Borders NHS Board

Meeting Date: 5 September 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
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NHS BORDERS PERFORMANCE SCORECARD – SEPTEMBER 2019

Purpose of Report:

The purpose of this report is to update the Board on NHS Borders latest performance towards the 2019/20 Annual Operational Plan performance measures.

The Annual Operational Plan has been produced in line with guidance received from Scottish Government in February 2018. The attached Performance Scorecard shows performance as at 30th June 2019. The performance data contained within the Scorecard relates to the second Annual Operational Plan (AOP) for NHS Borders. The report has been amended for this Board meeting to look at AOP measures only, Local Delivery Plan (LDP) Standards will now be reported six monthly in the Managing Our Performance Report.

Recommendations:

The Board is asked to **note** the June 2019 Performance Scorecard.

Approval Pathways:

This report has been prepared with input from members of the Clinical Executive and Service Leads.

Executive Summary:

The monthly Performance Scorecard is presented to the Clinical Executive Strategy & Performance Committee and the Board. As the Board is now in Financial Turnaround reporting arrangements have been rolled up, enabling performance and analytical capacity to focus on Financial Turnaround. The report has, therefore, been re-formatted and updated for this Board meeting to enable members to monitor performance against the Annual Operational Plan (AOP) measures easily. Narrative on actions being taken to achieve targets and standards are now based on exception reporting on this smaller set and is noted in this cover paper. LDP Standards and key local performance indicators will be measured twice yearly in the Managing Our Performance Report which is presented to the Board.

Performance Management remains a key priority across NHS Borders to ensure robust monitoring of key local and national standards and priorities. Where comparable data is readily available, an NHS Scotland position has been included in the scorecard. A more detailed comparison against the rest of Scotland is provided in the six monthly Managing Our Performance Report.

Waiting Times Improvement Plan

The BGH Leadership team are working closely with the Scottish Government to meet the quarterly trajectories that have been agreed as part of the Waiting Times Improvement Plan and NHS Borders Annual Operational Plan. A significant focus has been on strengthening operational processes to ensure waiting times are proactively, and consistently, managed. A new weekly Waiting Times group has been developed, chaired by the Hospital Manager, that reviews end of month trajectories and actions to achieve these, ensuring close management of performance. The team recently welcomed in an external Waiting Times expert from NHS Fife to perform a diagnostic of our waiting times management processes which has informed an action plan for improvement. A new Outpatient Programme Board has been established, born out of the Financial Recovery Programme, that will also improve demand management and clinic utilisation. This group is currently developing a new Standard Operating Procedure (SOP) for the booking of outpatient clinics, testing Active Clinical Referral Triage in Orthopaedics and Gynaecology, and improving utilisation of peripheral clinics.

The RAG status summary for a rolling 3 month period is outlined below:

Annual Operational Plan	Apr-19	May-19	Jun-19
Green – achieving standard/trajectory	3	4	7
Red – outwith standard/trajectory	11	10	7

Areas of strong performance from the Annual Operational Plan measures for the position as at 30th June 2019 are highlighted below.

- 100% of patients with a **suspicion of cancer were seen within 62 days** in May 2019 (page 7)
- 100% of patients **requiring treatment for cancer** were seen within **31 days** in May 2019 (page 7)
- 90.5% of patients were **treated within 18 Weeks** for the combined pathway performance during May 2019 (page 10)
- 94.1% of patients were waiting with 18 weeks for **referral to treatment by CAMHS** in June 2019 (page 12)
- 100% of **drugs or alcohol** patients were seen **within 3 weeks** from referral to treatment in June 2019 (page 13)

The Board are asked to note that the following Annual Operational Plan performance measures which are persistently outwith the 10% tolerance (red status) at 30th June 2019. Services have provided narrative and actions that are underway to improve performance:

- **12 weeks Outpatient Waiting Times**

At the end of June 2019, 719 waits over 12 weeks were outwith the standard (page 8), but the trajectory as agreed within the Annual Operational plan of 755 was being achieved with only 719 patients waiting over 12 weeks.

Actions reported for the month are:
- **Dermatology:** Waiting times are on the increase; clinics are currently being looked at to ensure rashes are being seen to as well as lesions.
- **Gynaecology:** These figures have increased slightly since last month due to a Consultant vacancy within the service. Waiting Times initiative clinics have been arranged for the months of July and August to combat the increasing figures.
- **Ophthalmology:** These figures have increased again due to the lack of capacity, following Medinet being awarded the contract, these figures will begin to decrease as clinics are organised.
- **Respiratory Medicine:** Figures are on a slow increase, these figures shall be monitored, additional clinics are planned.
- **Trauma & Orthopaedics:** Figure has been steadily increasing following the additional work carried out in March. Orthopaedic Waiting Times initiative clinics have been arranged for the month of July**.**

Next month's actions:
- Continue to monitor all to ensure any available capacity is identified, booked and utilised effectively.

- **12 week Treatment Time Guarantee**

Performance is reported outwith the standard for the full 2017/18 and 2018/19 years and for April-June 2019 (page 10).

