

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 6.3
DIRECTOR	Jennifer Thompson, Interim Director of Planning, Performance and Informatics	Date 5th July 2018
Trust Performance Report		
Purpose	<ul style="list-style-type: none"> • For Approval 	
Corporate Objective	<ul style="list-style-type: none"> • <i>For information/assurance</i> 	
Key areas for consideration	<p>The Trust Performance Report (TPR) to the end of May 2018 is attached. The report includes two sections: Safety, Quality and Experience (SQE); and Trust Performance against key Draft Commissioning Plan Directions (CPD) objectives / goals for improvement for 2018/19.</p> <ul style="list-style-type: none"> • Section A is the Safety, Quality and Experience report providing performance measures over a range of indicators. Included are a summary dashboard and key points. • Section B is the Service Delivery report and sets out a summary against reported DoH Commissioning Plan Directions (CPD) standards and targets for 2018/19, or performance trajectory plans where appropriate. Performance trajectory plans have been submitted by the Trust to HSCB. <p>Of the 17 CPD standards and targets measured, 9 are being delivered or substantially delivered and 8 are not currently being delivered. A further 4 targets are yet to be confirmed and these are: MRSA; C-Difficile; Direct Payments; and Carers Assessments</p> <p>The following CPD standards / targets are not being achieved at the end of May 2018:</p> <ul style="list-style-type: none"> • ED (4 hours RBHSC) • Diagnostic: Waiting Times (urgent tests < 2 days) • Outpatients: Waiting Times (< 9 weeks; and < 52 weeks max waiting time) • Inpatient and Day-case Waiting Times (< 13 weeks; and < 52 weeks max waiting time) • AHP: Waiting Times (< 13 weeks) • Complex Discharges by Trust and each site (< 7days) <p>Of the 18 performance trajectories measured, 13 are being delivered or substantially delivered and 5 are behind plan.</p> <p>The following performance trajectories are behind plan at the end of May 2018:</p> <ul style="list-style-type: none"> • ED (4 hours RVH; and 12 hours RVH and MIH) • Diagnostic: Waiting Times (26 weeks max waiting time) • Cancer Services Improvement Trajectory target (< 62 day pathway) <p>Further details in relation to the standards and targets are set out in the attached report. In addition, a schedule is included indicating CPD standards and targets reported annually and new CPD targets introduced for 2018/19.</p>	
Recommendations	For Assurance.	

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 - May 2018

Introduction

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

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

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

Section A - Safety, Quality and Experience Key Indicators Report

1. Introduction

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

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

Mortality

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

HCAI

- Clostridium Difficile - incidence
- MRSA - incidence

Classic Safety Thermometer

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

Other Safety Thermometer

- Cardiac Arrest rate %

Medicines

- Controlled Drugs - Compliance Audit (quarterly)

Patient Experience

- Number of complaints
- Number of subject areas per complaint
- 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

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 and 100% for 2018/19	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	
Other Safety Indicators			
3.6	Cardiac Arrest rate %	This indicator calculates the total cardiac arrests rate for inpatient admissions.	The cardiac arrest rate is an indicator of risk and is monitored monthly.
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 at peer average.
1.2	Risk Adjusted Mortality Index - non elective	The risk adjusted non-elective mortality index is 11 points above the peer average
1.3	Crude Mortality % - Hip fracture	The crude YTD mortality for hip fracture is 1.1% 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 at peer average.
1.6	Risk Adjusted Mortality Index - MI Mortality	The risk adjusted MI mortality index is 8 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 12 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 slightly below the 100% target.
	Healthcare Acquired Infection Indicators	
2.1	Clostridium Difficile	The regional tolerance threshold target for C-Difficile has not yet been issued. Incidence of C-Difficile to 31st May of 19 cases is 4 above the same period last year
2.2	MRSA	The regional tolerance threshold target for MRSA has not yet been issued. Incidence of MRSA of 4 cases to 31st May is at the same level as the same period last year.
3.0	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers	The Trust tolerance level of 15 per month has not been breached in the 14 month period
3.2	VTE risk assessment Compliance %	Compliance with VTE risk assessment has not dipped below 94% on average in the 14 month period.
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 1.65% of total falls.
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	A target tolerance of 1.37 was breached in April, however May shows the lowest percentage in the period
4.0	Medicines Indicators	
4.1	Controlled Drugs - Compliance Audit (quarterly)	Management of controlled drugs is a component of BHSCT Quality Improvement Plan: Reducing Harm from medication. A target of 75% has been achieved in the last 4 quarterly audits, the most recent recording a 85% compliance rate
5.0	Patient Experience	
5.1	Number of New Complaints	A target has not yet been set for a reduction in the number of complaints. The volume of complaints varies widely on a monthly basis with the lowest in the last 12 months being 86 in December 2017 and the highest being 180 in April 2018.
5.2	Subject areas per complaint	A complaint may have several themes which are separately recorded and fed back to services through the complaints monitoring system. This allows various aspects of complaints to be addresses by the appropriate service area.
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, with an average domain score of 9.02 at March 2018. Questionnaires are evaluated and scored based on the response given to individual questions e.g. 0 for unsatisfied to 10 completely satisfied.

4. Patient/Client Safety, Quality and Experience Trend

April 2017 – May 2018

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

	2017/18												2018/19					
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target 20%	Peer Avg	Trend
1.0 Mortality Indicators																		
1.1 Crude Mortality % - non elective	3.1%	3.0%	2.8%	3.0%	2.5%	2.8%	2.7%	3.4%	3.5%	4.1%	3.9%	3.4%	3.3%		3.3%	2.8%	3.3%	
1.2 Risk Adjusted Mortality Index - non elective	85	76	75	92	93	80	89	104	112						92	75	81	
1.3 Crude Mortality % - Hip fracture	2.0%	0.8%	2.7%	4.6%	4.5%	4.4%	7.1%	3.7%	4.0%						4.0%	3.80%	5.10%	
1.4 Risk Adjusted Mortality Index - Hip fracture	105	53	101	64	94	61	44	95	102						74	78	95	
1.5 Crude Mortality % - MI Mortality	1.0%	5.4%	5.9%	2.1%	2.5%	1.1%	2.9%	1.2%	3.2%						3.0%	1.9%	3.0%	
1.6 Risk Adjusted Mortality Index - MI Mortality	40	117	77	56	105	85	102	45	108						72	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%						8.0%	9.0%	11.1%	
1.8 Risk Adjusted Mortality Index - Stroke Mortality	105	53	104	63	95	61	43	103	80						74	76	86	
1.9 Mortality - % of deaths recorded on MMRS system	95%	95%	95%	98%	97%	96%	99%	99%	98%	99%	99%	99%	99%	99%	99%	100%		
2.0 Healthcare Acquired Infection Indicators																		
2.1 Clostridium Difficile	9	6	11	7	7	6	7	14	6	15	13	12	7	12	19	tbc		
2.2 MRSA	2	2	1	0	1	4	2	1	1	1	3	1	2	2	4	tbc		
3.0 Classic Safety Thermometer Indicators																		
3.1 Avoidable Pressure Ulcers	9	13	9	14	4	9	10	6	9	12	4	11	5		5	15/month		
3.2 VTE risk assessment Compliance %	94%	95%	96%	94%	94%	95%	94%	94%	95%	94%	95%	95%	95%			95%		
3.3 Number of Falls	165	205	168	183	170	204	185	133	173	228	186	236	181		181	to be agreed		
3.4 Number of moderate/major/catastrophic falls	4	4	0	1	2	3	2	3	2	2	4	2	3		3	to be agreed		
3.5 Urinary Tract Infection (UTI) rate with catheter	Dataset being developed															to be agreed		
Other Safety Thermometer Indicators																		
3.6 Cardiac Arrest rate %	1.10	1.13	1.13	0.41	1.79	1.03	0.77	1.03	1.05	1.43	1.15	1.05	1.55	0.53	1.03	1.37		
4.0 Medicines Indicators																		
4.1 Controlled Drugs - Compliance Audit (quarterly)	72%			77%			80%			83%			85%		n/a	75%		
5.0 Patient Experience																		
5.1 Number of New Complaints	131	123	154	130	129	147	174	162	86	141	145	125	180		180	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	1.25		1.25	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

