

**Integrated
Performance Report
Board Summary
Report**

**NHS Golden Jubilee
Board meeting
27 January 2022**

Performance and Planning Department



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Section A: Introduction

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

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

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

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

Jann Gardner
Chief Executive

Colin Neil
Director of Finance

June Rogers
Deputy Chief Executive

Performance Summary Dashboard – Guidance

(1) Section	(2) RAG (Last period)	(3) Standard	(4) Target for Current Period	Performance Data				Performance Assessment Methodology					
				(5) Current Period	(6) Current Performance	(7) Previous period	(8) Previous Performance	(9) Direction of Travel	(10) 3 periods worse than target	(11) 3 periods better/equal to target	(12) 6 periods better/equal to target	(13) Recent Deterioration	(14) Recent Improvement

(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>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</p>	<p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p>
	<p>Centre</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>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</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 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>Six consecutive increasing points</p> <p>Six consecutive decreasing points</p>	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</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>

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						Type of SPC	SPC (Statistical Process Control)
				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		

Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Nov-21	11	Oct-21	7	↓							C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Nov-21	57.1%	Oct-21	25.0%	↑	*						P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Oct-21	66.7%	Sep-21	44.4%	↑	*						P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Nov-21	22.44	Oct-21	0.00	↓				*			C Chart	Q2 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Nov-21	0.00	Oct-21	0.00	↔		✓	✓				C Chart	Q2 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Nov-21	0.00	Oct-21	0.00	↔							C Chart	Q2 2021/22 position Above Upper Control
		Surgical Site Infection Rate: CABG	≤8.30%	Nov-21	0.0%	Oct-21	5.3%	↑			✓				P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Nov-21	0.0%	Oct-21	0.0%	↔			✓				P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Nov-21	0.0%	Oct-21	0.0%	↔			✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Nov-21	0.0%	Oct-21	0.0%	↔			✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Nov-21	99.0%	Sep-21	99.0%	↔			✓	✓			Run Chart	
		Mortality	0 - 15	Nov-21	8	Oct-21	6	↓			✓	✓			C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Nov-21	7	Oct-21	7	↔	*						C Chart	Above Upper Control
	Hotel Complaints	≤2	Nov-21	1	Oct-21	0	↓			✓	✓			C Chart	Within Control Limits	

Staff Governance		Disciplinarys	≤0.50%	Nov-21	0.00%	Oct-21	0.05%	↑			✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.40%	Nov-21	0.00%	Oct-21	0.0%	↔			✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Nov-21	0	Oct-21	0	↔			✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.00%	Oct-21	6.6%	Sep-21	6.6%	↑	*						P Chart	Above Upper Control
		Sickness absence local figure	≤4.0%	Nov-21	7.1%	Oct-21	6.9%	↓	*						P Chart	Above Upper Control
		TURAS PDR	≥80%	Nov-21	67%	Oct-21	66%	↑	*						P Chart	Within Control Limits
		Turnover	0.00% - 0.95%	Nov-21	0.72%	Oct-21	0.73%	↓			✓				P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Nov-21	57.9%	Oct-21	57.9%	↔							N/A	
		Medical appraisal with completed interview & form 4	≥0%	Nov-21	12.9%	Oct-21	11.5%	↑			✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Nov-21	2.0%	Oct-21	2.5%	↑			✓				P Chart	Within Control Limits
		Hotel TURAS PDR	≥80%	Nov-21	69%	Oct-21	80%	↓					*		P Chart	Within Control Limits

	Performance Assessment Methodology totals					
	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Special Cause
Clinical Governance	3	8	6	1	1	2
Staff Governance	3	6	4	1	0	3
FPP	16	6	3	4	1	8
Total	22	20	13	6	2	13

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
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BLUE	Bed Occupancy is below target		

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology									
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)		
Finance, Performance and Planning		Manage within annual budget limit	≥£0k	Oct-21	£265K	Sep-21	£30K	↑			✓					N/A	
		Deliver Board efficiency target	≥0%	Oct-21	87.5%	Sep-21	138.1%	↓			✓					N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Nov-21	4.0%	Oct-21	0.4%	↑								N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Nov-21	2.0%	Oct-21	-2.7%	↑								N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Nov-21	257	Oct-21	306	↑		✗						P Chart	Above Upper Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Nov-21	83.7%	Oct-21	80.4%	↑		✗						P Chart	Two Outer Third Points
		31 Day Cancer	≥95%	Oct-21	92.3%	Sep-21	100.0%	↓					✗			P Chart	Below Lower Control
		Hospital Wide Bed Occupancy	83% - 88%	Nov-21	80.1%	Oct-21	76.3%	↑		✗						P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Nov-21	1397	Oct-21	1246	↑		✗						C Chart	Above Upper Control
		Number of patients on list waiting over 26 weeks	≤0	Nov-21	655	Oct-21	573	↑		✗						C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90%	Nov-21	89.3%	Oct-21	93%	↓					✗			P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Nov-21	71.1%	Oct-21	66.8%	↑		✗						P Chart	Below Lower Control
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Nov-21	98.1%	Oct-21	97.1%	↑			✓	✓				P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Nov-21	33.9%	Oct-21	47.0%	↓		✗						P Chart	Below Lower Control
		Thoracic DoSA	≥23.33%	Nov-21	10.7%	Oct-21	15.4%	↓		✗						P Chart	Within Control Limits
		Cardiac DoSA	≥15.91%	Nov-21	2.6%	Oct-21	0.0%	↑		✗						P Chart	Within Control Limits
		All Specialties Cancellation Rate	≤4.1%	Nov-21	6.3%	Oct-21	7.4%	↑		✗						P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Nov-21	10.6%	Oct-21	-7.3%	↑								N/A	
		Hotel Income target	≥-10.0%	Nov-21	4.8%	Oct-21	0.0%	↑			✓	✓				N/A	
		Hotel Room Occupancy	≥67.5%	Nov-21	64.7%	Oct-21	54.1%	↑		✗						Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Nov-21	75.2%	Oct-21	73.6%	↑			✓					Run Chart	
		Hotel Conference Delegates	≥-5.0%	Nov-21	-26.9%	Oct-21	-28.0%	↑		✗						N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Nov-21	0.3%	Oct-21	6.8%	↓			✓	✓				N/A	
		Hotel Not for Profit Percentage	50% - 60%	Nov-21	62.7%	Oct-21	52.1%	↑					✗			N/A	
		Hotel Review Pro Quality Score	≥86.0%	Nov-21	85.9%	Oct-21	88.1%	↓					✗			Run Chart	
		GJRI Number of new research projects approved	≥8	Sep-21	9	Jun-21	3	↑						✓		C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Sep-21	-24.0%	Jun-21	-41.0%	↑		✗						N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Sep-21	£8,250	Jun-21	£2,500	↑		✗						N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Sep-21	79.0%	Jun-21	88.0%	↓								Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Sep-21	69.0%	Jun-21	58.0%	↑		✗						Run Chart	

