



Integrated Performance Report Board Summary Report

**NHS Golden Jubilee
Board meeting**

26 Sept 2024

Quality, Performance, Planning & Programmes



BOARD SUMMARY REPORT

PRODUCED IN JULY 2024

DATA REPORTED UP TO END OF JUNE 2024

FOR SUBMISSION TO:

- BOARD MEETING – 26 SEPTEMBER 2024

Contents

Introduction	2
Performance Summary Dashboard	5
Integrated Performance Report: Executive Summaries	7

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.

Gordon James
Chief Executive

Jonny Gamble
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>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</p>	<p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p>	
	<p>Centre</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>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Position calculated on three standard deviations either side of the centre.</p>	
<p>Point Above Upper Control Limit</p> <p>Point Below Lower Control Limit</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 in the inner third of chart</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>Eight Consecutive Points Above Centre</p> <p>Eight Consecutive Points Below Centre</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 points in outer third of chart</p> <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</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 increasing points</p> <p>Six consecutive decreasing points</p>	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

Board Performance Dashboard

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	Performance Data					Performance Assessment Methodology							
			Target for Current Period	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	May-24	12	Apr-24	25	↑					✓	C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75.7%	May-24	50.0%	Apr-24	90.9%	↓				✗	✓	P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75.7%	May-24	33.0%	Apr-24	33.3%	↓	✗				✓	P Chart	Within Control Limits
		MRSA/MSSA bacterium	≤11.2	Jun-24	36.00	Mar-24	8.17	↓				✗	✓	C Chart	Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Jun-24	14.44	Mar-24	0.00	↓				✗	✓	C Chart	Within Control Limits
		Gram negative bacteraemia	≤15.5	Jun-24	21.65	Mar-24	8.17	↓				✗	✓	C Chart	Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.3%	Jun-24	0.0%	May-24	3.8%	↑		✓	✓		✓	P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.8%	Jun-24	0.0%	May-24	3.3%	↑		✓	✓		✓	P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2%	Jun-24	0.0%	May-24	0.6%	↑		✓	✓		✓	P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤6%	Jun-24	0.0%	May-24	0.0%	↔		✓	✓		✓	P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95%	May-24	99.6%	Mar-24	99.0%	↑		✓	✓		✓	Run Chart	Within Control Limits
		Mortality	≤15.07	Jun-24	16	May-24	10	↓				✗	✓	C Chart	Within Control Limits
		Significant Adverse Event Reviews	≤5.96	Jun-24	0	May-24	2	↑		✓	✓		✓	C Chart	Within Control Limits
	Staff Governance		Disciplinary as a Percentage of Headcount	≤.2%	Jun-24	0.00%	May-24	0.00%	↔		✓	✓			P Chart
		Grievances as a Percentage of Headcount	≤.2%	Jun-24	0.08%	May-24	0.0%	↓		✓	✓		✗	P Chart	Above Upper Control
		Dignity at Work Investigations as a Percentage of Headcount	≤.1%	Jun-24	0.08%	May-24	0.0%	↓		✓	✓		✗	P Chart	Above Upper Control
		SWISS Sickness absence	≤4%	Sep-23	5.5%	Aug-23	5.6%	↑	✗				✓	P Chart	Within Control Limits
		Sickness absence local figure	≤4%	Jun-24	6.8%	May-24	6.2%	↓	✗				✗	P Chart	Within Control Limits
		TURAS PDR	≥80%	Jun-24	68%	May-24	68%	↔	✗				✓	P Chart	Within Control Limits
		Turnover	≤1%	Jun-24	0.40%	May-24	0.52%	↑		✓	✓		✓	P Chart	Below Lower Control
		Job Planning All Hospital	≥95%	Jun-24	89.5%	May-24	87.3%	↑	✗				✓	N/A	
		Job Planning NES: Consultants	≥95%	Jun-24	85.7%	May-24	85.7%	↔	✗				✓	N/A	
		Job Planning NES: SAS Doctors	≥95%	Jun-24	100.0%	May-24	100.0%	↔		✓	✓			N/A	
