



Integrated Performance Report Board Summary Report



**NHS Golden Jubilee
Board meeting
19 November 2020**

Performance and Planning Department

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Section A: Introduction

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Golden Jubilee's performance relating to National Standards, local priorities and significant risks.

The IPR comprises four sections with each section being considered in detail by the appropriate Standing Committee:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Staff Governance
- Section B:3 Finance, Performance & Planning

This Board Summary Report of the IPR is presented to the Board and contains the summaries from each section of the full IPR.

Jann Gardner
Chief Executive

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Director of Finance

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Performance Summary Dashboard – Guidance

(1) Section	(2) RAG (Last period)	(3) Standard	(4) Target for Current Period	Performance Data				Performance Assessment Methodology				
				(5) Current Period	(6) Current Performance	(7) Previous period	(8) Previous Performance	(9) Direction of Travel	(10) 3 periods worse than target	(11) 3 periods better/equal to target	(12) 6 periods better/equal to target	(13) Recent Deterioration

(1)	Section	Details the Committee responsible for the particular standard eg Clinical Governance, Staff Governance or Finance, Performance and Planning										
(2)	RAG (Last point)	Red/Amber/Green rating for the last period available. The rating is based on signed off tolerances for each particular standard. The last period may not be the latest month due to data availability. Some standards are reported on a quarterly basis. For Bed Occupancy indicators there is an additional blue rating which denotes occupancy below a certain level.										
(3)	Standard	Description of the standard being reported. The standards reported are agreed as part of an annual review process										
(4)	Target for current period	Denotes the target for latest period reported										
(5)	Current period	Denotes the current period available for reporting. This is dependent on data availability. Indicators are updated on an ongoing basis from a variety of data sources.										
(6)	Current performance	Describes the performance for the most current period available. Indicators are generally either numeric or percentage based.										
(7)	Previous period	Denotes the previously reported period. Some indicators are not reported on a monthly basis Eg Job Planning. The previous period will reflect the previous period in which the indicator was reported against.										
(8)	Previous Performance	Describes the performance for the last period reported. Indicators are generally either numeric or percentage based.										
Performance Assessment Methodology		Each indicator has been assessed against a defined Performance Assessment Methodology which is intended to highlight both areas of concern and areas of sustained improvement. For this iteration there are six sets of criteria against which each indicator is evaluated. Where an indicator meets the set criteria an alert is recorded against that indicator within the dashboard. The five current sets of criteria are detailed below.										
(9)	Direction of Travel	The direction of travel indicator compares the last two periods of reported performance. Each indicator has been assessed so that an 'up' arrow represents improvement and a 'down' arrow represents deterioration.										
(10)	3 periods worse than target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has not been achieved in each of the last three periods then the standard will be flagged with a 'cross' and shaded red. This represents continued underperformance against the required standard and may trigger a further drill-down performance report.										
(11)	3 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has been achieved in each of the last 3 periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a period of continued success in achieving the requisite standard.										
(12)	6 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last six reported periods. If the 'Green' standard has been achieved in each of the last six periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a sustained period of continued success in achieving the requisite level of performance.										
(13)	Recent deterioration	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had met the level required in the previously reported period but had not met the level required in the most recent period then the standard will be flagged with a 'cross' and shaded red. This demonstrates a recent deterioration in performance against a particular standard.										
(14)	Recent improvement	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had not met the level required in the previously reported period but had met the level required in the most recent period then the standard will be flagged with a 'tick' and shaded green. This demonstrates a recent improvement in performance against a particular standard.										

Statistical Process Control – Guidance

Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> 1. Trend of six points increasing or decreasing. 2. Run of eight points above or below the centre line. 3. Data point outwith control limits. 4. 15 points close to the centre line. 5. Two points close to the outer third of the chart. 6. Within the control limits will flag if no special cause is identified. <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p> <p>Position calculated on three standard deviations either side of the centre.</p>	
<p>Point Above Upper Control Limit</p> <p>Point Below Lower Control Limit</p>	<p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p>	<p>Fifteen consecutive points in the inner third of chart</p>	<p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>
<p>Eight Consecutive Points Above Centre</p> <p>Eight Consecutive Points Below Centre</p>	<p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>	<p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p>	<p>Two out of three consecutive points near (outer one-third) a control limit. This could either be an indication of an unstable process which is highly variable or could also indicate that a change has occurred and is impacting (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p>
<p>Six consecutive increasing points</p> <p>Six consecutive decreasing points</p>	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

