

**TRUST BOARD
 SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 6.6										
DIRECTOR	Jennifer Thompson, Interim Director of Planning, Performance and Informatics	Date 6th December 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 October 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>Where an objective is measured both against CPD and trajectory plan, only the RAG status of the trajectory is used. 19 areas of the DoH CPD standards and targets are reported, 10 are being delivered or substantially delivered, and 9 are not currently being delivered.</p> <p align="center">Summary RAG status of Reported CPD targets</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">CPD targets</td> <td align="center" style="background-color: red; color: yellow;">9</td> <td align="center" style="background-color: yellow;">5</td> <td align="center" style="background-color: green; color: yellow;">5</td> <td align="center">19</td> </tr> </table> <p>Targets not being delivered are listed below:</p> <ul style="list-style-type: none"> • HCAI – Inpatient episodes of MRSA and Clostridium Difficile • Diagnostic – urgent tests reported within two days • OP percentage waiting no longer than 9 weeks; number waiting longer than 52 weeks • IPDC patients waiting no longer than 13 weeks; number waiting longer than 52 weeks • AHP patient waiting longer than 13 weeks to first treatment • Complex patients with discharge taking more than 7 days. <p>In addition to the 19 CPD standards and targets above, The Trust is monitoring trajectory plans as agreed with the HSCB. Of the 18 trajectory monitored, 13 are being delivered or substantially delivered and 5 are not currently being delivered (see table below).</p> <p align="center">Summary RAG status of Reported Performance Trajectories</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">Performance Trajectories</td> <td align="center" style="background-color: red; color: yellow;">5</td> <td align="center" style="background-color: yellow;">2</td> <td align="center" style="background-color: green; color: yellow;">11</td> <td align="center">18</td> </tr> </table> <p>Targets not being delivered are listed below:</p> <ul style="list-style-type: none"> • ED patients treated, discharged or admitted within 4 hours (RVH site) • ED patients waiting longer than 12 hours for admission (RVH and MIH sites) • Hip Fracture patients waiting longer than 48 hours for treatment • Cancer patients receiving a first treatment within 62 days <p>Further details in relation to the standards and targets are set out in the attached report.</p>		CPD targets	9	5	5	19	Performance Trajectories	5	2	11	18
CPD targets	9	5	5	19								
Performance Trajectories	5	2	11	18								
Recommendations	For Assurance.											

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 - October 2018

Introduction

The Trust Board Performance Report for the period April 2018 – October 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 – Oct 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
- Patient Experience – Domain score replaced by Family Friendly scores (pilot ward areas) from Sept 2018

A brief commentary is included in relation to each indicator, and Trust data provided in respect of the indicators above.

2. Key Messages from the Indicators

	Mortality Indicators	Key Points
1.1	Crude Mortality % - non elective	Crude mortality is at 3.0% for May 2018.
1.2	Risk Adjusted Mortality Index - non elective	Risk adjusted mortality index is at 87 for May 2018
1.3	Crude Mortality % - Hip fracture	Coding completeness is insufficient to provide data
1.4	Risk Adjusted Mortality Index - Hip fracture	Coding completeness is insufficient to provide data
1.5	Crude Mortality % - MI Mortality	Coding completeness is insufficient to provide data
1.6	Risk Adjusted Mortality Index - MI Mortality	Coding completeness is insufficient to provide data
1.7	Crude Mortality % - Stroke Mortality	Crude mortality is at 7.3% for May 2018.
1.8	Risk Adjusted Mortality Index - Stroke Mortality	Risk adjusted mortality index is at 72 for May 2018
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 been set at 110 for the year. Incidence of C-Difficile to 31 st October of 75 cases is 22 above the same period last year
2.2	MRSA	The regional tolerance threshold target for MRSA has been set at 12 for the year. Incidence of MRSA of 11 cases to 31 st October is 1 below the same period last year.
3.0	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers	Number of avoidable pressure ulcers is within tolerance (Sep)
3.2	VTE risk assessment Compliance %	Compliance with VTE risk assessment is on target of 95% (Sep)
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 2% of total falls.
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset is being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	Cardiac arrest rate is within tolerance (Oct)
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 79% compliance rate (July)
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 201 in May 2018.
5.2	Patient experience - average domain score (0-10) – replaced by Friends & Family score September 2018	The Trust has commenced patient experience surveys in 10 wards (3 on BCH site, 6 on RVH site and Ward F on Mater site) using a nationally recognised structured questionnaire. Result for the first 8 months of the survey are very positive, with an average domain score of 95.8% at August 2018. On average 200 questionnaires are completed monthly. Questionnaires are evaluated and scored based on the response given to individual questions e.g. 0 for unsatisfied to 5 completely satisfied (then converted to percentage). Friends and Family score was introduced in September and is directly comparable with other Trusts in the Patient safety collaborative. Group average score is 96% and Trust score is 99%

3. Patient/Client Safety, Quality and Experience Indicators

September 2017 – October 2018 (or latest available data)

Safety, Quality and Experience dashboard - Sept 2017 - October 2018

1.0	Mortality Indicators	2017/18							2018/19							YTD	Target 20%	Peer Avg	Trend	
		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18					
1.1	Crude Mortality % - non elective	2.8%	2.7%	3.4%	3.5%	4.1%	3.9%	3.4%	3.3%	3.0%							3.0%	2.8%	3.3%	
1.2	Risk Adjusted Mortality Index - non elective	80	89	104	112	99	89	88	79	87								75	81	
1.3	Crude Mortality % - Hip fracture	4.4%	7.1%	3.7%	4.0%													3.80%	5.10%	
1.4	Risk Adjusted Mortality Index - Hip fracture	61	44	95	102													78	95	
1.5	Crude Mortality % - MI Mortality	1.1%	2.9%	1.2%	3.2%	4.1%	4.2%	2.9%										1.9%	3.0%	
1.6	Risk Adjusted Mortality Index - MI Mortality	85	102	45	108	98	70	66										65	80	
1.7	Crude Mortality % - Stroke Mortality	6.5%	7.7%	6.0%	7.1%	7.8%	8.1%	9.8%	8.1%	7.3%								9.0%	11.1%	
1.8	Risk Adjusted Mortality Index - Stroke Mortality	61	43	103	80	68	68	92	81	72								76	86	
1.9	Mortality - % of deaths recorded on MMRS system	96%	99%	99%	98%	99%	99%	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%	100%		
Note: Mortality data - coding completeness from April is insufficient to provide accurate data. Coding completeness was concentrated on year end for production of TFR returns.																				
2.0	Healthcare Acquired Infection Indicators	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target 20%	Peer Avg	Trend	
2.1.1	Clostridium Difficile (110)	6	7	14	6	15	13	12	7	12	10	12	10	8	16	75	110			
2.1.2	Clostridium Difficile >72 hours	5	4	9	5	11	8	10	6	9	7	8	8	7	15	63	-			
2.2.1	MRSA (12)	4	2	1	1	1	3	1	2	2	1	2	1	3	0	11	12			
2.2.2	MRSA >48 hours	2	0	0	1	1	2	0	0	1	0	2	0	2	0	6	-			
3.0	Classic Safety Thermometer Indicators	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target 20%	Peer Avg	Trend	
3.1.1	Number of Avoidable Pressure Ulcers (PU's)	10	12	8	11	12	8	11	8	12	13	15	10	7		65	15 / month tbc			
3.1.2	Number of All PU's	26	33	25	28	31	24	31	23	35	39	37	29	26		189	tbc			
3.2	VTE risk assessment Compliance %	95%	94%	94%	95%	94%	95%	95%	95%	95%	94%	93%	94%	95%		94%	95%			
3.3	Number of Falls	204	185	133	173	228	186	236	181	180	207	156	150	127		1001	to be agreed			
3.4	Number of moderate/major/catastrophic falls	3	2	3	2	2	4	2	3	2	4	4	4	4		21	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 %	1.03	0.77	1.03	1.05	1.43	1.15	1.05	1.55	0.53	1.57	1.55	0.28	1.03	0.99	1.08	1.37			
4.0	Medicines Indicators	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target 20%	Peer Avg	Trend	
4.1	Controlled Drugs - Compliance Audit (quarterly)		80%			83%			85%			79%				n/a	75%			
5.0	Patient Experience	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD		Peer Avg	Trend	
5.1	Number of New Complaints	147	174	162	86	140	145	125	144	201	162	163	157	147		974				
5.2	Patient experience - average domain score (0-10) - replaced by Friends & Family score Sept 18					88.4%	90.2%	90.2%	91.3%	93.4%	93.0%	93.7%	95.8%	98%		n/a	96%	96%		

indicates data not yet available

Please note - Peer average data (excl Risk Adjusted Mortality Index (Mar 18)) for mortality indicators is at Dec 2017