		Job Planning HIB: Consultants	≥95%	Jun-24	91.1%	May-24	87.5%	↑	✗				✓	N/A	
		Medical appraisal with completed interview & form 4	≥%	Jun-24	6.4%	May-24	1.8%	↑		✓	✓		✓	N/A	
		TTG: Number of patients who have breached the TTG	≤0	Jun-24	157	May-24	177	↑	✗				✓	P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Jun-24	84%	May-24	88%	↓	✗				✗	P Chart	Below Lower Control
Finance, Performance and Planning		31 Day Cancer	≥95%	May-24	100%	Apr-24	100%	↔		✓	✓			P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	≤0	Jun-24	1590	May-24	1683	↑	✗				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	Jun-24	1064	May-24	1073	↑	✗				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 52 weeks	≤0	Jun-24	617	May-24	603	↓	✗				✓	C Chart	Within Control Limits
		Treated within 18 weeks of referral	≥90%	Jun-24	84%	May-24	91%	↑					✓	P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90%	Jun-24	60%	May-24	68%	↑		✓	✓			P Chart	Below Lower Control
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90%	Jun-24	93%	May-24	98%	↑		✓	✓			P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Jun-24	76.9%	May-24	76.7%	↑	✗				✓	P Chart	Two Outer Third Points
		Acute Elective Ward Bed Occupancy	86% - 90%	Jun-24	77.3%	May-24	77.0%	↑	✗				✓	P Chart	Within Control Limits
		NSD Bed Occupancy	86% - 90%	Jun-24	85.3%	May-24	97.5%	↓	✗				✓	P Chart	Within Control Limits
		Ward 2 East Bed Occupancy	81% - 87%	Jun-24	79.3%	May-24	81.0%	↓	✗				✓	P Chart	Within Control Limits
		Ward 2 West Bed Occupancy	86% - 90%	Jun-24	68.8%	May-24	68.5%	↑	✗				✓	P Chart	Within Control Limits
		Ward 3 East Bed Occupancy	86% - 90%	Jun-24	89.2%	May-24	87.9%	↑	✗	✓			✓	P Chart	Within Control Limits
		Ward 3 West Bed Occupancy	86% - 90%	Jun-24	92.3%	May-24	85.9%	↑	✗				✓	P Chart	Within Control Limits
		Ward 4 East Bed Occupancy	86% - 90%	Jun-24	62.4%	May-24	65.4%	↓	✗				✓	P Chart	Two Outer Third Points
		Interventional Cardiology Wards Bed Occupancy	81% - 87%	Jun-24	91.3%	May-24	89.5%	↑	✗				✓	P Chart	Two Outer Third Points
		CCU Bed Occupancy	81% - 87%	Jun-24	91.3%	May-24	89.5%	↑	✗				✓	P Chart	Within Control Limits
		Critical Care Bed Occupancy	73% - 85%	Jun-24	71.8%	May-24	72.4%	↓	✗				✓	P Chart	Two Outer Third Points
		ICU1 Bed Occupancy	70% - 90%	Jun-24	56.3%	May-24	65.3%	↓	✗				✓	P Chart	Within Control Limits
		ICU2 Bed Occupancy	72% - 78%	Jun-24	80.2%	May-24	69.3%	↑					✓	P Chart	Within Control Limits
		HDU2 Bed Occupancy	75% - 88%	Jun-24	80.3%	May-24	77.2%	↑					✓	P Chart	Within Control Limits
		HDU3 Bed Occupancy	75% - 88%	Jun-24	66.5%	May-24	78.9%	↓					✓	P Chart	Within Control Limits
		Orthopaedic DoSA	≥70%	Jun-24	70.2%	May-24	70.0%	↑					✓	P Chart	Within Control Limits
		Thoracic DoSA	≥35%	Jun-24	20.9%	May-24	18.0%	↑		✓	✓			P Chart	Within Control Limits
		Cardiac DoSA	≥7.7%	Jun-24	11.1%	May-24	5.2%	↑		✓	✓			P Chart	Above Upper Control
		All Specialities Cancellation Rate	≤4.8%	Jun-24	6.3%	May-24	7.3%	↑	✗				✓	P Chart	Within Control Limits
		Cardiac Surgery Cancellation Rate	≤12%	Jun-24	18.2%	May-24	20.9%	↑	✗				✓	P Chart	Within Control Limits
		Thoracic Surgery Cancellation Rate	≤5%	Jun-24	2.6%	May-24	8.6%	↑	✗				✓	P Chart	Within Control Limits
		Endoscopy Cancellation Rate	≤7%	Jun-24	8.2%	May-24	11.0%	↑	✗				✓	P Chart	Within Control Limits
		General Surgery Cancellation Rate	≤7%	Jun-24	4.6%	May-24	9.8%	↑	✗				✓	P Chart	Within Control Limits
		Orthopaedic Surgery Cancellation Rate	≤3%	Jun-24	5.9%	May-24	3.2%	↓	✗				✓	P Chart	Within Control Limits
		Ophthalmology Cancellation Rate	≤3%	Jun-24	4.0%	May-24	3.2%	↓	✗				✓	P Chart	Within Control Limits
		Cardiology Cancellation Rate	≤4%	Jun-24	12.5%	May-24	33.3%	↑	✗				✓	P Chart	Within Control Limits
		Other Cancellation Rate	≤4.8%	Jun-24	0.0%	May-24	0.0%	↔	✗				✓	P Chart	Within Control Limits

