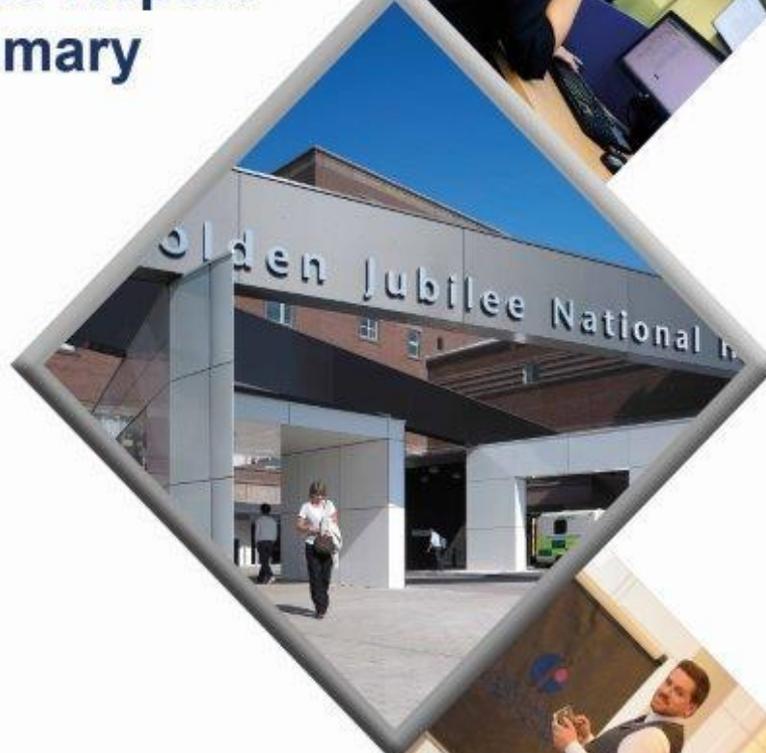




# Integrated Performance Report Board Summary Report



**NHS Golden Jubilee  
Board meeting  
26 March 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

**Colin Neil**  
Director of Finance

**June Rogers**  
Deputy Chief Executive

# 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.	

	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
Clinical Governance	0	3	3	0	2
Staff Governance	5	3	3	3	0
FPP	21	12	7	8	5
<b>Total</b>	<b>26</b>	<b>18</b>	<b>13</b>	<b>11</b>	<b>7</b>

# 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%	Dec-19	0.12%	Nov-19	0.13%	↑						
		Stage 1 complaints responded to within 5 working days	≥75%	Jan-20	87.5%	Dec-19	75.0%	↑						
		Stage 2 complaints responded to within 20 days	≥75%	Dec-19	80.0%	Nov-19	0.0%	↑						✓
		MRSA/MSSA bacterium	≤0.12	Jan-20	0.00	Dec-19	0.27	↑						✓
		Clostridioides difficile infections (CDI) in ages 15+	≤0.10	Jan-20	0.00	Dec-19	0.27	↑						✓
		Mortality	0 - 15	Jan-20	8	Dec-19	11	↑		✓	✓			
		Significant Adverse Event Reviews	0 - 5.96	Jan-20	4	Dec-19	4	↔		✓	✓			
		Hotel Complaints	≤2	Jan-20	2	Dec-19	0	↓		✓	✓			
Staff Governance		Disciplinarys	≤0.50%	Jan-20	0.00%	Dec-19	0.00%	↔		✓	✓			
		Grievances	≤0.40%	Jan-20	0.00%	Dec-19	0.0%	↔		✓	✓			
		Bullying and Harassment	≤0	Jan-20	0	Dec-19	0	↔						
		SWISS Sickness absence	≤4.00%	Dec-19	5.0%	Nov-19	4.4%	↓	x					
		Sickness absence local figure	≤4.0%	Jan-20	5.6%	Dec-19	5.6%	↑	x					
		Job Planning Surgical Specialities: Consultants	≥83%	Jan-20	82.9%	Dec-19	79.7%	↑					x	
		Job Planning Surgical Specialities: SAS Doctors	≥83%	Jan-20	37.5%	Dec-19	37.5%	↔	x					
		Job Planning Regional and National Medicine: Consultants	≥83%	Jan-20	80.0%	Dec-19	80.00%	↔					x	
		TURAS PDR	≥80%	Jan-20	72%	Dec-19	7.7%	↓	x					
		Medical appraisal with completed interview & form 4	≥70%	Jan-20	44.6%	Dec-19	33.9%	↑	x					
	Hotel Sickness Absence	≤4.0%	Jan-20	2.1%	Dec-19	2.6%	↑		✓	✓				
	Hotel TURAS PDR	≥80%	Jan-20	73%	Dec-19	8.6%	↓					x		

