



# Integrated Performance Report Board Summary Report

**NHS Golden Jubilee  
Board meeting**  
28 July 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.

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**Chief Executive**

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**Director of Finance**

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# Performance Summary Dashboard – Guidance

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

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

# Statistical Process Control – Guidance

<b>Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)</b>			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> <li>1. Trend of six points increasing or decreasing.</li> <li>2. Run of eight points above or below the centre line.</li> <li>3. Data point outwith control limits.</li> <li>4. 15 points close to the centre line.</li> <li>5. Two points close to the outer third of the chart.</li> <li>6. Within the control limits will flag if no special cause is identified.</li> </ol> <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits 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>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>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 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 points increasing (trend up) or decreasing (trend down).</p>		

# Board Performance Dashboard – Part 1

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

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data			Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC

Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	May-22	11	Apr-22	4	↓		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Apr-22	0.0%	Mar-22	0.0%	↔	✗					P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Apr-22	100.0%	Mar-22	20.0%	↑				✓		P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	May-22	0.00	Apr-22	29.11	↓				✓		C Chart	Q4 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	May-22	0.00	Apr-22	0.00	↔		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	May-22	0.00	Apr-22	0.00	↔		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	May-22	9.1%	Apr-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	May-22	5.3%	Apr-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	May-22	1.4%	Apr-22	0.0%	↓		✓	✓			P Chart	Eight Consecutive Points Below Centre
		Surgical Site Infection Rate: Knee	≤0.60%	May-22	0.0%	Apr-22	2.2%	↑		✓	✓	✓		P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	May-22	99.0%	Mar-22	100.0%	↑		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	May-22	6	Apr-22	10	↓		✓	✓			C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	May-22	0	Apr-22	2	↑		✓	✓			C Chart	Within Control Limits
	Hotel Complaints	≤2	Apr-22	0	Mar-22	0	↔		✓	✓			C Chart	Within Control Limits	

Staff Governance		Disciplinarys	≤0.50%	May-22	0.00%	May-22	0.00%	↔		✓	✓			P Chart	Within Control Limits
		Grievances	≤0.40%	May-22	0.00%	May-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	May-22	0	May-22	0	↔		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.00%	Apr-22	5.2%	Apr-22	5.9%	↑	✗					P Chart	
		Sickness absence local figure	≤4.0%	May-22	5.4%	May-22	5.6%	↑	✗					P Chart	Within Control Limits
		TURAS PDR	≥80%	May-22	60%	May-22	51%	↑	✗					P Chart	Below Lower Control
		Turnover	0.00% - 0.95%	May-22	1.00%	May-22	0.70%	↑				✗		P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	May-22	78.4%	May-22	78.3%	↑						N/A	
		Medical appraisal with completed interview & form 4	≥0%	May-22	0.0%	May-22	88.6%	↓		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	May-22	1.8%	May-22	2.7%	↑		✓	✓			P Chart	Within Control Limits
		Hotel TURAS PDR	≥80%	May-22	56%	May-22	56%	↔	✗					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	1	12	10	0	3	1
Staff Governance	4	5	5	1	0	2
FPP	15	5	4	3	5	7
Total	20	22	19	4	8	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	Mar-22	£108K	Feb-22	£258K	↓								N/A	
		Deliver Board efficiency target	≥0%	Mar-22	47.0%	Feb-22	59.2%	↓			✓	✓				N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	May-22	1.4%	Apr-22	1.4%	↔			✓	✓				N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	May-22	-6.4%	Apr-22	-6.4%	↔								N/A	
		TTG: Number of patients who have breached the TTG.	≤0	May-22	230	Apr-22	214	↓	*							P Chart	Above Upper Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	May-22	84.1%	Apr-22	87.3%	↓	*							P Chart	Within Control Limits
		31 Day Cancer	≥95%	Mar-22	100.0%	Feb-22	100.0%	↔			✓					P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	May-22	78.9%	Apr-22	71.8%	↓	*							P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	May-22	1806	Apr-22	1710	↓	*							C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	May-22	1180	Apr-22	1097	↓	*							C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90%	Apr-22	81.2%	Mar-22	91%	↓					*			P Chart	Below Lower Control
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	May-22	70.8%	Apr-22	69.8%	↓	*		✓	✓				P Chart	Eight Consecutive Points Below Centre
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	May-22	96.5%	Apr-22	98.6%	↓			✓	✓				P Chart	Below Lower Control
		Orthopaedic DoSA	≥62.5%	May-22	60.9%	Apr-22	58.3%	↓	*							P Chart	Above Upper Control
		Thoracic DoSA	≥30.0%	May-22	8.5%	Apr-22	13.8%	↓	*							P Chart	Within Control Limits
		Cardiac DoSA	≥25.0%	May-22	0.0%	Apr-22	3.8%	↓	*							P Chart	Within Control Limits
		All Specialities Cancellation Rate	≤4.1%	May-22	7.1%	Apr-22	6.7%	↓	*							P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	May-22	15.8%	Mar-22	-15.4%	↑						✓		N/A	
		Hotel Income target	≥-10.0%	May-22	0.4%	Mar-22	29.4%	↓			✓	✓				N/A	
		Hotel Room Occupancy	≥67.5%	May-22	72.1%	Mar-22	42.0%	↑						✓		Run Chart	No Trends or Runs Identified
		Hotel Conference Room Utilisation	≥66.2%	May-22	81.1%	Mar-22	62.9%	↑						✓		Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	≥-5.0%	May-22	-14.3%	Mar-22	-46.2%	↑	*							N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	May-22	-24.1%	Mar-22	-3.8%	↓					*			N/A	
		Hotel Not for Profit Percentage	50% - 60%	May-22	61.8%	Mar-22	70.4%	↓	*							N/A	
		Hotel Review Pro Quality Score	≥86.0%	May-22	87.9%	Apr-22	89.6%	↓			✓	✓				Run Chart	No Trends or Runs Identified
		GJRI Number of new research projects approved	≥8	Mar-22	8	Dec-21	4	↑						✓		C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Mar-22	-4.0%	Dec-21	-45.0%	↑						✓		N/A	
		GJRI Motion Lab Analysis Income	≥£445.50	Mar-22	£1,500	Dec-21	£15,000	↓	*							N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Mar-22	65.0%	Dec-21	78.0%	↓					*			Run Chart	No Trends or Runs Identified
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Mar-22	64.0%	Dec-21	64.0%	↔	*							Run Chart	No Trends or Runs Identified

