



Integrated Performance Report Board Summary Report



**NHS Golden Jubilee
Board meeting**

25 July 2024

Quality, Performance, Planning & Programmes

BOARD SUMMARY REPORT

PRODUCED IN JULY 2024

DATA REPORTED UP TO END OF APRIL 2024

FOR SUBMISSION TO:

- BOARD MEETING – 15 JULY 2024

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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 sections 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.

Gordon James
Chief Executive

Graham Stewart
Interim Director of Finance

Carolynne O'Connor
Director of Operations & Deputy CEO

Performance Summary Dashboard – Guidance

(1) Section	(2) RAG (Last period)	(3) Standard	(4) Target for Current Period	Performance Data				Performance Assessment Methodology				
				(5) Current Period	(6) Current Performance	(7) Previous period	(8) Previous Performance	(9) Direction of Travel	(10) 3 periods worse than target	(11) 3 periods better/equal to target	(12) 6 periods better/equal to target	(13) Recent Deterioration

(1)	Section	Details the Committee responsible for the particular standard eg Clinical Governance, Staff Governance or Finance, Performance and Planning										
(2)	RAG (Last point)	Red/Amber/Green rating for the last period available. The rating is based on signed off tolerances for each particular standard. The last period may not be the latest month due to data availability. Some standards are reported on a quarterly basis. For Bed Occupancy indicators there is an additional blue rating which denotes occupancy below a certain level.										
(3)	Standard	Description of the standard being reported. The standards reported are agreed as part of an annual review process										
(4)	Target for current period	Denotes the target for latest period reported										
(5)	Current period	Denotes the current period available for reporting. This is dependent on data availability. Indicators are updated on an ongoing basis from a variety of data sources.										
(6)	Current performance	Describes the performance for the most current period available. Indicators are generally either numeric or percentage based.										
(7)	Previous period	Denotes the previously reported period. Some indicators are not reported on a monthly basis Eg Job Planning. The previous period will reflect the previous period in which the indicator was reported against.										
(8)	Previous Performance	Describes the performance for the last period reported. Indicators are generally either numeric or percentage based.										
Performance Assessment Methodology		Each indicator has been assessed against a defined Performance Assessment Methodology which is intended to highlight both areas of concern and areas of sustained improvement. For this iteration there are six sets of criteria against which each indicator is evaluated. Where an indicator meets the set criteria an alert is recorded against that indicator within the dashboard. The five current sets of criteria are detailed below.										
(9)	Direction of Travel	The direction of travel indicator compares the last two periods of reported performance. Each indicator has been assessed so that an 'up' arrow represents improvement and a 'down' arrow represents deterioration.										
(10)	3 periods worse than target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has not been achieved in each of the last three periods then the standard will be flagged with a 'cross' and shaded red. This represents continued underperformance against the required standard and may trigger a further drill-down performance report.										
(11)	3 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has been achieved in each of the last 3 periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a period of continued success in achieving the requisite standard.										
(12)	6 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last six reported periods. If the 'Green' standard has been achieved in each of the last six periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a sustained period of continued success in achieving the requisite level of performance.										
(13)	Recent deterioration	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had met the level required in the previously reported period but had not met the level required in the most recent period then the standard will be flagged with a 'cross' and shaded red. This demonstrates a recent deterioration in performance against a particular standard.										
(14)	Recent improvement	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had not met the level required in the previously reported period but had met the level required in the most recent period then the standard will be flagged with a 'tick' and shaded green. This demonstrates a recent improvement in performance against a particular standard.										

Statistical Process Control – Guidance

Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> 1. Trend of six points increasing or decreasing. 2. Run of eight points above or below the centre line. 3. Data point outwith control limits. 4. 15 points close to the centre line. 5. Two points close to the outer third of the chart. 6. Within the control limits will flag if no special cause is identified. <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p> <p>Special Cause Variation</p> <p>Centre</p> <p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p> <p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p> <p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p> <p>Position calculated on three standard deviations either side of the centre.</p>	
	<p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p>		<p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>
	<p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>		<p>Two out of three consecutive points near (outer one-third) a control limit. This could either be an indication of an unstable process which is highly variable or could also indicate that a change has occurred and is impacting (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p>
	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

