Belfast Health and Social Care Trust
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TRUST BOARD

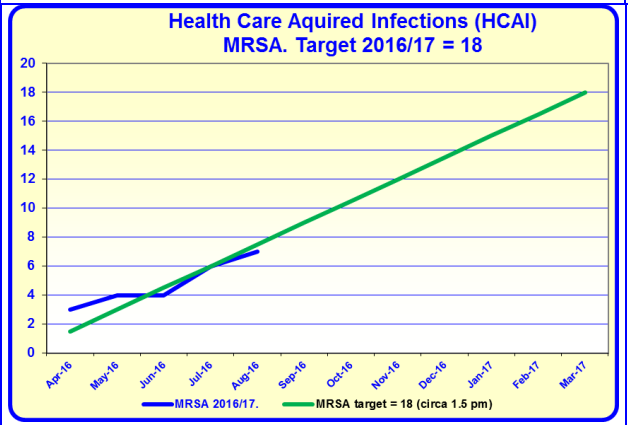
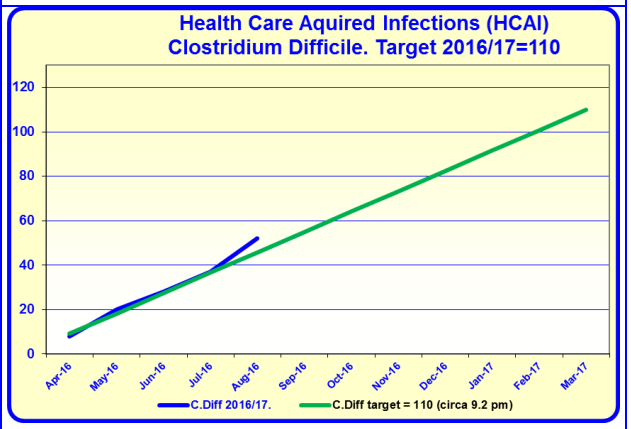
SUBMISSION TEMPLATE

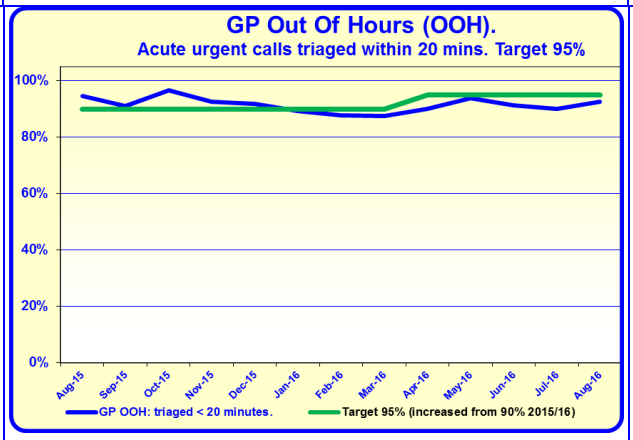
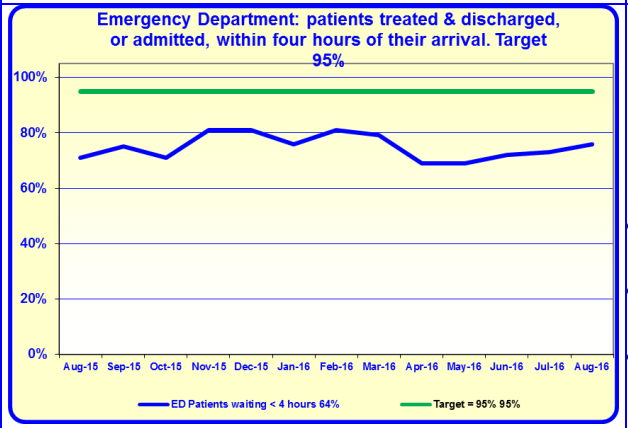
MEETING	**Trust Board**	**Ref No.**
DIRECTOR	**Shane Devlin, Director of Planning, Performance and Informatics**	**Date 6th October 2016**
Trust Performance Report		
Purpose	• **For Approval**	
Corporate Objective	• *For information/assurance*	
Key areas for consideration	The Trust Board Summary Performance Report to the end of August is attached. The report outlines Trust Performance against key Commissioning Directions Plan objectives / goals for improvement for 2016/17. In terms of the delivery against the objectives / goals outlined, the Trust is delivering or is expected to substantially deliver the improvement target / goal in 14 areas. The following are currently not being achieved or are at substantial risk of achievement:	

	• Unscheduled Care: A&E, (<4 hour and < 12 hour) • Outpatients: Waiting Times (< 9 weeks and < 52 weeks max waiting time) • Diagnostic: Waiting Times (< 9 weeks and 26 weeks max waiting time) • Inpatient and Daycase: Waiting Times (< 13 weeks and < 52 weeks max waiting time) • 13 Cancer Services (urgent breast cancer <14 days; and 95% percent 62 days pathways) • Mental Health Outpatient – Waiting Times (<9 weeks Adult Mental Health; and < 13 weeks Psychological Therapies) • Discharges: Learning Disability (< 7days and < 28 days) • AHP: Waiting Times (< 13 weeks) • Hospital Cancelled Outpatient Appointments (20% reduction) • Complex Discharges (< 48 hours and < 7days) Further details in relation to the objectives / goals are set out on the attached. N.B. Details in relation to Trust delivery against other Commissioning Directions Plan objectives / goals not reported on at the end of August will be updated in future reports.
Recommendations	For Assurance.

