



**Integrated
Performance Report
Board Summary
Report**

**NHS Golden Jubilee
Board meeting
27 May 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

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Performance Summary Dashboard – Guidance

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

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

Statistical Process Control – Guidance

Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> 1. Trend of six points increasing or decreasing. 2. Run of eight points above or below the centre line. 3. Data point outwith control limits. 4. 15 points close to the centre line. 5. Two points close to the outer third of the chart. 6. Within the control limits will flag if no special cause is identified. <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p> <p>Position calculated on three standard deviations either side of the centre.</p>	
<p style="text-align: center;">Point Above Upper Control Limit</p> <p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">Eight Consecutive Points Above Centre</p> <p style="text-align: center;">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 style="text-align: center;">Two out of three points in outer third of chart</p> <p style="text-align: center;">Two out of three points in outer third of chart</p> <p style="text-align: center;">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 style="text-align: center;">Six consecutive increasing points</p> <p style="text-align: center;">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	Mar-21	9	Feb-21	5	↓		✓				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%	Mar-21	20.0%	Feb-21	33.3%	↓						P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Feb-21	0.0%	Jan-21	40.0%	↓	✘					P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Mar-21	0.00	Feb-21	24.38	↑					✓	C Chart	Q4 2020/21 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Mar-21	26.90	Feb-21	0.00	↓				✘		C Chart	Q4 2020/21 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Mar-21	26.90	Feb-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%	Mar-21	97.0%	Jan-21	100.0%	↑		✓	✓			Run Chart	
		Mortality	0 - 15	Mar-21	9	Feb-21	15	↑		✓	✓			C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Mar-21	4	Feb-21	3	↓		✓	✓			C Chart	Within Control Limits
	Hotel Complaints	≤2	Mar-20	0	Feb-20	0	↔		✓	✓			C Chart	Within Control Limits	
Staff Governance		Disciplinarys	≤0.50%	Mar-21	0.00%	Feb-21	0.05%	↑		✓	✓			P Chart	Within Control Limits
		Grievances	≤0.40%	Mar-21	0.00%	Feb-21	0.0%	↑		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Mar-21	1	Feb-21	0	↓				✘		P Chart	
		SWISS Sickness absence	≤4.00%	Feb-21	3.4%	Jan-21	4.5%	↑					✓	P Chart	
		Sickness absence local figure	≤4.0%	Mar-21	4.4%	Feb-21	4.0%	↓				✘		P Chart	Within Control Limits
		TURAS PDR	≥80%	Mar-21	66%	Feb-21	55%	↑	✘					P Chart	Eight Consecutive Points Above Centre
		Turnover	0.00% - 0.95%	Mar-21	0.79%	Feb-21	0.40%	↑		✓	✓			P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Mar-21	48.1%	Feb-21	34.9%	↑						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Mar-21	59.2%	Feb-21	41.0%	↑		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Mar-21	3.3%	Feb-21	2.0%	↓		✓	✓			P Chart	Within Control Limits
	Hotel TURAS PDR	≥80%	Mar-21	94%	Feb-21	82%	↑						P Chart	Six Consecutive Increasing Points	

