Item 4.1

Integrated Performance Report Board Summary Report

NHS Golden Jubilee
Board meeting
17 November 2022

Performance and Planning Department

BOARD SUMMARY REPORT

PRODUCED IN OCTOBER 2022

DATA REPORTED UP TO END OF SEPTEMBER 2022

FOR SUBMISSION TO:

- **BOARD MEETING – 17 NOVEMBER 2022**

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Section A: Introduction

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

The IPR comprises four 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	**Director of Finance**	**Director of Operations & Deputy CEO**

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	(14) Recent Improvement

(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)

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:

1. Trend of six points increasing or decreasing.
2. Run of eight points above or below the centre line.
3. Data point outwith control limits.
4. 15 points close to the centre line.
5. Two points close to the outer third of the chart.
6. Within the control limits will flag if no special cause is identified.

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.

Term	Definition
Statistical Process Control (SPC)	Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.
Special Cause Variation	Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.
Centre	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.
Control Limits UCL: Upper Control Limit LCL: Lower Control Limit	Position calculated on three standard deviations either side of the centre.

A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.

This special cause is not identified in run charts as they do not contain control limits.

Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.

This special cause is not identified in run charts.

A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.

If a run is identified the centre line will be recalculated from the first data point in the run.

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 (positvely or negatively) on the process.

This special cause is not identified in run charts.

Six consecutive points increasing (trend up) or decreasing (trend down).

Board Performance Dashboard – Part 1

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

Direction	Definition
⇧	Performance improved from previous
⇩	Performance worsened from previous
⇔	Performance unchanged from previous

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Aug-22	7	Jul-22	9	⇧		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Sep-22	100.0%	Aug-22	33.3%	⇧					✓	P Chart	
		Stage 2 complaints responded to within 20 days	≥75%	Sep-22	0.0%	Aug-22	0.0%	⇔	×					P Chart	
		MRSA/MSSA bacterium	≤11.2	Sep-22	81.57	Aug-22	0.00	⇩				×		C Chart	Q2 2022/23 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Sep-22	27.19	Aug-22	0.00	⇩				×		C Chart	Q2 2022/23 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Sep-22	0.00	Aug-22	26.50	⇧					✓	C Chart	Q2 2022/23 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Sep-22	4.0%	Aug-22	7.0%	⇧		✓				P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Sep-22	0.0%	Aug-22	0.0%	⇔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Sep-22	0.0%	Aug-22	0.0%	⇔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Sep-22	0.0%	Aug-22	0.0%	⇔						P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Sep-22	99.0%	Jul-22	99.0%	⇔		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	Sep-22	9	Aug-22	10	⇧		✓	✓			C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Oct-22	0	Sep-22	2	⇧		✓	✓			C Chart	Within Control Limits
		Hotel Complaints	≤2	Sep-22	0	Aug-22	1	⇧		✓	✓			C Chart	Within Control Limits
Staff Governance		Disciplinaries	≤0.24%	Sep-22	0.00%	Aug-22	0.00%	⇔		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.18%	Sep-22	0.05%	Aug-22	0.0%	⇩		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0.12%	Sep-22	100.00%	Aug-22	0	⇩				×		P Chart	
		SWISS Sickness absence	≤4.00%	Jun-22	4.7%	May-22	5.0%	⇧	×					P Chart	
		Sickness absence local figure	≤4.0%	Sep-22	5.5%	Aug-22	5.2%	⇩	×					P Chart	Within Control Limits
		TURAS PDR	≥80%	Sep-22	49%	Aug-22	51%	⇩	×					P Chart	Eight Consecutive Points Below Centre
		Turnover	0.00% - 0.95%	Sep-22	0.90%	Aug-22	1.10%	⇩					✓	P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Sep-22	74.6%	Aug-22	75.0%	⇩						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Sep-22	8.6%	Aug-22	7.5%	⇧		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Sep-22	3.4%	Aug-22	5.0%	⇧					✓	P Chart	Within Control Limits
		Hotel TURAS PDR	≥80%	Sep-22	34%	Aug-22	38%	⇩	×					P Chart	Two Outer Third Points

