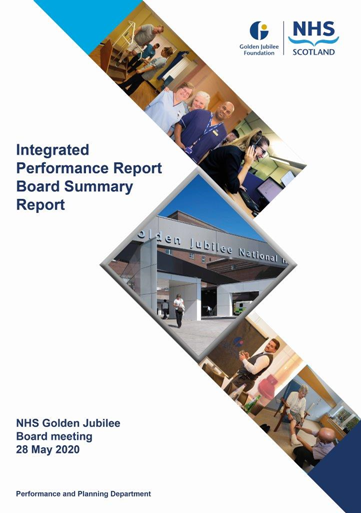
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# Section A: Introduction

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 four section with each section being considered in detail by the appropriate Standing Committee:

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

This Board Summary Report of the IPR is presented to the Board and contains the summaries from each section of the full IPR.

**Jann Gardner Colin Neil June Rogers**

**Chief Executive Director of Finance Deputy Chief Executive**

Performance Summary Dashboard – Guidance





Board Performance Dashboard – Part 1



Board Performance Dashboard – Part 2



At each meeting, the Standing Committees of NHS Golden Jubilee consider targets and standards specific to their area of remit using the Integrated Performance Report (IPR). There is a section of the IPR which provides a summary of performance Standards and targets identified as areas of note which is reproduced below. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

# Section B: 1 Clinical Governance

|  |  |  |
| --- | --- | --- |
| **Clinical Governance** | | |
| **KPI** | **RAG** | **Position:** |
| Total complaints (Stage 1 and 2) as a percentage of activity |  | In February 2020 there were eight complaints reported compared to nine in January 2020. This represents 0.097% of all activity. |
| Stage 1 complaints response time |  | In March 2020 with four out of six (66.7%) responses were made within the five day response threshold. |
| Stage 2 complaints response time |  | In February 2020 there were three Stage 2 complaints which did not meet the response time within 20 working days. (0%) |
| Mortality |  | The mortality figure for March 2020 was reported as 15. There were ten deaths in February 2020. |
| Significant adverse events |  | There were four significant adverse event reviews in March 2020, within the set tolerance limit |
| MRSA/MSSA cases |  | There was one instance of Staphylococcus aureus Bacteraemia (SAB) reported in March 2020. |
| Clostridiodes Difficile |  | There was one Clostridiodes Difficile Infections (CDI) reported in March 2020. |

**Clinical Governance Executive Summary**

Give the current situation we have moved to a contingency position for Clinical Governance. Datix remains available for use, and locations have been updated to take account of the changing footprint during the response period. All staff are strongly encouraged to continue to engage with adverse event reporting via Datix. CG team members will continue to screen regularly, review and process.

There are 5 open SAE reviews which have been paused. Contact has been made with all patients/ families to advise them of the situation. CG team members will review and complete as much as possible and ensure a clear overview of what is required to be completed at a later date. We recognise we will not be commissioning any new SAE reviews during this period but have developed a Brief Assessment Tool to support review of any significant events during this time to ensure a governance process. CG will collate and monitor for any trends and we will consider the need for any retrospective RCAs. During March we undertook 4 of these reviews, 2 arising from historic events identified via complaints. All have been completed and are not recommending any further SAE review. The national reporting of Level1, Category 1 events has been suspended at present.

With regards to complaints, we have issued a communication via the website and within our acknowledgement letters that timescales will not be met during the COVID. We received 3 stage 2 in February and 1 in March which are now awaiting sign off. Several stage 1 have been received which we have for the majority been able to manage within timescales with 2 exceptions where patients were not available for feedback within the 5 days. Contact has been made with all complainants to advise of delay. We have been maintaining contact with national networks to ensure a consistent approach in respect of timescales and communication with patients/ relatives.

Crude mortality was 15 in March with 9 deaths within cardiology, 4 cardiac and 2 thoracic. Discussions are ongoing with clinical leads in these areas to ensure robust M&M reviews during this time.

**Key Healthcare Associated Infection Headlines – February 2020 report**

***Staphylococcus aureus* Bacteraemia**- No SAB to report in February. There will be one SAB reported in the March 2020 report.

