Board Performance Report



NHS Golden Jubilee Board meeting

26 November 2026

Quality, Performance, Planning & Programmes

User Guidance

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

Target	Actual	RAG

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.

SPC Position

The previous month's performance 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)

Level of Assurance

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 includes a drilldown that offers a detailed summary of performance. Alongside the positions outlined above, it also describes how the indicator is calculated and confirms whether it is a local or national KPI.
The chart shows the reported position over time, with the centre line and upper and lower control limits calculated in line with Statistical Process Control (SPC) principles.
Control limits are set at three standard deviations above and below the centre line.
The centre line is the mean of the first 12 data points, providing a baseline position. It is extended until the data indicates a sustained change, at which point the centre line is recalculated.
A sustained change is identified as eight consecutive data points above or below the centre line; when this occurs, the recalculation is applied from the first point in the sequence.

Special cause variation is highlighted on the charts as coloured data points (colours selected in consultation with Equality and Inclusion).
- green for positive special cause variation
- grey for neutral special cause variation
- amber for negative special cause variation

Positive and negative special cause variation may include:
- A single point outside the control limits
- A trend of six consecutive increasing or decreasing points
- A run of eight consecutive points above or below the centre line, which triggers a centre reset and will only appear if it is impacting the current month
- Two out of three consecutive points close to the upper or lower control limit

Neutral special cause variation may include:
- Fifteen consecutive points close to the centre line
- Two out of three points near the control limits, with points split between the upper and lower limits

Consideration has been made to ensure that markers are highlighted appropriately and some positions close to artificially constrained controls at zero or 100% positions have been excluded.

Where comparable national data is available, the National Comparator section helps benchmark performance against the national position.

The actions section, provided by the KPI owner, highlights the work and challenges involved in improving or sustaining performance.

The current position is summarised and reported by the Performance Team.

Level of Assurance

Level of Assurance	Definition
None	The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.
Limited	The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.
Moderate	The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
Significant	The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

Limited Assurance
Examples of when limited assurance can be taken are:

- There are **known material weaknesses in key areas**.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.
- The report has provided incomplete information and not covered the whole purpose of the report.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

Moderate Assurance
Examples of when moderate assurance can be taken are:

- In most respects the ‘purpose’ is being achieved.
- There are some areas where further action is required and the residual is greater than ‘insignificant’.
- Where the report includes a proposed remedial action plan, the Committee considers it to be credible and acceptable.

Significant Assurance
Examples of when significant assurance can be taken are:

- The purpose is quite narrowly defined and it is relatively easy to be comprehensively assured.
- There is little evidence of a system failure and the system appears to be robust and sustainable.
- The Committee is provided with evidence from several different sources to support its conclusion.

NHS Golden Jubilee

Key Performance Indicators

Key Performance Indicator	Last Reported Month	Target	Actual	RAG	SPC Position	Level of Assurance
Stage 1 complaints response rate	Aug 26	75.0%	40.0%	R	Within Control Limits	Limited
Stage 2 complaints response rate	Aug 26	45.0%	44.4%	R	Within Control Limits	Limited
MRSA/MSSA bacteraemias per 100,000 Occ. Bed Days	Q2 2026/27	15.34	19.77	R	Within Control Limits	Moderate
Clostridioides difficile infections (CDI) per 100,000 Occ. Bed Days	Q2 2026/27	5.75	6.59	R	Within Control Limits	Moderate
Staff Sickness (Local)	Sep 26	5.4%	7.6%	R	Within Control Limits	Limited
Staff Turnover (12 month rolling average)	Sep 26	10.0%	8.0%	G	Within Control Limits	Significant
Agenda for Change Staff Appraisal	Sep 26	80.0%	67.3%	A	Eight Consecutive Points Above Centre	Moderate
Medical Staff Appraisal	Sep 26	80.0%	96.7%	G	Within Control Limits	Significant
Theatre Cancellation Rate (Nationally Reported)	Aug 26	7.3%	6.4%	G	Within Control Limits	Significant
Orthopaedic DOSA rate	Sep 26	75.0%	91.6%	G	Within Control Limits	Significant
4 Joint Session Rate	Sep 26	75.0%	58.7%	R	Within Control Limits	Limited
% Same Day Hip Arthroplasty	Sep 26	7.0%	6.5%	A	Within Control Limits	Limited
% Same Day Knee Arthroplasty	Sep 26	4.5%	4.0%	A	Within Control Limits	Moderate
Orthopaedic Mean Length of Stay	Sep 26	3.8	2.6	G	Within Control Limits	Significant
Ophthalmology Procedures per List	Sep 26	6.9	6.3	R	Below Lower Control	Moderate
31 Day Cancer (All Cancer)	Aug 26	95.0%	100.0%	G	Within Control Limits	Significant

Stage 1 Complaints response rate

Indicator Construction: (National)

Stage 1 complaints responded to within 5 working days, expressed as a percentage of all Stage 1 complaints received.

The target is set at 75% and has not changed in the period covered in the chart.

Last reported month

Aug 26

Level of Assurance

Limited

RAG
RED

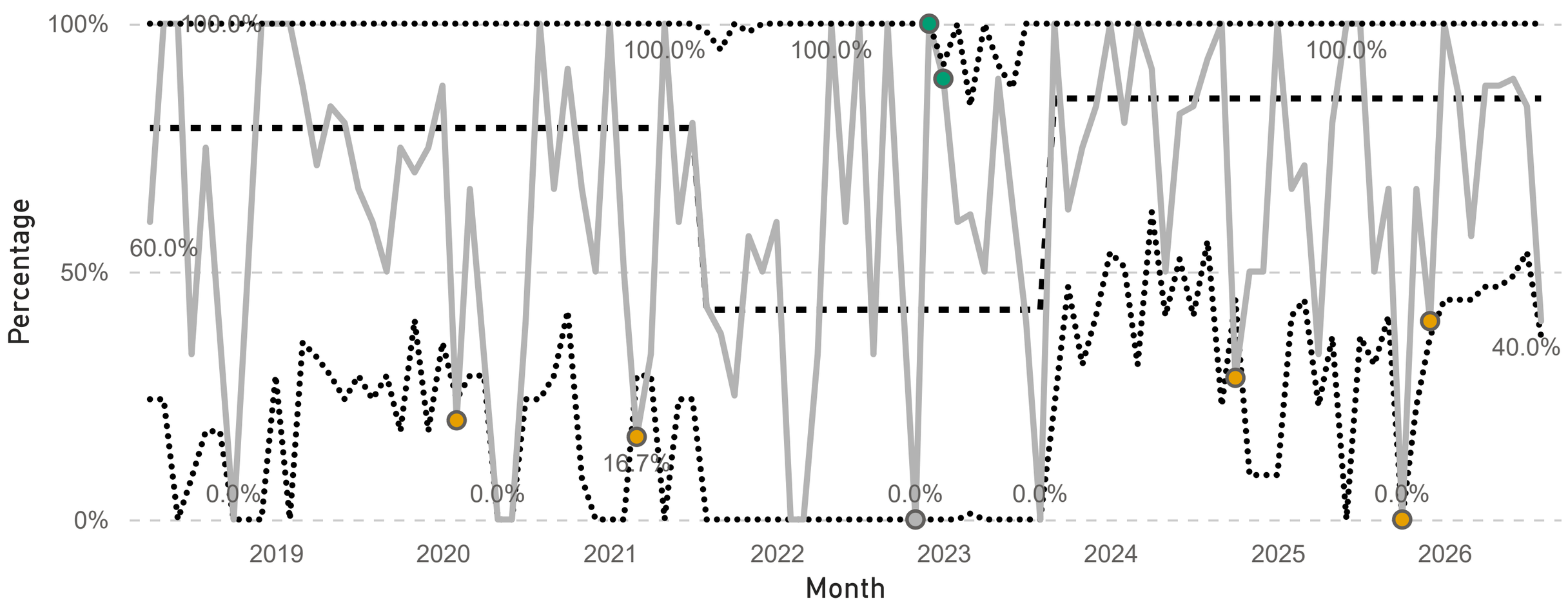
Target
75.0%

Actual
40.0%

SPC Status

Within Control Limits

Stage 1 Complaints response rate



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	In August 2026, there were 5 Stage 1 complaints with 2 responded to within target (40%)

Actions

Month	Actions
Sep-26	The Complaints Improvement Plan is monitored regularly by the Clinical Governance Risk Management (CGRM) Group. This will provide key improvement actions that are aligned to a wider review of Clinical Governance in NHS GJ

Stage 2 Complaints response rate

Indicator Construction: (National)

Stage 2 complaints responded to within 20 days, expressed as a percentage of Stage 2 complaints received.

