Belfast Health and Social Care Trust

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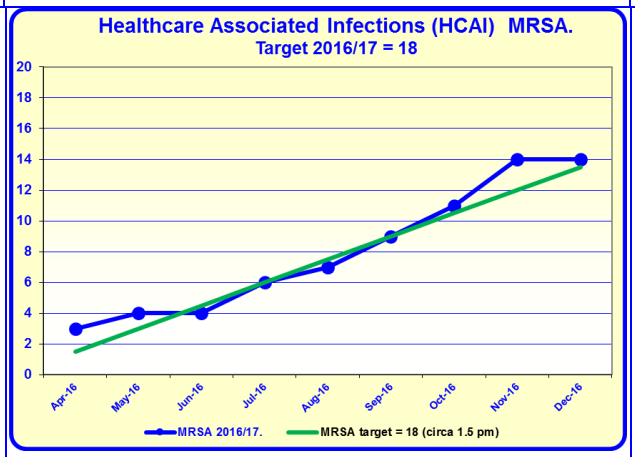
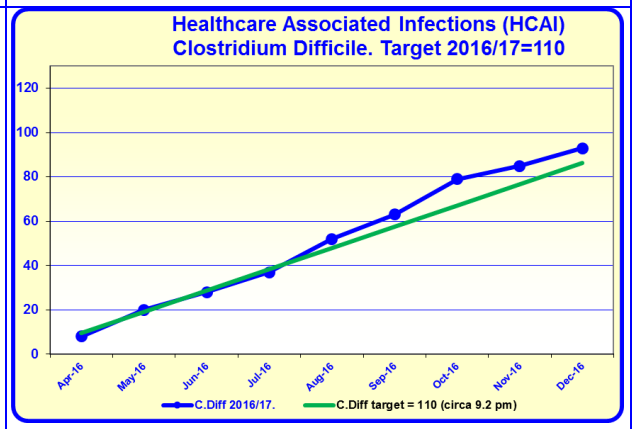
MEETING	Trust Board	Ref No. 6.2
DIRECTOR	Director of Planning, Performance and Informatics (Interim)	Date 02.02.17

Trust Performance Report

Purpose	• **For Assurance**
Corporate Objective	• *For information/assurance*
Key areas for consideration	The Trust Board Summary Performance Report to the end of December 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 17 areas. The following 17 of the targets / standards 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; 26 weeks max waiting time; and urgent tests within 2 days) • Inpatient and Daycase: Waiting Times (< 13 weeks and < 52 weeks max waiting time) • Cancer Services (<62 day pathway) • Mental Health Outpatient – Waiting Times (<9 weeks Adult Mental Health; and < 13 weeks Psychological Therapies) • Discharges: Learning Disability (< 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 December will be updated in future reports.
Recommendations	For Assurance.

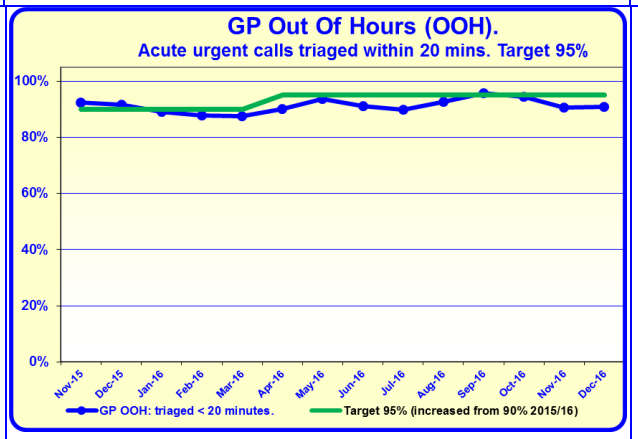
BHSCT – Trust Performance Report 2016/17 – December 2016
Commissioning Direction Plan Targets 2016/17

TDP RAG	Nov/ Dec 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 December = 14 (target 14 of 18)** The incidence of MRSA bacteraemias is 14 with a pro-rata target of 14 at the end of December 2016.		The Trust is awaiting the Internal audit review of Infection Prevention & Control in November 2016 and will review details in the report. HCAIs are discussed at weekly meetings with the Chief Executive and include the Directors of Nursing, Medical, Unscheduled and Acute Care Services, Surgery and Specialist Services and Adult Social and Primary Care. A new 'Plan on a Page' with an associated 'walk round' tool was developed in March 2016 and is being used by all Directorates and feedback is very positive. The 'Safetember' workshop was positive and reflected on progress to date. The 'walk round' tool has been reviewed and updated following the workshop. This will be reviewed again, if required, following the internal audit report. 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 115 cases to end of March 2017.	**Cumulative April to December = 93 (target 86 of 115)** The incidence of CDiff is 93 which is 7 above pro-rata target of 86 at the end of December 2016.		

<table>
<tr><th>TDP RAG</th><th>Nov/ Dec RAG</th><th>Description</th><th>Current position</th><th>Trend</th><th>Comment</th></tr>
<tr>
<td></td>
<td>2.0</td>
<td>GP OOH

From April 2016, 95% of acute/ urgent calls to GP OOH should be triaged within 20 minutes.</td>
<td>Cumulative April to December = 92%.

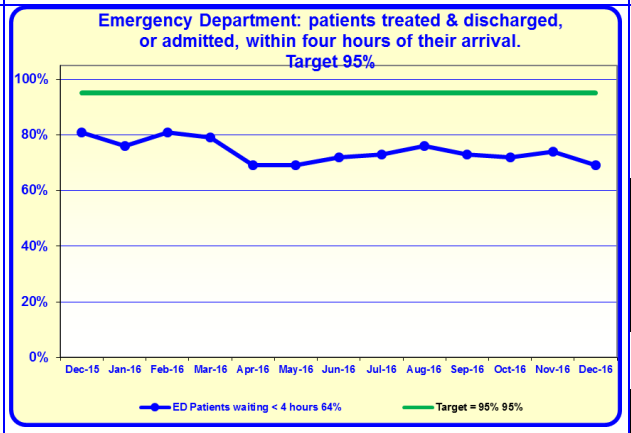
The target has increased from 90% in 2015/16 to 95% in 2016/17.