# 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	Jan-20	Compliant	Dec-19	Compliant	↔		✓	✓		
		Manage within annual budget limit	±0k	Jan-20	£486K	Dec-19	£406K	↑		✓			
		Deliver Board efficiency target	±0%	Jan-20	4.5%	Dec-19	6.7%	↓		✓			
		NWTC actual activity v target activity	±-10.0%	Dec-19	-4.3%	Nov-19	-6.8%	↑		✓	✓		
		NWTC actual activity v target activity for Diagnostic Imaging	±-5.0%	Jan-20	0.0%	Dec-19	-2.9%	↑		✓			
		TTG: Number of patients who have breached the TTG.	≤0	Jan-20	155	Dec-19	149	↓	✘				
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jan-20	87.6%	Dec-19	91.6%	↓	✘				
		31 Day Cancer	≥95%	Dec-19	94.4%	Nov-19	88.9%	↑					
		Hospital Wide Bed Occupancy	83% - 88%	Jan-20	72.2%	Dec-19	72.0%	↑	✘				
		Acute Elective Ward Bed Occupancy	86% - 90%	Jan-20	70.8%	Dec-19	69.2%	↑	✘				
		NSD Bed Occupancy	86% - 90%	Jan-20	84.4%	Dec-19	81.5%	↑	✘				
		Ward 2 East Bed Occupancy	86% - 90%	Jan-20	53.3%	Dec-19	38.2%	↑	✘				
		Ward 2 West Bed Occupancy	86% - 90%	Jan-20	68.4%	Dec-19	68.9%	↓	✘				
		Ward 3 East Bed Occupancy	86% - 90%	Jan-20	88.3%	Dec-19	88.9%	↓					
		Ward 3 West Bed Occupancy	86% - 90%	Jan-20	64.1%	Dec-19	72.2%	↓	✘				
		Interventional Cardiology Wards Bed Occupancy	81% - 87%	Jan-20	81.5%	Dec-19	80.5%	↑					✓
		Ward 2C Bed Occupancy	81% - 87%	Jan-20	80.6%	Dec-19	83.2%	↓				✘	
		Ward 2D Bed Occupancy	81% - 87%	Jan-20	90.7%	Dec-19	88.4%	↑	✘				
		CCU Bed Occupancy	75% - 87%	Jan-20	77.4%	Dec-19	75.0%	↑		✓			
		Critical Care Bed Occupancy	73% - 85%	Jan-20	72.0%	Dec-19	78.5%	↓				✘	
		ICU1 Bed Occupancy	70% - 90%	Jan-20	52.8%	Dec-19	62.3%	↓					✓
		ICU2 Bed Occupancy	72% - 78%	Jan-20	74.6%	Dec-19	78.8%	↓					
		HDU Bed Occupancy	75% - 88%	Jan-20	81.1%	Dec-19	85.0%	↓					
		HDU2 Bed Occupancy	75% - 88%	Jan-20	89.0%	Dec-19	81.0%	↑				✘	
		HDU3 Bed Occupancy	75% - 88%	Jan-20	74.1%	Dec-19	88.0%	↓				✘	
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Jan-20	64.8%	Dec-19	74.4%	↓	✘				
	Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Jan-20	97.3%	Dec-19	98.8%	↓		✓	✓			

