us

This measure is not appropriate to display as SPC. Based on the last three months', the assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

There was one never event reported in September. The incident related to a wrongly sized prosthesis following an operation that took place in May this year.

## Actions

Due to the timing of this never event and the subsequent actions taken from the previous, following review no further immediate actions were required.

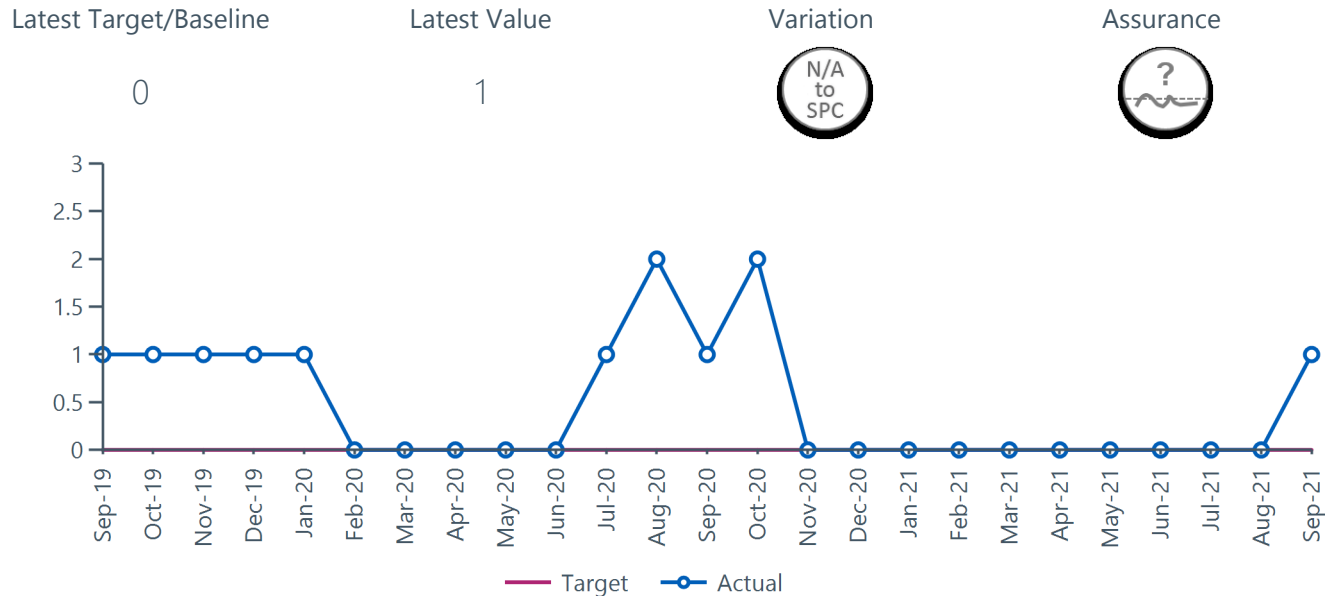
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
0	0	0	0	0	0	0	2	0	0	0	0	1

- Staff - **Patients** - Finances -

# RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month.

Exec Lead:  
Chief Nurse and Patient Safety Officer



### What these graphs are telling us

This measure is not appropriate to display as SPC. Based on the last three months', the assurance is indicating variable achievement (will achieve target some months and fail others).

### Narrative

There was one RJAH Acquired E. Coli Bacteraemia reported in September.

### Actions

At the time of IPR production, a post infection review meeting was scheduled for late October. A probable cause has been identified with appropriate training already implemented.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
1	2	0	0	0	0	0	0	0	0	0	0	1

- Staff - Patients - Finances -

# Cancer Plan 62 Days Standard (Tumour)\*

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

Responsible Unit:  
Specialist Services Unit

Latest Target/Baseline

85.00%

Latest Value

28.57%

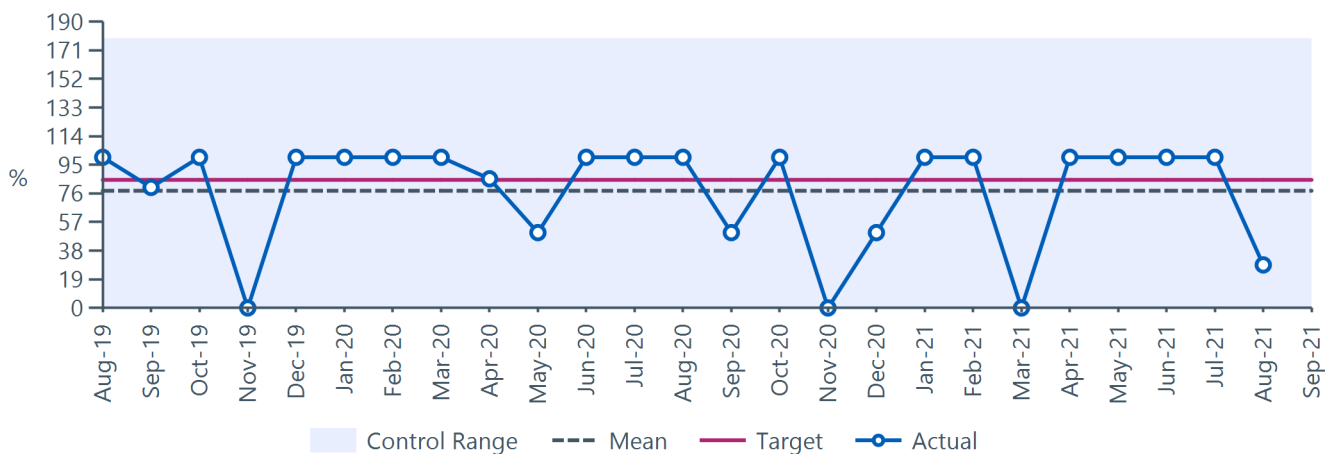
Variation



Assurance



Trajectory/H1 Plan



## 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 62 Day Standard is reported at 28.57% in August; this measure is reported in arrears. This equates to six pathways where RJAH was whole or part accountable for the care of each patient. Two patients met the 62 day target, whilst four breached the standard. A breakdown is provided below to explain this:

- Patient 1 - Shared Pathway - 0.5 Breach
- Patient 2 - Shared Pathway - 0.5 Breach
- Patient 3 - Whole Pathway - 1 Breach
- Patient 4 - Shared Pathway - 0.5 Breach
- Patient 5 - Shared Pathway - 0.5 In Target
- Patient 6 - Shared Pathway - 0.5 in Target

Due to small volumes the impact on % achievement is heavily impacted when breaches are reported.

## Actions

The Trust believe only one of the breaches should be accountable to RJAH which for the month of would have improved our performance to 67%. A review is to be undertaken to ensure the Tumour Unit has a robust process of reviewing submitted data at the appropriate times, in line with NHS Digital timeframes in relation to upload/edits/generation deadlines. The Trust provides data in a timely manner with accurate Trust position information, however subsequent late submissions close to deadline date by other Trusts may on occasion lead to changes in the national allocation of the breaches which the Trust does not recognise. The Trust processes to strengthen is the 24 hour window after final submissions from all providers to ensure inaccuracies from other providers are challenged and rectified.

