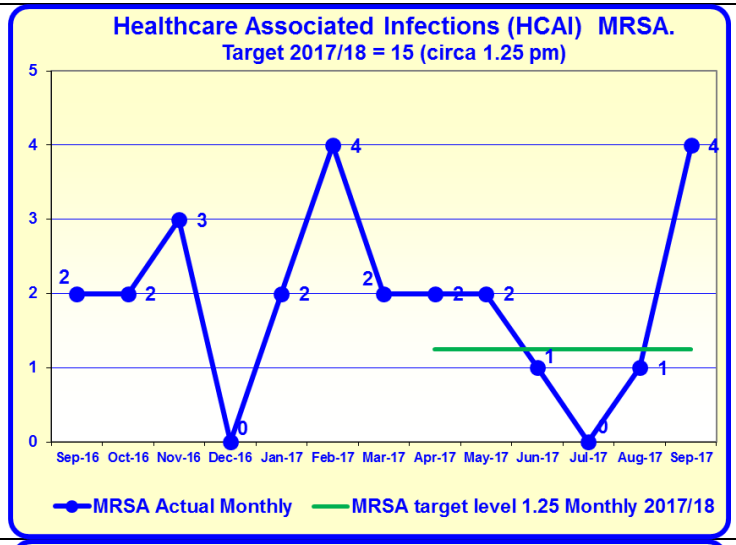
Belfast Health and Social Care Trust
caring supporting improving together

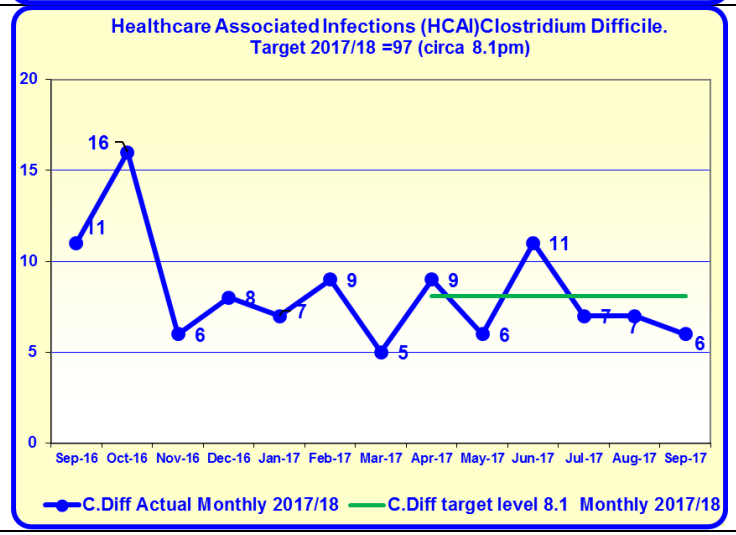
TRUST BOARD
SUBMISSION TEMPLATE

MEETING	**Trust Board**	**Ref No. 6.1**
DIRECTOR	**Director of Planning, Performance and Informatics**	**Date 2 Nov 2017**
Trust Performance Report		
Purpose	• **For Approval**	
Corporate Objective	• *For information/assurance*	
Key areas for consideration	The Trust Performance Report (TPR) to the end of September 2017 is attached. The report outlines Trust Performance against key Draft Commissioning Plan Directions (CPD) objectives / goals for improvement for 2017/18. In terms of the delivery against the objectives / goals outlined, the Trust is substantially delivering against the improvement targets in 17 areas. The following 18 objectives / goals are not being achieved at the end of September 2017: • HCAI (MRSA) • Hip fractures (<48 hours) • Diagnostic: Waiting Times (9 weeks; 26 weeks max waiting time; and urgent tests < 2 days) • Cancer Services (14 day breast cancer; <62 day pathway) • Outpatients: Waiting Times (< 9 weeks; and < 52 weeks max waiting time) • Inpatient and Daycase: Waiting Times (< 13 weeks; and < 52 weeks max waiting time) • Mental Health Outpatient – Waiting Times (< 13 weeks Psychological Therapies) • AHP: Waiting Times (< 13 weeks) • Discharges: Learning Disability (>28 days) • Discharges: Learning Disability (<78 days) • Hospital Cancelled Outpatient Appointments (20% reduction) • Complex Discharges by Trust and each site(< 48 hours Trust; and < 7days) The Trust is in the process of agreeing improvement trajectories with the HSB for the following areas: a) Unscheduled Care (4 hour) b) Cancer Waiting Times c) Mental Health Waiting Times d) Delivery of Core Activity (Elective Care) Further details in relation to the objectives / goals are set out on the attached. More detailed reporting and actions will be discussed at the Trust Performance Sub-Committee.	
Recommendations	For Assurance.	

Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td colspan="5">CPD: Outcome 2: People using health and social care services are safe from avoidable harm</td></tr>
<tr><td>1.0</td><td>By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of MRSA infection compared to 2016/17.</td><td>Trust cumulative position April to September = 10 infections.

The Trust 2017/18 target for MRSA bacteraemias has been confirmed as 15 cases to the end of March 2018 (circa 1 pm)</td><td><table><tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr><tr><td>HCAI, incidents of MRSA each month</td><td>0</td><td>1</td><td>4</td></tr></table></td><td> 
</td></tr>
<tr><td>2.0</td><td>By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over.</td><td>Trust cumulative position April to September = 46 infections.

The Trust 2017/18 target for Clostridium Difficile Infection (CDI) has been confirmed as a tolerance of no more than 97 cases to the end of March 2018 (circa 8 pm).</td><td><table><tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr><tr><td>HCAI, incidents of C.Diff each month</td><td>7</td><td>7</td><td>6</td></tr></table></td><td> 
</td></tr>
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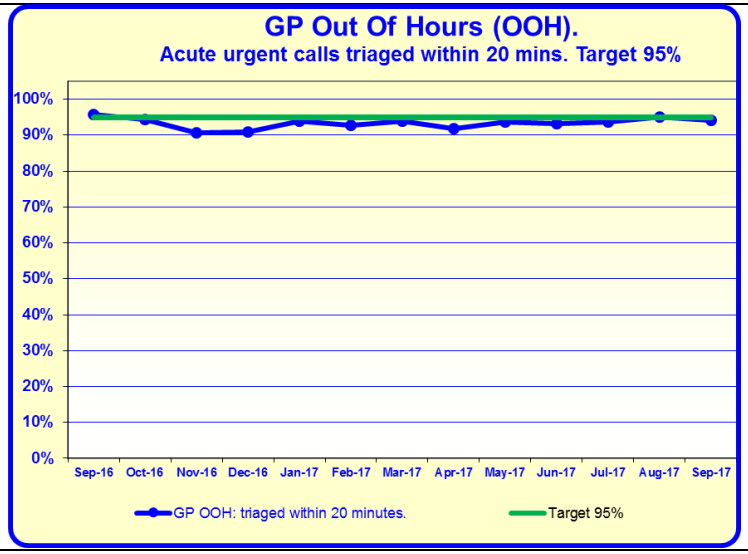
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
CPD: Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them				
3.0	By March 2018, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	**Trust cumulative position April to September = 93.5%.** The Trust performance has been consistently above 90% since April 2016.		

Standard	Jul-17	Aug-17	Sep-17
GP OOH patients triaged within 20 minutes	**93.8%**	**95.0%**	**94.1%**



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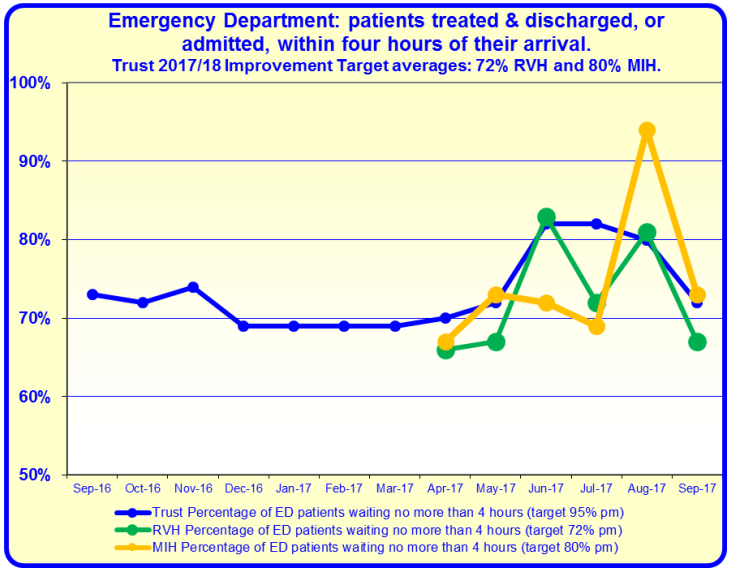
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr>
<td>4.0</td>
<td>By March 2018, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.</td>
<td>Trust cumulative position April to September = 76%

The Trust Improvement Target in 2017/18 is to achieve a further 10% improvement in winter baseline against the 4 hour unscheduled care standard. Trust performance will be monitored against an average of 72% at RVH and 80% at MIH the agreed target.</td>
<td>Trust ED performance
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>ED patients waiting longer than 4 hours to be treated or discharged</td><td>82%</td><td>82%</td><td>72%</td></tr>
</table>
ED Performance by site compared to Trust Improvement Target (4 hours)
<table>
<tr><th>Trust Improvement Target (average)</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>RVH (72%)</td><td>72%</td><td>81%</td><td>67%</td></tr>
<tr><td>MIH (80%)</td><td>69%</td><td>94%</td><td>73%</td></tr>
</table>
The average percentage meeting the target from April to September by site is 73% at RVH and 73% at MIH.</td>
<td> 
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<tr>
<td>5.0</td>
<td>By March 2018, no patient attending any emergency department should w ait longer than 12 hours.</td>
<td>Trust cumulative position April to September = 388

