Paper Title
Interim Performance Report

Recommendation
Board members are asked to:

1. Note the current performance position across NHSGGC in relation to a number of high level key performance indicators

Purpose of Paper
The purpose of the Interim Performance Report is to provide Board members with a high level overview of current performance against key metrics.

Key Issues to be Considered
In light of the COVID-19 situation, this performance report has been drafted to reflect current performance using local management information as opposed to the routine monthly performance information. The data provided is indicative of current performance levels to give Board members a more up to date view of the performance position during the COVID-19 Pandemic. The data may be subject to change as part of the data validation process.

Any Patient Safety /Patient Experience Issues
Yes, all of the performance issues have an impact on patient experience.

Any Financial Implications from this Paper
The financial position is detailed in the Revenue and Capital Report attached with these papers.

Any Staffing Implications from this Paper
Outwith the performance on sickness absence, none identified.

Any Equality Implications from this Paper
None identified.

Any Health Inequalities Implications from this Paper
None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.
No risk assessments per se, although achieving key performance metrics and targets does feature on the Corporate Risk Register and drives the approach to strategic and operational work practices, improvement plans and the strategic direction of the Organisation.

Highlight the Corporate Plan priorities to which your paper relates
The report is structured around each of the four key themes outlined in the 2019-20 Corporate Objectives.

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Tel No: 0141 201 4609
Date: 8 April 2020
Interim Board Meeting
Interim Performance Report

8 April 2020
(Paper 20/05)

Mark White, Director of Finance
**Purpose and Format**

**Purpose and Format of Report**

The purpose of this interim performance report is to provide Board Members with a brief, up to date overview of performance against key metrics. The suite of measures contained within the report reflects some of the key high level priorities across NHS Greater Glasgow & Clyde (NHSGGC).

The format and structure of the interim performance report is as follows:

i) Where available the data reflects the most up to date local management information to provide Board members with the current position (week/month ending 30th March 2020) as opposed to the monthly position that is reported routinely. This data should be used for local management information only and aims to provide Board members with a clear indication of current levels of performance during these unprecedented and challenging times.

ii) By way of context and where available, the latest national published and/or Discovery data continues to be used to highlight NHSGGC's performance against NHS Scotland's position and that of other Health Boards.

iii) Where appropriate each measure has a trajectory/target in which to track performance against.

Board members are asked to:

i) Note the current performance position across NHSGGC.

ii) Note that the Elective and Unscheduled Care performance continues to be the subject of a Recovery Plan currently being drafted.
Better Care – Accident & Emergency (A&E) 4 Hour Waits

Target: 95% of patients presenting at A&E to be admitted, discharged or transferred for treatment within four hours or less

LDP Standard – A&E 4 Hour Waits

Highlighted below is the weekly data relating to A&E 4 hour waits for the month of March 2020. As seen from the chart, the March 2020 monthly position shows 88.1% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours, an improvement on the previous months’ position of 84.8% during these challenging times. Performance at the Minor Injuries Units continues to consistently exceed the A&E target of 95% whereas performance in Emergency Departments (EDs) is below target. As see in slide four the number of A&E presentations has reduced significantly and contributing to the increased level of compliance.

Once out of the Covid-19 Pandemic the unscheduled care performance will be the subject of a Recovery Plan to address performance.

![A&E 4 Hour Waits Chart]

- NHS Scotland: 86.4%
- NHSGGC: 84.8%
- Best Performing: NHS Western Isles 98.3%
- Lowest Performing: NHS Ayrshire & Arran 77.0%
- NHSGGC Ranking: 12th
Better Care – Total A&E/MIU Attendances (All)

