



Integrated Performance Report Board Summary Report

**NHS Golden Jubilee
Board meeting
23 September 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.

Jann Gardner
Chief Executive

Colin Neil
Director of Finance

June Rogers
Deputy Chief Executive

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>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 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	Jul-21	15	Jun-21	9	↓					*		C Chart	Above Upper Control
		Total complaints as percentage of activity (stage 1 & stage 2)	≤0.10%	Jan-21	0.11%	Dec-20	0.11%	↓	*						P Chart	
		Stage 1 complaints responded to within 5 working days	≥75%	Jul-21	50.0%	Jun-21	60.0%	↓							P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Jun-21	75.0%	May-21	100.0%	↓							P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Jul-21	28.47	Jun-21	55.69	↑	*						C Chart	Q1 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jul-21	0.00	Jun-21	0.00	↔		✓					C Chart	Q1 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Jul-21	28.47	Jun-21	0.00	↓					*		C Chart	Q1 2021/22 position Within Control Limits
		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%	Jul-21	99.0%	May-21	98.0%	↓		✓	✓				Run Chart	
		Mortality	0 - 15	Jul-21	6	Jun-21	9	↑		✓	✓				C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Jul-21	6	Jun-21	4	↓					*		C Chart	Within Control Limits
	Hotel Complaints	≤2	Jul-21	0	Mar-20	0	↔		✓	✓				C Chart	Within Control Limits	
Staff Governance		Disciplinarys	≤0.50%	Jul-21	0.00%	Jun-21	0.00%	↔		✓	✓				P Chart	Within Control Limits
		Grievances	≤0.40%	Jul-21	0.00%	Jun-21	0.0%	↔		✓	✓				P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Jul-21	0	Jun-21	0	↔							P Chart	Within Control Limits
		SWISS Sickness absence	≤4.00%	May-21	4.5%	Apr-21	4.5%	↓	*						P Chart	
		Sickness absence local figure	≤4.0%	Jul-21	5.5%	Jun-21	5.0%	↓	*						P Chart	Within Control Limits
		TURAS PDR	≥80%	Jul-21	66%	Jun-21	65%	↑	*						P Chart	Above Upper Control
		Turnover	0.00% - 0.95%	Jul-21	1.36%	Jun-21	0.78%	↑					*		P Chart	Above Upper Control
		Job Planning All Hospital	≥0%	Jul-21	57.5%	Jun-21	45.6%	↑							N/A	
		Medical appraisal with completed interview & form 4	≥0%	Jun-21	5.9%	May-21	7.3%	↓		✓	✓				N/A	
		Hotel Sickness Absence	≤4.0%	Jul-21	1.6%	Jun-21	2.2%	↑		✓	✓				P Chart	Within Control Limits
	Hotel TURAS PDR	≥80%	Jul-21	93%	Jun-21	82%	↑		✓	✓				P Chart	Within Control Limits	

	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	2	6	4	3	0	1
Staff Governance	3	5	4	1	0	2
FPP	15	5	2	2	4	8
Total	20	16	10	6	4	11

