

Right Care, Right Time, Right Place

Quality Management System (QMS) Report October/November 2022

Trust Board
Thursday – 1st December 2022

Alastair Campbell
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: Service Delivery Plan– October 2022

Appendix 2: CPD Performance Overview - September/ October 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.

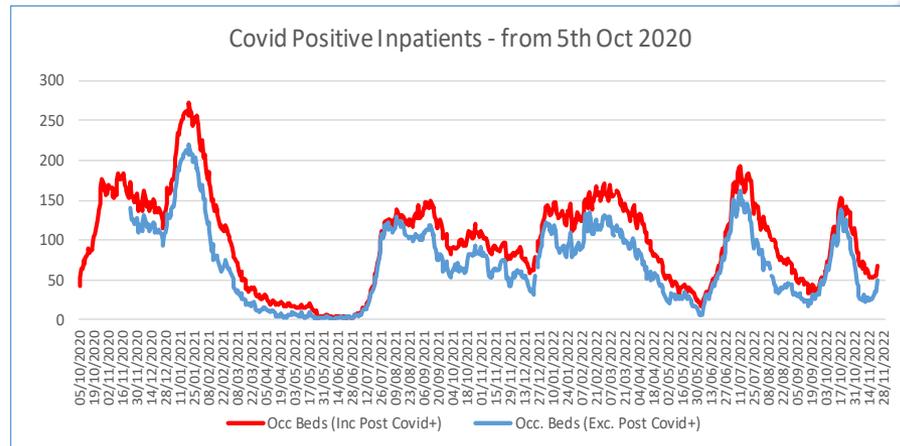


Covid-19 Update – 23rd November 2022

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

Today, **50 Covid19+/clinical Covid** patients are in our hospital wards and there are **18 patients post-14 days**, in hospital. In total, **68 Covid19 related patients** remain in hospital (*41 at last Trust Board Report – 27th Sept data*). Today’s number in hospital equates to **25%** of the total at the peak of Surge 3 on 20th January 2021 (272). The graph displays both current and post-Covid19 patients.

08/10/2022	83	24/10/2022	133	09/11/2022	64	25/11/2022	0
09/10/2022	95	25/10/2022	138	10/11/2022	72	26/11/2022	0
10/10/2022	109	26/10/2022	135	11/11/2022	58	27/11/2022	0
11/10/2022	117	27/10/2022	135	12/11/2022	65	28/11/2022	0
12/10/2022	106	28/10/2022	119	13/11/2022	65	29/11/2022	0
13/10/2022	117	29/10/2022	113	14/11/2022	61	30/11/2022	0
14/10/2022	110	30/10/2022	108	15/11/2022	53	01/12/2022	0
15/10/2022	117	31/10/2022	108	16/11/2022	53	02/12/2022	0
16/10/2022	133	01/11/2022	115	17/11/2022	53	03/12/2022	0
17/10/2022	146	02/11/2022	103	18/11/2022	53	04/12/2022	0
18/10/2022	153	03/11/2022	84	19/11/2022	54	05/12/2022	0
19/10/2022	151	04/11/2022	84	20/11/2022	56	06/12/2022	0
20/10/2022	145	05/11/2022	76	21/11/2022	55	07/12/2022	0
21/10/2022	130	06/11/2022	68	22/11/2022	55	08/12/2022	0
22/10/2022	135	07/11/2022	70	23/11/2022	68	09/12/2022	0
23/10/2022	142	08/11/2022	74	24/11/2022	0	10/12/2022	0



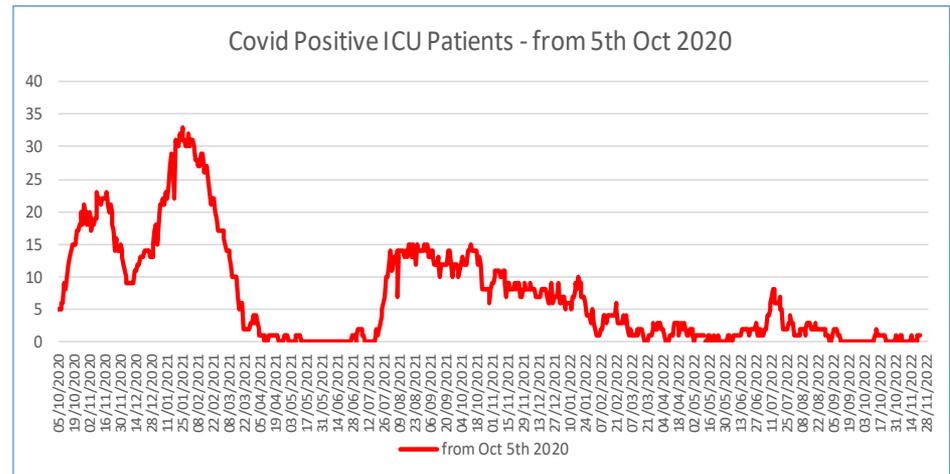
Covid-19 Update – 23rd November 2022

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 **1** Covid19+ patients (*0 in last Trust Board report*), and **0** query Covid19+ patient. On the wards we have **0** patients on CPAP, **0** on AIRVO and **1** on NIV. There are no patients identified as possibly needing escalation within the next 24 hours.

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

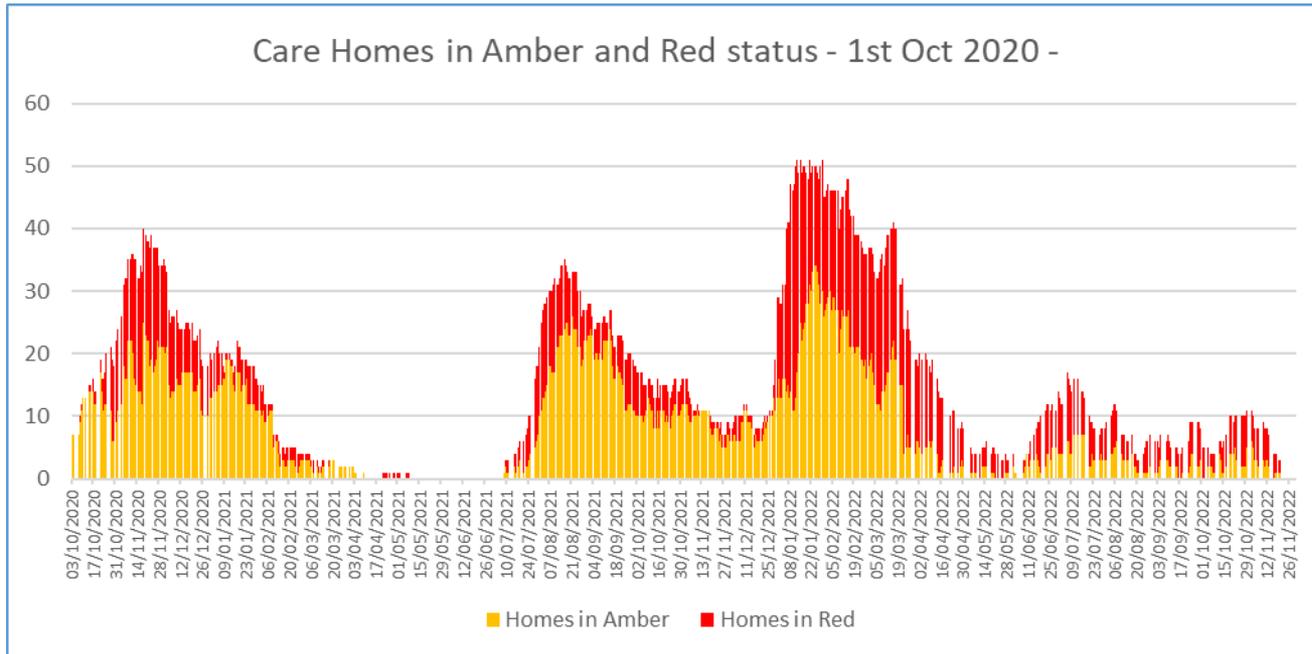


Covid-19 Update – 23rd November 2022

3. Community

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

As at Tuesday 22nd November 2022, we have **2** care homes with a confirmed outbreak (9 in last Trust Board report) – **0** in amber status and **2** in red status.



Covid-19 Update – 23rd November 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 Flu vaccinations are also included. Over 37,000 walk-in vaccinations were carried out at the mobile unit, and just under 9,000 flu vaccinations were undertaken in the 2021/22 flu vaccine programme. The daily number of vaccinations carried out averaged over 1,130 in April 2021, 1,270 in December 2021, reducing to 205 in April 2022, 56 for August 2022, 113 for Sept 2022 and 179 for Oct 2022. The total number of vaccinations is over **375,000**. A further 2,986 vaccinations have been carried out at RBHSC and Schools since late January 2022. The autumn 2022/23 vaccination programme began on Tuesday 20th Sept, and around **9,200** flu and **8,500** Covid19 booster vaccinations (including mobile unit) have been carried out since.

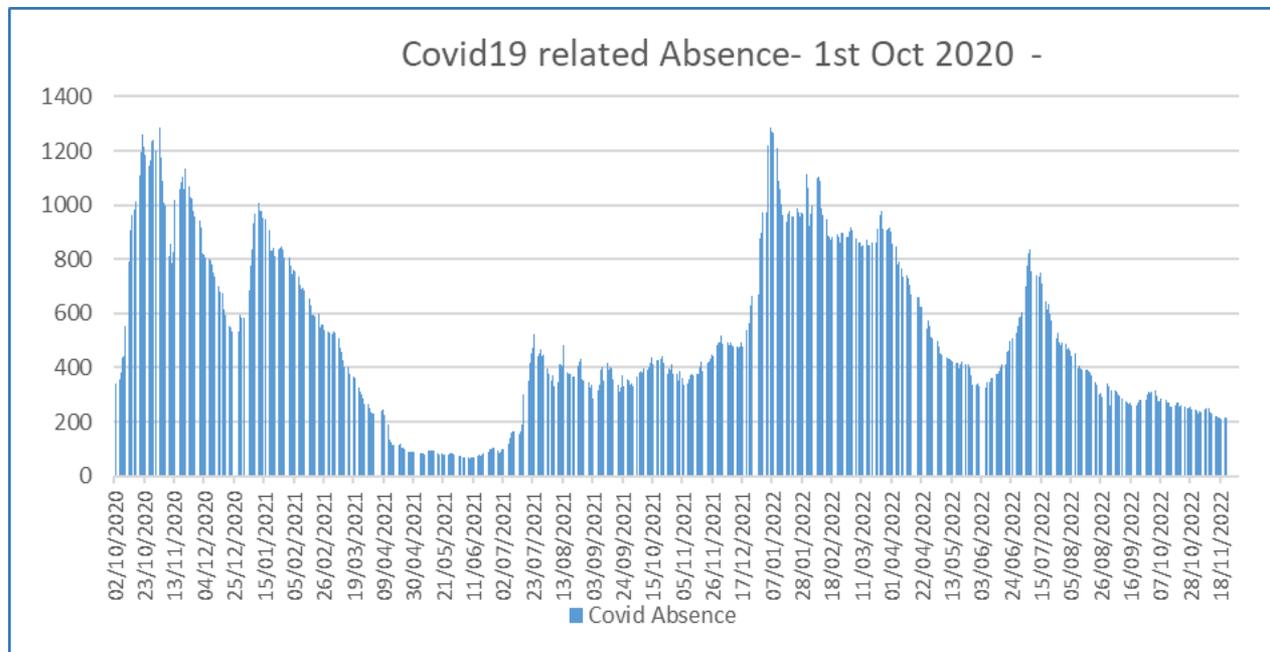
Last 7 days																			
Day	Date	No of Care homes	No. of inpatient wards/day care facilities	Residents/Service Users	AZ patients	Staff	Total Care Homes	Total number House-bound	Mobile Vaccination Clinic Walk In	Vaccination Centre Booster	Care Home/ Mobile Clinic Booster	Vaccination Centre 3rd dose CEV	Vaccination Centre Covid-19	Flu Vaccines	Daily Total	Running Total	Wasted Doses	Cum Wasted Doses	% Cum Wasted Doses
Wed	16-Nov-22	0	0	0	0	0	0	21	49	46	70	0	47	113	117	374523	21	1626	0.43%
Thu	17-Nov-22	0	0	0	0	0	0	22	36	37	58	0	38	100	96	374619	6	1632	0.44%
Fri	18-Nov-22	0	1	0	0	0	0	20	42	54	62	0	59	101	122	374741	10	1642	0.44%
Sat	19-Nov-22	0	0	0	0	0	0	16	0	42	16	0	46	46	62	374803	12	1654	0.44%
Sun	20-Nov-22	0	0	0	0	0	0	16	0	34	16	0	36	33	52	374855	7	1661	0.44%
Mon	21-Nov-22	0	0	0	0	0	0	20	39	38	59	0	40	94	99	374954	9	1670	0.45%
Tue	22-Nov-22	0	0	0	0	0	0	21	60	34	81	0	36	115	117	375071	5	1675	0.45%
Totals		432	330	9234	397	8302	17744	4024	38046	68844	19485	5782	307971	18101	375071				



Covid-19 Update – 23rd November 2022

5. Workforce

As at **Tuesday 22nd November** , **214** staff are off work with Covid19 disease related issues or vaccine side effects (282 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 **220** staff off work with Covid19 disease related issues or vaccine side effects. Today's figure represents a 2% decrease in that 7-day period.



Covid-19 Update – 23rd November 2022

6. Current outbreaks managed by Infection Prevention Control Team.

- The table to the right shows the COVID-19 outbreaks (acute and community) being managed by the IPCT across the Trust. Outbreaks involving only staff are managed by the Occ Health team and are therefore not included. Outbreaks in the independent care homes are not included as they are managed by the PHA.
- Cells highlighted yellow demonstrate either a change in the number of cases affected or that the outbreak has been closed. When the whole line is highlighted yellow, this indicates a new outbreak has been declared.

Date outbreak commenced	Date outbreak closed	Hospital or community	Site & Ward	Number of positive patients	Number of COVID related deaths	Number of positive staff	Number of definite nosocomial cases
29.09.22		Hospital	Ward D, MIH	14	0	6	8
03.10.22	31.10.22	Hospital	Donegore MAH	1	0	3	1
05.10.22	02.11.22	Community	Fortwilliam childrens home	1	0	3	0
06.10.22		Hospital	5F, RVH	5	0	1	0
07.10.22	16.11.2022	Hospital	RVH, EMSU	13	0	2	5
07.10.22		Hospital	RVH 6D	20	0	6	9
07.10.22	10.11.22	Hospital	RVH 6C	12	0	2	5
10.10.22	21.11.22	Hospital	BCH 6N	10	0	2	3
11.10.22		Hospital	RVH 4B	8	0	0	5
11.10.22	07.11.22	Hospital	Clare ward, KHCP	3	0	1	2
11.10.22	22.11.22	Hospital	RVH, 7B	15	0	1	6
11.10.22		Hospital	RVH 7C	19	0	3	7
13.10.22		Hospital	RVH 5E	6	0	0	2
13.10.22	10.11.22	Hospital	MAH, Cranfield 2	4	0	2	4
13.10.22		Hospital	BCH, CC2A	10	0	6	2
17.10.22		Hospital	Withers 6A MPH	16	0	9	15
14.10.22		Hospital	RVH ward 29	15	0	8	5
16.10.22	21.11.22	community	Mount Oriel Day Centre	13	0	3	N/A
18.10.22	15.11.22	Community	Rigby Close Supported Living	1	0	2	N/A
19.10.22		community	Cullingtree Meadows	4	0	3	N/A
20.10.22	18.11.22	Hospital	RVH, 5C	4	0	1	1
20.10.22		Hospital	4E RVH	6	0	4	2
20.10.22	21.11.22	Community	Glencairn day centre	6	0	0	N/A
20.10.22		Hospital	4A RVH	9	1	4	4
21.10.22	18.11.2022	Hospital	Level 8 Escalation Ward	4	0	0	1
24.10.22	17.11.2022	Hospital	WARD B, MIH	4	0	0	0
25.10.22	21.11.22	Hospital	RABIU, MPH	1	0	3	1
28.10.22		Hospital	Greystone Supported Living	1	0	1	0
01.11.22		Hospital	5A, RVH	6	0	2	1
01.11.22		Hospital	5D, RVH	1	0	1	0
15.11.22		Hospital	BCH ,RDU	2	0	0	0
21.11.22		Hospital	5B, RVH	2	0	1	1

Covid-19 Update – 23rd November 2022

7. 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 2022/23



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)

BHSCT Weekly Activity



Elective Admissions
411 (273)



Non Elective Admissions
1,097 (924)



Outpatient Attendances
Virtual
234 (3,116)

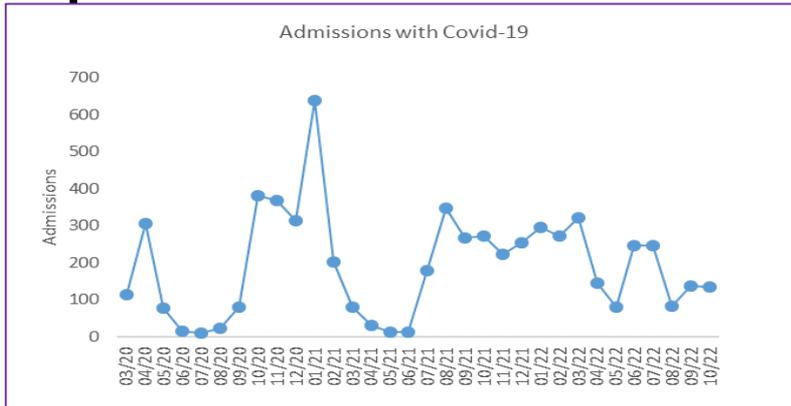


Outpatient Attendances
Face-to-face
10,583 (6,813)



Meeting Covid-19 Demands

Inpatients



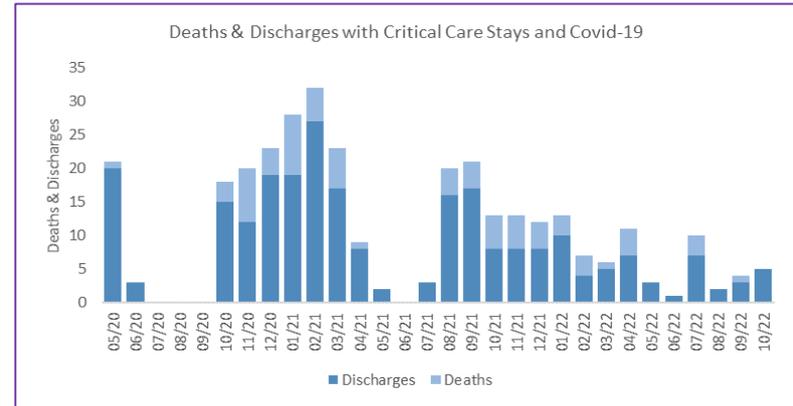
Inpatients (to 31st Oct 2022)

- **6,245 inpatients** due to Covid-19
- **5,340** were discharged (86%)
- **790** patients died (13%)
- **115** patients remain in hospital (2%)

Demand on Beds

- Covid-19 patients used **72,689** bed days in general wards

Critical Care



Critical Care (to 31st Oct 2022)

- **352** admissions to Critical Care (6% of Covid inpatients)
- **271** were discharged (77%)
- **77** patients died (22%)
- **4** remain in hospital (1%)

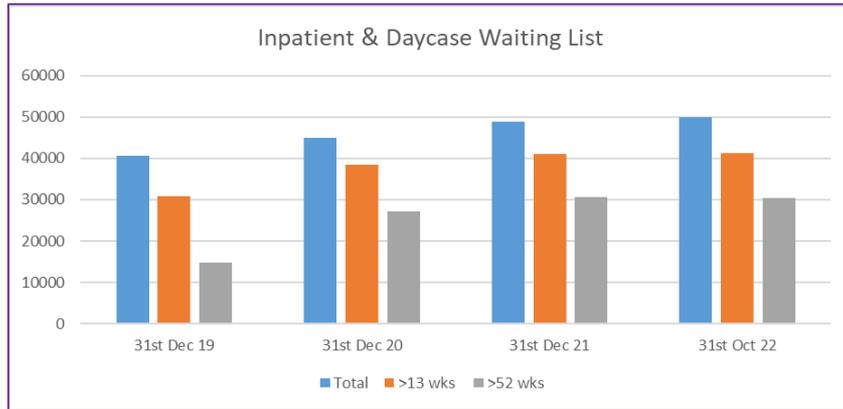
Demand on Beds

- Covid-19 patients used **6,264** bed days in critical care



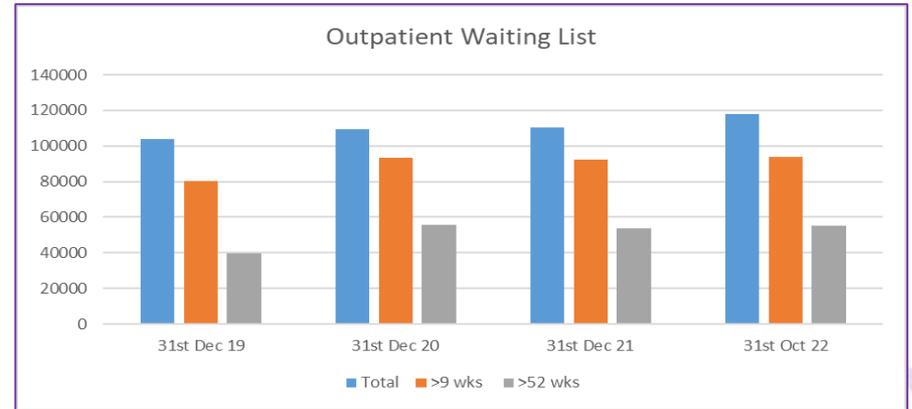
Impact on Waiting lists

Inpatient & Daycase Waiting Lists



Inpatient & Daycase Waiting List	31st Dec 19	31st Dec 20	31st Dec 21	31st Oct 22
Total	40579	44867	48942	49993
>13 wks	30826	38371	40995	41235
>52 wks	14892	27205	30678	30420
% waiting < 13 wks	24%	14%	16%	18%
% waiting > 52 wks	37%	61%	63%	61%

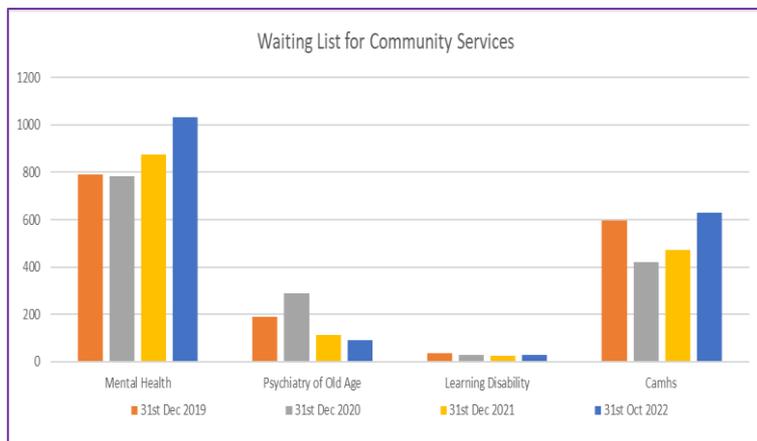
Outpatient Waiting List



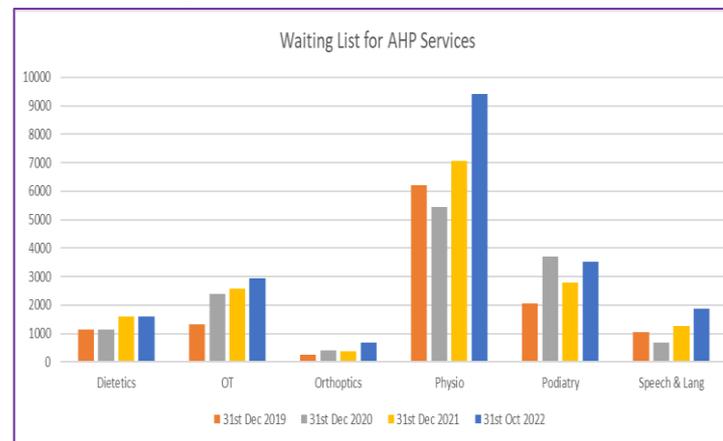
Outpatient Waiting List	31st Dec 19	31st Dec 20	31st Dec 21	31st Oct 22
Total	103700	109209	110251	118183
>9 wks	80410	93600	92142	94107
>52 wks	39450	55790	53645	55175
% waiting < 9 wks	22%	14%	16%	20%
% waiting > 52 wks	38%	51%	49%	47%

Impact on Waiting lists

Community Waiting Lists



AHP Waiting Lists



WL Position @	Mental Health		Psychiatry of Old Age		Learning Disability		Camhs	
	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks	Total Waits	> 9 wks
31st Dec 2019	790	45	190	4	34	6	597	273
31st Dec 2020	785	26	287	80	29	4	422	91
31st Dec 2021	875	104	114	26	24	2	471	165
31st Oct 2022	1034	126	90	12	30	0	631	318

WL Position @	Dietetics		OT		Orthotics		Physio		Podiatry		Speech & Lang	
	Total Waits	> 13 wks	Total Waits	> 13 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 Dec 2021	1613	629	2570	1409	382	210	7051	3608	2800	1590	1271	364
31st Oct 2022	1604	473	2948	1536	689	521	9423	4073	3534	1806	1870	900



Service Delivery Plan – SPPG Summary

October 2022

The Service Delivery Plan has been expanded to include a wider range of services, and the plan is profiled with monthly targets in each area. A summary of Trust performance to 31st October (SPPG reported summary) is included in the table below, and the full detail for each area within BHSCT is included at Appendix 1. The performance is presented as variance from target, with blue and green being at or above target, and amber and red being below target.

Summary	October Summary
Red (less than minus 5%)	19
Amber (between minus 5% and minus 0.1%)	3
Green (between 0% and 5%)	1
Blue (greater than 5%)	10
currently n/a	1
Total	34

Note: Activity is retrospectively adjusted on a cumulative basis where applicable between July 2022 and March 2023. Updated data will improve Trust reported performance in some areas initially reported as red or amber.

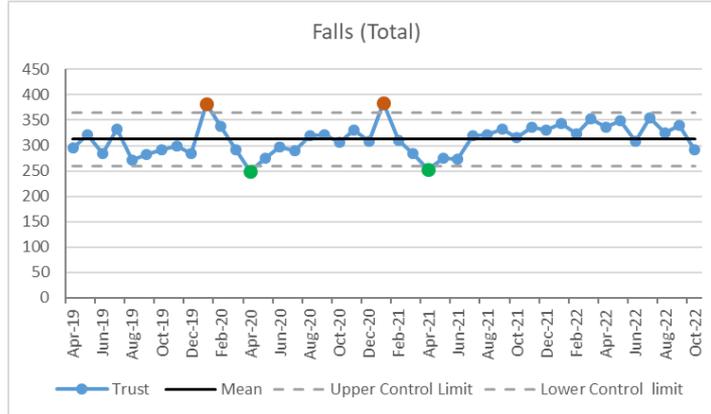


Safety

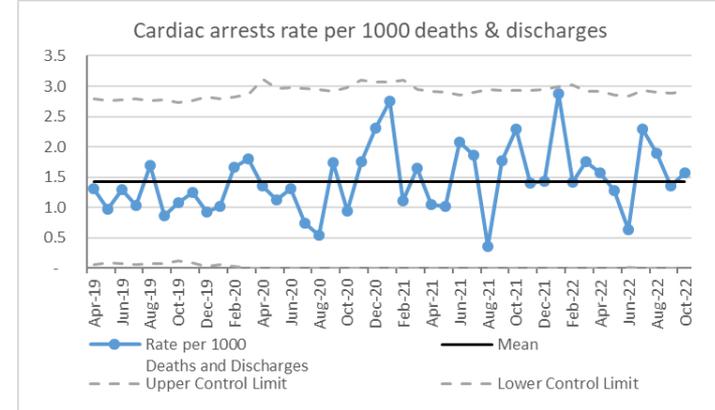


Classic Safety Thermometer indicators

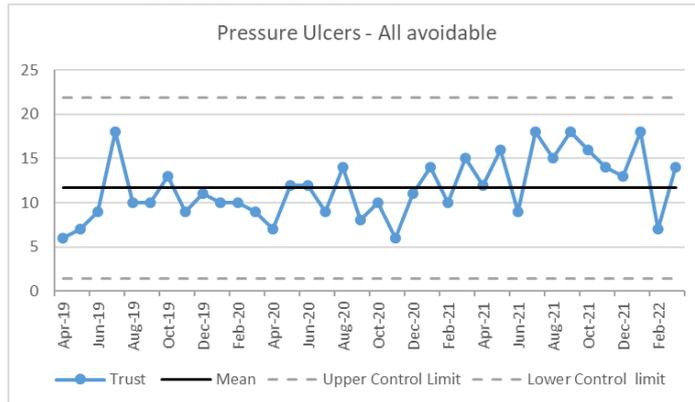
Falls



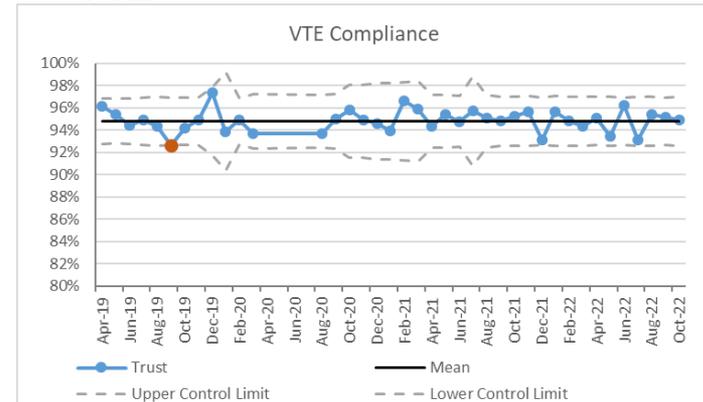
Cardiac Arrest Rate



Pressure Ulcers



VTE

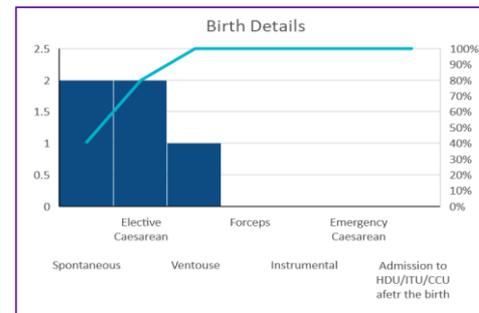
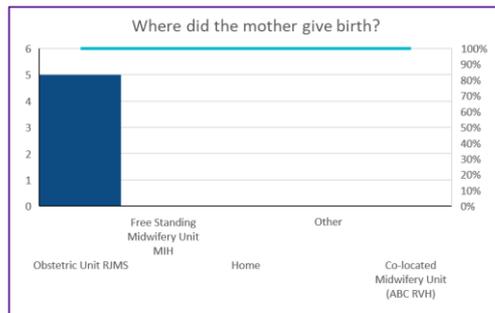


- Indicators are chosen as they provide an effective measure on the progress towards improvement in harm free care. All recent data are within control limits.
- Pressure Ulcer data has not been updated in recent months due to critical staffing levels within the Tissue viability Team. Investigations into pressure ulcers are still completed and issues escalated.