BHSCT – Trust Performance Report 2016/17 – August 2016
Commissioning Direction Plan Targets 2016/17

Report to the end of August 2016 where data not available to the end of August, the most up to date data is included

TDP RAG	Aug RAG	Description	Current position	Trend	Comment
	1.1	**Healthcare Associated Infections (HCAI)** The Trust 2016/17 target for MRSA bacteraemias has been confirmed as 18 cases to end of March 2017.	**Cumulative April to August = 7 (target 8 of 18)** The incidence of MRSA bacteraemias at the end of August 2016 is within target at 7. The target is 8 at the end of August 2016.		HCAIs are discussed at weekly meetings with the Chief Executive Dr McBride and include the Director of Nursing Brenda Creaney and Medical Director Dr Cathy Jack with Directors for Unscheduled Care and Acute Services, Surgery and Specialist Services and Adult Social and Primary Care. A new 'Plan on a Page' with an associated walkround tool was developed in March 2016 and is being used by all Directorates. Directorates report back to the HCAI improvement team meetings monthly. A special workshop in 'Safetember' will reflect on the progress to date and refocus on some of the priorities for the next 6 months. Internal audit are undertaking a review of IPC in October 2016. MRSA bacteraemias - Work continues on Aseptic Non-Touch Technique training and assessment. Clostridium difficile infection (CDI) - Work continues to embed good stewardship of antimicrobial prescribing.
	1.2	**Healthcare Associated Infections (HCAIs)** The Trust 2016/17 target for *Clostridium difficile* infection (CDI) has been confirmed as 110 cases to end of March 2017.	**Cumulative April to August =** **52 (target 46 of 110)** The incidence of CDI at the end of August 2016 is 52 which is 6 above target. The target pro-rata is 46 at the end of August 2016.		

TDP RAG	Aug RAG	Description	Current position	Trend	Comment
	2.0	**GP OOH** From April 2016, 95% of acute/ urgent calls to GP OOH should be triaged within 20 minutes.	**Cumulative April to August = 92%.** The target has increased from 90% in 2015/16 to 95% in 2016/17. The Trust has delivered at 90% and above from April 2016.		The Trust continues to work with HSCB on GP OOH targets including the 20 minute triage target.
	3.1	**Unscheduled Care ED access – 4 hours** From April 2016, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.	**Cumulative April to August = 72%.** The Trust continues to deliver below target, but a gradual improvement tr end from April is indicated.		A detailed improvement plan and resilience plan to support improvement is in place. The Trust is aiming to deliver • 10% improvement in winter baseline against 4 hour standard • 95% = 4 hour standard for category 4 & 5 patients • 30% improvement in 12 hour waits

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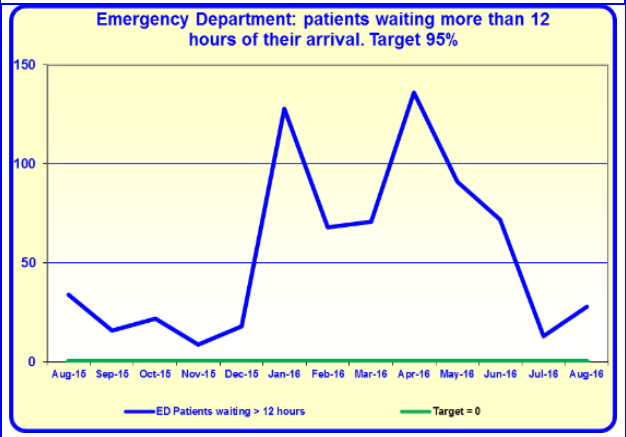
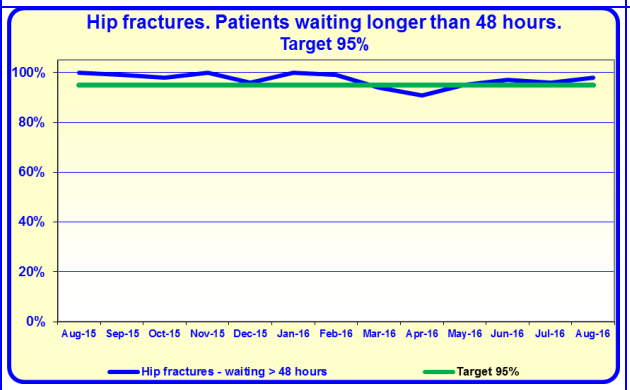
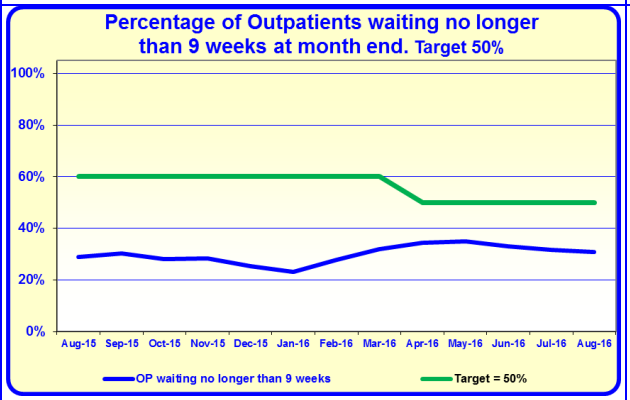
	3.2	**Unscheduled Care ED access – 12 hours** From April 2016, no patient attending any emergency department should wait longer than 12 hours.	**Cumulative April to August = 340.** The Trust continues to under deliver against the 12 hour wait target. However, an improvement is demonstrated from April 2016.		
	5.0	**Hip Fractures** From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	**Cumulative April to August = 95%.** The Trust has consistently delivered the 95% target of inpatient treatment within 2 days.		The Trust expects to deliver to the target consistently in 2016/17.
	7.1	**Outpatients access** By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment	The Outpatient access target has been reduced from 60% in 2015/16 to 50% for 2016/17. At the end of August 31% of patients on Trust waiting lists were waiting no longer than 9 weeks for a first outpatient appointment.		There has been limited additional elective access funding from April 2016. Delivery of the target remains a challenge.

