Belfast Health and Social Care Trust

Trust Board Performance Report

April 2018 – March 2019

Introduction

The Trust Board Performance Report for the period April 2018 – March 2019 includes updates on the following key areas.

Section A – Safety, Quality & Experience (SQE), provides the Board with an overview of Trust performance in relation to a range of key safety, quality and experience indicators. (Trend analysis – Aug 2018 – Mar 2019).

Section B – Service Delivery provides the Board with an update on the Trust performance against key DOH Commissioning Plan Direction (CPD) standards and targets for 2018/19.

Appendix 1 – An end of year summary report is provided for Commissioning Plan Direction (CPD) targets not monitored monthly in Section B.

Section A - Safety, Quality and Experience Key Indicators Report

1. Introduction

Patient/Client Safety, Quality and Experience should be at the core of any organisation delivering health and social care. Belfast Health and Social Care Trust is committed to the continuous improvement in the provision of its services to the population that it serves. One of the essential elements of this is transparency around the assessment of safety, quality and experience. To this end, the Trust has developed a specific report incorporating a nationally comparable range of indicators that demonstrate the progression of the Trust towards our vision of being one of the safest, most effective and compassionate health and social care organisations.

The report includes the range of safety and quality indicators below;

Mortality

- Crude and Risk Adjusted Mortality - non elective
- Crude and Risk Adjusted Mortality - Hip fracture
- Crude and Risk Adjusted Mortality - MI Mortality
- Crude and Risk Adjusted Mortality - Stroke Mortality
- Mortality - % of deaths recorded on MMRS system

HCAI

- Clostridium Difficile - incidence
- MRSA - incidence

Classic Safety Thermometer

- Number of Avoidable Pressure Ulcers
- VTE risk assessment Compliance %
- Number of Falls
- Number of moderate/major/catastrophic falls

Other Safety Thermometer

- Cardiac Arrest rate %

Medicines

- Controlled Drugs - Compliance Audit (quarterly)

Patient Experience

- Friends and Family score – from Sept 2018
- Patient Experience – Domain score average

Children's Community Indicators

- Child protection - % of child protection referrals allocated within 24 hours of receipt of referral
- ‘Healthy child, healthy future’ - % of new baby reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered)
- Care leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment)

Social Care Indicator

- Clients receiving care at home as a percentage of total clients receiving care latest complete month

Mental Health Indicators

- A dataset is being developed to enable these indicators to be reported

A brief commentary is included in relation to each indicator, and Trust data provided in respect of the indicators above.

2. **Key Messages from the Indicators**		
	Mortality Indicators	**Key Points**
1.1	Crude Mortality % - non elective	Crude mortality is at 3.2% for Mar 2019.
1.2	Risk Adjusted Mortality Index - non elective	Risk adjusted mortality index is at 94 for Aug 2018.
1.3	Crude Mortality % - Hip fracture	Crude mortality is at 4.7% at Nov 2018.
1.4	Risk Adjusted Mortality Index - Hip fracture	Risk Adjusted Mortality Index is 59 at Nov 2018.
1.5	Crude Mortality % - MI Mortality	Crude Mortality % is 6.8% at Oct 2018.
1.6	Risk Adjusted Mortality Index - MI Mortality	Risk Adjusted Mortality Index is 84 at Oct 2018.
1.7	Crude Mortality % - Stroke Mortality	Crude mortality is at 5.0% at Nov 2018.
1.8	Risk Adjusted Mortality Index - Stroke Mortality	Risk adjusted mortality index is at 62 for Nov 2018.
1.9	Mortality - % of deaths recorded on MMRS system	The electronic recording of deaths has significantly improved since the introduction of the regional MMRS system, and performance is consistently just below 100%.
	Healthcare Acquired Infection Indicators	
2.1	Clostridium Difficile	The regional tolerance threshold target for C-Difficile was set at 110 for the year. Incidence of C-Difficile to year-end of 132 cases is 19 above the position for 2017/18, and 7 above the target set by PHA/HSCB.
2.2	MRSA	The regional tolerance threshold target for MRSA was set at 12 for the year. Incidence of MRSA of 16 cases to year-end is 3 below the position for 2017/18, and 7 behind the target set by PHA/HSCB.
	Classic Safety Thermometer Indicators	
3.1	Avoidable Pressure Ulcers – 10% reduction on last year– tolerance 111 by March 2019	Number of avoidable pressure ulcers is behind target and above outturn for same period last year (Mar)
3.2	VTE risk assessment Compliance % - 95% target	Compliance with VTE risk assessment achieved the target of 95% for the year), with a slight reduction to 93% in the month of March
3.3	Number of Falls – 10% reduction on last year - tolerance 2013 by March 2019	Falls have reduced by 12% compared to Apr-Mar last year (Mar).
3.4	Number of moderate/major/catastrophic falls	The number of falls assessed as being moderate, major or catastrophic represents on average 2% of total falls (Jan).
3.5	Urinary Tract Infection rate (Patients with catheter)	Dataset is being developed

	Other Safety Indicators	
3.6	Cardiac Arrest rate %	Cardiac arrest rate has increased to 1.87% in March, however it remains within annual tolerance(Mar)
	Medicines Indicators	
4.1	Controlled Drugs - Compliance Audit (quarterly)	Management of controlled drugs is a component of BHSCT Quality Improvement Plan: Reducing Harm from medication. A target of 75% has been exceeded in the last 4 quarterly audits, the most recent recording a 88% compliance rate (Jan)
	Patient Experience	
5.1	Friends & Family score from September 2018	Friends and Family score was introduced in September and is directly comparable with other Trusts in the Patient safety collaborative. Group average score is 96% and Trust cumulative score is 99% (Mar). It asks whether a patient would recommend the service to their friends and family. It is one of the questions asked in the patient experience survey below
5.2	Patient experience - average domain score (0-10) –	The Trust has commenced patient experience surveys in 10 wards (3 on BCH site, 6 on RVH site and Ward F on Mater site) using a nationally recognised structured questionnaire. Around 170-190 questionnaires are completed monthly Questionnaires are evaluated and scored based on the response given to individual questions e.g. 0 for unsatisfied to 5 completely satisfied (then converted to percentage). Average domain score has ranged between 95%-96% over the 8 months to March 2019
	Children's Community Indicators	
6.3	Child protection - % of child protection referrals allocated within 24 hours of receipt of referral – Target 100%	The Trust has maintained a 100% performance since commencement of data presentation at Aug 2018
6.4	'Healthy Child, Healthy future' - % of new baby reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered) – Target 95%	The Trust has averaged 94% from Aug 2018 – Feb 2019, with Jan 2019 being the lowest at 90% and a range of 90% - 97%
6.5	Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment) Target 75%	The Trust has averaged 79% since August 2018, with the a range of 77% - 83%

	Social Care Indicators	
7.1	Clients receiving care at home as a percentage of total clients receiving care latest complete month	The Trust reports the proportion of clients receiving care at home in comparison to care received in a nursing or residential home. The Trust is examining council indicators reported in England to evaluate indicators that are similar to allow benchmarking. From August – February the proportion of clients receiving care in their own homes has consistently been in the range 69-70%

3. Patient/Client Safety, Quality and Experience Indicators

August 2018 – March 2019 (or latest available data)

Safety, Quality and Experience dashboard - August 2018 -March 2019

			2018/19											
1.0	**Mortality Indicators ****	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avge	Trend
1.1	Crude Mortality % - non elective	3.4%	2.8%	2.9%	2.9%	3.3%	3.0%	3.7%	3.9%	3.2%	3.1%	3.1%	3.5%	
1.2	Risk Adjusted Mortality Index - non elective*	88	94								83	75	81	
1.3	Crude Mortality % - Hip fracture	1.9%	2.9%	1.4%	6.4%	4.7%					4.0%	3.80%	4.30%	
1.4	Risk Adjusted Mortality Index - Hip fracture	74	80	65	59						70	65	84	
1.5	Crude Mortality % - MI Mortality	2.9%	1.8%	5.6%	6.8%						4.2%	4.1%	5.0%	
1.6	Risk Adjusted Mortality Index - MI Mortality	66	45	110	84						86	62	76	
1.7	Crude Mortality % - Stroke Mortality	9.8%	7.8%	7.6%	11.0%	5.0%					9.3%	11.0%	9.4%	
1.8	Risk Adjusted Mortality Index - Stroke Mortality	92	77	70	89	62					89	69	85	
1.9	Mortality - % of deaths recorded on MMRS system	97%	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%		

Note: Mortality data from August 2018 is only shown where coding completeness is sufficient to provide accurate data.

2.0	**Healthcare Associated Infection Indicators**	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avg	Trend
2.1.1	Clostridium Difficile (110)	113	10	8	16	8	9	15	7	18	132	110		
2.1.2	Clostridium Difficile >72 hours	78	8	7	15	4	5	10	6	14	99	-		
2.2.1	MRSA (12)	19	1	3	0	2	2	0	0	1	16	12		
2.2.2	MRSA >48 hours	9	0	2	0	1	1	0	0	1	8	-		

3.0	**Classic Safety Thermometer Indicators**	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avg	Trend
3.1.1	Number of Avoidable Pressure Ulcers (PU's)	123	10	7	5	12	12	10	16	10	130	10% reduction		
3.1.2	Number of All PU's	335	29	26	25	36	36	31	27	39	383	tbc		
3.2	VTE risk assessment Compliance %	95%	94%	95%	95%	95%	96%	96%	96%	95%	95%	95%		
3.3	Number of Falls	2236	149	127	151	161	158	188	155	159	1969	10% reduction		
3.4	Number of moderate/major/catastrophic falls	29	4	4	2	3	3	2	5	3	39	tbc		
3.5	Urinary Tract Infection (UTI) rate with catheter		in development									tbc		

	Other Safety Thermometer Indicators	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avg	Trend
3.6	Cardiac Arrest rate %	1.09	0.28	1.03	0.99	1.21	0.58	2.14	1.40	1.85	1.22	1.37		

4.0	**Medicines Indicators**	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avg	Trend
4.1	Controlled Drugs - Compliance Audit (quarterly)	78%			90%			88%			86%	75%		

5.0	**Patient Experience**	YTD Mar 2018	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD Mar 2019	Target 20%	Peer Avg	Trend
5.1	Friends & Family score reported **from Sept 18**			98%	100%	99%	100%	100%	98%	100%	99%	96%	96%	
5.2	Patient experience - average domain score (0-10)	89.6%	95.8%	95.4%	96.3%	95.8%	96.3%	95.8%	95.8%	95.8%	94.6%	tbc	tbc	

	Childrens Community Indicators (from Aug)		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
6.3	Child protection - % of child protection referrals allocated within 24 hours of receipt of referral		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
6.4	'Healthy Child, Healthy future' - % of new baby reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered)		97%	95%	93%	94%	95%	90%	92%	n/a	94%	95%		
6.5	Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment)		77%	80%	81%	77%	77%	79%	81%	83%	79%	75%		

	Social Care Indicators(from Aug)		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
7.1	Clients receiving care at home as a percentage of total clients receiving care (latest complete month)		69%	69%	69%	70%	70%	70%	70%	n/a		tbc		

Mental Health Thermometer (in development)		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18	YTD	Target 20%	Peer Avg	Trend
% of patients that have self-harmed in the last 72 hours		in development									tbc		
% of patients that have been the subject of violence/aggression in the last 72 hours		in development									tbc		
% of patients that feel safe (at point of survey)		in development									tbc		
% of patients that have had an omission of medication in the last 72 hours		in development									tbc		

Note - Monthly RAG status reflects in-month performance - YTD RAG status reflects cumulative performance for the year

**** YTD,Target and peer average for risk adjusted mortality reflect a rolling 12 month trend***

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

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

CPD: Outcome 2: People using health and social care services are safe from avoidable harm

1.0

Objectives / Goals for Improvement: By 31 March 2019, to secure a regional aggregate reduction of 7.5 % in the total number of in-patient episodes of MRSA infection compared to 2017/18 (Equates to 37% reduction for BHSCT).

Narrative:

All cases of MRSA

Baseline 2017/18	=	19
Target 2018/19	=	12
Achieved 2018/19	=	16

MRSA greater than 48 hours

2018/19	=	8
2017/18	=	9

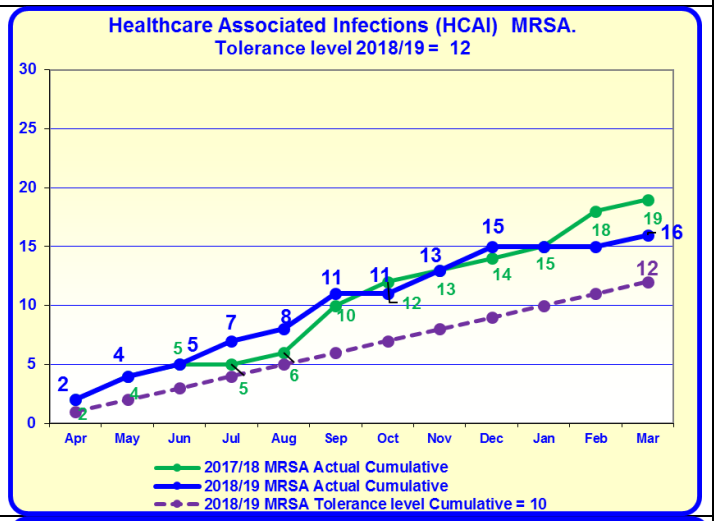
Target was not achieved

Performance – 3 months:

CPD Standard Tolerance level	Jan 2019	Feb 2019	Mar 2019
MRSA incidents In-month	0	0	1
MRSA incidents Cumulative	15	15	16
MRSA tolerance Cumulative	10	11	12
MRSA incidents > 48 hours Cumulative	7	7	8

Performance of MRSA within England is measured as >48 hours.

Trend (rolling 12 months) Graph / Two year comparison:



2.0

Objectives / Goals for Improvement: By 31 March 2019, to secure a regional aggregate reduction of 7.5 % in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2017/18 (Equates to 3% reduction for BHSCT).

