



# Integrated Performance Report Board Summary Report

**NHS Golden Jubilee  
Board meeting  
29 July 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<br/>UCL: Upper Control Limit<br/>LCL: Lower Control Limit</p>   | <p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p> <p>Position calculated on three standard deviations either side of the centre.</p> |  |
| <p>Point Above Upper Control Limit</p> <p>Point Below Lower Control Limit</p>  | <p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p> | <p>Fifteen consecutive points in the inner third of chart</p>  | <p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>   |
| <p>Eight Consecutive Points Above Centre</p> <p>Eight Consecutive Points Below Centre</p>  | <p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>              | <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p>   | <p>Two out of three consecutive points near (outer one-third) a control limit. This could either be an indication of an unstable process which is highly variable or could also indicate that a change has occurred and is impacting (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p> |
| <p>Six consecutive increasing points</p> <p>Six consecutive decreasing points</p>  | <p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>   |  |  |

# Board Performance Dashboard – Part 1

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

| Section             | RAG (last period) | Standard   | Target for Current Period | Performance Data |                     |                 |                      | Performance Assessment Methodology |                             |                                   |                                   |                      |                    |                       |   |
|---------------------|-------------------|--|---------------------------|------------------|---------------------|-----------------|----------------------|------------------------------------|-----------------------------|-----------------------------------|-----------------------------------|----------------------|--------------------|-----------------------|---|
|                     |                   |  |                           | Current Period   | Current Performance | Previous period | Previous Performance | Direction of Travel                | 3 periods worse than target | 3 periods better/ equal to target | 6 periods better/ equal to target | Recent Deterioration | Recent Improvement | Type of SPC           | SPC (Statistical Process Control)         |
| Clinical Governance |                   | Total number of complaints (stage 1 & stage 2)                 | ≤12.7                     | May-21           | 6                   | Apr-21          | 10                   | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    | C Chart               | Within Control Limits                     |
|                     |                   | 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%                      | May-21           | 50.0%               | Apr-21          | 33.3%                | ↑                                  | ✗                           |                                   |                                   |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | Stage 2 complaints responded to within 20 days                 | ≥75%                      | Apr-21           | 25.0%               | Mar-21          | 50.0%                | ↓                                  | ✗                           |                                   |                                   |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | MRSA/MSSA bacterium  | ≤11.2                     | May-21           | 28.69               | Apr-21          | 28.41                | ↓                                  |                             |                                   |                                   |                      |                    | C Chart               | Q4 2020/21 position Within Control Limits |
|                     |                   | Clostridioides difficile infections (CDI) in ages 15+          | ≤1.9                      | May-21           | 0.00                | Apr-21          | 0.00                 | ↔                                  |                             |                                   |                                   |                      |                    | C Chart               | Q4 2020/21 position Within Control Limits |
|                     |                   | Gram negative bacteraemia                                      | ≤14.1                     | May-21           | 0.00                | Apr-21          | 0.00                 | ↔                                  |                             |                                   |                                   |                      |                    | C Chart               | Q4 2020/21 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%                   | May-21           | 98.0%               | Mar-21          | 97.0%                | ↓                                  |                             | ✓                                 | ✓                                 |                      |                    | Run Chart             |   |
|                     |                   | Mortality  | 0 - 15                    | May-21           | 13                  | Apr-21          | 8                    | ↓                                  |                             | ✓                                 | ✓                                 |                      |                    | C Chart               | Within Control Limits                     |
|                     |                   | Significant Adverse Event Reviews                              | 0 - 5.96                  | May-21           | 3                   | Apr-21          | 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%                    | May-21           | 0.00%               | Apr-21          | 0.05%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | Grievances   | ≤0.40%                    | May-21           | 0.00%               | Apr-21          | 0.0%                 | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | Bullying and Harrassment                                       | ≤0                        | May-21           | 2                   | Apr-21          | 0                    | ↓                                  |                             |                                   |                                   | ✗                    |                    | P Chart               |   |
|                     |                   | SWISS Sickness absence   | ≤4.00%                    | May-21           | 4.5%                | Apr-21          | 4.5%                 | ↔                                  | ✗                           |                                   |                                   |                      |                    | P Chart               |   |
|                     |                   | Sickness absence local figure                                  | ≤4.0%                     | May-21           | 4.8%                | Apr-21          | 4.9%                 | ↑                                  | ✗                           |                                   |                                   |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | TURAS PDR  | ≥80%                      | May-21           | 66%                 | Apr-21          | 67%                  | ↓                                  | ✗                           |                                   |                                   |                      |                    | P Chart               | Above Upper Control                       |
|                     |                   | Turnover   | 0.00% - 0.95%             | May-21           | 0.73%               | Apr-21          | 0.34%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    | P Chart               | Within Control Limits                     |
|                     |                   | Job Planning All Hospital                                      | ≥0%                       | May-21           | 42.3%               | Apr-21          | 49.0%                | ↓                                  |                             |                                   |                                   |                      |                    | N/A                   |   |
|                     |                   | Medical appraisal with completed interview & form 4            | ≥0%                       | May-21           | 7.3%                | Apr-21          | 66.7%                | ↓                                  |                             | ✓                                 | ✓                                 |                      |                    | N/A                   |   |
|                     |                   | Hotel Sickness Absence   | ≤4.0%                     | May-21           | 3.2%                | Apr-21          | 4.3%                 | ↑                                  |                             |                                   |                                   | ✓                    |                    | P Chart               | Within Control Limits                     |
|                     |                   | Hotel TURAS PDR  | ≥80%                      | May-21           | 82%                 | Apr-21          | 91%                  | ↓                                  |                             | ✓                                 |                                   |                      |                    | P Chart               | Above Upper Control                       |

