

Month 1 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 1 (April) 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 KPIs have been added to the report this month to reflect the ongoing focus required from the 22/23 Operational planning guidance:

- Patients Waiting Over 78 Weeks – English
- Patients Waiting Over 78 Weeks – Welsh
- Big Ticket Item (BTI) Efficiency Delivered

The following KPIs have previously been monitored through both People and Quality and Safety Committees but have been added to this version of the IPR to ensure the Board has oversight:

- Surgical Site Infections
- RJAH Acquired MSSA Bacteraemia

Month 1 Integrated Performance Report

- Vacancy Rate

2.3. Overview

The Board through this IPR should note the following;

The impacts of covid continue to impact delivery of our statutory targets and during April our activity was significantly scaled back as we provided workforce to support the system's critical incident.

Patients continue to be booked in line with guidance regarding clinical priority as a primary rather than date order, with an additional focus on eliminating 104 week waiters.

Caring for Staff;

- Sickness Absence
 - Metric showing special cause variation of a concerning nature; remaining above control range
 - Both long term and short-term sickness remain as special cause variation of concern
- Voluntary Staff Turnover – an exception at Trust level and specific Staff Groups are consistently off target
 - Additional Clinical
 - Administrative and Clerical
 - Estates and Ancillary
 - Nursing and Midwifery

Caring for Patients;

- Number of Complaints
 - Off target for three consecutive months
- RJAH Acquired Klebsiella spp
 - One infection reported
- Surgical Site Infections
 - Narrative pays reference to this reporting in rolling twelve-month period, four additional infections reported for procedures carried out in March and April
- WHO Documentation Audit - % Compliance
 - Four months off target
- 18 Weeks RTT Open Pathways
 - Metric continues to fail the 92% target. As expected from covid impact, this will continue for a significant time
- Patients Waiting Over 52 Weeks
 - Both English and Welsh showing special cause variation with increases reported this month
 - For month 1 our English patients waiting over 52 weeks is 40 patients above our planned trajectory
- Patients Waiting Over 78 Weeks
 - Both English and Welsh showing special cause variation with increases reported this month
 - For month 1 our English patients waiting over 78 weeks is 2 patients above our planned trajectory
- Patients Waiting Over 104 Weeks
 - English and Welsh individually showing special cause variation of concern
 - For month 1 our English patients waiting over 104 weeks is 8 patients above our planned trajectory
- 6 and 8 Week Wait for Diagnostics
 - English standard; special cause variation
 - Welsh standard; normal variation
 - Both consistently off target

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Month 1 Integrated Performance Report

Caring for Finances;

- Total Outpatients Against Plan
 - 96.03% of plan achieved in April
- Bed Occupancy – All Wards – 2pm
 - Metric shown as special cause variation of an improving nature, although consistently failing target
- Expenditure
 - Adverse in month
- Efficiency Delivered
 - 1.2% efficiencies achieved in month against phased plan of 1.3%
- Cash Balance
 - Cash levels in month adverse to plan

2.4. Conclusion

The Board is asked to **note** the assurances provided on overall performance as presented in the month 1 (April) 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.

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	IPR Position	May 2022 Unvalidated Position		
Metric	Apr-22	Snapshot Date	Snapshot Position	Supporting commentary
Sickness Absence	6.46%	25/05/2022	4.60%	Sickness Absence % within Trust on snapshot date.
Vacancy Rate	5.30%	25/05/2022	5.14%	Unvalidated. Inclusive of May's payroll transactions. Subject to change.
Never Events	0	25/05/2022	0	
Serious Incidents	0	25/05/2022	0	
Surgical Site Infections	2	25/05/2022	0	No SSIs as at snapshot date.
Patients Waiting Over 104 Weeks - English	114	25/05/2022	111	As per weekly submission made to NHS EI on snapshot date.
Private Patient Activity	91.43% (32 against a plan of 35)	25/05/2022	65.57% (40 against a plan of 61)	Snapshots include upcoming booked activity. Subject to change.
Total Elective Activity against Plan	116.67% (602 against a plan of 516)	25/05/2022	94.84% (864 against a plan of 911)	
Total Outpatient Activity against Plan	96.98% (11,667 against a plan of 12,030)	25/05/2022	106.60% (13,962 against a plan of 13097)	

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Integrated Performance Report

April 2022 – Month 1



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



Aspiring to deliver world class patient care

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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:

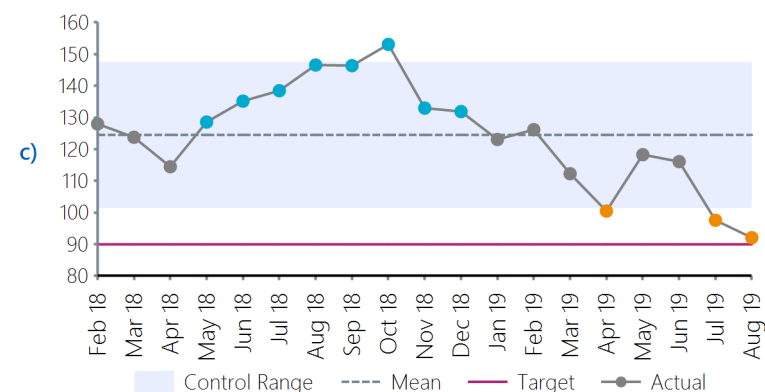
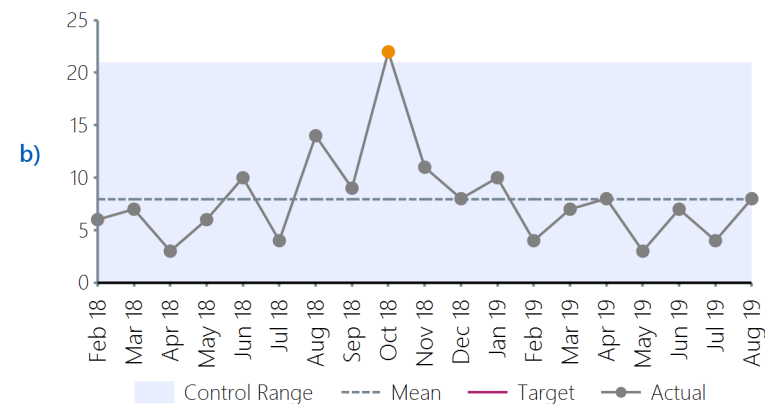
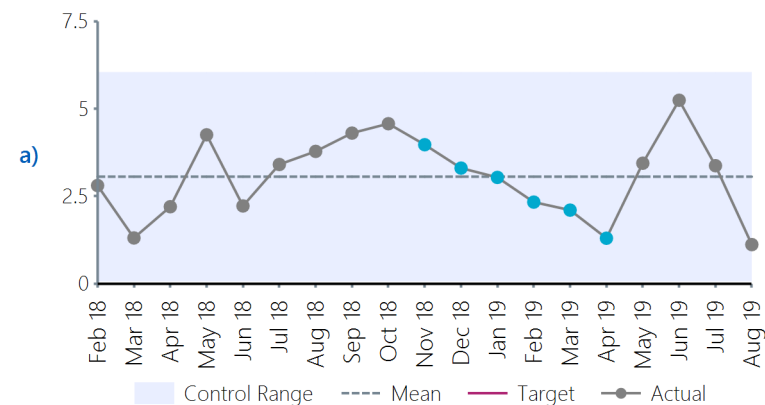
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

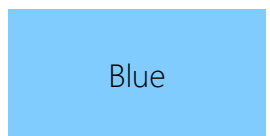
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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



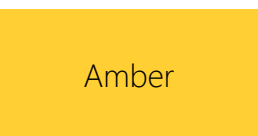
Blue

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.

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Summary - Caring for Staff

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan 22_23	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	6.46%				+	27/02/20
Voluntary Staff Turnover - Headcount	8.00%	9.52%				+	24/06/21
Vacancy Rate	8.00%	5.30%					14/03/19

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Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan 22_23	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					
Never Events	0	0					16/04/18
Number of Complaints	8	12				+	
RJAH Acquired C.Difficile	0	0					24/06/21
RJAH Acquired E. Coli Bacteraemia	0	0					24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired MSSA Bacteraemia	0	0					
RJAH Acquired Klebsiella spp	0	1				+	24/06/21
RJAH Acquired Pseudomonas	0	0					
Surgical Site Infections	0	2				+	

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Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan 22_23	Variation	Assurance	Exception	DQ Rating
Unexpected Deaths	0	0					16/04/18
WHO Quality Audit - % Compliance	100%	100%					
WHO Documentation Audit - % Compliance	100%	95%				+	
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85%	100%					
6 Week Wait for Diagnostics - English Patients	99.00%	61.08%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	66.27%				+	
18 Weeks RTT Open Pathways	92.00%	52.54%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,941	1,901			+	24/06/21
Patients Waiting Over 52 Weeks – Welsh	0	957				+	24/06/21

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Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan 22_23	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 78 Weeks - English	0	602	600			+	4.
Patients Waiting Over 78 Weeks – Welsh	0	296				+	5.
Patients Waiting Over 104 Weeks - English	0	114	106			+	6.
Patients Waiting Over 104 Weeks - Welsh	0	90				+	7.

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Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan 22_23	Variation	Assurance	Exception	DQ Rating
Total Elective against Plan	100.00%	116.67%					
Bed Occupancy – All Wards – 2pm	87.00%	83.58%				+	09/03/22
Total Outpatients against Plan	100.00%	96.03%				+	
Financial Control Total	-1,168	-1,163					
Income	8,511	8,585					
Expenditure	9,729	9,799				+	
Efficiency Delivered	136	127				+	
Big Ticket Item (BTI) Efficiency Delivered	0	26					
Cash Balance	24,135	23,519				+	
Capital Expenditure	623	495					

Sickness Absence

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

Latest Target/Baseline

3.60%

Latest Value

6.46%

Variation



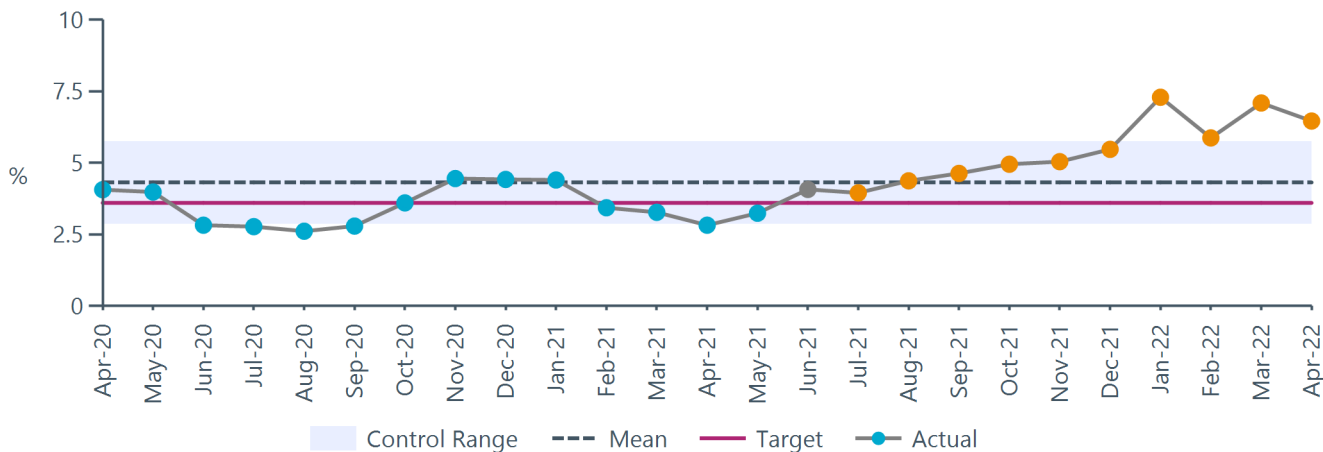
Assurance



Trajectory/Plan 22_23



Exec Lead:
Chief People Officer



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

The sickness absence reported for April is 6.46% (4.30% sickness excluding 'infectious diseases'). This remains above target and is shown as special cause variation with a fourth data point outside our control range. Unit level detail below for those areas that are above target:

- * MSK Unit - 9.11% (6.21% excluding 'infectious diseases')
 - * Specialist Unit - 5.91% (4.10% excluding 'infectious diseases')
 - * CSU - 6.49% (3.80% excluding 'infectious diseases')
 - * Assurance & Standards Team - 4.22% (3.10% excluding 'infectious diseases')
- The highest reason for absence was 'Infectious diseases' across all areas of the Trust.

