Borders NHS Board

Meeting Date: 5 December 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Joanne Craik, Planning and Performance Officer

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 (AOP) measures, and previous Local Delivery Plan standards.

The AOP has been produced in line with guidance received from Scottish Government in February 2019. The attached Performance Scorecard shows performance as at 30th September 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.

Please note that there has been a change in format to the Key Metrics Report (page 4), the performance has been split into three charts - achieving standard, out with standard but within tolerance, and significantly out with standard.

Recommendations:

The Board is asked to **note** the September 2019 Performance Scorecard and discuss the areas where improvement is required.

Approval Pathways:

This report has been prepared with input from the Service Leads.

Executive Summary:

The monthly Performance Scorecard is presented to the Clinical Executive, Strategy & Performance Committee and to the Board. It has been re-formatted and updated to enable members to monitor performance against the 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. A more detailed comparison against the rest of Scotland is provided in the six monthly Managing Our Performance Report.

The RAG status summary for a rolling 3 months is outlined below (latest available data):

Annual Operational Plan	Jul-19	Aug-19	Sept-19
Green – achieving standard	6	4	6
Red – outwith standard	7	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 improved performance / good new stories at 30th September 2019 are detailed below:

- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during August 2019 (page 6).
- 467 patients waited longer than **12 weeks for an Outpatient Appointment** against the September trajectory of 535 (page 7).
- 24 patients waited longer than **12 weeks for an Inpatient Appointment** against the September trajectory of 245 (page 8).
- 90% of patients seen within **18 weeks Referral to Treatment** (combined pathway performance) during August 2019 (page 9).
- 96.2% of patients seen by CAMHS **18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services** during August 2019 which is above the 90% standard (page 11).
- 95% of patients seen waited no longer than 3 weeks from referral for **Drug and Alcohol Treatment** during September, which is an improvement from 82% in August (page 12).

The following Annual Operational Plan performance measures have been outwith the 10% tolerance (red status) for 3 consecutive months at 30th September 2019. Services have provided narrative and actions that are underway to improve performance at 30th September 2019:

12 week Treatment Time Guarantee

Performance is reported out with the standard for the full 2017/18 and 2018/19 years and for April-September 2019 (page 9).

In September, 41 patients who previously breached their **Treatment Time Guarantee** (TTG) date were treated. There is still a backlog of Orthopaedic Surgery outpatients being worked through.

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 taken as soon as possible.
- The output from the Institute for Healthcare Optimisation (IHO) project is being utilised to address surgical flow, however the service are reviewing on a weekly basis to determine any risk of cancellations and take the appropriate action.
- Cancelled patients are rebooked as soon as a slot is available and to accommodate their TTG date where possible.

October actions:

- To ensure the 12 week TTGs are met; constant reviews of lists and TTG will be monitored on a week to week basis.
- Work will continue monitoring lists to ensure theatres are being used to their capacity.

6 Week Diagnostic Waiting Times

Performance is consistently reported out with the standard for the full 2017/18 and 2018/19 years and for April-September 2019 (page 10).

Actions reported for the month are:

- **Colonoscopy & Endoscopy**
  There are continuing challenges in meeting demand. However, work is progressing via an Endoscopy Action Plan to match capacity with demand. Room capacity has been an issue and we are looking to create additional colonoscopy lists by relocating other specialties to DPU. This will require recruitment of additional nursing staff, and this is being taken forward with a view to having in place before the end of 2019. Capacity planning will also include:
  - ➢ Capacity will be based on a points system which is a booking system whereby patients listed for treatment are allocated a number of points for the procedure, instead of utilising measurements of time.
  - ➢ Validation of the Polyps Surveillance list to yield capacity to reduce length of wait and avoid unnecessary procedures.

- **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. Outsourcing of activity to Golden Jubilee is continuing. Waits in these areas have reduced dramatically compared to the 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. An agency sonographer has been employed to help with Waiting Times.