Board Performance Dashboard – Part 1

RAG Status	Definition	Direction	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is worse than the Standard or Delivery Trajectory by a set level	↔	Performance unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology								
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/equal to target	6 periods better/equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)	
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Mar-24	9	Feb-24	14	↑						✓	C Chart	
		Stage 1 complaints responded to within 5 working days	≥75.5%	Mar-24	100.0%	Feb-24	80.0%	↑			✓			✓	P Chart	
		Stage 2 complaints responded to within 20 days	≥75.5%	Mar-24	40.0%	Feb-24	25.0%	↑	*					✓	P Chart	
		MRSA/MSSA bacterium	≤11.2	Mar-24	8.17	Dec-23	16.47	↑						✓	C Chart	Within Control Limits/Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Mar-24	0.00	Dec-23	0.00	↔						✓	C Chart	Within Control Limits
		Gram negative bacteraemia	≤15.5	Mar-24	8.17	Dec-23	8.24	↑						✓	C Chart	Within Control Limits/Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.3%	Apr-24	2.0%	Mar-24	3.7%	↑			✓	✓		✓	P Chart	
		Surgical Site Infection Rate: Other Cardiac	≤7.8%	Apr-24	0.0%	Mar-24	3.1%	↑			✓	✓		✓	P Chart	
		Surgical Site Infection Rate: Hip	≤2.2%	Apr-24	0.6%	Mar-24	0.0%	↓			✓	✓	*	✓	P Chart	
		Surgical Site Infection Rate: Knee	≤6%	Apr-24	0.0%	Mar-24	0.0%	↔			✓	✓		✓	P Chart	
	Hand Hygiene Compliance	≥95%	Mar-24	99.0%	Jan-24	98.0%	↑			✓	✓		✓	Run Chart		
	Mortality	≤15.07	Apr-24	5	Mar-24	7	↑			✓	✓		✓	C Chart		
	Significant Adverse Event Reviews	≤5.96	Apr-24	0	Mar-24	1	↑			✓	✓		✓	C Chart		
Staff Governance		Disciplinary as a Percentage of Headcount	≤2%	Apr-24	0.00%	Mar-24	0.00%	↔			✓	✓		✓	P Chart	
		Grievances as a Percentage of Headcount	≤2%	Apr-24	0.08%	Mar-24	0.1%	↑			✓	✓		✓	P Chart	
		Dignity at Work Investigations as a Percentage of Headcount	≤1%	Apr-24	0.08%	Mar-24	0.0%	↓			✓	✓	*	✓	P Chart	
		SWISS Sickness absence	≤4%	Sep-23	5.5%	Aug-23	5.6%	↑	*					✓	P Chart	Within Control Limits
		Sickness absence local figure	≤4%	Apr-24	5.9%	Mar-24	6.1%	↑	*					✓	P Chart	
		TURAS PDR	≥80%	Apr-24	68%	Mar-24	67%	↑	*					✓	P Chart	
		Turnover	≤1%	Apr-24	0.41%	Mar-24	1.06%	↑						✓	P Chart	
		Job Planning All Hospital	≥95%	Apr-24	90.1%	Mar-24	83.8%	↑	*					✓	N/A	
	Medical appraisal with completed interview & form 4	≥%	Apr-24	0.0%	Mar-24	73.9%	↓					*		N/A		
Finance, Performance and Planning		TTG: Number of patients who have breached the TTG	≤0	Apr-24	206	Mar-24	141	↓	*					*	P Chart	
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Apr-24	86%	Mar-24	87%	↓	*					*	P Chart	
		31 Day Cancer	≥95.5%	Mar-24	100%	Feb-24	100%	↔			✓	✓			P Chart	
		Number of patients on list waiting over 12 weeks	≤0	Apr-24	1704	Mar-24	1600	↓	*					*	C Chart	
		Number of patients on list waiting over 26 weeks	≤0	Apr-24	1067	Mar-24	987	↓	*					*	C Chart	
		Number of patients on list waiting over 52 weeks	≤0	Apr-24	653	Mar-24	574	↓	*					*	C Chart	
		Treated within 18 weeks of referral	≤90%	Apr-24	90%	Mar-24	88%	↓						*	P Chart	
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≤90%	Apr-24	68%	Mar-24	69%	↑			✓	✓		✓	P Chart	
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≤90%	Apr-24	94%	Mar-24	91%	↓	*					*	P Chart	
		Hospital Wide Bed Occupancy	83% - 88%	Apr-24	74.6%	Mar-24	71.0%	↑	*					✓	P Chart	
		Orthopaedic DoSA	≥70%	Apr-24	69.4%	Mar-24	74.8%	↓						*	P Chart	
		Thoracic DoSA	≥35.5%	Apr-24	21.7%	Mar-24	27.4%	↓			✓	✓	*	✓	P Chart	
	Cardiac DoSA	≥5%	Apr-24	4.5%	Mar-24	0.0%	↑			✓	✓		✓	P Chart		
	All Specialties Cancellation Rate	≤4.8%	Apr-24	6.8%	Mar-24	7.0%	↑	*					✓	P Chart		

