Borders NHS Board

NHS Borders

Meeting Date: 24 June 2021

Approved by:	June Smyth, Director of Planning & Performance
Author:	Gemma Butterfield, Planning and Performance Officer

NHS BORDERS PERFORMANCE SCORECARD – APRIL 2021

Purpose of Report:

The purpose of this report is to update the Board on NHS Borders latest performance against the measures set out in the 2021/22 Remobilisation Plan (RMP3) alongside some key targets and standards that were included in previous Annual Operational Plans Local Delivery Plans (LDP).

As part of the remobilisation process following COVID-19 Scottish Government required all boards to develop and submit a remobilisation plan (RMP3) for 2021/22.   As part of this plan trajectories were submitted which replaced some, but not all measures, previously contained within the Annual Operational Plan (AOP) 2020/21.   The performance data presented in the attached scorecard therefore relates to:

- Trajectories contained within RMP3
- Targets contained within previous AOPs where performance against these is still being recorded
- Performance against standards contained within previous LDPs where performance against these is still being recorded

Typically, the performance scorecard format and the measures contained within it are finalised and 'locked down' for the commencement of the financial year. However, for 2021/22 Scottish Government has yet to confirm monitoring arrangements relating to RMP3, other than the routine monitoring relating to waiting times. There may therefore be a requirement to add to the performance scorecard should additional monitoring requirements be requested. In addition, as we continue to remobilise services there may be other measures or activity we would want to propose to monitor at Board level. If this is the case they will be highlighted to the Board before being included in future reports.

Recommendations:

The Board is asked to **note** the April 2021 Performance Scorecard.

Approval Pathways:

This report has been prepared with input from the Service Leads, who have signed off their relevant sections. The cover paper has been reviewed and approved by the Director of Planning & Performance.

Executive Summary:

1.1 The monthly Performance Scorecard is presented to the Board for the first time in its fuller format since 2020 when performance reporting was scaled back to align resources to the COVID-19 pandemic response. It has been re-formatted and updated to enable members to monitor performance against the RMP3 trajectories, previous AOP and LDP measures; this format will be updated ahead of the next Board meeting to allow the measures to be differentiated more easily. Reporting will continue to develop as we progress through the remainder of the year and have had the opportunity to revisit the format of the scorecard, which we plan to include key demand and activity information.

1.2 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. RMP3 trajectories, LDP Standards and key local performance indicators will be measured twice yearly in the Managing Our Performance (MOP) Report which is presented to the Board. A more detailed comparison of our performance against other Boards in Scotland will be provided in the MOP.

1.3 Areas of good performance as at 30th April 2021 are detailed below:

- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during March 2021 (page 7)
- 92.9% of patients seen within **18 weeks Referral to Treatment for Psychological Therapies** during April 2021which is above the target of 90% (page 12)
- 100% of patients seen waited no longer than 3 weeks from referral for **Drug and Alcohol Treatment** during March 2021 (page 13)

1.4 The following performance measures are reported outwith of standard/ trajectory in April 2021. As reporting develops we will revert to reporting on an exception basis and narrative will be provided for measures outwith for 3 consecutive months.

1.5 12 Weeks Waiting Times Outpatients

1.5.1 At 30th April 2021, there were 3,508 new outpatients waiting longer than 12 weeks for an appointment. The total waiting list size continues to increase as a result of the number of clinically urgent patients, which in turn reduces capacity for routine long wait patients.

1.5.2 Urgent activity continued throughout the pandemic and clinicians re-prioritised patients previously categorised as 'routine' to ensure that those patients' with the greatest clinical need for an appointment are seen as a priority. This is impacting on the routine patients who are waiting longer and some patients are waiting in excess of 52 weeks.

1.5.3 The acute team are undertaking a number of actions aimed at reducing waiting times:

- Maximising the use of Near Me where appropriate
- Undertaking a scoping exercise to assess where each specialty is at with regards to implementing the "Once for Scotland" pathways such as:
    - Active Clinical Referral Triage (ACRT)
    - Discharge patient Initiated Reviews (PIR)
    - EqUIP Pathways (Realistic Medicine)

- Assessing status of Administrative and Clinical Validation of all waiting lists, including "review" waiting lists
- Assessment of National Specialty Pathways for local implementation
- An Improvement Facilitator commenced beginning of June to support the above improvement efforts.

1.6 12 week Treatment Time Guarantee

1.6.1 At 30th April 2021 there were 1258 patients waiting longer than 12 weeks for an inpatient or day case procedure. This has increased since January 2021, reflective of the 2nd lockdown and the ongoing reduction in operating capacity.

1.6.2 The acute team have established a TTG Improvement Plan which includes the following actions:

- Following a reduction in theatre capacity, operating on emergency and limited urgent cases only, for the first few months of 2021 the service remobilised once again to two theatres from mid March 2021 which has increased theatre capacity to 40% of what it was pre COVID-19. 3 additional inpatient beds per day in Ward 17 have introduced at the end of April.
- Discussions are underway to identify solutions to address the backlog of urgent patients.
- Urgent activity has continued throughout the pandemic and clinicians have been re-prioritising patients previously categorised as 'routine' and 'soon' to ensure that those patients' with the greatest clinical need are given priority access to theatre.
- There is a Surgical Flow/Theatres Project commenced to improve theatre efficiency to ensure we are maximising capacity.
- Dedicated support by the Assistant Service Manager for Ophthalmology is being put in place to assess flow and efficiency.

