

TRUST BOARD SUBMISSION TEMPLATE

MEETING	Trust Board	Ref No. 6.2								
DIRECTOR	Jennifer Thompson, Interim Director of	Date 4 ^h April 2019								
	Planning, Performance and Informatics									
Durnoco	Trust Performance Report									
Purpose	• For Approval									
Corporate Objective	For information/assurance									
Objective	The Trust Performance Report (TPR) for the perio	d April 2018 to February 2019 is								
Key areas for consideration										
	 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 status of the trajectory is used.	and trajectory plan, only the RAG								
	Of the 19 DoH CPD standards and targets repsubstantially delivered and 10 are not currently being									
	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 Clos ED triage patients to commence treatment wi Diagnostic – urgent tests reported within two OP percentage waiting no longer than 9 wee weeks; IPDC patients waiting no longer than 13 wee weeks; AHP patient waiting longer than 13 weeks to Complex patients with discharge taking more 	thin 2 hours of triage days; ks; number waiting longer than 52 ks; number waiting longer than 52 first treatment; and								
	In addition to the 19 CPD standards and targets above plans as agreed with the HSCB in relation to 18 area									
Of the 18 trajectory plans monitored, 12 are being delivered, or substantially deliver 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 service										
Recommendations	For Assurance.									

Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 – February 2019

<u>Introduction</u>

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	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 28 th 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 28 th February is 3 below the position to 28 th February 2018
3.0	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers – 10% reduction on last	Number of avoidable pressure ulcers is behind target and is above outturn for
	year- tolerance 111 by March 2019	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)

		S	afety, C	Quality and Experience dashboard - February 2018 - February 2019														
		201	7/18								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%	on south
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%	~ <i>~</i>
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 A
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%		V
	Note: Mortality data from August 2018 is only shown where coding	completene	ss is sufficie	nt to provide a	accurate dat	ta.												
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		\ ~~\\\ <u>~</u>
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
											40	40						
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		1
	Number of Avoidable Pressure Ulcers (PU's) Number of All PU's	8 24	11 31	8 23	12 35	13 39	15 37	10 29	7 26	5 25	36	36	10 31		104 317	10% reduction tbc		
3.1.2	` '	_							-					96%				
3.1.2 3.2	Number of All PU's	24	31	23	35	39	37	29	26	25	36	36	31	96% 155	317	tbc		
3.1.2 3.2 3.3	Number of All PU's VTE risk assessment Compliance %	24 95%	31 95%	23 95%	35 95%	39 94%	37 93%	29 94%	26 95%	25 95%	36 95%	36 96%	31 96%		317 95%	tbc 95%		
3.1.2 3.2 3.3 3.4	Number of All PU's VTE risk assessment Compliance % Number of Falls	24 95% 186 4	31 95% 236	23 95% 181	35 95% 180	39 94% 207	37 93% 156	29 94% 150	26 95% 127	25 95% 153	36 95% 162	36 96% 158	31 96% 188		317 95% 1817	tbc 95% 10% reduction		
3.1.2 3.2 3.3 3.4	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls	24 95% 186 4	31 95% 236 2	23 95% 181	35 95% 180	39 94% 207	37 93% 156	29 94% 150	26 95% 127	25 95% 153	36 95% 162	36 96% 158	31 96% 188		317 95% 1817	tbc 95% 10% reduction tbc		
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls	24 95% 186 4 taset bein	31 95% 236 2 ag develop	23 95% 181	35 95% 180 2	39 94% 207 4	37 93% 156 4	29 94% 150	26 95% 127 4	25 95% 153 2	36 95% 162 3	36 96% 158 3	31 96% 188 2	155	317 95% 1817 31	tbc 95% 10% reduction tbc tbc	Peer Avg	Trend
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter	24 95% 186 4 taset bein	31 95% 236 2 ag develop	23 95% 181 3	35 95% 180 2	39 94% 207 4	37 93% 156 4	29 94% 150 4	26 95% 127 4	25 95% 153 2	36 95% 162 3	36 96% 158 3	31 96% 188 2	155	317 95% 1817 31	tbc 95% 10% reduction tbc tbc	Peer Avg	Trend
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter	24 95% 186 4 taset bein	31 95% 236 2 ag develop	23 95% 181 3	35 95% 180 2	39 94% 207 4	37 93% 156 4	29 94% 150 4	26 95% 127 4	25 95% 153 2	36 95% 162 3	36 96% 158 3	31 96% 188 2	155	317 95% 1817 31	tbc 95% 10% reduction tbc tbc	Peer Avg	Trend
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators	24 95% 186 4 taset bein	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18	35 95% 180 2 May-18	39 94% 207 4 Jun-18	37 93% 156 4 Jul-18	29 94% 150 4 Aug-18	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18	155 - Feb-18	317 95% 1817 31	tbc 95% 10% reduction tbc tbc Target 20%	Peer Avg	
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators	24 95% 186 4 taset bein Feb-18	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18	35 95% 180 2 May-18	39 94% 207 4 Jun-18	37 93% 156 4 Jul-18	29 94% 150 4 Aug-18	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18	155 - Feb-18	317 95% 1817 31	tbc 95% 10% reduction tbc tbc Target 20%		
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators Cardiac Arrest rate %	24 95% 186 4 taset bein Feb-18	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18	35 95% 180 2 May-18	39 94% 207 4 Jun-18	37 93% 156 4 Jul-18	29 94% 150 4 Aug-18	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18	155 - Feb-18	317 95% 1817 31 YTD	tbc 95% 10% reduction tbc tbc Target 20%		\/\\/
3.1.2 3.2 3.3 3.4 3.5	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators Cardiac Arrest rate % Medicines Indicators	24 95% 186 4 taset bein Feb-18	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18 1.55 Apr-18 85%	35 95% 180 2 May-18	39 94% 207 4 Jun-18 1.57	37 93% 156 4 Jul-18 1.55 Jul-18 79%	29 94% 150 4 Aug-18 0.28	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18 0.99 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18	155 - Feb-18	317 95% 1817 31 YTD 1.20 YTD 86%	tbc 95% 10% reduction tbc tbc Target 20% 1.37 Target 20%		\/\\/
3.1.2 3.2 3.3 3.4 3.5 3.6 4.0 4.1	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators Cardiac Arrest rate % Medicines Indicators	24 95% 186 4 taset bein Feb-18	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18 1.55 Apr-18 85%	35 95% 180 2 May-18	39 94% 207 4 Jun-18 1.57	37 93% 156 4 Jul-18 1.55 Jul-18 79%	29 94% 150 4 Aug-18	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18 0.99 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18	155 - Feb-18	317 95% 1817 31 YTD 1.20	tbc 95% 10% reduction tbc tbc Target 20% 1.37 Target 20%	Peer Avg	\/\\/
3.1.2 3.2 3.3 3.4 3.5 3.6 4.0 4.1 5.0	Number of All PU's VTE risk assessment Compliance % Number of Falls Number of moderate/major/catastrophic falls Urinary Tract Infection (UTI) rate with catheter Other Safety Thermometer Indicators Cardiac Arrest rate % Medicines Indicators Controlled Drugs - Compliance Audit (quarterly)	24 95% 186 4 taset bein Feb-18	31 95% 236 2 g develop Mar-18	23 95% 181 3 Apr-18 1.55 Apr-18 85%	35 95% 180 2 May-18	39 94% 207 4 Jun-18 1.57	37 93% 156 4 Jul-18 1.55 Jul-18 79%	29 94% 150 4 Aug-18 0.28	26 95% 127 4 Sep-18	25 95% 153 2 Oct-18 0.99 Oct-18	36 95% 162 3 Nov-18	36 96% 158 3 Dec-18	31 96% 188 2 Jan-18 2.14 Jan-18	155 - Feb-18 1.65	317 95% 1817 31 YTD 1.20 YTD 86%	tbc 95% 10% reduction tbc tbc Target 20% 1.37 Target 20%	Peer Avg	Trend

