

Month 4 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 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 4 (July) 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. Changes to Note This Month

Last month, all finance measures were changed from SPC to line graphs. As stipulated in July, following the NHS EI session in June we wanted to increase our understanding of SPC for financial information. A member of the Finance department has attended a national working group that NHS EI are co-ordinating in this subject matter with attendance planned at further ones scheduled. Initial thoughts from the first session are to gradually introduce SPC into the Finance measures where deemed appropriate. From this month, the Cash Balance measure has been presented with SPC.

2.3. Overview

The Board through this IPR should note the following;

Month 4 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.

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 Patients;

- Serious Incidents
 - Low number of incidents have taken place
 - For next month a review of the number of days between incidents and pareto analysis of area is recommended due to 10 incidents over a 24 month period
- 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 (English & Welsh)
 - English and Welsh showing special cause variation.
 - BCU Transfers show an improvement with reductions since November.
 - Welsh is showing a downwards trend since March.
- 6 and 8 Week Wait for Diagnostics
 - Both metrics indicate common cause variation with variable achievement of Welsh target and consistently failing English

Caring for Finances;

- Total Elective Activity
 - 93.46% of H1 plan achieved
 - 80.92% of baseline target (19/20); underachieving the regulatory target of 85%
- Total Outpatient Activity
 - 89.35% of H1 plan achieved
 - 78.85% of baseline target (19/20); underachieving the regulatory target of 85%
- Bed Occupancy – All Wards – 2pm
 - Metric is consistently failing target
- Expenditure
 - Adverse position in month
- Cash Balance
 - Year to date position behind plan
- Recurrent Financial Performance (Sustainability Plan)
 - Adverse variance in month

2.4. Conclusion

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

Integrated Performance Report July 2021 – Month 4



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

Aspiring to deliver world class patient care

1. Part One - Private Meeting
2. Chief Executive's Report (Verbal)
3. MRSA Infection Control - NHSE/1 (to be reviewed)
4. FPD Performance Report inc
5. Performance Report (M4)
6. Any Other Business

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)

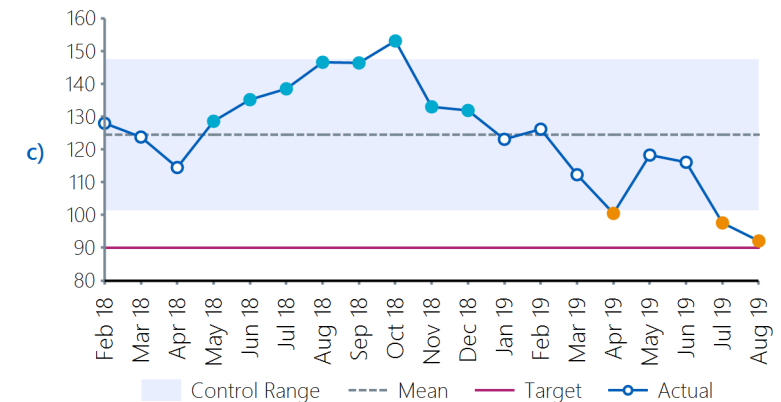
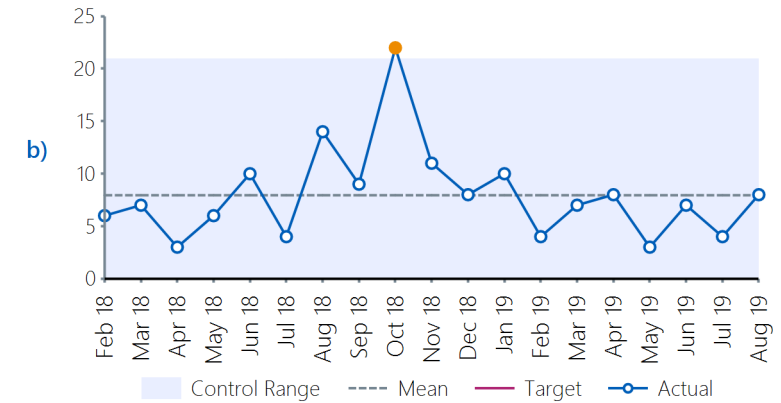
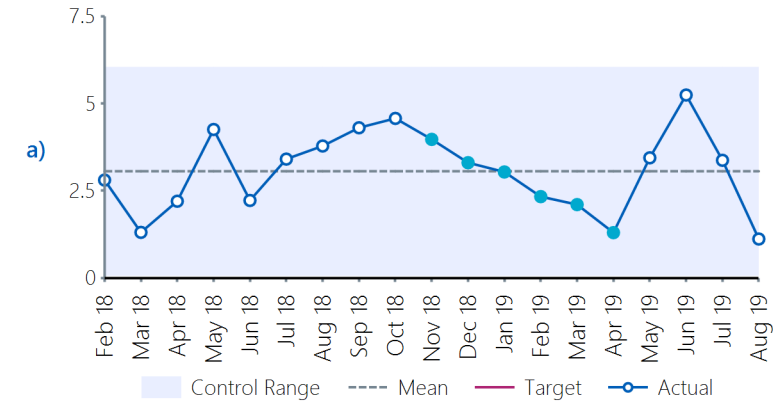
Different colours have been used to separate these trends of special cause variation; ● **blue points** have been used to show **areas of improvement** and ● **orange points** for **areas of concern**. It should be noted that SPC charts do not compare performance against targets; that is the purpose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

1. Part One - Private Meeting
2. Chief Executive Update (verbal)
3. MRSA Infection Control - NHSE/I (to
4. FPD Performance Report inc
5. Performance Report (M4)
6. Any Other Business



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%	3.96%					27/02/20
Voluntary Staff Turnover - Headcount	8.00%	7.61%					24/06/21

- 1. Part One - Private Meeting
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Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	1				+	16/04/18
Never Events	0	0					16/04/18
Number of Complaints	8	5					11/05/18
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
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85%	100%					24/06/21

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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%	58.40%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,488	1,356			+	24/06/21
Patients Waiting Over 52 Weeks – Welsh	0	655				+	24/06/21
6 Week Wait for Diagnostics - English Patients	99.00%	84.66%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	84.19%				+	

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Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/H1 Plan	Variation	Assurance	Exception	DQ Rating
Total Elective Activity	954	772	826			+	24/06/21
Bed Occupancy – All Wards – 2pm	87.00%	76.54%				+	05/09/19
Total Outpatient Activity	16,469	12,986	14,534			+	24/06/21
H1 Plan Performance	251.73	1,231.00	565.00				
Income	9,716	11,188	10,095				
Expenditure	9,509	10,004	9,529			+	
Efficiency Delivered	94.00	185.71	220.00				
Cash Balance	19,185.87	18,582.00	21,382.56			+	
Capital Expenditure	579	178	611				
Recurrent Financial Performance (Sustainability Plan)	-304	-364	-297			+	