1.7 6 Week Diagnostic Waiting Times

1.7.1 At 30th April 2021, 530 patients were reported as waiting longer than 6 weeks for an appointment, a decrease of 97 from end March 2021 (627). This can be broken down as follows:

- Colonoscopy 50 patients
- Cystoscopy 17 patients
- Endoscopy 118 patients
- MRI 77 patients
- CT 168 patients
- Ultrasound 100 patients

1.7.2 While we continue to see the overall number of breaches reducing the rate of improvement during April has not been as rapid as planned across these imaging services. This is in part due to an MRI equipment failure during April that restricted activity for a week and higher than anticipated emergency CT activity putting pressure on elective or waiting list capacity.

1.7.3 Additional colonoscopy sessions have been arranged at weekends for Quarter 1 and 2 starting in May, these will support approximately an additional 120 colonoscopies

being delivered over this period. This is in response to a 50% increase in bowel screening referral since the programme resumed in October putting significant additional pressure on colonoscopy waits in general. These lists are being delivered by NHS Consultants supported by Synaptic nursing teams and funded from our 2021/22 Cancer waiting times allocation. Waits are currently sitting at 6 weeks. Additional in-house cystoscopy lists have also been organised during May with the aim of bringing waiting times down to within a target wait of two weeks where possible for urgent referrals.

1.7.4 Action has been taken to increase CT colon capacity by reintroducing dedicated session time in response to emergency pressures restricting previous access. The cardiology services have also been asked to review the patients currently waiting for CT Angiography and ensure that the list is validated and prioritised given current waits.

1.7.5 The number of Diagnostic Outpatient appointments that have been DNAs, is 6.9% in April 2021. This is higher than anticipated and a review is under on how booking efficiency can be improved.

1.8 CAMHS 18 Weeks Referral to Treatment

1.8.1 Significant work has progressed within the service to address access to timely assessment. In the short term the Board will continue to show poor performance as the service is targeting their longest patients waiting and this doesn't prevent continual referrals being made to the service. However the service does still continue to respond to emergency and urgent referrals.

1.8.2 Due to increased funding made available from Scottish Government the service has progressed to enhance and increase its overall workforce specifically in the short term to address the backlog and waiting times. It is anticipated there will be a significant improvement in timely access to our service once recruitment is complete.

1.9 Delayed Discharge

1.9.1 In April there was an increased number of delayed discharges for patients waiting for packages of care, which contributed to us not achieving the previously set trajectory. Response in relation to this from our social care partners has since improved this position.

1.9.2 Our focus has been on actions aimed at delivering the recommendations of the recent Delayed Discharge Audit and we continue to embed processes whilst working as a whole system.

2.0 Planned V Actual Activity Update

2.0.1 As RMP3 replaces the previously agreed AOP, all boards now have to return planned activity versus actual activity reports to Scottish Government on a monthly basis for some key areas; for April 2021 NHS Borders reported:

Activity	Planned	Actual	Variance
Key Diagnostics	1865	1735	-130
New Outpatient Activity	1325	1387	+62
TTG Activity	169	164	-5

Impact of item/issues on:	
Strategic Context	Regular and timely performance reporting is an expectation of the Scottish Government.
Patient Safety/Clinical Impact	The RMP3 trajectories, 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	Health Inequalities Impact Assessments have been completed for earlier remobilisation plans and there is one currently in production for RMP3.
Consultation	Performance against measures within this report have been reviewed by each service area.
Glossary	AOP – Annual Operational Plan LDP – Local Delivery Plan RMP3- Remobilisation Plan

NHS Borders

PERFORMANCE SCORECARD

As at 30th April 2021

April 2021

Information & BI Services

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

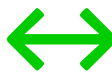|	
Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-
Standard/Trajectory has been achieved this month	✔
Standard/Trajectory has not been achieved this month	X

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. As a result of the COVID-19 Pandemic the 2021/22 AOP has been replaced for all Health Boards by their Remobilisation Plan and associated trajectories agreed with Scottish Government, therefore this report contains a mix of RMP3 trajectory performance, previous AOP and LDP measures.

Please note:

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

Key Metrics- Against AOP Standards (RMP3 being Currently Built into Report)

April Reported Performance - Area Achieving Standard

Psychological Therapy Referral to Treatment within 18 weeks

Mar 2021	↑	Apr 2021	Target	✓
84.7%		92.9%	≥ 90%	

Cancer Waiting Times 31-day target

Feb 2021	↔	Mar 2021	Target	✓
100.0%		100.0%	≥ 95%	

April Reported Performance - Area Outwith Standard but within Tolerance

Maintain Sickness Absence Rates below 4%

Mar 2021	↓	Apr 2021	Target	✗
4.3%		5.0%	4.0%	

Cancer Waiting Times 62-day target

Feb 2021	↓	Mar 2021	Target	✗
95.7%		91.3%	≥ 95%	

A&E patients discharged or transferred within 4 hour target

Mar 2021	↓	Apr 2021	Target	✗
87.1%		86.9%	≥ 95%	

April Reported Performance - Area Significantly Outwith Standard

Delayed Discharges as at census date (last Thursday of the month) delayed over 72 hours

