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| Board Meeting: | 6 December 2018 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Board Performance Report |
| Recommendation: | Board members are asked to:  |  |  | | --- | --- | | Discuss and Note | X | | Discuss and Approve |  | | Note for Information only |  | | |

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1. **Introduction**

The Board is asked to discuss the content of the performance report covering matters discussed at the November 2018 meeting of the Performance and Planning Committee. This pack includes a snapshot of the waiting list position at 1 November 2018.

* Board Exception Report – Key Performance Indicators (KPIs)

1. Effective KPIs
2. Person-centred KPIs
3. Safe KPIs

* Divisional Exception Reports

(a) Surgical Services

(b) Regional and National Medicine

* Waiting lists – Cardiac Surgery, Thoracic Surgery and Cardiology
* Corporate Balanced Scorecard (Appendix 1)

**2 Recommendation**

Board members are asked to note the update for the current reporting period.

**June Rogers**

**Interim Chief Executive**

**November 2018**

**(Carole Anderson, Head of Strategy and Performance)**

**Board Exception Report**

Improved performance ⇧

Same performance ⬄

Worse performance ⇩

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| **Effective Board Performance update – November 2018** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KPI | Details | | | | | | Tolerance | | | | Jul 2018 | | | Aug 2018 | | | | Sep 2018 | | | | Target | | | On Track | |
| Elective Acute Ward Bed Occupancy | Combined occupancy position for NSD, 2 East, 2 West, 3 East, 3 West | | | | | | >90.1% = Red  86-90%= Green  78-85.9% = Amber  <77.9% = Blue | | | | 82.5% | | | 83.5% | | | | 76.6% | | | | 86-90% | | | ⇩ | |
| Interventional Cardiology Wards Bed Occupancy | Combined occupancy position for 2C, 2D and CCU | | | | | | 87.4%- 100% = R  81% -87.3% = G  77%-80.9%= A  <76.9% = B | | | | 80.3% | | | 81.7 | | | | 81.6% | | | | 81-87.3% | | | ⇩ | |
| Critical Care Wards Bed Occupancy | Combined occupancy position for ICU1, ICU2, HDU2, HDU3 | | | | | | ≥ 84.8% = R  73 – 84.7% = G  63.4 – 72.9% = A  ≤ 63.3% = B | | | | 65.1% | | | 69.3% | | | | 65.7% | | | | 70-90% | | | ⇩ | |
| **Analysis**  The elective acute wards had previously reported four successive months of increasing bed occupancy. In September, occupancy reduced to 76.6%, the lowest level since April 2018. The Cardiothoracic and National Services Division (NSD) wards all recorded marked decreases in occupancy during September. The occupancy levels within the Orthopaedic wards (2 East and 2 West) have remained relatively constant.  The Interventional Cardiology ward’s bed occupancy has reported relatively low levels of variation since June 2018. All Interventional Cardiology units reported bed occupancy within the target range for August and September.  ICU2 reported an increase in bed occupancy in August and September whilst occupancy in ICU1 and HDU2 reduced in both months. HDU3 reported an increase in August followed by a reduction in September. The reduced occupancy has allowed staff from critical care to support other clinical areas. This has helped to reduce bank and overtime costs. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KPI | | | Details | | | | Tolerance | | Aug 2018 | | | | Sep 2018 | | | | Oct 2018 | | | | Target | | | | | On Track |
| Ophthalmology Cancellation Rate | | | Percentage of Ophthalmology patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 2.3% | | | | 2.9% | | | | 1.5% | | | | Monthly 3% cancellation rate | | | | | ⇧ |
| Cardiac Surgery Cancellation Rate | | | Percentage of Cardiac Surgery patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 13.1% | | | | 11.5% | | | | 11.8% | | | | Incremental reduction from baseline position of 16% to 8% by March 2019 | | | | | ⇩ |