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

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
CPD: Outcome 2: People using health and social care services are safe from avoidable harm																
1.0	<p>By 31 March 2019, to secure a regional aggregate reduction of (tbc) % in the total number of in-patient episodes of MRSA infection compared to 2017/18.</p> <p>Target 2018/19 = tbc</p>	<p>Trust cumulative position April to May 2018 = 4 infections.</p> <p>This is the same as the cumulative position at May 2017 of 4.</p> <p>The Trust 2018/19 tolerance level for MRSA bacteraemias is yet to be confirmed regionally.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard Tolerance level</th> <th style="width: 15%;">Mar 2018</th> <th style="width: 15%;">Apr 2018</th> <th style="width: 15%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>MRSA incidents In-month</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>MRSA incidents Cumulative</td> <td>19</td> <td>2</td> <td>4</td> </tr> </tbody> </table>	Standard Tolerance level	Mar 2018	Apr 2018	May 2018	MRSA incidents In-month	1	2	2	MRSA incidents Cumulative	19	2	4	<p style="text-align: center;">Healthcare Associated Infections (HCAI) MRSA. Tolerance level 2018/19 = tbc</p>
Standard Tolerance level	Mar 2018	Apr 2018	May 2018													
MRSA incidents In-month	1	2	2													
MRSA incidents Cumulative	19	2	4													
2.0	<p>By 31 March 2019, to secure a regional aggregate reduction of (tbc) % in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2017/18.</p> <p>Target 2018/19 = tbc</p>	<p>Trust cumulative position April to May 2018 = 19 infections.</p> <p>This is an increase of 4 (27%) when compared to the cumulative position at May 2017.</p> <p>The Trust 2018/19 tolerance level for Clostridium Difficile Infection (CDI) is yet to be confirmed.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Standard Tolerance level</th> <th style="width: 15%;">Mar 2018</th> <th style="width: 15%;">Apr 2018</th> <th style="width: 15%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>C.Diff incidents In-month</td> <td>12</td> <td>7</td> <td>12</td> </tr> <tr> <td>C.Diff incidents Cumulative</td> <td>113</td> <td>7</td> <td>19</td> </tr> </tbody> </table>	Standard Tolerance level	Mar 2018	Apr 2018	May 2018	C.Diff incidents In-month	12	7	12	C.Diff incidents Cumulative	113	7	19	<p style="text-align: center;">Healthcare Associated Infections (HCAI) C.Diff. Tolerance level 2018/19 = tbc</p>
Standard Tolerance level	Mar 2018	Apr 2018	May 2018													
C.Diff incidents In-month	12	7	12													
C.Diff incidents Cumulative	113	7	19													

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

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

3.0

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

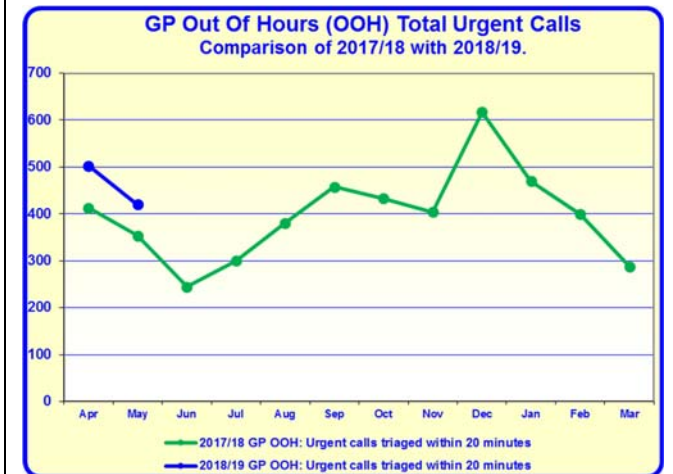
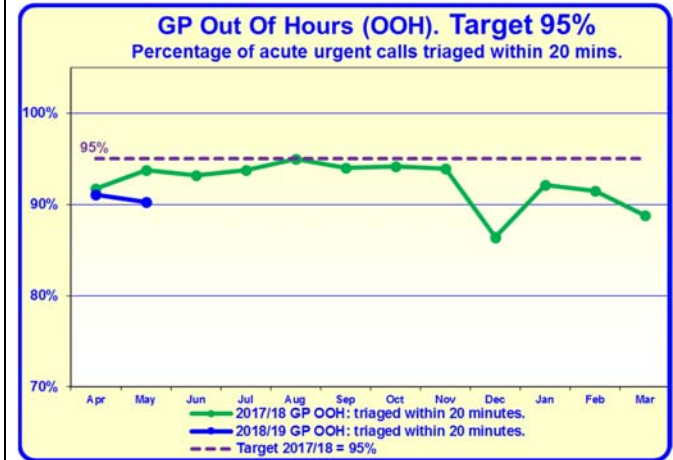
Trust cumulative position April to May 2018 = 90.7% of 1,009 urgent calls.

This is an increase of 180 (22%) total urgent calls when compared to the cumulative position at May 2017.

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

Standard	Mar 2018	Apr 2018	May 2018
GP OOH patients triaged within 20 minutes	88.8%	91.1%	90.2%
Total urgent calls	588	548	461
Urgent calls triaged within 20 mins	522	503	420
*Total ALL calls	13,372	12,044	10,736