Trust Board Performance Report 2018/19, Section B – Service Delivery – October 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 7.5 % in the total number of in-patient episodes of MRSA infection compared to 2017/18 (Equates to 37% reduction for BHSCT).</p> <p>Target 2018/19 = 12</p>	<p>Trust cumulative position April to October 2018 = 11 infections.</p> <p>This is the 1 less (8%) than the cumulative position at October 2017 of 12.</p> <p>The Trust 2018/19 tolerance level for MRSA bacteraemias has been set regionally as 12 to end of March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>CPD Standard Tolerance level</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>MRSA incidents In-month</td> <td>1</td> <td>3</td> <td>0</td> </tr> <tr> <td>MRSA incidents Cumulative</td> <td style="background-color: red;">8</td> <td style="background-color: red;">11</td> <td style="background-color: red;">11</td> </tr> <tr> <td>MRSA incidents > 48 hours Cumulative</td> <td>4</td> <td>5</td> <td>6</td> </tr> </tbody> </table> <p>Performance of MRSA within England is measured as >48 hours.</p>	CPD Standard Tolerance level	Aug 2018	Sep 2018	Oct 2018	MRSA incidents In-month	1	3	0	MRSA incidents Cumulative	8	11	11	MRSA incidents > 48 hours Cumulative	4	5	6	
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MRSA incidents In-month	1	3	0																	
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MRSA incidents > 48 hours Cumulative	4	5	6																	
2.0	<p>By 31 March 2019, to secure a regional aggregate reduction of 7.5 % in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2017/18 (Equates to 3% reduction for BHSCT).</p> <p>Target 2018/19 = 110</p>	<p>Trust cumulative position April to October 2018 = 75 infections.</p> <p>This is an increase of 22 (42%) when compared to the cumulative position at October 2017 of 53.</p> <p>The Trust 2018/19 tolerance level for Clostridium Difficile Infection (CDI) has been set regionally as 110 to end of March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>CPD Standard Tolerance level</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>C.Diff incidents In-month</td> <td>10</td> <td>8</td> <td>16</td> </tr> <tr> <td>C.Diff incidents Cumulative</td> <td style="background-color: red;">51</td> <td style="background-color: red;">59</td> <td style="background-color: red;">75</td> </tr> <tr> <td>C.Diff incidents > 72 hours Cumulative</td> <td>38</td> <td>45</td> <td>60</td> </tr> </tbody> </table> <p>Performance of C.Difficile within England is measured as >72 hours.</p>	CPD Standard Tolerance level	Aug 2018	Sep 2018	Oct 2018	C.Diff incidents In-month	10	8	16	C.Diff incidents Cumulative	51	59	75	C.Diff incidents > 72 hours Cumulative	38	45	60	
CPD Standard Tolerance level	Aug 2018	Sep 2018	Oct 2018																	
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 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.

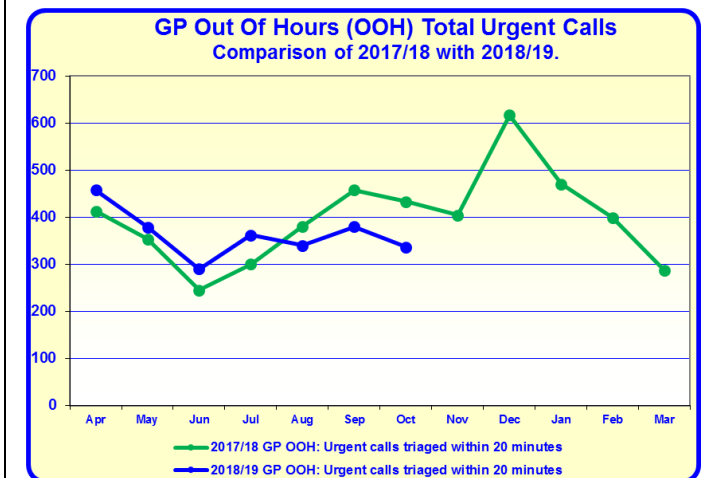
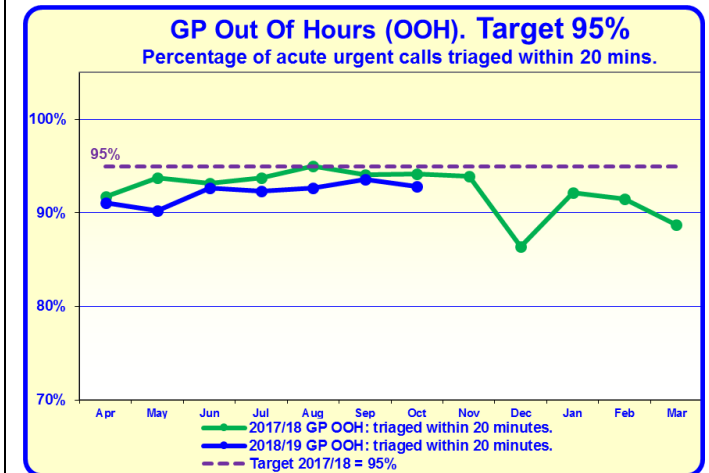
There were 2,401 total Urgent calls from April to October 2018. There were 2,546 (92.1%) responded to within 20 minutes with 218 (7.9%) outside of target.

The Trust performance has consistently been above 90%.

There were 69,559 total calls urgent and non-urgent from April to October 2018, compared to 81,236 for April to October 2017.

CPD Standard	Aug 2018	Sep 2018	Oct 2018
GP OOH patients triaged within 20 minutes	93%	94%	93%
Total urgent calls	367	406	363
Urgent calls triaged within 20 mins	340	380	337
*Total ALL calls	9,296	9,505	9,005

* 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 – October 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 October 2018 = 67%.</p> <p>This represents a deterioration of 9% when compared to April to October 2017 (performance 76%).</p> <p>Trust performance is monitored against the trajectory plan.</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>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>RVH Plan 2018/19</td> <td>70%</td> <td>70%</td> <td>70%</td> </tr> <tr> <td>RVH actual</td> <td style="background-color: #ffcccc;">56%</td> <td style="background-color: #ffcccc;">60%</td> <td style="background-color: #ffcccc;">58%</td> </tr> <tr> <td>MIH Plan 2018/19</td> <td>75%</td> <td>75%</td> <td>75%</td> </tr> <tr> <td>MIH actual</td> <td style="background-color: #ffcccc;">70%</td> <td style="background-color: #ffcccc;">70%</td> <td style="background-color: #ffcccc;">72%</td> </tr> <tr> <td>RBHSC Plan</td> <td>95%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>RBHSC actual</td> <td>89%</td> <td>84%</td> <td>87%</td> </tr> <tr> <td>Trust Combined actual</td> <td>65%</td> <td>68%</td> <td>68%</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 - October 2018 - change from last year</th> </tr> <tr> <th></th> <th>Apr - Oct 2017</th> <th>Apr - Oct 2018</th> <th>Change</th> <th>% change</th> </tr> </thead> <tbody> <tr> <td>RVH</td> <td>57,399</td> <td>57,783</td> <td>384</td> <td>0.7%</td> </tr> <tr> <td>MIH</td> <td>28,503</td> <td>29,662</td> <td>1,159</td> <td>4.1%</td> </tr> <tr> <td>RBHSC</td> <td>22,286</td> <td>21,787</td> <td>-499</td> <td>-2.2%</td> </tr> <tr> <td>Trust Total</td> <td>108,188</td> <td>109,232</td> <td>1,044</td> <td>1.0%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Monthly Activity</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>No. of ED Attendances</td> <td>15,218</td> <td>15,163</td> <td>15,997</td> </tr> <tr> <td>No. treated within 4 Hours</td> <td>9,958</td> <td>10,285</td> <td>10,833</td> </tr> <tr> <td>% treated within 4 hours</td> <td>65%</td> <td>68%</td> <td>68%</td> </tr> </tbody> </table>	Trajectory Performance	Aug 2018	Sep 2018	Oct 2018	RVH Plan 2018/19	70%	70%	70%	RVH actual	56%	60%	58%	MIH Plan 2018/19	75%	75%	75%	MIH actual	70%	70%	72%	RBHSC Plan	95%	95%	95%	RBHSC actual	89%	84%	87%	Trust Combined actual	65%	68%	68%	ED Attendances April - October 2018 - change from last year						Apr - Oct 2017	Apr - Oct 2018	Change	% change	RVH	57,399	57,783	384	0.7%	MIH	28,503	29,662	1,159	4.1%	RBHSC	22,286	21,787	-499	-2.2%	Trust Total	108,188	109,232	1,044	1.0%	Monthly Activity	Aug 2018	Sep 2018	Oct 2018	No. of ED Attendances	15,218	15,163	15,997	No. treated within 4 Hours	9,958	10,285	10,833	% treated within 4 hours	65%	68%	68%	<p style="text-align: center;">Trust combined - two year comparison</p> <p style="text-align: center;">Emergency Department: Percentage of patients waiting more than 4 hours since their arrival. Target = 95%</p> <p style="text-align: center;">ED RVH and MIH Latest 12 months</p> <p style="text-align: center;">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>
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 2018