The Trust Improvement Target in 2017/18 is to reduce the number of patients that wait in ED for more than 12 hours. Trust performance will be monitored against the agreed target.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>ED patients waiting longer than 12 hours to be treated or discharged</td><td>14</td><td>22</td><td>104</td></tr>
</table>
ED Performance by site compared to Trust Improvement Target (12 hours)
<table>
<tr><th>Trust Improvement Target (average)</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>RVH = 66</td><td>5</td><td>8</td><td>64</td></tr>
<tr><td>MIH = 39</td><td>9</td><td>14</td><td>40</td></tr>
<tr><td>RVH and MIH</td><td>14</td><td>22</td><td>104</td></tr>
</table>
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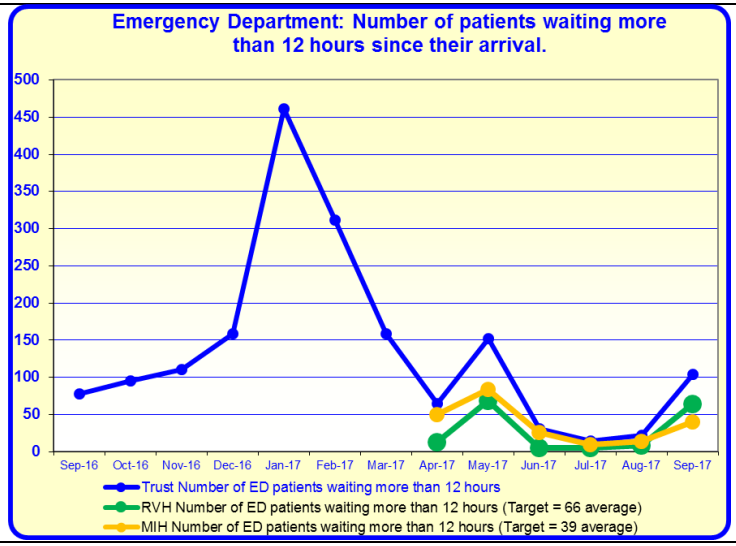
<td> 
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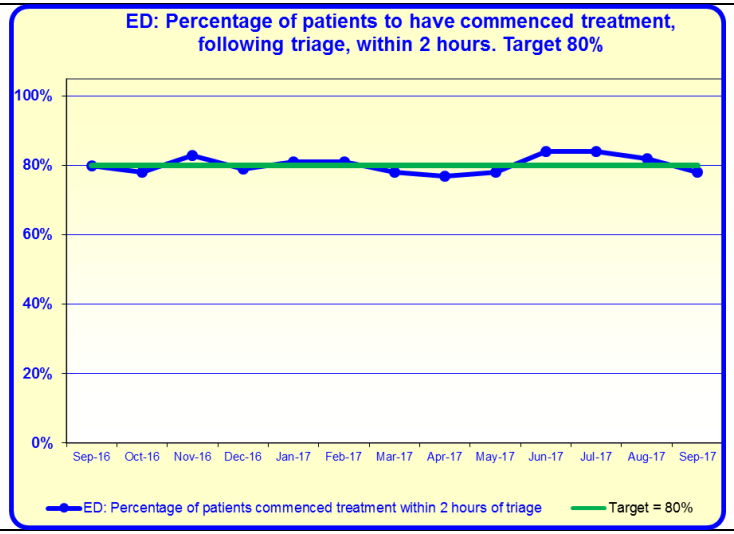
Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td></td><td></td><td></td><td>There were 104 patients waiting in ED at RVH and MIH longer than 12 hours in September 2017. The average number waiting longer than 12 hours from April to September by site is 27 at RVH and 37 at MIH.</td><td></td></tr>
<tr><td>6.0</td><td>By March 2018, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.</td><td>Trust cumulative position April to September = 80%.

The Trust continues to deliver the 2 hour triage performance.</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of ED patients commenced treatment within 2 hours of triage</td><td>84%</td><td>82%</td><td>78%</td></tr>
</table>
</td><td> 
</td></tr>
</table>

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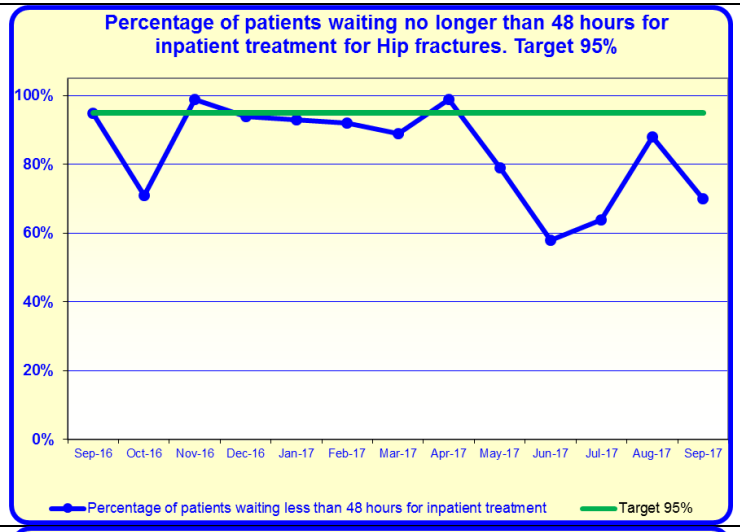
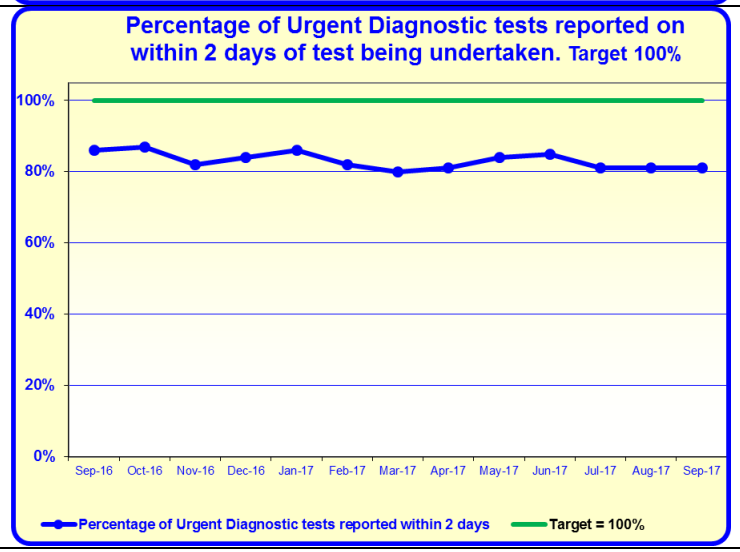
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
7.0	By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	**Trust cumulative position April to September = 75%**	**Standard** / **Percentage of patients waiting no more than 48 hours for Inpatient treatment for hip fractures**: Jul-17 **64%**, Aug-17 **88%**, Sep-17 **70%**	
8.0	By March 2018, all urgent diagnostic tests should be reported on within two days.	At the end of September 2017, 81% patients diagnostic test results were reported within 2 days.	**Standard** / **Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken**: Jul-17 **81%**, Aug-17 **81%**, Sep-17 **81%**	

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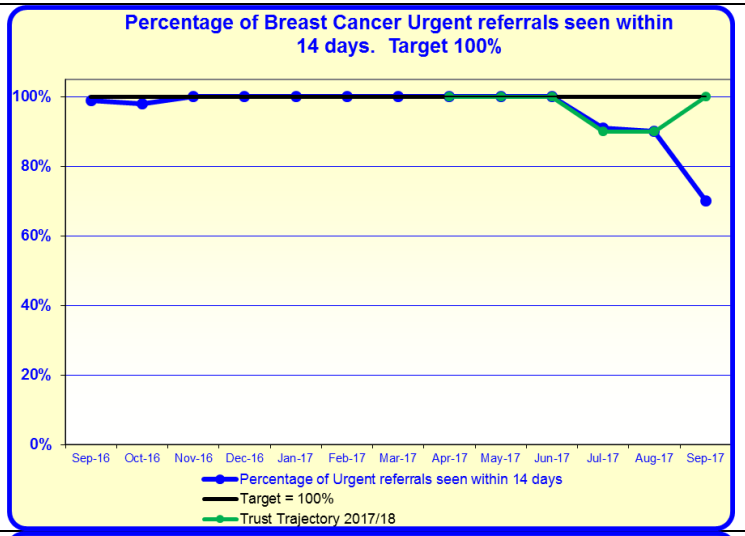
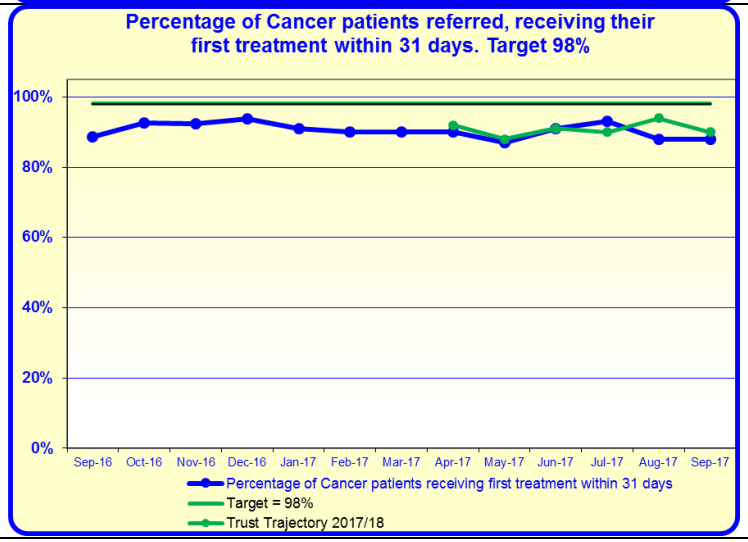
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
9.0	During 2017/18, all urgent suspected breast cancer referrals should be seen within 14 days.	**Trust cumulative position April to September = 91%.** Trust performance will be monitored against the agreed trajectory.	**Standard** / **Jul-17** / **Aug-17** / **Sep-17** **Trust Trajectory 2017/18** 90% 90% 100% **Actual percentage of Urgent Breast Cancer referral patients seen within 14 days** 91% 90% 70%	
10.0	During 2017/18, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	**Trust cumulative position April to September = 90%.** Trust performance will be monitored against the agreed trajectory.	**Standard** / **Jul-17** / **Aug-17** / **Sep-17** **Trust Trajectory 2017/18** 90% 94% 90% **Actual percentage of Cancer patients receiving a first treatment within 31 days** 93% 88% 88%	

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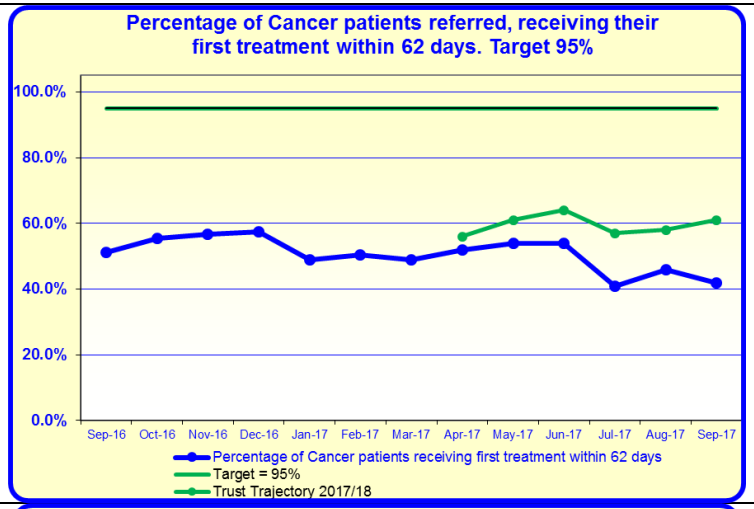
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr>
<td>11.0</td>
<td>During 2017/18, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</td>
<td>Trust cumulative position April to September = 48%.

