



Integrated Performance Report Board Summary Report

**NHS Golden Jubilee
Board meeting
24 September 2020**

Performance and Planning Department

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Section A: Introduction

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

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

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

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

Jann Gardner
Chief Executive

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Director of Finance

June Rogers
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Performance Summary Dashboard – Guidance

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

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

Board Performance Dashboard – Part 1

Performance Summary

Status	Definition	Direction of Travel	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	
Clinical Governance		Total complaints (stage 1 & stage 2)	≤0.10%	Mar-20	0.12%	Feb-20	0.10%	↓					✘	
		Stage 1 complaints responded to within 5 working days	≥75%	Jul-20	40.0%	Jun-20	0.0%	↑	✘					
		Stage 2 complaints responded to within 20 days	≥75%	Jun-20	100.0%	May-20	100.0%	↔						
		MRSA/MSSA bacterium	≤0.12	Jul-20	0.92	Jun-20	0.36	↓	✘					
		Clostridioides difficile infections (CDI) in ages 15+	≤0.10	Jul-20	0.00	Jun-20	0.00	↔						
		Mortality	0 - 15	Jul-20	8	Jun-20	10	↑		✓				
		Significant Adverse Event Reviews	0 - 5.96	Jul-20	3	Jun-20	0	↓		✓	✓			
Staff Governance		Hotel Complaints	≤2	Jul-20	0	Jun-20	0	↔		✓	✓			
		Disciplinarys	≤0.50%	Jul-20	0.10%	Jun-20	0.00%	↓		✓	✓			
		Grievances	≤0.40%	Jul-20	0.05%	Jun-20	0.00%	↓		✓	✓			
		Bullying and Harrassment	≤0	Jul-20	0	Jun-20	0	↔						
		SWISS Sickness absence	≤4.00%	Jun-20	4.34%	May-20	4.53%	↑	✘					
		Sickness absence local figure	≤4.0%	Jul-20	4.1%	Jun-20	4.3%	↑	✘					
		Job Planning All Hospital	≥91%	Feb-20	80.6%	Jan-20	78.5%	↑						
		TURAS PDR	≥80%	Jul-20	50%	Jun-20	51%	↓	✘					
		Medical appraisal with completed interview & form 4	≥80%	Feb-20	58.4%	Jan-20	44.6%	↑	✘					
		Hotel Sickness Absence	≤4.0%	Jul-20	1.9%	Jun-20	1.6%	↓		✓	✓			
	Hotel TURAS PDR	≥80%	Jul-20	32%	Jun-20	30%	↑	✘						

Board Performance Dashboard – Part 2

Performance Summary

Status	Definition	Direction of Travel	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 agreed forecast capital plan	≥Compliant	Jul-20	Compliant	Jun-20	Compliant	↔		✓	✓		
		Manage within annual budget limit	≥£0k	Jul-20	£454K	Jun-20	£126K	↑		✓	✓		
		Deliver Board efficiency target	≥0%	Jul-20	-82.8%	Mar-20	0.1%	↓					x
		NWTC actual activity v target activity	≥-10.0%	Mar-20	-6.1%	Feb-20	-2.6%	↓		✓	✓		
		NWTC actual activity v target activity for Diagnostic Imaging	≥-5.0%	Mar-20	-1.8%	Feb-20	-0.2%	↓		✓	✓		
		TTG: Number of patients who have breached the TTG.	≤0	Jul-20	120	Jun-20	621	↑	x				
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jul-20	35.7%	Jun-20	56.4%	↓	x				
		31 Day Cancer	≥95%	Jun-20	100.0%	May-20	100.0%	↔					
		Hospital Wide Bed Occupancy	83% - 88%	Jul-20	71.2%	Jun-20	67.5%	↑	x				
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Jul-20	63.0%	Jun-20	58.9%	↑	x				
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Jul-20	80.3%	Jun-20	77.5%	↑					
		Orthopaedic DoSA	≥75.0%	Jul-20	54.8%	Jun-20	0.0%	↑	x				
		Thoracic DoSA	≥40.0%	Jul-20	5.2%	Jun-20	4.0%	↑	x				
		Cardiac DoSA	≥20.0%	Jul-20	0.0%	Jun-20	0.0%	↔	x				
		All Specialties Cancellation Rate	≤4.1%	Jul-20	6.9%	Jun-20	5.6%	↓	x				
		Hotel Overall net profit	≥-10.0%	Jul-20	10153.5%	Jun-20	66796.6%	↓					
		Hotel Income target	≥-10.0%	Jul-20	-410.9%	Jun-20	-299.0%	↓	x				
		Hotel Room Occupancy	≥67.5%	Jul-20	3.2%	Jun-20	2.6%	↑	x				
		Hotel Conference Room Utilisation	≥66.2%	Jul-20	129.4%	Jun-20	135.7%	↓		✓			
		Hotel Conference Delegates	≥-5.0%	Jul-20	-100.0%	Jun-20	-100.0%	↔	x				
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Jul-20	-88.7%	Jun-20	-89.0%	↑	x				
		Hotel Not for Profit Percentage	50% - 60%	Jul-20	103.3%	Jun-20	101.2%	↑	x				
		Hotel Review Pro Quality Score	≥86.0%	Mar-20	86.4%	Feb-20	86.7%	↓		✓			
		GJRI Number of new research projects approved	≥8	Jun-20	10	Mar-20	9	↑		✓			
		GJRI Research Institute Income to Date	≥-10.0%	Jun-20	-13.5%	Mar-20	19.1%	↓					x
		GJRI Motion Lab Analysis Income	≥£246710	Jun-20	£72,000	Mar-20	£72,000	↔	x				
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Jun-20	79.0%	Mar-20	57.0%	↑					✓
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Jun-20	0.0%	Mar-20	60.0%	↓	x				
		MDaT sessions secured	≥2.1	Jun-20	0	Mar-20	0	↔	x				