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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 October 2018 = 1,718.</p> <p>This is an increase of 1,180 when compared to the same period last year (538).</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" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">Trust ED 12 hour breaches</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 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 style="background-color: #ffcccc;">163</td> <td style="background-color: #ffcccc;">203</td> <td style="background-color: #ffcccc;">174</td> </tr> <tr> <td>MIH tolerance</td> <td>46</td> <td>46</td> <td>46</td> </tr> <tr> <td>MIH actual</td> <td style="background-color: #ffcccc;">80</td> <td style="background-color: #ffcccc;">58</td> <td style="background-color: #ffcccc;">56</td> </tr> <tr> <td>RBHSC actual</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Trust actual combined</td> <td>243</td> <td>261</td> <td>230</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">Monthly Activity</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>No. of ED Attendances</td> <td>15,218</td> <td>15,163</td> <td>15,995</td> </tr> <tr> <td>No. of 12 Hour Breaches</td> <td>243</td> <td>261</td> <td>230</td> </tr> <tr> <td>% of 12 Hour Breaches</td> <td>1.6%</td> <td>1.7%</td> <td>1.4%</td> </tr> </tbody> </table>	Trust ED 12 hour breaches	Aug 2018	Sep 2018	Oct 2018	RVH tolerance	79	79	79	RVH actual	163	203	174	MIH tolerance	46	46	46	MIH actual	80	58	56	RBHSC actual	0	0	0	Trust actual combined	243	261	230	Monthly Activity	Aug 2018	Sep 2018	Oct 2018	No. of ED Attendances	15,218	15,163	15,995	No. of 12 Hour Breaches	243	261	230	% of 12 Hour Breaches	1.6%	1.7%	1.4%	<div style="border: 2px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;">Emergency Department: Number of patients waiting more than 12 hours since their arrival.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; font-size: small;"> <thead> <tr> <th>Month</th> <th>2017/18 (Green)</th> <th>2018/19 (Blue)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>62</td><td>299</td></tr> <tr><td>May</td><td>152</td><td>250</td></tr> <tr><td>Jun</td><td>31</td><td>172</td></tr> <tr><td>Jul</td><td>14</td><td>263</td></tr> <tr><td>Aug</td><td>22</td><td>243</td></tr> <tr><td>Sep</td><td>104</td><td>261</td></tr> <tr><td>Oct</td><td>153</td><td>230</td></tr> <tr><td>Nov</td><td>131</td><td></td></tr> <tr><td>Dec</td><td>302</td><td></td></tr> <tr><td>Jan</td><td>817</td><td>261</td></tr> <tr><td>Feb</td><td>477</td><td></td></tr> <tr><td>Mar</td><td>782</td><td></td></tr> </tbody> </table> </div> <div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">Emergency Department: Number of patients waiting more than 12 hours each month since their arrival.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; font-size: small;"> <thead> <tr> <th>Month</th> <th>2018/19 (Blue)</th> <th>RVH (Green)</th> <th>MIH (Yellow)</th> </tr> </thead> <tbody> <tr><td>Oct-17</td><td>150</td><td>100</td><td>80</td></tr> <tr><td>Nov-17</td><td>120</td><td>80</td><td>60</td></tr> <tr><td>Dec-17</td><td>300</td><td>150</td><td>120</td></tr> <tr><td>Jan-18</td><td>800</td><td>550</td><td>280</td></tr> <tr><td>Feb-18</td><td>480</td><td>320</td><td>150</td></tr> <tr><td>Mar-18</td><td>780</td><td>530</td><td>250</td></tr> <tr><td>Apr-18</td><td>300</td><td>180</td><td>120</td></tr> <tr><td>May-18</td><td>250</td><td>150</td><td>90</td></tr> <tr><td>Jun-18</td><td>180</td><td>110</td><td>60</td></tr> <tr><td>Jul-18</td><td>260</td><td>180</td><td>80</td></tr> <tr><td>Aug-18</td><td>240</td><td>160</td><td>70</td></tr> <tr><td>Sep-18</td><td>260</td><td>200</td><td>60</td></tr> <tr><td>Oct-18</td><td>230</td><td>180</td><td>60</td></tr> </tbody> </table> </div>	Month	2017/18 (Green)	2018/19 (Blue)	Apr	62	299	May	152	250	Jun	31	172	Jul	14	263	Aug	22	243	Sep	104	261	Oct	153	230	Nov	131		Dec	302		Jan	817	261	Feb	477		Mar	782		Month	2018/19 (Blue)	RVH (Green)	MIH (Yellow)	Oct-17	150	100	80	Nov-17	120	80	60	Dec-17	300	150	120	Jan-18	800	550	280	Feb-18	480	320	150	Mar-18	780	530	250	Apr-18	300	180	120	May-18	250	150	90	Jun-18	180	110	60	Jul-18	260	180	80	Aug-18	240	160	70	Sep-18	260	200	60	Oct-18	230	180	60
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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 October 2018 = 74%.</p> <p>This is a deterioration of 6% when compared to April to October 2017 (77%), however, performance has seen an improvement over the last few months.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Percentage of ED patients commenced treatment within 2 hours of triage</td> <td style="background-color: #ffffcc;">74%</td> <td style="background-color: #ffffcc;">75%</td> <td style="background-color: #ffffcc;">78%</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of ED patients commenced treatment within 2 hours of triage	74%	75%	78%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue;">ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%</p> <table border="1" style="width: 100%; font-size: small; text-align: center;"> <caption>Estimated Data from Trend Graph</caption> <thead> <tr> <th>Month</th> <th>2017/18 (%)</th> <th>2018/19 (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>77</td><td>72</td></tr> <tr><td>May</td><td>78</td><td>72</td></tr> <tr><td>Jun</td><td>84</td><td>75</td></tr> <tr><td>Jul</td><td>84</td><td>73</td></tr> <tr><td>Aug</td><td>82</td><td>74</td></tr> <tr><td>Sep</td><td>78</td><td>75</td></tr> <tr><td>Oct</td><td>77</td><td>78</td></tr> <tr><td>Nov</td><td>79</td><td>78</td></tr> <tr><td>Dec</td><td>74</td><td>75</td></tr> <tr><td>Jan</td><td>76</td><td>75</td></tr> <tr><td>Feb</td><td>70</td><td>74</td></tr> <tr><td>Mar</td><td>66</td><td>74</td></tr> </tbody> </table> </div>	Month	2017/18 (%)	2018/19 (%)	Apr	77	72	May	78	72	Jun	84	75	Jul	84	73	Aug	82	74	Sep	78	75	Oct	77	78	Nov	79	78	Dec	74	75	Jan	76	75	Feb	70	74	Mar	66	74
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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 October 2018 = 78%</p> <p>This is an increase of 1% when compared to the April to October 2017 (77%).</p> <p>In the period April to October 2018 there were 437 patients treated within 48 hours out of a total of 559 hip fracture patients.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Trajectory Performance</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Plan 2018/19</td> <td style="background-color: #ffffcc;">88%</td> <td style="background-color: #ffffcc;">72%</td> <td style="background-color: #ffffcc;">90%</td> </tr> <tr> <td>RVH actual</td> <td style="background-color: #ffcc00;">81%</td> <td style="background-color: #00cc00;">82%</td> <td style="background-color: #cc0000;">79%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CPD Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment</td> <td style="text-align: center;">81%</td> <td style="text-align: center;">82%</td> <td style="text-align: center;">79%</td> </tr> <tr> <td>Hip Fractures RVH < 48 hours</td> <td style="text-align: center;">50</td> <td style="text-align: center;">76</td> <td style="text-align: center;">66</td> </tr> <tr> <td>Hip Fractures RVH > 48 hours</td> <td style="text-align: center;">12</td> <td style="text-align: center;">17</td> <td style="text-align: center;">18</td> </tr> <tr> <td>Hip Fractures RVH Total</td> <td style="text-align: center;">62</td> <td style="text-align: center;">93</td> <td style="text-align: center;">84</td> </tr> </tbody> </table>	Trajectory Performance	Aug 2018	Sep 2018	Oct 2018	Plan 2018/19	88%	72%	90%	RVH actual	81%	82%	79%	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of patients waiting no more than 48 hours for IP Hip fracture treatment	81%	82%	79%	Hip Fractures RVH < 48 hours	50	76	66	Hip Fractures RVH > 48 hours	12	17	18	Hip Fractures RVH Total	62	93	84	<div style="border: 2px solid blue; padding: 5px;"> <h3 style="text-align: center; margin: 0;">Hip fracture - Year on year comparison</h3> <p style="text-align: center; font-size: small;">Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%</p> <p style="font-size: x-small;">Legend: —●— 2017/18 Percentage of patients waiting less than 48 hours for inpatient treatment —●— 2018/19 Percentage of patients waiting less than 48 hours for inpatient treatment - - - PIT: Hip fractures. Trajectory - - - CPD Target 2018/19 95%</p> </div> <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <h3 style="text-align: center; margin: 0;">Hip fractures - Latest 12 months</h3> <p style="text-align: center; font-size: small;">Total number of patients waiting by month for an Inpatient Hip fracture treatment, and those treated within 48 hours.</p> <p style="font-size: x-small;">Legend: —●— Hip Fractures RVH < 48 hours —●— Hip Fractures RVH Total</p> </div>
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8.0	By March 2019, all urgent diagnostic tests should be reported on within two days.	During October 2018, 78% of diagnostic test results were reported within 2 days.	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">78%</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">80%</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">78%</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	78%	80%	78%	<p style="text-align: center;">Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100%</p>								
CPD Standard	Aug 2018	Sep 2018	Oct 2018																	
Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	78%	80%	78%																	
9.0	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.	<p>Trust cumulative position April to October 2018 = 100%.</p> <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> <p>Trust performance is monitored against the trajectory plan.</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d3d3d3;">Trust Trajectory 2018/19</td> <td style="background-color: #ffffcc; text-align: center;">100%</td> <td style="background-color: #ffffcc; text-align: center;">100%</td> <td style="background-color: #ffffcc; text-align: center;">100%</td> </tr> <tr> <td style="background-color: #d3d3d3;">Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td> <td style="background-color: #008000; color: yellow; text-align: center;">100%</td> <td style="background-color: #008000; color: yellow; text-align: center;">100%</td> <td style="background-color: #008000; color: yellow; text-align: center;">100%</td> </tr> <tr> <td style="background-color: #d3d3d3;">Total number of patients per month</td> <td style="text-align: center;">196</td> <td style="text-align: center;">168</td> <td style="text-align: center;">200</td> </tr> </tbody> </table>	Standard	Aug 2018	Sep 2018	Oct 2018	Trust Trajectory 2018/19	100%	100%	100%	Actual percentage of Urgent Breast Cancer referral patients seen within 14 days	100%	100%	100%	Total number of patients per month	196	168	200	<p style="text-align: center;">Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100%</p>
Standard	Aug 2018	Sep 2018	Oct 2018																	
Trust Trajectory 2018/19	100%	100%	100%																	
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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 October 2018 is 90.3%. This is consistent with the same as the same period last year.</p> <p>The performance of 93% is within trajectory at the end of October 2018.</p> <p>Trust performance is monitored against the trajectory plan.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> <th style="width: 15%;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="background-color: #ffffcc;">88%</td> <td style="background-color: #ffffcc;">88%</td> <td style="background-color: #ffffcc;">92%</td> </tr> <tr> <td>Percentage of Cancer patients receiving a first treatment within 31 days</td> <td style="background-color: #00ff00;">91%</td> <td style="background-color: #00ff00;">87%</td> <td style="background-color: #00ff00;">93%</td> </tr> <tr> <td>Total number of patients per month</td> <td style="background-color: #ffffcc;">351</td> <td style="background-color: #ffffcc;">314</td> <td style="background-color: #ffffcc;">421</td> </tr> </tbody> </table>	Standard	Aug 2018	Sep 2018	Oct 2018	Trust Trajectory 2018/19	88%	88%	92%	Percentage of Cancer patients receiving a first treatment within 31 days	91%	87%	93%	Total number of patients per month	351	314	421	<p>Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%</p> <p>The graph shows performance fluctuating around the 98% target. 2018/19 performance is generally higher than 2017/18, staying above the target for most of the period.</p>
