



Integrated Performance Report Board Summary Report

**NHS Golden Jubilee
Board meeting
24 May 2022**

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Section A: Introduction

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

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

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

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

Jann Gardner
Chief Executive

Colin Neil
Director of Finance

June Rogers
Deputy Chief Executive

Performance Summary Dashboard – Guidance

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

(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 unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Mar-22	8	Feb-22	11	↑		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Mar-22	0.0%	Feb-22	0.0%	↔	✘					P Chart	Eight Consecutive Points Below Centre
		Stage 2 complaints responded to within 20 days	≥75%	Feb-22	71.4%	Jan-22	0.0%	↑	✘					P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Mar-22	0.00	Feb-22	0.00	↔		✓				C Chart	Q4 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Mar-22	0.00	Feb-22	0.00	↔		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Mar-22	0.00	Feb-22	0.00	↔		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Mar-22	0.0%	Feb-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Mar-22	0.0%	Feb-22	3.4%	↑		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Mar-22	0.0%	Feb-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Mar-22	0.0%	Feb-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Mar-22	100.0%	Jan-22	99.0%	↓		✓	✓			Run Chart	
		Mortality	0 - 15	Mar-22	8	Feb-22	11	↑		✓				C Chart	Within Control Limits
	Significant Adverse Event Reviews	0 - 5.96	Mar-22	2	Feb-22	2	↔		✓				C Chart	Within Control Limits	
	Hotel Complaints	≤2	Mar-22	0	Feb-22	0	↔		✓	✓			C Chart	Within Control Limits	
Staff Governance		Disciplinarys	≤0.50%	Mar-22	0.00%	Feb-22	0.05%	↑		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.40%	Mar-22	0.05%	Feb-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0	Mar-22	0	Feb-22	0	↔		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.00%	Feb-22	5.3%	Jan-22	5.8%	↑	✘					P Chart	Eight Consecutive Points Above Centre
		Sickness absence local figure	≤4.0%	Mar-22	6.0%	Feb-22	6.0%	↓	✘					P Chart	Within Control Limits
		TURAS PDR	≥80%	Mar-22	52%	Feb-22	63%	↓	✘					P Chart	Below Lower Control
		Turnover	0.00% - 0.95%	Mar-22	0.86%	Feb-22	0.67%	↑		✓	✓			P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Mar-22	69.0%	Feb-22	39.0%	↑						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Mar-22	83.8%	Feb-22	59.3%	↑		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Mar-22	1.7%	Feb-22	1.0%	↓		✓	✓			P Chart	Within Control Limits
	Hotel TURAS PDR	≥80%	Mar-22	56%	Feb-22	46%	↑	✘					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	12	9	0	0	1
Staff Governance	4	6	6	0	0	4
FPP	17	8	4	2	0	2
Total	23	26	19	2	0	7

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									
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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%	Mar-22	5.8%	Feb-22	6.2%	↓		✓	✓					N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Mar-22	-0.7%	Feb-22	1.0%	↓		✓	✓					N/A	
		TTG: Number of patients who have breached the TTG.	≤0	Mar-22	164	Feb-22	165	↑	×							P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Mar-22	89.0%	Feb-22	89.2%	↓	×							P Chart	Above Upper Control
		31 Day Cancer	≥95%	Feb-22	100.0%	Jan-22	95.7%	↑		✓						P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Mar-22	76.1%	Feb-22	71.3%	↑	×							P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	≤0	Mar-22	1663	Feb-22	1840	↓	×							C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	Mar-22	1087	Feb-22	1184	↓	×							C Chart	Within Control Limits
		Treated within 18 weeks of referral	≥90%	Mar-22	90.9%	Feb-22	93%	↓		✓						P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Mar-22	74.3%	Feb-22	67.7%	↑	×							P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Mar-22	100.0%	Feb-22	99.5%	↑		✓	✓					P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Mar-22	60.8%	Feb-22	56.0%	↑	×							P Chart	Above Upper Control
		Thoracic DoSA	≥30.0%	Mar-22	20.5%	Feb-22	16.2%	↑	×							P Chart	Within Control Limits
		Cardiac DoSA	≥25.0%	Mar-22	0.0%	Feb-22	4.3%	↓	×							P Chart	Within Control Limits
		All Specialities Cancellation Rate	≤4.1%	Mar-22	7.3%	Feb-22	6.8%	↓	×							P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Mar-22	-15.4%	Feb-22	1.7%	↓					×			N/A	
		Hotel Income target	≥-10.0%	Mar-22	29.4%	Feb-22	0.1%	↑		✓	✓					N/A	
		Hotel Room Occupancy	≥67.5%	Mar-22	42.0%	Feb-22	40.0%	↑	×							Run Chart	
		Hotel Conference Room Utilisation	≥66.2%	Mar-22	62.9%	Feb-22	66.0%	↓	×							Run Chart	
		Hotel Conference Delegates	≥-5.0%	Mar-22	-46.2%	Feb-22	-48.8%	↑	×							N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Mar-22	-3.8%	Feb-22	-0.7%	↓		✓	✓					N/A	
		Hotel Not for Profit Percentage	50% - 60%	Mar-22	70.4%	Feb-22	75.6%	↓								N/A	
		Hotel Review Pro Quality Score	≥86.0%	Mar-22	86.6%	Feb-22	88.2%	↓		✓						Run Chart	
		GJRI Number of new research projects approved	≥8	Dec-21	4	Sep-21	9	↓					×			C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Dec-21	-45.0%	Sep-21	-24.0%	↓	×							N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Dec-21	£15,000	Sep-21	£8,250	↑	×							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%	↓	×							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 March 2022 there were eight complaints submitted.
Stage 1 complaints response time	Red	In March 2022, there were two Stage 1 complaints, zero of which were responded to within the five day target (0%)
Stage 2 complaints response time	Orange	In February 2022 there were seven Stage 2 complaints with five responded to within the target (71%)
Mortality	Green	The mortality figure for March 2022 was reported as eight. Within control limits.
Significant adverse events	Green	There were two significant adverse event reviews in March 2022.
MRSA/MSSA cases	Green	There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in March 2022.
Clostridiodes Difficile	Green	There were zero Clostridiodes Difficile Infections (CDI) reported in March 2022.
Gram Negative Bacteraemia	Green	There were zero reported instances of Gram Negative Bacteraemia in March 2022.
SSI: Hips & Knees	Green	Surveillance recommenced in July with no SSIs reported in March 2022.
SSI: Cardiac	Green	Surveillance recommenced in October with no SSIs reported in March 2022.