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) as a percentage of activity	Amber	In July 2020 there were nine complaints reported. The highest total since Jan 2020.
Stage 1 complaints response time	Red	In July 2020 there were five Stage 1 complaints, three of which did not meet the 5 day response time.
Stage 2 complaints response time	Green	In June 2020 there were zero Stage 2 complaints. Four have been reported for July 2020
Mortality	Green	The mortality figure for July 2020 was reported as eight. There were ten deaths in June 2020.
Significant adverse events	Green	There were three significant adverse event reviews in July 2020.
MRSA/MSSA cases	Red	There were three instances of Staphylococcus aureus Bacteraemia (SAB) reported in July 2020.
Clostridiodes Difficile	Green	There were zero Clostridiodes Difficile Infection (CDI) reported in July 2020.

Clinical Governance Executive Summary

In July there was an increase in the number of formal complaints received with four stage 2 and five stage 1 – one of the stage 1 complaints was subsequently withdrawn. This is not unexpected, as rates had fallen considerably during the pandemic and as the GJNH treat more patients we will expect to see the level of engagement in the feedback process rise again. The stage 1 complaints are a mixture of waiting times with patients unhappy at the wait and process for scheduling in regards to the self-isolation and patient criteria. Two complaints relate to cancellations; this also links to COVID. The formal stage 2 complaints are varying in nature and specialty; none are linked to COVID – two are clinical treatment queries, one staff attitude and one regarding environment.

GJNH had 5 Significant Adverse Events (SAE) reported; within this there are two relating to Mechanical Circulatory Support (MCS) and two relating to potential missed cancer diagnosis which are being reviewed jointly so in total there are three new SAE Reviews commissioned.

Key Healthcare Associated Infection Headlines – (June report)

- ***Staphylococcus aureus* Bacteraemia**- 1 SAB to report in June 2020. Source PVC.

Since April, 3 SABs have been reported. Our low SAB rate, coupled with a reduction in total occupied beds days due to national cessation of elective activity has a resulted in an obvious rise in NHS GJ SAB rate.

- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- No cases to report. Similar to SAB rate NHS GJ CDI is raised, however it is important to note this refers to one case in this quarter. (See page 5)
- **Gram Negative/E.coli Bacteraemia (ECB)**- No ECB to report in June.
- **Hand Hygiene**- The **bimonthly** report from May demonstrates an overall compliance of 100% with hand hygiene opportunity and technique. Due to NHSGJNH COVID 19 reduced activity, 10 areas submitted data as opposed to 15. Next update July.
- **Cleaning and the Healthcare Environment- Facilities Management Tool**
Housekeeping Compliance: 98.33% **Estates Compliance:** 99.21%
- **Surgical Site Infection**- As per CE Letter 25/03/2020 SSI surveillance has been paused until further notice.

