

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2017 - March 2018

Introduction

The Trust Board Performance Report for the period April 2017 - March 2018 includes updates on the following key areas.

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

Section B – Service Delivery provides the Board with an update on the Trust performance against key DOH Commissioning Plan Direction (CPD) standards and targets for 17/18.

Appendix 1 included in the end of March 2018 report provides an update on progress towards the delivery of CDP standards and targets which are reported annually to the Trust Board.

Section A - Safety, Quality and Experience Key Indicators Report

1. Introduction

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

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

- Crude and Risk Adjusted Mortality - non elective
- Crude and Risk Adjusted Mortality - Hip fracture
- Crude and Risk Adjusted Mortality - MI Mortality
- Crude and Risk Adjusted Mortality - Stroke Mortality
- Mortality - % of deaths recorded on MMRS system
- Clostridium Difficile - incidence
- MRSA - incidence
- Number of Avoidable Pressure Ulcers
- VTE risk assessment Compliance %
- Number of Falls
- Number of moderate/major/catastrophic falls
- Cardiac Arrest rate %
- Controlled Drugs - Compliance Audit (quarterly)

and the following patient/client experience indicators

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

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

2. Explanation of Indicator

	<u>Safety, Quality and Experience Indicators</u>	<u>Indicator description</u>	<u>Why is this important?</u>
	Safety & Quality		
1.0	Mortality Indicators		
1.1	Crude Mortality - non elective	<p>The actual mortality rate for a Trust is known as 'crude' mortality. In order to compare mortality rates between different NHS Trusts it is necessary to consider the mix of patients treated. For example a Trust with a very elderly, complex patient group might have a higher crude mortality rate than one that had younger or less acutely ill patients. To adjust for this it is necessary to standardise the mortality rate for trusts, thereby taking into account the patient mix. This is usually done by calculating an 'expected' / risk adjusted mortality rate based on the age, diagnosis and procedures carried out on the actual patients treated by each Trust. A mortality ratio is then calculated by dividing the actual number of deaths at a Trust by the expected number and multiplying by 100. A rate greater than 100 suggests a higher than average standardised mortality rate and a rate less than 100 a better than average mortality rate. Separate Rates are provided for non-elective care, Hip fracture, Myocardial Infarction (Heart attack) and Stroke.</p>	<p>Around 50% of deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would not be in the patient's best interest and the person receives palliative treatment. We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes this means that patients die who might not have, had we done things differently. This is what we mean by 'avoidable mortality'. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. By concentrating on this area we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients</p>
1.2	Risk Adjusted Mortality Index - non elective		
1.3	Crude Mortality - Hip fracture		
1.4	Rise Adjusted Mortality Index - Hip fracture		
1.5	Crude Mortality - MI Mortality		
1.6	Risk Adjusted Mortality Index - MI Mortality		
1.7	Crude Mortality - Stroke Mortality		
1.8	Risk Adjusted Mortality Index - Stroke Mortality		

1.9	Mortality - % of deaths recorded on MMRS system	A regional system has been developed and implemented in 2017/18 which allows for electronic recording of deaths, with consequent discussion and follow up at Specialty Safety meetings. The percentage compliance target is 95% for 2017/18	It is important to monitor the % compliance in this area.
2.0	Healthcare Acquired Infection Indicators		
2.1	Clostridium Difficile - incidence	Each Trust is measured against an annual maximum tolerance of incidence, based on a percentage reduction on the previous years incidence.	The Trust has DOH targets for delivering reductions in Healthcare Acquired Infections.
2.2	MRSA - incidence	As above	
	Classic Safety Thermometer Indicators		
3.1	Number of Avoidable Pressure Ulcers	Pressure ulcers are graded according to severity and some pressure ulcers are determined to be avoidable	The Classic Safety Thermometer is an NHS measurement tool for improvement that focuses on the 4 most commonly occurring harms in healthcare, i.e. Pressure ulcers, VTE's Falls and UTI. The Trust monitors and reports on data in these areas which is presented in this section
3.2	VTE risk assessment Compliance %	Venous thromboembolism (VTE) - blood forming a clot in the vein - each patient is required to be assessed for VTE, and this indicator reflects the percentage of admissions in which assessments are carried out	
3.3	Number of Falls	Patients suffering a fall whilst an inpatient - falls are recorded as incidents and graded as to their severity	
3.4	Number of moderate/major/catastrophic falls	Grades range from minor to moderate to major to catastrophic	
3.5	Urinary Tract Infection (UTI) rate with catheter	Dataset being developed	
3.6	Cardiac Arrest rate %	This indicator calculates the total cardiac arrests rate for inpatient admissions.	
4.0	Medicines Indicators		
4.1	Controlled Drugs - Compliance Audit (quarterly)	The primary driver for management of controlled drugs is to improve compliance with controlled drugs policies and procedures.	Controlled Drug quarterly audits provide assurance of compliance with legislation and governance requirements.

5.0	Patient Experience Indicators		
5.1	Number of New complaints	New complaints are received and recorded within the Trust complaints department.	Patient experience is at the core of the Trust's vision and values. Complaints are a rich source of patient feedback and work is ongoing to provide targeted information to staff on the subject areas of concern raised by patients and clients, with the objective of sharing learning and initiating improvements The Trust is a member of the Patient Safety collaborative and is rolling out real time patient/client feedback systems across services with a pilot in a group of 12 wards having commenced in 2017/8.
5.2	Subject areas per complaint	Within each complaint there may be several subject areas where concerns are raised. These are recorded separately within the complaint	
5.3	Patient experience feedback – real time	A selection of patients is surveyed in a pilot group of 12 wards on a monthly basis by an assessor external to that ward. A total of 25 questions are asked across 10 domains with a potential answer from poor to excellent, with scores ranging from 0 to 10. The monthly indicator reflects the average score for all surveys undertaken in that month. Ward level detailed scores are shared with wards and actions developed to address issues and share positive feedback	

3. Key Messages from the Indicators

	Mortality Indicators	Key Points
1.1	Crude Mortality % - non elective	The crude year to date (YTD) non-elective mortality within the Trust is below peer average.
1.2	Risk Adjusted Mortality Index - non elective	The risk adjusted non-elective mortality index is 5 points above the peer average
1.3	Crude Mortality % - Hip fracture	The crude YTD mortality for hip fracture is significantly below peer average
1.4	Risk Adjusted Mortality Index - Hip fracture	The risk adjusted hip fracture mortality index is 21 points below the peer average
1.5	Crude Mortality % - MI Mortality	The crude YTD MI mortality within the Trust is below peer average.
1.6	Risk Adjusted Mortality Index - MI Mortality	The risk adjusted MI mortality index is 7 points above the peer average
1.7	Crude Mortality % - Stroke Mortality	The crude YTD mortality for stroke is significantly below peer average
1.8	Risk Adjusted Mortality Index - Stroke Mortality	The risk adjusted stroke mortality index is 8 points below the peer average
1.9	Mortality - % of deaths recorded on MMRS system	The electronic recording of deaths has significantly improved since the introduction of the regional MMRS system and is above the 95% target.
	Healthcare Acquired Infection Indicators	
2.1	Clostridium Difficile	The incidence of C-Difficile had been on target to achieve a 15% reduction on last years figure, until the last quarter of the year which saw a marked increase in cases recorded
2.2	MRSA	The incidence of MRSA has seen an decrease of 3 from a total of 22 cases in 2016/17
3.0	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers	The Trust tolerance level of 15 per month has not been breached throughout the year
3.2	VTE risk assessment Compliance %	Compliance with VTE risk assessment has not dipped below 94% on average throughout the year.
3.3	Number of Falls	A target has not yet been set for a reduction in the number of falls
3.4	Number of moderate/major/catastrophic falls	The number of falls assessed as being moderate, major or catastrophic represents on average 1.35% of total falls.
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	A target tolerance of 1.37 has been breached in 2 of the 12 months of the year.
4.0	Medicines Indicators	
4.1	Controlled Drugs - Compliance Audit (quarterly)	Management of controlled drugs is a component of BHSCT Quality Improvement Plan: Reducing Harm from medication. A target of 75% has been achieved in the last 3 quarterly audits
5.0	Patient Experience	
5.1	Number of New Complaints	A target has not yet been set for a reduction in the number of complaints
5.2	Subject areas per complaint	Subject areas per complaint
5.3	Patient experience - average domain score (0-10)	The Trust has commenced surveys of patients in 12 wards using a nationally recognised structured questionnaire. Result for the first 3 months of the survey are very positive