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

Section B: 1 Clinical Governance

Clinical Governance		
KPI	RAG	Position:
Total complaints (Stage 1 and 2) by volume		In November 2021 there were 11 complaints reported.
Stage 1 complaints response time		In November 2021 there were seven Stage 1 complaints, of which four were responded to within the five day target (57%)
Stage 2 complaints response time		In October 2021 there were three Stage 2 complaints, two of which were responded to within 20 days (67%).
Mortality		The mortality figure for November 2021 was reported as eight.
Significant adverse events		There were seven significant adverse event reviews in November 2021. Slightly above confidence limits.
MRSA/MSSA cases		There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in November 2021.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infections (CDI) reported in November 2021.
Gram Negative Bacteraemia		There were zero reported instance of Gram Negative Bacteraemia in November 2021.
SSI: Hips & Knees		Surveillance recommenced in July with no SSIs reported in November 2021
SSI: Cardiac		Surveillance recommenced in October with no SSIs reported in November 2021

Clinical Governance Executive Summary

In October, we received three stage 2 complaints and four stage 1 complaints; totalling seven for the month; 25% of stage 1 complaints were responded to within timescale (5 days) and 66% of stage 2 complaints were responded to within timescale (20 days)

The reasons for the delays in timescales were multi factorial.

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

Mortality data remains within control limits.

There are no whistleblowing reports.

Key Healthcare Associated Infection Headlines

- *Staphylococcus aureus* Bacteraemia- Zero cases to report since August. April- June 21 SAB data demonstrated an increased quarterly rate above the national rate, however July-Sept data indicates a return to below this rate.

- *Clostridioides difficile* infection (previously known as *Clostridium difficile*)- Zero cases to report since March.

- Gram Negative/E.coli Bacteraemia (ECB)- Zero cases to report.

- Hand Hygiene- Bi Monthly report from September indicates a continued overall compliance of 99%. Next report due November 2021.

- Cleaning and the Healthcare Environment -Facilities Management Tool
Housekeeping Compliance: 98.53% Estates Compliance: 97.82%

- Orthopaedic Surgical Site Surveillance- Surveillance recommenced mid July 21, no SSI to report since recommencing.

- Cardiac Surgical Site Surveillance- Light surveillance recommenced October 1st, first report November, no SSI to report since recommencing.

Other HAI Related Activity Update

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

- Continued consultation on Respiratory pathways, national implementation date postponed until Nov 29th as key elements to support operational implementation are still in development nationally.

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

- Supporting the expansion team in Phase 2 connection planning
- Supporting the Board in COP 26 planning

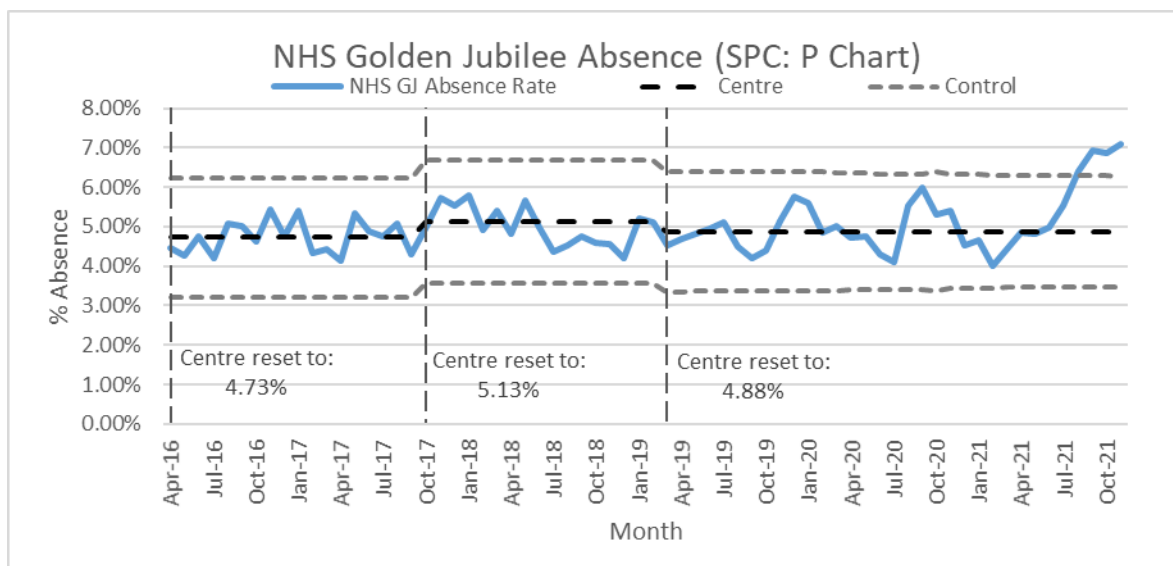
Section B:2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary case raised in November 2021.
Grievances		There were zero grievance cases raised in November 2021.
Dignity of work		Zero dignity cases were raised in November 2021.
Local Sickness absence		Sickness absence in October 2021 was reported at 7.1%. Above SPC upper control limit. Absence due to COVID-19 reasons was 0.9% (-0.2%)
Turnover		Turnover in November 2021 was reported within control limits at 0.7%.
Medical appraisal with completed interview & form		A new round of appraisals began in August 2021 Performance is 13% (20/155) for November 2021
TURAS Appraisal rates		Position for November 2021 reported as position as 67%, +1% on last month.
Job Planning: All hospital		The November 2021 performance was reported as 58% (66/114).