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	l Performance Repor	t 2018/19, Se	ction	1 B –	Serv	ice Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performan	ce – 3 ı	nonths	3	Trend (rolling 12 months) Graph / Two year
ref	for Improvement)taama 2. Daamlaainn k		1			comparison
	CPD: O	utcome 2: People using r	leaith and socia	ıı care	servi	ces are	e safe from avoidable harm
			CPD Standard	Dec	Jan	Feb	Healthcare Associated Infections (HCAI) MRSA. Tolerance level 2018/19 = 12
	By 31 March 2019, to	Trust cumulative position	Tolerance level	2018	2019	2019	
	secure a regional aggregate reduction of	April to February 2018/2019 = 15 infections.	MRSA incidents In-month	2	0	0	25
	7.5 % in the total number of in-patient		MRSA incidents Cumulative	15	15	15	20
1.0	episodes of MRSA infection compared to	This is the same as the cumulative position at February 2018 of 18.	MRSA tolerance Cumulative	9	10	11	15 15 15 15 15 15 15 15 15 15 15 15 15 1
	2017/18 (Equates to 37% reduction for BHSCT).	This is a reduction of 3 (17%)	MRSA incidents > 48 hours Cumulative	7	7	7	10 5 4 5 5 7 8 10
	Target 2018/19 = 12	when compared to the cumulative position at February 2018 of 18.	Performance of MF measured as >48 ho		hin Eng	gland is	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 MRSA Actual Cumulative 2018/19 MRSA Actual Cumulative 1018/19 MRSA Actual Cumulative = 10
			CPD Standard	Dec	Jan	Feb	Healthcare Associated Infections (HCAI) C.Diff. Tolerance level 2018/19 = 110
	By 31 March 2019, to		Tolerance level	2018	2019	2019	120
	secure a regional aggregate reduction of 7.5 % in the total		C.Diff incidents In-month	9	15	7	100
	number of in-patient	Trust cumulative position April to February 2018/19 = 114	C.Diff incidents Cumulative	92	107	114	80 - 75 - 73
2.0	episodes of Clostridium Difficile	infections.	C.Diff tolerance Cumulative	83	92	101	60 53
	infection in patients aged 2 years and over compared to 2017/18 (Equates to 3%	This is an increase of 16 (16%) when compared to the cumulative position at February	C.Diff incidents > 72 hours Cumulative	69	78	85	40 29 37 40 46 20 19 26 7 15 26
	reduction for BHSCT). Target 2018/19 = 110	2018 of 103.	Performance of C.D measured as >72 ho		ithin En	gland is	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 C.Diff Actual Cumulative 2018/19 C.Diff Actual Cumulative - 2018/19 C.Diff Tolerance level Cumulative =110

