

**NHS GOLDEN JUBILEE**

**SUMMARY FINANCIAL REPORT**

**June 2025/26**

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| **FINANCIAL POSITION –Summary Financial Report June 2025/26** |
| **EXECUTIVE SUMMARY** |
| 1. **Key Points as at end June 2025**
* NHS GJNUH reports a YTD surplus against plan of £171k.
* Non-Core is on plan.
* Capital expenditure plan for 2025/26 has been prioritised by the Capital Development Group (CDG) to be approved by the Strategic Capital Programme Group (SCPG) in July.
* Efficiency workstreams of £8.358m have been identified and work continues to deliver.
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| 1. **2025/26 CORE INCOME & FUNDING POSITION**

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|  **Current Risk Rating** | **Medium** |

* Core RRL confirmed to-date is £102.627m of a total anticipated RRL of £198.406m.
* No Capital resource has been confirmed to-date against expected capital funding of £16.365m (£9.8m related to on-going Phase 2 WTOs).
* No Non-Core resource has been confirmed to-date against expected funding of £13.6m.
* The Funding confirmation position at this time is similar to previous years
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| 1. **2025/26 CORE EXPENDITURE POSITION**

Core Expenditure is (£116k) or -0.17% adverse to the Financial Plan at end June 2025.**PAY COSTS**

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| **Current Risk Rating** | **Medium** |

Pay costs are underspent by £1.747m or 3.58% below the total pay budget. However, there continues to be pressures across medical staffing areas relating to WLIs and agency incurred throughout the year. **NON PAY COSTS**

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| **Current Risk Rating** | **Medium** |

Non Pay costs are overspent by (£1.863m) equating to -10.59% above the YTD budget across a number of Board Expenditure Categories. The month 3 position reflects the activity undertaken against planned activity. Savings of £1.34m are also factored into the YTD position. |
| 1. **2024/25 EFFICIENCY REQUIREMENT**

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| **Current Risk Rating** | **Medium** |

The (£8.358m) efficiency requirement identified in the Financial Plan has been split between Central Workstreams of £5.1m and Divisional Schemes of £3.2m. To-date £1.340m of savings have been factored into the YTD position, with additional underspends delivered through YTD vacancies across Nursing and Admin. |
| **FINANCIAL REPORT – Month 3 as at end June 2025** |
| **NHS GOLDEN JUBILEE- OVERALL POSITION**The YTD position as at Month 3 is a £171k surplus**Table 1** |
| **Main Drivers and Risks within the Reported Position****REVENUE RESOURCE LIMIT (RRL)**It is not unusual at this time of the year for significant levels of RRL to remain unconfirmed. Whilst only £102.6m has been formally received in the June Allocation Letter, it is usually towards the end of the year that both final Non-Core and Capital Allocations are confirmed.GJ Finance team continue to meet regularly with SG Finance team to ensure all Anticipated Allocations are still accurate and it is expected a significant proportion of RRL will be confirmed over the next few months.**RISKS*** Over-performance on cataract activity YTD is 1100 above YTD plan. Discussion continues with SG Sponsorship team on the final activity agreed within the ADP.
* Final agreement of Employers’ National Insurance Contributions funding to be confirmed, with providing Boards expected to charge Commissioning Boards for increased costs of NIC. Total funding agreed by SG at end June is less than NHS Boards were expecting, potentially leading to a cost pressure within NHSGJNUH of £750k-£1m.
* Phase 2 final tranche of recruitment - £500k still not finalised.

**SERVICE LEVEL AGREEMENTS (SLA INCOME)**Total income is **£287k** over-recovered at month 3.**Table 2****KEY RISKS*** Total SLA income is currently based upon 2024/25 price base whilst agreement of 2025/26 SLA uplifts are finalised for inflation and NIC uplift. Currently £140k above plan YTD.
* Over-performance on West of Scotland SLAs will not be funded given the nature of the fixed-block arrangement.
* NSD activity above agreed profile may not be funded in full.
* Hotel Income is £129k above YTD plan, with the profile of future income to be reviewed.
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| **CORE EXPENDITURE POSITION**Total expenditure to date of £66.438m is ahead of the year to date budget of £66.322m resulting in an adverse variance of -£116k overall (-0.17%).* Pay Costs underspend of £1.747m, 3.58%
* Non-Pay Costs overspend of (£1.863m), -10.59%

**PAY COSTS AT MONTH 3****Table 4 – Pay Costs****KEY RISKS AND ISSUES*** **Medical Staff - total vacancies of 10.27wte, 4.35%**

HL&D – Cardiology vacancies within Registrars – no additional costs for the backfill of these vacancies. CT Anaesthetics vacant PA’s – these are being covered partly by WLI.NES – The majority of specialties are overspent due reliance on Agency and WLI to cover the gaps in service – recruitment remains an issue. Ophthalmology continue to negotiate moving their high-cost agency locum to a Direct Engagement model.* **Nursing Staff - total vacancies of 107.43wte, 9.41%**

HL&D – Quarter 1 is showing an average of 47.67wte vacancies - 10.06% of the total budgeted workforce – primarily in Critical Care.This is being covered by 37.14wte Bank and Agency.NES - Quarter 1 is showing an average of 75.38wte vacancies – 12.40% of the total budgeted workforce - mainly within Theatres.This is being covered by 11.14wte Bank and Agency also overtime and part-time hours.* **Clinical Staff - total vacancies of 14.80wte, 4.02%**