As seen in the table below, there has been a sharp reduction (35%) in the overall number of A&E presentations at Minor Injuries and EDs across NHSGGC during March 2020 when compared to the same month the previous year. Clearly the national measures in place to deal with the COVID-19 Pandemic have had a significant impact on the number of people presenting at A&E.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Mar-20</th>
<th>Mar-19</th>
<th>A&amp;E Attend % Diff Mar 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queen Elizabeth University Hospital</td>
<td>5,810</td>
<td>8,845</td>
<td>-34.3</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary</td>
<td>4,782</td>
<td>8,292</td>
<td>-42.3</td>
</tr>
<tr>
<td>Royal Alexandra Hospital</td>
<td>3,787</td>
<td>5,655</td>
<td>-33.0</td>
</tr>
<tr>
<td>Inverclyde Royal Hospital</td>
<td>1,881</td>
<td>2,731</td>
<td>-31.1</td>
</tr>
<tr>
<td>Royal Hospital for Children</td>
<td>4,012</td>
<td>6,171</td>
<td>-35.0</td>
</tr>
<tr>
<td>Stobhill Hospital</td>
<td>1,462</td>
<td>1,913</td>
<td>-23.6</td>
</tr>
<tr>
<td>New Victoria Hospital</td>
<td>1,957</td>
<td>3,062</td>
<td>-36.1</td>
</tr>
<tr>
<td>Vale of Leven Hospital</td>
<td>1,028</td>
<td>1,607</td>
<td>-36.0</td>
</tr>
<tr>
<td>NHSGGC</td>
<td>24,719</td>
<td>38,276</td>
<td>-35.4</td>
</tr>
</tbody>
</table>
Better Care – Delayed Discharges
Target: No patient should be delayed in hospital once deemed fit for discharge

**MSG Indicator – Delayed Discharges**

As at 3 April 2020, there were a total of 156 patients delayed in acute hospitals across NHSGGC and as seen in the chart below, work continues on a daily basis to continue to reduce the number of patients delayed in acute hospitals.

All local authorities are working to protect social work input into hospitals and enhance it where possible and to ensure there are no delays to decision making on discharge or delays to placement. Local Authority Commissioning Teams and Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID-19. Commissioning Teams are also intervening directly to support the discharge of patients with more complex needs to identified placements.

32% of people awaiting discharge in NHSGGC are awaiting decisions in line with the AWI legislation and, were emergency powers to be granted, to allow these people to be moved to an alternative safe place of care with appropriate legal authority would lead to further reductions.

Some of the data contained within this report is provisional and may be subject to change as not all data is validated at the time of producing the report.

Board Meeting – April 2020
Better Care – New Outpatients Waiting >12 Weeks for a new Outpatient Appointment

Revised Trajectory: By end of March 2020, no more than 19,800 new outpatients will be waiting >12 weeks for a new outpatient appointment.

LDP Standard – New Outpatients Waiting >12 weeks

As seen from the weekly data below, prior to the COVID-19 Pandemic, NHSGGC had been making steady progress towards delivering the agreed revised trajectory by March 2020 (month end) with a total of 20,496 new outpatients waiting >12 weeks for an outpatient appointment on 23 March 2020. This performance represented a significant decrease on the 22,225 patients waiting at the beginning of February 2020, performance was marginally above the 19,800 trajectory for March 2020 (month end). However, as seen the week beginning 30 March 2020, the number of new outpatients waiting >12 weeks started to increase due to the cancellation of elective activity from 23 March 2020 in response to the Pandemic.

Once out of the COVID-19 Pandemic the elective programmes will be the subject to a Recovery Plan to address performance.

Some of the data contained within this report is provisional and may be subject to change as not all data is validated at the time of producing the report.
**Better Care – Access to 8 Key Diagnostic Tests**

Trajectory: By March 2020 (month end), no patient will be waiting >6 weeks to access a **scope test** (scopes represent four of the eight key Diagnostic Tests).

### Diagnostics - % patients waiting <6 weeks: Latest Published Position

**December 2019:**

<table>
<thead>
<tr>
<th>Trust</th>
<th>% Waiting &gt;6 weeks</th>
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<tr>
<td>NHS Forth Valley</td>
<td>99.1</td>
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<td>NHS Fife</td>
<td>98.6</td>
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<tr>
<td>NHS GIG</td>
<td>98.5</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>98.1</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>95.9</td>
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<tr>
<td>NHS Dumfries &amp; ...</td>
<td>94.6</td>
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<tr>
<td>NHS Islands</td>
<td>91.5</td>
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<tr>
<td>NHS Lanarkshire</td>
<td>87.5</td>
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<tr>
<td>NHS Western Isles</td>
<td>82.2</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>75.0</td>
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<tr>
<td><strong>NHSGGC</strong></td>
<td>78.6</td>
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<tr>
<td>NHS Lothian</td>
<td>75.5</td>
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<td>NHS Grampian</td>
<td>74.3</td>
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<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>71.4</td>
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<tr>
<td>NHS Tayside</td>
<td>71.3</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>70.6</td>
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</tbody>
</table>