The breach that was accountable to RJAH was due to the complex nature of the investigations required.

In November NHS Digital have a window for revisions of data for the period of April-21 to September-21 where the Operational Manager will work with the staff in the Tumour Unit to utilise and ensure corrections to pathways are confirmed and updated so it reflects in overall reporting. Any updates to data will be made in the IPR following this.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
50%	100%	0%	50%	100%	100%	0%	100%	100%	100%	100%	28%	

- Staff - **Patients** - Finances -

# 18 Weeks RTT Open Pathways

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

Responsible Unit:  
Support Services Unit

Latest Target/Baseline

92.00%

Latest Value

55.71%

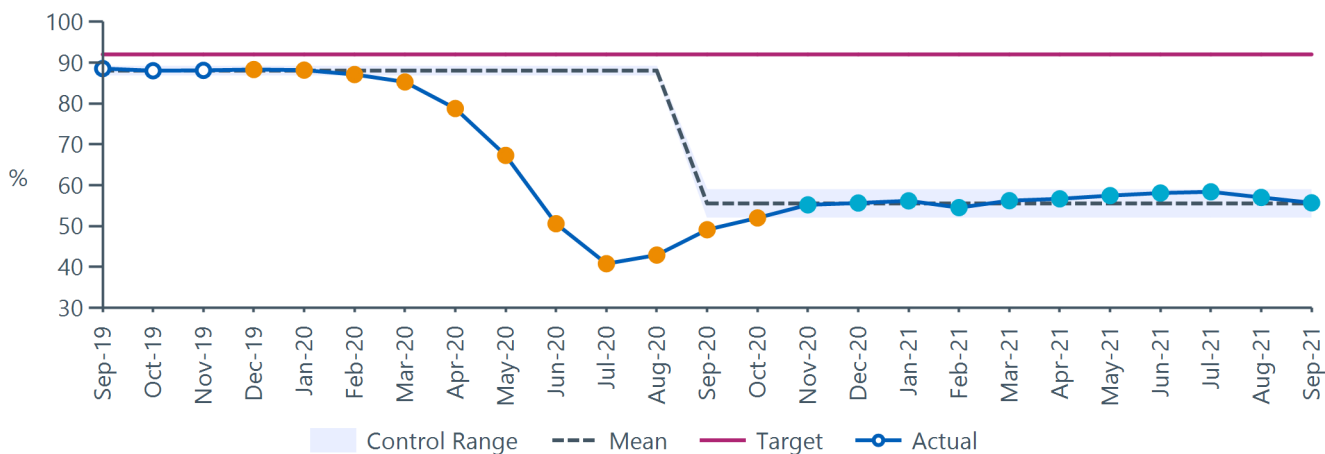
Variation



Assurance



Trajectory/H1 Plan



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

Our September performance was 55.71% 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 - 7405 patients waiting of which 1948 are breaches, MS2 - 1185 patients waiting of which 754 are breaches, MS3 - 4303 patients waiting of which 3008 are breaches.

## Actions

H2 planning guidance documents that as a Trust we should stabilise waiting lists around the level seen at the end of September 2021.

The Trust has plans and actions to manage demand. These are inclusive of:

- Increasing available Theatre sessions
- Exploring options to increase Cases per Session (CPS): - CPS when compared with 2019/20 is being impacted by complexity of patients presenting as high priority.
- More clock stops in non-admitted pathways - Capacity in delivery area (i.e. Radiology or MOPD) is continually assessed.

Spinal Disorders continues to be a pressured area for the Trust which is a proportion of our overall waiting lists. Actions inclusive of mutual aid discussions and recruitment actions for this service are in progress.

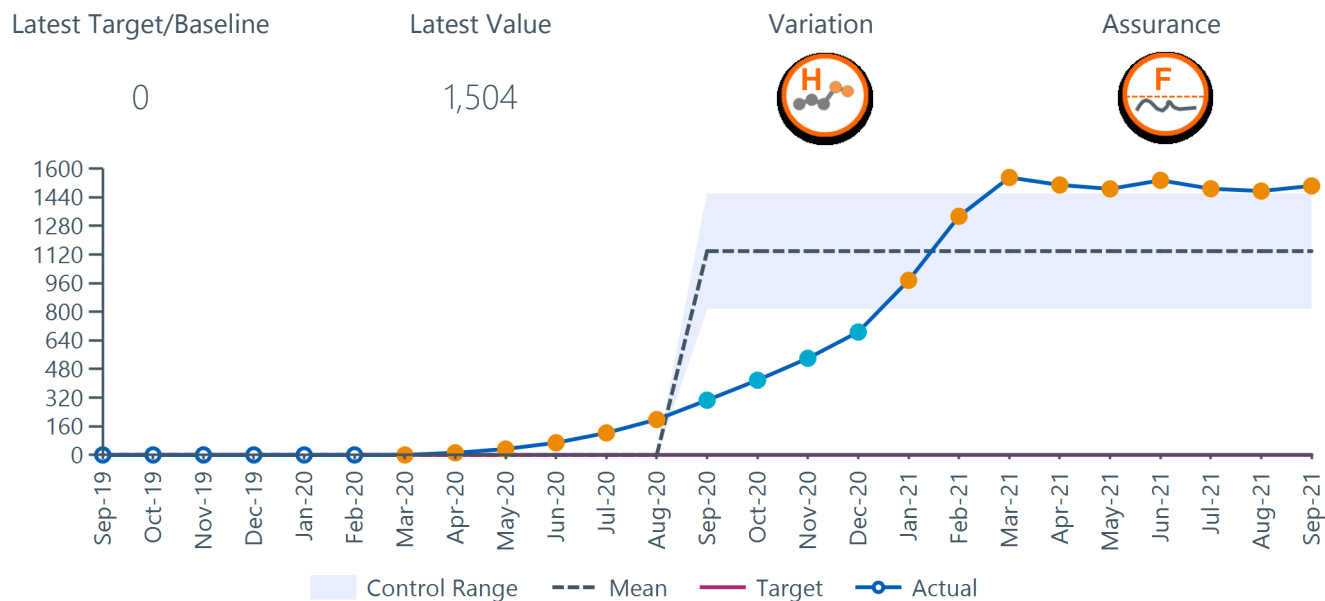
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
49.13%	52.01%	55.21%	55.66%	56.19%	54.53%	56.23%	56.68%	57.46%	58.10%	58.40%	57.02%	55.71%

- Staff - **Patients** - Finances -

# Patients Waiting Over 52 Weeks – English

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

Responsible Unit:  
Specialist Services Unit



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

At the end of September there were 1504 English patients waiting over 52 weeks; above our trajectory figure of 1276.

The patients are under the care of the following sub-specialities; Spinal Disorders (567), Knee & Sports Injuries (311), Arthroplasty (302), Upper Limb (162), Spinal Injuries (71), Foot & Ankle (64), Tumour (11), Metabolic Medicine (7), Paediatric Orthopaedics (3), Geriatrics (3), Neurology (1), Physiotherapy (1) and SOOS Physiotherapy (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 930 patients
- >78 to <=95 weeks - 443 patients
- >95 to <=104 weeks - 69 patients
- >104 weeks - 62 patients

## Actions

At RJAH we are constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

For Spinal Disorders mutual aid discussions are on-going.