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	Green	In May 2024 there were 12 complaints reported. Latest position available.
Stage 1 complaints response time	Orange	In May 2024, there were six Stage 1 complaints, three were responded to within the five day target (50%). Latest position available.
Stage 2 complaints response time	Orange	In May 2024 there were six Stage 2 complaints, two were responded to within the twenty day target (33%). Latest position available.
Mortality	Green	The mortality figure for June 2024 was reported as 16.
Significant adverse events	Green	There were zero significant adverse event reviews in June 2024.
MRSA/MSSA cases	Red	There were two instances of Staphylococcus aureus Bacteraemia (SAB) reported in June 2024. The rate per 100,000 bed days was 36.1 in June 2024.
Clostridioides Difficile	Red	There was one Clostridioides Difficile Infection (CDI) reported in June 2024. The rate per 100,000 bed days was 14.4 in June 2024.
Gram Negative Bacteraemia	Red	There was one reported instance of Gram Negative Bacteraemia in June 2024. The rate per 100,000 bed days was 21.7 in June 2024.
SSI: Hips & Knees	Green	Zero SSIs reported in June 2024.
SSI: Cardiac	Green	Zero SSIs reported in June 2024.

Clinical Governance Executive Summary

Executive Summary

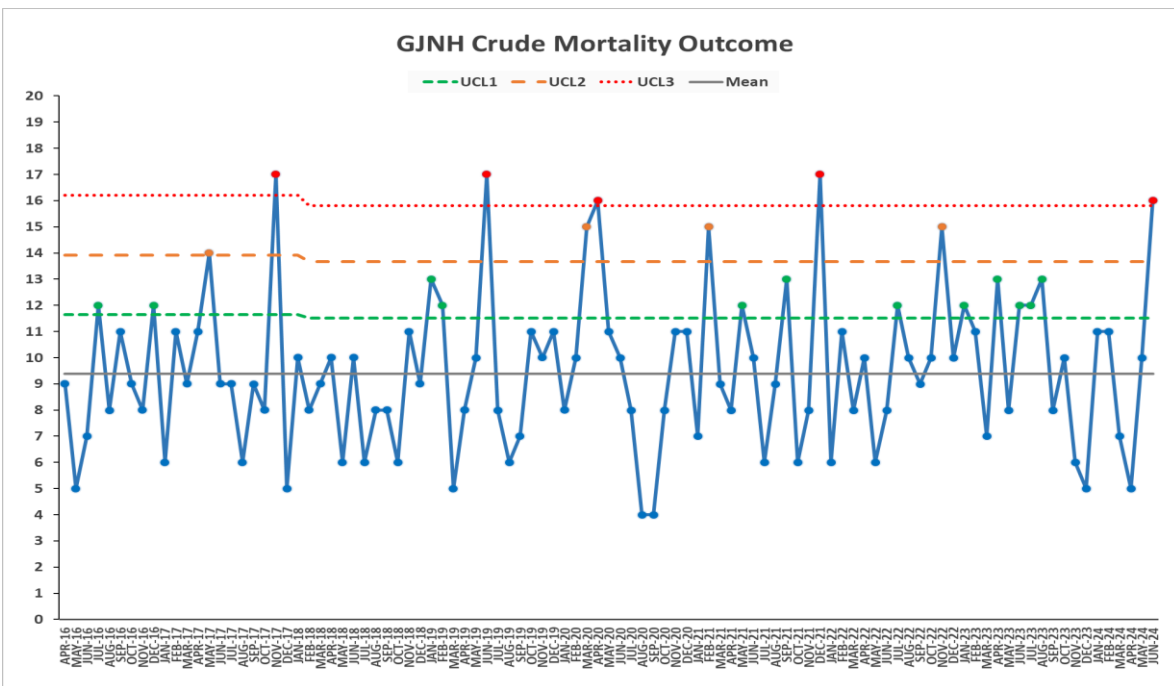
In May 2024 we received six Stage 1 complaints and six Stage 2 complaints.

50% (three) of the Stage 1 complaints that were investigated were responded to within guidance timescale of 5 days. Three were contacted with in the 10 working days (day 7 for the remaining three).

The average time taken to complete and respond to the Stage 1 complaints, was 5.6 working days.

Two stage 2 complaint remain open and have already breached the 20 day timescales, one was withdrawn, one was rejected due to already being investigated via the stage 2 complaint process and one no consent was obtained. One was over timescales and closed on day 42.