***Clostridioides difficile* infection (previously known as *Clostridium difficile)-***

No CDI to report. There will be one CDI reported in the March 2020 report.

**Hand Hygiene**- The **bimonthly** report from January demonstrates an overall compliance of 96% with hand hygiene opportunity and technique. This is an overall reduction in all staff groups. Next audit due March 20.

**Cleaning and the Healthcare Environment- Facilities Management Tool**

**Housekeeping Compliance:** 98.33% **Estates Compliance:** 98.78%

**Surgical Site Infection**-

Hip & Knee replacement SSI rates within control limits.

Cardiac and CABG SSI rates (within 30-day post-operative period) within control limits.

**Other HAI Related Activity**

**HEI Inspection report**

HEI carried out unannounced inspections of the wards and theatre departments, from Tuesday 3 to Thursday 5 December 2019. The HEI report was published in February and the Board was commended on-

* Environmental cleanliness was very good (wards).
* Staff knowledge of standard infection control precautions and transmission-based precautions was good (wards and theatre department).
* Staff compliance with completing infection, prevention and control education for all staff groups was good (wards and theatre department).
* Decontamination process for surgical instruments was good (theatre department).

The Board received 5 requirements focused around-

* Ensure equipment and the environment is clean and monitored (theatre department).
* Ensure clean and sterile equipment is stored appropriately (theatre department).

An action plan has been completed and implemented to address these requirements.

# Section B:2 Staff Governance

|  |  |  |
| --- | --- | --- |
| **Staff Governance** | | |
| Disciplinaries & Grievances |  | Both indicators were on target for March 2020 with zero disciplinary cases resulting in a warning with zero grievance cases reported. |
| Bullying and harassment |  | There were zero bullying cases reported in March 2020. Year to date there have been three cases raised. |
| Local Sickness absence |  | There was a 0.1% increase in sickness absence in March 2020 with sickness increasing from 4.9% to 5.0%.  A 5% Special Leave – Covid related rate was also reported |
| Medical appraisal with completed interview and form 4 |  | Last reported position was end of February 2020 was 58.4% (73/125) against a target of 70%. Appraisals are currently suspended. |
| TURAS Appraisal rates |  | Last reported position was 72% in January 2020 remaining below the required threshold of 80%. |
| Job Planning: Elective Services |  | Last reported position was 85.7% (60/70) of consultants having an approved job plan. Job planning is currently suspended. |
| Job Planning: Heart, Lung and Diagnostic |  | Last reported position was 80% (12/15) Job planning is currently suspended. |

**Staff Governance Executive Summary**

**Executive Summary March 2020**

Within the Staff Governance section of the IPR we report on the following:

* sickness absence rates;
* appraisal rates for those under Agenda for Change and medical pay scales; and
* medical job planning.

From March 2020 and for the foreseeable future we will also summarise absence due to COVID-19.

**Sickness absence**

In March 2020 the Board’s sickness absence rate stood at 5.0%, 0.1% higher than the previous month. Across the Directorates absence was as follows:

* Corporate: 3.9%, up from 2.8% the previous month;
* Golden Jubilee Conference Hotel: 1.3%, down from 2.1%;
* Heart, Lung and Diagnostic Services: 5.7%, down from 7.2%; and
* National Elective Services: 5.8%, up from 4.3%.

As with previous months, a large proportion of sickness absence was due to “Anxiety/stress/ depression/other psychiatric illnesses”, which accounted for 22.0% of the Board’s sickness absence. It was the main cause of sickness absence in Corporate and Heart, Lung and Diagnostic Services (21.2% and 30.2% respectively). In the Hotel “Gastro-intestinal problems” accounted for 43.7% of sickness absence, while in National Elective Services the main cause of sickness absence (22.6%) came under the “Unknown causes/not specified” heading.

