TRUST BOARD
SUBMISSION TEMPLATE

MEETING	Trust Board	Ref No. 6.2
DIRECTOR	Interim Director of Planning, Performance and Informatics	Date 11.01.18

Trust Performance Report

Purpose	• **For Approval**
Corporate Objective	• *For information/assurance*
Key areas for consideration	The Trust Performance Report (TPR) to the end of November 2017 is attached. The report outlines Trust Performance against key Draft Commissioning Plan Directions (CPD) objectives / goals for improvement for 2017/18. In terms of the delivery against the objectives / goals outlined, the Trust is substantially delivering against the improvement targets in 20 areas. The following objectives / goals are not being achieved at the end of November 2017: • HCAI (Clostridium Difficile) • ED > 12 hours waiting times improvement trajectory targets for RVH and MIH) • Diagnostic: Waiting Times (9 weeks; 26 weeks max waiting time; and urgent tests < 2 days) • Cancer Services Improvement Trajectory target (<62 day pathway) • 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) • Diagnostic waiting times (<9 weeks and <26 weeks) • AHP: Waiting Times (< 13 weeks) • Discharges: Learning Disability (< 7 days and < 28 days) • Hospital Cancelled Outpatient Appointments (20% reduction) • Complex Discharges by Trust and each site(< 48 hours Trust; and < 7days) Further details in relation to the objectives / goals are set out on the attached. More detailed reporting and actions will be discussed at the Trust Performance Sub-Committee. The inaugural Trust Performance sub-committee met on 20th November and discussed in detail performance in the areas of Cancer Access (14,31 and 62 day targets) and Mental Health – Adult and CAMHS (Child and Adolescent Mental Health Services). The next meeting will be held in February and among the areas to be addressed will be Complex Discharges.
Recommendations	For Assurance.

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
CPD: Outcome 2: People using health and social care services are safe from avoidable harm				

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1.0 — By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of MRSA infection compared to 2016/17.

Trust cumulative position April to November = 13 infections.

The Trust 2017/18 target for MRSA bacteraemias has been confirmed as 15 cases to the end of March 2018 (circa 1.25 pm)). In the period Apr- Nov 2017 the cumulative incidenceof CDI was 14 – the reduction to 13 represents a reduction of 7%

Standard	Sep-17	Oct-17	Nov-17
HCAI, incidents of MRSA each month	4	2	1

Note commentary below for both MRSA and C. Diff.

Healthcare Associated Infections (HCAI) MRSA.
Target 2017/18 = 15 (circa 1.25 pm)

— MRSA Actual Monthly   — MRSA target level 1.25 Monthly 2017/18

2.0 — By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over.

Trust cumulative position April to November = 67 infections.

The Trust 2017/18 target for Clostridium Difficile Infection (CDI) has been confirmed as a tolerance of no more than 97 cases to the end of March 2018 (circa 8.1 pm). In the period Apr- Nov 2017 the cumulative incidence of CDI was 85 – the reduction to 67 represents a reduction of over 20%.

Standard	Sep-17	Oct-17	Nov-17
HCAI, incidents of C.Diff each month	6	7	14

Note commentary below for both MRSA and C. Diff.

Healthcare Associated Infections (HCAI)Clostridium Difficile.
Target 2017/18 =97 (circa 8.1pm)

— C.Diff Actual Monthly 2017/18   — C.Diff target level 8.1 Monthly 2017/18

HCAI Actions include:
HCAI group are addressing the action plan from internal audit report in relation to Infection Prevention and Control and Antimicrobial Stewardship. At September 2017, 23 of the 30 recommendations have been fully implemented, 6 are in progress and one is deemed unnecessary.
Areas outstanding relate to some policies, ANTT and medical staff and dress code audit
The Trust has provided additional evidence of actions implemented as follows: -

- Ongoing refinement of 'Plan on a Page' through PDSA cycles to engage frontline staff
- Programme of training for peer hand hygiene auditing, October 2017, very good attendance at sessions, 223 peer auditors trained
- Mandatory IPC training continues to be delivered by e-learning, 2308 staff trained between April 2017 and November 2017- 12 week trial of pro-active VHP undertaken from July 2017, 17 ward areas received full VHP
- Programme of workshops organised to look at IPC issues and patient placement December 2017
- Programme of 12 MRSA updates organised in response to outbreaks of MRSA noted throughout Trust in November/December 2017
- Hand hygiene audit average Q2 90%

HCAI Challenges include:
- 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 particularly MRSA

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
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				

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

Row 3.0

3.0

By March 2018, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.