Mortality data for June 2024 was out with control limits (n=16). Clinical Governance will follow relevant escalation process. A breakdown of data is shown in the table below.



	Elective Death	Non-Elective Death
Cardiology	1	12
Cardiac Surgery	1	1
Thoracic	1	0

No whistleblowing concerns have been raised during June 2024.

Healthcare Associated Infection Report - June 2024

Key Healthcare Associated Infection Headlines

- **Staphylococcus aureus Bacteraemia** – 2 cases to report.
MRSA SAB -Source PVC, insertion outwith NHS GJ.

MSSA SAB -Source unknown.
- **Clostridioides difficile infection**- 1 case to report.
- **Gram Negative/E.coli Bacteraemia (ECB)**- 1 case to report. Source CAUTI.
Whilst local ECB rates are significantly lower than the national average, the rate for April-June had increased (n=3). There are no common factors identified, the PCIT will continue to observe for any trends over the next quarter.
- **Hand Hygiene**- Next bimonthly report due July.
- **Cleaning and the Healthcare Environment -Facilities Management Tool**
Housekeeping Compliance: 97.18% Estates Compliance: 95.18%
Both compliance rates are above national trajectories.
- **Orthopaedic Surgical Site Surveillance**- No SSI to report in June.
- **Cardiac Surgical Site Surveillance**- No SSI to report in June.
- **Other HAI Activity Overview**
 - ❖ Re-review of SAB sources from April to June, resulting in an increase of “unknown sources” where no definite source can be identified.
 - ❖ Enhanced PCIT support to Phase 2 commissioning pre handover
 - ❖ Enhanced HAI SCRIBE activity is ongoing to support Phase 2 and associated refurbished/linked work task orders.
 - ❖ The Associate CNO from Scottish Government met with the Head of PCI, CNM PCI and Medical Director to discuss local HAI strategy progress and workforce. Progress to date and our planned direction of travel has received positive feedback.

