



INTEGRATED PERFORMANCE REPORT

PRODUCED IN JUNE 2025

DATA REPORTED UP TO END OF MAY 2025

QUALITY, PERFORMANCE, PLANNING AND PROGRAMMES DEPARTMENT

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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:

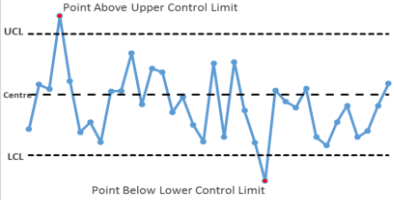
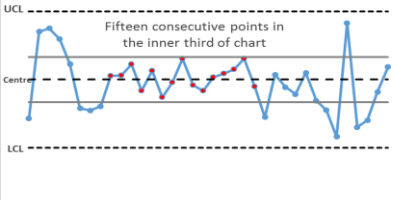
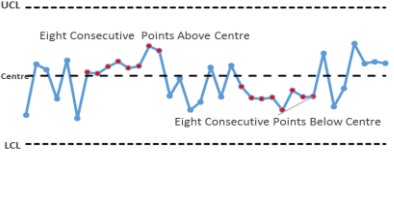
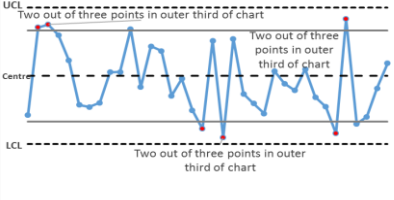
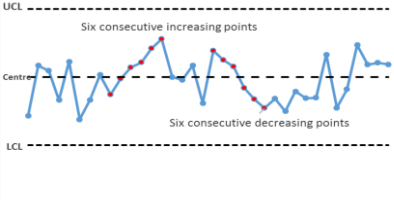
- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Staff Governance
- Section B:3 Finance, Performance & Planning
- Section C Glossary

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>	Statistical Process Control (SPC)	Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.	
	Special Cause Variation	Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.	
	Centre	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.	
	Control Limits UCL: Upper Control Limit LCL: Lower Control Limit	Position calculated on three standard deviations either side of the centre.	
	<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

RAG Status	Definition	Direction	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is worse than the Standard or Delivery Trajectory by a set level	↔	Performance unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Apr-25	6	Mar-25	11	↑					✓	C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75.0%	Apr-25	33.3%	Mar-25	71.4%	↓	✖			✖		P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75.0%	Apr-25	33.3%	Mar-25	25.0%	↑	✖				✓	P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Mar-25	15.36	Dec-24	0.00	↓				✖		C Chart	Within Control LimitsWithin Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Mar-25	0.00	Dec-24	0.00	↔		✓				C Chart	Within Control Limits
		Gram negative bacteraemia	≤15.5	Mar-25	7.68	Dec-24	0.00	↓		✓		✖		C Chart	Within Control LimitsWithin Control Limits
		Surgical Site Infection Rate: CABG	≤8.3%	May-25	0.0%	Apr-25	9.5%	↑					✓	P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.8%	May-25	3.1%	Apr-25	3.1%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.0%	May-25	0.0%	Apr-25	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.6%	May-25	0.0%	Apr-25	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.0%	May-25	97.0%	Apr-25	97.0%	↔		✓	✓			Run Chart	Within Control Limits
		Mortality	≤15.07	May-25	10	Apr-25	13	↑		✓			✓	C Chart	Within Control Limits
		Significant Adverse Event Reviews	≤5.96	May-25	0	Apr-25	1	↑		✓	✓			C Chart	Within Control Limits
Staff Governance		Disciplinary as a Percentage of Headcount	≤0.2%	May-25	0.0765%	Apr-25	0.0000%	↓		✓	✓	✖		P Chart	Above Upper Control
		Grievances as a Percentage of Headcount	≤0.2%	May-25	0.0382%	Apr-25	0.0000%	↓		✓	✓	✖		P Chart	Within Control Limits
		Dignity at Work Investigations as a Percentage of Headcount	≤0.1%	May-25	0.00%	Apr-25	0.00%	↔		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.0%	Apr-25	5.0%	Mar-25	5.1%	↑	✖				✓	P Chart	Two Outer Third Points
		Sickness absence local figure	≤5.4%	May-25	5.9%	Apr-25	5.9%	↓	✖			✖		P Chart	Within Control Limits
		TURAS PDR	≥80.0%	May-25	62%	Apr-25	63%	↓	✖			✖		P Chart	Within Control Limits
		Turnover	≤11.4%	May-25	6.62%	Apr-25	6.40%	↓		✓	✓	✖		P Chart	Below Lower Control
		Job Planning All Hospital	≥95.0%	May-25	90.4%	Apr-25	89.0%	↑	✖				✓	N/A	
		Job Planning NES: Consultants	≥95.0%	May-25	90.9%	Apr-25	90.9%	↔	✖					N/A	
		Job Planning NES: SAS Doctors	≥95.0%	May-25	100.0%	Apr-25	87.5%	↑					✓	N/A	
Finance, Performance and Planning		Job Planning HLD: Consultants	≥95.0%	May-25	89.2%	Apr-25	88.0%	↑	✖				✓	N/A	
		Medical appraisal with completed interview & form 4	≥80.0%	May-25	84.2%	Apr-25	83.7%	↑					✓	N/A	
		TTG: Number of patients who have breached the TTG	≤0	May-25	151	Apr-25	155	↑	✖				✓	P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	May-25	90%	Apr-25	90%	↓	✖			✖		P Chart	Two Outer Third Points
		31 Day Cancer	≥95.0%	Apr-25	100%	Mar-25	100%	↔		✓				P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	≤0	May-25	2058	Apr-25	2501	↑	✖				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	May-25	1551	Apr-25	2015	↑	✖				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 52 weeks	≤0	May-25	901	Apr-25	1197	↑	✖				✓	C Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	May-25	70%	Apr-25	72%	↓	✖			✖		P Chart	Two Outer Third Points
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	May-25	97%	Apr-25	95%	↑					✓	P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	May-25	71.0%	Apr-25	66.1%	↑	✖				✓	P Chart	Within Control Limits
		Ophthalmology procedures per list	≥7	May-25	7.11	Apr-25	6.94	↑					✓	P Chart	Fifteen Central Points
		Same day Hip Arthroplasty	≥10.0%	May-25	5.4%	Apr-25	3.47%	↑	✖				✓	P Chart	Within Control Limits
		Same day Knee Arthroplasty	≥5.0%	May-25	3.8%	Apr-25	4.00%	↓	✖			✖		P Chart	Within Control Limits
		4 Joint Sessions	≥75.0%	May-25	56.64%	Apr-25	58.97%	↓	✖			✖		P Chart	Within Control Limits
		Orthopaedic mean length of stay	≤3.8	May-25	2.80	Apr-25	3.40	↑	✖				✓	P Chart	Within Control Limits
		Orthopaedic DoSA	≥70.0%	May-25	73.57%	Apr-25	73.87%	↓		✓	✓	✖		P Chart	Eight Consecutive Points Above Centre
		Thoracic DoSA	≥35.0%	May-25	61.84%	Apr-25	33.33%	↑		✓	✓		✓	P Chart	Above Upper Control
		Cardiac DoSA	≥20.0%	May-25	6.82%	Apr-25	17.07%	↓		✓	✓	✖		P Chart	Within Control Limits
		All Specialties Cancellation Rate	≤4.8%	May-25	5.5%	Apr-25	5.4%	↓	✖			✖		P Chart	Within Control Limits