The Trust performance remains above 90%.</td>
<td> 
</td>
<td>The Trust continues to work with HSCB on GP OOH targets including continued improvement of responses to the 20 minute triage target.

The Trust monitors urgent calls compliance with the target daily and scrutinising individually each case.

Most of the cases outside of the target are due to being unable to contact the patient and where the call has been upgraded from routine to urgent when triaged by GP.</td>
</tr>
<tr>
<td></td>
<td>3.1</td>
<td>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.</td>
<td>Cumulative April to December = 72%.

The Trust continues to deliver below target, 69% in December 2016.</td>
<td> 
</td>
<td>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

<table>
<tr><td>Site</td><td>RVH</td><td>MIH</td></tr>
<tr><td>Baseline 2015/16</td><td>63%</td><td>78%</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Objective 2016/17</td><td>69%</td><td>86%</td></tr>
<tr><td>Outturn December 2016</td><td>65%</td><td>69%</td></tr>
</table>

95% = 4 hour standard for category 4 & 5 patients

<table>
<tr><td>Site</td><td>RVH</td><td>MIH</td></tr>
<tr><td>Baseline 2015/16</td><td>78%</td><td>89%</td></tr>
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</tr>
</table>

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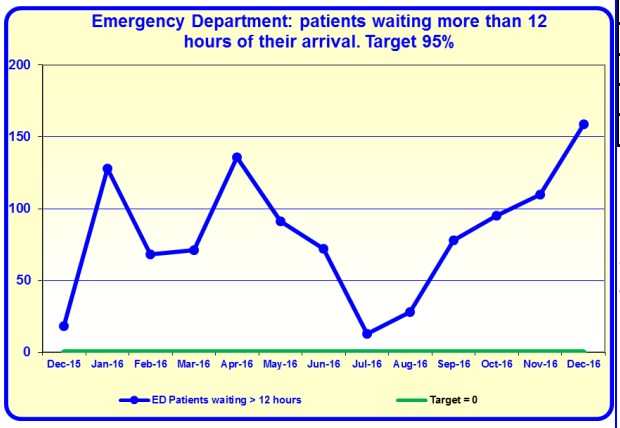
<tr><th>TDP RAG</th><th>Nov/ Dec RAG</th><th>Description</th><th>Current position</th><th>Trend</th><th>Comment</th></tr>
<tr>
<td></td>
<td>3.2</td>
<td>Unscheduled Care ED access – 12 hours

From April 2016, no patient attending any emergency department should wait longer than 12 hours.</td>
<td>Cumulative April to December = 782.

The Trust continues to under deliver against the 12 hour wait target with 159 people waiting in excess of target at the end of December.</td>
<td> 
</td>
<td>
<table>
<tr><td>Objective 2016/17</td><td>95%</td><td>95%</td></tr>
<tr><td>Outturn December 2016</td><td>81%</td><td>85%</td></tr>
</table>
• 30% improvement in 12 hour waits
<table>
<tr><td></td><td colspan="2">Patients per month</td></tr>
<tr><td>Site</td><td>RVH</td><td>MIH</td></tr>
<tr><td>Baseline 2015/16</td><td>35</td><td>17</td></tr>
<tr><td>Objective 2016/17</td><td>24</td><td>14</td></tr>
<tr><td>Outturn December 2016</td><td>79</td><td>80</td></tr>
</table>
Objectives and outcomes measures are detailed in Unscheduled Care Improvement Charter and Implementation Plan which is revised monthly.
The Trust has reviewed metrics between Winter 2016 and Winter 2015 and specifically Christmas periods. Bed occupancy has been at full capacity. Whilst there were increased attendances in ED's, admissions were reduced overall. There was an increase in admissions in the Christmas period (26/12/16 -10/1/17).
Measurable improvements demonstrated are largely due to the expansion of ambulatory services with an average reduction of 4 admissions per day from 57.
</td>
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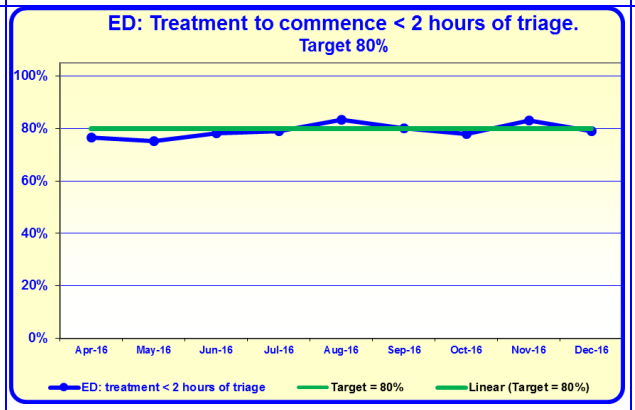
<td></td>
<td>4.0</td>
<td>Unscheduled Care Triage

By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</td>
<td>Cumulative April to December = 79%.