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) by volume		In March 2024 there were 9 complaints reported. Latest position available.
Stage 1 complaints response time		In March 2024, there were 4 Stage 1 complaints, all four were responded to within the five day target (100%). Latest position available.
Stage 2 complaints response time		In March 2024 there were five Stage 2 complaints, two were responded to within the twenty day target (40%). Latest position available.
Mortality		The mortality figure for April 2024 was reported as five.
Significant adverse events		There were zero significant adverse event reviews in April 2024.
MRSA/MSSA cases		There were two instances of Staphylococcus aureus Bacteraemia (SAB) reported in April 2024. The rate per 100,000 bed days was 44.7 in April 2024.
Clostridiodes Difficile		There was one Clostridiodes Difficile Infection (CDI) reported in April 2024. The rate per 100,000 bed days was 22.4 in April 2024.
Gram Negative Bacteraemia		There was one reported instance of Gram Negative Bacteraemia in April 2024. The rate per 100,000 bed days was 22.4 in April 2024.
SSI: Hips & Knees		Surveillance recommenced in July with one SSI reported in April 2024.
SSI: Cardiac		Surveillance recommenced in October with one SSI reported in April 2024.

Clinical Governance Executive Summary

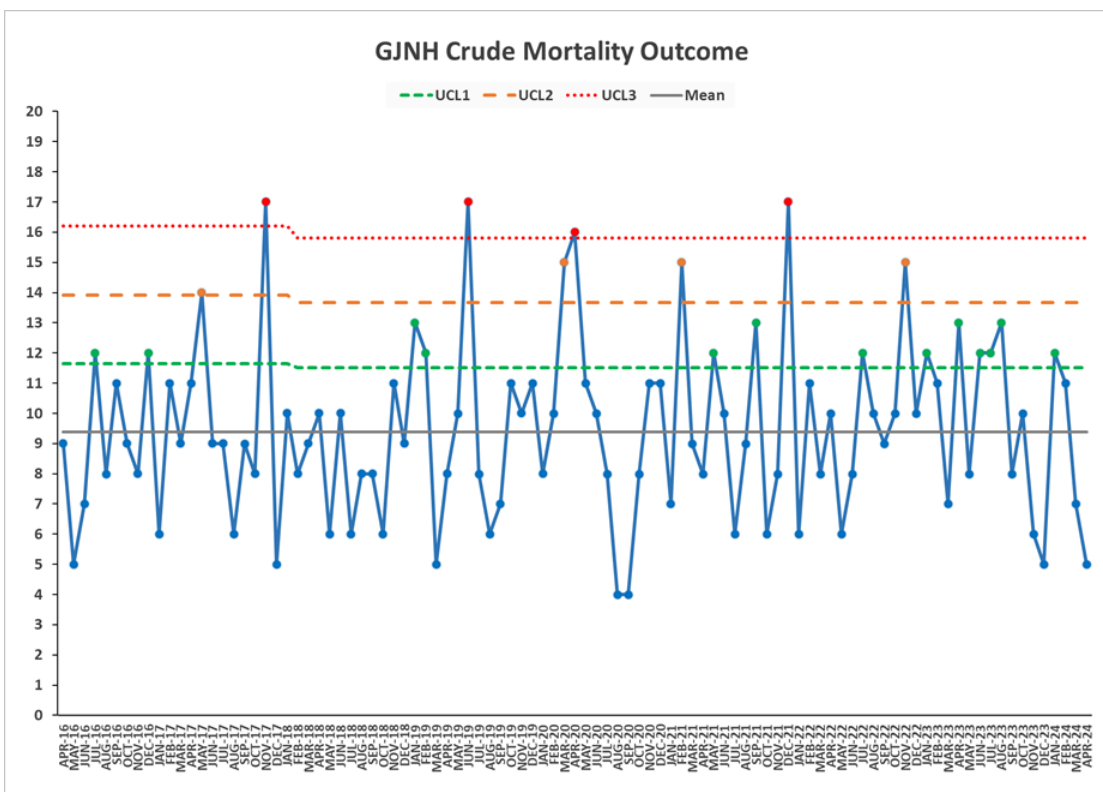
Executive Summary

In March 2024, a total of 9 complaints were received. Of the 9 complaints, 4 were Stage 1 and 5 were Stage 2. Below is a summary of compliance with timescales and average completion time.