Clinical Governance							
KPI	RAG	Position:					
Total complaints (Stage 1 and 2) by volume		In April 2025 there were six complaints reported. Latest position available.					
Stage 1 complaints response time		In April 2025, there were three Stage 1 complaints, one was responded to within the five day target (33%). Latest position available.					
Stage 2 complaints response time		In April 2025 there were three Stage 2 complaints, one was responded to within the twenty day target (33%). Latest position available.					
MRSA/MSSA cases		There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in May 2025. In May 2025, the rate per 100,000 bed days stood at 0.0. Separately, at the conclusion of Q4, the rate was 15.36 per 100,000 bed days.					
Clostridiodes Difficile		There was one Clostridiodes Difficile Infection (CDI) reported in May 2025. In May 2025, the rate per 100,000 bed days stood at 20.6. Separately, at the conclusion of Q4, the rate was 0.0 per 100,000 bed days.					
Gram Negative Bacteraemia		There were zero reported instances of Gram Negative Bacteraemia in May 2025. In May 2025, the rate per 100,000 bed days stood at 0.0. Separately, at the conclusion of Q4, the rate was 7.7 per 100,000 bed days.					
SSI: CABG		There were zero CABG SSIs reported in May 2025.					
SSI: Other Cardiac		There was one Other Cardiac SSIs reported in May 2025.					
SSI: Hip		There were zero Hip SSIs reported in May 2025.					
SSI: Knee		There were zero Knee SSIs reported in May 2025.					
Hand Hygiene		The hand hygiene compliance rate for May 2025 was reported as 97%.					
Mortality		The mortality figure for May 2025 was reported as 10.					
Significant adverse events		There were zero significant adverse event reviews in May 2025.					
Staff Governance							
Disciplinaries		There were two disciplinary cases raised in May 2025.					
Grievances		There was one grievance case raised in May 2025.					
Dignity of work		There were no dignity cases raised in May 2025.					
Local Sickness absence		Sickness absence in May 2025 was reported at 5.9%. This is within control limits.					
Turnover		Rolling 12 Month Staff Turnover reported as within control limits at 7% in May 2025.					
Medical appraisal with completed interview & form		The rolling appraisal completion numbers over the last 12 months (from 01.06.24 to 31.05.25) are shown in the table below:					
		Corporate		HLDS		NES	
		Completed appraisal	Headcount	Completed appraisal	Headcount	Completed appraisal	Headcount
		3	4	86	99	65	80
TURAS Appraisal rates		Position for May 2025 reported as 62%.					

Job Planning: All Hospital		The rolling 12 month reporting period for medical job plans as 31.05.25 were as follows:							
		HLDS				NES			
		Consultant		SAS		Consultant		SAS	
		Signed off	Headcount	Signed off	Headcount	Signed off	Headcount	Signed off	Headcount
		67	74	7	9	50	55	8	8
Finance & Performance									
Lung Cancer 31 Day		In April 2025, nationally reported performance was 100% (36/36). Latest position available.							
TTG: Number of patients who have breached the TTG		In May 2025 there were 151 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 90% during May 2025.							
SoT Guarantee – Inpatient and DC cases (H & L only)		70% of Heart and Lung patients were admitted within 12 weeks in May 2025.							
DOSA rate: Cardiac Surgery		There were three DoSA cases in May 2025 (6.8%).							
DOSA rate: Thoracic Surgery		There were 47 DoSA cases in May 2025 (61.8%).							
DOSA rate: Orthopaedics		In May 2025 there were 488 Orthopaedic primary joint admissions, 359 (73.6%) of which were on the day of surgery.							
Theatre Cancellation Rates		In May 2025, the overall hospital cancellation rate was 5.5% (177/3220) Within Control Limits but above target.							
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 71.0% in May 2025.							
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table									
The GJNH nationally reported elective cancellation rate, in April 2025, was reported as 4.9%. This ranked GJNH as 1 out of 15. The Scotland rate was 8.0 %.									
Golden Jubilee comparative performance against the national 31 Day Lung Cancer target is reported using the Information Services Division (ISD) nationally published position. In April 2025 GJNH reported 100% of eligible patients treated within the target (Ranked 1 out of 22).									
Health Protection Scotland published figures for Quarter 4 2024 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0.0 for CDiff incidence, 7.0 for SAB and 0.0 for Ecoli. The Scotland rates were 18.0, 18.4 and 36.9 respectively.									
Corporate sickness rate in May 2025 was 3.9%. Departments over the 4% threshold were: Business Services, Clinical Governance, Housekeeping, and Security.									
Referral numbers in April 2025 were 4542 (-240). The total outpatient waiting list increased by 73 from 2409 to 2482. The total inpatient waiting list month end position decreased by 312 from 6346 to 6034.									
For current inpatient waiters the number waiting between 12-26 weeks increased to 507 (+21). The number of patients waiting 26-52 weeks decreased to 650 (-168). The number of patients waiting >52 weeks decreased to 901 (-296).									

