

**Integrated
Performance Report
Board Summary
Report**

**NHS Golden Jubilee
Board meeting
31 March 2022**

Performance and Planning Department



Contents

Introduction	2
Performance Summary Dashboard	5

Section A: Introduction

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

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

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

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

Jann Gardner
Chief Executive

Colin Neil
Director of Finance

June Rogers
Deputy Chief Executive

Performance Summary Dashboard – Guidance

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

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

Statistical Process Control – Guidance

Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> 1. Trend of six points increasing or decreasing. 2. Run of eight points above or below the centre line. 3. Data point outwith control limits. 4. 15 points close to the centre line. 5. Two points close to the outer third of the chart. 6. Within the control limits will flag if no special cause is identified. <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p> <p>Position calculated on three standard deviations either side of the centre.</p>	
<p>Point Above Upper Control Limit</p> <p>Point Below Lower Control Limit</p>	<p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p>	<p>Fifteen consecutive points in the inner third of chart</p>	<p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>
<p>Eight Consecutive Points Above Centre</p> <p>Eight Consecutive Points Below Centre</p>	<p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>	<p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p>	<p>Two out of three consecutive points near (outer one-third) a control limit. This could either be an indication of an unstable process which is highly variable or could also indicate that a change has occurred and is impacting (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p>
<p>Six consecutive increasing points</p> <p>Six consecutive decreasing points</p>	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

Board Performance Dashboard – Part 1

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

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data			Performance Assessment Methodology								
				Current Period	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	Jan-22	6	Dec-21	5	↓		✓				C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Jan-22	60.0%	Dec-21	50.0%	↑	✗					P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Jan-22	0.0%	Dec-21	0.0%	↔	✗					P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Jan-22	0.00	Dec-21	0.00	↔						C Chart	Q3 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jan-22	0.00	Dec-21	0.00	↔		✓	✓			C Chart	Q3 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Jan-22	0.00	Dec-21	0.00	↔		✓				C Chart	Q3 2021/22 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Jan-22	0.0%	Dec-21	2.9%	↑		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Jan-22	0.0%	Dec-21	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Jan-22	0.0%	Dec-21	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Jan-22	0.0%	Dec-21	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Jan-22	99.0%	Nov-21	99.0%	↔		✓	✓			Run Chart	
		Mortality	0 - 15	Jan-22	6	Dec-21	17	↑				✓		C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Jan-22	1	Dec-21	2	↑						C Chart	Within Control Limits
	Hotel Complaints	≤2	Jan-22	0	Dec-21	1	↑		✓	✓			C Chart	Within Control Limits	
Staff Governance		Disciplinarys	≤0.50%	Jan-22	0.00%	Dec-21	0.00%	↔		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.40%	Jan-22	0.00%	Dec-21	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Jan-22	0	Dec-21	0	↔		✓	✓			P Chart	Eight Consecutive Points Below Centre
		SWISS Sickness absence	≤4.00%	Dec-21	7.0%	Nov-21	6.7%	↓	✗					P Chart	Above Upper Control
		Sickness absence local figure	≤4.0%	Jan-22	5.9%	Dec-21	7.1%	↑	✗					P Chart	Eight Consecutive Points Above Centre
		TURAS PDR	≥80%	Jan-22	66%	Dec-21	65%	↑	✗					P Chart	Within Control Limits
		Turnover	0.00% - 0.95%	Jan-22	0.30%	Dec-21	0.57%	↓		✓	✓			P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Jan-22	57.9%	Dec-21	57.9%	↔						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Jan-22	24.8%	Dec-21	16.6%	↑		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Jan-22	2.0%	Dec-21	2.5%	↑		✓				P Chart	Within Control Limits
		Hotel TURAS PDR	≥80%	Jan-22	54%	Dec-21	53%	↑	✗					P Chart	Below Lower Control

	Performance Assessment Methodology totals					
	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Special Cause
Clinical Governance	2	9	7	0	1	0
Staff Governance	4	6	5	0	0	5
FPP	17	5	4	1	1	5
Total	23	20	16	1	2	10