**COVID-19**

Absences from work due to the Coronavirus are recorded as special leave under one of five headings:

|  |  |
| --- | --- |
| Coronavirus | This will record those who have caring responsibilities and are absent due to these. |
| Coronavirus – COVID-19 positive | As it says employees who have tested positive for the virus. |
| Coronavirus – household related – self isolating | Someone in the household of the staff member is displaying symptoms. |
| Coronavirus – self displaying systems – self isolating | This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted. |
| Coronavirus – underlying health conditions | Staff member has underlying health conditions putting them in the at risk category. |

Recording of COVID-19 absences started in mid-March. By the end of the month they accounted for an absence rate across the Board of 5.0% for the month. The Directorate breakdown was:

* Corporate: 5.8%;
* Golden Jubilee Conference Hotel: 7.0%;
* Heart, Lung and Diagnostic Services: 4.5%; and
* National Elective Services: 5.3%.

We will continue to provide a monthly summary of COVID-19 absences until the end of the pandemic.

**Agenda for Change appraisal**

Within the year to 31 March 2020 54% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS.

The Directorate breakdown is as follows:

Corporate:58%

Golden Jubilee Conference Hotel: 38%

Heart, Lung and Diagnostic Services:57%

National Elective Services: 47%.

The numbers dropped significantly during March, predominantly due to appraisals “falling off” the completed list at the end of the year in February and March. Additionally, there was no appraisal activity during March due to COVID-19. Activity has taken up again during April, which should positively affect the numbers next month.

**Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. Prior to the end of the appraisal year the requirement for doctors to complete appraisals was temporarily suspended due to the COVID-19 pandemic. By the end of March 136 doctors were attached to NHS Golden Jubilee for appraisal and revalidation purposes. Of these 97 had complete their appraisal and been issues with a Form 4, or had participated in an ARCP in the appraisal year, or were late starts for whom undertaking appraisal would not be possible at NHS Golden Jubilee in 2019/2020.

**Medical job planning**

As of 31 March 80 out of 95 (84.2%) medical staff had signed off on their 2019/2020 job plan. As with appraisal the end of the job planning year was affected by COVID-19.

