Belfast Health and Social Care Trust
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TRUST BOARD
SUBMISSION TEMPLATE

MEETING	Trust Board	Ref No. 6.2
DIRECTOR	Jennifer Thompson, Interim Director of Planning, Performance and Informatics	Date 4h April 2019
Trust Performance Report		
Purpose	• **For Approval**	
Corporate Objective	• *For information/assurance*	
Key areas for consideration	The Trust Performance Report (TPR) for the period April 2018 to February 2019 is attached. The report is presented in two sections - A and B. • Section A is the Safety, Quality and Experience report providing performance measures over a range of indicators. Included is a summary dashboard, key points and detailed indicator graphs. • Section B is the Service Delivery Performance report and sets out a summary against reported: DoH Commissioning Plan Directions (CPD) standards and targets for 2018/19; and Performance Trajectories agreed between the BHSCT and HSCB. Where an objective is measured both against CPD and trajectory plan, only the RAG status of the trajectory is used. Of the 19 DoH CPD standards and targets reported 9 are being delivered or substantially delivered and 10 are not currently being delivered. **Summary RAG status of Reported CPD targets** **CPD targets** | **10** | **4** | **5** | **19** Targets not being delivered are listed below: • HCAI – Inpatient episodes of MRSA and Clostridium Difficile; • ED triage patients to commence treatment within 2 hours of triage • 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; and • Complex patients with discharge taking more than 7 days. In addition to the 19 CPD standards and targets above, the Trust is monitoring trajectory plans as agreed with the HSCB in relation to 18 areas. Of the 18 trajectory plans monitored, 12 are being delivered, or substantially delivered, and 6 are not currently being delivered. **Summary RAG status of Reported Performance Trajectories** **Performance Trajectories** | **6** | **2** | **10** | **18** Targets not being delivered are listed below: • ED patients treated, discharged or admitted within 4 hours (RVH site); • ED patients waiting longer than 12 hours for admission (RVH and MIH sites); • Cancer Urgent 62 day pathway; and • CAMHS and Adult Mental Health waiting longer than 9 weeks to access services	
Recommendations	For Assurance.	

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 – February 2019

Introduction

The Trust Board Performance Report for the period April 2018 – Feb 2019 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 – Feb 2018 – Feb 2019)

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

- Friends and Family score – from Sept 2018
- Patient Experience – Domain score average

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 3.7% for Jan 2019.
1.2	Risk Adjusted Mortality Index - non elective	Risk adjusted mortality index is at 90 for Jul 2018
1.3	Crude Mortality % - Hip fracture	Crude mortality is at 1.0% at August 2018
1.4	Risk Adjusted Mortality Index - Hip fracture	Risk Adjusted Mortality Index is 21 at August 2018
1.5	Crude Mortality % - MI Mortality	Crude Mortality % is 4.3% at August 2018
1.6	Risk Adjusted Mortality Index - MI Mortality	Risk Adjusted Mortality Index is 76 at August
1.7	Crude Mortality % - Stroke Mortality	Crude mortality is at 9.1% for August 2018.
1.8	Risk Adjusted Mortality Index - Stroke Mortality	Risk adjusted mortality index is at 82 for August 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 at the 100% target for February 2019.
	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 28th February of 114 cases is 13 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 15 cases to 28th February is 3 below the position to 28th February 2018
3.0	**Classic Safety Thermometer Indicators**	
3.1	Avoidable Pressure Ulcers – 10% reduction on last year– tolerance 111 by March 2019	Number of avoidable pressure ulcers is behind target and is above outturn for same period last year (Dec)
3.2	VTE risk assessment Compliance %	Compliance with VTE risk assessment is on target at 95% (Feb)
3.3	Number of Falls – 10% reduction on last year - tolerance 2013 by March 2019	Falls have reduced by 9% compared to Apr-Feb last year (Feb).
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 (Jan).
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset is being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	Cardiac arrest rate has reduced to 1.65% in February, and is within annual tolerance(Feb)
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 88% compliance rate (Jan)
5.0	**Patient Experience**	
5.1	Friends & Family score from September 2018	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 100% (Feb). It asks whether a patient would recommend the service to their friends and family. It is one of the questions asked in the patient experience survey below
5.2	Patient experience - average domain score (0-10) –	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. Around 170-190 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). Average domain score has averaged around 96% over the 5 months to December 2018(Dec)

3. Patient/Client Safety, Quality and Experience Indicators

February 2018 – February 2019 (or latest available data)

Safety, Quality and Experience dashboard - February 2018 - February 2019

		2017/18		2018/19														
1.0	**Mortality Indicators**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avge**	**Trend**
1.1	Crude Mortality % - non elective	3.9%	3.4%	3.3%	3.0%	2.8%	2.8%	2.8%	2.9%	2.9%	3.3%	3.0%	3.7%		3.1%	3.1%	3.4%	
1.2	Risk Adjusted Mortality Index - non elective*	89	88	77	80	83	90								87	80	88	
1.3	Crude Mortality % - Hip fracture	1.0%	1.9%	2.3%	3.4%	4.9%	5.5%	1.0%							4.1%	3.80%	4.50%	
1.4	Risk Adjusted Mortality Index - Hip fracture	81	74	62	72	50	115	21							69	78	85	
1.5	Crude Mortality % - MI Mortality	4.2%	2.9%	4.0%	2.3%	6.8%	1.0%	4.3%							2.5%	1.9%	3.0%	
1.6	Risk Adjusted Mortality Index - MI Mortality	70	66	106	53	120	77	76							86	65	88	
1.7	Crude Mortality % - Stroke Mortality	8.1%	9.8%	8.1%	9.0%	12.0%	8.6%	9.1%							9.8%	9.0%	11.1%	
1.8	Risk Adjusted Mortality Index - Stroke Mortality	68	92	98	90	110	76	82							91	76	91	
1.9	Mortality - % of deaths recorded on MMRS system	99%	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%		

Note: Mortality data from August 2018 is only shown where coding completeness is sufficient to provide accurate data.

2.0	**Healthcare Associated Infection Indicators**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avg**	**Trend**
2.1.1	Clostridium Difficile (110)	13	12	7	12	10	12	10	8	16	8	9	15	7	114	110		
2.1.2	Clostridium Difficile >72 hours	8	10	6	9	7	8	8	7	15	4	5	9	9	87	-		
2.2.1	MRSA (12)	3	1	2	2	1	2	1	3	0	2	2	0	0	15	12		
2.2.2	MRSA >48 hours	2	0	0	1	0	2	0	2	0	1	1	0	0	7	-		

3.0	**Classic Safety Thermometer Indicators**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avg**	**Trend**
3.1.1	Number of Avoidable Pressure Ulcers (PU's)	8	11	8	12	13	15	10	7	5	12	12	10		104	10% reduction		
3.1.2	Number of All PU's	24	31	23	35	39	37	29	26	25	36	36	31		317	tbc		
3.2	VTE risk assessment Compliance %	95%	95%	95%	95%	94%	93%	94%	95%	95%	95%	96%	96%	96%	95%	95%		
3.3	Number of Falls	186	236	181	180	207	156	150	127	153	162	158	188	155	1817	10% reduction		
3.4	Number of moderate/major/catastrophic falls	4	2	3	2	4	4	4	4	2	3	3	2	-	31	tbc		
3.5	Urinary Tract Infection (UTI) rate with catheter	taset being develop														tbc		

	Other Safety Thermometer Indicators	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avg**	**Trend**
3.6	Cardiac Arrest rate %	1.15	1.05	1.55	0.53	1.57	1.55	0.28	1.03	0.99	1.21	0.58	2.14	1.65	1.20	1.37		

4.0	**Medicines Indicators**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avg**	**Trend**
4.1	Controlled Drugs - Compliance Audit (quarterly)			85%			79%			90%			88%		86%	75%		

5.0	**Patient Experience**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-18**	**Feb-18**	**YTD**	**Target 20%**	**Peer Avg**	**Trend**
5.1	Friends & Family score reported **from Sept 18**								98%	100%	99%	100%	100%	100%	n/a	96%	96%	
5.2	Patient experience - average domain score (0-10)	90.2%	90.2%	91.3%	93.4%	93.0%	93.7%	95.8%	95.4%	96.3%	95.8%	96.3%	n/a	n/a	94.6	tbc	tbc	

Note - Monthly RAG status reflects in-month performance - YTD RAG status reflects cumulative performance for the year

**** YTD,Target and peer average for risk adjusted mortality reflect a rolling 12 month trend***

Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

CPD: Outcome 2: People using health and social care services are safe from avoidable harm

1.0

Objectives / Goals for Improvement:

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).

Target 2018/19 = 12

Narrative:

Trust cumulative position
April to February 2018/2019 = 15 infections.

This is the same as the cumulative position at February 2018 of 18.

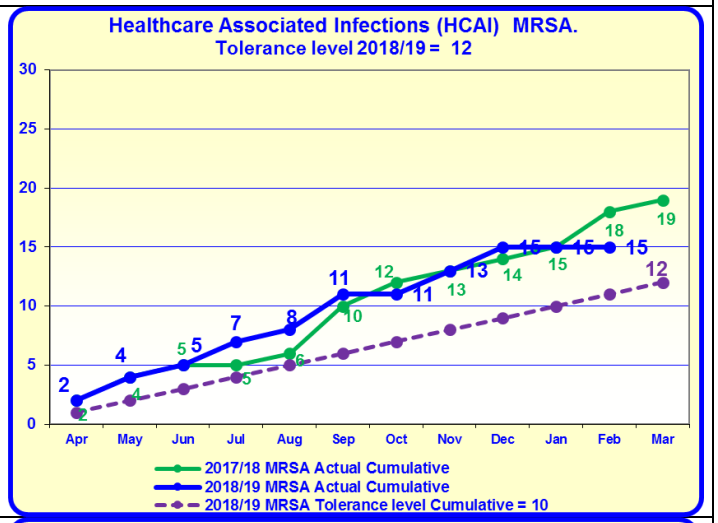
This is a reduction of 3 (17%) when compared to the cumulative position at February 2018 of 18.

Performance – 3 months:

CPD Standard Tolerance level	Dec 2018	Jan 2019	Feb 2019
MRSA incidents In-month	2	0	0
MRSA incidents Cumulative	15	15	15
MRSA tolerance Cumulative	9	10	11
MRSA incidents > 48 hours Cumulative	7	7	7

Performance of MRSA within England is measured as >48 hours.

Trend (rolling 12 months) Graph / Two year comparison:



2.0

Objectives / Goals for Improvement:

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).