Mar 2021	↑	Apr 2021	Target	✗
27		16	22	

Diagnostics - 8 key tests waiting > 6 weeks target as at month end

Mar 2021	↑	Apr 2021	Target	✗
627		530	0	

New Inpatients waiting > 12 weeks target as at month end

Mar 2021	↑	Apr 2021	Target	✗
1236		1227	116	

New Outpatients waiting > 12 weeks target as at month end

Mar 2021	↓	Apr 2021	Target	✗
3489		3507	100	

CAMHS patients treated within 18 weeks from referral to treatment

Mar 2021	↑	Apr 2021	Target	✗
40.0%		57.5%	≥ 90%	

Inpatient/Daycase patients waiting > 84 days TTG target as at month end

Mar 2021	↓	Apr 2021	Target	✗
50		71	0	

Combined Performance

Mar 2021	↑	Apr 2021	Target	✗
74.4%		76.8%	≥ 90%	

Updated Performance - Unavailable

Drugs and Alcohol patients waiting < 3 weeks from referral to treatment

Feb 2021	↔	Mar 2021	Target	✓
100.0%		100.0%	≥ 90%	

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
86.2% (Oct - Dec 2020)

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%
2021/22												
2020/21	93.8%	88.0%	90.0%	100.0%	88.2%	100.0%	93.8%	83.3%	100.0%	100.0%	95.7%	91.3%
2019/20	95.2%	100.0%	96.2%	92.0%	91.2%	83.3%	87.5%	100.0%	96.0%	92.6%	94.1%	95.0%

Please Note: There is a 1 month lag time for data. September data unavailable at this time.
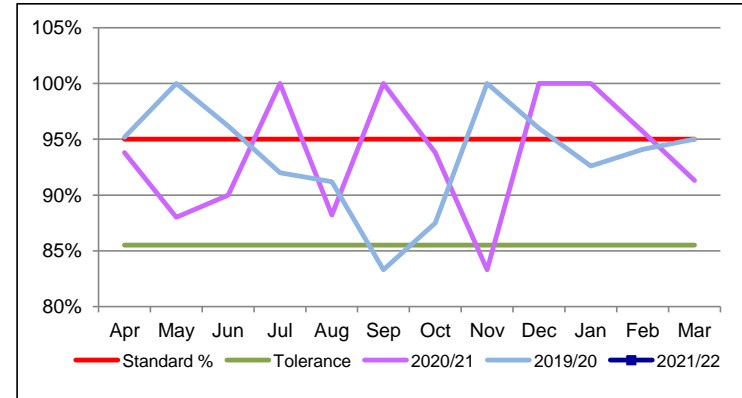
31 Day Cancer - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

Standard
95.0%

Tolerance
86.0%

Latest NHS Scotland Performance
98.6% (Oct-Dec 2020)

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%
2021/22												
2020/21	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2019/20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%

Please Note: There is a 1 month lag time for data. September data unavailable at this time.
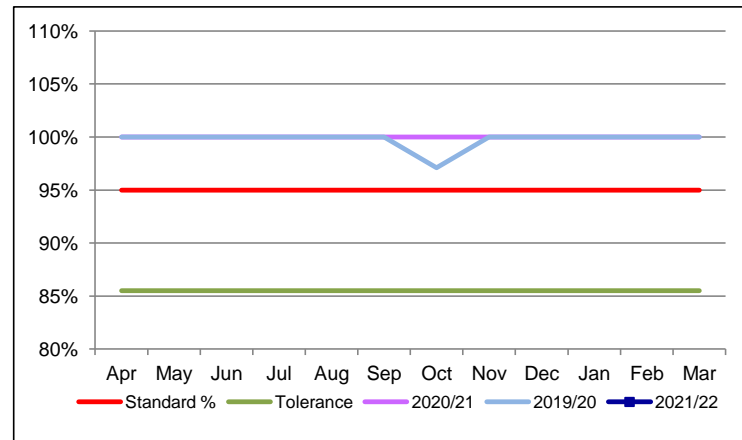
Stage of Treatment - 12 Weeks Waiting Times

Standard - 12 weeks for first outpatient appointment

Standard
0

Tolerance
1

	Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
	48.07% (Jan - Mar 2021)	47.97% (Jan - Mar 2021)

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory 2021/22	4580	4580	4580	4580	4964	5481	5949	6373	6644	7159	7553	7843
2021/22	3507											
Trajectory 2020/21	755	755	755	535	535	535	270	270	270	100	100	100
2020/21	1132	2253	2482	2406	2263	2324	2542	2783	3158	3344	3498	3489
2019/20 [1]	236	467	719	911	1055	467	301	120	128	127	240	287

[1] Please note performance is measured against Trajectory not standard as per 2019/20 AOP
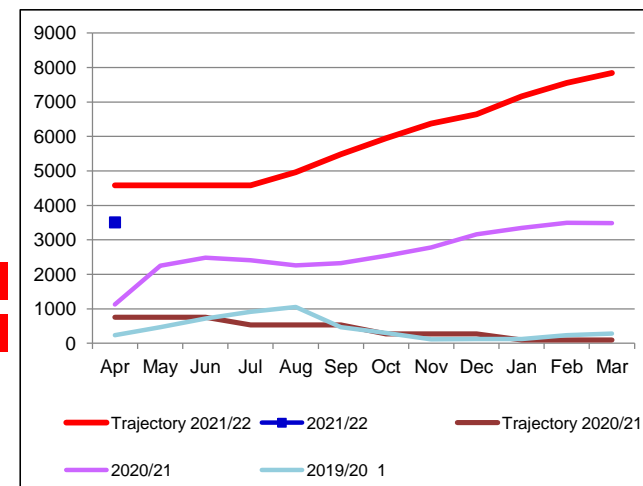
12 week breaches by specialty