Board Performance Dashboard – Part 1

RAG Status	Definition	Direction	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is worse than the Standard or Delivery Trajectory by a set level	↔	Performance unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Sep-20	6	Aug-20	5	↓		✓	✓			C Chart	Within Control Limits
		Total complaints as percentage of activity (stage 1 & stage 2)	≤0.10%	Mar-20	0.12%	Feb-20	0.10%	↓				*		P Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Sep-20	66.7%	Aug-20	100.0%	↓				*		P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Aug-20	100.0%	Jul-20	50.0%	↑					✓	P Chart	
		MRSA/MSSA bacterium	≤11.2	Sep-20	0.00	Aug-20	0.00	↔						C Chart	Below Lower Control
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Sep-20	33.60	Aug-20	0.00	↓				*		C Chart	Above Upper Control
		Gram negative bacteraemia	≤14.1	Sep-20	0.00	Aug-20	0.00	↔						C Chart	Below Lower Control
		Surgical Site Infection Rate: CABG	≤8.30%	Feb-20	1.6%	Jan-20	1.6%	↓						P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Feb-20	3.3%	Jan-20	2.6%	↓						P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Feb-20	0.0%	Jan-20	0.0%	↔		✓				P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Feb-20	0.0%	Jan-20	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Sep-20	98.0%	Jul-20	100.0%	↑		✓	✓			Run Chart	
		Mortality	0 - 15	Sep-20	4	Aug-20	4	↔		✓				C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Sep-20	2	Aug-20	7	↑					✓	C Chart	Within Control Limits
	Hotel Complaints	≤2	Sep-20	0	Aug-20	0	↔		✓	✓			C Chart	Eight Consecutive Points Below Centre	
Staff Governance		Disciplinarys	≤0.50%	Sep-20	0.00%	Aug-20	0.00%	↔		✓	✓			P Chart	Within Control Limits
		Grievances	≤0.40%	Sep-20	0.00%	Aug-20	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Sep-20	0	Aug-20	0	↔		✓				P Chart	
		SWISS Sickness absence	≤4.00%	Jun-20	4.3%	May-20	4.5%	↑	*					P Chart	Within Control Limits
		Sickness absence local figure	≤4.0%	Sep-20	6.0%	Aug-20	5.5%	↓	*					P Chart	Within Control Limits
		TURAS PDR	≥80%	Sep-20	56%	Aug-20	53%	↑	*					P Chart	Above Upper Control
		Turnover	0.00% - 0.95%	Sep-20	0.59%	Aug-20	1.98%	↓					✓	P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Sep-20	2.0%	Feb-20	80.6%	↓						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Sep-20	10.6%	Feb-20	58.4%	↓					✓	N/A	
		Hotel Sickness Absence	≤4.0%	Sep-20	3.8%	Aug-20	3.1%	↓		✓	✓			P Chart	Within Control Limits
	Hotel TURAS PDR	≥80%	Sep-20	37%	Aug-20	35%	↑	*					P Chart	Within Control Limits	

