Right Care, Right Time, Right Place

Quality Management System (QMS) Report

Trust Board - Thursday 1st April 2021

Charlene Stoops
Director of Performance, Planning & Informatics

Overview of Report

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

Appendix 1: Summary of BHSCT Surge 3 Plan
Appendix 2: Phase 4 Rebuild Plan Update - End Feb 2021
Appendix 3: CPD Performance Overview - Jan/Feb 2021

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 – Weekly review of QMS assessment & Directorate-led QMS presentations (quarterly for Service Directorates and bi-annually for Corporate Directorates)

4. Assurance Committee – QMS data pack/slide deck and summary presentation as shared with ET is shared quarterly with Assurance Committee. 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.

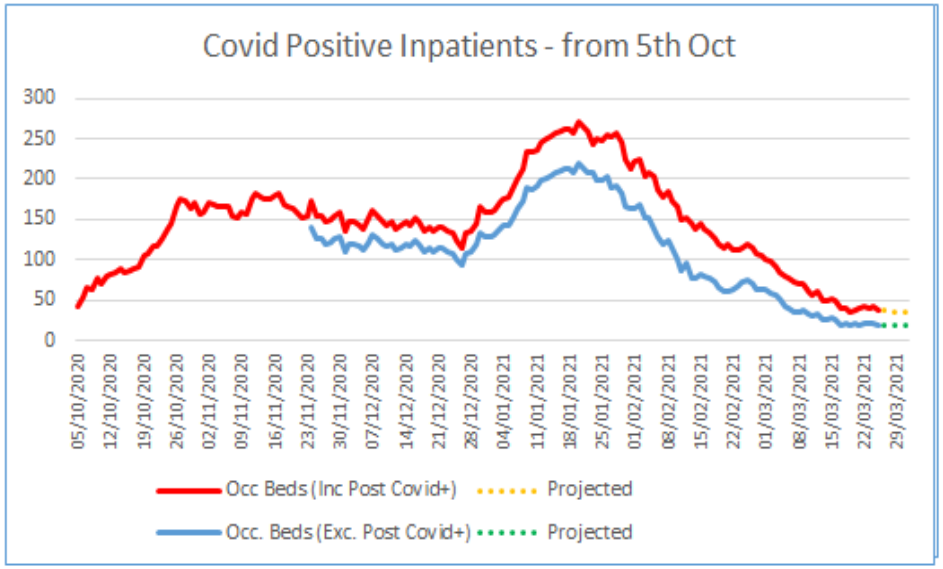
Covid-19 Update – 25th March 2021

1. Covid-19 Hospital Inpatients

Today, 18 Covid19+ patients are in our hospital wards, and a further 19 patients who are post-14 days remain in hospital. In total, 37 Covid19 related patients remain in hospital remain, a decrease of over 86% since the peak on 20th January (272). The graph displays both current and post-Covid19 patients, and the projection now shows a flat trajectory based on the predictive model.

22/02/2021	113	10/03/2021	61	26/03/2021	0
23/02/2021	111	11/03/2021	55	27/03/2021	0
24/02/2021	115	12/03/2021	61	28/03/2021	0
25/02/2021	118	13/03/2021	50	29/03/2021	0
26/02/2021	115	14/03/2021	50	30/03/2021	0
27/02/2021	107	15/03/2021	51	31/03/2021	0
28/02/2021	105	16/03/2021	50	01/04/2021	0
01/03/2021	100	17/03/2021	39	02/04/2021	0
02/03/2021	97	18/03/2021	40	03/04/2021	0
03/03/2021	92	19/03/2021	36	04/04/2021	0
04/03/2021	83	20/03/2021	38	05/04/2021	0
05/03/2021	79	21/03/2021	39	06/04/2021	0
06/03/2021	77	22/03/2021	41	07/04/2021	0
07/03/2021	73	23/03/2021	39	08/04/2021	0
08/03/2021	71	24/03/2021	41	09/04/2021	0
09/03/2021	70	25/03/2021	37	10/04/2021	0

Covid-19 Hospital Inpatients



Covid-19 Update – 25th March 2021

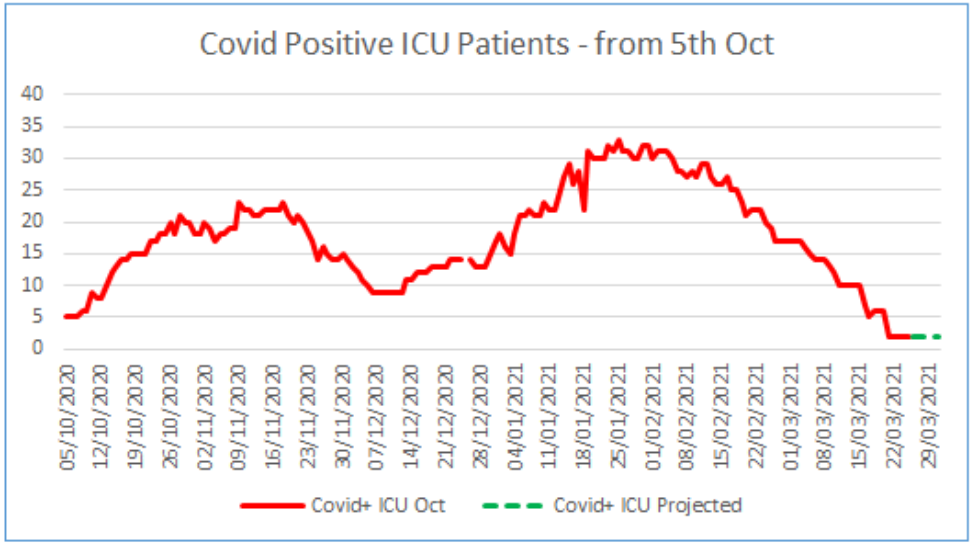
2. Numbers of Patients in Intensive Care

- Today in ICU, we have 2 Covid+ patients, and 5 suspect Covid19 patients. On the wards we have a further 5 patients on CPAP, 0 on AIRVO and 0 on NIV. There are currently less than 5 patients on CPAP identified as possibly needing escalation within the next 24 hours. The projection shows a flat trajectory based on the predictive model.

** Due to the potential for individual patients to be identified where there are less than 5 patients likely to be escalated the exact number will not be provided.*

ICU Occupancy – Covid+ Inpatients

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

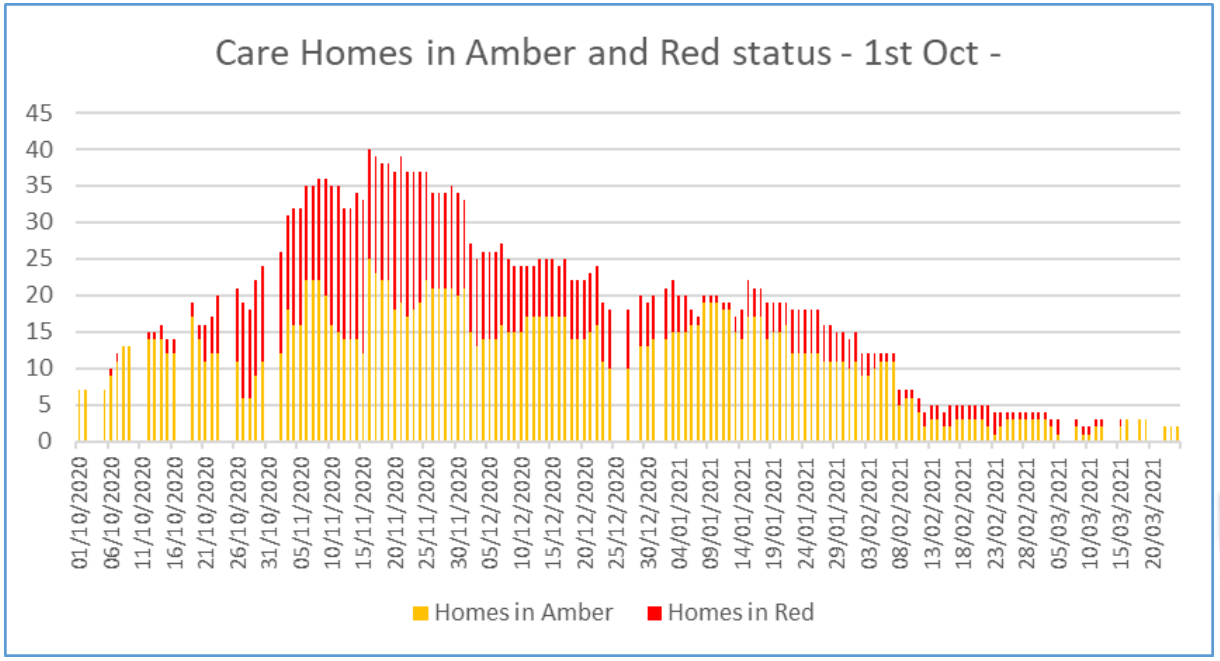


Covid-19 Update – 25th March 2021

3. Community

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

- **As at Wednesday 24th March we had 2 care homes with a confirmed outbreak (2 in amber and 0 in red). This is no overall change from the previous day.**



Covid-19 Update – 25th March 2021

4. Covid19 Vaccinations

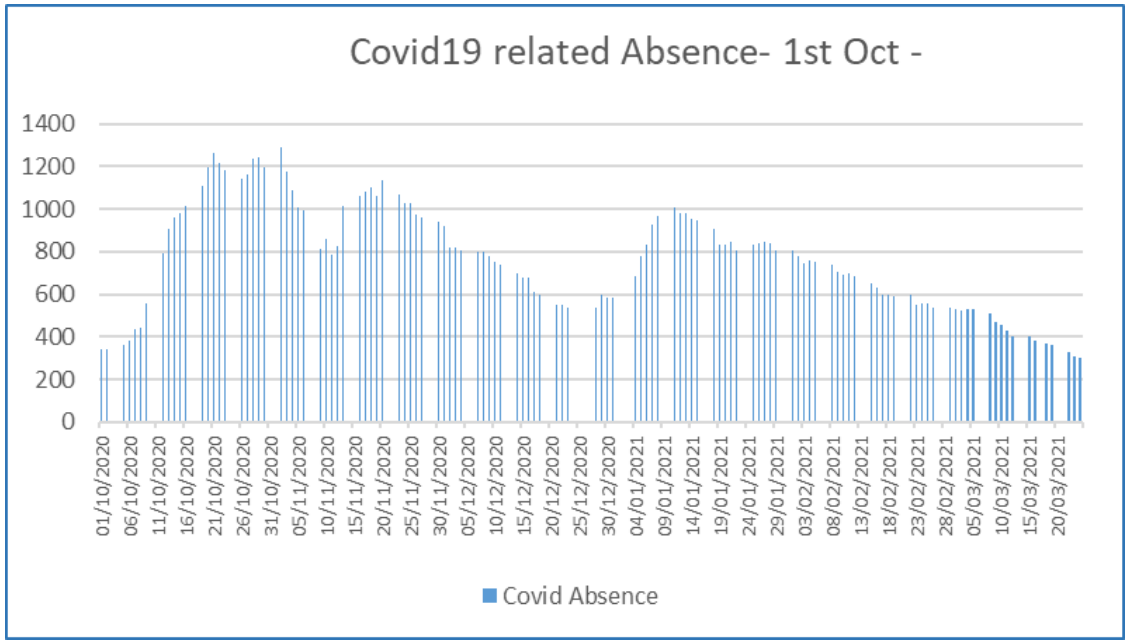
- **The Trust vaccination programme began before Christmas, continuing throughout the Christmas period and into 2021. Almost 85,000 vaccines have been delivered.**
- The table below shows the vaccination activity for the last 7 days, and the cumulative total so far. Nursing and Care home residents, wards and day care facilities and staff, Covid19 Vaccination centre numbers and wasted dose numbers are provided.

Last 7 days													
Day	Date	No of Care homes	No. of inpatient wards/day care facilities	Residents	AZ patients	Care Home Staff	Total Care Homes	Vaccination Centre	Daily Total	Running Total	Wasted Doses	Cum Wasted Doses	% Cum Wasted Doses
Thurs	18-Mar-21	0	0	0	0	0	0	1211	1211	**78296**	0	130	0.17%
Fri	19-Mar-21	1	0	7	0	5	12	1212	1224	**79520**	0	130	0.16%
Sat	20-Mar-21	0	0	0	0	0	0	1163	1163	**80683**	1	131	0.16%
Sun	21-Mar-21	0	0	0	0	0	0	887	887	**81570**	6	137	0.17%
Mon	22-Mar-21	0	0	0	0	0	0	983	983	**82553**	0	137	0.17%
Tue	23-Mar-21	0	0	0	0	0	0	990	990	**83543**	0	137	0.16%
Wed	24-Mar-21	2	1	2	1	10	12	1028	1056	**84599**	0	137	0.16%
Totals				**5103**	**95**	**5456**	**10592**	**73924**	**84599**				

Covid-19 Update – 25th March 2021

5. Workforce

- This day last week, we had **369** staff off work with Covid19 related issues, which is significant given that on top of these absences we have ongoing workforce challenges because of high vacancy levels within the Trust. **Today, 300 staff are off work with Covid19 related issues, a decrease of 19% over a 7-day period.**



Please Note: Data reported Mon-Fri only

Covid-19 Update – 25th March 2021

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.

What do we deliver in a typical week?

Blue = weekly average in 2019 (pre-Covid)

Green = weekly average in 2020 (during Covid)

BHSCT Weekly Activity

Scope Procedures
267 (160)

ED Attendances
3,707 (2,853)
530 daily (408 daily)

Emergency Surgery
177 (159)

Red Flag Referrals
407 (343)

Day Cases
1,232 (891)

Elective Admissions
398 (254)

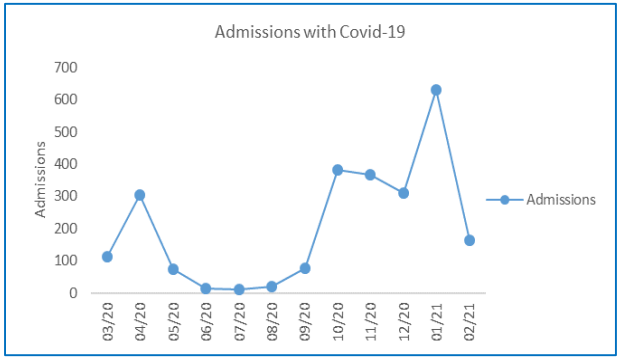
Non Elective Admissions
1,097 (929)

Outpatient Attendances Virtual
234 (3,140)

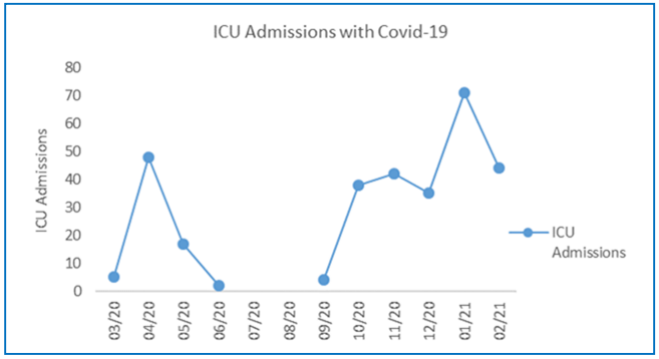
Outpatient Attendances Face-to-face
10,582 (5,404)

Meeting Covid-19 Demands 2020-21

Inpatient Admissions



Critical Care



Inpatient Admissions (as at 28th Feb 21)

- **2,467 admissions** due to Covid-19
  - **2,045** were discharged (83%)
  - **370** patients died (15%)
  - **52** remain in hospital (2%)

Demand on Beds

- Covid-19 patients used **26,519** bed days in general wards

Critical Care

- **207** admissions to Critical Care (8% of patients admitted)
  - **145** were discharged (70%)
  - **33** patients died (16%)
  - **29** remain in hospital (14%)

Demand on Beds

- Covid-19 patients used **3,351** bed days in critical care

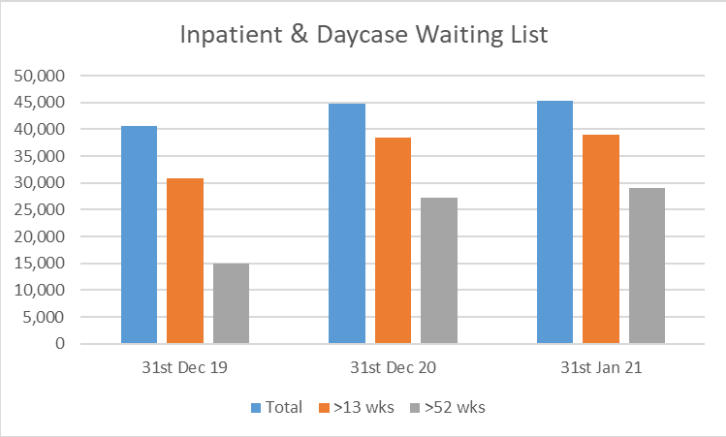
Assessment of Impact 2019 & 2020

- **23% decrease in ED attendances** from 192,756 to 148,372 (average 121 less per day)
- **30% decrease in total number of inpatient & daycase elective admissions** from 84,748 to 59,502.
- **42% decrease in the number of elective scopes** carried out from 12,287 to 7,152.
- **21% decrease in Outpatient attendances** from 562,462 to 444,272.
- **13-fold increase in Virtual outpatient attendances.**
- **17% decrease in Cancer Red Flag Referrals** from 20,515 to 17,091.
- **Good progress was demonstrated against Cancer Performance Targets:**
  - 14 day – continued to achieve 100%
  - 31 day – achieved 90% in Jan 21
  - 62 day – achieved 44% in Jan 21

- **Adult mental health service, CAMHS and dementia services** seen increases in attendances of 9%, 29% and 12% respectively.
- **56% decrease in new diagnostic attendances for children's autism** from 739 to 327.
- **85% increase in the number of accepted referrals to Acute Care at Home**.

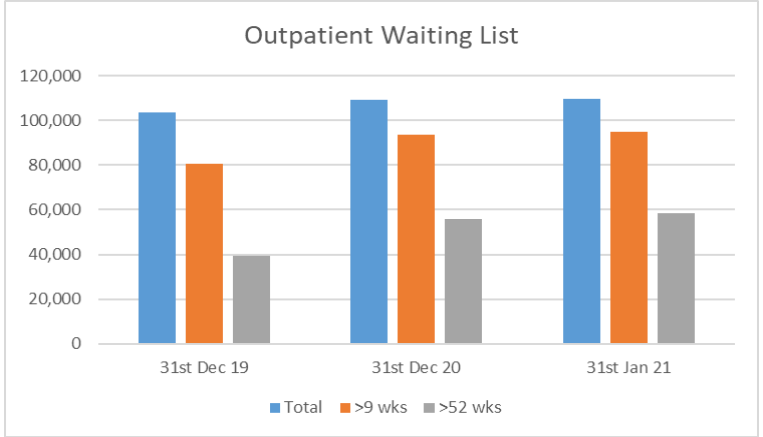
Impact on Waiting lists

Inpatient & Daycase Waiting Lists



Inpatient & Daycase Waiting List	31st Dec 19	31st Dec 20	31st Jan 21
Total	40,579	44,853	45,238
>13 wks	30,825	38,358	39,052
>52 wks	14,892	27,200	28,985
% waiting < 13 wks	24%	14%	14%
% waiting > 52 wks	37%	61%	64%

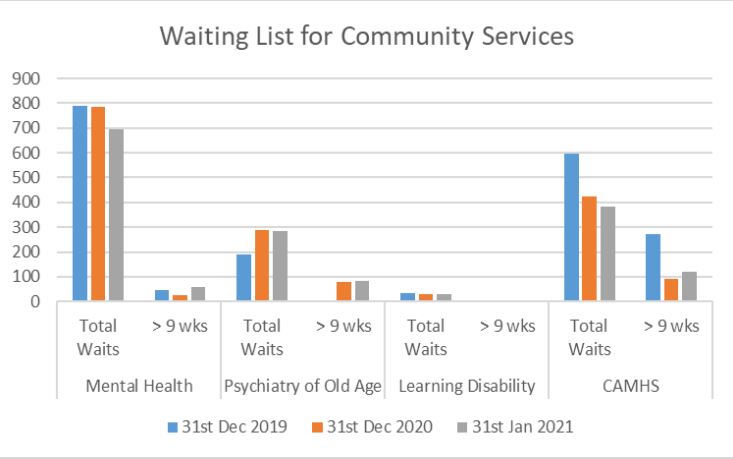
Outpatient Waiting List



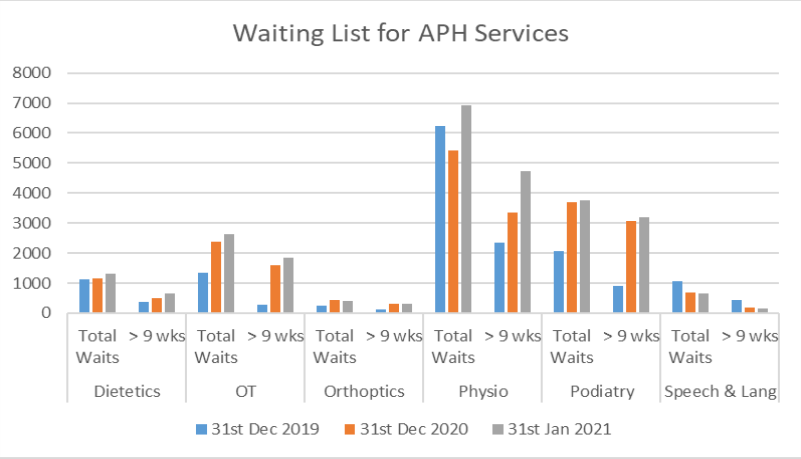
Outpatient Waiting List	31st Dec 19	31st Dec 20	31st Jan 21
Total	103,710	109,209	109,579
>9 wks	80,415	93,600	94,983
>52 wks	39,451	55,790	58,657
% waiting < 9wks	22%	14%	13%
% waiting > 52 wks	38%	51%	54%

Impact on Waiting lists

Community Waiting Lists



AHP Waiting Lists



Waiting List Position as	Mental Health		Psychiatry of Old Age		Learning Disability		CAMHS	
	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks
31st Dec 2019	790	45	190	4	34	6	597	273
31st Dec 2020	785	26	287	80	29	4	422	91
31st Jan 2021	697	59	284	82	30	3	381	118

Waiting List Position as	Dietetics		OT		Orthoptics		Physio		Podiatry		Speech & Lang	
	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks
31st Dec 2019	1,127	386	1,334	283	255	119	6,224	2,350	2,055	919	1,057	438
31st Dec 2020	1,147	497	2,383	1,596	422	306	5,433	3,334	3,698	3,072	692	171
31st Jan 2021	1,316	648	2,618	1,847	404	319	6,930	4,729	3,762	3,204	646	166

Phase 3 Rebuild Plan - Position at 28th Feb 2021

- **Outpatients, Cancer Services, Diagnostics** – Overall overachievement against plans
- **Inpatients/Daycases** – Elective Theatre cases at 35% with Daycases and Scopes overachieving against plans.
- **AHPs** – Over achievement in all areas except for marginal underachievement in Speech & Langauge New, Dietetic review and Podiatry review
- **Mental Health** – Good progress against plans for Adult Mental Health (162% new/96% review). Underachievement in CAMHS (79% new/97% review)
- **Dementia** – Overachievement for both 'new' & 'review' appointments
- **Psychological therapies** – Overachievement for both 'new' & 'review' appointments
- **Day Care & Day Opportunities attendances** – Achieved overall with Learning Disability having achieved 87% against plan

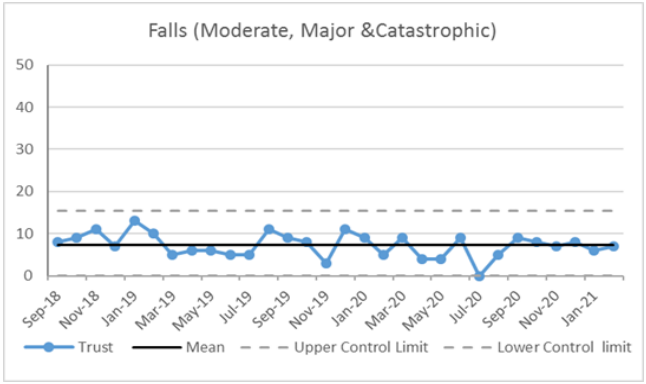
New Target areas introduced for Phase 3:

- **Domiciliary Care; District Nursing/Health Visiting; Community Paediatrics** – achieving against plans (Statutory 96% / Independent 98%)
- **Community Dental** – 'new' is 39% against plan (small volumes), with 89% achievement in 'review' numbers – overall 79%
- **Mental Health/ Learning Disability Admissions** – ahead of plan at 107%
- **Children's Social Care** – Child Protection Referrals slightly below plan, CPR Visits above plan and Looked After Children visits at 94%

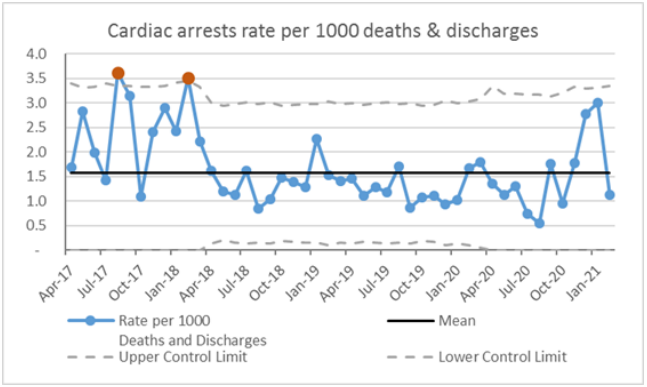
Safety

Classic Safety Thermometer indicators

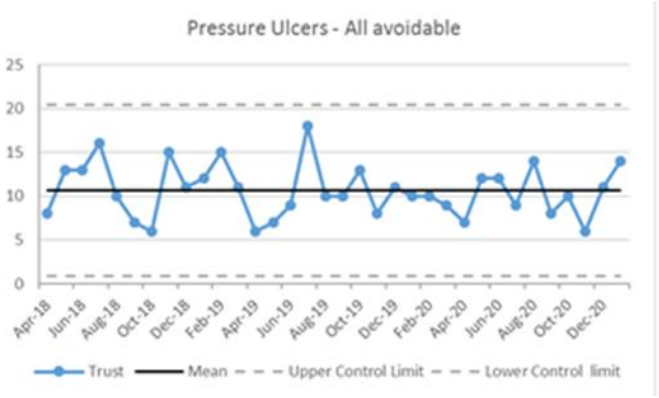
- **Falls**



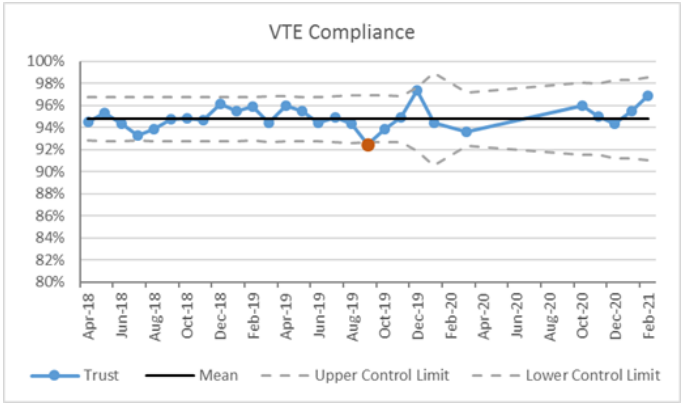
- **Cardiac Arrest Rate**



- **Pressure Ulcers**



- **VTE**



Indicators are chosen as they provide an effective measure on the progress towards improvement in harm free care.

All indicators are within control limits in 2020/21.

Safety Thermometer - Maternity

- Maternity – 92 surveys (Feb 2021)

Maternity Safety Thermometer Summary	Month of February %	Oct-Feb average %
Harm Free Care - Physical	71.74%	72.53%
Harm free care - Perception of safety	97.83%	98.90%
Harm free care - Combined	71.74%	72.53%
PPH > 1000 mls	20.65%	20.88%
Mothers with perineal trauma or abdominal wound	79.35%	79.12%
Mothers with Infections since onset of labour	1.09%	1.10%
Apgar score of 6 or less at 5 minutes of birth	3.26%	2.20%
Babies unexpectedly transferred to SCBU/NNU/NICU	5.43%	5.49%
Mothers seperated from their baby	23.91%	23.08%
Mothers left alone at a time that worried them	1.09%	0.00%
Mothers whose concerns were not taken seriously	2.90%	1.47%
*Trust Score is the average score of all areas and months to date		

- The data collection commenced in October 2020. Targets/objectives will be introduced early in 2021/22 after review of the indicator data captured.

