



# Integrated Performance Report Board Summary Report

**NHS Golden Jubilee  
Board meeting**  
29 September 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 section 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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# 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 the 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"> <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>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						SPC (Statistical Process Control)	
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement		Type of SPC
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Jun-22	7	May-22	11	↑		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Jun-22	50.0%	May-22	66.0%	↓	✘					P Chart	
		Stage 2 complaints responded to within 20 days	≥75%	Jun-22	40.0%	May-22	20.0%	↑						P Chart	
		MRSA/MSSA bacterium	≤11.2	Jul-22	27.31	Jun-22	81.61	↑						C Chart	Q1 2022/23 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jul-22	0.00	Jun-22	0.00	↔		✓	✓			C Chart	Q1 2022/23 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Jul-22	54.61	Jun-22	0.00	↓				✘		C Chart	Q1 2022/23 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Jul-22	0.0%	Jun-22	6.5%	↑						P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Jul-22	0.0%	Jun-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Jul-22	0.0%	Jun-22	0.7%	↑		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Jul-22	2.2%	Jun-22	0.0%	↓				✘		P Chart	Above Upper Control
		Hand Hygiene Compliance	≥95.00%	Jul-22	99.0%	May-22	99.0%	↔		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	Jul-22	12	Jun-22	8	↓		✓	✓			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	Jul-22	1	Jun-22	0	↓		✓	✓			C Chart	Within Control Limits
Staff Governance		Disciplinarys	≤0.24%	Jul-22	0.00%	Jun-22	0.00%	↔		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.18%	Jul-22	0.00%	Jun-22	0.1%	↑		✓	✓			P Chart	Within Control Limits
		Bullying and Harassment	≤0.12%	Jul-22	0.00%	Jun-22	0.0005	↑		✓	✓			P Chart	
		SWISS Sickness absence	≤4.00%	Jun-22	4.7%	May-22	5.0%	↑	✘					P Chart	
		Sickness absence local figure	≤4.0%	Jul-22	5.8%	Jun-22	5.4%	↓	✘					P Chart	Within Control Limits
		TURAS PDR	≥80%	Jul-22	50%	Jun-22	52%	↓	✘					P Chart	Below Lower Control
		Turnover	0.00% - 0.95%	Jul-22	0.82%	Jun-22	0.81%	↑						P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Jul-22	76.9%	Jun-22	78.4%	↓						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Jul-22	6.7%	Jun-22	3.3%	↑		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Jul-22	7.4%	Jun-22	6.4%	↓						P Chart	Above Upper Control
		Hotel TURAS PDR	≥80%	Jul-22	39%	Jun-22	50%	↓	✘					P Chart	Within Control Limits

# 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

Finance, Performance and Planning		Manage within annual budget limit	±£0k	Jul-22	£7k	Jun-22	£24k	↓		✓					N/A	
		Deliver Board efficiency target	±0%	Jul-22	133.6%	Jun-22	0.0%	↑			✓				N/A	
		NHS GJ Recovery plan versus actual	±-10.0%	Jul-22	0.7%	Jun-22	0.7%	↔			✓				N/A	
		NHS GJ Recovery plan versus actual - Radiology	±-5.0%	Jul-22	-2.4%	Jun-22	-2.4%	↔							N/A	
		TTG Number of patients who have breached the TTG	±0	Jul-22	166	Jun-22	129	↓	✗						P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	±99.9%	Jul-22	87.7%	Jun-22	89.5%	↓	✗						P Chart	Within Control Limits
		31 Day Cancer	±95%	Jun-22	100.0%	May-22	100.0%	↔			✓		✓		P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	±83% - 88%	Jul-22	74.2%	Jun-22	78.4%	↓	✗						P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	±0	Jul-22	1773	Jun-22	1806	↓	✗						C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	±0	Jul-22	1163	Jun-22	1177	↓	✗						C Chart	Within Control Limits
		Treated within 18 weeks of referral	±90%	Jul-22	91.0%	Jun-22	88%	↓					✓		P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L Only)	±90.0%	Jul-22	68.9%	Jun-22	75.3%	↓	✗						P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L Only)	±90.0%	Jul-22	96.7%	Jun-22	96.8%	↓			✓		✓		P Chart	Below Lower Control
		Orthopaedic DoSA	±62.5%	Jul-22	53.7%	Jun-22	60.1%	↓	✗						P Chart	Eight Consecutive Points Above Centre
		Thoracic DoSA	±30.0%	Jul-22	14.7%	Jun-22	14.1%	↑	✗						P Chart	Within Control Limits
		Cardiac DoSA	±9.09%	Jul-22	0.0%	Jun-22	2.7%	↓	✗						P Chart	Within Control Limits
		All Specialities Cancellation Rate	±4.1%	Jul-22	5.8%	Jun-22	7.3%	↑	✗						P Chart	Within Control Limits
		Hotel Overall net profit	±-10.0%	Jul-22	-9.4%	Jun-22	-10.0%	↑			✓				N/A	
		Hotel Income target	±-10.0%	Jul-22	4.9%	Jun-22	2.2%	↑			✓		✓		N/A	
		Hotel Room Occupancy	±67.5%	Jul-22	62.6%	Jun-22	74.7%	↓					✗		Run Chart	No Trends or Runs Identified
		Hotel Conference Room Utilisation	±66.2%	Jul-22	58.2%	Jun-22	65.7%	↓							Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	±-5.0%	Jul-22	-10.5%	Jun-22	-7.6%	↓	✗						N/A	
		Hotel GJNH Patient Bed Night Usage	±-5.0%	Jul-22	-9.4%	Jun-22	-15.6%	↑	✗						N/A	
		Hotel Not for Profit Percentage	±50% - 60%	Jul-22	54.7%	Jun-22	60.6%	↓					✓		N/A	
		Hotel Review Pro Quality Score	±86.0%	Jul-22	91.1%	Jun-22	88.5%	↑			✓		✓		Run Chart	No Trends or Runs Identified
		GJRI Number of new research projects approved	±8	Jun-22	8	Mar-22	8	↔							C Chart	Within Control Limits
		GJRI Research Institute Income to Date	±-10.0%	Jun-22	-17.0%	Mar-22	-4.0%	↓					✗		N/A	
		GJRI Motion Lab Analysis Income	±£44550	Jun-22	£750	Mar-22	£1,500	↓	✗						N/A	
		GJRI % Occupancy: Clinical Skills Centre	±75.0%	Jun-22	65.0%	Mar-22	65.0%	↔							Run Chart	No Trends or Runs Identified
		GJRI % Occupancy: Clinical Research Facility	±80.0%	Jun-22	68.0%	Mar-22	64.0%	↑	✗						Run Chart	No Trends or Runs Identified