Board Performance Dashboard – Part 2

RAG Status	Definition	Direction	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is worse than the Standard or Delivery Trajectory by a set level	↔	Performance unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data			Performance Assessment Methodology									
				Current Period	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)		
Finance, Performance and Planning		Manage within annual budget limit	≥£0k	Sep-20	£112K	Aug-20	£44K	↑							N/A	
		Deliver Board efficiency target	≥0%	Sep-20	-59.5%	Aug-20	-80.5%	↑	✘						N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Sep-20	164	Aug-20	140	↓	✘						P Chart	Below Lower Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Sep-20	38.3%	Aug-20	41.9%	↓	✘						P Chart	Below Lower Control
		31 Day Cancer	≥95%	Aug-20	100.0%	Jul-20	100.0%	↔		✓					P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Sep-20	71.4%	Aug-20	62.3%	↑	✘						P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Sep-20	1615	Aug-20	1840	↓	✘						C Chart	Above Upper Control
		Number of patients on list waiting over 26 weeks	≤0	Sep-20	1158	Aug-20	1081	↑	✘						C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90%	Sep-20	81%	Aug-20	83%	↓	✘						P Chart	Below Lower Control
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Sep-20	62.8%	Aug-20	62.8%	↑	✘						P Chart	Below Lower Control
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Sep-20	94.6%	Aug-20	89.9%	↑				✓			P Chart	Within Control Limits
		Orthopaedic DoSA	≥0.0%	Sep-20	44.6%	Aug-20	27.6%	↑		✓					P Chart	
		Thoracic DoSA	≥0.0%	Sep-20	13.5%	Aug-20	2.9%	↑		✓		✓			P Chart	Within Control Limits
		Cardiac DoSA	≥0.0%	Sep-20	0.0%	Aug-20	0.0%	↔		✓	✓	✓			P Chart	Two Outer Third Points
		All Specialities Cancellation Rate	≤4.1%	Sep-20	4.8%	Aug-20	5.8%	↑	✘						P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Sep-20	-5986.0%	Aug-20	-16955.8%	↑							N/A	
		Hotel Income target	≥-10.0%	Sep-20	-545.2%	Aug-20	-477.0%	↓	✘						N/A	
		Hotel Room Occupancy	≥67.5%	Sep-20	5.0%	Aug-20	6.6%	↓	✘						Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Sep-20	112.9%	Aug-20	121.6%	↓		✓					Run Chart	
		Hotel Conference Delegates	≥-5.0%	Sep-20	-100.0%	Aug-20	-100.0%	↔	✘						N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Sep-20	-68.3%	Aug-20	-65.7%	↓	✘						N/A	
		Hotel Not for Profit Percentage	50% - 60%	Sep-20	98.0%	Aug-20	97.6%	↑	✘						N/A	
		Hotel Review Pro Quality Score	≥86.0%	Mar-20	86.4%	Feb-20	86.7%	↓		✓					Run Chart	
		GJRI Number of new research projects approved	≥8	Jun-20	10	Mar-20	9	↑		✓					C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Jun-20	-13.5%	Mar-20	19.1%	↓				✘			N/A	
		GJRI Motion Lab Analysis Income	≥£246710	Jun-20	£72,000	Mar-20	£72,000	↔	✘						N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Jun-20	79.0%	Mar-20	57.0%	↑				✓			Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Jun-20	0.0%	Mar-20	60.0%	↓	✘						Run Chart	

At each meeting, the Standing Committees of NHS Golden Jubilee consider targets and standards specific to their area of remit using the Integrated Performance Report (IPR). There is a section of the IPR which provides a summary of performance Standards and targets identified as areas of note which is reproduced below. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

Section B: 1 Clinical Governance

Clinical Governance		
KPI	RAG	Position:
Total complaints (Stage 1 and 2) by volume	Green	In September 2020 there were six complaints reported which was within the confidence limits set.
Stage 1 complaints response time	Orange	In September 2020 there were six Stage 1 complaints, four of which were responded to within the 5 day target.
Stage 2 complaints response time	Green	In September 2020 there were zero Stage 2 complaints.
Mortality	Green	The mortality figure for September 2020 was reported as four. There were four deaths in August 2020.
Significant adverse events	Green	There were two significant adverse event reviews in September 2020.
MRSA/MSSA cases	Green	There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in September 2020.
Clostridiodes Difficile	Red	There were one Clostridiodes Difficile Infection (CDI) reported in September 2020. Year to date the count is two.
Gram Negative Bacteraemia	Green	There were zero reported instances of Gram Negative Bacteraemia in September 2020.
Surgical Site Infections	Grey	There are four new Surgical Site Infection indicators which appear on the dashboard. These indicators were last measured in February with reporting paused due to Coronavirus.

Clinical Governance Executive Summary

In the month of September NHS Golden Jubilee received six stage 1 complaints and for the second consecutive month there were no stage 2 complaints.

All stage one complaints have been responded to; two of these were out with the five day timescale.

One of these was a complaint from a nearby resident relating to vehicle noise in the car park; several efforts were made to speak to the complainant regarding the outcome but they have not been available.

The second was a relative who raised concerns about the discharge of their relative; the Senior Charge Nurse (SCN) required additional time to fully review the issues with feedback on day seven. The review involved nursing and medical with a full explanation given to the patient's daughter who thanked staff for their response. Learning was identified in relation to communication with relatives around transport and with community pharmacy in relation to changing medication.