Trust performance will be monitored against the agreed trajectory.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Trust Trajectory 2017/18</td><td>57%</td><td>58%</td><td>61%</td></tr>
<tr><td>Percentage Cancer patients receiving a first treatment within 62 days</td><td>41%</td><td>46%</td><td>42%</td></tr>
</table>
</td>
<td> 
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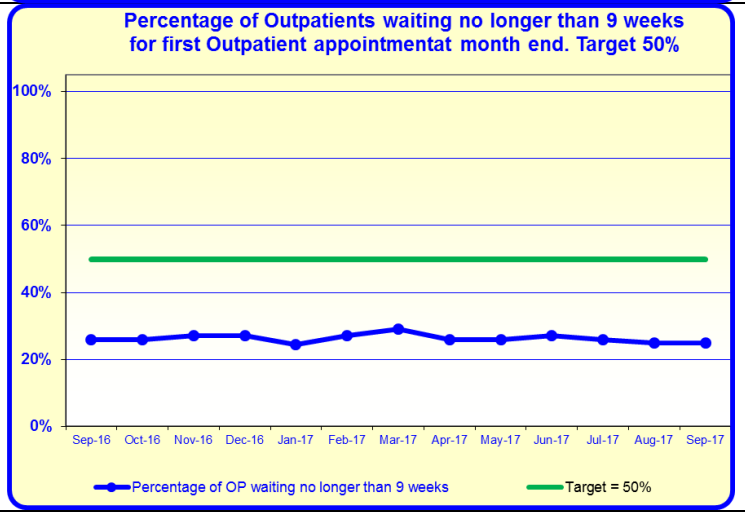
</tr>
<tr>
<td>12.0</td>
<td>By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.</td>
<td>At the end of September 2017, 25% of patients on Trust waiting lists were waiting no longer than 9 weeks for a first outpatient appointment.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td><td>26%</td><td>25%</td><td>25%</td></tr>
</table>
</td>
<td> 
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</table>

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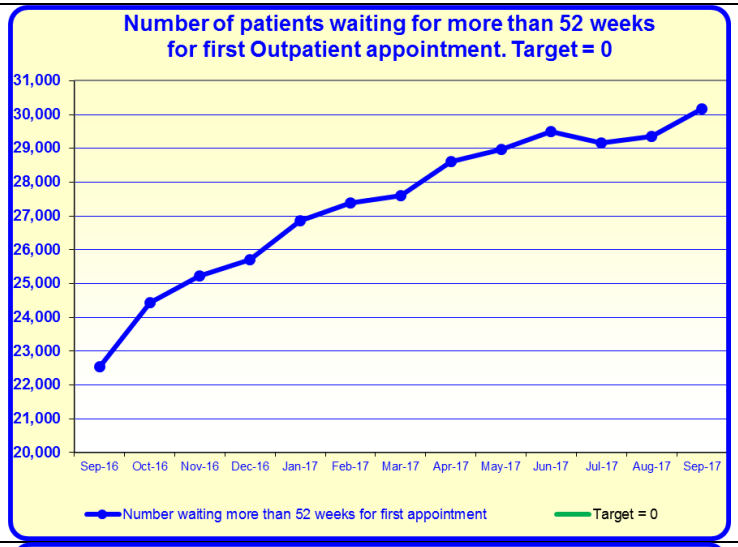
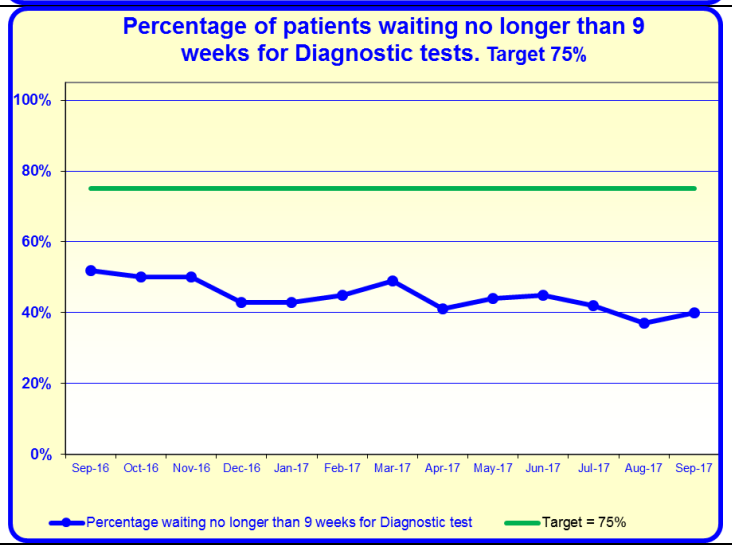
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
13.0	By March 2018, no patient waits longer than 52 weeks for an outpatient appointment.	The number of patients waiting in excess of 52 weeks has continued to increase apart from a decrease in July 2017.	See table below	
14.0	By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	The Trust is currently not able to achieve the target.	See table below	

Standard	Jul-17	Aug-17	Sep-17
Number of Patients waiting longer than 52 weeks for first OP Appointment	29,166	29,343	30,162

Standard	Jul-17	Aug-17	Sep-17
Patients waiting no longer than 9 weeks for a Diagnostic test	42%	37%	40%