Trust cumulative position April to November = 93.65%.

The Trust performance has been consistently above 90% since April 2016.

Standard	Sep-17	Oct-17	Nov-17
GP OOH patients triaged within 20 minutes	94.1%	94.1%	94.0%

GP Out Of Hours (OOH).
Acute urgent calls triaged within 20 mins. Target 95%

Legend: GP OOH: triaged within 20 minutes. — Target 95%

Row 4.0

4.0

By March 2018, 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.

Trust cumulative position April to November = 75%

The Trust Improvement Target in 2017/18 is to achieve a further 10% improvement in winter baseline against the 4 hour unscheduled care standard. Trust performance will be monitored against an average of 72% at RVH and 80% at MIH the agreed target.

From Apr-Nov 2017 there was a 4.9% increase in attendance in RVH ED compared to the same period last year. In the same period MIH ED attendances were very slightly down on the same period last year.

Trust ED performance

Standard	Sep-17	Oct-17	Nov-17
ED patients waiting longer than 4 hours to be treated or discharged	72%	72%	75%

ED Performance by site compared to Trust Improvement Target (4 hours)

Trust Improvement Target (average)	Sep-17	Oct-17	Nov-17
RVH (72%)	67%	67%	71%
MIH (80%)	73%	75%	78%

The average performance from April to November by site is 72% at RVH and 74% at MIH. The RVH is achieving it's 10% Performance Improvement Trajectory

Emergency Department: patients treated & discharged, or admitted, within four hours of their arrival.
Trust 2017/18 Improvement Target averages: 72% RVH and 80% MIH.

Legend:
Trust Percentage of ED patients waiting no more than 4 hours (target 95% pm)
RVH Percentage of ED patients waiting no more than 4 hours (target 72% pm)
MIH Percentage of ED patients waiting no more than 4 hours (target 80% pm)

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
			increase against last year, whereas MIH performance has remaining broadly the same as last year. Performance is better than in other Trusts in the region, where performance ranges from the highest at Altnagelvin of 69% to the lowest at Craigavon of 57%.	

Performance – 3 months (TPR 5.0):

Standard	Sep-17	Oct-17	Nov-17
ED patients waiting longer than 12 hours to be treated or discharged	104	153	131

ED Performance by site compared to Trust Improvement Target (12 hours)

Trust ED in-month figures by site (average)	Sep-17	Oct-17	Nov-17
RVH = 66	64	82	81
MIH = 39	40	71	50
RVH and MIH	104	153	131

There were 131 patients waiting in ED at RVH and MIH longer than 12 hours in November 2017. The average number waiting longer than 12 hours from April to October by site is 41 at RVH and 43 at MIH.

There has been a Trust wide increase between April and November in 12-hour breaches of 7.5% (623 to 670) on the same period last year. There has been a 24% reduction on the RVH site (427 to 326). The MIH site has increased by 75% (196 to 343) on the same period last year.

Narrative (TPR 5.0):

Trust cumulative position April to November = 670

The Trust Improvement Target in 2017/18 is to reduce the number of patients that wait in ED for more than 12 hours. Trust performance will be monitored against the agreed target.

Objectives / Goals for Improvement (TPR 5.0):

By March 2018, no patient attending any emergency department should wait longer than 12 hours.

Trend (rolling 12 months) Graph:

Emergency Department: Number of patients waiting more than 12 hours since their arrival.

- Trust Number of ED patients waiting more than 12 hours
- RVH Number of ED patients waiting more than 12 hours (Target = 66 average)
- MIH Number of ED patients waiting more than 12 hours (Target = 39 average)