Actions reported for the month are:
- Short notice cancellations are reviewed on a daily basis.
- Work is ongoing to ensure cancellations are minimised and decisions are made as soon as possible.
- An Institute for Healthcare Optimisation (IHO) project is looking to address surgical flow; however the service are reviewing on a weekly basis to determine any risk of cancellations and take appropriate action.
- Cancelled patients are rebooked as soon as a slot is available and to accommodate their TTG date where possible.

Next month's actions:
- To ensure the 12 week TTGs are met, constant reviews of lists and TTG will be monitored on a week to week basis.
- Additional clinic funding to ensure TTGs are met is still under discussion and awaiting to be finalised.
- Continue monitoring lists to ensure clinics are being used to their capacity.

- **6 week Diagnostic Waiting Time**

Performance is consistently reported outwith the standard for the full 2017/18 and 2018/19 years and for April-June 2019 (page 11).

Actions reported for the month are:

- **Colonoscopy** – The recent introduction of fit testing for bowel screening patients has seen an increase in demand for colonoscopy which may impact on waiting times. Additional GI nursing hours have been approved to manage the increase in pre-assessment, this continues to be monitored. Additional weekend scoping sessions have been organised with support from Synaptik and this has reduced the number of patients waiting longer than six weeks to zero in February and 1 in March. The numbers have started to climb slightly again but have reduced from 9 in May to 4 in June.

- **Endoscopy** – The 6 week standard breached from November 2018 to January 2019 but was met again from February to April 2019. This month there were 3 breaches and performance continues to be monitored.

- **Magnetic Resonance Imaging (MRI) & Computerised Tomography (CT)** – The MRI service continues to be under pressure. The length of scans is increasing due to changing guidelines which has led to a reduction in throughput in terms of patient numbers. Scottish Government funding has been secured to continue to run evening and weekend sessions and an additional fixed term radiographer post will help provide capacity to main staff in CT/MRI. Additional sessions have been booked which started in October 2018. This follows recruitment and using part time staff working additional hours which will continue to show a positive impact in waiting times. We have managed to staff 2 additional days per week in CT using this approach and some scans are now being reported through an external provider. Waits in these areas have reduced dramatically over the past year, although there has been a slight increase over the last 3 months. Work has commenced to develop plans for the installation of the new scanner.

- **Ultrasound** – The ultrasound service has had staffing challenges due to maternity leave and this continues to be an issue. We have 0.2 WTE vacancy but permanent part time staff are working additional hours to minimise the impact of this in the short term, and a new training post is being recruited to.

A Recovery Plan for MRI, CT & Colonoscopy is currently underway and is proving successful. Extra colonoscopy sessions have been booked with Synaptik which will reduce patient waits. MRI/CT sessions continue to be booked and utilised by current staff.

Next month's actions:
Outsourcing of CT and MRI reporting has now commenced and this has already resulted in a significant improvement in Waiting Times performance for these tests, as can be seen from the figures above. Additional scanning sessions are also taking place. NHS Borders has been offered some MRI capacity at Golden Jubilee from April and this has been fully utilised.

- **Psychological Therapies – 18 week Treatment Time Guarantee**

Performance has reported outwith the standard for the months of March, April and May 2019 (page 12).

Actions reported for the month are:
- Next initiatives are to work on developing a cognitive behaviour therapy (CBT) group for anxiety and depression to see if the service can begin to offer this to long waiters to reduce wait time to access therapy.

Next month's actions:
- Meetings will be taking place to get the CBT group up and running.

- **Delayed Discharges**

Performance reported outwith the standard for the full 2017/18 and 2018/19 years and for April-June 2019 (page 15)

Actions reported for the month are:
- Daily Dynamic Discharge relaunched in DME Wards in BGH.
- New patient discharge advice leaflet final draft agreed. For introduction during July and August.
- Interim Hub referral process being further developed and use of STRATA pursued.
- Hospital to Home Service continuing beyond winter months.
- Discharge and Transfer Policy sign off process begun.

Verbal updates will be given at the meeting on key target achievements to update the performance position presented in the Scorecard attached here.

Impact of item/issues on:	
Strategic Context	Regular and timely performance reporting is an expectation of the Scottish Government.
Patient Safety/Clinical Impact	The Annual Operational Plan measures are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness are being carried out in NHS Health Boards.
Staffing/Workforce	The implementation and monitoring of the measures will require that Lead Directors
Finance/Resources	The implementation and monitoring of the measures will require that Lead Directors
Risk Implications	There are a number of measures that are not being achieved, and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.
Equality and Diversity	Impact Equality Assessment Scoping Template has been completed. The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
Consultation	Performance against measures within this report have been reviewed by each Clinical Board and members of

	the Clinical Executive.
Glossary	AOP – Annual Operational Plan LDP – Local Delivery Plan

NHS Borders

PERFORMANCE SCORECARD

As at 30th June 2019

June 2019

Planning & Performance

Month

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INTRODUCTION

PERFORMANCE MEASURES

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory/standard set.	Outwith the standard/trajectory by 11% or greater
A	Slightly Below Trajectory/Standard	Current performance is moderately outwith the trajectory/standard set.	Outwith the standard/trajectory by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

So that the direction of travel towards the achievement of the standard/trajectory can be easily seen, the following indicators shown below are used:

Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-
Standard/Trajectory has been achieved this month	✔
Standard/Trajectory has not been achieved this month	X

Annual Operational Plan

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and delivery plans for the next financial year. This report was called the Local Delivery Plan (LDP) and formed an agreement on what Health Boards will achieve in the next year with SGHD. From 2018/19 Boards are no longer required to produce an LDP which have been replaced by Annual Operational Plans (AOP) that have AOP measures associated with them. Boards are also still required to monitor LDP standards which NHS Borders will do through the six month Managing Our Performance Report.