Board Performance Dashboard – Part 2

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

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Finance, Performance and Planning		Manage within annual budget limit	≥£0k	Mar-21	£38K	Feb-21	£237K	↓		✓	✓			N/A	
		Deliver Board efficiency target	≥0%	Mar-21	-36.8%	Feb-21	-40.2%	↑	✗					N/A	
		TTG: Number of patients who have breached the TTG	≤0	Mar-21	122	Feb-21	153	↓	✗					P Chart	Below Lower Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Mar-21	85.3%	Feb-21	87.6%	↓	✗					P Chart	Above Upper Control
		31 Day Cancer	≥95%	Feb-21	100.0%	Jan-21	100.0%	↔		✓	✓			P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Mar-21	77.2%	Feb-21	74.5%	↑	✗					P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Mar-21	976	Feb-21	821	↓	✗					C Chart	
		Number of patients on list waiting over 26 weeks	≤0	Mar-21	364	Feb-21	386	↓	✗					C Chart	
		Treated within 18 weeks of referral	≥90%	Mar-21	89.0%	Feb-21	92%	↓				✗		P Chart	
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Mar-21	81.4%	Feb-21	81.1%	↑	✗					P Chart	
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Mar-21	99.6%	Feb-21	100.0%	↓		✓	✓			P Chart	Above Upper Control
		Orthopaedic DoSA	≥70.0%	Mar-21	55.2%	Feb-21	42.2%	↑						P Chart	Within Control Limits
		Thoracic DoSA	≥20.0%	Mar-21	8.6%	Feb-21	1.3%	↑	✗					P Chart	Within Control Limits
		Cardiac DoSA	≥15.0%	Mar-21	0.0%	Feb-21	2.1%	↓	✗					P Chart	
		All Specialities Cancellation Rate	≤4.1%	Mar-21	5.8%	Feb-21	4.2%	↓	✗					P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Mar-21	10494.0%	Feb-21	7529.6%	↑		✓				N/A	
		Hotel Income target	≥-10.0%	Mar-21	-1252.7%	Feb-21	-1194.4%	↓	✗					N/A	
		Hotel Room Occupancy	≥67.5%	Mar-21	6.5%	Feb-21	8.0%	↓	✗					Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Mar-21	100.7%	Feb-21	102.3%	↓		✓	✓			Run Chart	
		Hotel Conference Delegates	≥-5.0%	Mar-21	-99.6%	Feb-21	-99.7%	↑	✗					N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Mar-21	-76.7%	Feb-21	-77.8%	↑	✗					N/A	
		Hotel Not for Profit Percentage	50% - 60%	Mar-21	95.6%	Feb-21	95.4%	↑	✗					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	↓	✗					C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Mar-21	-17.1%	Dec-20	-3.6%	↓				✗		N/A	
		GJRI Motion Lab Analysis Income	≥£380360	Mar-21	£72,000	Dec-20	£72,000	↔	✗					N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Mar-21	74.0%	Dec-20	82.0%	↓				✗		Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Mar-21	47.0%	Dec-20	57.0%	↓	✗					Run Chart	
		MDaT sessions secured	≥2.1	Mar-21	0	Dec-20	0	↔	✗					N/A	

	Performance Assessment Methodology totals					
	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Special Cause
Clinical Governance	2	7	5	2	1	0
Staff Governance	1	5	5	2	1	2
FPP	19	5	4	3	0	4
Total	22	17	14	7	2	6

At each meeting, the Standing Committees of NHS Golden Jubilee (NHS GJ) 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 March 2021 there were nine complaints reported.
Stage 1 complaints response time	Red	In March 2021 there were five Stage 1 complaints, of which one was responded to within the five day target (20%)
Stage 2 complaints response time	Red	In February 2021 there were two Stage 2 complaints, neither of which were responded to within 20 days (0%).
Mortality	Green	The mortality figure for March 2021 was reported as nine. There were fifteen deaths in February 2021.
Significant adverse events	Green	There were four significant adverse event reviews in March 2021.
MRSA/MSSA cases	Green	There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in March 2021. Year to date the count is eleven.
Clostridiodes Difficile	Red	There was one Clostridiodes Difficile Infections (CDI) reported in March 2021. Year to date the count is seven.
Gram Negative Bacteraemia	Red	There were two reported instances of Gram Negative Bacteraemia in March 2021. Year to date the count is five.
Surgical Site Infections	Grey	There are four Surgical Site Infection indicators which appear on the dashboard. These indicators were last measured in February 2020 with reporting paused due to Coronavirus.

Clinical Governance Executive Summary

We received four formal complaints in February; two stage 2 and two stage 1.

One of the stage 2 complaints one was withdrawn and the second one triggered an SAE review; the complaint aspect was closed on day 21 with agreement that outstanding concerns will be addressed via the SAER (Serious Adverse Event Review) process.

March has seen an increase in the formal complaints with 10 overall; six stage 1 and four stage 2 complaints.

Of the stage 2 complaints, two have been responded to within the 20 days and two remain open.

None of the stage 1 complaint responses have exceeded the 10 days with extension and complainants have been satisfied with the responses when received.

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 March 2021 there were zero Whistleblowing reports submitted.