**NHS Scotland:** 79.5%

**NHSGGC:** 78.6%

**Best Performing:** NHS Forth Valley 99.1%

**Lowest Performing:** NHS Highland 70.6%

**NHSGGC Ranking:** 11th

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**National Performance Indicator – Access to 8 Key Diagnostic Tests**

As seen from the weekly data below, NHSGGC had been making steady progress towards delivering the agreed revised trajectory for March 2020 with a total of 794 patients waiting >6 weeks for a scope test on 16 March 2020, a decrease on the 977 patients waiting at the beginning of February 2020. However, as seen the week beginning 23 March 2020, the number of patients waiting >6 weeks started to increase mainly due to the cancellation of elective activity from 23 March 2020 in response to the Pandemic.

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Board Meeting – April 2020
Better Care – Treatment Time Guarantee (TTG)

Revised Trajectory: By end of March 2020, no more than 8,500 TTG patients will be waiting >12 weeks for an inpatient/day case procedure.

TTG Completed Waits: Latest Published Position

October - December 2019:

| NHSSGCC | NHS Scotland | NHS Grampian | NHS Highland | NHS Tayside | NHS Lanarkshire | NHS Lothian | NHS Ayrshire & Arran | NHS Dumfries & Galloway | NHS Borders
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<tbody>
<tr>
<td>70.3%</td>
<td>71.9%</td>
<td>61.1%</td>
<td>59.3%</td>
<td>58.2%</td>
<td>73.1%</td>
<td>75.5%</td>
<td>76.7%</td>
<td>80.7%</td>
<td>95.3%</td>
</tr>
</tbody>
</table>

National Waiting Time Standard – TTG

As seen from the weekly data below, prior to the COVID-19 Pandemic, NHSSGCC had been making steady progress towards delivering the agreed revised trajectory for March 2020 with a total of 8,867 eligible TTG patients waiting >12 weeks for an inpatient/daycase procedure on 23 March 2020, a significant decrease on the 10,031 patients waiting at the beginning of February 2020. Had it not been for COVID-19, performance was scheduled to achieve the trajectory for March 2020 (month end). As seen the week beginning 30 March 2020, the number of eligible TTG patients waiting >12 weeks started to increase due to the cancellation of elective procedures from 23 March 2020 in response to the Pandemic.

Once out of the COVID-19 Pandemic the elective programmes will be subject to a Recovery Plan to address performance.

<table>
<thead>
<tr>
<th>Number of Eligible TTG Patients Waiting &gt; 12 Weeks</th>
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<tbody>
<tr>
<td>10,031 9,879 9,669 9,353 9,265 9,070 8,849 8,867 9,064</td>
</tr>
<tr>
<td>9,200 9,200 9,200 9,200 8,500 8,500 8,500 8,500 8,500</td>
</tr>
</tbody>
</table>

NHS Scotland: 71.9%
NHSSGCC: 70.8%
Best Performing: NHS Western Isles 100%
Lowest Performing: NHS Tayside 58.2%
NHSSGCC Ranking: 11th

Some of the data contained within this report is provisional and may be subject to change as not all data is validated at the time of producing the report.

Board Meeting – April 2020
Of note, cancer screening programmes are currently paused and there has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis.

Better Care – Cancer 62 day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment

Trajectory: For quarter ending March 2020, 90% of patients referred with a suspicion of cancer to receive first cancer treatment within 62 days

LDP Standard – Cancer 62 Days Target

As at February 2020, 78.8% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral below the 90.0% revised trajectory for quarter ending March 2020. Whilst performance has remained fairly static on the previous months, the improvements that have been made since November 2019 continue to be sustained. A total of four of the 10 cancer types either met or exceeded the 90% trajectory for the quarter ending March 2020. The six cancer types currently below trajectory are Cervical (50.0%), Colorectal (60.4%), Head and Neck (71.4%), Lung (82.9%), Upper GI (76.9%) and Urology (52.7%).

