

Month 10 Integrated Performance Report

0. Reference Information

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1. Purpose of Paper

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

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

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

This paper provides 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 assurance provided on overall performance as presented in the month 10 (January) Integrated Performance Report, against all areas, and actions being taken to meet targets where missed, providing assurance on the process to meet the target.

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. Reporting Changes This Month

The following measures have been added to the IPR for this committee:

- Patients Waiting Over 104 Weeks – English
- Patients Waiting Over 104 Weeks - Welsh

2.3. Overview

The Board through this IPR should note the following;

Month 10 Integrated Performance Report

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 as described in the action section of all exceptions.

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;

- Sickness Absence
 - Metric showing special cause variation of a concerning nature; remaining above control range for a second month
 - Short term sickness showing special cause variation of concern with large increase
 - Long term sickness within normal variation

Caring for Patients;

- WHO Documentation Audit - % Compliance
 - Included to highlight process change in data collection; resulted in fewer audits in January
- 18 Weeks RTT Open Pathways
 - Metric is showing special cause variation of concerning nature and continues to fail the 92% target. As expected from covid impact, this will continue for a significant time.
 - Whilst this metric remains affected from the covid impact, and will not be met NHSEI H2 planning guidance has set out the expectation that Trusts should stabilise waiting list numbers at the level seen at the end of September 2021 as the assurance around process rather than target.
- Patients Waiting Over 52 Weeks
 - Both English and Welsh showing special cause variation with increases reported this month.
 - NHSEI H2 planning guidance documents that as a Trust we should hold or where possible reduce the number of patients waiting over 52 weeks. For month 10 our English patients waiting over 52 weeks is 208 patients below our planned trajectory and Welsh patients 149 below our planned trajectory.
- Patients Waiting Over 104 Weeks
 - English and Welsh individually showing special cause variation of concern
 - At RJAH the Trust has a trajectory to eliminate non-spinal 104+ week waits by March 2022. The Trust however is expecting spinal disorder 104+ weeks to still be present by March 2022.
 - Currently 60 patients below our planned trajectory (English & Welsh).
- 6 and 8 Week Wait for Diagnostics
 - Both metrics remain behind target and shown as special cause variation of a concerning nature

Caring for Finances;

- Total Elective Activity
 - 72.20% of plan delivered in January
 - 66.60% of 19/20 baseline
- Total Outpatient Activity
 - 86.55% of plan achieved in December
 - 80.05% of 19/20 baseline
- Bed Occupancy – All Wards – 2pm
 - Metric shown as special cause variation of an improving nature, although consistently failing target
- Expenditure
 - Adverse in month

Month 10 Integrated Performance Report

- Efficiency Delivered
 - Behind plan in month

2.4. Conclusion

The Board is asked to **note** the assurances provided on overall performance as presented in the month 10 (January) Integrated Performance Report, against all areas and actions being taken to meet targets providing assurance on process to meet the target and where insufficient assurance is received seek additional assurance.

Integrated Performance Report

January 2022 – Month 10



Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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





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

SPC Chart Rules

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

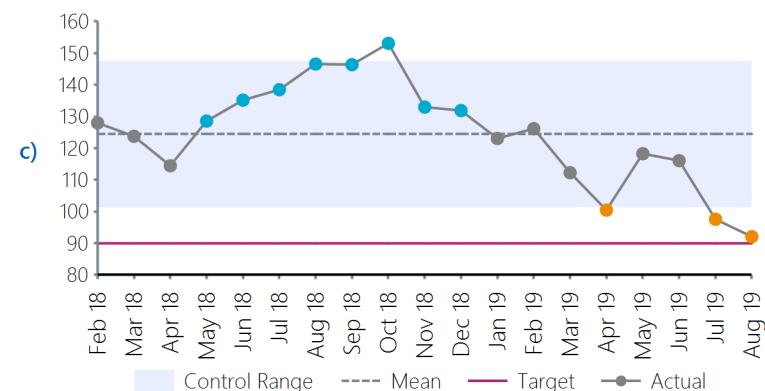
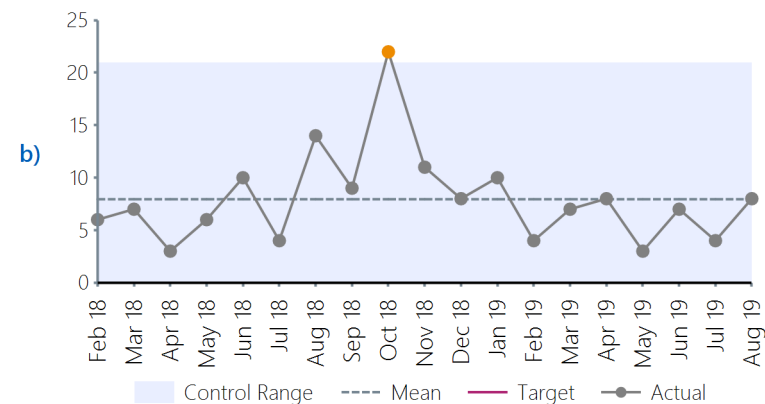
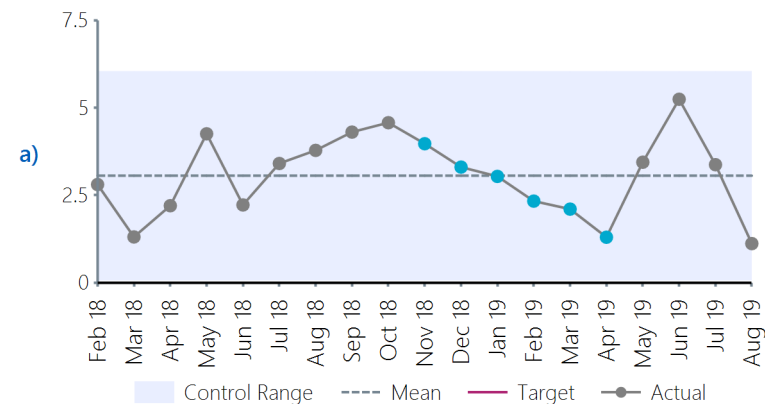
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

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

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

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



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

Data Quality Rating Reading Guide

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

Colours

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



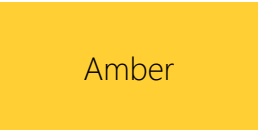
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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



Summary - Caring for Staff

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	7.25%				+	27/02/20
Voluntary Staff Turnover - Headcount	8.00%	8.24%					24/06/21



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	2				+	
Never Events	0	0					16/04/18
Number of Complaints	8	8					
RJAH Acquired C.Difficile	0	0					24/06/21
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Unexpected Deaths	0	0					16/04/18
WHO Quality Audit - % Compliance	100%	100%					



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
WHO Documentation Audit - % Compliance	100%	99%				+	
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85%	100%					24/06/21
6 Week Wait for Diagnostics - English Patients	99.00%	62.04%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	57.94%				+	
18 Weeks RTT Open Pathways	92.00%	54.21%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,700	1,908			+	24/06/21
Patients Waiting Over 52 Weeks – Welsh	0	784	933			+	24/06/21
Patients Waiting Over 104 Weeks - English	0	105	128			+	
Patients Waiting Over 104 Weeks - Welsh	0	83	120			+	



Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Total Elective Activity	985	656	908			+	24/06/21
Bed Occupancy – All Wards – 2pm	87.00%	85.35%				+	05/09/19
Total Outpatient Activity	15,448	12,366	14,288			+	24/06/21
H1 & H2 Plan Performance	374	511					
Income	10,584	11,021					
Expenditure	10,254	10,557				+	
Efficiency Delivered	217	191				+	
Cash Balance	22,802	27,804					
Capital Expenditure	1,171	662					
Recurrent Financial Performance (Sustainability Plan)	-303	-303					

Sickness Absence

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

Exec Lead:
Chief People Officer

Latest Target/Baseline

3.60%

Latest Value

7.25%

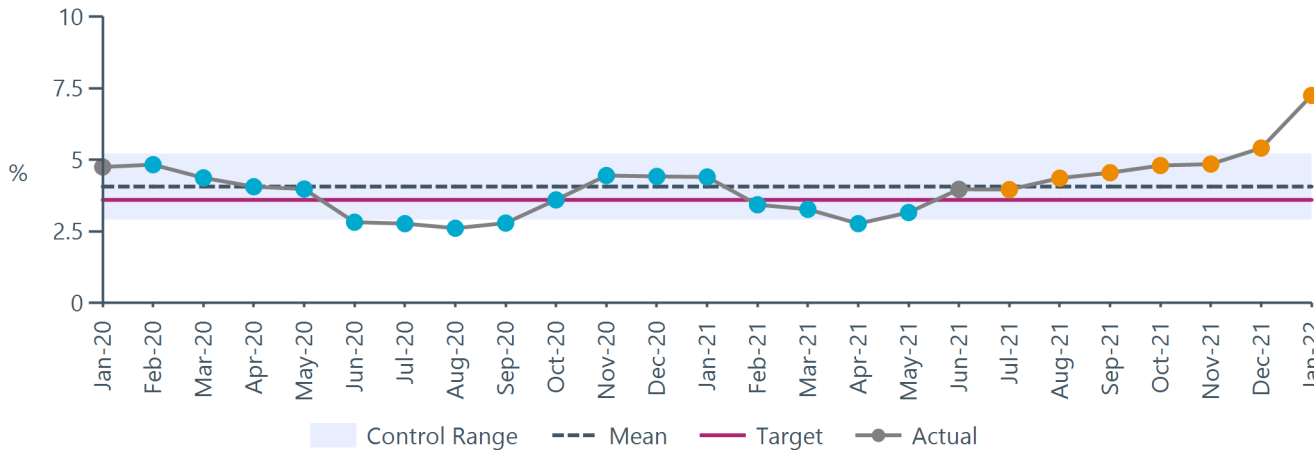
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

Increased levels of sickness were seen in January with the overall rate reported at 7.25%.