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 May 2022 there were eleven complaints reported.
Stage 1 complaints response time		In April 2022, there were three Stage 1 complaints, of which zero were responded to within the five day target (0%). Latest position available
Stage 2 complaints response time		In April 2022 there were one Stage 2 complaint which was responded to within 20 days (100%)
Mortality		The mortality figure for May 2022 was reported as six.
Significant adverse events		There were zero significant adverse event reviews in May 2022.
MRSA/MSSA cases		There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in May 2022.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infections (CDI) reported in May 2022.
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in May 2022.
SSI: Hips & Knees		Two deep total knee replacement infections (not surgeon or theatre linked) confirmed in May, within 30 days of date of surgery.
SSI: Cardiac		Three superficial CABG and two superficial CABG+/- Valve confirmed in May, within 30 days of date of surgery.

### Clinical Governance Executive Summary

In April, we received two stage 2 complaints and three stage 1 complaints; totalling five for the month. One of the stage one complaints was escalated to a stage 2 complaint.

0% of stage 1 complaints were responded to within guidance timescale (5 days) n = 0 and 100% of stage 2 complaints were responded to within guidance timescale (20 days) n = 1 (average days to response was 14 days). One stage 2 complaint was escalated to an SAER Review, and one complaint was withdrawn.

A measurement plan has been developed and approved at Executive Directors Group that will support further improvement work to the Feedback and Complaints process. This work will commence with effect from July 2022.

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

Mortality data remains within control limits n = 10 for April and n =6 for May.

There are no whistleblowing reports.

### **Key Healthcare Associated Infection Headlines**

- **Staphylococcus aureus Bacteraemia** - One case in April source unknown. No cases noted in May.
- **Clostridioides difficile infection (previously known as Clostridium difficile)** - Zero cases to report.
- **Gram Negative/E.coli Bacteraemia (ECB)** - Zero cases to report since September.
- **Hand Hygiene** - Overall hand hygiene compliance for May was 99%. Next report July 2022.
- **Cleaning and the Healthcare Environment** -Facilities Management Tool Housekeeping Compliance: 98.01 % Estates Compliance: 97.57%
- **Orthopaedic Surgical Site Surveillance** - Surveillance recommenced mid July 2021. Two deep TKR infection (not surgeon or theatre linked) confirmed in May, within 30 days of date of surgery.
- **Cardiac Surgical Site Surveillance**- Three superficial CABG & two Superficial CABG+/-Valve confirmed in May, within 30 days of date of surgery.

### **HAI Related Activity Update**

De-escalation of specific COVID-19 Measures implemented in May.

ARHAI Scotland have begun the process of transitioning away from COVID-19 specific guidance back to the NIPCM. The Winter Respiratory Infection IPC addendum will only remain live until July.

The revised HAI Standards for Scotland were launched by HIS on the 16th May 2022 with inspection against the new standards from September 2022 allowing a period of implementation. The Senior PCINs are currently undertaking a gap analysis to inform key stakeholders.