|                     | 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 | 3   | 7                                 | 6                                 | 0                    | 0                  | 1             |
| Staff Governance    | 3   | 5                                 | 4                                 | 1                    | 1                  | 2             |
| FPP                 | 17  | 3                                 | 3                                 | 3                    | 2                  | 6             |
| <b>Total</b>        | <b>23</b>                                 | <b>15</b>                         | <b>13</b>                         | <b>4</b>             | <b>3</b>           | <b>9</b>      |

# 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 |  | Deliver Board efficiency target                                   | ≥0%                       | Mar-21           | -36.8%              | Feb-21          | -40.2%               | ↑                                  | x                           |                                   |                                   |                      |                    |             | N/A                               |                                       |
|                                   |  | NHS GJ Recovery plan versus actual                                | ≥-10.0%                   | May-21           | -2.0%               | Apr-21          | -4.1%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    |             | N/A                               |                                       |
|                                   |  | NHS GJ Recovery plan versus actual - Radiology                    | ≥-5.0%                    | May-21           | 21.0%               | Mar-20          | -1.8%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    |             | N/A                               |                                       |
|                                   |  | TTG: Number of patients who have breached the TTG.                | ≤0                        | May-21           | 126                 | Apr-21          | 163                  | ↑                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Two Outer Third Points                |
|                                   |  | TTG: Percentage of patients admitted within 12 weeks              | ≥99.9%                    | May-21           | 87.8%               | Apr-21          | 85.2%                | ↑                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Above Upper Control                   |
|                                   |  | 31 Day Cancer   | ≥95%                      | Apr-21           | 100.0%              | Mar-21          | 97.6%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    |             | P Chart                           | Within Control Limits                 |
|                                   |  | Hospital Wide Bed Occupancy                                       | 83% - 88%                 | May-21           | 77.1%               | Apr-21          | 78.3%                | ↓                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Above Upper Control                   |
|                                   |  | Number of patients on list waiting over 12 weeks                  | ≤0                        | May-21           | 731                 | Apr-21          | 763                  | ↓                                  | x                           |                                   |                                   |                      |                    |             | C Chart                           |                                       |
|                                   |  | Number of patients on list waiting over 26 weeks                  | ≤0                        | May-21           | 251                 | Apr-21          | 185                  | ↑                                  | x                           |                                   |                                   |                      |                    |             | C Chart                           |                                       |
|                                   |  | Treated within 18 weeks of referral                               | ≥90%                      | May-21           | 92.0%               | Apr-21          | 87%                  | ↑                                  |                             |                                   |                                   |                      | ✓                  |             | P Chart                           | Within Control Limits                 |
|                                   |  | Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only) | ≥90.0%                    | May-21           | 83.0%               | Apr-21          | 81.9%                | ↑                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Within Control Limits                 |
|                                   |  | Stage of Treatment Guarantee - New Outpatients (H&L only)         | ≥90.0%                    | May-21           | 98.2%               | Apr-21          | 99.0%                | ↓                                  |                             | ✓                                 | ✓                                 |                      |                    |             | P Chart                           | Eight Consecutive Points Above Centre |
|                                   |  | Orthopaedic DoSA  | ≥62.5%                    | May-21           | 42.9%               | Apr-21          | 41.0%                | ↑                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Within Control Limits                 |
|                                   |  | Thoracic DoSA   | ≥20.0%                    | May-21           | 9.3%                | Apr-21          | 6.3%                 | ↑                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Within Control Limits                 |
|                                   |  | Cardiac DoSA  | ≥2.27%                    | May-21           | 4.5%                | Apr-21          | 3.5%                 | ↑                                  |                             |                                   |                                   |                      |                    |             | P Chart                           | Within Control Limits                 |
|                                   |  | All Specialties Cancellation Rate                                 | ≤4.1%                     | May-21           | 5.0%                | Apr-21          | 4.6%                 | ↓                                  | x                           |                                   |                                   |                      |                    |             | P Chart                           | Two Outer Third Points                |
|                                   |  | Hotel Overall net profit  | ≥-10.0%                   | May-21           | -12.5%              | Apr-21          | -7.1%                | ↓                                  |                             |                                   |                                   |                      | x                  |             | N/A                               |                                       |
|                                   |  | Hotel Income target   | ≥-10.0%                   | May-21           | 17.9%               | Apr-21          | -2.7%                | ↑                                  |                             |                                   |                                   |                      |                    |             | N/A                               |                                       |
|                                   |  | Hotel Room Occupancy  | ≥67.5%                    | May-21           | 10.1%               | Apr-21          | 6.6%                 | ↑                                  | x                           |                                   |                                   |                      |                    |             | Run Chart                         |                                       |
|                                   |  | Hotel Conference Room Utilisation                                 | ≥66.2%                    | May-21           | 89.7%               | Apr-21          | 85.0%                | ↑                                  |                             | ✓                                 | ✓                                 |                      |                    |             | Run Chart                         |                                       |
|                                   |  | Hotel Conference Delegates  | ≥-5.0%                    | May-21           | -100.0%             | Apr-21          | -100.0%              | ↔                                  | x                           |                                   |                                   |                      |                    |             | N/A                               |                                       |
|                                   |  | Hotel GJNH Patient Bed Night Usage                                | ≥-5.0%                    | May-21           | 9.0%                | Apr-21          | -8.3%                | ↑                                  |                             |                                   |                                   |                      | ✓                  |             | N/A                               |                                       |
|                                   |  | Hotel Not for Profit Percentage                                   | 50% - 60%                 | May-21           | 89.2%               | Apr-21          | 97.5%                | ↓                                  | x                           |                                   |                                   |                      |                    |             | N/A                               |                                       |
|                                   |  | Hotel Review Pro Quality Score                                    | ≥86.0%                    | Mar-21           | 0.0%                | Feb-21          | 0.0%                 | ↔                                  |                             |                                   |                                   |                      |                    |             | Run Chart                         |                                       |
|                                   |  | GJRI Number of new research projects approved                     | ≥8                        | Mar-21           | 3                   | Dec-20          | 4                    | ↓                                  | x                           |                                   |                                   |                      |                    |             | C Chart                           | Within Control Limits                 |
|                                   |  | GJRI Research Institute Income to Date                            | ≥-10.0%                   | Mar-21           | -17.1%              | Dec-20          | -3.6%                | ↓                                  |                             |                                   |                                   |                      | x                  |             | N/A                               |                                       |
|                                   |  | GJRI Motion Lab Analysis Income                                   | ≥£380360                  | Mar-21           | £72,000             | Dec-20          | £72,000              | ↔                                  | x                           |                                   |                                   |                      |                    |             | N/A                               |                                       |
|                                   |  | GJRI % Occupancy: Clinical Skills Centre                          | ≥75.0%                    | Mar-21           | 74.0%               | Dec-20          | 82.0%                | ↓                                  |                             |                                   |                                   |                      | x                  |             | Run Chart                         |                                       |
|                                   | GJRI % Occupancy: Clinical Research Facility | ≥80.0%  | Mar-21                    | 47.0%            | Dec-20              | 57.0%           | ↓                    | x                                  |                             |                                   |                                   |                      |                    | Run Chart   |                                   |                                       |

