



# NHS Golden Jubilee

<b>Meeting:</b>	<b>NHS Golden Jubilee Public Board meeting</b>
<b>Meeting date:</b>	<b>26 February 2026</b>
<b>Title:</b>	<b>Board Performance Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Carole Anderson – Executive Director of Transformation, Strategy, Planning and Performance</b>
<b>Report Author:</b>	<b>James Mackie – Head of Performance</b>

## 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 November 2025. The core KPI set for Board reporting totals 22 KPIs, however the report currently provides an update on 21 of these. One 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	May 2025 Position	Aug 2025 Position	Nov 2025 Position
●	Performance is worse than the Standard or Delivery Trajectory by a set level	11	12	12	13
●	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	1	1	1	1
●	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	9	8	8	7
●	Bed Occupancy is below target	0	0	0	0
<b>Total</b>		<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>

Table 1: RAG position summary

### 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)	Above upper control	Last two points were over 2 standard deviations from centre. Possible indications of special cause variation but not conclusive.
Inpatient Admits within 12 weeks	Eight consecutive points above centre	Suggests sustained increase in performance. Centre would be recalculated to reflect this.
Total Bed Occupancy	Eight consecutive points above centre	Suggests sustained increase in occupancy. Centre would be recalculated to reflect this.
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.
% Same Day Knee Arthroplasty	Eight consecutive points above centre	Suggestive of sustained increase in performance although a low volume indicator. Centre would be recalculated to reflect this.
31 Day Cancer (Lung)	Below lower control	Below lower control but represents a single breach in a low volume indicator.
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.

Table 2: Areas suggesting change based on SPC principles

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## Areas of Performance in need of Improvement

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

Indicator Title	RAG Status	Comments
Stage 1 complaints response rate	●	0 of 1 responded to within target in Oct. YTD performance is 17/25 (68%)
Stage 2 complaints response rate	●	0 of 10 responded to within target in Oct. YTD performance is 2/35 (6%)
Clostridioides difficile infections per 100,000 Occ. Bed Days	●	4 instances reported in Q2 24/25. Rate was 25.9/100k beddays
Staff sickness (Local)	●	7.3% in Nov against target of 5.4%.
Staff sickness (National)	●	4% national target not achieved since Feb 2021
TURAS appraisal	●	57% overall. Lowest position this year. HLD 47%, NES 80%, Hotel 26%, Corporate 48%
Inpatient admits within 12 weeks*	●	1427 out of 1595 (89.5%) patients waited less than 12 weeks. Position based on all reported specialties.
Treated within 18 weeks of referral	●	Last reported position was Feb 2025. National (used locally) reporting has ceased
Theatre same day cancellation rate	●	164 same day cancellations. Rate of 5.4% against target of 4.8%
4 joint session rate	●	69/122 session had 4 Joints (56.7%) Target 75%.
% Same Day Hip Arthroplasty	●	8 of 181 hip procedures (4.4%) carried out on same day against target of 10%
Ophthalmology procedures per list	●	6.7 average procedures per Ophthalmology list (half-day) against a target of 7.0
Total bed occupancy	●	75.4% average bed occupancy. Highest recorded month of the year.

Table 3: KPIs reported as RED or AMBER at November 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 as at November 2025;

- Orthopaedic joints 19 weeks.
- Orthopaedic foot and ankle 18 weeks. Position has increased due to operator availability.
- Orthopaedic hands 16 weeks.
- Ophthalmology 5.5 weeks.
- General surgery 7 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.

### **2.3.7 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 during 2025.

### **2.3.8 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 January 2026

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, Board Performance Report