## Board Performance Dashboard – Part 3

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	BAG (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		Orthopaedic DoSA	≥75.0%	Jan-20	63.4%	Dec-19	60.7%	↑	x					
		Thoracic DoSA	≥40.0%	Jan-20	28.9%	Dec-19	30.4%	↓	x					
		Cardiac DoSA	≥19.2%	Jan-20	21.3%	Dec-19	11.8%	↑					✓	
		All Specialities Cancellation Rate	≤4.2%	Jan-20	5.7%	Dec-19	5.2%	↓	x					
		Cardiac Surgery Cancellation Rate	≤10.4%	Jan-20	17.5%	Dec-19	14.0%	↓	x					
		Thoracic Surgery Cancellation Rate	≤4.2%	Jan-20	12.9%	Dec-19	7.1%	↓	x					
		Plastic Surgery Cancellation Rate	≤3.0%	Jan-20	8.1%	Dec-19	4.7%	↓						
		Endoscopy Cancellation Rate	≤5.2%	Jan-20	5.7%	Dec-19	5.1%	↓					x	
		General Surgery Cancellation Rate	≤7.4%	Jan-20	7.2%	Dec-19	13.5%	↑					✓	
		Orthopaedic Surgery Cancellation Rate	≤3.0%	Jan-20	3.7%	Dec-19	3.0%	↓	x					
		Ophthalmology Cancellation Rate	≤3.0%	Jan-20	2.8%	Dec-19	3.8%	↑					✓	
		Cardiology Cancellation Rate	≤4.0%	Jan-20	6.8%	Dec-19	0.0%	↓					x	
		Hotel Overall net profit	≥-10.0%	Jan-20	-16.4%	Dec-19	4.2%	↓					x	
		Hotel Income target	≥-10.0%	Jan-20	2.3%	Dec-19	3.1%	↓		✓	✓			
		Hotel Room Occupancy	≥63.5%	Jan-20	57.6%	Dec-19	76.9%	↓					x	
		Hotel Conference Room Utilisation	≥49.9%	Jan-20	69.9%	Dec-19	57.7%	↑		✓	✓			
		Hotel Conference Delegates	≥5.0%	Jan-20	21.7%	Dec-19	16.8%	↑		✓	✓			
		Hotel GJNH Patient Bed Night Usage	≥5.0%	Jan-20	-17.2%	Dec-19	-17.6%	↑	x					
		Hotel Not for Profit Percentage	51% - 61%	Jan-20	55.0%	Dec-19	54.7%	↑		✓				
		Hotel Review Pro Quality Score	≥86.0%	Jan-20	86.4%	Dec-19	87.4%	↓						
		GJRI Number of new research projects approved	≥8	Dec-19	9	Sep-19	8	↑						
		GJRI Research Institute Income to Date	≥-10.0%	Dec-19	8.1%	Sep-19	17.0%	↓		✓	✓			
		GJRI Motion Lab Analysis Income	≥£172460	Dec-19	£51,750	Sep-19	£45,250	↑	x					
	GJRI % Occupancy: Clinical Skills Centre	≥65.0%	Dec-19	60.0%	Sep-19	49.0%	↑	x						
	GJRI % Occupancy: Clinical Research Facility	≥70.0%	Dec-19	55.0%	Sep-19	58.0%	↓	x						
	MDaT sessions secured	≥21	Dec-19	0	Sep-19	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	Position improved from 0.13% in November 2019 to 0.12% in December 2019. The volume of complaints reduced by two to nine.
Stage 1 complaints response time	Green	The target was achieved in January 2020 with seven out of nine (87.5%) responses within the five day response threshold.
Stage 2 complaints response time	Red	In December 2019 three of five Stage 2 complaints met the response time within 20 working days. (60%)
Mortality	Green	The mortality figure for January 2020 was reported as eight. There were eleven deaths in December 2019.
Significant adverse events	Green	There were four significant adverse event reviews in January 2020, equal to December 2019 and within the set tolerance limit.
MRSA/MSSA cases	Green	There were zero instances (MSSA) of Staphylococcus aureus Bacteraemia (SAB) reported in January 2020.
Clostridioides Difficile	Green	There were zero Clostridioides Difficile Infections (CDI) reported in January 2020.

## Clinical Governance Executive Summary

Within the Clinical Governance section of the IPR, we are maintaining the existing indicators from the corporate balance scorecard relating to complaints, infections, Significant Adverse Events (SAE) and crude hospital mortality as further indicators of safety

With regards mortality; Hospital Standardised Mortality Rate (HSMR) data was detailed in the last report, no further quarterly update at this stage.