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



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

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																														
4.0	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.	<p>Trust cumulative position April to May 2018 = 66%. This represents a deterioration of 5% when compared to the same period last year (performance 71%).</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<p>Monthly ED performance against 4 hour target by Site – performance against trajectory plan (CPD target for RBHSC)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Trajectory Performance</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>RVH Plan 2018/19</td> <td>72%</td> <td>70%</td> <td>70%</td> </tr> <tr> <td>RVH actual</td> <td>50%</td> <td>58%</td> <td>59%</td> </tr> <tr> <td>MIH Plan 2018/19</td> <td>80%</td> <td>75%</td> <td>75%</td> </tr> <tr> <td>MIH actual</td> <td>62%</td> <td>69%</td> <td>70%</td> </tr> <tr> <td>RBHSC Plan</td> <td>95%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>RBHSC actual</td> <td>70%</td> <td>80%</td> <td>78%</td> </tr> <tr> <td>Trust Combined actual</td> <td>58%</td> <td>65%</td> <td>66%</td> </tr> </tbody> </table> <p>Table below shows the change in activity compared with the same period last year.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">ED Attendances - April - May 2018 - change from last year</th> </tr> <tr> <th></th> <th>Apr- May 2017</th> <th>Apr- May 2018</th> <th>Change</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>RVH</td> <td>16224</td> <td>16475</td> <td>251</td> <td>1.5%</td> </tr> <tr> <td>MIH</td> <td>8158</td> <td>8427</td> <td>269</td> <td>3.3%</td> </tr> <tr> <td>RBHSC</td> <td>7119</td> <td>6989</td> <td>-130</td> <td>-1.8%</td> </tr> <tr> <td>TOTAL</td> <td>31501</td> <td>31891</td> <td>390</td> <td>1.2%</td> </tr> </tbody> </table>	Trajectory Performance	Mar 2018	Apr 2018	May 2018	RVH Plan 2018/19	72%	70%	70%	RVH actual	50%	58%	59%	MIH Plan 2018/19	80%	75%	75%	MIH actual	62%	69%	70%	RBHSC Plan	95%	95%	95%	RBHSC actual	70%	80%	78%	Trust Combined actual	58%	65%	66%	ED Attendances - April - May 2018 - change from last year						Apr- May 2017	Apr- May 2018	Change	%	RVH	16224	16475	251	1.5%	MIH	8158	8427	269	3.3%	RBHSC	7119	6989	-130	-1.8%	TOTAL	31501	31891	390	1.2%	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Trust combined - two year comparison</p> <p style="text-align: center; font-size: small;">Emergency Department: Percentage of patients waiting more than 4 hours since their arrival. Target = 95%</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center;">ED RVH and MIH Latest 12 months</p> <p style="text-align: center; font-size: small;">Emergency Department: patients treated & discharged, or admitted, within four hours of their arrival. Trust 2017/18 Improvement Target averages: 70% RVH and 75% MIH.</p> </div>
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																												
5.0	By March 2019, no patient attending any emergency department should wait longer than 12 hours of their arrival in the department.	<p>Trust cumulative position April to May 2018 = 550.</p> <p>This is an increase of 336 when compared to the same period last year (214).</p> <p>Trust performance is monitored against the winter plan target average monthly breaches: RVH = 79; MIH = 46.</p>	<p style="text-align: center;">2018/19 ED Performance by site</p> <table border="1"> <thead> <tr> <th>Trust ED 12 hour breaches</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>RVH tolerance</td> <td>79</td> <td>79</td> <td>79</td> </tr> <tr> <td>RVH actual</td> <td>527</td> <td>177</td> <td>158</td> </tr> <tr> <td>MIH tolerance</td> <td>46</td> <td>46</td> <td>46</td> </tr> <tr> <td>MIH actual</td> <td>255</td> <td>122</td> <td>92</td> </tr> <tr> <td>RBHSC actual</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Trust actual combined</td> <td>782</td> <td>299</td> <td>250</td> </tr> </tbody> </table>	Trust ED 12 hour breaches	Mar 2018	Apr 2018	May 2018	RVH tolerance	79	79	79	RVH actual	527	177	158	MIH tolerance	46	46	46	MIH actual	255	122	92	RBHSC actual	0	0	0	Trust actual combined	782	299	250	<p style="text-align: center;">Emergency Department: Number of patients waiting more than 12 hours each month since their arrival.</p>
Trust ED 12 hour breaches	Mar 2018	Apr 2018	May 2018																													
RVH tolerance	79	79	79																													
RVH actual	527	177	158																													
MIH tolerance	46	46	46																													
MIH actual	255	122	92																													
RBHSC actual	0	0	0																													
Trust actual combined	782	299	250																													
6.0	By March 2019, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.	<p>Trust cumulative position April to May 2018 = 72%.</p> <p>The is a deterioration of 6% when compared to the same period last year (78%).</p> <p>Whilst Trust performance indicates a deterioration over time, the last two months have shown an improvement against March 2018.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Mar 2017</th> <th>Apr 2017</th> <th>May 2017</th> </tr> </thead> <tbody> <tr> <td>Percentage of ED patients commenced treatment within 2 hours of triage</td> <td>66%</td> <td>72%</td> <td>72%</td> </tr> </tbody> </table>	Standard	Mar 2017	Apr 2017	May 2017	Percentage of ED patients commenced treatment within 2 hours of triage	66%	72%	72%	<p style="text-align: center;">ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%</p>																				
Standard	Mar 2017	Apr 2017	May 2017																													
Percentage of ED patients commenced treatment within 2 hours of triage	66%	72%	72%																													

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																
7.0	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>Trust cumulative position April to May 2018 = 80%</p> <p>This is a deterioration of 7% when compared to the same period last year (87%).</p> <p>In the period April to May 2018 there were 130 patients treated within 48 hours out of a total of 162 hip fracture patients when compared to the same period last year (138 patients were treated within 48 hours out of 158 total hip fracture patients).</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Trajectory Performance</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Plan 2018/19</td> <td>n/a</td> <td>79%</td> <td>79%</td> </tr> <tr> <td>RVH actual</td> <td>77%</td> <td>86%</td> <td>76%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CPD Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment</td> <td>78%</td> <td>86%</td> <td>76%</td> </tr> <tr> <td>Hip Fractures RVH < 48 hours</td> <td>64</td> <td>60</td> <td>70</td> </tr> <tr> <td>Hip Fractures RVH > 48 hours</td> <td>18</td> <td>10</td> <td>22</td> </tr> <tr> <td>Hip Fractures RVH Total</td> <td>82</td> <td>70</td> <td>92</td> </tr> </tbody> </table>	Trajectory Performance	Mar 2018	Apr 2018	May 2018	Plan 2018/19	n/a	79%	79%	RVH actual	77%	86%	76%	CPD Standard	Mar 2018	Apr 2018	May 2018	Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment	78%	86%	76%	Hip Fractures RVH < 48 hours	64	60	70	Hip Fractures RVH > 48 hours	18	10	22	Hip Fractures RVH Total	82	70	92	<p style="text-align: center;">Trend (rolling 12 months) Graph / Two year comparison</p> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Two year comparison</p> <p style="text-align: center;">Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%</p> <p style="font-size: small;">Legend: 2017/18 Percentage of patients waiting less than 48 hours for inpatient treatment (green line); 2018/19 Percentage of patients waiting less than 48 hours for inpatient treatment (blue line); PIT: Hip fractures, Trajectory (dotted line); CPD Target 2018/19 95% (dashed purple line).</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center;">Hip fractures Latest 12 months</p> <p style="text-align: center;">Total number of patients waiting by month for an Inpatient Hip fracture treatment, and those treated within 48 hours.</p> <p style="font-size: small;">Legend: Hip Fractures RVH < 48 hours (green line); Hip Fractures RVH Total (blue line).</p> </div>
Trajectory Performance	Mar 2018	Apr 2018	May 2018																																	
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
8.0	By March 2019, all urgent diagnostic tests should be reported on within two days.	<p>At the end of May 2018, 84% of diagnostic test results were reported within 2 days.</p> <p>The 2018/19 performance remains consistent with that of 2017/18.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td> <td style="text-align: center;">80%</td> <td style="text-align: center; background-color: red; color: yellow;">77%</td> <td style="text-align: center; background-color: red; color: yellow;">84%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	80%	77%	84%	<p style="text-align: center;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%</p>				
Standard	Mar 2018	Apr 2018	May 2018													
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	80%	77%	84%													
9.0	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.	<p>Trust cumulative position April to May 2018 = 100%.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trust Trajectory 2018/19</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> <tr> <td style="text-align: center;">Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td> <td style="text-align: center;">100%</td> <td style="text-align: center; background-color: green; color: yellow;">100%</td> <td style="text-align: center; background-color: green; color: yellow;">100%</td> </tr> </tbody> </table> <p>Performance continues in line with trajectory and performance is anticipated to remain at 100%, with the exception of seasonal fluctuations in capacity or peaks in demand.</p>	Standard	Mar 2018	Apr 2018	May 2018	Trust Trajectory 2018/19	100%	100%	100%	Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	100%	100%	<p style="text-align: center;">Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%</p>
Standard	Mar 2018	Apr 2018	May 2018													
Trust Trajectory 2018/19	100%	100%	100%													
Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	100%	100%													