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<tr>
<td>15.0</td>
<td>By March 2018, no patient waits longer than 26 weeks for a diagnostic test.</td>
<td>The number of patients waiting has been continuing to grow. Validated figures are awaited.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Patients waiting longer than 26 weeks for a Diagnostic test</td><td>8,187</td><td>9,036</td><td>8,120</td></tr>
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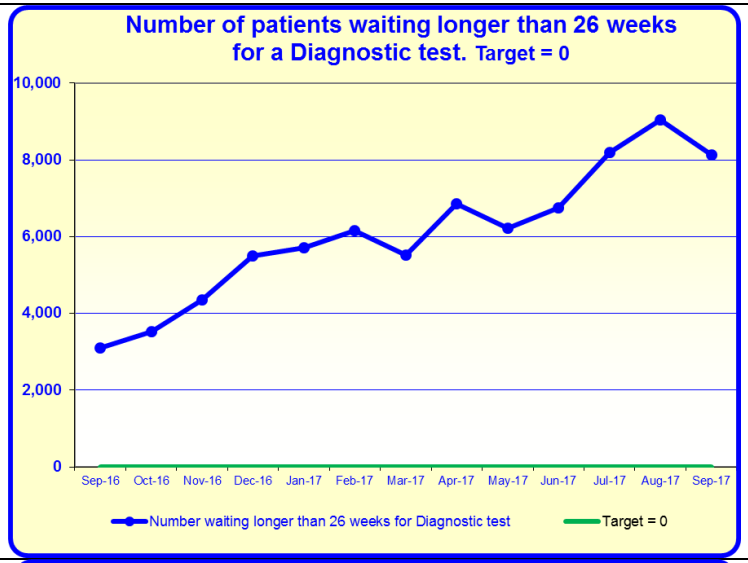
<td> 
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</tr>
<tr>
<td>16.0</td>
<td>By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</td>
<td>The Trust is under delivering against the target. At the end of September 2017, 31% of patients on Trust's IPDC waiting lists are waiting no longer than 13 weeks.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Patients waiting no longer than 13 weeks for an IPDC treatment</td><td>38%</td><td>33%</td><td>31%</td></tr>
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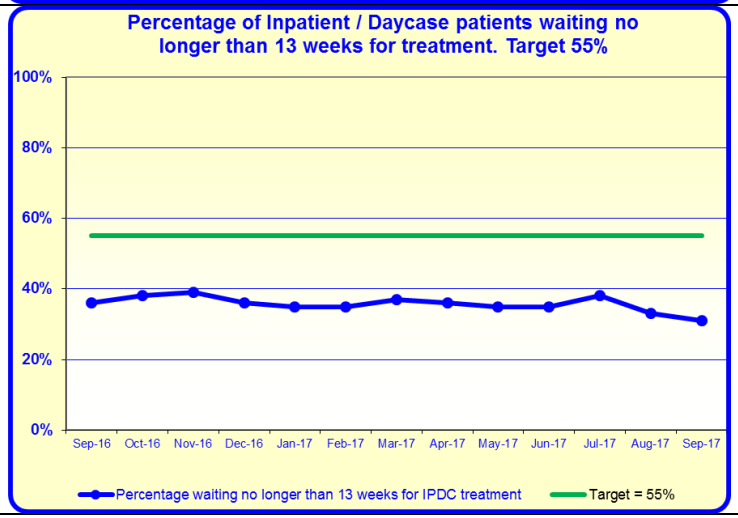
</td>
<td> 
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<tr>
<td>17.0</td>
<td>By March 2018, no patient waits longer than 52 weeks for inpatient / daycase treatment.</td>
<td>The Trust is currently unable to achieve the target.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Patients waiting longer than 52 weeks for an IPDC treatment</td><td>5,078</td><td>5,445</td><td>5,772</td></tr>
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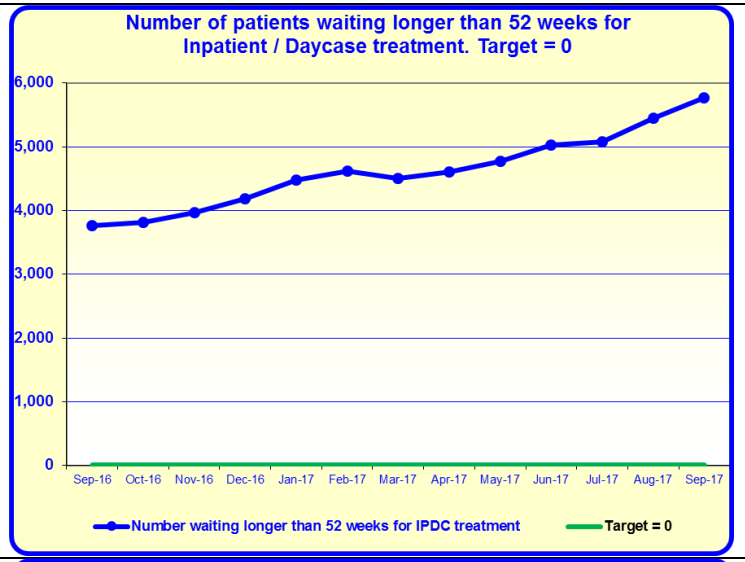
</td>
<td> 
</td>
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<tr>
<td>18.0</td>
<td>By March 2018, no patient waits longer than 9 weeks to access child and adolescent mental health services</td>
<td>Trust performance will be monitored against the agreed trajectory.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Trust Trajectory 2017/18</td><td>143</td><td>145</td><td>115</td></tr>
<tr><td>Patients waiting longer than 9 weeks to access CAMH services</td><td>143</td><td>144</td><td>92</td></tr>
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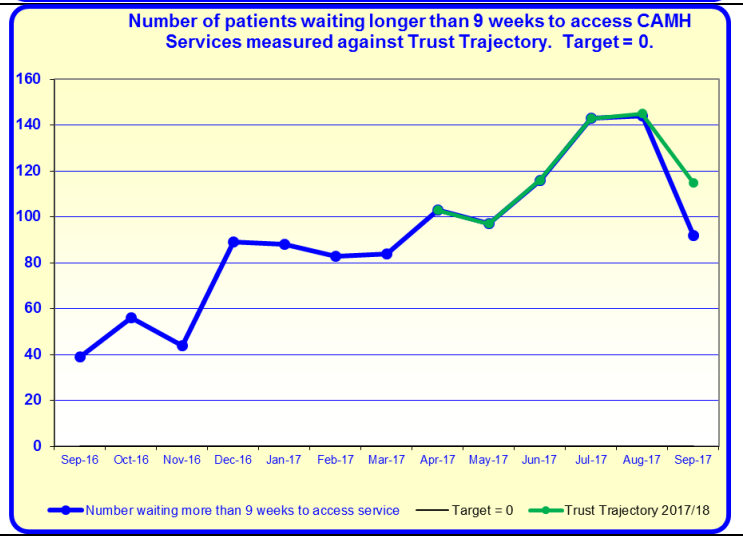
<td> 
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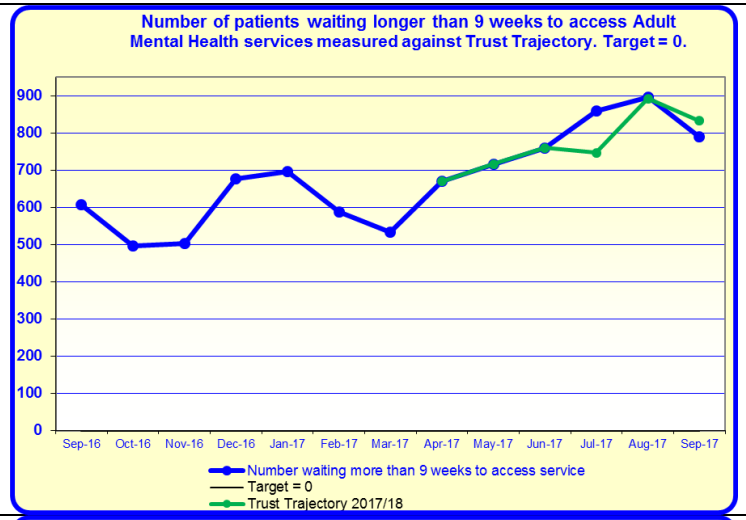
<tr>
<td>19.0</td>
<td>By March 2018, no patient waits longer than 9 weeks to access adult mental health services.</td>
<td>Trust performance will be monitored against the agreed trajectory.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Trust Trajectory 2017/18</td><td>747</td><td>893</td><td>833</td></tr>
<tr><td>Number of patients waiting longer than 9 weeks to access Adult Mental Health services</td><td>860</td><td>896</td><td>790</td></tr>
</table>
</td>
<td> 
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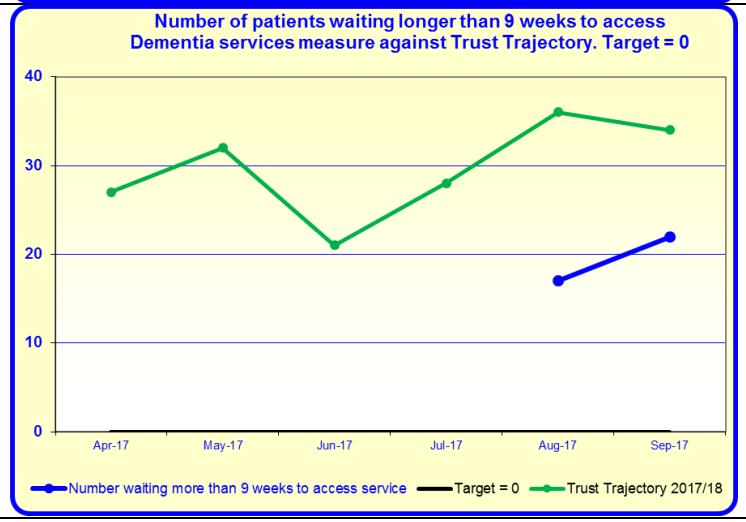
<tr>
<td>20.0</td>
<td>Dementia</td>
<td>Trust performance will be monitored against the agreed trajectory.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Trust Trajectory 2017/18</td><td>28</td><td>36</td><td>34</td></tr>
<tr><td>Number of patients waiting longer than 9 weeks to access Dementia services</td><td>n/a</td><td>17</td><td>32</td></tr>
</table>
Dementia data available from August 2017
</td>
<td> 
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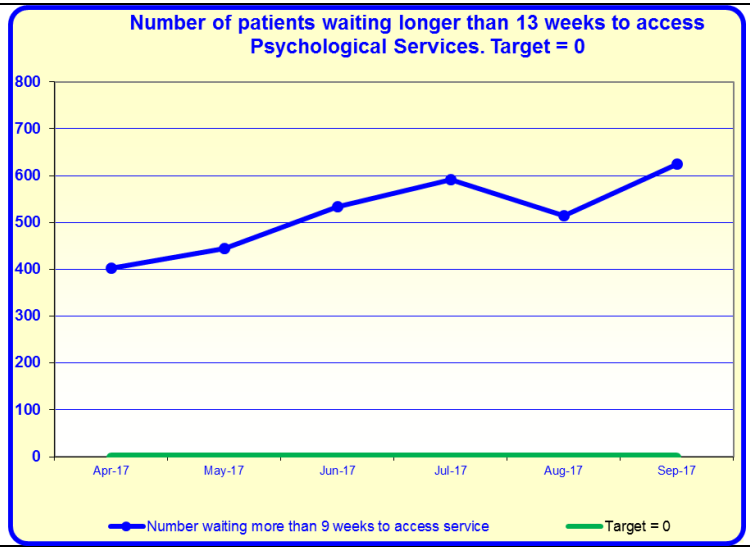
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph
21.0	By March 2018, no patient waits longer than 13 weeks to access psychological therapies (any age).	The Trust is currently unable to achieve the target.	See table below	

Standard	Jul-17	Aug-17	Sep-17
Number of patients waiting longer than 13 weeks to access Psychological services	592	514	625

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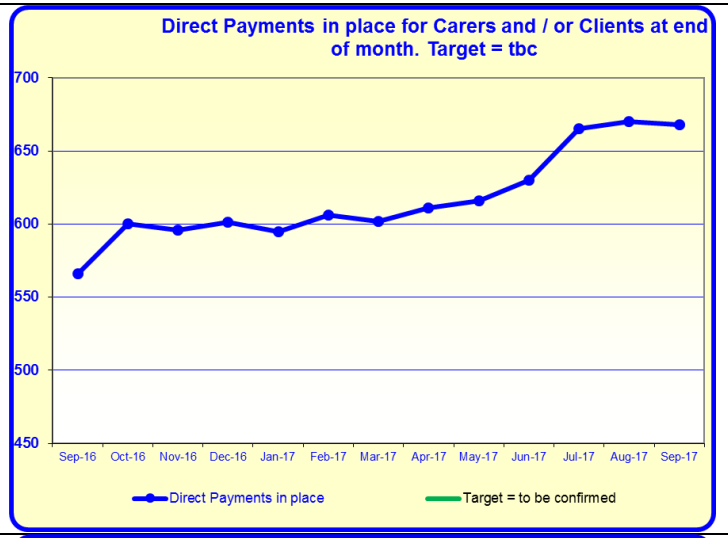
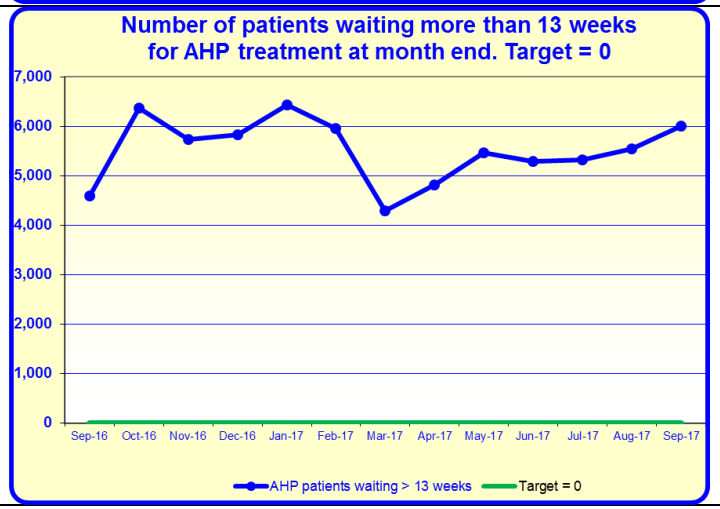
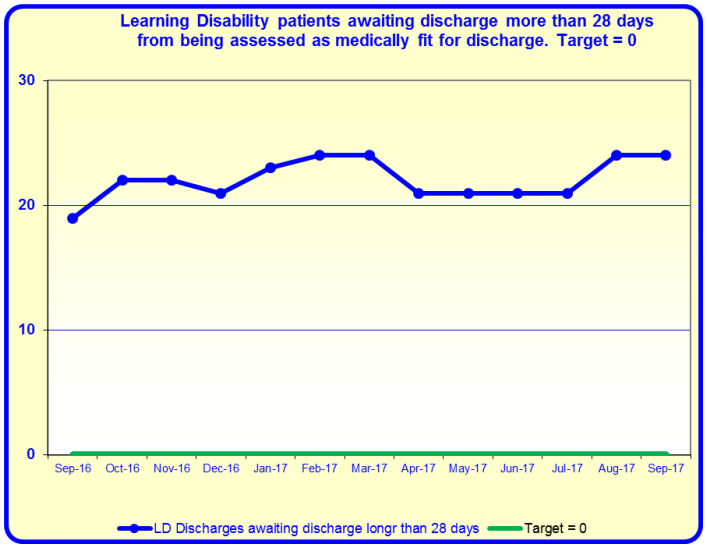
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td colspan="5">CPD: Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them</td></tr>
<tr><td>22.0</td><td>By March 2018, secure a 10% increase in the number of direct payments to all service users.</td><td>Trust cumulative position
April to September = 668.