Safety Thermometer - Maternity

Maternity Safety Thermometer Report - Aug 2022 - Key Measures	Aug-22	Average all surveys
Women who had a perineal trauma or abdominal wound	80.00%	73.91%
Women with PPH >1000 mls	40.00%	21.74%
Women who had an infection since onset of labour or within 10 days of birth	0.00%	4.35%
Women who experienced a post anaesthesia complication	0.00%	0.00%
Catheter reinserted post-natally	0.00%	8.70%
Babies unexpectedly transferred to SCBU/NNU/NICU	0.00%	4.35%
Mothers seperated from their baby	0.00%	0.00%
Mothers left alone at a time that worried them	0.00%	0.00%
Mothers whose concerns were not taken seriously	0.00%	0.00%
Mothers received enough support with feeding/expressing for your baby	100.00%	100.00%
Harm free care - Physical	60.00%	73.91%
Harm free care - women's perception of safety	100.00%	100.00%
Harm free care combined	60.00%	73.91%



Note : light blue line is cumulative percentage

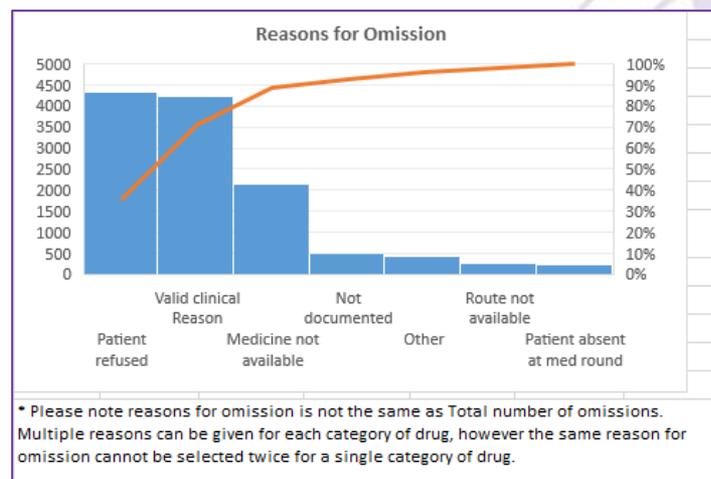
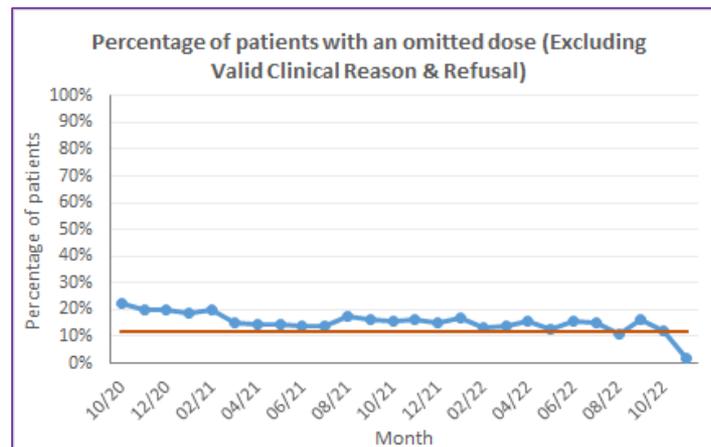
- The data collection commenced with amended indicators in July 2022. Trend analysis will be introduced when sufficient data are available.
- Please note that due to staffing issues surveys did not take place in September and October, however they have recommenced in November 2022.



Safety Thermometer – Medications – October 2022 - 798 surveys

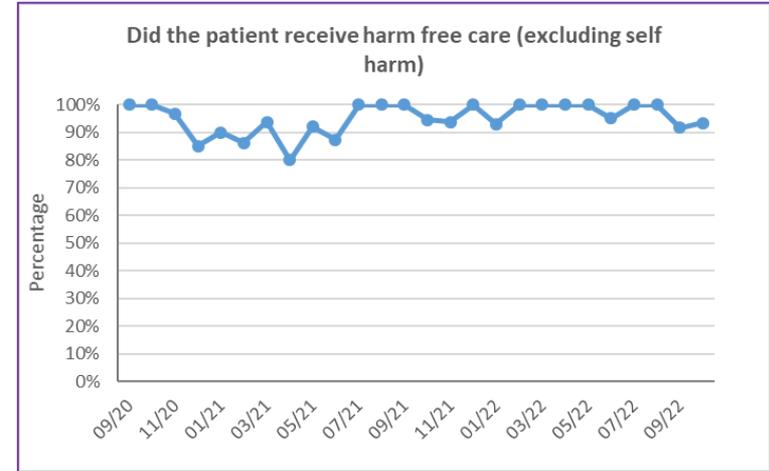
Medication Safety Thermometer Report - October 2022 - 798 Surveys	October 2022 %	Average - all surveys	Target
Patients with medicines allergy status documented in their medicine kardex	84.09%	84.22%	97.35% (or above)
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	12.28%	15.71%	12.02% (or lower)
Patients with an omitted dose relating to a critical med (Excl. valid reason & refusal)	0.88%	1.78%	6.86% (or lower)
Patients receiving high risk medicine that had a trigger of harm.	1.75%	0.79%	2.08% (or lower)
Patients with medicine reconciliation started within 24hrs of admission to Trust	59.54%	57.30%	68.43% (or above)

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



Safety Thermometer – Mental Health

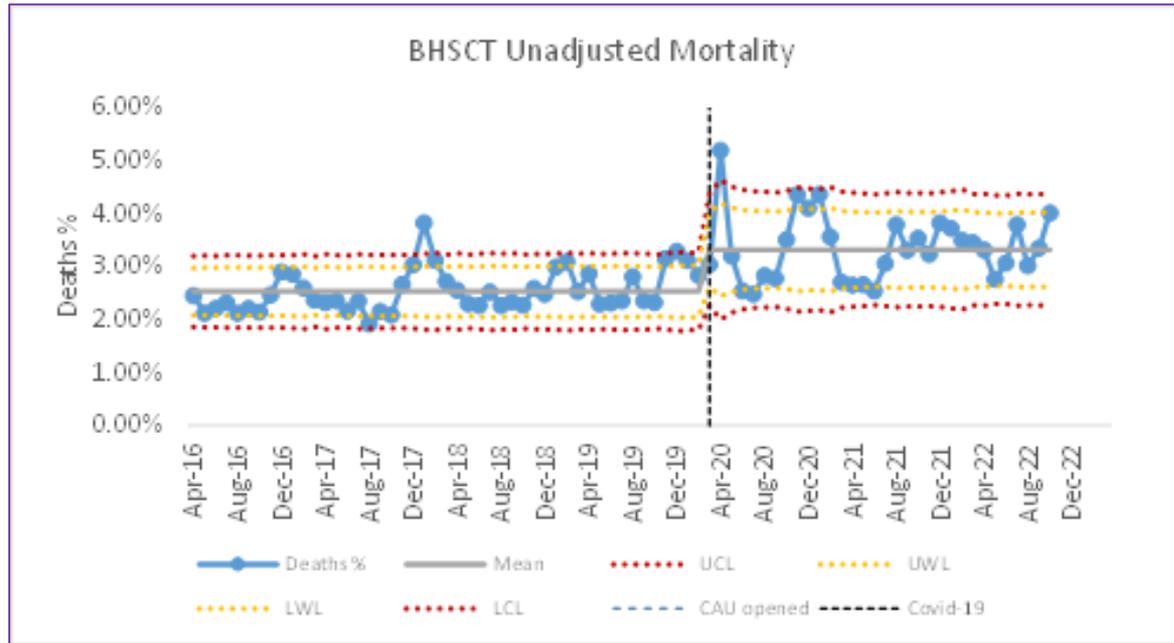
Mental Health Safety Thermometer Report - October 2022 - 15 Surveys	Oct-22	Av'ge all surveys
Harm free Care	93.33%	91.12%
Harm free Care (Excluding Self Harm)	93.33%	94.52%
Self harmed in past 72 hours	0.00%	4.91%
Victim of violence or aggression in past 72 hrs	0.00%	0.76%
Percentage of patients with an omitted medicine (Excl valid clinical reason & refusal)	6.67%	0.65%
Felt safe at time of survey	93.33%	96.22%
Required Restrictive Intervention in past 72 hrs	0.00%	0.95%



Mortality

BHSCT Mortality Indicators

- BHSCT Crude Mortality to October 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

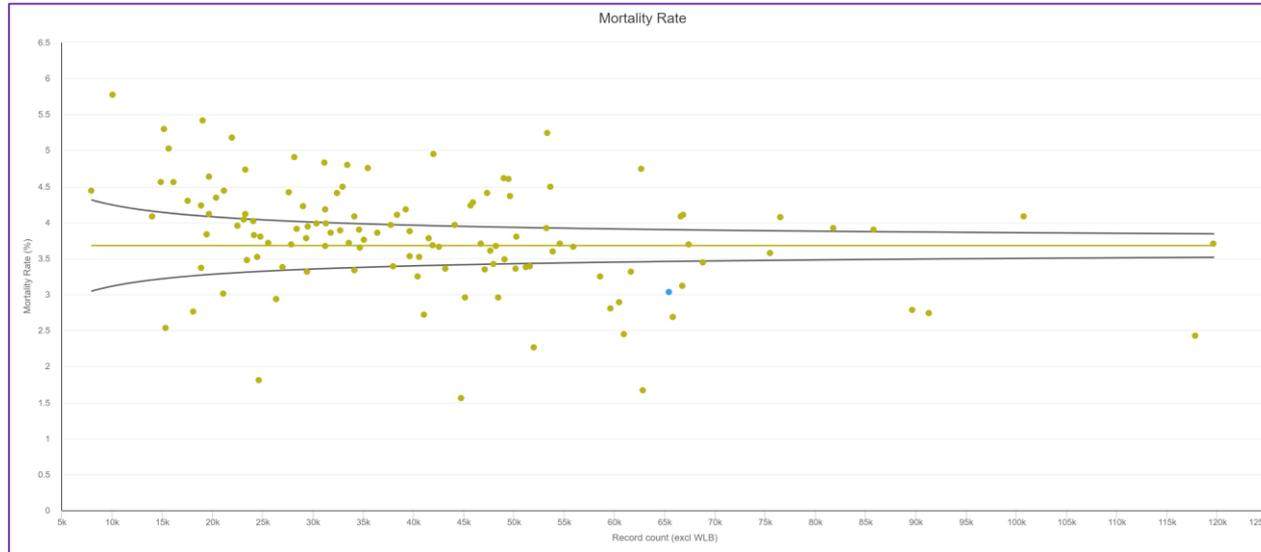
Mortality rates can be further sub-divided into those with surgical procedures

- 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 1.0% against a peer figure of 1.6%

Mortality

BHSCT Mortality Indicators

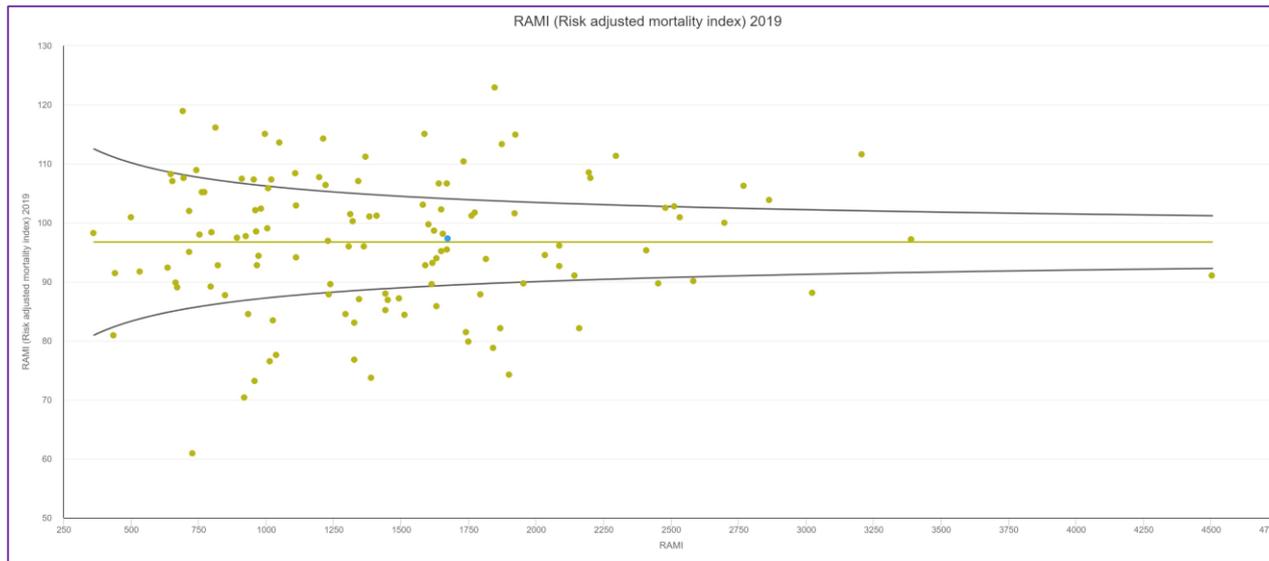
- BHSCT Crude Mortality Rate with Peer Comparison- October 2021 to September 2022 (Latest 12 month peer figures)



- The Trusts crude mortality rates compare favourably against peer hospitals with a Trust mortality rate of 3.0% against a peer figure of 3.7% for the period October 2021 to September 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- September 2021 to August 2022

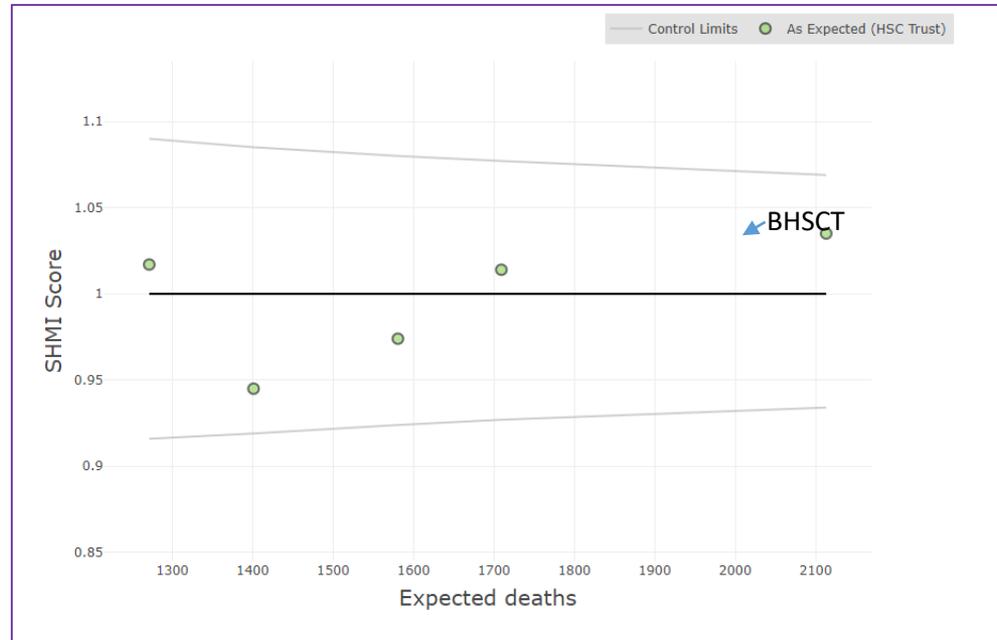


NB. Due to the requirement to wait for submission of peer data from other hospitals and the need for adequate levels of clinical coding completion mortality rates for peer analysis will be less recent than Trusts own figures

- 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 97 for the period September 2021 to August 2022

Mortality –Summary Hospital Mortality Index (SHMI)

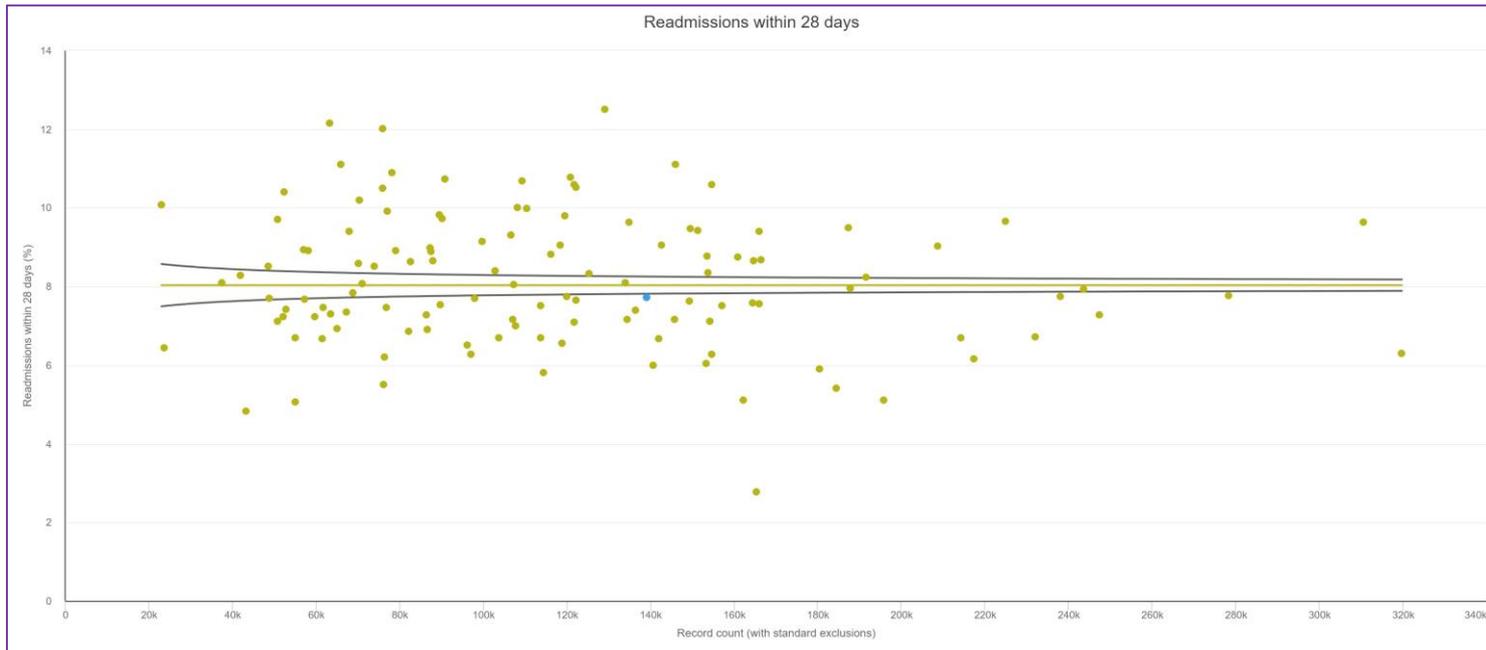
BHSCT SHMI April 2021 to March 2022



- 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 1.03 for the period April 2021 to March 2022

Readmissions within 28 days

Belfast Trust Readmissions within 28 days – September 2021 to August 2022



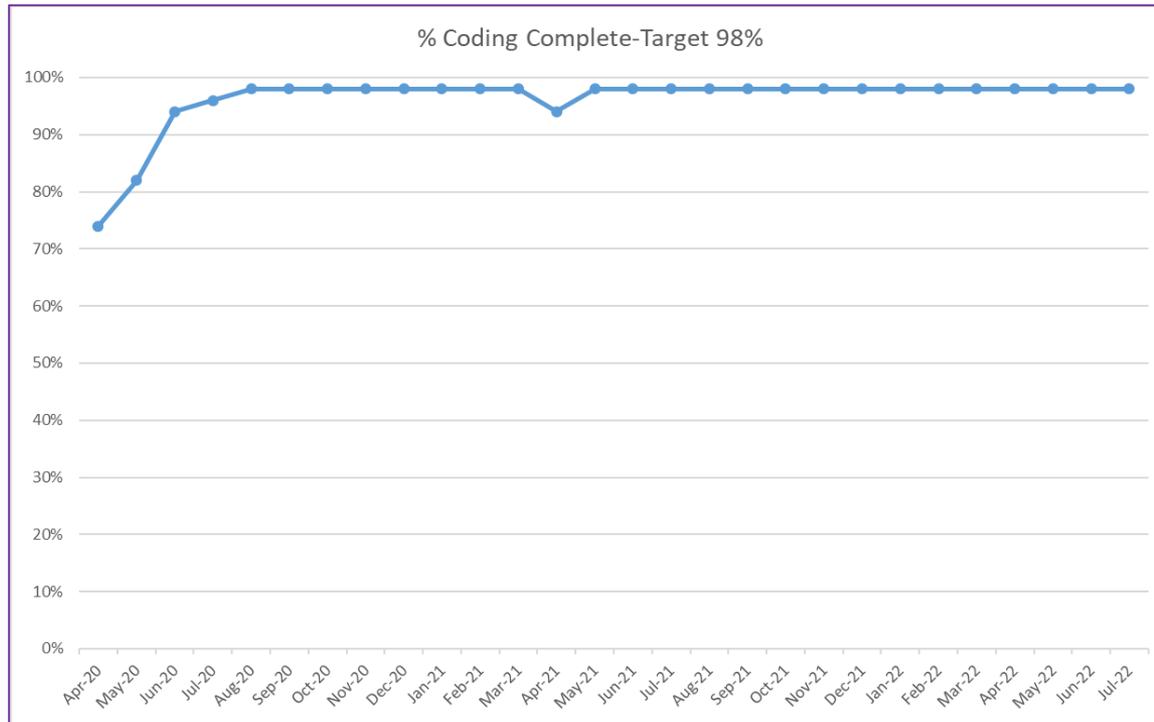
The Trusts readmission rate for the period September 2021 to August 2022 is 7.7% against a peer figure of 8.0% (latest 12 month period).

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%.**



Consistent 98% at target point

- 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.

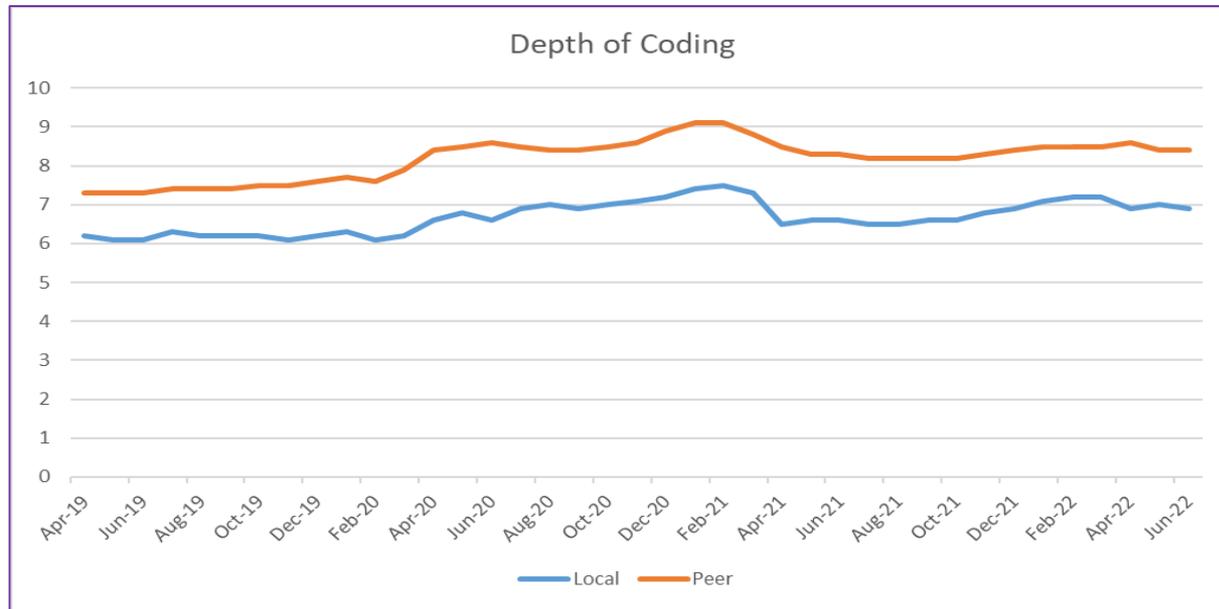
Clinical Coding Accuracy -Indicator Description	BH SCT July21 - June 22	Peer Value	Performance
Data Quality Index-Shows overall data quality for clinical coding based on aggregation of scores from indicators below	93	95	
% Uncoded Episodes-This should be as close to zero as possible to ensure all diagnostic information is captured.	0.6%	0.4%	
Sign or symptom as a primary diagnosis-Should be minimal or match peer.Potential lack of detail in coding which affects analysis of patient acuity	7.7%	8.4%	
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	7.9%	9.6%	
Admitting Diagnosis Emergency for Elective Admission-Should be minimal or match peer.Potential error in coding which affects analysis of patient acuity	0.7%	1.1%	
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.	11.1%	11.1%	
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	43.0%	41.0%	
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.	2.0%	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.



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.

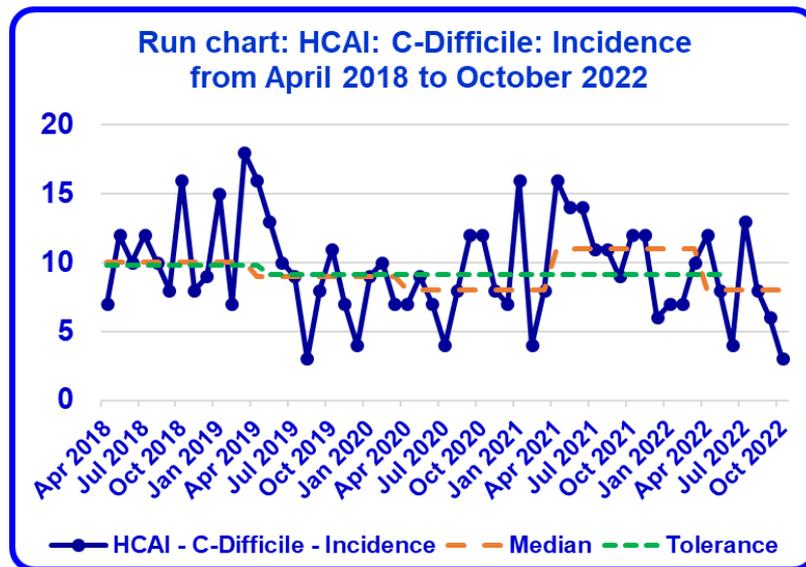
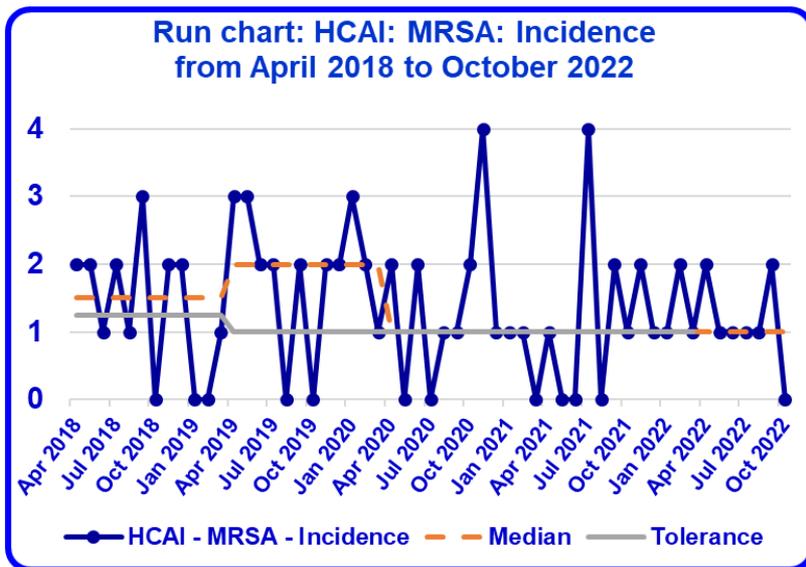
Healthcare Associated Infections

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 October 2022 is 8, compared to 8 for the same period last year.

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 129 against a target tolerance of 110. The Incidence of C-Difficile to the end of October 2022 is 54, compared to 87 for the same period last year.



Healthcare Associated Infections

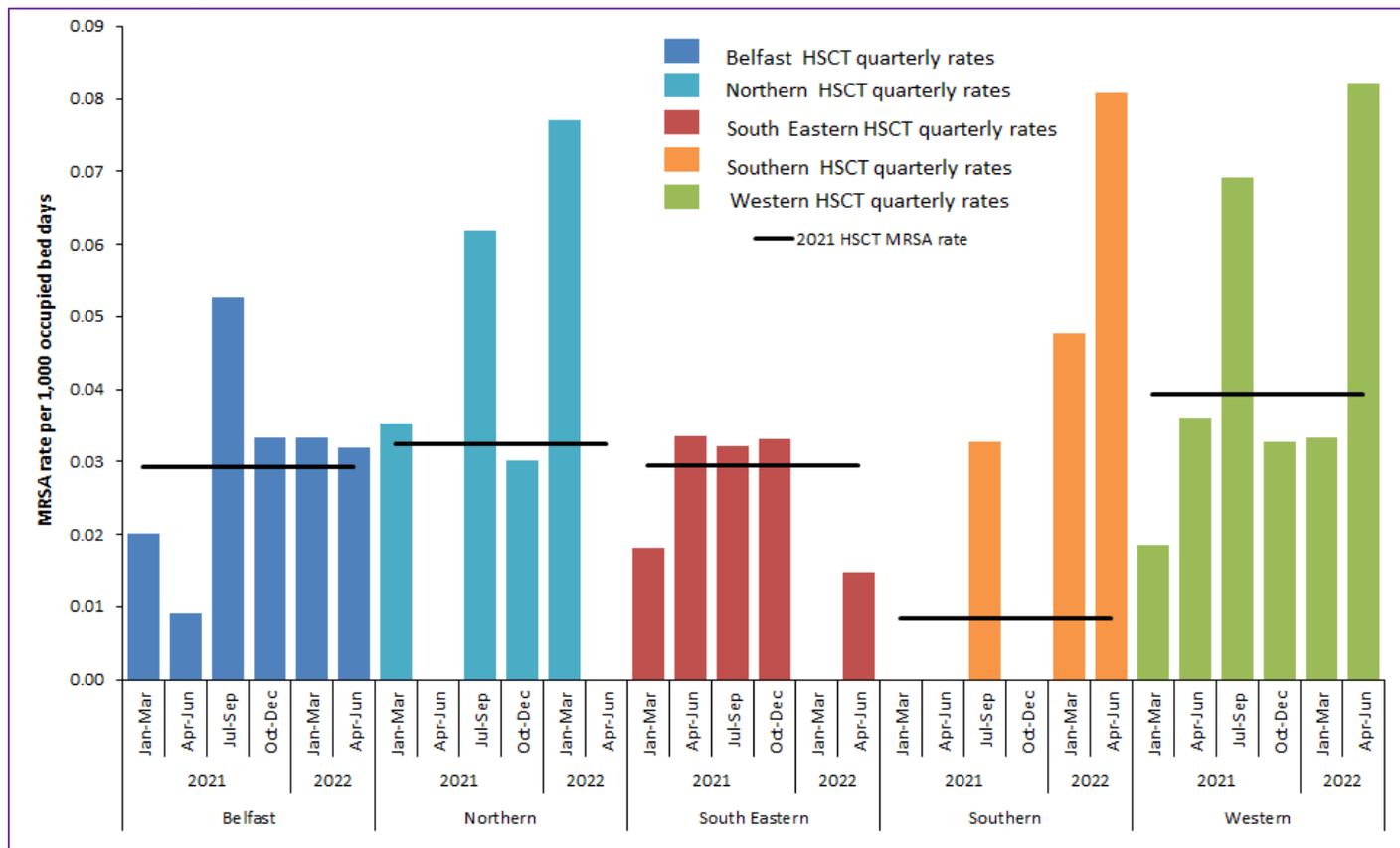
PHA Quarterly C-Difficile surveillance report – Jan 2021 – June 2022 (quarterly report)



- Analysis of Incidence per 1,000 bed days (patients 65 years and over) by Trust – 2021 and 2022 – Belfast Trust incidence had reduced over the previous 3 quarters, with an increase in the current quarter, however it continues to be just above the regional average for the period Jan2021-Jun 2022.

Healthcare Associated Infections

PHA Quarterly MRSA surveillance report – Jan 2021 – June 2022 (quarterly report)



- Analysis of Incidence per 1,000 bed days (patients 65 years and over) by Trust – 2021 and 2022 – Belfast Trust continues to be in the mid-range of the five Trusts

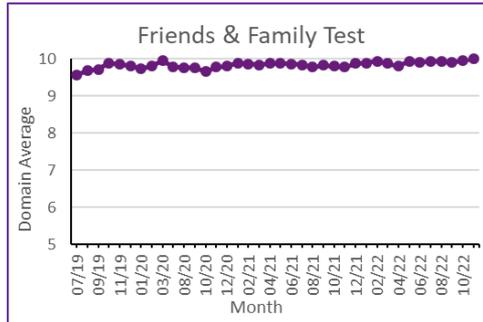
Experience



Real-Time Feedback: Patient Experience Charts - Month of October 2022 = 490 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 had expanded with new staff members trained up to roll out to phase 2 wards. Due to current vacancies in the team the number of surveys continues to be below that of previous reports, although significantly increased from the last report.
- We have seen consistently high scores in both overall satisfaction and the Friends & Family Test.
- In October 2022, of 490 patients, 486 were extremely likely and 0 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?