The Trust has delivered 79% at the end of December 2016.</td>
<td> 
</td>
<td>The Trust is meeting the target.</td>
</tr>
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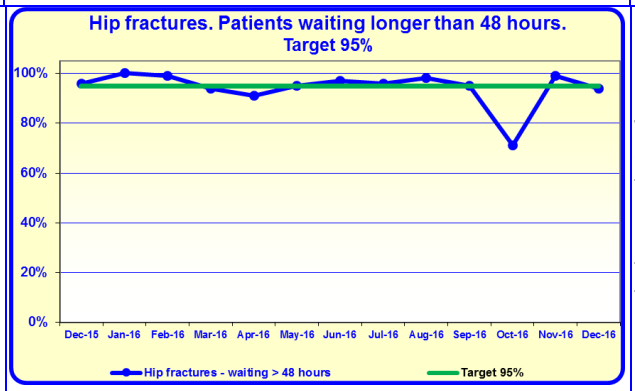
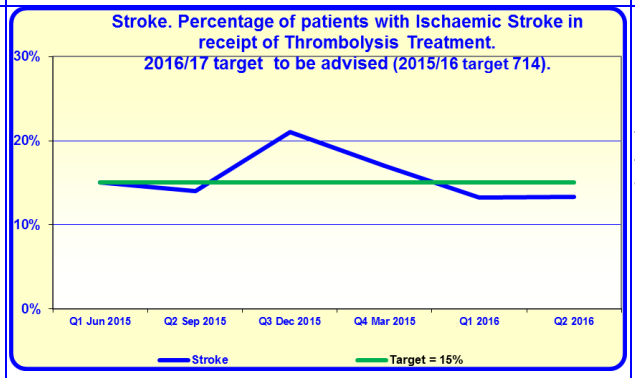
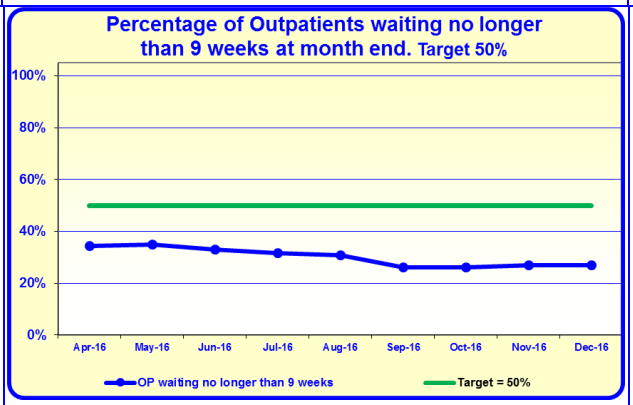
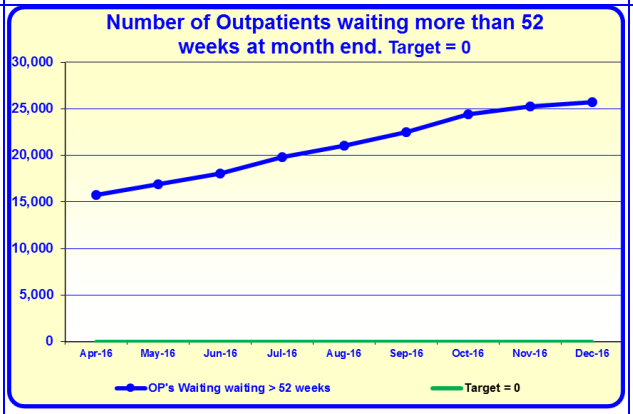
<tr><th>TDP RAG</th><th>Nov/ Dec RAG</th><th>Description</th><th>Current position</th><th>Trend</th><th>Comment</th></tr>
<tr>
<td></td>
<td>5.0</td>
<td>Hip Fractures

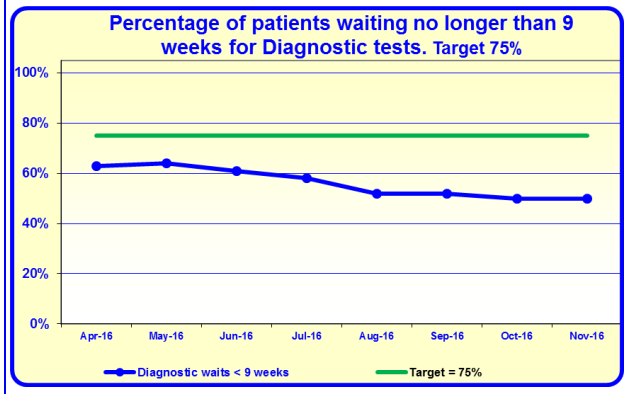
From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</td>
<td>Cumulative April to December = 93%.

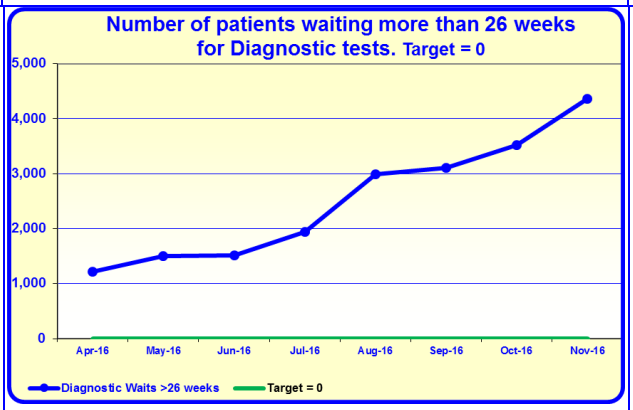
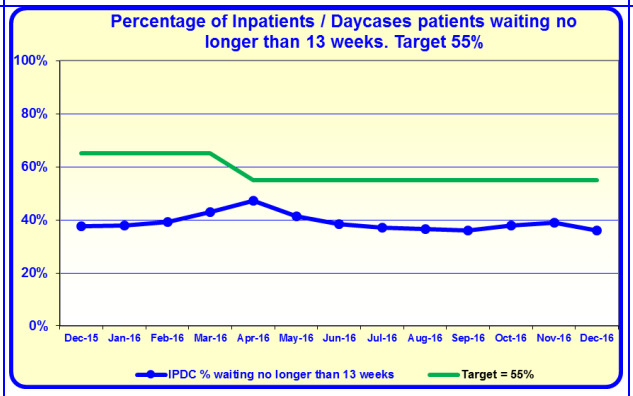
The Trust has consistently delivered the 95% target of inpatient treatment within 2 days with the exception of October 2016. Performance at December 2016 was 94%.</td>
<td> 
</td>
<td>Whilst there was a downturn at the end of October 2016, the Trust continues to deliver to the target consistently in 2016/17. The dip in performance in October was the result of a higher than normal number of complex major trauma patients and reduced access to theatres.</td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td>Stroke