The Performance Scorecard includes data to report on Annual Operational Plan Performance Measures.

Please note:

Some anomalies may occur in data due to time lags in data availability and national reporting schedules.

Annual Operational Plan Key Metrics Report: as at June 2019 or latest available data

Annual Operational Plan Measures
- 7 out of the 14 measures are on track
- 7 out of the 14 measures are below target

Cancer Waiting Times 62-day target					Cancer Waiting Times 31-day target				
Apr 2019 95.2%	⬆	May 2019 100.0%	Target > 95%	✔	Apr 2019 100.0%	⬌	May 2019 100.0%	Target > 95%	✔

New Outpatients waiting > 12 weeks target as at month end					New Inpatients waiting > 12 weeks target as at month end				
May 2019 467	⬇	June 2019 719	Target 755	✔	May 2019 39	⬇	June 2019 92	Target 116	✔

Inpatient/Daycase patients waiting > 84 days TTG target as at month end					% of patients seen within 18 weeks Combined Performance				
May 2019 32	⬇	June 2019 65	Target 0	✘	Apr 2019 90.8%	⬇	May 2019 90.5%	Target > 90%	✔

Diagnostics - 8 key tests waiting > 6 weeks target as at month end					CAMHS patients treated within 18 weeks from referral to treatment				
May 2019 96	⬇	Jun 2019 109	Target 0	✘	May 2019 89.4%	⬆	June 2019 94.1%	Target > 90%	✔

Psychological Therapy Referral to Treatment within 18 weeks					Drugs and Alcohol patients waiting < 3 weeks from referral to treatment				
April 2019 63.0%	⬆	May 2019 71.0%	Target > 90%	✘	May 2019 100.0%	⬌	June 2019 100.0%	Target > 90%	✔

A&E patients discharged or transferred within 4 hour target					Delayed Discharges as at census date (last Thursday of the month) delayed over 72 hours				
May 2019 95.1%	↓	June 2019 93.4%	Target ≥ 95%	X	May 2019 26	↔	June 2019 26	Target 0	X
Maintain Sickness Absence Rates below 4%					**Supplementary staffing - agency spend per month**				
May 2019 4.90%	↑	June 2019 4.80%	Target 4.0%	X	May 2019 £138,308	↓	June 2019 £151,160	Target £0	X

Annual Operational Plan: Performance Measures

Cancer Waiting Times

62 Day Cancer - 95% of all cases with a Suspicion of Cancer to be seen within 62 days

Standard
95.0%

Tolerance
86.0%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2019/20	95.2%	100.0%										
2018/19	95.2%	96.0%	92.3%	100.0%	85.0%	95.5%	91.7%	92.9%	100.0%	90.6%	91.3%	80.8%
2017/18	80.0%	93.5%	96.7%	100.0%	100.0%	100.0%	95.7%	90.0%	100.0%	97.1%	90.5%	96.7%

Please Note: there is a 1 month lag time for data.

Latest NHS Scotland Performance
82.7% (Oct-Dec 2018)

Actual Performance (higher % = better performance)
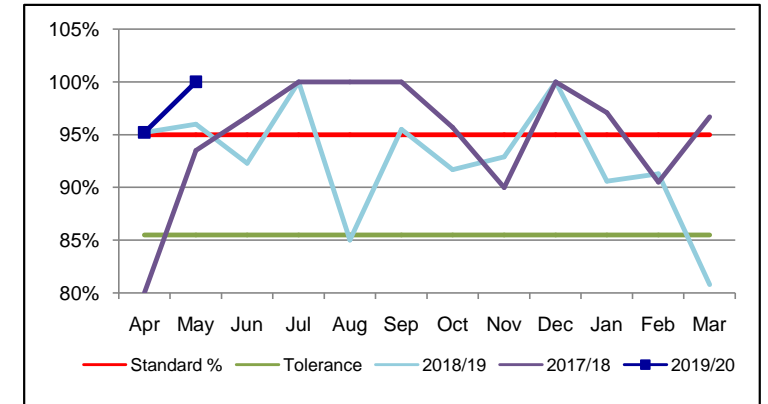
31 Day Cancer - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

Standard
95.0%

Tolerance
86.0%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2019/20	100.0%	100.0%										
2018/19	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2017/18	85.7%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Please Note: there is a 1 month lag time for data

Latest NHS Scotland Performance
94.9% (Oct-Dec 2018)