NHS GJ had two Serious Adverse Event (SAE) reviews commissioned in the month of September. Crude mortality was at four for the second consecutive month and will be reviewed via M&M with any issues escalated appropriately.

Key Healthcare Associated Infection Headlines – (June report)

- ***Staphylococcus aureus* Bacteraemia**- No cases to report in September.
- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- One case to report. No patient crossover.
- **Gram Negative/E.coli Bacteraemia (ECB)**- No cases to report.
- **Hand Hygiene**-. The **bimonthly** report from September demonstrates an overall compliance of 98% with hand hygiene opportunity and technique. Medical staff compliance reduced to 90%, this has been escalated to the relevant Clinical Lead.
- **Cleaning and the Healthcare Environment- Facilities Management Tool**
Housekeeping Compliance: 99.3% Estates Compliance: 98.55%

Surgical Site Infection- As per CE Letter 25/03/2020 "Temporary changes to routine surveillance requirements", SSI surveillance has been paused until further notice.

Other HAI Related Activity

UK-wide COVID-19 Remobilisation Prevention and Control of Infection guidelines were updated in August to take account of local and national prevalence and incidence data. All NHS Boards were required to implement the new guidance from 7th September 2020

The guidance introduced three distinct pathways for the treatment, care and support of patient groups. It also provided updates on aerosol generating procedures and single use personal protective equipment.

The Prevention and Control of Infection Team continue to work closely with clinical teams and service manager to support the implementation of these pathways.

Section B:2 Staff Governance

Staff Governance		
Disciplinaries, Grievances and Bullying		There were no cases raised in September 2020.
Local Sickness absence		Sickness absence in September 2020 was reported at 6.0% an increase of 0.5% compared to August's position. Absence due to COVID-19 reasons increased to 2.2% in September (+1.2%)
Turnover		Turnover in September 2020 was reported as within control limits.
Medical appraisal with completed interview and form 4		Reporting recommenced in September 2020 with performance reported as 10.6% (15/142). The trajectory is yet to be finalised
TURAS Appraisal rates		The TURAS position for September 2020 reports the position at 56%, a 3% increase on last month.
Job Planning: All hospital		Reporting recommenced in September 2020. Performance is reported as 2% (2/101). The trajectory is yet to be finalised

Staff Governance Executive Summary

Executive Summary reporting for September 2020

Within the Staff Governance section of the IPR we report on the following:

- sickness absence rates;
- appraisal rates for those under Agenda for Change and medical pay scales; and
- medical job planning.

From March 2020 and for the foreseeable future we will also summarise absence due to COVID-19.

Sickness absence

In September 2020 the Board’s sickness absence rate stood at 6.0%, up from 5.5% the previous month. Across the Directorates absence was as follows:

- Corporate: 4.7%, up from 4.4% the previous month;
- Golden Jubilee Conference Hotel: 3.8%, up from 3.1% in August;
- Heart, Lung and Diagnostic Services: 6.1%, up by 0.3% on the previous month; and
- National Elective Services: 7.8%, up by 0.8% on August.

As with previous months, a large proportion of sickness absence was due to “Anxiety/stress/ depression/other psychiatric illnesses”. It accounted for 31.2% of the Board’s sickness absence, up on August’s 29.6%. It was the main cause of sickness absence in all directorates:

- Corporate, 38.4%;
- Golden Jubilee Conference Hotel, 50.3%;
- Heart, Lung and Diagnostic Services, 22.3%; and
- National Elective Services, 34.4%.

COVID-19

Absences from work due to the Coronavirus are recorded as special leave under one of seven headings:

Coronavirus	This will record those who have caring responsibilities and are absent due to these.
Coronavirus – COVID-19 positive	As it says employees who have tested positive for the virus.
Coronavirus – household related – self isolating	Someone in the household of the staff member is displaying symptoms.
Coronavirus – self displaying symptoms – self isolating	This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted.
Coronavirus – underlying health conditions	Staff member has underlying health conditions putting them in the at risk category.
Coronavirus – test and protect isolation	Staff member has been told to isolate following contact by test and protect staff
Coronavirus – quarantine	Staff member is required to isolate following their return from a country on the quarantine list

In September COVID-19 special leave accounted for 2.2% of all contracted hours, up from 1.0% the previous month. The Directorate breakdown was:

- Corporate: 1.4%;
- Golden Jubilee Conference Hotel: 2.8%;
- Heart, Lung and Diagnostic Services: 2.4%; and
- National Elective Services: 2.6%.