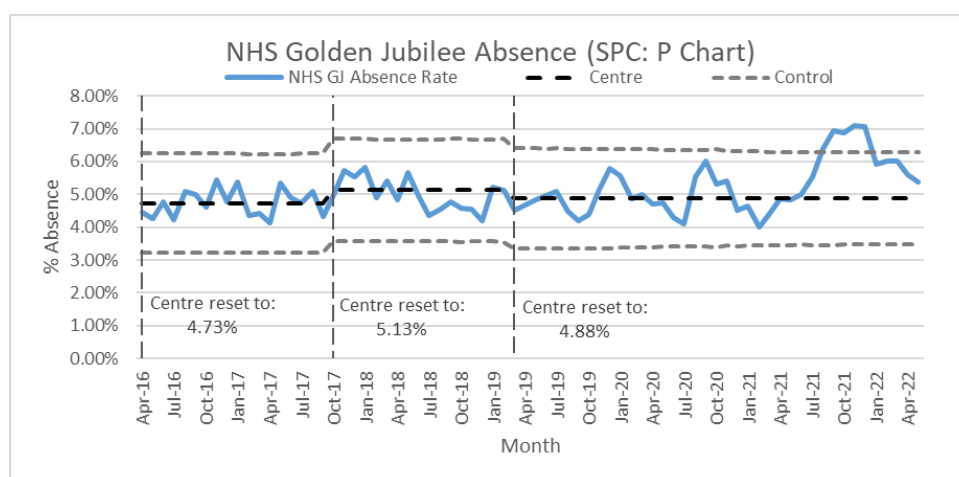
## Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in May 2022.
Grievances		There were no grievance cases raised in May 2022.
Dignity of work		Zero dignity cases were raised in May 2022.
Local Sickness absence		Sickness absence in May 2022 was reported at 5.4%. This is within control limit. Absence due to COVID-19 reasons was 0.9% (-1.5%)
Turnover		Turnover in May 2022 was reported as within control limits at 1.0%.
Medical appraisal with completed interview & form		A new round of appraisals began in April 2022. Performance is 0% (0/151) for May 2022.
TURAS Appraisal rates		Position for May 2022 reported as 60% (+9% on last month.)
Job Planning: All hospital		New job plans start for the year April 2022. In May 2022 performance was reported as 78.4% (91/116) signed off with others at various stages of the process.

## Staff Governance Executive Summary

### Sickness absence

In May 2022 the Board's sickness absence rate stood at 5.4%, down 0.2% on April.



Across the Directorates absence was as follows:

- Corporate: 3.4%, down 0.3% on the previous month;
- Golden Jubilee Conference Hotel: 1.8%, down 0.9% on April;
- Heart, Lung and Diagnostic Services: 6.4%, the same as the previous month; and
- National Elective Services: 6.5%, which was 0.3% lower than April.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in May accounting for 26.8% of all sickness absence, 5.0% higher than April’s figure of 21.8%. It was the main cause of absence in all of the Directorates:

- Corporate: 26.7% (up from 20.0% in April);
- Golden Jubilee Conference Hotel: 59.1%;
- Heart, Lung and Diagnostic Services: 29.2% (up from 28.9%); and
- National Elective Services: 22.9% (up from 18.3%).

The second top cause of sickness absence in May was “Gastro-intestinal problems”, accounting for 11.0% of sickness absence hours. “Other musculoskeletal problems” was third, at 10.3%.

### 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 May, COVID-19 special leave accounted for 0.9% of all contracted hours, down from 2.4% the previous month. The Directorate breakdown was:

- Corporate: 0.8% (down from 1.4%);
- Golden Jubilee Conference Hotel: 0.3% (down from 2.9%);
- Heart, Lung and Diagnostic Services: 0.6% (2.7% in April); and
- National Elective Services: 1.3% (down from 2.9%).

### Agenda for Change appraisal

Within the year to 31 May 2022, 60% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 9% higher than the previous month. The Directorate breakdown is as follows:

- Corporate: 48%, 12% higher than April;

- Golden Jubilee Conference Hotel: 56%, the same as the previous month;
- Heart, Lung and Diagnostic Services: 71%, 10% higher than April; and
- National Elective Services: 61%, up 8% on the previous month.

### Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 31 May, no doctors had completed their 2022/2023 appraisal. It is likely that very few appraisals will be carried out in the first few months of the financial year, as they tend to be done in the second half of the year. However, a number of doctors who are due to end their fixed term contracts in August will carry out their appraisals before their leaving dates.

### Medical job planning

At the end of December 2021 all medical job plans on the Allocate job planning system were closed for 2021/2022, and new job plans were started for the year starting 1 April 2022. To date 91 (79.1%) of 115 job plans have been signed off, four are awaiting first management sign off, four await to be signed off by the doctor, and 16 are in discussion.

## Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month twelve the position reported was as a total surplus of £401k. This is the latest position available.
Finance – Efficiency savings		The latest available position (M12) has £2.838m efficiency savings identified. This is the latest position available.
Cancer 31 Day		In March 2022, nationally reported performance was 100% (25/25). All lung cancer site cases. Latest position available.
TTG: Number of patients who have breached the TTG		In May 2022 there were 230 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 decreased by 3.0% from 87.4% in April 2022 to 84.4% in May 2022.
SoT Guarantee – Inpatient and DC cases (H & L only)		71% of Heart and Lung patients were treated within 12 weeks in May 2022.
DOSA rate: Cardiac Surgery		There were zero DoSA cases in May 2022. A new profile for the year has been agreed.
DOSA rate: Thoracic Surgery		There were six DoSA cases in May 2022 (8.5%). A new profile for the year has been agreed.
DOSA rate: Orthopaedics		In May 2022 there were 207 Orthopaedic primary joint admissions, 126 (61%) of which were on the day of surgery.
Theatre Cancellation		In May 2022, the overall hospital cancellation rate

Rates		was 7.1% (163/2310).
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 78.9% in May 2022.
Hotel: Income		Reporting for May 2022, position was on plan (0.4%).
Hotel: Room Occupancy		May 2022 reported position 72.1% against target of 67.5%.
Hotel: Conference Room Occupancy		May 2022 reported position 81% against target of 66%.
Hotel: Delegates		May 2022 reported -14% against target of >-5%.
Hotel: Patient Bed Usage		May 2022 reported -24.1% against target of >-5%.
Hotel: Not for Profit %		May 2022 reported 61.8%, against target of 50-60%.
Hotel: Pro Quality Score		May 2022 reported 88% against target of >86%.
<b>National Comparison Table, Corporate Dashboard, Waiting list &amp; Productivity table</b>		
The GJNH nationally reported elective cancellation rate, in April 2022, was reported as 6.1%. This ranked GJNH as 3 out of 15. The Scotland rate was 9.3%.		
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 4 2021 GJNH reported 97.3% of eligible patients treated within the target (Ranked 13th). Latest position available.		
Health Protection Scotland published figures for Quarter 4 2021 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence and 15.9 for SAB. The Scotland rates were 17.3 and 13.3 respectively. Latest position available.		
Corporate sickness rate in May 2022 was 3.4% (down 0.3%) on last month. Departments over the 4% threshold were: Catering, Clinical Governance, Estates, GJRI, Housekeeping, Pharmacy, Security & Spiritual Care.		
Referral numbers in May 2022 increased to 3580 (+574).		
The total outpatient waiting list increased by 100 from 3037 to 3137		
The total inpatient waiting list month end position decreased by 81 from 5268 to 5187		
For current inpatient waiters the number waiting between 12-26 weeks increased from 613 to 626 (+13).		
The number of patients waiting 26-52 weeks increased from 546 to 603 (+57).		
The number of patients waiting >52 weeks increased from 551 to 577 (+26).		

# **NHS Golden Jubilee**

## **Summary Finance Report**

### **As at 31 May 2022 – Month 2**



## Core Revenue Financial Performance as at 31 May 2022, Month 2

The Core Revenue position for May 2022 reflects a surplus of £20k.

The summary table below highlights the key variances;

Table 1: - Summary Core position as at month 2

Income & Expenditure summary RRL Summary	Year to Date			Current	
	Budget £ 000	Actual £ 000	Variance £ 000	Annual Budget £ 000	% Variance
<b>Income</b>					
Core - RRL	(18,465)	(18,465)	0	(110,901)	0.0%
Income	(12,654)	(12,688)	34	(73,626)	0.3%
<b>Total</b>	<b>(31,119)</b>	<b>(31,153)</b>	<b>34</b>	<b>(184,527)</b>	<b>0.1%</b>
<b>Expenditure</b>					
Staffing	20,381	20,360	22	116,924	-0.1%
Non-Pay	10,738	10,773	(36)	67,603	0.3%
<b>Total Expenditure</b>	<b>31,119</b>	<b>31,133</b>	<b>(14)</b>	<b>184,527</b>	<b>0.0%</b>
<b>Total Core Position</b>	<b>0</b>	<b>(20)</b>	<b>20</b>	<b>0</b>	<b>0.1%</b>

- The Board continues to work with the relevant policy teams in the Scottish Government to finalise the remaining outstanding allocations. However, this month 2 position assumes the anticipated allocations will be agreed as part of the agreement process surrounding the final draft of the Financial Plan, which is due for submission at the end of July 2022. The current key financial risks and benefits associated with the core Income, Expenditure, and Capital Allocations are highlighted in this report.
- The current level of Efficiency plans identified by the Divisions are £1.3m as at the end of May. This leaves a remaining balance of £3.2m still to be identified and delivered by the year end. Assumptions around contingencies and reserves as well as further refinement of efficiency workstreams suggest a further £1m of solutions will be identified by the year-end at this early stage of the financial year. This reduces the value of the unidentified savings gap to £2.2m. This is likely to remain as a medium to high risk of achievement for the Board at this time, until further efficiency work-streams have been worked through and additional schemes identified.