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Serious Incidents

Number of Serious Incidents reported in month

Latest Target/Baseline

0

Latest Value

1

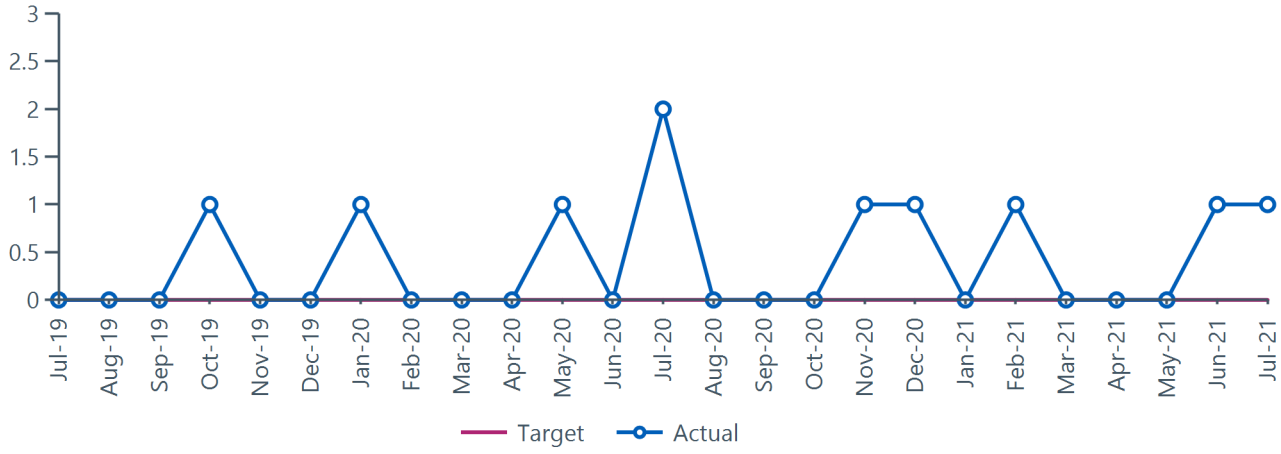
Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

There was one serious incident reported in July in relation to an MRSA outbreak on one of the wards.

Actions

The necessary processes have been followed to report this incident and appropriate review meetings have taken place. The actions identified from reviews are in relation to the nursing, estates and facilities. Weekly meetings are in place to monitor the progress of these actions and regular reviews are behind held with PHE and NHS EI.

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

- Staff - **Patients** - Finances -

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18 Weeks RTT Open Pathways

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

Latest Target/Baseline

92.00%

Latest Value

58.40%

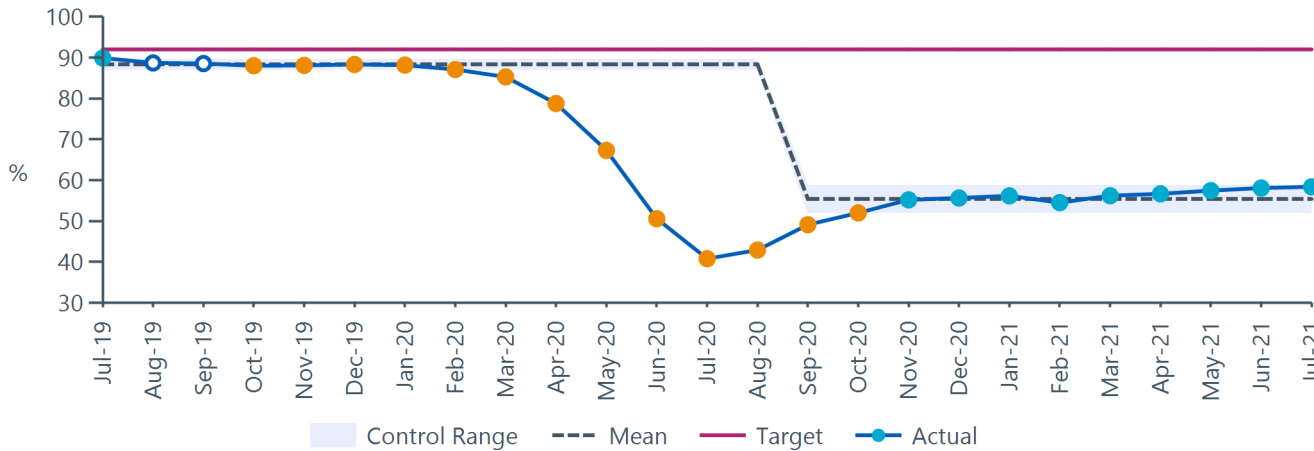
Variation



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 July performance was 58.40% 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 - 7609 patients waiting of which 1769 are breaches, MS2 - 1114 patients waiting of which 644 are breaches, MS3 - 4223 patients waiting of which 2973 are breaches.

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

The OJP contracts were signed on 2 August with an initial soft launch due to recognising consultants' prior commitments. We expect to see the impact of additional capacity from mid-September.

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	54.53%	56.23%	56.68%	57.46%	58.10%	58.40%

- Staff - Patients - Finances -

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Patients Waiting Over 52 Weeks – English

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

Latest Target/Baseline

0

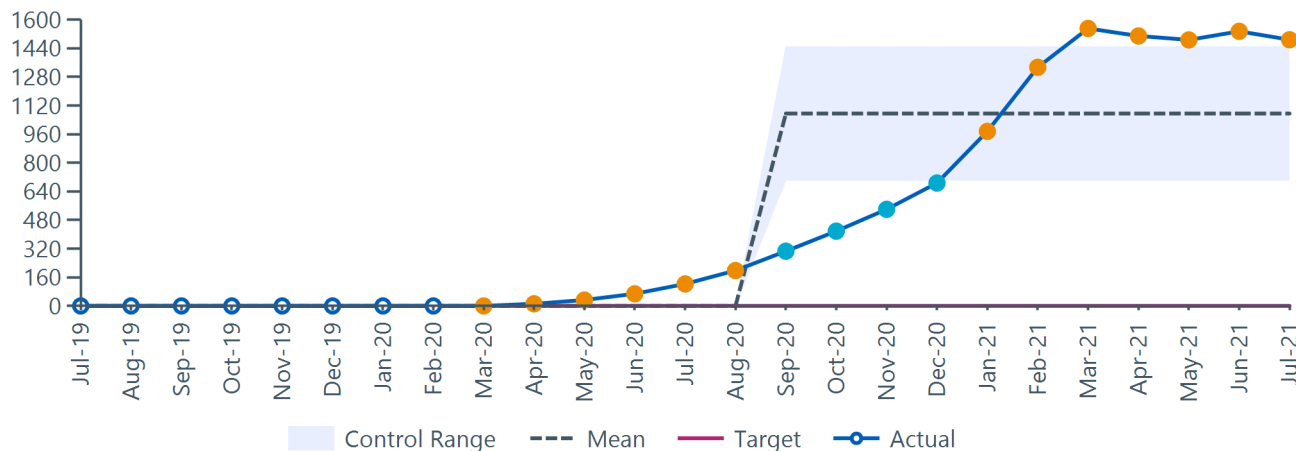
Latest Value

1,488

Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

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Narrative

At the end of July there were 1488 English patients waiting over 52 weeks; above our trajectory figure of 1356.

