

Recommendations

TRUST BOARD SUBMISSION TEMPLATE

	SUBMISSION TEMPLATE			
MEETING		Ref No.	6.1	
DIRECTOR	Director of Planning, Performance and Informatics	Date 5	Septembe	er 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 report is presented in two sections - 1 and 2. In addition, the areas highlighted in section 2.			
	 Section 1 is Safety, Quality and Experience summa over a range of indicators. Section 2 is the summary of the Trust Performa against reported: DoH Commissioning Plan Direction 2019/20; and Performance Trajectories agreed be 	ance rep ons (CPI tween the	ort indication D) standard e BHSCT a	ng performance s and targets for nd HSCB.
	Objectives are measured against both CPD and trajectory	plan, ret		
	Key		TOTAL	
	RAG (Red, Amber, Green) rating	RAG	CPD	TRAJECTORY
	Target / tolerance not met RED Within target / tolerance (10%) AMBER		18 8	3
	Target met GREEN		5	10
	To be confirmed		3	
			34	16
	Of the 34 DoH CPD standards and targets reported 13 delivered, 3 are to be confirmed and 18 are not currently be HCAI – MRSA and C.Difficille HCAI – MRSA and C.Difficille ED patients treated, discharged or admitted within Hip Fractures 48 hours Diagnostic – tests reported within 2 days, 9 weeks Cancer Urgent 62 day pathway; OP percentage waiting no longer than 9 weeks; nutering in the patients waiting no longer than 13 weeks; nutering in the camera of the complex patient discharge – 48 hour and 7 days; In addition to the 34 CPD standards and targets above, the	eing deliv 4 hours and 26 v umber wa umber wa s; reatment	vered as hig and 12 hou weeks; uiting longer uiting longer	rs; than 52 weeks; than 52 weeks;
	as agreed with the HSCB in relation to 16 areas. Of the 16 trajectory plans monitored, 13 are being delivered.		·	, , ,
	are not currently being delivered. Targets not being delivered are listed below:		·	
	 ED patients treated, discharged or admitted within Diagnostics 9 weeks CAMHS 9 weeks 	4 hours	(RVH site);	

For Assurance.

Belfast Health and Social Care Trust

Performance Report

April 2019 – July 2019

Introduction

The Trust Performance Report for the period April 2019 – July 2019 is set out as follows: -.

Section 1 – Summary of Trust Performance on a key range of Safety, Quality & Experience indicators (see below)

Section 2 –Summary overview on the performance position to date against key DoH Commissioning Plan Direction (CPD) standards and targets, together with an update on Performance Trajectories submitted to HSCB for selected CPD target areas.

Appendix 1 – Service delivery – this section provides a detailed analysis of all of the targets included in Section 2, showing latest 3 months and 12-month trend graphs.