- Recent meetings with the SG Access Support Team, where funding streams required to fulfil RMP5 plans and Waiting Time Delivery, have been very positive, although there remain some funding proposals still to be confirmed and finalised over the coming weeks. Those without current approval have not had committed expenditure at this stage.

### **Total Income Performance as at 31 May 2022**

The table below represent an extract of the summary financial position against Core Income, comprised of the Revenue Resource Limit (RRL) and other Core income (mainly SLA income) as at month 2, 31 May 2022.

Table 2 – Total Core Funding as at month 2

Income/Funding Core	Year to Date			Annual Budget
	Budget £ 000	Actual £ 000	Variance £ 000	
Core - RRL	(14,873)	(14,873)	0	(89,348)
Core - RRL ( SLA )	(3,592)	(3,592)	0	(21,553)
<b>Total Core Funding</b>	<b>(18,465)</b>	<b>(18,465)</b>	<b>0</b>	<b>(110,901)</b>
Non - RRL SLA	0	0	0	0
Heart & Lung - Cardiac	(5,503)	(5,515)	13	(33,402)
Heart & Lung - Thoracic	(1,696)	(1,684)	(12)	(10,176)
Heart & Lung - Cardiology	(3,701)	(3,715)	14	(21,903)
Heart & Lung - SPVU	(101)	(101)	0	(606)
GJCH	(744)	(747)	3	(3,887)
Other	(909)	(924)	16	(3,652)
<b>Total Income</b>	<b>(12,654)</b>	<b>(12,688)</b>	<b>34</b>	<b>(73,626)</b>
<b>Total Core Funding/Income</b>	<b>(31,119)</b>	<b>(31,153)</b>	<b>34</b>	<b>(184,527)</b>

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

- The main contributor to the current income over performance remain within Cardiac and Cardiology Non-WoS activity, which remain

slightly above original financial plan by £13k and £14k respectively. This is partly offset by Thoracic Non-Wos underperformance against original plan by (£12k). Other Income over performance relates mainly to over-performance on NORS.

## **Total Expenditure Performance as at 31 May 2022**

The table below represents an extract of the summary expenditure financial position as at month 2, 31<sup>st</sup> May 2022.

**Table 3 – Total Expenditure Summary as at month 2**

Core Expenditure	Curent		Year To date		In Month Position		
	Annual Budget	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000
<b>Staff</b>							
Medical	28,636	5,131	5,399	(268)	2,820	2,639	181
Nursing	41,780	7,197	6,947	251	3,762	3,536	226
Clinical Support	16,769	2,846	2,778	68	1,445	1,411	34
Non Clinical Support	9,800	1,647	1,632	15	835	810	25
Admin	20,237	3,560	3,603	(43)	2,342	1,719	623
<b>Total Staff</b>	<b>117,222</b>	<b>20,381</b>	<b>20,359</b>	<b>22</b>	<b>11,204</b>	<b>10,114</b>	<b>1,089</b>
<b>Supplies</b>							
Pharmacy supplies	3,994	723	738	(14)	396	392	4
Surgical Supplies	21,194	4,449	4,797	(348)	2,773	2,286	487
Lab/Radiology Supplies	1,515	253	292	(40)	127	141	(14)
<b>Total Clinical Supplies</b>	<b>26,703</b>	<b>5,425</b>	<b>5,827</b>	<b>(402)</b>	<b>3,296</b>	<b>2,819</b>	<b>477</b>
<b>Non Clinical Supplies</b>							
PPE	5,595	1,471	1,586	(115)	1,064	(160)	1,224
FM	6,857	1,279	1,407	(128)	720	965	(245)
Other Inc Reserves	28,150	2,563	1,954	609	(610)	422	(1,032)
<b>Total Non Clinical Supplies</b>	<b>40,602</b>	<b>5,313</b>	<b>4,947</b>	<b>366</b>	<b>1,174</b>	<b>1,227</b>	<b>(53)</b>
<b>Total Core Supplies</b>	<b>67,305</b>	<b>10,738</b>	<b>10,774</b>	<b>(36)</b>	<b>4,470</b>	<b>4,046</b>	<b>424</b>
<b>Total Core Expenditure</b>	<b>184,527</b>	<b>31,119</b>	<b>31,133</b>	<b>(14)</b>	<b>15,674</b>	<b>14,160</b>	<b>1,514</b>

### **Key Issues:**

#### **Pays - Medical Pays (£268k)**

Main pressure is within HL&D across Cardiac Anaesthetist WLIs (£94k), consultant pressures in SACCs (£32k) and cardiology Specialist Drs (£16k).

HLD are (£207k) overspent as at month 2.

NES is also overspent on medical pay by (£98k) mainly related to orthopaedic and General Anaesthetic WLIs (£71k).