Unit level detail below for those areas that are above target:

- * MSK Unit - overall sickness was 8.66% in January and has been above target for eight consecutive months
- * Specialist Unit - overall sickness was 9.11% in January and has been above target for eight consecutive months
- * CSU - overall sickness was 7.40% in January and has been above target for nine consecutive months
- * Assurance & Standards Team - overall sickness was 5.71%, it's first month above target

In all areas, 'infectious diseases' was the highest reason for absence.

Staff groups with the highest levels of sickness absence were:

- * Healthcare Assistants - 11.81%
- * Registered Nursing Staff - 9.76%
- * Physiotherapists - 7.86%
- * Anaesthetic Medical Staff - 7.10%

Actions

In light of increased covid-related pressures, the Trust instigated silver tactical meetings in December to discuss daily operational issues, of which sickness levels are included. Internal reporting has been adapted in January to support these meetings with analysis by staff groups.

Mitigating actions were put in place to help address some of the gaps in ward areas by instigating an enhanced rate for some staff groups.

Utilisation of the sickness absence policy continues with pro-active milestone management. The Specialist Unit have held a training session with Senior Nursing staff in supporting staff through sickness absence. A similar session is now planned within the MSK Unit and both units plan to role this out to areas other than nursing.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
4.40%	3.43%	3.27%	2.77%	3.16%	3.97%	3.96%	4.36%	4.55%	4.80%	4.85%	5.41%	7.25%

- Staff - Patients - Finances -

Serious Incidents

Number of Serious Incidents reported in month 211160

Exec Lead:
Chief Nurse and Patient Safety Officer

Latest Target/Baseline

0

Latest Value

2

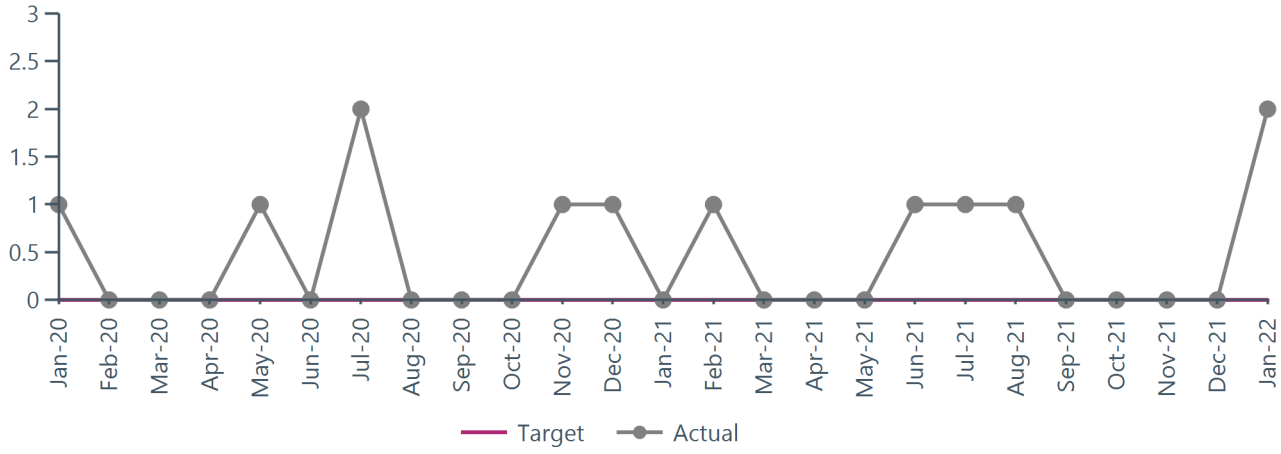
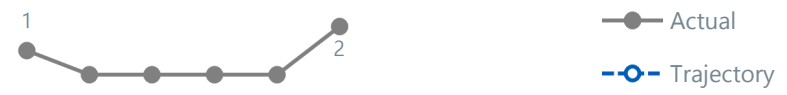
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

There were two serious incidents reported in January, both relating to covid outbreaks on two separate wards.

Actions

Regular outbreak meetings were held with subsequent action plans put in place. Review revised IPC Board Assurance framework.

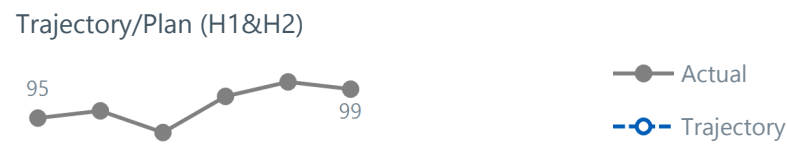
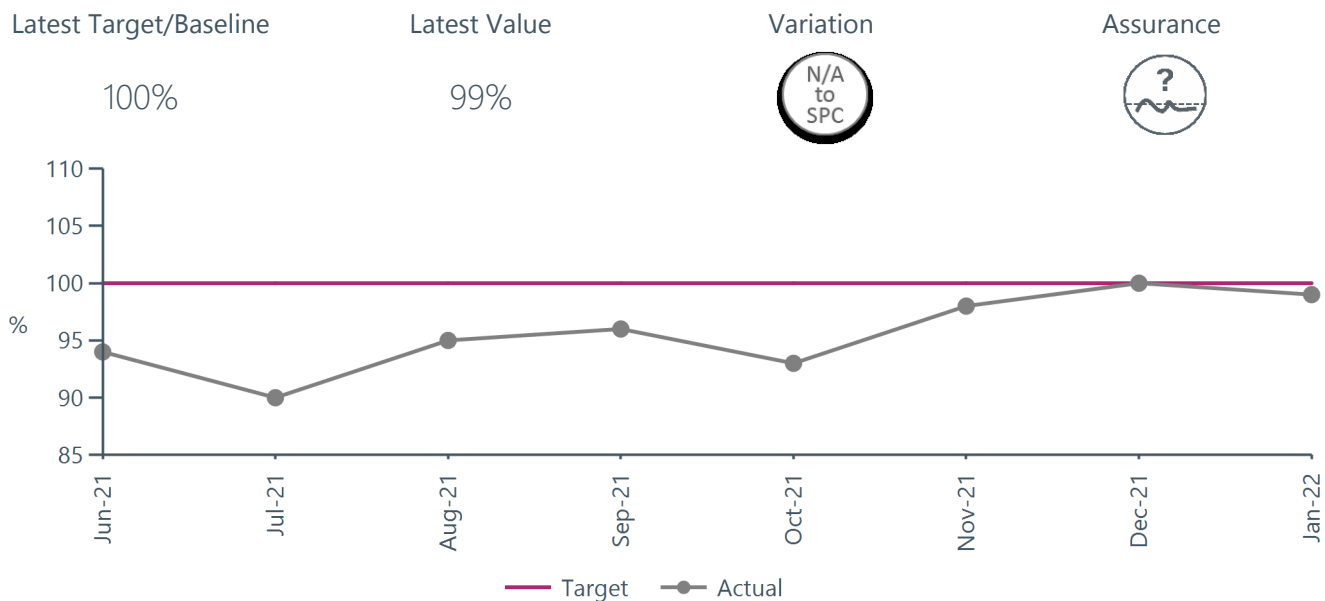
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
0	1	0	0	0	1	1	1	0	0	0	0	2

- Staff - Patients - Finances -

WHO Documentation Audit - % Compliance

% of sticker compliance for steps one to five of WHO documentation 217718

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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



Narrative

The WHO Documentation Audit - % Compliance in January is reporting 99%. A total of 20 documentation audits were undertaken by the Recovery team and recorded in the newly introduced Tendable App (formerly Perfect Ward) checking for stickers evidencing adherence to each of the WHO five steps, result of which showed:

- * Steps 1, 2, 3 and 5 were 100% compliant
- * Step 4 - Sign Out was 95% compliant

The aim of the audit is to ascertain how well the team are recording compliance in patients notes. A full and complete record of the background evidence of the audit is retained by Theatres and the outcomes of the audit are being reviewed for common themes and, where appropriate, actions to improve.

Actions

The Recovery team is now routinely using the Tendable App to capture WHO Documentation Audit results. The change in process resulted in fewer audits being captured in January than previously; the aim is to recorded 10 audits per week. The issues have now been addressed with the app users and the aim is to return to circa 40 audits a month in February.

Documentation audit results and observations have been shared with the Matron, ACN and the Chief Medical Officer.

The detail behind the audit results and actions to improve compliance will be discussed at the fortnightly Theatre User Group meeting, and a recommendation in relation to the 100% target compliance level will be brought to Patient Safety Committee.