The patients are under the care of the following sub-specialities; Spinal Disorders (472), Arthroplasty (359), Knee & Sports Injuries (306), Upper Limb (201), Foot & Ankle (66), Spinal Injuries (52), Tumour (10), Paediatric Orthopaedics (9), Metabolic Medicine (7), Neurology (3) and Geriatrics (3). Spinal Disorders is our biggest backlog and actions to address the capacity requirements to meet demand have been taken. The Trust has successfully appointed one locum consultant that will commence in August. The Trust is also working in collaboration with another regional provider to assess whether they are able to treat based on clinical priority.

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1035 patients
- >78 to <=95 weeks - 369 patients
- >95 to <=104 weeks - 47 patients
- >104 weeks - 37 patients

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

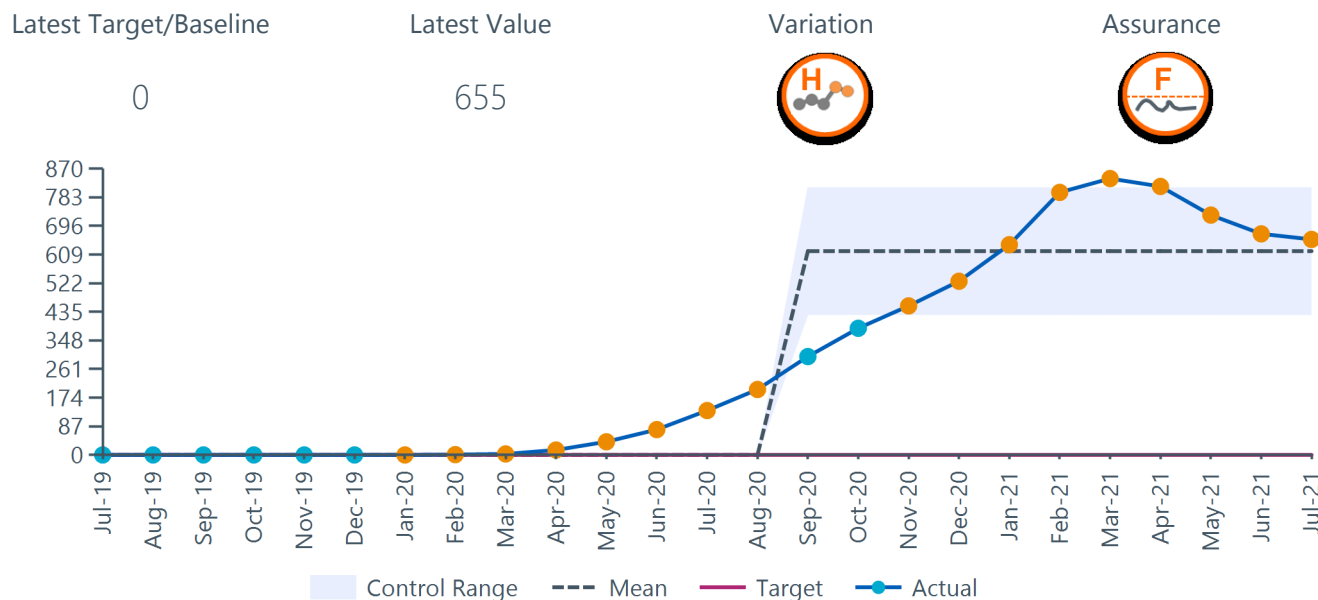
As a Trust, we have started to monitor our longest waits, as can be reflected in new measures to monitor patients waiting over 104 weeks. The OJP contracts were signed on 2 August with an initial soft launch due to recognising consultants' prior commitments. We expect to see the impact of additional capacity from mid-September.

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
123	198	306	418	540	687	976	1334	1551	1509	1487	1535	1488

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Patients Waiting Over 52 Weeks – Welsh

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



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 July there were 655 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (324), Arthroplasty (125), Knee & Sports Injuries (84), Upper Limb (60), Foot & Ankle (30), Spinal Injuries (14), Paediatric Orthopaedics (6), Neurology (4), Tumour (3), Metabolic Medicine (3), Pain (1) and Rheumatology (1). Spinal Disorders is our biggest backlog and actions to address the capacity requirements to meet demand have been taken. The Trust has successfully appointed one locum consultant that will commence in August. The Trust is also working in collaboration with another regional provider to assess whether they are able to treat based on clinical priority.

The patients are under the care of the following commissioners; BCU (369), Powys (272), Hywel Dda (11), Aneurin Bevan (2) and Cardiff & Vale (1).

- The number of patients waiting, by weeks brackets is:
- >52 to <=78 weeks - 380 patients
 - >78 to <=95 weeks - 184 patients
 - >95 to <=104 weeks - 61 patients
 - >104 weeks - 30 patients

Actions

Our planning assumptions are now in place and we will be following good planning methodology to continually check our performance against those assumptions, ensuring our capacity is well utilised. We continue to balance our capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. We continue to review the clinical priority of patients and update harms assessments as appropriate.

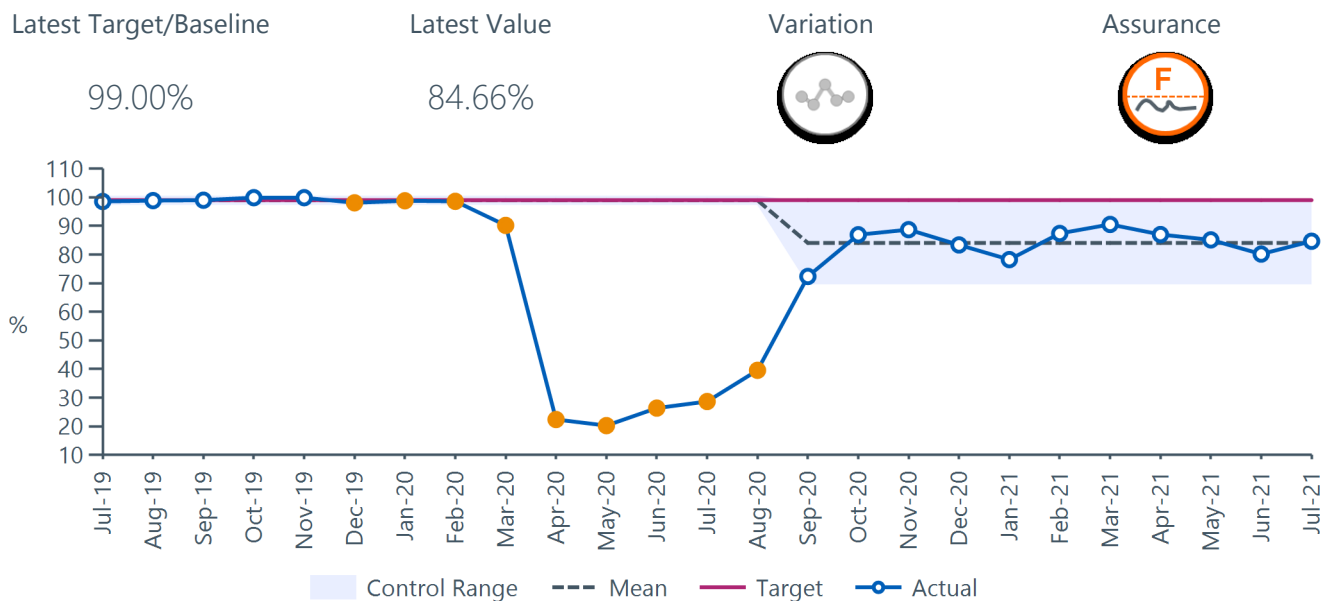
As a Trust, we have started to monitor our longest waits, as can be reflected in new measures to monitor patients waiting over 104 weeks. The OJP contracts were signed on 2 August with an initial soft launch due to recognising consultants' prior commitments. We expect to see the impact of additional capacity from mid-September.