October 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. 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 Discharge

Performance reported outwith the standard for the full 2017/18 and 2018/19 years and for April-September 2019 (page 14).

NHS Borders continues to face challenges with delayed discharges, which impacts on patient flow across the acute and community hospitals.

Actions Reported for the Month are:

- Changing the format of the DDD meeting to increase Health & Social Care representation with a bigger focus on unblocking operational delays.
- Development of the Winter Plan which aims to reduce 24 hours care delays, expand intermediate care in the community and strengthen the 7 day Frailty Model.

October Actions:
- DDD continues to ensure timely discharge in DME and has now been introduced in BSU. Attendance at meetings has improved and there has been an increase in the escalation of discharge issues to clinical managers for resolution.
- Winter planning preparations continue – initiatives include introduction of the Discharge Hub and associated referral process.
- Establish Discharge Hub and referral process.
- Roll out of choices/"Moving On" Policy.
- Planning and initiation of further development of the Hospital to Home Service
- The Discharge Performance Group will continue to meet and support Multidisciplinary Teams to achieve timely discharge.

Sickness Absence

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

Actions Reported for the month are:

- HR continues to be a support service to the Clinical Boards by providing advice and support in managing sickness absence as well as proactively identifying areas where rates are high.
- Monthly sickness absence reports are provided to each Clinical Board; these detail trends, rates, the level of short term and long term sickness absence and reasons for sickness absence 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.
- Sickness Absence focus groups have been taking place within designated wards within the BGH to support Senior Charge Nurses.
- Sickness absence training been reviewed and updated to include Promoting Mental Health and Wellbeing.

October actions:
- New national Managing Attendance Policy is anticipated in Spring of 2020,
- E-learning module being reviewed and updated.

Accident & Emergency (A&E) 4 Hour Standard

Whilst the 4 hour standard of 95% for patients to be seen from arrival in A&E to admission, discharge or transfer has not been achieved since May 2019, the tolerance of 85.5% has been met. However, it should be noted that performance has deteriorated this month (November) due to the high level of activity within A&E as the winter approaches. The service is working on an action plan to manage the high level of activity which is expected to continue over the forthcoming months.

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 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.
Staffing/Workforce	Directors are asked to support the implementation and monitoring of measures within their service areas.
Finance/Resources	Directors are asked to support financial management and monitoring of finance and resource within their service areas.
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 A&E – BGH – DME – DDD – BSU – CAMHS – TTG – IHO – DPU – MRI – CT – HR -

NHS Borders

PERFORMANCE SCORECARD

As at 30th September 2019

September 2019

Planning & Performance

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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.

Key Metrics

Areas achieving standard:

August Reported Performance	
New Inpatients **waiting > 12 weeks target as at month end** Aug 2019 ⬆ Sept 2019 Target ✔ 35 24 245	**CAMHS patients treated** **within 18 weeks from referral to treatment** July 2019 ⬇ Aug 2019 Target ✔ 97.6% 96.2% ≥ 90%
% of patients seen within 18 weeks **Combined Performance** July 2019 ⬇ Aug 2019 Target ✔ 90.4% 90.0% ≥ 90%	**Cancer Waiting Times** **31-day target** July 2019 ↔ Aug 2019 Target ✔ 100.0% 100.0% ≥ 95%
Drugs and Alcohol patients **waiting < 3 weeks from referral to treatment** Aug 2019 ⬆ Sept 2019 Target ✔ 82.0% 95.0% ≥ 90%	**New Outpatients** **waiting > 12 weeks target as at month end** Aug 2019 ⬆ Sept 2019 Target ✔ 1055 467 535

Areas outwith standard but within tolerance:

August Reported Performance	
Cancer Waiting Times **62-day target** July 2019 ⬇ Aug 2019 Target ✗ 92.0% 91.2% ≥ 95%	**Psychological Therapy Referral to Treatment** **within 18 weeks** July 2019 ⬇ Aug 2019 Target ✗ 89.0% 83.0% ≥ 90%
A&E patients discharged or transferred **within 4 hour target** Aug 2019 ↔ Sept 2019 Target ✗ 92.2% 92.2% ≥ 95%	