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
6.0	By March 2018, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.	**Trust cumulative position April to November = 80%.** The Trust continues to perform well against the 2 hour triage performance.	<table><tr><td>**Standard**</td><td>**Sep-17**</td><td>**Oct-17**</td><td>**Nov-17**</td></tr><tr><td>**Percentage of ED patients commenced treatment within 2 hours of triage**</td><td>78%</td><td>77%</td><td>79%</td></tr></table>	ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%
7.0	By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	**Trust cumulative position April to November = 79%**	<table><tr><td>**Standard**</td><td>**Sep-17**</td><td>**Oct-17**</td><td>**Nov-17**</td></tr><tr><td>**Percentage of patients waiting no more than 48 hours for IP hip fracture treatment**</td><td>70%</td><td>90%</td><td>95%</td></tr></table> There has been an increase in trauma cases and more complex cases. This has impacted on the Trust's capacity and ability to meet the target. The Trust had met the target in April; was within 10% of achieving the target in August and October; and has recovered to meet target in November 2017. Since the start of December, however, there has been a significant increase in Trauma cases impacting on the Trusts capacity to meet the target going forward. Due to increased demand as a result of the recent adverse weather conditions, additional operating lists have been scheduled within the RVH and MPH site with some down turning of elective activity within MPH	Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
			undertaken to assist with the pressures and to provide capacity for trauma management of patients.	
8.0	By March 2018, all urgent diagnostic tests should be reported on within two days.	At the end of November 2017, 79% patients diagnostic test results were reported within 2 days.		
9.0	During 2017/18, all urgent suspected breast cancer referrals should be seen within 14 days.	**Trust cumulative position April to November = 94%.** Trust performance will be monitored against the agreed trajectory.		

Performance tables

TPR 8.0

Standard	Sep-17	Oct-17	Nov-17
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	81%	83%	79%

This remains a challenge to the Trust

Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%

TPR 9.0

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	70%	100%	100%
Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	70%	100%	99%

September performance was below trajectory due to temporary issues with staffing. It is anticipated performance will remain 100% until year-end

Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
10.0	During 2017/18, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	**Trust cumulative position April to November = 90%.** Trust performance will be monitored against the agreed trajectory.	See table below	See graph below

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	88%	92%	93%
Actual percentage of Cancer patients receiving a first treatment within 31 days	88%	92%	90%

Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%

TPR ref	Objectives / Goals for Improvement	Narrative
11.0	During 2017/18, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	**Trust cumulative position April to November = 49%.** Trust performance will be monitored against the agreed trajectory.

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	52%	60%	65%
Percentage Cancer patients receiving a first treatment within 62 days	42%	55%	51%

Performance on the 31 and 62 day targets are off trajectory due to an increase in demand for thoracic surgery leading to an increase in breaches, and issues with capacity in urology. These issues are likely to continue until year-end.

Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
12.0	By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	The Trust is under delivering against the target. At the end of November 2017, 26% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks.	<table><tr><td>Standard</td><td>Sep-17</td><td>Oct-17</td><td>Nov-17</td></tr><tr><td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td><td>25%</td><td>26%</td><td>26%</td></tr></table>	
13.0	By March 2018, no patient waits longer than 52 weeks for an outpatient appointment.	The number of patients waiting in excess of 52 weeks continues to increase.	<table><tr><td>Standard</td><td>Sep-17</td><td>Oct-17</td><td>Nov-17</td></tr><tr><td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td><td>30,162</td><td>30,461</td><td>30,572</td></tr></table>	

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months				Trend (rolling 12 months) Graph

14.0

Objectives / Goals for Improvement: By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test.

Narrative: The Trust is under delivering against the target. At the end of November 2017, 45% of patients on Trust's Diagnostic waiting lists are waiting no longer than 9 weeks.

Performance – 3 months:

Standard	Sep-17	Oct-17	Nov-17
Patients waiting no longer than 9 weeks for a Diagnostic test	40%	41%	45%

The Trust is targeting investment to address issues in diagnostic services which will, over the next few months start to impact on numbers waiting. This includes: -.

- Investment in MRI services on the BCH site will target waiting lists during the first 9 months of 2018. The MRI business case will fund additional capacity for GA cases at an additional 2 sessions per month.
- The Trust is delivering above SBA in Cardiac MRI, however demand continues to grow. The Trust has targeted non-recurrent funding to see an additional 40 patients per month.
- The new Cardiac CT service will commence in February 2018 delivering 2 sessions per week, around 10 patients per week.
- The Trust is addressing some waiting list issues, in Ultrasound, for example through the Independent sector.
- Recurrent funding has been agreed for ECHO; and
- The Trust has identified requirement to replace equipment to bring MPI services up to date.