A number of workforce actions are being undertaken inclusive of a locum consultant being appointed and a registrar also being recruited to support. An additional Senior Fellow will also join the cohort in February for 6 months. Further workforce actions also being explored and progressed.

H2 planning guidance documents that as a Trust we should hold or where possible reduce the number of patients waiting over 52 weeks.

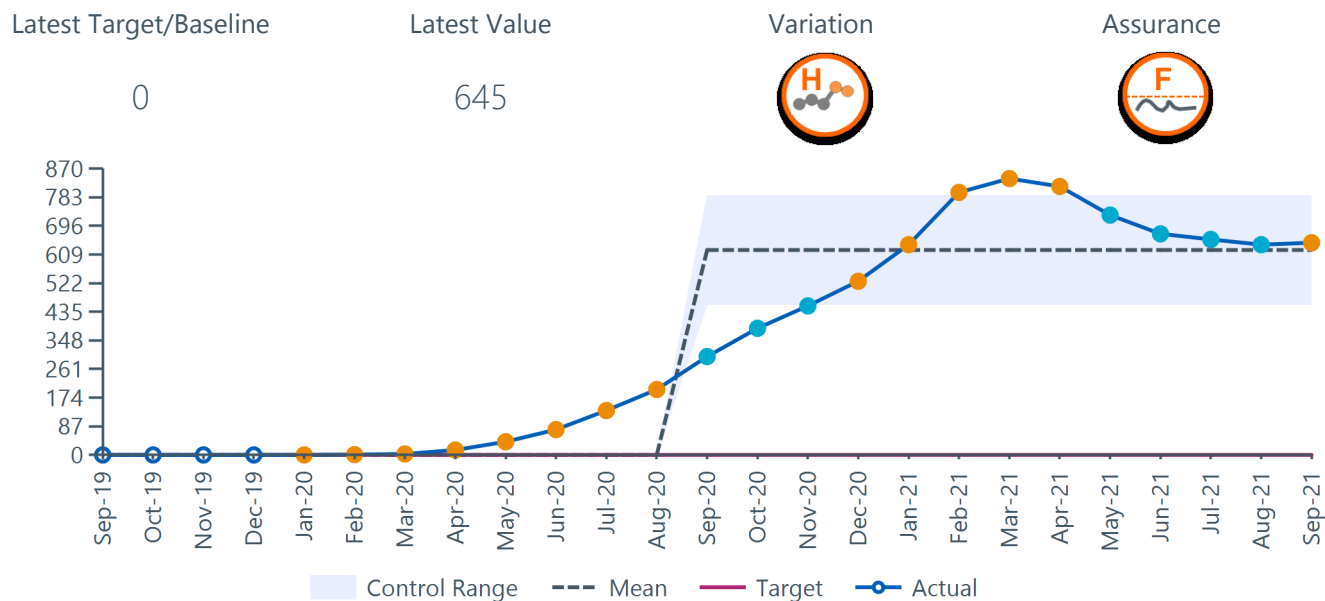
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
306	418	540	687	976	1334	1551	1509	1487	1535	1488	1475	1504



# Patients Waiting Over 52 Weeks – Welsh

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

Responsible Unit:  
Specialist Services Unit



## Trajectory/H1 Plan



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

At the end of September there were 645 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialities; Spinal Disorders (357), Arthroplasty (98), Knee & Sports Injuries (86), Upper Limb (51), Foot & Ankle (19), Spinal Injuries (19), Paediatric Orthopaedics (5), Tumour (4), Neurology (3) and Metabolic Medicine (3).

The patients are under the care of the following commissioners; BCU (370), Powys (262), Hywel Dda (11), Aneurin Bevan (1) and Cardiff & Vale (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks -346 patients
- >78 to <=95 weeks - 187 patients
- >95 to <=104 weeks - 50 patients
- >104 weeks - 62 patients

## Actions

At RJAH we are constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

For Spinal Disorders mutual aid discussions are on-going.

A number of workforce actions are being undertaken inclusive of a locum consultant being appointed and a registrar also being recruited to support. An additional Senior Fellow will also join the cohort in February for 6 months. Further workforce actions also being explored and progressed.

H2 planning guidance documents that as a Trust we should hold or where possible reduce the number of patients waiting over 52 weeks.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
299	385	453	528	639	798	840	816	729	672	655	639	645

# 6 Week Wait for Diagnostics - English Patients

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

Responsible Unit:  
Clinical Services Unit

Latest Target/Baseline

99.00%

Latest Value

82.78%

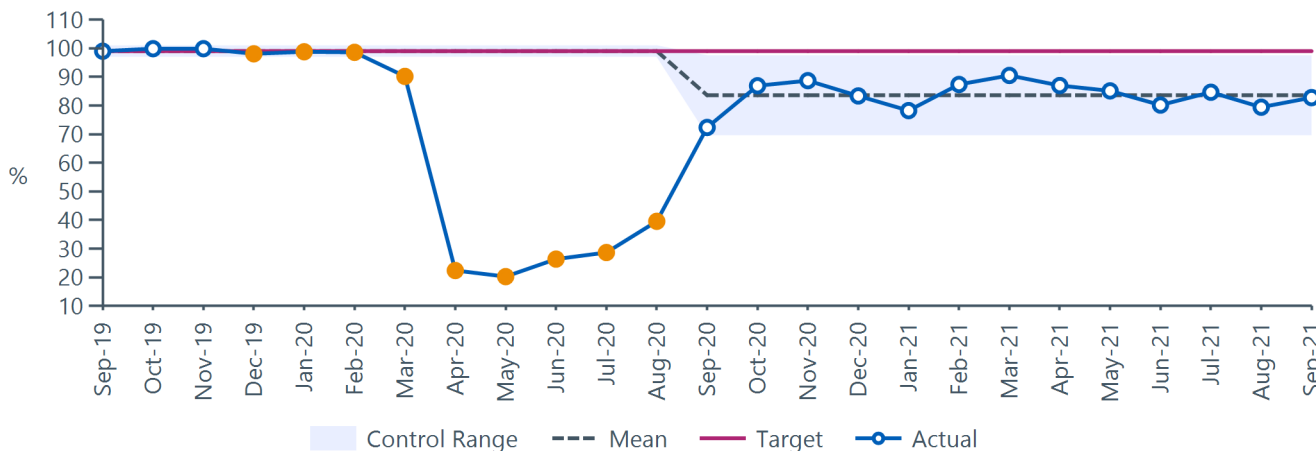
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 82.78%. This equates to 212 patients who waited beyond 6 weeks. The breaches occurred in the following modalities:

- MRI (191 - with 188 dated)
- Ultrasound (13 dated)
- CT (8 - with 4 dated)

It must be noted that all modalities - MRI, CT and Ultrasound activity was over 100% of the H1 plans.

## Actions

The system has CT capacity constraints and actions are being taken to ensure equitable access that could further impact RJAH performance as more mutual aid is being offered.