Staff groups with the highest levels of sickness absence were:

- * Healthcare Assistants - 13.49%
- * Anaesthetic Medical Staff - 7.89%
- * Registered Nursing Staff - 7.84%
- * Physiotherapists - 7.29%

Actions

Actions in relation to sickness include:

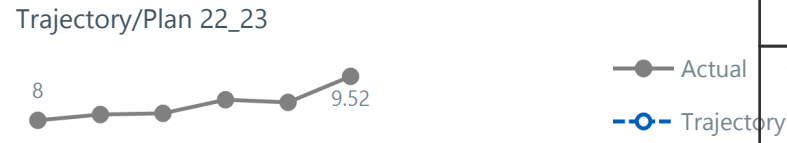
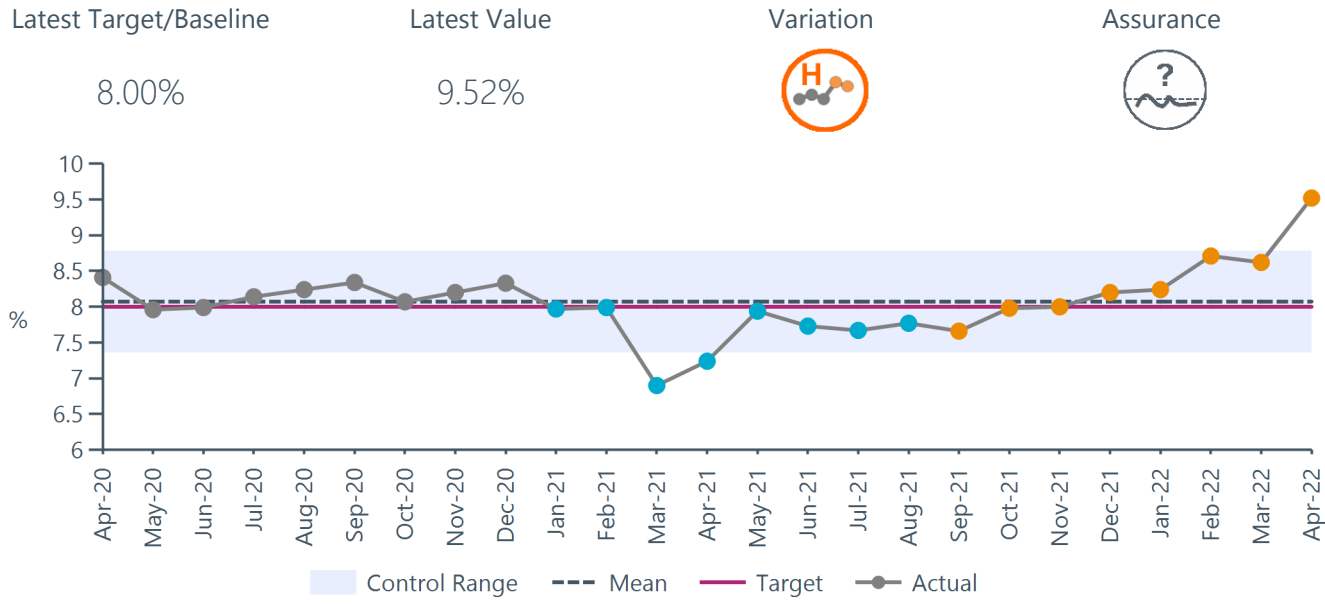
- * Data Quality improvements where 'other known reasons' is recorded as absence reason; Workforce Information Team cross-checking against doctors' notes to update where possible
- * People Services Business Partners providing regular engagement and coaching to managers
- * Exploring preventative actions to prevent sickness; this could include redeployment or agreement of flexible working
- * Promoting Mental Health in the workplace; multiple sources of support available to staff
- * Analysis of staff survey, although not directly correlated, establish if any themes that could impact on sickness levels. For example, is there any correlation between staff survey engagement and sickness levels?

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
2.82%	3.24%	4.07%	3.95%	4.37%	4.63%	4.95%	5.04%	5.47%	7.29%	5.87%	7.09%	6.46%

- Staff - Patients - Finances -

Voluntary Staff Turnover - Headcount

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



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

Voluntary Staff Turnover, at Trust level, has now exceeded the 8% target for five months, and is shown as special cause variation. In the latest twelve month period, May-21 to April-22, there have been 156 leavers throughout the Trust. This is in relation to a headcount in post of 1639, as at 30th April 2022. The staff groups with turnover above target are; Estates and Ancillary - 12.08%, Nursing and Midwifery - 11.78%, Allied Health Professionals - 10.31%, Additional Clinic - 9.18%, Administrative and Clinical - 8.37%

Following a recent action, additional analysis has been undertaken to review the reasons for leaving. The top three reasons (that accounts for 61.54%) at Trust level were:
 * Retirement age 46 / 29.49%
 * Voluntary Resignation - Other/Not Known - 33 / 21.15%
 * Voluntary Resignation - Work Life Balance - 17 / 10.90%
 This is based on the leaving reasons listed on termination form/ESR. There are three categories for Retirement - Age, ill health and flexi retirement. The total for these three categories was 56 leavers in the last twelve months. Of the 56 leaving due to retirement, 33 returned in some capacity (59%).

Actions

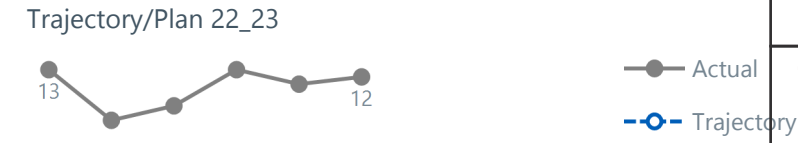
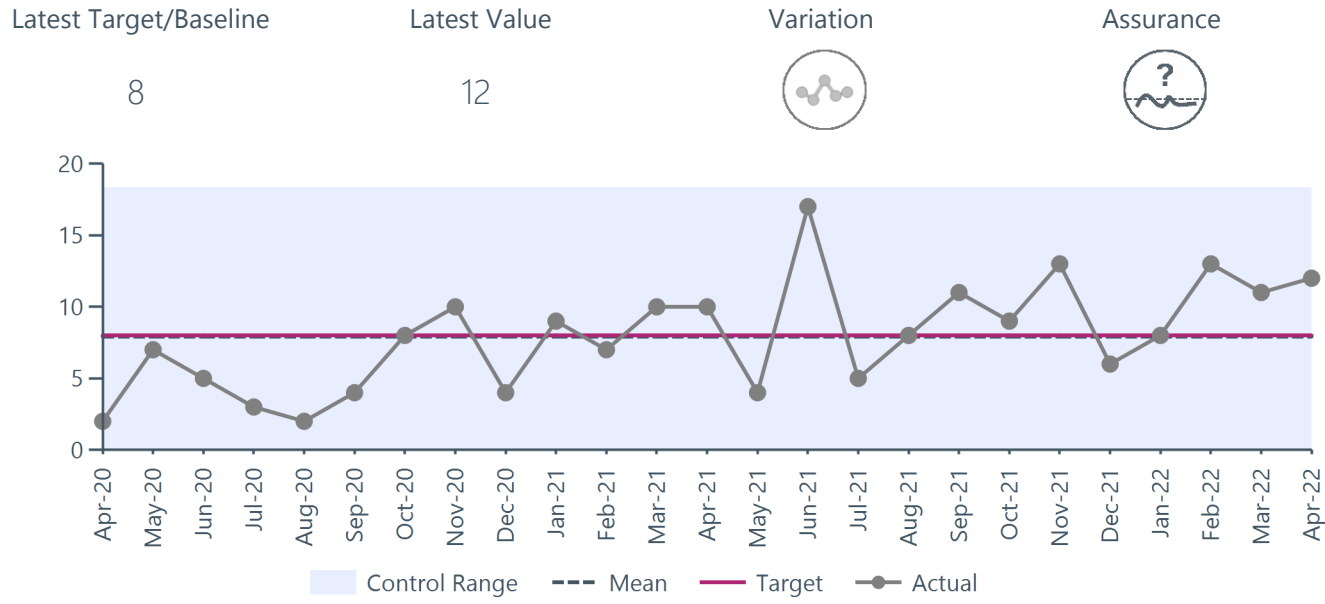
- Actions in relation to voluntary staff turnover include:
 * People Business Partners to analyse demographic view of the Trust workforce; within Specialist Unit some initial findings have been discussed with appropriate managers looking at skill mix and job descriptions to help with recruitment
 * In line with the NHS People Plan, the Trust is proactively promoting and supporting staff with agile/flexible working with the recent release of an updated Trust policy and communications highlighting this
 * Turnover in Therapies is a 'hot spot' at the moment; actions underway to understand the themes in this area

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

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Number of Complaints

Number of complaints received in month 211105



What these graphs are telling us
Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

There were twelve complaints received in April; above the Trust's tolerance of eight. This KPI is included as an exception this month as it has been off target for three consecutive months. Eight complaints related to quality of clinical care, with reasons associated with outcome of appointment/surgery (5), care/facilities on ward (2) and provision following discharge (1). There were four further operational issues relating to private ward closure (2), cancelled appointment with no notification (1) and delayed surgery (1).