Overall Satisfaction **99%**

Real Time Patient Feedback Report

Division: (All) | Month: | Ward: (All) | Date: | No. Surveyed: 490

Domain	Domain Score
Consistency & Coordination	9.92
Respect & Dignity	9.98
Involvement	9.92
Doctors	9.95
Nurses / Midwives	9.96
Cleanliness	9.94
Pain Control	9.97
Medicine	9.76
Noise at Night	9.51
Kindness & Compassion	9.99
Recommendation	9.96
Overall Domain Score	9.89

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

Overall Satisfaction 99%

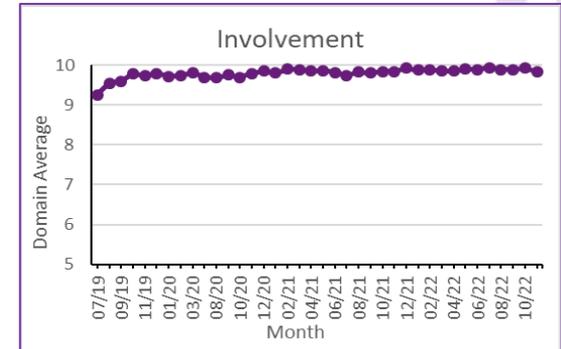
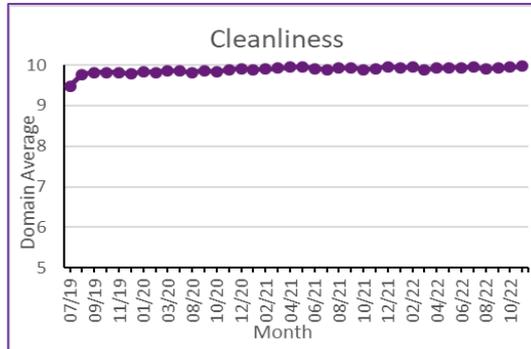
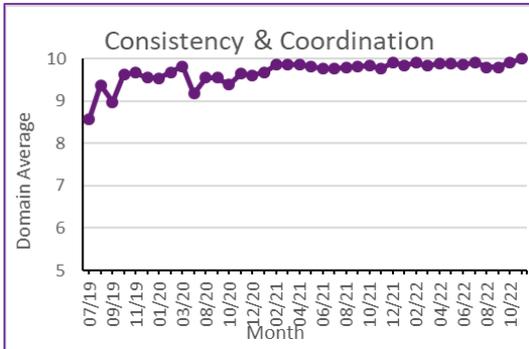
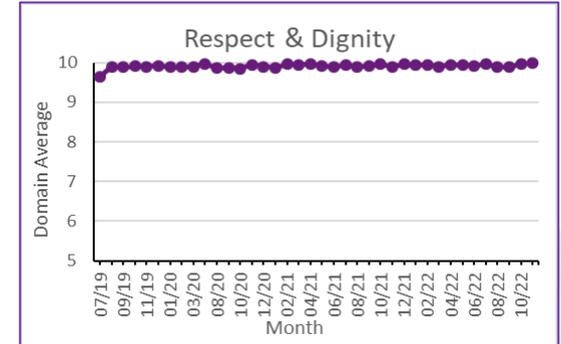
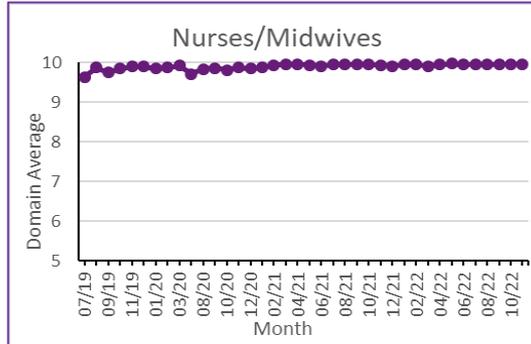
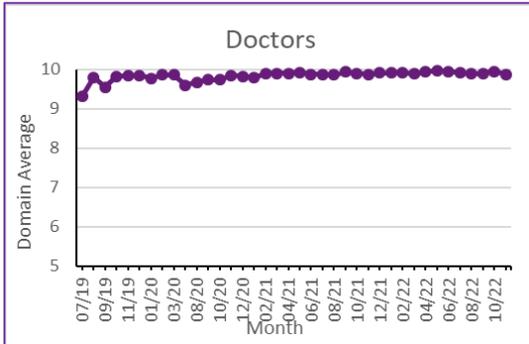
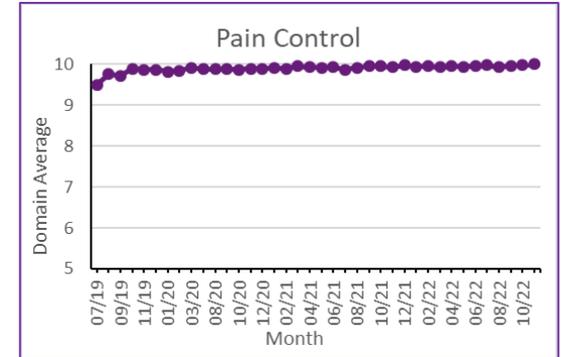
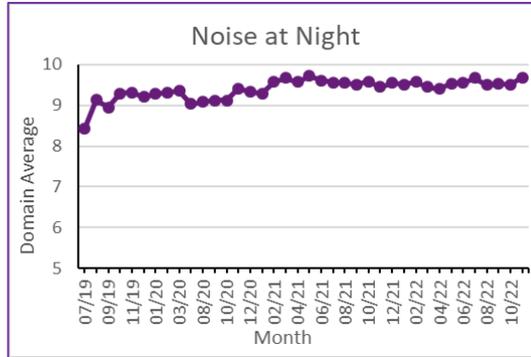
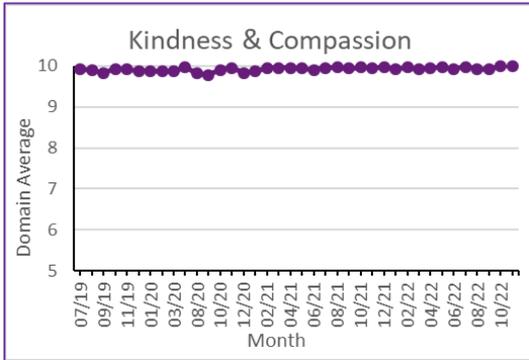
Legend:

- Extremely likely (99%)
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely

Friends & Family Test Ranking

	Month:	10/22	
Divisional ranking			
Division	Friends & Family Score	Number surveyed	Rank
Trauma, Orthopaedics & Rehabilitation Services	10.00	60	1
Mental Health & CAMHS	10.00	18	1
Anaesthetics, Critical Care, Theatres & Sterile Services	10.00	21	1
GP OOH's & Emergency Medicine	10.00	38	1
Older People, Physical Health and Disability services	10.00	11	1
Medical Specialties	9.97	147	2
Cancer & Specialist Medicine	9.94	85	3
Surgery	9.93	110	4
Belfast Health & Social Care Trust	9.96	490	

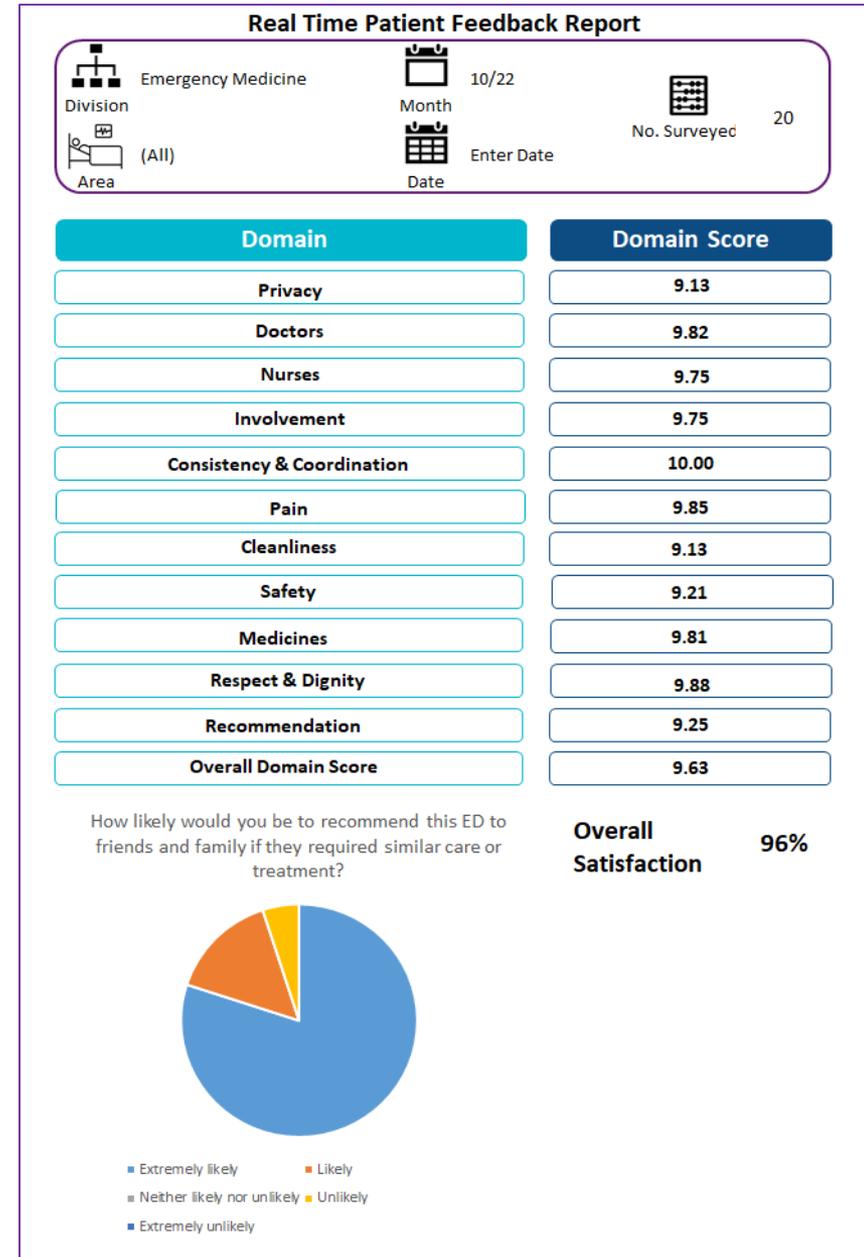
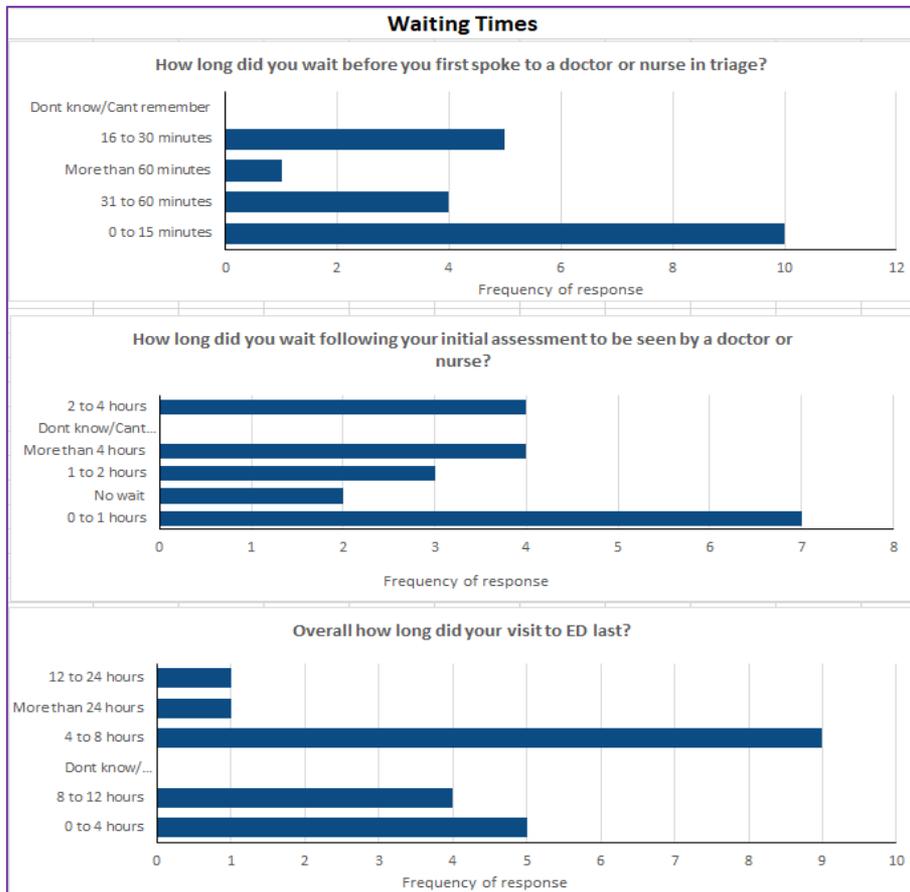
Real-Time Feedback: Patient Experience Domain Run charts



Real-Time Feedback: ED Admission experience - Month of October 2022 = 20 surveys

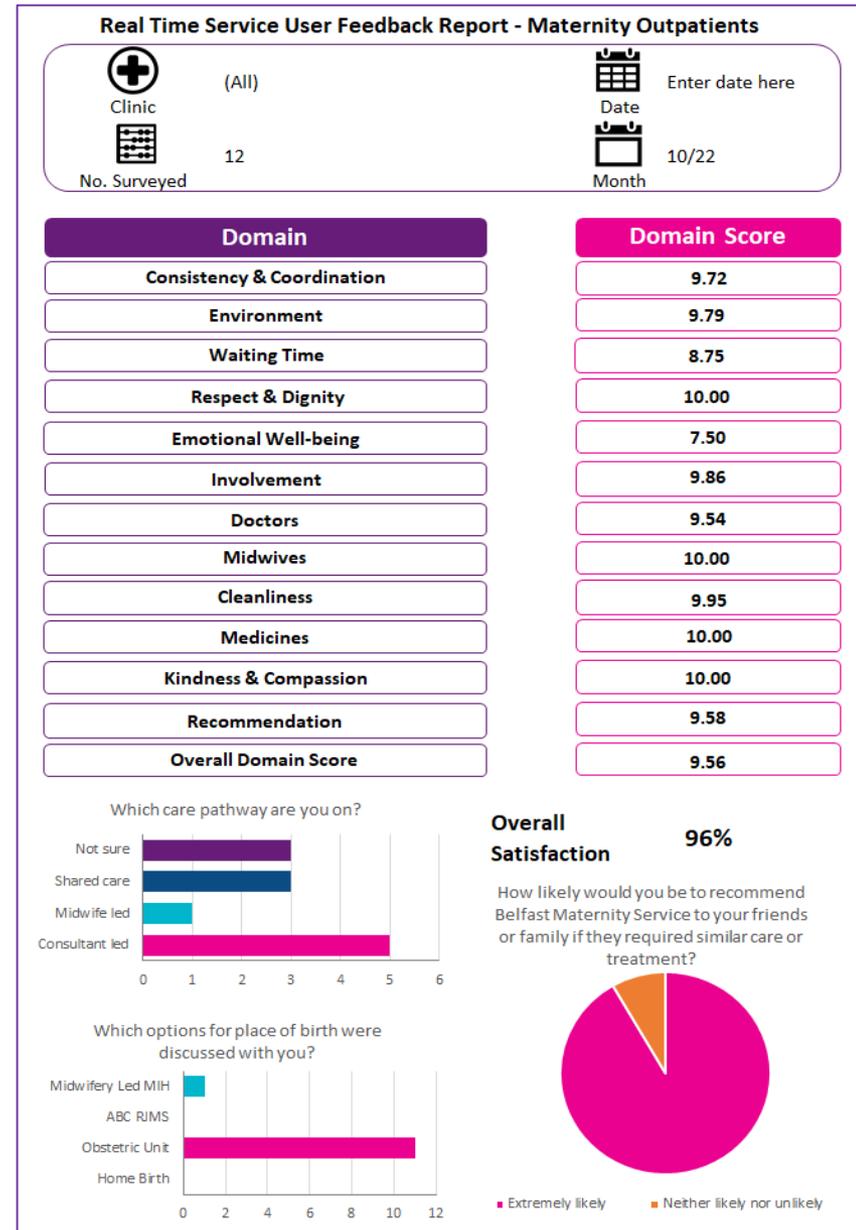
- The collection of Emergency Department Patient Experience feedback commenced in December 2021.
- In October 2022, of 20 patients, 19 were extremely likely or likely to recommend the service area they were in to their friends or family. That is a recommendation score of 92.5% (weighted score).

Waiting times



Real-Time Feedback: Month of October 2022 = 12 surveys – Maternity Outpatients

- 12 Surveys were carried out in October 2022
- The collection of Maternity Outpatients Patient Experience feedback commenced in December 2021.
- In October 2022, of 12 patients, 11 were extremely likely to recommend the service area they were in to their friends or family. That is a recommendation score of 96% (weighted score).



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 – 2022/23 (figures updated to 31st October 2022)



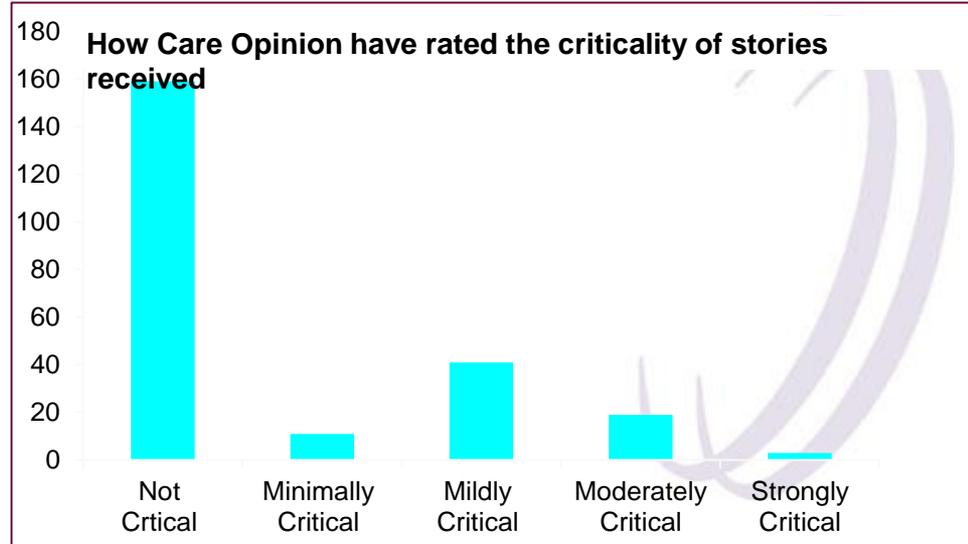
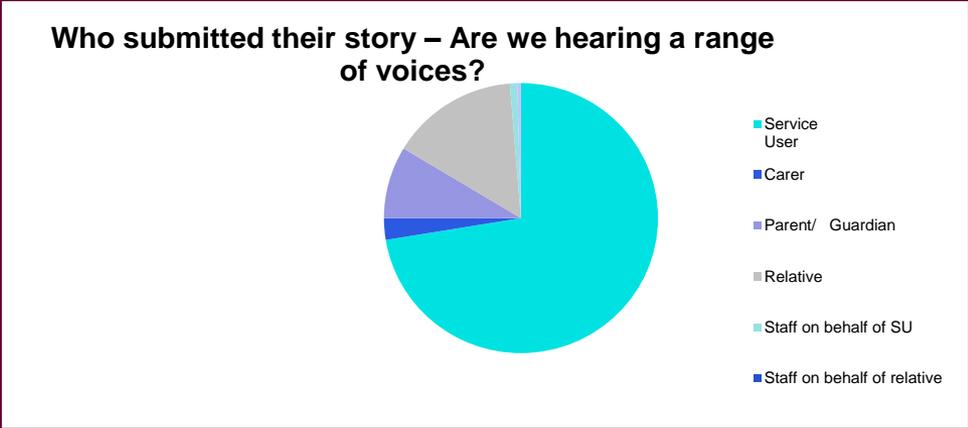
TOTAL NUMBER OF STORIES TO DATE
233

TOTAL NUMBER OF CHANGES
9

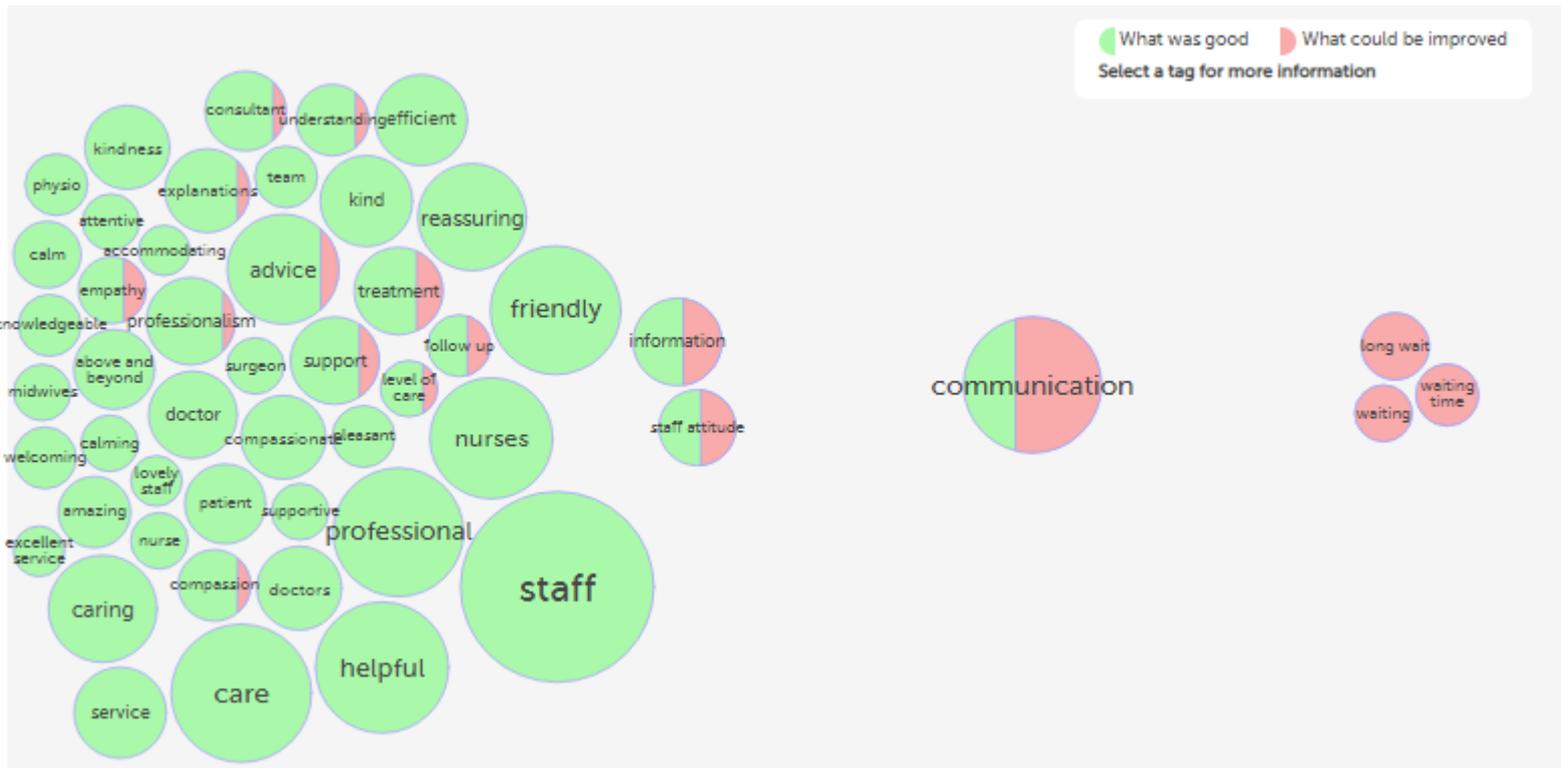
TOTAL NUMBER OF CHANGES PLANNED **4**

TOTAL NUMBER OF CHANGES MADE **5**

- Ongoing weekly Social Media promotion.
- ‘Framing the Ask’ and Responder training ongoing to support staff to effectively access feedback
- Care Opinion remains a standing item on Divisional Safety and Quality Governance meetings throughout the Trust.
- Number of staff responding currently stands at **507**
- Aim to be an increase in the number of staff across the system who engage and respond with stories



What are the overarching themes of our stories ?



April - October 2022 | Care Opinion

Care Opinion Activity

- **Care Opinion Forum**

Care Opinion's Associate Director of Service Quality, Sarah Ashurst, presented to Trust Leaders and Managers about how Care Opinion can impact patient safety.



- **Care Opinion Conference**

Our Patient and Client Experience Manager presented to the National Care Opinion Conference on the experience within BHSCT



Care Opinion Autumn
Online Conference 2022

**The Patient Feedback
Puzzle**

Moving from Feedback to Impact

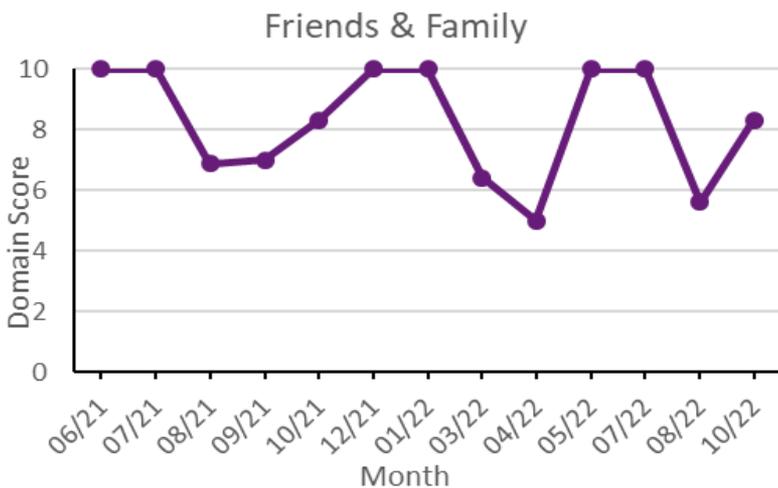
**Introducing Care Opinion in a
Large Multi Site Health Trust –
challenges and opportunities**

Belfast Health and Social Care
Trust



Real-Time Patient Feedback – Muckamore Site

- 3 surveys were carried out in October 2022
- The data collection commenced in June 2021.
- Friends and family question: Service users who would always tell friends & family good things about how they have been treated on the ward. Of 3 surveyed 2 answered 'Yes, always' and 1 answered 'Some of the time'. The weighted score was 84%



Real Time Patient Feedback Report - Muckamore

Division (All)

Ward (All)

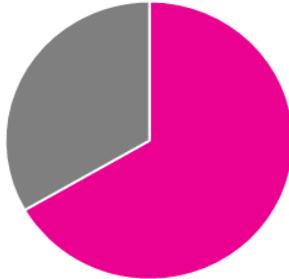
Month: 10/22

Date: Enter date here

No. Surveyed: 3

Domain	Domain Score
Consistency & Coordination	7.50
Respect	8.33
Involvement	8.75
Staff	6.11
Cleanliness	10.00
Pain Control	10.00
Medicines	8.89
Noise at night	5.83
Kindness & Compassion	10.00
Friends & Family	8.33
Overall domain score	8.38

Would you tell friends and family good things about the way you have been treated?

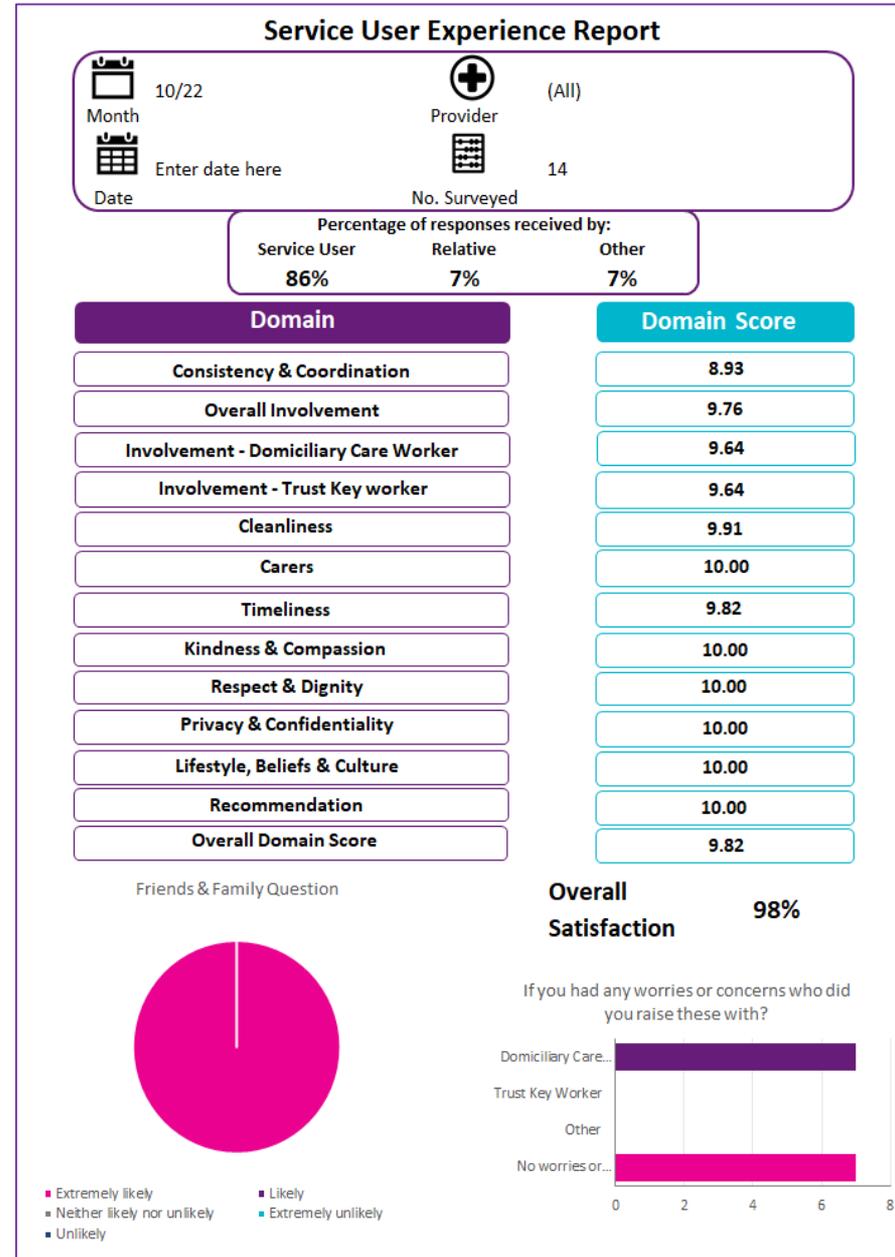
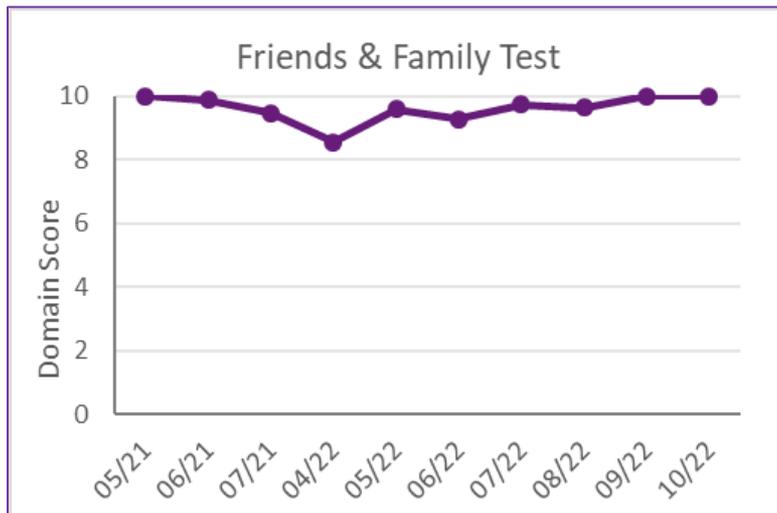


Overall Satisfaction 84%

■ Yes, always ■ Some of the time

Service User Experience Surveys – Domiciliary Care

- The data collection re-commenced in April 2022
- 14 surveys were carried out in October 2022
- Family and Friends question: Percentage of service users who would be extremely likely or likely to recommend this service/care provision to friends and family if they needed similar care. All 14 surveyed responded 'extremely likely' to the question, with a weighted score of 100%