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

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
10.0	<p>During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.</p>	<p>Trust cumulative performance April to May 2018 is 90%.</p> <p>The performance at the end of May 2018 is 88%. This is the same as at the end of May 2017.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Mar 2018</th> <th style="width: 15%;">Apr 2018</th> <th style="width: 15%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">95%</td> <td style="text-align: center;">88%</td> </tr> <tr> <td>Actual percentage of Cancer patients receiving a first treatment within 31 days</td> <td style="text-align: center;">94%</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">89%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Trust Trajectory 2018/19	91%	95%	88%	Actual percentage of Cancer patients receiving a first treatment within 31 days	94%	91%	89%	<p style="text-align: center;">Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%</p>
Standard	Mar 2018	Apr 2018	May 2018													
Trust Trajectory 2018/19	91%	95%	88%													
Actual percentage of Cancer patients receiving a first treatment within 31 days	94%	91%	89%													
11.0	<p>During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<p>Trust cumulative position April to May 2018 = 49%.</p> <p>This is a decrease of 3% when compared with 2017/18.</p> <p>Trust performance is monitored against the agreed trajectory.</p> <p>The performance for May 2018 of 45% is 16% lower than that of the same period last year (61%).</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Mar 2018</th> <th style="width: 15%;">Apr 2018</th> <th style="width: 15%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="text-align: center;">57%</td> <td style="text-align: center;">56%</td> <td style="text-align: center;">61%</td> </tr> <tr> <td>Percentage Cancer patients receiving a first treatment within 62 days</td> <td style="text-align: center;">63%</td> <td style="text-align: center;">53%</td> <td style="text-align: center;">51%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Trust Trajectory 2018/19	57%	56%	61%	Percentage Cancer patients receiving a first treatment within 62 days	63%	53%	51%	<p style="text-align: center;">Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%</p>
Standard	Mar 2018	Apr 2018	May 2018													
Trust Trajectory 2018/19	57%	56%	61%													
Percentage Cancer patients receiving a first treatment within 62 days	63%	53%	51%													

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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison								
12.0	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	The Trust is under delivering against the target. At the end of May 2018, 26% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks.	<table border="1"> <thead> <tr> <th>Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td> <td>27%</td> <td>26%</td> <td>26%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment	27%	26%	26%	<p>Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointment at month end. Target 50%</p>
Standard	Mar 2018	Apr 2018	May 2018									
Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment	27%	26%	26%									
13.0	By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.	<p>The number of patients waiting in excess of 52 weeks continues to increase.</p> <p>This is an increase of 2,903 (10%) when compared to the performance for May 2017.</p> <p>There were 28,979 patients waiting in excess of 52 weeks as at the end of May 2017.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td> <td>32,218</td> <td>31,410</td> <td>31,882</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Number of Patients waiting longer than 52 weeks for first OP Appointment	32,218	31,410	31,882	<p>Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0</p>
Standard	Mar 2018	Apr 2018	May 2018									
Number of Patients waiting longer than 52 weeks for first OP Appointment	32,218	31,410	31,882									

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

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																								
14.0	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	<p>At the end of April 2018, 42% of patients on Trust's Diagnostic waiting lists are waiting no longer than 9 weeks.</p> <p>This represents an increase of 1% when compared with April 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Trajectory Performance</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Plan 9 weeks</td> <td>N/A</td> <td>2,899</td> <td>3,288</td> </tr> <tr> <td>Actual 9 weeks</td> <td>N/A</td> <td style="background-color: #90EE90;">2,898</td> <td style="background-color: #90EE90;">3,162</td> </tr> </tbody> </table> <p>n/a * data not yet available</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Feb 2018</th> <th>Mar 2018</th> <th>Apr 2018</th> </tr> </thead> <tbody> <tr> <td>CPD : Trust Target</td> <td style="background-color: #FFFF99;">75%</td> <td style="background-color: #FFFF99;">75%</td> <td style="background-color: #FFFF99;">75%</td> </tr> <tr> <td>Patients waiting no longer than 9 weeks for a Diagnostic test</td> <td style="background-color: #FFFF99;">45%</td> <td style="background-color: #FFFF99;">44%</td> <td style="background-color: #FFFF99;">42%</td> </tr> </tbody> </table>	Trajectory Performance	Mar 2018	Apr 2018	May 2018	Plan 9 weeks	N/A	2,899	3,288	Actual 9 weeks	N/A	2,898	3,162	Standard	Feb 2018	Mar 2018	Apr 2018	CPD : Trust Target	75%	75%	75%	Patients waiting no longer than 9 weeks for a Diagnostic test	45%	44%	42%	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> <p style="font-size: small;">Legend: 2017/18 Percentage waiting no longer than 9 weeks for Diagnostic test (green line), 2018/19 Percentage waiting no longer than 9 weeks for Diagnostic test (blue line), Target = 75% (dashed line).</p> </div>
Trajectory Performance	Mar 2018	Apr 2018	May 2018																									
Plan 9 weeks	N/A	2,899	3,288																									
Actual 9 weeks	N/A	2,898	3,162																									
Standard	Feb 2018	Mar 2018	Apr 2018																									
CPD : Trust Target	75%	75%	75%																									
Patients waiting no longer than 9 weeks for a Diagnostic test	45%	44%	42%																									
15.0	By March 2019, 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 6,862 patients waiting in excess of 26 weeks for a diagnostic test as at the end of April 2017. This has increased by 4,166 by the end of April 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Trajectory Performance</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Plan 26 weeks</td> <td>N/A</td> <td>781</td> <td>510</td> </tr> <tr> <td>Actual 26 weeks</td> <td>N/A</td> <td style="background-color: #90EE90;">773</td> <td style="background-color: #FF0000;">686</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Feb 2018</th> <th>Mar 2018</th> <th>Apr 2018</th> </tr> </thead> <tbody> <tr> <td>CPD : Trust Target</td> <td style="background-color: #FFFF99;">0</td> <td style="background-color: #FFFF99;">0</td> <td style="background-color: #FFFF99;">0</td> </tr> <tr> <td>Patients waiting longer than 26 weeks for a Diagnostic test</td> <td style="background-color: #FFFF99;">9,304</td> <td style="background-color: #FFFF99;">9,652</td> <td style="background-color: #FFFF99;">11,028</td> </tr> </tbody> </table>	Trajectory Performance	Mar 2018	Apr 2018	May 2018	Plan 26 weeks	N/A	781	510	Actual 26 weeks	N/A	773	686	Standard	Feb 2018	Mar 2018	Apr 2018	CPD : Trust Target	0	0	0	Patients waiting longer than 26 weeks for a Diagnostic test	9,304	9,652	11,028	<div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0</p> <p style="font-size: small;">Legend: 2017/18 Number waiting longer than 26 weeks for Diagnostic test (green line), 2018/19 Number waiting longer than 26 weeks for Diagnostic test (blue line).</p> </div>
Trajectory Performance	Mar 2018	Apr 2018	May 2018																									
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison								
16.0	By March 2019, 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 May 2018, 29% of patients on Trust's waiting lists are waiting no longer than 13 weeks out of a total number waiting of 36,437 patients.</p> <p>This is a deterioration of 6% on the position at May 2017 when 35% of patients were waiting in excess of 9 weeks out of a total of 29,332 patients.</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Patients waiting no longer than 13 weeks for an IPDC treatment</td> <td style="text-align: center;">31%</td> <td style="text-align: center;">31%</td> <td style="text-align: center;">29%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Patients waiting no longer than 13 weeks for an IPDC treatment	31%	31%	29%	<p>Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%</p>
Standard	Mar 2018	Apr 2018	May 2018									
Patients waiting no longer than 13 weeks for an IPDC treatment	31%	31%	29%									
17.0	By March 2019, 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 May 2018, 8,158 patients on Trust's IPDC waiting lists are waiting no longer than 52 weeks.</p> <p>This is a deterioration of 3,388 (71%) when compared to the same period last year (4,770).</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 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;">7,446</td> <td style="text-align: center;">7,674</td> <td style="text-align: center;">8,158</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Patients waiting longer than 52 weeks for an IPDC treatment	7,446	7,674	8,158	<p>Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0</p>
Standard	Mar 2018	Apr 2018	May 2018									
Patients waiting longer than 52 weeks for an IPDC treatment	7,446	7,674	8,158									