Section 1 – Safety, Quality & Experience Dashboard – July 2019

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									2018/19							
Mortality Indicators **	YTD Mar 2018	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avge	Trend
Crude Mortality % - non elective	3.4%	2.9%	3.3%	3.0%	3.7%	3.9%	3.2%	3.1%	3.6%	2.9%	3.0%	3.1%	3.2%	3.1%	3.5%	\\\
Risk Adjusted Mortality Index - non elective*	88	91	99	100				91						82	92	
Crude Mortality % - Hip fracture	1.9%	5.6%	8.5%	8.9%				5.9%						3.60%	5.10%	
Risk Adjusted Mortality Index - Hip fracture	74	121	47	52				86						65	89	<u> </u>
Crude Mortality % - MI Mortality	2.9%	3.5%	3.1%	4.1%				3.7%						4.5%	5.5%	~
Risk Adjusted Mortality Index - MI Mortality	66	85	94	100				87						62	85	
Crude Mortality % - Stroke Mortality	9.8%	12.0%	4.7%	5.3%				9.2%						9.5%	11.4%	
Risk Adjusted Mortality Index - Stroke Mortality	92	110	67	77	2001	2001	2201	91	200/	2201	200/	200/	2007	75	89	', '
Mortality - % of deaths recorded on MMRS system Note: Mortality data from August 2018 is only shown where coding	97% completene	99%	99%	99% le accurate	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%		/
Healthcare Associated Infection Indicators	YTD Mar 2018	Oct-18		Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Clostridium Difficile (tbc)	113	16	8	9	15	7	18	132	16	13	10	9	48	tbc	I cei Avg	\
2 Clostridium Difficile >72 hours	78	15	4	5	10	6	14	99	13	12	10	7	42	-		\
1 MRSA (tbc)	19	0	2	2	0	0	1	16	3	3	2	2	10	tbc		
2 MRSA >48 hours	9	0	1	1	0	0	1	8	1	3	2	2	8	-		\
	VTD							VTD								
Classic Safety Thermometer Indicators	YTD Mar 2018	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Number of Avoidable Pressure Ulcers (PU's)	123	5	12	12	10	16	10	130	5	5	8	n/a	18	10% reduction	1	\
Number of All PU's	335	25	36	36	31	27	39	383	24	16	32	n/a	72	tbc		\
VTE risk assessment Compliance %	95%	95%	95%	96%	96%	96%	95%	95%	96%	95%	96%	n/a	96%	95%		
Number of Falls	2236	151	161	158	188	155	159	1969	153	169	173	n/a	495	10% reduction		<u> </u>
Number of moderate/major/catastrophic falls	29	2	3	3	2	5	3	39	5	4	n/a	n/a	9	tbc		<u> </u>
Urinary Tract Infection (UTI) rate with catheter				in	developm	ent								tbc		
Other Safety Thermometer Indicators	YTD Mar 2018	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Cardiac Arrest rate %	1.09	0.99	1.21	0.58	2.14	1.40	1.85	1.22	2.14	1.32	0.86	1.77	1.52	1.37		
	YTD Mar		1.21					YTD Mar			0.00	1.77		1.01		
Medicines Indicators	2018	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Controlled Drugs - Compliance Audit (quarterly)	78%	90%			88%			86%	83%			n/a	83%	75%		/
Patient Experience	YTD Mar 2018	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Friends & Family score reported from Sept 18	2010	100%	99%	100%	100%	98%	100%	99%	97.5%	98.6%	n/a	n/a	110	96%	96%	Trend
Patient experience - average domain score (0-10)	89.6%	96.3%	95.8%	96.3%	95.8%	95.8%	95.8%	94.6%	96.1%	96.1%	n/a	n/a		tbc	tbc	,
Patient experience - average domain score (0-10)	09.0 /6	90.376	90.070	90.376	90.0 /0	90.676	90.0 /0	34.0 /6	90.176	90.176	IIIa	II/a		ibc	ibc	/
Childrens Community Indicators (from Aug)		Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	Apr-19	May-19	Jun-19	Jul-19	YTD	Target 20%	Peer Avg	Trend
Child protection - % of child protection referrals																
allocated within 24 hours of receipt of referral		100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	n/a	98%	100%	tbc	
																· \/
'Healthy Child, Healthy future' - % of new baby		93%	94%	95%	90%	92%	88%	93%	86%	85%	92%	89%	88%	95%	tbc	
reviews completed by Health visitors within 14 days		93%	94%	95%	90%	92%	88%	93%	86%	85%	92%	89%	88%	95%	tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered)																,
reviews completed by Health visitors within 14 days		93%	94% 78%	95% 78%	90%	92% 79%	88%	93% 78%	86%	85% 81%	92%	89% n/a	88%	95% 75%	tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E																_
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E			78%													Trend
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment)		82%	78%	78%	79%	79%	81%	78%	80%	81%	84%	n/a	82%	75% Target 20% 69% (Regional	tbc	Trend
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug)		82% Oct-18	78% Nov-18	78% Dec-18	79% Jan-19	79% Feb-19	81% Mar-19	78% YTD	80% Apr-19	81% May-19	84% Jun-19	n/a Jul-19	82% YTD	75% Target 20%	tbc	Trend
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month)		82% Oct-18 69%	78% Nov-18 70%	78% Dec-18 70%	79% Jan-19 70%	79% Feb-19 70%	81% Mar-19 70%	78% YTD 70%	80% Apr-19 70%	81% May-19 69%	84% Jun-19 69%	n/a Jul-19 n/a	82% YTD 70%	75% Target 20% 69% (Regional av'ge 2018/19)	tbc Peer Avg tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month) Mental Health Thermometer (in development)		82% Oct-18 69%	78% Nov-18	78% Dec-18 70%	79% Jan-19	79% Feb-19 70%	81% Mar-19 70%	78% YTD	80% Apr-19 70%	81% May-19	84% Jun-19	n/a Jul-19	82% YTD	75% Target 20% 69% (Regional	tbc Peer Avg tbc	Trend
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month) Mental Health Thermometer (in development) % of patients that have self-harmed in the last 72		82% Oct-18 69%	78% Nov-18 70%	78% Dec-18 70%	79% Jan-19 70%	79% Feb-19 70%	81% Mar-19 70%	78% YTD 70%	80% Apr-19 70%	81% May-19 69%	84% Jun-19 69%	n/a Jul-19 n/a	82% YTD 70%	75% Target 20% 69% (Regional av'ge 2018/19)	tbc Peer Avg tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators (from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month) Mental Health Thermometer (in development)		82% Oct-18 69%	78% Nov-18 70%	78% Dec-18 70%	79% Jan-19 70%	79% Feb-19 70%	81% Mar-19 70%	78% YTD 70%	80% Apr-19 70% Apr-19	81% May-19 69% May-19	Jun-19 69% Jun-19	n/a Jul-19 n/a Jul-19	82% YTD 70% YTD	75% Target 20% 69% (Regional av/ge 2018/19) Target 20% tbc	tbc Peer Avg tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month) Mental Health Thermometer (in development) % of patients that have self-harmed in the last 72 hours		82% Oct-18 69%	78% Nov-18 70%	78% Dec-18 Dec-18	79% Jan-19 70% Jan-19	79% Feb-19 70% Feb-19	81% Mar-19 70%	78% YTD 70%	80% Apr-19 70% Apr-19 Mental	81% May-19 69% May-19	34% Jun-19 69% Jun-19	n/a Jul-19 n/a Jul-19	82% YTD 70% YTD peing	75% Target 20% 69% (Regional av/ge 2018/19) Target 20%	tbc Peer Avg tbc	
reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Social Care Indicators(from Aug) Clients receiving care at home as a percentage of total clients receiving care (latest complete month) Mental Health Thermometer (in development) % of patients that have self-harmed in the last 72 hours % of patients that have been the subject of		82% Oct-18 69%	78% Nov-18 70%	78% Dec-18 Dec-18	79% Jan-19 70%	79% Feb-19 70% Feb-19	81% Mar-19 70%	78% YTD 70%	80% Apr-19 70% Apr-19 Mental	81% May-19 69% May-19	Jun-19 69% Jun-19	n/a Jul-19 n/a Jul-19	82% YTD 70% YTD peing	75% Target 20% 69% (Regional av/ge 2018/19) Target 20% tbc	tbc Peer Avg 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

**The Executive team has agreed additional investment in clinical coding staff which will, after appropriate training, allow more timely reporting of the full range of mortality indicators.

Section 2: Summary of Trust Performance against reported: DoH Commissioning Plan Directions (CPD) standards and targets for 2019/20; and Performance Trajectories submitted by BHSCT to HSCB.

SEC	TION 2 - TRUST PERFORMANCE REPORT - RAG SUMMARY	RAG STA	TUS - July 2019
CPD Ref	Outcome area	CPD	TRAJECTORY
1.0	HCAI - MRSA 19% reduction of episodes regionally	•	
2.0	HCAI - C.Difficile 19% reduction of episodes regionally	•	
3.0	GP OOH - Urgent calls 20 minute triage		
4.0	ED 4 hours - Trust - All sites. CPD target = 95%	•	
4.0	ED 4 hours - RVH. Trajectory Plan		•
4.0	ED 4 hours - MIH. Trajectory Plan		•
5.0	ED 12 hours - Trust - All sites. CPD target = 0	•	
6.0	ED triage < 2 hours	0	
7.0	Hip fractures < 48 hours. Trajectory Plan	•	•
8.0	Urgent diagnostics < 2 days	•	
9.0	Breast Cancer urgent patients < 14 days Trajectory Plan		•
10.0	Cancer urgent patients < 31 days Trajectory Plan	0	
11.0	Cancer urgent patients < 62 days Trajectory Plan	•	
12.0	Outpatients waiting > 9 weeks for first Appt	•	
13.0	Outpatients waiting > 52 weeks for first Appt	•	
14.0	Diagnostic test. Waiting > 9 weeks	•	•
15.0	Diagnostic test. Waiting > 26 weeks. Trajectory Plan	•	•
16.0	IPDC waiting no longer than 13 weeks for treatment	•	
17.0	IPDC waiting > 52 weeks for treatment	•	
18.0	CAMHS waiting > 9 weeks. Trajectory Plan	•	•
19.0	Adult MH waiting > 9 weeks. Trajectory Plan	0	•
20.0	Dementia waiting > 9 weeks. Trajectory Plan	0	
21.0	Psych Therapies waiting > 13 weeks. Trajectory Plan	•	
22.0	Direct payments (SDS) 10% increase		
23.0	AHP's waiting > 13 weeks	•	
24.0	LD discharges < 7 days	tbc	
25.0	LD discharges < 28 days	tbc	
26.0	MH discharges < 7 days		
27.0	MH discharges < 28 days	•	
28.0	Carers Assessments	tbc	
29.0	Complex Discharge < 48 hours. Trajectory Plan	•	
30.0	Complex Discharge > 7 days	•	
31.0	Non-Complex Discharge < 6 hours	•	
32.0	Funded activity - IPDC. CPD and Trajectory Plan		
32.0	Funded activity - OP New. CPD and Trajectory Plan		
32.1	Endoscopy core activity. Trajectory Plan	n/a	
33.0	Absence - Cumulative	0	