Safety Thermometer – Medications

- Medications - 732 surveys (Feb 2021)

Medications Safety Thermometer Summary	Month of February %	Oct-Feb Average %
Patients with medicines allergy status documented in their clinical record	79.92%	80.67%
Patients with medicine reconciliation started within 24 hrs	59.44%	57.99%
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	19.81%	20.39%
Patients with an omitted dose relating to a critical med (Excl. valid clincal reason & refusal)	2.46%	2.87%
Patients receiving high risk medicine that had a trigger of harm.	1.23%	0.75%

- Data is produced monthly and fed back at ward/department level.
- Medications Safety Thermometer will be discussed at the quarterly Medicines Optimisation Committee meeting taking place in April 2021.
- The data collection commenced in October 2020. Targets/objectives will be introduced early in 2021/22.

Safety Thermometer – Mental Health

- 36 surveys (Feb 2021)

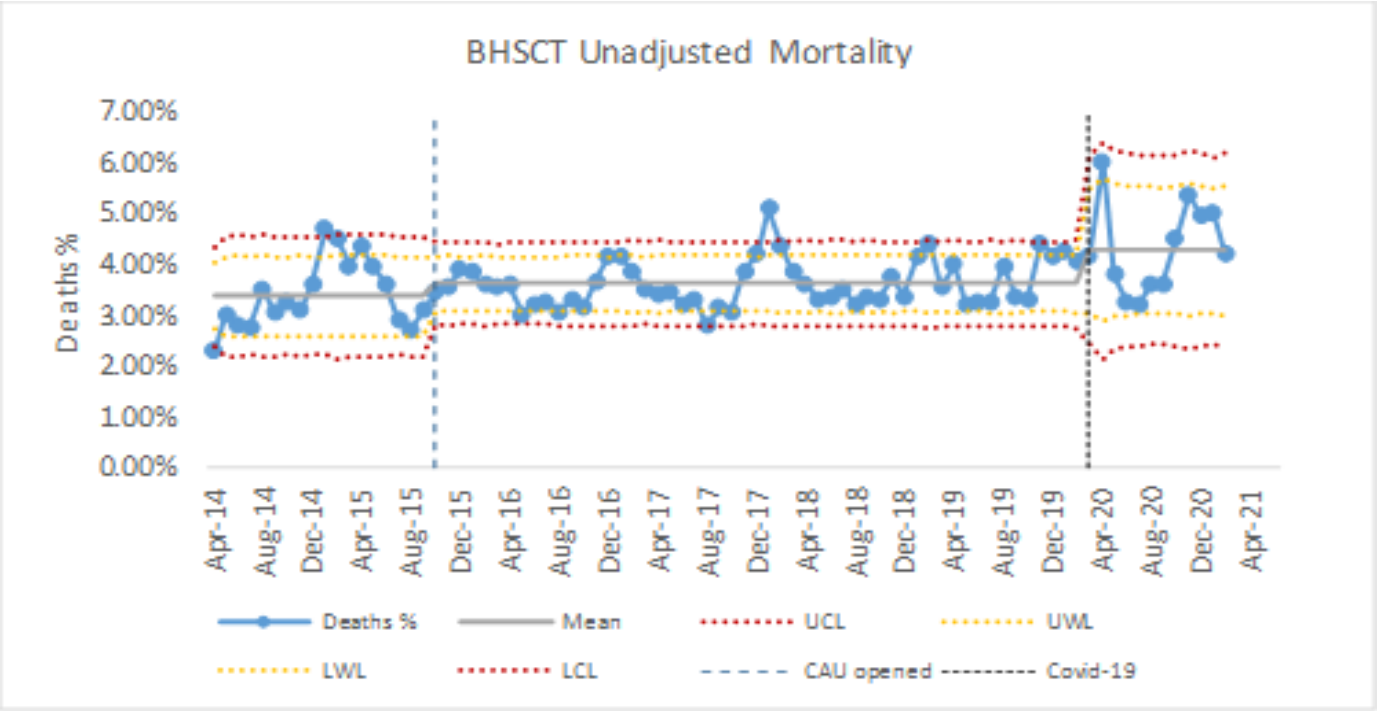
Safety Thermometer -AMH and CAMHS	Month of February %	Oct-Feb average %
Harm free Care	83.33%	87.78%
Self harmed in past 72 hours	8.33%	8.33%
Victim of violence or aggression in past 72 hrs	0.00%	1.11%
Percentage of patients with an omitted medicine (Excl valid clinical reason & refusal)	19.44%	15.56%
Felt safe at time of survey	86.11%	95.56%
Required Restrictive Intervention in past 72 hrs	0.00%	0.00%

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

Mortality

BHSCT Mortality Indicators

- **BHSCT Crude Mortality to March 2021.**



Note : Crude Mortality = deaths / total deaths & discharges in hospital (takes no account of case-mix) – as a %

- BHSCT mortality rates remains within normal limits of variation in the current period. Due to the impact of Covid19 on the measurement of mortality rates these limits are re-calculated to adjust for the changes in disease presentation of admitted patients

Mortality rates can be further sub-divided into those with surgical procedures

- Belfast Trust mortality rate after elective surgery is 0.16% against a peer figure of 0.16% .
- Belfast Trust mortality rate after emergency surgery is 1.27% against a peer figure of 1.53%

Mortality

BHSCT Mortality Indicators

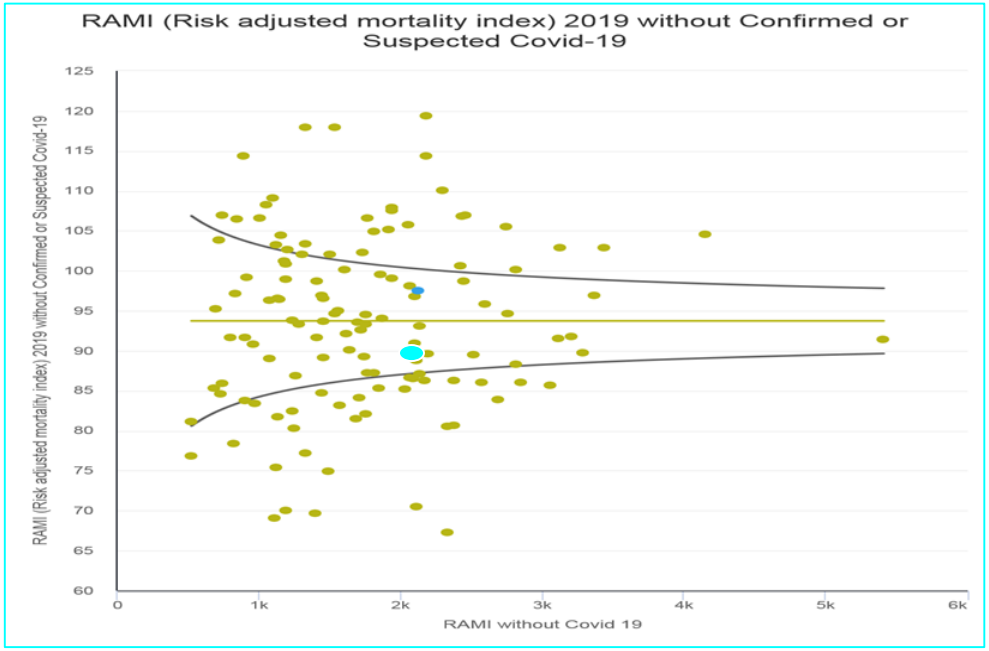
- **BHSCT Crude Mortality Rate with Peer Comparison- January 2020 to December 2020**

- The Trusts crude mortality rates compare favourably against peer hospitals with a Trust mortality rate of 3.0 % against a peer figure of 3.9% for the period January to December 2020
- Funnel chart: lines are 3 standard deviations either side of the mean (mean crude mortality of all acute hospitals in England in our Peer group e.g. teaching – roughly 150 – each hospital is a dot). BHSCT is represented by the light blue dot and is below the mean which is a positive position.

Mortality

BHSCT Mortality Indicators

- **BHSCT Risk Adjusted Mortality Rate- November 2019 to October 2020**

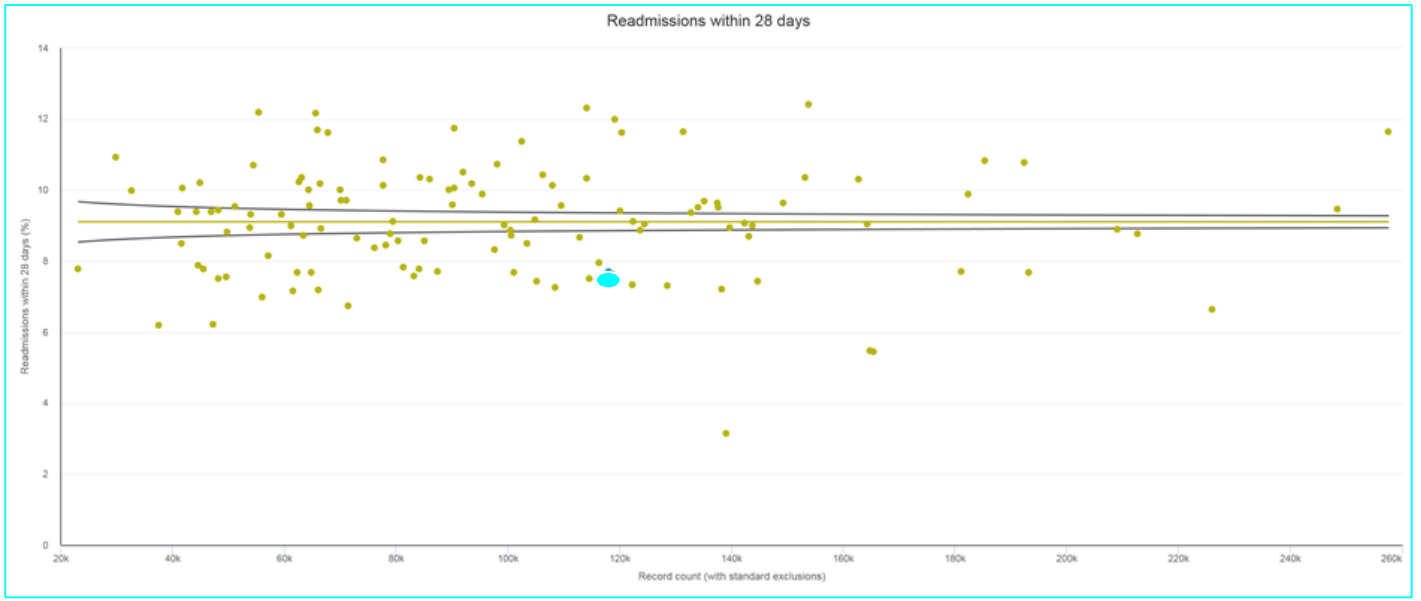


NB. Due to the requirement to wait for submission of peer data from other hospitals and the need for adequate levels of clinical coding completion mortality rates for peer analysis will be less recent than Trusts own figures

- Risk adjusted mortality calculates an expected rate of death (taking account of casemix) and presents this as an index of 100.
- The Trust is measured against this index, therefore the Trust's index of 97 means deaths are 3% less than expected in the statistical model. BHSCT (blue dot) is within acceptable standard deviations.
- The Trusts index value is 97 with a peer value of 94 for the period November 2019 to October 2020.

Readmissions within 28 days

Belfast Trust Readmissions within 28 days - January to December 2020

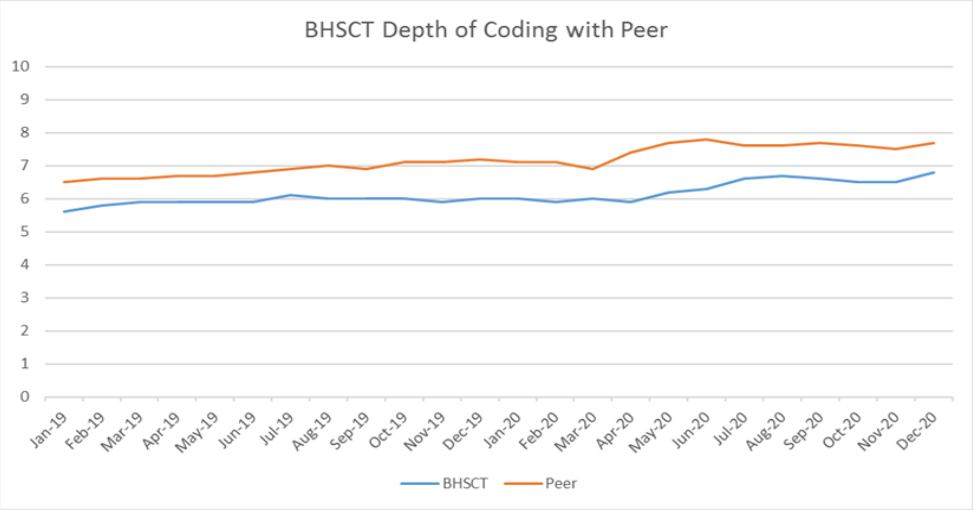


The Trusts readmission rate for the period January to December 2020 is 7.7% against a peer figure of 9%.

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 – 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



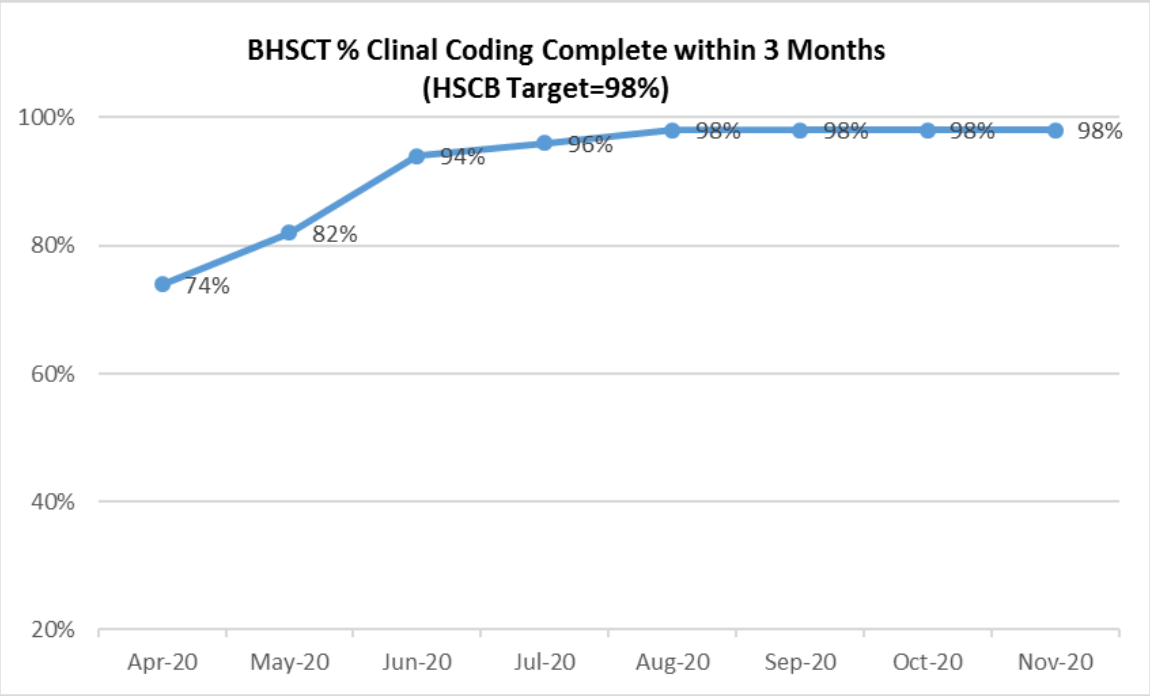
Coding KPIs at Specialty Level also

- **Pre-Covid BHSCT Depth of coding was 6 diagnoses per episode against a figure of 7 in the peer**. Lately this figure has inflated due to the Covid crisis. New additional codes are required for Covid patients. This inflated figure will return to normal when the impact of the crisis reduces.

Clinical Coding - Timeliness

STANDARD – 98% within 3 months of discharge

- Activity -FCEs April to October 2019=140,492
  Activity -FCEs April to October 2020=104,243
- **Clinical coding Timeliness has reached the HSCB target of 98% for the last 4 months and is on trajectory to maintain this**.



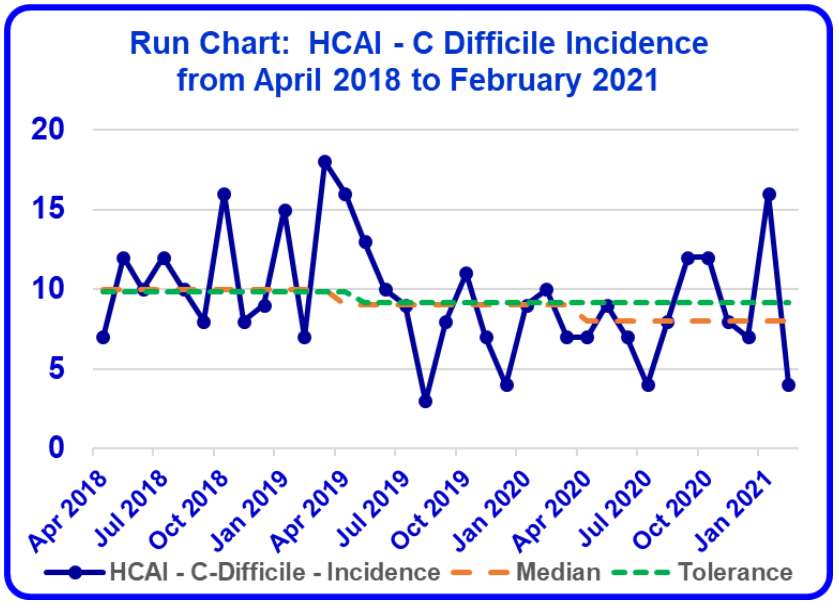
- Some outsourcing of clinical coding has assisted with dealing with backlog whilst newly recruited staff are trained and qualified.

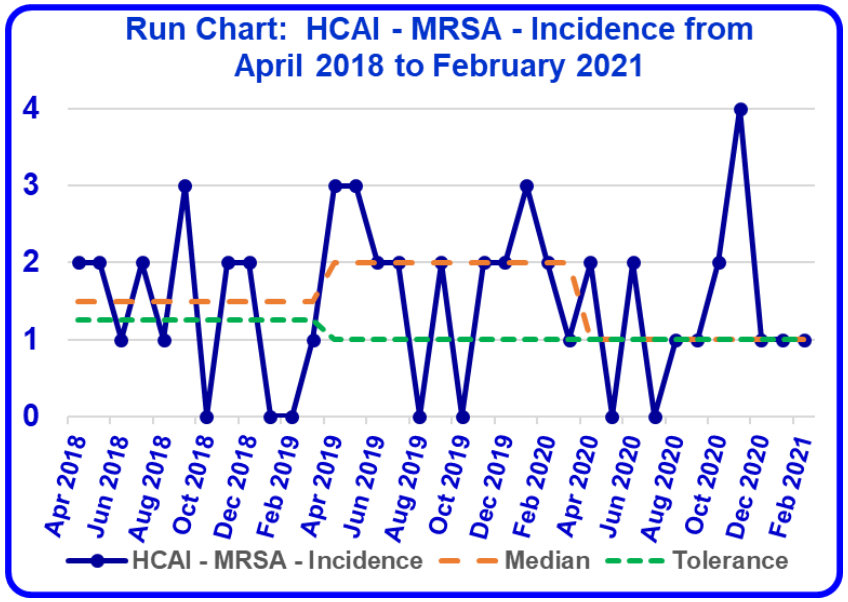
Clinical Coding - Accuracy

- 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 indicators measuring clinical coding accuracy with a peer comparison 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.

Description	BHSCT	Peer	Performance
Data Quality Index (Overall score out of 100)	93.09	94.88	
% Uncoded Episodes	1.46%	0.61%	
Sign or symptom used as a primary diagnosis (These should be minimal)	7.30%	11.04%	
Sign and Symptoms as Primary Diagnosis (Episode 2)	9.85%	10.17%	
Admitting Diagnosis Emergency for Elective Admission-Potential error	0.59%	0.88%	
Diagnosis code is Non-Specific when other diagnosis may be appropriate	11.58%	13.06%	
Deaths with palliative care code Z515-It is vital to record palliative care when present	25.17%	32.27%	
Total Episodes with a palliative care code Z515	0.97%	1.77%	

Healthcare Associated Infections





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 107 against a target tolerance of 110. The Incidence of C-Difficile during April to February 2020/21 is 94, compared to 100 for the same period in 2019/20.

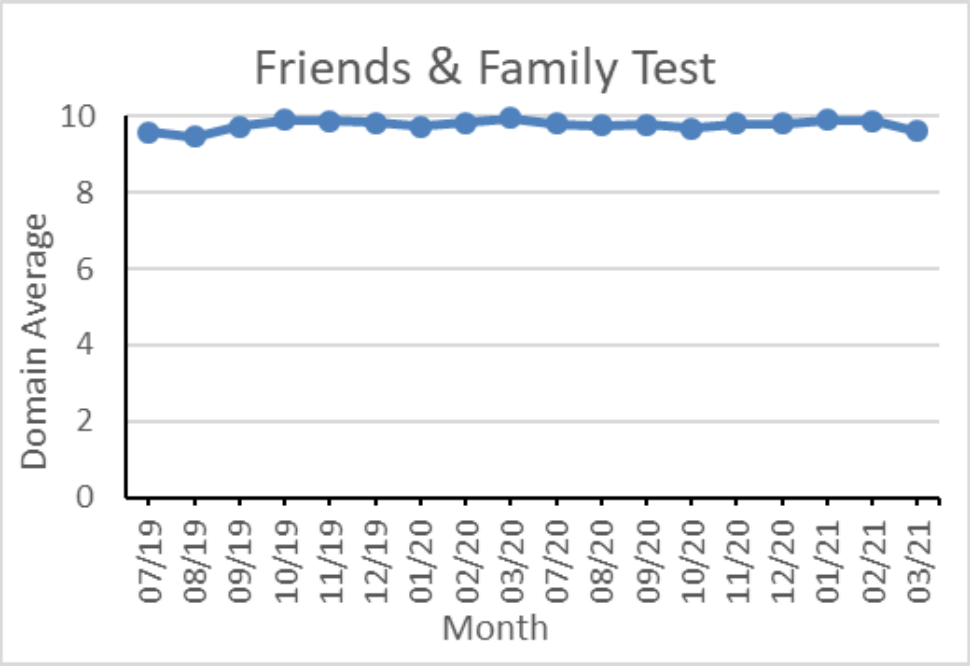
CPD: To secure a regional aggregate reduction of 19% in the total number of in-patient episodes of MRSA infection compared to 2018/19.

Last year the total incidence of MRSA was 22 against a target of 12. The incidence between April and February 2020/21 was 15, compared to 21 for the same period in 2019/20.

Experience

Real-Time Feedback – Friends and Family Test

- 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 February 2021, 99% of patients were extremely likely or likely to recommend the ward they were in to their friends or family. Please note that information for March is partial only.

Care Opinion – quarterly – Dec 2020

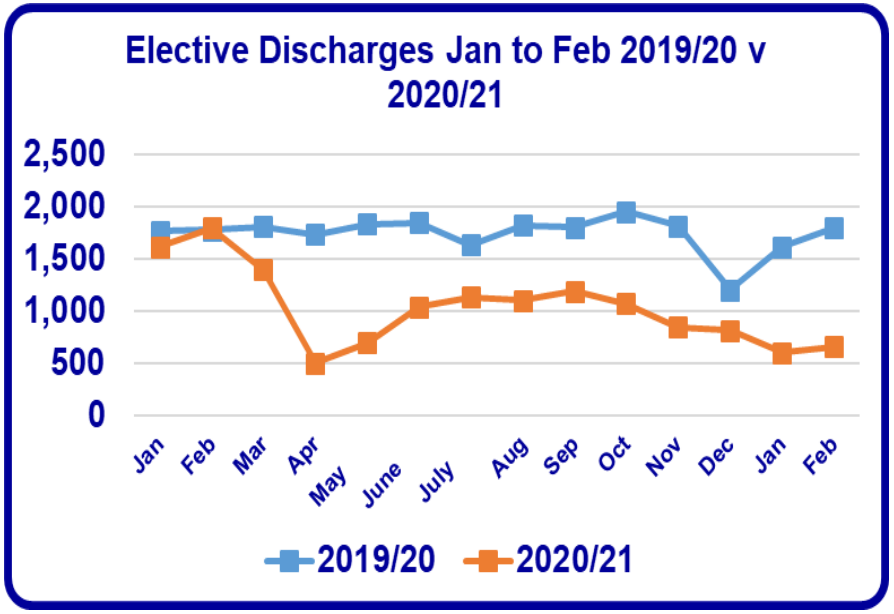
Care Opinion - Regional Quarterly Report					
BHSCT - Quarter 3 October - December 2020					
		OCT	NOV	DEC	TOT
Total number of stories per month		2	3	11	16
Main authors	Patient / Service User	Parent / Guardian	Staff (posting for a patient)	Carer	Relative
	57%	25%	6%	6%	6%
					Website
How stories are submitted					100%
Criticality breakdown	Strongly Critical	Moderately Critical	Mildly Critical	Minimally Critical	Not Critical
	1	1	5	2	7
Average Criticality					1.187
No. of subscriptions (No. of responders / No. of readers)			Responder	Readers	Total
			146	11	157
Responded to with 7 days					100%
Not responded to within 7 days					0%
Changes identified in relation to story and service			1	currently planned	
Changes made in relation to story and service			2	changes made	
Main areas of feedback	Positive	Negative	Feelings		
	Staff	Comm-unication	Thank you	Happy	
	Care	Staff Attitude	At ease	Let down	
Training Strategy	Number trainedl by band 2020				
	8D+	8C	8B	8A	
Regular training planned for 2021	5	4	45	20	
	7	6	5	4	
	15	4	1	1	

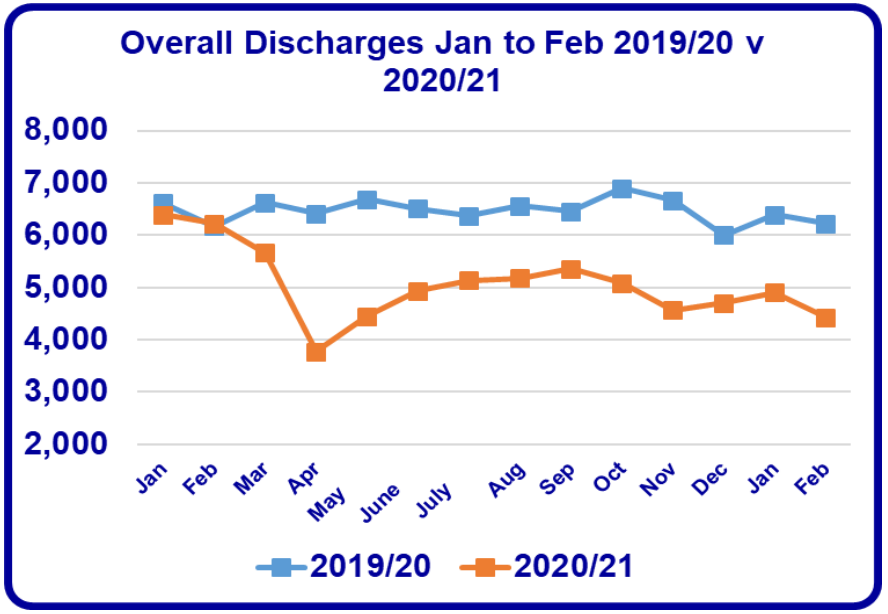
Effectiveness & Timeliness

- 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

Elective Inpatients / Daycase

The Covid pandemic has had a significant impact on elective surgery. The Trust has continued to treat red flag and urgent patients within available capacity.