#### **Nursing Pays £250k**

Vacancies across all services as a whole, particularly across NES £255k, mainly within the ward. The wards £148k and theatres £101k.

HL&D have vacancies in critical care c£55k, this accounts for the majority of the £38k YTD positive position in their nursing, partly offset by bank pressure in NSD.

#### **Other pays £40k –** this reflects the level of vacancies across the clinical support

teams -£68k as well as vacancies within non-clinical support areas - £15k.

There remain costs associated with covid pressures across admin areas (£43k) that are under review as confirmation of covid funding is awaited from SG.

#### **Non-Pays**

The key pressures within non-pays relates to surgical supplies (£348k).

The activity undertaken in the Cath Lab (£342k) accounts for the main area of Pressure, as funding is confirmed for Cardiology services.

Labs and radiology are £40k overspent due to medical equipment purchases.

PPE is £115k overspent due to maintenance contracts and backlog maintenance.



## Division Performance 2022/23

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 YTD position noted above;

Table 4 – Total Expenditure by Division as at month 2

Core Expenditure Category	Year To date				Division Year To date Variance			
	Annual Budget	Budget	Actual	Variance	H&L	NES	CORP	Hotel
	£000	£000	£000	£000	£000	£000	£000	£000
Staff Costs-Medical	28,636	5,131	5,399	(268)	(207)	(98)	37	0
Staff Costs-Nursing	41,780	7,197	6,947	250	38	255	(43)	0
Staff Costs-Clinical	16,769	2,846	2,778	68	59	40	(32)	0
Staff Costs-Support	9,800	1,647	1,632	15	0	40	(54)	29
Staff Costs-Admin	20,237	3,560	3,603	(43)	13	11	(72)	4
<b>Total Pay</b>	<b>117,222</b>	<b>20,380</b>	<b>20,359</b>	<b>22</b>	<b>(97)</b>	<b>248</b>	<b>(162)</b>	<b>33</b>
Pharmacy supplies	3,994	723	738	(15)	(13)	2	(3)	0
Surgical Supplies	21,194	4,449	4,797	(348)	(267)	(65)	(16)	0
Lab/Radiology Supplies	1,515	253	292	(39)	(9)	3	(34)	0
PPE	5,595	1,471	1,586	(115)	(105)	35	(54)	8
FM	6,857	1,279	1,407	(128)	(24)	(7)	(105)	7
CS&R&S	28,150	2,563	1,954	609	(25)	(65)	680	19
<b>Total Non-Pay</b>	<b>67,305</b>	<b>10,739</b>	<b>10,774</b>	<b>-36</b>	<b>(443)</b>	<b>(96)</b>	<b>468</b>	<b>34</b>
<b>Total Core Position</b>	<b>184,527</b>	<b>31,119</b>	<b>31,133</b>	<b>(14)</b>	<b>(540)</b>	<b>153</b>	<b>306</b>	<b>67</b>

### Key Actions

- Recruitment to key vacancies continues to be prioritised.
- Review of locum, overtime and WLIs expenditure being consistently reviewed.
- Detailed analysis of surgical supplies encompassed within HL&D review with finance and procurement focussing on stock levels, variation

and call-off requirements. Cath Lab, TAVI and Cardiology device funding, expenditure and budget papers have been compiled to aid understanding of the issues/pressure and support 2022/23 budget setting in these areas.

- Ongoing review of efficiency opportunities as part of PRG focussed sessions.

### **2022/23 Financial Planning Template**

Further work is progressing with Divisional colleagues, to firm up expected efficiency savings to be delivered by the end of this financial year against the previously reported gap of £4.5m, as well as including an updated position on the Annual Delivery Plan profile on planned changes to the activity plans.

This work will inform revisions to be made within the Financial Plan due in July 2022, particularly related to the second half of the financial year and a request from Scottish Government to minimise where possible Covid related expenditure within NHS Boards, whilst also reviewing further additional activity opportunities for the updated Annual Delivery Plan. Feedback and queries on these returns are due over June / July and meetings will be held between Scottish Government Finance and the Boards Chief Executive and Director of Finance.

### **Annual Delivery Plan 2022/23 to 2024/25**

As indicated above, initial meetings have commenced, building on the current draft annual activity plan submitted on behalf of the Board for 2022/23. Further meetings are scheduled to take place during June led by the interim Director of Operations, Director of Finance and Director of Quality, Innovation and People. These will consider all further changes to assumptions to agree a final revision to the current plan, which will complement the detail submitted within the Financial Plan.

These discussions will enable a robust approach to ensure the additional information required to support areas of activity and complexity changes compared to pre-pandemic performance are well understood - Executive leads (including the Director of Finance, Director of Operations and Director of Quality, Innovation and People) have been involved to ensure understanding of the basis of all activity assumptions and how this relates to the wider board workforce, finance and strategy aims.