Clinical Governance Executive Summary

In February we received seven stage 2 complaints and four stage 1 complaints; Totalling 11 for the month. 0% of stage 1 complaints were responded to within guidance timescale (5 days) n = 0 and 71% of stage 2 complaints were responded to within guidance timescale (20 days) n = 5 (average days to response was 21 days)

The reasons for the delays in timescales were multi factorial.

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

Mortality data remains within control limits n = 8 for March

There were no whistleblowing reports

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia**- No cases to report in since November.
7 cases in total in 21-22 / 14.2 per 100,000 total occupied bed days. No trends in sources/areas. This exceeds local AOP target rate of 11.22 per 100,000 total occupied bed days but below NHS Scotland rate.
***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- 0 cases to report in 21-22. Meets local AOP target of 1.9 per 100,000 total occupied bed days and NHS Scotland rate.
- **Gram Negative/E.coli Bacteraemia (ECB)**- 0 cases to report since September. 4 cases in total 21-22/ 8.13 per 100,000 total occupied bed days. No trends in sources. Meets local AOP target of 14.1per 100,000 total occupied bed days and NHS Scotland rate.
- **Hand Hygiene**- Overall hand hygiene compliance for March was 100%. Next report May 2022.
- **Cleaning and the Healthcare Environment -Facilities Management Tool Housekeeping Compliance: 97.79% Estates Compliance: 97.76%**
- **Orthopaedic Surgical Site Surveillance**- Surveillance recommenced mid July 2021, no SSI to report since recommencing.
- **Cardiac Surgical Site Surveillance**- No SSI to report in March last SSI February).

2021/22 HAI Related Activity Update

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

2021-22 continues to be a challenging year for NHS Scotland balancing COVID 19 response and remobilisation. As NHS GJ Prevention Control Team our key role in this period continued to be advisers to the Board on the prevention and control of infection response to COVID 19 aligned to evolving national guidance. As the epidemiology of COVID 19 has changed so too did our national and local approach. This was evident when OMICRON was identified Dec 21 and during implementation of new COVID respiratory and non-respiratory pathways in Feb 22.

In addition to COVID activity, the team's main focus was to resume key national and local priorities that were paused and ongoing COVID 19 response. This activity centred around resuming audit activity, policy review and update and resuming SSI surveillance.

Built environment qualification was achieved by 3 senior members of the PICT and will align to the agenda set by NHS Assure moving forward.

The planned PCI programme for 22/23 has been developed and will be presented to the PCIC for approval. The revised HAI Standards for Scotland will be launched by HIS in May 2022.