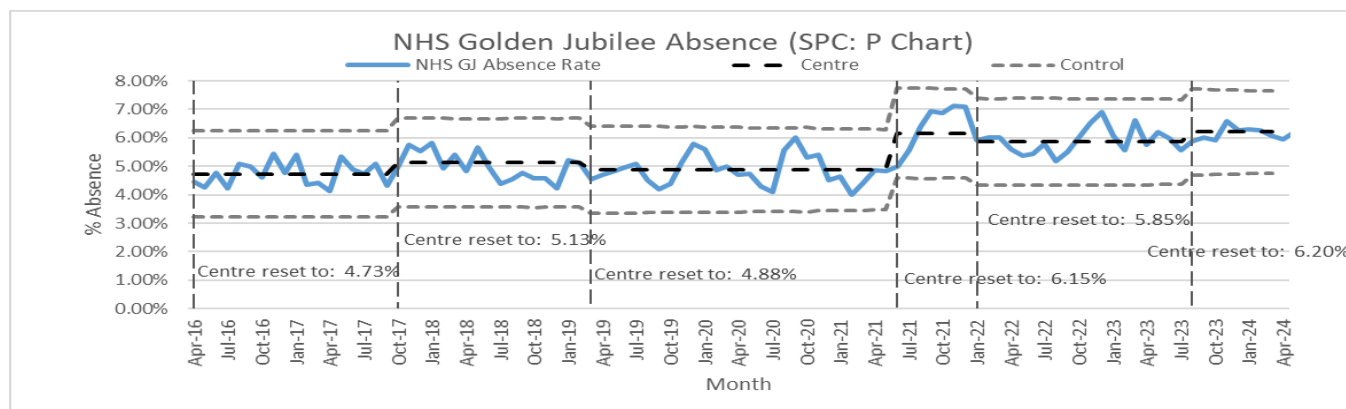
Section B: 2 Staff Governance

Staff Governance		
Disciplinaries		There were zero disciplinary cases raised in June 2024.
Grievances		There were two grievance cases raised in June 2024.
Dignity of work		There were two dignity cases raised in June 2024.
Local Sickness absence		Sickness absence in June 2024 was reported at 6.8%. This is within control limits.
Turnover		Turnover in June 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. As at 9 July 2024, two doctors out of 176 had completed their 2024/2025 appraisal. While this completion rate may be low, it is standard for this time of year, as appraisals tend to be completed in the third or fourth quarter of the year.
TURAS Appraisal rates		Position for June 2024 reported as 68%.
Job Planning: All hospital		The year end position for job planning for 2023/24 is now complete. To date, 10 of the 134 job plans for 2024/2025 were sitting in discussion; five were awaiting the clinician's sign off; one was locked down; and 118 had been signed off.

Staff Governance Executive Summary

In June 2024, NHS Golden Jubilee's sickness absence rate stood at 6.8%, 0.6% higher than the previous month. Across the Directorates, sickness absence was as follows:

- Corporate: 4.6% (+/-0.9% on May);
- Golden Jubilee Conference Hotel: 5.0% (+1.8%);
- Heart, Lung and Diagnostic Services: 7.0% (+/-0.0%); and
- National Elective Services: 8.6% (+0.7%).



The rolling 12-month sickness absence rate for the Board was 5.8%. The 12-month breakdown for the Directorates was:

- Corporate: 4.4%;
- Golden Jubilee Conference Hotel: 3.4%;
- Heart, Lung and Diagnostic Services: 6.8%; and
- National Elective Services: 6.2%.

“Anxiety/stress/ depression/other psychiatric illnesses” was the highest cause of sickness absence in June, accounting for 22.2% of all sickness absence (down 2.7% on May). It accounted for 1.5% of contracted hours. It was the main cause of absence in three Directorates:

- Corporate: 13.9% of sickness absence, and 0.6% of contracted hours;
- Golden Jubilee Conference Hotel: 6.8% and 0.3%;
- Heart, Lung and Diagnostic Services: 33.1% and 2.3%; and
- National Elective Services: 19.0% and 1.6%.