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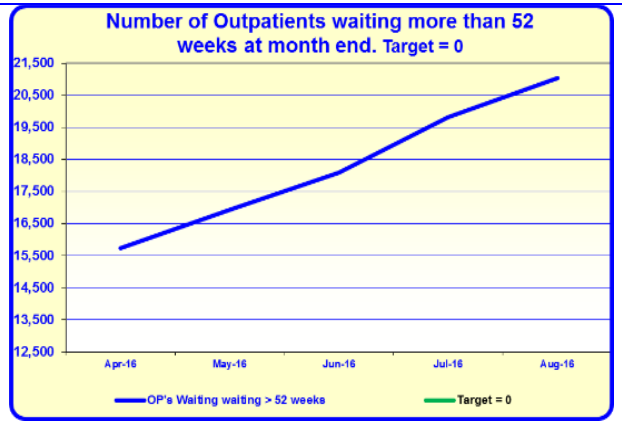
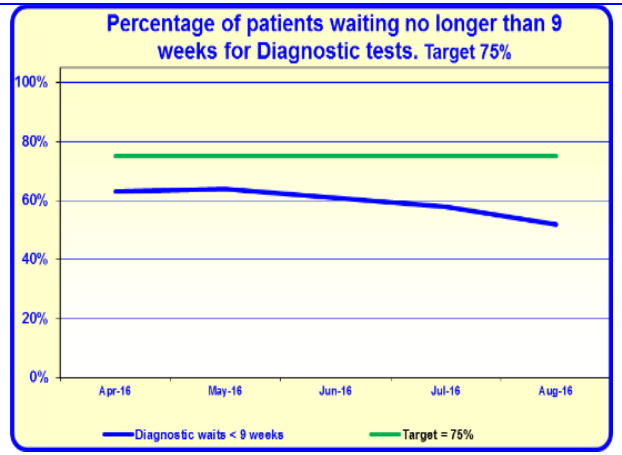
	7.2	**Outpatients access** By March 2017, no patient waits longer than 52 weeks for an outpatient appointment.	Target revised from patients waiting in excess of 26 weeks to patients waiting in excess of 52 weeks. The Trust number of patients waiting in excess of 52 weeks continues to increase each month since April 2016. At the end of August there were 21,041 patients waiting for Outpatient treatment in excess of 52 weeks.		At the end of August 2016, a number of acute specialties have patients recorded as waiting longer than 52 weeks. These include: Pain, Dental, ENT, Immunology, Neurology, Ophthalmology, Orthopaedics, Rheumatology, Urology and Vascular.
	8.1	**Diagnostics access** By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test. Tests included are: *MRI; Cardiac MRI; CT; Ultrasound; Barium Enema; Dexa scans; Radio-nuclide; Audiology; ECHO; MPI; Neurophysiology; Sleep Studies; Urodynamics; Imaging; Cardiology; Neurophysiology; and Respiratory Physiology.*	The Trust is under delivering against the 75% target. At the end August, 52% of patients on the waiting list for tests were waiting less than 9 weeks.		Non-recurrent funding is being made available to help reduce waiting times. The Trust is also in discussion with the HSCB regarding MRI, CT and USS recurrent investment.

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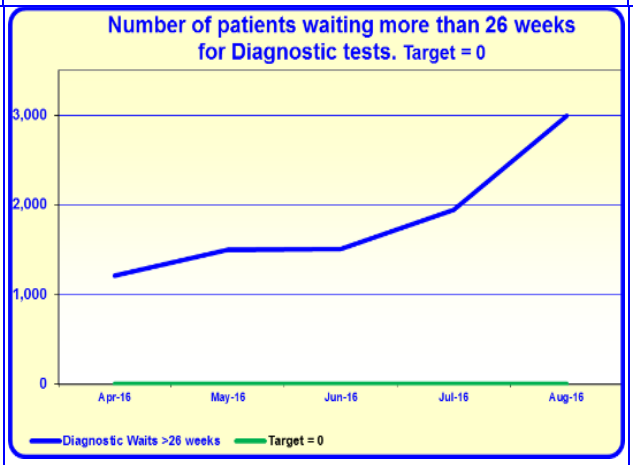
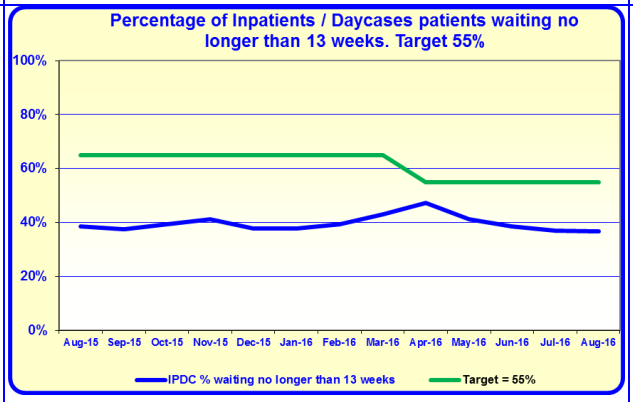
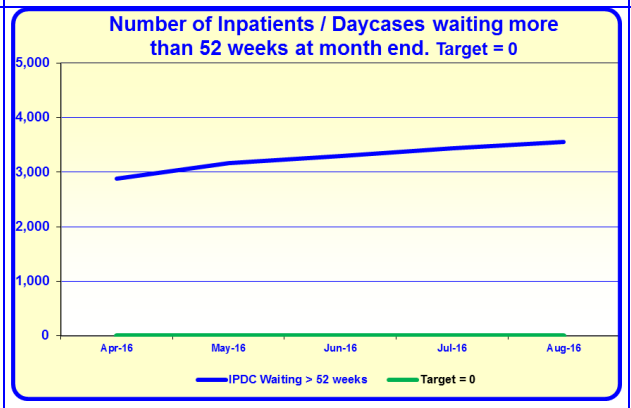
	8.2	**Diagnostics access** By March 2017, no patient waits longer than 26 weeks for a diagnostic test.	The Trust is under delivering against the 26 week target. At the end of August, 2995 patients were on the waiting list over 26 weeks.		While some additional funding for diagnostics is being provided, there continues to be inadequate capacity to achieve a 26 week waiting time in the following diagnostic areas: MRI; CT scans; Ultrasound; Radio-nuclide; PET; ECHO; MPI; Neurophysiology.
	9.1	**Inpatients / Day Case access** By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.	**Cumulative April to August = 60%.** The target has been reduced from 65% in 2015/16 to 55% in 2016/17. 37% of patients are waiting no longer than 13 weeks at the end of August 2016.		With limited funding for additional capacity, delivery of the target will be challenging in 2016/17.
	9.2	**Inpatients / Day Case access** By March 2017, no patient waits longer than 52 weeks weeks for inpatient / daycase treatment.	The Trust continues to under deliver against the 52 week target.		At the end of August 2016, a number of acute specialties have patients recorded as waiting longer than 52 weeks. These include: Pain, Breast Surgery, ENT, Dermatology, General Surgery, Orthopaedics, Plastics, Urology and Vascular.