Key		TOTAL	.S
RAG (Red, Amber, Green) rating	RAG	CPD	TRAJECTORY
Target / tolerance not met RED		18	3
Within target / tolerance (10%) AMBER	0	8	3
Target met GREEN		5	10
To be confirmed		3	
		34	16

TPR ref	Objectives / Goals for Improvement	Narrative	Performan	ce – 3 ı	months	;	Trend (rolling 12 months) Graph / Two year comparison
	CPD: O	utcome 2: People using h	nealth and socia	l care	servi	ces ar	e safe from avoidable harm
1.0	Target number 2019/20 agreed as 12 By 31 March 2020, to secure a regional aggregate reduction of 19% in the total number of in-patient episodes of MRSA infection compared to 2018/19.	All cases of MRSA Target 2019/20 = 12 Outturn 2018/19 = 16 Outturn 2019/20 to = 10 date MRSA greater than 48 hours 2018/19 = 8 2019/20 to date = 8	CPD Standard Tolerance level MRSA incidents In-month MRSA incidents Cumulative MRSA tolerance Cumulative MRSA incidents > 48 hours Cumulative Performance of MRS is measured as >48		2 8 - 6	Jul 2019 2 10 - 8	Healthcare Associated Infections (HCAI) MRSA. Tolerance level 2019/20 = tbc 15 10 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 MRSA Actual Cumulative 2019/20 MRSA Actual Cumulative
2.0	Target number 2019/20 agreed as 110 By 31 March 2020, to secure a regional aggregate reduction of 19% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2018/19.	All cases of C-Difficile Target 2019/20 = 110 Outturn 2018/19 = 132 Outturn 2019/20 to = 48 date C-Diff greater than 72 hours 2018/19 = 99 2019/20 to date = 42	CPD Standard Tolerance level C.Diff incidents In-month C.Diff incidents Cumulative C.Diff tolerance Cumulative C.Diff incidents > 72 hours Cumulative Performance of Cengland is measured			Jul 2019 9 48 - 42	Healthcare Associated Infections (HCAI) C.Diff. Tolerance level 2019/20 = tbc 132/ 120 100 80 60 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb N 2018/19 C.Diff Actual Cumulative 2019/20 CDiff Actual Cumulative

TPR ref	Objectives / Goals for Improvement	Narrative		mance -			Trend (rolling 12 months) Graph / Two year comparison
CPD:	Outcome 4: Heal	th and social care service		ed on h use the		to mair	ntain or improve the quality of life of peop
			ODD	Mana	1		GP Out Of Hours (OOH). Target 95% Percentage of acute urgent calls triaged within 20 mins.
		There were 1,544 total Urgent calls from April to July 2019/20.	CPD Standard	May 2019	Jun 2019	Jul 2019	95%
		Of these 1,392 (90.2%) were responded to within 20 minutes, with 152 (9.8%) responded to outside of target.	GP OOH patients triaged within 20 minutes	92.1%	92.5%	86.6%	90% 85% 93% 87%
	By March 2020, to	The Trust performance each	Total urgent calls	404	360	335	
3.0	have 95% of acute / urgent calls to GP OOH triaged within 20 minutes.	month has consistently been between 89-93% with the exception of December 2018 (87%) and July 2019 (87%).	Urgent calls triaged within 20 mins	372	333	290	80% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb 2018/19 GP OOH: triaged within 20 minutes. 2019/20 GP OOH: triaged within 20 minutes
	20 minutes.		*Total ALL calls	10,621	10,310	9,245	GP Out Of Hours (OOH) Total Urgent Calls Comparison of 2018/19 with 2019/20.
		There were 41,658 total calls (urgent and non-urgent) from April to July 2019/20, compared to 41,753 for April to July 2018/198, a decrease of 95 calls (-0.2%).	* Total ALL calls within 60 minute 3 minutes) and u minutes).	s), emerge	ncy (respo	nse within	

TPR ref	Objectives / Goals for Improvement	Narrative	Perfor	mance -	- 3 montl	hs 	Trend (rolling 12 months) Graph / Two year comparison
			CPD target f	or Trust (or inform		ncluded	Trust combined - two year comparison of 4-hour performance
			Performance	May 2019	Jun 2019	Jul 2019	Emergency Department: Percentage of patients waiting more than 4 hours since their arrival. Target = 95%
		Trust cumulative position April to July 2019/20 = 62%.	CPD Standard	95%	95%	95%	80% -
		This represents a deterioration	RBHSC actual	82%	87%	89%	62% 64% 62% 62%
		of 5% when compared to the period April - July 2018/19	Trust Combined actual	61%	62%	62%	60%
	By March 2020, 95% of patients attending	(performance 67%). Trust performance is monitored	No. of ED Attendances	16,365	16,052	15,746	40% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Trust Percentage of ED patients waiting no more than 4 hours (target 95% pm) 2019/20 Trust Percentage of ED patients waiting no more than 4 hours (target 95% pm)
4.0	any type 1, 2 or 3 emergency department are either treated and discharged home, or	against the trajectory plan – Performance is behind plan. Table below shows the change	Monthly ED p		ormance a		ED RVH and MIH two year comparison RVH and MIH Emergency Departments: patients treated &
	admitted, within four hours of their arrival	in activity compared with the same period last year.	Trajectory Performance	May 2019	Jun 2019	Jul 2019	discharged, or admitted, within four hours of their arrival.
	in the department.	ED ATTENDANCES - GROWTH	RVH Plan 2019/20	62%	63%	61%	80% 69% 71%
		SITE Apr-July Apr-July change %	RVH actual MIH Plan	48%	47%	50%	68%
		RVH 32927 33330 403 1.2% MIH 16946 17407 461 2.7%	2019/20	73%	77%	76%	51% 48% 47% 50%
		RBHSC 12982 13656 674 5.2% TOTAL 62855 64393 1538 2.4%	MIH actual RVH & MIH	69% 66%	71% 68%	68% 66%	40% - Anr May Jun Jul Aug Sen Oct Nov Den Jan Feb Mar
		TOTAL 62833 04393 1338 2.4%	Plan 2019/20 RVH & MIH actual	56%	55%	56%	RVH 2018/19 - Percentage valiting no more than 4 hours RVH 2019/20 - Percentage valiting no more than 4 hours A = MIH 2018/19 - Percentage valiting no more than 4 hours A = MIH 2018/10 - Percentage valiting no more than 4 hours

