



**Integrated  
Performance Report  
Board Summary  
Report**

**NHS Golden Jubilee  
Board meeting  
28 January 2021**

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.

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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"> <li>1. Trend of six points increasing or decreasing.</li> <li>2. Run of eight points above or below the centre line.</li> <li>3. Data point outwith control limits.</li> <li>4. 15 points close to the centre line.</li> <li>5. Two points close to the outer third of the chart.</li> <li>6. Within the control limits will flag if no special cause is identified.</li> </ol> <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>UCL</p> <p>Centre</p> <p>LCL</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>UCL</p> <p>Centre</p> <p>LCL</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>UCL</p> <p>Centre</p> <p>LCL</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>UCL</p> <p>Centre</p> <p>LCL</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>UCL</p> <p>Centre</p> <p>LCL</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 a 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	Nov-20	7	Oct-20	16	↑					✓	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%	Nov-20	66.7%	Oct-20	90.9%	↓						✗	P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Oct-20	20.0%	Sep-20	100.0%	↓						✗	P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Nov-20	29.77	Oct-20	0.00	↓						✗	C Chart	Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Nov-20	0.00	Oct-20	30.63	↑						✓	C Chart	Within Control Limits
		Gram negative bacteraemia	≤14.1	Nov-20	0.00	Oct-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	Nov-20	11	Oct-20	8	↓			✓	✓			C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Oct-20	2	Sep-20	2	↔							C Chart	Within Control Limits
	Hotel Complaints	≤2	Mar-20	0	Feb-20	0	↔			✓	✓			C Chart	Within Control Limits	
Staff Governance		Disciplinarys	≤0.50%	Nov-20	0.05%	Oct-20	0.00%	↓			✓	✓			P Chart	Within Control Limits
		Grievances	≤0.40%	Nov-20	0.05%	Oct-20	0.1%	↑			✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Nov-20	0	Oct-20	0	↔			✓	✓			P Chart	
		SWISS Sickness absence	≤4.00%	Oct-20	5.3%	Sep-20	5.7%	↑	✗						P Chart	
		Sickness absence local figure	≤4.0%	Nov-20	5.4%	Oct-20	5.3%	↓	✗						P Chart	Within Control Limits
		TURAS PDR	≥80%	Nov-20	57%	Oct-20	58%	↓	✗						P Chart	Above Upper Control
		Turnover	0.00% - 0.95%	Nov-20	0.37%	Oct-20	0.34%	↑			✓				P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Nov-20	31.4%	Oct-20	30.7%	↑							N/A	
		Medical appraisal with completed interview & form 4	≥0%	Nov-20	14.1%	Oct-20	11.6%	↑			✓				N/A	
		Hotel Sickness Absence	≤4.0%	Nov-20	3.0%	Oct-20	2.4%	↓			✓	✓			P Chart	Within Control Limits
	Hotel TURAS PDR	≥80%	Nov-20	44%	Oct-20	39%	↑	✗						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	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)	
Finance, Performance and Planning		Manage within annual budget limit	≥£0k	Nov-20	£252K	Oct-20	£196K	↕		✓					N/A	
		Deliver Board efficiency target	≥0%	Nov-20	-40.1%	Oct-20	-50.1%	↕	✗						N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Nov-20	195	Oct-20	198	↕	✗						P Chart	Below Lower Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Nov-20	57.8%	Oct-20	42.1%	↕	✗						P Chart	Within Control Limits
		31 Day Cancer	≥95%	Oct-20	100.0%	Sep-20	100.0%	⇔		✓	✓				P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Nov-20	77.4%	Oct-20	75.7%	↕	✗						P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Nov-20	815	Oct-20	1188	↕	✗						C Chart	Below Lower Control
		Number of patients on list waiting over 26 weeks	≤0	Nov-20	489	Oct-20	778	↕	✗						C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90%	Nov-20	87.8%	Oct-20	79%	↕	✗						P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Nov-20	71.3%	Oct-20	62.3%	↕	✗						P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Nov-20	96.4%	Oct-20	96.7%	↕		✓					P Chart	Within Control Limits
		Orthopaedic DoSA	≥14.0%	Nov-20	49.0%	Oct-20	49.3%	↕		✓	✓				P Chart	
		Thoracic DoSA	≥0.0%	Nov-20	0.0%	Oct-20	6.3%	↕		✓	✓				P Chart	Two Outer Third Points
		Cardiac DoSA	≥0.0%	Nov-20	0.0%	Oct-20	0.0%	⇔		✓	✓				P Chart	Eight Consecutive Points Below Centre
		All Specialities Cancellation Rate	≤4.1%	Nov-20	5.1%	Oct-20	6.3%	↕	✗						P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Nov-20	-6433.8%	Oct-20	-2614.4%	↕	✗						N/A	
		Hotel Income target	≥-10.0%	Nov-20	-723.6%	Oct-20	-566.9%	↕	✗						N/A	
		Hotel Room Occupancy	≥67.5%	Nov-20	6.8%	Oct-20	4.4%	↕	✗						Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Nov-20	108.4%	Oct-20	106.3%	↕		✓	✓				Run Chart	
		Hotel Conference Delegates	≥-5.0%	Nov-20	-99.7%	Oct-20	-99.7%	↕	✗						N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Nov-20	-81.9%	Oct-20	-84.4%	↕	✗						N/A	
		Hotel Not for Profit Percentage	50% - 60%	Nov-20	97.6%	Oct-20	98.0%	↕	✗						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	Sep-20	6	Jun-20	10	↕				✗			C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Sep-20	7.0%	Jun-20	-13.5%	↕				✓			N/A	
		GJRI Motion Lab Analysis Income	≥£291260	Sep-20	£0	Jun-20	£72,000	↕	✗						N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Sep-20	91.0%	Jun-20	79.0%	↕							Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Sep-20	14.0%	Jun-20	0.0%	↕	✗						Run Chart	
		MD&T sessions secured	≥2.1	Sep-20	0	Jun-20	0	⇔	✗						N/A	