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia**- 11 cases in total since April 2020. This is an increase from the previous year (n=5) and reflective of the national increase in year trend
 - 5 of 11 cases were PVC related. Clinical Governance are working with the PCIT and have updated PVC bundles to reflect learning points.
- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- There have been six cases of CDI to report this year. This is an increase from the previous year (n=3). Patients had known risk factors for CDI and no commonalities between patients noted. Nationally there has been an increase in the yearly trend of healthcare associated CDI.
- **Gram Negative/E.coli Bacteraemia (ECB)**- Five ECB have been identified this year. This is reduction from 2019/20 (n=9)
- **Hand Hygiene**- Bi Monthly report from March indicates an overall compliance of 97% which is a reduction since January report of 100%. All staff groups with the exception of the Other/Ancillary group were above 95% compliance. In all instances of noncompliance opportunity was not taken for this reporting period. Next report due May 2021.
- **Cleaning and the Healthcare Environment -Facilities Management Tool March data**
Housekeeping Compliance: 98.19% Estates Compliance: 98.33%

2020/21 HAI Related Activity Update

Routinely, each April the PCIT publish an annual report detailing key PCIT activity. However, as a result of COVID 19 response and remobilisation it is intended this HAIRT will reflect on these activities.

2020-21 has been an incredibly challenging year for NHS Scotland. As NHS GJ Prevention Control Team our key role in this period has been to advise the Board on the prevention and control of infection response to COVID 19 aligned to national guidance. In the early stages of COVID 19 pandemic this guidance was subject to frequent changes as we gained more intelligence on epidemiology of COVID 19 both nationally and internationally. Whilst this had enormous bearing on the resources and resilience of the team, we need to acknowledge the hard work of our colleagues and thank them for their patience, understanding and collaboration during this time of uncertainty.

As the epidemiology of COVID 19 continues to change 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.

The PCIT planned programmed for 2020/21 had to adapt to the priorities of COVID 19 and as such some national and local deliverables were not met against projected timeline. As per CE Letter 25 March 2021 "Temporary changes to routine surveillance requirements", SSI surveillance was paused 25 March 2020 and currently remains the status

The planned programmed for 2021/22 has been developed and was presented to and approved by the PCIC on the 28 April 2021, key activity will focus on resuming national and local priorities that were paused and ongoing COVID 19 response.

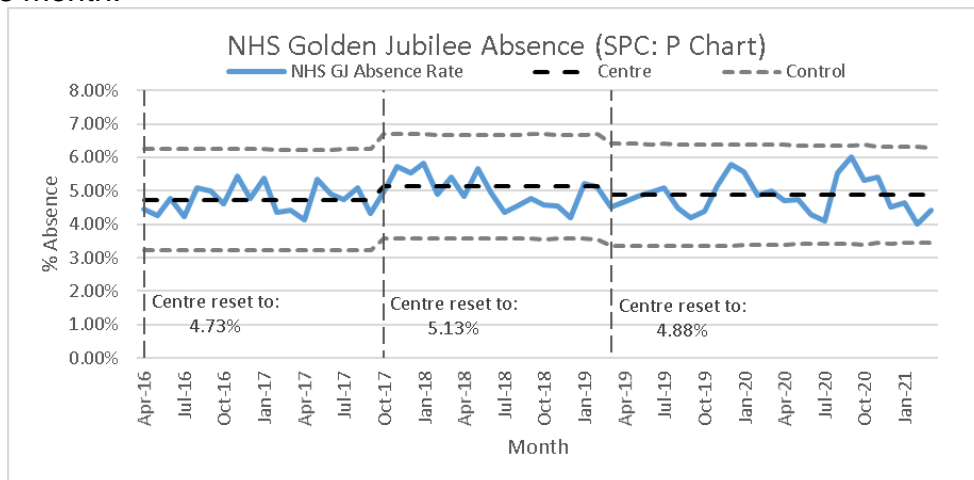
Section B:2 Staff Governance

Staff Governance		
Disciplinaries, Grievances.		There were zero disciplinary or grievance cases raised in March 2021.
Bullying		One bullying case was raised in March 2021.
Local Sickness absence		Sickness absence in March 2021 was reported at 4.4%. Absence due to COVID-19 reasons was 2.8% in March 2021 (-0.3%)
Turnover		Turnover in March 2021 was reported as within control limits at 0.8%
Medical appraisal with completed interview and form 4		March 2021 performance was reported as 57.6% (87/149).
TURAS Appraisal rates		The TURAS position for March 2021 reports the position as 66%, an 11% increase on last month.
Job Planning: All hospital		The March 2021 performance reported as 54.7% (51/103).