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

## Section B: 1 Clinical Governance

| Clinical Governance                        |       |   |
|--|-------|---|
| KPI  | RAG   | Position:   |
| Total complaints (Stage 1 and 2) by volume | Green | In May 2021 there were six complaints reported.   |
| Stage 1 complaints response time           | Red   | In May 2021 there were two Stage 1 complaints, of which one was responded to within the five day target (50%) |
| Stage 2 complaints response time           | Red   | In April 2021 there were four Stage 2 complaints, one of which was responded to within 20 days (25%).         |
| Mortality                                  | Green | The mortality figure for May 2021 was reported as thirteen. There were eight deaths in April 2021.            |
| Significant adverse events                 | Green | There were three significant adverse event reviews in May 2021.   |
| MRSA/MSSA cases                            | Red   | There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in May 2021.                       |
| Clostridiodes Difficile                    | Green | There were zero Clostridiodes Difficile Infections (CDI) reported in May 2021.                                |
| Gram Negative Bacteraemia                  | Green | There were zero reported instances of Gram Negative Bacteraemia in May 2021.                                  |

## Clinical Governance Executive Summary

Of the 4 stage 2 complaints from April, two have progressed to Significant Adverse Event Review. Two were closed and fully upheld just out with the 20 day timeline with an average response time of 23 days. We received 4 stage 2 complaints in May; one of these was withdrawn and two were responded to within the 20 day timeline. One remains open and has breached the 20 days. We had 2 stage 1 complaints in May both relating to waiting times; one was closed day 5 and the other on day 6.

May saw 12 deaths reported – none of the services individually have exceeded local limits. Interventional cardiology did report two elective deaths which are undergoing routine review to consider any potential learning. All deaths are reviewed via local M&M processes and SAER triggered where appropriate.

The new Whistleblowing Standards come into effect from 1 April 2021 and as part of this the Board needs to report quarterly on any concerns raised.

For the month of May 2021 there were zero Whistleblowing reports submitted.

### Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia**- 1 case to report. Source unknown.
- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- 0 cases to report.
- **Gram Negative/E.coli Bacteraemia (ECB)**- 0 cases to report.
- **Hand Hygiene**- Bi Monthly report from May indicates an overall compliance of 98%.  
In all instances of non-compliance, opportunity was not taken. Next report due July 2021
- **Cleaning and the Healthcare Environment -Facilities Management Tool**  
**Housekeeping Compliance: 97.88%      Estates Compliance: 97.99%**



## Other HAI Related Activity Update

As the epidemiology of COVID 19 continues to change including Variants of Concern (VOC) so does our national and local approach. We continue to collaborate with ARHAI weekly to review, influence and develop the Scottish approach to COVID 19.