Actions

- Actions in relation to complaints include:
- * One of the Assistant Chief Nurses will be undertaking a review of the complaints received in the last twelve months, in particular, paying reference to those categorised as 'values and behaviour' to identify if appropriate training or actions are required in this area. The findings of this review will be reported to the Patient Experience Committee in August.
 - * Ludlow ward has now reopened so we do not anticipate any further complaints in relation to the ward used for private patients care.
 - * Establish if there is any benchmarking data available to understand if the increase in complaints is a national trend. If such data is available, determine if any actions or learning is available for us to access.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
10	4	17	5	8	11	9	13	6	8	13	11	12

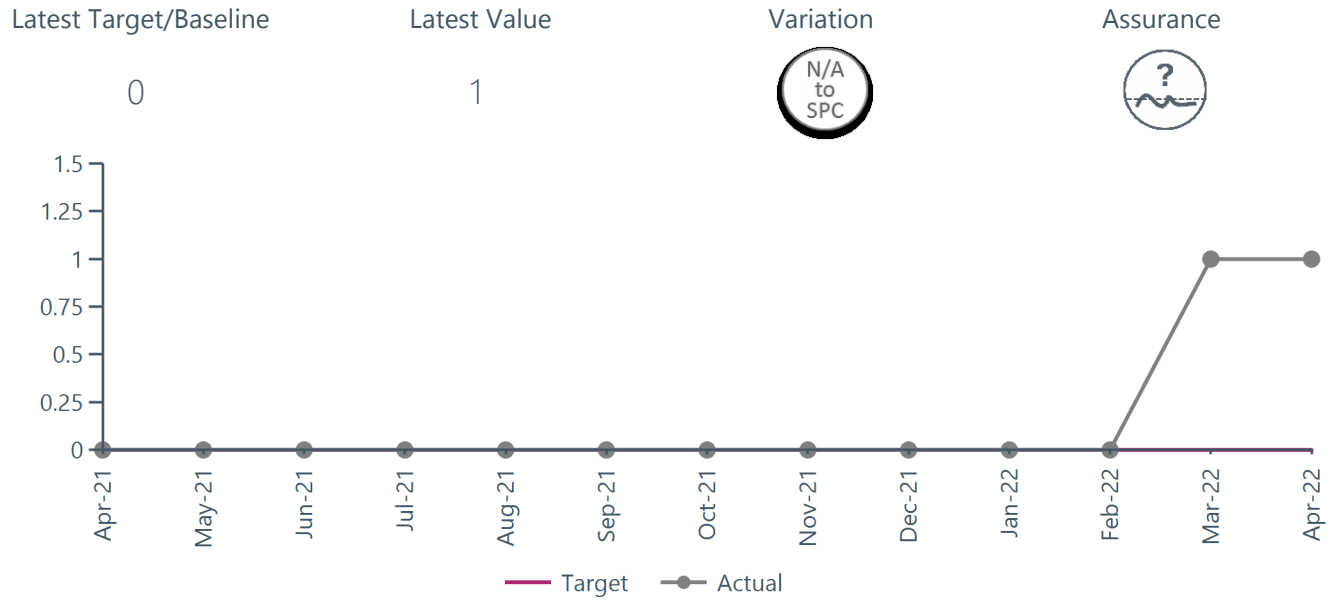
- Staff - **Patients** - Finances -

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RJAH Acquired Klebsiella spp

RJAH Acquired Klebsiella spp 217635

Exec Lead:
 Chief Nurse and Patient Safety Officer



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

Narrative
 There was one RJAH acquired Klebsiella spp reported in April.

Actions
 A post infection review for this was carried out on 10th May.

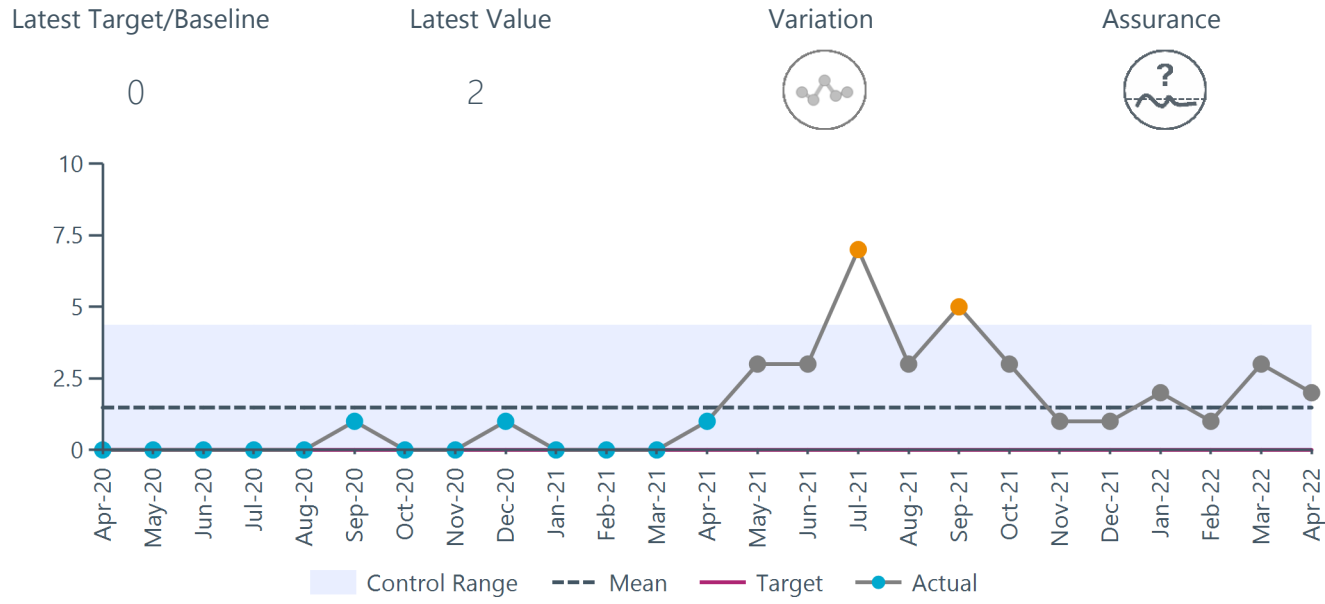
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
0	0	0	0	0	0	0	0	0	0	0	1	1

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Surgical Site Infections

Surgical Site Infections 217727

Exec Lead:
Chief Medical Officer



What these graphs are telling us

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

Narrative

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

In the latest twelve month period, covering May-21 to April-22, there have been 34 surgical site infections. There were four additional infections confirmed in April relating to procedures that took place in March (2) and April (2). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

- For the latest complete quarters a breakdown as follows:
- July 21 to September 21 - 15 SSIs with 14 Post Infection Reviews Complete
 - October 21 to December 21 - 5 SSIs with 2 Post Infection Reviews Complete
 - January 22 to March 22 - 6 SSIs with 1 Post Infection Review Complete

Actions

A post infection review is undertaken for each surgical site infection that is reported. Recently, there were themes identified through this process that highlighted a requirement to focus on patient information. This will be improved to provide suitable guidance on care of wounds post discharge.

In May, a Surgical Site Infection Practitioner started within the IPC team. Initially they will be working through the post infection reviews that are outstanding. There is then an aim that they will be able to conduct these in a timely manner going forward, in line with what is appropriate to each individual patient. A weekly report is being sent to DIPC and trajectory to be set once all dates confirmed for post infections reviews.

The IPC Nurse Specialist has introduced a Surgical Site Infection Prevention working group, chaired by the MSK matron, that is being held every two weeks. The group is being managed by the MSK unit with membership including Theatres, Pre-Op and Baschurch. The group has clear actions with initial focus on warming and wound care.

A deep dive has been commissioned by the IPC QAC.

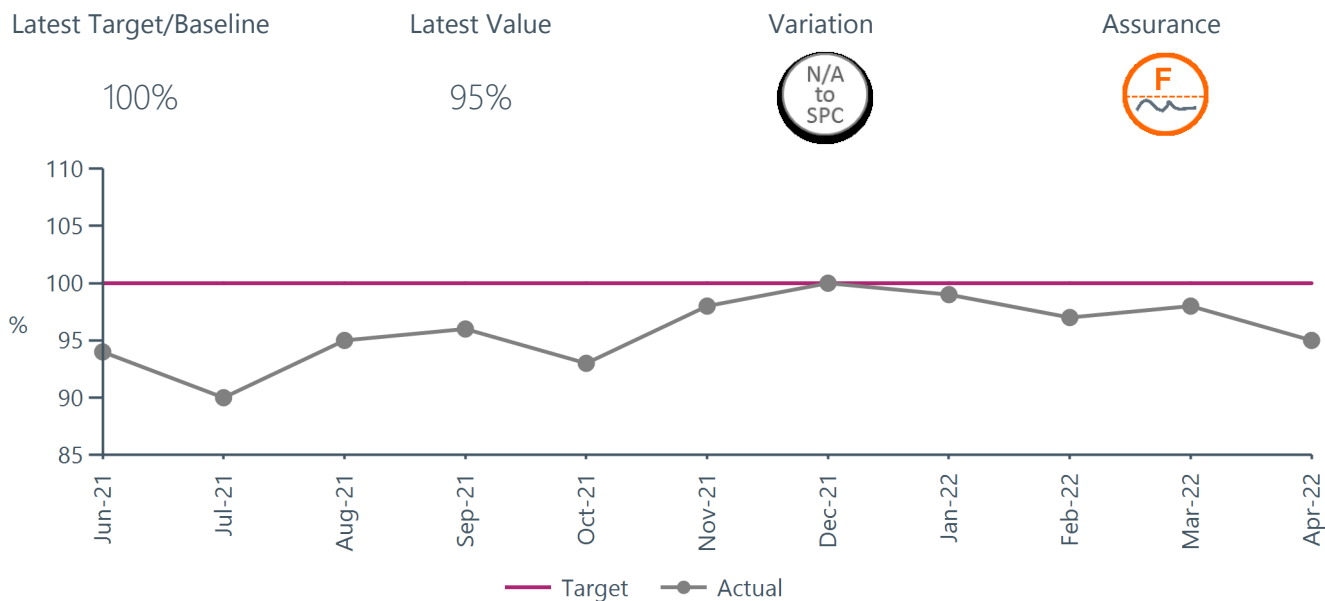
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
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- Staff - **Patients** - Finances -

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WHO Documentation Audit - % Compliance

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



Trajectory/Plan 22_23



What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance indicates that this is consistently failing the target.

Narrative

The WHO Documentation Audit - % Compliance in April is reporting 95%. A total of 40 paper documentation audits were undertaken by the Recovery team, where staff were checking for stickers evidencing adherence to each of the WHO five steps, results of which showed:

- * Unable to locate WHO for three sample patient affecting steps 1 and 5 in the first audit - 88% compliant
- * Missing steps 2,3,and 4 in the third audit - 90% compliant
- * Audits two and four 100% 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. As a result of COVID-19 sickness related absence amongst Registered Nurses these audits were not recorded in the Tendable App (formerly known as Perfect Ward).

Actions

Documentation audit results and observations have been shared with the Matron, Assistant Chief Nurse and the Chief Medical Officer, and the detail behind the audit results and actions to improve compliance will be discussed at the fortnightly Theatre User Group meeting. A recommendation in relation to the 100% target compliance level will be brought to Patient Safety Committee by the Assistant Chief Nurse.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
		94%	90%	95%	96%	93%	98%	100%	99%	97%	98%	95%

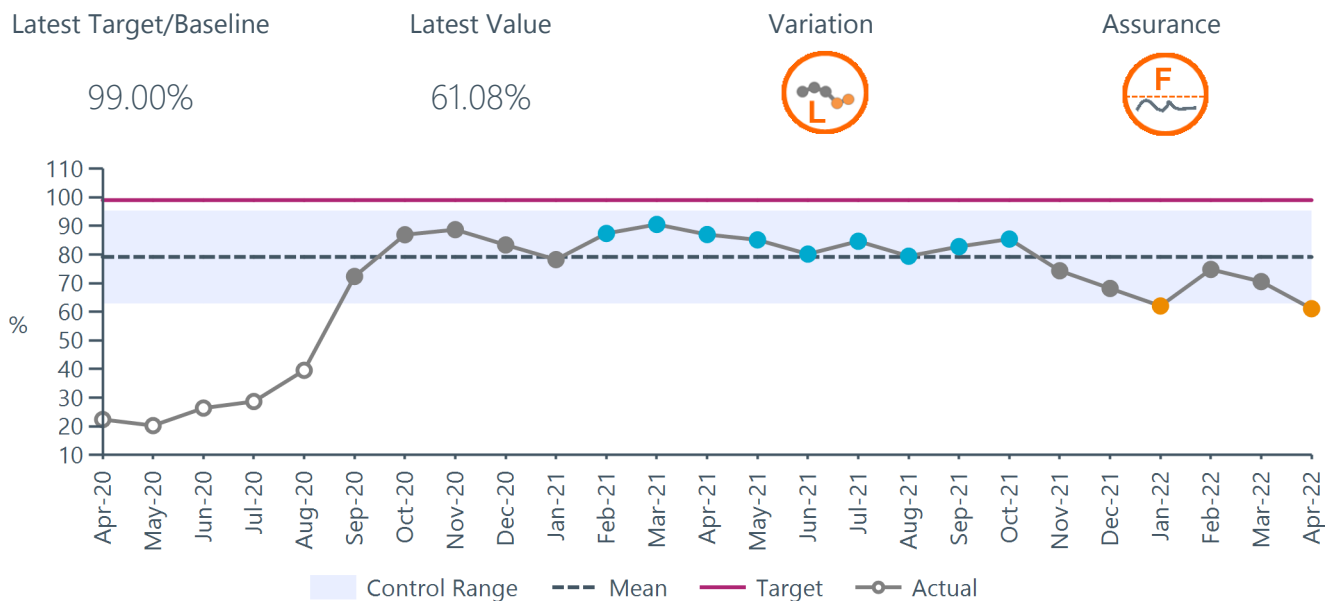
- Staff - Patients - Finances -

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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 22_23



