

**TRUST BOARD**

<b>MEETING</b>	<b>Trust Board</b>	<b>Ref No. 6.2</b>
<b>DIRECTOR</b>	<b>Director of Planning, Performance and Informatics (Interim)</b>	<b>Date 1 March 2018</b>
<ul style="list-style-type: none"> <li><b>Trust Performance Report</b></li> </ul>		
<b>Purpose</b>	<ul style="list-style-type: none"> <li><b>For Approval</b></li> </ul>	
<b>Corporate Objective</b>	<ul style="list-style-type: none"> <li><i>For information/assurance</i></li> </ul>	
<b>Key areas for consideration</b>	<p>The Trust Performance Report (TPR) to the end of January 2018 is attached. The report outlines Trust Performance against key Draft Commissioning Plan Directions (CPD) objectives / goals for improvement for 2017/18.</p> <p>In terms of the delivery against the objectives / goals outlined, the Trust is substantially delivering against the improvement targets in 14 areas.</p> <p>The following objectives / goals are not being achieved at the end of January 2018 (or December 2017 where January 2018 information is not yet available):</p> <ul style="list-style-type: none"> <li>HCAI (MRSA)</li> <li>ED &gt; 4 hours and 12 hours waiting times improvement trajectory targets for RVH and MIH)</li> <li>Hip fractures</li> <li>Diagnostic: Waiting Times (9 weeks; 26 weeks max waiting time; and urgent tests &lt; 2 days)</li> <li>Cancer Services Improvement Trajectory target (&lt;62 day pathway)</li> <li>Outpatients: Waiting Times (&lt; 9 weeks; and &lt; 52 weeks max waiting time)</li> <li>Inpatient and Day-case Waiting Times (&lt; 13 weeks; and &lt; 52 weeks max waiting time)</li> <li>Mental Health Waiting times (CAMHS and Dementia)</li> <li>AHP: Waiting Times (&lt; 13 weeks)</li> <li>Discharges: Learning Disability (&lt; 7 days and &lt; 28 days)</li> <li>Hospital Cancelled Outpatient Appointments (20% reduction)</li> <li>Complex Discharges by Trust and each site(&lt; 48 hours Trust; and &lt; 7days)</li> <li>Absence</li> </ul> <p>Further details in relation to the objectives / goals are set out on the attached.</p>	
<b>Recommendations</b>	For Assurance.	

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph												
<b>CPD: Outcome 2: People using health and social care services are safe from avoidable harm</b>																
1.0	<p>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. <b>Target 2017/18 = 15</b></p>	<p><b>Trust cumulative position April to January = 15 infections.</b></p> <p>The Trust 2017/18 tolerance level for MRSA bacteraemias has been confirmed as 15 cases to the end of March 2018 (circa 1.25 pm).</p> <p>In the period April 2016 to January 2017 the cumulative incidence of MRSA was 16. The outturn at the end of January 2018 of 15 represents a reduction of 6.3%.</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th>Standard Tolerance level</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>MRSA incidents In-month</td> <td style="background-color: red; color: white;">1</td> <td style="background-color: green; color: white;">1</td> <td style="background-color: green; color: white;">1</td> </tr> <tr> <td>MRSA incidents Cumulative</td> <td style="background-color: red; color: white;">13</td> <td style="background-color: red; color: white;">14</td> <td style="background-color: red; color: white;">15</td> </tr> </tbody> </table> <p style="text-align: center;">Comments on page below</p>	Standard Tolerance level	Nov 2017	Dec 2017	Jan 2018	MRSA incidents In-month	1	1	1	MRSA incidents Cumulative	13	14	15	
Standard Tolerance level	Nov 2017	Dec 2017	Jan 2018													
MRSA incidents In-month	1	1	1													
MRSA incidents Cumulative	13	14	15													
2.0	<p>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. <b>Target 2017/18 = 97</b></p>	<p><b>Trust cumulative position April to January = 88 infections.</b></p> <p>The Trust 2017/18 tolerance level 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).</p> <p>In the period April 2016 to January 2017 the cumulative incidence of CDI was 100. The outturn at the end of January 2018 of 88 represents a reduction of 12.0%.</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th>Standard Tolerance level</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>C.Diff incidents In-month</td> <td style="background-color: red; color: white;">14</td> <td style="background-color: green; color: white;">6</td> <td style="background-color: red; color: white;">15</td> </tr> <tr> <td>C.Diff incidents Cumulative</td> <td style="background-color: green; color: white;">67</td> <td style="background-color: green; color: white;">73</td> <td style="background-color: yellow; color: black;">88</td> </tr> </tbody> </table> <p style="text-align: center;">Comments on page below</p>	Standard Tolerance level	Nov 2017	Dec 2017	Jan 2018	C.Diff incidents In-month	14	6	15	C.Diff incidents Cumulative	67	73	88	
Standard Tolerance level	Nov 2017	Dec 2017	Jan 2018													
C.Diff incidents In-month	14	6	15													
C.Diff incidents Cumulative	67	73	88													

**HCAI Actions (updated as at 20 February 2018) include:**

HCAI Implementation Team are addressing the action plan from internal audit report in relation to Infection Prevention and Control and Antimicrobial Stewardship. Areas outstanding relate to some policies, ANTT in relation to medical staff and dress code audit.

Continued Actions in relation to Internal Audit include on-going refinement of 'Plan on a Page' through repeated PDSA cycles to engage frontline staff, plan is to be updated to enable its application to non-general ward areas such as theatres. Other actions include updating of policies and provision of face to face ANTT training and ANTT updates via video presentation.

Review of IPC audits is currently being undertaken, dashboard approach being developed for circulation of audits and to promote ease of understanding of results. Formal circulation list for all audits to be developed and agreed through HCAIIT.

**Additional IPC activity ongoing:**

- Mandatory IPC training continues to be delivered by e-learning, 2622 staff trained between April 2017 and Jan 2018
- Outbreak management in relation to two outbreaks of MRSA ongoing in the Trust, Meadowlands GMU2 / GMU3 MPH and 4E/4F RVH. Staff screening exercise being undertaken in relation to GMU2/ GMU3 as outbreak not resolving
- Collaborative working with patient flow team to ensure best use of side room provision in light of increased general activity and as a result of upsurge in FLU/FLI since end of December
- Continued progress in relation to annual IPC work-plan

**HCAI Challenges include:**

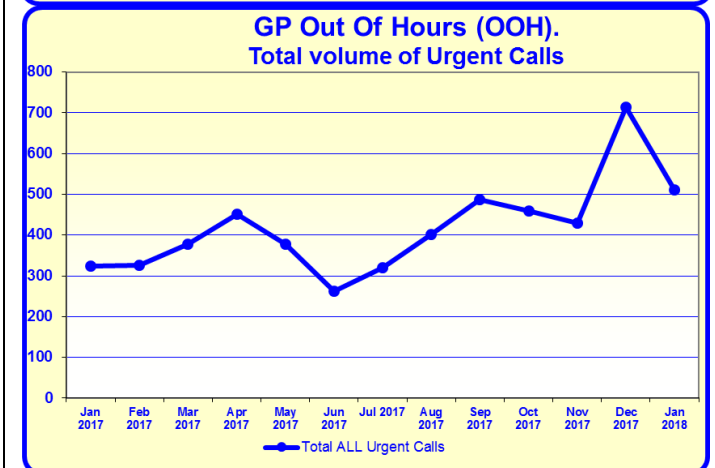
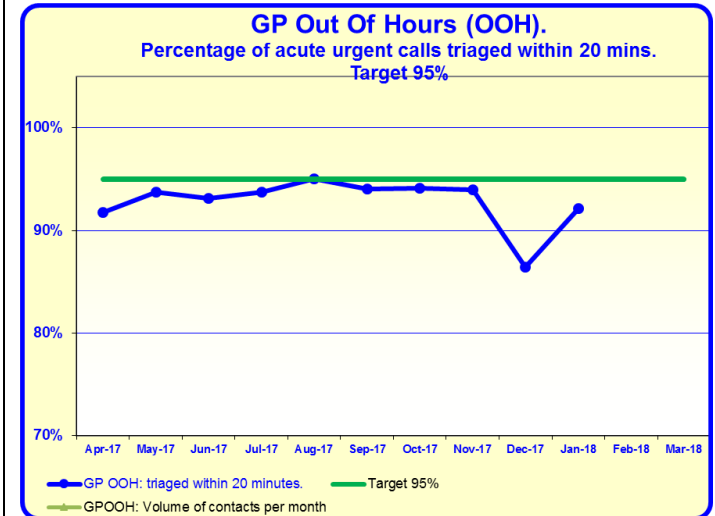
- Ensuring consistency of basic practices such as hand hygiene and ANTT; access to isolation facilities; prompt risk assessment and placement; sampling; screening and decolonisation of high risk patients
- Upsurge in FLU/ FLI from end of December, 443 cases in BHSCT notified by virology to IPC from 01/01/18 up until the 12/02/18
- An increase in general activity across the Trust and increased patient movement