In the Hotel, “Injury, fracture” was the main cause of absence, accounting for 24.5% of all sickness absence.

“Cold, cough, flu - influenza” was the second top cause of sickness absence overall in June, accounting for 11.4% of sickness absence hours.

Turnover

In June, turnover for NHS Golden Jubilee stood at 0.4%, down slightly on May's 0.5%. This was due to eight people leaving employment in June. The Directorate breakdown was as follows:

- Corporate: 0.4% (-0.4% on May);
- Golden Jubilee Conference Hotel: 0.0% (-1.1%);
- Heart, Lung and Diagnostic Services: 0.4% (+/-0.0%); and
- National Elective Services: 0.5% (+0.1%).

The rolling 12-month turnover rate for the Board was 8.1%. The 12-month breakdown for the Directorates was:

- Corporate: 10.3%;
- Golden Jubilee Conference Hotel: 5.6%;
- Heart, Lung and Diagnostic Services: 4.7%; and
- National Elective Services: 9.9%.

Agenda for Change appraisal

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

- Corporate: 66% (+2% on May);
- Golden Jubilee Conference Hotel: 68% (-2%);
- Heart, Lung and Diagnostic Services: 63% (-2%); and
- National Elective Services: 74% (-2%).

Medical appraisal

The appraisal year for medical staff runs from 1 April to 31 March. As at 9 July 2024, 2 doctors out of 176 had completed their 2024/2025 appraisal. While this completion rate may be low, it is standard for this time of year, as appraisals tend to be completed in the third or fourth quarter of the year.

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 9 July 2024, ten of the 134 job plans for 2024/2025 were sitting in discussion; five were awaiting the clinician's sign off; one was locked down; and 118 had been signed off.

Section B:3 Finance, Performance and Resources

Finance & Performance		
Lung Cancer 31 Day		In May 2024, nationally reported performance was 100% (30/30). Latest position available.
TTG: Number of patients who have breached the TTG		In June 2024 there were 157 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 84% during June 2024.
SoT Guarantee – Inpatient and DC cases (H & L only)		60% of Heart and Lung patients were admitted within 12 weeks in June 2024.
DOSA rate: Cardiac Surgery		There were six DoSA cases in June 2024 (11.1%).
DOSA rate: Thoracic Surgery		There were 18 DoSA cases in June 2024 (20.9%).
DOSA rate: Orthopaedics		In June 2024 there were 238 Orthopaedic primary joint admissions, 167 (70.2%) of which were on the day of surgery.
Theatre Cancellation Rates		In June 2024, the overall hospital cancellation rate was 6.3% (173/2763) Within Control Limits.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 77.3% in June 2024. Within Control Limits.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in May 2024, was reported as 6.4%. This ranked GJNH as 4 out of 15. The Scotland rate was 7.9%. Latest position available.		
Golden Jubilee comparative performance against the national 31 Day Lung Cancer target is reported using the Information Services Division (ISD) nationally published position. In May 2024 GJNH reported 100% of eligible patients treated within the target (Ranked 1 out of 22).		
Health Protection Scotland published figures for Quarter 4 2023 report a GJNH incidence rate (per 100,000 total occupied bed days) of 0 for CDiff incidence, 15.4 for SAB and 7.7 for Ecoli. The Scotland rates were 14.3, 19.2 and 34.7 respectively. Latest position available.		
Corporate sickness rate in June 2024 was 4.6%. Departments over the 4% threshold were: Business Services, Catering, Clinical Governance, Estates, Finance, Health and Safety, Research and Procurement		
Referral numbers in June 2024 were 3959 (+86). The total outpatient waiting list decreased by 201 from 1995 to 1794. The total inpatient waiting list month end position increased by 36 from 5037 to 5073.		
For current inpatient waiters the number waiting between 12-26 weeks decreased to 526 (-84). The number of patients waiting 26-52 weeks decreased to 447 (-27). The number of patients waiting >52 weeks increased to 617 (+14).		