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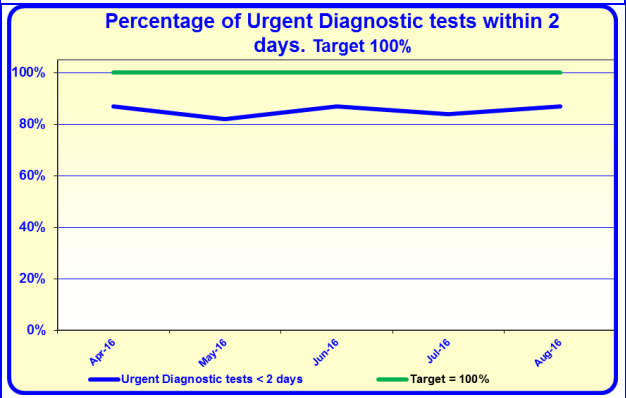
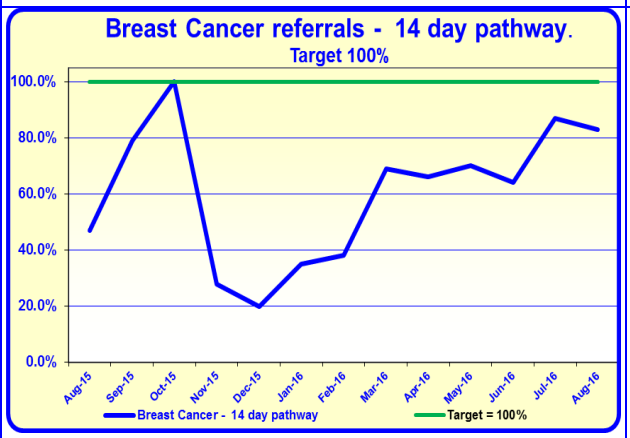
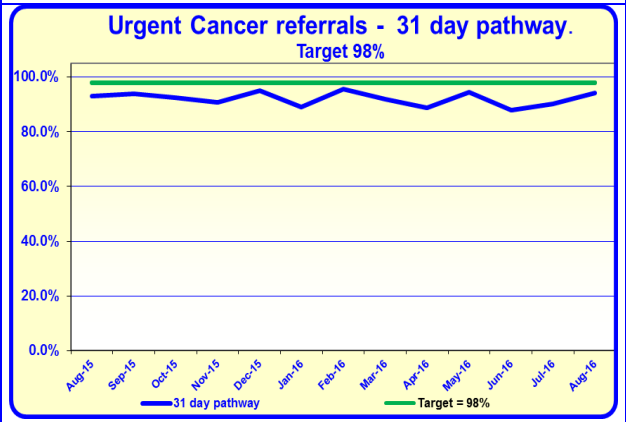
	10.0	**Diagnostic Reporting** From April 2016, all urgent diagnostic tests should be reported on within two days.	The Trust continues to under deliver against the 2 day target. At the end of July 2016, 84% of patients were receiving their urgent diagnostic tests within 2 days.		Meeting the urgent reporting turnaround of 48 hours remains a challenge in all areas due to the use of waiting list initiatives, availability of 7 day reporting and specialist areas (MPI). The Trust will aim to deliver as close to 100% as possible. The Trust will monitor performance against those areas which are under 100% to investigate what changes in process can be made.
	11.1	**Cancer access** From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days.	**Cumulative April to August = 74%.** The Trust is not meeting the target, however, is increasing its response to the target.		The breast service is running at full one stop capacity and performance in September has been consistently between 90-100%. Breast cancer awareness month takes place in October of each year which normally leads to an increase in referrals. However, the implementation of the 4th one stop clinic should lead to more resilience in the performance than in previous years.
	11.2	**Cancer access** From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	**Cumulative April to August = 91%.** The Trust continues to perform well against 98% target on the 31 day urgent care cancer pathway, and is consistently within 90%. The Trust is delivering 94% in August.		Urology surgical and brachy capacity continue to be the main challenges on the 31 day pathway. Weekly and monthly meetings are held to identify any improvements that can be made.