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

- Resumption of Prevention and Control of Infection Annual Reviews (PCIARs)
- Supporting the clinical team in the implementation of Vanguard Endoscopy
- Supporting the clinical team in the implementation of Eye Centre weekend working
- Reprioritisation of PCI Policy review calendar and resumption of policy review
- Contributing to the National Infection Prevention Manpower Strategic Review being led by SG
- Scoping the Antimicrobial Stewardship Strategy for wound management to influence collaborative working with PICT/Tissue Viability to develop standardised protocols for use of topical antimicrobials in wound management care.
- Contributing to the review of local wound management documentation and conducting a test of change regarding antimicrobial dressing and developing a visual aid for the organization.

## Section B:2 Staff Governance

| Staff Governance                                      |  |   |
|---|--|---|
| Disciplinaries  |  | There were zero disciplinary cases raised in May 2021.  |
| Grievances  |  | There were zero grievance cases raised in May 2021.   |
| Dignity of work                                       |  | Two dignity cases were raised in May 21.  |
| Local Sickness absence                                |  | Sickness absence in May 2021 was reported at 4.8%. Absence due to COVID-19 reasons was 0.6% in May 2021 (-1.7%) |
| Turnover  |  | Turnover in May 2021 was reported as within control limits at 0.7%  |
| Medical appraisal with completed interview and form 4 |  | A new round of appraisals began in May 2021 therefore performance is low at 7% (11/150).                        |
| TURAS Appraisal rates                                 |  | Position for May 2021 reported as position as 66%, a 1% decrease on last month.                                 |
| Job Planning: All hospital                            |  | The May 2021 performance is reported as 42% (47/111).   |

## Staff Governance Executive Summary

### Executive Summary May 2021

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 May 2021 the Board's sickness absence rate stood at 4.8%, down 0.1% on the previous month. Across the Directorates absence was as follows:

- Corporate: 3.0%, down 0.5% on the previous month;
- Golden Jubilee Conference Hotel: 3.2%, down 1.1% on April;
- Heart, Lung and Diagnostic Services: 5.6%, up from 5.5% in the previous month; and
- National Elective Services: 5.7%, which was 0.4% higher than April.

"Anxiety/stress/ depression/other psychiatric illnesses" continued to be the highest cause of sickness absence, in May accounting for 29.7% of all sickness absence, quite a bit lower than April's figure of 36.1%. It was the main cause of absence in all four Directorates:

- Corporate: 37.4%;
- Golden Jubilee Conference Hotel: 54.9%;
- Heart, Lung and Diagnostic Services: 30.4%; and
- National Elective Services: 23.3%.

#### 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 – long COVID                                | If an employee has tested positive, after the self-isolation period they would move onto long COVID if they remain unfit to return to work. This employee would be expected to seek medical advice. |
| 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 May COVID-19 special leave accounted for 0.6% of all contracted hours, down significantly from 2.3% the previous month. The Directorate breakdown was:

- Corporate: 0.4%;
- Golden Jubilee Conference Hotel: 0.1%;
- Heart, Lung and Diagnostic Services: 0.8%; and
- National Elective Services: 0.7%.

This large drop is related to the ending of shielding on 26 April, and was anticipated for May. 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 31 May 2021 66% 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: 69%, up 1%;
- Golden Jubilee Conference Hotel: 82%, down 9%;
- Heart, Lung and Diagnostic Services: 68%, down 5%; and
- National Elective Services: 60%, up 6%.

### **Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. Given that the appraisal year for 2021/2022 has realistically just got under way in the last month the number of appraisals completed is minimal, so we will not report on these until a more meaningful number has been completed.

### **Medical job planning**

As at the end of May 2021 42.3% of medical staff who needed to complete a job plan for 2021/2022 had done so. 41.4% of those in HLDS had a completed and signed off job plan, while in NES the proportion was 43.9%.

