

**Borders NHS Board**

Meeting Date: 3 October 2019

<b>Approved by:</b>	June Smyth, Director of Strategic Change & Performance
<b>Author:</b>	Gemma Butterfield, Planning and Performance Officer
<b>NHS BORDERS PERFORMANCE SCORECARD – JULY 2019</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is to update the Board on NHS Borders latest performance towards the 2019/20 Annual Operational Plan performance (AOP) measures, and previous Local Delivery Plan standards.</p> <p>The AOP has been produced in line with guidance received from Scottish Government in February 2019. The attached Performance Scorecard shows performance as at 31<sup>st</sup> July 2019. The performance data contained within the Scorecard relates to the second AOP for NHS Borders. The report has been amended for this Board meeting to look at AOP measures only, LDP Standards will now be reported six monthly in the Managing Our Performance Report.</p>	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the July 2019 Performance Scorecard.	
<b>Approval Pathways:</b>	
This report has been prepared with input from the Service Leads.	
<b>Executive Summary:</b>	
<p>The monthly Performance Scorecard is presented to the Clinical Executive Strategy &amp; Performance Committee and to the Board. It has been re-formatted and updated to enable members to monitor performance against the AOP measures easily. As the Board is now in Financial Turnaround reporting arrangements have been rolled up. This will enable performance and analytical capacity to focus on Financial Turnaround. 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.</p> <p>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.</p> <p>The RAG status summary for a rolling 3 month period is outlined below:</p>	

<b>Annual Operational Plan</b>	<b>May-19</b>	<b>Jun-19</b>	<b>Jul-19*</b>
<b>Green</b> – achieving standard	4	5	6
<b>Red</b> – outwith standard	10	9	7

\*From July 2019 Supplementary Staffing Spend has been removed from the Performance Scorecard and will be reported in line with other LDP/KPI standards twice yearly.

Areas of strong performance from the Annual Operational Plan measures for the position as at 31<sup>st</sup> July 2019 are highlighted below. Supporting narrative and ongoing actions have been provided by the services and are detailed in the Scorecard, with the page numbers referenced below:

- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during June 2019 (page 7)
- 94.1% of patients seen by CAMHS **18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services** during June 2019 which is above the 90% standard, an improvement from 89.4% in April 2019 and the highest performance since August 2017 (page 12)
- 98% of patients waited no longer than 3 weeks from **referral to treatment for drugs or alcohol** in July 2019 (page 13)

The Board is asked to note that the following Annual Operational Plan performance measures that have been outwith the 10% tolerance (red status) for 3 consecutive months at 31<sup>st</sup> July 2019. Services have provided narrative and actions that are underway to improve performance at 31<sup>st</sup> July 2019:

- **12 week Treatment Time Guarantee**

Performance is reported outwith the standard for the full 2017/18 and 2018/19 years and for April-July 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.

**August actions:**

- 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-July 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. Following support for additional lists through Synaptik the numbers of patients waiting longer than 6 weeks has remained at <5.

- **Endoscopy** – The 6 week standard breached from November 2018 to January 2019 but was met again from February to April 2019, 1 breach was recorded in May 2019 and June 2019 but 0 breaches in July 2019.
- **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 compared to previous Financial Year, but are still an issue.
- **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.

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.

#### **August 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 using this is continuing.

- **Delayed Discharges**

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

#### **Actions reported for the month are:**

- DDD (Daily Dynamic Discharge) continuing in DME Wards
- New patient discharge advice leaflets to be introduced
- Interim Hub referral process being further developed and use of STRATA pursued
- Hospital to Home Service continuing beyond winter months
- Discharge and Transfer Policy to be introduced
- Discharge Performance Review Group established

- **Psychological Therapies**

Performance reported outwith the standard for 4 consecutive months March-July 2019.

**Actions Reported for the month are:**

Initiative to work on developing a CBT group for anxiety and depression to see if we can begin to offer this to long waiters to reduce wait time to access therapy has continued with a number of meetings and development of the group sessions underway.