Narrative:

All cases of C-Difficile

Baseline 2017/18	=	113
Target 2018/19	=	110
Achieved 2018/19	=	132

C-Diff greater than 72 hours

2018/19	=	99
2017/18	=	78

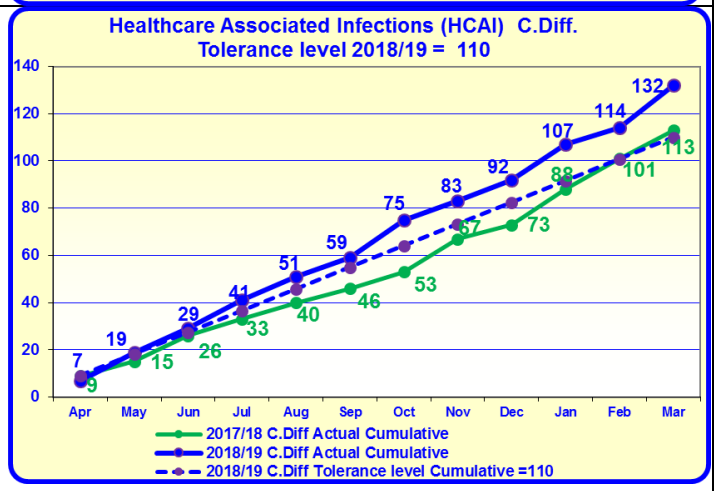
Target was not achieved

Performance – 3 months:

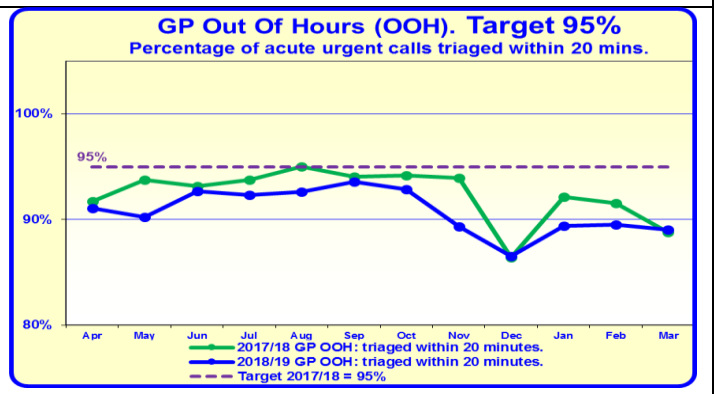
CPD Standard Tolerance level	Jan 2019	Feb 2019	Mar 2019
C.Diff incidents In-month	15	7	18
C.Diff incidents Cumulative	107	114	132
C.Diff tolerance Cumulative	92	101	110
C.Diff incidents > 72 hours Cumulative	79	85	99

Performance of C-Difficile within England is measured as >72 hours.

Trend (rolling 12 months) Graph / Two year comparison:

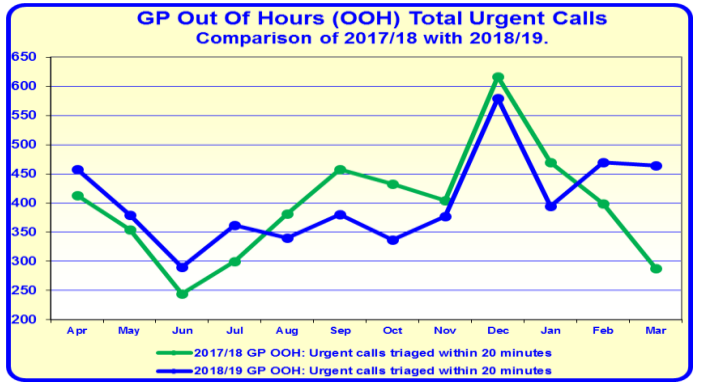


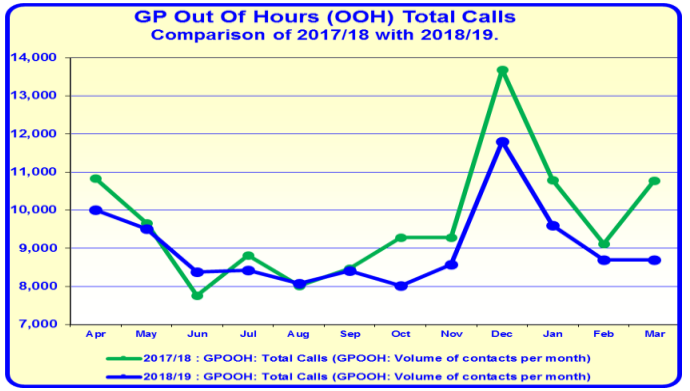
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
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 2019, to have 95% of acute / urgent calls to GP OOH triaged within 20 minutes.	There were 5,343 total Urgent calls from April to March 2018/19. Of these 4,831 (90.4%) were responded to within 20 minutes, with 512 (9.6%) responded to outside of target. The Trust performance each month has consistently been between 89-90% with the exception of December 2018 (87%). There were 132,553 total calls (urgent and non-urgent) from April to March 2018/19, compared to 148,612 for April to March 2017/18, a decrease of 16,059 calls (10.8%). Target was substantially achieved		

CPD Standard	Jan 2019	Feb 2019	Mar 2019
GP OOH patients triaged within 20 minutes	**89%**	**90%**	**89%**
Total urgent calls	**442**	**525**	**521**
Urgent calls triaged within 20 mins	**395**	**470**	**464**
***Total ALL calls**	**11,575**	**11,801**	**12,491**

* Total ALL calls include: routine (response within 60 minutes), emergency (response within 3 minutes) and urgent calls (response within 20 minutes).





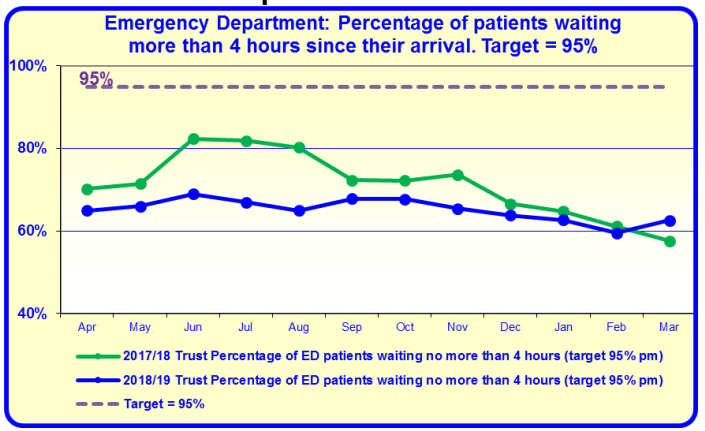
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
4.0	By March 2019, 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.	Trust cumulative position April to March 2018/19 = 65%. This represents a deterioration of 6% when compared to the period April to March 2017/18 (performance 71%). Trust performance is monitored against the trajectory plan. Table below shows the change in activity compared with the same period last year. Target was not achieved	**Monthly ED performance against 4 hour target by Site – performance against trajectory plan (CPD target for RBHSC)**	**Trust combined - two year comparison of 4-hour performance**

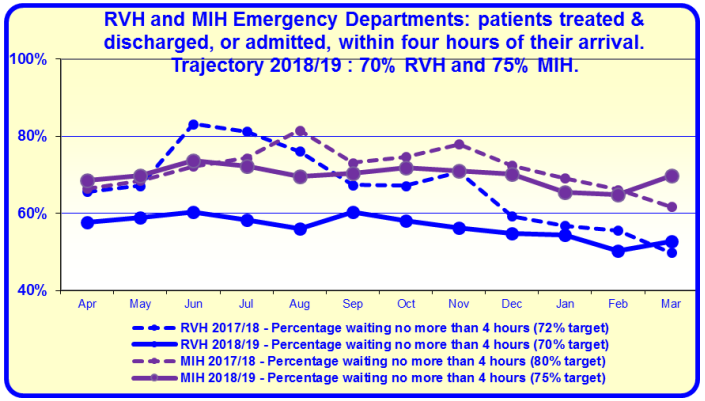
ED Attendances April - March 2019 - change from last year

	Apr - Mar 2017	Apr - Mar 2018	Change	% change
RVH	96,858	98,620	1,762	1.8%
MIH	48,325	50,091	1,766	3.7%
RBHSC	39,410	39,750	340	0.9%
Trust Total	184,593	188,461	3,868	2.1%

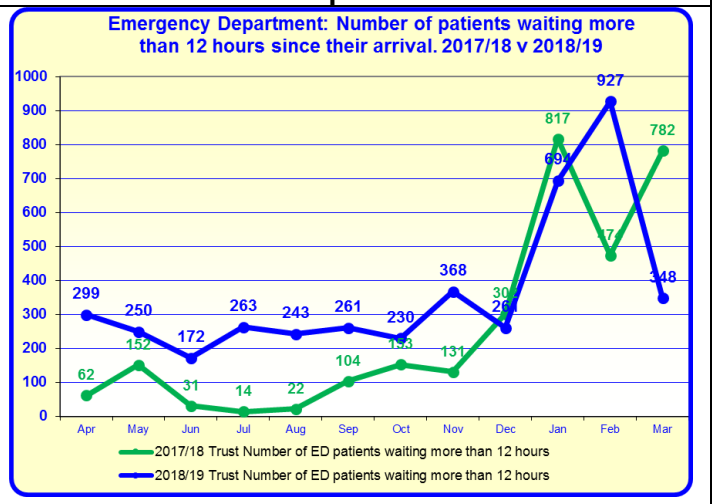
Trajectory Performance	Jan 2019	Feb 2019	Mar 2019
RVH Plan 2018/19	70%	70%	70%
RVH actual	54%	50%	53%
MIH Plan 2018/19	75%	75%	75%
MIH actual	65%	65%	70%
RBHSC Plan	95%	95%	95%
RBHSC actual	79%	74%	76%
Trust Combined actual	63%	60%	63%
No. of ED Attendances	16,026	15,318	16,401



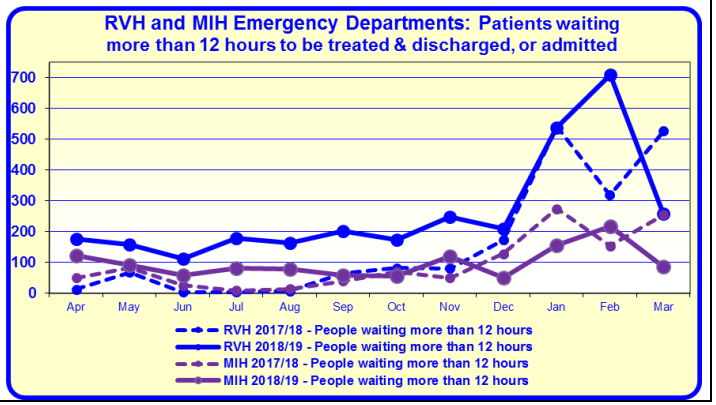
ED RVH and MIH two year comparison



Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
5.0	By March 2019, no patient attending any emergency department should wait longer than 12 hours of their arrival in the department.	Trust cumulative position April to March 2018/19 = 4,302. This is an increase of 1,258 (41%) when compared to the same period last year (3,044). Target was not achieved.	**2018/19 ED Performance by site**	

Trust ED 12 hour breaches	Jan 2019	Feb 2019	Mar 2019
RVH tolerance	79	79	79
RVH actual	538	709	260
MIH tolerance	46	46	46
MIH actual	156	218	88
RBHSC actual	0	0	0
Trust actual combined	694	927	348
No. of ED Attendances	16,026	15,318	16,401
% of 12 Hour Breaches	4.3%	6.1%	2.1%



Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</th></tr>
<tr>
<td>6.0</td>
<td>By March 2019, at least 80% of ED patients to have commenced treatment, following triage, within 2 hours.</td>
<td>Trust cumulative position April to March 2018/19 = 73.3%.

This is a deterioration of 3.8% when compared to April to March 2018 (77.1%).

Target was substantially achieved</td>
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<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Percentage of ED patients commenced treatment within 2 hours of triage</td><td>74%</td><td>69%</td><td>70%</td></tr>
<tr><td>RVH triage</td><td>68%</td><td>62%</td><td>61%</td></tr>
<tr><td>MIH triage</td><td>74%</td><td>70%</td><td>76%</td></tr>
<tr><td>RBHSC triage</td><td>88%</td><td>80%</td><td>82%</td></tr>
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The analysis above demonstrates the differential performance across the three ED departments
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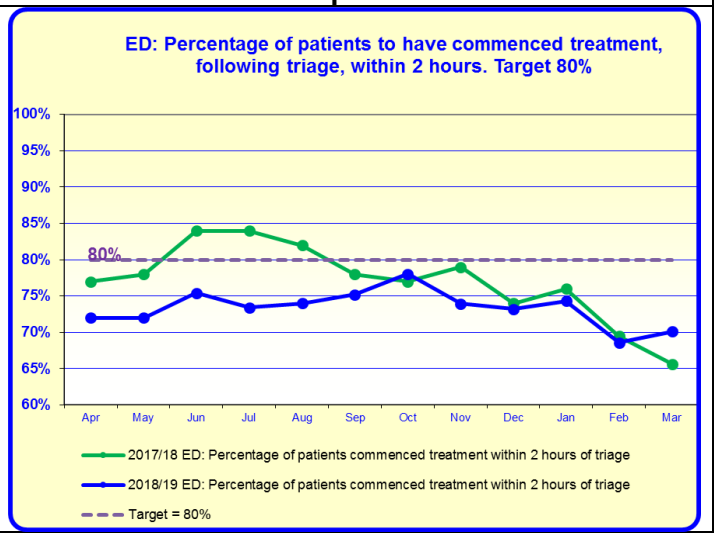
<td> 
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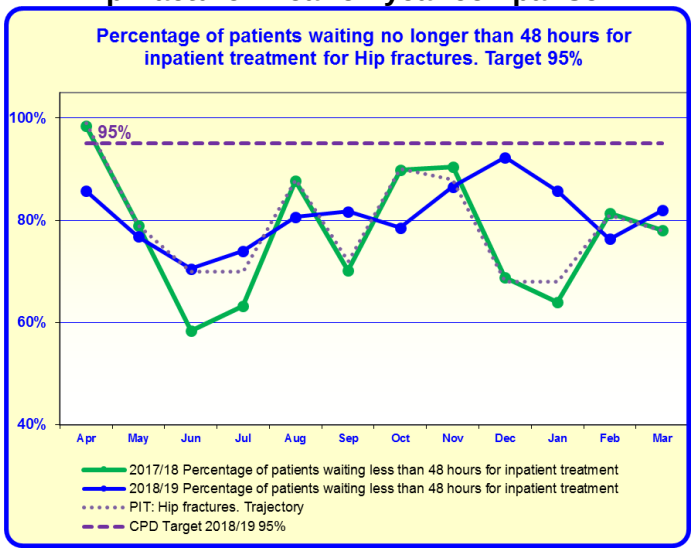
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
7.0	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	Trust cumulative position April to March 2018/19 = 81% This is a 4% improvement when compared to April to March 2017/18. In the period April to March 2018/19 there were 749 patients treated within 48 hours out of a total of 930 hip fracture patients. Trust Performance is monitored against the trajectory plan. Performance is ahead of plan at March 2019.		**Hip fracture - Year on year comparison**