4. Patient/Client Safety, Quality and Experience Trend

April 2017 – March 2018

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

1.0	Mortality Indicators	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
1.1	Crude Mortality % - non elective	3.1%	3.0%	2.8%	3.0%	2.5%	2.8%	2.7%	3.4%	3.5%	4.1%	3.9%		3.1%	2.8%	3.3%	
1.2	Risk Adjusted Mortality Index - non elective	85	76	75	92	93	95							85	75	81	
1.3	Crude Mortality % - Hip fracture	2.0%	0.8%	2.7%	4.6%	4.5%	4.4%	7.1%	3.7%					3.0%	3.80%	5.10%	
1.4	Risk Adjusted Mortality Index - Hip fracture	105	53	101	64	94	61	44	95					74	78	95	
1.5	Crude Mortality % - MI Mortality	1.0%	5.4%	5.9%	2.1%	2.5%	1.1%	2.9%						2.6%	1.9%	3.0%	
1.6	Risk Adjusted Mortality Index - MI Mortality	40	117	77	56	105	85	102						87	65	80	
1.7	Crude Mortality % - Stroke Mortality	13.9%	6.1%	12.2%	10.8%	10.6%	6.5%	7.7%	6.0%	7.1%				9.1%	9.0%	11.1%	
1.8	Risk Adjusted Mortality Index - Stroke Mortality	105	53	104	63	95	61	43	94	84				78	76	86	
1.9	Mortality - % of deaths recorded on MMRS system	95%	95%	95%	98%	97%	96%	99%	99%	98%	99%	99%	99%		95%		
2.0	Healthcare Acquired Infection Indicators	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
2.1	Clostridium Difficile	9	6	11	7	7	6	7	14	6	15	13	12	113	97		
2.2	MRSA	2	2	1	0	1	4	2	1	1	1	3	1	19	15		
3.0	Classic Safety Thermometer Indicators	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
3.1	Avoidable Pressure Ulcers	9	13	9	14	4	9	10	6	9	12			95	15/month		
3.2	VTE risk assessment Compliance %	94%	95%	96%	94%	94%	95%	94%	94%	95%	94%	95%			95%		
3.3	Number of Falls	165	205	168	183	170	204	185	133	173	228	186		2000	to be agreed		
3.4	Number of moderate/major/catastrophic falls	4	4	0	1	2	3	2	3	2	2	4		27	to be agreed		
3.5	Urinary Tract Infection (UTI) rate with catheter	Dataset being developed												to be agreed			
Other Safety Thermometer Indicators		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
3.6	Cardiac Arrest rate %	1.10	1.13	1.13	0.41	1.79	1.03	0.77	1.03	1.05	1.43	1.15	1.05	1.09	1.37		
4.0	Medicines Indicators	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
4.1	Controlled Drugs - Compliance Audit (quarterly)	72%			77%			80%			83%			n/a	75%		
5.0	Patient Experience	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
5.1	Number of New Complaints	131	123	154	130	129	147	174	162	86	141	145	125	1647	to be agreed		
5.2	Subject areas per complaint	1.27	1.31	1.31	1.39	1.45	1.36	1.45	1.30	1.22	1.20	1.16	1.19	1.31	to be agreed		
5.3	Patient experience - average domain score (0-10)										8.84	9.02	9.02		to be agreed		

indicates data not yet available

Executive Team Performance Report 2017/18, Section B – March 2018

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																
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.</p> <p>Target 2017/18 = 15</p>	<p>Trust cumulative position April to March = 19 infections.</p> <p>This is a decrease of 3 (21.1%) when compared to the cumulative position at March 2017 of 22 .</p> <p>The Trust 2017/18 tolerance level for MRSA bacteraemias has been confirmed as 15 cases to the end of March 2018 = 1.25 pm.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="text-align: left;">Standard Tolerance level</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">MRSA incidents In-month</td> <td style="background-color: #90EE90;">1</td> <td style="background-color: #FF0000;">3</td> <td style="background-color: #90EE90;">1</td> </tr> <tr> <td style="text-align: left;">MRSA incidents Cumulative</td> <td style="background-color: #FF0000;">15</td> <td style="background-color: #FF0000;">18</td> <td style="background-color: #FF0000;">19</td> </tr> </tbody> </table>	Standard Tolerance level	Jan 2018	Feb 2018	Mar 2018	MRSA incidents In-month	1	3	1	MRSA incidents Cumulative	15	18	19	
Standard Tolerance level	Jan 2018	Feb 2018	Mar 2018													
MRSA incidents In-month	1	3	1													
MRSA incidents Cumulative	15	18	19													
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.</p> <p>Target 2017/18 = 97</p>	<p>Trust cumulative position April to March = 113 infections.</p> <p>This is a decrease of 1 (0.9%) when compared to the cumulative position at March 2017.</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 = 8.1 pm.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="text-align: left;">Standard Tolerance level</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">C.Diff incidents In-month</td> <td style="background-color: #FF0000;">15</td> <td style="background-color: #FF0000;">13</td> <td style="background-color: #FF0000;">12</td> </tr> <tr> <td style="text-align: left;">C.Diff incidents Cumulative</td> <td style="background-color: #FFD700;">88</td> <td style="background-color: #FF0000;">101</td> <td style="background-color: #FF0000;">113</td> </tr> </tbody> </table>	Standard Tolerance level	Jan 2018	Feb 2018	Mar 2018	C.Diff incidents In-month	15	13	12	C.Diff incidents Cumulative	88	101	113	
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
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CPD: Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

3.0

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

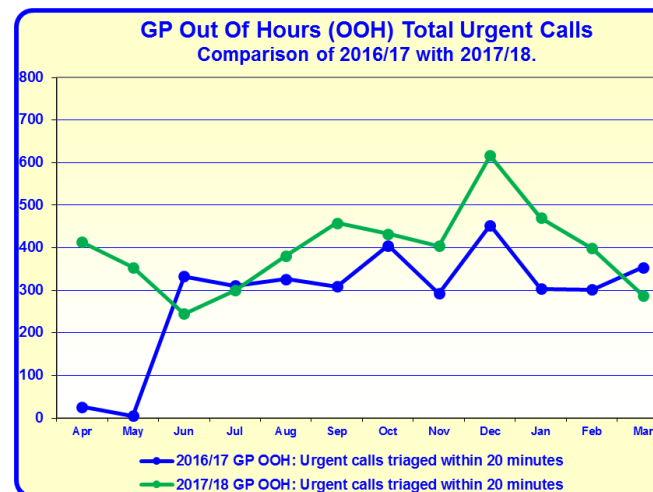
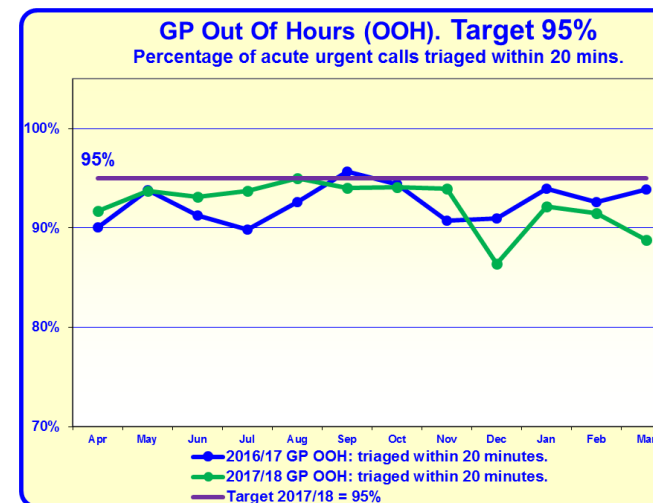
Trust cumulative position April to March = 91.9% of 5,438 urgent calls.

This is an increase of 1,712 (46%) total calls when compared to the cumulative position at March 2017.

