



# Integrated Performance Report Board Summary Report

**NHS Golden Jubilee  
Board meeting**  
28 July 2022

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 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.

**Jann Gardner**  
**Chief Executive**

**Colin Neil**  
**Director of Finance**

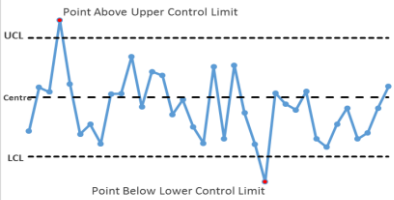
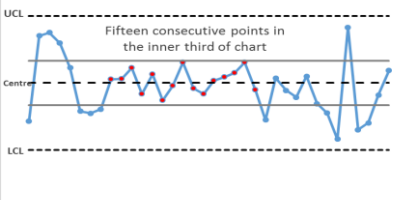
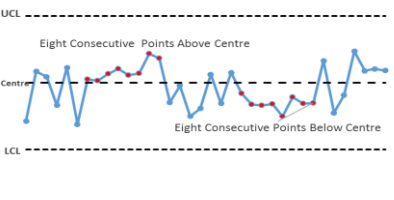
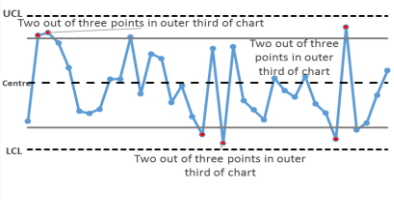
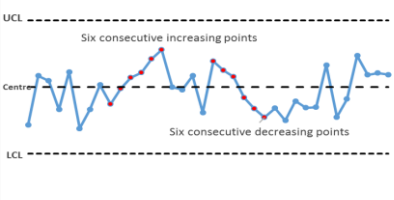
**Lynne Ayton**  
**Head of Operations**

# 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)			
<p>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:</p> <ol style="list-style-type: none"> <li>1. Trend of six points increasing or decreasing.</li> <li>2. Run of eight points above or below the centre line.</li> <li>3. Data point outwith control limits.</li> <li>4. 15 points close to the centre line.</li> <li>5. Two points close to the outer third of the chart.</li> <li>6. Within the control limits will flag if no special cause is identified.</li> </ol> <p>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.</p>		<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>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.</p> <p>Position calculated on three standard deviations either side of the centre.</p>
	<p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p>		<p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>
	<p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>		<p>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 (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p>
	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

# Board Performance Dashboard – Part 1

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)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Apr-22	5	Mar-22	7	⬆		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Mar-22	0.0%	Feb-22	0.0%	⬇	✖					P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75%	Mar-22	20.0%	Feb-22	71.4%	⬇	✖					P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤1.2	Apr-22	29.11	Mar-22	0.00	⬇				✖		C Chart	Q4 2021/22 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Apr-22	0.00	Mar-22	0.00	⬇		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Apr-22	0.00	Mar-22	0.00	⬇		✓	✓			C Chart	Q4 2021/22 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Apr-22	0.0%	Mar-22	0.0%	⬇		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Apr-22	0.0%	Mar-22	0.0%	⬇		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Apr-22	0.0%	Mar-22	0.0%	⬇		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Apr-22	0.0%	Mar-22	0.0%	⬇		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Mar-22	100.0%	Jan-22	99.0%	⬆		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	Apr-22	10	Mar-22	8	⬆		✓				C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Apr-22	2	Mar-22	2	⬇		✓				C Chart	Within Control Limits
		Hotel Complaints	≤2	Apr-22	0	Mar-22	0	⬇		✓	✓			C Chart	Within Control Limits
Staff Governance		Disciplinarys	≤0.50%	Apr-22	0.00%	Mar-22	0.00%	⬇		✓	✓			P Chart	Within Control Limits
		Grievances	≤0.40%	Apr-22	0.00%	Mar-22	0.0%	⬇		✓	✓			P Chart	Within Control Limits
		Bullying and Harassment	≤0	Apr-22	0	Mar-22	0	⬇		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.00%	Mar-22	5.9%	Feb-22	5.3%	⬇	✖					P Chart	
		Sickness absence local figure	≤4.0%	Apr-22	5.6%	Mar-22	6.0%	⬇	✖					P Chart	Within Control Limits
		TURAS PDR	≤8.0%	Apr-22	5.1%	Mar-22	5.2%	⬇	✖					P Chart	Below Lower Control
		Turnover	0.00% - 0.95%	Apr-22	0.70%	Mar-22	0.86%	⬇		✓	✓			P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Apr-22	78.3%	Mar-22	69.0%	⬆						N/A	
		Medical appraisal with completed interview & form 4	≥0%	Apr-22	88.6%	Mar-22	83.8%	⬆		✓	✓			N/A	
		Hotel Sickness Absence	≤4.0%	Apr-22	2.7%	Mar-22	1.7%	⬆		✓	✓			P Chart	Within Control Limits
		Hotel TURAS PDR	≤8.0%	Apr-22	5.6%	Mar-22	5.6%	⬇	✖					P Chart	Below Lower Control