Target 2018/19 = 110

Narrative:

Trust cumulative position
April to February 2018/19 = 114 infections.

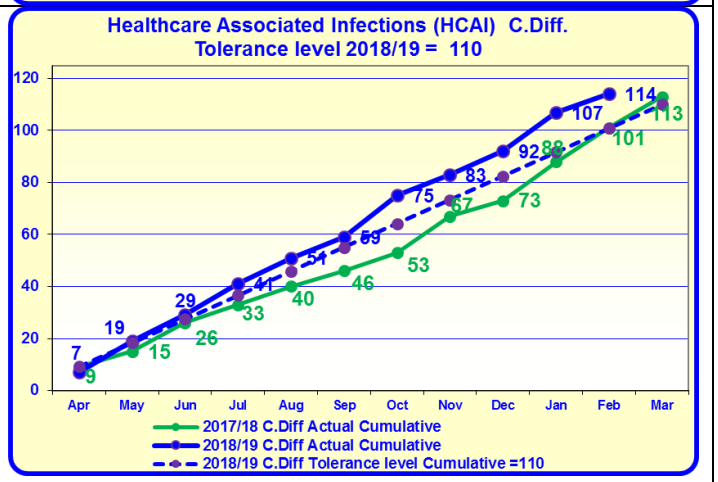
This is an increase of 16 (16%) when compared to the cumulative position at February 2018 of 103.

Performance – 3 months:

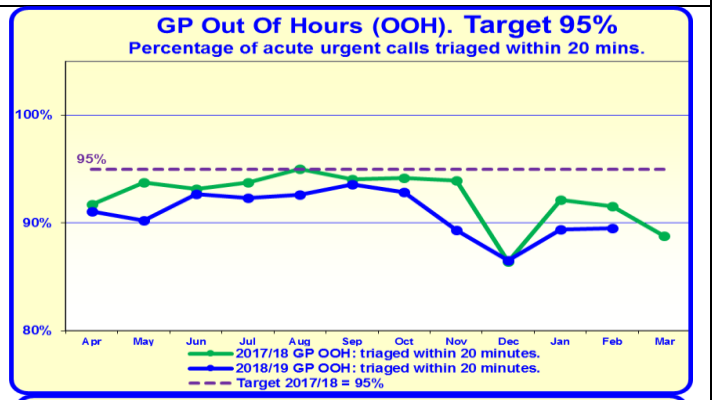
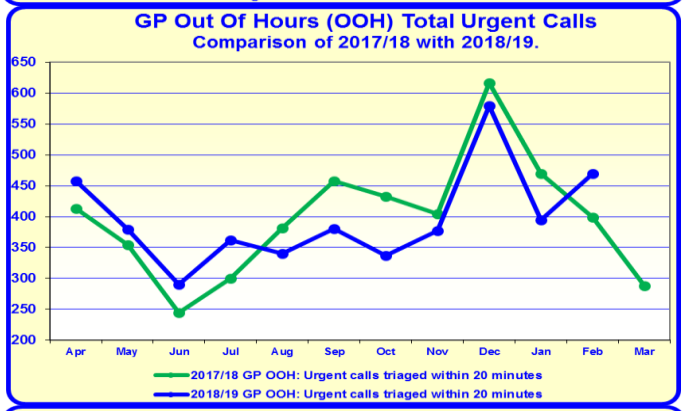
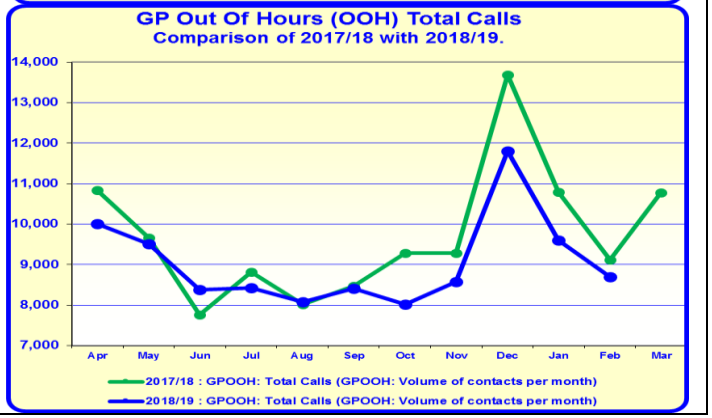
CPD Standard Tolerance level	Dec 2018	Jan 2019	Feb 2019
C.Diff incidents In-month	9	15	7
C.Diff incidents Cumulative	92	107	114
C.Diff tolerance Cumulative	83	92	101
C.Diff incidents > 72 hours Cumulative	69	78	85

Performance of C.Difficile within England is measured as >72 hours.

Trend (rolling 12 months) Graph / Two year comparison:



Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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 4,822 total Urgent calls from April to February 2018/19. Of these 4,367 (90.6%) were responded to within 20 minutes, with 455 (9.4%) responded to outside of target. The Trust performance has consistently been between 89-90% with the exception of December 2018 (87%). There were 120,062 total calls (urgent and non-urgent) from April to February 2018/19, compared to 135,240 for April to February 2017/18, a decrease of 11.2%.	See table below	  

CPD Standard	Dec 2018	Jan 2019	Feb 2019
GP OOH patients triaged within 20 minutes	87%	89%	90%
Total urgent calls	669	442	525
Urgent calls triaged within 20 mins	579	395	470
*Total ALL calls	16,781	11,575	11,801

* 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 – February 2019

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.	Trust cumulative position April to February 2018/19 = 67%. This represents a deterioration of 5% when compared to the period April to February 2017/18 (performance 72%). Trust performance is monitored against the trajectory plan. Table below shows the change in activity compared with the same period last year.	**Monthly ED performance against 4 hour target by Site – performance against trajectory plan (CPD target for RBHSC)** **Treatment Category – comparison April to December 2017/18 to 2018/19** Each ED attendee is assigned a treatment category ranging from Cat1 – most urgent to Cat5 – least urgent. The table below is a comparative analysis (Q1-Q3) of Treatment Category by ED site	**Trust combined - two year comparison** **ED RVH and MIH two year comparison**

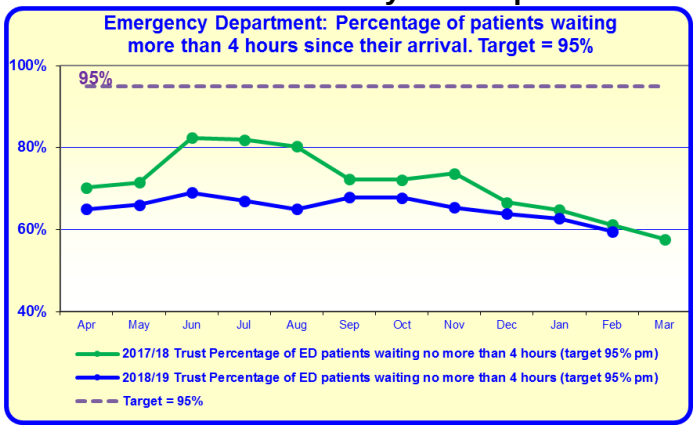
ED Attendances April - February 2019 - change from last year

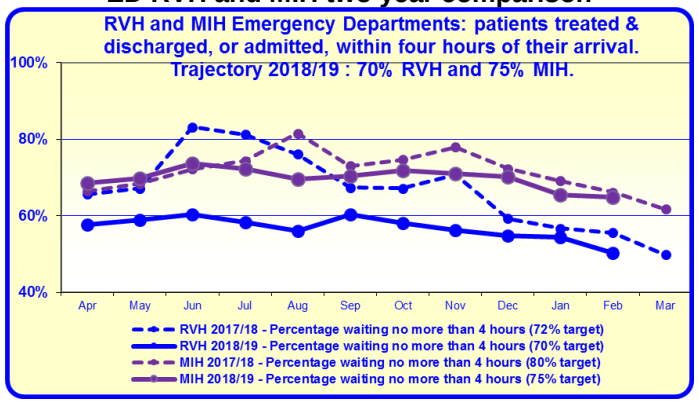
	Apr - Feb 2017	Apr - Feb 2018	Change	% change
RVH	88,598	90,192	1,594	1.8%
MIH	44,115	45,831	1,716	3.9%
RBHSC	35,918	36,037	119	0.3%
Trust Total	168,631	172,060	3,429	2.0%

Trajectory Performance	Dec 2018	Jan 2019	Feb 2019
RVH Plan 2018/19	70%	70%	70%
RVH actual	55%	54%	50%
MIH Plan 2018/19	75%	75%	75%
MIH actual	70%	65%	65%
RBHSC Plan	95%	95%	95%
RBHSC actual	76%	79%	74%
Trust Combined actual	64%	63%	60%
No. of ED Attendances	15,963	16,026	15,318

	Apr - Dec 2017		Apr - Dec 2018	
Category	MIH	RVH	MIH	RVH
Cat 1-2	15.3%	17.1%	14.5%	17.7%
Cat 3	44.3%	45.4%	42.5%	46.3%
Cat 4-5	40.3%	37.5%	42.6%	35.6%

Change since 2017		MIH	RVH
Cat 1-2		-0.8%	0.6%
Cat 3		-1.8%	0.9%
Cat 4-5		2.3%	-1.8%





Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

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<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>5.0</td>
<td>By March 2019, no patient attending any emergency department should wait longer than 12 hours of their arrival in the department.</td>
<td>Trust cumulative position April to February 2018/19 = 3,968.

This is an increase of 1,708 (76%) when compared to the same period last year (2,262).