Board Performance Dashboard – Part 2

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

Section	RAG (last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Finance, Performance and Planning		Manage within annual budget limit	≥£0k	Aug-22	£14K	Jul-22	£7K	⇧		✓	✓			N/A	
		Deliver Board efficiency target	≥0%	Aug-22	67.8%	Jul-22	133.6%	⇩		✓	✓			N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Sep-22	-0.1%	Aug-22	-0.1%	⇔		✓	✓			N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Sep-22	1.7%	Aug-22	1.7%	⇔		✓				N/A	
		TTG:Number of patients who have breached the TTG.	≤0	Sep-22	151	Aug-22	174	⇧	×					P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Sep-22	86.7%	Aug-22	87.8%	⇩	×					P Chart	Within Control Limits
		31 Day Cancer	≥95%	Aug-22	94.4%	Jul-22	96.7%	⇩				×		P Chart	Below Lower Control
		Hospital Wide Bed Occupancy	83% - 88%	Sep-22	77.8%	Aug-22	76.9%	⇧	×					P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Sep-22	1661	Aug-22	1864	⇩	×					C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	Sep-22	1098	Aug-22	1257	⇩	×					C Chart	Within Control Limits
		Treated within 18 weeks of referral	≥90%	Aug-22	84.7%	Jul-22	91%	⇩				×		P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Sep-22	64.2%	Aug-22	66.1%	⇩	×					P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Sep-22	96.9%	Aug-22	96.2%	⇧		✓	✓			P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Sep-22	61.2%	Aug-22	52.3%	⇧	×					P Chart	Within Control Limits
		Thoracic DoSA	≥30.0%	Sep-22	28.2%	Aug-22	14.3%	⇧	×					P Chart	Above Upper Control
		Cardiac DoSA	≥11.82%	Sep-22	2.3%	Aug-22	3.9%	⇩	×					P Chart	Within Control Limits
		All Specialties Cancellation Rate	≤4.1%	Sep-22	7.9%	Aug-22	6.0%	⇩	×					P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Sep-22	-25.4%	Aug-22	-13.2%	⇩						N/A	
		Hotel Income target	≥-10.0%	Sep-22	12.2%	Aug-22	8.7%	⇧		✓	✓			N/A	
		Hotel Room Occupancy	≥67.5%	Sep-22	67.3%	Aug-22	76.1%	⇩				×		Run Chart	Eight Consecutive Points Above Centre
		Hotel Conference Room Utilisation	≥66.2%	Sep-22	80.4%	Aug-22	39.1%	⇧					✓	Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	≥-5.0%	Sep-22	-0.2%	Aug-22	-1.2%	⇧						N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Sep-22	-1.6%	Aug-22	-5.0%	⇧						N/A	
		Hotel Not for Profit Percentage	50% - 60%	Sep-22	55.7%	Aug-22	50.5%	⇧		✓				N/A	
		Hotel Review Pro Quality Score	≥86.0%	Sep-22	88.8%	Aug-22	87.5%	⇧		✓	✓			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	2	0
Staff Governance	4	3	3	1	2	3
FPP	13	6	5	4	1	4
Total	18	18	16	7	5	7

At each meeting, the Standing Committees of NHS Golden Jubilee consider targets and standards specific to their area of remit using the Integrated Performance Report (IPR). There is a section of the IPR which provides a summary of performance Standards and targets identified as areas of note which is reproduced below. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

Section B: 1 Clinical Governance

Clinical Governance		
KPI	**RAG**	**Position:**
Total complaints (Stage 1 and 2) by volume		In September 2022 there were six complaints reported.
Stage 1 complaints response time		In September 2022, there were two Stage 1 complaints, both of which were responded to within the five day target (100%)
Stage 2 complaints response time		In August 2022 there was one Stage 2 complaint which did not meet the target
Mortality		The mortality figure for September 2022 was reported as nine.
Significant adverse events		There were six significant adverse event reviews in July 2022. Latest position available
MRSA/MSSA cases		There were 3 instances of Staphylococcus aureus Bacteraemia (SAB) reported in September 2022.
Clostridiodes Difficile		There was one Clostridiodes Difficile Infection (CDI) reported in September 2022.
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in September 2022.
SSI: Hips & Knees		Surveillance recommenced in July with zero SSIs reported in September 2022.
SSI: Cardiac		Surveillance recommenced in October with zero SSIs reported in September 2022.

Clinical Governance Executive Summary

In September, we received two stage 1 complaints and four stage 2 complaint = Totalling six for the month. None of the stage one complaints were escalated to a stage 2 complaint.

100% of stage 1 complaints were responded to within guidance timescale (5 days) n=2, with the average requiring 2.5 working days to be completed and closed.

Please note that all of the Stage 2 complaints are still ongoing.

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia-** 3 SAB to report in September.
  Ortho SSI were the source of two SAB (one within 30 days of surgery /one 39 days post op).
  IABP was the source of one SAB. Since April 22, 9 SAB have been noted. In 21/22, 7 SAB were reported in total.

- ***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**- 1 inpatient case to report. This is the first case this year.

- **Gram Negative/E.coli Bacteraemia (ECB)**- 0 ECB to report.

- **Hand Hygiene**- Overall hand hygiene compliance for September was 99%. Next report November.

- **Cleaning and the Healthcare Environment -Facilities Management Tool**
  Housekeeping Compliance: 97.88% **Estates Compliance: 98.67** %

- **Orthopaedic Surgical Site Surveillance**- Surveillance recommenced mid July 2021. Problem Assessment Group convened to review risk factors and sources of an increase in orthopaedic SSI April- August has now closed. The Ortho SSI Hot Debrief has been submitted to CGRM in September. Orthopaedic Clinical Governance Group was cancelled October but aim to table the Ortho SSI Hot Debrief in November. Governance Lead and Clinical Lead progressing recommendations in the meantime.

- **Cardiac Surgical Site Surveillance**- SSI rates within control limits. Tissue Viability Nurses are working with the cardiac ward team to standardise wound care for showering patients.

HAI Related Activity Update-

NHS GJ implementation of DL (2022) 32.
Work throughout September focused on working with both divisions to agree testing changes to meet the above DL for patients, staff and visitors. In summary the changes are-

- Pause asymptomatic regular healthcare worker testing
- Pause admissions testing and pre-elective surgery testing
- Continue pre-elective surgery testing of immunocompromised patients (LFD)
- Continue symptomatic testing of staff (LFD) and inpatients (PCR)

All inpatients and OPD patients will continue to be screened using the respiratory screening questions, these are available on the Infection Control section of the COVID hub.