**August actions:**

Aiming to start CBT group in September 2019.

- **Sickness Absence**

Performance reported outwith the standard for the full 2017/18 and 2018/19 years and for April-July 2019 (page 16).

**Actions Reported for the month are:**

- HR continues to be a support service to the Clinical Boards by providing advice and support in managing SA as well as proactively identifying areas where rates are high.
- Monthly SA reports are provided to each Clinical Board, these detail trends, rates, the level of short term and long term SA and reasons for SA per Clinical Board.
- Short term absence cases (7+ occasions) are being investigated on a monthly basis.
- Long term absence cases (staff triggering nil/half pay as well as staff off sick for 3+ months) are being investigated on a monthly basis.
- SA focus groups have been taking place within designated wards within the BGH to support Senior Charge Nurses.
- Sickness absence training been reviewed and updated.

**August actions:**

- New national Managing Attendance policy is anticipated in Spring 2020.
- E-learning module being reviewed and updated.

<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Regular and timely performance reporting is an expectation of the Scottish Government.
<b>Patient Safety/Clinical Impact</b>	The Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness are being carried out in NHS Health Boards.
<b>Staffing/Workforce</b>	The implementation and monitoring of the measures will require that Lead Directors
<b>Finance/Resources</b>	The implementation and monitoring of the measures will require that Lead Directors
<b>Risk Implications</b>	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.
<b>Equality and Diversity</b>	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.
<b>Consultation</b>	Performance against measures within this report have been reviewed by each Clinical Board and members of the Clinical Executive.
<b>Glossary</b>	AOP – Annual Operational Plan LDP – Local Delivery Plan



# PERFORMANCE SCORECARD

As at 31st July 2019

**July 2019**

Planning & Performance

Month

1

2

3

**4**

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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			
<b>R</b>	Under Performing	Current performance is significantly outwith the trajectory/standard set.	Outwith the standard/trajectory by 11% or greater
<b>A</b>	Slightly Below Trajectory/Standard	Current performance is moderately outwith the trajectory/standard set.	Outwith the standard/trajectory by up to 10%
<b>G</b>	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	

### 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 July 2019 or latest available data**

<b>Annual Operational Plan Measures</b>									
- 6 out of the 14 measures are on track - 8 out of the 14 measures are below target									
<b>Cancer Waiting Times</b> <b>62-day target</b>					<b>Cancer Waiting Times</b> <b>31-day target</b>				
May 2019 100.0%		June 2019 96.2%	Target ≥ 95%		May 2019 100.0%		June 2019 100.0%	Target ≥ 95%	
<b>New Outpatients</b> <b>waiting &gt; 12 weeks target as at month end</b>					<b>New Inpatients</b> <b>waiting &gt; 12 weeks target as at month end</b>				
June 2019 719		July 2019 911	Target 535		June 2019 92		July 2019 29	Target 245	
<b>Inpatient/Daycase patients waiting &gt; 84 days</b> <b>TTG target as at month end</b>					<b>% of patients seen within 18 weeks</b> <b>Combined Performance</b>				
June 2019 65		July 2019 105	Target 0		May 2019 90.5%		June 2019 90.4%	Target ≥ 90%	
<b>Diagnostics - 8 key tests</b> <b>waiting &gt; 6 weeks target as at month end</b>					<b>CAMHS patients treated</b> <b>within 18 weeks from referral to treatment</b>				
June 2019 109		July 2019 119	Target 50		May 2019 89.4%		June 2019 94.1%	Target ≥ 90%	
<b>Psychological Therapy Referral to Treatment</b> <b>within 18 weeks</b>					<b>Drugs and Alcohol patients</b> <b>waiting &lt; 3 weeks from referral to treatment</b>				
May 2019 71.0%		June 2019 79.0%	Target ≥ 90%		June 2019 100.0%		July 2019 98.0%	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				
June 2019 93.4%		July 2019 91.3%	Target ≥ 95%		June 2019 26		July 2019 31	Target 0	
Maintain Sickness Absence Rates below 4%									
June 2019 4.80%		July 2019 5.20%	Target 4.0%						