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
135	199	299	385	453	528	639	798	840	816	729	672	655

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6 Week Wait for Diagnostics - English Patients

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



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 84.66%. This equates to 172 patients who waited beyond 6 weeks. The breaches occurred in the following modalities:
 - MRI (170 - with 169 dated)
 - Ultrasound (2 dated)

The radiology department experienced operational issues with the breakdown of the MRI scanner causing 34 scans (English and Welsh) to be cancelled and increase in the number of referrals for MRI. There were no CT breaches to be reported this month and two within Ultrasound that were due to short notice.

Actions

- Continuation of extended working hours and weekend working.
- All internationally recruited radiographers are now in post and working within an initial training period until 1st November
- Continue to monitor the demand for MRI's and further analysis required for MRI referrals.

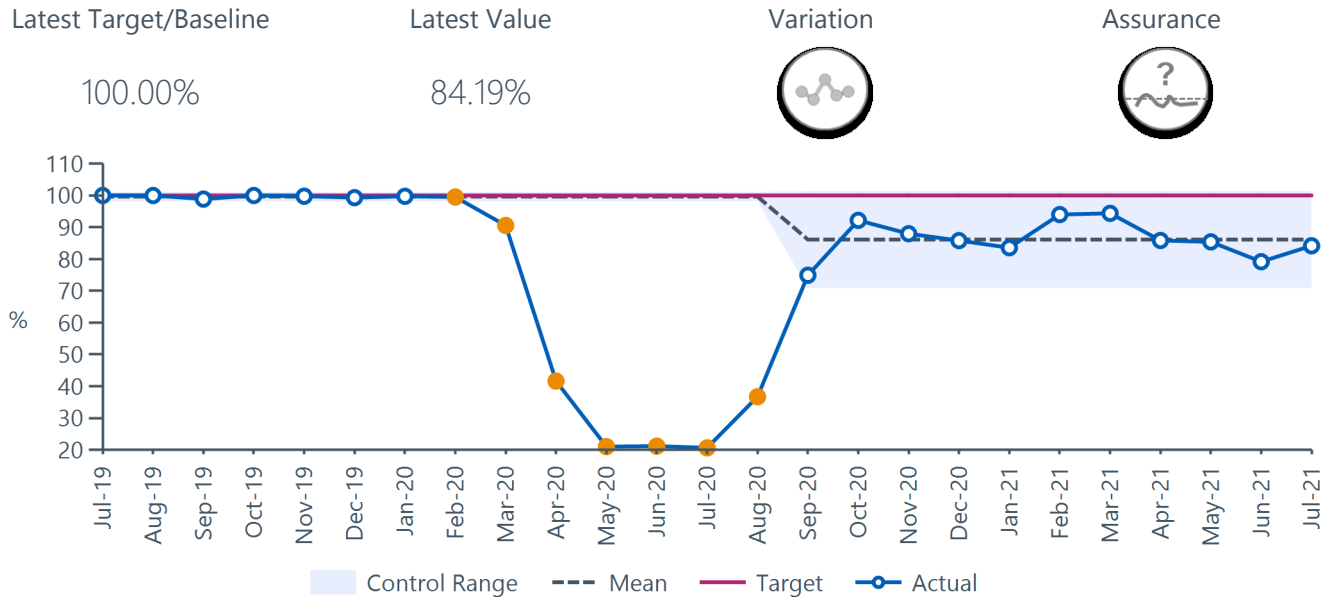
Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
28.66%	39.56%	72.35%	86.92%	88.70%	83.37%	78.24%	87.38%	90.53%	86.99%	85.13%	80.17%	84.66%

- Staff - **Patients** - Finances -

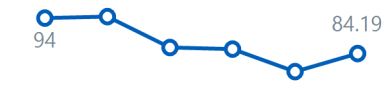
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8 Week Wait for Diagnostics - Welsh Patients

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



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).

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 84.19%. This equates to 77 patients who waited beyond 8 weeks, all within the MRI modality. Of the 77 patients waiting, 77 are dated.

The radiology department experienced operational issues with the breakdown of the MRI scanner causing 34 scans (English and Welsh) to be cancelled and increase in the number of referrals for MRI.

Actions

- Continuation of extended working hours and weekend working.
- All internationally recruited radiographers are now in post and working within an initial training period until 1st November
- Continue to monitor the demand for MRI's and further analysis required for MRI referrals.

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
20%	36%	74%	92%	87%	85%	83%	94%	94%	85%	85%	79%	84%

- Staff - **Patients** - Finances -

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Total Elective Activity

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

Latest Target/Baseline

954

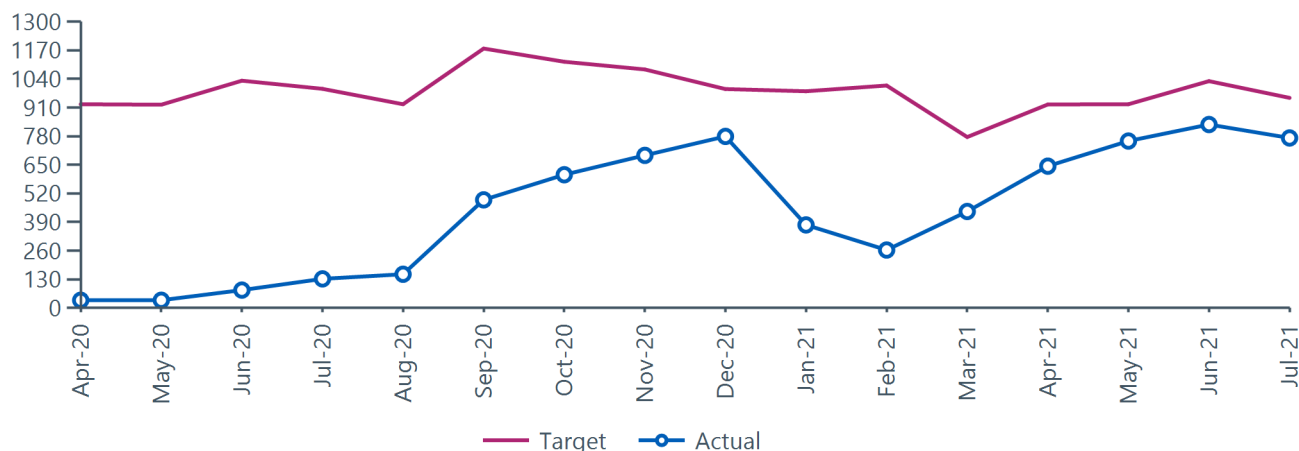
Latest Value

772

Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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 KPI 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 July was 772, below the trajectory for July of 826 which is derived from the H1 plan and represented in the trajectory line above. July activity represents 80.92% of the target 19/20 baseline figure of 954; the July target, as set by NHS EI, was to meet 85% of baseline 19/20 activity. The plan would have been met if cases per session had been at planned level but this was impacted by cancellations and balance of complexity. Activity was lost because of staff requirement to self-isolate equating to 8 Theatre sessions and 26 patients being cancelled for this reason in July. This may be a recurring theme in the coming months. At the end of July one third of the consultant workforce also took annual leave.