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

Standard	Jan 2018	Feb 2018	Mar 2018
GP OOH patients triaged within 20 minutes	92.2%	91.5%	88.8%
Total urgent calls	510	436	588
Urgent calls triaged within 20 mins	470	399	522

In March 2018, there were 522 (88.8%) acute / urgent calls addressed within the 20 minute triage target. Monthly calls triaged within 20 minutes in 2016/17 averaged 285 compared to an average of 416 in 2017/18



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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																																
4.0	<p>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>	<p>Trust cumulative position April to March 2017/18 = 71% - this represents a decrease of 8% on the 2016/17 performance of 79%.</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.</p> <p>Trust performance is monitored against an average of 72% at RVH and 80% at MIH the agreed target.</p> <p>The performance within RVH has seen a slight improvement from 65% to 67%, whereas MIH has seen a slight deterioration, from 73% to 72%.</p> <p>In terms of 17/18 attendances</p> <ul style="list-style-type: none"> - RVH: 5% increase compared to 16/17 - MIH: 1% increase compared to 16/17 - RBHSC: 2% increase compared to 16/17 <p>Total increase of 5572 attendances across the 3 ED departments</p>	<p style="text-align: center;">Monthly ED performance by Site</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">ED patients waiting longer than 4 hours to be treated or discharged</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>RVH</td> <td>57%</td> <td>56%</td> <td>50%</td> </tr> <tr> <td>MIH</td> <td>69%</td> <td>66%</td> <td>61%</td> </tr> <tr> <td>RBHSC</td> <td>79%</td> <td>68%</td> <td>71%</td> </tr> <tr> <td>Trust Combined</td> <td>65%</td> <td>61%</td> <td>58%</td> </tr> </tbody> </table> <p style="text-align: center;">ED Performance by site against Improvement Target (4 hours)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Trust Improvement Target (average)</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>RVH (72%)</td> <td>57%</td> <td>56%</td> <td>50%</td> </tr> <tr> <td>MIH (80%)</td> <td>69%</td> <td>66%</td> <td>61%</td> </tr> </tbody> </table> <p>The average performance from April to March by site is 67% at RVH and 72% at MIH, compared to 65% and 73% April to March 2016/17, respectively.</p>	ED patients waiting longer than 4 hours to be treated or discharged	Jan 2018	Feb 2018	Mar 2018	RVH	57%	56%	50%	MIH	69%	66%	61%	RBHSC	79%	68%	71%	Trust Combined	65%	61%	58%	Trust Improvement Target (average)	Jan 2018	Feb 2018	Mar 2018	RVH (72%)	57%	56%	50%	MIH (80%)	69%	66%	61%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;">Emergency Department: Percentage of patients waiting more than 4 hours since their arrival. Target = 95%</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Emergency Department: patients treated & discharged, or admitted, within four hours of their arrival. Trust 2017/18 Improvement Target averages: 72% RVH and 80% MIH.</p> </div>
ED patients waiting longer than 4 hours to be treated or discharged	Jan 2018	Feb 2018	Mar 2018																																	
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Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																
5.0	<p>By March 2018, no patient attending any emergency department should wait longer than 12 hours.</p>	<p>Trust cumulative position April 2017 to March 2018 = 3,044.</p> <p>This is an increase of 1,330 on the 2016/17 figure of 1,714</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 – RVH Target = 66, MIH Target = 39</p> <p>Trust performance is monitored against the agreed target.</p> <p>The Trust has been unable to achieve improvement target within 2017/18</p>	<p>There were no RBHSC 12 hours breaches recorded in 2016/17 or 2017/18.</p> <p>2017/18 ED Performance by site compared to Improvement Target</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="border: none;">Trust ED in-month figures by site average</th> <th style="border: none;">Jan 2018</th> <th style="border: none;">Feb 2018</th> <th style="border: none;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="border: none;">RVH target = 66</td> <td style="background-color: red; color: yellow;">542</td> <td style="background-color: red; color: yellow;">320</td> <td style="background-color: red; color: yellow;">527</td> </tr> <tr> <td style="border: none;">MIH target = 39</td> <td style="background-color: red; color: yellow;">275</td> <td style="background-color: red; color: yellow;">154</td> <td style="background-color: red; color: yellow;">255</td> </tr> <tr> <td style="border: none;">RVH and MIH = 105</td> <td style="background-color: red; color: yellow;">817</td> <td style="background-color: red; color: yellow;">474</td> <td style="background-color: red; color: yellow;">782</td> </tr> </tbody> </table> <p>There were 782 patients waiting in ED longer than 12 hours in March 2018, compared to 159 in March 2017, a 392% increase.</p>	Trust ED in-month figures by site average	Jan 2018	Feb 2018	Mar 2018	RVH target = 66	542	320	527	MIH target = 39	275	154	255	RVH and MIH = 105	817	474	782	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 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> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Emergency Department: Number of patients waiting more than 12 hours since their arrival.</p> </div>
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Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																				
6.0	<p>By March 2018, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.</p>	<p>Trust cumulative position April 2017 to March 2018 = 77%.</p> <p>This is a decrease of 2% on the cumulative position for 16/17.</p> <p>There were 79% of ED patients commenced treatment within 2 hours of triage.</p> <p>The Trust performance has deteriorated against the 2-hour triage performance.</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th>Standard</th> <th>Jan 2017</th> <th>Feb 2017</th> <th>Mar 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of ED patients commenced treatment within 2 hours of triage</td> <td style="background-color: yellow;">76%</td> <td style="background-color: yellow;">70%</td> <td style="background-color: red;">66%</td> </tr> </tbody> </table>	Standard	Jan 2017	Feb 2017	Mar 2017	Percentage of ED patients commenced treatment within 2 hours of triage	76%	70%	66%													
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Percentage of ED patients commenced treatment within 2 hours of triage	76%	70%	66%																					
7.0	<p>By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Trust cumulative position April 2017 to March 2018 = 77%</p> <p>This is a decrease 17% on the 2016/17 position when compared to 2017/18</p> <p>In 2017/18 there were 770 patients treated within 48 hours out of 1,005 total hip fracture patients, compared to 2016/17 where 804 patients were treated within 48 hours out of 869 total hip fracture patients</p> <p>There has been a 7% increase in Fractures admissions in 2017/18 compared to 2016/17.</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment</td> <td style="background-color: red;">64%</td> <td style="background-color: red;">81%</td> <td style="background-color: red;">78%</td> </tr> <tr> <td>Hip Fractures RVH < 48 hours</td> <td>62</td> <td>57</td> <td>64</td> </tr> <tr> <td>Hip Fractures RVH > 48 hours</td> <td>35</td> <td>13</td> <td>18</td> </tr> <tr> <td>Hip Fractures RVH Total</td> <td>97</td> <td>70</td> <td>82</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment	64%	81%	78%	Hip Fractures RVH < 48 hours	62	57	64	Hip Fractures RVH > 48 hours	35	13	18	Hip Fractures RVH Total	97	70	82	
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Hip Fractures RVH > 48 hours	35	13	18																					
Hip Fractures RVH Total	97	70	82																					

Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph												
8.0	By March 2018, all urgent diagnostic tests should be reported on within two days.	<p>At the end of March 2018, 80% of diagnostic test results were reported within 2 days.</p> <p>The 2017/18 performance is consistent with that of 2016/17</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</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;">80%</td> <td style="background-color: red; color: yellow;">82%</td> <td style="background-color: red; color: yellow;">80%</td> </tr> </tbody> </table> <p>This remains a challenge to the Trust.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	80%	82%	80%	<p style="text-align: center;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%</p>				
Standard	Jan 2018	Feb 2018	Mar 2018													
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	80%	82%	80%													
9.0	During 2017/18, all urgent suspected breast cancer referrals should be seen within 14 days.	<p>Trust cumulative position April to March = 96%.</p> <p>Performance has remained at this level for the last 6 months of the 2017/18 year.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2017/18</td> <td style="background-color: lightblue;">100%</td> <td style="background-color: lightblue;">100%</td> <td style="background-color: lightblue;">100%</td> </tr> <tr> <td>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td> <td style="background-color: green; color: yellow;">100%</td> <td style="background-color: orange; color: yellow;">93%</td> <td style="background-color: green; color: yellow;">100%</td> </tr> </tbody> </table> <p>Performance continues in line with trajectory and is anticipated to remain at 100%, excluding activity associated with patients transferred from the Southern Trust.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Trust Trajectory 2017/18	100%	100%	100%	Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	93%	100%	<p style="text-align: center;">Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%</p>
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Trust Trajectory 2017/18	100%	100%	100%													
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Executive Team Performance Report 2017/18, Section B – March 2018