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

The 6 week standard for diagnostics was not achieved this month and is reported at 61.08%. This equates to 618 patients who waited beyond 6 weeks. Breakdown below outlines performance and breaches by modality:

- MRI - 53.46% D2 (Urgent - 0-2 weeks) - 5 with 4 dated, D3 (Routine - 4-6 weeks) - 7 dated, D4 (Routine - 6-12 weeks) - 520 with 210 dated
- CT - 85.94% D2 (Urgent - 0-2 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 17 with 9 dated
- Ultrasound - 78.55% D2 (Urgent - 0-2 weeks) - 2 dated, D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 65 with 58 dated
- DEXA Scans - 100%

Activity was lost in April due to sickness and the continual pressures of COVID-19; sickness within Radiology was reported at 5.04%. As the number of patients waiting over 6 weeks for a MRI has increased it was decided to preserve MRI service over CT. There was also an increase in the number of Ultrasound patients breaching again in April; this is due to the increase in the Ultrasound waiting list. Furthermore, the trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were changed from routine to urgent. It must be noted that the trajectory for April for MRI was 51%.

Actions

Actions include:

- Extended weekend working to be implemented
 - Currently reviewing skill mix within Diagnostics to train and then utilise established staff across multiple modalities where pressures arise
 - Data supplied to system for Demand and Capacity Model to help with monitoring and forecasting within all modalities
 - Make informal enquiries with system to establish process if MRI performance decreases to below 50 percent
 - Currently developing a proposal for additional community services to increase community diagnostic services which will be taken through FPD Committee
 - The Trust worked on proposal for additional ERF that would enable the mobile scanner to stay by this could not be prioritised by the system
- It is anticipated that the actions above will help to improve the current performance although not meet the target. The national expectations are not for this target to be achieved throughout 22/23.

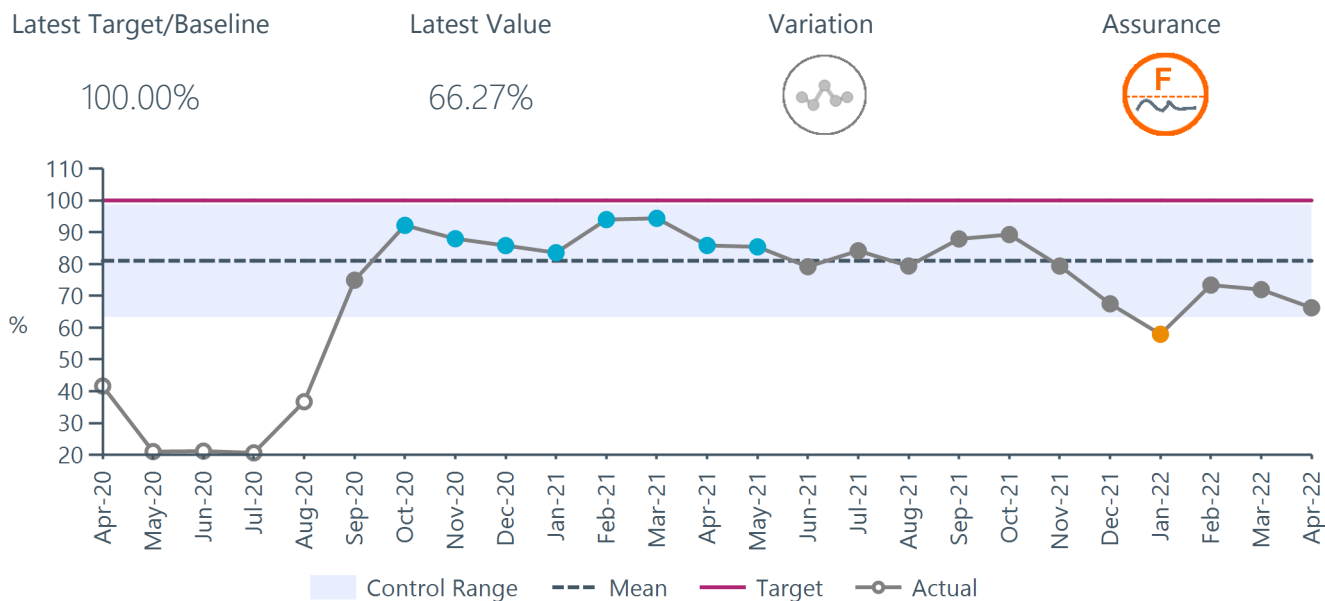
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
86.99%	85.13%	80.17%	84.66%	79.43%	82.78%	85.42%	74.35%	68.16%	62.04%	74.81%	70.56%	61.08%

- 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



Trajectory/Plan 22_23



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 8 week standard for diagnostics was not achieved this month and is reported at 66.27%. This equates to 256 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

- MRI - 61.65% - D2 (Urgent - 0-2 weeks) - 2 dated, D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 243 with 108 dated
- CT - 95% - D4 (Routine - 6-12 weeks) - 2 dated
- Ultrasound - 90.28% - D4 (Routine - 6-12 weeks) - 7 dated
- DEXA Scans - 100%

Activity was lost in April due to sickness and the continual pressures of COVID-19; sickness within Radiology was reported at 5.04%. As the number of patients waiting over 6/8 weeks for a MRI has increased it was decided to preserve MRI service over CT. There was also an increase in the number of Ultrasound patients breaching again in April; this is due to the increase in the Ultrasound waiting list. Furthermore, the trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were changed from routine to urgent.

Actions

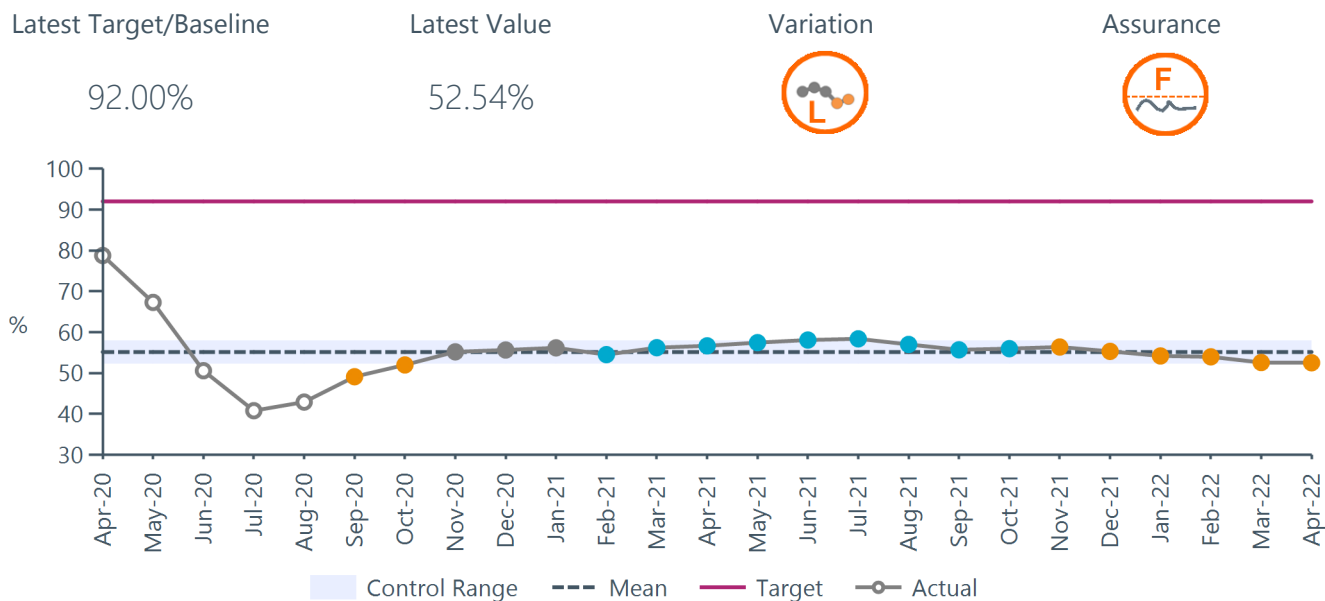
- Actions include:
- Extended weekend working to be implemented
 - Currently reviewing skill mix within Diagnostics to train and then utilise established staff across multiple modalities where pressures arise
 - Data supplied to system for Demand and Capacity Model to help with monitoring and forecasting within all modalities
 - Make informal enquiries with system to establish process if MRI performance decreases to below 50 percent
 - Currently developing a proposal for additional community services to increase community diagnostic services which will be taken through FPD Committee
 - The Trust worked on proposal for additional ERF that would enable the mobile scanner to stay by this could not be prioritised by the system
- It is anticipated that the actions above will help to improve the current performance although not meet the target. The national expectations are not for this target to be achieved throughout 22/23.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
85.86%	85.43%	79.18%	84.19%	79.39%	87.91%	89.28%	79.38%	67.51%	57.94%	73.41%	71.98%	66.27%

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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



Trajectory/Plan 22_23



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 April performance was 52.54% 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 - 7789 patients waiting of which 2258 are breaches
- * MS2 - 1341 patients waiting of which 804 are breaches
- * MS3 - 4940 patients waiting of which 3615 are breaches

Actions

- 2022/23 operational planning guidance stipulates that Trusts should:
- * Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialities
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialities
 - * Develop plans to reduce 52 week waits with ambition to eliminate them by March 2025
- We continue with the Trust's plans and actions to manage demand. These are inclusive of:
- Activity plans for Independent sector and mutual aid capacity
 - Increasing available Theatre sessions - Theatres workforce plan and consultant recruitment
 - 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 and more recently, the Trust supporting the system's critical incident.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
56.68%	57.46%	58.10%	58.40%	57.02%	55.71%	55.99%	56.39%	55.33%	54.21%	53.99%	52.60%	52.54%

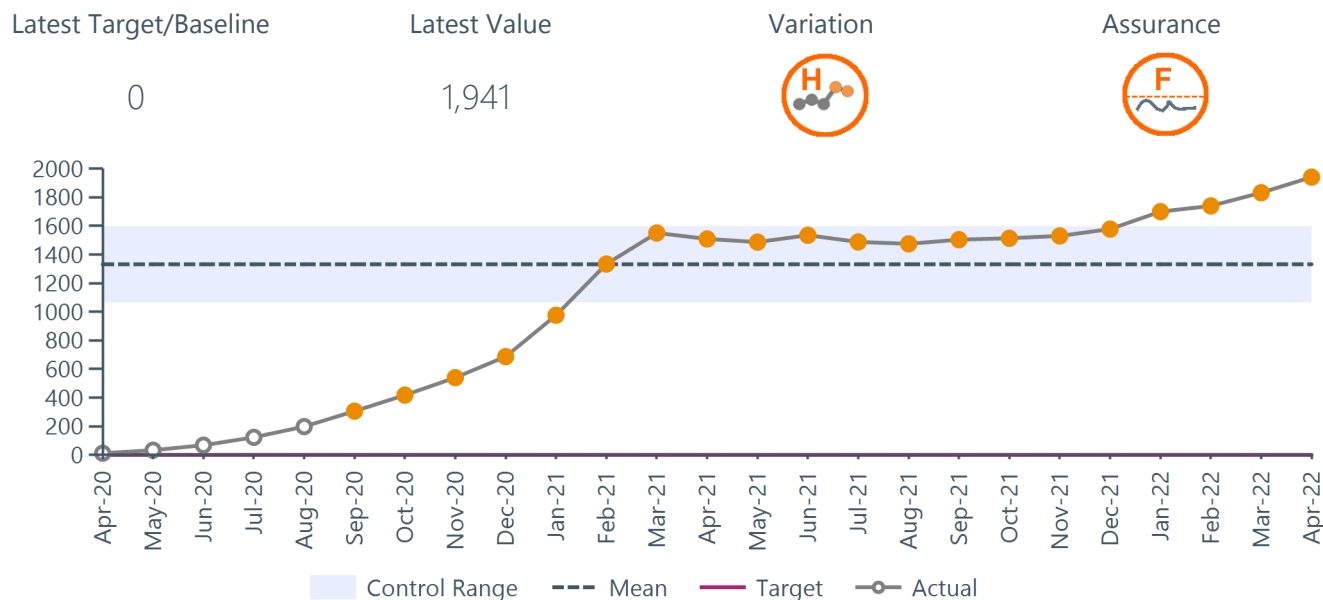
- Staff - Patients - Finances -

Responsible Unit:
Support Services Unit

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 22_23



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 April there were 1941 English patients waiting over 52 weeks; above our trajectory figure of 1901 by 40.