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	Jan-22	-£70K	Dec-21	-£17K	↓	x						N/A	
		Deliver Board efficiency target	≥0%	Jan-22	74.5%	Dec-21	87.8%	↓		✓	✓				N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Jan-22	6.4%	Dec-21	7.5%	↓		✓					N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Jan-22	0.5%	Dec-21	0.3%	↑		✓					N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Jan-22	158	Dec-21	215	↑	x						P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jan-22	88.7%	Dec-21	83.7%	↑	x						P Chart	Above Upper Control
		31 Day Cancer	≥95%	Dec-21	100.0%	Nov-21	100.0%	↔							P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Jan-22	66.6%	Dec-21	67.6%	↓	x						P Chart	Below Lower Control
		Number of patients on list waiting over 12 weeks	≤0	Jan-22	1924	Dec-21	1792	↑	x						C Chart	Above Upper Control
		Number of patients on list waiting over 26 weeks	≤0	Jan-22	1274	Dec-21	1127	↑	x						C Chart	Eight Consecutive Points Above Centre
		Treated within 18 weeks of referral	≥90%	Jan-22	92.9%	Dec-21	89%	↑					✓		P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Jan-22	74.7%	Dec-21	71.2%	↑	x						P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Jan-22	99.0%	Dec-21	98.6%	↑		✓	✓				P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Jan-22	52.0%	Dec-21	51.9%	↑	x						P Chart	Within Control Limits
		Thoracic DoSA	≥26.67%	Jan-22	9.2%	Dec-21	14.8%	↓	x						P Chart	Within Control Limits
		Cardiac DoSA	≥20.45%	Jan-22	4.5%	Dec-21	2.1%	↑	x						P Chart	Above Upper Control
		All Specialities Cancellation Rate	≤4.1%	Jan-22	7.3%	Dec-21	6.2%	↓	x						P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Jan-22	-10.2%	Dec-21	-11.2%	↑							N/A	
		Hotel Income target	≥-10.0%	Jan-22	0.1%	Dec-21	0.0%	↑		✓	✓				N/A	
		Hotel Room Occupancy	≥67.5%	Jan-22	33.9%	Dec-21	34.5%	↓	x						Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Jan-22	47.6%	Dec-21	40.1%	↑							Run Chart	
		Hotel Conference Delegates	≥-5.0%	Jan-22	-42.5%	Dec-21	-41.1%	↓	x						N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Jan-22	0.7%	Dec-21	1.1%	↓		✓	✓				N/A	
		Hotel Not for Profit Percentage	50% - 60%	Jan-22	53.5%	Dec-21	55.3%	↓							N/A	
		Hotel Review Pro Quality Score	≥86.0%	Jan-22	87.0%	Dec-21	89.8%	↓							Run Chart	
		GJRI Number of new research projects approved	≥8	Dec-21	4	Sep-21	9	↓					x		C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Dec-21	-45.0%	Sep-21	-24.0%	↓	x						N/A	
		GJRI Motion Lab Analysis Income	≥£4450	Dec-21	£15,000	Sep-21	£8,250	↑	x						N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Dec-21	78.0%	Sep-21	79.0%	↓		✓					Run Chart	
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Dec-21	64.0%	Sep-21	69.0%	↓	x						Run Chart	

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

Section B: 1 Clinical Governance

Clinical Governance		
KPI	RAG	Position:
Total complaints (Stage 1 and 2) by volume	Green	In January 2022 there were 6 complaints reported.
Stage 1 complaints response time	Red	In January 2022, there were five Stage 1 complaints, of which three were responded to within the five day target (60%)
Stage 2 complaints response time	Red	In January 2022 there was one Stage 2 complaint which was not responded to within 20 days (0%)
Mortality	Red	The mortality figure for January 2022 was reported as 6. Within control limits.
Significant adverse events	Red	There was one significant adverse event reviews in January 2022.
MRSA/MSSA cases	Green	There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in January 2022.
Clostridiodes Difficile	Green	There were zero Clostridiodes Difficile Infections (CDI) reported in January 2022.
Gram Negative Bacteraemia	Green	There were zero reported instances of Gram Negative Bacteraemia in January 2022.
SSI: Hips & Knees	Green	Surveillance recommenced in July with no SSIs reported in January 2022.
SSI: Cardiac	Green	Surveillance recommenced in October with no SSIs reported in January 2022.

Clinical Governance Executive Summary

In December we received three stage 2 complaints and two stage 1 complaints; Totalling five for the month; 50% of stage 1 complaints were responded to within timescale (5 days) n = 1 and 0% of stage 2 complaints were responded to within timescale (20 days) n = 0

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 n = 6 for January

There are no whistleblowing reports.

Key Healthcare Associated Infection Headlines

- **Staphylococcus aureus Bacteraemia**- No cases to report in January.
- **Clostridioides difficile infection (previously known as Clostridium difficile)**- 0 cases to report since March.
- **Gram Negative/E.coli Bacteraemia (ECB)**- 0 cases to report since September.
- **Hand Hygiene**- Overall hand hygiene compliance for January was 99%. Next report March 2022.
- **Cleaning and the Healthcare Environment -Facilities Management Tool**
Housekeeping Compliance: 98.19% Estates Compliance: 98.52%
- **Orthopaedic Surgical Site Surveillance**- Surveillance recommenced mid July 2021, no SSI to report since recommencing.
- **Cardiac Surgical Site Surveillance**- No SSI to report in January.

Other HAI Related Activity Update

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

- Close collaboration with ARHAI re national response to OMICRON
- Planned implementation of Non Respiratory & Respiratory pathways 1st February - complete.
- Review and update of- COVID 19 Contact Tracing, Self Isolation and Criteria for staff contacts returning to work SOP as national approach to COVID 19 dictates.
- Planning and HAI SCRIBE for Level 1 Phase 2 breakthroughs planned February