Historically, the target was set at 75%, which has proven challenging to achieve. As part of a phased improvement approach the 2026/27 target has been set at 45%, increasing to 60% in 2027/28 and returning to 75% in2028/29.

Last reported month

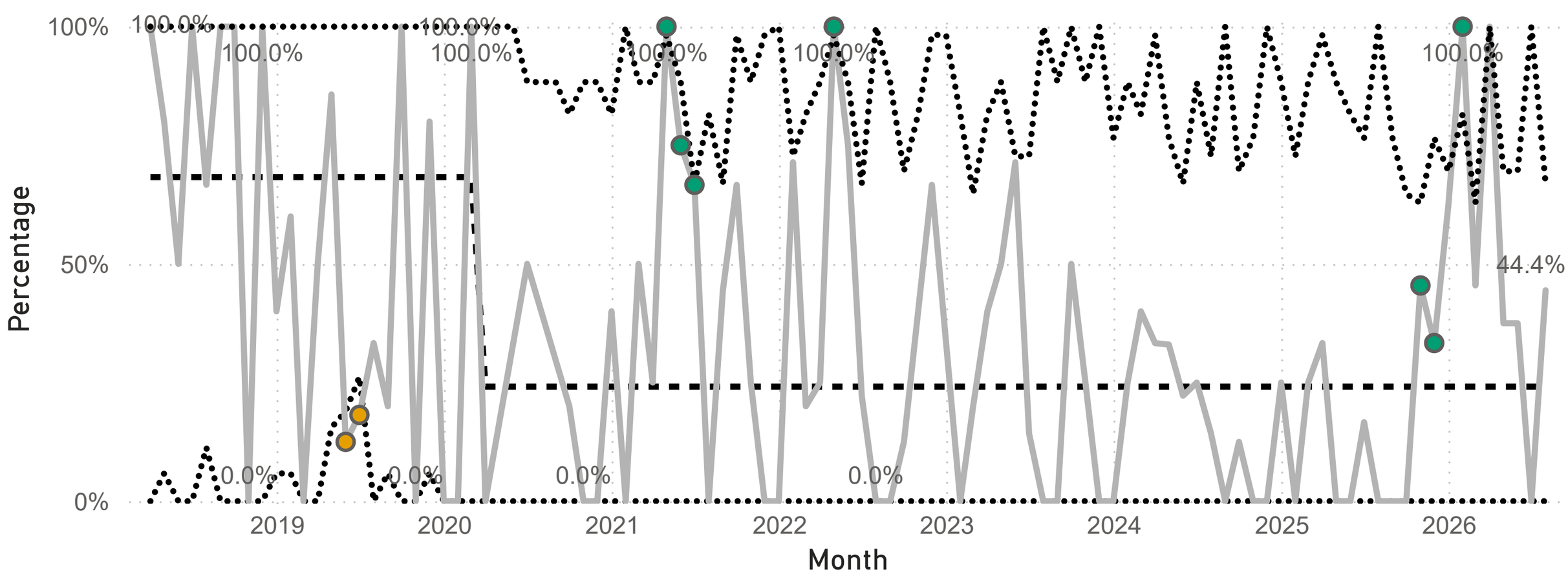
Aug 26

Level of Assurance

Limited

RAG	Target	Actual	SPC Status
RED	45.0%	44.4%	Within Control Limits

Stage 1 Complaints response rate



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	In August 2026, there were 9 Stage 2 complaints with 4 responded to within target (44%)

Actions

Month	Actions
Sep-26	The Complaints Improvement Plan is monitored regularly by the Clinical Governance Risk Management (CGRM) Group. This will provide key improvement actions that are aligned to a wider review of Clinical Governance in NHS GJ

MRSA/MSSA bacteraemias

Indicator Construction: (National)

MRSA/MSSA instances per 100,000 total occupied bed days.

The current target is less than 15.34. The target is set nationally for each individual Board and was last updated in April 2025.

Last reported month

Q2 2026/27

Level of Assurance

Moderate

RAG
RED

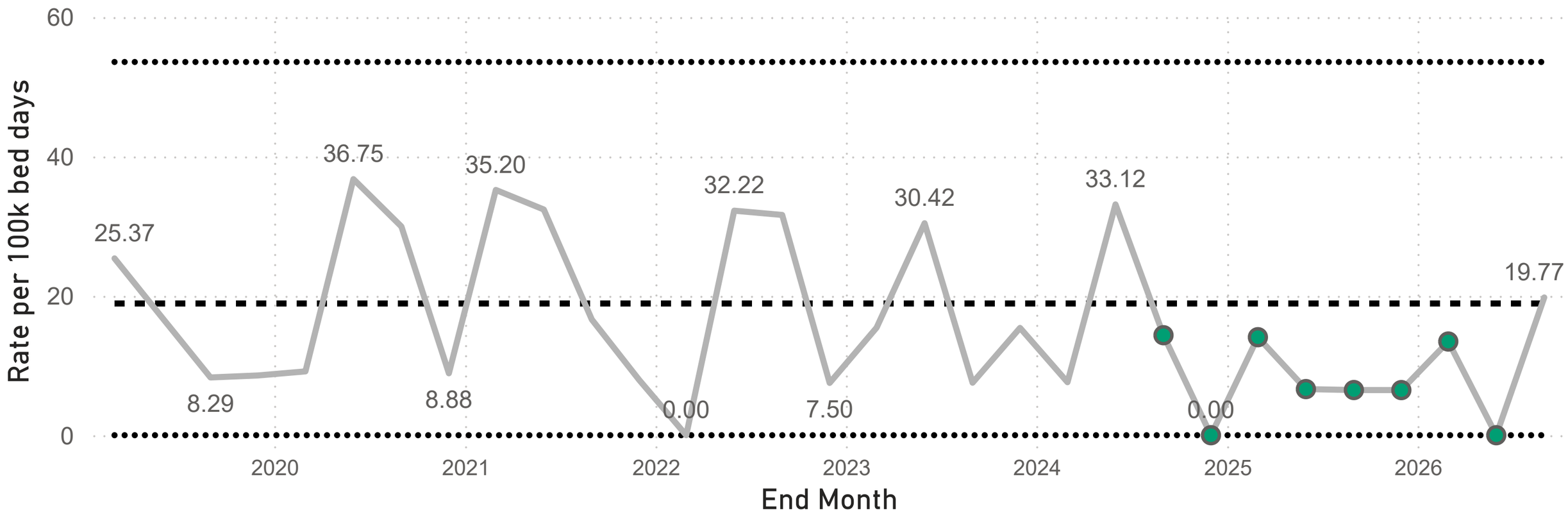
Target
15.34

Actual
19.77

SPC Status

Within Control Limits

MRSA/MSSA bacteraemias per 100,000 Occupied Bed Days



National Comparator

The last nationally reported position of Q2 2026 was 0 per 100,000 TOBD compared to 19.3 for NHS Scotland.

Current Position

Month	Issues
Sep-26	MRSA is measured Qtrly, there were three identified instances of MRSA/MSSA in Q2 2026/27.

Actions

Month	Actions
Sep-26	Hand Hygiene compliance monitoring MRSA screening at pre-assessment clinics and admission Compliance with National Cleaning Standards Specifications. Audit of the environment and practices. Participation in National Enhanced SAB surveillance

Clostridioides difficile infections (CDI)

Indicator Construction: (National)

CDI instances per 100,000 total occupied bed days.

The current target is less than 5.75. The target is set nationally for each individual Board and was last updated in April 2025.