Staff Governance Executive Summary

Sickness absence

In March 2021 the Board's sickness absence rate stood at 4.4%, up 0.4% on the previous month.



Across the Directorates absence was as follows:

- Corporate: 3.3%, down 0.1% on the previous month;
- Golden Jubilee Conference Hotel: 3.2%, up 1.2% on February;
- Heart, Lung and Diagnostic Services: 4.7%, up from 4.2% in the previous month; and
- National Elective Services: 5.2%, which was 0.5% higher than February.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in March accounting for 28.2% of all sickness absence, slightly down of February’s figure of 30.9%. It was the main cause of absence in Corporate (42.0%), HLDS (31.2%) and NES (18.8%). In the Hotel there were two main reasons for absence: “Other musculoskeletal problems” coming in at 41.3% and “Unknown causes/not specified” accounting for 41.1%.

COVID-19

In March COVID-19 special leave accounted for 2.8% of all contracted hours, down from 3.1% the previous month. The Directorate breakdown was:

- Corporate: 1.5%;
- Golden Jubilee Conference Hotel: 3.8%;
- Heart, Lung and Diagnostic Services: 2.5%; and
- National Elective Services: 4.1%.

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 March 66% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is up 11% on the previous month. The Directorate breakdown is as follows:

- Corporate: 64%, up 20%;
- Golden Jubilee Conference Hotel: 94%, up 12%;
- Heart, Lung and Diagnostic Services: 70%, up 7%; and
- National Elective Services: 59%, up 7%.

Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		As at month twelve the position reported was as a surplus of 38k.
Finance – Efficiency savings		As at month twelve efficiency savings of £2.4m.
Cancer 31 Day		In February 2021 performance was reported as 100% (41/41)
TTG: Number of patients who have breached the TTG		In March 2021 there were 122 patients who exceeded their twelve-week treatment time guarantee. This included 3 cardiac surgery patients, 10 coronary patients, 32 electrophysiology patients, 2 device patients, 5 lead extraction patients, 1 patient on the cardiology inpatient waiting list, 1 respiratory patient, 18 orthopaedic patients, 50 ophthalmology patients.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve-week treatment time guarantee decreased by 2.3% from 87.6% in February 2021 to 85.3% in March 2021. This reflects an increase in the number of patients admitted over twelve weeks (+54).
Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)		81.4% of Heart and Lung patients were treated within 12 weeks in January 2021 (384/472)
DOSA rate: Cardiac Surgery		The Cardiac DoSA targets had been paused till January 2021. Confirmation of when DoSA cases will restart is to be confirmed. There were zero DoSA cases in March 2021.
DOSA rate: Thoracic Surgery		The Thoracic DoSA targets had been paused till January 2021. Confirmation of when DoSA cases will restart is to be confirmed. There were six DoSA cases in March 2021.
DOSA rate: Orthopaedics		In March 2021 there were 221 Orthopaedic primary joint admissions, 122 (55.2%) of which were on the day of surgery.
Theatre Cancellation Rates		In February 2021 the overall hospital cancellation rate was 5.8%. There were 86 cancellations with 1946 procedures undertaken.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 77.2% in February 2021.
Hotel KPIs		Hotel target thresholds for 2020/2021 are currently under review following the impact of Covid 19. For some KPIs reported positions will be provided but no assessment made.
R&I: Income		Position as at March 2021 was -3.6% under plan.
R&I: Occupancy Skills Centre		Position as at March 2021 was 74%.

R&I: Occupancy Clinical Research Facility		Position as at March 2021 was 47%.
R&I: Number of new research projects approved		Position for Q4 20/21 was 3 new projects
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
NHS GJ nationally reported elective cancellation rate, in February 2021, was reported as 3.8%. This ranked NHS GJ as second out of 15. The Scotland rate was 8.2%.		
NHS GJ comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 4 2020 NHS GJ reported 100% of eligible patients treated within the target (Joint 1 st)		
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.		
Corporate sickness rates in March 2021 reduced to 3.2%. Departments over the 4% threshold were: Catering, Clinical Governance, Communications, Estates & Infection control.		
Referral numbers in March 2021 were significantly down compared to February 2021 (2179, -93) The total outpatient waiting list decreased by 299 to 2403. The total inpatient waiting list month end position decreased by 344 from 4355 to 4011. For current inpatient waiters the number waiting between 12-26 increased from 435 to 612 (+177) The number of patients waiting over 26 weeks decreased slightly from 386 to 364 (-22).		

