

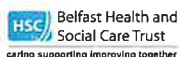
MEETING	Trust Board	Ref No. 6.1
DIRECTOR	Charlene Stoops, Director of Planning, Performance and Informatics	Date 3rd March 2022
Trust Quality Management System (QMS) Report		
Purpose	<ul style="list-style-type: none"> • For Approval 	
Corporate Objective	<ul style="list-style-type: none"> • <i>For information/assurance</i> 	
Key areas for consideration	<p>The Trust Quality Management System (QMS) Report is attached for information and assurance.</p> <p>As a key element of the new Quality Management System, this report provides a focus on key management information relating to our current key priorities and associated enablers.</p> <p>This report includes:</p> <ul style="list-style-type: none"> • QMS – Direction of Travel • Overview of Current Position & Covid-19 Update • Rebuild Plan Update • 6 Quality Parameters: <ul style="list-style-type: none"> ➢ <i>Safety</i> ➢ <i>Experience</i> ➢ <i>Effectiveness</i> ➢ <i>Timeliness</i> ➢ <i>Efficiency</i> ➢ <i>Equity</i> <p>Appendix 1: Phase 7 Delivery Plan Update –October-December 2021 Appendix 2: CPD Performance Overview – Dec 2021/Jan 2022</p> <p>Much of the information within this report has been gleaned from our Charles Vincent Daily Safety Huddle Sitrep and includes an update on our performance against relevant Commissioning Plan Direction (CPD) Targets. This report is a work in progress and will continue to be refined and developed in line with our priorities and through discussion with Trust Board as our QMS evolves.</p>	
Recommendations	For Assurance.	

Right Care, Right Time, Right Place

Quality Management System (QMS) Report January / February 2022

Trust Board
Thursday – 3rd March 2022

Charlene Stoops
Director of Performance, Planning & Informatics



Overview of Report

- QMS Framework
- Overview of Current Position & Covid-19 Update
- Delivery Plan Update
- 6 Quality Parameters:
 - Safety
 - Experience
 - Effectiveness
 - Timeliness
 - Efficiency
 - Equity

Appendix 1: Phase 7 Delivery Plan –October – December 2021
Appendix 2: CPD Performance Overview - Dec 2021/Jan 2022



QMS Framework

1. **Care Delivery Unit/Specialty Level** – daily safety huddles/sitreps and weekly wider QMS assessment through Team meetings
2. **SMTs** – Monthly review of QMS Division/Team-level data packs
3. **Executive Team** – Review of QMS assessment & Directorate-led QMS presentations (agreed dates scheduled for Service Directorates & Corporate Directorates)
4. **Assurance Committee** – QMS data pack/slide deck and summary presentation as shared with ET is shared quarterly with Assurance Committee (agreed dates scheduled for Directorates). In addition, further detail is provided to drill down key risks and actions being taken.
5. **Trust Board** – A bi-monthly QMS Report will summarise a range of Trust-level data on our current position, including an update on Covid-19 and rebuild plans; and an overview of progress against the 6 quality parameters.

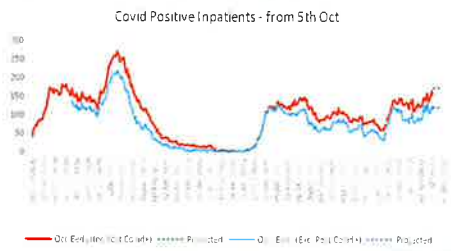


Covid-19 Update – 22nd February 2022

1. Covid19 positive (+) and Post-Covid19 Hospital Inpatients

Today, 115 Covid19+/clinical Covid patients are in our hospital wards and there are 43 patients post-14 days, in hospital. In total, 158* Covid19 related patients remain in hospital (140 at last Trust Board Report – 4th January data). Today's number in hospital equates to 58% of the total at the peak of Surge 3 on 20th January 2021 (272). The graph displays both current and post-Covid19 patients.

24/01/2022	136	09/02/2022	135	25/02/2022	0
25/01/2022	132	10/02/2022	128	26/02/2022	0
26/01/2022	136	11/02/2022	151	27/02/2022	0
27/01/2022	146	12/02/2022	145	28/02/2022	0
28/01/2022	123	13/02/2022	141	01/03/2022	0
29/01/2022	117	14/02/2022	155	02/03/2022	0
30/01/2022	114	15/02/2022	161	03/03/2022	0
31/01/2022	115	16/02/2022	150	04/03/2022	0
01/02/2022	117	17/02/2022	138	05/03/2022	0
02/02/2022	124	18/02/2022	147	06/03/2022	0
03/02/2022	135	19/02/2022	149	07/03/2022	0
04/02/2022	131	20/02/2022	156	08/03/2022	0
05/02/2022	125	21/02/2022	167	09/03/2022	0
06/02/2022	126	22/02/2022	158	10/03/2022	0
07/02/2022	124	23/02/2022	0	11/03/2022	0
08/02/2022	130	24/02/2022	0	12/03/2022	0



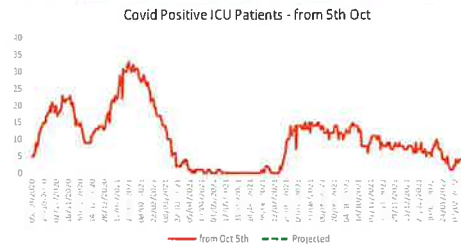
Covid-19 Update – 22nd February 2022

2. Numbers of Patients in Intensive Care

In Surge 3, the number of Covid+ Inpatients in ICU peaked at 33 on 25th January 2021.

Today in ICU, we have 5 Covid19+ patients (7 in last Trust Board report), and 1 query Covid19+ patient. On the wards* there is 1 patient on CPAP, 0 on AIRVO and 0 on NIV. There are less than 5 patients identified as possibly needing escalation within the next 24 hours.

24/01/2021	6	09/02/2021	7	21/02/2021	0
25/01/2021	4	10/02/2021	8	24/02/2021	0
26/01/2021	4	11/02/2021	8	27/02/2021	0
27/01/2021	4	12/02/2021	1	28/02/2021	0
28/01/2021	4	13/02/2021	1	01/03/2021	0
29/01/2021	3	14/02/2021	4	02/03/2021	0
30/01/2021	3	15/02/2021	4	03/03/2021	0
31/01/2021	5	16/02/2021	4	04/03/2021	0
01/02/2021	3	17/02/2021	4	05/03/2021	0
02/02/2021	2	18/02/2021	4	06/03/2021	0
03/02/2021	1	19/02/2021	4	07/03/2021	0
04/02/2021	1	20/02/2021	4	08/03/2021	0
05/02/2021	1	21/02/2021	6	09/03/2021	0
06/02/2021	1	22/02/2021	5	10/03/2021	0
07/02/2021	2	23/02/2021	0	11/03/2021	0
08/02/2021	2	24/02/2021	0	12/03/2021	0

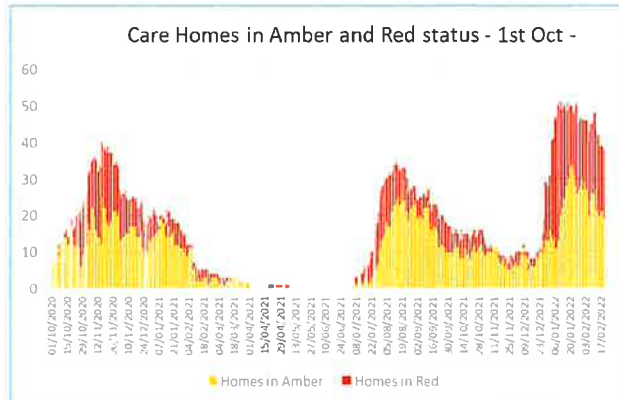


Covid-19 Update – 22nd February 2022

3. Community

We have 89 care homes in the Belfast Trust area, caring for over 2,200 residents

As at Monday 21st February, we have 38 care homes with a confirmed outbreak (31 in last Trust Board report) – 19 in amber status and 19 in red status.



Covid-19 Update – 22nd February 2022

4. Vaccination programme

The Trust vaccination programme commenced before Christmas 2020, over the Christmas period and throughout 2021, continuing now into 2022.

The table below shows the vaccination activity for the most recent 7-day period, and the cumulative total so far. Nursing and Care home residents, wards and day care facilities and staff, Walk-in clinics, Covid19 Vaccination centre numbers and wasted dose numbers are provided. Figures for Covid-19 booster doses and Winter 2021/22 Flu vaccinations are also now included. The daily number of vaccinations carried out averaged over 1,130 in April, 570 in July, 950 in October, 750 in November, 1270 in December and 410 in January. The total number of vaccinations is over **334,000 (317,000 at last Trust Board report)**. Over **34,000** vaccinations have been carried out at the mobile unit (**17,000 at last Trust Board report**) and almost **9,000** flu vaccines have also been given.

Last 7 days

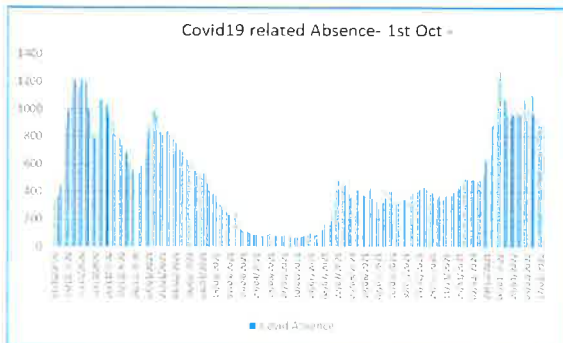
Day	Date	No of Care homes	No of inpatient ward/day care facilities	Residents/Service Users	AZ patients	Staff	Total Care Homes	Total Number Hours/round	Mobile Vaccination Clinic Wards BA	Vaccination Centre Booster	Care Home/Mobile Clinic Booster	Vaccination Centre 3rd dose COVID	Vaccination Centre Covid Flu Vaccines	Daily Total	Running Total	Wasted Doses	Cum Wasted Doses	% Cum Wasted Doses	
Tue	15 Feb 22	5	5	0	0	0	5		220	121	49	0	208	0	375	113188	1	25	0.19%
Wed	16 Feb 22	5	5	0	0	0	5		21	142	19	0	79	0	276	113429	1	28	0.19%
Thu	17 Feb 22	5	5	0	0	0	5		54	136	17	0	179	0	331	113720	2	33	0.19%
Fri	18 Feb 22	5	5	0	0	0	5		35	138	48	0	218	2	351	114061	1	34	0.19%
Sat	19 Feb 22	5	5	0	0	0	5		71	125	49	1	188	0	296	114357	2	38	0.19%
Sun	20 Feb 22	5	5	0	0	0	5		31	88	47	0	166	0	222	114579	3	41	0.19%
Mon	21 Feb 22	2	2	0	0	1	4	4	22	133	21	1	275	4	248	114827	4	46	0.19%
Totals		400	400	0	0	1	4	4	220	41290	3020	1277	271262	4796	334791	14	34000	10.19%	



Covid-19 Update – 22nd February 2022

5. Workforce

As at Monday 21st February 2022, **892** staff are off work with Covid19 disease related issues or vaccine side effects (**971 at last Trust Board report**), which is significant given that on top of these absences we have ongoing workforce challenges because of high vacancy levels within the Trust. On the same day last week, we had **945** staff off work with Covid19 disease related issues or vaccine side effects. Today's figure represents a 6% decrease in that 7-day period.



Covid-19 Update – 22nd February 2022

6. PPE Stock levels

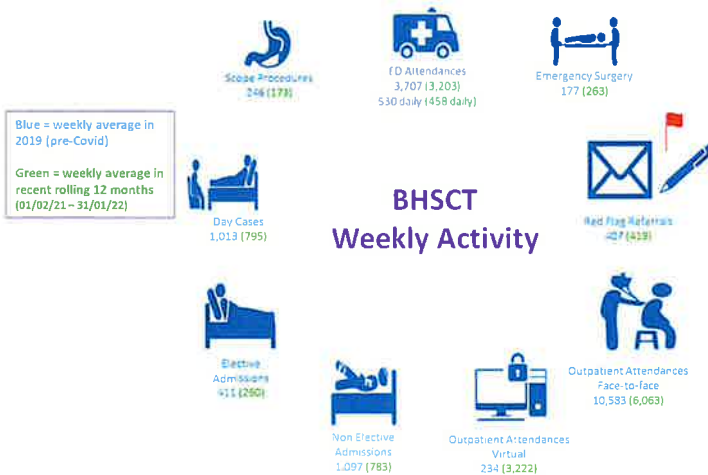
PPE stock levels are monitored daily and the infographic below gives a breakdown of levels of stock for each type of PPE equipment. This stock level does not include stock received and available at ICU/Ward/Department/ Community level for immediate use.



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What do we deliver in a typical week?

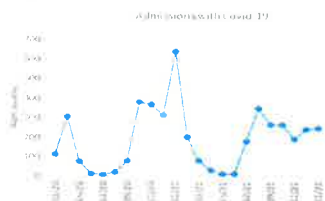


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Meeting Covid-19 Demands

Inpatients



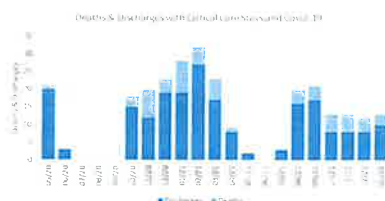
Inpatients (to 31st January 2022)

- 4,499 inpatients due to Covid-19
- 3,746 were discharged (83%)
- 626 patients died (14%)
- 127 patients remain in hospital (3%)

Demand on Beds

- Covid-19 patients used 42,950 bed days in general wards

Critical Care



Critical Care (to 31st January 2022)

- 310 admissions to Critical Care (7% of Covid inpatients)
- 238 were discharged (77%)
- 65 patients died (21%)
- 7 remain in hospital (2%)

Demand on Beds

- Covid-19 patients used 5,658 bed days in critical care



Impact on Waiting lists

Inpatient & Daycase Waiting Lists



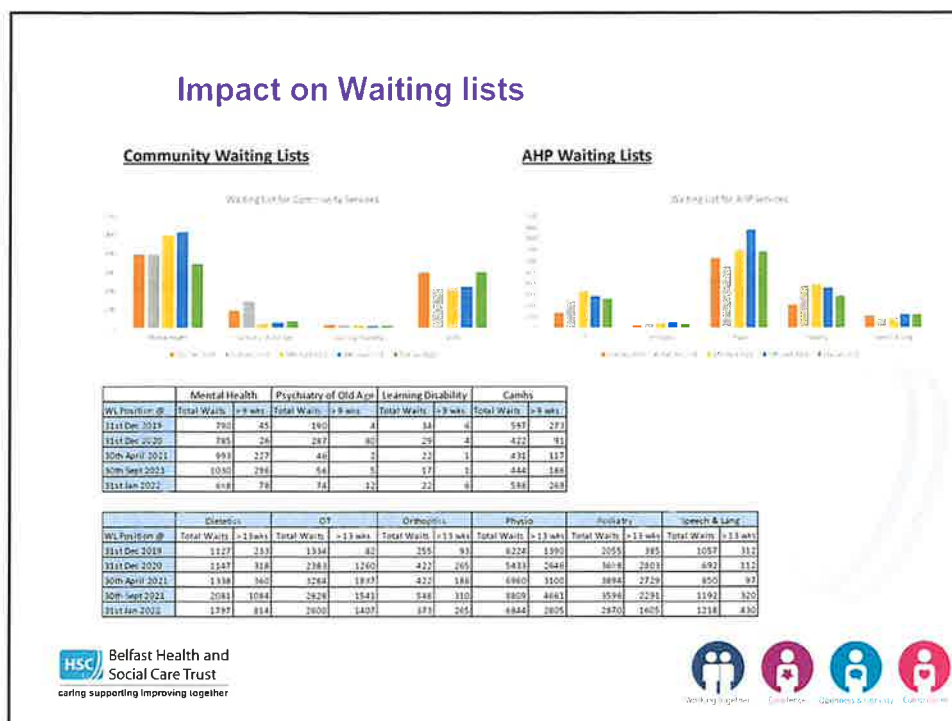
Outpatient Waiting List



Inpatient & Daycase Waiting List	31st Dec 19	31st Dec 20	31st Jan 22
Total	40579	44867	49246
<13 wks	30826	38371	41527
>52 wks	14892	27205	30881
% waiting >13 wks	24%	14%	16%
% waiting >52 wks	37%	61%	63%

Outpatient Waiting List	31st Dec 19	31st Dec 20	31st Jan 22
Total	103700	109209	110390
<13 wks	80410	81600	92022
>52 wks	39450	55790	53305
% waiting >13 wks	22%	14%	17%
% waiting >52 wks	38%	51%	48%





