



INTEGRATED PERFORMANCE REPORT

PRODUCED IN FEBRUARY 2023

DATA REPORTED UP TO END OF JANUARY 2023

FOR SUBMISSION TO:

- **FINANCE AND PERFORMANCE COMMITTEE – 7 MARCH 2023**
- **STAFF GOVERNANCE AND PERSON CENTRED COMMITTEE
– 14 MARCH 2023**
- **CLINICAL GOVERNANCE COMMITTEE – 16 MARCH 2023**
- **BOARD MEETING – 30 MARCH 2023**

PERFORMANCE AND PLANNING DEPARTMENT

CONTENTS

Section A	Overview and Executive Summary	Page
	Introduction - Overview	3
	Performance Summary Dashboard Guidance	4
	Statistical Process Control Guidance	5
	Performance Summary Dashboard	6
	Executive Summary	8
Section B:1	Clinical Governance	
	Executive Summary	11
	Performance Summary Table	12
	Infection Control	
	HAIRT Report	13
Section B:2	Staff Governance	
	Executive Summary	30
	Performance Summary Table	32
Section B:3	Finance, Performance & Planning	
	Performance Summary Dashboard	33
	Waiting Times & Productivity Dashboard	34
	Corporate Departments Dashboard	39
	National Comparators Table	40
	Hotel	
	Hotel Report	43
	Research and Innovation	
	Research and Innovation Quarterly Report	52
	Division	
	Heart, Lung and Diagnostics Executive Summary	61
	National Elective Services Executive Summary	112
Section C	KPI Glossary	144

Section A: Introduction

Overview

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 the following sections:

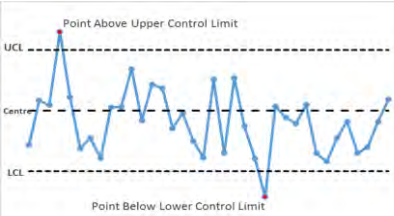
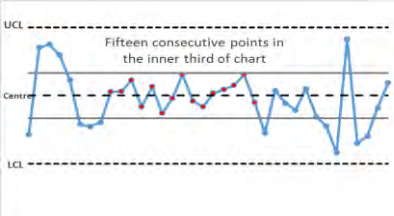
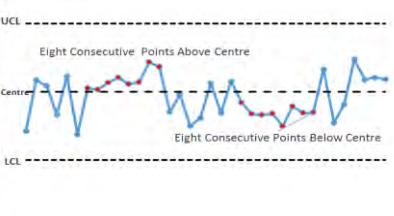
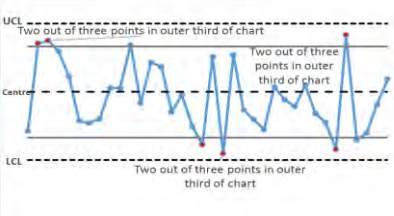
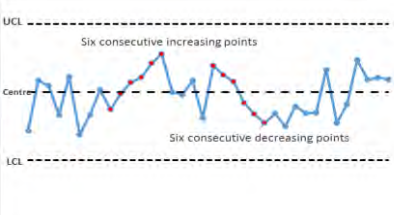
- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Staff Governance
- Section B:3 Finance, Performance & Planning
- Section C Glossary

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 Deteriorat ion	(14) Recent Improvem ent

(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"> 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. <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	Dec-22	6	Nov-22	11	↑		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Dec-22	100.0%	Nov-22	0.0%	↑					✓	P Chart	
		Stage 2 complaints responded to within 20 days	≥75%	Dec-22	66.7%	Nov-22	40.0%	↑	✗					P Chart	
		MRSA/MSSA bacterium	≤11.2	Jan-23	0.00	Dec-22	0.00	↔						C Chart	Q3 2022/23 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jan-23	0.00	Dec-22	0.00	↔		✓				C Chart	Q3 2022/23 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Jan-23	52.06	Dec-22	26.54	↓	✗					C Chart	Q3 2022/23 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Jan-23	2.4%	Dec-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Jan-23	0.0%	Dec-22	4.0%	↑		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Jan-23	0.8%	Dec-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Jan-23	0.0%	Dec-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Jan-23	97.0%	Nov-22	100.0%	↑		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	Jan-23	12	Dec-22	10	↓						C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Jan-23	1	Dec-22	1	↔		✓	✓			C Chart	Within Control Limits
		Hotel Complaints	≤2	Jan-23	0	Dec-22	0	↔		✓	✓			C Chart	Within Control Limits
Staff Governance		Disciplinaries	≤0.24%	Jan-23	0.00%	Dec-22	0.00%	↔		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.18%	Jan-23	0.00%	Dec-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Bullying and Harassment	≤0.12%	Jan-23	0.05%	Dec-22	0	↓		✓	✓			P Chart	
		SWISS Sickness absence	≤4.00%	Dec-22	6.2%	Nov-22	5.6%	↓	✗					P Chart	
		Sickness absence local figure	≤4.0%	Jan-23	6.1%	Dec-22	6.9%	↑	✗					P Chart	Within Control Limits
		TURAS PDR	≥80%	Jan-23	66%	Dec-22	62%	↑	✗					P Chart	Above Upper Control
		Turnover	0.00% - 0.95%	Jan-23	1.22%	Dec-22	0.70%	↑				✗		P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Jan-23	81.3%	Dec-22	81.1%	↑						N/A	
		Medical appraisal with completed interview & form 4	≥75%	Jan-23	33.1%	Dec-22	18.2%	↑	✗					N/A	
		Hotel Sickness Absence	≤4.0%	Jan-23	3.4%	Dec-22	5.5%	↑					✓	P Chart	Eight Consecutive Points Above Centre
		Hotel TURAS PDR	≥80%	Jan-23	50%	Dec-22	49%	↑	✗					P Chart	Within Control Limits

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	Dec-22	£0K	Nov-22	£0K	↔						N/A	
		Deliver Board efficiency target	≥0%	Dec-22	18.6%	Nov-22	16.4%	↑		✓	✓			N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Jan-23	0.8%	Dec-22	0.6%	↑		✓	✓			N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Jan-23	6.2%	Dec-22	5.7%	↑		✓	✓			N/A	
		TTG: Number of patients who have breached the TTG	≤0	Jan-23	127	Dec-22	111	↓	✖					P Chart	Eight Consecutive Points Below Centre
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jan-23	87.1%	Dec-22	91.0%	↓	✖					P Chart	Eight Consecutive Points Above Centre
		31 Day Cancer	≥95%	Dec-22	94.1%	Nov-22	100.0%	↓				✖		P Chart	Below Lower Control
		Hospital Wide Bed Occupancy	83% - 88%	Jan-23	78.5%	Dec-22	78.5%	↓	✖					P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Jan-23	1099	Dec-22	1262	↓	✖					C Chart	Below Lower Control
		Number of patients on list waiting over 26 weeks	≤0	Jan-23	700	Dec-22	836	↓	✖					C Chart	Below Lower Control
		Treated within 18 weeks of referral	≥90%	Dec-22	88.8%	Nov-22	84%	↑	✖					P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L Only)	≥90.0%	Jan-23	70.8%	Dec-22	72.2%	↓	✖					P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L Only)	≥90.0%	Jan-23	98.1%	Dec-22	96.4%	↑		✓	✓			P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Jan-23	56.8%	Dec-22	59.1%	↓	✖					P Chart	Within Control Limits
		Thoracic DoSA	≥30.0%	Jan-23	23.8%	Dec-22	36.8%	↓				✖		P Chart	Eight Consecutive Points Above Centre
		Cardiac DoSA	≥17.27%	Jan-23	4.4%	Dec-22	2.4%	↑	✖					P Chart	Above Upper Control
		All Specialties Cancellation Rate	≤4.1%	Jan-23	6.3%	Dec-22	6.1%	↓	✖					P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Jan-23	-27.9%	Dec-22	-31.8%	↑	✖					N/A	
		Hotel Income target	≥-10.0%	Jan-23	22.4%	Dec-22	21.5%	↑		✓	✓			N/A	
		Hotel Room Occupancy	≥67.5%	Jan-23	64.8%	Dec-22	60.0%	↑						Run Chart	No Trends or Runs Identified
		Hotel Conference Room Utilisation	≥66.2%	Jan-23	57.7%	Dec-22	62.9%	↓	✖					Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	≥-5.0%	Jan-23	-2.8%	Dec-22	0.9%	↓		✓	✓			N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Jan-23	8.2%	Dec-22	5.6%	↑		✓	✓			N/A	
		Hotel Not for Profit Percentage	50% - 60%	Jan-23	54.0%	Dec-22	55.0%	↓		✓	✓			N/A	
		Hotel Review Pro Quality Score	≥86.0%	Jan-23	90.4%	Dec-22	89.5%	↑		✓	✓			Run Chart	No Trends or Runs Identified
		GJRI Number of new research projects approved	≥8	Jan-23	0	Dec-22	9	↓				✖		C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Dec-22	-31.9%	Sep-22	-17.9%	↓	✖					N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Dec-22	£2,000	Sep-22	£2,250	↓	✖					N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Dec-22	90.0%	Sep-22	87.0%	↑						Run Chart	No Trends or Runs Identified
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Dec-22	68.0%	Sep-22	69.0%	↓	✖					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	9	8	1	1	0
Staff Governance	5	2	2	2	1	3
FPP	16	7	7	3	0	8
Total	23	18	17	6	2	11

Clinical Governance		
KPI	RAG	Position:
Total complaints (Stage 1 and 2) by volume		In December 2022 there were six complaints reported. Latest position available.
Stage 1 complaints response time		In December 2022, there were three Stage 1 complaints, all three were responded to within the five day target (100%). Latest position available.
Stage 2 complaints response time		In December 2022 there was one Stage 2 complaint that did not meet the target. Latest position available.
Mortality		The mortality figure for January 2023 was reported as 12.
Significant adverse events		There was one significant adverse event review in January 2023.
MRSA/MSSA cases		There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in January 2023.
Clostridiodes Difficile		There were zero Clostridiodes Difficile Infections (CDI) reported in January 2023.
Gram Negative Bacteraemia		There were two reported instances of Gram Negative Bacteraemia in January 2023.
SSI: Hips & Knees		Surveillance recommenced in July with one SSI reported in January 2023.
SSI: Cardiac		Surveillance recommenced in October with one SSI reported in January 2023.
Staff Governance		
Disciplinaries		There was zero disciplinary cases raised in January.
Grievances		There were no grievance cases raised in January 2023.
Dignity of work		There was one dignity case raised in January 2023.
Local Sickness absence		Sickness absence in January 2023 was reported at 6.1%. This is within control limit. In January, absence due to COVID-19 reasons was 0.2% (-0.1%)
Turnover		Turnover in January 2023 was reported as within control limits at 1.2%.
Medical appraisal with completed interview & form		A new round of appraisals began in April 2022. Performance is 21.5% (34/158) for January 2023.
TURAS Appraisal rates		Position for January 2023 reported as 66% (+4% on last month.)
Job Planning: All hospital		New job plans start for the year April 2022. In January 2023 performance was reported as 82.6% (100/121) signed off with others at various stages of the process.
Finance & Performance		
Finance – Manage within annual budget limit		As at month nine the position reported was a total surplus of £70k. Latest position available.
Finance – Efficiency savings		The latest available position (M9) has £2.024m efficiency savings identified, of which £1.556m is non-recurring.

Cancer 31 Day		In December 2022, nationally reported performance was 94% (32/34). Latest position available.
TTG: Number of patients who have breached the TTG		In January 2023 there were 127 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 87.1% during January.
SoT Guarantee – Inpatient and DC cases (H & L only)		70.8% of Heart and Lung patients were admitted within 12 weeks in January 2023.
DOSA rate: Cardiac Surgery		There were three DoSA cases in January 2023 (4.4%).
DOSA rate: Thoracic Surgery		There were 19 DoSA cases in January 2023 (23.8%).
DOSA rate: Orthopaedics		In January 2023 there were 176 Orthopaedic primary joint admissions, 100 (57%) of which were on the day of surgery.
Theatre Cancellation Rates		In January 2023, the overall hospital cancellation rate was 6.3% (143/2264). Within Control Limits.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 78% in January 2023. Above Upper Control Limits.
Hotel: Income		Reporting for January 2023, position was on plan (22.4%).
Hotel: Room Occupancy		January 2023 reported position 64.8% against target of 67.5%.
Hotel: Conference Room Occupancy		January 2023 reported position 57.7% against target of 66.2%.
Hotel: Delegates		January 2023 reported -2.8% against target of >-5%.
Hotel: Patient Bed Usage		January 2023 reported 8.2% against target of >-5%.
Hotel: Not for Profit %		January 2023 reported 54.0%, against target of 50-60%.
Hotel: Pro Quality Score		January 2023 reported 90% against target of >86%.
Research & Innovation: New research projects approved		9 projects were approved in Quarter 3 (Target = 8).
Research & Innovation: Income received		Income to date reported as £255,546 against a profile of £375,000.
Research & Innovation: Motion lab analysis		Reported income in Quarter 3 of £2,000.
Research & Innovation: % Occupancy CSC		90% occupancy reported against profile of 75%.
Research & Innovation: % Occupancy Research		68% occupancy reported against profile of 80%.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in December 2022, was reported as 5.6%. This ranked GJNH as 1 out of 14 (Excluding NHS Lothian). The Scotland rate was 10.6% (Excluding NHS Lothian).		

Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. In December 2022 GJNH reported 94% of eligible patients treated within the target (Ranked 11 out of 22).

Health Protection Scotland published figures for Quarter 3 2022 report a GJNH incidence rate (per 100,000 total occupied bed days) of 15.8 for CDiff incidence and 31.6 for SAB. The Scotland rates were 13.1 and 17.1 respectively.

Corporate sickness rate in January 2023 was 5.4% down 0.1% on the previous month. Departments over the 4% threshold were: Business Services, Catering, Clinical Governance, Estates, Finance, Housekeeping, HR, Infection Control, Occupational Health, Research, Security and Pharmacy.

Referral numbers in January 2023 were 2804 (-149).

The total outpatient waiting list increased by 156 from 1975 to 19752131The total inpatient waiting list month end position decreased by 274 from 4556 to 4282.

For current inpatient waiters the number waiting between 12-26 weeks decreased to 399 (-27).

The number of patients waiting 26-52 weeks decreased to 335 (-59).

The number of patients waiting >52 weeks decreased to 365 (-77).

Section B: 1 Clinical Governance

Executive Summary

In December we received three stage 2 complaints and three stage 1 complaints; totalling six for the month; 100% of stage 1 complaints were responded to within timescale (5 days) and 66.7% of stage 2 complaints were responded to within guidance timescale (20 days) n = 2.

The average time to respond to stage 1 complaints was three working days to be completed and closed and the average time to respond to stage 2 complaints was 15.34 working days.

The reasons for the delays in timescales were multi factorial.

Mortality data breached upper control limit 1 (n = 12) for January 2023

No whistleblowing concerns have been raised during January 2023.

Clinical Governance Performance Dashboard

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	Dec-22	6	Nov-22	11	↑		✓	✓			C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75%	Dec-22	100.0%	Nov-22	0.0%	↑				✓		P Chart	
		Stage 2 complaints responded to within 20 days	≥75%	Dec-22	66.7%	Nov-22	40.0%	↑	✗					P Chart	
		MRSA/MSSA bacterium	≤11.2	Jan-23	0.00	Dec-22	0.00	↔						C Chart	Q3 2022/23 position Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jan-23	0.00	Dec-22	0.00	↔		✓				C Chart	Q3 2022/23 position Within Control Limits
		Gram negative bacteraemia	≤14.1	Jan-23	52.06	Dec-22	26.54	↓	✗					C Chart	Q3 2022/23 position Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.30%	Jan-23	2.4%	Dec-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.80%	Jan-23	0.0%	Dec-22	4.0%	↑		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.00%	Jan-23	0.8%	Dec-22	0.0%	↓		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.60%	Jan-23	0.0%	Dec-22	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.00%	Jan-23	97.0%	Nov-22	100.0%	↑		✓	✓			Run Chart	No Trends or Runs Identified
		Mortality	0 - 15	Jan-23	12	Dec-22	10	↓						C Chart	Within Control Limits
		Significant Adverse Event Reviews	0 - 5.96	Jan-23	1	Dec-22	1	↔		✓	✓			C Chart	Within Control Limits
		Hotel Complaints	≤2	Jan-23	0	Dec-22	0	↔		✓	✓			C Chart	Within Control Limits

Based on Statistical Process Control (SPC) methodology the following indicators are showing evidence of Special Cause Variation:

- No SPC triggers in December data.








Healthcare Associated Infection Report

January 2023 data

Section 1 – Board Wide Issues

Section 1 of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual departments, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

Key Healthcare Associated Infection Headlines

-  **Staphylococcus aureus Bacteraemia**- 0 cases to report this month.
Oct- Dec 22 quarterly SAB rate is below national and local AOP target. Whilst this is an improvement in previous quarter data, it remains likely annual AOP target and national target will be breached for 2022/23
-  **Clostridioides difficile infection (previously known as Clostridium difficile)**- 0 cases to report this month. Oct- Dec 22 quarterly rate is below national and local AOP target.
-  **Gram Negative/E.coli Bacteraemia (ECB)**- 2 ECB to report.
Sources-CAUTI and GI
-  **Hand Hygiene**- The **bimonthly** report from Jan 23 indicates an overall compliance of 97% with hand hygiene opportunity and technique. Of note, there is a drop in medical staff compliance to 89% across both divisions, Associate Medical Directors updated. Discussed with Medical Director the challenge with bare below the elbow compliance. Next report March 2023.
-  **Cleaning and the Healthcare Environment -Facilities Management Tool**
Housekeeping Compliance: 98.17% Estates Compliance: 97.7 %
-  **Orthopaedic Surgical Site Surveillance**- One THR orthopaedic infections to report in January. A SLWG has been established and has had its first meeting in January. This group is chaired by the Associate Medical Director to take forward the requirements from Ortho SSI PAG1-5.
-  **Cardiac Surgical Site Surveillance**- SSI rates within control limits.

HAI Related Activity Update-

Ongoing SCRIBE activity to support PHASE 2 associated refurbishment.

PAG held on 31.01.23 to review 3 cases of VRE (with unique typing to NHSGJ) within ICU2. Environmental issues identified through PCI audit and immediate corrections. ARHAI informed and HIATT risk assessment Green status. Complex health issues identified and appropriate antibiotic prescribing as per NHSGJ policy confirmed by antimicrobial pharmacist.

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus aureus* (MSSA), but the more well-known is MRSA (Meticillin Resistant *Staphylococcus aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat.

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them.

More information can be found at: [Staphylococcus aureus bacteraemia | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/conditions/staphylococcus-aureus-bacteraemia/)

NHS GJ approach to SAB prevention and reduction

It is accepted within ARHAI that care must be taken in making comparisons with other Boards' data because of the specialist patient population within NHS GJ. All SAB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement.

Small numbers of cases can quickly change our targeted approach to SAB reduction.

Broad HAI initiatives which influence our SAB rate include-

- Hand Hygiene monitoring
- MRSA screening at pre-assessment clinics and admission
- Compliance with National Cleaning Standards Specifications
- Audit of the environment and practices via Prevention and Control of Infection Annual Reviews, monthly SCN led Standard Infection Control Precautions audit and CNM Peer Review monitoring
- Participation in National Enhanced SAB surveillance- gaining further intelligence on the epidemiology of SAB locally and nationally.

SSI Related SAB

- MSSA screening for cardiac surgery and subsequent treatment pre and post op as a risk reduction approach
- Surgical Site Infection Surveillance in collaboration with ARHAI to allow rapid identification of increasing and decreasing trends of SSI

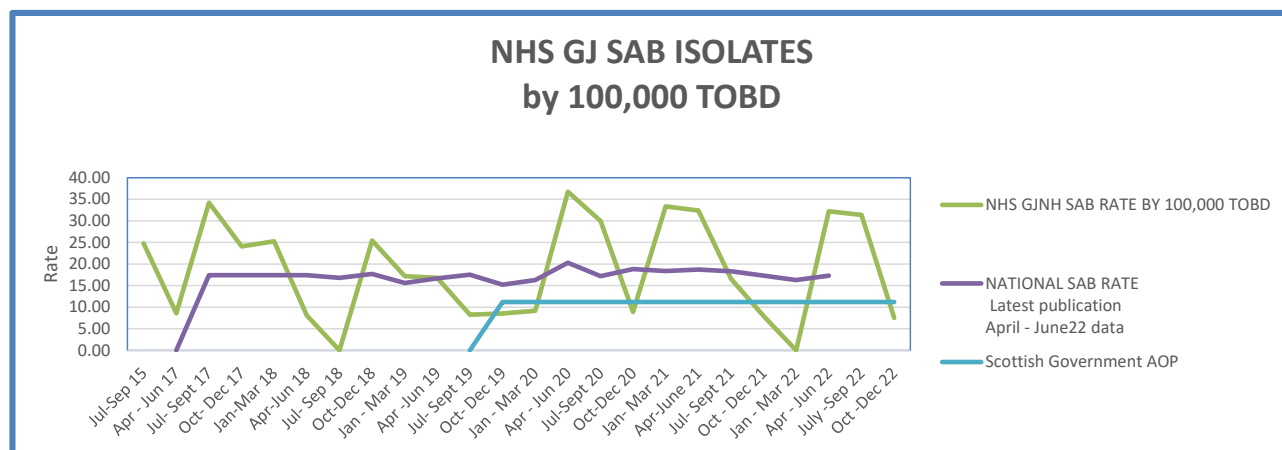
Device Related SAB

- Implementation of PVC, CVC, PICC and IABP bundles; assessment of compliance locally aids targeting of interventions accordingly.

NHS GJ SAB HAI Standards /AOP Trajectories

NHS Boards are expected to achieve a reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2023, with 2018/19 used as the baseline for the SAB reduction target this year. The percentage reductions will be measured against individual NHS Scotland Boards' current levels, rather than taking a "best in class" approach as previously. For NHS GJ this target is 11.22 per 100,000 TOBD.

This remains a challenging target given NHS GJ existing low SAB rate and high risk patient population.

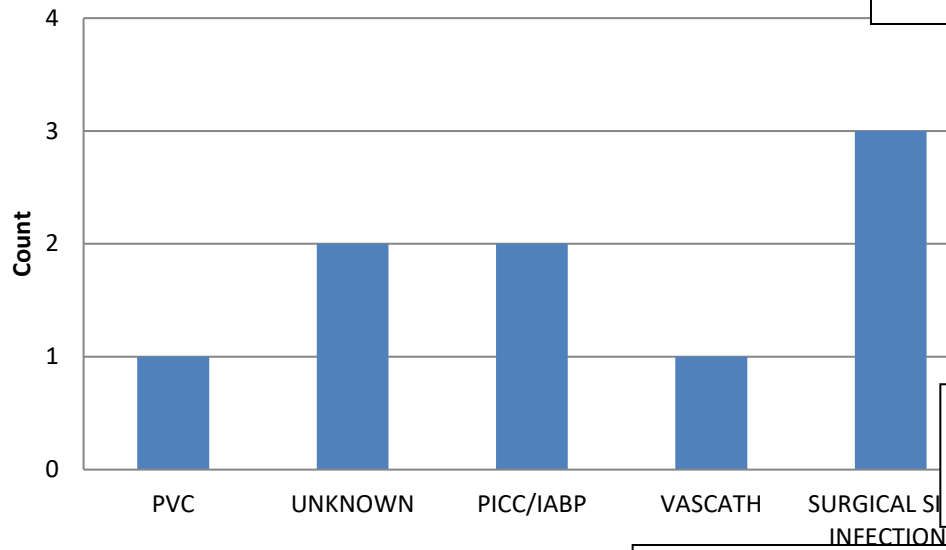


The data above reflects NHS GJ SAB isolates beyond 48hrs of admission.

Sources of SAB

The Prevention and Control of Infection Team work closely with the clinical teams, CG and clinical educators to gain insight into the sources of SAB acquisition and associated learning. Each SAB is subject to an enhanced surveillance process involving the PCIT, SCN and responsible consultant to determine any learning from the source of the SAB. Thereafter the Enhanced SAB surveillance reports are submitted to the relevant service clinical governance group to share potential learning and note actions required.

SAB Sources Feb 22- Jan 23



3West
April 22- Unknown
June 22- PVC and PICC

3East
June 22- Unknown

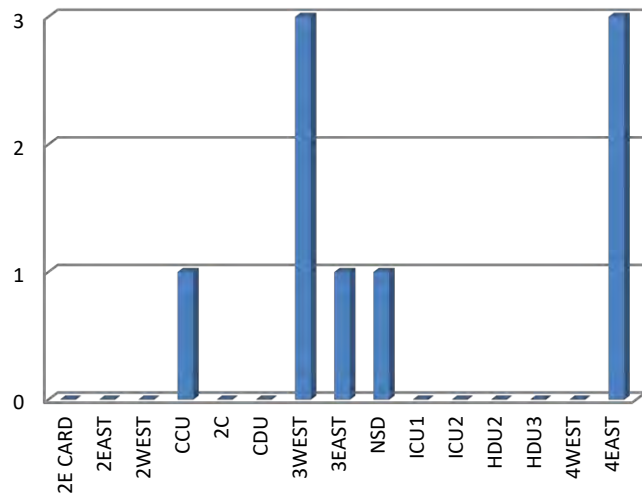
CCU
Nov 22- Vascath

NSD
Sept 22- IABP

Source Type

4E
July 22- SSI
Sept 22- SSI x2

SAB by Area Rolling Year Feb 22 - Jan 23



4E SAB all as a result of SSI related SAB during SSI increase.
3W SAB source are more varied.

MRSA Screening Compliance

MRSA screening promotes early identification of patients colonised or infected with MRSA. This facilitates early implementation of decolonisation / treatment with the aim of reducing the reservoir of MRSA and therefore the risk of transmission to other vulnerable patients.

Within NHS GJ MRSA screening must be completed for all elective admissions within high impact specialities e.g. ORTHOPAEDIC /CARDIAC/CARDIOTHORACIC/CARDIOLOGY. Thereafter patients whose length of stay is 10 days or more are subject to additional screening on:

- Day 10
- And each 7 days thereafter

Screening must be completed at pre assessment where applicable, and on admission into NHS GJ. The purpose of this additional screening is to ensure that healthcare associated interventions have not significantly altered the patients' normal flora and resistant.

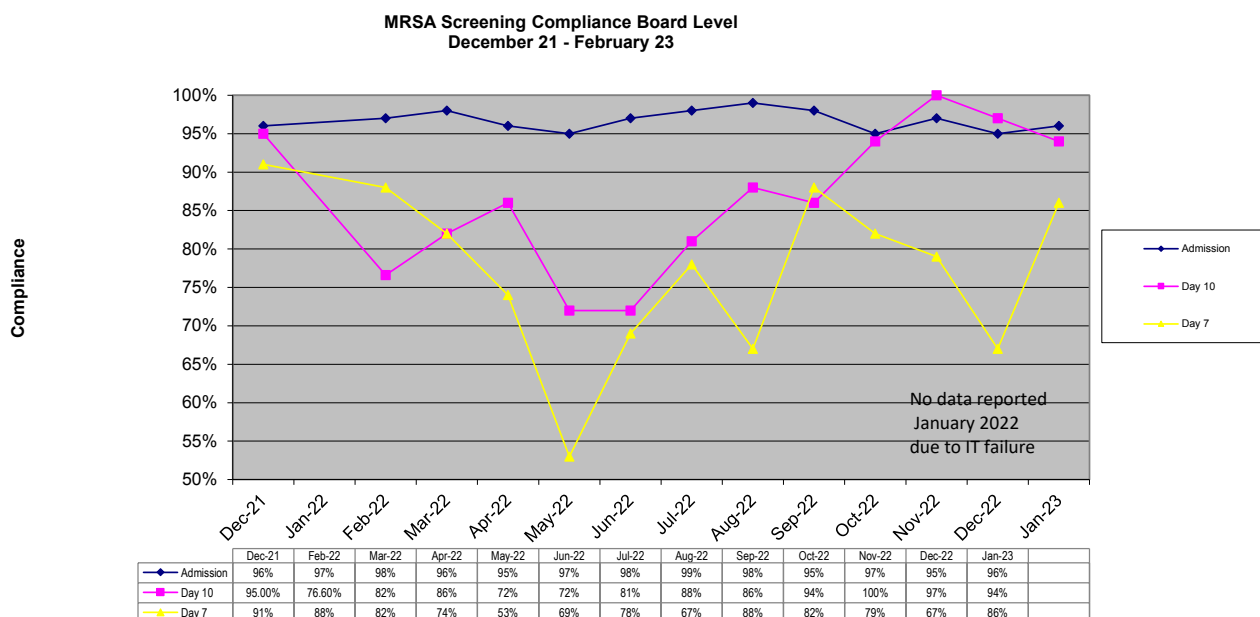
Day 10 screen was identified as the initial screen date as it captures patient stay beyond routine pathways. Compliance is monitored via reviewing a sample of eligible patients against submitted MRSA screens. SCNs are informed of results at the time of audit and informed an action plan is required to improve compliance should be submitted.

Jan 23 Summary

Jan-23	Sample Size	Sample Type	Number of omissions	Board Total
	95	ADMIT SCREEN COMPLIANCE	n=4	96%
	36	10 DAY SCREEN COMPLIANCE	n=2	94%
	22	7 DAY SCREEN COMPLIANCE	n=3	86%

Note- Non compliance rates in the 10 and 7 day screen group is in some cases due to screen being taken too early/late as opposed to no screen. Change of audit protocol allowing 24 hrs grace period introduced from July 2022.

CNMs in HLD have initiated a driver diagram so support SCNs and early signs of improvement in January data. Cardiology have a pilot project to improve screening which has improved their rates dramatically. If success continues to be demonstrated the same project will be spread to all HLD wards.



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

Clostridioides difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these.

More information on *Clostridioides difficile* infections can be found at: [Clostridioides difficile infection | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/conditions/clostridioides-difficile-infection/)

NHS GJ approach to CDI prevention and reduction

Our numbers of CDI cases are low in comparison with other Boards, which is likely to relate to our specialist patient population.

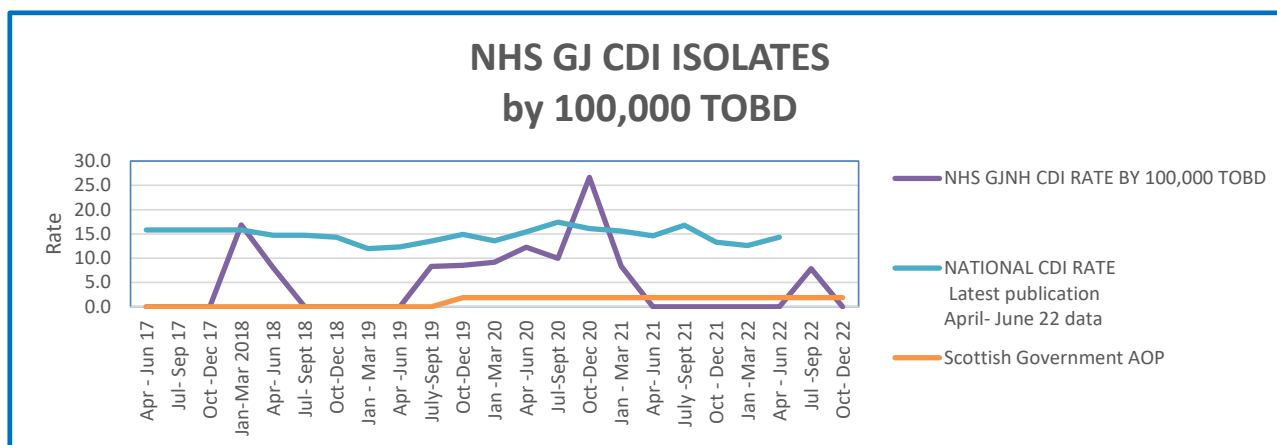
Actions to reduce CDI-

- Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT.
- Unit specific reporting and triggers.
- Implementation of ARHAI Severe Case Investigation Tool if the case definition is met.
- Typing of isolates when two or more cases occur within 30 days in one unit.

NHS GJ CDI HAI Standards/ AOP Trajectories

Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2023, with 2018/19 used as the baseline for the CDI reduction target. The percentage reductions will be measured against individual NHS Scotland Boards' current levels, rather than taking a "best in class" approach as previously. For NHS GJ this target is 1.9 per 100,000 TOBD.

This remains a challenging target given NHS GJ exceptionally low CDI rates, small numbers of cases will influence the achievement of this target.



Gram Negative/E.coli Bacteraemia

Escherichia coli (E. coli) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of E. coli live harmlessly in your gut, some types can cause illness. E. coli bacteraemias can be as a result of an infection such as:

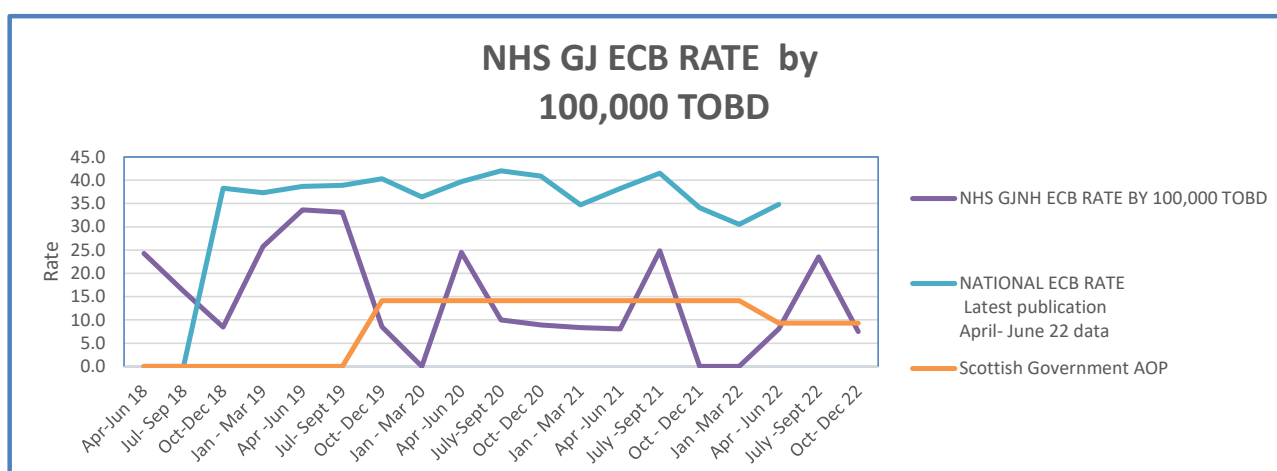
- urinary tract
- surgery
- inappropriate use of medical devices

E. coli is currently the most common cause of bacteraemia in Scotland. As a result, its reduction has been added as a new HAI Standard target. More information can be found at: [HPS Website - Protocol for National Enhanced Surveillance of Bacteraemia \(scot.nhs.uk\)](https://www.hps.scot.nhs.uk/protocol-for-national-enhanced-surveillance-of-bacteraemia)

NHS GJ ECB HAI Standards/ AOP Trajectories

Reduction of 50% in healthcare associated E. coli bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 should be used as the baseline for E. coli bacteraemia reduction. The percentage reductions will be measured against individual NHS Scotland Boards' current levels, rather than taking a "best in class" approach as previously. For NHS GJ this target is 9.3 per 100,000 TOBD.

All ECB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement and reported in upcoming HAIRT reports.



Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at: <http://www.nipcm.hps.scot.nhs.uk>

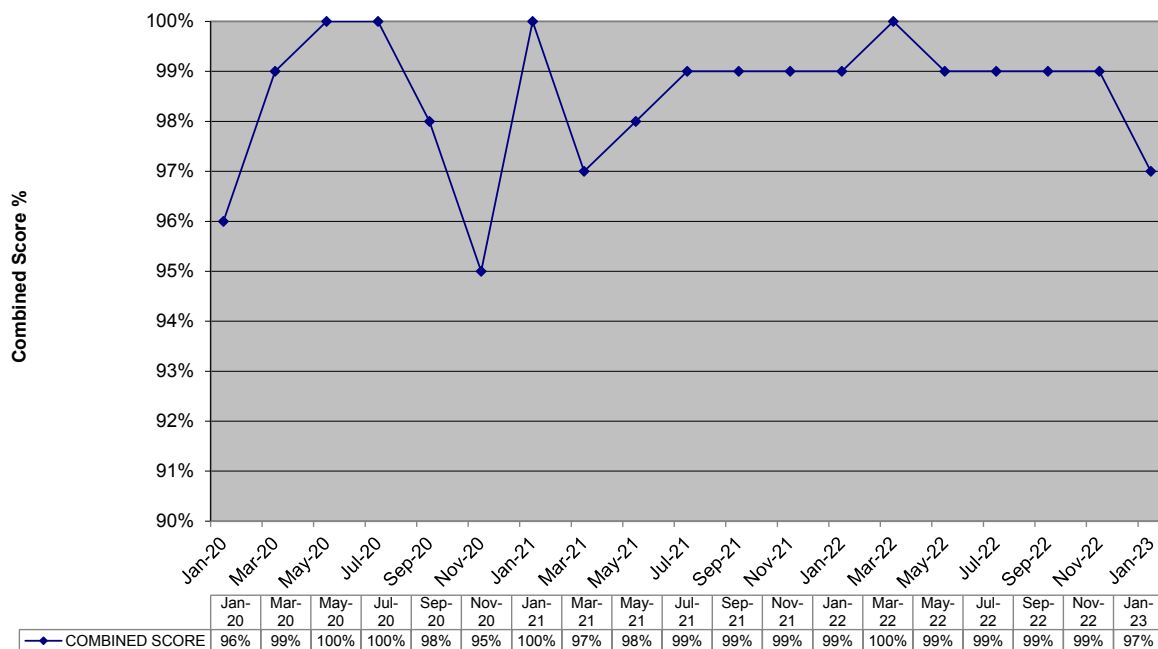
NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.

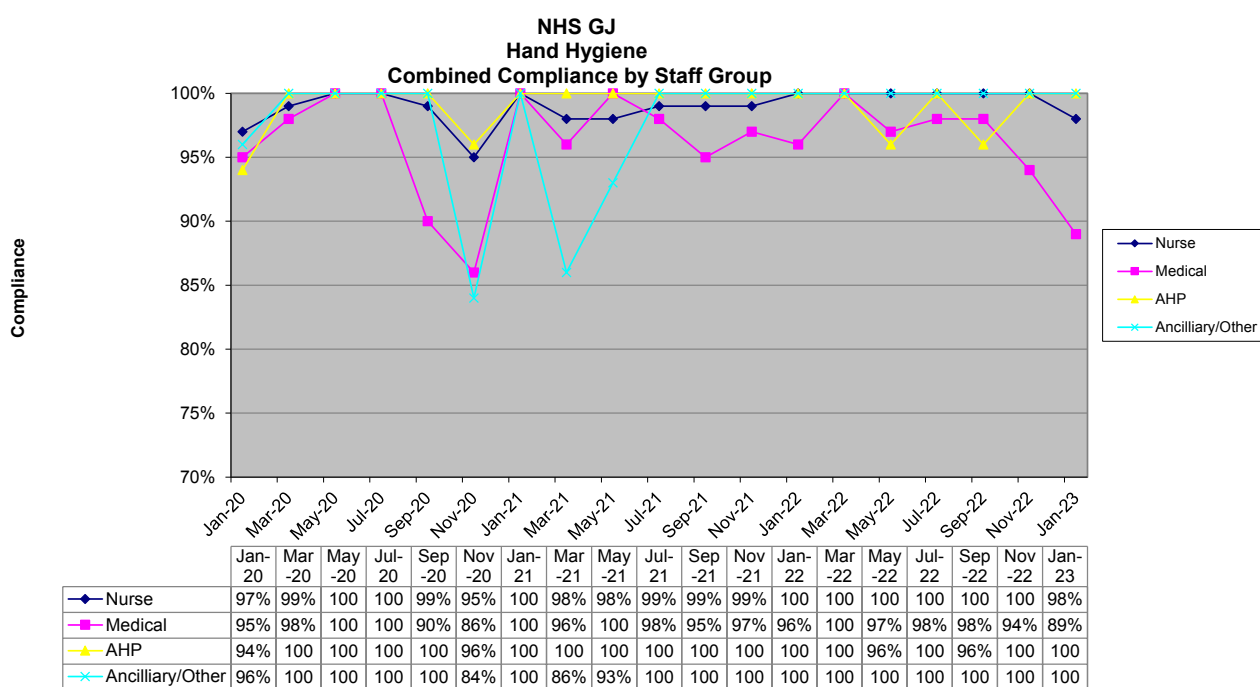
NHS GJ approach to Hand Hygiene

The **bimonthly** report from Jan 23 indicates an overall compliance of 97% with hand hygiene opportunity and technique. Please note drop in medical staff compliance to 89% across both divisions, Associate Medical Directors updated. Next report March 2023.

Staff within the NHS GJ are reminded to actively promote good hand hygiene and challenge non-compliance. Where repeated incidents of non-compliance are noted, staff should utilise the "Repeated Hand Hygiene Non Compliance Form" to record and escalate these incidents.