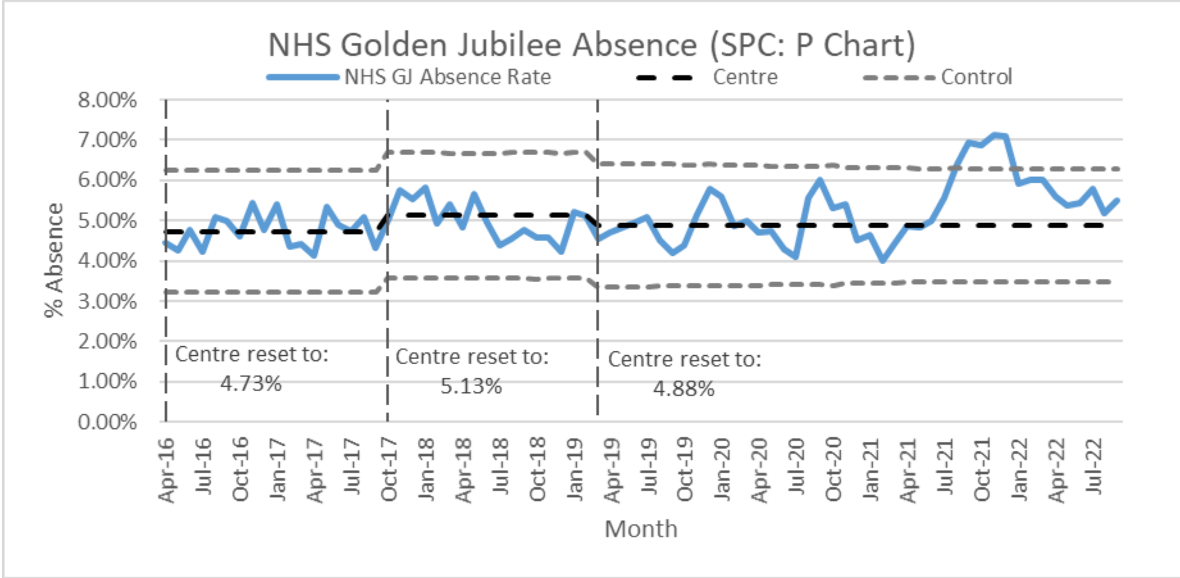
As a result of this updated DL, reference to pathways within NHS GJ will cease and patients with or suspected to have COVID will be cared for using transmission based precautions (TBPs) described in the COVID policy available on the Infection Control section of the COVID hub initially. There is no change to the extended use of FRSM requirements.

Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in September 2022.
Grievances		There was one grievance case raised in September 2022.
Dignity of work		One dignity case was raised in September 2022.
Local Sickness absence		Sickness absence in September 2022 was reported at 5.5%. This is within control limit. In September, absence due to COVID-19 reasons was 0.4% (-0.9%)
Turnover		Turnover in September 2022 was reported as within control limits at 0.9%.
Medical appraisal with completed interview & form		A new round of appraisals began in April 2022. Performance is 8.6% (14/163) for September 2022.
TURAS Appraisal rates		Position for August 2022 reported as 49% (-2% on last month.)
Job Planning: All hospital		New job plans start for the year April 2022. In September 2022 performance was reported as 75% (85/114) signed off with others at various stages of the process.

Staff Governance Executive Summary

Sickness absence
In September 2022, the Board's sickness absence rate stood at 5.5%, up 0.3% on the previous month.



Sickness absence

In September 2022 the Board's sickness absence rate stood at 5.5%, up 0.3% on the previous month. Across the Directorates, absence was as follows:

- Corporate: 4.5%, up 0.2% on the previous month;
- Golden Jubilee Conference Hotel: 3.4%, down 1.6% on August;
- Heart, Lung and Diagnostic Services: 5.6%, 0.2% lower than the previous month; and
- National Elective Services: 6.5%, which was 1.3% higher than in August.

"Anxiety/stress/ depression/other psychiatric illnesses" continued to be the highest cause of sickness absence, in September accounting for 24.8% of all sickness absence, 3.7% lower than August's figure of 28.5%. It was the main cause of absence in all of the Directorates:

- Corporate: 31.8% (down from 32.7% in August);
- Golden Jubilee Conference Hotel: 38.0% (down from the previous month's 42.1%);
- Heart, Lung and Diagnostic Services: 25.6% (down from 26.4% in August); and
- National Elective Services: 18.6% (down from 26.2%).

The second top cause of sickness absence in September was "Unknown causes/not specified", accounting for 9.9% of sickness absence hours. "Other musculoskeletal problems" was third, at 8.2%.

COVID-19

August 2022 was the last month that we recorded absences from work due to the Coronavirus as special leave. From 1 September, with the exception of the first ten days of absence due to testing COVID-19 positive, which we still record as special leave, we record all other COVID-19 absence “Covid-related illness”.