Staff Governance Executive Summary

Sickness absence

In November 2021 the Board's sickness absence rate stood at 7.1%, up 0.2% on the previous month, the highest it has been in over five years and the fourth successive month where sickness absence has been above the upper control limit.



Across the Directorates absence was as follows:

- Corporate: 5.1%, up 2.1% on the previous month;
- Golden Jubilee Conference Hotel: 2.0%, down 0.5% on October;
- Heart, Lung and Diagnostic Services: 7.8%, down from 8.5% in the previous month; and
- National Elective Services: 8.8%, which was 0.7% higher than October.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in October accounting for 26.9% of all sickness absence, 0.6% lower than October’s figure of 27.5%. It was the main cause of absence in three of the four Directorates:

- Corporate: 27.4% (down from 33.5% in October);
- Heart, Lung and Diagnostic Services: 38.0% (up from 28.2%); and
- National Elective Services: 15.6% (down from 21.6%).

In the Hotel, “Gastro-intestinal problems” was the main cause of sickness absence, accounting for 34.3% of hours lost, while “Chest and respiratory problems” was the reason for 22.7% of sickness absence hours.

COVID-19

In November COVID-19 special leave accounted for 0.9% of all contracted hours, down from 1.1% the previous month. The Directorate breakdown was:

- Corporate: 0.5%;

- Golden Jubilee Conference Hotel: 0.1%;
- Heart, Lung and Diagnostic Services: 1.3%; and
- National Elective Services: 1.0%.

Agenda for Change appraisal

Within the year to 31 October 2021, 67% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 1% higher than the previous month. The Directorate breakdown is as follows:

- Corporate: 63%, down 1% on October;
- Golden Jubilee Conference Hotel: 69%, down 11% on the previous month;
- Heart, Lung and Diagnostic Services: 73%, up 3% on October; and
- National Elective Services: 64%, up 1% on the previous month.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 30 November, 19 (11.9%) out of 159 doctors for whom NHS GJ is the responsible body for appraisal and revalidation, have had an appraisal or ARCP in 2021/2022, up 1 on the previous month.

Medical job planning

As at the end of November 2021 57.9% of medical staff who needed to complete a job plan for 2021/2022 had done so (down 0.9% on the previous month). 68.6% of those in HLDS (48 of 70) had a completed and signed off job plan, while in NES the proportion was 40.9% (18 of 44).

Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month seven the position reported was as a surplus of £0.713m against a profile of £0.448m, this is the latest available position.
Finance – Efficiency savings		The latest available position has £1.828m efficiency savings identified.
Cancer 31 Day		In October 2021 performance was reported as 92.3% (36/39).
TTG: Number of patients who have breached the TTG		In November 2021 there were 257 patients who exceeded their twelve week treatment time guarantee.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve week treatment time guarantee increased by 3.3% from 80.4% in October 2021 to 83.7% in November 2021.
SoT Guarantee – Inpatient and DC cases (H & L only)		71% of Heart and Lung patients were treated within 12 weeks in November 2021
DOSA rate: Cardiac Surgery		There was one DoSA case in November 2021(2.6%).
DOSA rate: Thoracic Surgery		There were nine DoSA cases in November (10.7%).
DOSA rate: Orthopaedics		In November 2021 there were 165 Orthopaedic primary joint admissions, 56 (34%) of which were on the day of surgery.
Theatre Cancellation Rates		In November 2021, the overall hospital cancellation rate was 6.3% (139/2214), Worse than target but within confidence limits.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 80.8% in November 2021.
Hotel: Income		Reporting for November 2021, position was on plan (5%)

Hotel: Room Occupancy		November 2021 reported position 64.7% against target of 67.5%.
Hotel: Conference Room Occupancy		November 2021 reported position 75.2% against target of 66%.
Hotel: Delegates		November 2021 reported -26.9% against target of >-5%
Hotel: Patient Bed Usage		November 2021 reported 0.3% against target of >-5%.
Hotel: Not for Profit %		November 2021 reported 62.7%, which is just over the target range.
Hotel: Pro Quality Score		November 2021 reported 86% against target of >86%.
Research & Innovation:		Will next be reported in February 2022.

National Comparison Table, Corporate Dashboard, Waiting list & Productivity table
The GJNH nationally reported elective cancellation rate, in October 2021, was reported as 6.4%. This ranked GJNH as 3 out of 15. The Scotland rate was 8.3%.
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 2 2021 GJNH reported 100% of eligible patients treated within the target (Joint 1 st) This remains the latest position.
Health Protection Scotland published figures for Quarter 2 2021 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence and 40.5 for SAB. The Scotland rates were 14.6 and 18.7 respectively. This remains the latest position.
Corporate sickness rates in November 2021 increased to 5.1%. Departments over the 4% threshold were: Business Services, Catering, Estates, Housekeeping, Human Resources, Pharmacy, Procurement & Security.
Referral numbers in November 2021 increased to 3628 (+426) The total outpatient waiting list increased by 554 to 2922. The total inpatient waiting list month end position decreased by 11 from 5294 to 5283.
For current inpatient waiters the number waiting between 12-26 weeks increased from 649 to 725 (+76) The number of patients waiting 26-52 weeks increased from 573 to 650 (+77). The number of patients waiting >52 weeks increased from 313 to 505 (+192).

**NHS Golden Jubilee
Summary Finance Report
As at 30 November 2021 – Month 8**



Core Revenue Financial Performance as at 30 November 2021, Month 8

This summary finance report provides an overview of the key points within the financial position as reported at Month 8, for the period ending 30 November 2021.

The report also considers March 2022 financial out-turn and identifies the main financial risks and benefits associated with both core Income, Expenditure, and actions in place to manage these. A breakeven out-turn remains the plan for March 2022 subject to all agreed funding allocations from Scottish government. In addition, close monitoring of Remobilisation Plan 4, submitted to Scottish Government on the 1st October 2021, will be key to financing activity levels and ensuring NHS Scotland Academy and Centre for Sustainable Delivery developments are within performance limits, as described within the RMP 4 funding model.