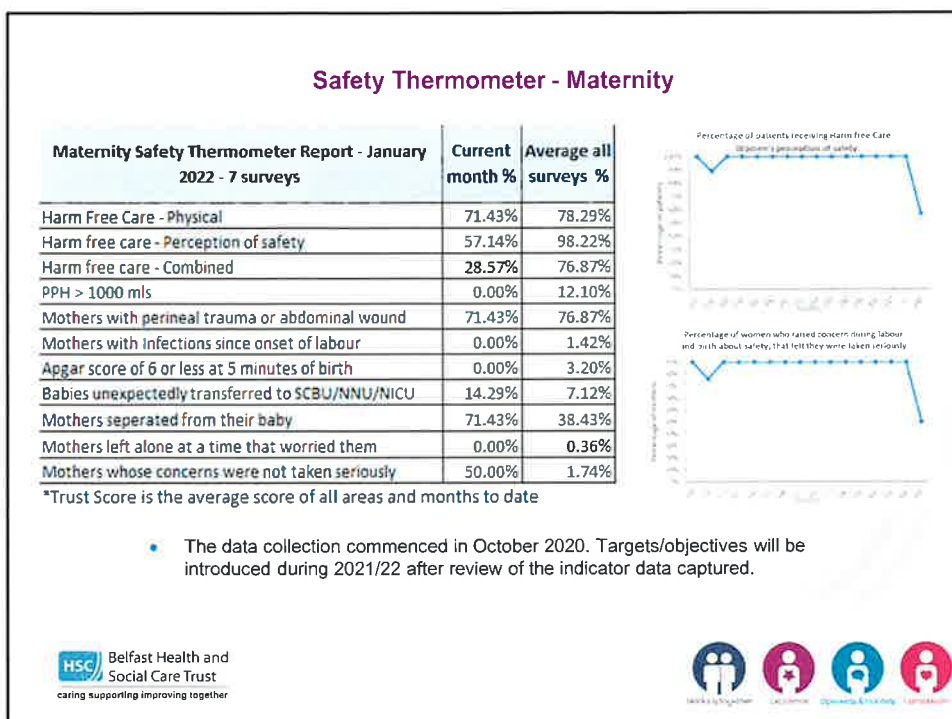
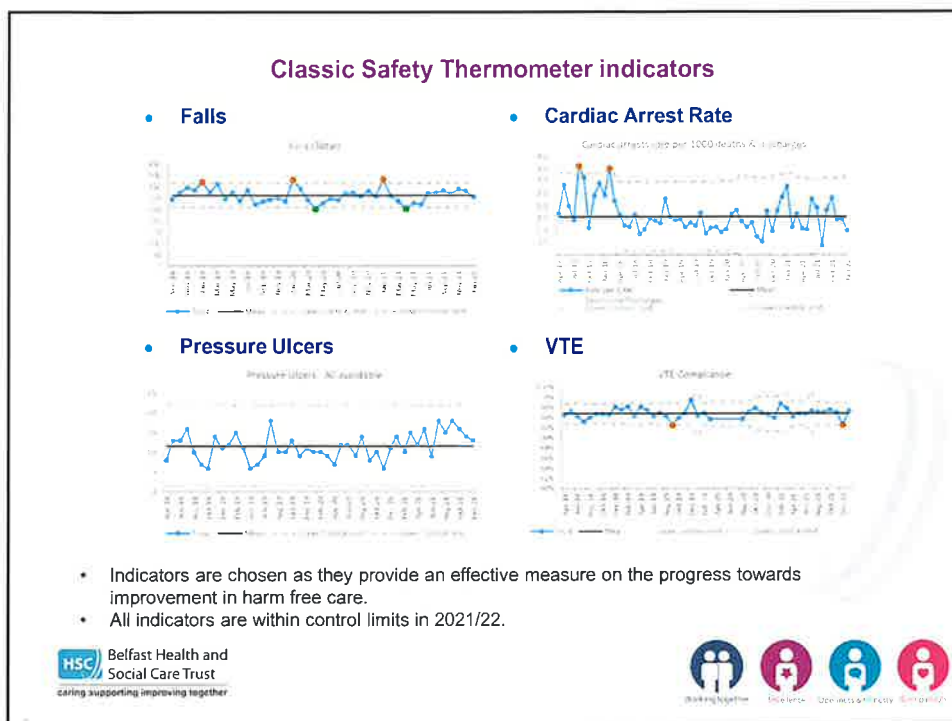
- ## Phase 7 Delivery Plan – Highlights
- October-December 2021
- **Outpatients Consultant**– overall both on target - New (98%) and Review (99%) attendances. Face to face over target for both new & rev with virtual 78% new and 81% review
 - **Outpatients Nurse** – overall New on target New (98%) and slight shortfall for Review attendances (91%). Face to face over target for both new & review with virtual 62% new and 72% review
 - **Inpatients & Daycase** –Elective is 86%, Daycases 95% and Scopes 121% against plan.
 - **Cancer Services** –all pathways achieving target
 - **Diagnostics** – all modalities achieving target, except MRI with slight shortfall at 96%
 - **AHPs** – Overachievement has been seen in Physio, Dietetics new, SLT, Orthoptics and Podiatry new. Shortfall for OT both New (73%) & Review (74%), Dietetics review (89%) and Podiatry rev (85%).
 - **Mental Health** – Shortfall against plan for all areas except CAMHS
 - **Psychological therapies** – activity relating to October & November only
 - **Day Care & Day Opportunities** – both areas over-performing against plan
-

Phase 7 Delivery Plan – Highlights cont'd

October-December 2021

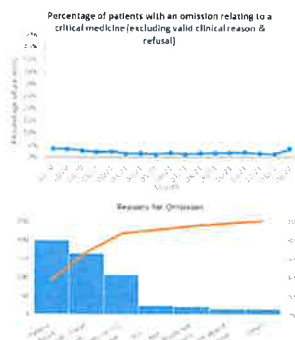
- **Domiciliary Care** – Statutory hours delivered 100% against plan, Independent 95%
- **District Nursing & Health Visiting Contacts** – District Nursing 96% against plan and Health Visiting 109%
- **Community Paediatrics** – Performing well against plan
- **Community Dental** – overachieving against new with shortfall against review (72%)
- **Mental Health Admissions** – overachieving against plan, demand led service
- **Children's Social Care** – overachieving against plan, demand led service

Safety



Safety Thermometer – Medications

Medication Safety Thermometer Report - Jan 2022 - 934 surveys	Current month %	Average all surveys %
Patients with medicines allergy status documented in their medicine kardex	85.97%	84.07%
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	16.92%	16.69%
Patients with an omitted dose relating to a critical med (Excl. valid reason & refusal)	1.50%	2.05%
Patients receiving high risk medicine that had a trigger of harm.	2.18%	1.60%
Patients with medicine reconciliation started within 24hrs of admission to Trust	57.76%	56.35%



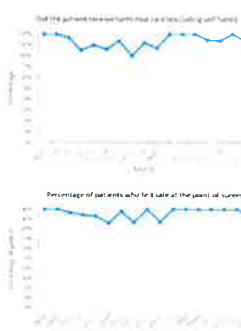
*Trust Score is the average score of all areas and months to date

- Data are produced monthly and fed back at ward/department level.
- Medications Safety Thermometer is discussed at the quarterly Medicines Optimisation Committee.
- The data collection commenced in October 2020.



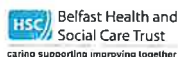
Safety Thermometer – Mental Health

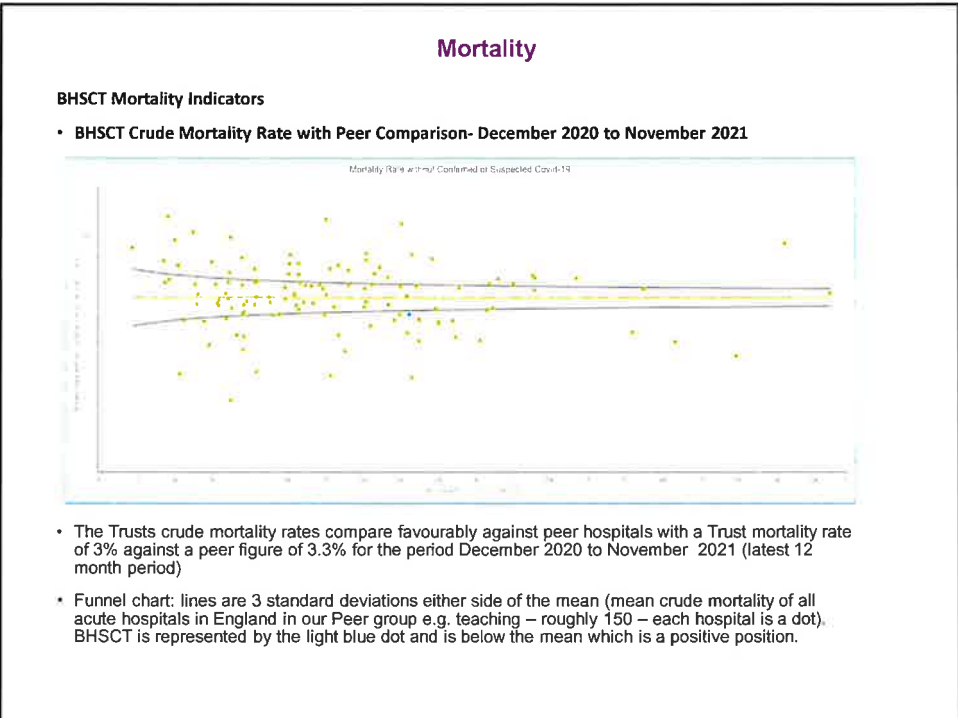
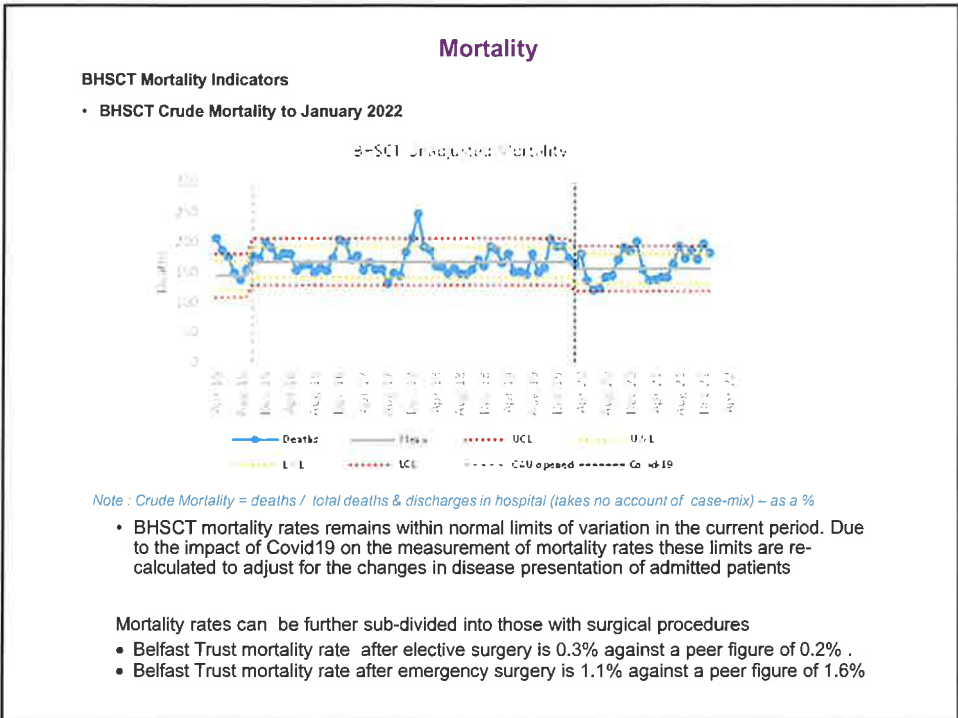
Mental Health Safety Thermometer Report - Jan 2022 - 14 surveys	Current month %	Average all surveys
Harm free Care	92.86%	88.80%
Harm free Care (Excluding Self Harm)	92.86%	93.38%
Self harmed in past 72 hours	0.00%	6.62%
Victim of violence or aggression in past 72 hrs	0.00%	1.02%
Percentage of patients with an omitted medicine (Excl valid clinical reason & refusal)	0.00%	0.51%
Felt safe at time of survey	92.86%	95.67%
Required Restrictive Intervention in past 72 hrs	0.00%	1.27%



*Average Score of all areas and months to date

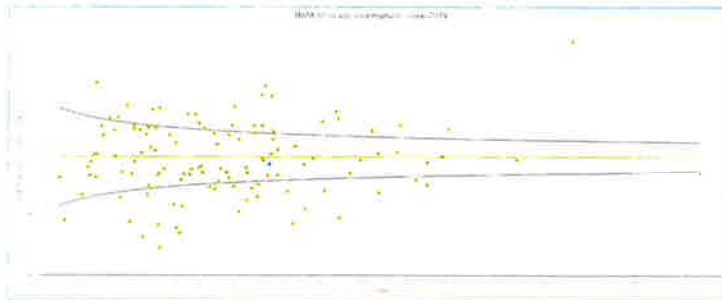
- Monthly reports are provided to wards/division.
- The data collection commenced in October 2020.
- Targets/objectives will be introduced during 2021/22.





Mortality- Risk Adjusted Mortality Index (RAMI)

BHSCT RAMI- November 2020 to October 2021

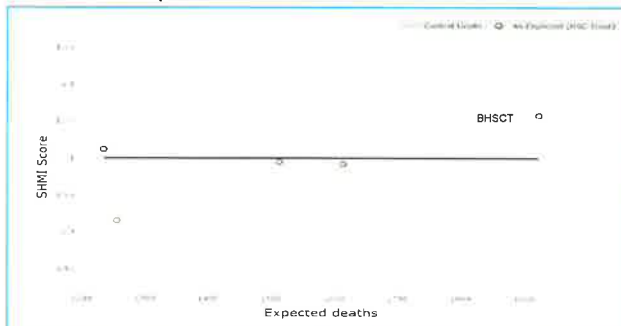


NB. Due to the requirement to wait for submission of peer data from other hospitals and the need for adequate levels of clinical coding completion mortality rates for peer analysis will be less recent than Trusts own figures

- In addition to monitoring crude mortality rates the Trust uses 'Risk Adjusted' mortality rates which help take account for the complexity and acuity of patients. These measures calculate an expected rate of death and presents this as an index of either 100 or 1 before adjustment for normal variation. This relates to deaths in hospital only across all Hospitals in England and N.Ireland.
- The graph above uses the Risk Adjusted Mortality Index (RAMI) which is set at '100' e.g. a Trust index of 95 means deaths are 5% less than expected in the statistical model. BHSCT (blue dot) is within acceptable standard deviations. Due to normal variation in mortality rates against peer hospitals the use of control limits is necessary to provide a more accurate understanding of variation. Mortality rates that stay within control limits (even when the mortality index is greater than 100) are still within normal expected rates.
- The Trusts index value is 97 for the period November 2020 to October 2021

Mortality –Summary Hospital Mortality Index (SHMI)

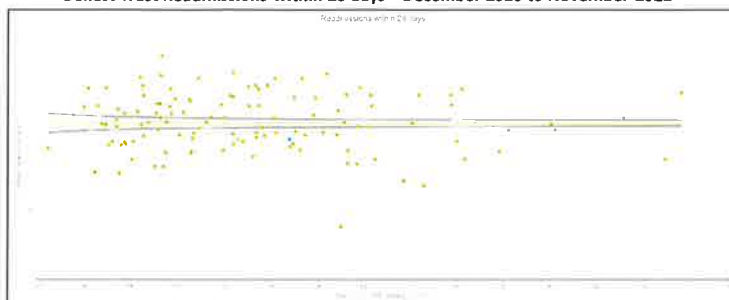
BHSCT SHMI April 2020 to March 2021



- Similar to RAMI the Summary Hospital Mortality Index (SHMI) graph above uses a slightly different method of risk adjustment to help take account for differing levels of patient complexity and acuity, this is set at a value of '1' Therefore a Trust index of 0.95 means deaths are 5% less than expected in the statistical model before adjustment for normal variation.
- This model includes deaths within hospital and also those who died with 30 days of discharge from hospital and only relates to N.Ireland Trusts, BHSCT (noted on graph) is within acceptable standard deviations. Due to normal variation in mortality rates against peer hospitals the use of control limits is necessary to provide a more accurate understanding of variation. Mortality rates that stay within control limits (even when the mortality index is greater than 1) are still within normal expected rates.
- The Trust Index value is 1.05 for the period April 2020 to March 2021

Readmissions within 28 days

Belfast Trust Readmissions within 28 days – December 2020 to November 2021



The Trusts readmission rate for the period December 2020 to October 2021 is 7.9% against a peer figure of 8.8% (latest 12 month period).

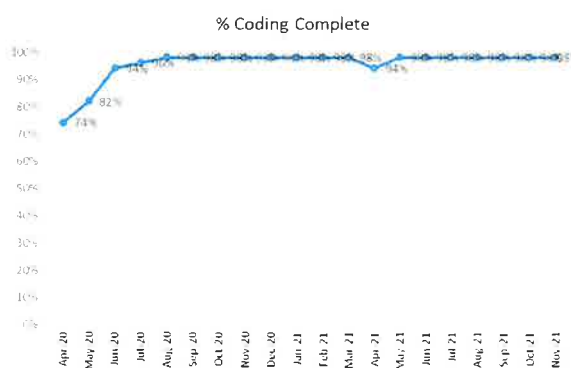
Readmission rates are a useful indicator of healthcare quality. Some readmissions to hospital will be unavoidable and may be multi-factorial therefore this indicator is often used in comparison with peer hospitals for context. It is also a useful balancing indicator to be observed whenever service improvement or changes are made within the Trust.