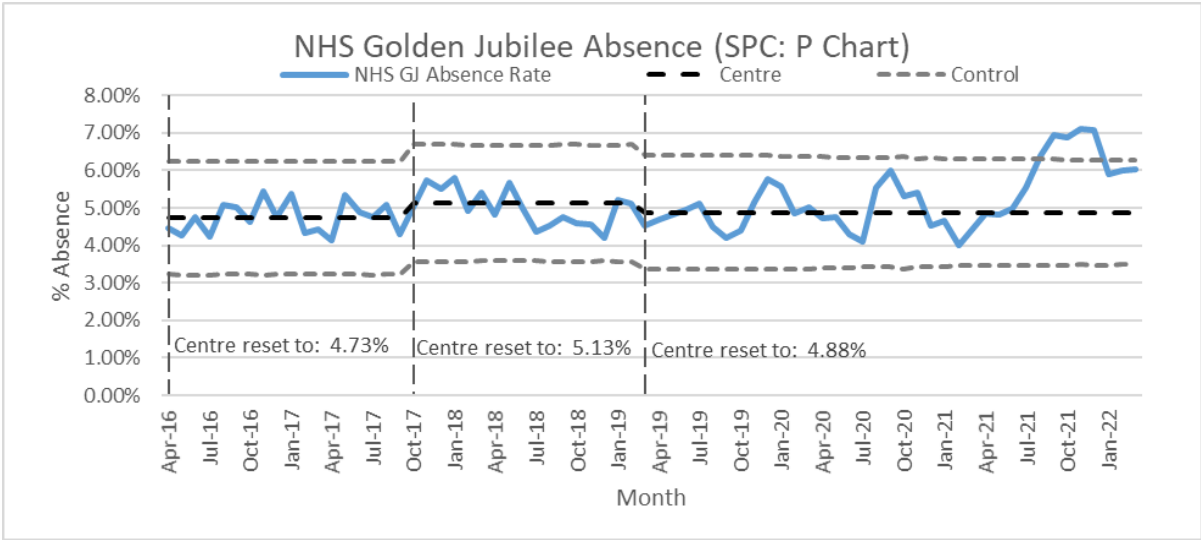
Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in March 2022.
Grievances		There was one grievance case raised in March 2022.
Dignity of work		Zero dignity cases were raised in March 2022.
Local Sickness absence		Sickness absence in March 2022 was reported at 6%. This is within control limits. Absence due to COVID-19 reasons was 3.5% (+1%)
Turnover		Turnover in March 2022 was reported as within control limits at 0.9%.
Medical appraisal with completed interview & form		A new round of appraisals began in August 2021. Performance is 84% (124/148) for March 2022.
TURAS Appraisal rates		Position for March 2022 reported as position as 52%, -11% on last month.
Job Planning: All hospital		New job plans start for the year April 2022. In March 2022 performance was reported as 68.7% (79/115) with others at various stages of the process.

Staff Governance Executive Summary

Sickness absence

In March 2022 the Board’s sickness absence rate stood at 6.0%, the same as previous month.



Across the Directorates absence GJ was as follows:

- Corporate: 4.4%, up 0.1% on the previous month;
- Golden Jubilee Conference Hotel: 1.7%, up 0.7% on February;
- Heart, Lung and Diagnostic Services: 7.2%, down from 7.7% the previous month; and
- National Elective Services: 6.7%, which was 0.5% higher than February.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in March accounting for 20.8% of all sickness absence, 4.5% lower than February’s figure of 25.3%. It was the main cause of absence in three of the four Directorates:

- Corporate: 25.2% (down from 31.4% in February);
- Heart, Lung and Diagnostic Services: 21.2% (down from 28.4%); and
- National Elective Services: 18.3% (up from 17.5%).

In the Hotel, “Other known causes – not otherwise classified” was the main cause of sickness absence, accounting for 48.7% of hours lost.

The second top cause of sickness absence in March was “Other musculoskeletal problems”, accounting for 11.9% of sickness absence hours. “Cold, cough, flu – influenza” was third, at 9.8%.

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 systems – 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 March COVID-19 special leave accounted for 3.5% of all contracted hours, up from 2.5% the previous month. The Directorate breakdown was:

- Corporate: 2.9% (up from 1.2%);
- Golden Jubilee Conference Hotel: 2.3% (an increase from 0.8%);
- Heart, Lung and Diagnostic Services: 3.4% (3.2% in February); and
- National Elective Services: 4.5% (up from 3.0%).

Agenda for Change appraisal

Within the year to 31 March 2022, 52% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 11% less than the previous month. The Directorate breakdown is as follows:

- Corporate: 36%, down 18% on February;
- Golden Jubilee Conference Hotel: 56%, up from 46% the previous month;
- Heart, Lung and Diagnostic Services: 61%, 11% less than February; and
- National Elective Services: 58%, down 7% on the previous month.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 31 March:

- 122 of 153 doctors (79.7%) had completed an appraisal or ARCP. This is up 73 on February.
- 19 (12.4%) were in the process of carrying out their appraisal.
- 12 (7.8%) had yet to start their appraisal. We know that some of these will not be appraised this year, as they joined us late in the year, with one of those starting in the week leading to 31 March.

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 79 (68.7%) of 115 job plans have been signed off, one is awaiting second management sign off, three need first manager sign off, 6 await to be signed off by the doctor, and 26 are in discussion.

Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month twelfth the position reported was as a total surplus of £108k.
Finance – Efficiency savings		The latest available position has £3.004m efficiency savings identified.
Cancer 31 Day		In February 2022, nationally reported performance was 100% (25/25). All lung cancer site cases. Latest position.
TTG: Number of patients who have breached the TTG		In March 2022, there were 164 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 slightly decreased by 0.2% from 89.2% in February to 89.0% in March.
SoT Guarantee – Inpatient and DC cases (H & L only)		74% of Heart and Lung patients were treated within 12 weeks in March 2022.
DOSA rate: Cardiac Surgery		There were zero DoSA cases in March 2022.
DOSA rate: Thoracic Surgery		There were 15 DoSA cases in March 2022 (20.5%).
DOSA rate: Orthopaedics		In March 2022 there were 212 Orthopaedic primary joint admissions, 129 (61%) of which were on the day of surgery.
Theatre Cancellation Rates		In March 2022, the overall hospital cancellation rate was 7.3% (167/2299).
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 76.1% in March 2022.
Hotel: Income		Reporting for March 2022, position was on plan (29.4%)
Hotel: Room Occupancy		March 2022 reported position 42% against target of 67.5%.
Hotel: Conference Room Occupancy		March 2022 reported position 63% against target of 66%.
Hotel: Delegates		March 2022 reported -46% against target of >-5%.
Hotel: Patient Bed Usage		March 2022 reported -3.8% against target of >-5%.
Hotel: Not for Profit %		March 2022 reported 70.4%, against target of 50-60%.
Hotel: Pro Quality Score		March 2022 reported 87% against target of >86%.
Research & Innovation: New research projects approved		4 projects were approved in Quarter 3 (Target =8) Latest position available.

Research & Innovation: Income received		Income to date reported as £206,250 against a profile of £375,000. Latest position available.
Research & Innovation: Motion lab analysis		Reported income in Quarter 3 of £15,000. Latest position available.
Research & Innovation: % Occupancy CSC		78% occupancy reported against profile of 75%. Latest position available.
Research & Innovation: % Occupancy Research		64% occupancy reported against profile of 80%. Latest position available.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in February 2022, was reported as 6.6%. This ranked GJNH as 3 out of 15. The Scotland rate was 8.4%.		
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).		
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.		
Corporate sickness rate in March 2022 was 4.4% (up 0.1%) on last month. Departments over the 4% threshold were: Business Services, Catering, Estates, GJRI, Housekeeping, Human Resources, Procurement, Pharmacy & Security.		
Referral numbers in March 2022 increased to 3089 (+153).		
The total outpatient waiting list remained the same at 2658		
The total inpatient waiting list month end position increased by 104 from 5299 to 5403.		
For current inpatient waiters the number waiting between 12-26 weeks decreased from 656 to 576 (-80).		
The number of patients waiting 26-52 weeks decreased from 644 to 584 (-60).		
The number of patients waiting >52 weeks decreased from 540 to 503 (-37).		

**NHS Golden Jubilee
Summary Finance Report
As at 31 March 2022 – Month 12**



Core Revenue Financial Performance as at 31 March 2022, Month 12

This summary finance report highlights the key points within the financial position, for the period ending 31 March 2022.

The Core Revenue position for March 2022 reflects a surplus of £0.108m, which is in line with prior forecasts of year-end financial break-even.

Performance against the NHS Golden Jubilee's annual efficiency saving target of £4.044m is shown as a separate section within the report. The NHS GJ Board final March 2022 out-turn position reflects the previous forecast gap against this in-year target of c£1.0m. This is one of the key priority areas of focus moving ahead into 2022/23 in relation to efficiency and sustainability and a new structure and approach is currently being finalised. This will provide a stronger focus and governance around the delivery of efficiencies and focus on driving forward workstreams across the organisation during 2022-23 and beyond.

The further RMP4/Covid-19 funding was required from Scottish Government, with the final out-turn remaining at the previously agreed £11.976m, with some minor movements within individual reporting lines.

In discussion with Scottish Government Health Finance Team and NHS Scotland Health Boards the final March 2022 SLA marginal income position was updated to reflect the actual activity undertaken as at the 31st March 2022. The previous forecast position improved slightly from £17.686m to £17.848m associated with the SLA top slice. The board level detail has been circulated to both Scottish Government and NHS Boards in respect to their own local impact and the final anticipated allocation of £0.162m will be actioned in the final Month 13 RRL allocation letter.

2022/23 Financial Planning

Below is a summary of the confirmed funding and cost neutral expenditure updates within the revised 2022-23 financial plan submission as at 18th march 2022. They do not impact upon the financial gap, leaving a balance of £4.5m still to identify in 2022-23.

- Independent Sector:-
 - Weekend Eyes/NHS GJ Hybrid model of additional activity provided by NHS GJ weekdays and some IS Weekend operating provision, forecast delivery of 12,065 procedures in total with additional non-recurring funding of £0.730m (excluding associated marginal costs funded via NHS Boards top-slice SLA). With planned commencement beginning of May 2022.
- Endoscopy Mobile Unit:-
 - An additional 2,409 procedures provided via this mobile Unit contract over a 12- month period with additional non-recurring funding of £2.974m, commencing June 2022.
- Main Suite Theatre Capacity:-
 - Independent Sector Theatre Team provision, extension of existing contract up to a maximum of 2 * 12 week periods providing additional 200 cases across General Surgery, Colorectal and Cancer additional non-recurring funding of £1.147m.
- General Surgery provision:-
 - Acceleration of Phase 2 workforce and activity plans to support provision of major colorectal cases, including Robotic colorectal, upper GI in addition to laparoscopic cholecystectomy additional recurring funding of £0.483m.

