

BHSCT – Trust Performance Report 2016/17 – March 2017

Commissioning Direction Plan Targets 2016/17



TRUST BOARD

MEETING	Trust Board	Ref No. 6.3
DIRECTOR	Director of Planning, Performance and Informatics	Date 8 June 2017
Trust Performance Report		
Purpose	<ul style="list-style-type: none"> • For Approval 	
Corporate Objective	<ul style="list-style-type: none"> • For information/assurance 	
Key areas for consideration	<p>The Trust Board Summary Performance Report to the end of March 2017 is attached. The report outlines Trust Performance against key Commissioning Directions Plan objectives / goals for improvement for 2016/17.</p> <p>In terms of the delivery against the objectives / goals outlined, the Trust has substantially delivered against the improvement targets in 15 areas.</p> <p>The following 19 of the targets / standards were not achieved at the end of March 2017:</p> <ul style="list-style-type: none"> • Unscheduled Care: A&E, (<4 hour; and < 12 hour) • Outpatients: Waiting Times (< 9 weeks; and < 52 weeks max waiting time) • Diagnostic: Waiting Times (9 weeks; 26 weeks max waiting time; and urgent tests < 2 days) • Inpatient and Daycase: Waiting Times (< 13 weeks; and < 52 weeks max waiting time) • Cancer Services (<62 day pathway) • Mental Health Outpatient – Waiting Times (<9 weeks: CAMHs, and Adult Mental Health; and < 13 weeks Psychological Therapies) • Discharges: Learning Disability (< 7 days and >28 days) • AHP: Waiting Times (< 13 weeks) • Hospital Cancelled Outpatient Appointments (20% reduction) • Complex Discharges (< 48 hours; and < 7days) <p>Further details in relation to the objectives / goals are set out on the attached.</p> <p>Appendices included with this report are:</p> <ol style="list-style-type: none"> Commissioning Directions Plan objectives 2016/17 (not previously reported). Trust Corporate Plan 2016/17 update at March 2017. 	
Recommendations	For Assurance.	

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TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
●	●	<p>Healthcare Associated Infections (HCAI)</p> <p>The Trust 2016/17 target for MRSA bacteraemias has been confirmed as 18 cases to end of March 2017.</p>	<p>Cumulative April 2016 to March 2017 = 22 (Target 18)</p> <p>The incidence of MRSA bacteraemias is 22 which is 4 above pro-rata target of 18 at the end of March 2017.</p>	<p style="text-align: center;">Healthcare Associated Infections (HCAI) MRSA. Target 2016/17 = 18</p> <table border="1"> <caption>MRSA Cases (Actual vs Target)</caption> <thead> <tr> <th>Month</th> <th>Actual MRSA 2016/17</th> <th>Target (18)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>3</td><td>1.5</td></tr> <tr><td>May-16</td><td>4</td><td>3</td></tr> <tr><td>Jun-16</td><td>4</td><td>4.5</td></tr> <tr><td>Jul-16</td><td>6</td><td>6</td></tr> <tr><td>Aug-16</td><td>7</td><td>7.5</td></tr> <tr><td>Sep-16</td><td>9</td><td>9</td></tr> <tr><td>Oct-16</td><td>11</td><td>10.5</td></tr> <tr><td>Nov-16</td><td>14</td><td>12</td></tr> <tr><td>Dec-16</td><td>14</td><td>13.5</td></tr> <tr><td>Jan-17</td><td>16</td><td>15</td></tr> <tr><td>Feb-17</td><td>20</td><td>16.5</td></tr> <tr><td>Mar-17</td><td>22</td><td>18</td></tr> </tbody> </table>	Month	Actual MRSA 2016/17	Target (18)	Apr-16	3	1.5	May-16	4	3	Jun-16	4	4.5	Jul-16	6	6	Aug-16	7	7.5	Sep-16	9	9	Oct-16	11	10.5	Nov-16	14	12	Dec-16	14	13.5	Jan-17	16	15	Feb-17	20	16.5	Mar-17	22	18	<p>The Internal Audit report has been reviewed. IPC was 'Satisfactory' and Antimicrobial stewardship was 'Limited'. HCAIT group are addressing the action plan to deliver on the identified issues highlighted.</p> <p>Notable successes include:</p> <ul style="list-style-type: none"> • Aseptic Non-Touch Technique (ANTT) assessor training. A presentation and video now available on The Hub. • Development of two e-learning modules on Infection Prevention and Control for clinical and non-clinical staff. • -Delivery of a series of HCAI Shared Learning Workshops. • Development and ongoing review of a 'Plan on a Page' with a "walkround" tool to engage frontline staff. • IPCN Independent Hand Hygiene audits – average 81% <p>Challenges:</p> <ul style="list-style-type: none"> • The addition of two new IPCN posts • Ensuring consistency of basic practices such as hand hygiene and ANTT; access to isolation facilities; prompt risk assessment and placement; sampling; screening and decolonisation of high risk patients. • An increase in activity across the Trust and increased patient movement • An increase in the complexity of incidents/outbreaks of antimicrobial resistant organisms. • Antimicrobial stewardship (AMS)- work is ongoing to set up AMS teams in each ward and to embed audit with feedback to staff.
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●	●	<p>Healthcare Associated Infections (HCAIs)</p> <p>The Trust 2016/17 target for <i>Clostridium difficile</i> infection (CDI) has been confirmed as 110 cases to end of March 2017.</p>	<p>Cumulative April 2016 to March 2017 = 114 (Target 110)</p> <p>The incidence of CDiff is 114 which is 4 above pro-rata target of 110 at the end of March 2017.</p>	<p style="text-align: center;">Healthcare Associated Infections (HCAI) Clostridium Difficile. Target 2016/17=110</p> <table border="1"> <caption>Clostridium Difficile Cases (Actual vs Target)</caption> <thead> <tr> <th>Month</th> <th>Actual C.Diff 2016/17</th> <th>Target (110)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>8</td><td>9.17</td></tr> <tr><td>May-16</td><td>20</td><td>18.33</td></tr> <tr><td>Jun-16</td><td>28</td><td>27.5</td></tr> <tr><td>Jul-16</td><td>38</td><td>36.67</td></tr> <tr><td>Aug-16</td><td>52</td><td>45.83</td></tr> <tr><td>Sep-16</td><td>62</td><td>55</td></tr> <tr><td>Oct-16</td><td>80</td><td>64.17</td></tr> <tr><td>Nov-16</td><td>85</td><td>73.33</td></tr> <tr><td>Dec-16</td><td>92</td><td>82.5</td></tr> <tr><td>Jan-17</td><td>100</td><td>91.67</td></tr> <tr><td>Feb-17</td><td>108</td><td>100.83</td></tr> <tr><td>Mar-17</td><td>114</td><td>110</td></tr> </tbody> </table>	Month	Actual C.Diff 2016/17	Target (110)	Apr-16	8	9.17	May-16	20	18.33	Jun-16	28	27.5	Jul-16	38	36.67	Aug-16	52	45.83	Sep-16	62	55	Oct-16	80	64.17	Nov-16	85	73.33	Dec-16	92	82.5	Jan-17	100	91.67	Feb-17	108	100.83	Mar-17	114	110	<p>The addition of two new IPCN posts</p> <p>Challenges:</p> <ul style="list-style-type: none"> • Ensuring consistency of basic practices such as hand hygiene and ANTT; access to isolation facilities; prompt risk assessment and placement; sampling; screening and decolonisation of high risk patients. • An increase in activity across the Trust and increased patient movement • An increase in the complexity of incidents/outbreaks of antimicrobial resistant organisms. • Antimicrobial stewardship (AMS)- work is ongoing to set up AMS teams in each ward and to embed audit with feedback to staff.
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●	●	<p>2.0</p> <p>GP OOH</p> <p>From April 2016, 95% of acute/urgent calls to GP OOH should be triaged within 20 minutes.</p>	<p>Cumulative April to March = 92.5%.</p> <p>The target has increased from 90% in 2015/16 to 95% in 2016/17.</p> <p>The Trust performance has been consistently above 90%.</p> <p>End of March 2017 performance is 94%.</p>		<p>The Trust continues to work with HSCB on GP OOH targets including continued improvement of responses to the 20 minute triage target.</p> <p>The Trust monitors urgent calls compliance with the target daily and is scrutinising individually each case. Daily report established and forwarded to managers.</p> <p>Most of the cases outside of the target are:</p> <ul style="list-style-type: none"> • unable to contact the patient and • where the call has been upgraded from routine to urgent when triaged by GP. <p>The Trust is currently reviewing its approach to patient call backs and is the process of establishing protocols.</p>																					
●	●	<p>3.1</p> <p>Unscheduled Care ED access – 4 hours</p> <p>From April 2016, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.</p>	<p>Cumulative April to March = 71%.</p> <p>The Trust continues to deliver below target, 69% in March 2017.</p>		<p>A detailed improvement plan and resilience plan to support improvement is in place. The Trust aimed to deliver at the end of March 2017</p> <ul style="list-style-type: none"> • 10% improvement in winter baseline against 4 hour standard <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>63%</td> <td>78%</td> </tr> <tr> <td>Objective 2016/17</td> <td>69%</td> <td>86%</td> </tr> <tr> <td>Outturn March 2017</td> <td>62%</td> <td>72%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • 95% = 4 hour standard for category 4 & 5 patients <table border="1"> <thead> <tr> <th>Site</th> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>78%</td> <td>89%</td> </tr> <tr> <td>Objective 2016/17</td> <td>95%</td> <td>95%</td> </tr> </tbody> </table>	Site	RVH	MIH	Baseline 2015/16	63%	78%	Objective 2016/17	69%	86%	Outturn March 2017	62%	72%	Site	RVH	MIH	Baseline 2015/16	78%	89%	Objective 2016/17	95%	95%
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	3.2	<p>Unscheduled Care ED access – 12 hours</p> <p>From April 2016, no patient attending any emergency department should wait longer than 12 hours.</p>	<p>Cumulative April to March = 1741.</p> <p>The Trust continues to under deliver against the 12 hour wait target with 159 people waiting in excess of target during March 2017.</p>	<p style="text-align: center;">Emergency Department: Number of patients waiting more than 12 hours of their arrival.</p>	<table border="1"> <tr> <td>Outturn March 2017</td> <td>78%</td> <td>89%</td> </tr> </table> <p>• 30% improvement in 12 hour waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Site</th> <th colspan="2">Patients per month</th> </tr> <tr> <th>RVH</th> <th>MIH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>35</td> <td>17</td> </tr> <tr> <td>Objective 2016/17</td> <td>24</td> <td>14</td> </tr> <tr> <td>Outturn March 2017</td> <td>92</td> <td>67</td> </tr> </tbody> </table> <p>Objectives and outcomes measures are detailed in Unscheduled Care Improvement Charter and Implementation Plan which is revised monthly.</p>	Outturn March 2017	78%	89%	Site	Patients per month		RVH	MIH	Baseline 2015/16	35	17	Objective 2016/17	24	14	Outturn March 2017	92	67
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	4.0	<p>Unscheduled Care Triage</p> <p>By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</p>	<p>Cumulative April to March = 79%.</p> <p>The Trust has delivered 78% at the end of March 2017.</p>	<p style="text-align: center;">ED: Treatment to commence < 2 hours of triage. Target 80%</p>	<p>Although the March 2017 position is 2% below target and 1% below cumulatively, the Trust is generally performing well against the target.</p>																	