Last reported month

Q2 2026/27

Level of Assurance

Moderate

RAG
RED

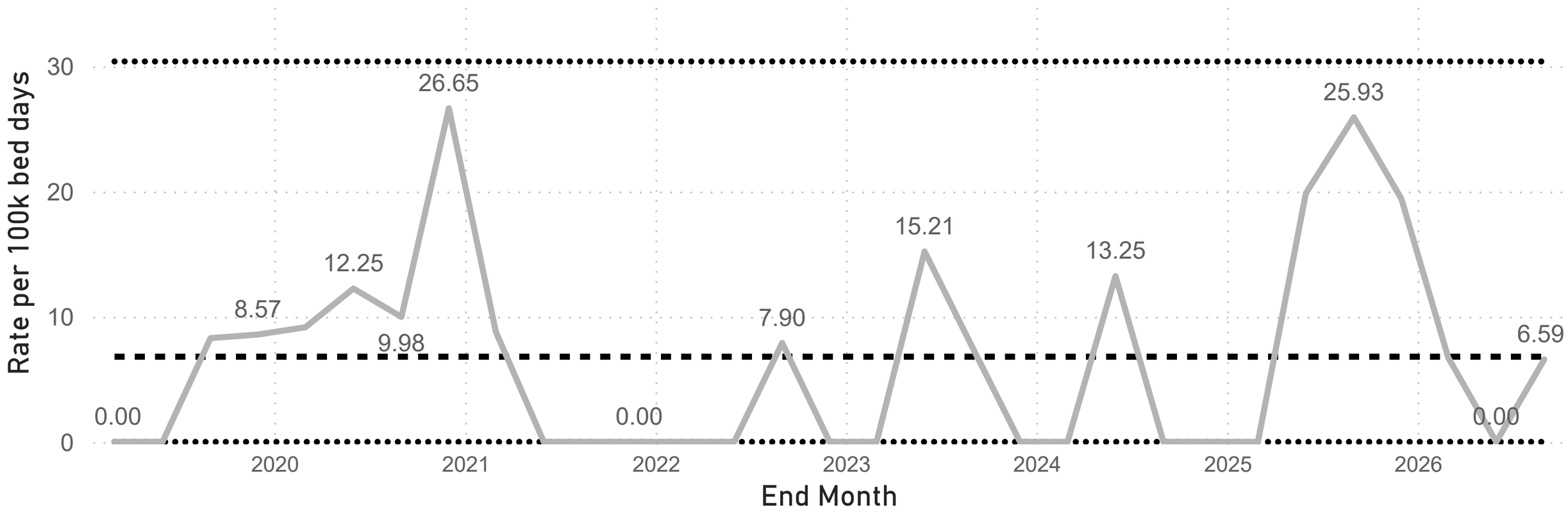
Target
5.75

Actual
6.59

SPC Status

Within Control Limits

CDI per 100,000 Occupied Bed Days



National Comparator

The last nationally reported position of Q2 2026 was 0 per 100,000 TOBD compared to 15.4 for NHS Scotland.

Current Position

Month	Issues
Sep-26	CDI is measured quarterly, there was one instance reported in Quarter 2 of 2026/27.

Actions

Month	Actions
Sep-26	Ongoing alert organism surveillance and close monitoring of the severity of cases by the Prevention & Control of Infection Team (PCIT). Unit specific reporting. Implementation of severe case investigation tool if the case definition is met. Typing of isolates when two or more cases occur within 30 days in one unit.

Staff Sickness (Local)

Indicator Construction (Local)

Local eESS sickness absence hours as a percentage of contracted hours.

The local sickness absence target is less than 5.4%. An amber tolerance threshold is applied for performance over 5.4% but below 6.6%.

Last reported month

Sep 26

Level of Assurance

Limited

RAG
RED

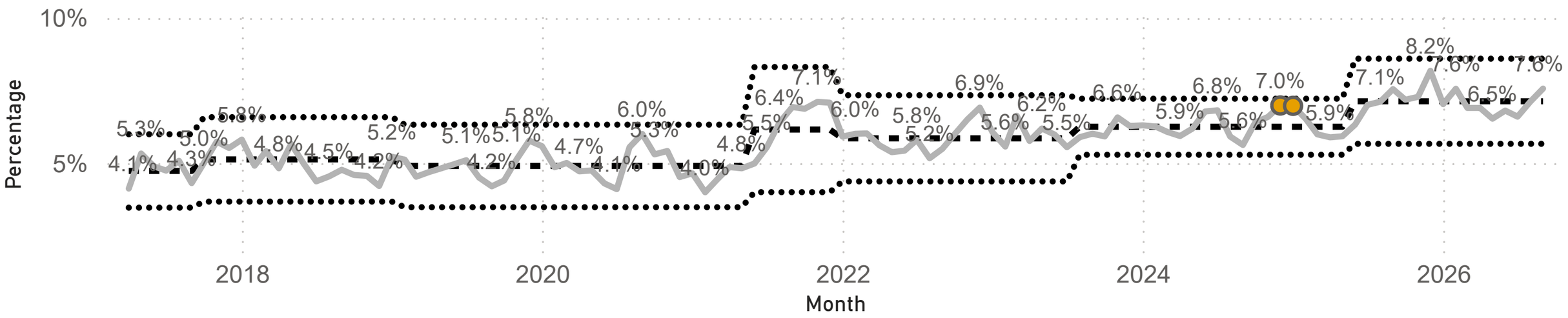
Target
5.4%

Actual
7.6%

SPC Status

Within Control Limits

Local Sickness Absence



Current Position

Month	Issues
Sep-26	The target for staff sickness absence is 5.4%, last met in August 22. In September 26 sickness rate was 7.6%. HLD 7.8%, NES 8.1%, Corporate 6.8%, Hotel 7.1%

National Comparator

The NHS Discovery last reported position for Jun-26 was 6.2%, the NHS Scotland position was 6.5%.

Actions

Month	Actions
Sep-26	The HR team are providing absence clinics for managers and staff Absence data issued monthly to Managers, highlighting triggers and Long Term Absence Absence Management training for managers is ongoing Employee Assistance programme available for all staff Time for Thriving Stress Awareness, led by H&S and supported by OH and HR, now offered as a continual training session Winter Vaccination Programme: Flu and Covid vaccinations to support staff Targeted Departmental training where required Case discussions at monthly catch ups Monthly OH/HR monthly case conferences Monthly drop in sessions for staff and managers Health and Wellbeing campaign completed. To be reconvened in future Support at various stages of Attendance process (formal and informal) Referrals to OH and other appropriate agencies Regular agreed communication and collaborative approach Quarterly Safe Attendance deep dive across the organisation

Staff Turnover (12 month rolling average)

Indicator Construction (Local)

The number of leavers in a rolling twelve month period as a percentage of the average headcount over the same period.

The turnover target was updated for 2026/27 to less than 10%. The target had previously been set at 11.4%.