# 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	Mar-22	£108K	Feb-22	£258K	↔						N/A	
		Deliver Board efficiency target	≥0%	Mar-22	47.0%	Feb-22	59.2%	↔		✓	✓			N/A	
		NHS GJ Recovery plan versus actual	≥10.0%	Apr-22	1.6%	Mar-22	5.8%	↔		✓	✓			N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Apr-22	-9.7%	Mar-22	-0.7%	↔				✖		N/A	
		TTG: Number of patients who have breached the TTG	≤0	Apr-22	373	Mar-22	322	↔	✖					P Chart	Above Upper Control
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Apr-22	77.8%	Mar-22	80.3%	↔	✖					P Chart	Below Lower Control
		31 Day Cancer	≥95%	Mar-22	100.0%	Feb-22	100.0%	↔		✓				P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Apr-22	71.8%	Mar-22	76.0%	↔	✖					P Chart	Below Lower Control
		Number of patients on list waiting over 12 weeks	≤0	Apr-22	1710	Mar-22	1663	↑	✖					C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	Apr-22	1097	Mar-22	1087	↑	✖					C Chart	Within Control Limits
		Treated within 18 weeks of referral	≥90%	Apr-22	81.2%	Mar-22	91%	↔				✖		P Chart	Below Lower Control
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Apr-22	54.0%	Mar-22	59.3%	↔	✖					P Chart	Below Lower Control
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Apr-22	97.2%	Mar-22	100.0%	↔		✓	✓			P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Apr-22	58.3%	Mar-22	60.8%	↔	✖					P Chart	Two Outer Third Points
		Thoracic DoSA	≥30.0%	Apr-22	13.8%	Mar-22	20.5%	↔	✖					P Chart	Within Control Limits
		Cardiac DoSA	≥25.0%	Apr-22	3.8%	Mar-22	0.0%	↑	✖					P Chart	Two Outer Third Points
		All Specialities Cancellation Rate	≤1.1%	Apr-22	6.7%	Mar-22	7.3%	↑	✖					P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Mar-22	-15.4%	Feb-22	1.7%	↔				✖		N/A	
		Hotel Income target	≥-10.0%	Mar-22	29.4%	Feb-22	0.1%	↑		✓	✓			N/A	
		Hotel Room Occupancy	≥67.5%	Mar-22	42.0%	Feb-22	40.0%	↑	✖					Run Chart	No Trends or Runs Identified
		Hotel Conference Room Utilisation	≥66.2%	Mar-22	62.9%	Feb-22	66.0%	↔	✖					Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	≥-5.0%	Mar-22	-46.2%	Feb-22	-48.8%	↑	✖					N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Mar-22	-3.8%	Feb-22	-0.7%	↔		✓	✓			N/A	
		Hotel Not for Profit Percentage	50% - 60%	Mar-22	70.4%	Feb-22	75.6%	↔						N/A	
		Hotel Review Pro Quality Score	≥86.0%	Apr-22	89.6%	Mar-22	86.6%	↑		✓				Run Chart	No Trends or Runs Identified
		GJRI Number of new research projects approved	≥8	Mar-22	8	Dec-21	4	↑					✓	C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Mar-22	-4.0%	Dec-21	-45.0%	↑					✓	N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Mar-22	£1,500	Dec-21	£15,000	↔	✖					N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Mar-22	65.0%	Dec-21	78.0%	↔				✖		Run Chart	No Trends or Runs Identified
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Mar-22	64.0%	Dec-21	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	2	12	9	1	0	0
Staff Governance	4	6	6	0	0	2
FPP	16	6	4	3	2	7
Total	22	24	19	4	2	9

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 April 2022 there were five complaints reported.
Stage 1 complaints response time		In March 2022, there were two Stage 1 complaints, of which zero were responded to within the five day target (0%). Latest position available
Stage 2 complaints response time		In March 2022 there were five Stage 2 complaint four of which were not responded to within 20 days (20%)
Mortality		The mortality figure for April 2022 was reported as ten. Within control limits.
Significant adverse events		There were two significant adverse event reviews in April 2022.
MRSA/MSSA cases		There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in April 2022. This was an MSSA case.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infections (CDI) reported in April 2022.
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in April 2022.
SSI: Hips & Knees		Surveillance recommenced in July with no SSIs reported in April 2022.
SSI: Cardiac		Surveillance recommenced in October with no SSIs reported in April 2022.