TPR ref	Objectives / Goals for Improvement	Narrative	Perform	ance – :	3 months	s	Trend (rolling 12 months) Graph / Two year comparison
			CPD Target E	ED Perfor	mance b	y site Jul	Emergency Department: Number of patients waiting more than 12 hours since their arrival. 2018/19 v 2019/20 900 900 900 635 694 700 635 500 395 3068 300 298 247 259 243 260 228 25)
	By March 2020, no	Trust cumulative position April to July 2019/20 = 2,100	CPD Standard	2019	2019	2019	200
	patient attending any		CPD Target	0	0	0	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Ma
	emergency	This is an increase of 1125	RVH actual	399	476	344	 2018/19 Trust Number of ED patients waiting more than 12 hours 2019/20 Trust Number of ED patients waiting more than 12 hours
5.0	department should	(115%) when compared to the same period last year (975).	MIH actual RBHSC actual	109	86	51	
	wait longer than 12	same penod last year (373).		0	0	0	RVH and MIH Emergency Departments: Patients waiting
	hours of their arrival in the department.		Trust actual combined	508	562	395	more than 12 hours to be treated & discharged, or admitted
	-		No. of ED Attendances	16,365	16,052	15,746	600
			% of 12 Hour Breaches	3.1%	3.5%	2.5%	500
							300
							100
							Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb I
							RVH 2018/19 - People waiting more than 12 hours RVH 2019/20 - People waiting more than 12 hours

TPR ref	Objectives / Goals for Improvement	Narrative	Performar	nce – 3	month	S	Trend (rolling 12 months) Graph / Two year comparison
			CPD Standard	May 2019	Jun 2019	Jul 2019	ED: Percentage of patients to have commenced treatment, following triage, within 2 hours. Target 80%
6.0	By March 2020, at least 80% of ED patients to have commenced	Trust cumulative position April to July 2019/20 = 70.5%.	Percentage of ED patients commenced treatment within 2 hours of triage	71%	70%	70%	85%
	treatment, following	There is a deterioration in July 2019 of 3% when compared to	RVH triage	58%	56%	62%	70%
	triage, within 2 hours.	July 2018 (73.4%).	MIH triage	75%	76%	74%	65%
			RBHSC triage	89%	92%	93%	60% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Ma
			The analysis above differential performa ED departments				2018/19 ED: Percentage of patients commenced treatment within 2 hours of triage 2019/20 ED: Percentage of patients commenced treatment within 2 hours of triage Target = 80%

	Section 2	- Appendix 1- Trust P	erformance	e Rep	ort 201	19/20,	Service Delivery – July 2019
TPR	Objectives / Goals	Narrative	Perforn	nance –	3 month	S	Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
							Hip fracture – Performance against plan
			CPD Standard	95%	95%	95%	Percentage of patients waiting no longer than 48 hours for inpatient treatment for Hip fractures. Target 95%
			Outturn	74%	75%	69%	95%
			Trajectory Performance	May 2019	Jun 2019	Jul 2019	90% 85% 80%
		Trust cumulative position April to July 2019/20 = 69%	Plan 2019/20	77%	69%	72 %	75% 75% 74% 75%
	By March 2020, 95%	This is a 5% decrease when compared to April to July 2018/19 (74%).	RVH actual	74%*	75%	69%	65% 69% 69%
7.0	of patients, where clinically appropriate, wait no longer than	In the period April to July 2019/20 there were 252 patients treated	Activity	May 201		Jul 2019	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2019/20 Percentage of patients waiting less than 48 hours for inpatient treatment PIT: Hip fractures. Trajectory 2019/20 CPD Target 2018/19 95% 2018/19 Percentage of patients waiting less than 48 hours for inpatient treatment
	48 hours for inpatient treatment for hip	within 48 hours out of a total of 340 hip fracture patients.	Hip Fractures R\ treated within 48 hours		49*	54	Hip fractures - Latest 12 months activity Total number of patients waiting by month for an Inpatient Hip fracture treatment, and those treated within 48 hours.
	fractures.	Trust Performance is monitored against the trajectory plan.	Hip Fractures R\ treated outside 4 hours		16*	24	125
		Performance is slightly behind plan at July 2019.	Total Hip Fractures treated RVH	d 90 *	67*	78	75
			All nost-	onerativ	e fracture	ne .	
			-	May		Jul	50
			Activity	201		2019	25
			Total of ALL fractures requirir inpatient treatme			239	0 - Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19
			* Note: Revised to re	eflect updat	es in Fractu	res reports.	Hip Fractures RVH < 48 hours Hip Fractures RVH Total

TPR ref	Objectives / Goals for Improvement	Narrative	Performan	ce – 3	nonths	5	Trend (rolling 12 months) Graph / Two year comparison
8.0	By March 2020, all urgent diagnostic tests should be reported on within two days.	During July 2019, 80% of diagnostic test results were reported within 2 days. This is 1% below performance in July 2018/19. Target is not being achieved	CPD Standard Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken	May 2019 85%	Jun 2019 80%		Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken. Target 100% 100% 81% 80% 80% 80% 80% 80%
9.0	During 2019/20, all urgent suspected breast cancer referrals should be seen within 14 days.	Trust cumulative position April to July 2019/20 = 100%. Performance continues in line with trajectory and remains at 100%. Trust performance is monitored against the trajectory plan and remains at planned level.	CPD Standard Outturn Standard Trust Trajectory 2019/20 Actual percentage of Urgent Breast Cancer referral patients seen within 14 days Total number of patients seen month	100% 100% May 2019 100%	100% 100% Jun 2019 100%	100% 100% Jul 2019 100%	Percentage of Breast Cancer Urgent referrals seen within 14 days. Target 100% 350 300 300 300 300 300 300 300 300 30

	Section 2 -	- Appendix 1- Trust P	erformance F	Repoi	rt 201	9/20,	Service Delivery – July 2019
TPR	Objectives / Goals	Narrative	Performar	nce – 3	month	S	Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
		Trust cumulative performance	CPD Standard Outturn	98% 88%	98% 87%	98% 88%	Percentage of Cancer patients referred, receiving their first treatment within 31 days. Target 98%
	During 2019/20, at least 98% of patients	April to July 2019 is 88%. This is 2% below the cumulative performance for April to July	Standard	May 2019	Jun 2019	Jul 2019	John Justin John John John John John John John Joh
10.0	diagnosed with cancer should receive their first	2018/19. Trust performance is monitored	Trust Trajectory 2019/20	87%	89%	87%	Number of Patients
	definitive treatment within 31 days of a decision to treat.	against the trajectory plan Trust monthly performance for July was 88% and was 1%	Percentage of Cancer patients receiving a first treatment within 31 days	88%	87%	88%	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2019/20 % of Cancer patients receiving 1st treatment <= 31 days 2018/19 % of Cancer patients receiving 1st treatment <= 31 days
		ahead of trajectory	Total number of patients per month	281	233	274	Target = 98% Trust Trajectory 2019/20
			.CPD Standard	95%	95%	95%	
		Trust cumulative position	Outturn	34%	44%	38%	Percentage of Cancer patients referred, receiving their first treatment within 62 days. Target 95%
		April to July 2019/20 is 41%, which is 14% below the April to					treatment within 62 days. Target 95%
		July 2018/19 Cumulative position.	Standard	May 2019	Jun 2019	Jul 2019	o c
	During 2019/20, at least 95% of patients urgently referred with	Trust performance is monitored against the trajectory plan	Trust Trajectory 2019/20	51%	50%	32%	Number of Patients
11.0	a suspected cancer should begin their first definitive treatment within 62 days.	Trust monthly performance for July was 38% and was 6% ahead of trajectory	Percentage Cancer patients receiving a first treatment within 62 days	34%	44%	38%	34% 34% 34% O% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
			Total number of *patients per month	110	90	121	Target = 95% ■ Trust Trajectory 2019/20
			*includes Inter Trus whole numbers, no		ers (ITT	's) as	

