

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board - Public	Ref No. 6.1
DIRECTOR	Interim Director of Planning, Performance and Informatics	Date 4th October 2018
Trust Performance Report		
Purpose	<ul style="list-style-type: none"> • For Approval 	
Corporate Objective	<ul style="list-style-type: none"> • <i>For information/assurance</i> 	
Key areas for consideration	<p>The Trust Performance Report (TPR) to the end of August 2018 is attached. The report includes two sections: Safety, Quality and Experience (SQE); and Trust Performance against key Draft Commissioning Plan Directions (CPD) objectives / goals for improvement for 2018/19.</p> <ul style="list-style-type: none"> • Section A is the Safety, Quality and Experience report providing performance measures over a range of indicators. Included are a summary dashboard and key points. • Section B is the Service Delivery report and sets out a summary against reported DoH Commissioning Plan Directions (CPD) standards and targets for 2018/19, or performance trajectory plans where appropriate. Performance trajectory plans have been submitted by the Trust to HSCB. <p>Of the 21 CPD standards and targets measured, 12 are being delivered or substantially delivered and 9 are not currently being delivered.</p> <p>The following CPD standards / targets are not being achieved, with the most up to date data available, at the end of August 2018:</p> <ul style="list-style-type: none"> • HCAI (MRSA and C. Difficile) • Diagnostic: Waiting Times (urgent tests < 2 days) • Outpatients: Waiting Times (< 9 weeks; and < 52 weeks max waiting time) • Inpatient and Day-case Waiting Times (< 13 weeks; and < 52 weeks max waiting time) • AHP: Waiting Times (< 13 weeks) • Complex Discharges by Trust and each site (< 7days) <p>Of the 18 performance trajectories measured, 12 are being delivered or substantially delivered and 6 are behind plan.</p> <p>The following performance trajectories are behind plan, at the end of August 2018:</p> <ul style="list-style-type: none"> • ED (4 hours RVH; and 12 hours RVH and MIH) • Diagnostic: Waiting Times (26 weeks max waiting time) • Endoscopy Core Activity <p>Further details in relation to the standards and targets are set out in the attached report.</p>	
Recommendations	For Assurance.	

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 - August 2018

Introduction

The Trust Board Performance Report for the period April 2018 - August 2018 includes updates on the following key areas.

Section A – Safety, Quality & Experience (SQE), provides the Board with an overview of Trust performance in relation to a range of key safety, quality and experience indicators. (Trend analysis – Apr 2017 – Aug 2018)

Section B – Service Delivery provides the Board with an update on the Trust performance against key DOH Commissioning Plan Direction (CPD) standards and targets for 2018/19.

Section A - Safety, Quality and Experience Key Indicators Report

1. Introduction

Patient/Client Safety, Quality and Experience should be at the core of any organisation delivering health and social care. Belfast Health and Social Care Trust is committed to the continuous improvement in the provision of its services to the population that it serves. One of the essential elements of this is transparency around the assessment of safety, quality and experience. To this end, the Trust has developed a specific report incorporating a nationally comparable range of indicators that demonstrate the progression of the Trust towards our vision of being one of the safest, most effective and compassionate health and social care organisations.

The report includes the range of safety and quality indicators below;

Mortality

- Crude and Risk Adjusted Mortality - non elective
- Crude and Risk Adjusted Mortality - Hip fracture
- Crude and Risk Adjusted Mortality - MI Mortality
- Crude and Risk Adjusted Mortality - Stroke Mortality
- Mortality - % of deaths recorded on MMRS system

HCAI

- Clostridium Difficile - incidence
- MRSA - incidence

Classic Safety Thermometer

- Number of Avoidable Pressure Ulcers
- VTE risk assessment Compliance %
- Number of Falls
- Number of moderate/major/catastrophic falls

Other Safety Thermometer

- Cardiac Arrest rate %

Medicines

- Controlled Drugs - Compliance Audit (quarterly)

Patient Experience

- Number of complaints
- Patient Experience Domain scores (pilot ward areas)

A brief commentary is included in relation to why the indicator is important and Trust data is presented in respect of the indicators above.

2. Key Messages from the Indicators

	Mortality Indicators	Key Points
1.1	Crude Mortality % - non elective	The crude year to date (YTD) non-elective mortality within the Trust is at peer average.
1.2	Risk Adjusted Mortality Index - non elective	The risk adjusted non-elective mortality index is above the peer average
1.3	Crude Mortality % - Hip fracture	The crude YTD mortality for hip fracture is below peer average
1.4	Risk Adjusted Mortality Index - Hip fracture	The risk adjusted hip fracture mortality index is above the peer average
1.5	Crude Mortality % - MI Mortality	The crude YTD MI mortality within the Trust is at peer average.
1.6	Risk Adjusted Mortality Index - MI Mortality	The risk adjusted MI mortality index is above the peer average
1.7	Crude Mortality % - Stroke Mortality	The crude YTD mortality for stroke is below peer average
1.8	Risk Adjusted Mortality Index - Stroke Mortality	The risk adjusted stroke mortality index is below the peer average
1.9	Mortality - % of deaths recorded on MMRS system	The electronic recording of deaths has significantly improved since the introduction of the regional MMRS system, and is slightly below the 100% target.
	Healthcare Acquired Infection Indicators	
2.1	Clostridium Difficile	The regional tolerance threshold target for C-Difficile has been set at 110 for the year. Incidence of C-Difficile to 31st August of 51 cases is 11 above the same period last year
2.2	MRSA	The regional tolerance threshold target for MRSA has been set at 12 for the year. Incidence of MRSA of 8 cases to 31st August is 2 above the same period last year.
3.0	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers	The Trust tolerance level of 15 per month has been breached once (16 in July 2017) in the 16 month period.
3.2	VTE risk assessment Compliance %	Compliance with VTE risk assessment dipped below 95% in June (94%) and July (93%)
3.3	Number of Falls	A target has not yet been set for a reduction in the number of falls
3.4	Number of moderate/major/catastrophic falls	The number of falls assessed as being moderate, major or catastrophic represents on average 1.8% of total falls.
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	A target tolerance of 1.37 was breached in April, June and July
4.0	Medicines Indicators	
4.1	Controlled Drugs - Compliance Audit (quarterly)	Management of controlled drugs is a component of BHSCT Quality Improvement Plan: Reducing Harm from medication. A target of 75% has been achieved in the last 4 quarterly audits, the most recent recording a 79% compliance rate
5.0	Patient Experience	
5.1	Number of New Complaints	A target has not yet been set for a reduction in the number of complaints. The volume of complaints varies widely on a monthly basis with the lowest in the last 12 months being 86 in December 2017 and the highest being 238 in May 2018.
5.2	Patient experience - average domain score (0-10)	The Trust has commenced patient experience surveys in 10 wards (3 on BCH site, 6 on RVH site and Ward F on Mater site) using a nationally recognised structured questionnaire. Result for the first 8 months of the survey are very positive, with an average domain score of 95.8% at August 2018. On average 200 questionnaires are completed monthly .Questionnaires are evaluated and scored based on the response given to individual questions e.g. 0 for unsatisfied to 10 completely satisfied (then converted to percentage).