Actual Performance (higher % = better performance)
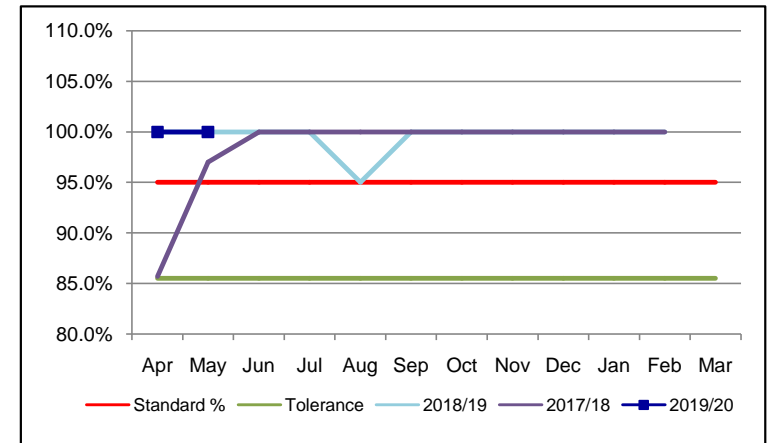
Stage of Treatment - 12 Weeks Waiting Times

	Standard
12 Weeks Outpatients - 12 weeks for first outpatient appointment	0

	Tolerance
	1

	Latest NHS Scotland Performance	NHS Borders Performance
	75.0% (Mar 2019)	96.8% (Mar 2019)

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	755	755	755	535	535	535	270	270	270	100	100	100
2019/20[1]	236	467	719									
2018/19[2]	370	328	304	487	591	621	480	578	665	640	529	0
2017/18[2]	663	737	1021	1138	1198	1220	1207	1195	1117	1048	791	357

[1] Please note performance is measured against Trajectory not standard as per 2019/20 AOP
[2] Please note performance is measured against 0 standard

12 week breaches by specialty

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Cardiology		1	29	26	22	20	16	14	0	2	4	5
Dental	0	0	0	0	9	17	22	18	0	0	0	0
Dermatology		1	1	1	4	2	5	6	0	5	31	34
Diabetes/Endocrinology	2	4	3	2	1	2	6	6	0	3	10	16
ENT		0	1	1	2	1	0	2	0	1	3	14
Gastroenterology	2	8	12	9	6	2	2	5	0	23	28	18
General Medicine		1	1	1	1	0	0	0	0	1	1	0
General Surgery	21	84	108	54	48	57	47	64	0	23	40	64
Gynaecology	1	0	0	1	0	1	1	24	0	38	77	95
Neurology	31	28	21	8	4	3	3	2	0	0	0	1
Ophthalmology	5	6	6	57	106	114	162	173	0	128	167	271
Oral Surgery	194	136	106	68	113	141	102	47	0	0	1	10
Orthodontics		0	0	0	0	0	0	0	0	0	0	1
Other	37	12	18	17	25	25	20	13	0	9	17	27
Pain Management	1	2	3	2	2	1	5	3	0	0	0	0
Respiratory Medicine	12	22	37	50	74	58	45	7	0	1	20	32
Rheumatology		0	0	0	0	0	0	0	0	0	0	0
Trauma & Orthopaedics	176	280	260	174	153	203	188	132	0	0	65	130
Urology	5	6	15	9	8	18	16	13	0	2	3	1
All Specialties	**487**	**591**	**621**	**480**	**578**	**665**	**640**	**529**	**0**	**236**	**467**	**719**
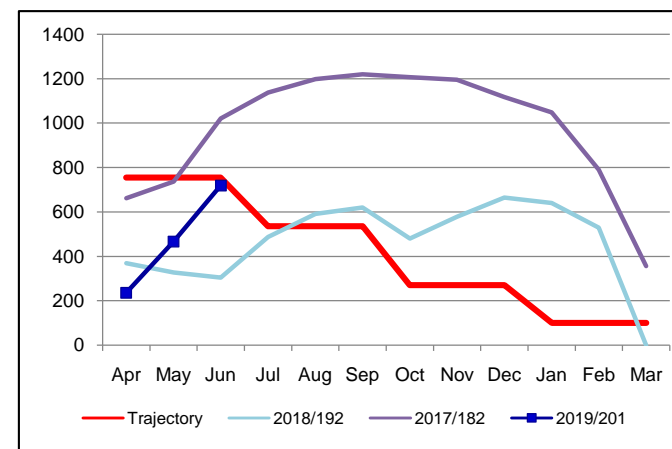
Stage of Treatment - 12 Weeks Waiting Times Continued

Standard: 12 Weeks Waiting Time for Inpatients

Standard
0

Tolerance
1

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	116	116	116	245	245	245	176	176	176	190	190	190
2019/20[1]	1	39	92									
2018/19[2]	236	169	237	256	301	333	282	241	273	252	161	7
2017/18[2]	52	43	22	48	53	54	46	63	120	197	253	230

[1] Please note performance is measured against trajectory not standard as per 2019/20 AOP
[2] Please note performance is measured against 0 standard

12 week breaches by specialty

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dental	14	16	20	32	22	28	27	21	6	0	0	0
ENT	1	1	7	4	5	9	11	10	1	1	2	2
General Surgery	37	44	47	36	33	24	28	20	0	0	4	3
Gynaecology				2	0	1	2	0	0	0	0	0
Ophthalmology	77	117	169	146	132	129	80	38	0	0	10	69
Oral Surgery	13	17	16	13	18	40	46	19	0	0	9	4
Trauma & Orthopaedics	111	97	72	48	31	42	58	48	0	0	13	14
Urology	3	9	2	1	0	0	0	5	0	0	1	0
All Specialties	**256**	**301**	**333**	**282**	**241**	**273**	**252**	**161**	**7**	**1**	**39**	**92**