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●	●	<p>5.0</p> <p>Hip Fractures</p> <p>From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Cumulative April to March = 93%.</p> <p>Performance was 89% in March 2017.</p>	<p>Hip fractures. Patients waiting longer than 48 hours. Target 95%</p> <table border="1"> <caption>Data for Hip Fractures Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>90</td><td>95</td></tr> <tr><td>May-16</td><td>92</td><td>95</td></tr> <tr><td>Jun-16</td><td>95</td><td>95</td></tr> <tr><td>Jul-16</td><td>95</td><td>95</td></tr> <tr><td>Aug-16</td><td>95</td><td>95</td></tr> <tr><td>Sep-16</td><td>95</td><td>95</td></tr> <tr><td>Oct-16</td><td>70</td><td>95</td></tr> <tr><td>Nov-16</td><td>95</td><td>95</td></tr> <tr><td>Dec-16</td><td>92</td><td>95</td></tr> <tr><td>Jan-17</td><td>90</td><td>95</td></tr> <tr><td>Feb-17</td><td>90</td><td>95</td></tr> <tr><td>Mar-17</td><td>89</td><td>95</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Apr-16	90	95	May-16	92	95	Jun-16	95	95	Jul-16	95	95	Aug-16	95	95	Sep-16	95	95	Oct-16	70	95	Nov-16	95	95	Dec-16	92	95	Jan-17	90	95	Feb-17	90	95	Mar-17	89	95	<p>The Trust has performed well against the 95% target of inpatient treatment within 2 days with the exception of October 2016.</p>	
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●	●	<p>6.0</p> <p>Stroke</p> <p>Stroke patients. From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.</p>	<p>Cumulative April to December 2016 = 13%.</p> <table border="1"> <thead> <tr> <th>Q1 2016 / 17</th> <th>Q2 2016 / 17</th> <th>Q3 2016 / 17</th> <th>Cum to date</th> </tr> </thead> <tbody> <tr> <td>184</td> <td>182</td> <td>152</td> <td>339</td> </tr> <tr> <td>24</td> <td>21</td> <td>13</td> <td>45</td> </tr> <tr> <td>13%</td> <td>13%</td> <td>10%</td> <td>13%</td> </tr> </tbody> </table>	Q1 2016 / 17	Q2 2016 / 17	Q3 2016 / 17	Cum to date	184	182	152	339	24	21	13	45	13%	13%	10%	13%	<p>Stroke: Percentage of patients with Ischaemic Stroke in receipt of Thrombolysis treatment. 2016/17 Target=15%</p> <table border="1"> <caption>Data for Stroke Trend Chart</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2015/16</td><td>15</td><td>15</td></tr> <tr><td>Q2 2015/16</td><td>14</td><td>15</td></tr> <tr><td>Q3 2015/16</td><td>21</td><td>15</td></tr> <tr><td>Q4 2015/16</td><td>17</td><td>15</td></tr> <tr><td>Q1 2016/17</td><td>13</td><td>15</td></tr> <tr><td>Q2 2016/17</td><td>13</td><td>15</td></tr> <tr><td>Q3 2016/17</td><td>10</td><td>15</td></tr> </tbody> </table>	Quarter	Performance (%)	Target (%)	Q1 2015/16	15	15	Q2 2015/16	14	15	Q3 2015/16	21	15	Q4 2015/16	17	15	Q1 2016/17	13	15	Q2 2016/17	13	15	Q3 2016/17	10	15	<p>It must be noted that the service's ability to deliver against the target is dependent upon the number of patients for whom thrombolysis is clinically appropriate. The Trust has robust systems in place to identify and treat appropriate patients; these systems are embedded well within the ED and Stroke Service. While the Trust has not achieved a 15% thrombolysis rate it is performing well against the target.</p>
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●	●	<p>7.1</p> <p>Outpatients access</p> <p>By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.</p>	<p>The Outpatient access target has been reduced from 60% in 2015/16 to 50% for 2016/17.</p> <p>At the end of March 2017, 29% of patients on Trust waiting lists were waiting no longer than 9 weeks for a first outpatient appointment.</p>	<p>Percentage of Outpatients waiting no longer than 9 weeks at month end. Target 50%</p> <table border="1"> <caption>Data for Percentage of Outpatients waiting no longer than 9 weeks</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>32%</td></tr> <tr><td>May-16</td><td>34%</td></tr> <tr><td>Jun-16</td><td>32%</td></tr> <tr><td>Jul-16</td><td>30%</td></tr> <tr><td>Aug-16</td><td>30%</td></tr> <tr><td>Sep-16</td><td>26%</td></tr> <tr><td>Oct-16</td><td>26%</td></tr> <tr><td>Nov-16</td><td>27%</td></tr> <tr><td>Dec-16</td><td>27%</td></tr> <tr><td>Jan-17</td><td>24%</td></tr> <tr><td>Feb-17</td><td>27%</td></tr> <tr><td>Mar-17</td><td>29%</td></tr> </tbody> </table>	Month	Percentage	Apr-16	32%	May-16	34%	Jun-16	32%	Jul-16	30%	Aug-16	30%	Sep-16	26%	Oct-16	26%	Nov-16	27%	Dec-16	27%	Jan-17	24%	Feb-17	27%	Mar-17	29%	<p>With additional funding allocated (£1m September 2016 to March 2017) the Trust maximised in-house capacity available to end March. The focus of additional in-house OP clinics has been to address areas of clinical risk / long waiting time. Despite this additional funding it has not been possible to achieve the target.</p>
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●	●	<p>7.2</p> <p>Outpatients access</p> <p>By March 2017, no patient waits longer than 52 weeks for an outpatient appointment.</p>	<p>Target revised from patients waiting in excess of 26 weeks to patients waiting in excess of 52 weeks.</p> <p>The number of patients waiting in excess of 52 weeks continues to increase each month since April 2016. At the end of March 2017 there were 28,265 patients waiting for an Outpatient appointment in excess of 52 weeks.</p>	<p>Number of Outpatients waiting more than 52 weeks at month end. Target = 0</p> <table border="1"> <caption>Data for Number of Outpatients waiting more than 52 weeks</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>15,000</td></tr> <tr><td>May-16</td><td>16,500</td></tr> <tr><td>Jun-16</td><td>18,000</td></tr> <tr><td>Jul-16</td><td>19,500</td></tr> <tr><td>Aug-16</td><td>21,000</td></tr> <tr><td>Sep-16</td><td>22,500</td></tr> <tr><td>Oct-16</td><td>24,000</td></tr> <tr><td>Nov-16</td><td>25,000</td></tr> <tr><td>Dec-16</td><td>25,500</td></tr> <tr><td>Jan-17</td><td>26,500</td></tr> <tr><td>Feb-17</td><td>27,500</td></tr> <tr><td>Mar-17</td><td>28,265</td></tr> </tbody> </table>	Month	Number of Patients	Apr-16	15,000	May-16	16,500	Jun-16	18,000	Jul-16	19,500	Aug-16	21,000	Sep-16	22,500	Oct-16	24,000	Nov-16	25,000	Dec-16	25,500	Jan-17	26,500	Feb-17	27,500	Mar-17	28,265	<p>At the end of March 2017, a number of acute specialties continue to have patients recorded as waiting longer than 52 weeks. These include: Cardiology, Dental, ENT, General Surgery, General Medicine, General Surgery, Gynae, Neurology, Orthopaedics, Ophthalmology, Pain, Rheumatology, Urology and Vascular.</p> <p>Of all patients waiting over 52 weeks, 46% (13,050) in March 2017 are on the Orthopaedic OP waiting list.</p>
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●	●	<p>8.1</p> <p>Diagnostics access</p> <p>By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test.</p> <p>Tests included in data provided are: <i>MRI; Cardiac MRI; CT; Ultrasound; Barium Enema; Dexa scans; Radio-nuclide; Audiology; ECHO; MPI; Neurophysiology; Sleep Studies; Urodynamics; Imaging; Cardiology; Neurophysiology; and Respiratory Physiology.</i></p>	<p>The Trust is under delivering against the 75% target. At March 2017 performance is 49% against the target.</p>	<p style="text-align: center;">Percentage of patients waiting no longer than 9 weeks for Diagnostic tests. Target 75%</p> <table border="1"> <caption>Percentage of patients waiting no longer than 9 weeks for Diagnostic tests</caption> <thead> <tr> <th>Month</th> <th>Diagnostic waits < 9 weeks (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>62</td><td>75</td></tr> <tr><td>May-16</td><td>65</td><td>75</td></tr> <tr><td>Jun-16</td><td>60</td><td>75</td></tr> <tr><td>Jul-16</td><td>58</td><td>75</td></tr> <tr><td>Aug-16</td><td>50</td><td>75</td></tr> <tr><td>Sep-16</td><td>50</td><td>75</td></tr> <tr><td>Oct-16</td><td>48</td><td>75</td></tr> <tr><td>Nov-16</td><td>48</td><td>75</td></tr> <tr><td>Dec-16</td><td>42</td><td>75</td></tr> <tr><td>Jan-17</td><td>42</td><td>75</td></tr> <tr><td>Feb-17</td><td>44</td><td>75</td></tr> <tr><td>Mar-17</td><td>49</td><td>75</td></tr> </tbody> </table>	Month	Diagnostic waits < 9 weeks (%)	Target (%)	Apr-16	62	75	May-16	65	75	Jun-16	60	75	Jul-16	58	75	Aug-16	50	75	Sep-16	50	75	Oct-16	48	75	Nov-16	48	75	Dec-16	42	75	Jan-17	42	75	Feb-17	44	75	Mar-17	49	75	<p>The Trust continued to receive non-recurrent support in diagnostic services for additional capacity in MRI, CT, Ultrasound, Neurophysiology, cardiac MRI and Echo during 2016/17. Although significant, this did not address the total backlog of patients waiting greater than 9 weeks. Business cases have been submitted to the HSCB and the Trust awaits final approval.</p> <p>Apart from support for MRI in April and May 2017 the Trust does not have any confirmation at present of further non-recurrent funding for 2017/18 for these areas.</p>
Month	Diagnostic waits < 9 weeks (%)	Target (%)																																										
Apr-16	62	75																																										
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Jan-17	42	75																																										
Feb-17	44	75																																										
Mar-17	49	75																																										
●	●	<p>8.2</p> <p>Diagnostics access</p> <p>By March 2017, no patient waits longer than 26 weeks for a diagnostic test.</p>	<p>The Trust is under delivering against the 26-week target. At the end of March 2017, 5,530 patients were on the waiting list over 26 weeks.</p>	<p style="text-align: center;">Number of patients waiting more than 26 weeks for Diagnostic tests. Target = 0</p> <table border="1"> <caption>Number of patients waiting more than 26 weeks for Diagnostic tests</caption> <thead> <tr> <th>Month</th> <th>Diagnostic Waits > 26 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>1,200</td><td>0</td></tr> <tr><td>May-16</td><td>1,500</td><td>0</td></tr> <tr><td>Jun-16</td><td>1,500</td><td>0</td></tr> <tr><td>Jul-16</td><td>2,000</td><td>0</td></tr> <tr><td>Aug-16</td><td>3,000</td><td>0</td></tr> <tr><td>Sep-16</td><td>3,100</td><td>0</td></tr> <tr><td>Oct-16</td><td>3,500</td><td>0</td></tr> <tr><td>Nov-16</td><td>4,300</td><td>0</td></tr> <tr><td>Dec-16</td><td>5,500</td><td>0</td></tr> <tr><td>Jan-17</td><td>5,700</td><td>0</td></tr> <tr><td>Feb-17</td><td>6,200</td><td>0</td></tr> <tr><td>Mar-17</td><td>5,530</td><td>0</td></tr> </tbody> </table>	Month	Diagnostic Waits > 26 weeks	Target	Apr-16	1,200	0	May-16	1,500	0	Jun-16	1,500	0	Jul-16	2,000	0	Aug-16	3,000	0	Sep-16	3,100	0	Oct-16	3,500	0	Nov-16	4,300	0	Dec-16	5,500	0	Jan-17	5,700	0	Feb-17	6,200	0	Mar-17	5,530	0	<p>The main diagnostic areas breaching 26 weeks are MRI, Cardiac MRI, Echo, Sleep studies and Neurophysiology due to increases in demand levels for these services.</p>
Month	Diagnostic Waits > 26 weeks	Target																																										
Apr-16	1,200	0																																										
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BHSCT – Trust Performance Report 2016/17 – March 2017