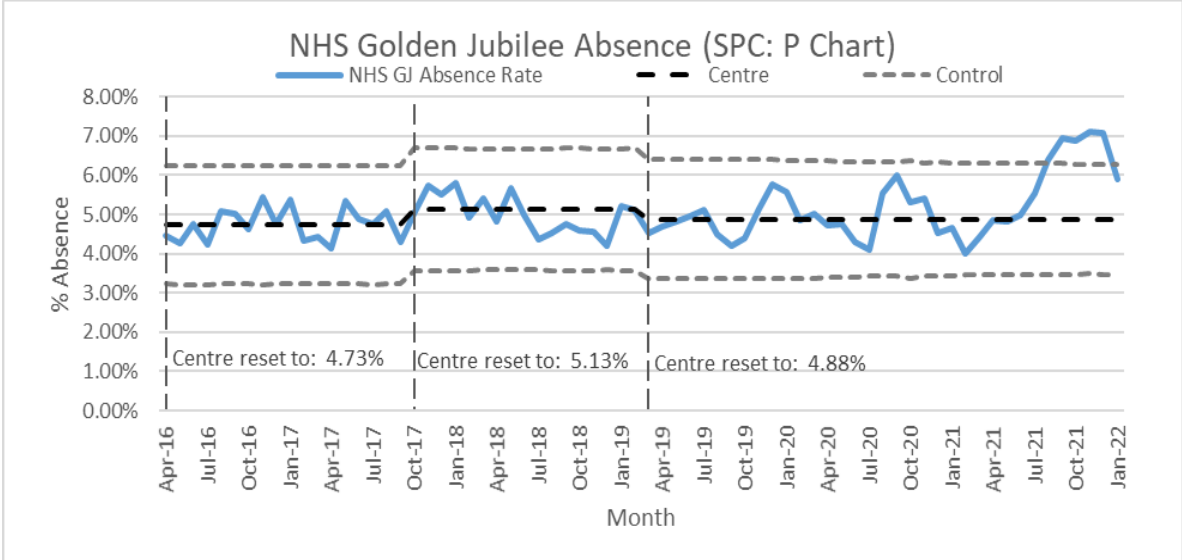
Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary case raised in January 2022.
Grievances		There were zero grievance cases raised in January 2022.
Dignity of work		Zero dignity cases were raised in January 2022.
Local Sickness absence		Sickness absence in January 2022 was reported at 5.9. This is within control limit. Absence due to COVID-19 reasons was 3.1% (+1.2%)
Turnover		Turnover in January 2022 was reported as within control limits at 0.3%.
Medical appraisal with completed interview & form		A new round of appraisals began in August 2021 Performance is 21.8% (34/156) for January 2022
TURAS Appraisal rates		Position for January 2022 reported as position as 66%, +1% on last month.
Job Planning: All hospital		The November 2021 performance was reported as 58% (66/114). Job plans have now been closed until March 2022.

Staff Governance Executive Summary

Sickness absence

In January 2022 the Board’s sickness absence rate stood at 5.9%, down 1.2% on the previous month.



Across the Directorates absence was as follows:

- Corporate: 4.3%, down 1.2% on the previous month;
- Golden Jubilee Conference Hotel: 2.0%, down 0.5% on December;
- Heart, Lung and Diagnostic Services: 6.5%, down from 7.6% in the previous month; and
- National Elective Services: 7.2%, which was 1.3 lower than November.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in January accounting for 25.8% of all sickness absence, 1.3% lower than December’s figure of 27.1%. It was the main cause of absence in three of the four Directorates:

- Corporate: 26.4% (same as December);
- Heart, Lung and Diagnostic Services: 33.1% (down from 39.2%); and
- National Elective Services: 15.1% (down from 15.8%).

In the Hotel, “Cold, cough, flu-influenza” was the main cause of sickness absence, accounting for 47.4% of hours lost.

COVID-19

Absences from work due to the Coronavirus are recorded as special leave under one of nine headings:

Coronavirus	This will record those who have caring responsibilities and are absent due to these.
Coronavirus – COVID-19 positive	As it says employees who have tested positive for the virus.
Coronavirus – household related – self isolating	Someone in the household of the staff member is displaying symptoms.
Coronavirus – self displaying symptoms – self isolating	This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted.
Coronavirus – long COVID	If an employee has tested positive, after the self-isolation period they would move onto long COVID if they remain unfit to return to work. This employee would be expected to seek medical advice.
Coronavirus – underlying health conditions	Staff member has underlying health conditions putting them in the at risk category.
Coronavirus – test and protect isolation	Staff member has been told to isolate following contact by test and protect staff.
Coronavirus – quarantine	Staff member is required to isolate following their return from a country on the quarantine list.
Coronavirus – vaccination reaction	Staff member needs to take time off work in the 48 hours following vaccination as a result of an adverse reaction.

In December COVID-19 special leave accounted for 3.1% of all contracted hours, up from 1.9% the previous month. The Directorate breakdown was:

- Corporate: 1.9%;
- Golden Jubilee Conference Hotel: 4.7%;
- Heart, Lung and Diagnostic Services: 3.1%; and
- National Elective Services: 3.9%.

Agenda for Change appraisal

Within the year to 31 January 2022, 66% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 1% than the previous month. The Directorate breakdown is as follows:

- Corporate: 59%, down 3% on December;
- Golden Jubilee Conference Hotel: 54%, up from 53% the previous month;
- Heart, Lung and Diagnostic Services: 72%, up 2% on December; and
- National Elective Services: 66%, up 1% on the previous month.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 31 January, 34 (21.8%) out of 156 doctors for whom NHS GJ is the responsible body for appraisal and revalidation, have had an appraisal or ARCP in 2021/2022, up 14 on the previous month.

Medical job planning

The November 2021 performance was reported as 58% (66/114). Job plans have now been closed until March 2022.

Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month ten the position reported was as a total surplus of £0.19m
Finance – Efficiency savings		The latest available position has £2.711m efficiency savings identified.
Cancer 31 Day		In December 2021, nationally reported performance was 100% (27/27). Latest position available.
TTG: Number of patients who have breached the TTG		In January 2022, there were 158 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 5% from 83.7% in December 2021 to 88.7% in January 2022. This reflects a decrease in the number of patients admitted over twelve weeks (-12).
SoT Guarantee – Inpatient and DC cases (H & L only)		75% of Heart and Lung patients were treated within 12 weeks in January 2022
DOSA rate: Cardiac Surgery		There were two DoSA cases in January 2022 (4.5%).
DOSA rate: Thoracic Surgery		There were seven DoSA cases in January 2022 (9.2%).
DOSA rate: Orthopaedics		In January 2022 there were 175 Orthopaedic primary joint admissions, 91 (52%) of which were on the day of surgery.
Theatre Cancellation Rates		In January 2022, the overall hospital cancellation rate was 7.3% (128/1755), Worse than target but within confidence limits.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 66.6% in January 2022.
Hotel: Income		Reporting for January 2022, position was on plan (0.1%)
Hotel: Room Occupancy		January 2022 reported position 33.9% against target of 67.5%.
Hotel: Conference Room Occupancy		January 2022 reported position 47.6% against target of 66%.
Hotel: Delegates		January 2022 reported -43% against target of >-5%.
Hotel: Patient Bed Usage		January 2022 reported 0.7% against target of >-5%.
Hotel: Not for Profit %		January 2022 reported 53.5%, within the target range.
Hotel: Pro Quality Score		January 2022 reported 87% against target of >86%.
Research & Innovation: New research projects approved		4 projects were approved in Quarter 3 (Target =8)