When the H1 plans were drawn up they were set with an expectation of OJP working from June onwards, however OJP contracts were not signed until 2 August. Had OJP been in place, the July plan would have been overachieved. A soft launch is in place, recognising consultants' prior commitments so we expect to see the impact of this with increased capacity from mid-September. In order to utilise OJP efficiently, IIP capacity will be maximised before an offer of OJP working is made.

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

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
132	153	491	605	693	779	377	263	438	644	758	833	772

- Staff - Patients - Finances -

Responsible Unit:
MSK Unit

1. Part One - Private Meeting
2. Chief Executive Update (verbally)
3. MRSA Infection Control - NHSE/I (to)
4. FPD Performance Report inc
5. Performance Report (M4)
6. Any Other Business

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

Latest Target/Baseline

87.00%

Latest Value

76.54%

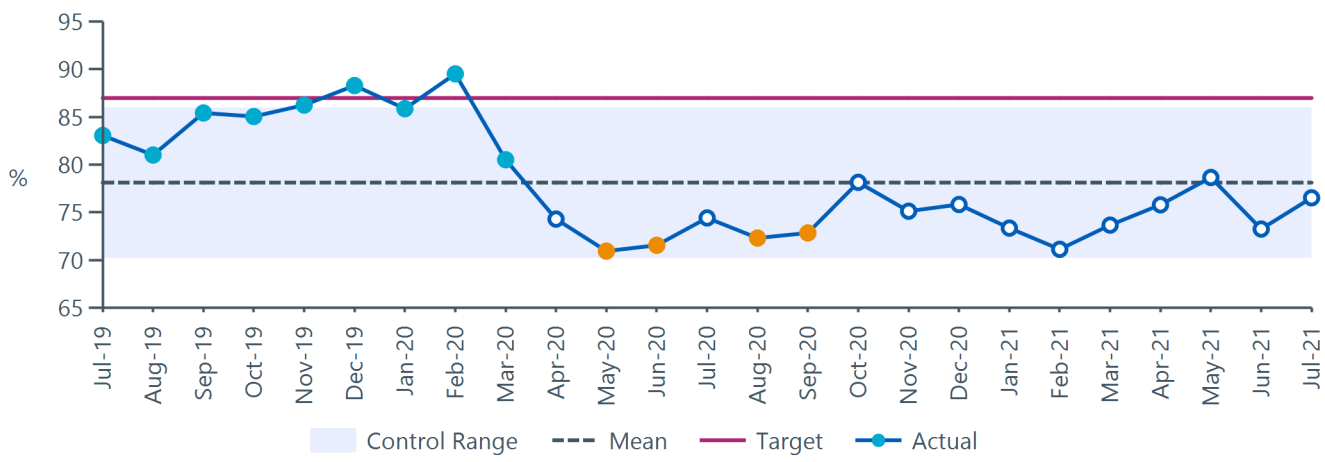
Variation



Assurance



Trajectory/H1 Plan



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 76.54% for July. The breakdown below gives the July 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 - 75.95% - compliment of 22 beds open throughout month
 - Powys - 81.19% - compliment of 22 beds open majority of month
 - Kenyon - 55.45% - compliment of 12 beds open part of each week
 - Ludlow - 78.96% - compliment of 15 beds open throughout month
- Specialist Unit:
- Alice - 36.27% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
 - Oswald - 81.70% - compliment of 10 beds open throughout month
 - Gladstone - 85.23% - compliment of 29 beds open throughout month
 - Wrekin - 93.29% - compliment of 15 beds open throughout month
 - Sheldon - 69.05% - compliment of 20 beds open throughout month

Actions

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 closures and redeployment of staff to other areas of the Trust. From September onwards, as OJP working is reintroduced, we expect to see increased activity through Theatres, resulting in an improvement in the bed occupancy % metric.

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.37%	71.15%	73.68%	75.81%	78.67%	73.27%	76.54%

- Staff - Patients - **Finances** -

Responsible Unit:
MSK Unit

- 1. Part One - Private Meeting
- 2. Chief Executive Update (verbal)
- 3. MRSA Infection Control - NHSE/I (to)
- 4. FPD Performance Report inc
- 5. Performance Report (M4)
- 6. Any Other Business

Total Outpatient Activity

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

Latest Target/Baseline

16,469

Latest Value

12,986

Variation



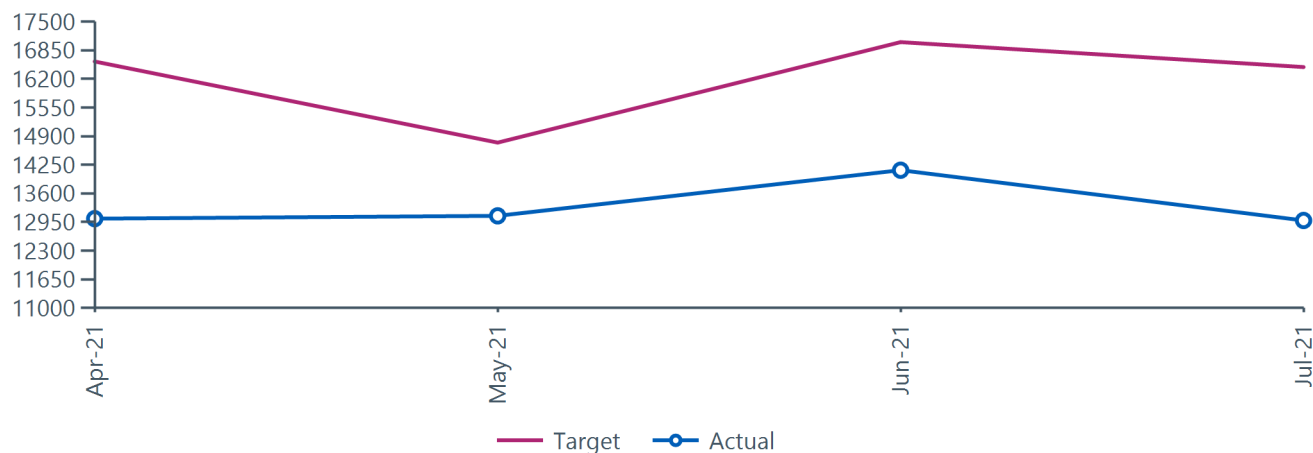
Assurance



Trajectory/H1 Plan



Responsible Unit:
Clinical Services Unit



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 July the total Outpatient activity undertaken was 12986; 89.35% of our H1 plan and 78.85% of our baseline. This is broken down as follows:

- Consultant led - 86.30% (10503 against target of 12171)
- Non consultant-led - 109.03% (1533 against target of 1406)
- Unbundled/unmatched - 99.27% (950 against target of 957)

Outpatient activity was lost because of staff requirement to self-isolate equating to 102 patients being cancelled for this reason in July. This may be a recurring theme in the coming months. At the end of July one third of the consultant workforce also took annual leave and this is representative in the breakdown above where consultant-led under achieved but non-consultant led exceeded plans.