NHS GJ Combined (Opportunity and Technique) Score





Audit Dates

Summary of Non Compliance – JANUARY 2023

AREA	STAFF GROUP	KEY MOMENT 1- Before patient contact 2- Before an aseptic task 3- After body fluid exposure risk 4- After patient contact 5- After contact with patient surroundings	OPPORTUNITY TAKEN	CORRECT TECHNIQUE
THEATRE 4	N	1	NO	NO
THEATRE 4	D	3	NO	NO
THEATRE 4	D	3	NO	NO
THEATRE 10	N	1	NO	NO
THEATRE 16	N	2	NO	NO
THEATRE 16	D	4	NO	NO
PACU	D	1	NO	NO
CDU	N	5	NO	NO

Cleaning and Maintaining the Healthcare Environment

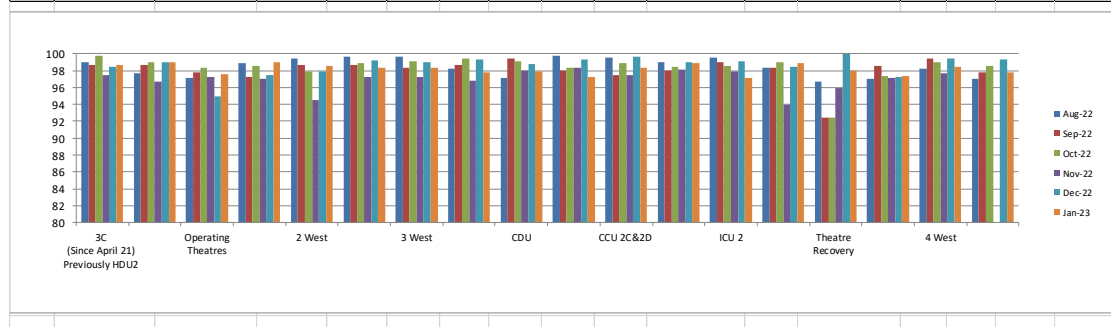
The SLWG chaired by HFS to review National Cleaning Standards (Standard Operating Procedures and associated risk assessments) was unable to meet due to availability of key staff and has been re-scheduled for February 2023.

Positive update from Digital Services Director with solutions to update FMT ipads to enhance network connection.

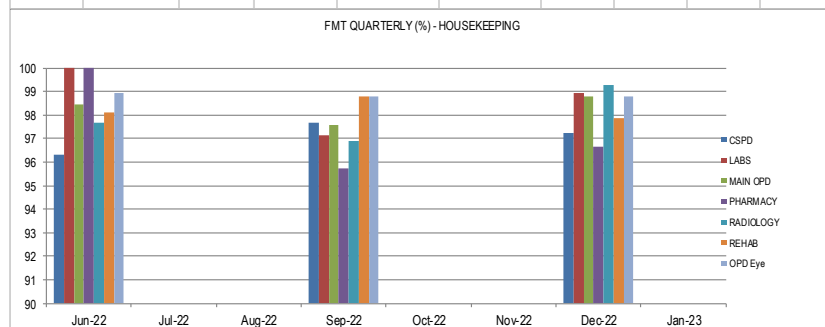
No reported reduction in compliance for this reporting period.

Housekeeping FMT Audit Results

HOUSEKEEPING FMT AUDIT RESULTS																		
	3C (Since April 21) Previously HDU2	ICU1	Operating Theatres	2 East	2 West	3 East	3 West	4 East	CDU	HDU2 (Since April 21) Previously HDU1	CCU 2C&2D	HDU3	ICU 2	NSD	Theatre Recovery	Theatres & Cath Labs	4 West	Operating Ophthalmology Theatre Phase 1
Jan-22	98.98	97.95	95.15	98.18	97.00	98.16	98.18	97.04	98.31	98.40	98.31	99.06	98.92	99.02	100.00	98.43	97.53	98.97
Feb-22	97.51	98.41	95.72	97.86	98.30	98.49	98.95	98.65	97.06	98.53	99.45	97.13	97.25	97.36	100.00	96.70	98.78	97.26
Mar-22	98.77	98.24	97.59	98.53	95.86	97.14	98.64	97.04	97.91	99.43	98.45	98.64	97.43	98.69	94.50	98.88	98.78	97.95
Apr-22	98.78	99.01	96.37	97.07	97.83	99.00	98.94	98.18	98.24	97.28	99.47	96.74	98.50	98.37	96.81	98.85	99.38	97.83
May-22	98.75	97.59	98.68	97.50	95.84	97.96	98.78	98.47	97.41	98.64	98.20	98.14	97.87	97.80	98.74	98.42	98.15	97.17
Jun-22	99.21	98.62	98.08	97.72	98.37	98.23	98.82	99.58	98.90	98.65	99.22	97.33	97.58	97.74	99.18	99.56	99.23	97.81
Jul-22	98.45	98.71	98.94	97.87	98.50	98.82	99.57	100.00	98.88	99.15	97.65	99.72	97.86	99.48	95.28	98.01	99.05	97.84
Aug-22	98.94	97.69	97.16	98.91	99.42	99.68	99.69	98.23	97.10	99.76	99.50	99.00	99.50	98.35	96.70	97.03	98.25	97.04
Sep-22	98.65	98.68	97.8	97.20	98.68	98.63	98.31	98.62	99.41	97.97	97.47	98.01	98.98	98.36	92.40	98.54	99.40	97.84
Oct-22	99.72	98.94	98.31	98.60	97.91	98.87	99.12	99.45	99.14	98.30	98.83	98.41	98.56	98.94	92.42	97.30	98.94	98.51
Nov-22	96.6	97.45	96.64	97.20	96.97	94.46	97.29	97.25	96.77	97.98	98.31	97.47	98.09	97.89	93.95	95.94	97.13	97.63
Dec-22	98.41	98.98	94.9	97.51	97.92	99.21	98.99	99.37	98.80	99.36	99.67	98.95	99.14	98.43	100.00	97.28	99.47	99.37
Jan-23	98.61	99.04	97.54	98.97	98.50	98.28	98.37	97.82	97.92	97.25	98.32	98.89	97.17	98.88	98.01	97.33	98.44	97.82



FMT QUARTERLY RESULTS - HOUSEKEEPING							
	CSPD	LABS	MAIN OPD	PHARMACY	RADIOLOGY	REHAB	OPD Eye
Mar-22	94.31	98.84	96.71	96.15	96.01	97.87	98.82
Jun-22	96.32	100	98.46	100.00	97.67	98.09	98.92
Sep-22	97.67	97.16	97.59	95.74	96.89	98.79	98.78
Dec-22	97.22	98.94	98.78	96.63	99.29	97.85	98.78
Jan-23							



Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by ARHAI. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridioides difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national annual operating plans associated with reductions in HAI. More information on these can be found on the Scottish Government website.

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found here:

[Facilities Monitoring Report | National Services Scotland \(nhs.scot\)](#)

NHS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	1	0	3	1	0	3	0	1	0	0
Total SABS	0	0	1	0	3	1	0	3	0	1	0	0

Clostridioides difficile infection monthly case numbers

	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Ages15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15 +	0	0	0	0	0	0	0	1	0	0	0	0

Hand Hygiene Monitoring Compliance (%)

	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Nurse		100		100		100		100		100		98
Medical		100		97		98		98		94		89
AHP		100		96		100		96		100		100
Ancillary		100		100		100		100		100		100
Board Total		100		99		99		99		100		97

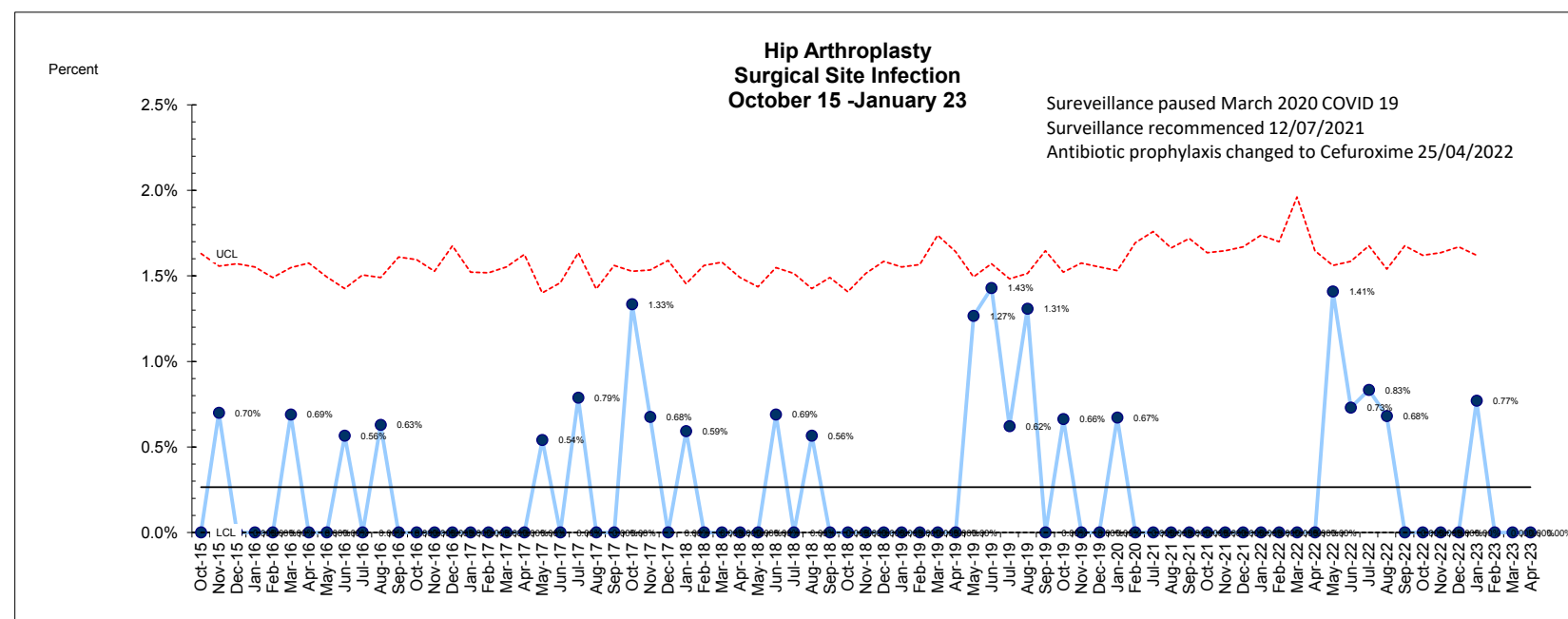
Cleaning Compliance (%)

	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Board Total	97.99	97.79	98.12	98.01	98.44	98.52	98.44	97.88	98.35	96.95	98.58	98.17

Estates Monitoring Compliance (%)

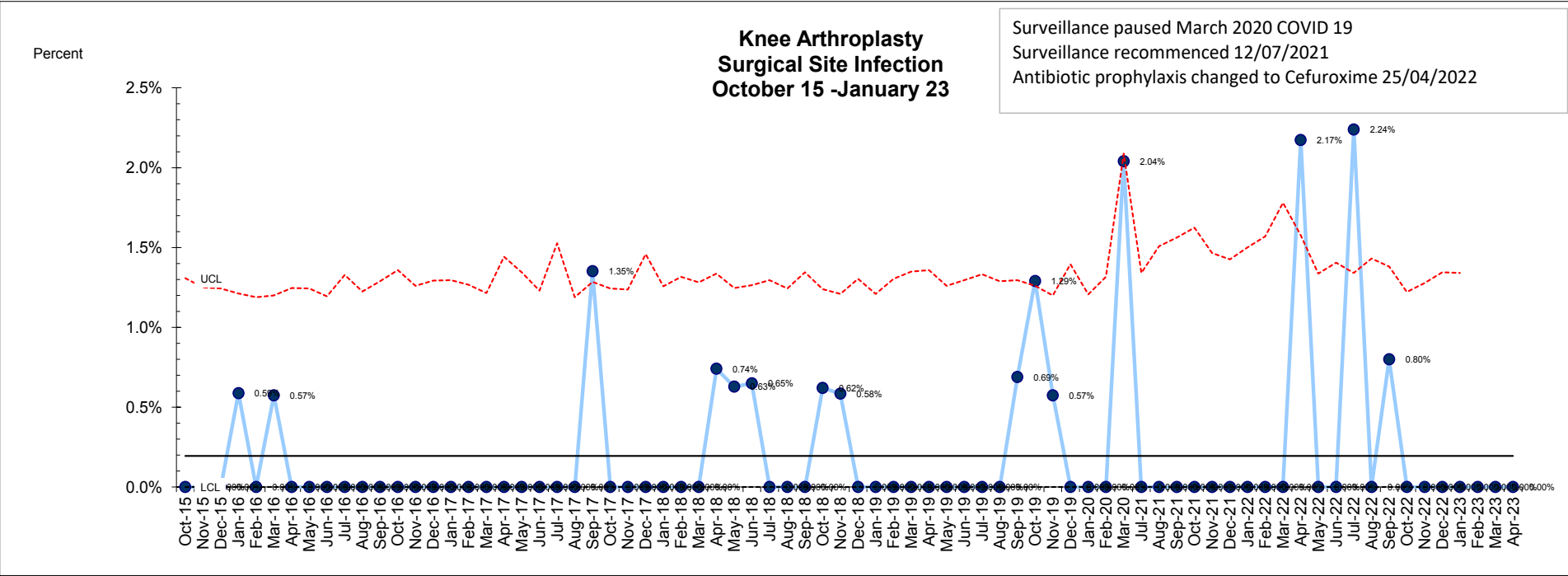
	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Board Total	97.67	97.76	98.32	97.57	97.99	97.54	97.91	98.67	97.6	95.44	97.56	97.7

Surgical Site Infection Surveillance- Orthopaedic Local data



Hip Arthroplasty SSI

Number of Procedures	Month	Type of SSI	Status
125	Apr 22	0	Confirmed
142	May 22	2 Organ Space infections	Confirmed
137	June 22	1 Organ Space Infection	Confirmed
120	July 22	1 Deep	Confirmed
147	Aug 22	1 Organ Space and associated SAB	Confirmed
120	Sept 22	0	Confirmed
130	Oct 22	0	Confirmed
127	Nov 22	0	Confirmed
121	Dec 22	0	Confirmed
130	Jan 23	1 Superficial	Unconfirmed

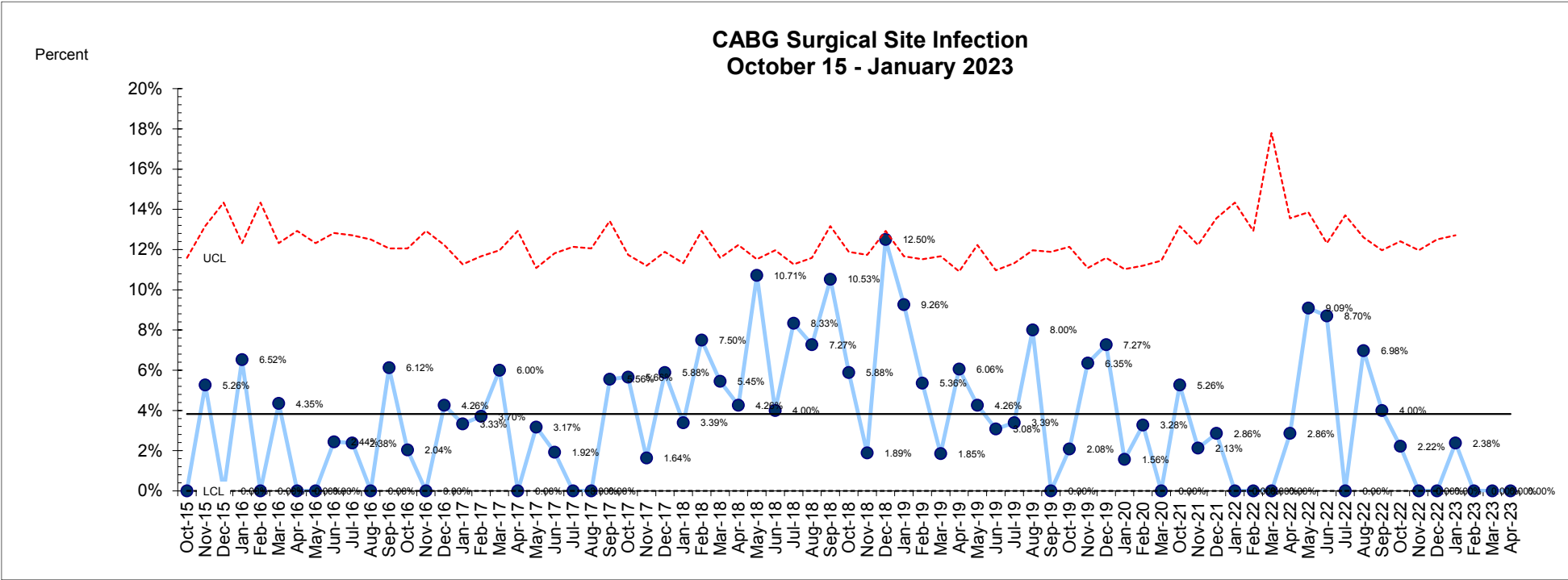


Knee Arthroplasty SSI

Number of Procedures	Month	Type of SSI	Status
92	Apr 22	0	Confirmed
135	May 22	2 Deep infections	Confirmed
120	June 22	0	Confirmed
134	July 22	3	Confirmed
115	Aug 22	0	Confirmed
125	Sept 22	1	Confirmed
167	Oct 22	NB 1 Organ Space Infection (NHSH)	Confirmed
150	Nov 22	0	Confirmed
133	Dec 22	0	Confirmed
134	Jan 23	0	Unconfirmed

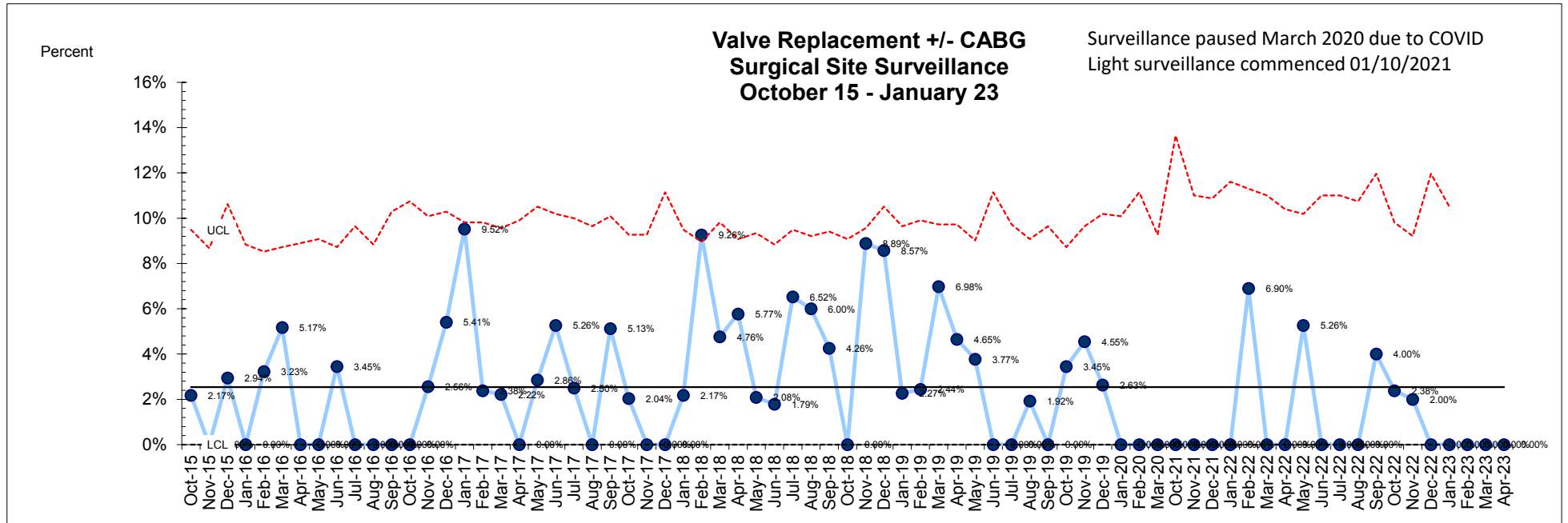
*A surgical site infection is defined a superficial, deep or organ space infection occurring within 30 days of operation. Definitions of superficial, deep and organ space are defined in Health Protection Scotland Surgical Site Infection Surveillance Protocol.

Surgical Site Infection Surveillance- CABG and Valve Replacement +/- CABG Local data



CABG Surgery SSI

Number of Procedures	Month	Type of SSI	Status
35	Apr 22	1	Confirmed
33	May 22	3- 1 Superficial Sternum/ 2 Superficial leg	Confirmed
46	June 22	4- 3 Superficial Sternum/1 Deep Sternum	Confirmed
34	July 22	0	Confirmed
43	Aug 22	3 Superficial Sternum	Confirmed
50	Sept 22	2 Superficial Sternum	Confirmed
45	Oct 22	1 Superficial bilateral legs	Confirmed
50	Nov 22	0	Confirmed
44	Dec 22	0	Confirmed
42	Jan 23	1 Superficial Sternum	Unconfirmed



Valve Replacement +/- CABG SSI			
Number of Procedures	Month	Type of SSI	Status
36	Apr 22	0	Confirmed
38	May 22	2 Superficial Sternum	Confirmed
31	June 22	0	Confirmed
31	July 22	0	Confirmed
33	Aug 22	0	Confirmed
25	Sept 22	1 Superficial Leg	Confirmed
42	Oct 22	1 Superficial Sternum	Confirmed
50	Nov 22	0	Confirmed
25	Dec 22	1 Superficial Sternum	Confirmed
35	Jan 23	0	Unconfirmed

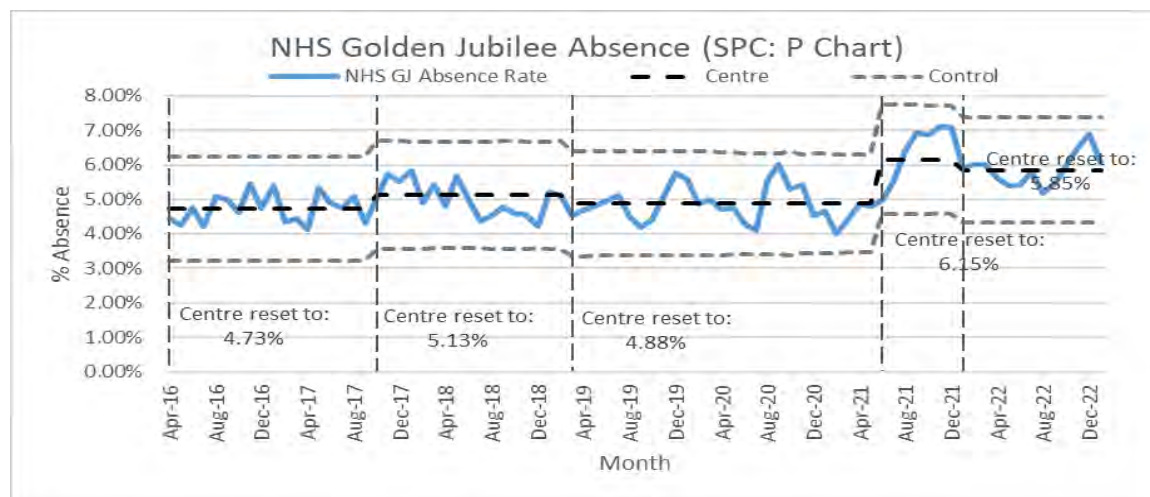
HAIRT Table of Abbreviations

AHP	Allied Health Professional
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
AOP	Annual Operating Plan
CABG	Coronary Artery Bypass Graft
CG	Clinical Governance
CAUTI	Catheter Associated Urinary Tract Infection
CGC	Clinical Governance Committee
CCU	Coronary Care Unit
CDI/C. <i>difficile</i>	<i>Clostridioides difficile</i> infection
CMO	Chief Medical Officer
CNM	Clinical Nurse Manager
CNO	Chief Nursing Officer
COVID-19	Coronavirus disease 2019
CPE	Carbapenamase-producing enterobacteriaceae
CPO	Chief Pharmaceutical Officer
CVC	Central Venous Catheter
DMT	Domestic Monitoring Tool
ECB	Escherichia coli bacteraemia
FMT	Facilities Monitoring Tool
GI	Gastro Intestinal
GJF	Golden Jubilee Foundation
GJNH	Golden Jubilee National Hospital
HAI	Healthcare Associated Infection
HAIRT	Healthcare Associated Infection Report Template
HIAT	Healthcare Infection Incident Assessment Tool
HLD	Heart and Lung Division
HA MRSA	Hospital Acquired Meticillin Resistant <i>Staphylococcus aureus</i>
HEAT	Health Improvement, Efficiency, Access to treatment, and Treatment
HEI	Healthcare Environment Inspection
HFS	Healthcare Facilities Scotland
HH	Hand Hygiene
HIS	Healthcare Improvement Scotland
HPA	Health Protection Agency
HPS	Health Protection Scotland
IABP	Intra-aortic balloon pump
IC	Infection Control
MRSA	Meticillin Resistant <i>Staphylococcus aureus</i>
MSSA	Meticillin Sensitive <i>Staphylococcus aureus</i>
NA	Not Applicable
NCSS	National Cleaning Standard Specification
NHSGJ	NHS Golden Jubilee
NHSH	NHS Highland
PAG	Problem Assessment Group
PCIC	Prevention & Control of Infection Committee
PCIN	Prevention & Control of Infection Nurses
PCIT	Prevention & Control of Infection Team
PCIAR	Prevention and Control of Infection Annual Review
PICC	Peripherally Inserted Central Catheter
PVC	Peripheral Venous Cannula
SAB	<i>Staphylococcus aureus</i> bacteraemia
SCN	Senior Charge Nurse
SCRIBE	Systems for Control Risk in the Built Environment
SG	Scottish Government
SGHD	Scottish Government Health Department
SICP	Standard Infection Control Precautions
SLWG	Short Life Working Group
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
TBP	Transmission Based Precautions
THR	Total Hip Replacement
TOBD	Total Occupied Bed Days
VOC	Variant of Concern

Section B:2 Staff Governance

Sickness absence

In January 2023, the Board's sickness absence rate stood at 6.1%, down 0.8% on the previous month.



Sickness absence

In January 2023, NHS Golden Jubilee's sickness absence rate stood at 6.1%, down 0.8% on the previous month. Across the Directorates, sickness absence was as follows:

- Corporate: 5.4%, down 0.1% on December;
- Golden Jubilee Conference Hotel: 3.4%, down 1.9% on the previous month;
- Heart, Lung and Diagnostic Services: 6.1%, 0.7% lower than December; and
- National Elective Services: 7.1%, which was 1.7% lower than the month before.

New section for January 2023

The rolling 12-month sickness absence rate for the Board was 5.4%. The 12-month breakdown for the Directorates was:

- Corporate: 4.5%;
- Golden Jubilee Conference Hotel: 2.6%;
- Heart, Lung and Diagnostic Services: 6.0%; and
- National Elective Services: 6.0%.

"Anxiety/stress/ depression/other psychiatric illnesses" continued to be the highest cause of sickness absence in January, accounting for 20.7% of all sickness absence, 0.1% lower than December's figure of 20.8%. It was the main cause of absence in only one Directorate:

- National Elective Services: 24.0% (up from 24.0% in December).

In both Corporate and Heart, Lung and Diagnostic Services "Cold, cough, flu – influenza" was the highest cause of sickness absence accounting for 20.1% and 17.7% of sickness absence respectively. In the Hotel "Injury, fracture" accounted for 40.0% of sickness absence.

"Cold, cough, flu – influenza" was the second top cause of sickness absence overall in January, accounting for 16.4% of sickness absence (down from 19.0% the previous month). The third top reason for sickness absence was "Other known causes – not otherwise classified", coming in at 12.2%, up on December's 8.3%.

COVID-19

In January, COVID-19 special leave accounted for 0.2% of all contracted hours, down from 0.3% the previous month. The Directorate breakdown was:

- Corporate: 0.1% (no change);
- Golden Jubilee Conference Hotel: 0.0% (down from 0.2%);
- Heart, Lung and Diagnostic Services: 0.2% (down from 0.4% the previous month); and
- National Elective Services: 0.2% (down from 0.4% in December).

Covid-related illness under sickness absence accounted for 0.2% of contracted hours in January. The Directorate breakdown was:

- Corporate: 0.1%;
- Golden Jubilee Conference Hotel: 0.0%;
- Heart, Lung and Diagnostic Services: 0.2%; and
- National Elective Services: 0.2%.

Agenda for Change appraisal

Within the twelve months to 31 January 2023, 66% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 4% higher than the previous month. The Directorate breakdown is as follows:

- Corporate: 62%, 6% higher than December;
- Golden Jubilee Conference Hotel: 50%, 1% higher than the previous month;
- Heart, Lung and Diagnostic Services: 69%, 4% higher than December; and
- National Elective Services: 70%, 4% higher than the previous month.

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 3 February 2023, 34 doctors out of 158 (21.5%) had completed their 2022/2023 appraisal or had an ARCP. This is an increase of five on the previous month.

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 100 (82.6%) of 121 job plans have been signed off, while five are awaiting second manager management sign off, two are awaiting first management sign off, six await to be signed off by the doctor, and eight are in discussion.

We will soon lock down the 2022/2023 job plans and publish blank job plans for 2023/2024.

Staff Governance Performance Dashboard

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)
Staff Governance		Disciplinarys	≤0.24%	Jan-23	0.00%	Dec-22	0.00%	⇔		✓	✓			P Chart	Fifteen Central Points
		Grievances	≤0.18%	Jan-23	0.00%	Dec-22	0.0%	⇔		✓	✓			P Chart	Within Control Limits
		Bullying and Harrassment	≤0.12%	Jan-23	0.05%	Dec-22	0	↓		✓	✓			P Chart	
		SWISS Sickness absence	≤4.00%	Dec-22	6.2%	Nov-22	5.6%	↓	✖					P Chart	
		Sickness absence local figure	≤4.0%	Jan-23	6.1%	Dec-22	6.9%	↑	✖					P Chart	Within Control Limits
		TURAS PDR	≥80%	Jan-23	66%	Dec-22	62%	↑	✖					P Chart	Above Upper Control
		Turnover	0.00% - 0.95%	Jan-23	1.22%	Dec-22	0.70%	↑				✖		P Chart	Within Control Limits
		Job Planning All Hospital	≥0%	Jan-23	81.3%	Dec-22	81.1%	↑						N/A	
		Medical appraisal with completed interview & form 4	≥75%	Jan-23	33.1%	Dec-22	18.2%	↑	✖					N/A	
		Hotel Sickness Absence	≤4.0%	Jan-23	3.4%	Dec-22	5.5%	↑					✓	P Chart	Eight Consecutive Points Above Centre
		Hotel TURAS PDR	≥80%	Jan-23	50%	Dec-22	49%	↑	✖					P Chart	Within Control Limits

Based on Statistical Process Control (SPC) methodology the following indicators are showing evidence of Special Cause Variation:

- TURAS has triggered on the upper control limit. This is indicative of the improving TURAS position that has been identified over the past four months.
- Hotel sickness absence has reported a position above the centre for eight consecutive months, the centre will be recalculated for the March IPR.
- The number of disciplinarys remains low with the position reported within one standard deviation of the centre position (0.02%) for over fifteen months.

Section B: 3 Finance, Performance & Planning

Finance, Performance and Planning Performance Dashboard

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	Dec-22	£0K	Nov-22	£0K	⇔						N/A	
		Deliver Board efficiency target	≥0%	Dec-22	18.6%	Nov-22	16.4%	↑		✓	✓			N/A	
		NHS GJ Recovery plan versus actual	≥-10.0%	Jan-23	0.8%	Dec-22	0.6%	↑		✓	✓			N/A	
		NHS GJ Recovery plan versus actual - Radiology	≥-5.0%	Jan-23	6.2%	Dec-22	5.7%	↑		✓	✓			N/A	
		TTG: Number of patients who have breached the TTG	≤0	Jan-23	127	Dec-22	111	↓	✖					P Chart	Eight Consecutive Points Below Centre
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jan-23	87.1%	Dec-22	91.0%	↓	✖					P Chart	Eight Consecutive Points Above Centre
		31 Day Cancer	≥95%	Dec-22	94.1%	Nov-22	100.0%	↓				✖		P Chart	Below Lower Control
		Hospital Wide Bed Occupancy	83% - 88%	Jan-23	78.5%	Dec-22	78.5%	↓	✖					P Chart	Above Upper Control
		Number of patients on list waiting over 12 weeks	≤0	Jan-23	1099	Dec-22	1262	↓	✖					C Chart	Below Lower Control
		Number of patients on list waiting over 26 weeks	≤0	Jan-23	700	Dec-22	836	↓	✖					C Chart	Below Lower Control
		Treated within 18 weeks of referral	≥90%	Dec-22	88.8%	Nov-22	84%	↑	✖					P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Jan-23	70.8%	Dec-22	72.2%	↓	✖					P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Jan-23	98.1%	Dec-22	96.4%	↑		✓	✓			P Chart	Within Control Limits
		Orthopaedic DoSA	≥62.5%	Jan-23	56.8%	Dec-22	59.1%	↓	✖					P Chart	Within Control Limits
		Thoracic DoSA	≥30.0%	Jan-23	23.8%	Dec-22	36.8%	↓				✖		P Chart	Eight Consecutive Points Above Centre
		Cardiac DoSA	≥17.27%	Jan-23	4.4%	Dec-22	2.4%	↑	✖					P Chart	Above Upper Control
		All Specialities Cancellation Rate	≤4.1%	Jan-23	6.3%	Dec-22	6.1%	↓	✖					P Chart	Within Control Limits
		Hotel Overall net profit	≥-10.0%	Jan-23	-27.9%	Dec-22	-31.8%	↑	✖					N/A	
		Hotel Income target	≥-10.0%	Jan-23	22.4%	Dec-22	21.5%	↑		✓	✓			N/A	
		Hotel Room Occupancy	≥67.5%	Jan-23	64.8%	Dec-22	60.0%	↑						Run Chart	No Trends or Runs Identified
		Hotel Conference Room Utilisation	≥66.2%	Jan-23	57.7%	Dec-22	62.9%	↓	✖					Run Chart	No Trends or Runs Identified
		Hotel Conference Delegates	≥-5.0%	Jan-23	-2.8%	Dec-22	0.9%	↓		✓	✓			N/A	
		Hotel GJNH Patient Bed Night Usage	≥-5.0%	Jan-23	8.2%	Dec-22	5.6%	↑		✓	✓			N/A	
		Hotel Not for Profit Percentage	50% - 60%	Jan-23	54.0%	Dec-22	55.0%	↓		✓	✓			N/A	
		Hotel Review Pro Quality Score	≥86.0%	Jan-23	90.4%	Dec-22	89.5%	↑		✓	✓			Run Chart	No Trends or Runs Identified
		GJRI Number of new research projects approved	≥8	Jan-23	0	Dec-22	9	↓				✖		C Chart	Within Control Limits
		GJRI Research Institute Income to Date	≥-10.0%	Dec-22	-31.9%	Sep-22	-17.9%	↓	✖					N/A	
		GJRI Motion Lab Analysis Income	≥£44550	Dec-22	£2,000	Sep-22	£2,250	↓	✖					N/A	
		GJRI % Occupancy: Clinical Skills Centre	≥75.0%	Dec-22	90.0%	Sep-22	87.0%	↑						Run Chart	No Trends or Runs Identified
		GJRI % Occupancy: Clinical Research Facility	≥80.0%	Dec-22	68.0%	Sep-22	69.0%	↓	✖					Run Chart	No Trends or Runs Identified

Based on Statistical Process Control (SPC) methodology the following indicators are showing evidence of Special Cause Variation:

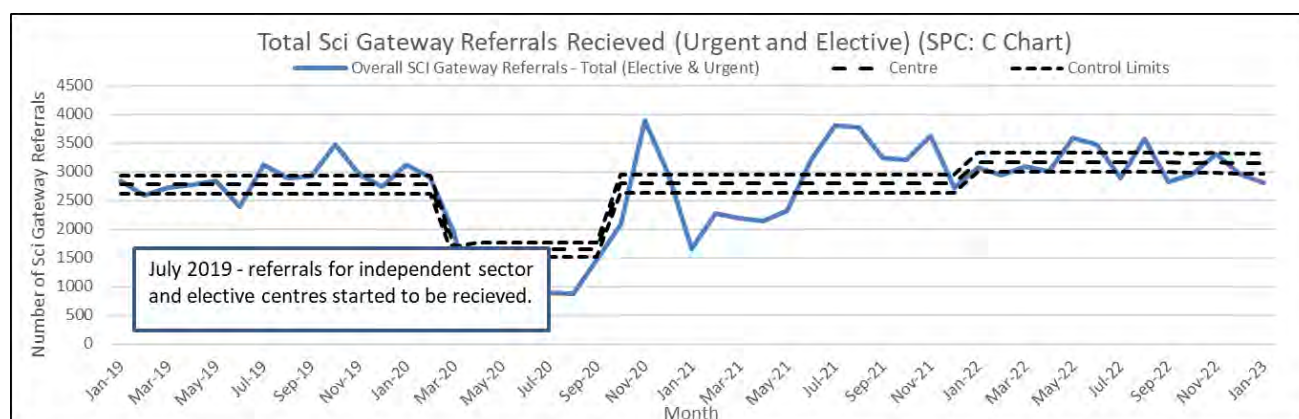
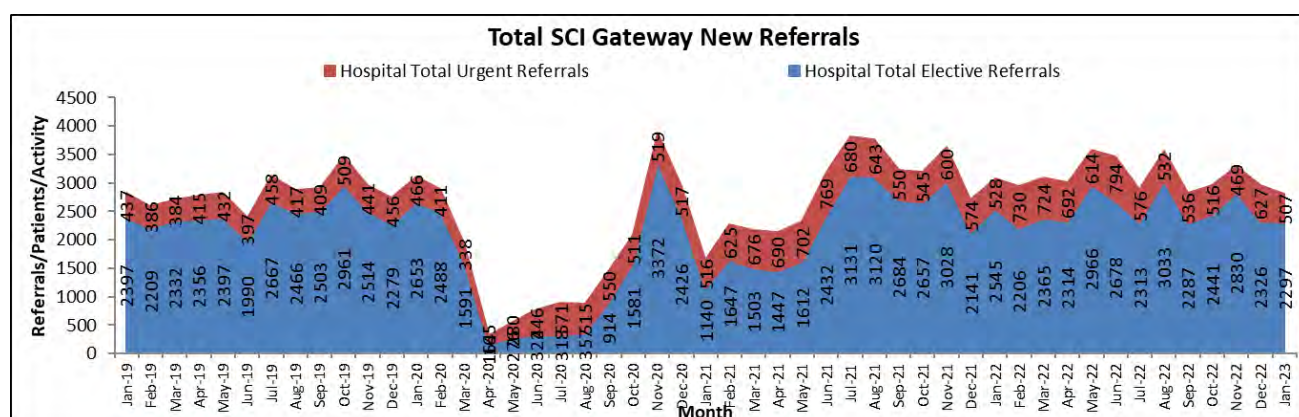
- The number of patients who have breached TTG in month has exceeded the centre for eight consecutive months. The centre will be reset for the March IPR.
- Conversely the percentage of patients who have been admitted within twelve weeks has also been above the centre for eight consecutive months and will also have the centre recalculated.
- 94.1% (32/34) of cancer cases were seen within the 31 day target, this was below the lower control limit. The two cases seen out with the target were colorectal patients.
- Hospital bed occupancy was reported at 78.5%, above the upper control limit.
- The number of patients waiting over 12 and 26 weeks has reduced and is reporting below the lower control limit.
- The Thoracic DoSA rate has shown sustained improvement by reporting above the upper control limit for eight consecutive months, the centre will be recalculated as a result.
- The Cardiac DoSA rate of 4.4% is above the upper control limit.