	Section 2	- Appendix 1- Trust P	erformance F	Repo	rt 201	9/20,	Service Delivery – July 2019
TPR	Objectives / Goals	Narrative	Performance – 3 months				Trend (rolling 12 months) Graph / Two year
12.0	By March 2020, 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 July 2019, 26% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks. This is 1% less than the position at June 2018. At the end of July 2019, there were 73,484 outpatients waiting more than 9 weeks for a first appointment. This is an increase of 6,744 (10%) when compared to the July 2018/19 position. The specialties with the greatest number of outpatients waiting longer than 9 weeks include: • Ophthalmology; • Trauma and Orthopaedics; • ENT; • Dermatology; • Neurology; • Rynaecology, and • Rheumatology;	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	May 2019 96,534 26%	Jun 2019 97,768 26%	Jul 2019 98,981 26%	### Comparison Percentage of Outpatients waiting no longer than 9 weeks for first Outpatient appointmental month end. Target 50%

TPR ref	Objectives / Goals for Improvement		Perform	ance – 3	3 month	s	Trend (rolling 12 months) Graph / Two year comparison		
		There are 35,965 patients waiting longer than 52 weeks at the end of July 2018/19. This is an increase of 3,786 (12%)	CPD Standard	May 2019	Jun 2019	Jul 2019	Number of patients waiting for more than 52 weeks for first Outpatient appointment. Target = 0		
		when compared to July 2018/19 position.	Total OP waiting	96,534	97,768	98,981	37,500 35,965 35,000 34,606 35,301		
13.0	By March 2020, no patient waits longer than 52 weeks for an outpatient appointment.	The specialties with the greatest number of outpatients waiting longer than 52 weeks include: Ophthalmology; Trauma and Orthopaedics; Rheumatology; Neurology; and ENT.	Number of Patients waiting longer than 52 weeks for first OP Appointment	34,606	35,301	35,965	32,500 27,500 26,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb M —2018/19 Number waiting more than 52 weeks for first appointment —2019/20 Number waiting more than 52 weeks for first appointment		

TPR ref	Objectives / Goals	Narrative	Performa				Service Delivery – July 2019 Trend (rolling 12 months) Graph / Two year comparison
TPR ref		Narrative . At the end of July 2019/20, 41% of patients on Trust Diagnostic waiting lists for all diagnostic tests are waiting no longer than 9 weeks. This represents a decrease of 5% when compared with July 2018/19 performance of 46%. Trust performance is monitored against the trajectory plan for the four main diagnostic tests Trajectory performance is significantly behind plan at July. Additional non-recurrent capacity	CPD Standard CPD : Target % of Patients waiting no longer than 9 weeks for a Diagnostic test * CPD measures at Trajectory Performance - number > 9 weeks Trajectory Plan 2019/20 Outturn 2019/20 2,	May 2019 75% 45% All diagn May 019 683	Jun 2019 75% 40% 2019 2,996 3,311	Jul 2019 75% 41% Jul 2019 3,123 3,947	
		has been agreed which will impact from September onwards	* Trajectory measu Diagnostics: MRI, Ultrasound (NOUS	CT, Noi	n-Obsteti	ric	2,500 2,783 2,867 2,000 1,500 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar — • Trajectory 2019/20 - waiting > 9 weeks — Outturn 2019/20 - waiting > 9 weeks — Outturn 2018/19 - waiting > 9 weeks

	Section 2	- Appendix 1- Trust P	Performance R	Repo	rt 201	9/20,	Service Delivery – July 2019
TPR ref	Objectives / Goals for Improvement	Narrative	Performan	ce – 3	month	s	Trend (rolling 12 months) Graph / Two year comparison
ref	By March 2020, no patient waits longer than 26 weeks for a diagnostic test.	There were 10,210 patients waiting > 26 weeks for all diagnostic tests at July 2019/20. This is an increase of 690 (7%) compared to 9,520 patients >26 weeks at the end of July 2018/19. Trust performance is monitored against the trajectory plan for the four main diagnostic tests. The Trajectory is slightly behind plan at July 2019/20 See section 14.0 in relation to additional capacity.	CPD Standard CPD : Target No of Patients waiting longer than 26 weeks for a Diagnostic test * CPD measures all Trajectory Performance - numbers > 26 weeks Trajectory Plan 2019/20 Outturn 2019/20 * Trajectory measure Diagnostics: MRI, C Ultrasound (NOUS)	ay 19 2 2 es only	Jun 2019 380 488 the follo	Jul 2019 452 471 owing ic	CPD: Number of patients waiting longer than 26 weeks for a Diagnostic test. Target = 0 10,500 10,500 10,000 9,500 9,500 9,507 9,500 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Number waiting longer than 26 weeks for Diagnostic test 2019/20 Number waiting longer than 26 weeks for Diagnostic test 2019/20 Number waiting longer than 26 weeks for Diagnostic test Trajectory 2019/20: Patients waiting longer than 26 weeks for a diagnostics test compared to plan Trajectory 2019/20: Patients waiting longer than 26 weeks for a diagnostics test compared to plan 488 471 412 400 331 300 488 471 412 400 331 300 488 471 412 400 331 300 488 471 412 400 331 300 488 471 412 400 331 300 488 471 412 400 331 300 488 471 412 400 331 300 488 471 400 331 300 488 471 400 400 400 400 400 400 400 400 400 40
							0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

TPR ref	Objectives / Goals for Improvement	Narrative	Performar	nce – 3	month	S		Trend (rolling 12 months) Graph / Two year comparison
16.0	By March 2020, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.	At the end of July 2019/20, 24% of patients on Trust's IPDC waiting lists are waiting no longer than 13 weeks. This is a deterioration of 4% when compared to the position at July 2018/19, when 28% of patients were waiting no longer than 13 weeks. At July 2019/20 there were 29,718 patients waiting over 13 weeks — an increase of 2,425 (9%) when compared to the total patients waiting at July 2018 (27,293). The specialties with the largest volumes of inpatients / daycases waiting longer than 13 weeks include: • Orthopaedics; • Ophthalmology • ENT; • Urology; and • General Surgery	CPD Standard Patients waiting no longer than 13 weeks for an IPDC treatment Total Patients Waiting Total patient waiting >13 weeks	May 2019 25% 38,871 29,142	Jun 2019 24% 39,066 29,502	Jul 2019 24% 39,213 29,718	8 6 4 2	Percentage of Inpatient / Daycase patients waiting no longer than 13 weeks for treatment. Target 55% 26% 25% 24% 24% 24% 26% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 24% 24% 26% 25% 25% 25% 24% 24% 26% 25% 25% 25% 25% 24% 26% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25