Research & Innovation: Income received		Income to date reported as £206,250 against a profile of £375,000.
Research & Innovation: Motion lab analysis		Reported income in Quarter 3 of £15,000.
Research & Innovation: % Occupancy CSC		78% occupancy reported against profile of 75%.
Research & Innovation: % Occupancy Research		64% occupancy reported against profile of 80%.

National Comparison Table, Corporate Dashboard, Waiting list & Productivity table	
The GJNH nationally reported elective cancellation rate, in December 2021, was reported as 5.0%. This ranked GJNH as 1 out of 15. The Scotland rate was 8.2%.	
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 3 2021 GJNH reported 100% of eligible patients treated within the target (Ranked 1 st).	
Health Protection Scotland published figures for Quarter 3 2021 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence and 24.9 for SAB. The Scotland rates were 16.7 and 18.3 respectively. This remains the latest position.	
Corporate sickness rates in January 2022 increased to 4.3%. Departments over the 4% threshold were: Business Services, Clinical Governance, Estates, Housekeeping, Partnership Costs, Pharmacy, Porters, Security & Unit Coordination.	
Referral numbers in January 2022 increased to 3073 (+358).	
The total outpatient waiting list decreased by 21 to 2742.	
The total inpatient waiting list month end position increased by 468 from 5046 to 5514.	
For current inpatient waiters the number waiting between 12-26 weeks decreased from 665 to 650 (-15).	
The number of patients waiting 26-52 weeks increased from 625 to 691 (+66).	
The number of patients waiting >52 weeks increased from 502 to 583 (+81).	

NHS Golden Jubilee Summary Finance Report As at 31 January 2022 – Month 10



Core Revenue Financial Performance as at 31 January 2022, Month 10

This summary finance report provides an overview of the key points within the financial position as reported at Month 10, for the period ending 31 January 2022.

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. Following the submitted Finance performance return for quarter 3, a final funding allocation of £5.436m has been confirmed against the Remobilisation Plan 4, for core and cancer activity, covid-19 vaccination and testing NHS Scotland Academy and Efficiency savings gap in year. Centre for Sustainable Delivery developments are within performance limits as described within 'the other funding developments' in this paper.

Performance against the NHS Golden Jubilee's annual efficiency saving target of £4.044m is shown as a separate section within the report. Our current forecast gap against this target remains at the reduced £0.973m position, which is positive, although clearly this remains a financial risk, particularly given the level of non-recurring savings included. Confirmation on NHS Boards brokerage and savings support is now in place within the £5.436m RMP4/Covid-19 funding balance noted above and this should effectively allow a balanced position for the financial year.

The Core Revenue position for January 2022 reflects a surplus of £0.186m, which is reflective of an expected movement in performance mainly within supplies as activity aligns with RMP 4 and year-end equipment and backlog project programmes.

2022/23 Financial Planning Template

Scottish Government requested that boards submit a financial plan template by 18 February 2022, although this included 3 year tabled analysis covering 2022/23 through to 2024/2025 at this stage only 2022/23 financial information to be submitted. This return as in previous years included the following forms:

- Core Revenue Out-turn statement
- Recurring and Non-recurring savings identified including the risk rating attached to these across the six defined Scottish Government headings – Service Redesign, Drugs and Prescribing, Workforce, Procurement, Infrastructure and Other. This form also require the value of unidentified savings to ensure a balanced financial plan.
- Non- Core RRL, deferred submission until final out-come on recent Capital Resource plan discussions with Scottish Government Head of Capital Infrastructure.
- Capital Investment, deferred submission on basis of SG discussions noted in Non-core above.
- Trajectories forecast against both core RRL funding and cumulative savings target trajectory.
- Anticipated RRL funding allocations for 2022/23.
- NHS GJ Health Board Covid funding requirement – based on SG 2022/23 funding letter this only detailed Vaccination, Test and Protect and Contact Tracing funding. However, notes were added in relation to likely Golden Jubilee Conference Hotel Income shortfall, Health and Wellbeing internal board budget support and investment into non-expansion services previously supported via Recovery funding.
- Lastly a Testing and Vaccination recurrent and non-recurrent costs analysis

NHS GJ Finance team achieved the 18 February 2022 submission deadline and at this stage, this reflects a Revenue gap for Financial Planning purposes of £4.5m before identified 2022/23 efficiency savings schemes. Current schemes for 2022/23 are modelled at high level and reflect a total value of £1.254m at this stage. Feedback and queries on these returns are due over the next 2 weeks and meetings will be held between Scottish Government Finance and the Boards Chief Executive and Director of Finance.

Further detail and analysis of the above financial position will be presented to the Finance and Performance Committee on the 8th March 2022 and this will be followed up with the final financial planning paper and supporting template and appendices due by July 2022 and presented for approval to the Board prior to submission to Scottish Government.