**NHS Golden Jubilee
Summary Finance
Report
As at 31 March 2021 –
Month 12**



Financial Position as at 31 March 2021, Month 12

This summary finance report provides an overview of the key points within the financial position as reported at Month 12, for the period ending 31 March 2021. This final position will be subject to final audit.

The Core Revenue position for March 2021 reflects a small surplus of £0.038m which is in line with the previously indicated year-end out turn breakeven forecast position. Discussions have been held with SG and Boards around the receipt of further SLA top slice funding of £0.267m to be reflected in final M13 allocations. This is reflected in our year end outturn given the full agreement in place.

A cost neutral position for both the fixed and variable expenditure associated with the Centre for Sustainable Delivery is assumed for 2020/21 with an allocation of £1.197m agreed for M13 RRL and a further £0.796m via invoice for seconded posts. Hence £1.993m in total incorporated into the year-end position.

The March 2021 position considers the final funding allocation of £0.742m for the Agenda for Change movement between the initial 1% pay uplift and the proposed 4% pay uplift backdated to December 2020, as defined in the FPR return and previously agreed with Scottish Government colleagues.

Full year progress against the boards efficiency saving agenda is noted in line with the revised year-end plan with achievement of £2.409m savings during 2020/21. £1.097m (45.5%) of which are non-recurring in nature. For financial planning in 2021/22 an amount of £1.3m has been c/fwd from this financial year, which is in line with our forecasts.

Summary Financial Position as at 31 March 2021 – Core Revenue

The tables below represent an extract of the summary financial position in line with reporting to the Scottish Government Health and Social Care Directorate as at month 12, 31 March 2021, subject to the financial year-end audit process.

The first Table reflects the total Board Position, therefore Golden Jubilee Hospital and the Golden Jubilee Conference Hotel (GJCH), with the subsequent table reflecting the GJCH only.

Summary Financial Position - GJ Board
2020-21 - March 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	(88,724)	(88,724)	0	(88,724)	(96,582)
Total Core RRL Funding	(88,724)	(88,724)	0	(88,724)	(96,582)
Income	(70,770)	(66,294)	(4,475)	(70,770)	(69,615)
Total Core Funding/Income	(159,494)	(155,018)	(4,475)	(159,494)	(166,197)
Core Expenditure					
Staff	104,805	103,342	1,463	104,805	89,810
Supplies	54,689	51,638	3,050	54,689	76,387
Total Core Expenditure	159,494	154,980	4,513	159,494	166,197
Core Surplus/Deficit	0	38	38	0	0

Summary Financial Position - GJCH
2020-21 - March 2021

Income & Expenditure summary	Year to Date			Current Annual Budget £ 000	Original Fin Plan Annual Budget £ 000
	Budget £ 000	Actual £ 000	Variance £ 000		
Core					
Income	(5,260)	(346)	(4,914)	(5,260)	(5,260)
Total Core Funding/Income	(5,260)	(346)	(4,914)	(5,260)	(5,260)
Core Expenditure					
Staff	3,255	3,348	(93)	3,255	3,255
Supplies	5,977	964	5,013	5,567	2,005
Total Core Expenditure	8,211	3,975	4,920	8,822	5,260
Core Surplus/Deficit	2,951	3,629	6	3,561	0

In line with prior months these financial summary tables show clearly both the total NHS GJ Board and then GJCH position separately in order to define the financial performance and drivers for variances on income and expenditure performance.

This clearly demonstrates that the GJCH income loss is the main driver for the overall NHS GJ income underperformance.

Summary Points

Core Income excl. GJCH £0.439 m over-recovered – This position reflects the net total Board under performance of (£4.475m) adjusted for the GJCH element reported as (£4.914m).

Inclusion of the final SLA top slice slippage within the Core RRL SLA line of £0.267m is due to align with March 2021 actual activity undertaken and therefore defines the final forecast top slice funding position.

Non-WoS activity accounts for the following movement against original budget plan assumed and mainly driven by;

- Cardiology services at March reporting for Mitraclip, and PFO procedures performing £0.85m positively against year to date plan.
- Thoracic performing behind year to date plan of (£0.085m) due to reduced activity throughput partly driven from 4 nations guidance implications.