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18.0	By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services	<p>Trust performance is monitored against the agreed trajectory.</p> <p>There were 29 breaches at the end of May 2018. This below trajectory and continues the general downward trend.</p> <p>The increase in demand and resultant increased breaches, has been addressed.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="text-align: center;">0</td> <td style="text-align: center;">55</td> <td style="text-align: center;">49</td> </tr> <tr> <td>Patients waiting longer than 9 weeks to access CAMHS</td> <td style="text-align: center;">57</td> <td style="text-align: center;">33</td> <td style="text-align: center;">29</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>CAMHS Breaches</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PMHS Step 2</td> <td style="text-align: center;">17</td> <td style="text-align: center;">9</td> <td style="text-align: center;">24</td> </tr> <tr> <td>CAMHS Step 3</td> <td style="text-align: center;">37</td> <td style="text-align: center;">10</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Regional Trauma</td> <td style="text-align: center;">3</td> <td style="text-align: center;">14</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Total CAMHS</td> <td style="text-align: center;">57</td> <td style="text-align: center;">33</td> <td style="text-align: center;">29</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Trust Trajectory 2018/19	0	55	49	Patients waiting longer than 9 weeks to access CAMHS	57	33	29		Mar 2018	Apr 2018	May 2018	CAMHS Breaches				PMHS Step 2	17	9	24	CAMHS Step 3	37	10	3	Regional Trauma	3	14	2	Total CAMHS	57	33	29	<p>Trend (rolling 12 months) Graph / Two year comparison</p> <p>Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.</p>
Standard	Mar 2018	Apr 2018	May 2018																																					
Trust Trajectory 2018/19	0	55	49																																					
Patients waiting longer than 9 weeks to access CAMHS	57	33	29																																					
	Mar 2018	Apr 2018	May 2018																																					
CAMHS Breaches																																								
PMHS Step 2	17	9	24																																					
CAMHS Step 3	37	10	3																																					
Regional Trauma	3	14	2																																					
Total CAMHS	57	33	29																																					
19.0	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	<p>Trust performance is monitored against the agreed trajectory.</p> <p>The outturn of 138 is an improvement on the planned trajectory and an improvement of 579 against the same period last year (717).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2018/19</td> <td style="text-align: center;">300</td> <td style="text-align: center;">215</td> <td style="text-align: center;">194</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</td> <td style="text-align: center;">179</td> <td style="text-align: center;">222</td> <td style="text-align: center;">138</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Adult MH Breaches</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Addiction</td> <td style="text-align: center;">71</td> <td style="text-align: center;">57</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Primary Care MHT</td> <td style="text-align: center;">96</td> <td style="text-align: center;">154</td> <td style="text-align: center;">104</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">12</td> <td style="text-align: center;">11</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Total Adult MH</td> <td style="text-align: center;">179</td> <td style="text-align: center;">222</td> <td style="text-align: center;">138</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Trajectory 2018/19	300	215	194	Number of patients waiting longer than 9 weeks to access Adult Mental Health services	179	222	138		Mar 2018	Apr 2018	May 2018	Adult MH Breaches				Addiction	71	57	25	Primary Care MHT	96	154	104	Other	12	11	9	Total Adult MH	179	222	138	<p>Trend (rolling 12 months) Graph / Two year comparison</p> <p>Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.</p>
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																		
20.0	By March 2019, no patient waits longer than nine weeks to access dementia services.	Trust performance is monitored against the agreed trajectory. The outturn is an improvement on the planned trajectory. There were 323 patients waiting in total at the end of May 2018. At the end of March 2018 there was a total of 364 patients, 77 waiting in excess of target.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trajectory 2018/19</td> <td style="text-align: center;">27</td> <td style="text-align: center;">66</td> <td style="text-align: center;">66</td> </tr> <tr> <td style="text-align: center;">Number of patients waiting longer than 9 weeks to access Dementia services</td> <td style="text-align: center;">77</td> <td style="text-align: center;">68</td> <td style="text-align: center;">49</td> </tr> </tbody> </table> <p>Psychiatry of Old Age has seen a significant increase in referrals over the last three to four years. The service is vulnerable to fluctuations in demand, Additional out of hours clinics are planned throughout the year.</p>	Standard	Mar 2018	Apr 2018	May 2018	Trajectory 2018/19	27	66	66	Number of patients waiting longer than 9 weeks to access Dementia services	77	68	49	<p style="text-align: center;">Number of patients waiting longer than 9 weeks to access Dementia services. Comparison of performance against trajectory and 2017/18.</p>																																						
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21.0	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).	Trust performance is monitored against the agreed trajectory. The outturn of 591 is an improvement on the planned trajectory and a deterioration of 147 against the same period last year (444).	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Trajectory Plan 2017/18</th> </tr> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trajectory 2018/19</td> <td style="text-align: center;">681</td> <td style="text-align: center;">552</td> <td style="text-align: center;">594</td> <td></td> </tr> <tr> <td style="text-align: center;">Number of patients waiting longer than 13 weeks</td> <td style="text-align: center;">577</td> <td style="text-align: center;">586</td> <td style="text-align: center;">591</td> <td></td> </tr> <tr> <td style="text-align: center;">Psychological Therapies</td> <td style="text-align: center;">577</td> <td style="text-align: center;">586</td> <td style="text-align: center;">591</td> <td></td> </tr> <tr> <td style="text-align: center;">Adult Health Psychology</td> <td style="text-align: center;">257</td> <td style="text-align: center;">265</td> <td style="text-align: center;">266</td> <td></td> </tr> <tr> <td style="text-align: center;">Psychosexual</td> <td style="text-align: center;">133</td> <td style="text-align: center;">140</td> <td style="text-align: center;">149</td> <td></td> </tr> <tr> <td style="text-align: center;">Adult MH</td> <td style="text-align: center;">108</td> <td style="text-align: center;">90</td> <td style="text-align: center;">92</td> <td></td> </tr> <tr> <td style="text-align: center;">Other</td> <td style="text-align: center;">79</td> <td style="text-align: center;">91</td> <td style="text-align: center;">84</td> <td></td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">577</td> <td style="text-align: center;">586</td> <td style="text-align: center;">591</td> <td></td> </tr> </tbody> </table> <p>The Trust remains ahead of trajectory at the end of May 2018.</p>	Trajectory Plan 2017/18					Standard	Mar 2018	Apr 2018	May 2018		Trajectory 2018/19	681	552	594		Number of patients waiting longer than 13 weeks	577	586	591		Psychological Therapies	577	586	591		Adult Health Psychology	257	265	266		Psychosexual	133	140	149		Adult MH	108	90	92		Other	79	91	84		Total	577	586	591		<p style="text-align: center;">Number of patients waiting longer than 13 weeks to access Psychological Services. Comparison of performance against trajectory and 2017/18.</p>
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them																
22.0	By March 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.	<p>Trust cumulative position at May 2018 = 706.</p> <p>This is an improvement of 86 (14%) when compared to the same period last year (612).</p> <p>The Trust continues to improve the uptake of DPs and expects to be able to meet the target when it is finalised for 2018/19.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Planned increase</td> <td style="text-align: center;">661</td> <td style="text-align: center;">tbc</td> <td style="text-align: center;">tbc</td> </tr> <tr> <td style="text-align: center;">Number of clients / carers in receipt of Direct Payments</td> <td style="text-align: center;">703</td> <td style="text-align: center;">698</td> <td style="text-align: center;">706</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Planned increase	661	tbc	tbc	Number of clients / carers in receipt of Direct Payments	703	698	706	
Standard	Mar 2018	Apr 2018	May 2018													
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23.0	By March 2019, 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> <p>The performance at the end of May 2018 of 4,444 represents an improvement of 19% (1,024) when compared to the same period last year (5,468).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Number of patients waiting more than 13 weeks from referral to AHP treatment</td> <td style="text-align: center;">4,780</td> <td style="text-align: center;">4,370</td> <td style="text-align: center;">4,444</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 continues to work with the HSCB to prioritise the resources to fill these gaps. In the short-term, non-recurrent resource is required to help clear the backlog of waiting list patients.</p>	Standard	Mar 2018	Apr 2018	May 2018	Number of patients waiting more than 13 weeks from referral to AHP treatment	4,780	4,370	4,444					
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																
24.0	<p>During 2018/19, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge.</p>	<p>Trust cumulative position April to May 2018 = 67%.</p> <p>This is 10% above the same period last year (57%), however there were 4 people discharged within 7 days April to May last year compared to 2 in the same period this year.</p> <p>The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Percentage of patients discharged within 7 days</td> <td style="text-align: center;">n/a</td> <td style="text-align: center; background-color: red;">50%</td> <td style="text-align: center; background-color: green;">100%</td> </tr> <tr> <td style="text-align: center;">Number of discharges within 7 days</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Percentage of patients discharged within 7 days	n/a	50%	100%	Number of discharges within 7 days	0	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	Mar 2018	Apr 2018	May 2018																	
Percentage of patients discharged within 7 days	n/a	50%	100%																	
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25.0	<p>During 2018/19, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</p>	<p>By the end of May 2018 there were: 2 patients discharged within 28 days; and 1 patient discharged with a completed discharge taking more than 28 days.</p> <p>At the end of May 2018, there are 15 patients awaiting discharge who are medically fit. This is a decrease of 6 when compared to the position at May 2017 (21).</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Number of patients discharged within 28 days</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Number of patients discharged more than 28 days</td> <td style="text-align: center;">1</td> <td style="text-align: center; background-color: orange;">1</td> <td style="text-align: center; background-color: green;">0</td> </tr> <tr> <td style="text-align: center;">Number of patients awaiting discharge more than 28 days</td> <td style="text-align: center;">15</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Number of patients discharged within 28 days	0	1	1	Number of patients discharged more than 28 days	1	1	0	Number of patients awaiting discharge more than 28 days	15	14	15	<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	Mar 2018	Apr 2018	May 2018																	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