We will continue to provide a monthly summary of COVID-19 absences until the end of the pandemic.

Agenda for Change appraisal

Within the year to 30 September 2020 56% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is up 3% on the previous month. The Directorate breakdown is as follows:

- Corporate: 42%, up 3%;
- Golden Jubilee Conference Hotel: 37%, up 2%;
- Heart, Lung and Diagnostic Services: 63%, up 4%; and
- National Elective Services: 66%, up 3%.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. Prior to the end of the appraisal year the requirement for doctors to complete appraisals was temporarily suspended due to the COVID-19 pandemic. The appraisal process has recently restarted for 2020/2021. As at 14 October 2020 NHS Golden Jubilee was the designated body for 145 doctors, all of whom we are responsible for appraising. Five doctors had completed their 2020/2021 appraisals, and ten had completed an Annual Review of Competence Progression (ARCP) while in a training programme and therefore do not need to complete and appraisal in 2020/2021. Of the remaining doctors 15 have started the appraisal process, leaving 115 to start the process.

Medical job planning

Due to COVID-19 medical job planning was temporarily suspended. It has recommenced and numbers of job plans agreed and signed off will start to be reported on in the near future.

Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		As at month six the position was reported as a surplus of 412k which is £112k better than profile.
Finance – Efficiency savings		An updated position for September 2020 reports £607k savings against a profile of £1500k.
Cancer 31 Day		In August 2020 performance was reported as 100% (32/32)
TTG: Number of patients who have breached the TTG		In September 2020 there were 164 patients who exceeded their twelve week treatment time guarantee. This included 3 cardiac surgery patients, 21 coronary patients, 43 electrophysiology patients, 4 device patients, 1 lead extraction patient, 19 orthopaedic patients, 73 ophthalmology patients.
TTG: Percentage of patients admitted within 12 weeks		The percentage decreased by 3.5% from 41.9% in August 2020 to 38.3% in September 2020. This reflects an increase in the number of patients admitted over twelve weeks (+97).
Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)		Position was 62.8% in September 2020 (250/398), no change on August 2020
DOSA rate: Cardiac Surgery		The Cardiac DoSA targets have been set to zero until January as the programme is currently paused with no day of surgery admissions in September.
DOSA rate: Thoracic Surgery		Thoracic Surgery DoSA targets have been set to zero until January. However, there were ten patients admitted on the day of surgery during September.
DOSA rate: Orthopaedics		In September there were 177 Orthopaedic primary joint admissions, 79 (44.6%) of which were on the day of surgery.
Theatre Cancellation Rates		In August 2020 the overall hospital cancellation rate was 4.8%. This represents a 1.1% decrease compared to September 2020. There were 49 cancellations with 1030 procedures undertaken during September.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 71.4% in September 2020, an increase of 9.1% from August 2020.
Hotel KPIs		Hotel target thresholds for 2020/2021 are currently under review following the impact of Covid 19. For some KPIs reported positions will be provided but no assessment made.
Research and Innovation:		Research and Innovation KPIs will be updated for Quarter 2 in November 2020.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in August 2020, was		

<p>reported as 6.5%. This ranked GJNH as 11 out of 15. The Scotland rate was 7.1%. Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 2 2020 GJNH ranked 9th at 98%% (2 breaches)</p>
<p>Health Protection Scotland published figures for Quarter 2 2020 report a GJNH incidence rate (per 100,000 total occupied bed days) of 12.3 for CDiff incidence and 36.8 for SAB. The Scotland rates were 15 and 20 respectively.</p>
<p>Corporate sickness rates in September 2020 were 4.7%. Departments over the 4% threshold were: Estates, Business Services, Catering and Security.</p>
<p>The total inpatient waiting list month end position increased by 140 from 3519 to 3659.</p> <p>The total outpatient waiting list increased by 24 to 1487. Referral numbers in September rose significantly, increasing from 872 to 1464 (+592) Ophthalmology referrals restarted in September accounting for most of the increase (+402)</p> <p>For current inpatient waiters the number waiting between 12-26 decreased from 759 to 457 (-302) However the number of patients waiting over 26 weeks increased from 1081 to 1158 (+77).</p>

**NHS Golden Jubilee
Summary Finance
Report
As at 30 September 2020—
Month 6**



Financial Position as at 30 September 2020, Month 6

This summary finance report provides a brief overview of the financial position as at Month 6, for the period ending 30 September 2020.