# 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%

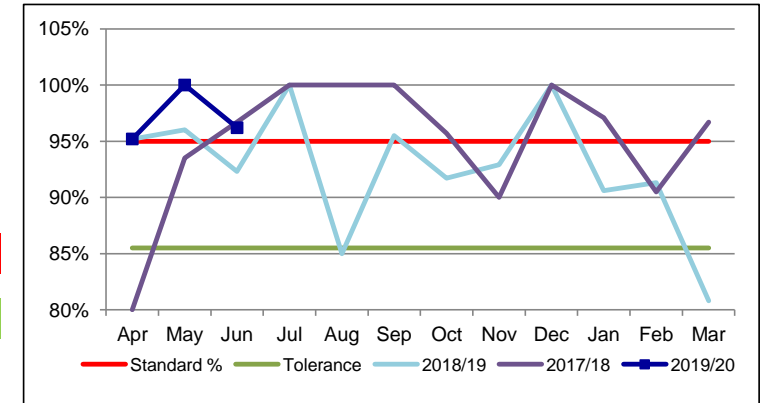
**Tolerance**

86.0%

**Latest NHS Scotland Performance**

82.7% (Oct-Dec 2018)

**Actual Performance** (higher % = better performance)



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

**31 Day Cancer** - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

**Standard**

95.0%

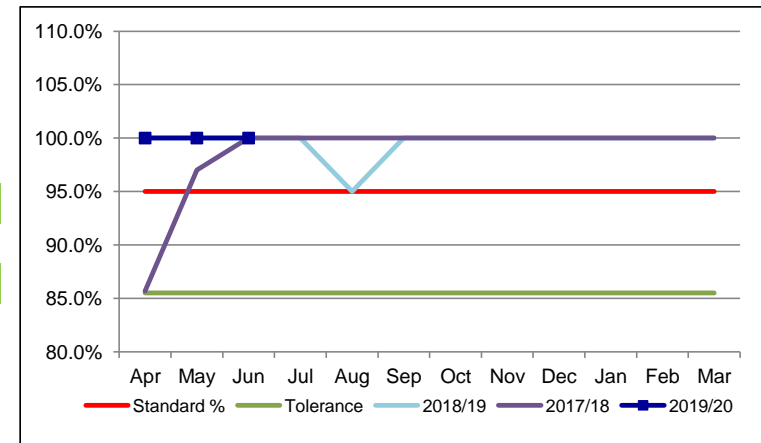
**Tolerance**

86.0%

**Latest NHS Scotland Performance**

94.9% (Oct-Dec 2018)

**Actual Performance** (higher % = better performance)



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

## Stage of Treatment - 12 Weeks Waiting Times

**12 Weeks Outpatients** - 12 weeks for first outpatient appointment

Standard
0

Tolerance
1

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

Actual Performance (lower = better performance)

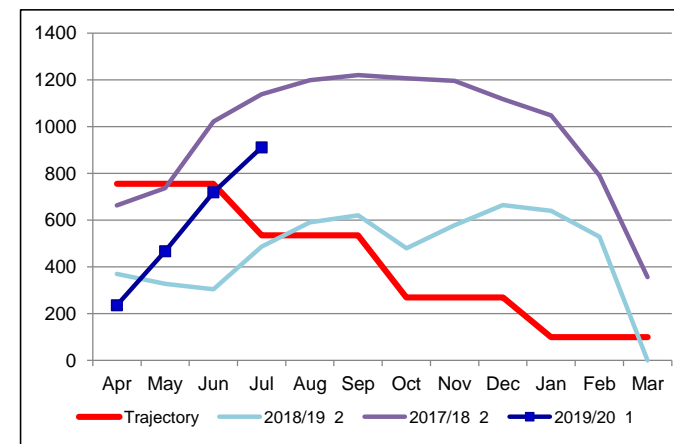
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Trajectory</b>	755	755	755	535	535	535	270	270	270	100	100	100
<b>2019/20</b> <sup>1</sup>	236	467	719	911								
<b>2018/19</b> <sup>2</sup>	370	328	304	487	591	621	480	578	665	640	529	0
<b>2017/18</b> <sup>2</sup>	663	737	1021	1138	1198	1220	1207	1195	1117	1048	791	357