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Cardiology	13	8	4	1	12	53	37	43	51	66	94	108	134	151	163	162	175
Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	3	21	102	150	327	460	523	524	500	526	526	550	616	562	550	534	402
Diabetes/Endocrinology	1	3	11	4	10	26	39	43	43	43	41	34	42	50	51	56	66
ENT	9	1	0	1	41	149	180	182	184	202	225	262	296	350	354	378	414
Gastroenterology	0	1	5	2	15	15	20	23	22	24	23	25	37	50	71	76	91
General Medicine	11	6	7	5	14	6	11	14	5	2	1	0	0	1	2	1	0
General Surgery	37	23	17	9	28	105	161	187	218	302	383	433	461	481	564	628	682
Gynaecology	0	0	2	3	52	131	168	148	122	80	75	93	99	101	103	90	81
Neurology	1	0	1	9	74	145	167	163	144	146	149	159	164	145	130	83	67
Ophthalmology	7	5	7	10	109	284	375	379	376	376	467	545	695	807	873	907	925
Oral Surgery	0	0	12	34	141	284	335	342	299	273	272	274	251	217	148	44	25
Orthodontics	0	1	0	1	7	20	22	22	22	22	26	28	29	33	40	39	41
Other	20	15	12	16	78	134	137	123	100	98	83	66	67	73	91	97	103
Pain Management	2	2	0	2	7	26	27	23	18	5	1	0	0	0	0	0	0
Respiratory Medicine	2	1	0	2	14	8	10	9	8	24	54	74	101	114	120	130	141
Rheumatology	0	0	0	0	0	3	18	21	11	7	2	3	5	10	7	10	5
Trauma & Orthopaedics	13	32	55	30	183	328	124	32	17	5	1	3	9	17	17	9	6
Urology	9	8	5	8	20	76	128	128	123	123	119	126	152	182	214	245	283
All Specialties	**128**	**127**	**240**	**287**	**1132**	**2253**	**2482**	**2406**	**2263**	**2324**	**2542**	**2783**	**3158**	**3344**	**3498**	**3489**	**3507**

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 2021/22	1849	1849	1849	1849	2052	2450	2705	2814	2841	3259	3237	3260
2021/22	1227											
Trajectory 2020/21	116	116	116	245	245	245	176	176	176	190	190	190
2020/21 [1]	525	890	891	1070	1064	973	973	857	924	1048	1201	1236
2019/20 [1]	1	39	92	29	35	24	20	32	65	155	146	191

[1] Please note performance is measured against trajectory not standard as per 2019/20 AOP
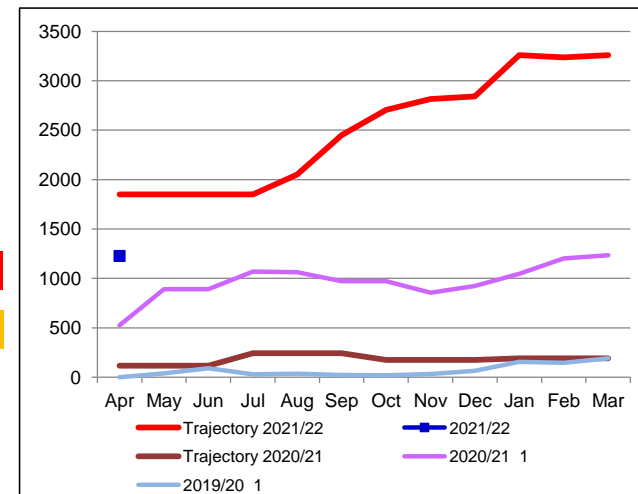
12 week breaches by specialty

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ENT	1	3	0	1	24	43	43	61	62	52	36	30	25	34	39	34	32
General Surgery	3	15	2	34	90	146	147	167	161	130	120	116	122	144	163	173	160
Gynaecology	2	12	18	22	42	73	73	79	82	71	71	63	67	81	100	108	115
Ophthalmology	0	9	15	12	103	190	190	238	243	236	229	219	212	222	249	239	238
Oral Surgery	0	0	9	2	14	31	31	41	39	36	35	37	39	49	57	58	65
Trauma & Orthopaedics	56	111	2	107	223	356	356	413	402	386	342	323	389	439	503	527	526
Urology	3	5	100	13	29	51	51	71	75	62	61	69	70	79	90	97	91
All Specialties	**65**	**155**	**146**	**191**	**525**	**890**	**891**	**1070**	**1064**	**973**	**894**	**857**	**924**	**1048**	**1201**	**1236**	**1227**

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)
71.5% (Jan - Mar 2021)	75.2% (Jan - Mar 2021)

	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
Trajectory 2021/22	169	169	169	169	169	169	374	374	374	374	374	374
2021/22	71											
2020/21	3	4	7	23	13	85	98	91	54	5	2	50
2019/20	39	32	65	105	37	41	35	27	39	57	142	62
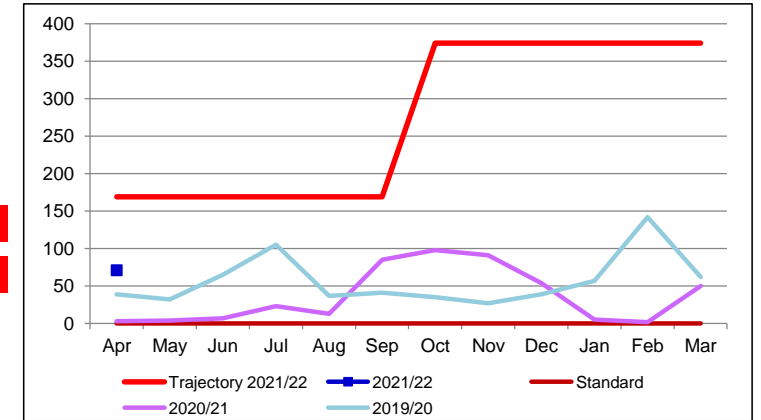
18 Weeks Referral to Treatment (RTT)