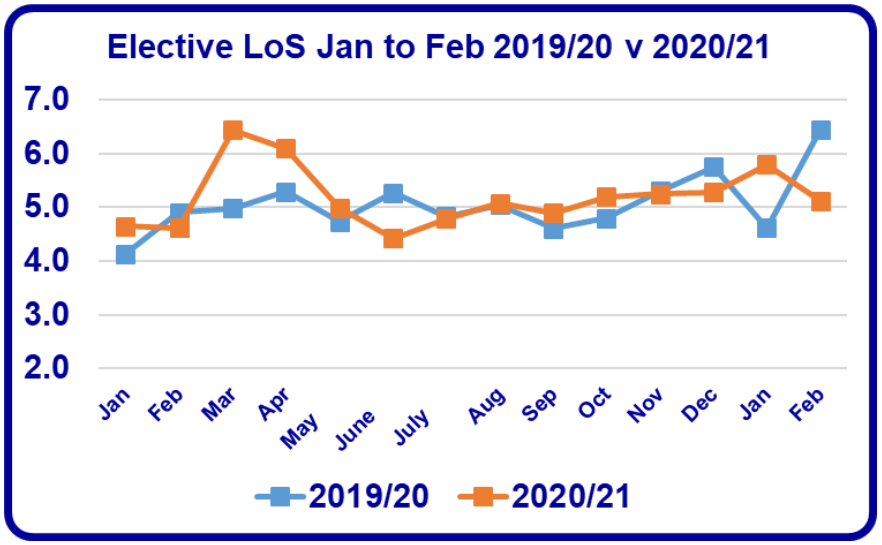


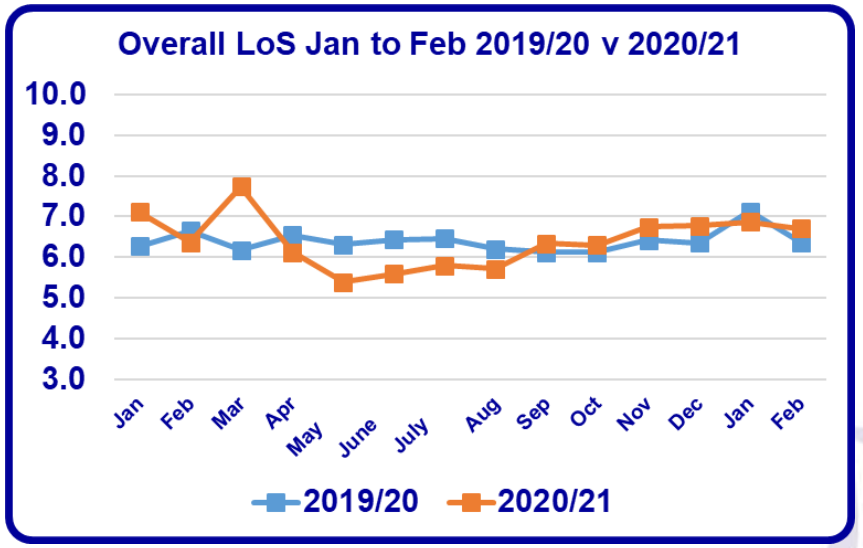
Elective Discharges

April 2020 = 502 (64% reduction compared to April 2019 of 1730).
February 2021 = 654 (63% reduction compared to February 2020 of 1,791)

Elective Inpatients / Daycase

Average Length of Stay (ALoS)

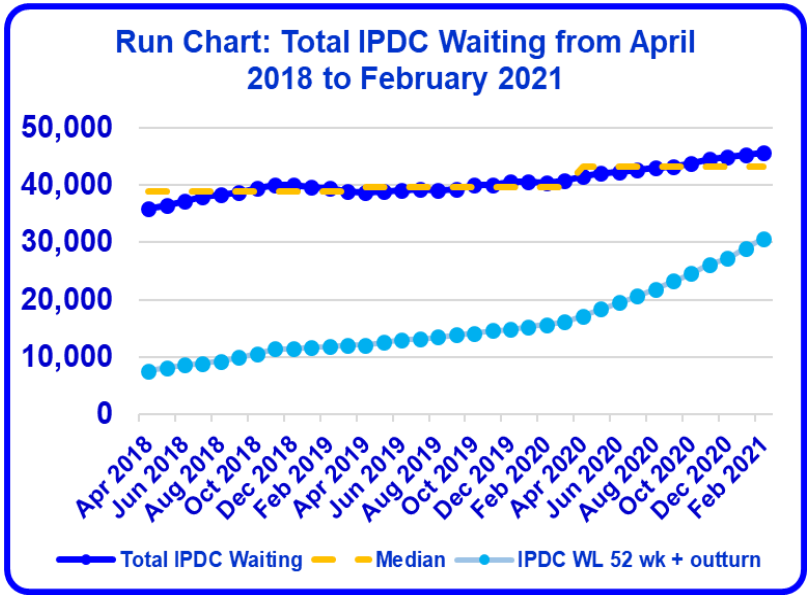


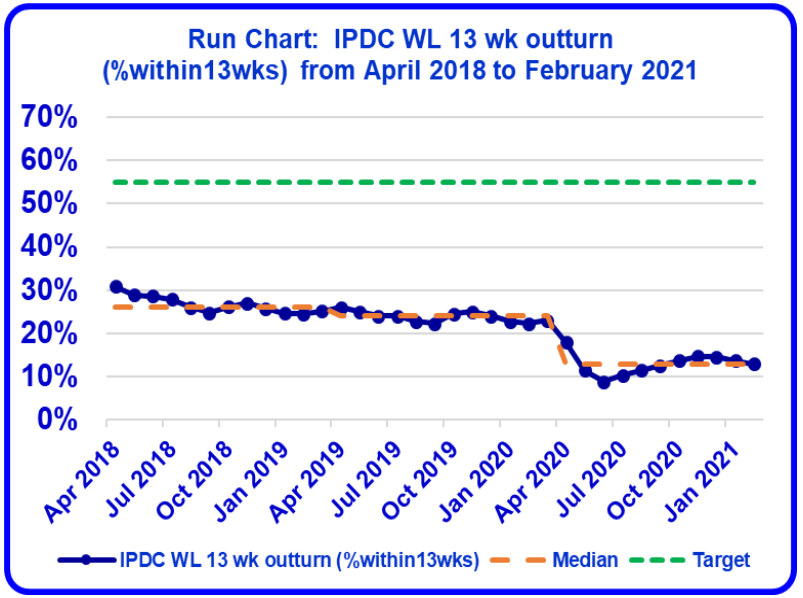


- All sites experienced an increase in LoS in March 2020 compared to March 2019, except RBHSC which remained at 3.9 days but with 159 less admissions.
- In February 2021, overall LoS was 6.7 days a compared to 6.4 days February 2020.
- Elective LoS is 5.1 in February 2021 compared to 6.4 days in February 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.

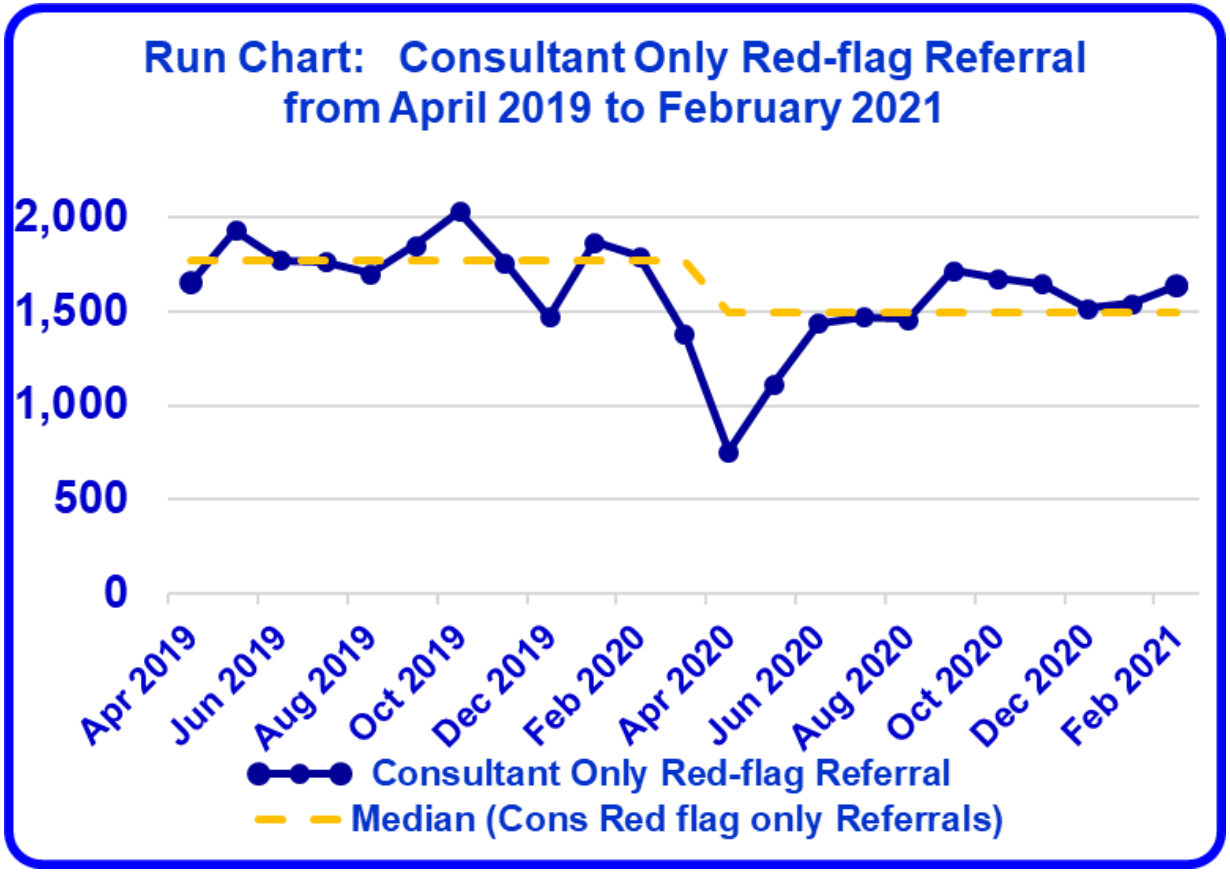




- A total of 45,650 patients were on the waiting list at the end of February 2021, compared to 40,853 at the end of March.
- Numbers of patients waiting > 52 weeks has increased from 16,178 at 31st March 2020 to 30,687 at 28th February 2021.
- The percentage of patients waiting < 13 weeks has increased slightly to 13% in February 2021 from a low of 9% in June 2020.

Cancer Access

Red Flag referrals

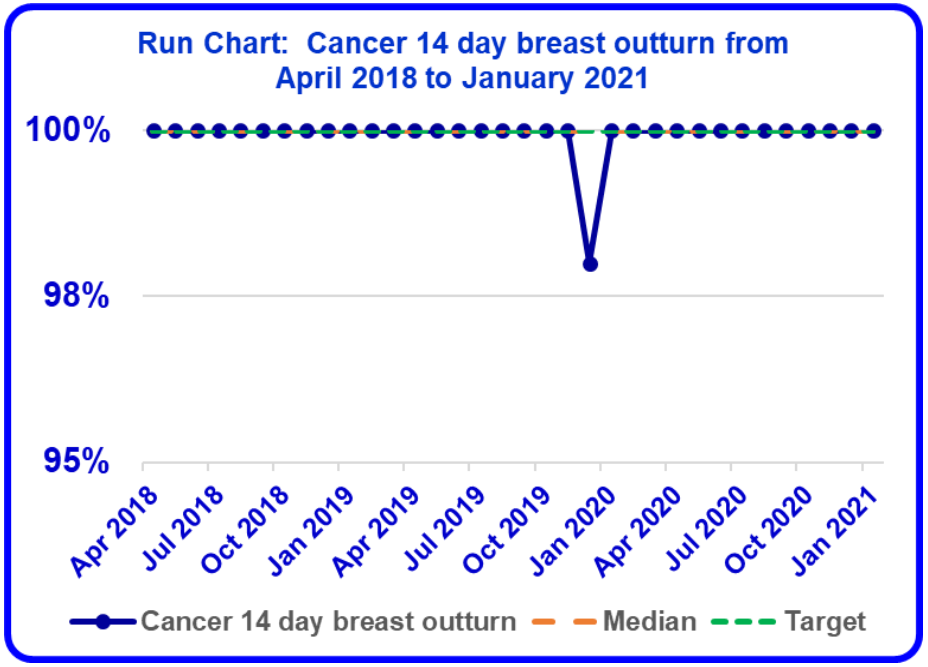


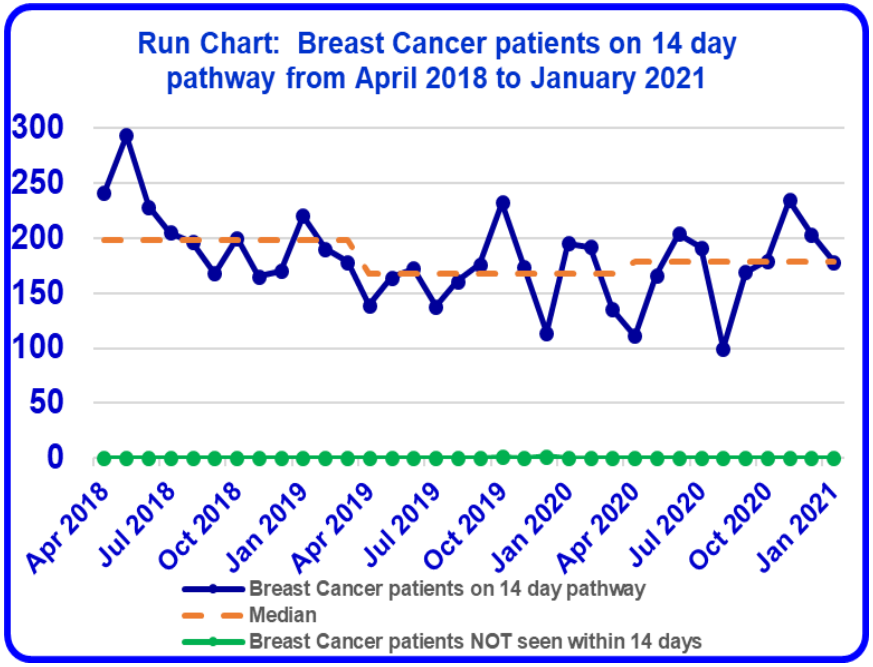
- After an initial drop in red flag referrals in April to 756 numbers have increased steadily
- At February 2021 there were 1,639 red flag referrals, compared to 1,791 in February 2020.

Cancer Access

14-day Breast target

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



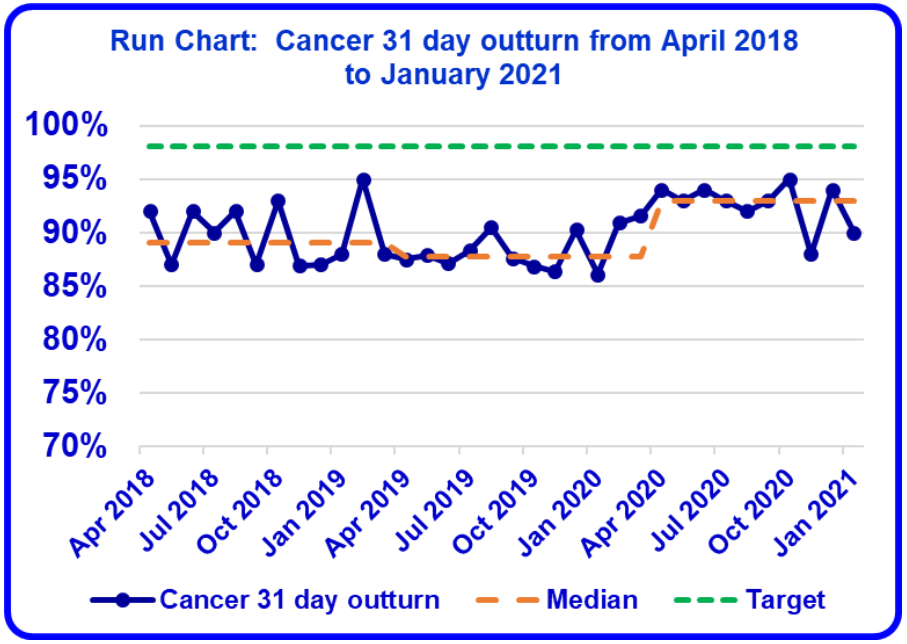


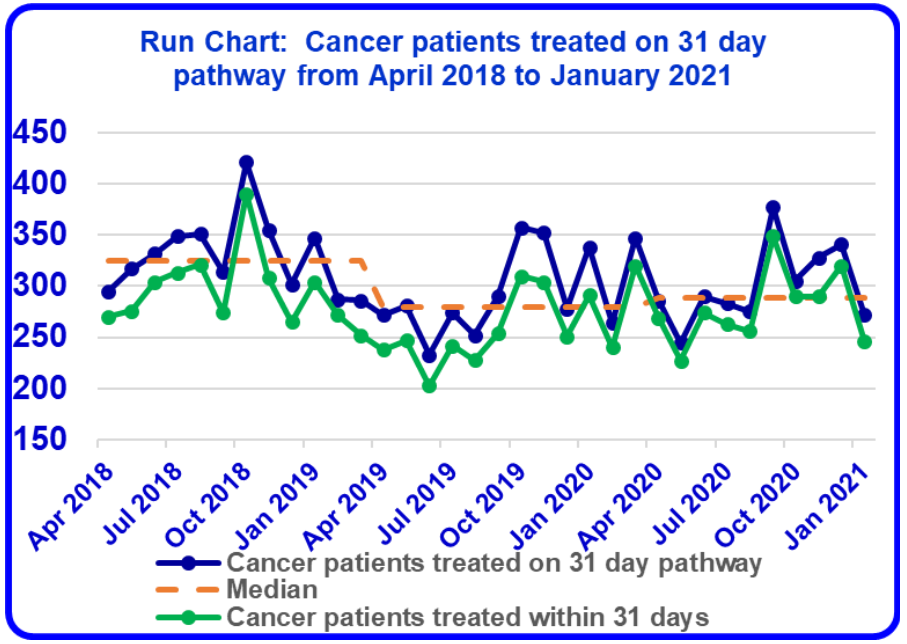
The 100% target continued to be met between April and January 2021. Average activity has reduced this year when compared to numbers seen in 2019/20. There were 178 patients on the 14 Day Breast Cancer pathway in January 2021. No patient waited in excess of the 14 day target.

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.



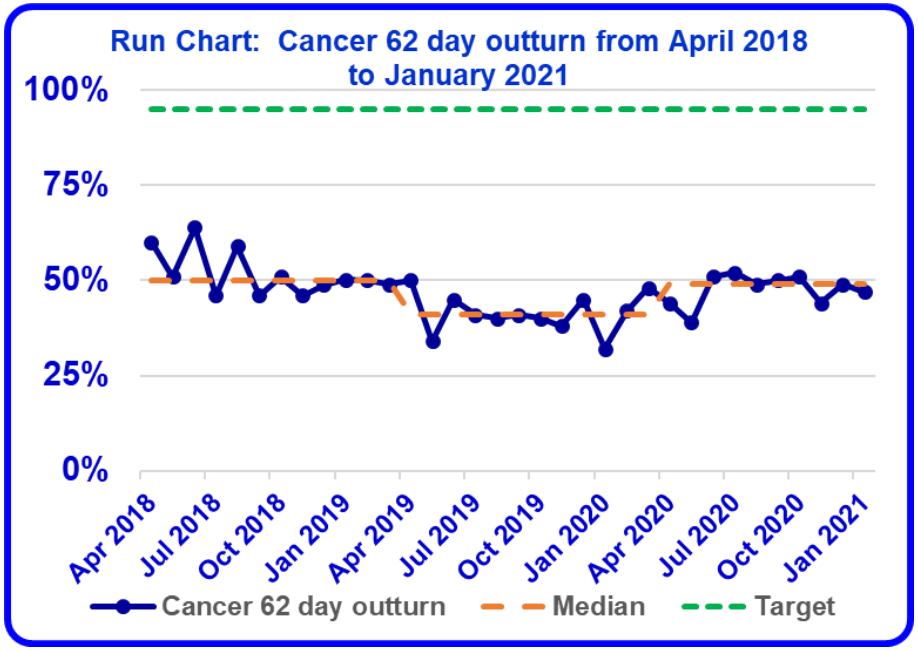


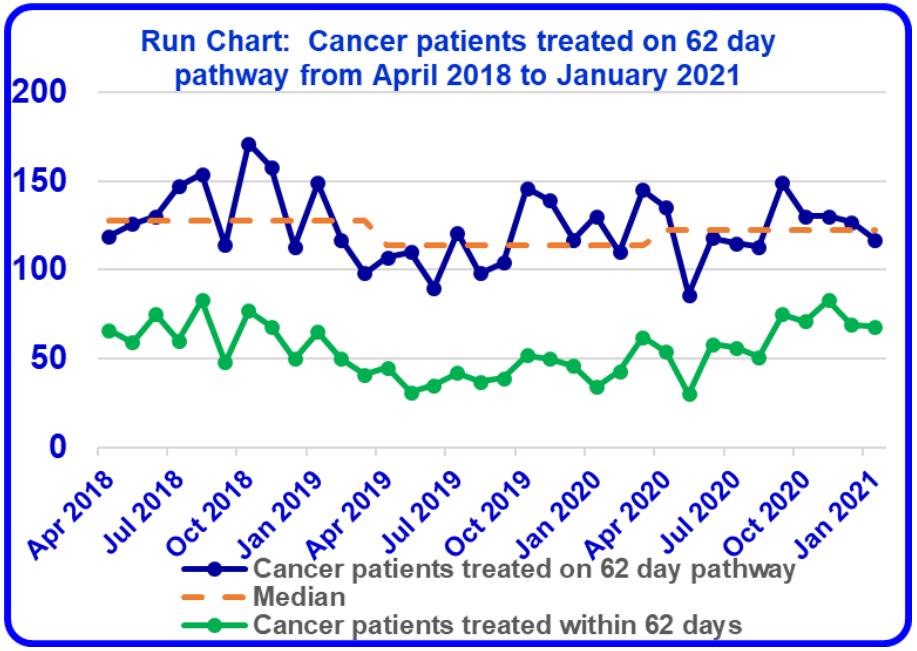
Performance improved from 82% in March to 94% in April 2020 and has continued at 90% or more through to January where the outturn was 90%. There were 272 patients on the 31 Day Pathway in December 2020. There were 26 patients first treated in excess of the 31 day target.

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.

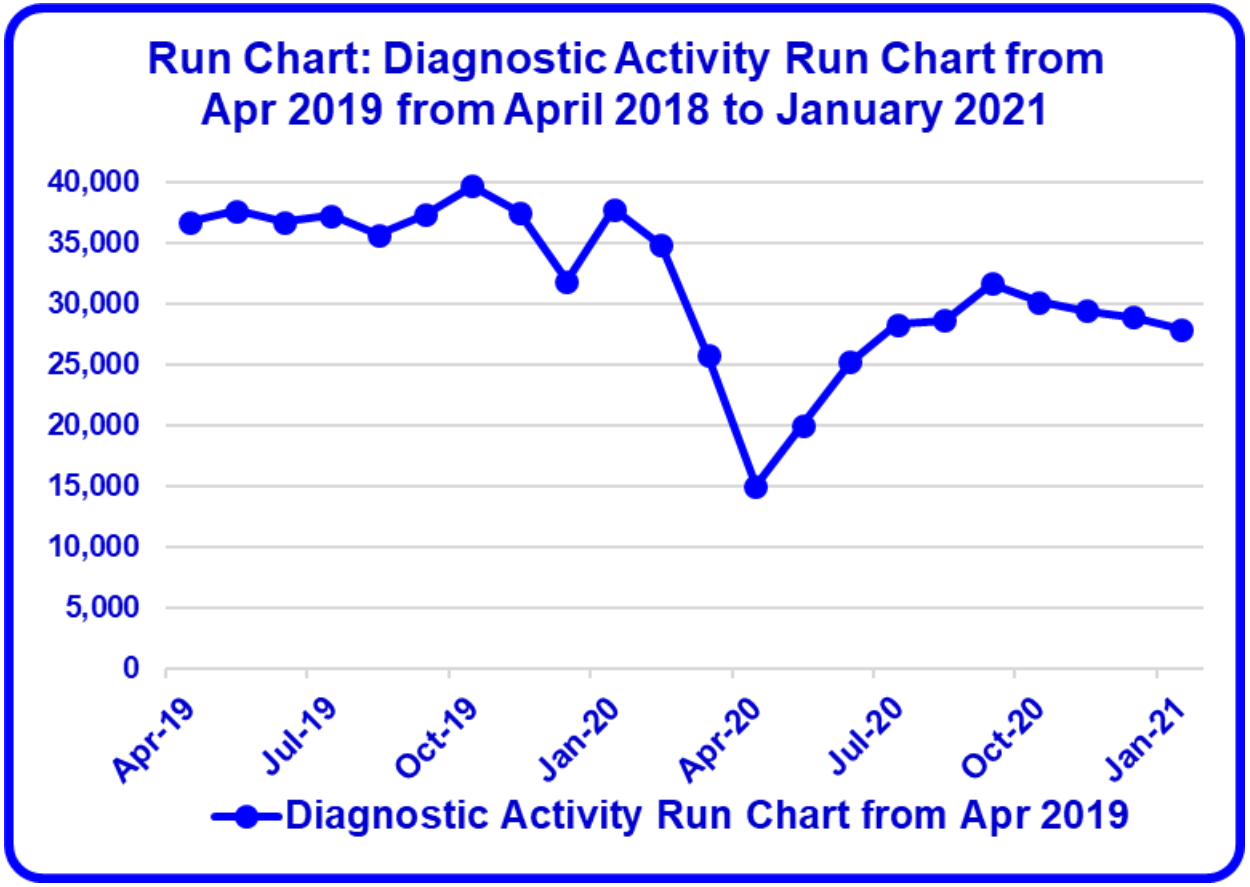




- Performance had continued at around 50% from April through to January 2021, with 49% of patients meeting the 62 Day Pathway target.
- The number of patients treated dipped significantly in May and have recovered, with September having the highest monthly number beginning treatment this year.
- There were 117 patients on the 62 day pathway in January 2021, with 49 people breaching the target. There were 68 patients treated in excess of the 62 day target.

Diagnostics

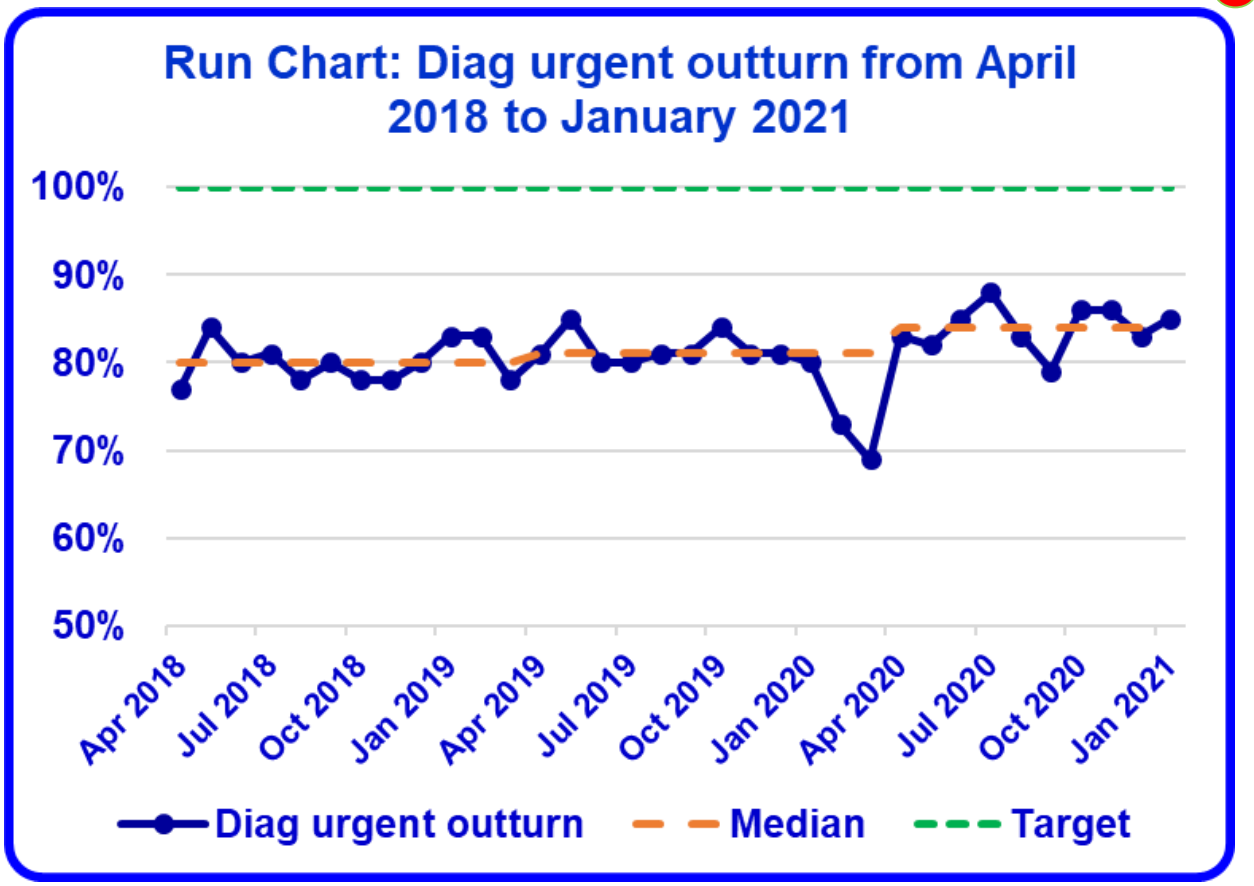
Diagnostics – (CT, NOUS, MRI and Ultrasound)



- Activity reduced significantly in April to 15,027.
- Activity has increased steadily since April to 31,683 in September before reducing to 27,962 diagnostic tests in January 2021 (compared to 37,834 in January 2020).