9
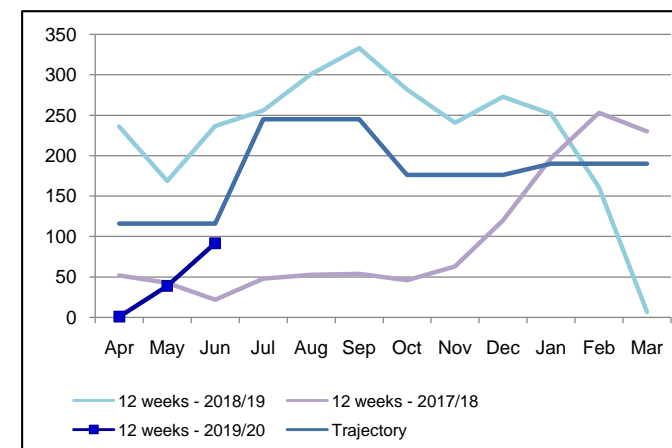
12 Weeks Treatment Time Guarantee

12 weeks TTG - 12 Weeks Treatment Time Guarantee (TTG 100%)

Standard
0

Latest NHS Scotland Performance	**NHS Borders Performance**
68.4% (Jan-Mar 2019)	77.4% (Jan-Mar 2019)

Tolerance
0

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
2019/20	39	32	65									
2018/19	104	155	141	120	194	148	162	144	68	126	173	179
2017/18	53	56	31	16	57	84	68	45	40	42	132	152
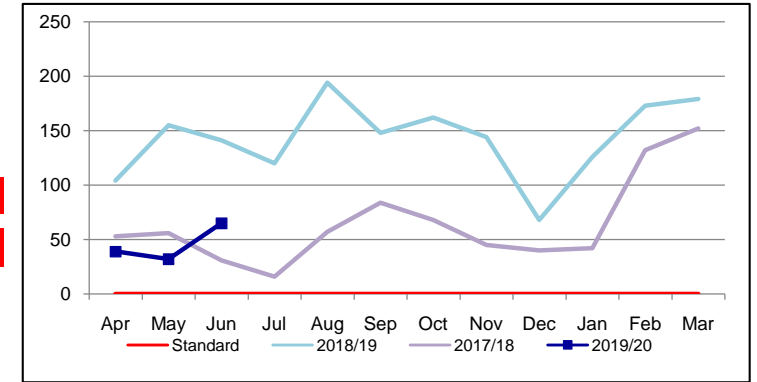
18 Weeks Referral to Treatment (RTT)

Standard: Combined Pathway Performance

Standard
90.0%

Latest NHS Scotland Performance
77.1% (Mar 2019)

Tolerance
81.0%

Actual Performance (higher % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
2019/20	90.8%	90.5%										
2018/19	90.0%	91.1%	90.6%	90.0%	90.0%	90.0%	90.0%	92.5%	90.4%	90.1%	90.0%	90.8%
2017/18	90.0%	90.7%	91.2%	90.6%	86.6%	84.0%	86.1%	86.2%	86.2%	82.7%	85.7%	86.7%
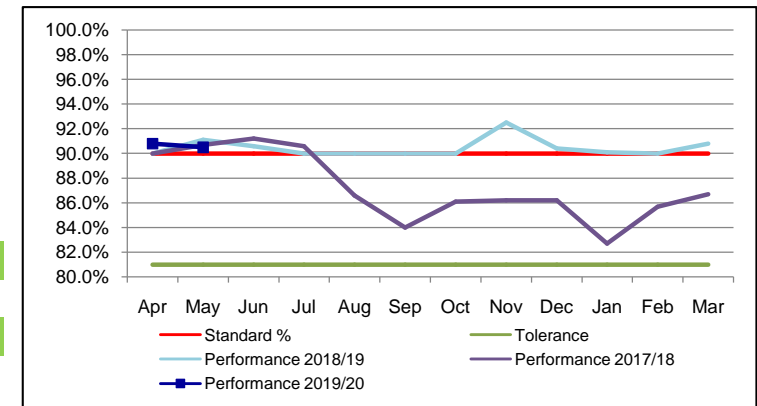
Please Note: data has a 1 month lag time to ensure it is in line with national reporting

Diagnostic Waiting Times

Waiting Target for Diagnostics - zero patients to wait over 6 weeks

Standard

| 0 |

Tolerance

| 0 |

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
2019/20	84	96	109									
2018/19	549	475	589	616	554	543	566	647	694	321	79	71
2017/18	43	36	34	64	101	203	227	209	208	283	353	441