Commissioning Direction Plan Targets 2016/17

TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
	9.1	<p>Inpatients / Day Case access</p> <p>By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment.</p>	<p>The target has been reduced from 65% in 2015/16 to 55% in 2016/17.</p> <p>37% of patients are waiting no longer than 13 weeks at the end of March 2017.</p>	<p style="text-align: center;">Percentage of Inpatients / Daycases patients waiting no longer than 13 weeks. Target 55%</p> <table border="1"> <caption>Data for Percentage of Inpatients / Daycases waiting no longer than 13 weeks</caption> <thead> <tr> <th>Month</th> <th>IPDC % waiting no longer than 13 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>48%</td><td>55%</td></tr> <tr><td>May-16</td><td>40%</td><td>55%</td></tr> <tr><td>Jun-16</td><td>38%</td><td>55%</td></tr> <tr><td>Jul-16</td><td>37%</td><td>55%</td></tr> <tr><td>Aug-16</td><td>36%</td><td>55%</td></tr> <tr><td>Sep-16</td><td>36%</td><td>55%</td></tr> <tr><td>Oct-16</td><td>38%</td><td>55%</td></tr> <tr><td>Nov-16</td><td>39%</td><td>55%</td></tr> <tr><td>Dec-16</td><td>36%</td><td>55%</td></tr> <tr><td>Jan-17</td><td>35%</td><td>55%</td></tr> <tr><td>Feb-17</td><td>35%</td><td>55%</td></tr> <tr><td>Mar-17</td><td>37%</td><td>55%</td></tr> </tbody> </table>	Month	IPDC % waiting no longer than 13 weeks	Target	Apr-16	48%	55%	May-16	40%	55%	Jun-16	38%	55%	Jul-16	37%	55%	Aug-16	36%	55%	Sep-16	36%	55%	Oct-16	38%	55%	Nov-16	39%	55%	Dec-16	36%	55%	Jan-17	35%	55%	Feb-17	35%	55%	Mar-17	37%	55%	<p>With limited additional funding and capacity in 2016/17 the target has not been achievable. A number of specialties require recurrent investment to address capacity gaps and waiting list issues.</p>
Month	IPDC % waiting no longer than 13 weeks	Target																																										
Apr-16	48%	55%																																										
May-16	40%	55%																																										
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Mar-17	37%	55%																																										
	9.2	<p>Inpatients / Day Case access</p> <p>By March 2017, no patient waits longer than 52 weeks weeks for inpatient / daycase treatment.</p>	<p>The Trust continues to under deliver against the 52-week target, 4,709 patients were on the waiting list over 52 weeks, at the end of March 2017.</p>	<p style="text-align: center;">Number of Inpatients / Daycases waiting more than 52 weeks at month end. Target = 0</p> <table border="1"> <caption>Data for Number of Inpatients / Daycases waiting more than 52 weeks at month end</caption> <thead> <tr> <th>Month</th> <th>IPDC Waiting > 52 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>2,800</td><td>0</td></tr> <tr><td>May-16</td><td>3,100</td><td>0</td></tr> <tr><td>Jun-16</td><td>3,200</td><td>0</td></tr> <tr><td>Jul-16</td><td>3,400</td><td>0</td></tr> <tr><td>Aug-16</td><td>3,500</td><td>0</td></tr> <tr><td>Sep-16</td><td>3,700</td><td>0</td></tr> <tr><td>Oct-16</td><td>3,800</td><td>0</td></tr> <tr><td>Nov-16</td><td>3,900</td><td>0</td></tr> <tr><td>Dec-16</td><td>4,100</td><td>0</td></tr> <tr><td>Jan-17</td><td>4,300</td><td>0</td></tr> <tr><td>Feb-17</td><td>4,500</td><td>0</td></tr> <tr><td>Mar-17</td><td>4,709</td><td>0</td></tr> </tbody> </table>	Month	IPDC Waiting > 52 weeks	Target	Apr-16	2,800	0	May-16	3,100	0	Jun-16	3,200	0	Jul-16	3,400	0	Aug-16	3,500	0	Sep-16	3,700	0	Oct-16	3,800	0	Nov-16	3,900	0	Dec-16	4,100	0	Jan-17	4,300	0	Feb-17	4,500	0	Mar-17	4,709	0	<p>The Trust utilised some IS capacity during Jan-Mar for around 200 long waiting Orthopaedic patients with additional funding from the HSCB, however additional recurrent funding is needed in specialties like Urology and Orthopaedics to make an impact on the current waiting list position.</p> <p>At the end of March 2017, a number of acute specialties have patients recorded as waiting longer than 52 weeks. These include: Breast Surgery, Cardiology, Dermatology, ENT, Paed Dental, General Medicine, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastics, Pain, Urology and Vascular.</p> <p>Of all patients waiting over 52 weeks, 31 % (1,470) in March 2017 are on the Orthopaedic OP waiting list.</p>
Month	IPDC Waiting > 52 weeks	Target																																										
Apr-16	2,800	0																																										
May-16	3,100	0																																										
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Commissioning Direction Plan Targets 2016/17

TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
●	●	<p>10.0</p> <p>Diagnostic Reporting</p> <p>From April 2016, all urgent diagnostic tests should be reported on within two days.</p>	<p>The Trust continues to under deliver against the 2-day target. At the end of March 2017, 80% of patients were receiving their urgent diagnostic tests within 2 days.</p>	<table border="1"> <caption>Percentage of Urgent Diagnostic tests within 2 days. Target 100%</caption> <thead> <tr> <th>Month</th> <th>Urgent Diagnostic tests < 2 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>88</td><td>100</td></tr> <tr><td>May-16</td><td>82</td><td>100</td></tr> <tr><td>Jun-16</td><td>86</td><td>100</td></tr> <tr><td>Jul-16</td><td>84</td><td>100</td></tr> <tr><td>Aug-16</td><td>86</td><td>100</td></tr> <tr><td>Sep-16</td><td>86</td><td>100</td></tr> <tr><td>Oct-16</td><td>86</td><td>100</td></tr> <tr><td>Nov-16</td><td>82</td><td>100</td></tr> <tr><td>Dec-16</td><td>84</td><td>100</td></tr> <tr><td>Jan-17</td><td>86</td><td>100</td></tr> <tr><td>Feb-17</td><td>82</td><td>100</td></tr> <tr><td>Mar-17</td><td>80</td><td>100</td></tr> </tbody> </table>	Month	Urgent Diagnostic tests < 2 days (%)	Target (%)	Apr-16	88	100	May-16	82	100	Jun-16	86	100	Jul-16	84	100	Aug-16	86	100	Sep-16	86	100	Oct-16	86	100	Nov-16	82	100	Dec-16	84	100	Jan-17	86	100	Feb-17	82	100	Mar-17	80	100	<p>The Trust will continue to monitor performance against those areas which are under 100% to investigate what changes in process can be made.</p> <p>Meeting the urgent reporting turnaround of 48 hours remains a challenge in all areas. The Trust will aim to deliver as close to 100% as possible.</p>
Month	Urgent Diagnostic tests < 2 days (%)	Target (%)																																										
Apr-16	88	100																																										
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Mar-17	80	100																																										
●	●	<p>11.1</p> <p>Cancer access</p> <p>From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days.</p>	<p>Cumulative April to March = 89%.</p> <p>The Trust has continued to increase its response to the target and is currently achieving 100%.</p>	<table border="1"> <caption>Breast Cancer referrals - 14 day pathway. Target 100%</caption> <thead> <tr> <th>Month</th> <th>Breast Cancer - 14 day pathway (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>65</td><td>100</td></tr> <tr><td>May-16</td><td>68</td><td>100</td></tr> <tr><td>Jun-16</td><td>65</td><td>100</td></tr> <tr><td>Jul-16</td><td>85</td><td>100</td></tr> <tr><td>Aug-16</td><td>82</td><td>100</td></tr> <tr><td>Sep-16</td><td>100</td><td>100</td></tr> <tr><td>Oct-16</td><td>100</td><td>100</td></tr> <tr><td>Nov-16</td><td>100</td><td>100</td></tr> <tr><td>Dec-16</td><td>100</td><td>100</td></tr> <tr><td>Jan-17</td><td>100</td><td>100</td></tr> <tr><td>Feb-17</td><td>100</td><td>100</td></tr> <tr><td>Mar-17</td><td>100</td><td>100</td></tr> </tbody> </table>	Month	Breast Cancer - 14 day pathway (%)	Target (%)	Apr-16	65	100	May-16	68	100	Jun-16	65	100	Jul-16	85	100	Aug-16	82	100	Sep-16	100	100	Oct-16	100	100	Nov-16	100	100	Dec-16	100	100	Jan-17	100	100	Feb-17	100	100	Mar-17	100	100	<p>The Trust is maintaining performance at 100%.</p>
Month	Breast Cancer - 14 day pathway (%)	Target (%)																																										
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TDP RAG	Mar RAG	Description	Current position	Trend	Comment
	11.2	<p>Cancer access</p> <p>From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.</p>	<p>Cumulative April to March = 91%.</p> <p>The Trust continues to perform well against the 98% target on the 31-day cancer pathway. The Trust is delivering 90% in March 2017.</p>		<p>Urology surgical capacity continues to be a challenge however waiting times have significantly improved with ongoing discussions regarding partial nephrectomy surgery with HSCB and Southern Trust.</p>
	11.3	<p>Cancer access</p> <p>From April 2016 at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<p>Cumulative April to March = 53%.</p> <p>The Trust continues to under deliver against 95% on the 62 day cancer pathway, delivering 49% in Mach 2017.</p>		<p>The work of the OG improvement group continues - currently piloting a 3-day turnaround to CT for confirmed cancers, and work ongoing to improve triage and straight to scope. Waiting times are starting to improve slowly</p> <p>Weekly urology conference calls and monitoring continue in urology.</p> <p>Monthly head and neck performance meetings commenced in Jan 17 to identify trends and areas for improvement.</p> <p>Additional CT Colonography capacity has reduced waiting times to 4 weeks and team are focussed on continuing to improve.</p> <p>WLI money for colorectal 1st appointments is being continued to maintain performance.</p> <p>Patient pathway reviews are being planned with medical staff across all poor performing areas.</p> <p>Review of thoracic surgical workload underway to minimise breaches</p>

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Commissioning Direction Plan Targets 2016/17