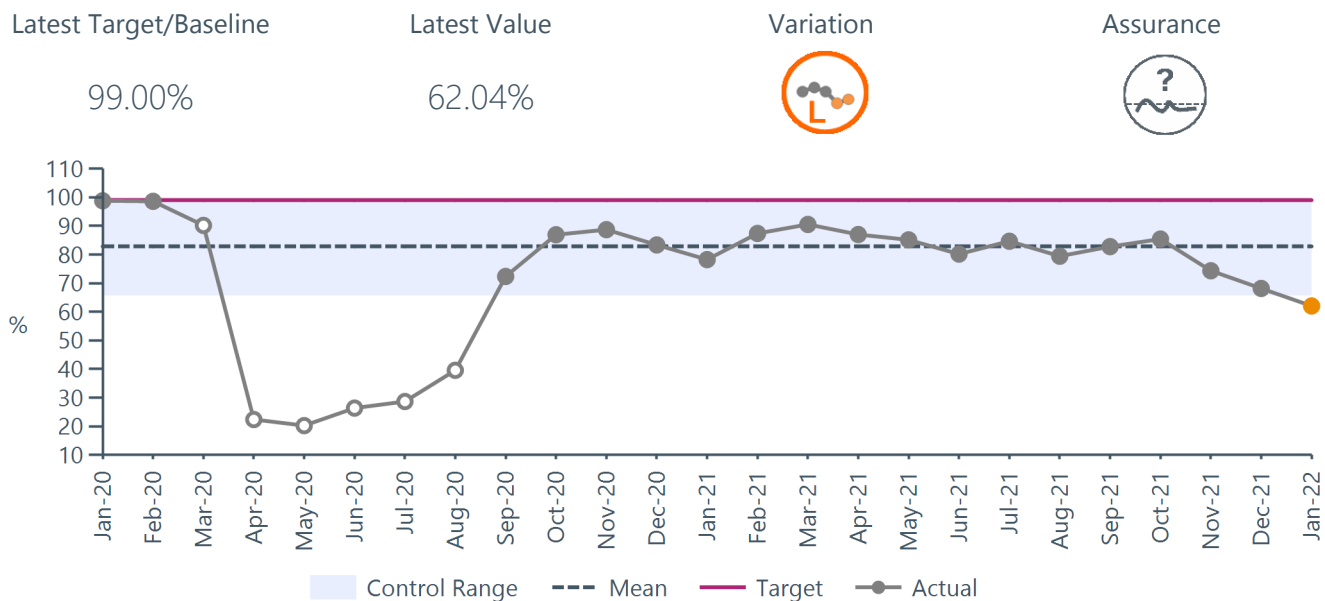
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
					94%	90%	95%	96%	93%	98%	100%	99%

- Staff - **Patients** - Finances -

6 Week Wait for Diagnostics - English Patients

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

Responsible Unit:
Clinical Services Unit



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

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 62.04%. This equates to 440 patients who waited beyond 6 weeks. Breakdown below outlines performance and breaches by modality:
 - MRI - 54.79% (D4 (Routine - 6-12 weeks) - 391 with 287 dated, D6 (postponed non COVID 19) - 1 dated)
 - CT - 82.52% (D4 (Routine - 6-12 weeks) - 25 with 22 dated)
 - Ultrasound - 82.31% (D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 22 with 18 dated)

There was an expected increase in the number of patients waiting beyond 6 weeks in January due to the lower seasonal activity and demand in December, also, staff sickness within Ultrasound. The number of patients waiting over 6 weeks for a CT scan has improved significantly since mutual aid for the system within CT finished at the end of November and continued to improve slightly in January too. Ultrasound, MRI and CT activity was over 100% of the H2 plans.

Actions

- Actions include:
- Paper being documented to check current establishment and increase staffed capacity by training in other modalities and increasing hours.
 - Continue to monitor the impact of COVID 19 within Radiology in the daily tactical operational meeting.

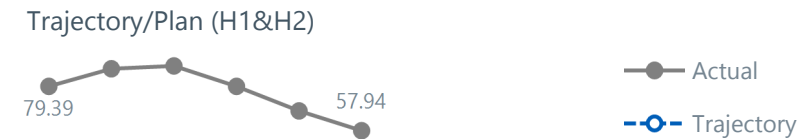
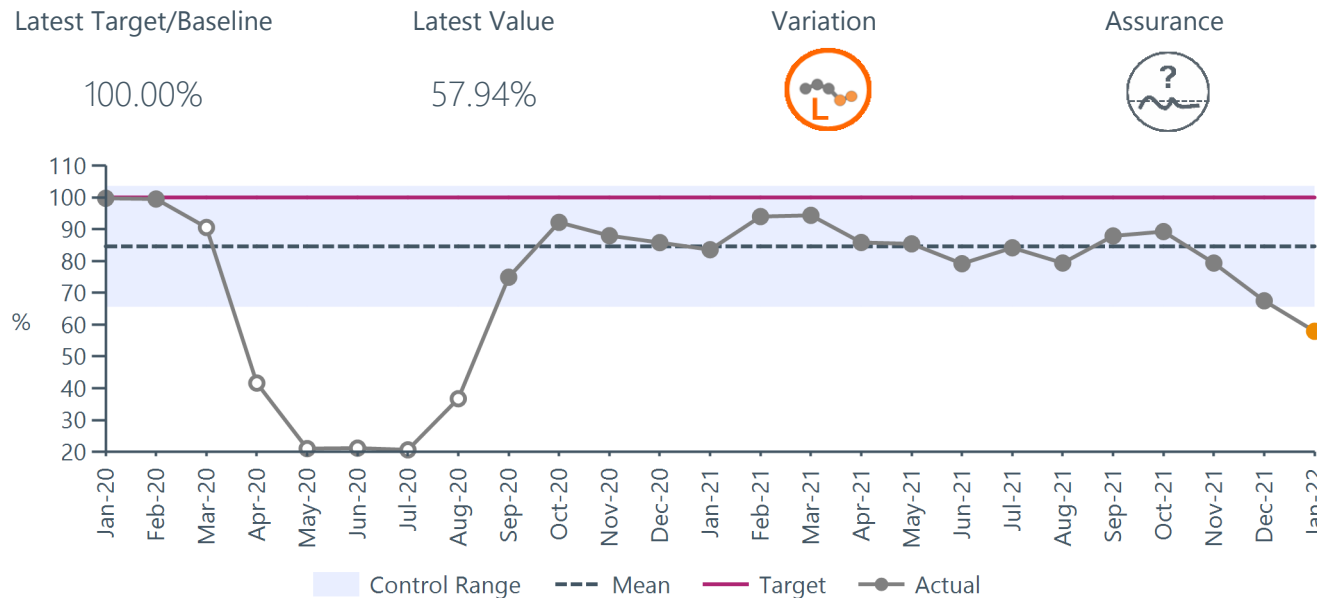
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
78.24%	87.38%	90.53%	86.99%	85.13%	80.17%	84.66%	79.43%	82.78%	85.42%	74.35%	68.16%	62.04%

- Staff - **Patients** - Finances -

8 Week Wait for Diagnostics - Welsh Patients

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

Responsible Unit:
Clinical Services Unit



What these graphs are telling us

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

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 57.94%. This equates to 257 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
 - MRI - 53.52% (D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine 6-12 weeks) -250 with 180 dated)
 - CT - 89.58% (D4 (Routine - 6-12 weeks) - 5 with 4 dated)
 - Ultrasound - 95.24% (D4 (Routine - 6-12 weeks) - 1 undated)

The trust is treating by clinical priority. The D2 (Urgent - 2 weeks) breach in MRI was due to a change in priority of initial referral from D4 to D2; this patient has now been seen.

There was an expected increase in the number of patients waiting beyond 6 weeks in January due to the lower seasonal activity and demand in December. The number of patients waiting over 6 weeks for a CT scan has improved significantly since mutual aid for the system within CT finished at the end of November and continued to improve slightly in January too.
 Ultrasound, MRI and CT activity was over 100% of the H2 plans.

Actions

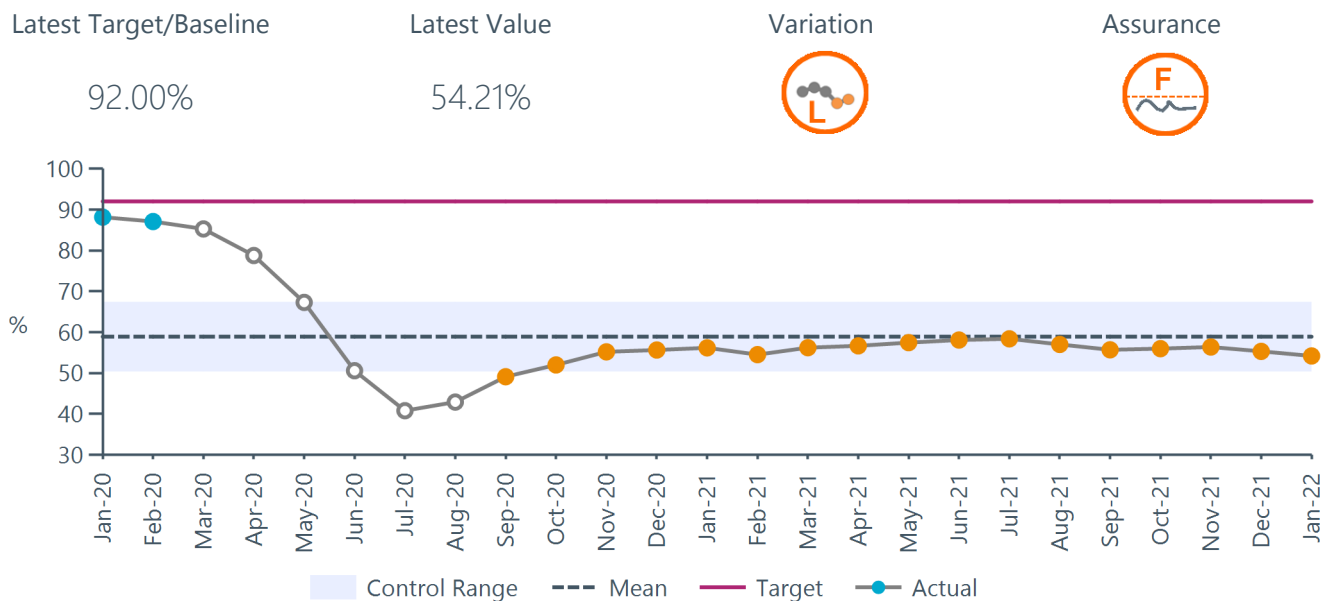
- Actions include:
- Paper being documented to check current establishment and increase staffed capacity by training in other modalities and increasing hours.
 - Continue to monitor the impact of COVID 19 within Radiology in the daily tactical operational meeting.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
83%	94%	94%	85%	85%	79%	84%	79%	87%	89%	79%	67%	57%