	Standard
Standard: Combined Pathway Performance	90.0%

Latest NHS Scotland Performance
74.9% (Mar 2021)

	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%
2021/22	76.8%											
2020/21	95.9%	90.1%	90.1%	79.4%	73.6%	65.7%	77.0%	76.4%	77.2%	72.1%	75.4%	74.4%
2019/20	90.8%	90.5%	90.4%	90.4%	90.0%	90.4%	90.0%	86.5%	90.5%	90.1%	90.0%	90.0%
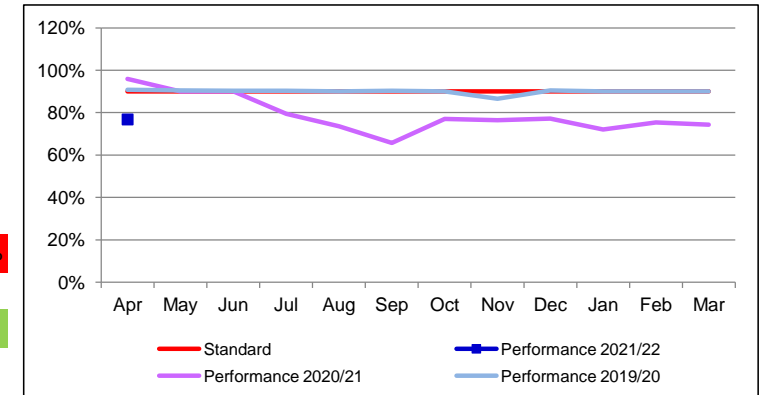
Please Note: data has a 1 month lag time to ensure it is in line with national reporting

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 2021/22	427	427	427	427	456	492	558	574	584	615	662	686
2021/22	530											
Trajectory 2020/21	25	25	25	50	50	50	75	75	75	100	100	100
2020/21	563	583	321	455	547	527	548	545	606	781	653	627
2019/20	84	96	109	119	116	111	247	193	253	307	175	64
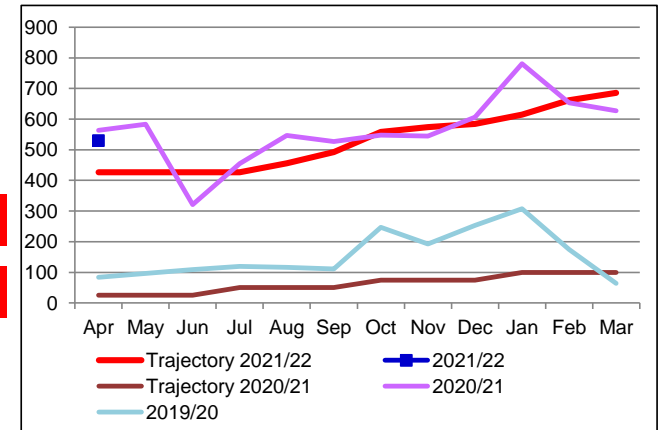
The national standard is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests.
The breakdown for each of the 8 key diagnostics tests is below:

6 weeks	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Endoscopy	0	0	0	1	14	20	10	17	21	29	53	63	75	95	101	109	118		
Colonoscopy	28	44	26	29	76	47	36	31	38	38	34	12	4	28	26	41	50		
Cystoscopy	13	6	7	2	4	17	19	24	37	30	31	40	36	38	30	14	17		
MRI	53	82	34	12	101	92	116	130	127	99	106	112	124	191	113	96	77		
CT	3	12	4	1	88	145	132	157	199	176	139	117	132	197	221	260	168		
Ultra Sound (non-obstetric)	154	161	102	19	280	245	108	82	101	138	173	195	233	232	162	107	100		
Barium	2	2	2	0	0	17	19	14	24	17	12	6	2	0	0	0	0		
Total	**253**	**307**	**175**	**64**	**563**	**583**	**440**	**455**	**547**	**527**	**548**	**545**	**606**	**781**	**653**	**627**	**530**	**0**	**0**

CAMHS Waiting Times

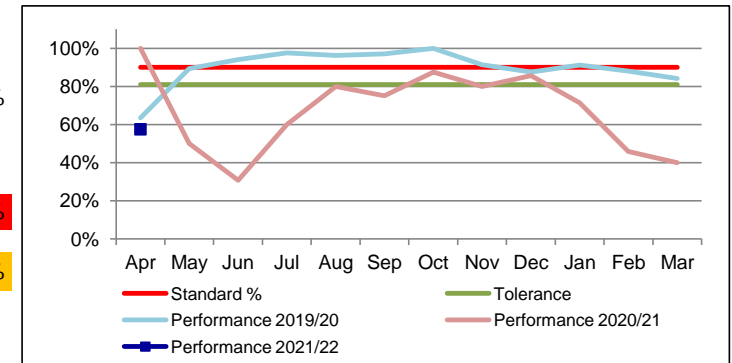| 18 weeks CAMHS - 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%) |
|---|

Standard

90.0%

Tolerance

81.0%

Latest NHS Scotland Performance

73.1% (Oct-Dec 2020)

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 2021/22	57.5%											
Performance 2020/21	100.0%	50.0%	30.8%	60.0%	80.0%	75.0%	87.5%	80.0%	85.7%	71.4%	45.8%	40.0%
Performance 2019/20	63.5%	89.4%	94.1%	97.6%	96.2%	97.0%	100.0%	91.4%	87.5%	91.2%	88.0%	84.2%