Diagnostics

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

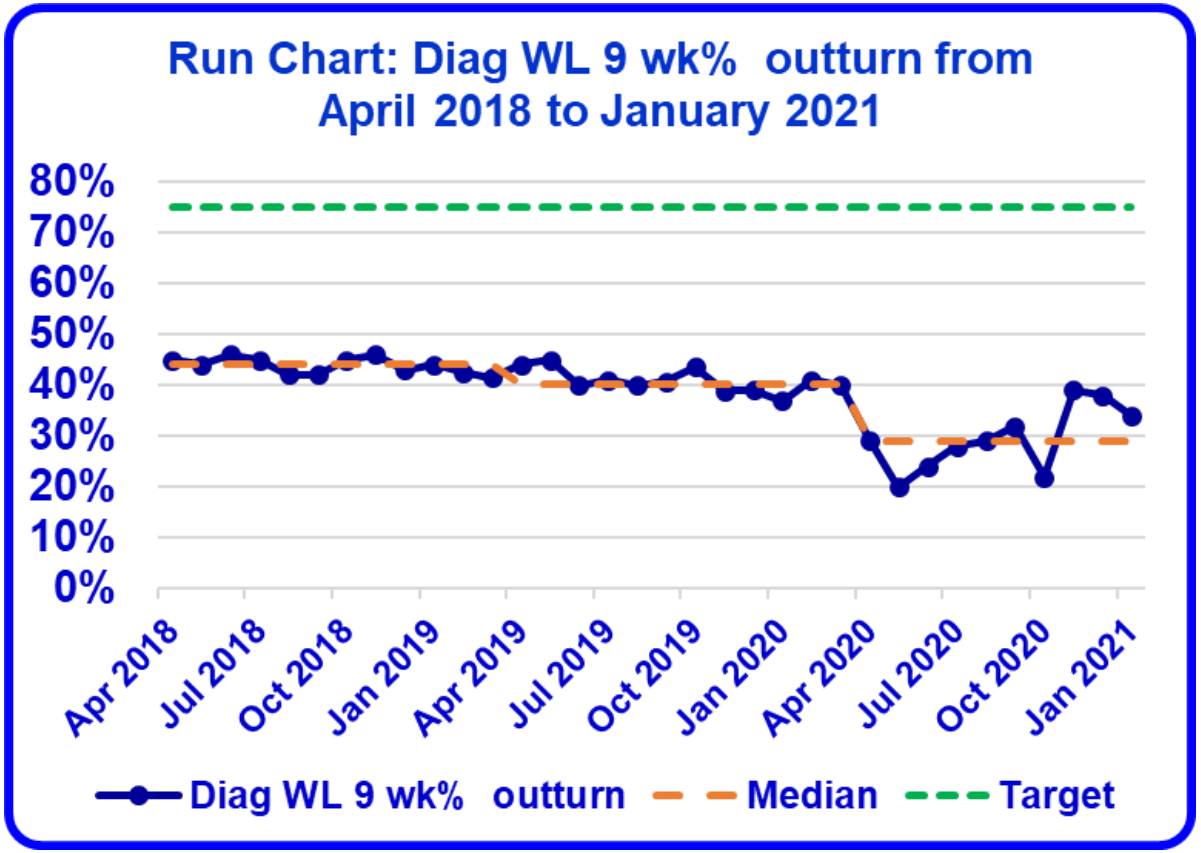


- In January 2021, 85% of urgent diagnostic tests were reported within 48 hours

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

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

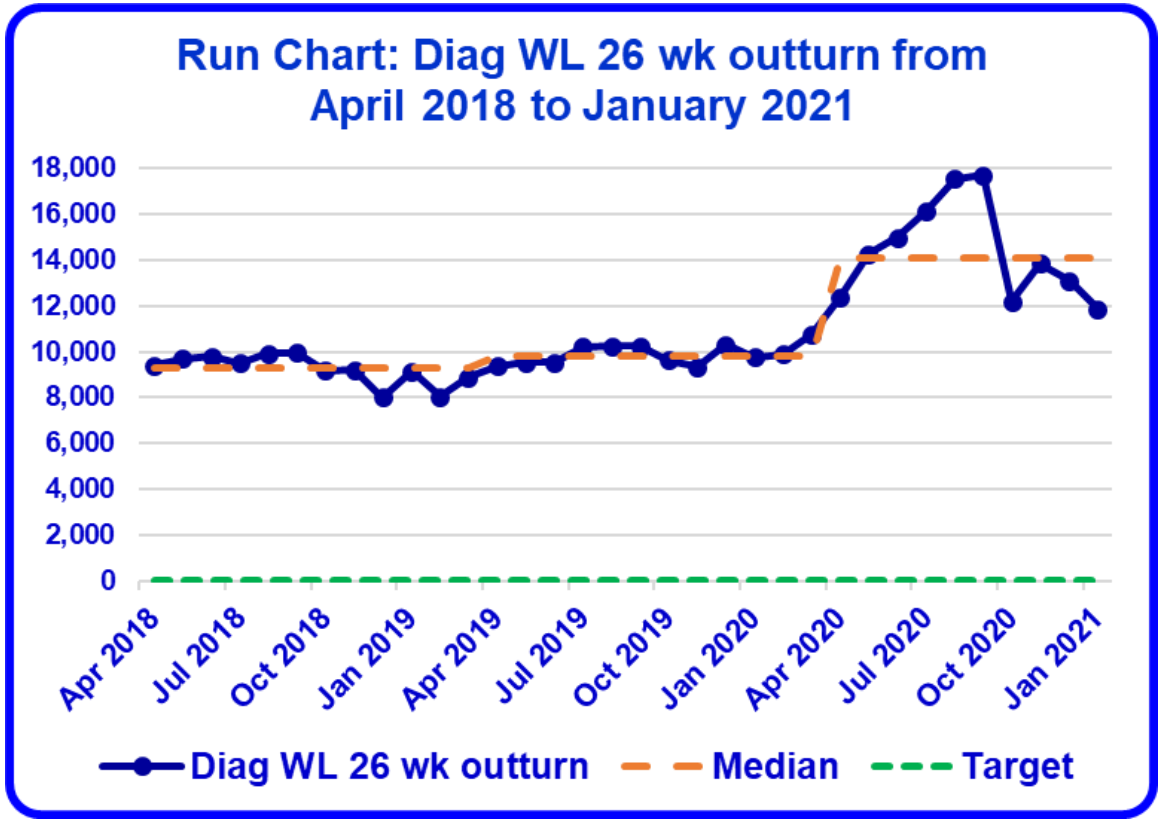


- In January 2021, 34% are meeting the target - this has been a gradual improvement (excl Oct) since a drop to 20% in May.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

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

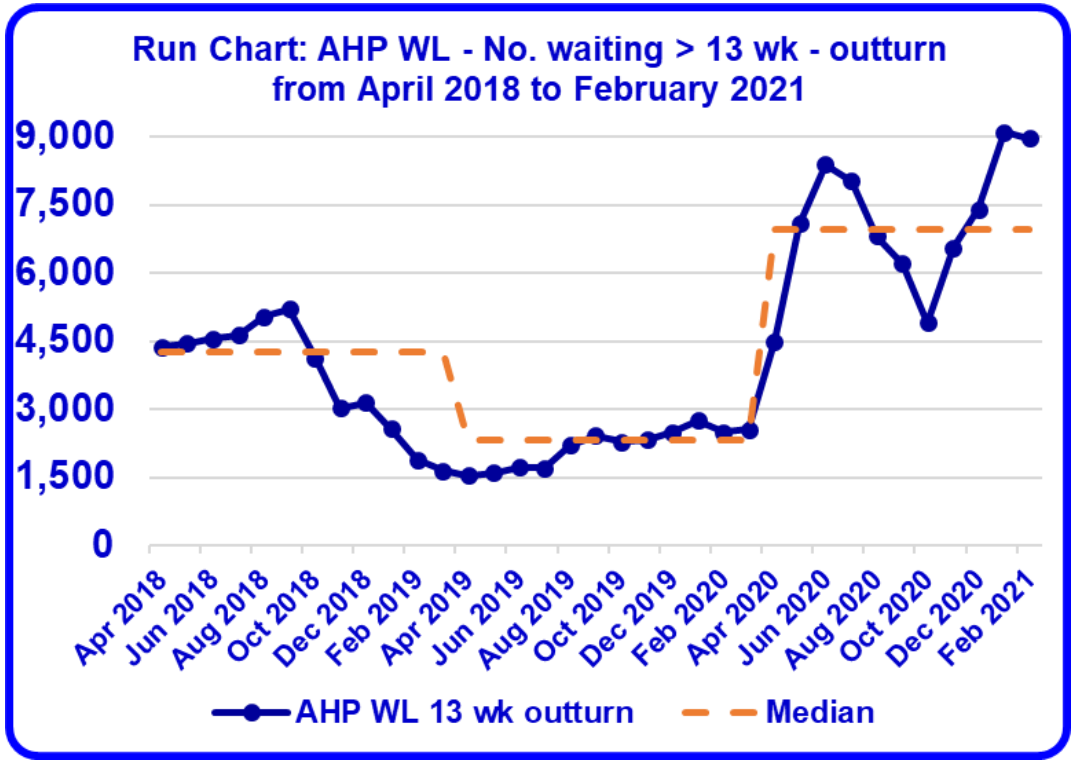


At January 2021:

- 11,890 patients waited in excess of the 26 week target, compared to 9,753 in January 2020, an increase of 27%

Allied Health Professionals (AHP's)

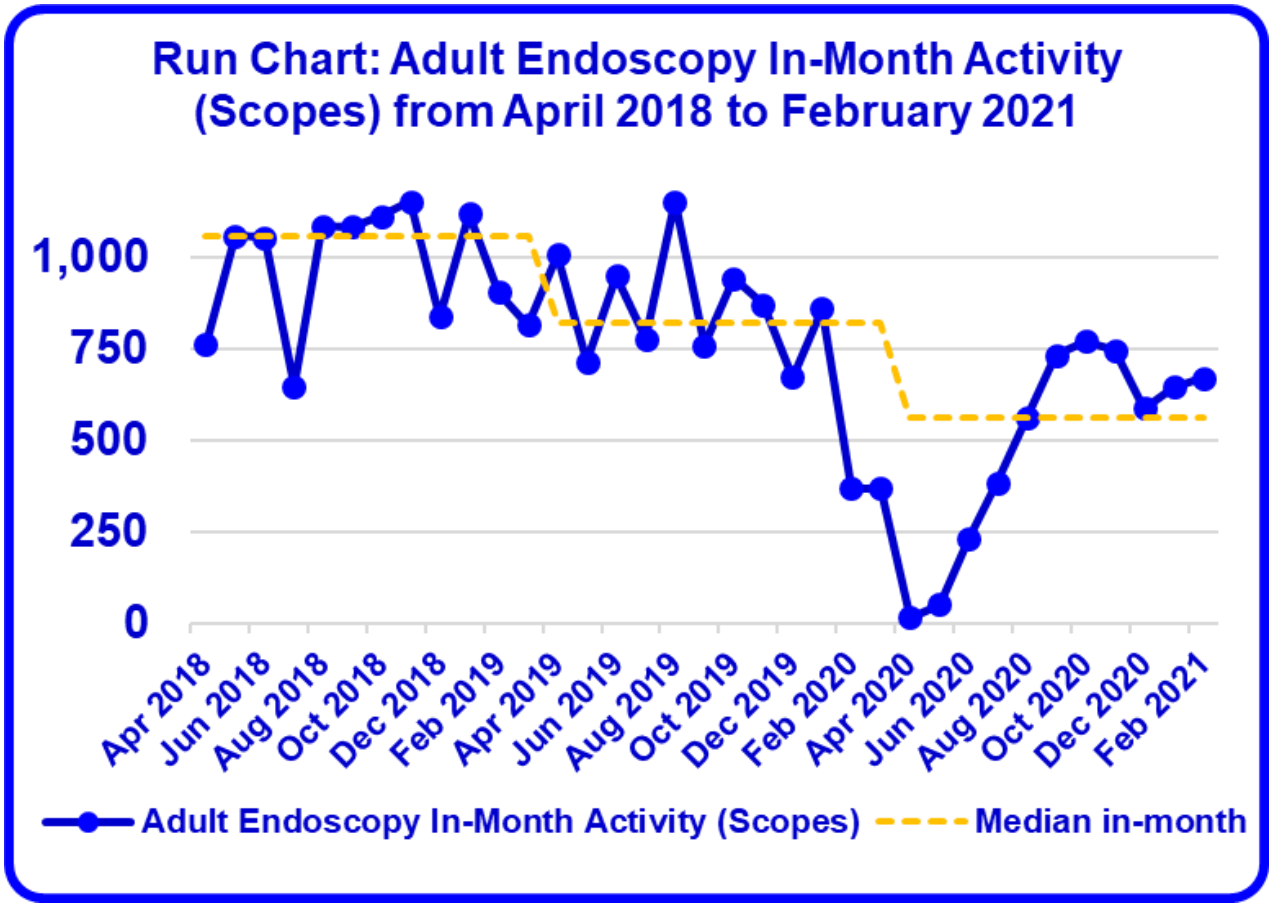
CPD: No patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP).



- At February 2021 there were 8,963 patients waiting in excess of 13 weeks compared to 9,092 in January 2021.
- This is substantially more than the 2,489 excess waiters in February 2020, and a sharp rise since October.

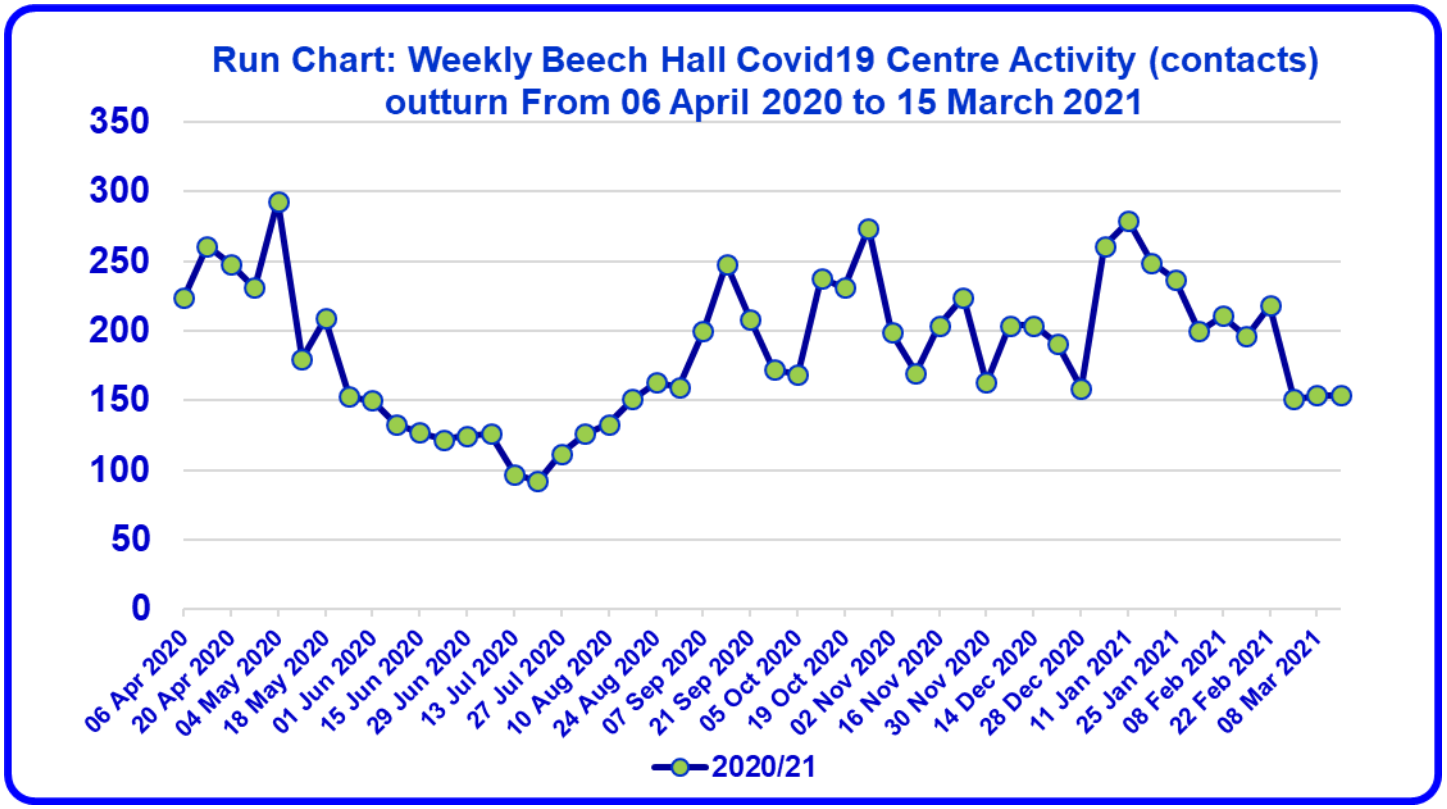
Endoscopy

Endoscopy (scopes) activity – cumulative



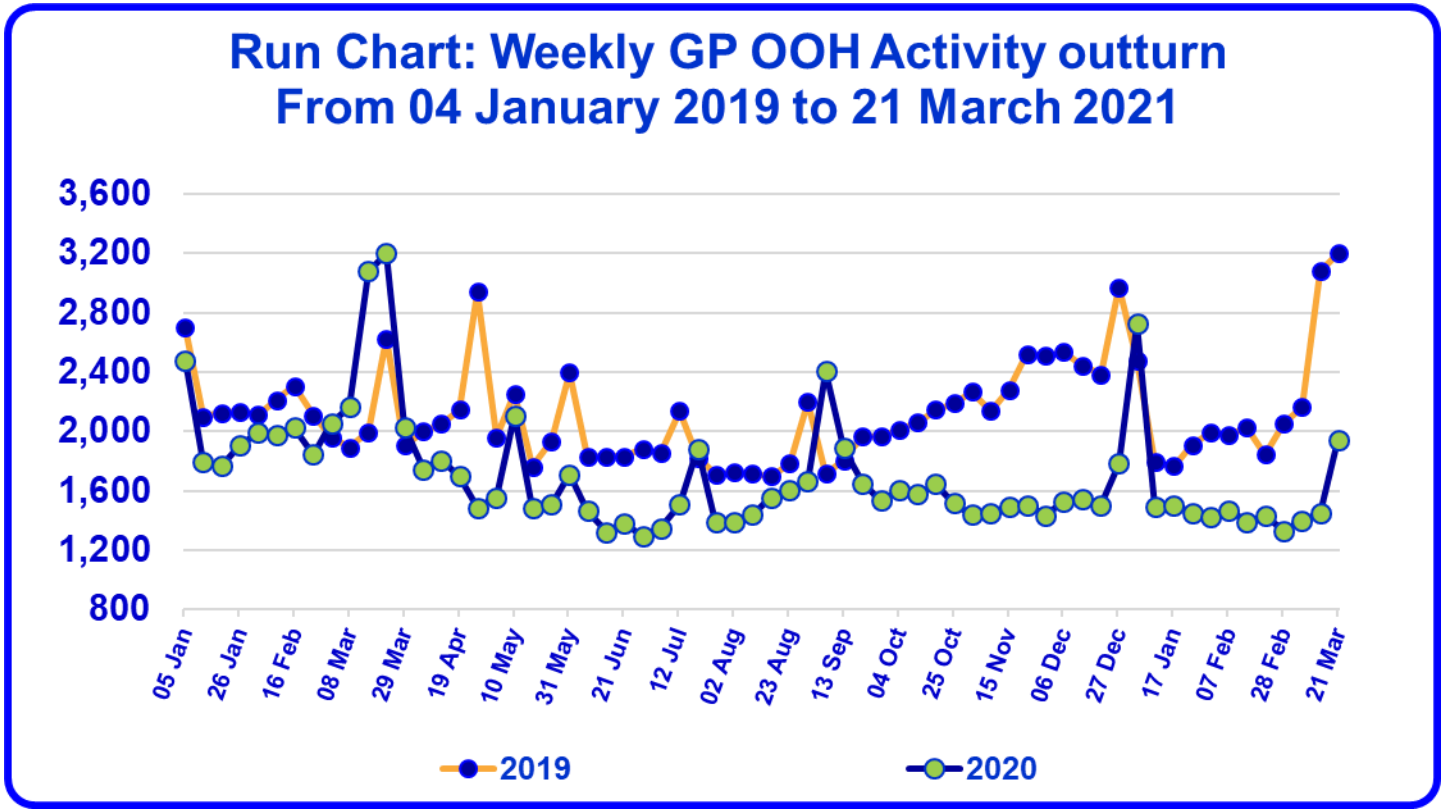
- Actual activity April – February 2020/21 = 5,404
- In month activity improved from a low of 15 in April to over 750 in Oct. There were 672 carried out in February 2021.

Unscheduled Care: Primary Care Covid-19 Assessment Centre to 15th March 2021



- Weekly numbers peaked at just under 300 in Surge 1 (late April 2020) before dropping within the range 100-150 between May and September
- Numbers peaked again at over 250 in Surge 2 (late October 2020) and in Surge 3 (early January 2021). The average in February was 195 each week. The week ending 15th March, 154 contacts were reported, consistent with the previous 2 weeks.

Unscheduled Care: GP Out of Hours Service
Weekly to 21st March 2021

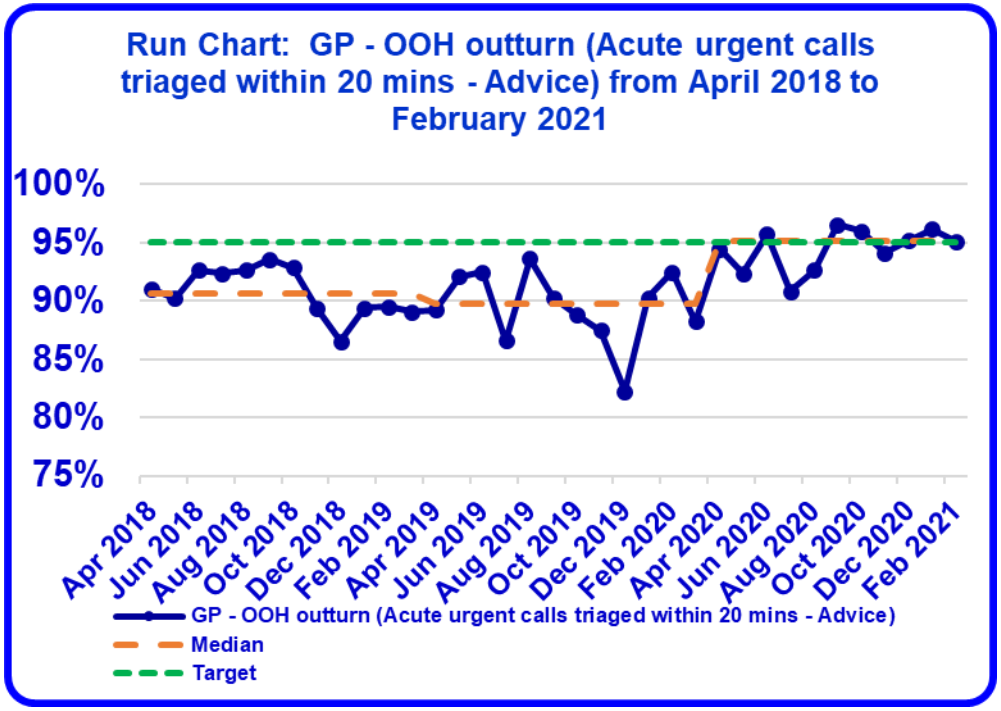


- GP Out of Hours volumes saw a significant rise in March at the outset of the pandemic. Since that point numbers have dropped and have generally remained below 2019 levels.
- Week ending 21st March, there were 1,944 contacts. Whilst this is 1,259 less contacts than in the same week of 2020, this is the highest number of contacts since March 2020, with the exception of weeks ending 10th May 2020 at 2,107 attendances and 3rd January 2021 at 2,725 attendances.

Unscheduled Care:

GP Out of Hours Service – monthly to 28th February 2021

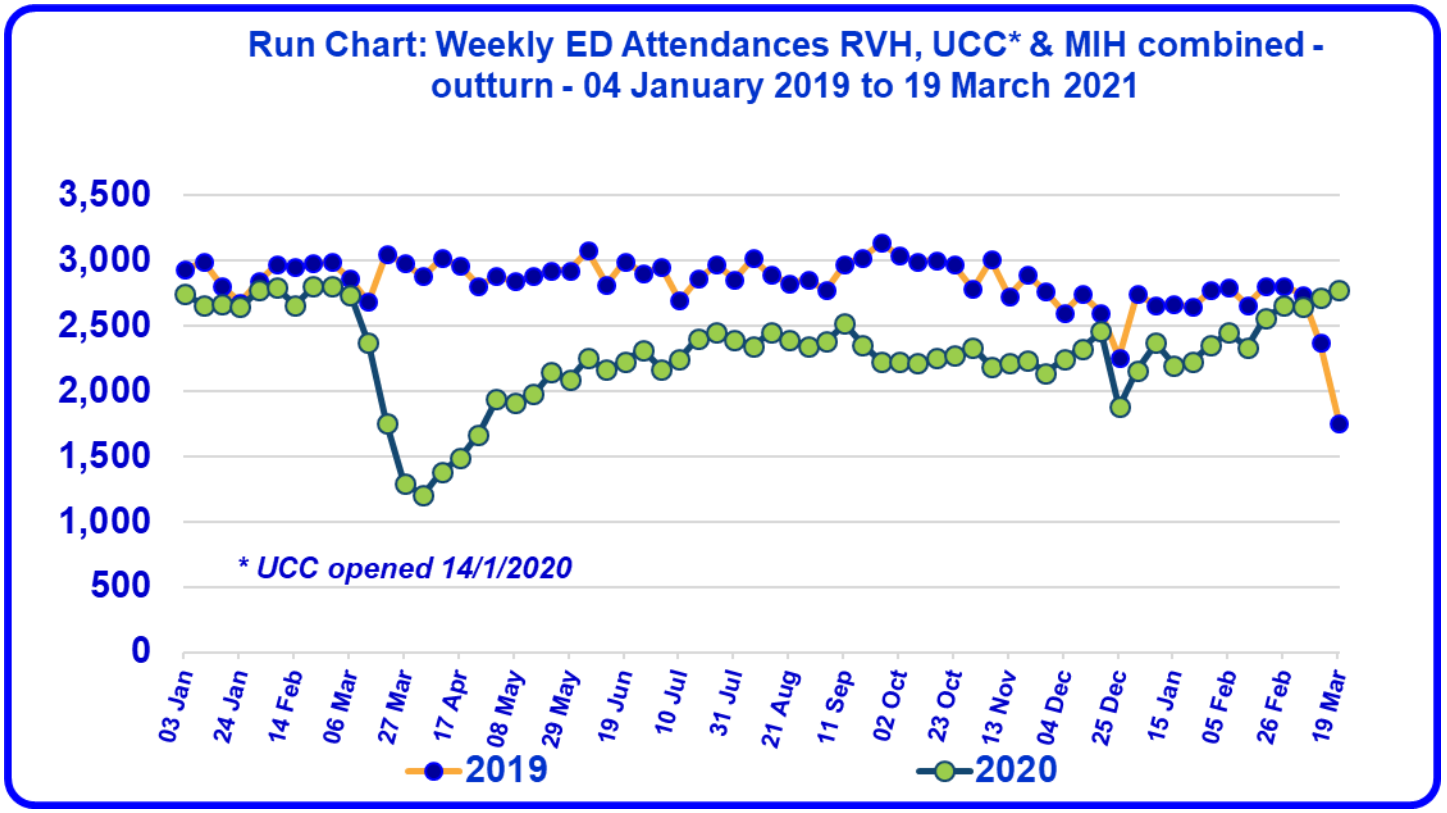
CPD: 95% of acute / urgent calls to GP OOH triaged within 20 minutes



- Performance improved in April 2020 as the numbers of calls reduced, remaining over 90% since April 2020, with 95.1% in February 2021.
- Total urgent calls to be seen within 20 minutes in February 2021 is 285, slightly lower (-16%) than January, however this is 34% fewer than February 2020.