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.	<p>Trust cumulative position April 2017 to March 2018 = 90%.</p> <p>This is a decrease of 1% on the position for 2016/17.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2017/18</td> <td>91%</td> <td>90%</td> <td>91%</td> </tr> <tr> <td>Actual percentage of Cancer patients receiving a first treatment within 31 days</td> <td>88%</td> <td>91%</td> <td>94%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Trust Trajectory 2017/18	91%	90%	91%	Actual percentage of Cancer patients receiving a first treatment within 31 days	88%	91%	94%	<p>Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%</p> <table border="1"> <caption>Approximate data for 31-day treatment graph</caption> <thead> <tr> <th>Month</th> <th>2016/17 (%)</th> <th>2017/18 (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>89</td><td>95</td></tr> <tr><td>May</td><td>94</td><td>88</td></tr> <tr><td>Jun</td><td>88</td><td>91</td></tr> <tr><td>Jul</td><td>90</td><td>93</td></tr> <tr><td>Aug</td><td>94</td><td>88</td></tr> <tr><td>Sep</td><td>89</td><td>88</td></tr> <tr><td>Oct</td><td>92</td><td>92</td></tr> <tr><td>Nov</td><td>92</td><td>89</td></tr> <tr><td>Dec</td><td>93</td><td>89</td></tr> <tr><td>Jan</td><td>91</td><td>88</td></tr> <tr><td>Feb</td><td>90</td><td>91</td></tr> <tr><td>Mar</td><td>90</td><td>94</td></tr> </tbody> </table>	Month	2016/17 (%)	2017/18 (%)	Apr	89	95	May	94	88	Jun	88	91	Jul	90	93	Aug	94	88	Sep	89	88	Oct	92	92	Nov	92	89	Dec	93	89	Jan	91	88	Feb	90	91	Mar	90	94
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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>Trust cumulative position April 2017 to March 2018 = 50%.</p> <p>This is a decrease of 3% when compared with 2016/17</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2017/18</td> <td>56%</td> <td>59%</td> <td>57%</td> </tr> <tr> <td>Percentage Cancer patients receiving a first treatment within 62 days</td> <td>54%</td> <td>63%</td> <td>63%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Trust Trajectory 2017/18	56%	59%	57%	Percentage Cancer patients receiving a first treatment within 62 days	54%	63%	63%	<p>Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%</p> <table border="1"> <caption>Approximate data for 62-day treatment graph</caption> <thead> <tr> <th>Month</th> <th>2016/17 (%)</th> <th>2017/18 (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>55</td><td>55</td></tr> <tr><td>May</td><td>57</td><td>60</td></tr> <tr><td>Jun</td><td>60</td><td>63</td></tr> <tr><td>Jul</td><td>58</td><td>55</td></tr> <tr><td>Aug</td><td>53</td><td>53</td></tr> <tr><td>Sep</td><td>51</td><td>53</td></tr> <tr><td>Oct</td><td>56</td><td>64</td></tr> <tr><td>Nov</td><td>55</td><td>54</td></tr> <tr><td>Dec</td><td>58</td><td>53</td></tr> <tr><td>Jan</td><td>49</td><td>53</td></tr> <tr><td>Feb</td><td>50</td><td>63</td></tr> <tr><td>Mar</td><td>49</td><td>63</td></tr> </tbody> </table>	Month	2016/17 (%)	2017/18 (%)	Apr	55	55	May	57	60	Jun	60	63	Jul	58	55	Aug	53	53	Sep	51	53	Oct	56	64	Nov	55	54	Dec	58	53	Jan	49	53	Feb	50	63	Mar	49	63
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Executive Team Performance Report 2017/18, Section B – March 2018

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.	<p>The Trust is under delivering against the target. At the end of February 2018, 25% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks.</p> <p>This is a decrease of 2% on the position at February 2017.</p> <p>There were 27% patients who waited no longer than 9 weeks as at the end of February 2017.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td> <td style="background-color: red; color: yellow;">23%</td> <td style="background-color: red; color: yellow;">25%</td> <td style="background-color: red; color: yellow;">27%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment	23%	25%	27%	<p>Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointment at month end. Target 50%</p> <table border="1"> <caption>Approximate data for Percentage of Outpatients waiting no longer than 9 weeks</caption> <thead> <tr> <th>Month</th> <th>2016/17 (%)</th> <th>2017/18 (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>35</td><td>25</td></tr> <tr><td>May</td><td>35</td><td>25</td></tr> <tr><td>Jun</td><td>33</td><td>26</td></tr> <tr><td>Jul</td><td>31</td><td>25</td></tr> <tr><td>Aug</td><td>30</td><td>24</td></tr> <tr><td>Sep</td><td>26</td><td>25</td></tr> <tr><td>Oct</td><td>26</td><td>26</td></tr> <tr><td>Nov</td><td>27</td><td>26</td></tr> <tr><td>Dec</td><td>27</td><td>24</td></tr> <tr><td>Jan</td><td>24</td><td>22</td></tr> <tr><td>Feb</td><td>26</td><td>25</td></tr> <tr><td>Mar</td><td>28</td><td>27</td></tr> </tbody> </table>	Month	2016/17 (%)	2017/18 (%)	Apr	35	25	May	35	25	Jun	33	26	Jul	31	25	Aug	30	24	Sep	26	25	Oct	26	26	Nov	27	26	Dec	27	24	Jan	24	22	Feb	26	25	Mar	28	27
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13.0	By March 2018, no patient waits longer than 52 weeks for an outpatient appointment.	<p>The number of patients waiting in excess of 52 weeks continues to increase.</p> <p>This is a decrease of 4,743 (17%) when compared to the performance for 2016/17</p> <p>There were 27,377 patients waiting in excess of 52 weeks as at the end of March 2017.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td> <td style="background-color: red; color: yellow;">31,900</td> <td style="background-color: red; color: yellow;">32,120</td> <td style="background-color: red; color: yellow;">32,218</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Number of Patients waiting longer than 52 weeks for first OP Appointment	31,900	32,120	32,218	<p>Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0</p> <table border="1"> <caption>Approximate data for Number of patients waiting for more than 52 weeks</caption> <thead> <tr> <th>Month</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>15,500</td><td>28,500</td></tr> <tr><td>May</td><td>17,000</td><td>29,000</td></tr> <tr><td>Jun</td><td>18,500</td><td>29,500</td></tr> <tr><td>Jul</td><td>20,000</td><td>29,000</td></tr> <tr><td>Aug</td><td>21,000</td><td>29,500</td></tr> <tr><td>Sep</td><td>22,500</td><td>30,000</td></tr> <tr><td>Oct</td><td>24,500</td><td>30,500</td></tr> <tr><td>Nov</td><td>25,500</td><td>30,500</td></tr> <tr><td>Dec</td><td>26,000</td><td>31,000</td></tr> <tr><td>Jan</td><td>27,000</td><td>32,000</td></tr> <tr><td>Feb</td><td>27,500</td><td>32,000</td></tr> <tr><td>Mar</td><td>27,500</td><td>32,200</td></tr> </tbody> </table>	Month	2016/17	2017/18	Apr	15,500	28,500	May	17,000	29,000	Jun	18,500	29,500	Jul	20,000	29,000	Aug	21,000	29,500	Sep	22,500	30,000	Oct	24,500	30,500	Nov	25,500	30,500	Dec	26,000	31,000	Jan	27,000	32,000	Feb	27,500	32,000	Mar	27,500	32,200
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Executive Team Performance Report 2017/18, Section B – March 2018