| Plastic Surgery Cancellation Rate | | | Percentage of Plastic Surgery patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 5.2% | | | | 5.6% | | | | 6.5% | | | | Incremental reduction from baseline position of 5% to 3% by March 2019 | | | | | ⇩ |
| General Surgery Cancellation Rate | | | Percentage of General Surgery patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 10.3% | | | | 8.1% | | | | 13.6% | | | | Incremental reduction from baseline position of 9% to 5% by March 2019 | | | | | ⇩ |
| Orthopaedic Cancellation Rate | | | Percentage of Orthopaedic patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 2.9% | | | | 3.3% | | | | 4.8% | | | | Monthly 3% cancellation rate | | | | | ⇩ |
| Cardiology Cancellation Rate | | | Percentage of Cardiology patients cancelled on day of procedure | | | | Achieved = G  Not Achieved = R | | 4.6% | | | | 12.8% | | | | 9.6% | | | | Incremental reduction from baseline position of 5.5% to 3% by March 2019 | | | | | ⇧ |
| **Analysis**  Ophthalmology reported its’ lowest ever cancellation rate of 1.5% during October. This equates to 10 cancellations during the month. Seven of the cancellations were for patient reasons (DNA/Unable to attend). The three remaining cancellations were due to the patient not being fit, all of which were unavoidable. Suitable patients continue to be recruited from outpatients to replace on the day cancellations and ensure the Ophthalmology theatres are fully utilised.  Theatre cancellation rates have been improving during 2018/19, with most specialties reporting a reduced cancellation rate compared to 2017/18. Unfortunately during October, several specialties reported an increase in cancellations. This was due to a variety of reasons such as a lack of operating time and cancellations in specialties that undertake a low volume of procedures in theatre. A short life working group has been established to focus on improving the cancellation rate within General Surgery and Endoscopy. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KPI | | | | Details | | | Tolerance | | | | Jul 2018 | | | Aug 2018 | | | | Sep 2018 | | | | Target | | | On Track | |
| Treatment Time Guarantee (TTG) | | | | Percentage of patients admitted within 12 weeks | | | 100% = Green  95-99.9% = Amber  ≤94.9% = Red | | | | 97.0% | | | 97.7% | | | | 92.2% | | | | 0 | | | ⇩ | |
| **Analysis**  In September the percentage of patients treated within 12 weeks was below the 95% threshold for the first time. 92.2% of patients were treated within their TTG. Six Cardiac Surgery and 100 Cardiology patients were treated over 12 weeks during September. The Cardiology patients included 64 Coronary, 26 Electrophysiology, eight Device and two Lead Extraction patients. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KPI | | | | | Details | | | | | | Jul 2018 | Aug 2018 | | | | Sep 2018 | | | Oct 2018 | | | Target | | On Track | | |
| Orthopaedic Day of SurgeryAdmission Rate (Primary Joint Replacement) | | | | | Target for 70% of Orthopaedic Primary Joint Replacement admissions to be DoSA, rising to 75% from October 2018. | | | | | | 58.6% | - | | | | - | | | - | | | 75% from October 2018 | | ⇩ | | |
| Thoracic Surgery Day of Surgery Admission Rate | | | | | Target for 44% of Thoracic Surgery admissions to be DoSA by March 2019 | | | | | | 31.7% | 36.5% | | | | - | | | - | | | 44% by March 2019 | | ⇧ | | |
| Cardiac Surgery Day of Surgery Admission Rate | | | | | Target for 15% of Cardiac Surgery major procedure admissions to be DoSA by March 2019 | | | | | | 8.2% | 11.8% | | | | 6.4% | | | 5.4% | | | 15% by March 2019 | | ⇩ | | |