Waiting Times & Productivity Dashboard

Spec	Indicator	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Travel	Trend	Variance	Special Cause
Overall	SCI Gateway Referrals - Total (Elective & Urgent)	3565 (3033, 532)	2823 (2287, 536)	2957 (2441, 516)	3299 (2830, 469)	2953 (2326, 627)	2804 (2297, 507)	▲▲▲▲▲▲▲▼	2▼	-149▼	Below Lower Control
	Radiology Waiting Times: % of patients waiting under 6 weeks	68.1%	64.5%	0.0%	0.0%	0.0%	0.0%	▼▲▲▲▲=====	3-	0.0%=-	SPC Not Yet Available for this Indicator
	**Total Outpatient Waiting List	2613	2264	1927	1838	1975	2131	▲▲▲▲▲▲▲▲	2▲	156▲	Below Lower Control
	New Consultant Pre-Op Outpatient Appointment DNA Rate	5.5%	6.1%	5.9%	5.1%	6.0%	5.9%	▼▲▲▲▲▲▲▲	1▼	-0.1%▼	Within Control Limits
	Overall percentage of Outpatients seen within 12 weeks	20.2%	21.5%	23.9%	26.5%	30.2%	35.3%	▼▼▲▲▲▲▲▲	6▲	5.0%▲	Below Lower Control
	***Total Inpatient Waiting List	4920	5054	4788	4600	4556	4282	▼▼▲▲▲▲▲▲	4▼	-274▼	Above Upper Control
	Total number of patients on waiting list waiting 12-26 weeks	607	563	475	438	426	399	▲▲▲▲▲▲▲▲	6▼	-27▼	Below Lower Control
	Total number of patients on waiting list waiting 26-52 weeks	503	471	407	401	394	335	▲▲▲▲▲▲▲▲	7▼	-59▼	Below Lower Control
	Total number of patients on waiting list waiting 52+ weeks	754	627	480	470	442	365	▲▲▲▲▲▲▲▲	5▼	-77▼	Below Lower Control
	Total number of patients who have breached the TTG in month	173	148	120	126	111	127	▲▲▲▲▲▲▲▲	1▲	16▲	SPC Not Yet Available for this Indicator
	Overall percentage of patients admitted within 12 weeks	87.9%	86.8%	89.3%	90.6%	90.9%	86.9%	▼▼▲▲▲▲▲▲	1▼	-4.0%▼	SPC Not Yet Available for this Indicator
	Percentage of All Cancer Patients Admitted within 31 Days	94.4%	96.7%	97.4%	100.0%	94.1%	Incomplete Data	▼▲▲▲▲▲▲▲	1?	?	SPC Not Yet Available for this Indicator
	Percentage of patients treated within 18 weeks of referral (Heart and Lung Only)	84.7%	84.9%	79.9%	83.7%	88.8%	86.5%	▲▲▲▲▲▲▲▲	1▼	-2.3%▼	SPC Not Yet Available for this Indicator
	Theatre Cancellation Rate	6.6%	7.9%	6.2%	5.7%	6.3%	6.3%	▲▲▲▲▲▲▲▲	2▲	0.2%▲	Within Control Limits
	Number of Capacity Cancellations	48	39	30	26	27	45	▲▲▲▲▲▲▲▲	2▲	18▲	Within Control Limits
	Number of Clinical Cancellations	58	66	46	50	36	44	▲▲▲▲▲▲▲▲	1▲	8▲	Within Control Limits
	Number of Patient Instigated Cancellations	47	60	63	55	64	48	▲▲▲▲▲▲▲▲	1▼	-16▼	Within Control Limits
	Number of Equipment Cancellations	6	0	0	12	0	1	▲▲▲▲▲▲▲▲	1▲	1▲	Within Control Limits
	Other Cancellations	2	9	6	7	4	5	▲▲▲▲▲▲▲▲	1▲	1▲	Within Control Limits
Orthopaedics	SCI Gateway Referrals - Total (Elective & Urgent)	244 (225, 19)	204 (191, 13)	210 (198, 12)	332 (313, 19)	259 (253, 6)	283 (232, 51)	▲▲▲▲▲▲▲▲	1▲	24▲	Within Control Limits
	Outpatient Waiting List	43	26	18	13	15	15	▼▲▲▲▲▲▲=	1=	0=	SPC Not Yet Available for this Indicator
	Orthopaedic Pre-Op Assessment Clinic Utilisation	55.5%	36.4%	38.2%	62.5%	46.1%	56.4%	▼▲▲▲▲▲▲	1▲	10.3%▲	Below Lower Control
	New Consultant Pre-Op Outpatient Appointment DNA Rate	100.0%	0.0%	Zero Outpatients	0.0%	0.0%	3.7%	▲▲▲▲▲▲▲=	1▲	3.7%▲	Two Outer Third Points
	Inpatient Waiting List	1707	1452	1178	1131	1050	896	▼▲▲▲▲▲▲▲	6▼	-154▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 12-26 weeks	186	180	138	128	106	77	▲▲▲▲▲▲▲▲	6▼	-29▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 26-52 weeks	347	299	228	205	182	130	▲▲▲▲▲▲▲▲	7▼	-52▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	716	594	450	438	407	329	▲▲▲▲▲▲▲▲	5▼	-78▼	SPC Not Yet Available for this Indicator
	Number of patients who have breached the TTG in month	10	12	14	0	1	4	▲▲▲▲▲▲▲▲	2▲	3▲	SPC Not Yet Available for this Indicator
	Percentage of patients admitted within 12 weeks	15.4%	26.1%	27.3%	7.4%	52.2%	41.2%	▼▲▲▲▲▲▲▲	1▼	-11.0%▼	SPC Not Yet Available for this Indicator
	Cancellation Rate	5.6%	6.3%	3.4%	4.3%	7.1%	5.8%	▲▲▲▲▲▲▲▲	1▼	-1.3%▼	Within Control Limits
	4 Joint Sessions	52.9%	36.9%	46.3%	37.8%	32.9%	30.8%	▲▲▲▲▲▲▲▲	3▼	-2.1%▼	Below Lower Control
Ophthalmology	DoSA Rate	52.3%	60.8%	59.8%	61.4%	59.1%	56.8%	▲▲▲▲▲▲▲▲	2▼	-2.3%▼	Within Control Limits
	SCI Gateway Referrals - Total (Elective & Urgent)	1599 (1599, 0)	1004 (1004, 0)	1022 (1022, 0)	1358 (1358, 0)	1179 (1178, 1)	1057 (1057, 0)	▲▲▲▲▲▲▲▲	2▼	-122▼	Below Lower Control
	Outpatient Waiting List	2212	1865	1492	1448	1575	1743	▼▲▲▲▲▲▲▲	2▲	168▲	SPC Not Yet Available for this Indicator
	Ophthalmology Clinic Utilisation	92.9%	95.9%	99.5%	98.8%	96.5%	96.5%	▲▲▲▲▲▲▲▲	3▼	0.0%▼	Within Control Limits
	New Consultant Pre-Op Outpatient Appointment DNA Rate	4.7%	5.7%	5.7%	5.3%	5.6%	5.9%	▼▲▲▲▲▲▲▲	2▲	0.3%▲	Eight Consecutive Points Below Centre
	Inpatient Waiting List	1632	1960	2019	1852	1852	1729	▼▲▲▲▲▲▲=	1▼	-123▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 12-26 weeks	2	1	0	1	0	0	▼▼▼▼▼▼▼=	1=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 26-52 weeks	1	0	0	1	0	0	=====	1=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Number of patients who have breached the TTG in month	4	1	0	0	0	0	▼▼▼▼▼▼▼=	3=	0=	SPC Not Yet Available for this Indicator
	Percentage of patients admitted within 12 weeks	99.5%	99.6%	99.9%	100.0%	100.0%	100.0%	▼▲▲▲▲▲▲=	2=	0.0%=	SPC Not Yet Available for this Indicator
	Cancellation Rate	2.8%	3.5%	3.7%	2.9%	3.5%	2.1%	▼▲▲▲▲▲▲▲	1▼	-1.4%▼	Within Control Limits
Plastic Surgery	SCI Gateway Referrals - Total (Elective & Urgent)	106 (102, 4)	92 (90, 2)	133 (130, 3)	111 (110, 1)	76 (74, 2)	56 (54, 2)	▼▲▲▲▲▲▲▲	1▼	-20▼	Below Lower Control
	Cancellation Rate	11.7%	11.3%	11.5%	11.3%	8.6%	4.9%	▼▲▲▲▲▲▲▲	3▼	-3.7%▼	Within Control Limits
	SCI Gateway Referrals - Total (Elective & Urgent)	9 (6, 4)	1 (1, 0)	26 (26, 0)	61 (61, 0)	35 (35, 0)	8 (8, 0)	▼▲▲▲▲▲▲▲	1▲	-27▼	Within Control Limits
	Cancellation Rate	25.0%		0.0%				▼▲▲▲▲▲▲	37	7	
	SCI Gateway Referrals - Total (Elective & Urgent)	866 (780, 86)	804 (712, 92)	866 (787, 79)	710 (681, 29)	771 (544, 227)	696 (658, 38)	▲▲▲▲▲▲▲▲	1▼	-75▼	Within Control Limits
	Cancellation Rate	7.7%	10.3%	9.2%	10.1%	7.1%	9.6%	▼▲▲▲▲▲▲▲	1▲	2.6%▲	Within Control Limits
	SCI Gateway Referrals - Total (Elective & Urgent) (exc. SACCs Cardiac)	144 (86, 58)	125 (70, 55)	102 (66, 36)	141 (86, 55)	95 (57, 38)	94 (70, 24)	▼▲▲▲▲▲▲▲	1▼	-1▼	Within Control Limits
	Outpatient Waiting List	63	62	66	68	66	46	▼▲▲▲▲▲▲▲	2▼	-20▼	SPC Not Yet Available for this Indicator
	Cardiac Surgery Nurse Pre-Op Clinic Utilisation	57.0%	91.3%	92.2%	85.2%	71.2%	50.4%	▼▲▲▲▲▲▲▲	3▼	-20.7%▼	Below Lower Control
	New Consultant Outpatient Appointment DNA Rate	6.0%	4.3%	6.0%	1.3%	4.1%	1.2%	▼▲▲▲▲▲▲▲	1▼	-2.8%▼	Eight Consecutive Points Below Centre
	Inpatient Waiting List	262	272	275	255	267	255	▼▲▲▲▲▲▲▲	1▼	-12▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 12-26 weeks	47	50	39	34	35	26	▼▲▲▲▲▲▲▲	1▼	-9▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 26-52 weeks	12	7	7	13	11	9	▼▲▲▲▲▲▲▲	2▼	-2▼	SPC Not Yet Available for this Indicator
Cardiac Surgery	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	6=	0=	SPC Not Yet Available for this Indicator
	Number of patients who have breached the TTG in month	36	30	21	22	17	26	▼▲▲▲▲▲▲▲	1▲	9▲	SPC Not Yet Available for this Indicator
	Percentage of patients admitted within 12 weeks	52.9%	50.0%	58.5%	68.8%	61.0%	56.5%	▼▲▲▲▲▲▲▲	2▼	-4.5%▼	SPC Not Yet Available for this Indicator
	Percentage of patients treated within 18 weeks of referral	71.4%	50.0%	62.5%	80.0%	60.0%	60.0%	▲▲▲▲▲▲▲=	1=	0.0%=	SPC Not Yet Available for this Indicator
	Cancellation Rate	26.9%	20.6%	12.3%	10.1%	13.8%	16.7%	▼▲▲▲▲▲▲▲	2▲	2.8%▲	Within Control Limits
	DoSA Rate	3.9%	2.3%	6.3%	5.3%	2.4%	4.4%	▼▲▲▲▲▲▲▲	1▲	2.0%▲	Above Upper Control
	Cardiac AVR Procedures	29	24	34	41	21	22	▼▲▲▲▲▲▲▲	1▲	1▲	Within Control Limits

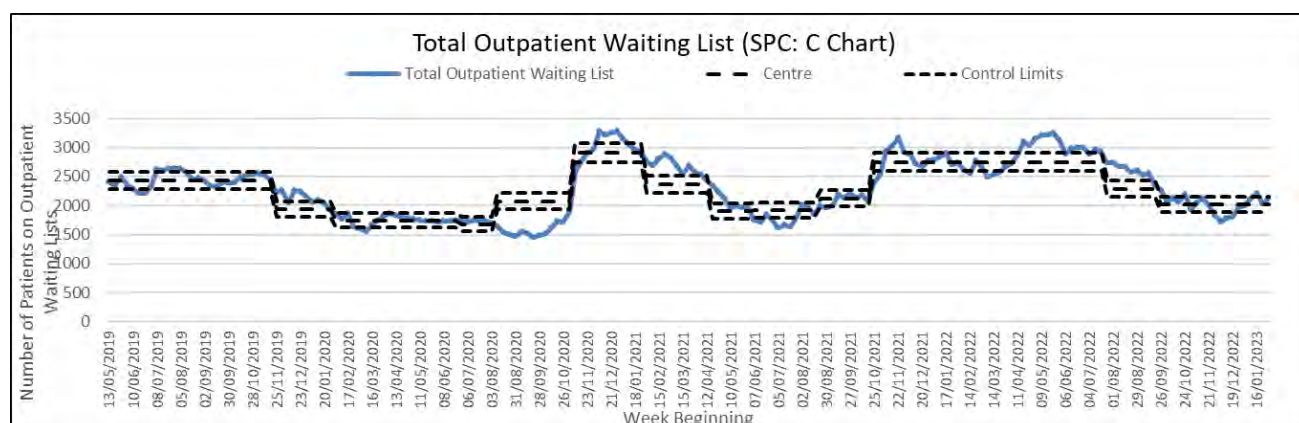
Spec	Indicator	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Travel	Trend	Variance	Special Cause
Thoracic Surgery	SCI Gateway Referrals - Total (Elective & Urgent)	33 (12,21)	30 (10,20)	28 (7,21)	35 (13,22)	31 (10,21)	30 (12,18)	▲▲▲▼▼▼▼▼	2▼	-1▼	Within Control Limits
	Outpatient Waiting List	66	71	81	78	94	96	▲▼▼▲▼▲▲	2▲	2▲	SPC Not Yet Available for this Indicator
	Thoracic Surgery Clinic Utilisation	56.4%	68.6%	67.7%	62.5%	70.9%	65.8%	▲▲▲▼▼▼▼	1▼	-5.1▼	Below Lower Control
	New Consultant Pre-op Outpatient Appointment DNA Rate	6.1%	10.2%	9.4%	5.8%	12.7%	11.9%	▼▼▼▲▼▼▼	1▼	-0.8▼	Above Upper Control
	Inpatient Waiting List	56	68	61	64	66	65	▼▼▼▲▼▲▼	1▼	-1▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 12-26 weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 26-52 weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Number of patients who have breached the TTG in month	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Percentage of patients admitted within 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	=====	15=	0.0%=	SPC Not Yet Available for this Indicator
	Percentage of Lung Cancer Patients Admitted within 31 Days	96.9%	100.0%	100.0%	100.0%	100.0%	Incomplete Data	==▼▲===?	1?	?	SPC Not Yet Available for this Indicator
	Percentage of patients treated within 18 weeks of referral	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	=====	15=	0.0%=	SPC Not Yet Available for this Indicator
	Cancellation Rate	3.0%	13.5%	6.4%	6.1%	10.3%	8.0%	▲▲▲▼▼▼▼	1▼	-2.3▼	Within Control Limits
	DoSA Rate	14.3%	25.0%	17.0%	23.9%	36.8%	23.8%	▼▼▼▲▼▲▼	1▼	-13.0▼	Eight Consecutive Points Above Centre
Cardiology	New Consultant Outpatient Appointment DNA Rate	1.9%	12.9%	5.2%	5.6%	7.8%	2.7%	▲▲▲▼▼▲▼	1▼	-5.2▼	Within Control Limits
	(Coronary) SCI Gateway Referrals - Total (Elective & Urgent)	391 (95,296)	378 (92,286)	422 (95,327)	383 (88,295)	361 (72,289)	404 (84,320)	▲▲▲▼▼▲▼	1▲	43▲	Eight Consecutive Points Below Centre
	(Coronary) Inpatient Waiting List	543	555	527	492	500	474	▲▼▼▲▼▲▼	1▼	-26▼	SPC Not Yet Available for this Indicator
	(Coronary) Number of patients on waiting list waiting 12-26 weeks	161	122	102	91	100	106	▲▼▼▼▼▲	2▲	6▲	SPC Not Yet Available for this Indicator
	(Coronary) Number of patients on waiting list waiting 26-52 weeks	26	30	30	25	22	26	▲▼▼▲=▼▼	1▲	4▲	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	5	5	5	6	8	7	==▲==▲	1▼	-1▼	SPC Not Yet Available for this Indicator
	(Coronary) Number of patients who have breached the TTG in month	23	24	27	28	19	25	▲▼▼▲▲▲▼	1▲	6▲	SPC Not Yet Available for this Indicator
	(Coronary) Percentage of patients admitted within 12 weeks	67.4%	63.9%	73.0%	74.1%	71.6%	74.3%	▲▼▼▲▲▲▼	1▲	2.8▲	SPC Not Yet Available for this Indicator
	(EP) SCI Gateway Referrals - Total (Elective & Urgent)	82 (68,14)	83 (68,15)	70 (63,7)	94 (78,16)	70 (55,15)	85 (72,13)	▲▲▲▲▲▲▲	1▲	15▲	Two Outer Third Points
	(EP) Inpatient Waiting List	471	490	510	529	559	575	▲▲▲▲▲▲▲	8▲	16▲	SPC Not Yet Available for this Indicator
	(EP) Number of patients on waiting list waiting 12-26 weeks	165	165	168	155	167	179	▼▼▼▲▲▲▲	2▲	12▲	SPC Not Yet Available for this Indicator
	(EP) Number of patients on waiting list waiting 26-52 weeks	104	123	138	154	176	167	▲▲▲▲▲▲▲	1▼	-3▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	33	27	24	26	27	29	▼▼▼▼▼▲▲	3▲	2▲	SPC Not Yet Available for this Indicator
	(EP) Number of patients who have breached the TTG in month	76	59	42	57	62	62	▲▼▼▼▲▲=	1=	0=	SPC Not Yet Available for this Indicator
	(EP) Percentage of patients admitted within 12 weeks	22.8%	24.1%	32.5%	28.8%	35.0%	20.0%	▼▼▼▲▲▲▼	1▼	-15.0▼	SPC Not Yet Available for this Indicator
	(Devices) SCI Gateway Referrals - Total (Elective & Urgent)	41 (26,15)	51 (18,33)	26 (13,13)	40 (19,21)	30 (21,9)	40 (24,16)	▼▲▲▲▲▲▲	1▲	10▲	Within Control Limits
	(Devices) Inpatient Waiting List	98	116	70	75	77	76	▲▲▲▲▲▲▲	1▼	-1▼	SPC Not Yet Available for this Indicator
	(Devices) Number of patients on waiting list waiting 12-26 weeks	29	32	22	25	17	9	▼▲▲▲▲▲▲	2▼	-8▼	SPC Not Yet Available for this Indicator
	(Devices) Number of patients on waiting list waiting 26-52 weeks	6	9	0	0	2	2	▲▲▲▲▼=▲	1=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	(Devices) Number of patients who have breached the TTG in month	17	14	12	16	10	10	▲▼▼▼▼▲▼	1=	0=	SPC Not Yet Available for this Indicator
	(Devices) Percentage of patients admitted within 12 weeks	22.7%	60.0%	39.4%	36.4%	50.0%	21.7%	▼▼▼▲▼▲▼	1▼	-28.3▼	SPC Not Yet Available for this Indicator
	(Lead Extraction) Inpatient Waiting List	5	8	9	8	3	4	=▼▼▼▲▲▲	1▲	1▲	SPC Not Yet Available for this Indicator
	(Lead Extraction) Number of patients on waiting list waiting 12-26 weeks	2	2	3	2	0	0	=▼▲▲▲▲=	1=	0=	SPC Not Yet Available for this Indicator
	(Lead Extraction) Number of patients on waiting list waiting 26-52 weeks	0	0	0	1	0	0	=▼==▲▼=	1=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	16=	0=	SPC Not Yet Available for this Indicator
	(Lead Extraction) Number of patients who have breached the TTG in month	2	1	3	3	0	0	▲=▲▲▲=▼=	1=	0=	SPC Not Yet Available for this Indicator
	(Lead Extraction) Percentage of patients admitted within 12 weeks	83.3%	66.7%	60.0%	50.0%	40.0%	100.0%	▼▼▼▲▲▲▲	1▲	60.0▲	SPC Not Yet Available for this Indicator
	(TAVI) SCI Gateway Referrals - Total (Elective & Urgent)	41 (26,15)	38 (18,20)	37 (19,18)	26 (16,10)	32 (16,16)	45 (20,25)	▲▼▼▼▼▲▲	2▲	13▲	Within Control Limits
	(TAVI) Outpatient Waiting List	98	109	98	105	96	96	▲▲▲▲▲▲▲	1▼	-9▼	SPC Not Yet Available for this Indicator
	(TAVI) Inpatient Waiting List	78	87	74	73	94	82	▼▼▼▲▼▲▼	1▼	-12▼	SPC Not Yet Available for this Indicator
	(TAVI) *(NOT REPORTED) Number of patients on waiting list waiting 12-26 weeks	11	13	12	0	0	0	▲▼▼▲▼=	2=	0=	SPC Not Yet Available for this Indicator
	(TAVI) *(NOT REPORTED) Number of patients on waiting list waiting 26-52 weeks	12	10	12	0	0	0	▼▲▲▲▲=	2=	0=	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	2	2	1	0	0	0	▲==▼▼==	2=	0=	SPC Not Yet Available for this Indicator
	(TAVI) *(NOT REPORTED) Number of patients who have breached the TTG in month	1	0	0	0	0	0	=▲▼=====	4=	0=	SPC Not Yet Available for this Indicator
	(TAVI) *(NOT REPORTED) Percentage of patients admitted within 12 weeks	82.4%	85.0%	78.6%	81.8%	100.0%	100.0%	▼▲▲▲▲▲=	1=	0.0%=	SPC Not Yet Available for this Indicator
	(SACCS) SCI Gateway Cardiac Referrals - Total (Elective, Urgent & National)	9 (9,0)	13 (13,0)	15 (15,0)	8 (7,1)	14 (11,3)	6 (6,0)	▲▼▼▲▲▲▲	1▲	-8▼	Within Control Limits
	(SACCS) SCI Gateway Coronary Referrals - Total (Elective, Urgent)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	▼=====	7=	0=	Eight Consecutive Points Below Centre
	(SACCS) Inpatient Waiting List	36	29	21	56	54	67	▼▼▼▼▼▲	1▲	13▲	SPC Not Yet Available for this Indicator
	(SACCS) Number of patients on waiting list waiting 12-26 weeks	15	10	2	1	0	0	▲▲▲▲▼▼▼	1=	0=	SPC Not Yet Available for this Indicator
	(SACCS) Number of patients on waiting list waiting 26-52 weeks	7	3	3	2	1	0	▲▲▲▼▼▼▼	3▼	-1▼	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	1	1	0	0	0	==▲=▼==	2=	0=	SPC Not Yet Available for this Indicator
	(SACCS) Number of patients who have breached the TTG in month	1	7	0	0	0	0	▼▼▼▲=====	3=	0=	SPC Not Yet Available for this Indicator
	(SACCS) Percentage of patients admitted within 12 weeks	66.7%	38.5%	66.7%	77.8%	62.5%	90.0%	▲▼▼▲▲▲▲	1▲	27.5▲	SPC Not Yet Available for this Indicator
	Cardiology Outpatient Waiting List	111	111	139	103	105	110	▼▼▼=▲▲▲	2▲	5▲	SPC Not Yet Available for this Indicator
	Cardiology Inpatient Waiting List	16	0	19	38	9	32	▲▲▼▼▲▲	1▲	23▲	SPC Not Yet Available for this Indicator
	Cardiology SAHFS Inpatient Waiting List	0	0	3	3	0	0	=====▼=	1=	0=	SPC Not Yet Available for this Indicator
	Percentage of patients treated within 18 weeks of referral	60.8%	64.1%	45.8%	56.9%	76.2%	66.0%	▲▼▼▲▼▲▼	1▼	-10.2▼	SPC Not Yet Available for this Indicator
	Theatre Cancellation Rate	5.0%	28.6%	6.7%	6.7%	0.0%	0.0%	▼▲▲▼▼=▼=	1=	0.0%=	Two Outer Third Points
Respiratory	Outpatient Waiting List	20	20	16	30	14	22	▲▼▲=▼▲▲	1▲	8▲	SPC Not Yet Available for this Indicator
	New Consultant Pre-Op Outpatient Appointment DNA Rate	8.3%	13.3%	0.0%	4.8%	5.0%	0.0%	▲▲▲▲▲▲▲	1▼	-5.0▼	Two Outer Third Points
	Inpatient Waiting List	16	17	22	24	25	27	▼▼▼▲▲▲▲	5▲	2▲	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 12-26 weeks	0	1	1	1	1	2	▼▲▼▲==▲	1▲	1▲	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 26-52 weeks	0	0	0	0	1	1	=====▲	1▲	1▲	SPC Not Yet Available for this Indicator
	Number of patients on waiting list waiting 52+ weeks	0	0	0	0	0	0	=====	15=	0=	SPC Not Yet Available for this Indicator
	Number of patients who have breached the TTG in month	4	0	1	0	2	0	▲▼▲▼▲▼▼	1▼	-2▼	SPC Not Yet Available for this Indicator
	Percentage of patients admitted within 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	=====	15=	0.0%=	SPC Not Yet Available for this Indicator
	Percentage of patients treated within 18 weeks of referral	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	▼▲=====	6=	0.0%=	SPC Not Yet Available for this Indicator

In January 2,804 SCI Gateway referrals were received, a decrease of 149 compared to the December position. This is reporting below lower control limits.



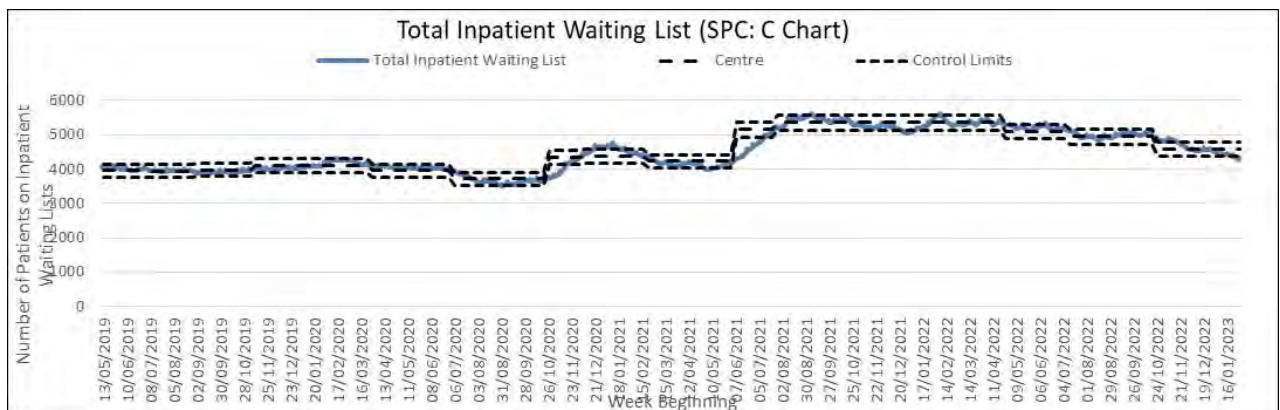
The number of Orthopaedic referrals received in January was within control limits with 283 referrals, an increase of 24 compared to December. Ophthalmology referrals reported below lower control limits with 1,057 received in January a decrease of 122 compared to the December position. There were 94 Cardiac Surgery referrals in January; a decrease of one compared to December. Cardiac Surgery reported within control limits.

The number of patients on the outpatient waiting list in January was reported as 2,131 an increase of 156 from the December position. 1,743 (82%) of the patients on the outpatient waiting list are Ophthalmology patients.

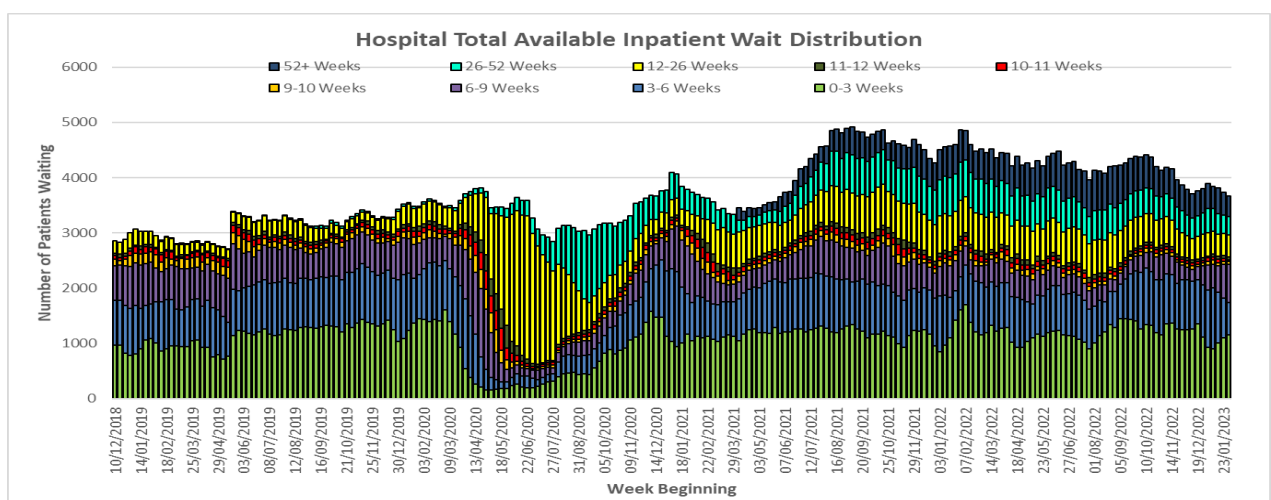


There is evidence of a downward trend in the number of patients waiting for outpatient appointments since May 2022.

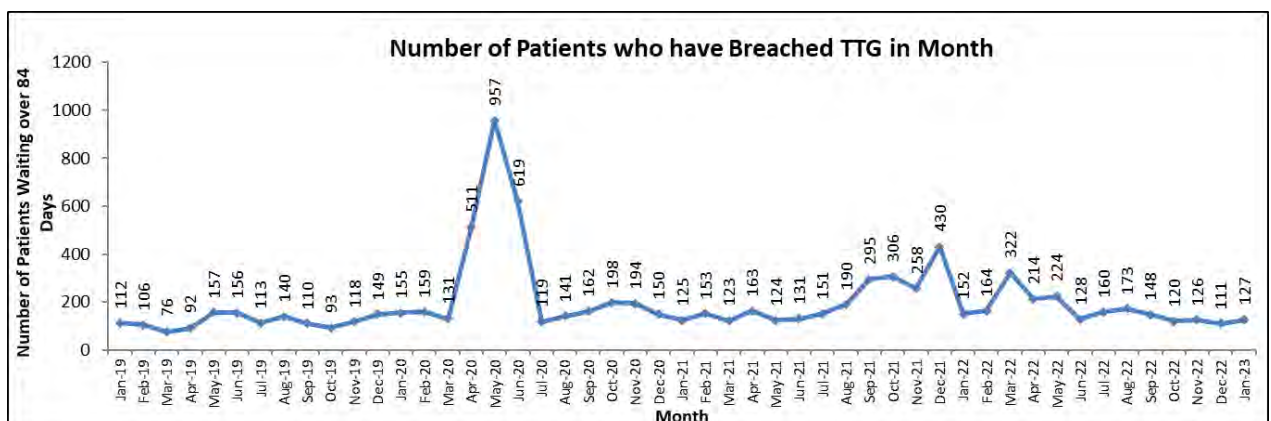
The overall total inpatient waiting list position decreased by 274 patients over the month of January to 4,282. The largest decrease was reported in the Orthopaedics waiting list, where the waiting list has decreased by 154 patients during January. The inpatient waiting list has been displayed a downward trajectory with the centre reset from May 2022.



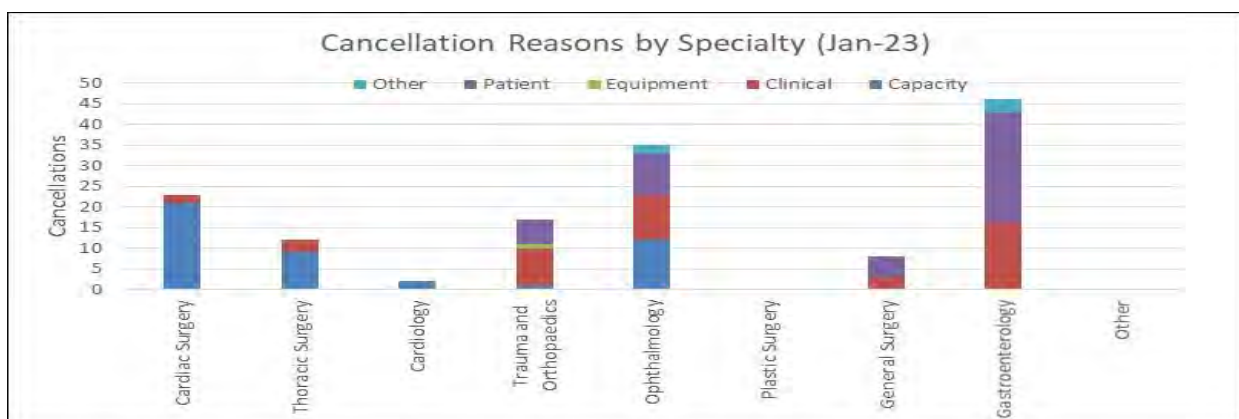
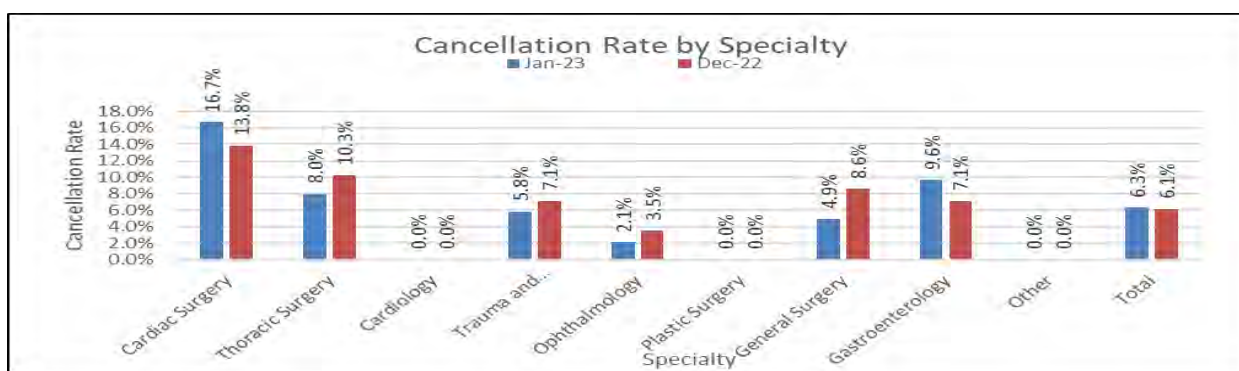
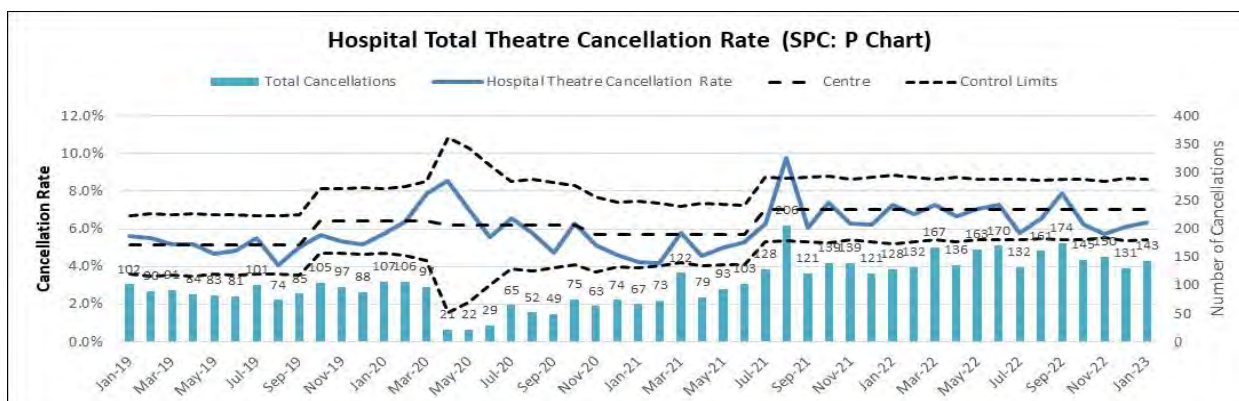
The number of available patients on waiting lists at month end who had waited between 12 and 26 weeks decreased by 12, from 426 to 399 at the end of January. The number of patients waiting between 26 and 52 weeks decreased by 59 patients during January with a month end position of 335. The number of patients waiting over 52 weeks reduced by 77 with 365 patients waiting over 52 weeks at end of January.



The number of patients who exceeded their 12-week treatment time guarantee in December was reported at 127. This is an increase of 16 from the December position of 111.



The hospital total cancellation rate for January was reported at 6.3% (143/2264) which is within the control limits. Endoscopy had the largest number of cancellations (27/280, 9.6%), whilst Cardiac Surgery had the highest cancellation rate (16.7%, 10/60). The most common reason for cancellations were patient reasons with 48 cancellations.



Corporate Departments Dashboard

The table below provides a breakdown of Corporate departments with regard to their sickness absence, appraisal and mandatory training.

Corporate Report	Sickness Absence						TURAS			Mandatory Training					
	Target 4%						Target 80%			Fire Target 90%	Hand Hygiene Target 90%	Diversity Target 90%	Safe Information Handling Target 90%	Manual Handling Target 90%	Induction Target 90%
Department	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Nov-22	Dec-22	Jan-23	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22	Dec-22
Business Services	4.9%	3.3%	5.7%	7.4%	6.4%	5.8%	22.2%	54.8%	65.8%	76.5%	76.5%	59.6%	77.2%	80.9%	38.2%
Catering	12.5%	10.9%	8.2%	12.5%	7.6%	5.5%	30.0%	55.1%	57.1%	61.2%	75.5%	91.8%	85.7%	75.5%	25.0%
Clinical Governance	11.2%	5.7%	12.3%	5.9%	1.5%	8.9%	46.2%	46.2%	35.7%	78.6%	85.7%	64.3%	100.0%	92.9%	100.0%
Communications and Corporate Affairs	0.0%	0.7%	0.0%	0.0%	9.0%	2.6%	57.1%	57.1%	57.1%	71.4%	71.4%	100.0%	100.0%	100.0%	100.0%
e-Health	0.0%	5.0%	4.0%	3.8%	1.4%	1.9%	18.8%	35.5%	35.5%	85.3%	85.3%	70.6%	88.2%	70.6%	50.0%
Estates	6.5%	10.3%	12.1%	11.3%	7.1%	4.8%	52.0%	60.0%	62.5%	79.3%	82.8%	72.4%	93.1%	86.2%	71.4%
Finance	0.0%	0.2%	0.0%	0.7%	6.4%	10.5%	31.6%	31.6%	35.0%	52.6%	47.4%	73.7%	73.7%	63.2%	33.3%
Research Governance/Administration	7.6%	4.6%	4.5%	5.7%	4.1%	4.0%	67.6%	70.6%	75.0%	85.3%	88.2%	91.2%	91.2%	91.2%	100.0%
Hospital - Housekeeping	4.7%	5.7%	6.3%	6.5%	6.6%	5.9%	70.0%	69.8%	88.9%	91.5%	93.9%	72.0%	95.1%	96.3%	85.7%
Human Resources	1.4%	0.9%	7.0%	5.7%	6.0%	7.6%	76.5%	76.5%	75.0%	88.9%	88.9%	83.3%	83.3%	83.3%	85.7%
Infection Control	1.2%	0.0%	2.2%	0.0%	2.4%	4.2%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Learning and Organisational Development	0.0%	0.0%	1.8%	2.1%	0.0%	0.6%	90.0%	90.0%	88.9%	90.0%	70.0%	90.0%	90.0%	90.0%	100.0%
Occupational Health	0.0%	0.0%	0.0%	3.2%	1.9%	15.5%	33.3%	33.3%	50.0%	100.0%	83.3%	66.7%	100.0%	66.7%	100.0%
Performance and Planning	1.4%	0.5%	0.8%	0.0%	0.4%	0.0%	83.3%	83.3%	75.0%	83.3%	100.0%	91.7%	91.7%	91.7%	100.0%
Procurement	7.2%	11.4%	13.0%	4.4%	0.6%	1.6%	68.8%	93.3%	92.9%	100.0%	87.5%	81.3%	93.8%	100.0%	66.7%
Security	7.8%	5.7%	0.0%	9.6%	13.7%	19.9%	60.0%	60.0%	75.0%	80.0%	80.0%	60.0%	60.0%	60.0%	100.0%
Pharmacy	2.5%	4.1%	6.2%	7.5%	8.2%	8.1%	52.8%	54.1%	52.6%	67.6%	67.6%	56.8%	64.9%	62.2%	44.4%

National Comparators Table

The table below is intended to demonstrate Golden Jubilee National Hospital's relative performance, compared to other organisations in Scotland, for indicators and Standards that are reported nationally on the NHS Discovery website.

The table provides:

- The latest time period available for comparison.
- Golden Jubilee National Hospital performance (local).
- Scotland's performance for all submitting organisations.
- A rank showing Golden Jubilee National Hospital's relative ranking compared to the number of organisations submitting data.
- Golden Jubilee's ranking for the previously reported time period.
- A direction of travel indicator which shows whether Golden Jubilee National Hospital has risen, fallen or remained the same in terms of ranking and a colour indicator is provided to indicate into which quartile Golden Jubilee National Hospital would be categorised.

↑ ↓ ⇄	Direction of Travel
	Upper Quartile Performance
	Inter Quartile Range Performance
	Lower Quartile Performance

Standard	Local Target	Period	Local Performance	Scotland Performance	Rank	Previous Period Rank	Rank Direction of Travel
Staphylococcus Aureus Bacteraemia (SAB) incidence rates	≤11.2	Quarter 3 (2022)	31.6 (Per 100,000 TOBD)	17.1 (Per 100,000 TOBD)	14th (14/15)	13th (13/15)	↓
Clostridiodes (formerly Clostridium) difficile infections (CDI) in ages 15+	≤1.9	Quarter 3 (2022)	15.8 (Per 100,000 TOBD)	13.1 (Per 100,000 TOBD)	11th (11/15)	1st (1/15)	↓
Gram negative bacteremia (Ecoli) incidence rates	≤14.1	Quarter 3 (2022)	15.8 (Per 100,000 TOBD)	36.2 (Per 100,000 TOBD)	1st (1/15)	1st (1/15)	⇄
NHS Discovery Sickness absence	≤ 4%	Dec-22	6.33%	7.35%	10th (10/22)	8th (8/22)	↓
31 Day Cancer: Lung	100%	Dec-22	100.0%	98.0%	1st (1/22)	1st (1/22)	⇄
31 Day Cancer: Other	100%	Dec-22	60.0%	93.2%	-	-	⇄
31 Day Cancer: All	100%	Dec-22	94.1%	94.5%	11th (11/22)	1st (1/22)	↓
Diagnostic Waiting Times: Radiology							
• Number of patients on list waiting over 6 weeks	0	Jan-23	289	80169	4th (6/15)	4th (6/15)	⇄
• Percentage of patients on list waiting under 6 weeks	100%	Jan-23	59.9%	45.4%	6th (1/13)	6th (1/13)	⇄
New Outpatient Appointment: Waiting Times for Waiting Patients							
• Number of new outpatients waiting over 12 weeks at month end	0	Sep-22	14	254928	1st (1/15)	1st (1/15)	⇄
• % of new outpatients waiting under 12 weeks at month end	95%	Sep-22	96%	46%	1st (1/15)	1st (1/15)	⇄
Discovery Elective Cancellation Rates	By Specialty	Dec-22	5.6%	10.6%	1st (1/15)	2nd (2/15)	↑
NHS Discovery 4 Joint Sessions	-	Dec-22	35%	15.0%	1st (1/13)	1st (1/13)	⇄
Inpatient or Day case Admission: Waiting Times for Patients seen							
• Number of admitted patients who waited over 12 weeks	0	Sep-22	164	8168	5th (5/15)	5th (5/15)	⇄
• % of patients admitted within 12 weeks	100%	Sep-22	63%	55%	1st (1/15)	3rd (3/15)	↑

Since January's IPR the following National Comparator indicators have been updated:

- The dashboard has been updated to report entirely based on data from Discovery. This will provide a more timely update for a number of indicators which are reported monthly on Discovery but Quarterly on previously used National data sets.
- Discovery sickness absence was reported at 6.33% in December, this was the tenth lowest sickness absence rate of the 22 NHS Scotland Boards. The overall NHS Scotland sickness absence rate was 7.35%.
- The move to Discovery data allows 31 day cancer reporting to be on a procedure level. In December 100% (29/29) of lung cancer patients were seen within the 31 day target, 60% (3/5) of other (colorectal) cancer patients were seen within the target.
- In January 59.9% (432/721) patients waiting on a diagnostic waiting list had waited less than six weeks.
- At the end of September 14 patients had waited over 12 weeks for an outpatient appointment, 96% of patients on the waiting lists had not exceeded the 12 week target.
- The NHS GJ elective cancellation rate for December was reported at 5.6%. This was the lowest cancellation rate for NHS Scotland Boards. The NHS Scotland overall cancellation rate was 10.6% for December.
- Four Joint Lists for December were reported at 35% for NHS GJ. This was a 5% decrease on the November position. NHS GJ remains as NHS Scotland Board with the highest four joint rate.
- 164 patients were admitted in September who had waited over 12 weeks, 63% of September admissions were within the Treatment Time Guarantee.