Last reported month

Sep 26

Level of Assurance

Significant

RAG
GREEN

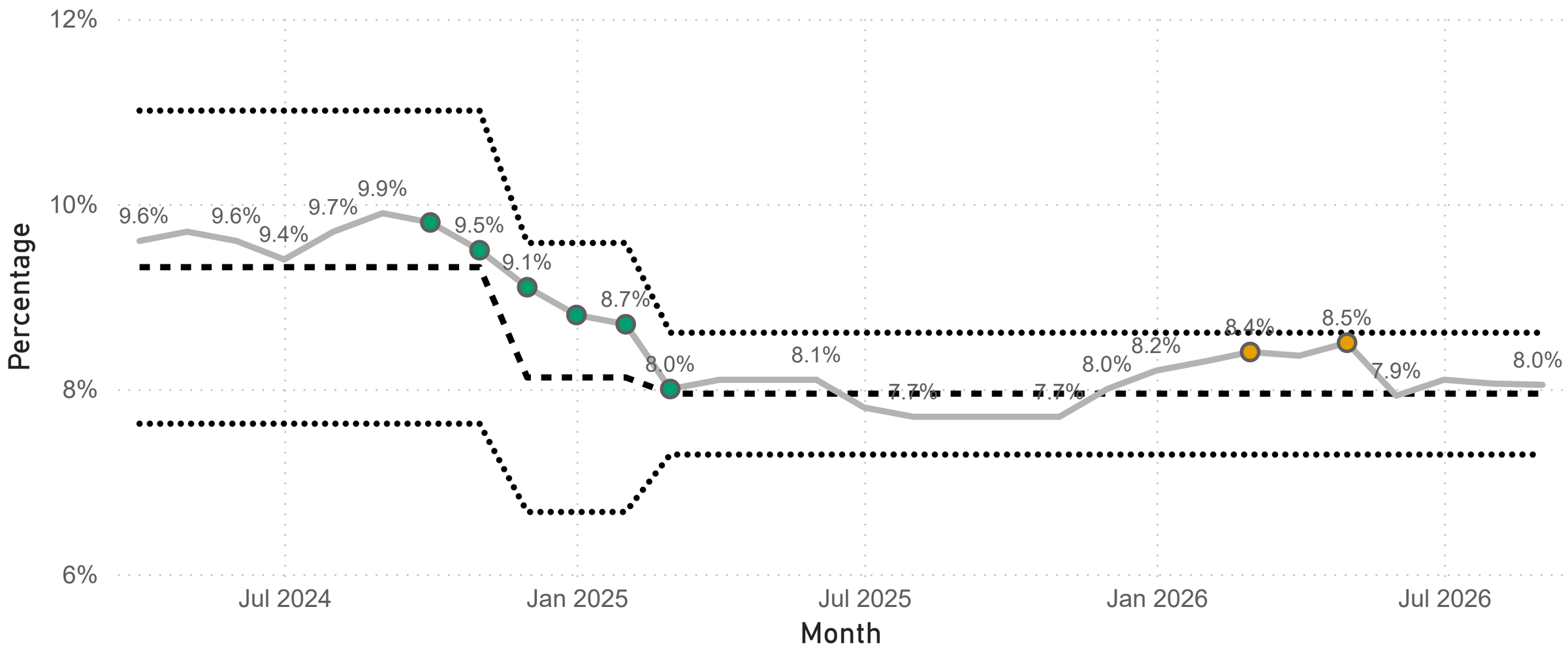
Target
10.0%

Actual
8.0%

SPC Status

Within Control Limits

Staff Turnover



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	The September turnover rate for NHS GJ was 8.05%: HLD 7.7%, NES 8.9%, Corporate 7.7%, Hotel 8.0%

Actions

Month	Actions
Sep-26	Staff turnover is currently at an acceptable level and is not a concern for the board. However, it is monitored monthly. Previously, projects were conducted to understand why turnover increased in certain areas

Agenda for Change Staff Appraisal

Indicator Construction (Local)

Percentage of substantive staff with more than 15 months' service and a completed TURAS PDR appraisal.

The longstanding completion target is greater than 80% completion. For 2026/27 an amber tolerance was introduced for positions below 80% but exceeding 65%.

Last reported month

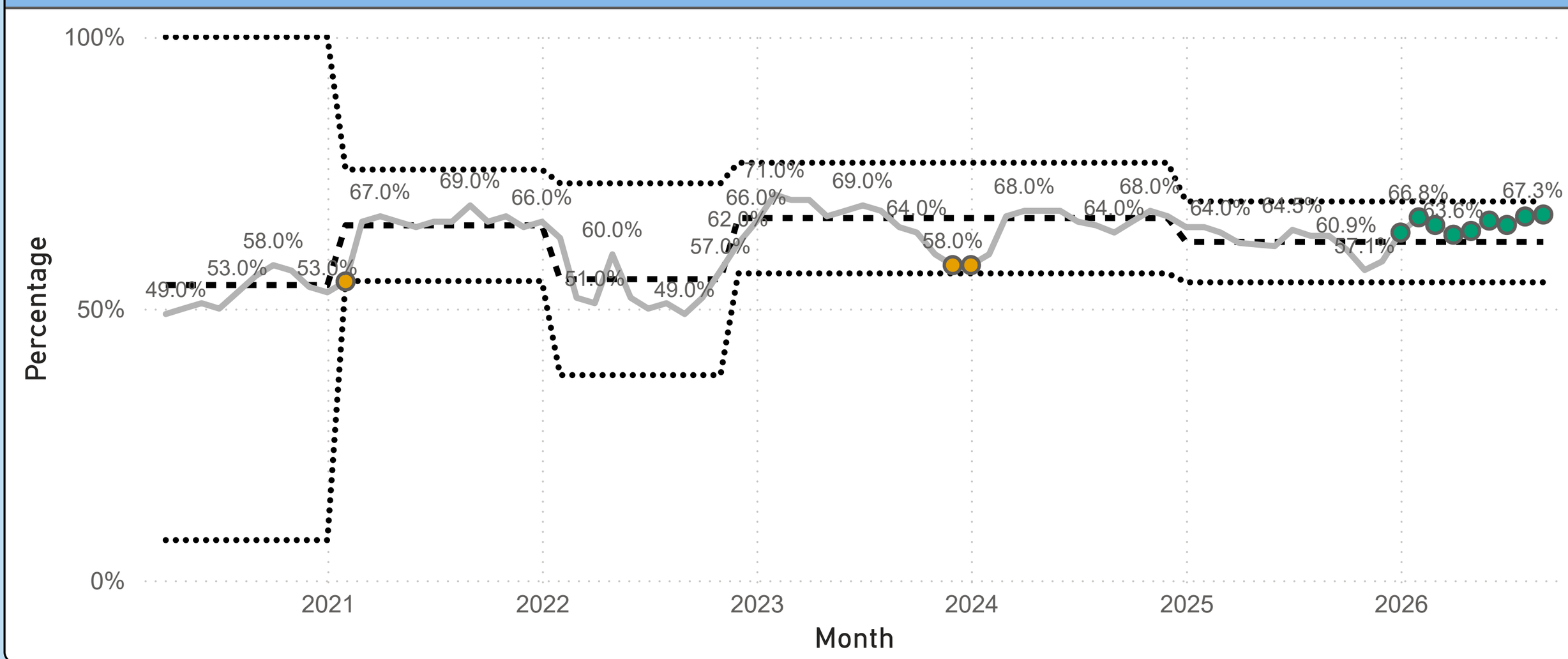
Sep 26

Level of Assurance

Moderate

RAG	Target	Actual	SPC Status
AMBER	80.0%	67.3%	Eight Consecutive Points Above Centre

Staff Appraisal Completion



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	The September TURAS appraisal position was reported at 67%: HLD 68%, NES 80%, Corporate 57%, Hotel 37%

Actions

Month	Actions
Sep-26	Improvements to reporting for managers as information contained in the Culture programme Review of process to support new guidance materials

Medical Staff Appraisal

Indicator Construction: (Local)

Doctors with a completed medical appraisal interview and Form 4 as a percentage of all doctors requiring a medical appraisal at NHS GJ.
The calculation methodology was revised in 2025/26 to use a rolling 12 month period, aligning the measure with PDR appraisal reporting. Similar to PDR appraisals the target is greater than 80% completion.