Section B: 1 Clinical Governance

Executive Summary

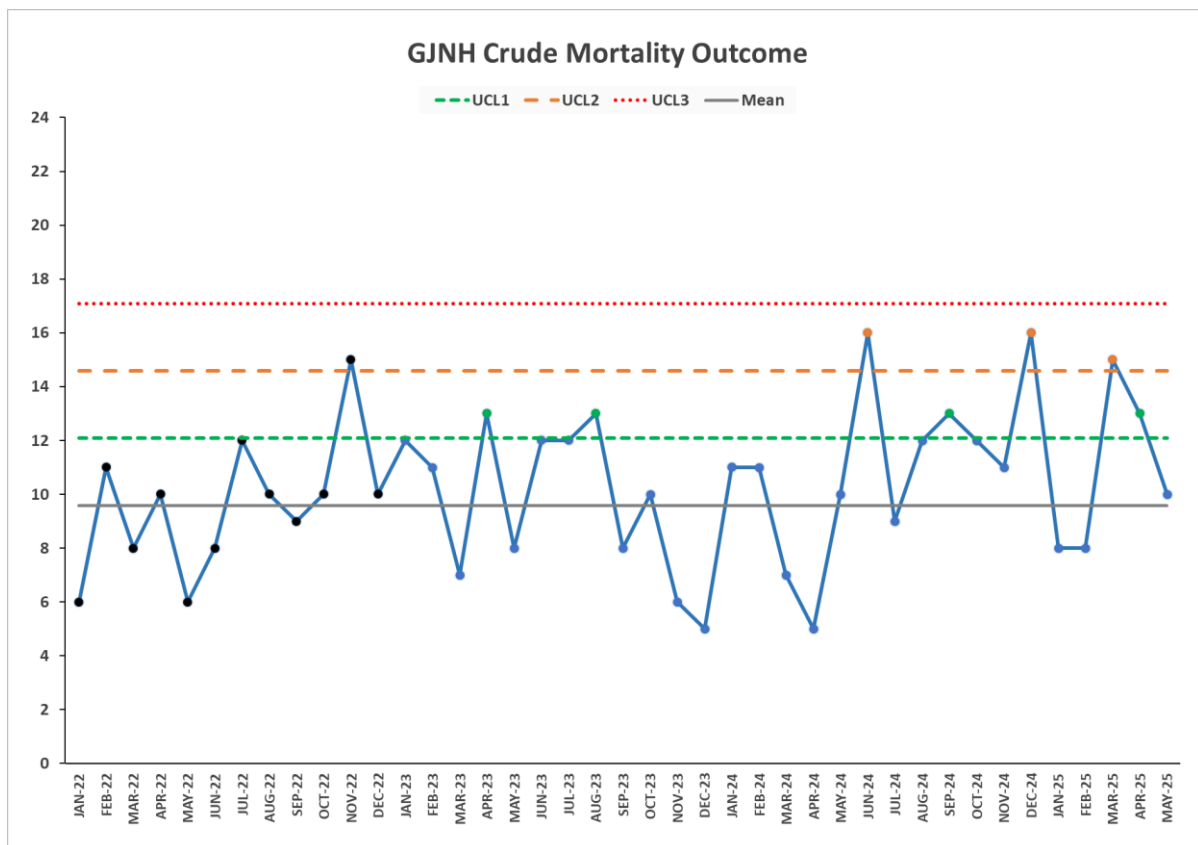
In April 2025 we received three Stage 1 complaints and three Stage 2 complaints.

33% of the Stage 1 complaints that were investigated were responded to within guidance timescale of 5 days.

The average time taken to complete and respond to the Stage 1 complaints, was 6 working days.

0% of the Stage 2 complaints that were investigated were responded to within guidance timescale of 20 days. Two Stage 2 complaints remain open and have therefore breached the 20 day timescale. One of the stage 2 complaints was rejected due to not being a complaint for this hospital.

Mortality data for May 2025 was within control limits (n=10).



* The baseline data has been recalculated from January 2022 in line with reporting of other quality measures.

There were no whistleblowing concerns have been raised during April 2025.

Clinical Governance Performance Dashboard

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/equal to target	6 periods better/equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Apr-25	6	Mar-25	11	↑					✓	C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75.0%	Apr-25	33.3%	Mar-25	71.4%	↓	✖			✖		P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75.0%	Apr-25	33.3%	Mar-25	25.0%	↑	✖				✓	P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Mar-25	15.36	Dec-24	0.00	↓				✖		C Chart	Within Control LimitsWithin Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Mar-25	0.00	Dec-24	0.00	↔		✓				C Chart	Within Control Limits
		Gram negative bacteraemia	≤15.5	Mar-25	7.68	Dec-24	0.00	↓		✓		✖		C Chart	Within Control LimitsWithin Control Limits
		Surgical Site Infection Rate: CABG	≤8.3%	May-25	0.0%	Apr-25	9.5%	↑					✓	P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.8%	May-25	3.1%	Apr-25	3.1%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.0%	May-25	0.0%	Apr-25	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.6%	May-25	0.0%	Apr-25	0.0%	↔		✓	✓			P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.0%	May-25	97.0%	Apr-25	97.0%	↔		✓	✓			Run Chart	Within Control Limits
		Mortality	≤15.07	May-25	10	Apr-25	13	↑		✓			✓	C Chart	Within Control Limits
		Significant Adverse Event Reviews	≤5.96	May-25	0	Apr-25	1	↑		✓	✓		✓	C Chart	Within Control Limits

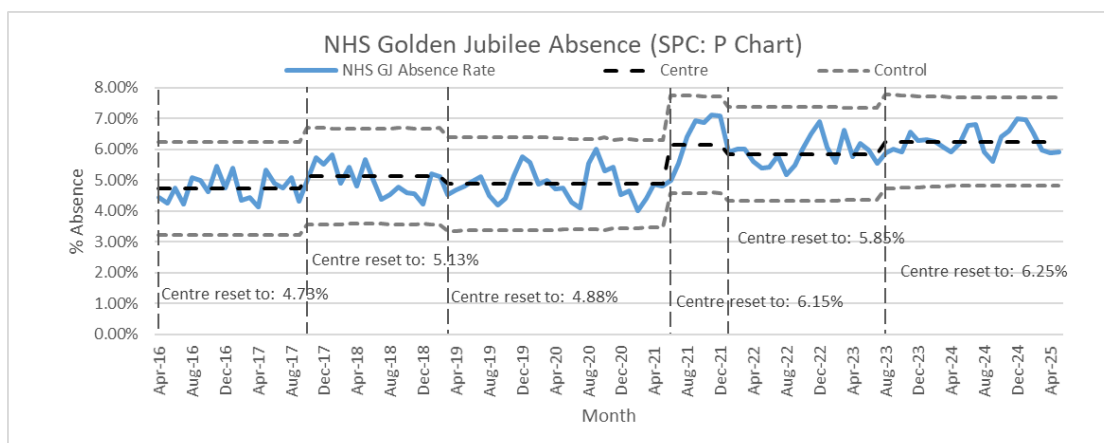
Based on Statistical Process Control (SPC) methodology the following indicators are showing evidence of Special Cause Variation:

- All indicators are currently reporting within control limits.