| **Analysis**  The number of Orthopaedic patients being admitted as DoSA reduced during June and July. The rates were impacted by an increase in the number of Raigmore, Shetland, Orkney and Western Isles patients admitted. As these patients are seen through outreach or video conference clinics and have not been assessed by the full clinical team, they are brought in the day prior to surgery.  Thoracic Surgery DoSA rates continue to exceed the monthly improvement target and are in line to achieve the March 2019 target of 44% of Thoracic Surgery patients to be admitted on the same day as their surgery.  Cardiac Surgery DoSA rates fell during September and October. This was in part due to the requirement for MSSA patients to be admitted the day prior to surgery. A new protocol to allow MSSA patients to be treated in the community has been developed and is awaiting approval. During October, pressures with numbers of available Critical Care beds resulted in a number of Cardiac DoSA patients being cancelled. Patients identified as suitable for DoSA are generally patients with a lower clinical urgency than those admitted in advance of their procedure. DoSA cancellations are not included on the reported figure.  The measurement of Orthopaedic and Thoracic Surgery DoSA rates relies on coded data. The backlog of coded episodes is recovering and approximately two weeks behind plan. An alternative calculation method has been devised for Cardiac Surgery DoSA which allows for real time measurement. Work is continuing to allow real time measurement of Orthopaedic and Thoracic Surgery DoSA. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safe Board Performance update – November 2018** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KPI | | Details | | | | Tolerance | | Jul 2018 | | Aug 2018 | | | | | Sep 2018 | | | | | Target | | | On Track | | | |
| MRSA/MSSA bacterium | | Maintain at a rate of 0.12 cases per 1000 occupied bed days | | | | ≤0.12 = Green  >0.12 = Red | | N/A | | N/A | | | | | 0 | | | | | ≤0.12 | | | ⇧ | | | |
| Clostridium difficile infections (CDI) in ages 15+ | | Maintain at 0.10 cases per 1000 total acute occupied bed days or lower | | | | ≤0.10 = Green  >0.10 = Red | | N/A | | N/A | | | | | 0 | | | | | ≤0.10 | | | ⬄ | | | |
| **Analysis**  For the first time since December 2014, no instances of Staphylococcus Aureus Bacteraemia (SAB) were reported during the last quarter. In total, one instance of SAB has been reported since April 2018.  No instances of Clostridium Difficile infections have been reported since April 2018. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Person Centred Board Performance update – November 2018** | | | | | | | | | | | | | | |
| KPI | | Details | Tolerance | | Jul 2018 | | Aug 2018 | | Sep 2018 | | Target | | On Track | |
| Total complaints (stage 1 & stage 2) | | Measured as a percentage against the volume of patient activity | ≤ 0.10% = Green  0.11% - 0.14% = Amber  ≥0.15% = Red | | 0.08% | | 0.12% | | 0.03% | | ≤0.10% | | ⇧ | |
| **Analysis**  The total number of complaints received in September were at there lowest level since April 2017. During September no stage one complaints were received. Two stage two complaints were received during September. | | | | | | | | | | | | | | |
| KPI | Details | | | Tolerance | | Jul 2018 | | Aug 2018 | | Sep 2018 | | Target | | On Track |
| Sickness absence | Percentage hours lost due to staff sickness absence as reported via SWISS | | | Achieved = Green  Not achieved = Red | | 4.96% | | 4.88% | | 4.74% | | ≤4% | | ⇧ |
| **Analysis**  The sickness absence rate reduced for the fourth successive month in September. The sickness absence rate of 4.74% was the lowest since September 2017.  Long term sickness absence was reported at 2.12% with short term sickness absence being 2.62%. The Golden Jubilee’s long term and short term sickness absence were both below the national NHSScotland average figures. | | | | | | | | | | | | | | |