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●	●	<p>12.1</p> <p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access child and adolescent mental health services.</p>	<p>The Trust continues to under deliver against this target. At the end of March 2017, 84 people are waiting in excess of 9 weeks.</p>	<p>Number of CAMHS patients waiting > 9 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>CAMHS waits > 9 weeks</th> <th>Target = 0</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>30</td><td>0</td></tr> <tr><td>May-16</td><td>15</td><td>0</td></tr> <tr><td>Jun-16</td><td>12</td><td>0</td></tr> <tr><td>Jul-16</td><td>48</td><td>0</td></tr> <tr><td>Aug-16</td><td>58</td><td>0</td></tr> <tr><td>Sep-16</td><td>40</td><td>0</td></tr> <tr><td>Oct-16</td><td>55</td><td>0</td></tr> <tr><td>Nov-16</td><td>45</td><td>0</td></tr> <tr><td>Dec-16</td><td>88</td><td>0</td></tr> <tr><td>Jan-17</td><td>85</td><td>0</td></tr> <tr><td>Feb-17</td><td>80</td><td>0</td></tr> <tr><td>Mar-17</td><td>82</td><td>0</td></tr> </tbody> </table>	Month	CAMHS waits > 9 weeks	Target = 0	Apr-16	30	0	May-16	15	0	Jun-16	12	0	Jul-16	48	0	Aug-16	58	0	Sep-16	40	0	Oct-16	55	0	Nov-16	45	0	Dec-16	88	0	Jan-17	85	0	Feb-17	80	0	Mar-17	82	0	<p>Despite several waiting list initiatives in-year the CAMHS service continues to struggle with a high level of staff sickness, maternity leave and vacant posts.</p> <p>However, The Trust interviewed for four posts at the end of March 2017. The Trust expects to be performing within the 9-weeks target by September 2017.</p>
Month	CAMHS waits > 9 weeks	Target = 0																																										
Apr-16	30	0																																										
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●	●	<p>12.2</p> <p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access adult mental health services.</p>	<p>The Trust continues to under deliver against the 9-week target for patients to access Adult Mental Health services. At the end of March 2017, 534 people are waiting in excess of 9 weeks</p>	<p>Number of Adult Mental Health patients waiting > 9 weeks. Target = 0</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Adult mental health > 9 weeks</th> <th>Target = 0</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>440</td><td>0</td></tr> <tr><td>May-16</td><td>490</td><td>0</td></tr> <tr><td>Jun-16</td><td>470</td><td>0</td></tr> <tr><td>Jul-16</td><td>570</td><td>0</td></tr> <tr><td>Aug-16</td><td>540</td><td>0</td></tr> <tr><td>Sep-16</td><td>600</td><td>0</td></tr> <tr><td>Oct-16</td><td>490</td><td>0</td></tr> <tr><td>Nov-16</td><td>500</td><td>0</td></tr> <tr><td>Dec-16</td><td>670</td><td>0</td></tr> <tr><td>Jan-17</td><td>690</td><td>0</td></tr> <tr><td>Feb-17</td><td>580</td><td>0</td></tr> <tr><td>Mar-17</td><td>530</td><td>0</td></tr> </tbody> </table>	Month	Adult mental health > 9 weeks	Target = 0	Apr-16	440	0	May-16	490	0	Jun-16	470	0	Jul-16	570	0	Aug-16	540	0	Sep-16	600	0	Oct-16	490	0	Nov-16	500	0	Dec-16	670	0	Jan-17	690	0	Feb-17	580	0	Mar-17	530	0	<p>BHSCT Primary mental health Care: A number of waiting list initiatives between September and March have reduced the numbers waiting over 9 weeks for Primary Mental Health Care from a peak of 462 to 286 at the end of March 2017. The DNA rate for the waiting list initiative increased to 33% even though each person was contacted by phone the week of their appointment impacting on the expected progress in reducing the waiting list. The Trust continues to proactively address the waiting list, however, the service have experienced difficulty in engaging agency staff to address the additional review list backlog as a result of the waiting list initiative. The Trust plans to commence the central assessment centre model on one side of the City by the summer.</p> <p>BHSCT Addictions service: The Community Addiction Team continues to experience significant</p>
Month	Adult mental health > 9 weeks	Target = 0																																										
Apr-16	440	0																																										
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TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
					<p>demand from GP initiated and internal referrals. Recruitment to backfill posts to support additional demand is ongoing.</p> <p>The Trust has conducted a validation exercise in advance of a waiting list initiative as part of the recovery plan. To date this initiative has reduced the numbers waiting over 9 weeks from 271 in December 2016 to 245 by the end of March 2017.</p> <p>Actions are ongoing to reduce DNA rates, currently 37% of first attendances. The Trust plans to implement a further waiting list initiative in June 2017. The Trust plans to move forward with New Ways of Working from September 2017 in conjunction with Community and Voluntary sector partners, in directing referrals to the 'right person at the right time'. This is anticipated to reduce waiting times and improve service accessibility. This Trust expects to meet the 9 weeks waiting times target by October 2017.</p>																																							
	12.3	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: nine weeks to access dementia services.</p>	<p>The Trust consistently delivers against this target.</p>	<table border="1"> <caption>Number of Dementia patients waiting > 9 weeks. Target = 0</caption> <thead> <tr> <th>Month</th> <th>Dementia patients waiting > 9 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0</td><td>0</td></tr> <tr><td>May-16</td><td>0</td><td>0</td></tr> <tr><td>Jun-16</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td><td>0</td></tr> <tr><td>Mar-17</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Dementia patients waiting > 9 weeks	Target	Apr-16	0	0	May-16	0	0	Jun-16	0	0	Jul-16	0	0	Aug-16	0	0	Sep-16	0	0	Oct-16	0	0	Nov-16	0	0	Dec-16	0	0	Jan-17	0	0	Feb-17	0	0	Mar-17	0	0	<p>The Trust continues to achieve this target.</p>
Month	Dementia patients waiting > 9 weeks	Target																																										
Apr-16	0	0																																										
May-16	0	0																																										
Jun-16	0	0																																										
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Commissioning Direction Plan Targets 2016/17

TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
	12.4	<p>Mental Health access</p> <p>From April 2016, no patient waits longer than: 13 weeks to access psychological therapies (any age).</p>	<p>The Trust continues to under deliver against the 9-week target for patients to access Psychological Therapy services. At the end of March 395 people are waiting in excess of 9 weeks.</p>	<p style="text-align: center;">Number of Psychological patients waiting > 13 weeks. Target = 0</p> <table border="1"> <caption>Data for Psychological patients waiting > 13 weeks</caption> <thead> <tr> <th>Month</th> <th>Psychological patients waiting > 13 weeks</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>330</td><td>0</td></tr> <tr><td>May-16</td><td>350</td><td>0</td></tr> <tr><td>Jun-16</td><td>410</td><td>0</td></tr> <tr><td>Jul-16</td><td>420</td><td>0</td></tr> <tr><td>Aug-16</td><td>440</td><td>0</td></tr> <tr><td>Sep-16</td><td>440</td><td>0</td></tr> <tr><td>Oct-16</td><td>350</td><td>0</td></tr> <tr><td>Nov-16</td><td>330</td><td>0</td></tr> <tr><td>Dec-16</td><td>350</td><td>0</td></tr> <tr><td>Jan-17</td><td>400</td><td>0</td></tr> <tr><td>Feb-17</td><td>390</td><td>0</td></tr> <tr><td>Mar-17</td><td>395</td><td>0</td></tr> </tbody> </table>	Month	Psychological patients waiting > 13 weeks	Target	Apr-16	330	0	May-16	350	0	Jun-16	410	0	Jul-16	420	0	Aug-16	440	0	Sep-16	440	0	Oct-16	350	0	Nov-16	330	0	Dec-16	350	0	Jan-17	400	0	Feb-17	390	0	Mar-17	395	0	<p>The Trust model has been adopted regionally and Primary Care Talking Therapy hubs have been fully implemented across Belfast. The Trust is experiencing demand from service users and GPs of 50% over agreed / funded contracted levels. The Trust is engaging with the HSCB and LCG to discuss capacity issues which impact on Psychological Therapies targets across all programmes of care.</p>
Month	Psychological patients waiting > 13 weeks	Target																																										
Apr-16	330	0																																										
May-16	350	0																																										
Jun-16	410	0																																										
Jul-16	420	0																																										
Aug-16	440	0																																										
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Nov-16	330	0																																										
Dec-16	350	0																																										
Jan-17	400	0																																										
Feb-17	390	0																																										
Mar-17	395	0																																										
	13.1	<p>Discharges</p> <p>From April 2016, ensure that 99% of all Learning Disability discharges take place within seven days of the patient being assessed as medically fit for discharge.</p>	<p>Cumulative April to March = 78%.</p> <p>The Trust achieved the target for completed discharges in May, June, September, November and January 2017.</p>	<p style="text-align: center;">Percentage of Learning Disability discharges < 7 days of the patient assessed as medically fit for discharge. Target 99%</p> <table border="1"> <caption>Data for LD discharges < 7 days</caption> <thead> <tr> <th>Month</th> <th>LD discharges < 7 days</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>60%</td><td>99%</td></tr> <tr><td>May-16</td><td>100%</td><td>99%</td></tr> <tr><td>Jun-16</td><td>100%</td><td>99%</td></tr> <tr><td>Jul-16</td><td>65%</td><td>99%</td></tr> <tr><td>Aug-16</td><td>85%</td><td>99%</td></tr> <tr><td>Sep-16</td><td>100%</td><td>99%</td></tr> <tr><td>Oct-16</td><td>50%</td><td>99%</td></tr> <tr><td>Nov-16</td><td>100%</td><td>99%</td></tr> <tr><td>Dec-16</td><td>65%</td><td>99%</td></tr> <tr><td>Jan-17</td><td>100%</td><td>99%</td></tr> <tr><td>Feb-17</td><td>50%</td><td>99%</td></tr> <tr><td>Mar-17</td><td>65%</td><td>99%</td></tr> </tbody> </table>	Month	LD discharges < 7 days	Target	Apr-16	60%	99%	May-16	100%	99%	Jun-16	100%	99%	Jul-16	65%	99%	Aug-16	85%	99%	Sep-16	100%	99%	Oct-16	50%	99%	Nov-16	100%	99%	Dec-16	65%	99%	Jan-17	100%	99%	Feb-17	50%	99%	Mar-17	65%	99%	<p>In March 2017, three people were discharged, one patient waited longer than 7 days, 67% against the target.</p> <p>The low numbers of Learning Disability patients mean that any delay impacts greatly on the percentage outturn.</p> <p>From April 2016 to the end of March 2017, of the 37 patients were discharged, only 8 patients waited longer than 7 days to be discharged.</p>
Month	LD discharges < 7 days	Target																																										
Apr-16	60%	99%																																										
May-16	100%	99%																																										
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Mar-17	65%	99%																																										