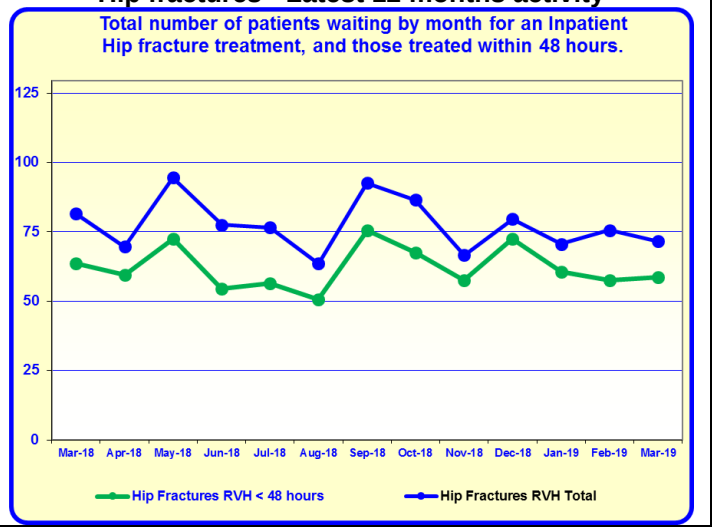
Trajectory Performance	Jan 2019	Feb 2019	Mar 2019
Plan 2018/19	68%	81%	78%
RVH actual	86%	76%	82%

Activity	Jan 2019	Feb 2019	Mar 2019
Hip Fractures RVH treated within 48 hours	61	58	59
Hip Fractures RVH treated outside 48 hours	10	18	13
Total Hip Fractures treated RVH	71	76	72

All post-operative fractures			
Activity	**Jan 2019**	**Feb 2019**	**Mar 2019**
Total of ALL fractures requiring inpatient treatment	237	215	229



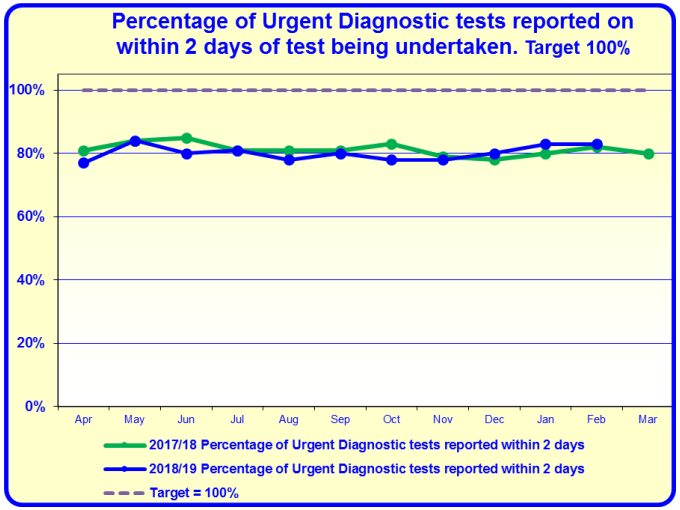
Hip fractures - Latest 12 months activity



Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

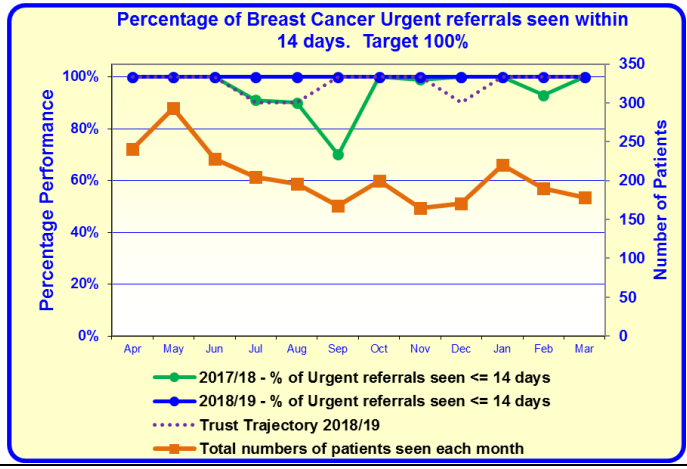
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>8.0</td>
<td>By March 2019, all urgent diagnostic tests should be reported on within two days.</td>
<td>During February 2019, 83% of diagnostic test results were reported within 2 days.

March data not yet available

Target is not being achieved</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Dec 2018</th><th>Jan 2019</th><th>Feb 2019</th></tr>
<tr><td>Percentage of Urgent Diagnostic tests reported on within 2 days of test being undertaken</td><td>80%</td><td>83%</td><td>83%</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>9.0</td>
<td>During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days.</td>
<td>Trust cumulative position April 2018 to March 2019 = 100%.

Performance continues in line with trajectory and remains at 100%, with the exception of seasonal fluctuations in capacity or peaks in demand.

Trust performance is monitored against the trajectory plan.

Target was achieved</td>
<td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Actual percentage of Urgent Breast Cancer referral patients seen within 14 days</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Total number of patients per month</td><td>220</td><td>190</td><td>178</td></tr>
</table>
</td>
<td> 
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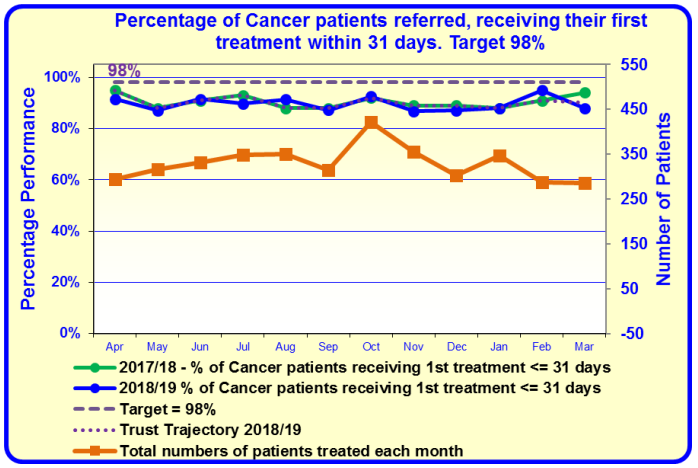
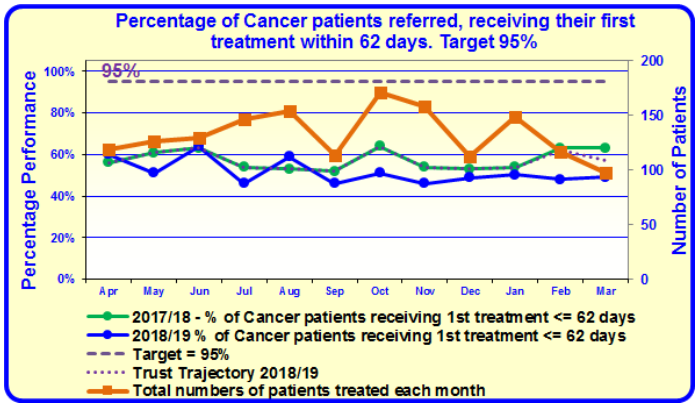
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</th></tr>
<tr>
<td>10.0</td>
<td>During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.</td>
<td>Trust monthly performance for March was 90% and was 2% below trajectory.

Trust cumulative performance April 2018 to March 2019 is 90%. This is equal to the cumulative performance for April 2017 to February 2018, and meets the trajectory for March 2019.

Trust performance is monitored against the trajectory plan.</td>
<td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>91%</td><td>90%</td><td>90%</td></tr>
<tr><td>Percentage of Cancer patients receiving a first treatment within 31 days</td><td>88%</td><td>94%</td><td>88%</td></tr>
<tr><td>Total number of patients per month</td><td>347</td><td>287</td><td>286</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>11.0</td>
<td>During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</td>
<td>Trust monthly performance for March was 49% and was 8% below trajectory

Trust cumulative position April 2018 to March 2019 is 52%.which is 2% above the April to March 2018 Cumulative position.

Trust performance is monitored against the trajectory plan.</td>
<td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>54%</td><td>62%</td><td>57%</td></tr>
<tr><td>Percentage Cancer patients receiving a first treatment within 62 days</td><td>50%</td><td>48%</td><td>49%</td></tr>
<tr><td>Total number of *patients per month</td><td>149</td><td>117</td><td>98</td></tr>
</table>
*includes Inter Trust Transfers (ITT's) as whole numbers, not 0.5.
</td>
<td> 
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Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

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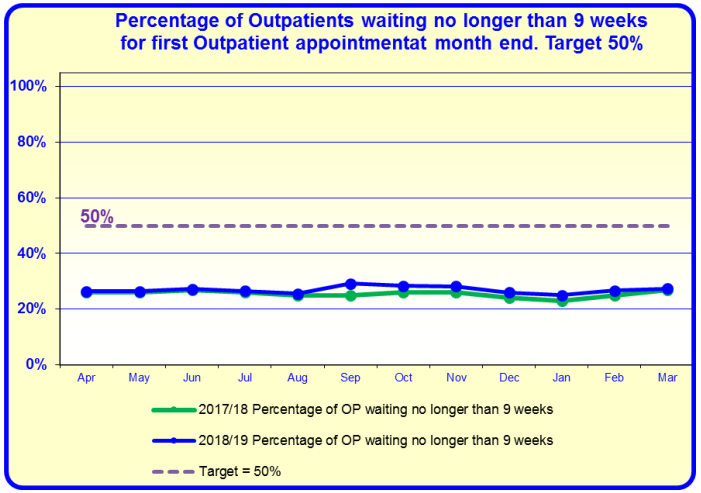
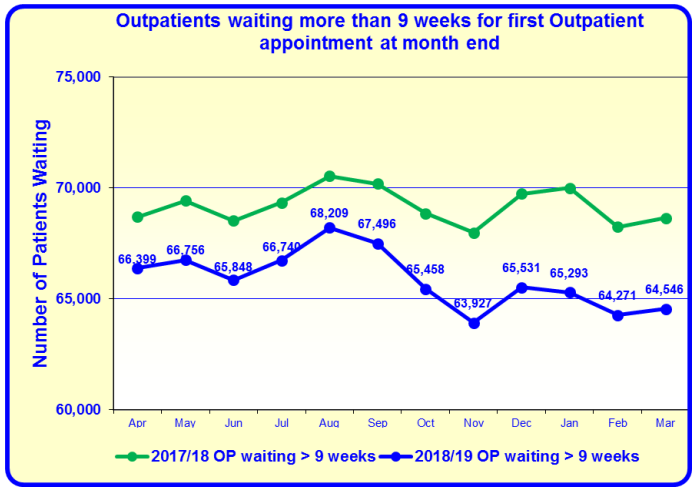
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr>
<td>12.0</td>
<td>By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.</td>
<td>The Trust is under delivering against the target. At the end of March 2019, 27% of patients on Trust's OP waiting lists are waiting no longer than 9 weeks. This is the same as the position at March 2018.

At the end of March 2019, there were 64,546 outpatients waiting more than 9 weeks for a first appointment. This is an improvement of 4,106 when compared to the March 2018 position.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Total OP waiting</td><td>87,027</td><td>87,628</td><td>88,799</td></tr>
<tr><td>Percentage of patients waiting no longer than 9 weeks for a first Outpatient Appointment</td><td>25%</td><td>27%</td><td>27%</td></tr>
<tr><td>Patients waiting more than 9 weeks</td><td>65,293</td><td>64,271</td><td>64,546</td></tr>
</table>
</td>
<td>




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</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

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<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 / Two year comparison</th></tr>
<tr>
<td>13.0</td>
<td>By March 2019, no patient waits longer than 52 weeks for an outpatient appointment.</td>
<td>There are 30,948 patients waiting longer than 52 weeks at the end of March 2019.This is a decrease of 1,270 (3.9%) when compared to March 2018 position.