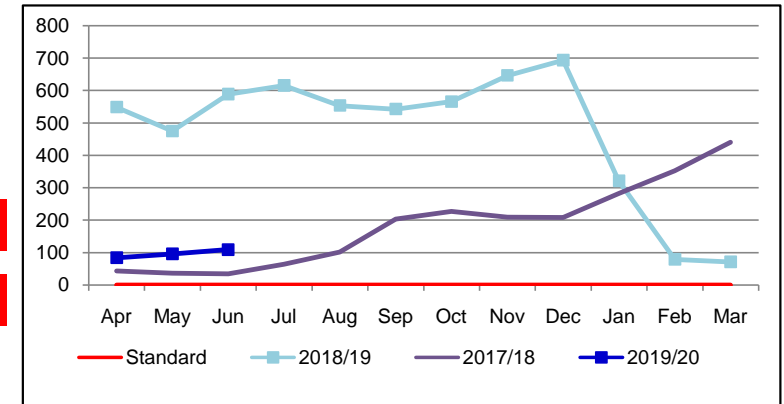The national standard is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests. The breakdown for each of the 8 key diagnostics tests is below:

6 weeks	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Endoscopy	-	-	-	-	2	5	2	0	0	0	1	1
Colonoscopy	23	45	37	41	18	32	11	0	1	6	9	4
Cystoscopy	-	1	1	1	0	4	0	0	0	1	0	0
MRI	453	431	417	443	470	443	197	16	11	30	39	34
CT	115	72	81	69	141	187	68	4	3	12	6	9
Ultra Sound (non-obstetric)	25	5	7	4	5	20	41	58	52	35	41	60
Barium	-	-	-	8	11	3	2	1	4	0	0	1
Total	**616**	**554**	**543**	**566**	**647**	**694**	**321**	**79**	**71**	**84**	**96**	**109**

CAMHS Waiting Times

18 weeks CAMHS - 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)
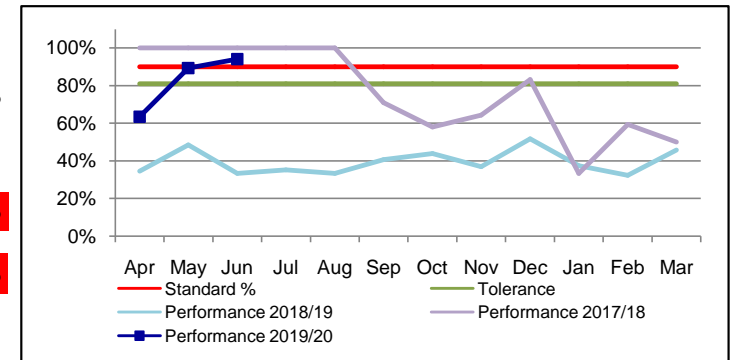
Standard

90.0%

Tolerance

81.0%

Latest NHS Scotland Performance

72.8% (Dec 2018)

Actual Performance (higher % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2019/20	63.5%	89.4%	94.1%									
Performance 2018/19	34.6%	48.5%	33.3%	35.3%	33.3%	40.7%	43.9%	37.0%	51.7%	37.5%	32.4%	45.8%
Performance 2017/18	100.0%	100.0%	100.0%	100.0%	100.0%	71.0%	58.0%	64.3%	83.3%[1]	33.3%	59.4%	50.0%

Please Note: Data is reported with a lag time of one month

Psychological Therapies Waiting Times

Standard: 18 weeks referral to treatment for Psychological Therapies
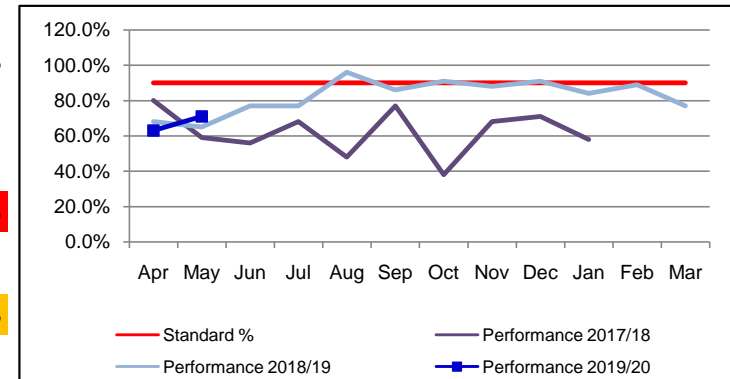
Standard

90.0%

Tolerance

81.0%

Latest NHS Scotland Performance

77.4% (Jan-Mar 2019)

Actual Performance (higher % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2019/20	63.0%	71.0%										
Total Patients Currently Waiting >18 Weeks:	162	172										
Performance 2018/19	68.0%[2]	65.0%[3]	77.0%[4]	77.0%[4]	96.0%	86.0%	91.0%	88.0%	91.0%	84.0%	89.0%	77.0%
Total Patients Currently Waiting >18 Weeks:	95[2]	67[3]	79	60	29	104	109	156	194	169	36	180
Performance 2017/18	80.0%	59.0%	56.0%	68.0%	48.0%	77.0%[1]	38.0%	68.0%	71.0%[2]	58.0%[2]	-[3]	81.0%
Total Patients Currently Waiting >18 Weeks:	93	102	129	132	120	140	132	129	87[2]	87[2]	-[3]	-[3]

[1] Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

[2] Psychological Therapy data does not include CAMHS or LD due to EMIS reporting delay

[3] Psychological Therapy data does not include CAMHS or LD due to EMIS reporting delay, but does include the Doing Well Service and DBT Team for the first time