## 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 £0.348m.  |
| Finance – Efficiency savings  |  | Efficiency schemes will be reported at the end of Q1 in line with the first formal SG return.   |
| Cancer 31 Day   |  | In April 2021 performance was reported as 100% (37/37)  |
| TTG: Number of patients who have breached the TTG   |  | In May 2021 there were 126 patients who exceeded their twelve week treatment time guarantee. This included 1 cardiac surgery patient, 15 coronary patients, 59 electrophysiology patients, 9 device patients, 5 patients on the cardiology inpatient waiting list, 2 respiratory patients, 26 orthopaedic patients, 9 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 2.6% from 85.2% in April 2021 to 87.8% in May 2021. This reflects a decrease in the number of patients admitted over twelve weeks (-18).  |
| Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)   |  | 83.0% of Heart and Lung patients were treated within 12 weeks in May 2021 (361/435)   |
| DOSA rate: Cardiac Surgery  |  | There were three DoSA case in May 2021. A new profile for the year has been agreed.   |
| DOSA rate: Thoracic Surgery   |  | There were seven DoSA cases in May 2021. A new profile for the year has been agreed.  |
| DOSA rate: Orthopaedics   |  | In May 2021 there were 205 Orthopaedic primary joint admissions, 93 (43%) of which were on the day of surgery.  |
| Theatre Cancellation Rates  |  | In May 2021 the overall hospital cancellation rate was 5.0%. There were 93 cancellations with 1847 scheduled procedures.  |
| Hospital Bed Occupancy  |  | Hospital wide bed occupancy was reported as 77.1% in May 2021.  |
| Hotel KPIs  |  | Hotel target thresholds for 2021/2022 are currently under review following the impact of Covid 19. For some KPIs reported positions will be provided but no assessment made.  |
| <b>National Comparison Table, Corporate Dashboard, Waiting list &amp; Productivity table</b>  |  |   |
| The GJNH nationally reported elective cancellation rate, in April 2021, was reported as 5.4%. This ranked GJNH as fourth out of 15. The Scotland rate was 6.3%.   |  |   |
| Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 4 2020 GJNH reported 100% of eligible patients treated within the target (Joint 1 <sup>st</sup> ) This remains the latest position. |  |   |
| Health Protection Scotland published figures for Quarter 4 2020 report a GJNH incidence rate (per 100,000 total occupied bed days) of 26.7 for CDiff incidence and  |  |   |

8.9 for SAB. The Scotland rates were 16.1 and 18.8 respectively. This remains the latest position.

Corporate sickness rates in March 2021 increased to 3.5%. Departments over the 4% threshold were: Catering, eHealth, Clinical Governance, Estates, Research, HR & Infection control.

Referral numbers in May 2021 were stable compared to April 2021 (2314, +177)

The total outpatient waiting list decreased by 284 to 1939.

The total inpatient waiting list month end position increased by 54 from 4096 to 4148.

For current inpatient waiters the number waiting between 12-26 decreased from 577 to 475 (-102)

The number of inpatients waiting over 26 weeks increased from 185 to 251 (+66).

The number of inpatients waiting over 52 weeks increased from 143 to 232 (+89).

These are mostly Cardiology Electrophysiology patients waiting for specialist care involving general anaesthesia.

**NHS Golden Jubilee  
Summary Finance  
Report  
As at 31 May 2021 – Month  
2**



## **Core Revenue Financial Performance as at 31 May 2021, Month 2**

This summary finance report provides an overview of the key points within the financial position as reported at Month 2, for the period ending 31 May 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 £2m this is likely to remain as a medium to high risk for the Board at this stage.

The Core Revenue position for May 2021 reflects a surplus of £0.348m which is reflective of improved performance mainly within other income streams as a result of funding realignment from the original financial plan.

Discussions have been held with SG Access Support Team confirming funding streams due against Waiting Times allocations via RRL and RMP non-recurring funding. Additional papers were submitted to SG providing supporting detail around the Vanguard Mobile Endoscopy Unit, the weekend opening of the Eye Unit support by Independent sector workforce and the Phase 1 and 2 expansions funding bases and associated acceleration requests via the Boards RRL funding route. Confirmation was received that this detail was sufficient to allow funding release in line with our plans.

In addition, modelling and dialogue has taken place with SG to agree the approach on the early allocation of part of the annual RMP3 funding identified of £11.675m (excl. £2m identified efficiency savings underperformance). This will be described in more detail under the RMP monitoring section of this report.

### **2021/22 Financial Reporting arrangements**

The Scottish Government require a first formal financial return for 2021/22 in the form of the Financial Performance Report (FPR) by 30<sup>th</sup> July 2021, as at quarter 1 performance. This is to allow NHS Boards additional time to review in detail the expenditure incurred against RMP3 identified funding, particularly for those Territorial Boards who have intricate financial analysis associated with Health and Social Care Partnership returns (HSCP's).

Scottish Government are also considering changing to a quarterly FPR position throughout financial year 2021/22, however discussion is ongoing with Directors of Finance around this and this has not yet formally been approved as the reporting basis moving forward.



## Total Income Performance as at 31 May 2021 –

The tables below represent an extract of the summary financial position against Core Income and Expenditure as at month 2, 31 May 2021.