Clinical Coding - Timeliness

STANDARD – 98% within 3 months of discharge

- Clinical coding Timeliness has reached the HSCB target of 98% for the last 7 months.



- Some outsourcing of clinical coding has assisted with dealing with backlog whilst newly recruited staff are trained and qualified.
- 98% is a point in time target and this is achieved consistently. Coding is completed to >99.7% for each month however regardless of target to ensure maximum accuracy.



Clinical Coding - Accuracy

- Full casenote audits are completed on an ad-hoc basis, these are resource intensive however a new audit resource has been identified and an audit schedule is under construction to progress this.
- To complement audit a range of data analytical quality indicators are used routinely to target improvement & audit. These have been chosen as having significant impact on coding accuracy.
- It is not always possible to use the most specific code as documentation/evidence may not be available to coders or the patients condition is still under investigation however peer analysis informs us as to how similar we are to the average of peer coded information.

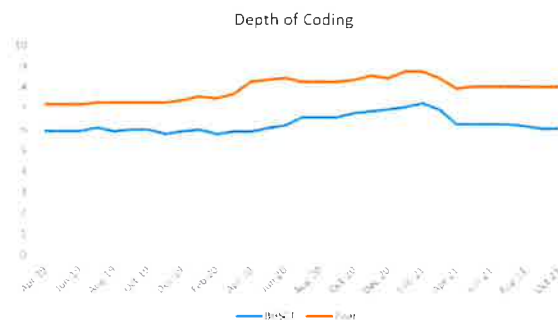
Clinical Coding Accuracy-Indicator Description	BHSCT Dec 20 - Nov 21	Peer Value	Performance
Data Quality Index-should be high for all codes based on appropriate indicator specifications being Higher is better	83	85	
% Uncoded Episodes-should be as close to zero as possible to ensure all relevant information is captured Lower is better	1.8%	1.2%	
Sign or symptom as a primary diagnosis-Potential loss of certain codes which affects analysis of patient acuity Lower is better	9.1%	12.8%	
Sign and Symptoms as Primary Diagnosis (Episode Z)-should be minimal or match peer Potential loss of data in coding which affects analysis of patient acuity Lower is better	8.9%	10.8%	
Admitting Diagnosis Emergency for Elective Admission-should be minimal or match peer Potential error in coding which affects analysis of patient acuity Lower is better	2.0%	1.7%	
Diagnosis Non-Specific-should be minimal or match peer Potential lack of detail in coding which affects analysis of patient acuity especially in risk adjustment for mortality Lower is better	10.7%	11.6%	
Deaths with palliative care code Z515-Rate should be similar to peer if all relevant cases are coded accurately This can underestimate acuity of patients in mortality analysis Higher is better	39.4%	36.9%	
Deaths with palliative care code Z515-Rate should be similar to peer if all relevant cases are coded accurately This can underestimate acuity of patients in mortality analysis Higher is better	1.9%	2.2%	

Poor performance in any of the indicators above may provide misleading information related to patient acuity. This may distort comparisons against peers in a range of quality, safety and efficiency indicators.

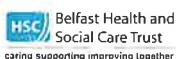


Clinical Coding – Depth of coding

Depth of coding illustrates how comprehensively we have described a patients acuity through the recording of the appropriate number and type of diagnoses. This allows us to accurately analyse information for safety, quality, efficiency & effectiveness and is especially important when we use comparative analysis with peer hospitals for examining mortality rates & LoS



- Pre-Covid BHSCT Depth of coding was 6 diagnoses per episode against a figure of 7 in the peer. This figure has inflated due to the Covid crisis as additional codes are required to code Covid patients and also some change in types and acuity of patients admitted.
- Coding KPI's are monitored at Specialty level also.



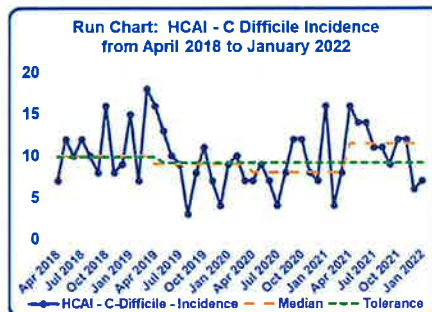
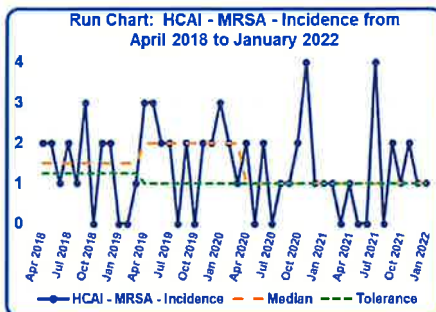
Healthcare Associated Infections

CPD: To secure a regional aggregate reduction of 19% in the total number of in-patient episodes of MRSA infection compared to 2018/19.

Last year the total incidence of MRSA was 15 against a target of 12. The incidence to the end of January 2021/22 is 12, compared to 14 for the same period in 2020/21.

CPD: To secure a regional aggregate reduction of 19% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over compared to 2018/19.

Last year the incidence of C-Difficile was 102 against a target tolerance of 110. The incidence of C-Difficile to the end of January 2022 is 112, compared to 90 for the same period in 2021.

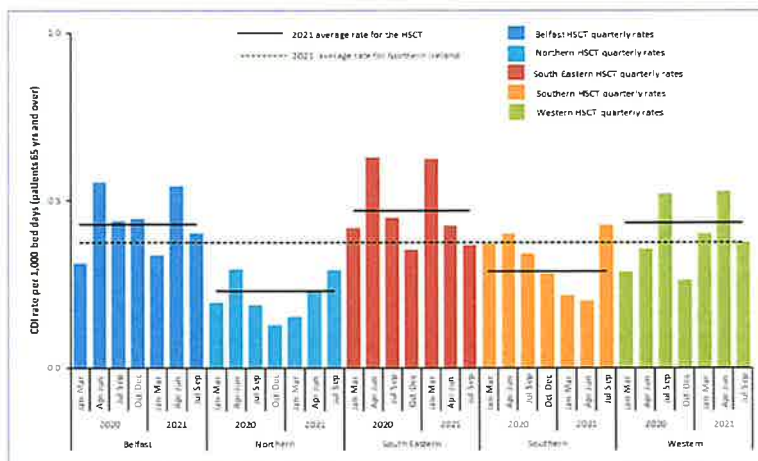


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Healthcare Associated Infections

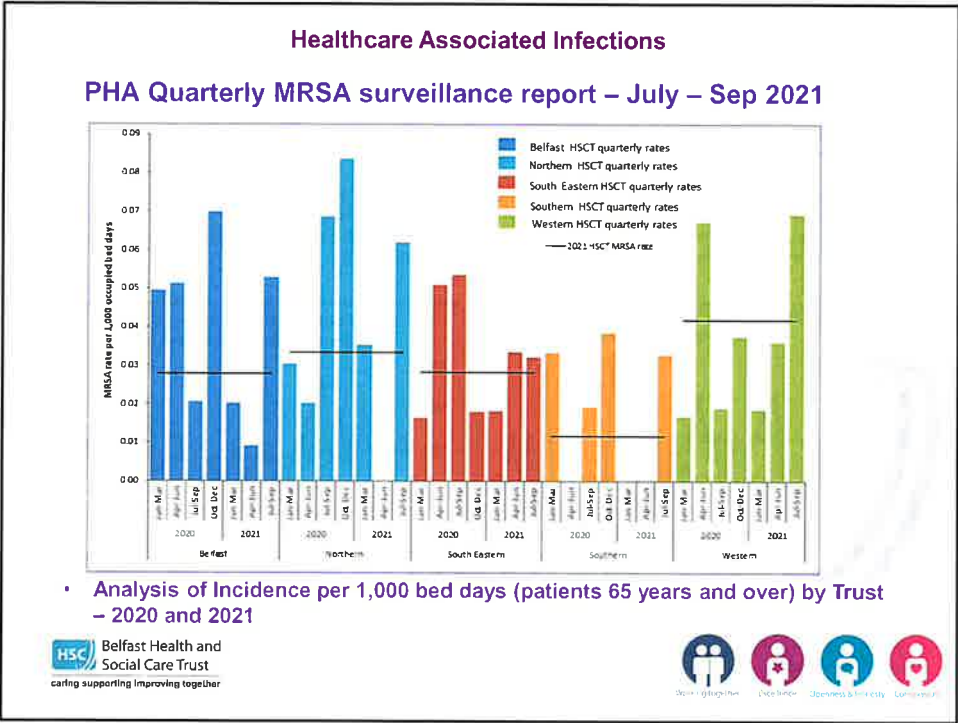
PHA Quarterly C-Difficile surveillance report – July – Sep 2021



Analysis of Incidence per 1,000 bed days (patients 65 years and over) by Trust – 2020 and 2021

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Experience

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Work together, Live better, Openness & Integrity, Learning for all

Real-Time Feedback: Patient Experience Charts - Month of January 2022 = 571 surveys

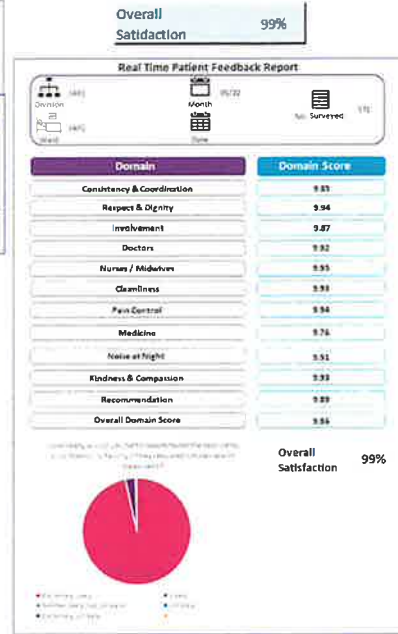
- The collection of fortnightly Patient Experience feedback recommenced mid-July 2020 in 48 phase 1 acute areas, with the exception of 3 due to reasons related to Covid-19.
- The patient experience team has expanded with new staff members trained up to roll out to phase 2 wards. Work is planned for further roll out to a wider range of settings to include outpatients & community services.
- We have seen consistently high scores in both overall satisfaction and the Friends & Family Test.
- In January 2022, of 571 patients, 551 were extremely likely and 16 were likely to recommend the ward they were in to their friends or family. That is an overall satisfaction score of over 99%.



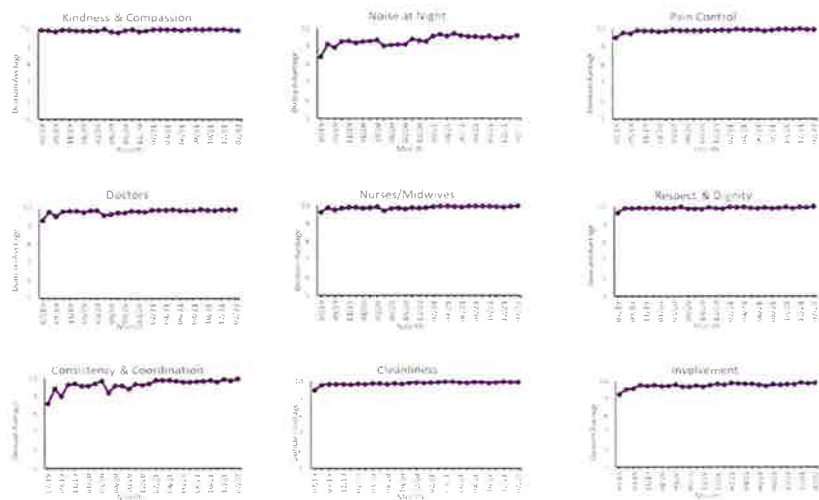
Friends & Family Test Ranking
Month: 01/22

Division	Friends & Family Score	Number surveyed	Rank
Interventional Cardiac, Critical Care, Theatres & Sterile Services, Imaging, Neuroscience, Medical Physics & Allied Health Professionals	10.00	25	1
Trauma, Orthopaedics & Rehabilitation Services	10.00	49	1
OPDH & Emergency Medicine	10.00	31	1
Cancer & Specialist Medicine	9.98	101	2
General Medicine, Endocrinology, Respiratory, Gastroenterology, Infectious Diseases, Respiratory & Adult Cardiology	9.98	142	3
Surgery	9.98	108	4
Clinical Medicine, Physical Health and Disability Services	9.80	49	5
Mental Health & CAMHS	9.70	25	5
Menopause, Dental, DASH & Sexual Health Services	9.63	54	7
Belfast Health & Social Care Trust	9.89	571	

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Real-Time Feedback: Patient Experience Domain Run charts



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Real-Time Feedback: ED Admission experience - Month of January 2022 = 9 surveys

- The collection of Emergency Department Patient Experience feedback commenced in December 2021.
- In January 2022, of 9 patients, all were extremely likely or likely to recommend the service area they were in to their friends or family. That is a recommendation score of 100%.

Waiting times

How long did you wait in ED before you were seen by a staff member?

How long did you wait in ED before you were told you would require admission to hospital?

How long did you wait in ED before being transferred to a ward?

Real Time Patient Feedback Report

Emergency Medicine | Month: January | Surveys: 9

Domain	Domain Score
Comfort	9.64
Pain	10.00
Medication	10.00
Staff	10.00
Involvement	9.88
Perception of Safety	10.00
Respect & Dignity	10.00
Kindness & Compassion	10.00
Care	9.17
Recommendation	10.00
Overall Domain Score	9.78

Overall Satisfaction: 98%

Baseline Staff Experience Survey

Baseline Staff Experience Survey
Belfast Health and Social Care Trust

Based on 2095 returns

I would recommend Belfast Health and Social Care Trust as a place to work	82.8
Engagement Indicator Overall Score	65.4
Overall Staff Experience Score	63.7

SUPPORTING HEALTHY & PRODUCTIVE TEAMS

- Meaning & Purpose: 64.9
- Wellness & Resilience: 64.6
- Colleagues & Teamwork: 66.3
- Reward & Recognition: 58.9
- Participative Management: 67.8
- Innovation & Improvement: 63.8
- Choice & Autonomy: 61.0
- Physical & Psychological Safety: 61.0

Baseline Staff Experience Survey
Belfast Health and Social Care Trust

Based on 2095 returns

Engagement Indicator Questions	Score
I am able to make suggestions to improve my work	66.1
There are frequent opportunities for me to show initiative in my role	64.2
I am able to make improvements happen in my area of work	59.5
Care of patients/ service users is my organisation's top priority	72.5
I would recommend my organisation as a place to work	82.8
I look forward to going to work	55.4
I am enthusiastic about what I am learning	68.3
Time passes quickly when I am working	70.0
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	69.8
Engagement Indicator Overall Score	65.4

Top 5 Scoring Questions	Score
I know how to challenge and raise concerns about a work issue if I need to	76.1
I am able to handle the challenges of my job effectively	72.5
Care of patients/ service users is my organisation's top priority	72.5
People I work with treat me with kindness	72.4
My manager is aware of the areas we need to improve upon	71.8



Bottom 5 Scoring Questions	Score
I am able to raise concerns in this team without fear of negative consequences	56.0
I look forward to going to work	55.4
I feel valued and recognised for my contributions in the team	54.3
I am confident that the organisation acts on concerns that are raised	52.8
There are enough staff in my work area / team / department for me to do my job properly	43.0

Baseline Staff Experience Survey


Data Set

Quality Parameter	Theme	Measurement	Source	Current Position	Improvement aim by Dec 2023
Experience	High level metric	IIP Score	IIP	653	729*
	High level Metric	Working well together metrics % reporting abuse, bullying or harassment from staff	Regional staff survey (2019)	30.4%	<15%**
	Engagement	Engagement Score	Staff Experience Survey (June 2021)	3.62 / 5	3.80 / 5
	Recognition	% staff feeling valued and recognised	Staff Experience Survey (June 2021)	49%	59%
	Leadership	% staff feeling supported by immediate line manager	Regional staff survey (2019)	61%	71%
		% staff feeling psychologically safe	Staff Experience Survey (June 2021)	51%	61%
	Workforce-Wellbeing	% staff reporting that the Trust supports their health & wellbeing	Staff Experience Survey (June 2021)	47%	57%


NB improvement aims set an increase of 10% unless stated otherwise below
 * denotes industry average
 ** stretch target given nature of metric






Care Opinion



- Care Opinion is an independent non-profit organisation which was commissioned by the PHA to provide a feedback mechanism for all the HSC Trusts in Northern Ireland. It was introduced in August 2020.
- Service users, and their families and carers, are invited to share their experience of care through www.careopinion.org.uk
- All stories are moderated by Care Opinion and responded to by a member of Trust staff.