Section B:2 Staff Governance

In May 2025, NHS Golden Jubilee's sickness absence rate was 5.9%, the same as the previous month. Across the Directorates, sickness absence was as follows:

- Corporate: 3.9% (-0.4% on April);
- Golden Jubilee Conference Hotel: 7.7% (+4.5%);
- Heart, Lung and Diagnostic Services: 5.5% (-0.8%); and
- National Elective Services: 7.9% (+0.7%).



The rolling 12-month sickness absence rate for the Board remained at 6.2%. The 12-month breakdown for the Directorates was:

- Corporate: 4.9%;
- Golden Jubilee Conference Hotel: 4.7%;
- Heart, Lung and Diagnostic Services: 6.0%; and
- National Elective Services: 7.7%.

“Anxiety/stress/ depression/other psychiatric illnesses” was the highest cause of sickness absence in May, accounting for 31.1% of all sickness absence (up 3.7% on April). It accounted for 1.8% of contracted hours. It was the main cause of absence in all four Directorates:

- Corporate: 40.1% of sickness absence, and 1.6% of contracted hours;
- Golden Jubilee Conference Hotel: 59.5% and 4.6%;
- Heart, Lung and Diagnostic Services: 34.2% and 1.9%; and
- National Elective Services: 22.2% and 1.8%.

“Gastro-intestinal problems” was the second top cause of sickness absence overall in May, accounting for 8.5% of sickness absence hours (down from 8.8% the previous month).

Turnover

In May, turnover for NHS Golden Jubilee stood at 0.6%, up 0.2%% on April. This was due to 15 people leaving employment in May. The Directorate breakdown was as follows:

- Corporate: 0.6% (+/-0.0% on April);
- Golden Jubilee Conference Hotel: 1.1% (+1.1%);

- Heart, Lung and Diagnostic Services: 0.6% (+0.5%); and
- National Elective Services: 0.5% (+/-0.0%).

The rolling 12-month turnover rate for the Board fell by 0.6% to 7.0%. The 12-month breakdown for the Directorates was:

- Corporate: 7.0%;
- Golden Jubilee Conference Hotel: 13.0%;
- Heart, Lung and Diagnostic Services: 7.1%; and
- National Elective Services: 8.0%.

Agenda for Change appraisal

Within the twelve months to 31 May 2025, 62% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is the same as the previous month. The Directorate breakdown is as follows:

- Corporate: 48% (-1% on April);
- Golden Jubilee Conference Hotel: 67% (-1%);
- Heart, Lung and Diagnostic Services: 73% (-1%); and
- National Elective Services: 74% (-1%).

If we exclude new starts within 15 months who have not completed an appraisal, 68% of staff have had an appraisal in the 12 months to 31 May 2025, which is 1% lower than the previous month. The Directorate breakdown is as follows:

- Corporate: 56% (-1% on April);
- Golden Jubilee Conference Hotel: 74% (-1%);
- Heart, Lung and Diagnostic Services: 67% (+/-0%); and
- National Elective Services: 79% (-2%).

Medical appraisal

A new reporting period has commenced this month. It will now be reported over the last 12 months i.e. who has had a completed appraisal from 01.06.24 to 31.05.25. The numbers are as shown in the table below:

Corporate		HLDS		NES	
Completed appraisal	Headcount	Completed appraisal	Headcount	Completed appraisal	Headcount
3	4	86	99	65	80

Medical job planning

A new reporting period has commenced this month. It will now be reported over the last 12 months i.e. from 01.06.24 to 31.05.25. As at 31.05.25 job plan sign offs were as follows:

HLDS				NES			
Consultant		SAS		Consultant		SAS	
Signed off	Headcount	Signed off	Headcount	Signed off	Headcount	Signed off	Headcount
67	74	7	9	50	55	8	8

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		Disciplinary as a Percentage of Headcount	≤0.2%	May-25	0.0765%	Apr-25	0.0000%	↓		✓	✓	✗		P Chart	Above Upper Control
		Grievances as a Percentage of Headcount	≤0.2%	May-25	0.0382%	Apr-25	0.0000%	↓		✓	✓	✗		P Chart	Within Control Limits
		Dignity at Work Investigations as a Percentage of Headcount	≤0.1%	May-25	0.00%	Apr-25	0.00%	⇔		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.0%	Apr-25	5.0%	Mar-25	5.1%	↑	✗				✓	P Chart	Two Outer Third Points
		Sickness absence local figure	≤5.4%	May-25	5.9%	Apr-25	5.9%	↓	✗			✗		P Chart	Within Control Limits
		TURAS PDR	≥80.0%	May-25	62%	Apr-25	63%	↓	✗			✗		P Chart	Within Control Limits
		Turnover	≤11.4%	May-25	6.62%	Apr-25	6.40%	↓		✓	✓	✗		P Chart	Below Lower Control
		Job Planning All Hospital	≥95.0%	May-25	90.4%	Apr-25	89.0%	↑	✗				✓	N/A	
		Job Planning NES: Consultants	≥95.0%	May-25	90.9%	Apr-25	90.9%	⇔	✗					N/A	
		Job Planning NES: SAS Doctors	≥95.0%	May-25	100.0%	Apr-25	87.5%	↑					✓	N/A	
		Job Planning HLD: Consultants	≥95.0%	May-25	89.2%	Apr-25	88.0%	↑	✗				✓	N/A	
		Medical appraisal with completed interview & form 4	≥80.0%	May-25	84.2%	Apr-25	83.7%	↑					✓	N/A	