PR Objectives / Goals	Narrative	Perfor	mance -	- 3 mont	hs	Trend (rolling 12 months) Graph / Two yea
ef for Improvement						comparison
PD: Outcome 4: Heal	th and social care service				to main	tain or improve the quality of life of peo
	T	wno	use the	em		CR Out Of Hours (OOH) Torget 95%
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%.	CPD Standard GP OOH patients triaged within 20 minutes Total urgent calls Urgent calls triaged within 20 mins *Total ALL calls * Total ALL calls within 60 minute 3 minutes) and u minutes).	s), emerge	ency (respo	nse within	## Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. ### Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. ### Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. ### Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. ### Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. #### Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Comparison of 2017/18 with 2018/19. ###################################

	Trust Board	Performance Report						
TPR	Objectives / Goals	Narrative	Perfor	rmance -	- 3 montl	hs	Trend (rolling 12 month	, .
ref	for Improvement						compai	rison
			Monthly ED p target by Site trajectory pla	- perform	nance aga	ainst	Trust combined - two	centage of patients waiting
			Trajectory Performance	Dec 2018	Jan 2019	Feb 2019	more than 4 hours since t	heir arrival. Target = 95%
			RVH Plan 2018/19	70%	70%	70%	0%	
		Trust cumulative position	RVH actual	55%	54%	50%		
		April to February 2018/19 = 67%.	MIH Plan 2018/19	75%	75%	75%	0%	
		S. 76.	MIH actual	70%	65%	65%		•
		This represents a deterioration	RBHSC Plan	95%	95%	95%	0%	
	5	of 5% when compared to the period April to February 2017/18	RBHSC actual	76%	79%	74%	Apr May Jun Jul Aug Sep 2017/18 Trust Percentage of ED patients	Oct Nov Dec Jan Feb Mar s waiting no more than 4 hours (target 95% pm)
	By March 2019, 95% of patients attending	(performance 72%).	Trust Combined actual	64%	63%	60%	— — Target = 95%	s waiting no more than 4 hours (target 95% pm)
	any type 1, 2 or 3 emergency	Trust performance is monitored against the trajectory plan.	No. of ED				ED RVH and MIH two yea	
	department are		Attendances	15,963	16,026	15,318	discharged, or admitted, with	partments: patients treated & hin four hours of their arrival.
4.0	either treated and discharged home, or admitted, within four hours of their arrival in the department.	Table below shows the change in activity compared with the same period last year. ED Attendances April - February 2019 - change from last year Apr - Feb	Treatment Ca to December Each ED atten category rangi to Cat5 – least The table belo (Q1-Q3) of Tre	2017/18 to idee is ass ng from C t urgent. w is a com	b 2018/19 signed a tr at1 – mos	reatment of urgent analysis	0%	Oct Nov Dec Jan Feb Mar
		RBHSC 35,918 36,037 119 0.3%	Ar	or - Dec 2017	Apr -	Dec 2018		ting no more than 4 hours (72% target) ting no more than 4 hours (70% target)
		Trust Total 168,631 172,060 3,429 2.0%	Category M		MIH	RVH	- ← - MIH 2017/18 - Percentage wait	ing no more than 4 hours (80% target) ing no more than 4 hours (75% target)
			Cat 1-2 15.					
			Cat 3 44.					
			Cat 4-5 40.	370 31.39	42.0%	33.0%		
			Change since 20)17	MIH	RVH		
			Cat 1-2		-0.8%	0.6%		
			Cat 3		-1.8%	0.9%		
			Cat 4-5		2.3%	-1.8%		

TPR ref	Objectives / Goals for Improvement	Narrative	Perform	nance – :	3 months	S	Trend (rolling 12 months) Graph / Two year comparison
5.0	By March 2019, no patient attending any emergency department should wait longer than 12 hours of their arrival in the department.	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.	2018/19 ED Trust ED 12 hour breaches RVH tolerance RVH actual MIH tolerance MIH actual RBHSC actual Trust actual combined No. of ED Attendances % of 12 Hour Breaches	Dec 2018 79 211 46 50 0 261 15,963 1.6%	ance by s Jan 2019 79 538 46 156 1 695 16,026 4.3%	Feb 2019 79 709 46 218 1 928 15,318 6.1%	Emergency Department: Number of patients waiting more than 12 hours since their arrival. 2017/18 v 2018/19 928 900 817 800 700 600 368 299 250 263 243 261 230 300 299 250 263 243 261 230 301 100 31 14 22 104 105 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb — 2017/18 Trust Number of ED patients waiting more than 12 hours 2018/19 Trust Number of ED patients waiting more than 12 hours RVH and MIH Emergency Departments: Patients waiting more than 12 hours RVH and MIH Emergency Departments: Patients waiting more than 12 hours to be treated & discharged, or admitted RVH and MIH Emergency Departments: Patients waiting more than 12 hours to be treated & discharged, or admitted