Golden Jubilee Conference Hotel Performance Management Report

January 2022 data

Performance review group

Commercial & Logistics Director

Financial Controller

Rooms Division Manager

With Revenue & Data Analyst

Contents

1. Executive Summary and Strategic Outlook
 2. Financial and Operational Governance
 3. Meeting & Event Pipeline
 4. Staff Governance
 5. Guest Feedback
 6. Operational Update
 7. Staff Development Update
 8. Risk
-

1. Executive Summary and Strategic Outlook

January's performance exceeded original budget expectations as we continue to see the return of face-to-face meetings in strength, resulting in further gains within the Hotel's YTD financial position.

The Hotel continues to outperform the original expected income generation by £745K or circa 20%.

All market segments continued to perform strongly in January against expected income generation. NHS / Healthcare continues to show a shortfall in their YTD position. Recent trends of a pivot to online training is one of the main contributing factors in the shortfall.

A rate review across conference prices and bedrooms is currently underway; this review will see the Hotel become more aligned with industry averages for the Glasgow, Scotland and the wider UK.

Patient bed nights averaged 24.8 rooms per night in January, peaking at a high of 42 rooms. Corporate and Commercial bedrooms sold continue to exceed budget with a high profitability identified within this segment. Revenue per available room and Profit per available room remains strong, with a shift in the business mix supporting this upturn and a strong annual outturn expected.

The BBar & Grill continued its healthy trend of increased revenue generation on expected budget. Higher average spends and increased covers have directly contributed to this performance. In addition, the rise in life events has contributed to the increase in overall income generation.

January typically is a quite month for conference & meetings as the industry awakens from its festive slumber and budgets are analysed for potential year-end spends. The Hotel successfully hosted a number of conferences and high-profile groups, including Welsh Rugby Union, Guilford Flames, Occupational Therapy adaptation and Unison.

The Hotel have prepared and allocated the six additional bedrooms required to support the International Recruitment programme. The Hotel continue to absorb the costs for the 18 bedrooms and 1 suite into annual running costs.

The new Food & Beverage Operations Manager was appointed in January; the successful candidate was an internal candidate. They will begin their post in February 2023. The recruitment process for the senior post of Hotel General Manager was unsuccessful, and is due to be re-advertised.

2. Financial Governance

Actual

2022-2023	Actual	Budget	Var on Budget	Actual YTD	Budget YTD	Var YTD	Budget	Act / Fcast
Actual Income	344,045	256,955	33.89%	4,067,539	3,322,755	22.41%	3,886,822	4,859,765
Profit/loss	-8,577	-64,165	86.63%	595,803	11,354	5147.66%	-71,287	355,870
Net Profit/loss	-171,874	-189,522	9.31%	-784,818	-1,088,430	38.7%	-1,280,218	-1,250,000
Payroll	315,957	291,319	-8.46%	3,004,735	2,736,419	-9.81%	3,175,954	3,929,674
Non-Pay	199,963	155,158	-28.88%	1,847,622	1,674,765	-10.32%	1,991,087	2,180,091
NHS/PS/Assoc %	43.26%	60.00%	-16.74%	54.00%	54.16%	-0.16%	55.01%	52.16%

**£1,250,000 funding requirement had been highlighted for 22/23 in addition to the annual payroll funding. As the Hotel have been keen to maximise their profitable income opportunities, this efficiency is currently forecasting at £356k.*

***£580,000 reflects payroll funding requested by the Board to meet increases to cumulative pay and Employers' costs. This is in line with other directorates. How this is reflected in 22/23 results is under review.*

- Income: performance has exceeded the original budget by £87k in month and £745k YTD. £1,500 per day international recruitment accommodation is included in these numbers August to October but with no secured funding for the remaining months, November through January expenditure contains all operating costs for this service with a current estimate upwards of £46k.
- Net Profit/Loss: £18k ahead in-month and £303k ahead of the updated YTD budget.
- Payroll: in-month overspend* £24k and YTD overspend* of £268k (£397k* original SG payroll refreshed budget not yet released)
- NHS/PS/Assoc %: 54% YTD with NHS continuing to underperform.

Income

- All bedroom markets demonstrated an increase against budget including self-pay patient accommodation which is the only market with a shortfall YTD. Corporate, Leisure and NHS bedroom sales show significant growth on the original budget.
- The revenue per available room remains particularly strong with a positive annual outturn expected. This is still some way off the previous six years trading which is affected in part by the reduction in rooms available to sell to commercial markets.
- January patient nightly average of 24.8 rooms against a budget of 18 plus 1 advance heart failure room now demonstrates growth against the YTD target. Patient numbers peaked at 42 bed nights with a low of 3.
- YTD shortfalls in NHS delegate numbers are eroding the gains from the association markets. A considerable amount of work is ongoing to re-engaging with previous NHS and association bookers to help fill key date gaps. Conference bookings across the industry continue to follow a short lead pattern however as there is no guarantee of this, all efforts to secure future dates are doubling by utilising the existing workforce and online marketing tools.
- With an overall increase in covers, F&B income shows an increase on budget. This month's bedroom mix has supported a proportional increase to BBar & Grill diners. Life event guests returned creating a positive move on budgeted levels. Average cover spends are reflecting positive upselling techniques and a market mix to support this.
- International Recruitment has no income Nov 22-Mar 23.

Expenditure

- All variable operational costs are minimised where possible however planned equipment and stock purchases are progressing in the final quarter of the year.
- Food and F&B costs show increases due to a variety of invoice estimates due to eFin system failure along with increased ordering and cost spends.
- Increases to gas prices and invoice allocation account for a £71k pressure YTD. Electricity costs have not yet reached budgeted levels.
- International Recruitment room costs have so far been absorbed in to the hotel's running costs however with no future income secured from 01/11, agreement is still to be sought around operating costs being cross-charged. Direct costs for this service over these dates are currently sitting around £46k.
- CfHWB have successfully introduced a change to members' towel provision with minimal effect on member numbers.

Payroll

- A selection of vacancies have not yet been filled creating some ongoing in-month and year to date payroll savings. These will be carried forward and added to planned efficiencies. Posts include General Manager, Admin support, commis chef, Housekeeping Room Attendants, Reception Supervisor and a bank of multiskilled workers for each of these areas. F&B Manager has now been appointed as well as a Receptionist. Business development team are consolidating roles to minimise vacancies whilst maximising service.
- Rota pressures have created a dependence on agency workers across housekeeping, Kitchen and F&B where vacancies and business demands currently exist. Training of these inexperienced workers has increased substantive headcount and cash costs well beyond budgeted levels. Forecast payroll costs reflect this reliance on expensive agency support.
- Provisions brought forward in to 22/23 that are now not likely to be pursued are being released and will clear over the remaining months of this financial year.
- No provision has been made specifically within the hotel accounts for the agreed pay award or back pay. M10 payroll budget has been amended to reflect £28k in-month budget calculation however; this does not fully meet the actual increased costs.

Golden Jubilee Conference Hotel Expenditure - 2022/23 as at January								
Income Category	Actuals	Period Budget	Var(Per)	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	Forecast
Rooms Including patient rooms	(172,376)	(102,398)	69,977	(1,746,350)	(1,454,198)	292,152	(1,685,736)	(2,116,154)
Conferences and F&B.	(129,284)	(113,763)	15,521	(1,768,459)	(1,449,120)	319,339	(1,700,062)	(2,104,054)
Health Club.	(20,458)	(18,250)	2,208	(199,637)	(192,000)	7,637	(228,500)	(241,377)
Other incl. Sleep rooms, cancelation charges	(21,927)	(22,544)	(616)	(353,096)	(227,438)	125,659	(272,525)	(398,181)
Total Income	(344,045)	(256,955)	87,090	(4,067,542)	(3,322,756)	744,786	(3,886,823)	(4,859,765)
Expenditure Category	Actuals	Period Budget	Var(Per)	YTD Actuals	YTD Period Budget	Var(YTD)	Annual Budget	Forecast
Staff-Support	219,079	225,499	6,420	2,081,395	2,087,105	5,709	2,497,655	2,748,193
Staff-Admin*	96,877	65,821	(31,056)	923,337	649,315	(274,022)	678,298	1,182,058
Total Pay	315,955	291,319	(24,636)	3,004,732	2,736,419	(268,313)	3,175,954	3,930,251
Pharmacy Supplies	0	0	0	0	0	0	0	
Surgical Supplies	0	0	0	0	0	0	0	
PPE	41,091	26,777	(14,315)	285,946	247,967	(37,979)	296,131	245,955
FM	130,492	102,943	(27,549)	1,332,058	1,154,553	(177,505)	1,368,910	1,616,213
CS&R&S	28,380	25,438	(2,941)	229,617	272,246	42,629	326,046	317,346
Total Non-Pay	199,963	155,158	(44,805)	1,847,620	1,674,766	(172,855)	1,991,087	2,179,514
Total Expenditure	515,918	446,477	(69,441)	4,852,352	4,411,185	(441,168)	5,167,041	6,109,765
Net Profit / Loss	(171,873)	(189,522)	17,649	(784,811)	(1,088,429)	303,619	(1,280,218)	-1,250,000
	(171,873)	(189,522)	17,649	(784,811)	(1,088,429)	303,619	(1,280,218)	-1,250,000

Shop

Shop						
Year to Date	This Year	%	Last Year	%	Variance	%
Income	121545		24621		96924	393.7%
Pays	56492	46.5%	16315	66.26%	-40177	-246.3%
non-Pay	75831	62.4%	20608	83.70%	-55223	-268.0%
Profit/Loss	-10778	-8.9%	-12302	-49.97%	1524	12.4%

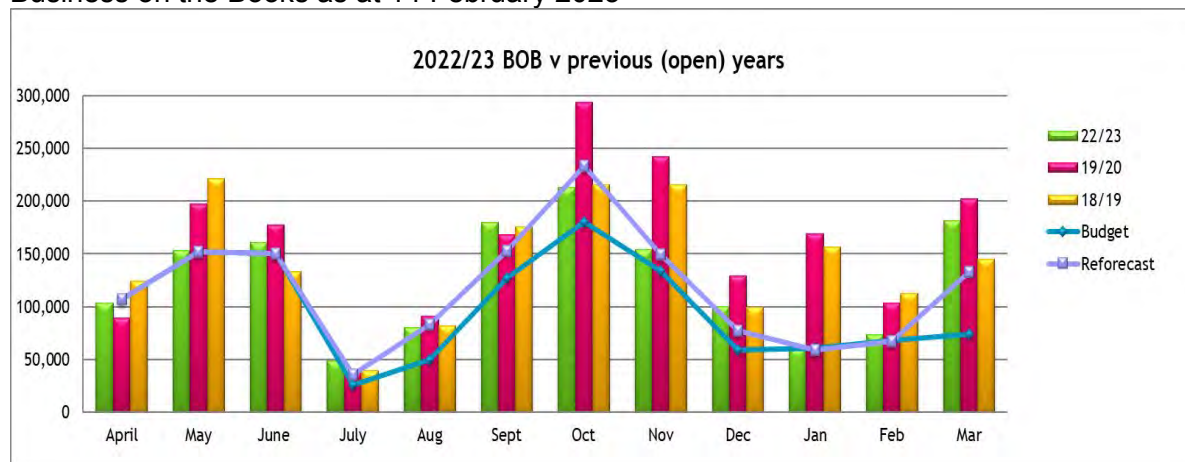
- Income represents a steady income flow. Selling price reviews continue on all items.
- Payroll headcount and related costs are fixed to help with budgeting and future planning.
- Non-pays are generated from invoices and order commitments however, provision for historical invoices and eFin issues are included in M10 accounts.
- Refurbishment costs are included in previous year's figures.

3. Events Business

Business on the Books

The graph below compares the current position against our budget and this time 2019/20 and 2018/19, for the rest of the financial year 22/23.

Business on the Books as at 14 February 2023



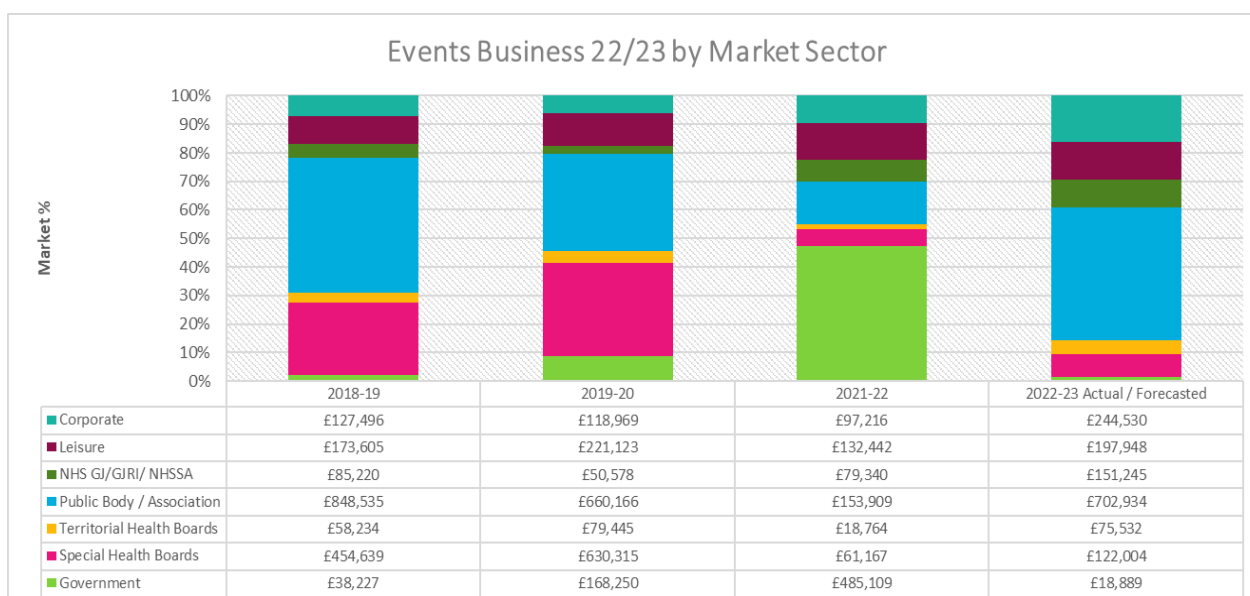
Conference bookings across the industry continue to be following a short lead pattern however as there is no guarantee of this, all efforts to secure future dates are doubling, utilising the existing workforce. A considerable amount of work is going in to re-engaging with previous NHS and association bookers to help fill key date gaps.

Market Sector Business mix 2022/23

2022/23 seen a dynamic shift in the market sector business compared to previous fully operating years.

The recent trend of reduced NES / SHSC business will continue into 23/24, as the training model pivots to a heavier online presence. There is an expectation of 65%-80% of NHS training historically held onsite will now pivot to virtual training.

Corporate and Association business continues to drive strong levels of business return while yielding higher ROI than other market segments.



Staff Governance

Sickness absence

Month	Sickness Absence	Cover	Disciplinary/ Grievance	Labour Turnover
November	4%	0	0	0
December	5.3%	0	0	0
January	3.4%	0	0	0
YTD total	4.2%	0	0	5
Summary				
Absence		January decreased by 1.9% on December		
Cover		Not applicable		
Disciplinary / Grievance		0 Grievance in process		
Turnover		0 Staff member left the Hotel in January		

Mandatory Training

Mandatory Training	Number of staff compliant	% Staff compliant
Fire Awareness	61	67.0%
Safe Information Handling	56	61.5%
Diversity	57	64.8%
Hand hygiene	55	60.4%
Manual handling	57	62.6%

*Mandatory training as and from 21st December 2022.

4. Guest Feedback Statistics

The Conference Hotel aims to achieve the equivalent of 87% satisfaction rate across all feedback and reputation channels. For the month of January, the Hotel had a GRI of 90.4%, which is ahead of our benchmark. The Hotel finished top of its competitor set.

Competitor Set/ Review Pro

Ranking Nov 22	Hotel	Score %	Reviews
1	The Golden Jubilee Conference Hotel	90.4%	121
2	Radisson Blu Hotel, Glasgow	89.5%	218
3	Double Tree by Hilton, Glasgow	86.7%	371
4	The Hilton Hotel, Glasgow	85.3%	149
5	Crowne Plaza Hotel, Glasgow	79.4%	198
6	Double Tree by Hilton, Westerwood Hotel	75.3%	70

During December, the Hotel received 121 reviews via online channels. Booking.com remains the main source of contributors to our guest feedback followed by Google.

Having analysed the impact analysis of every feedback report, certain words or phrases were used in both positive and constructive feedback, which is used as training tools to help improve our service and products.

Positive

- Cleanliness
- Experience
- Food and Drinks
- Staff
- Value

Negative

- Value
- Decoration
- Signage - NHS
- Staff
- Ambience

5. Operational Update

- The Hotel had a low key meeting programme in January
- The Hotel attended the annual Venues of excellence conference at Silverstone. Work has begun to identify key exhibitions and networking events for 2023.
- Productivity and efficiency to be the key focus for the hotel team in all areas.
- Mandatory training and Turas are key focus areas for weekly training sessions for all areas.
- Quality walk rounds are been undertaken by the Hotel Senior Management Team, with a focus on cleanliness, standards and providing feedback to departmental managers.

Glossary

Act	Actual
Act YTD	Actual Year To Date
AV	Audio-visual
corp / conf	Corporate/Conference
GDS	Global Distribution System
NHS/PS	National Health Service/Public Sector
NYA	Not Yet Available
OTA	Online Travel Agent (Booking.com, Expedia etc.)
RevPAR (rev par)	Revenue per available room
Target YTD	Target Year To Date
Var on LY	Variation on last year
Var on Target	Variation on target
Var YTD	Variation Year To Date



Performance Report

Reporting Period: October 2022 – December 2022

Report prepared January 2023

Executive Summary.....	2
Key Performance Indicators – summary.....	3
KPI 1.1: Total number of new research projects approved in the time frame	4
KPI 1.2 Journal Publications.....	4
KPI 2.1: GJRI Income.....	5
The table below shows trends in GJRI income, including projected income for the current financial year.....	5
KPI 2.2: Motion Analysis Lab Income.....	6
The table below shows trends in MAL events and income generated for this and the previous four financial years.....	6
KPI 3.1: Percentage Occupancy within the Clinical Skills Centre.....	6
KPI 3.2: % Occupancy within the Clinical Research Facility.....	7
2. Research Governance.....	8
3. Staff Governance.....	8
4. Risks & Incidents.....	9

Executive Summary

Research

The primary focus remains on recovery of research activity and then to grow beyond our previous activity levels, in number of studies, income generated and breadth of specialties involved. There has been good progress to date with a significant recovery in the number of studies approved. Income remains challenging but with the increase in the number of projects on the portfolio, it is anticipated that an increase in income will follow.

The Clinical Research Nurse (CRN) group currently stands at 21.5 WTE. Included in this total is 3.5WTE posts funded for a fixed term of 18 months from the Research & Development Endowment Fund. The aim is for research project income to fund the posts on a permanent basis. So far, 0.5WTE has been moved from fixed term to permanent. A challenge for the next Financial Year is the transfer of the remaining 3.0 fixed term appointments to permanent status. Principal Investigators are aware that this is dependent on there being sufficient income generated from their research project portfolio. This discussion will be the focus of the next round of Research Performance Review Group meetings that will start in April 2023.

Innovation is also part of the Research Institute responsibilities. The focus is currently on the Caelus Drones project. An NHS Golden Jubilee Working Group is in place which includes Facilities, EHealth, Comms and Research, and a number of colleagues from the Drone Project Group. The first flight – from Glasgow Airport to the NHS Golden Jubilee – is due to take place in May 2023.

Focus remains on the Research Administration Group with the following drivers for change in mind:

1. A requirement to resolve the issue of Research Management being a 'single point of weakness' with no cross cover or succession planning in place.

Q3 update: The decision to continue with the process of employing a B7 Research Manager has been made. A Job Description has been drafted and is now ready for finalisation and completion of the evaluation paperwork prior to submission for formal job evaluation.

2. Modernisation of the research administration function to streamline posts and processes, and bring it into line with other research active NHS organisations.

Q3 update: Administrative support for Research Management is now in place and a robust training programme has started. This include MS Teams teaching sessions and formal externally provided training. All processes - e.g. amendment processing - are being reviewed and updated.

Progress will continue to be reported though Q4.

Training rooms

It is expected that the refurbishment of the Clinical Skills Area to accommodate the new NHS Scotland Academy Simulation Centre will commence in the spring of this year. Provision will need to be made to accommodate an alternative prep room for the wet labs and a locker room for the medical students. This will likely cause disruption to training whilst the works are carried on and we will work with Estates and the NHS Academy to minimise this.

This report presents information for the third quarter of the 2022/23 financial year.

Key Performance Indicators – summary

KPI		Target (Q3)	Actual (Q3)	Target 2022/23	Actual 2022/23 (Q1-Q3)
1.1	Number of new research projects	8	9	32	26
1.2	Journal publications	N/A	N/A	N/A	N/A
2.1	GJRI income (invoiced)	£375,000	£255,546	£1,500,000	£874,734
2.2	Motion Analysis Lab income (year 5)	£59,400	£2,000	£219,600	£5,000
3.1	% Occupancy (training area)	75%	90%	75%	81%
3.2	% Occupancy (research facility)	80%	68%	80%	68%

KPI 1.1: Number of new research projects

This KPI is slightly over target for this quarter. It is worth noting that the number of approved projects so far for Q1-Q3 of 2022-2023 (26) is more than the number approved for the whole of 2021/2022 (24). This is a positive indicator of recovery and is likely to result in an increase in income in the next financial year.

KPI 1.2: Journal publications

This is an annual KPI and will be presented for the 22/23 financial year when the work plan allows.

KPI 2.1: GJRI income (invoiced)

This KPI for this quarter is below target at 68% of target.

KPI 2.2: Motion Analysis Lab income

This KPI is below target for the quarter, at 3% of target.

KPI 3.1: % Occupancy (Clinical Skills)

This KPI is above target for the quarter, at 120% of target.

KPI 3.2: % Occupancy (Clinical Research Facility)

This KPI is below target for the quarter, at 85% of target. However, it is worth noting that the 68% occupancy recorded for Q1-Q3 of 2022/2023 is above the pre-pandemic levels of 60% (2019/2020) and 62% (2018/2019). This is a positive indicator of recovery.

KPI 1.1: Total number of new research projects approved in the time frame

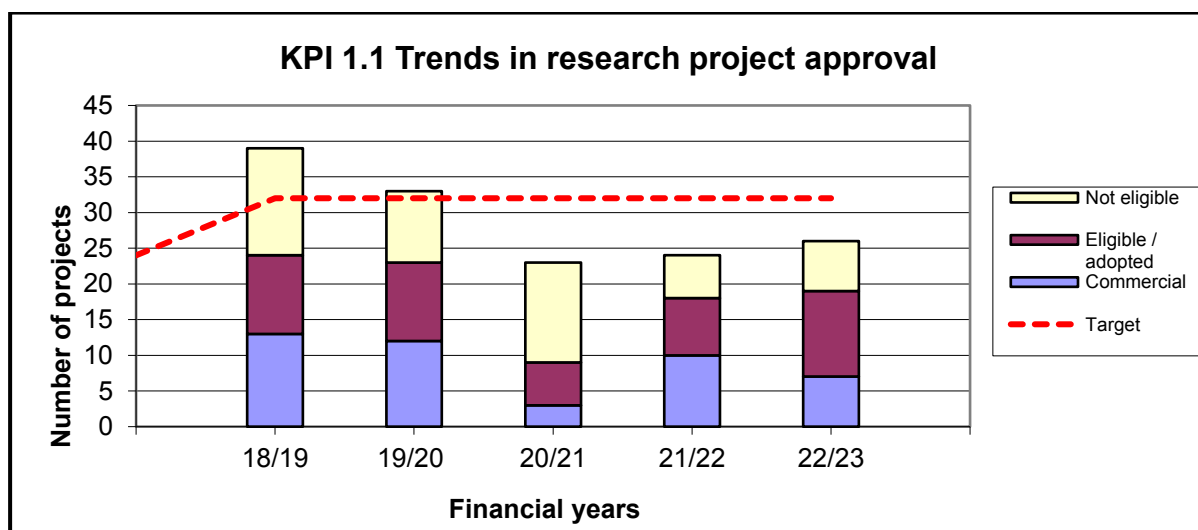
The GJRI target for projects approved per quarter is eight. Nine projects were approved in Q3, 2022/2023 (listed below with information on the research group and project type).

Project ID	Short Title	Department	Project Type	Principal Investigator
22/CARD/01	IMPAHCT	SPVU	Commercial	Colin Church
22/CARD/05	Faraday FDY302 / IOCYTE AMI-3	Interventional Cardiology	Commercial	Colin Berry
22/ANAE/01	PQIP	Anaesthetics / Critical Care	Eligible	Ben Shelley
21/ANAE/02	MARCH	Anaesthetics / Critical Care	Eligible	Ben Shelley
22/ANAE/03	VITAL	Anaesthetics / Critical Care	Eligible	Ben Shelley
22/COLO/01	LAMA	Colorectal	Eligible	Susan Moug
22/CARD/14	SPHERE	SPVU	Eligible	Martin Johnson
22/CARD/08	HD Grid vs Circular mapping catheters	AHF	Extended Review	Gareth Padfield
22/CARD/09	DSP as a Predictor in Pulmonary Hypertension	SPVU	NEF	Colin Church

Definitions:

- **Eligible:** This project type is sponsored by a non-commercial organisation (usually the NHS, or a University) and funded through charitable or government sources. A list of eligible funders is maintained by NHS Research Scotland. Such projects automatically attract Chief Scientist Office Support for Science funding.
- **Extended Review:** This project type is sponsored by a non-commercial organisation (usually the NHS, or a University) and funded by an organisation that is not on the list of eligible funders (normally industry). Such projects have to go through an adoption process in order to attract Chief Scientist Office Support for Science funding.
- **Commercial:** This project type is sponsored and funded by a commercial organisation.

Trends over previous financial years are shown below (red dotted line shows annual target).



KPI 1.2 Journal Publications

This KPI will be presented in due course.

KPI 2.1: GJRI Income

The balanced scorecard annual target for income to the Golden Jubilee Research Institute is £1.5M. This includes invoiced income from commercial research, non-commercial research, the Chief Scientist Office (CSO) support allocation and training room associated income.

The total invoiced income for Q3 2022-2023 was £255,546 which is below the target of £375,000.

The table below shows the summary of income to the Golden Jubilee Research Institute for 2022/2023.

2022/23	Q1	Q2	Q3	Q4	Total
Actual invoiced income for commercial research	£108,431	£103,325	£59,848		£271,604
Actual invoiced income for non-commercial research	£55,301	£73,986	£67,937		£197,224
Actual invoiced income (non-commercial research – other)	0	£25,749	0		£25,749
Actual income – training area (including income generated to other parts of the Board)	£3,098	£11,798	£9,011		£23,907
CSO Research Support fund	£118,750	£118,750	£118,750		£356,250
Total invoiced income	£311,329	£307,859	£255,546		£874,734

The table below shows trends in GJRI income, including projected income for the current financial year.

Source of income	Explanation	2018/19	2019/20	2020/21	2021/22	Projected 22/23 income
Commercial research	Per patient fees	£568,131	£557,374	£285,820	£373,961	£362,139
Non-commercial research	Per patient fees	£235,474	£154,205	£394,754	£158,583	£262,965
Non-commercial research (other)	Income for directly funded research posts, grant income	£604,201	£451,318	£199,226	£173,102	£34,332
Clinical Skills Centre	Actual income – training area (including income generated to other parts of the Board)	£164,691	£141,122	£0	£4,489	£31,876
CSO income		£431,000	£482,000	£363,785	£475,000	£475,000
Total		£2,003,497	£1,786,019	£1,243,585	£1,185,135	£1,166,312

KPI 2.2: Motion Analysis Lab Income

The GJRI balanced score card target for the above is £237,600 (6th year income). In the third quarter, 11 MAL events took place with income generated of £2,000.

GJNH Ref	Short title	No. of Mal events Q3	No. of MAL events 22/23	Cost (per MAL event and as per agreement)	Income 22/23
16/ORTH/03	Relationship between component position & RoM	2	11	N/A	0
17/ORTH/03	Healthy functional biomechanics database	1	18	N/A	0
17/ORTH/04	Tritanium tibial baseplate	0	0	£250	0
19/ORTH/03	PPK Study	8	20	£250	£5,000
		11	49	Total	£5,000

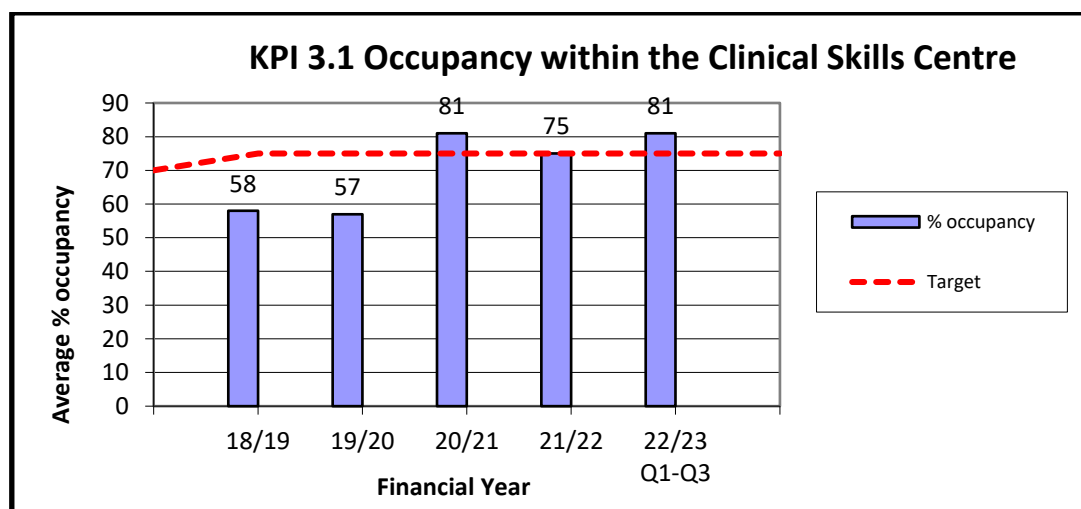
The table below shows trends in MAL events and income generated for this and the previous four financial years.

	Number of MAL Events	Total Income
2018/19	130	£ 21,000
2019/20	127	£ 20,250
2020/21	0	£ 0
2021/22	109	£ 15,750
2022/23	49	£ 5,000

KPI 3.1: Percentage Occupancy within the Clinical Skills Centre¹

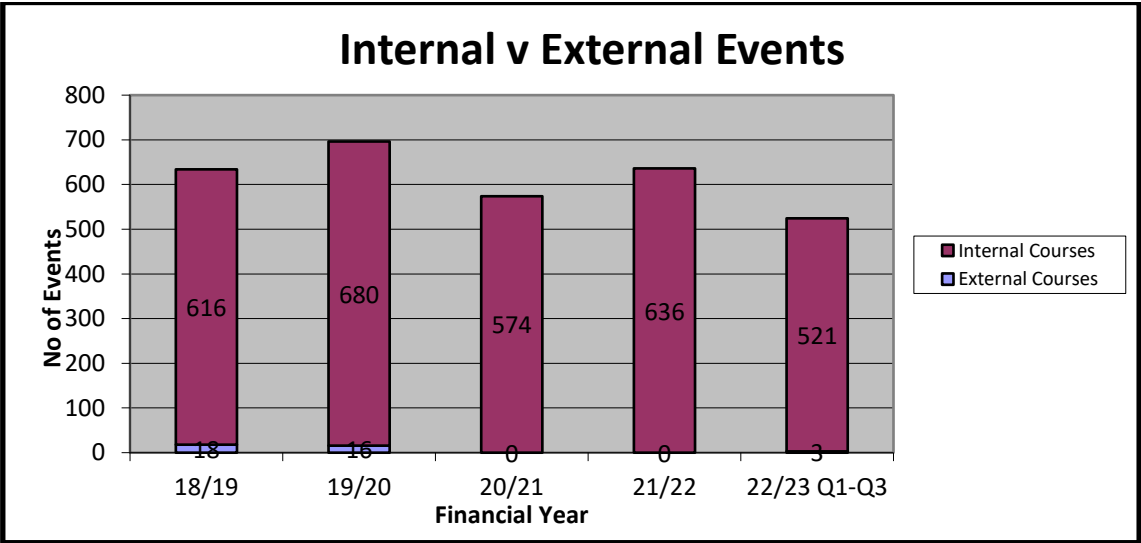
The target for percentage occupancy of the Clinical Skills Centre is 75%. There are five rooms available. During the third quarter of the 22/23 financial year, 90% occupancy was recorded and equates to 191 events.

The graph below shows the trends in occupancy over the previous financial years, the red dotted line shows the target for this KPI.



¹ Percentage occupancy is calculated as follows: the number of available training hours over the reporting period versus the actual number of training hours provided.

The following graph shows trends for the internal vs external events run over previous years and for the 2022-23 financial year.

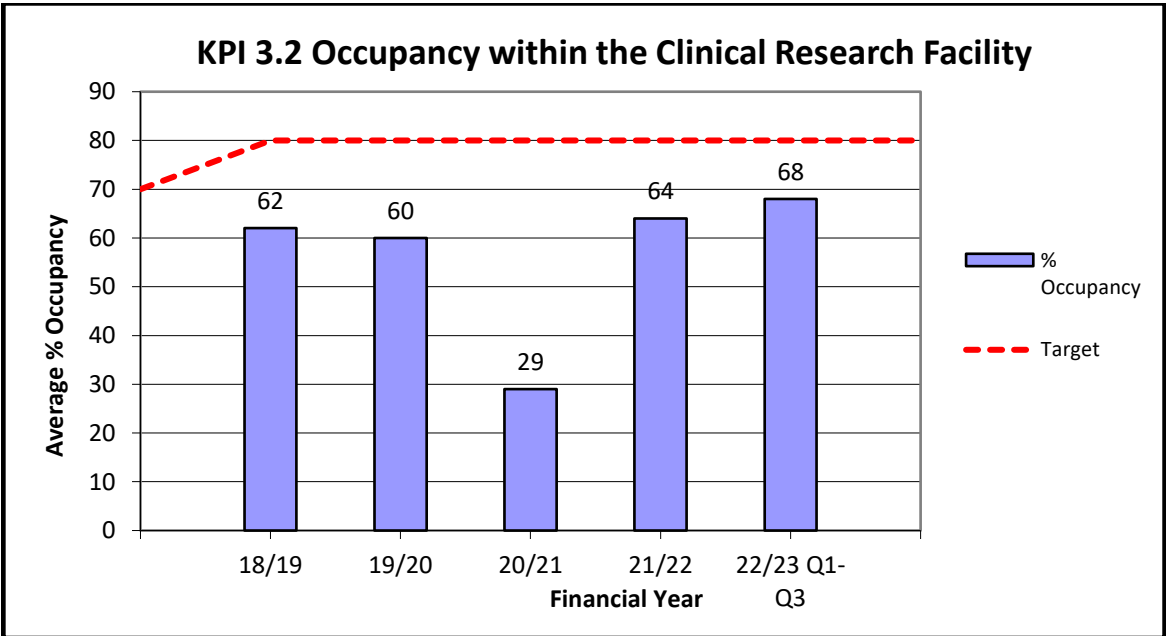


KPI 3.2: % Occupancy within the Clinical Research Facility

The GJRI balanced scorecard target for Clinical Research Facility occupancy is 80%. There are three research rooms available. Occupancy for quarter three of 2022/2023, i.e., the percentage hours that the rooms were in use, was 68%. This equates to 326 research participant visits and 12 project auditor visits.

Occupancy is calculated based on the number of available hours for the rooms in the CRF versus the actual number of hours occupied.

The graph below shows the occupancy trends over the previous financial years.



2. Research Governance

GJRI Reference	Document name	Version	Status
N/A	Research Quality Framework	2.0	Approved
GJRI 001	Informed Consent – Guidance Document	2.0	Approved
GJRI 002	Research Project Protocol Peer Review – Guidance Document	3.0	In work plan to update
GJRI 003	Review and Approval of Amendments	3.0	Approved
GJRI 004	Delegation Log – Guidance Document	3.0	Approved
GJRI 005	Research Project Monitoring Policy	3.0	Currently under review
GJRI 006	Research Project Auditing Policy	2.0	Currently under review
GJRI008	Guidance for setting up and maintaining a Research Site File.	2.0	Approved
GJR I009	Serious Adverse Event Reporting	3.0	Approved
GJRI 010	Research Archiving Policy	2.0	Approved
GJRI 011	Training for staff engaged in Research	1.0	Approved
GJRI 012	Management of Intellectual Property	3.0	Approved
GJRI 013	Research Fraud and Misconduct Policy	3	Approved
GJRI 014	Honorary Research Contract / Letter of Access for researchers	2	Approved
GJRI 015	Research Project Indemnity Guidance Document	1.1	Approved
GJRI 016	Medical Emergency in the CRF	1.3	Approved
GJRI 017	Source Data Verification	1	Approved
GJRI 018	Destruction of Investigational Medicinal Products	1	In work plan to update
GJRI 019	Procedure for the use and disposal of biological waste used for surgical skills training	4	Approved
GJRI 022 -	Management of Standard Operating Procedures	1	Approved

3. Staff Governance

Sickness/absence

	Research admin/ governance (6.4 WTE)	Research Support (21.5 WTE)	Average for Board
Oct 2021	0%	0.3%	1.1%
Nov 2021	0%	0.7%	0.9%
Dec 2021	0%	4.2%	7.1%
Jan 2022	0%	0.4%	5.9%
Feb 2022	1.3%	3.4%	6.0%
March 2022	9.8%	4.1%	6.1%
April 2022	8.0%	5.5%	5.6%
May 2022	2.8%	10.4%	5.4%
June 2022	2.8%	14.8%	5.4%
July 2022	0%	12.4%	5.8%
August 2022	0%	10%	2.1%
September 2022	2.2%	5.3%	2.2%
October 2022	5.9%	4.1%	6%
November 2022	10.1%	4.3%	6.5%
December 2022	14.4%	0.9%	6.9%

TURAS completion rate

	Research admin/ governance (6.4 WTE)	Research Support (21.5 WTE)
July 2021	83%	83%
Aug 2021	83%	94%
Sept 2021	83%	100%
Oct 2021	83%	84%
Nov 2021	80%	70%
Dec 2021	80%	67%
Jan 2022	67%	53%
Feb 2022	67%	53%
March 2022	57%	58%
April 2022	71%	40%
May 2022	63%	45%
June 2022	25%	36%
July 2022	38%	28%
August 2022	50%	24%
September 2022	50%	40%
October 2022	75%	58%
November 2022	75%	65%
December 2022	88%	65%

4. Risks & Incidents

There were four new incidents reported in the period, these were categorised as either minor or negligible and have been actioned and closed.