18 Weeks RTT Open Pathways

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

Responsible Unit:
Support Services Unit



Trajectory/Plan (H1&H2)



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

Our January performance was 54.21% 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 - 7222 patients waiting of which 1946 are breaches, MS2 - 1190 patients waiting of which 817 are breaches, MS3 - 4562 patients waiting of which 3178 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. We continue with the Trust's 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

Despite this, we anticipate an impact on RTT performance as a result of reductions in planned activity due to recent pandemic pressures.

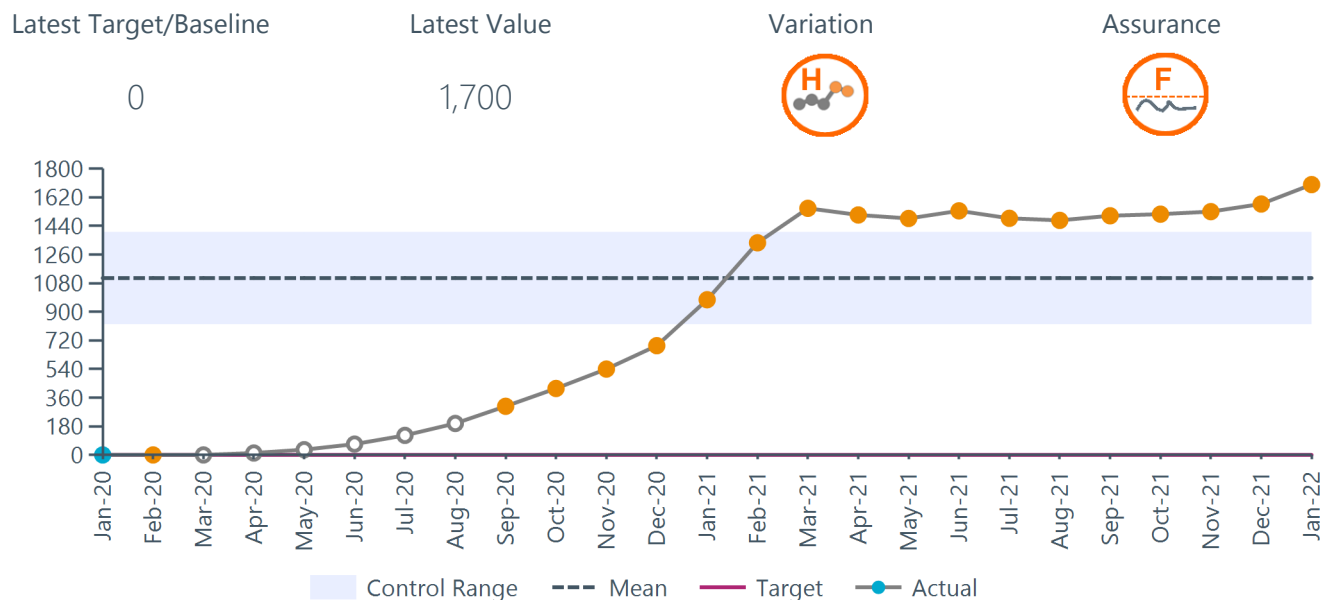
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
56.19%	54.53%	56.23%	56.68%	57.46%	58.10%	58.40%	57.02%	55.71%	55.99%	56.39%	55.33%	54.21%

- Staff - **Patients** - Finances -

Patients Waiting Over 52 Weeks – English

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

Responsible Unit:
Specialist Services Unit



Trajectory/Plan (H1&H2)



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 from 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 January there were 1700 English patients waiting over 52 weeks; below our trajectory figure of 1908 by 208.

The patients are under the care of the following sub-specialities; Spinal Disorders (840), Knee & Sports Injuries (326), Arthroplasty (229), Upper Limb (125), Spinal Injuries (74), Foot & Ankle (62), Metabolic Medicine (22), Tumour (12), Paediatric Orthopaedics (9) and Neurology (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1242 patients
- >78 to <=95 weeks - 263 patients
- >95 to <=104 weeks - 90 patients
- >104 weeks - 105 patients

Actions

H2 planning guidance documents that as a Trust we should hold, or where possible, reduce the number of patients waiting over 52 weeks. The submitted plans are reflected in the trajectory line above for future months.

The Trust is 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. We are exploring the use of an emergency P2 list in theatres and discussions are underway with the independent sector for potential capacity there.

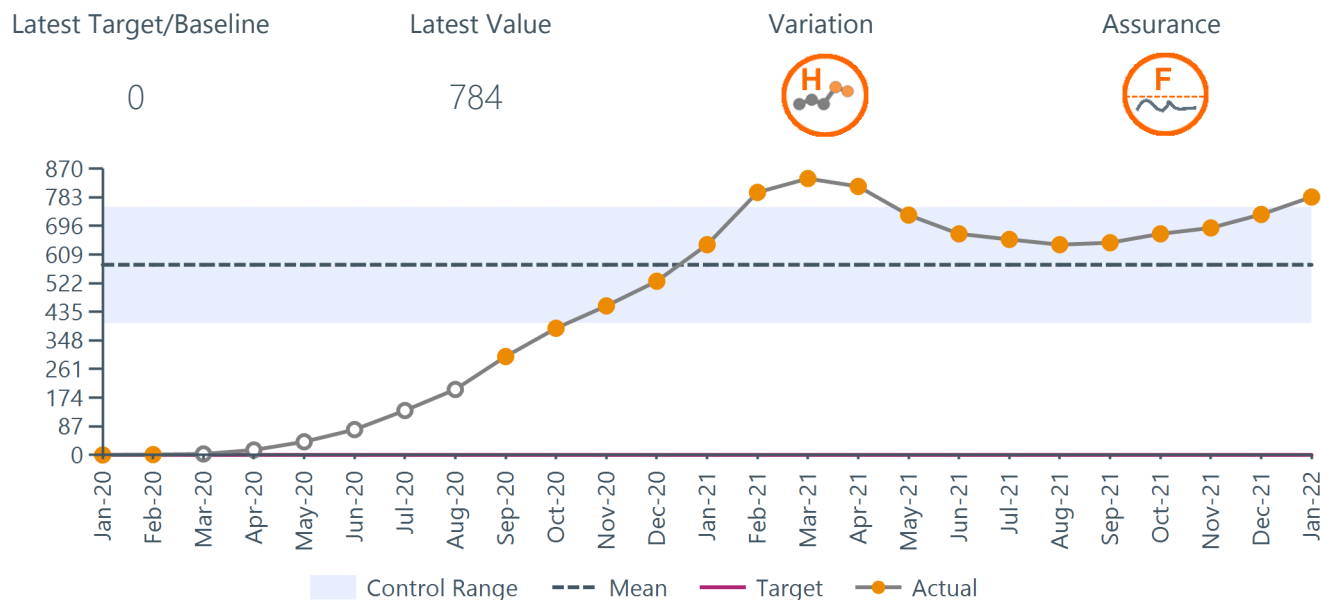
At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
976	1334	1551	1509	1487	1535	1488	1475	1504	1514	1530	1578	1700

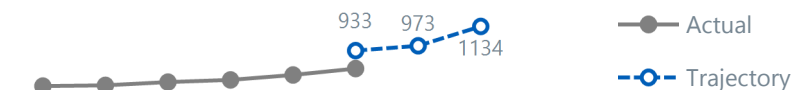
Patients Waiting Over 52 Weeks – Welsh

Number of RJAH Welsh RTT patients waiting 52 weeks or more at month end 211140

Responsible Unit:
Specialist Services Unit



Trajectory/Plan (H1&H2)



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 from 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 January there were 784 Welsh patients waiting over 52 weeks; below our trajectory figure of 933 by 149. The patients are under the care of the following sub specialties; Spinal Disorders (472), Knee & Sports Injuries (110), Arthroplasty (89), Upper Limb (51), Foot & Ankle (26), Spinal Injuries (16), Metabolic Medicine (8), Tumour (6), Paediatric Orthopaedics (3) and Neurology (3).

The patients are under the care of the following commissioners; BCU (431), Powys (337), Hywel Dda (12), Aneurin Bevan (3) and Cardiff & Vale (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 568 patients
- >78 to <=95 weeks - 97 patients
- >95 to <=104 weeks - 36 patients
- >104 weeks - 83 patients

Actions

H2 planning guidance documents that as a Trust we should hold, or where possible, reduce the number of patients waiting over 52 weeks. The submitted plans are reflected in the trajectory line above for future months.