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14.0	By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	<p>At the end of March 2018, 45% of patients on Trust's Diagnostic waiting lists are waiting no longer than 9 weeks.</p> <p>This represents a decrease of 4% when compared with 2016/17</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%;">Jan 2018</th> <th style="width: 12.5%;">Feb 2018</th> <th style="width: 12.5%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Patients waiting no longer than 9 weeks for a Diagnostic test</td> <td style="color: red; font-weight: bold;">42%</td> <td style="color: red; font-weight: bold;">45%</td> <td style="color: red; font-weight: bold;">45%</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"> • 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 commenced 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. 	Standard	Jan 2018	Feb 2018	Mar 2018	Patients waiting no longer than 9 weeks for a Diagnostic test	42%	45%	45%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; margin-top: 5px;"> <caption>Approximate data from the trend graph</caption> <thead> <tr> <th>Month</th> <th>2016/17 (%)</th> <th>2017/18 (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>63</td><td>40</td><td>75</td></tr> <tr><td>May</td><td>64</td><td>43</td><td>75</td></tr> <tr><td>Jun</td><td>61</td><td>44</td><td>75</td></tr> <tr><td>Jul</td><td>58</td><td>42</td><td>75</td></tr> <tr><td>Aug</td><td>51</td><td>37</td><td>75</td></tr> <tr><td>Sep</td><td>51</td><td>40</td><td>75</td></tr> <tr><td>Oct</td><td>49</td><td>40</td><td>75</td></tr> <tr><td>Nov</td><td>49</td><td>44</td><td>75</td></tr> <tr><td>Dec</td><td>43</td><td>41</td><td>75</td></tr> <tr><td>Jan</td><td>43</td><td>42</td><td>75</td></tr> <tr><td>Feb</td><td>45</td><td>44</td><td>75</td></tr> <tr><td>Mar</td><td>48</td><td>45</td><td>75</td></tr> </tbody> </table> </div>	Month	2016/17 (%)	2017/18 (%)	Target (%)	Apr	63	40	75	May	64	43	75	Jun	61	44	75	Jul	58	42	75	Aug	51	37	75	Sep	51	40	75	Oct	49	40	75	Nov	49	44	75	Dec	43	41	75	Jan	43	42	75	Feb	45	44	75	Mar	48	45	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.	<p>The number of patients waiting has continued to grow.</p> <p>There were 5,530 patients waiting in excess of 26 weeks for a diagnostic test as at the end of March 2017. This had increased by 4,122 by the end of 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%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Patients waiting longer than 26 weeks for a Diagnostic test</td> <td style="background-color: red; color: yellow;">9,896</td> <td style="background-color: red; color: yellow;">9,304</td> <td style="background-color: red; color: yellow;">9,652</td> </tr> </tbody> </table> <p style="text-align: center;">Refer to 14.0, above</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Patients waiting longer than 26 weeks for a Diagnostic test	9,896	9,304	9,652	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0</p> <p style="font-size: small; text-align: center;"> — 2016/17 Number waiting longer than 26 weeks for Diagnostic test — 2017/18 Number waiting longer than 26 weeks for Diagnostic test </p> </div>
Standard	Jan 2018	Feb 2018	Mar 2018									
Patients waiting longer than 26 weeks for a Diagnostic test	9,896	9,304	9,652									
16.0	By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.	<p>The Trust is under delivering against the target.</p> <p>At the end of March 2018, 31% of patients on Trust's waiting lists are waiting no longer than 13 weeks.</p> <p>This is a decrease of 6% on the position at March 2017 when 37% of patients were waiting in excess of 9 weeks.</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%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Patients waiting no longer than 13 weeks for an IPDC treatment</td> <td style="background-color: red; color: yellow;">30%</td> <td style="background-color: red; color: yellow;">30%</td> <td style="background-color: red; color: yellow;">31%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Patients waiting no longer than 13 weeks for an IPDC treatment	30%	30%	31%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%</p> <p style="font-size: small; text-align: center;"> — 2016 /17 Percentage waiting no longer than 13 weeks for IPDC treatment — 2017/18 Percentage waiting no longer than 13 weeks for IPDC treatment — Target = 55% </p> </div>
Standard	Jan 2018	Feb 2018	Mar 2018									
Patients waiting no longer than 13 weeks for an IPDC treatment	30%	30%	31%									

Executive Team Performance Report 2017/18, Section B – March 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.	<p>The Trust is under delivering against the target.</p> <p>At the end of March 2018, 7,446 patients on Trust's IPDC waiting lists are waiting no longer than 52 weeks.</p> <p>This is an increase of 2,941 (65%) on the position at March 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Patients waiting longer than 52 weeks for an IPDC treatment</td> <td style="text-align: center; background-color: red; color: yellow;">7,020</td> <td style="text-align: center; background-color: red; color: yellow;">7,317</td> <td style="text-align: center; background-color: red; color: yellow;">7,446</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Patients waiting longer than 52 weeks for an IPDC treatment	7,020	7,317	7,446	<p style="text-align: center;">Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0</p>																								
Standard	Jan 2018	Feb 2018	Mar 2018																																	
Patients waiting longer than 52 weeks for an IPDC treatment	7,020	7,317	7,446																																	
18.0	By March 2018, no patient waits longer than 9 weeks to access child and adolescent mental health services	<p>Trust performance is monitored against the agreed trajectory.</p> <p>There were 57 breaches at March 2018, an improvement on the position at March 2017 of 84 breaches. The outturn is however in excess of the trajectory plan of no more than 15 breaches at the end of March 2018</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 15%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trust Trajectory 2017/18</td> <td style="text-align: center;">35</td> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">Patients waiting longer than 9 weeks to access CAMHS</td> <td style="text-align: center; background-color: red; color: yellow;">92</td> <td style="text-align: center; background-color: red; color: yellow;">85</td> <td style="text-align: center; background-color: red; color: yellow;">57</td> </tr> </tbody> </table> <p>The Trust CAMHS service had been performing well, however, an increase in demand and reduced capacity has resulted in an increase in breaches.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CAMHS Breaches</th> <th style="width: 15%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>PMHS Step 2</td> <td style="text-align: center;">23</td> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> </tr> <tr> <td>CAMHS Step 3</td> <td style="text-align: center;">61</td> <td style="text-align: center;">64</td> <td style="text-align: center;">37</td> </tr> <tr> <td>Regional Trauma</td> <td style="text-align: center;">8</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Total CAMHS</td> <td style="text-align: center;">92</td> <td style="text-align: center;">85</td> <td style="text-align: center;">57</td> </tr> </tbody> </table> <p>The service is planning to recommence Saturday clinics from March 2018.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Trust Trajectory 2017/18	35	15	15	Patients waiting longer than 9 weeks to access CAMHS	92	85	57	CAMHS Breaches	Jan 2018	Feb 2018	Mar 2018	PMHS Step 2	23	16	17	CAMHS Step 3	61	64	37	Regional Trauma	8	5	3	Total CAMHS	92	85	57	<p style="text-align: center;">Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.</p>
Standard	Jan 2018	Feb 2018	Mar 2018																																	
Trust Trajectory 2017/18	35	15	15																																	
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Executive Team Performance Report 2017/18, Section B – March 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 is monitored against the agreed trajectory. The outturn of 179 represents a decrease of 355 (66%) on the position as at the end of March 2017, and is an improvement on the trajectory plan of 300 at the end of March 2018	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2017/18</td> <td>428</td> <td>363</td> <td>300</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</td> <td style="background-color: #008000; color: yellow;">268</td> <td style="background-color: #008000; color: yellow;">216</td> <td style="background-color: #008000; color: yellow;">179</td> </tr> </tbody> </table> <p>The AMH service continues to be ahead of trajectory at 31st March 2018.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Adult MH Breaches</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Addiction</td> <td>150</td> <td>107</td> <td>71</td> </tr> <tr> <td>Primary Care MHT</td> <td>107</td> <td>94</td> <td>96</td> </tr> <tr> <td>Other</td> <td>11</td> <td>15</td> <td>12</td> </tr> <tr> <td>Total Adult MH</td> <td>268</td> <td>216</td> <td>179</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Trajectory 2017/18	428	363	300	Number of patients waiting longer than 9 weeks to access Adult Mental Health services	268	216	179	Adult MH Breaches	Jan 2018	Feb 2018	Mar 2018	Addiction	150	107	71	Primary Care MHT	107	94	96	Other	11	15	12	Total Adult MH	268	216	179	<p style="text-align: center;">Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.</p>
Standard	Jan 2018	Feb 2018	Mar 2018																																	
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Other	11	15	12																																	
Total Adult MH	268	216	179																																	
20.0	Dementia From April 2016, no patient waits longer than nine weeks to access dementia services.	Trust performance is monitored against the agreed trajectory beginning April 2017. There are 364 patients waiting at the end of March 2018, 21% (77) of whom are waiting more than 9 weeks, compared to the trajectory plan of 27 at the end of March 2018. <i>Note: Dementia data was first reported at August 2017, so there is no comparative data.</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2017/18</td> <td>30</td> <td>27</td> <td>27</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Dementia services</td> <td style="background-color: #ff0000; color: yellow;">35</td> <td style="background-color: #ff0000; color: yellow;">66</td> <td style="background-color: #ff0000; color: yellow;">77</td> </tr> </tbody> </table> <p>The Trust Dementia service is not meeting the Improvement Trajectory at 28th February 2018 There has been a 20% increase in referrals to the service in recent months. 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	Jan 2018	Feb 2018	Mar 2018	Trajectory 2017/18	30	27	27	Number of patients waiting longer than 9 weeks to access Dementia services	35	66	77	<p style="text-align: center;">Number of patients waiting longer than 9 weeks to access Dementia services measure against Trust Trajectory. Target = 0</p>																				
Standard	Jan 2018	Feb 2018	Mar 2018																																	
Trajectory 2017/18	30	27	27																																	
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Executive Team Performance Report 2017/18, Section B – March 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).	<p>Trust performance is monitored against the agreed trajectory.</p> <p>The outturn of 577 represents a decrease of 182 (27%) on the position at March 2017, however it is an improvement of 104 on the trajectory plan at March 2018.</p> <p>There were 395 patients waiting in excess of 9 weeks as at the end of March 2017.</p>	<p style="text-align: center;">Trajectory Plan 2017/18</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2017/18</td> <td style="text-align: center;">658</td> <td style="text-align: center;">680</td> <td style="text-align: center;">681</td> </tr> <tr> <td>Number of patients waiting longer than 13 weeks</td> <td style="text-align: center;">593</td> <td style="text-align: center;">556</td> <td style="text-align: center;">577</td> </tr> </tbody> </table> <p>The Trust continues to be ahead of trajectory at the end of March 2018.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Psychological Therapies</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Adult Health Psychology</td> <td style="text-align: center;">275</td> <td style="text-align: center;">266</td> <td style="text-align: center;">257</td> </tr> <tr> <td>Psychosexual</td> <td style="text-align: center;">126</td> <td style="text-align: center;">94</td> <td style="text-align: center;">133</td> </tr> <tr> <td>Adult MH</td> <td style="text-align: center;">110</td> <td style="text-align: center;">108</td> <td style="text-align: center;">108</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">82</td> <td style="text-align: center;">88</td> <td style="text-align: center;">79</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">593</td> <td style="text-align: center;">556</td> <td style="text-align: center;">577</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Trajectory 2017/18	658	680	681	Number of patients waiting longer than 13 weeks	593	556	577	Psychological Therapies	Jan 2018	Feb 2018	Mar 2018	Adult Health Psychology	275	266	257	Psychosexual	126	94	133	Adult MH	110	108	108	Other	82	88	79	Total	593	556	577	<div style="border: 2px solid blue; padding: 10px;"> <p style="text-align: center; color: blue; font-weight: bold; font-size: small;">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-top: 5px;"> —●— 2016/17 No. waiting more than 13 weeks —●— 2017/18 No. waiting more than 13 weeks —●— Trust Trajectory 2017/18 </p> </div>
Standard	Jan 2018	Feb 2018	Mar 2018																																					
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Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
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CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