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
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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	Jul-21	-£181K	Jun-21	-£3K	↓							N/A	
		Deliver Board efficiency target	≥0%	Jul-21	515.5%	Jun-21	603.0%	↓							N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Aug-21	-7.6%	Jul-21	-7.6%	⇄		✓	✓				N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Aug-21	16.9%	Jul-21	16.9%	⇄		✓	✓				N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Jul-21	150	Jun-21	131	↓	✗						P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jul-21	91.2%	Jun-21	89.8%	↑	✗						P Chart	Eight Consecutive Points Above Centre
		31 Day Cancer	≥95%	Jun-21	100.0%	May-21	100.0%	⇄		✓	✓				P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Jul-21	76.5%	Jun-21	82.1%	↓	✗						P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Jul-21	1088	Jun-21	898	↑	✗						C Chart	Above Upper Control
		Number of patients on list waiting over 26 weeks	≤0	Jul-21	499	Jun-21	409	↑	✗						C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90%	Jul-21	91.1%	Jun-21	93%	↓		✓					P Chart	Eight Consecutive Points Above Centre
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Jul-21	82.9%	Jun-21	80.4%	↑	✗						P Chart	Above Upper Control
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Jul-21	99.4%	Jun-21	98.5%	↑		✓	✓				P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Jul-21	48.8%	Jun-21	45.4%	↑	✗						P Chart	Within Control Limits
		Thoracic DoSA	≥20.0%	Jul-21	12.5%	Jun-21	4.2%	↑	✗						P Chart	Within Control Limits
		Cardiac DoSA	≥6.82%	Jul-21	6.7%	Jun-21	5.5%	↑				✗			P Chart	Above Upper Control
		All Specialties Cancellation Rate	≤4.1%	Jul-21	6.3%	Jun-21	5.3%	↓	✗						P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Jul-21	-28.8%	Jun-21	-17.0%	↓	✗						N/A	
		Hotel Income target	≥-10.0%	Jul-21	91.7%	Jun-21	45.5%	↑		✓					N/A	
		Hotel Room Occupancy	≥67.5%	Jul-21	33.4%	Jun-21	13.2%	↑	✗						Run Chart	Eight Consecutive Points Above Centre
		Hotel Conference Room Utilisation	≥66.2%	Jul-21	62.6%	Jun-21	71.7%	↓					✗		Run Chart	
		Hotel Conference Delegates	≥-5.0%	Jul-21	-2.0%	Jun-21	-9.6%	↑						✓	N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Jul-21	21.5%	Jun-21	17.9%	↑		✓					N/A	
		Hotel Not for Profit Percentage	50% - 60%	Jul-21	56.7%	Jun-21	87.3%	↓						✓	N/A	
		Hotel Review Pro Quality Score	≥86.0%	Jul-21	92.5%	Mar-21	0.0%	↑						✓	Run Chart	
		GJRI Number of new research projects approved	≥8	Jun-21	3	Mar-21	3	⇄	✗						C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Jun-21	-41.0%	Mar-21	-17.1%	↓							N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Jun-21	£2,500	Mar-21	£72,000	↓	✗						N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Jun-21	88.0%	Mar-21	74.0%	↑						✓	Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Jun-21	58.0%	Mar-21	47.0%	↑	✗						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		In July 2021 there were 15 complaints reported.
Stage 1 complaints response time		In July 2021 there were six Stage 1 complaints, of which three were responded to within the five day target (50%)
Stage 2 complaints response time		In June 2021 there were four Stage 2 complaints, three of which were responded to within 20 days (75%).
Mortality		The mortality figure for July 2021 was reported as six. There were ten deaths in June 2021.
Significant adverse events		There were six significant adverse event reviews in July 2021. Slightly above confidence limits.
MRSA/MSSA cases		There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in July 2021.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infections (CDI) reported in July 2021.
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in July 2021.

Clinical Governance Executive Summary

In June we received four stage 2 complaints and five stage 1 complaints; 60% of stage 1 were responded to within times scales (of the two that breached one was responded to on day 8 and one on day 10) and 75% of Stage 2 were responded to within times scales.

In July we have seen an increase in both stage one and two complaints received (five Stage 1 and nine Stage 2). It should be noted the nine stage two is the most stage 2 complaints received per month for over a year. 80% of the stage 1 were responded to within times scales. One of the Stage 2 that was received has been progressed to an SAER investigation.

Changes are continuing to the process to support a sustained improvement in the response times.

All stage 2 complaints will now have final sign off from the Chief Executive and oversight of the complaints status will be maintained via the Senior Managers Business Meeting; in addition to the existing weekly reviews with Division Management Teams.

Mortality data remains within control limits.

There are no whistleblowing reports.

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia**- 1 SAB to report. Source Chest drain site.
- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- 0 cases to report.
- **Gram Negative/E.coli Bacteraemia (ECB)**- 1 case to report.
- **Hand Hygiene**- Bi Monthly report from July indicates an overall compliance of 99%.
In all instances of non-compliance, opportunity was not taken. Next report due September 2021.
- **Cleaning and the Healthcare Environment -Facilities Management Tool**
Housekeeping Compliance: 97.7% Estates Compliance:96.49 %

Other HAI Related Activity Update

As the epidemiology of COVID 19 continues to change including Variants of Concern (VOC) and a move to Level 0 so does our national and local approach in healthcare.

NHS GJ Prevention and Control of Infection Team continue to collaborate with ARHAI weekly to review, influence and develop these changes to the Scottish approach to COVID 19.

In addition to patient activity, the focus of the team in June has included-

- Resumption of Prevention and Control of Infection Annual Reviews (PCIARs)
- Supporting the clinical team in the implementation of Cath Lab 3 refurb
- Supporting the expansion team in Eye Centre snagging
- Contributing to the National Infection Prevention Manpower Strategic Review being led by SG