	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	9	8	2	0	1
Staff Governance	4	4	4	0	0	3
FPP	15	7	5	2	2	2
Total	20	20	17	4	2	6

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 June 2022 there were seven complaints reported. Latest position.
Stage 1 complaints response time	Red	In June 2022, there were two Stage 1 complaints, of which one was responded to within the five day target (50%) - Latest position.
Stage 2 complaints response time	Red	In June 2022 there were five Stage 2 complaints, of which two were responded to within 20 days (40%) - Latest position.
Mortality	Green	The mortality figure for July 2022 was reported as twelve.
Significant adverse events	Green	There were zero significant adverse event reviews in May 2022. Latest position.
MRSA/MSSA cases	Red	There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in July 2022.
Clostridiodes Difficile	Green	There were zero Clostridiodes Difficile Infections (CDI) reported in July 2022.
Gram Negative Bacteraemia	Red	There were two reported instances of Gram Negative Bacteraemia in July 2022.
SSI: Hips & Knees	Green	Surveillance recommenced in July with no SSIs reported in July 2022.
SSI: Cardiac	Green	Surveillance recommenced in October with no SSIs reported in July 2022.

## **Clinical Governance Executive Summary**

In June we received five stage 2 complaints and two stage 1 complaints; Totalling 7 for the month. None of the stage one complaints were escalated to a stage 2 complaint.

50% of stage 1 complaints were responded to within guidance timescale (5 days) n = 1.

The Stage 1 complaint that went over the 5 working days was extended to 10 working days. The response was complete within 8 working days so whilst it breached the 5 days, it was within the 10 day extended timeframe.

40% of stage 2 complaints were responded to within guidance timescale (20 days) n = 2

Average days for stage 2 complaints:

>20 days = 24 days

Within 20 day timeframe = 16.5 days

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.

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

- Staphylococcus aureus Bacteraemia- 1 SAB to report in July. Source- SSI. Since April 22, 5 SAB have been noted. In 21/22, 7 SAB were reported in total.
- Clostridioides difficile infection (previously known as Clostridium difficile)- 0 inpatient cases to report.
- Gram Negative/E.coli Bacteraemia (ECB)- 2 ECB to report.
- Hand Hygiene- Overall hand hygiene compliance for July was 99%. Next report September.
- Cleaning and the Healthcare Environment -Facilities Management Tool Housekeeping Compliance: 98.52% Estates Compliance: 97.54%
- Orthopaedic Surgical Site Surveillance- Surveillance recommenced mid July 2021. Three TKR surgical site infection to report. Problem Assessment Group convened to review risk factors and sources of an increase in orthopaedic SSI since April.



- Cardiac Surgical Site Surveillance- No SSI to report.

### **HAI Related Activity Update**

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 the end July. Current COVID 19 guidance remains extant and contained within the NIPCM.

The revised HAI Standards for Scotland were launched by HIS on the 16<sup>th</sup> May 2022 with inspection against the new standards from September 2022 allowing a period of implementation. There is now a new standard related to the built environment. The Senior PCINs are currently undertaking a gap analysis to inform key stakeholders.

As work increases in momentum in readiness for Phase 2 Expansion, all members of the PCIT are integrated into new operational groups and State of Readiness.