TPR	Objectives / Goals	- Appendix 1- Trust P Narrative	erformance Perform				Service Delivery – July 2019 Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
		A total of 13,134 patients waited longer than 52 weeks for IPDC treatment at July 2019/20.	CPD Standard	May 2019	Jun 2019	Jul 2019	Number of patients waiting longer than 52 weeks for Inpatient / Daycase treatment. Target = 0 15,000 14,000 13,061
17.0	By March 2020, no patient waits longer than 52 weeks for inpatient / daycase treatment.	This is a deterioration of 4,227 (47%) when compared to the same period last year (8,907). The specialties with the largest numbers of inpatients / daycases waiting longer than 52 weeks include: • ENT; • Orthopaedics; • General Surgery;	Patients waiting longer than 52 weeks for an IPDC treatment	12,609	13,061	13,134	13,000 12,173 12,609 11,000 9,000 8,000
			Total Patients Waiting	38,871	39,066	39,213	7,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Number waiting longer than 52 weeks for IPDC treatment 2019/20 Number waiting longer than 52 weeks for IPDC treatment
		Urology; andOphthalmology.					20 19/20 Humber waiting ronger than 92 weeks for PDC freather.
			CPD Standard	0	0	0	
		Trust performance is monitored	Outturn	289	303	294	
		against the trajectory plan. Performance is behind trajectory	Standard	May 2019	Jun 2019	Jul 2019	Number of patients waiting longer than 9 weeks to access CAMH Services measured against Trust Trajectory and 2018/19 outturn. Target = 0.
		target at the end of July	Trust Trajectory 2019/20	136	124	112	320 303 294 303 294
18.0	By March 2020, no patient waits longer than 9 weeks to access child and	2019/20. The outturn 294 is 182 behind trajectory, with 237 more people waiting in excess of 9 weeks	Patients waiting longer than 9 weeks to access CAMHS	200	303	294	280 260 240 220 200 180
	adolescent mental	than the position at June	Total waiting	643	607	546	160
	health services	2018/19 of 57.					120
		Trust is not delivering the trajectory plan at July 2019. A	CAMHS Patients waiting > 9 weeks	0040	Jun 2019	Jul 2019	160 140 120 100 80 60 40 20
		significant increase in referrals	PMHS Step 2	84	85	69	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Number waiting more than 9 weeks to access service
		across the region, coupled with current vacancies, has resulted	CAMHS Step 3	198	213	224	2019/19 Number waiting more than 9 weeks to access service
		in increased waits.	Regional Trauma		5	1	-= Trust Trajectory 2019/20
			Total >9 weeks	289	303	294	

							Service Delivery – July 2019
TPR ref	Objectives / Goals for Improvement	Narrative	Performar	nce – 3	months	3	Trend (rolling 12 months) Graph / Two year comparison
	•						•
			CPD Standard	0	0	0	
			Outturn	22	20	16	Number of patients waiting longer than 9 weeks to access Adult
							Mental Health services compared to trajectory and 2018/19 outturn. CPD Target = 0.
		Trust performance is monitored	Standard	May 2019	Jun 2019	Jul 2019	250
		against the trajectory plan.	Trajectory 2019/20	112	112	110	200
19.0	By March 2020, no patient waits longer than 9 weeks to	Performance is ahead of trajectory target at the end of July 2019/20.	No. of patients waiting > 9 weeks to access Adult Mental Health	22	20	16	150
	access adult mental health services.	This is an improvement of 94 on	services	1070		070	\ \ /
	Ticaliti Sci vices.	the planned trajectory and an	Total waiting	1079	920	873	22 20 16
		improvement of 64 when compared to the position at July2018/19.	Adult MH Patients waiting > 9 weeks	May 2019	Jun 2019	Jul 2019	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Number waiting more than 9 weeks to access service 2019/20 Number waiting more than 9 weeks to access service
			Addiction	0	0	0	CPD Target = 0 Trust Trajectory 2019/20
			Primary Care MHT	22	16	12	
			Other	0	4	4	
			Total Adult MH	22	20	16	
			CPD Standard	0	0	0	
			Outturn	16	6	22	Number of patients waiting longer than 9 weeks to access Dementia services compared to trajectory and 2018/19 outturn.
							80 CPD Target = 0.
		Trust performance is monitored	Standard	May 2019	Jun 2019	Jul 2019	70
	By March 2020, no	against the trajectory plan. The outturn of 22 breaches is	Trajectory 2019/20	29	20	33	50
20.0	patient waits longer than nine weeks to access dementia services.	ahead of planned trajectory and an improvement of 11 when compared to the July 2018/19 position of 33 patients waiting >9 weeks.	Number of patients waiting longer than 9 weeks to access Dementia services	16	6	22	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2018/19 Number waiting more than 9 weeks to access service 2019/20 Number waiting more than 9 weeks to access service
			Total waits	193	196	221	• Target = 0 Trust Trajectory 2019/20