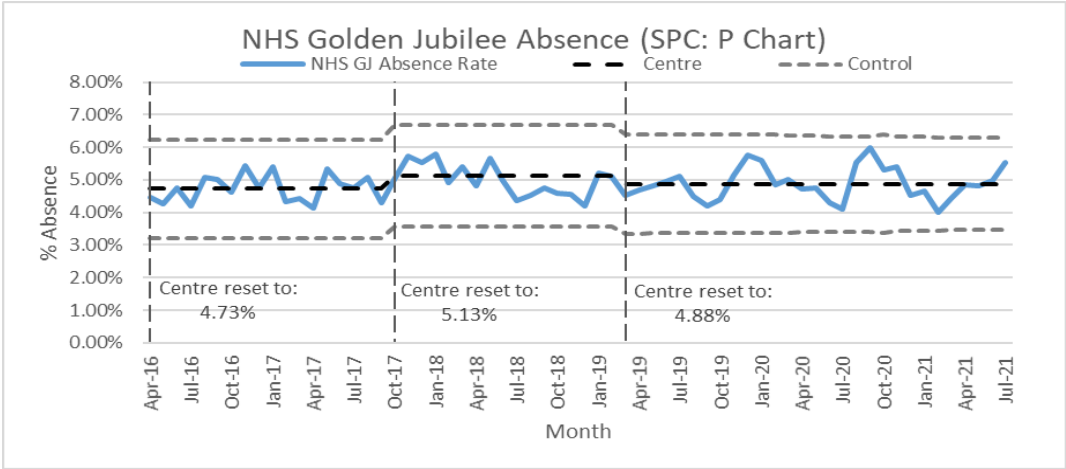
Section B:2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in July 2021.
Grievances		There were zero grievance cases raised in July 2021.
Dignity of work		Zero dignity cases were raised in July 2021.
Local Sickness absence		Sickness absence in July 2021 was reported at 5.5%. Absence due to COVID-19 reasons was 1.9% in July 2021 (+0.8%)
Turnover		Turnover in July 2021 was reported as within control limits at 1.4% although an increase of 0.6%
Medical appraisal with completed interview and form 4		A new round of appraisals began in June 2021 Performance is 6% (9/153). Latest position available
TURAS Appraisal rates		Position for July 2021 reported as position as 66%, a 1% increase on last month.
Job Planning: All hospital		The July 2021 performance is reported as 58% (61/106).

Staff Governance Executive Summary

Sickness absence

In July 2021 the Board’s sickness absence rate stood at 5.5%, up 0.5% on the previous month.



Across the Directorates absence was as follows:

- Corporate: 3.4%, up 0.6% on the previous month;
- Golden Jubilee Conference Hotel: 1.6%, down 0.6% on June;
- Heart, Lung and Diagnostic Services: 5.9%, up from 4.9% in the previous month; and
- National Elective Services: 7.5%, which was 0.2% higher than June.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in June accounting for 29.0% of all sickness absence, slightly higher than June’s figure of 27.4%. It was the main cause of absence in three of the four Directorates:

- Corporate: 46.3%;
- Heart, Lung and Diagnostic Services: 24.2%; and
- National Elective Services: 27.2%.

In the Hotel “Anxiety/stress/ depression/other psychiatric illnesses” was not the reason for any sickness absence in July, and in this Directorate the main reason for sickness absence was “Other musculoskeletal problems”, accounting for 53.2% of absences.

COVID-19

In July COVID-19 special leave accounted for 1.9% of all contracted hours, up considerably on 0.8% the previous month. The Directorate breakdown was:

- Corporate: 1.1%;
- Golden Jubilee Conference Hotel: 1.7%;
- Heart, Lung and Diagnostic Services: 2.2%; and
- National Elective Services: 2.4%.

In June it was suggested that with the increased in COVID-19 cases in Scotland in July, we would expect to see the numbers increase for that month, and this has been borne out, as can be seen above.

Agenda for Change appraisal

Within the year to 31 July 2021 66% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is up 1% on the previous month. The Directorate breakdown is as follows:

- Corporate: 69%, the same as June (and May);
- Golden Jubilee Conference Hotel: 93%, up 11% on the previous month;
- Heart, Lung and Diagnostic Services: 65%, the same as June; and
- National Elective Services: 61%, up 1% on June

Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		As at month two the position reported was as a surplus of £0.204m.
Finance – Efficiency savings		The current position is £1.151 m efficiency savings identified.
Cancer 31 Day		In June 2021 performance was reported as 100% (33/33)
TTG: Number of patients who have breached the TTG		In July 2021 there were 150 patients who exceeded their twelve week treatment time guarantee. This included 5 cardiac surgery patients, 25 coronary patients, 47 electrophysiology patients, 6 device patients, 3 lead extraction patients, 3 respiratory patients, 47 orthopaedic patients, 14 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 1.4% from 89.8% in June 2021 to 91.2% in July 2021.
SoT Guarantee – Inpatient and DC cases (H & L only)		80.4% of Heart and Lung patients were treated within 12 weeks in July 2021
DOSA rate: Cardiac Surgery		There were three DoSA cases in July 2021 (6.7%). A new profile for the year has been agreed.
DOSA rate: Thoracic Surgery		There were nine DoSA cases in July 2021 (12.5%). A new profile for the year has been agreed.
DOSA rate: Orthopaedics		In July 2021 there were 209 Orthopaedic primary joint admissions, 102 (49%) of which were on the day of surgery.
Theatre Cancellation Rates		In July 2021 the overall hospital cancellation rate was 5.3%. There were 103 cancellations with 1947 scheduled procedures.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 77% in July 2021.
Hotel: Income		Currently reporting 97% above plan.
Hotel: Room Occupancy		July reported position 33.4% against target of 67.5%
Hotel: Conference Room Occupancy		July reported position 62.6% against target of 66.2%
Hotel: Delegates		July reported -2% against target of >-5%
Hotel: Patient Bed Usage		July reported 21.5% against target of >-5%
Hotel: Not for Profit %		July reported 56.7% which is within the target range
Hotel: Pro Quality Score		July reported 92.5% against target of >86%
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in June 2021, was reported as 5.2%. This ranked GJNH as fourth out of 15. The Scotland rate was 7.5%.		

Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 1 2021 GJNH reported 100% of eligible patients treated within the target (Joint 1st) This remains the latest position.

Health Protection Scotland published figures for Quarter 1 2021 report a GJNH incidence rate (per 100,000 total occupied bed days) of 8.2 for CDiff incidence and 32.9 for SAB. The Scotland rates were 18.4 and 15.6 respectively. Latest position.

Corporate sickness rates in July 2021 increased to 3.4%. Departments over the 4% threshold were: Finance, Catering, Procurement, Security and Pharmacy.

Referral numbers in July 2021 increased sharply to 3811 (+610)

The total outpatient waiting list increased by 42 to 1791.

The total inpatient waiting list month end position increased by 513 from 4681 to 5194.

For current inpatient waiters the number waiting between 12-26 increased from 460 to 588 (+128)

The number of patients waiting over 26 weeks increased from 617 to 776 (+159).

NHS Golden Jubilee Summary Finance Report

As at 31 July 2021 – Month 4



Core Revenue Financial Performance as at 31 July 2021, Month 4

This summary finance report provides an overview of the key points within the financial position as reported at Month 4, for the period ending 31 July 2021.

The report also looks forward to March 2022 financial out-turn and identifies the main financial risks and benefits associated with both core Income and Expenditure, in addition to the financial monitoring in place associated with the approved Remobilisation Plan 3 (RMP3) and any significant movement in performance against the original submission approved by Scottish Government at the 31 March 2021.

Performance against the NHS Golden Jubilee's annual efficiency saving target of £4.044m will also be shown as a separate section within the report, given our current forecast gap against this target of £1.445m this is likely to remain as a medium risk for the Board at this stage.

The Core Revenue position for July 2021 reflects a surplus of £0.204m which is reflective of improved performance mainly within GJCH income streams as a result of performance improvement from original financial plan assumed due to staff and NHS business, although a reduction over October 2021 is predicted prior to the COP 26 event.

2021/22 Financial Reporting arrangements

The first formal financial performance returns for 2021/22 quarter 1, in the form of the Financial Performance Report (FPR) was submitted by 30th July 2021 deadline. At this stage the Covid non-recurring element reported through the FPR indicates a small reduction against original financial plan submission (excl. Mobile Endoscopy Unit) of £0.665m (from £10.862m down to £10.836m) mainly on the basis of the reduction reported on the efficiency savings gap from £2.00m to a £1.445m gap.

For alignment with the WTIP funding received in the month 4 RRL, and also the RMP4 submission, detailed compilation of the current and forecast costs against both the Mobile Endoscopy Unit and the weekend eyes is progressing well to identify forecast slippage related to the delay in commencement dates for both projects, with both Saturday and Sunday Theatres in the Eye unit weekend activity behind by 1 week. However, this will also consider sensitivity implications around increased workforce costs due to gaps in provision of clinical staffing over both developments. For these elements of funding regular interface and updates are provided to the Access Support Team of the Scottish Government.

Total Income Performance as at 31 July 2021 – Month 4

The tables below represent an extract of the summary financial position against Core Income and Expenditure as at month 4, 31 July 2021.