	Performance Assessment Methodology totals					
	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Special Cause
Clinical Governance	0	6	4	4	2	1
Staff Governance	4	6	4	0	0	1
FPP	18	8	5	1	1	6
<b>Total</b>	<b>22</b>	<b>20</b>	<b>13</b>	<b>5</b>	<b>3</b>	<b>8</b>

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	RA G	Position:
Total complaints (Stage 1 and 2) by volume		In November 2020 there were seven complaints reported.
Stage 1 complaints response time		In November 2020 there were three Stage 1 complaints, two of which were responded to within the five day target (66.7%)
Stage 2 complaints response time		In October 2020 there were five Stage 2 complaints, one of which was responded to within 20 days (20%).
Mortality		The mortality figure for November 2020 was reported as eleven There were eight deaths in October 2020.
Significant adverse events		There were two significant adverse event reviews in October 2020.
MRSA/MSSA cases		There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in November 2020. Year to date the count is seven.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infection (CDI) reported in November 2020. Year to date the count is three.
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in November 2020. Year to date the count is three.
Surgical Site Infections		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

## Executive Summary November 2020

Formal stage 1 complaints decreased in November from 11 to 3; these have all been closed. There were 4 formal stage 2 complaints in November, one of which has been closed with the others still within the process.

Timelines for stage 2 received in October and November have been challenging and dialogue is ongoing with Division leads to try and improve this whilst ensuring quality responses.

Waiting times continues to be a theme; staff attitude and communication has also emerged as a theme in the stage 2 complaints though not specific to any one area and investigations have not all been completed.

With regards to crude hospital mortality, the month of November recorded 11 deaths with the majority of these within non elective cardiology.

Each death is reviewed via the local process and any learning or issues escalated appropriately.

### Key Healthcare Associated Infection Headlines – (November 20 report)

- ***Staphylococcus aureus* Bacteraemia, 7 cases in total since April 2020.-** 1 case to report in November 2020, source PVC related.
- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)-** Nil to report.
- **Gram Negative/*E.coli* Bacteraemia (ECB)-** No cases to report.
- **Hand Hygiene-** The **bimonthly** report from November an overall compliance of 95% with hand hygiene opportunity and technique. There is an overall reduction in all staff groups, medical staff compliance reduced to 86%, this has been escalated to the relevant clinical leads and associate medical director.
- **Cleaning and the Healthcare Environment- Facilities Management Tool:**  
**Housekeeping Compliance: 98.58%      Estates Compliance: 99.56%**
- **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

- **Contact Tracing -** As community incidence of COVID 19 is increasing the team have been working with Occupational Health and clinical teams to ensure timeous contact tracing/ self-isolation.
- **ARHAI – (Antimicrobial Resistance and Healthcare Associated Infection)**  
Ongoing support to ARHAI re national guidance through weekly update meetings and consultation of patient pathways management.