Baseline Staff Experience Survey

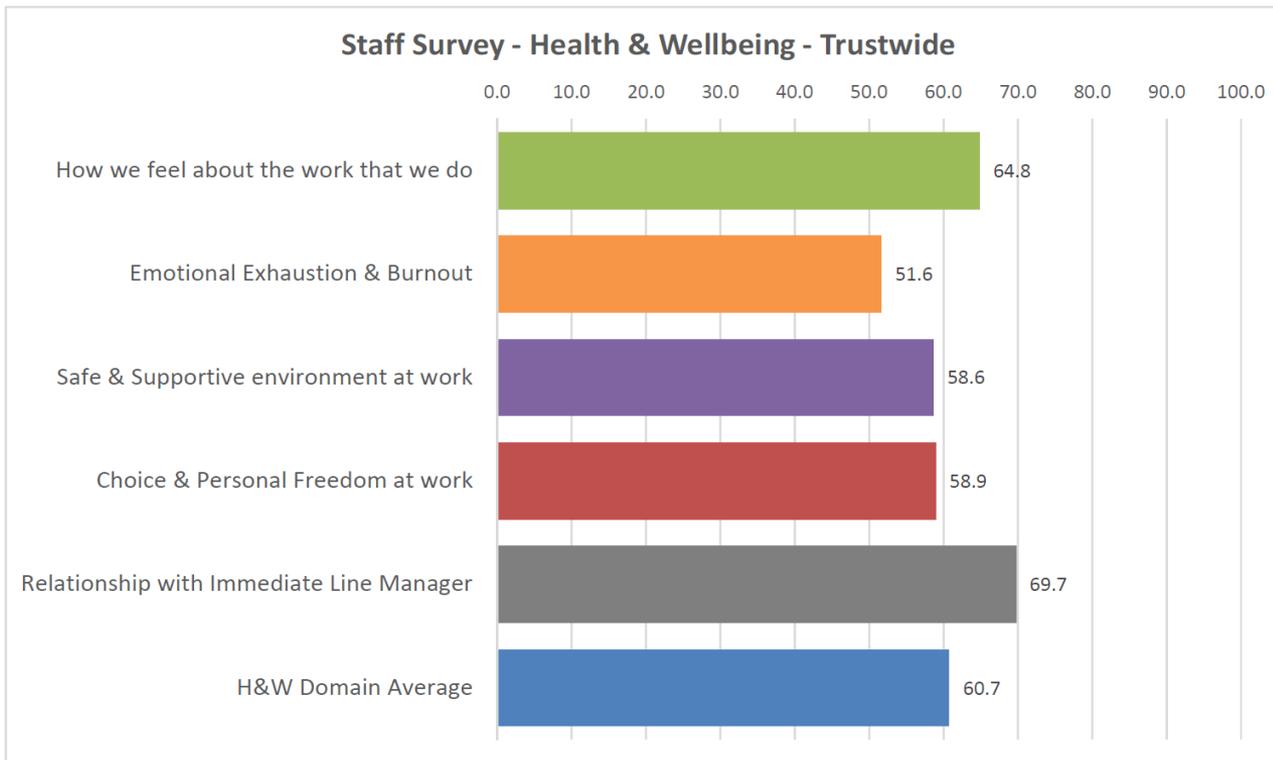
Health & Wellbeing Staff Experience Survey

Belfast Health and Social Care Trust



Trustwide Report - March 2022

Based on 4131 returns



Mean Rating Scores (MRS) | Higher Score = More Desirable



Baseline Staff Experience Survey

Top 5 Questions

Top 5 Questions	MRS
1. I feel skilled when doing my job	76.1
2. I keep improving my ability to do my job	73.1
3. Time passes quickly when I am working	72.9
4. Care of patients/service users is my organisation's top priority	71.5
5. My line manager is genuinely warm and empathetic	71.0

Bottom 5 Questions	MRS
1. How often, if at all, does your work frustrate you?	39.7
2. I often feel overwhelmed at work	41.0
3. How often, if at all, do you find your work emotionally exhausting?	41.8
4. How often, if at all, do you feel burnt out because of your work?	45.5
5. Work often affects my ability to be my best self at home	45.7

Mean Rating Scores (MRS) | Higher Score = More Desirable



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



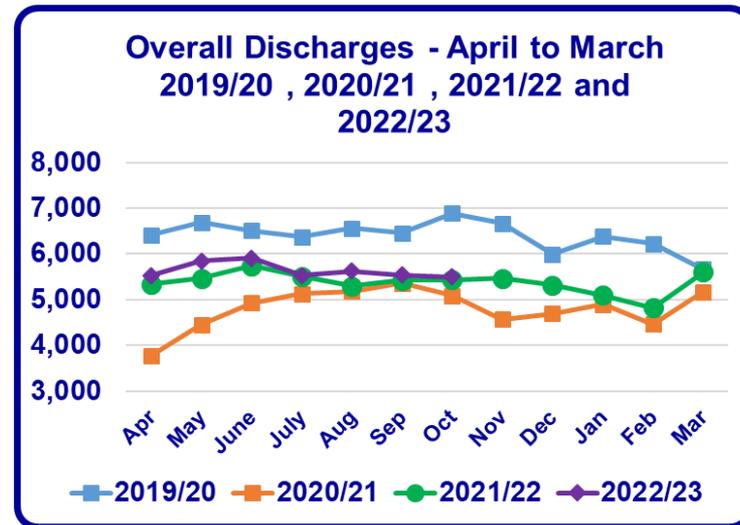
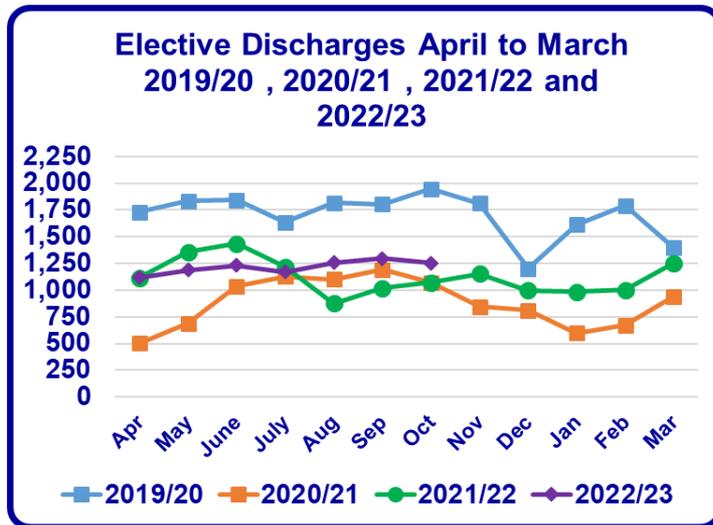
Belfast Trust: Elective Care Framework Action Plan

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 IN PLACE	BHSCT has in-reach arrangements in place with an IS provider for delivery of weekend Endoscopy session. These are continuing during 22/23. The Trust has commenced arrangements with an IS Provider for use of Trust premises (MIH) for in-reach weekend daycase lists and in week for Ophthalmology 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 24% of SBA OP consultant attendances virtually for April – October 22/23. 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 mega clinics from Apr-Aug 2022/23 Ophthalmology mega clinics have been carried out, and further clinics are planned between now and Dec 2022/23
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.

Inpatients - Discharges

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

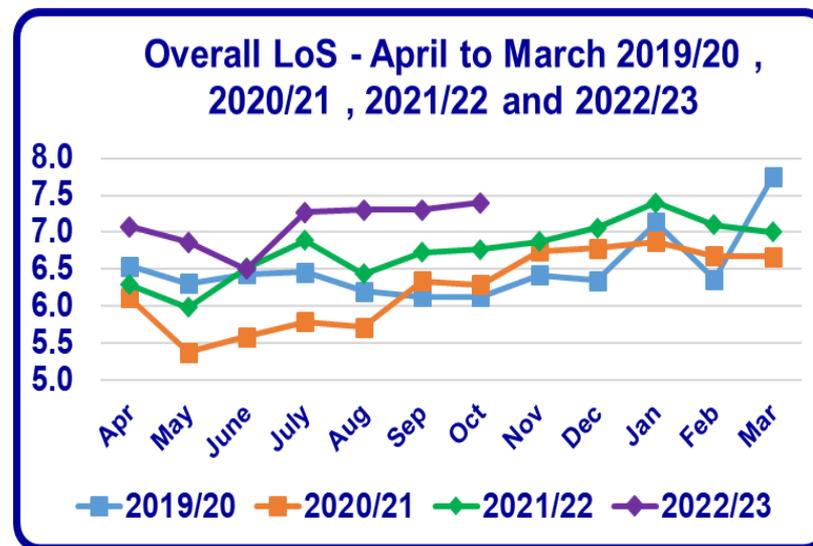
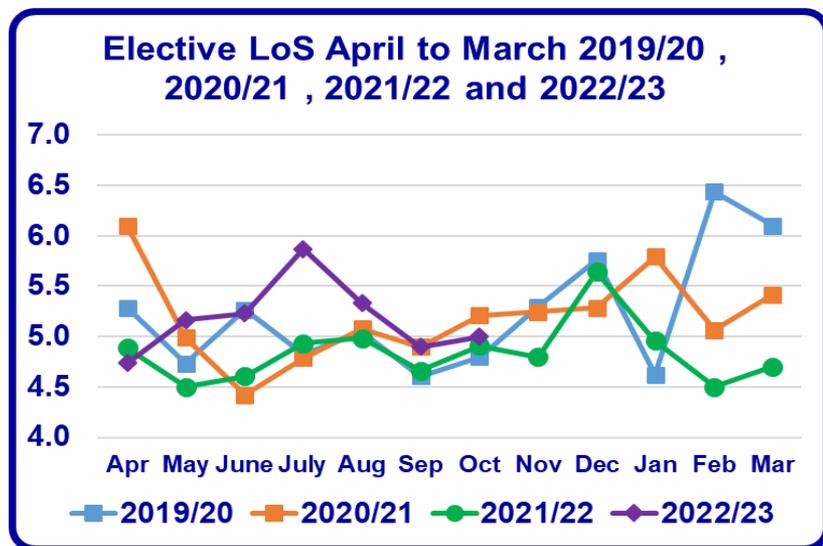


There were 1,253 elective discharges in October 2022, 184 more than in Aug 2021, and 184 above the elective discharges in Oct 2020 (1,060).

There were 5,497 overall discharges (elective and non-elective) in Oct 2022, 61 more than in Oct 2021, and 409 greater than in Oct 2020.

Inpatients – Length of Stay

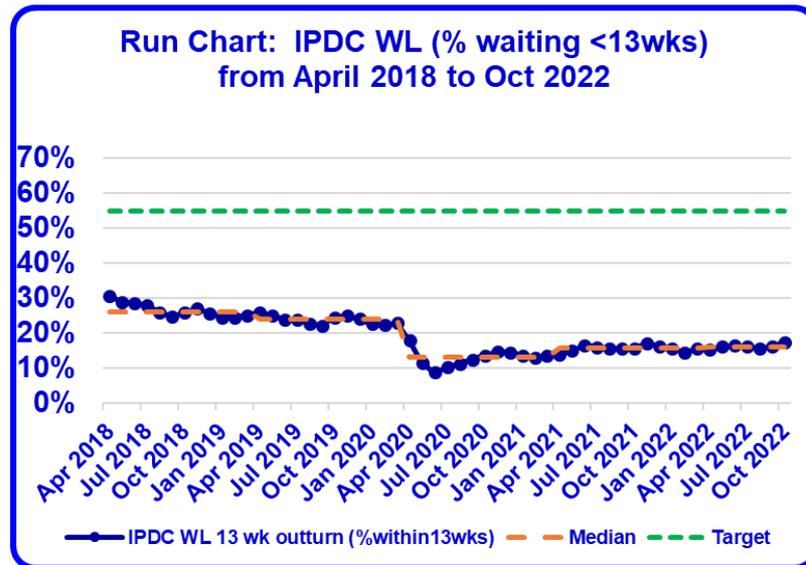
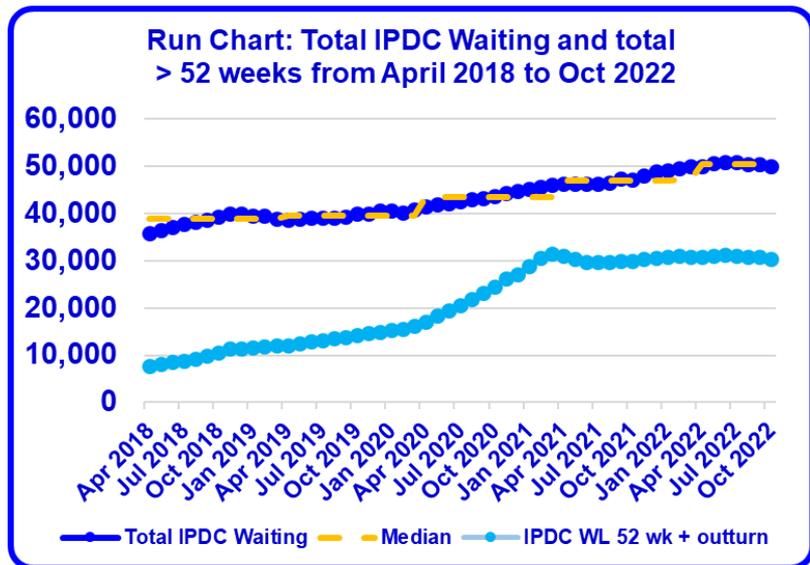
Average Length of Stay (ALoS)



- Overall length of stay in April to October 2022 is higher than in the same period in the previous 3 years.
- Overall LoS is 7.4 days in Oct 2022, compared to 6.1, 6.3 and 6.8 in Oct 2019, 2020 and 2021.
- Elective LoS is 5.0 days in Oct 2022, compared to 4.8, 5.2 and 4.9 in Oct 2019, 2020 and 2021.

Elective Inpatients / Daycase

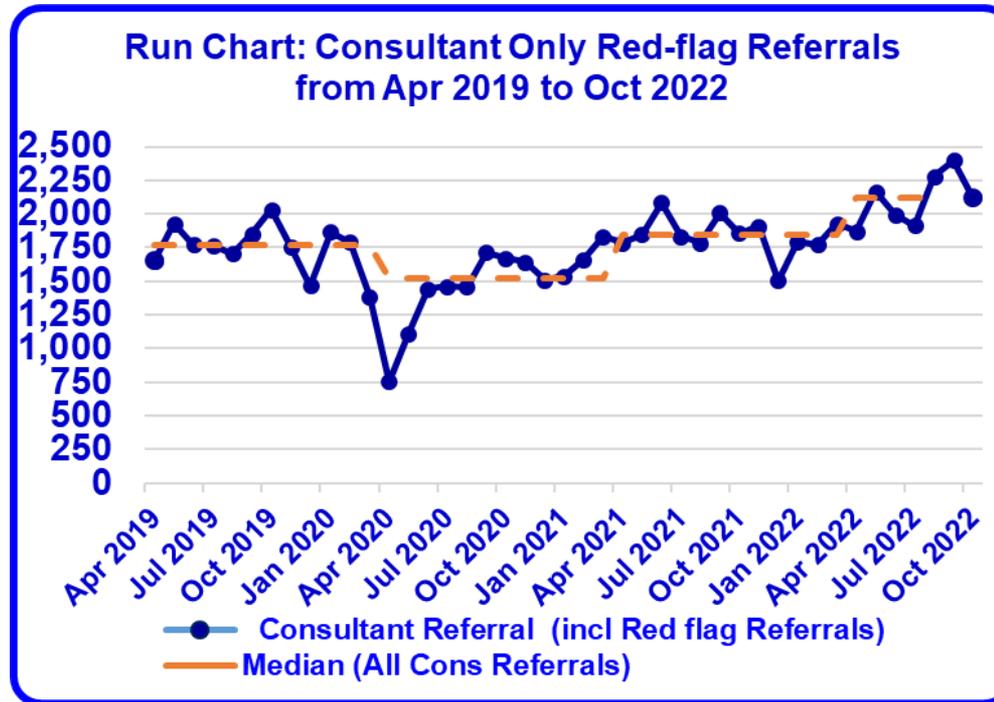
CPD: Inpatient / Day-case (IPDC) Waiting lists (WL) - 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.



- A total of 49,993 patients were on the waiting list at the end of Oct 2022, compared to 47,254 at the end of Oct 2021 - an increase of 5.8%.
- Number of patients waiting > 52 weeks has increased to 30,420 at the end of Oct 2022 from 30,038 at the end of Oct 2021 – an increase of 1.3%
- The percentage of patients waiting < 13 weeks is 18% at the end of Oct 2022 – 2% above the Oct 2021 position.

Cancer Access

Red Flag referrals



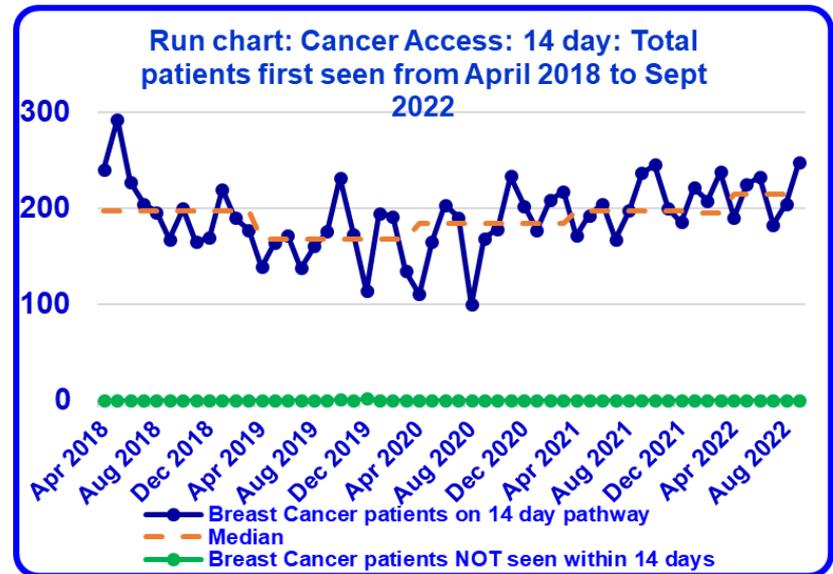
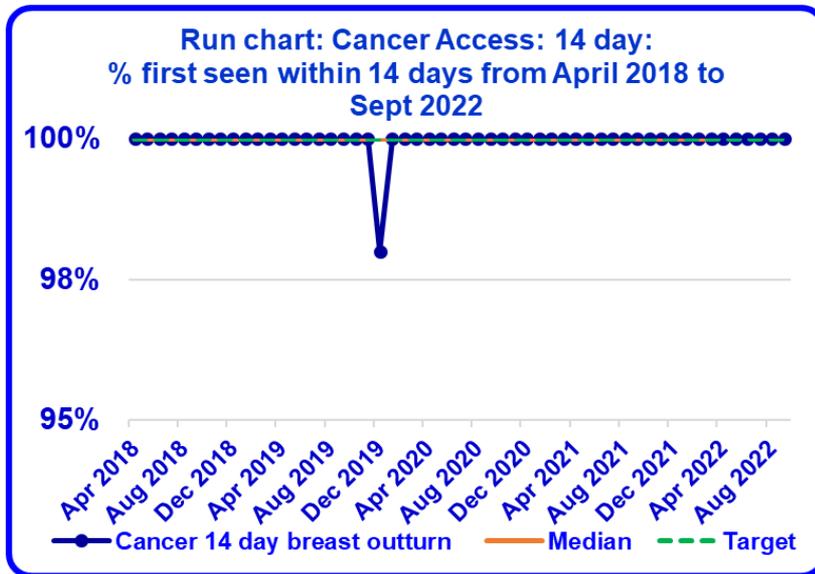
- After an initial drop in red flag referrals in April 2020 to 756 numbers have increased steadily
- In October 2022 there were 2,122 red flag referrals, compared to 1,858 in Oct 2021.

Cancer Access

14-day Breast target

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

(Validated Information to September is latest available)



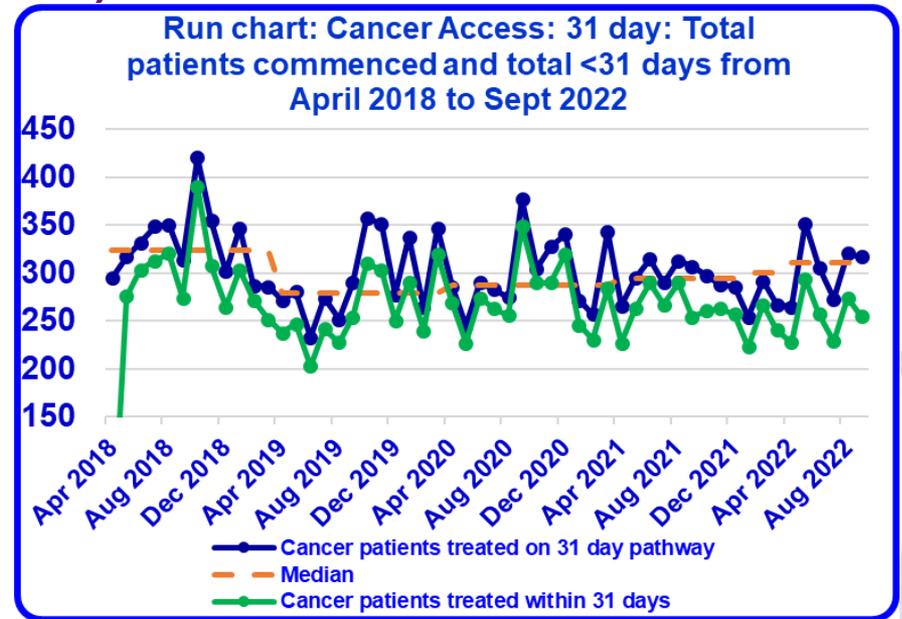
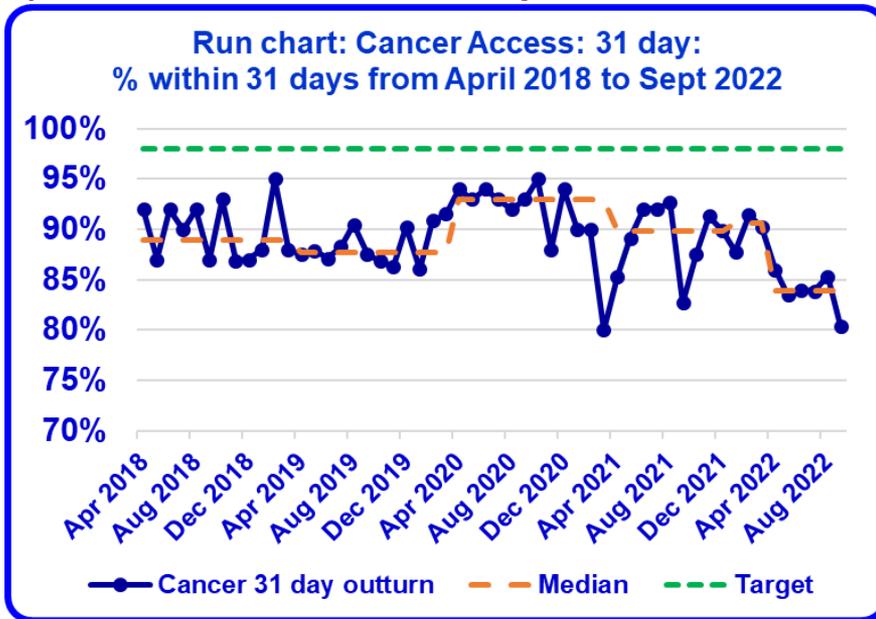
- The 100% target continues to be met in the year to Sep 2022. Average numbers in 2021/22 were around 200, similar to that of 2018/19 levels. The average so far this year is 214 referrals seen per month.

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.

(Validated Information to September is latest available)



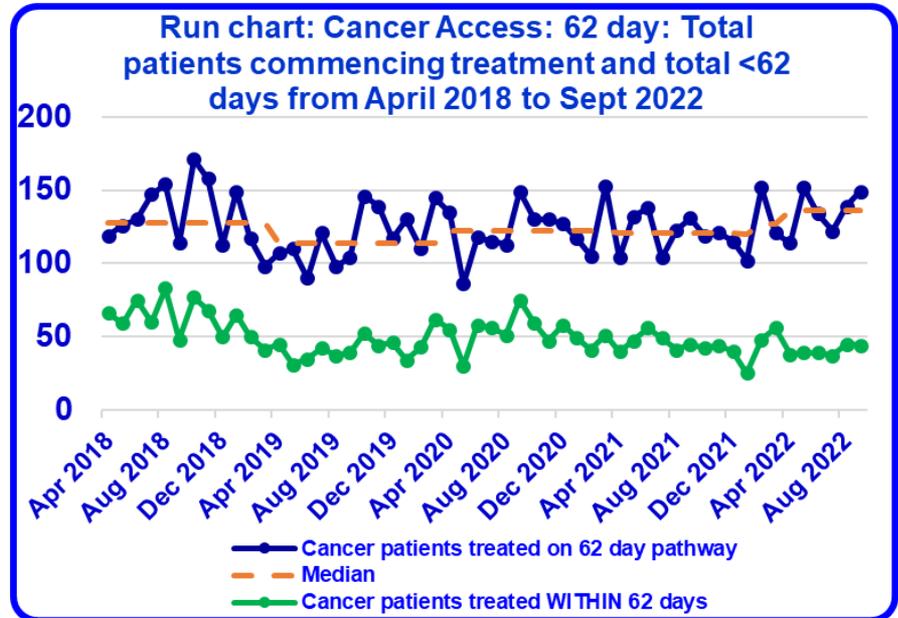
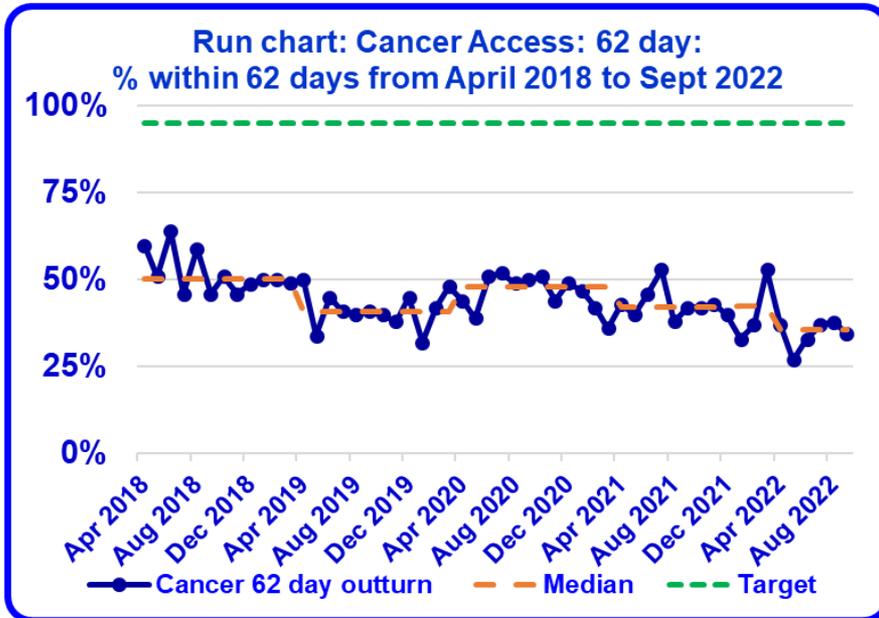
- In Sept 2022 there were 255 patients (80%) treated within target on 31 day pathway and 62 people exceeding the target from a total of 317 patients commencing treatment.
- In 2021/22, 3471 patients commenced treatment on the 31 day pathway, with 3,100 patients commencing treatment within target – averaging 89%. – Current year average to Sept is 84%.

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.

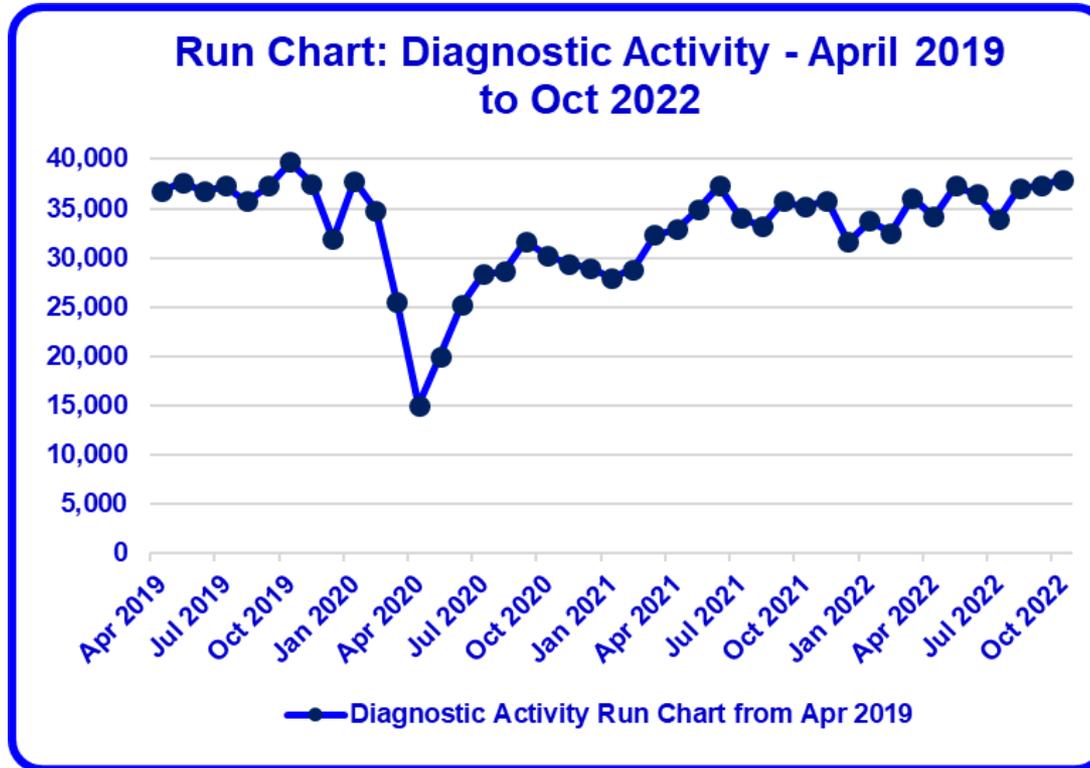
(Validated Information to September is latest available)



- In Sept 2022 there were 149 patients treated on the 62-day pathway, with 44 being seen within target, and 105 people exceeding the target.
- There were 1,462 patients first treated on the 62 day pathway in 2021/22, with an average of 122 patients each month. The current year average Apr-Sep 2022 is 135.

Diagnostics

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

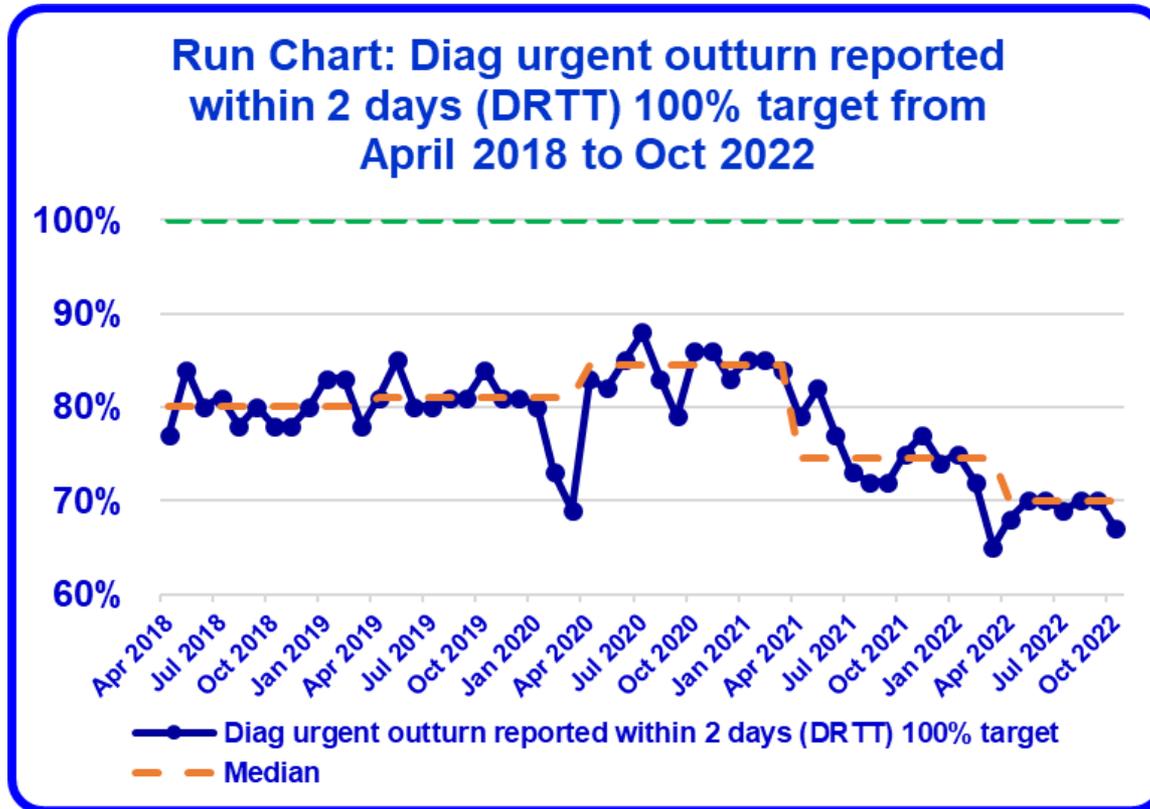


- Activity reduced significantly in early 2020 to 15,027 in April 2020.
- Activity has increased steadily since then to 37,474 in April 2022, and is 37,944 in October 2022.