### Summary Financial Position - NHS GJ Board 2020-21 - May 2021

| Income & Expenditure summary     | Year to Date    |                 |                   | Current Annual Budget<br>£ 000 | Original Fin Plan Annual Budget<br>£ 000 |
|----------------------------------|-----------------|-----------------|-------------------|--------------------------------|--|
|                                  | Budget<br>£ 000 | Actual<br>£ 000 | Variance<br>£ 000 |                                |  |
| <b>Core</b>                      |                 |                 |                   |                                |  |
| RRL                              |                 |                 |                   |                                |  |
| Core - RRL                       | (15,464)        | (15,464)        | 0                 | (109,263)                      | (105,734)                                |
| <b>Total Core RRL Funding</b>    | <b>(15,464)</b> | <b>(15,464)</b> | <b>0</b>          | <b>(109,263)</b>               | <b>(105,734)</b>                         |
| Income                           | (10,787)        | (11,019)        | 231               | (65,180)                       | (65,016)                                 |
| <b>Total Core Funding/Income</b> | <b>(26,251)</b> | <b>(26,483)</b> | <b>231</b>        | <b>(174,443)</b>               | <b>(170,750)</b>                         |
| <b>Core Expenditure</b>          |                 |                 |                   |                                |  |
| Staff                            | 18,627          | 18,970          | (343)             | 106,040                        | 102,203                                  |
| Supplies                         | 7,625           | 7,165           | 460               | 68,403                         | 68,547                                   |
| <b>Total Core Expenditure</b>    | <b>26,251</b>   | <b>26,135</b>   | <b>117</b>        | <b>174,443</b>                 | <b>170,750</b>                           |
| <b>Core Surplus/Deficit</b>      | <b>0</b>        | <b>348</b>      | <b>348</b>        | <b>0</b>                       | <b>0</b>                                 |

### The key areas of Income movement driving the above are;

- Other Income performance above budget of £0.184m, re-alignment on income budget for agreed staff secondments is required from RRL to invoice route and this will be actioned from June 2021 finance report. The balance reflects smaller favourable variances across several lines.
- RRL changes from original financial plan assumptions and any movements from original planning position are shown in appendix 1 attached to this report. The final baseline uplift taking account of the 4 % AfC pay uplift is expected in the quarter 1 RRL allocation.

### The key areas of Expenditure movement driving the above are;

- Staff Medical pay adverse position against budget of (£0.238m), subject to completion of deep dive work in progress on funding, costs and budget. Some coverage will be available via RMP funding with detailed work progressing by specialty.
- Nursing pay over budget by £0.068m, albeit at an early stage of the financial year and funding allocation process. Discussions held with Associate Nurse Director on update against RMP nursing workforce to assess movement from master workforce approved as part of original 2020/21 recovery plan in addition the need to re-apply grip and control principles as we overlap between recovery and business as usual activity to provide robust

confirmation that additional expenditure is incurred only where necessary and in line with original plan. It is anticipated this area should revert to break-even at quarter 1.

- Pharmacy Supplies over budget by £0.117m, budget setting meetings and analysis for 2021/22 are in final stages and budget pressures associated with Pharmacy will be reviewed as part of this exercise.
- Surgical Supplies over budget by £0.182m, 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 and basis for call-off orders going forward.
- Corporate Supplies, Reserves and Savings (CS&R&S) reflect a positive position against budget of £0.589m. 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.
- Work is in progress to complete an additional finance performance report for managers which aligns where possible with performance measures such as activity, sickness and other absence in addition to levels of flexible cover cost by cost centre

## 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 are driving these issues;

### **Board Expenditure - 2021/22 as at May**

| Core Expenditure Category  | Year To date      |                   |                  | May-21             | Division Year To date Variance |                 |                  |               |
|----------------------------|-------------------|-------------------|------------------|--------------------|--------------------------------|-----------------|------------------|---------------|
|                            | YTD Actuals       | YTD Period Budget | Variance (YTD)   | Annual Budget      | H&L                            | NES             | CORP             | Hotel         |
| Staff Costs-Medical        | 4,922,911         | 4,685,251         | (237,659)        | 27,158,765         | (268,588)                      | 54,298          | (23,369)         | 0             |
| Staff Costs-Nursing        | 6,704,295         | 6,636,455         | (67,840)         | 38,990,042         | (150,690)                      | 60,379          | 22,471           | 0             |
| Staff Costs-Clinical       | 2,657,733         | 2,726,573         | 68,840           | 15,899,671         | 36,048                         | 25,809          | 6,983            | 0             |
| Staff Costs-Support        | 1,454,622         | 1,493,370         | 38,748           | 8,969,603          | 0                              | 28,723          | (30,300)         | 40,326        |
| Staff Costs-Admin          | 3,230,576         | 3,085,035         | (145,541)        | 15,022,215         | (630)                          | 5,397           | (151,111)        | 803           |
| <b>Total Pay</b>           | <b>18,970,137</b> | <b>18,626,685</b> | <b>(343,453)</b> | <b>106,040,296</b> | <b>(383,860)</b>               | <b>174,606</b>  | <b>(175,326)</b> | <b>41,128</b> |
| Pharmacy supplies          | 749,558           | 632,944           | (116,614)        | 3,650,629          | (18,071)                       | (93,354)        | (5,189)          | 0             |
| Surgical Supplies          | 4,312,420         | 4,130,439         | (181,980)        | 21,150,696         | (198,151)                      | 26,703          | (10,533)         | 0             |
| Lab/Radiology Supplies     | 277,459           | 257,014           | (20,444)         | 1,542,086          | (16,852)                       | (1,332)         | (2,260)          | 0             |
| PPE                        | 629,852           | 833,580           | 203,728          | 4,823,203          | (64,738)                       | 19,302          | 248,024          | 1,141         |
| FM                         | 1,078,968         | 1,065,391         | (13,577)         | 6,147,647          | (9,752)                        | (23,218)        | 25,750           | (6,357)       |
| CS&R&S                     | 116,892           | 705,604           | 588,712          | 31,088,382         | 4,552                          | (11,354)        | 566,426          | 29,088        |
| <b>Total Non-Pay</b>       | <b>7,165,149</b>  | <b>7,624,973</b>  | <b>459,824</b>   | <b>68,402,643</b>  | <b>(303,011)</b>               | <b>(83,254)</b> | <b>822,217</b>   | <b>23,872</b> |
| <b>Total Core Position</b> | <b>26,135,286</b> | <b>26,251,658</b> | <b>116,372</b>   | <b>174,442,940</b> | <b>(686,872)</b>               | <b>91,352</b>   | <b>646,891</b>   | <b>65,000</b> |