Performance against the NHS Golden Jubilee's annual efficiency saving target of £4.044m is shown as a separate section within the report. Given our current forecast gap against this target, which has been further reduced to £1.343m, this remains a finance performance risk, however confirmation on NHS Boards brokerage and savings support is now confirmed on this risk for 2021/22, which allows this to be assessed as a low risk for the Board.

The Core Revenue position for November 2021 reflects a surplus of £0.388m, which is reflective of an expected movement in performance mainly within supplies as activity aligns with RMP 4 plans.

2021/22 Financial Reporting arrangements

The next quarterly Scottish Government Financial Performance Returns (FPR) is due for quarter 3 after completion of the December 2021 accounts – Month 9. This will be a key return supported by an in-depth review of financial performance in each service and the forecast March 2022 out-turn at that stage will predict the final funding allocation required to support performance outputs against the RMP 4 submission. This will be a key item on the Divisional Performance Review Group agendas.

Annual Delivery Plan 2022/23 to 2024/25

The Director of Finance and Director of Operations are implementing a robust approach to the Annual Delivery Plan (ADP) process for 2022/23 onward. This commenced during December 2021 to support the financial planning, workforce and activity aspect for the Annual Delivery plan. In addition to the Director of Finance, Director of Operations, Human Resources Director and Associate Director, and Head of Strategy & Performance representation, the group will also include the Assistant Director of finance, Service and Operational management teams and triumvirate senior management. A planning template has been shared for Divisional activity planning by specialty summarised for working days to aid initial discussion on assumptions for next financial year and support the aim to break the plan into 6-month periods similar to the 2021/22 RMP performance tables. This will be considered closely against the Strategic Programmes of the Board, workforce planning and the list of planned developments and business cases compiled by the performance and planning team in addition to known national developments and horizon scanning around developing cost pressures. The first meeting to review this new approach took place on the 17th December, which focussed on H, L& D specialty performance with the next meeting in the diary for 6th January for the NES Division.

The following table reflects key dates and actions for Divisional Teams to support achievement of a completed ADP and submission to SG by July 2022.

Action	Key date
Activity template first draft submission	Wed 19 January for Exec discussion 24 January
Complete and return updated Delivery Planning Template	By Friday 14 January
P&P and Divisions present proposed Delivery Planning Template updates to SMBM	Monday 24 January
Update Templates to reflect SMBM feedback, and return to SG	By Monday 31 January
Cross-divisional activity planning session	Early February date tbc
Final activity plan submitted to F&PC	Papers due out 1 March

Total Income Performance as at 30 November 2021

The tables below represent an extract of the summary financial position against Core Income and Expenditure as at month 8, 30 November 2021.

Summary Financial Position - NHS GJ Board

2020-21 - Nov 2021

Income & Expenditure summary	Year to Date			Current Annual Budget	Original Fin Plan Annual Budget
	Budget £ 000	Actual £ 000	Variance £ 000		
Core					
RRL					
Core - RRL	(75,348)	(75,348)	0	(107,650)	(105,734)
Total Core RRL Funding	(75,348)	(75,348)	0	(107,650)	(105,734)
Income	(48,106)	(48,369)	263	(68,139)	(65,016)
Total Core Funding/Income	(123,454)	(123,717)	263	(175,789)	(170,750)
Core Expenditure					
Staff	79,573	78,842	731	118,105	102,203
Supplies	43,881	44,487	(606)	57,684	68,547
Total Core Expenditure	123,454	123,329	125	175,789	170,750
Core Surplus/Deficit	0	388	388	0	0

The key areas of Income movement driving the above are;

- The main contributor to the current income over performance are Cardiology and Thoracic Non-WoS activity, which remain slightly above original financial plan by £0.145m and £0.170m respectively. In addition, NES junior doctor training programme is reflecting a positive performance above plan of £0.061m, a budget review of this is complete and the budget will be increased to reflect higher level of pay award. These are partly offset by Cardiac Non-Wos underperformance against original plan of around (£0.138m).

The key areas of Expenditure movement driving the above are;

- Staff Medical pay adverse position against budget of (£0.532m), assessment reflecting the presentation to the Finance and Performance group in month 6. NES are (£0.080m) of this pressure and mainly attributable to Orthopaedic Consultant cost pressure and Gen Anaesthetic across all areas. H,L&D is reflecting (£0.523m) of this pressure. Of this pressure cardiology sickness and rota gaps some of which are driven by cost v funding gaps within NSD SACC's – (£0.029m), GGC Medical Memo of Understanding – (£0.029m), SPA Allocations above funded baseline – (£0.052m), WLI coverage - (£0.047m) and arrears of pay non-recurring pressure – (£0.093m). CT Anaesthetics workforce gaps including WLI, detailed analysis in process of completion, estimated at (£0.031m) and Cardiac & Thoracic Medical – WLI of (£0.100m) and arrears payment N/R of (£0.096m). The remaining pressure of (£0.46m) is across Medical Laboratory and Radiology staffing with a further budget review to take place in these areas. Corporate positive variance of £0.070m partly offsets and is associated with Additional Cost of Teaching vacancies.
- The nurse workforce budget reflects an ongoing positive variance of £0.184m, this remains directly aligned with the ongoing recruitment pressures. The recruitment challenges are particularly evident within nursing and Theatres in the NES Division as illustrated in the Divisions performance table shown below. Previous slippage in these areas has been released non-recurrently towards 2021/22 efficiency savings and an in month increase against the original value was released in month, as reported against savings in agreement with Divisional senior team . This reflects a split of £0.021m across all ward/outpatient areas and £0.202m across all Theatres in NES. Overall across nursing the month 8 position reflects around 65-wte vacancies across the Board and this is including bank and agency support in place.
- Positive variances are reflected across Clinical - £0.368m – 28.45wte vacancies, Support - £0.302m – CSPD & GJCH mainly and Administration - £0.409m across various staff groups, this further reflects the level of vacancies within all 3 Divisions and the GJCH.
- Surgical Supplies are over budget by (£0.579m), 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 stock ordering levels, variation, stock holding and basis for call-off orders going forward in Cath Lab interventional & Diagnostic services. On the basis of analysis to date this indicates the following contributory issues;
 - Growth in urgent referrals – impacting both throughput and costs
 - Reduction in diagnostic procedures

- Increase in high cost valve procedures (excl. TAVI)
- Increase in usage and associated spend within Opticross, wolverine, Corsier Pro Catheter and Promus Drug Eluting Stents
- Review of budget indicates no overall increase between 2017/18 and 2021/22 despite Cath Lab 5 opening

Next steps is to define the above drivers into the current reported overspend and agree actions to bring back into balance, in addition to review of the stock management system to provide improved information and yearly comparison that is fit for current purpose. Also in place is routine review and action meetings between the service, procurement and finance to support efficient and effective ordering.