With regards to MRI, an options appraisal paper is currently being composed to assess future equipment/staffing models that could be implemented at RJAH or within the system. External suppliers feedback has been requested to support this piece of work. Findings will be presented to the Senior Leadership Group.

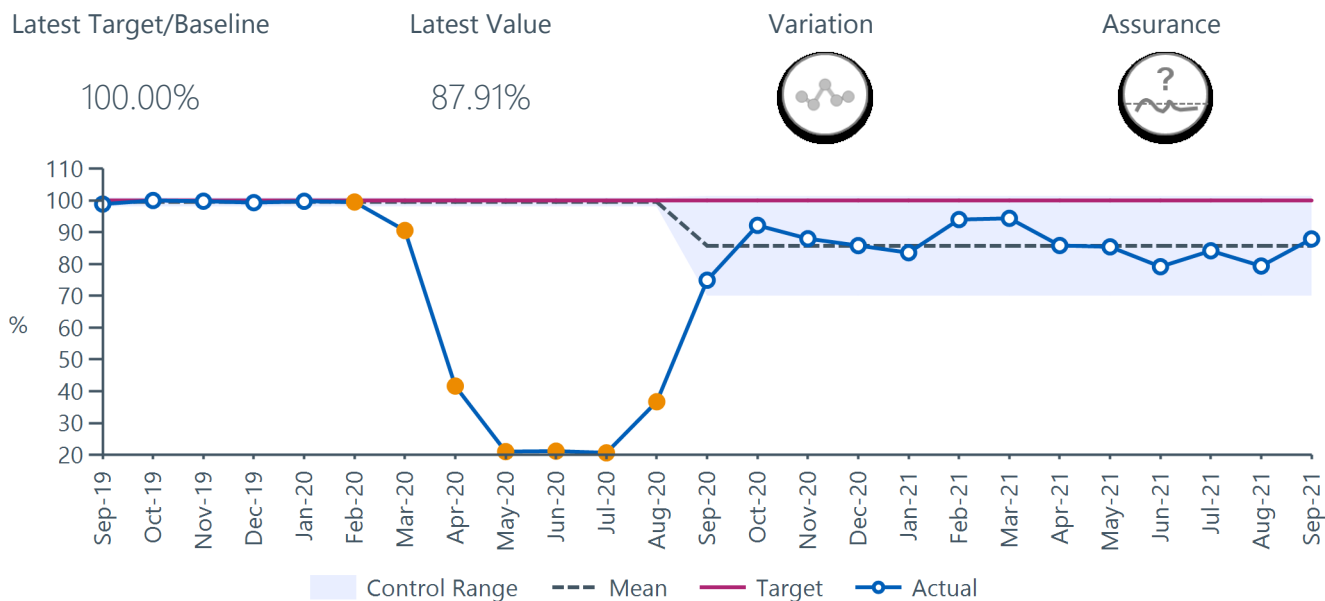
The Trust will continue to monitor demand for ultrasound as we have seen an increase in this area.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
72.35%	86.92%	88.70%	83.37%	78.24%	87.38%	90.53%	86.99%	85.13%	80.17%	84.66%	79.43%	82.78%

# 8 Week Wait for Diagnostics - Welsh Patients

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

Responsible Unit:  
Clinical Services Unit



## What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

## Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 87.91%. This equates to 67 patients who waited beyond 8 weeks. The breaches occurred in the following modalities:

- MRI (64 dated)
- CT (2 - with 1 dated)
- Ultrasound (1 dated)

It must be noted that all modalities - MRI, CT and Ultrasound activity was over 100% of the H1 plans.

## Actions

The system has CT capacity constraints and actions are being taken to ensure equitable access that could further impact RJAH performance as more mutual aid is being offered.

With regards to MRI, an options appraisal paper is currently being composed to assess future equipment/staffing models that could be implemented at RJAH or within the system. External suppliers feedback has been requested to support this piece of work. Findings will be presented to the Senior Leadership Group.

The Trust will continue to monitor demand for ultrasound as we have seen an increase in this area.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
74%	92%	87%	85%	83%	94%	94%	85%	85%	79%	84%	79%	87%

# Total Elective Activity

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

Responsible Unit:  
MSK Unit

Latest Target/Baseline

1,176

Latest Value

871

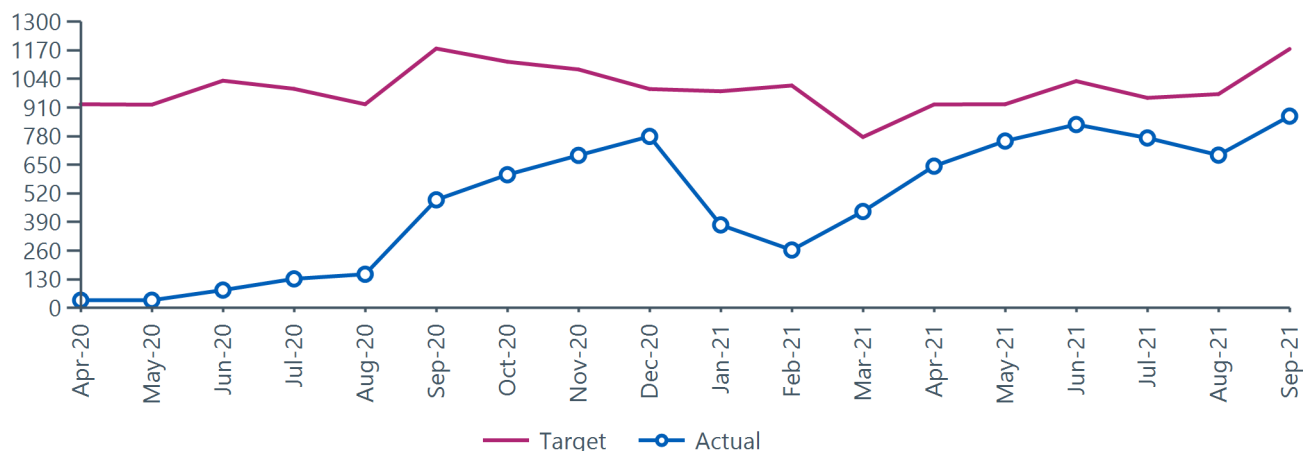
Variation



Assurance



Trajectory/H1 Plan



## What these graphs are telling us

This measure has a moving target.

Following guidance from NHS EI we have updated the SPC graphs throughout the IPR to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. To recognise all elective work following the impact of COVID-19, this new committee measure was added in 21/22. With the impacted months now excluded from the control range calculations on relevant KPIs throughout the IPR, this now leaves this measure without enough data points for robust reporting in SPC, so this measure is now displayed as a line graph.

## Narrative

Total elective activity undertaken in September was 871, below the H1 plan for September of 1069; represented in the trajectory line above. September activity represents 74.0% of the 19/20 baseline figure of 1176; the September target, as set by NHS EI, was to meet 85% of baseline 19/20 activity.