## Trust Board Performance Report 2017/18 – January 2018

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

<b>3.0</b>	By March 2018, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	<p><b>Trust cumulative position April to January = 92.32%.</b></p> <p>The Trust performance has been consistently above 90% from April 2016, with the exception of December 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> <tr> <td style="text-align: left;">GP OOH patients triaged within 20 minutes</td> <td style="color: blue;">94.0%</td> <td style="color: red;">86.4%</td> <td style="color: blue;">92.16%</td> </tr> </table> <p>In January 2018, there were 470 (92.16%) acute / urgent contacts addressed within the 20 min triage target. The average for 2016/17 was 285.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="4">GP Out of Hours (OOH) Activity : 2016/17 and 2017/18 Christmas and New Year Holiday Periods*</th> </tr> <tr> <th style="width: 25%;">Contacts</th> <th style="width: 15%;">2016/17</th> <th style="width: 15%;">2017/18</th> <th style="width: 15%;">% increase</th> </tr> <tr> <td>Total acute / urgent calls</td> <td style="color: blue;">282</td> <td style="color: blue;">433</td> <td style="color: blue;">53.5%</td> </tr> <tr> <td>Acute / urgent calls triaged within 20mins</td> <td style="color: blue;">254</td> <td style="color: blue;">355</td> <td style="color: blue;">39.9%</td> </tr> <tr> <td>Total routine calls</td> <td style="color: blue;">5,544</td> <td style="color: blue;">6,576</td> <td style="color: blue;">18.6%</td> </tr> <tr> <td>Total no. of Calls Triaged</td> <td style="color: blue;">5,826</td> <td style="color: blue;">7,009</td> <td style="color: blue;">20.3%</td> </tr> </table> <p><small>* 23/12/17 - 2/1/18 and corresponding period for 2016/17</small></p> <p>There has been an increase of 1,183 contacts (20.3%) from 5,826 to 7,009 contacts between 23/12/17 and 2/1/18, compared with the same period last year.</p> <p>In the same analysis period there were an additional 151 (54%). acute / urgent contacts. from 282 to 433</p>	Standard	Nov 2017	Dec 2017	Jan 2018	GP OOH patients triaged within 20 minutes	94.0%	86.4%	92.16%	GP Out of Hours (OOH) Activity : 2016/17 and 2017/18 Christmas and New Year Holiday Periods*				Contacts	2016/17	2017/18	% increase	Total acute / urgent calls	282	433	53.5%	Acute / urgent calls triaged within 20mins	254	355	39.9%	Total routine calls	5,544	6,576	18.6%	Total no. of Calls Triaged	5,826	7,009	20.3%	
Standard	Nov 2017	Dec 2017	Jan 2018																																	
GP OOH patients triaged within 20 minutes	94.0%	86.4%	92.16%																																	
GP Out of Hours (OOH) Activity : 2016/17 and 2017/18 Christmas and New Year Holiday Periods*																																				
Contacts	2016/17	2017/18	% increase																																	
Total acute / urgent calls	282	433	53.5%																																	
Acute / urgent calls triaged within 20mins	254	355	39.9%																																	
Total routine calls	5,544	6,576	18.6%																																	
Total no. of Calls Triaged	5,826	7,009	20.3%																																	



## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																
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.	<p><b>Trust cumulative position April to January = 74%</b></p> <p>The Trust Performance 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.</p>	<p><b>Trust ED performance in month by Site</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">ED patients waiting longer than 4 hours to be treated or discharged</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td>RVH</td> <td>71%</td> <td>59%</td> <td>57%</td> </tr> <tr> <td>MIH</td> <td>78%</td> <td>72%</td> <td>69%</td> </tr> <tr> <td>RBHSC</td> <td>75%</td> <td>76%</td> <td>79%</td> </tr> <tr> <td><b>Trust Combined</b></td> <td><b>75%</b></td> <td><b>66%</b></td> <td><b>65%</b></td> </tr> </tbody> </table> <p><b>ED Performance by site compared to Trust Improvement Target (4 hours)</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Trust Improvement Target (average)</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td>RVH (72%)</td> <td>71%</td> <td>59%</td> <td>57%</td> </tr> <tr> <td>MIH (80%)</td> <td>78%</td> <td>72%</td> <td>69%</td> </tr> </tbody> </table> <p>The average performance from April to January by site is 70% at RVH and 73% at MIH. The RVH is close to achieving it's 10% Performance Improvement Trajectory increase against last year, whereas MIH performance has remaining broadly the same as last year.</p>	ED patients waiting longer than 4 hours to be treated or discharged	Nov 2017	Dec 2017	Jan 2018	RVH	71%	59%	57%	MIH	78%	72%	69%	RBHSC	75%	76%	79%	<b>Trust Combined</b>	<b>75%</b>	<b>66%</b>	<b>65%</b>	Trust Improvement Target (average)	Nov 2017	Dec 2017	Jan 2018	RVH (72%)	71%	59%	57%	MIH (80%)	78%	72%	69%	<div style="border: 2px solid blue; padding: 10px;"> <p style="text-align: center; font-weight: bold; color: blue;">Emergency Department: patients treated &amp; discharged, or admitted, within four hours of their arrival.</p> <p style="text-align: center; font-weight: bold; color: blue;">Trust 2017/18 Improvement Target averages: 72% RVH and 80% MIH.</p> <p style="font-size: small; text-align: center;"> <span style="color: blue;">●</span> Trust Percentage of ED patients waiting no more than 4 hours (target 95% pm)  <span style="color: green;">●</span> RVH Percentage of ED patients waiting no more than 4 hours (target 72% pm)  <span style="color: yellow;">●</span> MIH Percentage of ED patients waiting no more than 4 hours (target 80% pm)                 </p> </div>
ED patients waiting longer than 4 hours to be treated or discharged	Nov 2017	Dec 2017	Jan 2018																																	
RVH	71%	59%	57%																																	
MIH	78%	72%	69%																																	
RBHSC	75%	76%	79%																																	
<b>Trust Combined</b>	<b>75%</b>	<b>66%</b>	<b>65%</b>																																	
Trust Improvement Target (average)	Nov 2017	Dec 2017	Jan 2018																																	
RVH (72%)	71%	59%	57%																																	
MIH (80%)	78%	72%	69%																																	

