

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No.
DIRECTOR	Jennifer Welsh, Director of Planning, Performance and Informatics	Date 6th April 2017
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 Board Summary Performance Report to the end of February 2017 is attached. The report outlines Trust Performance against key Commissioning Directions Plan objectives / goals for improvement for 2016/17.</p> <p>In terms of the delivery against the objectives / goals outlined, the Trust is delivering or is expected to substantially deliver the improvement target / goal in 15 areas.</p> <p>The following 19 of the targets / standards are currently not being achieved or are at substantial risk of achievement:</p> <ul style="list-style-type: none"> • Unscheduled Care: A&E, (<4 hour; and < 12 hour) • Outpatients: Waiting Times (< 9 weeks; and < 52 weeks max waiting time) • Diagnostic: Waiting Times (9 weeks; 26 weeks max waiting time; and urgent tests within 2 days) • Inpatient and Daycase: Waiting Times (< 13 weeks; and < 52 weeks max waiting time) • Cancer Services (<62-day pathway) • Mental Health Outpatient – Waiting Times (<9 weeks: CAMHs, and Adult Mental Health; and < 13 weeks Psychological Therapies) • Discharges: Learning Disability (< 7 days and >28 days) • AHP: Waiting Times (< 13 weeks) • Hospital Cancelled Outpatient Appointments (20% reduction) • Complex Discharges (< 48 hours; and < 7days) <p>Further details in relation to the objectives / goals are set out on the attached.</p> <p>N.B. Details in relation to Trust delivery against other Commissioning Directions Plan objectives / goals not reported on at the end of February 2017 will be updated in future reports.</p>	
Recommendations	For Assurance.	

BHSCT – Trust Performance Report 2016/17 – February 2017

Commissioning Direction Plan Targets 2016/17

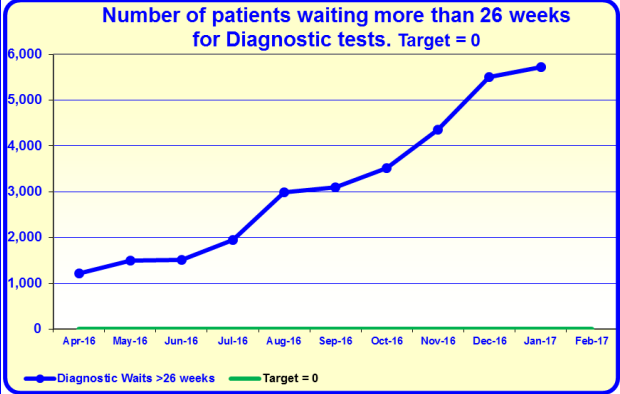
TDP RAG	FEB RAG	Description	Current position	Trend	Comment
	1.1	<p>Healthcare Associated Infections (HCAI)</p> <p>The Trust 2016/17 target for MRSA bacteraemias has been confirmed as 18 cases to end of March 2017.</p>	<p>Cumulative April 2016 to February 2017 = 20 (target 17 of 18)</p> <p>The incidence of MRSA bacteraemias is 20 which is 3 above pro-rata target of 17 at the end of February 2017.</p>	<p style="text-align: center;">Healthcare Associated Infections (HCAI) MRSA. Target 2016/17 = 18</p>	<p>Internal audit report has been received and reviewed. IPC was 'Satisfactory' and Antimicrobial stewardship was 'Limited'. HCAIIT group are working through the action plan to deliver on the identified weaknesses highlighted in the audit.</p> <p>Notable actions to date include:</p> <ul style="list-style-type: none"> -Aseptic Non-Touch Technique (ANTT) assessor training with a presentation and video now available on The Hub. - Development of two e-learning modules on Infection Prevention & Control for clinical and non-clinical staff. -Delivery of a series of HCAI Shared Learning Workshops. - Development of a 'Plan on a Page' with a "walkround" tool to engage frontline staff. - The addition of two new IPCN posts
	1.2	<p>Healthcare Associated Infections (HCAIs)</p> <p>The Trust 2016/17 target for <i>Clostridium difficile</i> infection (CDI) has been confirmed as 115 cases to end of March 2017.</p>	<p>Cumulative April 2016 to February 2017 = 109 (target 105 of 115*)</p> <p>The incidence of CDiff is 109 which is 4 above pro-rata target of 105 at the end of February 2017.</p> <p><i>*Target revised from 110 to 115, 23/1/2017.</i></p>	<p style="text-align: center;">Healthcare Associated Infections (HCAI) Clostridium Difficile. Target 2016/17=115</p>	<ul style="list-style-type: none"> -Ensuring consistency of basic practices such as hand hygiene and ANTT; access to isolation facilities; prompt risk assessment and placement; sampling; screening and decolonisation of high risk patients. - An increase in activity across the Trust and increased patient movement -An increase in the complexity of incidents/outbreaks of antimicrobial resistant organisms. -Antimicrobial stewardship - work is ongoing to embed audit and feedback with ward teams.

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																								
	2.0	<p>GP OOH</p> <p>From April 2016, 95% of acute/urgent calls to GP OOH should be triaged within 20 minutes.</p>	<p>Cumulative April to February = 92.34%.</p> <p>The target has increased from 90% in 2015/16 to 95% in 2016/17.</p> <p>The Trust performance remains above 90%.</p>		<p>The Trust continues to work with HSCB on GP OOH targets including continued improvement of responses to the 20 minute triage target.</p> <p>The Trust monitors urgent calls compliance with the target daily and is scrutinising individually each case.</p> <p>Most of the cases outside of the target are due to being unable to contact the patient and where the call has been upgraded from routine to urgent when triaged by GP. The Trust is currently reviewing its approach to patient call backs and is the process of establishing protocols.</p>																								
	3.1	<p>Unscheduled Care ED access – 4 hours</p> <p>From April 2016, 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>Cumulative April to February = 72%.</p> <p>The Trust continues to deliver below target, 69% in February 2017.</p>		<p>A detailed improvement plan and resilience plan to support improvement is in place. The Trust is aiming to deliver</p> <ul style="list-style-type: none"> • 10% improvement in winter baseline against 4 hour standard • 95% = 4 hour standard for category 4 & 5 patients <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>63%</td> <td>78%</td> </tr> <tr> <td>Objective 2016/17</td> <td>69%</td> <td>86%</td> </tr> <tr> <td>Outturn February 2017</td> <td>62%</td> <td>72%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>78%</td> <td>89%</td> </tr> <tr> <td>Objective 2016/17</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>Outturn February 2017</td> <td>79%</td> <td>86%</td> </tr> </tbody> </table>	Site	RVH	MIH	Baseline 2015/16	63%	78%	Objective 2016/17	69%	86%	Outturn February 2017	62%	72%	Site	RVH	MIH	Baseline 2015/16	78%	89%	Objective 2016/17	95%	95%	Outturn February 2017	79%	86%
Site	RVH	MIH																											
Baseline 2015/16	63%	78%																											
Objective 2016/17	69%	86%																											
Outturn February 2017	62%	72%																											
Site	RVH	MIH																											
Baseline 2015/16	78%	89%																											
Objective 2016/17	95%	95%																											
Outturn February 2017	79%	86%																											

TDP	FEB	Description	Current position	Trend	Comment														
RAG	RAG																		
	3.2	<p>Unscheduled Care ED access – 12 hours</p> <p>From April 2016, no patient attending any emergency department should wait longer than 12 hours.</p>	<p>Cumulative April to February = 1555.</p> <p>The Trust continues to under deliver against the 12 hour wait target with 312 people waiting in excess of target during February.</p>	<p>Emergency Department: Number of patients waiting more than 12 hours of their arrival.</p>	<p>• 30% improvement in 12 hour waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Site</th> <th colspan="2">Patients per month</th> </tr> <tr> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>35</td> <td>17</td> </tr> <tr> <td>Objective 2016/17</td> <td>24</td> <td>14</td> </tr> <tr> <td>Outturn February 2017</td> <td>210</td> <td>102</td> </tr> </tbody> </table> <p>Objectives and outcomes measures are detailed in Unscheduled Care Improvement Charter and Implementation Plan which is revised monthly.</p>	Site	Patients per month		RVH	MIH	Baseline 2015/16	35	17	Objective 2016/17	24	14	Outturn February 2017	210	102
Site	Patients per month																		
	RVH	MIH																	
Baseline 2015/16	35	17																	
Objective 2016/17	24	14																	
Outturn February 2017	210	102																	
	4.0	<p>Unscheduled Care Triage</p> <p>By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</p>	<p>Cumulative April to February = 79%.</p> <p>The Trust has delivered 81% at the end of February 2017.</p>	<p>ED: Treatment to commence < 2 hours of triage. Target 80%</p>	<p>The Trust is meeting the target.</p>														