ΓPR ref	Objectives / Goals for Improvement	Narrative	Performar	nce – 3	month	S	7	Frend (rolling 12 months) Graph / Two ye comparison
6.0	By March 2019, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.	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%).	CPD Standard Percentage of ED patients commenced treatment within 2 hours of triage	Dec 2018	Jan 2019 74%	Feb 2019 69%	100% 95% 90% 85% 80% 75% 65% 60%	ED: Percentage of patients to have commenced treatm following triage, within 2 hours. Target 80% 80% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb 2017/18 ED: Percentage of patients commenced treatment within 2 hours of triage 2018/19 ED: Percentage of patients commenced treatment within 2 hours of triage ————————————————————————————————————

	Trust Board	Performance Report	2018/19,	Section	n B -	- Servi	ice Delivery – February 2019
TPR	Objectives / Goals	Narrative		mance – :			Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
							Hip fracture - Year on year comparison
							Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95% 100%
			Trajectory Performance	Dec 2018	Jan 2019	Feb 2019	80%
		Trust cumulative position April to February 2018/19 =	Plan 2018/19	68%	68%	81%	60%
		81% This is a 4% improvement when	RVH actual	92%	84%	76%	40%
	By March 2019, 95%	compared to April to February		Dec	Jan	Feb	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
	of patients, where clinically appropriate,	2017/18.	Activity	2018		2019	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
7.0	wait no longer than	In the period April to February	Hip Fractures R	72 72	60	58	PIT: Hip fractures. Trajectory — — — CPD Target 2018/19 95%
	48 hours for inpatient	2018/19 there were 685 patients	< 48 hours Hip Fractures R)\/LI			Hip fractures - Latest 12 months activity
	treatment for hip	treated within 48 hours from a	> 48 hours	0	10	18	Total number of patients waiting by month for an Inpatient Hip fracture treatment, and those treated within 48 hours.
	fractures.	total of 850 hip fracture patients.	Hip Fractures R Total	78 78	70	76	125
		Trust Performance is monitored against the trajectory plan.					100
		Performance is ahead of plan in Jan 2019.	All post	operative	fracture	es	
		Jan 2019.	Activity	Dec 2018		Feb 2019	75
			Total ALL fractures requir inpatient treatm		232	215	50
			inputatin troutin		1		25
							0 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19
							── Hip Fractures RVH < 48 hours

TPR ref	Trust Board Objectives / Goals for Improvement	Narrative	t 2018/19, Se Performan				ce Delivery – February 2019 Trend (rolling 12 months) Graph / Two year comparison
8.0	By March 2019, all urgent diagnostic tests should be reported on within two days.	During February 2019, 83% of diagnostic test results were reported within 2 days.	CPD Standard Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	Dec 2018			Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100% 100% 40% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 Percentage of Urgent Diagnostic tests reported within 2 days — 2018/19 Percentage of Urgent Diagnostic tests reported within 2 days — Target = 100%
9.0	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.	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.	Standard Trust Trajectory 2018/19 Actual percentage of Urgent Breast Cancer referral patients seen within 14 days Total number of patients per month	Dec 2018 100% 100%	Jan 2019 100% 100%	Feb 2019 100% 100%	Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100% 350 300 250 300 40% 40% 40% 40% 40% 40% 40% 40% 40% 4

TDD							ice Delivery – February 2019	
TPR ref	Objectives / Goals for Improvement	Narrative	Performar	ice – 3	montn	S	Trend (rolling 12 months) Graph / Two year comparison	
10.0	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.	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.	Standard Trust Trajectory 2018/19 Percentage of Cancer patients receiving a first treatment within 31 days Total number of patients per month	Dec 2018 89% 87%	Jan 2019 88% 88%	Feb 2019 91% 95%	Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98% 100% 98% 550 450 450 450 450 450 450 450 450 450	
		Trust cumulative position	Standard	Dec 2018	Jan 2019	Feb 2019	Percentage of Cancer patients referred, receiving their first	
	During 2018/19, at	Trust cumulative position April 2018 to February 2019 = 52%.	April 2018 to February 2019 =	Trust Trajectory 2018/19	53%	54%	62%	treatment within 62 days. Target 95% 200 95% 150 pg 100% 150 pg 100 to
11.0	least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62	Performance of 50% is 12% below trajectory and 1% below April - February 2018 Cumulative position of 51%.	Percentage Cancer patients receiving a first treatment within 62 days	49%	50%	50%	Percentage Performance Percentage	
	days.	Trust performance is monitored against the trajectory plan.	Total number of *patients per month *includes Inter Trus whole numbers, no		149 ers (ITT	117 's) as	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar	