The management of cancer patients and vital cancer services continue to remain a clinical priority during the COVID-19 outbreak. NHSGGC are implementing the national guidance on the management of individual patients who require cancer treatments agreed by the national COVID-19 Treatment Response Group.

For some patients, treatment plans and management plans have had to change during the past few week and may continue to change during the coming weeks and months due to the risks associated with COVID-19. The service is discussing and communicating this directly with patients. The introduction of alternative treatment pathways will impact on cancer waiting times performance, due to a reduction in both diagnostics and treatment capacity in response to COVID-19 challenges. Whilst every effort will be made to mitigate this, individual cancer pathways may be delayed following clinical risk assessment. It should be noted that cancer screening programmes are currently paused and there has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis.
Better Care – Cancer 31 Day target from diagnosis with cancer to treatment
Target: 95% of patients diagnosed with cancer to be treated within 31 days of diagnosis

LDP Standard – Cancer 31 Days Target
As at February 2020, 96.1% of all cancer patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment, exceeding the 95.0% target. Improved levels of compliance with target continue to be sustained for the fourth consecutive month.
**Better Care – GP Out Of Hours (OOH) Service Closures**

**LKPI – GP OOH Service Closures**

During March 2020, a total of 207 closures were reported across the GP OOH Service, a significant increase on the 58 reported during the same month the previous year. All closures reported across NHSGGC in March 2020, were as a result of GP availability.

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<td>16</td>
<td>6</td>
<td>10</td>
<td>12</td>
<td>6</td>
<td>17</td>
<td>22</td>
<td>22</td>
<td>28</td>
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<td>Gartnavel</td>
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<td>18</td>
<td>19</td>
<td>19</td>
<td>29</td>
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<td>Greenock HC</td>
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<td>9</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>12</td>
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<td>20</td>
<td>18</td>
<td>20</td>
<td>28</td>
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<tr>
<td>Inverclyde</td>
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<td>4</td>
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<td>16</td>
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<td>11</td>
<td>9</td>
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<td>10</td>
<td>3</td>
<td>10</td>
<td>28</td>
<td>132</td>
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<tr>
<td>Lomond</td>
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<td>20</td>
<td>18</td>
<td>12</td>
<td>14</td>
<td>18</td>
<td>15</td>
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<td>23</td>
<td>18</td>
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<td>213</td>
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<tr>
<td>QEUH</td>
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<td>13</td>
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<td>11</td>
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<td>67</td>
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<td>3</td>
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<td>3</td>
<td>4</td>
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<td>70</td>
<td>94</td>
<td>157</td>
<td>126</td>
<td>132</td>
<td>207</td>
<td>1183</td>
</tr>
</tbody>
</table>
Better Care – *Staphylococcus Aureus Bacteraemia (SABs) and Clostridiodes Difficile Infections (CDIs)*

**LDP Standard – SABs and CDIs**

As at the month ending February 2020, a total of 24 SABs cases were reported resulting in a rate of 17.1 per 100,000 bed days, and improvement on the previous months’ rate of 22.1 per 100,000.

Also at February month end, a total of 20 CDI cases were reported resulting in a rate of 14.3 cases per 100,000 bed days, again an improvement on the previous months’ rate of 17.8.

Some of the data contained within this report is provisional and may be subject to change as not all data is validated at the time of producing the report.

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<table>
<thead>
<tr>
<th></th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
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</thead>
<tbody>
<tr>
<td>Number of CDI Cases</td>
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<td>18</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>CDI Estimated Rate per 100,000 OBD</td>
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<td>12.0</td>
<td>17.8</td>
<td>14.3</td>
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<tr>
<td>Local Estimated CDI Reduction Aim</td>
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<td>17.1</td>
<td>17.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Number of SAB Cases</td>
<td>37</td>
<td>33</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>SAB Estimated Rate per 100,000 OBD</td>
<td>19</td>
<td>17.0</td>
<td>22.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Local Estimated SABs Reduction Aim</td>
<td>17.4</td>
<td>17.4</td>
<td>17.4</td>
<td>17.4</td>
</tr>
</tbody>
</table>