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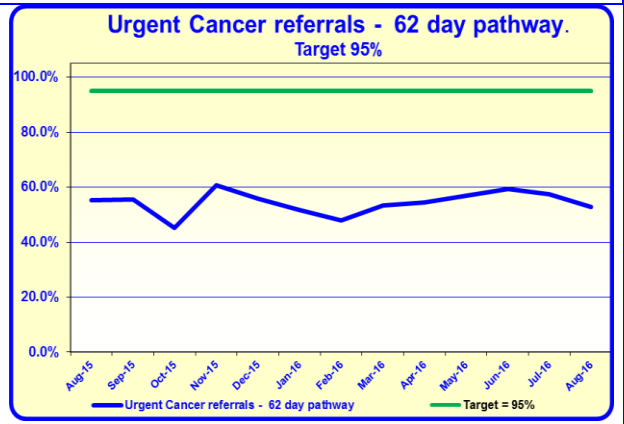
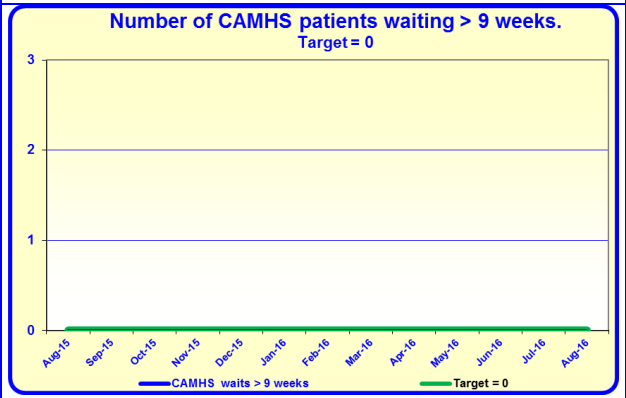
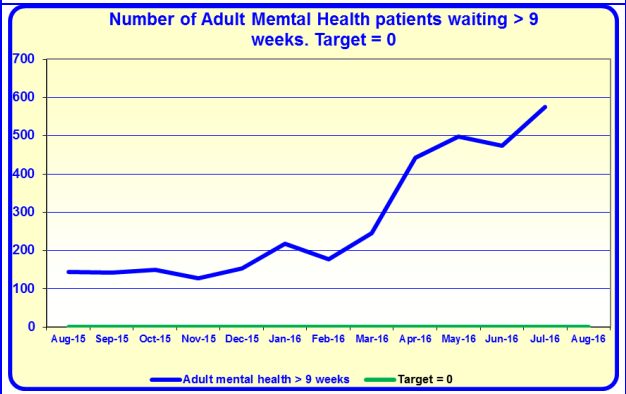
	11.3	**Cancer access** From April 2016 at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	**Cumulative April to August = 54%.** The Trust continues to under deliver against 95% on the 62 urgent care cancer pathway, delivering 53% in August.		Improvement groups have been set up in urology and OG and action plans developed. Lead cancer team meetings with a focus on skin and head and neck cancers have been organised for October and November to identify areas for improvement. Additional CT Colonography capacity has been put in place which should lead to improvements in colorectal performance. PET demand continues to be a challenge and the team are exploring options to make best use of capacity.
	12.1	**Mental Health access** From April 2016, no patient waits longer than: nine weeks to access child and adolescent mental health services.	The Trust consistently delivers against this target. There have been no patients waiting more than 9 weeks for CAMHs services.		Achieving the target.
	12.2	**Mental Health access** From April 2016, no patient waits longer than: nine weeks to access adult mental health services.	The Trust continues to under deliver against the 9 week target for patients to access Adult Mental Health services.		A plan involving restructuring has been agreed in order to meet the target by April 2017. Waiting list initiatives have been undertaken to address numbers waiting for service outside the target. A waiting list initiative was carried out in June and a second initiative is planned for October. The Trust is introducing the Envoy text alert system to help reduce DNA rates. The Trust plans a new assessment centre model for all referrals to be implemented by April 2017.