Further submitted bids summarised below are in relation to Heart, Lung and Diagnostic services but the outcome of these have yet to be assessed by Scottish Government finance and if approved then confirmation letters are expected within the next month.

- EP/Coronary Saturday sessions - Implement over a 6 month period delivering 108-144 additional procedures on the basis of 75% of all these sessions undertaken. Funding bid equates to £0.133m on a non-recurring basis.
- Mobile Cath Lab – fully staffed for 8 weeks during May 2022 and June 2022 supporting 20 EP cases and 224 Coronary cases. Funding bid equates to £0.515m on a non-recurring basis.
- Independent Sector Cardiac Theatre team – to enable 4 Theatres activity and support a minimum of 3 extra cases per week for 16 weeks. Funding bid equates to £0.226m on a non-recurring basis.

Further review and assessment of the financial plan will be undertaken over the next two months before the final financial planning paper and supporting template and appendices are submitted by July 2022 deadline and presented for approval to the Board prior to submission to Scottish Government.

The table below is a high level summary of the current financial plan split between income and expenditure, including the key drivers of the financial position;

	Financial Year 2022/23 £000's	Financial Year 2023/24 £000's	Financial Year 2024/25 £000's
Income	192,363	216,709	224,936
Cost baseline expenditure	196,873	221,015	228,911
Income split as:			
Total RRL funding (core and non-core)	118,737	138,924	145,893
Other including regional and national income	73,626	77,785	79,042
Total	192,363	216,709	224,936
Efficiency Savings Required	4,510	4,306	3,976

The main drivers for the above £4.5m financial gap and resulting efficiency savings target required to support a break-even position are noted below;

- Carry forward savings - £1.3m
- SPSPP gap - £0.6m
- Supplies Inflation – £0.5m
- Drugs Inflation - £0.4m
- Band 2 to 3 - £0.3m
- Energy costs - £0.9m
- Developments - £0.5m

It is recognised that there are some uncertainties around evolving cost pressures and funding uplifts not yet agreed that might affect the £4.5m gap modelled. These include further price increases of between 35%-50% for energy, the agreement of the 2022/23 SLA inflation uplift, the final outcome from the Scottish Public Sector Pay Policy uplift, further price increases passed on from supplies on the back of both the pandemic and the implications across Europe associated with the war in Ukraine.

The financial Plan will be integral to the completion of the Annual Delivery Plan also due in July 2022 and the 2022/23 RMP 5 activity plan presented to the Board on 31 March 2022.

Total Income Performance as at 31 March 2022

The table below provides an extract of the summary financial position against Core Income and Expenditure as at month 12, 31 March 2022.

Summary Financial Position - NHS GJ Board
2020-21 - Mar 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	(111,305)	(111,305)	0	(111,305)	(105,734)
Total Core RRL Funding	(111,305)	(111,305)	0	(111,305)	(105,734)
Income	(75,739)	(75,739)	0	(75,739)	(65,016)
Total Core Funding/Income	(187,044)	(187,044)	0	(187,044)	(170,750)
Core Expenditure					
Staff	120,926	119,535	1,391	120,926	102,203
Supplies	66,118	67,402	(1,284)	66,118	68,547
Total Core Expenditure	187,044	186,937	108	187,044	170,750
Core Surplus/Deficit	0	108	108	0	0

The key areas of Income movement driving the above are;

The income position has performed well throughout the year with any over recovery being allocated to expenditure reserves for allocation to corresponding pressures at the financial year-end. Some areas of over performance are associated with the following;

- NSD Income above original funding profile due to increased transplant activity 24 transplants undertaken, which is 10 over performance on funded baseline profile and SACC's additional workforce costs supported in year – offsetting expenditure incurred to support these services
- SNRRS Income performance – offsetting expenditure incurred to support this developed service
- RRL anticipated top slice funding and support for annual leave and energy pressures during 2021/22.
- Non West of Scotland cost per case activity

The key areas of Expenditure movement driving the above are;

- Staff Medical pay adverse position against budget of (£1.124m) across all areas, the issues remain as reported within previous months as;
 - Orthopaedic Consultant cost pressure and Gen Anaesthetic cover across all areas with gaps covered by agency and bank locum,
 - cardiology sickness and rota gaps and driven by cost v recurring budget gaps within NSD SACC's, GGC Medical Memo of Understanding, SPA Allocations above funded baseline, WLI coverage.
 - Cardiac & Thoracic Medical due to WLI cover and arrears payment contributing to total pressure. Further review of SNAHF funding flows is also in place.
 - The remaining pressure is across Medical Laboratory and Radiology staffing.
- The nurse workforce budget reflects an underspend of £0.861m, which remains directly aligned with the ongoing recruitment pressures and vacancy slippage.