Areas significantly outwith standard:

August Reported Performance	
Delayed Discharges as at census date **(last Thursday of the month) delayed over 72 hours** Aug 2019 ⬆ Sept 2019 Target ✗ 21 20 0	**Inpatient/Daycase patients waiting > 84 days** **TTG target as at month end** Aug 2019 ⬇ Sept 2019 Target ✗ 37 41 0
Diagnostics - 8 key tests **waiting > 6 weeks target as at month end** Aug 2019 ⬆ Sept 2019 Target ✗ 116 111 50	**Maintain Sickness Absence Rates below 4%** July 2019 ⬇ Aug 2019 Target ✗ 4.85% 5.3% 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)

	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%	96.2%	92.0%	91.2%							
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.

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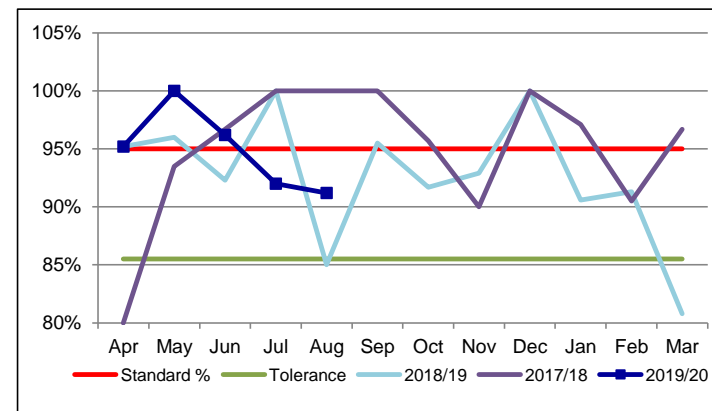
31 Day Cancer - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

Standard
95.0%

Tolerance
86.0%

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

Actual Performance (higher % = better performance)

	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%	100.0%	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
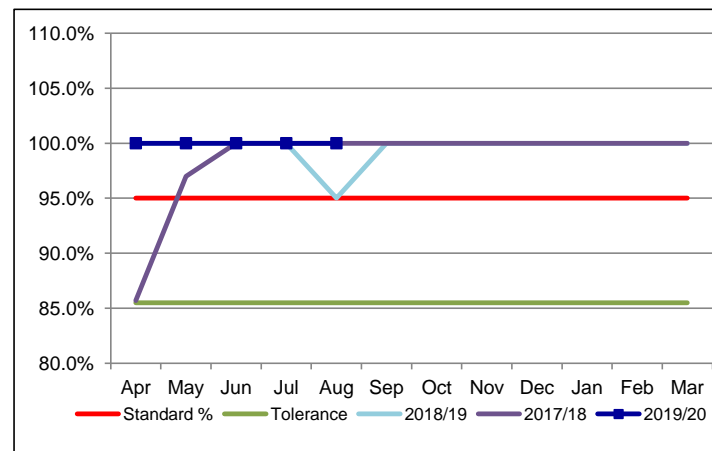
Stage of Treatment - 12 Weeks Waiting Times

