Right Care, Right Time, Right Place

Quality Management System (QMS) Report March/April 2022

Trust Board

Thursday – 5th May 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 8 Delivery Plan –January-March 2022

Appendix 2: CPD Performance Overview - February/March 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.

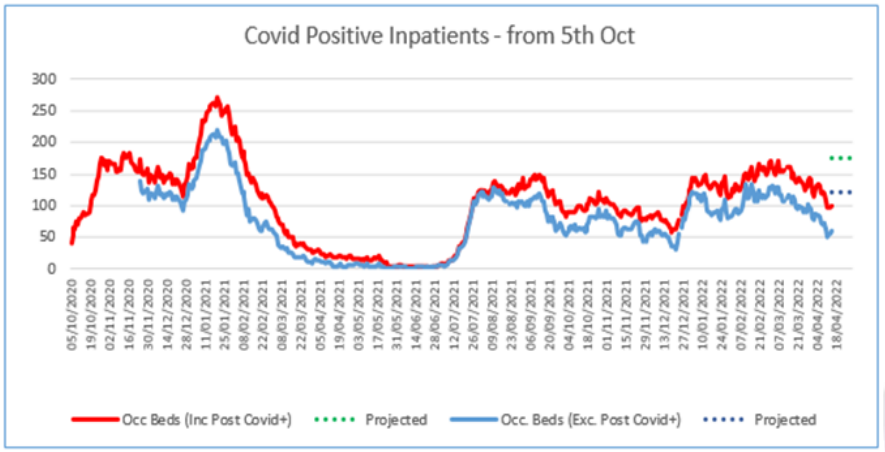
5. Trust Board – A bi-monthly QMS Report will summarise a range of Trust-level data on our current position, including an update on Covid-19 and rebuild plans; and an overview of progress against the 6 quality parameters.

Covid-19 Update – 15th April 2022

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

Today, 60 Covid19+/clinical Covid patients are in our hospital wards and there are 39 patients post-14 days, in hospital. In total, 99 Covid19 related patients remain in hospital (*158 at last Trust Board Report – 22nd February data*). Today's number in hospital equates to 36% of the total at the peak of Surge 3 on 20th January 2021 (272). The graph displays both current and post-Covid19 patients.

25/02/2022	157	13/03/2022	160	29/03/2022	140
26/02/2022	150	14/03/2022	162	30/03/2022	144
27/02/2022	154	15/03/2022	160	31/03/2022	141
28/02/2022	168	16/03/2022	154	01/04/2022	123
01/03/2022	171	17/03/2022	144	02/04/2022	115
02/03/2022	159	18/03/2022	151	03/04/2022	128
03/03/2022	159	19/03/2022	142	04/04/2022	132
04/03/2022	155	20/03/2022	136	05/04/2022	133
05/03/2022	149	21/03/2022	138	06/04/2022	131
06/03/2022	161	22/03/2022	145	07/04/2022	120
07/03/2022	170	23/03/2022	138	08/04/2022	121
08/03/2022	155	24/03/2022	137	09/04/2022	120
09/03/2022	156	25/03/2022	134	10/04/2022	110
10/03/2022	154	26/03/2022	124	11/04/2022	110
11/03/2022	156	27/03/2022	129	12/04/2022	98
12/03/2022	0	28/03/2022	132	13/04/2022	97



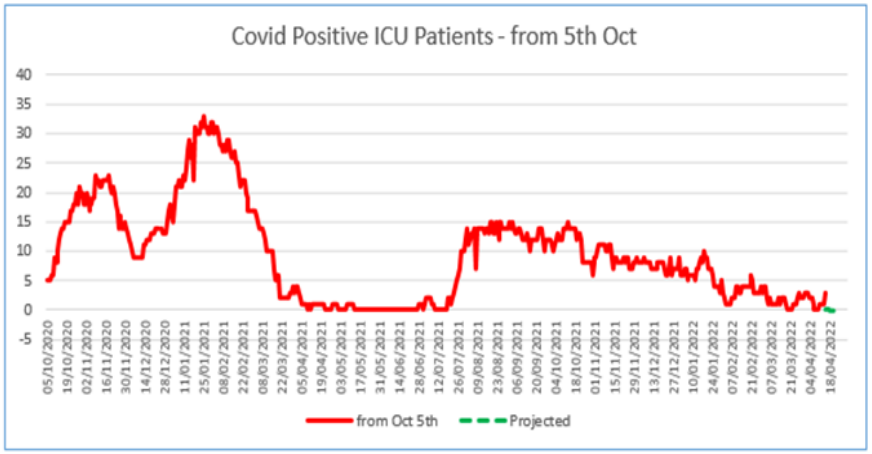
Covid-19 Update – 15th April 2022

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 3 Covid19+ patients (*5 in last Trust Board report*), and 1 query Covid19+ patient. On the wards we have 0 patients on CPAP, 2 on AIRVO and 0 on NIV. There are less than 5 patients identified as possibly needing escalation within the next 24 hours.

25/02/2022	3	13/03/2022	1	29/03/2022	2
26/02/2022	3	14/03/2022	2	30/03/2022	2
27/02/2022	3	15/03/2022	2	31/03/2022	3
28/02/2022	4	16/03/2022	2	01/04/2022	3
01/03/2022	3	17/03/2022	2	02/04/2022	3
02/03/2022	4	18/03/2022	1	03/04/2022	2
03/03/2022	4	19/03/2022	0	04/04/2022	2
04/03/2022	2	20/03/2022	0	05/04/2022	2
05/03/2022	1	21/03/2022	0	06/04/2022	1
06/03/2022	2	22/03/2022	0	07/04/2022	0
07/03/2022	1	23/03/2022	1	08/04/2022	0
08/03/2022	1	24/03/2022	1	09/04/2022	0
09/03/2022	1	25/03/2022	1	10/04/2022	0
10/03/2022	1	26/03/2022	2	11/04/2022	1
11/03/2022	1	27/03/2022	3	12/04/2022	1
12/03/2022	2	28/03/2022	2	13/04/2022	1

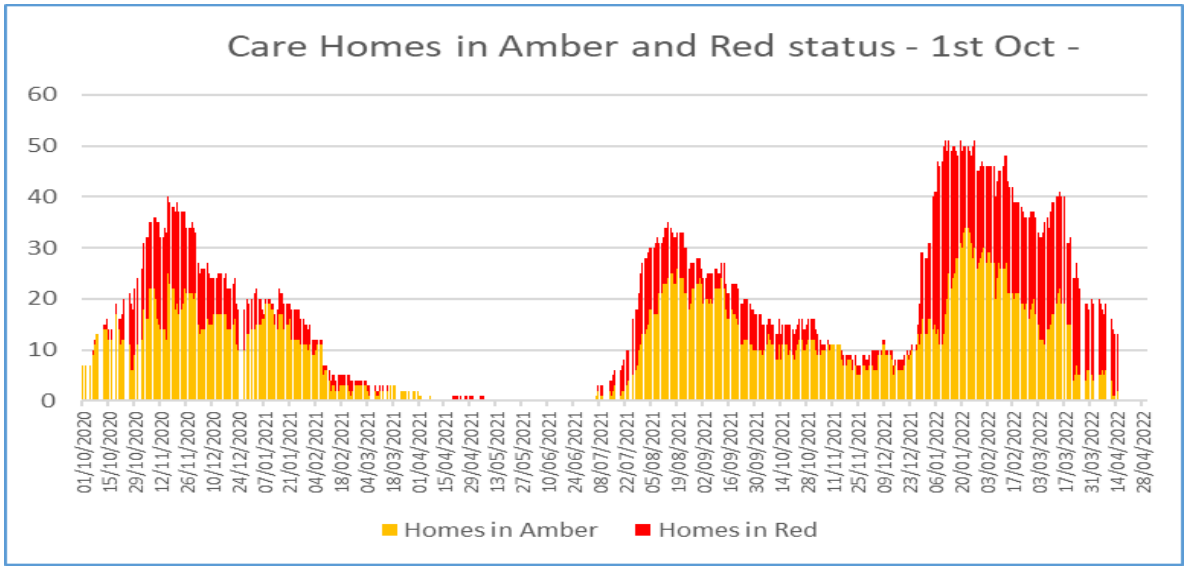


Covid-19 Update – 15th April 2022

3. Community

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

As at Thursday 14th April 2022, we have 13 care homes with a confirmed outbreak (38 in last Trust Board report) – 2 in amber status and 11 in red status.



Covid-19 Update – 15th April 2022

4. Vaccination programme

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

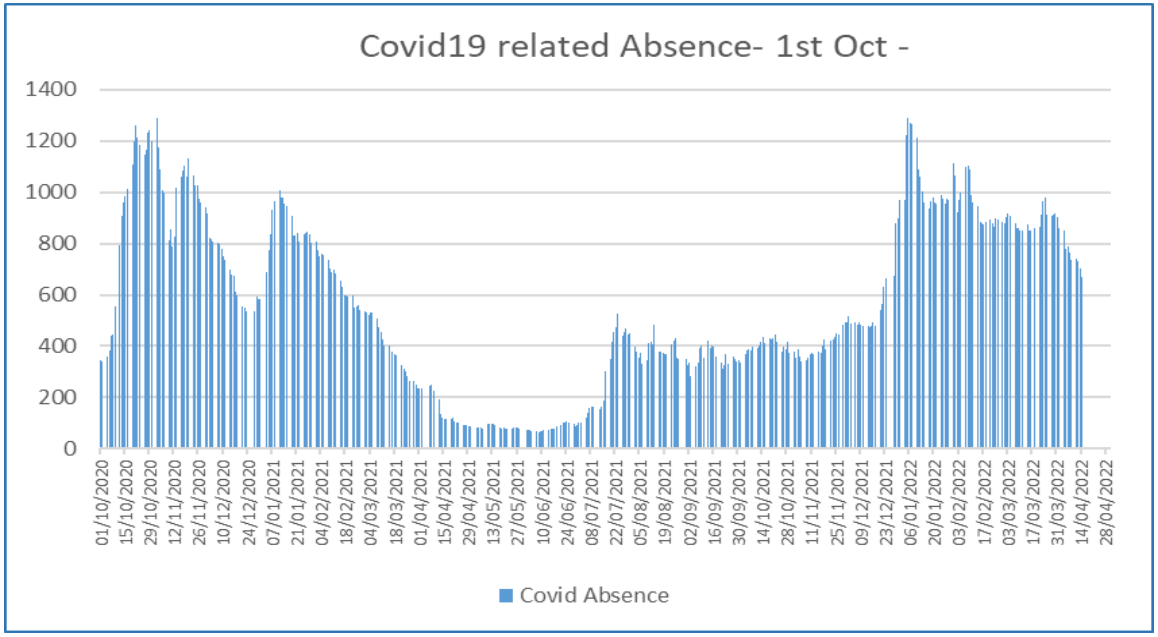
The table below shows the vaccination activity for the most recent 7-day period, and the cumulative total so far. Nursing and Care home residents, wards and day care facilities and staff, Walk-in clinics, Covid19 Vaccination centre numbers and wasted dose numbers are provided. Figures for Covid-19 booster doses and Winter 2021/22 Flu vaccinations are also now included. The daily number of vaccinations carried out averaged over 820 in June21, 370 in September21, 1270 in December21 and 160 in March22. The total number of vaccinations is over **344,000 (334,000 at last Trust Board report)**. Over **35,000** vaccinations have been carried out at the mobile unit (**34,000 at last Trust Board report**) and almost **9,000** flu vaccines have also been given.

Day	Date	No of Care homes	No. of inpatient wards/day care facilities	Residents/ Service Users	AZ patients	Staff	Total Care Homes	Total number House-bound	Mobile Vaccination Clinic Walk In	Vaccination Centre Booster	Care Home/ Mobile Clinic Booster	Vaccination Centre 3rd dose CEV	Vaccination Centre Covid-19	Flu Vaccines	Daily Total	Running Total	Wasted Doses	Cum Wasted Doses	% Cum Wasted Doses
Fri	08-Apr-22	0	0	0	3	0	0	0	0	99	0	0	156	0	158	343062	0	719	0.21%
Sat	09-Apr-22	0	2	2	0	0	0	0	83	82	42	0	159	0	244	343306	7	726	0.21%
Sun	10-Apr-22	0	0	0	0	0	0	0	54	74	21	0	124	0	178	343484	2	728	0.21%
Mon	11-Apr-22	0	0	0	0	0	0	11	10	88	0	0	162	0	199	343683	3	731	0.21%
Tue	12-Apr-22	0	0	0	0	0	0	35	0	95	0	0	144	0	179	343862	1	732	0.21%
Wed	13-Apr-22	0	0	0	0	0	0	39	0	87	0	0	151	0	190	344052	2	734	0.21%
Thu	14-Apr-22	0	0	0	0	0	0	43	0				181	0	224		4	738	0.21%
Totals		430	204	9167	396	8302	17579		35096	51287	15074	5763	284269	8871	344276				

Covid-19 Update – 15th April 2022

5. Workforce

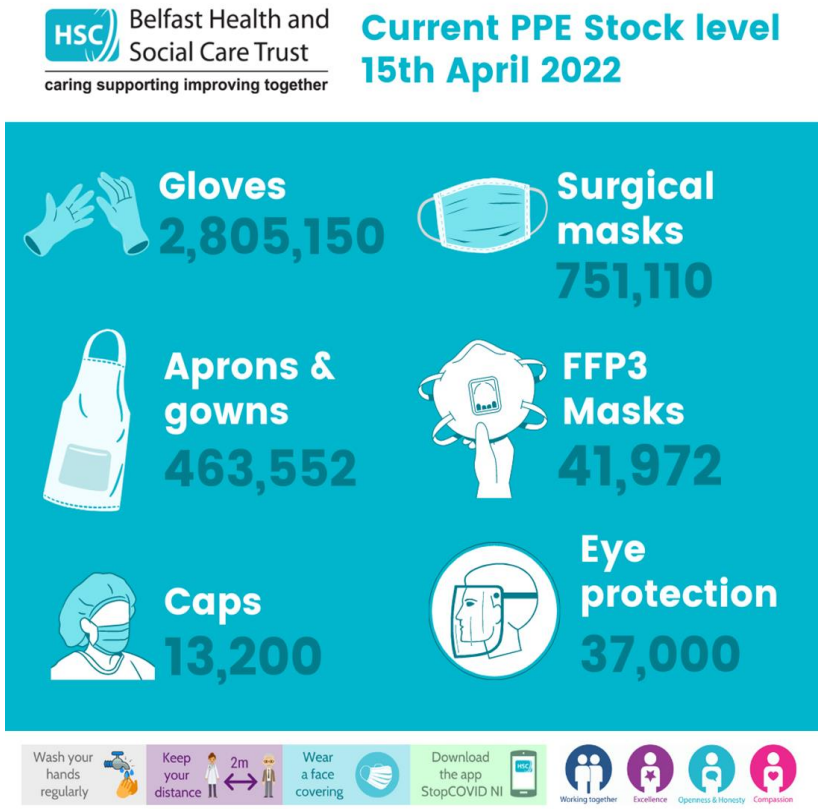
As at Thursday 14th April 2022, 668 staff are off work with Covid19 disease related issues or vaccine side effects (892 at last Trust Board report), which is significant given that on top of these absences we have ongoing workforce challenges because of high vacancy levels within the Trust. On the same day **last week**, we had 765 **staff** off work with Covid19 disease related issues or vaccine side effects. Today's figure represents a 13% decrease in that 7-day period.



Covid-19 Update – 15th April 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.



What do we deliver in a typical week?

Blue = weekly average in 2019 (pre-Covid)

Green = weekly average in 2021/22

BHSCT Weekly Activity

Scope Procedures
246 (182)

ED Attendances
3,707 (3,421)
530 daily (489 daily)

Emergency Surgery
177 (271)

Day Cases
1,013 (813)

Red Flag Referrals
407 (422)

Elective Admissions
411 (273)

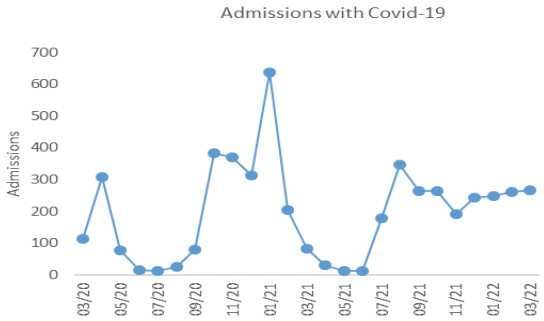
Non Elective Admissions
1,097 (924)

Outpatient Attendances
Virtual
234 (3,116)

Outpatient Attendances
Face-to-face
10,583 (6,813)

Meeting Covid-19 Demands

Inpatients



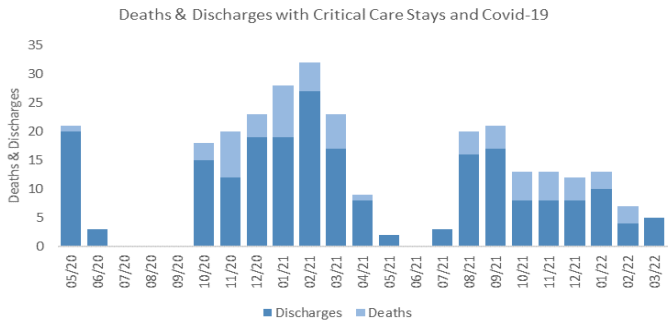
Inpatients (to 31st March 2022)

- **5,077 inpatients** due to Covid-19
  - **4,283** were discharged (84%)
  - **671** patients died (13%)
  - **123** patients remain in hospital (2%)

Demand on Beds

- Covid-19 patients used **51,960** bed days in general wards

Critical Care



Critical Care (to 31st March 2022)

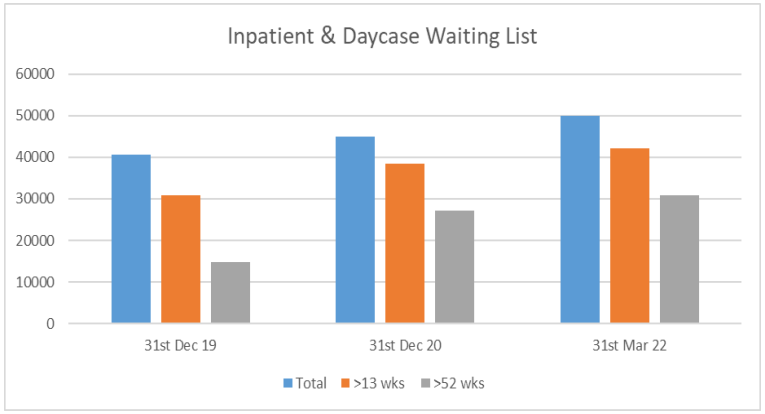
- **321** admissions to Critical Care (6% of Covid inpatients)
  - **247** were discharged (77%)
  - **68** patients died (21%)
  - **6** remain in hospital (2%)

Demand on Beds

- Covid-19 patients used **5,853** bed days in critical care

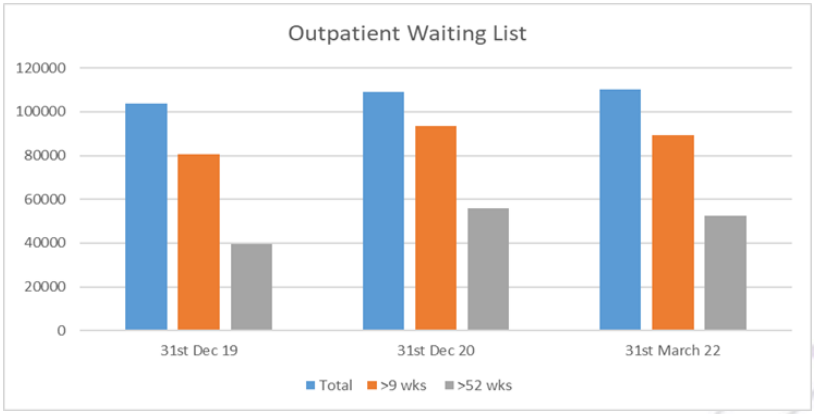
Impact on Waiting lists

Inpatient & Daycase Waiting Lists



Inpatient & Daycase Waiting List	31st Dec 19	31st Dec 20	31st Mar 22
Total	40579	44867	50050
>13 wks	30826	38371	42206
>52 wks	14892	27205	30908
% waiting< 13 wks	24%	14%	16%
% waiting> 52 wks	37%	61%	62%

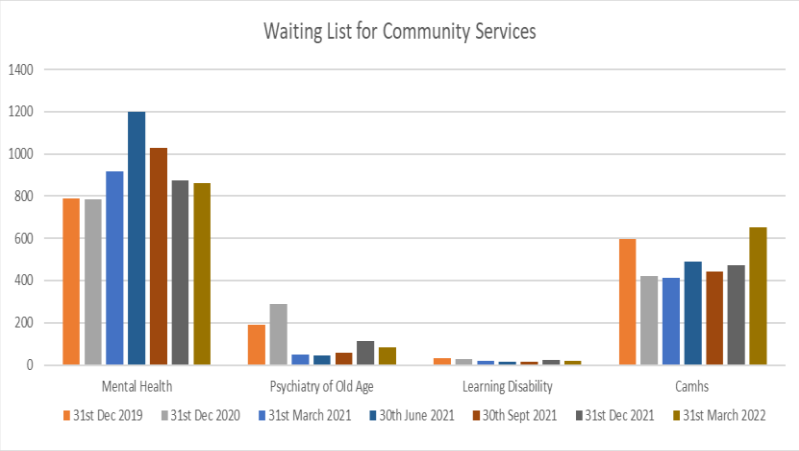
Outpatient Waiting List



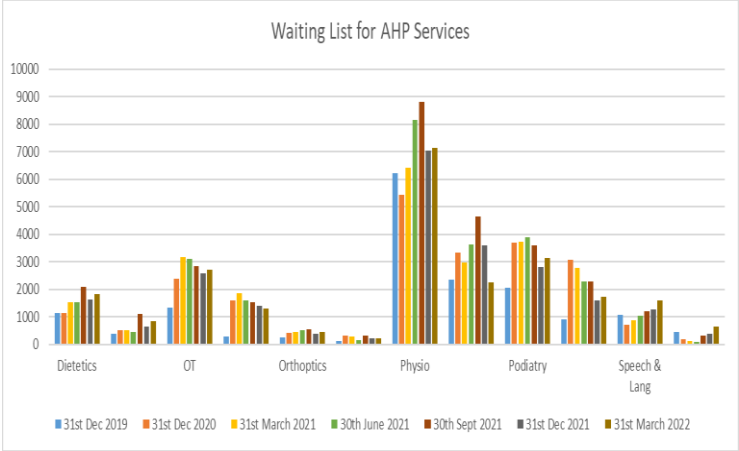
Outpatient Waiting List	31st Dec 19	31st Dec 20	31st March 22
Total	103700	109209	110240
>9 wks	80410	93600	89395
>52 wks	39450	55790	52359
% waiting< 9 wks	22%	14%	19%
% waiting> 52 wks	38%	51%	47%

Impact on Waiting lists

Community Waiting Lists



AHP Waiting Lists



	Mental Health		Psychiatry of Old Age		Learning Disability		Camhs	
WL Position @	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 March 2021	919	123	48	8	18	4	414	106
30th June 2021	1197	230	45	1	16	1	488	148
30th Sept 2021	1030	296	56	5	17	1	444	186
31st Dec 2021	875	104	114	26	24	2	471	165
31st March 2022	862	127	83	12	20	1	652	271

	Dietetics		OT		Orthoptics		Physio		Podiatry		Speech & Lang	
WL Position @	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	1127	386	1334	283	255	119	6224	2350	2055	919	1057	438
31st Dec 2020	1147	497	2383	1596	422	306	5433	3334	3698	3072	692	171
31st March 2021	1532	507	3159	1870	446	279	6411	2972	3724	2781	870	117
30th June 2021	1537	444	3091	1585	518	135	8159	3625	3876	2275	1025	97
30th Sept 2021	2081	1084	2828	1541	548	310	8809	4661	3596	2291	1192	320
31st Dec 2021	1613	629	2570	1409	382	210	7051	3608	2800	1590	1271	364
31st March 2022	1816	830	2718	1294	440	213	7147	2239	3127	1726	1579	648

Phase 8 Delivery Plan – Highlights

January-March 2022

- **Outpatients Consultant -** overall slight shortfall for both New (94%) and Review (96%) attendances
- **Outpatients Nurse** – New attendances over target (105%) and shortfall for Review attendances (91%).
- **Inpatients & Daycase** –Elective is 99%, Daycases 101% and Scopes 99% against plan.
- **Cancer Services** –14 day & 31 day pathways achieving target, 62 day pathway shortfall
- **Diagnostics** – slight shortfall for all modalities
- **AHPs** – Overachievements has been seen in Physio, OT rev, Dietetics, SLT rev and Orthoptics. Shortfall for OT New (89%), SLT new (95%) and Podiatry new (80%) and rev (85%).
- **Mental Health** – Shortfall against plan for all areas except Dementia
- **Psychological therapies** – currently shortfall against plan but activity to be updated when complete
- **Day Care & Day Opportunities** – Elderly & PSD is 111%, LD is 85%

Phase 8 Delivery Plan – Highlights cont'd

January - March 2022

- **Domiciliary Care** – Statutory hours delivered 97% against plan, Independent 91%
- **District Nursing & Health Visiting Contacts** – District Nursing 96% against plan and Health Visiting 109%
- **Community Paediatrics** – Performing well against plan
- **Community Dental** – shortfall for both new (71%) and review (86%)
- **Mental Health Admissions** – 101% against plan, demand led service
- **Children's Social Care** – CP referrals 104% and CP visits 110%, demand led service

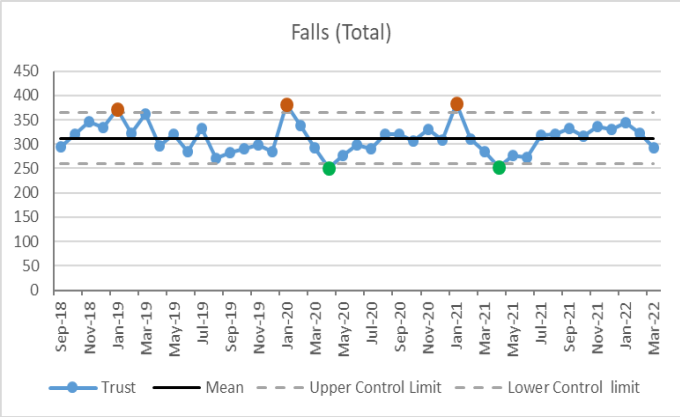
Safety

Belfast Health and Social Care Trust
caring supporting improving together

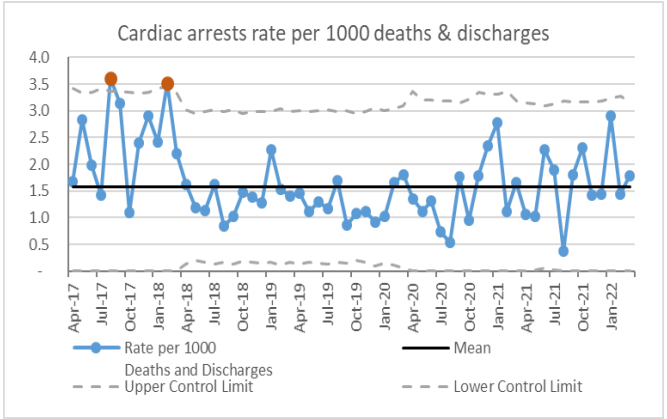
Working together · Excellence · Openness & Honesty · Compassion

Classic Safety Thermometer indicators

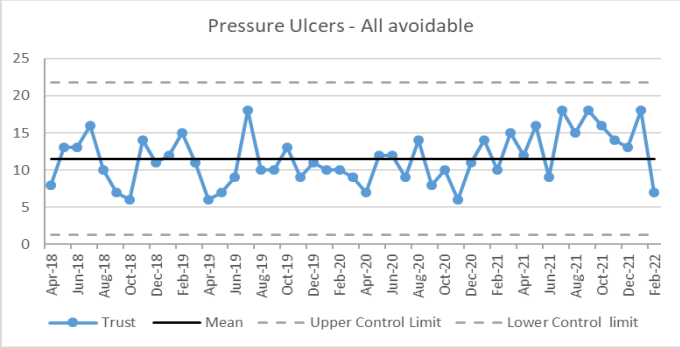
- **Falls**



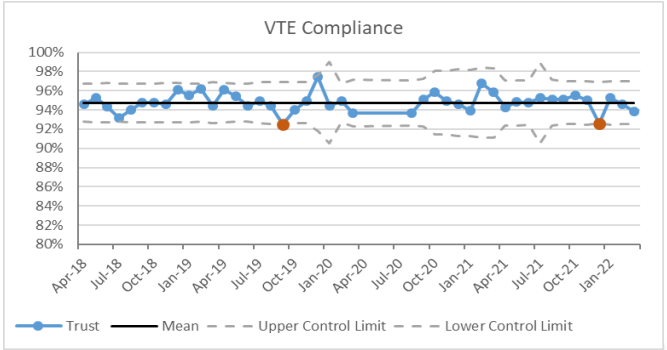
- **Cardiac Arrest Rate**



- **Pressure Ulcers**



- **VTE**

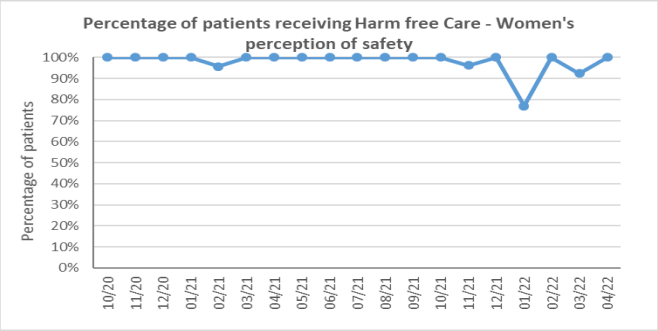


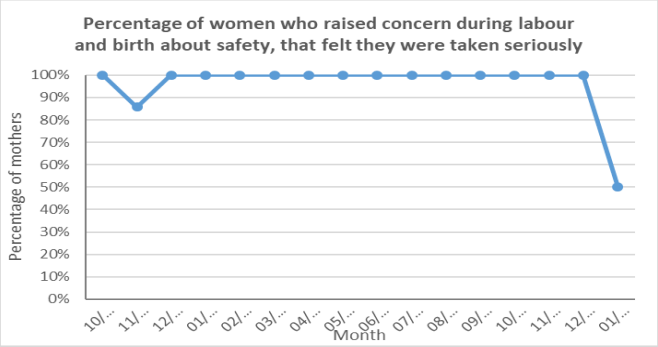
- Indicators are chosen as they provide an effective measure on the progress towards improvement in harm free care.
- All indicators are within control limits in 2021/22.

Safety Thermometer - Maternity

Maternity Safety Thermometer Report - March 2022 - 13 surveyed	Monthly Area %	Average Trust %
Harm Free Care - Physical	84.62%	78.69%
Harm free care - Perception of safety	92.31%	98.03%
Harm free care - Combined	76.92%	77.05%
PPH > 1000 mls	7.69%	11.80%
Mothers with perineal trauma or abdominal wound	61.54%	76.39%
Mothers with Infections since onset of labour	7.69%	1.64%
Apgar score of 6 or less at 5 minutes of birth	0.00%	2.95%
Babies unexpectedly transferred to SCBU/NNU/NICU	0.00%	6.89%
Mothers seperated from their baby	7.69%	36.39%
Mothers left alone at a time that worried them	7.69%	0.66%
Mothers whose concerns were not taken seriously	0.00%	1.74%

*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 after review of the indicator data captured.
- 13 mothers surveyed in March – mother separated from baby relates to one mother and baby. Separation may happen when babies require tests (although mother is invited to accompany baby) or when baby in in Neo-natal Unit.
- Stillbirths - All stillbirths are reviewed through a national PMRT process with the care provided graded as A-D. D means different care might have led to a different outcome and these are then taken forward as SAIs.

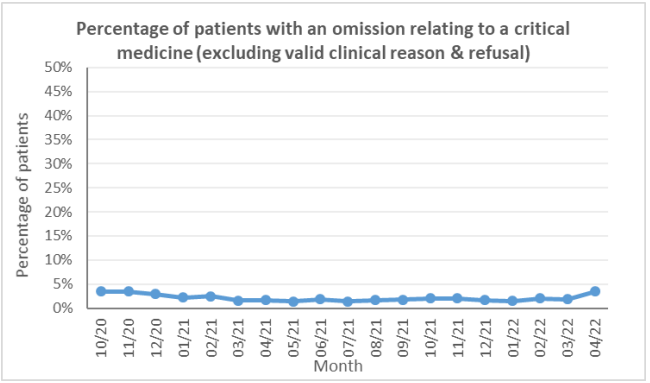
Year	Number of Stillbirths	Number Reviewed	Graded D	SAIs
2019	24	26	1	1
2020	22	22	2	2
2021	33	26	3 (One case had all antenatal care outside NI).	2
2022	6: Jan x 1, Feb x 2, Mar x 3	4 reviews started		

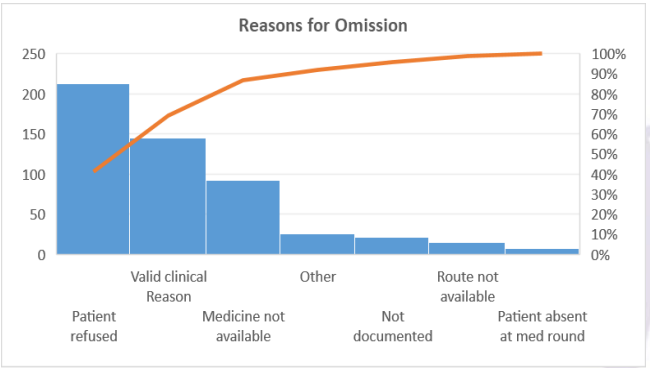
Please note: 2 reviewed in 2019/20 relate to previous year

Safety Thermometer – Medications

Medication Safety Thermometer - Mar 2022 - 1012 surveys	Monthly Area %	Average Trust %
Patients with medicines allergy status documented in their medicine kardex	84.98%	84.26%
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	14.43%	16.42%
Patients with an omitted dose relating to a critical med (Excl. valid reason & refusal)	1.88%	2.03%
Patients receiving high risk medicine that had a trigger of harm.	0.56%	1.04%
Patients with medicine reconciliation started within 24hrs of admission to Trust	61.10%	56.73%

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



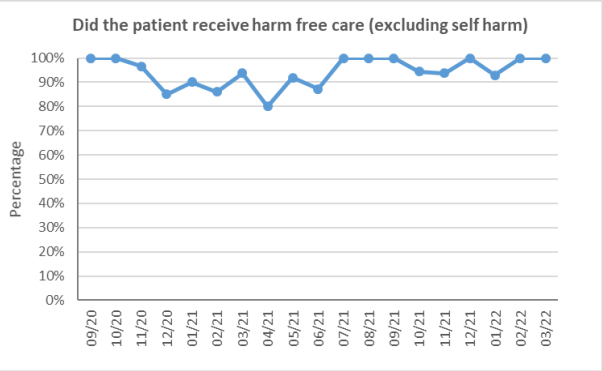


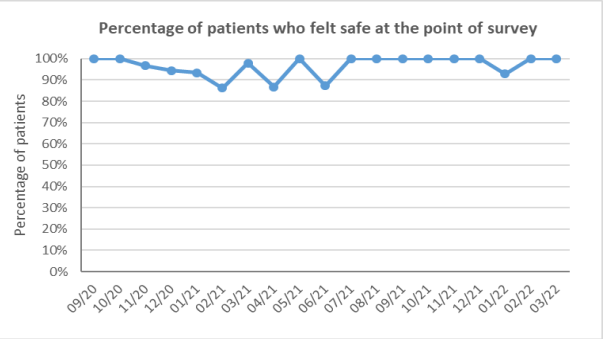
- Data are produced monthly and fed back at ward/department level.
- Medications Safety Thermometer is discussed at the quarterly Medicines Optimisation Committee.
- The data collection commenced in October 2020.