Underperformance against Additional Cost of Teaching (ACT) of (£0.042m) is also noted, however this is due to non-progression of previous bids against additional ACT allocation and can be re-accessed as required in future years. This is offset by over-performance against NES medical training rotation funds supporting junior doctors programme of £0.082m.

Other Income flows continues to reflect a small over performance of £0.336m year to date which is mainly associated with the Zimmer Biomet invoice for PJI Lab equipment raised in prior month of £0.034m, SNRSS and HP Zone income receipts of £0.036m and £0.041m respectively and Kiers VAT reclaims of £0.44m to date, in addition to BT open reach refund of £5k and West Dunbartonshire Council rates refund. The in-month movement for March 2021 of £0.164m is associated with further SNRRS income and VAT reclaims.

GJCH Income (£4.914m) under-recovered

The element associated with the Hotel and Conference centre as previously reported has been incorporated and approved within our Local Mobilisation Plan (LMP) – net £3.646m performance loss overall and is all funded within the £13.208m formal allocations received via RRL for Covid/remobilisation and fully allocated to GJCH expenditure. This funding sits specifically against non-pays and this offsets the net year to date variance driven by the lost income opportunity to take the total hotel position to a small favourable position at the financial year end. The additional £2m regeneration funding allocation for the GJCH is released to support the bedroom work progresses up to March 2021 against the separate COVID-19 cost centre.

Core Expenditure excl. GJCH (£0.407m) overspend – March 2021 expenditure continued the previous notable increase aligned with the recovery plan target activity and recruitment to the agreed master workforce posts.

The master recovery workforce control document as at the end of March 2021 identified costs of posts commenced prior to 31 March 2021 of £2m, with 111.82-wte posts identified in the control document against the 185.83-wte defined with the Remobilisation Plan 3 workforce with additional supplementary staffing of £1.1m.

As with previous months financial reporting, hospital staff costs reflect an overall positive position against budget, driven mainly by a nursing underspend of c£1.1m and Clinical Staff Underspend of £0.5m. Support Staff and Admin Staff also report year end underspends. Active recruitment to support achievement of the required workforce needed to align to the ambitions of our recovery and routine vacancies is ongoing with continued social media presence for adverts to aid improved appointment for hard to fill roles in collaboration with Divisions, Human Resources and Communications Department.

Medical pays, however, continue to be the key pressure areas within pays and are reflecting an out-turn pressure of (£0.486m) at March 2021, this overspend has been related to the management of the impact on service activity, particularly within Cardiac Junior Doctors and the additional backfill to support Transplant rota gaps. There is some improvement in this area noted due to appointment of new consultant roles in the last two months, which will assist moving forward. Anaesthetics remains a high financial pressure area with waiting list initiatives in place to support vacant slots within the staffing budget and this is further compounded by sick leave and, during the year, extended quarantine and self-isolation as appropriate to government guidelines. The H, L&D division medical review exercise is ongoing with the financial analysis completed and the next stage will align this financial data with the service and operational position to inform the key pressure areas and how these will be managed going forward.

GJCH Expenditure £4.920 m underspend

The release of SG LMP funding element for the GJCH income offset is included within the Hotel non-pays budget and therefore is the main contributor to the significant underspend variance – directly offsetting the income loss as reported above.

It is also recognised that the hotel staff have been utilised in various roles and services across the Hospital over the last financial year as well as supporting the Louisa Jordan and test and protect services. This expenditure has however remained within the hotel account and has been appropriately offset by the aforementioned remobilisation funds from Scottish Government.

In overall terms the financial provision made allowed the Hotel & Conference Centre account to break-even for the financial year 2020/21.

- The Board are asked to**
- Note the financial position for Month 12, as at 31 March 2021 for the financial year 2020/21 (subject to audit review), and
 - Note the key messages as highlighted below

Key Messages

Total surplus as at Month 12, March 2021 of £0.038m for core revenue and Income financial position, subject to year-end audit.

The Golden Jubilee’s March Revenue Resource Limit (RRL) allocation on the 7 April reflected a net decrease on total funding allocations of (£0.531m), in the main this is associated with the (£2.119m) SLA top slice reduction, NDC top slice reduction of (£0.443m) offset by funding for the £500 bonus payment of £1.103m, initial 1% public sector pay policy uplift of 1% for December 2020 to March 2021 of £0.260m and SBRI Innovation of £0.650m.