Care Opinion (Apr 2021 to Jan 2022)



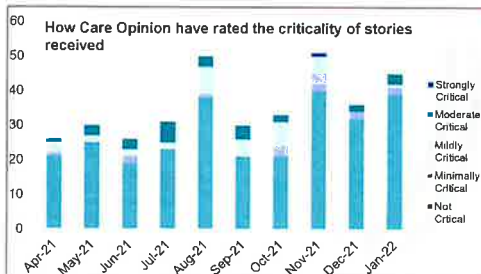
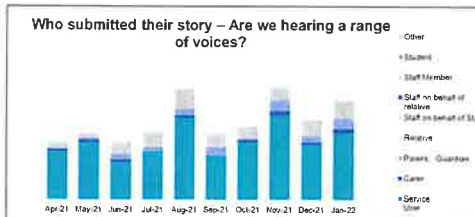
TOTAL NUMBER OF STORIES TO DATE
356

TOTAL NUMBER OF CHANGES
10

TOTAL NUMBER OF CHANGES PLANNED
4

TOTAL NUMBER OF CHANGES MADE
6

- Social Media promotion on a weekly basis.
- New training developed 'Framing the Ask' to support staff to ask for feedback
- Care Opinion now embedded as a standing item on Divisional Safety and Quality Governance meetings throughout the Trust.
- Number of staff responding currently stands at 457
- Challenges of responding within target time frame (7 days)



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Care Opinion Themes (Apr 2021 to Jan 2022)

Top 5 themes reported in relation to good experiences and experiences which require improvement as identified by the authors of the stories

WHAT'S GOOD	Number
Staff	115
Care	80
Friendly	48
Nurses	34
Caring	32

WHAT COULD BE IMPROVED	Number
Communication	17
Staff attitude	14
Advice	4
Answering phones	4
Treatment	4

FEELINGS & EMOTIONS	Number
Thank you	113
Grateful	48
Reassured	29
Good	23
Supported	23



The word cloud is generated from the care opinion database, from stories submitted by individuals, under the tags heading of what was good, what could be improved and how did you feel - for example 'communication', 'food' and 'reassured' could be the tags entered which would then be populated into a Trust word cloud. This is based on all the responses with frequent terms such as communication featuring more often hence the emphasis on the word cloud.

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Care Opinion – The Author’s View

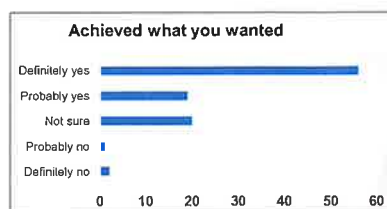
Recent survey of Care Opinion story authors found:

- **94% of respondents were glad they had used Care Opinion and 91% would use it again.**

Users were strongly motivated by a small number of positive, prosocial goals:

- **praising health/care staff**
- **informing other patients**
- **improving standards of care**

75% of those who responded to the survey felt that they had achieved what they wanted from using Care Opinion.

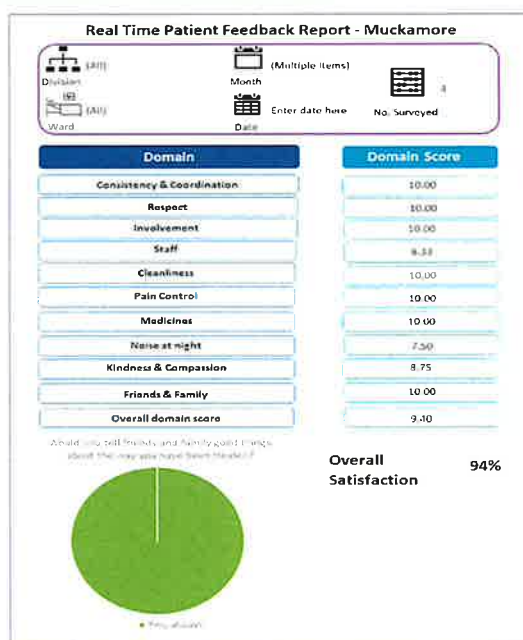


Source <https://www.careopinion.org.uk/blogposts/933/how-do-feedback-authors-in-northern-ireland-view-care-opinion>



Real-Time Patient Feedback – Muckamore Site

- 4 surveys – December 2021 and January 2022
- The data collection commenced in June 2021.



Service User Experience Surveys – Domiciliary Care

Surveys on hold – to be reviewed by Service before end of March 2022

- 14 surveys (July 2021)

Service User Experience Report - Domiciliary Care

Total Responses - July 2021

14

Domains	Score
Consistency & Co-ordination	10.00
Overall Involvement	9.61
Involvement - Domiciliary Care Worker	9.46
Involvement - Trust Key worker	9.64
Cleanliness	9.73
Carers	9.57
Timeliness	9.38
Kindness & Compassion	9.82
Respect & Dignity	9.82
Privacy & Confidentiality	9.64
Lifestyle, Beliefs and Culture	10.00
Recommendation (F&FT)	9.46
Overall domain score	9.73

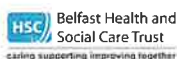
Breakdown of responses received by:		
Service User	Relative	Other
93%	7%	0%

Overall Satisfaction 97%

- The data collection commenced in May 2021.

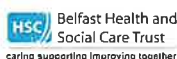
Effectiveness & Timeliness

- Elective Care Action plan
- Elective Inpatient/Day-cases
- Cancer Access
- Diagnostics
- AHPs
- Endoscopy
- Unscheduled Care
- Outpatients
- Fractures
- Mental Health
- Muckamore Abbey Hospital Indicators
- Older People's Services
- Direct Payments
- Children's Community Services



Belfast Trust: Elective Care Framework Action Plan

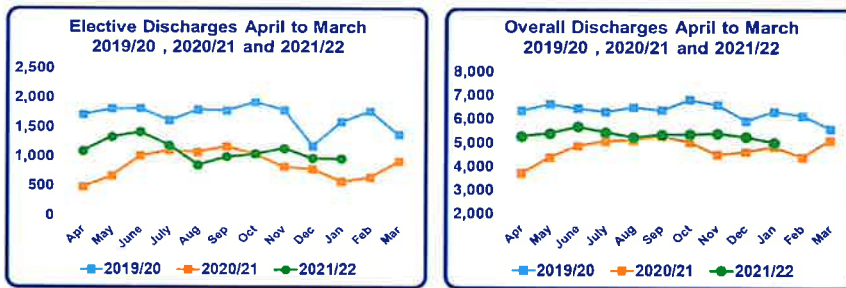
SL	Action	Target Date	Actions
7	Make recommendations on medium term contracts to lease theatres to independent providers to address current backlogs. This will include theatre capacity that is not in active use, including use of HSC theatres in evenings and weekends where HSC activity cannot be delivered.	IN PLACE - SCOPES Q4/QC THEATRE Q3 2021	BHSC has in place arrangements in place with an IS provider for delivery of weekend Endoscopy session. These are expected to continue during 21/22. The Trust is discussing proposals with an IS Provider for use of Trust premises (BCHR/VH) for in each weekend daycase lists and in week lists (provider must meet the necessary governance arrangements inclusive of relevant pharmacy requirements). Current bed capacity constraints in the BHSC will not permit the use of theatres for inpatient surgeries for IS providers at the weekend. BHSC delivered 30% of SBA OP consultant attendances virtually for April - Jan 21/22
8	All HSC Trusts will move to provide a minimum of 25% of outpatient attendances virtually, either by telephone or by video conference	Being achieved	Video technology has been developed and made available in the Trust for a number of specialities and services to facilitate virtual appointments along with telephone appointments.
9	The NI Orthopaedic Network will oversee the development of mega-clinics for orthopaedic outpatients.	TAKING PLACE	The Trust is part of the NI Orthopaedic Network and has carried out 3 mega clinics from Sep21- mid-Feb 2022. Ophthalmology have carried out 5 mega clinics from Sep21 to mid-Feb 2022
11	The HSCB will oversee the introduction of pre-operative assessment mega-clinics	TAKING PLACE	BHSC will participate and contribute to this initiative overseen by HSCB
48	All HSC Trusts will ensure the introduction of text or voice messaging services to reduce DNA rates for all elective services.	IN PLACE	BHSC has in place text and voice reminder messaging services for OP services. The reminder messages are being extended to some elective procedure patients and the further use for elective IPDC patients will be further explored.
35	HSC Trusts will invest to increase capacity in patient booking teams to ensure that patients are contacted prior to surgery.	IN PLACE	BHSC IPDC Booking Teams contact the majority of IPDC patients by phone prior to admission to confirm admission dates and also to arrange COVID testing dates
34	In line with increasing HSC capacity, HSC Trusts will move to a 7-day working week for existing theatre infrastructure. There are, however, significant challenges to this. In addition to the necessary investment in the workforce, this will require significant engagement with staff. This is therefore a longer term aspiration and is subject to the delivery of additional recurrent investment.	From January 2023 onwards	The Trust is supportive of utilisation of theatre capacity over 7 days. Staff availability (in particular nursing) and resources to support a 7 day model will be required. The BHSC will work with others in the region to move towards this objective.



Elective Inpatients / Daycase

The Covid19 pandemic has had a significant impact on elective surgery. The Trust has continued to treat prioritised patients within available capacity.

Elective and Overall Discharges



There were 981 elective discharges in January 2022, 382 more than in January 2021, and 632 below the Elective Discharges in January 2022 of 1,613.



Elective Inpatients / Daycase

Average Length of Stay (ALoS)

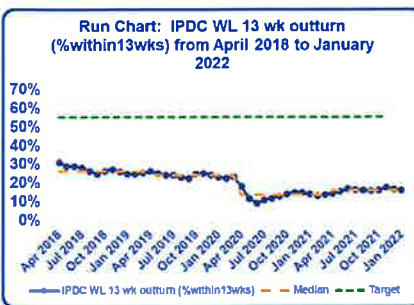
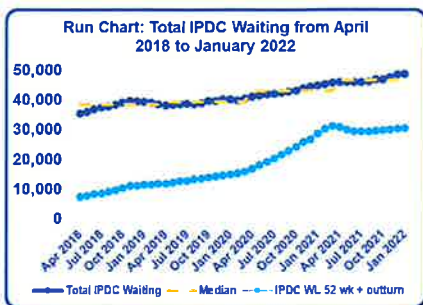


- All sites experienced an increase in LoS at the end of 2019/20 compared to 2018/19, Overall LOS in April – January 2021/22 is higher than in 2019, particularly in the 6 months to January.
- Overall LoS is 7.5 days in January 2022, compared to 6.9 and 7.1 in January 2021 and 2020.
- Elective LoS is 5.0 days in January 2022, compared to 5.8 and 4.6 in January 2021 and 2020.

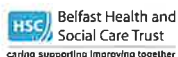


Elective Inpatients / Daycase

CPD: Inpatient / Day-case (IPDC) Waiting lists (WL) - 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.

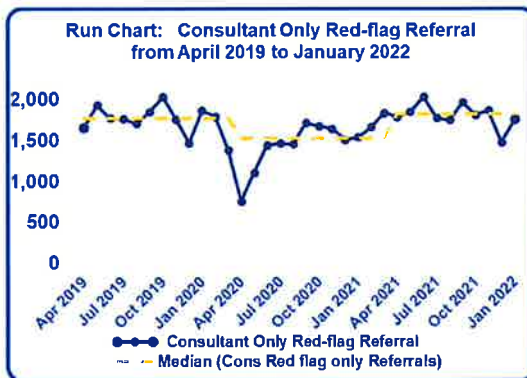


- A total of 49,246 patients were on the waiting list at the end of January 2022, compared to 45,238 at the end of January 2021 - an increase of 8.9%.
- Number of patients waiting > 52 weeks has increased to 30,881 at the end of January 2022 from 28,985 at the end of January 2021 – an increase of 6.5%
- The percentage of patients waiting < 13 weeks is 16% at the end of January 2022 compared to 14% at the same time last year.



Cancer Access

Red Flag referrals



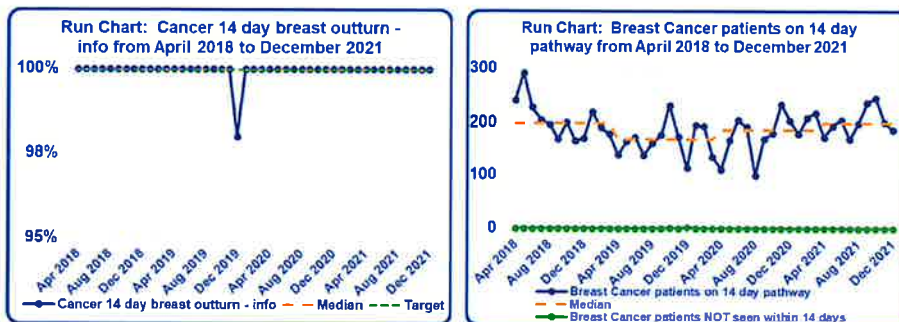
- After an initial drop in red flag referrals in April 2020 to 756 numbers have increased steadily
- At January 2022 there were 1,751 red flag referrals, compared to 1,540 in January 2021.
- The monthly average for April 2021 to January 2022 is 1,805.



Cancer Access

14-day Breast target

CPD: All urgent suspected breast cancer referrals should be seen within 14 days ●



- The 100% target continued to be met in the year to December 2021. Average numbers are around 200, similar to that of 2018/19 levels



Cancer Access

31-day pathway

CPD: At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. ●



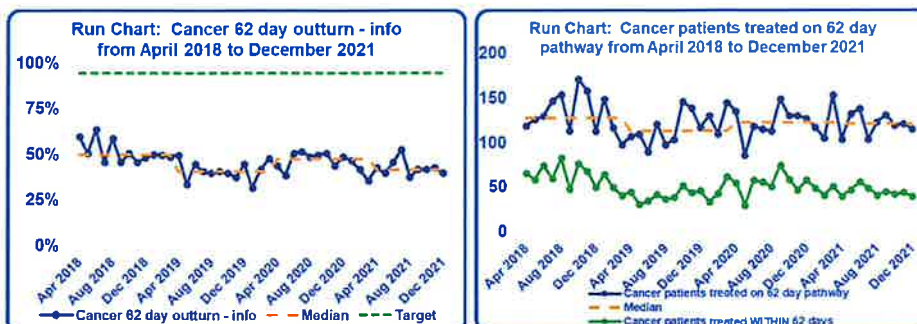
- In December 2021 there were 257 patients (90%) treated within target on 31 day pathway and 29 people exceeding the target from a total of 286 patients commencing treatment.
- There have been 2,658 patients beginning treated on the 31 day pathway between April and December, averaging 295 patients per month.



Cancer Access

62-day pathway

CPD: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

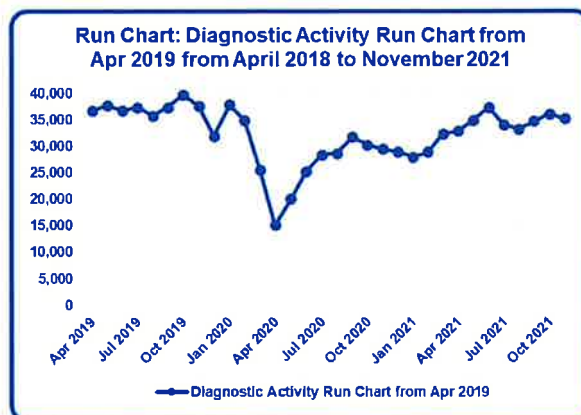


- In December 2021 there were 40 patients treated within target on 62 days pathway and 75 people exceeding the target.
- There were 115 patients first treated on the 61 day pathway in December, with an average of 120 patients commencing treatment between April and December 2021.



Diagnostics

Diagnostics – (CT, NOUS, MRI, Plain Film, PET and ECHO)

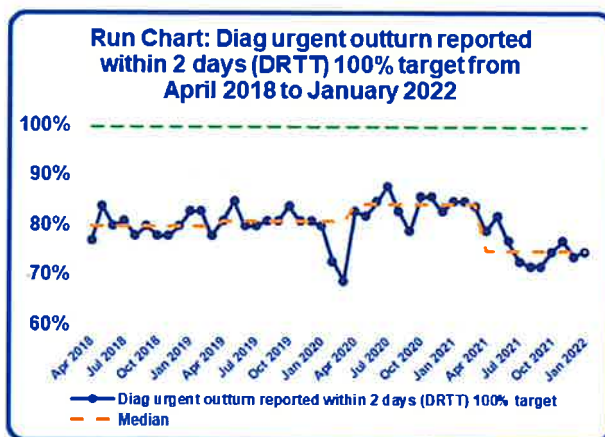


- Activity reduced significantly in early 2020 to 15,027 in April 2020.
- Activity has increased steadily since then to 37,334 in June 2021 and is 35,089 in November 2021 (latest available data).