Safety Thermometer – Mental Health

Mental Health Safety Thermometer Report - Mar 2022 - 20 surveys	Monthly Area %	Average Trust %
Harm free Care	100.00%	89.42%
Harm free Care (Excluding Self Harm)	100.00%	93.75%
Self harmed in past 72 hours	0.00%	6.25%
Victim of violence or aggression in past 72 hrs	0.00%	0.96%
Percentage of patients with an omitted medicine (Excl valid clinical reason & refusal)	0.00%	0.51%
Felt safe at time of survey	100.00%	95.91%
Required Restrictive Intervention in past 72 hrs	0.00%	1.20%

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



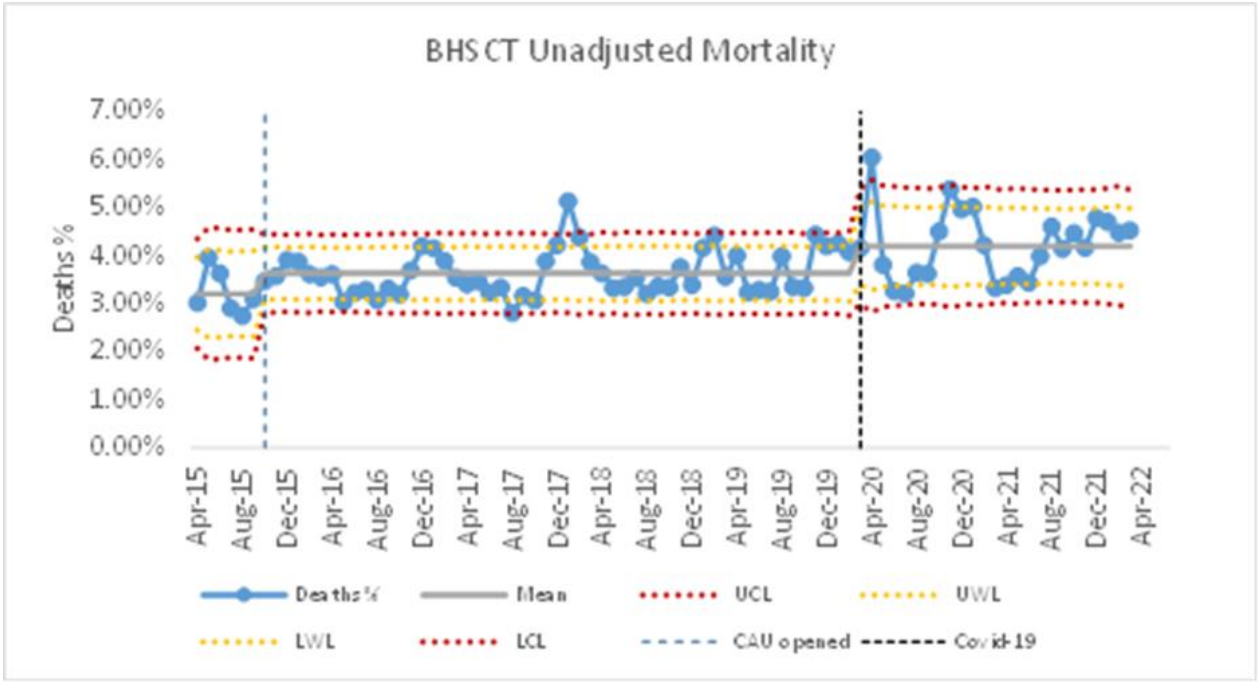


- Monthly reports are provided to wards/division.
- The data collection commenced in October 2020.
- Targets/objectives will be introduced during 2022/23.

Mortality

BHSCT Mortality Indicators

- **BHSCT Crude Mortality to March 2022**



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

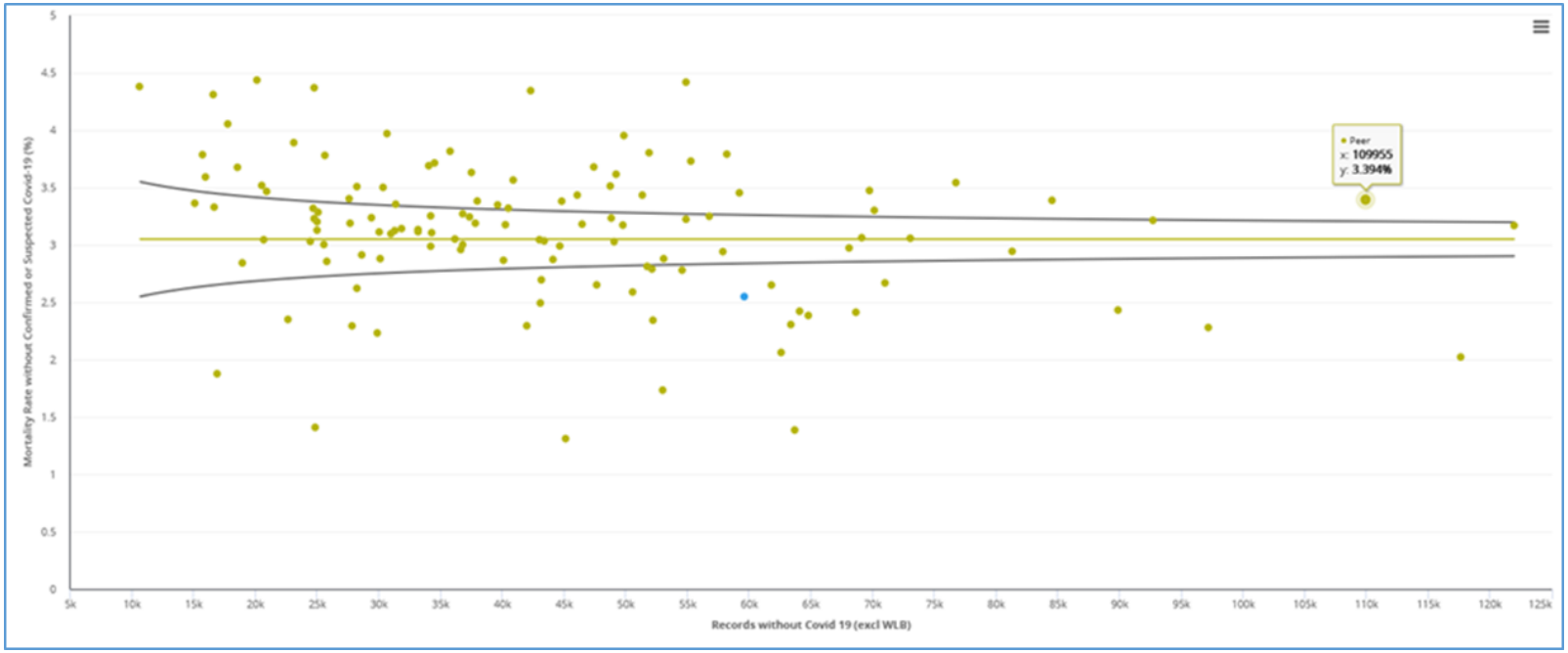
Mortality rates can be further sub-divided into those with surgical procedures

- Belfast Trust mortality rate after elective surgery is 0.3% against a peer figure of 0.2% .
- Belfast Trust mortality rate after emergency surgery is 1.1% against a peer figure of 1.8%

Mortality

BHSCT Mortality Indicators

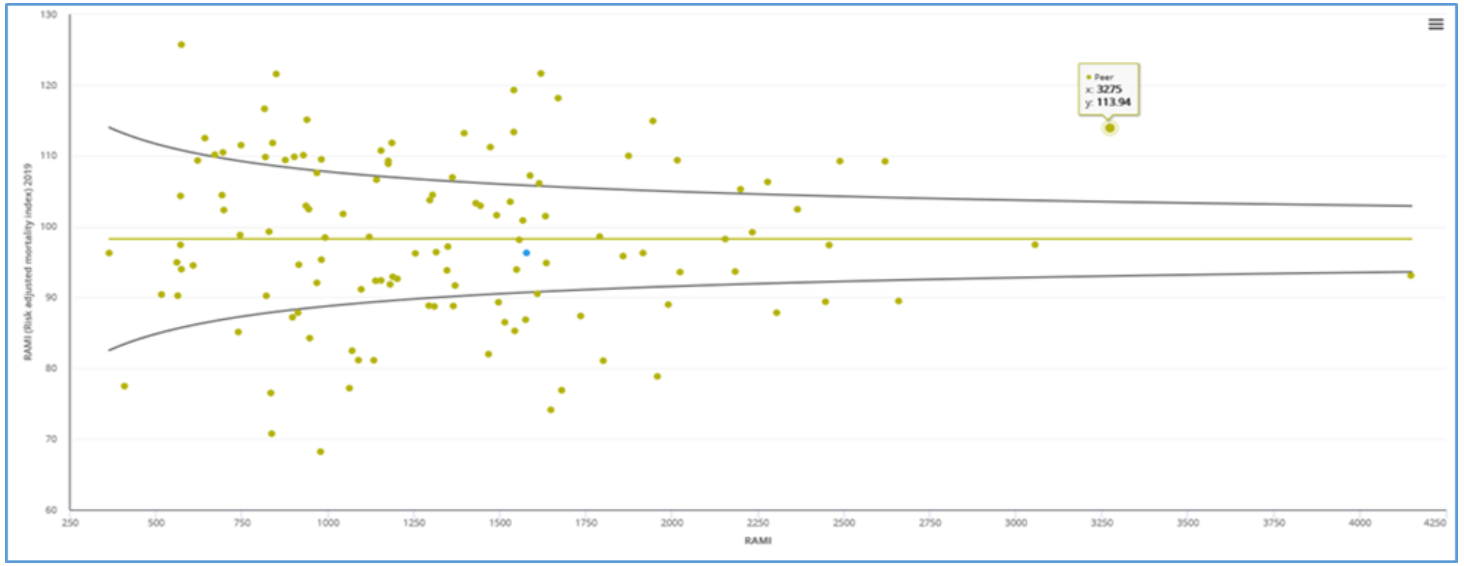
- **BHSCT Crude Mortality Rate with Peer Comparison- February 2021 to January 2022 (Latest 12month peer figures)**



- The Trusts crude mortality rates compare favourably against peer hospitals with a Trust mortality rate of 2.6% against a peer figure of 3.1% for the period February 2021 to January 2022 (latest 12 month period)
- 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- Risk Adjusted Mortality Index (RAMI)

BHSCT RAMI- February 2021 to January 2022



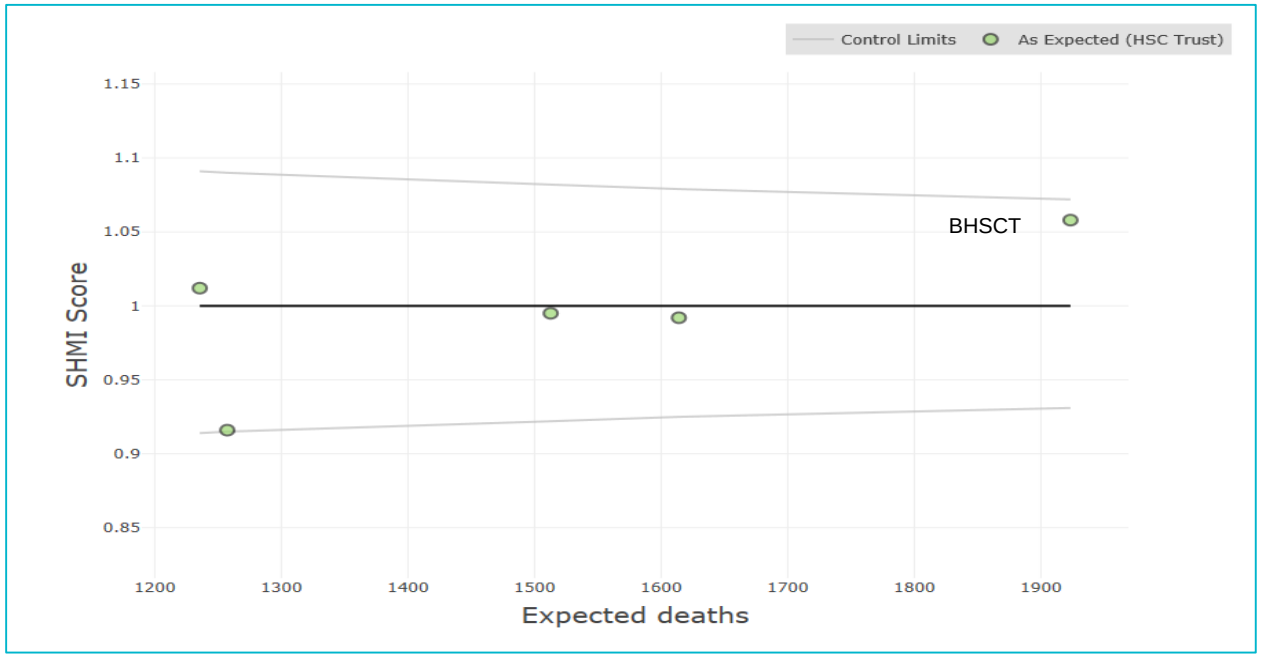
NB. Due to the requirement to wait for submission of peer data from other hospitals and the need for adequate levels of clinical coding completion mortality rates for peer analysis will be less recent than Trusts own figures

- 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 96 for the period February 2021 to January 2022

Mortality –Summary Hospital Mortality Index (SHMI)

BHSCT SHMI July 2020 to June 2021



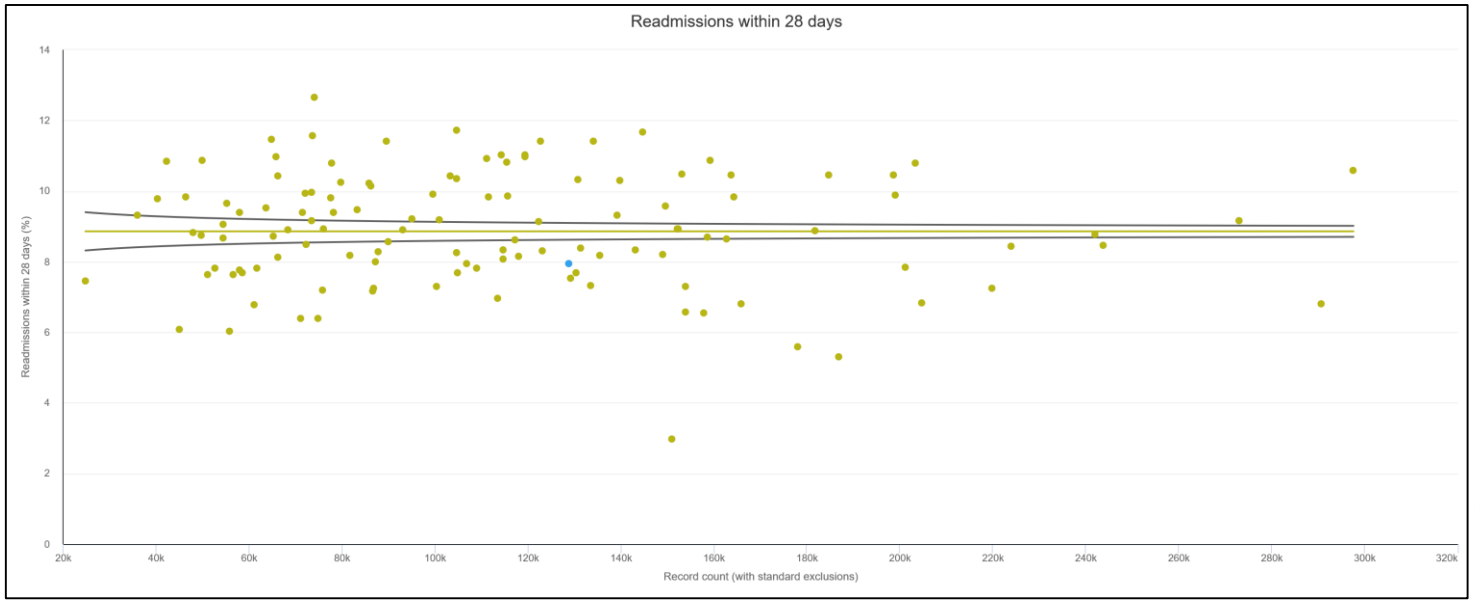
- Similar to RAMI the Summary Hospital Mortality Index (SHMI) graph above uses a slightly different method of risk adjustment to help take account for differing levels of patient complexity and acuity, this is set at a value of '1' Therefore a Trust index of 0.95 means deaths are 5% less than expected 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 July 2020 to June 2021

Readmissions within 28 days

Belfast Trust Readmissions within 28 days – February 2021 to January 2022



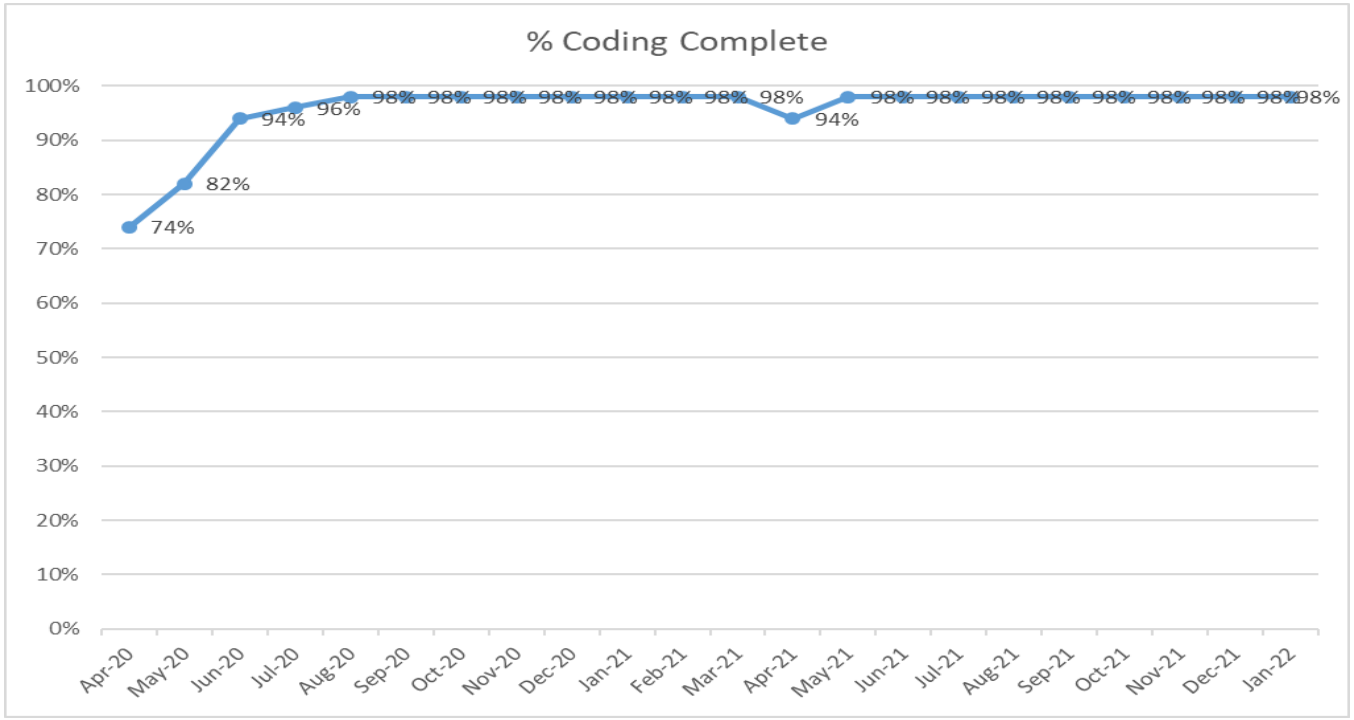
The Trusts readmission rate for the period February 2021 to January 2022 is 7.9% against a peer figure of 8.6% (latest 12 month period).

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 continues to be maintained in line with the HSCB target of 98%.**



- 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

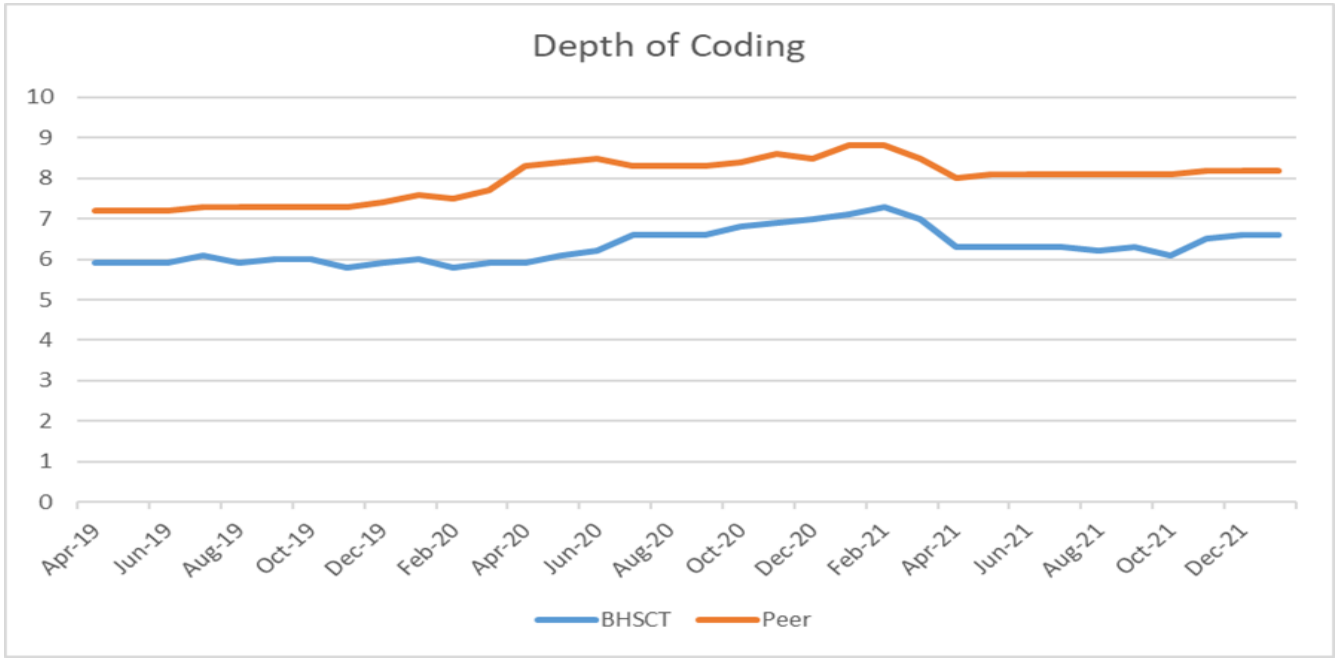
- Full casenote audits are completed on an ad-hoc basis, these are resource intensive however a new audit resource has been identified and an audit schedule is under construction to progress this.
- To complement audit a range of data analytical quality indicators are used routinely to target improvement & 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 Feb21 to Jan 22	Peer Value	Performance
Data Quality Index-Shows overall data quality for clinical coding based on aggregate indicator score(Includes depth) ***Higher is better***	92	95	
% Uncoded Episodes-This should be as close to zero as possible to ensure all diagnostic information is captured. ***Lower is better***	2.0%	1.2%	
Sign or symptom as a primary diagnosis-Potential lack of detail in coding which affects analysis of patient acuity. ***Lower is better***	8.2%	9.2%	
Sign and Symptoms as Primary Diagnosis (Episode 2)-Should be minimal or match peer.Potential lack of detail in coding which affects analysis of patient acuity***Lower is bettter***	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***	1.0%	1.2%	
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***	11.0%	10.9%	
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. ***Higer is better***	40.1%	38.6%	
Total Admissions 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***.	2.1%	2.9%	

- 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.
- Palliative care is clinically coded on PAS to facilitate a range of reporting and analytical processes. It is especially important in relation to both crude and risk adjusted mortality reporting. While the risk adjusted algorithm that calculates expected deaths rates does not use palliative coding directly it is supplied with mortality reports as a contextual indicator to help assist with interpretation of mortality rates. BHSCT coding team have improved coding in this area through data validation processes using information from other systems and recording now stands at a consistent level with peer hospitals

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.

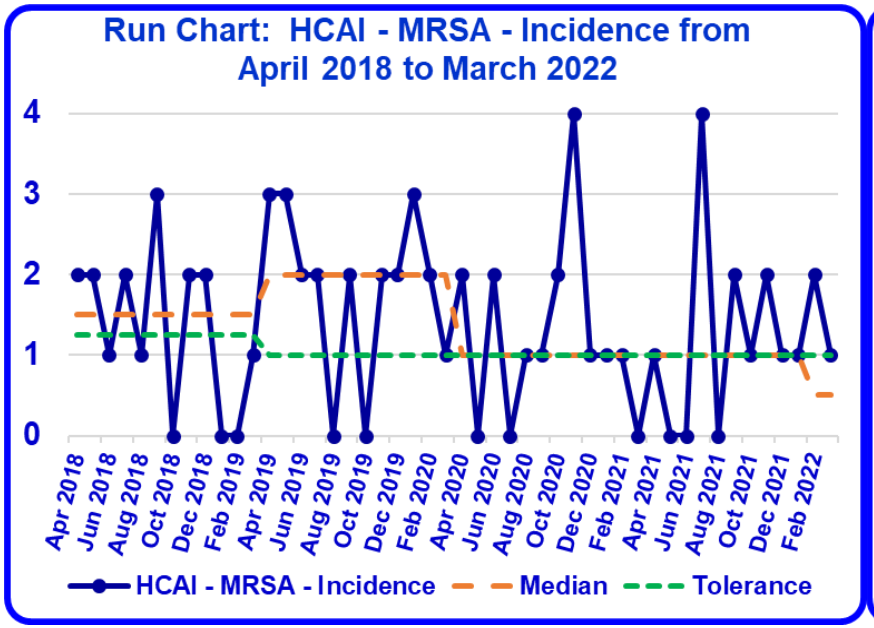
Healthcare Associated Infections

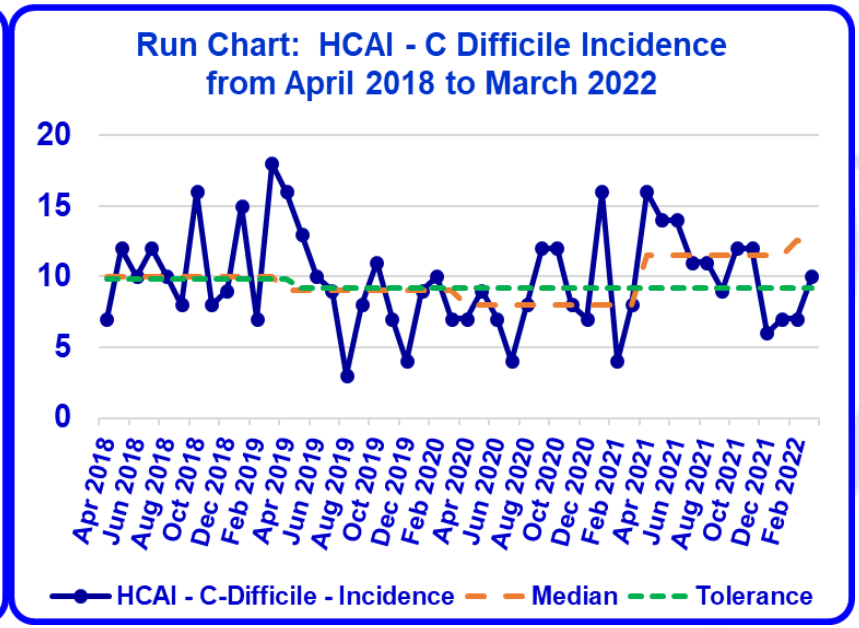
CPD: To secure a regional aggregate reduction of 19% in the total number of in-patient episodes of MRSA infection compared to 2018/19.

Last year the total incidence of MRSA was 15 against a target of 12. The incidence to the end of March 2022 is also 15.

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.

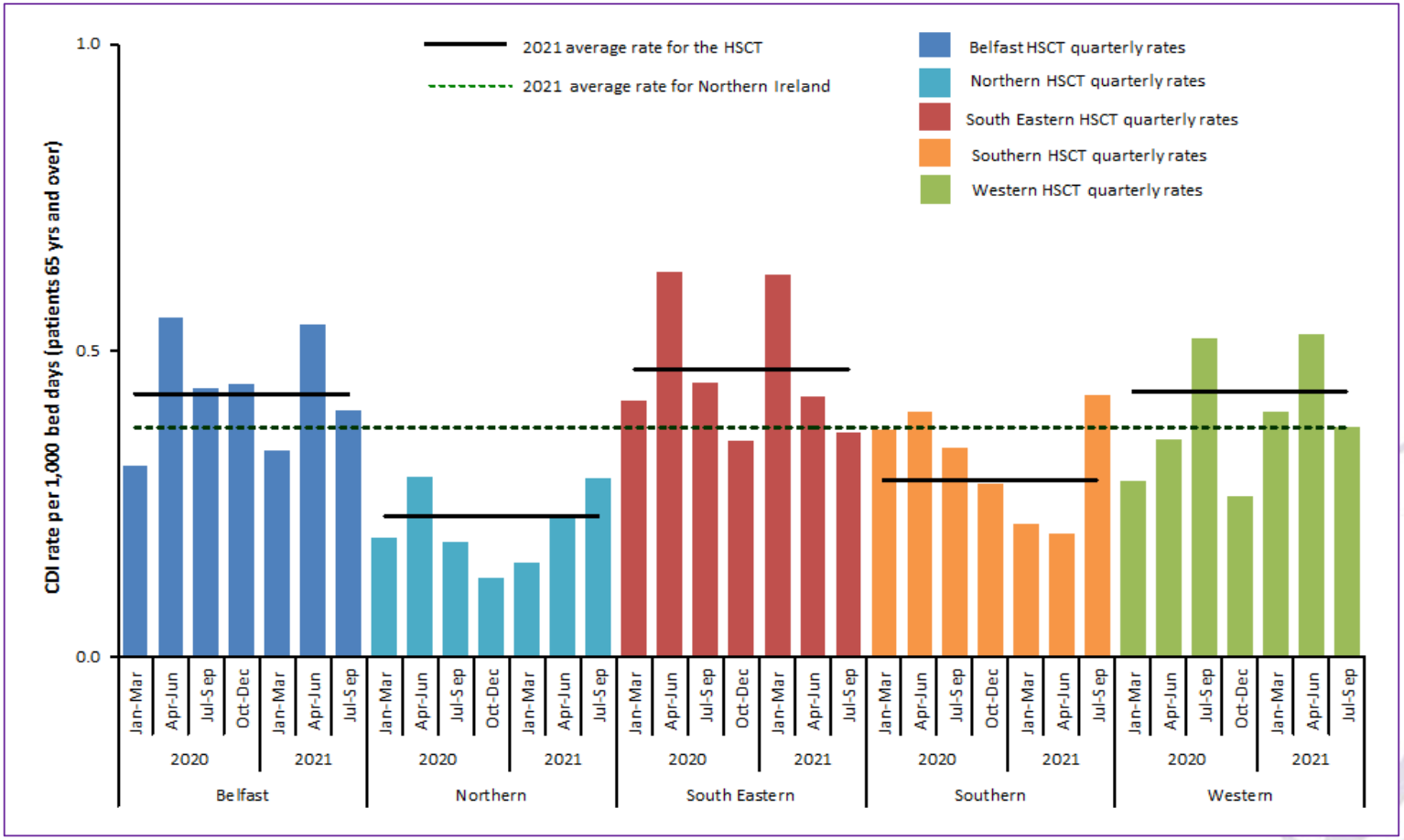
Last year the incidence of C-Difficile was 102 against a target tolerance of 110. The Incidence of C-Difficile to the end of March 2022 is 129 – an increase of over 26%





Healthcare Associated Infections

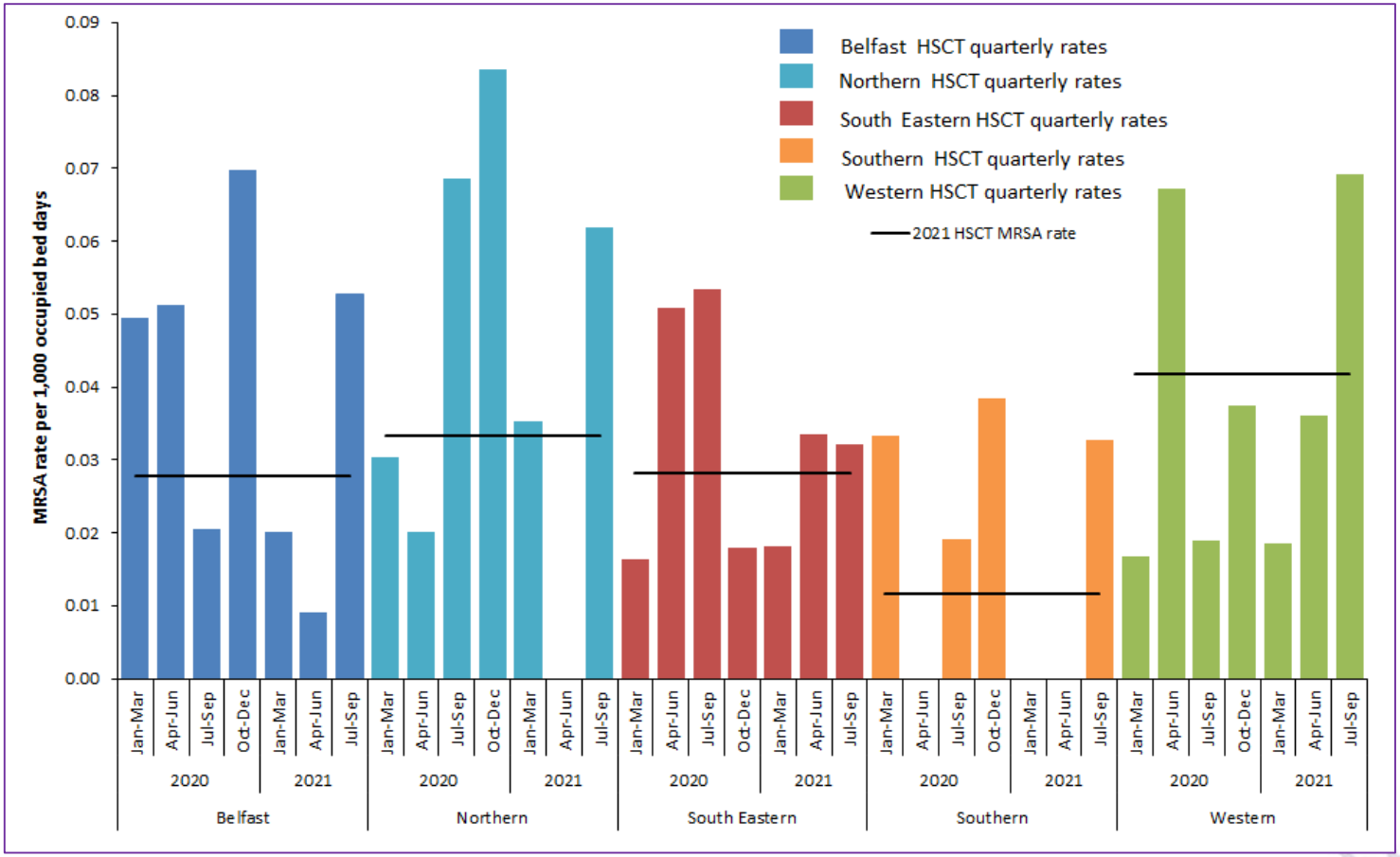
PHA Quarterly C-Difficile surveillance report – July – Sep 2021



- **Analysis of Incidence per 1,000 bed days (patients 65 years and over) by Trust – 2020 and 2021 – Belfast Trust continues to be above the regional average**

Healthcare Associated Infections

PHA Quarterly MRSA surveillance report – July – Sep 2021



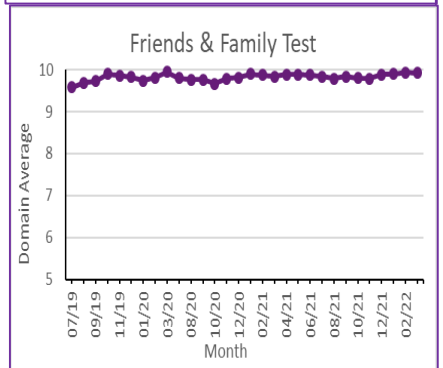
- **Analysis of Incidence per 1,000 bed days (patients 65 years and over) by Trust – 2020 and 2021 – Belfast Trust continues to be in the mid-range of the five Trusts**

Experience

Real-Time Feedback: Patient Experience Charts - Month of March 2022 = 506 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 March 2022, of 500 patients, 490 were extremely likely and 7 were likely to recommend the ward they were in to their friends or family. That is an overall satisfaction score of over 99%.