RBHSC has experienced a single breach for two consecutive months. These are the first breaches this year.</td>
<td>
2018/19 ED Performance by site
<table>
<tr><th>Trust ED 12 hour breaches</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>RVH tolerance</td><td>79</td><td>79</td><td>79</td></tr>
<tr><td>RVH actual</td><td>211</td><td>538</td><td>709</td></tr>
<tr><td>MIH tolerance</td><td>46</td><td>46</td><td>46</td></tr>
<tr><td>MIH actual</td><td>50</td><td>156</td><td>218</td></tr>
<tr><td>RBHSC actual</td><td>0</td><td>1</td><td>1</td></tr>
<tr><td>Trust actual combined</td><td>261</td><td>695</td><td>928</td></tr>
<tr><td>No. of ED Attendances</td><td>15,963</td><td>16,026</td><td>15,318</td></tr>
<tr><td>% of 12 Hour Breaches</td><td>1.6%</td><td>4.3%</td><td>6.1%</td></tr>
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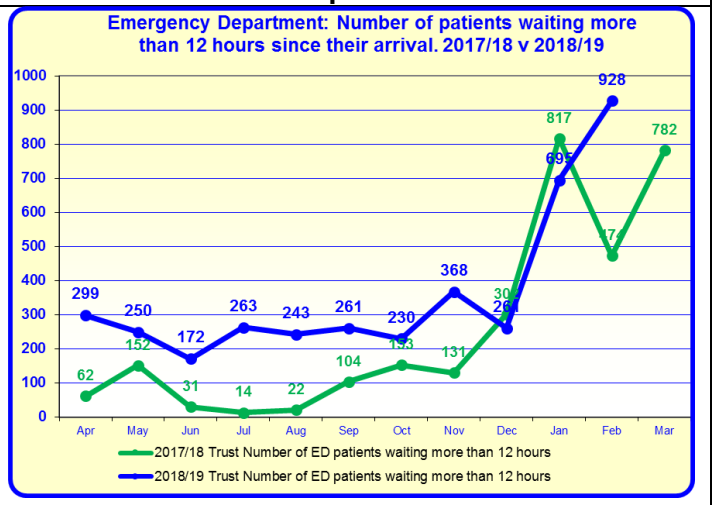

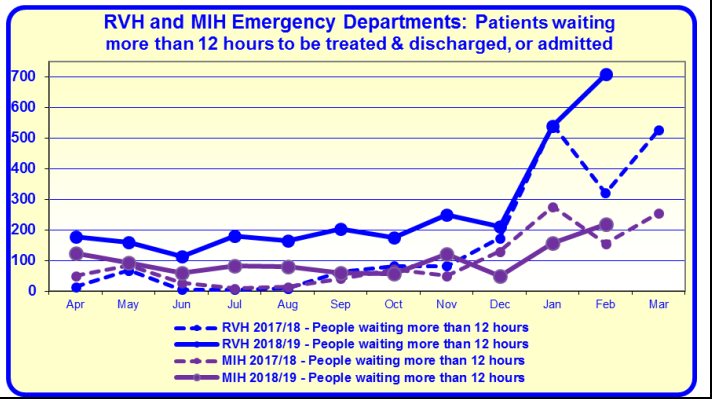

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Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

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<tr>
<td>6.0</td>
<td>By March 2019, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.</td>
<td>Trust cumulative position April to February 2018/19 = 73.7%.

This is a deterioration of 4.5% when compared to April to February 2018 (78.2%).</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Percentage of ED patients commenced treatment within 2 hours of triage</td><td>73%</td><td>74%</td><td>69%</td></tr>
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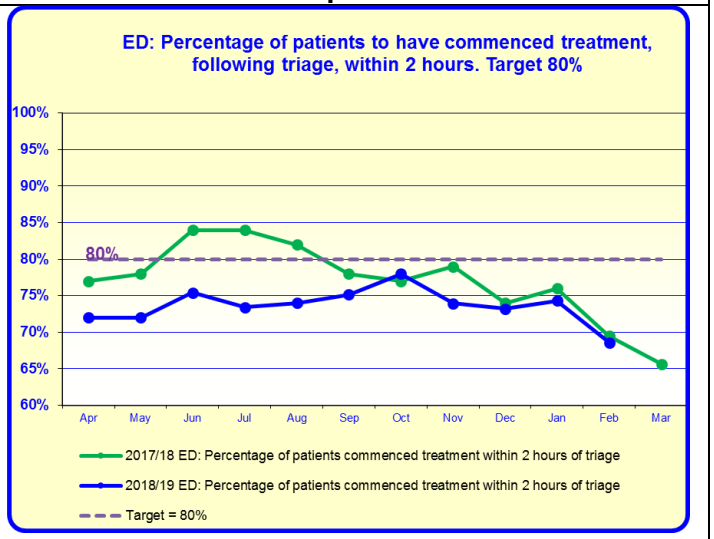
<td> 
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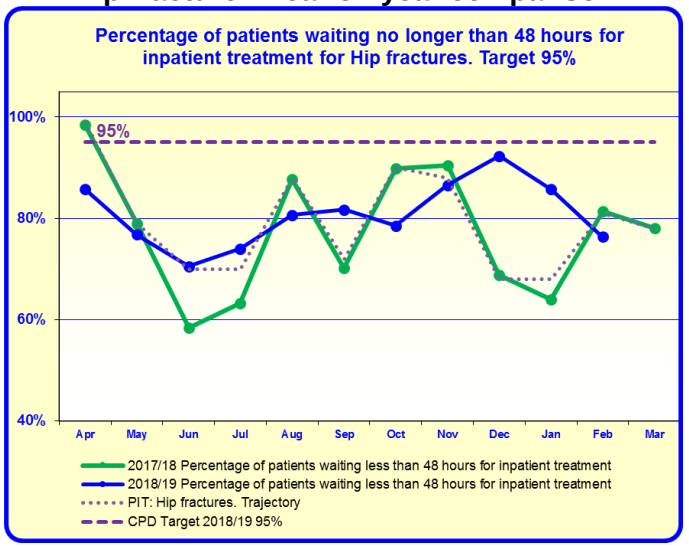
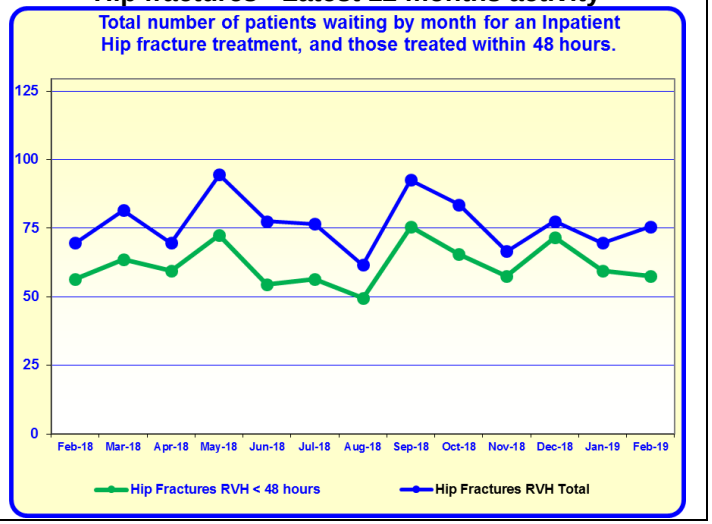
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

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.	Trust cumulative position April to February 2018/19 = 81% This is a 4% improvement when compared to April to February 2017/18. In the period April to February 2018/19 there were 685 patients treated within 48 hours from a total of 850 hip fracture patients. Trust Performance is monitored against the trajectory plan. Performance is ahead of plan in Jan 2019.	See tables below	**Hip fracture - Year on year comparison**  **Hip fractures - Latest 12 months activity** 

Trajectory Performance	Dec 2018	Jan 2019	Feb 2019
Plan 2018/19	68%	68%	81%
RVH actual	92%	84%	76%

Activity	Dec 2018	Jan 2019	Feb 2019
Hip Fractures RVH < 48 hours	72	60	58
Hip Fractures RVH > 48 hours	6	10	18
Hip Fractures RVH Total	78	70	76

All post operative fractures			
Activity	**Dec 2018**	**Jan 2019**	**Feb 2019**
Total ALL fractures requiring inpatient treatment	237	232	215

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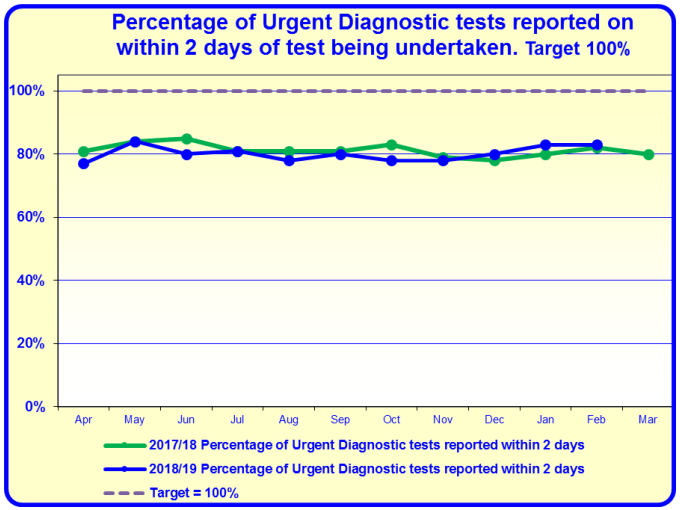
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>8.0</td><td>By March 2019, all urgent diagnostic tests should be reported on within two days.</td><td>During February 2019, 83% of diagnostic test results were reported within 2 days.</td><td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td><td>80%</td><td>83%</td><td>83%</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>9.0</td><td>During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.</td><td>Trust cumulative position April 2018 to February 2019 = 100%.

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.