Diagnostics

CPD: All urgent diagnostic tests should be reported on within two days ●

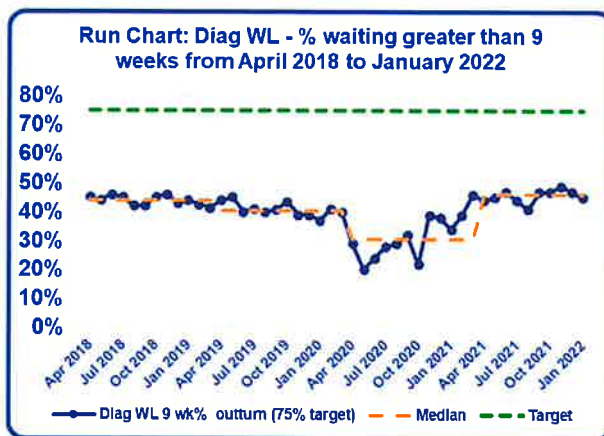


- In January 2022, 75% of urgent diagnostic tests were reported within 48 hours.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

CPD: 75% of patients should wait no longer than 9 weeks for a diagnostic test ●

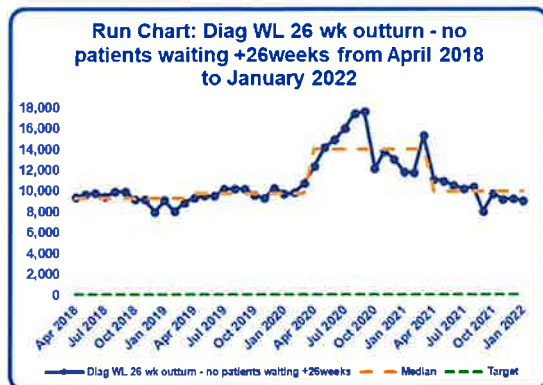


- In January 2022, 45% are waiting less than 9 weeks.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

CPD: No patient waits longer than 26 weeks for a diagnostic test

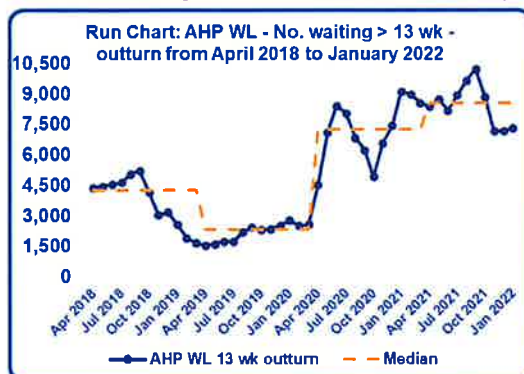


- At January 2022 there were 9,084 patients waiting in excess of the 26 week target, compared to a peak of 17,706 in September 2020, a decrease of 49%.



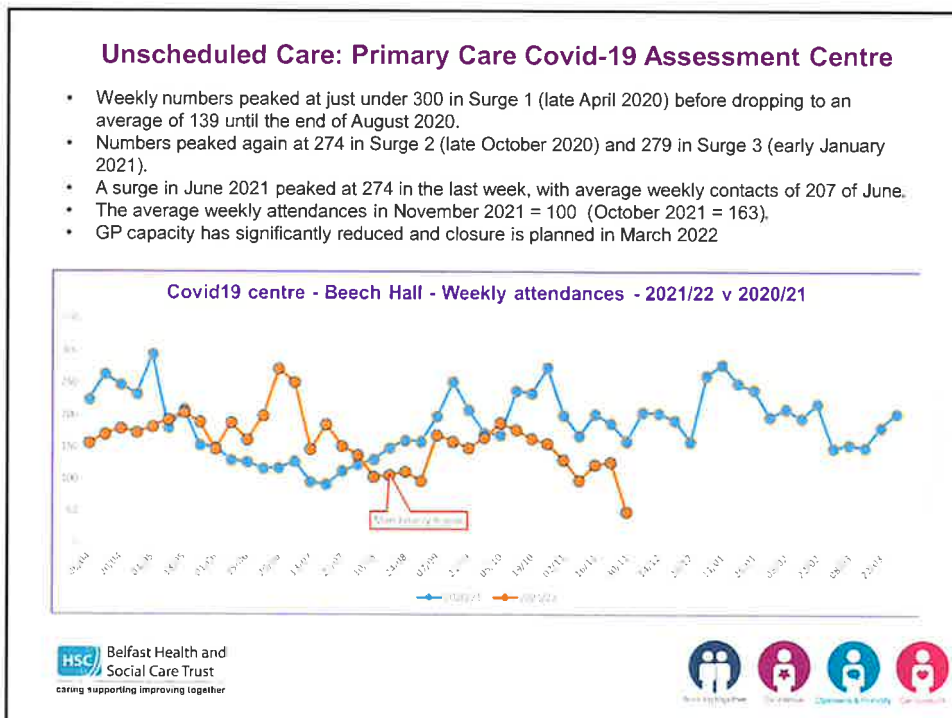
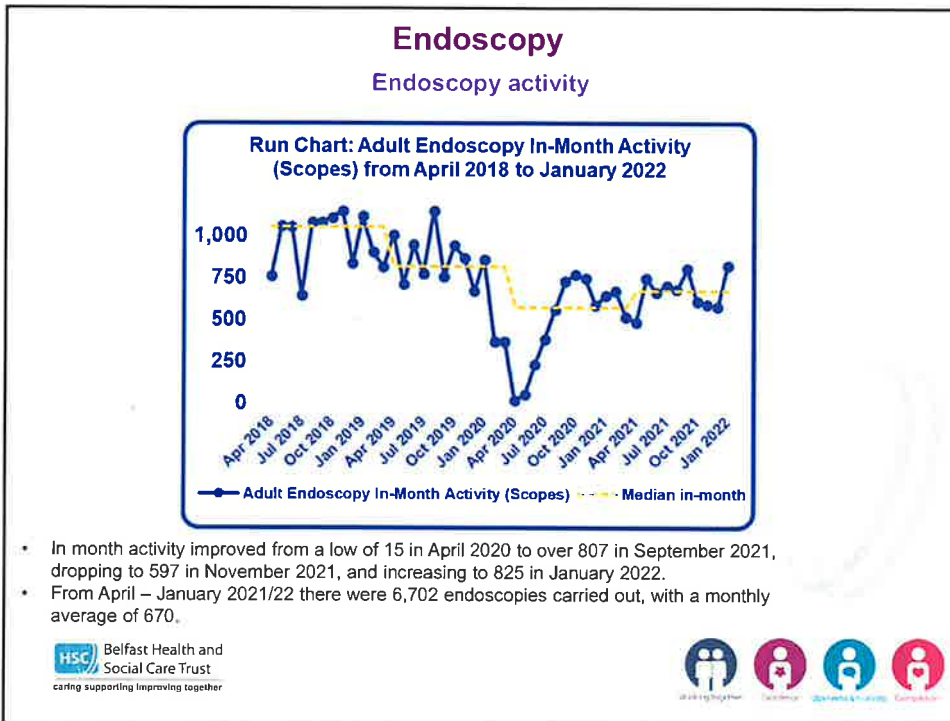
Allied Health Professionals (AHP's)

CPD: No patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP).



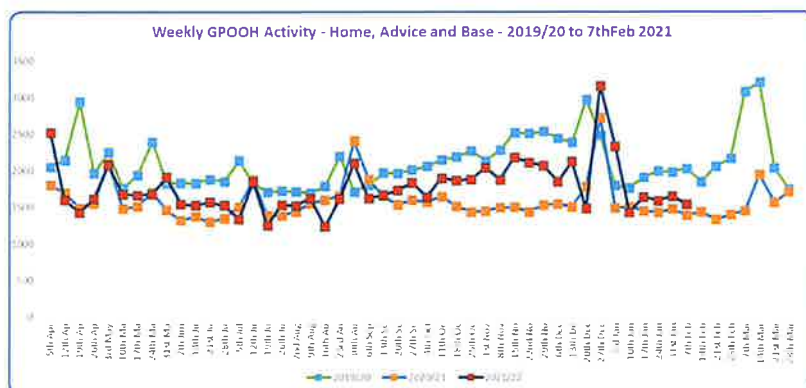
- At January 2022 there were 7,270 patients waiting in excess of 13 weeks compared to 4,495 in April 2020 and 9,092 in January 2021.





Unscheduled Care: GP Out of Hours Service Weekly

- GP Out of Hours volumes saw a significant rise in March 2020 at the outset of the pandemic. Since then numbers dropped and have generally remained below 2019 levels.
- In the week ending 27th December 2021, there were 3,160 contacts. The weekly average Apr-mid-February for each year is; 2019/20 =2,075; 2020/21=1,590; 2021/22 =1,770 (85% of 2019/20 levels)



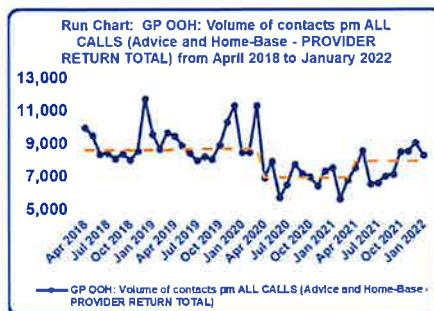
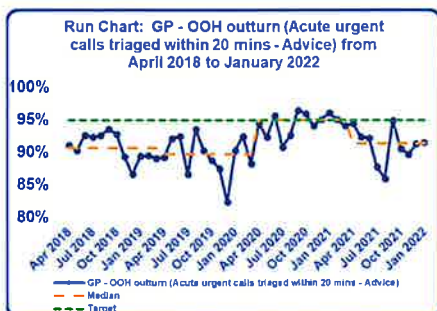
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Unscheduled Care: GP Out of Hours Service – monthly

CPD: 95% of acute / urgent calls to GP OOH triaged within 20 minutes

- Performance in September 2021 is 89.7%. Whilst performance generally improved during 2020/21, generally remaining over 90% and close to the 95% target since January 2020, there was a significant dip in July and August 2021 below 90%.
- BHSC total calls 84,622 calls received between April and March 2020/21 - average 7,052;
- Total calls 60,453 calls received between April and January 2021/22 - average 7,783.
- There were 8,316 total calls received in January 2022.
- Total urgent calls to be seen within 20 minutes in January 2022 is 497; April – January 2021/22 = 4,038; average 403 per month. The average for 2020/21 was 279 monthly; and 445 monthly for 2019/20.



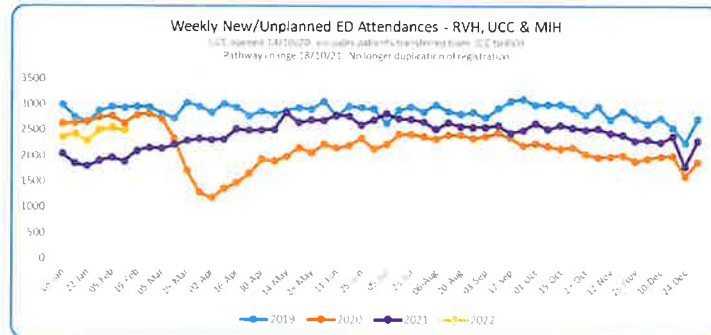
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Unscheduled Care: Emergency Departments

Overall Adult ED activity at RVH & MIH. Weekly comparison previous and current year.

- Weekly attendances dropped significantly in the first wave to a low of 1,208 in early April 2020, 42% of the weekly attendances at 3 April 2019.
- Attendances increased gradually to a peak in week of 11th September 2020 of 2,516, 85% against the same week in 2019.
- Attendances peaked again in May with 2,853 attendances week of 14th May 2021. Since then the number had reduced consistently, albeit in small increments. The last 3 weeks have seen levels consistent with October 2021, reaching over 2,500 attendances in all 3 weeks.
- Week ending 12th February there were 2,505 attendances at Adult ED.



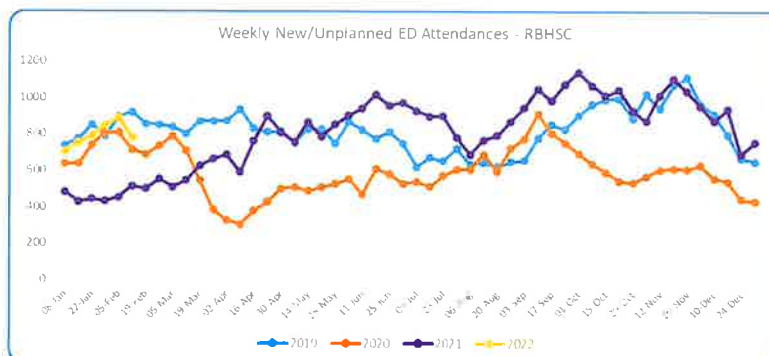
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Unscheduled Care: Emergency Departments

Overall Children's ED activity at RBHSC. Weekly comparison 2019 to 2021

- Weekly attendances dropped significantly in the first wave to a low of 305 in early April 2020, 33% of the number to 3 April 2019.
- Attendances since April 2021 are now higher than those in the comparative weeks in 2019.
- There was an overall rise between September and mid-November, averaging over 1,000 each week, peaking at 1,138 week of 1st October 2021 and again in mid-November.
- Numbers have reduced since and have ranged between 700-900 in the first 6 weeks of 2022.



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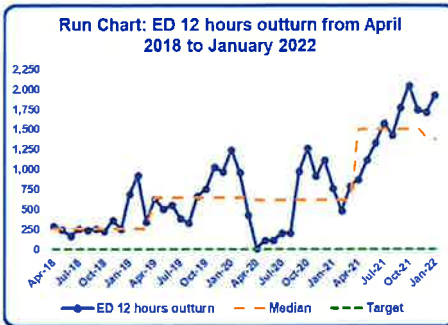
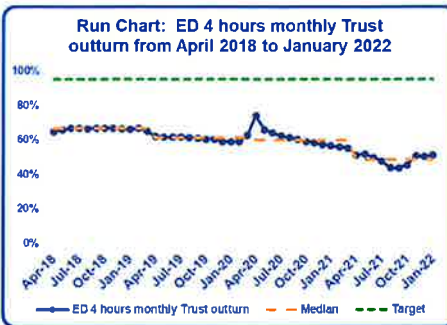
Unscheduled Care: Emergency Departments

CPD: 95% of patients attending ED either treated and discharged home, or admitted, within four hours of their arrival in the department ●

CPD: No patient should wait over 12 hours ●

Cumulative Performance is 48.5% for April – January 2021/22. In January 2022 monthly performance was 51.1%.

In January 2022, 1,930 patients were waiting in excess of 12 hours. From April to January 2021/22 there were 15,557 excess waiters - 8,183 higher than the 7,374 for the same period last year.



- ED attendances totalled 14,061 in January 2022, 5,541 (65%) greater than January 2021.
- Cumulative attendances April to January 2021/22 are 135,265 compared to 109,572 for the same period last year – an increase of 23.4%.

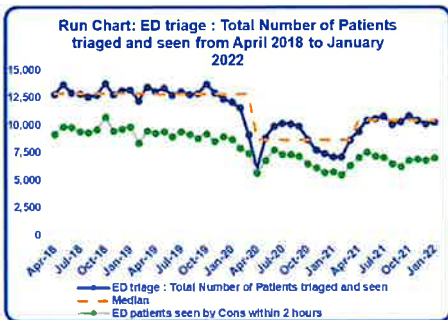
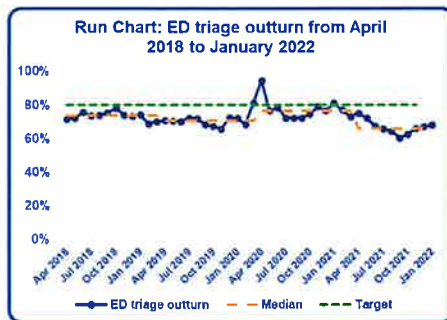
Urgent Care Centre (UCC) opened on the 14th October 2020.