Last reported month

Sep 26

Level of Assurance

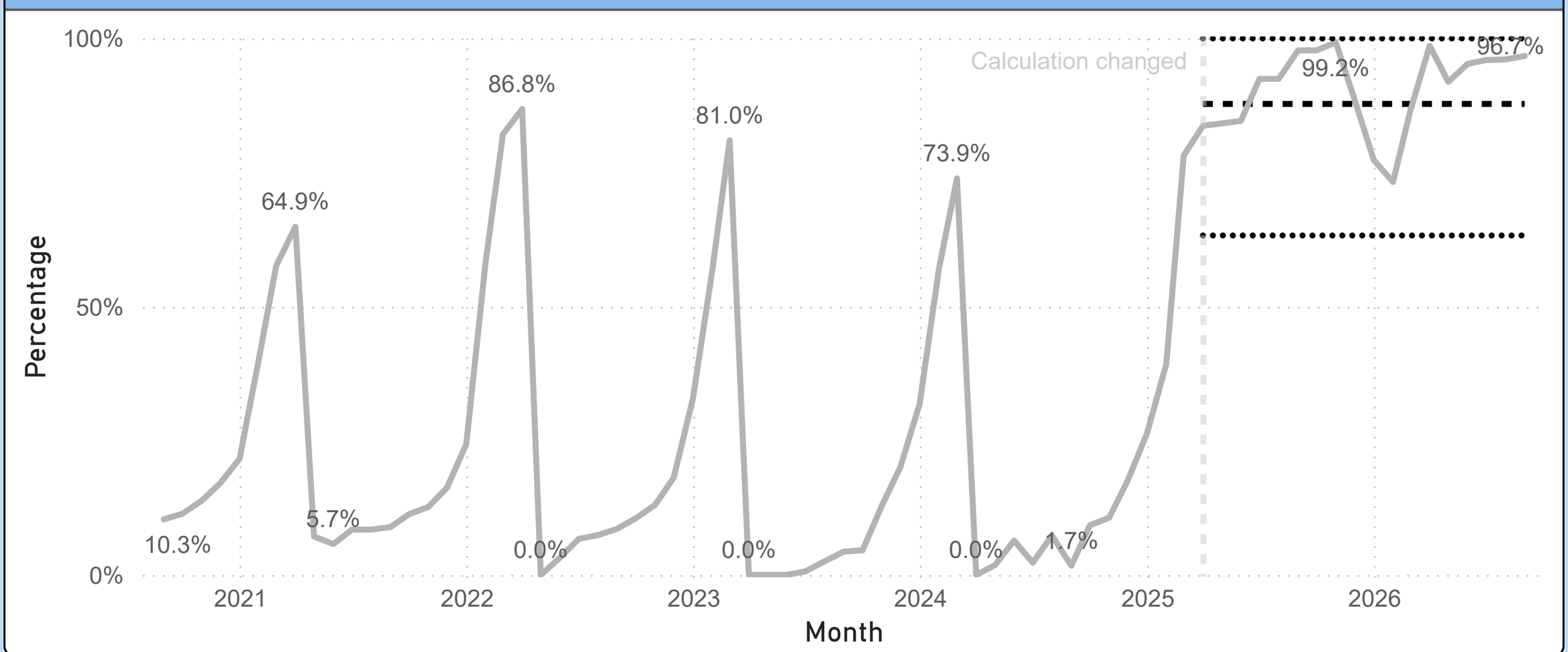
Significant

RAG	Target	Actual
GREEN	80.0%	96.7%

SPC Status

Within Control Limits

Medical Appraisal Completion



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	In September 96.7% completion rate (148/153)

Actions

Month	Actions
Sep-26	Medical Staff Appraisal rates have moved from year to date reports to a rolling 12-month report. Doctors who joined within the last 15 months are excluded from the denominator. These changes bring Medical Appraisal reporting in line with Agenda for Change appraisal reporting.

Theatre Cancellation Rate (Nationally Reported)

Indicator Construction: (National)

The number of elective cancelled procedures as a percentage of the total number of scheduled elective procedures.

The current target is less than 7.3%, this has been calculated as three standard deviations above 2025 performance.

Last reported month

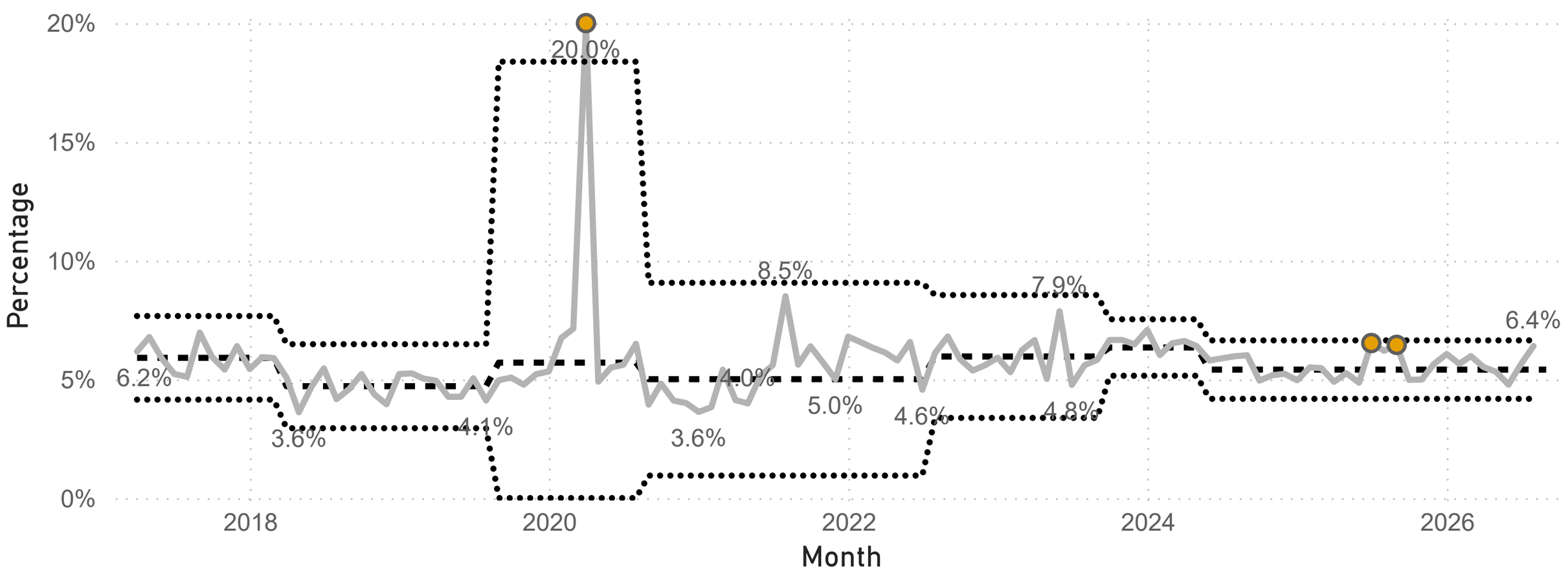
Aug 26

Level of Assurance

Significant

RAG	Target	Actual	SPC Status
GREEN	7.3%	6.4%	Within Control Limits

Same day Cancellation Rate



National Comparator

The last nationally reported theatre cancellation position for Aug-26 was 6.4%. The NHS Scotland overall position was 8.4%.

Current Position

Month	Issues
Sep-26	Nationally reported position for latest month reported was 6.4% (August 2026)

Actions

Month	Actions
Sep-26	Specialty level monitoring and processes to minimise same day cancellations are in place Daily and weekly analysis of same day cancellations distributed to key stakeholders and reported through governance frameworks

Orthopaedic Day of Surgery Rate (DOSA)

Indicator Construction: (Local)

Percentage of primary joint patients admitted on the day of their procedure. Cancellations are excluded.
The current target is greater than 75%, with an amber tolerance applied to performance between 70% and 75%. The target was revised for 2026/27, having previously been set at 70%.

Last reported month

Sep 26

Level of Assurance

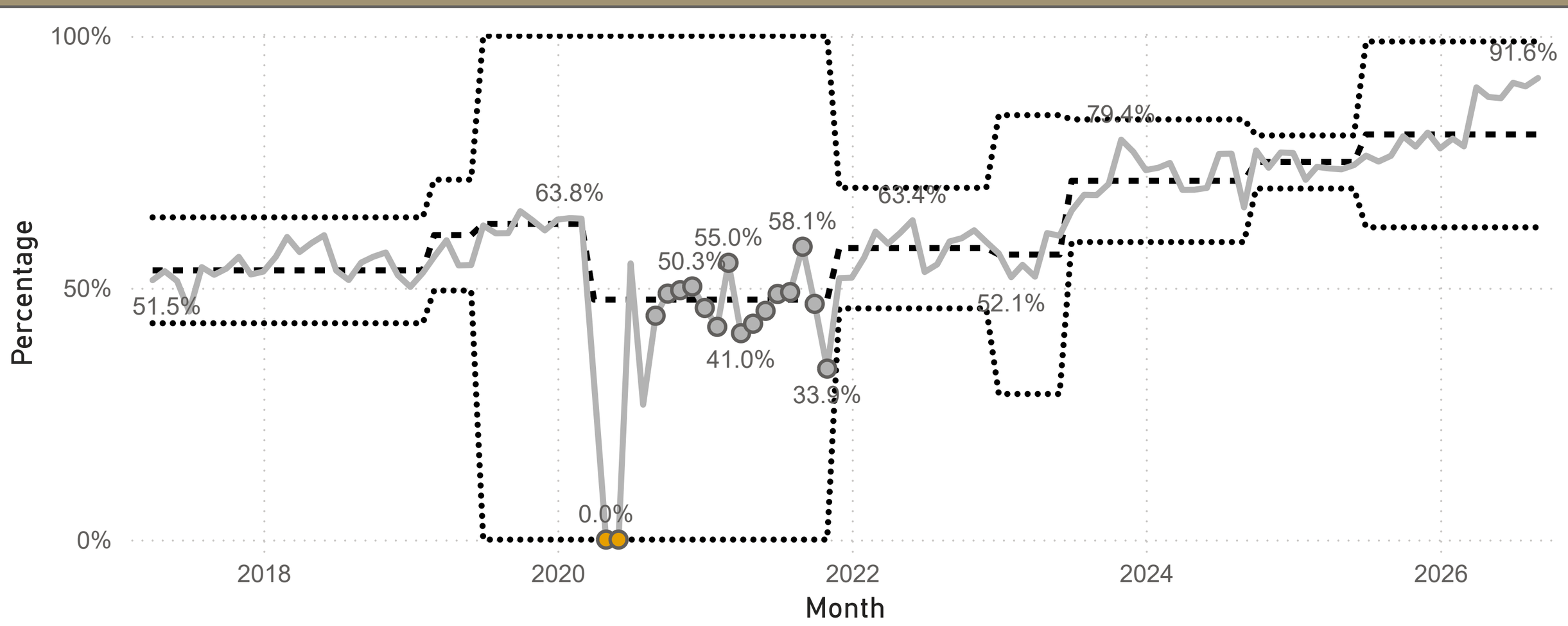
Significant

RAG	Target	Actual
GREEN	75.0%	91.6%

SPC Status

Within Control Limits

Orthopaedic DOSA



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	In June 471 of the 514 primary joint admissions were admitted on the day of surgery. (91.6%)

Actions

Month	Actions
Sep-26	Orthopaedic DoSA consistently meets at least the 75% target and is a routine part of the admission process for orthopaedic patients.