22.0	<p>By March 2018, secure a 10% increase in the number of direct payments to all service users.</p> <p>Trust target = 661 Direct Payments by March 2018</p>	<p>Trust cumulative position at March 2018 = 703.</p> <p>The outturn of 703 represents an increase of 101 (17%) on the position at the end of March 2017.</p> <p>The Trust continues to meet the target with the take up of Direct Payments.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Planned increase</td> <td>651</td> <td>656</td> <td>661</td> </tr> <tr> <td>Number of clients / carers in receipt of Direct Payments</td> <td style="background-color: #008000; color: white;">687</td> <td style="background-color: #008000; color: white;">691</td> <td style="background-color: #008000; color: white;">703</td> </tr> </tbody> </table> <p>Direct Payments are currently 6.4% (42) above the planned position at March 2018.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Planned increase	651	656	661	Number of clients / carers in receipt of Direct Payments	687	691	703	<p style="text-align: center;">Direct Payments in place for Carers and / or Clients at end of month. Target = tbc</p>
Standard	Jan 2018	Feb 2018	Mar 2018													
Planned increase	651	656	661													
Number of clients / carers in receipt of Direct Payments	687	691	703													
23.0	<p>By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The Trust is currently unable to achieve the 13 week target to commence AHP services.</p> <p>The position at March 2018 of 4,780 represents an increase of 494 (12%) on the position at March 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Standard</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients waiting more than 13 weeks from referral to AHP treatment</td> <td style="background-color: #ff0000; color: white;">4,958</td> <td style="background-color: #ff0000; color: white;">4,558</td> <td style="background-color: #ff0000; color: white;">4,780</td> </tr> </tbody> </table> <p>The Trust now has an agreed position with the HSCB on capacity and demand within the 6 AHP service areas and therefore the gaps that exist within the elective services these areas provide.</p> <p>The Trust will work with the HSCB to prioritise the resources to fill these gaps. In the short-term, non-recurrent resource is required to help clear the backlog of waiting list patients.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Number of patients waiting more than 13 weeks from referral to AHP treatment	4,958	4,558	4,780	<p style="text-align: center;">Number of patients waiting more than 13 weeks for AHP treatment at month end. Target = 0</p>				
Standard	Jan 2018	Feb 2018	Mar 2018													
Number of patients waiting more than 13 weeks from referral to AHP treatment	4,958	4,558	4,780													

Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																
24.0	<p>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>	<p>Trust cumulative position April 2017 to March 2018 = 67%.</p> <p>This is a decrease of 14% on the position at March 2017 where 81% of patients discharged within seven days of the patient being assessed as medically fit for discharge.</p> <p>There were 27 patients discharged within 7 days with 12 patient discharges taking more than 7 days from April 2017 to March 2018.</p> <p>The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients discharged within 7 days</td> <td style="background-color: red; color: yellow;">71%</td> <td style="background-color: red; color: yellow;">50%</td> <td style="background-color: red; color: yellow;">n/a</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td style="background-color: red; color: yellow;">5</td> <td style="background-color: red; color: yellow;">1</td> <td style="background-color: red; color: yellow;">0</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of patients discharged within 7 days	71%	50%	n/a	Number of discharges within 7 days	5	1	0	<p style="text-align: center; font-size: small;">Percentage of Learning Disability patients discharged within 7days of being assessed as medically fit for discharge. Target 99%</p>				
Standard	Jan 2018	Feb 2018	Mar 2018																	
Percentage of patients discharged within 7 days	71%	50%	n/a																	
Number of discharges within 7 days	5	1	0																	
25.0	<p>During 2017/18, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</p>	<p>Trust cumulative position April 2017 to March 2018 there were: 27 patients discharged within 28 days; and 12 patients discharged with a completed discharge taking more than 28 days.</p> <p>At the end of March 2018, there are 15 patients awaiting discharge who are medically fit. This is a decrease of 2 on the position at March 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 10%;">Jan 2018</th> <th style="width: 10%;">Feb 2018</th> <th style="width: 10%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td style="background-color: red; color: yellow;">5</td> <td style="background-color: red; color: yellow;">1</td> <td style="background-color: red; color: yellow;">0</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td style="background-color: red; color: yellow;">2</td> <td style="background-color: red; color: yellow;">1</td> <td style="background-color: red; color: yellow;">1</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td style="background-color: red; color: yellow;">17</td> <td style="background-color: red; color: yellow;">16</td> <td style="background-color: red; color: yellow;">15</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Number of patients discharged within 28 days	5	1	0	Number of patients discharged more than 28 days	2	1	1	Number of patients awaiting discharge more than 28 days	17	16	15	<p style="text-align: center; font-size: small;">Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p>
Standard	Jan 2018	Feb 2018	Mar 2018																	
Number of patients discharged within 28 days	5	1	0																	
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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>Trust cumulative position April 2017 to March 2018 = 94%.</p> <p>This is consistent with the performance during 2016/17.</p> <p>There were 452 (94%) of patients discharged within 7 days with 29 patient discharges taking more than 7 days from April 2017 to March 2018.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients Discharged Within 7 days</td> <td style="background-color: #FFD700;">92%</td> <td style="background-color: #FFD700;">88%</td> <td style="background-color: #008000;">100%</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td>43</td> <td>50</td> <td>38</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of patients Discharged Within 7 days	92%	88%	100%	Number of discharges within 7 days	43	50	38	<p>Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p> <table border="1"> <caption>Approximate data for 2017/18 MH discharges > 7 days</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>92%</td></tr> <tr><td>May</td><td>94%</td></tr> <tr><td>Jun</td><td>98%</td></tr> <tr><td>Jul</td><td>94%</td></tr> <tr><td>Aug</td><td>91%</td></tr> <tr><td>Sep</td><td>88%</td></tr> <tr><td>Oct</td><td>95%</td></tr> <tr><td>Nov</td><td>98%</td></tr> <tr><td>Dec</td><td>97%</td></tr> <tr><td>Jan</td><td>92%</td></tr> <tr><td>Feb</td><td>88%</td></tr> <tr><td>Mar</td><td>100%</td></tr> </tbody> </table>	Month	Percentage	Apr	92%	May	94%	Jun	98%	Jul	94%	Aug	91%	Sep	88%	Oct	95%	Nov	98%	Dec	97%	Jan	92%	Feb	88%	Mar	100%				
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27.0	During 2017/18, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.	<p>Trust cumulative position April 2017 to March 2018 = 455 (94%).</p> <p>This was an increase of 11 patients on the performance for 2016/17</p> <p>From April to March 2018, 26 Mental Health patient discharges took more than 28 days. At the end of March 2018, 10 patients were awaiting discharge who were medically fit for discharge.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td>45</td> <td>51</td> <td>38</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td>2</td> <td>6</td> <td>0</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td style="background-color: #FFD700;">16</td> <td style="background-color: #FFD700;">10</td> <td style="background-color: #FFD700;">10</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Number of patients discharged within 28 days	45	51	38	Number of patients discharged more than 28 days	2	6	0	Number of patients awaiting discharge more than 28 days	16	10	10	<p>Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p> <table border="1"> <caption>Approximate data for 2017/18 MH awaiting discharge > 28 days</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td></tr> <tr><td>May</td><td>8</td></tr> <tr><td>Jun</td><td>9</td></tr> <tr><td>Jul</td><td>8</td></tr> <tr><td>Aug</td><td>9</td></tr> <tr><td>Sep</td><td>3</td></tr> <tr><td>Oct</td><td>2</td></tr> <tr><td>Nov</td><td>5</td></tr> <tr><td>Dec</td><td>7</td></tr> <tr><td>Jan</td><td>2</td></tr> <tr><td>Feb</td><td>6</td></tr> <tr><td>Mar</td><td>0</td></tr> </tbody> </table>	Month	Number of Patients	Apr	5	May	8	Jun	9	Jul	8	Aug	9	Sep	3	Oct	2	Nov	5	Dec	7	Jan	2	Feb	6	Mar	0
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Executive Team Performance Report 2017/18, Section B – March 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph																							
CPD: Outcome 6: Supporting those who care for others																											
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.	<p>Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments.</p> <p>Assessments offered between Q1 and Q3 2017/18 are consistent with meeting the 10% target increase.</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%;">Q1 17/18</th> <th style="width: 12.5%;">Q2 17/18</th> <th style="width: 12.5%;">Q3 17/18</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Number of Carers Assessments</td> <td style="background-color: #90EE90;">841</td> <td style="background-color: #90EE90;">957</td> <td style="background-color: #FFD700;">847</td> </tr> </tbody> </table> <p>Quarter 4, 2016/17 was 784. Target is for 862 by Q4, 2017/18.</p> <p>By the end of Q3, December 2017, there are 847 Carers' Assessments, 15 below the target for March 2018 of 862. There has been an increase of 8% compared to the 784 Carers' Assessments recorded at the end of March 2017.</p>	Standard	Q1 17/18	Q2 17/18	Q3 17/18	Number of Carers Assessments	841	957	847	<p style="text-align: center;">Number of Carers Assessments (Quarterly). Target 2017/18 = 862 - (10% increase on Q4, 2016/17 outturn of 784)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Quarter</th> <th>2017/18</th> <th>Target 2017/18</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>841</td> <td>862</td> </tr> <tr> <td>Q2</td> <td>957</td> <td>862</td> </tr> <tr> <td>Q3</td> <td>847</td> <td>862</td> </tr> <tr> <td>Q4</td> <td>862</td> <td>862</td> </tr> </tbody> </table>	Quarter	2017/18	Target 2017/18	Q1	841	862	Q2	957	862	Q3	847	862	Q4	862	862
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Executive Team Performance Report 2017/18, Section B – March 2018

