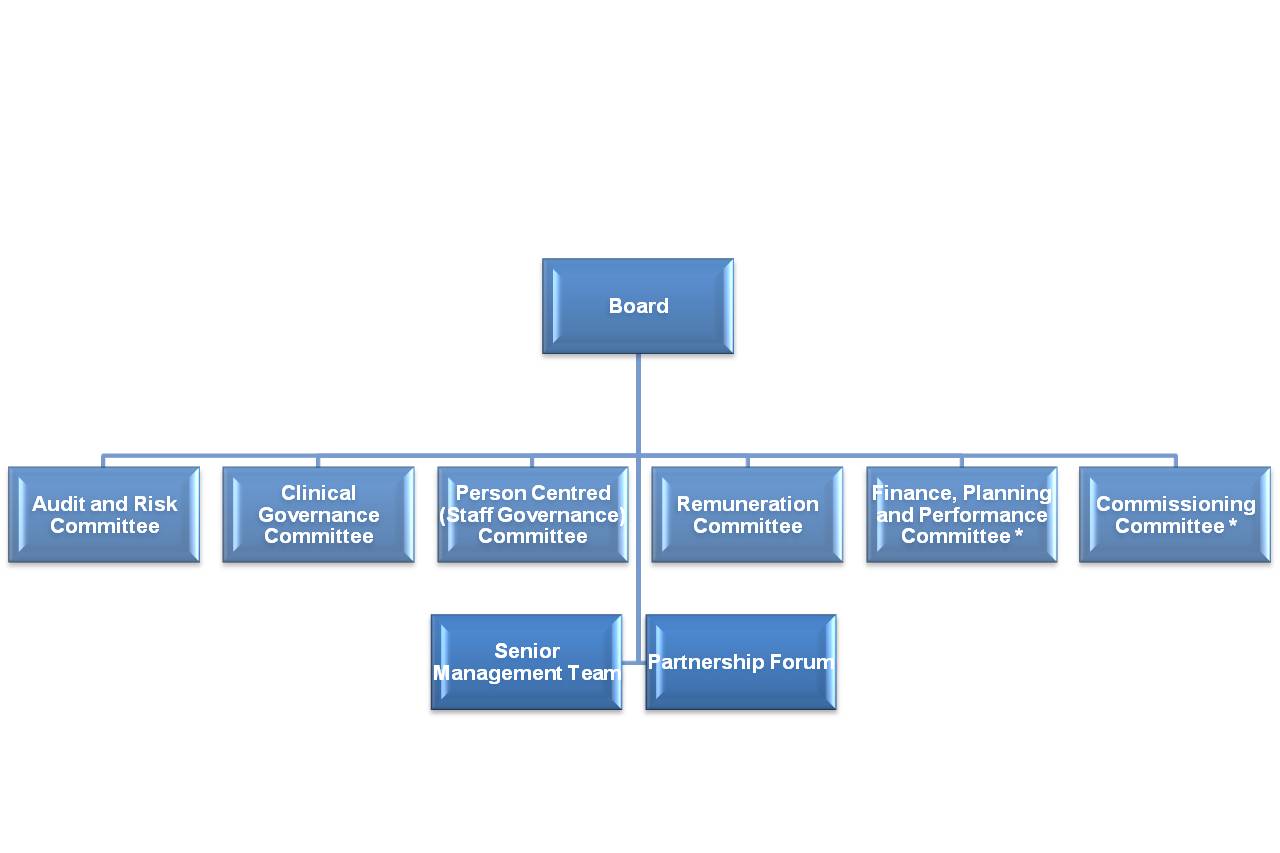
|  |  |  |
| --- | --- | --- |
| Board Meeting: | 26 September 2019 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Integrated Performance Report  Board Summary Report |
| Recommendation: | Committee members are asked to:   |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | x | | Note for Information only |  | | |
|  |  | |

## Background

Following a review of corporate governance at the Golden Jubilee Foundation, which aligned to the Blueprint for Governance developed by Scottish Government, we have realigned our performance reporting cycle.

New Governance Committee structures commence in September 2019 and each committee will be supported with accurate and current information to support scrutiny and enable assurance of their compliance with the statutory obligations.