Trend (rolling 12 months) Graph:

Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
15.0	By March 2018, no patient waits longer than 26 weeks for a diagnostic test.	The number of patients waiting has been continuing to grow. Validated figures are awaited.		
16.0	By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.	The Trust is under delivering against the target. At the end of November 2017, 35% of patients on Trust's waiting lists are waiting no longer than 13 weeks.		

Performance – 3 months (15.0)

Standard	Sep-17	Oct-17	Nov-17
Patients waiting longer than 26 weeks for a Diagnostic test	8,120	9,469	8,062

Refer to 14.0, above

Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0

Performance – 3 months (16.0)

Standard	Sep-17	Oct-17	Nov-17
Patients waiting no longer than 13 weeks for an IPDC treatment	31%	33%	35%

Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
17.0	By March 2018, no patient waits longer than 52 weeks for inpatient / daycase treatment.	The Trust is under delivering against the target. At the end of November 2017, 35% of patients on Trust's IPDC waiting lists are waiting no longer than 13 weeks.	(see table below)	
18.0	By March 2018, no patient waits longer than 9 weeks to access child and adolescent mental health services	Trust performance will be monitored against the agreed trajectory.	(see table below)	

TPR 17.0 Performance – 3 months

Standard	Sep-17	Oct-17	Nov-17
Patients waiting longer than 52 weeks for an IPDC treatment	5,772	6,106	6,231

TPR 17.0 Trend: Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0

Legend: Number waiting longer than 52 weeks for IPDC treatment — Target = 0

TPR 18.0 Performance – 3 months

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	115	95	75
Patients waiting longer than 9 weeks to access CAMH services	92	86	42

The service is ahead of target on it's Improvement trajectory at 30th November, with 42 patients waiting over 9 weeks to be first seen.

TPR 18.0 Trend: Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.

Legend: Number waiting more than 9 weeks to access service — Target = 0 — Trust Trajectory 2017/18

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Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
19.0	By March 2018, no patient waits longer than 9 weeks to access adult mental health services.	Trust performance will be monitored against the agreed trajectory.	*(see table and text below)*	

Performance – 3 months (Ref 19.0)

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	833	713	573
Number of patients waiting longer than 9 weeks to access Adult Mental Health services	790	616	317

The service is ahead of target on it's Improvement trajectory at 30th November, with 317 patients waiting over 9 weeks to be first seen.

Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
20.0	Dementia From April 2016, no patient waits longer than nine weeks to access dementia services.	Trust performance will be monitored against the agreed trajectory.	*(see table and text below)*	

Performance – 3 months (Ref 20.0)

Standard	Sep-17	Oct-17	Nov-17
Trust Trajectory 2017/18	34	30	28
Number of patients waiting longer than 9 weeks to access Dementia services	22	23	41

Dementia data available from August 2017.

The service is behind on it's Improvement Trajectory at 30th November, with 41 patients waiting over 9 weeks to be first seen.

Number of patients waiting longer than 9 weeks to access Dementia services measure against Trust Trajectory. Target = 0

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
21.0	By March 2018, no patient waits longer than 13 weeks to access psychological therapies (any age).	Trust performance will be monitored against the agreed trajectory.	**Trust Trajectory Plan 2017/18** | Standard	Sep-17	Oct-17	Nov-17
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Trust Trajectory 2017/18	540	553	616
Number of patients waiting longer than 13 weeks to access Psychological services	540	512	538 | The service is ahead of target on it's Improvement trajectory at 30th November, with 538 patients waiting over 9 weeks to be first seen.	 Number of patients waiting longer than 13 weeks to access Psychological Services. Trust Planned Trajectory to reduce 2017/18 breaches to 681 by March

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph

CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

22.0

By March 2018, secure a 10% increase in the number of direct payments to all service users.

Trust cumulative position April to November = 682.

The Trust continues to meet the target with the take up of Direct Payments.

Trust target = 661 Direct Payments by March 2018.

Standard	Sep-17	Oct-17	Nov-17
Planned increase	632	636	641
Number of clients / carers in receipt of Direct Payments	668	676	682

Direct Payments are currently 6.3% (41) above the planned position at November 2017 and 3.2% (21) above the planned outturn by March 2018.

Direct Payments in place for Carers and / or Clients at end of month. Target = tbc

23.0

By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.

The Trust is currently unable to achieve the 13 week target to commence AHP services.