Updated templates with reviewed Divisional activity plans will be agreed with the Divisional teams during June and early July, with the final activity plan aligned with the financial plan.

## **Board Core Position and Quarter 1 Review**

A letter received from the Director of Health Finance and Governance has confirmed that managing the 2022-23 financial position continues to be the focus as Scotland transitions from the Covid emergency response, and progress over the medium term to support recovery and reform.

All Boards have been asked to identify further opportunities to improve the overall NHS Scotland position, including considering how best to utilise all core and earmarked funding. As part of this process, Boards have been asked to provide an update through the Quarter 1 review process on the financial projection for 2022/23. This update will include the following;

- a detailed breakdown of savings schemes underway and progress made in delivery to date;
- an assessment of further robust in-year options to meet the Board's financial challenge in 2022-23;
- consideration of key risks to the Boards financial position; and
- a refreshed forecast of Covid costs for 2022-23 and narrative on the steps taken to ensure that these costs are delivered within the available resource envelope.

## **Confirmation of Covid Funding Allocations 2022/23**

Following on from the Resource Spending Review (RSR) the Board has received confirmation of the Covid funding allocation for 2022/23. This is set out in the table below;

22-23 Forecast Expenditure (£ million)	4.8
Modelled Savings (£ million)	(2.3)
Net expenditure (£ million)	2.6
Funding with 85% capping applied (£ million)	2.2

Funding is based on forecast Covid-19 expenditure for 2022-23 reported by the Boards, against which assumptions relating to anticipated savings

and cost reduction have been applied at a national level to present the modelled net expenditure figure. The funding envelope for our Board has been based on 85% of this figure.

## **Waiting Times Improvement Funding**

As part of the 2022/23 planned care, waiting time improvement intervention bids process the Scottish Government Access Support Team requested the submission for bids against this earmarked funding stream and the achievement of additional capacity.

The table below details the financial funding requirement to support these bids submitted, the recurring and non-recurring funding nature of each, and the planned activity relative to each of these initiatives for 2022/23, as well as the approval position as confirmed by SG;

**Table 5 – Revised WTIP as at month 2**

	<b>Funding</b>	<b>Recurring</b>	<b>Non Recurring</b>		<b>Approval</b>
<b>NHS GJ Service</b>	<b>Allocated</b>	<b>Funding</b>	<b>Funding due</b>	<b>Activity</b>	<b>Position</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>		
Ophthalmology IS Hybrid Model	730	0	730	1,200	Approved
Main Suite IS Theatre	1,147	0	1,147	338	Approved
General Surgery - Phase 2 Acceleration	483	483	0	438	Approved
Endoscopy Mobile Unit	2,974	0	2,974	2,009	Approved
	<b>5,334</b>	<b>483</b>	<b>4,851</b>	<b>3,985</b>	
Cardiac IS Theatre Team	226	0	226	48	To Be Confirmed
Cardiology Temporary Mobile Unit	515	0	515	242	To Be Confirmed
Cardiology Weekend Sessions	133	0	133	126	To Be Confirmed
	<b>874</b>	<b>0</b>	<b>874</b>	<b>416</b>	
<b>Total</b>	<b>6,208</b>	<b>483</b>	<b>5,725</b>	<b>4,401</b>	

## **Other Funding Developments**

### **Centre for Sustainable Delivery and Innovation**

The 2022/23 NHS GJ Finance Plan includes the original £5.34m workforce baseline for CfSD and £0.369m additional support totalling £5.709m as the revised baseline for 2022/23.

Further funding of £7.5m relating to CfSD associated programme budgets is currently anticipated as the base albeit the latter is to be finalised with Scottish Government on agreed outcome of the May 2022 spending review. This is based on the original 2021/22 baseline budget approved.

In addition to the above funding position brought forward from 2021/22 further resource requirements of £756k have been submitted for consideration across the different CfSD programmes to support the pace and volume of and these changes.

The ANIA collaborative work is now developing at pace and will continue to evolve during 2022/23. It is anticipated that additional resource will be required later in financial year 2022/23 subject to recruitment and bids totalling £221k for 2022/23 have been submitted to support the phased implementation of the ANIA proposals.

In addition to the above ANIA proposal the CfSD senior team were approached by colleagues from the Sustainability and Climate Emergency for NHS Scotland in Scottish Government with a request to host a Green Theatres Project. This project follows the successful NHS Highland initiative, which reduced greenhouse gas emissions, resource use and waste associated with surgery. A further £201k has been requested to support this innovative workstream.