TDP RAG	FEB RAG	Description	Current position	Trend	Comment												
●	●	<p>5.0</p> <p>Hip Fractures</p> <p>From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Cumulative April to February = 93%.</p> <p>The Trust has performed well against the 95% target of inpatient treatment within 2 days with the exception of October 2016. Performance at February 2017 was 92%.</p>		<p>Whilst there was a downturn at the end of October 2016, the Trust continues to deliver to the target consistently in 2016/17.</p>												
●	●	<p>6.0</p> <p>Stroke</p> <p>Stroke patients. From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.</p>	<p>Cumulative April to September 2016 = 13%.</p> <p>The Trust is substantially delivering against target at the end of September 2016.</p> <table border="1"> <thead> <tr> <th>Q1 Apr - Jun 2016</th> <th>Q2 Jul - Sep 2016</th> <th>2016/17 Cum to date</th> </tr> </thead> <tbody> <tr> <td>181</td> <td>158</td> <td>181</td> </tr> <tr> <td>24</td> <td>21</td> <td>24</td> </tr> <tr> <td>13%</td> <td>13%</td> <td>13%</td> </tr> </tbody> </table>	Q1 Apr - Jun 2016	Q2 Jul - Sep 2016	2016/17 Cum to date	181	158	181	24	21	24	13%	13%	13%		<p>It must be noted that the service's ability to deliver against the target is dependent upon the number of patients for whom thrombolysis is clinically appropriate. The Trust has robust systems in place to identify and treat appropriate patients; these systems are embedded well within the ED and Stroke Service. While the Trust has not achieved a 15% thrombolysis rate it is performing well against the target.</p>
Q1 Apr - Jun 2016	Q2 Jul - Sep 2016	2016/17 Cum to date															
181	158	181															
24	21	24															
13%	13%	13%															
●	●	<p>7.1</p> <p>Outpatients access</p> <p>By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.</p>	<p>The Outpatient access target has been reduced from 60% in 2015/16 to 50% for 2016/17.</p> <p>At the end of February 2017, 27% of patients on Trust waiting lists were waiting no longer than 9 weeks for a first outpatient appointment.</p>		<p>With additional funding allocated (£1m Sep-Mar) the Trust maximised in-house capacity available to end March. The focus of additional in-house OP clinics has been to address areas of clinical risk / long waiting time. Despite this additional funding it has not been possible to achieve the target.</p>												

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																				
	7.2	<p>Outpatients access</p> <p>By March 2017, no patient waits longer than 52 weeks for an outpatient appointment.</p>	<p>Target revised from patients waiting in excess of 26 weeks to patients waiting in excess of 52 weeks.</p> <p>The number of patients waiting in excess of 52 weeks continues to increase each month since April 2016. At the end of February 2017 there were 27,377 patients waiting for an Outpatient appointment in excess of 52 weeks.</p>	<p>Number of Outpatients waiting more than 52 weeks at month end. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>OP's Waiting waiting > 52 weeks</th> <th>Target = 0</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>15,000</td><td>0</td></tr> <tr><td>May-16</td><td>16,500</td><td>0</td></tr> <tr><td>Jun-16</td><td>18,000</td><td>0</td></tr> <tr><td>Jul-16</td><td>19,500</td><td>0</td></tr> <tr><td>Aug-16</td><td>21,000</td><td>0</td></tr> <tr><td>Sep-16</td><td>22,500</td><td>0</td></tr> <tr><td>Oct-16</td><td>24,000</td><td>0</td></tr> <tr><td>Nov-16</td><td>25,000</td><td>0</td></tr> <tr><td>Dec-16</td><td>26,000</td><td>0</td></tr> <tr><td>Jan-17</td><td>27,000</td><td>0</td></tr> <tr><td>Feb-17</td><td>27,377</td><td>0</td></tr> </tbody> </table>	Month	OP's Waiting waiting > 52 weeks	Target = 0	Apr-16	15,000	0	May-16	16,500	0	Jun-16	18,000	0	Jul-16	19,500	0	Aug-16	21,000	0	Sep-16	22,500	0	Oct-16	24,000	0	Nov-16	25,000	0	Dec-16	26,000	0	Jan-17	27,000	0	Feb-17	27,377	0	<p>At the end of February 2017, a number of acute specialties continue to have patients recorded as waiting longer than 52 weeks. These include: Cardiology, Dental, ENT, General Surgery, General Medicine, Hepatology, General Surgery, Gynae, Neurology, Orthopaedics, Ophthalmology, Rheumatology, Urology and Vascular.</p> <p>Of all patients waiting over 52 weeks, 45% (12,203) in February 2017 are on the Orthopaedic OP waiting list.</p>
Month	OP's Waiting waiting > 52 weeks	Target = 0																																							
Apr-16	15,000	0																																							
May-16	16,500	0																																							
Jun-16	18,000	0																																							
Jul-16	19,500	0																																							
Aug-16	21,000	0																																							
Sep-16	22,500	0																																							
Oct-16	24,000	0																																							
Nov-16	25,000	0																																							
Dec-16	26,000	0																																							
Jan-17	27,000	0																																							
Feb-17	27,377	0																																							
	8.1	<p>Diagnostics access</p> <p>By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test.</p> <p>Tests included in data provided are: <i>MRI; Cardiac MRI; CT; Ultrasound; Barium Enema; Dexa scans; Radio-nuclide; Audiology; ECHO; MPI; Neurophysiology; Sleep Studies; Urodynamics; Imaging; Cardiology; Neurophysiology; and Respiratory Physiology.</i></p>	<p>The Trust is under delivering against the 75% target. At January 2017 performance is 43% against the target.</p>	<p>Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Diagnostic waits < 9 weeks</th> <th>Target = 75%</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>63%</td><td>75%</td></tr> <tr><td>May-16</td><td>64%</td><td>75%</td></tr> <tr><td>Jun-16</td><td>61%</td><td>75%</td></tr> <tr><td>Jul-16</td><td>58%</td><td>75%</td></tr> <tr><td>Aug-16</td><td>52%</td><td>75%</td></tr> <tr><td>Sep-16</td><td>53%</td><td>75%</td></tr> <tr><td>Oct-16</td><td>51%</td><td>75%</td></tr> <tr><td>Nov-16</td><td>51%</td><td>75%</td></tr> <tr><td>Dec-16</td><td>44%</td><td>75%</td></tr> <tr><td>Jan-17</td><td>43%</td><td>75%</td></tr> <tr><td>Feb-17</td><td>43%</td><td>75%</td></tr> </tbody> </table>	Month	Diagnostic waits < 9 weeks	Target = 75%	Apr-16	63%	75%	May-16	64%	75%	Jun-16	61%	75%	Jul-16	58%	75%	Aug-16	52%	75%	Sep-16	53%	75%	Oct-16	51%	75%	Nov-16	51%	75%	Dec-16	44%	75%	Jan-17	43%	75%	Feb-17	43%	75%	<p>The diagnostic services continue to receive non-recurrent support for additional capacity in MRI, CT and Ultrasound 2016/17. Although significant, this will not address the total backlog of patients waiting greater than 9 weeks. Business cases have been submitted to the HSCB for these areas and should be finalised in April 2017 for implementation.</p> <p>In Neurophysiology, a tender exercise has been completed using uncommitted funding from 2 vacant Consultant posts. This support is small but should ensure that an additional 600 patients should receive their test and results before the end of 2016/17. However, the number waiting greater than 9 weeks continues to grow.</p> <p>With regards to Cardiac MRI, the Trust has agreement that additional activity will be funded through an arrangement with BHSCT and WHSCT in that the Western</p>
Month	Diagnostic waits < 9 weeks	Target = 75%																																							
Apr-16	63%	75%																																							
May-16	64%	75%																																							
Jun-16	61%	75%																																							
Jul-16	58%	75%																																							
Aug-16	52%	75%																																							
Sep-16	53%	75%																																							
Oct-16	51%	75%																																							
Nov-16	51%	75%																																							
Dec-16	44%	75%																																							
Jan-17	43%	75%																																							
Feb-17	43%	75%																																							