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TDP RAG	Mar RAG	Description	Current position	Trend	Comment																										
●	●	<p>13.2</p> <p>Discharges</p> <p>From April 2016, ensure that no Learning Disability discharge taking more than 28 days.</p>	<p>From April 2016 to March 2017 there were 8 Learning Disability patients who have been discharged with a completed discharge taking more than 28 days.</p> <p>The Trust continues to under deliver against the target.</p>	<table border="1"> <caption>Learning Disability awaiting discharge > 28 days</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>17</td></tr> <tr><td>May-16</td><td>17</td></tr> <tr><td>Jun-16</td><td>16</td></tr> <tr><td>Jul-16</td><td>16</td></tr> <tr><td>Aug-16</td><td>15</td></tr> <tr><td>Sep-16</td><td>19</td></tr> <tr><td>Oct-16</td><td>22</td></tr> <tr><td>Nov-16</td><td>22</td></tr> <tr><td>Dec-16</td><td>21</td></tr> <tr><td>Jan-17</td><td>23</td></tr> <tr><td>Feb-17</td><td>24</td></tr> <tr><td>Mar-17</td><td>24</td></tr> </tbody> </table>	Month	Number of Patients	Apr-16	17	May-16	17	Jun-16	16	Jul-16	16	Aug-16	15	Sep-16	19	Oct-16	22	Nov-16	22	Dec-16	21	Jan-17	23	Feb-17	24	Mar-17	24	<p>At the end of March 2017, there were 24 people in delayed discharge, 15 waiting over 1 year, 6 waiting between 91 days and a year and 3 waiting between 29 and 90 days.</p> <p>The Belfast Trust has specific plans and identified placements for all patients recorded as delayed discharge, and expects to reduce numbers of delayed discharges by mid to late 2017 significantly, pending the delivery of new supported housing schemes and specialist nursing home provision.</p>
Month	Number of Patients																														
Apr-16	17																														
May-16	17																														
Jun-16	16																														
Jul-16	16																														
Aug-16	15																														
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Jan-17	23																														
Feb-17	24																														
Mar-17	24																														
●	●	<p>13.3</p> <p>Discharges</p> <p>From April 2016, ensure that 99% of all Mental Health discharges take place within seven days of the patient being assessed as medically fit for discharge.</p>	<p>Cumulative April to March = 94%.</p> <p>The Trust continues to perform well against the target for completed discharges. The Trust delivered 95% in March 2017.</p>	<table border="1"> <caption>Percentage of Mental Health discharges < 7 days</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>90</td></tr> <tr><td>May-16</td><td>95</td></tr> <tr><td>Jun-16</td><td>98</td></tr> <tr><td>Jul-16</td><td>98</td></tr> <tr><td>Aug-16</td><td>95</td></tr> <tr><td>Sep-16</td><td>90</td></tr> <tr><td>Oct-16</td><td>100</td></tr> <tr><td>Nov-16</td><td>95</td></tr> <tr><td>Dec-16</td><td>98</td></tr> <tr><td>Jan-17</td><td>90</td></tr> <tr><td>Feb-17</td><td>88</td></tr> <tr><td>Mar-17</td><td>95</td></tr> </tbody> </table>	Month	Percentage	Apr-16	90	May-16	95	Jun-16	98	Jul-16	98	Aug-16	95	Sep-16	90	Oct-16	100	Nov-16	95	Dec-16	98	Jan-17	90	Feb-17	88	Mar-17	95	<p>At the end of March 2017, the Trust continues to perform well against this target.</p> <p>Of the 42 patients discharged in March 2017, only 2 patients waited longer than 7 days.</p> <p>From April 2016 to the end of March 2017 of 467 patients discharged, 29 patients waited longer than 7 days.</p>
Month	Percentage																														
Apr-16	90																														
May-16	95																														
Jun-16	98																														
Jul-16	98																														
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TDP RAG	Mar RAG	Description	Current position	Trend	Comment																										
●	●	<p>13.4</p> <p>Discharges</p> <p>From April 2016, ensure that no Mental Health discharge take more than 28 days.</p>	<p>From April 2016 to March 2017 there were 22 Mental Health patients who have been discharged with a completed discharge taking more than 28 days. At the end of March 2017, 9 inpatients who are currently ready for discharge, are waiting more than 28 days to be discharged (incomplete waits).</p> <p>The Trust continues to under deliver against the target.</p>	<table border="1"> <caption>Mental Health awaiting discharge > 28 days from the patient being assessed as medically fit for discharge. Target = 0</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>2</td></tr> <tr><td>May-16</td><td>4</td></tr> <tr><td>Jun-16</td><td>4</td></tr> <tr><td>Jul-16</td><td>0</td></tr> <tr><td>Aug-16</td><td>2</td></tr> <tr><td>Sep-16</td><td>2</td></tr> <tr><td>Oct-16</td><td>3</td></tr> <tr><td>Nov-16</td><td>4</td></tr> <tr><td>Dec-16</td><td>4</td></tr> <tr><td>Jan-17</td><td>6</td></tr> <tr><td>Feb-17</td><td>8</td></tr> <tr><td>Mar-17</td><td>9</td></tr> </tbody> </table>	Month	Number of Patients	Apr-16	2	May-16	4	Jun-16	4	Jul-16	0	Aug-16	2	Sep-16	2	Oct-16	3	Nov-16	4	Dec-16	4	Jan-17	6	Feb-17	8	Mar-17	9	<p>Of the 9 people delayed in hospital at the end of the March 2017, 3 were in dementia wards awaiting suitable EMI accommodation in the community. A further 6 patients were delayed in acute mental health wards awaiting suitable community accommodation. (All but one MH patient were subsequently discharged during the month of April 2017.)</p> <p>Delayed discharges in Mental Health acute wards are a relatively new phenomena reflecting difficulties in accessing bespoke community accommodation.</p> <p>The lack of Supporting People funding will begin to have a negative impact on Mental Health discharges into the future.</p>
Month	Number of Patients																														
Apr-16	2																														
May-16	4																														
Jun-16	4																														
Jul-16	0																														
Aug-16	2																														
Sep-16	2																														
Oct-16	3																														
Nov-16	4																														
Dec-16	4																														
Jan-17	6																														
Feb-17	8																														
Mar-17	9																														
●	●	<p>14.0</p> <p>AHPs</p> <p>By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The Trust continues to under deliver against this target. At March 2017 there were 4286 people waiting more than 13 weeks for AHP services.</p>	<table border="1"> <caption>Patients waiting more than 13 weeks for AHP treatment at month end. Target = 0</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>2,000</td></tr> <tr><td>May-16</td><td>3,000</td></tr> <tr><td>Jun-16</td><td>4,000</td></tr> <tr><td>Jul-16</td><td>4,500</td></tr> <tr><td>Aug-16</td><td>4,800</td></tr> <tr><td>Sep-16</td><td>5,000</td></tr> <tr><td>Oct-16</td><td>6,500</td></tr> <tr><td>Nov-16</td><td>5,800</td></tr> <tr><td>Dec-16</td><td>6,500</td></tr> <tr><td>Jan-17</td><td>6,800</td></tr> <tr><td>Feb-17</td><td>6,000</td></tr> <tr><td>Mar-17</td><td>4,286</td></tr> </tbody> </table>	Month	Number of Patients	Apr-16	2,000	May-16	3,000	Jun-16	4,000	Jul-16	4,500	Aug-16	4,800	Sep-16	5,000	Oct-16	6,500	Nov-16	5,800	Dec-16	6,500	Jan-17	6,800	Feb-17	6,000	Mar-17	4,286	<p>Trust continues to discuss capacity and demand for these services with the HSCB.</p> <p>The Trust has made some improvements in the last quarter of the year as a result of a slight increase in capacity and some waiting list initiative funding.</p> <p>Without additional recurrent or waiting list initiative funding, the AHP waiting lists in areas with higher demand than capacity will continue to worsen within 2017/18.</p>
Month	Number of Patients																														
Apr-16	2,000																														
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Feb-17	6,000																														
Mar-17	4,286																														

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TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
●	●	<p>15.0</p> <p>Direct Payments</p> <p>By March 2017, secure a 10% increase in the number of direct payments to all service users.</p>	<p>March 2017 = 602 Direct Payments.</p> <p>The Trust has met the 2016/17 target of 581.</p>	<table border="1"> <caption>Direct Payments in place at end of month</caption> <thead> <tr> <th>Month</th> <th>DP's in place</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>535</td><td>581</td></tr> <tr><td>May-16</td><td>545</td><td>581</td></tr> <tr><td>Jun-16</td><td>555</td><td>581</td></tr> <tr><td>Jul-16</td><td>565</td><td>581</td></tr> <tr><td>Aug-16</td><td>575</td><td>581</td></tr> <tr><td>Sep-16</td><td>565</td><td>581</td></tr> <tr><td>Oct-16</td><td>600</td><td>581</td></tr> <tr><td>Nov-16</td><td>595</td><td>581</td></tr> <tr><td>Dec-16</td><td>600</td><td>581</td></tr> <tr><td>Jan-17</td><td>595</td><td>581</td></tr> <tr><td>Feb-17</td><td>605</td><td>581</td></tr> <tr><td>Mar-17</td><td>602</td><td>581</td></tr> </tbody> </table>	Month	DP's in place	Target	Apr-16	535	581	May-16	545	581	Jun-16	555	581	Jul-16	565	581	Aug-16	575	581	Sep-16	565	581	Oct-16	600	581	Nov-16	595	581	Dec-16	600	581	Jan-17	595	581	Feb-17	605	581	Mar-17	602	581	<p>The Trust continues to meet the target for Direct Payments and increase the uptake of Direct Payments.</p>
Month	DP's in place	Target																																										
Apr-16	535	581																																										
May-16	545	581																																										
Jun-16	555	581																																										
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Mar-17	602	581																																										
●	●	<p>16.0</p> <p>Carers' Assessments</p> <p>By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.</p>	<p>The Trust continues to deliver high numbers of Carers' assessments.</p> <p>The 2016/17 target is 3,376, 10% increase on the 2015/16 outturn of 3309.</p>	<table border="1"> <caption>Carers Assessments - Quarterly</caption> <thead> <tr> <th>Month</th> <th>2016/17 Outturn</th> <th>2016/17 Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>879</td><td>3376</td></tr> <tr><td>Jul-16</td><td>1934</td><td>3376</td></tr> <tr><td>Oct-16</td><td>2773</td><td>3376</td></tr> <tr><td>Mar-17</td><td>3557</td><td>3376</td></tr> </tbody> </table>	Month	2016/17 Outturn	2016/17 Target	Apr-16	879	3376	Jul-16	1934	3376	Oct-16	2773	3376	Mar-17	3557	3376	<p>The Trust recently launched a Carers strategy entitled 'Caring Together in Belfast' – A Plan for Supporting Carers in Belfast 2017–2020. The key priorities of the strategy are: Reaching Carers of all ages; Developing Carer support pathways; Supporting Carer health and wellbeing; and Communicating with and involving Carers. In Belfast, approximately 44,000 people have identified themselves as Carers, at least 36% of whom are providing care for more than 20 hours a week. In 2016/17, 3,557 assessments were offered compared to 3,069 during 2015/16, an increase of 15.9%. In 2016/17 1,810 assessments were completed compared to 1,397 in 2015/16, an increase of 29.6%.</p>																								
Month	2016/17 Outturn	2016/17 Target																																										
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●	●	<p>17.0</p> <p>Hospital cancelled appointments</p> <p>By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.</p>	<p>Cumulative April to March = 74,642.</p> <p>The target for March 2017 is 63,128 cancelled Outpatient Appointments, a reduction of 20% from 78,910.</p> <p>Trust continues to experience a high number of Hospital Cancelled Outpatients appointments and did not achieve the target in 2016/17</p>		<p>Achieving a reduction in hospital cancellations remains a challenge. Review of booking practices and recording is ongoing across specialties. Reports have shown that, in some areas, there are high numbers of cancellations due to service / staff moves. e.g. Macular move to RVH PAS, Oncology staff moves to Altnagelvin / more joint clinics etc.</p>
●	●	<p>18.1</p> <p>Complex Discharges</p> <p>From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.</p>	<p>Cumulative April to March = 44%.</p> <p>March 2017 monthly outturn is 50%</p>		<p>The Community Service Plan for 2016/17 is focusing on four key areas to support improvement in performance. These are:</p> <ul style="list-style-type: none"> • Discharge to Assess; • Domiciliary Care; • Reablement; and • Acute Care at Home. <p>The Trust is aiming to achieve a 20% improvement against the 48-hour target for the RGH site and a 10% improvement against the 7-day target. However, it remains a challenge to validate</p>

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Commissioning Direction Plan Targets 2016/17

TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																																										
●	●	<p>18.2</p> <p>Complex Discharges</p> <p>From April 2016, ensure that no complex discharge takes more than seven days.</p>	<p>Cumulative April to March = 692.</p> <p>54 complex discharges were waiting more than 7 days at the end of March 2017</p>	<p style="text-align: center;">Complex Delayed Discharges delayed more than 7 days. Target = 0</p> <table border="1"> <caption>Complex Delayed Discharges Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Complex discharges > 7 days</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>60</td></tr> <tr><td>May-16</td><td>48</td></tr> <tr><td>Jun-16</td><td>50</td></tr> <tr><td>Jul-16</td><td>38</td></tr> <tr><td>Aug-16</td><td>50</td></tr> <tr><td>Sep-16</td><td>38</td></tr> <tr><td>Oct-16</td><td>48</td></tr> <tr><td>Nov-16</td><td>70</td></tr> <tr><td>Dec-16</td><td>72</td></tr> <tr><td>Jan-17</td><td>80</td></tr> <tr><td>Feb-17</td><td>75</td></tr> <tr><td>Mar-17</td><td>52</td></tr> </tbody> </table>	Month	Complex discharges > 7 days	Apr-16	60	May-16	48	Jun-16	50	Jul-16	38	Aug-16	50	Sep-16	38	Oct-16	48	Nov-16	70	Dec-16	72	Jan-17	80	Feb-17	75	Mar-17	52	<p>this information as patients recorded as delayed may often still be awaiting diagnostics and MDT.</p> <p>20% improvement patients discharged within 48 hours of being declared medically fit (for Belfast Trust residents) on RGH site.</p> <table border="1"> <thead> <tr> <th>Site</th> <th>RGH</th> <th>MIH</th> <th>BCH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>48%</td> <td>48%</td> <td>52%</td> </tr> <tr> <td>Objective 2016/17</td> <td>58%</td> <td>58%</td> <td>52%</td> </tr> <tr> <td>Outturn Apr 2016 - Mar 2017</td> <td>49%</td> <td>37%</td> <td>40%</td> </tr> </tbody> </table> <p>10% improvement patients discharged within 7 days of being declared medically fit (Belfast Trust residents) on RGH site.</p> <table border="1"> <thead> <tr> <th>Site</th> <th>RGH</th> <th>MIH</th> <th>BCH</th> </tr> </thead> <tbody> <tr> <td>Baseline 2015/16</td> <td>78%</td> <td>84%</td> <td>69%</td> </tr> <tr> <td>Objective 2016/17</td> <td>86%</td> <td>92%</td> <td>76%</td> </tr> <tr> <td>Outturn Apr 2016 - Mar 2017</td> <td>79%</td> <td>62%</td> <td>66%</td> </tr> </tbody> </table>	Site	RGH	MIH	BCH	Baseline 2015/16	48%	48%	52%	Objective 2016/17	58%	58%	52%	Outturn Apr 2016 - Mar 2017	49%	37%	40%	Site	RGH	MIH	BCH	Baseline 2015/16	78%	84%	69%	Objective 2016/17	86%	92%	76%	Outturn Apr 2016 - Mar 2017	79%	62%	66%
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●	●	<p>18.3</p> <p>Non-complex Discharges</p> <p>From April 2016, ensure that all non-complex discharges from an acute hospital take place within six hours.</p>	<p>Cumulative April to March = 96%.</p> <p>Non - complex discharges from an acute hospital take place within 6 hours (Belfast Trust Hospitals) - Source Belfast Trust PAS.</p>	<p style="text-align: center;">Non-Complex Delayed Discharges within 6 hours. Target = 100%</p> <table border="1"> <caption>Non-Complex Delayed Discharges Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>non-complex discharges < 6 hours</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>98%</td></tr> <tr><td>May-16</td><td>97%</td></tr> <tr><td>Jun-16</td><td>98%</td></tr> <tr><td>Jul-16</td><td>97%</td></tr> <tr><td>Aug-16</td><td>97%</td></tr> <tr><td>Sep-16</td><td>97%</td></tr> <tr><td>Oct-16</td><td>97%</td></tr> <tr><td>Nov-16</td><td>96%</td></tr> <tr><td>Dec-16</td><td>97%</td></tr> <tr><td>Jan-17</td><td>97%</td></tr> <tr><td>Feb-17</td><td>97%</td></tr> <tr><td>Mar-17</td><td>97%</td></tr> </tbody> </table>	Month	non-complex discharges < 6 hours	Apr-16	98%	May-16	97%	Jun-16	98%	Jul-16	97%	Aug-16	97%	Sep-16	97%	Oct-16	97%	Nov-16	96%	Dec-16	97%	Jan-17	97%	Feb-17	97%	Mar-17	97%	<p>The 6 hour target is consistently above 95% performance.</p>																																
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BHSCT – Trust Performance Report 2016/17 – March 2017 Commissioning Direction Plan Targets 2016/17