The review of all NHS Boards quarter 1 returns by Scottish Government is now complete and following the cabinet secretary's announcement on the 29 September confirming £1.1bn of COVID funding to NHS Scotland, a letter advising formal notification on NHS Golden Jubilees direct funding was received on the basis of agreed allocation principles at this stage for COVID19 costs.

Therefore, NHS Golden Jubilee received a further allocation of £4.833m in the September 2020 RRL letter towards £15.550m of identified COVID-19 and recovery plan costs. Against the £15.550m costs within the Boards Qtr. 1 LMP return the Board has now received £10.933m of funding (£6.1m initial recovery plan funding and £4.833m COVID-19), the outstanding balance of £4.617m is to be included as anticipated allocations in the month 6 FPR return and this includes £1.995m of forecast under achievement against the Boards 2020/21 £3.807m efficiency savings target. This savings element will be subject to further discussion following quarter 3, however all other areas have been confirmed.

Additionally, confirmation on key funding associated with scheduled care delivery which commenced from 2018/19 within the GJ of which £3.302m is recurring and £0.652m is non-recurring has been formally approved by the Director of planning at Scottish Government and is planned to be received in the NHS Golden Jubilees October 2020 RRL allocation letter.

Subsequently any further COVID-LMP allocation will be considered after both the United Kingdom and Scottish Government budget announcements. This will also allow further review of risks and opportunities from the original submissions and an assessment of the progress during the initial winter period.

Discussions around the NHS GJ core SLA top slice allocation are ongoing to identify the forecast slippage against total 2020/21 SLA funding of £20.444m. This is in the final stages of review with the Access Support Team and Other Boards.

National Financial Performance Reporting (FPR) was reinstated from August 2020. This incorporates costs information for LMP and associated funding approval tracker to avoid requesting various templates at different times from the NHS Boards finance community.

Summary Financial Position as at 30 September 2020

The table below represents an extract of the summary financial report in line with reporting to the Scottish Government Health and Social Care Directorate as at month 6, 30 September 2020.

Summary Financial Position 2020-21 - September 2020

Income & Expenditure summary	Year to Date			Current Annual Budget £ 000	Original Fin Plan Annual Budget £ 000
	Budget £ 000	Actual £ 000	Variance £ 000		
Core					
RRL					
Core - RRL	(34,829)	(34,829)	0	(100,076)	(96,582)
Total Core RRL Funding	(34,829)	(34,829)	0	(100,076)	(96,582)
Income	(34,526)	(31,864)	(2,662)	(69,615)	(69,615)
Total Core Funding/Income	(69,355)	(66,694)	(2,662)	(169,691)	(166,197)
Core Expenditure					
Staff	49,351	47,957	1,394	98,169	93,859
Supplies	20,004	18,324	1,680	71,522	72,339
Total Core Expenditure	69,355	66,281	3,074	169,691	166,197
Core Surplus/Deficit	0	412	412	0	0
Non-Core					
Non Core Funding	(3,343)	(3,343)	0	(7,968)	(7,493)
Non-Core Expenditure	3,343	3,342	0	7,968	7,493
Non-Core Expenditure Surplus/Deficit	0	0	0	0	0
Summary					
Total Funding	(72,698)	(70,036)	(2,662)	(177,659)	(173,690)
Total Expenditure	72,698	69,624	3,074	177,659	173,690
Total Surplus/Deficit	0	413	413	0	0

Summary Points

Income (£2.662m) under-recovered – The current position reflects cumulative under-activity, where some adjustments have been actioned associated with Other Health Boards SLA's. This position has been effected due to the direct impact on service provision as a consequence of Covid-19. Income has also been impacted upon within the Golden Jubilee Conference Hotel as the main driver at £2.559m income under performance in addition to Research activities and Non-WoS Cardiac, Thoracic and Cardiology activity.