Annual Delivery Plan 2022/23 to 2024/25

The Annual activity plan for the board for 2022/23 is now in final draft. Several meetings have now taken place within these groups led by the Director of Operations, Director of finance and Director of Quality, Innovation and People which has resulted in detailed assumptions now clearly understood with supporting notes against both H, L& D and NES specialty activity plans for 2022/23 and comparison with prior year and pre pandemic activity performance.

This has allowed the opportunity for questioning on approach and additional information required to support areas of activity complexity changes and the understanding of equivalent activity assessment when comparing to pre-pandemic performance. Whilst also ensuring that the Executive leads, including the Director of Finance, Director of Operations and Director of Quality, Innovation and People understand the basis of all activity assumptions and how this relates to the wider board workforce, finance and strategy aims.

The following table reflects the key dates and actions for Divisional Teams laid out to support achievement of a completed ADP and submission to SG by July 2022. Updated templates with reviewed Divisional activity plans were submitted to Executive Directors group on Monday 31st January as per timetable below and the final activity plan aligned with the above financial plan is due to be submitted to Finance and Performance Committee.

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 31 January 2022

The tables below represent an extract of the summary financial position against Core Income and Expenditure as at month 10, 31 January 2022.

Summary Financial Position - NHS GJ Board
2020-21 - Jan 2022

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	(93,839)	(93,839)	0	(107,608)	(105,734)
Total Core RRL Funding	(93,839)	(93,839)	0	(107,608)	(105,734)
Income	(60,354)	(60,805)	451	(68,483)	(65,016)
Total Core Funding/Income	(154,193)	(154,644)	451	(176,091)	(170,750)
Core Expenditure					
Staff	100,560	99,115	1,445	120,091	102,203
Supplies	53,633	55,343	(1,710)	56,000	68,547
Total Core Expenditure	154,193	154,458	(264)	176,091	170,750
Core Surplus/Deficit	0	186	186	0	0

The key areas of Income movement driving the above are;

- The main contributor to the current income over performance remain within Cardiology and Thoracic Non-WoS activity, which remain slightly above original financial plan by £0.083m and £0.247m respectively. This is partly offset by Cardiac Non-Wos underperformance against original plan by (£0.124m). Other Income over performance relates mainly to key SG based Centre for sustainability roles funded via invoice flows and SNRSS.

The key areas of Expenditure movement driving the above are;

- Staff Medical pay adverse position against budget of (£0.751m) across all areas, **NES** are (£0.184m) of this pressure and mainly attributable to Orthopaedic Consultant cost pressure and Gen Anaesthetic cover across all areas with gaps covered by agency and bank locum, with a proposal re recruitment of associate specialists in progress. **H,L&D** is reflecting (£0.667m) of this pressure – (£0.309m) is associated with cardiology sickness and rota gaps and driven by cost v funding gaps within NSD SACC's of (£0.037m), GGC Medical Memo of Understanding – (£0.038m), SPA Allocations above funded baseline – (£0.065m), WLI coverage - (£0.144m) and arrears of pay non-recurring pressure – (£0.074m). CT Anaesthetics workforce gaps including WLI, equating to (£0.085m) and, Cardiac & Thoracic Medical – WLI of (£0.229m) and arrears payment contributing to total (£0.176m) pressure. The remaining pressure of (£0.045m) is across Medical Laboratory and Radiology staffing with a further budget review in progress in these areas. **Corporate** positive variance of £0.1m partly offsets this pressure and is associated with Additional Cost of Teaching vacancies.
- The nurse workforce budget reflects an underspend of £0.626m, which remains directly aligned with the ongoing recruitment pressures. The recruitment challenges continue to be of significance within nursing and Theatres within the NES Division as evidenced in the Divisions performance table shown below - £0.556m underspend to date. Previous slippage in these areas has been released non-recurrently towards 2021/22 efficiency savings and this continues to monitor monthly against the original value put forward against savings in agreement with the Divisional Management Team. This underspend position reflects a split of £0.191m across all ward/outpatient areas and £0.243m across all Theatres/Acute Pain in NES. Overall across nursing the month 10 position reflects 85-wte vacancies across the Board and this is including bank and agency support in place.
- Positive variances are reflected across Clinical - £0.565m – 22.3wte vacancies in place across various service, Support - £0.384m – CSPD & GJCH mainly and Administration - £0.621m across various corporate staff groups main areas are CfSD at £0.185m, NHSSA OF £0.073m, Corporate Governance at £0.060m and e-health £0.060m this further reflects the level of vacancies within all 3 Divisions and the GJCH.
- Surgical Supplies over budget by (£0.624m), 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

- 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

The H,L & D Divisional Accountant and Cardiology Service manager have provided further cost and activity analysis against CL 5 drivers relative to the current reported overspend and this includes current cost per case versus historical business case assumptions and activity performance against the business case plan.

- Property, Plant and Equipment (PPE) reflects an overspend of £0.119m, which reflects the phased expenditure in the last quarter of the financial year for backlog projects and maintenance. This was contained within forecasts at approval.
- Facilities Management reflects an adverse variance of (£0.266m). There are various pressures within the Clinical Divisions across General services spend headings that require review as part of budget setting totalling (£0.131m). Individually they are small but collectively they reflect a larger scale pressure. The main pressure within Corporate Division is Catering (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 variance against budget of (£0.515m). 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 supporting developments as well as an element relating to unachieved efficiency savings.