How likely are you to recommend this ward to friends and family if they needed similar care or treatment?



Friends & Family Test Ranking

	Month:	03/22	
Divisional ranking			
Division	Friends & Family Score	Number surveyed	Rank
Cancer & Specialist Medicine	10.00	69	1
Anaesthetics, Critical Care, Theatres & Sterile Services	10.00	16	1
Trauma, Orthopaedics & Rehabilitation Services	10.00	58	1
GP OOH's & Emergency Medicine	10.00	26	1
Maternity, Dental, ENT & Sexual Health Services	10.00	28	1
Older People, Physical Health and Disability services	10.00	24	1
Medical Specialties	9.94	135	2
Surgery	9.85	123	3
Mental Health & CAMHS	9.52	27	4
Belfast Health & Social Care Trust	**9.93**	**506**	

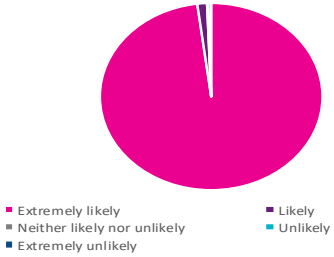
Overall Satisfaction 98%

Real Time Patient Feedback Report

Division: (All) | Month: Mar-22 | No. Surveyed: 506 | Ward: (All) | Date

Domain	Domain Score
Consistency & Coordination	9.83
Respect & Dignity	9.91
Involvement	9.86
Doctors	9.89
Nurses / Midwives	9.92
Cleanliness	9.91
Pain Control	9.92
Medicine	9.63
Noise at Night	9.49
Kindness & Compassion	9.92
Recommendation	9.93
Overall Domain Score	9.83

How likely would you be to recommend the service to your friends or family if they required similar care or treatment?



Overall Satisfaction 98%

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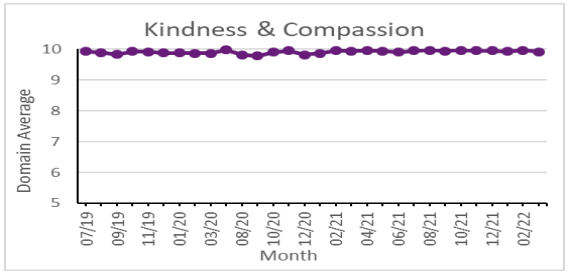
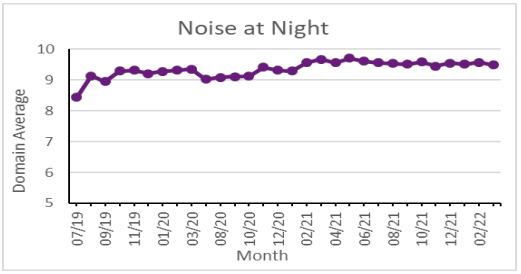
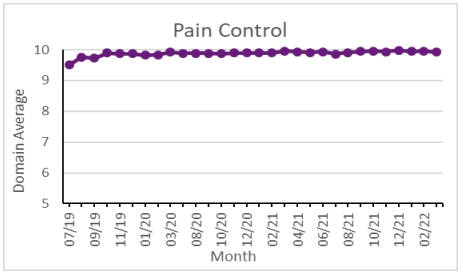
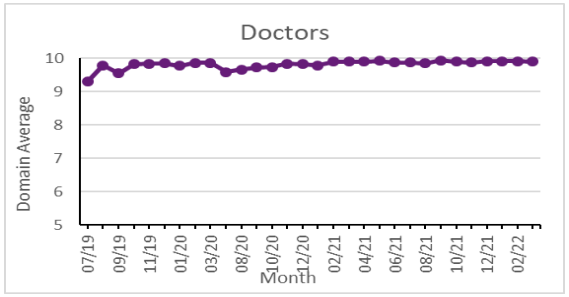
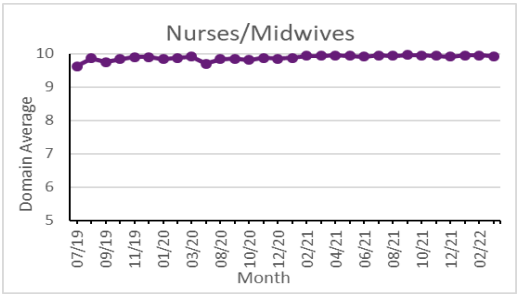
Real-Time Feedback: Patient Experience Domain Run charts

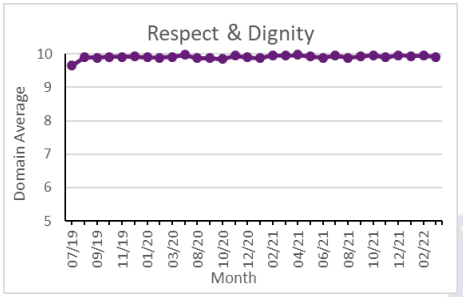


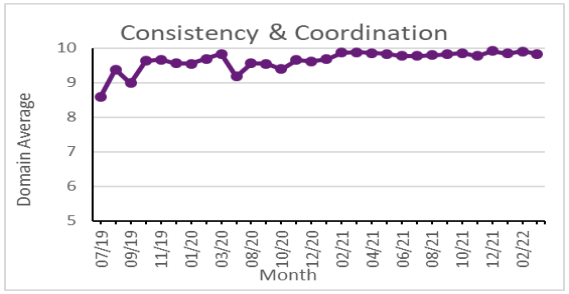


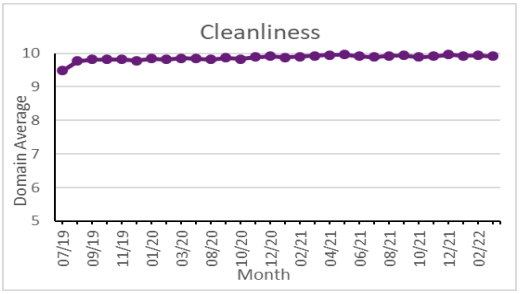


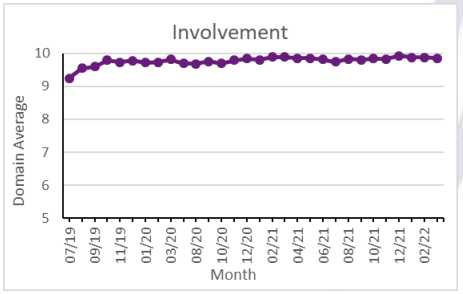








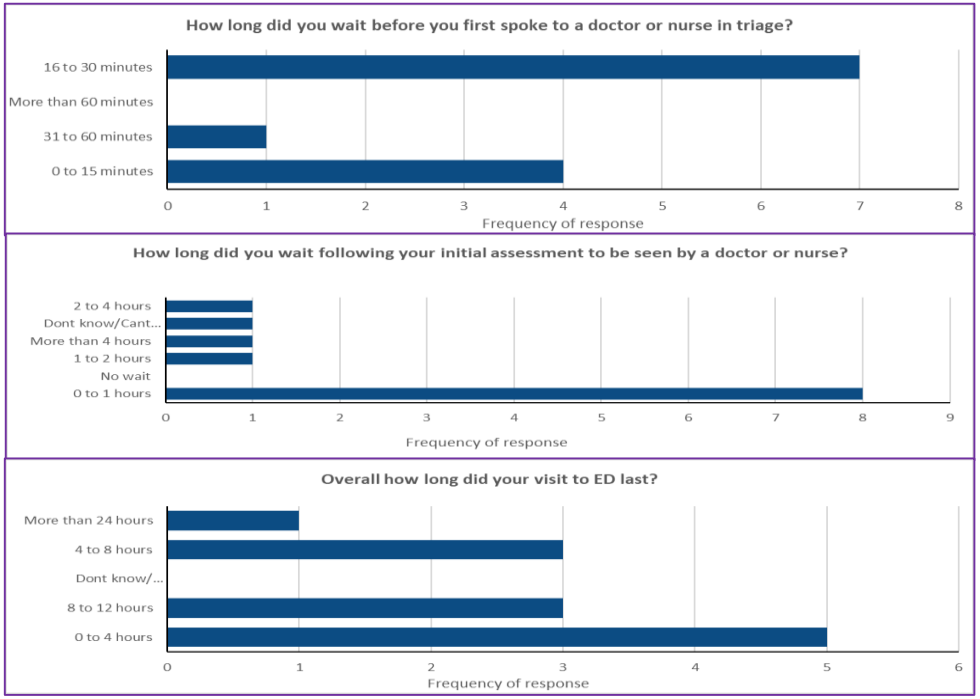


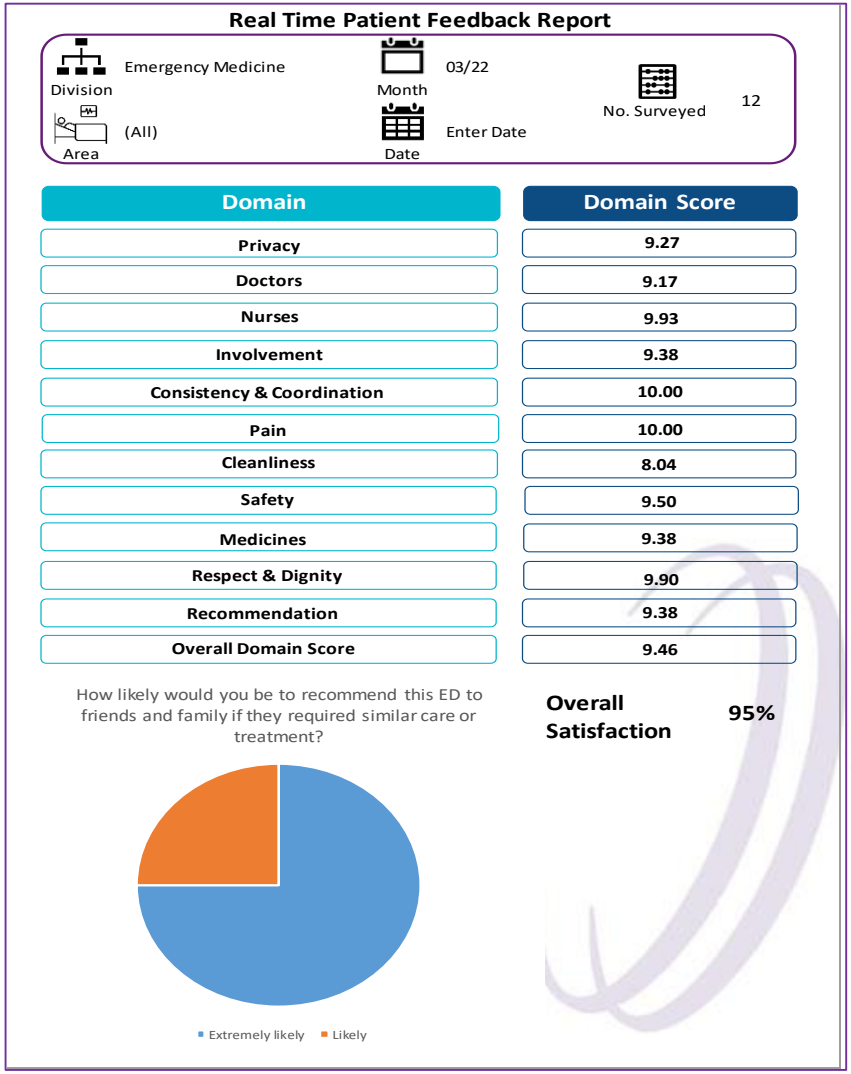


Real-Time Feedback: ED Admission experience - Month of March 2022 = 12 surveys

- The collection of Emergency Department Patient Experience feedback commenced in December 2021.
- In March 2022, of 12 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





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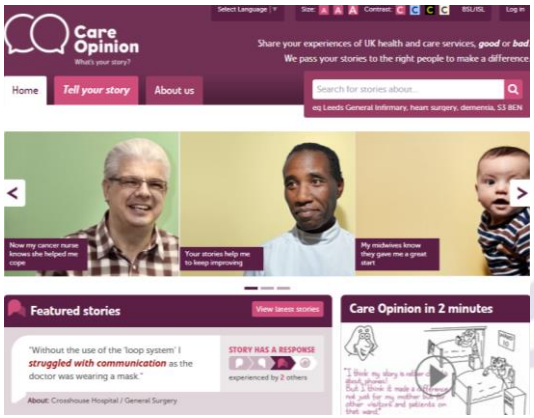
Care Opinion

- 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 – the story so far (August 20 to March 2022)

Care Opinion
What's your story?

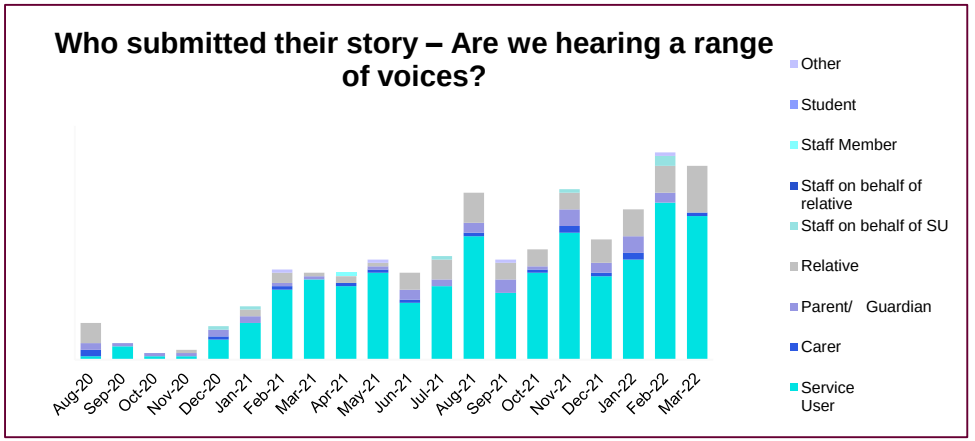
TOTAL NUMBER OF STORIES TO DATE
458

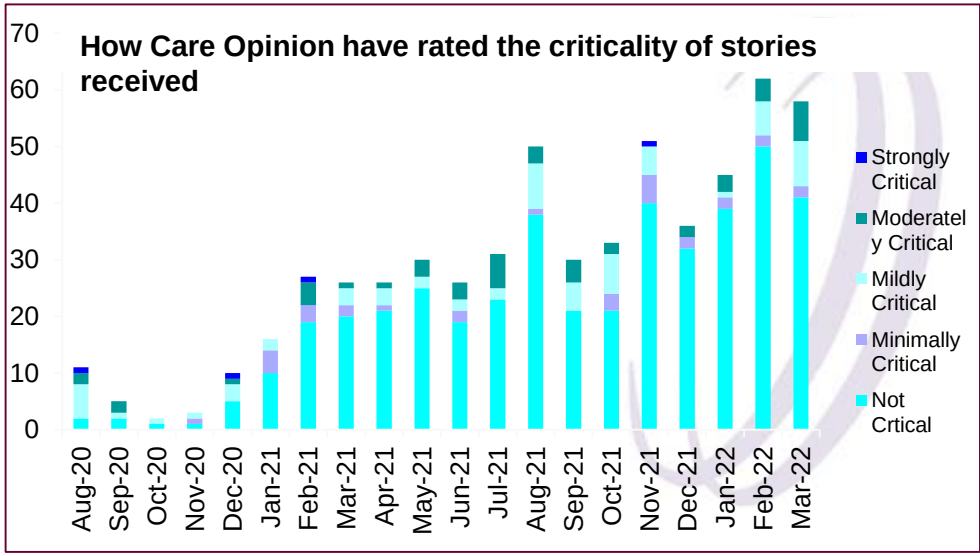
TOTAL NUMBER OF CHANGES
17

TOTAL NUMBER OF CHANGES PLANNED **5**

TOTAL NUMBER OF CHANGES MADE **12**

- Ongoing weekly Social Media promotion.
- 'Framing the Ask' training ongoing to support staff to ask for feedback
- Care Opinion remains a standing item on Divisional Safety and Quality Governance meetings throughout the Trust.
- Number of staff responding currently stands at **467**
- Challenges of responding within target time frame (7 days)
- Aim to be an increase in the number of staff across the system who engage and respond with stories





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Care Opinion Themes from August 2020 to March 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	174
Care	102
friendly	78
reassuring	48
support	46

WHAT COULD BE IMPROVED	Number
communication	24
staff attitude	17
Should listen	5
treatment	5
waiting time	5

FEELINGS & EMOTIONS	Number
thank you	150
grateful	66
reassured	43
supported	36
at ease	33

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.

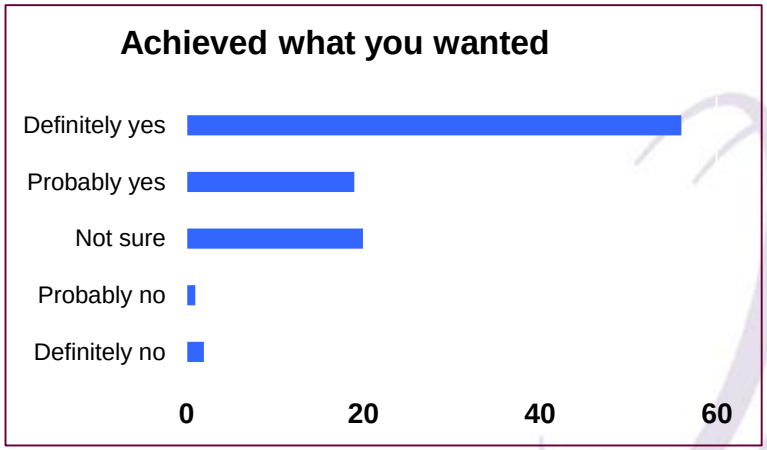
Care Opinion – The Author's View

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**

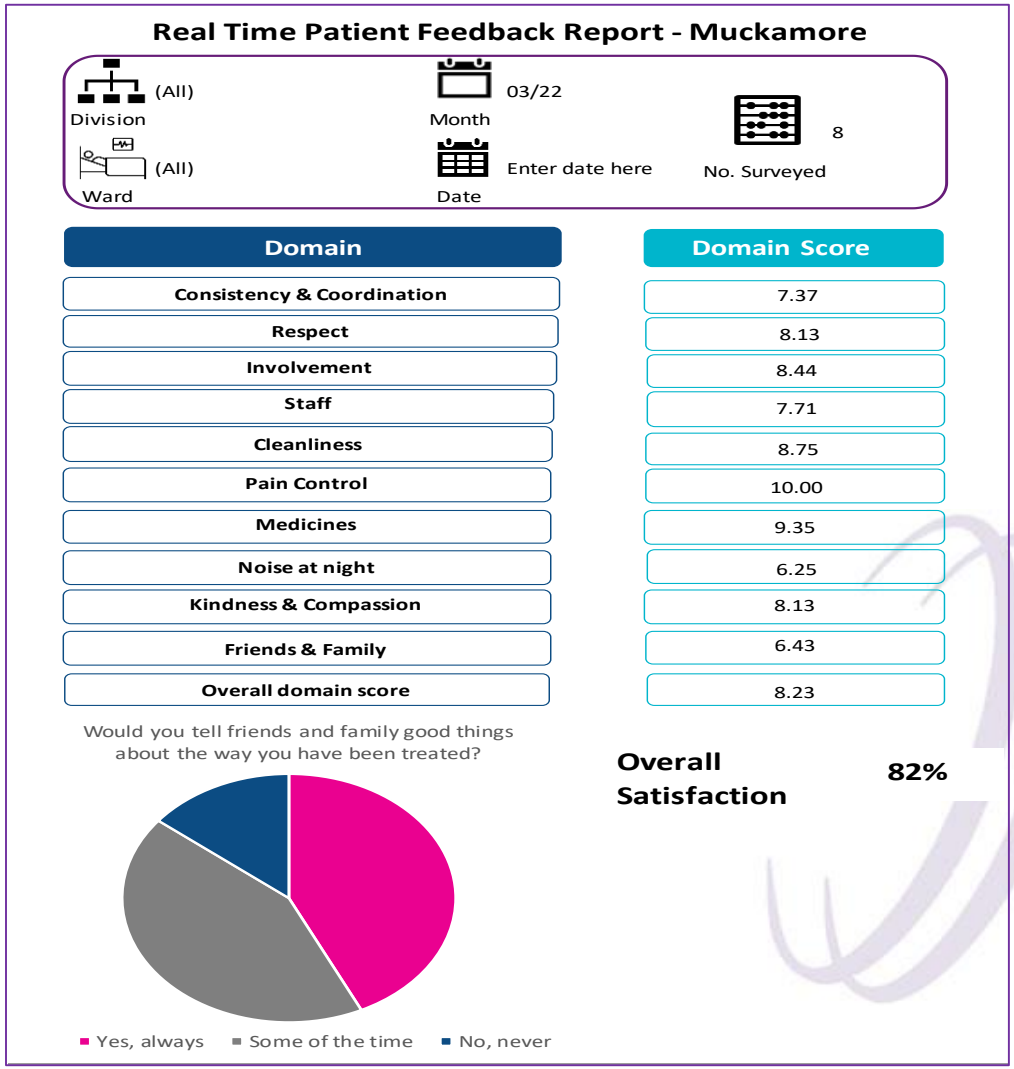


75% of those who responded to the survey felt that they had achieved what they wanted from using Care Opinion.

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

Real-Time Patient Feedback – Muckamore Site

- 8 surveys – In March 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.

Baseline Staff Experience Survey

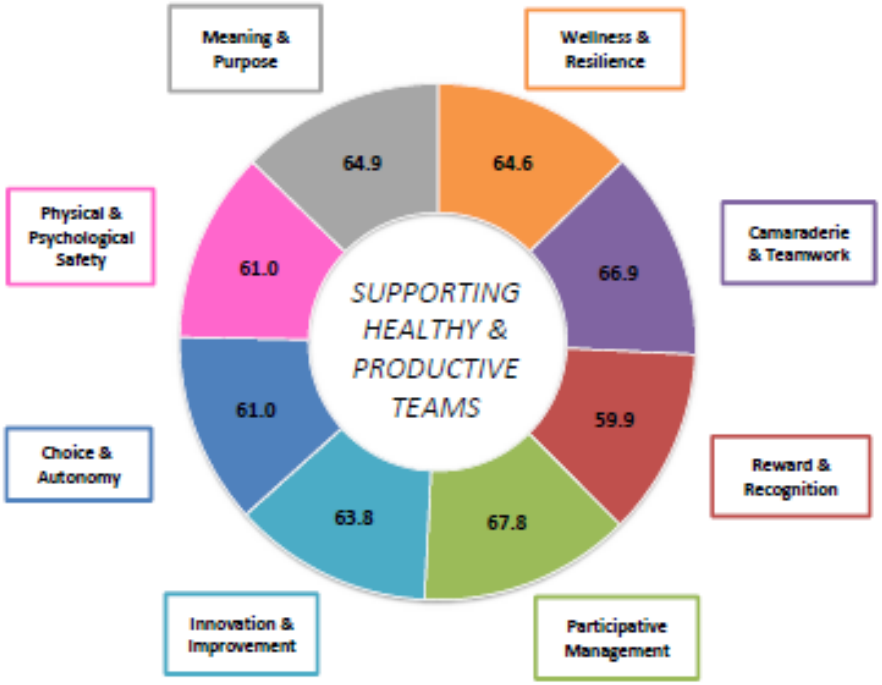
Baseline Staff Experience Survey

Belfast Health and Social Care Trust

Based on 2095 returns

I would recommend Belfast Health and Social Care Trust as a place to work	62.8
Engagement Indicator Overall Score	65.4
Overall Staff Experience Score	63.7

Mean Rating Score out of 100 | Higher Score = Better



Baseline Staff Experience Survey

Belfast Health and Social Care Trust

Based on 2095 returns

Engagement Indicator Questions

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	62.8
I look forward to going to work	55.4
I am enthusiastic when I am working	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

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

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 contribution 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

Mean Rating Score out of 100 | Higher Score = Better

Belfast Health and Social Care Trust
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Working together · Excellence · Openness & Honesty · Compassion

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

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

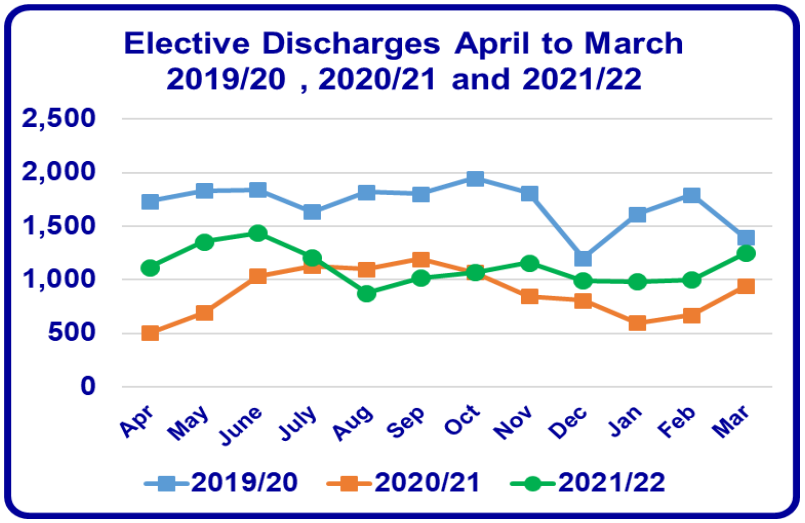
Belfast Trust: Elective Care Framework Action Plan

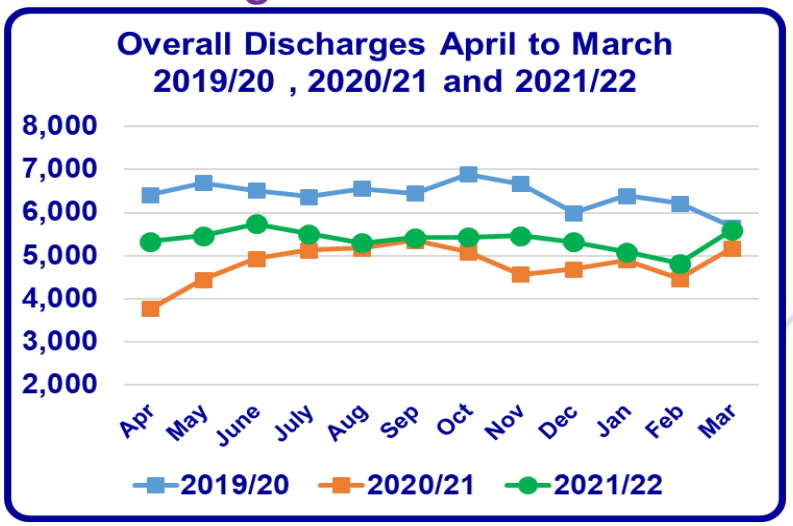
E			
	Action	Target Date	Actions
2	Make recommendations on medium term contracts to lease theatres to independent providers to address current backlogs. This will include theatre capacity that is not in active use, including use of HSC theatres in evenings and weekends where HSC activity cannot be delivered.	IN PLACE – SCOPES GA DC THEATRE Q3 2021	BHSCT has inreach 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 (BCH/RVH) for inreach 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 BHSCT will not permit the use of theatres for inpatient surgeries for IS providers at the weekend.
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	BHSCT delivered 33% of SBA OP consultant attendances virtually for April – March 21/22. 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 5 mega clinics from Sep21-Mar22 Ophthalmology have carried out 5 mega clinics from Sep21 to Mar22
11	The HSCB will oversee the introduction of pre-operative assessment mega-clinics.	TAKING PLACE	BHSCT will participate and contribute to this initiative overseen by HSCB.
49	All HSC Trusts will ensure the introduction of text or voice messaging services to reduce DNA rates for all elective services.	IN PLACE	BHSCT 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.
50	HSC Trusts will invest to increase capacity in patient booking teams to ensure that patients are contacted prior to surgery.	IN PLACE	BHSCT IPDC Bookings Teams contact the majority of IPDC patients by phone prior to admission to confirm admission dates and also to arrange COVID testing dates.
54	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 BHSCT 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

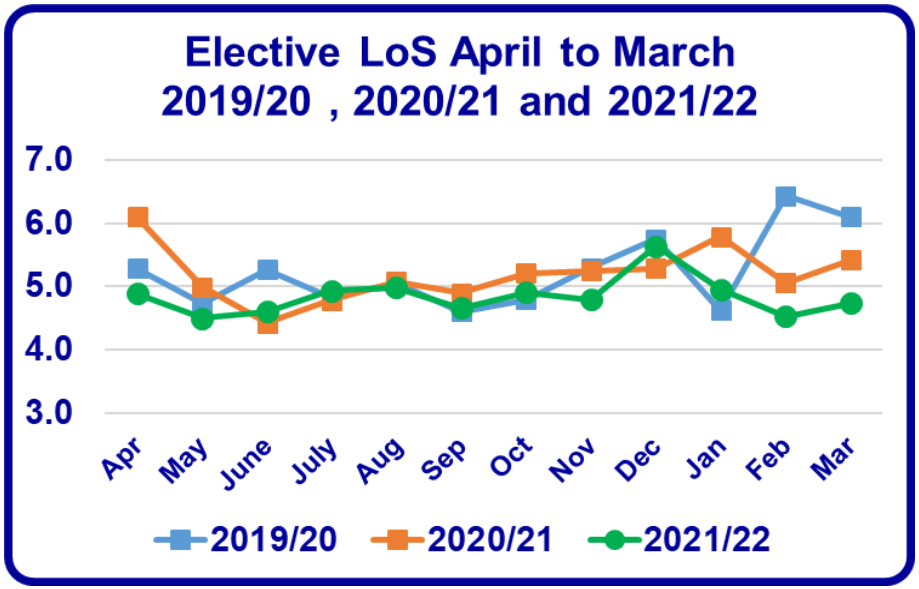


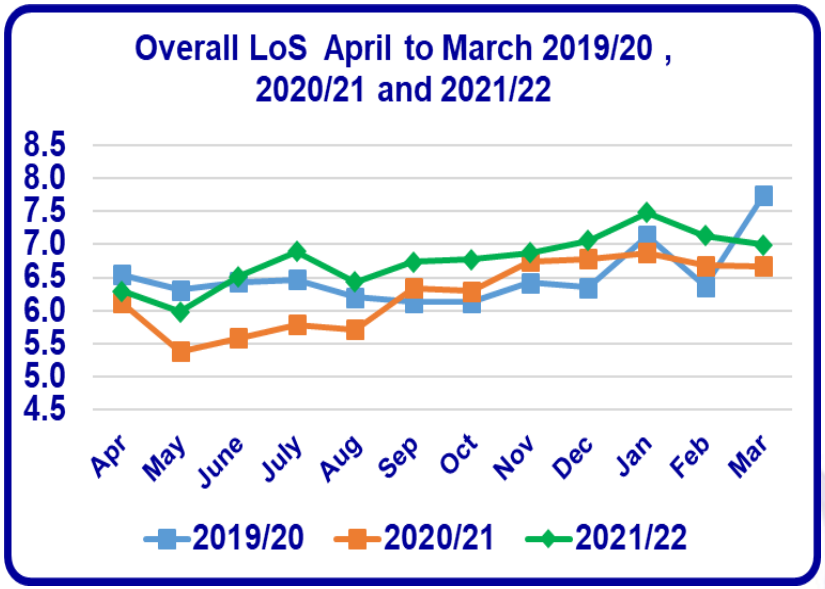


There were 1,247 elective discharges in March 2022, 308 more than in March 2021, and 147 below the Elective Discharges in March 2020 (1,394).