## Section B:2 Staff Governance

Staff Governance		
Disciplinaries		There was one disciplinary resulting in a warning case reported in November 2020.
Grievances		One grievance was raised in November 2020.
Bullying		Zero bullying cases were reported in November 2020
Local Sickness absence		Sickness absence in November 2020 was reported at 5.4%, an increase of 0.1%. Absence due to COVID-19 reasons was 2.5% in November (+0.5%)
Turnover		Turnover in November 2020 was reported as within control limits.
Medical appraisal with completed interview and form 4		November 2020 performance reported as 14% (21/149).
TURAS Appraisal rates		The TURAS position for November 2020 reports the position at 57%, a 1% decrease on last month.
Job Planning: All hospital		The November 2020 performance reported as 31% (33/105).

# Staff Governance Executive Summary

## Executive Summary November 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 November 2020 the Board's sickness absence rate stood at 5.34%, up by 0.1% on the previous month. Across the Directorates absence was as follows:

- Corporate: 5.0%, more than double the 2.3% it was the previous month;
- Golden Jubilee Conference Hotel: 3.0%, up on 2.4% in October;
- Heart, Lung and Diagnostic Services: 5.0%, down from 5.5% in the previous month; and
- National Elective Services: 6.7%, the same as in October.

As with previous months, a large proportion of sickness absence was due to "Anxiety/stress/depression/other psychiatric illnesses". It accounted for 29.4% of the Board's sickness absence, 0.1% more than in October. It was the main cause of sickness absence in all four directorates:

- Corporate, 38.6%;
- Golden Jubilee Conference Hotel: 77.3%;
- Heart, Lung and Diagnostic Services, 24.0%; and
- National Elective Services, 24.8%.

### 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 November COVID-19 special leave accounted for 2.5% of all contracted hours, up on 2.0% the previous month. The Directorate breakdown was:

- Corporate: 1.8%;
- Golden Jubilee Conference Hotel: 2.1%;
- Heart, Lung and Diagnostic Services: 2.0%; and
- National Elective Services: 3.8%.

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 November 2020 57% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is down 1% on the previous month. The Directorate breakdown is as follows:

- Corporate: 45%, up 1%;
- Golden Jubilee Conference Hotel: 44%, up 5%;
- Heart, Lung and Diagnostic Services: 62%, down 3%; and
- National Elective Services: 66%, down 2%.

### **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 30 November 2020 NHS Golden Jubilee was the designated body for 152 doctors, all of whom we are responsible for appraising. Eleven 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.

### **Medical job planning**

Due to COVID-19 medical job planning was temporarily suspended. Job planning activity has now recommenced and Clinical Directors are working on updating job plan in order to scheduled job plan reviews. Numbers of job plans agreed and signed off will start to be reported on in the coming months.

## Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		As at month eight the position was reported as a surplus of 252k against a target of £0.
Finance – Efficiency savings		As at October 2020 efficiency savings of £1,337,000 were reported against a profile of £2,300,000.
Cancer 31 Day		In October 2020 performance was reported as 100% (24/24) This remains the latest position
TTG: Number of patients who have breached the TTG		In October 2020 there were 196 patients who exceeded their twelve-week treatment time guarantee. This included 3 cardiac surgery patients,30 coronary patients,32 electrophysiology patients ,1 device patient,26 orthopaedic patients,104 ophthalmology patients.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve week treatment time guarantee increased by 15.7% from 42.1% in October 2020 to 57.8% in November 2020.
Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)		71.3% of Heart and Lung patients were treated within 12 weeks in November 2020 (336/471 )
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 November.
DOSA rate: Thoracic Surgery		Thoracic Surgery DoSA targets have been set to zero until January. No cases were reported in November.
DOSA rate: Orthopaedics		In November there were 196 Orthopaedic primary joint admissions, 96 (49%) of which were on the day of surgery.
Theatre Cancellation Rates		In November 2020 the overall hospital cancellation rate was 5.1%. There were 63cancellations with 1229 procedures undertaken.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 77.5% in November 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.
R&I:		The next update to R&I will be in Feb 2021.
<b>National Comparison Table, Corporate Dashboard, Waiting list &amp; Productivity table</b>		
The GJNH nationally reported elective cancellation rate, in October 2020, was reported as 4.8%. This ranked GJNH as third out of 15. The Scotland rate was 7.6%.		
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 3 2020 GJNH reported 100% of eligible patients treated within the target.		
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. This remains the latest position.		
Corporate sickness rates in November 2020 were 5.0% and increase of 1%. Departments over the 4% threshold were: Business services, Catering, Clinical Governance, Estates, Finance, Research, Procurement, Security		
The total inpatient waiting list month end position increased by 552 from 3735 to 4287.		