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																																																																
5.0	By March 2018, no patient attending any emergency department should wait longer than 12 hours.	<p><b>Trust cumulative position April to January = 1,789</b></p> <p>The Trust Performance 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.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Standard</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>ED patients waiting longer than 12 hours to be treated or discharged</td> <td style="text-align: center;">131</td> <td style="text-align: center;">302</td> <td style="text-align: center;">817</td> </tr> </tbody> </table> <p style="text-align: center;"><b>ED Performance by site compared to Trust Improvement Target (12 hours)</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Trust ED in-month figures by site (average)</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>RVH = 66</td> <td style="text-align: center;">81</td> <td style="text-align: center;">173</td> <td style="text-align: center;">542</td> </tr> <tr> <td>MIH = 39</td> <td style="text-align: center;">50</td> <td style="text-align: center;">129</td> <td style="text-align: center;">275</td> </tr> <tr> <td>RVH and MIH</td> <td style="text-align: center;">131</td> <td style="text-align: center;">302</td> <td style="text-align: center;">817</td> </tr> </tbody> </table> <p>There were 817 patients waiting in ED at RVH and MIH longer than 12 hours in January 2018. The average number waiting longer than 12 hours from April to January by site is 104 at RVH and 75 at MIH.</p> <p>There has been a Trust wide increase between April and January in 12-hour breaches of 44% (1,243 to 1,789) on the same period last year.</p> <ul style="list-style-type: none"> <li>• There has been a 27% increase on the RVH site compared to the same period last year (822 to 1041).</li> <li>• There has been a 77% increase on the MIH site compared to the same period last year (421 to 747).</li> </ul>	Standard	Nov 2017	Dec 2017	Jan 2018	ED patients waiting longer than 12 hours to be treated or discharged	131	302	817	Trust ED in-month figures by site (average)	Nov 2017	Dec 2017	Jan 2018	RVH = 66	81	173	542	MIH = 39	50	129	275	RVH and MIH	131	302	817	<div style="border: 2px solid blue; padding: 10px;"> <p style="text-align: center; color: blue; font-weight: bold;">Emergency Department: Number of patients waiting more than 12 hours since their arrival.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Estimated Data from Trend Graph</caption> <thead> <tr> <th>Month</th> <th>Trust</th> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr><td>Jan-17</td><td>450</td><td>100</td><td>100</td></tr> <tr><td>Feb-17</td><td>300</td><td>50</td><td>50</td></tr> <tr><td>Mar-17</td><td>150</td><td>50</td><td>50</td></tr> <tr><td>Apr-17</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>May-17</td><td>150</td><td>50</td><td>50</td></tr> <tr><td>Jun-17</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Jul-17</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Aug-17</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Sep-17</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Oct-17</td><td>150</td><td>50</td><td>50</td></tr> <tr><td>Nov-17</td><td>150</td><td>50</td><td>50</td></tr> <tr><td>Dec-17</td><td>300</td><td>150</td><td>100</td></tr> <tr><td>Jan-18</td><td>817</td><td>542</td><td>275</td></tr> </tbody> </table> </div>	Month	Trust	RVH	MIH	Jan-17	450	100	100	Feb-17	300	50	50	Mar-17	150	50	50	Apr-17	100	50	50	May-17	150	50	50	Jun-17	100	50	50	Jul-17	100	50	50	Aug-17	100	50	50	Sep-17	100	50	50	Oct-17	150	50	50	Nov-17	150	50	50	Dec-17	300	150	100	Jan-18	817	542	275
Standard	Nov 2017	Dec 2017	Jan 2018																																																																																	
ED patients waiting longer than 12 hours to be treated or discharged	131	302	817																																																																																	
Trust ED in-month figures by site (average)	Nov 2017	Dec 2017	Jan 2018																																																																																	
RVH = 66	81	173	542																																																																																	
MIH = 39	50	129	275																																																																																	
RVH and MIH	131	302	817																																																																																	
Month	Trust	RVH	MIH																																																																																	
Jan-17	450	100	100																																																																																	
Feb-17	300	50	50																																																																																	
Mar-17	150	50	50																																																																																	
Apr-17	100	50	50																																																																																	
May-17	150	50	50																																																																																	
Jun-17	100	50	50																																																																																	
Jul-17	100	50	50																																																																																	
Aug-17	100	50	50																																																																																	
Sep-17	100	50	50																																																																																	
Oct-17	150	50	50																																																																																	
Nov-17	150	50	50																																																																																	
Dec-17	300	150	100																																																																																	
Jan-18	817	542	275																																																																																	

## Trust Board Performance Report 2017/18 – January 2018

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.	<p><b>Trust cumulative position April to December = 79%.</b></p> <p>The Trust continues to perform well against the 2 hour triage performance.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of ED patients commenced treatment within 2 hours of triage</td> <td style="text-align: center;">77%</td> <td style="text-align: center;">79%</td> <td style="text-align: center;">74%</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	Percentage of ED patients commenced treatment within 2 hours of triage	77%	79%	74%	<p>ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%</p>
Standard	Oct 2017	Nov 2017	Dec 2017									
Percentage of ED patients commenced treatment within 2 hours of triage	77%	79%	74%									
7.0	By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p><b>Trust cumulative position April to January = 76%</b></p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no more than 48 hours for IP hip fracture treatment</td> <td style="text-align: center;">95%</td> <td style="text-align: center;">67%</td> <td style="text-align: center;">64%</td> </tr> </tbody> </table> <p>Since the start of December 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 undertaken to assist with the pressures and to provide capacity for trauma management of patients.</p> <p>During the month of December 2017 there were 359 admissions with 106 NOF fractures.</p>	Standard	Nov 2017	Dec 2017	Jan 2018	Percentage of patients waiting no more than 48 hours for IP hip fracture treatment	95%	67%	64%	<p>Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%</p>
Standard	Nov 2017	Dec 2017	Jan 2018									
Percentage of patients waiting no more than 48 hours for IP hip fracture treatment	95%	67%	64%									

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																				
			<p>The complexity of trauma admitted was also integral to the delays:</p> <ul style="list-style-type: none"> <li>•Spinal Admissions = 61 admissions</li> <li>•Polyfracture (two or more fracture types) = 22 admissions</li> </ul> <p>This situation was replicated in January 2018 with 102 NOF admissions</p> <ul style="list-style-type: none"> <li>•Spinal = 48 Admissions</li> <li>•Polyfracture = 25 Admissions</li> </ul> <p>This cohort of patients would have a higher co-morbidity, therefore there was an increase in demand for ICU/HDU beds which impacted on the Trusts capacity to meet the target.</p>																																					
8.0	By March 2018, all urgent diagnostic tests should be reported on within two days.	At the end of December 2017, 78% patients diagnostic test results were reported within 2 days.	<table border="1" data-bbox="891 770 1406 1082"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td> <td style="background-color: red; color: yellow;">83%</td> <td style="background-color: red; color: yellow;">79%</td> <td style="background-color: red; color: yellow;">78%</td> </tr> </tbody> </table> <p>This remains a challenge to the Trust</p>	Standard	Oct 2017	Nov 2017	Dec 2017	Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	83%	79%	78%	<div data-bbox="1458 687 2145 1197"> <p style="text-align: center;"><b>Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%</b></p> <table border="1"> <caption>Percentage of Urgent Diagnostic tests reported within 2 days (Rolling 12 months)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-16</td><td>83%</td></tr> <tr><td>Jan-17</td><td>85%</td></tr> <tr><td>Feb-17</td><td>81%</td></tr> <tr><td>Mar-17</td><td>79%</td></tr> <tr><td>Apr-17</td><td>80%</td></tr> <tr><td>May-17</td><td>83%</td></tr> <tr><td>Jun-17</td><td>84%</td></tr> <tr><td>Jul-17</td><td>80%</td></tr> <tr><td>Aug-17</td><td>80%</td></tr> <tr><td>Sep-17</td><td>80%</td></tr> <tr><td>Oct-17</td><td>82%</td></tr> <tr><td>Nov-17</td><td>78%</td></tr> <tr><td>Dec-17</td><td>78%</td></tr> </tbody> </table> <p>Legend: <span style="color: blue;">●</span> Percentage of Urgent Diagnostic tests reported within 2 days <span style="color: green;">—</span> Target = 100%</p> </div>	Month	Percentage	Dec-16	83%	Jan-17	85%	Feb-17	81%	Mar-17	79%	Apr-17	80%	May-17	83%	Jun-17	84%	Jul-17	80%	Aug-17	80%	Sep-17	80%	Oct-17	82%	Nov-17	78%	Dec-17	78%
Standard	Oct 2017	Nov 2017	Dec 2017																																					
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	83%	79%	78%																																					
Month	Percentage																																							
Dec-16	83%																																							
Jan-17	85%																																							
Feb-17	81%																																							
Mar-17	79%																																							
Apr-17	80%																																							
May-17	83%																																							
Jun-17	84%																																							
Jul-17	80%																																							
Aug-17	80%																																							
Sep-17	80%																																							
Oct-17	82%																																							
Nov-17	78%																																							
Dec-17	78%																																							



## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph												
9.0	During 2017/18, all urgent suspected breast cancer referrals should be seen within 14 days.	<p><b>Trust cumulative position April to December = 94% of 2,188 referrals.</b></p> <p>Trust performance will be monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Trust Trajectory 2017/18</b></td> <td>100%</td> <td>100%</td> <td>90%</td> </tr> <tr> <td><b>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</b></td> <td>100%</td> <td>99%</td> <td>100%</td> </tr> </tbody> </table> <p>Performance is in line with trajectory and should maintain at 100% (excluding any patients transferred from the Southern Trust) until year end.</p>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Trust Trajectory 2017/18</b>	100%	100%	90%	<b>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</b>	100%	99%	100%	<p><b>Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017													
<b>Trust Trajectory 2017/18</b>	100%	100%	90%													
<b>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</b>	100%	99%	100%													
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.	<p><b>Trust cumulative position April to December = 90% of 3,008 referrals.</b></p> <p>Trust performance will be monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Trust Trajectory 2017/18</b></td> <td>92%</td> <td>93%</td> <td>94%</td> </tr> <tr> <td><b>Actual percentage of Cancer patients receiving a first treatment within 31 days</b></td> <td>92%</td> <td>89%</td> <td>89%</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Trust Trajectory 2017/18</b>	92%	93%	94%	<b>Actual percentage of Cancer patients receiving a first treatment within 31 days</b>	92%	89%	89%	<p><b>Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017													
<b>Trust Trajectory 2017/18</b>	92%	93%	94%													
<b>Actual percentage of Cancer patients receiving a first treatment within 31 days</b>	92%	89%	89%													

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph												
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.	<p><b>Trust cumulative position April to December = 57% of 946 referrals.</b></p> <p>Trust performance will be monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Trust Trajectory 2017/18</b></td> <td style="color: blue;">60%</td> <td style="color: blue;">65%</td> <td style="color: blue;">64%</td> </tr> <tr> <td><b>Percentage Cancer patients receiving a first treatment within 62 days</b></td> <td style="color: green;">64%</td> <td style="color: red;">54%</td> <td style="color: red;">53%</td> </tr> </tbody> </table> <p>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 and head and neck which have worsened from the same period last year. These issues are likely to continue until year- end.</p>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Trust Trajectory 2017/18</b>	60%	65%	64%	<b>Percentage Cancer patients receiving a first treatment within 62 days</b>	64%	54%	53%	<p style="text-align: center;"><b>Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017													
<b>Trust Trajectory 2017/18</b>	60%	65%	64%													
<b>Percentage Cancer patients receiving a first treatment within 62 days</b>	64%	54%	53%													
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 December 2017, 24% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</b></td> <td style="color: red;">26%</td> <td style="color: red;">26%</td> <td style="color: red;">24%</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</b>	26%	26%	24%	<p style="text-align: center;"><b>Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointment at month end. Target 50%</b></p>				
Standard	Oct 2017	Nov 2017	Dec 2017													
<b>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</b>	26%	26%	24%													

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph								
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 border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Number of Patients waiting longer than 52 weeks for first OP Appointment</b></td> <td style="text-align: center; color: red;"><b>30,461</b></td> <td style="text-align: center; color: red;"><b>30,572</b></td> <td style="text-align: center; color: red;"><b>31,104</b></td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Number of Patients waiting longer than 52 weeks for first OP Appointment</b>	<b>30,461</b>	<b>30,572</b>	<b>31,104</b>	<p style="text-align: center;"><b>Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017									
<b>Number of Patients waiting longer than 52 weeks for first OP Appointment</b>	<b>30,461</b>	<b>30,572</b>	<b>31,104</b>									
14.0	By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	The Trust is under delivering against the target. At the end of December 2017, 41% of patients on Trust's Diagnostic waiting lists are waiting no longer than 9 weeks.	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Patients waiting no longer than 9 weeks for a Diagnostic test</b></td> <td style="text-align: center; color: red;"><b>41%</b></td> <td style="text-align: center; color: red;"><b>45%</b></td> <td style="text-align: center; color: red;"><b>41%</b></td> </tr> </tbody> </table> <p>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: -</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The new Cardiac CT service will commence in February 2018 delivering 2 sessions per week, around 10 patients per week.</li> <li>• The Trust is addressing some waiting list issues, in Ultrasound, for example through the Independent sector.</li> </ul>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Patients waiting no longer than 9 weeks for a Diagnostic test</b>	<b>41%</b>	<b>45%</b>	<b>41%</b>	<p style="text-align: center;"><b>Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017									
<b>Patients waiting no longer than 9 weeks for a Diagnostic test</b>	<b>41%</b>	<b>45%</b>	<b>41%</b>									

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph								
			<ul style="list-style-type: none"> <li>• Recurrent funding has been agreed for ECHO; and</li> <li>• The Trust has identified requirement to replace equipment to bring MPI services up to date.</li> </ul>									
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.	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Patients waiting longer than 26 weeks for a Diagnostic test</b></td> <td><b>9,469</b></td> <td><b>8,062</b></td> <td><b>9,760</b></td> </tr> </tbody> </table> <p style="text-align: center;">Refer to 14.0, above</p>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Patients waiting longer than 26 weeks for a Diagnostic test</b>	<b>9,469</b>	<b>8,062</b>	<b>9,760</b>	<p style="text-align: center;"><b>Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017									
<b>Patients waiting longer than 26 weeks for a Diagnostic test</b>	<b>9,469</b>	<b>8,062</b>	<b>9,760</b>									
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 January 2018, 30% of patients on Trust's waiting lists are waiting no longer than 13 weeks.	<table border="1"> <thead> <tr> <th>Standard</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td><b>Patients waiting no longer than 13 weeks for an IPDC treatment</b></td> <td><b>35%</b></td> <td><b>32%</b></td> <td><b>30%</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Patients waiting no longer than 13 weeks for an IPDC treatment</b>	<b>35%</b>	<b>32%</b>	<b>30%</b>	<p style="text-align: center;"><b>Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%</b></p>
Standard	Nov 2017	Dec 2017	Jan 2018									
<b>Patients waiting no longer than 13 weeks for an IPDC treatment</b>	<b>35%</b>	<b>32%</b>	<b>30%</b>									

## Trust Board Performance Report 2017/18 – January 2018

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 January 2018, 7,020 patients on Trust’s IPDC waiting lists are waiting no longer than 52 weeks.	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Standard</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Patients waiting longer than 52 weeks for an IPDC treatment</b></td> <td style="text-align: center; background-color: red; color: yellow;"><b>6,231</b></td> <td style="text-align: center; background-color: red; color: yellow;"><b>6,543</b></td> <td style="text-align: center; background-color: red; color: yellow;"><b>7,020</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Patients waiting longer than 52 weeks for an IPDC treatment</b>	<b>6,231</b>	<b>6,543</b>	<b>7,020</b>	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0</p>																						
Standard	Nov 2017	Dec 2017	Jan 2018																															
<b>Patients waiting longer than 52 weeks for an IPDC treatment</b>	<b>6,231</b>	<b>6,543</b>	<b>7,020</b>																															
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.	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Standard</th> <th>Nov 2017</th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Trust Trajectory 2017/18</b></td> <td style="text-align: center; background-color: yellow;"><b>75</b></td> <td style="text-align: center; background-color: orange;"><b>55</b></td> <td style="text-align: center; background-color: red;"><b>35</b></td> </tr> <tr> <td style="text-align: center;"><b>Patients waiting longer than 9 weeks to access CAMH services</b></td> <td style="text-align: center; background-color: green; color: yellow;"><b>42</b></td> <td style="text-align: center; background-color: orange; color: yellow;"><b>58</b></td> <td style="text-align: center; background-color: red; color: yellow;"><b>92</b></td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Dec 2017</th> <th>Jan 2018</th> </tr> </thead> <tbody> <tr> <td>CAMHS Breaches</td> <td></td> <td></td> </tr> <tr> <td>PMHS Step 2</td> <td style="text-align: center;">10</td> <td style="text-align: center;">23</td> </tr> <tr> <td>CAMHS Step 3</td> <td style="text-align: center;">41</td> <td style="text-align: center;">61</td> </tr> <tr> <td>Regional Trauma Services</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td><b>Total CAMHS</b></td> <td style="text-align: center;"><b>58</b></td> <td style="text-align: center;"><b>92</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Trust Trajectory 2017/18</b>	<b>75</b>	<b>55</b>	<b>35</b>	<b>Patients waiting longer than 9 weeks to access CAMH services</b>	<b>42</b>	<b>58</b>	<b>92</b>		Dec 2017	Jan 2018	CAMHS Breaches			PMHS Step 2	10	23	CAMHS Step 3	41	61	Regional Trauma Services	7	8	<b>Total CAMHS</b>	<b>58</b>	<b>92</b>	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.</p>
Standard	Nov 2017	Dec 2017	Jan 2018																															
<b>Trust Trajectory 2017/18</b>	<b>75</b>	<b>55</b>	<b>35</b>																															
<b>Patients waiting longer than 9 weeks to access CAMH services</b>	<b>42</b>	<b>58</b>	<b>92</b>																															
	Dec 2017	Jan 2018																																
CAMHS Breaches																																		
PMHS Step 2	10	23																																
CAMHS Step 3	41	61																																
Regional Trauma Services	7	8																																
<b>Total CAMHS</b>	<b>58</b>	<b>92</b>																																