Diagnostics

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

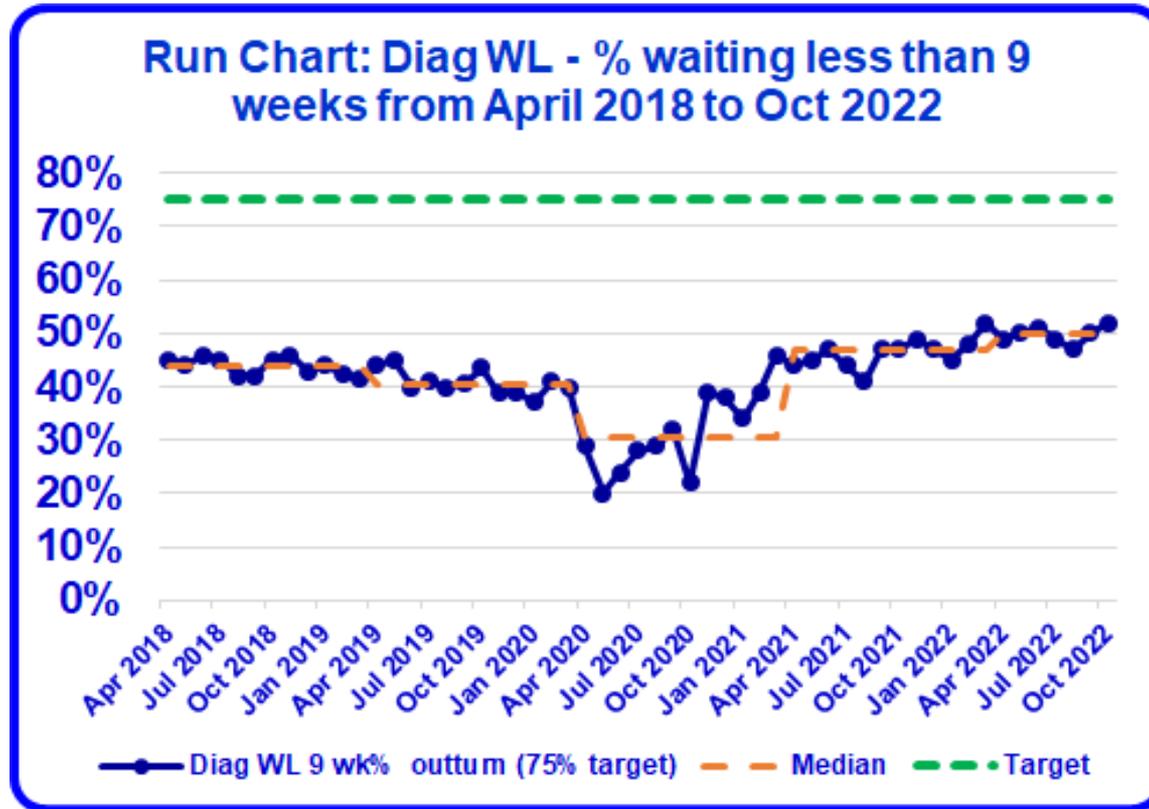


- During October 2022, 67% of urgent diagnostic tests were reported within 48 hours.

Diagnostics

Diagnostics (CT, NOUS, MRI & US)

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



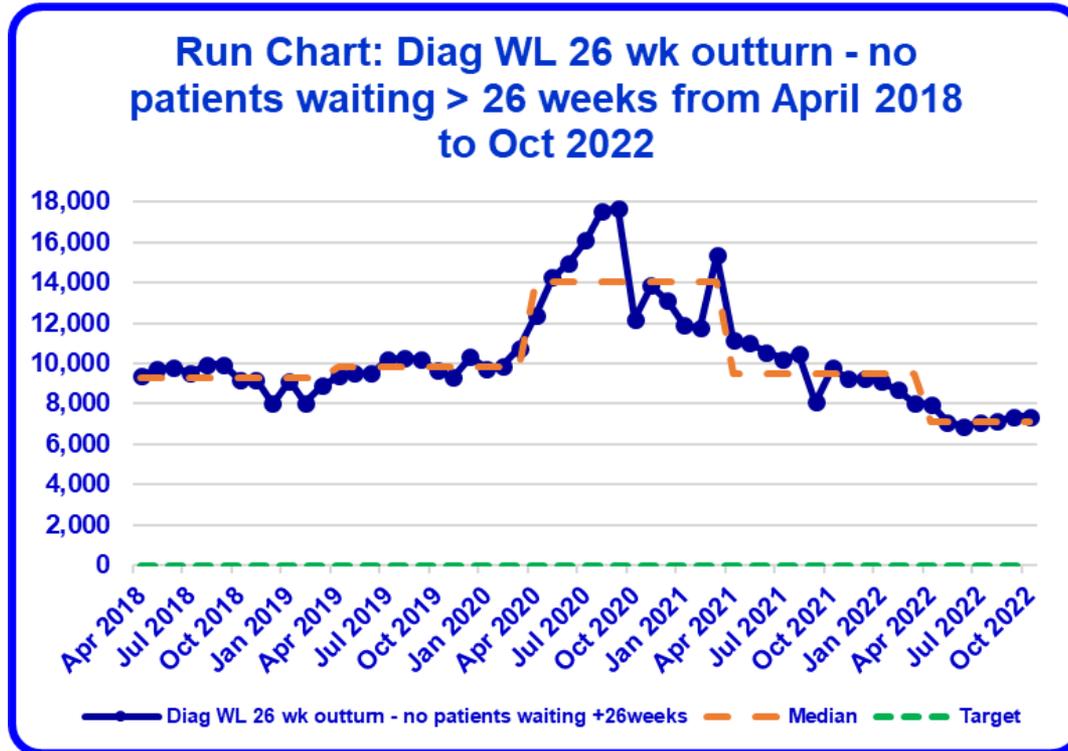
- At 31st October 2022, 52% of patients were waiting less than 9 weeks.



Diagnostics

Diagnostics (CT, NOUS, MRI & US)

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

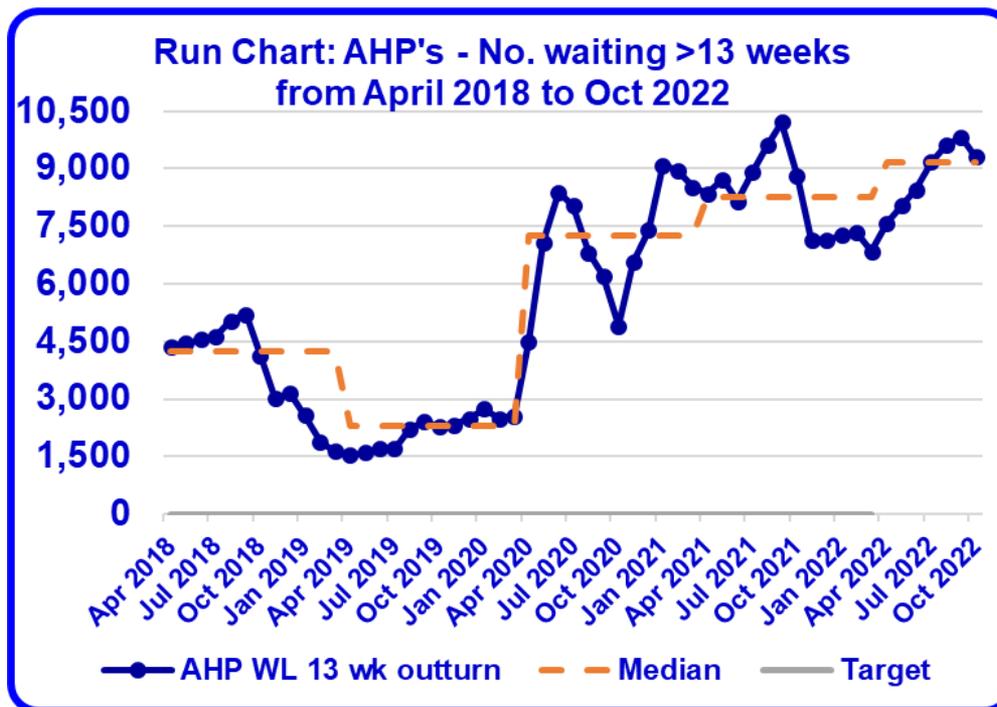


- At October 2022 there were 7,351 patients waiting in excess of the 26 week target, compared to a peak of 17,706 in September 2020, a decrease of 58%.



Allied Health Professionals (AHP's)

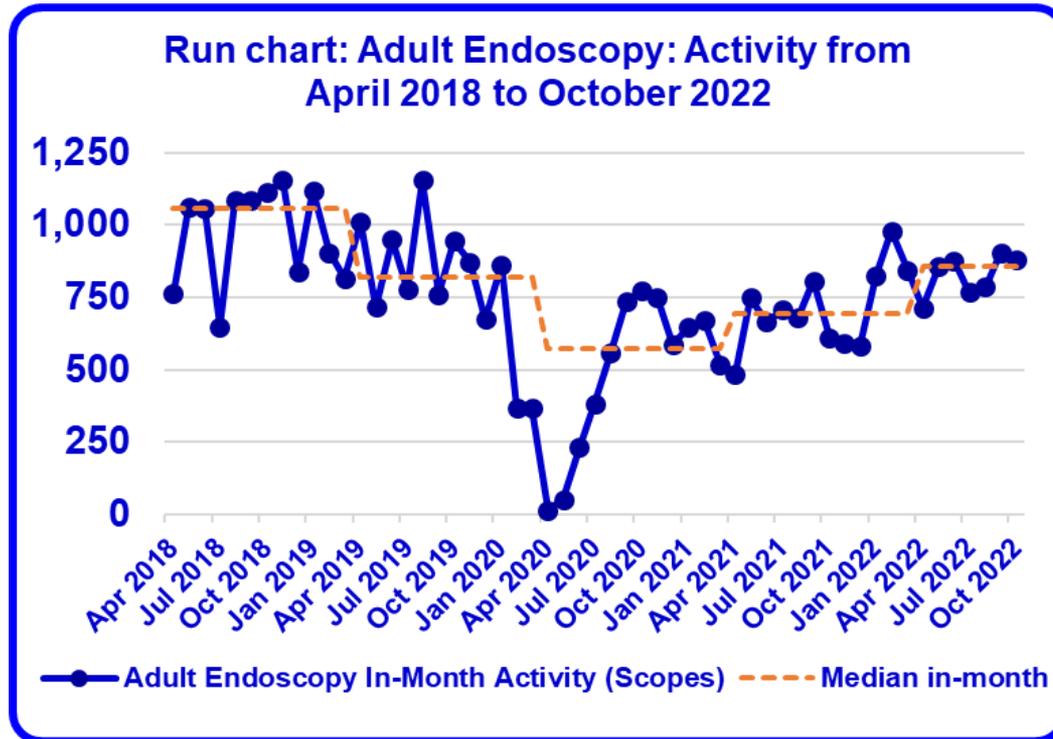
CPD: No patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP). ●



- At Oct 2022 there were 9,309 patients waiting in excess of 13 weeks compared to 4,495 in April 2020 and 6,839 in Mar 2022.

Endoscopy

Endoscopy activity



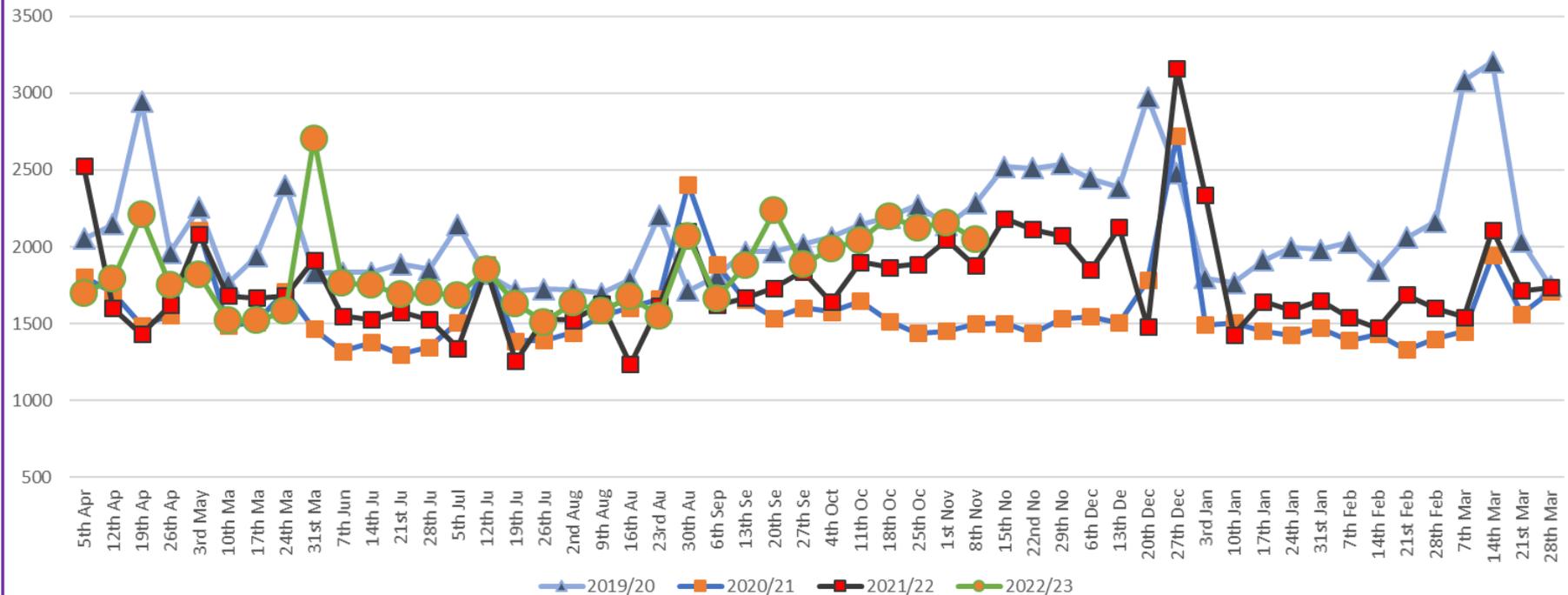
- In month activity improved from a low of 15 in April 2020 to over 807 in September 2021, dropping to 597 in November 2021, and increasing to 979 in February 2022.
- From April – March 2021/22 there were 8,526 endoscopies carried out, with a monthly average of 711.
- In October 2022, 881 endoscopies were carried out, with an average of 827 from Apr-Oct 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.
- 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). The average for 2022/23 is 1,839 to 13th November.

Weekly GPOOH Activity - Home, Advice and Base - 2019/20 to w/c 7th Nov 2022

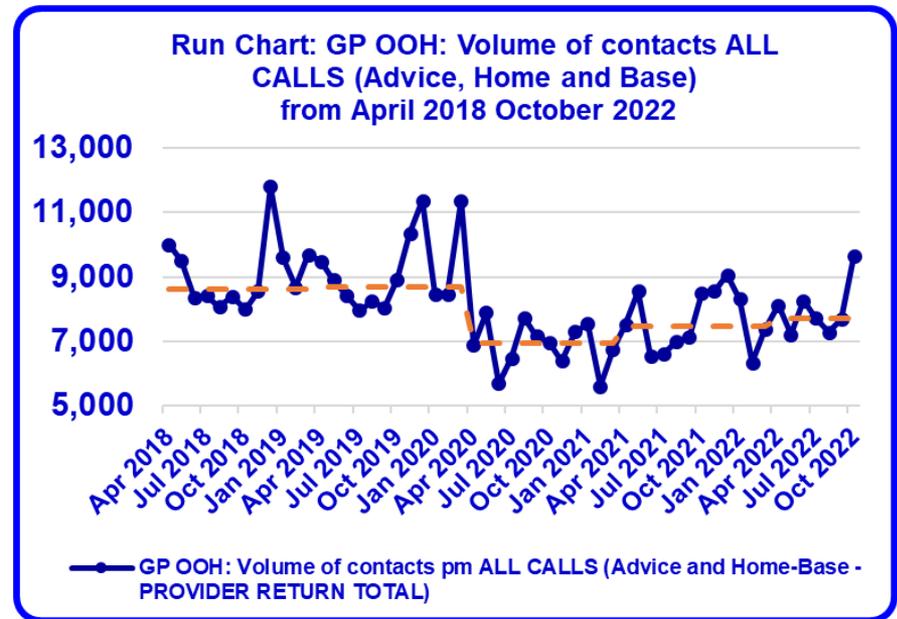
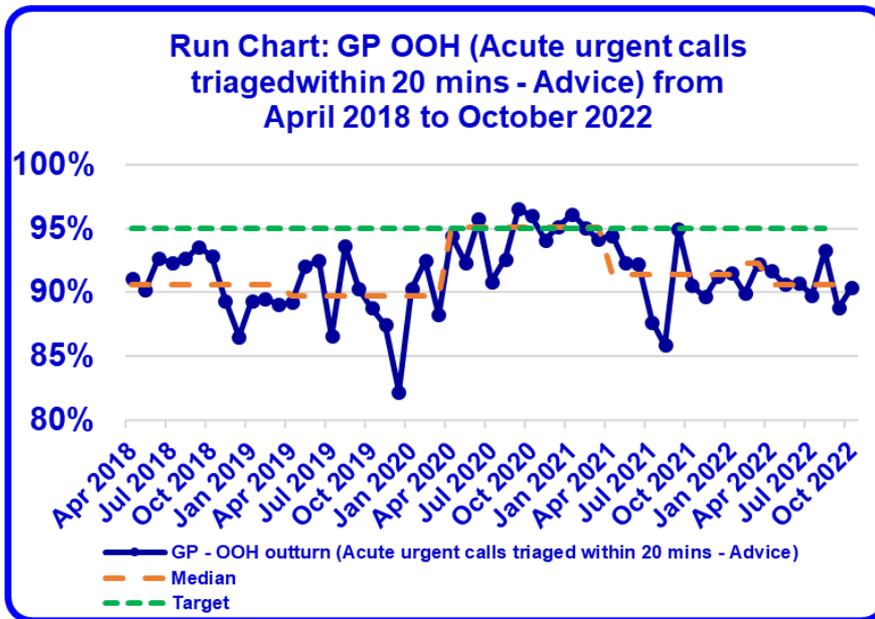


Unscheduled Care: GP Out of Hours Service – monthly

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



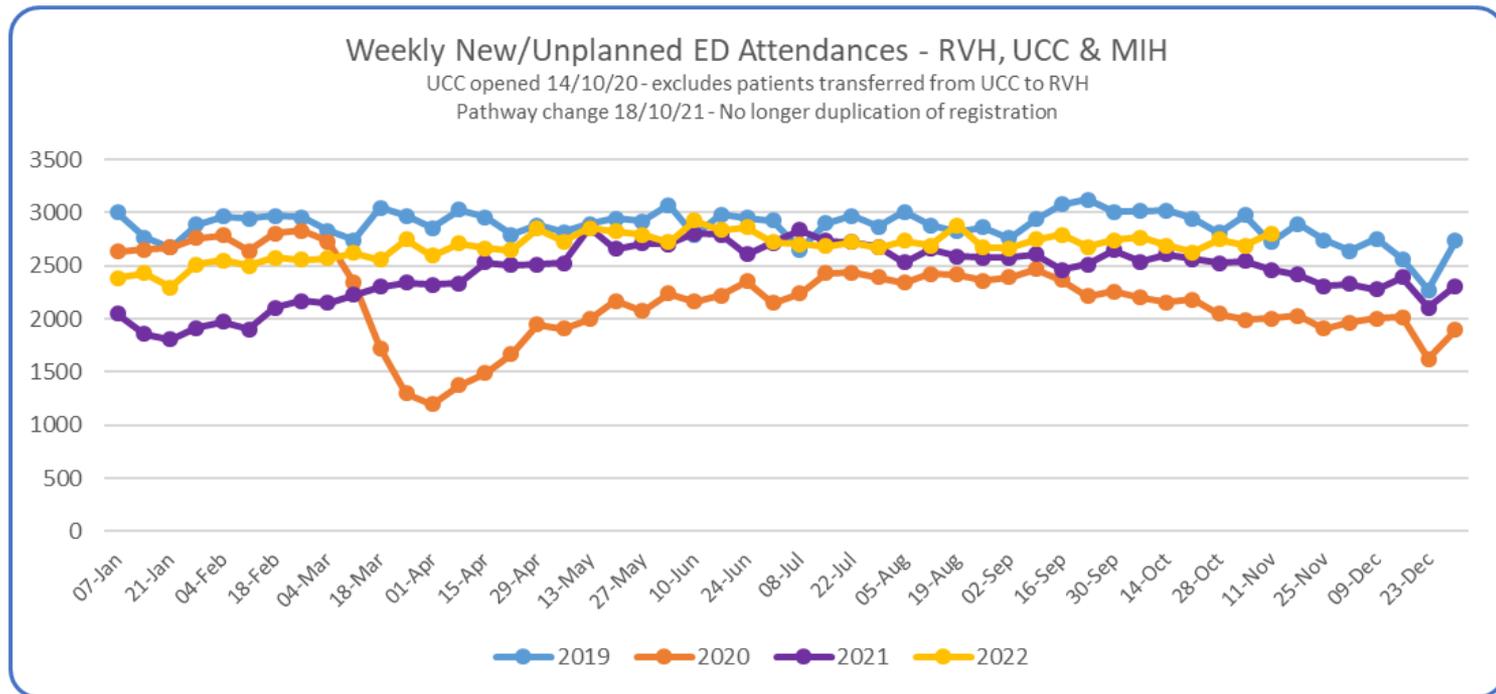
- BHSC total calls 91,569 calls received between April and March 2021/22 - average 7,631 (6,878 2020/21); Between April and October 2022 the average was 7,994.
- There were 9,642 total calls received in October 2022.
- Total urgent calls to be seen within 20 minutes April – March 2021/22 = 4,813; average 401 per month. The average for 2020/21 was 279 monthly; and 445 monthly for 2019/20.
- April to October 2022 average of urgent calls is 450, with 91% triaged with 20 minutes



Unscheduled Care: Emergency Departments

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

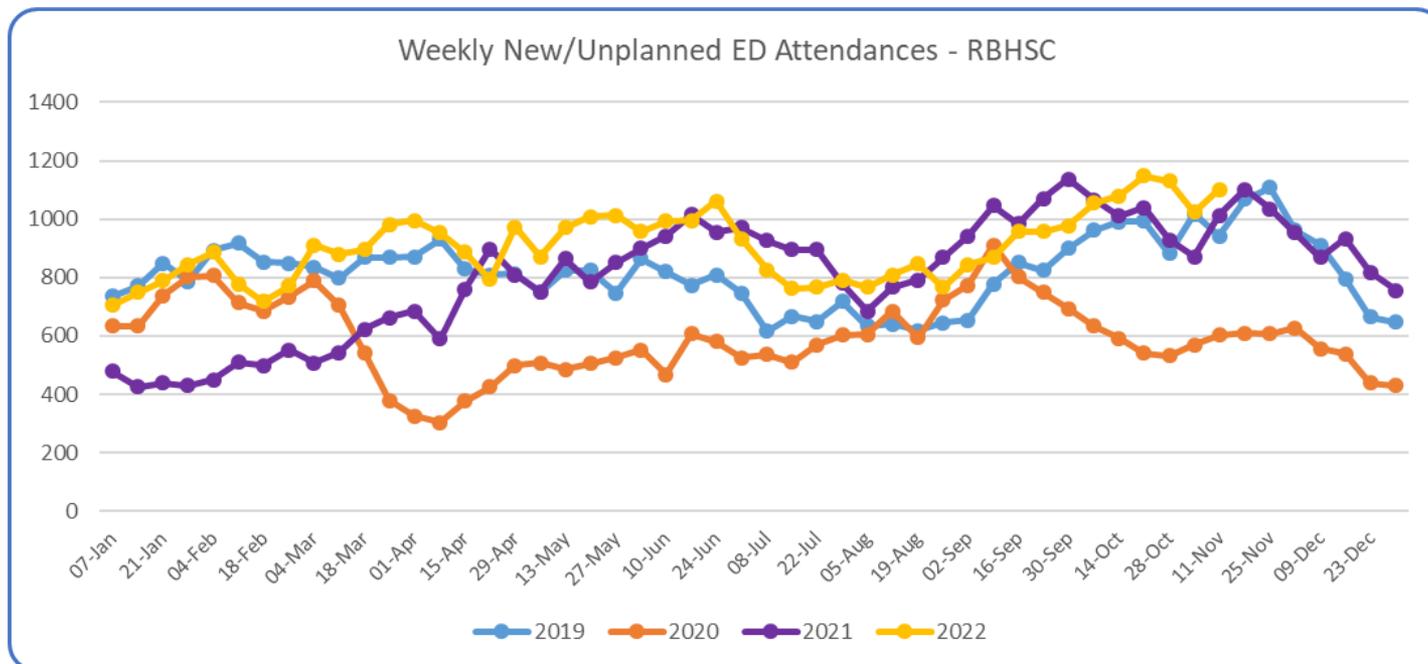
- Weekly attendances dropped significantly in the first wave of the pandemic..
- Attendances increased gradually to a peak in week of 11th September 2020 of 2,516.
- Attendances peaked again in May 2021 with 2,853 attendances week of 14th May 2021. Numbers then reduced consistently, albeit in small increments. The last 6 months have seen average levels slightly below those of 2019, and higher than 2020 and 2021.
- Week ending 11th Nov 2022 there were 2,807 attendances at Adult ED.



Unscheduled Care: Emergency Departments

Overall Children's ED activity at RBHSC. Weekly comparison 2019 to 2022

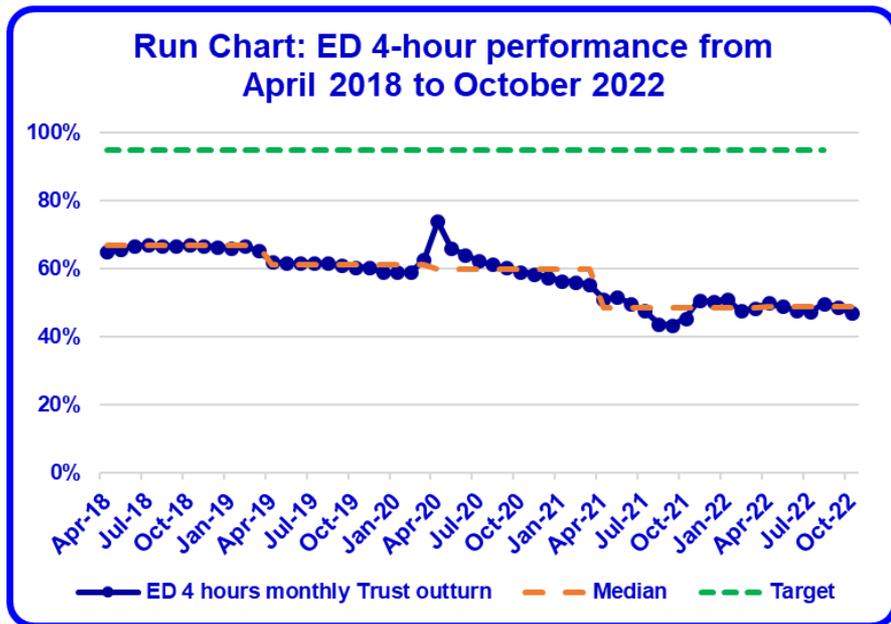
- Weekly attendances dropped significantly in the first wave to a low of 305 in early April 2020, 33% of the number to 3 April 2019.
- Attendances since April 2021 are now higher than those in the comparative weeks in 2019.
- Numbers had reduced in early 2022, however they increased in early summer before dropping below 2021 figures in July. Numbers since the end of September are higher than those in 2021.



Unscheduled Care: Emergency Departments

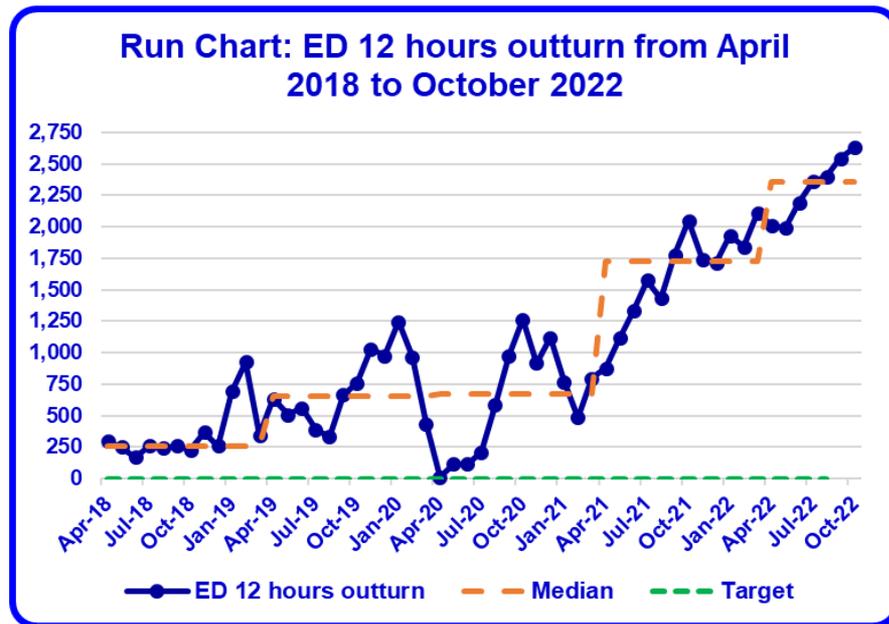
CPD: 95% of patients attending ED either treated and discharged home, or admitted, within four hours of their arrival in the department ●

Cumulative Performance is 48.5% for April – October 2022/23. In October 2022 monthly performance was 47%.



CPD: No patient should wait over 12 hours ●

In October 2022, 2,630 patients were waiting in excess of 12 hours. From April to October 2022/23 there were 16,004 excess waiters – 5,836 higher than the 10,168 for the same period last year.



- ED attendances totalled 16,685 in October 2022, 2,127 (15%) greater than October 2021.
- Cumulative attendances April to October 2022/23 are 112,056 compared to 92,512 for the same period last year – an increase of 21%.

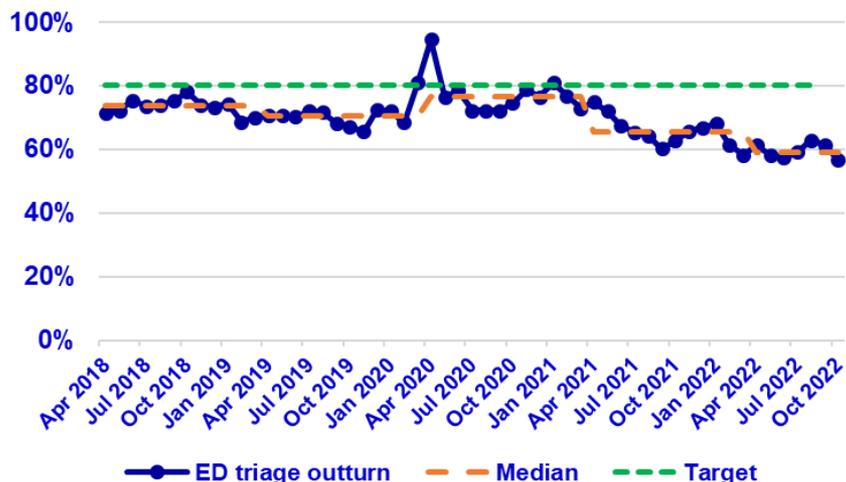
Urgent Care Centre (UCC) opened on the 14th October 2020.

Unscheduled Care: Emergency Departments

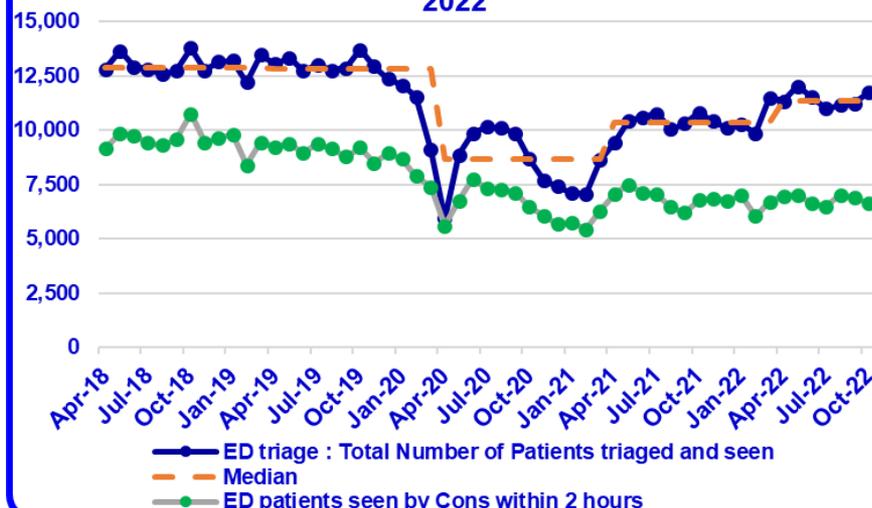
CPD: at least 80% of patients to have commenced treatment, following triage, within 2 hours. ●

- Performance in the month of October 2022 is 57% and 60% cumulative from April to October 2022/23
- Total number triaged and seen by a Clinician at the end of August 2022 was 11,745, compared to 10,822 at the end of October 2021.
- Cumulative triaged attendances April to October 2022/23 totalled 80,026, compared to 72,376 for the same period last year – an increase of 7,650 (11%).