Other HAI Related Activity

The PCIT currently await theatre and endoscopy guidance via four nations group who are consideration remobilisation plans.

Section B:2 Staff Governance

Staff Governance		
Disciplinaries		There were two cases reported in July 2020 which resulted in a warning.
Grievances		One grievance case was raised in July 2020
Bullying		There were no cases of bullying raised in July 2020.
Local Sickness absence		Sickness levels improved in July 2020 to 4.1%. A 3.7% Special Leave – Covid related rate was also reported, a decrease of 1% from June 2020
Medical appraisal with completed interview and form 4		Last reported position was end of February 2020 was 58.4% (73/125) against a target of 70%.
TURAS Appraisal rates		An updated position for July 2020 reports the position at 50%.
Job Planning: Elective Services		Last reported position (March 2020) was 85.7% (60/70) of consultants having an approved job plan.
Job Planning: Heart, Lung and Diagnostic		Last reported position (March 2020) was 80% (12/15)

Staff Governance Executive Summary

Executive Summary July 2020

Within the Staff Governance section of the IPR we report on the following:

- sickness absence rates;
- appraisal rates for those under Agenda for Change and medical pay scales; and
- medical job planning.

From March 2020 and for the foreseeable future we will also summarise absence due to COVID-19.

Sickness absence

In July 2020 the Board’s sickness absence rate stood at 4.1%, down from 4.3% the previous month. Across the Directorates absence was as follows:

- Corporate: 2.6%, down from 3.0% the previous month;
- Golden Jubilee Conference Hotel: 1.9%, up from 1.6% in June;
- Heart, Lung and Diagnostic Services: 4.8%, down by 0.2% on the previous month; and
- National Elective Services: 5.1%, down by 0.1% on June.

As with previous months, a large proportion of sickness absence was due to “Anxiety/stress/ depression/other psychiatric illnesses”. It accounted for 29.2% of the Board’s sickness absence, down from 32.4% in June. It was the main cause of sickness absence in Corporate (31.9% of sickness absence) and National Elective Services (44.0%). In the Hotel “Blood disorders” accounted for 60.0% of sickness absence. In HLDS there were four main reasons for sickness absence: “Anxiety/stress/ depression/other psychiatric illnesses” (17.4%); “Unknown causes/not specified” (17.4%); “Other musculoskeletal problems” (14.2%); and “Back problems” (13.9%).

COVID-19

Absences from work due to the Coronavirus are recorded as special leave under one of seven 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 – 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

In July COVID-19 special leave accounted for 3.7% of all contracted hours, down from 4.3% the previous month. The Directorate breakdown was:

- Corporate: 4.2%;

- Golden Jubilee Conference Hotel: 4.2%;
- Heart, Lung and Diagnostic Services: 3.0%; and
- National Elective Services: 4.1%.

We will continue to provide a monthly summary of COVID-19 absences until the end of the pandemic.

Agenda for Change appraisal

Within the year to 31 July 2020 50% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is down 1.0% on the previous month. The Directorate breakdown is as follows:

Corporate:	41%;
Golden Jubilee Conference Hotel:	32%;
Heart, Lung and Diagnostic Services:	55%; and
National Elective Services:	54%.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. Prior to the end of the appraisal year the requirement for doctors to complete appraisals was temporarily suspended due to the COVID-19 pandemic. The appraisal process has not yet started for 2020/2021.

Medical job planning

Due to COVID-19 medical job planning has been temporarily suspended. It will recommence when it is considered safe and appropriate to do so.

Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		Finance report a total surplus of 454k at the end of July 2020.
Finance – Efficiency savings		An updated position for July 2020 reports £0.133m savings against a profile of £0.775m.
Cancer 31 Day		In June 2020 performance was reported as 100% (18/18)
TTG: Number of patients who have breached the TTG		In July 2020 there were 120 patients who exceeded their twelve week treatment time guarantee. This included 19 cardiac surgery patients, 2 thoracic surgery patients, 18 coronary patients, 21 electrophysiology patients, 1 device patient, 1 lead extraction patient, 29 orthopaedic patients, 29 ophthalmology patients.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve week treatment time guarantee decreased by 20.7% from 56.4% in June 2020 to 35.7% in July 2020. This reflects an increase in the number of patients admitted over twelve weeks (+334).
Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)		Position was 63.0% in July 2020 (252/400) with an increase in cases seen on June 2020.
DOSA rate: Cardiac Surgery		In July 2020 there were no DOSA cases with elective activity (62 cases).
DOSA rate: Orthopaedics		Elective Orthopaedic cases have recommenced in July 2020 with a DOSA rate of 54.8% (34/62)
DOSA rate: Thoracic Surgery		In July 2020 there were four DOSA cases (5.2%) with an elective activity count of 77.
Theatre Cancellation Rates		There were 68 cancellations against 992 scheduled cases in July 2020 (6.85%)
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 71.2% in July 2020, an increase from 67.5% in June 2020.
Hotel KPIs		Hotel target thresholds for 2020/2021 are currently under review following the impact of Covid 19 with some KPIs reported positions will be provided but no assessment made.
Research and Innovation: Project approval, Clinical Skills Centre Occupancy		Projects approved were in excess of the target for Q1 20/21 (10) as was Clinical Skills Centre occupancy which was reported as 75%
Research and Innovation: Income to date		R&I income position for Q1 20/21 was 13.5% below target.

Research and Innovation: Motion Lab income, Clinical Research Facility Occupancy		Both of these KPIs were reported as no activity for Q1 20/21. The R&I report included later in the report details the impact of the pandemic.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate was reported as 5.5%. This ranked GJNH as 7 out of 15. The Scotland rate was 6.6%.		
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 1 2020 GJNH dropped to 14th at 87.6% (14 breaches). This remains the latest position.		
Health Protection Scotland published figures for Quarter 1 2020 report a GJNH incidence rate (per 100,000 total occupied bed days) of 9.2 for both SAB and CDiff incidence. The Scotland rates were 16.3 and 13.5 respectively. This remains the latest position.		
Corporate sickness rates increased in July 2020 by 0.4%% to 3.4%) Departments over the 4% threshold were: Performance and Planning, Business Services, Procurement.		
<p>The total inpatient waiting list month end position decreased by 253 from 3951 to 3698.</p> <p>The total outpatient waiting list decreased by 4 to 1737. This reflects the large drop in referrals received.</p> <p>For current inpatient waiters the number waiting between 12-26 decreased from 2350 to 1612 (-738) However the number of patients waiting over 26 weeks increased from 285 to 534 (+249).</p>		

**NHS Golden Jubilee
Summary Finance
Report
As at 31 July 2020 – Month
4**



Financial Position as at 31 July 2020, Month 4

This summary finance report provides a brief overview of the financial position as at Month 4, for the period ending 31 July 2020.

Scottish Government has requested the following financial reporting deadlines are to be completed to inform the current financial allocations position for both Revenue and Capital Resources;

The NHS Golden Jubilee successfully submitted the required templates and returns to Scottish Government in line with agreed timelines as shown below;

- Re-mobilisation plan updated document defining August to March 2020 activity plans, financial and workforce resources in line with the SG outlined seven principles – by 7th August 2020. Although there were some minor changes to planned activity within this updated recovery activity profile this was minimal and the financial funding ask remained in line with the 25th May previous recovery plan submission.
- Quarter 1 (April to June 2020) review return – by Friday 14th August, this included a separate Local Mobilisation Plan (LMP) COVID 19 Quarter 1 return and supporting guidance on completion required for Boards to include recovery plan required resource and therefore the Boards net £6.1m revenue funding requirement in support of the recovery plan increased our previous LMP revenue resource funding need from £9.067m to £15.550m. In addition to the recovery plan resource this also incorporates the impact from loss of income both for the Golden Jubilee Conference Hotel and GJ Research activities in addition to reduced achievement on the Boards efficiency savings agenda and cost of student nurses and overtime/enhancement measures through supporting COVID-19 additional measures prior to commencement of the recovery plan.

Scottish Government plan to complete a review of the all the NHS Boards quarter 1 exercise returns by 18 September and then use as the basis for allocations to NHS Boards to be made at the end of September 2020.

A final date for submission of the finalised template is to be communicated in due course.

Formal Financial Performance reporting will be re-stated from the end of August 2020 as previously advised.