12 Weeks Outpatients - 12 weeks for first outpatient appointment

Standard
0

Tolerance
1

	Latest NHS Scotland Performance	**NHS Borders Performance (as a comparative)**
	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	911	1055	467						
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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Cardiology	26	22	20	16	14	0	2	4	5	19	44	42
Dental	0	9	17	22	18	0	0	0	0	0	0	0
Dermatology	1	4	2	5	6	0	5	31	34	27	20	3
Diabetes/Endocrinology	2	1	2	6	6	0	3	10	16	4	2	0
ENT	1	2	1	0	2	0	1	3	14	46	53	23
Gastroenterology	9	6	2	2	5	0	23	28	18	6	5	1
General Medicine	1	1	0	0	0	0	1	1	0	3	12	11
General Surgery	54	48	57	47	64	0	23	40	64	119	174	87
Gynaecology	1	0	1	1	24	0	38	77	95	104	56	28
Neurology	8	4	3	3	2	0	0	0	1	2	1	0
Ophthalmology	57	106	114	162	173	0	128	167	271	306	315	100
Oral Surgery	68	113	141	102	47	0	0	1	10	40	74	10
Orthodontics	0	0	0	0	0	0	0	0	1	0	0	0
Other	17	25	25	20	13	0	9	17	27	48	61	26
Pain Management	2	2	1	5	3	0	0	0	0	0	0	0
Respiratory Medicine	50	74	58	45	7	0	1	20	32	41	50	5
Rheumatology	0	0	0	0	0	0	0	0	0	0	0	0
Trauma & Orthopaedics	174	153	203	188	132	0	0	65	130	137	172	126
Urology	9	8	18	16	13	0	2	3	1	9	16	5
All Specialties	**480**	**578**	**665**	**640**	**529**	**0**	**236**	**467**	**719**	**911**	**1055**	**467**
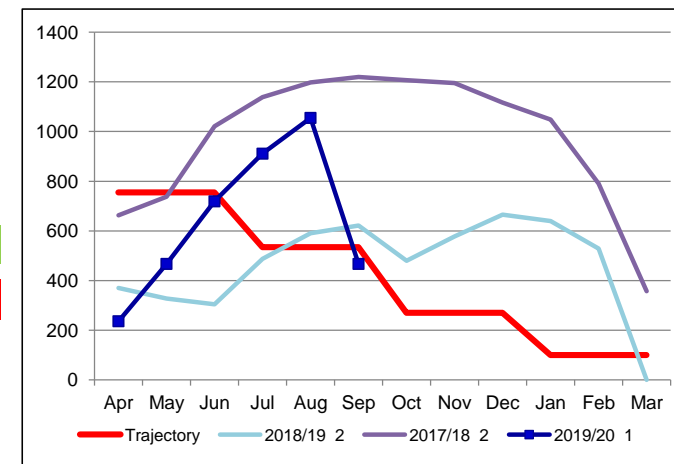
Stage of Treatment - 12 Weeks Waiting Times Continued

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	29	35	24						
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

	Sep-18	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Dental	20	32	22	28	27	21	6	0	0	0	0	0	0
ENT	7	4	5	9	11	10	1	1	2	2	1	1	3
General Surgery	47	36	33	24	28	20	0	0	4	3	3	4	2
Gynaecology		2	0	1	2	0	0	0	0	0	0	3	0
Ophthalmology	169	146	132	129	80	38	0	0	10	69	8	13	0
Oral Surgery	16	13	18	40	46	19	0	0	9	4	3	1	1
Trauma & Orthopaedics	72	48	31	42	58	48	0	0	13	14	14	11	15
Urology	2	1	0	0	0	5	0	0	1	0	0	2	3
All Specialties	**333**	**282**	**241**	**273**	**252**	**161**	**7**	**1**	**39**	**92**	**29**	**35**	**24**
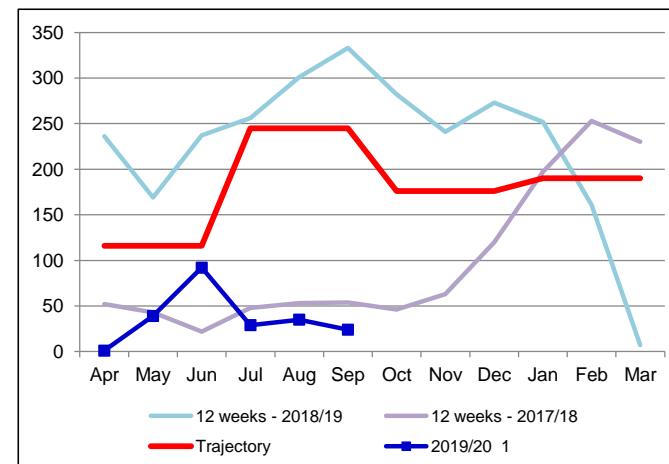
12 Weeks Treatment Time Guarantee