HL&D – total vacancies of 9.86wte mainly within Bands 6 & 7 – trainees currently in post will fill these post within Cardiac Physiology once graduated. Med Physics also carrying Band 6 vacancies– Radiology are currently restructuring their workforce NES – vacancies of 3.85wte – mainly across Rehabilitation are now 7 days per week and working until 8pm – they are currently recruiting to vacancies to cover all gaps.* **Admin Staff - total vacancies of 49.19wte, 8.48%**

NES and Corporate divisions are currently undergoing a review of the admin service.Corporate has the majority of the admin vacancies within Finance, EHealth and HR. Recruitment has started to these areas. * **Support Staff - total vacancies of 15.28wte, 4.04%**

NES– Surgical Day Centre is now fully opened, enabling CSPD the working capacity to allow them to employ further staff and stop the use of outside contractors to cover additional activity – this will help reduce the costs within this department and provide savings.**ACTIONS*** Recruitment continues to be a challenge, with HR supporting the Divisions in prioritising filling vacancies – HR are attending a Medical Recruitment show in England in the next few months to attract medical staff to NHS GJUNH.
* There has been an increase in staff currently being employed through Direct Engagement – but one high cost locum continues to consider switching, costing the organisation £60k YTD in additional VAT costs.
* Reduced Working Week meetings have started across all Divisions with Line Managers, HR and Directorate Accountants linking together to ensure all issues are discussed.
* Pay Awards have been agreed for AfC Staff.

**NON PAY COSTS AT MONTH 3**Total Non-Pay costs are overspent at end June by **(£1.863m) 10.59%**. **Table 6 – Non-Pay Summary****KEY RISKS AND ISSUES*** HL&D - Surgical Supplies – TAVIs at Quarter 1 are over performing against plan (based on 287 procedures agreed for 2025/26) – Discussion continues with SG to agree an increase of funding to 360 procedures.

Pharmacy costs remain high within Critical Care due to the Anti-fungal drug costs increasing; Dalteparin (which is used on the majority of patients to prevent prophylaxis) is also a risk as the costs are increasing significantly and Pharmacy are liaising with services to review alternative medicines available. * NES - non-pay funding has now been released to the level of activity agreed in this year’s ADP.
* NES – Other Supplies – The majority of the pressure here relates to the increasing costs of patient letters (£78k YTD) and transport costs (£23k YTD). This highlights the importance of implementing new digital solutions for patient communication to reduce the high cost of postage and stationery in this area.

**ACTIONS*** Pharmacy – A SLWG is has been set-up for clinical and pharmacy staff to identify another drug that can replace Dalteparin.
* TAVIs – If additional funding is agreed to increase the number of TAVIs funded by SG, this will be factored into expenditure budgets when confirmed.
* EHealth to provide a time line for the Patient App DIGITAL Development to go live.
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| **DIVISIONAL PERFORMANCE** At Month 3, NHS Golden Jubilee has a Pay underspend of **£1.747m** and a Non-Pay overspend of **(£1.863m)**. The following Table provides details of the variances for both Pay and Non-Pay for all divisions.**Table 7 – Pay and Non-pay Variances including all Divisions** |
| **2025/26 EFFICIENCY REQUIREMENT** The **(£8.358)** efficiency requirement within the Financial Plan has been split between Corporate Workstreams and Divisional targets as shown in the table below. **YTD Year Savings Plan**The actual current savings achieved YTD **(£1.340m)**. Work continues on identifying the balance across Procurement and other saving workstreams. |
| **Sustainability & Value**Achieving the Balance Programme continues to be chaired by the CEO, providing support and challenge to progress against efficiency schemes and agreement of deliverables throughout the year. This is aligned to the SG 15 Box grid to ensure consistency in approach across National saving workstreams. |
| **2025/26 CAPITAL INCOME AND EXPENDITURE** Resource Formula for Capital expenditure has been confirmed as £2.8m for 2025/26.The increased capacity and associated equipment and infrastructure required to deliver the scale of increase in services within the NHSGJ over recent years places a significant level of risk on the Golden Jubilee’s replacement programme that has been previously highlighted in our 5 year plan. Mitigating this somewhat is the additional funding that has been confirmed beyond the Core Formula Capital:-* Confirmed carry-forward of schemes approved in 2024/25, but not deliverable until 2025/26 - £961k
* National Infrastructure Board funding - £1m
* Business Continuity Planning funding - £740k
* Turn-key works for implementation of CT scanner – up to £1m
* Planned Phase 2 WTOs to be completed in 2025/26 – £9.8m

A risk workshop was undertaken in May by the Capital Delivery Group (CDG) who risk rated all proposed capital schemes which created a prioritised list of all capital requests from the highest risk to the lowest risk. This list of priorities is being taken to the Strategic Capital Programme Group (SCPG) for final approval in July.The Table below provides a summary of the anticipated Capital Resource Limit (CRL) for 2025/26:**Table 12**

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|   | Expected Allocation | YTD Spend |
|   | £m | £m |
| Formula Core Capital | 2.826 | 0.395 |
| 24/25 carried forward | 0.961 | 0.247 |
| NIB | 1.000 | 0.000 |
| BCP | 0.740 | 0.000 |
| CT Scanner – Implementation | 1.000 | 0.281 |
| Total Core Capital Funding | 6.527 | 0.923 |
| Phase 2 | 9.838 | 0.131 |
| **Total CRL Anticipated 2025/26** | **16.365** | **1.054** |

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| **Decision–** **(1) Approve the Final Summary Financial Report as at 30th June 2025 (Month 3)** |

**Jonny Gamble**

**Executive Director of Finance**

**NHS Golden Jubilee**