Elective Inpatients / Daycase

Average Length of Stay (ALoS)

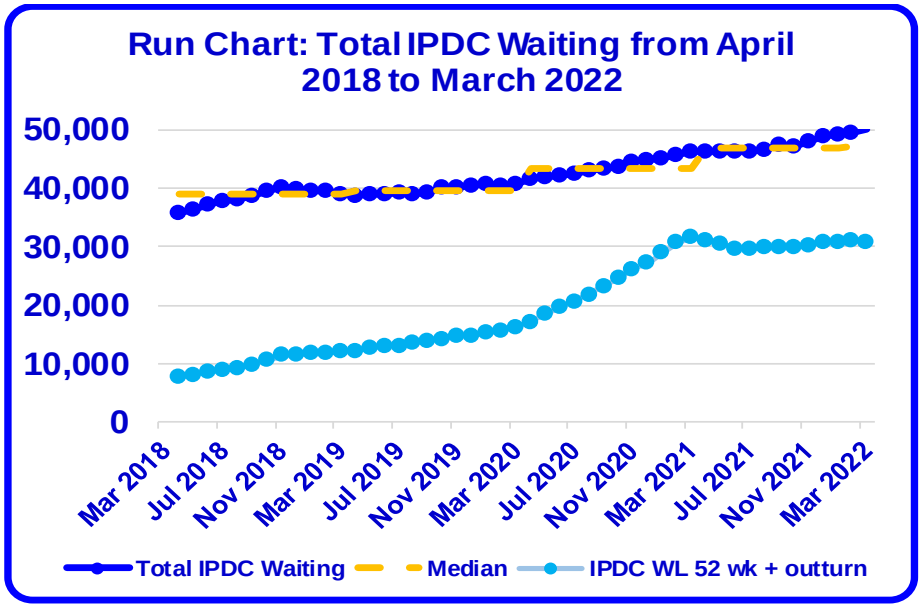


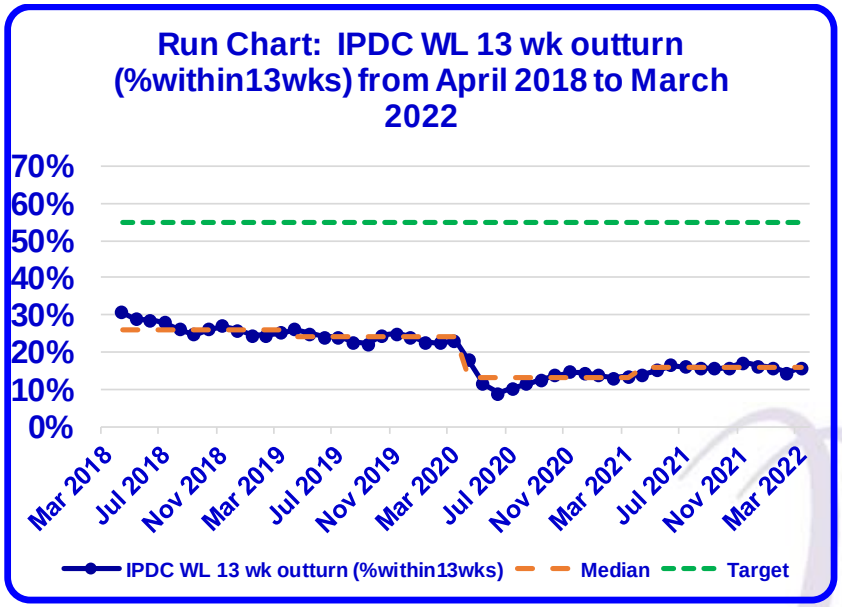


- All sites experienced an increase in LoS at the end of 2019/20 compared to 2018/19, Overall LOS in April – March 2021/22 is higher than in 2019, particularly in the 6 months to March.
- Overall LoS is 7.0 days in March 2022, compared to 6.7 and 7.7 in March 2021 and 2020.
- Elective LoS is 4.7 days in March 2022, compared to 5.4 and 6.1 in March 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.

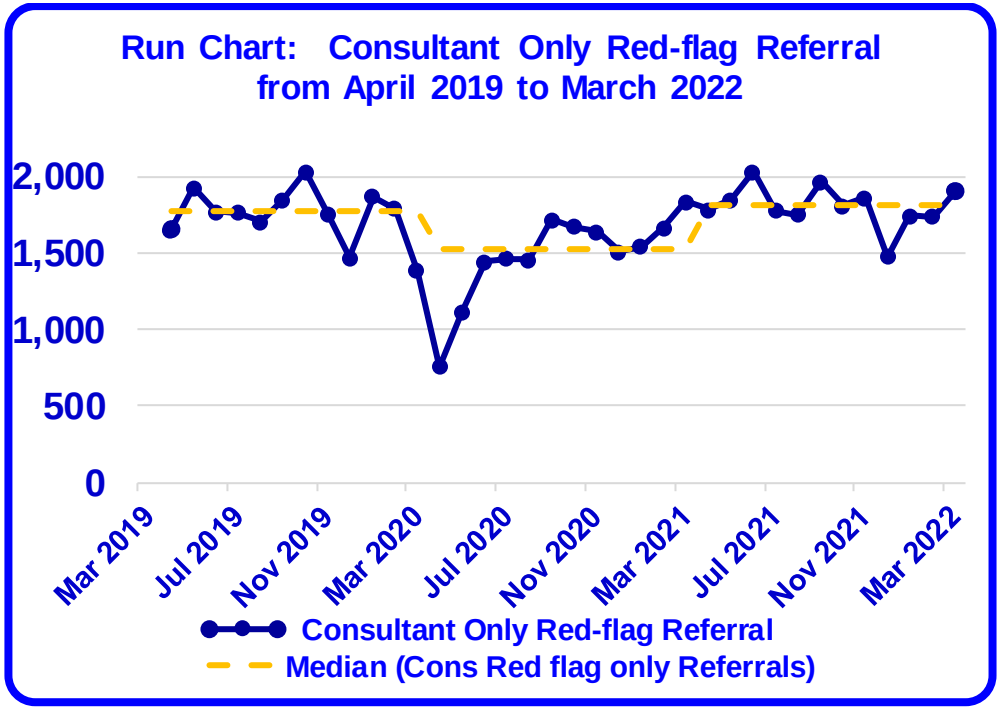




- A total of 50,050 patients were on the waiting list at the end of March 2022, compared to 46,184 at the end of March 2021 - an increase of 8.4%.
- Number of patients waiting > 52 weeks has decreased to 30,908 at the end of March 2022 from 31,562 at the end of March 2021– an decrease of 2.1%
- The percentage of patients waiting < 13 weeks is 16% at the end of March 2022 compared to 14% at the same time last year.

Cancer Access

Red Flag referrals

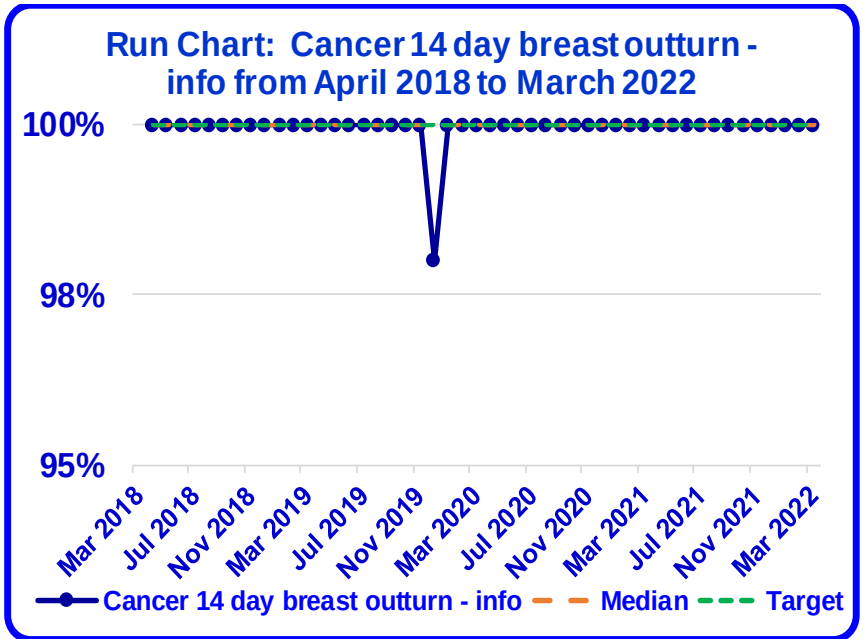


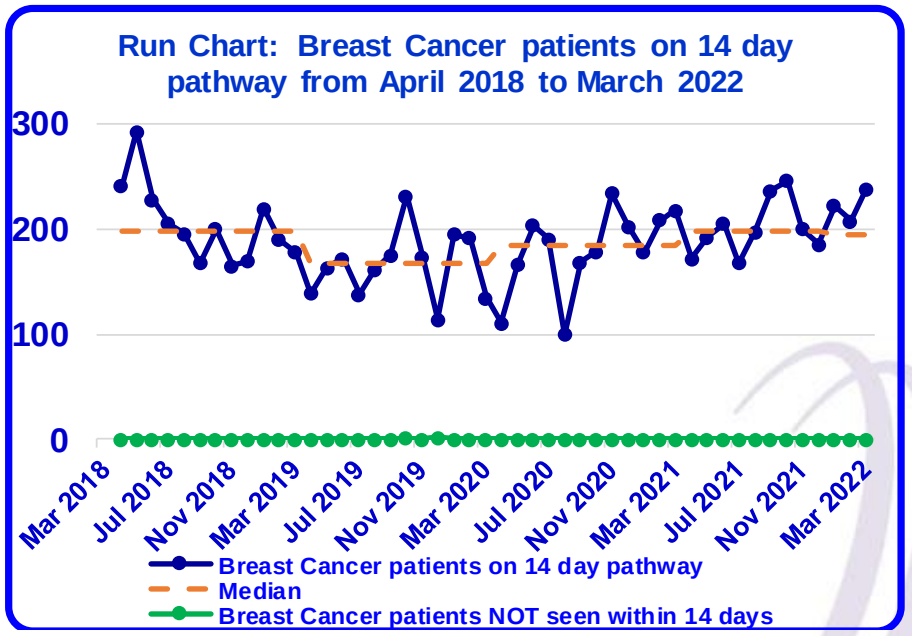
- After an initial drop in red flag referrals in April 2020 to 756 numbers have increased steadily
- At March 2022 there were 1,904 red flag referrals, compared to 1,845 in March 2021.
- The monthly average for April 2021 to March 2022 is 1,807.

Cancer Access

14-day Breast target

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



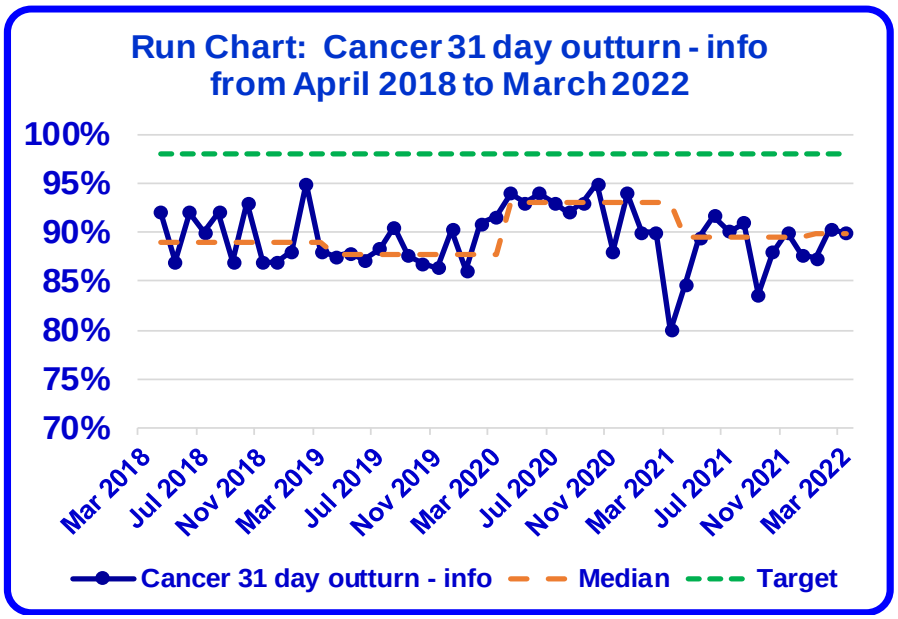


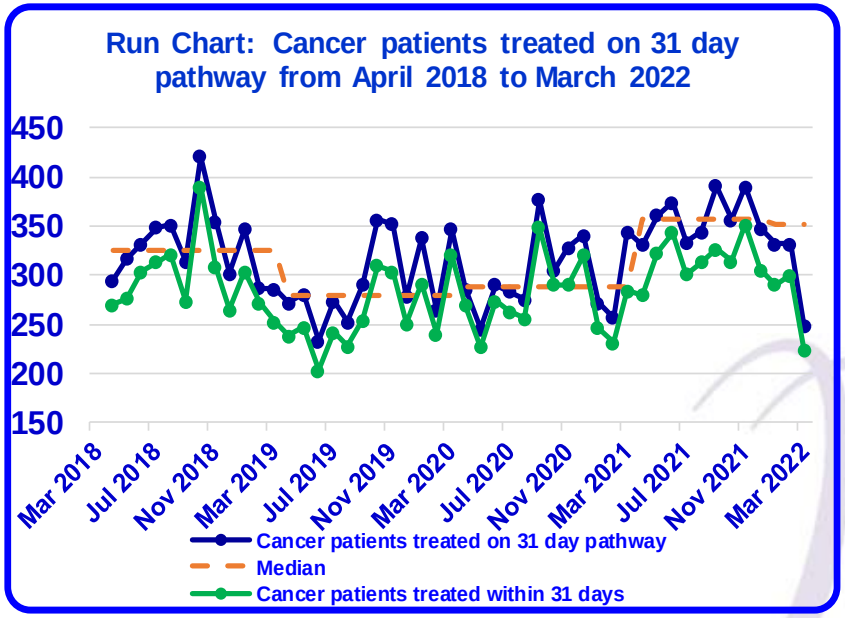
- The 100% target continued to be met in the year to March 2022. Average numbers are around 200, similar to that of 2018/19 levels

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.



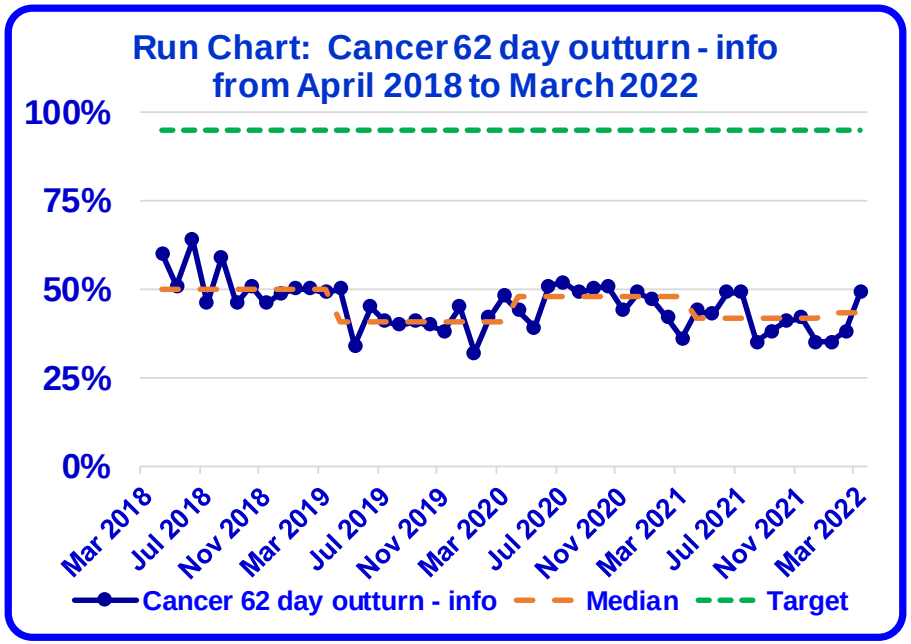


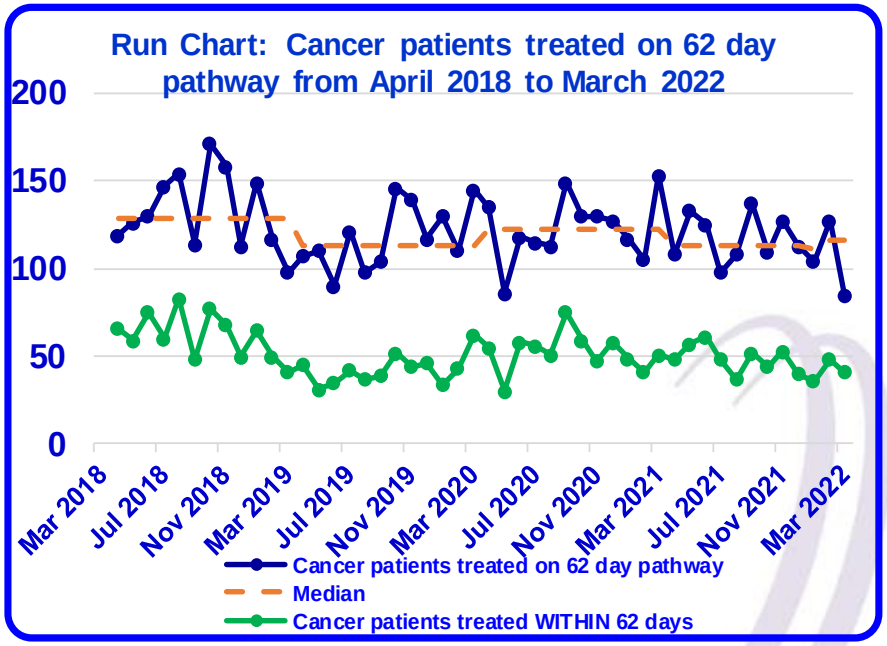
- In March 2022 there were 223 patients (90%) treated within target on 31 day pathway and 25 people exceeding the target from a total of 248 patients commencing treatment.
- There have been 4,142 patients beginning treatment on the 31 day pathway between April 2021 and March 2022, averaging 345 patients 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.

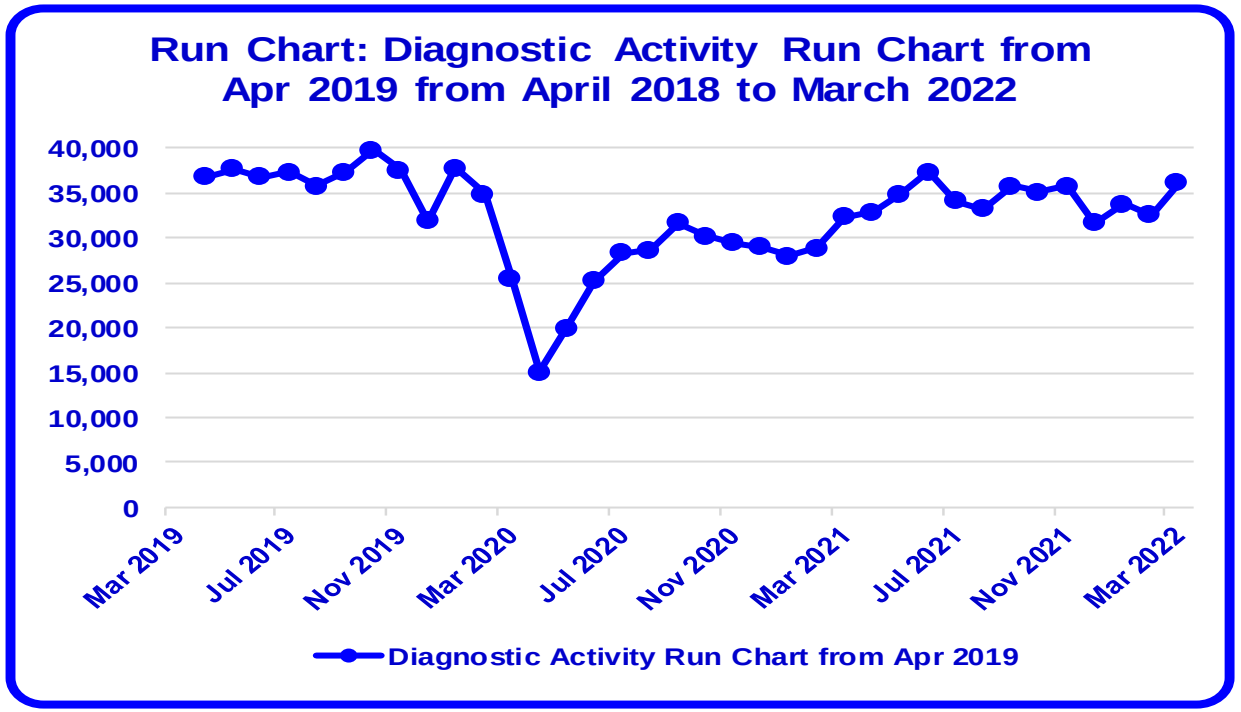




- In March 2022 there were 41 patients treated within target on 62 days pathway and 44 people exceeding the target.
- There were 85 patients first treated on the 62 day pathway in March, with an average of 115 patients commencing treatment between April 2021 and March 2022.

Diagnostics

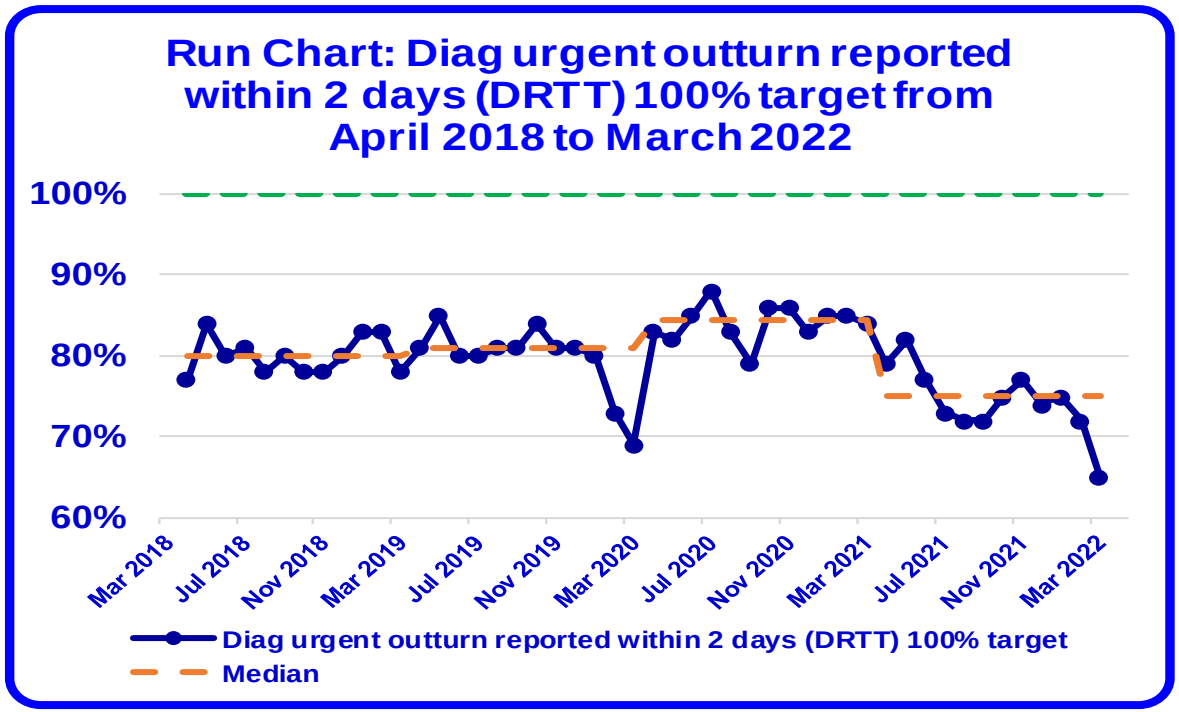
Diagnostics – (CT, NOUS, MRI, Plain Film, PET and ECHO)



- 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 36,111 in March 2022 (latest available data).

Diagnostics

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

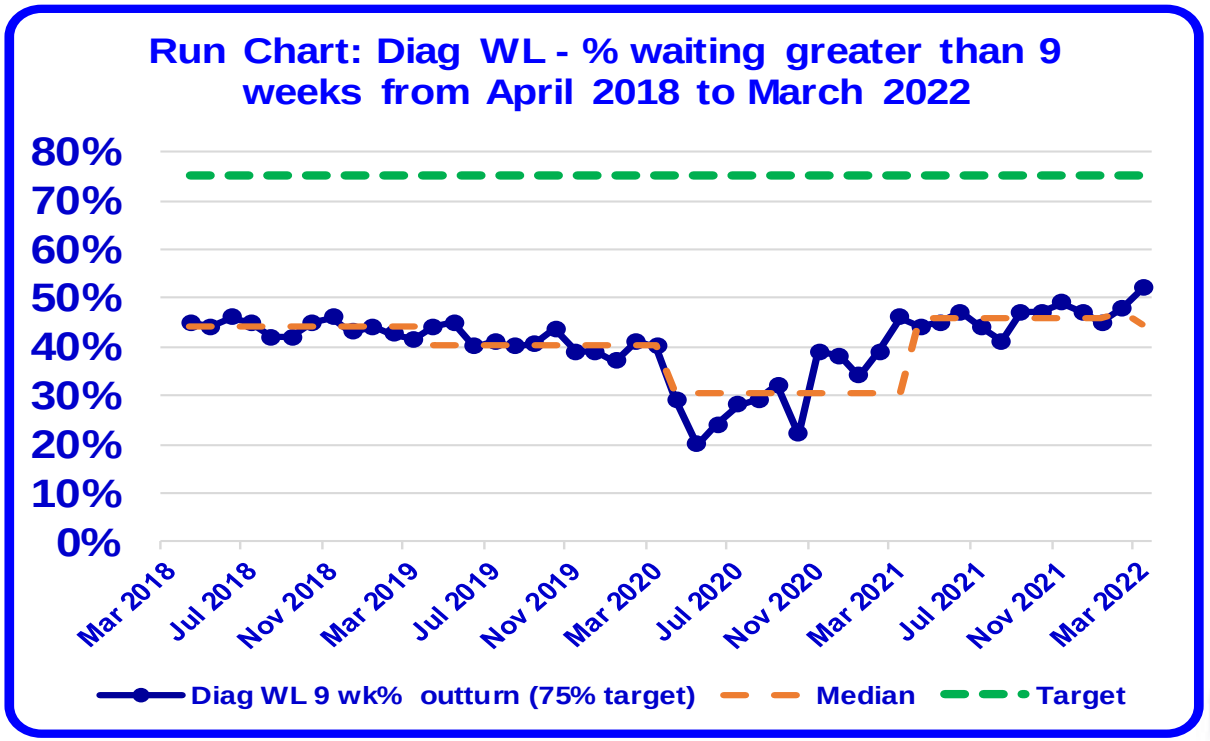


- In March 2022, 65% of urgent diagnostic tests were reported within 48 hours.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

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

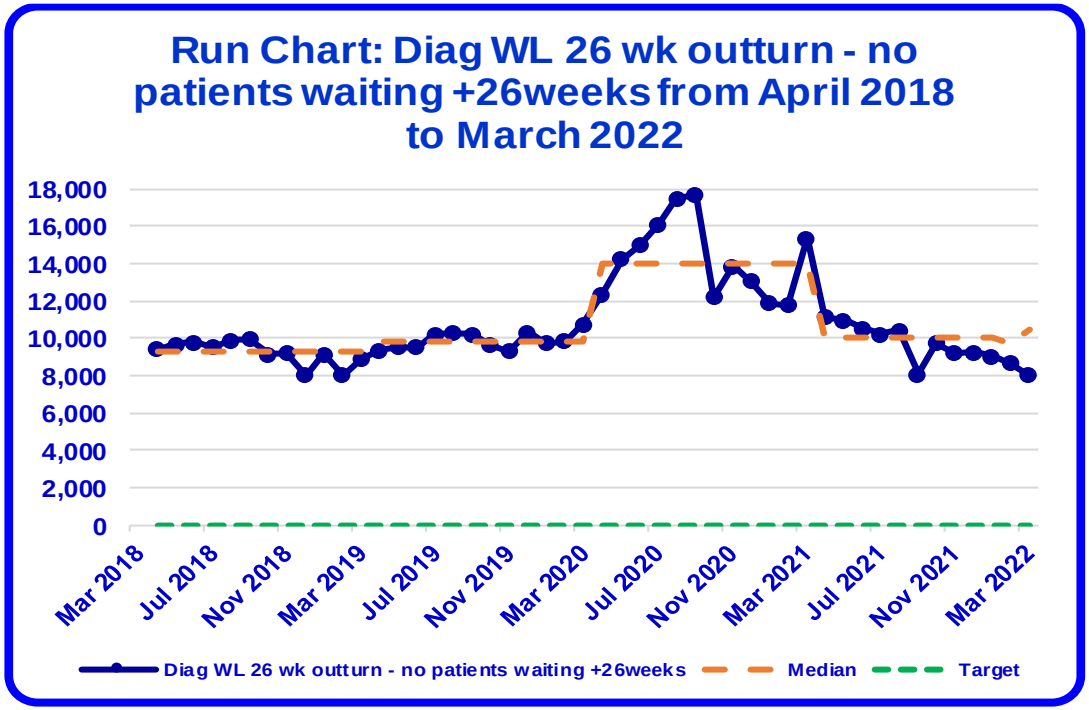


- In March 2022, 52% are waiting less than 9 weeks.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

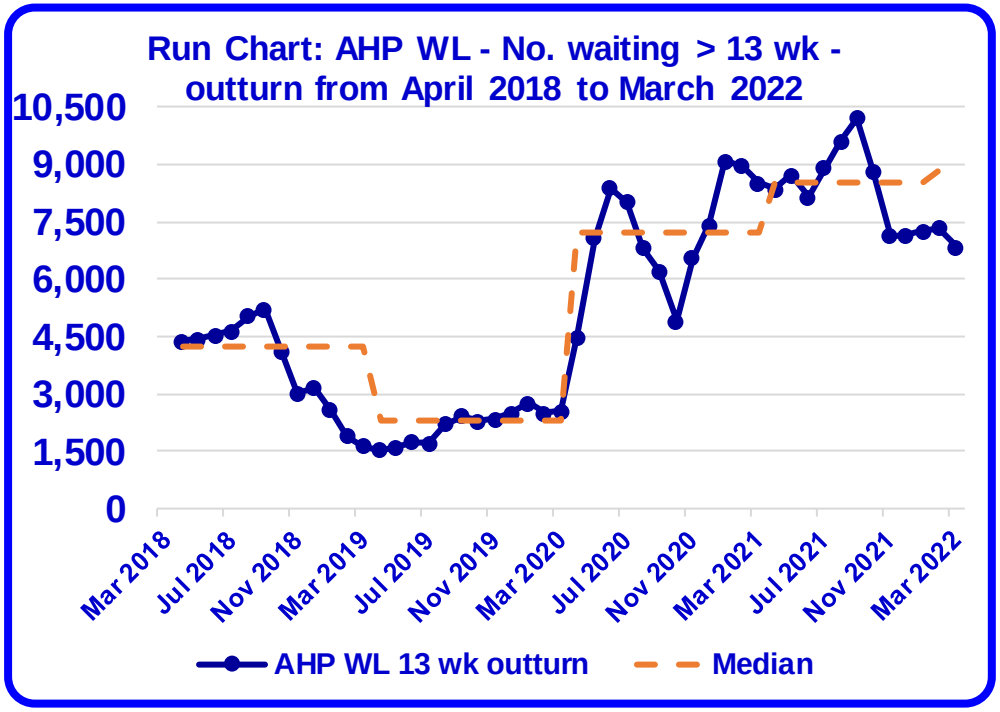
CPD: No patient waits longer than 26 weeks for a diagnostic test



- At March 2022 there were 8,035 patients waiting in excess of the 26 week target, compared to a peak of 17,706 in September 2020, a decrease of 55%.