In September, COVID-19 special leave accounted for 0.4% of all contracted hours, down from 1.3% the previous month. The Directorate breakdown was:

- Corporate: 1.0% (same as last month);
- Golden Jubilee Conference Hotel: 0.0% (down from 0.1%);
- Heart, Lung and Diagnostic Services: 0.5% (1.1% in August); and
- National Elective Services: 0.4% (down from 1.9%).

Covid-related illness under sickness absence accounted for 0.4% of sickness absence. The Directorate breakdown was:

- Corporate: 0.5%;
- Golden Jubilee Conference Hotel: 0.0%;
- Heart, Lung and Diagnostic Services: 0.4%; and
- National Elective Services: 0.4%.

Agenda for Change appraisal

Within the year to 30 September 2022, 49% 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: 35%, 1% higher than August;
- Golden Jubilee Conference Hotel: 34%, 4% lower than the previous month;
- Heart, Lung and Diagnostic Services: 58%, 3% lower than August; and
- National Elective Services: 54%, down 3% on the previous month.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 5 October 2022, 14 doctors out of 163 had completed their 2022/2023 appraisal or had an ARCP. It is likely to be November or December before we see an uplift in the number of completed appraisals.

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 85 (74.6%) of 114 job plans have been signed off, while seven are awaiting third manager sign off, eight are awaiting second manager sign off, two are awaiting first management sign off, two await to be signed off by the doctor, three 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 five the position reported was as a total surplus of 111k. Latest position available
Finance – Efficiency savings		The latest available position (M5) has £1.049 efficiency savings identified, of which £840k is non-recurring.
Cancer 31 Day		In August 2022, nationally reported performance was 94.4% (34/36). One colorectal and one lung breach.
TTG: Number of patients who have breached the TTG		In September 2022 there were 151 patients who exceeded their twelve week treatment time guarantee.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients admitted within their twelve week treatment time guarantee was reported at 86.7% during September.
SoT Guarantee – Inpatient and DC cases (H & L only)		64.2% of Heart and Lung patients were admitted within 12 weeks in August 2022.
DOSA rate: Cardiac Surgery		There was one DoSA case in September 2022 (2.3%). A new profile for the year has been agreed.
DOSA rate: Thoracic Surgery		There were 20 DoSA cases in September 2022 (28.2%). This is the highest DoSA position achieved since February 2020.
DOSA rate: Orthopaedics		In September 2022 there were 183 Orthopaedic primary joint admissions, 112 (61%) of which were on the day of surgery.
Theatre Cancellation Rates		In September 2022, the overall hospital cancellation rate was 7.9% (174/2213).
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 77.8% in September 2022.
Hotel: Income		Reporting for September 2022, position was on plan (12.2%).
Hotel: Room Occupancy		September 2022 reported position 67.3% against target of 67.5%.
Hotel: Conference Room Occupancy		September 2022 reported position 80.4% against target of 66.2%.
Hotel: Delegates		September 2022 reported -0.2% against target of >-5%.
Hotel: Patient Bed Usage		September 2022 reported -1.6% against target of >-5%.
Hotel: Not for Profit %		September 2022 reported 55.7%, against target of 50-60%.
Hotel: Pro Quality Score		September 2022 reported 88% against target of >86%.

National Comparison Table, Corporate Dashboard, Waiting list & Productivity table
The GJNH nationally reported elective cancellation rate, in August 2022, was reported as 4.6%. This ranked GJNH as 1 out of 15. The Scotland rate was 9.4%.
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 1 2022 GJNH reported 98.7% of eligible patients treated within the target (Ranked 5th).
Health Protection Scotland published figures for Quarter 1 2022 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence and 0 for SAB. The Scotland rates were 30.5 and 12.6 respectively.
Corporate sickness rate in September 2022 was 4.5% up 0.2% on the previous month. Departments over the 4% threshold were: Catering, Clinical Governance, e-Health, Estates, Housekeeping, Research, Security, Pharmacy and Procurement.
Referral numbers in September 2022 were 2823 (-742). The total outpatient waiting list decreased by 349 from 2613 to 2264. The total inpatient waiting list month end position increased by 134 from 4920 to 5054.
For current inpatient waiters the number waiting between 12-26 weeks decreased to 563 (-44). The number of patients waiting 26-52 weeks decreased to 471 (-32). The number of patients waiting >52 weeks decreased to 627 (-127).