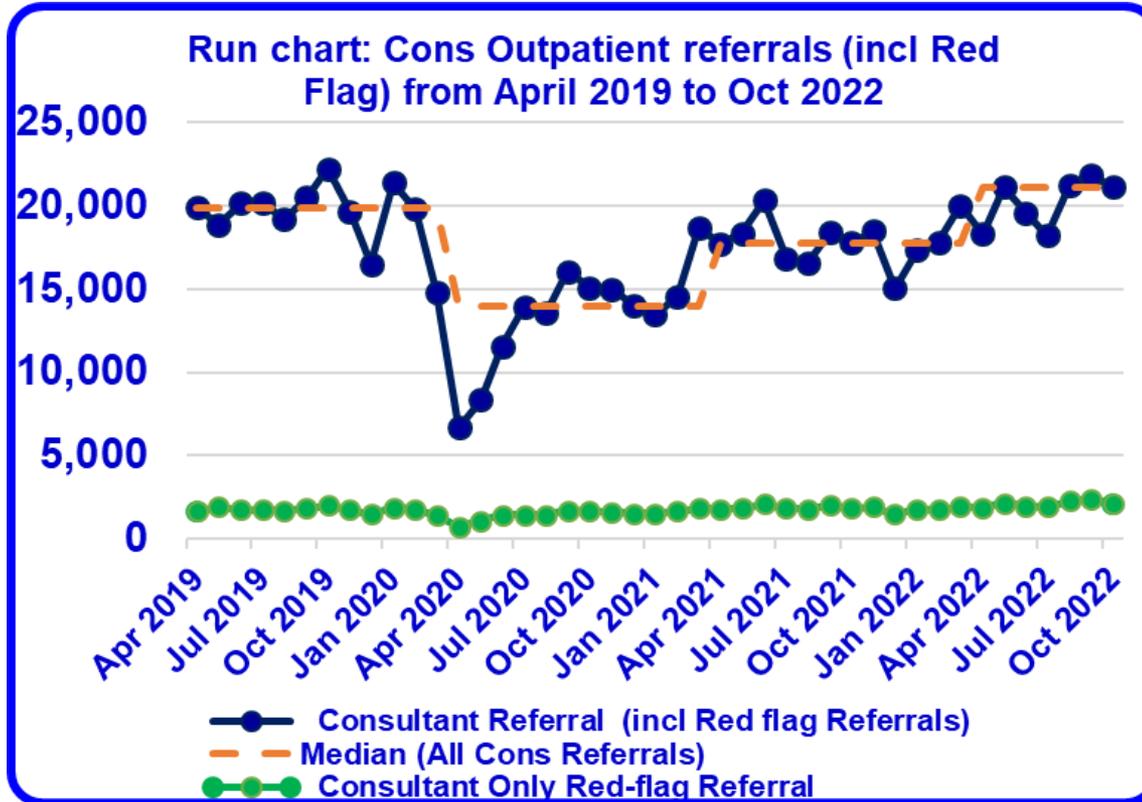
Run Chart: ED Triage: % commencing treatment within 2 hours of triage from April 2018 to October 2022



Run Chart: ED Triage: Total No. of patients triaged and seen from April 2018 to October 2022



Outpatients Referrals

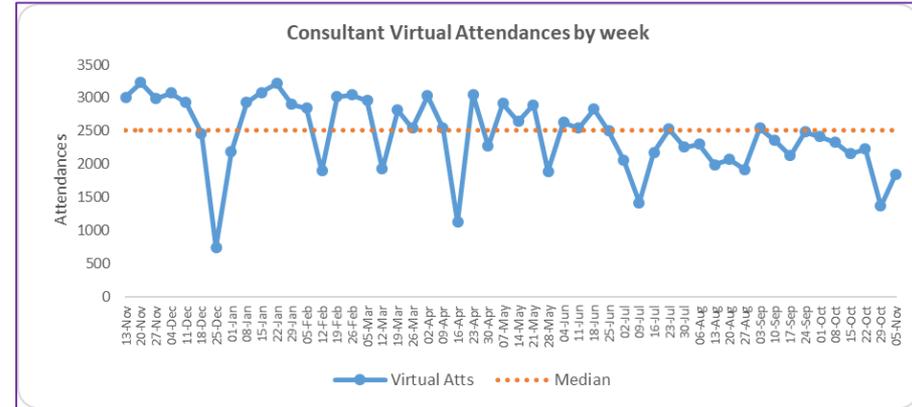
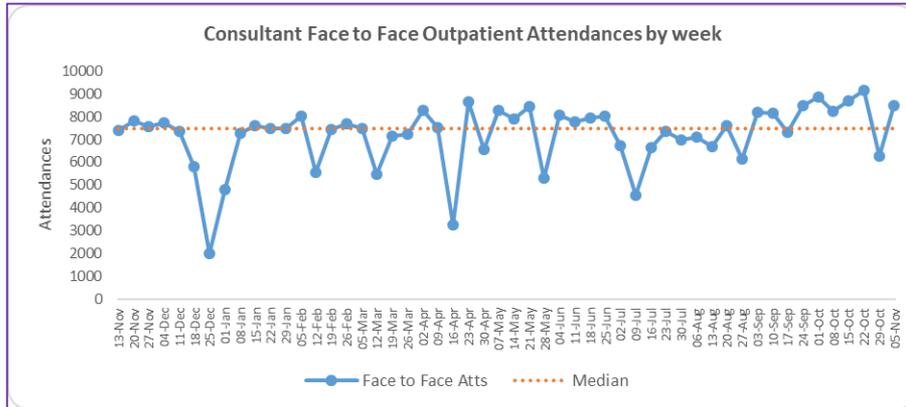


Referral Numbers - By Referral Month (Consultant only)

- OP Referrals have increased consistently since the low of April 2020 at the outset of the pandemic, with the exception of the 2020 autumn period. There were 21,112 referrals in October 2022 and the current trend is consistent with pre-Covid19 levels.

Outpatients

Consultant Outpatient Attendances – week beginning 5th Nov 2022



Analysis since week beginning 13th Nov 2021 to w/c 5th Nov 2022

Face to face contacts:

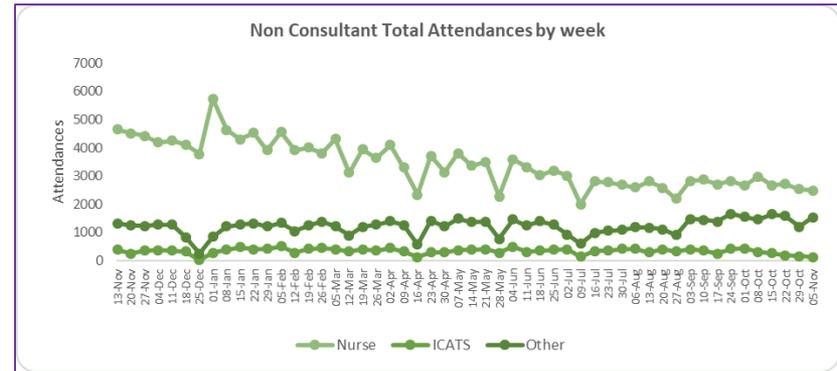
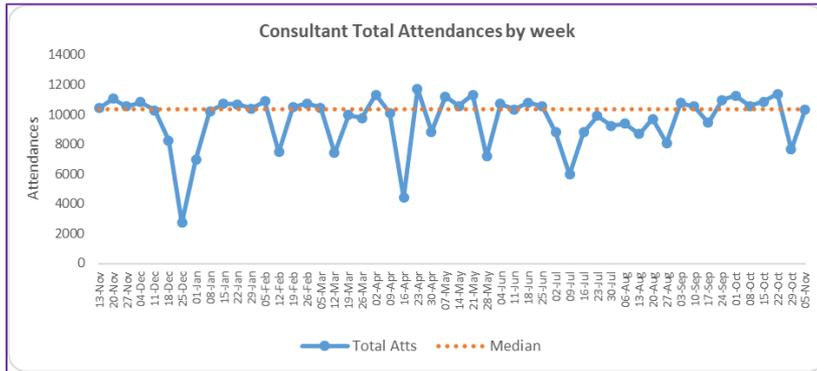
- Face to Face attendances fell to 1,026 w/c 11th April 2020.
- Weekly average between Aug 2020 and March 2021 was 4,949.
- Between April 2021 and March 2022 activity averaged 6,704.
- The average from April to Nov is 7,433 attendance per week, with over 8,000 in 14 of 32 weeks

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 had dropped to 2,846.
- The average from April to November is 2,296 attendance per week, with over 2,500 in 8 of 32 weeks

Outpatients:

Outpatient Attendances – week beginning 5th Nov 2022



Analysis since week beginning 13th Nov 2021 to w/c 5th Nov 2022

Consultant Total Attendances (Face to face and Virtual):

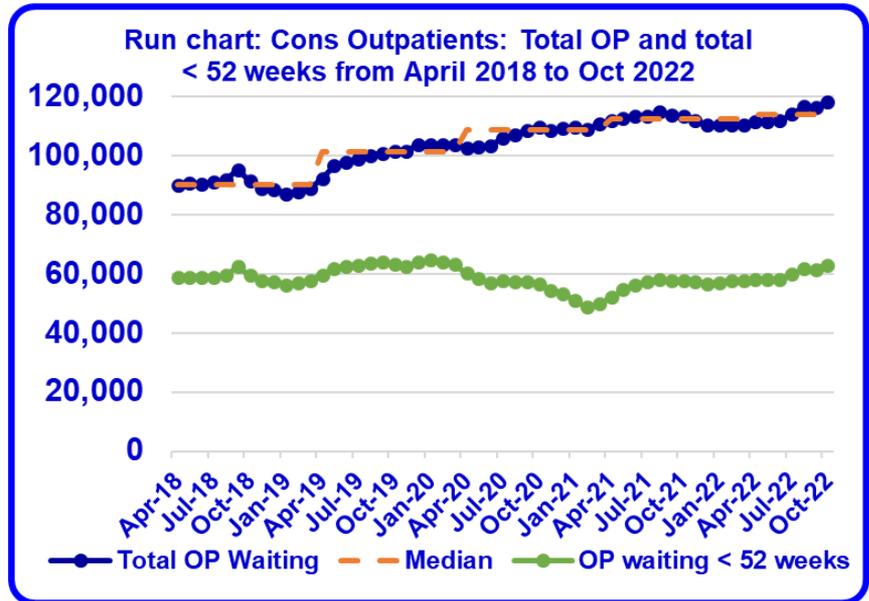
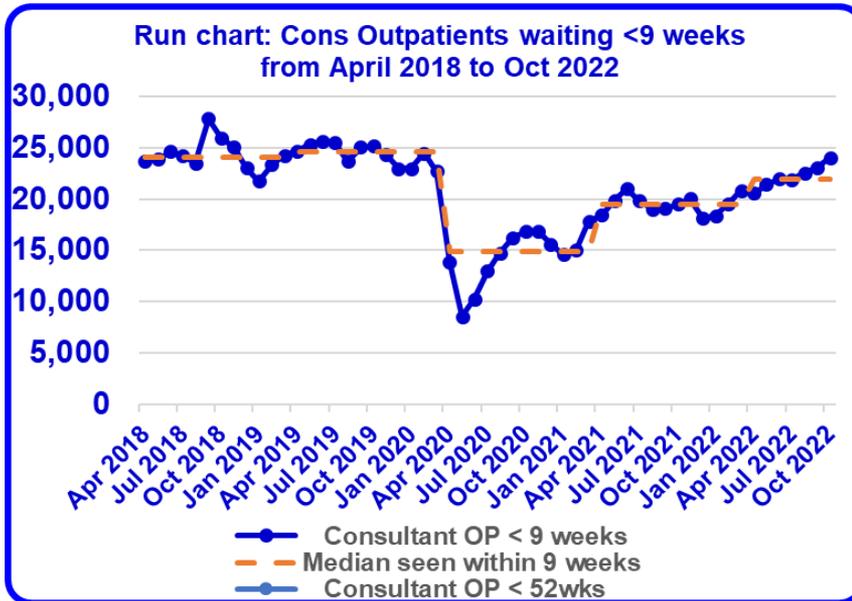
- The lowest activity was 2,471 attendances week ending 11th April 2020. Activity dropped to 2,707 in Christmas week 2021.
- Highest weekly attendances occurred after April 2021, with activity exceeding 10,000 in most weeks, and exceeding 11,000 in 4 of those weeks in 2021/22.
- Activity between Apr-Nov has exceeded 10,500 on 14 of 32. The average for the period Apr-Nov 2022 is 9,750

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 had been broadly consistent between April 2021 and March 2022, with decreases in Nurse activity offset by increases in ICATS activity, averaging 5,660. The average weekly attendance since the beginning of April has reduced to 4,522.

Outpatients

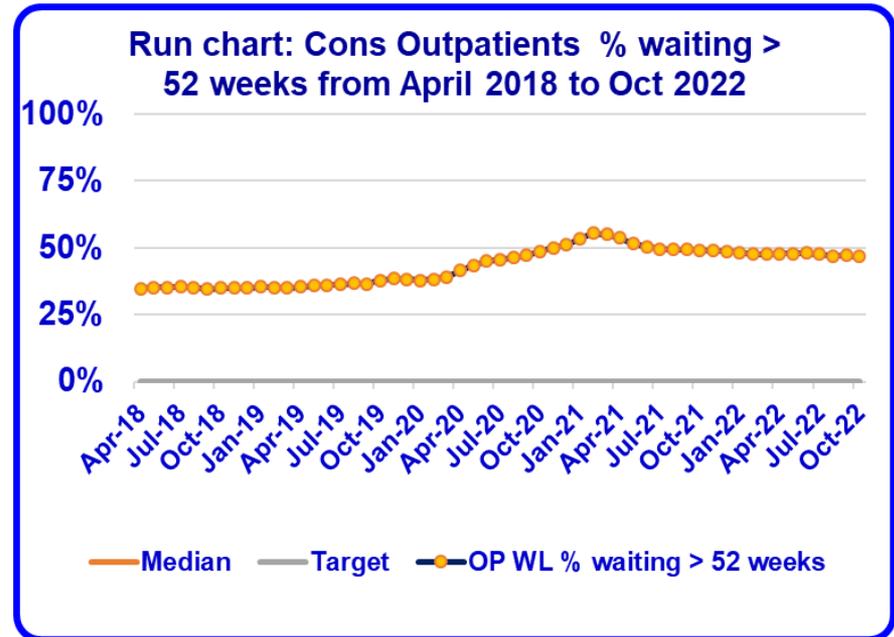
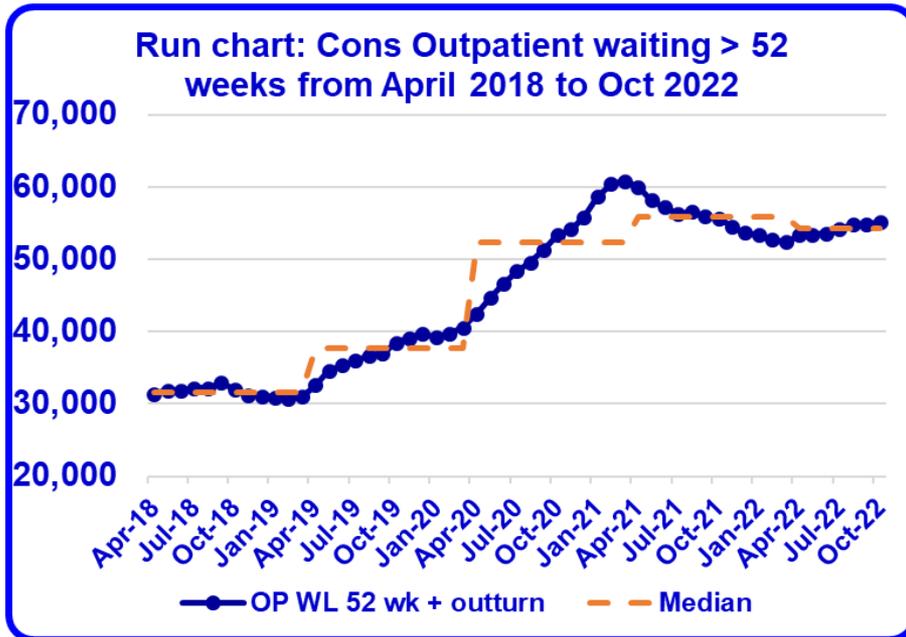
CPD: 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks



- At the end of Oct 2022 there were 118,183 patients waiting for an OP appointment, an increase of 4.2% compared to 113,358 in October 2021.
- At October 2022 a total of 24,076 patients are waiting less than 9 weeks - an increase of 4,562 (23%) from 19,514 in October 2021

Outpatients

Outpatient Waiting List >52 weeks - By Month (Consultant)



- A total of 55,175 patients are waiting more than 52 weeks at October 2022. This equates to 47% of the 118,183 total Outpatient waiting list – a decrease of 2% from the position at October 2021 when there were 55,645 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



Outpatients

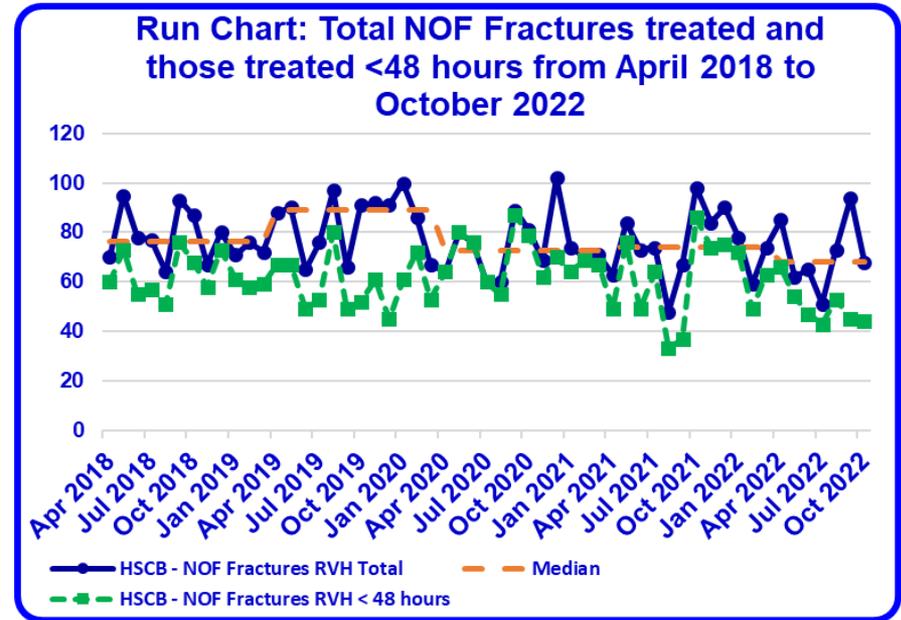
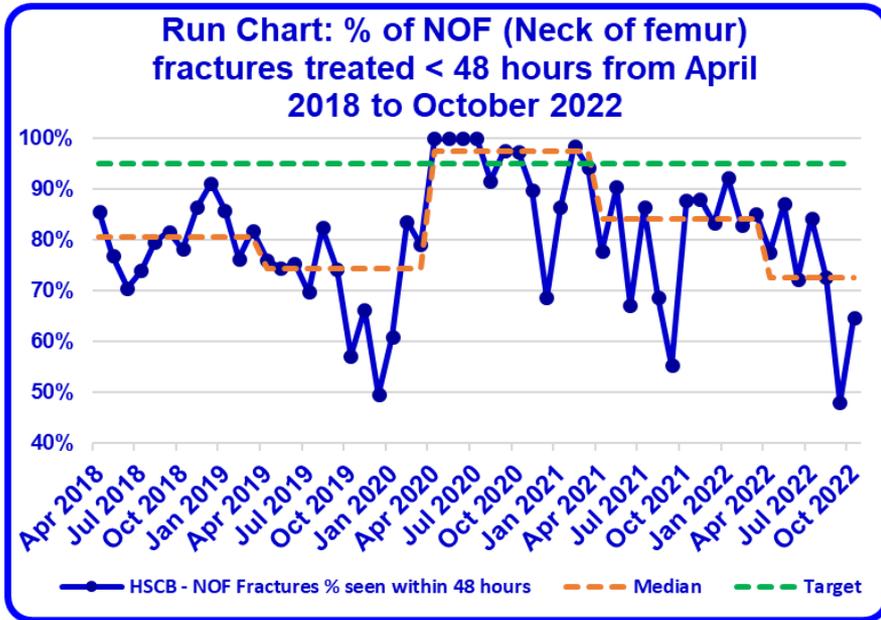
Outpatient Modernisation Programme – Themes

Workstreams: Patient Access & Admin/ Governance/ Operational/ Phlebotomy/ Digital & Data/ Communications					
Specialties: Immunology/ Dermatology/ Gynaecology/ Rheumatology/ ENT/ Colorectal/ Urology					
Themes:					
Improving Patient Access	Optimising Use of Data & Technology	Good Governance	New Ways of Working & Sharing Learning	Maximising Productivity & Efficiency	Effective Patient & Staff Communication
<p>Improving efficiency of OP booking processes</p> <ul style="list-style-type: none"> Centralisation of PAS systems (Ophthalmology, Paeds Cardio, Rheum & Endocrinology completed; Neuro-rehab & Derm to be followed by others through a rolling programme – End March 23) Consolidation of Clinic Codes - facilitate better management of clinic booking and utilisation of available slots; dedicated project officer appointed for roll out across all specialties – End March 23 Refinement of unused slots report Live clinic information/visibility to services Regional discussion/approach to management of duplicate referrals across Trusts Update training and review of Standard Operating Procedures planned for booking office staff Centralisation of booking teams – identification of accommodation is a key priority <p>Partial-booking W/L Validation – 9,853 patients removed from W/L (24% across 18 specialties) in 20/21 and 21/22</p> <p>OP Appointment Office DNA audits - to understand reasons for non-attendance: 1st Audit completed - questionnaire devised and 30 patients who DNAed in 1 week telephoned (Ophthalmology & Urology). Results are being reviewed and the audit will be rolled out into Dermatology and Rheumatology.</p> <p>Pilot for short notice appointment booking – pilot planned in Dermatology June 22</p>	<p>Development of Data Dashboards/ Business Intelligence - HCL SystemView - situational OP data, retrospective data/trends and predictive analysis</p> <p>Use of data analytics and artificial intelligence – Stimul.ai</p> <p>Computer hardware replacement project</p> <p>Single annual leave booking system for OP Teams</p> <p>Digitisation and workflow of clinic scheduling and management</p> <p>Patient condition and treatment information system</p> <p>Digital OP Waiting List Validation</p> <p>Upskilling digital skills</p> <p>Virtual Consultations - Continued support with move to BAU as an alternative to face to face appointments – 25% Target</p> <p>Photo Triage – Regional and Trust projects</p> <p>Electronic Communications with Patients: Use of Envoy (Patient Automated Appointment Reminder & Alert System) - SMS appointment reminders and voice messages to reduce DNAs; & OP referral acknowledgement SMS and letters.</p> <ul style="list-style-type: none"> Use has expanded to include COVID-19 results, COVID-19 swab test reminders, ad hoc medication & appointment reminders and self care information texts. Measuring the impact of tests of change relating to frequency/timing of reminders (e.g. ophthalmology & dermatology pilot change from 4 day reminder to 7 days and 1 day), and content (inclusion of specialty name and reporting location) in body of text. Resuming automated reminder texts for PARIS appointments. Automated reminder texts for day procedures (72 & 24 hours prior) 	<p>RQIA Review of Governance in Outpatients 26 recommendations (15 completed; 11 in progress)</p> <ul style="list-style-type: none"> BHSCT progress shared with HSCB and RQIA in Feb 22 BHSCT reps informing regional Task & Finish Group Agreement/ support sought to deliver our outstanding actions – HSCB/ PHA/ DoH <p>Operational Workstream established To review the standardisation in processes</p>	<p>Learning from Others</p> <ul style="list-style-type: none"> Other BHSCT Specialties: e.g. Orthopaedics, Genomics, Paediatric Ophthalmology Other Trusts eg: UCLH/ Gloucester/ Aneurin Bevan re: use of PROMS to support more proactive management of patients with long-term conditions NHS Scotland – Access QI Collaborative to help ENT, Gynae and Urology teams to recover from the pandemic. HSE Scheduled Care Transformation Programme HSC QI – sharing our approach, outcomes and learning through one day regional event <p>Role of Culture in Supporting Change</p> <ul style="list-style-type: none"> recognised need to create a culture of inclusiveness with strong clinical leadership and team support across all departments involved in outpatient pathways. sharing a vision of collective responsibility for transformation across boundaries including primary/ secondary/ tertiary care, Trusts/ HSCB, clinical/ non-clinical, staff/patients. <p>Request for advice – more timely access/advice for GPs – 10 specialties currently</p> <p>Clinical Validation – review of duplicates</p> <p>Enhanced Triage – more timely access to investigation/procedure; discharge with advice to referrer and patient at point of referral; photo-triage, standardisation of triage</p> <p>Development of new roles, staff/skill mix, MDT working e.g. Nurse/AHP-led 1st OP appointments, one stop shop and mega clinics.</p> <p>GP relationships – Trust GP Partnership Group, GP Portal, awareness/education events</p>	<p>Reducing waste in all elements of the pathway – avoiding duplicates, improving booking processes and communications to reduce unused slots (hospital/patient cancellations, DNAs)</p> <p>Effective Triage – timely redirection/ investigation, provision of advice</p> <p>Pooled lists vs named waiting lists</p> <p>Equitable management of lists</p> <p>Job planning/best use of available workforce</p> <p>Accommodation audit – short notice room booking pilot</p>	<p>Communications Group – staff awareness and strategic narrative for programme</p> <p>Customer Experience Group – focus on improving patient communication, e.g. customer service scripts / customer care training to reduce incidence of DNA and uptake of alternatives to face to face appointments</p> <p>Pilot new customer care training to be led by Directorate of Nursing</p> <p>Service user membership</p> <p>Discussions with HSCB Waiting List Management Unit, PHA and Director of Hospital Services, DoH re: publication of waiting lists/times for patients and GPs and regional public awareness campaign re: cancelling appointments no longer required</p> <p>Correspondence from NI Public Sector Ombudsman</p> <p>BSO Patient Portal</p> <p>Opportunity for Risk Stratification of Patients/Pre-Triage & PROMs assessments to be explored</p>



Hip Fractures

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



- Performance is 65% within 48 hours in October 2022. The average for 2022/23 is 71%.
- There were 68 NOF fractures presenting in October 2022, 30 less than in October 2021.
- There were 24 fractures out of 68 which waited more than 48 hours for treatment, compared to 12 out of 98 for October 2021.



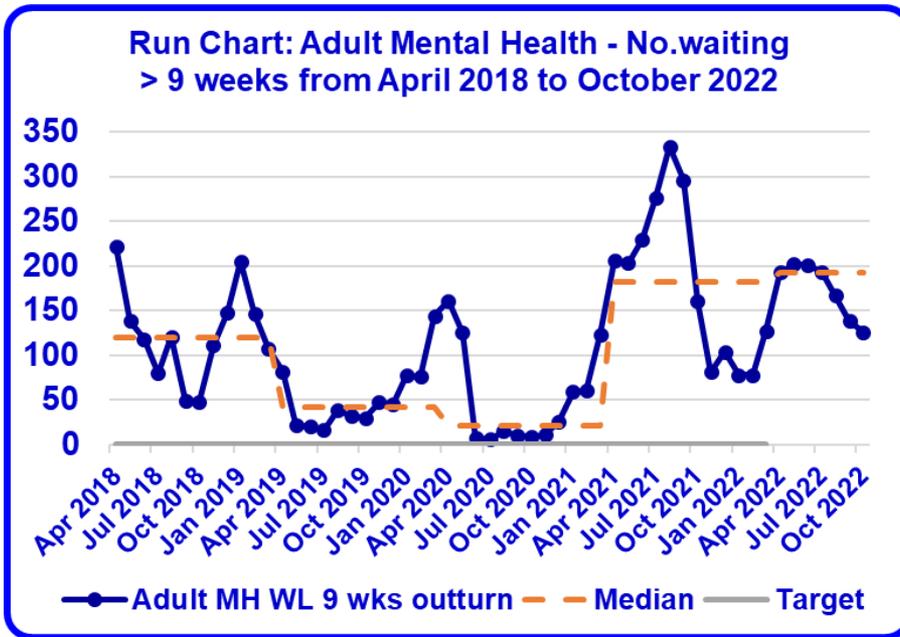
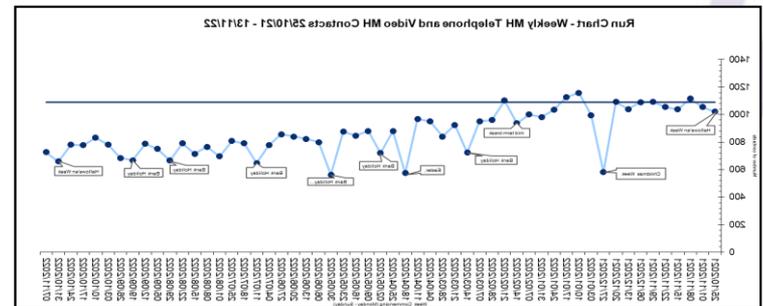
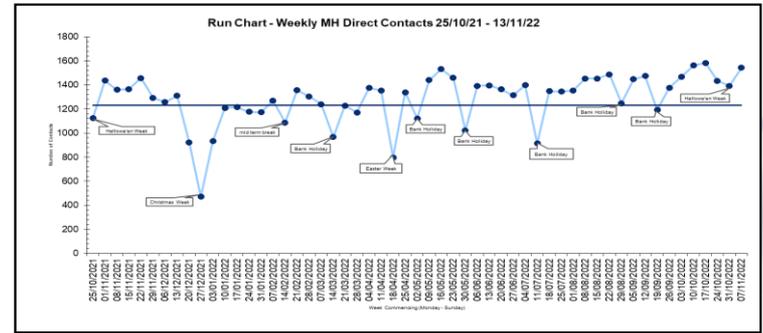
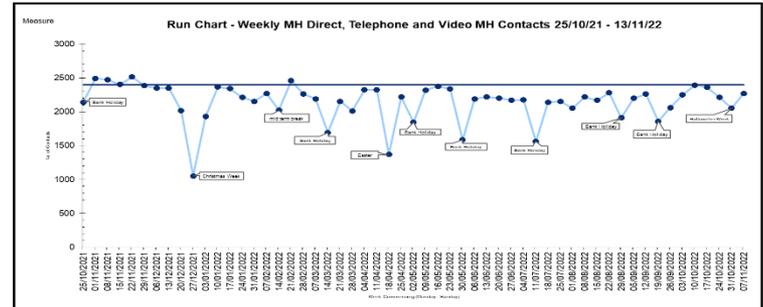
Mental Health

Adult Mental Health:

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

Patients waiting > 9 weeks: 126 at 31st October 2022 compared to 160 at October 2021.

Total patients waiting: 1,034 at 31st October 2022 compared to 1,020 at October 2021.