Trust performance is monitored against the trajectory plan.</td><td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Total number of patients per month</td><td>170</td><td>220</td><td>190</td></tr>
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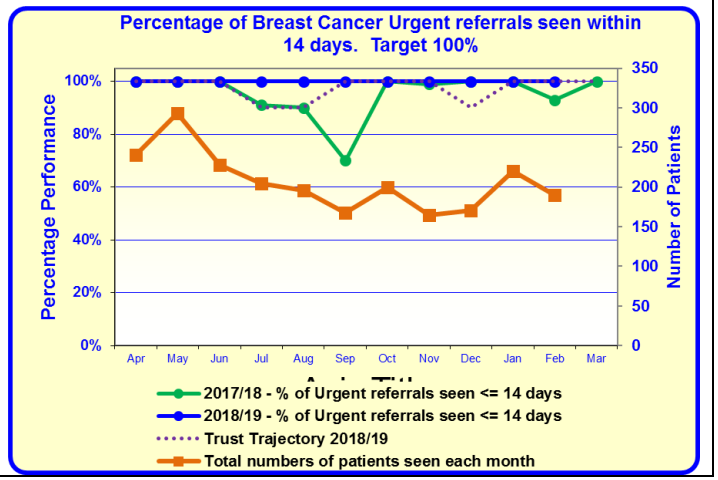
</td><td> 
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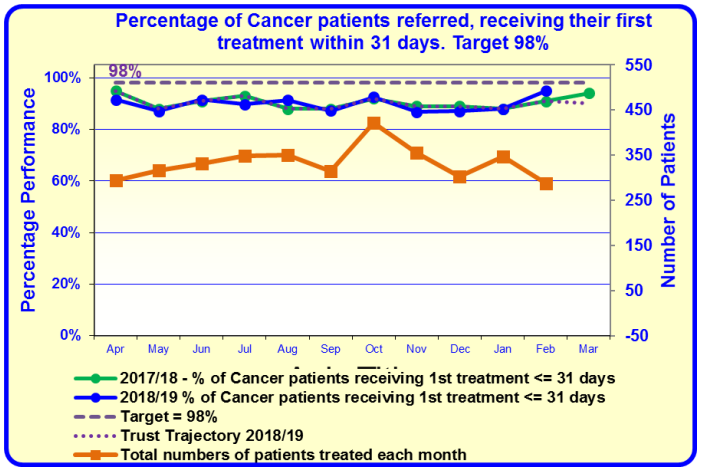
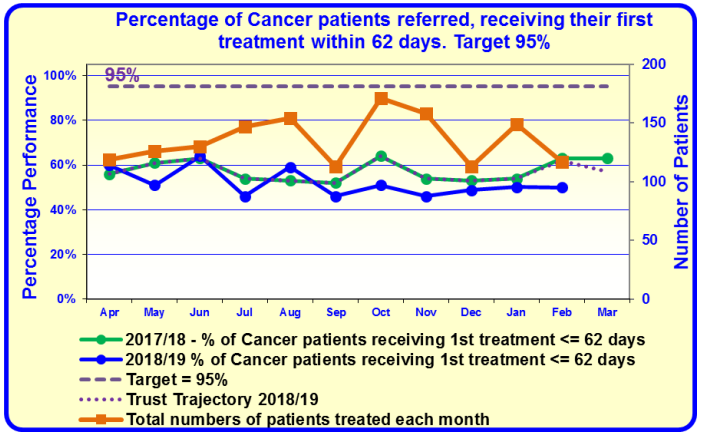
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>10.0</td>
<td>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.</td>
<td>Trust cumulative performance April 2018 to February 2019 is 90%. This is the same as the same period last year of 90% and is meeting the trajectory for February 2019.

Trust performance is monitored against the trajectory plan.</td>
<td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>89%</td><td>88%</td><td>91%</td></tr>
<tr><td>Percentage of Cancer patients receiving a first treatment within 31 days</td><td>87%</td><td>88%</td><td>95%</td></tr>
<tr><td>Total number of patients per month</td><td>302</td><td>347</td><td>287</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>11.0</td>
<td>During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</td>
<td>Trust cumulative position April 2018 to February 2019 = 52%.

Performance of 50% is 12% below trajectory and 1% below April - February 2018 Cumulative position of 51%.

Trust performance is monitored against the trajectory plan.</td>
<td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>53%</td><td>54%</td><td>62%</td></tr>
<tr><td>Percentage Cancer patients receiving a first treatment within 62 days</td><td>49%</td><td>50%</td><td>50%</td></tr>
<tr><td>Total number of *patients per month</td><td>113</td><td>149</td><td>117</td></tr>
</table>
*includes Inter Trust Transfers (ITT's) as whole numbers, not 0.5.
</td>
<td> 
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Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>12.0</td>
<td>By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.</td>
<td>The Trust is under delivering against the target. At the end of February 2019, 27% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks. This is 2% above the 25% performance of February 2018.

At the end of February 2019, there were 64,271 outpatients waiting more than 9 weeks for a first appointment. This is an improvement (3,121) on February 2018.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Total OP waiting</td><td>88,548</td><td>87,027</td><td>87,628</td></tr>
<tr><td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td><td>26%</td><td>25%</td><td>27%</td></tr>
<tr><td>Patients waiting more than 9 weeks</td><td>65,531</td><td>65,293</td><td>64,271</td></tr>
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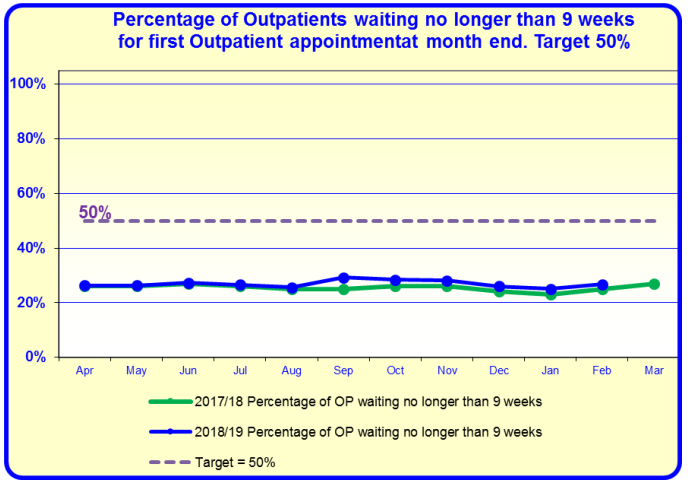
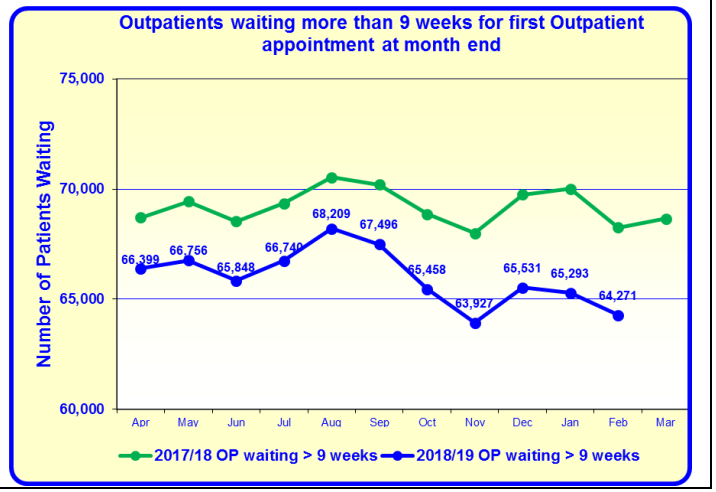
<td>




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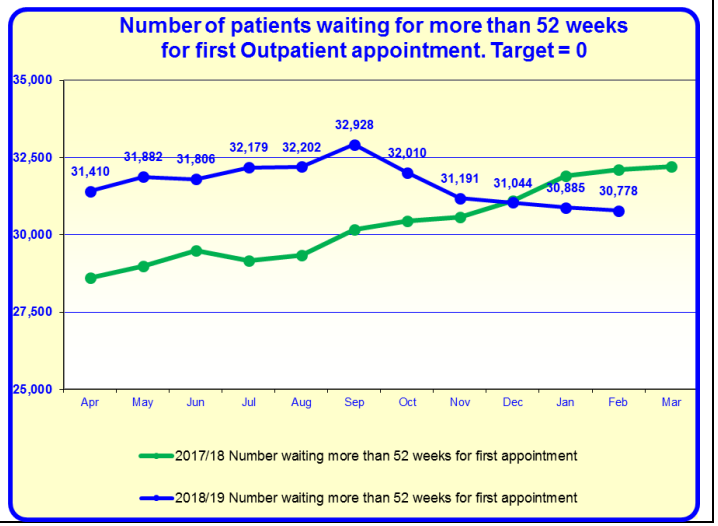
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>13.0</td>
<td>By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.</td>
<td>There are 30,778 patients waiting longer than 52 weeks at the end of February 2018/19. This is a decrease of 1,342 (4.2%) when compared to February 2018.

The specialties with the greatest number of outpatients waiting longer than 52 weeks are:
• Trauma and Orthopaedics;
• Ophthalmology;
• ENT; and
• Neurology.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Total OP waiting</td><td>88,548</td><td>87,027</td><td>87,628</td></tr>
<tr><td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td><td>31,044</td><td>30,885</td><td>30,778</td></tr>
</table>
</td>
<td> 
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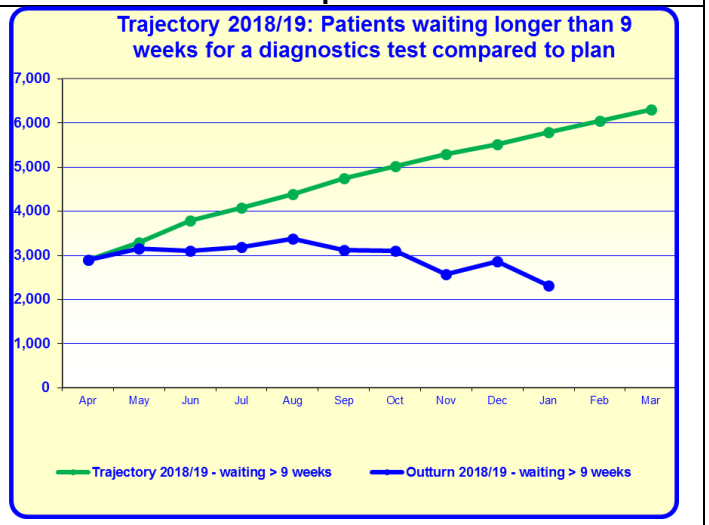
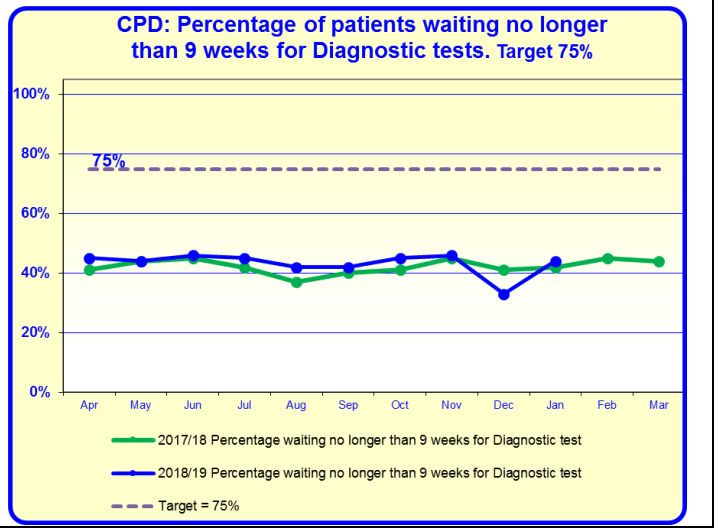
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>14.0</td>
<td>By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.</td>
<td>Trust performance is monitored against the trajectory plan. The Trajectory is ahead of plan at January 2019.

At the end of January 2019, 44% of patients on Trust Diagnostic waiting lists are waiting no longer than 9 weeks.