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																				
					<p>Trust are unable to deliver the cardiac MRI activity commissioned due to vacancies.</p> <p>The Trust secured non recurrent funding for echo, however this level of activity was dependent on the capacity of the independent sector provider and this will improve the numbers waiting but will not be enough to deliver 9 weeks.</p> <p>Apart from support for MRI in April 2017 we do not have any confirmation at present of further non-recurrent funding for 2017/18 for these areas.</p>																																				
	8.2	<p>Diagnostics access</p> <p>By March 2017, no patient waits longer than 26 weeks for a diagnostic test.</p>	<p>The Trust is under delivering against the 26-week target. At the end of January 2017, 5,721 patients were on the waiting list over 26 weeks.</p>	 <table border="1"> <caption>Number of patients waiting more than 26 weeks for Diagnostic tests. Target = 0</caption> <thead> <tr> <th>Month</th> <th>Diagnostic Waits >26 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>1,200</td><td>0</td></tr> <tr><td>May-16</td><td>1,500</td><td>0</td></tr> <tr><td>Jun-16</td><td>1,500</td><td>0</td></tr> <tr><td>Jul-16</td><td>2,000</td><td>0</td></tr> <tr><td>Aug-16</td><td>3,000</td><td>0</td></tr> <tr><td>Sep-16</td><td>3,100</td><td>0</td></tr> <tr><td>Oct-16</td><td>3,500</td><td>0</td></tr> <tr><td>Nov-16</td><td>4,300</td><td>0</td></tr> <tr><td>Dec-16</td><td>5,500</td><td>0</td></tr> <tr><td>Jan-17</td><td>5,721</td><td>0</td></tr> <tr><td>Feb-17</td><td>-</td><td>0</td></tr> </tbody> </table>	Month	Diagnostic Waits >26 weeks	Target	Apr-16	1,200	0	May-16	1,500	0	Jun-16	1,500	0	Jul-16	2,000	0	Aug-16	3,000	0	Sep-16	3,100	0	Oct-16	3,500	0	Nov-16	4,300	0	Dec-16	5,500	0	Jan-17	5,721	0	Feb-17	-	0	<p>The main diagnostic areas breaching 26 weeks are MRI, Cardiac MRI, Echo, Sleep studies and Neurophysiology due to increases in demand levels for these services.</p>
Month	Diagnostic Waits >26 weeks	Target																																							
Apr-16	1,200	0																																							
May-16	1,500	0																																							
Jun-16	1,500	0																																							
Jul-16	2,000	0																																							
Aug-16	3,000	0																																							
Sep-16	3,100	0																																							
Oct-16	3,500	0																																							
Nov-16	4,300	0																																							
Dec-16	5,500	0																																							
Jan-17	5,721	0																																							
Feb-17	-	0																																							

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																				
	9.1	<p>Inpatients / Day Case access</p> <p>By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</p>	<p>The target has been reduced from 65% in 2015/16 to 55% in 2016/17.</p> <p>35% of patients are waiting no longer than 13 weeks at the end of February 2017.</p>	<p>Percentage of Inpatients / Daycases patients waiting no longer than 13 weeks. Target 55%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>IPDC % waiting no longer than 13 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>48%</td><td>55%</td></tr> <tr><td>May-16</td><td>42%</td><td>55%</td></tr> <tr><td>Jun-16</td><td>38%</td><td>55%</td></tr> <tr><td>Jul-16</td><td>36%</td><td>55%</td></tr> <tr><td>Aug-16</td><td>36%</td><td>55%</td></tr> <tr><td>Sep-16</td><td>36%</td><td>55%</td></tr> <tr><td>Oct-16</td><td>38%</td><td>55%</td></tr> <tr><td>Nov-16</td><td>39%</td><td>55%</td></tr> <tr><td>Dec-16</td><td>36%</td><td>55%</td></tr> <tr><td>Jan-17</td><td>35%</td><td>55%</td></tr> <tr><td>Feb-17</td><td>35%</td><td>55%</td></tr> </tbody> </table>	Month	IPDC % waiting no longer than 13 weeks	Target	Apr-16	48%	55%	May-16	42%	55%	Jun-16	38%	55%	Jul-16	36%	55%	Aug-16	36%	55%	Sep-16	36%	55%	Oct-16	38%	55%	Nov-16	39%	55%	Dec-16	36%	55%	Jan-17	35%	55%	Feb-17	35%	55%	<p>With limited additional funding and capacity in 2016/17 the target has not been achievable. A number of specialties require recurrent investment to address capacity gaps and waiting list issues.</p>
Month	IPDC % waiting no longer than 13 weeks	Target																																							
Apr-16	48%	55%																																							
May-16	42%	55%																																							
Jun-16	38%	55%																																							
Jul-16	36%	55%																																							
Aug-16	36%	55%																																							
Sep-16	36%	55%																																							
Oct-16	38%	55%																																							
Nov-16	39%	55%																																							
Dec-16	36%	55%																																							
Jan-17	35%	55%																																							
Feb-17	35%	55%																																							
	9.2	<p>Inpatients / Day Case access</p> <p>By March 2017, no patient waits longer than 52 weeks weeks for inpatient / daycase treatment.</p>	<p>The Trust continues to under deliver against the 52-week target, 4,619 patients were on the waiting list over 52 weeks, at the end of February 2017.</p>	<p>Number of Inpatients / Daycases waiting more than 52 weeks at month end. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>IPDC Waiting > 52 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>2,800</td><td>0</td></tr> <tr><td>May-16</td><td>3,100</td><td>0</td></tr> <tr><td>Jun-16</td><td>3,200</td><td>0</td></tr> <tr><td>Jul-16</td><td>3,300</td><td>0</td></tr> <tr><td>Aug-16</td><td>3,400</td><td>0</td></tr> <tr><td>Sep-16</td><td>3,600</td><td>0</td></tr> <tr><td>Oct-16</td><td>3,700</td><td>0</td></tr> <tr><td>Nov-16</td><td>3,800</td><td>0</td></tr> <tr><td>Dec-16</td><td>4,100</td><td>0</td></tr> <tr><td>Jan-17</td><td>4,400</td><td>0</td></tr> <tr><td>Feb-17</td><td>4,619</td><td>0</td></tr> </tbody> </table>	Month	IPDC Waiting > 52 weeks	Target	Apr-16	2,800	0	May-16	3,100	0	Jun-16	3,200	0	Jul-16	3,300	0	Aug-16	3,400	0	Sep-16	3,600	0	Oct-16	3,700	0	Nov-16	3,800	0	Dec-16	4,100	0	Jan-17	4,400	0	Feb-17	4,619	0	<p>The Trust has utilised some IS capacity during Jan-Mar for around 200 long waiting Orthopaedic patients with additional funding from the HSCB, however additional recurrent funding is needed in specialties like Urology and Orthopaedics to make an impact on the current waiting list position.</p> <p>At the end of February 2017, a number of acute specialties have patients recorded as waiting longer than 52 weeks. These include: Breast Surgery, Cardiology, Dermatology, ENT, General Medicine, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastics, Pain, Urology and Vascular</p> <p>Of all patients waiting over 52 weeks, 27% (1,261) in February 2017 are on the Orthopaedic OP waiting list.</p>
Month	IPDC Waiting > 52 weeks	Target																																							
Apr-16	2,800	0																																							
May-16	3,100	0																																							
Jun-16	3,200	0																																							
Jul-16	3,300	0																																							
Aug-16	3,400	0																																							
Sep-16	3,600	0																																							
Oct-16	3,700	0																																							
Nov-16	3,800	0																																							
Dec-16	4,100	0																																							
Jan-17	4,400	0																																							
Feb-17	4,619	0																																							