## **Clinical Governance Executive Summary**

In March 2022 we received five stage 2 complaints and two stage 1 complaints; Totalling seven for the month. 0% of stage 1 complaints were responded to within guidance timescale (5 days) n = 0 and 20% of stage 2 complaints were responded to within guidance timescale (20 days) n = 1 (average days to response was 33 days).

The reasons for the delays in timescales were multi factorial, however a measurement plan is currently being developed for approval at Executive Directors Group that will support further improvement work to the Feedback and Complaints process.

All stage 2 complaints will now have final sign off from the Chief Executive and oversight of the complaints status will be maintained via the Executive Directors Group; in addition to the existing weekly reviews with Division Management Teams.

Mortality data remains within control limits n = 8 for March 2022 and within control limits n = 10 for April 2022.

There are no whistleblowing reports.

## **Key Healthcare Associated Infection Headlines**

- Staphylococcus aureus Bacteraemia- No cases to report in since November.
- Clostridioides difficile infection (previously known as Clostridium difficile)- 0 cases to report in 21-22.
- Gram Negative/E.coli Bacteraemia (ECB)- 0 cases to report since September.
- Hand Hygiene- Overall hand hygiene compliance for March was 100%. Next report May 2022.
- Cleaning and the Healthcare Environment -Facilities Management Tool  
Housekeeping Compliance: 98.12 % Estates Compliance: 98.32%
- Orthopaedic Surgical Site Surveillance- Surveillance recommenced mid July 2021, no SSI to report since recommencing.
- Cardiac Surgical Site Surveillance- No SSI to report (last SSI February).



## HAI Related Activity Update

De-escalation of specific COVID-19 Measures- work is underway via a series of AGILE PCIC meetings to deescalate further COVID measures. Planned implementation date 17th May.

The planned PCI programme for 22/23 is now complete and has been presented to and endorsed by PCIC.

The revised HAI Standards for Scotland will be launched by HIS on 16 May 2022 with inspection against the new standards from September 2022 allowing a period of implementation.

DL (2022) 13 has confirmed AOP targets for CDI and SAB will be extended by one year. This is in recognition of the service pressures caused by COVID 19 impacting on the ability to meet some of the previously agreed HAI targets.

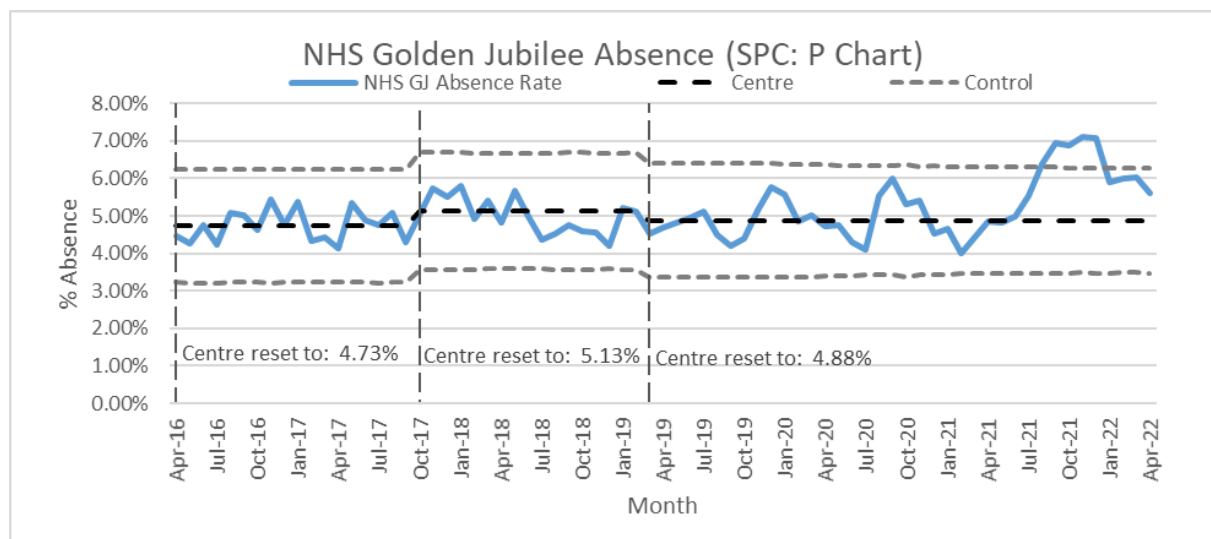
## Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in April 2022.
Grievances		There were no grievance cases raised in April 2022.
Dignity of work		Zero dignity cases were raised in April 2022.
Local Sickness absence		Sickness absence in April 2022 was reported at 5.6%. This is within control limit. Absence due to COVID-19 reasons was 2.4% (-1.1%)
Turnover		Turnover in April 2022 was reported as within control limits at 0.7%.
Medical appraisal with completed interview & form		A new round of appraisals began in April 2022.
TURAS Appraisal rates		Position for April 2022 reported as 51% (-1% on last month.)
Job Planning: All hospital		New job plans start for the year April 2022. In April 2022 performance was reported as 73.9% (85/115) signed off with others at various stages of the process.