As at 6th August (5th working day) there were 206 missing outcomes so once administrative actions are taken with these data entries, the July position will alter. Taking into account the missing outcomes, this would mean that the Outpatient activity for June was 13192, 1342 below our H1 plan of 14534. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Actions

Outpatient IJP plans in July were at 88% of planned levels and OJP at just 13% of planned levels. When the H1 plans were drawn up they were set with an expectation of OJP working from June onwards, however OJP contracts were not signed until 2 August. A soft launch is in place, recognising consultants' prior commitments so we expect to see the impact of this with increased capacity from mid-September. In order to utilise OJP efficiently we will be ensuring clinic room, staffing and plan film availability are aligned before an offer of OJP working is made.

Apr-21	May-21	Jun-21	Jul-21
13027	13091	14128	12986

1. Part One - Private Meeting
2. Chief Executive Update (webchat)
3. MRSA Infection Control - NHSE/I (to
4. FPD Performance Report inc
5. Performance Report (M4)
6. Any Other Business

Expenditure

All Trust expenditure including Finance Costs

Latest Target/Baseline

9,509

Latest Value

10,004

Variation



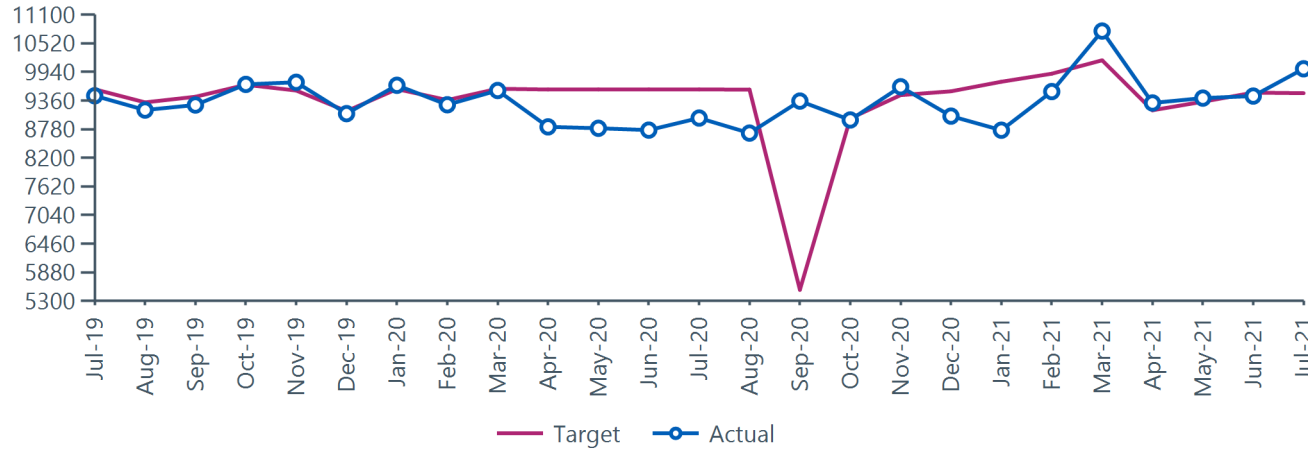
Assurance



Trajectory/H1 Plan



What these graphs are telling us



Narrative

Overall £495k adverse in month

Pay £15k favourable

- Covid expenditure favourable offset by net vacancies after vacancy factor applied

Non pay £510k adverse

- Pass through drugs adverse (offset by income)

- Private Patients implants adverse (offset by income)

Actions

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
9006	8701	9350	8967	9640	9045	8760	9542	10769	9311	9409	9451	10004

- Staff - Patients - Finances -

- 1. Part One - Private Meeting
- 2. Chief Executive Update (verbal)
- 3. MRSA Infection Control - NHSE/I (to
- 4. FPD Performance Report inc
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- 6. Any Other Business