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 January

Core Expenditure Category	Year To date			Jan-22	Division Year To date Variance			
	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel
Staff Costs-Medical	26,510,986	25,759,435	(751,551)	30,595,074	(667,025)	(184,146)	99,619	0
Staff Costs-Nursing	34,290,576	34,916,730	626,155	41,920,470	(63,251)	555,698	133,707	0
Staff Costs-Clinical	13,605,553	14,171,396	565,842	16,963,390	433,207	147,825	(15,190)	0
Staff Costs-Support	7,759,720	8,143,394	383,674	9,730,325	0	133,011	73,253	177,410
Staff Costs-Admin	16,948,114	17,569,334	621,220	20,882,081	32,957	44,295	500,744	43,224
Total Pay	99,114,950	100,560,289	1,445,340	120,091,340	(264,111)	696,684	792,133	220,634
Pharmacy supplies	3,886,354	3,867,662	(18,693)	4,539,313	(21,000)	10,670	(8,364)	0
Surgical Supplies	22,053,241	21,429,037	(624,204)	24,548,760	(620,852)	25,342	(28,694)	0
Lab/Radiology Supplies	1,553,284	1,387,461	(165,824)	1,605,021	(164,473)	13,981	(15,332)	0
PPE	7,841,891	7,722,807	(119,084)	9,021,066	(44,616)	(126,183)	21,274	30,441
FM	5,896,792	5,630,556	(266,236)	6,708,767	(63,556)	(68,061)	(43,824)	(90,796)
CS&R&S	14,111,140	13,595,665	(515,475)	9,576,966	(449,701)	(111,143)	(8,073)	53,442
Total Non-Pay	55,342,702	53,633,186	(1,709,516)	55,999,894	(1,364,199)	(255,392)	(83,012)	(6,913)
Total Core Position	154,457,652	154,193,475	(264,177)	176,091,233	(1,628,310)	441,292	709,121	213,721

Remobilisation Plan Monitoring

The recent quarter 3 Financial Performance Return to Scottish Government included a deep dive review of any significant changes in funding support against the RMP 4 position. Scottish Government have confirmed the remaining balance of funding due to NHS GJ as £5.436m in line with the table below:

Resource Category	RMP 3 £'m	Adjustments	RMP 4 £'m	QTR 3	Movement
Recovery Workforce	3.565	- 0.247	3.318	3.577	0.259
Recovery non-pays	0.805	0.576	1.381	1.756	0.375
Vaccination Programme	0.100	-	0.100	0.100	0.000
Drive Through Testing	0.110	0.095	0.205	0.205	0.000
Theatre capacity (Independent Sector)	0.102	0.154	0.256	0.256	0.000
GJCH Income Loss	3.000	-	3.000	3.000	0.000
Other Income Loss	0.460	-	0.460	0.460	0.000
Efficiency Savings impact	2.000	- 0.465	1.535	0.973	-0.562
Theatre Pressures Support	0.000	0.968	0.968	0.968	0.000
Baseline Remobilisation Plan	10.142	1.081	11.223	11.295	0.072
NHS Scotland Academy baseline	2.000	- 1.255	0.745	0.681	-0.064
Total Recovery Funding	12.142	-0.174	11.968	11.976	0.008

Funding Received - June RRL 3.930

RMP 4 Balance due 8.046

QR 2 Funding Allocation Received 2.304

QR 2 Funding Allocation Test & Protect 0.151

QR 2 Funding Allocation Covid & Flu Vaccination 0.071

QR 2 Funding Allocation Covid19 PPE 0.084

Remaining balance to be allocated 5.436

The balance of £5.436m will be actioned in the next RRL letter as confirmed by Scottish Government. Now confirmed.

The £11.976m RMP 4/Covid funding includes identified NHS GJ funding associated with the NHS Scotland Academy of £0.681m (reduced from £0.745m due to recruitment delays).

The efficiency savings target remains unchanged in month at the reduced gap of £0.973m albeit a recurring pressure will be carried forward into 2022/23 as only 36% of savings achieved in year are recurring schemes.

The final movement within recovery workforce pay and non-pay is associated with cancer activity and the increase and complexity within this activity.

The revised separate Waiting Times Improvement Plan (WTIP) funding of £11.763m (funding to support Waiting Times Improvement) is shown 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 was received in the December 2021 allocation. This leaves only Phase 1 and Phase 2 marginal funding equating to a net reduction of (£1.905m).

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
--	-----------------	--	-----------------	--	-----------------

Other Funding Developments

NHS Scotland Academy

Revised 2021/22 anticipated funding of £0.681m revenue had been incorporated within NHS GJ 2021/22 RMP 4 quarter 3 return.

Joint finance/budget meetings continue and collaborative financial performance reporting to both the NHSSA Executive Programme Group and Board meetings are also in place.

The cost summary in the table below is reflective of financial position as at month 10 and the evolving process in identifying the full revenue cost implications for 2021/22 against each of the respective training programmes.

The current Month 10 report reflects costs to date of £0.775m across both NES and NHS GJ with a revised forecast revenue funding need of £1.059m by March 2022. The revised funding profile for NHS GJ equates to £0.783m, which has increased by £0.102m on the quarter 3 submission shared with the Health and Social Care workforce Planning and Development Division at SG. The £0.681m was part of the confirmed £5.436m residual RMP/Covid funding allocated to the board. However, this will be managed within the overall £11.976m total funding envelope.

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. The additional £138k for Ultrasounds to be used in the NHSSA will be supported through the capital plan separately as noted in the Capital section of this report.