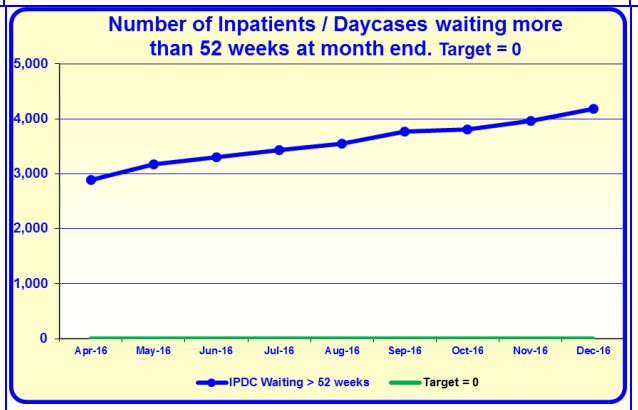
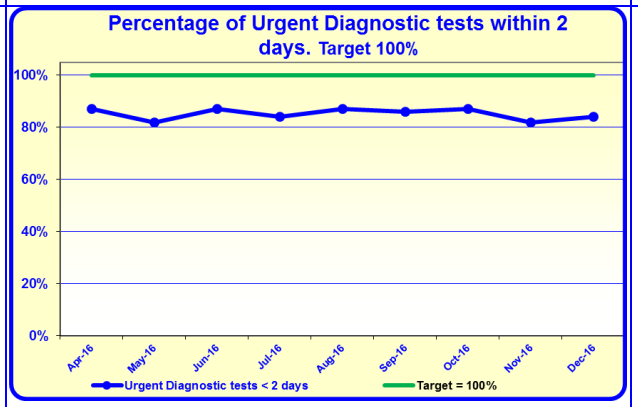
Stroke patients. From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.</td>
<td>Cumulative April to September 2016 = 13%.

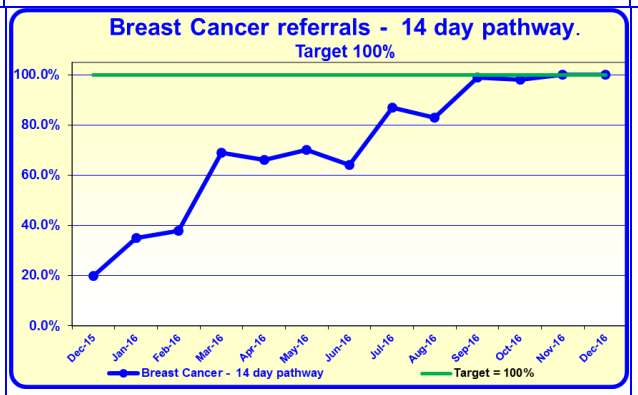
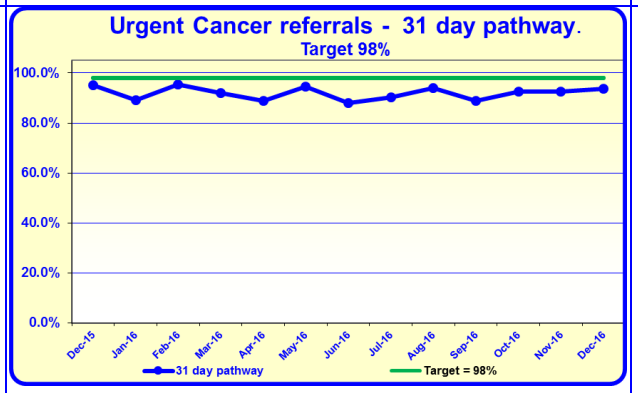
The Trust is substantially delivering against target at the end of September 2016.
<table>
<tr><th>Q1 Apr - Jun 2016</th><th>Q2 Jul - Sep 2016</th><th>2016/17 Cum to date</th></tr>
<tr><td>181</td><td>158</td><td>181</td></tr>
<tr><td>24</td><td>21</td><td>24</td></tr>
<tr><td>13%</td><td>13%</td><td>13%</td></tr>
</table></td>
<td> 
</td>
<td>It must be noted that the service's ability to deliver against the target is dependent upon the number of patients for whom thrombolysis is clinically appropriate. The Trust has robust systems in place to identify and treat appropriate patients; these systems are embedded well within the ED and Stroke Service. While the Trust has not achieved a 15% thrombolysis rate it is performing well against the target.</td>
</tr>
</table>

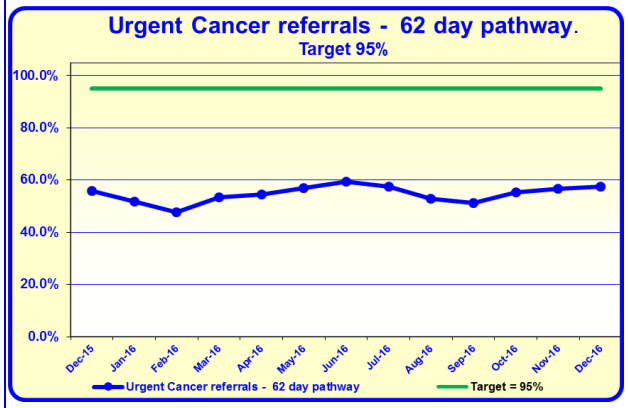
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	7.1	**Outpatients access** By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	The Outpatient access target has been reduced from 60% in 2015/16 to 50% for 2016/17. At the end of December 27% of patients on Trust waiting lists were waiting no longer than 9 weeks for a first outpatient appointment.		The HSCB has confirmed an additional £1m for elective access for quarters 3 and 4 of 2016/17. The Trust is delivering additional in-house OP clinics to address areas of clinical risk / long waiting time, however delivery of the target remains a challenge for 2016/17.
	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 number of patients waiting in excess of 52 weeks continues to increase each month since April 2016. At the end of December there were 25,707 patients waiting for an Outpatient appointment in excess of 52 weeks.		At the end of December 2016, a number of acute specialties continue to have patients recorded as waiting longer than 52 weeks. These include: Cardiology, Dental, ENT, General Surgery, Hepatology, Immunology, Neurology, Ophthalmology, Orthopaedics, Rheumatology, Urology and Vascular. 46% (11,812) of the 25,707 patients waiting over 52 weeks are on the Orthopaedic OP waiting list.