Exec Lead:
Chief Finance and Planning Officer

Cash Balance

Cash in bank

Latest Target/Baseline

19,185.87

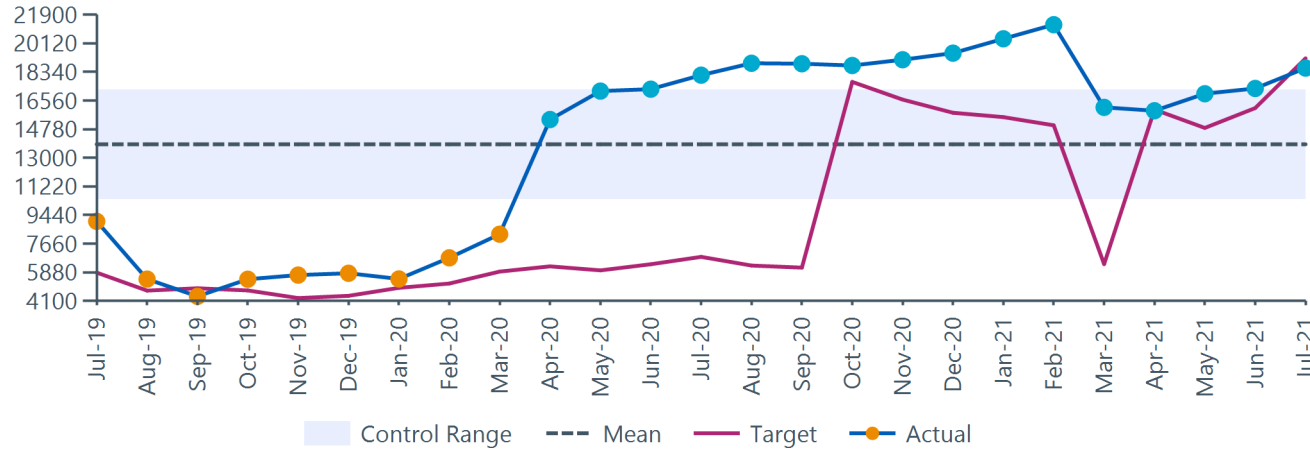
Latest Value

18,582.00

Variation



Assurance



Trajectory/H1 Plan



What these graphs are telling us

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

Narrative

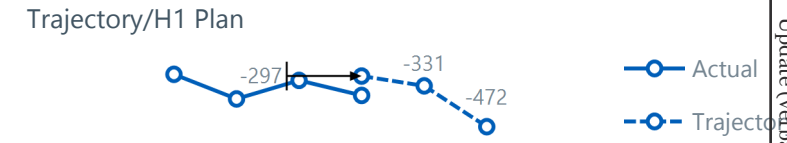
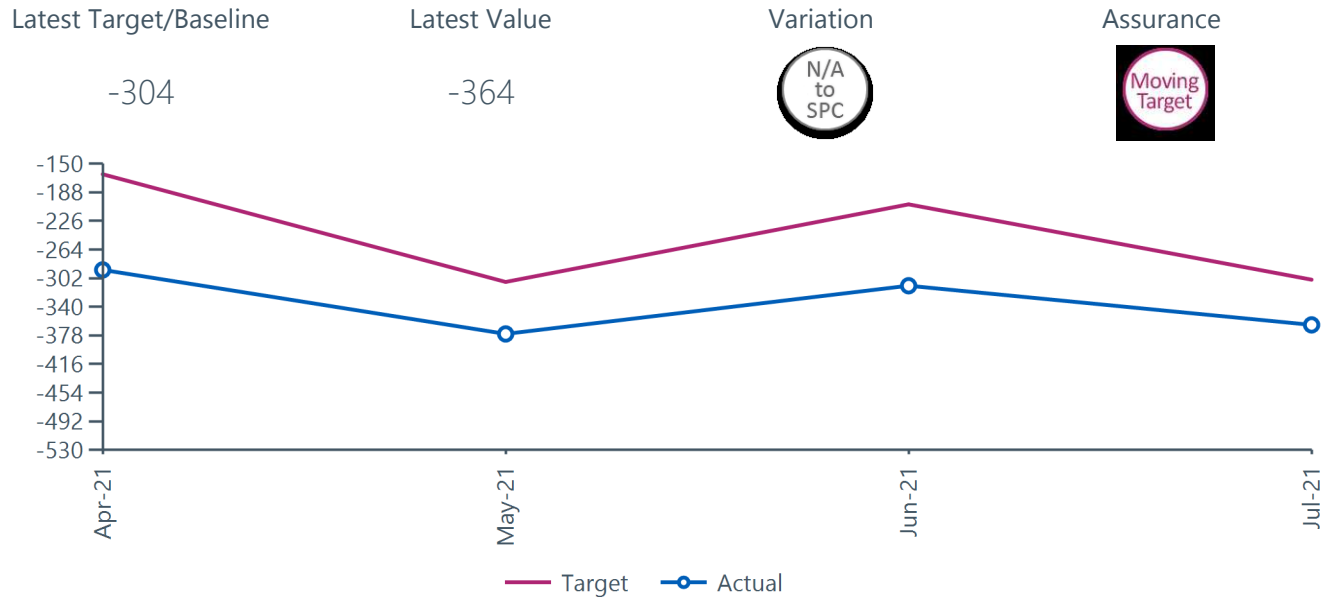
Year to date cash balances are currently £0.6m behind plan mainly due to timing issue with expected income from NHSI/E

Actions

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
18140	18880	18850	18740	19100	19510	20402	21278	16137	15928	16986	17314	18582

Recurrent Financial Performance (Sustainability Plan)

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



What these graphs are telling us

Narrative **Actions**

£60k adverse in month against the sustainability plan, £364k adverse ytd. Mainly driven by efficiency phasing (2% delivered against a 3% requirement for the sustainability plan)

Apr-21	May-21	Jun-21	Jul-21
-291	-376	-312	-364

- Staff - Patients - **Finances** -

- 1. Part One - Private Meeting
- 2. Chief Executive Update (webcam)
- 3. MRSA Infection Control - NHSE/I (to)
- 4. FPD Performance Report inc
- 5. Performance Report (M4)
- 6. Any Other Business

Exec Lead:
Chief Finance and Planning Officer

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

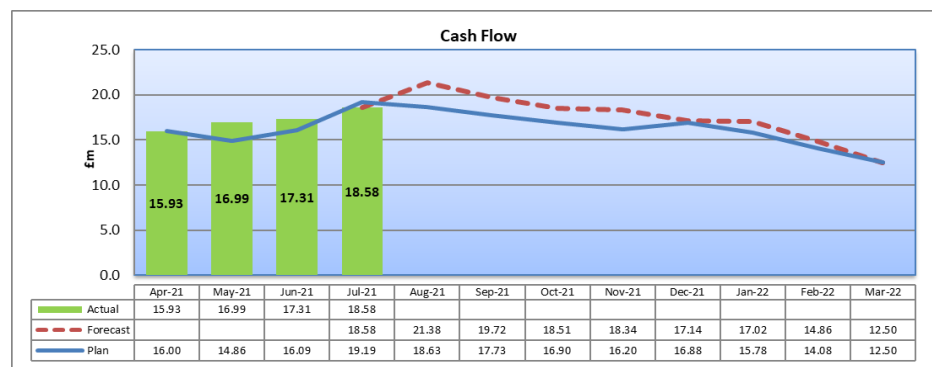
Performance Against H1 Plan £'000s							
Category	H1 Plan	In Month Position			21/22 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	49,144	8,135	9,202	1,067	32,368	33,736	1,368
System Top Up Funding	2,560	427	434	8	1,707	1,737	30
Non NHS income support	878	120	120	0	638	638	0
Covid-19 Funding	1,452	242	242	0	968	968	0
Private Patient income	1,877	287	754	467	1,312	2,367	1,055
Other income	2,973	505	435	(70)	1,966	1,784	(182)
Pay	(34,334)	(5,684)	(5,668)	16	(22,669)	(22,510)	159
Non-pay	(19,681)	(3,270)	(3,779)	(508)	(12,641)	(13,450)	(809)
EBITDA	4,869	761	1,741	979	3,648	5,270	1,622
Finance Costs	(3,326)	(554)	(557)	(2)	(2,217)	(2,216)	1
Capital Donations	1,740	225	0	(225)	750	115	(635)
Operational Surplus	3,283	432	1,184	752	2,181	3,169	988
Remove Capital Donations	(1,740)	(225)	0	225	(750)	(115)	635
Add Back Donated Dep'n	269	45	46	2	179	187	8
Control Total	1,811	252	1,231	979	1,610	3,241	1,631
EBITDA margin	8.6%	8.1%	16.1%	7.9%	9.8%	13.3%	3.5%

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	8,542	8,542	1	34,167	34,167	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	406	405	(1)	1,846	1,846	0
Other income	529	525	(4)	2,109	2,086	(23)
Pay	(5,899)	(5,914)	(15)	(23,588)	(23,679)	(91)
Non-pay	(3,364)	(3,412)	(48)	(13,444)	(13,733)	(290)
EBITDA	214	146	(68)	1,091	687	(404)
Finance Costs	(562)	(557)	5.00	(2,248)	(2,216)	31
Capital Donations	225	0	(225)	967	115	(851)
Operational Surplus	(123)	(411)	(288)	(190)	(1,414)	(1,224)
Remove Capital Donations	(225)	0	225	(967)	(115)	851
Add Back Donated Dep'n	45	47	2	179	187	8
Control Total	(304)	(364)	(61)	(978)	(1,342)	(364)