NHS Golden Jubilee
Summary Finance Report
As at 30 September 2022 – Month 6

1. EXECUTIVE SUMMARY

		Finance Position as at 30 September 2022 – Month 6 Report
1.1	**Delivery of Financial Plan**	The year to date Core Revenue position reflects a surplus of £74k. This position is in line with current assumptions within the quarter 2 financial forecast, with ongoing challenges to identify further efficiency savings and movements in key anticipated funding flows. There has been no significant change to the forecast levels of savings identified, leaving a remaining gap of £2.301m. At this time the Board continues to forecast a breakeven position by March 2023, subject to final agreement of anticipated funding allocations from Scottish Government. As at September 2022, £68.9m of £121.863m anticipated core RRL allocations have been received.
1.2	**Efficiency Performance**	Divisions have now put forward high-level savings schemes to-date of £2.065m (FYE). Work-streams are progressing to ensure that the £2.301m previously identified is delivered, with the further £0.236m of schemes being reviewed as part of Divisional meetings and within the Performance Review Group (PRG) discussions. Month 6 includes £2.301m of savings plans, phased across the Divisions in accordance with assumed delivery. Efficiency meetings are continuing with each clinical lead and service team, supported by finance to identify further ideas for sustainable efficiencies in the latter half of the year as well as looking towards 2023/24 and beyond.
1.3	**Capital Expenditure**	The baseline core capital allocation for the Board has been confirmed as £2.691m, with additional allocations of £9.694m agreed for further investment in medical equipment and IMT proposals as well as supporting the replacement of Cath Lab 1 and the Academy, taking the in-year plan to £12.385m. In addition, a further £29.609m has been approved for Phase 2 projects.
1.4	**Income**	Income received year to date is above plan by £0.666m. This predominantly relates to the over performance Across other Non-WoS cost per case income, other income of £0.425m and income from the Golden Jubilee Conference Hotel of £0.255m YTD.
1.5	**Expenditure**	Expenditure is (£0.592m) overspent with the largest pressure reported, as previously against clinical supplies (£1.095m). This reflects the level of activity undertaken against the current expenditure base across HL&D division. Other key variances are described within the expenditure performance section in more detail, offset by underspends on workforce vacancies, specifically across nursing and clinical support areas.
1.6	**Annual Delivery Plan 2022/23 to 2024/25**	The revised ADP has been updated with the activity plan increased from 32,913 across all areas to 36,291 by March 2023, (an increase of 3,778 cases/exams ~10.2%). The Planned Care funding (£130m national pot) for GJ has now been confirmed as £5m, against previously submitted commitments of £5.3m. However a review of progress against initiatives put in place confirms that expenditure will be contained within the £5m now allocated.

		Key Actions
1.1	**Recovery Workforce Budget, in post and Release review**	Discussions at HL&D PRG meetings have reviewed the recovery workforce funding approved non-recurrently by Gold command during the pandemic. H,L&D Division has so far only identified £1.064m to be released via vacancies/staff turnover, business case funding and Phase 2 NTC expansion. £0.810m is registered as opportunities. £0.952m of posts/budget has been identified as 'high risk' that may not be able to be released as originally envisaged when funding was agreed. A further workshop will be undertaken to review the ongoing challenge of returning the full funding originally approved during the pandemic and what the impact of this may be moving forwards.
1.2	**Efficiency Meetings**	The efficiency agenda continues to be an integral part of the PRG review process. Particular focus is on the identification and conversion of schemes that will be recurring in nature as we move into the latter half of 2022/23 and refocus on opportunities for 2023/24. The GJNH finance team link in regularly with the Financial Improvement Network (FIN) which shares ideas and opportunities being pursued in other Boards, aligned with Quality improvement support and realistic medicine initiatives.
1.3	**Quarter 2 Forecasts**	Finance are currently reviewing the month 6 position, linking with Divisional teams to provide a robust update of expenditure and income changes as we move into the latter half of the financial year. Early reviews indicate a break-even position is still likely, noting some significant financial risks surrounding unknown pay awards as well as outstanding funding allocations. One of the key risks identified is confirming what the NHS Scotland pay award will be, with each 1% not funded costing an additional £900k.

Core Revenue Financial Performance as at 30 September 2022, Month 6

The Core Revenue position for September 2022 reflects a surplus of £74k.
The summary table below highlights the key variances;

Table 1: - Summary Core position as at month 6

RC20:H53RL Summary	Year to Date			Sep-22	
	YTD Budget £000s	YTD Actuals £000s	YTD Var £000s	Annual Budget £000s	% Variance
Income					
Core RRL	(52,569)	(52,569)	0	(122,290)	0%
Income	(39,911)	(40,577)	666	(78,189)	1.7%
Total	**(92,480)**	**(93,146)**	**666**	**(200,478)**	**0.7%**
Expenditure					
Staffing	62,396	61,394	1,002	123,455	-1.6%
Non-pay	30,084	31,678	(1,593)	77,024	5.3%
Total expenditure	92,480	93,072	(592)	200,478	0.6%
Total Core Position	**0**	**74**	**74**	**0**	**0.1%**

- Whilst formal allocations letters are still awaited, the Planned Care Funding from Scottish Government is confirmed at £5m. In addition, agreed funding values for both the Centre for Sustainable Delivery (CfSD) and the NHS Scotland Academy (NHSSA) have been indicated and are now reflected in the reduced RRL Funding value. A further update on outstanding allocations is expected as part of the November allocation process for the remaining outstanding allocations. The month 6 position assumes the revised allocations recently agreed as part of the Financial Plan submission from early August 2022, and all other funding streams in line with this submission until confirmed otherwise.

- The current level of Efficiency plans confirmed by the Divisions are £2.065m as at the end of September 2022. Work progresses on a further £0.236m of solutions to be identified by the year-end. In addition, further non-recurring slippage related to on-going recruitment on vacancies (across Nursing, CSPD and Rehabilitation) has been put forward in the forecast from month 7 through to month 12 of £0.700m. This reduces the total value of the unidentified savings gap to £1.590m. There remains a medium/high risk of achievement for this residual target for the Board at this time. Further efficiency work-streams continue to be worked through with both finance and service teams meeting regularly to review potential opportunities, within efficiency meetings as well as within PRGs.