## 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 including access funds |
| 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  |
| <b>Baseline Remobilisation Plan</b>   | <b>10.142</b> |  |

| 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        |   |
| <b>Total Endoscopy Unit</b>   | <b>3.533</b> |   |

**Total RMP Including Savings 13.675**

**Total RMP Excluding Savings 11.675**

As referenced under the core revenue summary in page 2, SG have shared an agreed approach on early allocation of some of the above in discussion with key Health Board finance colleagues as part of the national finance performance review group. On the basis of this approach this would result in an initial allocation against the above £11.675m (excl. £2m savings underperformance) of circa £3.9m for NHS GJ and it is expected that confirmation of this approach will be received in the next two weeks.

This is separate to any funding that will be supported via the Access Team and Waiting Times / other profile funding routes as SG are looking to support only the non-recurring costs of COVID-19 and remobilisation through the ongoing Remobilisation Plan returns. The Endoscopy Mobile Unit £3.553m, the weekend Eyes activity - £3.551m, NHS Scotland Academy - £2m (prior to Business case approval) and Independent sector additionality in conjunction with Phase 1 and 2 expansions will all be taken through the WT/other profile funding route in terms of the RRL.

Detailed monitoring of costs against the above will be incorporated from Quarter 1 – June 2021 Month 3 finance report highlighting any emerging issues requiring further review or escalation at this stage re forecast performance to March 2022.

## **Other Funding Developments**

### **NHS Scotland Academy**

With the recent approval of the above business case the funding and cost assumptions around the above will be reviewed and updated to reflect the approved business case. Initial financial plan RRL assumptions identified £2m of revenue funding anticipated to support the above.

The NHS Scotland Academy aims to provide a critical role in ensuring there is a skilled and sustainable workforce for health and care services in Scotland, to support this aim additional revenue support of £2.063m in 2021/22, £2.244m in 2022/23 and £2.480m in 2023/24 has been approved as part of the business case in addition to Capital and revenue equipment and build costs of £2.351m.

The Month 3 RRL will be updated to reflect the above revenue change for 2021/22 and an updated on performance against funding and recruitment will be provided in future months as part of this section of the finance report.

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.

## Centre for Sustainability

Funding for the above workforce will be in agreement with Scottish Government for 2021/22 in line with current structure and recruitment to existing vacancies across the five programmes, support staff and management. The current financial plan assumes funding of £6.5m with £6.250m of this associated with workforce costs, however it is recognised that there will be a level of slippage to be agreed and reported on throughout the year subject to recruitment and costs of staff once in post.

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

### 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 £2.0m.

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.

Recent budget setting analysis indicates that there is a forecast £2.0m underperformance against the overall £4.044m boards target, with £2.044m of cash/budget schemes identified of which £1.194m of these are non-recurring in nature i.e. 58%. 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;

| 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               |                       |
| July   | 187               |                       |
| Aug  | 249               |                       |
| Sept   | 565               |                       |
| Oct  | 975               |                       |
| Nov  | 1,125             |                       |
| Dec  | 1,376             |                       |
| Jan  | 1,554             |                       |
| Feb  | 1,783             |                       |
| Mar  | 2,044             |                       |



|                                  | CYE<br>£000's  |
|----------------------------------|----------------|
| <b>Target</b>                    | <b>4,044</b>   |
| Identified Recurring Savings     | 850            |
| Identified Non-Recurring Savings | 1,194          |
| <b>Total Identified</b>          | <b>2,044</b>   |
| <b>Outstanding Balance</b>       | <b>(2,000)</b> |

## 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 2.
- 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 2.
- 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

Due to the early position in the financial year the main capital expenditure incurred to date is monies related to the elective centre expansion.

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

A number of key schemes are being progressed with prioritisation taking place on schemes and equipment requests against the Board capital plan and available funding, this will be reviewed on an ongoing basis at the capital group and a detailed position will be shared in this paper in future months, following confirmed receipt of some additional income streams.

**The Board are asked to**

- Note the financial position for Month 2, as at 31 May 2021 for the financial year 2021/22; and
- Note the key messages as highlighted below

**Key Messages**

Total surplus as at Month 2, May 2021 of £0.348m for core revenue and Income financial position.