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| **Surgical Services Division Performance Board Performance Update – November 2018** |

| **ISSUE** | **ACTION** | **RESPONSIBLE LEAD** | **TIMESCALE** |
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| Critical Care | Pressure on beds and staffing within critical care remained low during September. This was as a result of a continued reduction in unplanned activity coupled with a decrease in cardiology occupied bed usage within the units. This allowed all elective cases to be accommodated and a number of other clinical areas to be supported by critical care staff.  However this position altered in October with emergency activity resulting in increased occupancy within ICU2. Full capacity within critical care was reached on a number of occasions. This led to some cardiac surgery cancellations due to a lack of physical bed capacity. A reduction in the number of unscheduled cases during November has alleviated the pressure on critical care.  Critical care has agreed to support cardiology with a registered nurse to allow ward 2D to remain open into the weekend. This has been agreed on a three month seconded basis.  The service continues to work closely with the Patient Flow team. | Lynn Graham | Ongoing |
| Cardiac Surgery | Planned elective theatre activity dropped slightly in September and October after a busy few months over July and August. Increased emergency workload and some bed challenges had a clear impact in October.  As previously mentioned urgent and emergency inpatient cardiac referral requests have remained a significant challenge. Despite this the service has worked hard to reduce the impact on elective patients and minimise the number of 12 week Treatment Time Guarantee (TTG) breaches. There were four patients in September and six in October treated over the 12 week TTG.  The increase in referral numbers across all cardiac pathways has meant that despite increased theatre activity (compared to 2017/18) the balance of delivering elective activity, maintaining the waiting list whilst treating patients within appropriate clinical timescales has remained an ongoing challenge.  The addition of an additional Consultant Anaesthetist has helped to increase activity at the cardiac pre-operative assessment clinics. For the first time, in October the number of cardiac surgery patients exceeded 100.  The outpatient staffing model reorganisation is complete with pre-operative practitioners covering all specialties. Ongoing training is being provided to ensure confidence in the pre-operative assessment of higher risk patients. | Lynn Graham | Ongoing |
| Thoracic | The service has now successfully treated 35 patients using Robotic Assisted Thoracic Surgery (RATS). A third thoracic surgeon and one clinical fellow are undergoing robotic training; this will be completed by the end of November. This will increase the number of RATS procedures from two to four cases per week, in line with the Business Case trajectories.  A sub-group of the Thoracic Enhanced Recovery Forum has been exploring the opportunities for post operative day zero patients to recover within the ward setting. A proposal paper and site visit are being planned.  Referral numbers decreased in September and October, allowing the service some limited recovery following a surge earlier in the year. The absence of one whole time equivalent thoracic surgeon means that there is some clinical pressure within the service. This has resulted in a small number of non-cancer patients (one in September and two in October) being dated over nine weeks. All patients have been treated within TTG. | Lynn Graham | Ongoing |
| Orthopaedics | The Day of Surgery Admission (DoSA) rate for June was 68%. This dropped in July to 59%. This reduction can primarily be attributed to the number of NHS Highland patients who were seen during July following the May clinic. The process for admitting patients from NHS Highland, and other Boards where outreach clinics are held, is for the patients to be admitted on the day before surgery. This process is currently being reviewed.  A secondary factor in the reduction in the DoSA rate was a number of patients whose care was transferred to a different consultant. As the operating consultant has not seen the patient in clinic, they are routinely admitted the day prior to surgery.  The Orthopaedic Satellite Day Unit opened on 25 September, allowing all patients undergoing primary joint replacement to be admitted as DoSA to level two. All day case patients are still admitted to the Surgical Day Unit on level three.  In September, 20% of primary total hip replacement patients were discharged on post operative day one. The trajectories for post-operative day two and three discharge following total hip replacement and day three discharge following total knee replacement were all exceeded in September.  A short life working group has been established to investigate potential reasons and solutions for a decline in post-operative day two discharge following primary total knee replacement. | Christine Divers | Ongoing |
| Ophthalmology | Input from the division continues to shape the workforce redesign in both outpatients and theatres as work progresses in the development of the new Ophthalmology Centre.  In line with the vision for a different staffing model in the new Ophthalmology unit, scrub and anaesthetic nurses working in the mobile unit have recently started to rotate. There is good engagement amongst staff to develop the rotational model and enthusiasm for this initial test of change. | Lynn Graham | Ongoing |
| Theatre Utilisation | The Theatre Utilisation and Productivity Group continue to focus on the plan of work for 2018/19, concentrating on three key themes:  Theatre Efficiencies, Workforce and Procurement opportunities, and has been mapped to the National Theatre improvement work.  The aim to reduce on the day theatre cancellations continues in line with the agreed targets for each clinical specialty, and a short life working group has recently been formed to concentrate on reducing both general surgery and endoscopy cancellations. | June Rogers | Ongoing |

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| **Regional and National Medicine Division Performance Board Performance Update – November 2018** |