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

- Disciplinary as a Percentage of Headcount has reported above upper control limits
- Turnover has reported below lower control limits

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		

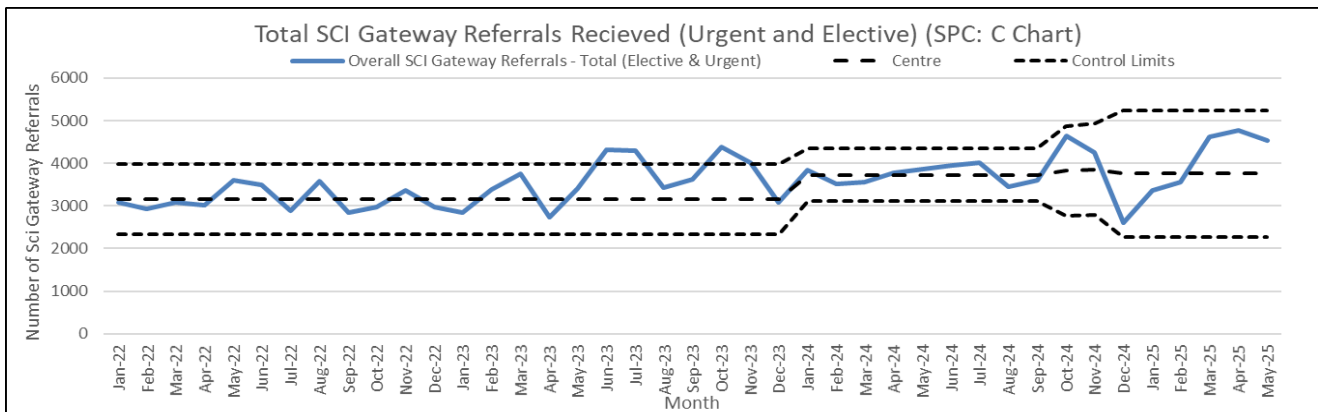
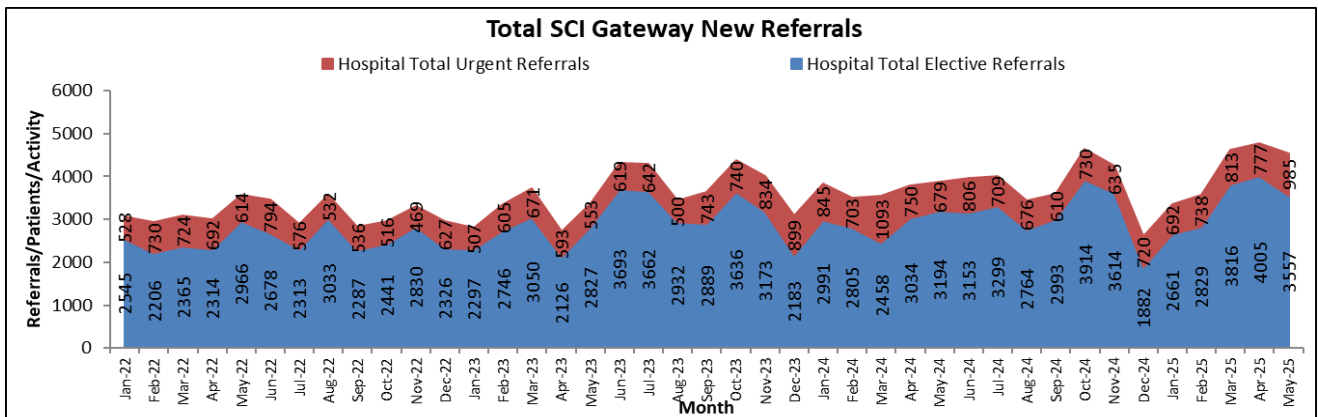
Section	RAG (last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/ equal to target	6 periods better/ equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Finance, Performance and Planning		TTG: Number of patients who have breached the TTG	≤0	May-25	151	Apr-25	155	↑	✖				✓	P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	May-25	90%	Apr-25	90%	↓	✖			✖		P Chart	Two Outer Third Points
		31 Day Cancer	≥95.0%	Apr-25	100%	Mar-25	100%	↔		✓				P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	≤0	May-25	2058	Apr-25	2501	↑	✖				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	May-25	1551	Apr-25	2015	↑	✖				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 52 weeks	≤0	May-25	901	Apr-25	1197	↑	✖				✓	C Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	May-25	70%	Apr-25	72%	↓	✖			✖		P Chart	Two Outer Third Points
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	May-25	97%	Apr-25	95%	↑					✓	P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	May-25	71.0%	Apr-25	66.1%	↑	✖				✓	P Chart	Within Control Limits
		Ophthalmology procedures per list	≥7	May-25	7.11	Apr-25	6.94	↑					✓	P Chart	Fifteen Central Points
		Same day Hip Arthroplasty	≥10.0%	May-25	5.4%	Apr-25	3.47%	↑	✖				✓	P Chart	Within Control Limits
		Same day Knee Arthroplasty	≥5.0%	May-25	3.8%	Apr-25	4.00%	↓	✖			✖		P Chart	Within Control Limits
		4 Joint Sessions	≥75.0%	May-25	56.64%	Apr-25	58.97%	↓	✖			✖		P Chart	Within Control Limits
		Orthopaedic mean length of stay	≤3.8	May-25	2.80	Apr-25	3.40	↑	✖				✓	P Chart	Within Control Limits
		Orthopaedic DoSA	≥70.0%	May-25	73.57%	Apr-25	73.87%	↓		✓	✓	✖		P Chart	Eight Consecutive Points Above Centre
		Thoracic DoSA	≥35.0%	May-25	61.84%	Apr-25	33.33%	↑		✓	✓		✓	P Chart	Above Upper Control
		Cardiac DoSA	≥20.0%	May-25	6.82%	Apr-25	17.07%	↓		✓	✓	✖		P Chart	Within Control Limits
		All Specialties Cancellation Rate	≤4.8%	May-25	5.5%	Apr-25	5.4%	↓	✖			✖		P Chart	Within Control Limits

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

- Orthopaedic DoSA has reported eight consecutive points above centre, the centre will be recalculated next month
- Thoracic DoSA reported above upper control limits