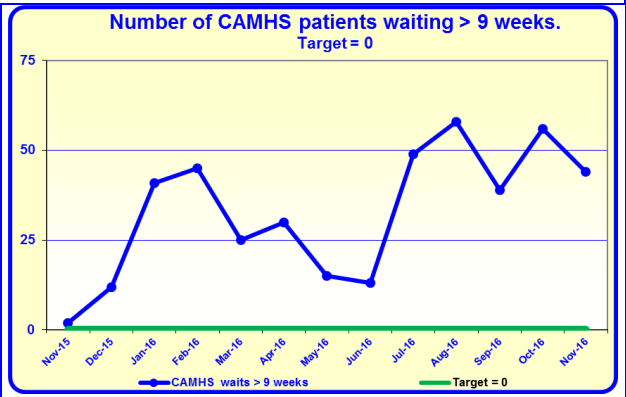
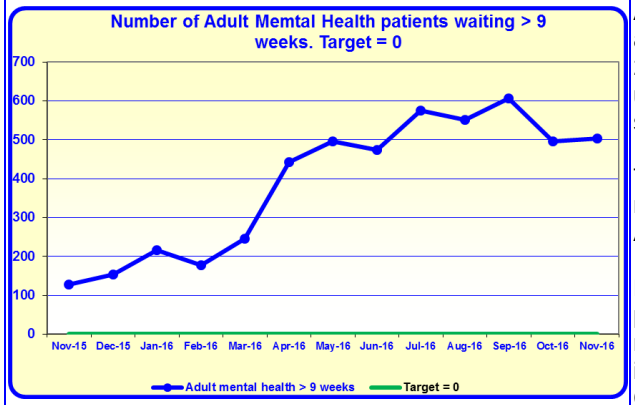
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	8.1	**Diagnostics access** By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test. Tests included in data provided are: *MRI; Cardiac MRI; CT; Ultrasound; Barium Enema; Dexa scans; Radio-nuclide; Audiology; ECHO; MPI; Neurophysiology; Sleep Studies; Urodynamics; Imaging; Cardiology; Neurophysiology; and Respiratory Physiology.*	The Trust is under delivering against the 75% target.		The diagnostic services continue to receive non-recurrent support for additional capacity in MRI, CT and Ultrasound 2016/17. Although significant, this will not address the total backlog of patients waiting greater than 9 weeks. Business cases have been submitted to the HSCB for these areas and should be finalised in early 2017 for implementation. In Neurophysiology, a tender exercise has been completed using uncommitted funding from 2 vacant Consultant posts. This support is small but should ensure that an additional 600 patients should receive their test and results before the end of 2016/17. However, the number waiting greater than 9 weeks continues to grow. With regards to Cardiac MRI, the Trust has agreement that additional activity will be funded through an arrangement with BHSCT and WHSCT in that the Western Trust are unable to deliver the cardiac MRI activity commissioned due to vacancies. The Trust secured non recurrent funding for echo, however this level of activity was dependent on the capacity of the independent sector provider and this will improve the numbers waiting but will not be enough to deliver 9 weeks.

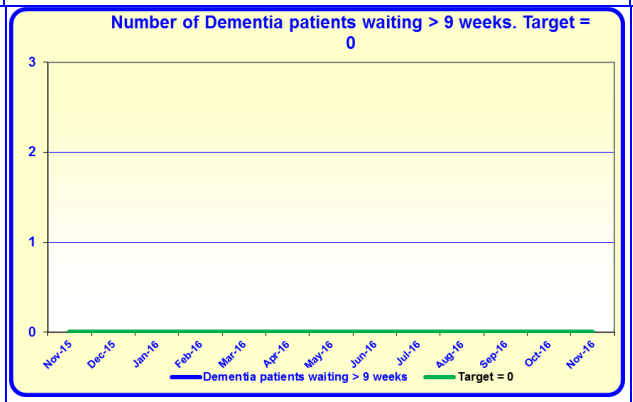
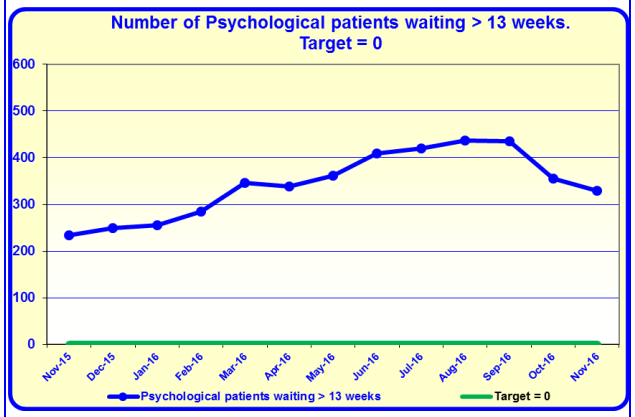
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	8.2	**Diagnostics access** By March 2017, no patient waits longer than 26 weeks for a diagnostic test.	The Trust is under delivering against the 26 week target. At the end of November, 4,357 patients were on the waiting list over 26 weeks.		The main diagnostic areas breaching 26 weeks are MRI, Cardiac MRI, Echo, Sleep studies and Neurophysiology due to increases in demand levels for these services. At the end of November 2016, there are no breaches in CT, Ultrasound, MPI, Audiology, Radio nuclide, Dexa and Urodynamics.
	9.1	**Inpatients / Day Case access** By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.	The target has been reduced from 65% in 2015/16 to 55% in 2016/17. 36% of patients are waiting no longer than 13 weeks at the end of December 2016.		The HSCB has confirmed an additional £1m for elective access for quarters 3 and 4 of 2015/16., however there is likely to be limited availability of additional in-house list capacity and delivery of the target will be challenging in 2016/17.