for Improvement	Narrative	Performar	ice – 3	months	S	Trend (rolling 12 months) Graph / Two year comparison
By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	The Trust is under delivering against the target. At the end of 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.	CPD Standard Total OP waiting Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment Patients waiting more than 9 weeks	Dec 2018 88,548 26%	Jan 2019 87,027 25%	Feb 2019 87,628 27%	Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointmental month end. Target 50% 100% 80% 40% 40% 40% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 Percentage of OP waiting no longer than 9 weeks — 2018/19 Percentage of OP waiting no longer than 9 weeks — - Target = 50% Outpatients waiting more than 9 weeks for first Outpatient appointment at month end 75,000 60,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 OP waiting > 9 weeks — - 2018/19 OP waiting > 9 weeks
	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient	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 for an outpatient appointment. 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	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 for an outpatient appointment. 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 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 CPD Standard Total OP waiting Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment Patients waiting more than 9	Dbjectives / Goals for Improvement 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 for an outpatient appointment. At the end of February 2018. At the end 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 The Trust is under delivering against the target. At the end of February 2019, against the target. At the end of February 2018. CPD Standard Total OP waiting Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment Patients waiting more than 9 65,531	Dec Improvement 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 for an outpatient appointment. 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 Total OP waiting 88,548 87,027 Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment Patients waiting more than 9 65,531 65,293	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 for an outpatient appointment. 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 Total OP waiting 88,548 87,027 87,628 Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment Patients waiting more than 9 65,531 65,293 64,271

TPR ref	Objectives / Goals for Improvement	Narrative	Perform	nance – :	3 month	S	Trend (rolling 12 months) Graph / Two yea comparison
		There are 30,778 patients waiting longer than 52 weeks at the end of February 2018/19.	CPD Standard	Dec 2018	Jan 2019	Feb 2019	Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0
		This is a decrease of 1,342 (4.2%) when compared to	Total OP waiting	88,548	87,027	87,628	32,928 32,500 31,882 31,806 32,179 32,202 32,010
13.0	By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.	February 2018. The specialties with the greatest number of outpatients waiting longer than 52 weeks are: • Trauma and Orthopaedics; • Ophthalmology;	Number of Patients waiting longer than 52 weeks for first OP Appointment	31,044	30,885	30,778	31,410 31,191 31,044 30,885 30,778 27,500
		ENT; and Neurology.	уфронинон				25,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan 2017/18 Number waiting more than 52 weeks for first appointment 2018/19 Number waiting more than 52 weeks for first appointment

	Trust Board	Performance Report	2018/19,	Sectio	n B –	Serv	ice Delivery – February 2019
TPR ref	Objectives / Goals	Narrative	Perfor	mance – 3	month	S	Trend (rolling 12 months) Graph / Two year
TPR ref				Nov 2018 5,290 2,575 Pasures only RI, CT, Nor OUS) and P rd Nov 2018 t 75% 46%	Dec 2018 5,517 2,866 / the follon-Obstetr	Jan 2019 5,784 2,314 owing ic	
			* CPD measure	es all diagn	ostics		20% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 Percentage waiting no longer than 9 weeks for Diagnostic test 2018/19 Percentage waiting no longer than 9 weeks for Diagnostic test
							— — Target = 75%

							ce Delivery – February 2019
TPR ref	Objectives / Goals for Improvement	Narrative	Performa	nce – 3	month	s	Trend (rolling 12 months) Graph / Two year comparison
Tei	Tor improvement	Trust performance is monitored against the trajectory plan. This is a projection of total numbers	- numbers > 26 weeks Plan > 26 weeks Actual > 26 weeks	018 2 395 343	Dec 2018 874	Jan 2019 872 239	Trajectory2018/19: Patients waiting longer than 26 weeks for a diagnostics test compared to plan 1,000 900 800 700 600 500 400 300 200
15.0	By March 2019, no patient waits longer than 26 weeks for a diagnostic test.	waiting > 26 weeks. The Trajectory is significantly ahead of plan at January 2019. There were 9,138 patients waiting in excess of 26 weeks	* Trajectory measu Diagnostics: MRI, Ultrasound (NOUS	CT, Non-	Obstetri	ic	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Trajectory 2018/19 - waiting > 26 weeks —Outturn 2018/19 - waiting > 26 weeks CPD: Number of patients waiting longer than 26
	diagnostic test.	for a diagnostic test in January 2019. This is a decrease of 758	CPD : Target	0	0	0	weeks for a Diagnostic test. Target = 0
		(8%) compared to 9,896 patients at the end of January 2018.	No of Patients waiting longer than 26 weeks for a Diagnostic test	9,206	8,024	9,138	8,000 6,000
			* CPD measures a	ıll diagno	stics		4,000 2,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
							→ 2018/19 Number waiting longer than 26 weeks for Diagnostic test

TPR	Trust Board Objectives / Goals	Performance Report	2018/19, S Performa				ce Delivery – February 2019 Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
16.0	By March 2019, 55% of patient should wait no longer than 13	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 200% of patients were	CPD Standard Patients waiting no	Dec 2018	Jan 2019	Feb 2019	Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55% 100% 80% 55% 40%
	weeks for inpatient / daycase treatment.	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).	longer than 13 weeks for an IPDC treatment	26%	25%	25%	20% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 Percentage waiting no longer than 13 weeks for IPDC treatment — 2018/19 Percentage waiting no longer than 13 weeks for IPDC treatment — — Target = 55%
		A total of 11,897 patients waited longer than 52 weeks for IPDC treatment at February 2019.					Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0 12,000 11,000
	By March 2019, no patient waits longer	This is a deterioration of 4,562 (62%) when compared to the	CPD Standard	Dec 2018	Jan 2019	Feb 2019	9,000 8,000 7,000
17.0	than 52 weeks for inpatient / daycase treatment.	same period last year (7,317). The main specialties with inpatients / daycases waiting longer than 52 weeks are: • Orthopaedics;	Patients waiting longer than 52 weeks for an IPDC treatment	11,488	11,733	11,897	6,000 5,000 4,000 3,000 2,000
		ENT;General Surgery;Ophthalmology; andUrology					0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 Number waiting longer than 52 weeks for IPDC treatment 2018/19 Number waiting longer than 52 weeks for IPDC treatment