The table below provides a summary of the CfSD budgets approved to date as well as the total of bids submitted for approval;

**Table 6 – CfSD Budget proposals submitted for approval**

<b>CfSD/Innovation Heading</b>	<b>2022/23 £'m</b>	<b>2023/24 £'m</b>	<b>Approval Position</b>
CfSD Workforce	5.340	5.340	Approved
CfSD Resource	0.369	0.369	Approved
CfSD Programmes	7.510	7.510	2022/23 value TBC
Cancer workforce	0.350	0.350	To be confirmed
SACMPPP ROI	0.407	0.407	To be confirmed
ANIA Shared Resources	0.221	0.442	To be confirmed

Green Theatres	0.201	0.402	SG request - TBC
<b>Total Funding bid</b>	<b>14.398</b>	<b>14.820</b>	

## NHS Scotland Academy

The original NHS Scotland Academy business case identified revenue funding for year one of £2.063m for year two £2.244m and for year three 2023/24 £2.48m with £2.351m for associated capital costs of which £1.860m is deferred into financial year 2022/23. However, recent dialogue with the Director of NHS Scotland Academy has advised that Scottish Government have an identified funding position for 2022/23 of £2.5m for the NHSSA we are seeking confirmation of this revenue investment value and what element relates to NHS GJ versus NHS Education Scotland.

The table below provides a summary of the assumed funding streams for NHS Scotland Academy for 22-23 and beyond:-

Table 7 – Summary NHSSA Report as at month 2

NHS Academy Funding				
Funding Stream	22/23 £m	Recurring £m	Non-recurring £m	Cost FY 23/24 £m
Revenue investment (original Business case funding)	2.500	2.500		2.500
Capital refurbishment	1.860		1.860	
NTC resource paper	4.500		4.500	tbc
National Ultrasound Training Programme	0.477	0.296	0.181	0.292
<b>Total</b>	<b>9.337</b>	<b>2.796</b>	<b>6.541</b>	

It has been initially noted that the value previously noted at £4.5m is likely to be reduced to £3.5m, with confirmation of this likely to follow a quarter 1 review. It is not anticipated that this full allocation would be required in 2022/23 and this therefore remains under discussion with Scottish Government colleagues to ensure efficient use of resource.

## **Efficiency Savings and Financial Improvement Performance**

The current efficiency gap as identified in the financial plan remains at £4.5m for the month 2 reporting cycle. To-date schemes of £1.254m have been identified across the Divisions, leaving a balance of £3,256k still to be identified. The same challenges and risks continue as in the previous financial year, including the workforce challenge surrounding the delivery of the Annual Delivery Plan and recruitment to expansion posts, as services scale up during 2022/23.

The finance team plan to put in develop a structured financial improvement workstream group to identify key projects and identify leads and service supports to drive these forward. Initial discussions have taken place with the formal group to be established later this year. 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. It is anticipated that there will continue to be an improvement in the delivery of in-year and recurring schemes by the financial year end.

**Table 8 – Efficiency Savings as at month 2**

	<b><u>CYE</u></b> <b><u>£000's</u></b>
<b>Target</b>	<b>4,510</b>
Identified Recurring Savings	1,229
Identified Non-Recurring Savings	25
<b>Total Identified</b>	<b>1,254</b>
<b>Outstanding Balance</b>	<b>(3,256)</b>

As noted earlier in the paper there is the initial expectation of c£1m of further opportunities, which will reduce the outstanding gap These are being actively worked upon currently and will be updated in future finance papers.

## **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 small variance at month two (£2k) this will be reviewed and amended appropriately.
- AME Provisions – this is part of Annually Managed Expenditure and is managed and funded centrally. The original £40k estimate in 2022/23 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 changes on a monthly basis 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. At the at the end of month two the Board movement in provision has £10k which relates to additional claims, we will not receive out share of the pot until period thirteen.
- 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. This increased they £30k to the end of month two, this relates to additional 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. There has been no budget included for this in 2022/23 as it is not anticipated that there will be any impairment funding required from SG. Any in year impairment will be managed via the revaluation reserve.

## **Capital**

The Board capital plan for 2022/23 has been agreed by the Capital Group and approved by the capital department at Scottish Government.

The 2022/23 plan is comprised of the following elements:



<b>Capital Plan</b>	<b>£000's</b>
Estates	1,660
Medical Equipment	2,553
IMT	1,640
Hotel	680
Academy (Equipment)	275
Academy (Infrastructure)	1,800
<b>Total</b>	<b>8,608</b>
<b>Projects</b>	
Water Source Heat Pump*	2,050
Phase two	29,609
<b>Total Projects</b>	<b>31,659</b>
<b>Total Spend</b>	<b>40,267</b>

\*Water source heat pump, marker figure only pending establishment of business case to connect to the district energy centre and vfm against alternative options. Estimated total cost c£4.1m over 2 to 3 financial years, which is being updated currently.

Month 2 is only at the early stages of financial expenditure and the review of actual spend and forecasts will be actioned from Quarter 1. Formal notification on funding is also expected following quarter 1 reporting.

**The Board are asked to**

- Note the financial position for Month 2, as at 31 May for the financial year 2022/23; and
- Note the key messages as highlighted above

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