4 Joint Session Rate

Indicator Construction: (Planned Care)

The number of theatre joint sessions (of all full day sessions with at least 1 joint) which had 4 joints in the sessions as a percentage of all theatre joint sessions. The current target is greater than 75%. The target is unchanged since 2025/26. For 2026/27 an amber tolerance was introduced for activity greater than 60% but below 75%.

Last reported month

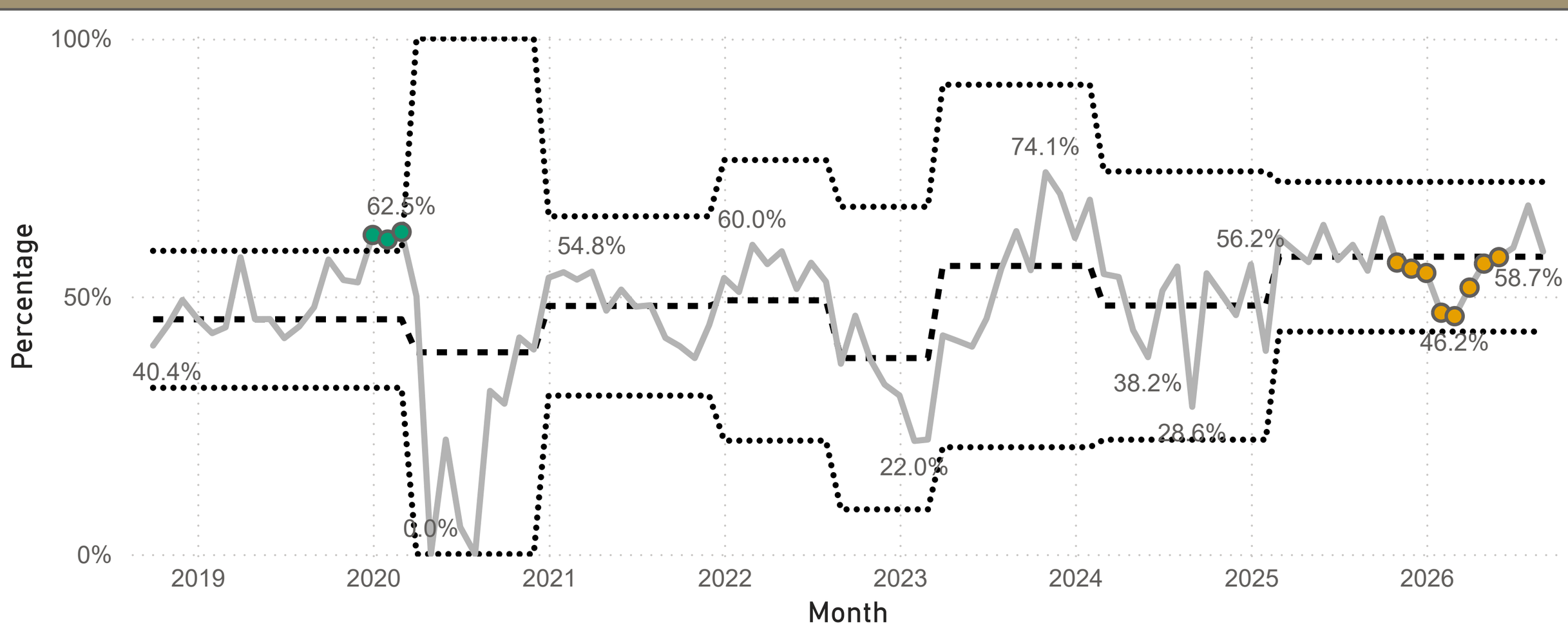
Sep 26

Level of Assurance

Limited

RAG	Target	Actual	SPC Status
RED	75.0%	58.7%	Within Control Limits

4 Joint Session Rate



National Comparator

The last nationally reported position for Aug-26 was 68%, the NHS Scotland position was 31%. Nationally NHS GJ 4 joint activity accounted for 48% (96/199) of all 4 joint lists undertaken.

Current Position

Month	Issues
Sep-26	In September 58.7% (88/150) of applicable sessions ran with 4 Joint cases.

Actions

Month	Actions
Sep-26	Review of all 3 Joint lists on a weekly basis Smart Scheduling task and finish group set up Working towards implementing Infix theatre scheduling software Prospective review of theatre lists to maximise utilisation identifying sessions with most unbooked time. Implementation of 6,4,2 scheduling

Percentage Same Day Hip Arthroplasty

Indicator Construction: (Planned Care)

Percentage of hip arthroplasty procedures performed on the same day as admission, as a percentage of all hip arthroplasty procedures undertaken. The current target is greater than 7%. This was revised for 2026/27, replacing the previous target of 10%. An amber tolerance was also introduced for 2026/27, with performance between 5.5% and 7% considered within tolerance.

Last reported month

Sep 26

Level of Assurance

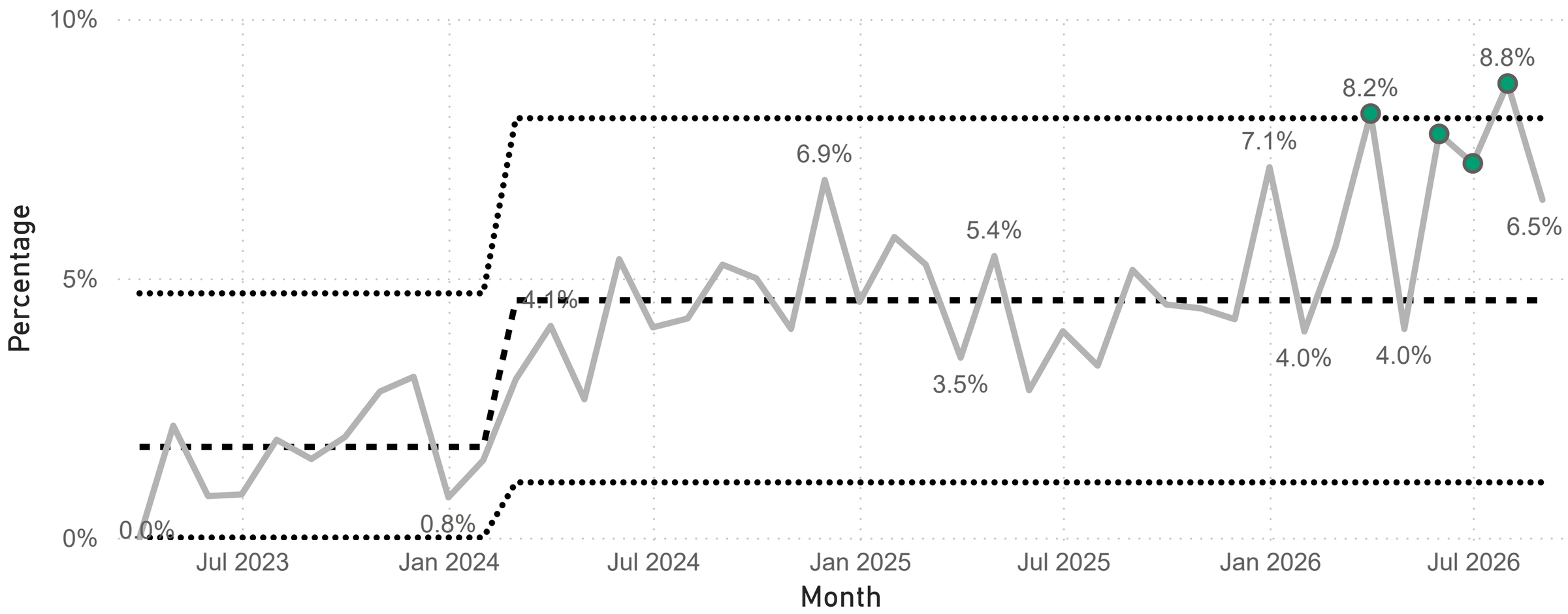
Limited

RAG	Target	Actual
AMBER	7.0%	6.5%

SPC Status

Within Control Limits

Same Day Hip Arthroplasty rate



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	Same-day hip replacement was 6.5% (14/215) in September 2026.