Author: The GJRI Management Team

Date: January 2023



Heart Lung & Diagnostics Division IPR Update February 2023

Content

1. Summary & YTD Position
2. Cardiac Surgery
3. SNAHFS
4. Thoracic Surgery
5. Critical Care
6. CT Rehabilitation
7. Cardiology
8. Specialist Areas Cardiology Nursing
9. Cardiac Physiology
10. Medical Physics
11. Radiology
12. Clinical Laboratories
13. Staff Governance

1.1 Executive Summary Key Themes and Highlights

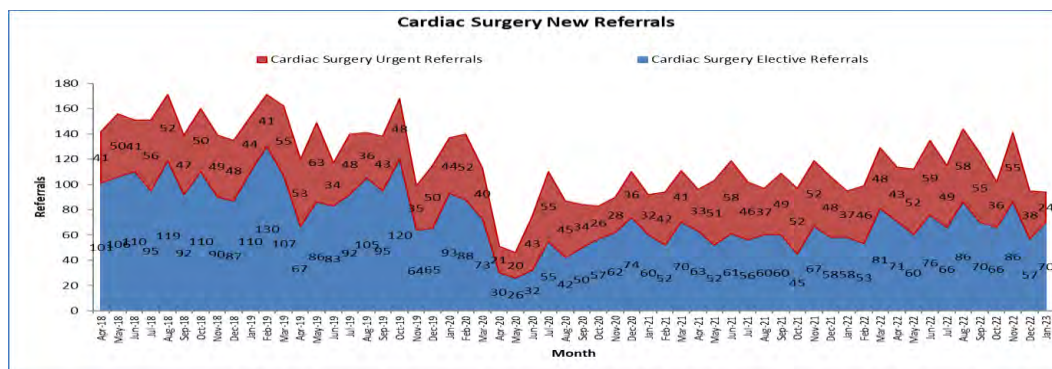


- Successes
 - ▣ Continued strong performance across HLD specialities
 - ▣ No capacity related cancellations since October 2022
 - ▣ Reduction in cardiac surgery patients waiting over 26 weeks
- Challenges
 - ▣ Waiting times for cardiology
 - ▣ Cardiac surgery - Inequity in IP waiting time by consultant
 - ▣ Clinical Scheduling nurse vacancy – new appointee starting 27/2/23
 - ▣ ERAS – nurse and data admin - funding to be secured
 - ▣ Equipment shortages - IABP
- Workforce Pressures
 - ▣ Perfusion
 - ▣ Overall workforce pressures seen across a number of areas – challenges covering additional cardiology beds

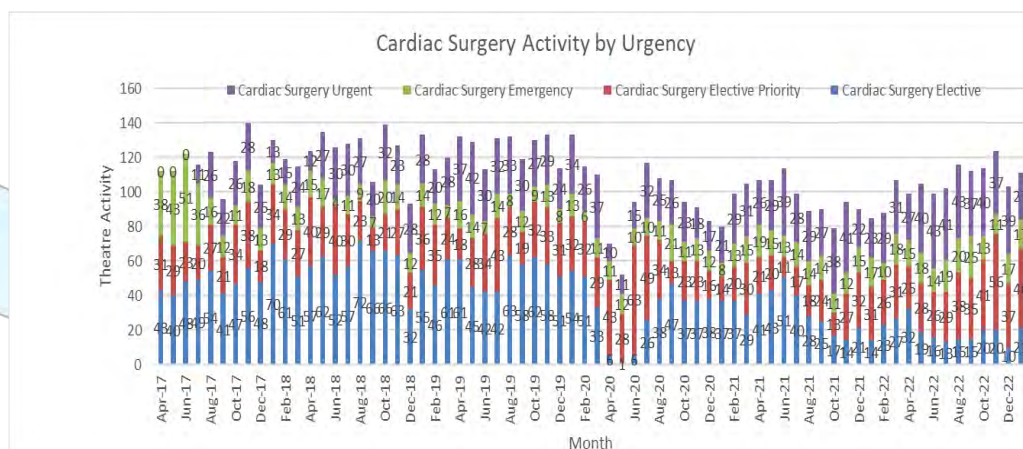
1.2 Monthly & YTD Adjusted Activity Summary

Week Wk44 w/c 30 Jan			SG Target versus Actual									
			Last week					Cumulative Plan				
Act plan 22/23 Fin Wk44: w/c 30 Jan			SG Target	Actual	Diff	Diff %	Actual (Count)	SG Cum Plan	Cum Actual	Cum Diff	Cum Diff %	Cum Actual (Count)
NES Total			500	525	25	5%	490	19632	20387	755	4%	19600
HLD	Cardiology	Elective/Urgent	100	103	3	3%	103	4100	4029	-71	-2%	4029
		TAVI	3	4	1	33%	4	111	169	58	52%	169
		STEMI	15	13	-2	-13%	13	639	601	-38	-6%	601
		EP	14	16	2	14%	16	553	500	-53	-10%	500
		Devices	10	10	0	0%	10	351	384	33	9%	384
	Cardiac Surgery	Cardiac Surgery	21	31	10	48%	31	864	1090	226	26%	1090
	Thoracic Surger	Thoracic Surgery	24	23	-1	-4%	23	1010	985	-25	-2%	985
	HLD Cardiac, Cardiology, Thoracic Total		187	200	13	7%	200	7628	7758	130	2%	7758
	Radiology	CT	422	526	104	25%	418	17913	18874	961	5%	15690
		MRI	344	344	0	0%	344	14588	13719	-869	-6%	13719
		U/S	176	253	77	44%	253	7479	9889	2410	32%	9889
		Dexa	30	41	11	37%	41	1287	1468	181	14%	1468
	Radiology Total		972	1164	192	20%	1056	41267	43950	2683	7%	40766
Key		Greater than 10% above target		Within 10% of target				>10% below target				

2.1 Cardiac Surgery - Waiting List & Activity (1)

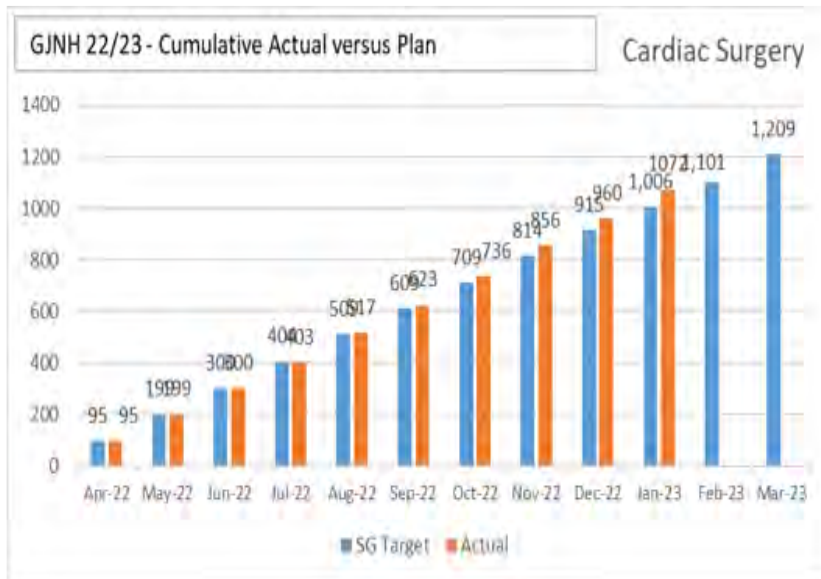


As of 31/1/23	CARDIAC	SACCS	Total
Inpatient Waiting	197	57	254
0-11 weeks	165	37	202
12- 25 weeks	23	14	37
26-52 weeks	9	5	14
> 52	0	1	1
	197	57	254



- New OP DNA rate remains under 5%
- Reduction in number of pts waiting 26-52 weeks
- 1 patient waiting over 52 weeks - SACCS, attendance history variable. Working to progress to surgery – Patient induced delay – provisional March date

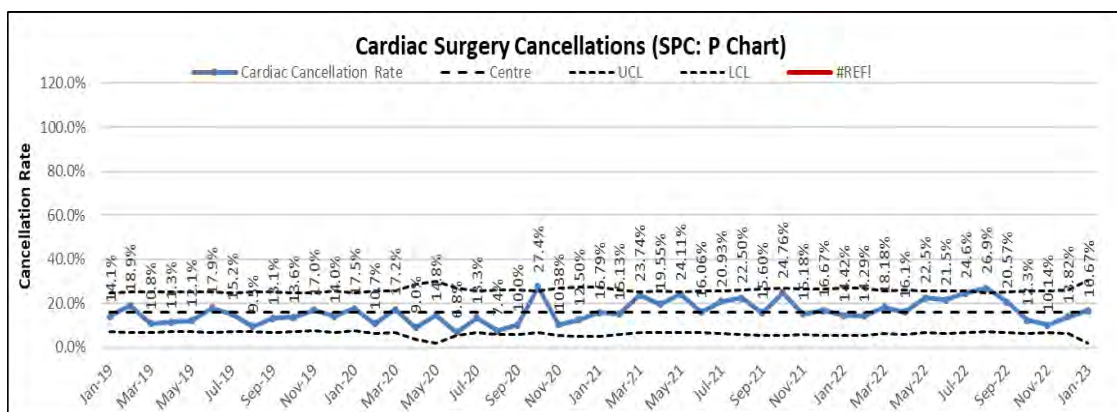
2.2 Cardiac Surgery – Waiting List & Activity (2)



- Cumulative ahead of plan by 66 procedures
- Monthly 112 procedures vs 89 plan
- January 112 procedures vs 104 in December

- IPWL reduced slightly to 255 from 266 in January

2.3 Cardiac Surgery – Cancellations/DOSA



- **Cancellation rate increased to just above 15% in January**

- 16.7% (21 pts) in Jan:

- NO critical care staffing/capacity Cx

Reasons:

- **Priority/Emergency cases x10**
- Staffing 3 (surgeon)
- Staffing 3 (theatre)
- Lack of OR time x 3
- Pt not fit/prep – x 2



- **Improvement work sustained**
- New scheduler in post (end Feb 2023), will take forward outreach model for clinical scheduler to review urgent patients pre-transfer

2.4 Cardiac Surgery – Looking forward

- Areas of focus for :
 - Cardiac elective IPWL – working with clinical team to reduce variation in elective WL size/length of wait
 - Urgent in patients - pooling of urgent patients into next available slot once pt ready to proceed – continues to work well.
 - Sustain theatre efficiency improvements – cancellations, best use of theatre working day
 - DOSA – as capacity increases and staffing cancellations reduce – once new scheduler in post, aim to progress this work
 - ERAS
 - Risk – this workstream requires ongoing funding for ERAS B6 and data manager
 - Wider Cardiac Strategy
 - Mitral/Aortic Strategies – work in progress
 - EVH - 1st patient planned for March 2023

2.5 3E Ward report



- Staff Wellbeing & Recruitment: Fully staffed with the exception 2 HCSW which are at the final stages of recruitment. Sustained reduction in both short and long term sickness. Team are working together to develop a ward mission statement based upon agreed PCQI indicators.
- Challenges: Maintaining momentum with the ERAS programme and supporting data collection without support of ERAS practitioner. Managing daily challenges of bed management and increased activity. Maintaining momentum and improvement gains with MRSA screening and TURAS appraisal rates.
- Successes: Both the ward nursing staff and ANP team are working well with the NSD team providing excellent support to NSD patients boarding in 3 East. Successful uptake of training and education opportunities including stat/mand, mini-cals and rhythm recognition to help support POD day 1 patients from ICU.
- Developments: Next stage of telemetry improvements underway which aims to ensure more focussed and appropriate monitoring. Patient acuity scoring pilot underway. Development of EMU beds under review.

3.1 SNAHFS

- As at 31/1/23:
 - 18 pts on transplant WL, of which 0 super urgent, 5 urgent, 2 suspended
 - Total transplants at 31/1/23 = 31
 - 2 new ECMOs in month - total SNAHFS ECMO activity to end January =22
 - 1BiVAD
- 5th SNAHFS Cardiologist, interviewing end Feb
- Continuing pressures within diagnostic services with increase in transplant activity
- Significant bed pressures with average of 15 SNAHFS patients (8 bedded footprint)
- The team will continue to run the additional OP clinic/week through 2023

January 2023	Retrieval Call Outs	DCD	OCS
w/b 9/1/23 (Nat DCD week)	2	1	0
w/b 23/1/23	0	0	0

3.2 NSD Ward Report

Staff Wellbeing & Recruitment:

- With the exception of 1 HCSW ward is fully staffed and opportunities taken for staff training and development. Team are working together to create a ward vision based upon agreed PCQI measures.

Challenges:

- Ongoing bed pressures posing daily bed management challenges of ensuring appropriate patient placement and bed availability within NSD.

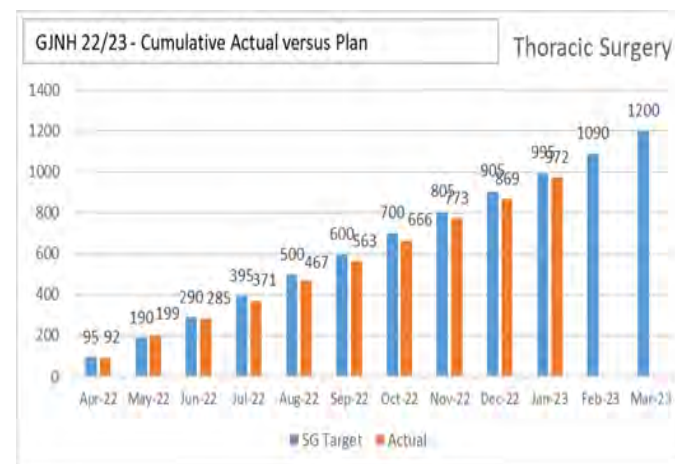
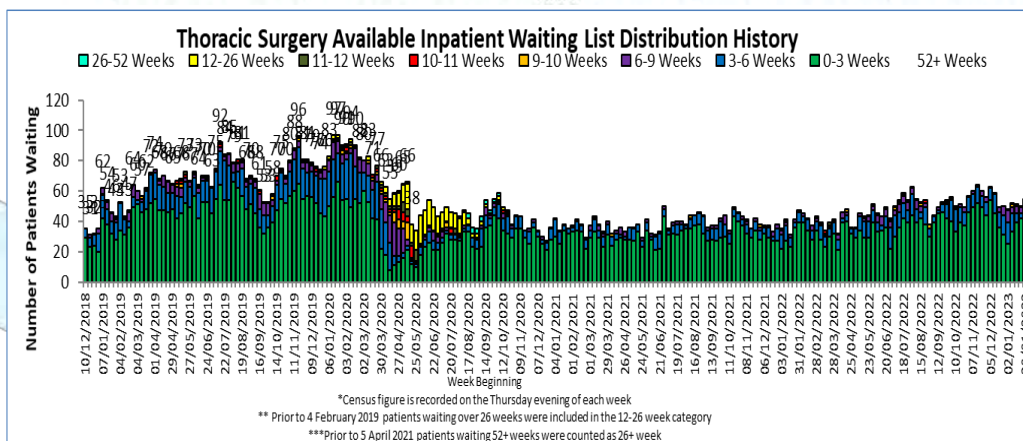
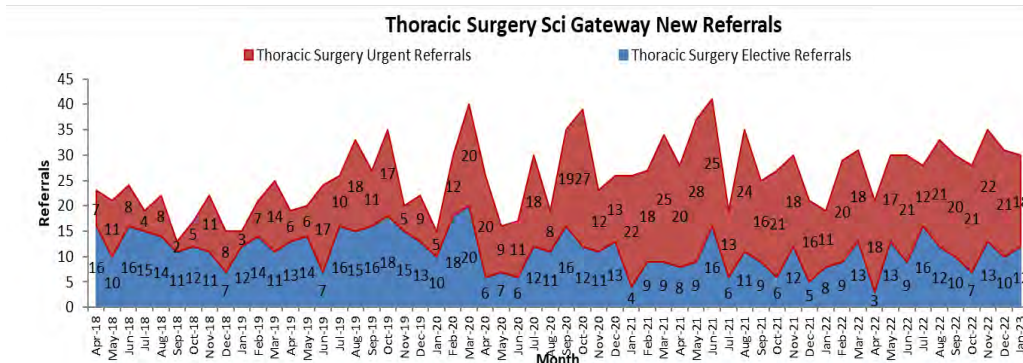
Successes:

- Improved communication and collaboration with the teams on 3 East looking after boarded patients.
- Sustained improvements with TURAS appraisal rates and stat/mand training stats.
- Managing a significant increase in procedures as result of increasing transplant activity, excellent patient feedback.

Developments:

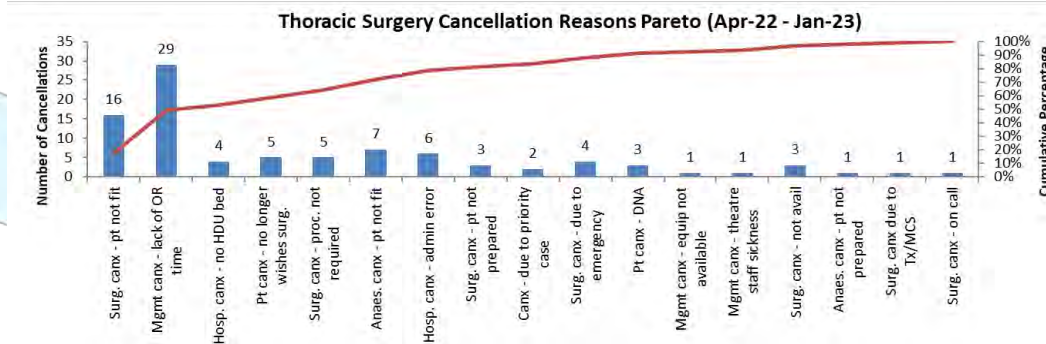
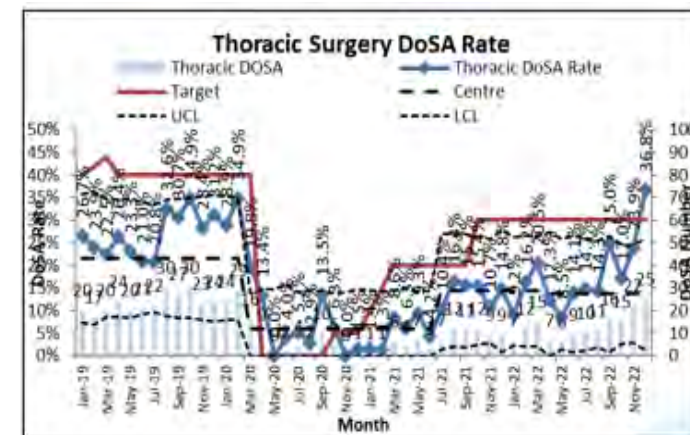
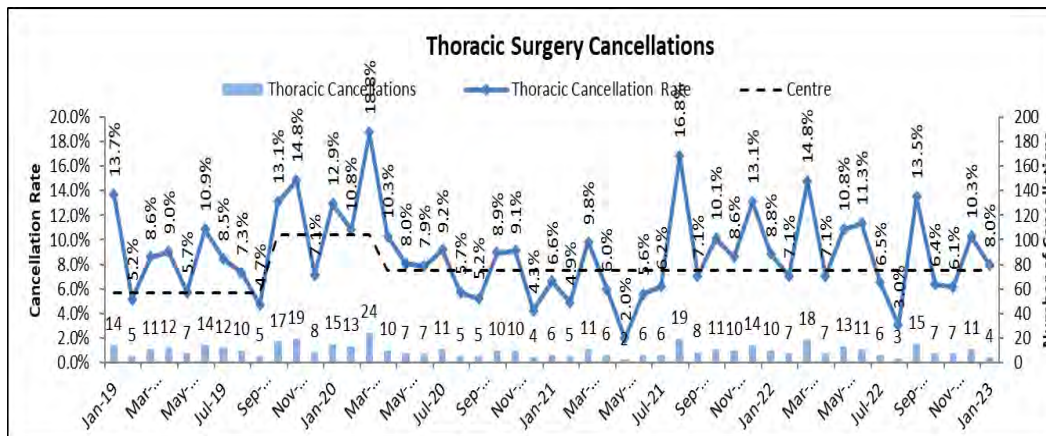
- Ongoing data collection to support the review of the NSD bed footprint.

4.1 Thoracic Surgery - Waiting List and activity



- OPWL 96 (Dec 94)
- IPWL 65 (Dec 66)
- No pts over 12 weeks (OP/IP)
- Theatre activity 96 procs (96 Dec)
- Cumulatively 2% (23 procedures) under target
- Day zero d/c 4 days or less maintained

4.2 Thoracic Surgery- Cancellations & DOSA



- 45 cancer reportable cases
- All pts met 31 day cancer target.
- DOSA 23% (19 pts).
- Cancellation rate 8% - 9 pts.
- x1 pt not fit
- x5 lack of OR time
- X2 procedure not required
- X3 surgeon unplanned leave

4.3 Thoracic Surgery – Looking forward

- Pathway improvement work – theatre improvements (brief/start/turnaround time) and include cancellation review
- Case for 6th Thoracic Surgeon - awaiting Finance approval

4.4 3W Ward report

Staff Wellbeing & Recruitment:

- ❑ Acting SCN has settled into post and is progressing well. Ward is fully staffed, low sickness absence rate.
- ❑ Team have agreed their PCQI measures and are planning to create a new ward mission statement.

Successes: Sustained improvements with stat/mand training and maintenance of >80% TURAS appraisal rate.

Challenges: Managing supply chain issues and minimising the impact on delivery of patient care. Sustaining data collection and momentum with the ERAS programme in the absence of an ERAS nurse practitioner.

Developments: Progression of ESP bolus project in combination with the enhanced pain management training and development of protocols. Phase 2 of Day Zero progressing, weekly feedback of nursing issues/implications.

5.1 Critical Care

Staff Wellbeing:

- NQP's and new staff to the department being well supported by the senior nursing team, the education team and colleagues. Staff training and development programmes underway.
- Mindfulness training being delivered for staff by the spiritual care team and specially trained nurse colleague.
- Excellent support from the refreshed education team twice MS Teams drop-in team learning sessions established supported by expert guest speakers.

Recruitment:

- Vacancy gap will increase to 17 RN's by end of March, this includes the 10 RN over recruits built in to cushion future vacancy gaps.
- Excellent interest in recruitment event planned for 16th Feb plus early uptake of NQP applications for critical care.
- 1 International nurse in ICU2 awaiting PIN plus 3 due for next cohort.

5.2.Critical Care

Successes:

- No cancellations due to staffed bed capacity since September 22.
- Improvements in fire safety and assurance processes.

Challenges:

- Staffing gaps caused by vacancies, sickness, self-isolation and maternity leave.
- Ensuring the newly appointed nurses are well supported and appropriately allocated across all departments.

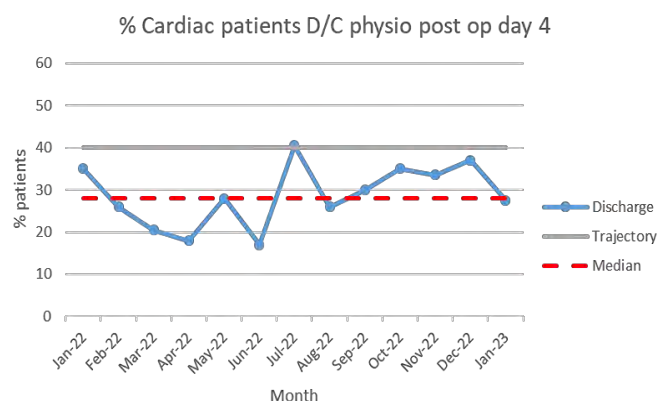
Developments

- Development of T34 hub within critical care which will improve access to equipment required for EOL care and provide additional support to staff throughout the hospital.
- Data collection and audit underway reviewing critical care bed utilisation to support the critical care redesign work.

5.3 Critical Care

- Redesign work -
 - Following feedback session in October, request for more data to support proposed options
 - Option 1 – Do nothing
 - Option 2 – Join current 8 bedded POD x2 = 16 bedded L3 unit supported by HDU and hybrid L3/L2 post op area
 - SLWG formed, led by ICU Clinical Lead
 - Audit of bed utilisation and dependency
 - Aim to collate by end of February 2023
 - Workforce model to support depending on output of SLWG
 - Likely need to include ability to flex for weekend cover in ICU1
 - Challenges with patient flow due to limited downstream beds (NSD)

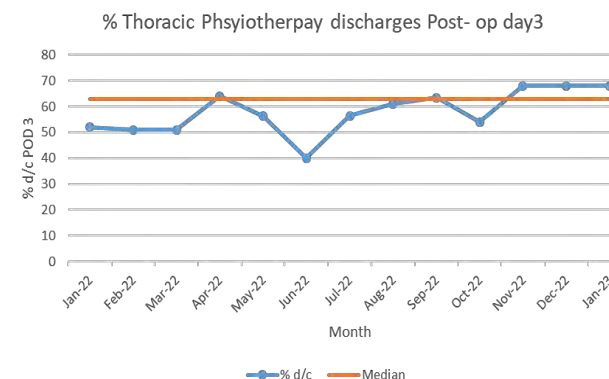
6.1 Physiotherapy discharge for Cardiac and Thoracic Post op Patients



27.5% of cardiac patients achieving the discharge goal of POD 4 against target of 40%. 13.5% (6 patients) discharged on day 3. Overall median LOS 6 days

Reasons for delayed D/C	
Extended CC stay	42.5%
Mobility issues	9.5%
Medical Reasons	30%

10 patients had extended stay 11-35 days, with a median LOS 12.5 days.

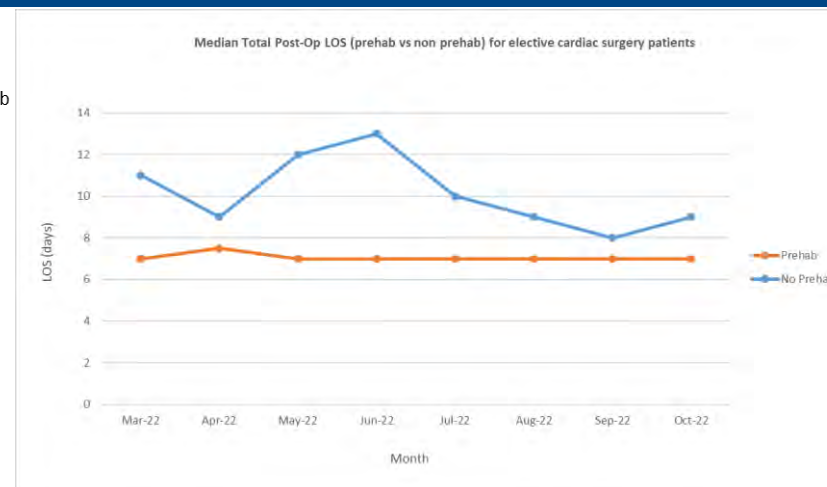
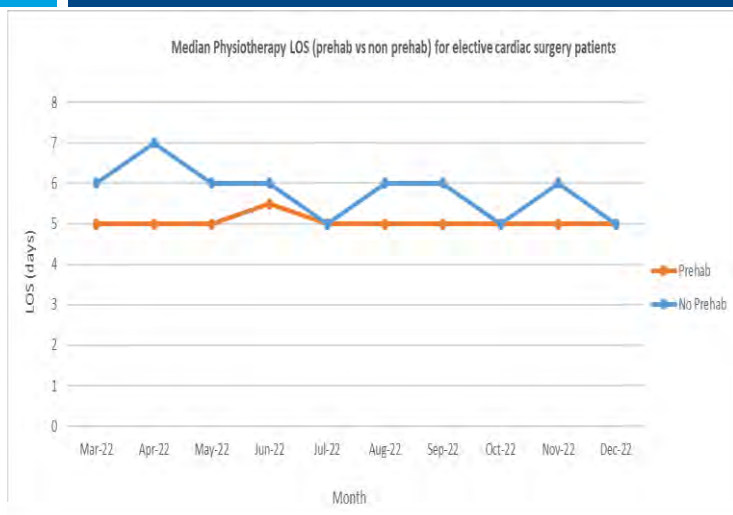


68% of thoracic patients achieved the discharge goal of POD 3 against target of 60%. 31% (15 patients) and 25% (11 Patients) d/c pod 1 and 2 respectively. Overall Median LOS 3 days.

Medical reasons	46%
Mobility issues	54%
Extended CC stay	0

2 patients had extended LOS 11-12 days with a median LOS 11.5 days

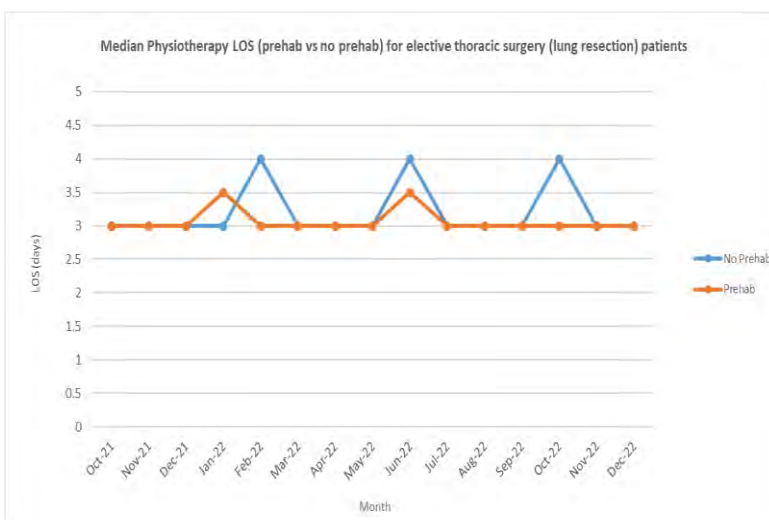
6.2. CT Rehabilitation – Cardiac Prehab



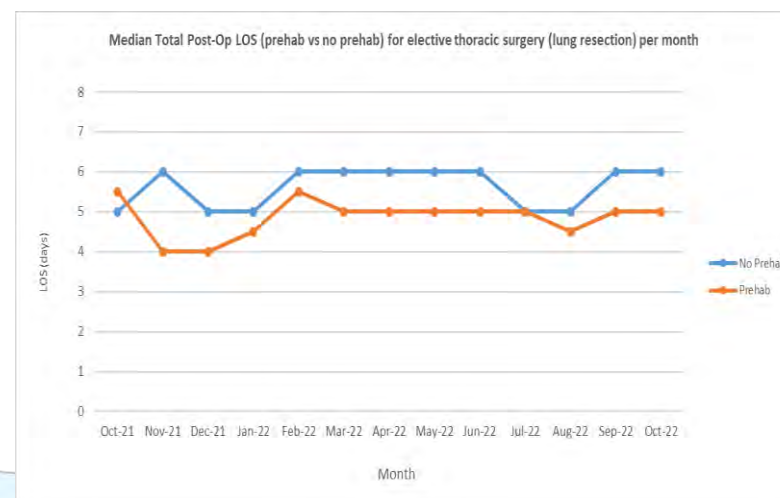
□ 22 patients recruited in December and participating in prehab. Total to date 404.

□ Comparison of hospital LOS for elective CABG and valve surgery, with organisational data, demonstrates median total post- op LOS ranging from 1 – 6 days less for prehab patients.

6.3. CT Rehabilitation – Thoracic Prehab



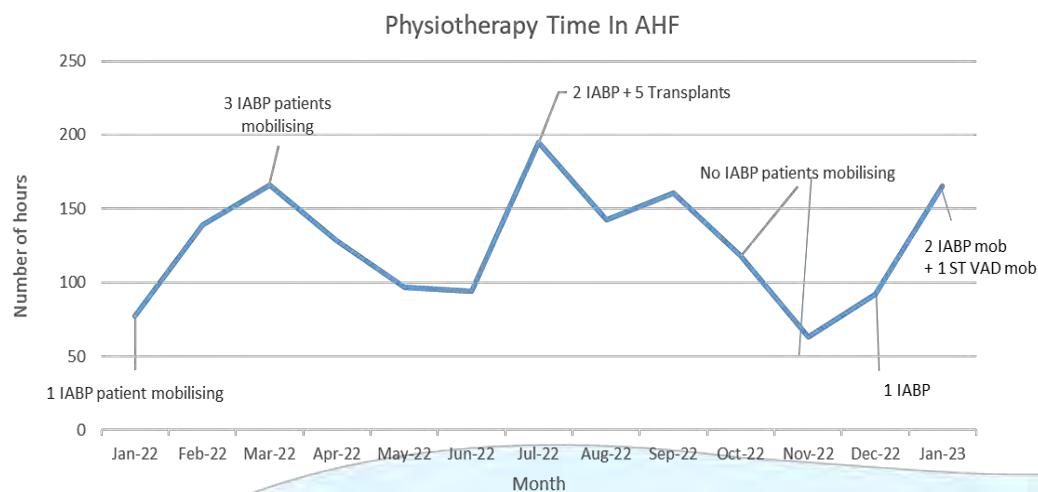
— No prehab
— Prehab



□ 11 patients recruited in December.
361 in total.

- Comparison of LOS lung resection with organisational data:
- The data shows prehab patients have a shorter total post-op LOS on average of one day.

6.4. CT Rehabilitation-AHF



- The 165 hours are for 12 patients ,including 3 transplant patients none of whom have discharged. There were 2 IABP patients mobilising and 1ST VAD also mobilising.

6.5. CT Rehabilitation



Progress- One band 5 Physio vacancy recruited to start at end of March
 PT OT , SLT and dietetic in patient activity slightly increased from December.
 Review of dietetic shift patterns continues

Success- Out patient dietetic prehab clinics started in January with a total of 37 patients participating.
 Physiotherapy prehab continues to demonstrate positive patient outcomes
 Thoracic return to ward patients have a median physio LOS of 2.5 days
 90% of H&L AHPs have completed TURAS

Challenges- SLT no applications for 0.5wte band 7 post. SLA with GG&C due to be dissolved end of march 23
 Securing permanent funding for physio prehabilitation
 1.0 wte PT vacancy until end of March

Future - Develop the dietetic prehab clinics
 Secure permanent funding for physio prehab
 Develop new formal on call physiotherapy training

7.1 Activity & Waiting List – Cardiology

January 23 Activity	SG Target	Actual	Variance
STEMI	64	71	10.94%
Elective/ Urgent	414	433	4.59%
EP	53	52	-1.89%
TAVI	13	19	46.15%
Devices	30	34	13.33%

RMP5 - M10 Position - Activity Plan	Target	Actual	Variance
STEMI	629	591	-6.04%
Coronary (Urgent/ Elective)	4129	3992	-3.32%
TAVI	111	167	50.45%
EP	544	492	-9.56%
Devices	344	378	9.88%

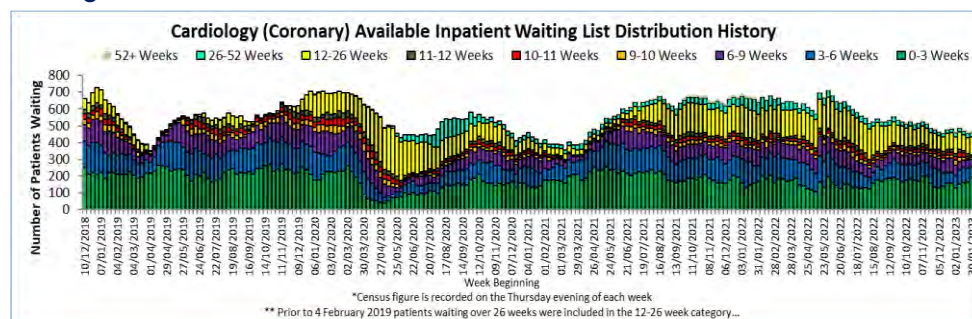
Month	Congenital diagnostic	Congenital intervention	Device proc	Diagnostic cath	EP	Interventional diagnostic	Other proc	PCI	Valve intervention	Total
Apr-22	3	0	27	124	34	38	7	204	17	454
May-22	8	12	27	146	54	32	11	221	23	534
Jun-22	5	8	31	163	52	37	13	246	24	579
Jul-22	9	4	35	192	44	27	9	210	17	547
Aug-22	13	4	37	192	58	44	5	227	23	603
Sep-22	8	6	31	163	55	37	7	228	24	559
Oct-22	8	5	43	164	41	39	4	236	21	561
Nov-22	8	4	27	166	54	32	11	242	26	570
Dec-22	3	7	32	153	49	24	4	219	30	521
Jan-23	10	0	26	192	52	27	1	263	11	582
Total	75	50	316	1655	493	337	72	2296	216	5510

	Coronary	TAVI	Devices	EP	Lead Ext	SACCS
Inpatient Waiting	474	82	76	575	4	67
0-12 weeks	335	82	65	200	4	67
12-26 weeks	106	0	9	179	0	0
26-52 weeks	26	0	2	167	0	0
>52 weeks	7	0	0	29	0	0

*Error with TAVI IPWL reporting. Patient unavailability applied incorrectly. 57 patients breaching 12 weeks. Corrected for M11 report.

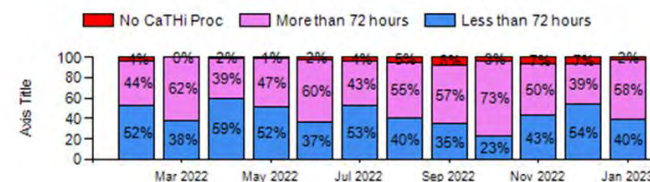
7.2 Cardiology - Coronary

Waiting List

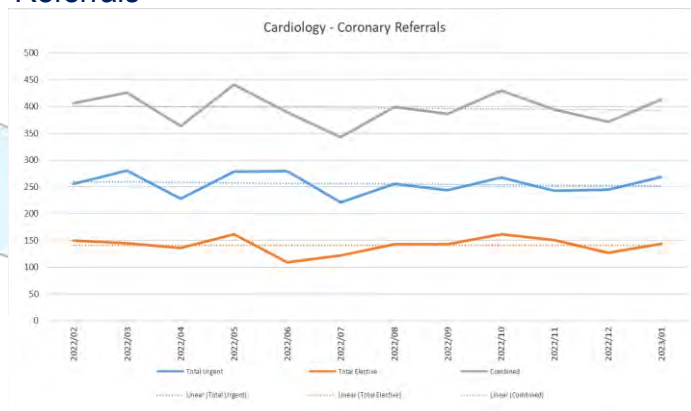


72 Hr Performance – excludes high risk patients admitted as direct NSTEMI

% 72 hours admitted patients having first (CaTHi) procedure within 72 hours of referral (In-patient transfers only)



Referrals

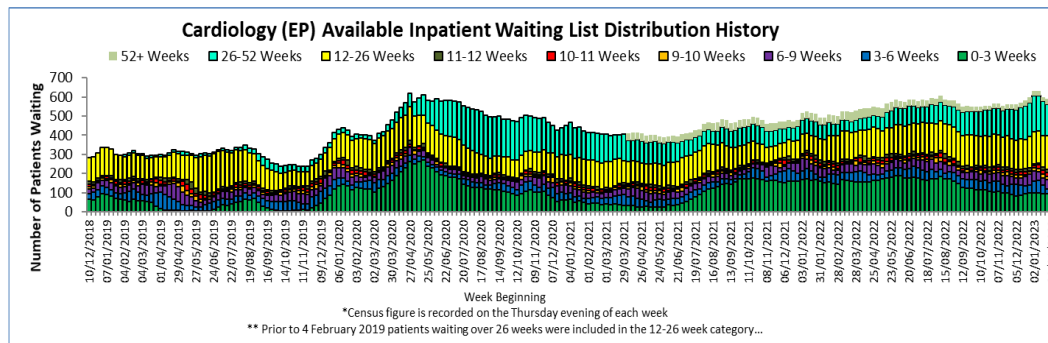


Winter Plan:

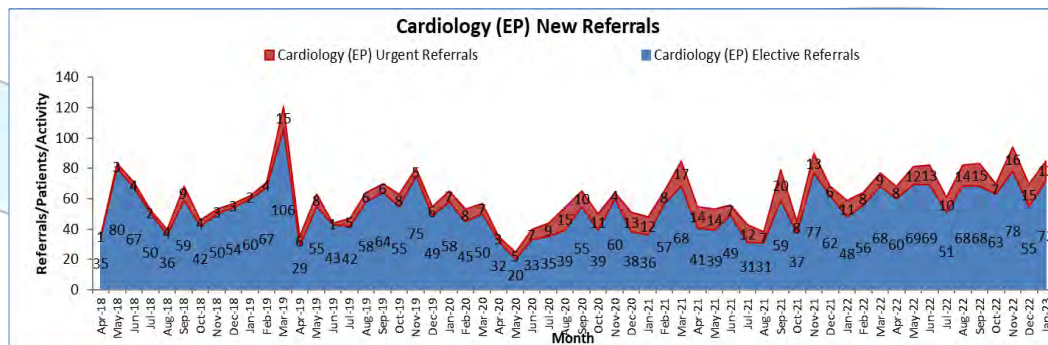
GJNH - Winter Plan				
Saved Bed Days	Dec-22	Jan-23	Feb-23	Mar-23
STEMI - Non-repatriation	170	158	0	0
NSTEMI - Improve 72Hr Transfer Time	79	95	0	0
Direct Access NSTEMI	tbc	tbc	0	0
Surgical - Non-repatriation	85	52	0	0
Total Saved Bed Days	334	305	0	0
Total Saved Beds	10.8	9.8	0.0	0.0
Saved Ambulance Journeys	52	74	0	0
Cost	£ 8,793	£ 33,630	£ 31,854	£ 33,048
				£ 107,324

7.3 Cardiology - EP

Waiting List



Referrals



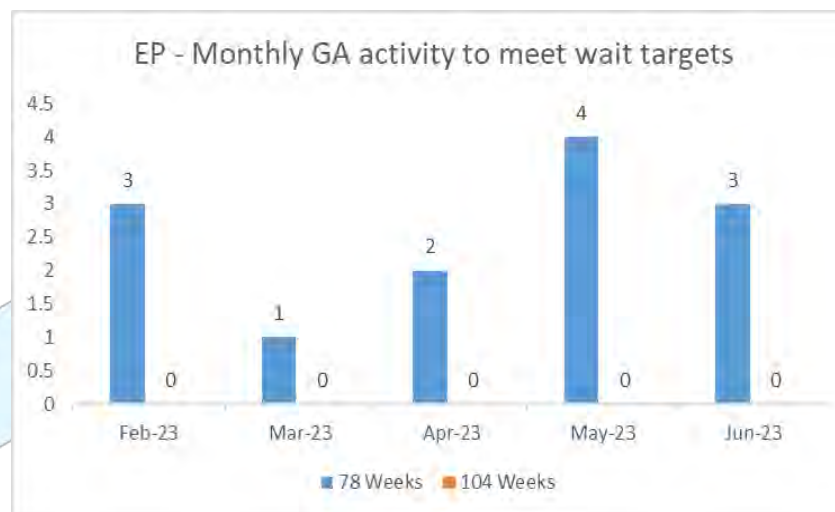
Issues:

- High Referral Rate
- Waiting list now over 575
- Lack of GA capacity
- Urgent GA demand
- Pre-assessment
- Long Waiters (>78 weeks)
- Reduced capacity due to high urgent Device activity

7.3 Cardiology – EP Long Waiters - Targets



- Activity Required to deliver the 2 year target 18 month waiting time target
- NB – this is the EP GA patients currently on the w/l – compliance with SG target is at risk without increased dedicated anaesthetic resource