TDP RAG	Mar RAG	Description	Current position	Trend	Comment																																							
●	●	<p>Absence</p> <p>By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.</p> <p>Trust Target = 5.8%</p>	<p>Cumulative April to March = 6.34%</p> <p>The Target absence target has reduced from 6.17% in 2015/16 to 5.8% in 2016/17. The in-month absence in March 2017 is 6.06%.</p>	<table border="1"> <caption>Absence Rate in month. Target = 5.8%</caption> <thead> <tr> <th>Month</th> <th>Absence Rate (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>5.7</td><td>5.8</td></tr> <tr><td>May-16</td><td>5.7</td><td>5.8</td></tr> <tr><td>Jun-16</td><td>5.6</td><td>5.8</td></tr> <tr><td>Jul-16</td><td>5.7</td><td>5.8</td></tr> <tr><td>Aug-16</td><td>5.8</td><td>5.8</td></tr> <tr><td>Sep-16</td><td>6.0</td><td>5.8</td></tr> <tr><td>Oct-16</td><td>6.4</td><td>5.8</td></tr> <tr><td>Nov-16</td><td>6.5</td><td>5.8</td></tr> <tr><td>Dec-16</td><td>6.7</td><td>5.8</td></tr> <tr><td>Jan-17</td><td>6.8</td><td>5.8</td></tr> <tr><td>Feb-17</td><td>6.4</td><td>5.8</td></tr> <tr><td>Mar-17</td><td>6.06</td><td>5.8</td></tr> </tbody> </table>	Month	Absence Rate (%)	Target (%)	Apr-16	5.7	5.8	May-16	5.7	5.8	Jun-16	5.6	5.8	Jul-16	5.7	5.8	Aug-16	5.8	5.8	Sep-16	6.0	5.8	Oct-16	6.4	5.8	Nov-16	6.5	5.8	Dec-16	6.7	5.8	Jan-17	6.8	5.8	Feb-17	6.4	5.8	Mar-17	6.06	5.8	<p>The Trust position is 6.06% at the end of March 2017, at 0.26% above target. The Cumulative outturn from April 2016 to March 2017 is 6.34%, 0.54% above target.</p>
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Appendix (i)

BHSCT – Commissioning Plan Directions Objectives / goals for Improvement, reported by the Trust annually.

Ref	Target	Trust Delivery Plan (TDP) comment April 2016	TDP RAG April 2016	RAG 31st March 2017	Comment 31 st March 2016	Directorate
		Desired Outcome 1. Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after				





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Ref	Target	Trust Delivery Plan (TDP) comment April 2016	TDP RAG April 2016	RAG 31st March 2017	Comment 31 st March 2016	Directorate
and improve their own health and wellbeing, and live in good health for longer.						
1.2	Diabetes	In line with the Department's policy framework, living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.			<p>The Trust has already set up the Structured Education Team within the Diabetes service and has moved forward with the recommendations.</p> <p>Recent developments have been the pilot of a multidisciplinary diabetic foot service which was held in the RVH. Meetings have taken place to review the outcomes of this pilot and a business case will be prepared by June 2017 to identify the gap which is required to provide a centralised and timely service for diabetic patients throughout the region with a complex foot problem. This service will be delivered in a multidisciplinary way through Diabetes, Orthopaedics and Vascular services and will outreach to the Foot services within the Region.</p>	Unscheduled and Acute Care
1.5	Healthy Child / Healthy Future	By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.			The Universal child health promotion programme is offered to all families. Due to a shortage of available health visitors to fill vacant posts, maternity and sick leave we have not been in a position to offer the full programme to all families. We have utilised investment in band 3 and band 5 staff to skill mix where possible to offer all aspects of the programme to families.	Children's community Service
1.6	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should			The Belfast Trust is committed to ensuring that the needs of children are met by a wide range of interventions. The Trust's PACS Project is there to support children on the Edge of Care and if admission to care is the best option to protect children, then there are LAC processes in place to ensure their needs are met, for example, Personal Education Plans, wrap around support to foster placements. Therapeutic Support to children and residential and foster care, LAC Nurse to meet health needs, etc.	Children's community Service









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Ref	Target	Trust Delivery Plan (TDP) comment April 2016	TDP RAG April 2016	RAG 31st March 2017	Comment 31 st March 2016	Directorate
		include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.			Every effort is made to sustain placements, however on occasion a change of placement maybe required to meet a child's needs and / or the Care Plan. For example, move to a Kinship or Adoptive placement. The Trust continues to work towards delivery against the target. As at March 2017 78% of children in care for 12 months or longer had no placement change.	
1.7	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.			Where the Care Plan is Adoption, children are presented to the Adoption Panel to receive a Best Interests Recommendation. Robust processes are in place to recruit a range of prospective Adopters to match with the children being considered for adoption. This will ensure the three year timeframe for placement for adoption, for the majority of children, from the date of their last admission to care will be met. The latest data BHSCT can report at April 2017 is April 2015 to March 2016 from CSIB, where 92% of BHSCT children adopted were compliant with the 3 year time frame."	Children's community Service
Desired Outcome 2: People using health and social care services are safe from avoidable harm.						
2.2	NEWS KPIs	From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.			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: <ul style="list-style-type: none"> • Each ward audits 10 NEWS charts per week 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. • USC&A have also carried out audits as requested by the Regional NEWS Working Group facilitated by HSC Safety Forum 	Unscheduled and Acute Care
2.3	Delivering Care	By March 2018, all HSC Trusts should have fully implemented the first four phases of			The Trust is working towards implementation of the first four phases of Delivering Care.	Nursing and User







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Ref	Target	Trust Delivery Plan (TDP) comment April 2016	TDP RAG April 2016	RAG 31st March 2017	Comment 31 st March 2016	Directorate
	Framework	Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.			<p>The Trust has fully implemented improvements in Phases I & II where recurrent funding has been provided. Non-recurrent funding has enabled the Trust to implement part of the ED improvements in phase II. The Trust is in discussion with the HSCB to establish recurrent funding for all four phases.</p> <p>The Trust continues to monitor progress regularly across the sites and will continue to work with the commissioner to meet the target by March 2018 of all 4 phases.</p>	Experience
2.4	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.			An Assistant Service Manager has now been appointed to this service to take forward the recommendations for a discrete specialist team to undertake the monitoring of care and support to residents living in care homes. This will also include responsibility for quality assurance. Recruitment is in progress and it is anticipated that the team will be operationalized by 1 May 2017.	Adult Primary and Social Care
2.5	Care Standards in Homes	The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice and that subsequently attract a notice of decision.			An Assistant Service Manager has now been appointed to this service to take forward the recommendations for a discrete specialist team to undertake the monitoring of care and support to residents living in care homes. This will also include responsibility for quality assurance. Recruitment is in progress and it is anticipated that the team will be operationalized by 1 May 2017.	Adult Primary and Social Care
Desired Outcome 3: People who use health and social care services have positive experiences of those services						
3.1	Palliative / End of Life Care	To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care			Systems have been put in place to enable identification and support of people with palliative and end of life care needs across the Trust. This includes flexible systems for identification in inpatient settings, discharge standard for people with palliative and end of life care	Adult Primary and Social Care









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		need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.			needs, named key worker in community, holistic assessment and promotion of appropriate communication standards across settings. The focus for 2017/18 is to ensure these systems are embedded into practice across the Trust, including directed support and education to relevant areas.	
3.2	Inpatient Care same Gender	By March 2017, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need (or alternatively timely access to treatment).			The Trust has implemented processes and met the target at March 2017. The Trust continues to work towards ensuring that, when appropriate, all adult inpatients are cared for in same gender accommodation. This work is ongoing. The Trust continues to regularly monitor progress across the sites.	Nursing and User Experience
3.3	Inpatient Care Gender mixed	Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.			The Trust has policies in place to ensure that patients' privacy and dignity are protected. The Trust monitors progress regularly across the sites. Work is ongoing.	Nursing and User Experience
3.4	Children in Care	HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.			The Belfast Trust is committed to ensuring that all Looked After Children have a clear plan for permanence to avoid drift in care. 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 VOYPIC.	Children's community Service
Desired Outcome 4: Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services						
		N/A				
Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover						







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Commissioning Direction Plan Targets 2016/17

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from periods of ill health and are able to live independently and at home or in a homely setting in the community.						
5.2	Unplanned Admissions – Long Term Conditions	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.			Data definitions to be confirmed	Unscheduled and Acute Care
5.5	Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.			All 5 programmes of care are engaged in the phased implementation of the SDS approach. The Trust's Implementation plan indicates all areas have plans in place and are working towards complete roll out. We have developed a robust process for data collection, implemented March 2017. This will enable the Trust to present a more accurate account of activity moving forward.	Adult Primary and Social Care
Desired Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.						
6.2	Short Breaks	By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.			Comment to follow	Adult Primary and Social Care
6.3	Carers' Assessments	By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: <ul style="list-style-type: none"> the need for further advice, information or signposting has been identified; the need for appropriate training has been 			The Trust recently launched a Carers strategy entitled 'Caring Together in Belfast' – A Plan for Supporting Carers in Belfast 2017 – 2020. The key priorities of the strategy are: Reaching Carers of all ages, Developing Carer support pathways, Supporting Carer health and wellbeing and Communicating with and involving Carers In the Belfast area there are approximately 44,000 people who have identified themselves as Carers, and at least 36% of these Carers are providing care for more than 20 hours a week.	Adult Primary and Social Care







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Commissioning Direction Plan Targets 2016/17