The specialties with the greatest number of outpatients waiting longer than 52 weeks are:
• Trauma and Orthopaedics;
• Ophthalmology;
• ENT; and
• Neurology.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Total OP waiting</td><td>87,027</td><td>87,628</td><td>88,799</td></tr>
<tr><td>Number of Patients waiting longer than 52 weeks for first OP Appointment</td><td>30,885</td><td>30,778</td><td>30,948</td></tr>
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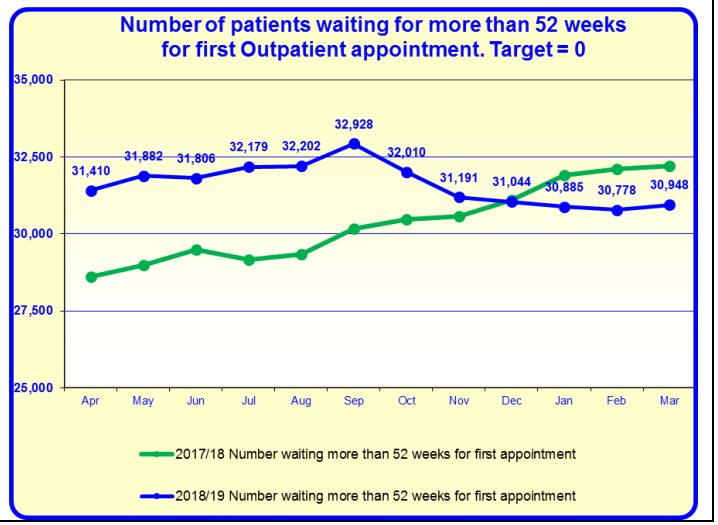
</td>
<td> 
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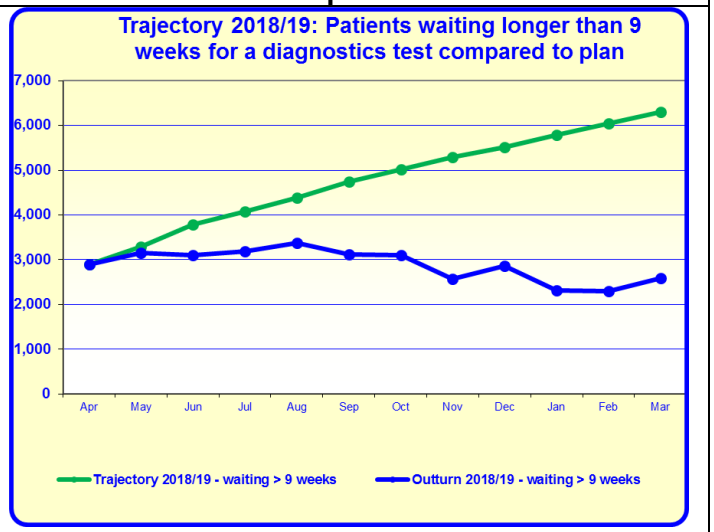
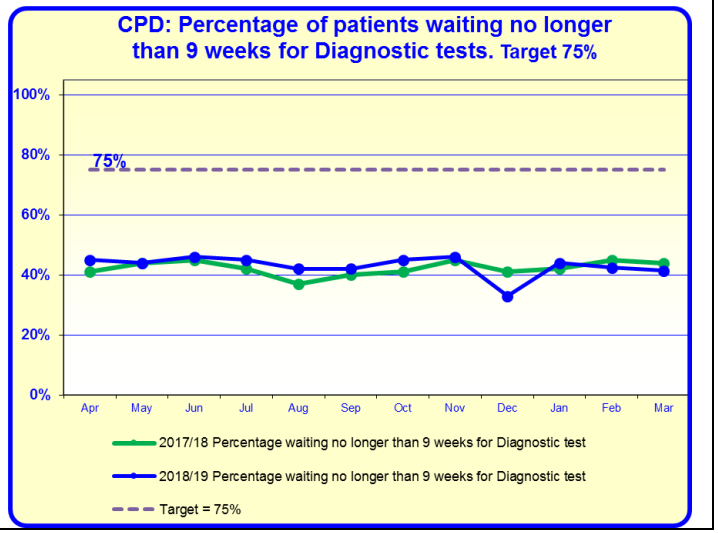
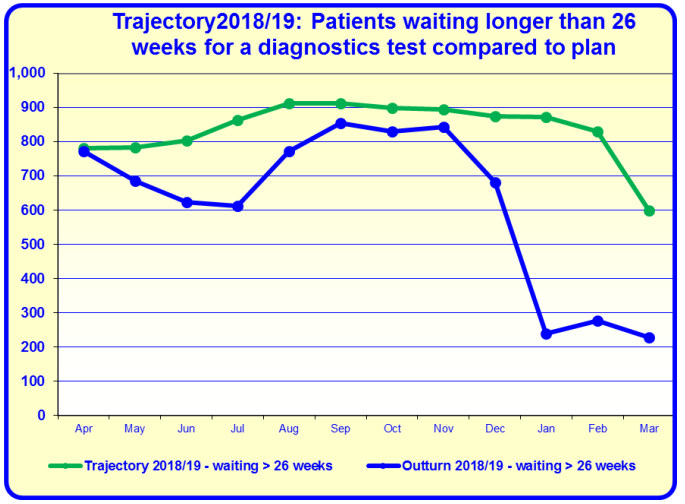
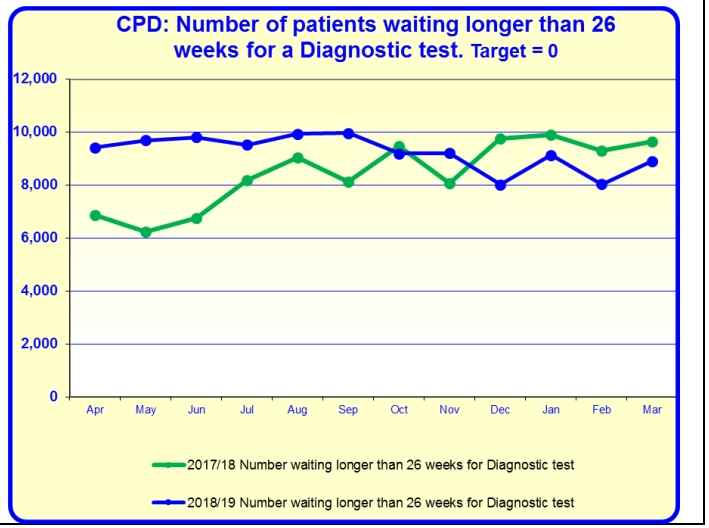
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
14.0	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	Trust performance is monitored against the trajectory plan. The Trajectory is ahead of plan at March 2019. At the end of March 2019, 41% of patients on Trust Diagnostic waiting lists are waiting no longer than 9 weeks. This represents a decrease of 3% when compared with March 2018 performance of 44%.	**Trajectory Performance – number > 9 weeks** **Jan 2019** / **Feb 2019** / **Mar 2019** **Plan > 9 weeks**: 5,784 / 6,046 / 6,308 **Actual > 9 weeks**: 2,314 / 2,296 / 2,585 ** Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.* **CPD Standard** / **Jan 2019** / **Feb 2019** / **Mar 2019** **CPD : Target**: 75% / 75% / 75% **% of Patients waiting no longer than 9 weeks for a Diagnostic test**: 44% / 43% / 41% ** CPD measures all diagnostics*	 

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
15.0	By March 2019, no patient waits longer than 26 weeks for a diagnostic test.	Trust performance is monitored against the trajectory plan. This is a projection of total numbers waiting > 26 weeks. The Trajectory is significantly ahead of plan at March 2019. There were 8,905 patients waiting > 26 weeks for a diagnostic test in March 2019. This is a decrease of 747 (8%) compared to 9,652 patients >26 weeks at the end of March 2018.	**Trajectory Performance – numbers > 26 weeks** **Plan > 26 weeks**: Jan 2019 872, Feb 2019 830, Mar 2019 600 **Actual > 26 weeks**: Jan 2019 239, Feb 2019 278, Mar 2019 229 ** Trajectory measures only the following Diagnostics: MRI, CT, Non-Obstetric Ultrasound (NOUS) and Plain Film.* **CPD Standard** **CPD : Target**: Jan 2019 0, Feb 2019 0, Mar 2019 0 **No of Patients waiting longer than 26 weeks for a Diagnostic test**: Jan 2019 9,138, Feb 2019 8,040, Mar 2019 8,905 ** CPD measures all diagnostics*	 

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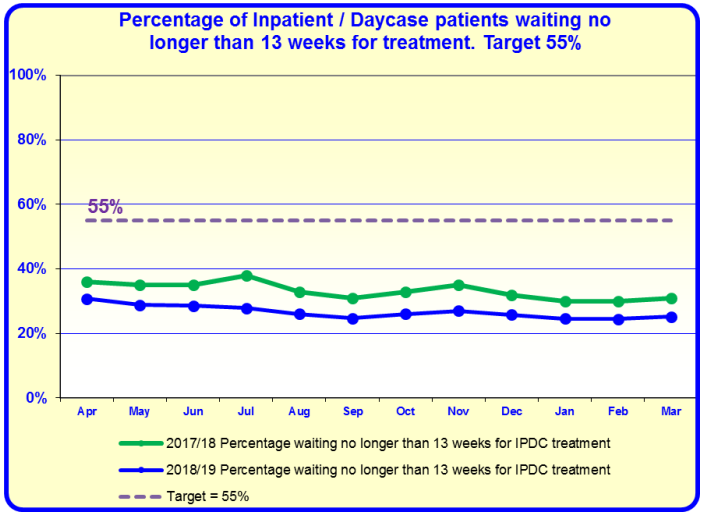
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>16.0</td><td>By March 2019, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</td><td>.

At the end of March 2019, 25% of patients on Trust's IPDC waiting lists are waiting no longer than 13 weeks.

This is a deterioration of 6% when compared to the position at March 2018, when 31% of patients were waiting no longer than 13 weeks.

At March 2019 there were 38,961 patients waiting over 13 weeks – an increase of 3,945 (11%) when compared to the total patients waiting at March 2018 (35,016).</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Patients waiting no longer than 13 weeks for an IPDC treatment</td><td>25%</td><td>25%</td><td>25%</td></tr>
<tr><td>Total Patients Waiting</td><td>39,653</td><td>39,480</td><td>38,961</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>17.0</td><td>By March 2019, no patient waits longer than 52 weeks for inpatient / daycase treatment.</td><td>A total of 12,091 patients waited longer than 52 weeks for IPDC treatment at March 2019.

This is a deterioration of 4,645 (62%) when compared to the same period last year (7,446). The main specialties with inpatients / daycases waiting longer than 52 weeks are:
• Orthopaedics;
• ENT;
• General Surgery;
• Ophthalmology; and
• Urology</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Patients waiting longer than 52 weeks for an IPDC treatment</td><td>11,733</td><td>11,897</td><td>12,091</td></tr>
<tr><td>Total Patients Waiting</td><td>39,653</td><td>39,480</td><td>38,961</td></tr>
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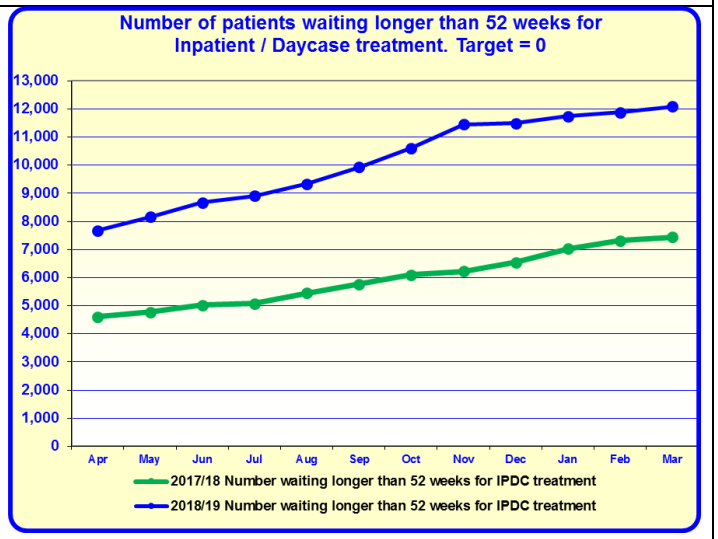
</td><td> 
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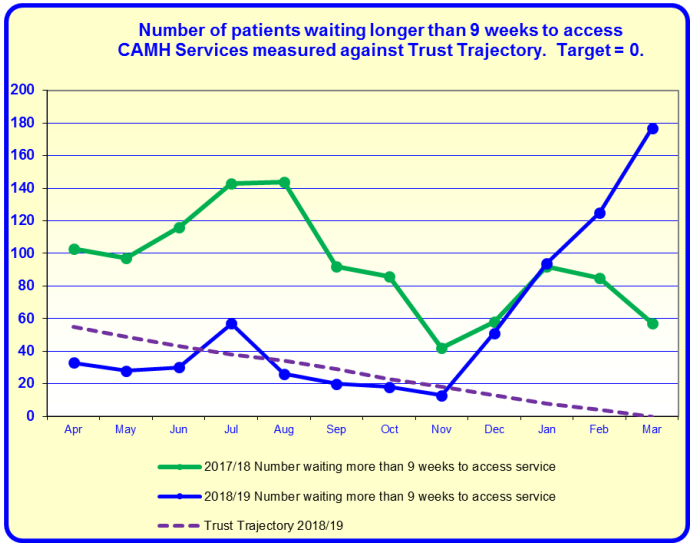
<tr>
<td>18.0</td>
<td>By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services</td>
<td>Trust performance is monitored against the trajectory plan.

Performance is behind trajectory target at the end of March 2019. Longest wait is 114 days.

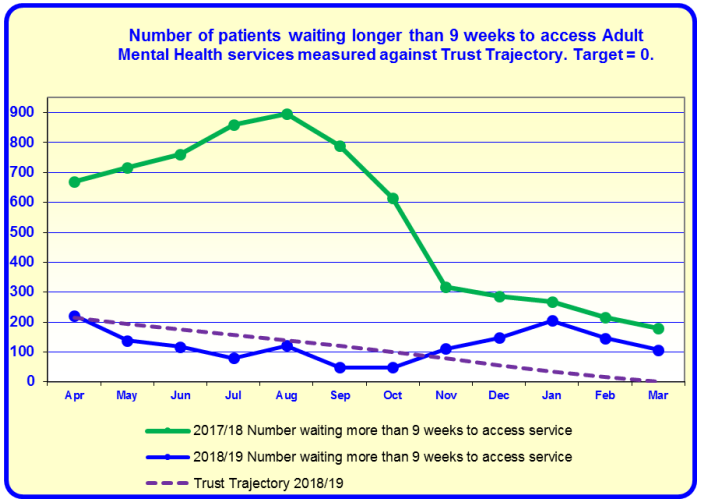
This is 177 behind trajectory, with 120 (211%) more people waiting in excess of 9 weeks than the position at March 2018 of 57.

Reduced capacity as a result of recent vacancies has impacted on breach numbers. Recruitment is ongoing, however, the Trust has not delivered the trajectory plan at March 2019.</td>
<td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trust Trajectory 2018/19</td><td>8</td><td>4</td><td>0</td></tr>
<tr><td>Patients waiting longer than 9 weeks to access CAMHS</td><td>94</td><td>125</td><td>177</td></tr>
<tr><td>Total waiting</td><td>534</td><td>597</td><td>677</td></tr>
</table>
<table>
<tr><th>CAMHS Patients waiting > 9 weeks</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>PMHS Step 2</td><td>33</td><td>34</td><td>50</td></tr>
<tr><td>CAMHS Step 3</td><td>49</td><td>82</td><td>114</td></tr>
<tr><td>Regional Trauma</td><td>12</td><td>9</td><td>13</td></tr>
<tr><td>Total >9 weeks</td><td>94</td><td>125</td><td>177</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>19.0</td>
<td>By March 2019, no patient waits longer than 9 weeks to access adult mental health services.</td>
<td>Trust performance is monitored against the trajectory plan.

Performance is behind trajectory target at the end of March 2019.

This is a deterioration of 107 on the planned trajectory; however, it is an improvement of 72 when compared to the position at March 2018.

As with the CAMHS service above recent vacancies have impacted on capacity.