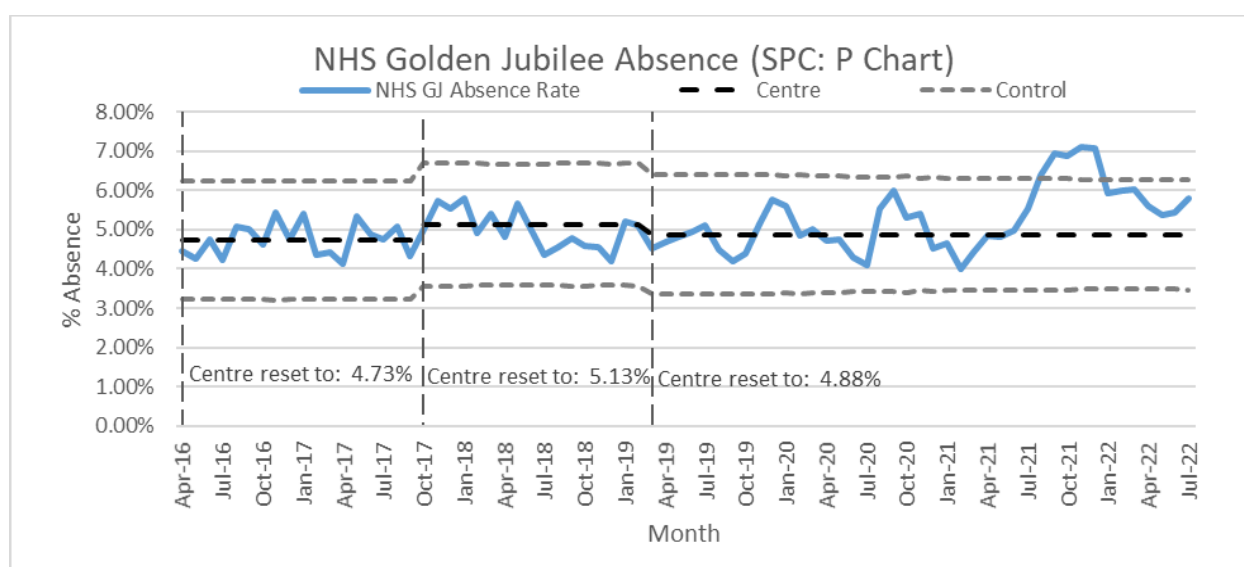
## Section B: 2 Staff Governance

Staff Governance		
Disciplinarys		There were zero disciplinary cases raised in July 2022.
Grievances		There were zero grievance cases raised in July 2022.
Dignity of work		No dignity cases were raised in July 2022.
Local Sickness absence		Sickness absence in July 2022 was reported at 5.8%. This is within control limit. Absence due to COVID-19 reasons was 2.9% (+0.6%)
Turnover		Turnover in July 2022 was reported as within control limits at 0.8%.
Medical appraisal with completed interview & form		A new round of appraisals began in April 2022. Performance is 5.6% (9/159) for July 2022.
TURAS Appraisal rates		Position for July 2022 reported as 50% (-2% on last month.)
Job Planning: All hospital		New job plans start for the year April 2022. In July 2022 performance was reported as 76.9% (90/117) signed off with others at various stages of the process.

## Staff Governance Executive Summary

### Sickness absence

In July 2022, the Board's sickness absence rate stood at 5.8%, up 0.4% on the previous two months.



In July 2022 the Board's sickness absence rate stood at 5.8%, up 0.4% on the previous two months. Across the Directorates, absence was as follows:

- Corporate: 4.5%, up 0.3% on the previous month;
- Golden Jubilee Conference Hotel: 7.4%, up 1.0% on June;
- Heart, Lung and Diagnostic Services: 6.4%, 0.1% higher than the previous month; and
- National Elective Services: 6.1%, which was 0.6% higher than in June.

"Anxiety/stress/ depression/other psychiatric illnesses" continued to be the highest cause of sickness absence, in July accounting for 24.1% of all sickness absence, 2.4% higher than June's figure of 21.7%. It was the main cause of absence in all of the Directorates except Heart, Lung and Diagnostic Services:

- Corporate: 37.4% (up from 25.5% in June);
- Golden Jubilee Conference Hotel: 46.9% (down from the previous month's 73.2%); and
- National Elective Services: 21.6% (up from 19.6%).

In Heart, Lung and Diagnostic Services the main reason for sickness absence was "Other musculoskeletal problems", accounting for 20.2% of sickness absence hours.

The second top cause of sickness absence in July was "Unknown causes/not specified", accounting for 11.5% of sickness absence hours. "Other musculoskeletal problems" was third, at 9.6%.

### 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 July, COVID-19 special leave accounted for 2.9% of all contracted hours, up from 2.3% the previous month. The Directorate breakdown was:

- Corporate: 2.0% (up from 1.6%);
- Golden Jubilee Conference Hotel: 0.5% (down from 0.9%);
- Heart, Lung and Diagnostic Services: 2.9% (2.3% in June); and
- National Elective Services: 4.1% (up from 3.1%).

### **Agenda for Change appraisal**

Within the year to 31 July 2022, 50% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 2% lower than the previous month. The Directorate breakdown is as follows:

- Corporate: 34%, 14% lower than June;
- Golden Jubilee Conference Hotel: 39%, 11% lower than the previous month;
- Heart, Lung and Diagnostic Services: 63%, the same as June; and
- National Elective Services: 52%, down 4% on the previous month.

### **Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. As at 31 July, nine doctors out of 159 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.

### **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 90 (76.9%) of 117 job plans have been signed off, six are awaiting second manager sign off, two are awaiting first management sign off, two await to be signed off by the doctor, ten are in discussion, and seven have been placed in mediation.

## Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month four the position reported was as a total surplus of £72k. At time of submission, monthly targets were still to be finalised.
Finance – Efficiency savings		The latest available position (M4) has £0.848m efficiency savings identified, of which £662k is non-recurring. At time of submission, monthly targets were still to be finalised.
Cancer 31 Day		In June 2022, nationally reported performance was 100% (32/32). All lung cancer site cases.
TTG: Number of patients who have breached the TTG		In July 2022, there were 166 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 1.8% from 89.5% in June 2022 to 87.7% in July 2022.
SoT Guarantee – Inpatient and DC cases (H & L only)		69% of Heart and Lung patients were treated within 12 weeks in July 2022.
DOSA rate: Cardiac Surgery		There were zero DoSA cases in July 2022 (0%). A new profile for the year has been agreed.
DOSA rate: Thoracic Surgery		There were ten DoSA cases in July 2022 (14.7%). A new profile for the year has been agreed.
DOSA rate: Orthopaedics		In July 2022 there were 231 Orthopaedic primary joint admissions, 124 (54%) of which were on the day of surgery.
Theatre Cancellation Rates		In July 2022, the overall hospital cancellation rate was 5.8% (132/2274).
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 74.2% in July 2022.
Hotel: Income		Reporting for July 2022, position was on plan (4.9%).
Hotel: Room Occupancy		July 2022 reported position 62.6% against target of 67.5%.
Hotel: Conference Room Occupancy		July 2022 reported position 58.2% against target of 66.2%.
Hotel: Delegates		July 2022 reported -10.5% against target of >-5%.
Hotel: Patient Bed Usage		July 2022 reported -9.4% against target of >-5%.
Hotel: Not for Profit %		July 2022 reported 54.7%, against target of 50-60%.
Hotel: Pro Quality Score		July 2022 reported 90% against target of >86%.
Research & Innovation:		8 projects were approved in Quarter 1 (Target =8)

New research projects approved		Latest position available.
Research & Innovation: Income received		Income to date reported as £311,329 against a profile of £375,000. Latest position available.
Research & Innovation: Motion lab analysis		Reported income in Quarter 1 of £750. Latest position available.
Research & Innovation: % Occupancy CSC		65% occupancy reported against profile of 75%. Latest position available.
Research & Innovation: % Occupancy Research		68% occupancy reported against profile of 80%. Latest position available.

**NHS Golden Jubilee  
Summary Finance Report  
As at 31 July 2022 – Month 4**



# 1. EXECUTIVE SUMMARY

Finance Position as at 31 July 2022 – Month 4 Report		
1.1	Delivery of Financial Plan	The year to date Core Revenue position as at the end of July 2022/23 reports a surplus of <b>£72k</b> . This position is in line with the current assumptions contained within the financial plan, and is reflective of the Board's Quarter 1 forecast position as submitted in the Financial Performance Report (FPR).
1.2	Efficiency Performance	Divisions have identified high-level schemes to date of <b>£1.8m</b> , reflective of progress towards the initial <b>£2.229m</b> identified in the FPR and Financial Plan. Further work is in progress to ensure that the balance will be delivered, as well as identifying further opportunities to reduce the remaining unidentified efficiency gap of <b>£2.4m</b> . Efficiency meetings are currently under-way with each clinical lead and service team with finance to identify further ideas for sustainable solutions in the latter half of the year.
1.3	Capital Expenditure	The baseline core capital allocation for the Board has been confirmed as <b>£2.691m</b> , with the funding associated with the elective centres baselined at <b>£29.609m</b> . With additional allocations now confirmed for national infrastructure equipping, backlog maintenance and medical equipment and IMT projects, the total investment plan for 2022/23 is anticipated to be <b>£44.619m</b> .
1.4	Income	Income received year to date is above plan by <b>£325k</b> . This predominantly relates to the over performance across other Non-WoS Cardiology Income SLAs and the Centre for Sustainable delivery workforce invoiced (as funding is aligned with RRL).
1.5	Expenditure	Expenditure is <b>(£253k)</b> overspent with the largest pressure reported against the efficiency gap reported within CS&R&S <b>(£849k)</b> , clinical supplies <b>(£335k)</b> and medical staffing <b>(£330k)</b> . This reflects the level of remaining



		efficiency savings yet to be identified, the associated costs of activity undertaken against the current expenditure base (across HL&D Division mainly) and the pressures within medical staffing areas. There are some other key variances that predominantly relate to workforce vacancies which offset these pressures that are described within the expenditure performance section in greater detail.
1.6	<b>Annual Delivery Plan 2022/23 to 2024/25</b>	Boards await formal feedback from ADP submissions; in the interim the Scottish Government National Director for Scheduled Care requested the completion of a Waiting Times Improvement Template by the 12 <sup>th</sup> August 2022, focussed on the Planned Care Initiatives submitted for consideration and funding approval.