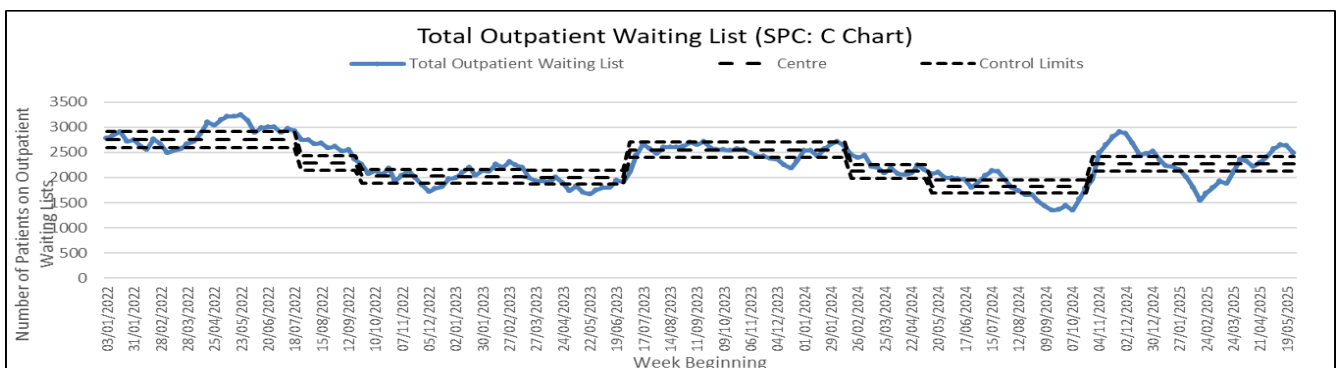
WL & Productivity

In May 4,542 SCI Gateway referrals were received, a decrease of 240 compared to the April position, reporting within control limits.

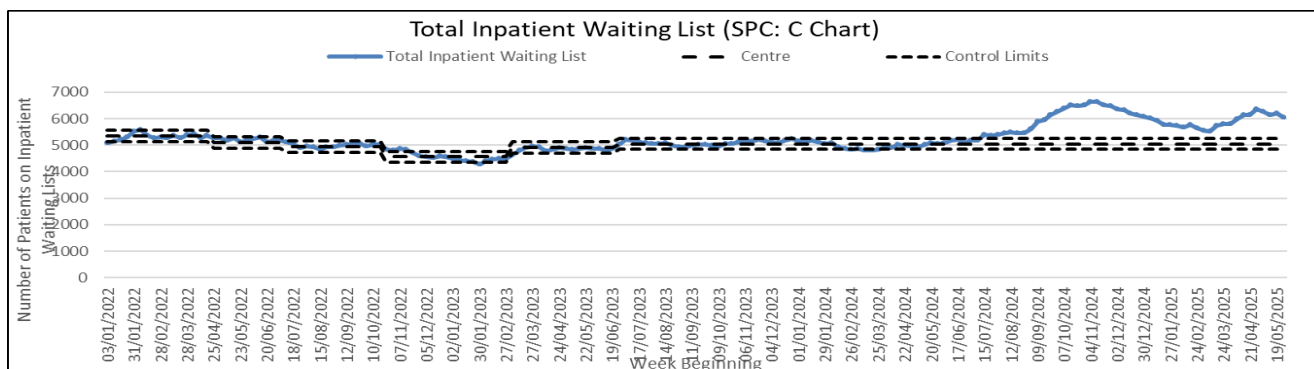


The number of Orthopaedic referrals received in May was 744 referrals, a decrease of 543 compared to April, reporting within control limits. Ophthalmology referrals have reported within control limits with 1,443 received in May; a decrease of 19 compared to the April position. There were 127 Cardiac Surgery referrals in May; an increase of 26 compared to April position, reporting within control limits. There were 107 Thoracic Surgery referrals in May; an increase of 30 compared to April. Thoracic Surgery has reported within control limits.

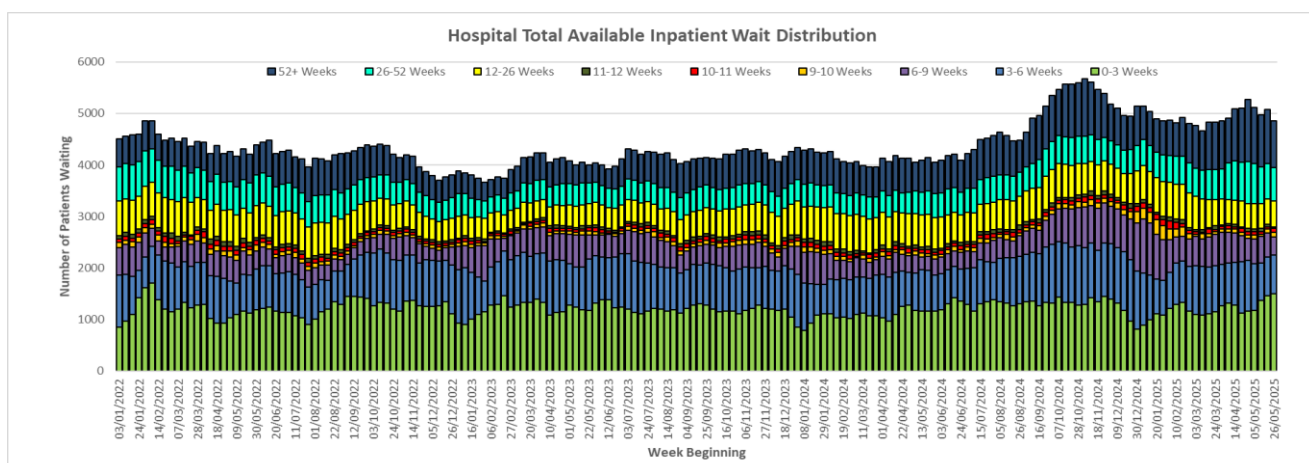
The number of patients on the outpatient waiting list in May was reported as 2,482, an increase of 73 from the April position. 1,845 (74%) of the patients on the outpatient waiting list are Ophthalmology patients.