Mental Health

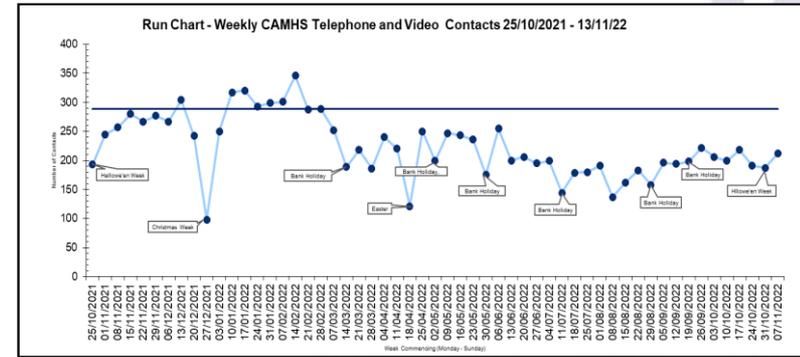
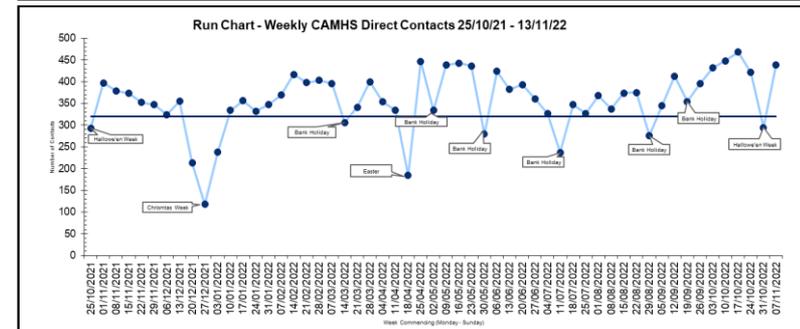
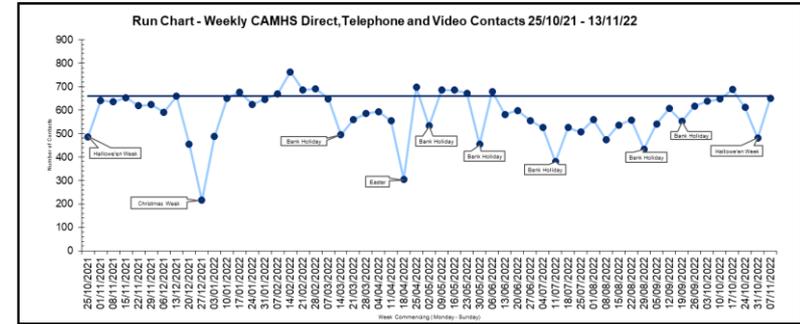
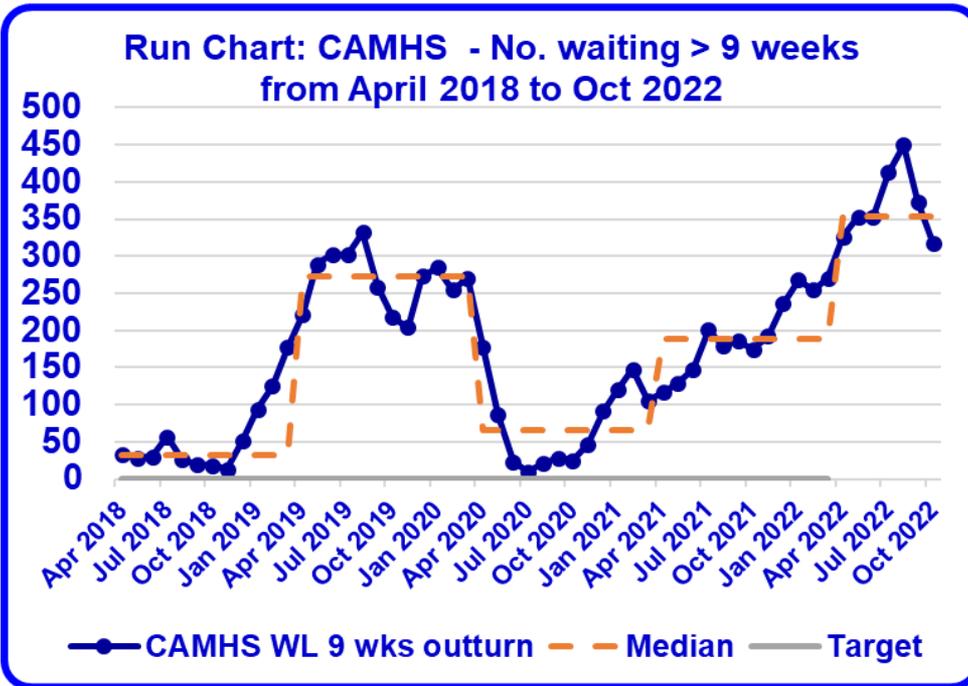
Child and Adolescent Mental Health (CAMHS)

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

Patients waiting > 9 weeks : 318 at 31st Oct 2022
 compared to 175 at Oct 2022.

Total patients waiting: 631 at 31st Oct 2022
 compared to 515 at Oct 2021.

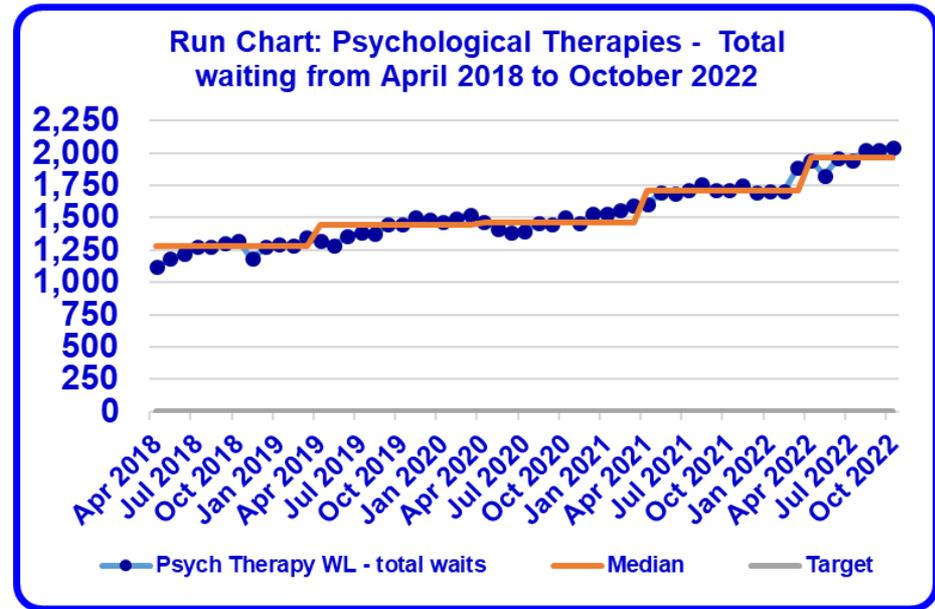
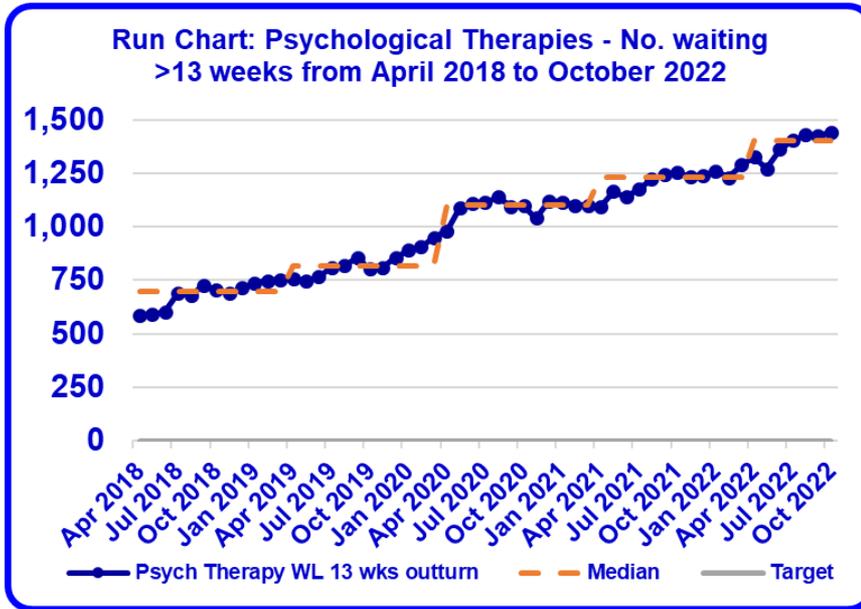
CAMHS step 3 represents 79% of the total waiting list,
 and 262 of the 318 excess waiters (82%).



Mental Health

Psychological Therapies

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



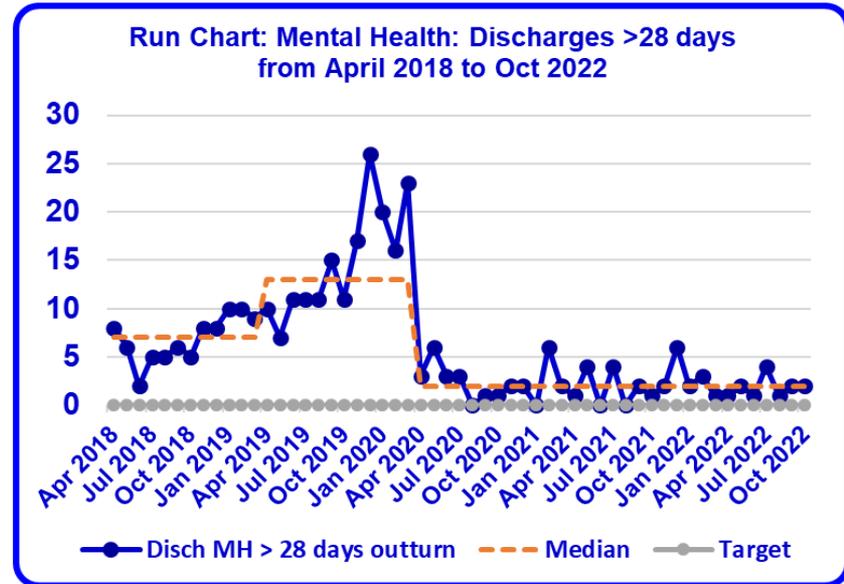
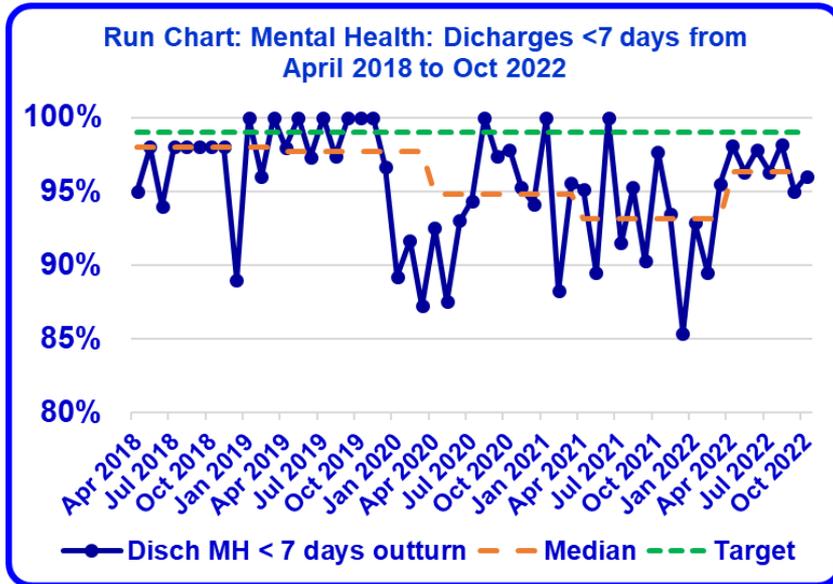
Of the 2,045 patients waiting at the end of October 2022, 1,440 patients were waiting in excess of the 13 week target. There were 965 patients waiting for more than 52 weeks for Psychological services, representing 47% of the total waiting list.

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

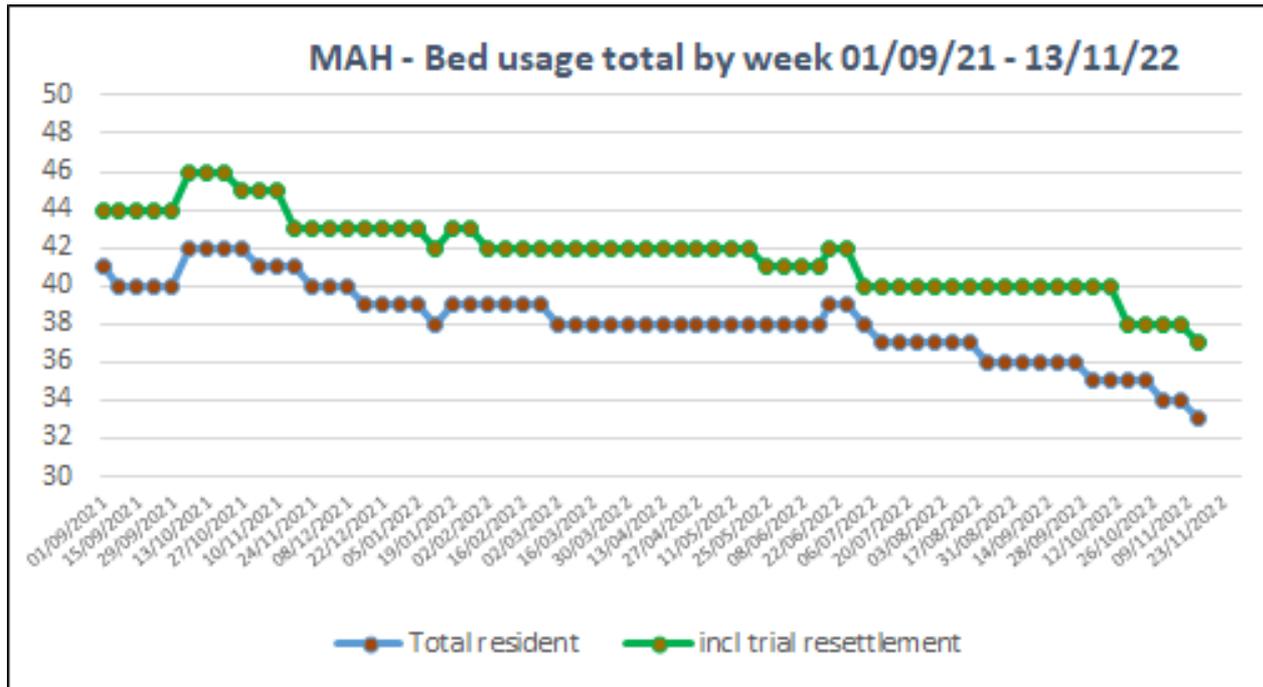
CPD: No discharge takes more than 28 days for mental health patients assessed as medically fit for discharge.



- The percentage of patients discharged within 7 days at October 2022 was 96%, compared to 98% at October 2021.
- At the end of October 2022 there were 2 patients discharged in more than 28 days compared to 1 at October 2021.

Muckamore Abbey Hospital

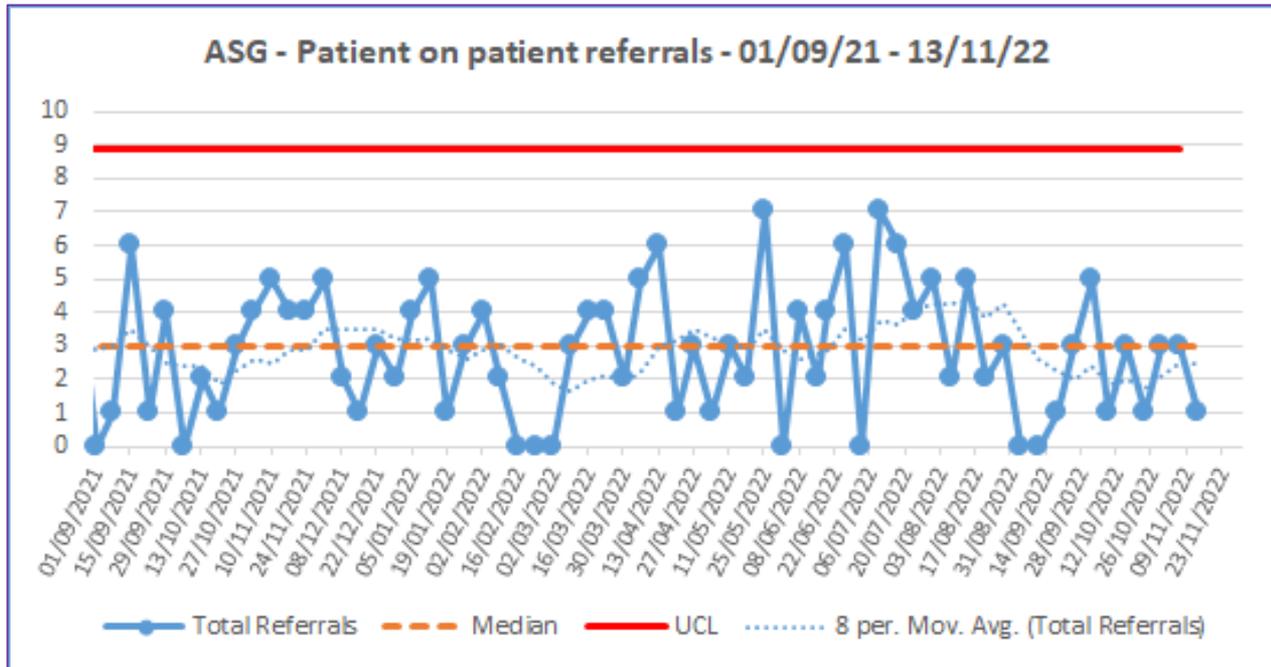
Numbers in residence – from 1st September 2021 to 13th November 2022



As at 13th Sept, there are currently 33 patients in residence, with an additional 4 patients on trial resettlement placements.

Muckamore Abbey Hospital

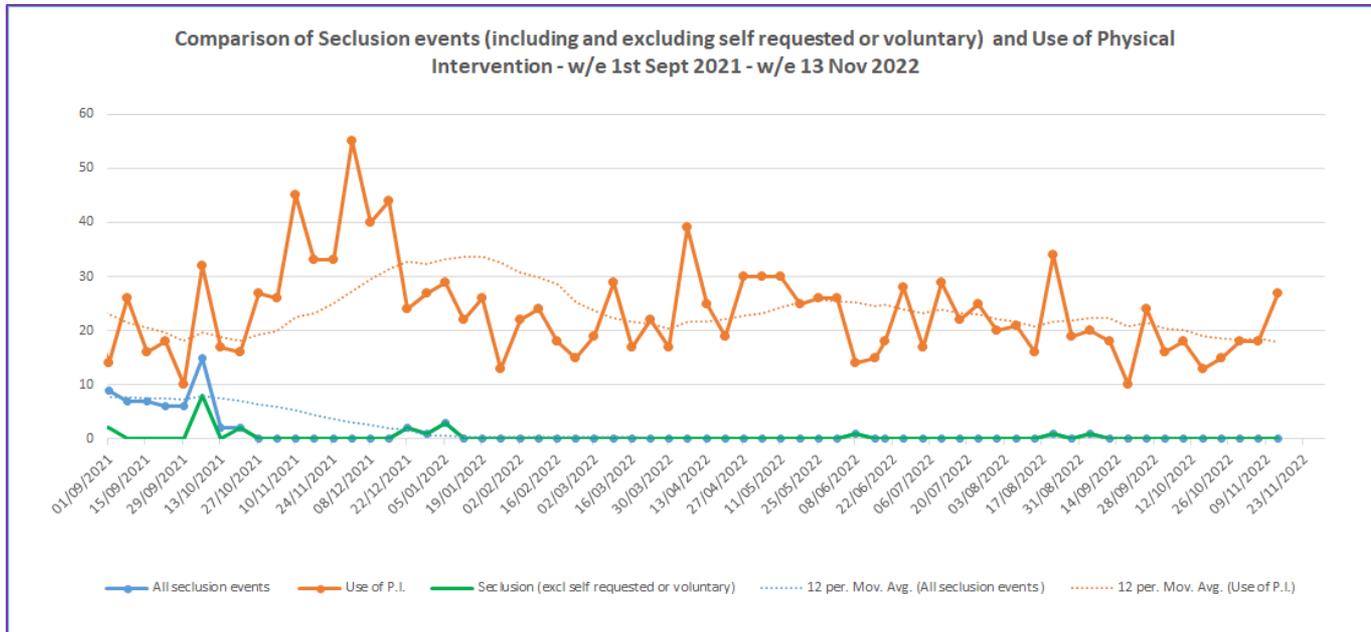
Adult safeguarding – patient on patient referrals - from 1st Sep 2021 to 13th Nov 2022



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 had been higher than average in the summer period, however it has reduced as to an average of 2-3 weekly since.

Muckamore Abbey Hospital

Physical intervention and Seclusion. from 1st Sep 2021 to 13th Nov 2022

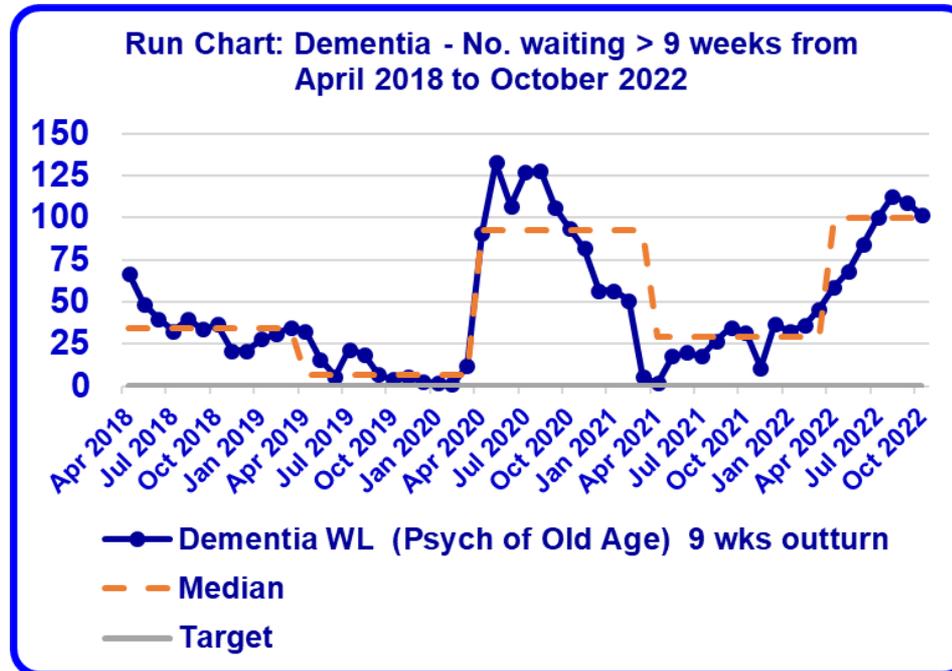


- There has been a sustained reduction in the use of seclusion events over the last 3 years.
- There was a concern on site at a point in time that a reduction in the use of seclusion events may lead to an increase in the need for physical intervention. This has not been demonstrated in the data, although there have been increases in the 3 month rolling average around June and Dec 2021. 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 2021. Numbers, although variable, have remained generally lower since December 2021.

Older People's Services - Dementia

Dementia

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

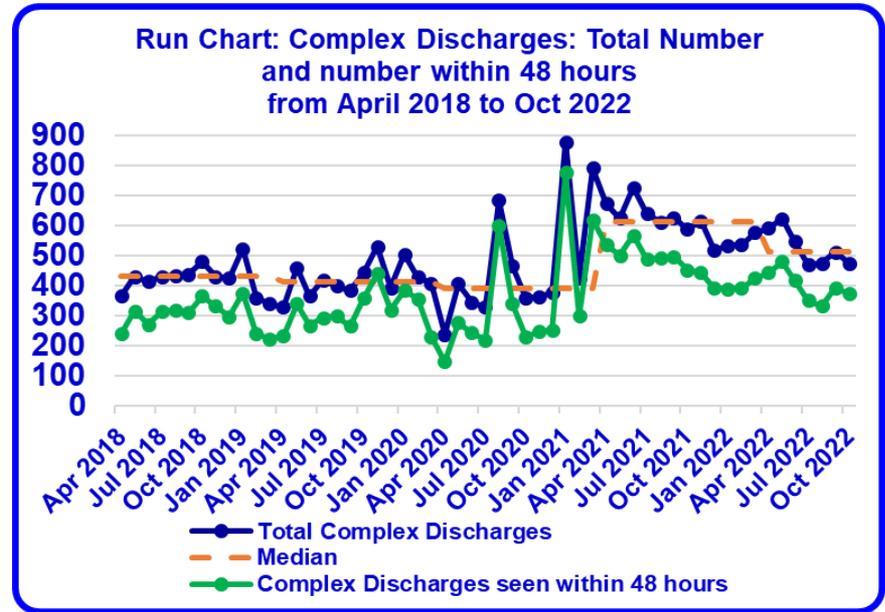
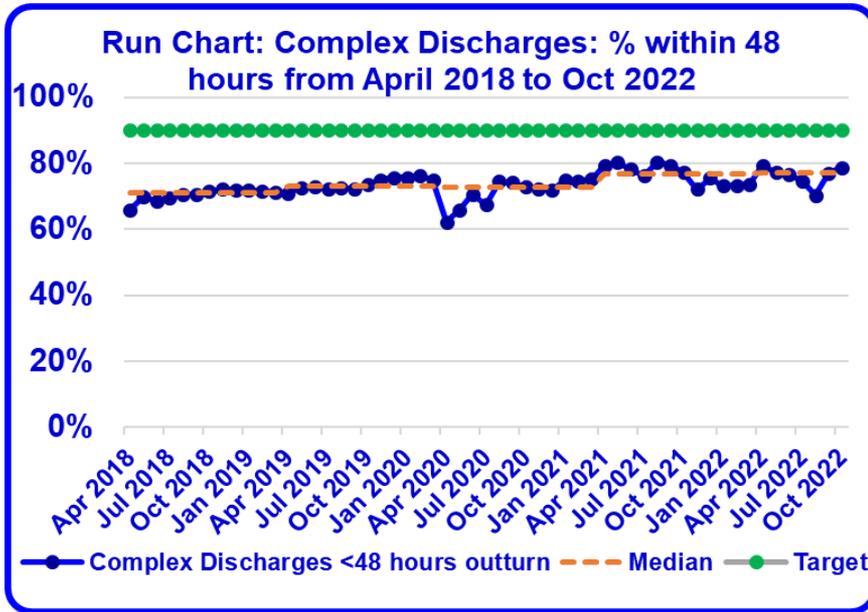


- At October 2022 there is a total of 346 people waiting, 324 in Psychiatry of Old Age and the remaining 22 in Community MH.
- At October 2022, no patient waited longer than 9 weeks in Community MH, however 102 patients are waiting in excess 9 weeks in Psychiatry of Old Age.

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

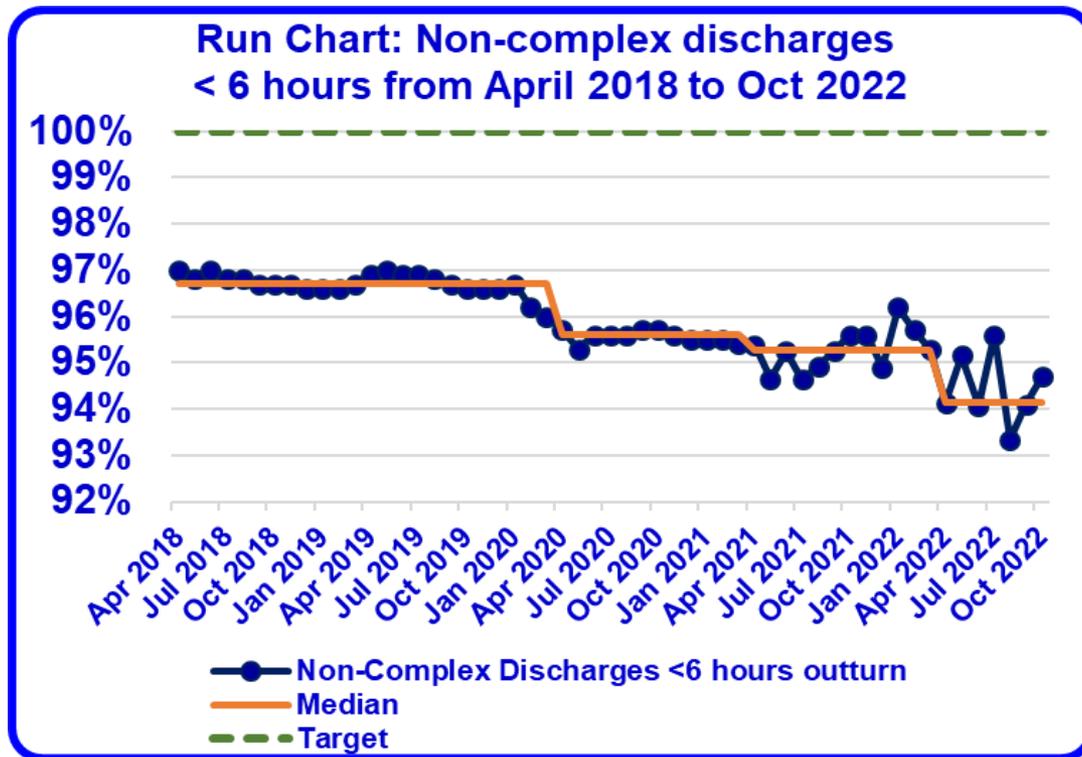


- In October 2022, 78.7% of the 475 complex discharges met the target, compared to 77.1% of 589 complex discharges in October 2021.

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

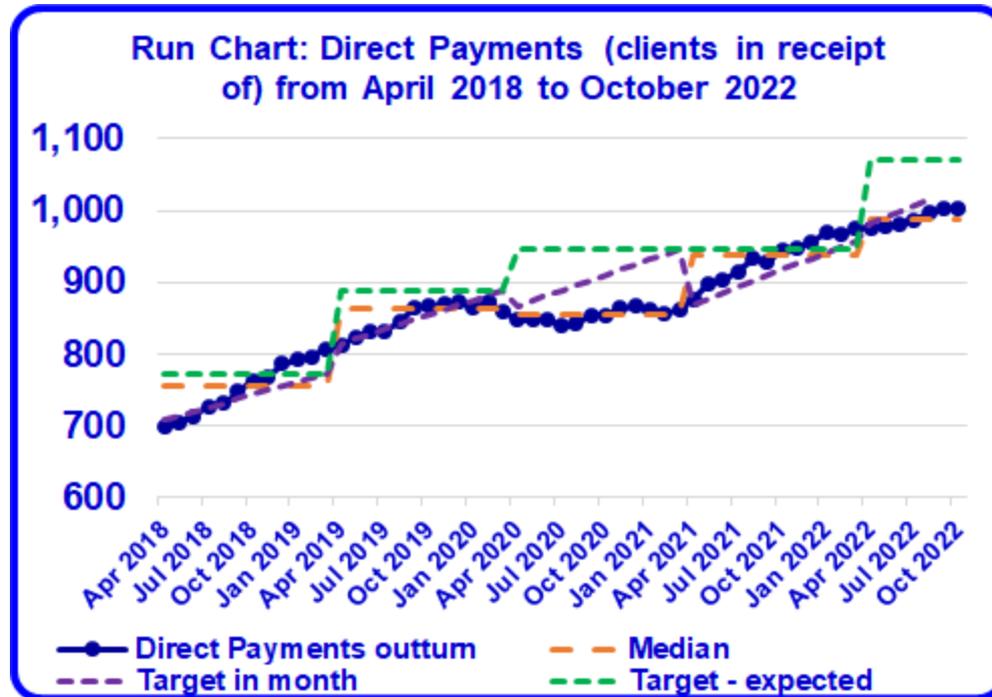


- The performance had consistently been 95% or above from April 2020 to March 2022 with the exception of May, July and Dec 2021. In October 2022, 94.7% of non-complex discharges met the 6 hour target, and the average for 2022/23 is 94.4%.

Direct Payments

CPD: Secure a 10% increase in the number of direct payments (DPs) to all service users, based on 2022/23 outturn = 1,071.

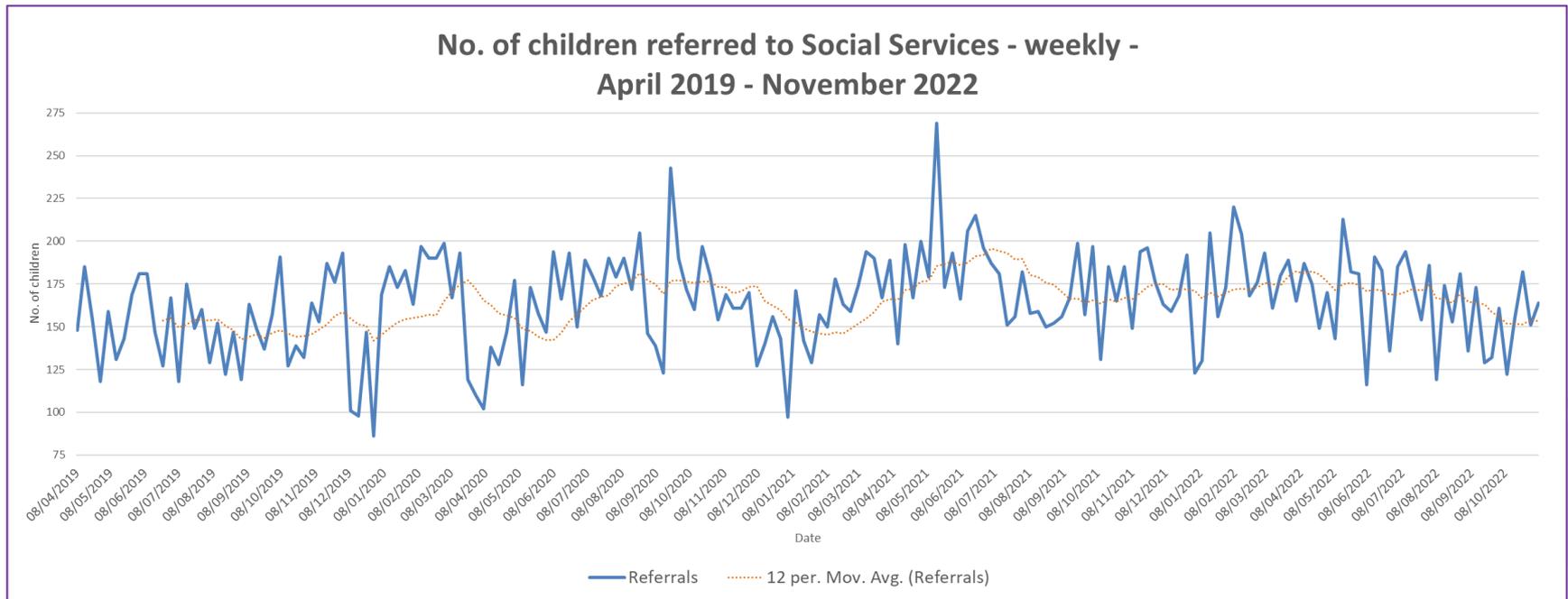
Based on the 2021/22 outturn the target for 2022/23 is 1,071 (to be confirmed)



- The uptake of Direct Payments at the end of Oct 2022 is 1,003 - 29 (3%) more than 2021/22 outturn.
- From April to October 2022/23 there are 123 new packages and 94 ceased.