Please note that this data is indicative and estimated rates are likely to differ from that of future published rates.
Better Care – Child and Adolescent Mental Health Services (CAMHS)

Target: 86% eligible patients to be seen within 18 weeks of referral to treatment by end of March 2020

CAMHS % Patients Seen <18 weeks: Latest Discovery Position

October - December 2019:

- NHS Shetland: 103.3%
- NHS Western Isles: 103.3%
- NHS Borders: 92.5%
- NHS Ayrshire & Arran: 89.9%
- NHS Tayside & Galloway: 56.6%
- NHS Highland: 82.1%
- NHS Orkney: 71.4%
- NHS Greater Glasgow & Clyde: 65.8%
- NHS Fife: 66.1%
- NHS Lanarkshire: 57.7%
- NHS Forth Valley: 57.7%
- NHS Tayside: 57.4%
- NHS Lothian: 48.4%

NHS Scotland: 66.3%
NHSGGC: 68.9%

Best Performing: NHS Shetland & Western Isles 100.0%
Lowest Performing: NHS Lothian 48.4%

NHSGGC Ranking: 8th

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Board Meeting – April 2020

LDP Standard – CAMHS

As at February 2020, 58.6% of eligible CAMHS patients who started treatment in CAMHS had started <18 weeks after referral. Current performance is below the 86% trajectory to be achieved by March 2020 and represents a further reduction on the previous months’ performance (63.7%).

Improvement Action

A full launch of Attend Anywhere Video Call Appointments now underway to assist with the quantity of appointments during the COVID-19 Pandemic to help assist future waiting list pressures.
Better Care – % of patients who started their treatment <18 weeks of referral for Psychological Therapy

Target: 90% of eligible patients referred for a Psychological Therapy to be seen within 18 weeks of referral

<table>
<thead>
<tr>
<th>Psychological Therapies % Patients Seen &lt;18 weeks: Latest Published Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>October - December 2019:</td>
</tr>
</tbody>
</table>

LDP Standard – % of patients seen within 18 weeks of referral to Psychological Therapy

As at February 2020, 87.8% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance represents an improvement on the previous months’ position and marginally below the 90% standard.

![Psychological Therapies graph]

Psychological Therapy Commentary

As seen from the latest nationally published data, NHSGGC remains the best performing territorial Health Board across NHS Scotland in terms of the % of patients seen <18 weeks. NHS 24 are the best performing Board however, by way of context, NHS 24 saw a total of 79 of their 82 eligible patients within 18 weeks during the quarter ending December 2019 whereas NHSGGC saw 3,658 of their 4,082 eligible patients within 18 weeks during the same quarter.

NHS Scotland: 79.0%
NHSGGC: 89.6%
Best Performing Territorial Board: NHSGGC 89.6%
Lowest Performing: NHS Forth Valley 54.0%
NHSGGC Ranking: 2nd

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Board Meeting – April 2020
Better Value – Financial Performance

Target: A breakeven position by March 2020

LDP Standard – Financial Performance

As at February 2020, the financial overspend across NHSGGC was £6.0 million. Current performance represents an increase on the £2.5m overspend reported during the same period the previous year, however remains within the projected overspend of £33.8m for February 2020.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Apr - Feb 2019 Actual</th>
<th>Apr - Feb 2020 Actual</th>
<th>Apr - Feb 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Performance</td>
<td>(£2.5m)</td>
<td>(£6.0m)</td>
<td>(£33.8m)</td>
</tr>
</tbody>
</table>
Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

LDP Standard – Sickness Absence

As at February 2020 overall sickness absence across NHSGGC was 6.11%. As seen from the table below, current performance remains a challenge against target. Overall sickness absence comprises 2.64% short term and 3.47% long term. Current performance ranged from a high of 9.8% across Estates and Facilities to a low of 3.0% and 3.7% across Human Resources and Organisational Development and Finance respectively.

HR activity has been modified due to COVID-19. There are significant challenges at this time due to self isolation and social distancing measures and risk assessment processes are in place.

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