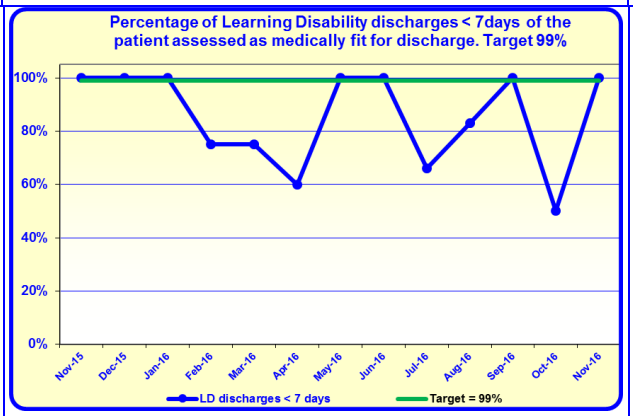
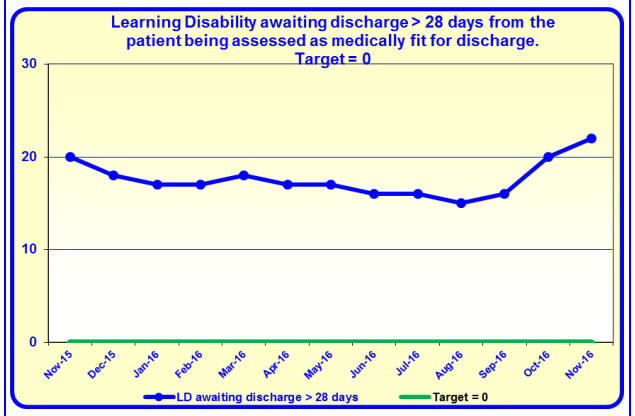
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	9.2	**Inpatients / Day Case access** By March 2017, no patient waits longer than 52 weeks weeks for inpatient / daycase treatment.	The Trust continues to under deliver against the 52 week target, 4,185 patients were on the waiting list over 52 weeks, at the end of December 2016.		At the end of December 2016, a number of acute specialties have patients recorded as waiting longer than 52 weeks. These include: Pain, Breast Surgery, ENT, Dermatology, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastics, Paediatric Surgery, Urology and Vascular. 27% (1,195) of the 4,415 patients waiting over 52 weeks IPDC waiting list are in the Orthopaedic specialty.
	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 December 2016, 84% of patients were receiving their urgent diagnostic tests within 2 days.		The Trust will monitor performance against those areas which are under 100% to investigate what changes in process can be made. 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.

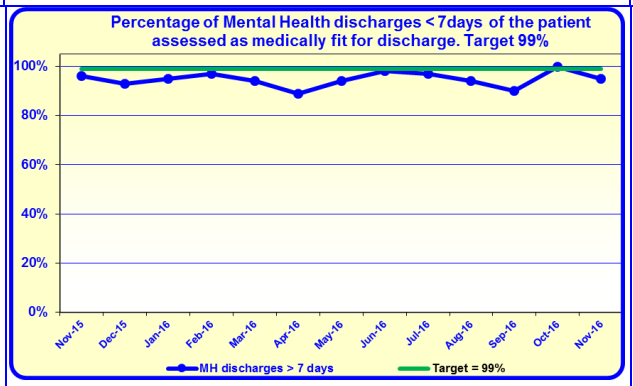
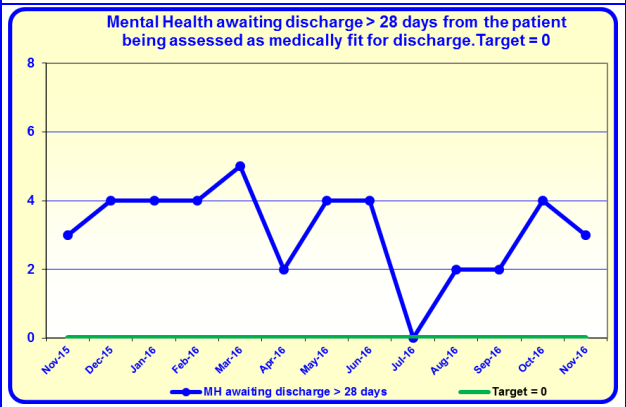
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	11.1	**Cancer access** From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days.	**Cumulative April to December = 52%.** The Trust has continued to increase its response to the target achieving 100% at November 2016 and continues to meet 100% in December 2016.		Performance has returned to 100%.
	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 December = 91%.** The Trust continues to perform well against 98% target on the 31 day cancer pathway. The Trust is delivering 94% in December 2016.		Urology surgical capacity for kidney cancer is the main challenge on the 31 day pathway. A paper outlining the issue is in development for submission to HSCB.

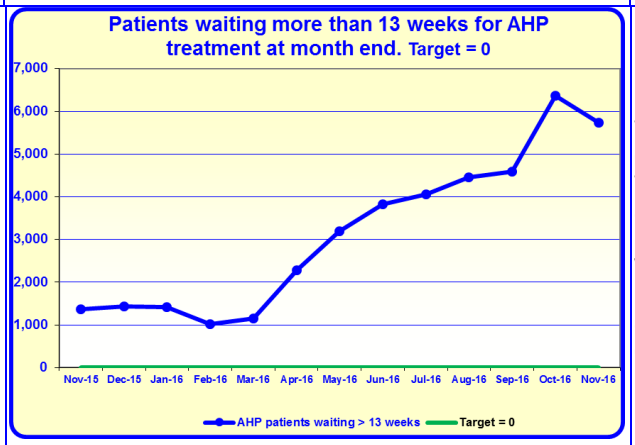
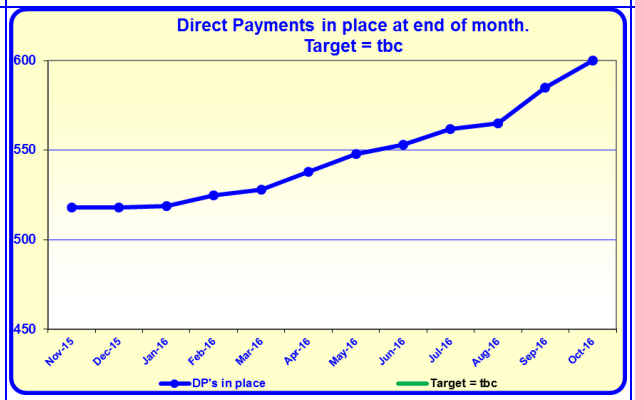
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	11.3	**Cancer access** From April 2016 at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	**Cumulative April to December = 55%.** The Trust continues to under deliver against 95% on the 62 day cancer pathway, delivering 57% in December 2016.		Improvement groups have been set up in urology and OG and action plans developed. A monthly head and neck performance meeting will commence in Jan 2017 with the clinical staff and a 6 month retrospective audit of breaches will be carried out regionally to identify areas for improvement. Additional CT Colonography capacity has been put in place but colorectal waiting times are still an issue. An audit of patients was recently carried out with a surgeon and areas for GP education identified which will be taken forward in January 17. Regional work to improve the outpatient pathway continues. PET demand continues to be a challenge and the team are sending patients to Dublin. Gastro RF OP waiting times have improved significantly following recruitment of new gastroenterologists. Patient pathway reviews are being planned with medical staff across all poor performing areas.