Actions

Month	Actions
Sep-26	Continued adoption of ERAS (Enhanced Recovery After Surgery) improvement plan.

Percentage Same Day Knee Arthroplasty

Indicator Construction: (Planned Care)

Percentage of knee arthroplasty procedures performed on the same day as admission, as a percentage of all knee arthroplasty procedures undertaken. The current target is greater than 4.5%. This was revised for 2026/27, replacing the previous target of 5%. An amber tolerance was also introduced for 2026/27, with performance between 4% and 4.5% considered within tolerance.

Last reported month

Sep 26

Level of Assurance

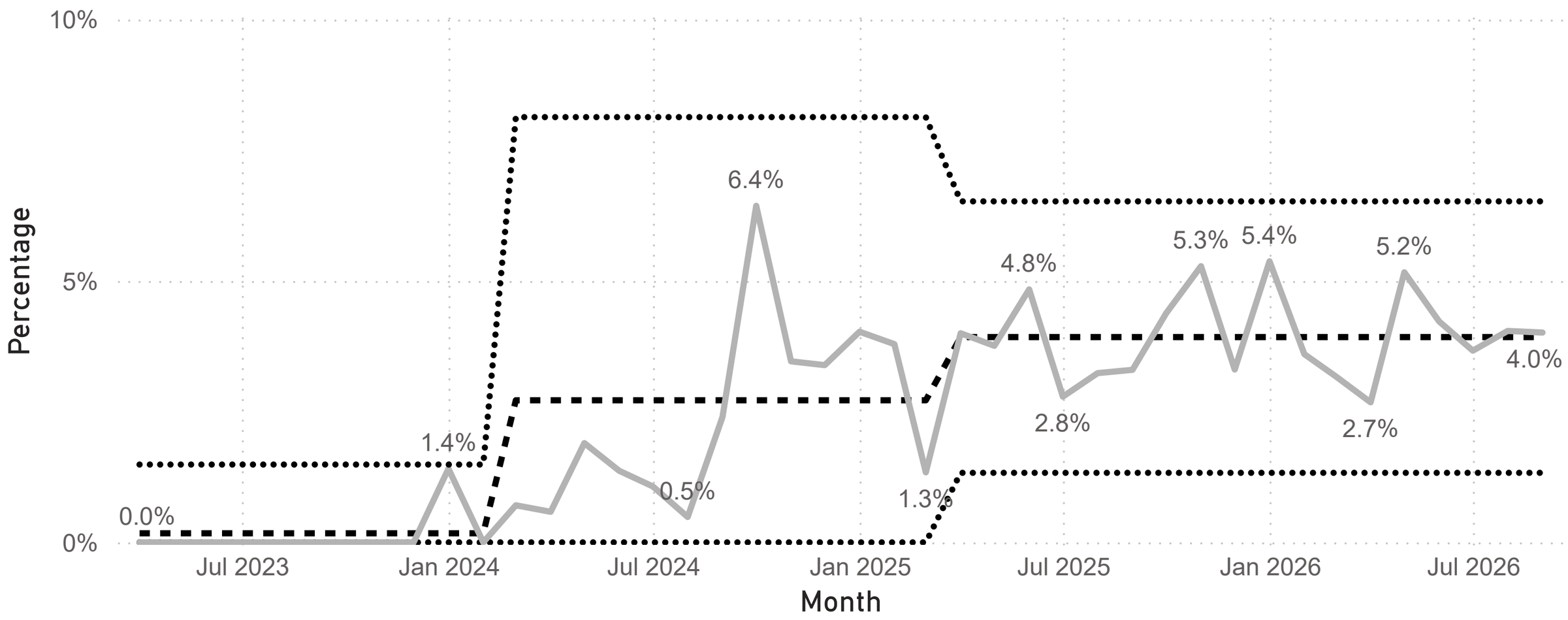
Moderate

RAG	Target	Actual
AMBER	4.5%	4.0%

SPC Status

Within Control Limits

Same Day Knee Arthroplasty rate



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	Same-day knee replacement was 4.0% (12/299) in September 2026.

Actions

Month	Actions
Sep-26	Continued adoption of ERAS (Enhanced Recovery After Surgery) improvement plan.

Orthopaedic Mean Length of Stay

Indicator Construction: (Local)

Orthopaedic average (mean) hospital length of stay in days.

The current target is less than 3.8 days. The target remains unchanged since the indicator was first reported in 2024/25.

Last reported month

Sep 26

Level of Assurance

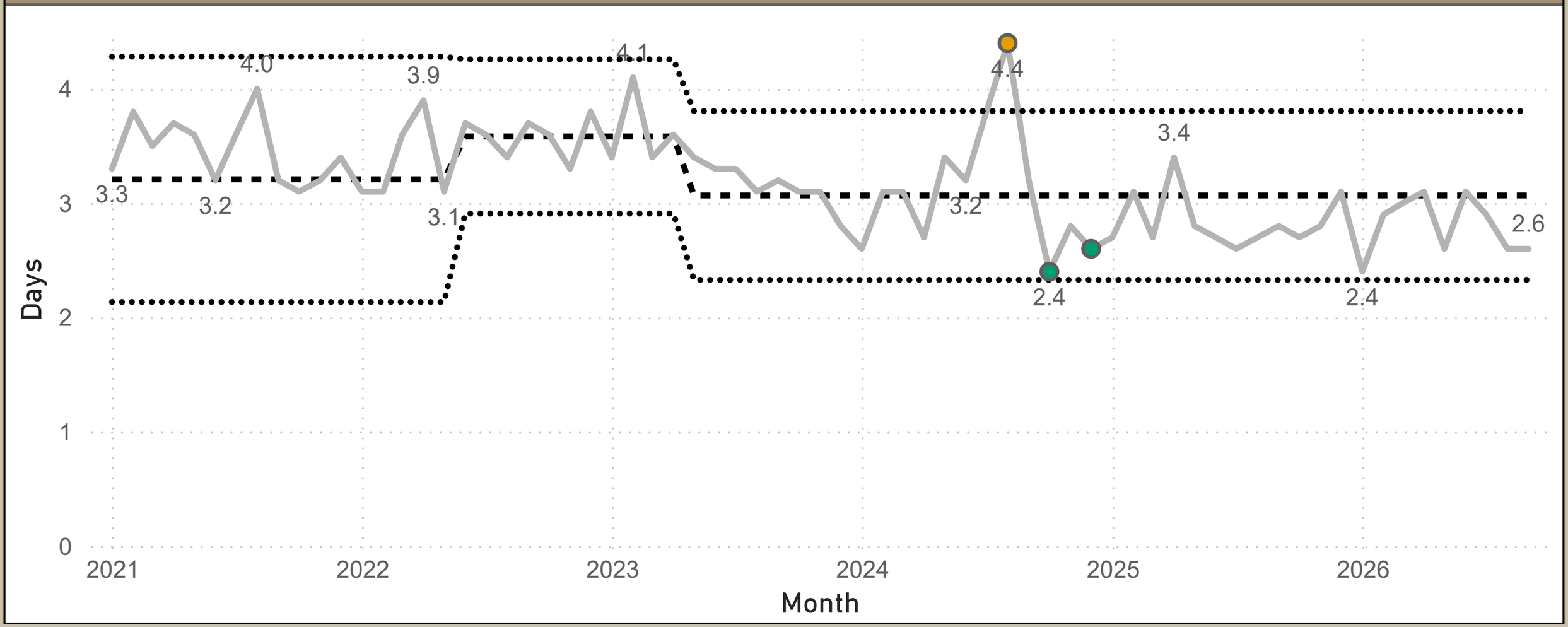
Significant

RAG	Target	Actual
GREEN	3.8	2.6

SPC Status

Within Control Limits

Orthopaedics Average Length of Stay



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Sep-26	The average length of stay for orthopaedic admissions in September was 2.6 days.