This will enable Board members to be confident that the desired level of quality is being delivered in the development and delivery of Foundation services and objectives are being met.

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**Figure 1**: Board Sub-Committee structure commencing from Sept 2019 N

New committees are indicated with an \*

Commissioning Committee is under review

1. **New Function**

In order to support the functions of the Clinical Governance, Person-Centred (Staff Governance) and Finance, Performance and Planning Committees an Integrated Performance Report (IPR) has been developed. Development of the report has been led by the Performance and Planning team in collaboration with other departments.

The data included forms the basis of the information that is issued to ISD and also includes the Hospital Associated Infection Report, Business Update Report and local performance information.

1. **Report Cycle**

This report is produced monthly as part of a two monthly performance cycle. The key elements are:

* IPR produced and shared with Board members monthly.
* IPR on second month considered by three Committees.
* Board Summary Report produced including Chairs comments for Board consideration.

1. **Report Content**

The current iteration of the IPR comprises four main sections:

* An overall summary section;
* A section to support and inform the Clinical Governance Committee;
* A section to support and inform the Staff Governance Committee; and
* A section to support and inform the Finance, Performance and Planning Committee.

The attached IPR Board Summary Report highlights the key priority areas identified in the IPR and outlines an Executive Summary of the three governance sections; Clinical Governance, Staff Governance and Finance & Performance.

Further refinement of the IPR and Board Summary Report will be an iterative process based on feedback and usage by the Committees and the Board.

**4 Conclusion/Recommendation**

Members are asked to discuss and consider the content of the IPR Board Summary Report.

**Jann Gardner Colin Neil June Rogers**

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

**19 September 2019**

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**Integrated Performance Report**

**Board Summary Report**

**(for NHS Golden Jubilee Foundation Board Meeting 26 Sept 2019)**

**Produced in August 2019**

**Performance and Planning Department**

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# Introduction

**Overview and Executive Summary**

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

**Overview and Executive Summary**





Board Performance Dashboard – Part 1

**Overview and Executive Summary**





Board Performance Dashboard – Part 2

**Overview and Executive Summary**





Board Performance Dashboard – Part 3

**Overview and Executive Summary**





# Executive Summary

**Overview and Executive Summary**

At each meeting, the Standing Committees of NHS Golden Jubilee consider targets and Standards specific to their area of remit. This section of the IPR provides a summary of performance Standards and targets identified as areas of note. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

This section also provides a summary of the Capital Programme and Financial position.

**CLINICAL GOVERNANCE**

|  |  |  |
| --- | --- | --- |
| **Clinical Governance** | | |
| **KPI** | **RAG** | **Position:** |
| Total complaints (Stage 1 and 2) as a percentage of activity. |  | Position deteriorated slightly from 0.16% in May 19 to 0.17% in June 19 which was worse than the threshold of <=10% for the fourth month in succession. |
| Stage 1 complaints response time |  | Standard was met in June 19 with four out of five responses within the threshold. |
| Stage 2 complaints response time |  | Standard was not met in June 19 with zero out of eight responses within the threshold. |
| Mortality |  | A crude mortality standard is reported for the first time as part of the IPR. Mortality at hospital level was within calculated confidence limits for July 19. |
| Significant adverse events |  | The number of events reported in July 19 (8) was better than the calculated upper confidence limit. |
| MRSA/MSSA cases |  | Two MSSA cases were reported in June 19 which breaches the threshold for the month but would achieve the threshold for Quarter 1 as a whole. Zero cases were reported in July 19. |
| C Difficile |  | No Clostridiodes Difficile cases were reported in July 19. |

**Hospital Acquired Infection (HAI)**

* ***Staphylococcus aureus* Bacteraemia**
* Two cases of SAB to report in June.
* ***Clostridioides difficile* infection (previously known as *Clostridium difficile)***
* No CDI to report since June 18.
* **Hand Hygiene**
* The bimonthly report from May demonstrates an overall Board compliance rate of 98%. Medical staff compliance reduced from 96% to 94%.
* Non compliances reported for this time period are predominately related to staff not taking the opportunity to perform hand hygiene at various key moments. No non-compliance noted with bare below elbows. Next update July.
* **Cleaning and the Healthcare Environment- Facilities Management Tool**
* Housekeeping Compliance: 98.94%
* Estates Compliance: 99.61%
* **Surgical Site Infection**
* Hip and Knee replacement SSI rates are within control limits.
* May data indicated 2 readmission infections from patients who have undergone a hip replacement, there has been one further infection in June. There are no commonalities in terms of surgeon or organism.