The service is planning to recommence Saturday clinics from March 2018.

## Trust Board Performance Report 2017/18 – January 2018

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.	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td><b>Trust Trajectory 2017/18</b></td> <td style="text-align: center;">573</td> <td style="text-align: center;">493</td> <td style="text-align: center;">428</td> </tr> <tr> <td><b>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</b></td> <td style="text-align: center; background-color: #008000; color: white;">317</td> <td style="text-align: center; background-color: #008000; color: white;">287</td> <td style="text-align: center; background-color: #008000; color: white;">268</td> </tr> </tbody> </table> <p>The Trust continues to deliver ahead of target within the agreed Improvement trajectory at 31<sup>st</sup> January 2018.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td>Adult MH Breaches</td> <td></td> <td></td> </tr> <tr> <td>Addiction</td> <td style="text-align: center;">204</td> <td style="text-align: center;">150</td> </tr> <tr> <td>Primary Care MHT</td> <td style="text-align: center;">73</td> <td style="text-align: center;">107</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">10</td> <td style="text-align: center;">11</td> </tr> <tr> <td><b>Total Adult MH</b></td> <td style="text-align: center;"><b>287</b></td> <td style="text-align: center;"><b>268</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Trust Trajectory 2017/18</b>	573	493	428	<b>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</b>	317	287	268		Dec 2017	Jan 2018	Adult MH Breaches			Addiction	204	150	Primary Care MHT	73	107	Other	10	11	<b>Total Adult MH</b>	<b>287</b>	<b>268</b>	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.</p>
Standard	Nov 2017	Dec 2017	Jan 2018																															
<b>Trust Trajectory 2017/18</b>	573	493	428																															
<b>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</b>	317	287	268																															
	Dec 2017	Jan 2018																																
Adult MH Breaches																																		
Addiction	204	150																																
Primary Care MHT	73	107																																
Other	10	11																																
<b>Total Adult MH</b>	<b>287</b>	<b>268</b>																																
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 beginning April 2017.	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Trust Trajectory 2017/18</b></td> <td style="text-align: center;">30</td> <td style="text-align: center;">28</td> <td style="text-align: center;">27</td> </tr> <tr> <td><b>Number of patients waiting longer than 9 weeks to access Dementia services</b></td> <td style="text-align: center; background-color: #008000; color: white;">23</td> <td style="text-align: center; background-color: #ff0000; color: white;">41</td> <td style="text-align: center; background-color: #ff0000; color: white;">52</td> </tr> </tbody> </table> <p>Dementia data available from August 2017.</p> <p>The Trust is not meeting the Improvement Trajectory at 31<sup>st</sup> December 2017.</p> <p>There has been a 20% increase in referrals to the service. There is a Consultant vacancy which has been recruited but not yet in post. Ad-hoc clinics have been undertaken, however, demand is currently exceeding capacity.</p>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Trust Trajectory 2017/18</b>	30	28	27	<b>Number of patients waiting longer than 9 weeks to access Dementia services</b>	23	41	52	<p style="text-align: center; font-size: small;">Number of patients waiting longer than 9 weeks to access Dementia services measure against Trust Trajectory. Target = 0</p>																		
Standard	Oct 2017	Nov 2017	Dec 2017																															
<b>Trust Trajectory 2017/18</b>	30	28	27																															
<b>Number of patients waiting longer than 9 weeks to access Dementia services</b>	23	41	52																															

## Trust Board Performance Report 2017/18 – January 2018

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.	<p style="text-align: center;"><b>Trust Trajectory Plan 2017/18</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Standard</th> <th style="width: 12.5%;">Nov 2017</th> <th style="width: 12.5%;">Dec 2017</th> <th style="width: 12.5%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2017/18</td> <td style="background-color: #ffffcc;">616</td> <td style="background-color: #ffffcc;">636</td> <td style="background-color: #ffffcc;">658</td> </tr> <tr> <td>Number of patients waiting longer than 13 weeks</td> <td style="background-color: #008000; color: white;">538</td> <td style="background-color: #008000; color: white;">575</td> <td style="background-color: #008000; color: white;">593</td> </tr> </tbody> </table> <p>The Trust continues to deliver ahead of target within the agreed Improvement trajectory at 31<sup>st</sup> January 2018.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 45%;">Psychological Therapies Breaches</th> <th style="width: 12.5%;">Dec 2017</th> <th style="width: 12.5%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td>Adult Health Psychology</td> <td>285</td> <td>275</td> </tr> <tr> <td>Psychosexual Service</td> <td>126</td> <td>126</td> </tr> <tr> <td>Adult MH</td> <td>95</td> <td>110</td> </tr> <tr> <td>Other</td> <td>69</td> <td>82</td> </tr> <tr> <td><b>Total</b></td> <td><b>575</b></td> <td><b>593</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	Trust Trajectory 2017/18	616	636	658	Number of patients waiting longer than 13 weeks	538	575	593	Psychological Therapies Breaches	Dec 2017	Jan 2018	Adult Health Psychology	285	275	Psychosexual Service	126	126	Adult MH	95	110	Other	69	82	<b>Total</b>	<b>575</b>	<b>593</b>	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-size: small; margin: 0;">Number of patients waiting longer than 13 weeks to access Psychological Services. Trust Planned Trajectory to reduce 2017/18 breaches to 681 by March</p> <p style="font-size: x-small; margin: 0;">Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18</p> <p style="font-size: x-small; margin: 0;">● No. waiting more than 13 weeks    — Target = 0    ● Trust Trajectory 2017/18</p> </div>
Standard	Nov 2017	Dec 2017	Jan 2018																															
Trust Trajectory 2017/18	616	636	658																															
Number of patients waiting longer than 13 weeks	538	575	593																															
Psychological Therapies Breaches	Dec 2017	Jan 2018																																
Adult Health Psychology	285	275																																
Psychosexual Service	126	126																																
Adult MH	95	110																																
Other	69	82																																
<b>Total</b>	<b>575</b>	<b>593</b>																																

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph												
<b>CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them</b>																
22.0	By March 2018, secure a 10% increase in the number of direct payments to all service users.	<p><b>Trust cumulative position April to January 687.</b></p> <p>The Trust continues to meet the target with the take up of Direct Payments.</p> <p>Trust target = 661 Direct Payments by March 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td><b>Planned increase</b></td> <td><b>641</b></td> <td><b>646</b></td> <td><b>651</b></td> </tr> <tr> <td><b>Number of clients / carers in receipt of Direct Payments</b></td> <td><b>682</b></td> <td><b>686</b></td> <td><b>687</b></td> </tr> </tbody> </table> <p>Direct Payments are currently 5.5% (36) above the planned position at January 2018 and 3.9% (26) above the planned outturn by March 2018.</p>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Planned increase</b>	<b>641</b>	<b>646</b>	<b>651</b>	<b>Number of clients / carers in receipt of Direct Payments</b>	<b>682</b>	<b>686</b>	<b>687</b>	
Standard	Nov 2017	Dec 2017	Jan 2018													
<b>Planned increase</b>	<b>641</b>	<b>646</b>	<b>651</b>													
<b>Number of clients / carers in receipt of Direct Payments</b>	<b>682</b>	<b>686</b>	<b>687</b>													
23.0	By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	<p>The Trust is currently unable to achieve the 13 week target to commence AHP services.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>Number of patients waiting more than 13 weeks from referral to AHP treatment</b></td> <td><b>5,805</b></td> <td><b>5,319</b></td> <td><b>5,676</b></td> </tr> </tbody> </table> <p>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.</p> <p>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.</p>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>Number of patients waiting more than 13 weeks from referral to AHP treatment</b>	<b>5,805</b>	<b>5,319</b>	<b>5,676</b>					
Standard	Oct 2017	Nov 2017	Dec 2017													
<b>Number of patients waiting more than 13 weeks from referral to AHP treatment</b>	<b>5,805</b>	<b>5,319</b>	<b>5,676</b>													



## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																
24.0	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.	<p><b>Trust cumulative position April to December = 72%.</b></p> <p>There were 21 patients discharged within 7 days with 8 patient discharges taking more than 7 days from April to December 2017.</p> <p>The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients discharged within 7 days</td> <td style="background-color: green;">33%</td> <td style="background-color: red;">50%</td> <td style="background-color: red;">33%</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	Percentage of patients discharged within 7 days	33%	50%	33%	Number of discharges within 7 days	1	1	1	<p style="text-align: center;">Percentage of Learning Disability patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p>				
Standard	Oct 2017	Nov 2017	Dec 2017																	
Percentage of patients discharged within 7 days	33%	50%	33%																	
Number of discharges within 7 days	1	1	1																	
25.0	During 2017/18, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.	<p>From April to December 2017 there were: 21 patients discharged within 28 days; and 8 patients discharged with a completed discharge taking more than 28 days.</p> <p>At the end of December 2017, there are 19 patients awaiting discharge who are medically fit.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td style="background-color: red;">23</td> <td style="background-color: red;">21</td> <td style="background-color: red;">19</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	Number of patients discharged within 28 days	1	1	1	Number of patients discharged more than 28 days	2	1	2	Number of patients awaiting discharge more than 28 days	23	21	19	<p style="text-align: center;">Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p>
Standard	Oct 2017	Nov 2017	Dec 2017																	
Number of patients discharged within 28 days	1	1	1																	
Number of patients discharged more than 28 days	2	1	2																	
Number of patients awaiting discharge more than 28 days	23	21	19																	

## Trust Board Performance Report 2017/18 – January 2018

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.	<p><b>Trust cumulative position April to December = 94%.</b></p> <p>There were 321 patients discharged within 7 days with 18 patient discharges taking more than 7 days from April to December 2017.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients Discharged Within 7 days</td> <td>95%</td> <td>100%</td> <td>97%</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td>40</td> <td>20</td> <td>38</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	Percentage of patients Discharged Within 7 days	95%	100%	97%	Number of discharges within 7 days	40	20	38	<p>Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p>				
Standard	Oct 2017	Nov 2017	Dec 2017																	
Percentage of patients Discharged Within 7 days	95%	100%	97%																	
Number of discharges within 7 days	40	20	38																	
27.0	During 2017/18, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.	<p>From April to December 2017 there were: 321 Mental Health patients discharged within the 28 day target; and 18 Mental Health patients who have been discharged with a completed discharge taking more than 28 days.</p> <p>At the end of December 2017, 7 patients awaiting discharge who are medically fit for discharge.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct 2017</th> <th>Nov 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td>40</td> <td>20</td> <td>38</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td>2</td> <td>5</td> <td>7</td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	Number of patients discharged within 28 days	40	20	38	Number of patients discharged more than 28 days	2	0	1	Number of patients awaiting discharge more than 28 days	2	5	7	<p>Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p>
Standard	Oct 2017	Nov 2017	Dec 2017																	
Number of patients discharged within 28 days	40	20	38																	
Number of patients discharged more than 28 days	2	0	1																	
Number of patients awaiting discharge more than 28 days	2	5	7																	

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph								
<b>CPD: Outcome 6: Supporting those who care for others</b>												
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.	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Q4 16/17</th> <th style="width: 15%;">Q1 17/18</th> <th style="width: 15%;">Q2 17/18</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Number of Carers Assessments</b></td> <td style="text-align: center; background-color: #008000; color: white;"><b>784</b></td> <td style="text-align: center; background-color: #008000; color: white;"><b>841</b></td> <td style="text-align: center; background-color: #008000; color: white;"><b>957</b></td> </tr> </tbody> </table> <p><b>Quarter 4, 2016/17 was 784. Target is for 862 by Q4, 2017/18.</b></p> <p>There has been an increase in Carers' Assessments of 7% (841) in Quarter 1 and 22% (957) in Quarter 2.</p>	Standard	Q4 16/17	Q1 17/18	Q2 17/18	<b>Number of Carers Assessments</b>	<b>784</b>	<b>841</b>	<b>957</b>	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Number of Carers Assessments. Quarterly Target 2017/18 = 862 (10% increase on Q4, 2016/17 outturn of 784)</p> <p style="text-align: center; font-size: x-small;">Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16 Q1 2016/17 Q2 2016/17 Q3 2016/17 Q4 2016/17 Q1 2017/18 Q2 2017/18</p> <p style="text-align: center; font-size: x-small;">● Number of Carers Assessments</p> </div>
Standard	Q4 16/17	Q1 17/18	Q2 17/18									
<b>Number of Carers Assessments</b>	<b>784</b>	<b>841</b>	<b>957</b>									

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																															
<b>CPD: Outcome 7: Ensure the sustainability of health and social care services</b>																																																			
29.0	By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	<p><b>Trust cumulative position April to January = 65,934</b></p> <p>The Trust continues to experience a high level of Hospital Cancelled Consultant-led Outpatient appointments.</p> <p>Note: The target is based on 2015/16 outturn, 72,072, sourced from the HIB, QOAR return.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Nov 2017</th> <th style="width: 10%;">Dec 2017</th> <th style="width: 10%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Number of Consultant led Hospital Cancelled Appointments</td> <td style="background-color: red; color: white;">6,631</td> <td style="background-color: red; color: white;">5,554</td> <td style="background-color: red; color: white;">7,548</td> </tr> </tbody> </table> <p>The Trust continues to put in place actions to reduce the number of hospital cancelled outpatient appointments including:</p> <ul style="list-style-type: none"> <li>• Detailed reports for hospital cancellations by speciality, consultant and reason are circulated across service directorates – going forward these are to be sent on a monthly basis.</li> <li>• Data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff.</li> <li>• Authorisation of service directorates is required for any hospital cancellations.</li> <li>• Delivery of a 20% reduction will not be achieved by March 2018.</li> </ul>	Standard	Nov 2017	Dec 2017	Jan 2018	Number of Consultant led Hospital Cancelled Appointments	6,631	5,554	7,548	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold; color: blue;">Hospital Cancelled OP Appointments: Reduction of 20%. Baseline = 72,072 (2015/16). Target = 57,658 by March 2018.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; text-align: center;"> <thead> <tr> <th>Month</th> <th>Hospital Cancelled OP Appointments - cumulative 2017/18</th> <th>Trajectory Cumulative monthly</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>6797</td><td></td></tr> <tr><td>May-17</td><td>12927</td><td></td></tr> <tr><td>Jun-17</td><td>19126</td><td></td></tr> <tr><td>Jul-17</td><td>25437</td><td></td></tr> <tr><td>Aug-17</td><td>31746</td><td></td></tr> <tr><td>Sep-17</td><td>38543</td><td></td></tr> <tr><td>Oct-17</td><td>46201</td><td></td></tr> <tr><td>Nov-17</td><td>52832</td><td></td></tr> <tr><td>Dec-17</td><td>58386</td><td></td></tr> <tr><td>Jan-18</td><td>65934</td><td></td></tr> <tr><td>Feb-18</td><td></td><td></td></tr> <tr><td>Mar-18</td><td></td><td>57,658</td></tr> </tbody> </table> <p style="font-size: x-small; text-align: center;"> <span style="color: blue;">■</span> Hospital Cancelled OP Appointments - cumulative 2017/18  <span style="color: green;">■</span> Trajectory Cumulative monthly  <span style="color: blue;">- - -</span> Poly. (Hospital Cancelled OP Appointments - cumulative 2017/18)         </p> </div>	Month	Hospital Cancelled OP Appointments - cumulative 2017/18	Trajectory Cumulative monthly	Apr-17	6797		May-17	12927		Jun-17	19126		Jul-17	25437		Aug-17	31746		Sep-17	38543		Oct-17	46201		Nov-17	52832		Dec-17	58386		Jan-18	65934		Feb-18			Mar-18		57,658
Standard	Nov 2017	Dec 2017	Jan 2018																																																
Number of Consultant led Hospital Cancelled Appointments	6,631	5,554	7,548																																																
Month	Hospital Cancelled OP Appointments - cumulative 2017/18	Trajectory Cumulative monthly																																																	
Apr-17	6797																																																		
May-17	12927																																																		
Jun-17	19126																																																		
Jul-17	25437																																																		
Aug-17	31746																																																		
Sep-17	38543																																																		
Oct-17	46201																																																		
Nov-17	52832																																																		
Dec-17	58386																																																		
Jan-18	65934																																																		
Feb-18																																																			
Mar-18		57,658																																																	