The table below represents an extract of the summary financial report in line with reporting to the Scottish Government Health and Social Care Directorate as at month 4 – 31 July 2020.

Summary Financial Position
2020-21 - July 2020

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	(23,676)	(23,676)	0	(99,992)	(96,582)
Total Core RRL Funding	(23,676)	(23,676)	0	(99,992)	(96,582)
Income	(22,124)	(19,695)	(2,429)	(69,615)	(69,615)
Total Core Funding/Income (page 2)	(45,800)	(43,371)	(2,429)	(169,607)	(166,197)
Core Expenditure					
Staff	32,617	31,729	888	97,208	93,859
Supplies	13,184	11,189	1,995	72,399	72,339
Total Core Expenditure (page 3)	45,801	42,917	2,883	169,607	166,197
Core Surplus/Deficit	0	454	454	0	0
Non-Core					
Non Core Funding (page 4)	(2,659)	(2,659)	0	(7,968)	(7,493)
Non-Core Expenditure (page 4)	2,659	2,659	0	7,968	7,493
Non-Core Expenditure Surplus/Deficit	0	0	0	0	0
Summary					
Total Funding	(48,459)	(46,031)	(2,429)	(177,575)	(173,690)
Total Expenditure	48,459	45,577	2,883	177,575	173,690
Total Surplus/Deficit	0	454	454	0	0

Summary Points

Income (£2.429m) under-recovered – The current position reflects under-activity during the first 4 months of the financial year due to the direct impact of service provision as a consequence of Covid-19 and specifically within the Golden Jubilee Conference Hotel, Research activities and Non-WoS Cardiac, Thoracic and Cardiology activity.

As previously advised, Income assumptions will be subject to greater definition following the outcome allocations following the quarter 1 review submitted to Scottish Government on 14th August 2020.

Expenditure £2.883m underspend – A core element within non-pay is as a direct consequence of reduced core elective activity and a continuation on lower than normal expenditure during the first 4 months of the financial year. Following on from month 3, during month 4 reporting any significant service underspend driven by this

issue has been re-aligned non-recurrently into a central reserve in order to support the wider remobilisation planning as defined within the 7th Aug 2020 Scottish government submission and the quarter 1 LMP COVID-19 return.

Within pays there have been reductions in supplementary spend for some specialties due to reduced service provision together with some historical vacancies which are now in the process of active recruitment to support achievement of and workforce requirement in the recovery plan.

The Board are asked to

- Note the financial position for Month 4, as at 31 July 2020 for the financial year 2020/21
- Note the key messages as highlighted below

Key Messages

- Total surplus as at Month 4, July 2020 of £454k (includes core, non-core and income).
- The July Revenue Resource (RRL) Allocation provided to NHS Boards on the 1st August reflected the previous months £60m baseline funding allocation in addition to July 2020 further allocations for the £6.1m recovery plan non-recurring funding, £0.244m and £0.010m revenue for Strategic eHealth allocation and OU students in addition to the baseline £2.961m capital allocation. Outstanding funding allocations continue to be a focus of discussion with the SG Health finance team.
- Therefore, the GJ financial reporting as at July 2020 takes into consideration planned funding allocations from the original GJ Annual Operating Plan (AOP) submission, COVID-19 Local Mobilisation Plans (LMP) template excluding the Boards recently received Recovery Plan allocation in addition to any changes defined from known developments within the original AOP.
- Although formal FPR reporting to Scottish Government is not required until the end of August 2020, the recent 4 months financial reporting and discussions to date with Scottish Government remain in place to support financial assurance for the Board to be reporting the £454k core revenue surplus as at July 2020.

Additional Areas to Note

- Capital Resource Limit (CRL) allocation. Expenditure programmes associated with CRL funding allocations are progressing in line with the approved capital plan, it is intended to produce the first formal Capital report following quarter 1 reporting. This will incorporate all areas within the capital plan including the expansion, the formula allocation and recovery funding.

- There is now a re-focus on the Boards Efficiency Savings agenda for 2020/21, with Divisional performance review meetings now formally re-established and in all relevant manager's diaries. At these meetings an action for defining the recurring and non-recurring planned cash savings has been requested to support the wider financial performance agenda and the reported forecast reduction on original AOP submission of £3.8m.

Director of Finance
NHS Golden Jubilee