[4] Psychological Therapy data for LD and CAMHS is NOT included (due to EMIS reporting delay and staff absence respectively). Data for Dialectical Behaviour Therapy (DBT) Team now included, as well as anxiety management patients starting treatment with the Doing Well Service

Please Note: Data is reported with a lag time of one month from December 2017

Drug & Alcohol Treatment

Standard: Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

Standard

90.0%

Tolerance

81.0%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
2019/20	100.0%	100.0%	100.0%									
2018/19	97.0%	98.0%	97.0%	95.0%	95.0%	96.0%	95.0%	93.0%	88.0%	95.0%	100.0%	93.0%
2017/18	100.0%	77.0%	62.0%	90.0%	71.0%	53.0%	57.0%	78.0%	86.0%	81.0%	91.0%	91.0%
2016/17	100.0%	88.0%	96.0%	76.0%	77.0%	69.0%	77.0%	89.0%	97.0%	86.0%	96.0%	97.0%

Actual Performance (higher % = better performance)

13
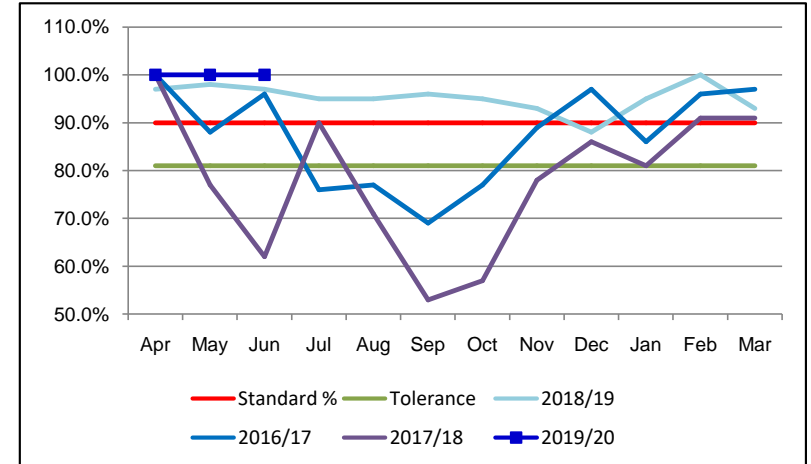
Accident & Emergency 4 Hour Standard

4 hour A&E - 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)

Standard

95.0%

Tolerance

85.5%

Actual Performance (higher % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2019/20	94.4%	95.1%	93.4%									
2018/19	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%	96.4%	93.8%	93.1%	91.0%	96.5%
2017/18	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%
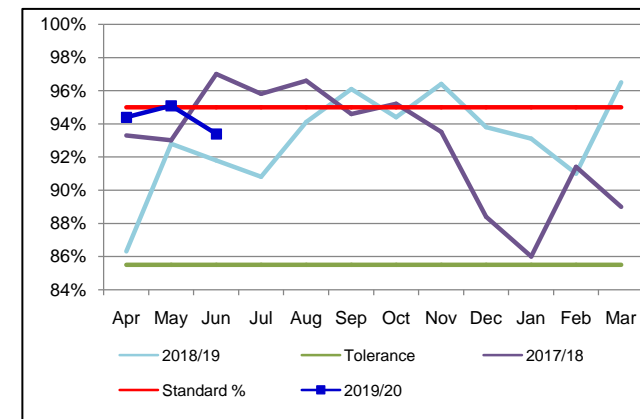
The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients.

Emergency Access	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Flow 1	95.5%	98.8%	98.8%	97.8%	99.1%	98.2%	98.8%	98.7%	99.5%	98.0%	98.2%	97.0%
Flow 2	84.5%	89.6%	92.9%	87.5%	92.7%	91.4%	91.7%	91.6%	93.5%	90.1%	89.3%	91.5%
Flow 3	85.9%	89.0%	95.0%	93.7%	95.0%	89.7%	87.3%	80.7%	96.0%	93.9%	95.5%	89.5%
Flow 4	82.4%	86.3%	88.0%	88.9%	93.9%	89.2%	88.5%	81.8%	92.1%	88.2%	94.0%	88.8%
Total	**90.8%**	**94.1%**	**96.1%**	**94.4%**	**96.4%**	**93.8%**	**93.1%**	**91.0%**	**96.5%**	**94.4%**	**95.1%**	**93.4%**

Delayed Discharges

Standard: Delayed Discharges - delays over 72 hours
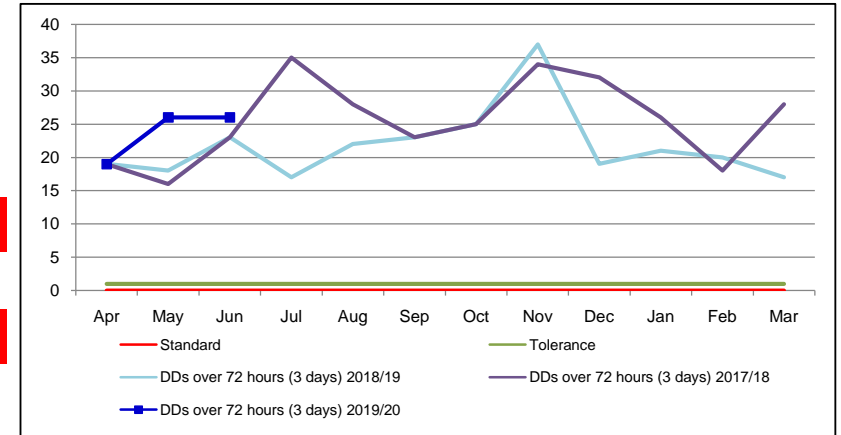
Standard