**Overview and Executive Summary**

* Cardiac and CABG SSIs are currently within control limits. CABG SSI rate has been in decline to around the median although no sustained trend identified as yet.

**Complaints**

In drilling own into the complaints data, the Quarter 1 report has recently been issued which showed a total of 33 (18 Stage 1 and 15 Stage 2) complaints over the period (April – June 2019) an increase of 43% (11 Stage 1 and 11 Stage 2) since the same quarter in 2018/19. Out of the 33 complaints received 18 were fully upheld, three were partially upheld, 12 not upheld. The main themes related to waiting list, clinical treatment, with Orthopaedic (7) and Cardiothoracic (9) being the services with the highest complaints during Quarter 1; this would be expected due to the activity.

Despite the increasing figures we are not seeing an increase in re-opened complaints or referrals to Scottish Public Services Ombudsman (SPSO) however, our response times are a challenge with the increase in numbers. The increase in levels and response times was discussed in detail at Clinical Governance and Risk Management Group (CGRMG) with agreement to link to Divisions and draft a paper with an overview of improvements that can be tested to the process to support timely management of complaints. Following discussion at Divisional Management Teams (DMTs) it has been agreed to support Continuing Medical Education (CME) sessions on complaints process to raise awareness of timelines and input required.

**Hospital Standardised Mortality Rate (HSMR)**

HSMR data will be published on a quarterly basis and included in the IPR. This data has been discussed at Clinical Governance Risk Management Group (CGRMG) and with CG Leads in service on the mortality indicator with an acknowledgement that further work is needed to develop this to make it more meaningful.

Mortality rates overall for the specialties are within acceptable parameters when compared nationally. Review and discussion of the cardiology mortality for June has identified a death that will be reviewed via the SAE process.

**STAFF GOVERNANCE**

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| **Staff Governance** | | |
| Disciplinaries, Grievances and Bullying |  | All three standards met the required levels of performance in July 19. |
| SWISS Sickness absence |  | Nationally reported performance deteriorated slightly from 4.48% in May 19 to 4.65% in June 19 remaining worse than the threshold of <=4%. |
| Local Sickness absence |  | Locally reported performance for July 19 was 5.1%. A deterioration of 0.14% compared to June 19. |
| Medical appraisal with completed interview and form |  | Reported position at end of July 19 was 10.3% (13/127) against a threshold of 20% |
| TURAS Appraisal rates |  | Improved by 1% to 68% in July 19 whilst remaining below the required threshold of >=80%. The Hotel TURAS position reported achievement at 88% in July 19. |
| Job Planning |  | Reported position as at end July 19 for each of the three targets is 0%. 18% of RNM job plans are progressing through the sign off process, 44% of Surgical SAS doctors are progressing through sign off and 63.5% of Surgical Consultant job plans are progressing through sign off. |
| Hotel Sickness Absence |  | The Hotel sickness absence was reported as 2.3% in July 19 a deterioration from 1.0% in June 19 but remaining better than the threshold of <=4% |

**Overview and Executive Summary**

**Sickness Absence**

The July 2019 sickness absence rates saw the Board’s sickness absence percentage come in at 5.1%, which is the fourth month in a row that there has been an increase, up from 4.53% in March 2019.  It is higher than it was in July 2018 (4.4%).

Both Corporate and Regional and National Medicine saw decreases in their sickness absence rates between June and July 2019: Corporate fell by 0.3% from 3.2% to 2.9%, while Regional and National Medicine saw a drop of 1.0% from 4.8% to 3.8%.  The Hotel saw an increase of 1.3% in the month and Surgical Specialties rose by 0.7% from 6.6% to 7.3%.