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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 October 2018 = 54%. This is an increase of 5% when compared with April – October 2017 position of 49%.</p> <p>Trust performance is monitored against the trajectory plan.</p> <p>The performance for October 2018 of 48% is below trajectory.</p> <p>Trust performance is monitored against the trajectory plan.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Standard</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> <th style="width: 15%;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="background-color: #ffffcc;">53%</td> <td style="background-color: #ffffcc;">52%</td> <td style="background-color: #ffffcc;">64%</td> </tr> <tr> <td>Percentage Cancer patients receiving a first treatment within 62 days</td> <td style="background-color: #00ff00;">59%</td> <td style="background-color: #ffcc00;">47%</td> <td style="background-color: #ff0000;">48%</td> </tr> <tr> <td>Total number of patients per month*</td> <td style="background-color: #ffffcc;">154</td> <td style="background-color: #ffffcc;">113</td> <td style="background-color: #ffffcc;">171</td> </tr> </tbody> </table> <p><i>*includes ITT's as whole, not 0.5</i></p>	Standard	Aug 2018	Sep 2018	Oct 2018	Trust Trajectory 2018/19	53%	52%	64%	Percentage Cancer patients receiving a first treatment within 62 days	59%	47%	48%	Total number of patients per month*	154	113	171	<p>Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%</p> <p>The graph shows performance fluctuating around the 95% target. 2018/19 performance is generally lower than 2017/18, often falling below the target.</p>
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12.0	By March 2019, 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 October 2018, 28.4% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks. This is 2% above the 26% performance of October 2017.</p> <p>At the end of September 2018, there were 65,458 outpatients waiting more than 9 weeks for a first appointment. This is a slight improvement (246) on October 2017.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Total OP waiting</td> <td>91,712</td> <td>95,332</td> <td>91,444</td> </tr> <tr> <td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td> <td style="background-color: #ff0000; color: #ffff00;">26%</td> <td style="background-color: #ff0000; color: #ffff00;">27%</td> <td style="background-color: #ff0000; color: #ffff00;">28%</td> </tr> <tr> <td>Patients waiting more than 9 weeks</td> <td>68,209</td> <td>69,950</td> <td>65,458</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Total OP waiting	91,712	95,332	91,444	Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment	26%	27%	28%	Patients waiting more than 9 weeks	68,209	69,950	65,458	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointment at month end. Target 50%</p> <p style="text-align: center; font-size: small;">Legend: —●— 2017/18 Percentage of OP waiting no longer than 9 weeks —●— 2018/19 Percentage of OP waiting no longer than 9 weeks - - - Target = 50%</p> </div> <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: blue; font-weight: bold;">Outpatients waiting more than 9 weeks for first Outpatient appointment at month end</p> <p style="text-align: center; font-size: small;">Legend: —●— 2017/18 OP waiting > 9 weeks —●— 2018/19 OP waiting > 9 weeks</p> </div>
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
13.0	By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.	<p>The outturn of 32,010 is an increase of 1,549 (5%) when compared to October 2017.</p> <p>The specialties with the greatest number of outpatients waiting longer than 52 weeks are:</p> <ul style="list-style-type: none"> • Trauma and Orthopaedics; • Ophthalmology; • ENT; and • Neurology. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CPD Standard</th> <th style="text-align: center;">Aug 2018</th> <th style="text-align: center;">Sep 2018</th> <th style="text-align: center;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Total OP waiting</td> <td style="text-align: center;">91,712</td> <td style="text-align: center;">95,332</td> <td style="text-align: center;">91,441</td> </tr> <tr> <td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td> <td style="text-align: center; background-color: red; color: yellow;">32,202</td> <td style="text-align: center; background-color: red; color: yellow;">32,928</td> <td style="text-align: center; background-color: red; color: yellow;">32,010</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Total OP waiting	91,712	95,332	91,441	Number of Patients waiting longer than 52 weeks for first OP Appointment	32,202	32,928	32,010	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0</p> <p style="font-size: small;"> —●— 2017/18 Number waiting more than 52 weeks for first appointment —●— 2018/19 Number waiting more than 52 weeks for first appointment </p> </div>
CPD Standard	Aug 2018	Sep 2018	Oct 2018													
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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 October 2018, 45% of patients on Trust Diagnostic waiting lists are waiting no longer than 9 weeks.</p> <p>This represents an improvement of 4% when compared with October 2017 performance of 41%.</p> <p>Trust performance is monitored against the trajectory plan. The Trajectory is ahead of plan at October 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;">Trajectory Performance – number > 9 weeks</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> <th style="width: 15%;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Plan > 9 weeks</td> <td style="text-align: center;">4,386</td> <td style="text-align: center;">4,751</td> <td style="text-align: center;">5,028</td> </tr> <tr> <td>Actual > 9 weeks</td> <td style="text-align: center; background-color: #28a745; color: white;">3,378</td> <td style="text-align: center; background-color: #28a745; color: white;">3,116</td> <td style="text-align: center; background-color: #28a745; color: white;">3,099</td> </tr> </tbody> </table> <p><i>* Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CPD Standard</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> <th style="width: 15%;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td>CPD : Target</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">75%</td> </tr> <tr> <td>% of Patients waiting no longer than 9 weeks for a Diagnostic test</td> <td style="text-align: center;">42%</td> <td style="text-align: center;">42%</td> <td style="text-align: center;">45%</td> </tr> </tbody> </table> <p><i>* CPD measures all diagnostics</i></p>	Trajectory Performance – number > 9 weeks	Aug 2018	Sep 2018	Oct 2018	Plan > 9 weeks	4,386	4,751	5,028	Actual > 9 weeks	3,378	3,116	3,099	CPD Standard	Aug 2018	Sep 2018	Oct 2018	CPD : Target	75%	75%	75%	% of Patients waiting no longer than 9 weeks for a Diagnostic test	42%	42%	45%	<div style="border: 2px solid #007bff; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; background-color: #fff3cd; margin: 0;">Trajectory 2018/19: Patients waiting longer than 9 weeks for a diagnostics test compared to plan</p> </div> <div style="border: 2px solid #007bff; padding: 5px;"> <p style="text-align: center; background-color: #fff3cd; margin: 0;">CPD: Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> </div>
Trajectory Performance – number > 9 weeks	Aug 2018	Sep 2018	Oct 2018																									
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TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																								
15.0	By March 2019, no patient waits longer than 26 weeks for a diagnostic test.	<p>There were 9,188 patients waiting in excess of 26 weeks for a diagnostic test in October 2018. This has decreased by 281 (3%) compared to 9,469 patients at the end of October 2017.</p> <p>Trust performance is monitored against the trajectory plan. This is a projection of total numbers waiting > 26 weeks. The Trajectory is ahead of plan at September 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Trajectory Performance – numbers > 26 weeks</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> </tr> </thead> <tbody> <tr> <td>Plan > 26 weeks</td> <td>913</td> <td>900</td> <td>895</td> </tr> <tr> <td>Actual > 26 weeks</td> <td style="color: green;">773</td> <td style="color: green;">854</td> <td style="color: green;">831</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">* Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">CPD Standard</th> <th style="width: 15%;">Jul 2018</th> <th style="width: 15%;">Aug 2018</th> <th style="width: 15%;">Sep 2018</th> </tr> </thead> <tbody> <tr> <td>CPD : Target</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>No of Patients waiting longer than 26 weeks for a Diagnostic test</td> <td>9,520</td> <td>9,936</td> <td>9,188</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">* CPD measures all diagnostics</p>	Trajectory Performance – numbers > 26 weeks	Jul 2018	Aug 2018	Sep 2018	Plan > 26 weeks	913	900	895	Actual > 26 weeks	773	854	831	CPD Standard	Jul 2018	Aug 2018	Sep 2018	CPD : Target	0	0	0	No of Patients waiting longer than 26 weeks for a Diagnostic test	9,520	9,936	9,188	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue; font-weight: bold;">Trajectory 2018/19: Patients waiting longer than 26 weeks for a diagnostics test compared to plan</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">CPD: Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0</p> </div>
Trajectory Performance – numbers > 26 weeks	Jul 2018	Aug 2018	Sep 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	<p>By March 2019, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</p>	<p>At the end of October 2018, 26% of patients on Trust’s IPDC waiting lists are waiting no longer than 13 weeks.</p> <p>This is a deterioration of 7% on the position at September 2017 when 33% of patients were waiting no longer than 13 weeks.</p> <p>At October 2018 there were 39,453 patients waiting (23% increase), 7,447 above the total patients waiting October 2017.</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Patients waiting no longer than 13 weeks for an IPDC treatment</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">26%</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">25%</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">26%</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Patients waiting no longer than 13 weeks for an IPDC treatment	26%	25%	26%	<p style="text-align: center;">Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55%</p>
CPD Standard	Aug 2018	Sep 2018	Oct 2018									
Patients waiting no longer than 13 weeks for an IPDC treatment	26%	25%	26%									
17.0	<p>By March 2019, no patient waits longer than 52 weeks for inpatient / daycase treatment.</p>	<p>At the end of October 2018, 10,604 patients on Trust’s IPDC waiting lists are waiting longer than 52 weeks.</p> <p>This is a deterioration of 4,498 (74%) when compared to the same period last year (6,106). The main specialties with inpatients / daycases waiting longer than 52 weeks are:</p> <ul style="list-style-type: none"> • Orthopaedics; • ENT; • General Surgery; and • Ophthalmology. 	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Patients waiting longer than 52 weeks for an IPDC treatment</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">9,339</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">9,933</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">10,604</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Patients waiting longer than 52 weeks for an IPDC treatment	9,339	9,933	10,604	<p style="text-align: center;">Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0</p>
CPD Standard	Aug 2018	Sep 2018	Oct 2018									
Patients waiting longer than 52 weeks for an IPDC treatment	9,339	9,933	10,604									