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26.0	<p>During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.</p>	<p>Trust cumulative position April to May 2018 = 97%.</p> <p>This is slightly higher than the performance in 2017/18.</p> <p>There were 83 (97%) of patients discharged within 7 days with 3 patient discharges taking more than 7 days from April 2017 to May 2018.</p> <p>This is a slight improvement when compared to the same period last year.</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Percentage of patients Discharged Within 7 days</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">95%</td> <td style="text-align: center;">98%</td> </tr> <tr> <td style="text-align: center;">Number of discharges within 7 days</td> <td style="text-align: center;">38</td> <td style="text-align: center;">37</td> <td style="text-align: center;">46</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Percentage of patients Discharged Within 7 days	100%	95%	98%	Number of discharges within 7 days	38	37	46	<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 7-day discharge graph</caption> <thead> <tr> <th>Month</th> <th>2016/17 MH discharges > 7 days (%)</th> <th>2017/18 MH discharges > 7 days (%)</th> <th>2018/19 MH discharges > 7 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>89</td><td>92</td><td>95</td><td>99</td></tr> <tr><td>May</td><td>98</td><td>94</td><td>94</td><td>99</td></tr> <tr><td>Jun</td><td>98</td><td>99</td><td>98</td><td>99</td></tr> <tr><td>Jul</td><td>97</td><td>94</td><td>96</td><td>99</td></tr> <tr><td>Aug</td><td>94</td><td>91</td><td>94</td><td>99</td></tr> <tr><td>Sep</td><td>90</td><td>88</td><td>92</td><td>99</td></tr> <tr><td>Oct</td><td>99</td><td>95</td><td>97</td><td>99</td></tr> <tr><td>Nov</td><td>95</td><td>99</td><td>98</td><td>99</td></tr> <tr><td>Dec</td><td>97</td><td>94</td><td>96</td><td>99</td></tr> <tr><td>Jan</td><td>90</td><td>91</td><td>92</td><td>99</td></tr> <tr><td>Feb</td><td>89</td><td>88</td><td>90</td><td>99</td></tr> <tr><td>Mar</td><td>95</td><td>99</td><td>98</td><td>99</td></tr> </tbody> </table>	Month	2016/17 MH discharges > 7 days (%)	2017/18 MH discharges > 7 days (%)	2018/19 MH discharges > 7 days (%)	Target (%)	Apr	89	92	95	99	May	98	94	94	99	Jun	98	99	98	99	Jul	97	94	96	99	Aug	94	91	94	99	Sep	90	88	92	99	Oct	99	95	97	99	Nov	95	99	98	99	Dec	97	94	96	99	Jan	90	91	92	99	Feb	89	88	90	99	Mar	95	99	98	99
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27.0	<p>During 2018/19, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.</p>	<p>Trust cumulative position April to May 2018 97%.</p> <p>At the end of May 2018 there were 6 patients waiting more than 28 days, compared to 8 patients at the end of May 2017.</p> <p>From April to May 2018, 3 Mental Health patient discharges took more than 28 days, compared to 6 patients at the end of May 2017.</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Standard</th> <th style="text-align: center;">Mar 2018</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Number of patients discharged within 28 days</td> <td style="text-align: center;">38</td> <td style="text-align: center;">37</td> <td style="text-align: center;">46</td> </tr> <tr> <td style="text-align: center;">Number of patients discharged more than 28 days</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Number of patients awaiting discharge more than 28 days</td> <td style="text-align: center;">10</td> <td style="text-align: center;">8</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Number of patients discharged within 28 days	38	37	46	Number of patients discharged more than 28 days	0	2	1	Number of patients awaiting discharge more than 28 days	10	8	6	<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 >28 days discharge graph</caption> <thead> <tr> <th>Month</th> <th>2017/18 MH awaiting discharge > 28 days</th> <th>2018/19 MH awaiting discharge > 28 days</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td><td>8</td></tr> <tr><td>May</td><td>8</td><td>6</td></tr> <tr><td>Jun</td><td>9</td><td>8</td></tr> <tr><td>Jul</td><td>8</td><td>8</td></tr> <tr><td>Aug</td><td>9</td><td>8</td></tr> <tr><td>Sep</td><td>3</td><td>8</td></tr> <tr><td>Oct</td><td>2</td><td>8</td></tr> <tr><td>Nov</td><td>5</td><td>8</td></tr> <tr><td>Dec</td><td>7</td><td>8</td></tr> <tr><td>Jan</td><td>2</td><td>8</td></tr> <tr><td>Feb</td><td>6</td><td>8</td></tr> <tr><td>Mar</td><td>0</td><td>6</td></tr> </tbody> </table>	Month	2017/18 MH awaiting discharge > 28 days	2018/19 MH awaiting discharge > 28 days	Apr	5	8	May	8	6	Jun	9	8	Jul	8	8	Aug	9	8	Sep	3	8	Oct	2	8	Nov	5	8	Dec	7	8	Jan	2	8	Feb	6	8	Mar	0	6																						
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly	Trend (rolling 12 months) Graph / Two year comparison
CPD: Outcome 6: Supporting those who care for others				
28.0	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments.	Data for quarter 1 not yet available. Data will be reported quarterly	