As with previous months, the greatest proportion of sickness absence was due to “Anxiety/stress/depression/other psychiatric illnesses”, which caused 24.4% of the Board’s sickness absence.

Information relating to directorate and departmental sickness absence rates has been circulated to Heads of Department. Management, Occupational Health and the Human Resources Team continue to work together to support members of staff during their absences, and to work with staff members to reduce the number and length of sickness absences, assisting them to remain at work and return to work sooner. Occupational Health Physiotherapy offers rapid access to help alleviate musculoskeletal problems.

We will undertake a mental health staff survey from 2 to 27September 2019 in partnership with See Me. This survey aims to provide us with a better understanding of the impact of mental health in the organisation and create a mentally healthy working environment.

**TURAS Update**

68% of Agenda for Change staff have completed their appraisal as at 31 July 2019 which has increased by 1% since the previous month. All managers have received progress reports in order to identify those staff still to receive their appraisal and this information also highlights when the last appraisals were undertaken on TURAS.

We are undertaking an analysis of the staff governance data to triangulate sickness absence, appraisal and iMatter completion rates throughout the organization in order to ensure that targeted actions are put in place within those departments highlighted in order to support staff and managers to address any issues and ensure further support is in place where required.

**Overview and Executive Summary**

**FINANCE, PERFORMANCE AND RESOURCES**

|  |  |  |
| --- | --- | --- |
| **Finance, Performance and Resources** | | |
| Finance – manage within agreed forecast capital plan |  | The capital position is in line with the forecast annual target. |
| Finance – Manage within annual budget limit |  | The month four year to date results show a position of £239,000 behind the annual budget target. |
| Cancer 31 Day |  | The GJNH 31 day treatment target was reported as 97.8% (45/46). This was due to a patient's base hospital not applying the correct unavailability to the patient – this has now been rectified. 100% of GJNH cancer patients were treated within 31 days. |
| TTG: Number of patients who have breached the TTG |  | The number of breaches reported in July 19 was 114. This compares to 158 in June 19 (-44). The largest decrease was in Electrophysiology (-37). |
| TTG: Percentage of patients admitted within 12 weeks |  | Percentage fell slightly by 1% from 90.5% in June 19 to 88.6% in Jul 19. This reflects an increase in the number of patients admitted over 12 weeks (+35) |
| Stage of Treatment Guarantee – Inp and DC cases (Heart & Lung only) |  | Position deteriorated from 75.4% in June 19 to 69.9% in July 19 and remained below the threshold of >=90%. The number of patients treated over 12 weeks increased to 174 (+35) whilst the number of patients treated within 12 weeks decreased (-22). |
| DOSA rate: Orthopaedic, Cardiac Surgery |  | DOSA rates for Orthopaedic (62.4%) and Cardiac Surgery (12.5%) improved in July 19 but remained below their respective thresholds. |
| DOSA rate: Thoracic Surgery |  | Thoracic Surgery DOSA rate for July 19 was 20.8%, slightly below the June 19 level and below threshold. |
| Theatre Cancellation Rates |  | July 19 reported an improvement in cancellation rates for a number of specialties: Cardiac Surgery 14.7% (-3.2%) Thoracic Surgery 8.5% (-2.4%) Cardiology 5.1% (-4.8%).  Rates for General Surgery and Ophthalmology were both better than threshold at 6.6% and 2.7% respectively. Orthopaedics reported performance as 4.1% which is worse than threshold. |
| Hotel Overall Net profit |  | The July 19 position was -60.8% compared to -23.7% in June 19 and remained worse than threshold. |
| Hotel Room Occupancy |  | Decreased from 91.7% in June 19 to 84.0% in July 19 (-7.7%) but remained better than threshold. |
| Hotel Not for profit percentage |  | Percentage remained under the minimum threshold in July 19 at 42.0%. Down 6.6% from June 19 (48.8%) |
| GJRI Number of new research projects approved |  | Seven new research projects were approved in Quarter 1, one below the target of eight per quarter. |
| GJRI Motion Lab Analysis Income |  | During Quarter 1 Motion Lab Analysis income was reported as £4,750. The cumulative income was £38,250 being £74,810 behind plan. |
| GJRI % Occupancy: Clinical Research Facility |  | Occupancy was reported as 11% below target for Quarter 1 2019/20, a decrease of 3% compared to Quarter 4 2018/19. |
| MDαT sessions secured |  | No MDαT sessions were secured during Quarter 1. |