- Positive variances are reflected across Clinical – 23-wte vacancies , Support - 10-wte vacancies and Administration totalling £1.95m again as reported in previous months due to vacancies in place across various service areas including Rehabilitation, Theatre ODP roles, CSPD, GJCH, CfSD, Clinical Governance Finance and E-health mainly.
- Pharmacy and Surgical Supplies over budget by (£0.935m), the pharmacy adjustment is associated with year-end stock adjustment and Surgical Supplies as previously reported this is mainly driven by the Cath Lab pressure, although an in-month improvement was noted on the back of the non-recurring budget released on back of the Cath Lab 5 activity and cost per case analysis presented in the month 11 report.

Remobilisation Plan Monitoring

Scottish Government have allocated the full funding due to NHS GJ of £11.976m in line with the table below which shows the final out-turn position as at Month 12:

Resource Category	RMP 3 £'m	Adjustments	RMP 4 £'m	QTR 3	Mar-22	Movement
Recovery Workforce	3.565	- 0.247	3.318	3.577	3.577	0.000
Recovery non-pays	0.805	0.576	1.381	1.756	1.756	0.000
Vaccination Programme	0.100	-	0.100	0.100	0.100	0.000
Drive Through Testing	0.110	0.095	0.205	0.205	0.205	0.000
Theatre capacity (Independent Sector)	0.102	0.154	0.256	0.256	0.256	0.000
GJCH Income Loss	3.000	-	3.000	3.000	3.000	0.000
Other Income Loss	0.460	-	0.460	0.460	0.460	0.000
Efficiency Savings impact	2.000	- 0.465	1.535	0.973	1.040	0.067
Theatre Pressures Support	0.000	0.968	0.968	0.968	0.767	-0.201
Baseline Remobilisation Plan	10.142	1.081	11.223	11.295		-0.134
NHS Scotland Academy baseline	2.000	- 1.255	0.745	0.681	0.815	0.134
Total Recovery Funding	12.142	-0.174	11.968	11.976	11.976	0.000

The efficiency savings target final position has moved slightly in month (a reduction of £0.066m) at an out-turn increased gap of £1.040m albeit a recurring pressure is be carried forward into 2022/23 as only 36% of savings achieved in year are recurring schemes.

NHSSA Final out-turn reflects an increase in expenditure of £0.134m.

The final movement is within Theatre pressures support whereby costs were £0.201m less than originally expected as additional cardiology beds did not proceed and some of the additional workforce costs did not progress in line with original plans due to staff availability.

Other Funding Developments

NHS Scotland Academy

2021/22 funding of £0.681m revenue had been incorporated within NHS GJ 2021/22 RMP 4 quarter 3 return, as shown above final out-turn costs reflect £0.815m.

The cost summary in the table below is reflective of the financial position as at month 12, identifying the full revenue cost implications for 2021/22 against each of the respective training programmes.

The current Month 12 report reflects costs to date of £1.015m across both NES and NHS GJ combined, the NHS GJ out-turn of £0.815m reflects an increase of £0.134m on the quarter 3 submission shared with the Health and Social Care workforce Planning and Development Division at SG.

Skills and Simulation medical PA's are in place and will be supported via an SLA agreement; in addition to this, the SVQ and Pharmacy educator have been progressed.

There is no change in the previously reported Capital and Revenue equipment position reported against the approved £2.351m approved within the business case and therefore remains as below.

- 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.

Regarding the £1.86m of building refurbishment capital funding, discussions have taken place with Scottish Government Finance around this allocation being deferred into financial year 2022/23. A proposed plan for building and revenue costs for the NHSSA infrastructure set-up has been created and will be progressed early 2022/23.