The patients are under the care of the following sub-specialities; Spinal Disorders (1006), Knee & Sports Injuries (346), Arthroplasty (194), Upper Limb (139), Foot & Ankle (92), Veterans (64), Spinal Injuries (56), Metabolic Medicine (17), Paediatric Orthopaedics (12), Tumour (7), Rheumatology (3), Physiotherapy (2), Neurology (2) and Orthotics (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1339 patients
- >78 to <=95 weeks - 390 patients
- >95 to <=104 weeks - 98 patients
- >104 weeks - 114 patients

Actions

2022/23 operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
 - * Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- The submitted plans have been reflected in the trajectory line above.

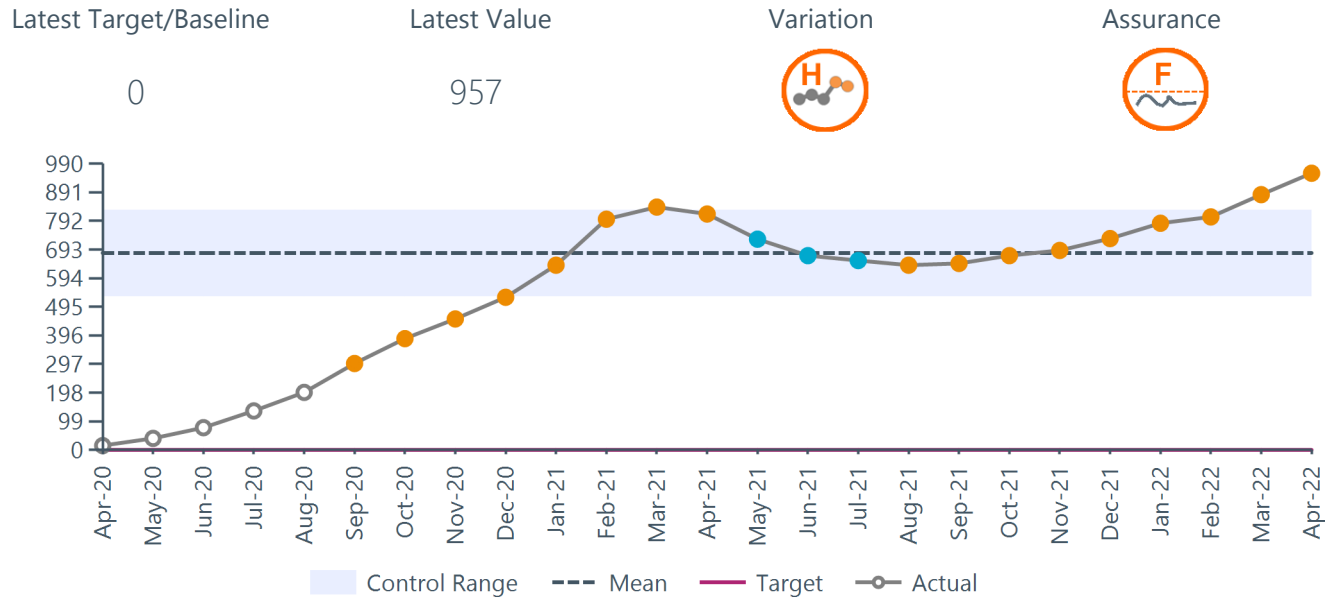
The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1509	1487	1535	1488	1475	1504	1514	1530	1578	1700	1740	1832	1941

Patients Waiting Over 52 Weeks – Welsh

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



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 April there were 957 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (591), Knee & Sports Injuries (106), Arthroplasty (103), Upper Limb (65), Foot & Ankle (42), Spinal Injuries (15), Veterans (12), Metabolic Medicine (7), Paediatric Orthopaedics (7), Tumour (3), Neurology (2), Physiotherapy (2), Rheumatology (1) and Orthotics (1).

The patients are under the care of the following commissioners; BCU (506), Powys (436), Hywel Dda (12), Aneurin Bevan (1), Abertawe Bro (1) and Cardiff & Vale (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 661 patients
- >78 to <=95 weeks - 176 patients
- >95 to <=104 weeks - 30 patients
- >104 weeks - 90 patients

Actions

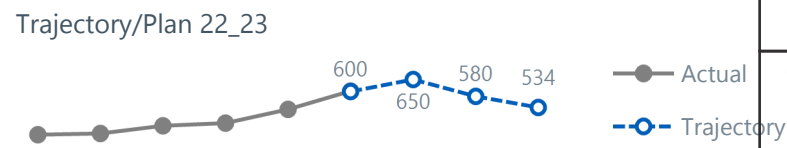
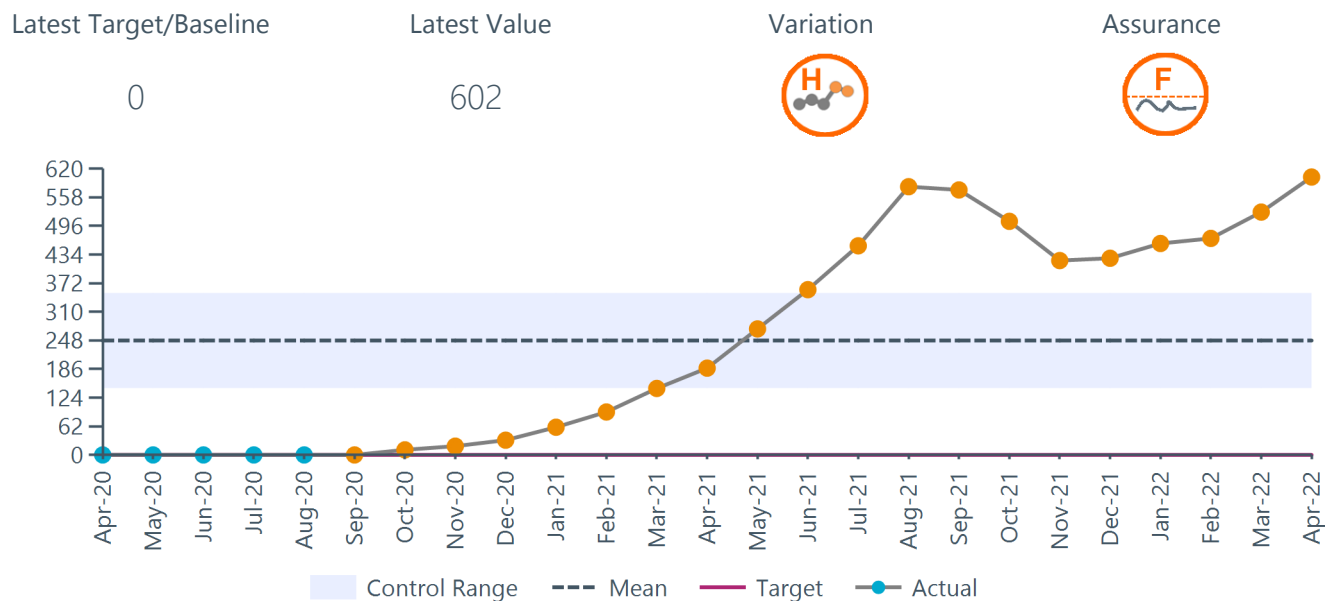
The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
816	729	672	655	639	645	672	690	731	784	806	883	957

Patients Waiting Over 78 Weeks - English

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



What these graphs are telling us
Metric is experiencing special cause variation of a concerning nature. Metric is consistently failing the target.

Narrative

The 22/23 planning guidance stipulates that Trusts should eliminate 78+ weeks by April-23, therefore this was included in the submitted plans and has been added as a KPI to be monitored through this IPR. The submitted plans can be viewed in the trajectory line above.

At the end of April there were 602 English patients waiting over 78 weeks; this was 2 patients above our trajectory.

The patients are under the care of the following sub-specialities; Spinal Disorders (403), Knee & Sports Injuries (90), Upper Limb (34), Spinal Injuries (29), Arthroplasty (24), Foot & Ankle (12), Veterans (9) and Paediatric Orthopaedics (1).

Actions

- 2022/23 operational planning guidance stipulates that Trusts should:
 - * Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
 - * Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
 - * Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- The submitted plans have been reflected in the trajectory line above.

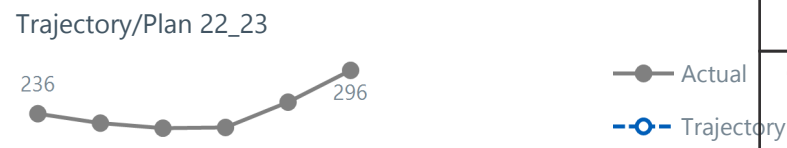
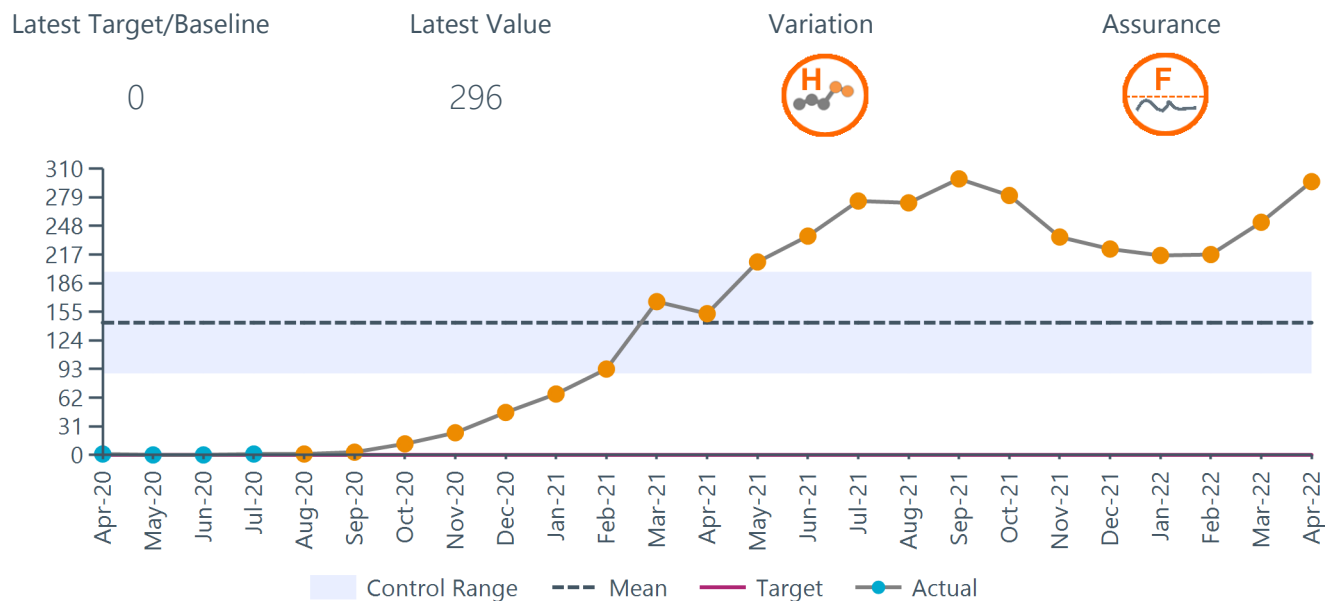
The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services.