The response times for stage two complaints remain under close monitoring, unfortunately the one Stage 2 for Nov breached by one day. We are pleased to note that all Stage 1 complaints were responded to within 5 days. Clinical Governance Risk Management Group continues to monitor the actions to support process improvements and have agreed further revisions to the process which it is anticipated will support the response times and quality of responses also. Clinical Governance Department are also undertaking a further deep dive across the various forms of feedback and benchmarking with external Boards.

Crude Mortality remains within limits.

## Key Healthcare Associated Infection Headlines

***Staphylococcus aureus* Bacteraemia**- 1 SAB to report in Dec19. Source to be confirmed, but likely to be IABP.

***Clostridioides difficile* infection (previously known as *Clostridium difficile*)**-

1 CDI case to report in Dec 19 from a patient with complex comorbidities, no patient crossover.

**Hand Hygiene**- The **bimonthly** report from November demonstrates an overall compliance of 99% with hand hygiene opportunity and technique. Medical staff compliance has increased from 95% to 98%. Next update January 2020.

**Cleaning and the Healthcare Environment- Facilities Management Tool**  
**Housekeeping Compliance: 98.07          Estates Compliance: 98.3**

### Surgical Site Infection-

Hip replacement SSI rates within control limits.

Knee replacement SSI rates within control limits.

Cardiac and CABG SSI rates (within 30-day post-operative period) within control limits.

### Other HAI Related Activity

The Board received an unannounced HEI Inspection in Dec. Post inspection feedback was very positive, draft written report expected late January.

## Section B:2 Staff Governance

Staff Governance		
Disciplinaries & Grievances		Both indicators were on target for January 2020. Zero disciplinary cases resulting in a warning and zero grievance cases were reported.
Bullying and harassment		There were zero bullying cases reported in January 2020. Year to date there have been three cases raised.
Local Sickness absence		There was a 0.2% improvement in sickness absence in January 2020 with sickness decreasing from 5.8% to 5.6%. However, Heart, Lung and Diagnostics increased by 0.7% to 6.6%. Elective services decreased slightly from 6.8% to 6.7%
Medical appraisal with completed interview and form 4		Reported position at end of January 2020 was 44.6% (54/121) against a target of 70% with 11 additional appraisals completed since last month.
TURAS Appraisal rates		Decreased by 5% to 72% in January 2020 remaining below the required threshold of 80%. All Divisions were below the threshold.
Job Planning: Elective Services		Elective Services consultant job plans is slightly under target (by one clinician) with 82.9% (58/70) of consultants having an approved job plan.
Job Planning: Heart, Lung and Diagnostic		HLD consultant job planning was slightly below threshold (by one clinician) with approved job plans by the end of January 2019 at 80% (12/15)

## Staff Governance Executive Summary

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.

### Sickness absence

In November 2019 the Board's sickness absence rate rose to 5.1%, up from 4.4% the previous month. This was accounted for by an increase in the rate of sickness absence across three of the directorates, most markedly in Corporate, which rose by 1.9% to 4.2%. Only Regional and National Medicine fell, from 5.3% to 4.9%, but this is still markedly higher than the average for the Directorate.

As with previous months, a large proportion of sickness absence was due to "Anxiety/stress/ depression/other psychiatric illnesses", which accounted for 30.2% of the Board's sickness absence. It was the main cause of sickness absence in all four directorates.

Information relating to directorate and departmental sickness absence rates continues to be circulated to Heads of Department on a monthly basis. Management, Occupational Health and the Human Resources Team continue to work together to support members of staff during their absences, and to work with staff members to reduce the number and length of sickness absences, assisting them to remain at work and return to work sooner. Occupational Health Physiotherapy offers rapid access to help alleviate musculoskeletal problems.

We undertook a mental health check survey from 2<sup>nd</sup> to 27<sup>th</sup> September 2019 in partnership with See Me, the national programme to end mental health stigma and discrimination. We received 490 responses from staff. 58% of respondents identified as having experienced a mental health problem within the organisation and or in a previous organisation. A meeting took place on Tuesday 26<sup>th</sup> November 2019 with See Me to discuss the findings within the report and identify the priorities for the Board in order to develop an action plan towards creating a mentally healthy workplace.