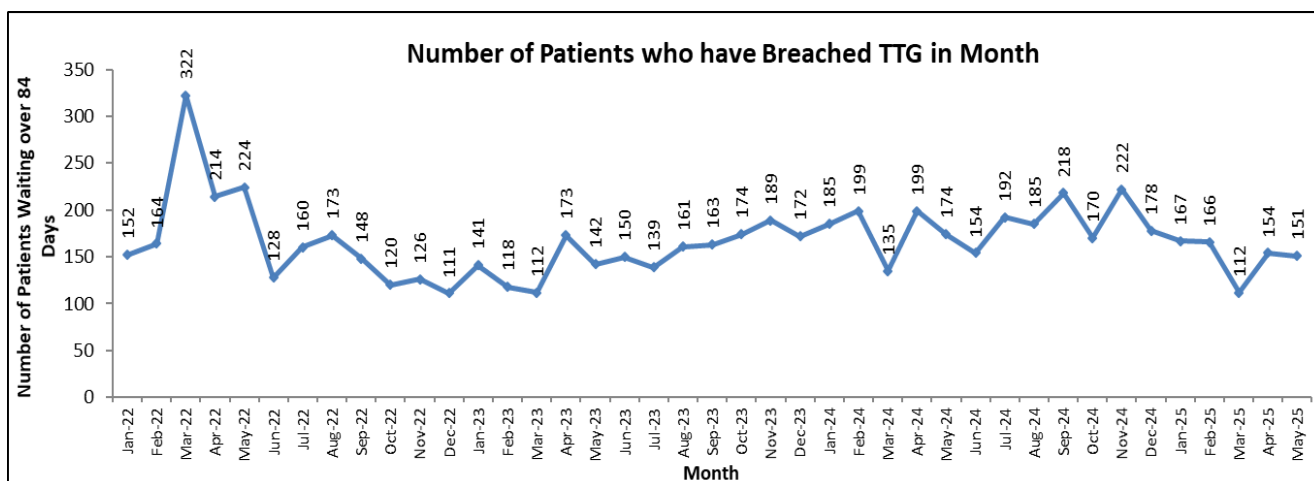
The overall total inpatient waiting list position decreased by 312 patients over the month of May to 6,034. The largest decrease was reported in the Ophthalmology waiting list, where the waiting list has decreased by 175 patients.



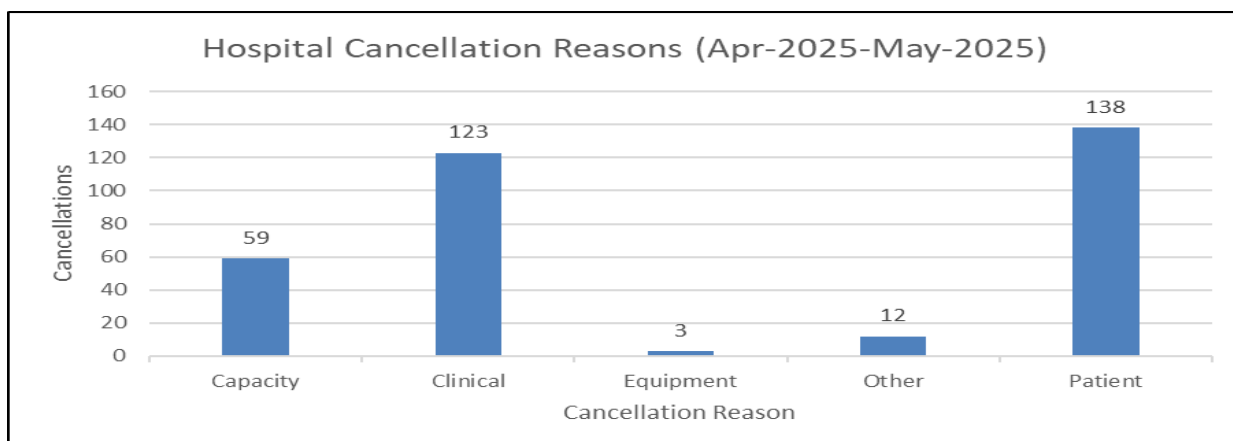
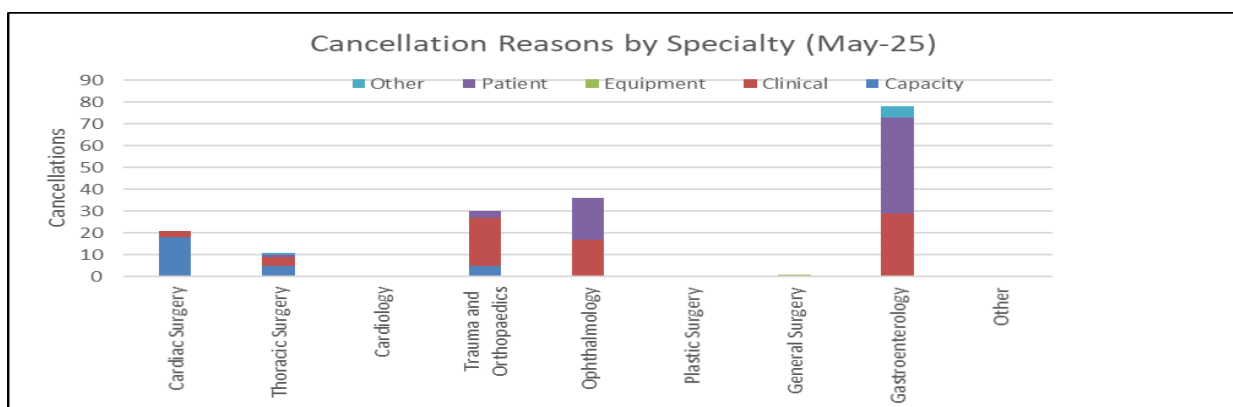
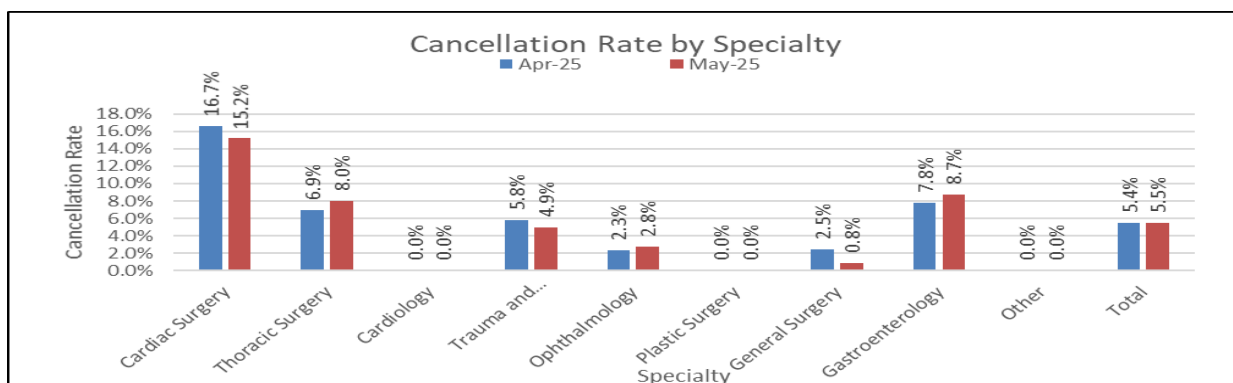
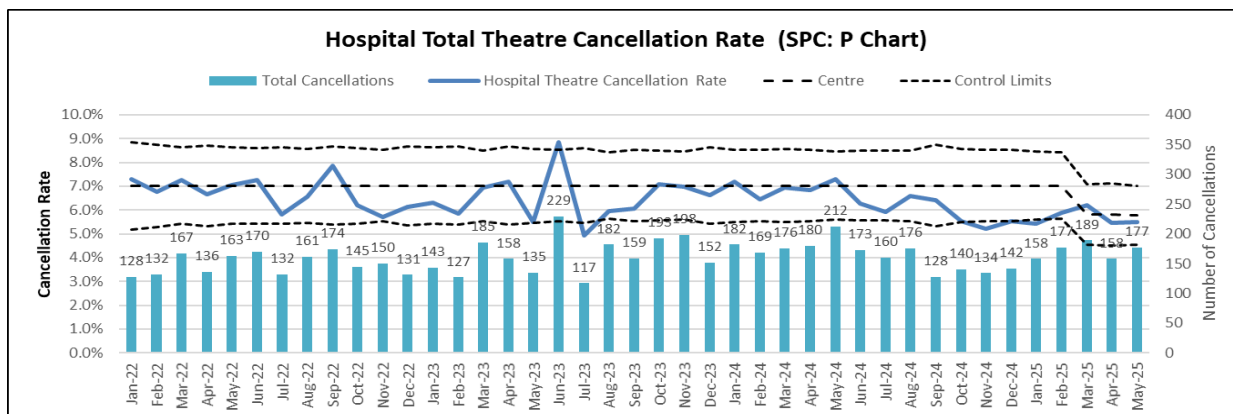
The number of available patients on waiting lists at month end who had waited between 12 and 26 weeks increased by 21, from 486 to 507 at the end of May. The number of patients waiting between 26 and 52 weeks decreased by 168 patients during May with a month end position of 650. The number of patients waiting over 52 weeks decreased by 296 with 901 patients waiting over 52 weeks at end of May.



