# NHS Golden Jubilee

### **Meeting:** **NHS Golden Jubilee Board Meeting**

### **Meeting date:** **29 May 2025**

### **Title:** **Public Board Performance Report**

### **Responsible Executive/Non-Executive: Carole Anderson** - Director of Transformation, Strategy, Planning and Performance

### **Report Author:** **James Mackie – Head of Performance**

### **Laura Morrison – Planning and Improvement Lead**

## 1 Purpose

This is presented to the NHS Golden Jubilee Board for:

### Decision

### This report relates to a:

* Annual Operational Plan

### This aligns to the following NHSScotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* Leadership, Strategy and Risk
* High Performing Organisation
* Optimal Workforce
* Facilities Expansion and Use
* Culture, Wellbeing and Values

## 2 Report summary

## 2.1 Situation

This paper provides assurance on NHS Golden Jubilee’s (GJ) reporting against its agreed key performance indicators (KPIs) relating to National Standards, local targets and delivery priorities. These KPIs have been confirmed as appropriate at their relevant governance committee prior to approval by the NHS GJ Board during its annual performance framework review.

The Public Board Performance Report is included as appendix 1.

## 2.2 Background

Following a review of the structure and function of the Integrated Performance Report (IPR) and the separate Board Performance report, it has been agreed by the Board to reduce the primary KPI set for Board Performance reporting. The IPR will continue to be produced comprising the original set of KPIs for each Board Committee, whilst amending the format to support focus for each committee. This new process will streamline and focus on the most pertinent areas of interest whilst improving clarity and enabling Board scrutiny.

## 2.3 Assessment

The Public Board Performance Report provides an update on core KPIs based on data available as at February 2025. The core KPI set for Board reporting totals 22 KPIs, however the report currently provides an update on 21 of these. One newly agreed KPI – Patient Reported Outcome Measures (PROMs) response rate – is still in development. This KPI will be included in future reports, once a suitable reporting methodology has been developed.

Table 1 shows the overall RAG status of the 21 KPIs which are currently being reported:

|  |  |  |
| --- | --- | --- |
| **RAG Status** | | **Feb 2025 Position** |
|  | Performance is worse than the Standard or Delivery Trajectory by a set level | 11 |
|  | Performance is behind (but within a set level of) the Standard or Delivery Trajectory | 1 |
|  | Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target) | 9 |
|  | Bed Occupancy is below target | 0 |
|  | **Total** | **21** |

Table 1: RAG Position February end 2025

**Areas of Performance Improvement**

KPIs which demonstrate an improvement in RAG status since the January end reporting period, are identified within table 2:

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **Previous RAG Status** | **Current RAG Status** | **Comments** |
| Stage 1 complaints response rate |  |  | There were zero complaints in the period returning the indicator to Green following 1 out of 2 (50%) complaints responded to in time in the previous month |
| MRSA/MSSA bacteraemias per 100,000 Occ. Bed Days |  |  | There were zero MRSA/MSSA bacteraemias reported in February 2025 following 2 reported cases in January. |

Table 2: RAG status improvements since previous report

**Areas of Performance in need of Improvement**

Table 3 identifies the KPIs reported as a RED or AMBER RAG status:

|  |  |  |
| --- | --- | --- |
| **Indicator Title** | **RAG Status** | **Comments** |
| Stage 2 complaints response rate |  | 1 out of 4 Stage 2 (25%) complaints responded to within target |
| Staff sickness (Local) |  | 6.5% sickness rate against a local target of 5.4% |
| Staff sickness (National) |  | 6.5% sickness rate against a national target of 4.0% |
| TURAS appraisal |  | 65% completed appraisal rate against target of 80% |
| Outpatients seen within 12 weeks |  | 88.7% of outpatients seen within 12 weeks against a target of 90% |
| Inpatient admits within 12 weeks\* |  | 89.5% of inpatients seen within 12 weeks against a target of 99.9% |
| Treated within 18 weeks of referral |  | 82.1% of patients treated within 18 weeks against a target of 90% |
| Theatre same day cancellation rate |  | 5.9% same day cancellation rate against a target of 4.8%. Increase from Jan 2025 (5.44%) |
| 4 joint session rate |  | 41/104 (39.4%) 4 Joint session rate against a target of 72.7%. Down from 69% in Jan 25 |
| Ophthalmology procedures per list |  | 6.7 procedures per half day list against a target of 7.3. No change from Jan 25 |
| 31 Day Cancer (Lung) |  | 2 breaches out of 39 reported cases in Jan 25 (94.9%) |
| Total bed occupancy |  | Bed Occupancy was 64% and at the lower edge of expected range |

Table 3: KPIs reported as RED or AMBER at February end 2025

\*For KPI “Inpatient admits within 12 weeks”, this is the nationally reported position and represents the whole patient pathway including waits experienced at the referring health board. On receipt of referral to NHS GJ, the expected wait to procedure for the patient would be as follows;

* Orthopaedic joints 11 weeks
* Orthopaedic foot and ankle 6 weeks
* Orthopaedic hands 11 weeks
* Ophthalmology 8 weeks
* General surgery 5 weeks

### 2.3.1 Quality/ Patient Care

No direct impact – this report is produced for the purpose of performance reporting and assurance.

### 2.3.2 Workforce

No direct impact – this report is produced for the purpose of performance reporting and assurance.

### 2.3.3 Financial

No direct impact – this report is produced for the purpose of performance reporting and assurance.

### 2.3.4 Risk Assessment/Management

Risks will be assessed and managed locally within lead divisions / departments and appropriate governance committees. Where necessary risks will be escalated through existing risk escalation hierarchy.

A new element of the report is the addition of a level of assurance assessment which indicates a view, agreed with each Executive Lead for the Board Committee, about the level of risk associated with delivery of each KPI. This is a new element of governance reporting which will be added to a wider range of governance reports during the coming year.

### 2.3.5 Equality and Diversity, including health inequalities An impact assessment has not been completed because this report describes routine “business as usual” KPI reporting.

### 2.3.6 Climate Emergency and Sustainability

Progress on Climate Change and Sustainability measures is reported through the formal public body reporting returns and does not form part of this report.

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

* KPI review with key stakeholders in early 2025
* Outcome and proposals from KPI review submitted and approved at each of the relevant governance committees
* Specific narrative to support the action element of the drill down sections of the report has been provided by organisational leads throughout March and April 2025

### Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Executive Leadership Team Meeting, 28 April 2025

## 2.4 Recommendation

NHS Golden Jubilee Board members are asked to approve the Public Board Performance Report

## List of appendices

The following appendices are included with this report:

* Appendix 1, Public Board Performance Report