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

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CPD: Outcome 7: Ensure the sustainability of health and social care services																
29.0	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	<p>Trust cumulative position April to May 2018 = 70%.</p> <p>This is an increase of 18% on the position at March 2018.</p> <p>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Mar 2018</th> <th style="width: 10%;">Apr 2018</th> <th style="width: 10%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td>-</td> <td>62%</td> <td>62%</td> </tr> <tr> <td>Percentage of complex discharges within 48 hours</td> <td>65%</td> <td>66%</td> <td>72%</td> </tr> </tbody> </table> <p>Complex discharges within 48 hours are measured against the PIT.</p>	Standard	Mar 2018	Apr 2018	May 2018	Trust Trajectory 2018/19	-	62%	62%	Percentage of complex discharges within 48 hours	65%	66%	72%	
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30.0	By March 2019, ensure that no complex discharge taking more than 7 days.	<p>Trust cumulative position April to May 2018 = 119.</p> <p>This is a decrease of 8 when compared to the same period last year (127).</p> <p>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Standard</th> <th style="width: 10%;">Mar 2018</th> <th style="width: 10%;">Apr 2018</th> <th style="width: 10%;">May 2018</th> </tr> </thead> <tbody> <tr> <td>Number of Complex Discharges taking more than 7 days</td> <td>66</td> <td>60</td> <td>59</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Number of Complex Discharges taking more than 7 days	66	60	59					
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Trust Board Performance Report 2018/19, Section B – Service Delivery – May 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																																																																					
31.0	By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	<p>Trust cumulative position April to May 2018 is 96.9%.</p> <p>This is consistent with the performance for 2017/18.</p> <p>Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Mar 2018</th> <th>Apr 2018</th> <th>May 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of Non-complex Discharges taking place within 6 hours</td> <td>97%</td> <td>97%</td> <td>97%</td> </tr> </tbody> </table>	Standard	Mar 2018	Apr 2018	May 2018	Percentage of Non-complex Discharges taking place within 6 hours	97%	97%	97%	<p>Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%</p> <table border="1"> <caption>Approximate data for 2017/18 and 2018/19</caption> <thead> <tr> <th>Month</th> <th>2017/18 (%)</th> <th>2018/19 (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>95.5</td><td>97.0</td></tr> <tr><td>May</td><td>95.5</td><td>97.0</td></tr> <tr><td>Jun</td><td>96.5</td><td>97.0</td></tr> <tr><td>Jul</td><td>97.5</td><td>97.0</td></tr> <tr><td>Aug</td><td>97.0</td><td>97.0</td></tr> <tr><td>Sep</td><td>97.0</td><td>97.0</td></tr> <tr><td>Oct</td><td>97.0</td><td>97.0</td></tr> <tr><td>Nov</td><td>97.0</td><td>97.0</td></tr> <tr><td>Dec</td><td>95.5</td><td>97.0</td></tr> <tr><td>Jan</td><td>96.0</td><td>97.0</td></tr> <tr><td>Feb</td><td>97.0</td><td>97.0</td></tr> <tr><td>Mar</td><td>96.5</td><td>97.0</td></tr> </tbody> </table>	Month	2017/18 (%)	2018/19 (%)	Apr	95.5	97.0	May	95.5	97.0	Jun	96.5	97.0	Jul	97.5	97.0	Aug	97.0	97.0	Sep	97.0	97.0	Oct	97.0	97.0	Nov	97.0	97.0	Dec	95.5	97.0	Jan	96.0	97.0	Feb	97.0	97.0	Mar	96.5	97.0																																																						
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32.0	By March 2019, to reduce the percentage of funded activity associated with elective care services that remains undelivered.	<p>Delivery of Elective Core activity</p> <p>Trust is delivering close to plan at the end of May 2018 in Elective IPDC's: -0.6% in all specialties and over by 2.3% in the HSCB selected specialties.</p> <p>OP New Attendances are in excess of the planned trajectory at the end of May 2018: +3.1% in all specialties and +3.3% in the HSCB selected specialties.</p>	<table border="1"> <thead> <tr> <th colspan="3">Performance against previous year</th> </tr> <tr> <th>Comparison of Volumes April - May</th> <th>HSCB selected specialties</th> <th>All Specialties</th> </tr> </thead> <tbody> <tr> <td colspan="3">Elective IPDC</td> </tr> <tr> <td>2017/18 April - May</td> <td>9,132</td> <td>15,280</td> </tr> <tr> <td>2018/19 April - May</td> <td>9,300</td> <td>15,089</td> </tr> <tr> <td>Variance from Apr - May 2017/18</td> <td>168</td> <td>-191</td> </tr> <tr> <td>% Variance from Apr - May 2017/18</td> <td>1.8%</td> <td>-1.3%</td> </tr> <tr> <td colspan="3">Outpatient - New</td> </tr> <tr> <td>2017/18 April - May</td> <td>20,784</td> <td>27,888</td> </tr> <tr> <td>2018/19 April - May</td> <td>20,947</td> <td>28,565</td> </tr> <tr> <td>Variance from Apr - May 2017/18</td> <td>163</td> <td>677</td> </tr> <tr> <td>% Variance from Apr - May 2017/18</td> <td>0.8%</td> <td>2.4%</td> </tr> </tbody> </table>	Performance against previous year			Comparison of Volumes April - May	HSCB selected specialties	All Specialties	Elective IPDC			2017/18 April - May	9,132	15,280	2018/19 April - May	9,300	15,089	Variance from Apr - May 2017/18	168	-191	% Variance from Apr - May 2017/18	1.8%	-1.3%	Outpatient - New			2017/18 April - May	20,784	27,888	2018/19 April - May	20,947	28,565	Variance from Apr - May 2017/18	163	677	% Variance from Apr - May 2017/18	0.8%	2.4%	<p>BHSCT Elective Core Activity Comparison of 2018/19 with 2017/18: Elective Care IPDC and New Outpatient Attendances</p> <table border="1"> <caption>Approximate data for 2017/18 and 2018/19</caption> <thead> <tr> <th>Month</th> <th>IPDC 2017/18</th> <th>IPDC 2018/19</th> <th>OP New 2017/18</th> <th>OP New 2018/19</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>7,000</td><td>7,000</td><td>12,000</td><td>13,000</td></tr> <tr><td>May</td><td>8,000</td><td>8,000</td><td>15,000</td><td>15,000</td></tr> <tr><td>Jun</td><td>8,000</td><td>8,000</td><td>15,000</td><td>15,000</td></tr> <tr><td>Jul</td><td>6,000</td><td>6,000</td><td>11,000</td><td>11,000</td></tr> <tr><td>Aug</td><td>8,000</td><td>8,000</td><td>14,000</td><td>14,000</td></tr> <tr><td>Sep</td><td>7,000</td><td>7,000</td><td>14,000</td><td>14,000</td></tr> <tr><td>Oct</td><td>8,000</td><td>8,000</td><td>15,000</td><td>15,000</td></tr> <tr><td>Nov</td><td>8,000</td><td>8,000</td><td>15,000</td><td>15,000</td></tr> <tr><td>Dec</td><td>6,000</td><td>6,000</td><td>11,000</td><td>11,000</td></tr> <tr><td>Jan</td><td>7,000</td><td>7,000</td><td>15,000</td><td>15,000</td></tr> <tr><td>Feb</td><td>7,000</td><td>7,000</td><td>13,000</td><td>13,000</td></tr> <tr><td>Mar</td><td>7,000</td><td>7,000</td><td>14,000</td><td>14,000</td></tr> </tbody> </table>	Month	IPDC 2017/18	IPDC 2018/19	OP New 2017/18	OP New 2018/19	Apr	7,000	7,000	12,000	13,000	May	8,000	8,000	15,000	15,000	Jun	8,000	8,000	15,000	15,000	Jul	6,000	6,000	11,000	11,000	Aug	8,000	8,000	14,000	14,000	Sep	7,000	7,000	14,000	14,000	Oct	8,000	8,000	15,000	15,000	Nov	8,000	8,000	15,000	15,000	Dec	6,000	6,000	11,000	11,000	Jan	7,000	7,000	15,000	15,000	Feb	7,000	7,000	13,000	13,000	Mar	7,000	7,000	14,000	14,000
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32.1	Endoscopy Core Activity Trajectory Plan is to achieve a core volume of 11, 407 by end of March 2019	Trust is delivering slightly ahead of plan at the end of May 2018.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Trust Endoscopy Cumulative position</th> <th style="text-align: center;">Apr 2018</th> <th style="text-align: center;">May 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory Plan 2018/19</td> <td style="text-align: center;">862</td> <td style="text-align: center;">1,797</td> </tr> <tr> <td>Actual 2018/19</td> <td style="text-align: center;">762</td> <td style="text-align: center;">1,823</td> </tr> <tr> <td>Variance</td> <td style="text-align: center;">-100</td> <td style="text-align: center; background-color: #4caf50; color: white;">26</td> </tr> </tbody> </table>	Trust Endoscopy Cumulative position	Apr 2018	May 2018	Trajectory Plan 2018/19	862	1,797	Actual 2018/19	762	1,823	Variance	-100	26													
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CPD: Outcome 8: Supporting the HSC workforce

