# NHS Golden Jubilee

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

### **Meeting date:** **27 November 2025**

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

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

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

## 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 NHS Scotland 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 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 also be replaced with a report provided to each Board Committee 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 Board Performance Report provides an update on core KPIs based on data available as of May 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:

Table 1: RAG position summary 2025

**Areas suggesting change in Performance based on SPC principles (Statistical Process Control)**

Table 2 shows KPIs which are flagged as areas of interest using SPC principles,:

|  |  |  |
| --- | --- | --- |
| **Indicator Title** | **Current SPC status** | **Comments** |
| Staff Sickness (Local) | Two outer third points | Last two points were over 2 standard deviations from centre. Possible indications of special cause variation but not conclusive. |
| Inpatient Admits within 12 weeks | Above upper control | August was slightly above upper control. Also last five months above centre. Potential indicator of sustained improvement but not conclusive |
| Ortho mean length of stay | Two outer third Points | Two recent points are over 2 standard deviations from centre on what are narrow confidence limits. Possible special cause variation but not conclusive. |
| Ophthalmology Procedures per list | Fifteen central points | Indicates performance is stable but also indicates improving performance by a meaningful margin would require changes to the process. |

Table 2: Areas suggesting change based on SPC principles

**Areas of Performance in need of Improvement**

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

|  |  |  |
| --- | --- | --- |
| **Indicator Title** | **RAG Status** | **Comments** |
| Stage 2 complaints response rate |  | In July 2025, there were six Stage2 complaints with one responded within target. |
| Clostridioides difficile infections per 100,000 Occ. Bed Days |  | There were three identified instances of CDI in Q1 2025/26. The rate per 100,000 bed days was 19.9 |
| Staff sickness (Local) |  | 7.1% sickness rate against a local target of 5.4%. |
| Staff sickness (National) |  | 7.1% sickness rate against a national target of 4.0%. April 2025 reported. |
| TURAS appraisal |  | 66.2% completed appraisal rate against target of 80%. |
| Inpatient admits within 12 weeks |  | 90.4% 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%. No recent update on position due to pause in national measurement. |
| Theatre same day cancellation rate |  | 6.2% same day cancellation rate against a target of 4.8%. |
| 4 joint session rate |  | 60% (78/130) Joint session rate against a target of 72.7%. |
| % Same Day Hip Arthroplasty |  | 3.3% (6/181) against a target of 10.0% |
| % Same Day Knee Arthroplasty |  | 3.2% (9/287) against a target of 5.0% |
| Ophthalmology procedures per list |  | 6.76 average procedures per Ophthalmology list (half-day) against a target of 7.0 |
| Total bed occupancy |  | Bed Occupancy was 72.4%, increasing over recent months and towards current upper confidence limit. |

Table 3: KPIs reported as RED or AMBER at August 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 15 weeks
* Orthopaedic foot and ankle 15 weeks. Increase observed due to operator availability.
* Orthopaedic hands 7 weeks
* Ophthalmology 5.5 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 July 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 27 October

## 2.4 Recommendation

* Board members are asked to discuss and approve the Board Performance Report.

## List of appendices

The following appendices are included with this report:

* Appendix 1, Board Performance Report