	Standard
12 weeks TTG - 12 Weeks Treatment Time Guarantee (TTG 100%)	0

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
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	105	37	41						
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
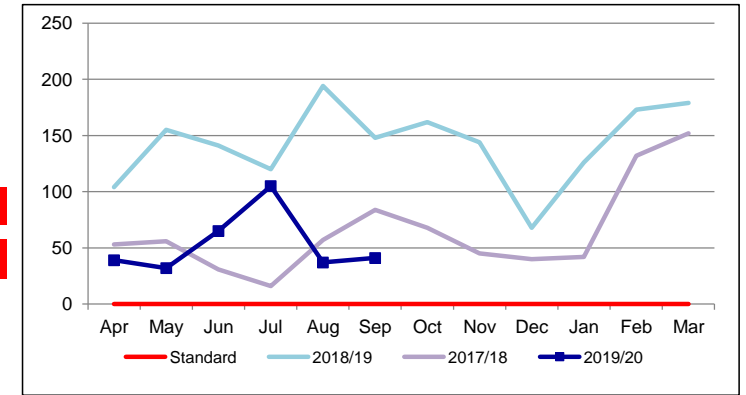
18 Weeks Referral to Treatment (RTT)

	Standard
Standard: Combined Pathway Performance	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%	90.4%	90.4%	90.0%							
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%
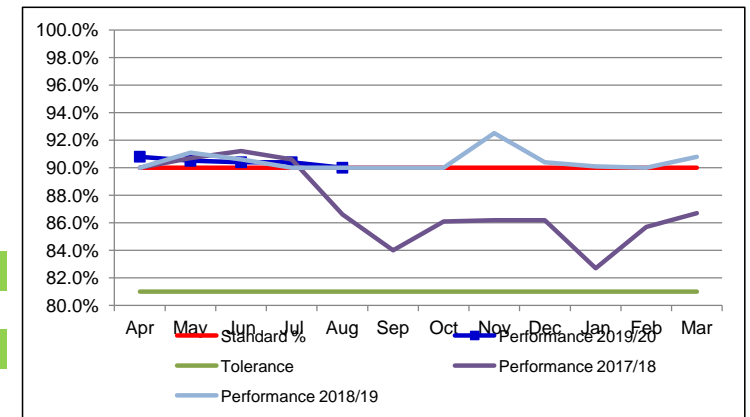
Please Note: data has a 1 month lag time to ensure it is in line with national reporting

Diagnostic Waiting Times

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

Standard

0

Tolerance

1

Actual Performance (lower = better performance)

	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	116	111						
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:
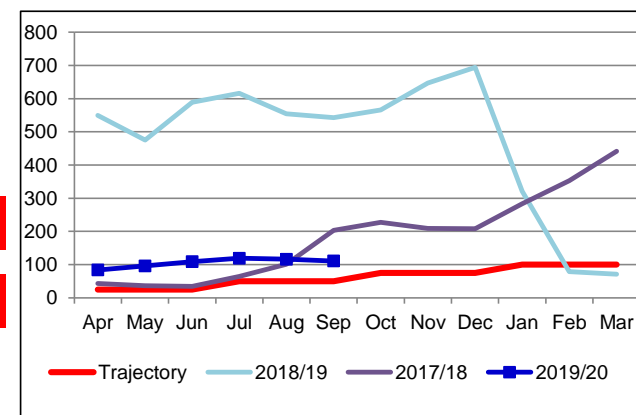
6 weeks	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Endoscopy	-	-	2	5	2	0	0	0	1	1	0	0	0
Colonoscopy	37	41	18	32	11	0	1	6	9	4	4	17	2
Cystoscopy	1	1	0	4	0	0	0	1	0	0	0	0	0
MRI	417	443	470	443	197	16	11	30	39	34	69	18	20
CT	81	69	141	187	68	4	3	12	6	9	20	6	0
Ultra Sound (non-obstetric)	7	4	5	20	41	58	52	35	41	60	25	74	89
Barium	-	8	11	3	2	1	4	0	0	1	1	1	0
Total	**543**	**566**	**647**	**694**	**321**	**79**	**71**	**84**	**96**	**109**	**119**	**116**	**111**