- Property, Plant and Equipment (PPE) reflects an underspend of £0.231m, which is reflected across catering – patients, maintenance engineering, backlog projects and e-health and these are expected to reflect phased expenditure in the last quarter of the financial year in line with prior years.
- Facilities Management reflects a positive variance of £0.280m due to Corporate Division Catering (offset by reduction in income receipts), Clinical waste and a positive variance within all Utilities due to activity changes and impact of pandemic.
- Corporate Supplies, Reserves and Savings (CS&R&S) reflect a small favourable position against budget of (£0.328m). As previously reported this is where reserves are centrally held to support developments and pressures throughout the financial year and therefore movements in month will be directly attributable to release of budget allocation to support emerging pressures and agreed developments.

Division Performance 2021/22

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

Board Expenditure - 2021/22 as at November

Core Expenditure Category	Year To date			Jan-21	Division Year To date Variance			
	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel
Staff Costs-Medical	21,115,218	20,582,852	(532,366)	30,195,692	(523,107)	(79,710)	70,451	0
Staff Costs-Nursing	27,401,498	27,585,244	183,746	41,476,344	(138,070)	256,690	65,126	0
Staff Costs-Clinical	10,885,997	11,253,862	367,866	16,813,367	311,958	67,452	(11,544)	0
Staff Costs-Support	6,213,857	6,516,260	302,403	9,659,238	0	87,484	54,970	159,949
Staff Costs-Admin	13,225,853	13,634,712	408,860	19,960,189	30,422	18,986	314,051	45,401
Total Pay	78,842,422	79,572,930	730,508	118,104,830	(318,797)	350,901	493,054	205,349
Pharmacy supplies	3,137,596	3,112,530	(25,066)	4,458,677	(24,949)	4,857	(4,975)	0
Surgical Supplies	17,732,444	17,153,694	(578,750)	23,501,340	(558,027)	(1,479)	(19,229)	(15)
Lab/Radiology Supplies	1,342,446	1,156,883	(185,563)	1,612,004	(193,828)	20,622	(12,357)	0
PPE	5,809,781	6,041,235	231,453	8,340,251	(38,810)	2,872	311,666	(44,275)
FM	4,396,834	4,676,499	279,665	6,824,188	(57,183)	(53,095)	429,533	(39,590)
CS&R&S	12,068,096	11,739,677	(328,419)	12,946,974	(401,774)	(104,945)	135,508	42,792
Total Non-Pay	44,487,197	43,880,519	(606,679)	57,683,435	(1,274,572)	(131,168)	840,147	(41,087)
Total Core Position	123,329,620	123,453,448	123,829	175,788,265	(1,593,369)	219,734	1,333,201	164,263

Remobilisation Plan Monitoring

The 2021/22 second instalment of the Remobilisation Plan – RMP 4 was submitted to Scottish Government on the 1 October 2021 reflecting a revised funding requirement of £11,968m as detailed below.

Resource Category	RMP 3 £'m	Adjustments	RMP 4 £'m
Recovery Workforce	3.565	- 0.247	3.318
Recovery non-pays	0.805	0.576	1.381
Vaccination Programme	0.100	-	0.100
Drive Through Testing	0.110	0.095	0.205
Theatre capacity (Independent Sector)	0.102	0.154	0.256
GJCH Income Loss	3.000	-	3.000
Other Income Loss	0.460	-	0.460
Efficiency Savings impact	2.000	- 0.465	1.535
Theatre Pressures Support	0.000	0.968	0.968
Baseline Remobilisation Plan	10.142	1.081	11.223
NHS Scotland Academy baseline	2.000	- 1.255	0.745
Total Recovery Funding	12.142	-0.174	11.968

Funding Received - June RRL 3.930

RMP 4 Balance due 8.038

QR 2 Funding Allocation Received 2.304

QR 2 Funding Allocation Test & Protect 0.151

QR 2 Funding Allocation Covid & Flu Vaccination 0.071

Remaining balance to be allocated 5.512

The balance of £5.512m required is by March 2022. This includes identified NHS GJ funding associated with the NHS Scotland Academy of £0.745m and will be expected following the next quarterly return due to Scottish Government after December 2021 financial reporting.

The revised Waiting Times Improvement Plan (WTIP) funding of £11.763m is detailed in the table below. The Board received the original £11.568m in July 2021 RRL funding allocations with both the Endoscopy and Phase 1 workforce reductions received as a de-allocation during October 2021 RRL allocation and the final allocations for weekend eyes will be received in December 2021 allocation. This leaves only Phase 1 and Phase 2 marginal funding anticipated equating to a net reduction of (£1.905m) to be formally actioned, with the impact of these communicated with SG and respective Boards.

NHS GJ Service	Funding Allocated	Activity	Revised Funding due	Activity	Movement
Endoscopy	£3.5m	2390	£2.352m	2396	£-1.148m
Phase 1 workforce	£1.858m	2933	£0.193m	414	£-1.665m
Phase 2 workforce	£3.000m		£3.000m		0
Weekend Eyes	£1.750m	3,360	£3.517m	3,561	£1.760m
Infrastructure	£1.460m	n/a	£1.460m	n/a	0
	£11.568m		£10.522m		£-1.046m
Phase 1 marginal	£1.385m	2,933	£0.190m	414	£-1.195m

Phase 2 Marginal	£1.781m		£1.071m		£-0.710m
	£14.733m		£11.783m		£-2.951m

The Quarter 3 – December 2021 FPR return and the associated finance narrative will highlight any emerging issues, pressures and slippage requiring further review or escalation re forecast performance to March 2022.