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	2021/22 Cost to Jan'21	March 2022 Forecast Cost	2021/22 Cost to Jan'21	March 2022 Forecast Cost	2021/22 Cost to Jan'21	March 2022 Forecast Cost	Variance
	£	£	£	£	£	£	£	£
Programme Team	1,192,462							
Pays - Staff In Post		324,230	399,682	41,359	167,814	365,589	567,496	
Travel Costs			0	19	19		19	
Non Pay								
Academy Launch		506	506			506	506	
Computer Hardware		1,401	1,401			1,401	1,401	
Accommodation		225	225			225	225	
Course Fees		298	298			298	298	
Training Stationary/Consumables		750	750			750	750	
Laptop Dispatch		78	78			78	78	
NHS Veterans		274	274			274	274	
Marketing & Communication	30,000	0	0	0	30,000	0	30,000	
	1,222,462	327,762	403,214	41,378	197,833	369,140	601,047	621,415
Skills & Simulation Centre :								
Pay								
RMP 4 PA's here	0	52,496	52,496	0	0	52,496	52,496	-52,496
Programme Administrator	0	15,737	21,509	0	0	15,737	21,509	-21,509
	0	68,233	74,005	0	0	68,233	74,005	-74,005
Core Programme - Endoscopy								
National Endoscopy Training Programme	490,882							
Pay								
Programme Lead - Endoscopy		14,644	29,286			14,644	29,286	
SVQ Educator - RMP4		34,779	34,779			34,779	34,779	
Programme Administrator		10,532	15,798			10,532	15,798	
Chair of National Endoscopy Training Programme				8,703	14,394	8,703	14,394	
APGD Endoscopy Clinical Lead (National)				18,458	39,372	18,458	39,372	
Non Pay								
Gastro/Colonoscopy Consumables		42,554	42,554	0	0	42,554	42,554	
Training Stationary/Consumables		262	262	0	0	262	262	
SMOTS Computer/Microphone/Speaker etc		5,848	5,848	0	0	5,848	5,848	
SMOTS Recorder/Telephone/Camera etc		1,358	1,358	0	0	1,358	1,358	
Anderval-Programme Costs		44,360	44,360	0	0	44,360	44,360	
Venue Costs		55	55	0	0	55	55	
	490,882	154,392	174,300	27,160	53,766	181,553	228,067	262,815
Core Programme - Pharmacy								
Pharmacy Training Programme	0	0	0	0	0	0	0	0
Income from University of Dundee	0	0	0	0	0	0	0	0
Pay								
Pharmacy Educator - RMP 4	0	36,087	36,087	0	0	36,087	36,087	0
Lectures Fees	0	0	0	23,918	23,918	23,918	23,918	0
Non Pay								
Glucose Monitor/Stethoscope/Thermometer etc		3,207	3,207	0	0	3,207	3,207	
Training Stationary/Consumables		197	197	0	0	197	197	
Carriage		50	50	0	0	50	50	
Pharmacy Open Day		2,790	2,790	0	0	2,790	2,790	
Venue Costs		11,212	11,212	0	0	11,212	11,212	
	0	53,543	53,543	23,918	23,918	77,461	77,461	-77,461
Core Programme - Perioperative								
Perioperative Training Programme	262,100	0	0	0	0	0	0	0
Pay								
Clinical Educators - RMP 2	0	72,174	72,174	0	0	72,174	72,174	0
Non Pay								
Venue Costs	0	5,584	5,584	0	0	5,584	5,584	0
	262,100	77,758	77,758	0	0	77,758	77,758	184,342
Core Programme - Sonographer								
Sonographer Training Programme	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Core Programme - Cataract								
Cataract Training Programme	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Warrior Course								
Income from NHS GGC Endowment	0	0	0	0	0	0	0	0
Medical Meat		465	465	0	0	465	465	
Venue Costs		213	213	0	0	213	213	
	0	678	678	0	0	678	678	-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
Widening Access								
NHS Scotland Youth Academy								
Military Service Leavers & Veterans								
NMC OSCE Prep								
	£2,063,089	£682,366	£783,498	£92,457	£275,518	£774,823	£1,059,016	£1,078,078

Centre for Sustainability Delivery (CfSD)

Funding for the workforce is in the agreement with Scottish Government for 2021/22 original baseline at £5.34m in line with baseline 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														
Heading	1		2		3		4		5		6		Total	
	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE		
Annual 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 January 2022 equate to £4.249m (against an year to date budget release of £4.432m), £3.514m for staff and £0.734m for non-pay (including £0.663m professional fees expected external charges) this is in relation to project support provided by NSS and SCOTCAP and Cytosponge workstream costs, these will be supported from SG MPPP/SAC programme funds. Forecast workforce costs against the £5.34m at March 2022 are expected to be £4.498m.

Further agreed funding of £369,301 is anticipated against core staffing for Innovation and Programmes Strategy Management and is in addition to the budget shown above of £5.34m. Forecast workforce costs against the £0.369m at March 2022 are expected to be £0.151m. Therefore, total workforce costs are identified as £4.650m in total (£4.498m from original baseline plus £0.151m for Innovation/Programmes). Not all of this funding will come via the RRL funding route from Scottish Government, as following discussions with the SG Health Finance team, £1.308m will be invoiced income.

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

Workstream costs 2021/22 (FH Dec'21 s/sheet)	215,493	2,839,022	711,600	3,766,115
Duplication of £350k ERAS in both budgets	-	350,000	-	350,000
Access QI - funded seperately		2,489,022	711,600	3,416,115

Further in-depth review commenced last month on monitoring spend against allocations made to each NHS Board/organisation is progressing to establish if there is any significant further slippage against the revised £3.416m 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 remains robustly in place. 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.