## Staff Governance Executive Summary

### Sickness absence

In April 2022 the Board's sickness absence rate stood at 5.6%, down 0.4% on March.



Across the Directorates absence was as follows:

- Corporate: 3.7%, down 0.7%% on the previous month;
- Golden Jubilee Conference Hotel: 2.7%, up 1.0% on March;
- Heart, Lung and Diagnostic Services: 6.4%, down from 7.2% the previous month; and
- National Elective Services: 6.8%, which was 0.1% higher than March.

“Anxiety/stress/ depression/other psychiatric illnesses” continued to be the highest cause of sickness absence, in March accounting for 21.8% of all sickness absence, 1.0% higher than March’s figure of 20.8%. It was the main cause of absence in two of the four Directorates:

- Corporate: 20.0% (down from 25.2% in March); and
- Heart, Lung and Diagnostic Services: 28.9% (up from 21.2%); and
- National Elective Services: 18.3% (up from 17.5%).

In the Hotel, “Cold, cough, flu - influenza” was the main cause of sickness absence, accounting for 31.7% of hours lost, while in National Elective Services 18.6% of sickness absence was caused by “Other known causes – not otherwise classified”. In NES “Anxiety/stress/ depression/other psychiatric illnesses” caused 15.1% of sickness absence.

The second top cause of sickness absence in April, as in March, was “Other musculoskeletal problems”, accounting for 13.9% of sickness absence hours (2.0% up on the previous month). “Other known causes – not otherwise classified” was third, at 12.3%.

## COVID-19

Absences from work due to the Coronavirus are recorded as special leave under one of nine headings:

Coronavirus	This will record those who have caring responsibilities and are absent due to these.
Coronavirus – COVID-19 positive	As it says employees who have tested positive for the virus.
Coronavirus – household related – self isolating	Someone in the household of the staff member is displaying symptoms.
Coronavirus – self displaying systems – self isolating	This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted.
Coronavirus – long COVID	If an employee has tested positive, after the self-isolation period they would move onto long COVID if they remain unfit to return to work. This employee would be expected to seek medical advice.
Coronavirus – underlying health conditions	Staff member has underlying health conditions putting them in the at risk category.
Coronavirus – test and protect isolation	Staff member has been told to isolate following contact by test and protect staff.

Coronavirus – quarantine	Staff member is required to isolate following their return from a country on the quarantine list.
Coronavirus – vaccination reaction	Staff member needs to take time off work in the 48 hours following vaccination as a result of an adverse reaction.

In April COVID-19 special leave accounted for 2.4% of all contracted hours, down from 3.5% the previous month. The Directorate breakdown was:

- Corporate: 1.4% (down from 2.9%);
- Golden Jubilee Conference Hotel: 2.9% (an increase from 2.3%);
- Heart, Lung and Diagnostic Services: 2.7% (3.4% in March); and
- National Elective Services: 2.9% (down from 4.5%).

### **Agenda for Change appraisal**

Within the year to 30 April 2022, 51% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 1% less than the previous month. The Directorate breakdown is as follows:

- Corporate: 36%, the same as March;
- Golden Jubilee Conference Hotel: 56%, also the same as the previous month;
- Heart, Lung and Diagnostic Services: 61%, the same as March; and
- National Elective Services: 53%, down 5% on the previous month.