<sup>1</sup> Please note performance is measured against Trajectory not standard as per 2019/20 AOP

<sup>2</sup> Please note performance is measured against 0 standard

### 12 week breaches by specialty

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Cardiology	1	29	26	22	20	16	14	0	2	4	5	19
Dental	0	0	0	9	17	22	18	0	0	0	0	0
Dermatology	1	1	1	4	2	5	6	0	5	31	34	27
Diabetes/Endocrinology	4	3	2	1	2	6	6	0	3	10	16	4
ENT	0	1	1	2	1	0	2	0	1	3	14	46
Gastroenterology	8	12	9	6	2	2	5	0	23	28	18	6
General Medicine	1	1	1	1	0	0	0	0	1	1	0	3
General Surgery	84	108	54	48	57	47	64	0	23	40	64	119
Gynaecology	0	0	1	0	1	1	24	0	38	77	95	104
Neurology	28	21	8	4	3	3	2	0	0	0	1	2
Ophthalmology	6	6	57	106	114	162	173	0	128	167	271	306
Oral Surgery	136	106	68	113	141	102	47	0	0	1	10	40
Orthodontics	0	0	0	0	0	0	0	0	0	0	1	0
Other	12	18	17	25	25	20	13	0	9	17	27	48
Pain Management	2	3	2	2	1	5	3	0	0	0	0	0
Respiratory Medicine	22	37	50	74	58	45	7	0	1	20	32	41
Rheumatology	0	0	0	0	0	0	0	0	0	0	0	0
Trauma & Orthopaedics	280	260	174	153	203	188	132	0	0	65	130	137
Urology	6	15	9	8	18	16	13	0	2	3	1	9
<b>All Specialties</b>	<b>591</b>	<b>621</b>	<b>480</b>	<b>578</b>	<b>665</b>	<b>640</b>	<b>529</b>	<b>0</b>	<b>236</b>	<b>467</b>	<b>719</b>	<b>911</b>



## Stage of Treatment - 12 Weeks Waiting Times Continued

**Standard:** 12 Weeks Waiting Time for Inpatients

**Standard**

0

**Tolerance**

1

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Trajectory</b>	116	116	116	245	245	245	176	176	176	190	190	190
<b>2019/20<sup>1</sup></b>	1	39	92	29								
<b>2018/19<sup>2</sup></b>	236	169	237	256	301	333	282	241	273	252	161	7
<b>2017/18<sup>2</sup></b>	52	43	22	48	53	54	46	63	120	197	253	230

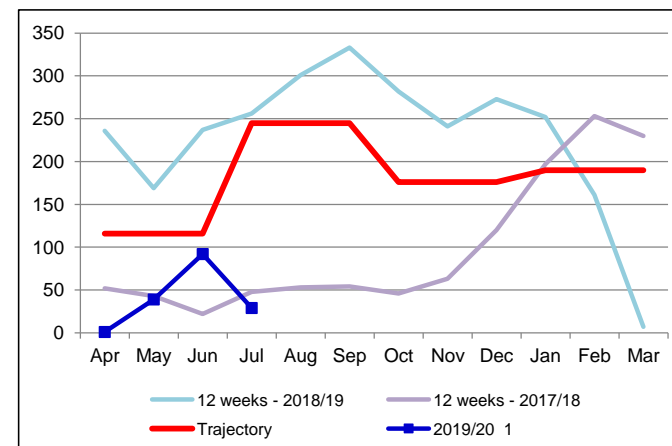
<sup>1</sup> Please note performance is measured against trajectory not standard as per 2019/20 AOP