		<b>Key Actions</b>
1.1	<b>Finalisation of Divisional budgets and Sign-off as part of month 4.</b>	<p>Final Meetings have taken place with the HL&amp;D Division to agree the 2022/23 budget baseline, meetings with NES to take place during late August.</p> <p>Budget plans are linked to the agreement and finalisation of the revised July 2022 Financial Plan submission. Corporate budget setting is agreed with teams via the Divisional Accountant/Head of Management Accounts meetings. Formal Budget limit communication will be progressed by the end of August 2022 to each Division and reflect the final stage review of remaining cost pressures.</p>
1.2	<b>Efficiency Meetings</b>	<p>The efficiency agenda continues to be an integral part of the PRG review process during August - meetings have taken place within Cardiology and Critical Care service areas to present the overall financial gap for the Board, with savings plans defined at that stage and discussion of cost pressures. This has created improved engagement with these services to drive forward other value and efficiency opportunities relevant to their respective service areas.</p> <p>The formalised work-stream methodology across the organisation plans to be progressed by the end of summer.</p>
1.3	<b>Approval of Anticipated Allocations</b>	<p>The revised Financial Plan identifies areas where further SG allocations are anticipated, mapping out the associated expenditure assumptions. Additional funding approval relating to supporting the Planned Care agenda is also subject to final approval from SG finance team. Whilst these have not been approved to date, the associated costs will only progress once allocations are finalised.</p>

## Core Revenue Financial Performance as at 31 July 2022, Month 4

The Core Revenue position for July 2022 reflects a surplus of £72k.

The summary table below highlights the key variances;

**Table 1: - Summary Core position as at month 4**

RC20:H53RL Summary	Year to Date			Jul-22 Annual Budget £000s	% Variance
	YTD Budget £000s	YTD Actual: £000s	YTD Var £000s		
<b>Income</b>					
Core RRL	(35,521)	(35,521)	0	(128,010)	0%
Income	(25,228)	(25,553)	325	(75,245)	1.3%
<b>Total</b>	<b>(60,749)</b>	<b>(61,074)</b>	<b>325</b>	<b>(203,256)</b>	<b>0.5%</b>
<b>Expenditure</b>					
Staffing	41,456	40,698	758	121,126	-1.8%
Non-pay	19,293	20,304	(1,011)	82,129	5.2%
Total expenditure	60,749	61,002	(253)	203,256	0.4%
<b>Total Core Position</b>	<b>0</b>	<b>72</b>	<b>72</b>	<b>0</b>	<b>0.1%</b>

- Small changes to the profile of funding from the Scottish Government have been implemented as part of the revised Financial Plan, however the board continues to work with the relevant policy teams in regards to the outstanding allocations. The month 4 position assumes the anticipated allocations will be agreed as part of the approval process surrounding the Financial Plan submitted in early August 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 confirmed by the Divisions are £1.8m as at the end of July. Assumptions around contingencies and reserves as well as further refinement of efficiency work-streams suggest a further £0.4m of solutions will be identified by the year-end. This reduces the value of the unidentified savings gap to £2.4m. This remains as a medium/high risk of achievement for the Board at this time, until further efficiency work-streams have been worked through and additional schemes identified. Internal Cost pressures and Efficiency meetings held during early August with services have been positive with good engagement across the sub-specialisms of those that have taken place. The finance team aim to build on this momentum to identify further opportunities and ideas put forward in extending this into other service areas.
- On the back of The Planned Care Recovery submission to Scottish Government on the 8<sup>th</sup> July on behalf of the Board, this has been followed up with a funding process letter from Scottish Government on August 2<sup>nd</sup>, which confirmed funding assurance for legally committed and recurring expenditure. The letter requested completion of a Planned Care Funding Template by August 12 and further confirmed funding is expected on the back of this. Internal divisional meetings with representation from finance and planning and performance teams have taken place during the week of 8<sup>th</sup> August to support completion of this template to reflect the current position around long waiter activity initiatives and associated funding.

### **Total Income Performance as at 31 July 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 4, 31 July 2022.

**Table 2 – Total Core Funding as at month 4**

	Year to Date			Jul-22	% Variance
	Budget £ 000	Actual £ 000	Variance £ 000	Annual Budget £ 000	
Core - RRL	(28,337)	(28,337)	0	(106,457)	0%
Core - RRL ( SLA )	(7,184)	(7,184)	0	(21,553)	0%
<b>Total Core Funding</b>	<b>(35,521)</b>	<b>(35,521)</b>	<b>0</b>	<b>(128,010)</b>	<b>0.0%</b>
Non - RRL SLA					
Heart & Lung - Cardiac	(11,015)	(10,965)	(50)	(33,402)	0%
Heart & Lung - Thoracic	(3,380)	(3,414)	33	(10,176)	0%
Heart & Lung - Cardiology	(7,130)	(7,234)	103	(21,903)	0%
Heart & Lung - SPVU	(221)	(221)	0	(606)	0%
GJCH	(1,424)	(1,495)	70	(3,887)	0%
Other	(2,057)	(2,226)	169	(5,272)	0%
<b>Total Income</b>	<b>(25,228)</b>	<b>(25,553)</b>	<b>325</b>	<b>(75,246)</b>	<b>1.3%</b>
<b>Total Core Funding/Income</b>	<b>(60,749)</b>	<b>(61,074)</b>	<b>325</b>	<b>(203,256)</b>	<b>0.5%</b>

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

- Underperformance across the non-WoS cardiac contract is offset with over performances across the thoracic and cardiology SLAs.
- The Hotel has experienced an uptake in conference income as well as improved room bookings overall.
- CfSD salary recharges to SG for costs incurred to-date forms the majority of the over-performance on other income.

## Total Expenditure Performance as at 31 July 2022

The table below represents an extract of the summary expenditure financial position as at month 4, 31 July 2022.