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CPD: Outcome 7: Ensure the sustainability of health and social care services																																																			
29.0	By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	<p>Trust Target 2017/18 = 57,658</p> <p>Trust cumulative position April 2017 to March 2018 = 80,664</p> <p>This is an increase of 6,022 cancelled OP appointments (8%) when compared to the position at March 2017.</p> <p>The Trust continues to experience a high level of Hospital Cancelled Consultant-led Outpatient appointments.</p> <p><i>Note: The target is based on 2015/16 baseline of 72,072, sourced from the HIB, QOAR return.</i></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%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Number of Consultant led Hospital Cancelled Appointments</td> <td style="color: red;">7,540</td> <td style="color: red;">7,130</td> <td style="color: red;">8,707</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"> • 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. • Data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff. • Authorisation of service directorates is required for any hospital cancellations. • Delivery of a 20% reduction has not been achieved at end of March 2018. 	Standard	Jan 2018	Feb 2018	Mar 2018	Number of Consultant led Hospital Cancelled Appointments	7,540	7,130	8,707	<p style="text-align: center;">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; text-align: center;"> <thead> <tr> <th>Month</th> <th>Hospital Cancelled OP Appointments - cumulative 2017/18</th> <th>Trajectory Cumulative monthly - target by March 2018 = 57,658</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>5701</td><td></td></tr> <tr><td>May-17</td><td>11830</td><td></td></tr> <tr><td>Jun-17</td><td>18031</td><td></td></tr> <tr><td>Jul-17</td><td>24334</td><td></td></tr> <tr><td>Aug-17</td><td>30643</td><td></td></tr> <tr><td>Sep-17</td><td>37440</td><td></td></tr> <tr><td>Oct-17</td><td>45098</td><td></td></tr> <tr><td>Nov-17</td><td>54732</td><td></td></tr> <tr><td>Dec-17</td><td>64827</td><td></td></tr> <tr><td>Jan-18</td><td>71957</td><td></td></tr> <tr><td>Feb-18</td><td>79087</td><td></td></tr> <tr><td>Mar-18</td><td>80664</td><td>57,658</td></tr> </tbody> </table>	Month	Hospital Cancelled OP Appointments - cumulative 2017/18	Trajectory Cumulative monthly - target by March 2018 = 57,658	Apr-17	5701		May-17	11830		Jun-17	18031		Jul-17	24334		Aug-17	30643		Sep-17	37440		Oct-17	45098		Nov-17	54732		Dec-17	64827		Jan-18	71957		Feb-18	79087		Mar-18	80664	57,658
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph																								
30.0	<p>By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</p>	<p>Trust cumulative position April 2017 to March 2018 = 52%.</p> <p>This is an increase of 8% on the position at March 2017.</p> <p>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: 20%;">Standard</th> <th style="width: 15%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Percentage of complex discharges within 48 hours</td> <td style="background-color: red; color: yellow;">60%</td> <td style="background-color: red; color: yellow;">63%</td> <td style="background-color: red; color: yellow;">65%</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: 20%;">Improvement Target (Avg)</th> <th style="width: 15%;">Apr - Jan 2018</th> <th style="width: 15%;">Apr - Feb 2018</th> <th style="width: 15%;">Apr - Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">RVH (59%)</td> <td style="background-color: yellow;">54%</td> <td style="background-color: yellow;">57%</td> <td style="background-color: green;">59%</td> </tr> <tr> <td style="text-align: left;">MIH (44%)</td> <td style="background-color: yellow;">41%</td> <td style="background-color: yellow;">43%</td> <td style="background-color: green;">47%</td> </tr> <tr> <td style="text-align: left;">BCH (48%)</td> <td style="background-color: red; color: yellow;">42%</td> <td style="background-color: red; color: yellow;">45%</td> <td style="background-color: yellow;">46%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of complex discharges within 48 hours	60%	63%	65%	Improvement Target (Avg)	Apr - Jan 2018	Apr - Feb 2018	Apr - Mar 2018	RVH (59%)	54%	57%	59%	MIH (44%)	41%	43%	47%	BCH (48%)	42%	45%	46%	<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="font-size: x-small;">Legend: 2016/17 Complex discharges < 48 hours (blue line), 2017/18 Complex discharges < 48 hours (green line), Target = 90% (purple line)</p> </div>
Standard	Jan 2018	Feb 2018	Mar 2018																									
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31.0	<p>By March 2018, ensure that no complex discharge taking more than 7 days.</p>	<p>Trust cumulative position April 2017 to March 2018 = 897.</p> <p>This is an increase of 205 (29.6%) when compared to the position for 2016/17.</p> <p>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p> <p>The Trust has exceeded the plan is to achieve a 10% improvement for patients being discharged within 7 days compared to 2016/17 monthly average.</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%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> <th style="width: 15%;">Mar 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Number of Complex Discharges taking more than 7 days</td> <td style="background-color: red; color: yellow;">80</td> <td style="background-color: red; color: yellow;">61</td> <td style="background-color: red; color: yellow;">66</td> </tr> </tbody> </table> <p>The monthly average in 2016/17 was 58 with a total of 692 for the year.</p> <p>The monthly average in 2017/18 was 75 with a total of 897 for the year.</p> <p>This represents a 30% increase in 2017/18 compared to 2016/17. This in large part is due to more accurate coding of complex discharges.</p>	Standard	Jan 2018	Feb 2018	Mar 2018	Number of Complex Discharges taking more than 7 days	80	61	66	<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="font-size: x-small;">Legend: 2016/17 Complex discharges taking more than 7 days (blue line), 2017/18 Complex discharges taking more than 7 days (green line)</p> </div>																
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32.0	By March 2018, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	<p>Trust cumulative position April 2017 to March 2018 = 96.4%.</p> <p>This is consistent with the performance for 2016/17.</p> <p>Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of Non-complex Discharges taking place within 6 hours</td> <td style="background-color: #FFD700;">96%</td> <td style="background-color: #FFD700;">97%</td> <td style="background-color: #FFD700;">97%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	Percentage of Non-complex Discharges taking place within 6 hours	96%	97%	97%	<p style="text-align: center;">Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%</p>																																				
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33.0	By March 2018, to reduce the percentage of funded activity associated with elective care services that remains undelivered	<p>Delivery of Elective Core activity</p> <p>Trust is delivering below plan at the end of March 2018 in Elective IPDC's (-3.8%).</p> <p>OP New Attendances (+0.0%) are in line with planned trajectory.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Standard</th> <th>Jan 2018</th> <th>Feb 2018</th> <th>Mar 2018</th> </tr> </thead> <tbody> <tr> <td>IPDC Plan 2017/18*</td> <td>8,016</td> <td>7,930</td> <td>7,930</td> </tr> <tr> <td>IPDC Admission</td> <td style="background-color: #FFD700;">7,013</td> <td style="background-color: #FFD700;">6,782</td> <td style="background-color: #FFD700;">7,069</td> </tr> <tr> <td>OP Plan 2017/18*</td> <td>15,607</td> <td>14,014</td> <td>14,014</td> </tr> <tr> <td>OP Attendances</td> <td style="background-color: #FFD700;">15,761</td> <td style="background-color: #FFD700;">13,680</td> <td style="background-color: #FFD700;">14,262</td> </tr> </tbody> </table> <p style="text-align: center;"><i>*plan at July 2017</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3" style="background-color: #FFD700;">Variance against plan @ 31st March</th> </tr> <tr> <th>Elective IPDC</th> <th>Volume</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>HSCB selected specialties</td> <td style="background-color: #FFD700;">52,884</td> <td style="background-color: #FFD700;">-4.8%</td> </tr> <tr> <td>All Specialties</td> <td style="background-color: #FFD700;">88,902</td> <td style="background-color: #FFD700;">-3.8%</td> </tr> <tr> <th colspan="3" style="background-color: #FFD700;">Outpatient - New</th> </tr> <tr> <th>Volume</th> <th>Volume</th> <th>%</th> </tr> <tr> <td>HSCB selected specialties</td> <td style="background-color: #FFD700;">124,413</td> <td style="background-color: #FFD700;">-1.3%</td> </tr> <tr> <td>All Specialties</td> <td style="background-color: #FFD700;">169,946</td> <td style="background-color: #FFD700;">0.0%</td> </tr> </tbody> </table>	Standard	Jan 2018	Feb 2018	Mar 2018	IPDC Plan 2017/18*	8,016	7,930	7,930	IPDC Admission	7,013	6,782	7,069	OP Plan 2017/18*	15,607	14,014	14,014	OP Attendances	15,761	13,680	14,262	Variance against plan @ 31 st March			Elective IPDC	Volume	%	HSCB selected specialties	52,884	-4.8%	All Specialties	88,902	-3.8%	Outpatient - New			Volume	Volume	%	HSCB selected specialties	124,413	-1.3%	All Specialties	169,946	0.0%	<p style="text-align: center;">BHSCT Trajectory In-month Analysis 2017/18: Elective Care IPDC and New Outpatient Attendances</p>
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			Comparison - Projected activity 2017/8 v 2016/7 outturn				
				2016/17 outturn	2017/8 outturn	variance	%
			<u>Inpatient / Day-case</u>				
			HSCB				
			selected	55839	52,884	-2955	-5.3%
			specialties				
			All Specialties	93439	88,902	-4537	-4.9%
			<u>Outpatient</u>				
			HSCB				
			selected				
			specialties	127950	124,413	-3537	-2.8%
			All Specialties	172016	169,946	-2070	-1.2%

