**NHS Golden Jubilee – Finance - Delivery Plan Progress Report Apr-Sep 2021**

Key for status:

*Proposal – New Proposal/no funding yet agreed*

*Red - Unlikely to complete on time/meet target*

*Amber - At risk - requires action  
Green - On Track  
Blue - Complete/ Target met*

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| **RAG Status (mandatory)** | **Deliverables (mandatory)** *these can be qualitative or quantitative* | **Lead Delivery Body** | **Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions* | **Outcomes (optional)** *include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required* | **Strategies, plans & programmes**  *repeat for each applicable deliverable/add multiple programmes if required* |

| Sept 21 Status | Key Deliverable Description | Summary of activities etc. | Milestones/Target | Progress against deliverables end Sept 21  *(NB: for new deliverables, just indicate ‘New’)* | Lead delivery body | Key Risks | Controls/Actions | Outcome(s) | List any major strategies/ programmes that the deliverable relates to |
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|  | Submit RMP Finance Template return within FPR | Review profile lines within RMP financial plan and update actual costs in line with monthly reporting and regular meetings with key Managers and wider services | As part of quarter 1, 2 and 3 reporting | Quarter 1 reporting indicates, little movement from original FP funding of £11.675m noted at this stage. | NHS GJ | Workforce – recruitment, retention, Covid, self-Isolation and wider sickness | Separate Financial costs for Covid within ledger hierarchy to support transparency, detailed workforce review including updated Nursing assessment on changing activity plans. | Match funding is received via SG RRL Allocation against costs based on RMP returns | NHS Recovery Plan |
|  | Compile and understand recurring costs impacting NHS GJ from Covid | Working with wider Divisional teams to identify and quantify recurring implications | Completed as part of quarter 1, 2 and 3 reporting  We will continue to review and update as part of NHS GJ monthly internal financial reporting timetable. | Early indication notes circa £0.850m of recurring cost implications, however further work is required to fully understand 4 nations costs and this is likely to increase this noted value. | NHS GJ | 4 Nations – not fully understood how long this will be in place, ongoing vaccination and testing requirements | Routine Monthly review as part of financial reporting to identify changes or emerging recurring costs not previously identified. Report initially on RMP template as part of qtr 1, 2 & 3 returns. | Robust understanding of recurring costs internal and external from the COVID Pandemic and the way we delivery Health Care and protect the public | Medium term Health & SC financial strategy and implications of Covid within this. |
|  | Monitor Costs against Mobile Endoscopy Unit activity | Clear identification of costs both from supplier and internal staffing and infrastructure completed | Monthly activity/financial reporting against WTIP plan and associated funding | Despite earlier delay in commencement and various staffing issues RMP 4 plan identies a target of 2,396 for Endoscopy Mobile Unit by March’22. This is reflective of a small increase on initial RMP 3 plan as number per session is higher on some cases. | NHS GJ  Vanguard | Medical Workforce provision and any future implications from Units elsewhere reflecting in higher reliance on IS versus visiting consultant workforce | Close monitoring in place, utilisation of bank including NHS GGC. | Clear reporting on financial slippage to SG on the back of delayed start date and any developing costs increase from IS/Visiting model assumed due to workforce early on. | NHS Recovery Plan- National Treatment Centres  Transitional Link into NTC GJ Phase 2 expansion and acceleration. |
|  | Monitor Costs against Weekend Cataract activity | Clear identification of costs both from provider and internal staffing and infrastructure completed | Monthly activity/financial reporting against WTIP plan and associated funding | 1 week behind in both Saturday and Sunday Theatres not planned to be recovered, some operational issues from provider in staffing all sessions and in second eye | NHS GJ  Synaptik | Workforce provision and any future implications on gaps | Close monitoring in place, contract in place that performance is managed against and Provider needs to deliver | Clear reporting on financial slippage to SG on the back of Theatre activity commencement delay. | NHS Recovery Plan  Transitional Link into NTC GJ Phase 1 acceleration. |
|  | Review and Update on any financial implications on Recovery and acceleration Nursing workforce | Review of current Nursing workforce need against original wte approved as part of original RMP process and assessment of recruitment | RMP4 submission, any gap on the back of the changed activity plan from original nursing workforce will be identified and understood, | Although activity against RMP 3 plan is behind in Core services such as Ophthalmology and Orthopaedic – Recruitment to the Fixed staffing roles are in place and the recruitment tracker supports that most of the ‘Recovery’ nursing roles had been progressed and therefore costs are being incurred. Core establishment vacancies in particularly Theatre nursing (as a recovery post is recruited a core vacancy offsets) is ongoing challenge. | NHS GJ | Workforce provision and any future implications on gaps from recruitment, turnover and training | Wte by Grade analysis available to monitor against and identify movement, turnover sensitivity appraisal will be applied. | Early identification of any financial pressure associated with the changed nursing workforce from 2020/21 RMP into 2021/22 and specifically RMP4. This is reflected within updated RMP 4 financial appraisal, specifically around Theatre pressures but offet against other slippage. | NHS Recovery Plan  Remobilisation and NTC expansion i.e. NHS GJ Ophthalmology and Surgery. |
|  | Continued Development, focus and support of the NHS GJ Efficiency savings gap | Detailed Finance meetings and Performance focus to drive forward efficiency, grip and control and value. | Quarter 2 and 3 reporting, | As at quarter 1 there has been progress made to reduce the underperformance for NHS GJ efficiency savings gap from £2m to circa £1.5m. However, this remains an area of risk for the Board. | NHS GJ | Inability to achieve reduction in the £1.5m gap remains a medium risk for the board | Review of Board approach to identification and releasing recurring efficiency, wide engagement across all Board governance group to ensure clear understanding and support. | Key projects or value deliverables will need to be identified to support the current gap or support to the gap through other funding. | Board Financial Plan |