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	(33,728)	(33,728)	0	(108,436)	(105,734)
Total Core RRL Funding	(33,728)	(33,728)	0	(108,436)	(105,734)
Income	(22,439)	(22,644)	205	(67,370)	(65,016)
Total Core Funding/Income	(56,167)	(56,372)	205	(175,806)	(170,750)
Core Expenditure					
Staff	38,558	38,418	140	110,993	102,203
Supplies	17,609	17,750	(141)	64,813	68,547
Total Core Expenditure	56,167	56,168	(1)	175,806	170,750
Core Surplus/Deficit	0	204	204	0	0

The key areas of Income movement driving the above are;

- GJCH Income performance above revised budget of £0.182m mainly associated with greater than expected performance following phased easing of restrictions, there is a known reduction in performance during October due to business cancellations however this is expected to recover with COP 26 business from November 2021. In total the forecast income underrecovery for the GJCH by March 2022 remains at the £3m defined within the remobilisation plan at this stage and at this stage it is believed that this will allow a break-even position for the financial year.

The key areas of Expenditure movement driving the above are;

- Staff Medical pay adverse position against budget of (£0.487m), subject to conclusion of the deep dive work in progress on funding, costs and budget. The aim is to complete Cardiac, Thoracic Medical and Anaesthetic medical as a priority within the H,L&D division and complete a timetable for this and the progression of the same analysis within NES Medical specialties.
- Nursing pay under budget by £0.111m. During July the Nursing Director and Associate Nursing Director met with the Assistant Director of Finance to assess the outstanding actions around RMP and WTIP element of the nursing workforce linked to recovery. The nurse management team will re-emphasise the position around the COVID-19 management element (mainly associated within H,L&D) as being non-recurring and look to define the likely recruitment to the WTIP recurrently funded element to allow sensitivity analysis of any possible cost pressure against funding assumed within RMP 3 to allow consideration into RMP4 submission.
- Pharmacy Supplies are over budget by (£0.135m). Budget setting meetings

and analysis for 2021/22 are complete and budget pressures associated with Pharmacy have been released on the back of this, hence why no deterioration is noted from the month 3 reported position. However, a detailed exercise around the impact of increased activity into Pharmacy supplies is being undertaken and will look to inform the release of funds into the Divisions in the August reports from the marginal funding received for additional activity above 2019/20 business activity levels going into the planned levels for 2021/22.

- Surgical Supplies over budget by (£0.523m), this is encompassed as part of the detailed review work H,L&D Division have taken forward in collaboration with finance and procurement to review ordering levels, variation, stock holding and basis for call-off orders going forward in Cath Lab and Cardiac Physiology in parallel with budget review within Cardiac Physiology.
- Property, Plant and Equipment (PPE) reflects a positive variance of £0.205m and as in prior year trends this is aligned with the resultant phasing of backlog maintenance and backlog projects which ultimately see a higher level of costs incurred from the last 6 months of the year and a further stepped increase in the last 3 months of the financial year.
- Corporate Supplies, Reserves and Savings (CS&R&S) reflect a positive position against budget of £0.351m. As in previous years this is where reserves are centrally held to support developments and pressures throughout the financial year and an element of this will be to offset some of the key pressures highlighted above in addition to any slippage on planned activity performance.

Division Performance 2021/22

The following table provides an overview of how the above key variances are driven from a Divisional level to provide a more detailed understanding of what services within each Division are driving the out-turn performance noted above;

Board Expenditure - 2021/22 as at July

Core Expenditure Category	Year To date			Jul-21	Division Year To date Variance			
	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel
Staff Costs-Medical	10,055,529	9,568,167	(487,362)	27,775,150	(579,658)	80,006	12,290	0
Staff Costs-Nursing	13,504,731	13,615,856	111,125	40,730,379	1,659	83,956	25,510	0
Staff Costs-Clinical	5,382,894	5,571,591	188,697	16,522,816	153,417	22,781	12,498	0
Staff Costs-Support	2,989,547	3,171,824	182,276	9,377,774	0	41,732	47,190	93,354
Staff Costs-Admin	6,485,312	6,630,056	144,744	16,586,964	16,164	18,955	86,212	23,412
Total Pay	38,418,013	38,557,493	139,480	110,993,083	(408,418)	247,431	183,701	116,766
Pharmacy supplies	1,509,054	1,373,650	(135,403)	3,818,611	7,604	(145,696)	2,689	0
Surgical Supplies	9,036,019	8,512,722	(523,297)	22,124,321	(547,895)	15,233	9,365	0
Lab/Radiology Supplies	598,866	558,567	(40,299)	1,587,589	(48,112)	11,123	(3,310)	0
PPE	2,321,074	2,526,709	205,635	6,766,817	(69,089)	12,288	214,643	47,793
FM	2,178,602	2,180,458	1,856	6,379,055	(29,722)	(49,158)	76,368	4,369
CS&R&S	2,106,112	2,457,354	351,241	24,136,655	(245,328)	(96,993)	670,078	23,483
Total Non-Pay	17,749,726	17,609,460	(140,266)	64,813,048	(932,541)	(253,202)	969,832	75,645
Total Core Position	56,167,739	56,166,953	(786)	175,806,131	(1,340,958)	(5,771)	1,153,533	192,411