Whilst Adult Mental Health has improved its breach position, the Trust has not delivered the trajectory plan at March 2019.</td>
<td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>34</td><td>17</td><td>0</td></tr>
<tr><td>No. of patients waiting > 9 weeks to access Adult Mental Health services</td><td>205</td><td>146</td><td>107</td></tr>
<tr><td>Total waiting</td><td>1099</td><td>1130</td><td>1127</td></tr>
</table>
<table>
<tr><th>Adult MH Patients waiting > 9 weeks</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Addiction</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Primary Care MHT</td><td>178</td><td>117</td><td>78</td></tr>
<tr><td>Other</td><td>27</td><td>29</td><td>29</td></tr>
<tr><td>Total Adult MH</td><td>205</td><td>146</td><td>107</td></tr>
</table>
</td>
<td> 
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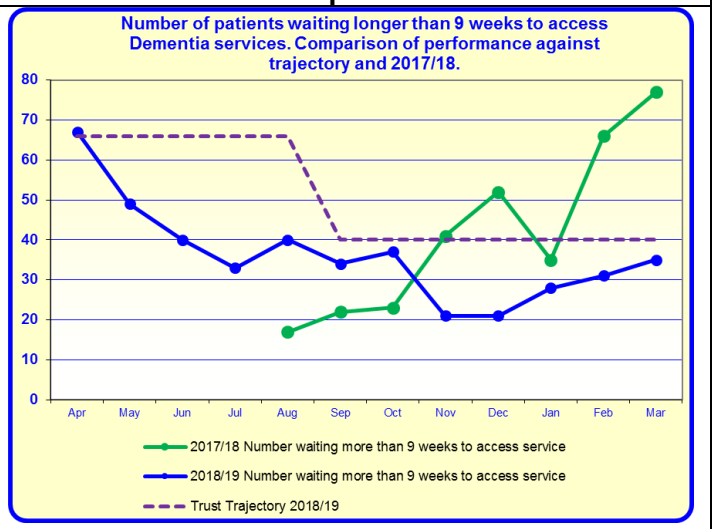
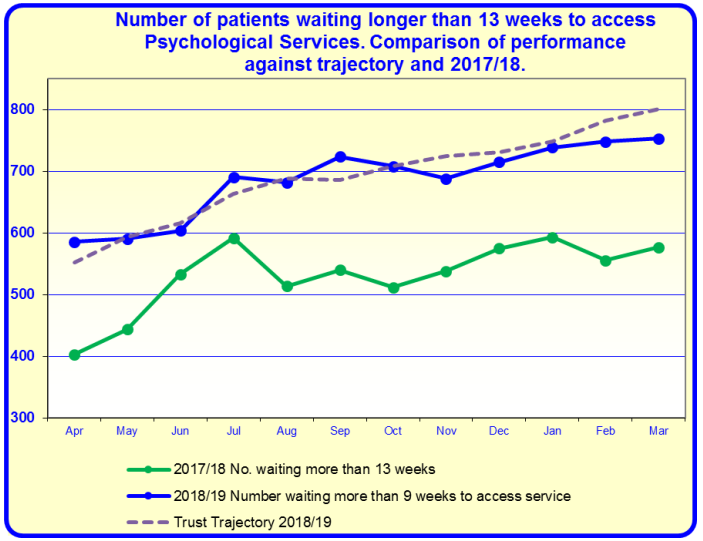
<tr><td>20.0</td><td>By March 2019, no patient waits longer than nine weeks to access dementia services.</td><td>Trust performance is monitored against the trajectory plan.

The outturn of 35 breaches is within the planned trajectory and an improvement of 42 when compared to the March 2018 position of 77 patients waiting >9 weeks.</td><td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>40</td><td>40</td><td>40</td></tr>
<tr><td>Number of patients waiting longer than 9 weeks to access Dementia services</td><td>28</td><td>31</td><td>35</td></tr>
<tr><td>Total waits</td><td>277</td><td>216</td><td>207</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>21.0</td><td>By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).</td><td>Trust performance is monitored against the trajectory plan. Longest wait is 1,284 days.

The position of 753 breaches is meeting the planned trajectory of 801 however it is a deterioration of 176 (31%) when compared to the same period last year (577).

The Trajectory is in line with plan at the end of March 2019.

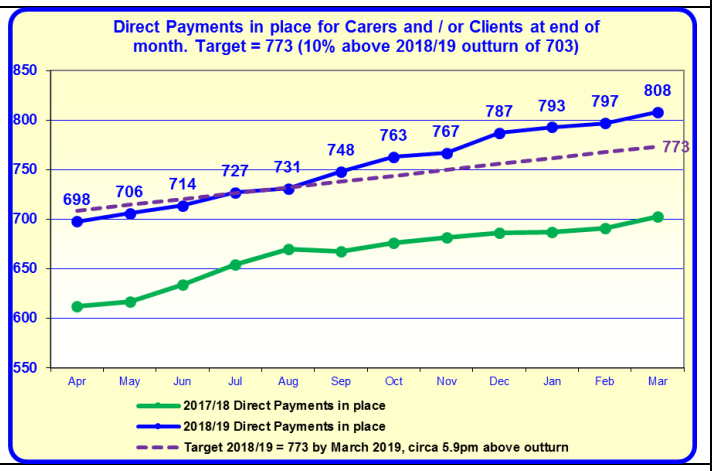
The most significant challenges to achieving 13 week target fall within Adult Health Psychology and Psychosexual Services which together account for 73% of all breaches (March 2019)</td><td>
<table>
<tr><th>Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trajectory 2018/19</td><td>749</td><td>782</td><td>801</td></tr>
<tr><td>No. of patients waiting longer than 13 weeks</td><td>739</td><td>748</td><td>753</td></tr>
<tr><td>Total waits</td><td>1299</td><td>1282</td><td>1349</td></tr>
</table>

<table>
<tr><th>Psychological Therapy breaches by area >13 weeks</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Adult Health Psychology</td><td>260</td><td>263</td><td>272</td></tr>
<tr><td>Psychosexual</td><td>250</td><td>262</td><td>279</td></tr>
<tr><td>Adult MH</td><td>125</td><td>128</td><td>130</td></tr>
<tr><td>Other</td><td>104</td><td>95</td><td>72</td></tr>
<tr><td>Total</td><td>739</td><td>748</td><td>753</td></tr>
</table>
</td><td> 
</td></tr>
</table>

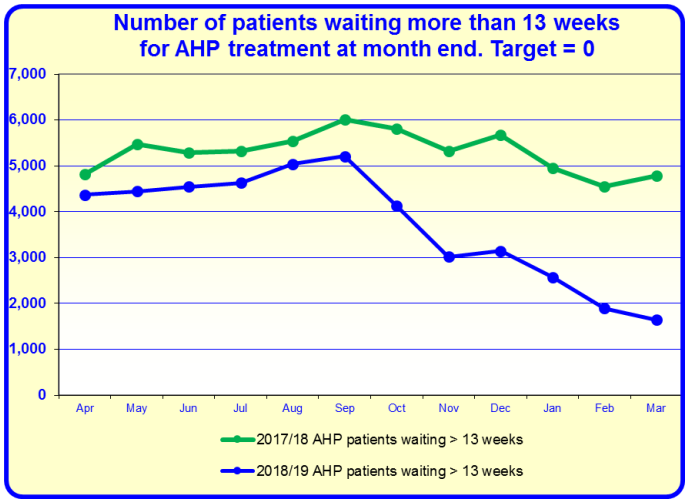
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</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 2019, secure a 10% increase in the number of direct payments (DPs) to all service users.</td><td>Trust cumulative position at March 2018/19 = 808.

This is an increase of 105 (15%) when compared to the same period last year (703).

The Trust continues to improve the uptake of DPs and has achieved a 15% increase to 808 at the end of March 2019 - 5% above target.</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Planned Target</td><td>762</td><td>767</td><td>773</td></tr>
<tr><td>Number of clients / carers in receipt of Direct Payments</td><td>793</td><td>797</td><td>808</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>23.0</td><td>By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</td><td>The performance at the end of March 2019 of 1,646 represents an improvement of 66% (3,134) when compared to the same period last year (4,780).</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Number of patients waiting more than 13 weeks from referral to AHP treatment</td><td>2,573</td><td>1,892</td><td>1,646</td></tr>
</table>

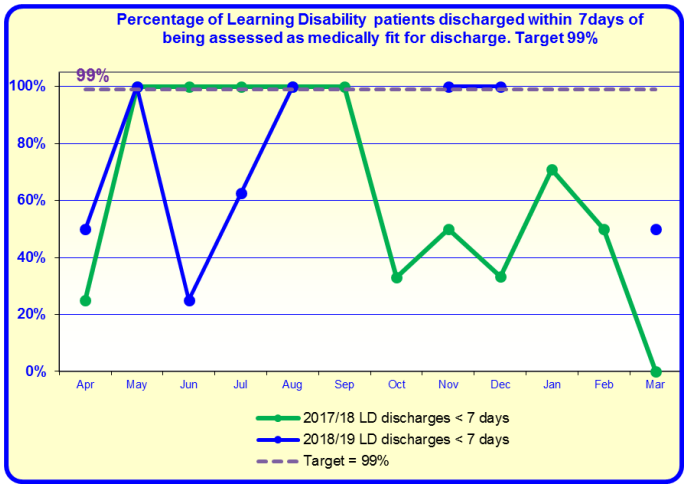
The Trust now has an agreed position with the HSCB on capacity and demand within the 6 AHP service areas and therefore the gaps that exist within the elective services these areas provide.

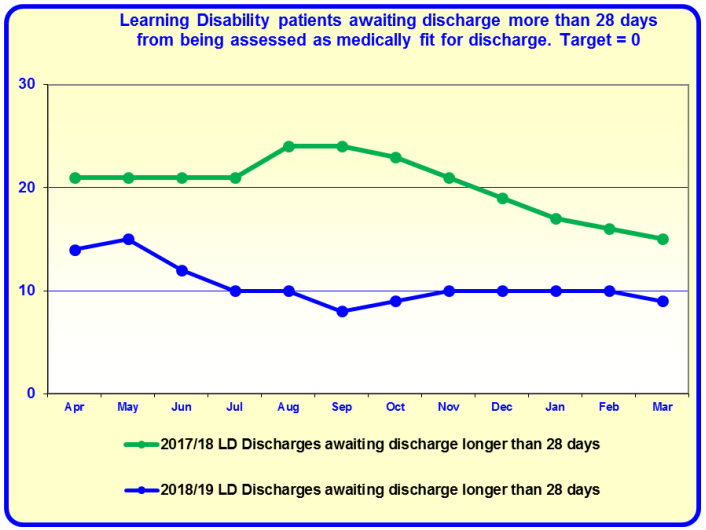
Recurrent resources to address these gaps have not yet been identified. In the short-term non-recurrent resources have been made available in year to help reduce the backlog.</td><td> 
</td></tr>
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</th></tr>
<tr>
<td>24.0</td>
<td>During 2018/19, 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 March 2018/19 = 59%.

There were 2 Learning Disability patients discharged in March 2019.

Between April and March 2018/19, there were:
• 13 people discharged within 7 days;
• 7 patients discharged more than 7 days.
Compared to April and March 2017/18 there were:
• 27 people discharged within 7 days and
• 12 patients discharged more than 7 days</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Percentage of patients discharged within 7 days</td><td>*%</td><td>*%</td><td>50%</td></tr>
<tr><td>Number of discharges within 7 days</td><td>0</td><td>0</td><td>1</td></tr>
</table>
* % not applicable when no discharges occur in month
</td>
<td> 
</td>
</tr>
<tr>
<td>25.0</td>
<td>During 2018/19, No discharge takes more than 28 days for learning disability patient assessed as medically fit for discharge.</td>
<td>There were 2 patients discharged from Learning Disability (LD) services who was waiting more than 28 days in March 2019. There are 9 LD patients awaiting discharge who are medically fit. This is a decrease of 6 compared to the position at March 2018 (15).

Between April and March 2018/19 there were:
• 4 LD patients discharged within 28 days compared to 27 in the same period last year; and
• 8 LD patients with a completed discharge taking more than 28 days compared to 12 in the same period last year.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Number of patients discharged within 28 days</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Number of patients discharged more than 28 days</td><td>0</td><td>1</td><td>1</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>10</td><td>10</td><td>9</td></tr>
</table>
</td>
<td> 
</td>
</tr>
</table>

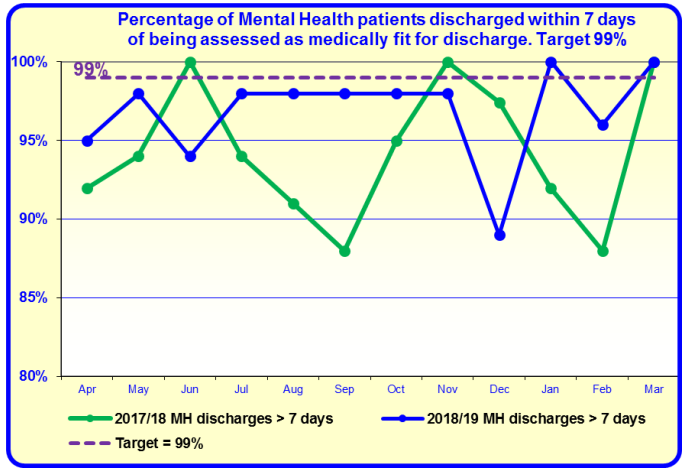
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

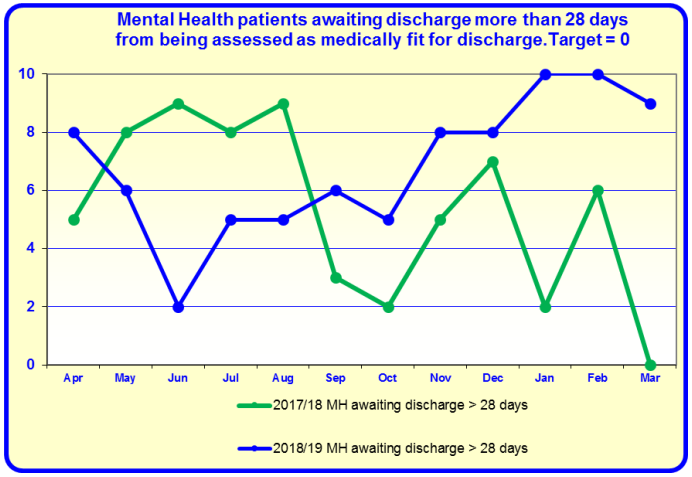
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>26.0</td><td>During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.</td><td>Trust cumulative position April to March 2018/19 = 97%. This is 3% higher than 2017/18.

The March 2019 outturn of 100% is the same as in March 2018.

There were 553 (97%) patients discharged within 7 days from April to March 2018/19.

There were 19 patient discharges taking more than 7 days from April to March 2018/19.

This was 10 less than in 2017/18 when 29 patient were discharged > 7 days.</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Percentage of patients Discharged Within 7 days</td><td>100%</td><td>96%</td><td>100%</td></tr>
<tr><td>Number of discharges within 7 days</td><td>42</td><td>50</td><td>46</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>27.0</td><td>During 2018/19, No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.</td><td>No patient discharge from Mental Health (MH) services took more than 28 days in March 2019. There are 9 MH patients >28 days awaiting discharge who are medically fit. This is the one less than the position at March 2018.