3. Patient/Client Safety, Quality and Experience Indicators

April 2017 – August 2018

Safety, Quality and Experience dashboard - April 2017 - August 2018

	2017/18												2018/19							Trend
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target 20%	
1.0 Mortality Indicators																				
1.1 Crude Mortality % - non elective	3.1%	3.0%	2.8%	3.0%	2.5%	2.8%	2.7%	3.4%	3.5%	4.1%	3.9%	3.4%	3.3%					3.3%	2.8%	3.3%
1.2 Risk Adjusted Mortality Index - non elective	85	76	75	92	93	80	89	104	112	116	141							75	81	
1.3 Crude Mortality % - Hip fracture	2.0%	0.8%	2.7%	4.6%	4.5%	4.4%	7.1%	3.7%	4.0%									4.0%	3.80%	5.10%
1.4 Risk Adjusted Mortality Index - Hip fracture	105	53	101	64	94	61	44	95	102									78	95	
1.5 Crude Mortality % - MI Mortality	1.0%	5.4%	5.9%	2.1%	2.5%	1.1%	2.9%	1.2%	3.2%	2.9%	5.1%							3.0%	1.9%	3.0%
1.6 Risk Adjusted Mortality Index - MI Mortality	40	117	77	56	105	85	102	45	108	78	121							65	80	
1.7 Crude Mortality % - Stroke Mortality	13.9%	6.1%	12.2%	10.8%	10.6%	6.5%	7.7%	6.0%	7.1%	4.5%	9.5%							8.0%	9.0%	11.1%
1.8 Risk Adjusted Mortality Index - Stroke Mortality	105	53	104	63	95	61	43	103	80	39	78							76	86	
1.9 Mortality - % of deaths recorded on MMRS system	95%	95%	95%	98%	97%	96%	99%	99%	98%	99%	99%	99%	99%	98%	99%	99%		99%	100%	
2.0 Healthcare Acquired Infection Indicators																				
2.1 Clostridium Difficile (110)	9	6	11	7	7	6	7	14	6	15	13	12	7	12	10	12	10	51	110	
2.2 MRSA (12)	2	2	1	0	1	4	2	1	1	1	3	1	2	2	1	2	1	8	12	
3.0 Classic Safety Thermometer Indicators																				
3.1.1 Number of Avoidable Pressure Ulcers (PU's)	9	13	9	16	4	10	12	8	11	12	8	11	8	12	13	15		48	15 / month tbc	
3.1.2 No. of Avoidable Full thickness PU's	2	3	4	5	0	2	1	1	4	2	4	2	1	2	4	6		13	tbc	
3.1.3 Number of All PU's	19	26	27	41	24	26	33	25	28	31	24	31	26	35	39	37		137	tbc	
3.2 VTE risk assessment Compliance %	94%	95%	96%	94%	94%	95%	94%	94%	95%	94%	95%	95%	95%	95%	94%	93%		95%	95%	
3.3 Number of Falls	165	205	168	183	170	204	185	133	173	228	186	236	181	180	207	156		724	to be agreed	
3.4 Number of moderate/major/catastrophic falls	4	4	0	1	2	3	2	3	2	2	4	2	3	2	4	4		13	to be agreed	
3.5 Urinary Tract Infection (UTI) rate with catheter	Dataset being developed																	to be agreed		
Other Safety Thermometer Indicators																				
3.6 Cardiac Arrest rate %	1.10	1.13	1.13	0.41	1.79	1.03	0.77	1.03	1.05	1.43	1.15	1.05	1.55	0.53	1.57	1.55	0.69	1.17	1.37	
4.0 Medicines Indicators																				
4.1 Controlled Drugs - Compliance Audit (quarterly)	72%			77%			80%			83%			85%			79%		n/a	75%	
5.0 Patient Experience																				
5.1 Number of New Complaints	131	123	154	130	129	147	174	162	86	141	145	125	180	238	210	211		839		
5.2 Patient experience - average domain score (0-10)										88.4%	90.2%	90.2%	91.3%	93.4%	93.0%	93.7%	95.8%		95%	

□ indicates data not yet available

Please note - Peer average data for mortality indicators is at Dec 2017

Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																			
CPD: Outcome 2: People using health and social care services are safe from avoidable harm																																																							
1.0	<p>By 31 March 2019, to secure a regional aggregate reduction of 7.5 % in the total number of in-patient episodes of MRSA infection compared to 2017/18.</p> <p>Target 2018/19 = 12</p>	<p>Trust cumulative position April to August 2018 = 8 infections.</p> <p>This is the 2 more (33%) than the cumulative position at August 2017 of 5.</p> <p>The Trust 2018/19 tolerance level for MRSA bacteraemias has been set regionally as 12 to end of March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9e1f2;">Standard Tolerance level</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9e1f2;">MRSA incidents In-month</td> <td>1</td> <td>2</td> <td>1</td> </tr> <tr> <td style="background-color: #d9e1f2;">MRSA incidents Cumulative</td> <td style="background-color: #f4cccc;">5</td> <td style="background-color: #f4cccc;">7</td> <td style="background-color: #f4cccc;">8</td> </tr> </tbody> </table>	Standard Tolerance level	Jun 2018	Jul 2018	Aug 2018	MRSA incidents In-month	1	2	1	MRSA incidents Cumulative	5	7	8	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 10px;"> <caption>Healthcare Associated Infections (HCAI) MRSA Data</caption> <thead> <tr> <th>Month</th> <th>2017/18 MRSA Actual Cumulative</th> <th>2018/19 MRSA Actual Cumulative</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>2</td><td>2</td></tr> <tr><td>May</td><td>4</td><td>4</td></tr> <tr><td>Jun</td><td>5</td><td>5</td></tr> <tr><td>Jul</td><td>5</td><td>7</td></tr> <tr><td>Aug</td><td>6</td><td>8</td></tr> <tr><td>Sep</td><td>10</td><td></td></tr> <tr><td>Oct</td><td>12</td><td></td></tr> <tr><td>Nov</td><td>13</td><td></td></tr> <tr><td>Dec</td><td>14</td><td></td></tr> <tr><td>Jan</td><td>15</td><td></td></tr> <tr><td>Feb</td><td>18</td><td></td></tr> <tr><td>Mar</td><td>19</td><td></td></tr> </tbody> </table>	Month	2017/18 MRSA Actual Cumulative	2018/19 MRSA Actual Cumulative	Apr	2	2	May	4	4	Jun	5	5	Jul	5	7	Aug	6	8	Sep	10		Oct	12		Nov	13		Dec	14		Jan	15		Feb	18		Mar	19	
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2.0	<p>By 31 March 2019, to secure a regional aggregate reduction of 7.5 % in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2017/18.</p> <p>Target 2018/19 = 110</p>	<p>Trust cumulative position April to August 2018 = 51 infections.</p> <p>This is an increase of 11 (28%) when compared to the cumulative position at August 2017 of 40.</p> <p>The Trust 2018/19 tolerance level for Clostridium Difficile Infection (CDI) has been set regionally as 110 to end of March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9e1f2;">Standard Tolerance level</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9e1f2;">C.Diff incidents In-month</td> <td>10</td> <td>12</td> <td>10</td> </tr> <tr> <td style="background-color: #d9e1f2;">C.Diff incidents Cumulative</td> <td style="background-color: #f4cccc;">29</td> <td style="background-color: #f4cccc;">41</td> <td style="background-color: #f4cccc;">51</td> </tr> </tbody> </table>	Standard Tolerance level	Jun 2018	Jul 2018	Aug 2018	C.Diff incidents In-month	10	12	10	C.Diff incidents Cumulative	29	41	51	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 10px;"> <caption>Healthcare Associated Infections (HCAI) C.Diff. Data</caption> <thead> <tr> <th>Month</th> <th>2017/18 C.Diff Actual Cumulative</th> <th>2018/19 C.Diff Actual Cumulative</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>7</td><td>7</td></tr> <tr><td>May</td><td>15</td><td>19</td></tr> <tr><td>Jun</td><td>26</td><td>29</td></tr> <tr><td>Jul</td><td>33</td><td>41</td></tr> <tr><td>Aug</td><td>40</td><td>51</td></tr> <tr><td>Sep</td><td>46</td><td></td></tr> <tr><td>Oct</td><td>53</td><td></td></tr> <tr><td>Nov</td><td>67</td><td></td></tr> <tr><td>Dec</td><td>73</td><td></td></tr> <tr><td>Jan</td><td>88</td><td></td></tr> <tr><td>Feb</td><td>101</td><td></td></tr> <tr><td>Mar</td><td>113</td><td></td></tr> </tbody> </table>	Month	2017/18 C.Diff Actual Cumulative	2018/19 C.Diff Actual Cumulative	Apr	7	7	May	15	19	Jun	26	29	Jul	33	41	Aug	40	51	Sep	46		Oct	53		Nov	67		Dec	73		Jan	88		Feb	101		Mar	113	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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CPD: Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

3.0

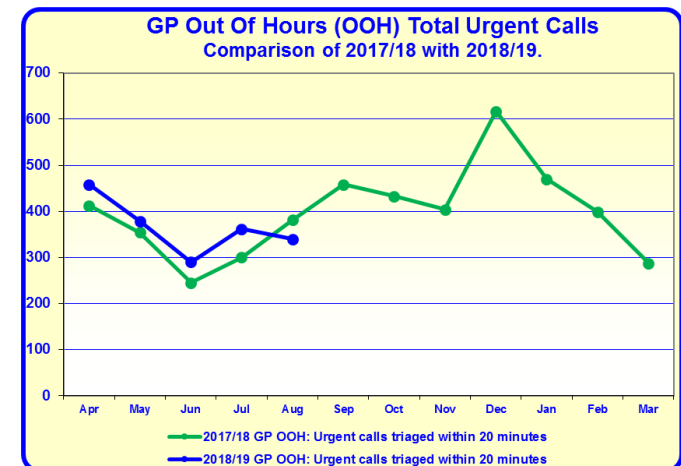
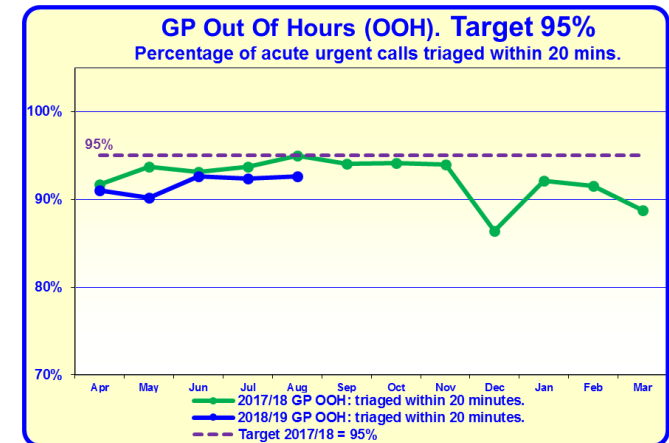
By March 2019, to have 95% of acute / urgent calls to GP OOH triaged within 20 minutes.

