NHS Golden Jubilee

Meeting:	**NHS GJ Public Board Meeting**
Meeting date:	**27 August 2026**
Title:	**Board Performance Report**
Responsible Executive/Non-Executive:	**Carole Anderson (Executive Director of Transformation and Strategy)**
Report Author:	**James Mackie (Head of Performance)**

1 Purpose

This is presented to the Board for:

Assurance	x	Awareness	☐
Decision	x	Discussion	☐

This report relates to a:

Annual Delivery Plan	x	Local Policy	☐
Emerging Issue	☐	NHS / IJB Strategy or Direction	x
Government Policy or Directive	x	Other	x
Legal Requirement	☐		

This aligns to the following NHS Scotland quality ambition(s):

Safe	x	Effective	x
Person-Centred	x		

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

Significant	x	Moderate	☐
Limited	☐	No Assurance* / Not Yet Assessed* (*delete)	☐

Comment: The Board Performance Report provides the Board with a comprehensive and meaningful overview of organisational performance.

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From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

Service Sustainability	x	Financial Sustainability	x
Workforce Sustainability	x	Environmental Sustainability	☐
Quality and Safety	x	Population Health and Health Inequalities	x
Other	☐		

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 were confirmed as appropriate at the Executive Leadership Team meeting on 22 June 2026.

The Board Performance Report is included as appendix 1.

The Waiting List Dashboard is included as appendix 2.

2.2 Background

The Performance Board Report, in conjunction with the Waiting List Dashboard, together provide an overview of organisational performance.

The Performance Board Report brings together a range of methodologies to support clear oversight and informed decision making.

The target, actual position, and RAG status are provided for each indicator. Targets are reviewed annually with the relevant Executive Lead, and the RAG status offers a visual indication of performance against target.

Performance over time is assessed using Statistical Process Control (SPC) to identify whether variation reflects normal fluctuation (common cause) or an unusual signal within the data (special cause).

The level of assurance is provided by the Executive Lead for each indicator and reflects their level of confidence in the risk associated with the measure.

These three approaches provide a robust assessment of performance, combining delivery against target, statistical analysis of variation which is strengthened by the considered judgement of associated risk and organisational confidence by the Executive Lead.

Each KPI is also supported by an individual drilldown report, providing further detail on any actions being undertaken which may impact the position,

contextual factors affecting delivery and where appropriate benchmarking against national performance.

Complementing the Performance Board Report, the Waiting List Dashboard provides a detailed breakdown of waiting times at NHS GJ for both the total time patients have waited (including time at referring Boards) and the time patients have waited at NHS GJ. Together these reports provide a comprehensive view of organisational performance and patient access to services.

2.3 Assessment

The Board Performance Report provides an update on agreed core KPIs based on the most recent position available or to end June 2026.There are 16 core KPIs agreed for Board reporting for financial year 2026/2027.

Table 1 provides an overview of performance, with 10 indicators meeting or exceeding the required standard, 2 indicators below target but within acceptable tolerance, and 4 indicators currently not achieving target. When comparing performance with previous positions, it should be noted that the KPI framework is reviewed annually, and changes to indicators and targets may affect direct comparisons across financial years.

Table 1: Performance Board Report RAG status summary table

RAG Status		Feb 2025 Position	May 2025 Position	Aug 2025 Position	Nov 2025 Position	Mar 2026 Position	Jun 2026 Position
●	Performance is worse than the Standard or Delivery Trajectory by a set level	11	12	12	12	12	4
●	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	1	1	1	1	1	2
●	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	9	8	8	8	8	10
	Total	**21**	**21**	**21**	**21**	**21**	**16**

Table 1: RAG position summary

Table 2: Board Performance Report SPC status summary table

Indicator Title	Current SPC status	Comments
MRSA/MSSA bacteraemias per 100,000 Occ. Bed Days	Eight consecutive points below centre	Suggest a trend of improving performance. Over the last 8 quarters no more than 2 MRSA/MSSAs have been reported per quarter. Centre would be recalculated to reflect this. This would be the first centre reset since the current charted data series commenced in 2019.
4 Joint Session rate	Eight consecutive points below centre	Suggests a trend of deteriorating performance. The last 8 month's percentages have all been below the centre line last recalculated upwards in March 2025. Centre would be recalculated to reflect this.

Table 2: Areas suggesting change based on SPC principles.

Table 3: Performance Board Report RED or AMBER status KPIs

Indicator Title	RAG Status	Comments
Stage 2 complaints response rate	●	3 of 8 (37.5%) responded to within target in May 2026. YTD performance is 5/10 (50%)
Staff sickness (Local)	●	6.8% in June 2026 against target of 5.4%.
4 joint session rate	●	72/125 sessions had 4 Joints (57.6%) Target 75%.
Ophthalmology procedures per list	●	6.6 average procedures per Ophthalmology list (half-day) against a target of 6.9.
Agenda for Change Staff Appraisal	●	66.2% overall. HLD 66%, NES 78%, Hotel 30%, Corporate 59%
% Same Day Knee Arthroplasty	●	12 of 285 (4.2%) knee procedures carried out on same day against target of 10%

Table 3: KPIs reported as a red or amber RAG status in the last reported period.

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

The report uses SPC methodology to identify indicators demonstrating special cause variation and potential performance risks. A level of assurance is also agreed with each Executive Lead about the level of risk associated with delivery of each KPI.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been carried out because this paper relates to the monitoring of existing KPIs and does not introduce changes to policy or service delivery that would impact on protected groups.

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 Other impacts

No direct impact – this report is produced for the purpose of performance reporting and assurance.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate and in accordance with the Health and Social Care Communication and Engagement Strategy and process.

A review of KPIs is performed annually with key stakeholders.
Senior Managers and Executive Leads have been engaged to provide information on any actions being undertaken which may impact on performance and to provide the associated level of assurance.

2.3.9 Route to the Meeting

This has been previously considered by the following meetings as part of its development. The meetings have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Leadership Team (ELT), 10 August 2026

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Board Performance Report
- Appendix 2, Waiting List Dashboard