It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
188	273	358	453	581	574	506	421	426	458	469	526	602

Patients Waiting Over 78 Weeks – Welsh

Number of RJAH Welsh RTT patients waiting 78 weeks or more at month end 217775



What these graphs are telling us

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

Narrative

The 22/23 planning guidance stipulates that Trusts should eliminate 78+ weeks by April-23. The planning submission was for English patients only but the Trust will monitor this for all patients, therefore this KPI has been added for monitoring through this IPR.

At the end of April there were 296 Welsh patients waiting over 78 weeks. The patients are under the following sub-specialties; Spinal Disorders (235), Knee & Sports Injuries (27), Arthroplasty (12), Upper Limb (8), Spinal Injuries (7), Foot & Ankle (3), Paediatric Orthopaedics (1), Tumour (1), Rheumatology (1) and Neurology (1).

Actions

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.

It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
153	209	237	275	273	299	281	236	223	216	217	252	296

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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

Latest Target/Baseline

0

Latest Value

114

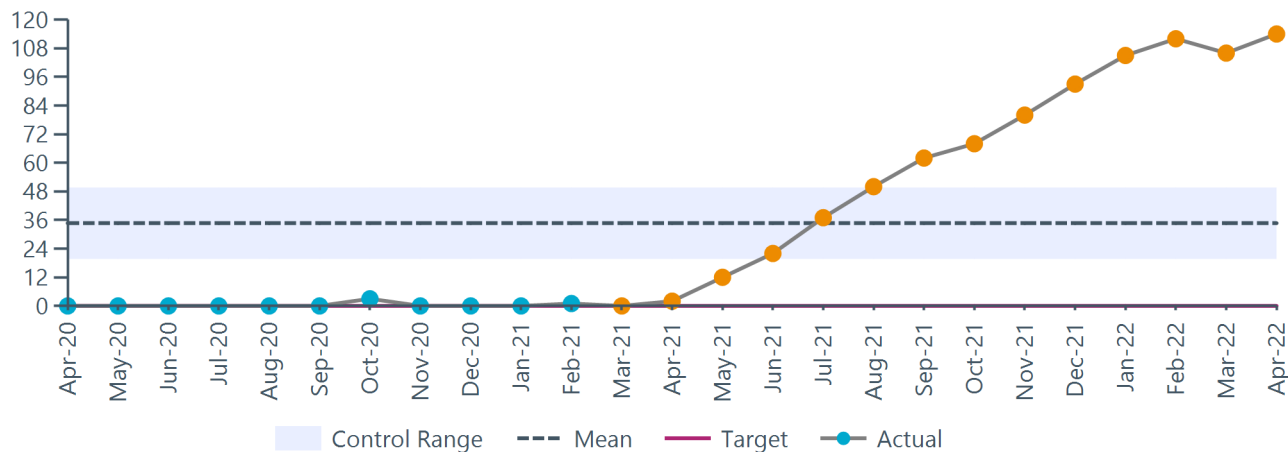
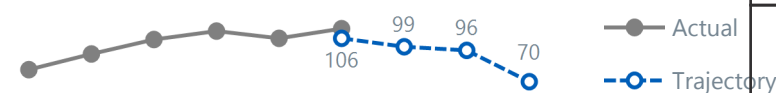
Variation



Assurance



Trajectory/Plan 22_23



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 April there were 114 English patients waiting over 104 weeks, above our trajectory figure of 106 by 8. The patients are under the care of the following sub-specialities, with further details on the volume by priority;

- Spinal Disorders (102) - P2 (3), P3 (21), P4 (58), P6 (7), Not on Elective WL yet so no priority (13)
- Knee & Sports Injuries (6) - P3 (3), P4 (2), P6 (1)
- Arthroplasty (3) - P3 (1), P6 (2)
- Spinal Injuries (2 - P6)
- Foot & Ankle (1 - P6)

Actions

2022/23 NHS England operational planning guidance stipulates that Trusts should:

- * Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialities

The Trust expects spinal disorders 104+ weeks to still be present. This is due to national pressures for this specialist service and continued demand. As acknowledged through the planning guidance, there may also be patients who choose to wait. This formed part of our 2022/23 planning submission and our submitted plans can be viewed in the trajectory line above. Patients choosing to wait (P6) are undergoing further reviews with external peer support also being requested.

Discussions are underway with other NHS providers who may be able to support with mutual aid. Independent Sector support has already been built in to 2022/23 plans. It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident. Every effort has been made to ensure those patients waiting over 104 weeks were, and continue to be, not impacted.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
2	12	22	37	50	62	68	80	93	105	112	106	114

- Staff - **Patients** - Finances -

Patients Waiting Over 104 Weeks - Welsh

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

Latest Target/Baseline

0

Latest Value

90

Variation



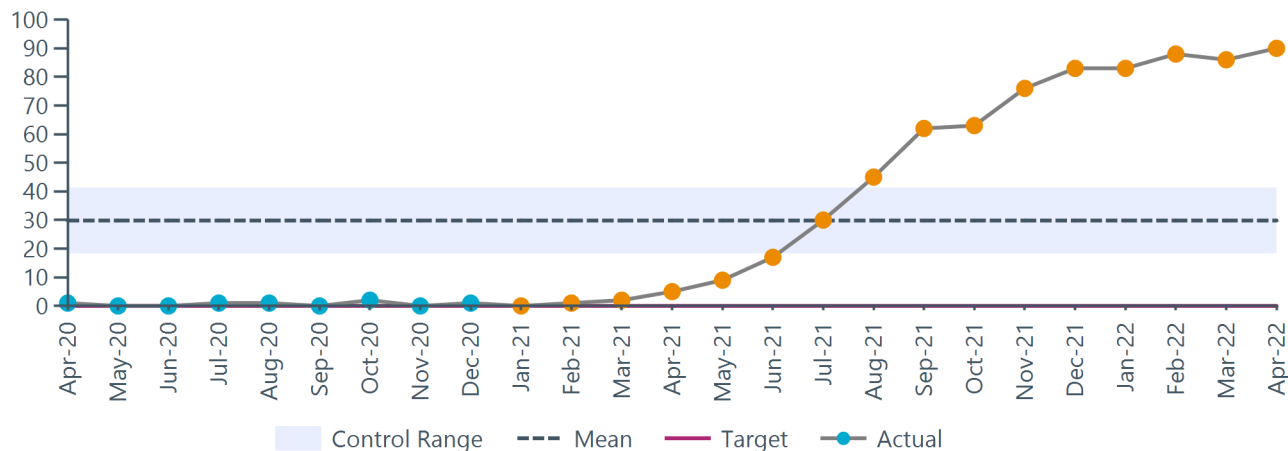
Assurance



Trajectory/Plan 22_23



Responsible Unit:
Specialist Services Unit



What these graphs are telling us

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

Narrative

At the end of April there were 90 Welsh patients waiting over 104 weeks. The patients are under the care of the following sub-specialities, with further details on the volume by priority;

- Spinal Disorders (86) - P2 (5), P3 (25), P4 (48), P6 (1), Not on Elective WL yet so no priority (7)
- Arthroplasty (1 - Not on Elective WL yet so no priority)
- Spinal Injuries (1 - P6)
- Knee & Sports Injuries (1 - Not on Elective WL yet so no priority)
- Rheumatology (1 - Not on Elective WL yet so no priority)

Actions

The Trust's pressured service continues to be spinal disorders. This is due to national pressures for this specialist service and continued demand. As acknowledged through current clinical prioritisation, there may also be patients who choose to wait. This formed part of our 2022/23 planning submission, although plans were only required for English patients. The Trust is reviewing the patients that choose to wait (P6).

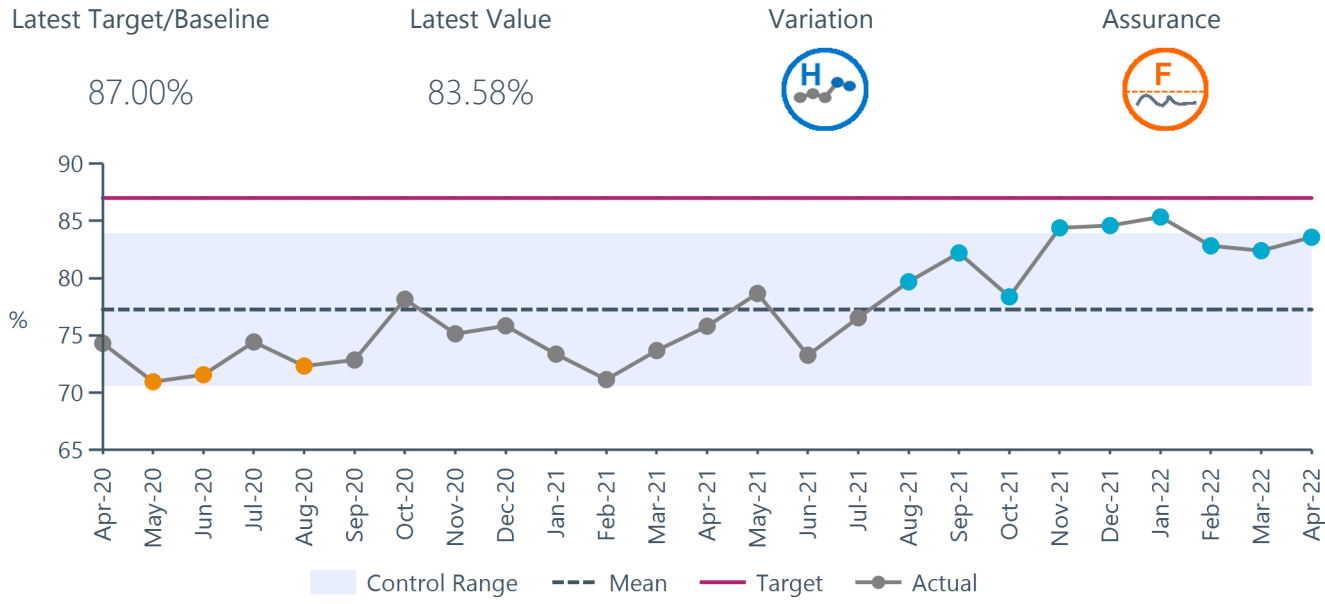
It must be noted, we anticipate an impact on patients waiting as a result of reductions in planned activity due to the support RJAH recently provided to the system's critical incident. Every effort has been made to ensure those patients waiting over 104 weeks were, and continue to be, not impacted.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5	9	17	30	45	62	63	76	83	83	88	86	90