|  |
| --- |
| National Comparison Table, Corporate Dashboard, Waiting list & Productivity table |
| 31 Day Cancer and Elective Cancellation rates comparators were updated in July 19. 31 Day Cancer rank dropped from 1st to 7th due to the patient unavailability (base hospital) issue noted above. Cancellation rates fell from 1st to 2nd. |
| Communication (16%), Business Services (5%), Estates & Engineering (6%) and Infection Control (6%) reported sickness rates above threshold (<4%) in Jul-19. |
| The total inpatient waiting list month end position reduced by 203 to 5076. The total outpatient waiting list increased by 430 to 2632. |
| In July 2019 there were 114 patients who exceeded their twelve-week treatment time guarantee. This included 43 cardiac surgery patients, 22 coronary patients, 35 electrophysiology patients,13 device patients,1 lead extraction patient. |

**Overview and Executive Summary**

**Business Performance**

**12 Week Treatment Time Guarantee**

**Cardiac Surgery**: While the percentage of patients breaching the 12 week waiting time guarantee fell slightly by 1% from the previous month, there continues to be significant challenges around meeting this target. The reason for this has been well documented and continues to be due to the increasing number for referrals, urgency of referrals and complexity of procedures which result in a requirement for increased theatre time. A proposal to extend the working day in theatre to accommodate two/three patients being treated in a day has been presented to SMT. In order to implement this, it is essential that we have a commitment from boards across the region that they will support this model financially. Discussions with referring Boards regarding this proposal will take place over the coming weeks.

**Cardiology:** The number of patients who breached their waiting time guarantee in July reduced by 44 patients in comparison to the previous month. As predicted, the number of patients on the waiting list increased when the mobile cath lab left the GJF site in March. The mobile unit came back on site in August and will remain for 12 weeks. This is not in itself a solution to the waiting list problem, however it will go some way to improving the situation. A solution to the cardiology challenges is expected when cath lab 5 becomes operational in April 2020.

**DOSA:** DOSA rates improved in both orthopaedic surgery and cardiac surgery in July. However, the DOSA rate for thoracic surgery was slightly behind plan. The divisional management team continue to monitor delivery of this target and take corrective action as required.

**Theatre Cancellation Rates**: An improvement in cancellation rates was evidenced in July across all specialties with the exception of orthopaedic surgery. Cancellation rates in ophthalmology remain at 2.7% which is a significant achievement. Active management of cancellations is an ongoing process for the divisions.

**Orthopaedics:** Orthopaedic joint replacements were behind the July target by 27 procedures (7.2%), orthopaedic non joint activity was also behind the target by 37 procedures (44%) and foot and ankle surgery behind by 5 procedures (10.2%). However, foot and ankle activity remains ahead of the year to date plan by 31 procedures. Overall, the service utilised 419 orthopaedic theatre slots against a plan of 487 and they are now behind the year to date plan by 67 procedures. This is an unusual situation for the orthopaedic surgery service. Due to vacancies in theatre, throughout July there was a significant reliance on agency staff to cover the orthopaedic sessions. In addition to the high level of vacancies, July is a peak holiday period for both the theatre staff and the consultants and the willingness to cover additional sessions proved to be challenging. The team are currently working on an orthopaedic planner for both out patients and in patients in order to create a recovery plan.

**Overview and Executive Summary**

**Ophthalmology:** There was a shortfall of 54 procedures (7.2%) in July and this continues to be primarily related to the availability of consultants to cover theatre sessions. However, this was exacerbated by the peak holiday period. New consultant appointments have been made and further opportunities continue to be actively explored. The first of the new consultants are expected to take up post in September.

**Endoscopy:** Endoscopy procedures carried out in July exceeded our plan by 12 procedures (4.3%). The service is making progress towards recovering the shortfall in activity from earlier in the year.