33.0

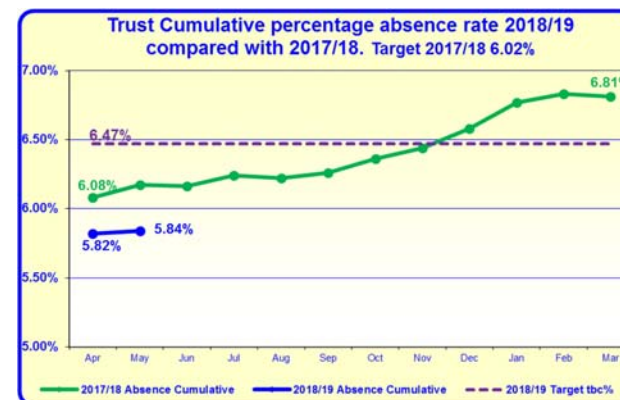
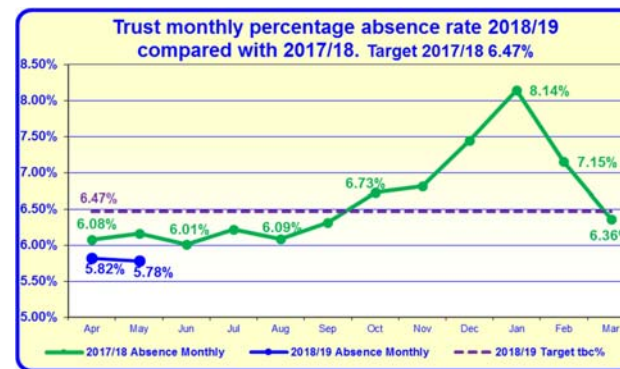
By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.

Trust cumulative position May 2018 = 5.84%.
Trust 2018/19 target = 6.47%.

Standard	Mar 2018	Apr 2018	May 2018
Trust Absence Rate monthly	6.36%	5.82%	5.78%
Trust Absence Rate Cum Average month to date	6.81%	5.82%	5.84%

The position shows an improvement in the cumulative position to the end of May 2018 of 0.33% when compared to the same period last year and a 0.97% improvement on the 2017/18 outturn.

The position of 5.78% in May 2018 is 0.38% better than the 6.16% absence reported in May 2017.



2018 CPD to be reported Annually

CPD ref	CPD Objective / goal for improvement 2018/19: Annually Reported
1.8	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, " <i>Healthy Child Healthy Future</i> ". By that date: * The antenatal contact will be delivered to all first time mothers. * 95% of two year old reviews must be delivered. These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".
1.10	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.
2.1	By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of <i>Delivering Care</i> , to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.
2.5	Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.
2.7	By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.
2.8	During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.
3.2	During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.
5.2	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.
6.2	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.
8.7	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.
8.11	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.

2018 New CPD Objectives / Goals

CPD ref	CPD Objective / goal for improvement 2018
1.3	By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the “ <i>Breastfeeding Strategy</i> ” objectives for achievement by March 2025.
1.4	By March 2019, establish a minimum of 2 “Healthy Places” demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.
1.7	By March 2019, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.
2.2	By 31 March 2019: · Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by a further 2%, as per the established recurring annual targets, taking 2015/16 as the baseline figure; and · Taking 2017/18 as the baseline figures, secure in secondary care: o a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; o a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions;o a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and o EITHER § that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR § an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021. *For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.
2.3	Reducing Gram-negative bloodstream infections: By 31 March 2019: ·to secure an aggregate reduction of [W]% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infection acquired after two days of hospital admission, with the aim the of securing a regional aggregate reduction of [X]% by 31 March 2021, and · to secure a regional aggregate reduction of [Y]% of all Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections, with the aim the of securing a regional aggregate reduction of [Z]% by 31 March 2021. Values for W, X, Y and Z will be confirmed in May 2018 following surveillance data validation by PHA
2.6	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.
3.1	By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.
3.3	By March 2019, patients in all Trusts should have access to the Dementia portal.
3.5	By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.
5.4	By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.
5.5	By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.
5.6	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan
7.3	By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.

8.1	By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.
8.2	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.
8.4	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.
8.5	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.
8.6	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.
8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.
8.10	By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce
8.13	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.