Revenue Costs 2021/22	2021/22 Business Case	NHS GJ		NES		NHSSA Total		Variance
		2021/22 Cost to Mar'22	March 2022 Forecast Cost	2021/22 Cost to Mar'22	March 2022 Forecast Cost	2021/22 Cost to Mar'22	March 2022 Forecast Cost	
	£	£	£	£	£	£	£	£
Programme Team	1,192,462							
Pays - Staff In Post		375,888	394,027	143,064	179,920	518,953	573,947	
Travel Costs				81	19	81	19	
Programme Administrator - Skills & Simulation		21,245	21,286			21,245	21,286	
Non Pay								
Academy Launch		506	506			506	506	
Computer Hardware		1,456	1,401			1,456	1,401	
Accommodation		498	225			498	225	
Course Fees		5,259	5,259			5,259	5,259	
Training Stationary/Consumables		750	750			750	750	
Laptop Dispatch		78	78			78	78	
NHS Veterans		274	274			274	274	
Marketing & Communication	30,000	30,000	0		30,000	30,000	30,000	
Skills & Simulation Centre :	1,222,462	435,954	423,806	143,145	209,939	579,099	633,745	643,363
Pay								
RMP 4 PA's	52,496	52,496	52,496	0	0	52,496	52,496	0
Core Programme - Endoscopy	52,496	52,496	52,496	0	0	52,496	52,496	0
National Endoscopy Training Programme	490,882							
Income								
Lecture Fees						0	0	
Pay								
Programme Lead - Endoscopy		29,277	29,280			29,277	29,280	
SVQ Educator - RMP 4	34,779	34,779	34,779			34,779	34,779	
Programme Administrator		15,578	15,505			15,578	15,505	
Chair of National Endoscopy Training Programme				14,090	14,394	14,090	14,394	
APGD Endoscopy Clinical Lead (National)				39,677	37,228	39,677	37,228	
Non Pay								
Gastro/Colonoscopy Consumables		42,639	42,639			42,639	42,639	
Training Stationary/Consumables		262	262			262	262	
SMOTS Computer/Microphone/Speaker etc		5,848	5,848			5,848	5,848	
SMOTS Recorder/Telephone/Camera etc		4,011	4,011			4,011	4,011	
Andervail-Programme Costs		51,131	51,131			51,131	51,131	
Venue Costs		65	65			65	65	
Core Programme - Pharmacy	525,661	183,580	183,510	53,767	51,622	237,348	235,132	288,313
Pharmacy Training Programme								
Income from University of Dundee				-59,425	-37,025	-59,425	-37,025	
Pay								
Pharmacy Educator - RMP 4	36,087	36,087	36,087			36,087	36,087	
Lectures Fees - Actors				42,058	43,105	42,058	43,105	
Lectures Fees - Faculty				3,886	3,886	3,886	3,886	
Non Pay								
Glucose Monitor/Stethoscope/Thermometer etc		3,207	3,207			3,207	3,207	
Training Stationary/Consumables		197	197			197	197	
Carriage		50	50			50	50	
Pharmacy Open Day		2,790	2,790			2,790	2,790	
Venue Costs		15,150	12,187			15,150	12,187	
Staff Learning and Development				150	150	150	150	
Other Training Charges				150	150	150	150	
Core Programme - Perioperative	36,087	57,481	54,518	-13,181	10,266	44,300	64,784	-8,213
Perioperative Training Programme	262,100	0	0			0	0	0
Pay								
Clinical Educators - RMP 4	72,174	72,174	72,174			72,174	72,174	0
Clinical Educator	0	5,633	5,584			5,633	5,584	0
Non Pay								
Venue Costs	0	7,039	0			7,039	0	0
NMC OSCE	334,274	84,846	77,758	0	0	84,846	77,758	249,428
Senior Educators	15,935	0	0	15,935	0	15,935	0	0
Core Programme - National Ultrasound Training Programme	15,935	0	0	15,935	0	15,935	0	0
National Ultrasound Training Programme	0	0	0	0	0	0	0	0
Core Programme - Cataract	0	0	0	0	0	0	0	0
Cataract Training Programme	0	0	0	0	0	0	0	0
Warrior Course	0	0	0	0	0	0	0	0
Income from NHS GGC Endowment								
Medical Meat		465	465			465	465	
Venue Costs		213	213			213	213	
Accelerated NTC :	0	678	678	0	0	678	678	-678
Programme								
- Stream 2 Surgical First assist	17,529						0	17,529
- Stream 3 Anaesthetic Assistant	70,116						0	70,116
Widening Access	87,645	0	0	0	£271,827	0	0	87,645
Total	£2,274,560	£815,036	£792,766	£199,666	£271,827	£1,014,702	£1,064,593	£1,259,858

Centre for Sustainability Delivery (CfSD)

Funding for the CfSD workforce, as previously reported was agreed with Scottish Government for 2021/22 at an original baseline at £5.34 million in line with the current structure and recruitment to existing vacancies across the five programmes as noted below.

Centre for Sustainable Delivery Programme Teams														
	1		2		3		4		5		6		Total	
Heading	AST		Cancer Access		MPPP		SAC		Unscheduled Care		Approved Uplift			
	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE		
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

The above notes the annual available budget with the table below reflecting action costs, which were provided with funding allocations. The March 2022 position reflected the position tabled below;

1. Staffing

RRL allocation:	Total Cost	Invoiced	Allocation
Waiting Times's (Access support, cancer, Management, innovation)	£3,030,150	£1,973,623	£1,056,527
Modernising Patient Pathways (MPP)	£1,119,962	£156,996	£962,966
Scottish Access Collaborative (SAC)	£509,901	£93,012	£416,889
Total	£4,660,013	£2,223,631	£2,436,382

Programme Costs

	Cancer	MPPP	SAC	TOTAL
Planned March 2022 expenditure	£215,493	£2,040,351	£711,600	£2,967,444

Costs to March 2022 equate to a final out-turn position of £4.660m for workforce and £2,967m for programmes. The 2022/23 funding position is subject to the completed Scottish Government spending review due in May 2022.

Monthly meetings will continue 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 were progressed via respective purchase orders from within these programme allocations.