Psychological Therapies Waiting Times

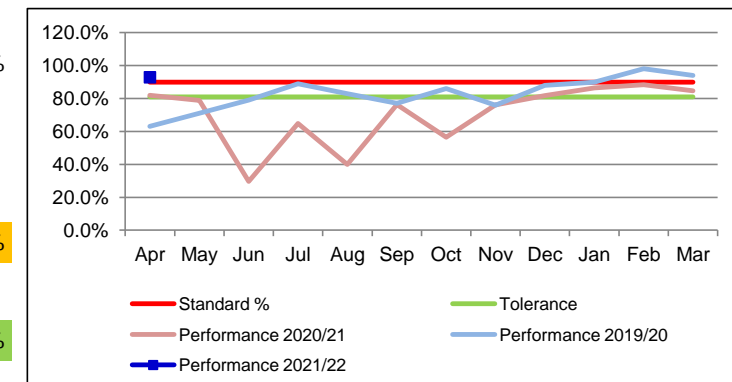| Standard: 18 weeks referral to treatment for Psychological Therapies |
|---|

Standard

90.0%

Tolerance

81.0%

Latest NHS Scotland Performance

80.0% (Oct-Dec 2020)

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 2021/22	92.9%											
Total Patients Currently Waiting >18 Weeks:	215											
Performance 2020/21	82.0%	78.8%	29.6%	64.9%	40.0%	76.3% [5]	56.5% [6]	76.1%	81.7%	86.5%	88.3%	84.7%
Total Patients Currently Waiting >18 Weeks:	185	225	250	271	218	180	162	157	169	156	181	201
Performance 2019/20	63.0% [2]	71.0% [3]	79.0% [4]	89.0% [4]	83.0%	77.0%	86.0%	76.0%	88.0%	90.0%	98.0%	94.0%
Total Patients Currently Waiting >18 Weeks:	162 [2]	172 [3]	159	125	125	137	158	125	135	138	140	164

[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

[5] Data now includes all PT Services

[6] Renew, Primary Care PT Service started in October 2020.

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%

Latest NHS Scotland Performance

97.2% (Jul-Sep 2020)

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%
2021/22	– [1]											
2020/21	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2019/20	100.0%	100.0%	100.0%	98.0%	82.0%	95.0%	98.0%	92.0%	100.0%	93.0%	98.0%	93.0%
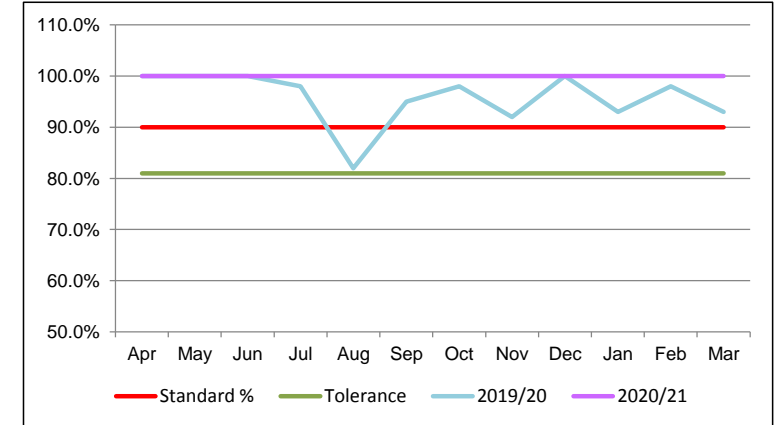
[1] Data unavailable due Public Health Scotland implementing a new system called DAISy (Drug and Alcohol Information System).

Accident & Emergency 4 Hour Standard

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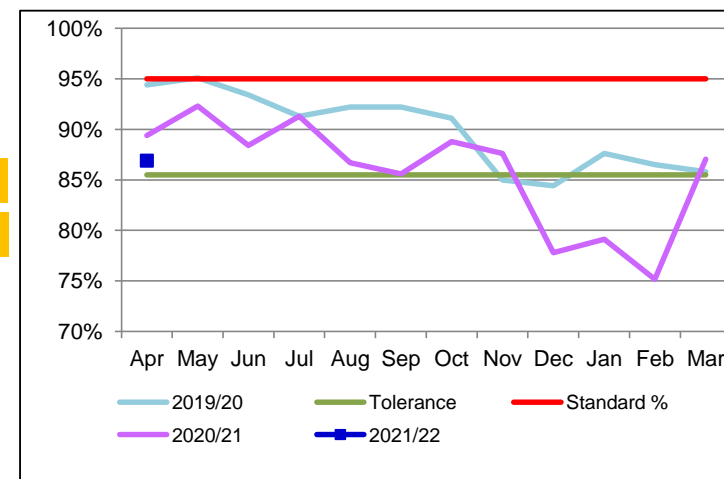
Standard

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%
2021/22	86.9%											
2020/21	89.4%	92.3%	88.4%	91.3%	86.7%	85.6%	88.8%	87.6%	77.8%	79.1%	75.1%	87.1%
2019/20	94.4%	95.1%	93.4%	91.3%	92.2%	92.2%	91.1%	85.0%	84.4%	87.6%	86.5%	85.8%