CAMHS Waiting Times

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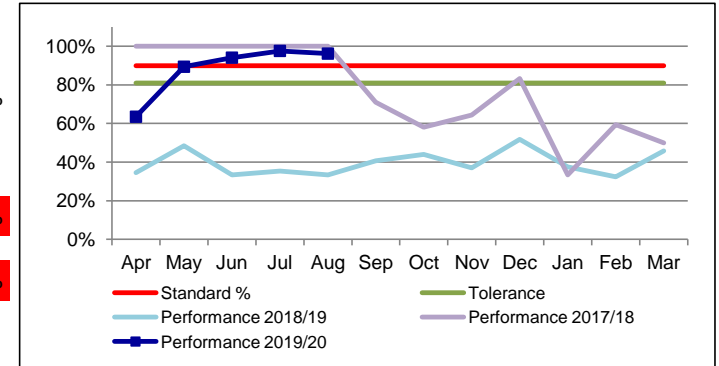
Standard

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
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%	97.6%	96.2%							
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%	79.0%	89.0%	83.0%							
Total Patients Currently Waiting >18 Weeks:	162	172	159	125	125							
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]
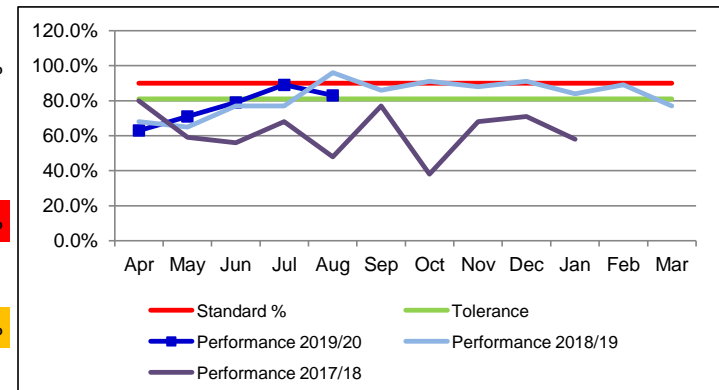
[1] Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

[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%

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	100.0%	100.0%	100.0%	98.0%	82.0%	95.0%						
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%
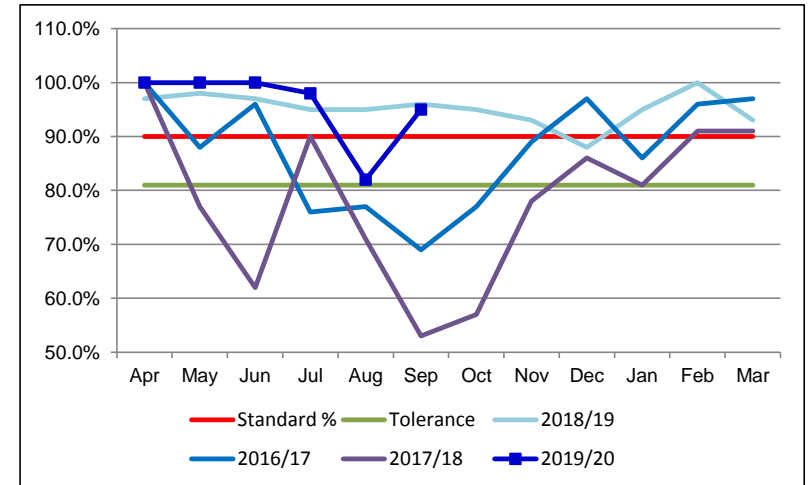
Accident & Emergency 4 Hour Standard