Allied Health Professionals (AHP's)

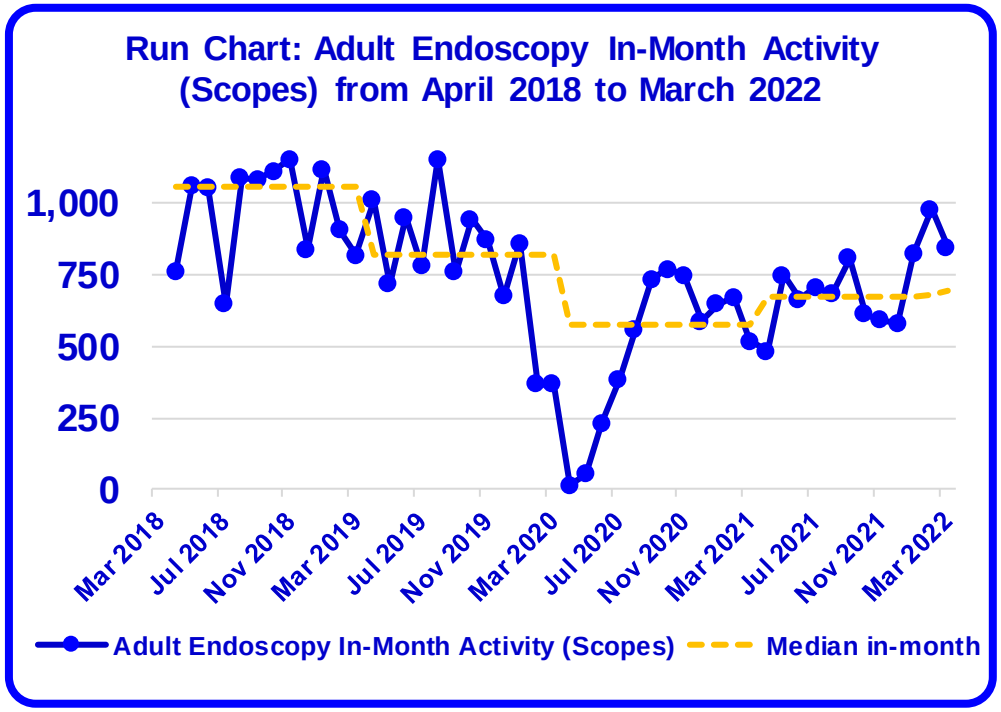
CPD: No patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP).



- At March 2022 there were 6,839 patients waiting in excess of 13 weeks compared to 4,495 in April 2020 and 8,525 in March 2021.

Endoscopy

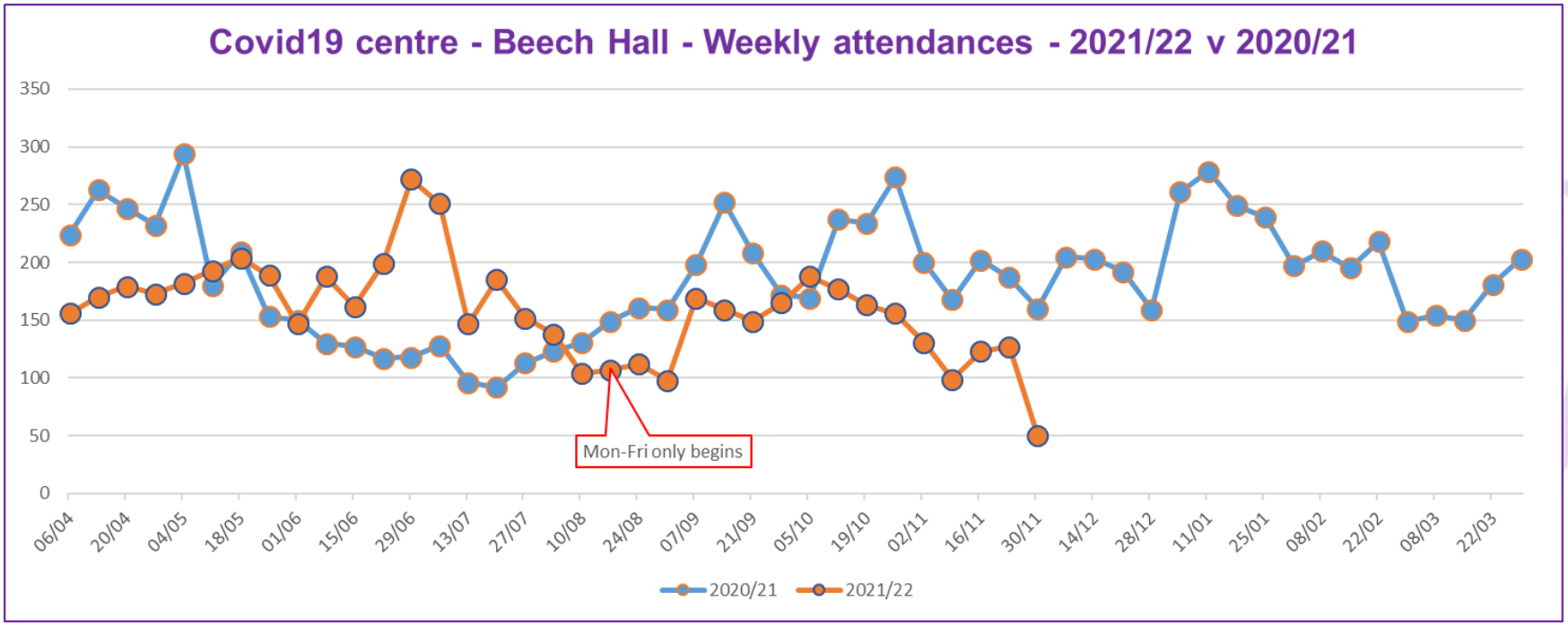
Endoscopy activity



- In month activity improved from a low of 15 in April 2020 to over 807 in September 2021, dropping to 597 in November 2021, and increasing to 845 in March 2022.
- From April – March 2021/22 there were 8,526 endoscopies carried out, with a monthly average of 711.

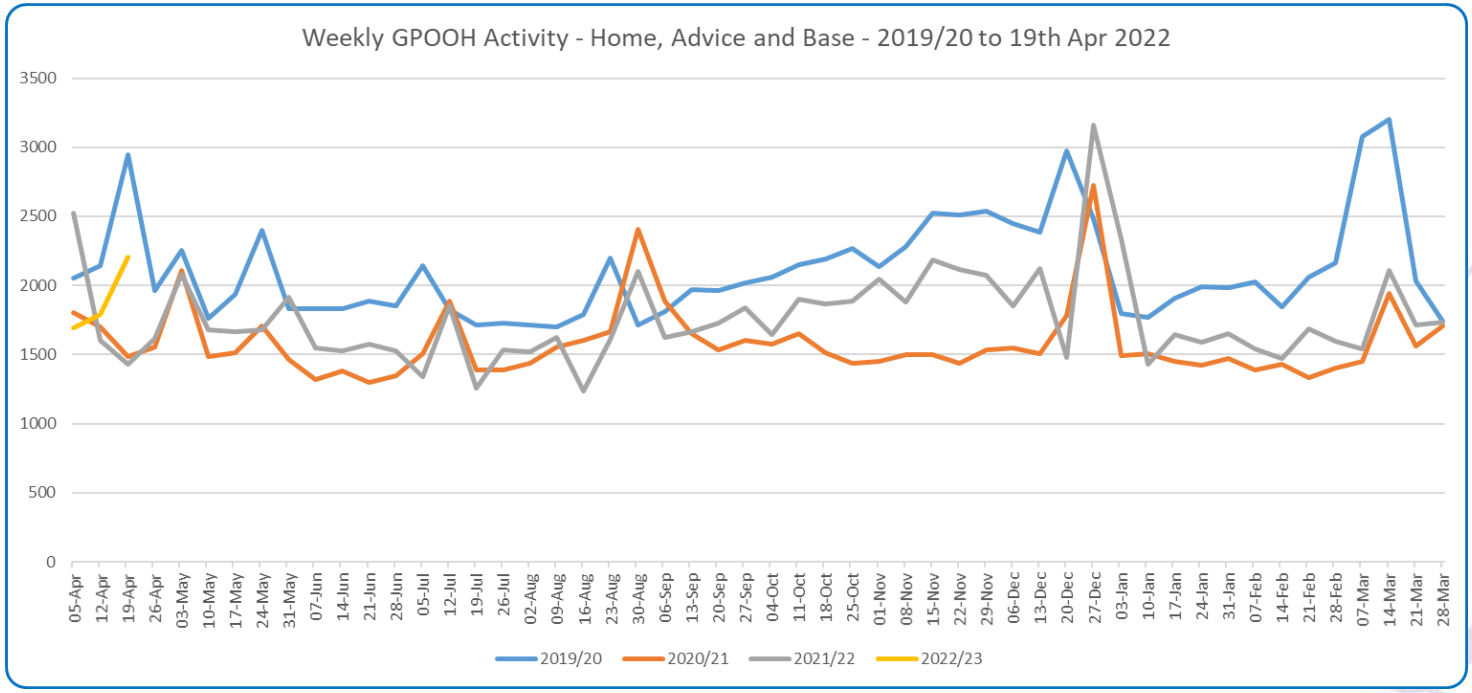
Unscheduled Care: Primary Care Covid-19 Assessment Centre

- Weekly numbers peaked at just under 300 in Surge 1 (late April 2020) before dropping to an average of 139 until the end of August 2020.
- Numbers peaked again at 274 in Surge 2 (late October 2020) and 279 in Surge 3 (early January 2021).
- A surge in June 2021 peaked at 274 in the last week, with average weekly contacts of 207 of June.
- The average weekly attendances in November 2021 = 100 (October 2021 = 163).
- GP capacity had significantly reduced and the centre closed on 11th March 2022



Unscheduled Care: GP Out of Hours Service Weekly

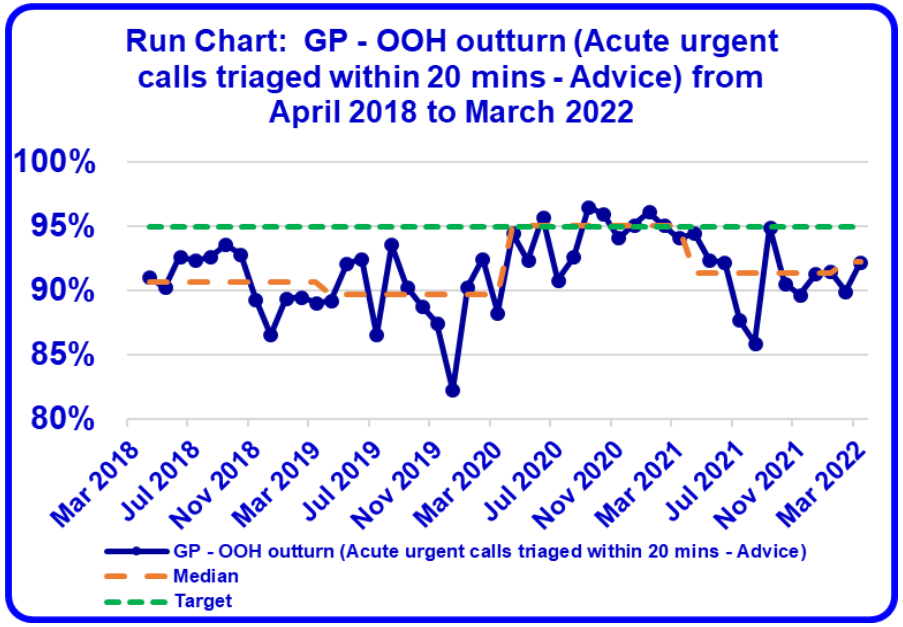
- GP Out of Hours volumes saw a significant rise in March 2020 at the outset of the pandemic. Since then numbers dropped and have generally remained below 2019 levels.In the week ending 28th March 2022, there were 1,736 contacts. The weekly average for each year is; 2019/20 =2,106; 2020/21=1,585; 2021/22 =1,761 (i.e. on average each week in 2021/22 the GPOOH service had approx. 84% of the level in 2019/20).

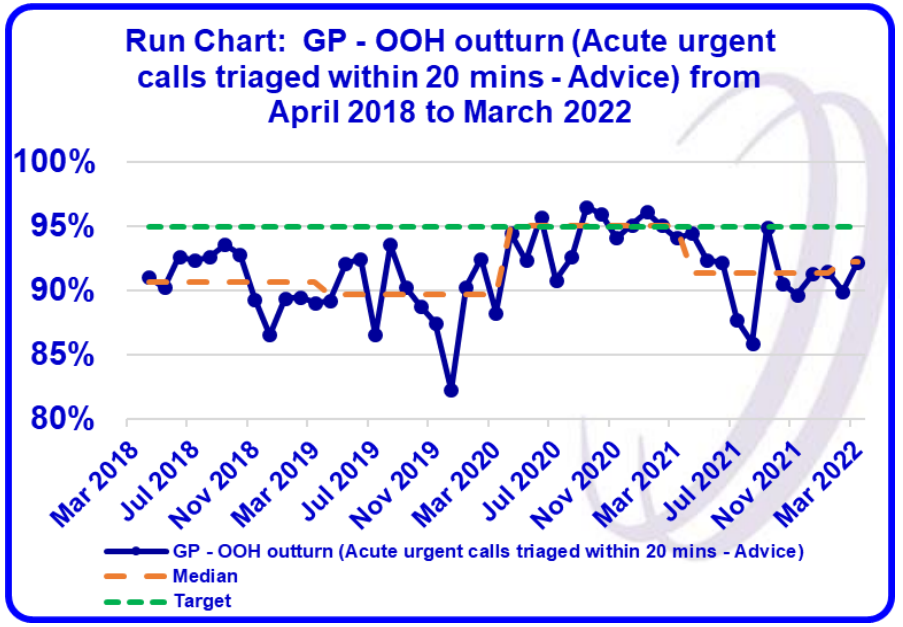


Unscheduled Care: GP Out of Hours Service – monthly

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%.
- BHSCT total calls 91,569 calls received between April and March 2021/22 - average 7,631 (*6,878 2020/21*);
- There were 7,382 total calls received in March 2022.
- Total urgent calls to be seen within 20 minutes in March 2022 is 387; April – March 2021/22 = 4,813; average 401 per month. The average for 2020/21 was 279 monthly; and 445 monthly for 2019/20.

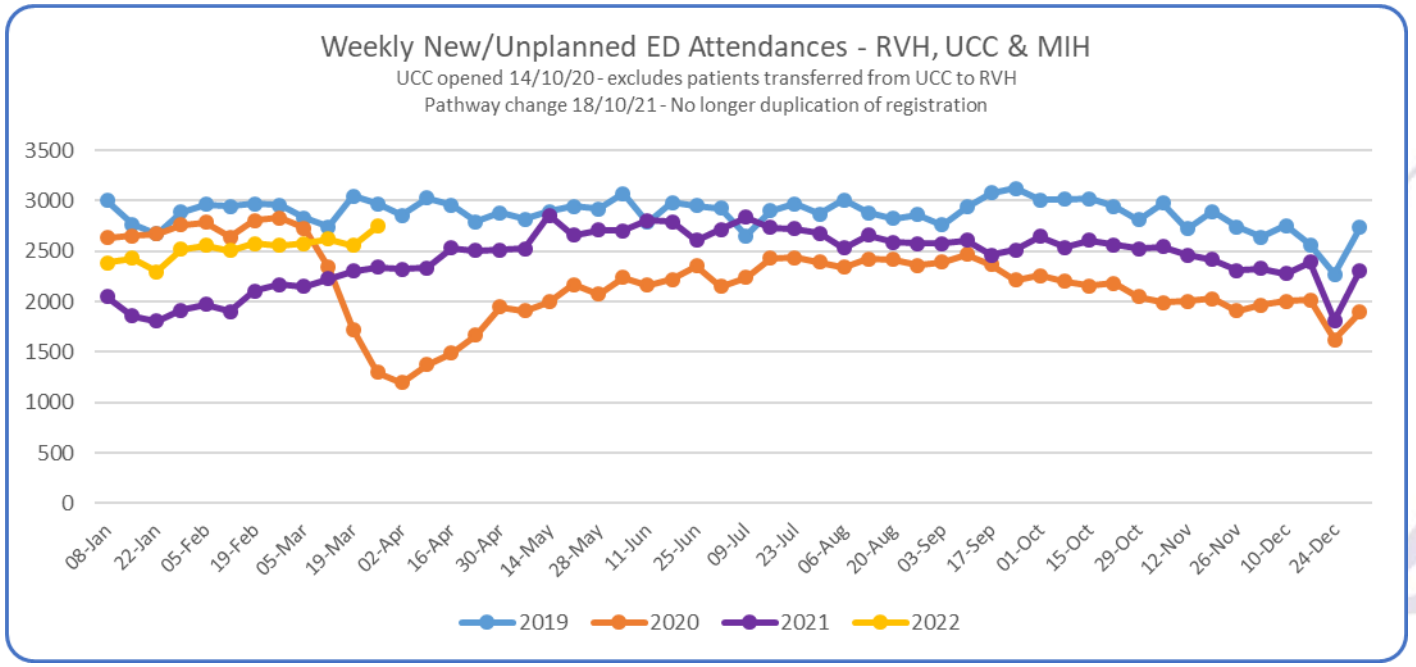




Unscheduled Care: Emergency Departments

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

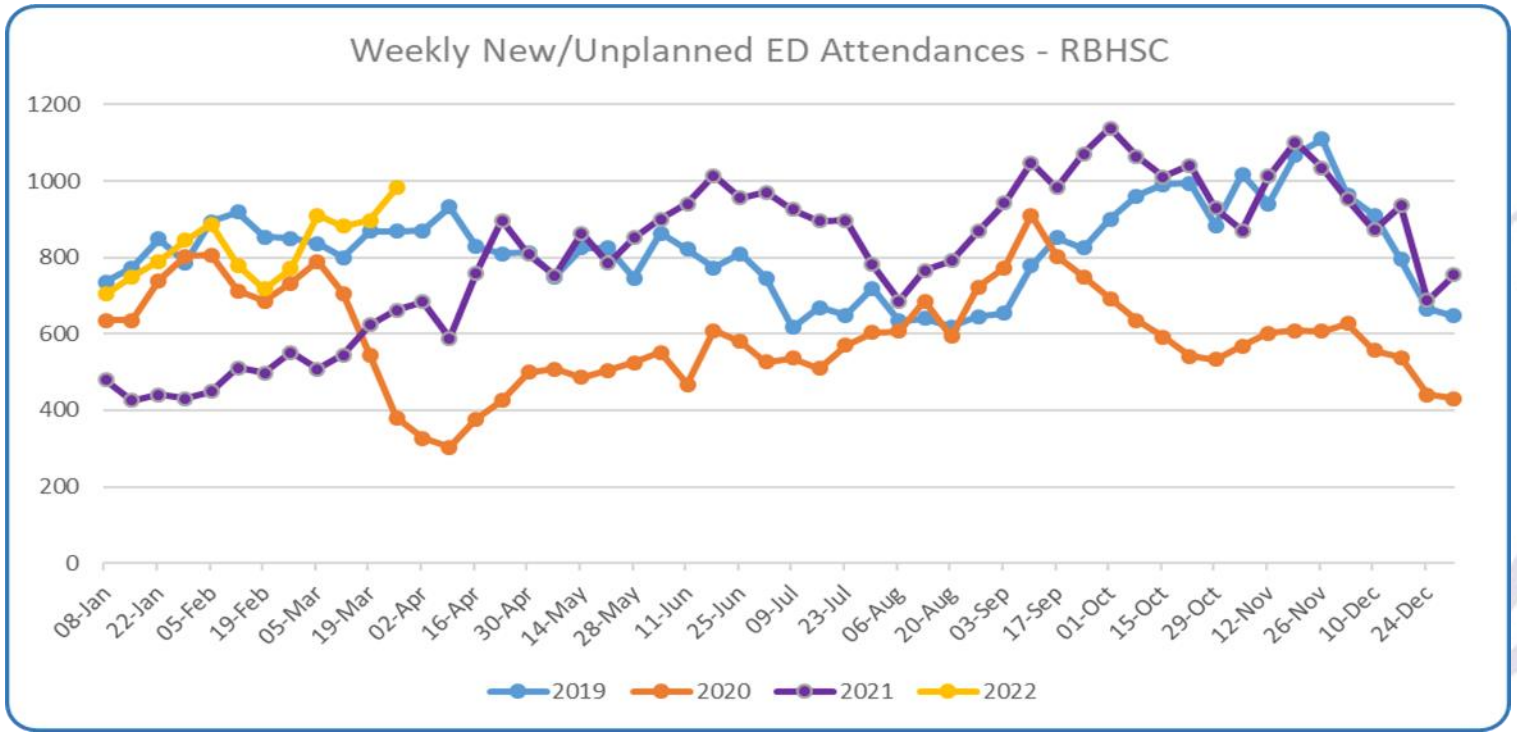
- Weekly attendances dropped significantly in the first wave to a low of 1,208 in early April 2020, 42% of the weekly attendances at 3 April 2019.
- Attendances increased gradually to a peak in week of 11th September 2020 of 2,516, 85% against the same week in 2019.
- Attendances peaked again in May 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 26th March 2022 there were 2,745 attendances at Adult ED.



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 averaged at 826 per week in the first 12 weeks of 2022.



Unscheduled Care: Emergency Departments

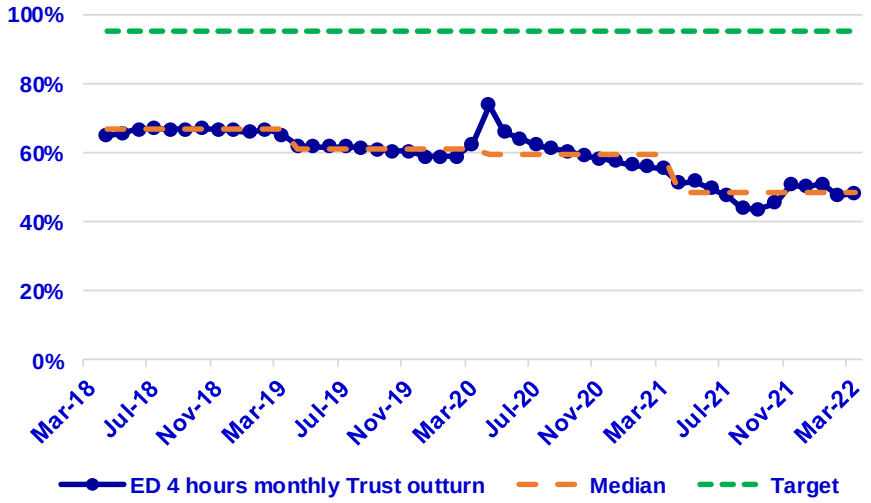
CPD: 95% of patients attending ED either treated and discharged home, or admitted, within four hours of their arrival in the department

Cumulative Performance is 49.1% for April – March 2021/22. In March 2022 monthly performance was 48.4%.

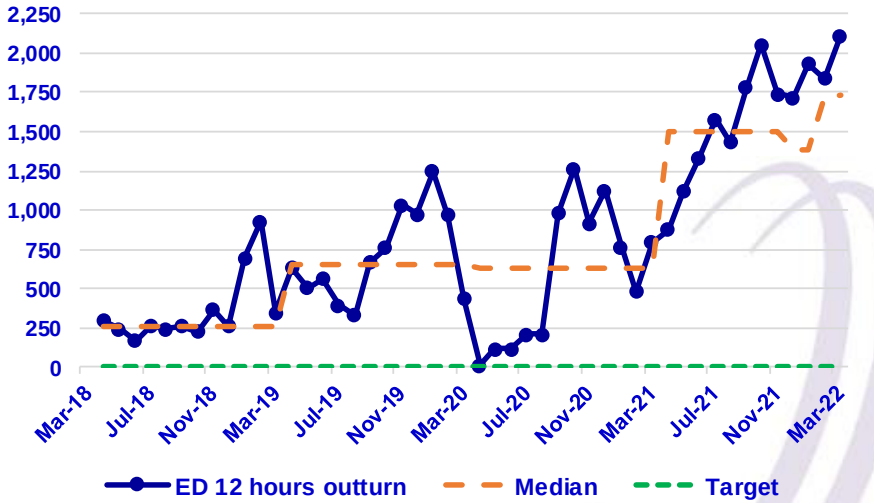
CPD: No patient should wait over 12 hours

In March 2022, 2,112 patients were waiting in excess of 12 hours. From April to March 2021/22 there were 19,513 excess waiters - 12,516 higher than the 6,997 for the same period last year.

Run Chart: ED 4 hours monthly Trust outturn from April 2018 to March 2022



Run Chart: ED 12 hours outturn from April 2018 to March 2022



- ED attendances totalled 15,800 in March 2022, 5,331 (51%) greater than March 2022.
- Cumulative attendances April to March 2021/22 are 164,482 compared to 128,533 for the same period last year – an increase of 30%.

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

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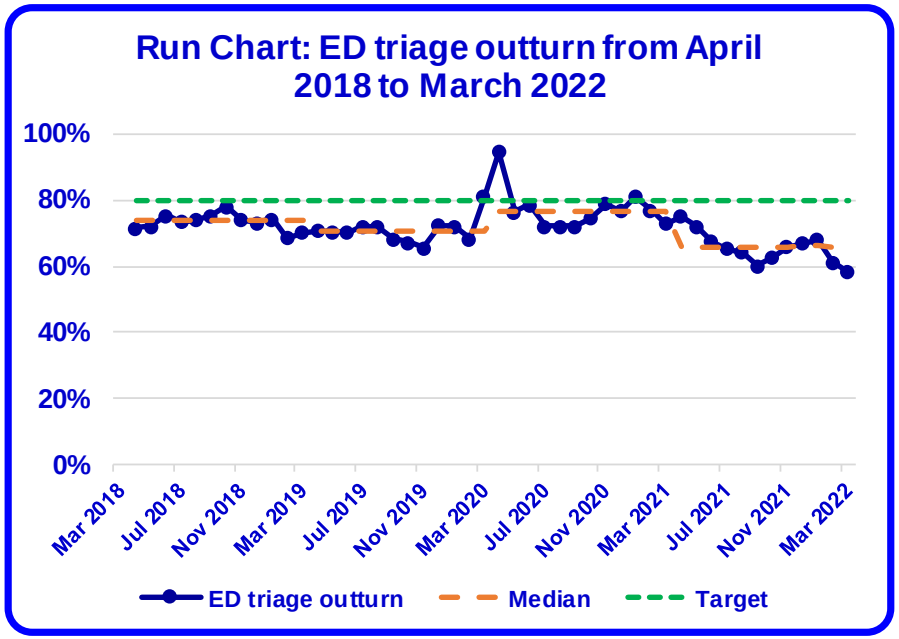
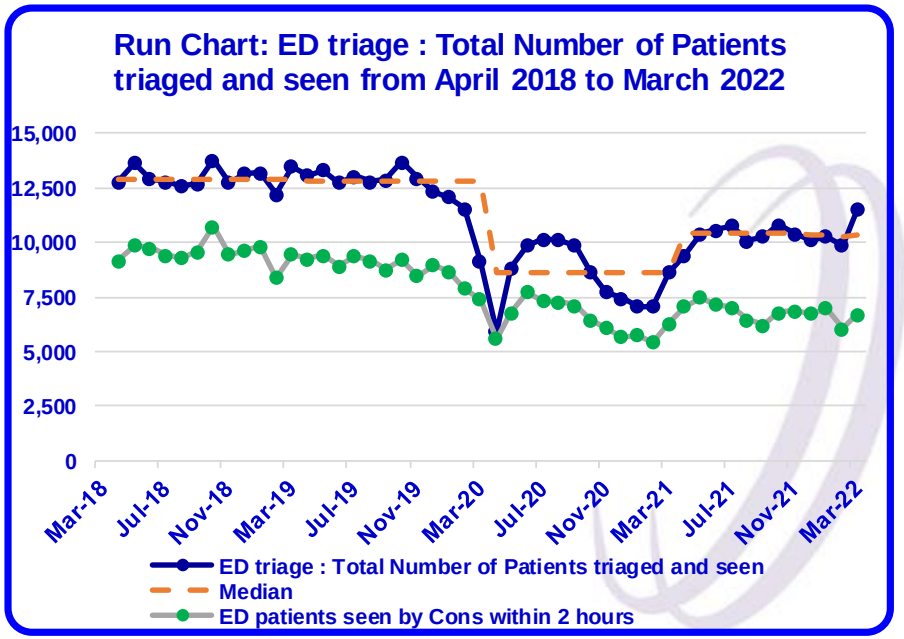
Unscheduled Care: Emergency Departments

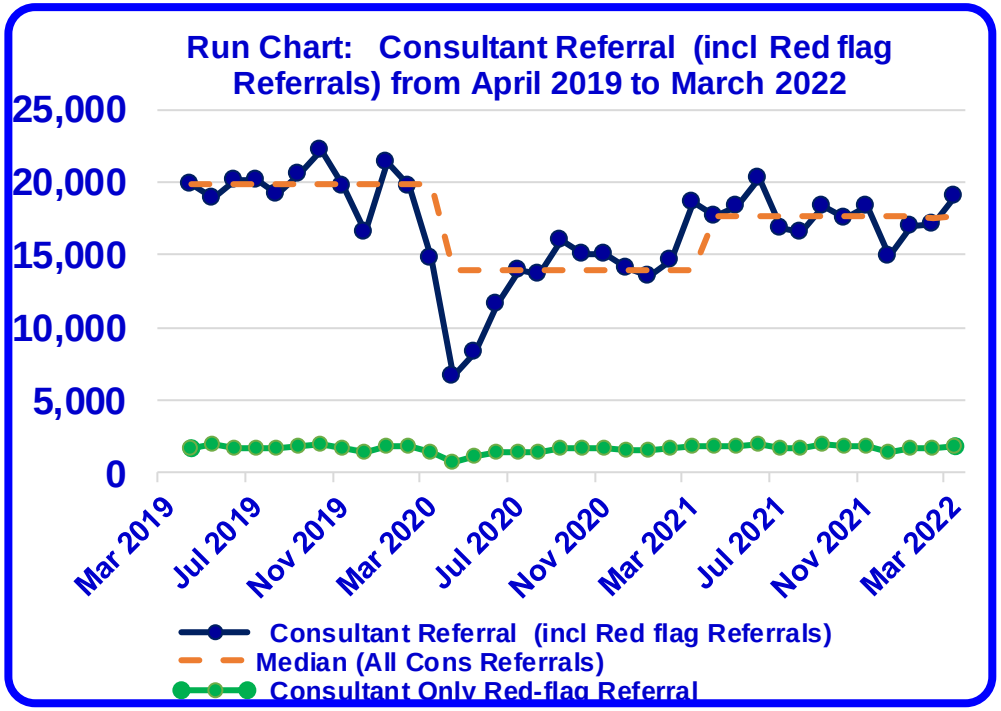
CPD: at least 80% of patients to have commenced treatment, following triage, within 2 hours.

- Performance in the month of March 2022 is 58.0% and 65.5% cumulative from April to March 2021/22
- Total number triaged and seen by a Clinician at the end of March 2022 was 11,510, compared to 8,636 at the end of March 2021.
- Cumulative triaged attendances April to March 2021/22 totalled 124,553, compared to 101,435 for the same period last year – an increase of 23,118 (23%).





Outpatients Referrals

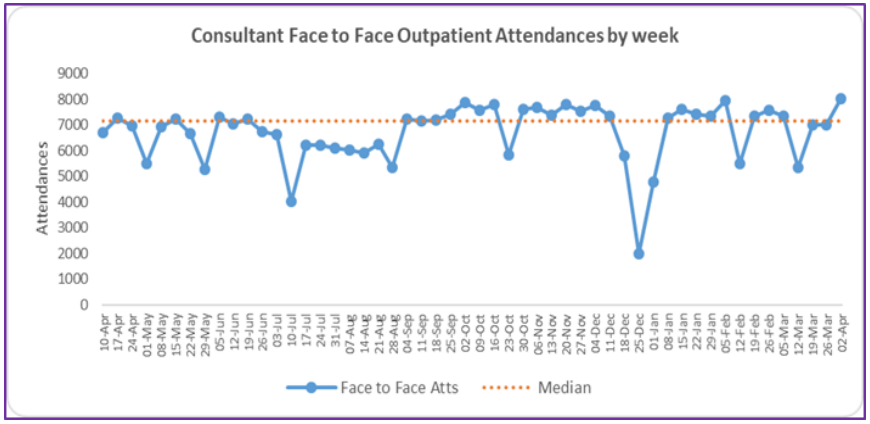


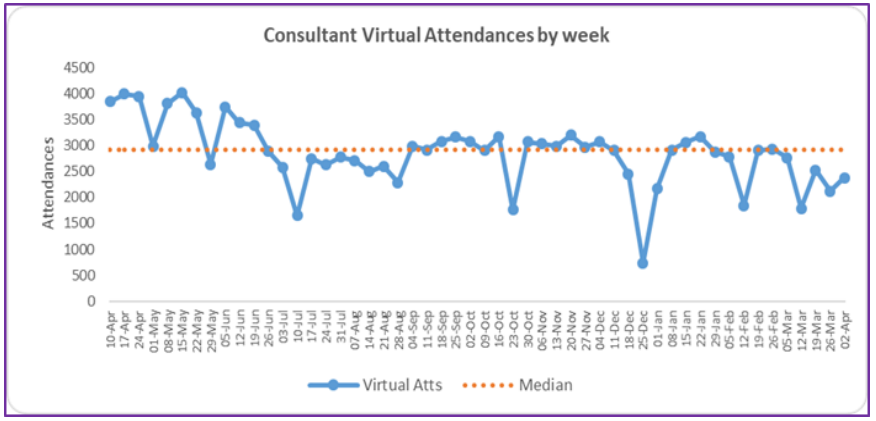
Referral Numbers - By Referral Month (Consultant only)

- OP Referrals have increased consistently since the low of April 2020 at the outset of the pandemic, with the exception of the autumn period. There were 18,972 referrals in March 2022 - similar to the number received in February 2020 pre-pandemic.