- Staff - **Patients** - Finances -

Bed Occupancy – All Wards – 2pm

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



Trajectory/Plan 22_23



What these graphs are telling us

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

Responsible Unit:
MSK Unit

Narrative

The occupancy rate for all wards is reported at 83.58% for April and remains shown as special cause variation of an improving nature. Breakdown provided below:

- MSK Unit:
- Clwyd - 86.68% - compliment of 22 beds; up to 6 beds closed on some days in the month
 - Powys - 74.24% - compliment of 22 beds open for majority of month
 - Kenyon - 67.83% - compliment of 12 beds; some beds closed for a few days
 - Ludlow - closed throughout month
- Specialist Unit:
- Alice - 38.75% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
 - Oswald - 84.07% - compliment of 10 beds open throughout month
 - Gladstone - 90.76% - compliment of 29 beds; up to 3 beds closed on some days in the month
 - Wrekin - 92.44% - compliment of 15 beds open throughout month
 - Sheldon - 96.67% - compliment of 20 beds open throughout month

Actions

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.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
75.81%	78.67%	73.27%	76.54%	79.68%	82.21%	78.37%	84.40%	84.60%	85.35%	82.82%	82.40%	83.58%

- Staff - Patients - **Finances** -

Total Outpatients against Plan

Total outpatient activity (H1 - consultant led, non-consultant led and un-bundled and H2 - consultant led and non-consultant led) against submitted plans. 217582

Responsible Unit:
Clinical Services Unit

Latest Target/Baseline

100.00%

Latest Value

96.03%

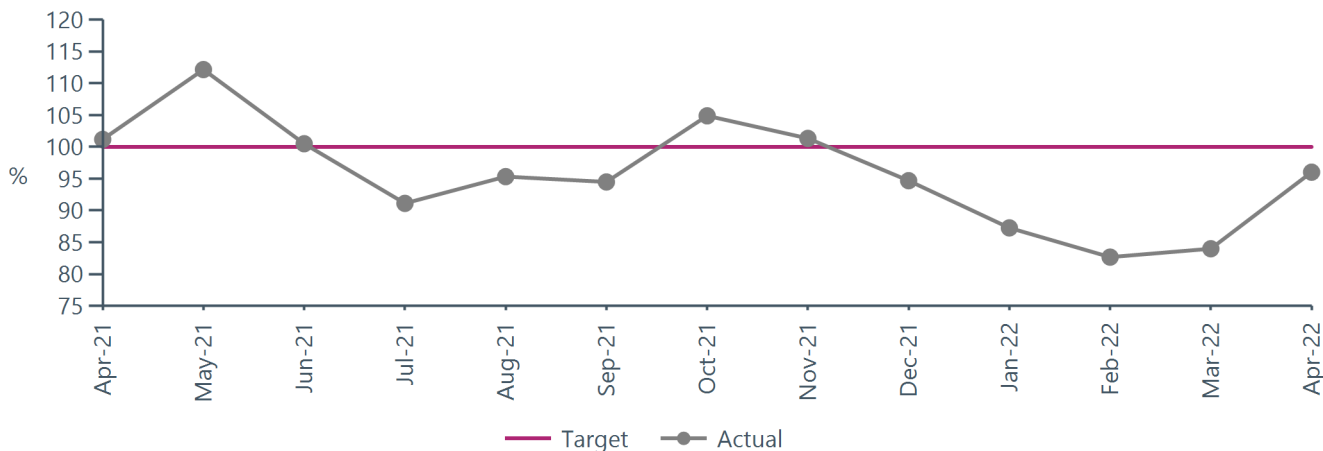
Variation



Assurance



Trajectory/Plan 22_23



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. The assurance indicates that this is consistently failing.

Narrative

In April the total Outpatient activity undertaken in the Trust was:

- Against 2022/23 plan - 11552 against 12030 - 478 cases below - equating to 96.03%.
- Against 2019/20 NHS EI baseline - 11552 against 14417 - 2865 cases below - equating to 80.13%
- Against 2019/20 technical baseline (coding and counting adjustment) - 11552 against 14160 - 2608 cases below - equating to 81.58%
- Against 2022/23 English only plan - 8683 against 9038 - 353 cases below - equating to 96.09%

The sub-specialities with the highest activity against plan in April are:

- SOOS Physiotherapy - 149.29% - (839 against 562)
- SOOS GPSI - 146.60% - (151 against 103)
- Muscle - 146.15% - (38 against 26)

And the sub-specialities with the lowest activity against plan in March are:

- Arthroplasty - 63.49% - (859 against 1353)
- ORLAU - 73.20% - (183 against 250)
- Physiotherapy - 76.37% - (1060 against 1388)

Actions

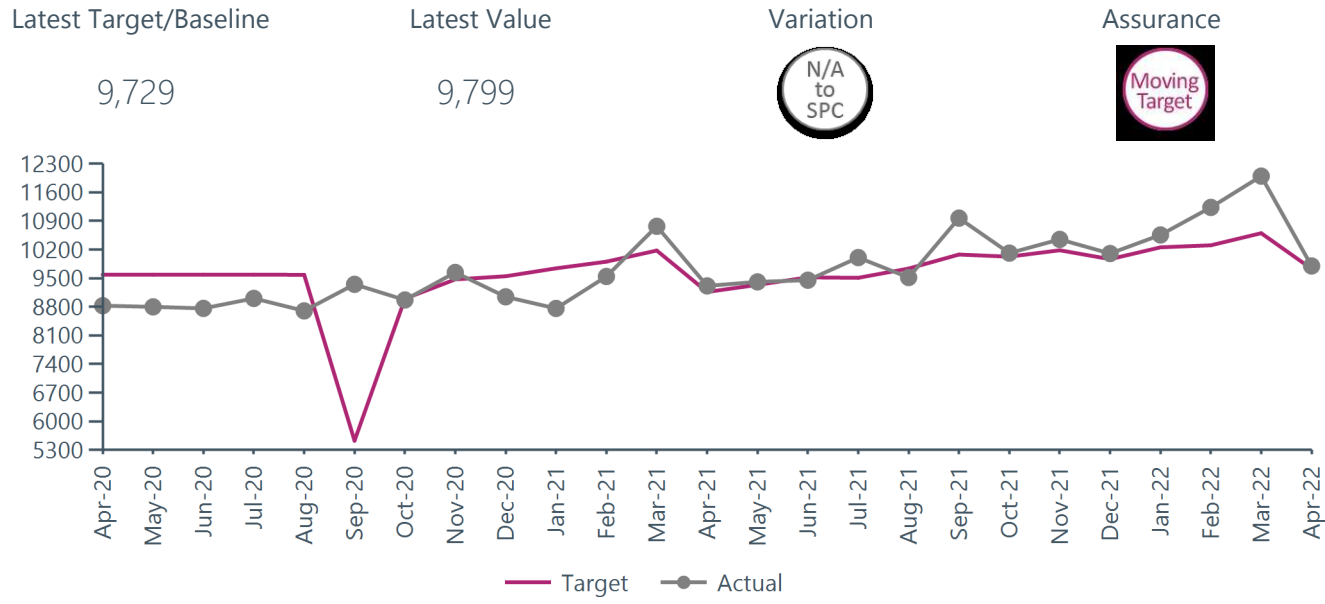
Analysis has been undertaken to establish which sub-specialties were behind plan. This has identified the following:

- Changes to Physiotherapy templates and tracking of clinics monitored through the Outpatient Improvement Board - beginning to see the benefit of this in May's activity
- In Arthroplasty IJP was lower than expected due to annual leave and sickness that were higher than our planning assumptions
- Outpatient activity was also lost in April due to sickness within Outpatients and the continual pressures from COVID-19

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
101.18%	112.16%	100.50%	91.12%	95.33%	94.49%	104.89%	101.34%	94.69%	87.27%	82.67%	83.99%	96.03%

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 Actions

Overall £70k adverse in month:

- Pay £32k favourable
- Vacancies offsetting cost pressures
 - MCSI Mental Health agency 1:1 (raised with NHSE for potential funding route)
 - Pass through costs (Health Education England roles) adverse
 - Nurse Associates supernumery adverse
 - Winter bed pressures (Sheldon ward)
- Non Pay £102k adverse
 - Pass through costs adverse (High Cost Drugs & Health Education England funded costs)

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
9311	9409	9451	10004	9517	10969	10113	10449	10103	10557	11231	11996	9799

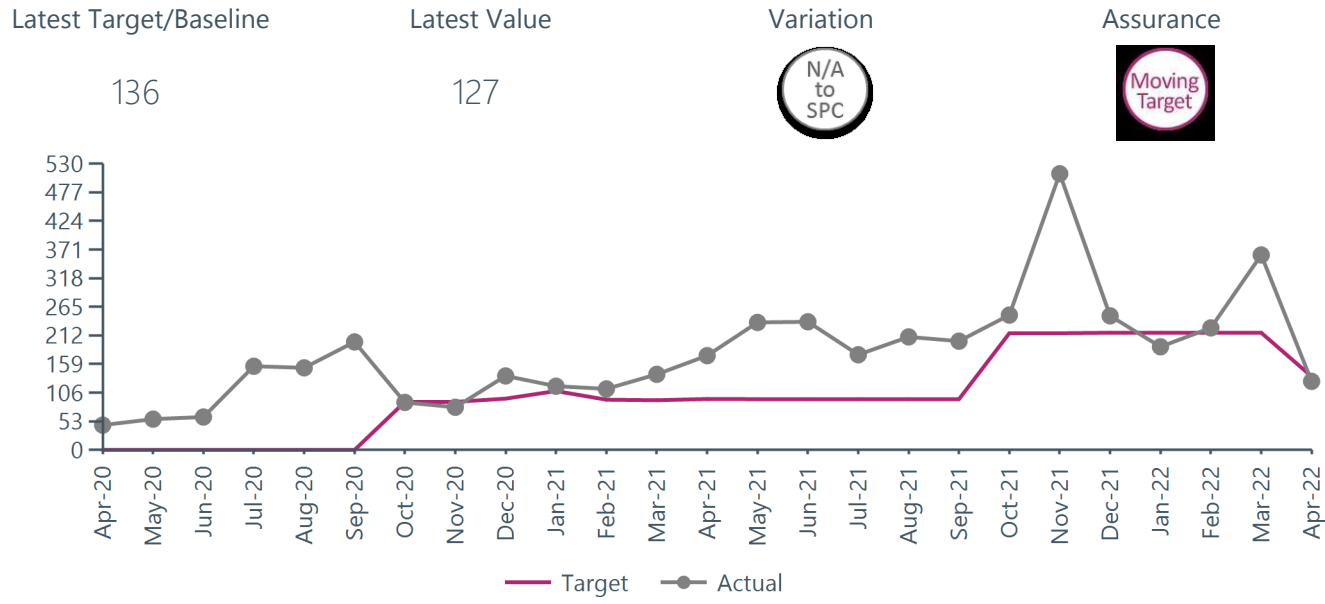
- Staff - Patients - **Finances** -

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Efficiency Delivered

Efficiency requirements 215298

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

1.2% efficiencies achieved in month against phased plan of 1.3%

Actions

Units to review delivery against planned schemes.