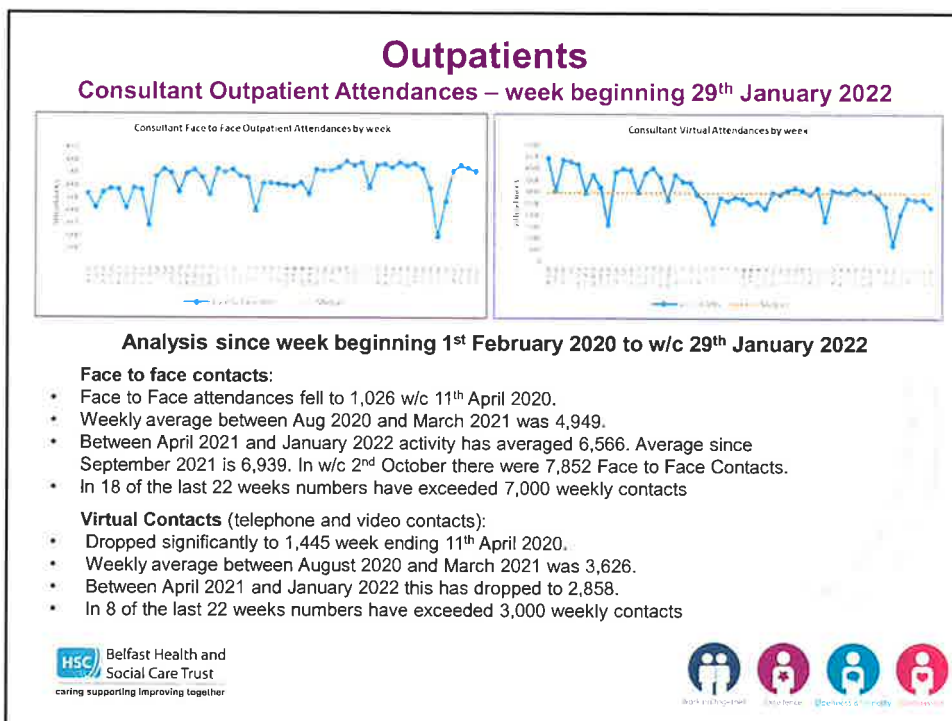
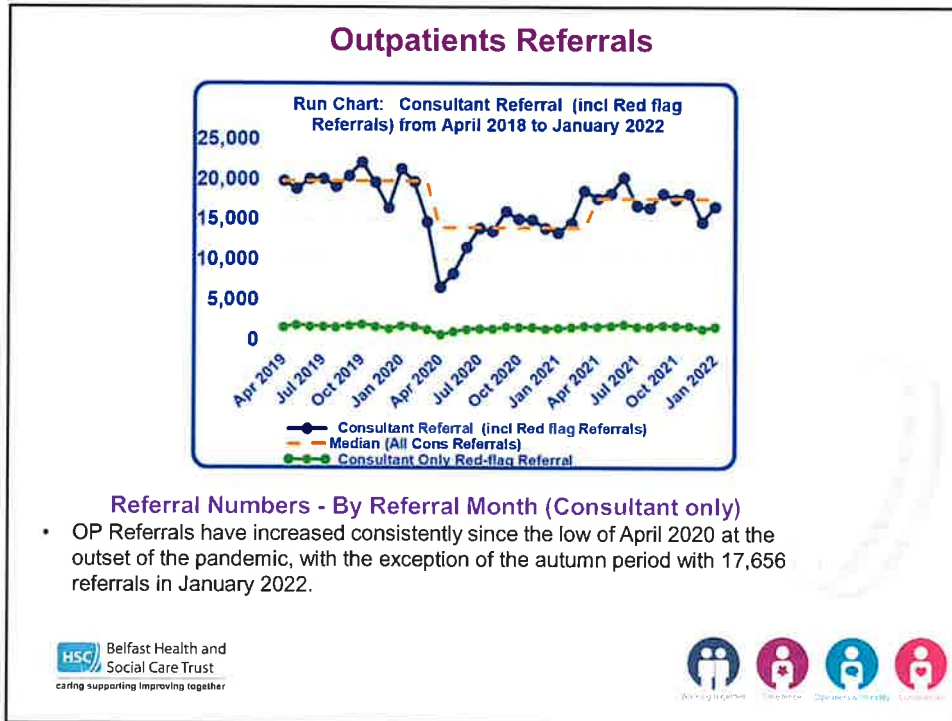


Unscheduled Care: Emergency Departments

CPD: at least 80% of patients to have commenced treatment, following triage, within 2 hours. ●

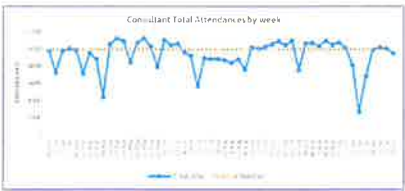

- Performance in the month of January 2022 is 68.0% and 66.7% cumulative from April to January 2021/22
- Total number triaged and seen by a Clinician at the end of January was 10,268, compared to 7,092 at the end of January 2021.
- Cumulative triaged attendances April to January 2021/22 totalled 103,176, compared to 85,723 for the same period last year – an increase of 17,473 (20%).





Outpatients:

Outpatient Attendances – week beginning 29th January 2022



Analysis since week beginning 1st February 2020 to week 29th January 2022

Consultant Total Attendances:

- The lowest activity was 2,471 attendances week ending 11th April 2020. Activity dropped to 2,707 in Christmas week 2021.
- Highest weekly attendances have occurred since April 2021, with activity exceeding 10,000 in most weeks, and exceeding 11,000 in 3 of those weeks.
- Activity has exceeded 10,000 in 16 of the last 22 weeks.


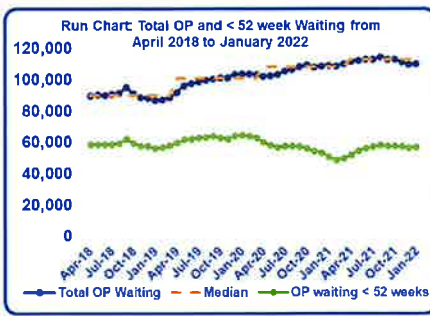
Non-consultant activity (Nurse, ICATS and other activity)

- The lowest activity was 1,443 attendances week ending 11th April 2020.
- Overall non-consultant weekly attendances have been broadly consistent in the last 22 months, with decreases in Nurse activity offset by increases in ICATS activity, and have averaged 5,668 between April 2021 and January 2022, peaking in week beginning 1st January 2022 at 6,778.






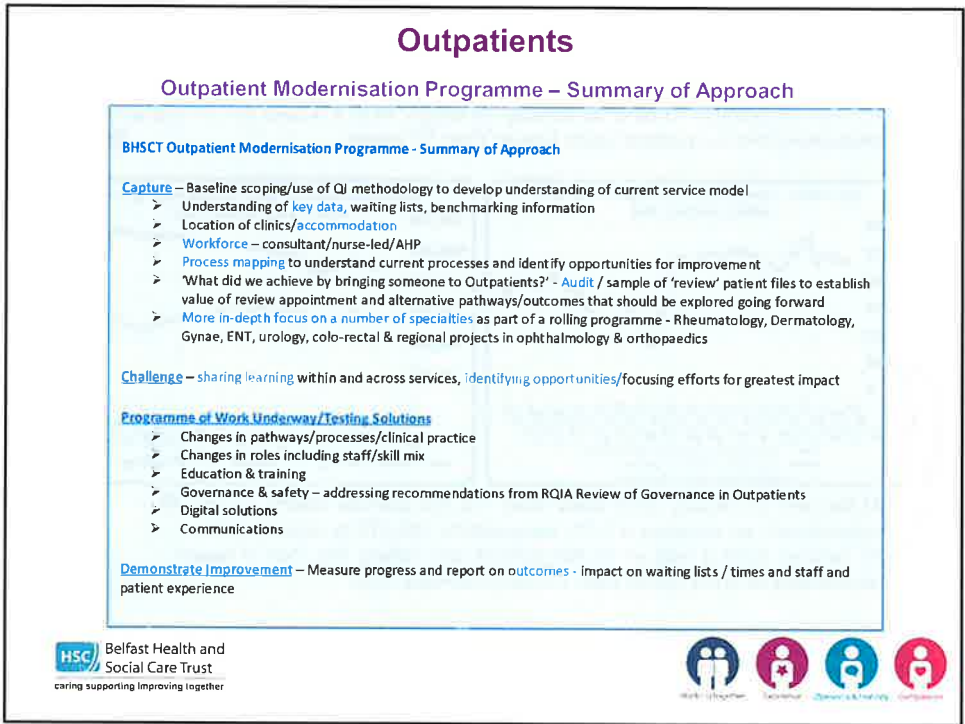
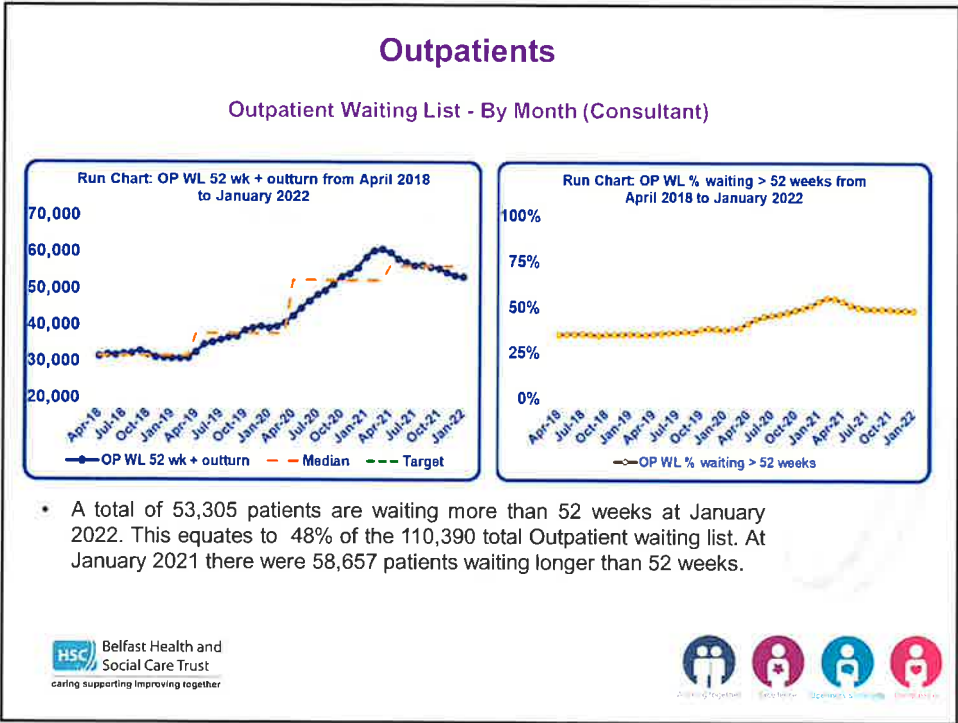
Outpatients

CPD: 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks

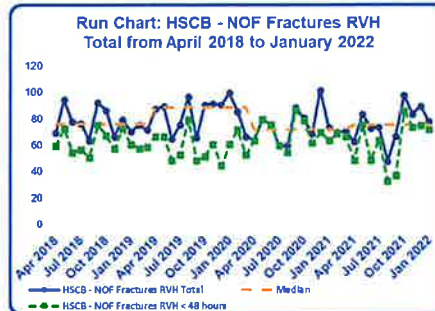
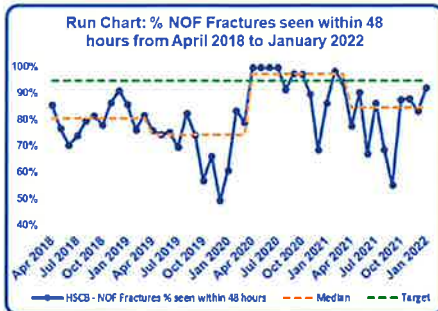
- At the end of January 2022 there were 110,390 patients waiting for an OP appointment, an increase of 0.7% compared to 109,579 in January 2021.
- At January 2022 a total of 18,368 patients are waiting less than 9 weeks - an increase of 3,772 (26%) from 14,596 in January 2021



Hip Fractures

CPD: 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.



- Performance is 92% within 48 hours in January 2022. During 2020/21 the average was 94%. The average for the first 10 months of 2021/22 is 81%.
- There were 78 NOF fractures presenting in January 2022, 4 more than in January 2021.
- There were 6 fractures out of 78 which waited more than 48 hours for treatment, compared to 10 out of 74 for January 2021.



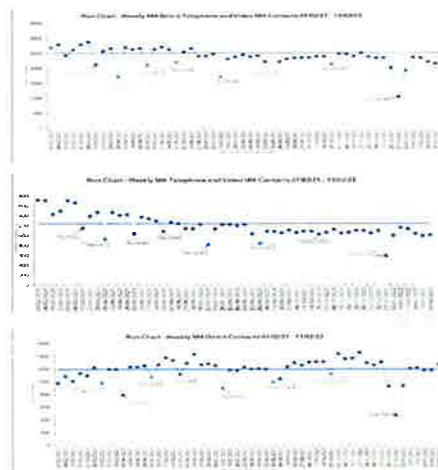
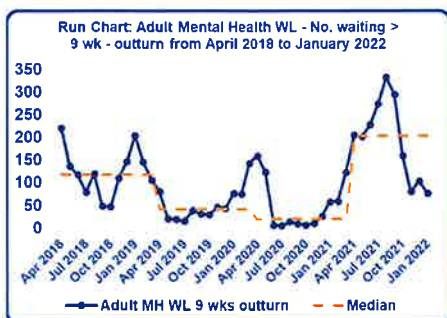
Mental Health

Adult Mental Health:

CPD: No patient waits longer than 9 weeks to access adult mental health services

Patients waiting > 9 weeks: 78 in January 2022 compared to 59 in January 2021.

Total patients waiting: has reduced to 688 in January 2022.

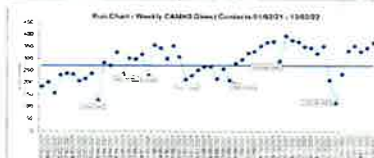
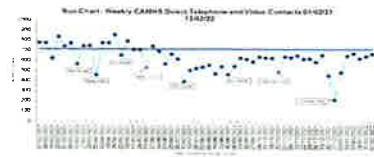
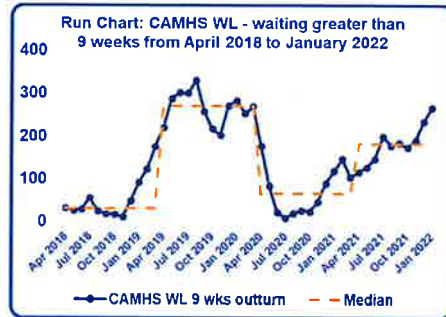


Mental Health

Child and Adolescent Mental Health (CAMHS)

CPD: No patient waits longer than 9 weeks to access adult mental health services

Excess waits: At March 2021 there were 106 excess waiters. At January 2022 there are 268 excess waiters.
Total patients waiting The waiting list reduced in June 2020 to 180, and is now 598 at January 2022.
CAMHS step 3 represents 76% of the waiting list, with 231 of the 268 excess waiters (86%).



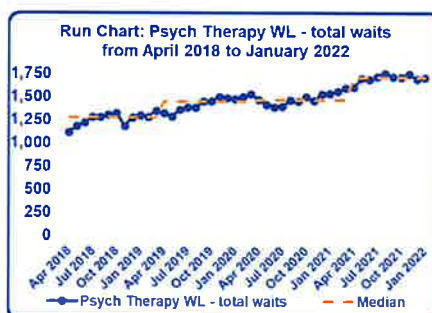
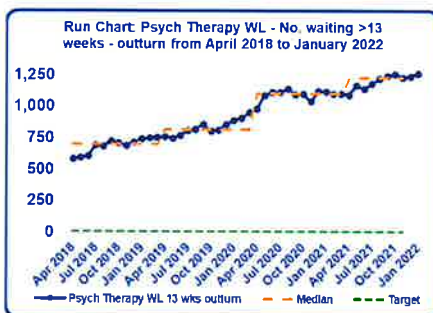
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 caring supporting improving together



Mental Health

Psychological Therapies

CPD: No patient waits longer than 13 weeks to access psychological therapies (any age)



Of the 1,706 patients waiting at the end of January 2022, 1,263 patients were waiting in excess of the 13 week target. There were 857 patients waiting for more than 52 weeks for Psychological services, representing just over 50% of the Waiting list.

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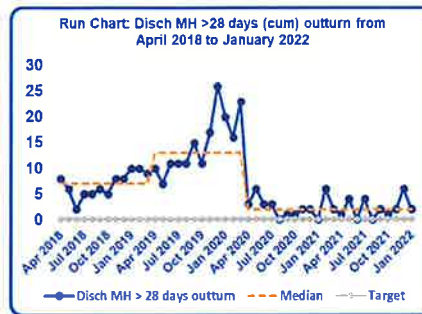
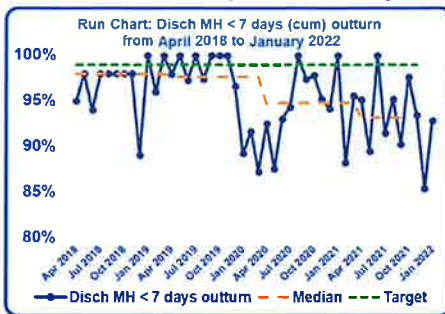


Mental Health

Mental Health discharges

CPD: Ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge

CPD: No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.

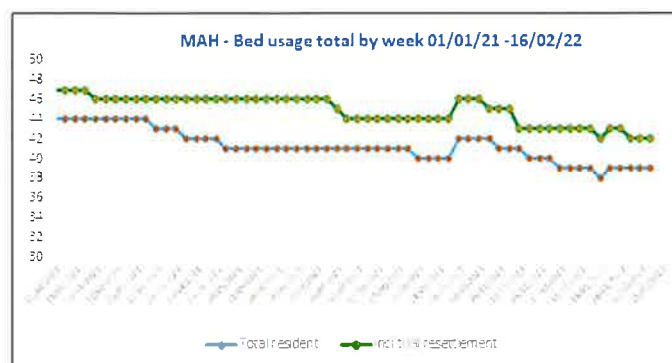


- The percentage of patients discharged within 7 days at January 2022 = 93%, compared to 100% at January 2021.
- At the end of January 2022 there were 2 patients discharged in more than 28 days compared to 0 for January 2021.



Muckamore Abbey Hospital

Numbers in residence – from 1st January 2021 to 16th February 2022

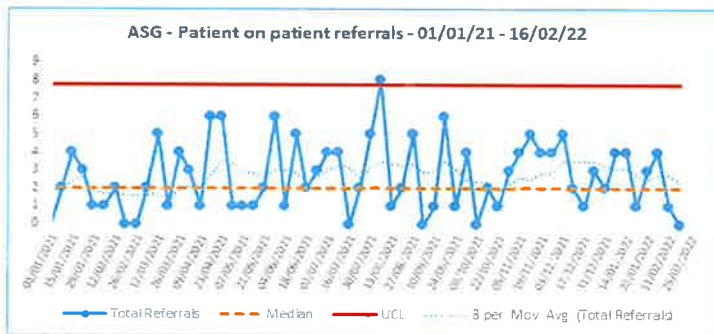


As at 16th January, there are currently 39 patients in residence, with an additional 3 patients on trial resettlement placements.