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 £1.040m. 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 £3.004m. This position has reduced the gap against the overall £4.044m board's target from early year expectations. Of the £3.004m identified £1.127m are recurring schemes, with the balance of £1.876m as non-recurring in nature i.e. 63%. Further review of the FYE position and budgetary reviews will result in a FYE c/fwd of c£1.3m unachieved savings, which currently form part of our 2022/23 finance plan.

A structured financial improvement group to identify key projects and identify leads and service supports to drive these forward is being established. Initial discussions have taken place with the formal group being established April/May 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 March 2022 reflects £3m, as shown in the table below.

Cumulative value of efficiency savings as at the end of:	Total Plan £000's	Total Achieved £000's		<u>CYE</u> <u>£000's</u>
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	2,838		
Mar	2,044	3,004		
			Target	4,044
			Identified Recurring Savings	1,127
			Identified Non-Recurring Savings	1,876
			Total Identified	3,004
			Outstanding Balance	(1,040)

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. At the end of month 12 the Board movement in provision has increased to £67k, which relates to additional claims, we will not receive our share of the allocation 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
- 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 was assessed throughout the year and therefore no impairment is required now for 2021/22. Due to the amount of internal refurbishment work that has been charged to capital there will be a level of impairment, however this will not require additional external funding but will instead be charged to the revaluation reserve.

Capital

At the year-end £39.238 million of capital expenditure was incurred; this is in line with the final agreed plan for the year, which incrementally increased following authorised allocations agreed with Scottish Government.

Area	Spend to 31 March £000s
Property	4,747
Medical Equipment	5,904
IM&T	1,658
Formula	12,308
Elective Centres	26,930
Total	39.238

The baseline core capital allocation for the Board is £2.691m, and the original FBC funding associated with the elective centres was circa £32m. The Board have previously agreed with the Scottish Government that the spend for phase two in the current year was to decrease to an initial value of £22m given early forecasts. However detailed review of the spend for phase two has been undertaken over the past two months and an additional £4.930m of spend has been identified that relates to committed work in the current financial year, therefore the spend for phase two in 21/22 is reported at £26.930m. This alteration will result in the phasing being adjusted for 2022/23 as the overall value remains the same for the capital project.

Following submissions to SG for additional funding for capital, we have received an additional £9.617m of core capital funding therefore the core capital funding in year is now £12.308m. The additionally approved funding included £1.57m for Olympus scopes, £138k for additional ultrasounds for the academy and £1.5m for the replacement of an MRI.

Further discussions were held with SG to identify further spend in the current financial year. This resulted in a further £1.950m can be accounted for the current year (this is included in the £12.308m) – the majority of this spend relates to the lift replacement programme – the cost for the construction of the lifts has been committed by the contractor with the lifts being manufactured off site.

The annual valuation of the land and buildings has been undertaken and we await receipt of the report. These numbers will be reflected in the annual accounts.

The Board are asked to

- Note the financial position for Month 12, as at 31 March for the financial year 2021/22; and
- Note the key messages as highlighted below

Key Messages

Total surplus as at Month 12, March 2022 of £0.108m for core revenue and Income financial position.

The NHS Golden Jubilee's February Revenue Resource Limit (RRL) allocation reflects an increase within the month of £2,483m which takes into consideration the following;

- 2021/22 CfSD workforce funding - £2.436m
- 2021/22 CfSD programmes final – (£0.033m)
- Clinical waste pressure - £0.071m
- Cardiac Physiology national support - £0.01m
- Ophthalmology EPR – (£0.002m)

Efficiency savings progressed well in the year with mitigation against the in-year target via RMP 4, which concluded with organisational break-even, and the reduction in the c/fwd gap to £1.3m.

Revenue Resource Limit and Capital Resource Limits are in balance for the financial year 2021/22, meeting our statutory targets.

Appendix 1

RRL Financial Plan - March 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	(4,162,300)	16,281,145
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)	1,210,000	(7,688,000)
Impairment				0
NDC top slice		(468,283)	24,486	(443,797)
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	5,602,000	6,432,000
Ehealth Leads support	Non-recurring	65,000		65,000
Distinction awards	Non-recurring	72,227		72,227
Additional SG bid againt 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	(3,160)		(3,160)
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	(4,379,355)	2,120,645
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		33,942	33,942
Radiographer Training	Non-recurring		16,881	16,881
International workforce			67,717	67,717
				0
CfSD Resource Proposal Paper			163,186	163,186
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)			2,153,101	2,153,101
Various - Per October RRL. MPPP programme Board de-allocations			(2,136,510)	(2,136,510)
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
Promoting Patient Attendance			50,400	50,400
CSO support for Covid research infrastructure			2,893	2,893
				0
Ophthalmologist support for EPR			(1,611)	(1,611)
Clinical waste			70,506	70,506
Annual leave			984,000	984,000
Energy Price rise			333,000	333,000
PPE			527,119	527,119
Total Core		105,733,112	5,572,042	111,305,154

Director of Finance

NHS Golden Jubilee