Statement of Financial Position £'000s				Drivers
Category	Jun-21	Jul-21	Movement	
Fixed Assets	79,235	79,015	(220)	Additions less depreciation
Non current receivables	1,312	1,329	17	
Total Non Current Assets	80,547	80,344	(203)	
Inventories (Stocks)	1,351	1,359	8	
Receivables (Debtors)	9,370	10,172	802	Elective Recovery Fund (ERF)
Cash at Bank and in hand	17,314	18,582	1,268	Block contracts inflation payment backdated to April 21; operational expenditure levels lower than income blocks phased in twelfths
Total Current Assets	28,034	30,113	2,078	
Payables (Creditors)	(15,517)	(16,223)	(705)	Increase in accounts payable and PDC accrual
Borrowings	(1,451)	(1,459)	(8)	
Current Provisions	(697)	(690)	7	
Total Current Liabilities (< 1 year)	(17,665)	(18,371)	(706)	
Total Assets less Current Liabilities	90,916	92,085	1,170	
Non Current Borrowings	(4,500)	(4,500)	0	
Non Current Provisions	(988)	(974)	14	
Non Current Liabilities (> 1 year)	(5,488)	(5,474)	14	
Total Assets Employed	85,428	86,611	1,184	
Public Dividend Capital	(36,108)	(36,108)	0	
Retained Earnings	(22,397)	(22,397)	0	
Revenue Position	(1,985)	(3,169)	(1,184)	Current period surplus
Revaluation Reserve	(24,938)	(24,938)	0	
Total Taxpayers Equity	(85,428)	(86,612)	(1,184)	

Draft Finance Metrics (New Single Oversight Framework)

Performance against Financial Plan	■	Underlying financial plan	■	YTD Debtor Days	28
Expenditure run rate	■	Overall trend in reported financial position	■	Creditor Days	53



1. Part One - Private Meeting

2. Chief Executive Update (verbal)

3. MRSA Infection Control - NHSE/I (to

4. FPD Performance Report inc

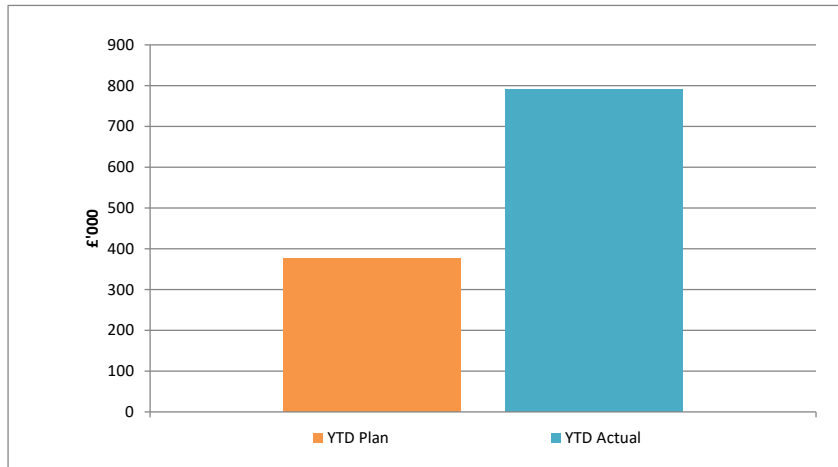
5. Performance Report (M4)

6. Any Other Business

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

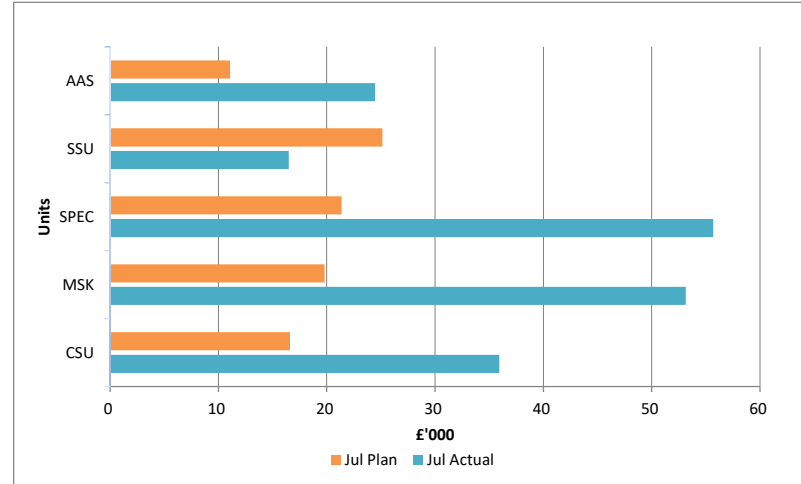
Finance Dashboard 31st July 2021

Trust YTD Achievement Against YTD Plan £000's



Efficiencies Total

In Month Efficiencies Achievement £000's



In Month Efficiencies

Position as at	2122-04		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	96	36	60	190	124	66	600	
IT investment & replacement	300	0	-4	4	40	-4	44	300	
Capital project management	100	8	10	-2	33	39	-6	100	
Equipment replacement	500	50	0	50	100	-0	100	500	
Diagnostic equipment replacement	1,701	200	3	197	600	94	506	1,701	
Diagnostic equipment replacement PDC	99	0	0	0	0	0	0	99	
Contingency	500	0	7	-7	100	36	64	500	
EPF planning & implementation	2,000	0	0	0	0	0	0	2,000	
Invest to save	200	0	0	0	0	0	0	200	
Donated medical equipment	200	0	0	0	125	111	14	200	
Veterans' centre	4,500	225	126	99	625	252	373	4,500	
Total Capital Funding	10,700	579	178	401	1,813	651	1,163	10,700	
Donated medical equipment	-200	0	0	0	-125	-111	-14	-200	
Veteran's facility	-4,500	-225	-126	-99	-625	-252	-373	-4,500	
Capital Funding (NHS only)	6,000	354	51	303	1,063	288	775	6,000	

Forecast

Category	Forecast			Notes
	Plan	Actual	Variance	
Clinical Income	49,144	49,892	748	Overperformance driven by pass through drugs. ERF income included for Q1, Q2 income at risk due to rule changes
CCG Growth Funding	2,561	2,591	30	
System Top up Funding	878	878	0	
Covid-19 Funding	1,452	1,452	0	
Private Patient income	1,877	3,271	1,394	YTD overperformance, continued forecast over performance for August
Other income	2,973	2,705	(268)	Continued shortfalls for Denbighs, Car parking & Research
Pay	(34,334)	(34,093)	241	Covid underspends
Non-pay	(19,682)	(20,552)	(870)	Pass through drugs & PP implants
EBITDA	4,869	6,144	1,275	
Finance Costs	(3,327)	(3,326)	1	
Capital Donations	1,740	1,105	(635)	
Operational Surplus	3,282	3,923	641	
Remove Capital Donations	(1,740)	(1,105)	635	
Add Back Donated Dep'n	269	277	8	
Control Total	1,811	3,095	1,284	

1. Part One - Private Meeting

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3. MRSA Infection Control - NHSE/I (to

4. FPD Performance Report inc

5. Performance Report (M4)

6. Any Other Business