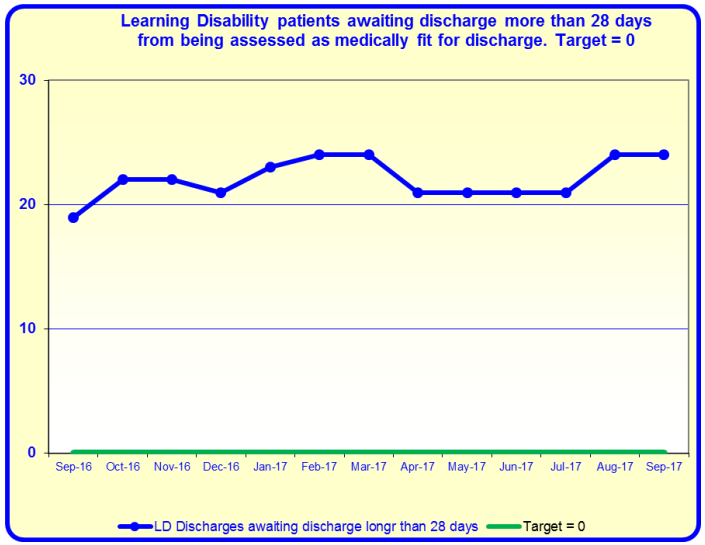
The Trust continues to increase the take up of Direct Payments. Trust target 693, to be confirmed.</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of clients / carers in receipt of Direct Payments</td><td>665</td><td>670</td><td>668</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>23.0</td><td>By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</td><td>The Trust is currently unable to achieve the 13 week target to commence AHP services.</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of patients waiting more than 13 weeks from referral to AHP treatment</td><td>5,325</td><td>5,548</td><td>6,009</td></tr>
</table>
</td><td> 
</td></tr>
</table>

Trust Performance Report 2017/18 - September 2017

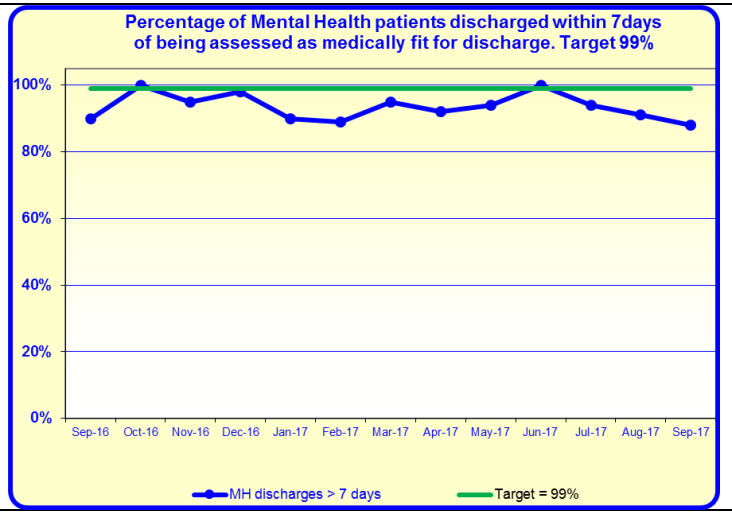
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr>
<td>24.0</td>
<td>During 2017/18, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td>
<td>Trust cumulative position
April to September = 85%.

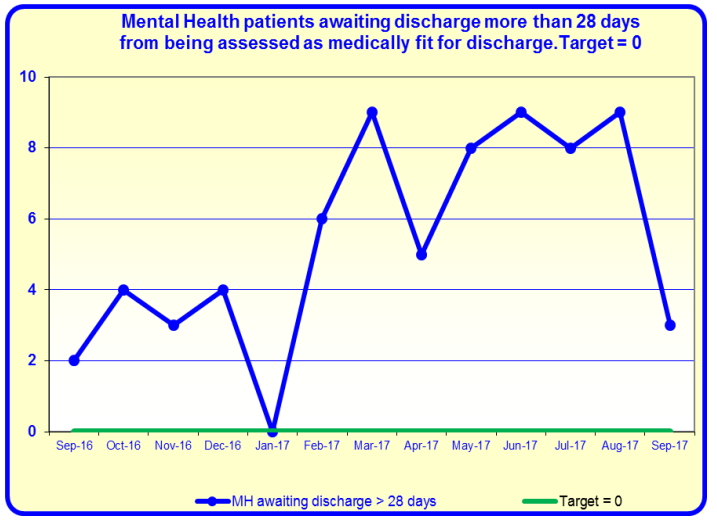
The Trust achieved the target for completed discharges. There were 18 patients discharged within 7 days from April to September 2017.

The smaller numbers of Learning Disability patients, however, means that any delay impacts greatly on the percentage outturn.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of patients discharged within 7 days</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Number of discharges within 7 days</td><td>2</td><td>6</td><td>3</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>25.0</td>
<td>During 2017/18, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</td>
<td>From April to September 2017 there were: 18 Learning Disability patients discharged within the 28 day target; and 3 Learning Disability patients discharged with a completed discharge taking more than 28 days (all in April 2017).

At the end of September 2017, there are 24 patients awaiting discharge who are medically fit for discharge.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of patients discharged within 28 days</td><td>2</td><td>6</td><td>3</td></tr>
<tr><td>Number of patients discharged more than 28 days</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>21</td><td>24</td><td>24</td></tr>
</table>
</td>
<td> 
</td>
</tr>
</table>

Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr>
<td>26.0</td>
<td>During 2017/18, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.</td>
<td>Trust cumulative position
April to September = 93%.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of patients Discharged Within 7 days</td><td>94%</td><td>91%</td><td>88%</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>27.0</td>
<td>During 2017/18, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.</td>
<td>From April to September 2017 there were: 223 Mental Health patients discharged within the 28 day target; and 15 Mental Health patients who have been discharged with a completed discharge taking more than 28 days.

At the end of September 2017 there are 3 patients awaiting discharge who are medically fit for discharge.</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of patients discharged within 28 days</td><td>33</td><td>41</td><td>35</td></tr>
<tr><td>Number of patients discharged more than 28 days</td><td>0</td><td>4</td><td>5</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>8</td><td>9</td><td>3</td></tr>
</table>
</td>
<td> 
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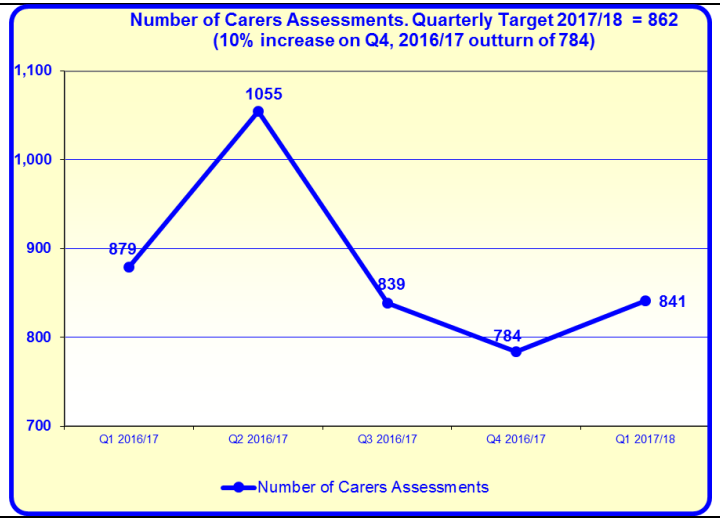
Trust Performance Report 2017/18 - September 2017

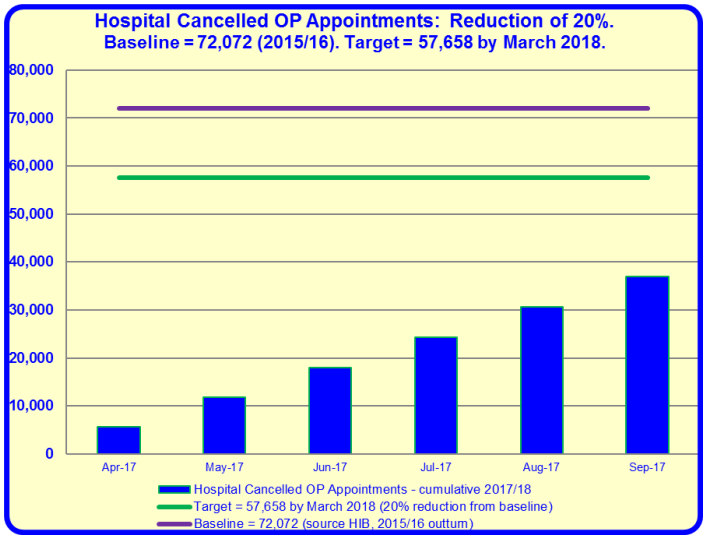
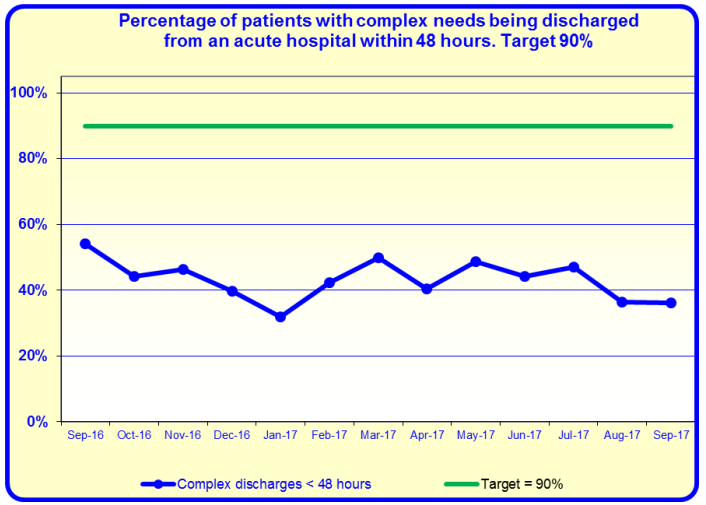
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – Quarterly</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td colspan="5">CPD: Outcome 6: Supporting those who care for others</td></tr>
<tr><td>28.0</td><td>By March 2018, secure a 10% increase (based on 2016/17 figures) in the number of carers' assessments offered to carers for all service users.</td><td>Quarter 1
April to June 2017 = 841.

Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments. Target to be confirmed.</td><td>
<table>
<tr><th>Standard</th><th>Q3 16/17</th><th>Q4 16/17</th><th>Q1 17/18</th></tr>
<tr><td>Number of Carers Assessments</td><td>839</td><td>784</td><td>841</td></tr>
</table>
Quarter 2 data will be available in November for inclusion in the October Trust Performance report
</td><td> 
</td></tr>
</table>

Trust Performance Report 2017/18 - September 2017

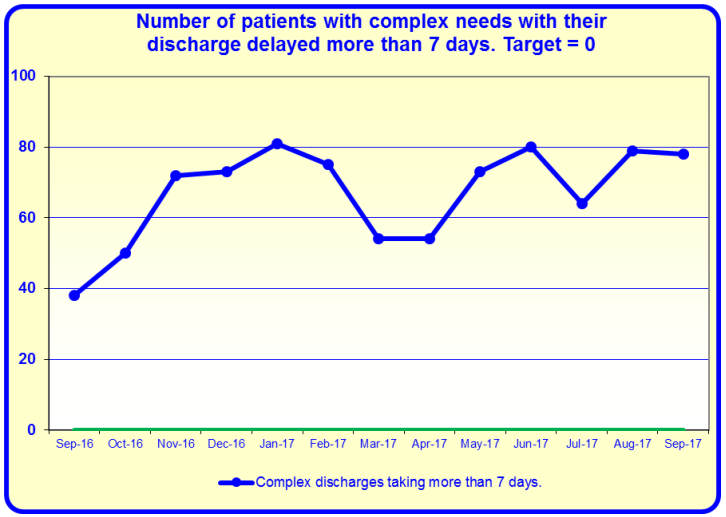
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td colspan="5">CPD: Outcome 7: Ensure the sustainability of health and social care services</td></tr>
<tr><td>29.0</td><td>By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.</td><td>Trust cumulative position
April to September = 37,458

The Trust continues to experience a high level of Hospital Cancelled Consultant-led Outpatient appointments.

Note: The target is based on 2015/16 outturn, 72,072, sourced from the HIB, QOAR return.</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of Consultant led Hospital Cancelled Appointments</td><td>6,311</td><td>6,319</td><td>6,797</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>30.0</td><td>By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</td><td>Trust cumulative position
April to September = 41%.
All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal. The Trust improvement target is a 20% improvement for patients being discharged within 48 hours compared to the 2016/17 monthly average. The monthly cumulative is monitored against</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of complex discharges within 48 hours</td><td>47%</td><td>36%</td><td>36%</td></tr>
</table>
Complex discharges within 48 hours compared to Trust Improvement Target
<table>
<tr><th>Trust Improvement Target (average)</th><th>Apr - Jul 2017</th><th>Apr - Aug 2017</th><th>Apr - Sep 2017</th></tr>
<tr><td>RVH (59%)</td><td>48%</td><td>48%</td><td>47%</td></tr>
<tr><td>MIH (44%)</td><td>41%</td><td>38%</td><td>32%</td></tr>
<tr><td>BCH (48%)</td><td>34%</td><td>30%</td><td>28%</td></tr>
</table>
</td><td> 
</td></tr>
</table>

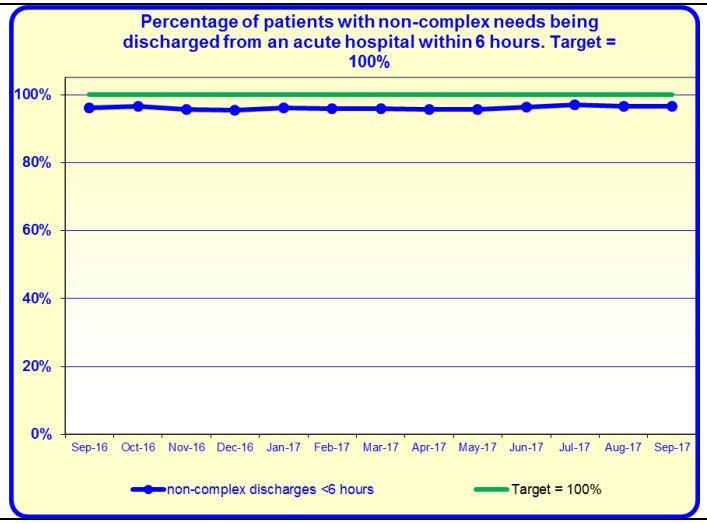
Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td></td><td></td><td>monthly average percentage targets.</td><td></td><td></td></tr>
<tr><td>31.0</td><td>By March 2018, ensure that no complex discharge taking more than 7 days.</td><td>Trust cumulative position
April to September = 428.
All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.

The Trust plan is to achieve a 10% improvement for patients being discharged within 7 days compared to 2016/17 monthly average. The monthly cumulative is monitored against monthly average percentage targets.</td><td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Number of Complex Discharges taking more than 7 days</td><td>64</td><td>79</td><td>78</td></tr>
</table>
Complex discharges within 48 hours compared to Trust Improvement Target
<table>
<tr><th>Trust Improvement Target (average)</th><th>Apr - Jul 2017</th><th>Apr - Aug 2017</th><th>Apr - Sep 2017</th></tr>
<tr><td>RVH (87%)</td><td>75%</td><td>76%</td><td>76%</td></tr>
<tr><td>MIH (68%)</td><td>61%</td><td>60%</td><td>54%</td></tr>
<tr><td>BCH (73%)</td><td>58%</td><td>53%</td><td>53%</td></tr>
</table>
</td><td> 
</td></tr>
</table>

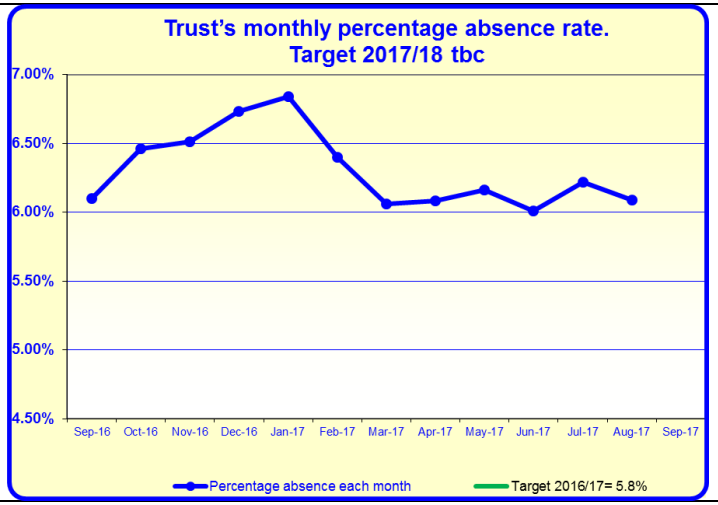
Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr>
<td>32.0</td>
<td>By March 2018, ensure that all non-complex discharges from an acute hospital take place within 6 hours.</td>
<td>Trust cumulative position
April to September = 97%.

Source web portal. Belfast Trust Hospitals - Source Belfast Trust PAS</td>
<td>
<table>
<tr><th>Standard</th><th>Jul-17</th><th>Aug-17</th><th>Sep-17</th></tr>
<tr><td>Percentage of Non-complex Discharges taking place within 6 hours</td><td>97%</td><td>97%</td><td>97%</td></tr>
</table>
</td>
<td> 
</td>
</tr>
</table>

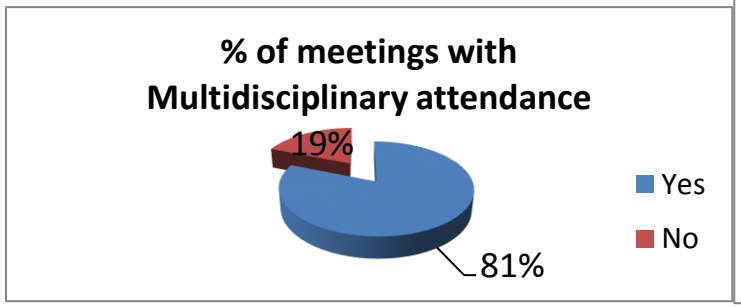
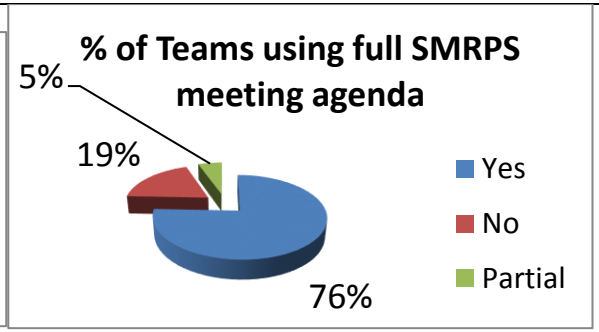
Trust Performance Report 2017/18 - September 2017

<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph</th></tr>
<tr><td colspan="5">CPD: Outcome 8: Supporting the HSC workforce</td></tr>
<tr><td>33.0</td><td>By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure.</td><td>Trust cumulative position
April to August = 6.22%.

Trust 2017/18 target to be confirmed.</td><td>
<table>
<tr><th>Standard</th><th>Jun-17</th><th>Jul-17</th><th>Aug-17</th></tr>
<tr><td>Trust Absence Rate</td><td>6.01%</td><td>6.22%</td><td>6.09%</td></tr>
</table>
September data will be available for October Trust Performance Report.
</td><td> 
</td></tr>
</table>

The Corporate Management Plan 2017/18 – 6 Month Review (April – Sept 2017)

Key	
Not yet started	
Underway	
Completed	

Objective	Update	RAG
Safety & Excellence		
1. 30% of all Quality Improvement programmes should have patient and/or service user involvement.	There are 40 projects being taken forward via the SQB training programme in 2017/18. Participants include two service users and a carer for a patient who uses Trust services. SQB workshop 2 included a presentation from Sandra McCarry, PPI, outlining the benefits of involving patients and service users and useful guidance on the approach to take. All project teams are being encouraged to involve patients and service users in their improvement work and many projects are expected to fulfil this.	
2. Across all programmes of the Quality Improvement Plan, we will aim to improve safety by 10%.	There is a target of reducing harm by 10% for each year of the QI Plan, cumulating in a 30% reduction by 2020. The various workstreams of the 6 objectives of the QI Plan are at different stages of progress and of collecting data to measure. For some areas, a 10% reduction by March 2018 may be difficult but a 30% reduction by 2020 will be more manageable. There has already been 10% or more improvement in a number of areas including: • the number of learning events taking place; • reduction of inpatient falls; • independent audit of hand hygiene; • Number of deaths recorded on MMR system; • Recording and monitoring of paediatric fluid balance The Trust is on target to have 1000 staff trained to lead and support improvement work by 2020. The DoH has recently introduced this target to be achieved in 2018, which will be challenging.	
3. Ensure that all specialty patient safety and mortality and morbidity meetings across the Trust are multidisciplinary and cover the full clinical governance agenda.	  Information available on 37/48 teams. Data at September 2017.	