The Trust is 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. We are exploring the use of an emergency P2 list in theatres and discussions are underway with the independent sector for potential capacity there.

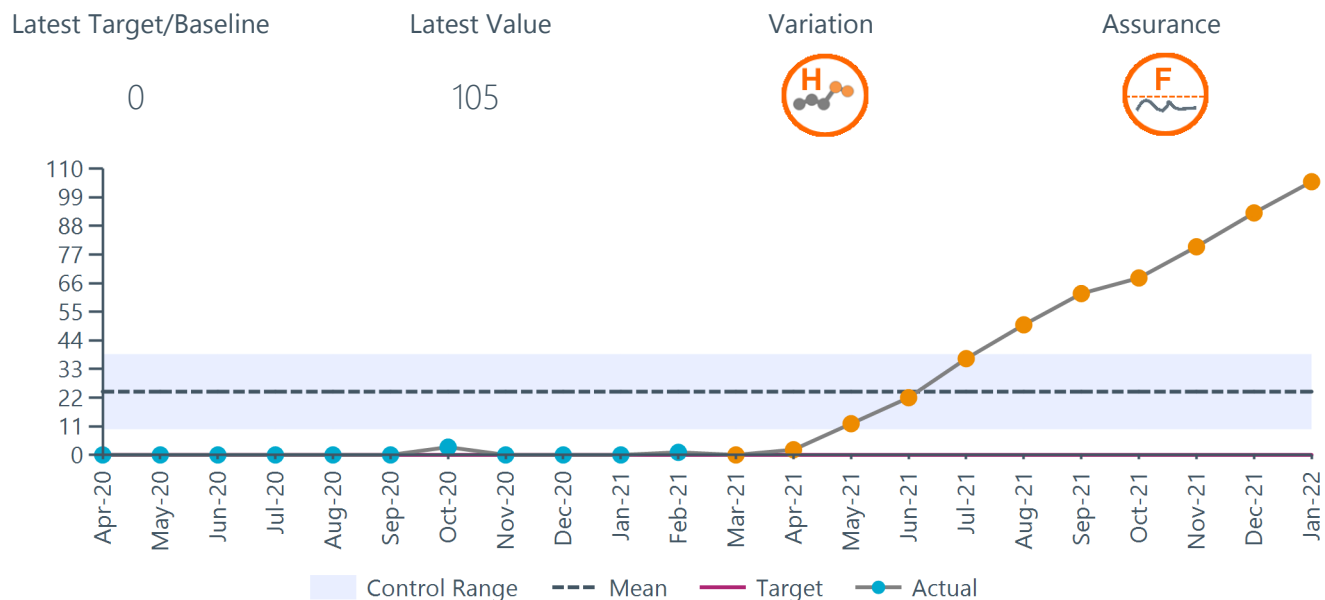
At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
639	798	840	816	729	672	655	639	645	672	690	731	784

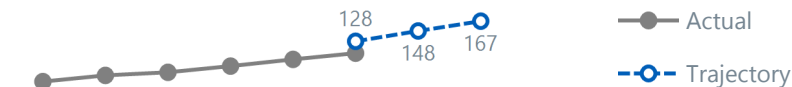
Patients Waiting Over 104 Weeks - English

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

Responsible Unit:
Specialist Services Unit



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

At the end of January there were 105 English patients waiting over 104 weeks, below our trajectory figure of 128 by 23. The patients are under the care of the following sub-specialities, with further details on the volume by priority;

- Spinal Disorders (80) - P2 (2), P3 (20), P4 (48), P6 (6), Not on Elective WL yet so no priority (4)
- Knee & Sports Injuries (11) - P3 (7), P4 (1), P6 (1), Not on Elective WL yet so no priority (2)
- Upper Limb (4) - P3 (1), P4 (3)
- Arthroplasty (8) - P2 (1), P3 (1), P4 (2), P6 (2), Not on Elective WL yet so no priority (2)
- Foot & Ankle (2) - P3 (1), P4 (1)

Actions

H2 planning guidance documents that as a Trust we should eliminate non-spinal 104+ week waits by March 2022. The Trust however is expecting spinal disorder 104+ weeks to still be present by March 2022. This is due to national pressures for this specialist service and continued demand. Mutual aid discussions are in progress with the independent sector who can provide us with some capacity. We are currently identifying patients who are suitable, and agree, to transfer.

As acknowledged through the planning guidance, there may also be patients who choose to wait. This forms part of our H2 planning submission and the submitted plans are reflected in the trajectory line above for future months.

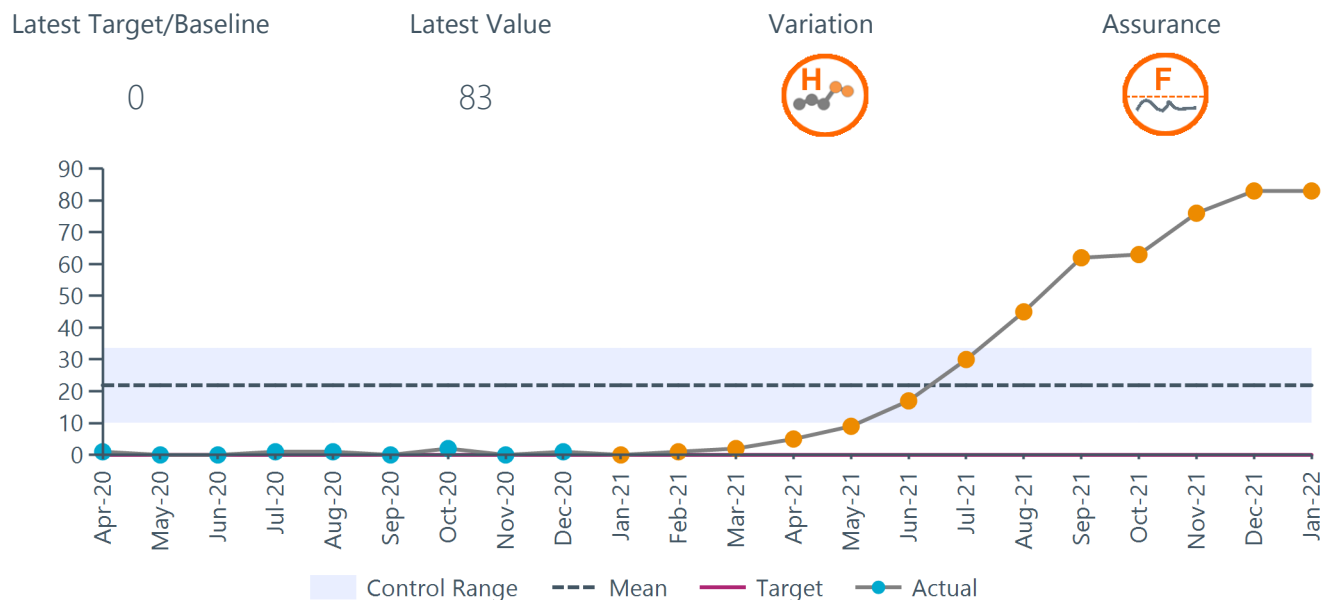
At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
0	1	0	2	12	22	37	50	62	68	80	93	105

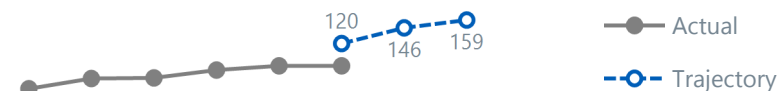
Patients Waiting Over 104 Weeks - Welsh

Number of RJAH Welsh RTT patients waiting 104 weeks or more at month end 217592

Responsible Unit:
Specialist Services Unit



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

At the end of January there were 83 Welsh patients waiting over 104 weeks, below our trajectory figure of 120 by 37. The patients are under the care of the following sub-specialities, with further details on the volume by priority;

- Spinal Disorders (79) - P2 (1), P3 (21), P4 (53), Not on Elective WL yet so no priority (4)
- Arthroplasty (2) - P3 (1), P4 (1)
- Knee & Sports Injuries (2) - P3 (1), P4 (1)

Actions

H2 planning guidance documents that as a Trust we should eliminate non-spinal 104+ week waits by March 2022. The Trust however is expecting spinal disorder 104+ weeks to still be present by March 2022. This is due to national pressures for this specialist service and continued demand. Mutual aid discussions are in progress with the independent sector who can provide us with some capacity. We are currently identifying patients who are suitable, and agree, to transfer.

As acknowledged through the planning guidance, there may also be patients who choose to wait. This forms part of our H2 planning submission and the submitted plans are reflected in the trajectory line above for future months.

