



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board meeting
Meeting date:	28 May 2026
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 March 2026. 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 – status of this KPI is under review as part of the 2026/2027 KPI review.

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	Mar 2026 Position
●	Performance is worse than the Standard or Delivery Trajectory by a set level	11	12	12	12	12
●	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	1	1	1	1	1
●	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	9	8	8	8	8
●	Bed Occupancy is below target	0	0	0	0	0
Total		21	21	21	21	21

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
Stage 2 Complaints Response Rate	Above Upper Control	Indicative of a recent improvement in performance. This would be attributed to special cause variation.
Staff Sickness (National)	Eight consecutive points above centre	Suggests sustained increase in sickness absence. Centre would be recalculated to reflect this.
Outpatients seen within 12 weeks	Eight consecutive points below centre	Suggests sustained decrease in performance. Centre would be recalculated to reflect this.
4 Joint Session Rate	Two Outer Third Points	Performance has deteriorated in the past two reporting periods to being within one standard deviation of the lower control limit.
31 Day Cancer Target (Lung)	Below Lower Control	Control limits are very close due to consistent performance. Dip below is a result of single breach
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

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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 March end:

Indicator Title	RAG Status	Comments
Clostridioides difficile infections per 100,000 Occ. Bed Days	●	Three instances reported in Q4 25/26. Rate was 6.7 per 100k bed days
Staff sickness (Local)	●	6.9% in March against target of 5.4%.
Staff sickness (National)	●	4% national target not achieved since Feb 2021
TURAS appraisal	●	65.4% overall. HLD 65%, NES 74%, Hotel 31%, Corporate 62%
Outpatients seen within 12 weeks	●	252 out of 281 (89.7%) patients waited less than 12 weeks. Position based on all reported specialties.
Inpatient admits within 12 weeks*	●	1818 out of 1999 (90.9%) 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	●	218 same day cancellations. Rate of 6.4% against target of 4.8%
4 joint session rate	●	60/130 session had 4 Joints (46.2%) Target 75%.
% Same Day Knee Arthroplasty	●	8 of 252 knee procedures (3.2%) carried out on same day against target of 5%
% Same Day Hip Arthroplasty	●	9 of 160 hip procedures (5.6%) carried out on same day against target of 10%
Ophthalmology procedures per list	●	6.9 average procedures per Ophthalmology list (half-day) against a target of 7.0
Total bed occupancy	●	72.4% average bed occupancy.

Table 3: KPIs reported as RED or AMBER at March end 2026

*For KPI “Inpatient admits within 12 weeks” and “Outpatients seen within 12 weeks”, these are the nationally reported position and represent the whole patient pathway including waits experienced at the referring health board. On receipt of referral to NHS GJ, the expected inpatient wait to procedure for the patient would be as follows as at March 2026;

- Orthopaedic joints 12.5 weeks.
- Orthopaedic foot and ankle 11.5 weeks. Position has increased due to operator availability.
- Orthopaedic hands 8.5 weeks.
- Ophthalmology 6 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 is performed annually
- 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 2025/26.

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 review 5th-8th May

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