The Corporate Management Plan 2017/18 – 6 Month Review (April – Sept 2017)

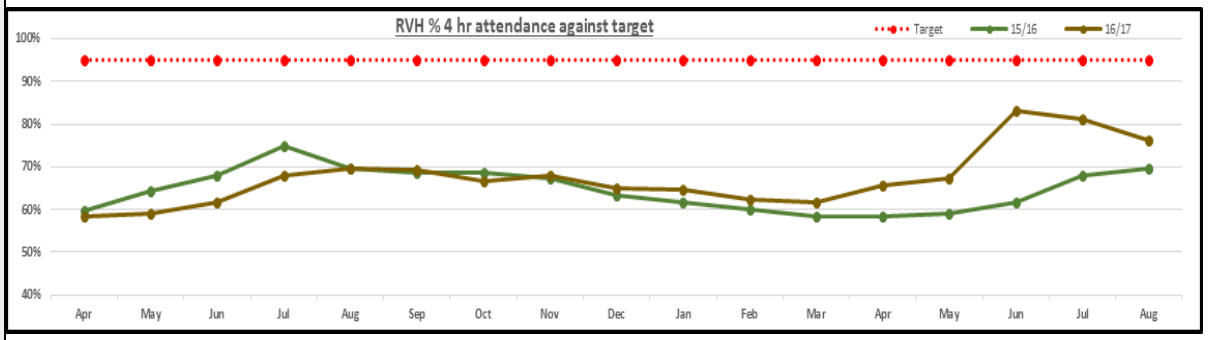
Key	
Not yet started	
Underway	
Completed	

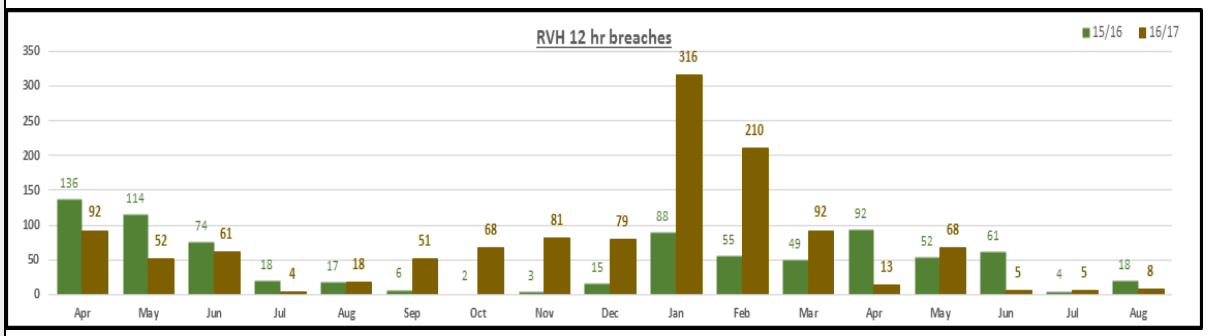
Objective	Update	RAG
	An updated job description for Mortality and Morbidity Leads has been issued and recruitment will be required in some specialties. All teams are working towards having multi-disciplinary attendance and covering the full governance and patient safety agenda. This work is on-going and some groups will need developmental support to achieve this. A QI project has been undertaken to share learning from governance to the wider team of nurses, AHPs, etc. who don't attend M&M meetings. This links to the work of the Data Triangulation Group and development of a core data set, detail below.	
4. Develop, standardise and test the data set for improvement in key areas reflecting the diversity of the Trust.	A Data Triangulation Group with representatives from across the Trust has been established to oversee this work. Work is on-going to develop a core governance data set at ward level in acute hospitals. A data set has been developed and tested with ward staff in Vascular, RVH and Gynae, BCH wards. The data encompasses safety information, incidents, complaints and patient feedback. The pilot is being extended to other areas from November 2017 but may not include patient feedback, subject to resource. In the community setting a project has started to quality assure and review processes for referrals to the regional emergency social work service. Further engagement required with older people's services to review the dashboards currently used align that work to the Data Triangulation Group. Discussions are on-going with Information and ICT regarding the Trust requirements for a system to extract and triangulate data. Options are being considered at present.	
5. Develop and implement collective leadership for the delivery of ongoing quality improvement - building a structure of support, continuous learning and innovation.	• Nearing completion of appointment of divisional leadership teams across all service directorates. • Work is underway/planned to examine how Corporate Directorates need to enhance ways of working to support the needs of service colleagues. • Drafted engagement and communication approach and plan to support the delivery of safe, high quality and compassionate care (to which collective leadership is one enabler), with some activities underway.	
6. Ensure improvement in the Delivery of Corporate Parenting and Safeguarding responsibilities.	The Trust has continued to discharge its statutory functions in relation to children, young people and adults in line with the requirements specified in the Regional Scheme for Delegation. In relation to children and young people in particular, the Trust has been engaged in a range of regional and local initiatives to develop an outcomes-based approach to service delivery as part of a focus on innovation, quality and performance improvement across the continuum of Children's Social Care provision.	
Continuous Improvement		

The Corporate Management Plan 2017/18 – 6 Month Review (April – Sept 2017)

Key	
Not yet started	
Underway	
Completed	

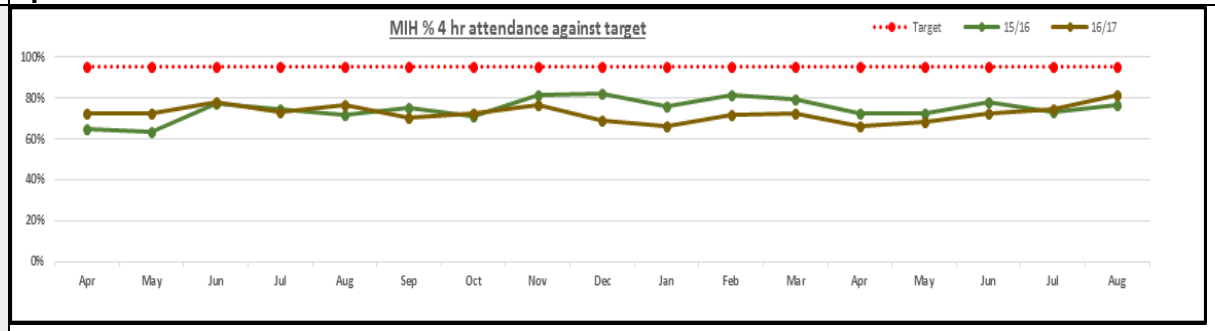
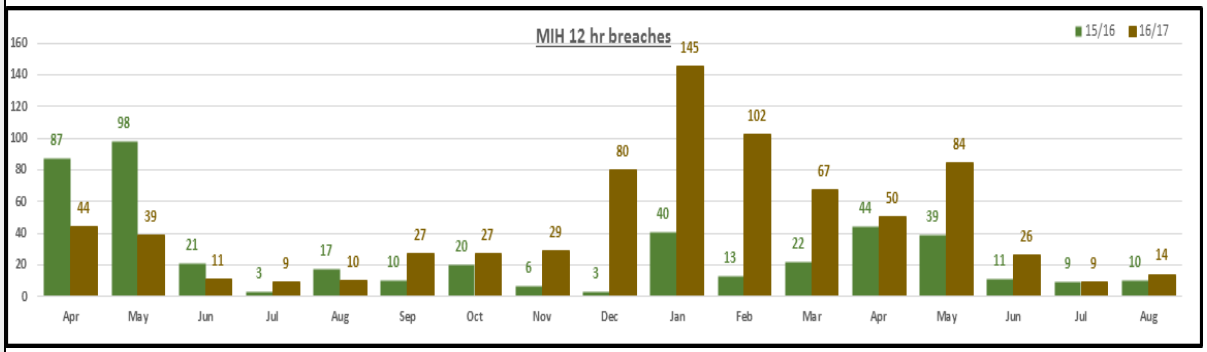
Objective	Update	RAG
1. Deliver Improvement Plans for Community, Elective & Unscheduled Care.	**Unscheduled Care** and **Community Services** have developed a Winter Resilience Plan which details key improvements underway to improve patient flow across the winter period. For example, the Trust trajectory for improvement in 2017/18 is to achieve a further 10% improvement in winter baseline against the 4 hour unscheduled care standard. **RVH = 72%** **MIH = 80%**	





The Corporate Management Plan 2017/18 – 6 Month Review (April – Sept 2017)

Key	
Not yet started	
Underway	
Completed	

Objective	Update	RAG
	  **Elective Care** The Trust has developed proposals for increasing elective care services supported by investment in pre-assessment, admission on day of surgery and day case capacity. The HSCB has indicated support for the proposals, however, resources have not yet been identified to enable the service developments to progress.	
2. Complete New Directions 2 proposals across Acute & Community/Children's Services.	Proposals on strategic changes across Belfast Trust are at an advanced stage of development. Within the adult acute hospital group, proposals have been developed and discussed widely across clinical teams, tested with the public and key stakeholders and shared with Trust Board. Draft Discussion papers for wider staff review are currently being finalised within Mental Health, Learning Disability, Children's Community and Acute Services and Older People/Physical Disability Services. All proposals will be submitted to ND2 Project Board for consideration by year-end.	

The Corporate Management Plan 2017/18 – 6 Month Review (April – Sept 2017)

Key	
Not yet started	
Underway	
Completed	

Objective	Update	RAG
3. Take forward BHSCT role in supporting Transformation of Health & Social Care Services as per 'Health & Wellbeing 2026—Delivering Together.'	"Health & Wellbeing 2026 – Delivering Together" is overseen by the Transformation Implementation Group (TIG), chaired by the Permanent Secretary. The Trust's representative on this group is the Chief Executive. The Trust is participating fully in all aspects of work arising from TIG, including Improvement & Innovation, Pathology Modernisation, Review of Breast Assessment Services, Stroke Modernisation, Development of a Regional Workforce Strategy and Development of a Regional Leadership Strategy.	
4. Review Trust Performance & agree Improvement Plans in key services.	Performance trajectories have been submitted for ED/Elective/Cancer/ Mental Health services for 17/18 in line with the new regional performance management requirements. The Trust will be monitoring performance against the planned trajectories in 17/18.	
5. Implement Appreciative Inquiry in pilot areas to support user/carer input.	Within Learning Disability, we have had further training for carers and staff in the use of the Appreciative Inquiry tool and this has been helpful in rolling out our project. The focus within Learning Disability has been day services and is fully supported by the Day Services Forum. A steering group is fully functional in driving forward our co-produced questionnaire on services and we hope to have the feedback from carers, service users and staff by end of the year. This will then be presented to the Day Services Forum so that we can co-produce our plan for the way forward. A pilot is also being developed within Dementia Services to look at residential care. A Steering Group and Working Group have been developed, with representation from Trust staff, carers and relevant voluntary organisations. The questions for inquiry are currently being developed and a process for engagement is being drawn up.	
Partnerships		
1. Develop a Partnership Plan to guide our activities with all our partners.	In light of the development of 'The Belfast Agenda' (led by Belfast City Council & partners, including Belfast Trust) and the review of Trust Assurance arrangements, which proposes a Partnership Group to replace the current '3 E' Group, a Partnership Strategy Group has been established to commence early work on a Partnership Strategy. Progress on this has been slower than planned and it is anticipated that the strategy will be developed by March 2018.	
2. Work with local Councils to support the implementation of Community Plans— 'The Belfast Agenda', 'Lisburn & Castlereagh Community.'	The Trust has been fully involved in the development of 'The Belfast Agenda' (Community Plan) and the Lisburn and Castlereagh Community Planning processes at both a strategic and operational level. Trust staff are currently working with other statutory partners to develop actions plans that will provide an implementation structure on the main Belfast themes of Growing the economy, Living here, City development and Working and learning and the Lisburn and Castlereagh themes of Children and young people, The Economy, Health and well-being, Where we live and Our community. An important element of this work has been the linking of Community Planning with Making Life Better and the draft Programme for Government outcomes.	