Outpatients

Consultant Outpatient Attendances – week beginning 2nd April 2022





Analysis since week beginning 1st February 2020 to w/c 2nd April 2022

Face to face contacts:

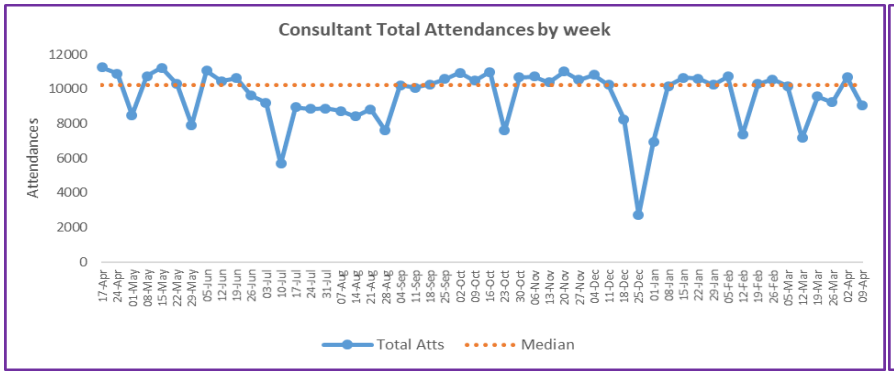
- Face to Face attendances fell to 1,026 w/c 11th April 2020.
- Weekly average between Aug 2020 and March 2021 was 4,949.
- Between April 2021 and March 2022 activity has averaged 6,704. Average since September 2021 is 6,939. In w/c 2nd October there were 7,852 Face to Face Contacts.
- In 16 of the last 22 weeks numbers have exceeded 7,000 weekly contacts

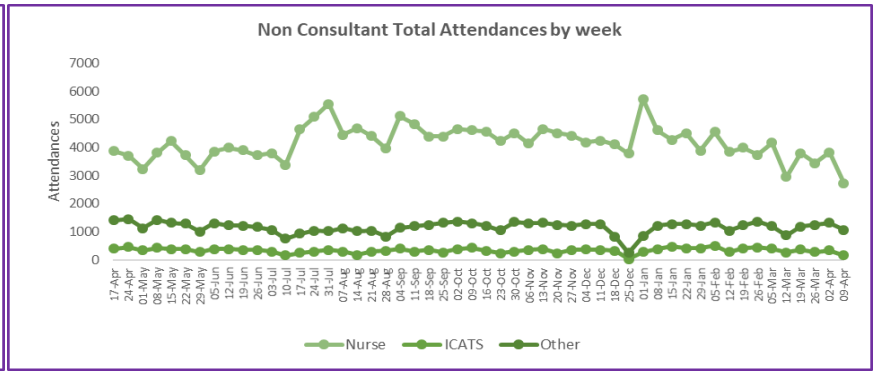
Virtual Contacts (telephone and video contacts):

- Dropped significantly to 1,445 week ending 11th April 2020.
- Weekly average between August 2020 and March 2021 was 3,626.
- Between April 2021 and January 2022 this has dropped to 2,846.
- In 5 of the last 22 weeks numbers have exceeded 3,000 weekly contacts

Outpatients:

Outpatient Attendances – week beginning 9th April 2022





Analysis since week beginning 1st February 2020 to week 9th April 2022

Consultant Total Attendances:

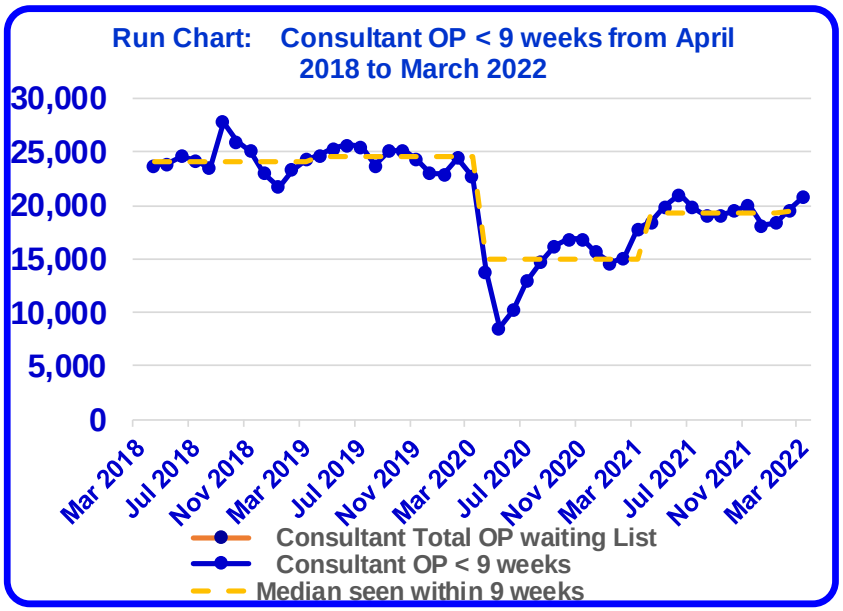
- The lowest activity was 2,471 attendances week ending 11th April 2020. Activity dropped to 2,707 in Christmas week 2021.
- Highest weekly attendances have occurred since April 2021, with activity exceeding 10,000 in most weeks, and exceeding 11,000 in 4 of those weeks.
- Activity has exceeded 10,000 in 18 of the last 26 weeks.

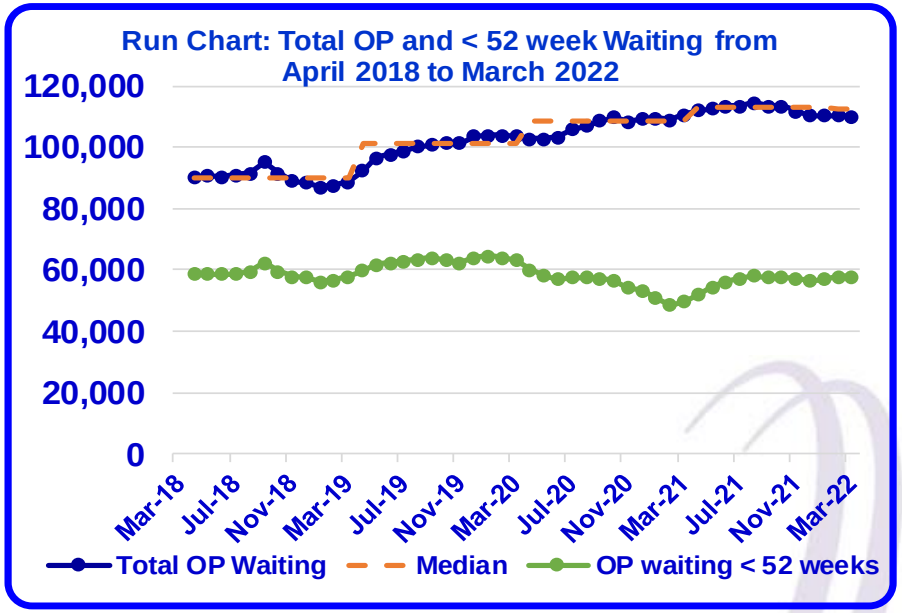
Non-consultant activity (Nurse, ICATS and other activity)

- The lowest activity was 1,443 attendances week ending 28th March 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 5,660 between April 2021 and March 2022, peaking in week beginning 1st January 2022 at 6,951.

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

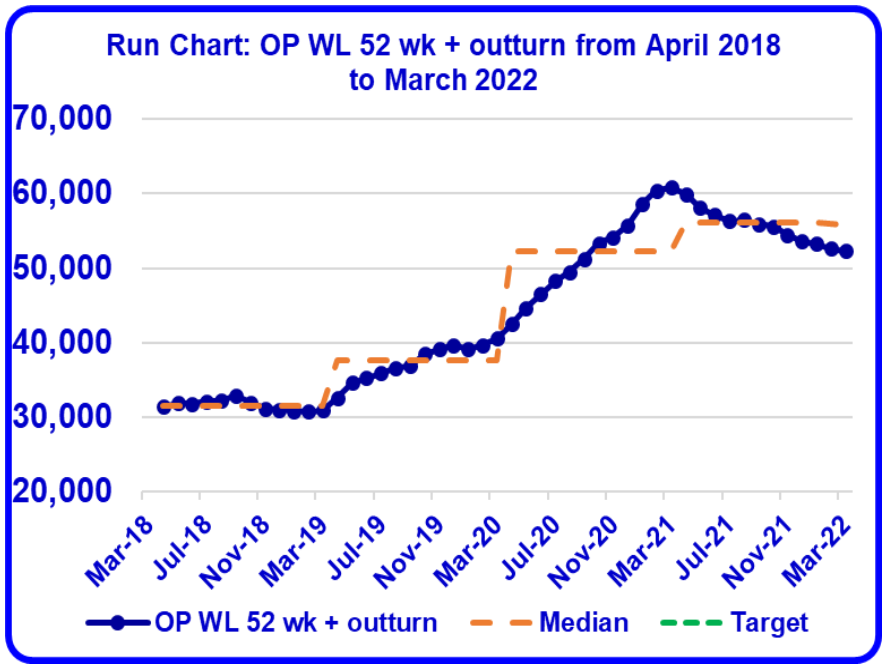


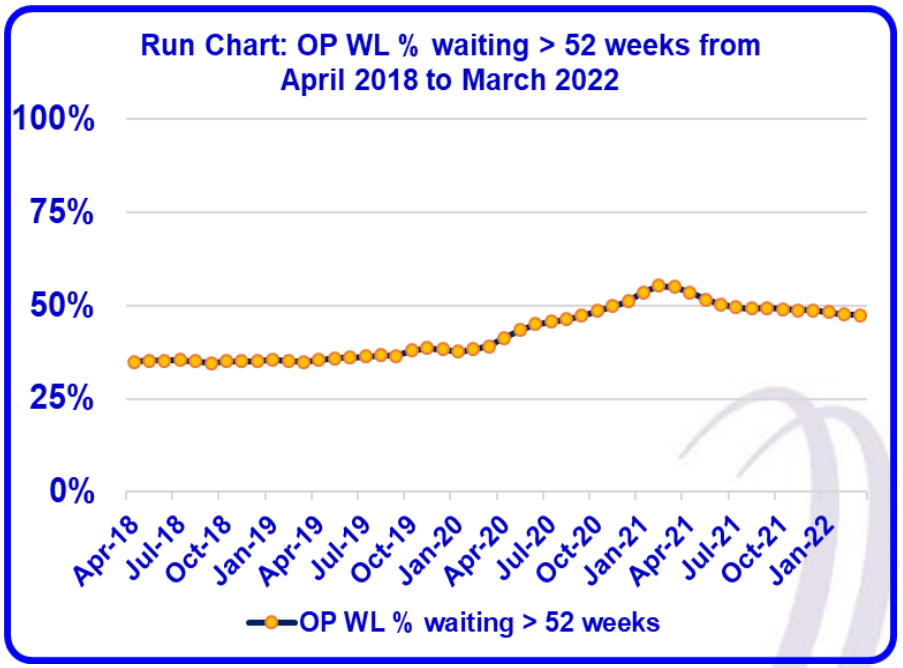


- At the end of March 2022 there were 110,240 patients waiting for an OP appointment, a decrease of 0.3% compared to 110,594 in March 2021.
- At March 2022 a total of 20,845 patients are waiting less than 9 weeks - an increase of 3,021 (17%) from 17,824 in March 2021

Outpatients

Outpatient Waiting List - By Month (Consultant)





- A total of 52,359 patients are waiting more than 52 weeks at March 2022. This equates to 47% of the 110,240 total Outpatient waiting list. At March 2021 there were 60,816 patients waiting longer than 52 weeks.

Outpatients

Outpatient Modernisation Programme – Summary of Approach

BHSCT Outpatient Modernisation Programme - Summary of Approach

Capture – Baseline scoping/use of QI methodology to develop understanding of current service model

- Understanding of key data, waiting lists, benchmarking information
- Location of clinics/accommodation
- Workforce – consultant/nurse-led/AHP
- Process mapping to understand current processes and identify opportunities for improvement
- 'What did we achieve by bringing someone to Outpatients?' - Audit / sample of 'review' patient files to establish value of review appointment and alternative pathways/outcomes that should be explored going forward
- More in-depth focus on a number of specialties as part of a rolling programme - Rheumatology, Dermatology, Gynae, ENT, urology, colo-rectal & regional projects in ophthalmology & orthopaedics

Challenge – sharing learning within and across services, identifying opportunities/focusing efforts for greatest impact

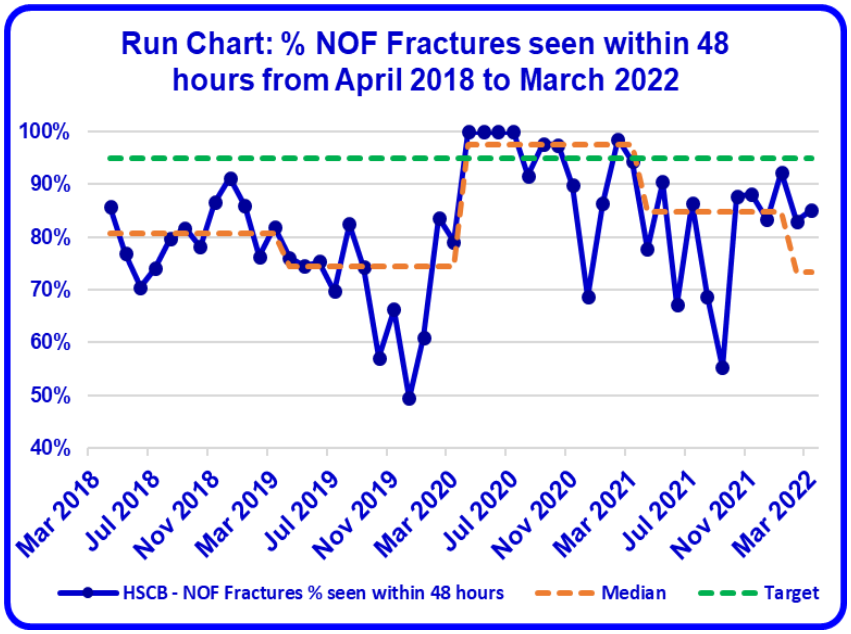
Programme of Work Underway/Testing Solutions

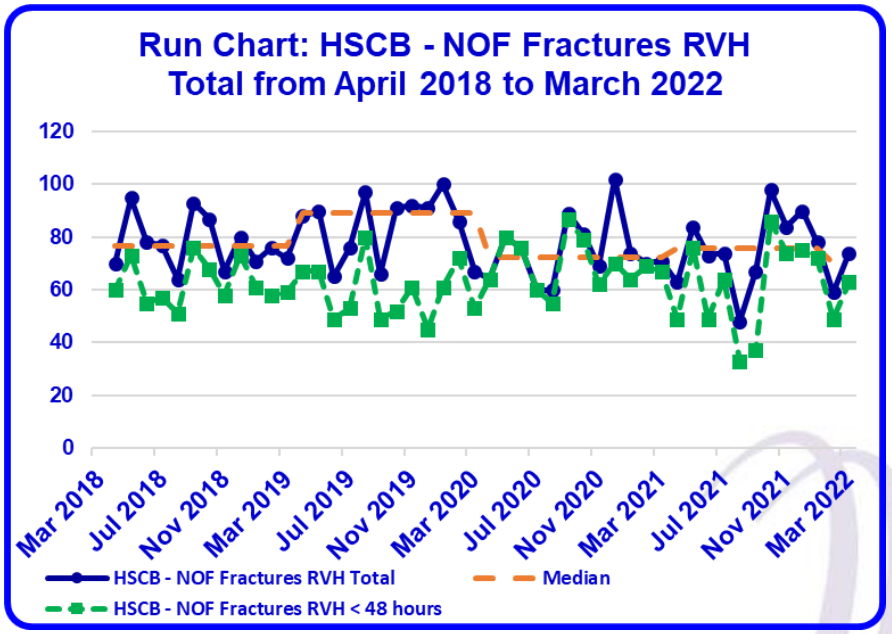
- Changes in pathways/processes/clinical practice
- Changes in roles including staff/skill mix
- Education & training
- Governance & safety – addressing recommendations from RQIA Review of Governance in Outpatients
- Digital solutions
- Communications

Demonstrate Improvement – Measure progress and report on outcomes - impact on waiting lists / times and staff and patient experience

Hip Fractures

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





- Performance is 85% within 48 hours in March 2022. During 2020/21 the average was 94%. The average for 2021/22 is 80%.
- There were 74 NOF fractures presenting in March 2022, 3 more than in March 2021.
- There were 11 fractures out of 78 which waited more than 48 hours for treatment, compared to 4 out of 71 for March 2021.

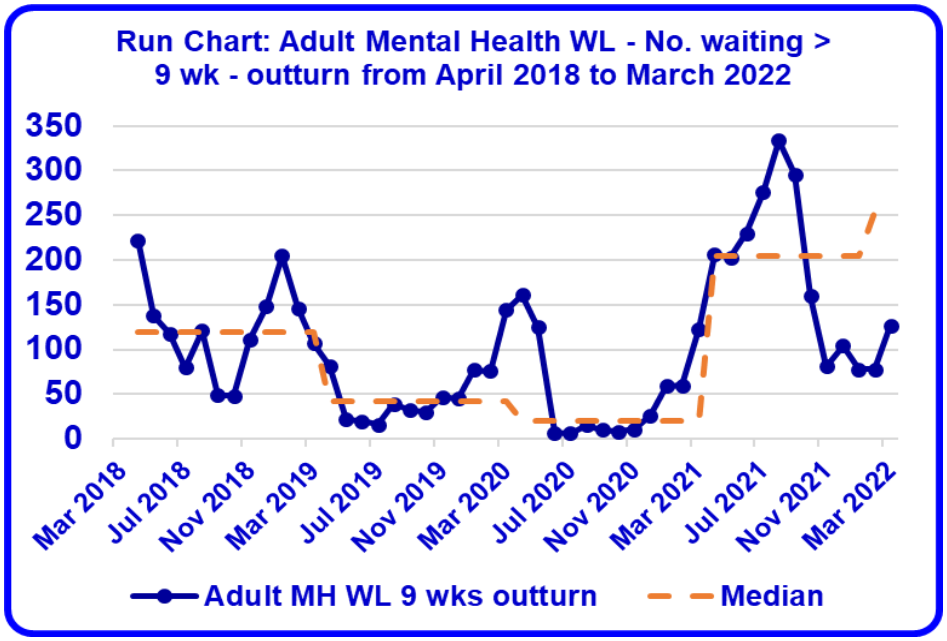
Mental Health

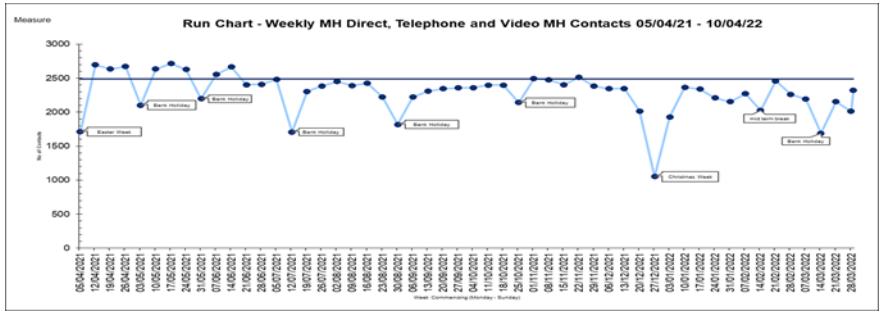
Adult Mental Health:

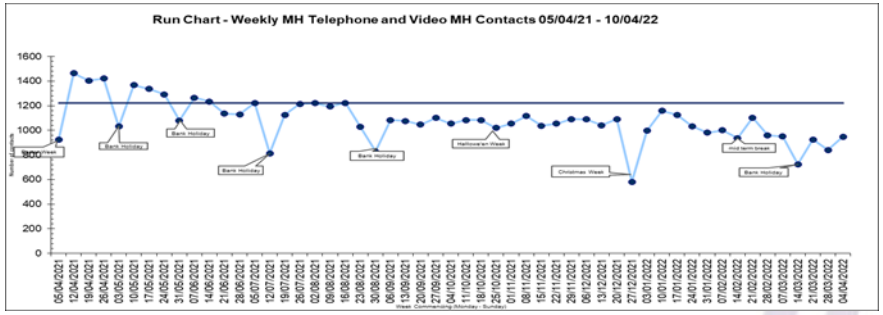
CPD: No patient waits longer than 9 weeks to access adult mental health services

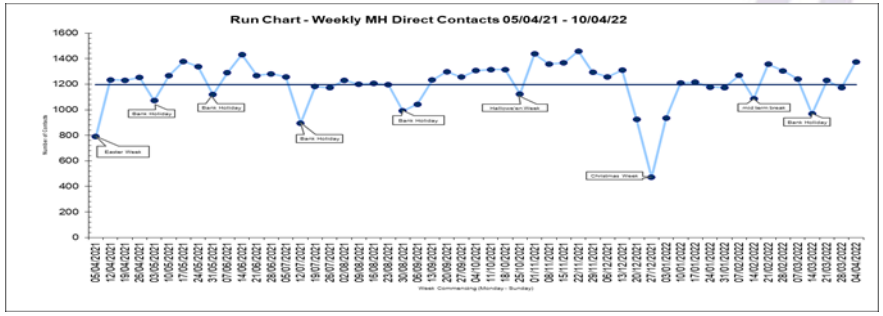
Patients waiting > 9 weeks: 127 in March 2022 compared to 123 in March 2021.

Total patients waiting: 862 in March 2022 compared to 919 in March 2021.









Mental Health

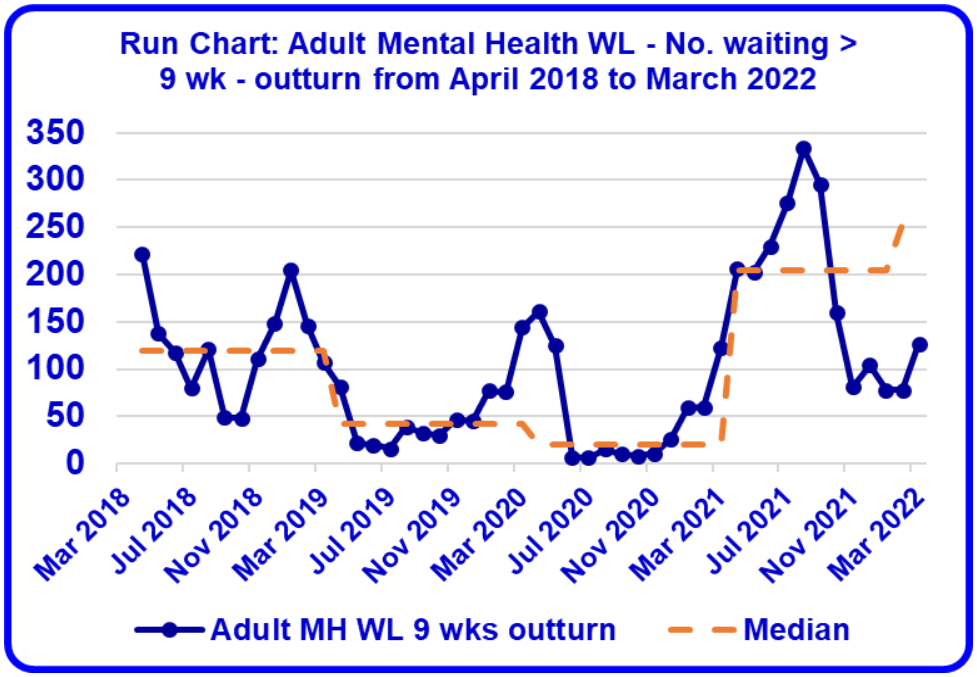
Child and Adolescent Mental Health (CAMHS)

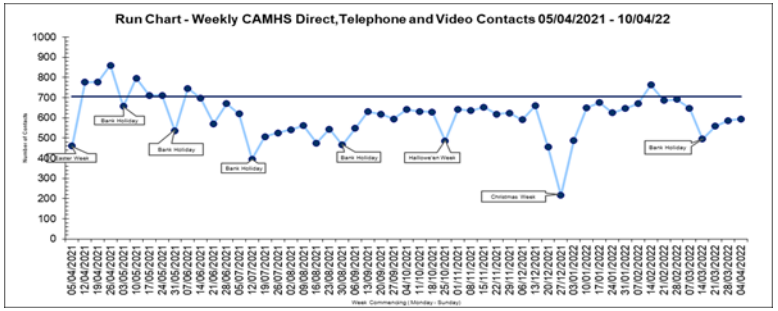
CPD: No patient waits longer than 9 weeks to access adult mental health services

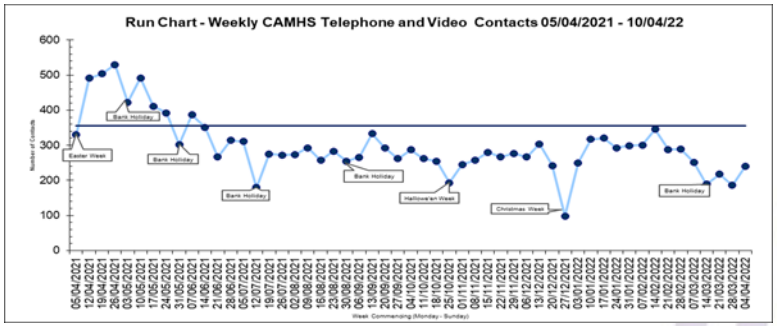
Excess waits: At March 2021 there were 106 excess waiters. At March 2022 there are 271 excess waiters.

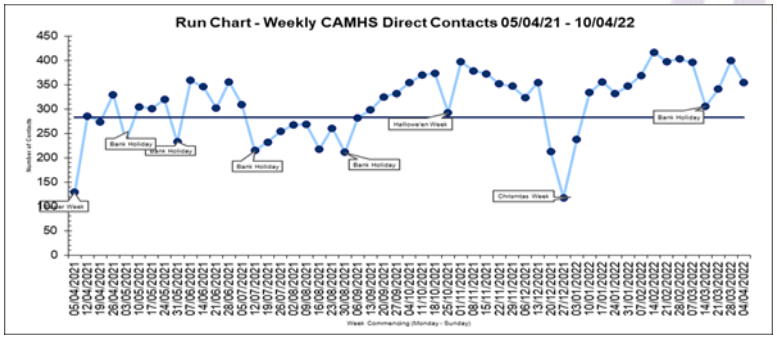
Total patients waiting: The waiting list reduced in June 2020 to 180, and is now 652 at March 2022.

CAMHS step 3 represents 75% of the waiting list, with 246 of the 271 excess waiters (90%).









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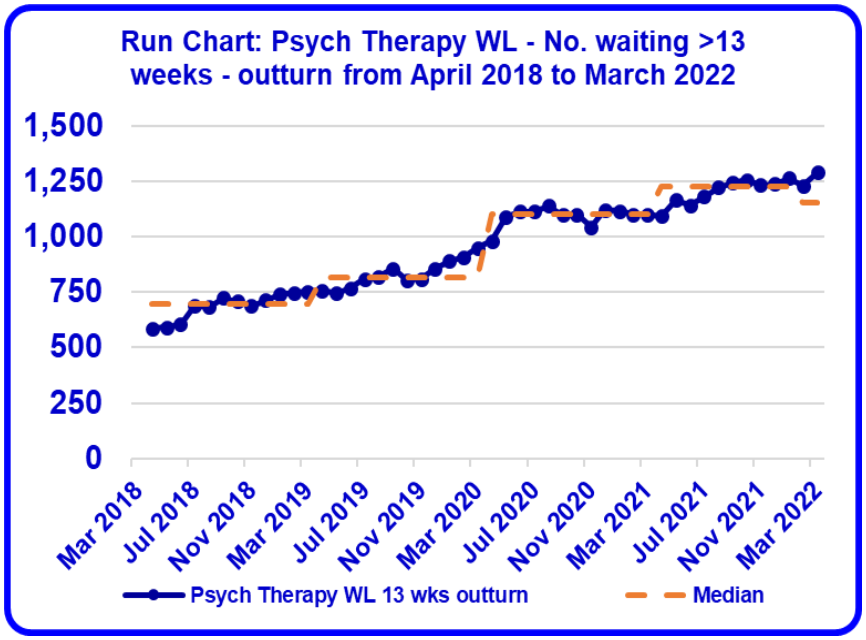
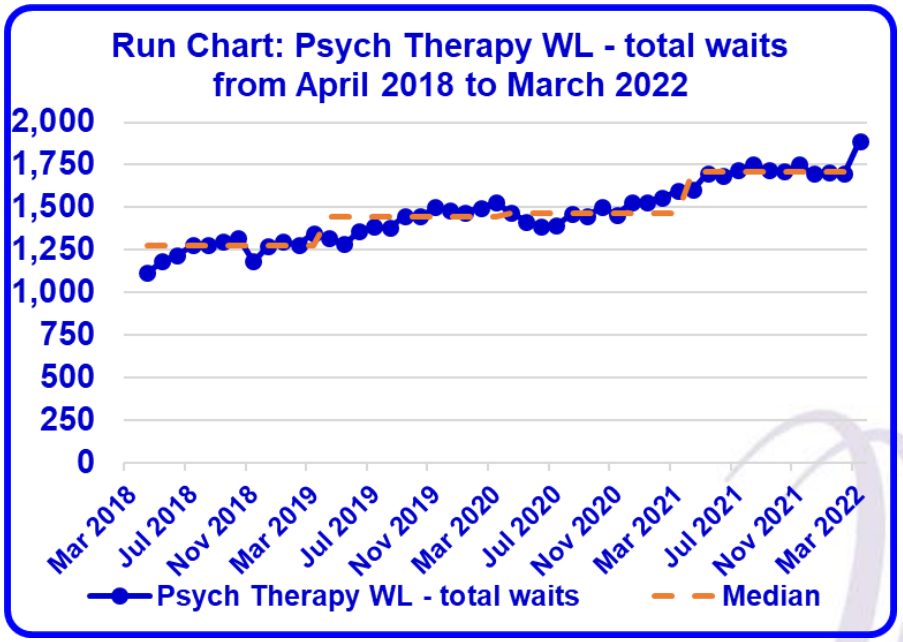
Mental Health

Psychological Therapies

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





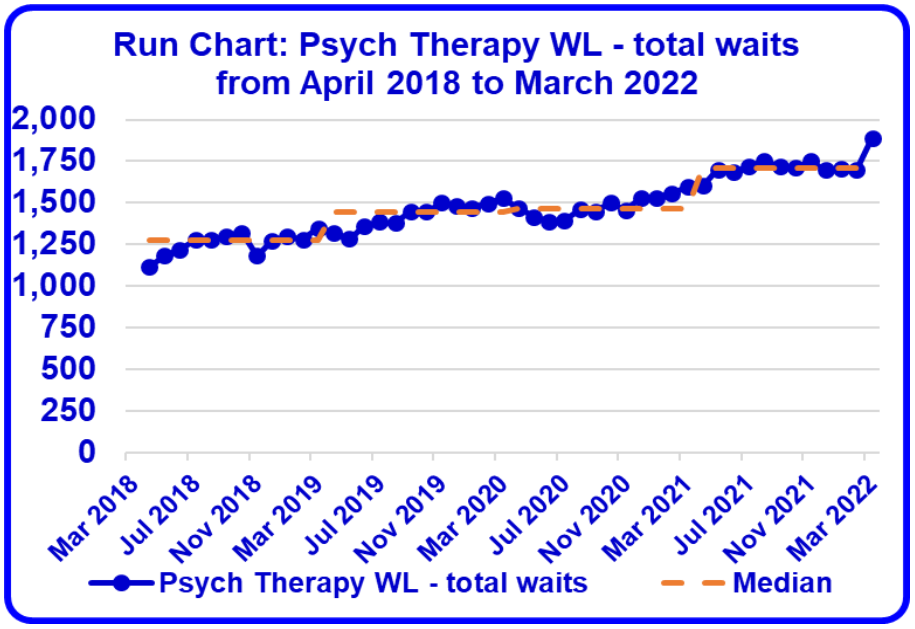
Of the 1,890 patients waiting at the end of March 2022, 1,290 patients were waiting in excess of the 13 week target. There were 891 patients waiting for more than 52 weeks for Psychological services, representing just under 50% of the Waiting list.

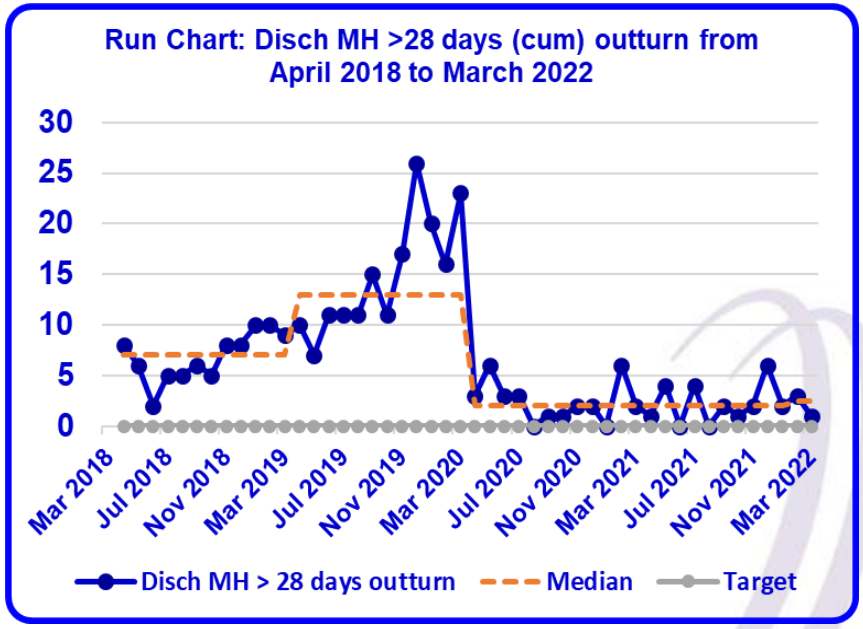
Mental Health

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.