- The SG Health Workforce Directorate has confirmed funding relating to International Recruitment for 2022/23 to NHS Boards, with funding for 24 recruits for NHSGJ. There continues to be increased costs associated with securing visas in good time, resulting in higher costs for flights and OSCE training travel.

- It is assumed for now that the outstanding pay award will be funded in full by SG whilst pay negotiations are ongoing with Union representatives. If final agreement on the 2022/23 Agenda for Change staff pay award is not matched with equivalent funding then NHS Boards would be required to manage this within the overall financial position. The associated financial risk for each 1% increase in pay award that is not funded is £900k for NHSGJ.

- Phase 2 meetings have taken place with SG to discuss and review the Boards submitted delivery plan for 2023/24 and associated activity and funding required to support this if recruitment challenges can be mitigated.

- SLA activity funding from marginal tariff where the NHS GJ is not meeting the 90% value of each Boards' SLA will form part of the Q2 review forecast and will require to be factored in from month 7 reporting through the SLA risk monitoring arrangements.

Total Income Performance as at 30 September 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 from Heart & Lung and National Services) as at month 6, 30 September 2022.

Table 2 – Total Core Funding as at month 6

	Year to Date			Sep-22	
	Budget £ 000	Actual £ 000	Variance £ 000	Annual Budget £ 000	% Variance
Core - RRL	(41,663)	(41,663)	0	(100,477)	0%
Core - RRL (SLA)	(10,906)	(10,906)	0	(21,813)	0%
Total Core Funding	**(52,569)**	**(52,569)**	**0**	**(122,290)**	**0.0%**
Non - RRL SLA					
Heart & Lung - Cardiac	(16,806)	(16,703)	(103)	(33,705)	0.6%
Heart & Lung - Thoracic	(5,132)	(5,107)	(25)	(10,288)	0.5%
Heart & Lung - Cardiology	(11,416)	(11,558)	142	(22,071)	-1.2%
Heart & Lung - SPVU	(341)	(341)	0	(606)	0.0%
GJCH	(2,100)	(2,356)	255	(3,887)	-12.2%
Other	(4,116)	(4,512)	395	(7,632)	-9.6%
Total Income	**(39,911)**	**(40,577)**	**666**	**(78,189)**	**-1.7%**
Total Core Funding/Income	**(92,480)**	**(93,146)**	**666**	**(200,478)**	**-0.7%**

The key areas of Income movement driving the above are;

- Non-WoS funding is over-performing with a net £89k over-performance across all 3 specialties, driven mainly from within Cardiology cost per case income.
- Under-performance against NES junior doctor funding of (£20k) is due to vacancies and maternity leave and relating to training number posts, ACT funding is also underperforming (£53k) as additional funding to be bid against for 2022/23 is not able to be fully utilised in this financial year.

- Golden Jubilee Conference Hotel has seen continued improved performance of £255k YTD. Bedroom income has continued to benefit from significant increases in leisure guests as well as association bedroom sales shows growth. August patient nightly average of 21.9 rooms instead of 18. On completion of the month six mid-year forecast there is a robust commitment to forecast income improvement to £4.3m for the Hotel.
- Other income YTD over-performance of £395k is mainly in relation to movement to CNORIS claims offset with expenditure movements related to the relevant settled claims.

Total Expenditure Performance as at 30 September 2022

The table below represents an extract of the summary expenditure financial position as at month 6, 30th September 2022.

Table 3 – Total Expenditure Summary as at month 6

Division Performance 2022/23

The following table provides an overview of how the above key variances are split across the relevant areas of expenditure;

Table 3 – Total Expenditure by Division as at month 6

	Annual Budget £000s	YTD Budget M5 £000s	YTD Actuals M5 £000s	YTD Variance M6 £000s	% Variance YTD
Pay Costs					
Staff Costs-Medical	32,215	16,392	16,839	(448)	-2.7%
Staff Costs-Nursing	42,436	21,219	20,275	944	4.4%
Staff Costs-Clinical	16,980	8,564	8,313	251	2.9%
Staff Costs-Support	10,065	5,055	4,940	115	2.3%
Staff Costs-Admin	21,758	11,167	11,027	140	1.3%
Total Pay	**123,454**	**62,396**	**61,395**	**1,002**	**1.6%**
Non-Pay Costs					
Pharmacy supplies	4,404	2,347	2,418	(72)	-3.1%
Surgical Supplies	25,244	14,427	15,403	(977)	-6.8%
Lab/Radiology Supplies	1,688	906	953	(47)	-5.2%
PPE	6,674	3,943	3,616	326	8.3%
FM	7,481	4,069	4,018	51	1.3%
CS&R&S	31,534	4,392	5,269	(877)	-20.0%
Total Non-Pay	**77,024**	**30,084**	**31,678**	**(1,594)**	**-5.3%**
Total Position	**200,479**	**92,480**	**93,073**	**(592)**	**-0.6%**

Key Issues:

Pays - Medical Pays

Ongoing pressures include SACCS Consultants (£50k), (NSD only part funding this year).

This has been worked through within the expenditure profile and can be managed in-year.

Cardiology WLIs and PA allocations above funded levels (£170k).

Cardiac Thoracic WLIs reflecting (£64k) pressure YTD.