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
	10.0	<p>Diagnostic Reporting</p> <p>From April 2016, all urgent diagnostic tests should be reported on within two days.</p>	<p>The Trust continues to under deliver against the 2-day target. At the end of February 2017, 82% of patients were receiving their urgent diagnostic tests within 2 days.</p>	<p>Percentage of Urgent Diagnostic tests within 2 days. Target 100%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Urgent Diagnostic tests < 2 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>85</td><td>100</td></tr> <tr><td>Mar-16</td><td>86</td><td>100</td></tr> <tr><td>Apr-16</td><td>86</td><td>100</td></tr> <tr><td>May-16</td><td>82</td><td>100</td></tr> <tr><td>Jun-16</td><td>86</td><td>100</td></tr> <tr><td>Jul-16</td><td>84</td><td>100</td></tr> <tr><td>Aug-16</td><td>86</td><td>100</td></tr> <tr><td>Sep-16</td><td>86</td><td>100</td></tr> <tr><td>Oct-16</td><td>86</td><td>100</td></tr> <tr><td>Nov-16</td><td>82</td><td>100</td></tr> <tr><td>Dec-16</td><td>84</td><td>100</td></tr> <tr><td>Jan-17</td><td>86</td><td>100</td></tr> <tr><td>Feb-17</td><td>82</td><td>100</td></tr> </tbody> </table>	Month	Urgent Diagnostic tests < 2 days (%)	Target (%)	Feb-16	85	100	Mar-16	86	100	Apr-16	86	100	May-16	82	100	Jun-16	86	100	Jul-16	84	100	Aug-16	86	100	Sep-16	86	100	Oct-16	86	100	Nov-16	82	100	Dec-16	84	100	Jan-17	86	100	Feb-17	82	100	<p>The Trust will continue to monitor performance against those areas which are under 100% to investigate what changes in process can be made.</p> <p>Meeting the urgent reporting turnaround of 48 hours remains a challenge in all areas. The Trust will aim to deliver as close to 100% as possible.</p>
Month	Urgent Diagnostic tests < 2 days (%)	Target (%)																																													
Feb-16	85	100																																													
Mar-16	86	100																																													
Apr-16	86	100																																													
May-16	82	100																																													
Jun-16	86	100																																													
Jul-16	84	100																																													
Aug-16	86	100																																													
Sep-16	86	100																																													
Oct-16	86	100																																													
Nov-16	82	100																																													
Dec-16	84	100																																													
Jan-17	86	100																																													
Feb-17	82	100																																													
	11.1	<p>Cancer access</p> <p>From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days.</p>	<p>Cumulative April to February = 88%.</p> <p>The Trust has continued to increase its response to the target and is currently achieving 100%.</p>	<p>Breast Cancer referrals - 14 day pathway. Target 100%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Breast Cancer - 14 day pathway (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>40</td><td>100</td></tr> <tr><td>Mar-16</td><td>68</td><td>100</td></tr> <tr><td>Apr-16</td><td>65</td><td>100</td></tr> <tr><td>May-16</td><td>68</td><td>100</td></tr> <tr><td>Jun-16</td><td>65</td><td>100</td></tr> <tr><td>Jul-16</td><td>85</td><td>100</td></tr> <tr><td>Aug-16</td><td>82</td><td>100</td></tr> <tr><td>Sep-16</td><td>98</td><td>100</td></tr> <tr><td>Oct-16</td><td>98</td><td>100</td></tr> <tr><td>Nov-16</td><td>100</td><td>100</td></tr> <tr><td>Dec-16</td><td>100</td><td>100</td></tr> <tr><td>Jan-17</td><td>100</td><td>100</td></tr> <tr><td>Feb-17</td><td>100</td><td>100</td></tr> </tbody> </table>	Month	Breast Cancer - 14 day pathway (%)	Target (%)	Feb-16	40	100	Mar-16	68	100	Apr-16	65	100	May-16	68	100	Jun-16	65	100	Jul-16	85	100	Aug-16	82	100	Sep-16	98	100	Oct-16	98	100	Nov-16	100	100	Dec-16	100	100	Jan-17	100	100	Feb-17	100	100	<p>The Trust is maintaining performance at 100%.</p>
Month	Breast Cancer - 14 day pathway (%)	Target (%)																																													
Feb-16	40	100																																													
Mar-16	68	100																																													
Apr-16	65	100																																													
May-16	68	100																																													
Jun-16	65	100																																													
Jul-16	85	100																																													
Aug-16	82	100																																													
Sep-16	98	100																																													
Oct-16	98	100																																													
Nov-16	100	100																																													
Dec-16	100	100																																													
Jan-17	100	100																																													
Feb-17	100	100																																													

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
	11.2	<p>Cancer access</p> <p>From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.</p>	<p>Cumulative April to February = 91%.</p> <p>The Trust continues to perform well against the 98% target on the 31-day cancer pathway. The Trust is delivering 90% in February 2017.</p>	<table border="1"> <caption>Urgent Cancer referrals - 31 day pathway. Target 98%</caption> <thead> <tr> <th>Month</th> <th>31 day pathway (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>95</td><td>98</td></tr> <tr><td>Mar-16</td><td>92</td><td>98</td></tr> <tr><td>Apr-16</td><td>88</td><td>98</td></tr> <tr><td>May-16</td><td>95</td><td>98</td></tr> <tr><td>Jun-16</td><td>88</td><td>98</td></tr> <tr><td>Jul-16</td><td>90</td><td>98</td></tr> <tr><td>Aug-16</td><td>95</td><td>98</td></tr> <tr><td>Sep-16</td><td>88</td><td>98</td></tr> <tr><td>Oct-16</td><td>92</td><td>98</td></tr> <tr><td>Nov-16</td><td>92</td><td>98</td></tr> <tr><td>Dec-16</td><td>95</td><td>98</td></tr> <tr><td>Jan-17</td><td>90</td><td>98</td></tr> <tr><td>Feb-17</td><td>91</td><td>98</td></tr> </tbody> </table>	Month	31 day pathway (%)	Target (%)	Feb-16	95	98	Mar-16	92	98	Apr-16	88	98	May-16	95	98	Jun-16	88	98	Jul-16	90	98	Aug-16	95	98	Sep-16	88	98	Oct-16	92	98	Nov-16	92	98	Dec-16	95	98	Jan-17	90	98	Feb-17	91	98	<p>Urology surgical capacity for kidney cancer is the main challenge on the 31-day pathway. The Trust is currently working with HSCB and Southern Trust to identify a solution.</p>
Month	31 day pathway (%)	Target (%)																																													
Feb-16	95	98																																													
Mar-16	92	98																																													
Apr-16	88	98																																													
May-16	95	98																																													
Jun-16	88	98																																													
Jul-16	90	98																																													
Aug-16	95	98																																													
Sep-16	88	98																																													
Oct-16	92	98																																													
Nov-16	92	98																																													
Dec-16	95	98																																													
Jan-17	90	98																																													
Feb-17	91	98																																													
	11.3	<p>Cancer access</p> <p>From April 2016 at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<p>Cumulative April to February = 54%.</p> <p>The Trust continues to under deliver against 95% on the 62 day cancer pathway, delivering 51% in February 2017.</p>	<table border="1"> <caption>Urgent Cancer referrals - 62 day pathway. Target 95%</caption> <thead> <tr> <th>Month</th> <th>62 day pathway (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>48</td><td>95</td></tr> <tr><td>Mar-16</td><td>52</td><td>95</td></tr> <tr><td>Apr-16</td><td>53</td><td>95</td></tr> <tr><td>May-16</td><td>56</td><td>95</td></tr> <tr><td>Jun-16</td><td>58</td><td>95</td></tr> <tr><td>Jul-16</td><td>56</td><td>95</td></tr> <tr><td>Aug-16</td><td>51</td><td>95</td></tr> <tr><td>Sep-16</td><td>50</td><td>95</td></tr> <tr><td>Oct-16</td><td>54</td><td>95</td></tr> <tr><td>Nov-16</td><td>55</td><td>95</td></tr> <tr><td>Dec-16</td><td>56</td><td>95</td></tr> <tr><td>Jan-17</td><td>48</td><td>95</td></tr> <tr><td>Feb-17</td><td>51</td><td>95</td></tr> </tbody> </table>	Month	62 day pathway (%)	Target (%)	Feb-16	48	95	Mar-16	52	95	Apr-16	53	95	May-16	56	95	Jun-16	58	95	Jul-16	56	95	Aug-16	51	95	Sep-16	50	95	Oct-16	54	95	Nov-16	55	95	Dec-16	56	95	Jan-17	48	95	Feb-17	51	95	<p>The work of the OG improvement group continues - currently piloting a 3-day turnaround to CT for confirmed cancers, and work ongoing to improve triage and straight to scope. Weekly urology conference calls and monitoring continue in urology. Monthly head and neck performance meetings commenced in Jan 17 to identify trends and areas for improvement.</p> <p>Additional CT Colonography capacity has reduced waiting times to 4 weeks and team are focussed on continuing to improve. WLI money has improved waiting time for colorectal 1st appointments. PET demand continues to be a challenge and the team are sending patients to Dublin.</p> <p>Patient pathway reviews are being planned with medical staff across all poor performing areas.</p>
Month	62 day pathway (%)	Target (%)																																													
Feb-16	48	95																																													
Mar-16	52	95																																													
Apr-16	53	95																																													
May-16	56	95																																													
Jun-16	58	95																																													
Jul-16	56	95																																													
Aug-16	51	95																																													
Sep-16	50	95																																													
Oct-16	54	95																																													
Nov-16	55	95																																													
Dec-16	56	95																																													
Jan-17	48	95																																													
Feb-17	51	95																																													