The report indicates that there are good areas of practice and staff do feel supported by managers and colleagues within the workplace. There are areas where we can make improvements and which are likely to have the most impact for us such as:

- commitment of senior leaders and managers;
- safe, effective and pertinent disclosure of mental health concerns;
- confident and informed line managers;
- understanding and adopting reasonable adjustments;
- increased mental health awareness and literacy;
- effective approaches to training including a wider range of resource tools, e-learning for all staff;
- stigma free culture and ethos; and
- effective communication of support available to current staff and potential/future staff.

Further work will be done to formulate an action plan which will be shared with the Staff Governance Sub Group.

### **Agenda for Change appraisal**

Within the year to 30 November 2019 78% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS. Managers are provided with monthly TURAS progress reports, which helps them to identify those members of staff who have undertaken appraisal within the previous rolling 12 months, as well as those who did not, and most urgently need to participate in appraisal.

We are undertaking an analysis of the staff governance data to compare sickness absence rates and TURAS appraisal completion rates to identify any departments where further support may be required where both areas are out with targets. This information continues to be gathered in order that action plans can be developed to identify which areas require additional support to overcome any barriers or challenges they might be facing.

### **Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. As at the end of November 129 medical staff were attached to NHS Golden Jubilee for appraisal and revalidation purposes. By 30 November a total of 28/129 (21.7%) doctors had completed the appraisal process and had been issued with a Form 4, or had participated in an ARCP in the current appraisal year.

### **Medical job planning**

As of 30 November 64 out of 96 (66.7%) medical staff had signed off on their 2019/2020 job plan.

## Section B:3 Finance, Performance and Resources

Finance, Performance and Resources		
Finance – Manage within annual budget limit		The month nine year to date results show a position of £486,000 above the annual budget target. This is an improvement on month eight (£406,000).
Finance – Deliver Board efficiency target		The month nine year to date results show an total cash releasing savings of £385,5000 against a threshold of £368,9000.
Cancer 31 Day		In December 2019 the Monthly Cancer Waiting Times report, issued by the Scottish Government, reported performance of 94.4% (34/36) which is below the threshold of 95%
TTG: Number of patients who have breached the TTG		In January 2020 there were 155 patients who exceeded their twelve week treatment time guarantee. (+6) This included 50 cardiac surgery patients, 21 coronary patients, 65 electrophysiology patients, 16 device patients, 1 lead extraction patients, 1 SACC and 1 orthopaedic patient.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve week treatment time guarantee decreased by 3.9% from 91.5% in December 2019 to 87.6% in January 2020. This reflects an increase in the number of patients admitted over twelve weeks (+67) whilst the total number of patients treated also increased (+28).
Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only)		Position deteriorated from 74.4% in December 2019 to 64.8% (-9.6%) in January 2020. The number of patients treated over 12 weeks increased to 187 (+67) whilst the number of patients treated within 12 weeks decreased to 345 (-4).
DOSA rate: Cardiac Surgery		In January 2020 the Cardiac DoSA rate was 21.3% against a target of 19.2%. The January position represented a 9.5% increase (8 more DOSA cases) compared to December 2019.
DOSA rate: Orthopaedics		In January 2020 the Orthopaedic DoSA rate was 63.4% with a target of 75.0%. The December position represented a 2.7% increase (42 more DOSA cases) compared to December 2019.
DOSA rate: Thoracic Surgery		In January 2020 the Thoracic DoSA rate was 28.9% with a target of 40.0%. The December position represented a 1.5% decrease (same DOSA cases, lower denominator) compared to December 2019.
Theatre Cancellation Rates		In January 2020 the overall hospital cancellation rate was 5.7%. This represents a 0.5% deterioration compared to December 2019. There were 107 cancellations with 1871 scheduled procedures during January 2020.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 72.2% in January 2020 compared to 72.0 in December 2019. For comparison occupancy was 4% below