Unscheduled Care: Emergency Departments

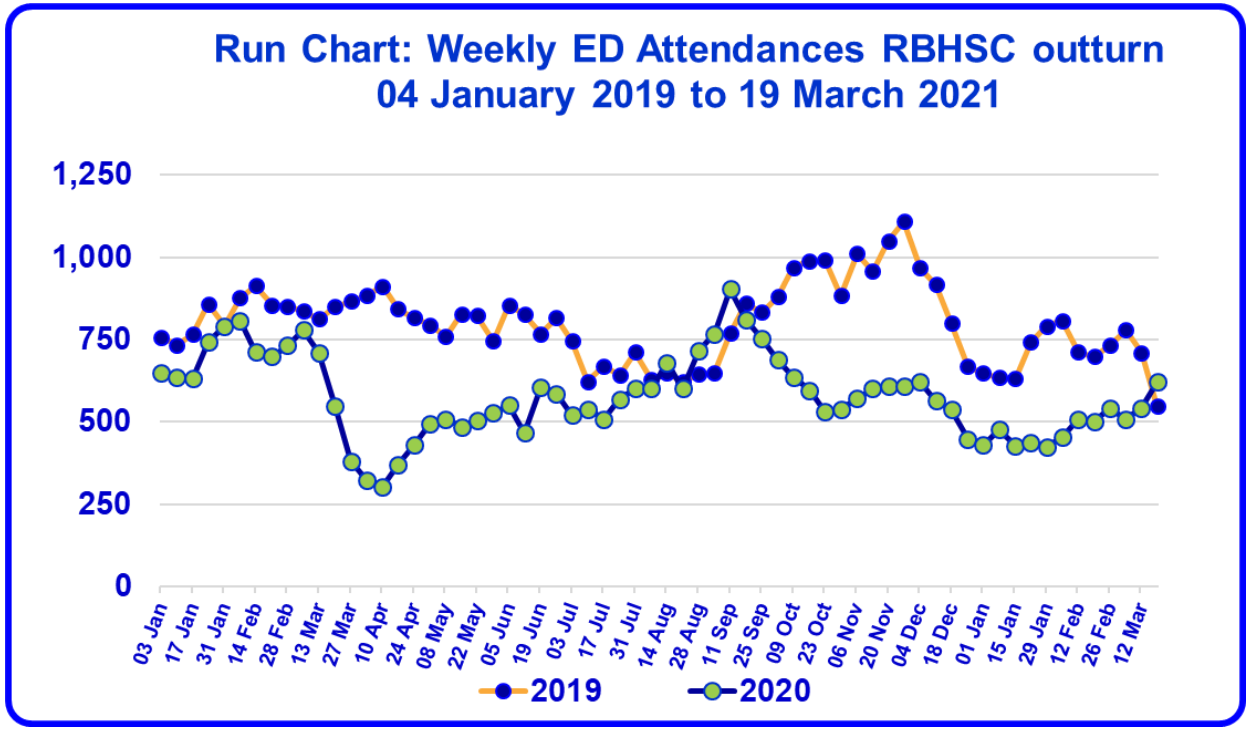
Overall Adult ED activity at RVH & MIH – Weekly comparison 2020/21 to 2019/20.



- Weekly attendances dropped significantly in the first wave to a low of 1,208 in early April, 42% compared to 3 April 2019 (58% below the same week 2019 with 2,880 attendances).
- The average from week ending 3 January to 3 April 2020 was 84%, at 12 March 2021 it is 80%.
- Attendances increased gradually to a peak in 11th September of 2516, 71% against the same week in 2019. With the exception of a dip around Christmas, attendances have continued to increase again since, exceeding 2,500 attendances by mid February and are 2,713 at 12th March 2021 -14% more than the same period last year at the beginning of the 1st surge.

Unscheduled Care: Emergency Departments

Overall Children's ED activity at RBHSC – Weekly comparison 2020 to 2019.



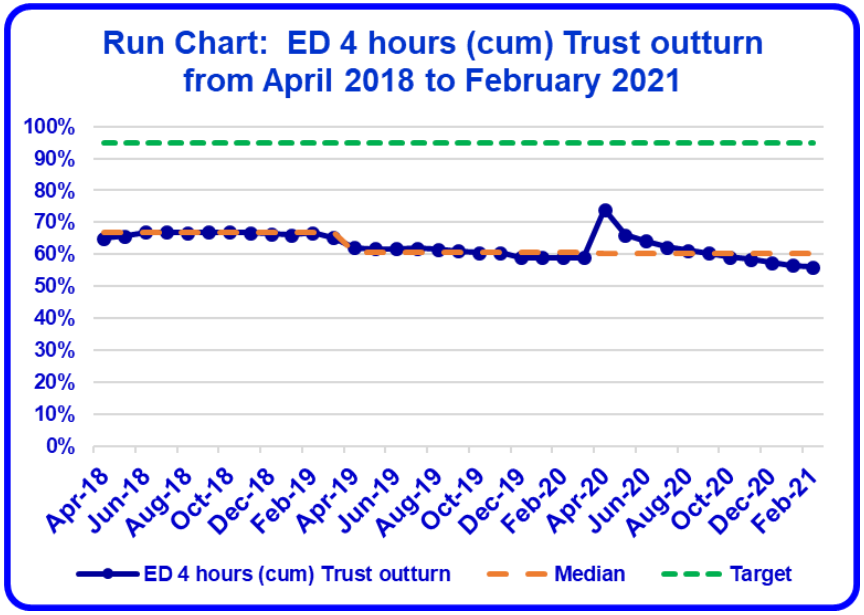
- Weekly attendances dropped significantly in the first wave to a low of 303 in early April, 33% compared to 3 April 2019 (67% below the same week 2019 with 913 attendances).
- The average from week ending 3rd January 2019 to 19th March 2021 was 74%
- Attendances increased gradually to a peak of 904 week ending 11th September, 17% more than the same week in 2019, however attendances average just over 558 weekly during March 2021 compared to 679 for the same period last year.
- Attendances at week ending 19th March 2021 are 622, an increase of 14% compared to 547 for the same week last year.

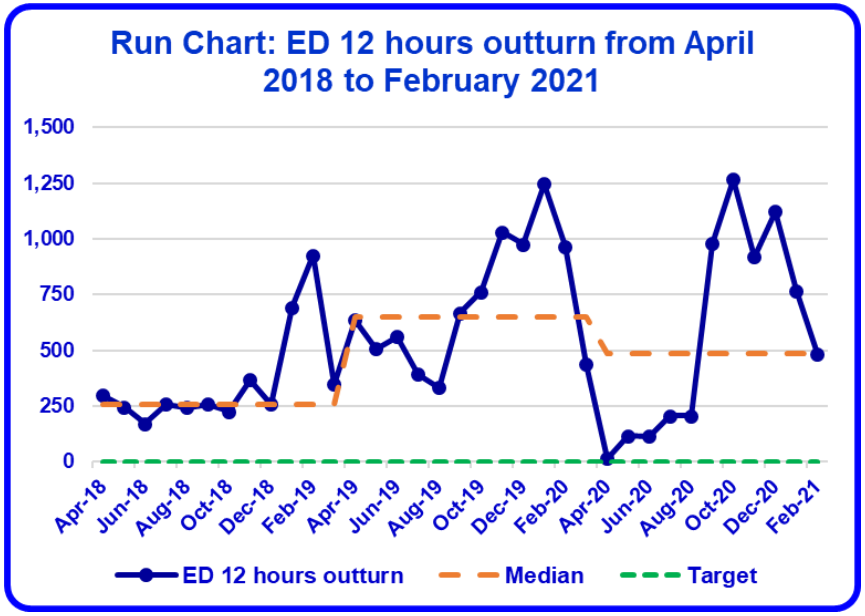
Unscheduled Care: Emergency Departments

- **The 4hr and 12 hr performance did not dramatically improve even with less people attending ED in Surge 1** and continues to be challenging.

CPD: 95% of patients attending ED either treated and discharged home, or admitted, within four hours of their arrival in the department **-** Performance is 56% in February 2021.

CPD: No patient should wait over 12 hours - There was a significant decrease in patients waiting in excess of 12 hours in February 2021 to 484, from a high of 1123 in December and 1265 in October.

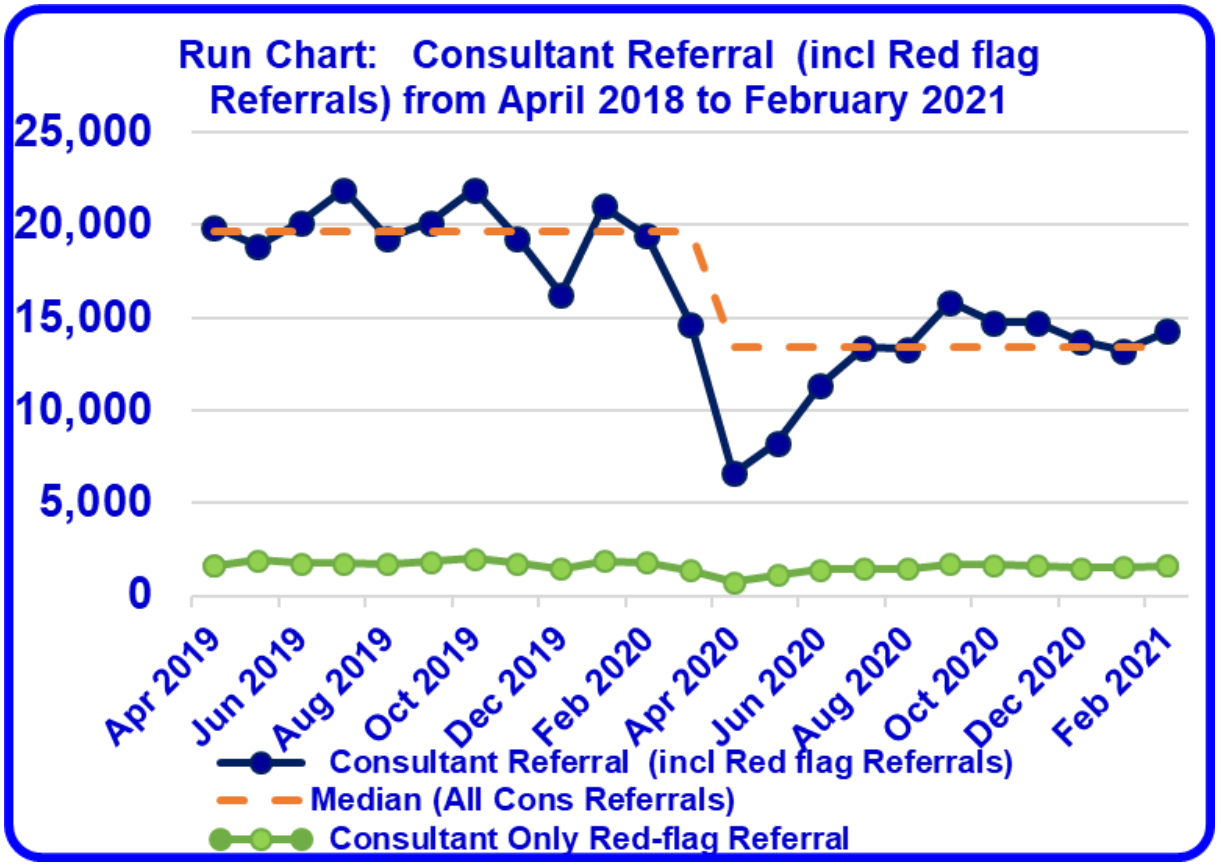




- Total attendances of 8,492 in February 2021 at A&E are 41% below the attendances in February 2020.
- Cumulative attendances April to February 2021 of 118,064 are 32% below the 174,441 cumulative attendances for the same period last year.
- Urgent Care Centre (UCC) opened on the 14th October 2020.

Outpatients

Outpatient Referrals

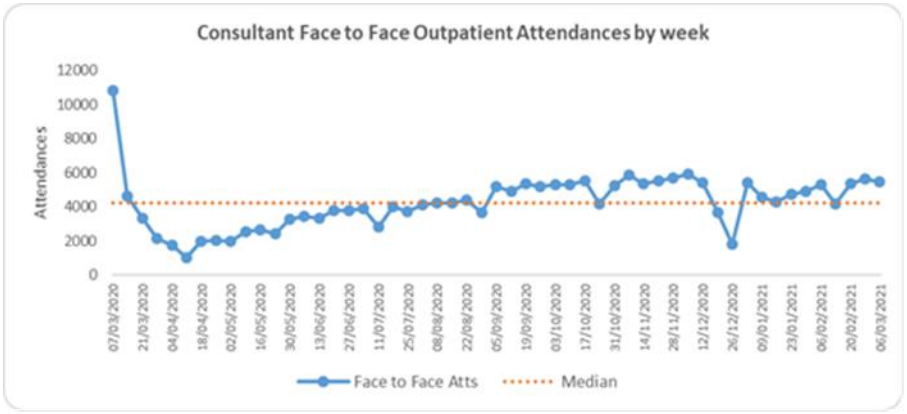


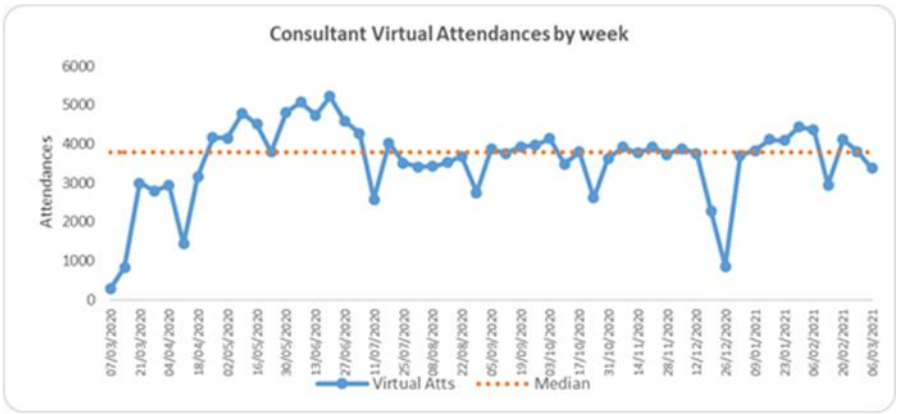
Referral Numbers - By Referral Month (Consultant only)

- Referrals in April 2020 fell by 67% compared to April 2019 (from 19,882 to 6,589).
- Referrals have remained fairly consistent since July 2020 with 14,278 referrals in February 2021.

Outpatients

Outpatient Attendances – 6th March 2021





Analysis since week ending 14th March 2020

Face to face contacts:

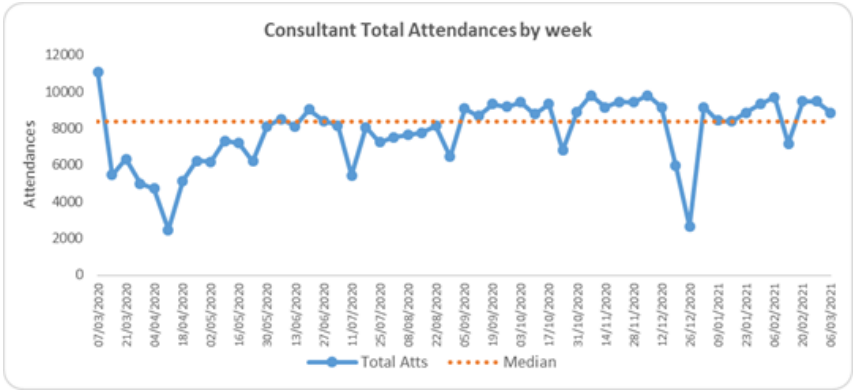
- Dropped sharply to 1,026 week ending 11th April 2020.
- Average is now in the range 5-6,000 per week.. Maximum recorded was 5,901 (prior to the March was 11,644 week ending 22nd February)
- There was an anticipated drop in attendances at Christmas to 1,792 week ending 26th December 2020.

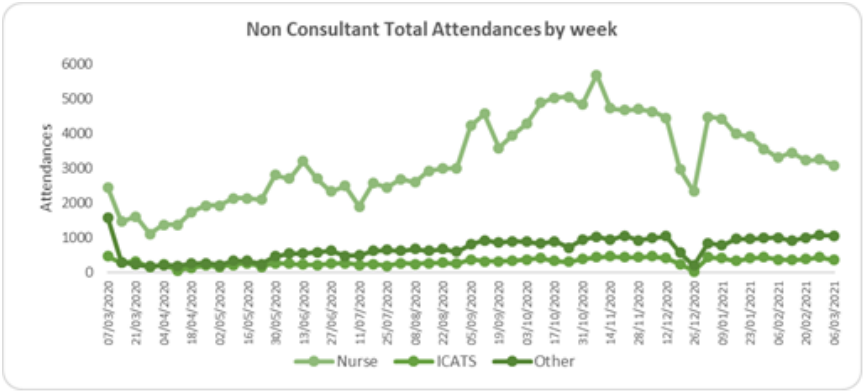
Virtual Contacts (telephone and video contacts):

- Dropped sharply to 1,445 week ending 11th April, improving steadily since mid April, generally above 3,600 each week with three drops to in July (2,574) August (2,751) and October (2,595).
- June 2020 had the maximum weekly attendances at 5,219.
- Average is just over 3,500 (up to 14th March 2020 average was 244).

Outpatients:

Outpatient Attendances – 6th March 2021





Analysis since week ending 14th March 2020

Consultant Total Attendances

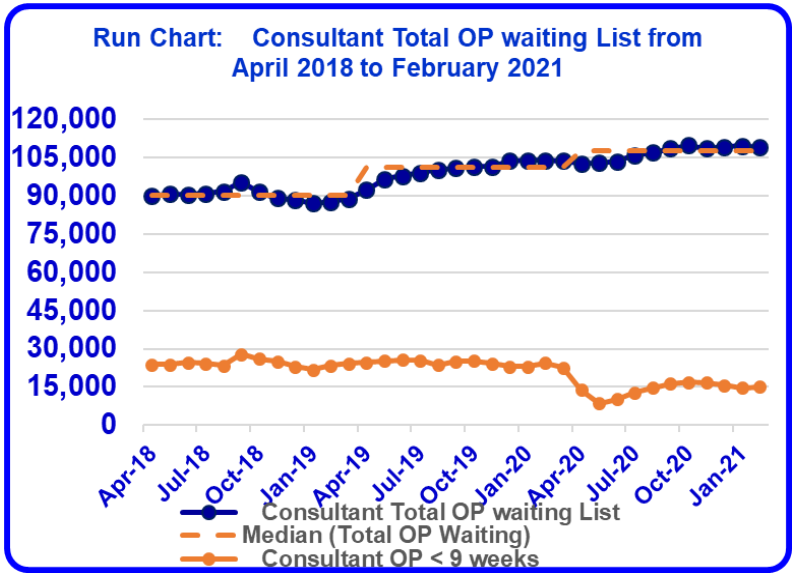
- The lowest activity was 2,471 attendances week ending 11th April 2020.
- Highest weekly attendances were 9,741 week ending 7th November (prior to Covid19 this was 11,941 in February 2020)
- Average attendances are over 8,000, with most weeks now exceeding 9,000 (excl holiday periods).

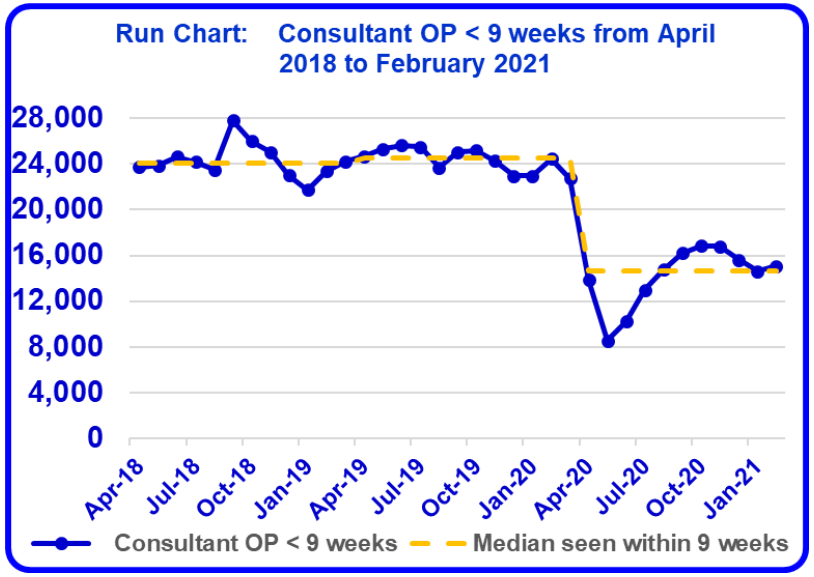
Non-consultant activity (Nurse, ICATS and other activity)

- The lowest activity was 1,443 attendances week ending 11th April 2020.
- Hihest weekly attendances were 7,129 week ending 7th November 2020
- Average attendances are over 4,000, although activity in the February period was below this average.

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

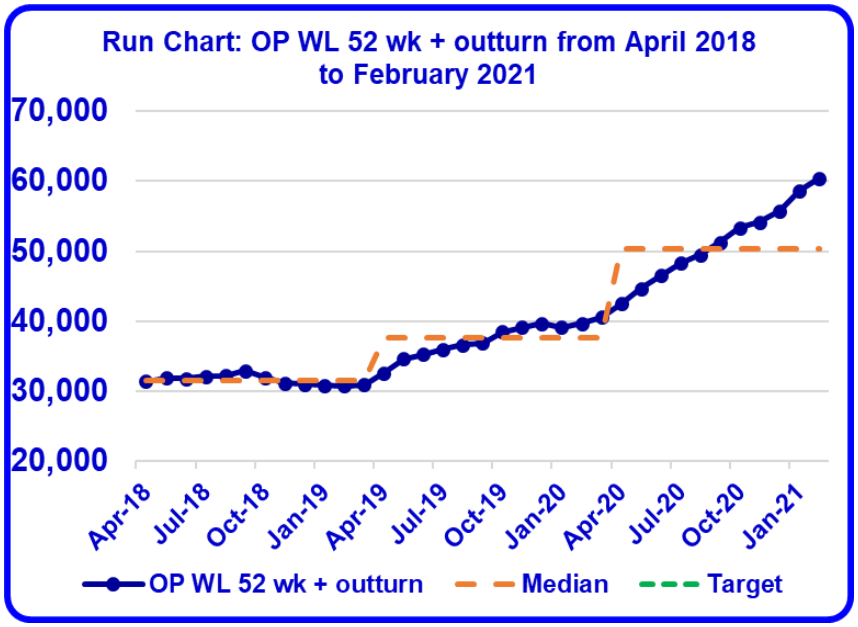


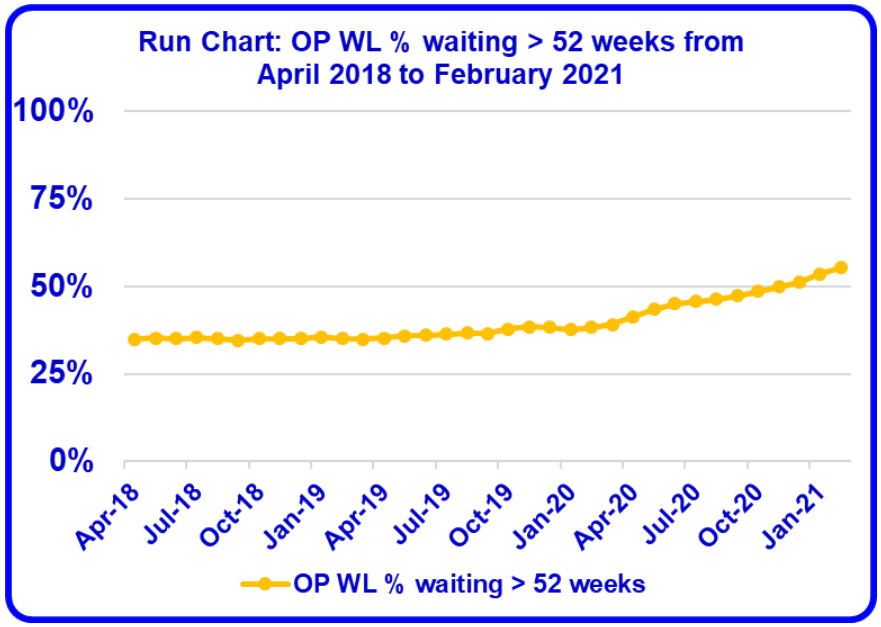


- At the end of February 2021, there were 109,056 patients waiting for an OP appointment, an increase from 103,885 in February 2020.
- 15,090 patients are waiting less than 9 weeks, a decrease of 9,371 (38%) from 24,461 in February 2020.

Outpatients

Outpatient Waiting List - By Month (Consultant)

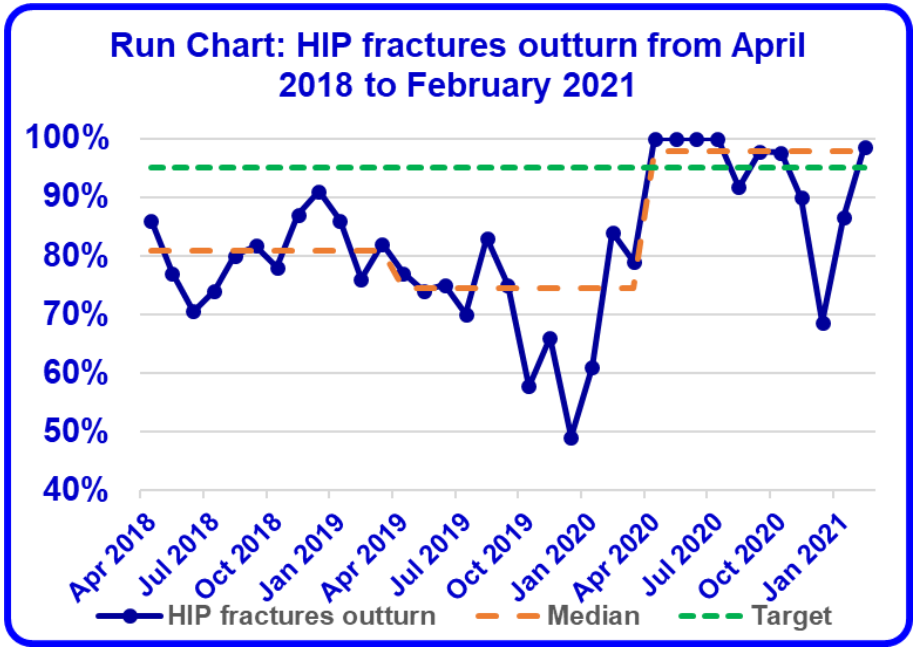


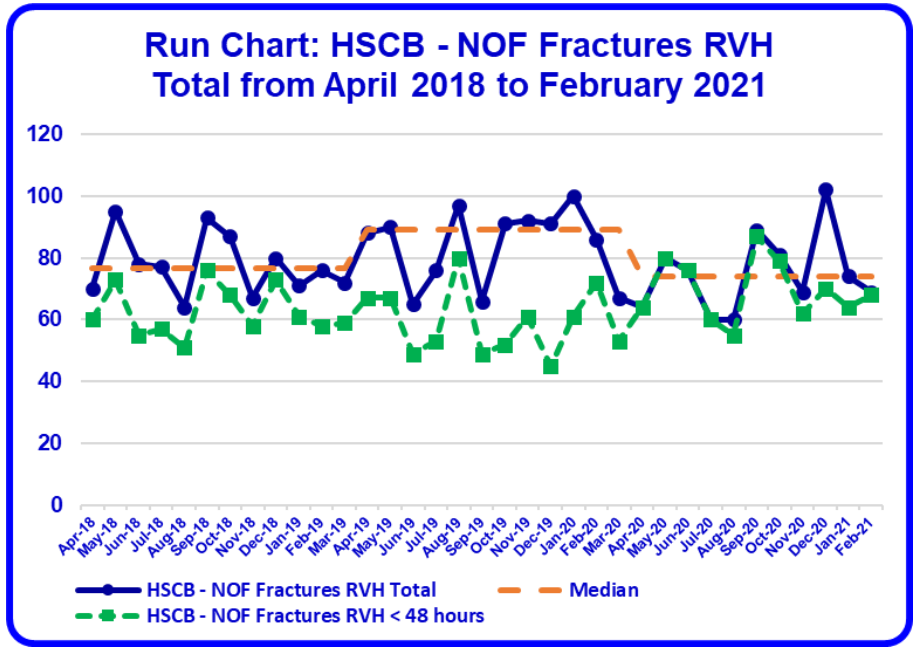


- 60,406 patients are waiting more than 52 weeks in February 2021. This equates to 55% of the 109,056 total Outpatient waiting list.