This represents an increase of 2% when compared with January 2018 performance of 42%.</td>
<td>
<table>
<tr><th>Trajectory Performance – number > 9 weeks</th><th>Nov 2018</th><th>Dec 2018</th><th>Jan 2019</th></tr>
<tr><td>Plan > 9 weeks</td><td>5,290</td><td>5,517</td><td>5,784</td></tr>
<tr><td>Actual > 9 weeks</td><td>2,575</td><td>2,866</td><td>2,314</td></tr>
</table>
* Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.

<table>
<tr><th>CPD Standard</th><th>Nov 2018</th><th>Dec 2018</th><th>Jan 2019</th></tr>
<tr><td>CPD : Target</td><td>75%</td><td>75%</td><td>75%</td></tr>
<tr><td>% of Patients waiting no longer than 9 weeks for a Diagnostic test</td><td>46%</td><td>33%</td><td>44%</td></tr>
</table>
* CPD measures all diagnostics
</td>
<td>




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</tr>
</table>

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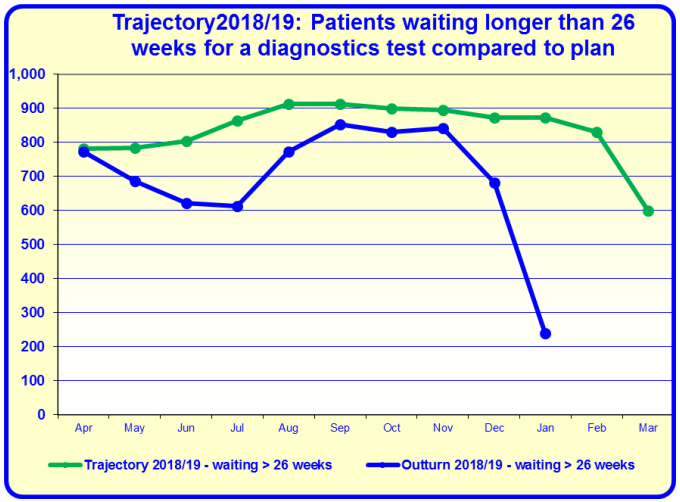
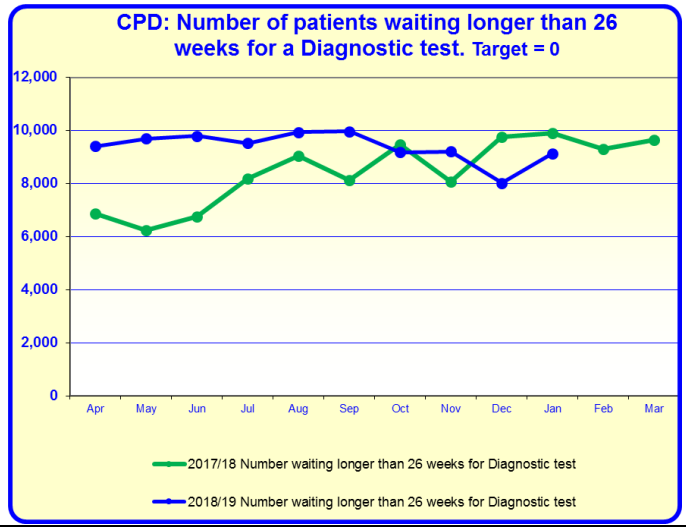
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
15.0	By March 2019, no patient waits longer than 26 weeks for a diagnostic test.	Trust performance is monitored against the trajectory plan. This is a projection of total numbers waiting > 26 weeks. The Trajectory is significantly ahead of plan at January 2019. There were 9,138 patients waiting in excess of 26 weeks for a diagnostic test in January 2019. This is a decrease of 758 (8%) compared to 9,896 patients at the end of January 2018.	**Trajectory Performance – numbers > 26 weeks** / **Nov 2018** / **Dec 2018** / **Jan 2019** **Plan > 26 weeks**: 895 / 874 / 872 **Actual > 26 weeks**: **843** / **681** / **239** ** Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.* **CPD Standard** / **Nov 2018** / **Dec 2018** / **Jan 2019** **CPD : Target**: **0** / **0** / **0** **No of Patients waiting longer than 26 weeks for a Diagnostic test**: **9,206** / **8,024** / **9,138** ** CPD measures all diagnostics*	 

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<tr>
<td>16.0</td>
<td>By March 2019, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</td>
<td>.

At the end of February 2019, 25% of patients on Trust's IPDC waiting lists are waiting no longer than 13 weeks.

This is a deterioration of 5% on the position at February 2018 when 30% of patients were waiting no longer than 13 weeks.

At February 2019 there were 39,480 patients waiting over 13 weeks – an increase of 4,503 (11%) when compared to the total patients waiting at February 2018 (34,977).</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Patients waiting no longer than 13 weeks for an IPDC treatment</td><td>26%</td><td>25%</td><td>25%</td></tr>
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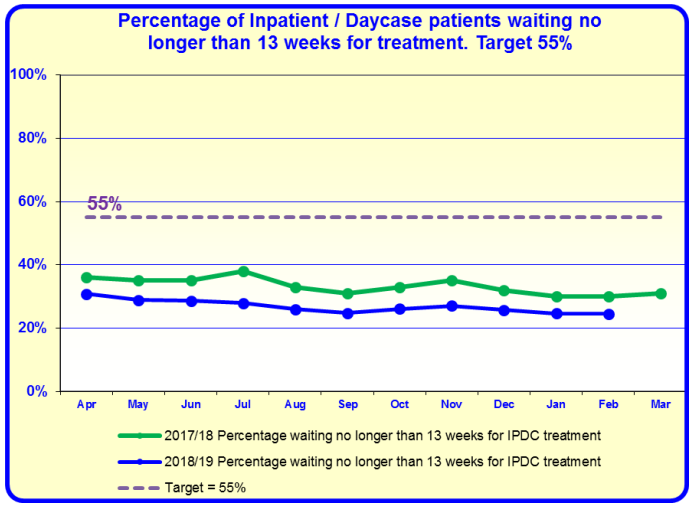
</td>
<td> 
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</tr>
<tr>
<td>17.0</td>
<td>By March 2019, no patient waits longer than 52 weeks for inpatient / daycase treatment.</td>
<td>A total of 11,897 patients waited longer than 52 weeks for IPDC treatment at February 2019.

This is a deterioration of 4,562 (62%) when compared to the same period last year (7,317). The main specialties with inpatients / daycases waiting longer than 52 weeks are:
• Orthopaedics;
• ENT;
• General Surgery;
• Ophthalmology; and
• Urology</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Patients waiting longer than 52 weeks for an IPDC treatment</td><td>11,488</td><td>11,733</td><td>11,897</td></tr>
</table>
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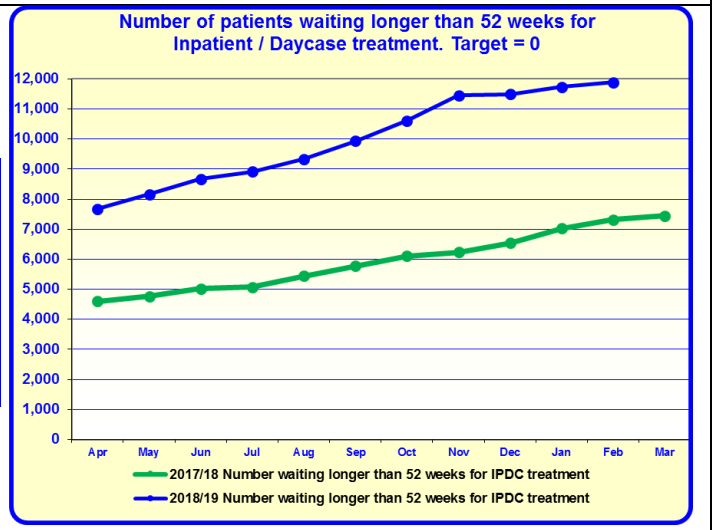
<td> 
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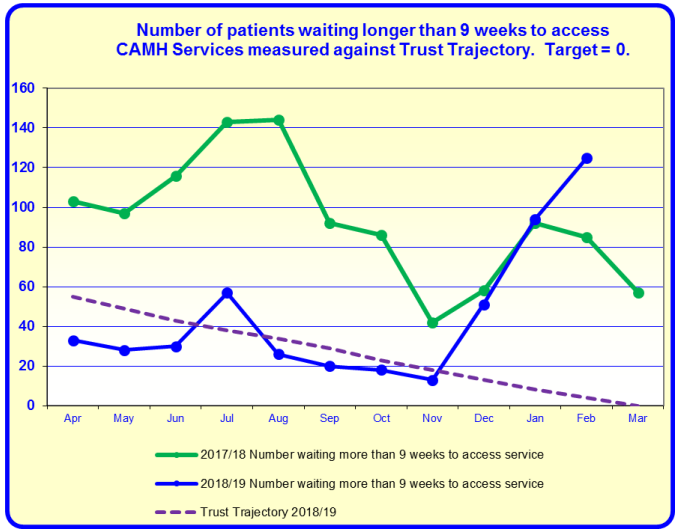
<tr>
<td>18.0</td>
<td>By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services</td>
<td>Trust performance is monitored against the trajectory plan.

Performance is above trajectory target at the end of February 2018/19.

This is 121 behind trajectory, with 40 more people waiting in excess of 9 weeks than the position at February 2018 of 85.

Reduced capacity as a result of recent vacancies has impacted on breach numbers. Recruitment is on-going, however the reduced capacity will present a major challenge to the delivery of the trajectory plan by March 2019.</td>
<td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>13</td><td>8</td><td>4</td></tr>
<tr><td>Patients waiting longer than 9 weeks to access CAMHS</td><td>51</td><td>94</td><td>125</td></tr>
<tr><td>Total waiting</td><td>476</td><td>534</td><td>597</td></tr>
</table>
<table>
<tr><th>CAMHS Patients waiting > 9 weeks</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>PMHS Step 2</td><td>24</td><td>33</td><td>34</td></tr>
<tr><td>CAMHS Step 3</td><td>17</td><td>49</td><td>82</td></tr>
<tr><td>Regional Trauma</td><td>10</td><td>12</td><td>9</td></tr>
<tr><td>Total >9 weeks</td><td>51</td><td>94</td><td>125</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>19.0</td>
<td>By March 2019, no patient waits longer than 9 weeks to access adult mental health services.</td>
<td>Trust performance is monitored against the trajectory plan.

Performance is above trajectory target at the end of January 2018/19.

This is a deterioration on the planned trajectory; however, it is an improvement of 70 when compared to the position at February 2018.