**Table 3 – Total Expenditure Summary as at month 4**

Core Expenditure	Current Annual Budget £ 000	Year to Date			In-month Position			%
		Budget £ 000	Actual £ 000	Variance £ 000	Budget £ 000	Actual £ 000	Variance £ 000	
<b>Staff</b>								
Medical	30,509	10,732	11,062	(330)	2,743	2,862	(119)	-3.0%
Nursing	42,712	14,511	13,601	910	3,754	3,413	341	6.7%
Clinical Support	16,882	5,723	5,504	219	1,440	1,332	108	4.0%
Non-clinical Support	9,901	3,317	3,297	20	838	825	13	0.6%
Admin	21,122	7,264	7,234	30	1,827	1,812	15	0.4%
<b>Total Staff</b>	<b>121,126</b>	<b>41,547</b>	<b>40,698</b>	<b>849</b>	<b>10,602</b>	<b>10,244</b>	<b>358</b>	<b>2.1%</b>
<b>Supplies</b>								
<b>Clinical</b>								
Pharmacy	4,335	1,592	1,572	20	403	401	2	1.3%
Surgical	24,141	9,607	9,942	(335)	2,561	2,382	179	-3.4%
Labs/Radiology	1,654	611	622	(11)	183	195	(12)	-1.8%
<b>Total Clinical supplies</b>	<b>30,131</b>	<b>11,810</b>	<b>12,136</b>	<b>(326)</b>	<b>3,147</b>	<b>2,978</b>	<b>169</b>	<b>-2.7%</b>
<b>Non - Clinical</b>								
PPE	6,181	2,537	2,539	(2)	512	529	(17)	-0.1%
Facilities	7,238	2,678	2,603	75	606	533	73	2.9%
Other inc reserves	38,580	2,176	3,026	(849)	(36)	620	(656)	-28.1%
<b>Total Non-clinical</b>	<b>51,999</b>	<b>7,391</b>	<b>8,168</b>	<b>(776)</b>	<b>1,082</b>	<b>1,682</b>	<b>(600)</b>	<b>-9.5%</b>
<b>Total Core Supplies</b>	<b>82,129</b>	<b>19,201</b>	<b>20,304</b>	<b>(1,102)</b>	<b>4,229</b>	<b>4,660</b>	<b>(431)</b>	<b>-5.4%</b>
<b>Total Core Expenditure</b>	<b>203,256</b>	<b>60,749</b>	<b>61,002</b>	<b>(253)</b>	<b>14,831</b>	<b>14,904</b>	<b>(73)</b>	<b>-0.4%</b>

### Key Issues:

#### Pays - Medical Pays

Budget for the NI increase has been released in Month 4 for all substantive staff.

Ongoing pressures include SACCS Consultants (awaiting NSD business case decision).

CT Anaesthetics WLI remains at a high level of (£171k) YTD.

NES overspend due to Orthopaedic Consultants and General Anaesthetic WLIs (£138k).

There has also been salary charges for costs relating to 2021/22 which have been paid this month (NES £10k and HL&D £17K) – Service leads have been reminded that services performed in a financial year must be claimed in that same year.

#### Nursing Pays

Ongoing nursing vacancies across NES, mainly within Theatres – recruitment efforts

Continue.

HL&D the vacancies are mainly within critical care partly offset by small bank pressures in NSD services.

## 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 4**

Core Expenditure Category	Year To date			Jul-22	Division Year To date Variance				variance %
	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	
Staff Costs-Medical	11,062	10,732	(330)	30,510	(168)	(240)	78	0	-3%
Staff Costs-Nursing	13,601	14,511	910	42,712	359	590	(39)	0	6%
Staff Costs-Clinical	5,504	5,723	219	16,882	112	107	0	0	4%
Staff Costs-Support	3,297	3,317	20	9,900	0	91	(107)	36	1%
Staff Costs-Admin	7,234	7,264	30	21,122	23	29	54	(76)	0%
<b>Total Pay</b>	<b>40,698</b>	<b>41,547</b>	<b>849</b>	<b>121,126</b>	<b>326</b>	<b>577</b>	<b>(14)</b>	<b>(40)</b>	<b>2%</b>
Pharmacy supplies	1,572	1,592	20	4,335	(7)	33	(6)	0	1%
Surgical Supplies	9,942	9,607	(335)	24,141	(391)	67	(11)	0	-3%
Lab/Radiology Supplies	622	612	(10)	1,654	(5)	1	(6)	0	-2%
PPE	2,539	2,537	(2)	6,181	(162)	143	(4)	21	0%
FM	2,603	2,678	75	7,238	(42)	(25)	177	(35)	3%
CS&R&S	3,026	2,176	(850)	38,580	(2)	(117)	(750)	19	-39%
<b>Total Non-Pay</b>	<b>20,304</b>	<b>19,202</b>	<b>(1,102)</b>	<b>82,129</b>	<b>(609)</b>	<b>102</b>	<b>(600)</b>	<b>5</b>	<b>-6%</b>
<b>Total Core Position</b>	<b>61,002</b>	<b>60,749</b>	<b>(253)</b>	<b>203,256</b>	<b>(283)</b>	<b>679</b>	<b>(614)</b>	<b>(35)</b>	<b>0%</b>