Standard	Sep-17	Oct-17	Nov-17
Number of patients waiting more than 13 weeks from referral to AHP treatment	6,009	5,805	5,319

The Trust has now 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 will work with the HSCB and Trust to prioritise the resources to fill these gaps. In the meantime, non-recurrent resource is required to help clear the backlog of waiting list patients.

Number of patients waiting more than 13 weeks for AHP treatment at month end. Target = 0

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months				Trend (rolling 12 months) Graph

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months			

TPR ref: 24.0

Objectives / Goals for Improvement: During 2017/18, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge.

Narrative:

Trust cumulative position April to November = 77%.

There were 20 patients discharged within 7 days with 6 patient discharges taking more than 7 days from April to November 2017.

The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.

Performance – 3 months:

Standard	Sep-17	Oct-17	Nov-17
Percentage of patients discharged within 7 days	100%	33%	50%
Number of discharges within 7 days	3	1	1

Three people were discharged from MAH giving performance of 33% in October 2017: one within 7 days; one between 29 and 90 days and one delayed over a year, hence 33% performance in October. In November 50% performance was one of the two discharges taking more than 28 days.

The service is in the process of in discharging a number of individuals who have been delayed due to lack of community placement. This means that over Q3 and Q4 this performance indicator will be down as several delayed discharge patients are finally discharged to the community.

Trend (rolling 12 months) Graph:

Percentage of Learning Disability patients discharged within 7days of being assessed as medically fit for discharge. Target 99%

Legend: LD discharges < 7 days; Target = 99%

TPR ref: 25.0

Objectives / Goals for Improvement: During 2017/18, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.

Narrative:

From April to November 2017 there were: 20 patients discharged within 28 days; and 6 patients discharged with a completed discharge taking more than 28 days.

At the end of November 2017, there are 21 patients awaiting discharge who are medically fit.

Performance – 3 months:

Standard	Sep-17	Oct-17	Nov-17
Number of patients discharged within 28 days	3	1	1
Number of patients discharged more than 28 days	0	2	1
Number of patients awaiting discharge more than 28 days	24	23	21

Trend (rolling 12 months) Graph:

Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0

Legend: LD Discharges awaiting discharge longr than 28 days; Target = 0

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
26.0	During 2017/18, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.	**Trust cumulative position April to November = 94%.** There were 283 patients discharged within 7 days with 17 patient discharges taking more than 7 days from April to November 2017.	(see table below)	

Standard	Sep-17	Oct-17	Nov-17
Percentage of patients Discharged Within 7 days	88%	95%	100%
Number of discharges within 7 days	35	40	20

Percentage of Mental Health patients discharged within 7days of being assessed as medically fit for discharge. Target 99%

TPR ref	Objectives / Goals for Improvement	Narrative
27.0	During 2017/18, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.	From April to November 2017 there were: 283 Mental Health patients discharged within the 28 day target; and 17 Mental Health patients who have been discharged with a completed discharge taking more than 28 days. At the end of November 2017, 5 patients awaiting discharge who are medically fit for discharge.

Standard	Sep-17	Oct-17	Nov-17
Number of patients discharged within 28 days	35	40	20
Number of patients discharged more than 28 days	5	2	0
Number of patients awaiting discharge more than 28 days	3	2	5

Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph

CPD: Outcome 6: Supporting those who care for others

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph
28.0	By March 2018, secure a 10% increase (based on 2016/17 figures) in the number of carers' assessments offered to carers for all service users.	Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments. Target to be confirmed.	<table><tr><td>**Standard**</td><td>**Q4 16/17**</td><td>**Q1 17/18**</td><td>**Q2 17/18**</td></tr><tr><td>**Number of Carers Assessments**</td><td>784</td><td>841</td><td>957</td></tr></table> **Quarter 4, 2016/17 was 784. Target is for 862 by Q4, 2017/18.** There has been an increase in Carers' Assessments of 7% (841) in Quarter 1 and 22% (957) in Quarter 2.	

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph

CPD: Outcome 7: Ensure the sustainability of health and social care services

Standard	Sep-17	Oct-17	Nov-17
Number of Consultant led Hospital Cancelled Appointments	6,797	7,658	6,631

29.0

By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.

Trust cumulative position April to November = 51,737

The Trust continues to experience a high level of Hospital Cancelled Consultant-led Outpatient appointments.