Remobilisation Plan Monitoring

The 2021/22 Remobilisation Plan (RMP3) and associated planned activity of 78,050 cases across a number of key specialties and service areas incorporates the key investment identified below to support service delivery during the financial year. The Board will monitor financial performance against each of these specific expenditure categories on a routine basis and update Scottish Government accordingly on any forecasts, risks or opportunities;

Resource Category	£'m	Key points
Recovery Workforce	3.565	Relates to PYE funding for workforce, which on a FYE basis equates to £9.3m
Recovery non-pays	0.805	SLA top slice funding in place
Vaccination Programme	0.100	On basis of remaining first job for non-patient facing and second job
Drive Through Testing	0.110	In line with 2020/21 costs
Theatre capacity (Independent Sector)	0.102	April to July 2021 (commenced Feb 2021)
GJCH Income Loss	3.000	Increased due to interim impact and national project support ask
Other Income Loss	0.460	Some improvement modelled but not at pre-Covid levels
Efficiency Savings impact	2.000	In line with 2020/21 initial assessment
Baseline Remobilisation Plan	10.142	

Endoscopy Unit	£'m	Key points
Endoscopy Unit rental	0.831	Unit rental including scopes
Endoscopy Unit nurse staffing	1.119	Allows for staffing up to 7 days per week
Endoscopy Medical staffing	0.565	Provision will require to be a mix of internal resource, WLI's and independent sector
Endoscopy Unit Internal Costs	0.142	Ehealth, estates and Admin/UCO support
	0.876	
Total Endoscopy Unit	3.533	

Total RMP Incl Savings 13.675

Total RMP Excl Savings 11.675

Funding Received - June RRL 3.930

RMP 3 Balance due 7.745

As previously reported £3.9m of funding has been allocated as a first general payment to NHS GJ within the June 2021 RRL letter. Formal assessment of the RMP4 submissions on performance transition from RMP 3 will appraise forecast against total original £10.142m and any movement in the overall funding level required to March 2022 after September 2021 and quarter 2 reporting.

The separate £11.568m funding to support Waiting Times Improvement was received within the Boards July 2021 RRL funding allocations. Assessment of any slippage associated with performance against plan for both the Endoscopy Mobile Unit £3.5m funding received, and the 50%-part allocation of the Ophthalmology weekend eyes activity development of £1.75m is in progress and will be reported to Scottish Government via the formal review process.

Detailed monitoring of costs continues monthly as part of financial reporting to provide robust appraisal of costs for the next Quarter 2 – September 2021 FPR return and the associated finance narrative report will highlight any emerging issues requiring further review or escalation at this stage re forecast performance to March 2022 and as part of informal review meetings being implemented with SG colleagues. At this point workforce cover to support clinical capacity has been a challenge in a number of areas.

Other Funding Developments

NHS Scotland Academy

Both NHS GJ and NES finance managers are jointly meeting with the Programme Director for the NHS Academy to review both actual and forecast expenditure against budget / funding and are in the process of developing a single template to support this in a co-ordinated way, given elements of costs will sit within each Board and the need to be able to consolidate the full level of financials.

It was agreed that as the Academy develops any further activity commissioned will require a business case to be agreed by the Executive Programme group before submission to the SG and any subsequent allocations as the result of approved business cases will also be allocated to an individual Board.

Discussions with the Director of Finance at Scottish Government resulted in agreement to incorporate the business case approved figures within the RMP at quarter 1 and therefore the responsible finance managers have been asked to liaise with the Programme Director to complete a phased plan on recruitment to all areas approved within the business case to inform both NES and NHS GJ RMP templates.

Centre for Sustainability Delivery(CfSD)

Funding for the above workforce has been agreed with Scottish Government for 2021/22 at £5.34m. This is in line with current structure and recruitment to existing vacancies across the five programmes, support staff and management. It is expected that this allocation will be received in next months' RRL allocation to NHS GJ. Costs to July 2021 equate to £1.4m against a pro-rate budget of £1.78m, however at this early stage budget has been matched to costs as a number of vacancies are being progressed and to ensure no significant variance is reflected within our accounts, and until funding has been formally received.

This is reported separately within the Boards financial reports and is explicit in reporting to SG on costs incurred.