Therefore, the GJ financial reporting as at March 2021 takes into consideration the remaining anticipated RRL funding allocations for Month 13 allocation from the original GJ Annual Operating Plan (AOP) submission;

- Centre for Sustainability workforce resource and associated non-pay costs to be incurred during 2020/21 of £1.197m (A further £719k will be received via invoice to SG)
- Backdated AfC further pay award allocation of (up to 4%) £0.742m to be processed from 2021/22 payroll.
- NWTC SLA Top slice final adjustment £0.267m

There was no change to the COVID-19 Local Mobilisation Plans (LMP) balance of funding as at March 2021, which remained at a final £13.208m of funding received based on the following breakdown.

- Local Mobilisation Plans of £15.55m Revenue & £2m of Capital
 - Recovery Plan £6.085m (i.e. £6.1m)(+ £2m capital)
 - Loss of Hotel Income £3.651m
 - Hotel Regeneration £2.000m
 - Equipment / IT £0.136m

- Additional Staff £0.980m
- Deep Cleans / Other £0.160m
- Research Income £0.543m
- Savings Impact £1.995m
- **Total £15.55m**

- Local Mobilisation Plans of £15.55m - revenue only - Final Adjustments

- Recovery Plan Reduction (£1.689m) – Less required
- Efficiency Savings Improvement (£0.668m) – Less required
- Loss of Hotel Income (£0.005m) – Less required
- Loss of Research Income (£0.057m) – Less required
- Additional Staff Cost Reduction (£0.241m) – Less required
- Additional Costs re Vaccination £0.111m – More required
- Additional eHealth Remote Working £0.130m – More Required
- Other Costs £0.077m – More required
- **Total Movement (£2.342m) – Less required**

Therefore, essentially a net reduction of £2.342m has been noted to SG as part of our formal returns, resulting in a net requirement of **£13.208m of additional investment to support covid-19 costs during 2020/21.**

Additional Areas to Note

Capital Resource Limit (CRL) allocation. Expenditure programmes associated with CRL funding allocations are progressing well for this time of the financial year. The core Formula Capital Allocation of £2.691m is being increased by £606k which was included in the annual plan, and an additional £2m associated with our recovery plan. Towards the year end it was also agreed with SG to purchase a second De Vinci robot in collaboration with NHS Lanarkshire and a specialist operating table, the funds for these are added to the CRL for year-end by SG.

The core capital allocation is in line with the final plan and the outturn shows this being achieved by the year-end. A total investment profile in year amounts to c£25.6m with the broad headings as follows: -

Capital Plan 2020/21

<u>Allocations</u>	<u>£000's</u>
Core Capital	2,691
Additional Capital	606
Recovery Plan	2,000
Surgical Robotics	2,154
NSS Funding	353
Phase I Expansion	2,857
Phase II Expansion	14,988
Total	<u>25,649</u>

<u>Spend Areas</u>	<u>£000's</u>
Medical Equipment	6,426
Infrastructure / General	1,131
IM&T	247
Phase I Expansion	2,857
Phase II Expansion	14,988
Total	<u>25,649</u>

The formal allocations for Phase I and Phase II expansion programmes have closed at final spend levels. Formal approval was in place with Scottish Government colleagues for phase II costs being enacted prior to final approval of the FBC assurance programme process and these costs have been captured and provided for in our year-end outturn. The overall project spend for Phase I amounted to c£15.4m and as such produced a total project underspend of c£0.4m.

We have received the final construction cost for phase one and have completed the final build spend along with the spend on fees to provide the valuers with the information required to enable the year-end valuation and impairment to be incorporated into our year-end position. In addition, we have agreed the final cost of cath lab five works and this information was also provided to the valuer to enable provision of the final valuation and impairment value for this project. The output of these reviews has resulted in an impairment value for Phase I of £4.32m and for Cath Lab 5 of £0.78m, both of which have been agreed with Scottish Government and appropriate financial coverage is in place for these non-cash transactions.

In line with month 11 reporting the Board has achieved £2.409m of efficiency savings as at Month 12, £1.097m of which are non-recurring in nature. With an underlying £1.3m carried forward into 2021/22 financial plan.