September had a stretch target of 92.4% of baseline 19/20 activity. The Trust has a known shortfall in Theatre staffing that is currently impacted by vacancies and maternity leave. The Trust has a recruitment plan in place to address this. Mitigations currently include flexibility of current workforce and agency staff on a short-term basis. For September, the Trust achieved 92% of its IJP capacity and all core staffed Theatre sessions were utilised. Plans were to further deliver 283 cases via OJP of which the Trust achieved 144 (50.88%) due to current constraints of staffing and mitigations.

During Q3 the Trust also has plans to increase short-term agency staff to further address current gaps

More robust SPC analysis will be possible as data points are added.

## Actions

Continued focus on transformation schemes, actions for which include:

- \* Maximise theatre sessions through efficient scheduling. Pilot introduced by individual surgeons and increased cases per session with focus on bespoke sessions for spines and high complex cases
- \* Reduce cancellations - on-going monitoring and taking remedial action to improve
- \* Locum consultant appointed supporting mitigations in Spinal Disorders as a key risk area to the Trust
- \* A review is being undertaken, at sub-specialty level, to determine those not reaching IJP planned levels
- \* Theatre staffing is being further recruited to inclusive of International recruits x7. Five on site in the country, two expected in quarter four. Ongoing scoping for further international candidates
- \* Significant recruitment is also underway to the nurse bank (for registered and unregistered staff)

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
491	605	693	779	377	263	438	644	758	833	772	694	871

- Staff - Patients - Finances -

# Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

Responsible Unit:  
MSK Unit

Latest Target/Baseline

87.00%

Latest Value

82.21%

Variation



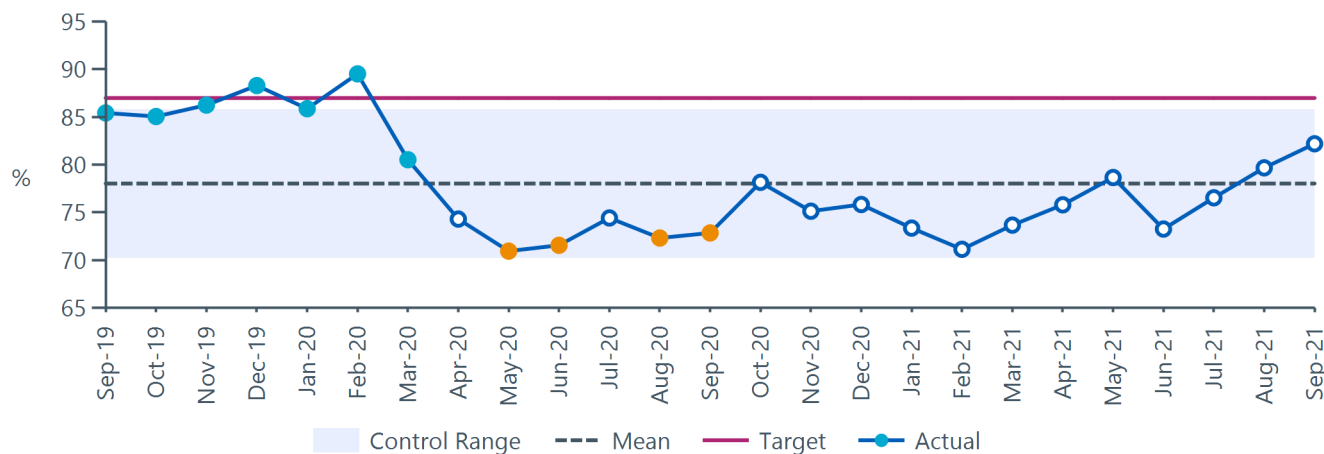
Assurance



Trajectory/H1 Plan



—○— Actual  
- -○- Trajectory



What these graphs are telling us

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

## Narrative

The occupancy rate for all wards is reported at 82.21% for September. The breakdown below gives the September occupancy per ward along with details on bed base and it's current use. Beds have been reduced in line with social distancing guidance:

MSK Unit:

- Clwyd - 77.09% - compliment of 22 beds for majority of the month
- Powys - 82.79% - compliment of 22 beds for majority of the month
- Kenyon - 47.90% - ward open to 12 beds some days per week
- Ludlow - 84.21% - compliment of 15 beds open throughout month

Specialist Unit:

- Alice - 61.15% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
- Oswald - 79.87% - compliment of 10 beds open throughout month
- Gladstone - 89.27% - compliment of 29 beds open throughout the month
- Wrekin - 90.95% - compliment of 15 beds open throughout the month
- Sheldon - 89.93% - compliment of 20 beds open throughout month

## Actions

We continue to monitor our occupancy across the Trust. As can be demonstrated in the SPC graph, September occupancy was the highest since March-20 and now showing three months of consistent increase. With regular review, we continue to flex our bed base whenever possible to have sufficient beds open for the anticipated activity numbers based on the existing bed model. This includes assessing the variability of occupancy by weekday. Flexing has included ward and bed closures and redeployment of staff to other areas of the Trust. Bed Occupancy is expected to increase, in line with increased activity levels. New IPC guidance currently under review that could impact in this area.

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
72.86%	78.17%	75.14%	75.84%	73.37%	71.15%	73.68%	75.81%	78.67%	73.27%	76.54%	79.68%	82.21%

# Total Outpatient Activity

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

Responsible Unit:  
Clinical Services Unit

Latest Target/Baseline

17,609

Latest Value

14,599

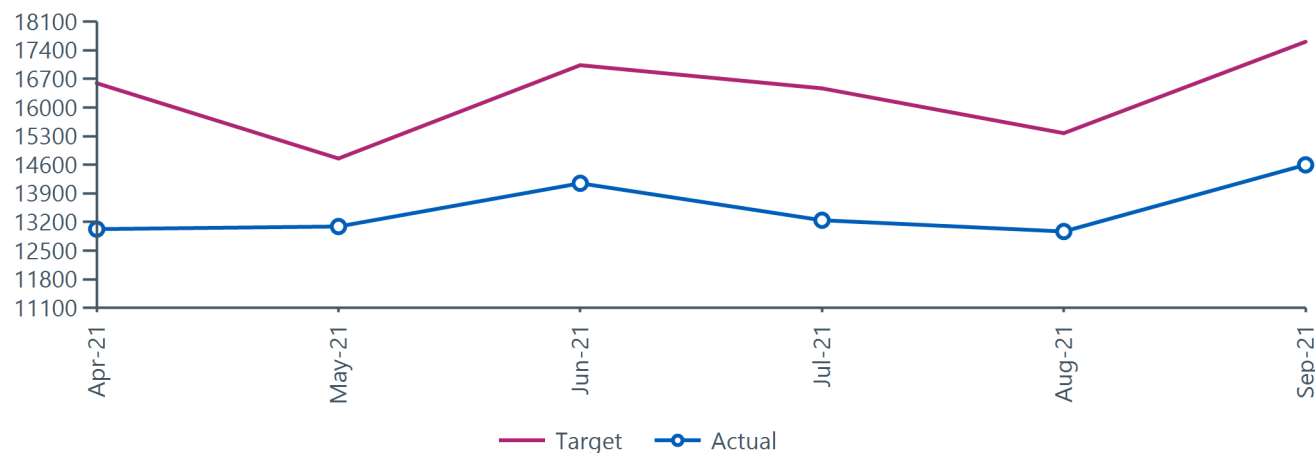
Variation



Assurance



Trajectory/H1 Plan



## What these graphs are telling us

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

## Narrative

This measure aligns with the NHS E/I inclusions/exclusions for restoration monitoring; consultant-led activity, non consultant-led and unmatched/unbundled activity. The target for this measure is the 2019/20 baseline activity that was delivered, with the H1 plan included as a trajectory in the trajectory graph. In September the total Outpatient activity undertaken was 14599; 93.43% of our H1 plan and 82.91% of our baseline. This is broken down as follows:

- Consultant led - 81.06% (10772 against target of 13289)
- Non consultant-led - 193.69% (2826 against target of 1459)
- Unbundled/unmatched - 113.88% (1001 against target of 879)

As at 7th October (5th working day) there were 267 missing outcomes so once administrative actions are taken with these data entries, the September position will alter. Taking into account the missing outcomes, this would mean that the Outpatient activity for September was 14866, 760 below our H1 plan of 15626. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

## Actions

The Managing Director of the Clinical Services Unit is leading an Outpatient Transformation Group focusing on multiple processes that on activity delivery. This will be inclusive of, but not limited to;

- Utilisation of outpatient areas
- Staffing in place
- Virtual uptake
- Patient initiated follow ups
- DNAs
- Clinic templates

The group will review and agree the areas for further focus.

Recently released new IPC guidance is also under review which could further impact outpatient delivery.

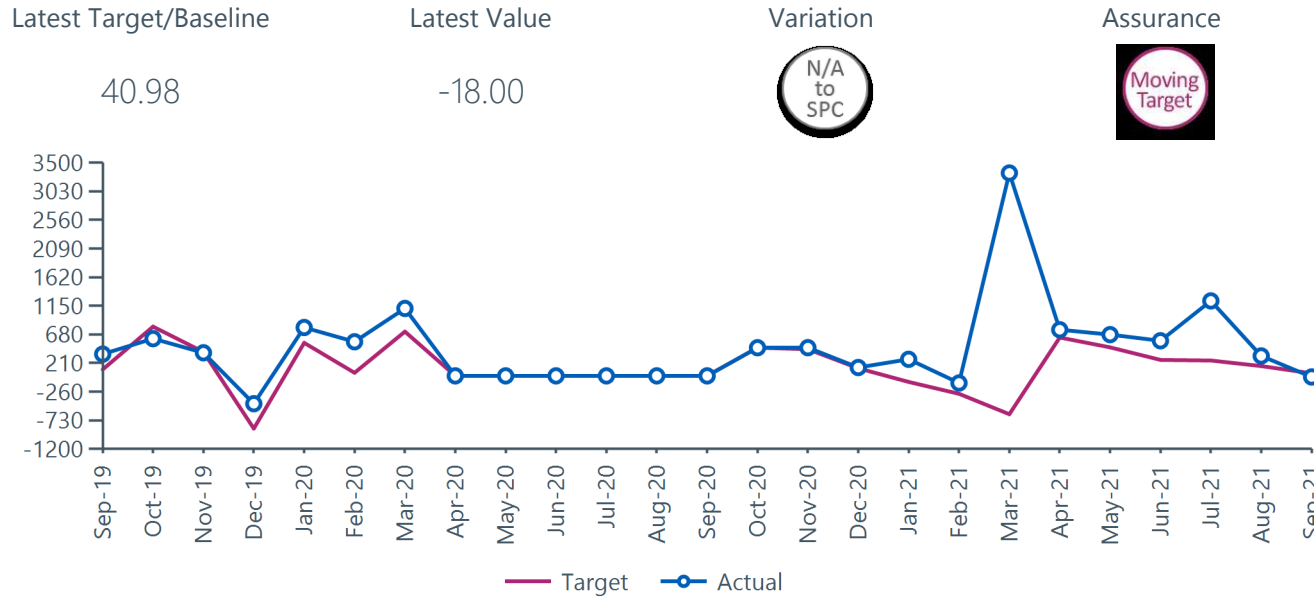
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
13027	13091	14148	13244	12969	14599

- Staff - Patients - Finances -

# H1 Plan Performance

Surplus/deficit adjusted for donations under the interim COVID financial framework

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

Overall £18k deficit in month, £58k adverse to plan  
YTD £3,550k surplus, £1,739k favourable to plan

## Actions

H2 plan has yet to be finalised, trajectories will be updated at M7 once the plan is completed and signed off

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
0	462	463	137	272	-117	3331	757	677	576	1231	327	-18
					- Staff	- Patients	- Finances					

# Income

All Trust Income, Clinical and non clinical

Exec Lead:  
Chief Finance and Planning Officer

Latest Target/Baseline

10,074

Latest Value

10,905

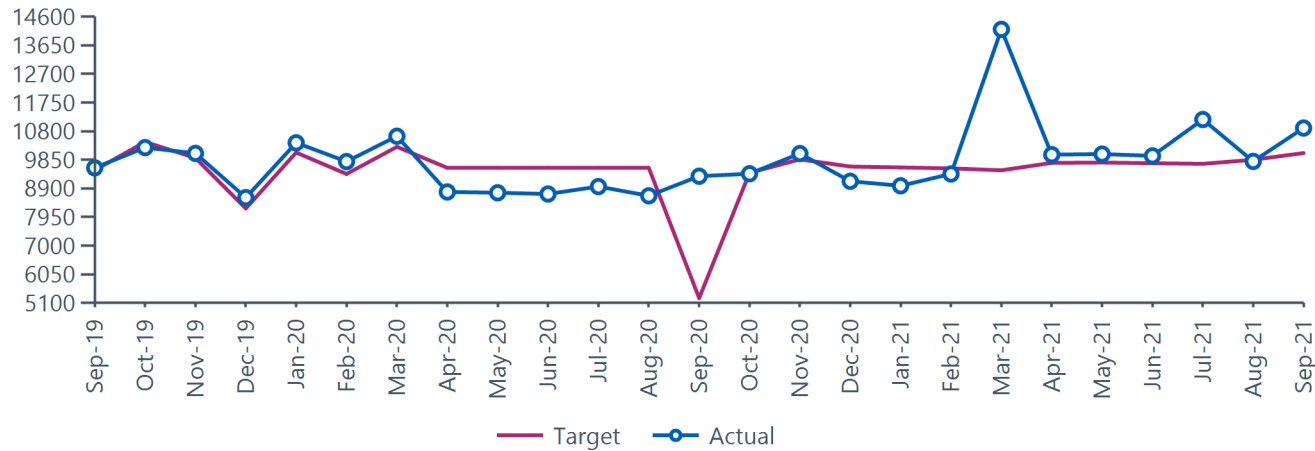
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

## Narrative

Income £95k adverse (excluding impact of pay award):

- Elective recovery fund (ERF) income adverse
- Private Patient income favourable driven by activity

H2 plan has yet to be finalised, trajectories will be updated at M7 once the plan is completed and signed off

## Actions

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
9306	9387	10058	9138	8988	9380	14180	10021	10039	9981	11188	9797	10905