### **Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. As at 30 April, no doctors had completed their 2022/2023 appraisal. It is likely that very few appraisals will be carried out in the first few months of the financial year, as they tend to be completed in the second half of the year. However, a number of doctors who are due to end their fixed term contracts in August will carry out their appraisals before their leaving dates.

### **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 1 April 2022. To date 85 (73.9%) of 115 job plans have been signed off, four are awaiting second management sign off, four need first manager sign off, five await to be signed off by the doctor, and 17 are in discussion.

## Section B:3 Finance, Performance and Resources

Finance & Performance		
Finance – Manage within annual budget limit		As at month twelve the position reported was as a total surplus of £401k. This is the latest position available.
Finance – Efficiency savings		The latest available position (M12) has £2.838m efficiency savings identified. This is the latest position available.
Cancer 31 Day		In March 2022, nationally reported performance was 100% (25/25). All lung cancer site cases. Latest position available.
TTG: Number of patients who have breached the TTG		In April 2022, there were 373 patients who exceeded their twelve-week treatment time guarantee.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients who were admitted within their twelve week treatment time guarantee decreased by 2.5% from 80.3% in March to 77.8% in April.
SoT Guarantee – Inpatient and DC cases (H & L only)		54% of Heart and Lung patients were treated within 12 weeks in April 2022.
DOSA rate: Cardiac Surgery		There were two DoSA cases in April 2022. A new profile for the year has been agreed.
DOSA rate: Thoracic Surgery		There were eight DoSA cases in April 2022 (20.5%). A new profile for the year has been agreed.
DOSA rate: Orthopaedics		In April 2022 there were 163 Orthopaedic primary joint admissions, 95 (58%) of which were on the day of surgery.
Theatre Cancellation Rates		In April 2022, the overall hospital cancellation rate was 6.7% (136/2037).
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 71.8% in April 2022.
Hotel: Income		Reporting for March 2022, position was on plan (29.4%). Latest position available.
Hotel: Room Occupancy		March 2022 reported position 42% against target of 67.5%. Latest position available.
Hotel: Conference Room Occupancy		March 2022 reported position 63% against target of 66%. Latest position available.
Hotel: Delegates		March 2022 reported -46% against target of >-5%. Latest position available.
Hotel: Patient Bed Usage		March 2022 reported -3.8% against target of >-5%. Latest position available.
Hotel: Not for Profit %		March 2022 reported 70.4%, against target of 50-60%. Latest position available.
Hotel: Pro Quality Score		April 2022 reported 90% against target of >86%.
Research & Innovation: New research projects approved		8 projects were approved in Quarter 4 (Target =8)
Research & Innovation:		Income to date reported as £359,866 against a profile

Income received		of £375,000.
Research & Innovation: Motion lab analysis		Reported income in Quarter 4 of £1,500.
Research & Innovation: % Occupancy CSC		65% occupancy reported against profile of 75%.
Research & Innovation: % Occupancy Research		64% occupancy reported against profile of 80%.
<b>National Comparison Table, Corporate Dashboard, Waiting list &amp; Productivity table</b>		
The GJNH nationally reported elective cancellation rate, in March 2022, was reported as 6.3%. This ranked GJNH as 5 out of 15. The Scotland rate was 9.6%.		
Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 4 2021 GJNH reported 97.3% of eligible patients treated within the target (Ranked 13th). Latest position available.		
Health Protection Scotland published figures for Quarter 4 2021 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence and 15.9 for SAB. The Scotland rates were 17.3 and 13.3 respectively. Latest position available.		
Corporate sickness rate in April 2022 was 3.7% (down 0.7%) on last month. Departments over the 4% threshold were: Catering, Clinical Governance, Comms, Estates, GJRI, Housekeeping, Procurement, Pharmacy & Security.		
Referral numbers in April 2022 decreased to 3006 (-83).		
The total outpatient waiting list increased by 349 from 2658 to 3007		
The total inpatient waiting list month end position decreased by 136 from 5403 to 5267.		
For current inpatient waiters the number waiting between 12-26 weeks increased from 576 to 613 (+37).		
The number of patients waiting 26-52 weeks decreased from 584 to 546 (-38).		
The number of patients waiting >52 weeks increased from 503 to 551 (+48).		