	Trust Board	Performance Report	2018/19, Se	ction	1 B –	Servi	ce Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performar	nce – 3	months	3	Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
	-	Trust performance is monitored					
		against the trajectory plan.	Standard	Dec 2018	Jan 2019	Feb 2019	Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory. Target = 0.
		Performance is above trajectory target at the end of February	Trust Trajectory 2018/19	13	8	4	160
	By March 2019, no patient waits longer	2018/19. This is 121 behind trajectory, with 40 more people waiting in	Patients waiting longer than 9 weeks to access CAMHS	51	94	125	140
18.0	than 9 weeks to	excess of 9 weeks than the	Total waiting	476	534	597	80
	access child and adolescent mental	position at February 2018 of 85.					60
	health services	Reduced capacity as a result of recent vacancies has impacted	CAMHS Patients waiting > 9 weeks	Dec 2018	Jan 2019	Feb 2019	20
		on breach numbers.	PMHS Step 2	24	33	34	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Recruitment is on-going, however the reduced capacity	CAMHS Step 3	17	49	82	2017/18 Number waiting more than 9 weeks to access service
		will present a major challenge to	Regional Trauma	10	12	9	2018/19 Number waiting more than 9 weeks to access service
		the delivery of the trajectory plan	Total >9 weeks	51	94	125	Trust Trajectory 2018/19
		by March 2019.					
		Trust performance is monitored					
		against the trajectory plan.	Otan dand	Dec	Jan	Feb	
			Standard	2018	2019	2019	Number of patients waiting longer than 9 weeks to access Adult Mental Health services measured against Trust Trajectory. Target = 0.
		Performance is above trajectory target at the end of January	Trajectory 2018/19	56	34	17	900
40.0	By March 2019, no patient waits longer	This is a deterioration on the planned trajectory; however, it is	No. of patients waiting > 9 weeks to access Adult Mental Health services	148	205	146	800 700 600 500
19.0	than 9 weeks to	an improvement of 70 when	Total waiting	1098	1099	1130	400
	access adult mental health services.	compared to the position at February 2018.	- 3		, ,,,,		300
	Hoaiti sei vices.	As with the CAMHS service	Adult MH Patients waiting > 9 weeks	Dec 2018	Jan 2019	Feb 2019	200
		above recent vacancies have	Addiction	0	0	0	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		impacted on capacity and will	Primary Care MHT	112	178	117	2017/18 Number waiting more than 9 weeks to access service
		present a major challenge to	Other	38	27	29	2018/19 Number waiting more than 9 weeks to access service
		deliver of the trajectory plan by	Total Adult MH	148	205	146	Trust Trajectory 2018/19
		March 2019	<u> </u>				

TPR ref	Objectives / Goals for Improvement	Narrative	Performan				Trend (rolling 12 months) Graph / Two year comparison
20.0	By March 2019, no patient waits longer than nine weeks to access dementia services.	Trust performance is monitored against the 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.	Standard Trajectory 2018/19 Number of patients waiting longer than 9 weeks to access Dementia services Total waits	Dec 2018 40 21	Jan 2019 40 28	Feb 2019 40 31	Number of patients waiting longer than 9 weeks to access Dementia services. Comparison of performance against trajectory and 2017/18. Number of patients waiting longer than 9 weeks to access Dementia services. Comparison of performance against trajectory and 2017/18. Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 Number waiting more than 9 weeks to access service — 2018/19 Number waiting more than 9 weeks to access service
21.0	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).	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).	Standard Trajectory 2018/19 No. of patients waiting longer than 13 weeks Total waits Psychological Therapy breaches by area >13	Dec 2018 731 715 1257 Dec 2018	Jan 2019 749 739 1299 Jan 2019	Feb 2019 782 748 1282 Feb 2019	Number of patients waiting longer than 13 weeks to access Psychological Services. Comparison of performance against trajectory and 2017/18.
	morapioo (arry ago).	The Trajectory is in line with plan at the end of February 2019.	weeks Adult Health Psychology Psychosexual Adult MH Other	257 238 122 98	260 250 125 104	263 262 128 95	300 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