Other Funding Developments

NHS Scotland Academy

The NHS Scotland Academy Business case was approved in July 2021. The business case identified 2021/22 indicative investment of £2.063m for revenue costs and £2.351m for associated capital costs.

Revised 2021/22 anticipated funding of £0.745m revenue had been incorporated within NHS GJ 2021/22 RMP 4 Planning assumptions with NHS NES incorporating a separate financial funding allocation currently forecast as £0.248m within their quarter 2 Financial Performance return to Scottish Government, therefore reflecting a total revenue investment of £0.993m at this stage.

Joint finance/budget meetings are in place and these are providing additional clarity on financial processes, costs and funding assumptions including what specific elements of the NHSSA business sits financially within each NHS Board. The cost summary in the table below is reflective of financial position as at month 8 and the evolving process in identifying the full revenue cost implications for 2021/22 against each of the respective training programmes.

The current Month 8 report reflects costs to date of £0.429m across both NES and NHS GJ with a revised forecast revenue funding need of £1.091m by March 2022. The small increase in funding has been shared with the Health and Social Care workforce Planning and Development Division at SG and is expected to be reflected as updated allocations in future month's RRL. The following Capital and Revenue equipment position is also noted against the approved £2.351m approved within the business case.

Capital equipment of £63,208 for SMOTS mobile trolley, Electro Surgery equipment and operating table. This is against the £475,256 of Capital funding ring-fenced in the business case

Revenue equipment of £5,636 related to the SMOTS mobile trolley. This is against the £15,527 of revenue funding identified within the business case. In addition to the costs noted above, during 2020/21 £82,080 was incurred, against capital in preparation for the NHSSA implementation, in relation to an Endoscopy Simulator.

No expenditure identified against the £1.86m of building refurbishment capital funding, discussions have taken place with Scottish Government Finance around this deferring into financial year 2022/23.

Revenue Costs 2021/22	2021/22 Business Case	NHS GJ		NES		NHSSA Total		Variance	
		2021/22 Cost to Nov'21	March 2022 Forecast Cost	2021/22 Cost to Nov'21	March 2022 Forecast Cost	2021/22 Cost to Nov'21	March 2022 Forecast Cost		
		£	£	£	£	£	£		
Programme Team	1,192,462								
Pays - Staff In Post		251,686	433,855	29,578	185,460	281,264	619,315		
Travel Costs			0	19	19	19	19		
New Appointments			86,393				86,393		
Non Pay									
Academy Conference & Lunch		506	506			506	506		
Computer Hardware		1,138	1,138			1,138	1,138		
Accommodation - Fraser		225	225			225	225		
Course Fees		298	298			298	298		
Banner Printing		750	750			750	750		
Laptop Dispatch-J Stevenson		78	78			78	78		
Marketing & Communication	30,000	0	0	0	30,000	0	30,000		
	1,222,462	254,681	523,243	29,597	215,479	284,278	738,722		483,740
Core Programme - Endoscopy									
National Endoscopy Training Programme	490,882	0	48,723	19,707	54,662	19,707	103,385		
Gastro/Colonoscopy Consumables		42,554	42,554	0	0	42,554	42,554		
Flipcharts		260	260	0	0	260	260		
SMOTS Computer/Microphone/Speaker etc		5,848	5,848	0	0	5,848	5,848		
Room Hire		55	55	0	0	55	55		
Anderval- Programme Costs		44,360	44,360	0	0	44,360	44,360		
	490,882	93,076	141,799	19,707	54,662	112,784	196,461		294,421
Core Programme - Pharmacy									
Pharmacy Training Programme	0	0	0	0	0	0	0		0
Lectures Fees	0	0	0	15,719	20,904	15,719	20,904		0
Glucose Monitor/Stethoscope/Thermometer etc		3,447	3,447	0	0	3,447	3,447		
USB Stick & Storage Boxes		197	197	0	0	197	197		
Carriage		36	36	0	0	36	36		
Hotel Accommodation		7,140	7,140	0	0	7,140	7,140		
	0	10,820	10,820	15,719	20,904	26,539	31,724		-31,724
Core Programme - Perioperative									
Perioperative Training Programme	262,100	0	0	0	0	0	0		0
Hotel Accommodation & Room Hire	0	4,335	4,335	0	0	4,335	4,335		0
	262,100	4,335	4,335	0	0	4,335	4,335		257,765
Core Programme - Warrior Course									
Medical Meat	0	0	0	0	0	0	0		0
Room Hire		465	465	0	0	465	465		
	0	213	213	0	0	213	213		-678
Accelerated NTC : Programme									
- Stream 2 Surgical First assist	17,529	0	0	0	0	0	0		17,529
- Stream 3 Anaesthetic Assistant	70,116	0	0	0	0	0	0		70,116
	87,645	0	0	0	0	0	0		87,645
Built Environment									
Sonographer	0	0	0	0	0	0	0		0
Widening Access									
ICU, CfSD,	0	0	0	0	0	0	0		0
NHS Scotland Youth Academy									
	£2,063,089	£363,590	£680,875	£65,023	£291,045	£428,613	£971,920		£1,091,169

Centre for Sustainable Delivery (CfSD)

Funding for this workforce follows agreement with Scottish Government for 2021/22 original baseline CfSD team at £5.34m in line with current structure and recruitment to existing vacancies across the five programmes, support staff and management as shown in the table below.

Centre for Sustainable Delivery Programme Teams														
	1		2		3		4		5		6		Total	
Heading	AST		Cancer Access		MPPP		SAC		Unscheduled Care		Approved Uplift			
	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE		
Annul Budget/Estab approved	1,088,663	10.00	364,307	3.80	1,020,756	13.40	634,201	7.10	1,191,410	14.00	1,043,593	9.60	5,342,930	57.90

Costs to November 2021 equate to £3.069m against an annual budget release of £3.085m, £2.399m for staff and £0.686m for non-pay (including professional fees). This is reported at this point against the £5.34m baseline funding position for the full service once fully implemented and all posts in place, not all off this funding will be received via RRL an element will come via invoicing route. CfSD programmes are separately reported within the Boards financial reports and will be transparent in reporting to SG on costs incurred.