		January 2019.
Hotel Overall Net profit		The January 2020 position was -16.4% compared to +4.2% in December 2019. This represents 31k below expected net profit.
Hotel Patient Bed Night Usage		Patient bed night usage remained below target although the position improved slightly to -17.2% (+0.4%) in January 2020.
Hotel Not for profit percentage		The percentage in January 2020 increased to 55.0% (+0.3%) and was above the minimum threshold of 51%
R&I: New research projects approved		Nine projects approved in Quarter 3 2019 which was above the threshold of eight.
R&I: Income to date		Income to date was 8.1% above threshold in Quarter 3 2019 compared to 17% in the previous quarter.
R&I: Motion Lab Income		Income remains under target with Quarter 3 2019 producing an income of £6500. Cumulative income is £120,710 below target.
R&I: % Occupancy – Clinical Skills Centre		Occupancy increased by 11% in Quarter 3 2019 to 60% but remains below the threshold of 65%.
R&I: % Occupancy – Clinical Research Facility		Decreased by 3% in Quarter 3 2019 to 55% and remains below the threshold of 70%.
R&I: MD&T Sessions		Zero sessions held year to date.
<b>National Comparison Table, Corporate Dashboard, Waiting list &amp; Productivity table</b>		
The GJNH nationally reported elective cancellation rate increased from 4.8% in November 2019 to 5.2% in December 2019. The GJNH had the second lowest elective cancellation rate nationally (behind NHS Shetland). The Scotland rate was 10.5%.		
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 3 2019 GJNH remains jointly ranked 1 <sup>st</sup> at 100%. This remains the latest position available.		
Health Protection Scotland published figures for Quarter 3 2019 report a GJNH incidence rate (per 100,000 total occupied bed days) of 8.3 for both SAB and CDiff incidence. The Scotland rates were 17.5 and 12.2 respectively. This remains the latest position available.		
Corporate sickness rates improved in January 2020 (-0.9% to 3.7%) The number of departments over the 4% threshold reduced to : Business services, Catering, Clinical Governance, Procurement and Security.		
The total inpatient waiting list month end position increased by 63 from 4021 to 4084 with Orthopaedics increasing by 58.		
The total outpatient waiting list decreased by 235 to 1932 due to the Ophthalmology waiting list reducing by 158 and Orthopaedics reducing by 107.		

# Business Services Executive Summary

## 1. Background

Patient activity is reported on a monthly basis, both by month and year to date. Data contained within the Performance Pack is primarily measured in episodes of care. However, data is also captured to reflect the number of procedures being carried out by Board, by specialty. This information is particularly relevant to referring Boards who are allocated activity and measure their activity/throughput at GJNH in numbers of procedures.

Appendix A to this document is provided for information purposes and reflects the number of patients treated against an annual plan of 18,314 (patients).

Appendix B to this document is adjusted to represent theatre slots used (as opposed to numbers of patients) in both orthopaedic surgery and plastic surgery. This allows us to more accurately reflect actual theatre utilisation and allows us to focus on maximising the theatre capacity that is available to us.

This paper is intended to monitor and report on the national waiting times activity allocated to Boards across Scotland. High level Regional Heart and Lung Centre activity is also provided for information purposes. This activity is reported in more detail on the Divisional Performance and Planning Reports which are then summarised for presentation to the Board.

Referring Boards receive a monthly monitoring document which provides a detailed breakdown of the number of patients referred, their complexity and the number of theatre slots used to treat them.

## 2. Operational Governance

### In Patient/Day Case/Diagnostic Imaging Activity Analysis January 2020

Activity for inpatient/day case procedures measured against a projection of 18,314 (which excludes cardiothoracic/cardiology activity) was slightly ahead of plan by 2.1% for the month of January when activity is adjusted to reflect complexity (Appendix B) and 2.3% behind the year to date plan.

Measured against a total activity projection of 61,734, the combined inpatient/day case and imaging activity at the end of January was ahead of plan by 12.6% for the month of January when adjusted to reflect complexity (Appendix B) and 1.7% behind the year to date plan.

## 3. Analysis of Performance Against Plan at End January 2020

### Orthopaedic Surgery:

The annual target for orthopaedic joint replacements for 2019/20 is based on 4003 primary joint replacements. This number is calculated on the basis of one patient to one theatre slot. Each session equals two primary joint theatre slots. However, based on experience over the recent years, we have made the assumption that the number of complex joint replacements likely to be referred for treatment would be approximately 9%. These procedures typically take the equivalent theatre space of 1.5 - 2 primary joint replacements.