## Key Actions

- Recruitment to key vacancies continues to be prioritised for the Board as a whole, with PRGs having this as a standing agenda item.
- Reviews of locum, overtime and WLIs expenditure is ongoing linked in with service gaps, absence management and job plans.
- Detailed work with HLD has been discussed at the latest PRG with alignment of reserves now released to the position for medical staffing, Cath lab supplies and Cardiology devices. This has enabled a clearer baseline understanding for both clinical, operational and finance teams to build on for future financial performance monitoring.
- 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. The revised July 2022 financial plan gap submission reflects £4.6m efficiency savings target which is a movement of £0.1m on the March 2022 financial plan. An extension was given to Boards by Scottish Government Health Finance for financial plan submissions to 5<sup>th</sup> August to allow additional modelling to support the following assumptions within financial plan submissions to assist in consistent 3 year planning at a national level, specifically relating to financial years 2023/24 and 2024/25;

	2023-24	2024-25
<b>Funding</b>		
Baseline Uplift *	2%	2%
<b>Pressures</b>		
Pay	2%	2%

Non-Pay (excluding energy)	2%	2%
Energy	Boards to use local 5% assumptions as basis for this assumptions within Financial Plans	

In terms of the NHS GJ Financial Plan for both 2023/24 and 2024/25 as submitted this reflects these percentage uplifts and associated cost increase assumptions.

\*Scottish Government also required Boards to provide forecast outturn positions within narratives based on **flat rate, 1% and 2% uplifts to baseline funding for 2023-24 and 2024-25**. The table below provides a summary of the associated uplifts using these assumptions and the implications to financial gaps as well as including an updated position on the Annual Delivery Plan profile on planned changes to the activity plans.

	2023-24	2023-24	2024-25	2024-25
	<b>Funding</b>			
Baseline Uplift *	Flat rate	0%	Flat rate	0%
Baseline Uplift *	1%	£0.714m	1%	£0.721m
Baseline Uplift *	2%	£1.428m	2%	£1.457m
1% uplift Impact on Efficiency Target		£4,557		£6,259
Flat rate Impact on Efficiency Target		£5,271		£7,701



Key points to note between the March 2022 and the July 2022 are detailed below;

- Covid Funding confirmed as £2.2m with current Board costs forecast at this stage of £2.899m, therefore £0.699m pressure to manage.
- Financial Plan assumes pay award as per original 2.3% for AFC and 2% for Medical and Dental, however increase in line with current SPSPP 5% proposal; assumed as cost neutral with further £3.6m cost implication to be funded with further funding allocation.
- Laboratory Information Management System (LIMS) contract costs included within financial plan with no additional funding in place from SG to manage this pressure.
- Energy prices assumed in line with national advice for public sector.
- NHSSA funding is still to be confirmed as at month 4, but most recent Sponsorship meetings indicate £2.5m baseline funding will be confirmed along with £1.5m for NTC accelerated workforce/NMC OSCE. CfSD has also confirmed commitment to fund £0.147m for Endoscopy Training programme. The most recent communication has confirmed the £0.365m non-recurrently for National Ultrasound Training Programme.
- CfSD Core funding of £5.342m and additional funding of £0.369m is assumed to be forthcoming, with further discussions required to confirm the programme budget of £7.5m. The Financial Plan assumes this will be cost neutral once confirmed. Additional bids of £1.179m have yet to be confirmed at this stage, with only the Green Theatres element confirmed via Head of NHS Facilities and Environmental Sustainability.
- International Recruitment funding of £0.625m is assumed, with only £0.045m for Lead recruitment role confirmed to date. Therefore, July'22 updated FP assumes additional funding on back of internal business case and appointment of Yeovil NHS Foundation Trust as supplier route at this stage.
- Waiting Times Improvement assumes anticipated RRL funding for those areas approved i.e. of the £5.334m reported in month 2, Cardiac and Cardiology - £0.874m remains unconfirmed at this point but is now included within the Planned Care submission for approval.

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

Updated templates with reviewed Divisional activity plans have been finalised and agreed with the Divisional teams, with the final revised ADP activity plan aligned with the Financial Plan and the Annual Delivery Plan submission documents. This reflected increased activity of 3,778 cases (from 32,513 to 36,291) excluding Radiology has associated increased costs of £1.886m.

Feedback from Scottish Government on the Annual Delivery Plan is awaited in line with the Financial Plan and Workforce Plan for the Board.

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

The Board has received confirmation of £2.2m Covid funding allocation for 2022/23. Costs included within the FPR quarter 1 return forecast to March 2023 indicated expenditure of £2.899m including Flu and Covid vaccination associated programme costs and Test and Protect mobile testing facility costs.

The Board will continue to review and monitor expenditure and income implications directly attributable to Covid through the FPR route, the main contributors of the £2.899m remain within GJCH income loss and the ongoing recovery recurring workforce costs not yet released or re-aligned from within the recovery workforce approved.