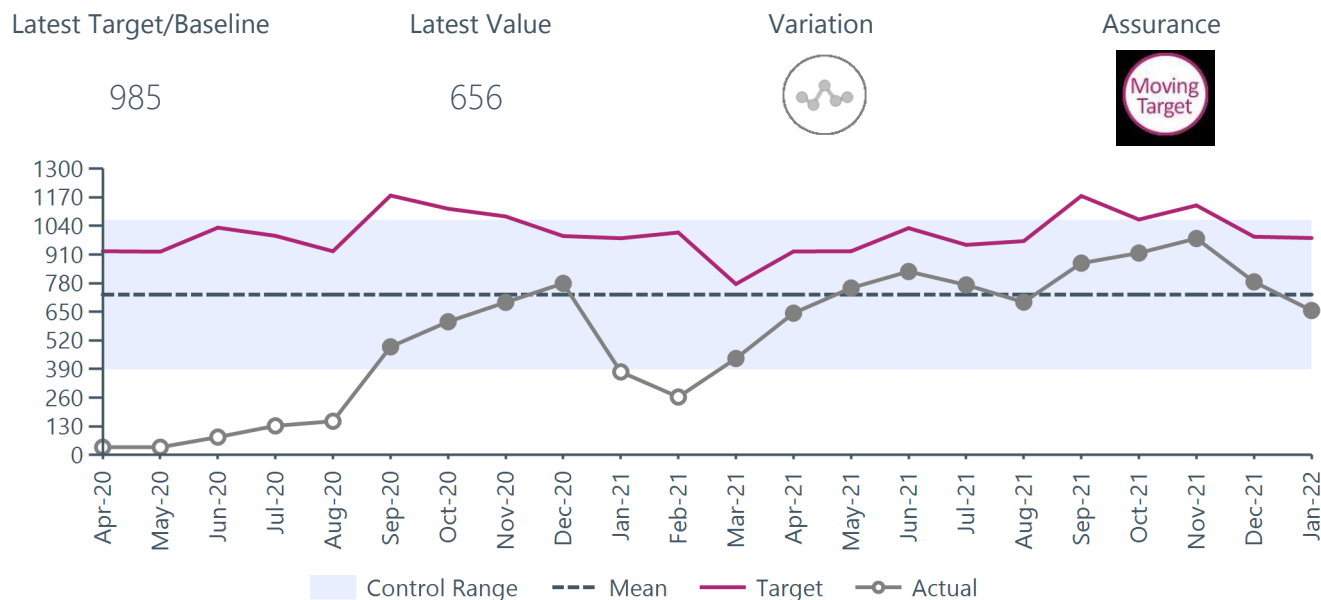
At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
0	1	2	5	9	17	30	45	62	63	76	83	83

Total Elective Activity

All elective activity in month rated against 19/20 baseline activity adjusted for working days and the impact of Covid-19 217556

Responsible Unit:
MSK Unit



Trajectory/Plan (H1&H2)



What these graphs are telling us

Metric is experiencing common cause variation. 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 and there is now enough data points to display this in SPC.

Narrative

Total elective activity undertaken in January was 656, behind the H2 plan of 908 as represented in the trajectory line above. January activity represents 66.6% of the 19/20 baseline figure of 985; the January target, as set by NHS EI, was to meet 85% of baseline 19/20 activity. The aim of the Trust is to ensure elective activity continues according to plan, to reduce long waits and prevent further lengthening of waiting lists. As of 10th January, elective bookings were reported at 713 against the H2 plan of 908 - 78.5%. As a result of the extreme pressures felt from COVID-19 impacts, bookings fell short of the trajectory at the start of the month and did not recover. A higher rate of cancellations was seen in January due to multiple factors, and we are expecting Omicron impacts to continue into February. The Trust has a known shortfall in Theatre staffing that is currently impacted by vacancies and maternity leave and there is a recruitment plan in place to address this. Mitigations currently include flexibility of current workforce and agency staff on a short-term basis. Furthermore there were significant limitations on available ward beds resulting from increased staff unavailability, IPC restrictions leading to bed closures, and an increase in patient initiated cancellations due to Covid-19 illness and concerns. In January, the Trust achieved 82.5% of its IJP capacity and all core staffed Theatre sessions were utilised. Plans were to further deliver 281 cases via OJP of which the Trust achieved 126 (44.8%) due to current constraints of staffing and mitigations. As of 7th February, elective activity is reported at 802 against a plan of 941 this month equating to 85.2%.

Actions

- In January there were multiple factors relating to the Omicron variant which led to lost activity:
- * Staffing absence in critical professions resulting in Theatre cancellations
 - * Reduced ward bed capacity due to staff unavailability resulting in inpatient cancellations
 - * Outbreaks/ IPC measures causing ward closures resulting in inpatient cancellations
 - * Patient initiated cancellations related to COVID-19 sickness and concerns

The Trust is closely monitoring the COVID-19 situation daily whilst ensuring elective activity continues. Through the tactical operational meeting all cancellations are reviewed and prior to cancelling elective operations control mechanisms are in place where patients are assessed by priority and longest waiters, according to clinical need. Staffing levels are evaluated and aligned with beds and Theatres requirements, and longer term actions to improve staffing levels for Theatres and wards is underway. We are expecting Omicron impacts to continue into February 2022 performance.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
377	263	438	644	758	833	772	694	871	917	983	786	656

- Staff - Patients - **Finances** -

Bed Occupancy – All Wards – 2pm

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

Responsible Unit:
MSK Unit

Latest Target/Baseline

87.00%

Latest Value

85.35%

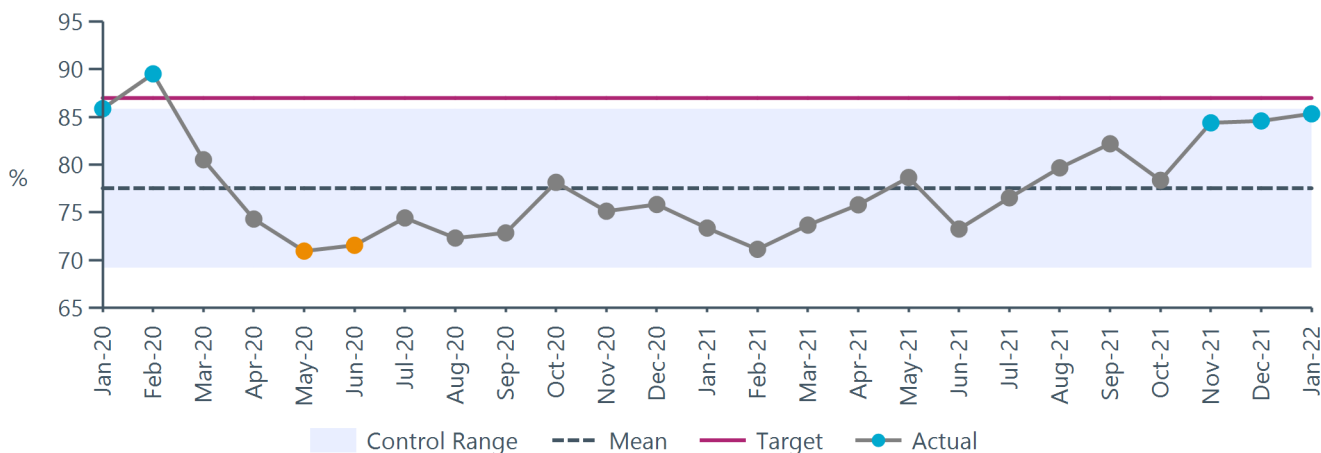
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

The occupancy rate for all wards is reported at 85.35% for January; now special cause variation of an improving nature with the highest occupancy seen since February-20. Breakdown provided below:
MSK Unit:

- Clwyd - ward closed throughout January
- Powys - 80.67% - compliment of 22 beds open throughout month
- Kenyon - 74.15% - compliment of 12 beds open, with 10 additional beds also open from 17th January
- Ludlow - 90.14% - compliment of 16 beds open throughout month

Specialist Unit:

- Alice - 63.74% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
- Oswald - 89.83% - ward remained closed after Christmas, re-opened from 27th January
- Gladstone - 88.49% - compliment of 29 beds with 4-7 beds closed up until 17th January
- Wrekin - 92.51% - compliment of 15 beds with 1-4 beds closed in some parts of the month
- Sheldon - 94.07% - compliment of 20 beds open throughout month

Actions

This measure is reflective of the beds that are open so January occupancy includes the covid impacts seen where beds were closed.

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. IPC guidance is reviewed as updates are issued. Consideration and assessment of length of stay and delayed transfers of care are considered when monitoring our occupancy.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
73.37%	71.15%	73.68%	75.81%	78.67%	73.27%	76.54%	79.68%	82.21%	78.37%	84.40%	84.60%	85.35%

Total Outpatient Activity

Total Outpatient Activity (Against Unadjusted External Plan (H2), Catchment Based) 217580

Responsible Unit:
Clinical Services Unit

Latest Target/Baseline

15,448

Latest Value

12,366

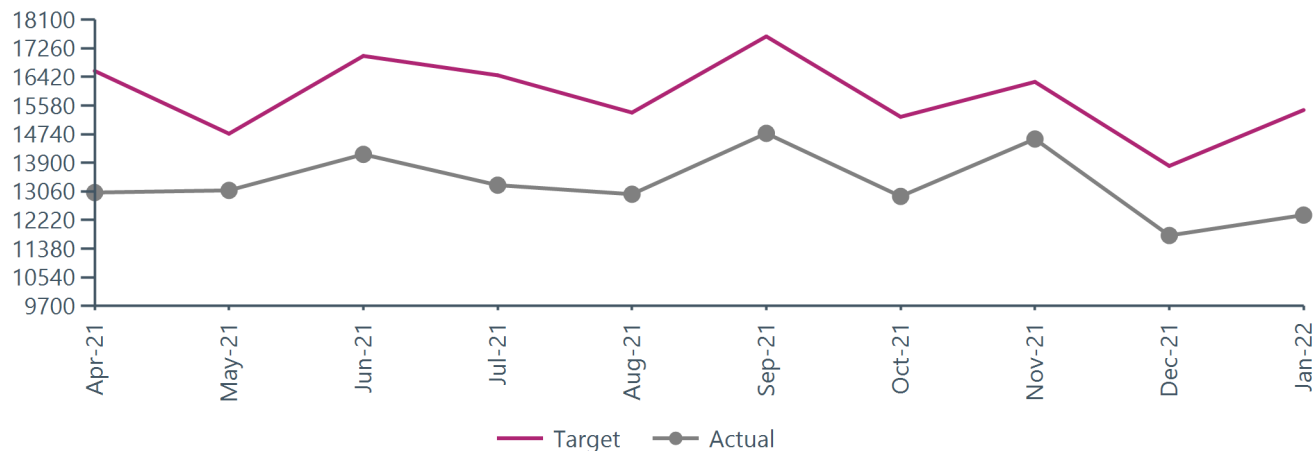
Variation



Assurance



Trajectory/Plan (H1&H2)



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 and exclusions for restoration monitoring, effectively monitoring consultant-led activity and non consultant-led activity. The target for this measure is the 2019/20 baseline activity that was delivered, with the H2 plan included as a trajectory in the trajectory graph.