There is slippage of £0.500m identified at this stage against the total MPPP/SAC programmes budget and discussions are in progress with the National Director for Transformation on options to manage this by March 2022.

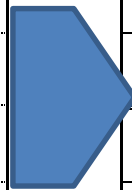
Efficiency Savings and Financial Improvement Performance

In accordance with the 2021/22 AOP templates, the following tables reflect the planned Efficiency Savings position of the Board including the underperformance identified for 2021/22 of £0.972m. (Unchanged from Month 9 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 £3.072m, which remains unchanged on month 9-reported position whilst still maintaining a reduced underperformance against the overall £4.044m board's target of £0.972m of cash/budget schemes identified. Of the £3.072m identified £1.123m are recurring schemes, with the balance of £1.949m as non-recurring in nature i.e. 63%. On a FYE basis, the recurring value now sits at £1.754m with a FYE gap of £2.290m demonstrating some progress in the c/fwd position, which is expected to see further betterment by the financial year-end.

The finance team plan to put in develop a structured financial improvement group to identify key projects and identify leads and service supports to drive these forward. Initial discussions have taken place with the formal group being established March / April 2022. 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 £2.711m, as shown in the table below.

Cumulative value of efficiency savings as at the end of:	Total Plan £000's	Total Achieved £000's
April	0	0
May	0	0
June	135	949
July	187	1,151
Aug	249	1,248
Sept	565	1,345
Oct	975	1,828
Nov	1,125	2,152
Dec	1,376	2,584
Jan	1,554	2,711
Feb	1,783	
Mar	2,044	



	CYE £000's
Target	4,044
Identified Recurring Savings	1,125
Identified Non-Recurring Savings	1,949
Total Identified	3,074
Outstanding Balance	(972)

Non-Core Performance

The main elements of non-core funding that are included within the finances for the Board 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 was set at the start of the year. Impairment will be assessed at the financial year-end.

Capital

The base line core capital allocation for the Board is £2.691m, with the original in-year funding associated with the elective centres being c£32m. The Board have agreed with the Scottish Government regarding the spend for phase two in the current year, and it was been agreed to decrease the budget of phase two in year to £22m, as the balance moves into the next financial year.

Following submissions to SG for additional funding for capital, we initially received an additional £3.652m of core capital funding taking the core capital funding to £6.343m. In addition to this, additional funding was received amounting to £1.57m for scopes and £138k for additional ultrasounds, giving a revised budget and forecast spend level of £8.051m formula capital.

The spend to month ten is detailed below, it should be noted that whilst the spend looks low all items on the plan have been ordered and we are just awaiting receipts:

Area	£'000
Estates	89
Medical Equipment	2,005
IM&T	783
Sub total	2,877
Phase two expansion	8,853
Total Capital Spend	11,730

The draft capital plan for 2022/23 will be taken to the capital group in early March for discussion and approval, following this discussions will be held with the National Infrastructure Board (Equipment) regarding required funding for equipment that is above the Board's existing CRL.

Discussions have taken place with the valuer regarding the annual valuation of the building for annual accounting purposes. These meetings will also incorporate discussions regarding the valuation for phase two works (new build and work task orders). It is established that there will be impairment associated with this and discussions have taken place with Scottish Government colleagues regarding this and coverage of the required financial transactions through our year-end accounts.

The Board are asked to

- Note the financial position for Month 10, as at 31 January for the financial year 2021/22; and
- Note the key messages as highlighted below

Key Messages

Total surplus as at Month 10, January 2022 of £0.186m for core revenue and Income financial position.

The NHS Golden Jubilee's January Revenue Resource Limit (RRL) had not been formally issued at the point of finalising the month 10 position, as was the case across NHS Scotland as year-end allocations remained to be finalised nationally. SG indicated to all Boards to produce reports on the current anticipated position, which for NHS Golden Jubilee is in line with previously recognised and authorised figures. The RRL spreadsheet is provided in Appendix 1.

Significant additional capital has been secured in 2021/22 allowing advanced progression across a range of priorities and initiatives, with over £8m of capital investment excluding that associated with our expansion programme.

The forecast outturn for 2021/22 in both capital and revenue remains to be at breakeven in line with our Revenue Resource Limit (RRL) and Capital Resource Limit (CRL).

Efficiency savings report a forecast reduced gap of £0.972m and remains an area of continued effort and 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.

Director of Finance

NHS Golden Jubilee

RRL Financial Plan - January 2022		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)	1,310,000	(7,588,000)
NDC top slice		(468,283)		(468,283)
Outcomes Framework:				
e-health Applications fund				0
e-Health - strategic fund		244,298		244,298
e-Health - infrastructure fund				0
e-Health - other				0
e-health - 5% reduction				0
HAI funding allocation		0		0
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		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	Non-recurring	8,142,000	3,834,000	11,976,000
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	Recurring	6,500,000	(3,309,567)	3,190,433
Weekend eyes	Non-recurring		3,517,000	3,517,000
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
International workforce			67,717	67,717
CfSD Resource Proposal Paper			151,629	151,629
CfSD Programmes - Detect Cancer Early			215,493	215,493
CfSD Programmes - Scottish Access Collaborative (SAC)			711,600	711,600
CfSD Programmes - Modernising Patient Pathways (MPPP)			2,489,022	2,489,022
Various - Per October RRL. MPPP programme Board de-allocation			(2,022,211)	(2,022,211)
CfSD - RCGP/CfSD Interface Project			(8,089)	(8,089)
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
Winter Pressures Wellbeing Funding			8,026	8,026
				0
Total Core		105,733,161	1,874,818	107,607,979