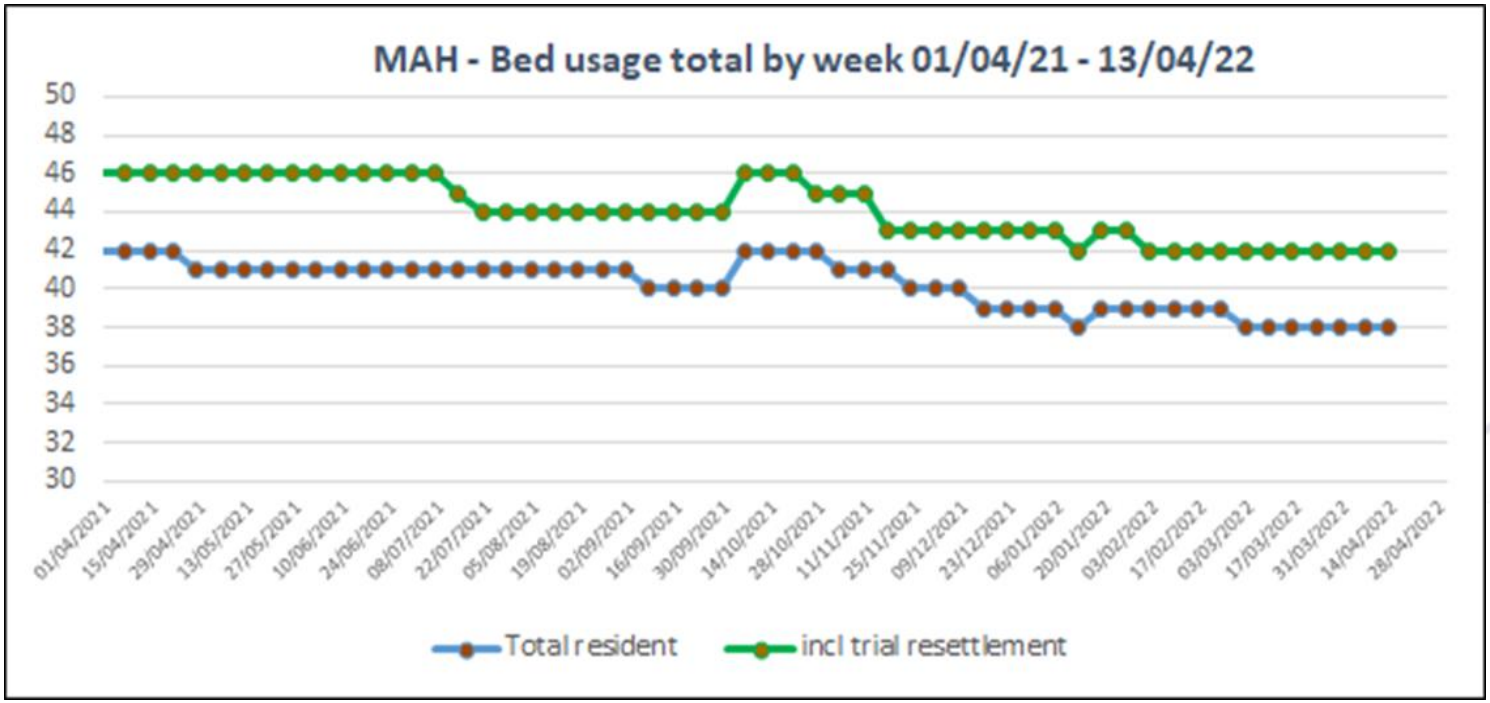




- The percentage of patients discharged within 7 days at March 2022 = 95%, which is consistent with 95% at March 2021.
- At the end of March 2022 there was 1 patient discharged in more than 28 days compared to 0 for March 2021.

Muckamore Abbey Hospital

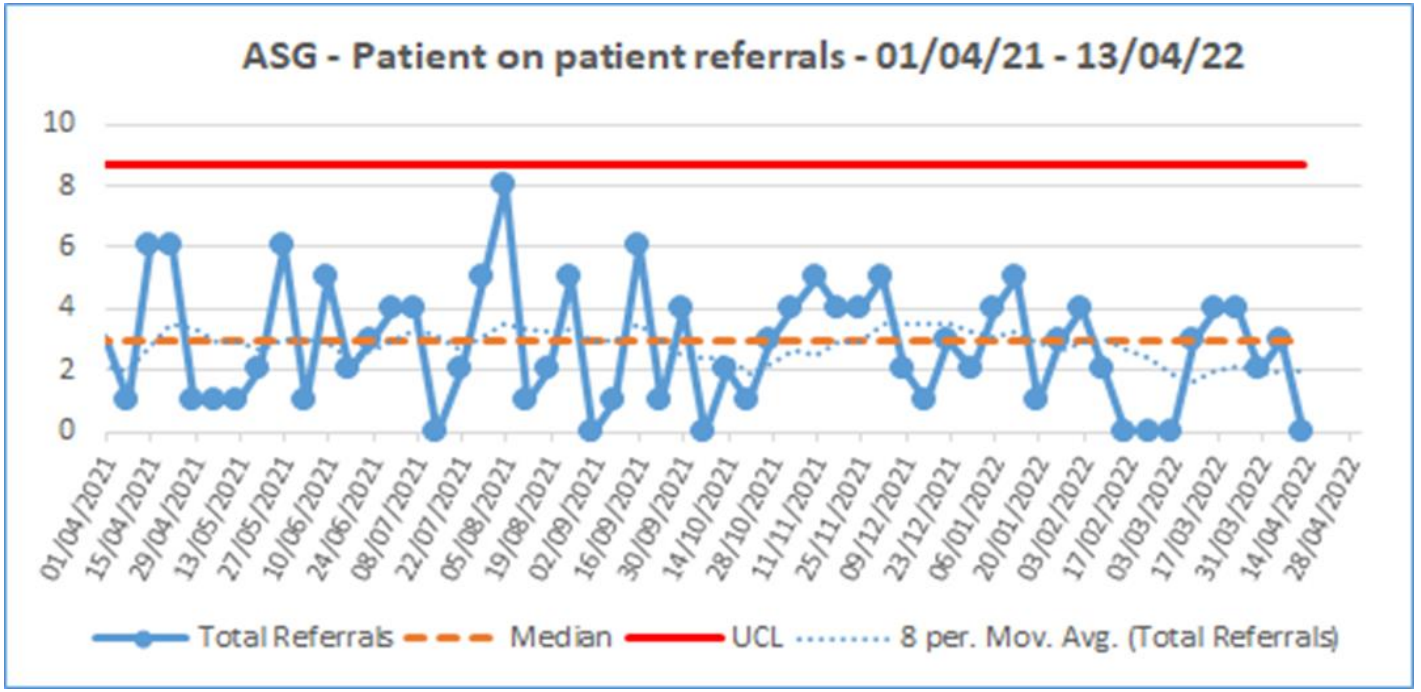
Numbers in residence – from 1st April 2021 to 13th April 2022



As at 13th April, there are currently 38 patients in residence, with an additional 4 patients on trial resettlement placements.

Muckamore Abbey Hospital

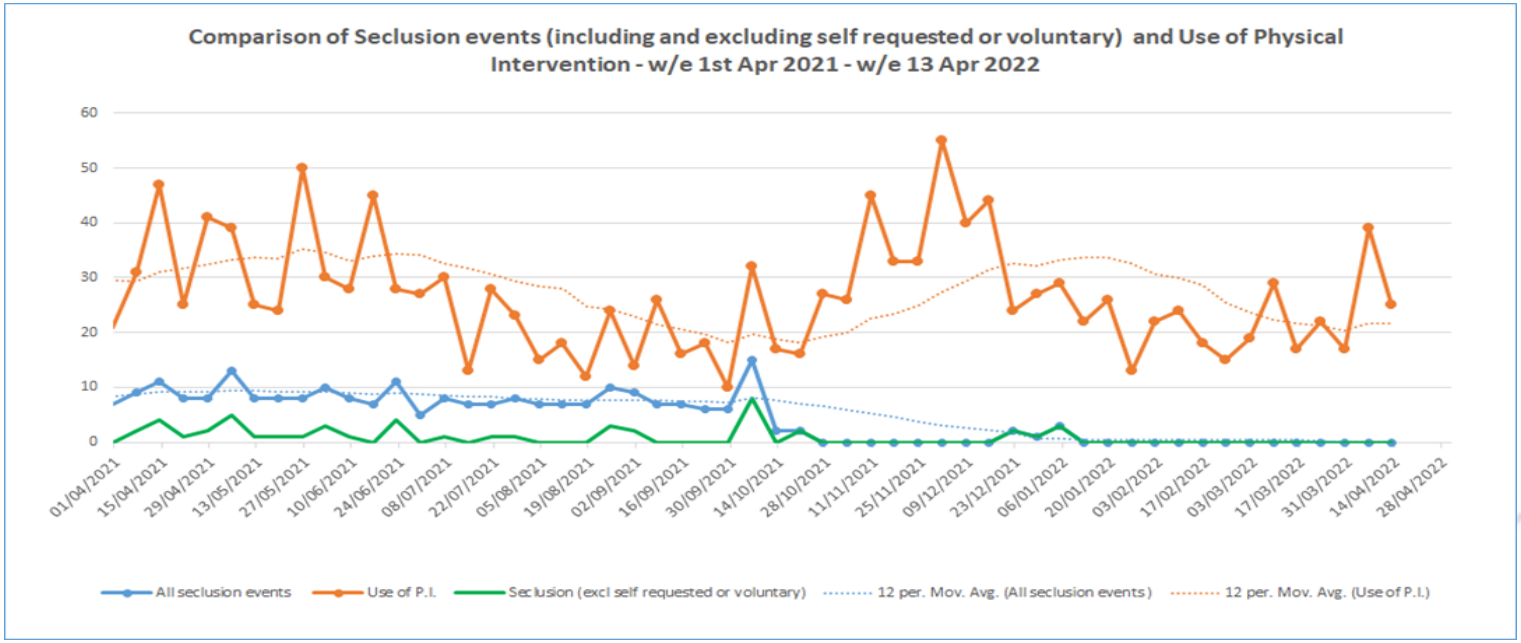
Adult safeguarding – patient on patient referrals - from 1st April 2021 to 13th April 2022



Patient on Patient referrals are reported weekly, and currently 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 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 April 2021 to 13th April 2022

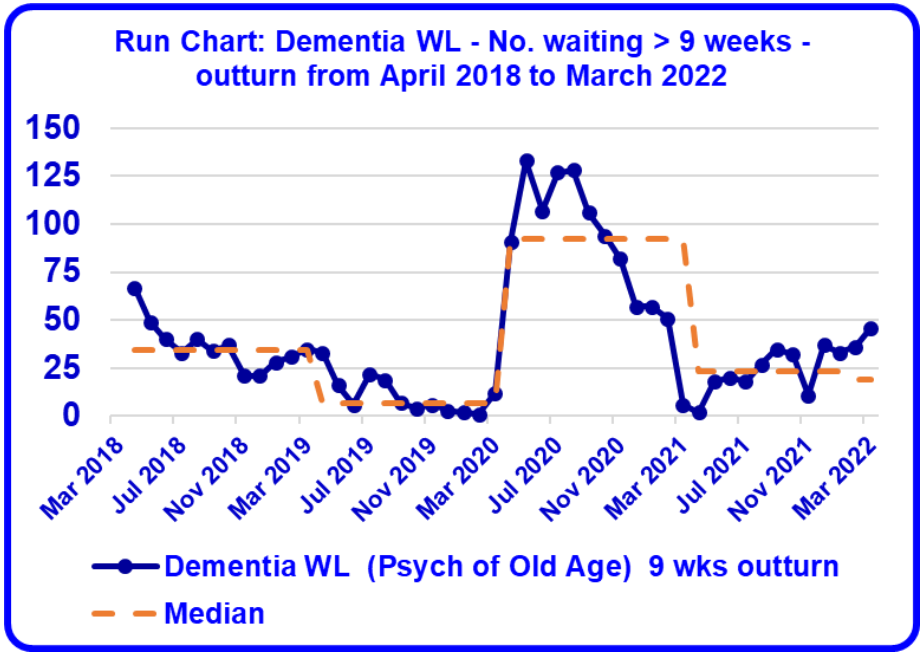


- There has been a sustained reduction in the use of seclusion events over the last 2 and a half years.
- There was a concern on site at a point in time that a reduction in the use of seclusion events may lead to an increase in the need for physical intervention. This has not been demonstrated in the 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). The small numbers in the last 4 months have been isolated cases.

Older People's Services - Dementia

Dementia

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

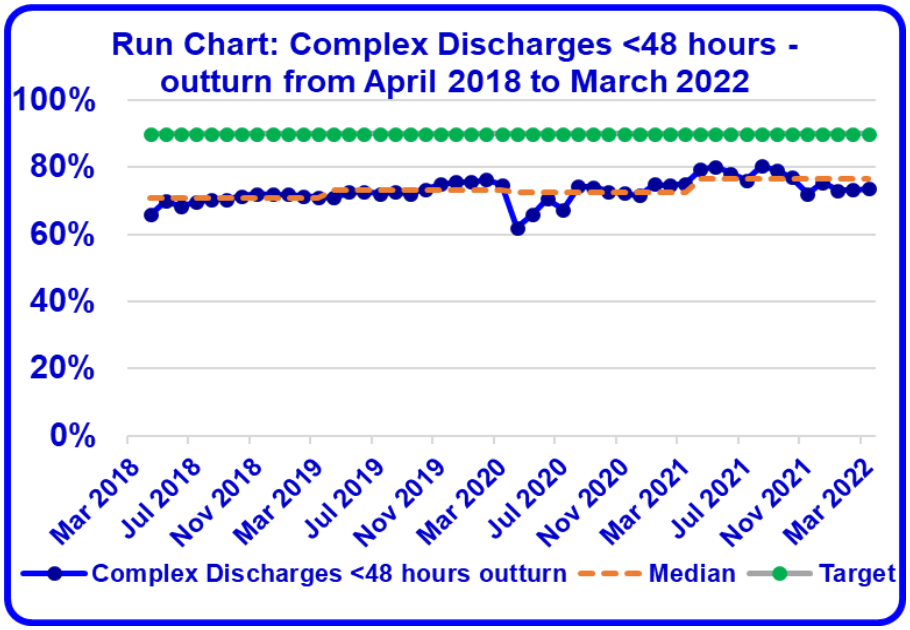


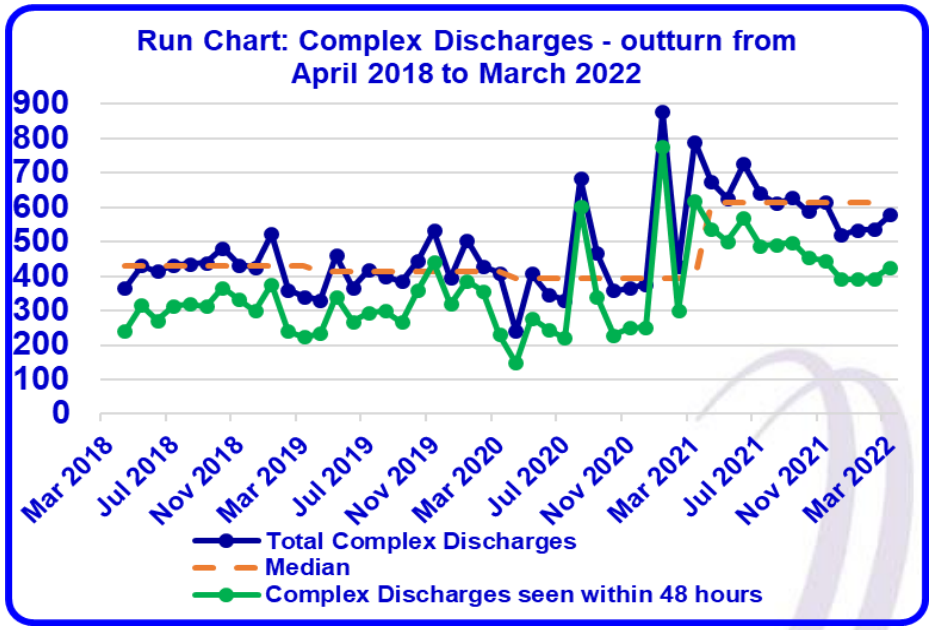
- The waiting list had grown from 169 in March 2020 to 434 at the end of July 2020 and has gradually reduced again.
- At March 2022 there is a total of 308 people waiting, 270 in Psychiatry of Old Age and the remaining 38 in Community MH.
- At March 2022, no patient waited longer than 9 weeks in Community MH, however, 46 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*



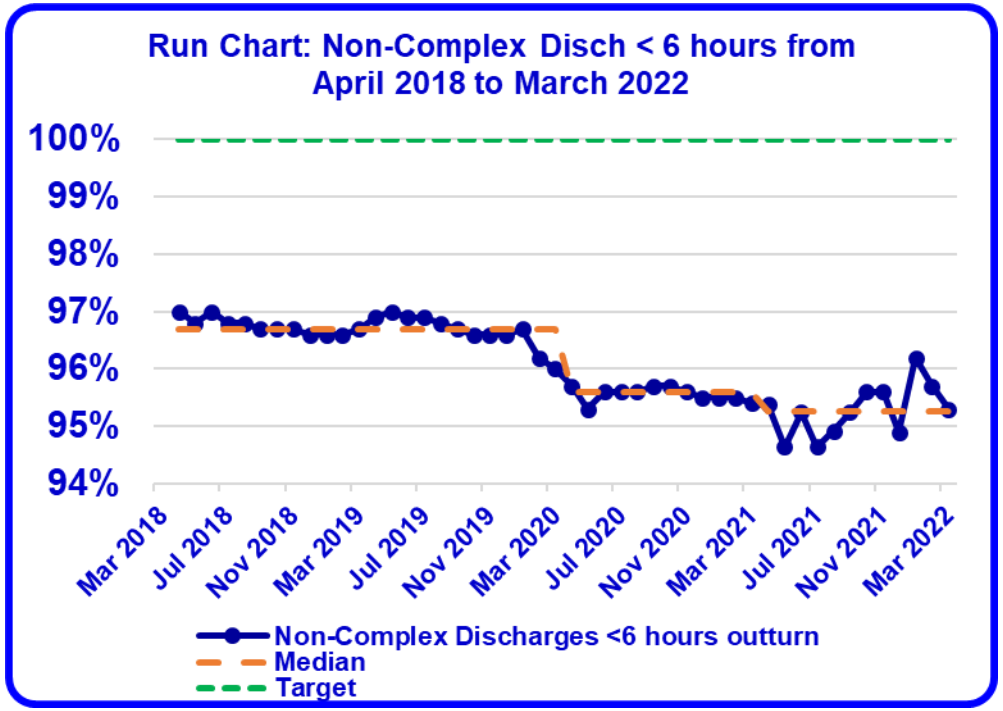


- Performance against the target reduced from 75% to 62% between March and April 2020.
- This gradually improved through 2020/21 to 95% in March 2021.
- In March 2022, 73.7% of the 578 complex discharges met the target, compared to 75.1% of 791 complex discharges in March 2021.

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

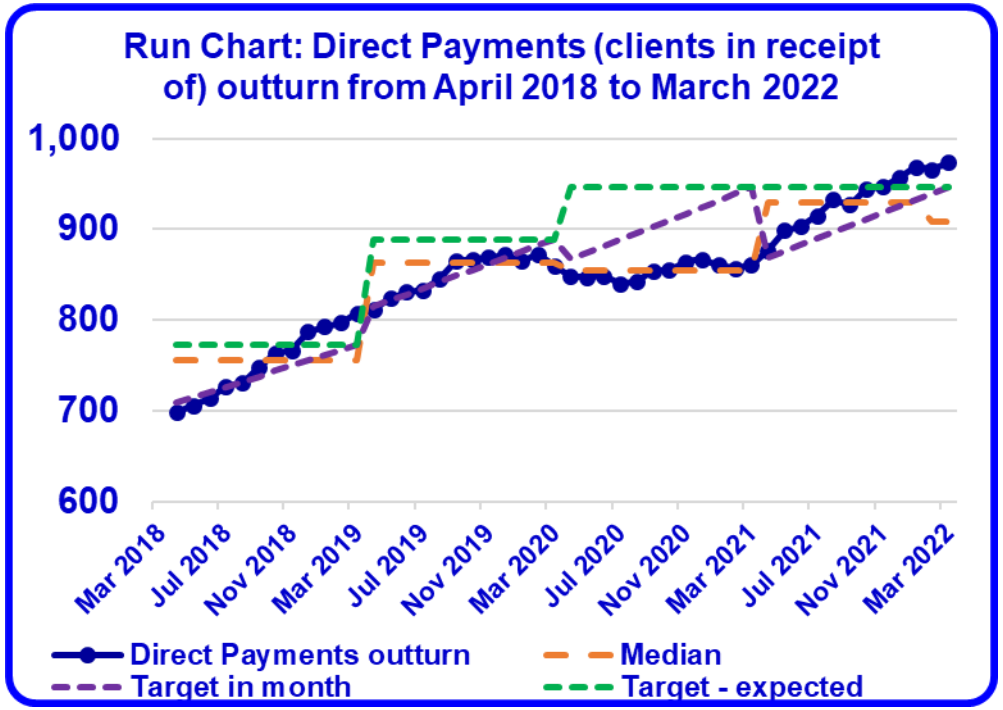


- The performance has consistently been 95% or above since April 2020 with the exception of May, July and Dec 2021. In March 2022, 95.3% of non-complex discharges met the 6 hour target.

Direct Payments

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

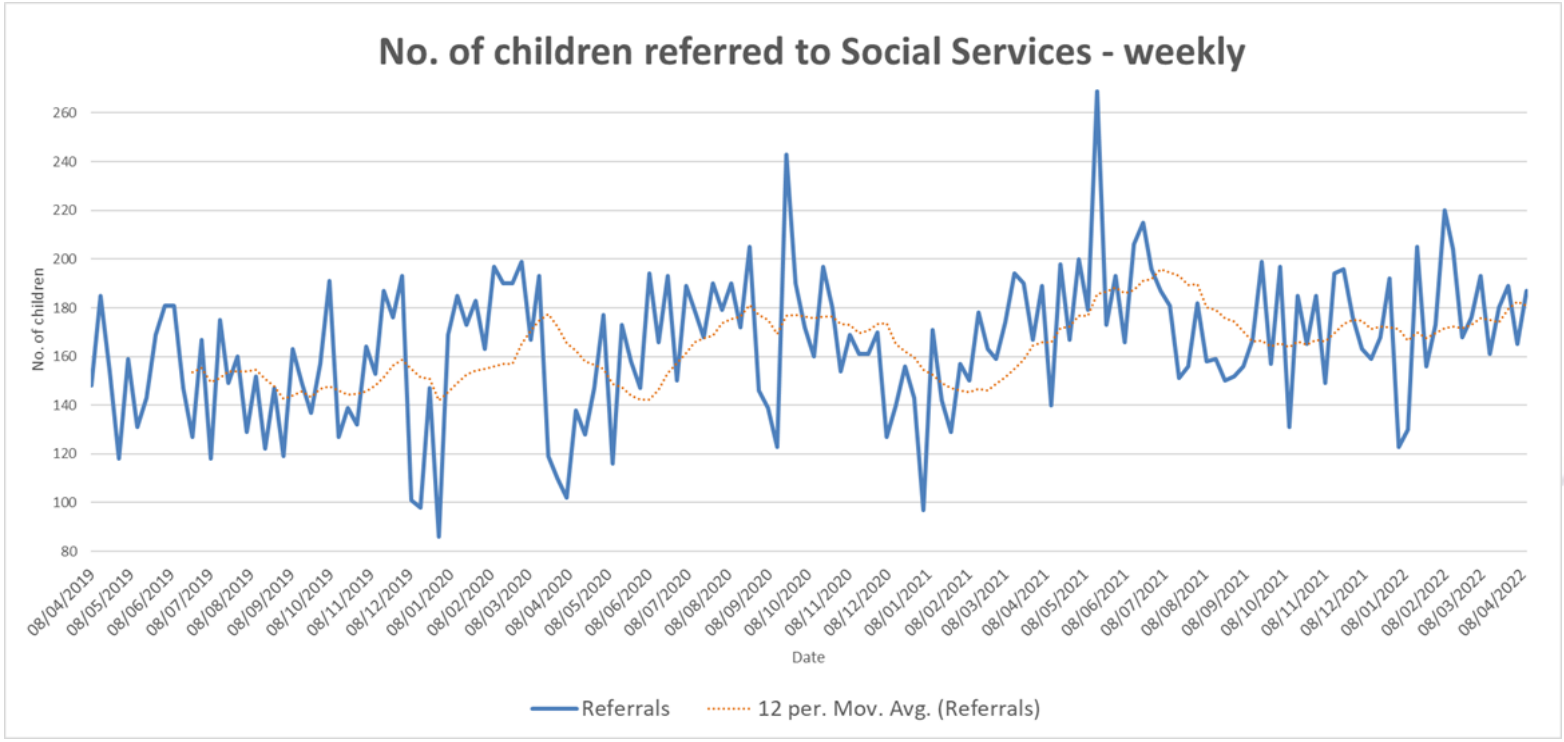
At the end of March 2021 there were 861 clients in receipt of Direct Payments (DP's). The 2021/22 target has been set as 10% above outturn at 947, an increase of 86 on March 2021 outturn (an average increase of over 7 packages per month).



- The uptake at the end of March 2022 is 974 - 113 (13%) more than 2020/21 outturn.
- From April to March 2021/22 there are 267 new packages and 129 ceased.

Children's Community Services

Children referred to social services – information to (week beginning) 08/04/2022

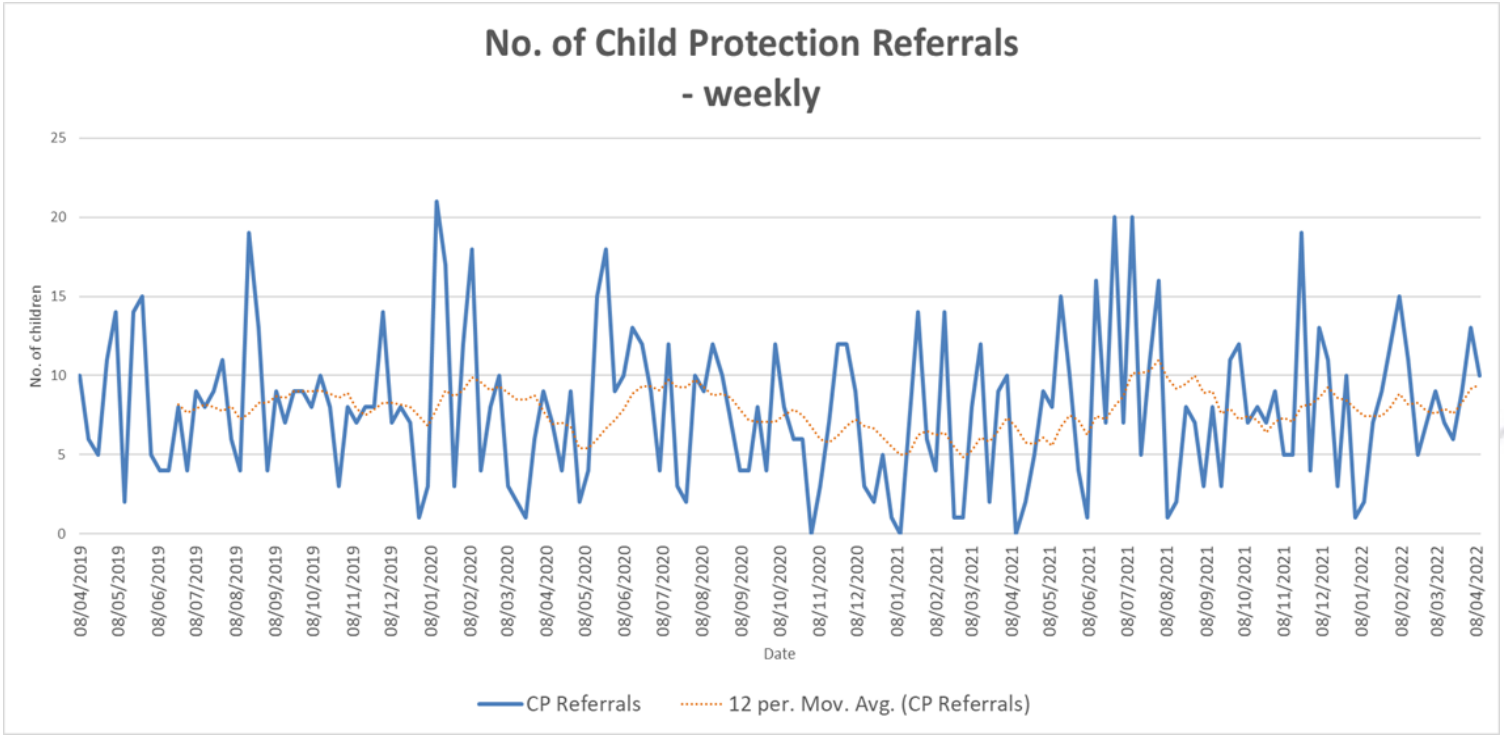


The number of children referred to social services was higher on average in 2020/21 than in the same period in 2019/20..

In early 2021 the numbers were lower than for the same period last year on average. Referrals from March to July were higher than previous year. Since July 2021 referrals, although highly variable, are broadly consistent with the previous year.

Children's Community Services

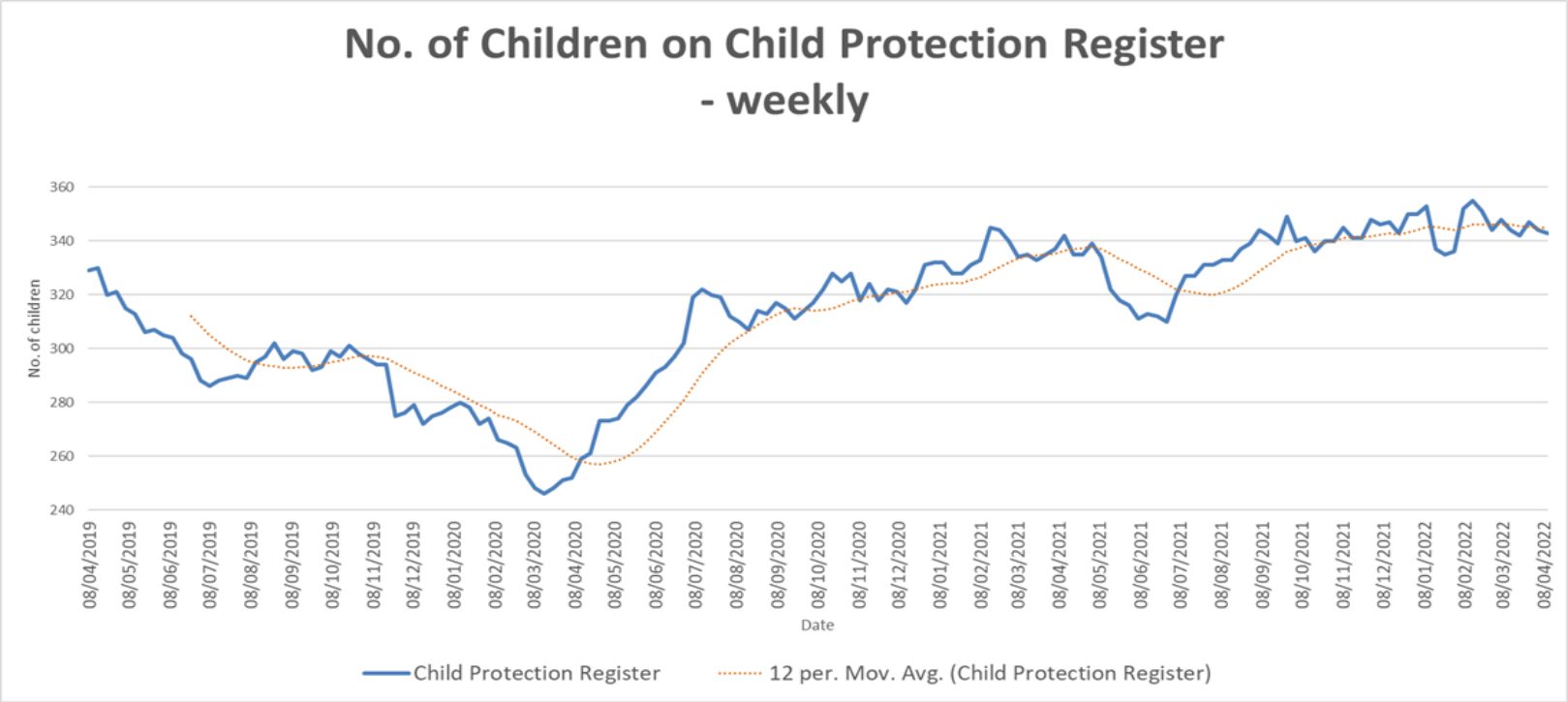
Number of Child Protection referrals – information to (week beginning) 8th April 2022



The number of fortnightly child protection referrals shows significant variation, and referrals in the last 3 months are general consistent with the same period last year.

Children's Community Services

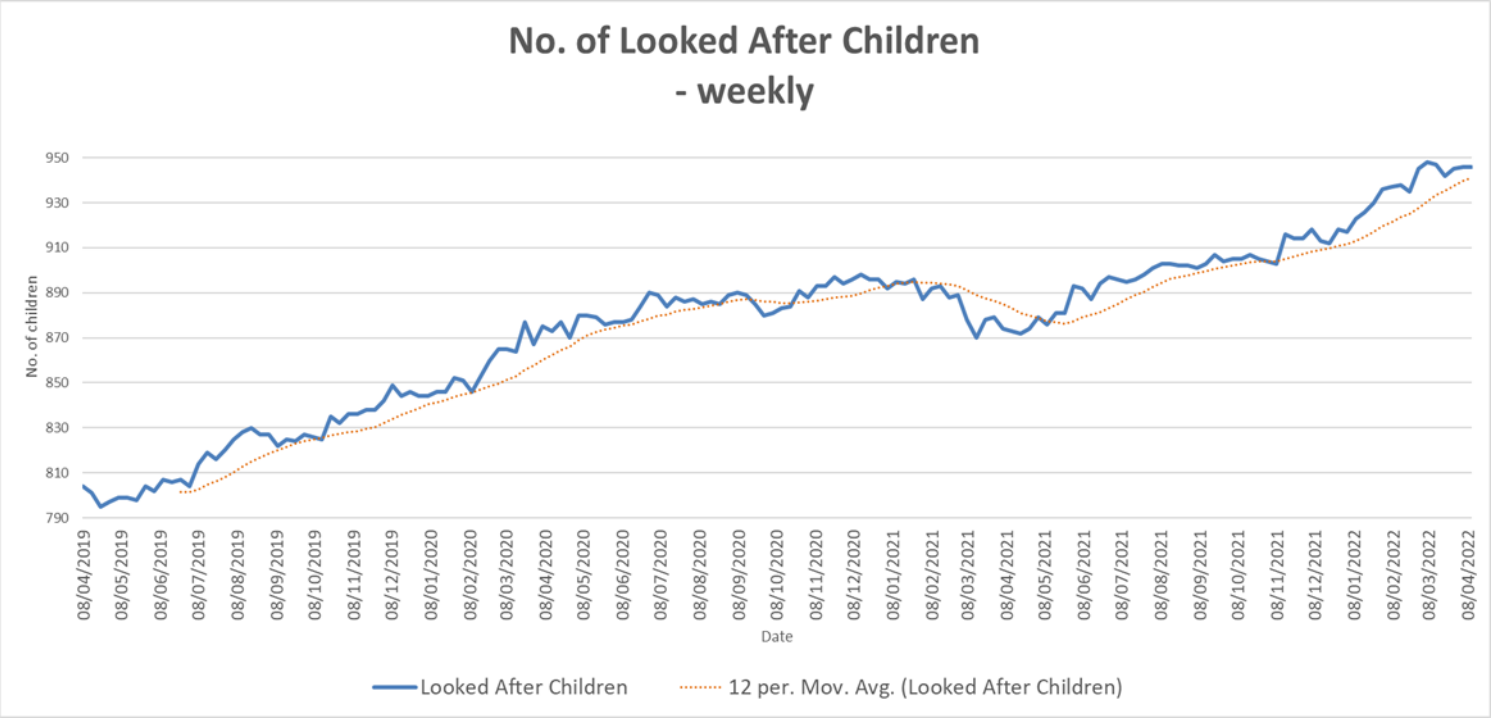
Number of Children on Child Protection register – information to (week beginning) 8th April 2022



There are 1% more children on the child protection register compared to the same point last year. Following a sustained growth for 12 months numbers on average had fallen for 3 months to June and has shown a slow but consistent increase since then.