The total outpatient waiting list increased by 1245 to 2961.

Referral numbers in November rose significantly for the second month, increasing from 2092 to 3891 (+1799)

These rises are mostly reflected in the Ophthalmology and Orthopaedic waiting lists.

For current inpatient waiters the number waiting between 12-26 decreased from 410 to 326 (-84)

The number of patients waiting over 26 weeks also decreased from 778 to 489 (-289).

**NHS Golden Jubilee  
Summary Finance  
Report  
As at 30 November 2020–  
Month 8**



## **Financial Position as at 31 November 2020, Month 8**

This summary finance report provides a brief overview of the financial position as at Month 8, for the period ending 30 November 2020.

The quarter 2 review, March 2020/21 forecast for Core and COVID revenue with scenario options have been submitted to Scottish Government in line with agreed deadlines.

Subsequently further discussions on these returns has taken place with Scottish Government finance representatives at both Corporate Finance Network (CFN) and NHS Finance Peer Review Group (PRG) meetings to agree consolidated analysis of returns and next steps around final COVID-LMP balance allocations. Final COVID19 funding allocations are planned as part of January 2021 allocations.

Discussions around the NHS GJ core SLA top slice allocation have moved forward, with agreement on forecast slippage against total 2020/21 SLA funding of £20.444m on a 40% reduction (£8.178m) on prior core business as usual levels. December 2020 RRL allocations will therefore reflect net SLA top-slice funding of £12.266m the report detailing the breakdown of this position will be kept with the allocation paperwork and approvals as a record of 'original top slice' and the revised allocation based on 40% slippage. This reduced funding position has been provided for within the month 8 financial accounts.

Month 8 SLA monitoring summary reports on the top-slice SLA have been shared with both the Access Support Team and Other Boards SLA leads. Any final adjustment on March 2021 SLA out-turn against the Boards £12.266m breakdown will be reviewed further after the end of January 2021 to agree any final adjustments by Board required at that stage. It should be emphasised that this assumes a final cost neutral position to the NHS Golden Jubilee by March 2021 reporting.

An Internal Audit of the financial sustainability, planning and controls for NHS Golden Jubilee related to 2019/20 COVID-19 expenditure, monitoring, approval and funding is now complete with this resulting in the highest assurance i.e. Reasonable assurance with one minor advisory finding only associated with the management of the SG and NHS Boards approval tracker.

### **Summary Financial Position as at 30 November 2020**

The tables below represent an extract of the summary financial position in line with reporting to the Scottish Government Health and Social Care Directorate as at month 8, 30 November 2020.

Continuing on from month7 – October 2020 finance report, the tables below show both the total NHS GJ and then GJCH position separately in order to clearly define the financial performance and drivers for variances on income performance.

Summary Financial Position  
2020-21 -November 2020

Income & Expenditure summary	Year to Date			Current Annual Budget £ 000	Original Fin Plan Annual Budget £ 000
	Budget £ 000	Actual £ 000	Variance £ 000		
<b>Core</b>					
RRL					
Core - RRL	(55,979)	(55,979)	0	(96,448)	(96,448)
<b>Total Core RRL Funding</b>	<b>(55,979)</b>	<b>(55,979)</b>	<b>0</b>	<b>(96,448)</b>	<b>(96,448)</b>
Income	(37,129)	(37,122)	(7)	(56,205)	(55,470)
<b>Total Core Funding/Income</b>	<b>(93,108)</b>	<b>(93,101)</b>	<b>(7)</b>	<b>(152,653)</b>	<b>(151,918)</b>
<b>Core Expenditure</b>					
Staff	64,350	63,146	1,204	94,914	90,604
Supplies	26,392	27,334	(942)	65,865	70,334
<b>Total Core Expenditure</b>	<b>90,742</b>	<b>90,480</b>	<b>262</b>	<b>160,779</b>	<b>160,937</b>
<b>Core Surplus/Deficit</b>	<b>(2,366)</b>	<b>(2,621)</b>	<b>255</b>	<b>(174)</b>	<b>0</b>
<b>Non-Core</b>					
Non Core Funding	(4,466)	(4,466)	0	(7,968)	(7,493)
Non-Core Expenditure	4,416	4,416	0	7,968	7,493
<b>Non-Core Expenditure Surplus/Deficit</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Summary</b>					
Total Funding	(101,306)	(97,772)	(3,534)	(165,881)	(159,741)
Total Expenditure	101,256	97,469	3,786	165,881	159,741
<b>Total Surplus/Deficit</b>	<b>50</b>	<b>302</b>	<b>252</b>	<b>0</b>	<b>0</b>