## Trust Board Performance Report 2017/18 – January 2018

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.	<p><b>Trust cumulative position April to January = 48%.</b> All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p> <p>The Trust improvement target is a 20% improvement for patients being discharged within 48 hours compared to the 2016/17 monthly average.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Standard</th> <th style="width: 12.5%;">Nov 2017</th> <th style="width: 12.5%;">Dec 2017</th> <th style="width: 12.5%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><b>Percentage of complex discharges within 48 hours</b></td> <td style="background-color: red; color: yellow;">49%</td> <td style="background-color: red; color: yellow;">63%</td> <td style="background-color: red; color: yellow;">60%</td> </tr> </tbody> </table> <p>Complex discharges within 48 hours are measured against the Trust Improvement Target, average by site, below:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Trust Improvement Target (Avg)</th> <th style="width: 12.5%;">Apr - Nov 2017</th> <th style="width: 12.5%;">Apr - Dec 2017</th> <th style="width: 12.5%;">Apr - Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">RVH (59%)</td> <td style="background-color: yellow;">48%</td> <td style="background-color: yellow;">50%</td> <td style="background-color: yellow;">54%</td> </tr> <tr> <td style="text-align: left;">MIH (44%)</td> <td style="background-color: red; color: yellow;">32%</td> <td style="background-color: red; color: yellow;">37%</td> <td style="background-color: red; color: yellow;">41%</td> </tr> <tr> <td style="text-align: left;">BCH (48%)</td> <td style="background-color: red; color: yellow;">30%</td> <td style="background-color: red; color: yellow;">38%</td> <td style="background-color: red; color: yellow;">42%</td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Percentage of complex discharges within 48 hours</b>	49%	63%	60%	Trust Improvement Target (Avg)	Apr - Nov 2017	Apr - Dec 2017	Apr - Jan 2018	RVH (59%)	48%	50%	54%	MIH (44%)	32%	37%	41%	BCH (48%)	30%	38%	42%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Percentage of patients with complex needs being discharged from an acute hospital within 48 hours. Target 90%</p> <p style="text-align: center; font-size: x-small;">Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18</p> <p style="text-align: center; font-size: x-small;">—●— Complex discharges &lt; 48 hours      — Target = 90%</p> </div>
Standard	Nov 2017	Dec 2017	Jan 2018																									
<b>Percentage of complex discharges within 48 hours</b>	49%	63%	60%																									
Trust Improvement Target (Avg)	Apr - Nov 2017	Apr - Dec 2017	Apr - Jan 2018																									
RVH (59%)	48%	50%	54%																									
MIH (44%)	32%	37%	41%																									
BCH (48%)	30%	38%	42%																									
31.0	By March 2018, ensure that no complex discharge taking more than 7 days.	<p><b>Trust cumulative position April to January = 770.</b> All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p> <p>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.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Standard</th> <th style="width: 12.5%;">Nov 2017</th> <th style="width: 12.5%;">Dec 2017</th> <th style="width: 12.5%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><b>Number of Complex Discharges taking more than 7 days</b></td> <td style="background-color: red; color: yellow;">98</td> <td style="background-color: red; color: yellow;">70</td> <td style="background-color: red; color: yellow;">80</td> </tr> </tbody> </table> <p>Complex discharges within 48 hours compared to Trust Improvement Target</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Trust Improvement Target (average)</th> <th style="width: 12.5%;">Apr - Nov 2017</th> <th style="width: 12.5%;">Apr - Dec 2017</th> <th style="width: 12.5%;">Apr - Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">RVH (87%)</td> <td style="background-color: red; color: yellow;">76%</td> <td style="background-color: red; color: yellow;">76%</td> <td style="background-color: yellow;">79%</td> </tr> <tr> <td style="text-align: left;">MIH (68%)</td> <td style="background-color: red; color: yellow;">55%</td> <td style="background-color: red; color: yellow;">58%</td> <td style="background-color: yellow;">61%</td> </tr> <tr> <td style="text-align: left;">BCH (73%)</td> <td style="background-color: red; color: yellow;">52%</td> <td style="background-color: red; color: yellow;">58%</td> <td style="background-color: red; color: yellow;">62%</td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Number of Complex Discharges taking more than 7 days</b>	98	70	80	Trust Improvement Target (average)	Apr - Nov 2017	Apr - Dec 2017	Apr - Jan 2018	RVH (87%)	76%	76%	79%	MIH (68%)	55%	58%	61%	BCH (73%)	52%	58%	62%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Number of patients with complex needs with their discharge delayed more than 7 days. Target = 0</p> <p style="text-align: center; font-size: x-small;">Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18</p> <p style="text-align: center; font-size: x-small;">—●— Complex discharges taking more than 7 days.</p> </div>
Standard	Nov 2017	Dec 2017	Jan 2018																									
<b>Number of Complex Discharges taking more than 7 days</b>	98	70	80																									
Trust Improvement Target (average)	Apr - Nov 2017	Apr - Dec 2017	Apr - Jan 2018																									
RVH (87%)	76%	76%	79%																									
MIH (68%)	55%	58%	61%																									
BCH (73%)	52%	58%	62%																									