In addition to the 4003 primary joint replacements, there are a target number of 931 orthopaedic non joint procedures and 550 foot and ankle procedures for the year. This equates to a total of 5484 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of January, orthopaedic joint activity was marginally ahead of the plan for the month by 5 joint replacements and slightly behind by 1 'non joint' and 3 foot and ankle procedures. Overall, orthopaedic surgery in procedures/theatre slots is behind the year to date plan by 244.

### **Ophthalmic Surgery**

Ophthalmology activity was ahead of the monthly plan by 26 procedures for the month of January.

### **General Surgery**

General surgery performed slightly behind by 3 procedures for the month of January and is 109 behind the year to date plan.

### **Plastic Surgery**

For reporting purposes Plastic Surgery has been split and will be monitored throughout 2019/20 as hand surgery and minor plastic surgery.

Hand surgery was ahead of plan for January by 7 procedures.

Minor plastic surgery was behind plan for January by 10 procedures.

### **Endoscopy**

Endoscopy activity was slightly ahead of the planned activity by 10 procedures and remains 50 behind year to date.

### **Diagnostic Imaging**

Diagnostic imaging activity was significantly ahead of the planned activity for January by 596 examinations but remains 530 behind the year to date plan.

### **Current Situation**

- Overall, in January the orthopaedic service utilised 462 orthopaedic theatre slots against a plan of 460 and they remain behind the year to date plan by 244 procedures.

A second foot and ankle surgeon and a joint appointment arthroplasty consultant will join the orthopaedic team imminently which is expected to improve throughput. The team are continually exploring opportunities to recover the shortfall in activity and they envisage some improvement from January to March.

- For the fifth consecutive month, Ophthalmology activity exceeded the monthly plan by 26 procedures. The shortfall accumulated in the earlier part of the year has now been fully recovered and the service is currently ahead of the year to date plan by 48 procedures.

- Endoscopy procedures carried out in January were slightly ahead of plan by 10 procedures. The service continues to work towards recovery of the year to date shortfall which is now 40 procedures.
- There has been sustained improvement in Diagnostic Imaging in January and the service was ahead of the monthly plan by 596 examinations. The year to date shortfall is now 350 examinations remains significant. There is now some confidence that this shortfall will be recovered by the year end.

Despite the peak holiday period in January, activity exceeded our expectations. However, due to our dependency on visiting consultants and the willingness of consultants to carry out waiting list initiative sessions, recovering the year to date shortfall in orthopaedic surgery and general surgery continues to be extremely challenging. The Recovery Group continue to meet on a weekly basis and remain focussed on identifying alternative solutions to challenges as they arise, addressing recruitment challenges and detailing a recovery plan for shortfalls by specialty.

## Finance Executive Summary

This finance report describes the financial position as at Month 10, for the period ending 31 January 2020.

### The Board are asked to

- Note the financial position for Month 10, as at 31 January 2020 for the financial year 2019/20
- Note the key messages as highlighted including agreed actions
- Note the key risks and management of these

### Key Messages

- Total surplus as at Month 10, January 2020 of £0.486m (includes core, non-core and income).
- This underspend position reflects a continued improvement position against the original Financial Plan Forecast of breakeven against core RRL by the end of January 2020.
- The total surplus of £0.486m is made up of the following: -
- Income – under-recovery of (£0.431m) year to date(YTD)
- Core expenditure – underspend of £0.917m YTD.
- Non-core expenditure reflects a breakeven variance YTD.

### Additional Areas to Note

- The position includes additional £220k funding allocation from Scottish Government, in January 2020, for Vanguard/Synaptik to improve GG&C Ophthalmology capacity. This takes the total funding received to £1.00m against costs to date reported of £0.516m.
- Meetings have been held with all Independent sector providers now with regards to review performance to date and finalising a forecast position for March 2020. These meetings have confirmed that activity is less than the original target plan by circa 180 cases indicating forecast cost of £8.3m. This has been advised to Scottish Government to allow slippage funding of around £1.5m to be returned to SG as agreed. Discussions with Independent sector providers also incorporates activity and cost estimates for 2020/21, to allow co-ordinated planning to take place.
- Efficiency Savings target of £4.807m now reflects a reduced in-year gap of £0.150m and a FYE gap of c£1.091m (Month 9 recorded a CYE gap of £0.236m and a FYE gap of £1.177m). The improvement in month and YTD is associated with outcomes from Divisional Performance Review Group (PRG) meetings.
- The financial performance for January 2020 reporting shows a continued surplus against the original financial plan position breakeven position. At this stage it is forecast that a surplus of £600k is likely by March 2020. This position remains as previously reported.