In January the total Outpatient activity undertaken in the Trust was 12366; 1922 cases below our H2 plan. This is broken down as follows:

- Consultant led - 89.73% (9691 against target of 10922)
- Non consultant-led - 79.47% (2675 against target of 3366)

Outpatient activity was lost in January due to higher number of DNAs and cancellations, impact of Covid 19 within bookings and increase of re-work for booking cancellations. Additionally, following a deep dive within outpatients activity has also been lost due clinical PAs supporting system with trauma. As at 7th February (5th working day) there were 298 missing outcomes so once administrative actions are taken with these data entries, the January position will alter. Taking into account the missing outcomes, this would mean that the Outpatient activity for January was 12664, 1624 below our H2 plan of 14288. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Actions

Actions include:

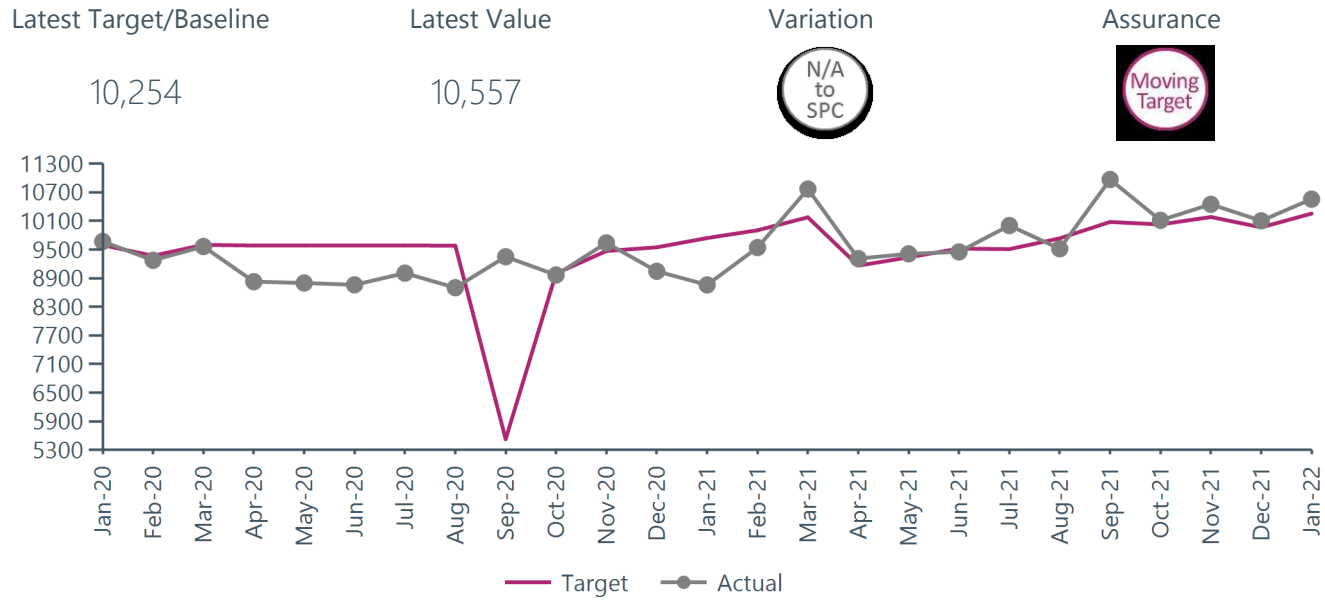
- Monitor the impact of COVID 19 within Outpatients in the daily tactical operational meeting; expected improvement from less cancellations and IPC adjustments.
- Review trauma provision required in system.
- The Trust is also reviewing further clinical practice changes that have been implemented since 2019/20.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
			13027	13091	14148	13244	12978	14765	12914	14599	11767	12366

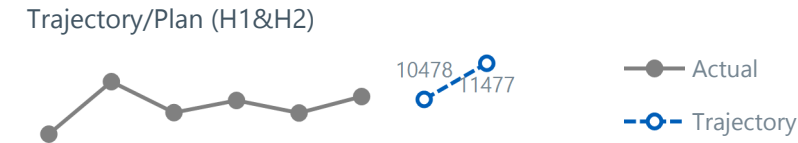
- Staff - Patients - **Finances** -

Expenditure

All Trust expenditure including Finance Costs 216334



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 £302k adverse in month:

Pay £64k adverse
- Increased annual leave provision estimate, offset by vacancies & activity adverse to plan

Non Pay £238k adverse
- Pass through costs adverse (offset by income)
- IPC Estates works and covid costs adverse
- Drugs adverse
- ROH Tumour Transfers adverse
- Private patient implants adverse (offset by income)

Note: Vaccination hub/workforce services £72k of costs recharged to SCHT in month (excluded from the above figures).

Actions

Adverse performance driven by pass through and IPC/covid costs offset by favourable income performance, no specific action required.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
8760	9542	10769	9311	9409	9451	10004	9517	10969	10113	10449	10103	10557

- Staff - Patients - **Finances** -

Efficiency Delivered

Efficiency requirements 215298

Exec Lead:
Chief Finance and Planning Officer

Latest Target/Baseline

217

Latest Value

191

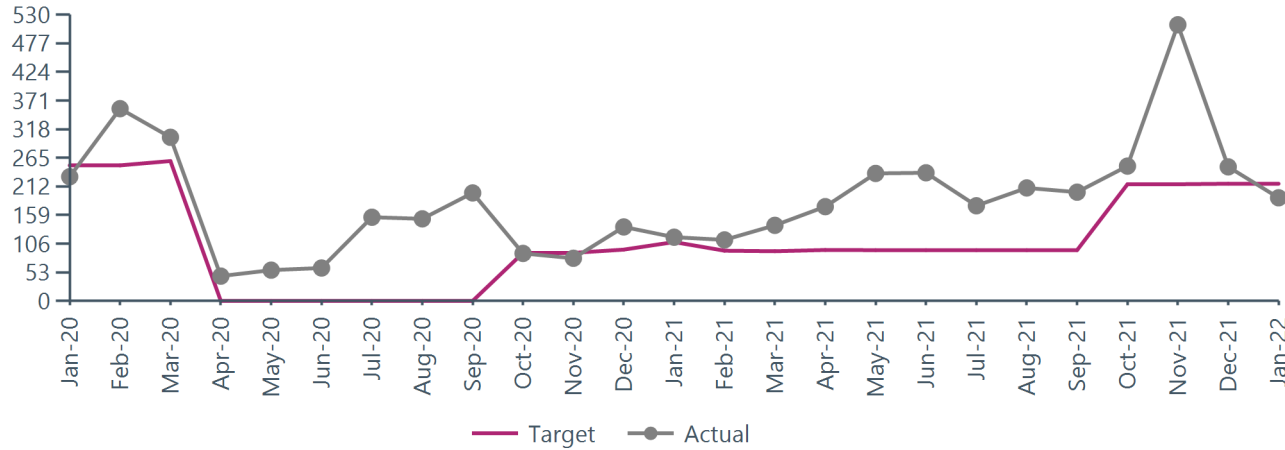
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

2% efficiencies achieved in month

Actions

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
118	113	140	174	236	237	176	209	201	249	511	248	191