| **ISSUE** | **ACTION** | **RESPONSIBLE LEAD** | **TIMESCALE** |
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| Scottish National Advanced Heart Failure Service (SNAHFS) Transplant Update | As at 15 November 2018, there were 21 patients on the transplant waiting list. Five transplants have been carried out during 2018/19; This reflects the recent low number of donors in Scotland. | Lynne Ayton | Ongoing |
| Scottish Adult Congenital Cardiac Service (SACCS) | A new consultant appointment was made in October, however as the successful candidate is still completing some training, a locum will be appointed in the interim.  The recent appointment of a locum radiologist will support additional SACCS MRI capacity until January 2019.  There continues to be a gap with outpatient demand significantly outstripping capacity. Measures have been put in place to address the shortfall with some impact and further work is progressing to carry out a full demand and capacity analysis. | Lynne Ayton | Ongoing |
| Interventional Cardiology | The significant pressures previously reported in cardiology are continuing with over 1000 patients on the waiting list.  Following confirmation of funding from the Scottish Government, a recovery plan is now in place to reduce waiting times before the end of the financial year. This is being closely monitored within the Divisional Management Team.  Due to small teams and recruitment challenges, the ability to increase capacity within Electrophysiology has proven difficult. An offer from NHS Lothian to provide some assistance to enable us to increase capacity on an ad-hoc basis is being progressed.  From January 2019 until March 2019, a mobile Cardiac Catheterisation Laboratory (cath lab) will be on site. It is expected to carry out 500 procedures during this period. The fourth cath lab is now opened most Tuesdays, which is also providing additional capacity. Weekend lists, when staff are available, are planned to continue until Christmas 2019.  A short life working group has been convened to plan for a fifth cath lab and it is anticipated that the business case will be presented to the Senior Management Team in February 2019 and Board thereafter.  Ward 2D has opened on Friday evening where possible. Work between interventional cardiology and critical care to provide staff to facilitate 2D opening overnight on Fridays on a more regular basis has begun. This will help to accommodate as much patient treatment as possible. | Lynne Ayton | Ongoing |
| Transcatheter Aortic Valve Implantation (TAVI) | TAVI has been running successfully since 10 April 2018. As of 6 November 2018, 50 patients have been successfully treated with excellent outcomes.  Discussions are ongoing with NHS Greater Glasgow & Clyde and NHS Lanarkshire to develop the most appropriate and feasible option for providing vascular cover to the service. | Lynne Ayton | Ongoing |
| Scottish Pulmonary Vascular Unit (SPVU) | Discussions have progressed with NHS Lothian regarding the establishment of an outreach clinic for patients in the East of Scotland. This is planned to commence in November 2018.  The increase in outreach clinics in conjunction with the appointment of a consultant has enabled the service to increase capacity and improve access for patients at the same time as reducing the regular Waiting List Initiative clinics. The waiting time for new patient appointments and subsequent inpatient assessment has reduced significantly over the last 12 months.  The annual review with the National Services Division will take place in November. The first six months’ data for 2018/19 will be presented, detailing the increases in demand and activity being experienced within the service. | Lynne Ayton | Ongoing |
| Cardiac Physiology | There is national recognition of the challenges faced in recruitment and retention of cardiac physiology staff. The situation at GJNH is critical, with several positions remaining vacant. Two locums have been recruited to cover core activity. To support the strategic intention to ‘grow our own’, the vacancy budget is being used to recruit trainees. There have been 48 applications to date.  The desired outcome for these trainees would be to gain a Masters degree in Cardiac Science awarded by the Academy for Health Care Science (AHCS) through the evaluation of the trainees’ two to three year portfolio in academic learning and practical training. | Lynne Ayton | Ongoing |
| Radiology | The primary cardiac MRI scanner is scheduled for replacement in this financial year and has been identified as a priority by the Medical Equipment Group (MEG). A business case will be presented to the Board in December to ensure the work can be completed within this financial year.  The business case describing the procurement and implementation of a second CT scanner was approved by the Board on 13 September. The equipment selection process is now complete and an order has been placed. The implementation group will oversee the project and report through the Cross Sectional Imaging group who provide project board support. | Lynne Ayton | Ongoing |
| Laboratories | A business proposal will be presented to the Senior Management Team in November to seek authority to progress a strategic partnership between our labs and a third party. | Lynne Ayton | Ongoing |
| Lung Transplant | Progress with scoping a lung transplantation service for the Golden Jubilee has proven challenging. To operate a lung transplant service would require a respiratory physician, which in turn would require a respiratory service. Approaches to respiratory services have not progressed as well as expected.  Chair and Chief Executive assistance is now helping with this progression. | Lynne Ayton | Ongoing |

**Cardiac Surgery Inpatient Waiting List**

This is a snapshot of the cardiac surgery inpatient waiting list as at 1 November 2018, with a total of 273 patients waiting for surgery. Approximately 58% of the total waiting list are patients on the available waiting list (159 patients) and 42% (114 patients) were unavailable.

Figure 2: As a percentage of the total waiting list, the number of unavailable patients was 35% (96 patients) were for medical reason and 7% (18) were patients advised unavailability.

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| Figure 1 | Figure 2 |
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26h a total of 2 imentation.kforce plan tiated with the preffered model will be confirmede any barriers to the implimentation**Thoracic Surgery Inpatient Waiting List**

As of 1 November 2018, there were 52 patients (Figure 4) on the Thoracic Surgery Inpatient waiting list.

The distribution of patients is 73% (38 patients) on the available waiting list and 27% (14 patients) were on the unavailable list.

Figure 5: As a percentage of the total waiting list there were 6 patients (6%) medically unavailable patients and 8 patients (12%) advised that they were unavailable.

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| Figure 4 | Figure 5 |
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**Cardiology Inpatient Waiting List**

Figure 6 illustrates the number of cardiology patients on the waiting list during the last 26 weeks. On 1 November 2018, a total of 1,051 patients were on the cardiology waiting list with around 96% (1,026 patients) on the available list. In addition to this, 4% (25) of patients were unavailable. The number of people on the cardiology inpatient waiting list has increased by 3% on the previous reporting period (up from 1,018 patients).

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| Figure 6 |
| 11iT0 |