An additional resource paper is being taken through the Health and Sports Committee with additional in year 2021/22 funding equating to £0.272m and £0.186m respectively for the Accelerated National Innovation Adoption (ANIA) pathway and resource proposal.

In recognition of the increase in both senior management and administration posts for the above development and associated costs increase it was agreed at the Finance and Performance meeting on the 8 July 2021 to present organisational chart diagrams reflecting the position for workforce within both the senior management and administration staff groups after the change from the additional CfSD workforce on the Boards structure.

This will also be expanded to include the additional roles associated with the Infrastructure redesign supported and the NHS Scotland Academy and included as a separate report to the routine Finance report incorporated within the Integrated Performance Report.

Efficiency Savings and Financial Improvement Performance

In accordance with the 2021/22 Annual Operating plan templates the following tables reflect the planned Efficiency Savings position of the Board including the underperformance identified for 2021/22 of £1.445m. (Previously noted as £2m, hence some improvement on the gap)

This reflects a continuation of the same challenges noted during 2020/21 in achieving overall financial improvement targets on the back of the covid-19 pandemic and recovery and remobilisation focus.

The current efficiency reporting position identified cash releasing schemes totalling £2.599m which reflects the same position reported in month 3 with a reduced underperformance against the overall £4.044m boards target of £1.445m of cash/budget schemes identified. Of the £2.599m identified £836k remains as recurring schemes with the balance of £1.763m are non-recurring in nature i.e. 68%.

The finance team plan to put in place structured financial improvement meetings to identify key projects to take forward and identify leads and service supports to drive these forward. In addition, NHS GJ is represented within the Scottish Government Financial Improvement meetings and work to drive forward collaborative opportunities and will meet with SG to review progress against efficiency performance regularly however achievement to July 2021 reflects £1.151m of which £0.388m (34%) are recurring efficiency plans;

Cumulative value of efficiency savings as at the end of:	Total Plan £000's	Total Achieved £000's
April	0	0
May	0	0
June	135	949
July	187	1,151
Aug	249	
Sept	565	
Oct	975	
Nov	1,125	
Dec	1,376	
Jan	1,554	
Feb	1,783	
Mar	2,044	



	CYE £000's	
Target	4,044	
Identified Recurring Savings	836	
Identified Non-Recurring Savings	1,763	
Total Identified	2,599	
Outstanding Balance	(1,445)	

Non-Core Performance

There are three discrete elements of non-core funding that are included within the finances for the Board, these are

- Depreciation for core capital items – this is an annual transfer from core RRL each year with the budget based on a detailed depreciation budget prepared annually in line with our approved capital plan and existing capital items. This reflects a breakeven position at the end of month 4.
- Depreciation for donated capital items – this is an annual budget forms part of exchequer funding; this relates to items that have been purchased using donated funds. This reflects a breakeven position at the end of month 4.
- AME Provisions – this is part of Annually Managed Expenditure and is managed and funded centrally. The original £40k estimate in 2021/22 will fluctuate throughout the year with the final amount being identified by year end. As this is based on movement in claims and estimates from the CLO this number may change, in addition the Board element of its share of the CNORIS pot is only identified at year-end and is expected to be cost neutral.
- AME – Debtor – as required by accounting standards this is the corresponding debtor for the AME provisions recognising that the Board will receive income upon settlement of claims
- Impairment – this also is part of Annually Managed Expenditure and is managed and funded centrally based upon an annual expected spend on building projects. The original estimate of £100k in 2021/22 is set at the start of the year, however as impairment primarily relates to building projects, this will only change later in the financial year.

Capital Performance

The main capital expenditure incurred to date is related to the elective centre expansion, albeit spend is now showing against our prioritised medical equipment purchases.

The core capital allocation for the Board remains at £2.691m, the funding associated with the elective centres is circa £32m.

The spend to month three is detailed below:

	£
Estates	30,559.00
Medical Equipment	477,612.20
IMT	-
Total	508,171.20
Phase two	2,162,654.64
Total Spend	2,670,825.84

Capital expenditure has been incurred relating to the academy however additional funds in relation to this have yet to be allocated to the Board's capital resource limit. This funding has however been formally agreed and will follow in due course.

The lower spend to month four relating to the elective centres projects relates to items being accrued at year-end, matching invoices that have now been paid.

The Capital Group have been reviewing the allocations and forecast spend across a number of areas and where slippage in schemes may exist. In these areas, prioritised substitute schemes will be progressed to ensure best use of the overall funding available.