Between April 2018 and March 2019 there were:
• 502 MH patients discharged within 28 days compared to 455 in the same period last year; and
• 14 MH patients with a completed discharge taking more than 28 days compared to 26 in 2017/18.</td><td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Number of patients discharged within 28 days</td><td>42</td><td>52</td><td>46</td></tr>
<tr><td>Number of patients discharged more than 28 days</td><td>0</td><td>2</td><td>0</td></tr>
<tr><td>Number of patients awaiting discharge more than 28 days</td><td>10</td><td>10</td><td>9</td></tr>
</table>
</td><td> 
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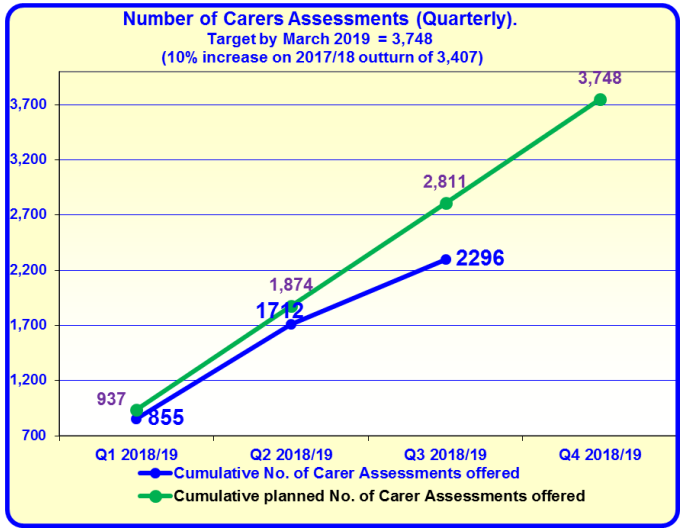
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</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 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.
Trust Target = 3,748</td><td>Carers' Assessments are reported quarterly. The Trust continues to deliver high numbers of Carers' assessments.

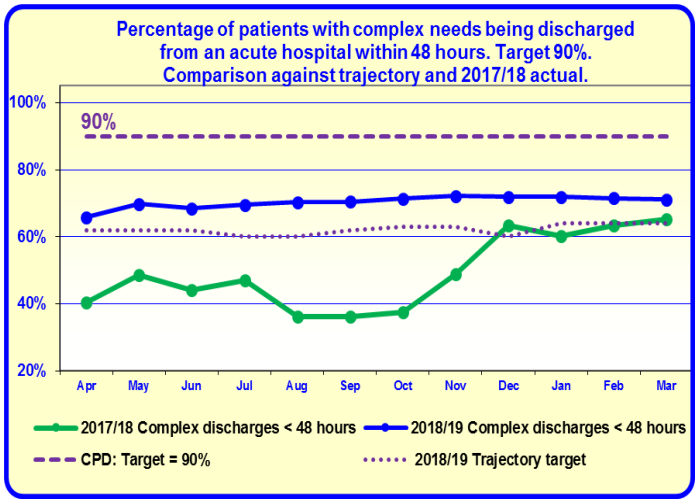
From April to the end of December 2018 there were 2,296 carers assessments offered, compared to 2,645 in the first three quarters of 2017/18.

2017/18 outturn was 3,407. The introduction of a new referral pathway in September 2018 coupled with staff vacancies and unplanned absence contributed to the decrease in carers assessments carried out in Q3. Vacancies have now been recruited to and absence has normalised.</td><td>
<table>
<tr><th>CPD Standard</th><th>Target March 2019</th><th>Number of Carers Assessments</th></tr>
<tr><td>Q1 Jun 2018</td><td>943</td><td>855</td></tr>
<tr><td>Q2 Sep 2018</td><td>1,874</td><td>1,712</td></tr>
<tr><td>Q3 Dec 2018</td><td>2,811</td><td>2,296</td></tr>
<tr><td>Q4 Mar 2019</td><td>3,748</td><td>Not yet available</td></tr>
</table>
Target March 2019 = 3,748,10% above 2017/18 outturn
</td><td> 
</td></tr>
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

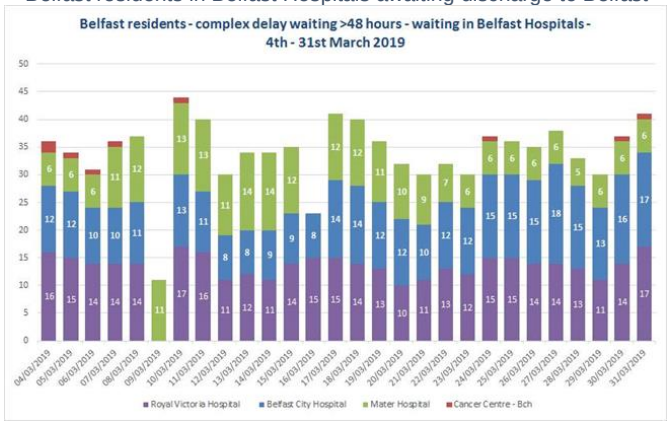
TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
CPD: Outcome 7: Ensure the sustainability of health and social care services				
29.0	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	Trust cumulative position April to March 2018/19 = 71.2%. This is meeting the planned trajectory and is an increase of 5.8% on the position at March 2018 (65.4%). All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.	See table below. Complex discharges within 48 hours are measured against the Trajectory plan.	See charts below.

Standard	Jan 2019	Feb 2019	Mar 2019
Trust Trajectory 2018/19	**64%**	**64%**	**64%**
Percentage of complex discharges within 48 hours	**72%**	**72%**	**71%**
Total complex discharges	**4,379**	**4,740**	**5,080**

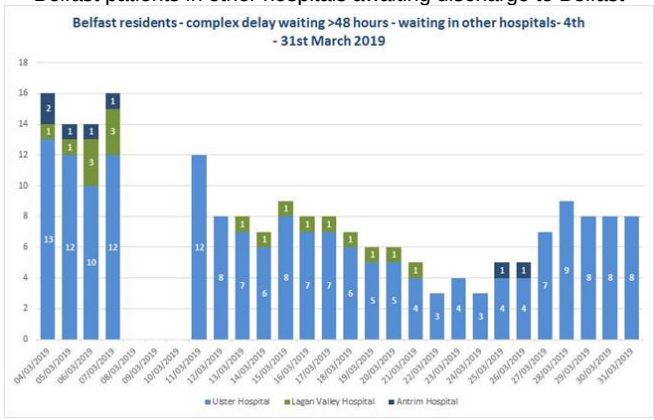
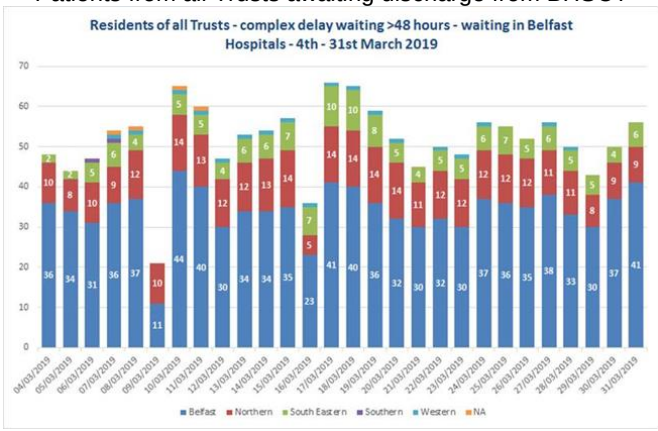


Daily state – Complex delays > 48 hours: March 2019

Belfast residents in Belfast Hospitals awaiting discharge to Belfast



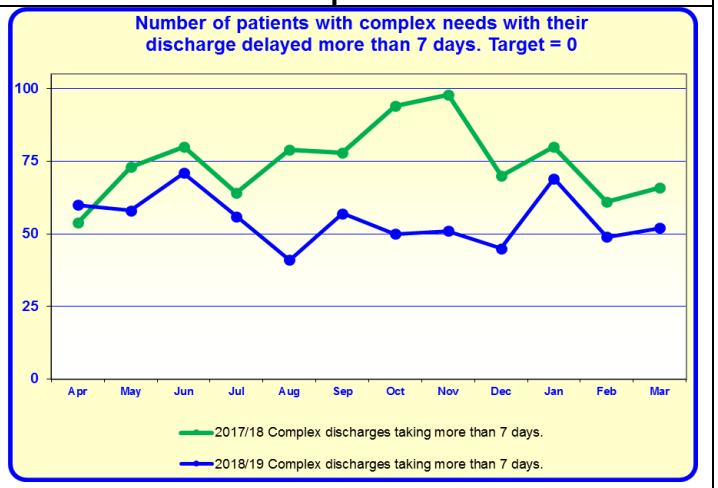
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
	Complex delays >48 hours (cont'd)			Belfast patients in other hospitals awaiting discharge to Belfast  Patients from all Trusts awaiting discharge from BHSCT  *Please note that problems were experienced downloading data on some hospital sites between 8-10th March resulting in under-reporting of delays*

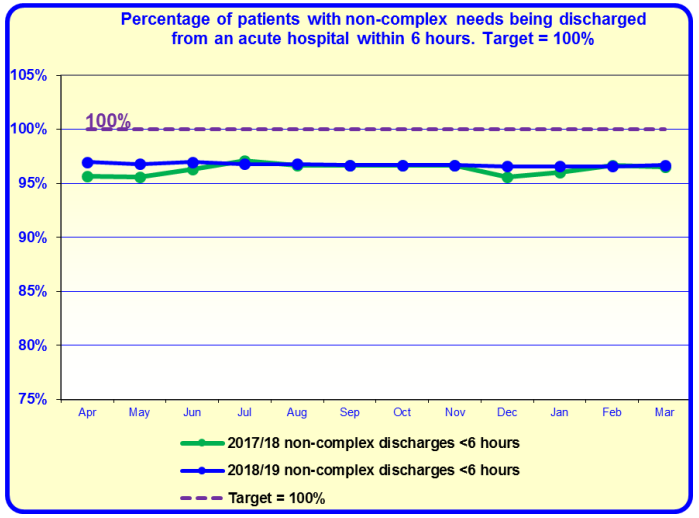
Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

<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 / Two year comparison</th></tr>
<tr>
<td>30.0</td>
<td>By March 2019, ensure that no complex discharge taking more than 7 days.</td>
<td>Trust cumulative position April to March 2019 = 659.

This is an improvement of 238 (27%) when compared to the same period last year (897).

All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Number of Complex Discharges taking more than 7 days</td><td>69</td><td>49</td><td>52</td></tr>
<tr><td>Cumulative Complex Discharges taking more than 7 days</td><td>558</td><td>607</td><td>659</td></tr>
<tr><td>Total complex discharges</td><td>4,379</td><td>4,740</td><td>5,080</td></tr>
</table>
</td>
<td> 
</td>
</tr>
<tr>
<td>31.0</td>
<td>By March 2019, ensure that all non-complex discharges from an acute hospital take place within 6 hours.</td>
<td>Trust position at March 2019 is 96.7%.

This is the slightly above the performance for March 2018 of 96.5%.

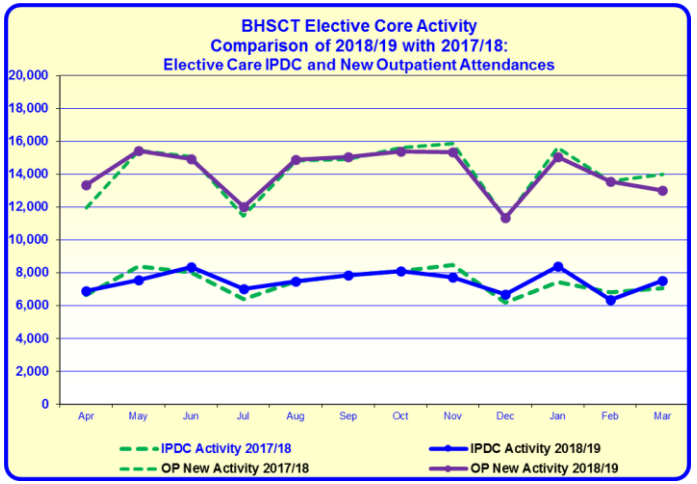
Source web portal.
Belfast Trust Hospitals - Source Belfast Trust PAS.</td>
<td>
<table>
<tr><th>CPD Standard</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Percentage of Non-complex Discharges taking place within 6 hours</td><td>97%</td><td>97%</td><td>97%</td></tr>
</table>
</td>
<td> 
</td>
</tr>
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

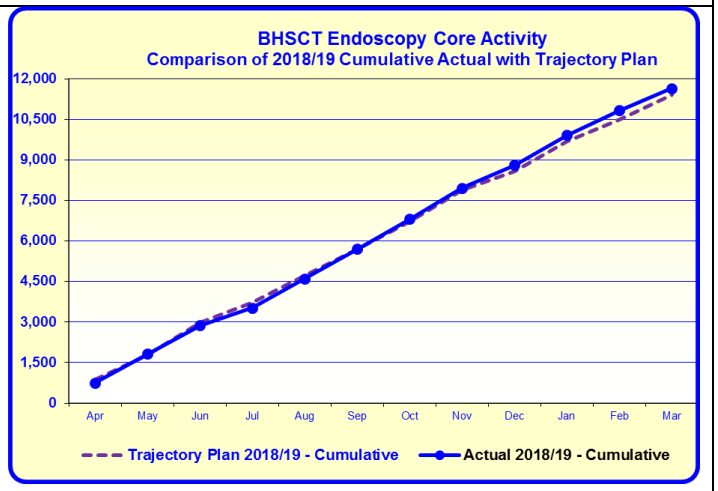
<table>
<tr><th>TPR ref</th><th>Objectives / Goals for Improvement</th><th>Narrative</th><th>Performance – 3 months</th><th>Trend (rolling 12 months) Graph / Two year comparison</th></tr>
<tr><td>32.0</td><td>By March 2019, to reduce the percentage of funded activity associated with elective care services that remains undelivered.</td><td>Delivery of Elective Core Inpatient and Daycase (IPDC) activity:

Trust is delivering IPDC trajectory plan at the end of March 2019.