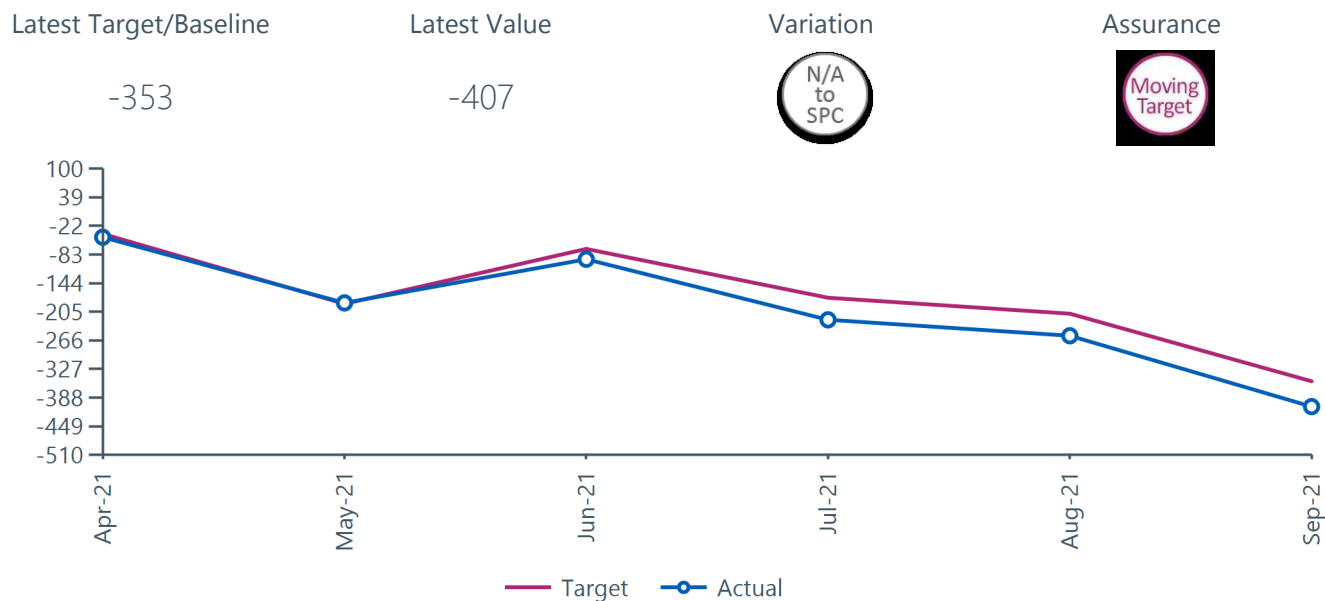
- Staff - Patients - **Finances** -



# Recurrent Financial Performance (Sustainability Plan)

Surplus/deficit normalised to represent the recurrent financial position under the intelligent fixed payment system

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

£54k adverse variance in month against the sustainability plan, £169k ytd. Mainly driven by efficiency phasing

H2 plan has yet to be finalised, trajectories will be updated at M7 once the plan is completed and signed off

## Actions

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
-46	-186	-93	-222	-256	-407

- Staff - Patients - **Finances** -



## Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Finance Dashboard 30th September 2021

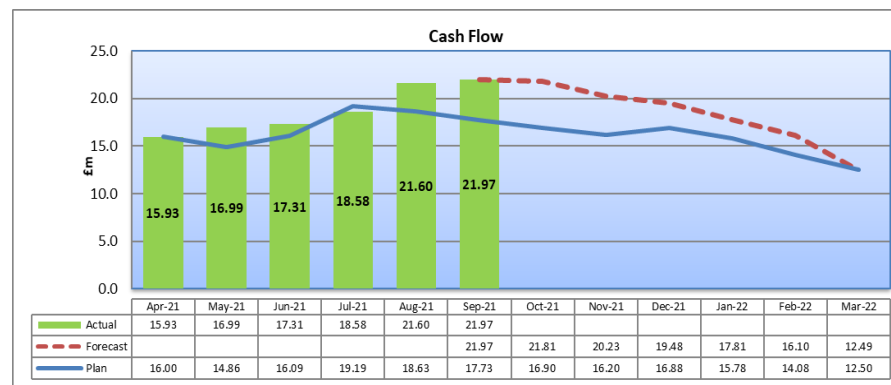
Performance Against H1 Plan £'000s							
Category	H1 Plan	In Month Position			21/22 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	49,107	8,467	9,020	553	49,107	50,709	1,603
System Top Up Funding	2,597	427	434	8	2,597	2,605	8
Non NHS income support	878	120	120	0	878	878	0
Covid-19 Funding	1,452	242	242	0	1,452	1,452	0
Private Patient income	1,877	315	656	341	1,877	3,619	1,742
Other income	2,973	503	432	(71)	2,973	2,669	(304)
Pay	(34,334)	(5,849)	(6,735)	(886)	(34,334)	(34,955)	(620)
Non-pay	(19,681)	(3,675)	(3,681)	(6)	(19,681)	(20,385)	(704)
<b>EBITDA</b>	<b>4,869</b>	<b>551</b>	<b>489</b>	<b>(62)</b>	<b>4,869</b>	<b>6,592</b>	<b>1,724</b>
Finance Costs	(3,326)	(554)	(553)	1	(3,326)	(3,323)	3
Capital Donations	1,740	510	0	(510)	1,740	672	(1,068)
<b>Operational Surplus</b>	<b>3,283</b>	<b>506</b>	<b>(64)</b>	<b>(570)</b>	<b>3,283</b>	<b>3,941</b>	<b>659</b>
Remove Capital Donations	(1,740)	(510)	0	510	(1,740)	(672)	1,068
Add Back Donated Dep'n	269	45	47	2	269	280	12
<b>Control Total</b>	<b>1,811</b>	<b>41</b>	<b>(18)</b>	<b>(58)</b>	<b>1,811</b>	<b>3,550</b>	<b>1,739</b>
<b>EBITDA margin</b>	<b>8.6%</b>	<b>5.7%</b>	<b>4.6%</b>	<b>-1.0%</b>	<b>8.6%</b>	<b>11.1%</b>	<b>2.5%</b>

Sustainability (Recurrent) Plan 2021/22						
Category	In Month Position (£'000)			Year To Date Position		
	Recurrent Plan	Recurrent Actual	Variance	Recurrent Plan	Recurrent Actual	Variance
Clinical Income	8,679	8,680	1	52,073	52,073	0
System Top Up Funding	0	0	0	0	0	0
Non NHS income Support	0	0	0	0	0	0
Covid-19 Funding	0	0	0	0	0	0
Private Patient income	404	404	0	2,639	2,644	5
Other income	553	539	(14)	3,319	3,274	(45)
Pay	(5,881)	(5,893)	(12)	(35,233)	(35,279)	(47)
Non-pay	(3,591)	(3,630)	(39)	(20,731)	(20,878)	(147)
<b>EBITDA</b>	<b>164</b>	<b>99</b>	<b>(65)</b>	<b>2,066</b>	<b>1,833</b>	<b>(234)</b>
Finance Costs	(562)	(553)	8.50	(3,369)	(3,323)	46
Capital Donations	510	0	(510)	1,957	671	(1,285)
<b>Operational Surplus</b>	<b>112</b>	<b>(454)</b>	<b>(566)</b>	<b>654</b>	<b>(819)</b>	<b>(1,473)</b>
Remove Capital Donations	(510)	0	510	(1,957)	(671)	1,285
Add Back Donated Dep'n	45	47	2	269	281	12
<b>Control Total</b>	<b>(353)</b>	<b>(407)</b>	<b>(54)</b>	<b>(1,034)</b>	<b>(1,210)</b>	<b>(175)</b>