## Key Actions Agreed in this Period

### ▪ Efficiency Savings

As Highlighted above the in-year gap is now reduced to £0.150m against the current annual 2019/20 target of £4.807m. Of the £4.657m of schemes identified to date, £2.609m are recurring schemes and £2.048m are non-recurring schemes. Whilst £2.609m has been identified in year it is anticipated the FYE value of these schemes will amount to £3.716m, hence on a FYE basis there remains a recurring forecast shortfall of £1.091m at this point of the financial year.

In addition to these savings schemes, there are productivity and cost avoidance schemes of c£0.846m, which will provide organisational benefits.

**ACTION:** PRG meetings will continue to lead on the performance against efficiency savings agenda to identify the balance of savings required during 2019/20. 2020/21 – 2022/23 budget setting and future year PRG meetings will focus on actions to reduce the current 2019/20 recurring shortfall of £1.091m in addition to the 20/21 savings target of c£3.8m.

### ▪ TAVI monthly update

In addition to the monthly update paper shared with both WoS DoFs and WoS Finance Group the Boards Chief Executive has circulated a letter to WoS Chief Executives regarding TAVI performance to date and 2020/21 forecast position. This highlights those Boards that are over and under agreed National Planning Board (NPB) target plan to inform local and regional plans.

**ACTION:** A post 1-year review paper will be prepared for submission to NPB on 2019/20 performance against target across all three TAVI centres to inform future year activity and financial planning,

### ▪ Office 365 Business Case

The above business case was reviewed by key Board Finance and e-Health leads at a workshop held by National Services Scotland on 6<sup>th</sup> February 2020 to understand basis of the business cases financials and benefit assumptions.

**ACTION:** Finance representatives on CFN to liaise with own Board e-Health Leads to validate and agree final financial position on local implementation costs/mix of Licences and benefits/other system switch off and feedback collective position to Directors of Finance and Chief Executives forums.

### ▪ Cath Lab 5 Business case

This business case has been raised again at the February WoS DoFs, following circulation of the business case at the October 2019 meeting, to canvas support via AOP's. Formal feedback has been requested and this will be followed up by corresponding with WoS Chief Executives and WoS Planning Team.

**ACTION:** Formal close down of WoS position to be clarified and form part of Golden Jubilee final discussions with Scottish Government on this essential funding stream.

▪ **Core SLA funding top slice**

As a result of movement in activity against annual performance targets, particularly within Orthopaedic joint procedures there is a need to advise NHS Scotland Boards finance and operational activity leads of any underperformance between 90% and 100% activity target resulting in a re-imburement of SG funding top-slice by March 2020.

**ACTION:** This is a routine action and review compiled at each financial year end, however current forecast indicates underperformance of £0.771m behind current top-slice funding level received via Scottish Government. This re-imburement will be progressed over February to March 2020 financial reporting as part of the Boards RRL allocation.

**Financial Risk Considerations noted in this period**

There remains final confirmation on the funding flow to support the following areas;

- Remaining Efficiency savings gap of c£0.150m CYE and £1.091m FYE requires the same focus over the last quarter of the financial year to ensure the noted reduction in the savings gap over the last two months continues to achieve the £4.807m target. On an in-year basis this is forecast to be achieved, with further work required to deliver all savings on a FYE basis, with an element of c/fwd likely.
- The 2020/21 Financial plan final draft is due by 29<sup>th</sup> February 2020, this will take into consideration the recent 6<sup>th</sup> February 2020 Scottish Government Budget letter confirming 3% uplift on £58.3m SG funding baseline and the implication of this on other SLA income uplifts for 2020/21. In addition to this the updated AOP will also take into consideration recent SG meetings and positive outcomes on Infrastructure funding. Any further consequential implications of the Westminster budget will become clearer when this is released on March 11<sup>th</sup> 2020.
- As noted above against key actions for the period there is a requirement to seek final confirmation on the associated revenue funding for the Cath Lab 5 Business case due to be operational during the first quarter of 2020/21 financial year.