7.4 Cardiology - TAVI

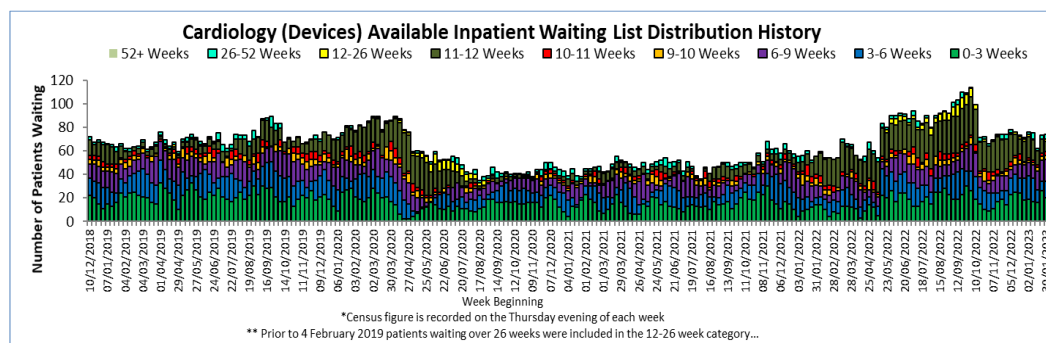
Data Range: 01/04/2022 to 31/01/2023							End of Month WL Snapshot	
Health Board	Baseline Funded Activity for 2022/23	Total Funded Activity for 2022/23	Activity	Total Referrals	Total Removals (no procedure)	Patients Referred to ERI for non TF TAVI	TAVI IP Waiting List	TAVI OP Waiting List
Greater Glasgow & Clyde	61	83	76	141	66	2	46	43
Lanarkshire	34	38	36	70	27	1	22	13
Ayrshire & Arran	20	31	23	58	19	0	16	22
Dumfries & Galloway	8	8	10	24	13	0	11	4
Forth Valley	3	3	3	8	3	0	3	3
Highland	4	4	13	22	9	0	5	4
Western Isles	1	1	6	9	3	0	3	3
Total	131	168	167	332	140	3	106	92

Issues:

- Planning to increase capacity Q4 – Yr End Forecast 208 Procedures
- Detrimental impact on elective coronary and NSTEMI capacity
- Service plan for 23/24 still to be confirmed
- Options and funding to address the backlog

7.5 Cardiology - Devices

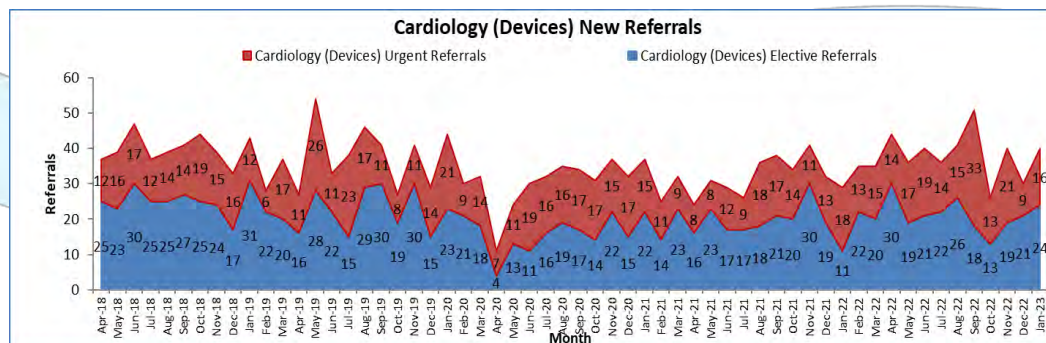
Waiting List



Issues:

- High Inpatient referral rate – long waiting elective patients.
- Extra capacity in Dec & Jan – Displacing EP

Referrals



7.6 Cardiology - SACCS

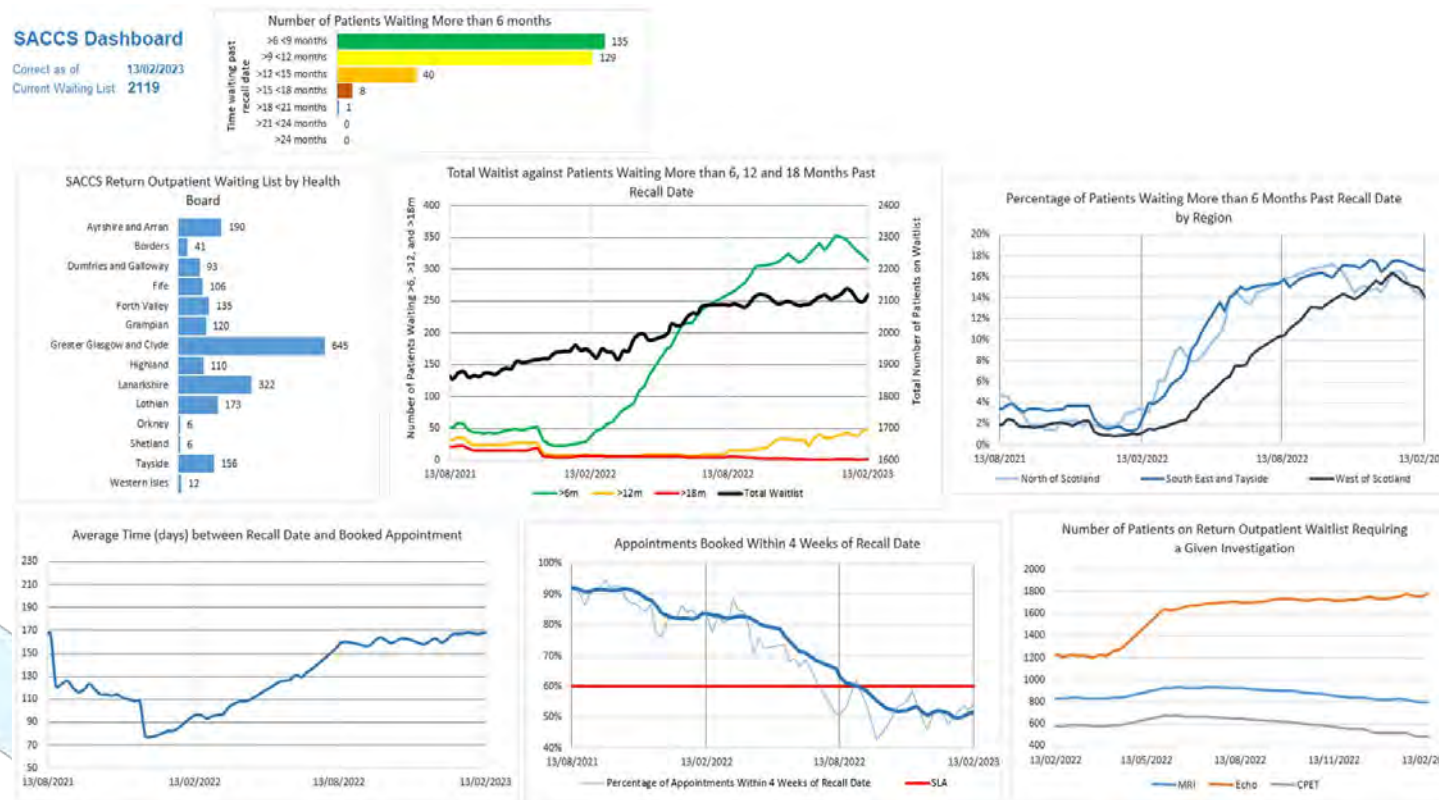
Monthly Activity

	Month													SLA				Forecast
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Annual Target	YTD Target	YTD Variance	YTD Variance %	Expend Year End
Procedures																		
Surgery reportable to NSD	4	7	5	6	5	8	6	7	9	8			65	120	100	- 35.00	-35%	78
All Surgery	4	7	5	6	5	8	6	7	9	9			66					
Catheter Diagnostic reportable to NSD	3	8	5	9	14	8	8	8	3	-			66	60	50	16.00	32%	79
All Catheter Diagnostic	3	8	5	9	14	8	8	8	3	-			66					
Cather Intervention reportable to NSD	-	6	4	1	3	1	1	3	3	5			27	60	50	- 23.00	-46%	32
All Catheter Intervention (excl EP)	-	12	8	4	4	6	5	4	7	10			60					
EP	-	1	1	-	2	2	1	1	2	1			11	12	10	1.00	10%	13
Clinics																		
Consultant Appointments	95	135	126	107	108	99	108	123	111	143			1,155	1,400	1,167	- 11.67	-1%	1,386
Transition	5	1	5	4	5	3	2	3	5	2			35					42
Pre-assessment	9	10	9	9	9	8	9	5	7	10			85					102
Post-intervention	3	4	7	5	7	1	1	6	1	11			46					55
Pulmonary Hypertension	-	-	-	-	-	-	-	-	-	3			3					4
Pre-Pregnancy (consultant and nurse led)	-	8	-	4	3	3	-	8	-	4			30					36
Obstetrics	13	16	18	21	21	11	13	16	16	19			164					197
Outreach													-					-
Imaging / Investigation*																		
MRI**	33	30	45	24	50	34	34	50	33	35			368	650	541.67	- 173.67	-32%	442
Echo***	92	118	105	92	111	88	118	109	100	126			1,059					1,271
CT****	5	6	6	5	8	1	7	3	8	9			58					70
CPET	13	12	17	18	20	16	17	19	16	15			163					196

Issues:

- Diagnostic Capacity
- Outpatient Waiting Times
- Business Case Outcome still outstanding

7.7 Cardiology – SACCS Return OP



7.8 2E Ward report

Staff Wellbeing:

- Fully staffed ward and opportunities taken for training and development. Ward is working well with increased footprint and challenging bed turnover

Challenges:

- Bad base now increased to 30 Monday to Friday, reducing at the weekend to support non repatriation and winter plan.
- Ward is fully staffed, some recent increase in STS with LTS among HCSW staff still high, but being managed well.

Successes:

- Good support from all the teams to work extra shifts to cover increase in beds.
- Successful roll out of NEWS 2 and Escalation tool.
- SCN has worked hard to improve TURAS now at 90%
- Stat/Mand training figures improving with good support from SCN.

Developments:

- RN representing Cardiology on Palliative Care group . 2 East has seen an increase in patients requiring end of life care.
- Project to look at safe de monitoring of patients –will work with 3 East.

7.9 CCU report



Staff Wellbeing:

- New staff now in post and working through clinical competencies with peer mentors.
- All posts in CCU now filled. Staff have had opportunities for external and internal study days. No LTS and reduction in STS.

Developments:

- NEWS 2 trial to start.
- Band 7 phased move to new CNM post. Interviews late February for replacement.

Challenges:

- TURAS figures improving, SCN working towards >80% in coming weeks.
- Stat/mand training stats have improved, SCN/CN to focus on this as further improvement is required.

7.10 Cath Labs report

Staff Wellbeing:

- LTS rate has reduced.
- TURAS at 88% and excellent Stat / Mand training stats.
- Team have had numerous compliments received, some through CareOpinion.

Developments:

- Staff attending Safe Sedate course to enhance NS skills and competence.
- Anaesthetic supported NLS for TAVI continues, resulting so far in a small but significant improvement to waiting times, in particular the elective patients. Review of service will start end February.

Challenges:

- In an effort to reduce elective waiting list nursing staff are covering Sunday lists in January and February.

8. Specialist areas – Cardiology Nursing



SACCS

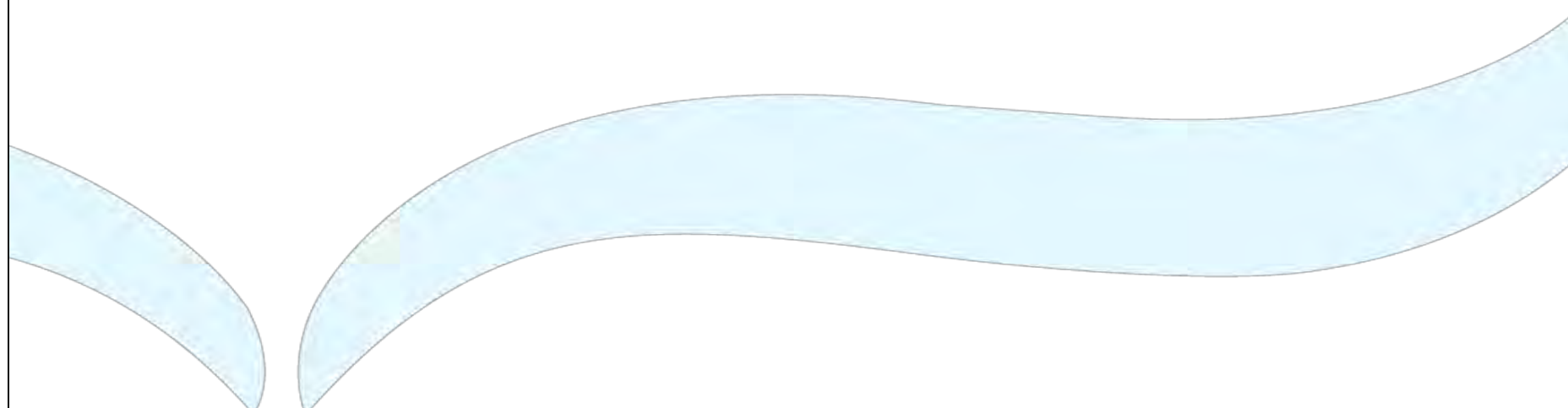
- Review of SACCS service starting with, one of the team will be part of the Review Consultation Group.
- Transition study day planning in progress
- Excellent Social media coverage of CHD week supported by COMMS

Nurse Specialists: TAVI/Arrhythmia/Scheduling

- TAVI : Increase in referrals to TAVI service. Support from ANP in progressing Nurse Led sedation protocols. RN from CCU joining NS team to support increase in activity and referrals.
- Scheduling: No changes, daily challenges of repatriation remain, flow of IP surgical patients. Excellent working with other colleagues to ensure patient flow is optimal.
- Arrhythmia: Remains very busy, scheduling challenges around GA lists. Need to build some resilience into service as currently single ACNS running service which is growing.
- Patient satisfaction Audit complete
- ACNS attended National Conference, key points shared with wider team.
- All specialist nurses will have students for a week during their placement, offering a more planned and robust experience.

9. Cardiac Physiology

- Department concerned with retention and recruitment of Highly Specialist Cardiac Physiologist in Echocardiography. 2x vacant posts. Unfortunately there have been no suitable applicants from adverts in recent months. This is expected to reduce service capacity in March and April. Also exploring agency options.
- Closure of 2D in Spring/ Summer 2023 will displace current Echo rooms. This will have an impact on Level 2 clinic capacity.



10. Medical Physics



Planned replacement of Cath Lab 1 (CL1)

The project remains on schedule to deliver a functional replacement lab in April 2023. Build work continues in preparation for the biplane system delivery on 04 March. The next project milestone is the delivery of the UPS on 27 February. The mobile lab continues to provide cover for displaced service capacity.

EVH project

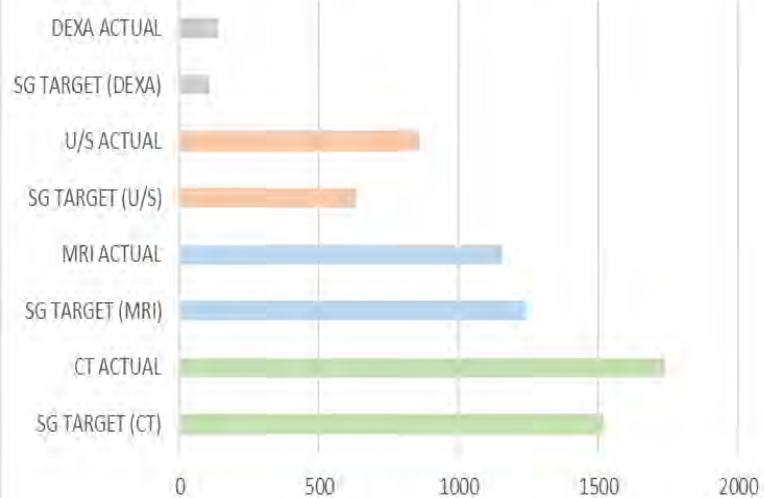
The project is nearing completion with all equipment now on site. Proctor training is anticipated to commence in March with go-live to follow.

Getinge Intra Aortic Balloon Pump (IABP) parts and consumables

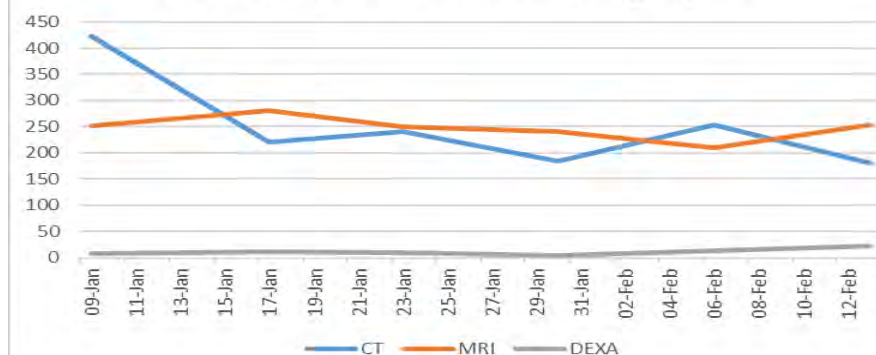
The situation has remained safe over the last reporting period. All previously described controls remain in place. Getting have reported via the Department of Health and Social Care that the production levels are starting to return to normal. However, a significant backlog of orders remains.

11.1 Radiology – SLA Waiting Times

Jan '23 SLA Activity vs Target



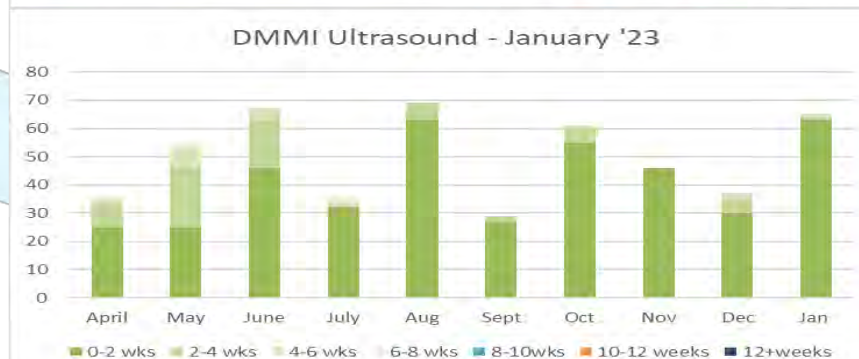
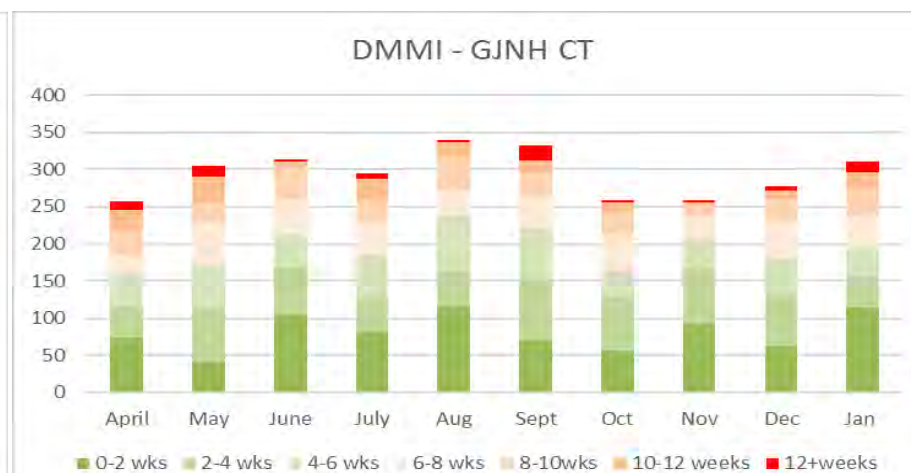
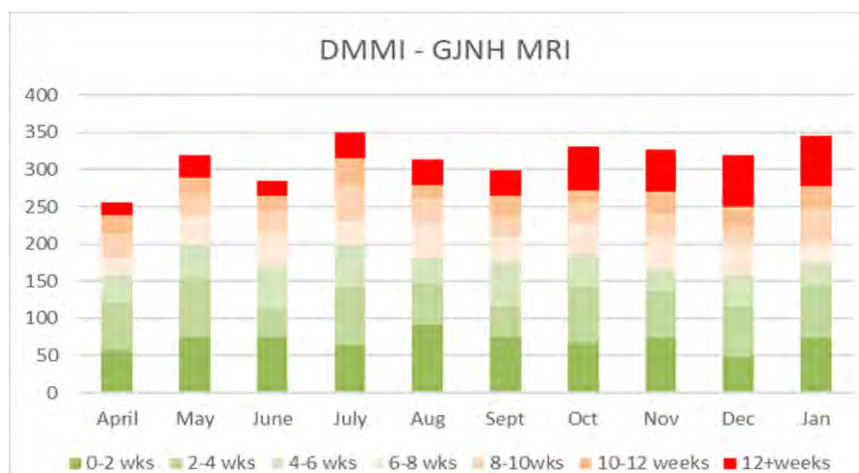
SLA - Number of Patients Awaiting Reports



Reporting Wait in Weeks per Imaging Modality



11.2 Radiology – GJ Waiting List



**SG Target – 70% of exams complete
within 6 weeks of referral by March 2023**

MRI = 50.4%

CT = 62%

Ultrasound = 100%

11.3 Radiology – Successes

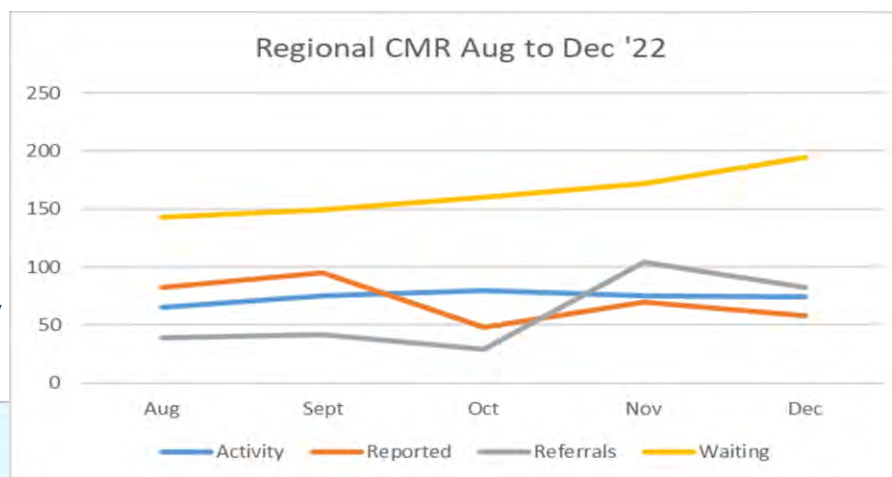
- ❑ Commencement date for CT Colonography Service 9/3/23
- ❑ Additional funded weekend Locum activity for CT and Ultrasound (slippage)
- ❑ Additional SACCS CMR through weekend lists
- ❑ Patient focused booking – improved patient engagement and reduced DNA rate
- ❑ ‘Our People’ Team of the Year Awards – Both Radiology and SNRRS shortlisted

11.4 Radiology - Challenges

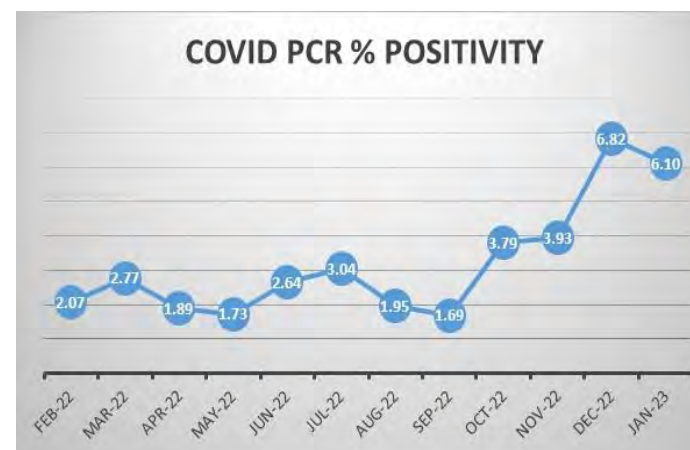
- TURAS still below target in some areas. Focussed plan in place.
- Reduced staffing in all areas due to removal of recovery posts. Admin and HCSW particularly challenged, Bank support at cost pressure.
- Increased staff sickness Long Term 6.6% ↑ Short Term 4.1% ↑
- Joint vacancy and maternity rate of 14%
- Overall = 22% staff unavailability before A/L
- Retirement/sickness in Cardiology team covering Regional CTCA. Plans to cover with NHSGGC post CCT Fellow (temp)

11.5 Radiology - Escalation

- Continued attempts to link with new reporting outsourcer – not progressing due to eHealth resource
- Regional CMR – SG/PHS scrutiny over increase in waits over 13 weeks

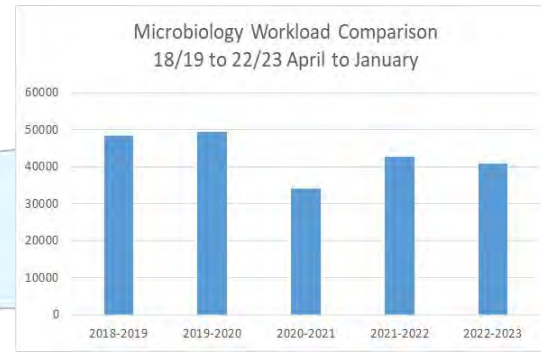
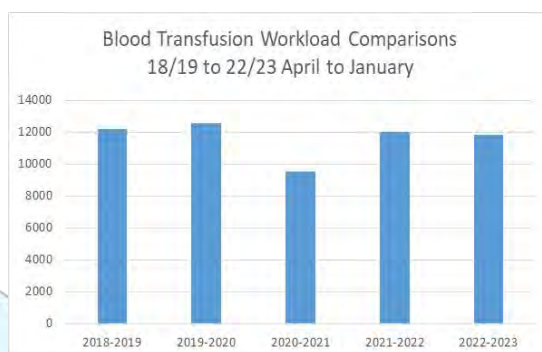
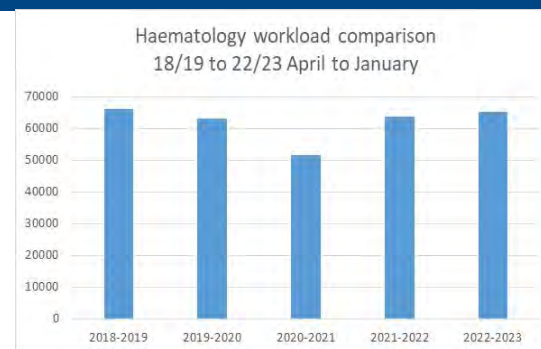
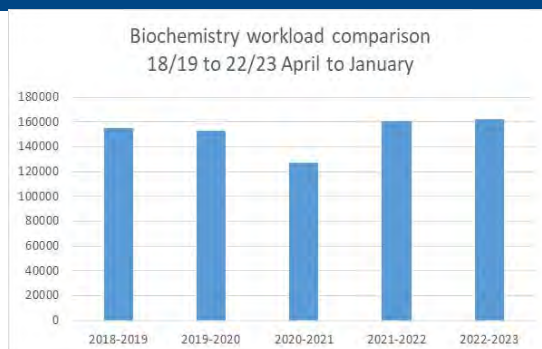


12.1 Clinical Laboratories - COVID



As illustrated the requests for COVID PCR has plateaued at between 40-50 tests per week from NSD, Research and various wards with patients who are either symptomatic or lack consciousness. The percentage positivity for January decreased to 6.1% which equates to 10 positive results, 5 of which were repeat tests on a single patient

12.2 Clinical Laboratories - Workload



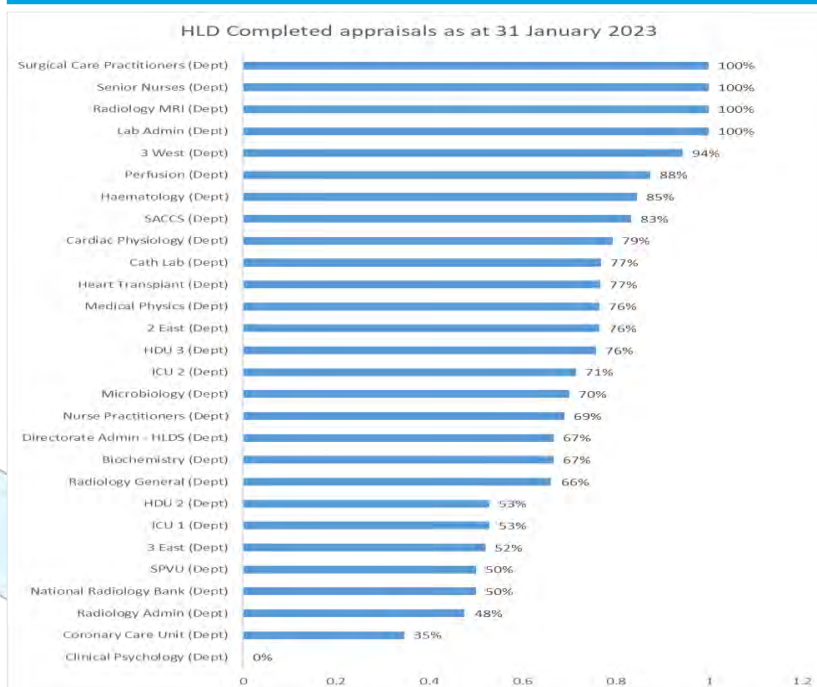
Annual workload comparisons for each laboratory specialty pre and post pandemic.
Workload across the laboratory disciplines reached or surpassed pre pandemic levels

12.3 Clinical Laboratories - Other

- All vacancies across laboratories have been recruited to. A locum Biomedical Scientist has been employed within Biochemistry until new staff are in post to sustain current service provision
- Following approval the order has been placed to upgrade the existing Q Pulse Quality Management System to the latest version, awaiting dates for installation. Some challenges with eHealth resource to progress installation
- The next UKAS inspection will take place over 2 days 25th-26th April 2023
- Overall Laboratory TURAS figure sitting at 94%

13. Staff Governance

13.1 Turas

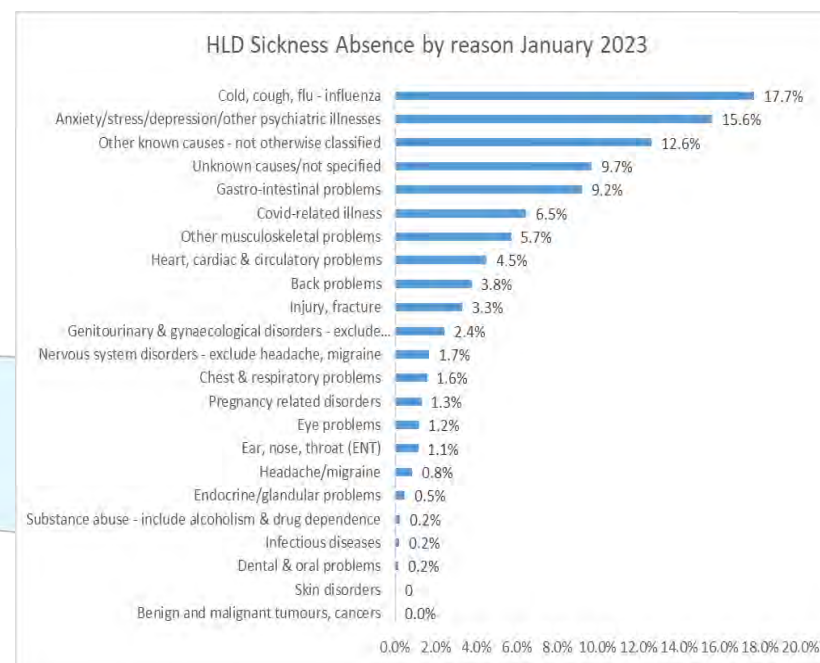
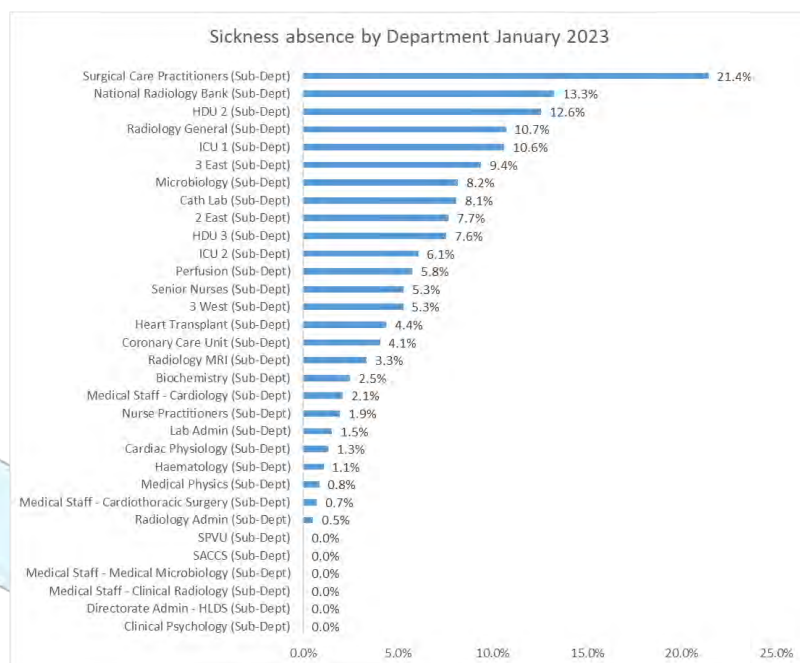


	Headcount	January 2023 Headcount completed	Headcount complete to achieve 75%	Headcount complete to achieve 80%	Headcount complete to achieve 90%	Number of Reviews to be completed to achieve 75% by December 2022	Number of Reviews to be completed to achieve 80%	Number of Reviews to be completed to achieve 90% by 31 March 2023	Number of Reviews which will expire prior to 31 March 2023	Total reviews to be completed by 31st March 2023 to achieve 90% target
2 East (Dept)	34	26	26	27	31	-1	1	5	0	5
3 East (Dept)	50	26	38	40	45	12	14	19	3	22
3 West (Dept)	36	34	27	29	32	-7	-5	-2	7	5
Biochemistry (Dept)	9	6	7	7	8	1	1	2		2
Cardiac Physiology	34	27	26	27	31	-2	0	4	3	7
Cath Lab (Dept)	52	40	39	42	47	-1	2	7		7
Clinical Psychology	4		3	3	4	3	3	4		4
Coronary Care Unit	26	9	20	21	23	11	12	14		14
Directorate Admin	12	8	9	10	11	1	2	3	2	5
Haematology (Dept)	13	11	10	10	12	-1	-1	1		1
HDU 2 (Dept)	34	18	26	27	31	8	9	13	1	14
HDU 3 (Dept)	33	25	25	26	30	0	1	5	2	7
Heart Transplant (C	30	23	23	24	27	-1	1	4	3	7
ICU 1 (Dept)	53	28	40	42	48	12	14	20	3	23
ICU 2 (Dept)	70	50	53	56	63	3	6	13	6	19
Lab Admin (Dept)	9	9	7	7	8	-2	-2	-1		-1
Medical Physics (D	17	13	13	14	15	0	1	2	1	3
Microbiology (Dept)	10	7	8	8	9	1	1	2	1	3
National Radiology	4	2	3	3	4	1	1	2		2
Nurse Practitioner	42	29	32	34	38	3	5	9	5	14
Perfusion (Dept)	24	21	18	19	22	-3	-2	1	1	2
Radiology Admin (I	21	10	16	17	19	6	7	9	2	11
Radiology General	77	51	58	62	69	7	11	18	2	20
Radiology MRI (De	2	2	2	2	2	-1	0	0		0
SACCs (Dept)	6	5	5	5	5	-1	0	0		0
Senior Nurses (De	7	7	5	6	6	-2	-1	-1	2	1
SPVU (Dept)	2	1	2	2	2	1	1	1		1
Surgical Care Practi	5	5	4	4	5	-1	-1	-1	2	2
	716	493	537	573	644	44	80	151	46	197

13. Staff Governance



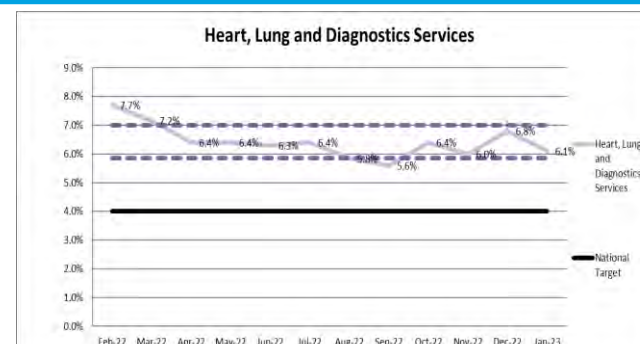
13.2 Sickness Absence



13. Staff Governance

13.3 Sickness Absence Variance

	Apr-22	May-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Sub-Department	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
2 East (Sub-Dept)	1.8%	5.6%	5.6%	5.0%	2.4%	3.8%	9.8%	10.0%	11.5%	9.5%	7.7%
3 East (Sub-Dept)	10.5%	11.5%	11.5%	13.1%	7.8%	11.6%	7.3%	5.1%	5.3%	10.3%	9.4%
3 West (Sub-Dept)	6.3%	2.3%	2.3%	4.0%	5.0%	3.0%	4.8%	2.3%	2.1%	0.6%	5.3%
Biochemistry (Sub-Dept)	9.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%
Cardiac Physiology (Sub-Dept)	0.3%	3.8%	3.8%	1.4%	1.1%	1.5%	0.0%	2.4%	3.8%	3.6%	1.3%
Cath Lab (Sub-Dept)	7.5%	5.5%	5.5%	8.0%	9.7%	10.7%	9.6%	9.4%	6.7%	11.5%	8.1%
Clinical Psychology (Sub-Dept)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Coronary Care Unit (Sub-Dept)	0.0%	1.7%	1.7%	3.7%	4.1%	4.9%	3.3%	2.1%	3.1%	6.7%	4.1%
Directorate Admin - HLDS (Sub-Dept)	0.0%	1.2%	1.2%	0.0%	0.0%	3.5%	0.0%	0.0%	2.4%	5.2%	0.0%
Haematology (Sub-Dept)	11.5%	0.0%	0.0%	1.9%	7.2%	0.4%	0.0%	0.0%	0.0%	0.0%	1.1%
HDU 2 (Sub-Dept)	13.4%	16.6%	16.6%	5.3%	4.9%	3.4%	5.7%	14.5%	10.3%	14.4%	12.6%
HDU 3 (Sub-Dept)	19.4%	11.0%	11.0%	12.1%	17.6%	10.7%	8.0%	9.4%	10.5%	14.8%	7.6%
Heart Transplant (Sub-Dept)	2.1%	0.2%	0.2%	4.1%	6.0%	5.2%	9.5%	7.7%	7.9%	4.9%	4.4%
ICU 1 (Sub-Dept)	13.6%	16.8%	16.8%	12.7%	14.8%	18.3%	15.5%	19.8%	16.4%	14.3%	10.6%
ICU 2 (Sub-Dept)	10.8%	13.9%	13.9%	12.4%	14.0%	9.0%	10.3%	5.9%	5.5%	6.7%	6.1%
Lab Admin (Sub-Dept)	0.5%	2.0%	2.0%	0.5%	6.0%	0.0%	0.0%	3.0%	8.8%	9.6%	1.5%
Medical Physics (Sub-Dept)	1.7%	6.0%	6.0%	0.3%	2.1%	0.0%	0.0%	0.9%	0.6%	0.0%	0.8%
Medical Staff - Cardiology (Sub-Dept)	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	2.1%
Medical Staff - Cardiothoracic Surgery (Sub-Dept)	0.2%	0.0%	0.0%	1.2%	0.5%	0.0%	0.0%	0.5%	0.0%	0.7%	0.7%
Medical Staff - Clinical Radiology (Sub-Dept)	4.7%	0.0%	0.0%	9.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical Staff - Medical Microbiology (Sub-Dept)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Microbiology (Sub-Dept)	0.0%	0.7%	0.7%	2.6%	0.0%	0.0%	0.0%	0.5%	13.7%	0.0%	8.2%
National Radiology Bank (Sub-Dept)	0.0%	0.0%	0.0%	0.8%	1.0%	0.0%	3.2%	2.0%	2.1%	0.0%	13.3%
Nurse Practitioners (Sub-Dept)	6.0%	0.2%	0.2%	3.4%	6.5%	2.6%	0.0%	1.7%	2.3%	2.8%	1.9%
Perfusion (Sub-Dept)	0.3%	0.0%	0.0%	2.4%	0.0%	1.6%	4.5%	9.0%	3.9%	4.9%	5.8%
Radiology Admin (Sub-Dept)	1.1%	7.6%	7.6%	2.0%	5.0%	2.8%	5.7%	6.6%	8.7%	5.2%	0.5%
Radiology General (Sub-Dept)	7.0%	8.6%	8.6%	10.0%	5.2%	6.8%	2.6%	7.5%	7.3%	7.8%	10.7%
Radiology MRI (Sub-Dept)	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%	9.7%	0.0%	6.9%	0.0%	3.3%
SACCS (Sub-Dept)	0.0%	1.8%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Senior Nurses (Sub-Dept)	13.0%	0.7%	0.7%	14.7%	15.1%	14.3%	15.9%	0.0%	0.5%	0.5%	5.3%
SPVU (Sub-Dept)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	30.1%	20.7%	20.1%	0.0%
Surgical Care Practitioners (Sub-Dept)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.1%	33.6%	0.7%	0.0%	21.4%