	Trust Board	Performance Report	t 2018/19, Se	ection	1 B –	Servi	ce Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performar	nce – 3	month	S	Trend (rolling 12 months) Graph / Two year
ref	for Improvement		h diaabilitiaa l	00016	, rm 00	ndition	comparison
CF	D. Outcome 5: Po	eopie, including those wit	n disabilities, i matters t			maitioi	ns, or who are frail, receive the care that
22.0	By March 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.	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.	CPD Standard Planned Target Number of clients / carers in receipt of Direct Payments	Dec 2018 756 787	Jan 2019 762 798	Feb 2019 767 797	Direct Payments in place for Carers and / or Clients at end of month. Target = 10% above 2018/19 outturn 703 plus circa 5.9pm 750 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 Direct Payments in place — 218/19 Direct Payments in place — 218/19 Direct Payments in place — Target 2018/19 = 773 by March 2019, circa 5.9pm above outturn
23.0	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	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).	CPD Standard Number of patients waiting more than 13 weeks from referral to AHP treatment The Trust now has the HSCB on capathe 6 AHP service gaps that exist wit these areas provide Recurrent resource have not yet been term non-recurrent made available in backlog.	acity and areas a hin the e. es to add identific tresoul	d demar and there elective dress the ed. In the	ition with nd within efore the services ese gaps ne short- ve been	Number of patients waiting more than 13 weeks for AHP treatment at month end. Target = 0 5,500 4,500 2,500 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 AHP patients waiting > 13 weeks 2018/19 AHP patients waiting > 13 weeks

	Trust Board	Performance Report	2018/19, Se	ection	B - \$	Servi	ce Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performa	nce – 3	months		Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
	-	Trust cumulative position April to February 2018/19 = 60%.					Percentage of Learning Disability patients discharged within 7days of being assessed as medically fit for discharge. Target 99%
	During 2018/19,	There were no Learning Disability patients discharged in February 2019.	CPD Standard Percentage of	Dec 2018	Jan 2019	Jan 2019	100% 99%
24.0	ensure that 99% of all learning disability discharges take place within 7 days	Between April and February 2018/19, there were:	patients discharged within 7 days	100%	*%	*%	60%
24.0	of the patient being assessed as medically fit for	12 people discharged within 7 days;6 patients discharged more than	Number of discharges within 7 days	2	0	0	20%
	discharge.	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	* % not applicable a in month	as no disc	harges o	ccurred	0% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 LD discharges < 7 days 2018/19 LD discharges < 7 days
		There was one patient discharged from Learning Disability (LD) services who was waiting more than 28 days					Learning Disability patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0
		in February 2019. There are 10 LD patients awaiting discharge	CPD Standard	Dec 2018	Jan 2019	Feb 2019	
	During 2018/19, No discharge takes more than 28 days	who are medically fit. This is a decrease of 6 compared to the position at February 2018 (16).	Number of patients discharged within 28 days	0	0	0	20
25.0	for learning disability patient assessed as medically fit for	Between April to February 2018/19 there were: • 4 LD patients discharged	Number of patients discharged more than 28 days	0	0	1	10
	discharge.	within 28 days compared to 27 in the same period last year; and •7 LD patients with a	Number of patients awaiting discharge more than 28 days	10	10	10	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar → 2017/18 LD Discharges awaiting discharge longer than 28 days
		completed discharge taking more than 28 days compared to 11 in the same period last year.					→ 2018/19 LD Discharges awaiting discharge longer than 28 days

	Trust Boar	d Performance Report	t 2018/19, Se	ction	B - \$	Servi	ce Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performan	ice – 3	months		Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
26.0	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.	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	CPD Standard Percentage of patients Discharged Within 7 days Number of discharges within 7 days	Dec 2018 89%	Jan 2019 100% 42	Feb 2019 96% 50	Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99% 95% 90% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/18 MH discharges > 7 days - Target = 99%
27.0	During 2018/19, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.	than 7 days. 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.	CPD Standard Number of patients discharged within 28 days Number of patients discharged more than 28 days Number of patients awaiting discharge more than 28 days	Dec 2018 53	Jan 2019 42 0	Jan 2019 50 2	Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge. Target = 0 10 8 6 4 2 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — 2017/18 MH awaiting discharge > 28 days — 2018/19 MH awaiting discharge > 28 days

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – Quarterly			٦	Trend (rolling 12 months) Graph / Two year comparison
		CPD: Outcon	ne 6: Suppo	rting tho	se who care f	or oth	hers
		Carers' Assessments are reported quarterly. The Trust				4,000	, a
	By March 2019, secure a 10% increase	continues to deliver high numbers of Carers' assessments.	CPD Standard	Target March 2019	Number of Carers Assessments	3,000) and on the contract of the c
	(based on 2017/18	assessments.	Q1 Jun 2018	943	855		a a a a a a a a a a a a a a a a a a a
8.0	figures) in the number of carers' assessments	From start of April to the end of	Q2 Sep 2018	1,874	1,712	2,000	1712
	offered to carers for all	September 2018 there were	Q3 Dec 2018	2,811		1,500	
	service users.	1,712 carers assessments compared to 1,798 in the first	Q4 Mar 2019	3,748		1,000	855
	Trust Target = 3,748	two quarters of 2017/18.	Target March 20 outturn	19 = 3,748,1	0% above 2017/18	500	
		2017/18 outturn was 3,407.				0	Q1 2018/19 Q2 2018/19 Q3 2018/19 Q4 2018/ ————————————————————————————————————