Muckamore Abbey Hospital

Adult safeguarding – patient on patient referrals - from 1st January 2021 to 16th February 2022

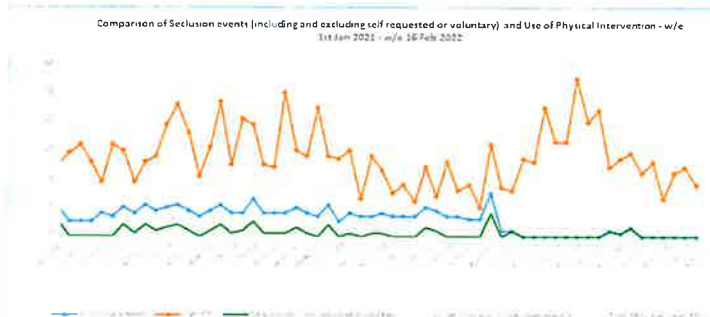


Patient on Patient referrals are reported weekly, and currently average 2 per week. Within the MAH Safety report, both Patient on Patient and Staff on Patient Adult Safeguarding referrals are reported in detail. The number of weekly referrals had risen for 4 weeks after the last report, however the number levelled off and has since reduced. The 8 week average is currently comparable to the lower end of the last 6 month period.

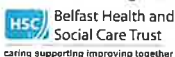


Muckamore Abbey Hospital

Physical intervention and Seclusion. from 1st January 2021 to 16th February 2022



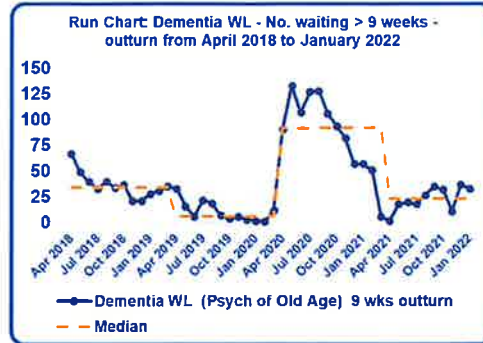
- There has been a sustained reduction in the use of seclusion events over the last 2 and a half years.
- There was a concern on site at a point in time that a reduction in the use of seclusion events may lead to an increase in the need for physical intervention. This has not been demonstrated in the data, although there was an increase in the 3 month rolling average in the 6 months to June. Use of physical intervention from mid-June continued to decline, however there had been an increase in the average numbers from September to mid-December. (This related to a small number of patients who were admitted for assessment and treatment). Numbers in the last 9 weeks have reduced significantly.



Older People's Services - Dementia

Dementia

CPD: No patient waits longer than 9 weeks to access dementia services

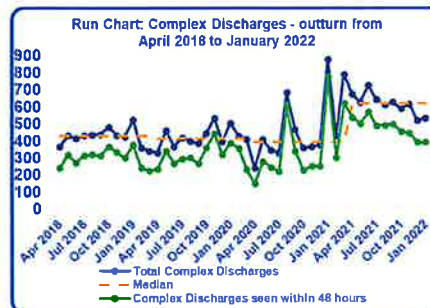
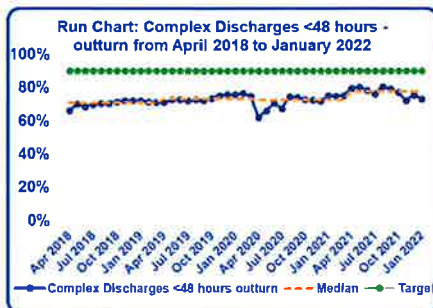


- The waiting list had grown from 169 in March 2020 to 434 at the end of July 2020 and has gradually reduced again.
- At January 2022 there is a total of 282 people waiting, 262 in Psychiatry of Old Age and the remaining 20 in Community MH.
- At January 2022, no patient waited longer than 6 weeks in Community MH, however, 33 patients are waiting in excess 9 weeks in Psychiatry of Old Age.

Older People - Complex Discharges

Delayed Discharges

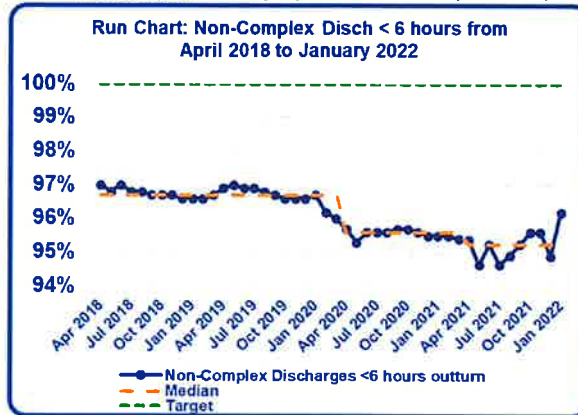
Complex discharges <48 hours - CPD: Ensure that 90% of complex discharges from an acute hospital take place within 48 hours



- Performance against the target reduced from 75% to 62% between March and April 2020.
- This gradually improved through 2020/21 to 95% in March 2021.
- In January 2022, 73.1% of the 535 complex discharges met the target, compared to 75.0% of 878 complex discharges in January 2022.

Older People – Non-complex Discharges

Delayed Discharges - Non-complex discharges <6 hours
 CPD: Ensure that all non-complex discharges from an acute hospital take place within 6 hours



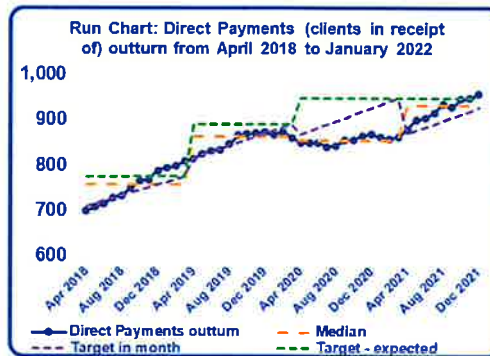
- The performance has consistently been 95% or above since April 2020 with the exception of May, July and Dec 2021. In January 2022, 96.2% of non-complex discharges met the 6 hour target.



Direct Payments

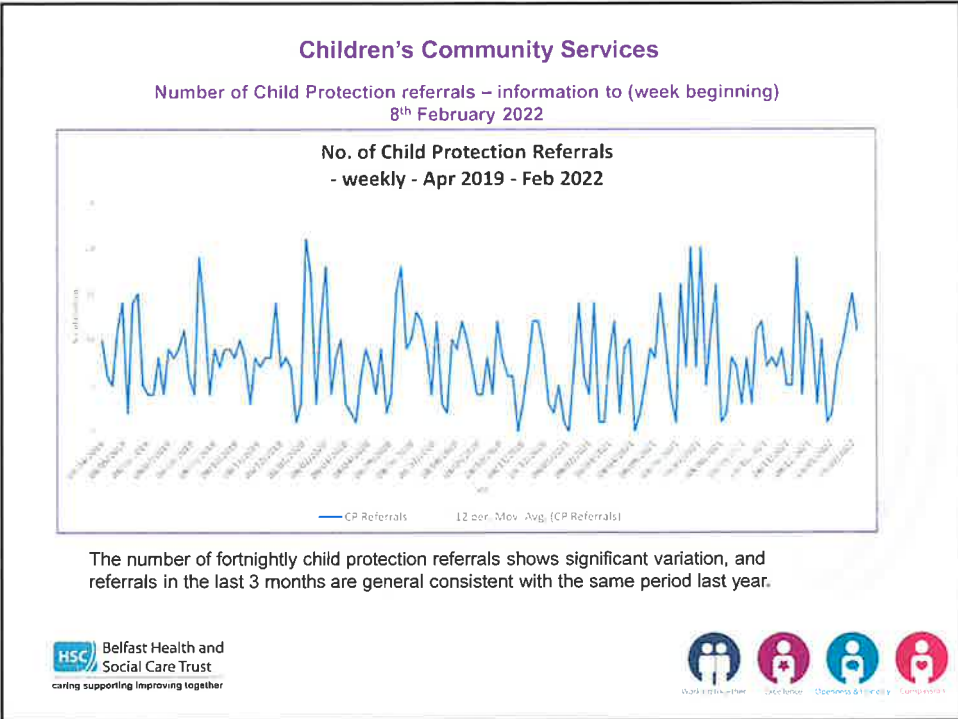
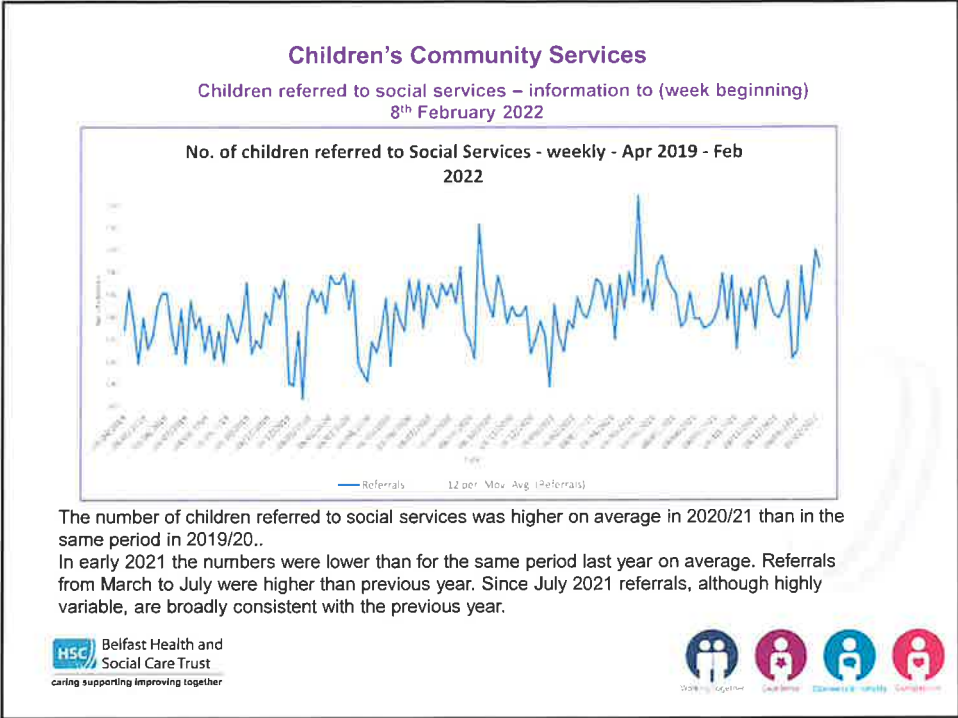
CPD: Secure a 10% increase in the number of direct payments (DPs) to all service users, based on 2020/21 outturn = 947.

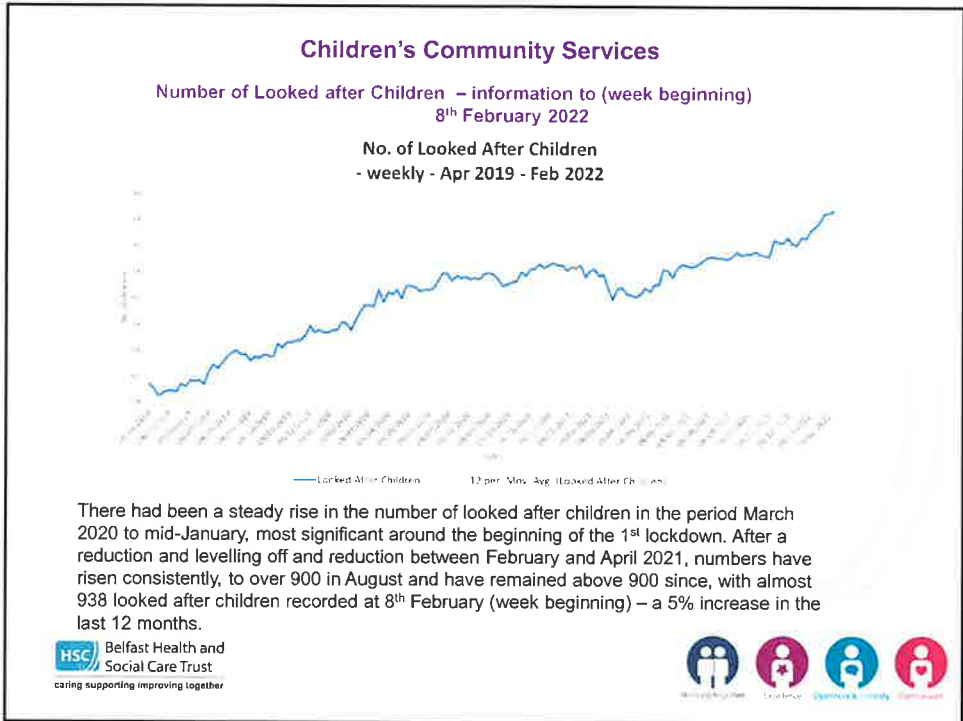
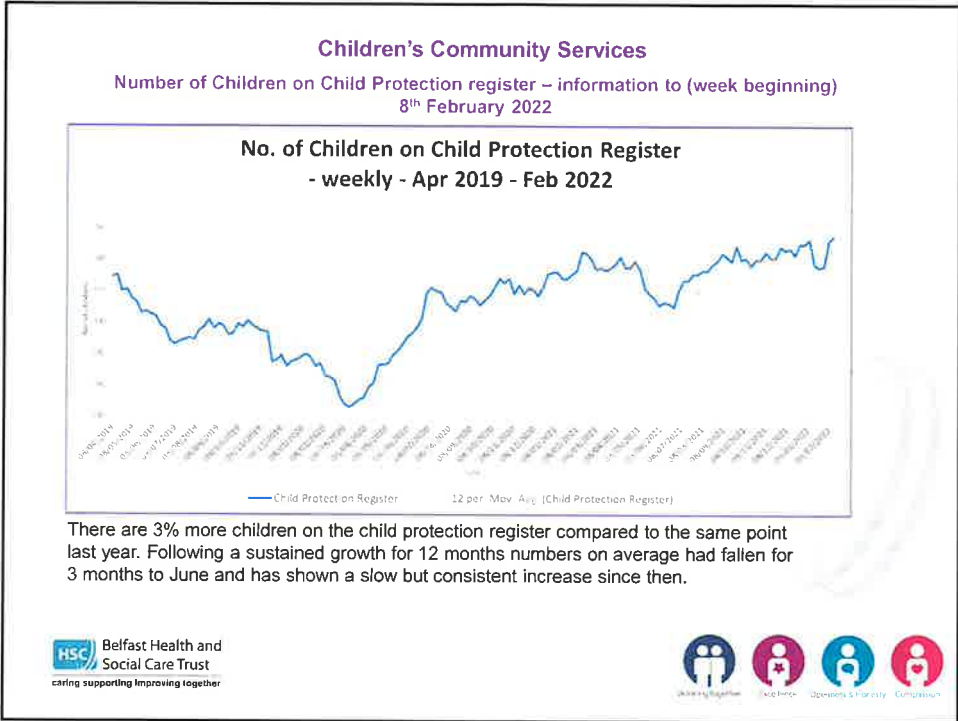
At the end of March 2021 there were 861 clients in receipt of Direct Payments (DP's). The 2021/22 target has been set as 10% above outturn at 947, an increase of 86 on March 2021 outturn (an average increase of over 7 packages per month).



- The uptake at the end of January 2022 is 969 - 108 (12.5%) more than 2020/21 outturn.
- This is 36 above the pro-rata target level for January 2022 of 933.
- From April to January 2021/22 there are 231 new packages and 123 ceased.







Efficiency

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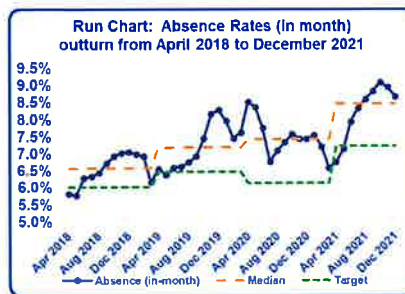
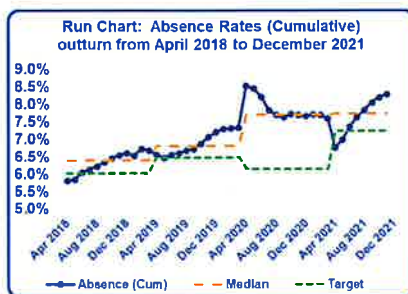
HR Update

Sickness & absenteeism

*CPD: To reduce Trust staff sick absence levels by a regional average of 5% compared to 2020/21 outturn figure. (2021/22 CPD Target 7.23% *)*

April to March 2020/21, Trust absence = 7.6%

April to December 2021/22, Trust absence = 8.36%, target 7.23%* ●



- The absence rate was 8.68% in-month in December 2022.

* Target for 2021/22 assumed as 7.23%. to be confirmed

HR Update

Staff Engagement Scores: The table below shows the engagement scores by Directorate based on the results of the 2019 Regional Staff Survey.