- Staff - Patients - **Finances** -

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

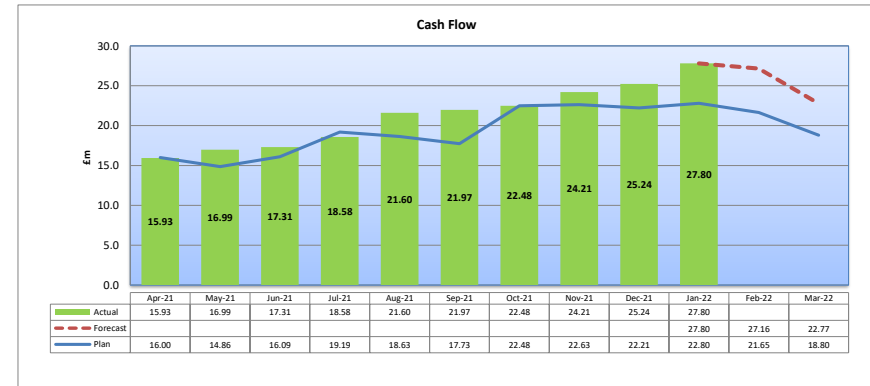
Performance Against Plan £'000s							
Category	Annual Plan	In Month Position			21/22 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
		Clinical Income	101,699	8,918	9,180	262	83,704
System Top Up Funding	4,842	373	373	0	4,089	4,096	8
Non NHS income support	1,537	110	110	0	1,317	1,317	0
Covid-19 Funding	2,822	228	228	0	2,365	2,365	0
Private Patient income	4,101	398	449	51	3,436	5,850	2,414
Other income	6,365	556	681	125	5,251	5,157	(94)
Pay	(71,113)	(6,140)	(6,204)	(64)	(58,775)	(59,312)	(537)
Non-pay	(40,943)	(3,565)	(3,756)	(191)	(33,472)	(35,034)	(1,562)
EBITDA	9,308	878	1,060	182	7,915	10,435	2,520
Finance Costs	(6,616)	(549)	(596)	(47)	(5,521)	(5,538)	(17)
Capital Donations	4,750	616	276	(340)	3,466	2,169	(1,297)
Operational Surplus	7,443	945	740	(205)	5,860	7,066	1,205
Remove Capital Donations	(4,750)	(616)	(276)	340	(3,466)	(2,169)	1,297
Add Back Donated Dep'n	540	45	47	2	449	467	18
Control Total	3,232	374	511	137	2,844	5,364	2,521
EBITDA margin	8.0%	8.6%	9.9%	1.4%	8.2%	10.3%	2.1%

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	8,764	8,764	(0)	87,639	87,639
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	502	502	0	4,571	4,571	(0)
Other income	553	551	(2)	5,531	5,529	(2)
Pay	(6,000)	(6,000)	0	(59,945)	(59,945)	0
Non-pay	(3,606)	(3,606)	0	(34,945)	(34,959)	(14)
EBITDA	214	211	(2)	2,851	2,834	(16)
Finance Costs	(562)	(561)	1	(5,617)	(5,621)	(5)
Operational Surplus	(348)	(350)	(2)	(2,766)	(2,787)	(21)
Add Back Donated Dep'n	45	47	2	449	467	18
Control Total	(303)	(303)	(0)	(2,317)	(2,320)	(3)

Statement of Financial Position £'000s				
Category	Dec-21	Jan-22	Movement	Drivers
Fixed Assets	79,461	79,708	247	£662k additions less £415k depreciation
Non current receivables	1,081	1,103	22	
Total Non Current Assets	80,542	80,811	269	
Inventories (Stocks)	1,489	1,410	(79)	
Receivables (Debtors)	6,832	5,550	(1,282)	Elective Recovery Fund (ERF) payment received from STW CCG offset by accrual adjustment
Cash at Bank and in hand	25,241	27,804	2,563	Elective Recovery Fund (ERF) payment received from STW CCG
Total Current Assets	33,562	34,764	1,202	
Payables (Creditors)	(17,444)	(18,305)	(861)	Deferred income
Borrowings	(1,344)	(1,347)	(3)	
Current Provisions	(538)	(416)	122	
Total Current Liabilities (< 1 year)	(19,326)	(20,068)	(742)	
Total Assets less Current Liabilities	94,778	95,507	729	
Non Current Borrowings	(4,053)	(4,053)	0	
Non Current Provisions	(957)	(946)	11	
Non Current Liabilities (> 1 year)	(5,010)	(4,999)	11	
Total Assets Employed	89,768	90,508	740	
Public Dividend Capital	(36,108)	(36,108)	0	
Retained Earnings	(22,396)	(22,396)	0	
Revenue Position	(6,326)	(7,066)	(740)	Current period surplus
Revaluation Reserve	(24,938)	(24,938)	0	
Total Taxpayers Equity	(89,768)	(90,508)	(740)	

Draft Finance Metrics (New Single Oversight Framework)

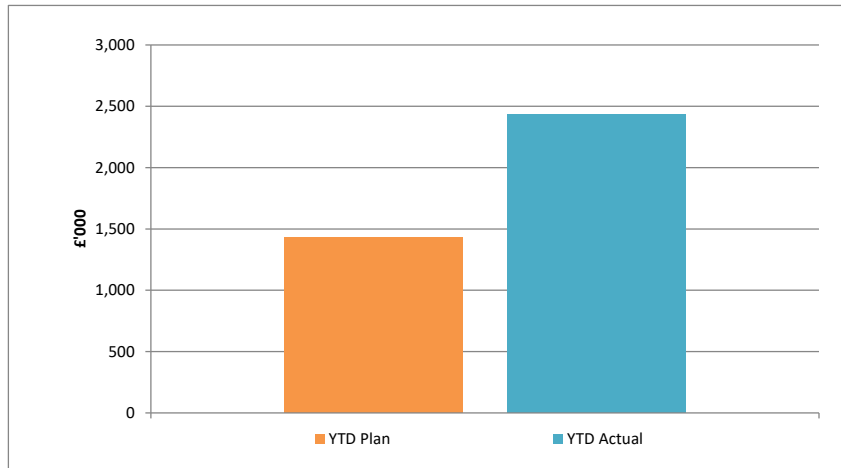
Performance against Financial Plan	■	Underlying financial plan	■	Debtor Days	YTD 16
Expenditure run rate	■	Overall trend in reported financial position	■	Creditor Days	52



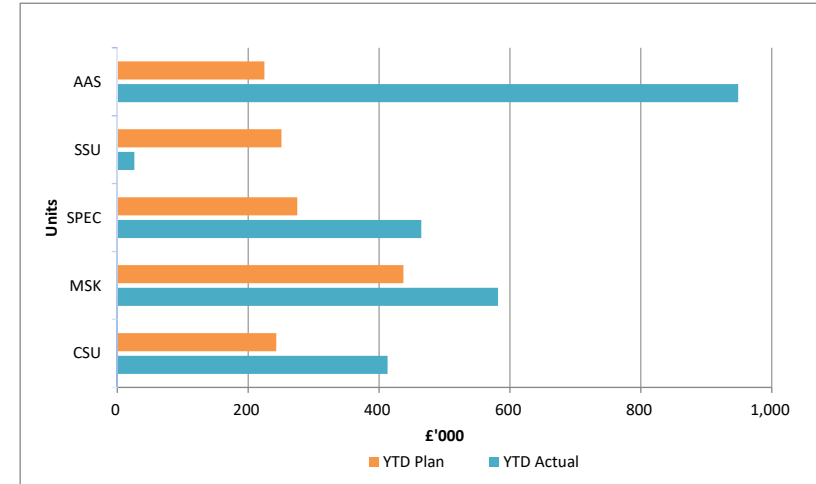
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 31st January 2022

Trust YTD Achievement Against YTD Plan £000's



YTD Efficiencies Achievement £000's



Efficiencies Total

YTD Efficiencies

Capital

Forecast

Position as at	2122-10	Capital Programme 2021-22						
Project	Annual Plan £000s	In Month Plan £000s	In Month Complete £000s	In Month Variance £000s	YTD Plan £000s	YTD Complete £000s	YTD Variance £000s	Forecast Outturn
Backlog maintenance	600	28	64	-36	551	456	95	750
I/T investment & replacement	300	0	16	-16	220	28	192	300
Capital project management	100	8	9	-1	83	99	-16	120
Equipment replacement	500	50	49	1	400	444	-44	524
Diagnostic equipment replacement	1,701	0	-1	1	800	185	615	2,094
Diagnostic equipment replacement (PDC)	99	0	0	0	0	0	0	116
Diagnostic digital capability (PDC)	0	0	0	0	0	0	0	130
Contingency	500	50	249	-199	300	361	-61	958
EPR planning & implementation	2,000	500	0	500	900	0	900	0
Invest to save	200	50	0	50	150	25	125	62
Donated medical equipment	200	0	0	0	175	235	-60	300
Veterans' centre	4,500	485	276	209	3,530	1,933	1,597	3,400
Total Capital Funding	10,700	1,171	662	509	7,109	3,766	3,343	8,754
Donated medical equipment	-200	0	0	0	-175	-235	60	-300
Veteran's facility	-4,300	-485	-276	-209	-3,530	-1,933	-1,597	-3,400
Capital Funding (NHS only)	6,000	686	386	300	3,404	1,598	1,806	5,054

Category	Forecast			Notes
	Plan	Actual	Variance	
Clinical Income	101,699	104,317	2,618	Overperformance driven by pass through drugs, elective recovery fund and impact of pay award;
CCG Growth Funding	4,842	4,842	0	
System Top up Funding	1,537	1,537	0	
Covid-19 Funding	2,822	2,822	0	
Private Patient income	4,101	6,515	2,414	
Other income	6,365	7,205	840	Overperformance and volume gains
Pay	(71,119)	(71,779)	(659)	Non recurrent HEE / Workforce income offsetting in spend.
Non-pay	(40,937)	(43,569)	(2,633)	Impact of pay award offset by covid underspends and vacancies
				Pass through (drugs, devices, workforce) and PP volume.
EBITDA	9,308	11,888	2,580	
Finance Costs	(6,616)	(6,648)	(32)	
Capital Donations	4,750	3,700	(1,050)	
Operational Surplus	7,442	8,941	1,498	
Remove Capital Donations	(4,750)	(3,700)	1,050	
Add Back Donated Dep'n	539	562	23	
Control Total	3,231	5,803	2,571	