As with the CAMHS service above recent vacancies have impacted on capacity and will present a major challenge to deliver of the trajectory plan by March 2019</td>
<td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>56</td><td>34</td><td>17</td></tr>
<tr><td>No. of patients waiting > 9 weeks to access Adult Mental Health services</td><td>148</td><td>205</td><td>146</td></tr>
<tr><td>Total waiting</td><td>1098</td><td>1099</td><td>1130</td></tr>
</table>
<table>
<tr><th>Adult MH Patients waiting > 9 weeks</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Addiction</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Primary Care MHT</td><td>112</td><td>178</td><td>117</td></tr>
<tr><td>Other</td><td>38</td><td>27</td><td>29</td></tr>
<tr><td>Total Adult MH</td><td>148</td><td>205</td><td>146</td></tr>
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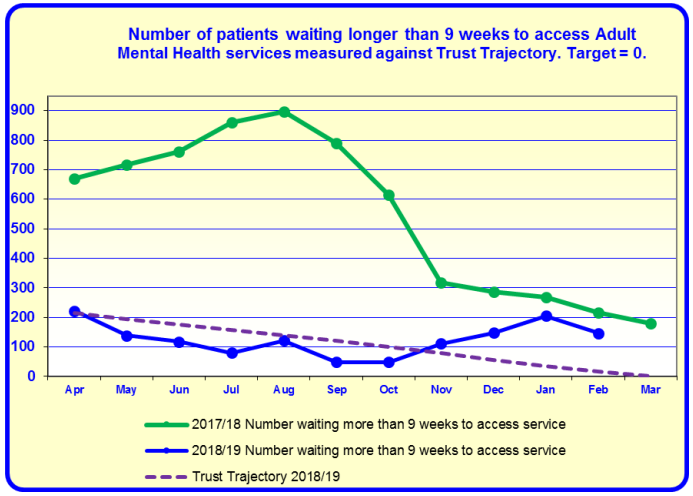
<td> 
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<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>20.0</td><td>By March 2019, no patient waits longer than nine weeks to access dementia services.</td><td>Trust performance is monitored against the trajectory plan.

The outturn of 31 breaches is within the planned trajectory and an improvement of 35 when compared to the February 2017 position of 66 patients waiting >9 weeks.</td><td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>40</td><td>40</td><td>40</td></tr>
<tr><td>Number of patients waiting longer than 9 weeks to access Dementia services</td><td>21</td><td>28</td><td>31</td></tr>
<tr><td>Total waits</td><td>287</td><td>277</td><td>216</td></tr>
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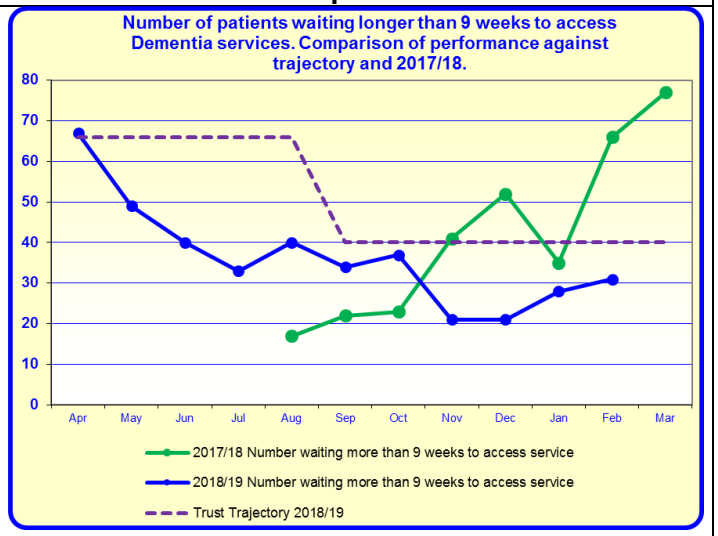
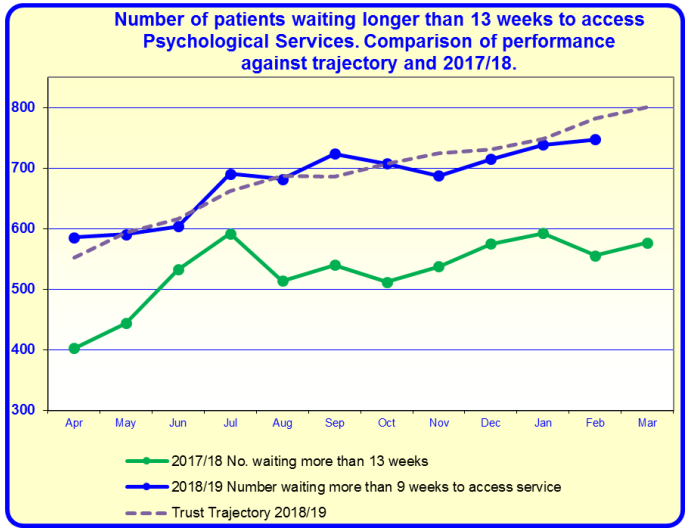
</td><td> 
</td></tr>
<tr><td>21.0</td><td>By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).</td><td>Trust performance is monitored against the trajectory plan.

The position of 748 breaches is meeting the planned trajectory of 782 however it is a deterioration of 192 (35%) when compared to the same period last year (556).

The Trajectory is in line with plan at the end of February 2019.</td><td>
<table>
<tr><th>Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>731</td><td>749</td><td>782</td></tr>
<tr><td>No. of patients waiting longer than 13 weeks</td><td>715</td><td>739</td><td>748</td></tr>
<tr><td>Total waits</td><td>1257</td><td>1299</td><td>1282</td></tr>
</table>

<table>
<tr><th>Psychological Therapy breaches by area >13 weeks</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Adult Health Psychology</td><td>257</td><td>260</td><td>263</td></tr>
<tr><td>Psychosexual</td><td>238</td><td>250</td><td>262</td></tr>
<tr><td>Adult MH</td><td>122</td><td>125</td><td>128</td></tr>
<tr><td>Other</td><td>98</td><td>104</td><td>95</td></tr>
<tr><td>Total</td><td>715</td><td>739</td><td>748</td></tr>
</table>
</td><td> 
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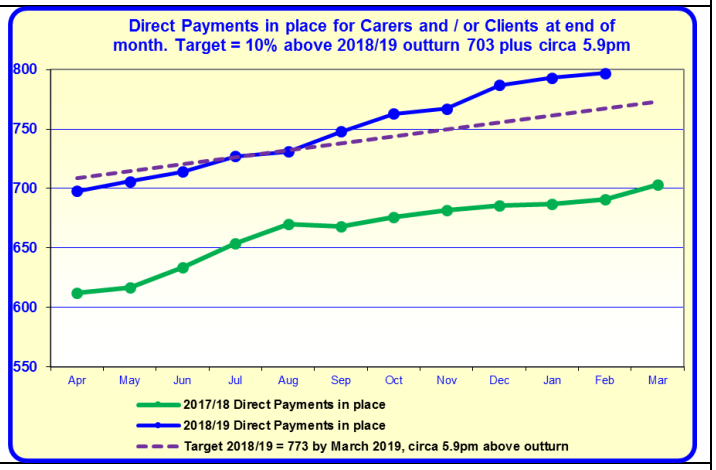
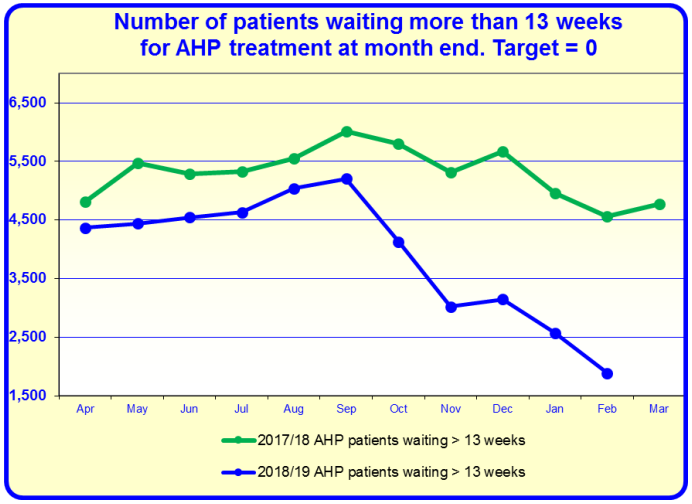
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td colspan="5">CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them</td></tr>
<tr><td>22.0</td><td>By March 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.</td><td>Trust cumulative position at February 2018/19 = 797.

This is an increase of 106 (15%) when compared to the same period last year (691).

The Trust continues to improve the uptake of DPs and is on target to achieve a 10% increase to 773 by March 2019.</td><td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Planned Target</td><td>756</td><td>762</td><td>767</td></tr>
<tr><td>Number of clients / carers in receipt of Direct Payments</td><td>787</td><td>793</td><td>797</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>23.0</td><td>By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</td><td>The performance at the end of February 2019 of 1,892 represents an improvement of 58% (2,666) when compared to the same period last year (4,558).</td><td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Number of patients waiting more than 13 weeks from referral to AHP treatment</td><td>3,149</td><td>2,573</td><td>1,892</td></tr>
</table>

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.

Recurrent resources to address these gaps have not yet been identified. In the short-term non-recurrent resources have been made available in year to help reduce the backlog.</td><td> 
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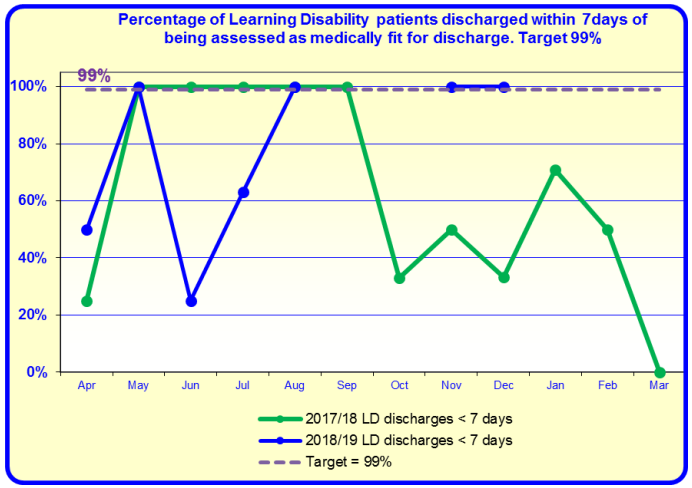
</table>

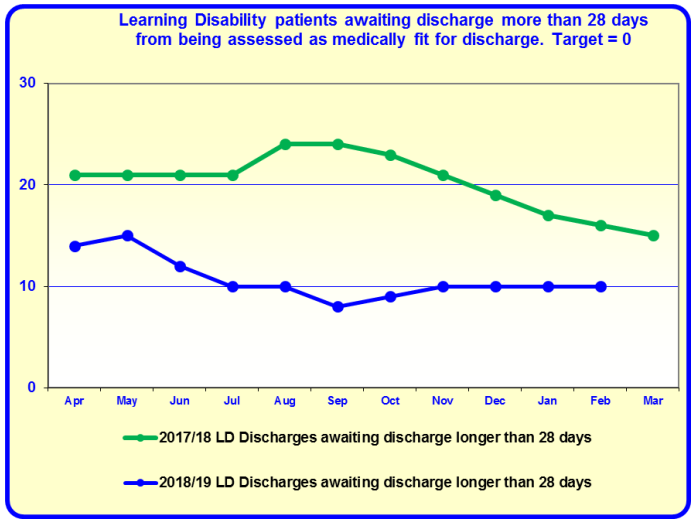
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>24.0</td>
<td>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.</td>
<td>Trust cumulative position April to February 2018/19 = 60%.