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18.0	By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services	Trust performance is monitored against the trajectory plan. Performance is within trajectory target at the end of October 2018 This is an improvement on the planned trajectory, and an improvement of 68 (79%) on people waiting in excess of 9 weeks when compared to October 2017.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Trust Trajectory 2018/19</td> <td style="text-align: center;">34</td> <td style="text-align: center;">29</td> <td style="text-align: center;">23</td> </tr> <tr> <td>Patients waiting longer than 9 weeks to access CAMHS</td> <td style="text-align: center;">26</td> <td style="text-align: center;">20</td> <td style="text-align: center;">18</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CAMHS Patients waiting > 9 weeks</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>PMHS Step 2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>CAMHS Step 3</td> <td style="text-align: center;">19</td> <td style="text-align: center;">10</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Regional Trauma</td> <td style="text-align: center;">7</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Total CAMHS</td> <td style="text-align: center;">26</td> <td style="text-align: center;">20</td> <td style="text-align: center;">18</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CAMHS Patients waiting > 13 weeks *</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Regional Trauma</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p><i>* Regional Trauma Centre target adjusted to 13 weeks from July 2018</i></p>	Standard	Aug 2018	Sep 2018	Oct 2018	Trust Trajectory 2018/19	34	29	23	Patients waiting longer than 9 weeks to access CAMHS	26	20	18	CAMHS Patients waiting > 9 weeks	Aug 2018	Sep 2018	Oct 2018	PMHS Step 2	0	0	0	CAMHS Step 3	19	10	8	Regional Trauma	7	10	10	Total CAMHS	26	20	18	CAMHS Patients waiting > 13 weeks *	Aug 2018	Sep 2018	Oct 2018	Regional Trauma	0	1	0	<p style="text-align: center;">Number of patients waiting longer than 9 weeks to access CAMHS Services measured against Trust Trajectory. Target = 0.</p>
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19.0	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	Trust performance is monitored against the trajectory plan. Performance is within trajectory target at the end of October. This is an improvement on the planned trajectory and an improvement of 568 (92%) against the same period last year.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory 2018/19</td> <td style="text-align: center;">139</td> <td style="text-align: center;">122</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</td> <td style="text-align: center;">121</td> <td style="text-align: center;">49</td> <td style="text-align: center;">48</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Adult MH Patients waiting > 9 weeks</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Addiction</td> <td style="text-align: center;">11</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Primary Care MHT</td> <td style="text-align: center;">106</td> <td style="text-align: center;">41</td> <td style="text-align: center;">47</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Total Adult MH</td> <td style="text-align: center;">121</td> <td style="text-align: center;">49</td> <td style="text-align: center;">48</td> </tr> </tbody> </table>	Standard	Aug 2018	Sep 2018	Oct 2018	Trajectory 2018/19	139	122	100	Number of patients waiting longer than 9 weeks to access Adult Mental Health services	121	49	48	Adult MH Patients waiting > 9 weeks	Aug 2018	Sep 2018	Oct 2018	Addiction	11	3	0	Primary Care MHT	106	41	47	Other	4	5	1	Total Adult MH	121	49	48	<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>								
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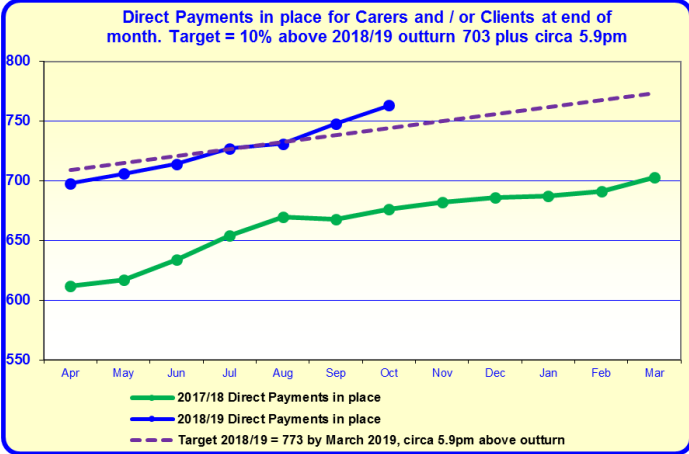
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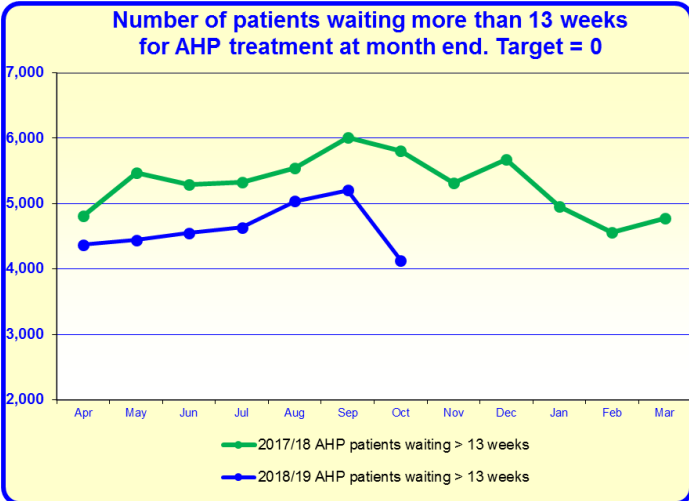
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																				
20.0	By March 2019, no patient waits longer than nine weeks to access dementia services.	<p>Trust performance is monitored against the trajectory plan.</p> <p>The outturn of 37 breaches is an improvement on the planned trajectory.</p> <p>Psychiatry of Old Age has seen a significant increase in referrals over the last three to four years.</p> <p>The service is vulnerable to fluctuations in demand, Additional out of hours clinics are planned throughout the year.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9ead3;">Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">Trajectory 2018/19</td> <td>66</td> <td>40</td> <td>40</td> </tr> <tr> <td style="background-color: #d9ead3;">Number of patients waiting longer than 9 weeks to access Dementia services</td> <td style="background-color: #5cb85c;">40</td> <td style="background-color: #5cb85c;">34</td> <td style="background-color: #5cb85c;">37</td> </tr> </tbody> </table>	Standard	Aug 2018	Sep 2018	Oct 2018	Trajectory 2018/19	66	40	40	Number of patients waiting longer than 9 weeks to access Dementia services	40	34	37	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 9 weeks to access Dementia services. Comparison of performance against trajectory and 2017/18.</p> <p style="text-align: center; font-size: small;"> —●— 2017/18 Number waiting more than 9 weeks to access service —●— 2018/19 Number waiting more than 9 weeks to access service - - - Trust Trajectory 2018/19 </p> </div>																								
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Trajectory 2018/19	66	40	40																																					
Number of patients waiting longer than 9 weeks to access Dementia services	40	34	37																																					
21.0	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).	<p>Trust performance is monitored against the trajectory plan.</p> <p>The outturn of 708 breaches, out of 1,321 patients waiting, is meeting the planned trajectory of 708 and is a deterioration of 196 (38%) against the same period last year (553).</p> <p>The Trajectory is on plan at the end of October 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9ead3;">Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">Trajectory 2018/19</td> <td>688</td> <td>686</td> <td>708</td> </tr> <tr> <td style="background-color: #d9ead3;">No. of patients waiting longer than 13 weeks</td> <td style="background-color: #5cb85c;">682</td> <td style="background-color: #ffc000;">724</td> <td style="background-color: #5cb85c;">708</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9ead3;">CPD Standard Psychological Therapy breaches by area</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">Adult Health Psychology</td> <td>286</td> <td>314</td> <td>289</td> </tr> <tr> <td style="background-color: #d9ead3;">Psychosexual</td> <td>188</td> <td>199</td> <td>211</td> </tr> <tr> <td style="background-color: #d9ead3;">Adult MH</td> <td>112</td> <td>107</td> <td>117</td> </tr> <tr> <td style="background-color: #d9ead3;">Other</td> <td>96</td> <td>104</td> <td>91</td> </tr> <tr> <td style="background-color: #d9ead3;">Total</td> <td>682</td> <td>724</td> <td>708</td> </tr> </tbody> </table>	Standard	Aug 2018	Sep 2018	Oct 2018	Trajectory 2018/19	688	686	708	No. of patients waiting longer than 13 weeks	682	724	708	CPD Standard Psychological Therapy breaches by area	Aug 2018	Sep 2018	Oct 2018	Adult Health Psychology	286	314	289	Psychosexual	188	199	211	Adult MH	112	107	117	Other	96	104	91	Total	682	724	708	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients waiting longer than 13 weeks to access Psychological Services. Comparison of performance against trajectory and 2017/18.</p> <p style="text-align: center; font-size: small;"> —●— 2017/18 No. waiting more than 13 weeks —●— 2018/19 Number waiting more than 9 weeks to access service - - - Trust Trajectory 2018/19 </p> </div>
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 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 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 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.</p>	<p>Trust cumulative position at October 2018 = 763.</p> <p>This is an increase of 87 (13%) when compared to the same period last year (676).</p> <p>The Trust continues to improve the uptake of DPs is on target achieve the target of 773 by March 2019.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Planned Target</td> <td style="background-color: #ffffcc;">732</td> <td style="background-color: #ffffcc;">738</td> <td style="background-color: #ffffcc;">744</td> </tr> <tr> <td style="background-color: #ffffcc;">Number of clients / carers in receipt of Direct Payments</td> <td style="background-color: #ffffcc;">731</td> <td style="background-color: #008000;">748</td> <td style="background-color: #008000;">763</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Planned Target	732	738	744	Number of clients / carers in receipt of Direct Payments	731	748	763	 <p style="font-size: small;">Direct Payments in place for Carers and / or Clients at end of month. Target = 10% above 2018/19 outturn 703 plus circa 5.9pm</p>
CPD Standard	Aug 2018	Sep 2018	Oct 2018													
Planned Target	732	738	744													
Number of clients / carers in receipt of Direct Payments	731	748	763													