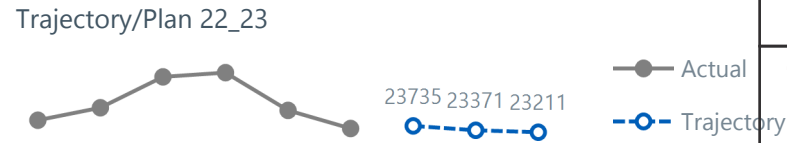
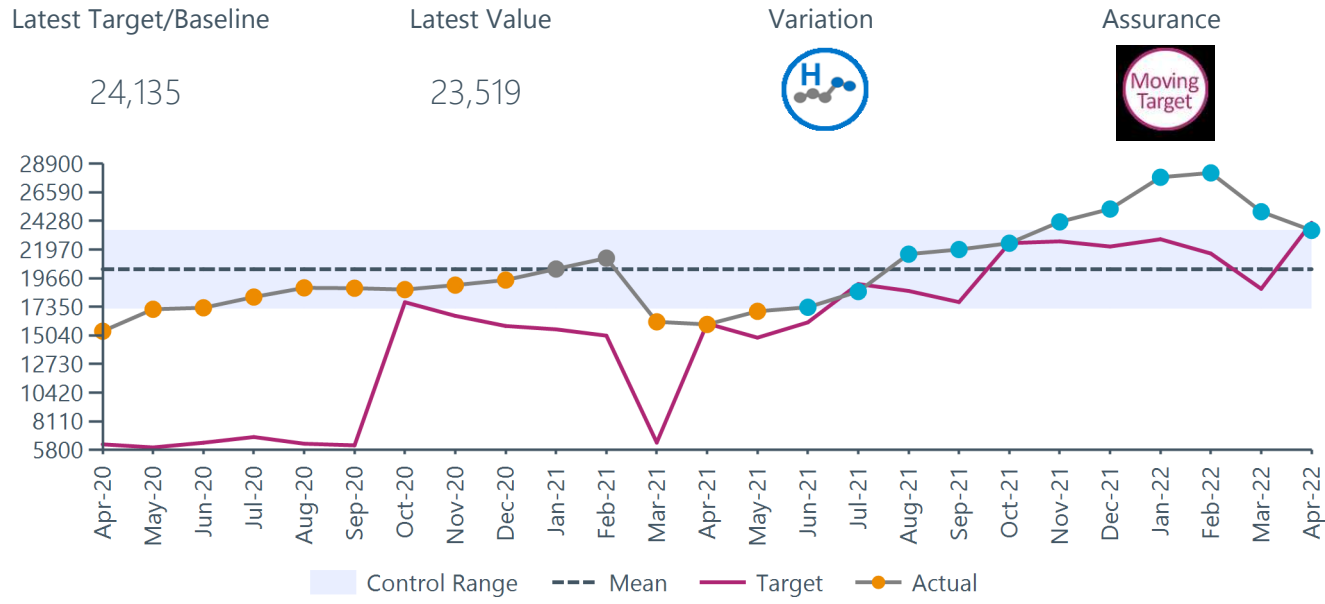
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
174	236	237	176	209	201	249	511	248	191	226	361	127

- Staff - Patients - **Finances** -

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Cash Balance

Cash in bank 215300



What these graphs are telling us
 Metric is experiencing special cause variation of an improving nature. This measure has a moving target.

Narrative
 Cash levels in month £0.6m adverse to plan due to high levels of annual payments in advance

Actions

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
15928	16986	17314	18582	21600	21974	22482	24205	25241	27804	28155	25024	23519

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Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 30th April 2022

Performance Against Plan £'000s							
Category	Annual Plan	In Month Position			22/23 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
		Clinical Income	112,055	7,490	7,631	141	7,490
System Top Up Funding	0	0	0	0	0	0	0
Non NHS income support	0	0	0	0	0	0	0
Covid-19 Funding	1,411	118	118	0	118	118	0
Private Patient income	5,868	356	270	(86)	356	270	(86)
Other income	6,653	548	566	18	548	566	18
Pay	(76,204)	(6,281)	(6,249)	32	(6,281)	(6,249)	32
Non-pay	(44,016)	(2,804)	(2,919)	(115)	(2,804)	(2,919)	(115)
EBITDA	5,768	(574)	(583)	(9)	(574)	(583)	(9)
Finance Costs	(7,995)	(644)	(631)	13	(644)	(631)	13
Capital Donations	3,300	493	335	(158)	493	335	(158)
Operational Surplus/(Deficit)	1,073	(725)	(879)	(154)	(725)	(879)	(154)
Remove Capital Donations	(3,300)	(493)	(335)	158	(493)	(335)	158
Add Back Donated Dep'n	632	50	50	0	50	50	0
Control Total	(1,595)	(1,168)	(1,163)	5	(1,168)	(1,163)	5
EBITDA margin	4.6%	-6.7%	-6.8%	0.0%	-6.7%	-6.8%	0.0%

Statement of Financial Position £'000s				
Category	Mar	Apr	Movement	Drivers
Fixed Assets	87,999	88,023	24	
Non current receivables	1,321	1,379	58	
Total Non Current Assets	89,320	89,402	82	
Inventories (Stocks)	1,335	1,301	(34)	
Receivables (Debtors)	4,462	5,269	807	Accrued receivables and prepayments
Cash at Bank and in hand	25,024	23,519	(1,505)	Deficit and increase in prepayments
Total Current Assets	30,821	30,089	(732)	
Payables (Creditors)	(17,342)	(17,580)	(238)	Increase in accrued payables less decrease in unpaid invoices
Borrowings	(1,461)	(1,468)	(7)	
Current Provisions	(333)	(336)	(3)	
Total Current Liabilities (< 1 year)	(19,136)	(19,384)	(248)	
Total Assets less Current Liabilities	101,005	100,107	(898)	
Non Current Borrowings	(3,327)	(3,327)	0	
Non Current Provisions	(1,062)	(1,043)	19	
Non Current Liabilities (> 1 year)	(4,389)	(4,370)	19	
Total Assets Employed	96,616	95,737	(879)	
Public Dividend Capital	(36,354)	(36,354)	0	
Retained Earnings	(30,598)	(30,598)	0	
Revenue Position	0	879	879	Current period deficit
Revaluation Reserve	(29,664)	(29,664)	0	
Total Taxpayers Equity	(96,616)	(95,737)	879	

Draft Finance Metrics (New Single Oversight Framework)

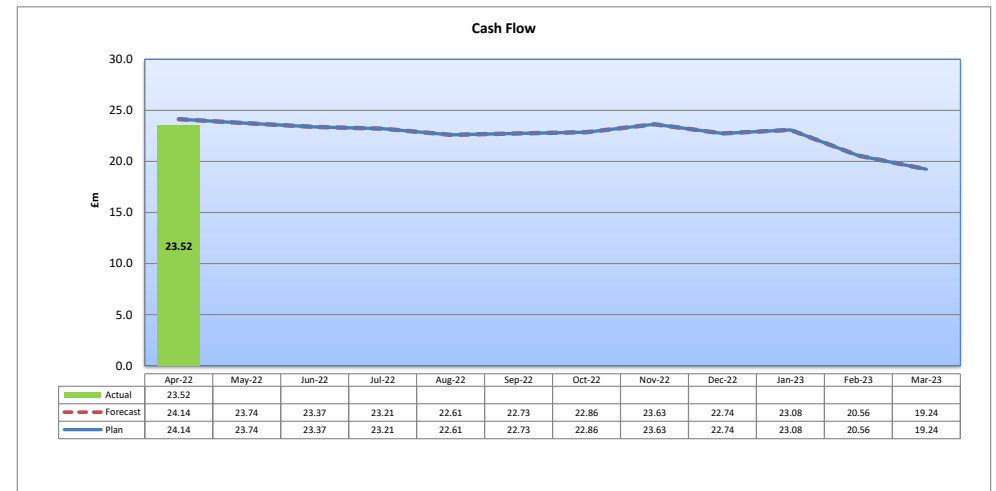
Performance against Financial Plan		Underlying financial plan *	
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Expenditure run rate		Overall trend in reported financial position	
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* This measures the systems ability to manage within its financial envelope

	YTD
Debtor Days	19

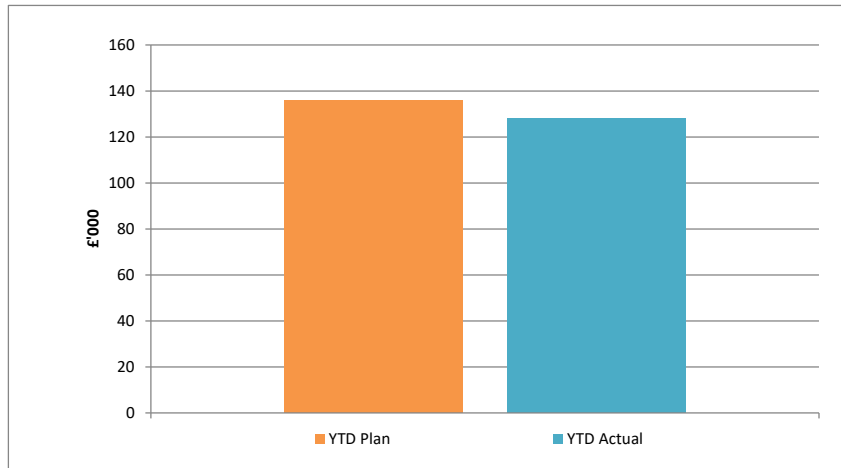
Creditor Days	54
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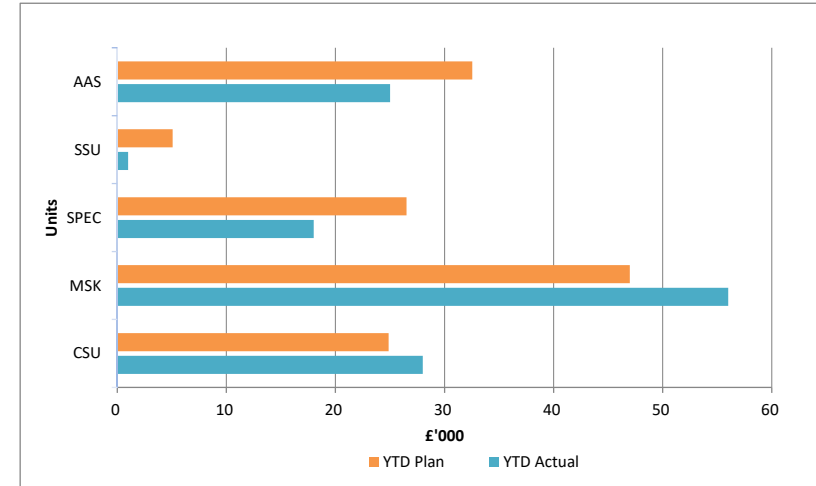
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 30th April 2022

Trust YTD Achievement Against YTD Plan £000's



YTD Efficiencies Achievement £000's



Efficiencies Total

YTD Efficiencies

Capital

Position as at	2223-01	Capital Programme 2022-23					
Project	Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s
Backlog maintenance	350	0	66	-66	0	66	-66
I/T investment & replacement	300	0	0	-0	0	0	-0
Capital project management	130	10	10	-0	10	10	-0
Equipment replacement	750	0	0	0	0	0	0
Diagnostic equipment replacement	920	120	83	37	120	83	37
IPC & safety compliance	360	0	0	0	0	0	0
Contingency	500	0	0	0	0	0	0
EPR planning & implementation	4,500	0	0	0	0	0	0
Invest to save	200	0	0	0	0	0	0
Enhanced staff facilities	500	0	0	0	0	0	0
Additional theatres x 4 (replace barns)	3,000	0	0	0	0	0	0
Leases (IFRS16)	149	0	0	0	0	0	0
Veterans' facility	3,200	493	335	158	493	335	158
Donated medical equipment	100	0	0	0	0	0	0
Total Capital Funding	14,959	623	495	128	623	495	128
Veterans' facility	-3,200	-493	-335	-158	-493	-335	-158
Donated medical equipment	-100	0	0	0	0	0	0
Capital Funding (NHS only)	11,659	130	160	-30	130	160	-30

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