Summary Financial Position - GJCH  
2020-21 -November 2020

Income & Expenditure summary	Year to Date			Current Annual Budget £ 000	Original Fin Plan Annual Budget £ 000
	Budget £ 000	Actual £ 000	Variance £ 000		
<b>Core</b>					
Income	(3,732)	(205)	(3,527)	(5,260)	(5,260)
<b>Total Core Funding/Income</b>	<b>(3,732)</b>	<b>(205)</b>	<b>(3,527)</b>	<b>(5,260)</b>	<b>(5,260)</b>
<b>Core Expenditure</b>					
Staff	2,179	2,014	165	3,255	3,255
Supplies	3,919	559	3,360	5,657	2,005
<b>Total Core Expenditure</b>	<b>6,098</b>	<b>2,573</b>	<b>3,525</b>	<b>8,912</b>	<b>5,260</b>
<b>Core Surplus/Deficit</b>	<b>2,366</b>	<b>2,368</b>	<b>(2)</b>	<b>3,652</b>	<b>0</b>



This clearly demonstrates that the GJCH income loss is the main driver for the overall NHS GJ income underperformance and that the Core hospital position reflects only a small under-recovery against revised planning of £7k.

## Summary Points

**Core Income excl. GJCH (£0.007m) under-recovered** – The current position reflects cumulative under-activity, with in month adjustments actioned associated with Other Health Boards SLA's, and specifically the NHS Boards top slice SLA slippage of £8.178m by March 2021 and £5.452m year to date. This position has been effected due to the direct impact on service provision as a consequence of Covid-19. Non-WoS activity account for (£0.034m) under recovery against original budget plan within mainly Thoracic and Cardiac services at November reporting.

SPVU is also under recovered by (£0.049m) – 14% and the reduction in activity in the first quarter of the financial year is contributable to this position, the forecast is realigned to reflect current profile forecast for NSD services.

Other Income flows continues to reflect a small over performance of £0.122m year to date and in month of £0.090m which is mainly associated Zimmer Biomet invoice for PJI Lab equipment and SNRSS and HP Zone in month income receipts of £0.036m and £0.041m respectively

### **GJCH Income (£3.527m) under-recovered**

The element associated with the Hotel and Conference centre as previously reported has been incorporated and approved within our Local Mobilisation Plan (LMP) – net £3.651m performance loss and a portion is assumed within the £4,833m formal allocation received in September RRL now allocated to GJCH expenditure, specifically against non-pays and offsets the net year to date variance driven by the lost income opportunity to take the total hotel position to a small variance of (£0.002m) ytd. The additional £2m regeneration full funding allocation for the GJCH will be released as bedroom work progresses up to March 2021.

Any final Income allocations around COVID-19 funding balance due will be subject to greater definition following post Scottish Government budget announcement, with planned allocations in January 2021.

**Core Expenditure excl. GJCH £0.262m underspend** – There is now a notable movement in expenditure increase aligned with the recovery plan target noted from M7 reporting and continuing through to month 8 reporting. This is specifically notable in Pharmacy and Surgical Supplies areas. In additional some key pressure areas within medical staffing recruitment are presenting additional financial costs to manage any impact on service activity. Clearly this can be accommodated from overall funding available.