## Trust Board Performance Report 2017/18 – January 2018

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.	<p><b>Trust cumulative position April to January = 96%.</b></p> <p>Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td><b>Percentage of Non-complex Discharges taking place within 6 hours</b></td> <td style="background-color: #FFD700;"><b>97%</b></td> <td style="background-color: #FFD700;"><b>96%</b></td> <td style="background-color: #FFD700;"><b>96%</b></td> </tr> </tbody> </table>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Percentage of Non-complex Discharges taking place within 6 hours</b>	<b>97%</b>	<b>96%</b>	<b>96%</b>	<p style="text-align: center;"><b>Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%</b></p>																																	
Standard	Nov 2017	Dec 2017	Jan 2018																																										
<b>Percentage of Non-complex Discharges taking place within 6 hours</b>	<b>97%</b>	<b>96%</b>	<b>96%</b>																																										
33.0	By March 2018, to reduce the percentage of funded activity associated with elective care services that remains undelivered	<p><b>Delivery of Elective Core activity</b></p> <p>Trust is delivering close to plan at the end of December 2017. Elective IPDC (-0.4%) is just below planned trajectory. OP New Attendances (+1.2%) are above planned trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Oct 2017</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> </tr> </thead> <tbody> <tr> <td><b>IPDC Plan 2017/18*</b></td> <td>8,026</td> <td>8,303</td> <td>6,499</td> </tr> <tr> <td><b>IPDC Admission</b></td> <td style="background-color: #90EE90;"><b>8,137</b></td> <td style="background-color: #90EE90;"><b>8,461</b></td> <td style="background-color: #FFD700;"><b>6,274</b></td> </tr> <tr> <td><b>OP Plan 2017/18*</b></td> <td>15,506</td> <td>15,035</td> <td>11,999</td> </tr> <tr> <td><b>OP Attendances</b></td> <td style="background-color: #90EE90;"><b>15,617</b></td> <td style="background-color: #90EE90;"><b>15,866</b></td> <td style="background-color: #FFD700;"><b>11,257</b></td> </tr> </tbody> </table> <p style="text-align: right;"><i>*plan at July 2017</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3"><b>Variance against plan @ 31<sup>st</sup> December</b></th> </tr> <tr> <th style="width: 40%;">Elective IPDC</th> <th style="width: 20%;">Volume</th> <th style="width: 40%;">%</th> </tr> </thead> <tbody> <tr> <td>HSCB selected specialties</td> <td><b>40,324</b></td> <td><b>-1.4%</b></td> </tr> <tr> <td>All Specialties</td> <td><b>68,139</b></td> <td><b>-0.4%</b></td> </tr> <tr> <td><b>Outpatient - New</b></td> <td><b>Volume</b></td> <td><b>%</b></td> </tr> <tr> <td>HSCB selected specialties</td> <td><b>92,473</b></td> <td><b>0.4%</b></td> </tr> <tr> <td>All Specialties</td> <td><b>126,491</b></td> <td><b>1.2%</b></td> </tr> </tbody> </table>	Standard	Oct 2017	Nov 2017	Dec 2017	<b>IPDC Plan 2017/18*</b>	8,026	8,303	6,499	<b>IPDC Admission</b>	<b>8,137</b>	<b>8,461</b>	<b>6,274</b>	<b>OP Plan 2017/18*</b>	15,506	15,035	11,999	<b>OP Attendances</b>	<b>15,617</b>	<b>15,866</b>	<b>11,257</b>	<b>Variance against plan @ 31<sup>st</sup> December</b>			Elective IPDC	Volume	%	HSCB selected specialties	<b>40,324</b>	<b>-1.4%</b>	All Specialties	<b>68,139</b>	<b>-0.4%</b>	<b>Outpatient - New</b>	<b>Volume</b>	<b>%</b>	HSCB selected specialties	<b>92,473</b>	<b>0.4%</b>	All Specialties	<b>126,491</b>	<b>1.2%</b>	<p style="text-align: center;"><b>BHSCT Trajectory in-month Analysis 2017/18: Elective Care IPDC and New Outpatient Attendances</b></p>
Standard	Oct 2017	Nov 2017	Dec 2017																																										
<b>IPDC Plan 2017/18*</b>	8,026	8,303	6,499																																										
<b>IPDC Admission</b>	<b>8,137</b>	<b>8,461</b>	<b>6,274</b>																																										
<b>OP Plan 2017/18*</b>	15,506	15,035	11,999																																										
<b>OP Attendances</b>	<b>15,617</b>	<b>15,866</b>	<b>11,257</b>																																										
<b>Variance against plan @ 31<sup>st</sup> December</b>																																													
Elective IPDC	Volume	%																																											
HSCB selected specialties	<b>40,324</b>	<b>-1.4%</b>																																											
All Specialties	<b>68,139</b>	<b>-0.4%</b>																																											
<b>Outpatient - New</b>	<b>Volume</b>	<b>%</b>																																											
HSCB selected specialties	<b>92,473</b>	<b>0.4%</b>																																											
All Specialties	<b>126,491</b>	<b>1.2%</b>																																											

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months				Trend (rolling 12 months) Graph	
			Comparison- Projected activity 2017/8 v 2016/7 outturn					
			2016/7 outturn	2017/8 projected outturn	variance	%		
			<b>New Outpatient</b>					
			HSCB selected specialties	127950	126445	-1505	-1.2%	
			All specialties	172016	171452	-564	-0.3%	
			<b>Inpatient/ Daycase</b>					
			HSCB selected specialties	55839	54542	-1297	-2.3%	
			All specialties	93439	91780	-1659	-1.8%	

## Trust Board Performance Report 2017/18 – January 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																																												
<b>CPD: Outcome 8: Supporting the HSC workforce</b>																																																																
34.0	By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure.	<p><b>Trust cumulative position April to January = 6.77%.</b></p> <p><b>Trust 2017/18 target 6.02%.</b></p>	<table border="1" style="margin-bottom: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Nov 2017</th> <th style="width: 15%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Trust Absence Rate</b></td> <td style="text-align: center; background-color: yellow;"><b>6.81%</b></td> <td style="text-align: center; background-color: red;"><b>7.44%</b></td> <td style="text-align: center; background-color: red;"><b>8.14%</b></td> </tr> </tbody> </table> <p>Trust absence is higher but continues to match the 2016/17 monthly trend.</p> <p>In January 2017 the 8.14% absence is 1.30% above January 2017 at 6.84%.</p> <p>The Cumulative at January 2018 of 6.77% is also 0.44% above the same period last year at 6.33%.</p>	Standard	Nov 2017	Dec 2017	Jan 2018	<b>Trust Absence Rate</b>	<b>6.81%</b>	<b>7.44%</b>	<b>8.14%</b>	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;"><b>Trust's monthly percentage absence rate.</b> Target 2017/18 6.02%</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse; font-size: small;"> <caption>Monthly Absence Rates Data</caption> <thead> <tr> <th>Month</th> <th>2016/17 Absence Monthly (%)</th> <th>2017/18 Absence Monthly (%)</th> <th>2017/18 Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5.7%</td><td>6.08%</td><td>6.02%</td></tr> <tr><td>May</td><td>5.8%</td><td>6.16%</td><td>6.02%</td></tr> <tr><td>Jun</td><td>5.6%</td><td>6.01%</td><td>6.02%</td></tr> <tr><td>Jul</td><td>5.7%</td><td>6.22%</td><td>6.02%</td></tr> <tr><td>Aug</td><td>5.9%</td><td>6.09%</td><td>6.02%</td></tr> <tr><td>Sep</td><td>6.2%</td><td>6.31%</td><td>6.02%</td></tr> <tr><td>Oct</td><td>6.5%</td><td>6.73%</td><td>6.02%</td></tr> <tr><td>Nov</td><td>6.5%</td><td>6.81%</td><td>6.02%</td></tr> <tr><td>Dec</td><td>6.7%</td><td>7.44%</td><td>6.02%</td></tr> <tr><td>Jan</td><td>6.8%</td><td>8.14%</td><td>6.02%</td></tr> <tr><td>Feb</td><td>6.4%</td><td>-</td><td>6.02%</td></tr> <tr><td>Mar</td><td>6.0%</td><td>-</td><td>6.02%</td></tr> </tbody> </table> </div>	Month	2016/17 Absence Monthly (%)	2017/18 Absence Monthly (%)	2017/18 Target (%)	Apr	5.7%	6.08%	6.02%	May	5.8%	6.16%	6.02%	Jun	5.6%	6.01%	6.02%	Jul	5.7%	6.22%	6.02%	Aug	5.9%	6.09%	6.02%	Sep	6.2%	6.31%	6.02%	Oct	6.5%	6.73%	6.02%	Nov	6.5%	6.81%	6.02%	Dec	6.7%	7.44%	6.02%	Jan	6.8%	8.14%	6.02%	Feb	6.4%	-	6.02%	Mar	6.0%	-	6.02%
Standard	Nov 2017	Dec 2017	Jan 2018																																																													
<b>Trust Absence Rate</b>	<b>6.81%</b>	<b>7.44%</b>	<b>8.14%</b>																																																													
Month	2016/17 Absence Monthly (%)	2017/18 Absence Monthly (%)	2017/18 Target (%)																																																													
Apr	5.7%	6.08%	6.02%																																																													
May	5.8%	6.16%	6.02%																																																													
Jun	5.6%	6.01%	6.02%																																																													
Jul	5.7%	6.22%	6.02%																																																													
Aug	5.9%	6.09%	6.02%																																																													
Sep	6.2%	6.31%	6.02%																																																													
Oct	6.5%	6.73%	6.02%																																																													
Nov	6.5%	6.81%	6.02%																																																													
Dec	6.7%	7.44%	6.02%																																																													
Jan	6.8%	8.14%	6.02%																																																													
Feb	6.4%	-	6.02%																																																													
Mar	6.0%	-	6.02%																																																													