Further funding requested have been made relating to Innovation (£816,530) and for core staffing (£584,723) and whilst the Innovation element remains under discussion a further £369,301 was approved against core staffing, as noted previously, and will be incorporated as an addition to the numbers shown above within the baseline £5.34m.

The additional programme work-stream budgets that are under the remit and responsibility of NHS GJ are within the Cancer Access, MPPP and SAC programme profiles. The table below reflects the original baseline funding earmarked against each area with the movement to the current 2021/22 allocation agreed with Scottish Government health finance team at this stage based on bids received against these funding streams.

There is a noted significant reduction in bids and delays and this will be attributable to the pandemic focus on clinical leads and service managers and consideration of the wider workforce challenges and Covid-19 cases widespread across the NHS in Scotland.

Budget Transfer Calculation £'000	Cancer	MPPP	SAC	TOTAL
Baseline budget Approved	2,000	3,843	1,667	7,510
SG Incurred Clinical Sessions		(410)	(167)	(577)
Approved adjusted for above	2,000	3,433	1,500	6,933
Cancer adj. as advised to SG in July e-mail	(1,600)			(1,600)
SAC SG direct allocations			(201)	(201)
SG direct incurred cost		(8)		(8)
Revised 2021/22 work-stream budget	400	3,425	1,299	5,124
Adj. for reduced funding bid position	(200)	(940)	(583)	(1,723)
Current 2021/22 Planned Programme funding	200	2,485	716	3,401

Further detailed review will be undertaken at quarter 3 reporting on the back of monitoring spend against allocations made to each NHS Board/organisation to understand if any significant further slippage against the revised £3.4m 2021/22 position within these programme budgets. Monthly meetings are in place between NHS GJ finance and SG Finance representatives to ensure continued dialogue and monitoring takes place to minimise both the financial risk to NHS GJ on further underperformance but also to allow timely re-allocation at SG level if required. October and November 2021 RRL allocations reflected allocations against each of the above three programme funding levels, with further final adjustments to be actioned. External charges from NSS associated with Project Support Officer Resource, SCOTCAP, Cytosponge and data analyst support will also be supported from within these programme allocations.

Efficiency Savings and Financial Improvement Performance

In accordance with the 2021/22 Annual Operating plan templates the following tables reflect the planned Efficiency Savings position of the Board including the underperformance identified for 2021/22 of £1.343m. (Reduction of £0.192m from month 7 position).

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

The current efficiency reporting position identified cash releasing schemes totalling £2.701m, which reflects a small increase of £0.192m on month 7. Of the £2.701m identified, £0.751m are recurring schemes (a small reduction on previous reported position) with the balance of £1.95m as non-recurring in nature i.e. 72%. The £0.751m of recurring savings has a FYE of £1.229m and hence a FYE gap of £2.815m currently exists.

The finance team plan to put in place structured financial improvement meetings to identify key projects and identify leads and service supports to drive these forward. The first of these meetings will take place in January 2021. In addition, NHS GJ is represented within the Scottish Government Financial Improvement meetings and work to drive forward collaborative opportunities and will meet with SG to review progress against efficiency performance regularly however achievement to November 2021 reflects £2.152m of which £0.568m (26%) are recurring efficiency plans;

Non-Core Performance

There are three discrete elements of non-core funding that are included within the finances for the Board, these have remained unchanged since the last report and 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 for the year to date.

- 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.
- AME Provisions – this is part of Annually Managed Expenditure and is managed and funded centrally. The original £40k estimate in 2021/22 will fluctuate throughout the year with the final amount being identified by year end. As this is based on movement in claims and estimates from the CLO this number may change, in addition the Board element of its share of the CNORIS pot is only identified at year-end and is expected to be cost neutral.
- AME – Debtor – as required by accounting standards this is the corresponding debtor for the AME provisions recognising that the Board will receive income upon settlement of claims
- Impairment – this also is part of Annually Managed Expenditure and is managed and funded centrally based upon an annual expected spend on building projects. The original estimate of £100k in 2021/22 is set at the start of the year, however as impairment primarily relates to building projects, this will only change later in the financial year.

Capital Performance

The core capital allocation for the Board remains at £2.691m, the funding associated with the elective centres per the business case was c£32m, however this is being revised currently and anticipated to be in the region of £22m, with a greater phasing in the financial year 2022/23. The Board are currently in discussions with the Scottish Government regarding the spend for phase two together with the potential to obtain further national funds to progress or bring forward capital plans, following national requests for further bids.

This would be in addition to the successful bid submitted to the National Infrastructure Board for £1.582m for the replacement of MRI one, which is projected to be completed over the final quarter of this financial year, with go live planned for 30 March 2022.

The spend to month eight is detailed below:

Heading	£000's
Estates & Plant / Machinery	89
Medical Equipment	843
IM&T	241
Sub Total	1,173
Phase 2 Expansion	6,491
Total Capital Spend	7,664

The capital plan is under review and will be updated to take account of changes to funding noted above, when finalised. The updated plan will follow the conclusion of discussions with Scottish Government and clarity on our requests for additional funding and should be agreed towards the end of the calendar year.

The Board are asked to

- Note the financial position for Month 8, as at 30 November for the financial year 2021/22; and
- Note the key messages as highlighted below

Key Messages

Total surplus as at Month 8, November 2021 of £0.388m for core revenue and income.

NHS Golden Jubilee continue to forecast a break-even position across capital and revenue funding streams.