Ref	Target	Trust Delivery Plan (TDP) comment April 2016	TDP RAG April 2016	RAG 31st March 2017	Comment 31 st March 2016	Directorate
		<ul style="list-style-type: none"> identified; • the need for a care package has been identified; • the need for a short break has been identified; • the need for financial assistance has been identified. 			<ul style="list-style-type: none"> • 3069 assessments were offered in 2015/16 and 3557 assessments were offered 2016/17, an increase of 15.9%. • 1397 assessments completed 2015/16 and 1810 assessments completed 2016/17, an increase of 29.6% 	
Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.						
7.4	Elective Care activity	By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.			The Trust outlined to the HSCB that it would be aiming for an overall 4% growth in elective IPDC admissions (compared to 15/16). This was delivered at end March 2017. The Trust also delivered a 2% growth in NOP activity in 16/17 compared to the previous year.	Elective Care across Directorates
Desired outcome 8: People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide.						
8.1	Seasonal Flu Vaccine	By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.			A number of measures were taken to improve uptake including linking with Flu Fighters and operating a peer vaccinator model. While uptake improved from previous years to 30.2% we did not achieve 40%. A workshop has been planned with Peer Vaccinators to review what worked well and what didn't work well.	Human Resources
8.3	2015 Staff Survey	During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.			The Trust has implemented a comprehensive engagement plan to share the Staff Survey findings and recommendations and to inform the development of the Trust Corporate and Directorate Action Plans. This included presentations to Trade Unions and Managers, road shows for staff, sharing of findings via team briefings and the HUB and provision of drill down analysis and heat maps to Directorates and relevant Steering Groups. A Trust progress update	Human Resources

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					was provided to the DoH via the HR Directors' Forum in September 2016. Continuous Improvement Action Plans are being progressed in Directorates to address the Staff Survey findings and Steering Groups are taking forward key actions as part of their action plans. The next Staff Survey will take place in 2018.	
8.4	Workforce Plans	By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.			In regard to meeting the operational workforce requirements to meet the Trust Delivery Plan 2016/17, Service Directorates review and consider workforce requirements considering both qualitative and quantitative data and professional input. Green status.	Human Resources
8.5	Training Quality 2020	By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.			Trust Target was 2068, to be achieved by March 2017. This target was surpassed by 1193 giving a year-end total of 3261.	Human Resources
8.6	Complaints	By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.			A 13% reduction was achieved.	Medical Directorate

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Commissioning Direction Plan Targets 2016/17

Appendix (ii)

Belfast Trust Corporate Plan 2016/17. Updated position as at March 2017

Objective	Outcome	Who	Update	RAG
Safety & Excellence				
<p>1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus</p>	<p>Integrated Trust QI delivery with measurable benefits for patients/clients</p>	<p>Medical Director</p>	<ul style="list-style-type: none"> • A QI Strategy Group has been established to set direction and a QI Strategy 2017-2020 has been approved by Trust Board. At the centre of the strategy is a commitment to place the person clearly at the centre of our goal to become a leading safe, high quality and compassionate organisation. • A Quality Improvement Plan 2017-2020 was approved by Trust Board. The plan has 6 key objectives and a number of workstreams contained within each objective. Leads and nominated support staff have been identified for each objective and the Safety Quality Steering Group have responsibility for overseeing the delivery of the Trust QI Plan. A number of significant improvements have been achieved in 2016/17 including: <ul style="list-style-type: none"> ➢ 37% reduction in deep pressures sores (grade 3-4) ➢ 10% reduction in total falls this year compared with last ➢ 13% reduction in C.Difficile infections in hospital and a 64% reduction in patients developing MRSA bacteraemia as an inpatient • Three consultants have taken up post as Medical QI Trainers to support the delivery of QI training programmes. The Trust is continuing to build a network of mentors and other support for QI work. The audit department in the Trust are transitioning into a corporate support team for QI and will align QI work across the organisation and link to the QI Plan. The team will be a resource and support for staff and teams undertaking QI work. • The Trust has delivered on the target set by DoH that 2000 staff would be trained in QI Awareness. This is level 1 of the Q2020 Attributes Framework. • The Trust continues to build QI capacity across the organisation and training staff to lead and support QI work. In 2016/17 the Safety Quality Belfast QI training programme has 150 participants and has generated 50 QI projects. This is in addition to QI training programmes for medical staff, STEP, First STEP, Core STEPs and STRiDE which will train over 100 trainee and Speciality Doctors. QI training is also being incorporated into the Nurse Leadership and Development programme and into CLIME, which is induction for new medical consultants. 	<p>Green</p>
<p>2. Deliver Corporate Parenting and Safeguarding responsibilities throughout</p>	<p>Improved recognition and reporting of children and young people at risk of harm. Strengthen the</p>	<p>Director of Social Work</p>	<p>The Trust has continued to profile the safeguarding of children and young people as a corporate priority. The Children’s Safeguarding Committee affords the principal organisational vehicle for the consideration, review and dissemination of policies, guidance and learning opportunities in relation to safeguarding. This work</p>	<p>Yellow</p>

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Commissioning Direction Plan Targets 2016/17

Objective	Outcome	Who	Update	RAG
the Trust	recognition of the need to safeguard adults who require protection		is ongoing.	
3. Implement Professional Revalidation	Ensure that all staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Director of Nursing & User Experience	<p>This objective has been achieved for all Nursing and midwifery staff from April until December 2016 with a plan for the 2016/17 year.</p> <p>In relation to Medical Revalidation, the Trust introduced systems and processes at the start of 2013, and has continued to strengthen arrangements under the leadership of the Medical Director/Responsible Officer. To date, 842 recommendations have been made and notified to the GMC, with 90.5% recommended for revalidation and 9.5% deferred (consistent with national deferral rates). There have been no non-engagement notifications to the GMC. We are nearing the end of the first full cycle of revalidation, and have commenced preparation for the next five year cycle, initially with the launch of Colleague and Patient Feedback surveys to the first group of doctors. The Responsible Officer currently has responsibility for revalidation recommendations in relation to 970 doctors. There is currently no national system of revalidation for dentists.</p>	
4. Deliver all Controls Assurance standards, 95% completion with 75% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training	Provides evidence of BHSCT safe and effective service delivery	All Directorates	<p>All 22 standards maintained substantive compliance by achieving an overall score of 75% or above. 9 standards improved their score in comparison with 2015/2016. 4 standards had individual criteria that were less than 75% action plans are in place to improve compliance.</p> <ul style="list-style-type: none"> • There was 97.5% completion of BRAAT2 across the Trust with 88.9% substantive compliance. • Having an open, transparent and learning culture is one of the six key objectives in the Trust QI Plan 2016-2020. One key aspect of how learning will be shared and embedded in the organisation is through the development of Mortality and Morbidity meetings to incorporate a governance agenda. Learning from incidents of harm will be reviewed in a multi-disciplinary setting. Support for staff involved in incidents is another key element of this objective. A regional group has been established as a Q2020 work-stream chaired by the Trust Medical Director. Focus groups with staff have been held to ascertain what support they would like and a pilot will be initiated in 2017 in the Children's Hospital, RVH. 	
5. Develop New	Strategic Proposals	Director of	Adult acute care team 16/7: Detailed clinical data-based workshops & specialty	

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Objective	Outcome	Who	Update	RAG
Directions 2 proposals for Adult Acute Care	developed	Planning, Performance & Informatics	<p>discussions to agree methodology, identify best practice visits and review proposals across Ambulatory Care, Elective Centres, Emergency Care Centre & Chronic Conditions have been held throughout 2016/7. Final draft proposals to be completed early 2017/8.</p> <p>Children's and Community Services: Regional involvement with team to consider revised delivery models. Draft proposals across Mental Health, Learning Disability, Children's services, Older people / physical and sensory disability proposals under development during first half 2017/8.</p>	
6. Implement a revised approach to complaints management	An improved experience for our service users following a complaint as a consequence of a more focused service-user complaints management process	All Directorates	<p>The Complaints Department continue to work both within the team and with Directorate colleagues to fully implement a series of actions aimed at supporting improved management of complaints handling across the organisation. A workshop was held in January 2017 to further explore how complaints management can improve the Trust's responsiveness to complainants, ensure learning and address key reasons for complaints in order to avoid recurrence. Each Directorate team identified 3 areas of improvement to progress during 2017. These will be monitored by the Complaints Review Group.</p> <p>The Policy for management of Complaints and Compliments has been reviewed and updated underpinning improved management of complaints.</p> <p>The Medical Director reviews a sample of complaints monthly providing feedback to the complaints teams to support continuous improvement.</p> <p>Internal Audit reviewed management of complaints and provided satisfactory assurance in 2017.</p>	
Continuous Improvement				
1. Improving care to support more people to live well at home	Ensure improvement in the delivery of more integrated services for people in the community	Director of Adult Social & Primary Care	<p>Enhanced community diabetes specialist team</p> <p>The Commissioning priority is to support patients at home with the effective involvement of primary care & address the remaining gaps in the pathway through a variety of enhanced or developed service provision, which aims to ensure that diabetes care is delivered through the establishment of an effective integrated primary & secondary care pathway. The pathway will encompass work currently carried out in primary care via Quality & Outcomes Framework in primary care</p>	

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Objective	Outcome	Who	Update	RAG
			<p>(QOF) and enhanced services, services provided through the Trust and the support of Community & Voluntary organisations.</p> <p>The enhanced Trust provision will focus on the development of service provision, including community risk identification and prevention services, identification & management of pre-diabetic patients, enhanced structured patient education, complex case review, enhancement of community specialist nursing teams to manage and deliver care for patients with complex needs, where possible, avoiding admission & supporting early discharge on a 7 day a week basis. The community team will be supported by a community based Consultant who has now been recruited and will take up post in the latter part of July 2017.</p> <p>In addition, the new streamlined pathway for patients with complex needs will require an enhanced input by Podiatrists and Dieticians with appropriate skills. Two Community Dieticians have been appointed and are working within the Community Diabetes Multidisciplinary Team to develop and improve service delivery to domiciliary and clinic patients. This enhanced service will avoid hospital admissions and reduce bed days and support patients with diabetes to manage their condition. Two Band 6 Diabetes Nurses – funding from the ICP - have been recruited and should be in post no later than end of July 2017. This will support commencement of a seven-day week Community Diabetes Service.</p> <p>Acute Care at Home 7 Day Service</p> <ul style="list-style-type: none"> • The Acute Care at Home team are not yet receiving referrals over 7 days as they are still short of the net. Consultant time with the requirement to provide some cover into Windsor. In an attempt to meet the required medical cover, it has employed a Speciality Doctor instead. • Still do not have any additionality in the rest of the team, either in AHPs or nursing. This has prevented the team from moving forward with the full 7-day referral service, as we are frequently meeting our team's capacity. • The team is continuing to avoid unnecessary admissions to hospital by providing acute medical care at home for the frail elderly population. 	