Note: The target is based on 2015/16 outturn, 72,072, sourced from the HIB, QOAR return.

The Trust continues to put in place actions to reduce the number of hospital cancelled outpatient appointments including:

- Detailed quarterly reports for hospital cancellations by speciality, consultant and reason have been widely circulated across service directorates. These have also been discussed at specialty elective reform meetings
- The Trust has completed the implementation of Outpatient Review Partial Booking and this should assist in reducing cancellations during 2017/18.
- Some data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff.
- Delivery of a 20% reduction will however be a challenge by March 2018. The Trust will aim to deliver a 5% improvement in 17/18.

Hospital Cancelled OP Appointments: Reduction of 20%. Baseline = 72,072 (2015/16). Target = 57,658 by March 2018.

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph

30.0 — By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.

Trust cumulative position April to November = 42%.
All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.

The Trust improvement target is a 20% improvement for patients being discharged within 48 hours compared to the 2016/17 monthly average.

Standard	Sep-17	Oct-17	Nov-17
Percentage of complex discharges within 48 hours	36%	38%	49%

Complex discharges within 48 hours are measured against the Trust Improvement Target, average by site, below:

Trust Improvement Target (Avg)	Apr - Sep 2017	Apr - Oct 2017	Apr - Nov 2017
RVH (59%)	47%	47%	48%
MIH (44%)	32%	29%	32%
BCH (48%)	28%	26%	30%

Percentage of patients with complex needs being discharged from an acute hospital within 48 hours. Target 90%

31.0 — By March 2018, ensure that no complex discharge taking more than 7 days.

Trust cumulative position April to November = 620.
All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.

The Trust plan is to achieve a 10% improvement for patients being discharged within 7 days compared to 2016/17 monthly average. The monthly cumulative is monitored against monthly average percentage targets.

Standard	Sep-17	Oct-17	Nov-17
Number of Complex Discharges taking more than 7 days	78	94	98

Complex discharges within 48 hours compared to Trust Improvement Target

Trust Improvement Target (average)	Apr - Sep 2017	Apr - Oct 2017	Apr - Nov 2017
RVH (87%)	76%	76%	76%
MIH (68%)	54%	52%	55%
BCH (73%)	53%	50%	52%

Number of patients with complex needs with their discharge delayed more than 7 days. Target = 0

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
32.0	By March 2018, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	**Trust cumulative position April to November = 97%.** Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS	<table><tr><td>Standard</td><td>Sep-17</td><td>Oct-17</td><td>Nov-17</td></tr><tr><td>Percentage of Non-complex Discharges taking place within 6 hours</td><td>97%</td><td>97%</td><td>97%</td></tr></table>	 Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%
33.0	By March 2018, to reduce the percentage of funded activity associated with elective care services that remains undelivered	**Delivery of Core activity** Trust is delivering close to plan at the end of November 2017: Elective IPDC on target; and OP New +2.1%	See tables below	 BHSCT Trajectory Analysis 2017/18: Elective Care IPDC and Outpatient Attendances

Row 33.0 Performance tables

Standard	Sep-17	Oct-17	Nov-17
IPDC Plan 2017/18*	8,228	8,026	8,303
IPDC Attendances	7,640	8,137	8,461
OP Plan 2017/18*	15,227	15,506	15,035
OP Attendances	14,914	15,167	16,015

plan revised to 30th September 2017

Variance against plan @ 30th November		
Elective IPDC	**Volume**	**%**
HSCB selected specialties	37,097	-1.1%
All Specialties	61,885	0.0%
Outpatient - New	**Volume**	**%**
HSCB selected specialties	84,325	1.4%
All Specialties	115,383	2.1%

Trust Performance Report 2017/18 - November 2017

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph

CPD: Outcome 8: Supporting the HSC workforce

| 34.0 | By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure. | **Trust cumulative position April to November = 6.44%.**

Trust 2017/18 target 6.02%. | | |

Standard	Sep-17	Oct-17	Nov-17
Trust Absence Rate	**6.31%**	**6.73%**	**6.81%**

Trust absence is higher but continues to match the 2016/17 monthly trend.

In November 2017 the 6.81% absence is 0.3% above November 2016 at 6.51%.

The Cumulative at November 2017 is also 0.3% above the same period last year at 6.14%.

Trust's monthly percentage absence rate. Target 2017/18 6.02%