NES overspend due to Orthopaedic Consultants and General Surgery WLI, realignment of budget

from Plastics to be actioned and release of Endoscopy mobile Unit medical sessions funding.

General Anaesthetic WLIs (£172k) pressure offset by vacancy within Gen Anaesthetics.

Nursing Pays

Ongoing nursing vacancies across both H,L&D and NES, due to increased recruitment slippage

towards efficiency savings – now £749k,

HL&D vacancies remain mainly within critical care partly offset by small bank pressures in

NSD services.

Other pays

Mainly within clinical due to vacancies within both HL&D and NES Divisions and specifically CPSD and Rehabilitati

Corporate services also continue with workforce recruitment challenges.

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 – Board expenditure -2022/23 at September 2022.

Core Expenditure	Year To date			Sep-22	Division Year To date Variance				
Category	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	H&L	NES	CORP	Hotel	variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	%
Staff Costs-Medical	16,839	16,392	(448)	32,215	(335)	(195)	82	0	-3%
Staff Costs-Nursing	20,275	21,219	944	42,436	564	365	15	0	4%
Staff Costs-Clinical	8,313	8,564	251	16,980	135	112	5	0	3%
Staff Costs-Support	4,940	5,055	115	10,065	0	33	38	44	2%
Staff Costs-Admin	11,027	11,167	140	21,758	2	35	251	(148)	1%
Total Pay	**61,395**	**62,396**	**1,002**	**123,454**	**366**	**348**	**390**	**(105)**	**2%**
Pharmacy supplies	2,418	2,347	(72)	4,404	(60)	(4)	(8)	0	-3%
Surgical Supplies	15,403	14,427	(977)	25,244	(913)	(41)	(22)	0	-7%
Lab/Radiology Supplies	953	906	(47)	1,688	(29)	(9)	(9)	0	-5%
PPE	3,616	3,943	326	6,674	12	204	96	14	8%
FM	4,018	4,069	51	7,481	(65)	(37)	218	(64)	1%
CS&R&S	5,269	4,392	(877)	31,534	(40)	(172)	(709)	45	-20%
Total Non-Pay	**31,677**	**30,083**	(1,594)	**77,024**	**(1,095)**	**(59)**	**(434)**	**(6)**	**-5%**
Total Core Position	**93,072**	**92,480**	**(592)**	**200,479**	**(729)**	**291**	**(44)**	**(110)**	**-1%**

Key Actions

Recruitment to key vacancies continues to be prioritised for the Board as a whole. NTC recruitment is reflecting positive progress but core vacancies are impacting overall. Nursing posts (from an additional workforce position) are being picked up through Hospital Expansion Workforce and Wellbeing group 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 made significant progress around both the recovery workforce review position, the cost pressure prioritisation piece and efficiency savings plans. Whilst the Division has identified the recovery workforce budget that can be released at this stage, work is on-going to review all funding issued non-recurrently during the pandemic. The prioritisation of cost pressures has also been submitted and any additional budget release progressed through the finance team. Efficiency savings remains a challenge and therefore there will be ongoing review of efficiency opportunities as part of PRG focussed sessions.

Annual Delivery Plan 2022/23 to 2024/25

As referenced earlier within Executive summary (section 1.6), the final revised ADP activity plan aligned with the financial plan and the Annual Delivery Plan submission document is reflecting an increased activity of 3,778 cases (from 32,513 to 36,291) excluding Radiology or 6,390 increased activity including Radiology. To enable this an associated cost increase of £1.886m relates to this activity change and funding managed via the SLA monitor top-slice arrangements.

The Board continues to monitor performance against the updated ADP activity target and weekly reports through the PUM and activity performance updates with SG at the Planned Care meetings.

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 continues 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. Both these elements have been analysed in greater detail as part of the month 6 mid-year review and associated quarter 2 FPR returns and identify that costs/income loss across both areas remain in line with the £2.9m. This is now broken down as £0.9m GJCH income loss, £0.305m T&P/vaccinations, £1.762m of H, L&D recovery workforce cost to release/manage within the financial position (£0.953m un-releasable and £0.810m of opportunities).

Efficiency Savings and Financial Improvement Performance

The current efficiency gap as identified in the revised financial plan submission remains at £4.590m. To date schemes of £2.065m FYE have been identified across the Divisions for month 6, leaving a balance of £2.52m still to be found. A further £0.236m of efficiency opportunities are forecast on the back of some of the key service meetings held during the beginning of this month, reducing the remaining unidentified balance to £2.289m. In addition to these ongoing vacancies across Nursing, CSPD and Rehabilitation will support further non-recurring slippage from October onwards of c £0.700m. This will reduce the total value of the unidentified savings gap to £1.590m.

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. New pressures such as energy prices and the LIMS contract issue have also been factored into the revised Financial Plan.