Statement of Financial Position £'000s				
Category	Aug-21	Sep-21	Movement	Drivers
Fixed Assets	78,978	79,193	215	Additions less depreciation
Non current receivables	1,274	1,305	31	
<b>Total Non Current Assets</b>	<b>80,252</b>	<b>80,498</b>	<b>246</b>	
Inventories (Stocks)	1,408	1,384	(24)	
Receivables (Debtors)	6,592	6,957	365	Pay award income
Cash at Bank and in hand	21,600	21,974	374	Veteran's centre donation offset by PDC dividend payment
<b>Total Current Assets</b>	<b>29,600</b>	<b>30,315</b>	<b>715</b>	
Payables (Creditors)	(15,410)	(16,553)	(1,143)	Veteran's centre donation received on account
Borrowings	(1,421)	(1,428)	(7)	
Current Provisions	(687)	(683)	4	
<b>Total Current Liabilities (&lt; 1 year)</b>	<b>(17,518)</b>	<b>(18,664)</b>	<b>(1,146)</b>	
<b>Total Assets less Current Liabilities</b>	<b>92,334</b>	<b>92,149</b>	<b>(185)</b>	
Non Current Borrowings	(3,912)	(3,791)	121	Salix loan principal payment
Non Current Provisions	(974)	(974)	0	
Non Current Liabilities (> 1 year)	(4,886)	(4,765)	121	
<b>Total Assets Employed</b>	<b>87,448</b>	<b>87,384</b>	<b>(64)</b>	
Public Dividend Capital	(36,108)	(36,108)	0	
Retained Earnings	(22,396)	(22,396)	0	
Revenue Position	(4,006)	(3,942)	64	
Revaluation Reserve	(24,938)	(24,938)	0	
<b>Total Taxpayers Equity</b>	<b>(87,448)</b>	<b>(87,384)</b>	<b>64</b>	

### Draft Finance Metrics (New Single Oversight Framework)

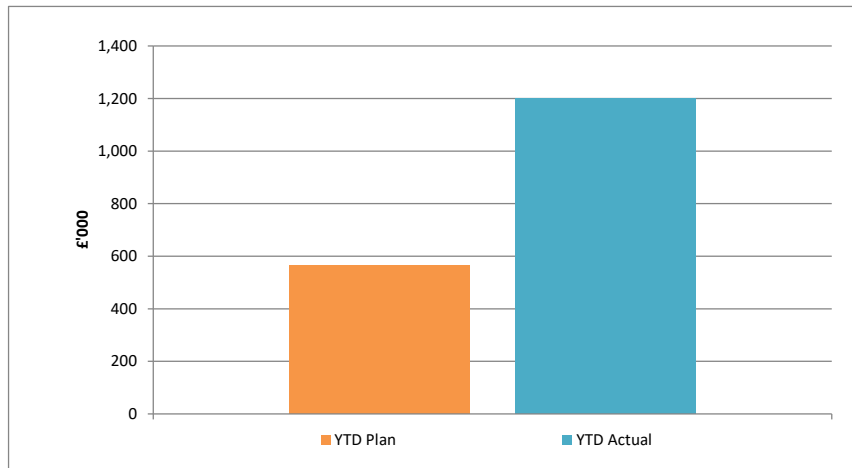
Performance against Financial Plan	<span style="color: green;">■</span>	Underlying financial plan	<span style="color: orange;">■</span>	Debtor Days	YTD 20
Expenditure run rate	<span style="color: orange;">■</span>	Overall trend in reported financial position	<span style="color: green;">■</span>	Creditor Days	48



# Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

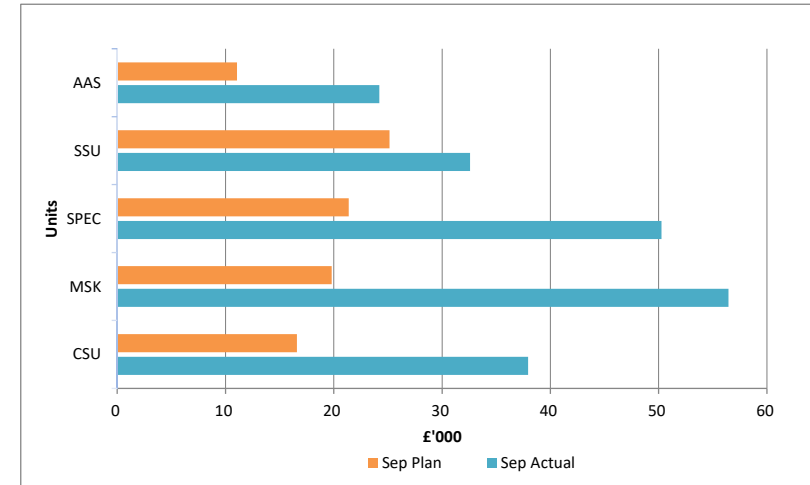
## Finance Dashboard 30th September 2021

Trust YTD Achievement Against YTD Plan £000's



Efficiencies Total

In Month Efficiencies Achievement £000's



In Month Efficiencies

Position as at	2122-06		Capital Programme 2021-22					
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
Backlog maintenance	600	91	75	16	354	238	116	600
IT investment & replacement	300	100	0	100	140	-4	144	300
Capital project management	100	9	11	-2	50	60	-10	100
Equipment replacement	500	50	294	-244	200	293	-93	500
Diagnostic equipment replacement	1,701	0	0	0	600	94	506	1,701
Diagnostic equipment replacement PDC	99	0	0	0	0	0	0	99
Contingency	500	0	0	0	100	36	64	500
EPF planning & implementation	2,000	200	0	200	200	0	200	2,000
Invest to save	200	50	0	50	50	0	50	200
Donated medical equipment	200	25	0	25	150	111	39	250
Veterans' centre	4,500	485	231	254	1,590	792	798	4,500
<b>Total Capital Funding</b>	<b>10,700</b>	<b>1,010</b>	<b>611</b>	<b>399</b>	<b>3,434</b>	<b>1,620</b>	<b>1,814</b>	<b>10,750</b>
Donated medical equipment	-200	-25	0	-25	-150	-111	-39	-250
Veteran's facility	-4,500	-485	-231	-254	-1,590	-792	-798	-4,500
<b>Capital Funding (NHS only)</b>	<b>6,000</b>	<b>500</b>	<b>380</b>	<b>120</b>	<b>1,694</b>	<b>717</b>	<b>977</b>	<b>6,000</b>

Forecast

Forecast to be updated as part of H2 planning exercise