Trust cumulative position April to August 2018 = 92.64% of 1,995 urgent calls were responded to within 20 minutes.

The Trust performance has consistently been above 90% from April 2016, with the exception of December 2017 and March 2018.

Standard	Jun 2018	Jul 2018	Aug 2018
GP OOH patients triaged within 20 minutes	92.65%	92.35%	92.64%
Total urgent calls	313	392	367
Urgent calls triaged within 20 mins	290	362	340
*Total ALL calls	9,263	9,710	9,296

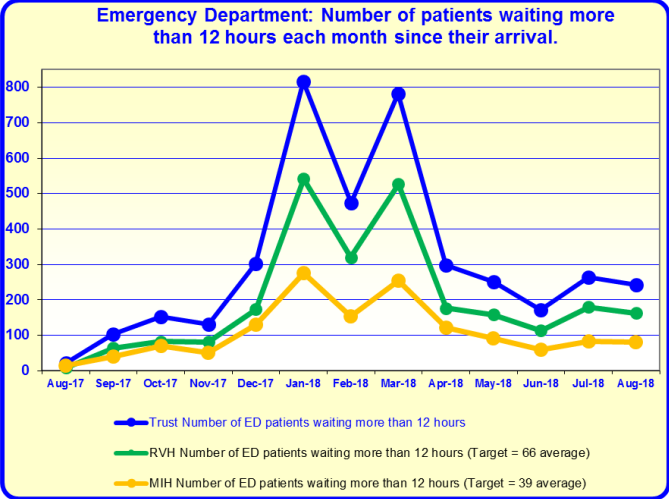
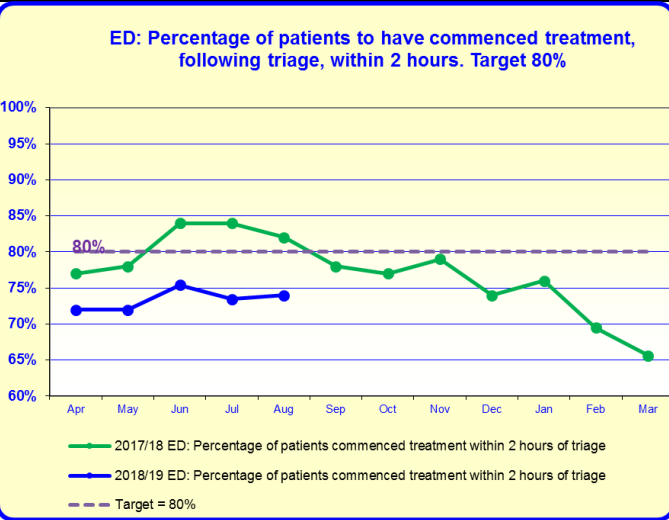
* Total ALL calls include: routine (response within 60 minutes), emergency (response within 3 minutes) and urgent calls (response within 20 minutes).



Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

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4.0	<p>By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.</p>	<p>Trust cumulative position April to August 2018 = 67%.</p> <p>The performance in August (65%) represents a deterioration of 12% when compared to the August 2017 (performance 77%).</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<p>Monthly ED performance against 4 hour target by Site – performance against trajectory plan (CPD target for RBHSC)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Trajectory Performance</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>RVH Plan 2018/19</td> <td>70%</td> <td>70%</td> <td>70%</td> </tr> <tr> <td>RVH actual</td> <td style="background-color: red;">60%</td> <td style="background-color: red;">58%</td> <td style="background-color: red;">56%</td> </tr> <tr> <td>MIH Plan 2018/19</td> <td>75%</td> <td>75%</td> <td>75%</td> </tr> <tr> <td>MIH actual</td> <td style="background-color: orange;">74%</td> <td style="background-color: orange;">72%</td> <td style="background-color: orange;">70%</td> </tr> <tr> <td>RBHSC Plan</td> <td>95%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>RBHSC actual</td> <td style="background-color: orange;">87%</td> <td style="background-color: orange;">87%</td> <td style="background-color: orange;">89%</td> </tr> <tr> <td>Trust Combined actual</td> <td>65%</td> <td>65%</td> <td>65%</td> </tr> </tbody> </table> <p>Table below shows the change in activity compared with the same period last year.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">ED Attendances April - June 2018 - change from last year</th> </tr> <tr> <th></th> <th>Apr - Aug 2017</th> <th>Apr - Aug 2018</th> <th>Change</th> <th>% change</th> </tr> </thead> <tbody> <tr> <td>RVH</td> <td>40,664</td> <td>41,260</td> <td>596</td> <td>1.8%</td> </tr> <tr> <td>MIH</td> <td>20,307</td> <td>21,261</td> <td>954</td> <td>5.9%</td> </tr> <tr> <td>RBHSC</td> <td>15,556</td> <td>15,012</td> <td>-544</td> <td>-4.2%</td> </tr> <tr> <td>Trust Total</td> <td>76,527</td> <td>77,533</td> <td>1,006</td> <td>1.6%</td> </tr> </tbody> </table>	Trajectory Performance	Jun 2018	Jul 2018	Aug 2018	RVH Plan 2018/19	70%	70%	70%	RVH actual	60%	58%	56%	MIH Plan 2018/19	75%	75%	75%	MIH actual	74%	72%	70%	RBHSC Plan	95%	95%	95%	RBHSC actual	87%	87%	89%	Trust Combined actual	65%	65%	65%	ED Attendances April - June 2018 - change from last year						Apr - Aug 2017	Apr - Aug 2018	Change	% change	RVH	40,664	41,260	596	1.8%	MIH	20,307	21,261	954	5.9%	RBHSC	15,556	15,012	-544	-4.2%	Trust Total	76,527	77,533	1,006	1.6%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Trust combined - two year comparison</p> <p style="text-align: center; font-size: small;">Emergency Department: Percentage of patients waiting more than 4 hours since their arrival. Target = 95%</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center;">ED RVH and MIH Latest 12 months</p> <p style="text-align: center; font-size: small;">Emergency Department: patients treated & discharged, or admitted, within four hours of their arrival. Trust 2017/18 Improvement Target averages: 70% RVH and 75% MIH.</p> </div>
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Trust Total	76,527	77,533	1,006	1.6%																																																														

Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																												
5.0	<p>By March 2019, no patient attending any emergency department should wait longer than 12 hours of their arrival in the department.</p>	<p>Trust cumulative position April to August 2018 = 1,227.</p> <p>This is an increase of 946 when compared to the same period last year (281).</p> <p>Trust performance is monitored against the winter plan target average monthly breaches: RVH = 79; MIH = 46.</p>	<p style="text-align: center;">2018/19 ED Performance by site</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Trust ED 12 hour breaches</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">RVH tolerance</td> <td>79</td> <td>79</td> <td>79</td> </tr> <tr> <td style="text-align: left;">RVH actual</td> <td style="color: red;">113</td> <td style="color: red;">180</td> <td style="color: red;">163</td> </tr> <tr> <td style="text-align: left;">MIH tolerance</td> <td>46</td> <td>46</td> <td>46</td> </tr> <tr> <td style="text-align: left;">MIH actual</td> <td style="color: red;">59</td> <td style="color: red;">83</td> <td style="color: red;">80</td> </tr> <tr> <td style="text-align: left;">RBHSC actual</td> <td style="color: green;">0</td> <td style="color: green;">0</td> <td style="color: green;">0</td> </tr> <tr> <td style="text-align: left;">Trust actual combined</td> <td>172</td> <td>263</td> <td>243</td> </tr> </tbody> </table>	Trust ED 12 hour breaches	Jun 2018	Jul 2018	Aug 2018	RVH tolerance	79	79	79	RVH actual	113	180	163	MIH tolerance	46	46	46	MIH actual	59	83	80	RBHSC actual	0	0	0	Trust actual combined	172	263	243	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Emergency Department: Number of patients waiting more than 12 hours each month since their arrival.</p>  </div>
Trust ED 12 hour breaches	Jun 2018	Jul 2018	Aug 2018																													
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RBHSC actual	0	0	0																													
Trust actual combined	172	263	243																													
6.0	<p>By March 2019, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.</p>	<p>Trust cumulative position April to August 2018 = 74%.</p> <p>The is a deterioration of 8% when compared to the same period last year (81%).</p> <p>Whilst Trust performance indicates a deterioration over time, the last months have shown an improvement compared to March 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Percentage of ED patients commenced treatment within 2 hours of triage</td> <td style="background-color: yellow;">75%</td> <td style="background-color: yellow;">73%</td> <td style="background-color: yellow;">74%</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of ED patients commenced treatment within 2 hours of triage	75%	73%	74%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%</p>  </div>																				
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																
7.0	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>Trust cumulative position April to August 2018 = 81%</p> <p>This is a decrease of 7% when compared to the same period last year (88%).</p> <p>In the period April to August 2018 there were 295 patients treated within 48 hours out of a total of 382 hip fracture patients when compared to the same period last year (304 patients were treated within 48 hours out of 399 total hip fracture patients).</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Trajectory Performance</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Plan 2018/19</td> <td style="background-color: #ffffcc;">70%</td> <td style="background-color: #ffffcc;">70%</td> <td style="background-color: #ffffcc;">88%</td> </tr> <tr> <td>RVH actual</td> <td style="background-color: #90ee90;">71%</td> <td style="background-color: #90ee90;">74%</td> <td style="background-color: #ffa500;">81%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CPD Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment</td> <td style="text-align: center;">71%</td> <td style="text-align: center;">74%</td> <td style="text-align: center;">81%</td> </tr> <tr> <td>Hip Fractures RVH < 48 hours</td> <td style="text-align: center;">55</td> <td style="text-align: center;">57</td> <td style="text-align: center;">50</td> </tr> <tr> <td>Hip Fractures RVH > 48 hours</td> <td style="text-align: center;">23</td> <td style="text-align: center;">20</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Hip Fractures RVH Total</td> <td style="text-align: center;">78</td> <td style="text-align: center;">77</td> <td style="text-align: center;">62</td> </tr> </tbody> </table>	Trajectory Performance	Jun 2018	Jul 2018	Aug 2018	Plan 2018/19	70%	70%	88%	RVH actual	71%	74%	81%	CPD Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment	71%	74%	81%	Hip Fractures RVH < 48 hours	55	57	50	Hip Fractures RVH > 48 hours	23	20	12	Hip Fractures RVH Total	78	77	62	<div style="border: 2px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-weight: bold;">Two year comparison</p> <p style="text-align: center; font-size: small;">Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%</p> <p style="font-size: x-small;"> —●— 2017/18 Percentage of patients waiting less than 48 hours for inpatient treatment —●— 2018/19 Percentage of patients waiting less than 48 hours for inpatient treatment - - - - PIT: Hip fractures. Trajectory - - - - CPD Target 2018/19 95% </p> </div> <div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold;">Hip fractures Latest 12 months</p> <p style="text-align: center; font-size: small;">Total number of patients waiting by month for an inpatient Hip fracture treatment, and those treated within 48 hours.</p> <p style="font-size: x-small;"> —●— Hip Fractures RVH < 48 hours —●— Hip Fractures RVH Total </p> </div>
Trajectory Performance	Jun 2018	Jul 2018	Aug 2018																																	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
8.0	By March 2019, all urgent diagnostic tests should be reported on within two days.	<p>At the end of July 2018, 81% of diagnostic test results were reported within 2 days.</p> <p>The 2018/19 performance is the same as at July 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">May 2018</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td> <td style="background-color: red; color: yellow;">84%</td> <td style="background-color: red; color: yellow;">80%</td> <td style="background-color: red; color: yellow;">81%</td> </tr> </tbody> </table> <p style="text-align: center; font-style: italic;">* August data not yet available</p>	Standard	May 2018	Jun 2018	Jul 2018	Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	84%	80%	81%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%</p> <p style="font-size: small; text-align: center;"> —●— 2017/18 Percentage of Urgent Diagnostic tests reported within 2 days —●— 2018/19 Percentage of Urgent Diagnostic tests reported within 2 days - - - Target = 100% </p> </div>				
Standard	May 2018	Jun 2018	Jul 2018													
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	84%	80%	81%													
9.0	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.	<p>Trust cumulative position April to August 2018 = 100%.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Trust Trajectory 2018/19</td> <td style="background-color: yellow;">100%</td> <td style="background-color: yellow;">100%</td> <td style="background-color: yellow;">100%</td> </tr> <tr> <td style="text-align: left;">Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td> <td style="background-color: green; color: yellow;">100%</td> <td style="background-color: green; color: yellow;">100%</td> <td style="background-color: green; color: yellow;">100%</td> </tr> </tbody> </table> <p>Performance continues in line with trajectory and performance is anticipated to remain at 100%, with the exception of seasonal fluctuations in capacity or peaks in demand.</p>	Standard	Jun 2018	Jul 2018	Aug 2018	Trust Trajectory 2018/19	100%	100%	100%	Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	100%	100%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%</p> <p style="font-size: small; text-align: center;"> —●— 2017/18 Percentage of Urgent referrals seen within 14 days —●— 2018/19 Percentage of Urgent referrals seen within 14 days - - - Target = 100% Trust Trajectory 2018/19 </p> </div>
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Trust Trajectory 2018/19	100%	100%	100%													
Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	100%	100%													

Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
10.0	During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<p>Trust cumulative performance April to August 2018 is 90%. This is the same as the same period last year.</p> <p>The performance at the end of August 2018 is 91%. This is 3% above trajectory.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td>91%</td> <td>93%</td> <td>88%</td> </tr> <tr> <td>Actual percentage of Cancer patients receiving a first treatment within 31 days</td> <td>92%</td> <td>90%</td> <td>91%</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Trust Trajectory 2018/19	91%	93%	88%	Actual percentage of Cancer patients receiving a first treatment within 31 days	92%	90%	91%	<p>Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%</p>
Standard	Jun 2018	Jul 2018	Aug 2018													
Trust Trajectory 2018/19	91%	93%	88%													
Actual percentage of Cancer patients receiving a first treatment within 31 days	92%	90%	91%													
11.0	During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>Trust cumulative position April to August 2018 = 56%.</p> <p>This is an increase of 9% when compared with April – August 2017 position of 47%.</p> <p>Trust performance is monitored against the agreed trajectory.</p> <p>The performance for August 2018 of 59% is above trajectory.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td>63%</td> <td>54%</td> <td>53%</td> </tr> <tr> <td>Percentage Cancer patients receiving a first treatment within 62 days</td> <td>64%</td> <td>46%</td> <td>59%</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Trust Trajectory 2018/19	63%	54%	53%	Percentage Cancer patients receiving a first treatment within 62 days	64%	46%	59%	<p>Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%</p>
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																				
12.0	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	<p>The Trust is under delivering against the target. At the end of August 2018, 26% of patients on Trust’s OP waiting lists are waiting no longer than 9 weeks. This is 1% above the 25% performance of August 2017.</p> <p>At the end of August 2018, there were 70,536 outpatients waiting more than 9 weeks for a first appointment, 2,327 fewer than 68,209 at the end of August 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td> <td style="background-color: red; color: yellow;">27%</td> <td style="background-color: red; color: yellow;">27%</td> <td style="background-color: red; color: yellow;">26%</td> </tr> <tr> <td>Patients waiting more than 9 weeks</td> <td>65,848</td> <td>66,740</td> <td>68,209</td> </tr> <tr> <td>Patients waiting more than 52 weeks</td> <td>31,806</td> <td>32,179</td> <td>32,202</td> </tr> <tr> <td>Total OP waiting</td> <td>90,475</td> <td>90,940</td> <td>91,712</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment	27%	27%	26%	Patients waiting more than 9 weeks	65,848	66,740	68,209	Patients waiting more than 52 weeks	31,806	32,179	32,202	Total OP waiting	90,475	90,940	91,712	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointment at month end. Target 50%</p> <p style="text-align: center; font-size: small;"> —●— 2017/18 Percentage of OP waiting no longer than 9 weeks —●— 2018/19 Percentage of OP waiting no longer than 9 weeks - - - Target = 50% </p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Outpatients waiting more than 9 weeks for first Outpatient appointment at month end</p> <p style="text-align: center; font-size: small;"> —●— 2017/18 OP waiting > 9 weeks —●— 2018/19 OP waiting > 9 weeks </p> </div>
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13.0	By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.	<p>The number of patients waiting in excess of 52 weeks continues to increase.</p> <p>This is an increase of 2,859 (10%) when compared to August 2017.</p> <p>The specialties with the greatest number of outpatients waiting longer than 52 weeks are:</p> <ul style="list-style-type: none"> • Orthopaedics; • Ophthalmology; • Neurology; and • ENT. 	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Number of Patients waiting longer than 52 weeks for first OP Appointment</td> <td style="background-color: red; color: yellow;">31,806</td> <td style="background-color: red; color: yellow;">32,179</td> <td style="background-color: red; color: yellow;">32,202</td> </tr> <tr> <td style="text-align: left;">Total OP waiting</td> <td>90,475</td> <td>90,940</td> <td>91,712</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Number of Patients waiting longer than 52 weeks for first OP Appointment	31,806	32,179	32,202	Total OP waiting	90,475	90,940	91,712	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; text-align: center;"> <thead> <tr> <th>Month</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>31,410</td><td>31,882</td></tr> <tr><td>May</td><td>31,806</td><td>31,806</td></tr> <tr><td>Jun</td><td>32,179</td><td>32,179</td></tr> <tr><td>Jul</td><td>32,202</td><td>32,202</td></tr> <tr><td>Aug</td><td>32,202</td><td>32,202</td></tr> </tbody> </table> </div>	Month	2017/18	2018/19	Apr	31,410	31,882	May	31,806	31,806	Jun	32,179	32,179	Jul	32,202	32,202	Aug	32,202	32,202																																														
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14.0	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	<p>At the end of August 2018, 42% of patients on Trust's Diagnostic waiting lists are waiting no longer than 9 weeks.</p> <p>This represents an increase of 5% when compared with August 2017 of 37%.</p> <p>Trust performance is monitored against the agreed trajectory. This is a projection of total numbers waiting > 9 weeks. The Trust is ahead of plan at August 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Trajectory Performance – number > 9 weeks</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Plan > 9 weeks</td> <td>3,788</td> <td>4,087</td> <td>4,386</td> </tr> <tr> <td style="text-align: left;">Actual > 9 weeks</td> <td style="background-color: red; color: yellow;">3,099</td> <td style="background-color: red; color: yellow;">3,184</td> <td style="background-color: red; color: yellow;">3,378</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">CPD : Target</td> <td>75%</td> <td>75%</td> <td>75%</td> </tr> <tr> <td style="text-align: left;">% of Patients waiting no longer than 9 weeks for a Diagnostic test</td> <td>46%</td> <td>45%</td> <td>42%</td> </tr> </tbody> </table>	Trajectory Performance – number > 9 weeks	Jun 2018	Jul 2018	Aug 2018	Plan > 9 weeks	3,788	4,087	4,386	Actual > 9 weeks	3,099	3,184	3,378	Standard	Jun 2018	Jul 2018	Aug 2018	CPD : Target	75%	75%	75%	% of Patients waiting no longer than 9 weeks for a Diagnostic test	46%	45%	42%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; text-align: center;"> <thead> <tr> <th>Month</th> <th>2017/18</th> <th>2018/19</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>40%</td><td>45%</td><td>75%</td></tr> <tr><td>May</td><td>42%</td><td>44%</td><td>75%</td></tr> <tr><td>Jun</td><td>44%</td><td>45%</td><td>75%</td></tr> <tr><td>Jul</td><td>42%</td><td>44%</td><td>75%</td></tr> <tr><td>Aug</td><td>40%</td><td>42%</td><td>75%</td></tr> <tr><td>Sep</td><td>40%</td><td>40%</td><td>75%</td></tr> <tr><td>Oct</td><td>40%</td><td>40%</td><td>75%</td></tr> <tr><td>Nov</td><td>45%</td><td>45%</td><td>75%</td></tr> <tr><td>Dec</td><td>40%</td><td>40%</td><td>75%</td></tr> <tr><td>Jan</td><td>40%</td><td>40%</td><td>75%</td></tr> <tr><td>Feb</td><td>45%</td><td>45%</td><td>75%</td></tr> <tr><td>Mar</td><td>42%</td><td>42%</td><td>75%</td></tr> </tbody> </table> </div>	Month	2017/18	2018/19	Target	Apr	40%	45%	75%	May	42%	44%	75%	Jun	44%	45%	75%	Jul	42%	44%	75%	Aug	40%	42%	75%	Sep	40%	40%	75%	Oct	40%	40%	75%	Nov	45%	45%	75%	Dec	40%	40%	75%	Jan	40%	40%	75%	Feb	45%	45%	75%	Mar	42%	42%	75%
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Aug	40%	42%	75%																																																																													
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																												
15.0	<p>By March 2019, no patient waits longer than 26 weeks for a diagnostic test.</p>	<p>The number of patients waiting has continued to grow.</p> <p>There were 9,036 patients waiting in excess of 26 weeks for a diagnostic test as at the end of August 2017. This has increased by 900 (10%) compared to 9,936 in August 2018.</p> <p>Trust performance is monitored against the agreed trajectory. This is a projection of total numbers waiting > 26 weeks. The Trust is ahead of plan at August 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Trajectory Performance – numbers > 26 weeks</th> <th style="text-align: center;">Jun 2018</th> <th style="text-align: center;">Jul 2018</th> <th style="text-align: center;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Plan > 26 weeks</td> <td style="text-align: center;">804</td> <td style="text-align: center;">864</td> <td style="text-align: center;">912</td> </tr> <tr> <td style="text-align: left;">Actual > 26 weeks</td> <td style="text-align: center; color: red;">623</td> <td style="text-align: center; color: red;">613</td> <td style="text-align: center; color: red;">773</td> </tr> </tbody> </table> <p>Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: center;">Jun 2018</th> <th style="text-align: center;">Jul 2018</th> <th style="text-align: center;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">CPD : Target</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">% of Patients waiting longer than 26 weeks for a Diagnostic test</th> <th style="text-align: center;">Jun 2018</th> <th style="text-align: center;">Jul 2018</th> <th style="text-align: center;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center; color: blue;">9,803</td> <td style="text-align: center; color: blue;">9,520</td> <td style="text-align: center; color: blue;">9,936</td> </tr> </tbody> </table> <p style="text-align: center;">CPD measures all diagnostics</p>	Trajectory Performance – numbers > 26 weeks	Jun 2018	Jul 2018	Aug 2018	Plan > 26 weeks	804	864	912	Actual > 26 weeks	623	613	773	Standard	Jun 2018	Jul 2018	Aug 2018	CPD : Target	0	0	0	% of Patients waiting longer than 26 weeks for a Diagnostic test	Jun 2018	Jul 2018	Aug 2018		9,803	9,520	9,936	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0</p> <p style="font-size: small;">Legend: 2017/18 Number waiting longer than 26 weeks for Diagnostic test (green line), 2018/19 Number waiting longer than 26 weeks for Diagnostic test (blue line)</p> </div>
Trajectory Performance – numbers > 26 weeks	Jun 2018	Jul 2018	Aug 2018																													
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16.0	<p>By March 2019, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</p>	<p>At the end of August 2018, 26% of patients on Trust's waiting lists are waiting no longer than 13 weeks.</p> <p>This is a deterioration of 7% on the position at August 2017 when 33% of patients were waiting in excess of 13 weeks.</p> <p>In August 2018 there were 38,254 patients waiting (24% increase), 7,326 above the total patients waiting when compared to 30,928 at August 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: center;">Jun 2018</th> <th style="text-align: center;">Jul 2018</th> <th style="text-align: center;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Patients waiting no longer than 13 weeks for an IPDC treatment</td> <td style="text-align: center; color: red;">29%</td> <td style="text-align: center; color: red;">28%</td> <td style="text-align: center; color: red;">26%</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Patients waiting no longer than 13 weeks for an IPDC treatment	29%	28%	26%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%</p> <p style="font-size: small;">Legend: 2017/18 Percentage waiting no longer than 13 weeks for IPDC treatment (green line), 2018/19 Percentage waiting no longer than 13 weeks for IPDC treatment (blue line), Target = 55% (dashed grey line)</p> </div>																				
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																
17.0	By March 2019, no patient waits longer than 52 weeks for inpatient / daycase treatment.	<p>At the end of August 2018, 9,339 patients on Trust’s IPDC waiting lists are waiting no longer than 52 weeks.</p> <p>This is a deterioration of 3,894 (72%) when compared to the same period last year (5,445). The main specialties with inpatients / daycases waiting longer than 52 weeks are:</p> <ul style="list-style-type: none"> • Orthopaedics; • ENT; • General Surgery; and • Ophthalmology. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Patients waiting longer than 52 weeks for an IPDC treatment</td> <td style="text-align: center; background-color: red; color: yellow;">8,669</td> <td style="text-align: center; background-color: red; color: yellow;">8,907</td> <td style="text-align: center; background-color: red; color: yellow;">9,339</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Patients waiting longer than 52 weeks for an IPDC treatment	8,669	8,907	9,339	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0</p> <p style="font-size: small;">Legend: —●— 2017/18 Number waiting longer than 52 weeks for IPDC treatment —●— 2018/19 Number waiting longer than 52 weeks for IPDC treatment</p> </div>																								
Standard	Jun 2018	Jul 2018	Aug 2018																																	
Patients waiting longer than 52 weeks for an IPDC treatment	8,669	8,907	9,339																																	
18.0	By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services	<p>Trust performance is monitored against the agreed trajectory.</p> <p>There were 26 breaches at the end of August 2018 out of a total of 336 patients waiting, below trajectory. It represents an improvement of 118 (82%) on people waiting in excess of 9 weeks in August 2017 of 144.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trust Trajectory 2018/19</td> <td style="text-align: center; background-color: yellow;">43</td> <td style="text-align: center; background-color: yellow;">38</td> <td style="text-align: center; background-color: yellow;">34</td> </tr> <tr> <td style="text-align: center;">Patients waiting longer than 9 weeks to access CAMHS</td> <td style="text-align: center; background-color: green; color: yellow;">30</td> <td style="text-align: center; background-color: red; color: yellow;">57</td> <td style="text-align: center; background-color: green; color: yellow;">26</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CAMHS Breaches</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>PMHS Step 2</td> <td style="text-align: center;">12</td> <td style="text-align: center;">39</td> <td style="text-align: center;">0</td> </tr> <tr> <td>CAMHS Step 3</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> <td style="text-align: center;">19</td> </tr> <tr> <td>Regional Trauma</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Total CAMHS</td> <td style="text-align: center;">30</td> <td style="text-align: center;">57</td> <td style="text-align: center;">26</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Trust Trajectory 2018/19	43	38	34	Patients waiting longer than 9 weeks to access CAMHS	30	57	26	CAMHS Breaches	Jun 2018	Jul 2018	Aug 2018	PMHS Step 2	12	39	0	CAMHS Step 3	11	11	19	Regional Trauma	7	7	7	Total CAMHS	30	57	26	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.</p> <p style="font-size: small;">Legend: —●— 2017/18 Number waiting more than 9 weeks to access service —●— 2018/19 Number waiting more than 9 weeks to access service - - - Trust Trajectory 2018/19</p> </div>
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																
19.0	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	Trust performance is monitored against the agreed trajectory. The outturn of 121 breaches out of 1,171 patients waiting is an improvement on the planned trajectory and an improvement of 775 (86%) against the same period last year (896).	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2018/19</td> <td style="text-align: center;">175</td> <td style="text-align: center;">157</td> <td style="text-align: center;">139</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</td> <td style="text-align: center;">118</td> <td style="text-align: center;">80</td> <td style="text-align: center;">121</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Adult MH Breaches</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Addiction</td> <td style="text-align: center;">16</td> <td style="text-align: center;">15</td> <td style="text-align: center;">11</td> </tr> <tr> <td>Primary Care MHT</td> <td style="text-align: center;">99</td> <td style="text-align: center;">63</td> <td style="text-align: center;">106</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Total Adult MH</td> <td style="text-align: center;">118</td> <td style="text-align: center;">80</td> <td style="text-align: center;">121</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Trajectory 2018/19	175	157	139	Number of patients waiting longer than 9 weeks to access Adult Mental Health services	118	80	121	Adult MH Breaches	Jun 2018	Jul 2018	Aug 2018	Addiction	16	15	11	Primary Care MHT	99	63	106	Other	3	2	4	Total Adult MH	118	80	121	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.</p>
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20.0	By March 2019, no patient waits longer than nine weeks to access dementia services.	Trust performance is monitored against the agreed trajectory. The outturn of 40 breaches is an improvement on the planned trajectory.	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2018/19</td> <td style="text-align: center;">66</td> <td style="text-align: center;">66</td> <td style="text-align: center;">66</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Dementia services</td> <td style="text-align: center;">40</td> <td style="text-align: center;">33</td> <td style="text-align: center;">40</td> </tr> </tbody> </table> <p>Psychiatry of Old Age has seen a significant increase in referrals over the last three to four years. The service is vulnerable to fluctuations in demand, Additional out of hours clinics are planned throughout the year.</p>	Standard	Jun 2018	Jul 2018	Aug 2018	Trajectory 2018/19	66	66	66	Number of patients waiting longer than 9 weeks to access Dementia services	40	33	40	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 9 weeks to access Dementia services. Comparison of performance against trajectory and 2017/18.</p>																				
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																				
21.0	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).	<p>Trust performance is monitored against the agreed trajectory.</p> <p>The outturn of 682 breaches, out of 1,279 patients waiting, is an improvement on the planned trajectory of 663 and a deterioration of 168 (33%) against the same period last year (514).</p> <p>The Trust remains ahead of trajectory at the end of August 2018.</p>	<p style="text-align: center;">Trajectory Plan 2017/18</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2018/19</td> <td style="text-align: center;">616</td> <td style="text-align: center;">663</td> <td style="text-align: center;">688</td> </tr> <tr> <td>Number of patients waiting longer than 13 weeks</td> <td style="text-align: center;">604</td> <td style="text-align: center;">691</td> <td style="text-align: center;">682</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Psychological Therapies</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Adult Health Psychology</td> <td style="text-align: center;">270</td> <td style="text-align: center;">283</td> <td style="text-align: center;">286</td> </tr> <tr> <td>Psychosexual</td> <td style="text-align: center;">134</td> <td style="text-align: center;">171</td> <td style="text-align: center;">188</td> </tr> <tr> <td>Adult MH</td> <td style="text-align: center;">111</td> <td style="text-align: center;">130</td> <td style="text-align: center;">112</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">89</td> <td style="text-align: center;">107</td> <td style="text-align: center;">96</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">604</td> <td style="text-align: center;">691</td> <td style="text-align: center;">682</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Trajectory 2018/19	616	663	688	Number of patients waiting longer than 13 weeks	604	691	682	Psychological Therapies	Jun 2018	Jul 2018	Aug 2018	Adult Health Psychology	270	283	286	Psychosexual	134	171	188	Adult MH	111	130	112	Other	89	107	96	Total	604	691	682	<p style="text-align: center;">Trend (rolling 12 months) Graph / Two year comparison</p> <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;">Number of patients waiting longer than 13 weeks to access Psychological Services. Comparison of performance against trajectory and 2017/18.</p> <p style="font-size: x-small; margin-top: 5px;"> —●— 2017/18 No. waiting more than 13 weeks —●— 2018/19 Number waiting more than 9 weeks to access service - - - Trust Trajectory 2018/19 </p> </div>
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