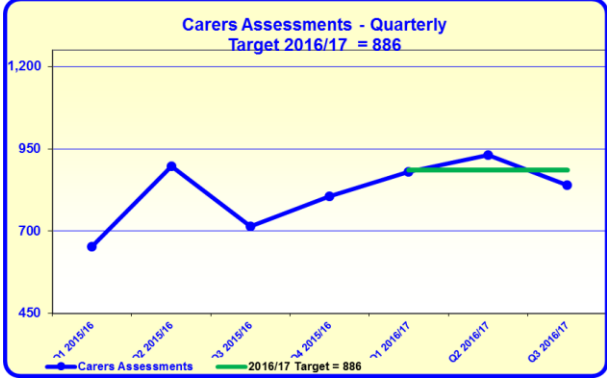
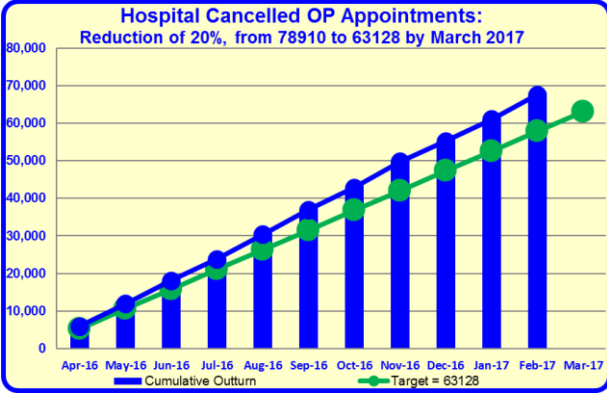
TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
	12.1	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access child and adolescent mental health services.</p>	<p>The Trust continues to under deliver against this target. At the end of February 83 people are waiting in excess of 9 weeks.</p>	<p>Number of CAMHS patients waiting > 9 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>CAMHS waits > 9 weeks</th> <th>Target = 0</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>45</td><td>0</td></tr> <tr><td>Mar-16</td><td>25</td><td>0</td></tr> <tr><td>Apr-16</td><td>30</td><td>0</td></tr> <tr><td>May-16</td><td>15</td><td>0</td></tr> <tr><td>Jun-16</td><td>15</td><td>0</td></tr> <tr><td>Jul-16</td><td>48</td><td>0</td></tr> <tr><td>Aug-16</td><td>58</td><td>0</td></tr> <tr><td>Sep-16</td><td>40</td><td>0</td></tr> <tr><td>Oct-16</td><td>55</td><td>0</td></tr> <tr><td>Nov-16</td><td>45</td><td>0</td></tr> <tr><td>Dec-16</td><td>88</td><td>0</td></tr> <tr><td>Jan-17</td><td>85</td><td>0</td></tr> <tr><td>Feb-17</td><td>83</td><td>0</td></tr> </tbody> </table>	Month	CAMHS waits > 9 weeks	Target = 0	Feb-16	45	0	Mar-16	25	0	Apr-16	30	0	May-16	15	0	Jun-16	15	0	Jul-16	48	0	Aug-16	58	0	Sep-16	40	0	Oct-16	55	0	Nov-16	45	0	Dec-16	88	0	Jan-17	85	0	Feb-17	83	0	<p>The CAMHS service in South Eastern Trust continues to struggle with high level of staff sickness. CAMHS have instituted a renewed recovery plan and are expected to be performing within the 9-weeks target by the end of March 2017.</p>
Month	CAMHS waits > 9 weeks	Target = 0																																													
Feb-16	45	0																																													
Mar-16	25	0																																													
Apr-16	30	0																																													
May-16	15	0																																													
Jun-16	15	0																																													
Jul-16	48	0																																													
Aug-16	58	0																																													
Sep-16	40	0																																													
Oct-16	55	0																																													
Nov-16	45	0																																													
Dec-16	88	0																																													
Jan-17	85	0																																													
Feb-17	83	0																																													
	12.2	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access adult mental health services.</p>	<p>The Trust continues to under deliver against the 9-week target for patients to access Adult Mental Health services. At the end of February 587 people are waiting in excess of 9 weeks</p>	<p>Number of Adult Mental Health patients waiting > 9 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Adult mental health > 9 weeks</th> <th>Target = 0</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>180</td><td>0</td></tr> <tr><td>Mar-16</td><td>250</td><td>0</td></tr> <tr><td>Apr-16</td><td>450</td><td>0</td></tr> <tr><td>May-16</td><td>500</td><td>0</td></tr> <tr><td>Jun-16</td><td>480</td><td>0</td></tr> <tr><td>Jul-16</td><td>580</td><td>0</td></tr> <tr><td>Aug-16</td><td>550</td><td>0</td></tr> <tr><td>Sep-16</td><td>600</td><td>0</td></tr> <tr><td>Oct-16</td><td>500</td><td>0</td></tr> <tr><td>Nov-16</td><td>500</td><td>0</td></tr> <tr><td>Dec-16</td><td>680</td><td>0</td></tr> <tr><td>Jan-17</td><td>680</td><td>0</td></tr> <tr><td>Feb-17</td><td>587</td><td>0</td></tr> </tbody> </table>	Month	Adult mental health > 9 weeks	Target = 0	Feb-16	180	0	Mar-16	250	0	Apr-16	450	0	May-16	500	0	Jun-16	480	0	Jul-16	580	0	Aug-16	550	0	Sep-16	600	0	Oct-16	500	0	Nov-16	500	0	Dec-16	680	0	Jan-17	680	0	Feb-17	587	0	<p>BHSCT Primary mental health Care: An 8 week waiting list initiative will provide an additional 480 new appointment slots between now and the end of the financial year. The service expects the number waiting over 9 weeks for an appointment to reduce to circa 90 by the 31st March.</p> <p>BHSCT Addictions service: The Community Addiction Team continues to experience significant demand from both new external GP-initiated referrals and internal referrals from other areas within Mental Health. There is a process of ongoing recruitment to backfill posts as individuals have either retired or moved to other service areas. The service is currently conducting a validation exercise in advance of a waiting list initiative as part of the recovery plan. Actions are ongoing to reduce DNA rates which are currently 37% of first attendances.</p> <p>With all these factors in play the service expects a nominal reduction in those waiting over 9 weeks by the end of March 2017.</p>
Month	Adult mental health > 9 weeks	Target = 0																																													
Feb-16	180	0																																													
Mar-16	250	0																																													
Apr-16	450	0																																													
May-16	500	0																																													
Jun-16	480	0																																													
Jul-16	580	0																																													
Aug-16	550	0																																													
Sep-16	600	0																																													
Oct-16	500	0																																													
Nov-16	500	0																																													
Dec-16	680	0																																													
Jan-17	680	0																																													
Feb-17	587	0																																													