23.0	<p>By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The performance at the end of October 2018 of 4,131 represents an improvement of 29% (1,674) when compared to the same period last year (5,805).</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ff0000;">CPD Standard</th> <th style="background-color: #ff0000;">Aug 2018</th> <th style="background-color: #ff0000;">Sep 2018</th> <th style="background-color: #ff0000;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ff0000;">Number of patients waiting more than 13 weeks from referral to AHP treatment</td> <td style="background-color: #ff0000;">5,038</td> <td style="background-color: #ff0000;">5,207</td> <td style="background-color: #ff0000;">4,131</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>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Number of patients waiting more than 13 weeks from referral to AHP treatment	5,038	5,207	4,131	 <p style="font-size: small;">Number of patients waiting more than 13 weeks for AHP treatment at month end. Target = 0</p>
CPD Standard	Aug 2018	Sep 2018	Oct 2018									
Number of patients waiting more than 13 weeks from referral to AHP treatment	5,038	5,207	4,131									

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																																																																
24.0	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>Trust cumulative position April to October 2018 = 56%.</p> <p>There were 19 people discharged within 7 days April to October 2017 compared to 9 in April to October 2018.</p> <p>There were no discharges in September and October 2018 in Learning Disability.</p>	<table border="1"> <thead> <tr> <th>CPD Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Percentage of patients discharged within 7 days</td> <td>100%</td> <td>-</td> <td>-</td> </tr> <tr> <td>Number of discharges within 7 days</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of patients discharged within 7 days	100%	-	-	Number of discharges within 7 days	1	0	0	<p>Percentage of Learning Disability patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p> <table border="1"> <caption>Percentage of LD discharges < 7 days</caption> <thead> <tr> <th>Month</th> <th>2017/18</th> <th>2018/19</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>25%</td><td>50%</td><td>99%</td></tr> <tr><td>May</td><td>100%</td><td>100%</td><td>99%</td></tr> <tr><td>Jun</td><td>100%</td><td>25%</td><td>99%</td></tr> <tr><td>Jul</td><td>100%</td><td>65%</td><td>99%</td></tr> <tr><td>Aug</td><td>100%</td><td>100%</td><td>99%</td></tr> <tr><td>Sep</td><td>35%</td><td>100%</td><td>99%</td></tr> <tr><td>Oct</td><td>50%</td><td>35%</td><td>99%</td></tr> <tr><td>Nov</td><td>35%</td><td>50%</td><td>99%</td></tr> <tr><td>Dec</td><td>70%</td><td>35%</td><td>99%</td></tr> <tr><td>Jan</td><td>50%</td><td>70%</td><td>99%</td></tr> <tr><td>Feb</td><td>0%</td><td>50%</td><td>99%</td></tr> <tr><td>Mar</td><td>0%</td><td>0%</td><td>99%</td></tr> </tbody> </table>	Month	2017/18	2018/19	Target	Apr	25%	50%	99%	May	100%	100%	99%	Jun	100%	25%	99%	Jul	100%	65%	99%	Aug	100%	100%	99%	Sep	35%	100%	99%	Oct	50%	35%	99%	Nov	35%	50%	99%	Dec	70%	35%	99%	Jan	50%	70%	99%	Feb	0%	50%	99%	Mar	0%	0%	99%
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25.0	During 2018/19, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.	<p>Between April and October 2018 there were:</p> <ul style="list-style-type: none"> • 4 patients discharged within 28 days; • 6 patients with a completed discharge taking more than 28 days. <p>At the end of October 2018, there are 9 patients awaiting discharge who are medically fit. This is a decrease of 14 when compared to the position at October 2017 (23).</p>	<table border="1"> <thead> <tr> <th>CPD Standard</th> <th>Aug 2018</th> <th>Sep 2018</th> <th>Oct 2018</th> </tr> </thead> <tbody> <tr> <td>Number of patients discharged within 28 days</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Number of patients discharged more than 28 days</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Number of patients awaiting discharge more than 28 days</td> <td>10</td> <td>8</td> <td>8</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Number of patients discharged within 28 days	0	0	0	Number of patients discharged more than 28 days	0	0	0	Number of patients awaiting discharge more than 28 days	10	8	8	<p>Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p> <table border="1"> <caption>Number of LD discharges awaiting discharge > 28 days</caption> <thead> <tr> <th>Month</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>21</td><td>14</td></tr> <tr><td>May</td><td>21</td><td>15</td></tr> <tr><td>Jun</td><td>21</td><td>12</td></tr> <tr><td>Jul</td><td>21</td><td>10</td></tr> <tr><td>Aug</td><td>24</td><td>10</td></tr> <tr><td>Sep</td><td>24</td><td>8</td></tr> <tr><td>Oct</td><td>23</td><td>9</td></tr> <tr><td>Nov</td><td>21</td><td>21</td></tr> <tr><td>Dec</td><td>19</td><td>17</td></tr> <tr><td>Jan</td><td>17</td><td>16</td></tr> <tr><td>Feb</td><td>16</td><td>15</td></tr> <tr><td>Mar</td><td>15</td><td>15</td></tr> </tbody> </table>	Month	2017/18	2018/19	Apr	21	14	May	21	15	Jun	21	12	Jul	21	10	Aug	24	10	Sep	24	8	Oct	23	9	Nov	21	21	Dec	19	17	Jan	17	16	Feb	16	15	Mar	15	15									
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 2018