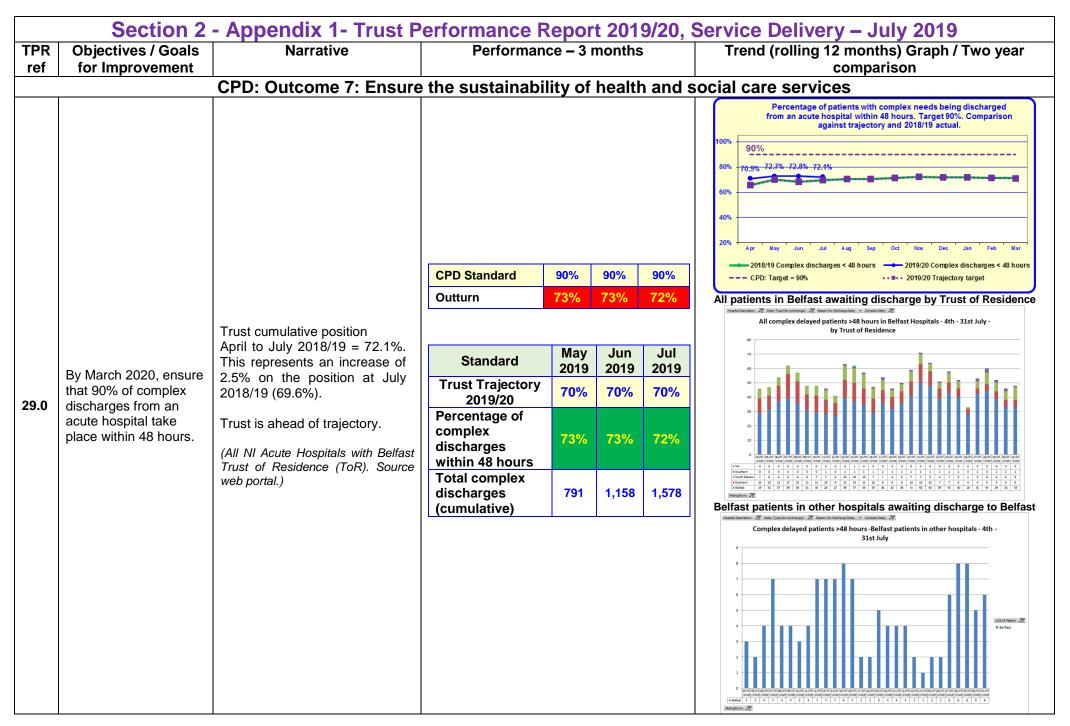
TPR ref	Objectives / Goals for Improvement		Performan				Service Delivery – July 2019 Trend (rolling 12 months) Graph / Two year comparison	
			CPD Standard Outturn	746	767	0 810	Number of patients waiting longer than 13 weeks to access Psychological Services compared to trajectory and 2018/19 outturn. CPD Target = 0.	
		Trust performance is monitored	Standard	May 2019	Jun 2019	Jul 2019	900	
	By March 2020, no patient waits longer than 13 weeks to access psychological therapies (any age).	against the trajectory plan. The position of 810 breaches is a deterioration of 119 (15%) when compared to the same period last year (691). The most significant challenges to achieving the 13 week target fall within Adult Health Psychology and Psychosexual	Trajectory 2019/20	767	794	827	800	
			No. of patients waiting longer than 13 weeks	746	767	810	700 746 767	
21.0			Total waits	1283	1361	1385		
			Psychological Therapy breaches by area >13 weeks	May 2019	Jun 2019	Jul 2019	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb	
		Services which together account for 564 (68%) of all breaches in	Adult Health Psychology	301	239	229	 2019/20 Number waiting more than 9 weeks to access service Trust Trajectory 2019/20 CPD Target = 0 	
		July 2019/20.	Psychosexual	141	312	325	2018/19 Number waiting more than 9 weeks to access service	
			Adult MH	141	141	149		
			Other	62	75	107]	
			Total	746	767	810]	

	Section 2	- Appendix 1- Trust P	erformance Report 2019/20, Service Delivery – July 2019
TPR	Objectives / Goals	Narrative	Performance – 3 months Trend (rolling 12 months) Graph / Two year
ref	for Improvement		comparison
CF	D: Outcome 5: Po	eopie, including those wit	h disabilities, long term conditions, or who are frail, receive the care that matters to them
22.0	By March 2020, secure a 10% increase in the number of direct payments (DPs) to all service users, based on 2018/19 outturn.	Trust cumulative position at July 2019/20 = 836. This is an increase of 109 (15%) when compared to the same period last year (727).	CPD Standard May 2019 2019 2019 2019 Planned Target 821 828 835 Number of clients / carers in receipt of Direct Payments 824 828 836 Direct Payments 824 828 836 Direct Payments 824 828 836 Payments 825 Payments 826 Payments 826 Payments 827 Payments Paym
			2018/19 Direct Payments in place 2019/20 Direct Payments in place 2019/20 = 889 by March 2020, (10% above outturn)
			CPD Standard May 2019 2019 2019 Number of patients waiting more than 13 weeks for AHP treatment at month end. Target = 0
23.0	By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health	The performance at the end of July 2019/20 of 1,712 represents an improvement of 63% (2,921) when compared to the same period last year (4,633).	Number of patients waiting more than 13 weeks from referral to AHP treatment 1,599 1,726 1,712 1,712 1,712 1,712
	professional.		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 receiving a service provision.

TPR ref	Objectives / Goals for Improvement	Narrative	Performa	nce – 3	month	S	Trend (rolling 12 months) Graph / Two year comparison
24.0	During 2019/20, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge.	There were no Learning Disability patients discharged in July 2019/20. A number of Belfast patients remain in hospital > 7 days awaiting discharge	CPD Standard Percentage of patients discharged within 7 days Number of discharges within 7 days * % not applicable in month	May 2019 - 0 when no	Jun 2019 100% 1	Jul 2019 - 0	Learning Disability patients discharged within 7days of being assessed as medically fit for discharge. 10 8 6 4 2 Apr May Jun Jul Aug Sep Oct Nov Des Jan Feb May
25.0	During 2019/20, ensure that no discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.	There were no patients discharged from Learning Disability (LD) services who were waiting more than 28 days in July 2019. A number of Belfast patients remain in hospital awaiting discharge >28 days	CPD Standard Number of patients discharged within 28 days Number of patients discharged more than 28 days	May 2019 0			Learning Disability patients discharged within 28 days of assessment as being medically fit for discharge. 4 2 4 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb May 2019/20 Patients discharged within 28 days — 2019/20 Patients discharged within 28 days

	Section 2	? - Appendix 1- Trust P	erformance F	Repo	rt 201	9/20,	Service Delivery – July 2019
TPR	Objectives / Goals	Narrative Narrative	Performar	ce – 3	months	S	Trend (rolling 12 months) Graph / Two year
ref	for Improvement						comparison
		Trust cumulative position April to July 2019/20 = 99%. This is 3% higher than 2018/19. The July 2019/20 outturn of 100% is 20% of the staff lab. 2019/20		Man	•	11	Percentage of Mental Health patients discharged within 7 days of being assessed as medically fit for discharge. Target 99% 100% 100% 98% 97%
	During 2019/20, ensure that 99% of	is 2% above that of July 2018/19.	CPD Standard	May 2019	Jun 2019	Jul 2019	95%
26.0	all mental health discharges take place within seven days of the patient	Between April and July 2019/20: 162 patients were discharged within 7 days. 2 patients were discharged	Percentage of patients Discharged Within 7 days	100%	97%	100%	90%
	being assessed as medically fit for discharge.	taking more than 7 days. Between April and July 2018/19:	Number of discharges within 7 days	52	37	26	85% Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		 174 patients were discharged within 7 days. 7 patients were discharged taking more than 7 days. 					2018/19 MH discharges > 7 days 2019/20 MH discharges > 7 days Target = 99%
		No patient discharge from Mental Health (MH) services took more than 28 days in July 2019/20. There are 11 MH		May	Jun	Jul	
		patients >28 days awaiting discharge who are medically fit.	CPD Standard	2019	2019	2019	Mental Health patients awaiting discharge more than 28 days from being assessed as medically fit for discharge.Target = 0
	During 2019/20, No discharge takes	This is 6 more than the position at July 2018/19. Between April and July 2019/20	Number of patients discharged within 28 days	52	37	26	14 12 10 10
27.0	more than 28 days for mental health patients assessed as medically fit for discharge.	there were: • 163 MH patients discharged within 28 days; and • 1 MH patient with a completed discharge taking more than 28	Number of patients discharged more than 28 days	0	0	0	8 7 4 4 2
	discriarge.	days. Between April and July 2018/19 there were: • 175 MH patients discharged	Number of patients awaiting discharge more than 28 days	7	11	11	Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 20 18/19 M H awaiting discharge > 28 days 20 19/20 M H awaiting discharge > 28 days
		within 28 days; and • 6 MH patients with a completed discharge taking more than 28 days.					