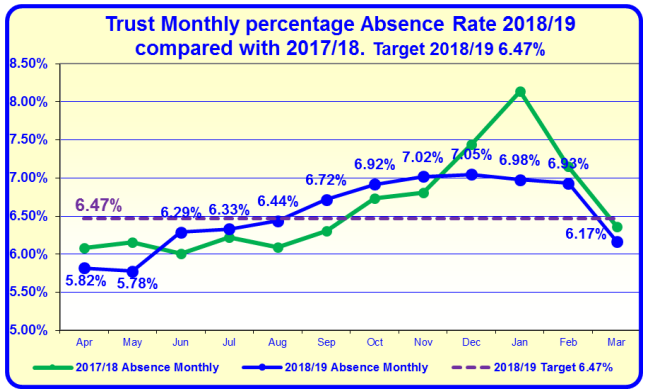
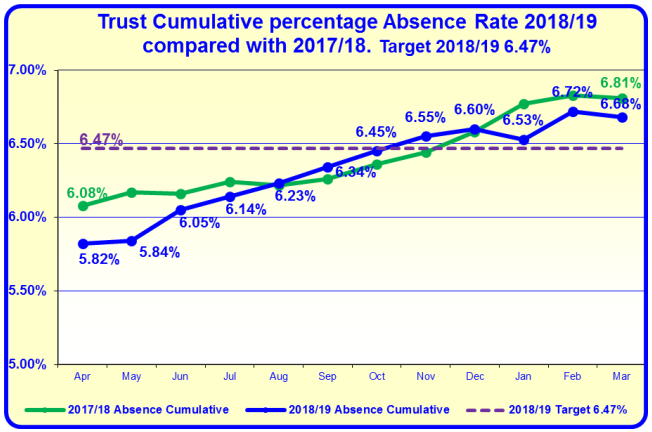
Delivery of Elective Core New Outpatients (NOP) activity:

Trust is delivering New OP Trajectory plan at the end of March 2019.</td><td>
<table>
<tr><th colspan="5">Performance against plan at Mar-19</th></tr>
<tr><th></th><th>Actual Volume</th><th>Planned volume</th><th>Var from plan</th><th>% Var from Plan</th></tr>
<tr><td colspan="5">Elective IPDC</td></tr>
<tr><td>HSCB selected specialties</td><td>54,595</td><td>52,932</td><td>1,663</td><td>3.1%</td></tr>
<tr><td>All Specialties</td><td>90,131</td><td>88,401</td><td>1,730</td><td>2.0%</td></tr>
<tr><td colspan="5">Outpatient – New</td></tr>
<tr><td>HSCB selected specialties</td><td>123,041</td><td>123,147</td><td>-106</td><td>-0.1%</td></tr>
<tr><td>All Specialties</td><td>169,404</td><td>168,266</td><td>1,138</td><td>0.7%</td></tr>
<tr><th colspan="5">Performance against previous year</th></tr>
<tr><th></th><th>Actual 2017/18</th><th>Actual 2018/19</th><th>Var</th><th>% Var</th></tr>
<tr><td colspan="5">Elective IPDC</td></tr>
<tr><td>HSCB selected specialties</td><td>52,995</td><td>54,595</td><td>1,600</td><td>3.0%</td></tr>
<tr><td>All Specialties</td><td>89,003</td><td>90,131</td><td>1,128</td><td>1.3%</td></tr>
<tr><td colspan="5">Outpatient – New</td></tr>
<tr><td>HSCB selected specialties</td><td>124,382</td><td>123,041</td><td>-1,341</td><td>-1.1%</td></tr>
<tr><td>All Specialties</td><td>169,715</td><td>169,404</td><td>-311</td><td>-0.2%</td></tr>
</table>
</td><td> 
</td></tr>
<tr><td>32.1</td><td>Endoscopy Core Activity Trajectory Plan is to achieve a core volume of 11,407 by end of March 2019.</td><td>The Trust presents activity for endoscopy cumulatively.

The activity is 11,650 from April 2018 to the end of March 2019, 243 (+2%) above planned trajectory of 11,407.

Trust performance is monitored against the agreed trajectory, and is ahead of plan.</td><td>
<table>
<tr><th>Trust Endoscopy Cumulative position</th><th>Jan 2019</th><th>Feb 2019</th><th>Mar 2019</th></tr>
<tr><td>Trajectory Plan 2018/19 - Cumulative</td><td>9,701</td><td>10,502</td><td>11,407</td></tr>
<tr><td>Actual 2018/19</td><td>9,928</td><td>10,833</td><td>11,650</td></tr>
<tr><td>Variance</td><td>227</td><td>331</td><td>243</td></tr>
<tr><td>Percentage variance</td><td>+2%</td><td>+3%</td><td>+2%</td></tr>
</table>
* Trajectory – Adult Endoscopy
</td><td> 
</td></tr>
</table>

Trust Board Performance Report 2018/19, Section B – Service Delivery – March 2019

TPR ref	Objectives / Goals for Improvement	Narrative	Performance – 3 months	Trend (rolling 12 months) Graph / Two year comparison
CPD: Outcome 8: Supporting the HSC workforce				
33.0	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure. Trust 2018/19 target = 6.47%.	Trust cumulative position at March 2018/19 = 6.68% - 0.2% above target The position shows a slight improvement in the cumulative position to the end of March 2019 of 0.13% when compared to March 2018 of 6.81%. The in-month position of 6.17% at March 2019 shows a slight improvement of 0.19% on March 2018 (6.36%).	**CPD Standard** / **Jan 2019** / **Feb 2019** / **Mar 2019** **Trust Absence Rate monthly** – 6.98% / 6.93% / 6.17% **Trust Absence Rate Cum Average month to date** – 6.53% / 6.72% / 6.68%	 

Appendix 1 - Trust response to DOH Commissioning Plan Direction – Detailed responses

CPD Targets reported annually	RAG	Targets 2018/19	
Objective is Achievable and Affordable	Green	40	80%
Objective is Partially Achievable/Achievable with additional resources	Amber	8	16%
Objective is Unlikely to be Achievable/Affordable	Red	0	0%
Trial target baseline measurement / target suspended– no RAG applied	No RAG	2	4%
Total CPD Objectives		50	100%

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
		Outcome 1: Reduction of health inequalities			
1.1	By March 2020, in line with the Department's ten year "*Tobacco Control Strategy*", to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	Examples of initiatives undertaken to achieve this objective include: - • The Smoking Cessation Team offers specialist stop smoking support and advice to patients and staff • The Stop Smoking Specialists offer free Nicotine Replacement Therapy to all suitable patients and staff who are motivated to stop smoking. • All pregnant woman are screened for carbon monoxide at their first antenatal appointment and if the reading is above the threshold a direct referral is made to the Smoking Cessation Specialist Midwives • Two smoking wardens	Charlene Stoops		
1.2	By March 2019 to have expanded the "*Weigh to a Healthy Pregnancy*" to now include women with a BMI over 38. This programme is one element of the Departmental strategy "*A Fitter Future for All*", which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	The Trust has expanded Weigh to a Healthy Pregnancy and is providing the following programmes to deliver on 'A fitter future for all' : - • Clinical dietetic services for adults and children • Weigh to a healthy pregnancy programme • Training provision in partnership with the Eastern Childcare partnership. • Supporting Community and Voluntary sector, e.g. Conservation Volunteers Dig it and eat it programme. • Internal and external partnership links aimed at promoting healthy staff and visitor catering • Health and Lifestyle Facilitators • Early Movers training targeting professionals who engage with 0-5yr olds. • Ongoing work with Sure starts to promote healthy weaning practices • Coordinating the production of a regional weaning programme aimed at parents and carers of infants • A range of physical activity opportunities • Oral Health team address Nutrition as part of their programme delivery	Charlene Stoops		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
1.3	By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the "*Breastfeeding Strategy*" objectives for achievement by March 2025.	The Trust continues to work with the PHA and others to deliver the outcomes of the Breastfeeding Strategy objectives, for example: • Continue to provide in-house training and updates for qualified and support staff to ensure they have the appropriate knowledge and skills to protect, support and normalise breastfeeding • appointment of an Neonatal Breastfeeding lead in February 2018 • Continue to maintain the UNICEF BFI Baby Friendly Accreditation through Audit and Action planning to promote best practice standards and adhering to the WHO International Code of Marketing of Breastmilk Substitutes. • Infant Feeding leads contribute to various workstrands of the Breastfeeding strategy • Regionally meet through NIFN (National Infant Feeding Network) with other Infant feeding Leads to update on UK developments and network to share ideas and ensure continuity (quarterly) • Partnership working with outside agencies and health care providers eg. Gps, HV teams, SureStart, Tiny life, Universities • Ongoing Recruitment and training of Breastfeeding Peer supporters throughout the Belfast area. • Providing Antenatal Breastfeeding Workshops for mothers to be. • Providing a Specialist Pathway to ensure Mothers experiencing breastfeeding challenges have specialist help to overcome and continue their breastfeeding journey. • March 2019- the BHSCT CCH Service has been successful in obtaining UNICEF Stage 2 accreditation A B4 Breast feeding Support worker has been appointed	Aidan Dawson/ Carol Diffin		
1.4	By March 2019, establish a minimum of 2 "Healthy Places" demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	The Trust will continue to work with the PHA and other partners to establish the Healthy Places demonstration programme in the Ardoyne and Greater Ballysillan areas of North Belfast The Trust is particularly keen to align this work with Making Life Better and Community Planning actions	Charlene Stoops		
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	The Belfast Trust are linked into the MECC Strategic Leadership group by the Northern Trust Health Improvement lead, who was nominated as a regionally agreed Trust HI representative. The Strategic Group is tasked with leading and supporting the local implementation of Making Every Contact Count within primary care through the work of Integrated Care Partnerships	Charlene Stoops		
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in	The Trust is working with stakeholders to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children.	Aidan Dawson		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
	extractions of 5%, against that baseline, by March 2021.				
1.7	By March 2019, to have further developed, and implemented the "*Healthier Pregnancy*" approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	The Trust is working with colleagues in the PHA / HSCB in their development of a "Healthier Pregnancy Programme" as appropriate. The following have been introduced to deliver on this objective: - • Maternity Services have established a low risk-scanning clinic for third trimester pregnancies where there are concerns in relation to fetal growth. • Continuation of carbon monoxide testing • Specialist Obstetrician led clinic for pregnant women with a history of a premature delivery • Implementation of the 'Getting Ready for Baby' Programme. • Continued development of the Social Wellbeing Antenatal service (SWAN).	Aidan Dawson		
1.8.1	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, "*Healthy Child Healthy Future*". By that date: * The antenatal contact will be delivered to all first time mothers.	Antenatal contacts are offered to antenatal mothers where capacity allows. The Trust aims to deliver to 100% of targeted antenatal mothers who accept the offer of an antenatal contact. Factors that influence the delivery of this target include ; - • recruitment to Health Visiting can only take place once a year (due to the timing of Health Visitor (HV) training); • the introduction of the three year contact as part of the Early Intervention and Transformation Programme (EITP) has taken up more HV time than expected; and • Health Visitors requirement to deliver immunisations at GP clinics impacts on capacity. • Normative staffing-Delivering Phase 4 PHA, still not fully implemented	Carol Diffin		
1.8.2	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, "*Healthy Child Healthy Future*". By that date: * 95% of two year old reviews must be delivered. These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.	Reviews at the age of two are offered to 100% of families. Not all families accept this within the tolerance period.	Marie Heaney		
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse	The Belfast Trust has been funded to offer the Family Nurse Partnership (FNP) to a bespoke number of teenage mothers. The level was initially agreed at 100 mothers based on 5 Family Nurses. Maternity leave and long-term sickness within the team has impacted on this outcome.	Carol Diffin		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
	partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".	Recent transformation funding has resulted in the recruitment of an additional 2 WTE Band 7 Family Nurses. The Belfast Trust have recruited these posts on a permanent basis and 2 new Family Nurses have been in post since Jan/Feb 2019. This expansion within the FNP team will allow for roll-out of the programme on a Trust wide basis and will facilitate programme delivery to 135 FNP clients once team caseloads have reached full capacity. Recruitment of clients onto the FNP programme is ongoing. Not all teenage mothers in BHSCT have equal access to the FNP programme due to limitations in funding impacting on trustwide FNP service provision			
1.10.1	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%. The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	The Trust makes every effort to ensure placement stability and to avoid changes to placements for looked after children. There are occasions however when a change of placement is in a child's best interest to meet their needs in the care plan, for example a move to a kinship or adoptive placement. As of March 2019, Corporate Parenting returns for the period 1/10/18 - 31/03/19 indicate the Trust is sitting at 71% which is a reduced percentage since the last update. This may be due to a number of factors in the placements e.g. issues in the foster placements requiring a child to move. There are many complexities and challenges now in matching children with the most appropriate foster family and at times, resources are stretched so unfortunately some children so have to move placements. There is currently a regional initiative to recruit more foster carers. The Trust is also prioritising permanence for young children, by being placed either in prospective adoptive placements through concurrent care, which necessitates a move of placement	Carol Diffin		
1.10.2	By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	In respect of children adopted from care where the care plan is adoption and adoption has been achieved within the three-year time-frame for 90% of children, the Trust achieved 83% for the year 2017/18. In respect of children adopted from care where the care plan is adoption and adoption has been achieved within the three year time frame for 90% of children, the Trust achieved 90.9% for the year end 2018/19, therefore meeting the target. The Trust maintains a focus on this outcome as a priority area to ensure there are robust policies in place to enable recruitment of a wide range of adopters to match with the children being considered for adoption. Often these children have complex needs that require careful matching with appropriate adopters	Carol Diffin		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
1.11	By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "Crisis De-escalation Service" pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft "*Protect Life 2 Strategy*".	The Trust continues to work with partners from the Community and Voluntary Sector and the PHA through a specific project board to bring forward proposals for the development of a new service to meet the needs of individuals who do not meet the criteria for MH services but who are in social and emotional crises. A number of non-recurrently funded proposals put forward with transformational funding have the potential to enhance the response to individuals presenting in crisis both in and out of hours and the Trust will work with commissioners in implementing the proposals	Marie Heaney		
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	Addictions service – The Trust have participated in the regional task and finish group which is considering the capacity and demand for substitute prescribing services. The Trust has received the investment template for additional investment in staffing, both nursing and medical, in order to stabilize the workforce. However attracting suitable candidates for the new Consultant Psychiatrist post in addictions has proved very challenging and the continued absence of an incumbent for the post will impact negatively on capacity.	Marie Heaney		
1.13	By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the "*Diabetes Strategic Framework*".	The business case for the regional Multidisciplinary team was submitted and recruitment commenced.	Bernie Owens		
Outcome 2: People using health and social care services are safe from avoidable harm					
2.1	By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of *Delivering Care*, to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.	The Trust has partially implemented phase one of "Delivering Care" and fully implemented supervisory ward sister model across the 54 wards and is on track to implement all four phases. The Trust continues to progress within the financial allocation to implement and monitor "Delivering Care" work strands. The Trust is experiencing ongoing challenges to recruit nurses due to the national shortage of nurses. The Trust is fully engaged in the monitoring process with PHA.	Brenda Creaney		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
2.2	Amended wording from original objective (Anti-microbial working group) Baseline of 2017/18 a reduction in total antibiotic use of a. 1%, measured in DDD per 1000 admissions; b. 3% reduction in carbapenem measured in DDD per 1000 admissions; c. 3% reduction in piperacillin-tazobactam use measured in DDD per 1000 admissions d. 3% increase of in use of antibiotics from the WHO Access AWaRe* category as a proportion of all antibiotic use.	** Data available from PHA for year up to **31.01.2019** 2.2a,b,c GREEN 2.2d AMBER: Improvement in baseline but target not met *For the purposes of the WHO Access AWaRe targets, TB drugs are excluded ** RAG data refers only to secondary care	Cathy Jack/ Brenda Creaney Anti-microbial Working Group		2.2a 2.2b 2.2c 2.2d
2.3	By 31 March 2019 By 31 March 2019 secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.	The total incidence for 2018/19 was 218 – 3 % less than last year and 8% over the target (201) – a reduction of 11%. This is a trial year to establish a baseline. The Trust is compliant with PHA reporting of Gram negative bacteraemia but is not undertaking data collection on enhanced risk factors. The Trust is meeting with PHA in June 2019 to discuss a reduction target for 2019/20.	Brenda Creaney	Trial year	Trial year
2.5	Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	The Trust is in the process of revising from NEWS I to NEWS II. The clinical condition of patients is monitored in line with the measuring and recording of physiological observations policy. The frequency of recording and actions taken is dictated by the NEWS score. Compliance with NEWS is monitored regularly as detailed below: • Each ward audits 10 NEWS charts per week and the NDL team carry out independent quarterly audits and results are included in the Care Bundle Balanced Scorecard. An action plan is put in place if there is any non-compliance. • Independent audits are carried out quarterly in all relevant areas. Results are included in the Balanced Scorecard. Staff have also carried out audits as requested by the Regional NEWS Working Group facilitated by HSC Safety Forum.	Brenda Creaney		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
2.6	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	The Trust is working with the HSCB to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers. The Trust is meeting internally to develop on recent discussions with HSCB.	Brenda Creaney		
2.7	By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.	Trust Compliance has increased to 60% at March 2019. Work continues to progress the regional medicines optimisation model within BHSCT. Staff resource issues have been identified and currently in discussion with LCG	Caroline Leonard		
2.8	During 2018/19 the HSC, through the application of care standards, should continue to 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 (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA .	The Trust established and implemented a Care Review and Support Team (CREST) at the beginning of this reporting period. The aim of the CREST team is to ensure that all people living permanently in care homes will receive Quality Care that is Safe. This service is already impacting on the quality of care experienced by individuals in residential and nursing home placements, through early identification of risk and timely interventions. However, as an impact of this increased scrutiny and analysis and in the wider context of the current concerns in this sector, the Trust noted an initial increase in the number of homes being identified with performance issues through the intervention of the Crest team. The Trust has also established a governance and assurance framework which is in place and fully functioning. Homes of concern are continuously monitored through t is framework with early identification of problems and early intervention to avoid escalation. Outcome: The initial increase of homes of concern has now reduced falling from 11 homes of concern in July 2018 to 4 at the end of March 2019. The service continues to work with RQIA where there are identified concerns.	Marie Heaney		
Outcome 3: Improve the quality of the healthcare experience					
3.1	By March 2019, 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 including timely access to treatment.	The Trust continues to work to ensure that 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 including timely access to treatment. The Trust is currently working in partnership with the Public Health Agency carrying out a Thematic review of mixed gender across all Trusts in Northern Ireland. The Trust continues to monitor and record episodes of Mixed Gender accommodation and	Brenda Creaney		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
		remains committed to the target to be 100% compliant in monitoring all occurrences across all inpatient areas.			
3.2	During 2018/19 the 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.	Belfast Trust is committed to ensuring that all Looked After Children (LAC) have a clear plan for permanence to avoid drift in care and to take account of their views. As part of the LAC review process and Pathway Plans, children and young people are encouraged to participate in the review to have their views heard and to account for their wishes and feelings. To assist young people communicate their views, advocates are available through the Trust's partnership with Voice of Young People In Care (VOYPIC). Children and young people can also contribute to their Care and Pathway Plans in writing if they prefer to do so.	Carol Diffin		
3.3	By March 2019, patients in all Trusts should have access to the Dementia portal.	The Trust Dementia leads have received a presentation from the Regional group regarding the proposed Dementia Portal and been involved in discussion around the potential application of the Dementia Portal. The Trust will continue to work in collaboration with the HSCB on the implementation of the planned portal	Marie Heaney		
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	A task and finish group was established to roll out Ceilings of Treatment discussions and documentation with a number of championing areas, as part of the wider advance care planning agenda. Identification and palliative care are now embedded into the Trust's Right Person, Place, Right Time pillars. The Belfast Locality Network workshop took place in October focusing on improving identification and communication across sectors.	Marie Heaney		
3.5	By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	The Trust has ensured wide circulation of the Co-production Guide and continue to develop the infrastructure and training available to ensure that PPI, Co-production and Patient Experience are further embedded across the organisation. An additional post has been secured through Transformation funding to specifically focus on the embedding of Co-Production across the organisation and a number of pilot programmes have been developed with Transformation monies to support news ways of working while considering the setting up of Citizen Hubs. The Trust continue to develop Appreciative Inquiry as a method of Co-production and while working internally with service directorates we have also supported the development of an Appreciative Enquiry methodology for the Health North Belfast initiative	Charlene Stoops		
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them					