	Trust Board	Performance Report	t 2018/19, Se	ction	B –	Servi	ce Delivery – February 2019
TPR	Objectives / Goals	Narrative	Performance				Trend (rolling 12 months) Graph / Two year
ref	for Improvement	CPD: Outcome 7: Ensure	the custainahil	ity of	haaltk	h and s	comparison
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 Trust Trajectory 2018/19 Percentage of complex discharges within 48 hours Complex discharges measured against th	Dec 2018 60% 72% within	Jan 2019 64% 72%	Feb 2019 64% 72% ours are	Percentage of patients with complex needs being discharged from an acute hospital within 48 hours. Target 90%. Comparison against trejectory and 2017/18 actual. 90%. 80%. 80%. 2017/18 Complex discharges < 48 hours — 2018/19 Complex discharges < 48 hours — 2018/19 Trajectory target Daily state — Complex delays > 48 hours: February 2019 Belfast residents in Belfast Hospitals awaiting discharge to Belfast Belfast residents-complex delay waiting >48 hours-waiting in Belfast Hospitals- 1st - 28th February 2019 Belfast patients in other hospitals awaiting discharge to Belfast Belfast residents-Complex delays >48 hours-patients waiting outside Belfast Trust 1st - 28th February 2019

	Trust Board Performance Report 2018/19, Section B – Service Delivery – February 2019								
TPR	Objectives / Goals	Narrative	Performance – 3 months				Trend (rolling 12 months) Graph / Two year		
ref	for Improvement						Comparison Number of patients with complex needs with their		
30.0	By March 2019, ensure that no complex discharge taking more than 7 days.	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.	CPD Standard Number of	Dec 2018	Jan 2019	Feb 2019	discharge delayed more than 7 days. Target = 0		
			Complex Discharges taking more than 7 days	45	69	49	50		
			Cumulative Complex Discharges taking more than 7 days	489	558	607	O Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar		
							Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%		
	By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	Trust position at February 2019 is 96.6%. This is the slightly below the performance for February 2018 of 96.7%. Source web portal.	CPD Standard	Dec 2018	Jan 2019	Feb 2019	100% 100% 95%		
31.0			Percentage of Non-complex Discharges taking place within 6 hours	97%	97%	97%	90% 85% 80%		
		Belfast Trust Hospitals - Source Belfast Trust PAS.					75% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar ———————————————————————————————————		

TPR ref	Objectives / Goals for Improvement	Narrative	Performance	– 3 mon	ths	ice Delivery – February 2019 Trend (rolling 12 months) Graph / Two year comparison			
	By March 2019, to reduce the percentage of funded activity associated with elective care services that remains undelivered. Deling activity are founded 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.	Performance against pre	evious year	Feb-19				
						Comparison of Volumes April February 2018/19	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%	BHSCT Elective Core Activity Comparison of 2018/19 with 2017/18: Elective Care IPDC and New Outpatient Attendances			
			Outpatient – New			20,000			
			2017/18 April – Feb	114,295	155,724	16,000			
			2018/19 April – Feb	113,660	156,368	14,000			
22.0			Variance Apr – Feb 2017/18	-635	644	12,000			
32.0			% Variance Apr – Feb 2017/18	-0.56%	0.4%	8,000			
			Bartamana analisat alam at Esta 40			6,000			
			Performance agains	t pian at	Feb-19	2,000			
				Actual Volume	% Var from Plan	O Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb			
			Elective IPDC			——IPDC Activity 2018/19 ———- IPDC Activity 2017/18			
			HSCB selected specialties	50,052	+3.2%	OP New Activity 2018/19 OP New Activity 2017/18			
			All Specialties	82,605	+1.6%				
			Outpatient – New						
			HSCB selected specialties	113,660	+0.5%				
			All Specialties	156,368	+1.3%				

ΓPR ref	Objectives / Goals for Improvement	7				hs	Trend (rolling 12 months) Graph / Two year comparison		
		The Trust records activity for	Trust Endoscopy Cumulative	Dec 2018	Jan 2019	Feb 2019	BHSCT Endoscopy Core Activity Comparison of 2018/19 Cumulative Actual with Trajector 10,500		
	Endoscopy Core Activity Trajectory Plan is to achieve a core volume of 11,407 by end of March 2019.	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.	position Trajectory Plan 2018/19 - Cumulative	8,594	9,701	10,502	7,500 6,000		
2.1			Actual 2018/19	8,808	9,928	10,833	4,500		
			Variance	214	227	331	1,500		
			Percentage variance	+2%	+2%	+3%	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan		
			* Trajectory – Adult Endoscopy				Trajectory Plan 2018/19 - Cumulative Actual 2018/19 - Cu		

	Trust Board	l Performance Repor	ce Delivery – February 2019				
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months			S	Trend (rolling 12 months) Graph / Two year comparison
		CPD: Outo Trust cumulative position at January 2018/19 = 6.53%. The position shows a slight	CPD Standard	orting t	the HS	C work	comparison
33.0	absence levels by a regional average of 5% compared to 2017/18 figure. Trust 2018/19 target = 6.47%.	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%).	Trust Absence Rate monthly Trust Absence Rate Cum Average month to date	2018 7.02% 6.55%	2018 7.05% 6.60%	2019 6.98% 6.53%	Trust Cumulative percentage Absence Rate 2018/19