22.0	<p>By March 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.</p>	<p>Trust cumulative position at August 2018 = 731.</p> <p>This is an increase of 61 (9%) when compared to the same period last year (670).</p> <p>The Trust continues to improve the uptake of DPs and expects to be able to meet the target of 773 by March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Planned increase</td> <td style="color: blue;">721</td> <td style="color: blue;">726</td> <td style="color: blue;">732</td> </tr> <tr> <td>Number of clients / carers in receipt of Direct Payments</td> <td style="color: red;">714</td> <td style="color: green;">727</td> <td style="color: orange;">731</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Planned increase	721	726	732	Number of clients / carers in receipt of Direct Payments	714	727	731	
Standard	Jun 2018	Jul 2018	Aug 2018													
Planned increase	721	726	732													
Number of clients / carers in receipt of Direct Payments	714	727	731													

23.0	<p>By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The Trust is currently unable to achieve the 13 week target to commence AHP services.</p> <p>The performance at the end of August 2018 of 5,038 represents an improvement of 9.2% (510) when compared to the same period last year (5,548).</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients waiting more than 13 weeks from referral to AHP treatment</td> <td style="color: red;">4,549</td> <td style="color: red;">4,633</td> <td style="color: red;">5,038</td> </tr> </tbody> </table> <p><i>* August data not yet available</i></p>	Standard	Jun 2018	Jul 2018	Aug 2018	Number of patients waiting more than 13 weeks from referral to AHP treatment	4,549	4,633	5,038	
Standard	Jun 2018	Jul 2018	Aug 2018									
Number of patients waiting more than 13 weeks from referral to AHP treatment	4,549	4,633	5,038									

The Trust now has an agreed position with the HSCB on capacity and demand within the 6 AHP service areas and therefore the gaps that exist within the elective services these areas provide.

The Trust continues to work with the HSCB to prioritise the resources to fill these gaps. In the short-term, non-recurrent resource is required to help clear the backlog of waiting list patients.

Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																
24.0	<p>During 2018/19, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge.</p>	<p>Trust cumulative position April to August 2018 = 56%.</p> <p>There were 15 people discharged within 7 days April to August 2017 compared to 9 in the same period this year.</p> <p>The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients discharged within 7 days</td> <td style="text-align: center; color: red;">25%</td> <td style="text-align: center; color: red;">63%</td> <td style="text-align: center; color: green;">100%</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of patients discharged within 7 days	25%	63%	100%	Number of discharges within 7 days	1	5	5	<p style="text-align: center; font-size: small;">Percentage of Learning Disability patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p>				
Standard	Jun 2018	Jul 2018	Aug 2018																	
Percentage of patients discharged within 7 days	25%	63%	100%																	
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25.0	<p>During 2018/19, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</p>	<p>Between April and August 2018 there were: 6 patients discharged within 28 days; and 5 patients discharged with a completed discharge taking more than 28 days.</p> <p>At the end of August 2018, there are 10 patients awaiting discharge who are medically fit. This is a decrease of 14 when compared to the position at August 2017 (24).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td style="text-align: center; color: orange;">2</td> <td style="text-align: center; color: orange;">3</td> <td style="text-align: center; color: green;">0</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td style="text-align: center;">12</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Number of patients discharged within 28 days	2	0	0	Number of patients discharged more than 28 days	2	3	0	Number of patients awaiting discharge more than 28 days	12	10	10	<p style="text-align: center; font-size: small;">Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p>
Standard	Jun 2018	Jul 2018	Aug 2018																	
Number of patients discharged within 28 days	2	0	0																	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																																
26.0	During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.	<p>Trust cumulative position April to August 2018 = 97%.</p> <p>This is slightly 3% higher than the performance in 2017/18.</p> <p>There were 230 (97%) of patients discharged within 7 days with 8 patient discharges taking more than 7 days from April to August 2018.</p> <p>This is 2 more than April to August 2017 when there were 10 patient discharges taking more than 7 days.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients Discharged Within 7 days</td> <td>94%</td> <td>98%</td> <td>98%</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td>45</td> <td>46</td> <td>56</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of patients Discharged Within 7 days	94%	98%	98%	Number of discharges within 7 days	45	46	56	<p>Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p> <table border="1"> <caption>Approximate data for 2016/17, 2017/18, and 2018/19</caption> <thead> <tr> <th>Month</th> <th>2016/17 MH discharges > 7 days</th> <th>2017/18 MH discharges > 7 days</th> <th>2018/19 MH discharges > 7 days</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>89%</td><td>92%</td><td>95%</td></tr> <tr><td>May</td><td>94%</td><td>94%</td><td>98%</td></tr> <tr><td>Jun</td><td>98%</td><td>99%</td><td>94%</td></tr> <tr><td>Jul</td><td>97%</td><td>94%</td><td>98%</td></tr> <tr><td>Aug</td><td>94%</td><td>91%</td><td>98%</td></tr> <tr><td>Sep</td><td>90%</td><td>88%</td><td>-</td></tr> <tr><td>Oct</td><td>95%</td><td>95%</td><td>-</td></tr> <tr><td>Nov</td><td>95%</td><td>99%</td><td>-</td></tr> <tr><td>Dec</td><td>97%</td><td>97%</td><td>-</td></tr> <tr><td>Jan</td><td>92%</td><td>92%</td><td>-</td></tr> <tr><td>Feb</td><td>89%</td><td>88%</td><td>-</td></tr> <tr><td>Mar</td><td>95%</td><td>99%</td><td>-</td></tr> </tbody> </table>	Month	2016/17 MH discharges > 7 days	2017/18 MH discharges > 7 days	2018/19 MH discharges > 7 days	Apr	89%	92%	95%	May	94%	94%	98%	Jun	98%	99%	94%	Jul	97%	94%	98%	Aug	94%	91%	98%	Sep	90%	88%	-	Oct	95%	95%	-	Nov	95%	99%	-	Dec	97%	97%	-	Jan	92%	92%	-	Feb	89%	88%	-	Mar	95%	99%	-
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27.0	During 2018/19, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.	<p>At the end of August 2018 there were 5 patients waiting more than 28 days, compared to 9 patients at the end of August 2017.</p> <p>From April to August 2018, 7 Mental Health patient discharges took more than 28 days, compared to 10 in the same period last year.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jun 2018</th> <th>Jul 2018</th> <th>Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td>45</td> <td>47</td> <td>47</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td>2</td> <td>5</td> <td>5</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Number of patients discharged within 28 days	45	47	47	Number of patients discharged more than 28 days	3	0	0	Number of patients awaiting discharge more than 28 days	2	5	5	<p>Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p> <table border="1"> <caption>Approximate data for 2017/18 and 2018/19</caption> <thead> <tr> <th>Month</th> <th>2017/18 MH awaiting discharge > 28 days</th> <th>2018/19 MH awaiting discharge > 28 days</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td><td>8</td></tr> <tr><td>May</td><td>8</td><td>6</td></tr> <tr><td>Jun</td><td>9</td><td>2</td></tr> <tr><td>Jul</td><td>8</td><td>5</td></tr> <tr><td>Aug</td><td>9</td><td>5</td></tr> <tr><td>Sep</td><td>3</td><td>-</td></tr> <tr><td>Oct</td><td>2</td><td>-</td></tr> <tr><td>Nov</td><td>5</td><td>-</td></tr> <tr><td>Dec</td><td>7</td><td>-</td></tr> <tr><td>Jan</td><td>2</td><td>-</td></tr> <tr><td>Feb</td><td>6</td><td>-</td></tr> <tr><td>Mar</td><td>0</td><td>-</td></tr> </tbody> </table>	Month	2017/18 MH awaiting discharge > 28 days	2018/19 MH awaiting discharge > 28 days	Apr	5	8	May	8	6	Jun	9	2	Jul	8	5	Aug	9	5	Sep	3	-	Oct	2	-	Nov	5	-	Dec	7	-	Jan	2	-	Feb	6	-	Mar	0	-									
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph / Two year comparison
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CPD: Outcome 6: Supporting those who care for others

28.0	<p>By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users. Trust Target = 3,748</p>	<p>Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments.</p> <p>2017/18 outturn was 3,407. Outturn in Q1 2018/19 is 14 above Q1 2017/18.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Number of Carers Assessments</th> <th>Q1 Jun 2018</th> <th>Q2 Sep 2018</th> <th>Q3 Dec 2018</th> <th>Q4 Mar 2019</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Outturn</td> <td style="background-color: #FFD700;">855</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Target March 2019</td> <td style="background-color: #FFFF00;">943</td> <td style="background-color: #FFFF00;">1,874</td> <td style="background-color: #FFFF00;">2,811</td> <td style="background-color: #FFFF00;">3,748</td> </tr> </tbody> </table> <p>Target March 2019 = 3,748, 10% above 2017/18 outturn</p>	Number of Carers Assessments	Q1 Jun 2018	Q2 Sep 2018	Q3 Dec 2018	Q4 Mar 2019	Outturn	855				Target March 2019	943	1,874	2,811	3,748	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; margin: 0;">Number of Carers Assessments (Quarterly).</p> <p style="text-align: center; margin: 0; font-size: small;">Target by March 2019 = 3,748 (10% increase on 2017/18 outturn of 3,407)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Quarter</th> <th>Cumulative No. of Carer Assessments offered</th> <th>Cumulative planned No. of Carer Assessments offered</th> </tr> </thead> <tbody> <tr> <td>Q1 2018/19</td> <td>937</td> <td>855</td> </tr> <tr> <td>Q2 2018/19</td> <td>1,874</td> <td>1,874</td> </tr> <tr> <td>Q3 2018/19</td> <td>2,811</td> <td>2,811</td> </tr> <tr> <td>Q4 2018/19</td> <td>3,748</td> <td>3,748</td> </tr> </tbody> </table> </div>	Quarter	Cumulative No. of Carer Assessments offered	Cumulative planned No. of Carer Assessments offered	Q1 2018/19	937	855	Q2 2018/19	1,874	1,874	Q3 2018/19	2,811	2,811	Q4 2018/19	3,748	3,748
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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CPD: Outcome 7: Ensure the sustainability of health and social care services

29.0	<p>By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</p>	<p>Trust cumulative position April to August 2018 = 70%.</p> <p>This is meeting the planned trajectory and is an increase of 18% on the position at March 2018.</p> <p>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="background-color: yellow;">62%</td> <td style="background-color: yellow;">60%</td> <td style="background-color: yellow;">60%</td> </tr> <tr> <td>Percentage of complex discharges within 48 hours</td> <td style="background-color: green;">68%</td> <td style="background-color: green;">70%</td> <td style="background-color: green;">70%</td> </tr> </tbody> </table> <p>Complex discharges within 48 hours are measured against the PIT.</p>	Standard	Jun 2018	Jul 2018	Aug 2018	Trust Trajectory 2018/19	62%	60%	60%	Percentage of complex discharges within 48 hours	68%	70%	70%	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; font-size: small;">Percentage of patients with complex needs being discharged from an acute hospital within 48 hours. Target 90%. Comparison against trajectory and 2017/18 actual.</p> <p style="font-size: x-small;"> —●— 2017/18 Complex discharges < 48 hours —●— 2018/19 Complex discharges < 48 hours - - - CPD: Target = 90% · · · · · 2018/19 Trajectory target </p> </div>
Standard	Jun 2018	Jul 2018	Aug 2018													
Trust Trajectory 2018/19	62%	60%	60%													
Percentage of complex discharges within 48 hours	68%	70%	70%													