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Objective	Outcome	Who	Update	RAG
			<ul style="list-style-type: none"> In 2016-17, there was a total of 1863 referrals to the service, with 920 patients being treated by our Consultant led MDT and they have spent a total of 4418 days on our service. This has the potential of equating to 9200 hospital bed days saved. 	
2. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance	Ensure improvement in the delivery of Cancer targets and other agreed elective targets	Director Surgery & Specialist Services	<p>The Trust has developed an improvement plan for Elective Care which includes proposals for investment in pre-assessment (Trust wide), admission on day of surgery and day case capacity (BCH site), step down facility and increased theatre capacity (BCH site). Resources to facilitate these developments (with the outcome of delivering additional elective capacity) are being discussed with the Commissioner, however at present the current financial position is limiting any available additional allocations.</p> <p>A 3 year Trust wide cancer improvement plan has been developed with a number of workstreams focussed on improving cancer waiting times. This includes an OG improvement project, weekly conference calls and capacity and demand analysis in urology, work with radiology to fast track confirmed cancers for some tumour sites, monthly head and neck breach meetings, review of thoracic workload to minimise breaches and use of WLI money to improve waiting times in pressure areas.</p>	
3. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements	Ensure improvement in the delivery of Unscheduled Care	Director Unscheduled & Acute Care	The quality improvement project charter and improvement action plans have been updated bimonthly. These have been presented and discussed at executive team (please see latest plan presented executive team on 12 April 2017).	
4. Enhance levels of employee engagement with the Trust	Ensure improvement in the experience of patients, clients, families and our staff	Director of HR & OD	<ul style="list-style-type: none"> Employee Engagement Framework in place Employee Engagement levels (score) identified for Trust and all Directorates Each Directorate developing their own Employee Engagement Action Plan Employee Engagement conference held for Bands 1 – 4 and action plan in place Employee Engagement Advocate Forum established 	
5. Further embed Patient and Public Improvement	Measureable improvement in engagement and	Medical Director	The Trust continues to develop a range of activity to support PPI. This includes staff training, the promotion of PPI e-learning and support for a range of service	

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Objective	Outcome	Who	Update	RAG
(PPI) across the Trust	involvement		user groups. The community development team have given support to staff to develop a number of new PPI initiatives and the Trust PPI standing forum planning group has meet 3 times and drafted a new terms of reference. Work is ongoing to map current PPI work across the Trust and identify members for the new forum. The Trust continues to participate in the Regional PPI Forum and is working to address the recommendations made in the recent PHA monitoring report.	
6. Improving care through information infrastructure and technology	Agreed delivery of new Informatics Strategy	Director of PPI	Information team currently being reorganised in line with informatics strategy including: <ul style="list-style-type: none"> • Expansion of analytics function • Technological enablement of service groups to become self-sufficient in operational management informatics • Re-focusing of the data quality team in line with 14 regional priorities for data quality. • Revision of the SIRO/IAO relationship in relation to maintaining good information governance 	
People				
1. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care	Develop and implement project plans: Collective Leadership, Quality Improvement, Research and Innovation	Director of HR & OD	<ul style="list-style-type: none"> • OD Framework launched. Q&S Steering Group established and plan approved. Collective Leadership Steering Group established and plan to be approved • OD Programme and Change Manager appointed and has taken up post in Jan 2017 • OD and HR support provided on the development of the enhanced Leadership structures with a HR Framework document developed as a guide to support the implementation of Collective Leadership 	
2. Implement the new Trust 'People Strategy' and embed caring, supporting, improving together	Plans and actions in place to support Trust objectives	Director of HR & OD	<ul style="list-style-type: none"> • Draft 'People Strategy' developed and shared with key stakeholders for views and comments. * Draft document subject to further consultation and engagement with staff groups before implementation in autumn / winter 2017. 	
3. Implement the updated 'Leadership and Management Framework', driving forward collective leadership	Embedding a culture of safety, quality and high performance	Director of HR & OD	<ul style="list-style-type: none"> • Leading with Care programme for all Tier 3 and 4 completed, evaluated and commenced for Tier 5 • Succession Planning initiative launched for aspiring Co-Directors and Senior Managers • Medical Development programme launched for senior clinicians by Medical Director provided by the King's Fund • Leadership Framework formally launched and produced in an interactive digital 	

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Objective	Outcome	Who	Update	RAG
			<ul style="list-style-type: none"> format Ward Sister Leadership Programme developed with first cohort due to commence April 2017. Level 3 Accredited Coaching programme developed and delivered to 65 Trust staff. 	
4. Implement the Health and Wellbeing Strategy and improve the health and wellbeing of our staff	Supporting the Trust purpose and improved attendance levels	Director of HR & OD	<ul style="list-style-type: none"> Health and Wellbeing Strategy (draft)2017-2021 shared with members of the B Well Steering Group and subject to further consultation and engagement. Annual HWB Action Plan progressing against KPIs.Highlights include: launch of Sit Less Move More campaign; instalment of Belfast Bikes on 3 Trust sites; Mind Ur Mind focus during Safetember; increased Occupational Health Physiotherapist resources; expansion of annual Summer Scheme to a 4th venue; self-assessment against NICE Workplace Health Guidance; Ageing Workforce, 5 Focus groups held; and 4 b Well expos held at Trust Conferences; Staff Survey findings with regard to Health & Wellbeing on the whole very positive; 40 Stress focus Groups have been facilitated for 19 Service Areas; Activity Works Initiative, 82 staff registered and successfully completed 8 week programme. BHSCT awarded 'Best Company for Active Breaks'; B Well initiative achieved Highly Commended Award in the Business in the Community Responsible Employee Health and Wellbeing category, and awarded Public Sector Winner for the Irish News Workplace Wellbeing Award in June 2016. Joint 3rd in the People Category in the 2016 Chairman's Awards. 	
5. Continue implementing the Trust Learning and Development Strategy 'Training Our People Today for Tomorrow'	Supporting the delivery of the Trust Values and objectives	Director of HR & OD	<ul style="list-style-type: none"> iiP bronze accreditation achieved and work in progress planning for iiP Generation Statutory and Mandatory training project plan in place: progress being made with approaches to delivery of training, development of a Business case to support in effectiveness and utilisation of eLearning and technical solution developed and support 'bulk upload' of data to HRPTS to facilitate compliance reporting. Level (1) Quality Improvement Training target (10% of workforce) achieved and 3261 Safety Quality Belfast level(2) cohort one completed and cohort two commence Employee Engagement conference for Bands 1 – 4 held and action plan in place Progressing plan for 'Value Based Culture' Phase 2 values workshops developed and being delivered Second Supporting Belfast Strategy launched and action plan being implemented Interactive Digital Corporate Welcome developed to support Induction of new staff 	
6. Further embed HRPTS and Shared Service	Increase capacity and capability in the use of new	Director of HR & OD	<ul style="list-style-type: none"> HRPTS has been deployed to 95% of staff with ongoing ICT infrastructure issues remaining. 	

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Objective	Outcome	Who	Update	RAG
(Payroll and Recruitment) system and processes	systems and improved efficiency and effectiveness of services		<ul style="list-style-type: none"> HR continue to work regionally to progress the implementation of a HRPTS App which will enable the remaining staff to access HRPTS via smart phones and other personal devices. The App has been developed and is currently undergoing testing to ensure it meets HSC requirements particularly regarding security and accessibility. HR have revised the terms of reference of the Recruitment Shared Service Customer Forum with the Head of Recruitment Shared Service to provide a more focussed and streamlined approach to monitoring the Shared Service Centre. KPIs have been reviewed regionally and a new Regional Strategic Resourcing Group established to ensure continuous improvement regionally of the recruitment process Interim Nurse Recruitment Team was established in HR for a 6-month period to support Recruitment Shared Service Centre and Trust managers in expediting delays specifically for Band 2, 3 and Band 5 nursing posts. Following a period of stabilisation within the Recruitment Shared Service Centre and the appointment of a new Head of Service, all nurse recruitment will be managed by the Shared Service Centre from end of May 2017 Further development of tailored Manager Training programme to cover all key processes is being developed to continue to develop the capability of staff to ensure the effective use of the system and to reduce the volume of overpayments as a result of late action/notifications by managers 	
Partnerships				
1. Develop an integrated plan for the people of Belfast with a range of partners and agencies	A Community Health and Social Care Plan, agreed for implementation with Partners	Director of PPI	Detailed work with Belfast City Council on Community Plan and on linkages with BHSCT as well as internal review of input to Community & Voluntary & other statutory groups has been undertaken in 2016/7. Following presentation at BHSCT Executive Team mid-year, Partnership remit reviewed alongside Assurance review. Regular ongoing work with partners continues on key Trust priorities. The development of a Partnership Plan is a priority for the Trust in 2017/8.	
2. Develop, communicate and implement a Partnership Framework with Partners <i>in context of 'Making Life Better.'</i>	Demonstrate active and learning Partnership team and Framework	Cross-Directorate	Work is ongoing to develop the Trust Partnership Strategy. A Cross-Directorate working group has been meeting to support the development of a Partnership Strategy, review the existing Trust partnership matrix, develop a partnership checklist and share learning from partnership working. The Trust continue to embed 'Making Life Better' across Directorates and a range of actions are ongoing in relation to the 6 key themes.	
3. In partnership with Belfast City Council and	A Community Plan, locally owned and supported, with	Cross-Directorate	The Trust have been fully involved in the development of 'The Belfast Agenda' (Community Plan) at both a strategic and operational level. Workshops have been	

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Objective	Outcome	Who	Update	RAG
others, develop the Belfast Community Plan	clear partner responsibilities		held with both the Trust Executive team and the Trust Board. Staff are continuing to work on the locality planning outcomes in West and East Belfast pilot areas. In addition, staff are also linking with the Lisburn and Castlereagh Community Planning process.	
4. Focus on political engagement as part of a three year Communication Plan	Improved engagement with NI Assembly	Head of Communications	Communications Strategy for 2017/18, incorporating political engagement, is currently in draft. Paper to go to Executive Team for approval.	
5. Further develop partnership working with marginalised/ minority groups i.e. Travellers, BME etc.	Improvement in engagement and involvement and access to services	Cross-Directorate	The Trust continues to support a range of work with Travellers and BME communities. Engagement with the Traveller community continues through the Traveller Health Liaison workers employed by the Trust and a range of health and wellbeing projects are delivered through a contract with Bryson An Munia Tober. The Roma Health Liaison workers continue to develop early years work within the Roma community. Support for BME carers continues to be developed and awareness raising for staff on ethnic monitoring has commenced. The Trust has had an active role in the 'Vulnerable Persons Replacement Scheme' for Syrian people and has taken a lead role for the health response across the region.	
6. Consult on the Trust's Equality Scheme and develop Action plans on disability, Section 75 inequalities and Good Relations	Reduction in Trust Health & Social Care inequalities	Cross-Directorate	The Trust continues to implement its Equality Scheme but the Scheme will not undergo material changes and will therefore not be subject to formal review until the Equality Commission for NI undertakes its next Effectiveness Review. Further to a regional engagement event in January 2017, a draft Section 75 Inequalities Action Based plan and a draft Disability Action Plan have been developed along with a new Good Relations draft strategy and action plan. These will be tabled at the June Trust Board for approval to go out to public consultation for 14 weeks.	
Resources				
1. Plan for transition of appropriate HSCB/LCG functions to the Belfast Trust	Develop joint commissioning and service delivery for the Belfast population (and regionally where appropriate)	Director of PPI	Due to uncertainty on timescales re HSCB reshape, this work has been delayed pending clarification on process. Coordination of Commissioning/Service delivery arrangements continue to operate successfully through PPI, supported by a regular series of meetings across the organisations.	
2. Achieve financial balance and deliver actions in accordance with agreed Plans	Deliver Break-even position, deliver planned activity, KPI's/Job Plans for all and communicate	All	The Trust submitted a breakeven plan to HSCB as part of the Trust's revised TDP on 19 September 2016. This revised financial plan was approved by Trust Board on 6 October 2016. Whilst pressures persisted in relation to workforce savings and the emergence of a	

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Objective	Outcome	Who	Update	RAG
	effectively		number of pay and G&S pressures, including a rise in agency spend, the Trust identified additional slippage and non-recurrent measures to address and this resulted in the achievement of breakeven at year-end.	
3. Manage the delivery and funding of agreed elective and non-elective and activity	Ensure activity agreed for new arrangements in 17/18	All	The Trust agreed baseline activity for 16/17 to be monitored against 15/16 levels (linked to the TDP financial plan and recurrent and non-recurrent funding available), with an expectation of 4% growth in 16/17 related to elective admissions, and this has been delivered at end March 2017.	
4. Accountability and Organisational Performance regularly monitored and reviewed	On-going improvement in service quality, safety and performance	Director of PPI	A revised Trust Performance Reporting format has been developed. Accountability meetings with Chief Executive and Directorates have been held in the year to review performance against agreed objectives. This includes progress related to Directorate Quality and Safety Improvement Plans.	
5. Deliver the Trust's Capital Projects & Capital Planning for 16/17	Building works underway for the new Maternity and Acute Inpatient Mental Health hospitals. Enabling site works and design works underway for the New Children's hospital	Director of Finance	Acute Mental Health Project on site in August 16 Enabling works for New Children's Hospital - On site Design Stage – on programme. New Maternity Hospital– Tender Stage	
6. To contribute to 'Making Life Better' through the development and implementation of Belfast Trust sustainability strategy	Deliver improvements through the Trust's seven working groups	Directors of Finance & Nursing/User Experience	Working Groups continue to meet and progress actions in accordance with the Trust's Sustainable Development Strategy. Detailed Progress Reports are presented at quarterly meetings of the Trust's Environment & Sustainability Group with an Assurance Update provided to the Trust's Governance Steering Group on a quarterly basis also.	