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
4.7	By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	The Trust is achieving a cumulative performance of 18% April to November 2018. There is an agreed delay in reporting to allow for accurately coded data.	Marie Heaney		
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them					
5.2	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.	Phase 1 of the implementation of Self- Directed Support (SDS) ended on 31st March 2019, and Phase 2 (2019 – 2023) commenced on 1st April 2019. The Strategic Development Priorities for Phase 2 over the next 4 years include the following: • Managed Budgets - Develop and Implement Procurement Framework to support Option 1, Direct Payments, and Option 2 Managed Budgets • Provider Engagement • Resource Allocation System –HSCB to research best model for SDS in Northern Ireland • SDS Measuring Outcomes – ASCOT and Outcome Star • SDS Activity Toolkit – develop information systems to capture this data across Trusts The Belfast Trust has appointed the SDS Trust Implementation Officer on a permanent basis. The Trust SDS Steering Group continues to be chaired by the Director of Adult Social and Primary Care and meets quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability Services and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, information management, and the voluntary sector. There is also a SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Project Manager. One of the service user representatives in this group completed the Safer Quality Belfast Quality Improvement Programme in June 2018, being the first ever service user to do so. His project was *'To support Social Workers to increase the completion of Support Planning'*. His quality improvement project has been presented at a number of Quality Improvement events in Belfast Trust. All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers	Marie Heaney		
5.4	By March 2019, have developed baseline definition data to ensure patients have	The Trust has received the definition data document. However the system that is used within PARIS does not yet have the functionality to be able to provide the detail	Bernie Owens		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
	timely access to a full swallow assessment.	required. The service are working to optimise the use of PARIS to be able to provide this data. A formal response to the data definition has been provided by the Trust's information department.			
5.5	By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	The Trust was in a position to deliver on this target, however no additional funding was made available by the commissioner.	Bernie Owens		
5.6	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan	The Trust continues to engage with the HSCB/PHA Task & Finish Group to deliver the proposed 'CYP Emotional wellbeing, Autism and ADHD Service Framework'. In addition, through the strategic priorities contained in the draft BHSCT New Directions 2 document, the BHSCT is reviewing internal arrangements to improve pathways for developmental, emotional, behavioural and social communications services	Carol Diffin		
Outcome 6: Supporting those who care for others					
6.2	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	The Trust has a Carer Coordinator who oversees the provision of short breaks to adult and young carers across programmes of care. Statistics since the last investment in community short breaks in 2013 generally indicate a steady growth in reported non-residential short breaks for both adults and young people. However, difficulties still exist in that different currencies are used to record different types of short breaks and the Trust is still in discussion with the Department regarding data definitions for short breaks including inclusions and exclusions. The Trust will continue, where possible and in the absence of new designated funds, to grow its provision of short breaks for young carers within existing budgets.	Marie Heaney		
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	'Action for children' are directly funded by HSCB to deliver young carer support. The Trust has available activity for 2018/19 which would allow a baseline to be quantified, however there is no clear definition as yet on what to include within the target.	Carol Diffin		
Outcome 7: Ensure the sustainability of health and social care services					
7.2	By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	The Trust participate in a regional process across the DSF reporting period 2018-2019 to pilot the re-formatting of a number of current DSF returns across adults and childrens services into OBA-informed data collation processes. The proposal addresses regional consistency in the identification of outcomes and measures at population and service levels and related data collation and assurance processes across activity, performance, service user experience and quality.	Carol Diffin		
7.3	By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for	This target was suspended for 2018/19 to allow DoH and BSO to develop a new methodology to correctly capture the data	Charlene Stoops		

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	their appointment and by March 2020 seek a reduction of 5%.				
7.6	By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.	The Trust has achieved its share of the Regional Medicines Optimisation Efficiency Programme	Maureen Edwards		
Outcome 8: Supporting and transforming the HSC workforce					
8.1	By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	Three Directors of HR have been nominated as representatives to sit on the Programme Board. The first meeting of the Programme Board has not yet been convened.	Jacqui Kennedy		
8.2	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	The Project Board hasn't yet been established. The Trust is committed to providing representation as appropriate once nominations have been sought.	Jacqui Kennedy		
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	A Working group set up chaired by Director of ASPC. This group will report through to Older People Improvement Project Board. A response to the DOH Monitoring Review on progress of Phase 1 was submitted by 30th April 2019. The Trust has made progress in the following areas:- • BHSCT has established a steering group for the purpose of taking forward the regionally agreed approach to the future model of domiciliary care services. • BHSCT has established a multi-agency proof of concept project for the building of community capacity, early identification and exploring alternative community provisions including social enterprises. • There will be consideration of the appropriate social clauses relation when taking forward the development of the specification for the procurement of domiciliary care services.	Jacqui Kennedy		
8.4	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	The Department has indicated its intention to re-establish a strategic regional workforce planning group. The Trust will participate in discussions on the best way to take this forward and will provide a nomination to sit on the group once the details have been agreed	Jacqui Kennedy		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
8.5	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	With regards implementing the Workforce Force Strategy, within Theme 5 – "Building on, consolidating and promoting health and wellbeing", the Trust has fully implemented the recommendations within Action Point 10 by developing our B Well Strategy and working in partnership with PHA and other HSC Organisations re same as detailed in point 8.9 below. Our ethos of B Well mirrors the Workforce Strategy aim of assisting our staff to remain resilient, and physically and mentally well at work. Within Theme 6 of the Strategy –" Improved workforce communication and engagement", we have recently concluded the Regional 2019 HSC Staff Survey and as part of that and our IiP reaccreditation process, we continue to engage and communicate with our staff by way of regular HR Drop-In-Cinics, pulse surveys, B Well Health Fairs and attending local staff events, team meetings and management training on an on-going and Trust wide basis In accordance with the Strategy "Design and implementation of co-produced policy on recognition initiatives, we have recently reviewed and updated the Trust's Recognition & Reward policy	Jacqui Kennedy		
8.6	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Belfast HSC Trust will continue to develop the skills of the informatics team to support improvement in priority areas, including the development of control room functionality to support management of acute sites. Belfast HSC Trust will support the DoH led Strategic Information Group to develop a single information plan for NI. This will include investment in training and capability development across the HSC, and investment in the creation of a regional informatics team and leadership structure to support further development of the function in Trusts and across the HSC.	Charlene Stoops		
8.7	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	At March 2019 the take up of flu vaccination for staff stood at 41.5%	Jacqui Kennedy		

8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	• The Trust has consistently demonstrated its commitment to promoting and developing a health and wellbeing approach that enables and supports our staff to take responsibility for their own health and that of their families.
		• In June 2018 the Trust B Well strategy and annual action plan was reviewed and new B Well work streams are being developed to focus partnership working with HR, Health Improvement, Occupational Health, Directorates and TU colleagues on key areas;
		  • B well Champions Network
		  • Communication and Social Media
		  • Physical Health & Healthy Lifestyle
		  • Psychological Wellbeing
		  • Ageing Workforce
			Jacqui Kennedy		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
		• As part of the Trust's b well strategy and action plan a range of initiatives to promote good health and wellbeing are provided including b well health fairs and our lunch and learn sessions for staff on; • Managing the menopause • Diabetes awareness • Money matters • Parenting NI • Drink Work & Me • Mindfulness • Getting a good night's sleep • A wide range of free Here4U activities and events which continue to be popular among staff and include a diverse range of options from spin classes to Choir, Boxing to Pilates is also provided. • All vending Machines within the Trust have been updated and provide a larger range of non-sugary drink options. • The Health Improvement team and B Well initiative jointly continue to raise awareness of public health matters through the HUB, bwell website and social media platforms on varied issues including Mental Health, Eating Disorders, Ovarian Cancer and Oral Health. • The Trust actively participates in the PHA Healthier Workplace Network. Through this shared approach to learning and networking, best practice is shared with other organisations and supports continuous improvement in the roll out of the Trust Bwell Strategy and Action Plan ensuring that it continues to reflect best practice and meet the diverse needs of our staff.			
8.10	By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce	The Trust will work with the Department in taking forward a pilot focussing on Outcomes Based Assessment in social work Please see 7.2 above. The Trust participate in a regional process across the DSF reporting period 2018-2019 to pilot the re-formatting of a number of current DSF returns across adults and children's services into OBA-informed data collation processes. The proposal addresses regional consistency in the identification of outcomes and measures at population and service levels and related data collation and assurance processes across activity, performance, service user experience and quality	Marie Heaney		
8.11.1	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	At the end of March 2019 just over 15,000 staff had achieved Level 1 Q2020, 70% of Trust staff.	Jacqui Kennedy		
8.11.2	By March 2020, 5% to have achieved training at level 2.	At March 2019 3.6% of Trust staff had achieved Level 2. An SQB cohort of 83 people are due to complete in September 2019.	Cathy Jack		

2018 CPD	CPD Objective / goal for improvement 2018	Provider Response	Director	Apr 2018 RAG	March 2019 RAG
		The Trust is reviewing other Quality Improvement Courses completed by staff that can be included within the Q2020 framework at levels 2, 3 and 4.			
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	The Health Improvement Department contribute to the training target through the delivery of a range of training programmes (Top Tips for Looking After Yourself, Mental Health First Aid, SafeTALK and Applied Suicide Intervention Training) to Trust staff / Community & Voluntary Sector, throughout the year, that builds awareness, knowledge and skill to promote resilience, emotional wellbeing, mental health and suicide prevention.	Charlene Stoops		
8.13	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	Dysphagia Awareness training is available to BHSCT staff	Bernie Owens		