**Diagnostic Imaging:** Diagnostic imaging performed significantly behind the monthly plan by 435 examinations (11%) in the month of July. As has been reported previously, we continue to experience challenges in consultant availability to report the examinations. An external provider has been commissioned to support the service. However, due to technical challenges, this solution has taken longer than expected to have an impact. It would appear that a technical solution is now in place and the reporting shortfall should improve over the forthcoming months.

Activity in July has been extremely challenging. Together with the peak holiday period, the well documented impact of consultant availability has presented particularly significant challenges this month. The Recovery Group continue to meet on a weekly basis and remain focussed on identifying alternative solutions to challenges as they arise, addressing recruitment challenges and detailing a recovery plan for shortfalls by specialty.

**Financial Position as at Month 4, July 2019**

**Revenue Position**

The total surplus as at Month 4, July 2019 amounts to £614k. This comprises of an income over-recovery of £138k, a core expenditure underspend of £448k and a non-core underspend of £28k. This reported underspend position is slightly lower than the original Financial Plan Forecast of an £825k underspend by the end of July 2019, however this is related to the phasing of budgets and is not a cause for concern given the positive overall position being reported.

The forecast to the financial year-end at this point of the financial year remains to predict a break-even position against the Boards revenue position.

**Main Points to note**

* The YTD Budget across Expenditure headings amounts to c£47.2m, with the underspend above of £448k being split between pay, at £273k underspent, and non-pay, at £175k underspent. Whilst this overall position is favourable some pressures exist in Medical Pay lines due to excess costs to assist in meeting capacity demands, and within equipment repair and rental in non-pay, with both areas being subject of local reviews to define remedial actions.
* The Efficiency Savings target for the year amounts to £4.807m. At the end of July 2019, £3.758m of schemes have been identified, with £1.74m being recurring schemes and £2.018m non-recurring opportunities. At month 4 this reflects an in-year gap of £1.049m and a FYE gap of £1.958m, albeit further opportunities will be explored, and be of significant focus, via planned Performance Review Groups with the Divisions to source additional initiatives. Positively, £825k of cash releasing savings have been identified and achieved as at month 4.

**Overview and Executive Summary**

* In addition to these savings schemes, there are cost avoidance and productivity schemes of £0.38m and £1.16m respectively, albeit the latter contains c£0.5m in high risk for achievement. These schemes are under detailed scrutiny to assess the organisational benefits which can be recognised in year.
* The Clinical Waste contract and service contingency arrangements continue to be in transitional phase with the interim arrangements resulting in additional charges of c£14k per month from the contractor together with some internal costs to maintain service delivery. These costs have been factored into the Boards financial forecasts, recognising the full financial risk.
* The Hotel Expenditure position is (£12k) overspent following Pay Award funding, and reports a slight under-recovery in income of (£6k), however on a YTD budget of c£1.7m, and with a backdrop of forecast increases in NHS and Events Business, it is believed that this position is recoverable during the remainder of the financial year.
* At a recent Annual Operating Plan Meeting with Scottish Government colleagues, confirmation of funding was provided for key Waiting Times Improvement Plan funding, which also included Independent Sector activity funds. Monthly monitoring reports will be issued to Scottish Government by Board, Supplier and Specialty to capture current and forecast positions and aid robust national reporting.

**Capital Position**

* Formula Capital of £2.691m and Capital Stimulus funding of £1.922m combine to derive the overall allocation below of £4.613m of core capital funding split across the 3 key allocation headings, which at month 4 has formal spend of £0.37m associated with turnkey works for the MRI project.



* In addition to the above, Elective Centre Funding relating to phase one and phase two developments is received as a separate allocation. Phase one relates to the Ophthalmology expansion with funding of £10.473m included in the capital plan for the year. The in-year spend for phase one is £1.094m as at July 2019. Phase two relates to the creation of a new facility to increase Orthopaedic Surgery capacity, and an element has been allowed in the capital plan in year with regard to this. The Outline Business Case is currently being developed and close communication with SG colleagues is in place given the scale and importance of this key development. The in-year expenditure related to appropriate enabling works for phase two at the end of month 4 is £513k, which is informed in detail at internal cost control meetings.
* The Board forecast to remain within the Capital Resource Limit for the financial year to meet the financial targets for 2019/20.