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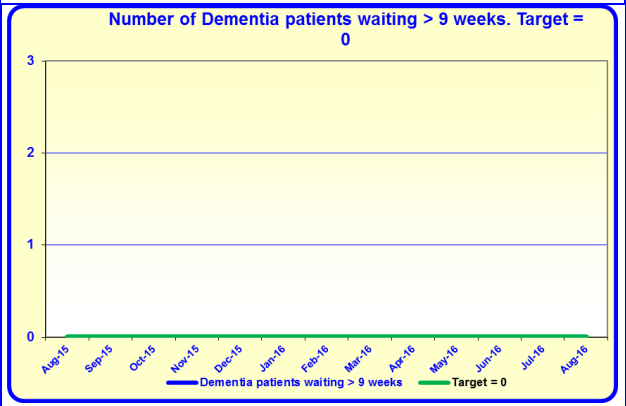
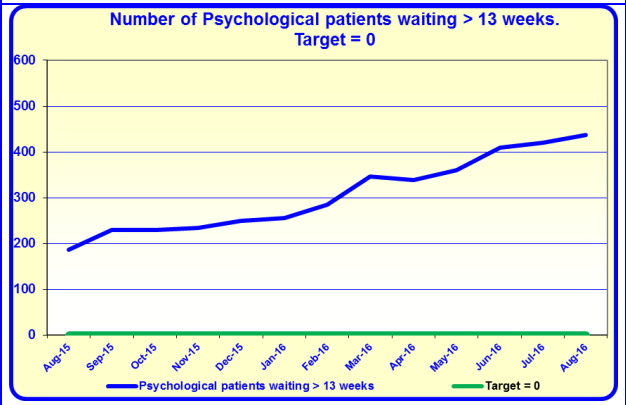
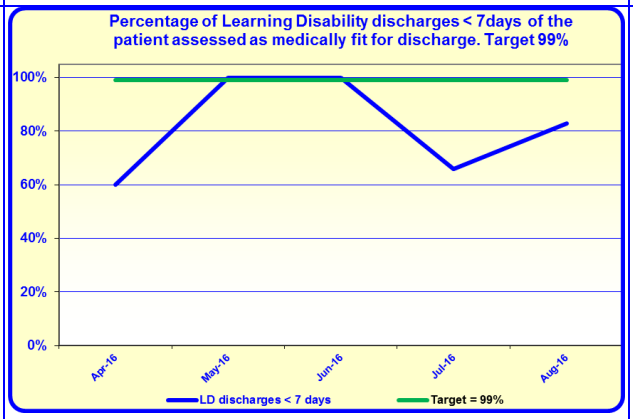
	12.3	**Mental Health access** From April 2016, no patient waits longer than: nine weeks to access dementia services.	The Trust consistently delivers against this target.		Achieving the target.
	12.4	**Mental Health access** From April 2016, no patient waits longer than: 13 weeks to access psychological therapies (any age).	The Trust continues to under deliver against the 9 week target for patients to access Psychological Therapy services.		The Trust model has been adopted regionally and Primary Care Talking Therapy hubs have been fully implemented across Belfast. The Trust is experiencing demand from service users and GPs of 50% over agreed / funded contracted levels. The Trust is engaging with the HSCB and LCG to discuss capacity issues which impact on Psychological Therapies targets across all programmes of care.
	13.1	**Discharges** From April 2016, ensure that 99% of all Learning Disability discharges take place within seven days of the patient being assessed as medically fit for discharge.	**Cumulative April to July = 77%.** The Trust continues to under deliver against 99% target with 66% in July 2016.		The volume of discharged patients exceeding the 7 day target is 15 Learning Disability patients at the end of August 2016. The complexity of care arrangements required for patients can take longer than 7 days to put in place. The lack of Supporting People funding is impacting on both Learning Disability and Mental Health discharges. The Trust is currently preparing a strategic outline case for the HSCB for the modernisation of

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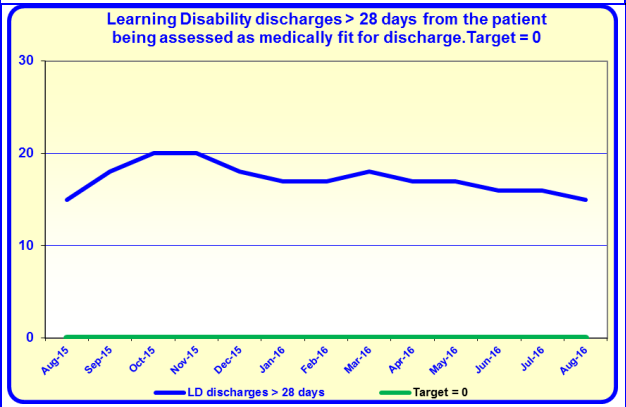
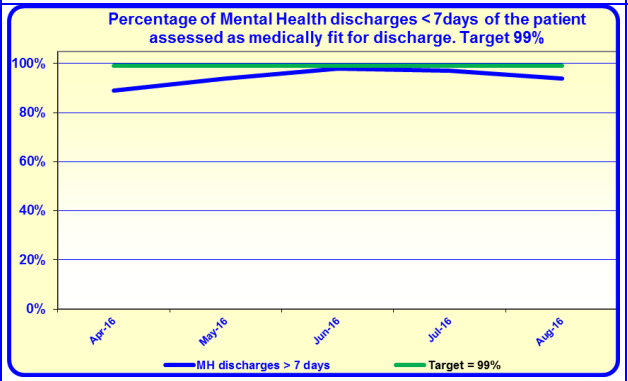
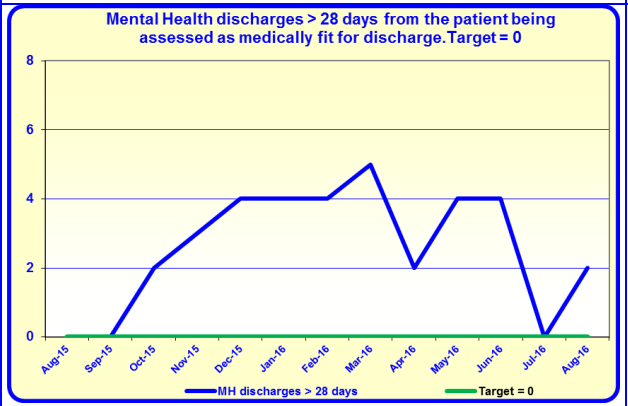
	13.2	**Discharges** From April 2016, ensure that no Learning Disability discharge taking more than 28 days.	At the end of August 2016 there were 15 patients who were ready to be discharged, waiting more than 28 days. The Trust continues to under deliver against the target.		Muckamore Abbey Hospital which to accommodate and support those Learning Disability patients in the community who are currently delayed in hospital.
	13.3	**Discharges** From April 2016, ensure that 99% of all Mental Health discharges take place within seven days of the patient being assessed as medically fit for discharge.	**Cumulative April to July = 94%.** The Trust continues to perform well against this target. The Trust delivered 97% in July with the Cumulative only 5% below target.		The target is being substantially achieved.
	13.4	**Discharges** From April 2016, ensure that no Mental Health discharge taking more than 28 days.	At the end of August 2016, 2 patients who were ready for discharge were waiting more than 28 days.		The lack of Supporting People funding is impacting on Mental Health discharges.