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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.	<p>Trust cumulative position April 2017 to February 2018 = 6.84%.</p> <p>Trust 2017/18 target = 6.02%.</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%;">Dec 2017</th> <th style="width: 15%;">Jan 2018</th> <th style="width: 15%;">Feb 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #f0f0f0;">Trust Absence Rate monthly</td> <td style="background-color: #ff0000; color: white;">7.44%</td> <td style="background-color: #ff0000; color: white;">8.14%</td> <td style="background-color: #ff0000; color: white;">7.15%</td> </tr> <tr> <td style="background-color: #ffff00;">Trust Absence Rate Average month to date</td> <td style="background-color: #ffff00;">6.58%</td> <td style="background-color: #ffff00;">6.77%</td> <td style="background-color: #ffff00;">6.84%</td> </tr> </tbody> </table> <p>March data not yet available</p> <p>The position during February 2018 has decreased by 0.99% on the position at the end of January 2018.</p> <p>Trust absence is higher than last year but continues to match the 2016/17 monthly trend.</p> <p>In February 2018, the 7.15% absence rate is 0.75% above that of February 2017 at 6.40%.</p> <p>The Cumulative at February 2018 of 6.83% is also 0.48% above the same period last year of 6.35%.</p>	Standard	Dec 2017	Jan 2018	Feb 2018	Trust Absence Rate monthly	7.44%	8.14%	7.15%	Trust Absence Rate Average month to date	6.58%	6.77%	6.84%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;">Trust monthly percentage absence rate 2017/18 compared with 2016/17. Target 2017/18 6.02%</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; text-align: center;"> <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>6.0%</td><td>6.31%</td><td>6.02%</td></tr> <tr><td>Oct</td><td>6.1%</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>7.15%</td><td>6.02%</td></tr> <tr><td>Mar</td><td>6.02%</td><td>-</td><td>6.02%</td></tr> </tbody> </table> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Trust Cumulative percentage absence rate 2017/18 compared with 2016/17. Target 2017/18 6.02%</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small; text-align: center;"> <thead> <tr> <th>Month</th> <th>2016/17 Absence Cumulative</th> <th>2017/18 Absence Cumulative</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>6.17%</td><td>6.02%</td></tr> <tr><td>Jun</td><td>5.8%</td><td>6.16%</td><td>6.02%</td></tr> <tr><td>Jul</td><td>5.8%</td><td>6.24%</td><td>6.02%</td></tr> <tr><td>Aug</td><td>5.9%</td><td>6.22%</td><td>6.02%</td></tr> <tr><td>Sep</td><td>6.0%</td><td>6.26%</td><td>6.02%</td></tr> <tr><td>Oct</td><td>6.1%</td><td>6.36%</td><td>6.02%</td></tr> <tr><td>Nov</td><td>6.2%</td><td>6.44%</td><td>6.02%</td></tr> <tr><td>Dec</td><td>6.3%</td><td>6.58%</td><td>6.02%</td></tr> <tr><td>Jan</td><td>6.3%</td><td>6.77%</td><td>6.02%</td></tr> <tr><td>Feb</td><td>6.4%</td><td>6.83%</td><td>6.02%</td></tr> <tr><td>Mar</td><td>6.3%</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	6.0%	6.31%	6.02%	Oct	6.1%	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%	7.15%	6.02%	Mar	6.02%	-	6.02%	Month	2016/17 Absence Cumulative	2017/18 Absence Cumulative	2017/18 Target	Apr	5.7%	6.08%	6.02%	May	5.8%	6.17%	6.02%	Jun	5.8%	6.16%	6.02%	Jul	5.8%	6.24%	6.02%	Aug	5.9%	6.22%	6.02%	Sep	6.0%	6.26%	6.02%	Oct	6.1%	6.36%	6.02%	Nov	6.2%	6.44%	6.02%	Dec	6.3%	6.58%	6.02%	Jan	6.3%	6.77%	6.02%	Feb	6.4%	6.83%	6.02%	Mar	6.3%	-	6.02%
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