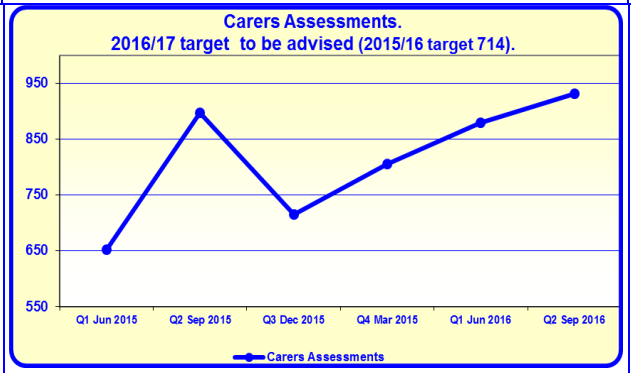
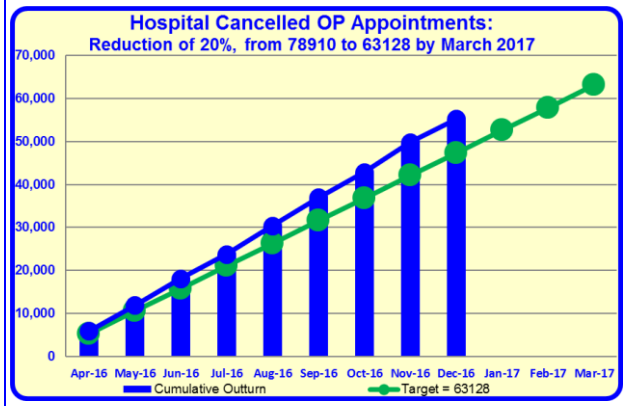
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	12.1	**Mental Health access** From April 2016, no patient waits longer than: nine weeks to access child and adolescent mental health services.	The Trust continues to under deliver against this target. At the end of November 44 people are waiting in excess of 9 weeks.		CAMHS waiting list initiative produced an improvement by the end of September. However due to unprecedented staff absence the original recovery plan has not been fully delivered. A revised recovery plan has been developed to deliver the target by March 2017.
	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. At the end of November 504 people are waiting in excess of 9 weeks		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. The Trust plans a new assessment centre model for all referrals to be implemented by April 2017. By the end of November there were two people waiting over 9 weeks for community mental health teams. Despite improvements in previous months the primary Mental Health Care waiting list remained at the October level of 327 waiting over 9 weeks.

TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	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.		The Trust continues to achieve this 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. At the end of November 330 people are waiting in excess of 9 weeks		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. The November performance has improved from August and this improvement is expected to continue to the end of March, especially for Adult Health Psychology. Those waiting over 13 weeks for Psychological services for children with a Learning Disability has reduced to zero. The numbers waiting over 13 weeks for Adult Health Psychology have reduced from 244 in September to 173 by the end of November. This reduction is expected to be consolidated and improved by March 2017.

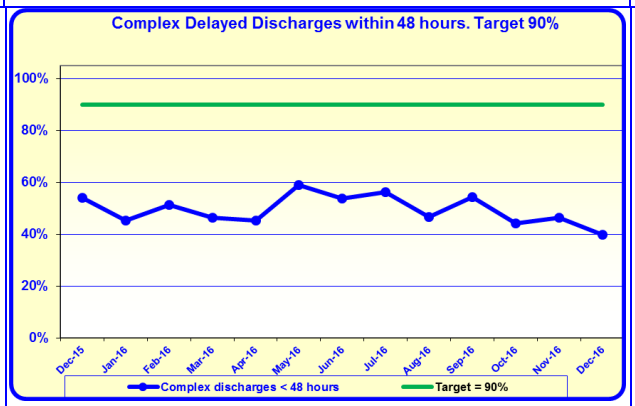
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	13.1	**Discharges** From April 2016, ensure that 99% of all Learning Disability discharges take place within seven days of the patient being assessed as medically fit for discharge.	**Cumulative April to November = 85%.** The Trust achieved this target at November 2016 (for completed discharges).		The complexity of care arrangements required for patients can take longer than 7 / 28 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 Muckamore Abbey Hospital which aims to accommodate and support those Learning Disability patients in the community who are currently delayed in hospital. The Belfast Trust has specific plans and identified placements for all 16 patients recorded as delayed discharge and expects to significantly reduce the numbers of delayed discharges by Mid 2017 pending the delivery of new supported housing schemes and specialist nursing home provision.
	13.2	**Discharges** From April 2016, ensure that no Learning Disability discharge taking more than 28 days.	From April to November there were 5 Learning Disability patients who have been discharged with a completed discharge taking more than 28 days. At the end of November 2016 there were a further 22 patients who were ready to be discharged, but remained in hospital more than 28 days (incomplete waits). The Trust continues to under deliver against the target.		

TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	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 November = 94%.** The Trust continues to perform well against this target. The Trust delivered 95% (for completed discharges) in November 2016.		The Trust continues to perform well against this target.
	13.4	**Discharges** From April 2016, ensure that no Mental Health discharge take more than 28 days.	From April to November there were 13 Mental Health patients who have been discharged with a completed discharge taking more than 28 days. At the end of November 2016, 3 current inpatients who are ready for discharge, but are waiting more than 28 days to be discharged (incomplete waits). The Trust continues to under deliver against the target.		The three people in delayed discharge were waiting in dementia wards for EMI community placements. The lack of Supporting People funding will begin to have a negative impact on Mental Health discharges into the future.

TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	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 November 2016 there were 5737 people waiting more than 13 weeks for AHP services including 3375 in Physiotherapy services; and 1499 in Speech and Language Therapy services. Other excess waiters were split across Dietetics, Occupational Therapy, Orthoptics and Podiatry Services.		Trust continues to discuss capacity and demand for these services with the HSCB. The Trust expects to substantially deliver against the target in Podiatry only. Without additional recurrent or waiting list initiative funding the waiting lists, other AHP areas with higher demand than capacity will certainly worsen by end of March 2017.
	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 October 2016 there were 600 people in receipt of Direct Payments. The target against this remains to be confirmed		Whilst the target is still to be confirmed regionally, it is expected to be 580 for the Trust by the end of March 2017. The Trust is currently meeting this and is expect to deliver at the end of March 2017.

TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	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 to be confirmed.		The Trust expects to deliver the target.
	17.0	**Hospital cancelled appointments** By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	**Cumulative April to December = 55,257.** The target for March 2017 is 63,128 cancelled Outpatient Appointments, a reduction of 20% from 78,910. Pro rata the target at end of December 2016 is 47,346. Trust continues to experience a high number of Hospital Cancelled Outpatients appointments.		Achieving a reduction in hospital cancellations remains a challenge. Review of booking practices and recording is ongoing across specialties and detailed analysis of hospital cancellations is underway in the following 3 specialties: • Rheumatology • General Surgery • T&O

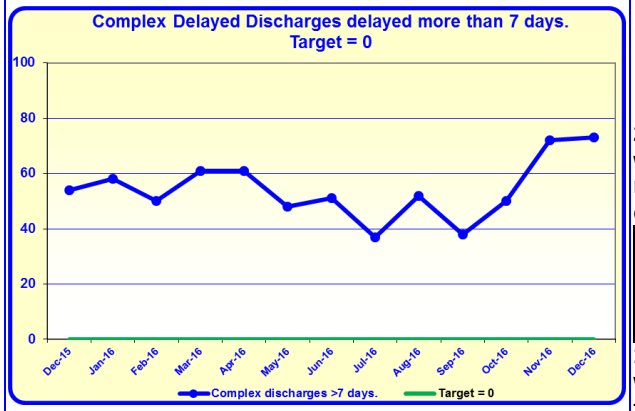
<table>
<tr><th>TDP RAG</th><th>Nov/ Dec RAG</th><th>Description</th><th>Current position</th><th>Trend</th><th>Comment</th></tr>
<tr>
<td></td>
<td>18.1</td>
<td>Complex Discharges

From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</td>
<td>Cumulative April to December = 47%.</td>
<td> 
</td>
<td rowspan="2">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. However, it remains a challenge to validate this improved information as patients delayed may often still be awaiting diagnostics and MDT and therefore the length of time in which they are medically fit can be over 7 days.

The Trust achieved in the RVH 52% (Apr - Oct 2016) against a baseline of 48% (2015/16) in relation to this target.
20% improvement patients discharged within 48 hours of being declared medically fit (for Belfast Trust residents) on RGH site.
<table>
<tr><td>Site</td><td>RVH</td><td>MIH</td><td>BCH</td></tr>
<tr><td>Baseline 2015/16</td><td>48%</td><td>48%</td><td>52%</td></tr>
<tr><td>Objective 2016/17</td><td>58%</td><td>58%</td><td>52%</td></tr>
<tr><td>Outturn Dec 2016</td><td>55%</td><td>40%</td><td>39%</td></tr>
</table>
10% improvement patients discharged within 7 hours of being declared medically fit (Belfast Trust residents) on RGH site.
<table>
<tr><td>Site</td><td>RVH</td><td>MIH</td><td>BCH</td></tr>
<tr><td>Baseline 2015/16</td><td>78%</td><td>84%</td><td>69%</td></tr>
<tr><td>Objective 2016/17</td><td>86%</td><td>92%</td><td>76%</td></tr>
<tr><td>Outturn Dec 2016</td><td>81%</td><td>63%</td><td>66%</td></tr>
</table></td>
</tr>
<tr>
<td></td>
<td>18.2</td>
<td>Complex Discharges

From April 2016, ensure that no complex discharge takes more than seven days.</td>
<td>Cumulative April to December = 482.
73 complex discharges were waiting more than 7 days at the end of December 2016</td>
<td> 
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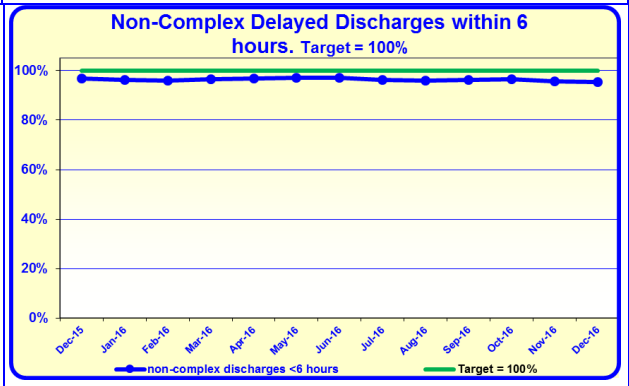
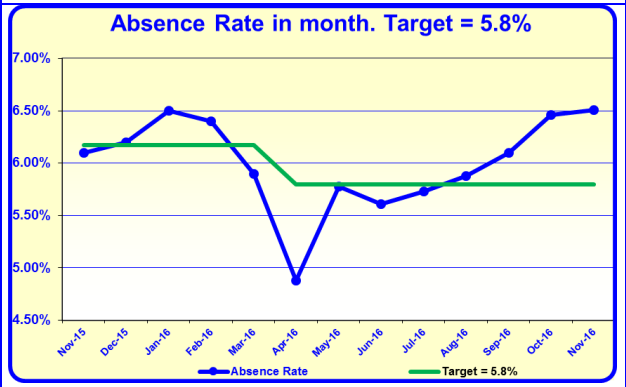
TDP RAG	Nov/ Dec RAG	Description	Current position	Trend	Comment
	18.3	**Non-complex Discharges** From April 2016, ensure that all non-complex discharges from an acute hospital take place within six hours.	**Cumulative April to December = 97%.** Non - complex discharges from an acute hospital take place 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. Trust Target = 5.8%	**Cumulative April to November = 6.14%** The Target absence target has been reduced from 6.17% to 5.8% in 2016/17. The in-month absence in November 2016 was 6.51%.		The Trust position is 0.71% above target at the end of November 2016 and 0.34% cumulatively from April to November.

Appendix (i)

BHSCT – Commissioning Plan Directions – Objectives / goals for Improvement
The following are reported by the Trust 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.
	2.5	Care Standards in	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a

COMMISSIONING PLAN DIRECTION OBJECTIVES			
		Homes	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: • 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;

COMMISSIONING PLAN DIRECTION OBJECTIVES			
			• 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
TBC	**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.	Awaiting guidance from HSCB
TBC	**7.4**	**Elective Care activity** By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	To be advised