Hip Fractures

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





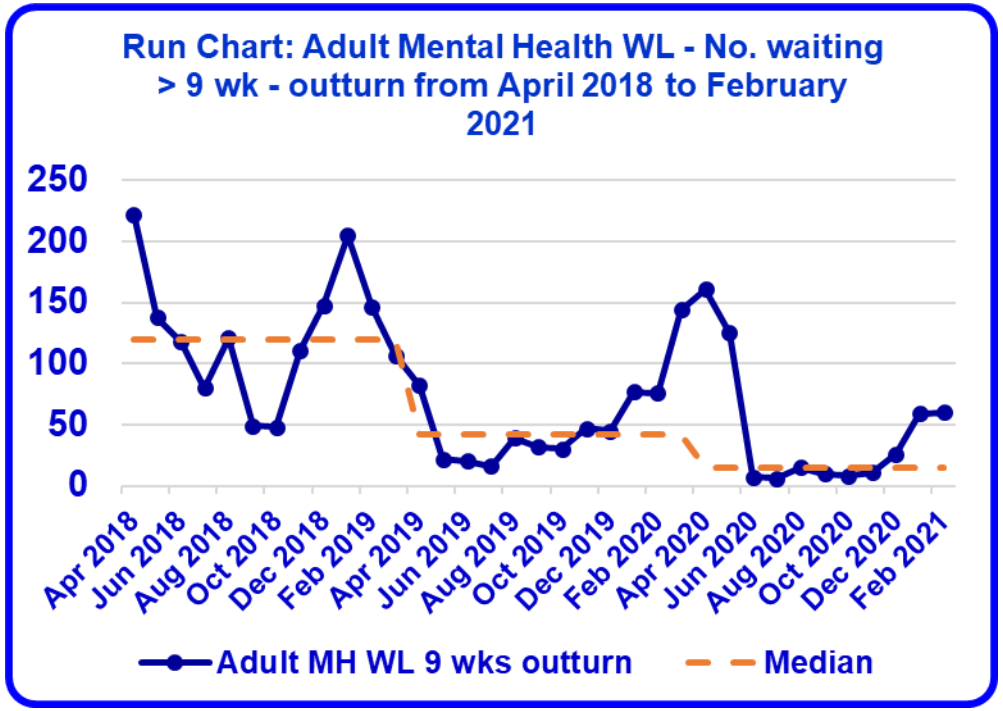
- Performance is 99% in February 2021 and had remained over 90% since April 2020, with the exception of 69% in December 2020 and 86% in January 2021.
- There were 69 NOF fractures presenting at RVH in February 2021, 17 less (-20%) than in the same period last year. Only 1 fracture took longer than 48 hours for treatment.

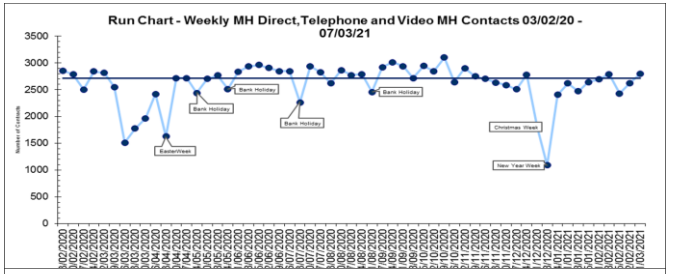
Mental Health

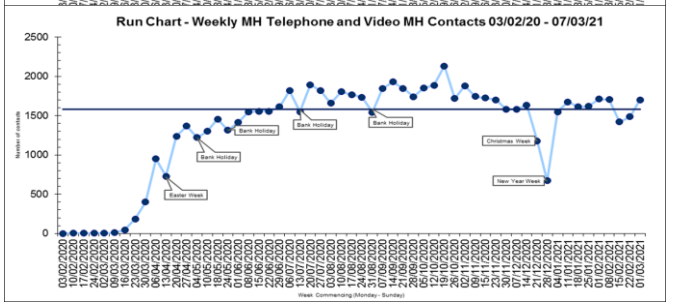
Adult Mental Health

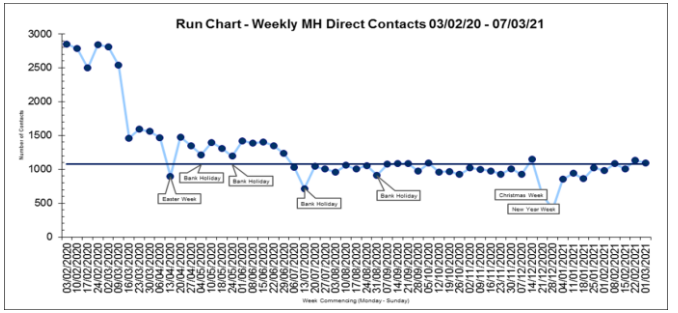
CPD: No patient waits longer than 9 weeks to access adult mental health services

- **Patients waiting > 9 weeks**: Reduction from 161 in Apr 20 - very low number Jun-Nov, rise to 60 from Nov 20 -February 2021.
- **Total patients waiting:** Reduction from 964 in March to 802 in February 2021







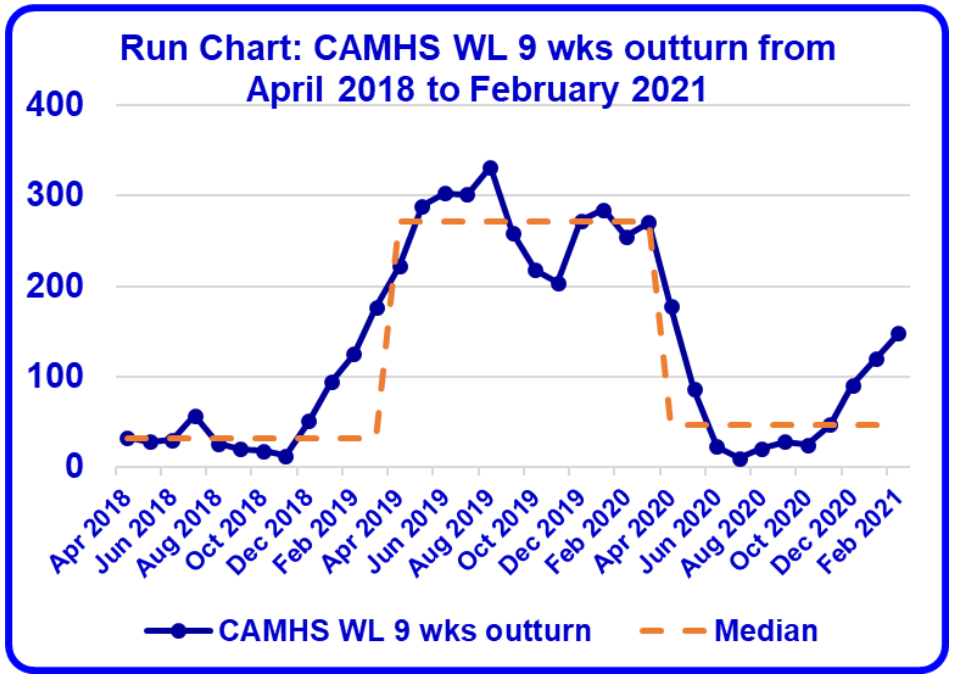


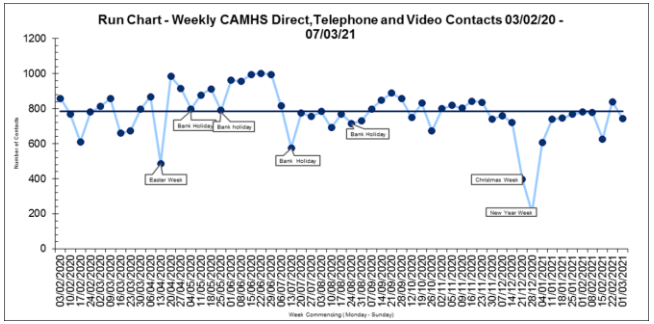
Mental Health

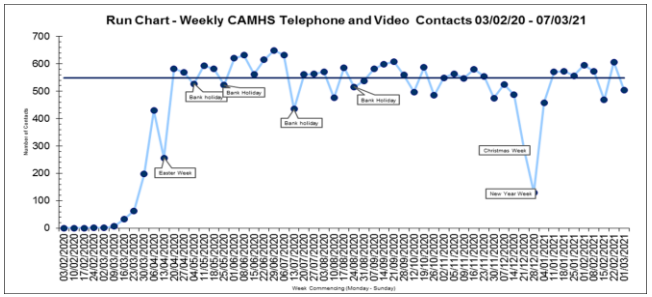
Child and Adolescent Mental Health (CAMHS)

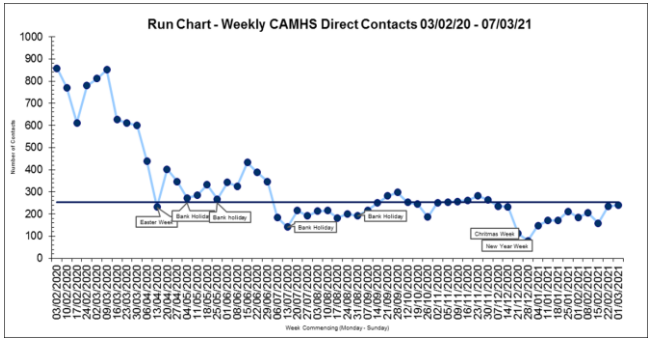
CPD: No patient waits longer than 9 weeks to access adult mental health services

- **Excess waits** : Mar 20 = 271; and Feb 21 = 148
- The waiting list has reduced from 598 in March to 384 at the end of February 2021.
- **CAMHS step 3** showed a major reduction from 237 excess waiters in Mar 20 to 3 in July 20, however, it has increased again to 123 in February 2021.





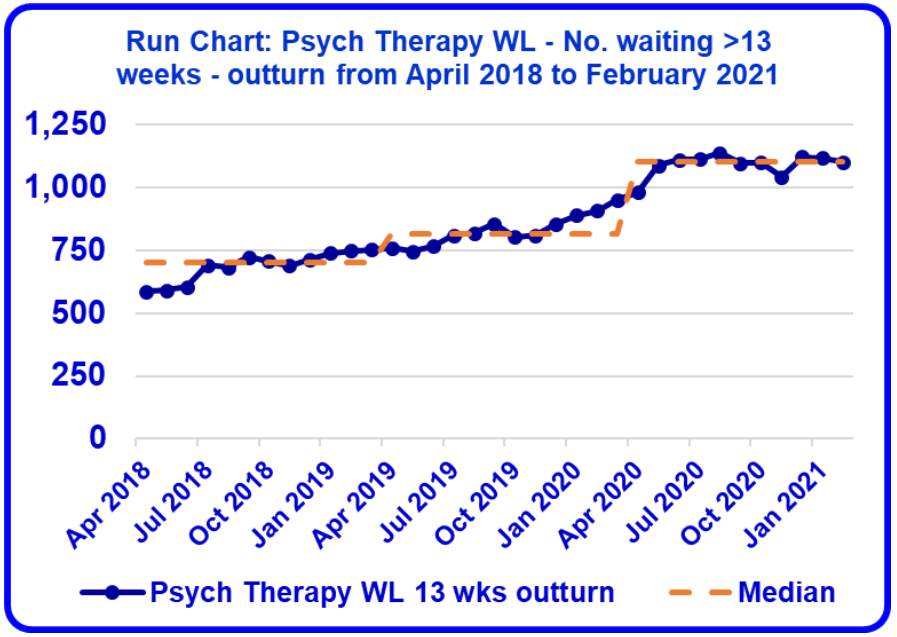


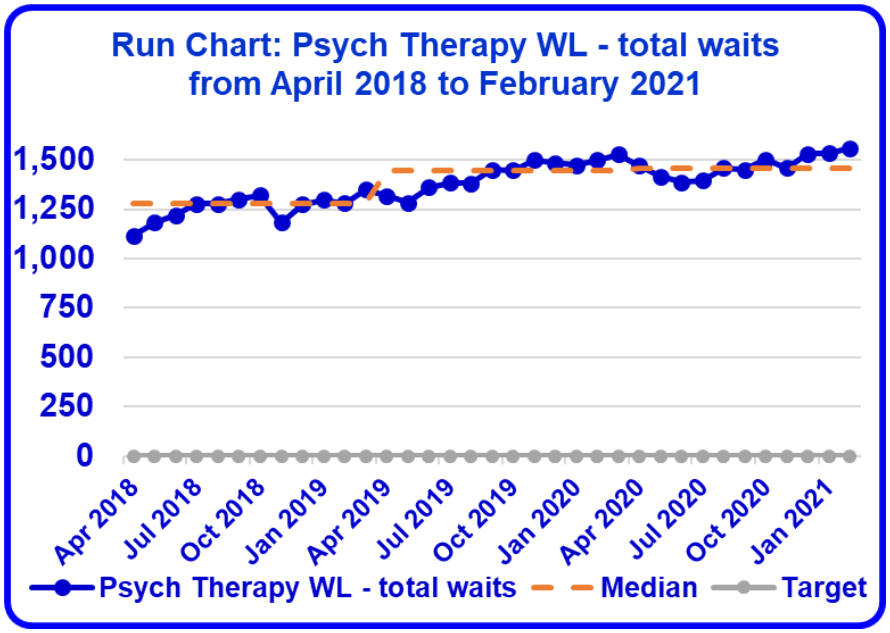


Mental Health

Psychological Therapies

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





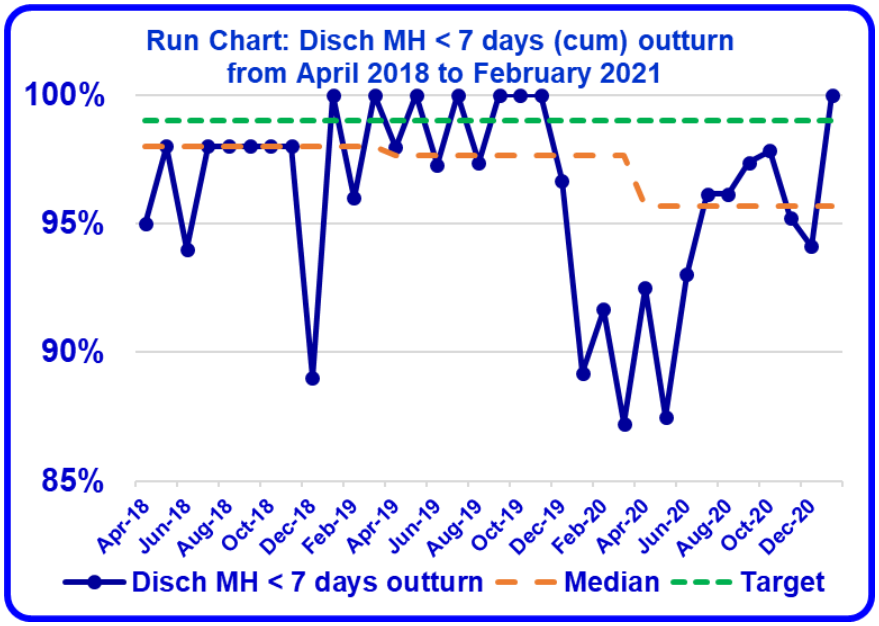
Of the 1,560 patients waiting at the end of February 2021, 1,101 patients were waiting in excess of the 13 week target and 722 patients were waiting for more than 52 weeks for Psychological services, compared to 496 in February 2020.

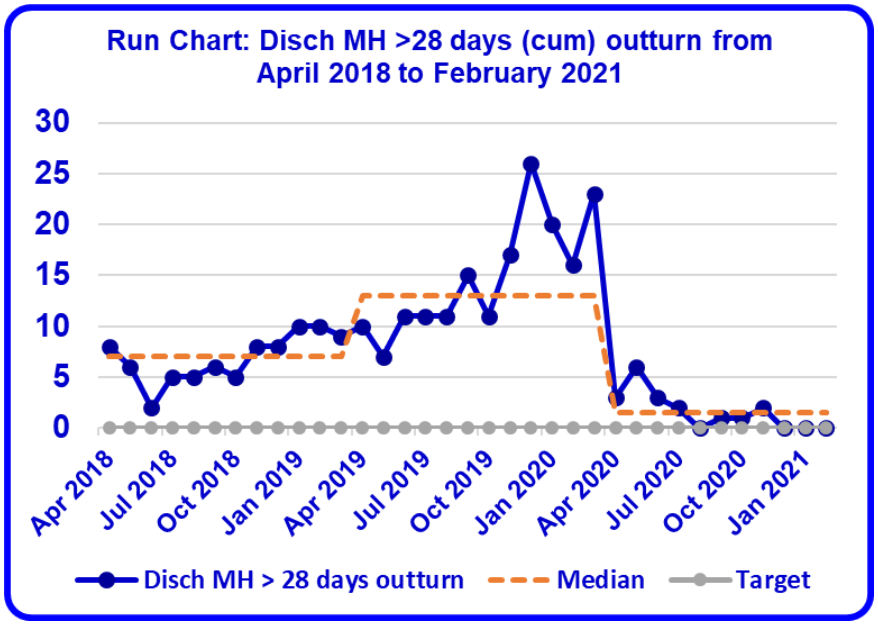
Mental Health

Mental Health discharges

CPD: Ensure that 99% of all mental health discharges take place within seven 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.

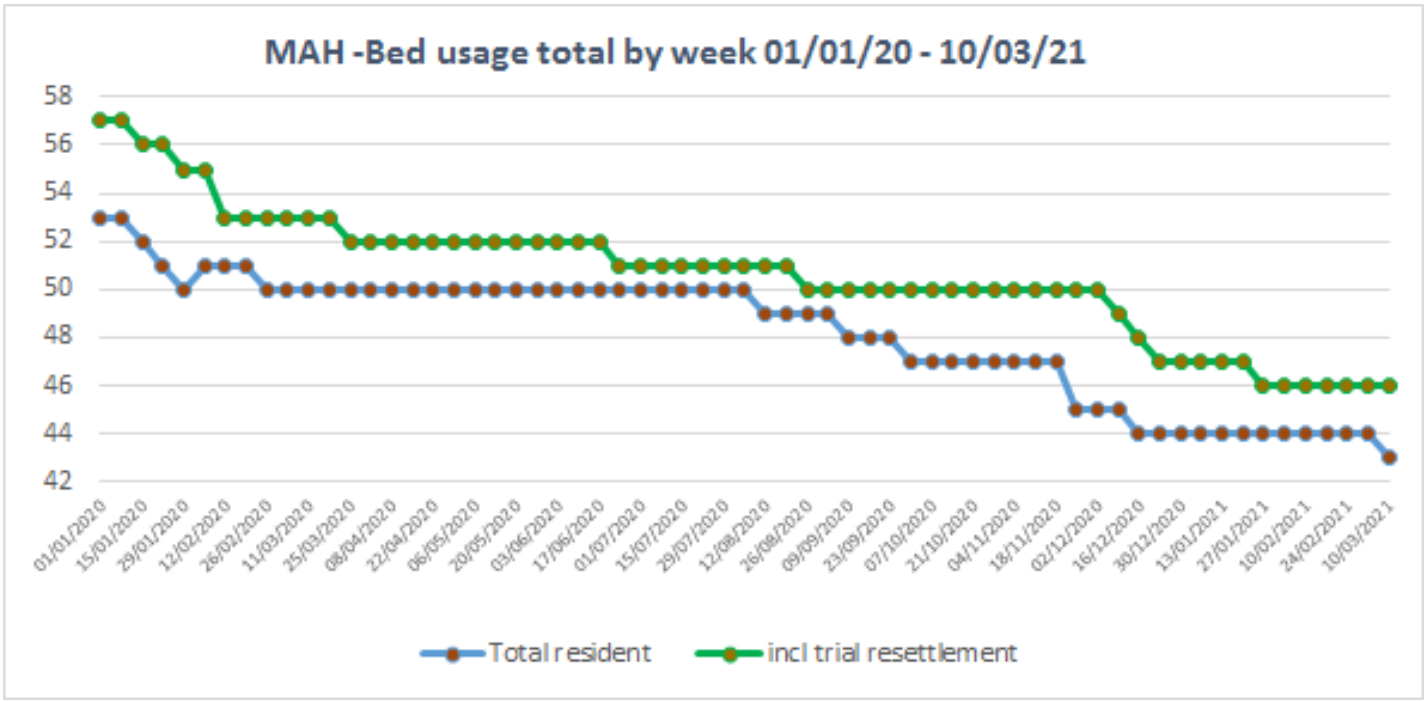




- The percentage of patients discharged within 7 days at February 2021 = 88%, compared to 92% at February 2020.
- At the end of February 2021 there were no patients discharged in more than 28 days compared to 16 for February 2020.

Muckamore Abbey Hospital

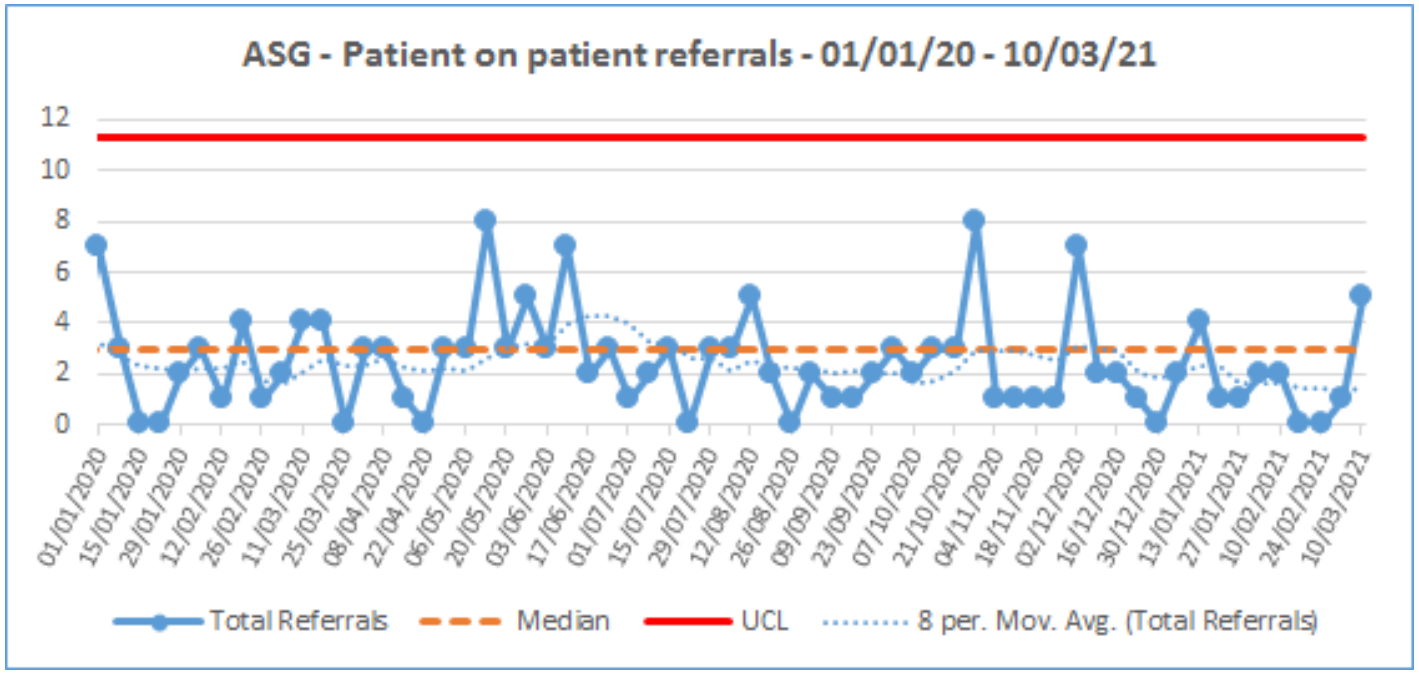
Numbers in residence



The numbers of patients in residence, including those in trial resettlement, had remained unchanged from February up to 11th Nov 2020, and has reduced since, with 46 patients in residence, or in trial resettlement at 10th March .

Muckamore Abbey Hospital

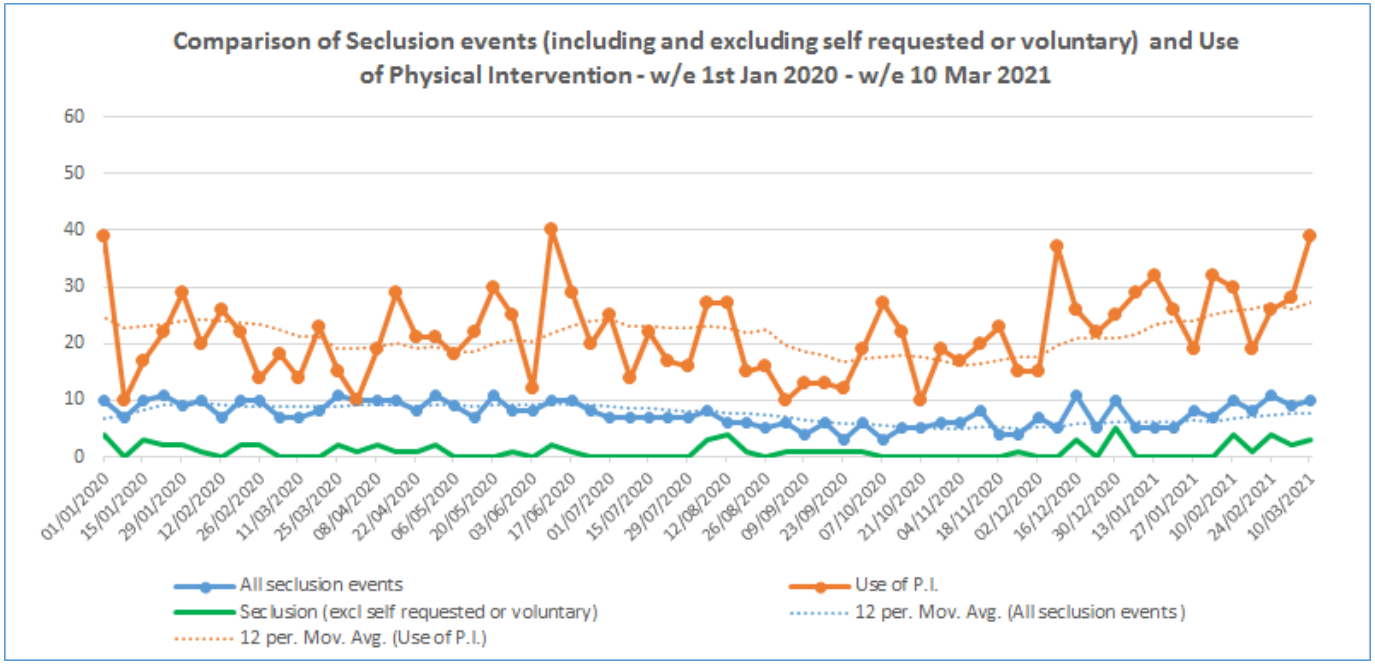
Adult safeguarding – patient on patient referrals



Patient on patient referrals are reported weekly and average 3 per week. Within the MAH Safety report both patient on patient and staff on patient Adult Safeguarding referrals are reported in detail. The graph above shows an increase in several weeks during May and June. Numbers of referrals since the last report, with the exception of week ending 10th March, remain lower than the average.