# Section B:3 Finance, Performance and Resources

|  |  |  |
| --- | --- | --- |
| **Finance, Performance and Resources** | | |
| Finance – Manage within annual budget limit |  | The month twelve results show a position of £222,000 above the annual budget target. This is reduced from month eleven (£536,000). |
| Finance – Deliver Board efficiency target |  | The month twelve position shows a total cash releasing savings of £4,810,000 against a threshold of £4,807,0000. |
| Cancer 31 Day |  | In February 2020 the Monthly Cancer Waiting Times report, issued by the Scottish Government, reported performance of 82.8% (24/29) which is below the threshold of 95%. |
| TTG: Number of patients who have breached the TTG |  | In March 2020 there were 143 patients who exceeded their twelve week treatment time guarantee. This included 29 cardiac surgery patients, 2 thoracic surgery patients,34 coronary patients,38 electrophysiology patients,10 device patients,1 lead extraction patient,6 respiratory patients,23 orthopaedic patients. |
| TTG: Percentage of patients admitted within 12 weeks |  | The percentage of patients who were admitted within their twelve week treatment time guarantee increased by 3.8% from 84.4% in February 2020 to 88.2% in March 2020. This reflects a decrease in the number of patients admitted over twelve weeks (-97). |
| Stage of Treatment Guarantee – Inpatient and DC cases (Heart & Lung only) |  | Position improved from 59.0% in February 2020 to 73.3% (+14.3%) in March 2020. The number of patients treated over 12 weeks decreased to 125 whilst the number of patients treated within 12 weeks increased to 344. |
| DOSA rate: Cardiac Surgery |  | In March 2020 the Cardiac DoSA rate was 20.8% against a target of 19.6%. This was a 6.6% decrease (16 less DoSA cases against reduced activity) |
| DOSA rate: Orthopaedics |  | In March 2020 the Orthopaedic DoSA rate was 65% with a target of 75.0%. The March position represented a 1.3% increase although overall activity was reduced. |
| DOSA rate: Thoracic Surgery |  | In March 2020 the Thoracic DoSA rate was 19.8% against a target of 40.0%. The March position represented a 15% decrease (13 less DOSA cases) |
| Theatre Cancellation Rates |  | In March 2020 the overall hospital cancellation rate was 7.9%. This represents a 1.5% deterioration compared to February 2020. There were 97 cancellations with 1228 scheduled procedures with a major reduction in cases in the last few weeks of March 2020. |
| Hospital Bed Occupancy |  | Hospital wide bed occupancy was reported as 70.6% in March 2020 compared to 75.5% in February 2020. For comparison occupancy was 10% below March 2019. |
| Hotel Overall Net profit |  | The March 2020 position was -248% reflecting its closure in March 2020. |
| Hotel Patient Bed Night Usage |  | Patient bed night usage remained below target at -19.6% in February 2020. |
| Hotel Not for profit percentage |  | The percentage in March 2020 increased to 57% and was above the minimum threshold of 51%. |
| Research and Innovation: New Research projects approved |  | Nine projects approved which is above the threshold of eight |
| Research and Innovation: Income |  | March 2020 position reported as 19% above threshold (+286k) |
| Research and Innovation: Motion Lab Analysis Income |  | Position at March 2020 reported as £72k which was under the threshold of £202160 |
| Research and Innovation: Clinical Skills Centre Occupancy |  | Position at March 2020 reported as 57% which was under the threshold of 65%. |
| Research and Innovation: Clinical Research Facility Occupancy |  | Position at March 2020 reported as 60% which was under the threshold of 70%. |
| Research and Innovation: MDαT sessions secured |  | No sessions were secured in the last financial year. |
| National Comparison Table, Corporate Dashboard, Waiting list & Productivity table | | |
| The GJNH nationally reported elective cancellation rate increased from 5.3% in Jan 2020 to 6.7% in Feb 2020. The GJNH had the third lowest elective cancellation rate nationally (behind NHS Shetland). The Scotland rate was 9%. | | |
| Golden Jubilee comparative performance against the national 31 Day Cancer target is reported using the Information Services Division (ISD) nationally published position. For Quarter 4 2019 GJNH dropped to 6th at 96% (4 breaches). | | |
| Health Protection Scotland published figures for Quarter 4 2019 report a GJNH incidence rate (per 100,000 total occupied bed days) of 8.6 for both SAB and CDiff incidence. The Scotland rates were 15.2 and 14.9 respectively. | | |
| Corporate sickness rates improved in February 2020 (-0.9% to 2.8%) The number of departments over the 4% threshold reduced to: Security | | |
| The total inpatient waiting list month end position decreased by 149 from 4246 to 4097 with Orthopaedics increasing by 170.  The total outpatient waiting list increased by 198 to 1826. | | |

**Finance Executive Summary**

**Financial Position as at Month 12, March 2020**

**Revenue Position**

The total surplus as at Month 12, March 2020 amounts to £217k, subject to final year-end audit. The underspend position reflects the position following the impact on results associated with Covid-19, where all financial consequences were taken account of to provide this positive financial position at the financial year-end.

**Main Points to note**

**Revenue Position**

**Month 12**

The Month 12 position, subject to audit, as at 31st March 2020 is reporting a surplus of £0.2m and hence financially we have met our RRL targets for the financial year 2019/20. This incorporates the net position following additional costs associated with Covid-19 and funding in place to cover these costs, as agreed with Scottish Government.

The position on our Efficiency Savings target of £4.807m at month 12 noted that this was achieved in full within the financial year 2019/20. This achievement comprised of £2.5m of recurring savings and £2.3m of non-recurring savings, to balance the overall target. Of the recurring savings at £2.5m, this matures to a FYE saving of £3.76m, therefore results in a c/fwd of just over £1m into the financial year 2020/21, which is within the threshold incorporated within our Finance Plan.

It was previously thought that the c/fwd element would have been slightly lighter at around £0.85m - £0.9m however year end activities and financial flows have impacted on our ability to recognise / validate any further saving. It is however anticipated that some of these areas under review will roll forward into plans for 2020/21.