The NHS Golden Jubilee's May Revenue Resource Limit (RRL) allocation reflects an increase on financial plan of £3.529m which takes into consideration the following;

- Recently agreed Eye Unit weekend activity - £3.551m
- Small reduction in rounding basis of baseline uplift – ( £0.022m)

The early position reflects solid progression in obtaining authorised funds and the outturn remains within our Revenue Resource Limit given the current surplus reported.

**Director of Finance  
NHS Golden Jubilee**



**RRL – Reconciliation**

| <b>RRL Financial Plan - Reconciliation</b>                       |                               | <b>Base</b>        |                  | <b>Current</b>     |
|--|-------------------------------|--------------------|------------------|--------------------|
|  |                               | <b>Fin Plan</b>    | <b>Adj</b>       | <b>Total</b>       |
| <b>Income</b>  |                               |                    |                  |                    |
| Base   | Baseline recurring            | 63,302,000         |                  | <b>63,302,000</b>  |
| RRL prior year earmarked recurring                               |                               | 63,057             | (1,311)          | <b>61,746</b>      |
| Uplift of 1.5% to baseline figures                               | Baseline recurring            | 949,530            | (19,746)         | <b>929,784</b>     |
| Infrastructure support   | Recurring (Allocated Non-Rec) | 1,460,000          |                  | <b>1,460,000</b>   |
| National Boards savings  | Recurring                     | 200,000            |                  | <b>200,000</b>     |
| NWTC top-slice for Boards SLA's                                  | Recurring                     | 20,443,445         |                  | <b>20,443,445</b>  |
| SLA top slice uplift   | Recurring                     | 306,652            |                  | <b>306,652</b>     |
| Waiting Times - recurring marginal transition                    | Recurring                     | 1,781,000          |                  | <b>1,781,000</b>   |
| Ophthalmology Phase 1 Elective expansion                         | Recurring                     | 1,384,611          |                  | <b>1,384,611</b>   |
| remove depreciation to non-core                                  |                               | (8,898,000)        |                  | <b>(8,898,000)</b> |
| NDC top slice  |                               | (468,283)          |                  | <b>(468,283)</b>   |
| <b>Outcomes Framework:</b>                                       |                               |                    |                  |                    |
| e-Health - strategic fund  |                               | 244,298            |                  | <b>244,298</b>     |
| Core research allocation   | Recurring                     | 329,000            |                  | <b>329,000</b>     |
| Additional NRS Nursing funds                                     | Recurring                     | 160,000            |                  | <b>160,000</b>     |
| Small Business Research Initiative (SBRI)                        | Non-recurring                 | 830,000            |                  | <b>830,000</b>     |
| Ehealth Leads support  | Non-recurring                 | 65,000             |                  | <b>65,000</b>      |
| Distinction awards   | Non-recurring                 | 72,247             |                  | <b>72,247</b>      |
| <b>Additional SG bid againt Waiting Times/ recovery plan:</b>    |                               |                    |                  |                    |
| Cath Lab 5 expansion capacity pressures                          | Recurring                     |                    |                  | <b>0</b>           |
| NHS Improvement in careers programme                             | Non-recurring                 | 10,000             |                  | <b>10,000</b>      |
| Discovery system (top-slice)                                     | Recurring                     | (3,131)            |                  | <b>(3,131)</b>     |
| Funding to support implementation of excellence in care          |                               | 0                  |                  | <b>0</b>           |
| Funding to support eHealth resource release - excellence in care |                               | 0                  |                  | <b>0</b>           |
| Ophthalmology Phase 1 Elective expansion                         | Recurring                     | 193,157            |                  | <b>193,157</b>     |
| Ortho/Other specialties Phase 2 Elective expansion               | Recurring                     | 0                  |                  | <b>0</b>           |
| Waiting Times - recurring workforce transition                   | Recurring                     | 3,000,000          |                  | <b>3,000,000</b>   |
| Independence Sector Development                                  |                               | 0                  |                  | <b>0</b>           |
| Commissioning  |                               | 0                  |                  | <b>0</b>           |
| NHS Scotland Academy   |                               | 2,000,000          |                  | <b>2,000,000</b>   |
| Endoscopy Unit   |                               | 3,533,000          |                  | <b>3,533,000</b>   |
| Recovery Plan  | Non-recurring                 | 8,142,000          |                  | <b>8,142,000</b>   |
| IV Fluids Programme  | Non-recurring                 | 40,500             |                  | <b>40,500</b>      |
| MPPP Arise   | Non-recurring                 | 10,000             |                  | <b>10,000</b>      |
| OU Students  | Non-recurring                 | 20,000             |                  | <b>20,000</b>      |
| Health Staffing Act  | Non-recurring                 | 32,729             |                  | <b>32,729</b>      |
| Implementation of EiC  | Non-recurring                 | 30,350             |                  | <b>30,350</b>      |
| CfSD   | Recurring                     | 6,500,000          |                  | <b>6,500,000</b>   |
| Weekend eyes   | Non-recurring                 |                    | 3,551,000        | <b>3,551,000</b>   |
| Total Core   |                               | <b>105,733,161</b> | <b>3,529,943</b> | <b>109,263,104</b> |

**Director of Finance**  
**NHS Golden Jubilee**