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	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Flow 1	95.6%	97.2%	97.3%	96.0%	96.8%	98.2%	99.3%	99.7%	98.2%	98.1%	98.0%	99.0%	97.5%	97.7%	98.1%	99.6%	97.9%
Flow 2	85.0%	88.1%	85.2%	82.2%	84.3%	89.4%	84.5%	84.8%	79.0%	77.3%	80.3%	80.9%	73.7%	76.3%	73.2%	81.2%	79.8%
Flow 3	70.6%	74.3%	73.0%	75.9%	86.7%	89.1%	80.2%	85.5%	70.5%	69.6%	81.8%	78.5%	57.7%	59.6%	50.0%	80.3%	81.3%
Flow 4	74.6%	76.8%	77.7%	78.1%	84.2%	81.3%	74.2%	86.1%	80.8%	78.7%	83.0%	81.8%	75.5%	74.7%	65.5%	78.3%	78.7%
Total	**84.4%**	**87.6%**	**86.5%**	**85.8%**	**89.4%**	**92.3%**	**88.4%**	**91.3%**	**86.7%**	**85.6%**	**88.8%**	**87.6%**	**78.7%**	**79.1%**	**75.1%**	**87.1%**	**86.9%**

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 2021/22	15											
DDs over 72 hours (3 days) 2021/22	22											
Occupied Bed Days (standard delays)	852											
DDs over 2 weeks 2020/21	5	10	8	10	14	17	10	16	8	3	8	18
DDs over 72 hours (3 days) 2020/21	12	13	16	14	25	22	21	23	15	7	11	27
Occupied Bed Days (standard delays)	418	579	641	674	793	824	681	871	688	478	528	903
DDs over 2 weeks 2019/20	10	13	18	21	16	16	10	7	2	19	21	13
DDs over 72 hours (3 days) 2019/20	19	26	26	31	21	20	17	13	14	26	28	16
Occupied Bed Days (standard delays)	727	859	922	891	960 [1]	968	686	688	659	971	1027	859

[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

For reference, national census data is used for monthly occupied bed days (standard delays only).
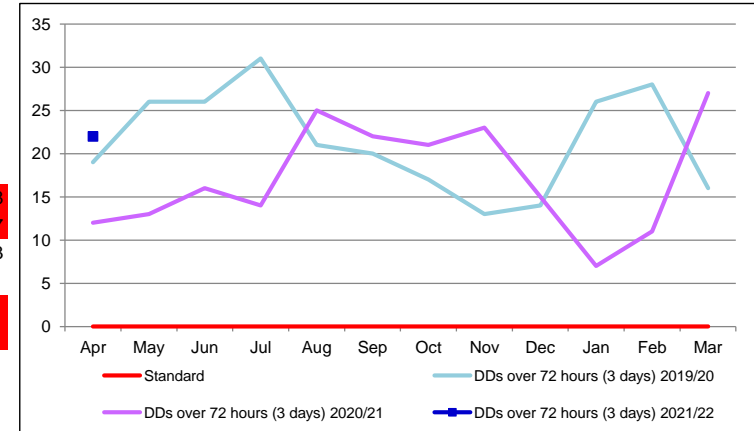
Delayed Discharges- Continued

Standard: Delayed Discharges - delays over 72 hours

Standard

0

Tolerance

1

Number of Delayed Discharge Patients Sunday Position

Legend: Number of Delayed Discharges — Mean — — — Upper Control Limit — — — Lower Control Limit
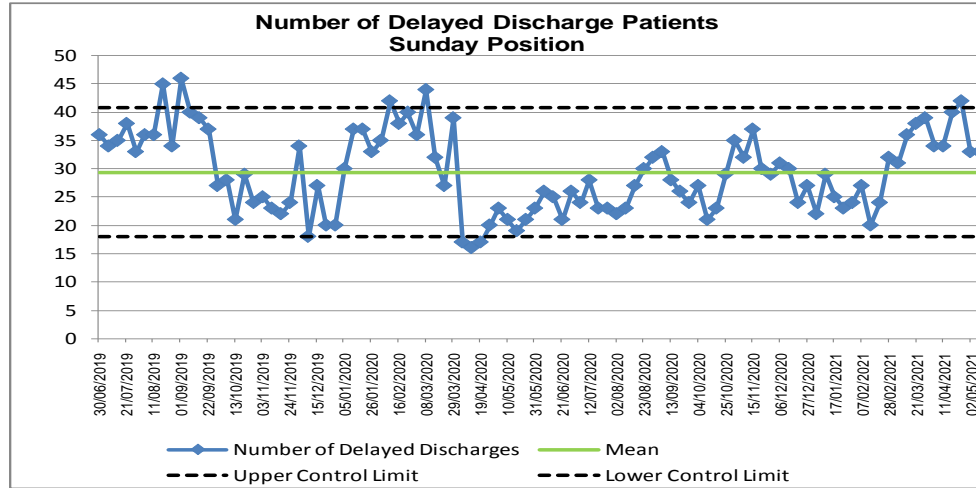
Type of Delayed Discharge	As at 25/02/2021	As at 25/03/2021	As at 29/04/2021
Standard Cases	26	37	31
Complex Cases	7	6	7
Total	**33**	**43**	**38**
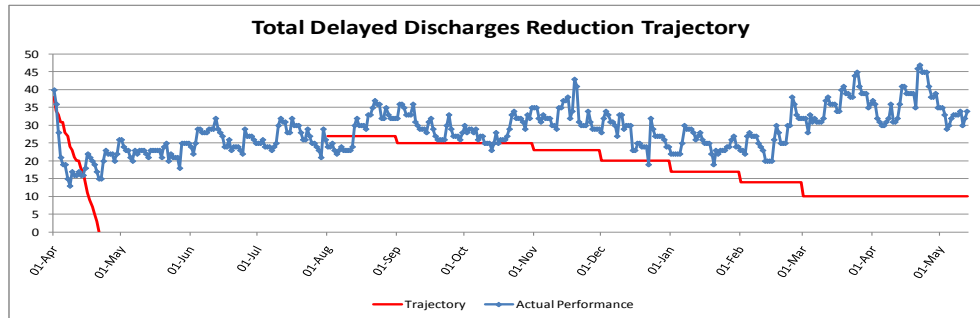
Delay Discharge Reason	Number	Average Length of stay
Assessment	2	9.5
Waiting Residential Home	11	25.8
Waiting Nursing Home	1	38
Waiting Care Arrangements to go home	17	21.4
Patient and Family Related Reasons	0	0.0
Complex	7	83.4
Total	**38**	**33.9**