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

Standard

95.0%

90.3% (June 2019)

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%	91.3%	92.2%	92.2%						
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%
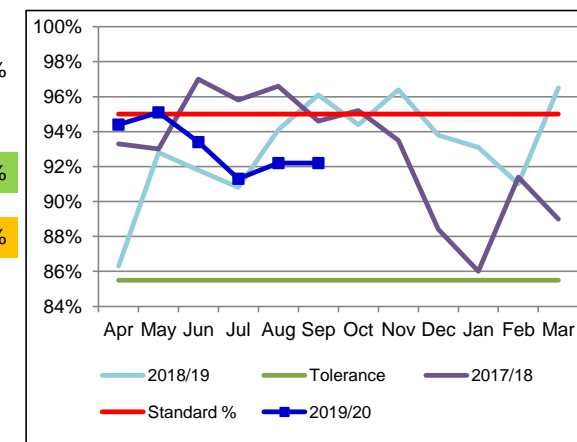
The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients.

Emergency Access	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Flow 1	98.8%	97.8%	99.1%	98.2%	98.8%	98.7%	99.5%	98.0%	98.2%	97.0%	97.7%	97.5%	97.0%
Flow 2	92.9%	87.5%	92.7%	91.4%	91.7%	91.6%	93.5%	90.1%	89.3%	91.5%	87.6%	86.9%	87.5%
Flow 3	95.0%	93.7%	95.0%	89.7%	87.3%	80.7%	96.0%	93.9%	95.5%	89.5%	85.9%	90.2%	88.9%
Flow 4	88.0%	88.9%	93.9%	89.2%	88.5%	81.8%	92.1%	88.2%	94.0%	88.8%	79.6%	84.7%	86.4%
Total	**96.1%**	**94.4%**	**96.4%**	**93.8%**	**93.1%**	**91.0%**	**96.5%**	**94.4%**	**95.1%**	**93.4%**	**91.3%**	**92.2%**	**92.2%**

Delayed Discharges

Standard: Delayed Discharges - delays over 72 hours
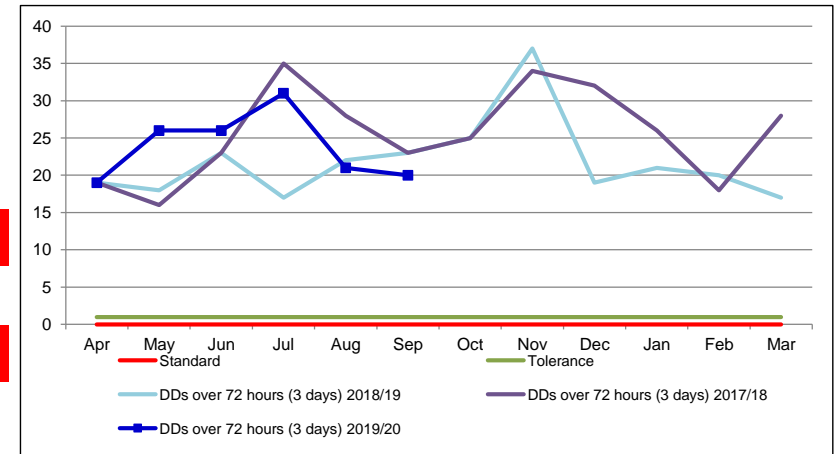
Standard

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	21	16	16						
DDs over 72 hours (3 days) 2019/20	19	26	26	31	21	20						
Occupied Bed Days (standard delays)	727	859	922	891	960	968						
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: 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
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%	5.2%	4.9%	5.3%						
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%