30.0	<p>By March 2019, ensure that no complex discharge taking more than 7 days.</p>	<p>Trust cumulative position April to August 2018 = 286.</p> <p>This is a decrease of 64 when compared to the same period last year (350).</p> <p>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Number of Complex Discharges taking more than 7 days</td> <td style="background-color: red;">71</td> <td style="background-color: red;">56</td> <td style="background-color: red;">41</td> </tr> <tr> <td>Cumulative Complex Discharges taking more than 7 days</td> <td>189</td> <td>245</td> <td>286</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Number of Complex Discharges taking more than 7 days	71	56	41	Cumulative Complex Discharges taking more than 7 days	189	245	286	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; font-size: small;">Number of patients with complex needs with their discharge delayed more than 7 days. Target = 0</p> <p style="font-size: x-small;"> —●— 2017/18 Complex discharges taking more than 7 days. —●— 2018/19 Complex discharges taking more than 7 days. </p> </div>
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31.0	By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	<p>Trust position at August 2018 is 96.8%.</p> <p>This is similar to performance for 2017/18 of 96.7%.</p> <p>Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Jun 2018</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Percentage of Non-complex Discharges taking place within 6 hours</td> <td style="text-align: center;">97.0%</td> <td style="text-align: center;">96.8%</td> <td style="text-align: center;">96.8%</td> </tr> </tbody> </table>	Standard	Jun 2018	Jul 2018	Aug 2018	Percentage of Non-complex Discharges taking place within 6 hours	97.0%	96.8%	96.8%	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%</p> <p style="font-size: small;"> —●— 2017/18 non-complex discharges <6 hours —●— 2018/19 non-complex discharges <6 hours - - - Target = 100% </p> </div>																																																	
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32.0	By March 2019, to reduce the percentage of funded activity associated with elective care services that remains undelivered.	<p>Delivery of Elective Core activity</p> <p>Trust is delivering to plan at the end of July 2018 in Elective IPDC's: +1.4% in all specialties and over by +4.4% in the HSCB selected specialties.</p> <p>OP New Attendances are in excess of the planned trajectory at the end of July 2018: +3.1% in all specialties and +3.3% in the HSCB selected specialties. * August data tbc</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; background-color: #f2f2f2;">Performance against previous year</th> </tr> <tr> <th style="width: 40%;">Comparison of Volumes April - July</th> <th style="width: 20%;">HSCB selected specialties</th> <th style="width: 40%;">All Specialties</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center; background-color: #f2f2f2;">Elective IPDC</td> </tr> <tr> <td>2017/18 April – July</td> <td style="text-align: center;">17,687</td> <td style="text-align: center;">29,888</td> </tr> <tr> <td>2018/19 April – July</td> <td style="text-align: center;">18,458</td> <td style="text-align: center;">30,310</td> </tr> <tr> <td>Variance from Apr – July 2017/18</td> <td style="text-align: center;">771</td> <td style="text-align: center;">422</td> </tr> <tr> <td>% Variance from Apr – July 2017/18</td> <td style="text-align: center;">4.4%</td> <td style="text-align: center;">1.4%</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: #f2f2f2;">Outpatient – New</td> </tr> <tr> <td>2017/18 April – July</td> <td style="text-align: center;">39,201</td> <td style="text-align: center;">54,046</td> </tr> <tr> <td>2018/19 April – July</td> <td style="text-align: center;">40,485</td> <td style="text-align: center;">55,741</td> </tr> <tr> <td>Variance from Apr – July 2017/18</td> <td style="text-align: center;">1,284</td> <td style="text-align: center;">1,695</td> </tr> <tr> <td>% Variance from Apr – July 2017/18</td> <td style="text-align: center;">3.3%</td> <td style="text-align: center;">3.1%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; background-color: #f2f2f2;">Performance against plan July 2018</th> </tr> <tr> <th style="width: 40%;"></th> <th style="width: 20%;">Volume</th> <th style="width: 40%;">% Var from Plan</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center; background-color: #f2f2f2;">Elective IPDC</td> </tr> <tr> <td>HSCB selected specialties</td> <td style="text-align: center;">18,458</td> <td style="text-align: center;">4.7%</td> </tr> <tr> <td>All Specialties</td> <td style="text-align: center;">30,310</td> <td style="text-align: center;">2.6%</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: #f2f2f2;">Outpatient – New</td> </tr> <tr> <td>HSCB selected specialties</td> <td style="text-align: center;">40,485</td> <td style="text-align: center;">3.4%</td> </tr> </tbody> </table>	Performance against previous year			Comparison of Volumes April - July	HSCB selected specialties	All Specialties	Elective IPDC			2017/18 April – July	17,687	29,888	2018/19 April – July	18,458	30,310	Variance from Apr – July 2017/18	771	422	% Variance from Apr – July 2017/18	4.4%	1.4%	Outpatient – New			2017/18 April – July	39,201	54,046	2018/19 April – July	40,485	55,741	Variance from Apr – July 2017/18	1,284	1,695	% Variance from Apr – July 2017/18	3.3%	3.1%	Performance against plan July 2018				Volume	% Var from Plan	Elective IPDC			HSCB selected specialties	18,458	4.7%	All Specialties	30,310	2.6%	Outpatient – New			HSCB selected specialties	40,485	3.4%	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">BHSCT Elective Core Activity Comparison of 2018/19 with 2017/18: Elective Care IPDC and New Outpatient Attendances</p> <p style="font-size: small;"> —●— IPDC Activity 2018/19 —●— IPDC Activity 2017/18 —●— OP New Activity 2018/19 —●— OP New Activity 2017/18 </p> </div>
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32.1	Endoscopy Core Activity Trajectory Plan is to achieve a core volume of 11,407 by end of March 2019.	<p>Trust is delivering 650 in August 2018. This is 345 (35%) below this plan for August 2018.</p> <p>Trust records activity for scopes cumulatively. The activity is 4,178 from April to the end of August 2018, 546 (12%) below planned trajectory of 4,724.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Trust Endoscopy Cumulative position</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory Plan 2018/19 - Cumulative</td> <td style="text-align: center;">2,975</td> <td style="text-align: center;">3,729</td> <td style="text-align: center;">4,724</td> </tr> <tr> <td>Actual 2018/19</td> <td style="text-align: center;">2,880</td> <td style="text-align: center;">3,528</td> <td style="text-align: center;">4,178</td> </tr> <tr> <td>Variance</td> <td style="text-align: center;">-95</td> <td style="text-align: center;">-201</td> <td style="text-align: center;">-546</td> </tr> <tr> <td>Percentage variance</td> <td style="text-align: center;">-3%</td> <td style="text-align: center;">-5%</td> <td style="text-align: center;">-12%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Trust Endoscopy Monthly position</th> <th style="width: 10%;">Jun 2018</th> <th style="width: 10%;">Jul 2018</th> <th style="width: 10%;">Aug 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory Plan 2018/19</td> <td style="text-align: center;">1,178</td> <td style="text-align: center;">754</td> <td style="text-align: center;">995</td> </tr> <tr> <td>Actual 2018/19 – monthly (calc)</td> <td style="text-align: center;">1,057</td> <td style="text-align: center;">648</td> <td style="text-align: center;">650</td> </tr> <tr> <td>Variance</td> <td style="text-align: center;">-121</td> <td style="text-align: center;">-106</td> <td style="text-align: center;">-345</td> </tr> <tr> <td>Percentage variance</td> <td style="text-align: center;">-10%</td> <td style="text-align: center;">-14%</td> <td style="text-align: center;">-35%</td> </tr> </tbody> </table>			Trust Endoscopy Cumulative position	Jun 2018	Jul 2018	Aug 2018	Trajectory Plan 2018/19 - Cumulative	2,975	3,729	4,724	Actual 2018/19	2,880	3,528	4,178	Variance	-95	-201	-546	Percentage variance	-3%	-5%	-12%	Trust Endoscopy Monthly position	Jun 2018	Jul 2018	Aug 2018	Trajectory Plan 2018/19	1,178	754	995	Actual 2018/19 – monthly (calc)	1,057	648	650	Variance	-121	-106	-345	Percentage variance	-10%	-14%	-35%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;">BHSCT Endoscopy Core Activity Comparison of 2018/19 actual with Trajectory Plan</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">BHSCT Endoscopy Core Activity Comparison of 2018/19 in-month actual (calc) with Trajectory Plan</p> </div>	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – August 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
CPD: Outcome 8: Supporting the HSC workforce																
33.0	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	Trust cumulative position July 2018 = 6.14%. Trust 2018/19 target = 6.47%.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Standard</th> <th style="width: 12.5%;">May 2018</th> <th style="width: 12.5%;">Jun 2018</th> <th style="width: 12.5%;">Jul 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Absence Rate monthly</td> <td style="color: green;">5.78%</td> <td style="color: green;">6.29%</td> <td style="color: green;">6.33%</td> </tr> <tr> <td>Trust Absence Rate Cum Average month to date</td> <td style="color: green;">5.84%</td> <td style="color: green;">6.05%</td> <td style="color: green;">6.14%</td> </tr> </tbody> </table> <p><i>* Awaiting August data</i></p> <p>The position shows an improvement in the cumulative position to the end of July 2018 of 0.08% when compared to the same period last year and a 0.67% improvement on the 2017/18 outturn.</p> <p>The position of 6.33% in July 2018 is 0.24% better than the 6.09% absence reported in July 2017.</p>	Standard	May 2018	Jun 2018	Jul 2018	Trust Absence Rate monthly	5.78%	6.29%	6.33%	Trust Absence Rate Cum Average month to date	5.84%	6.05%	6.14%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;">Trust monthly percentage absence rate 2018/19 compared with 2017/18. Target 2017/18 6.47%</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Trust Cumulative percentage absence rate 2018/19 compared with 2017/18. Target 2017/18 6.02%</p> </div>
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