<sup>2</sup> Please note performance is measured against 0 standard

### 12 week breaches by specialty

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Dental	16	20	32	22	28	27	21	6	0	0	0	0
ENT	1	7	4	5	9	11	10	1	1	2	2	1
General Surgery	44	47	36	33	24	28	20	0	0	4	3	3
Gynaecology			2	0	1	2	0	0	0	0	0	0
Ophthalmology	117	169	146	132	129	80	38	0	0	10	69	8
Oral Surgery	17	16	13	18	40	46	19	0	0	9	4	3
Trauma & Orthopaedics	97	72	48	31	42	58	48	0	0	13	14	14
Urology	9	2	1	0	0	0	5	0	0	1	0	0
<b>All Specialties</b>	<b>301</b>	<b>333</b>	<b>282</b>	<b>241</b>	<b>273</b>	<b>252</b>	<b>161</b>	<b>7</b>	<b>1</b>	<b>39</b>	<b>92</b>	<b>29</b>

**Actual Performance** (lower = better performance)



## 12 Weeks Treatment Time Guarantee

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

Standard

0

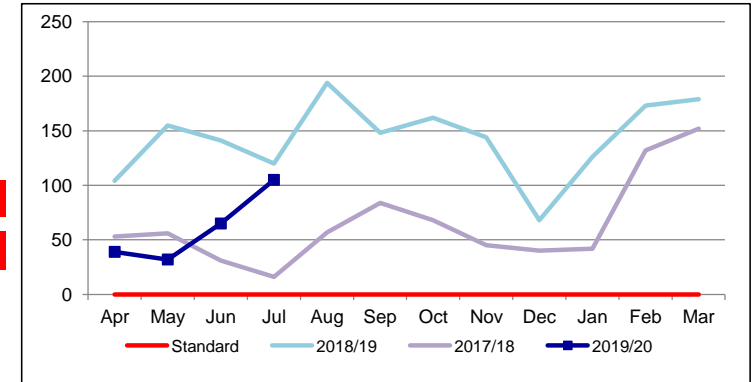
Tolerance

0

	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	105								
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

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

Actual Performance (lower = better performance)



## 18 Weeks Referral to Treatment (RTT)

Standard: Combined Pathway Performance

Standard

90.0%

Tolerance

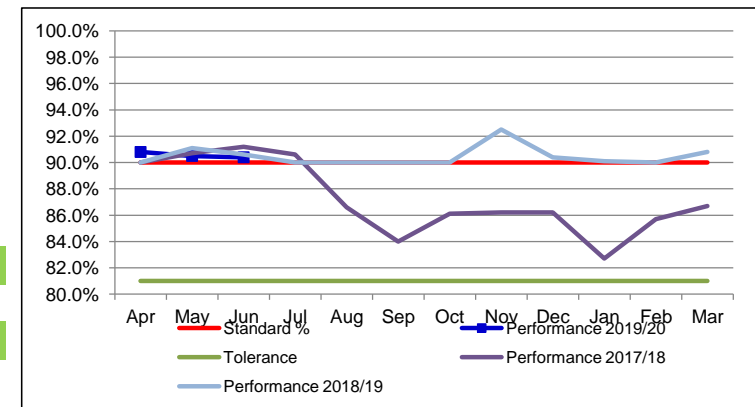
81.0%

	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	90.8%	90.5%	90.4%									
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%

Latest NHS Scotland Performance

77.1% (Mar 2019)

Actual Performance (higher % = better performance)