100% (4) of the four Stage 1 complaints were investigated and responded to within the 5 working day timescale, with an average response time of 3 working days.

40% (2) of the five Stage 2 complaints were investigated and responded to within the 20 working day timescale, 1 of these were closed after 8 working days following decision at DMT to time bar this complaint. 40% (2) are closed with an average response time of 22 working days, 20% (1) is ongoing and breached the 20 working day timescale.

Mortality data for April 2024 was within control limits (n=5).



No whistleblowing concerns have been raised during March 2024.

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia** – 2 cases to report, both related to vascular access devices.
- ***Clostridioides difficile* infection**- 1 case to report, known risk factors.
- **Gram Negative/*E.coli* Bacteraemia (ECB)**- 1 case to report. Source IABP.

- **Hand Hygiene**- Next report May 24.

- **Cleaning and the Healthcare Environment -Facilities Management Tool**
Housekeeping Compliance: 98.21% Estates Compliance: 96.37%.
Both compliance rates are above national trajectories.

- **Orthopaedic Surgical Site Surveillance**- One THR SSI to report in April.

- **Cardiac Surgical Site Surveillance**- 1 CABG SSI to report in April.

- **Other HAI Activity Overview**

Surveillance trajectories still under review nationally.

AOP targets will roll over until advised further.

HAI SCRIBE activity is ongoing to support Phase 2 and associated refurbished/linked areas.

Section B: 2 Staff Governance

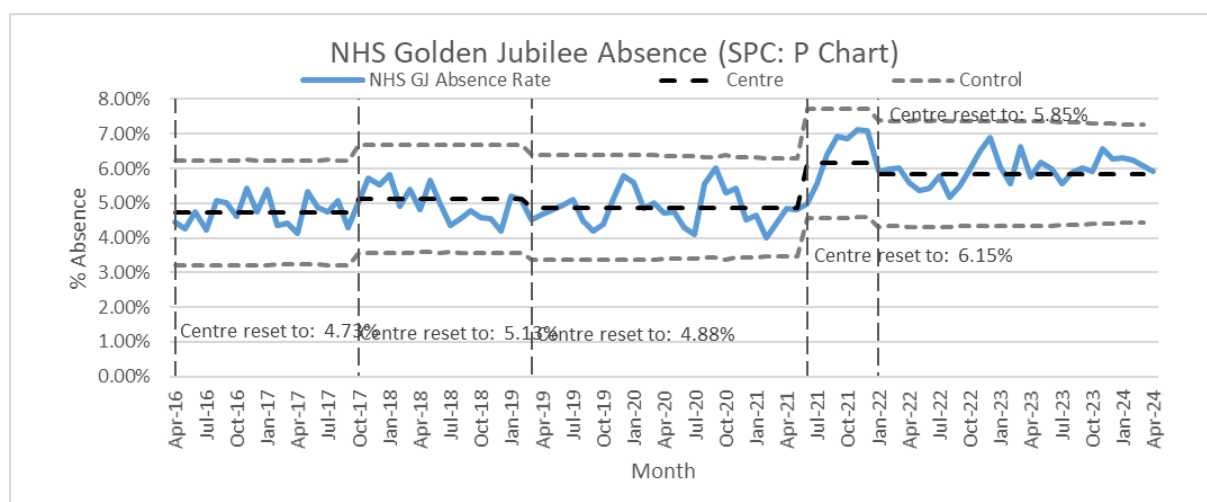
Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in April 2024.
Grievances		There were two grievance cases raised in April 2024.
Dignity of work		There were two dignity cases raised in April 2024.
Local Sickness absence		Sickness absence in April 2024 was reported at 5.9%. This is within control limits.
Turnover		Turnover in April was reported as within control limits at 0.4%.
Medical appraisal with completed interview & form		The appraisal year for medical staff runs from 1 April to 31 March. To date, 141 doctors out of 163 had completed their 2023/2024 appraisal, and one had an ARCP.
TURAS Appraisal rates		Position for April 2024 reported as 68%.
Job Planning: All hospital		The year end position for job planning for 2023/24 is now complete. To date, 6 of the 130 job plans for 2024/2025 were sitting in discussion; 7 were awaiting the clinician's sign off; 2 were awaiting second manager sign off, 1 was locked down; and 114 had been signed off.