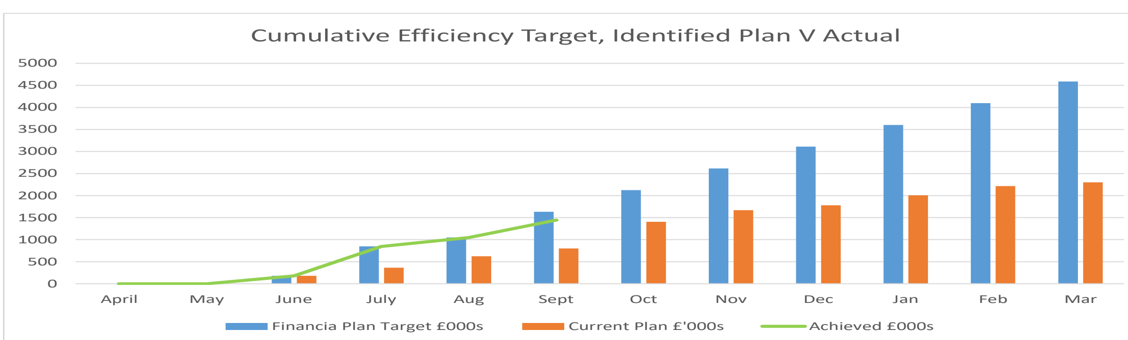
The delay in confirmation of funding streams are a further challenge, as clarification on final allocation funding letters remain outstanding. The finance team continue to work diligently with Scottish Government to mitigate any risks against this delay.

The planned re-structured financial improvement work-stream group continues to identify key projects and identify leads and service support to drive delivery of schemes identified in the pipeline.

NHS GJ is represented within the Scottish Government Financial Improvement meetings which supports the development of future collaborative opportunities across Scotland. 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, as we move into 2023/24.

Table 5 – Efficiency Savings as at month 6

	CYE £000's
Target	**4,590**
Identified Recurring Savings	995
Identified Non-Recurring Savings	2005
Total Identified	**3,000**
Outstanding Balance	**(1,590)**



£1.445m of savings are reported as achieved as at month 6. This is an over performance on previously predicted for this point in the financial year. The remaining balance of unidentified schemes has been reduced by £700k, based upon ongoing levels of vacancies in the latter half of the year. 84% of schemes identified (£1.208m) are non-recurring in nature, largely relating to the level of recruitment challenges across both Divisions, with only £237k delivered on a recurring basis.

Divisions are looking at future workforce requirements and reviewing skill mix and future transformation opportunities for shifting non-recurrent savings to recurring where possible.

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 six the Board movement in provision has decreased by £80k which relates to settlement of a number of claims, we will not receive our share of the pot until period thirteen. In month, this is showing a decrease in the value of the provision, mainly due to the settlement and reimbursement of a significant claim in month, due to the process of accounting for AME provisions this will show movements 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 increased in month due to the increase in value of one claim.

- 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:

Capital Plan		Updated capital plan	Month six
	£000's	£000's	£000's
Estates	1,660	4,910	254
Medical Equipment	2,553	2,502	689
IMT	1,640	2,793	1,266
Hotel	680	680	-
Academy (Equipment)	275	275	-
Academy (Infrastructure)	1,800	1,225	-
Total	**8,608**	**12,385**	**2,209**
Projects			
Water Source Heat Pump*	2,050	0	0
Phase two	29,609	29,609	3,693
Total Projects	**31,659**	**29,609**	**3,693**
Total Spend	**40,267**	**41,994**	**5,901**

*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, this item.is being discussed with the council and Scottish Government an update will be provided when it is available.

The capital position is as planned for month six for Board spend, the spend for phase two is slightly lower than planned this relates to accruals included at year-end, this does not affect the total spend for phase two.

A significant value of items in the medical equipment plan have now been ordered, this has not been included in the above as the orders have just been placed, this spend is circa £1.7m which includes the cost of cath lab one which brings the medical equipment spend to £2.109m. There is additional spend of £147k related to the phase two build for medical equipment which will be included in the phase two spend profile.

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. Due to the time in the financial year and following discussions

with Scottish Government it has been agreed that we will work with the cost advisor to review the predicted in year spend, once this has been rephrased funding will be moved from the current year to the next financial year to match the actual expenditure.

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 was approved by SG and agreed by the capital group, however following a request from SG to revisit the additional funding that we have been allocated work has been ongoing with the leads from each area in the capital plan to identify what/if any funds that we will be unable to utilise in this year. At the end of month six we have identified there may be circa £1m that we can return to SG, this is linked to timing of projects, a final decision will be made at the capital group at the end of October.

The plan was already been altered following discussions with SG to move the water source heat pump to future years and reduce the in year academy infra structure spend and phase it over this year and next. The plan is likely to be amended again following the latest request from SG.

IFRS16

Month 6 reflects the mid-year review of actual spend and forecasts actioned for the Quarter 2 formal return. These have been analysed in a depth this month and reflect the updated forecast position to provide assurance that the mid-year position is still forecasting a break-even financial out-turn. Progress in agreeing some formal notification on outstanding funding allocations from Scottish Government has been made, however there still remains a significant level of the Boards anticipated RRL funding to be allocated at this time. Scottish Government have indicated that the early November 2022 RRL will reflect through to the month 7 – October 2022 position and will include allocations of higher value than has been received to date.

The Board are asked to

- Note the financial position for Month 6, as at 30 September for the financial year 2022/23; and
- Note the key messages as highlighted above

Director of Finance
NHS Golden Jubilee

Please note the usual Appendix displaying the RRL Allocation is not included for this month 6 report, as many anticipated allocations remain outstanding.