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

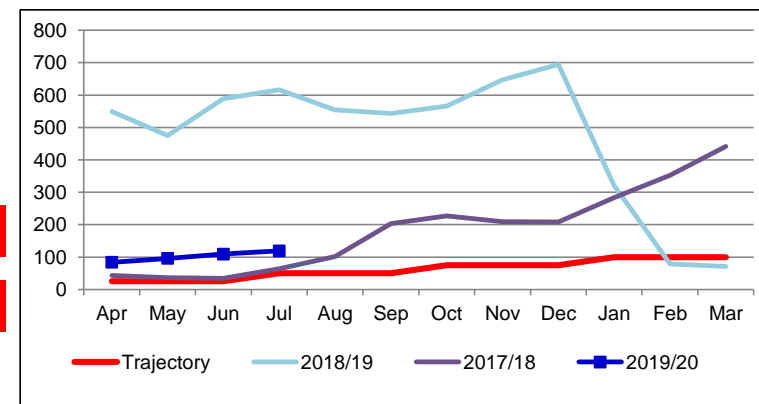
0

Tolerance

1

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	25	25	25	50	50	50	75	75	75	100	100	100
2019/20	84	96	109	119								
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

Actual Performance (lower = better performance)



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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Endoscopy	-	-	-	2	5	2	0	0	0	1	1	0
Colonoscopy	45	37	41	18	32	11	0	1	6	9	4	4
Cystoscopy	1	1	1	0	4	0	0	0	1	0	0	0
MRI	431	417	443	470	443	197	16	11	30	39	34	69
CT	72	81	69	141	187	68	4	3	12	6	9	20
Ultra Sound (non-obstetric)	5	7	4	5	20	41	58	52	35	41	60	25
Barium	-	-	8	11	3	2	1	4	0	0	1	1
<b>Total</b>	<b>554</b>	<b>543</b>	<b>566</b>	<b>647</b>	<b>694</b>	<b>321</b>	<b>79</b>	<b>71</b>	<b>84</b>	<b>96</b>	<b>109</b>	<b>119</b>



## CAMHS Waiting Times

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

**Standard**

90.0%

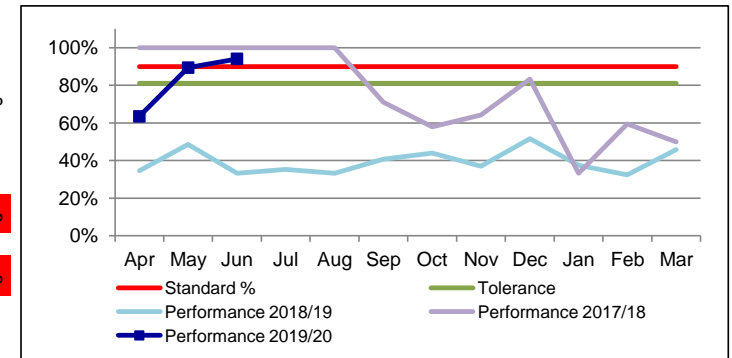
**Tolerance**

81.0%

**Latest NHS Scotland Performance**

73.6% (March 2019)