Staff Governance Executive Summary

Sickness absence

In April 2024, NHS Golden Jubilee's sickness absence rate stood at 5.9%, 0.2% lower than the previous month. Across the Directorates, sickness absence was as follows:

- Corporate: 3.7% (+/-0.0% on March);
- Golden Jubilee Conference Hotel: 3.0% (-0.8%);
- Heart, Lung and Diagnostic Services: 7.8% (+0.3%); and
- National Elective Services: 6.5% (-0.6%).



The rolling 12-month sickness absence rate for the Board was 5.6%. The 12-month breakdown for the Directorates was:

- Corporate: 4.4%;
- Golden Jubilee Conference Hotel: 3.3%;
- Heart, Lung and Diagnostic Services: 6.6%; and
- National Elective Services: 5.9%.

“Anxiety/stress/ depression/other psychiatric illnesses” was the highest cause of sickness absence in April, accounting for 27.0% of all sickness absence. It accounted for 1.6% of contracted hours. It was the main cause of absence in all Directorates:

- Corporate: 19.7% of sickness absence, and 1.1% of contracted hours;
- Golden Jubilee Conference Hotel: 37.9% and 0.7%;
- Heart, Lung and Diagnostic Services: 35.8% and 2.8%; and
- National Elective Services: 20.4% and 1.3%.

“Cold, cough, flu - influenza” was the second top cause of sickness absence overall in April, accounting for 12.1% of sickness absence hours.

Turnover

In April, turnover for NHS Golden Jubilee decreased to 0.4%, down from 1.1% in March. This was due to 10 people leaving employment in April. March tends to see an increase in leavers, as some colleagues choose to retire on 31 March. The Directorate breakdown was as follows:

- Corporate: 0.7% (-1.3% on March);
- Golden Jubilee Conference Hotel: 0.0% (+/-0.0%);
- Heart, Lung and Diagnostic Services: 0.0% (-0.4%); and
- National Elective Services: 0.6% (-0.4%).

The rolling 12-month turnover rate for the Board was 8.5%. The 12-month breakdown for the Directorates was:

- Corporate: 9.4%;
- Golden Jubilee Conference Hotel: 7.9%;
- Heart, Lung and Diagnostic Services: 6.1%; and
- National Elective Services: 10.0%.

Agenda for Change appraisal

Within the twelve months to 30 April 2024, 68% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 1% higher than the previous month. The Directorate breakdown is as follows:

- Corporate: 63% (+1% on March);
- Golden Jubilee Conference Hotel: 68% (+1%);
- Heart, Lung and Diagnostic Services: 65% (+1%); and
- National Elective Services: 75% (+/-0%).

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 10 May 2024, 141 doctors out of 163 had completed their 2023/2024 appraisal, and one had an ARCP. This is an increase of 13 on the previous month.

Medical job planning

In December 2023, we closed almost all medical job plans on the Allocate job planning system for 2023/2024, and started new job plans for the year starting 1 April 2024. As at 10 April 2024, 6 of the 130 job plans for 2024/2025 were sitting in discussion; 7 were awaiting the clinician's sign off; 2 were awaiting second manager sign off; 1 was locked down; and 114 had been signed off (7 more signed off than in March).

Section B:3 Finance, Performance and Resources

Finance & Performance		
Lung Cancer 31 Day		In March 2024, nationally reported performance was 100% (26/26). Latest position available.
TTG: Number of patients who have breached the TTG		In April 2024 there were 206 patients who exceeded their twelve week treatment time guarantee.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients admitted within their twelve week treatment time guarantee was reported at 86.1% during April 2024.
SoT Guarantee – Inpatient and DC cases (H & L only)		68.5% of Heart and Lung patients were admitted within 12 weeks in April 2024.
DOSA rate: Cardiac Surgery		There were two DoSA cases in April 2024 (4.5%).
DOSA rate: Thoracic Surgery		There were 18 DoSA cases in April 2024 (21.7%).
DOSA rate: Orthopaedics		In April 2024 there were 265 Orthopaedic primary joint admissions, 184 (69.4%) of which were on the day of surgery.
Theatre Cancellation Rates		In April 2024, the overall hospital cancellation rate was 6.8% (180/2630) Within Control Limits.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 74.5% in April 2024. Within Control Limits.