Total Delayed Discharges Reduction Trajectory

Legend: Trajectory — Actual Performance

Sickness Absence

Standard: Maintain Sickness Absence Rates below 4%

	Standard
	4.0%

	Tolerance
	4.4%

	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%
2021/22	4.3%											
2020/21	4.3%	4.1%	4.3%	4.8%	4.9%	5.4%	5.0%	5.2%	5.5%	4.8%	_ [2]	5.0%
2019/20	4.7%	4.9%	4.8%	5.2%	4.9%	5.3%	5.5%	5.8%	6.0%	6.2%	4.7%	4.8%

Actual Performance (lower % = better performance)

[1] Sickness absence data does not include any COVID-19 related absences.

[2] Data unavailable at present for Feb 2021
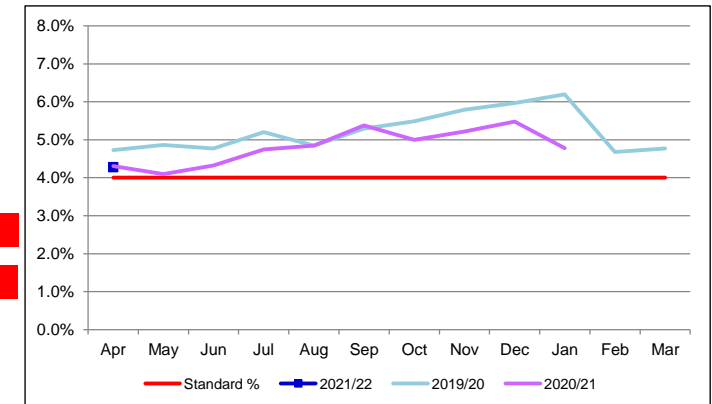
Alcohol Brief Interventions (ABI)

Standard: Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

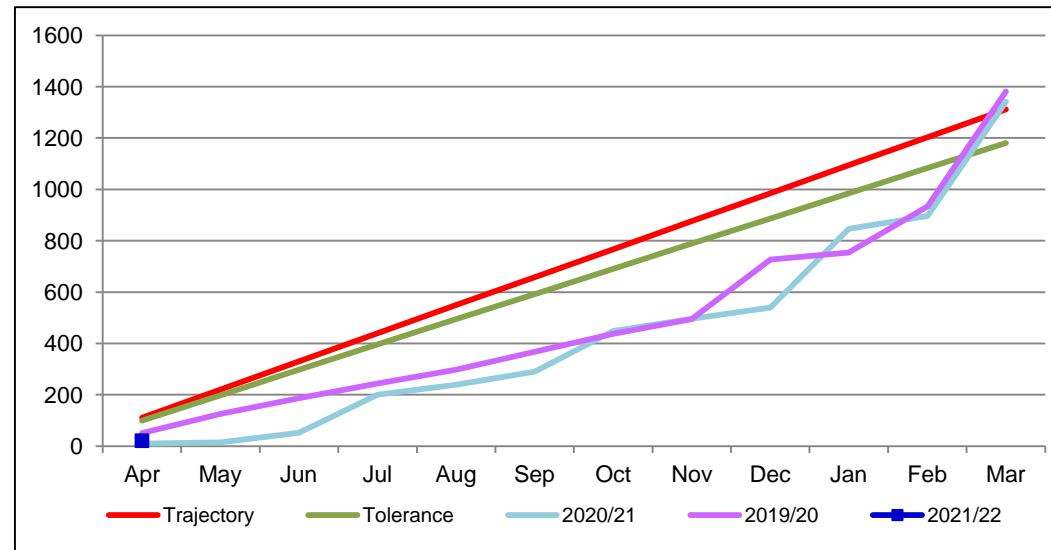| Standard	Tolerance
1312	within 10%

Actual Performance (higher = better performance)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
123.8% (2019/20)	105.3% (2017/18)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	110	220	330	440	549	658	767	876	985	1094	1203	1312
2021/22	21											
2020/21	9	15	52	200	239	290	449	496	540	846	896	1341
2019/20	51	126	186	244	298	367	437	495	727	754	934	1381

Please Note: Standard is1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again.
 There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

Smoking Quits

Standard: Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Standard	Tolerance
173	within 10%

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)

Actual Performance (higher = better performance)

	Jun	Sep	Dec	Mar
Trajectory 2020/21	31	62	93	124
Performance 2020/21	11	31	51	
Trajectory 2019/20	31	62	93	124
Performance 2019/20	14	43	66	99
Trajectory 2018/19	33 [1]	66	99	132
Performance 2018/19	34	60 [2]	78	103

[1] Quarter 1 of 2018/19 target has been reduced from 43 quits to 33 quits

[2] Provisional figure provided by the service

Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 6 month lag time for reporting to allow monitoring of the 12 week quit period.