Additional income associated with prior year rates revaluation was receipted in month 6 and has supported some in month improved performance within general income streams.

The element associated with the Hotel and Conference centre has been incorporated and approved within our Local Mobilisation Plan (LMP) and an element is assumed within the £4,833m formal allocation received in September RRL and contained within our non-pay reserves to support transparency and coverage of the GJCH income position.

It is noticeable that in September 2020 there was an increase in patient activity in line with the phasing of the recovery plan, a total of 1448 patients excluding imaging and 3182 including imaging exams in comparison to 1303 and 2,898 for August 2020 respectively.

As previously advised, final Income assumptions will be subject to greater definition following the outcome of discussions on the core SLA and post Scottish Government budget announcement.

Expenditure £3.074m underspend – There continues to be a core element within non-pay driven as a direct consequence of previously reduced core elective activity and a continuation on lower than normal expenditure during the first half of the financial year, however we are seeing increased costs in line with planned recovery plan phasing subject to full recovery service achievement. During month 6 the value of service under-spend driven by this issue is less than £400,000 and it is important to note that this element of slippage funding which is re-aligned non-recurrently into central reserves is to support the wider remobilisation plan and month 6 will be the final month this applies.

Within pays there have been reductions in supplementary spend for some specialties and most notably within nursing and clinical workforce groups due to a combination of reduced service provision, particularly during quarter 1, together with some historical vacancies which remain in the process of active recruitment to support achievement of the required workforce needed to align to the ambitions of our recovery plan.

The master recovery workforce control document approved by Gold command is in process of update for actual and planned start dates of these roles and will provide the basis for forecast costs to the Workforce Planning and Transition Steering group (WP&TSG).

The Board are asked to

- Note the financial position for Month 6, as at 30 September 2020 for the financial year 2020/21
- Note the key messages as highlighted below

Key Messages

- Total surplus as at Month 6, September 2020 of £412k (includes core, non-core and income).
- The Golden Jubilee's September Revenue Resource Limit (RRL) allocation on the 1st October reflected an additional total funding allocations of £5,275,597, in the main this was associated with the £4.833m COVID funding and core CSO Research Infrastructure funding. This takes the Boards total RRL funding received to £71,692,934. As already detailed above any outstanding funding allocations are a continued focus and dialogue with Scottish Government.
- Therefore, the GJ financial reporting as at September 2020 takes into consideration remaining funding allocations from the original GJ Annual Operating Plan (AOP) submission – including the Core SLA top slice of £20.444m, COVID-19 Local Mobilisation Plans (LMP) £ 4.617m balance of funding, including efficiency savings underachievement.
- Discussions to date with Scottish Government have re-enforced financial assurance for the Board to be reporting the £412k core revenue surplus as at September 2020. This includes dialogue through the Corporate Finance network and Director of Finance calls on the unachieved efficiency savings impact and agreed funding process for the review of 2020/21 increased annual leave balances and associated financial implications of this.

Additional Areas to Note

- Capital Resource Limit (CRL) allocation. Expenditure programmes associated with CRL funding allocations are progressing well for this time of the financial year. The core Formula Capital Allocation of £2.691m is being supplemented with c£2m of additional funds associated with our recovery plan and will be increased further by the formal allocations for Phase I and Phase II expansion programmes. Formal approval is in place with Scottish Government colleagues for phase II costs being enacted between April and October 2020, prior to finalisation of the FBC assurance programme process. The Board is also in dialogue with our valuers to ensure appropriate review of the estate is taken following Phase 1 handover and Cath Lab 5 works, to ensure any appropriate impairments are captured and accounted for.
- There is a prioritised focus on the Boards Efficiency Savings

agenda for 2020/21, in addition to Divisional performance review robust savings appraisal there is a re-energised focus through monthly budget meetings and wider Divisional clinical and management leads meetings. At these meetings an action for defining the recurring and non-recurring planned cash savings has been requested to support the wider financial performance agenda and specifically define our response to the savings target outlined in our Finance Plan and AOP submission for 2020/21 of £3.8m. As at month 6 reporting the Board has achieved £607k of efficiency savings, £386k of which are non-recurring in nature, with a current forecast target of £1,812m by March 2021. The current run rate is however capturing further non-recurring gains given the net underspend being reported.

**Director of Finance
NHS Golden Jubilee**