A national group is established, being the National Infrastructure Board (Equipping), who are reviewing the equipment infrastructure across NHS Scotland, and asked Boards to submit bids for equipment additional to current planned expenditure. NHS GJ submitted bids for MRI Scanner (£1,582,200), Ultrasound Scanners (£128,803), Centrimag temporary VAD (£61,919), MRI compatible monitoring (£61,870) and Mini heater / coolers (£21,662). If any bids are successful then further funding will be issued to meet these cost and if not they can be incorporated into future planning cycles. Feedback is anticipated regarding this imaging equipment by early September 2021.

The Board are asked to

- Note the financial position for Month 4, as at 31 July 2021 for the financial year 2021/22; and
- Note the key messages as highlighted below

Key Messages

Total surplus as at Month 4, July 2021 of £0.204m for core revenue and Income financial position.

The NHS Golden Jubilee's June Revenue Resource Limit (RRL) allocation reflects an increase within the month of £11.908m which takes into consideration the following;

- Digital Health funding - £0.244m
- Implementation of Excellence in Care - £0.032m
- WTIP RMP3 Elective care - £11.568m
- Realistic Medicine Lea & Programme Manager - £0.030m
- Implementation of Health & Care Act - £0.034m

This position reflects progression in obtaining authorised funds and the outturn remains within our Revenue Resource Limit given the current surplus reported. The progress in terms of the reduction in the previously reported Efficiency savings from c£2m to £1.445m is evidence of the continued effort and focus to drive forward additional efficiencies and this will continue throughout the financial year.

**Director of Finance
NHS Golden Jubilee**

RRL – Reconciliation

RRL Financial Plan		Original Fin Plan	Adjustments	Current Fin Plan
Funding				
Base	Baseline recurring	63,302,000		63,302,000
RRL prior year earmarked recurring	Baseline recurring	63,057	1,892	64,949
Uplift of 1.5% to baseline figures	Baseline recurring	949,530	42,000	991,530
Baseline recurring Agenda for Change			792,000	792,000
Infrastructure support	Recurring (Allocated Non-Rec)	1,460,000		1,460,000
Top slice National Boards - operating cost or RRL	Recurring			0
National Boards savings	Recurring	200,000		200,000
NHS Reform access to transformational change				0
JB - Impact in future years		0		0
NWTC top-slice for Boards SLA's	Recurring	20,443,445		20,443,445
SLA top slice uplift	Recurring	306,652		306,652
Waiting Times - recurring marginal transition	Recurring	1,781,000		1,781,000
Ophthalmology Phase 1 Elective expansion	Recurring	1,384,611		1,384,611
remove depreciation to non-core		(8,898,000)		(8,898,000)
NDC top slice		(468,283)		(468,283)
Outcomes Framework:				
e-health Applications fund				0
e-Health - strategic fund		244,298		244,298
e-Health - infrastructure fund				0
e-Health - other				0
e-health - 5% reduction				0
HAI funding allocation		0		0
QUEST - Quality & Efficiency Support team		0		0
Support for Advocacy provision		0		0
MRI Mobile Unit (Assume t/f to 1 of new scanners)		0		0
Core research allocation	Recurring	329,000		329,000
Additional NRS Nursing funds	Recurring	160,000		160,000
Small Business Research Initiative (SBRI)	Non-recurring	830,000		830,000
Ehealth Leads support	Non-recurring	65,000		65,000
Distinction awards	Non-recurring	72,247		72,247
Additional SG bid against Waiting Times/ recovery plan:				
Cath Lab 5 expansion capacity pressures	Recurring			0
NHS Improvement in careers programme	Non-recurring	10,000		10,000
Discovery system (top-slice)	Recurring	(3,131)		(3,131)
Funding to support implementation of excellence in care		0		0
Funding to support eHealth resource release - excellence in care		0		0
Ophthalmology Phase 1 Elective expansion	Recurring	193,157		193,157
Ortho/Other specialties Phase 2 Elective expansion	Recurring	0		0
Waiting Times - recurring workforce transition	Recurring	3,000,000		3,000,000
Independence Sector Development		0		0
Commissioning		0		0
NHS Scotland Academy		2,000,000		2,000,000
Endoscopy Unit		3,533,000	(33,000)	3,500,000
Recovery Plan	Non-recurring	8,142,000		8,142,000
IV Fluids Programme	Non-recurring	40,500		40,500
MPPP Arise	Non-recurring	10,000		10,000
OU Students	Non-recurring	20,000		20,000
Health Staffing Act	Non-recurring	32,729		32,729
Implementation of EIC	Non-recurring	30,350		30,350
CfSD	Recurring	6,500,000	(1,630,000)	4,870,000
Weekend eyes	Non-recurring		3,500,000	3,500,000
Realistic Medicine Leads and Programme Managers	Non-recurring		30,000	30,000
Total Core		105,733,161	2,702,892	108,436,053