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison																
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 October 2018 = 97%.</p> <p>This is 2% higher than the performance in 2017/18.</p> <p>There were 319 (97%) of patients discharged within 7 days with 10 patient discharges taking more than 7 days from April to October 2018.</p> <p>This was 7 more from April to October 2017 when there were 17 patient discharges taking more than 7 days.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Percentage of patients Discharged Within 7 days</td> <td style="background-color: #ffffcc;">98%</td> <td style="background-color: #ffffcc;">98%</td> <td style="background-color: #ffffcc;">98%</td> </tr> <tr> <td style="background-color: #ffffcc;">Number of discharges within 7 days</td> <td style="background-color: #ffffcc;">56</td> <td style="background-color: #ffffcc;">40</td> <td style="background-color: #ffffcc;">49</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of patients Discharged Within 7 days	98%	98%	98%	Number of discharges within 7 days	56	40	49	<p style="text-align: center;">Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99%</p>				
CPD Standard	Aug 2018	Sep 2018	Oct 2018																	
Percentage of patients Discharged Within 7 days	98%	98%	98%																	
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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>At the end of October 2018 there were 5 patients waiting more than 28 days, compared to 2 patients at the end of October 2017.</p> <p>From April to October 2018, 9 Mental Health patient discharges took more than 28 days, compared to 17 in the same period last year.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Number of patients discharged within 28 days</td> <td style="background-color: #ffffcc;">0</td> <td style="background-color: #ffffcc;">40</td> <td style="background-color: #ffffcc;">49</td> </tr> <tr> <td style="background-color: #00ff00;">Number of patients discharged more than 28 days</td> <td style="background-color: #00ff00;">1</td> <td style="background-color: #00ff00;">1</td> <td style="background-color: #00ff00;">1</td> </tr> <tr> <td style="background-color: #ffffcc;">Number of patients awaiting discharge more than 28 days</td> <td style="background-color: #ffffcc;">5</td> <td style="background-color: #ffffcc;">6</td> <td style="background-color: #ffffcc;">5</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Number of patients discharged within 28 days	0	40	49	Number of patients discharged more than 28 days	1	1	1	Number of patients awaiting discharge more than 28 days	5	6	5	<p style="text-align: center;">Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0</p>
CPD Standard	Aug 2018	Sep 2018	Oct 2018																	
Number of patients discharged within 28 days	0	40	49																	
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Trust Board Performance Report 2018/19, Section B - Service Delivery – October 2018

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. Trust Target = 3,748	Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments. 2017/18 outturn was 3,407. Outturn in Q1 2018/19 is 14 above Q1 2017/18.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">CPD Standard</th> <th style="width: 20%;">Target March 2019</th> <th style="width: 50%;">Number of Carers Assessments</th> </tr> </thead> <tbody> <tr> <td>Q1 Jun 2018</td> <td>943</td> <td style="background-color: #FFD700;">855</td> </tr> <tr> <td>Q2 Sep 2018</td> <td>1,874</td> <td></td> </tr> <tr> <td>Q3 Dec 2018</td> <td>2,811</td> <td></td> </tr> <tr> <td>Q4 Mar 2019</td> <td>3,748</td> <td></td> </tr> </tbody> </table> <p>Target March 2019 = 3,748, 10% above 2017/18 outturn</p>	CPD Standard	Target March 2019	Number of Carers Assessments	Q1 Jun 2018	943	855	Q2 Sep 2018	1,874		Q3 Dec 2018	2,811		Q4 Mar 2019	3,748		<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; margin: 0;">Number of Carers Assessments (Quarterly). Target by March 2019 = 3,748 (10% increase on 2017/18 outturn of 3,407)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Quarter</th> <th>Cumulative No. of Carer Assessments offered</th> <th>Cumulative planned No. of Carer Assessments offered</th> </tr> </thead> <tbody> <tr> <td>Q1 2018/19</td> <td>937</td> <td>855</td> </tr> <tr> <td>Q2 2018/19</td> <td>1,874</td> <td>1,874</td> </tr> <tr> <td>Q3 2018/19</td> <td>2,811</td> <td>2,811</td> </tr> <tr> <td>Q4 2018/19</td> <td>3,748</td> <td>3,748</td> </tr> </tbody> </table> </div>	Quarter	Cumulative No. of Carer Assessments offered	Cumulative planned No. of Carer Assessments offered	Q1 2018/19	937	855	Q2 2018/19	1,874	1,874	Q3 2018/19	2,811	2,811	Q4 2018/19	3,748	3,748
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 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 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.

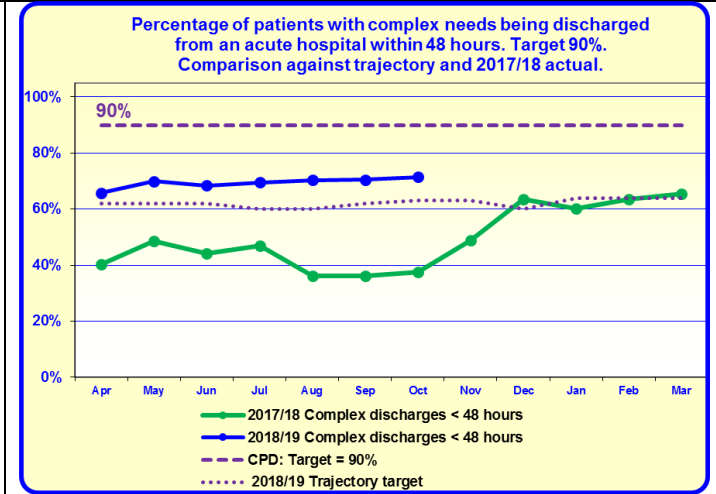
Trust cumulative position April to October 2018 = 68.5%.

This is meeting the planned trajectory and is an increase of 19.9% on the position at March 2018 (51.5%) and 33.8% on the position at October 2017 (37.6%).

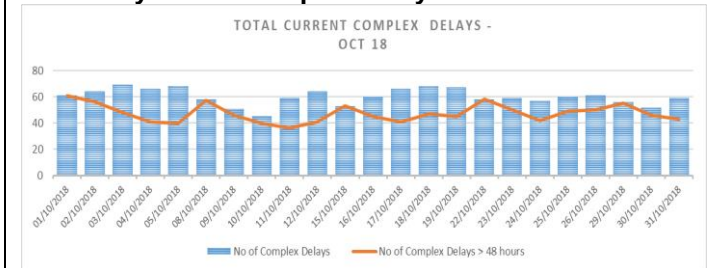
All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.

Standard	Jul 2018	Aug 2018	Sep 2018
Trust Trajectory 2018/19	60%	60%	62%
Percentage of complex discharges within 48 hours	70%	70%	71%

Complex discharges within 48 hours are measured against the Trajectory plan.