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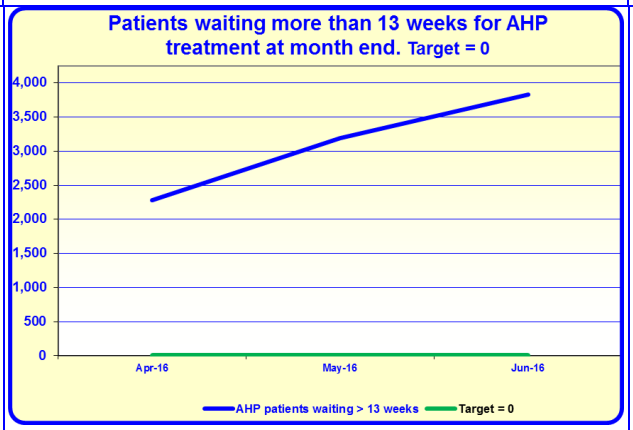
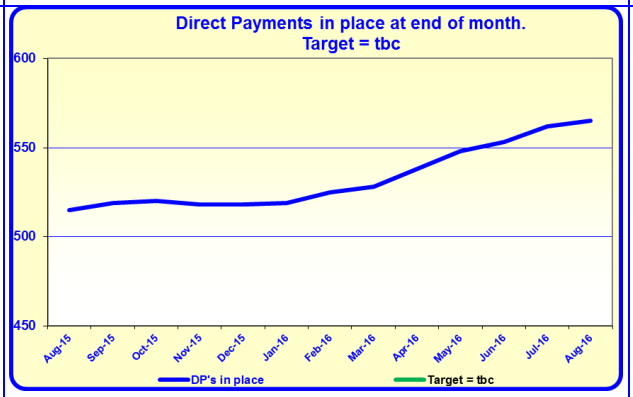
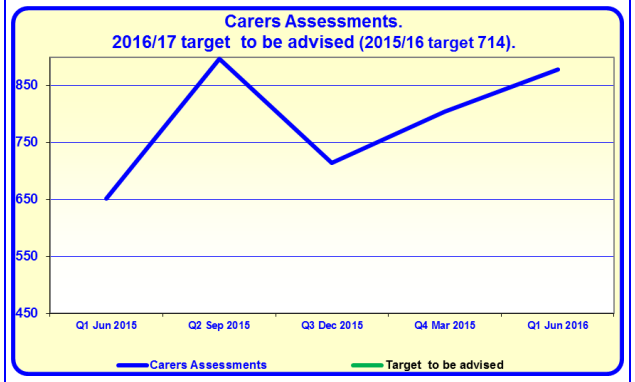
	14.0	**AHPs** By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	The Trust continues to under deliver against this target at June 2016. There were 1888 excess waiters in Physiotherapy and 1191 in Speech and Language therapy services. The remaining 751 excess waiters were split across Dietetics, Occupational Therapy, Orthoptics and Podiatry Services.		The Trust expects to substantially deliver against the target in Podiatry. Additional capacity / resources will be required in the other AHP services to facilitate delivery.
	15.0	**Direct Payments** By March 2017, secure a 10% increase in the number of direct payments to all service users.	The Trust continues to increase the uptake of Direct Payments. At the end of July 2016 there were 562 people in receipt of Direct Payments. The target against this remains to be confirmed.		The Trust expects to deliver the target.
	16.0	**Carers' Assessments** By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	The Trust continues to deliver high numbers of Carers' assessments. The 2016/17 target is still to be advised, however the Trust exceeded the target for 2015/16 for the last 3 quarters of 2015/16.		The Trust expects to deliver the target.