Department	Absence	Long Term % Absence	Short Term %	Absence Hours
3 East	9.40%	4.30%	5.10%	282.1
Cath Lab	8.10%	4.30%	3.80%	621.9
HDU 2	12.60%	9.80%	2.70%	645.6
ICU1	10.60%	6.60%	4.00%	800.8
Microbiology	8.20%	0.00%	8.20%	126
Nat Radiology Bank	13.30%	0.00%	13.30%	97.5
Radiology	10.70%	6.60%	4.10%	255
SPVU	21.40%	21.40%	0.00%	132.8

13. Staff Governance



13.4 Job plans/Medical Appraisal/ Mandatory Training/Covid Absence

	Total	Complete	% Completion
Job Plans	74	65	88.00%
Medical Appraisal	92	19	21.00%

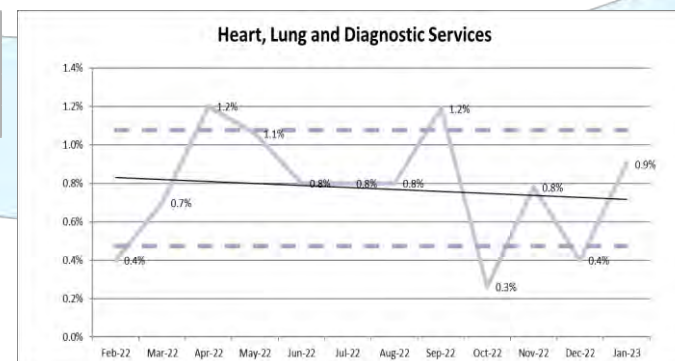
Module	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Variance
Fire	81.40%	79.80%	77.20%	79.00%	88.40%	78.90%	79.60%	77.70%	76.80%	80.00%	80.40%	80.80%	-0.60%
Hand Hygiene	83.10%	76.90%	78.30%	79.80%	78.90%	78.70%	79.40%	77.70%	77.30%	81.30%	81.30%	81.20%	-1.90%
Diversity	77%	76.70%	76.30%	75.70%	75.50%	75.30%	75.10%	73.90%	73.30%	71.00%	71.30%	70.80%	-6.20%
Safe Information Handling	86.20%	85.60%	86.40%	86.60%	85.70%	84.40%	81.20%	80.00%	79.50%	81.80%	82.40%	83.70%	-2.50%
Manual Handling	90.40%	84.80%	83.80%	81.50%	77.60%	78.10%	78.00%	77.00%	77.70%	81.00%	81.80%	82.90%	-7.50%
Induction	77.50%	78.70%	79.40%	79.70%	68.50%	74.00%	71.30%	68.10%	69.50%	76.70%	77.00%	78.70%	1.20%

13. Staff Governance

13.5 Recruitment/New Starts/Leavers/Turnover

Job Ref	Division	Staff Category	Funding source	Job Title	VAF/Ref Number	Date Advertised	Month Advertised	Closing Date	No of Vacancies (WTE)	Hiring Manager
128619	HLD	Nursing	Establishment	Senior Nursing Assistant - Cath Labs B3	128619	09/01/2023	1	23/01/2023	0.53	Sharon McCabe
130531	HLD	Nursing	Establishment	Senior Nursing Assistant B3	130531	10/01/2023	1	24/01/2023	0.61	Frank Hearl
134619	HLD	Medical	Establishment	Clinical Fellow in Cardiothoracic Surgery	AF0043	17/01/2023	1	31/01/2023	1.00	Amanda Forbes
126735	HLD	Nursing	Establishment	Senior Charge Nurse - Coronary Care B7	126735	19/01/2023	1	02/02/2023	1.00	Kate Robb
132790	HLD	Nursing	Establishment	Registered Nurse - Critical Care B5	132790	20/01/2023	1	16/02/2023	19.00	Susan Montgomery
127571	HLD	Nursing	Establishment	Registered Nurse - Cath Lab & Interventional Cardiology B5	127571 & KR003	24/01/2023	1	07/02/2023	1.00	Sharon McCabe
136150	HLD	Senior Management	Establishment	Service Manager Radiology & Diagnostics B8B	AMcG001	26/01/2023	1	09/02/2023	1.00	Alex McGuire
134415	HLD	Nursing	Establishment	Registered Nurse - CCU B5	134415	27/01/2023	1	10/02/2023	1.00	Frank Hearl
136291	HLD	Healthcare Science	Establishment	Senior Specialist Clinical Engineer B7	MP2022_23_002	27/01/2023	1	10/02/2023	1.00	Steven Friel

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Leavers	6	9	7	5	7	11	2	7	3	8
Newstarts	11	4	2	7	12	27	5	7	1	3
Turnover	1.20%	1.10%	0.80%	0.80%	0.80%	1.20%	0.30%	0.80%	0.40%	0.90%





National Elective Services Division

Performance Review Group Report: For submission (Jan 2023 Data)

NES Division Performance Review Group Membership



- Director, National Elective Services (NES) Division
- Deputy Director, NES Division
- Service Manager, Theatres, CSPD & Endoscopy
- Service Manager, Orthopaedics, Ophthalmology, Anaesthesia, Outpatients & Pre Operative assessment
- Head of Rehabilitation
- Plus
- Head of Business Services
- Lead Senior Optometrist
- Senior HR Advisor
- Divisional Accountant
- Clinical Programme Manager Hospital Expansion
- Director of Pharmacy
- Director of Operations & Deputy Chief Executive
- Associate Medical Director National Elective Services (NES) Division
- Clinical Director, Anaesthesia
- Deputy Clinical Director, Anaesthesia
- Clinical Director, Ophthalmology
- Clinical Director Orthopaedics
- Clinical Director, General Surgery & Endoscopy
- Associate Director of Nursing
- Head of Nursing, NES Division
- Clinical Nurse Manager Theatres and Endoscopy
- Clinical Nurse Manager, Ophthalmology outpatients & Pre-operative Assessment
- Clinical Nurse Manager, Orthopaedics & SDU

Divisional Performance Review Group

– Standing Agenda



- 2.5 Endoscopy (JH/MV/LF)
- 2.6 Outpatients & Pre-operative Assessment (ES/KM)
- 2.7 Anaesthesia (General Team) (ES/RC)
- 2.8 Theatres & CSPD (CD/GB/RC/LF)
- 2.9 AHPs & Rehabilitation (CM)

Exec Summary- Key themes & highlights:



Successes:

- Overall this was a good month for activity.
- 48% of orthopaedic knee replacement were completed by robotic surgery; target is 26%
- Orthopaedic Consultant out patient conversion rates were the highest since Aug 22 at 86.2%
- General surgery & Colorectal cancellation rate is down for 6th month in a row.
- JAG accreditation has been officially received. First site in Scotland to achieve this.
- GG&C Scope waiting list now being managed by GJ.
- There has been a significant increase in patient feedback, primarily for orthopaedic compliments this month.
- Progress is being made in the eye centre with some consultants consistently operating with 8 cases per list. There is a plan to role this out further when nursing staffing allows.
- Anaesthetic EPR is now in live system and being used by clinicians, next phase is to roll out to all staff
- Increased number of patients attending virtual joint school after taking improvement plan forward with booking staff

Theatre Cancellations

- Orthopaedics – decrease from Dec 22.
- Downward trend in general surgery and colorectal cancellations continues.

Challenges:

- Due to the focus on long waiters in recent months there has been a decrease in the number of OP clinics due to treat only pathway.
- There has been a decrease in available patients for surgery due to an increase in the number of medically unavailable patients. A request has been made to SG to incorporate some see and treat patients into the waiting list to keep the flow.
- Still a decrease in the number of 4 joint lists due to implementation of new anaesthetic pathway. The number of lists is slowly increasing as the theatre flow improvement work continues.
- Focussing on long waiting patients for orthopaedics has had a direct impact on the DOSA, DDOS rates, due to the increasing complexity associated with these patients. Improvement groups continue to meet and take forward various initiatives to improve IP flow.
- Image capture within scopes remains challenging due to system, however this is being managed. A new national Unisoft service is being implemented throughout Scotland and GJ hope to be first to trial, which should help this issue.
- Procurement and supplies remain an issue. Alternatives being sourced with clinician input when required.

Workforce pressures:

- Significant challenges within the rehab team due to a loss of experienced staff and not much interest for the senior post when advertised. A new advert for this post is being drafted. Staff are participating in bank shifts to fill gaps.
- January sickness absence was 1.7% lower than last month, at 7.10% . Long term absence increased from 4.1%.

Clinical Governance:

- 26 compliments with 17 for Orthopaedic service.

A) Monthly & YTD Adjusted Activity Summary: IPDC@ 31st January 2023



ADJUSTED POSITION

Specialty	January - In Month Position				January - In Cumulative Position			
	ACTUAL	PLAN	VARIANCE	VARIANCE %	ACTUAL	PLAN	VARIANCE	VARIANCE %
Ortho-Joints (Incl. revisions)	297	318	-22	(7%)	2833	3167	-334	(11%)
Ortho-Foot & Ankle	74	50	25	50%	602	496	105	21%
Ortho Soft Tissue Knee/Ortho other	12	21	-10	(46%)	171	228	-57	(25%)
Hand Surgery	66	42	24	56%	382	336	46	14%
General Surgery	70	67	3	4%	575	592	-17	(3%)
Colorectal	51	33	17	52%	791	336	455	136%
Ophthalmology	835	880	-45	(5%)	9164	9115	49	1%
Scopes	602	438	164	37%	5842	4769	1073	23%
TOTAL	2005	1850	156	8%	20358	19037	1321	7%
Urology	0				24			
Breast	10				157			
ENT	0				4			
Plastics	0				17			
Cancer TOTAL	10	24	-14	(58%)	202	290	-88	(30%)
NES - ALL	2015	1874	142	8%	20560	19327	1233	6%

January 2023

- Orthopaedic Joints behind by 22 in month. Staffing challenges and anaesthetic processes contributed to this. Cumulatively **11%** behind **(334)**
- F&A are ahead by 25 procedures, and cumulatively **(105) 21%** ahead.
- Soft tissue behind of planned activity for Jan by 10 and overall behind by **25% (57)** cumulatively.
- Hand and Wrist now 14% ahead of target , 56% ahead in month
- General Surgery 3 procedures more than planned, now only 3% behind cumulatively.
- Colorectal surgery was 17 ahead in month and ahead **136%** cumulatively. Due to accepting more non complex procedures
- Endoscopy ahead of in month position by **164** and cumulatively by **1073 (23%)**
- Ophthalmology behind in month by 45 due to a reduction in GG&C training lists and cumulatively behind by 49 **(1%)**

A) Monthly & YTD Revised Activity Summary: IPDC@ 31st January 2023

REVISED ACTIVITY PLAN

Specialty	January - In Month Position				January - In Cumulative Position			
	ACTUAL	PLAN	VARIANCE	VARIANCE %	ACTUAL	PLAN	VARIANCE	VARIANCE %
Ortho-Joints (Incl. revisions)	297	334	-38	(11%)	2833	3280	-447	(14%)
Ortho-Foot & Ankle	74	50	25	50%	602	530	72	14%
Ortho Soft Tissue Knee/Ortho other	12	21	-10	(45%)	171	211	-41	(19%)
Hand Surgery	66	42	24	56%	382	322	60	19%
General Surgery	70	67	3	4%	575	639	-64	(10%)
Colorectal	51	70	-20	(28%)	791	682	109	16%
Ophthalmology	835	1110	-275	(25%)	9164	10242	-1078	(11%)
Scopes	602	552	50	9%	5842	6032	-190	(3%)
TOTAL	2005	2246	-240	(11%)	20358	21937	-1578	(7%)
Urology	0				24			
Breast	10				157			
ENT	0				4			
Plastics	0				17			
Cancer TOTAL	10	24	-14	(58%)	202	272	-70	(26%)
NES - ALL	2015	2270	-254	(11%)	20560	22209	-1648	(7%)

January 2023

Orthopaedics

- Joints behind by **38** in month, cumulatively **447 (14%)**
- F&A ahead by 25, cumulatively ahead by **72 (14%)**
- Soft Tissue 10 behind of plan in month, and behind by **41 (19%)** cumulatively
- Hands ahead by 24 in month and cumulatively ahead by **60 (19%)**
- General ahead by 3 procedures in month, cumulatively behind by **64 (10%)**
- Colorectal behind in month target by **20** and **109 (16%)** ahead cumulatively
- Endoscopy ahead in month position by **50** and cumulatively behind by **109 (3%)** procedures.
- Ophthalmology behind in month plan by **275** and behind by **1078 (11%)** cumulatively

A) Monthly & YTD Activity Summary: New Outpatients & Pre-operative Assessment



Orthopaedics 7.3%	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Near Me	29	24	24	25	49	67	48	56	41	53			406
Telephone	3	7	0	0	5	0	5	10	7	10			47
Face to face	299	322	339	264	322	162	154	188	201	210			2461
Total	331	353	363	289	376	229	207	254	249	273			2924
DNA rate %	4.3%	4.85%	2.4%	2.7%	1.05%	3.8%	2.8%	1.5%	3.8%	1.4%			
Orthopaedics Nurse POA	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Total New	404	443	326	328	322	199	208	259	238	294			3021
DNA Rate %	4.5%	5.5%	7.3%	5.7%		2.4%	2.8%	2.9%	2.8%	2.0%			

Orthopaedics	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
New	764	958	1186	1108	1349	1238	965	1349	893	670			10480
DNA Rate	4.9%	4.6%	7.3%	5.2%	4.7%	5.6%	3.6%	5.0%	5.6%	5.7%			

Orthopaedics

Clinic activity has been low in recent months as there has been a focus on treat – longer waiters model. Discussion has taken place with SG to explore incorporating some S&T patients back into NHS/GJ allocations.

Due to the above referrals having been low in recent months that coupled with higher than normal unavailable rate and 14% routinely returned to Board, directly impacted on in-patient waiting list. All Boards have been asked to increase their allocations by 40% with immediate effect, in addition to Boards being contacted who are behind in the number of referrals sent.

Consultant out patient conversion rates in month was 86.2% the highest since August '22 and continues to reflect the number of patients being referred on a "treat" pathway.

DNA rate down on previous months to 1.4% and within target.

Nurse POA DNA rate continues to show a trend under 3%

Ophthalmology

Clinic activity in month down with two days public holiday and lack of consultant availability.

DNA rate increased to 5.7% from previous month. This will be monitored to ensure its seasonal variation and not an upward trend due to another factor.

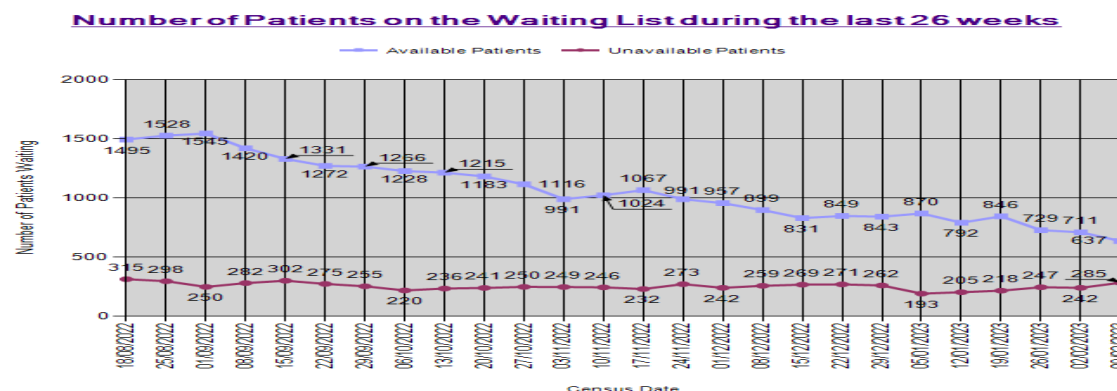
Conversion rate was 68.2% with 25.2% listed for a second eye which is within normal parameters. %DSD3 and pooled 'V' not pooled remains static with no concerns.

B) Wait Times Report: Inpatient Orthopaedics

In-patient total = 922

Combined wait list for NHS
GJ and host board

- ❑ 12 – 26 weeks = 84
- ❑ 26 – 52 weeks = 165
- ❑ 52+ weeks = 525
- ❑ Less than 12 weeks = 148



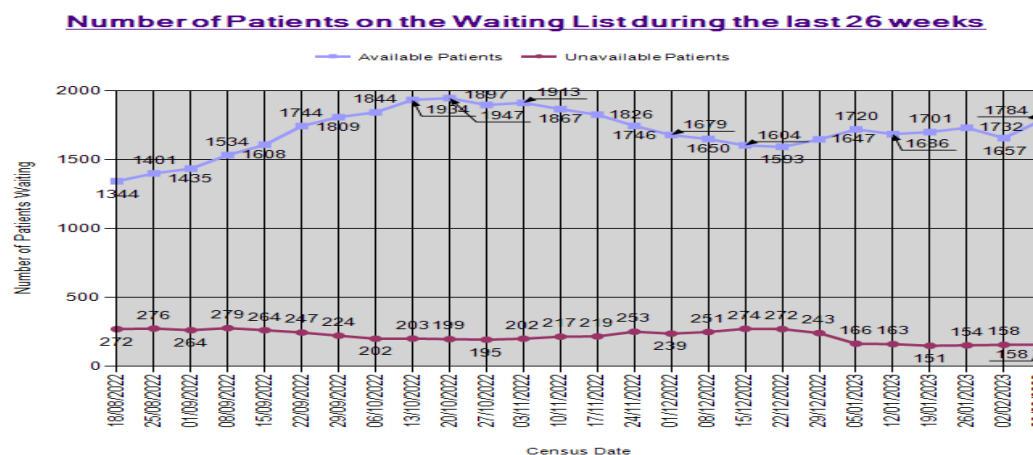
- ❑ The noted waiting times distribution above is indicative of the overall numbers of long waiting patients referred through our SLA. We continue to treat long waiting and urgent patients to support National Recovery. There have been no significant changes since last period.
- ❑ The table above provides an overview of the IPWL position as at 09/02/2023.
- ❑ There has been a significant increase in the UA patients resulting in a 69% AV and 31%UA. This change is attributed to increased numbers of deconditioned long waiting patients, many with increased co-morbidities. This often delays surgery.
- ❑ The referring Boards who have been asked to increase their joint referrals by 40% to offset removals and medical unavailability.

B) Waiting Times Report:- Inpatient Ophthalmology



In-patient total = 1942

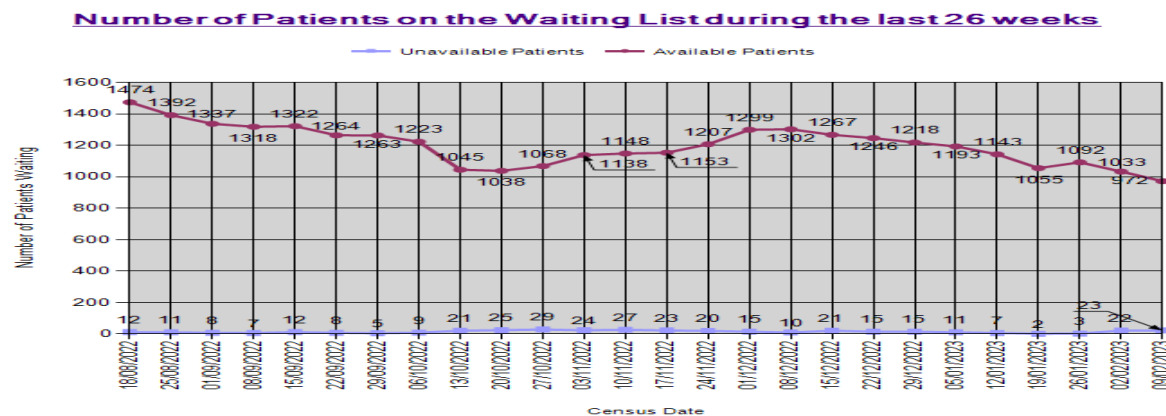
- ☐ 52+ weeks = nil
- ☐ 26 - 52 weeks = nil
- ☐ 12 - 26 weeks = nil
- ☐ -12 weeks = 1942



- The table above provides an overview of the total IPWL as at 09/02/2023. There has been a 5% increase in the overall numbers attributed to requests to referring Boards to frontload referrals to achieve 9 weeks and 9 weeks for both IP and OP.
- There has been no significant change in % Available and Unavailable since last period.
- The waiting time distribution above remains similar to last period, however we now have no patients exceeding a 12 week wait.
- The overall numbers waiting provide circa 9 weeks of theatre activity.

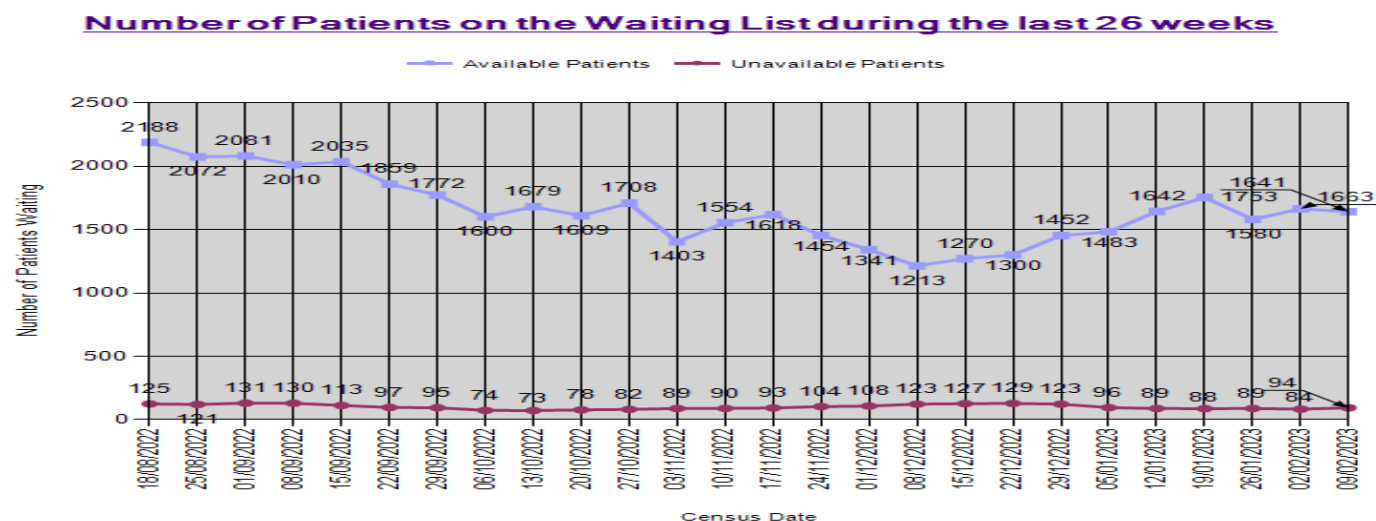
B) Waiting Times Report:- Inpatient Ophthalmology - 2nd Eyes

In-patient total = 995



- ☐ Please note the majority of the patients above are not yet ready for second eye surgery and will have a wait of 18 weeks minimum until ready and listed for second eye surgery.
- ☐ The overall numbers have decreased by 14%, which is attributed to PORL review, sign off and addition to our live IPWL and additions to the live IPWL (with the increase in long waiting times there are more patients being added to the IPWL for both eyes post Outpatient consultation.)
- ☐ The table above provides an overview of the total IPWL for 2nd Eyes as at 09/02/2023.

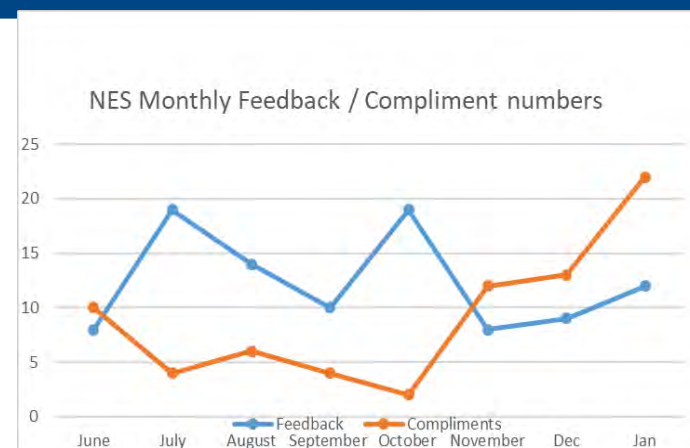
B. Wait Times Report:- Outpatient Ophthalmology



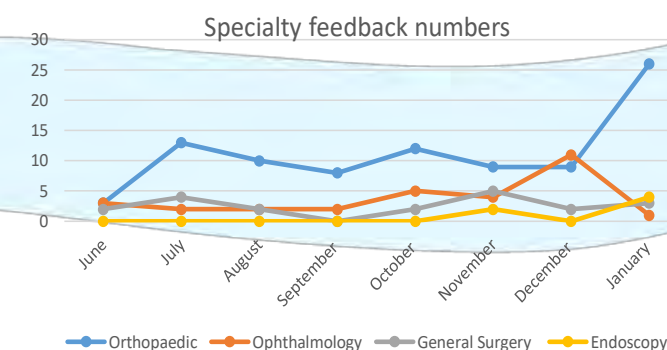
- ☐ The table above provides an overview of the OP WL as at 09/02/23. There has been no change to the overall numbers .
- ☐ The percentages of Available and Unavailable patients remain constant during this period at 94%(AV) and 6%(UA)
- ☐ The overall number provides circa 7 weeks of Outpatient Clinic activity.

C. Patient and Family Feedback

NES Feedback January 23					
Type	Orthopaedics	Ophthalmology	General Surgery	Endoscopy	Totals
Compliments	17	0	1	4	22
Concerns/Query	4		1		5
Stage 1					
Complaints	2	1	1		4
Stage 2					
Complaints	1				1
Shared					
Complaint	2				2
Comments					0
Totals	26	1	3	4	34



There has been an increase in feedback numbers for the month of January. This is in a large part due to a high number of compliments for the Orthopaedic service. Feedback numbers overall remain largely the same.



E) Financial Governance

See monthly Finance Budget Report (in papers)

Key highlights: see monthly variance report for M10

- Overspend in Medical Pays of (£741K) YTD. Main drivers are General Surgery (£623K) & Orthopaedics (£213K) overspent YTD.
- Nursing Pays has a continued underspend of £825K YTD. This is due to the ongoing difficulties of recruitment in the workforce. There are approx. 86.0wte substantive vacancies across nursing.
- Clinical, Support & Admin Pays are £383K underspent YTD overall. There are approx. 29.7wte substantive vacancies across these areas.
- Efficiency Savings are £1.43 million YTD with £1.23 million of YTD savings being non-recurring. Efficiency Savings in Month 10 were £100K taken from slippage in nursing vacancies. There will be a focus on Efficiency Savings for 23-24, and we will be asking the teams during upcoming monthly budget meetings to identify where efficiencies can be achieved, specifically non-recurring savings. We will be looking to get these costed in the near future.
- Surgical Supplies are overspent (£684K) against budget YTD. There are ongoing supply issues across the organisation. Cost pressures will be identified and put forward at budget setting.

2.2 Ophthalmology

Service KPIs	
Activity	<p>Activity good in month with 9164 procedures achieved against a plan of 9115 YTD and is on track to achieve end of year target.</p> <p>4 operators are consistently operating with 8 or more cases per list and when a 2nd scrub nurse is available more operators will increase their lists to 8 patients which is currently happening on an ah-hoc basis due to nurse staffing levels.</p> <p>With the support of one operator carrying out sessions of 12 DSD3's and others doing more than 1 DSD3 per session this has increased activity.</p>
Session Utilisation	<p>Clinic and theatre utilisation remains challenging due to consultant resource. January saw a significant drop in consultant availability for WLI lists as these lists are standardised to 8 patients per list.</p> <p>Optometrist listing clinics – 29 patients that were seen in OPTOM listing clinics have still to have surgery, with 26 dated before end of March after which outcomes will be measured and report compiled.</p>
Patients treated within 12 weeks	No patients have breached 12 weeks for the past 3 months.
Median theatre turnaround time	Further improvement in January, down from 9 mins to @ 8mins. Introduction of a new staff model in some theatres with consultant buy-in. This will be further evaluated and taken forward on a larger scale.
Cancellation Rate	On the day cancellation rate in month was at its lowest at 2.1%. Management of on the day cancellations by the new SCN is directly impacting on the minimisation of these cancellations. Where cancellations do occur there is the opportunity to take a patient from OP straight to theatre. This is working well

2.2 Ophthalmology



Staff Governance & Wellbeing

Nursing

Nursing staff continue to support other areas of the hospital when staffing allows. Staffing remains a challenge due to long and short term sickness absence levels. This is being monitored with the help of HR.

Turas

Staff continue to progress with trajectory to meet appraisal target.

Nursing Recruitment

The new CNM is now in post on a phased basis until his previous substantive post has been appointed to
There is ongoing recruitment within the department following resignations, retirement and a budget review. VAFs have been submitted for Bands 2,3,4 & 5.

Staff Rotation

Is continually reviewed with staff being supported through rotation by the Clinical Educator. Staff shortages due to sickness and Covid impacts on the numbers being rotated at any one time however this will not delay the rotation process.

Staff Wellbeing – Nursing morale is mixed in view of staff shortages, sickness levels and the need to rotate to support other areas.

Unscheduled Care - No cases documented for Jan 2023

Ophthalmology

Operational Successes:

- **Lists of 8** – Where staffing enables extra scrub nurse will support theatre lists to increase to 8 patients, this is provided on an ad-hoc basis and when nursing staffing allows will be rolled out further.
- **Project groups** have been created and work is underway to support the various work streams to improve the eye centre efficiency. The various groups are; theatre efficiency, equipment, training list developments and clinic utilisation.
- **Equipment** – new operating microscope to be delivered by end of March '23

Recruitment

- Consultant ophthalmologist 0.3wte started in Feb'23
- NHS Locum anticipated start date July / Aug' 23
- Honorary Registrar NHS Fife – to return honorary contract paperwork and agree start date. Will support consultant high flow lists.

Operational challenges:

- **Medi-rota administrator vacancy** – this has been advertised and temporary resource has been assigned.
- **WLI sessions** – uptake reduce due to explicit requirement of 8 patients per list.
- **Consultant preferences for theatre equipment and medicines.** This will be taken forward under the Eye Centre theatre efficiency group to standardise with selected individual preferences.
- **Procurement Challenges** - Group set-up with theatre staffing representatives to work with procurement to identify early supplies issues and agree alternatives.
- **Clinical Director post** will be vacant from Feb 23 with discussions taking place within senior medical management to attract candidates to post.

2.3 Orthopaedics



Service KPIs	
Activity	<p>Overall activity in month was ahead of plan with F&A and hands ahead of target. ACL and STK remain behind YTD due to number of referrals and joint activity remains challenging due to theatre staffing. It is anticipated that with the increased allocations for joints, the return to 4 joint lists with the new anaesthetic model embedded and external provider resource for theatres activity will improve this position.</p> <p>The recruitment into an NHS Locum consultant position to support the gap of one consultant on sick leave will negate the impact of this leave.</p>
Patients treated within 12 weeks (Target 100%)	NHSGJ still treating patients who have been waiting for a long period of time.
4 Joint Sessions	At 30.8% the lowest point. Full implementation of the new anaesthetic pathway is still in progress and therefore impacting 4 joint sessions. Work is now concluding to embed the new pathway and some improvement should be seen in February '23.
DOSA Rate (Target 55%, increasing to 70% by Sept '23)	<p>Target 55% with 56.8% in month. Due to the fact that we have been only treating long waiting patients this has directly impacted on the DOSA rate as patients are generally more complex with more co-morbidities. It is hoped permission will be given to move to a more mixed cohort of patients which will improve the rate. The aim is to increase DOSA to 70% by Sept '23.</p> <p>Orthopaedic Out-patient delivery group established with actions to reduce ADP's – patients requiring a 2nd blood sample looking to admit to hotel day prior with blood sample taken in clinic; consultant representatives exploring default DOSA with option to "opt-out" to ADP pathway and SCN's for OPD. IP Flow meeting has been established with Ward 2 West in conjunction with rehab, anaesthetic colleagues. Several initiatives such as focus on 'sip til send' and 'up to sit' are being refreshed with new staff now in place.</p>
DDoS Rates (Target THR 5%; UKR 50%)	No patients were identified in January for the THR or UKR DDoS pathways. Work is underway within the DDoS group to reinvigorate the pathways, updating patient letters to set DDoS patient expectations, consultants selecting "opt-out" rather than "opt-in" for the DDoS pathways for patients seen at clinic and discussions around POA anaesthetic review for suitable patients who were not seen in clinic for example because high numbers of patients and sicker patients to be reviewed. In addition if NHSGJ get more referrals for less complex patients with shorter waiting times could increase the availability for patients on a DDoS pathway.
Cancellation Rate (Target 3%)	On the day cancellation rate down from 7.1% in December to 5.8% in January. 18 cancellations with 5 due to patient not being fit or calling to cancel as unwell; all unavoidable. 3 cancellations were avoidable with actions taken to prevent reoccurrence.

Orthopaedics

Operational Successes:

- **Assessment Room** – couch order and area identified to assess patients night before to prevent ADP admission (overnight in hotel). It is anticipated this will also support improvement in DOSA rate.

Operational Challenges:

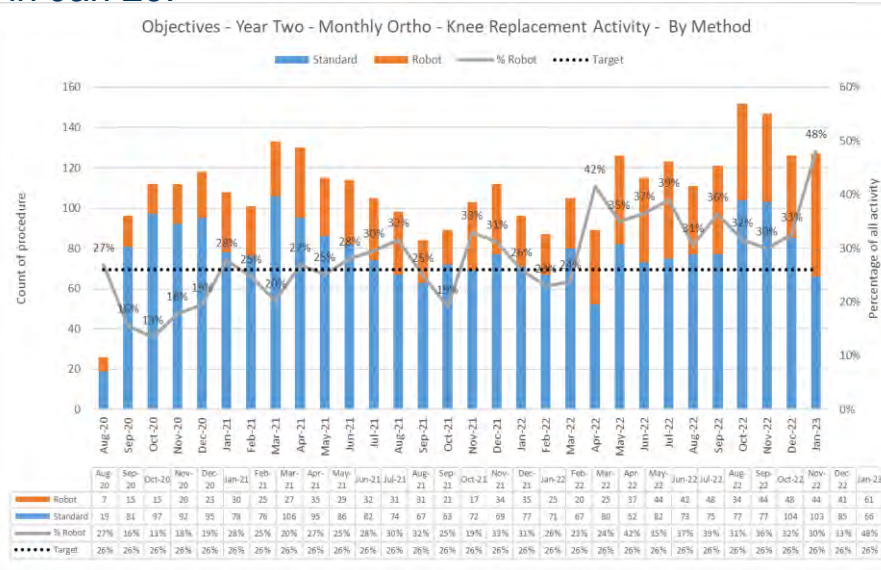
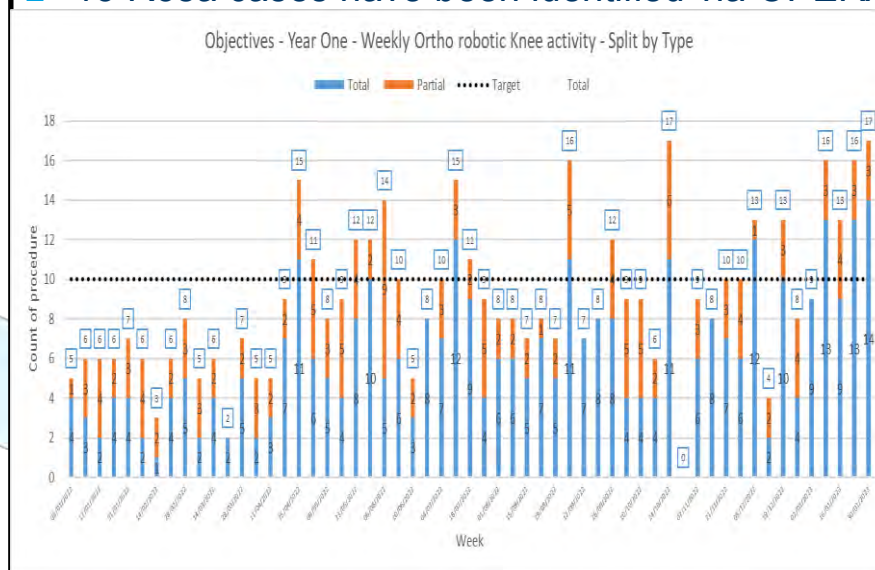
- **Highland Pathway** – Consultant group are keen to return to a model where F2F clinics are held in Highland. This is being explored. The impact of virtual clinics where clinical assessment is challenging directly impacts on the number of patient journeys and the number of ADPs which has a negative impact on ward flow, capacity and patient experience.
- **Highland Virtual F&A clinic** – Capacity limited to 2 patients per clinic in NHS Highland due to limited availability of their rehab staff. This has been raised as a challenge with NHS Highland and discussions are underway to try and increase capacity if they have allocations for 23-24.

Recruitment

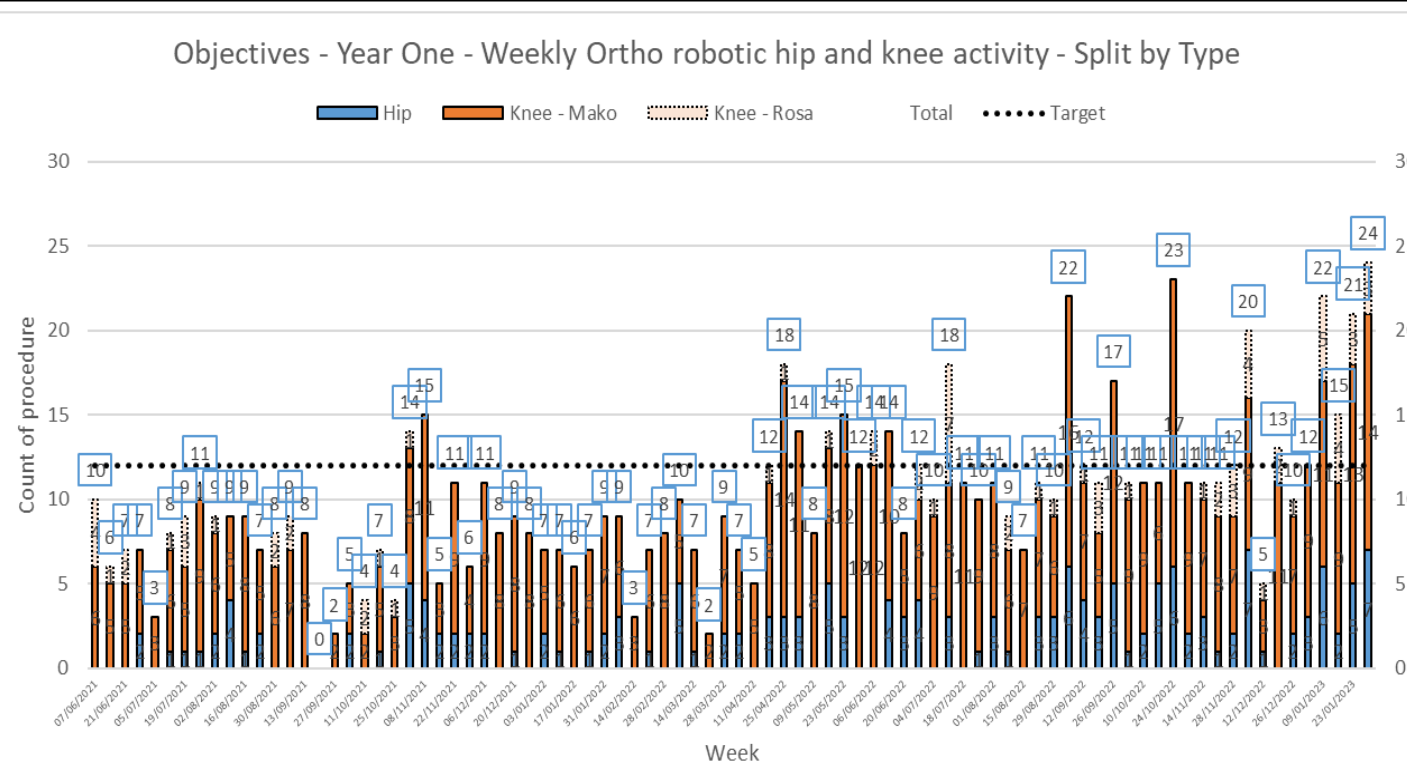
- Physicians Associate post out to advert with a closing date of 22/2/23
- ERAS Lead post is now closed with potentially 3 good candidates interview date 3/3/23

NES Ortho Robot Dashboard – Selected KPIs

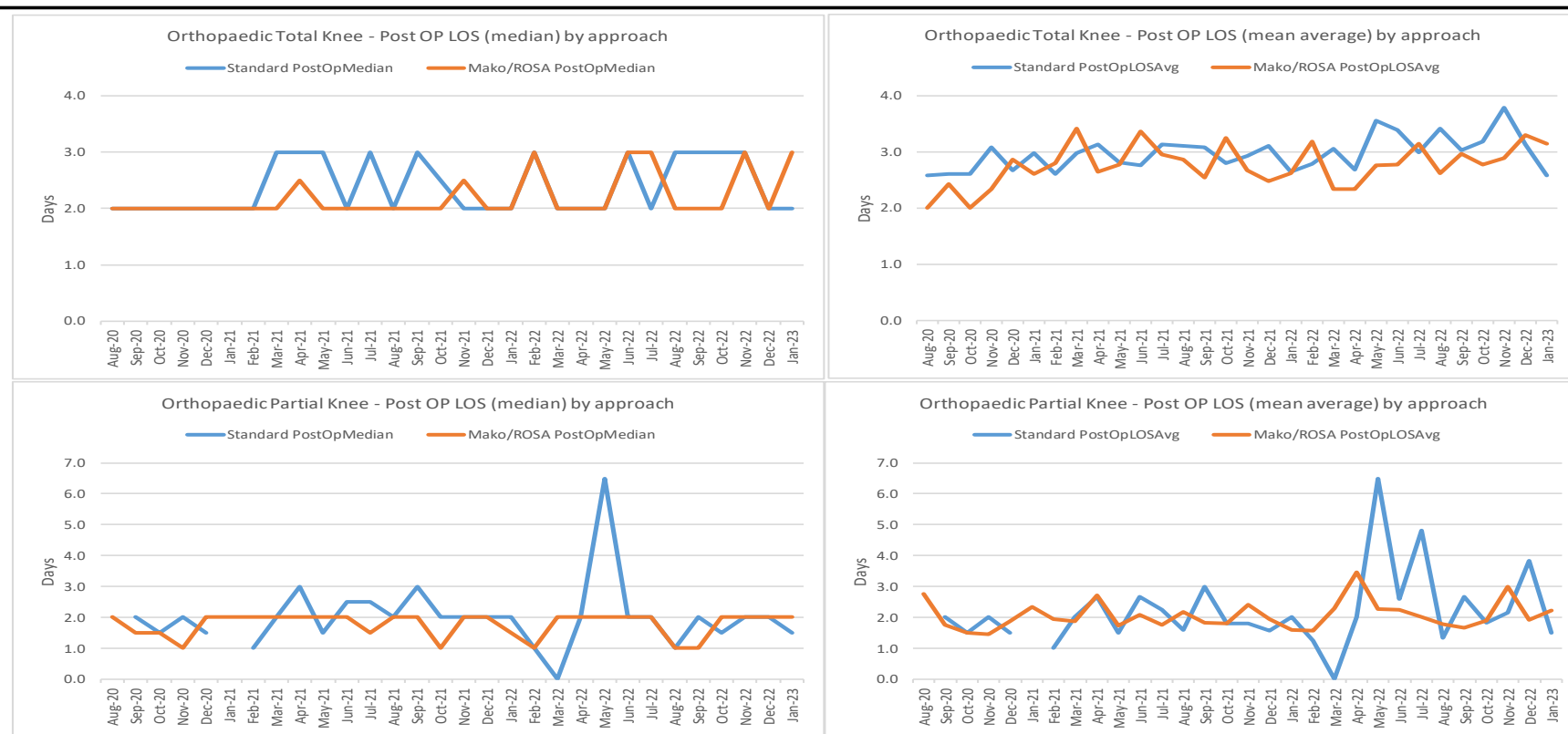
- Average weekly Knee cases in Jan 23 = 13.5 (Median 14.5) Target of 10
- 48% (61/127) of cases (Knee replacement) performed by robotic approach in Jan 23. Target 26%
- 16 Robotic hips identified in Jan 23 data.
- 13 Rosa cases have been identified via OPERA in Jan 23.