The month 12 figures have taken account of the issues associated with Covid -19 which have impacted across the organisation in a variety of formats. This impact is not only from a direct expenditure point of view, regarding mobilisation / readiness and changes in activity / spend, but also from an income perspective given the complexity of the sources previously described at the board seminar and the significant impact on the business activity of the Hotel and Conference Centre.

**Hotel Position**

The Hotel had been on track to produce a surplus for reinvestment of c£150k, and some of this reinvestment was enacted before the financial year-end. It should be recognised that the Hotel & Conference centre was achieving well against targets prior to the unprecedented issue of Covid-19, which was clearly out with their control.

The month 12 position resulted in a core deficit due to Covid-19 of c£0.3m, which was incorporated into mobilisation planning assumptions and has been covered to ensure a net balanced position within the boards overall accounts.

**Capital Position**

The month 11 Capital position was fully on track to balance the total Capital Resource Limit (CRL) by the financial year-end, however the impact of Covid-19 had the following 3 issues

1. Impact on Core Capital Funding
2. Impact on requirement to advance purchase Capital Equipment as a direct consequence of Covid-19
3. Impact on Expansion Capital Programme

In terms of the core capital, the progress on this had been accelerated on a number of fronts prior to the impact of Covid-19 and as such had largely progressed exceptionally well with a limited amount of slippage across all schemes. The level of capital purchase in preparedness for Covid-19 was partly covered from internal source, with a residual additional spend of £165k. This additional spend was incorporated into discussions and correspondence with capital finance colleagues at Scottish Government and funding was authorised and provided for this expenditure as part of our year end accounts.

In terms of the Expansion projects the timing of this issue has resulted in a reduction to expected costs related to work unable to be undertaken through the latter part of March 2020. Following discussions with Keir and a review with our cost advisors, Aecom, the detail became clear relating to the overall financial effect for 2019/20. The reductions resulted in the originally anticipated spend level being lower than the original allocation by a sum of around £1.591m. The benefit of being in close contact with Scottish Government colleagues allowed appropriate action to agreed that this value was returned to Scottish Government for future re-provision for the project, in 2020/21, and to effectively provide a balanced position against our CRL for the financial year 2019/20.

All actions have been taken as part of our year-end outturn and again, subject to audit, we are reporting a balanced position across our CRL following these agreements being in place with Scottish Government.

**Business Services Executive Summary**

**1. Background**

Patient activity is reported on a monthly basis, both by month and year to date. Data contained within the Performance Pack is primarily measured in episodes of care. However, data is also captured to reflect the number of procedures being carried out by Board, by specialty. This information is particularly relevant to referring Boards who are allocated activity and measure their activity/throughput at GJNH in numbers of procedures.

Appendix A to this document is provided for information purposes and reflects the number of patients treated against an annual plan of 18,314 (patients).

Appendix B to this document is adjusted to represent theatre slots used (as opposed to numbers of patients) in both orthopaedic surgery and plastic surgery. This allows us to more accurately reflect actual theatre utilisation and allows us to focus on maximising the theatre capacity that is available to us.

Appendix C outlines the activity that was planned for the month of March prior to COVID related cancellations.

This paper is intended to monitor and report on the national waiting times activity allocated to Boards across Scotland. High level Regional Heart and Lung Centre activity is also provided for information purposes. This activity is reported in more detail on the Divisional Performance and Planning Reports which are then summarised for presentation to the Board.

Referring Boards receive a monthly monitoring document which provides a detailed breakdown of the number of patients referred, their complexity and the number of theatre slots used to treat them.

1. **Operational Governance**

**COVID-19 Pandemic**

Following a Scottish Government announcement, on 16th March a decision was taken to cancel all elective surgery across the country. The purpose of cancelling elective procedures was to ensure NHS Boards were in a state of readiness to manage the anticipated demand on beds for patients with COVID 19 over the coming weeks and months. Consequently 703 elective surgery patients and 739 diagnostic imaging patients (associated to our service level agreements) were cancelled.

Appendix B attached to this report outlines the actual activity carried out in March 2020 and Appendix C outlines the activity that was planned for the month of March prior to cancellations.