	Section 2	- Appendix 1- Trust	Performan	ce Rep	ort 2019/20,		ice Delivery – July 2019		
TPR	Objectives / Goals	Narrative	Perfor	rmance – (Quarterly	Trend (rolling 12 months) Graph / Two year			
ref	for Improvement						comparison		
		CPD: Outcon	for oth	ers					
							Number of Carers Assessments (Quarterly). Target by March 2019 = 3,748 (10% increase on 2017/18 outturn of 3,407)		
	By March 2020,	Carers' Assessments are reported quarterly in arrears. The Trust continues to deliver	CPD Standard	Target March 2019	Number of Carers Assessments	3,700	3,715		
	secure a 10% increase	high numbers of Carers'	Q1 Jun 2018	943	855	2,700	2,011		
28.0	(based on 2018/19 figures) in the number	assessments.	Q2 Sep 2018	1,874	1,712		2296		
20.0	of carers' assessments	From April - March 2018/19	Q3 Dec 2018	2,811	2,296	2,200	1,874		
	offered to carers for all	3,099 carers assessments	Q4 Mar 2019	3,748	3,099	1,700	17/2		
	service users. Trust Target = 3,409	were offered compared to 3,407 in 2017/18.	Target March 20 outturn Q1 data not yet a		0% above 2018/19	700	937 855 Q1 2018/19 Q2 2018/19 Q3 2018/19 Q4 2018/19 — Cumulative No. of Carer Assessments offered — Cumulative planned No. of Carer Assessments offered		



TPR ref	Objectives / Goals for Improvement	Narrative	Performar	nce – 3	month	S	Trend (rolling 12 months) Graph / Two year comparison	
			CPD Standard	May 2019	Jun 2019	Jul 2019	Number of patients with complex needs with their discharge delayed more than 7 days. Target = 0	
	By March 2020, ensure that no complex discharge taking more than 7 days.	Trust cumulative position April to July 2019/20 = 196. This is an improvement of 49 when compared to the same period last year (245). All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.	Number of Complex Discharges taking more than 7 days	49	39	59	75 59 59	
80.0			Cumulative Complex Discharges taking more than 7 days	98	137	196	25 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar	
			Total complex discharges (cumulative)	791	1,158	1,578	2018/19 Complex discharges taking more than 7 days. 2019/20 Complex discharges taking more than 7 days.	
							Percentage of patients with non-complex needs being discharged from an acute hospital within 6 hours. Target = 100%	
31.0	By March 2020, ensure that all non-complex discharges from an acute hospital take place within 6 hours.	Trust position at July 2019/20 is 96.9%. This is the slightly above the performance for July 2018/19 of 96.8%. Source web portal.	CPD Standard	May 2019	Jun 2019	Jul 2019	100% 96.9% 97.0% 96.9% 96.9%	
			Percentage of Non-complex Discharges taking place within 6 hours	97.0%	96.9%	96.9%	90%	
		Belfast Trust Hospitals - Source Belfast Trust PAS.					Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb M	

TPR ref	Objectives / Goals for Improvement	Narrative	Perfor	mance -	· 3 mont	hs	Trend (rolling 12 months) Graph / Two year comparison
32.0	By March 2020, 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 close to CPD target and delivering trajectory plan for IPDC activity at July 2019. Delivery of Elective Core New Outpatients (NOP) activity: Trust is delivering CPD target and trajectory plan for NOP activity at July 2019.	All Specialties Core Elective F Performa All Specialties	Actual 2018/19 20 Elective IF 30,346 3(Outpatient - 55,234 5t Performance a nce against p Actual Pla Volume Elective IF 30,089 2t Outpatient - County III 30,089 2t Outpatient - County III 30,089 2t	Dusy Par July J	y 2019 % Var -0.8% 0.8% ory plan 19 % Var from Plan 3.2%	BHSCT Elective Core Activity Comparison of 2019/20 with 2018/19: Elective Care IPDC and New Outpatient Attendances 18,000 14,000 13,358 14,358 14,358 14,358 14,358 7234 6,000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Ma — IPDC Activity 2019/20 — OP New Activity 2019/20 — OP New Activity 2019/19
		The Trust presents activity for	Trust Endoscopy Cumulative position	May 2019	Jun 2019	Jul 2019	BHSCTEndoscopy Core Activity Comparison of 2018/19 Cumulative Actual with Trajectory Plan 12,000 10,500
	Endoscopy Core	endoscopy cumulatively. The outturn from April to July	Trajectory - in-month Plan	950	1,197	766	7,500
32.1	Activity - Trajectory Plan - to achieve a core volume of 11,591	2019/20 is 3,795 - 6 (+0.1%) above the planned trajectory of 3,789	Trajectory – Cumulative Plan	1,826	3,023	3,789	4,500
	by end of March 2020.	Trust performance is monitored	Actual Outturn	1,846	3,120	3,795	3,000 - 3,120 - 3,795 - 3,195
		against the agreed trajectory, and is on plan.	Variance	+20	+97	+6	805 Apr May Jun Jul Aug Sep Oct Nov Deo Jan Feb Ma
		and to on plant	Percentage variance	+1%	+3%	+0.1%	- ■ • Trajectory Plan 2019/20 - Cumulative

	Section 2	- Appendix 1- Trust F	Performance	Repo	rt 201	19/20, \$	Service Delivery – July 2019
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months			S	Trend (rolling 12 months) Graph / Two year comparison
	l	CPD: Outo	come 8: Suppo	orting t	he HS	C workf	force
33.0	By March 2020, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure. Trust 2019/20 target = 6.47%.	Trust cumulative position at July 2019/20 = 6.61%. The position shows a slight deterioration in the cumulative position to the end of June 2019/20 of 0.47% when compared to July 2018/19 of 6.14%. The in-month position of 6.62% at July 2019/20 shows a slight deterioration of 0.29% on July 2018/19 (6.33%).	CPD Standard Trust Absence Rate monthly Trust Absence Rate Cum Average month to date	May 2019 6.38%	Jun 2019 6.59% 6.56%	Jul 2019 6.62% 6.61%	Trust Monthly percentage Absence Rate 2019/20 compared with 2017/18. Target 2019/20 = 6.47% 7.50% 6.50% 6.56% 6.56% 6.59% 6.62% 6.50% 6.47% 6.38% 6.00% Trust Cumulative percentage Absence Rate 2019/20 compared with 2017/18. Target 2019/20 = 6.47% 7.00% 6.56%