As before 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 a continual process of review and update for actual and planned start dates against these roles, as at the end of November forecast costs of posts with agreed start dates equates to

£1.3m, with supplementary staffing and staff in the recruitment process stage equating to a further planned £1.5m at this point. There remain some high level assumptions to those recovery posts that do not yet have confirmed start dates, therefore the above cost information will be subject to some fluidity over the next two months until additional clarity on commencement dates are clearly defined. However, it is recognised that current activity against remobilisation cancer activity against recovery target as at month 8 is reflecting a shortfall of 214 cases and it is not anticipated that this position will be recovered by March 2021. This reflects a 40% slippage against the cancer position within the NHSGJ Recovery plan and therefore identifies a reduction against the £6.1m net funding allocated of £1.484m and this has been highlighted to SG as part of the month 8 formal Financial Performance Review (FPR) return.

**GJCH Expenditure £3.525m underspend**

The release of SG LMP funding element for the GJCH under performance is included within the Hotel non-pays budget and therefore is the main contributor to the significant underspend variance – directly offsetting the income loss as reported above and therefore reflecting a net small pressure of (£0.002m) within the Hotel M8 financial performance.

<p><b>The Board are asked to</b></p> <ul style="list-style-type: none"><li>▪ Note the financial position for Month 8, as at 30 November 2020 for the financial year 2020/21</li><li>▪ Note the key messages as highlighted below</li></ul>
<p><b>Key Messages</b></p> <p>Total surplus as at Month8, November 2020 of £0.252m (includes core, non-core and income).</p> <p>The Golden Jubilee’s November Revenue Resource Limit (RRL) allocation on the 1 December reflected an additional total funding allocations of £85,988, in the main this was associated with realistic medicine lead funding;</p> <p>Therefore, the GJ financial reporting as at November 2020 takes into consideration remaining funding allocations from the original GJ Annual Operating Plan (AOP) submission – including the following;</p> <ul style="list-style-type: none"><li>○ Core SLA top slice of £20.444m, less £8.178 n/r slippage and therefore net £12.266m allocation for December</li><li>○ National Boards contribution to £15m over deduction of £0.200m,</li><li>○ Louise Jordan project funding of £0.379m.</li></ul> <p>COVID-19 Local Mobilisation Plans (LMP) balance of funding which is updated as part of the Quarter 2 return process – based on M6 reporting this reflected £4.617m (£15.550m LMP costs less both £6.1m and £4.833m received to date)</p>

including efficiency savings underachievement and broken down as below;

○ Recovery Plan	- £6.085m (Plus £2m Capital)
○ GJCH Income loss	- £3.651m
○ GJCH regeneration	- £2.000m
○ Equipment/IT	- £0.136m
○ Deep cleans/vaccinations/other	- £0.160m
○ Additional staff	- £0.980m
○ Research Income	- £0.543m
○ Underachieved efficiency	- £1.995m
○ <b>Total of above</b>	<b>- £15.550m</b>
○ Less funding received to date	- (£10.933m)
○ <b>Balance due for LMP/COVID</b>	<b>- £4.617m</b>

Some movement in key lines from month 6 reporting now reflects a reduced balance of £2.242m of funding due as at Month 8 reporting and a reduction of £2.375m and this is mainly due to the following areas;

○ Recovery Plan reduction	- (£1.484m)
○ Efficiency savings improvement	- (£0.668m)
○ Additional staff cost reduction	- (£0.274m)
○ Addition of vaccination cost estimate	- £0.051m
○ Total Covid LMP funding movement	- (£2.375m)

- Ongoing discussions with Scottish Government have re-enforced financial assurance for the Board to be reporting the £252k core revenue surplus as at November 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 through DEL funding.

#### **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 increased by £530k which was included in the annual plan, and an additional £2m associated with our recovery plan. This 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 December 2020, prior to final approval of the FBC assurance programme process. The Board valuers have been on site to value Phase One and Cath Lab 5 works, to ensure any appropriate impairments are captured and accounted for. This valuation exercise can't be finalised until the final account for phase one is received.
- As a result of the prioritised focus on the Boards Efficiency Savings

agenda for 2020/21 through Divisional performance review robust savings appraisal there is a re-energised drive through monthly budget meetings and wider Divisional clinical and management leads meetings and this has started to generate improvement in identifying savings already achieved and other future opportunities. It should be noted that this improvement is for non-recurring planned cash savings to support the wider financial performance agenda. As at month 8 reporting the Board has achieved £1.378m of efficiency savings, £0.742m of which are non-recurring in nature, with a current forecast target of £2.480m 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**