The number of patients who exceeded their 12-week treatment time guarantee in May was reported at 151. This is a decrease of three from the April position of 154.



The hospital total cancellation rate for May was reported at 5.5% (177/3220) which is reporting within control limits. Endoscopy had the largest number of cancellations (78/893, 8.7%) and Cardiac Surgery had the highest cancellation rate (15.2%, 21/138). The most common cause for cancellations were patient reasons with 67 cancellations.



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	Q4 2024	7 (Per 100,000 TOBD)	18.4 (Per 100,000 TOBD)	1st (1/15)	10th (10/15)	↑
Clostridioides (formerly Clostridium) difficile infections (CDI) in ages 15+	≤1.9	Q4 2024	0 (Per 100,000 TOBD)	18 (Per 100,000 TOBD)	1st (1/15)	1st (1/15)	⇄
Gram negative bacteraemia (Ecoli) incidence rates	≤14.1	Q4 2024	0 (Per 100,000 TOBD)	36.9 (Per 100,000 TOBD)	1st (1/15)	1st (1/15)	⇄
NHS Discovery Sickness absence	≤ 4%	Apr-25	5.06%	5.87%	3rd (3/22)	5th (5/22)	↑
31 Day Cancer: Lung	100%	Apr-25	100.0%	97.6%	1st (1/22)	1st (1/22)	⇄
31 Day Cancer: Other	100%	Apr-25	100.0%	93.9%	-	-	-
31 Day Cancer: All	100%	Apr-25	100.0%	94.4%	1st (1/22)	1st (1/22)	⇄
Diagnostic Waiting Times: Radiology							
• Number of patients on list waiting over 6 weeks	0	Mar-25	444	40644	5th (5/15)	5th (5/15)	⇄
• Percentage of patients on list waiting under 6 weeks	100%	Mar-25	47.1%	63.0%	15th (15/15)	15th (15/15)	⇄
New Outpatient Appointment: Waiting Times for Waiting Patients							
• Number of new outpatients waiting over 12 weeks at month end	0	Mar-25	1678	328067	N/A	N/A	⇄
• % of new outpatients waiting under 12 weeks at month end	95%	Mar-25	22.6%	41%	N/A	N/A	⇄
Discovery Elective Cancellation Rates	By Specialty	Apr-25	4.9%	8.0%	1st (1/15)	2nd (2/15)	↑
NHS Discovery 4 Joint Sessions	-	Apr-25	59%	30.0%	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	Apr-25	823	107144	N/A	N/A	⇄
• % of patients admitted within 12 weeks	100%	Apr-25	78%	33%	N/A	N/A	⇄

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

- Sickness absence reported at 5.1% locally during April 2025 with a national performance of 5.9%
- The cancer waiting time position for lung cancer was reported at 100% (36/36) compliance for April 2025. There were no non-lung cancer cases in April.
- The number of radiology patients on list waiting over 6 weeks reported at 444 at the end of March 2025, this counted for 47.1% of patients on the waiting list.
- The number of new outpatients waiting over 12 weeks at the end of March 2025 reported at 1678, this counted for 77.4% of patients on the waiting list
- The cancellation rate was reported at 4.9% (130/2655) for April 2025.

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	Disciplinarys	Upheld disciplinarys 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	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
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
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 Speciality	The number of cancelled procedures on the OPERA theatre system as a percentage of the total number of scheduled procedures by speciality.	OPERA Report Manager: Theatre activity data report	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

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
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	<p>There are a number of indicators for special cause variation these include:</p> <ul style="list-style-type: none"> - 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. <p>When special cause variation is identified it should be investigated and the centre line recalculated if appropriate.</p>		

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