**In Patient/Day Case/Diagnostic Imaging Activity Analysis March 2020 (Appendix B – actual, after COVID-19 cancellations)**

After COVID-19 related cancellations, inpatient/day case procedures in March, measured against a projection of 18,314 (excluding cardiothoracic/cardiology activity) was 41.8% behind plan by for the month of March and 6.1% behind the year to date plan.

Measured against a total activity projection of 61,734, the combined inpatient/day case and imaging activity, at the end of March activity was behind the full year plan by 3.1% when adjusted to reflect complexity (Appendix B).

**In Patient/Day Case/Diagnostic Imaging Activity Analysis March 2020 (Appendix C – prior to COVID-19 cancellations)**

Had activity gone ahead as planned: measured against a total activity projection of 61,734, the combined inpatient/day case and imaging activity at the year end would have been 0.6% behind plan when adjusted to reflect complexity (Appendix C).

1. **Analysis of Performance Against Plan at End March 2020**

As expected, due to COVID-19 cancellations all elective services fell short of the anticipated plan. Throughout the year there have been many challenged which affected performance including the impact of pension arrangements for consultants, prolonged periods of sickness absence in some consultant groups, upgrade of orthopaedic theatres in Q1 and floods in Q4.

The Divisional teams focussed on recovering activity shortfalls accumulated in the first half of the year. Some joint appointments and improved working practices were implemented through the year resulting in significant performance improvements in some specialties e.g. Ophthalmology and Orthopaedics. It was therefore particularly disappointing to end the year behind the full year plan.

Diagnostic Imaging activity was significantly behind plan in the middle of the year due to consultant availability to read examinations. An external provider was sourced to supplement the shortfall in service. Recovery plans were put in place and would have been realised by the end of March 2020 had there been no COVID related cancellations.

1. **Ophthalmology/Synaptik**

Engagement with GJNH, Scottish Government Access Support Team and Synaptik representatives began in early September 2019 to discuss the potential for clinical teams, provided by Synaptik, to carry our cataract surgery in the GJNH Mobile Vanguard Unit over weekends.

The Synaptik consultants were supported by the GJNH booking office team, waiting list and admin staff. The clinical team was supplemented by GJNH theatre staff. Activity commenced on 18th October 2019 and a total of an additional 865 cataracts were delivered by16th March 2020. This activity is not included in the GJNH Activity Analysis routinely submitted to the Board (Appendix B).

1. **Performance 2018/19 vs 2019/20 Activity**

Despite the disappointing impact of cancelling elective surgery and diagnostic imaging examinations, as demonstrated below, activity remained high in comparison the previous year.

|  |  |  |
| --- | --- | --- |
|  | **2018/19 Activity** | **2019/20 Activity** |
| **IP/DC Procedures** | 17,320 | 17,206 |
| **Imaging** | 35,275 | 42,621 |
| **Total** | 52,595 | 59,827 |

Despite 703 COVID-19 related cancellations, activity in 2019/20 was only 0.6% lower than the previous year.

After 739 COVID-19 related diagnostic imaging cancellation, activity in 2019/20 was 20.8% higher than the previous year.

Collectively, in total 2019/20 activity was 13.7% higher than the previous year.

1. **Current Situation**

As we progressed towards the peak of the pandemic, GJNH engaged with a number of NHS Boards offering to provide theatre and ward capacity to carry out urgent cancer procedures. This involved a significant amount of collaboration and multidisciplinary interaction across a number of Boards and a number of specialties. Standard Operating Procedures have been established and approval to commence surgery was achieved. Feedback to date, has been that this has been a positive experience for both the patients and the visiting surgeons.

A Recovery Plan is being formulated for submission to the Scottish Government which will describe progressively working towards reinstating elective services at GJNH, however it will continue to offer support for cancer surgery. It is very likely that the Service Level Agreements that are currently in place with NHS Boards across Scotland for elective surgery and diagnostic imaging will be discontinued in their current form. A new plan will be developed against which a new performance monitoring process will apply.

**June Rogers**

**Director of Operations**

**21st May 2020**

**Business Services Appendix A**



**Business Services Appendix B**



**Business Services Appendix C**