There were no Learning Disability patients discharged in February 2019.

Between April and February 2018/19, there were:
• 12 people discharged within 7 days;
• 6 patients discharged more than 7 days.
Compared to April and February 2018/19 there were:
• 27 people discharged within 7 days and
• 11 patients discharged more than 7 days</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Jan 2019</th></tr>
<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>2</td><td>0</td><td>0</td></tr>
</table>

* % not applicable as no discharges occurred in month
</td>
<td> 
</td>
</tr>
<tr>
<td>25.0</td>
<td>During 2018/19, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</td>
<td>There was one patient discharged from Learning Disability (LD) services who was waiting more than 28 days in February 2019. There are 10 LD patients awaiting discharge who are medically fit. This is a decrease of 6 compared to the position at February 2018 (16).

Between April to February 2018/19 there were:
• 4 LD patients discharged within 28 days compared to 27 in the same period last year; and
• 7 LD patients with a completed discharge taking more than 28 days compared to 11 in the same period last year.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<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>1</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>10</td><td>10</td><td>10</td></tr>
</table>
</td>
<td> 
</td>
</tr>
</table>

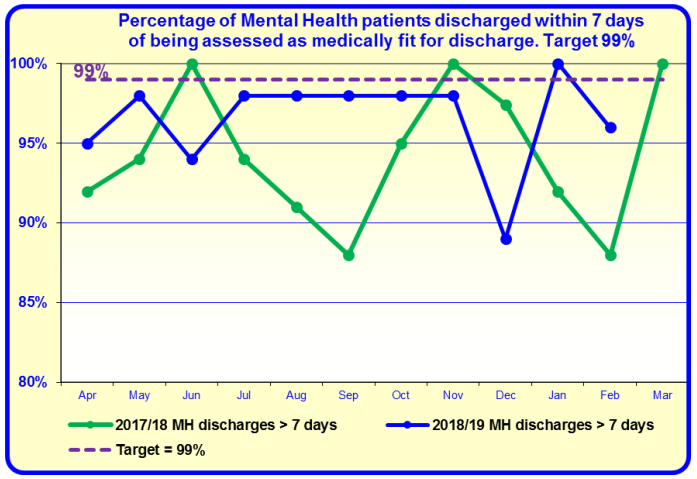
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

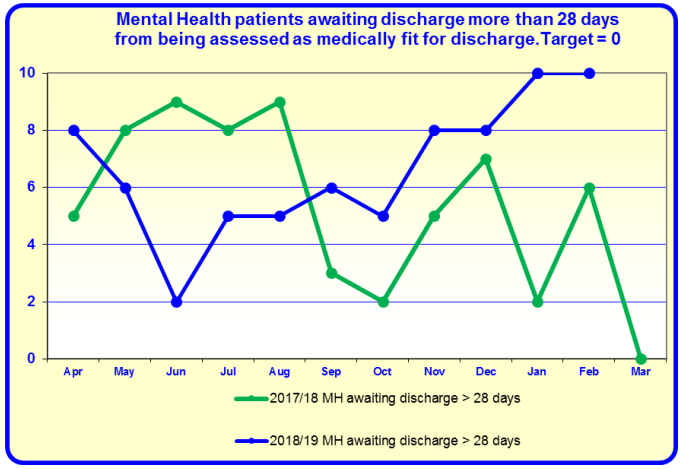
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>26.0</td>
<td>During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.</td>
<td>Trust cumulative position April to February 2018/19= 97%.

The February 2019 outturn is 8% higher than the performance in February 2018.

There were 507 (97%) patients discharged within 7 days from April to February 2018/19.

There were 19 patient discharges taking more than 7 days from April to February 2018/19.

This was 10 less than in the same period last year when there were 29 patient discharges taking more than 7 days.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Percentage of patients Discharged Within 7 days</td><td>89%</td><td>100%</td><td>96%</td></tr>
<tr><td>Number of discharges within 7 days</td><td>49</td><td>42</td><td>50</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>27.0</td>
<td>During 2018/19, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.</td>
<td>No patient discharge from Mental Health (MH) services took more than 28 days in February 2019. There are 10 MH patients >28 days awaiting discharge who are medically fit. This is the same as the position at January 2018.

Between April to February 2018/19 there were:
• 456 MH patients discharged within 28 days compared to 417 in the same period last year; and
• 13 MH patients with a completed discharge taking more than 28 days compared to 26 in the same period last year.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Jan 2019</th></tr>
<tr><td>Number of patients discharged within 28 days</td><td>53</td><td>42</td><td>50</td></tr>
<tr><td>Number of patients discharged more than 28 days</td><td>2</td><td>0</td><td>2</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>8</td><td>10</td><td>10</td></tr>
</table>
</td>
<td> 
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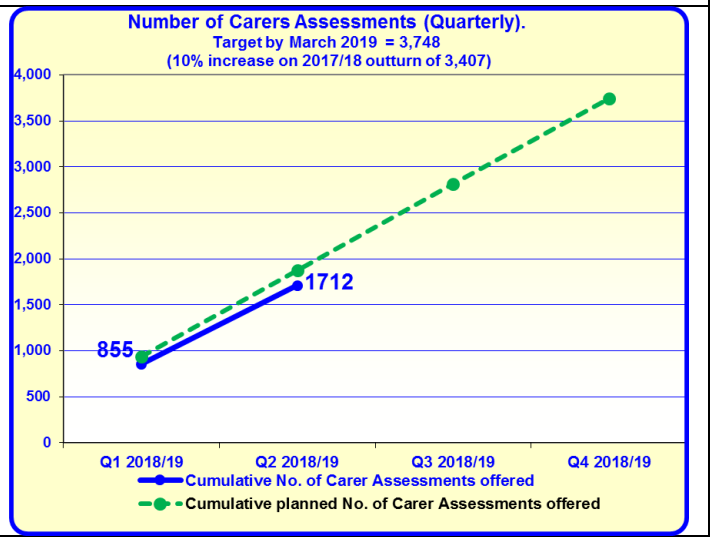
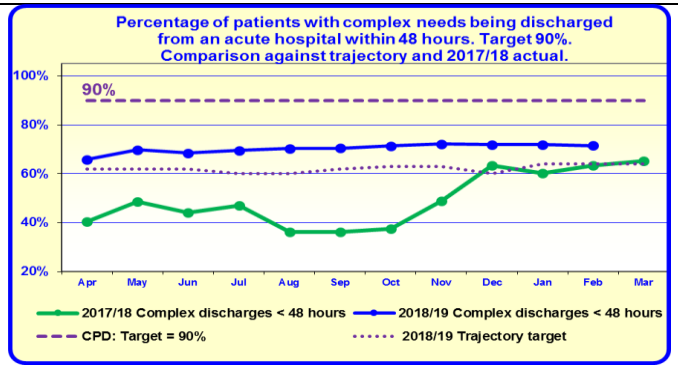
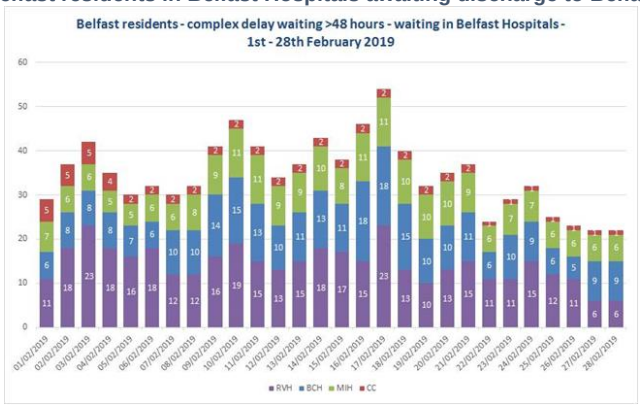
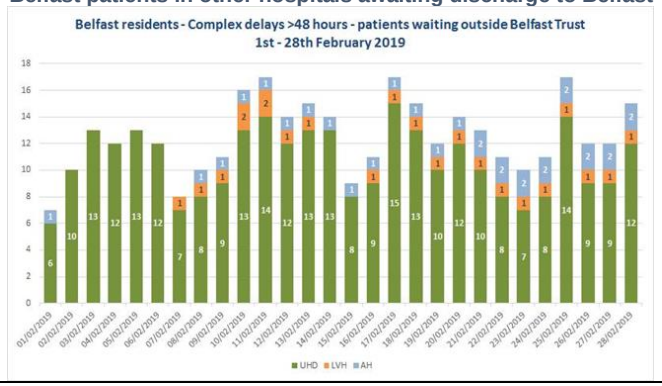
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – Quarterly</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td colspan="5">CPD: Outcome 6: Supporting those who care for others</td></tr>
<tr><td>28.0</td><td>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</td><td>Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments.

From start of April to the end of September 2018 there were 1,712 carers assessments compared to 1,798 in the first two quarters of 2017/18.