0

Tolerance

1

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
DDs over 2 weeks 2019/20	10	13	18									
DDs over 72 hours (3 days) 2019/20	19	26	26									
Occupied Bed Days (standard delays)	727	859	922									
DDs over 2 weeks 2018/19	19	12	17	11	15	17	15	30	17	12	13	11
DDs over 72 hours (3 days) 2018/19	19	18	23	17	22	23	25	37	19	21	20	17
Occupied Bed Days (standard delays)	722	848	718	658	653 [1]	926	763	1175	985	855	714	702
DDs over 2 weeks 2017/18	14	10	17	23	19	15	19	19	16	16	15	14
DDs over 72 hours (3 days) 2017/18	19	16	23	35	28	23	25	34	32	26	18	28
Occupied Bed Days (standard delays)	814	664	675	984	872	831	920	996	1096	939	645	819

[1] Data is provisional at time of reporting

Please Note: The census date changed nationally in July 2016 from 15th of every month to the last Thursday of every month

Please Note: National data is used for monthly occupied bed days (standard delays only). August 2017 data updated as provisional at time of reporting. September 2017 data is provisional at time of reporting.

Sickness Absence

			Standard	
Standard: Maintain Sickness Absence Rates below 4%			4.0%	

Tolerance
4.4%

Latest NHS Scotland Performance
5.39% (2018/19)

Actual Performance (lower % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
2019/20	4.7%	4.9%	4.8%									
2018/19	5.1%	5.0%	4.7%	5.7%	5.6%	5.7%	6.0%	5.5%	5.5%	6.7%	4.8%	4.7%
2017/18	4.9%	5.6%	5.0%	4.8%	5.1%	4.7%	5.6%	5.7%	5.6%	7.0%	5.4%	5.2%
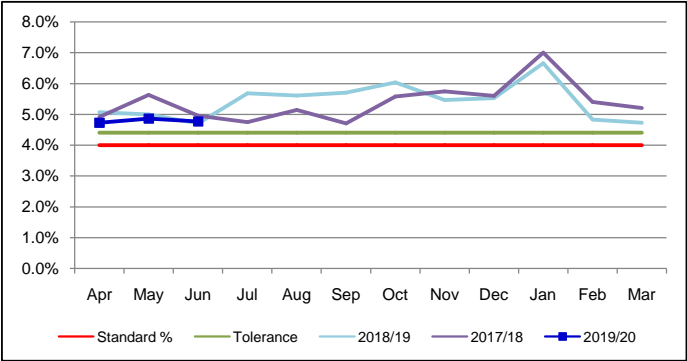
Supplementary Staffing

Standard: Supplementary staffing - agency spend per month

Actual Performance (lower = better performance)

Standard	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19[1]	May-19[1]	Jun-19
	0	0	0	0	0	0	0	0	0	0	0	0
Medical	£68,428	£139,908	£165,453	£113,896	£123,879	£142,506	£54,335	£114,379	-£76,042	£12,679	£56,464	£53,171
Nursing & Midwifery	£136,864	£56,990	£45,424	£74,343	£80,626	£60,370	£98,258	£105,448	£89,460	£36,653	£51,615	£52,860
AHP	£29,158	£32,108	£44,609	£79,679	£26,469	£22,272	£52,802	£50,640	£62,720	£21,505	£18,330	£17,834
Other	£19,927	£25,908	£19,438	£15,883	£24,834	-£1,301	£6,053	£10,809	£9,997	£14,297	£11,899	£27,295
Total Cost	£254,377	£254,914	£274,924	£283,801	£255,808	£223,847	£211,448	£281,276	£86,135	£85,134	£138,308	£151,160
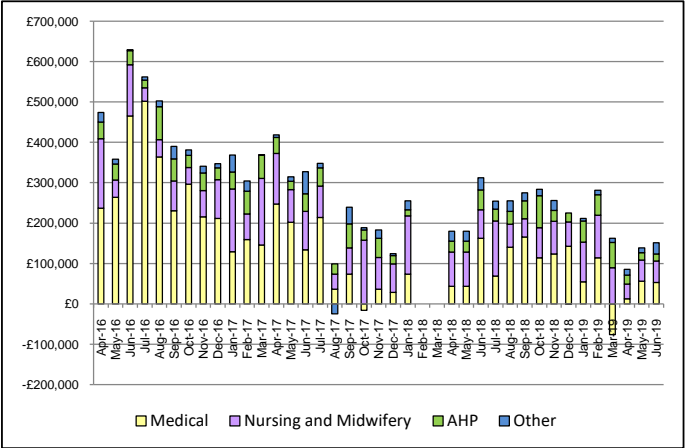
[1] The spend is caveated in these months due to the potential impact of accruals from the previous years