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

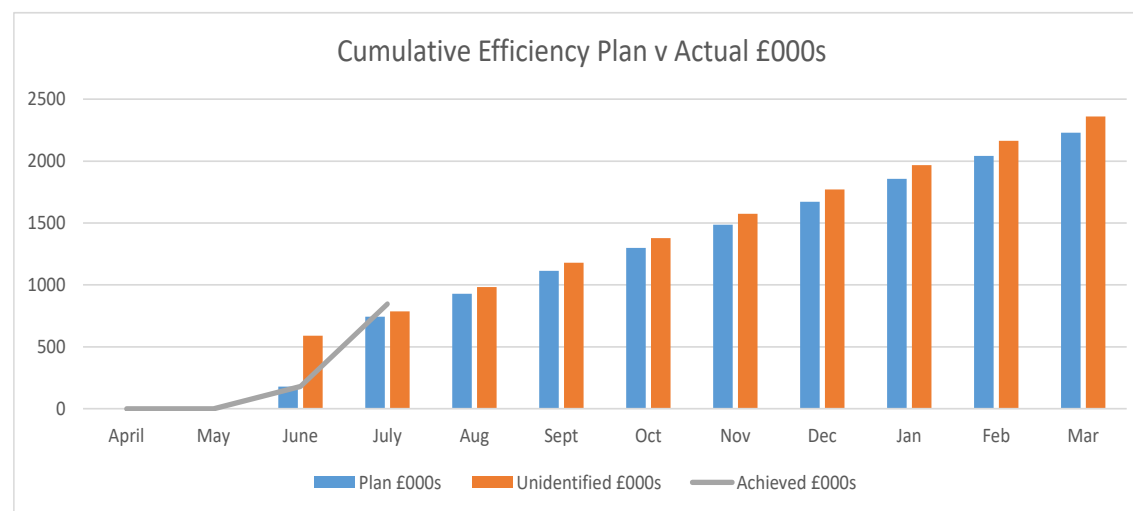
The current efficiency gap as identified in the revised financial plan submission reflects £4.590m. To-date schemes of £1.781m are identified across the Divisions, leaving a balance of £2.809m still to be met. A further £0.448m of efficiency opportunities are forecast to be realised on the back of some of the key service meetings held during the beginning of this month, reducing the remaining unidentified balance to £2.361m. 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.

NHS GJ is represented within the Scottish Government Financial Improvement meetings and will continue to work to drive forward collaborative opportunities and meet with SG to review progress against efficiency performance regularly. It is expected 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 4**

	<b>CYE</b> <b>£000's</b>
<b>Target</b>	<b>4,590</b>
Identified Recurring Savings	1,207
Identified Non-Recurring Savings	1022
<b>Total Identified</b>	<b>2,229</b>
<b>Outstanding Balance</b>	<b>(2,361)</b>



£0.847m of savings are reported as achieved as at month 4 financial reporting. This is ahead of plan compared to the initial phasing within the Financial Plan. However it is important to note that 78% (£0.662m) of this position relates to non-recurring schemes, mainly from recruitment gaps within nursing and clinical areas due to workforce challenges. Of the total schemes identified for the year, 57% of the £1.781m (£1.022m) are non-recurring in nature.

Discussions continue with the Divisions to understand how the challenge of converting more savings into sustainable recurrent savings can be achieved, with the further £0.448m opportunities discussed at the recent service meetings reflecting this with a higher recurring element in the region of 60%.

## **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.
- 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 end of month four the Board movement in provision has decreased by £55k which relates to removal of a number of claims, we will not receive our share of the pot until the year end is confirmed. The in-month position is showing breakeven, although due to the process of accounting for AME provisions this will show small variances during the year but will be break even at year-end.
- 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 has decreased in month due to the removal of the claims noted above.
- 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>		Updated capital plan	Month four
	£000's	£000's	£000's
Estates	1,660	4,910	197
Medical Equipment	2,553	2,502	40
IMT	1,640	2,793	97
Hotel	680	680	-
Academy (Equipment)	275	275	-
Academy (Infrastructure)	1,800	1,800	-
<b>Total</b>	<b>8,608</b>	<b>12,960</b>	<b>335</b>
<b>Projects</b>			
Water Source Heat Pump*	2,050	2,050	0
Phase two	29,609	29,609	3,261
<b>Total Projects</b>	<b>31,659</b>	<b>31,659</b>	<b>3,261</b>
<b>Total Spend</b>	<b>40,267</b>	<b>44,619</b>	<b>3,595</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 financial years, which is being updated currently.

Due to the early position in the financial year the main capital expenditure incurred to date is monies related to the elective centre expansion. The full detail of the capital position is provided in a separate capital update paper.

The baseline core-capital allocation for the Board is £2.691m and the funding associated with the elective centres, which will be subject to some in-year variation, is baselined at circa £29.609m for this financial year.

NHS Golden Jubilee have also highlighted to SG the need for further capital funding within this financial year, in light of this further capital funding has been identified from the following sources:

- National Infrastructure Equipping group - £1.4m to date, further funds have been identified nationally
- Initial SG funding over core CRL - £2.442m
- New released funding from SG for backlog and infrastructure - £4.353m

All the funding above has been approved by SG and agreed by the capital group.

Month 4 is only at the early stages of financial expenditure, the review of actual spend, and forecasts actioned from Quarter 1 formal return are routinely reviewed and refined.

Formal notification on funding from Scottish Government is also expected after review of the FPR quarter 1 returns.

**The Board are asked to**

- Note the financial position for Month 4, as at 31 July for the financial year 2022/23; and
- Note the key messages as highlighted above

**Graham Stewart**

**Interim Director of Finance**

**NHS Golden Jubilee**