TDP	FEB RAG	Description	Current position	Trend	Comment																																										
	12.3	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access dementia services.</p>	<p>The Trust consistently delivers against this target.</p>	<p>Number of Dementia patients waiting > 9 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Dementia patients waiting > 9 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>0</td><td>0</td></tr> <tr><td>Mar-16</td><td>0</td><td>0</td></tr> <tr><td>Apr-16</td><td>0</td><td>0</td></tr> <tr><td>May-16</td><td>0</td><td>0</td></tr> <tr><td>Jun-16</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Dementia patients waiting > 9 weeks	Target	Feb-16	0	0	Mar-16	0	0	Apr-16	0	0	May-16	0	0	Jun-16	0	0	Jul-16	0	0	Aug-16	0	0	Sep-16	0	0	Oct-16	0	0	Nov-16	0	0	Dec-16	0	0	Jan-17	0	0	Feb-17	0	0	<p>The Trust continues to achieve this target.</p>
Month	Dementia patients waiting > 9 weeks	Target																																													
Feb-16	0	0																																													
Mar-16	0	0																																													
Apr-16	0	0																																													
May-16	0	0																																													
Jun-16	0	0																																													
Jul-16	0	0																																													
Aug-16	0	0																																													
Sep-16	0	0																																													
Oct-16	0	0																																													
Nov-16	0	0																																													
Dec-16	0	0																																													
Jan-17	0	0																																													
Feb-17	0	0																																													
	12.4	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: 13 weeks to access psychological therapies (any age).</p>	<p>The Trust continues to under deliver against the 9-week target for patients to access Psychological Therapy services. At the end of February 393 people are waiting in excess of 9 weeks</p>	<p>Number of Psychological patients waiting > 13 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Psychological patients waiting > 13 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>280</td><td>0</td></tr> <tr><td>Mar-16</td><td>340</td><td>0</td></tr> <tr><td>Apr-16</td><td>330</td><td>0</td></tr> <tr><td>May-16</td><td>350</td><td>0</td></tr> <tr><td>Jun-16</td><td>400</td><td>0</td></tr> <tr><td>Jul-16</td><td>410</td><td>0</td></tr> <tr><td>Aug-16</td><td>430</td><td>0</td></tr> <tr><td>Sep-16</td><td>430</td><td>0</td></tr> <tr><td>Oct-16</td><td>350</td><td>0</td></tr> <tr><td>Nov-16</td><td>320</td><td>0</td></tr> <tr><td>Dec-16</td><td>350</td><td>0</td></tr> <tr><td>Jan-17</td><td>390</td><td>0</td></tr> <tr><td>Feb-17</td><td>393</td><td>0</td></tr> </tbody> </table>	Month	Psychological patients waiting > 13 weeks	Target	Feb-16	280	0	Mar-16	340	0	Apr-16	330	0	May-16	350	0	Jun-16	400	0	Jul-16	410	0	Aug-16	430	0	Sep-16	430	0	Oct-16	350	0	Nov-16	320	0	Dec-16	350	0	Jan-17	390	0	Feb-17	393	0	<p>The Trust model has been adopted regionally and Primary Care Talking Therapy hubs have been fully implemented across Belfast. The Trust is experiencing demand from service users and GPs of 50% over agreed / funded contracted levels. The Trust is engaging with the HSCB and LCG to discuss capacity issues which impact on Psychological Therapies targets across all programmes of care.</p>
Month	Psychological patients waiting > 13 weeks	Target																																													
Feb-16	280	0																																													
Mar-16	340	0																																													
Apr-16	330	0																																													
May-16	350	0																																													
Jun-16	400	0																																													
Jul-16	410	0																																													
Aug-16	430	0																																													
Sep-16	430	0																																													
Oct-16	350	0																																													
Nov-16	320	0																																													
Dec-16	350	0																																													
Jan-17	390	0																																													
Feb-17	393	0																																													

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
	13.1	<p>Discharges</p> <p>From April 2016, ensure that 99% of all Learning Disability discharges take place within seven days of the patient being assessed as medically fit for discharge.</p>	<p>Cumulative April to February = 82%.</p> <p>The Trust achieved this target at January 2017 (for completed discharges).</p>	<p>Percentage of Learning Disability discharges < 7 days of the patient assessed as medically fit for discharge. Target 99%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>LD discharges < 7 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>75</td><td>99</td></tr> <tr><td>Mar-16</td><td>75</td><td>99</td></tr> <tr><td>Apr-16</td><td>60</td><td>99</td></tr> <tr><td>May-16</td><td>100</td><td>99</td></tr> <tr><td>Jun-16</td><td>100</td><td>99</td></tr> <tr><td>Jul-16</td><td>65</td><td>99</td></tr> <tr><td>Aug-16</td><td>85</td><td>99</td></tr> <tr><td>Sep-16</td><td>100</td><td>99</td></tr> <tr><td>Oct-16</td><td>50</td><td>99</td></tr> <tr><td>Nov-16</td><td>100</td><td>99</td></tr> <tr><td>Dec-16</td><td>65</td><td>99</td></tr> <tr><td>Jan-17</td><td>100</td><td>99</td></tr> <tr><td>Feb-17</td><td>50</td><td>99</td></tr> </tbody> </table>	Month	LD discharges < 7 days (%)	Target (%)	Feb-16	75	99	Mar-16	75	99	Apr-16	60	99	May-16	100	99	Jun-16	100	99	Jul-16	65	99	Aug-16	85	99	Sep-16	100	99	Oct-16	50	99	Nov-16	100	99	Dec-16	65	99	Jan-17	100	99	Feb-17	50	99	<p>The low numbers of Learning Disability patients mean that any delay will impact greatly on the percentage.</p> <p>In February one patient of two waited longer than 7 days to be discharged, indicating only 50% against the target.</p> <p>From April 2016 to the end of February 2017 of 34 patients medically fit for discharge, only 7 patients waited longer than 7 days to be discharged.</p>
Month	LD discharges < 7 days (%)	Target (%)																																													
Feb-16	75	99																																													
Mar-16	75	99																																													
Apr-16	60	99																																													
May-16	100	99																																													
Jun-16	100	99																																													
Jul-16	65	99																																													
Aug-16	85	99																																													
Sep-16	100	99																																													
Oct-16	50	99																																													
Nov-16	100	99																																													
Dec-16	65	99																																													
Jan-17	100	99																																													
Feb-17	50	99																																													
	13.2	<p>Discharges</p> <p>From April 2016, ensure that no Learning Disability discharge taking more than 28 days.</p>	<p>From April to November there were 7 Learning Disability patients who have been discharged with a completed discharge taking more than 28 days.</p> <p>At the end of February 2016 there were a further 24 patients who were ready to be discharged, but remained in hospital more than 28 days (incomplete waits).</p> <p>The Trust continues to under deliver against the target.</p>	<p>Learning Disability awaiting discharge > 28 days from the patient being assessed as medically fit for discharge. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>LD awaiting discharge > 28 days</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>17</td><td>0</td></tr> <tr><td>Mar-16</td><td>18</td><td>0</td></tr> <tr><td>Apr-16</td><td>17</td><td>0</td></tr> <tr><td>May-16</td><td>17</td><td>0</td></tr> <tr><td>Jun-16</td><td>16</td><td>0</td></tr> <tr><td>Jul-16</td><td>16</td><td>0</td></tr> <tr><td>Aug-16</td><td>15</td><td>0</td></tr> <tr><td>Sep-16</td><td>19</td><td>0</td></tr> <tr><td>Oct-16</td><td>22</td><td>0</td></tr> <tr><td>Nov-16</td><td>22</td><td>0</td></tr> <tr><td>Dec-16</td><td>21</td><td>0</td></tr> <tr><td>Jan-17</td><td>23</td><td>0</td></tr> <tr><td>Feb-17</td><td>24</td><td>0</td></tr> </tbody> </table>	Month	LD awaiting discharge > 28 days	Target	Feb-16	17	0	Mar-16	18	0	Apr-16	17	0	May-16	17	0	Jun-16	16	0	Jul-16	16	0	Aug-16	15	0	Sep-16	19	0	Oct-16	22	0	Nov-16	22	0	Dec-16	21	0	Jan-17	23	0	Feb-17	24	0	<p>The Belfast Trust has specific plans and identified placements for all patients recorded as delayed discharge and expects to significantly reduce the numbers of delayed discharges by Mid 2017 pending the delivery of new supported housing schemes and specialist nursing home provision.</p>
Month	LD awaiting discharge > 28 days	Target																																													
Feb-16	17	0																																													
Mar-16	18	0																																													
Apr-16	17	0																																													
May-16	17	0																																													
Jun-16	16	0																																													
Jul-16	16	0																																													
Aug-16	15	0																																													
Sep-16	19	0																																													
Oct-16	22	0																																													
Nov-16	22	0																																													
Dec-16	21	0																																													
Jan-17	23	0																																													
Feb-17	24	0																																													

TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
●	●	<p>Discharges</p> <p>From April 2016, ensure that 99% of all Mental Health discharges take place within seven days of the patient being assessed as medically fit for discharge.</p>	<p>Cumulative April to February = 94%.</p> <p>The Trust continues to perform well against this target. The Trust delivered 89% (for completed discharges) in February 2017.</p>	<p>Percentage of Mental Health discharges < 7 days of the patient assessed as medically fit for discharge. Target 99%</p> <table border="1"> <thead> <tr> <th>Month</th> <th>MH discharges > 7 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>98</td><td>99</td></tr> <tr><td>Mar-16</td><td>95</td><td>99</td></tr> <tr><td>Apr-16</td><td>90</td><td>99</td></tr> <tr><td>May-16</td><td>95</td><td>99</td></tr> <tr><td>Jun-16</td><td>98</td><td>99</td></tr> <tr><td>Jul-16</td><td>97</td><td>99</td></tr> <tr><td>Aug-16</td><td>95</td><td>99</td></tr> <tr><td>Sep-16</td><td>90</td><td>99</td></tr> <tr><td>Oct-16</td><td>98</td><td>99</td></tr> <tr><td>Nov-16</td><td>95</td><td>99</td></tr> <tr><td>Dec-16</td><td>98</td><td>99</td></tr> <tr><td>Jan-17</td><td>90</td><td>99</td></tr> <tr><td>Feb-17</td><td>89</td><td>99</td></tr> </tbody> </table>	Month	MH discharges > 7 days (%)	Target (%)	Feb-16	98	99	Mar-16	95	99	Apr-16	90	99	May-16	95	99	Jun-16	98	99	Jul-16	97	99	Aug-16	95	99	Sep-16	90	99	Oct-16	98	99	Nov-16	95	99	Dec-16	98	99	Jan-17	90	99	Feb-17	89	99	<p>The Trust continues to perform well against this target. Delays are linked to individuals over 65 years awaiting EMI community placement.</p> <p>Of the 38 patients fit for discharge in February, only 4 patients waited longer than 7 days to be discharged.</p> <p>From April 2016 to the end of February 2017 of 422 patients medically fit for discharge, 21 patients waited longer than 7 days.</p>
Month	MH discharges > 7 days (%)	Target (%)																																													
Feb-16	98	99																																													
Mar-16	95	99																																													
Apr-16	90	99																																													
May-16	95	99																																													
Jun-16	98	99																																													
Jul-16	97	99																																													
Aug-16	95	99																																													
Sep-16	90	99																																													
Oct-16	98	99																																													
Nov-16	95	99																																													
Dec-16	98	99																																													
Jan-17	90	99																																													
Feb-17	89	99																																													
●	●	<p>Discharges</p> <p>From April 2016, ensure that no Mental Health discharge take more than 28 days.</p>	<p>From April to February there were 20 Mental Health patients who have been discharged with a completed discharge taking more than 28 days. At the end of February 2017, 6 inpatients who are currently ready for discharge, are waiting more than 28 days to be discharged (incomplete waits).</p> <p>The Trust continues to under deliver against the target.</p>	<p>Mental Health awaiting discharge > 28 days from the patient being assessed as medically fit for discharge. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>MH awaiting discharge > 28 days</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>4</td><td>0</td></tr> <tr><td>Mar-16</td><td>5</td><td>0</td></tr> <tr><td>Apr-16</td><td>2</td><td>0</td></tr> <tr><td>May-16</td><td>4</td><td>0</td></tr> <tr><td>Jun-16</td><td>4</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>2</td><td>0</td></tr> <tr><td>Sep-16</td><td>2</td><td>0</td></tr> <tr><td>Oct-16</td><td>4</td><td>0</td></tr> <tr><td>Nov-16</td><td>3</td><td>0</td></tr> <tr><td>Dec-16</td><td>4</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>6</td><td>0</td></tr> </tbody> </table>	Month	MH awaiting discharge > 28 days	Target	Feb-16	4	0	Mar-16	5	0	Apr-16	2	0	May-16	4	0	Jun-16	4	0	Jul-16	0	0	Aug-16	2	0	Sep-16	2	0	Oct-16	4	0	Nov-16	3	0	Dec-16	4	0	Jan-17	0	0	Feb-17	6	0	<p>The three people in delayed discharge were waiting in dementia wards for EMI community placements.</p> <p>The lack of Supporting People funding will begin to have a negative impact on Mental Health discharges into the future.</p>
Month	MH awaiting discharge > 28 days	Target																																													
Feb-16	4	0																																													
Mar-16	5	0																																													
Apr-16	2	0																																													
May-16	4	0																																													
Jun-16	4	0																																													
Jul-16	0	0																																													
Aug-16	2	0																																													
Sep-16	2	0																																													
Oct-16	4	0																																													
Nov-16	3	0																																													
Dec-16	4	0																																													
Jan-17	0	0																																													
Feb-17	6	0																																													









TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																										
●	●	<p>14.0</p> <p>AHPs</p> <p>By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The Trust continues to under deliver against this target. At February 2017 there were 5954 people waiting more than 13 weeks for AHP services.</p>	<p>Patients waiting more than 13 weeks for AHP treatment at month end. Target = 0</p> <table border="1"> <caption>Approximate data for AHP patients waiting > 13 weeks</caption> <thead> <tr> <th>Month</th> <th>AHP patients waiting > 13 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>1,000</td><td>0</td></tr> <tr><td>Mar-16</td><td>1,100</td><td>0</td></tr> <tr><td>Apr-16</td><td>2,200</td><td>0</td></tr> <tr><td>May-16</td><td>3,100</td><td>0</td></tr> <tr><td>Jun-16</td><td>3,800</td><td>0</td></tr> <tr><td>Jul-16</td><td>4,000</td><td>0</td></tr> <tr><td>Aug-16</td><td>4,400</td><td>0</td></tr> <tr><td>Sep-16</td><td>4,600</td><td>0</td></tr> <tr><td>Oct-16</td><td>6,500</td><td>0</td></tr> <tr><td>Nov-16</td><td>5,800</td><td>0</td></tr> <tr><td>Dec-16</td><td>5,900</td><td>0</td></tr> <tr><td>Jan-17</td><td>6,500</td><td>0</td></tr> <tr><td>Feb-17</td><td>5,954</td><td>0</td></tr> </tbody> </table>	Month	AHP patients waiting > 13 weeks	Target	Feb-16	1,000	0	Mar-16	1,100	0	Apr-16	2,200	0	May-16	3,100	0	Jun-16	3,800	0	Jul-16	4,000	0	Aug-16	4,400	0	Sep-16	4,600	0	Oct-16	6,500	0	Nov-16	5,800	0	Dec-16	5,900	0	Jan-17	6,500	0	Feb-17	5,954	0	<p>Trust continues to discuss capacity and demand for these services with the HSCB.</p> <p>The Trust expects to substantially deliver against the target in Podiatry only.</p> <p>Without additional recurrent or waiting list initiative funding the waiting lists, other AHP areas with higher demand than capacity will certainly worsen by end of March 2017.</p>
Month	AHP patients waiting > 13 weeks	Target																																													
Feb-16	1,000	0																																													
Mar-16	1,100	0																																													
Apr-16	2,200	0																																													
May-16	3,100	0																																													
Jun-16	3,800	0																																													
Jul-16	4,000	0																																													
Aug-16	4,400	0																																													
Sep-16	4,600	0																																													
Oct-16	6,500	0																																													
Nov-16	5,800	0																																													
Dec-16	5,900	0																																													
Jan-17	6,500	0																																													
Feb-17	5,954	0																																													
●	●	<p>15.0</p> <p>Direct Payments</p> <p>By March 2017, secure a 10% increase in the number of direct payments to all service users.</p>	<p>February 2017 = 606 Direct Payments.</p> <p>The Trust continues to increase the uptake of Direct Payments. The pro-rata target at the end of February 2017 was 577. The Trust target for March 2017 is 581.</p>	<p>Direct Payments in place at end of month. Target = tbc</p> <table border="1"> <caption>Approximate data for Direct Payments in place</caption> <thead> <tr> <th>Month</th> <th>DP's in place</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>535</td><td>535</td></tr> <tr><td>May-16</td><td>545</td><td>540</td></tr> <tr><td>Jun-16</td><td>555</td><td>545</td></tr> <tr><td>Jul-16</td><td>565</td><td>550</td></tr> <tr><td>Aug-16</td><td>575</td><td>555</td></tr> <tr><td>Sep-16</td><td>565</td><td>560</td></tr> <tr><td>Oct-16</td><td>600</td><td>565</td></tr> <tr><td>Nov-16</td><td>595</td><td>570</td></tr> <tr><td>Dec-16</td><td>600</td><td>575</td></tr> <tr><td>Jan-17</td><td>595</td><td>580</td></tr> <tr><td>Feb-17</td><td>606</td><td>581</td></tr> <tr><td>Mar-17</td><td>-</td><td>581</td></tr> </tbody> </table>	Month	DP's in place	Target	Apr-16	535	535	May-16	545	540	Jun-16	555	545	Jul-16	565	550	Aug-16	575	555	Sep-16	565	560	Oct-16	600	565	Nov-16	595	570	Dec-16	600	575	Jan-17	595	580	Feb-17	606	581	Mar-17	-	581	<p>The Trust continues to meet the target for Direct Payments.</p>			
Month	DP's in place	Target																																													
Apr-16	535	535																																													
May-16	545	540																																													
Jun-16	555	545																																													
Jul-16	565	550																																													
Aug-16	575	555																																													
Sep-16	565	560																																													
Oct-16	600	565																																													
Nov-16	595	570																																													
Dec-16	600	575																																													
Jan-17	595	580																																													
Feb-17	606	581																																													
Mar-17	-	581																																													