The NHS Golden Jubilee's November Revenue Resource Limit (RRL) allocation reflects an increase within the month of £7.023m which takes into consideration the following;

- Earle stage Innovation Enablement - £5.000m (transferred from GJ revenue to GJ Endowments)
- CSO support for Health Innovation - £0.682m (as above t/f from revenue to endowments)
- 1st & 2nd Quarter Instalments for OU students – £0.025m
- Spiritual Care Winter pressure – £0.001m
- CSO support for Research and Development - £0.475m
- 2020/21 surplus c/forward - £0.038m
- Medical & Dental Pay uplift - £0.420m
- Further Agenda for Change pay uplift - £0.382m

The November 2021 position continues to present solid progression in understanding, agreeing and obtaining authorised funds to support core services, Covid-19 and recovery in addition to key development areas such as NHSSA and CfSD and the outturn remains within our Revenue Resource Limit given the current surplus reported.

The Service Level agreement Top-slice in place between NHS GJ/ SG and Scottish Health Boards has been appraised against the revised RMP4 activity plan and associated marginal funding levels and all NHS Boards have been informed of their activity and associated financial slippage to March 2022 based on RMP4 activity plans.

This review forecasts a net reduction of £6.7m in funding to NHS GJ which is reflected in this month's income reporting and this has also been communicated to SG Finance colleagues with associated adjustments expected in January 2022 RRL allocations. Any final year-end movement against this reported position will be shared in time for March 2022 final accounts completion. These adjustments are effectively cost neutral to NHS Golden Jubilee.

Efficiency savings report a forecast reduced gap of £1.343m and remains an area of continued focus to drive forward additional efficiencies and this will continue throughout the financial year. Current run-rate is, at this stage of the financial year, providing some coverage against this gap. Recognition of the impact of local, regional and national pressures because of the pandemic and wider workforce challenges are reflected in the NHS GJ RMP4

submission most notably the reduction in originally targeted activity across key specialties such as Orthopaedic, Ophthalmology and Cardiology. This is related to being unable to implement the level of extended days and weekend sessions originally planned, due to workforce constraints.

RMP4 does show an increase in funding to support cancer services across the region and the additional imaging performance within CT.

Funding is also included to support the planned extension of Independent Sector support within the main Theatres from November 2021, in addition to new measures in recruitment, education, training and theatre workforce to aid recovery of the staffing shortfall and look to advanced recruitment where feasible.

Director of Finance

NHS Golden Jubilee

Appendix 1

RRL – Reconciliation

RRL Financial Plan - October 2021		Original Fin Plan	Adjustments	Current Fin Plan
Funding				
Base	Baseline recurring	63,302,000		63,302,000
RRL prior year earmarked recurring	Baseline recurring	63,057	1,892	64,949
Uplift of 1.5% to baseline figures	Baseline recurring	949,530	42,000	991,530
Baseline recurring Agenda for Change			792,000	792,000
Infrastructure support	Recurring (Allocated Non-Rec)	1,460,000		1,460,000
National Boards savings	Recurring	200,000		200,000
NWTC top-slice for Boards SLA's	Recurring	20,443,445	(6,717,000)	13,726,445
SLA top slice uplift	Recurring	306,652		306,652
Waiting Times - recurring marginal transition	Recurring	1,781,000	(710,000)	1,071,000
Ophthalmology Phase 1 Elective expansion	Recurring	1,384,611	(1,195,000)	189,611
remove depreciation to non-core		(8,898,000)		(8,898,000)
NDC top slice		(468,283)		(468,283)
Outcomes Framework:				
e-Health - strategic fund		244,298		244,298
Core research allocation	Recurring	329,000	(14,000)	315,000
Additional NRS Nursing funds	Recurring	160,000		160,000
Small Business Research Initiative (SBRI)	Non-recurring	830,000	4,852,000	5,682,000
eHealth Leads support	Non-recurring	65,000		65,000
Distinction awards	Non-recurring	72,247		72,247
Additional SG bid against Waiting Times/ recovery plan:				
Cath Lab 5 expansion capacity pressures	Recurring			0
NHS Improvement in careers programme	Non-recurring	10,000		10,000
Discovery system (top-slice)	Recurring	(3,131)		(3,131)
Funding to support implementation of excellence in care		0		0
Funding to support eHealth resource release - excellence in care		0		0
Ophthalmology Phase 1 Elective expansion	Recurring	193,157	(157)	193,000
Ortho/Other specialties Phase 2 Elective expansion	Recurring			0
Waiting Times - recurring workforce transition	Recurring	3,000,000		3,000,000
Independence Sector Development		0		0
Commissioning		0		0
NHS Scotland Academy		2,000,000	(2,000,000)	0
Endoscopy Unit		3,533,000	(1,181,000)	2,352,000
Recovery Plan (adjusted to RMP 4)	Non-recurring	8,142,000	3,826,000	11,968,000
IV Fluids Programme	Non-recurring	40,500	(5,500)	35,000
MPPP Arise	Non-recurring	10,000	(5,199)	4,801
OU Students	Non-recurring	20,000	15,000	35,000
Health Staffing Act	Non-recurring	32,729	1,309	34,038
Implementation of EiC	Non-recurring	30,350	1,580	31,930
CfSD Workforce - Original	Recurring	6,500,000	(2,162,676)	4,337,324
Weekend eyes	Non-recurring		3,500,000	3,500,000
Realistic Medicine Leads and Programme Managers	Non-recurring		50,000	50,000
Work Local Health Challenge	Non-recurring		90,000	90,000
Training of Cardiac Physiologists	Non-recurring		23,760	23,760
Radiographer Training	Non-recurring		16,881	16,881
CfSD Workforce Position paper				0
CfSD Resource Proposal Paper			369,301	369,301
International workforce			67,717	67,717
CfSD Programmes - Detect Cancer Early			200,000	200,000
CfSD Programmes - Scottish Access Collaborative (SAC)			715,000	715,000
CfSD Programmes - Modernising Patient Pathways (MPPP)			2,445,199	2,445,199
Various - Per October RRL. MPPP programme Board de-allocations			(1,954,391)	(1,954,391)
Workforce Wellbeing			11,032	11,032
Spiritual Care winter pressure			600	600
2020-21 Surplus Brought Forward			38,000	38,000
Medical and Dental Pay Uplift 2021-22			420,000	420,000
Further Agenda for Change Uplift			382,000	382,000
Total Core		105,733,161	1,916,348	107,649,509