Muckamore Abbey Hospital

Physical intervention and Seclusion

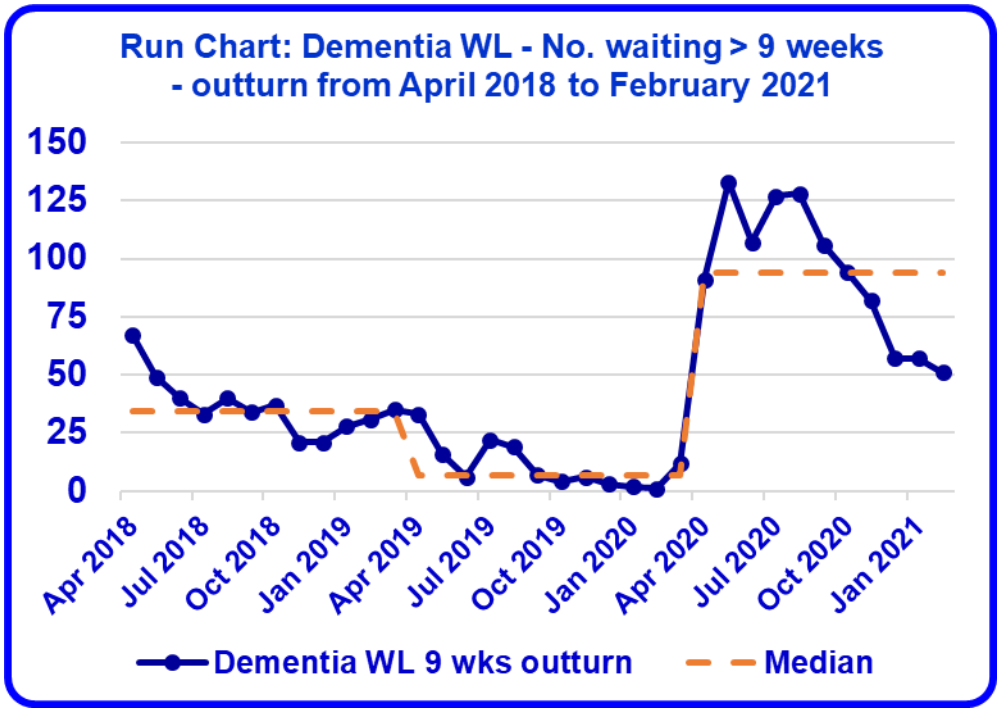


- There has been a sustained reduction in the use of seclusion events over the last 2 years.
- There was a concern on site at a point in time that a reduction in the use of seclusion events may lead to an increase in the need for physical intervention. This has not been demonstrated in the data, although there has been an increase in the 3 month rolling average recently after a reduction during the autumn.

Older People's Services - Dementia

Dementia

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



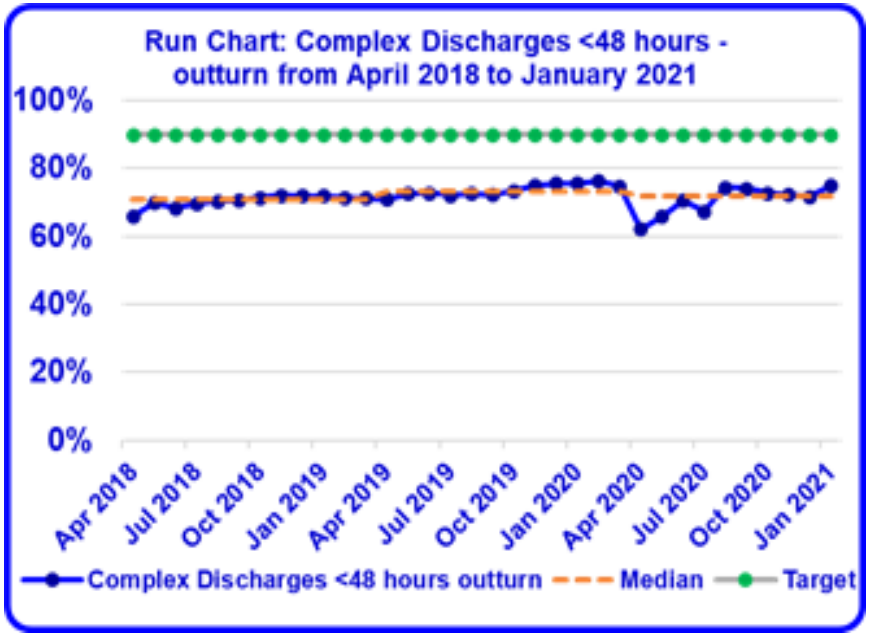
- The waiting list had grown from 169 in March to 434 at the end of July 2020.
- The waiting list has gradually reduced to 227 in February 2021: 3 in MH Community and 224 in Psychiatry of Old Age.
- Patients waiting in excess of 9 weeks has improved from the peak of 128 in August to 51 in February 2021. There are no excess waits in MH Community at February.

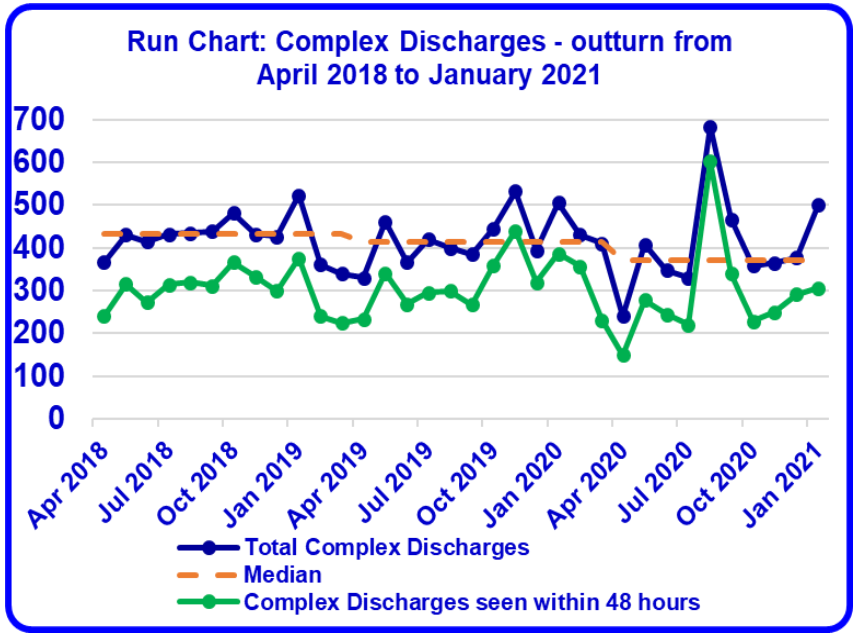
Older People - Complex Discharges

Delayed Discharges

Complex discharges <48 hours

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



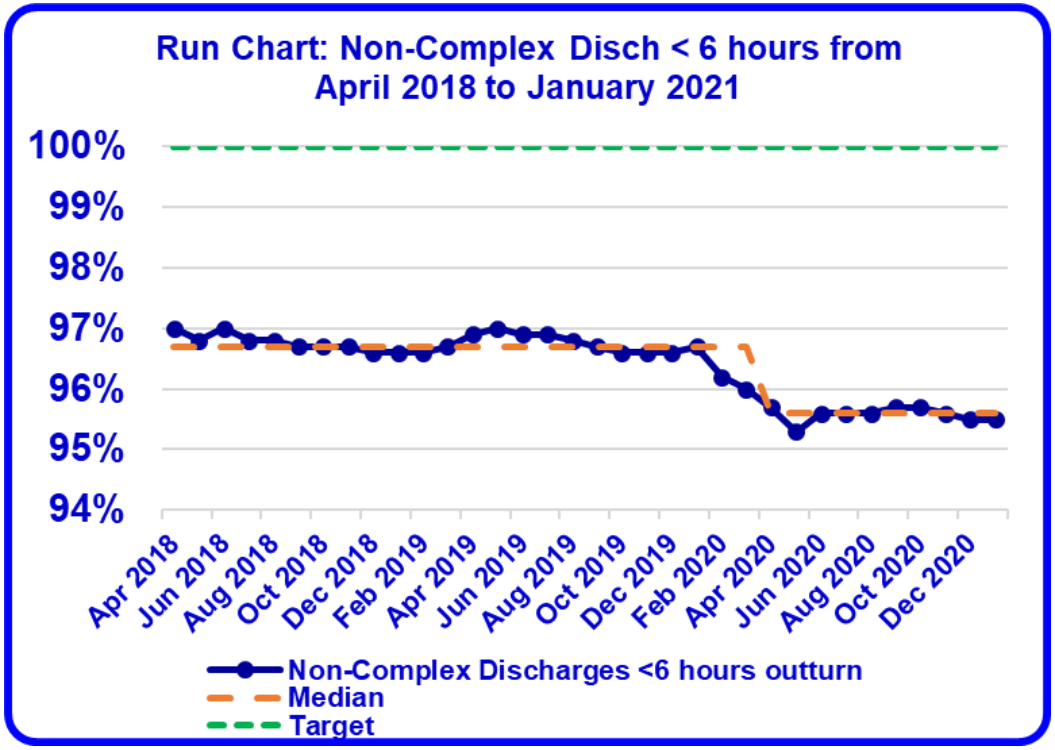


Performance against the target reduced from 75% to 62% between March and April 2020. In January 2021, 75% of complex met the target.

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

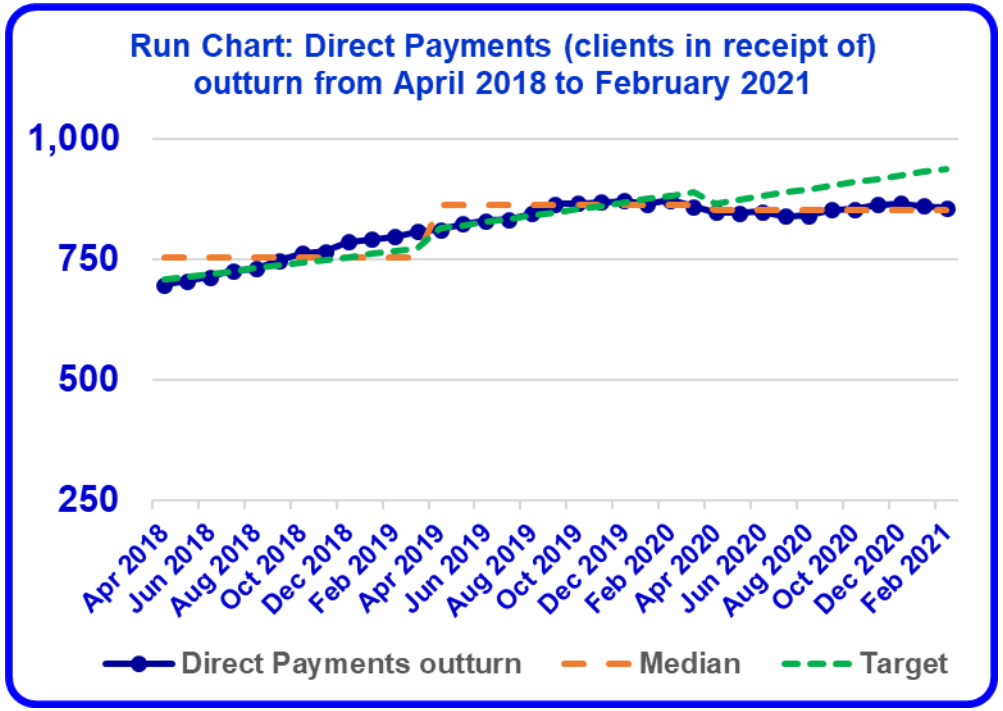


- The performance has consistently been 95% or above since April 2020 and in January 2021, 95.5% of non-complex discharges met the 6 hour target.

Direct Payments

CPD: Secure a 10% increase in the number of direct payments (DPs) to all service users, based on 2019/20 outturn = 946.

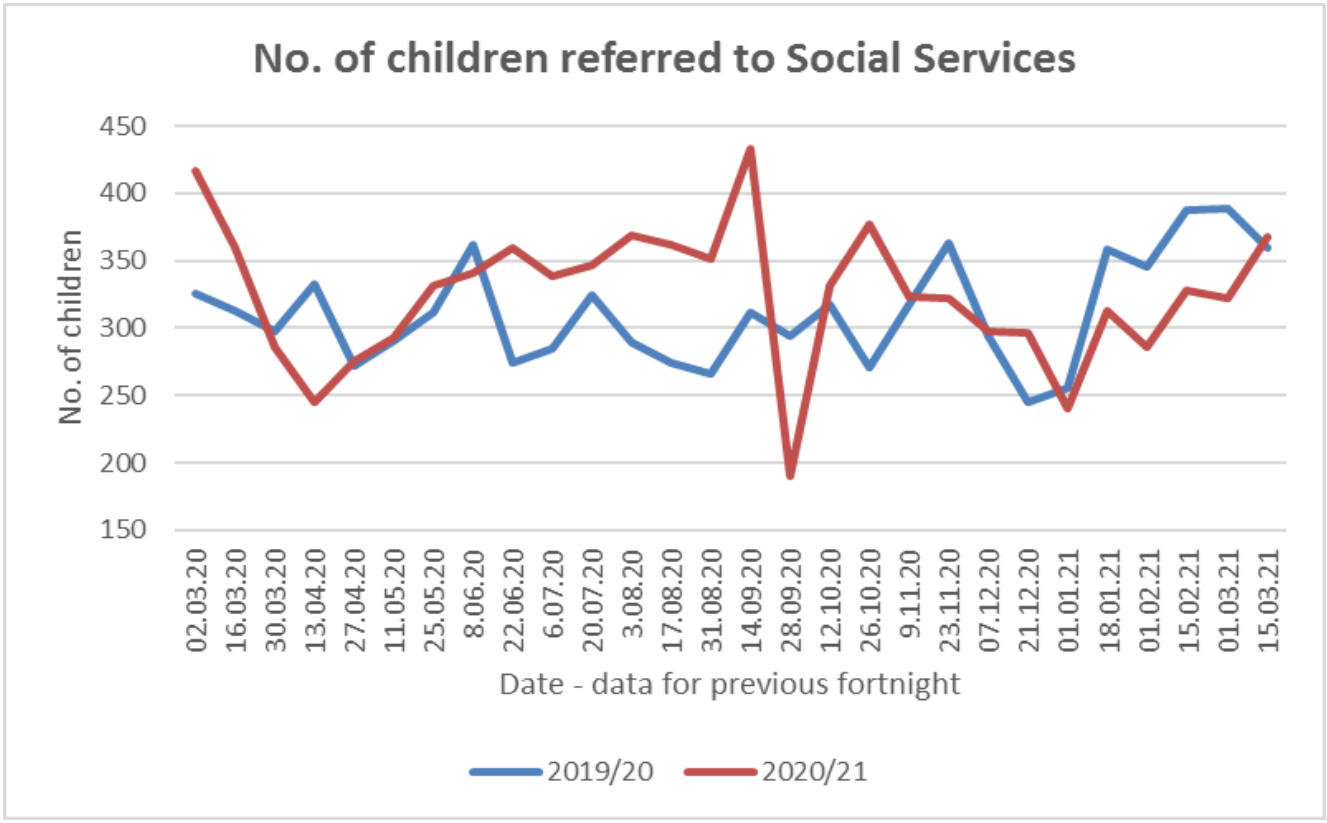
At the end of March 2020 there were 860 clients in receipt of Direct Payments. This fell short of the target for March 2020 of 886. At February 2021 there are 857 DP's compared to 873 in February 2020, 89 below target for March 2021 of 946.



- Although 202 new packages have commenced this year, this has been offset by the cessation of 205 packages.

Children's Community Services

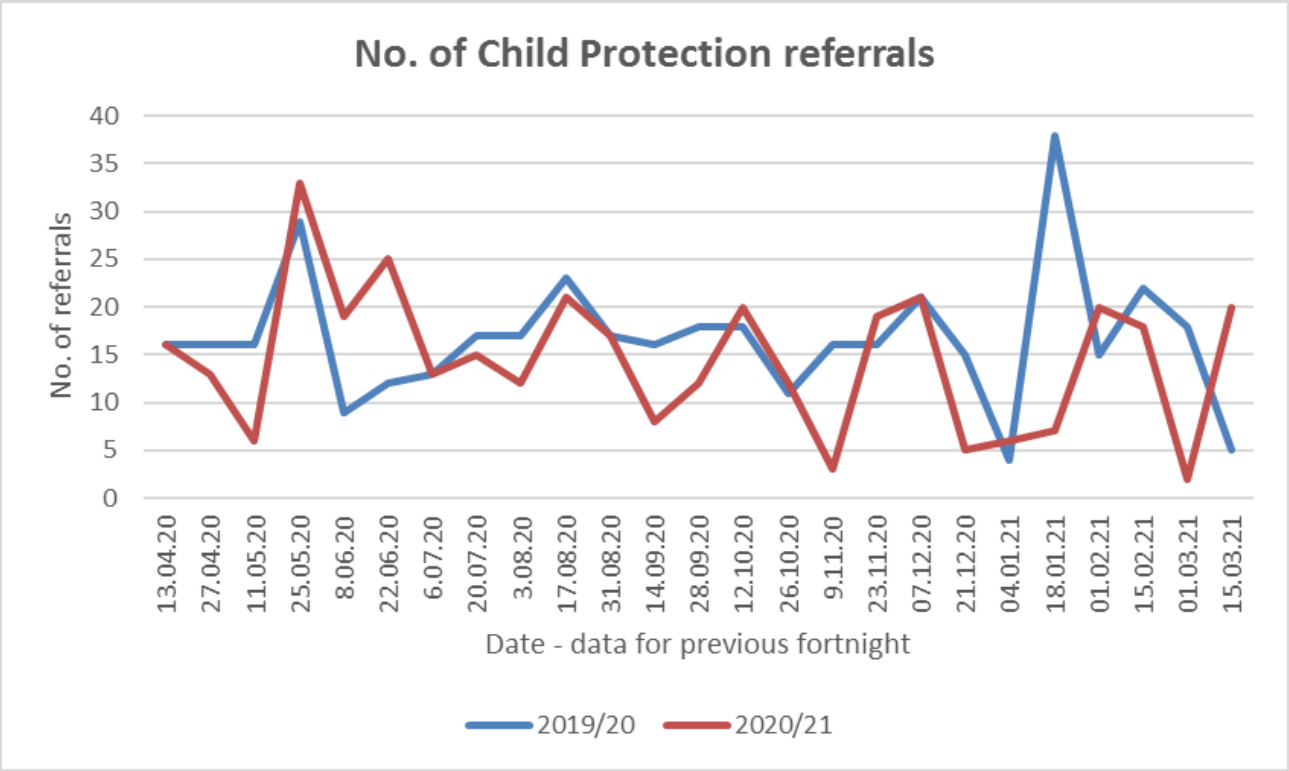
Children referred to social services



The number of children referred to social services was generally higher on average in 2020/21 than in the same period in 2019/20. In 2021 so far the numbers are lower than for the same period last year on average.

Children's Community Services

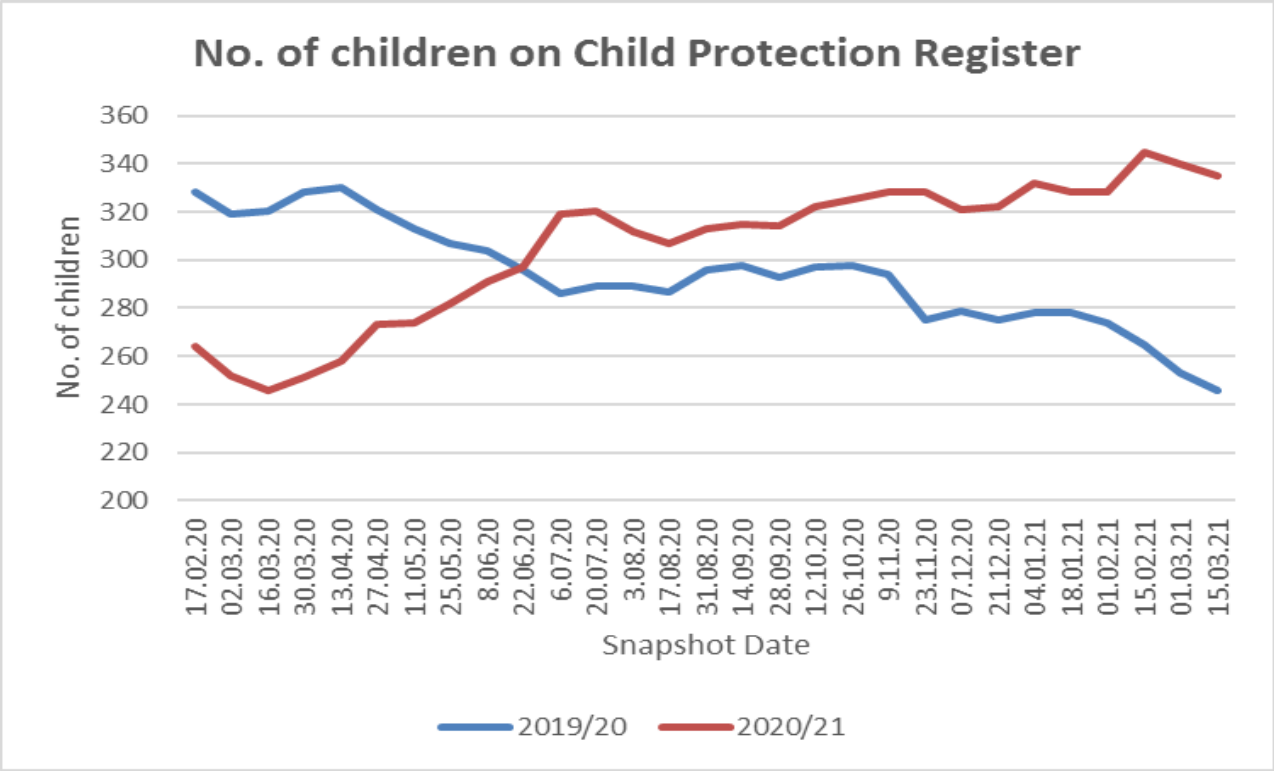
Number of Child Protection referrals



The number of weekly child protection referrals spiked in mid-May, however current levels are on average less than those in Jan-Mar 2020.

Children's Community Services

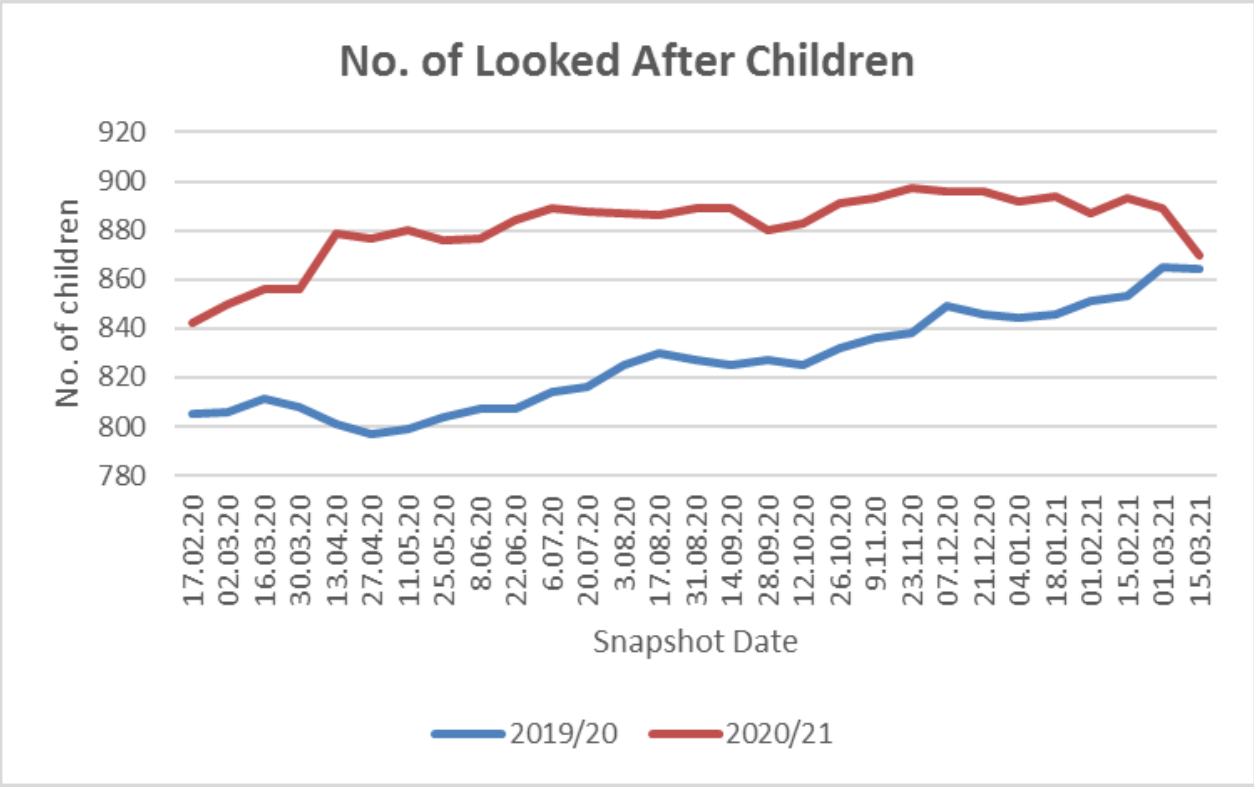
Number of Children on Child Protection register



There are 35% more children on the child protection register compared to the same point last year. This is due to a sustained growth in the last 12 months, when compared to a sustained reduction in the previous 12 months

Children's Community Services

Number of Looked after Children



There had been a steady rise in the number of looked after children in the period March to mid-January, most significant around the beginning of the 1st lockdown. Numbers in recent weeks have seen a slight reduction.

Children's Community Services

School Vaccination Programme

Week No	Week Beginning	Total no. locations visited	Total no. offered per week	Total no. offered per Month	Weekly vaccines given			Total no. given per month	% Weekly Uptake	Overall % per month	OVERALL PROGRAMME Cohort of 39,790	
					No. nasal	No. injections	Total				Cumulative no. completed	% completed
1	05/10/2020	23	3528		2435	27	2462		70%		2462	6%
2	12/10/2020	15	5635		3252	41	3293		58%		5755	14%
3	19/10/2020	9	2798		1464	31	1495		53%		7250	18%
SUB TOTAL	October	47		11961	7151	99		7250		61%		
4	02/11/2020	18	5592		4332	20	4352		78%		11602	29%
5	09/11/2020	20	6098		4537	56	4593		75%		16195	41%
6	16/11/2020	30	5686		4365	13	4378		77%		20573	52%
7	23/11/2020	22	5942		3850	34	3884		65%		24457	61%
SUB TOTAL	November	90		23318				17207		74%		
8	30/11/2020	54	3745		2690	18	2708		72%		27165	68%
9	07/12/2020	47	2994		1946	10	1956		65%		29121	73%
10	14/12/2020	9	471		263	4	267		57%		29413	74%
SUB TOTAL	December	110		7210				4931		68%		
OVERALL TOTAL		247		42489				29143				74%

- A total of 74% of vaccinations have been carried out at week beginning 14th December, compared with 41% at week beginning 9th November.
- **End of March position will be provided in a year end report.**

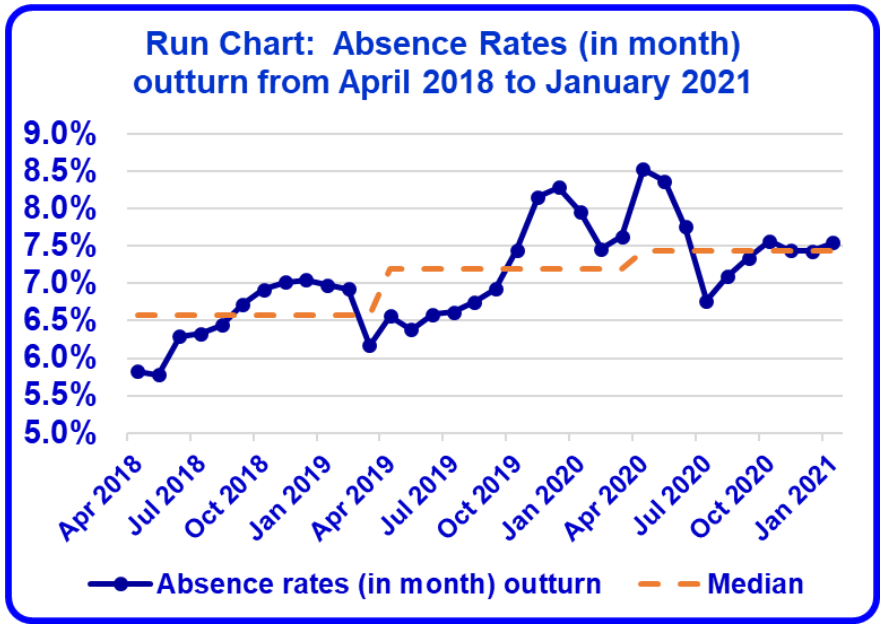
Efficiency

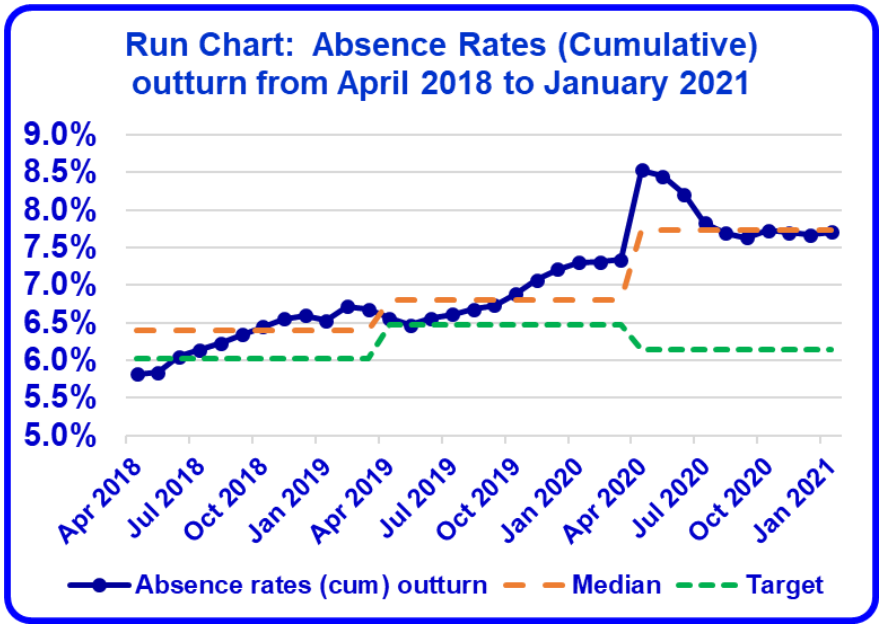
HR Update

Sickness & absenteeism

CPD: To reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure. (No new CPD Target for 20/21)

- **April to January 2020/21, Trust absence = 7.7%**





Absence rates have levelled out over the last 6 months after a sharp increase at April and decline over the summer period.