Actions

Month	Actions
Sep-26	The continued effect of increases in Day Zero patients is maintaining the length of stay.

Ophthalmology Procedures per list

Indicator Construction: (Planned Care)

Average (mean) number of ophthalmology procedures per half day theatre list.

The current target is greater than 6.88 procedures per list. The target is calculated annually as part of the annual delivery plan activity calculations. The 2025/27 target was 7.

Last reported month

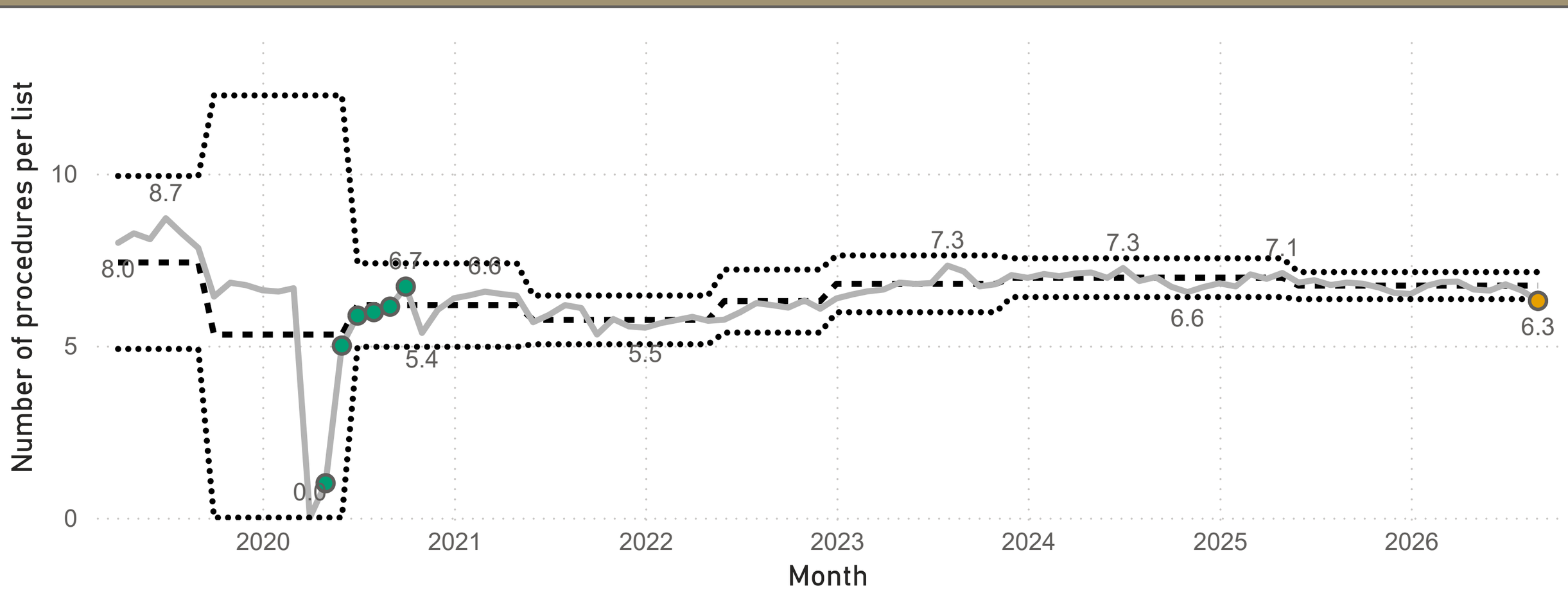
Sep 26

Level of Assurance

Moderate

RAG	Target	Actual	SPC Status
RED	6.9	6.3	Below Lower Control

Oph Procedures per list



National Comparator

The last nationally reported Cataract throughput position for Aug-26 was 6.6 per 3.5hr session, the NHS Scotland position was 6.0.

Current Position

Month	Issues
Sep-26	There were 6.3 Ophthalmology procedures per list in September 2026

Actions

Month	Actions
Sep-26	Training list have between 5-7 cases per list and contribute to 25% of all lists. This in turn impacts on the cataract equivalent rate. Focus continues to be minimum of 8 cases on all service lists. Target is calibrated on this basis.

31 Day Cancer (All Cancer)

Indicator Construction: (National)

Number of patients admitted for cancer treatment within 31 days from decision to treat as percentage of patients admitted from a cancer treatment pathway. All cancer.
The national target is set at over 95% of cancer patients to be treated within 31 days.

Last reported month

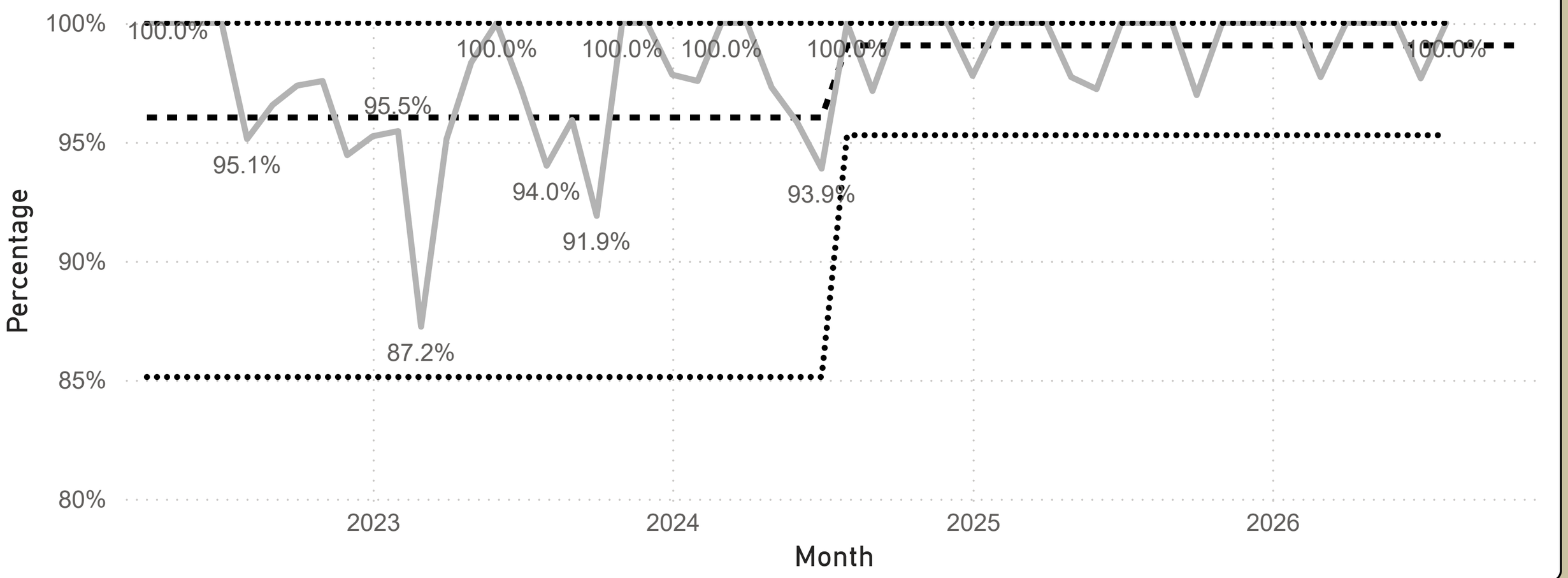
Aug 26

Level of Assurance

Significant

RAG	Target	Actual	SPC Status
GREEN	95.0%	100.0%	Within Control Limits

31 Day Cancer Target (All)



National Comparator

The last nationally reported position for all cancer waits was for Aug-26 and was 100%. The Scotland position was 93.8%.

Current Position

Month	Issues
Sep-26	32/32 (100%) of cancer patients were seen within 31 days in August 2026. Latest nationally reported position.

Actions

Month	Actions
Sep-26	Breach analysis is conducted for each instance where the target was missed to identify the causes and learn from them.