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Key	
Not yet started	
Underway	
Completed	

Objective	Update	RAG
3. Develop Action Plans for Making Life Better & Programme for Government (draft) implementation.	Belfast Trust is fully committed to the implementation of 'Making Life Better' (MLB) and through the Public Health - Health Improvement team, has an action plan that is delivering on the 6 key MLB themes: 1. Giving Every Child the Best Start – Roots of Empathy programme in Belfast schools : the Early Intervention Coordinator to support the delivery of parenting programmes : Family Nurse Partnership; 2. Equipped Through Life – work through Healthy Ageing Strategic Partnership -age friendly city : physical activity and nutrition programmes; 3. Empowered Healthy Living – smoke free sites : health information sessions through health facilitators : emotional resilience training – Top Tips, ASIST; 4. Creating the Conditions – joint work through Belfast Healthy Cities reuniting planning and health programme; 5. Empowering Communities - community development/empowerment: workplace Health – B Well website and App; 6. Developing Collaboration – Belfast Strategic Partnership: partnership initiatives - healthy living centres, area partnerships, community planning. In addition, through the **Belfast Strategic Partnership**, the Trust are working on a wide range of initiatives that address the key themes of the MLB Framework, e.g. Healthy Ageing, Lifelong Learning, Mental Health and Emotional wellbeing, Active Belfast, Alcohol and Drugs etc. While the Programme for Government (PfG) is still in draft, the Trust are working with partner organisations to establish delivery structures for PfG and, in particular, taking a lead role on the 'Heathier Workplaces' programme. In addition, the Trust has already established programmes that will deliver outcomes for the majority of the 14 PfG areas.	
4. Develop Good Relations Strategy & Inequalities and Disability Action Plans.	Belfast Trust consulted formally on its second-generation draft good relations strategy between 9th June and 8th September 2017. Due to extensive pre-consultation and engagement, there was not a significant volume of responses, but those that were received were positive and acknowledged the benefits of the strategy. The Trust's Chief Executive officially launched the strategy on 21st September on 'International Day of Peace' during 'Community Relations and Cultural Awareness Week.' This took place at a joint celebration event along with Belfast City Council, the Northern Ireland Housing Executive and the Community Relations Council. The event underpinned the importance of Belfast's strategic partners working together to promote good relations across the city. The Trust is currently out for formal consultation on two corporate documents and this consultation will close on 7th November: • The Inequalities Plan is a draft plan to tackle residual Section 75 inequalities in health and social care; • The Disability Action Plan is a draft plan to promote positive attitudes towards disabled people and to encourage their full participation in public life. Both plans contain regional HSC actions and specific local actions for Belfast Trust. The plans have been co-designed and have been greatly informed by individuals and representative organisations across the disability and equality sector.	

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5.Further strengthen our Personal & Public Involvement (PPI) governance and accountability arrangements to ensure strong service user and carer voice.	The Trust continues to develop a range of activity to support PPI. This includes staff training, the promotion of PPI e-learning and support for a range of service user groups. The community development team have given support to staff to develop a number of new PPI initiatives and the Trust PPI standing forum planning group continues to meet on a regular basis. Work is ongoing to map current PPI work across the Trust and identify members for the new forum. The Trust continues to participate in the Regional PPI Forum and is working to address the recommendations made in the recent PHA monitoring report. Recently PPI objectives have been included in the Trust Accountability framework and this will ensure an ongoing strong service and user voice across all directorate and divisional structures.	
Our People		
1. Commence implementation of the Trust's People Strategy, 'caring supporting improving together'.	The Trust's People Strategy is in draft form; early consultation with stakeholders has taken place with positive feedback. A further more extensive consultation exercise will be undertaken in the latter half of 2017/18 with a view to the strategy being launched before the end of the financial year.	
2. Deliver enhanced collective working and decision making within and across teams.	• Support plan for divisions (e.g. team effectiveness, development process) is in place. • Commenced scoping phase of the assessment of existing culture and leadership capability (late Sept) following DoH approval to proceed. • Commenced cross-divisional engagement/learning events to support new ways of working.	
3. As an exemplar employer, improve our ability to attract and retain high calibre staff and fill identified gaps.	• Currently reviewing how we advertise and promote Belfast Trust vacancies • Working in partnership with LinkedIn to improve the Trust's profile as an Employer of Choice • Participating in the regional 'Strategic Resourcing Innovation Forum' (SRIF) which is focusing on improving all aspects of the attraction and recruitment of potential candidates to the HSC • 'On-boarding' improvement project underway to improve how we engage with newly appointed staff from the point that they have been offered a post in the Trust through to their first couple of months in employment. • Continuing to participate in regional International Medical and Nursing recruitment campaigns.	

4. Improve the health and wellbeing of our staff through implementation of the Health and Wellbeing Strategy.	• Ongoing implementation of the **Health and Wellbeing Strategy** through the continued development of 'bwell' initiatives, most notably, the bwell website and app –support available to staff in and beyond the work environment.
	• Continued roll out of programmes aimed at supporting health choices including;
	  ◦ Couch 2 5K running programme which has completed 3 x 10-week sessions on the Mater, Knockbracken and Belfast City Hospital sites;
	  ◦ 'Choose to Lose' weight management programme has been offered on four sites;
	  ◦ 7 'bwell' Health Events have been supported since April 2017 engaging with over 500 staff.
	  ◦ The Here 4 U Programme has increased the number of free activities available and now includes a 06:30 Spin class on the Mater Hospital site and increased Pilates classes to meet demand.	

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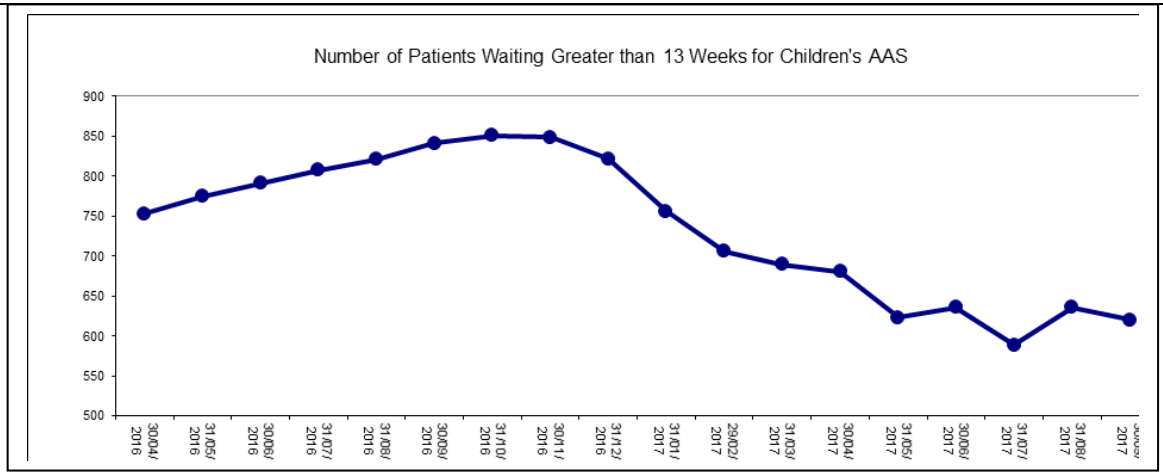
	• Our new Mind Ur Mind Toolkit was launched on World Mental Health day and is an information resource and reference point designed to support all staff in their personal mental and emotional well-being and to assist managers to more fully support colleagues. Also worth noting that the Smoke Free policy is a continued support to staff health and well-being in terms of protected work environment and staff who smoke can access 12 weeks free Nicotine Replacement Therapy through engagement with the Health Improvement Team's Stop Smoking Service. September 2017 saw Belfast Health and Social Care Trust cited as one of Britain's Healthiest Workplaces.	
5. Increase levels of active staff engagement within Trust.	HR continue to support Employee Engagement initiatives across the Trust. To-date this year the Engaging Manager programme has been delivered to 134 managers across the Trust. The Team have also developed an Engagement toolkit using Page Tiger publishing software. The toolkit will support individual staff members, service teams and Directorates to better understand the factors that contribute to high levels of employee engagement and the actions they can undertake locally to improve the current levels of engagement within their teams. The publication will be shared with the wider Trust in the Autumn.	
Resources		
1. Develop and agree a Financial Strategy with Health & Social Care Board & Department of Health and set and agree divisional budgets.	The Trust continues to work with HSC Board & Department colleagues to agree a financial strategy, in the absence of a finalised HSC budget for 2017/18. Trust Directorates have had budgets established.	
2. Deliver improvements in key waiting times, e.g. Children's Autism Spectrum Disorder services and maintain current service activity levels.	The number of children waiting longer than 13 weeks for autism assessment has decreased by 30% in the last 12 months. The longest waiting patient is now waiting 12 months rather than the 17 months wait of October 2016. Both of these downward trends continue and services are continuing to actively seek out new ways of working within BHSCT and IS providers to reduce this number further.	



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3. Review and agree new Organisational Performance arrangements.	The Trust has developed a draft revised Performance Management Framework to align with the revised draft Regional Performance Management Framework and the new Divisional structures within the Trust.	
4. Invest in our estate and ICT digital projects to reduce risk and enhance the patient experience.	The Trust has utilised its general capital budget for 2017/18, a significant proportion of which was allocated to the replacement of an MRI machine in Musgrave Park. The Trust continues to make representation to the Department for additional capital money to address pressures associated with the demand for replacement of essential medical equipment.	
5. Deliver agreed capital projects.	The Trust continues to manage the major capital projects with the support of CPD Health Projects, as their professional project manager. The Trust apprise the Department of the impact on cost & programme associated with Business Case approvals, contract award and construction & commissioning as they deliver new builds on complex hospital sites.	