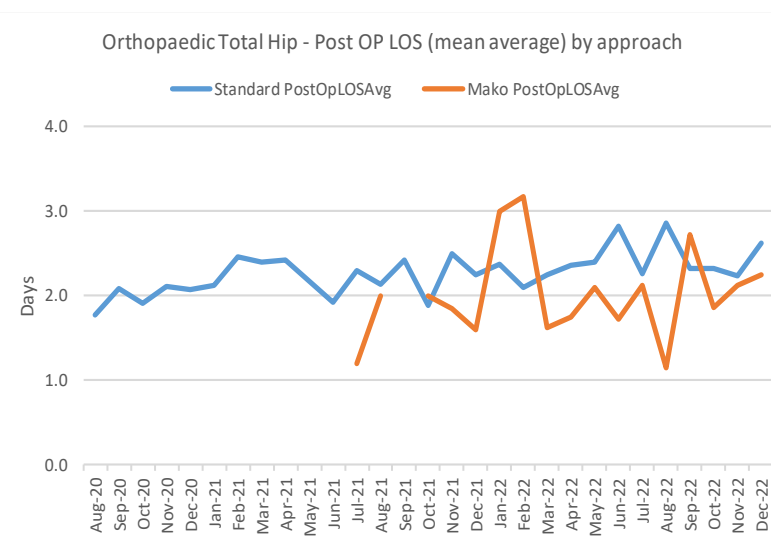
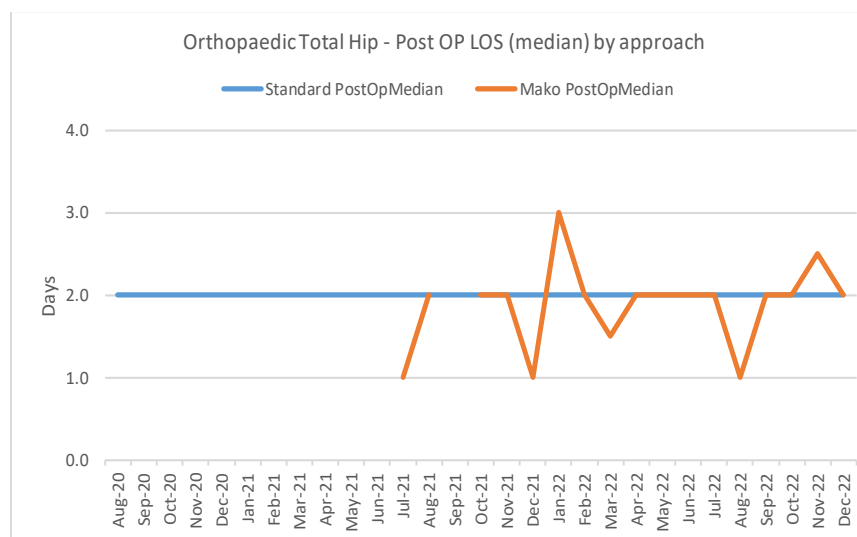
NES Ortho Robot Dashboard – Selected KPIs



NES Ortho Robot Dashboard – LOS - Knee



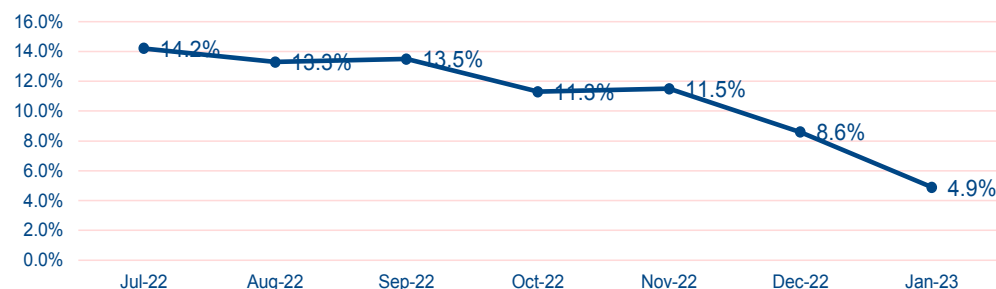
NES Ortho Robot Dashboard – LOS - Hip



2.4 General & Colorectal Surgery



P+P Drill Down on Cancellations



For the 6th month in a row, we have seen a reduction in the cancellation rate for General Surgery. We are confident that this is as a result of the concentrated efforts to improve the picture, and we will continue to monitor the position to maintain this success.

Nursing

- Theatres Vacancies: 1.8wte Band 4, 1.8wte Band 5, 0.69wte Band. 1 x Band 5 starting Feb, 2x IRN and 1x pre-employment checks.
- EMU beds for general surgery now open, booking process being refined
- Meeting with Education Leads, HoN, CNM and SCNs to discuss plan for rotation between SDU and Pre-op/Recovery took place. Competency pack to be created before opening Phase II to provide training for staff to admit patients. AAGBI and NES competencies to be completed by individual staff to allow full rotation of Band 5s. Competency completion can take between 6-12months.

Successes:

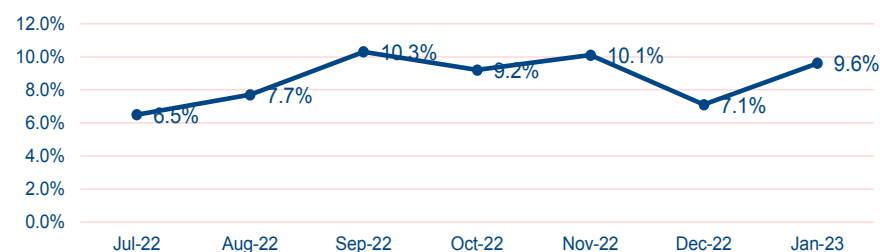
- 2 x Consultant General Surgeon posts were advertised, shortlisted and will be interviewed in March 2023. There is confidence that these posts will be recruited to, and that the skills and expertise of the appointees will help augment and grow the General Surgery service
- 2 x Clinical Fellow posts were interviewed for in January, and the positions were filled (start dates TBC)

Challenges:

- Although allocations have been met or are on track for referring Boards, there have been challenges in getting an adequate number of referrals to populate all available lists, to achieve good utilisation. This is something the service are acutely aware of and are working through both internally and externally.

2.5 Endoscopy

P+P Drill Down on Cancellations



Regrettably, the cancellation rate for endoscopy rose this month, despite all the efforts that have gone into reducing the rate. Taking over the GGC waiting list from February should help with this picture.

Nursing

- Vacancies:
 - Band 5 x 1.5wte
 - Band 3 x 0.73wte
- All posts for Phase 2 have now been released, and are being progressed. Recruitment event on 15/3/23 will focus on Endoscopy (as well as anaesthetics)
- Our trainee Non-medical Endoscopist successfully completed their course in late January. She is now doing independent lists.

Operational

Successes:

- NHS GJNUH achieved JAG status, and are the first unit in Scotland to do so.
- We now directly manage the GGC waiting list for scopes, which is allowing for greater control and flexibility, and therefore should positively impact cancellation rates. There were some initial teething problems, but this is now running smoothly.

Challenges:

- The issues with image capture in scopes remained challenging, with further issues. A focussed group was pulled together, including Medical Physics, eHealth and the Scope Team. The situation now appears to be resolved, but is being closely managed. A new national Unisoft service is being rolled out across NHS Scotland, which should help with this issue, and it has been proposed that GJNUH is an early adopter of this.

Outpatients & Pre-operative Assessment



Operational Successes:

- Team morale is good. Patient pathway group is progressing with workflows for Phase 2 opening under discussions.
- Anaesthetic EPR now in live system. Initial testing with orthopaedic and anaesthetic consultants underway.

Operational challenges:

- The conservatory continues to function as an Orthopaedic waiting area. There has been no adverse impact due to lift closures relating to the lift replacement programme

Recruitment

- The new CNM is now in post on a phased basis until his previous substantive post has been appointed to.

Expansion/Refurbishment posts

1.0 WTE B3 HCSW has been placed on the reserve list, until completion of a VAF.
Further VAF to be completed for remaining posts.

Unscheduled Care. 3 cases documented for Jan 2023, all patients transferred to their local base hospitals.

Staff Governance & Wellbeing

□ Nursing Staff

Out patient staff continue to support other areas within the hospital as necessary. Short term sickness levels have increased due to coughs, colds etc.

Turas

Excellent performance >95% to date.

Anaesthesia

Operational Successes:

- The improvement project to implement required changes to the anaesthetic workflow are continuing with support from operational management and P&P. There are weekly meetings in place to develop a system that ensure safe and smooth patient flow. Data is being collected to ensure the best process is implemented. By February CME date there will be a plan to produce a SOP detailing process. An end of Jan 23 trajectory plan is being developed, with the aim of return to expected levels of activity to support aim of 4 joints per orthopaedic list. – Update requested from Jonathan O'Reilly
- Electronic Pre-assessment Form is in live stage testing with clinicians, a plan to roll out further when complete.

Operational challenges:

- The conservatory continues to function as an Orthopaedic waiting area. There has been no adverse impact due to lift closures relating to the lift replacement programme

Recruitment

- One substantive consultant start date 2.5.23 with the second also anticipated for this date but this is reliant on him returning his paperwork to recruitment
- Anaesthesia Associates x 4 start date 6.3.23
- Bank Anaesthetists – 4 have start dates confirmed for Feb with 3 still progressing.

Staff Governance & Wellbeing

- **Nursing Staff**
Out patient staff continue to support other areas within the hospital as necessary. Short term sickness levels have increased due to coughs, colds etc.
- Turas**
Excellent performance >95% to date.

2.8 Theatres & CSPD



Nursing

Staff Governance, Wellbeing and Recruitment

- January Recruitment – successful in recruiting 1x Band 5 for Gen/Thoracic, 4x Band 5 Ortho.
- Peri-op Coordinator due to start on 13th March.
- Band 3 Stores staff x1 offered post. Going through pre-employment checks at the moment.

CSPD

Staff Governance, Wellbeing and Recruitment

- 2 new Technicians have commenced training 1 in each area of CSPD and Endoscopy
- Decontamination Technical Advisor / Test Person vacancy is going back out to advert. The preferred candidate declined the offer

Successes

- The visit to carry out Factory Acceptance Testing for the Washer Disinfectors and Sterilisers was carried out late January, with good results. The visit also helped identify potential issues ahead of the installation

Challenges

- Short term sickness did improve at the start of February but this last week has seen an increase
- Long Term sickness levels remain at the same level, supportive meetings are being carried out
- One of our long term suppliers was taken over October 2022 by an international company. Since then we have been experiencing an increase in delivery times on every monthly order. We are now seeing a potential rationalisation of their catalogue which involves some of our consumables. Alternative suppliers for these items are currently being sourced

Operational

Successes:

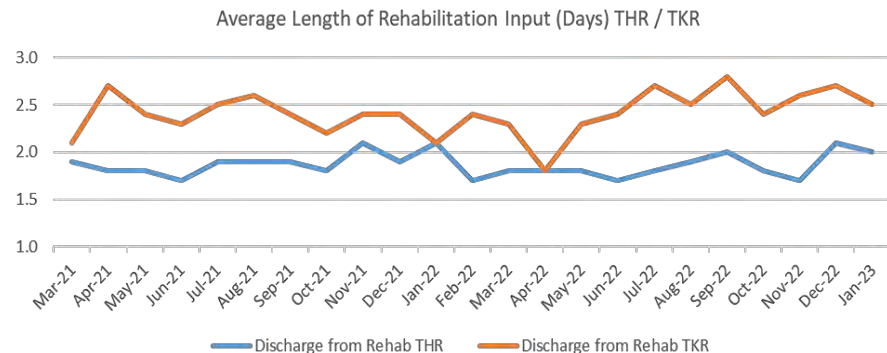
- Work is progressing with the refurbishment of the theatre changing rooms, however, there may need to be some amendments to the original plan due to the final quotes
- A group is currently working on bringing in scrub dispensers, as part of Phase 2, which will help staff time looking for scrub, reduce costs associated with replacing missing scrubs and allow infection control benefits through better management of dirty scrubs

Challenges:

- Procurement of some theatre items continues to be a challenge. The weekly group to proactively manage this and encourage good communication is now producing an action log. When required, separate and focused work is carried out. For example, a working group was convened when there was a shortage of dual lumen lines, and worked together to find a solution. Encouraging clinicians for input re: alternatives to minimise risk of shortfalls. Alternatives have been more costly in some instances

2.9 AHPs & Rehabilitation

P & P Drill down responses



		Mean Length of post op input (days)	
		December 2022	January 2023
OT	THR	2.1	1.8
	TKR	2.7	1.9
PT	THR	2.1	2.0
	TKR	2.7	2.5

Average length of therapy input for both THR and TKR improved in January 2023

Discharge trajectories following THR were met by OT and PT this month however PoD 3 trajectories for TKR were not met by either OT or PT

Patient Experience & Patient Safety

Increased number of patients attending virtual joint school

Booking office have trialled calling patients to inform of joint school. Data will be collected on why patients do not attend virtual joint school. Will be reported in future slides.

Operational successes

- Average 28% of patients UTS on day of surgery
- Bank staff have agreed to additional midweek shifts to support clinical demand
- OT providing pre-op Ax to NHS Highland patients, ensuring smooth admission and discharge, as no input from home board.
- Following booking office trial T/C's, numbers attending virtual joint school have increased

Operational challenges

- Physiotherapy continue to have long term senior sickness absence and vacancies
- Reduced staffing has potential to affect staff moral. Investigating possible locum support to assist with clinical case load.
- Limited information on details of joint patients being admitted from NHS Highland. Time and labour intensive process to find details to contact patients, this is being explored with highland.

Staff Governance & Wellbeing

- 86% TURAS completion this month across the department. (100% Dietitians/ 85% Rehab)

Recruitment

- Ongoing concerns regarding recruitment and retention of staff across the department.
- 2 x Band 5 Physiotherapists are now in post
- 2 x Band 5 Occupational Therapists preferred candidates following interview
- Unable to recruit to key Band 7 posts – investigating further routes to widen advertising reach. Posts currently affected Ortho Physio Team Lead and SLT Clinical Specialist

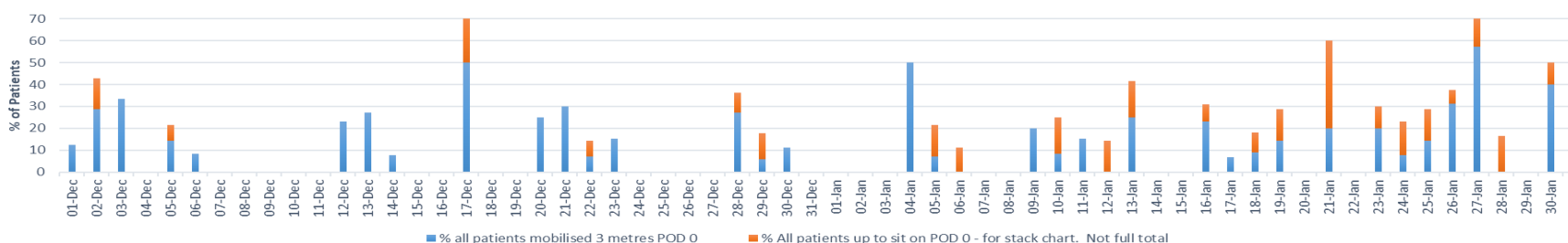
ERAS Data as at 31st January 2023

Drill down January 2023

- Jan- Dec 2022 an average of 28 % of THR / TKR patients were UTS on POD 0
- Total 244 primary joint patients (52% TKR, 46% THR, 2% Uni Knee)
- 28% of patients UTS on day of surgery, up from 22% in December 22
- 17% of patients mobilised 3 metres on day of surgery, remaining the same from November. (52% of those UTS mobilised 3m on POD 0, down from 71% in November)

Operational Challenges & Successes:

% patients up to sit / Patients mob 3m POD 0



Arthroplasty discharge day of surgery (DDoS)

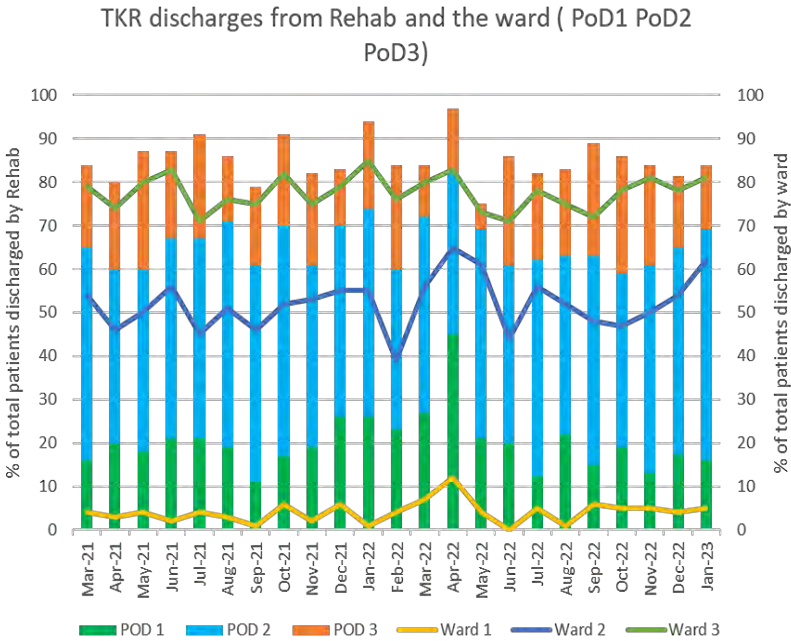
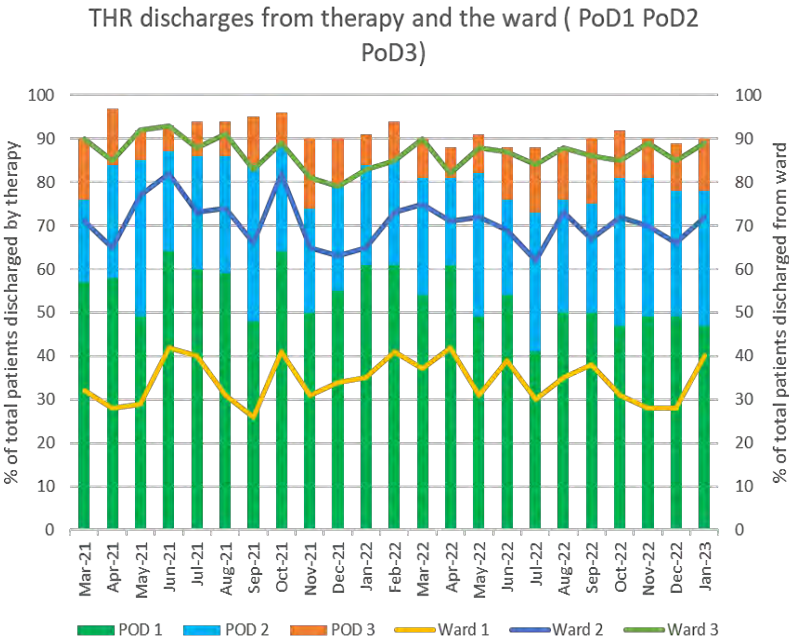
- No patients admitted on a DDoS pathway in January 2023.
- DDoS pathways discussed at Januarys CME and the SLWG re-established 10th Feb 2023.
- Agreed actions include defaulting to a DDoS pathway for all UKR ad THR patients at clinic. Ortho consultants to 'opt out' patients who are not appropriate for DDoS.
- Pre op assessment will filter any other inappropriate candidates.
- Max 2 theatre slots available each day for DDoS patients . Looking into options for protecting these/populating first with suitable day case patients who are due to be listed for theatre.

ERAS Data as at 31st January 2023

The charts show the variation between discharge from therapy and the ward. This is likely to be multifactorial and worth further investigation as we try to optimise our overall length of stay

Primary Total Hip Replacement	PoD 0	PoD 1	PoD 2	PoD 3
		40%	80%	90%

Primary Knee Replacement	PoD 1	PoD 2	PoD 3
		60%	90%



3. Staff Governance

Workforce Information January 2023

Sickness Absence

- **7.10%, 1.7% lower** than December 2022
- Long term absence accounts for **4.1%** of overall absence, **0.9% lower** than December 2022

Appraisal

- The overall TURAS completion rate as of 30 September is **70%, 0.40% higher** than December 2022
- The Board figure for September is 66%
- **20 out of 65 have completed their medical appraisal or had an ARCP** for 2022/2023

Mandatory Training

The percentage compliance rate as at January 2023, is as follows;

-Fire	76.6%
-Hand Hygiene	78.2%
-Diversity	63.2%
-Safe Information Handling	81.4%
-Manual Handling	82.5%
-Induction	77.6%



Staff Governance Cont.



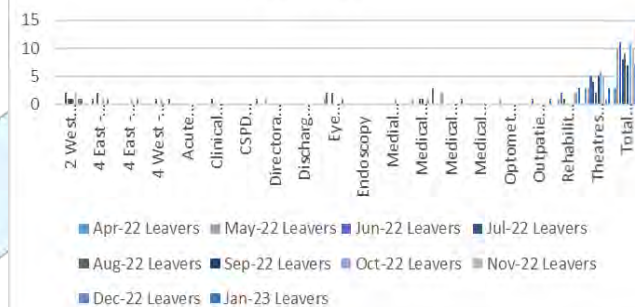
Turnover in January was 2.2%, the highest in the previous 12 month period.

Since April 2022, we have had 90 staff leave NES, with a further 111 commence employment

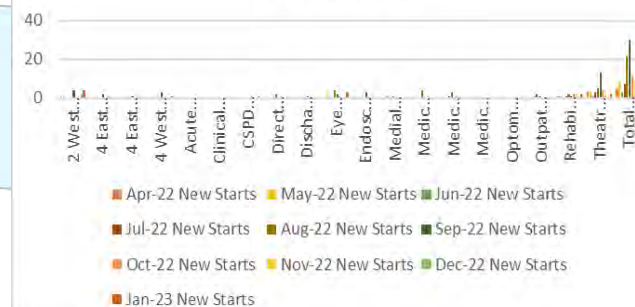
National Elective Services



Leavers



New Starts



Section C: Glossary

Section	Name	Definition	Source	Dashboard Reporting Period
Clinical Governance	Total complaints (Stage 1 & Stage 2)	Total complaints (Stage 1 & Stage 2) measured as a percentage against the volume of patient activity.	Clinical Governance DATIX reporting. Patient activity calculated using Trakcare Report Manager and Finance Activity Report.	Monthly
	Stage 1 complaints responded to within 5 working days	Stage 1 complaints responded to within 5 working days measured as a percentage of the complaints received.	Clinical Governance DATIX reporting.	Monthly
	Stage 2 complaints responded to within 20 days	Stage 2 complaints responded to within 20 days measured as a percentage of the complaints received.	Clinical Governance DATIX reporting.	Monthly
	MRSA/MSSA bacterium	SAB instances per 1000 total occupied bed days.	Infection Control	Monthly
	Clostridioides difficile infections (CDI) in ages 15+	CDI instances per 1000 total occupied bed days.	Infection Control	Monthly
	Mortality	The number of deaths in month.	Clinical Governance	Monthly
	Significant Adverse Event Reviews	The number of level 1 and level 2 significant adverse event reviews in month.	Clinical Governance	Monthly
	Hotel Complaints	The number of complaints received by the hotel in month requiring a detailed response or financial compensation.	Hotel	Monthly
Staff Governance	Disciplinaries	Upheld disciplinaries measured as a percentage of headcount.	HR Performance and Planning Summary	Monthly
	Grievances	Upheld grievances measured as a percentage of headcount.	HR Performance and Planning Summary	Monthly
	Bullying and Harassment	Upheld bullying and harassment cases as a percentage of headcount.	HR Performance and Planning Summary	Monthly
	SWISS Sickness absence	National SWISS sickness absence rate.	SWISS Sickness absence report provided to HR	Monthly
	Sickness absence local figure	Local eESS sickness absence hours as a percentage of contracted hours.	HR Performance and Planning Summary	Monthly
	Job Planning Surgical Specialties: Consultants	Surgical specialties consultants with a completed job plan as a percentage of surgical specialties consultants.	HR	Quarterly
	Job Planning Surgical Specialties: SAS Doctors	Surgical specialties SAS doctors with a completed job plan as a percentage of surgical specialties SAS doctors.	HR	Quarterly
	Job Planning Regional and National Medicine: Consultants	Regional and National Medicine (RNM) consultants with a completed job plan as a percentage of RNM consultants.	HR	Quarterly
	TURAS PDR	Percentage of staff with a completed TURAS PDR.	HR Performance and Planning Summary	Monthly
	Medical appraisal of relevant doctors with completed appraisal interview & Form 4	Doctors with a completed medical appraisal interview and Form 4 as a percentage of all doctors requiring a medical appraisal at the GJNH.	HR	Quarterly
	Hotel Sickness Absence	Hotel local eESS sickness absence hours as a percentage of contracted hours.	HR Performance and Planning Summary	Monthly
	Hotel TURAS PDR	Percentage of Hotel staff with a completed TURAS PDR.	HR Performance and Planning Summary	Monthly
Finance, Performance and Planning	Manage within agreed forecast capital plan	Monthly position as to whether the agreed forecast capital plan was achieved or not. The position is not reported for month one (April).	Finance	Monthly
	Manage within annual budget limit	Core and non-core surplus, deficit or breakeven year to date position.	Finance	Monthly
	Deliver Board efficiency target	Year to date actual recurring and non-recurring savings variance against target position.	Finance	Monthly
	NWTC actual activity v target activity	The variance in the actual complexity adjusted NWTC (Orthopaedics, Ophthalmology, General Surgery, Plastic Surgery, Endoscopy) activity against planned activity for the year to date.	Finance Activity Report	Monthly
	NWTC actual activity v target activity for Diagnostic Imaging	The percentage variance in the NWTC diagnostic images activity against planned activity for the year to date.	Finance Activity Report	Monthly
	TTG: Number of patients who have breached the TTG.	The number of patients who exceeded 84 days wait from decision to treat in month. For Heart and Lung and Orthopaedic and Ophthalmology see and treat patients only.	Trakcare Report Manager: TTG patients over 84 days report	Monthly
	TTG: Percentage of patients admitted within 12 weeks	The percentage of patients in month who were admitted within 12 weeks of decision to treat against the total number of patients who were admitted in month.	Trakcare Report Manager: IPDC and OP waiting list with completed waits report	Monthly
	31 Day Cancer	The number of patients admitted for their cancer treatment within 31 days from decision to treat as a percentage of patients admitted from a cancer treatment pathway.	Cancer Access Standards MMI report provided by Scottish Government	Monthly

Section	Name	Definition	Source	Dashboard Reporting Period
Finance, Performance and Planning	Acute Elective Ward Bed Occupancy	The number of occupied beds as a percentage of total available beds by ward or area. Occupancy measured as a midnight census and excludes patients on pass.	Trakcare Report Manager: Bed statistics by ward report	Monthly
	Stage of Treatment Guarantee - Inpatient and Day Cases (Heart and Lung only)	Percentage of Heart and Lung patients admitted within 12 weeks of decision to treat.	Trakcare Report Manager: IPDC and OP waiting list with completed waits report	Monthly
	Stage of Treatment Guarantee - New Outpatients (Heart and Lung only)	Percentage of Heart and Lung patients who receive a new outpatient appointment within 12 weeks of referral.	Trakcare Report Manager: IPDC and OP waiting list with completed waits report	Monthly
	Orthopaedic DoSA	Number of Orthopaedic primary joint patients who were admitted on the day of their procedure measured as a percentage of total primary joint patients. Cancellations are excluded.	Trakcare Report Manager: TCI with associated retrospective OPERA dates report	Monthly
	Thoracic DoSA	Number of Thoracic Surgery patients who were admitted on the day of their procedure measured as a percentage of total Thoracic Surgery patients. Cancellations are excluded.	Trakcare Report Manager: TCI with associated retrospective OPERA dates report	Monthly
	Cardiac DoSA	Number of Cardiac Surgery patients who were admitted on the day of their major procedure measured as a percentage of total Cardiac Surgery patients having a major procedure. Cancellations are excluded.	Trakcare Report Manager: TCI with associated retrospective OPERA dates report	Monthly
	Cancellation Rate by Specialty	The number of cancelled procedures on the OPERA theatre system as a percentage of the total number of scheduled procedures by specialty.	OPERA Report Manager: Theatre activity data report	Monthly
	Hotel overall net profit	The overall year to date net profit variance from budget for the Hotel.	Hotel	Monthly
	Hotel Income target	The overall year to date income variance against budget for the Hotel.	Hotel	Monthly
	Hotel Room Occupancy	Number of occupied rooms in month as a percentage of total available rooms.	Hotel	Monthly
	Hotel Conference Room Utilisation	Number of utilised conference rooms in month as a percentage of total available conference rooms, weekday utilisation only.	Hotel	Monthly
	Hotel Conference Delegates	Year to date number of conference delegates variance from target.	Hotel	Monthly
	Hotel GJNH Patient Bed Night Usage	Year to date number of bed nights provided to GJNH patients variance from target.	Hotel	Monthly
	Hotel Not for Profit Percentage	Percentage of Hotel business with not for profit organisations.	Hotel	Monthly
	Hotel Review Pro Quality Score	Review Pro Global Review Index score reflecting the Hotel's overall online reputation.	Hotel	Monthly
	Total number of new research projects approved	Total number of new research projects approved in quarter.	Research	Quarterly
	Research Institute Income to Date	Year to date income variance against budget.	Research	Quarterly
	Motion Lab Analysis Income	Cumulative income generated by Motion Lab Analysis Unit against target in line with Motion Lab Analysis Business Case.	Research	Quarterly
	% Occupancy within the Clinical Skills Centre	Number of hours used in the Clinical Skill Centre against the number of available hours.	Research	Quarterly
	% Occupancy within the Clinical Research Facility	Number of hours used in the Clinical Research Facility against the number of available hours.	Research	Quarterly
	MDaT (Medical Devices Alpha Test) sessions secured	The actual number of MDaT sessions secured in Quarter.	Research	Quarterly

Section	Name	Definition	Source	Dashboard Reporting Period
Waiting Times and Productivity	Referrals - Total (Elective & Urgent)	The number of SCI Gateway referrals received by specialty split by urgency. SACCS referrals also include National referrals.	Trakcare Report Manager	Monthly
	Radiology Waiting Times: % of patients waiting under 6 weeks	The percentage of patients at month end who had been waiting less than six weeks for a key diagnostic test.	ISD Scotland Website www.isdscotland.org/health-topics/publications/DMMI (Diagnostic Monthly Management Information) return	Monthly
	Outpatient Waiting List	Outpatient waiting list position as at the last Thursday in the month.	Trakcare Report Manager	Monthly
	Total Outpatient Waiting List	Combined outpatient waiting list position as at the last Thursday in the month for Cardiac Surgery OP WL, Thoracic Surgery OP WL, Cardiology OP WL, Cardiology Lead Extraction OP WL, TAVI OP WL, Respiratory OP WL, Orthopaedic S&T OP WL and Ophthalmology S&T OP WL.	Trakcare Report Manager	Monthly
	Inpatient Waiting List	Inpatient waiting list position as at the last Thursday in the month.	Trakcare Report Manager	Monthly
	Total Inpatient Waiting List	Combined inpatient waiting list position as at the last Thursday in the month for Cardiac Surgery IP WL, Thoracic Surgery IP WL, Cardiology Coronary IP WL, Cardiology Devices IP WL, Cardiology EP IP WL, Cardiology SACCS IP WL, Cardiology SAHFS IP WL, Cardiology Lead Extraction IP WL, Cardiology IP WL, TAVI IP WL, Ophthalmology S&T IP WL, Orthopaedics S&T IP WL, , Orthopaedics IP WL, Orthopaedics treat only IP	Trakcare Report Manager	Monthly
	Variance from Activity Target	The percentage variance in the actual complexity adjusted activity against planned activity for the year to date by specialty.	Finance Activity Report	Monthly
	Total Inpatient/Day Case Activity	The actual complexity adjusted activity in month.	Finance Activity Report	Monthly
	Number of patients who have breached TTG	The number of patients who exceeded 84 days wait from decision to treat in month. For Heart and Lung and Orthopaedic and Ophthalmology see and treat patients only.	Trakcare Report Manager	Monthly
	Percentage of patients admitted within 12 weeks	The percentage of patients in month who were admitted within 12 weeks of decision to treat against the total number of patients who were admitted in month.	Trakcare Report Manager	Monthly
	Cancellation Rate	The number of cancelled procedures on the OPERA theatre system as a percentage of the total number of scheduled procedures by specialty.	OPERA Report Manager	Monthly
	Number of capacity cancellations.	The number of cancelled procedures on the OPERA theatre system which have been classified as due to a capacity issue. These include cancellations due to staff availability, bed availability, a lack of operating time and cancellations due to emergency or priority activity.	OPERA Report Manager	Monthly
	Number of patient instigated cancellations.	The number of cancelled procedures on the OPERA theatre system which have been classified as instigated by the patient. These include cancellations due to patient attendance and patients no longer wishing surgery.	OPERA Report Manager	Monthly
	Number of clinical cancellations.	The number of cancelled procedures on the OPERA theatre system which have been classified as due to clinical reasons. These include cancellations due to the patient not being fit, prepared, not following pre operative guidance and the procedure not being required.	OPERA Report Manager	Monthly
	Other Cancellations	The number of cancelled procedures on the OPERA theatre system which have not been classified as due to capacity, patient or clinical reasons. These include cancellations due to equipment availability, admin errors and	OPERA Report Manager	Monthly
	DoSA Rate	See Cardiac DoSA, Thoracic DoSA and Orthopaedic DoSA entries in the Finance, Performance and Planning Section of the Glossary.	Trakcare Report Manager	Monthly

Section	Name	Definition	Source	Dashboard Reporting Period
Corporate Report	Sickness Absence	Local eESS sickness absence hours as a percentage of contracted hours.	HR Monthly Sickness Absence Report from eESS	Monthly
	TURAS Appraisal	Percentage of staff who have up to date TURAS appraisal as a percentage of departmental headcount.	HR TURAS Statistics	Monthly
	Mandatory Training	Percentage of staff who have up to date mandatory training as a percentage of departmental headcount.	L&OD Monthly Training Statistics via SharePoint	Monthly
National Comparators	MRSA/MSSA bacterium	HPS data on instances of SABs per 100,000 occupied bed days.	Health Protection Scotland Website www.hps.scot.nhs.uk	Quarterly
	Clostridiodes (formerly Clostridium) difficile infections (CDI) in ages 15+	HPS data on instances of CDI in ages 15+ per 100,000 occupied bed days.	Health Protection Scotland Website www.hps.scot.nhs.uk	Quarterly
	SWISS Sickness absence	National SWISS sickness absence rate.	SWISS Sickness absence report provided to HR	Monthly
	31 Day Cancer	The number of patients admitted for their cancer treatment within 31 days from decision to treat as a percentage of patients admitted from a cancer treatment pathway.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Monthly
	Number of patients on radiology waiting list waiting over 6 weeks.	DMMI (diagnostic monthly management information) return. The number of patients at month end who had been waiting over 6 weeks for a key diagnostic test.	ISD Scotland Website www.isdscotland.org/health-topics/publications DMMI (Diagnostic Monthly Management Information) return	Monthly
	Percentage of patients on radiology list waiting under six weeks.	The percentage of patients at month end who had been waiting less than six weeks for a key diagnostic test.	ISD Scotland Website www.isdscotland.org/health-topics/publications DMMI (Diagnostic Monthly Management Information) return	Monthly
	Number of admitted patients who waited over 12 weeks	ISD figures for the number of patients who waited over 12 weeks for their procedure.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Quarterly
	% of patients admitted with 12 weeks	ISD figures for the number of patients admitted within 12 weeks as a percentage of total new outpatient appointments.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Quarterly
	Number of new outpatients who waited over 12 weeks	ISD figures for the number of patients who waited over 12 weeks to receive a new outpatients appointment.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Quarterly
	% of new outpatients seen with 12 weeks	ISD figures for the number of new outpatients seen within 12 weeks as a percentage of total new outpatient appointments.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Quarterly
	ISD Elective Cancellation Rates	ISD figures for the number of elective procedures recorded on the theatre system which are cancelled as a percentage of total elective theatre activity.	ISD Scotland Website www.isdscotland.org/health-topics/publications	Monthly
	NHS Discovery 4 Joint Sessions	NHS Discovery figures for the percentage of orthopaedic theatre lists which contain a joint procedure which are populated with four joint procedures.	NHS Discovery	Monthly
Statistical Process Control	SPC: Statistical Process Control	SPC is a chart methodology for tracking improvements and changes in performance. It allows for any variations within the data over time to be identified as within expected ranges or if there has been a special cause which influenced an unexpected variation. This includes the addition of a centre line and upper and lower control limits.		
	Centre Line	The mean (or median depending on chart type) of a data set based on the first 20 data points for weekly data and 12 for monthly data. The centre is frozen to allow for any increases or decreases to be identified. The centre line can be reset if special cause variation is identified.		
	Control Limits	An upper and lower control limit are set depending on the standard deviation from the centre line. The calculation of the control limits is dependant on the data type (whole number, percentage...).		
	Special Cause Variation	There are a number of indicators for special cause variation these include: - a single data point out with the control limits - a run of eight or more points above or below the centre line - six consecutive points increasing (upward trend) or decreasing (downward trend) - two or three consecutive points near a (outer one third) a control limit. - fifteen consecutive points close (inner one third of the chart) to the centre line. When special cause variation is identified it should be investigated and the centre line recalculated if appropriate.		

Abbreviations Glossary		
Abbreviations	AfC	Agenda for Change
	AHFT	Advance Heart Failure and Transplant
	ANP	Advanced Nurse Practitioner
	AOBD	Acute Occupied Bed Days
	CDI	Clostridioides difficile infections
	CEO	Chief Executive Officer
	CME	Continuing Medical Assessment
	DBD	Donation after Brain Death
	DCD	Donation after Circulatory Death
	DoF	Director of Finance
	DoSA	Day of Surgery Admission
	EP	Electrophysiology
	ERAS	Enhanced Recovery After Surgery
	GJCH	Golden Jubilee Conference Hotel
	GJF	Golden Jubilee Foundation
	GJNH	Golden Jubilee National Hospital
	GJRI	Golden Jubilee Research Institute
	H&L	Heart & Lung (Cardiac Surgery, Thoracic Surgery, Cardiology, Respiratory Medicine)
	LCL	Lower Control Limit
	LoS	Length of Stay
	MRSA	Methicillin-resistant Staphylococcus aureus
	MSSA	Methicillin-susceptible Staphylococcus aureus
	NHSBT	NHS Blood and Transplant
	NORS	National Organ Retrieval Service
	NSD	National Services Division
	PDR	Personal Development Review
	PoD	Post-operative Day
	RATS	Robotic Assisted Thoracic Surgery
	SAB	Staphylococcus aureus Bacteraemia
	SACCS	Scottish Adult Congenital Cardiac Service
	SAS	Specialty and Associate Specialist
	SNOD	Specialist Nurse in Organ Donation
	SPC	Statistical Process Control
	SRTP	Scottish Radiology Transformation Programme
	TOBD	Total Occupied Bed Days
	TTG	Treatment Time Guarantee
	UCL	Upper Control Limit
	VATS	Video Assisted Thoracic Surgery
	WoS	West of Scotland