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	Belfast HSCT Overall	Adult Social & Primary Care	Children's Comm-unity Services	Corporate Communica tions & Chief Executive Combined	Finance	Human Resources	Medical Dir-ectorate	Nursing & User Exp-erience	Perfor-mance, Plan & Info	Specialist Hospital, Women's Health	Surgery & Specialist Service	Acute & Uns-cheduled Care
3.78	3.77	3.8	3.77	4.14	3.78	3.89	3.72	3.68	3.7	3.74	3.78	3.79

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 the end of February 2021, with 52% of all requisitions relating to Nursing and Midwifery posts.

Active requisitions February 2021	Admin & Clerical	Estates	Nursing & Midwifery	Prof & Technical	Social Care	Support Services	Medical	Total
ADULT SOCIAL & PRIMARY CARE DIRECTORATE	14		133	22	100		8	277
CHILDRENS COMMUNITY SERVICES DIRECTORATE	5		22	2	68			97
FINANCE DIRECTORATE	13	9				10		32
HUMAN RESOURCES DIRECTORATE	3							3
MEDICAL DIRECTORATE	9		8					17
NURSING & USER EXPERIENCE DIRECTORATE	3		74		7	11		95
PERFORMANCE, PLAN & INFO DIRECTORATE	35							35
SPECIALIST HOSP, WOMENS HTH DIRECTORATE	23		191	10	14	1	18	257
SURGERY & SPECIALIST SERVICE DIRECTORATE	35		109	88		1	22	255
UNSCHEDULED CARE DIRECTORATE	18		252	148			34	452
Total Requisitions	158	9	789	270	189	23	82	1520
Percentage of requisitions by Job Family	10.4%	0.6%	51.9%	17.8%	12.4%	1.5%	5.4%	100%

HR Update

Statutory Mandatory Training

The table below shows the Trust position of the Core 10 Mandatory Training areas from April 2019 to January 2021.

Overall Trust Performance (April 19-Jan 2021)	30.04.19	30.06.19	30.09.19	30.11.19	31.01.20	30.04.20	31.07.20	30.09.20	31.10.20	30.11.20	31.12.20	31.01.21
Adverse Incident Reporting	33%	41%	43%	46%	48%	42%	46%	45%	43%	44%	44%	44%
Corporate Induction	79%	83%	84%	81%	84%	82%	79%	77%	78%	78%	77%	77%
Data Protection	53%	57%	57%	57%	62%	61%	56%	53%	52%	51%	50%	49%
Equality for All Staff	34%	35%	38%	37%	41%	40%	38%	36%	36%	36%	37%	36%
Fire Safety	46%	48%	49%	52%	52%	47%	36%	32%	29%	26%	31%	27%
Health and Safety	9%	11%	11%	38%	37%	36%	36%	40%	41%	41%	43%	45%
Infection Prevention Control	78%	67%	80%	83%	82%	80%	80%	80%	81%	79%	82%	81%
Manual Handling	28%	29%	28%	30%	26%	24%	20%	27%	30%	28%	35%	34%
Quality 2020 L1	62%	64%	70%	69%	68%	69%	73%	66%	68%	69%	70%	68%
Safeguarding	78%	67%	86%	80%	82%	78%	80%	79%	80%	79%	80%	81%

HR Update

Further Indicators which will form part of QMS reporting include:

WORKFORCE CAPACITY

Report 1: Substantive Workforce
- Staff in Post and Funded staffing levels

Report 2: Full Workforce
- Substantive + Agency + Bank (may be difficult but could try)

Report 3: Vacancy Levels
- As per Recruitment Shared Service (active requisitions)

WORKFORCE COSTS

Report 1: Overall Pay Costs

Report 2: Temporary Workforce Expenditure
- Agency and Bank Spend

Report 3: Sickness Absence
- Overall Trust
- By Division
- By type

WORKFORCE EFFICIENCY

Report 1: Turnover
- Trust (rolling)
- By Division

Report 2: Recruitment
- Time to Fill

Report 3: Engagement

Report 4: Culture/Leadership

WORKFORCE COMPLIANCE

Report 1: Mandatory Training

Report 2: Appraisal
- Medical
- Non-Medical
- By Division

Finance Update – Month 11

Budget projections

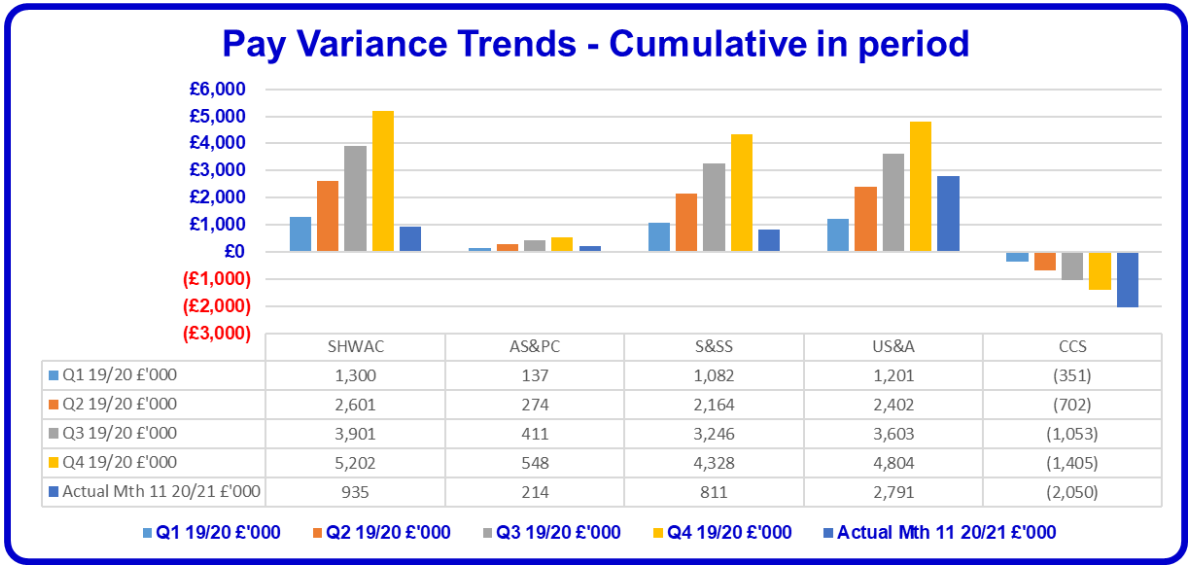
The forecast position has been amended a number of times to reflect the changing position in terms of available COVID funding and the impact of the pandemic on Trust activity. The Trust has submitted an analysis of COVID-19 related spend, along with proportionate business cases where appropriate, and is assuming that all such expenditure will be fully funded by earmarked DOH COVID-19 funding. On the basis of the January financial position and the ongoing challenges presented by COVID-19, the Trust has experienced and will continue to experience a significant reduction in elective activity and in areas such as estates where so much of the work continues to focus on the repurposing and social distancing works, the cost of which is funded separately through DoH COVID-19 monies. The ensuing underspends against estates and other G&S budgets, as well as a reduction in the staff expenditure run rate compared with previous years, are expected to offset the Trust's residual underlying deficit and deliver a break even position.

The COVID-19 spend to month 11 was £108m. This includes £16m on additional workforce, £11m service delivery and £38m on equipment and supply which includes PPE, including a stock adjustment.

Finance Update M11 February 2021

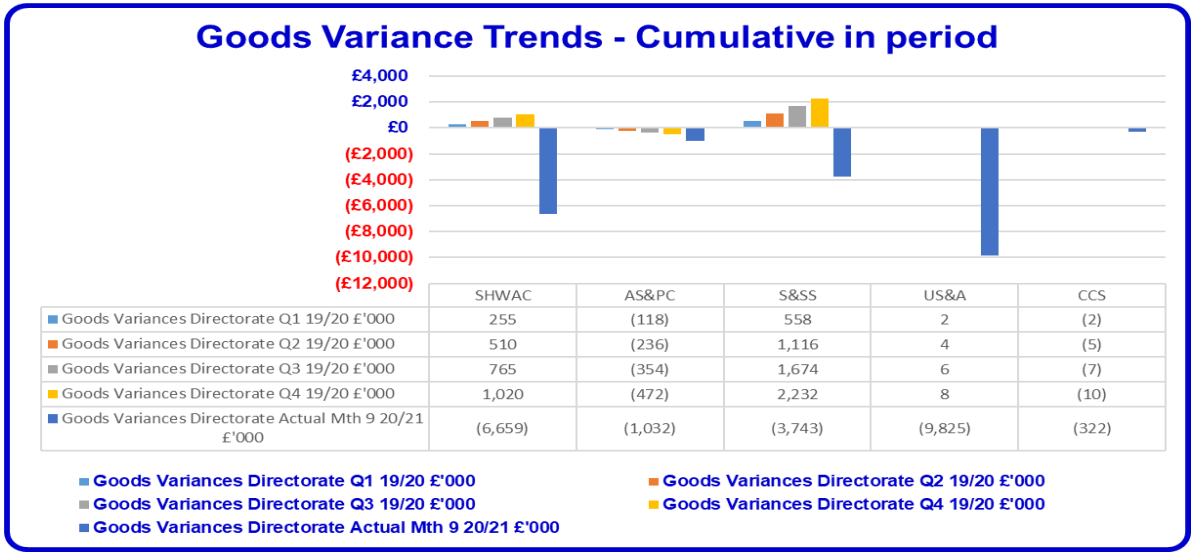
Budget projections

Pay variance



	SHWAC	AS&PC	S&SS	US&A	CCS
Q1 19/20 £'000	1,300	137	1,082	1,201	(351)
Q2 19/20 £'000	2,601	274	2,164	2,402	(702)
Q3 19/20 £'000	3,901	411	3,246	3,603	(1,053)
Q4 19/20 £'000	5,202	548	4,328	4,804	(1,405)
Actual Mth 11 20/21 £'000	935	214	811	2,791	(2,050)

Non-Pay Variance

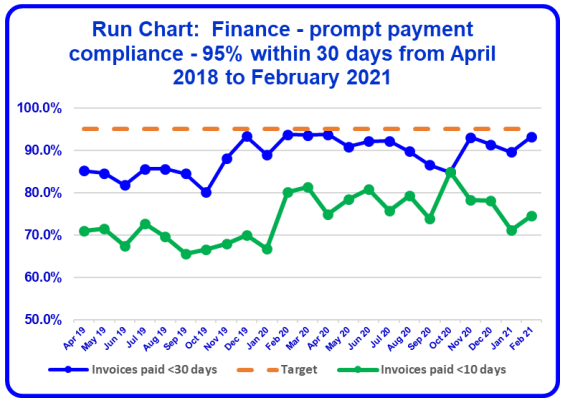


	SHWAC	AS&PC	S&SS	US&A	CCS
Goods Variances Directorate Q1 19/20 £'000	255	(118)	558	2	(2)
Goods Variances Directorate Q2 19/20 £'000	510	(236)	1,116	4	(5)
Goods Variances Directorate Q3 19/20 £'000	765	(354)	1,674	6	(7)
Goods Variances Directorate Q4 19/20 £'000	1,020	(472)	2,232	8	(10)
Goods Variances Directorate Actual Mth 9 20/21 £'000	(6,659)	(1,032)	(3,743)	(9,825)	(322)

Finance Update Month 11 February 2021

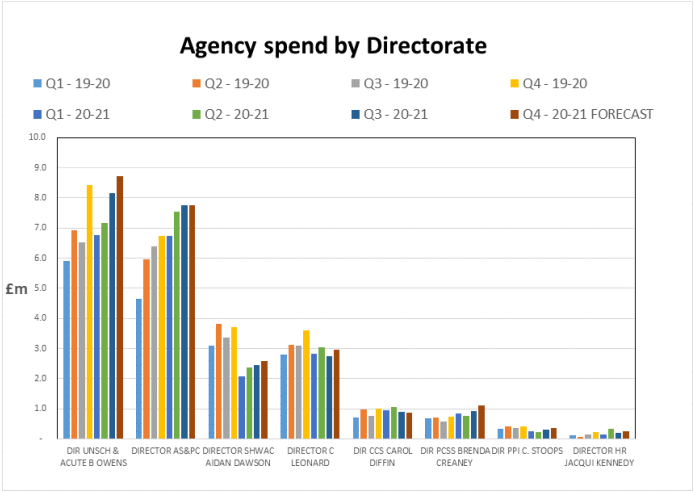
Prompt Payment policy – M11 - February 2021

The Department of Health's target for Prompt Payment of invoices is set at 95% for payment within 30 days. The Trust continues to achieve 90% or above in this financial year, and in the month of February 2021 achieved 90.76%.



Agency Spend

The ongoing pressure in relation to recruitment continues in 2020/21. Agency usage is £6.6m (8.8%) higher that the same period in 2019/20, mainly attributable to nursing agency, which has increased from £34.2m to £40.8m due to increased usage of off contract and price increases. The graph below shows agency costs for quarter 1, 2, 3 and forecast Q4 2020/21 against the four quarters of 2019/20 by directorate. Nurse bank usage has decreased to 20-25% of 2019/20 levels.

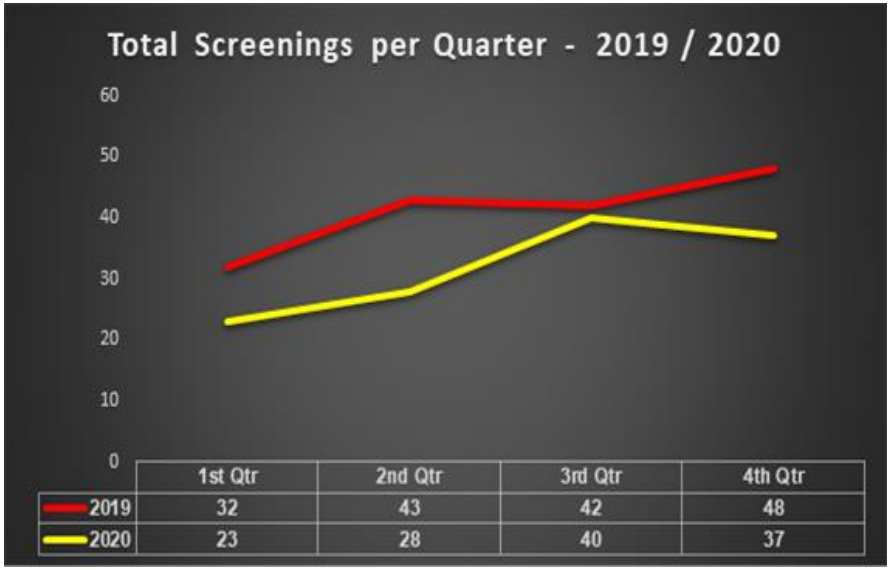


Equity

Work underway to ensure Equity

Trust commitment to equity and equality is unequivocally articulated in our Equality Scheme

- Equality screening activity has been slightly lower in 2020 (128) in comparison to 2019 (165), however has increased over the last 2 quarters.
- BHSCT was commended by the Equality Commission NI and some elected representatives for its proactive and transparent approach in regards to equality screening of Covid Surge and Rebuild Plans and sign off by CE and Directors underpinning strategic commitment.



- Facilitated online mandatory equality training commenced in February 2021 in addition to the e-learning programme to help increase compliance.
- Trusts and the Health Board are working to prioritise patients for surgery to ensure that those with the highest need get treated first. This may mean that patients will be offered surgery in a different hospital or in an independent sector provider. BHSCT are also seeking additional surgical capacity in GB & RoI hospitals where possible.

Appendix 1: Summary of BHSCT Surge 3 Plan

Services	Update
Emergency Department	The RVH Emergency department service remains open to treat all urgent and emergency complaints. Access to the ED is via the Urgent Care Centre where patient needs will be assessed and managed. The Mater Hospital is currently only open to ambulances and GP-referred patients as part of BHSCT Covid-19 arrangements.
Cancer care	Chemotherapy, radiotherapy and haematology outpatients, assessments and ambulatory care continues. Where possible virtual appointments will be offered. Face-to-face will continue for those who require it. The live donor kidney transplant programme has been temporarily paused. We continue to perform deceased donor kidney transplants for 'highly-sensitised' patients for whom it is extremely difficult to find a suitable match.
Red flag & urgent Outpatients	Red flag and time-critical Outpatient services will continue to be undertaken with maximum use of telephone and virtual service where possible. Face-to-face appointments only where essential. For example, glaucoma and macular services require face to face delivery and this will continue. GUM and Family Planning urgent services continue.
Endoscopy	Limited colonoscopy, endoscopy and cystoscopy services remain in place for red flag patients.

Surgery	Emergency surgery continues. Elective surgery within BHSCT has ceased. Urgent cancer surgery Is also currently suspended (from 7 January 2021). Trusts and the Health Board are working to prioritise patients for surgery to ensure that those with the highest need get treated first. When surgery is confirmed, and this may be in a different hospital or in an independent sector provider, there will be specific requirements for you to follow in preparation for surgery. BHSCT are also seeking additional surgical capacity in GB & RoI hospitals where possible.
Discharge from Hospital	In order to ensure that hospital beds are available for anyone who requires a hospital admission, we will be asking patients who are unable to return home when their hospital care is complete, to move into a temporary care home placement.
Renal Dialysis	Renal dialysis services continue in line with patient need.
Regional Fertility Centre	Treatment for Regional Fertility Centre patients who have already started their injections (IVF or ICSI cycles) or tablets (Frozen Embryo Transfer cycles) will continue as planned. However all other RFC patient appointments are paused until further notice.
Dental services	Red flag, urgent and emergency hospital and community dentistry continues.
Mental Health services	All inpatient services remain operational. Additional step-down facilities will continue to support individuals leaving the Inpatient Centre. The Home Treatment House continues to provide an appropriate alternative to hospital admission. Substitute prescribing will continue to embed new substitute medication preparations as these become available.

Community care teams	Community staff are working hard to maintain services to those most at risk and most vulnerable. Those who are most at risk will be identified and prioritised. These services include community health nursing, community social work, rehabilitation services and domiciliary care.
Domiciliary care	Domiciliary care services remain under considerable pressure which has been exacerbated by the increased focus on timely discharge from hospitals. We can expect delays on the availability of calls and the length of time of available calls. Some tasks may not be supported such as shopping, laundry and cleaning where families are able to assist or where alternative arrangements can be put in place. At all times, individual needs will be considered and those most at risk prioritised for access to services.
Day care services	The Trust will continue to prioritise day care services for those most at risk within the constraints of government regulations around social distancing.
Psychological services	Outpatient work continues using a mix of virtual and phone therapeutic delivery with face-to-face determined by risk assessment. Inpatient services continue to be delivered as normal with increased focus on supporting wards with Covid patients.
Learning Disability services	All day centres have reopened. Attendance numbers are reduced due to application of current government guidelines and protecting the health and wellbeing of complex and vulnerable service users and staff. As we were unable to operate the Community Day Services in the Chichester Library and the Whiterock Community Centre, new premises were sourced in conjunction with voluntary sector partners and Community Day Services (CDS) opened in a new location at the Pod @Cityside.
Children's Community services	Children's community services continue to be provided, with virtual contact mainly and face to face where essential. Health Visiting will continue to offer new baby visits, pre-school immunisations and targeted visits based on assessed need and level of risk. The school vaccination programme has been suspended for a six week period. All contact between children in care and their families will be virtual except in exceptional circumstances.
Screening	Breast, abdominal aortic aneurism (AAA) and diabetic eye screening programme (DESP) continue for high risk patients
Allied Health Professional Services	Urgent assessment and treatments will continue across Physiotherapy, Occupational Therapy, Speech & Language Therapy, Dietetics and Podiatry in-patient and outpatient services. AHP Services for vulnerable children within Special Schools will continue.
Phlebotomy Centre	During Covid, to enable patients to have their bloods taken in advance of virtual outpatient appointments, a Phlebotomy Centre is in place in Musgrave Park Hospital grounds. Please ensure you attend for this important appointment. Alternative arrangements can be made by contacting the helpline number provided on your appointment letter.

Appendix 2: Phase 4 Rebuild Plan – to February 2021

Rebuilding HSC Services - Monitoring Plan (July - March 2021)					
Trust: Belfast	**Update @ 28th February 2021**				
		CUMULATIVE ACTIVITY - FEBRUARY			
Target Area		**Cumulative Activity for period from 1st February up to 28th February**	**Trust Planned Activity from 1st February up to 28th February**	**Variance Against Planned 1st February up to 28th February**	**% of February Activity Delivered**
OUTPATIENTS					
New	Face to Face	5838	4,275	1,563	137%
	Virtual	3774	2,833	941	133%
	Total	**9612**	**7,109**	**2,503**	**135%**
Review	Face to Face	14169	10,820	3,349	131%
	Virtual	13577	13,259	318	102%
	Total	**27746**	**24,079**	**3,667**	**115%**
	Total Face to Face	**20,007**	**15,096**	**4,911**	
	Total Virtual	**17,351**	**16,092**	**1,259**	
	Total combined	**37,358**	**31,188**	**6,170**	
Inpatients and Daycases					
Total theatre Cases	Elective	94	269	-175	35%
	Daycases	558	384	174	145%
Endoscopy (4 scopes)		903	676	227	134%
CANCER SERVICES					
14 day Breast	% performance planned	100%	100%		
31 day	% performance planned	90%	89%		
62 day	% performance planned	39%	40%		
DIAGNOSTICS					
MRI	MRI	3,634	2,695	939	135%
CT	CT	4,880	4,216	664	116%
NOUS		3,535	2,871	664	123%
ECHO		1,454	1,320	134	110%

Appendix 2: Phase 4 Rebuild Plan – to February 2021

ALLIED HEALTH PROFESSIONALS	Elective /Scheduled Contacts				
Physiotherapy	New	1,881	1,435	446	131%
	Review	5,516	4,952	564	111%
Occupational Therapy	New	450	248	202	181%
	Review	2,907	1,724	1,183	169%
Dietetics	New	150	150	0	100%
	Review	976	1,000	-24	98%
Orthoptics	New	142	104	38	136%
	Review	397	61	336	649%
Speech&Language Therapy	New	283	307	-24	92%
	Review	1,515	1,092	423	139%
Podiatry	New	240	132	108	182%
	Review	2,969	3,017	-48	98%
MENTAL HEALTH	**Contacts**				
Adult Mental Health (Non Inpatient)	New	672	414	258	162%
	Review	8,065	8,365	-300	96%
CAMHS	New	183	233	-50	79%
	Review	2,971	3,076	-105	97%
Psychological Therapies	New	427	167	260	256%
	Review	2,066	1,524	542	136%
Dementia	New	95	73	22	130%
	Review	616	602	14	102%
Autism Childrens	New Diagnostic	10	0	10	#DIV/0!
	New Intervention	33	26	7	125%
Autism Adults	New Diagnostic	1	2	-1	42%
	New Intervention	3	2	1	125%

Appendix 2: Phase 4 Rebuild Plan – to February 2021

DAY CARE AND DAY OPPORTUNITIES					
Day Care	ELD & PSD- Attendances	2,280	263	2,017	867%
Day Care	LD - Attendances	2,378	2,747	-369	87%
ADULT SOCIAL CARE					
Domiciliary Care	Hours Delivered (Stat)	32,207	33,701	-1,494	96%
	Hours Delivered (Ind)	146,603	149,640	-3,037	98%
Adult Short Breaks	Hours of Short Break	Quarterly Only			
COMMUNITY NURSING					
District Nursing	Contacts	16,772	13,600	3,172	123%
Health Visiting	Contacts	5,448	5,000	448	109%
COMMUNITY PAEDIATRICS	New	164	127	37	129%
	Review	1,990	1,721	269	116%
	Total	**2,154**	**1,848**	**306**	**117%**
COMMUNITY DENTAL	New	15	38	-23	39%
	Review	139	156	-17	89%
	Total	**154**	**194**	**-40**	**79%**
MHLD ADMISSIONS					
Mental Health	Admissions	46	43	3	107%
CHILDRENS SOCIAL CARE					
Child Protection Referrals	Referrals	29	35	-6	83%
CPR Visits	Visits	954	853	101	112%
Looked After Children Visits	Visits	1,198	1,272	-74	94%

Appendix 3: Performance against Business Plan Objectives / Targets

Trust Performance against CPD Targets as at 28th February 2021

Key		TOTALS					
RAG (Red, Amber, Green) rating		**RAG**					**CPD**
Target / tolerance not met **RED**							22
Within target / tolerance (10%) **AMBER**							5
Target met **GREEN**							4
	Other : resettlement, funded activity						4
Total							35

Appendix 3: Performance against Business Plan Objectives / Targets

TRUST PERFORMANCE REPORT RAG SUMMARY		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 triage	🟢
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 triage < 2 hours	🟡
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 < 62 days	🔴
12.0	Outpatients waiting > 9 weeks for first Appt	🔴
13.0	Outpatients waiting > 52 weeks for first Appt	🔴
14.0	Diagnostic test. Waiting > 9 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 > 9 weeks.	🔴
19.0	Adult MH waiting > 9 weeks.	🔴
20.0	Dementia waiting > 9 weeks.	🔴
21.0	Psych Therapies waiting > 13 weeks.	🔴
22.0	Direct payments (SDS) 10% increase	🔴
23.0	AHP's waiting > 13 weeks	🔴
24.0	LD discharges < 7 days	**Resettlement Plan**
25.0	LD discharges < 28 days	
26.0	MH discharges < 7 days	🔴
27.0	MH discharges < 28 days	🟢
28.0	Carers Assessments	🔴
29.0	Complex Discharge < 48 hours.	🔴
30.0	Complex Discharge > 7 days	🔴
31.0	Non-Complex Discharge < 6 hours	🟡
32.0	Funded activity - IPDC CPD	**n/a**
32.0	Funded activity - OP CPD	**n/a**
32.1	Endoscopy waiting > 9 weeks	🔴
33.0	Absence - Cumulative (one month behind)	🟡