TDP RAG	FEB RAG	Description	Current position	Trend	Comment
●	●	<p>16.0</p> <p>Carers' Assessments</p> <p>By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.</p>	<p>The Trust continues to deliver high numbers of Carers' assessments. The 2016/17 target is 886, based on the outturn at March 2016 of 805.</p>		<p>The Trust expects to deliver the 886 target by March 2017.</p>
●	●	<p>17.0</p> <p>Hospital cancelled appointments</p> <p>By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.</p>	<p>Cumulative April to February = 67,679.</p> <p>The target for March 2017 is 63,128 cancelled Outpatient Appointments, a reduction of 20% from 78,910. Pro rata the target at end of February 2017 is 57,867.</p> <p>Trust continues to experience a high number of Hospital Cancelled Outpatients appointments and will not achieve the target in 2016/17</p>		<p>Achieving a reduction in hospital cancellations remains a challenge. Review of booking practices and recording is ongoing across specialties. More detailed reports have shown that in some areas there are high numbers of cancellations due to clinic template changes due to service / staff moves. e.g. Macular move to RVH PAS, Oncology staff moves to Altnagelvin / more joint clinics etc.</p>






TDP RAG	FEB RAG	Description	Current position	Trend	Comment																																
	18.1	<p>Complex Discharges</p> <p>From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</p>	<p>Cumulative April to February = 44%.</p>		<p>The Community Service Plan for 2016/17 is focusing on four key areas to support improvement in performance. These are:</p> <ul style="list-style-type: none"> • Discharge to Assess; • Domiciliary Care; • Reablement; and • Acute Care at Home. <p>The Trust is aiming to achieve a 20% improvement against the 48-hour target for the RGH site and a 10% improvement against the 7-day target. However, it remains a challenge to validate this information as patients recorded as delayed may often still be awaiting diagnostics and MDT.</p>																																
	18.2	<p>Complex Discharges</p> <p>From April 2016, ensure that no complex discharge takes more than seven days.</p>	<p>Cumulative April to February = 638.</p> <p>75 complex discharges were waiting more than 7 days at the end of February 2017</p>		<p>20% improvement patients discharged within 48 hours of being declared medically fit (for Belfast Trust residents) on RGH site.</p> <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> <th>BCH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>48%</td> <td>48%</td> <td>52%</td> </tr> <tr> <td>Objective 2016/17</td> <td>58%</td> <td>58%</td> <td>52%</td> </tr> <tr> <td>Outturn Feb 2017</td> <td>50%</td> <td>36%</td> <td>39%</td> </tr> </tbody> </table> <p>10% improvement patients discharged within 7 days of being declared medically fit (Belfast Trust residents) on RGH site.</p> <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> <th>BCH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>78%</td> <td>84%</td> <td>69%</td> </tr> <tr> <td>Objective 2016/17</td> <td>86%</td> <td>92%</td> <td>76%</td> </tr> <tr> <td>Outturn Feb 2017</td> <td>79%</td> <td>61%</td> <td>66%</td> </tr> </tbody> </table>	Site	RVH	MIH	BCH	Baseline 2015/16	48%	48%	52%	Objective 2016/17	58%	58%	52%	Outturn Feb 2017	50%	36%	39%	Site	RVH	MIH	BCH	Baseline 2015/16	78%	84%	69%	Objective 2016/17	86%	92%	76%	Outturn Feb 2017	79%	61%	66%
Site	RVH	MIH	BCH																																		
Baseline 2015/16	48%	48%	52%																																		
Objective 2016/17	58%	58%	52%																																		
Outturn Feb 2017	50%	36%	39%																																		
Site	RVH	MIH	BCH																																		
Baseline 2015/16	78%	84%	69%																																		
Objective 2016/17	86%	92%	76%																																		
Outturn Feb 2017	79%	61%	66%																																		

TDP	FEB RAG	Description	Current position	Trend	Comment
	18.3	<p>Non-complex Discharges</p> <p>From April 2016, ensure that all non-complex discharges from an acute hospital take place within six hours.</p>	<p>Cumulative April to February = 97%.</p> <p>Non - complex discharges from an acute hospital take place within 6 hours (Belfast Trust Hospitals) - Source Belfast Trust PAS.</p>		<p>The 6 hour target is consistently above 95% performance.</p>
	19.0	<p>Absence</p> <p>By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.</p> <p>Trust Target = 5.8%</p>	<p>Cumulative April to January = 6.33%</p> <p>The Target absence target has been reduced from 6.17% to 5.8% in 2016/17. The in-month absence in January 2017 was 6.84%.</p>		<p>The Trust position is 1.04% above target at the end of January 2017 and 0.53% cumulatively from April 2016 to January 2017.</p>

BHSCT – Commissioning Plan Directions – Objectives / goals for Improvement
The following are reported by the Trust annually.

COMMISSIONING PLAN DIRECTION OBJECTIVES			
TDP RAG	Desired Outcome 1. Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.		
	1.2	Diabetes	In line with the Department's policy framework, living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.
	1.5	Healthy Child / Healthy Future	By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.
	1.6	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.
	1.7	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.
Desired Outcome 2: People using health and social care services are safe from avoidable harm.			
	2.2	NEWS KPIs	From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.
	2.3	Delivering Care Framework	By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.
	2.4	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.
	2.5	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes,

COMMISSIONING PLAN DIRECTION OBJECTIVES			
			inspected that receive a failure to comply notice and that subsequently attract a notice of decision.
Desired Outcome 3: People who use health and social care services have positive experiences of those services			
	3.1	Palliative / End of Life Care	To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.
	3.2	Inpatient Care same Gender	By March 2017, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need (or alternatively timely access to treatment).
	3.3	Inpatient Care Gender mixed	Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.
	3.4	Children in Care	HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.
Desired Outcome 4: Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services			
		n/a	n/a
Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.			
	5.2	Unplanned Admissions – Long Term Conditions	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.
	5.5	Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.
Desired Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.			
	6.2	Short Breaks	By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.
	6.3	Carers' Assessments	By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: <ul style="list-style-type: none"> • the need for further advice, information or signposting has been identified; • the need for appropriate training has been identified; • the need for a care package has been identified; • the need for a short break has been identified; • the need for financial assistance has been identified.

COMMISSIONING PLAN DIRECTION OBJECTIVES			
	Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.		
TBC	7.4	Elective Care activity	By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.
	Desired outcome 8: People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide.		
	8.1	Seasonal Flu Vaccine	By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.
	8.3	2015 Staff Survey	During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.
	8.4	Workforce Plans	By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.
	8.5	Training Quality 2020	By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.
	8.6	Complaints	By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.

Data to follow

TDP RAG	Ref	Description	Current position
TBC	5.2	Unplanned Admissions – Long Term Conditions By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.	Awaiting guidance from HSCB
TBC	7.4	Elective Care activity By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	To be advised