Children's Community Services

Number of Looked after Children – information to (week beginning) 8th April 2022



There had been a steady rise in the number of looked after children in the period March 2020 to mid-January, most significant around the beginning of the 1st lockdown. After a reduction and levelling off and reduction between February and April 2021, numbers have risen consistently, to over 900 in August and have remained above 900 since.

Efficiency

Belfast Trust Approach - Benchmarking for efficiency using CHKS

The main thrust of benchmarking for *efficiency* centres on indicators related to flow; specifically indicators examining Length of Stay and Daycase/Short Stay Surgery presented against peer hospitals. There are numerous iterations of analysis in these areas providing a focus on specific aspects of the patient journey. Indicators which can also act as balancing measures in the event of improvement programmes include readmissions and admission of daycases overnight in addition to standard outcomes measures. A summary of indicators available, measurement, presentation of variation and granularity of reporting is set out in the tables below.

Flow and Efficiency
Indicators

Length of Stay-Days	Risk Adjusted LoS	Admission on day of surgery	Pre-op and Post-Op LoS	Weekend discharge Rates	Delayed Discharge	Daycase Rate	BADS (Optimum Day Case rates for specific Procedures	Daycase Overstays	Readmission Rates

Flow and Efficiency
Measurement

Average performance	Performance position in Peer Range	75th percentile performance	Potential Reduction in beddays	Alternative Peers For specific specialties

Flow and Efficiency
Variation- Presentation

Trends Including SPC-Trust performance over time	**Funnel Plots**-Trust performance for one discrete time period against individual peer	**Significance** Charts	**Specialty Scorecard**-summary performance table across all indicators

Flow and efficiency
Reporting Level

Specialty	Specific Diagnoses/Procedures (specific or aggregated)	Method of Admission	Consultant	Cross tabulation of these

Key Considerations when benchmarking for efficiency using CHKS

There are some key considerations associated with benchmarking which can affect comparability and it is important that these are dealt with as far as realistically possible in order to provide meaningful analysis to underpin improvement. These include:

- Peer selection
- Recording Practice on PAS
- Expected variation
- Statistical Adjustment

In most cases iterative discussion and further analysis is required with services to adjust as far as possible for certain structural differences in service provision or recording practice against peer. Drill down to specific areas is usually beneficial to provide an informed approach or identify areas of opportunity.

Information from other systems can also be used to ratify or explore any outlying indicators from PAS benchmarked information.

Information can be summarised in regular scorecards at specialty level which provides a catalyst for ongoing analysis and drill down.

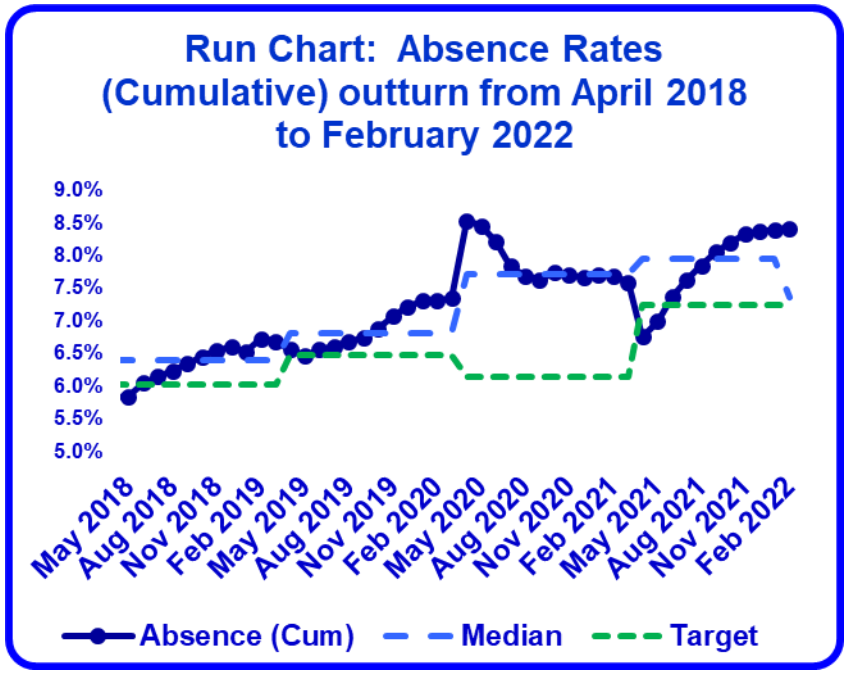
Information Services are developing scorecards for roll out across specialties including the indicators on the previous slide ie LOS, ADOS, Discharge rates, DC rates, readmission rates.

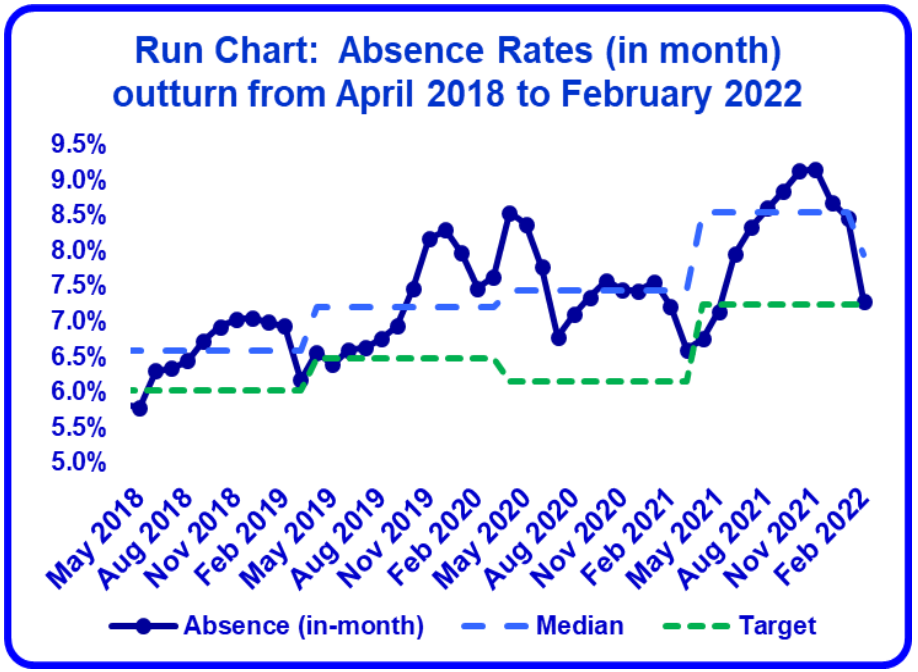
HR Update

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 February 2021/22, Trust absence = 8.41%, target 7.23%*





- The absence rate was 7.28 % in-month in February 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	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 15th April 2022, with 36% of all requisitions relating to Nursing and Midwifery posts.

	Admin & Clerical	Estates	Nursing & Midwifery	Professional & Technical	Social Care	Support Services	Medical and Dental	Total
ACCTSS & SURGERY DIRECTORATE	10		90	18			32	150
ADULT SOCIAL & PRIMARY CARE DIRECTORATE	8		42	87	125		5	267
CHILD HEALTH & NISTAR DIRECTORATE	7		28	1			13	49
CHILDRENS COMMUNITY SERVICES DIRECTORATE	11		30	2	123			166
FINANCE DIRECTORATE	14	30						44
HUMAN RESOURCES DIRECTORATE	5				15		1	21
IMAGING,MEDICAL PHYSICS & OP DIRECTORATE	11		5	26			5	47
MEDICAL DIRECTORATE	14		8	4				26
MH & INTELLECTUAL DISABILITY DIRECTORATE	31		136	44	104		13	328
NURSING & USER EXPERIENCE DIRECTORATE	7		6	2		102		117
PERFORMANCE, PLAN & INFO DIRECTORATE	23							23
SURGERY & SPECIALIST SERVICE DIRECTORATE	31		48	103			23	205
TOR, MAT, ENT, DENTAL,GYNAE DIRECTORATE	18		90	20			14	142
UNSCHEDULED CARE DIRECTORATE	32		190	13			25	260
Grand Total	**222**	**30**	**673**	**320**	**367**	**102**	**131**	1845
Percentage by TC Group	**12%**	**2%**	**36%**	**17%**	**20%**	**6%**	**7%**	

HR Update

Statutory Mandatory Training

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

Overall Trust Performance as at 31 March 2022	30.04.19	30.04.20	31.03.21	31.03.22	Higher / lower than March 21	Change Jan 2022 - Mar 2022	Frequency required
Adverse Incident Reporting	33%	42%	53%	55%	2%		Once
Corporate Induction	79%	82%	78%	79%	1%		Once
Data Protection	53%	61%	52%	52%	same		3 yearly
Equality for All Staff	34%	40%	35%	36%	1%		5 yearly
Fire Safety	46%	47%	53%	53%	same		Yearly
Health and Safety	9%	36%	55%	59%	4%		Once
Infection Prevention Control	78%	80%	81%	81%	same		Once
Manual Handling	28%	24%	33%	35%	2%		2 yearly
Quality 2020 L1	62%	69%	69%	67%	2%		Once
Safeguarding	78%	78%	82%	82%	same		Once

- There has been an improvement in 5 of the Core 10 areas since March 2021, particularly in the area of Health & 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 12 March 2022

Budget projections

At the end of March 2022, the Trust is showing a projected break even position (small surplus £129k) subject to audit. COVID-19 spend this year to date is £92.7m, including £28.7m PPE, £17m additional staffing costs and £27.2m service delivery costs, with these costs being fully funded.

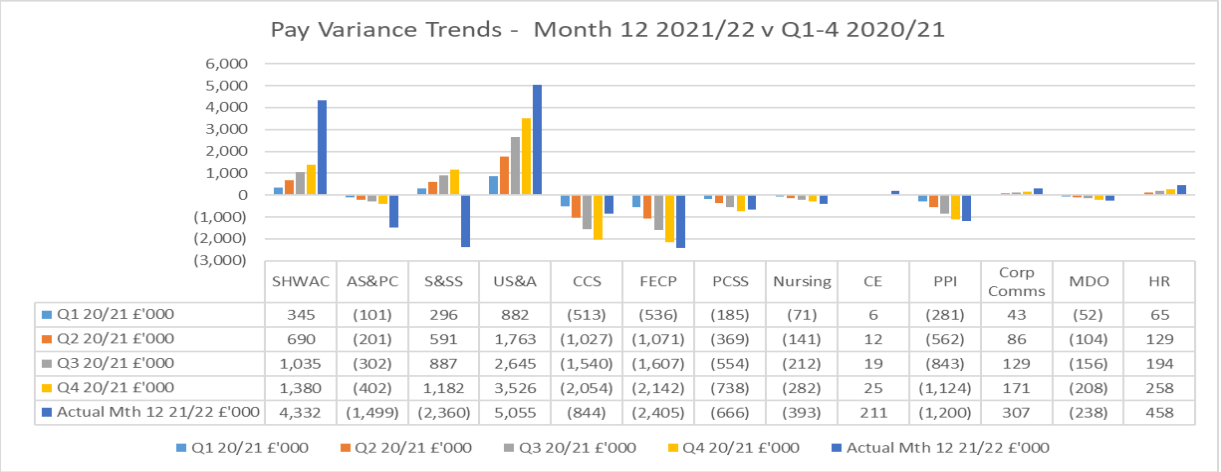
Throughout the year the Trust has worked collaboratively with the HSCB and DoH to identify income via monitoring rounds, slippage at HSCB/DoH (£61.5m) and internal non recurrent savings (£36m, including £10m downturn of BAU) to deliver this break even position.

Looking ahead to 2022/23, the Trust is extremely concerned about the significant underlying budget deficit, currently over £120m, which has been masked in recent years by considerable non-recurrent funding and slippage.

Finance Update – Month 12 – March 2022

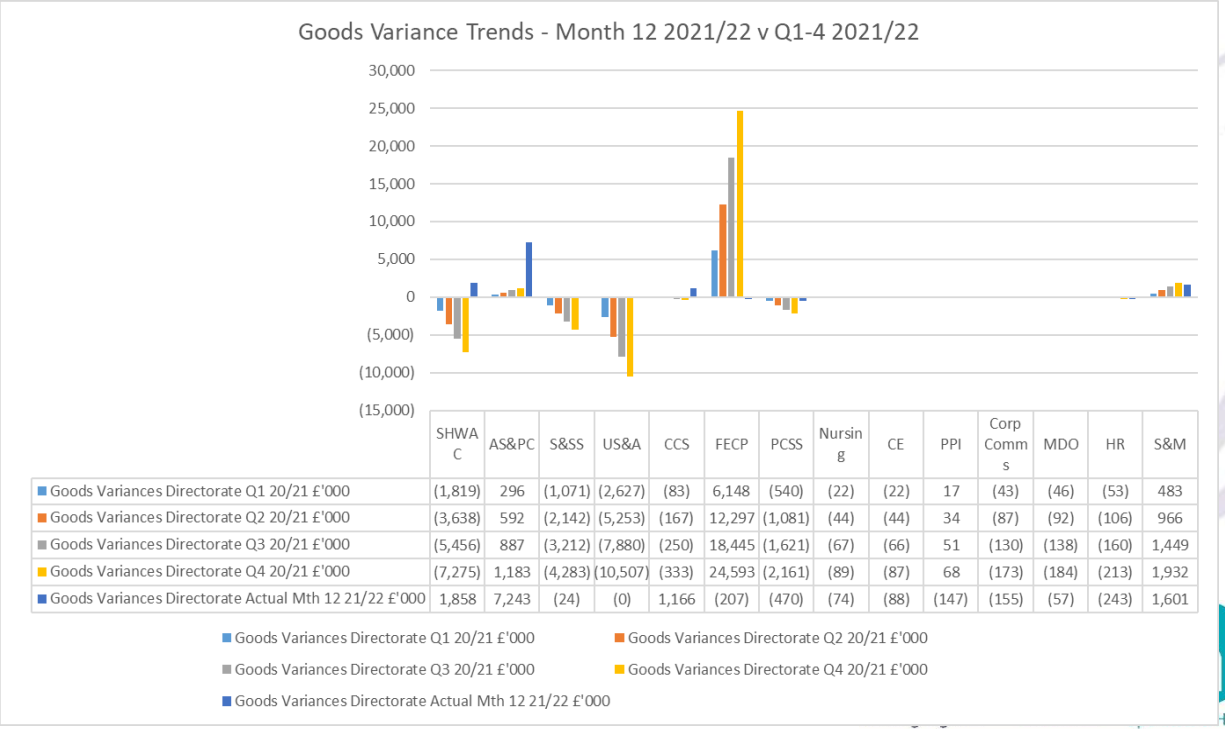
Budget position

Pay variance



	SHWAC	AS&PC	S&SS	US&A	CCS	FECP	PCSS	Nursing	CE	PPI	Corp Comms	MDO	HR
Q1 20/21 £'000	345	(101)	296	882	(513)	(536)	(185)	(71)	6	(281)	43	(52)	65
Q2 20/21 £'000	690	(201)	591	1,763	(1,027)	(1,071)	(369)	(141)	12	(562)	86	(104)	129
Q3 20/21 £'000	1,035	(302)	887	2,645	(1,540)	(1,607)	(554)	(212)	19	(843)	129	(156)	194
Q4 20/21 £'000	1,380	(402)	1,182	3,526	(2,054)	(2,142)	(738)	(282)	25	(1,124)	171	(208)	258
Actual Mth 12 21/22 £'000	4,332	(1,499)	(2,360)	5,055	(844)	(2,405)	(666)	(393)	211	(1,200)	307	(238)	458

Non-Pay Variance



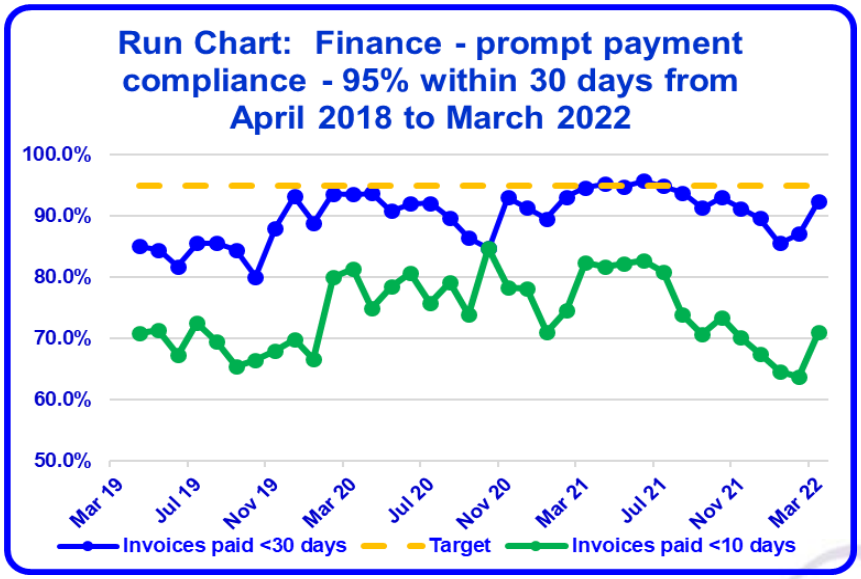
	SHWAC	AS&PC	S&SS	US&A	CCS	FECP	PCSS	Nursing	CE	PPI	Corp Comms	MDO	HR	S&M
Goods Variances Directorate Q1 20/21 £'000	(1,819)	296	(1,071)	(2,627)	(83)	6,148	(540)	(22)	(22)	17	(43)	(46)	(53)	483
Goods Variances Directorate Q2 20/21 £'000	(3,638)	592	(2,142)	(5,253)	(167)	12,297	(1,081)	(44)	(44)	34	(87)	(92)	(106)	966
Goods Variances Directorate Q3 20/21 £'000	(5,456)	887	(3,212)	(7,880)	(250)	18,445	(1,621)	(67)	(66)	51	(130)	(138)	(160)	1,449
Goods Variances Directorate Q4 20/21 £'000	(7,275)	1,183	(4,283)	(10,507)	(333)	24,593	(2,161)	(89)	(87)	68	(173)	(184)	(213)	1,932
Goods Variances Directorate Actual Mth 12 21/22 £'000	1,858	7,243	(24)	(0)	1,166	(207)	(470)	(74)	(88)	(147)	(155)	(57)	(243)	1,601

Finance Update – Month 12 – March 2022

Prompt Payment policy

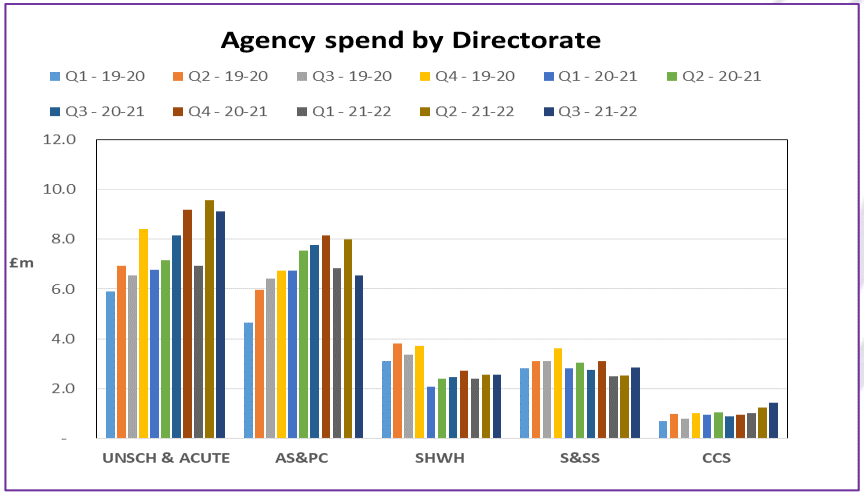
The Trust delivered 92.2% on average, with 92.4% in March 2022 against DoH 30 day target and 73.6% on average, with 71.1% in March 2022 against the internal target of 10 days.
The Department of Health's target for Prompt Payment of invoices is set at 95% for payment within 30 days. The Trust averaged 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 March 2022



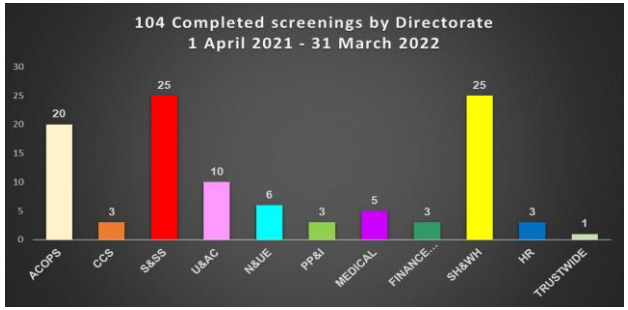
Agency Spend – The ongoing pressure in relation to workforce continues in 2021/22.
Agency Spend is £8m higher this year than last year
April to March 2021/22 = £103m
April to March 2020/21 = £95m

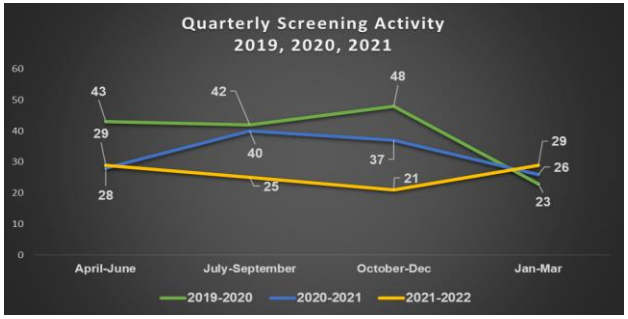
Equity

Safety | **Efficiency** | Effectiveness | Timeliness | Experience | **Equity**

SCREENINGS & ACCESSIBLE SERVICES

Fulfilling Statutory Duties





Examples of Screenings from Jan 22-Mar 22:

- Child Visiting Policy - Acute Mental Health Patient Centre
- Early referral of patients to the Obstetric Anaesthetic Team
- Supply of Nicotine Replacement Therapy (NRT) to Belfast Health and Social Care Trust Staff by Stop Smoking Specialists.

every customer counts
promoting accessible services

TELLING IT LIKE IT IS
TILII TRANSLATES
EASY READ SERVICE

Sighted Guide Service

Shopmobility Belfast
A Charity going the extra mile

Created a new Domestic & Sexual Violence & Abuse Support Toolkit and presented to Joint Health and Safety committee and to Senior Leadership Group

First meeting of newly-constituted Disability Steering Group. Co-Chair by Trust and Disabled Persons' Organisations

Shopmobility at RVH:

- Planning permission granted for new unit
- New Steering group established

Planning & Equality Business Continuity Plan verified and completed

AccessAble - £47k from Charitable Funds for Access Guides for all of RVH

AccessAble

Trust 2 year Corporate Plan mid-year review underway

Safety | **Efficiency** | Effectiveness | Timeliness | Experience | **Equity**

TRAINING Mandatory Equality Training as at 31 March 2022 : Trust-wide compliance : Per Directorate*

Trust Performance as at 31 March 2022	ASPC	CE	CCS	Child Health & NISTAR	Corp Comms	Finance	HR	Medical	MH & Int Disability	NUE	PPI	SSS	TOR, Mat, ENT, Dental, Gynae	UAC B Owens	UAC B Armstrong	Trust Total
All Staff %	34%	7%	33%	40%	67%	52%	58%	59%	37%	16%	54%	41%	36%	47%	32%	*36%

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

Continued development of new facilitated Human Rights training for Trust staff

What staff told us they'll do differently following a recent training course:
Consider how best to meet the needs of client with hearing impairment, think more about how personal bias influences my perception of people and ensure it does not influence my treatment of them.
Be confident and speak up when someone is not being treated fairly, ensure all reasonable adjustments are explored.
Treat people in a manner that allows them the same opportunities, be aware of how banter affects my colleagues.
Will remember FREDA when engaging with staff, public, service users

Equality Screening Masterclass training held as part of March to Safety. 32 staff attended.

A new programme offering a further 13 facilitated training session dates has been organised for the forthcoming year

Safety | **Efficiency** | Effectiveness | Timeliness | Experience | **Equity**

GOOD RELATIONS

Fulfilling Statutory Duties

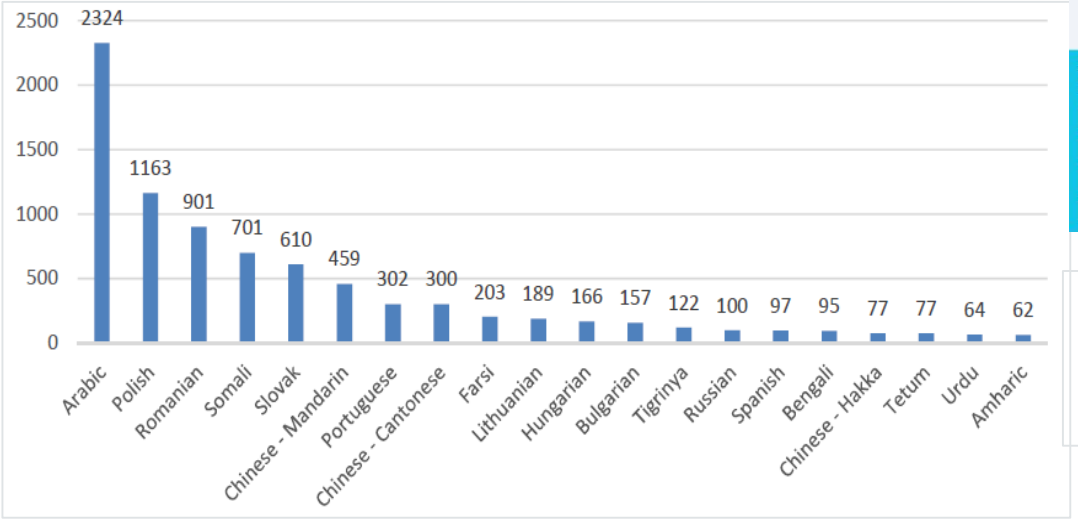
Continued work on the Trust's 3rd generation Good Relations Strategy – "*Healthy Relations for a Healthy Future 3*" 2023-2028. Includes engagement with

- Service user groups
- Community and voluntary groups
- Trust staff

Ethnic Minority Staff Network – attended celebrations to mark first anniversary

Ukrainian Interpreter arrangements put in place, for use by Barnardos and Red Cross

Belfast Trust usage of NI HSC Interpreting Service January 2022 - March 2022



Revised Regional "Access to Health and Social Care Guidance" for Refugees and anyone new to NI. Translated into 15 languages including Ukrainian

RJMS is by far the largest user by department across the region accounting for **927** appointments over the quarter.

Arabic and Polish remain most requested languages for Belfast

Appendix 1: Phase 8 Delivery Plan– January – March 2022

BELFAST HSC TRUST		January - March 2022				
		Jan-Mar 2020 activity	Delivered Activity January- March 2022	Projected Activity January-March 2022	Variance - Delivered Minus Projected January-March 2022 (nn)	% of January-March Projection Delivered (%)
OUTPATIENTS - CONSULTANT (including Urology, Pain management & ophalmology glaucoma nurse led outturn)						
New	Face to Face	35,127	25,040	27,154	-2,114	92%
	Virtual	2,273	8,437	8,461	-24	100%
	Other activity (e.g. Nurse / Technician Led)					
	Total NOP	**37,400**	**33,477**	**35,615**	**-2,138**	**94%**
Review	Face to Face	88,308	63,686	64,584	-898	99%
	Virtual	5,841	26,211	28,821	-2,610	91%
	Other activity (e.g. Nurse / Technician Led)					
	Total ROP	**94,149**	**89,897**	**93,405**	**-3,508**	**96%**
	Total (NOP & ROP) - CONSULTANT LED	**131,549**	**123,374**	**129,020**	**-5,646**	**96%**
OUTPATIENTS - NURSE (excluding preassessment & nurse activity included in SBA outturn)						
New	Face to Face	3,822	3,095	2,959	136	105%
	Virtual	61	713	680	33	105%
	Total NOP	**3,883**	**3,808**	**3,639**	**169**	**105%**
Review	Face to Face	14,723	13,882	15,462	-1,580	90%
	Virtual	5,314	7,457	8,007	-550	93%
	Total ROP	**20,037**	**21,339**	**23,469**	**-2,130**	**91%**
	Total (NOP & ROP) - NURSE LED	**23,920**	**25,147**	**27,108**	**-1,961**	**93%**
Inpatients and Daycases						
Inpatients		4,800	3,275	3,313	-38	99%
Daycases		14,899	12,086	11,953	133	101%
Endoscopy (4 scopes)		2,398	2,197	2,212	-15	99%
CANCER SERVICES						
14 day	% performance planned	100%	100%	100%		
31 day	% performance planned	89%	90%	90%		
62 day	% performance planned	41%	38%	45%		
DIAGNOSTICS						
MRI		7,292	9,339	9,415	-76	99%
CT		15,482	17,274	17,575	-301	98%
Non Obstetric Ultrasound		10,700	12,344	12,775	-431	97%
ECHO		5,057	4,855	4,950	-95	98%
	Total	**38,531**	**43,812**	**44,715**	**-903**	**98%**

Appendix 1: Phase 8 Delivery Plan– January – March 2022

BELFAST HSC TRUST		January - March 2022				
		Jan-Mar 2020 activity	Delivered Activity January- March 2022	Projected Activity January-March 2022	Variance - Delivered Minus Projected January-March 2022 (nn)	% of January-March Projection Delivered (%)
ALLIED HEALTH PROFESSIONALS	**Elective /Scheduled Contacts**					
Physiotherapy	New	5,615	5,288	4,200	1,088	126%
	Review	16,783	23,168	14,144	9,024	164%
Occupational Therapy	New	3,330	2,159	2,430	-271	89%
	Review	11,238	9,870	8,970	900	110%
Dietetics	New	934	640	600	40	107%
	Review	2,183	2,730	2,700	30	101%
Orthoptics	New	341	395	320	75	123%
	Review	1,057	750	520	230	144%
Speech&Language Therapy	New	1,068	975	1,021	-46	95%
	Review	3,917	4,543	3,979	564	114%
Podiatry	New	2,062	1,284	1,600	-316	80%
	Review	12,787	9,867	11,600	-1,733	85%
	Total	**61,315**	**61,669**	**52,084**	**9,585**	**118%**
MENTAL HEALTH	**Contacts**					
Adult Mental Health (Non Inpatient)	New	2,428	1,763	2,428	-665	73%
	Review	21,753	20,524	21,753	-1,229	94%
Dementia	New	256	275	205	70	134%
	Review	1,284	1,553	1,028	525	151%
CAMHS	New	829	719	829	-110	87%
	Review	9,710	8,716	9,710	-994	90%
Psychological Therapies	New	831	639	1,338	-699	48%
	Review	6,812	3,238	7,207	-3,969	45%
Autism Children's	New Diagnostic	155	157	120	37	131%
	New Intervention	164	287	171	116	168%
Autism Adults	New Diagnostic	8	0	3	-3	0%
	New Intervention	8	8	3	5	267%
	Total	**44,238**	**37,879**	**44,794**	**-6,915**	**85%**

Appendix 1: Phase 8 Delivery Plan– January – March 2022

BELFAST HSC TRUST		January - March 2022				
		Jan-Mar 2020 activity	Delivered Activity January- March 2022	Projected Activity January-March 2022	Variance - Delivered Minus Projected January-March 2022 (nn)	% of January-March Projection Delivered (%)
DAY CARE AND DAY OPPORTUNITIES						
Day Centre Attendances	ELD & PSD BT	16,834	8,271	7,464	807	111%
	LD - attendancesBT	22,811	11,451	13,500	-2,049	85%
ADULT SOCIAL CARE						
Domiciliary Care	Hours Delivered (Stat)	n/a	108,001	111,000	-2,999	97%
	Hours Delivered (Ind)	n/a	465,866	513,000	-47,134	91%
COMMUNITY NURSING						
District Nursing	Contacts	55,453	53,922	56,000	-2,078	96%
Health Visiting	Contacts	18,339	19,475	17,789	1,686	109%
Community Paediatrics	New	840	719	540	179	133%
	Review	5,502	6,372	5,423	949	117%
	Total	**6,342**	**7,091**	**5,963**	**1,128**	**119%**
Community Dental	New	334	320	450	-130	71%
	Review	1,643	1,032	1,200	-168	86%
	Total	**1,977**	**1,352**	**1,650**	**-298**	**82%**
Mental Health	Admissions	118	119	118	1	101%
Child Protection Referrals	Referrals	111	140	135	5	104%
CPR Visits	Visits	n/a	2,972	2,700	272	110%

Appendix 2: Performance against Business Plan Objectives / Targets

Trust Performance against CPD Targets as at 31st March 2022		
Key	**TOTALS**	
RAG (Red, Amber, Green) rating	**RAG**	**CPD**
Target / tolerance not met **RED**		20
Within target / tolerance (10%) **AMBER**		9
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 March 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 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 CPD target 80%	🔴
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)	🔴