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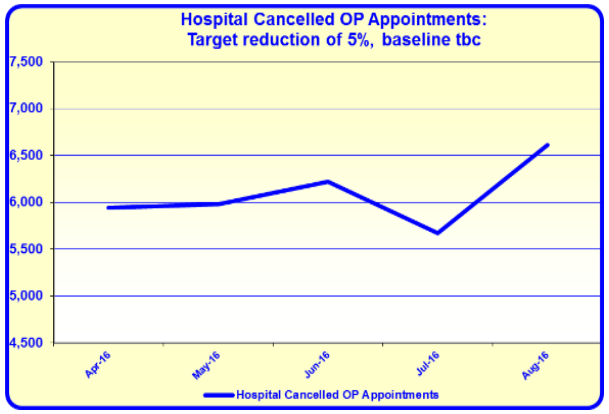
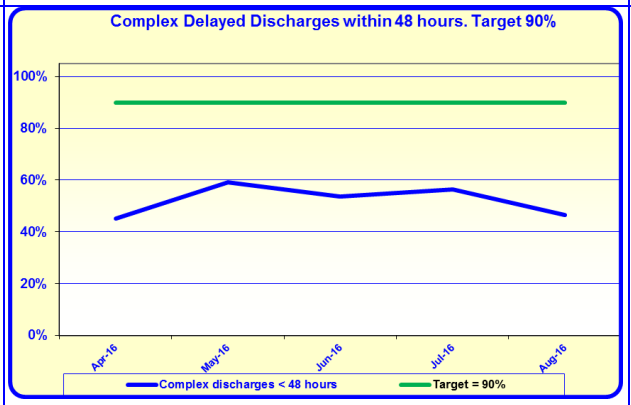
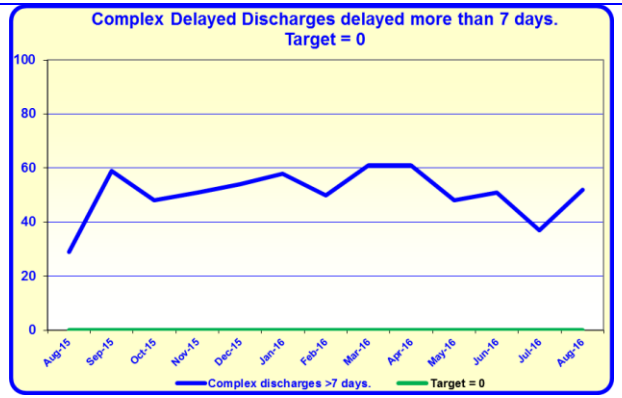
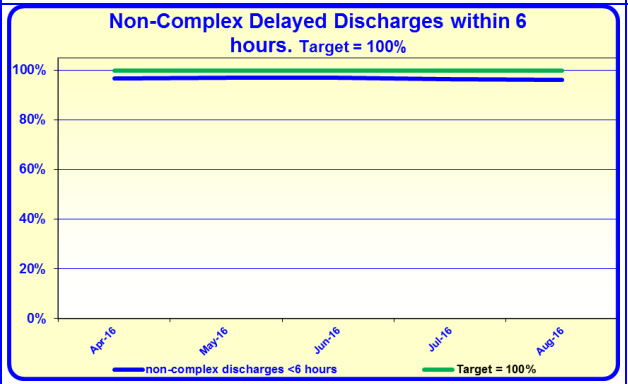
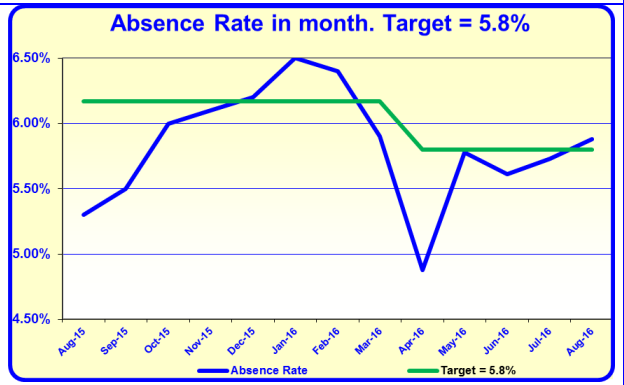
	17.0	**Hospital cancelled appointments** By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	The baseline remains to be confirmed, however, the Trust continues to experience a high number of Hospital Cancelled Outpatients appointments.		Achieving a reduction in hospital cancellations remains a challenge. Review of reasons and recording is ongoing.
	18.1	**Complex Discharges** From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	**Cumulative April to August = 77%.**		The Community Service Plan for 2016/17 is focusing on four key areas to support improvement in performance. These are: • Discharge to Assess; • Domiciliary Care; • Reablement; and • Acute Care at Home. The Trust is aiming to achieve a 20% improvement against the 48 hour target for the RGH site and a 10% improvement against the 7 day target.

TDP RAG	Aug RAG	Description	Current position	Trend	Comment
	18.2	**Complex Discharges** From April 2016, ensure that no complex discharge takes more than seven days.	**Cumulative April to August = 249.**		
	18.3	**Non-complex Discharges** From April 2016, ensure that all non-complex discharges from an acute hospital take place within six hours.	**Cumulative April to August = 97%.** Non - complex discharges from an acute hospital take place within 6 hours (Belfast Trust Hospitals) - Source Belfast Trust PAS		The 6 hour target is consistently above 95% performance.
	19.0	**Absence** By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	**Cumulative April to August = 5.88%** The Target has reduced from 6.17% to 5.8% in 2016/17.The Trust continues to deliver against the absence target.		The Trust is performing well against the new target.

Appendix 1

BHSCT – Commissioning Plan Directions – Objectives / goals for Improvement
The following are reported by the Trust annually or bi-annually.

COMMISSIONING PLAN DIRECTION OBJECTIVES			
TDP RAG	**Desired Outcome 1. Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.**		
	1.2	Diabetes	In line with the Department's policy framework, living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.
	1.5	Healthy Child / Healthy Future	By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.
	1.6	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.
	1.7	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.
	Desired Outcome 2: People using health and social care services are safe from avoidable harm.		
	2.2	NEWS KPIs	From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.
	2.3	Delivering Care Framework	By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.
	2.4	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.

COMMISSIONING PLAN DIRECTION OBJECTIVES			
	2.5	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice and that subsequently attract a notice of decision.
	Desired Outcome 3: People who use health and social care services have positive experiences of those services		
	3.1	Palliative / End of Life Care	To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.
	3.2	Inpatient Care same Gender	By March 2017, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need (or alternatively timely access to treatment).
	3.3	Inpatient Care Gender mixed	Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.
	3.4	Children in Care	HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.
	Desired Outcome 4: Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services		
		n/a	n/a
	Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.		
	5.2	Unplanned Admissions – Long Term Conditions	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.
	5.5	Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.
	Desired Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.		
	6.2	Short Breaks	By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.
	6.3	Carers' Assessments	By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and:

COMMISSIONING PLAN DIRECTION OBJECTIVES			
			• the need for further advice, information or signposting has been identified; • the need for appropriate training has been identified; • the need for a care package has been identified; • the need for a short break has been identified; • the need for financial assistance has been identified.
	Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.		
TBC	7.4	Elective Care activity	By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.
	Desired outcome 8: People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide.		
	8.1	Seasonal Flu Vaccine	By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.
	8.3	2015 Staff Survey	During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.
	8.4	Workforce Plans	By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.
	8.5	Training Quality 2020	By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.
	8.6	Complaints	By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.

Data to follow

TDP RAG	Ref	Description	Current position
	**4.0**	**Unscheduled Care Triage** By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	Data collation to be advised
	**6.0**	**Stroke** From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate	Data not available The is produced quarterly, 2 quarters in arears.
TBC	**20.0**	**Elective Care activity** By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	To be advised