**Actual Performance** (higher % = better performance)



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

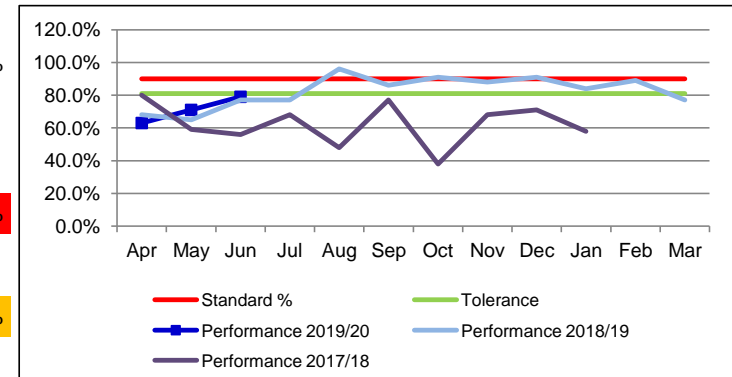
**Tolerance**

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
<b>Standard %</b>	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
<b>Performance 2019/20</b>	63.0%	71.0%	79.0%									
<b>Total Patients Currently Waiting &gt;18 Weeks:</b>	162	172	159									
<b>Performance 2018/19</b>	68.0% <sup>2</sup>	65.0% <sup>3</sup>	77.0% <sup>4</sup>	77.0% <sup>4</sup>	96.0%	86.0%	91.0%	88.0%	91.0%	84.0%	89.0%	77.0%
<b>Total Patients Currently Waiting &gt;18 Weeks:</b>	95 <sup>2</sup>	67 <sup>3</sup>	79	60	29	104	109	156	194	169	36	180
<b>Performance 2017/18</b>	80.0%	59.0%	56.0%	68.0%	48.0%	77.0% <sup>1</sup>	38.0%	68.0%	71.0% <sup>2</sup>	58.0% <sup>2</sup>	- <sup>3</sup>	81.0%
<b>Total Patients Currently Waiting &gt;18 Weeks:</b>	93	102	129	132	120	140	132	129	87 <sup>2</sup>	87 <sup>2</sup>	- <sup>3</sup>	- <sup>3</sup>

<sup>1</sup> Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

<sup>2</sup> Psychological Therapy data does not include CAMHS or LD due to EMIS reporting delay

<sup>3</sup> 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

<sup>4</sup> 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

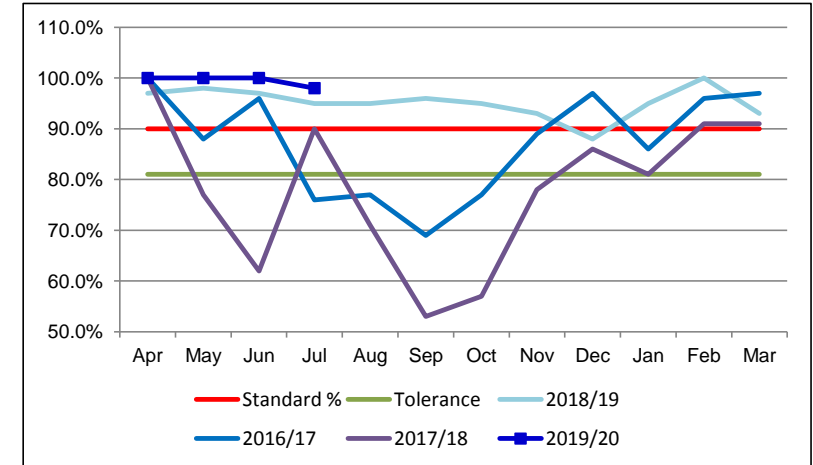
81.0%

## Latest NHS Scotland Performance

93.2% (January - March 2019)

**Actual Performance** (higher % = better performance)

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



## 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%

### Latest NHS Scotland Performance

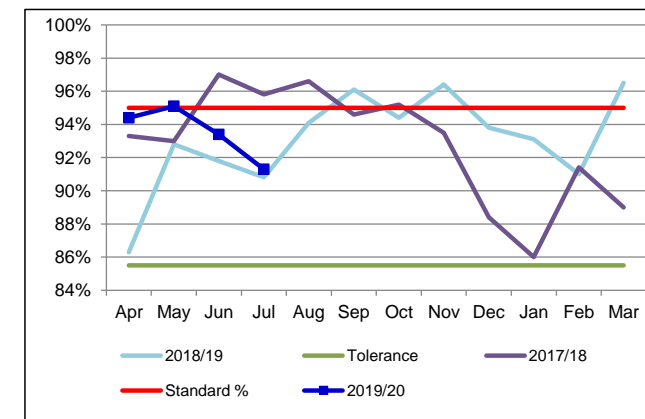
90.3% (June 2019)

### Tolerance

85.5%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Standard %</b>	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
<b>2019/20</b>	94.4%	95.1%	93.4%	91.3%								
<b>2018/19</b>	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%	96.4%	93.8%	93.1%	91.0%	96.5%
<b>2017/18</b>	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%

### Actual Performance (higher % = better performance)



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.