2017/18 outturn was 3,407.</td><td>
<table>
<tr><th>CPD Standard</th><th>Target March 2019</th><th>Number of Carers Assessments</th></tr>
<tr><td>Q1 Jun 2018</td><td>943</td><td>855</td></tr>
<tr><td>Q2 Sep 2018</td><td>1,874</td><td>1,712</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>
</table>
Target March 2019 = 3,748,10% above 2017/18 outturn
</td><td> 
</td></tr>
</table>

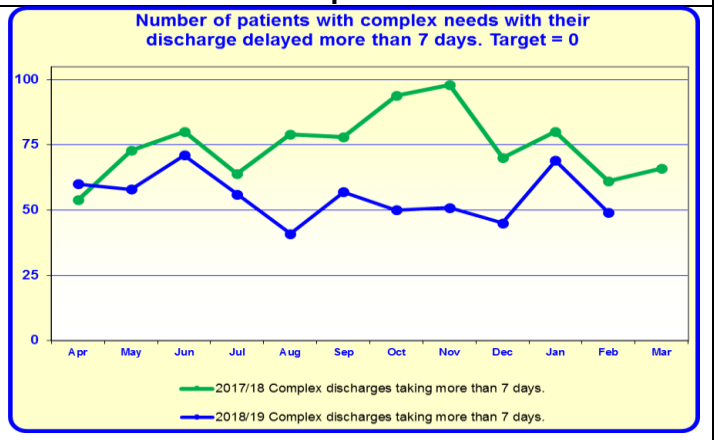
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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 February 2018/19 = 71.5%. This is meeting the planned trajectory and is an increase of 8.1% on the position at February 2018 (63.4%). All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.	**Standard** / **Dec 2018** / **Jan 2019** / **Feb 2019** **Trust Trajectory 2018/19**: 60% / 64% / 64% **Percentage of complex discharges within 48 hours**: 72% / 72% / 72% Complex discharges within 48 hours are measured against the Trajectory plan.	 **Daily state – Complex delays > 48 hours: February 2019** Belfast residents in Belfast Hospitals awaiting discharge to Belfast  Belfast patients in other hospitals awaiting discharge to Belfast 

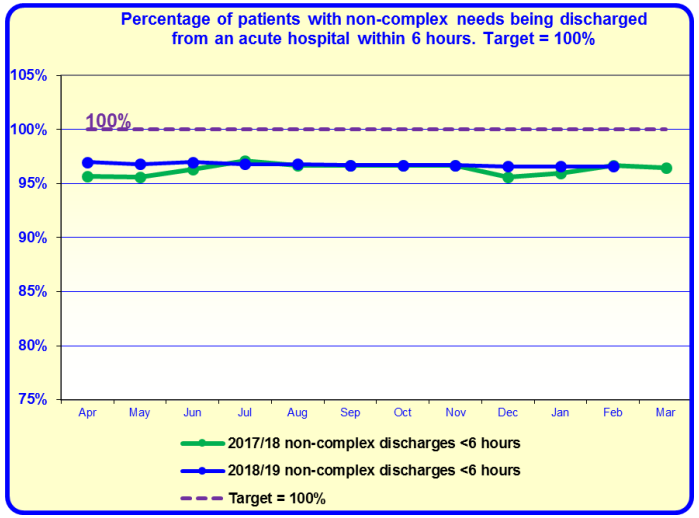
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>30.0</td><td>By March 2019, ensure that no complex discharge taking more than 7 days.</td><td>Trust cumulative position
April to February 2019 = 607.

This is an improvement of 224 when compared to the same period last year (831).

All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</td><td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Number of Complex Discharges taking more than 7 days</td><td>45</td><td>69</td><td>49</td></tr>
<tr><td>Cumulative Complex Discharges taking more than 7 days</td><td>489</td><td>558</td><td>607</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>31.0</td><td>By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.</td><td>Trust position at February 2019 is 96.6%.

This is the slightly below the performance for February 2018 of 96.7%.

Source web portal.
Belfast Trust Hospitals - Source Belfast Trust PAS.</td><td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Percentage of Non-complex Discharges taking place within 6 hours</td><td>97%</td><td>97%</td><td>97%</td></tr>
</table>
</td><td> 
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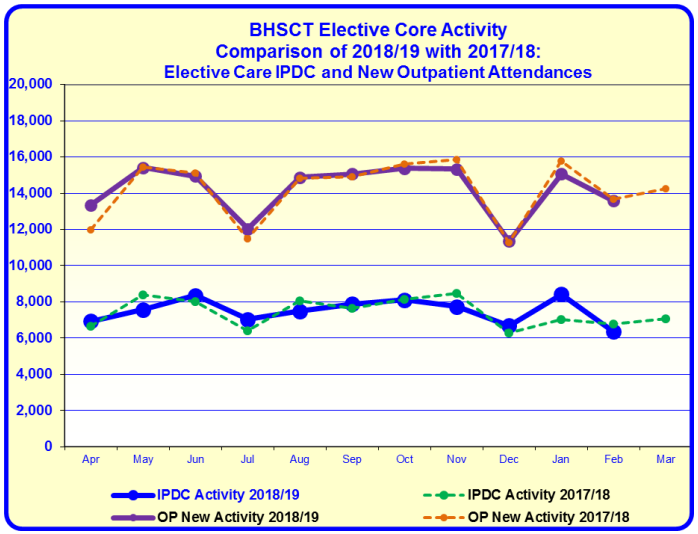
Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
32.0	By March 2019, to reduce the percentage of funded activity associated with elective care services that remains undelivered.	Delivery of Elective Core Inpatient and Daycase (IPDC) activity: Trust is delivering IPDC trajectory plan at the end of February 2019. Delivery of Elective Core New Outpatients (NOP) activity: Trust is delivering New OP Trajectory plan at the end of February 2019.	See tables below	

Performance against previous year	Feb-19	
Comparison of Volumes April - February 2018/19	HSCB selected specialties	All Specialties
Elective IPDC		
2017/18 April – Feb	48,629	81,944
2018/19 April – Feb	50,052	82,605
Variance Apr – Feb 2017/18	1,423	661
% Variance Apr – Feb 2017/18	2.93%	0.8%
Outpatient – New		
2017/18 April – Feb	114,295	155,724
2018/19 April – Feb	113,660	156,368
Variance Apr – Feb 2017/18	-635	644
% Variance Apr – Feb 2017/18	-0.56%	0.4%

Performance against plan at	Feb-19	
	Actual Volume	% Var from Plan
Elective IPDC		
HSCB selected specialties	50,052	+3.2%
All Specialties	82,605	+1.6%
Outpatient – New		
HSCB selected specialties	113,660	+0.5%
All Specialties	156,368	+1.3%

Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

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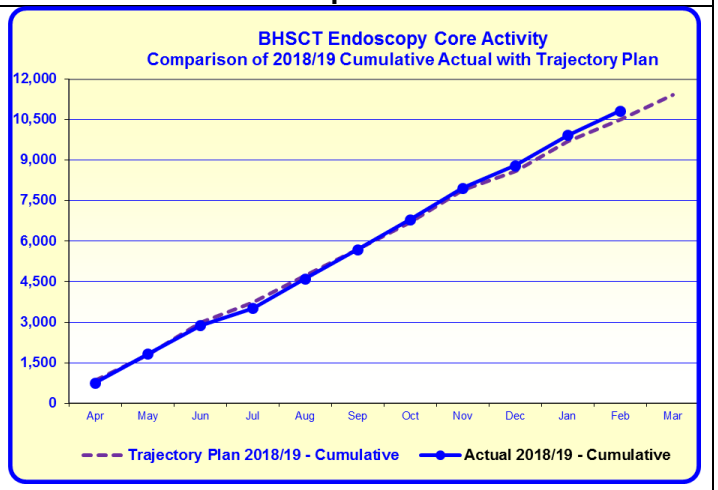
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>32.1</td>
<td>Endoscopy Core Activity Trajectory Plan is to achieve a core volume of 11,407 by end of March 2019.</td>
<td>The Trust records activity for endoscopy cumulatively.

The activity is 10,833 from April 2018 to the end of February 2019, 331 (+3%) above planned trajectory of 10,502.

Trust performance is monitored against the agreed trajectory.</td>
<td>
<table>
<tr><th>Trust Endoscopy Cumulative position</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Trajectory Plan 2018/19 - Cumulative</td><td>8,594</td><td>9,701</td><td>10,502</td></tr>
<tr><td>Actual 2018/19</td><td>8,808</td><td>9,928</td><td>10,833</td></tr>
<tr><td>Variance</td><td>214</td><td>227</td><td>331</td></tr>
<tr><td>Percentage variance</td><td>+2%</td><td>+2%</td><td>+3%</td></tr>
</table>
* Trajectory – Adult Endoscopy
</td>
<td> 
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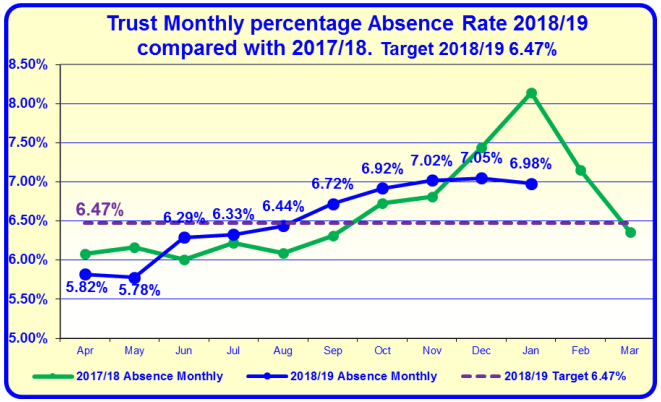
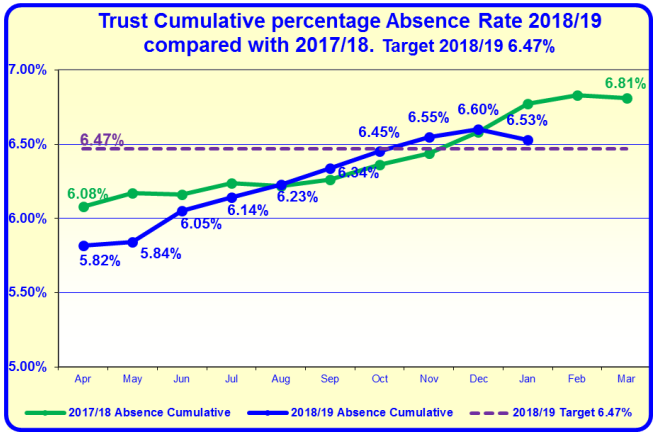
</tr>
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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 2018/19 target = 6.47%.	Trust cumulative position at January 2018/19 = 6.53%. The position shows a slight improvement in the cumulative position to the end of January 2019 of 0.24% when compared to January 2018 of 6.77%. The in-month position of 6.98% at January 2019 shows a slight improvement of 1.16% on January 2018 (8.14%).		

CPD Standard	Nov 2018	Dec 2018	Jan 2019
Trust Absence Rate monthly	7.02%	7.05%	6.98%
Trust Absence Rate Cum Average month to date	6.55%	6.60%	6.53%