Daily state –Complex delays – October 2018



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

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison												
30.0	By March 2019, ensure that no complex discharge taking more than 7 days.	<p>Trust cumulative position April to October 2018 = 393.</p> <p>This is an improvement of 129 (25%) when compared to the same period last year (522).</p> <p><i>All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Number of Complex Discharges taking more than 7 days</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">41</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">57</td> <td style="background-color: #ff0000; color: yellow; text-align: center;">50</td> </tr> <tr> <td style="background-color: #ffffcc;">Cumulative Complex Discharges taking more than 7 days</td> <td style="text-align: center;">286</td> <td style="text-align: center;">343</td> <td style="text-align: center;">393</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Number of Complex Discharges taking more than 7 days	41	57	50	Cumulative Complex Discharges taking more than 7 days	286	343	393	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Number of patients with complex needs with their discharge delayed more than 7 days. Target = 0</p> <p style="font-size: small;">Legend: 2017/18 Complex discharges taking more than 7 days (green line), 2018/19 Complex discharges taking more than 7 days (blue line).</p> </div>
CPD Standard	Aug 2018	Sep 2018	Oct 2018													
Number of Complex Discharges taking more than 7 days	41	57	50													
Cumulative Complex Discharges taking more than 7 days	286	343	393													
31.0	By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	<p>Trust position at October 2018 is 96.7%.</p> <p>This is the same as the performance for 2017/18 of 96.7%.</p> <p>Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">CPD Standard</th> <th style="background-color: #ffffcc;">Aug 2018</th> <th style="background-color: #ffffcc;">Sep 2018</th> <th style="background-color: #ffffcc;">Oct 2018</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffffcc;">Percentage of Non-complex Discharges taking place within 6 hours</td> <td style="background-color: #ffffcc; color: blue; text-align: center;">97%</td> <td style="background-color: #ffffcc; color: blue; text-align: center;">97%</td> <td style="background-color: #ffffcc; color: blue; text-align: center;">97%</td> </tr> </tbody> </table>	CPD Standard	Aug 2018	Sep 2018	Oct 2018	Percentage of Non-complex Discharges taking place within 6 hours	97%	97%	97%	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%</p> <p style="font-size: small;">Legend: 2017/18 non-complex discharges <6 hours (green line), 2018/19 non-complex discharges <6 hours (blue line), Target = 100% (dashed purple line).</p> </div> <div style="margin-top: 10px;"> <p style="text-align: center; color: blue; font-weight: bold;">Daily state – Non-complex delays – October 2018</p> <p style="font-size: x-small; text-align: center;">TOTAL CURRENT SIMPLE DELAYS - OCT 18</p> </div>				
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Trust Board Performance Report 2018/19, Section B – Service Delivery – October 2018

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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 Inpatient and Daycase (IPDC) activity.</p> <p>Trust is delivering behind trajectory plan. IPDC episodes are 1.93% behind plan at the end of September 2018</p> <p>Delivery of Elective Core New Outpatients (NOP) activity</p> <p>Trust is delivering slightly ahead of plan. New Attendances are slightly (0.65%) in excess of the planned trajectory at the end of September 2018</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="background-color: #ffffcc;">Performance against previous year Sep-18</th> </tr> <tr> <th style="background-color: #ffffcc;">Comparison of Volumes April - September</th> <th>HSCB selected specialties</th> <th>All Specialties</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">Elective IPDC</td> </tr> <tr> <td>2017/18 April – Sept</td> <td style="text-align: center;">26,612</td> <td style="text-align: center;">45,267</td> </tr> <tr> <td>2018/19 April – Sept</td> <td style="text-align: center;">27,013</td> <td style="text-align: center;">44,393</td> </tr> <tr> <td>Variance from Apr – Sept 2017/18</td> <td style="text-align: center;">401</td> <td style="text-align: center;">-874</td> </tr> <tr> <td>% Variance from Apr – Sept 2017/18</td> <td style="text-align: center;">1.51%</td> <td style="text-align: center;">-1.93%</td> </tr> <tr> <td colspan="3" style="text-align: center;">Outpatient – New</td> </tr> <tr> <td>2017/18 April – Sept</td> <td style="text-align: center;">61,317</td> <td style="text-align: center;">83,996</td> </tr> <tr> <td>2018/19 April – Sept</td> <td style="text-align: center;">61,608</td> <td style="text-align: center;">84,538</td> </tr> <tr> <td>Variance from Apr – Sept 2017/18</td> <td style="text-align: center;">291</td> <td style="text-align: center;">542</td> </tr> <tr> <td>% Variance from Apr – Sept 2017/18</td> <td style="text-align: center;">0.47%</td> <td style="text-align: center;">0.65%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="background-color: #ffffcc;">Performance against plan Sep-18</th> </tr> <tr> <th></th> <th>Volume</th> <th>% Var from Plan</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">Elective IPDC</td> </tr> <tr> <td>HSCB selected specialties</td> <td style="text-align: center;">27,013</td> <td style="text-align: center;">1.94%</td> </tr> <tr> <td>All Specialties</td> <td style="text-align: center;">44,393</td> <td style="text-align: center;">-0.76%</td> </tr> <tr> <td colspan="3" style="text-align: center;">Outpatient – New</td> </tr> <tr> <td>HSCB selected specialties</td> <td style="text-align: center;">61,608</td> <td style="text-align: center;">0.97%</td> </tr> <tr> <td>All Specialties</td> <td style="text-align: center;">84,538</td> <td style="text-align: center;">1.22%</td> </tr> </tbody> </table>	Performance against previous year Sep-18			Comparison of Volumes April - September	HSCB selected specialties	All Specialties	Elective IPDC			2017/18 April – Sept	26,612	45,267	2018/19 April – Sept	27,013	44,393	Variance from Apr – Sept 2017/18	401	-874	% Variance from Apr – Sept 2017/18	1.51%	-1.93%	Outpatient – New			2017/18 April – Sept	61,317	83,996	2018/19 April – Sept	61,608	84,538	Variance from Apr – Sept 2017/18	291	542	% Variance from Apr – Sept 2017/18	0.47%	0.65%	Performance against plan Sep-18				Volume	% Var from Plan	Elective IPDC			HSCB selected specialties	27,013	1.94%	All Specialties	44,393	-0.76%	Outpatient – New			HSCB selected specialties	61,608	0.97%	All Specialties	84,538	1.22%	<div style="border: 2px solid blue; padding: 10px;"> <p style="text-align: center; color: blue;">BHSC Elective Core Activity Comparison of 2018/19 with 2017/18: Elective Care IPDC and New Outpatient Attendances</p> <p style="text-align: center; font-size: small;"> —●— IPDC Activity 2018/19 - - -●- - - IPDC Activity 2017/18 —●— OP New Activity 2018/19 - - -●- - - OP New Activity 2017/18 </p> </div>
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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.	<p>The Trust records activity for endoscopy cumulatively.</p> <p>The activity is 5,701 from April to the end of September 2018, 2 (0%) ahead of planned trajectory of 5,699.</p> <p>Trust performance is monitored against the agreed trajectory.</p>	<table border="1"> <thead> <tr> <th style="text-align: left;">Trust Endoscopy Cumulative position</th> <th style="text-align: center;">Jul 2018</th> <th style="text-align: center;">Aug 2018</th> <th style="text-align: center;">Sep 2018</th> </tr> </thead> <tbody> <tr> <td>Trajectory Plan 2018/19 - Cumulative</td> <td style="text-align: center;">3,729</td> <td style="text-align: center;">4,724</td> <td style="text-align: center;">5,699</td> </tr> <tr> <td>Actual 2018/19</td> <td style="text-align: center;">3,528</td> <td style="text-align: center;">4,615</td> <td style="text-align: center;">5,701</td> </tr> <tr> <td>Variance</td> <td style="text-align: center;">-201</td> <td style="text-align: center;">-109</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Percentage variance</td> <td style="text-align: center;">-5%</td> <td style="text-align: center;">-2%</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table>	Trust Endoscopy Cumulative position	Jul 2018	Aug 2018	Sep 2018	Trajectory Plan 2018/19 - Cumulative	3,729	4,724	5,699	Actual 2018/19	3,528	4,615	5,701	Variance	-201	-109	2	Percentage variance	-5%	-2%	0%	<p style="text-align: center;">BHSCT Endoscopy Core Activity Comparison of 2018/19 Cumulative Actual with Trajectory Plan</p>
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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 September 2018 = 6.34%.

Trust 2018/19 target = 6.47%.

The position shows an improvement in the cumulative position to the end of September 2018 of 0.08% when compared to September 2017 of 6.26%.

The in-month position of 6.72% at September 2018, however, shows a deterioration of 0.41% when compared to September 2017 of 6.31%.

CPD Standard	Jul 2018	Aug 2018	Sep 2018
Trust Absence Rate monthly	6.33%	6.44%	6.72%
Trust Absence Rate Cum Average month to date	6.14%	6.23%	6.34%