2019 HSC Staff Survey Key Findings Data by Organisational Staff Directorate - Overall Engagement scores

HSC Overall	Admin & Clerical	Estates	Nursing & Midwifery	Professional & Technical	Social Care	Support Services	Medical & Dental	Grand Total
3.78	3.77	3.8	3.77	4.14	3.78	3.89	3.72	3.68

Active requisitions: Vacancies can also be reported on the basis of active recruitment activity. The table below shows active requisitions by Directorate and by job type at 20th December 2021, with 39% of all requisitions relating to Nursing and Midwifery posts.

Active requisitions at 20th Dec 2021	Admin & Clerical	Estates	Nursing & Midwifery	Professional & Technical	Social Care	Support Services	Medical & Dental	Grand Total
	5		62	9	137		11	224
CHILD HEALTH & NISTAR DIRECTORATE	8		18				10	36
CHILDRENS COMMUNITY SERVICES DIRECTORATE	6		13	4	81			104
FINANCE DIRECTORATE	9	25						34
HUMAN RESOURCES DIRECTORATE	2		1		1		1	5
MEDICAL DIRECTORATE	9		8	2				19
MH & INTELLECTUAL DISABILITY DIRECTORATE	21		103	21	63	2	2	212
NURSING & USER EXPERIENCE DIRECTORATE	15		12	1		33		61
PERFORMANCE, PLAN & INFO DIRECTORATE	30			1				31
SPECIALIST HOSP, WOMENS HTH DIRECTORATE	1		4				16	21
SURGERY & SPECIALIST SERVICE DIRECTORATE	36		81	113			33	263
TOR, MAT, ENT, DENTAL, GYNAE DIRECTORATE	10		69	14	1		3	97
Unscheduled and Acute Services	38		225	148	4		22	437
Grand Total	190	25	596	313	287	35	98	1544
Percentage by TC Group	12.31%	1.62%	38.60%	20.27%	18.59%	2.27%	6.35%	

HR Update

Statutory Mandatory Training

The table below shows the Trust position of the Core 10 Mandatory Training areas from April 2019 to January 2022.

Statutory Mandatory Training - Overall Trust Performance (April 19-Jan 2022)	30.04.19	30.04.20	30.09.20	31.03.21	31.01.22	Higher / lower than Mar 2021	Change - Mar 2021 - Jan 2022	Frequency required
Adverse Incident Reporting	33%	42%	45%	45%	54%	9%	🏠	Once
Corporate Induction	79%	82%	77%	79%	80%	1%	🏠	Once
Data Protection	53%	61%	53%	48%	53%	5%	🏠	3 yearly
Equality for All Staff	34%	40%	36%	35%	36%	1%	🏠	5 yearly
Fire Safety	46%	47%	32%	33%	55%	22%	🏠	Yearly
Health and Safety	9%	36%	40%	49%	57%	8%	🏠	Once
Infection Prevention Control	78%	80%	80%	79%	82%	3%	🏠	Once
Manual Handling	28%	24%	27%	33%	37%	4%	🏠	2 yearly
Quality 2020 LT	62%	69%	66%	67%	74%	7%	🏠	Once
Safeguarding	78%	78%	79%	82%	83%	1%	🏠	Once

- There has been an improvement in all of the Core 10 areas since March, particularly in the area of Fire Safety
- Directorates are provided with their own performance data monthly, and attention is focused on areas where performance is low, or reducing.
- Directorates are asked to maximise the e-learning opportunities available, for completion of training



Finance Update – Month 10 January 2022

Budget projections

At the end of January 2022, the Trust is showing a £73k deficit. Spend this year to date on COVID-19 is £75m, including £25m PPE, £14m additional staffing costs and £21m service delivery costs. Forecast costs are £93m.

Throughout the year the Trust has worked collaboratively with the HSCB and DoH to identify income via monitoring rounds, slippage at HSCB/DoH (£61.5m) and internal non recurrent savings (£36m, including £10m downturn of BAU). At this stage, subject of course to any new or increased financial risks associated with COVID and/or winter pressures and assuming that all COVID costs will be met in full, it is expected that the Trust will achieve financial balance by the end of the year.

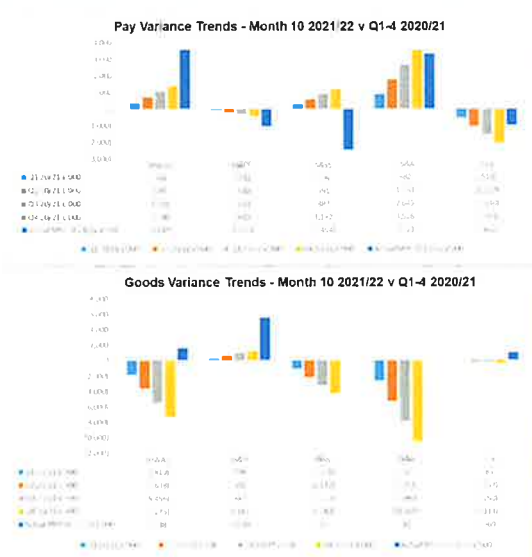


Finance Update – Month 10 – January 2022

Budget position

Pay variance

Non-Pay Variance



Finance Update – Month 10 – January 2022

Prompt Payment policy

The Trust delivered 92.6% on average, with 91.3% in January 2022 against DoH 30 day target and 74.9% on average, with 64.6% in January 2022 against the internal target of 10 days. The Department of Health's target for Prompt Payment of invoices is set at 95% for payment within 30 days. The Trust averaged over 91% in 2020/21.

Spend within 10 days is dominated by Agency suppliers.

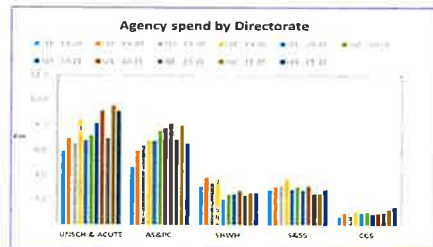
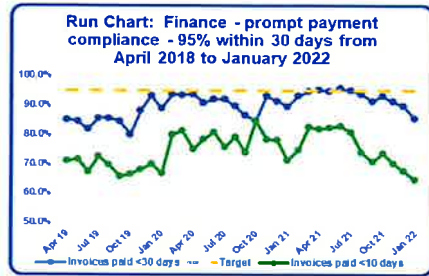
Agency Spend

The graph shows agency costs each quarter from April 2019 to November 2021

Agency Spend – The ongoing pressure in relation to workforce continues in 2021/22.

Agency Spend is £5.2m higher at the April to January 2022 than for the first ten months of last year.

April to Jan 2021/22 = £80.6m
 April to Jan 2020/21 = £75.4m



Equity

SCREENINGS & ACCESSIBLE SERVICES Fulfilling Statutory Duties

Safety Efficiency Effectiveness Timeliness Experience Equity

26 Calculated Screenings by Directorate April 2021 - January 2022

Quarterly Screening Activity 2019, 2020, 2021

every customer counts
Promoting accessible services

TELLING IT LIKE IT IS
TILII TRANSLATES EASY READ SERVICE

'TILII Translates' Easy Read Translation Service Examples:

- Trust 2 year Corporate Plan
- Good Relations Statement

Assistance Dog Policy

New Sighted Guide Service

Examples of Screenings:

- Seclusion Policy: Adult LD Inpatient Services
- Mgt of ligature Points in MH
- PSNI Assistance for Beechcroft
- Admissions protocol for patients in the care of CAMHS admitted to Acute MH Wards

Deaf Awareness Posters

TRAINING Safety Efficiency Effectiveness Timeliness Experience Equity

Mandatory Equality Training as at 31 January 2022 : Trust-wide compliance : Per Directorate

Trust Performance as at 31 Jan 2022	ASPC	CE	CCS	Child Health & NISTAR	Corp Comms	Finance	HR	Medical	MH & Int Disability	NUE	PPI	SSS	TOP, Mar, ENT, Dental, Gynae	UAC B Owens	UAC B Armstrong	Trust Total
All Staff %	40%	8%	32%	42%	67%	50%	50%	42%	34%	14%	57%	41%	40%	43%	29%	*36%

Staff Comments : "Making A Difference"

- I will ensure any letters sent out have options to contact us
- I'll be careful what is said in banter
- I'll remember FREDA
- I now know to use equality screening when making changes in my service
- Much more aware of unconscious bias
- I feel more confident about challenging inappropriate behaviour
- I'll ensure equality is part of any service improvement
- I'm more aware of trans issues

*Figures represent % of staff in post trained (via Online/facilitated/Corporate Induction) as per HRPTS records.

Providing equality, diversity and inclusion session at new Post Grad Collective Leadership Qualification for AHPS – for students in UUJ

GOOD RELATIONS

Fulfilling Statutory Duties

Healthy Relations for a Healthy Future 3

WE WANT TO HEAR FROM YOU

New Good Relations Strategy "Healthy Relations 3" Engagement Commenced:

- ✓ Staff
- ✓ Service Users
- ✓ Carers
- ✓ C&V sector
- ✓ Trade Unions
- ✓ Statutory Sector

Safety → **Efficiency** → **Effectiveness** → **Timeliness** → **Experience** → **Equity**

NB: 2016 average Big Word spend per month was £1.5k

Polish and Arabic remain most requested languages for Belfast

Big Word Telephone Expenditure 21/22

Top 20 languages Belfast Trust from NIHSCIS Oct – Dec

BHSCCT - Top 20 Languages requested January - December 2021

Revised Regional "Access to Health and Social Care Guidance" for Refugees and anyone new to NI

Appendix 1: Phase 7 Delivery Plan– October to 31st December 2021

Delivery Plans - Phase 7 (October to December 2021)

Trust: Belfast		PHASE 7 TOTAL - OCTOBER TO DECEMBER 2021				
		October to December 2021 - Activity	Delivered Activity October to December 2021	Prejudged Activity October to December 2021	Variance - Delivered against Projected	% of Quarter Out- Come Projection Delivered
Update as at 31st December 2021						
SERVICE AREA	METRIC					
OUTPATIENTS - CONSULTANT (including Urology, Pain management & Ophthalmology glaucoma nurse-led outturn)						
New	Face to Face	18,412	20,214	24,688	1,546	106%
	Virtual	1,257	7,328	10,245	-2,297	78%
	Total	40,254	24,182	24,933	-951	98%
Review	Face to Face	95,377	83,866	10,664	-5,212	110%
	Virtual	1,604	2,687	34,211	-6,354	81%
	Total	97,581	91,643	12,375	-412	99%
Overall total		137,773	125,845	127,208	-1,343	99%
OUTPATIENTS - NURSE (excluding preassessment & nurse activity included in SBA)						
New	Face to Face	1,239	2,928	2,647	-281	111%
	Virtual	28	573	918	-345	92%
	Total	4,263	3,501	3,565	-64	98%
Review	Face to Face	13,900	13,209	14,667	-642	104%
	Virtual	3,016	7,814	10,297	-2,813	72%
	Total	20,916	21,643	24,964	-2,801	81%
Overall total		25,179	24,644	28,529	-2,345	92%
Inpatients and Daycases (theatre cases)						
Elective Admissions		4,818	4,197	4,697	-500	84%
Daycases		13,244	11,056	12,300	-647	93%
Emergency (4 secpm)		2,449	2,190	1,813	-377	121%
CANCER SERVICES						
14 day	% performance planned	99%	100%	100%	0	100%
31 day	% performance planned	87%	91%	98%	0	101%
62 day	% performance planned	81%	82%	98%	0	106%
DIAGNOSTICS						
MRI		7,857	8,150	8,306	-356	94%
CT		24,859	27,032	15,830	1,207	100%
Non Diagnostic Ultrasound		11,719	12,668	13,000	608	105%
ECHO		6,285	5,107	5,200	107	102%
Total		42,270	44,107	42,516	1,566	104%

Appendix 1: Phase 7 Delivery Plan – October to 31st December 2021

ALLIED HEALTH PROFESSIONALS		Elective /Scheduled Contacts					
Physiotherapy	New		5,774	5,522	4,300	1,322	231%
	Review		16,569	22,028	24,144	7,882	156%
Occupational Therapy	New		3,504	2,422	3,340	-518	72%
	Review		13,999	9,721	13,075	-3,354	74%
Dietetics	New		873	1,097	300	707	188%
	Review		1,444	2,661	3,000	-329	89%
Orthotics	New		475	430	458	22	105%
	Review		1,368	757	528	181	131%
Speech&Language Therapy	New		1,565	1,127	1,152	-25	98%
	Review		4,184	4,492	4,170	-322	108%
Podiatry	New		1,918	1,613	1,530	83	109%
	Review		12,089	10,984	11,850	-1,756	83%
Total			62,562	61,862	57,745	4,117	107%
MENTAL HEALTH/PSYCHOLOGICAL THERAPIES		Contacts					
Adult Mental Health (Non Inpatient)	New		2,250	1,760	2,230	-420	79%
	Review		22,458	19,379	22,458	-3,079	96%
Dementia	New		327	273	508	-33	99%
	Review		1,244	1,614	1,952	-338	83%
CAMHS	New		722	841	758	83	111%
	Review		8,256	8,170	8,255	-86	99%
Psychological Therapies	New		785	741	786	157	120%
	Review		6,829	4,969	6,829	-1,960	71%
Autism Children's	New Diagnostic		188	152	105	47	148%
	New Intervention		183	297	150	247	265%
Autism Adults	New Diagnostic		5	5	3	2	167%
	New Intervention		3	2	3	-1	67%
Total			43,281	38,405	43,836	-5,431	88%

Appendix 1: Phase 7 Delivery Plan– October to 31st December 2021

DAY CARE AND DAY OPPORTUNITIES							
Day Centre Attendances	ELD & PSD		21,919	7,999	7,257	732	110%
	LD		26,547	10,942	10,500	482	109%
ADULT SOCIAL CARE							
Domiciliary Care	Hours Delivered (Stat)		134,044	107,840	107,422	218	100%
	Hours Delivered (Ind)		196,135	485,073	511,752	-26,679	95%
	Total		330,179	592,913	619,174	-26,461	96%
COMMUNITY NURSING							
District Nursing	Contacts		40,887	57,954	60,500	-2,536	96%
Health Visiting	Contacts		35,508	14,813	17,197	1,616	109%
	Total		76,395	72,767	77,697	-920	98%
Community Paediatrics							
Community Paediatrics	New		927	582	480	152	135%
	Review		5,268	8,151	6,790	363	806%
	Total		6,195	8,733	7,270	1,463	108%
Community Dental							
Community Dental	New		200	378	165	163	199%
	Review		1,816	819	1,155	-322	72%
	Total		2,016	1,197	1,320	-495	67%
Mental Health	Admissions		109	141	109	32	129%
CHILDREN'S SOCIAL CARE							
Child Protection Referrals	Referrals		310	161	135	26	119%
CPR Visits	Visits		n/a	3,217	2,700	437	118%

Appendix 2: Performance against Business Plan Objectives / Targets

Trust Performance against CPD Targets as at 31st January 2022

Key	TOTALS	
	RAG	CPD
RAG (Red, Amber, Green) rating		
Target / tolerance not met RED	●	19
Within target / tolerance (10%) AMBER	●	10
Target met GREEN	●	2
Other : resettlement, funded activity		4
Total		35

Appendix 2: Performance against Business Plan Objectives / Targets

TRUST PERFORMANCE REPORT RAG SUMMARY - 31st January 2022		RAG STATUS
CPD Ref	Outcome area	CPD
1.0	HCAI - MRSA 7.5% reduction of episodes regionally	●
2.0	HCAI - C Difficile 7.5% reduction of episodes regionally	●
3.0	GP OOH - Urgent calls 20 minute fringe	●
4.0	ED 4 hours - Trust - All sites CPD target = 95%	●
5.0	ED 12 hours - Trust - All sites CPD target = 0	●
6.0	ED fringe < 2 hours CPD target 85%	●
7.0	Hip fractures < 48 hours	●
8.0	Urgent diagnostics < 2 days	●
9.0	Breast Cancer urgent patients < 14 days	●
10.0	Cancer urgent patients < 31 days	●
11.0	Cancer urgent patients < 42 days	●
12.0	Outpatients waiting > 8 weeks for first Appt	●
13.0	Outpatients waiting > 52 weeks for first Appt	●
14.0	Diagnostic test - Waiting > 8 weeks	●
15.0	Diagnostic test - Waiting > 26 weeks	●
16.0	IPDC waiting no longer than 13 weeks for treatment	●
17.0	IPDC waiting > 52 weeks for treatment	●
18.0	CAMHS waiting > 8 weeks	●
19.0	Adult MH waiting > 8 weeks	●
20.0	Dementia waiting > 8 weeks	●
21.0	Psych Therapies waiting > 12 weeks	●
22.0	Direct payments (SDS) 10% increase	●
23.0	AHP's waiting > 13 weeks	●
24.0	LD discharges < 7 days	●
25.0	LD discharges < 28 days	●
26.0	MH discharges < 7 days	●
27.0	MH discharges < 28 days	●
28.0	Carex Assessments	●
29.0	Complex Discharge < 48 hours	●
30.0	Complex Discharge > 7 days	●
31.0	Non-Complex Discharge < 5 hours	●
32.0	Funded activity - IPDC CPD	n/a
32.0	Funded activity - GP CPD	n/a
32.1	Endoscopy waiting > 9 weeks	●
33.0	Absence - Cumulative case months behind	●