<b>Emergency Access</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>	<b>Jul-19</b>
Flow 1	98.8%	98.8%	97.8%	99.1%	98.2%	98.8%	98.7%	99.5%	98.0%	98.2%	97.0%	97.7%
Flow 2	89.6%	92.9%	87.5%	92.7%	91.4%	91.7%	91.6%	93.5%	90.1%	89.3%	91.5%	87.6%
Flow 3	89.0%	95.0%	93.7%	95.0%	89.7%	87.3%	80.7%	96.0%	93.9%	95.5%	89.5%	85.9%
Flow 4	86.3%	88.0%	88.9%	93.9%	89.2%	88.5%	81.8%	92.1%	88.2%	94.0%	88.8%	79.6%
<b>Total</b>	<b>94.1%</b>	<b>96.1%</b>	<b>94.4%</b>	<b>96.4%</b>	<b>93.8%</b>	<b>93.1%</b>	<b>91.0%</b>	<b>96.5%</b>	<b>94.4%</b>	<b>95.1%</b>	<b>93.4%</b>	<b>91.3%</b>

## Delayed Discharges

**Standard:** Delayed Discharges - delays over 72 hours

<b>Standard</b>
0
<b>Tolerance</b>
1

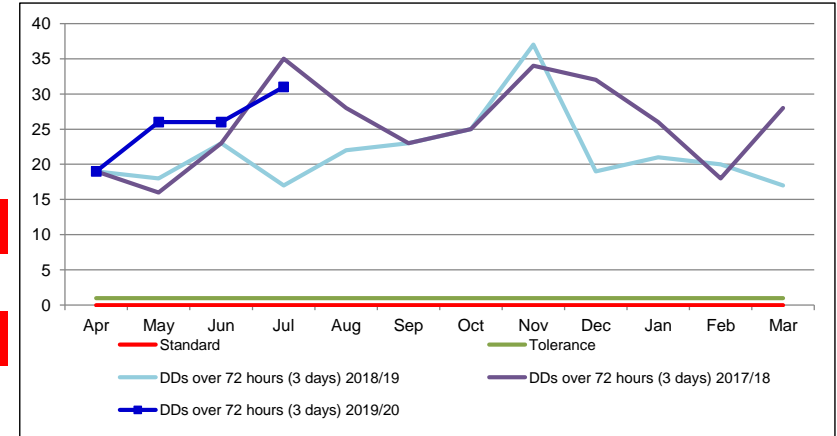
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Standard</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>DDs over 2 weeks 2019/20</b>	10	13	18	21								
<b>DDs over 72 hours (3 days) 2019/20</b>	19	26	26	31								
<b>Occupied Bed Days (standard delays)</b>	727	859	922	891								
<b>DDs over 2 weeks 2018/19</b>	19	12	17	11	15	17	15	30	17	12	13	11
<b>DDs over 72 hours (3 days) 2018/19</b>	19	18	23	17	22	23	25	37	19	21	20	17
<b>Occupied Bed Days (standard delays)</b>	722	848	718	658	653 <sup>1</sup>	926	763	1175	985	855	714	702
<b>DDs over 2 weeks 2017/18</b>	14	10	17	23	19	15	19	19	16	16	15	14
<b>DDs over 72 hours (3 days) 2017/18</b>	19	16	23	35	28	23	25	34	32	26	18	28
<b>Occupied Bed Days (standard delays)</b>	814	664	675	984	872	831	920	996	1096	939	645	819

<sup>1</sup> 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.

**Actual Performance (lower = better performance)**



## Sickness Absence

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

### Standard

4.0%

### Latest NHS Scotland Performance

5.39% (2018/19)

### Tolerance

4.4%

### Actual Performance (lower % = better performance)

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