Children's Community Services

Children referred to social services – information to (week beginning)
07/11/2022



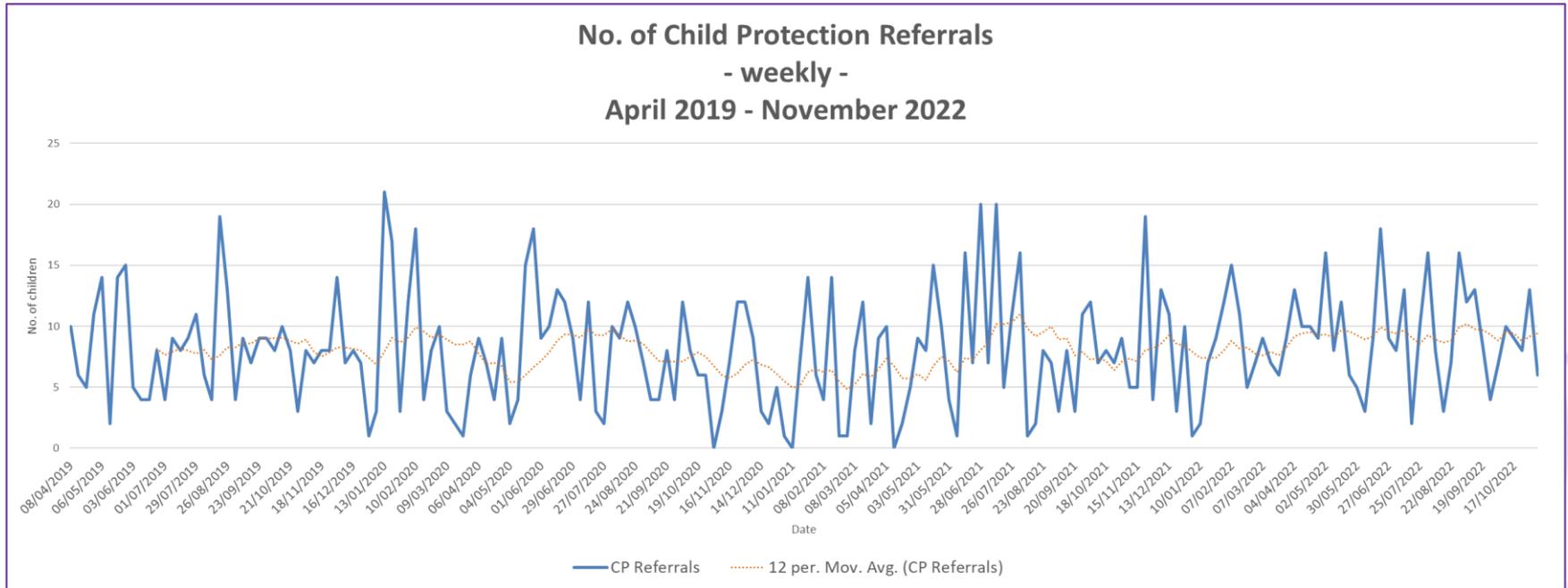
The number of children referred to social services was higher on average in 2020/21 than in the same period in 2019/20.

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 have been variable, and current referrals are broadly consistent with the same period last year.



Children's Community Services

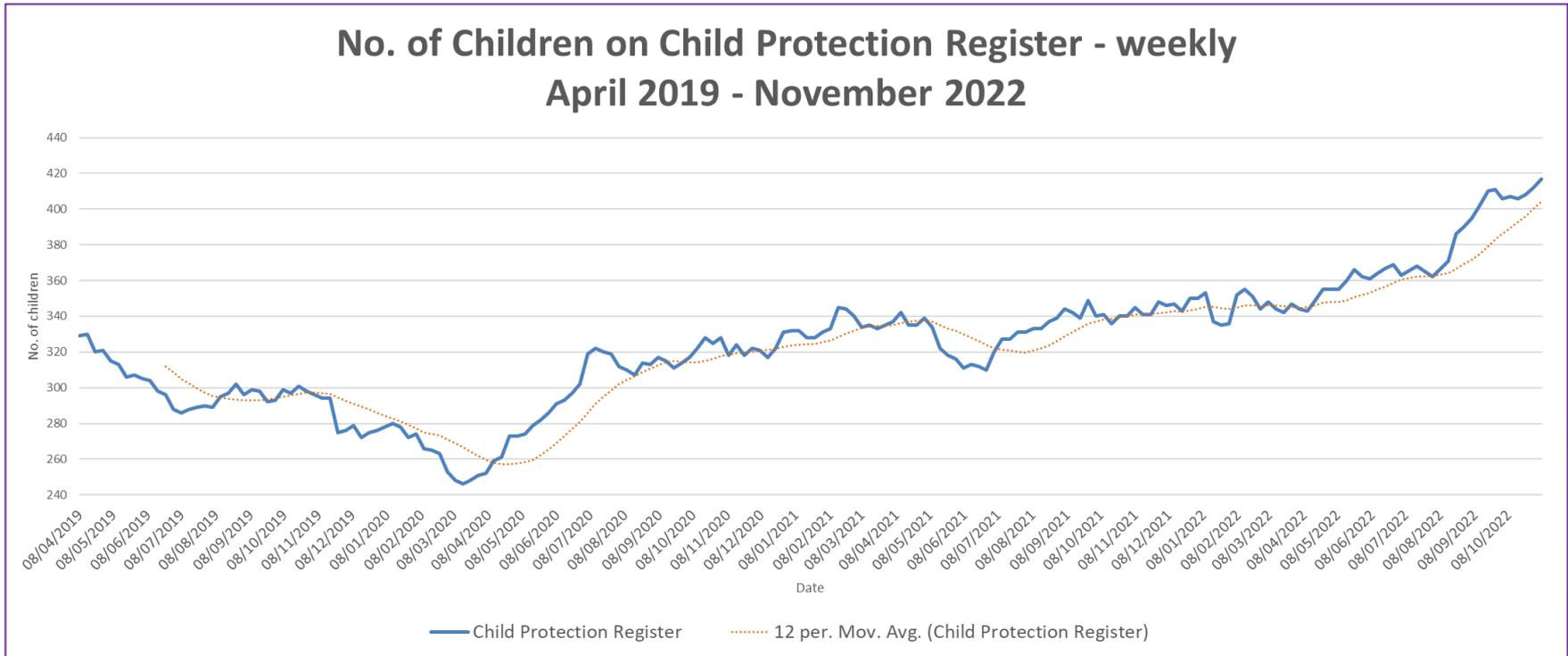
Number of Child Protection referrals – information to (week beginning) 07/11/2022



The number of fortnightly child protection referrals shows significant variation, and referrals in 2022 are consistently higher (12 week average) than in 2021

Children's Community Services

Number of Children on Child Protection register – information to (week beginning)
07/11/2022

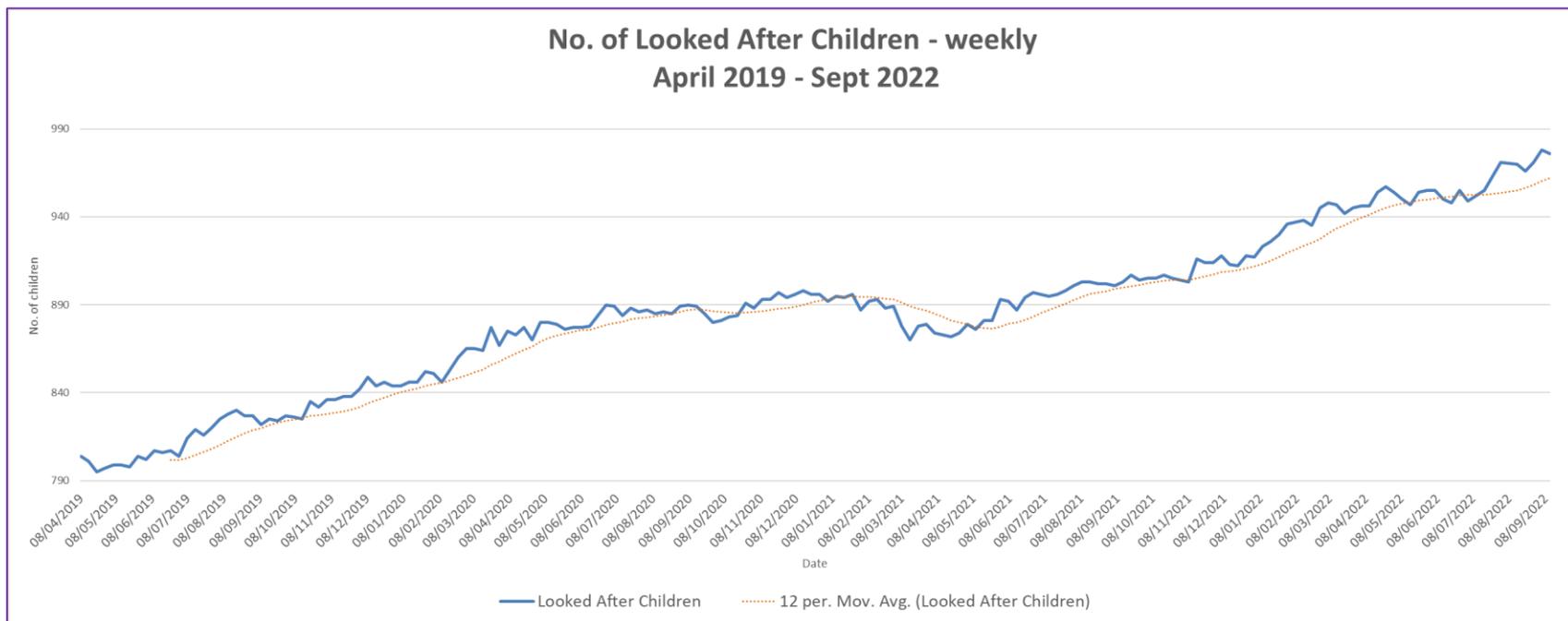


There are 27% more children on the child protection register compared to the same point last year. Following a sustained growth for 12 months numbers on average had fallen for 3 months to June 2021 and had shown a slow but consistent increase since then, before increasing significantly in the last 3 months, standing at 417 at 13th November.



Children's Community Services

Number of Looked after Children – information to (week beginning) 07/11/2022



There had been a steady rise in the number of looked after children in the period March 2020 to mid-January 2021, 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 2021 and standing at 1,003 at 13th November.



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	75 th 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

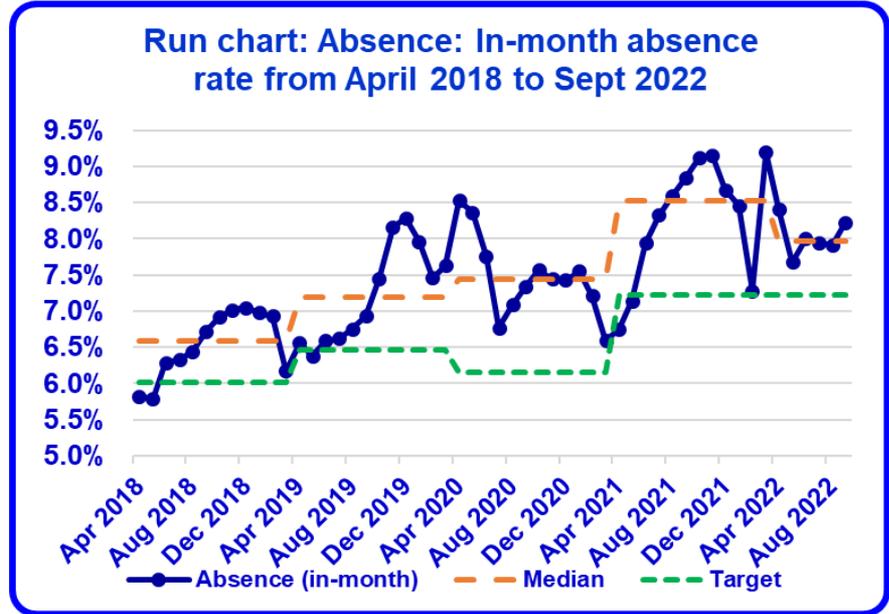
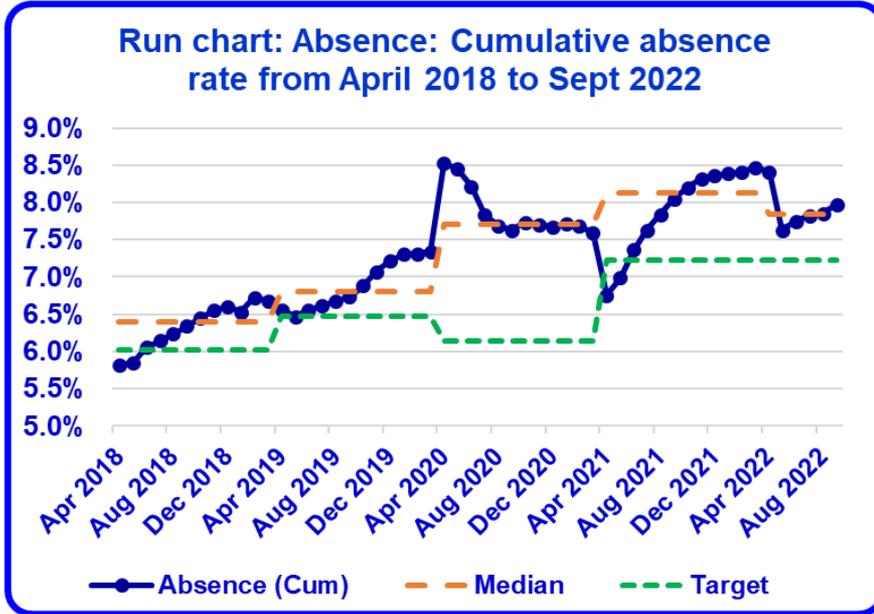
*CPD: To reduce Trust staff sick absence levels by a regional average of 5% compared to 2020/21 outturn figure. (2022/23 Target 7.23% *)*

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

April to March 2021/22, Trust absence = **8.1%**

April to September 2022/23, Trust absence = **8.0%**

Note: Due to validation processes absence data reflects the September position



- The absence rate was 8.2 % in-month in September 2022.

** Target for 2022/23 assumed as 7.23%, to be confirmed*

HR Update

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 11th Nov 2022, with 35% of 2,007 active requisitions relating to Nursing and Midwifery posts, 20% relating to Professional & Technical posts and 16% relating to both Social Care and Admin & Clerical posts.

Active requisitions @ 11th November 2022	Admin & Clerical	Estates	Multi-Professional	Nursing & Midwifery	Professional & Technical	Social Care	Support Services	Medical & Dental	Total
ACCTSS & SURGERY DIRECTORATE	19			106	26				151
ADULT SOCIAL & PRIMARY CARE DIRECTORATE	24		9	48	133	105	5	9	333
CANCER & SPECIALIST SERVICE DIRECTORATE	29			38	103		2		172
CHILD HEALTH & NISTAR DIRECTORATE	17			12					29
CHILDRENS COMMUNITY SERVICES DIRECTORATE	24		1	20	1	116			162
CORPORATE COMMUNICATIONS DIRECTORATE	1								1
FINANCE DIRECTORATE	20	21					1		42
HUMAN RESOURCES DIRECTORATE	33			1	1	3			38
IMAGING, MEDICAL PHYSICS & OP DIRECTORATE	13			17	56				86
MEDICAL DIRECTORATE	13		1	3	1				18
MH & INTELLECTUAL DISABILITY DIRECTORATE	21		22	131	37	90	1		302
NURSING & USER EXPERIENCE DIRECTORATE	8			43			111		162
PERFORMANCE, PLAN & INFO DIRECTORATE	40			1					41
SPECIALIST HOSP, WOMENS HTH DIRECTORATE				2				25	27
SURGERY & SPECIALIST SERVICE DIRECTORATE	6			5	23			34	68
TOR, MAT, ENT, DENTAL, GYNAE DIRECTORATE	33			109	23		1		166
UNSCHEDULED CARE DIRECTORATE	19		1	160	3		1	25	209
Total	320	21	34	696	407	314	122	93	2007
Percentage by Group	16%	1%	2%	35%	20%	16%	6%	5%	



HR Update

Core Statutory and Mandatory Training Report

Staff Head Count

18,639

Please Select Directorate

All

Please Select Cost Centre

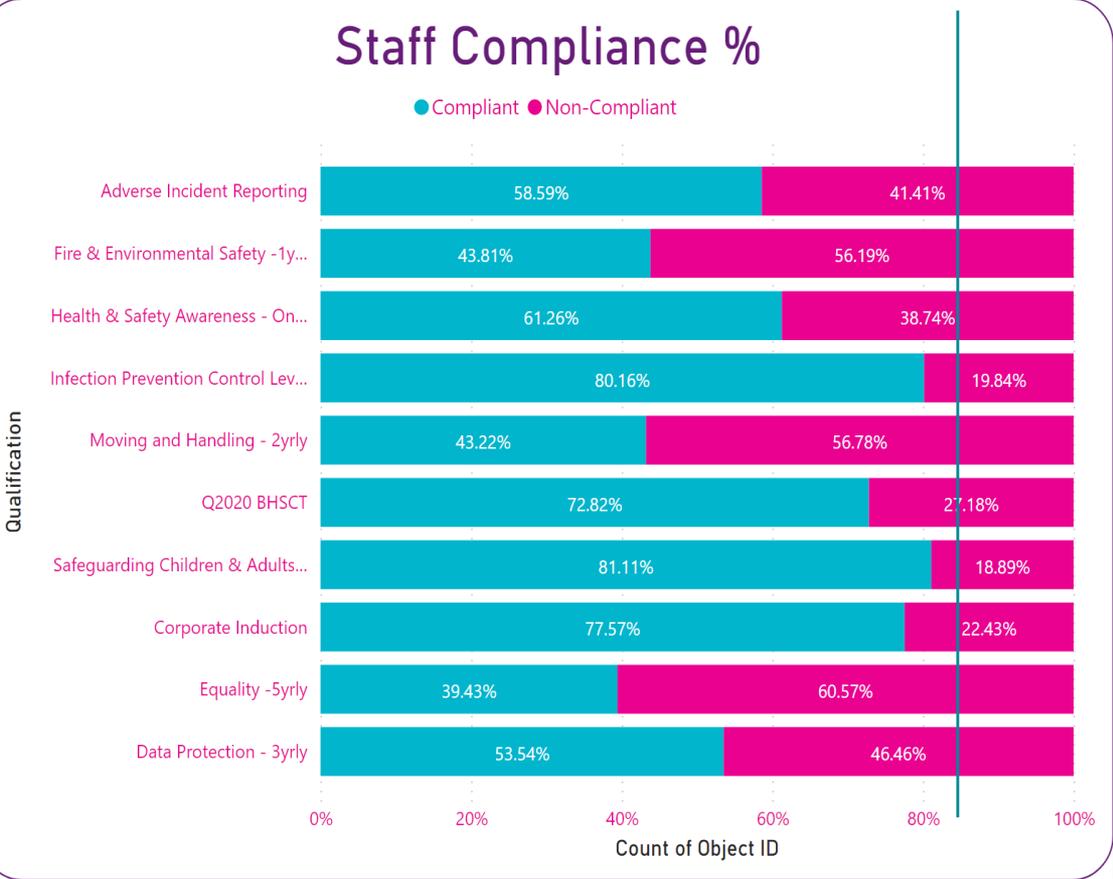
All

Please Select Org Unit

All

Staff Compliance %

● Compliant ● Non-Compliant



HR Update

Statutory Mandatory Training

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

Overall Trust Performance (April 2019-Oct 2022)	30.04.19	30.04.20	31.03.21	31.10.21	30.04.22	31.10.22	Higher / lower than March 2021	Frequency Required
Adverse Incident Reporting	33%	42%	45%	53%	55%	59%	↑	Once
Corporate Induction	79%	82%	79%	78%	76%	78%	↓	Once
Data Protection	53%	61%	48%	52%	53%	54%	↑	3 yearly
Equality for All Staff	34%	40%	35%	35%	35%	39%	↑	5 yearly
Fire Safety	46%	47%	33%	53%	42%	44%	↑	Annually
Health and Safety	9%	36%	49%	55%	57%	61%	↑	Once
Infection Prevention Control	78%	80%	79%	81%	80%	80%	↑	Once
Manual Handling	28%	24%	33%	33%	38%	43%	↑	2 yearly
Quality 2020 L1	62%	69%	67%	69%	84%	73%	↑	Once
Safeguarding	78%	78%	82%	82%	80%	81%	↓	Once

- There has been an improvement in 8 of the Core 10 areas since March 2021.
- Fire Safety training whilst better than March 2021 is 9% less than the Oct 2021 position.
- 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 7 - October 2022

Budget projections

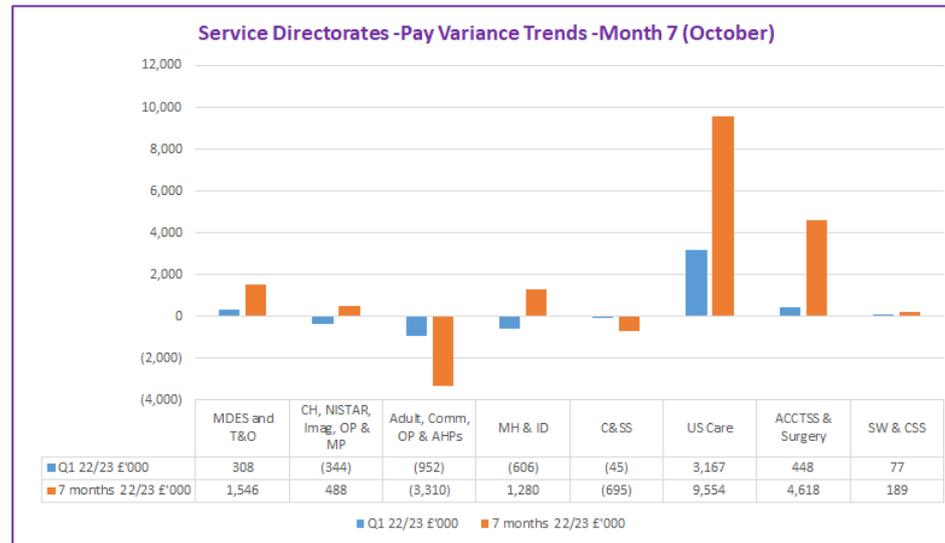
The Belfast Trust began the financial year with an opening gross deficit of £125m prior to any 2022/23 budgetary allocation. This deficit comprises unmet savings of £48.3m and unfunded inescapable pressures of £76.7m from previous financial periods.

In the absence of a functioning Executive to sign off the 2022/23 Budget the Minister approved a limited number of allocations to support this year's financial planning in June 2022 and has approved further amounts in respect of inflationary pressures and demographic growth, meaning there is a regional deficit being held by DoH. The Trust has agreed to commit further non recurrent savings of £33m. The working assumption that this level of savings is achievable presents a very significant risk given the one-off nature of savings made last year, the lack of new investment which reduces the potential for non-recurrent slippage and the absence of any funding for non-pay inflation. The residual deficit is circa £6.5m, however in reality the deficit is likely to be in the range £9m-£11m after accounting for winter pressures and additional domiciliary spend.

The Month 7 position is a £5.7m deficit and the forecast for the year is a deficit of £9m-£11m in line with the financial plan.

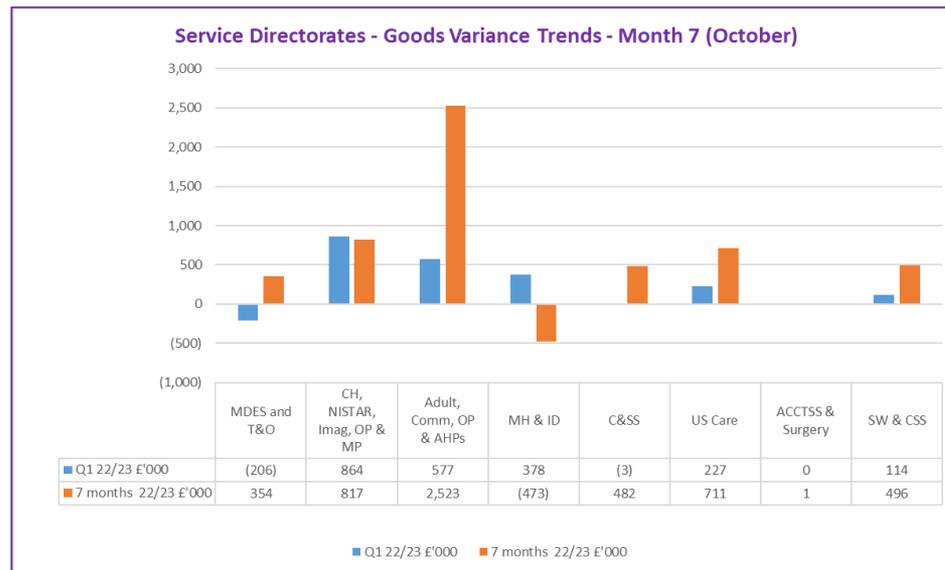
Budget Position – Month 7 – October 2022

Pay variance



***Please note :
The restructuring of the Directorates has now been reflected in the finance systems, and therefore like for like comparatives with prior years will be built up over time***

Non-Pay Variance



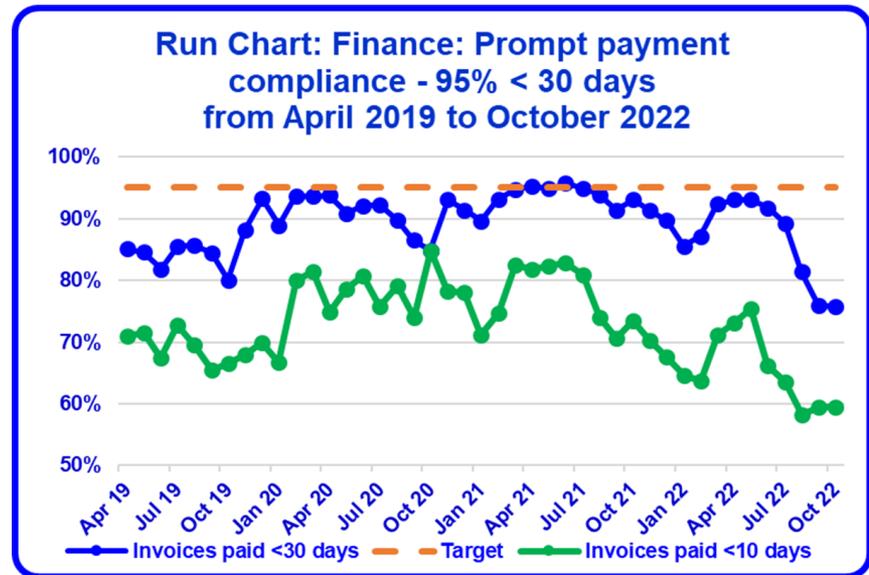
Finance Update – Month 7 – October 2022

Prompt Payment policy

The Trust delivered 75.7% in October 2022 against DoH 30 day target and 59.4% in October 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 92% in 2021/22.

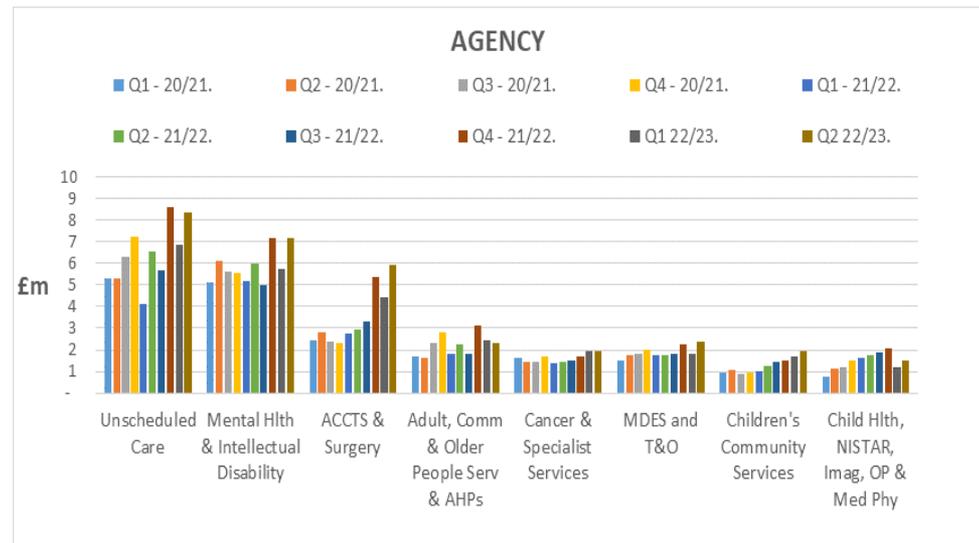
Spend within 10 days is dominated by Agency suppliers.



Agency Spend.

The graph shows agency costs each quarter from April 2019 to October 2022

Agency Spend – Agency spend at month 7 is £73.3m (Nursing £39.8m, medical £14.5m). This is £18.7m higher than this time last year and is £13.3m (20%) higher than pro rate of year end agency costs with the main growth area being nursing. There is an agency savings target of £4.8m this year.

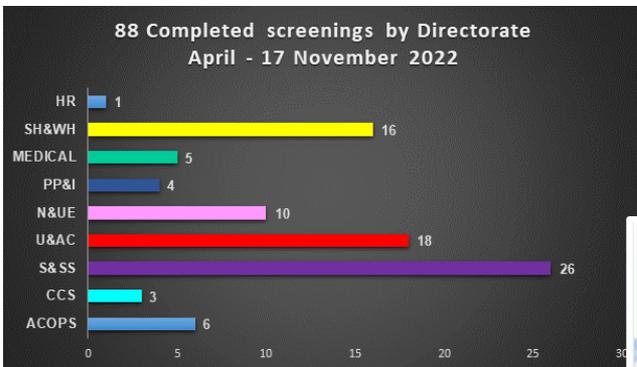


Equity

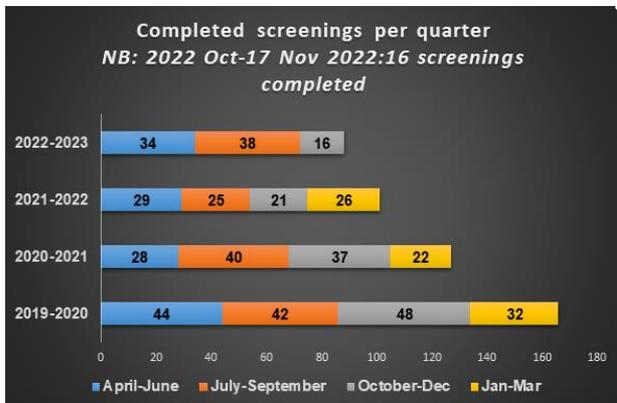


Screenings & Accessible Services

- ✓ HSC Rural Needs Toolkit Endorsed by Ministers Poots & Swann at Launch
- ✓ Equality Annual Plan 2023-2028 drafted



Equality Screening Activity Per Quarter / By Directorate



- ✓ Domestic and Sexual Violence and Abuse Support service for staff shortlisted for national HPMA award.
- ✓ Staff Awareness event delivered during Safetember



- ✓ 15,000 Calendars ready for dissemination to staff



£15k funding secured to train 12 people with a learning disability in film making at Belfast MET.

Their journey and achievements are celebrated in their [Interview with James Martin](#)

The team is producing a film on oral health for young people attending special schools across Belfast.



Secured funding via Charitable Funds (£41k) to produce **online Access Guides** for disabled people using services on RVH site.

Do you require a Wheelchair or Mobility Scooter for your appointment?

Become a member of Shopmobility Belfast and get Free use of equipment at the Royal Victoria Hospital.

Membership is Free and it takes approximately 30 minutes to sign up. You can then use equipment in our other locations across Belfast and beyond.

We are located at the blue badge car parking spaces beside School of Dentistry facing the main reception area in the Royal Victoria Hospital.

Simply
 ☎ 0738 694 1991
 ✉ email info@shopmobilitybelfast.co.uk

Opening hours:
 Monday - Friday 9am - 5pm

Shopmobility at RVH:

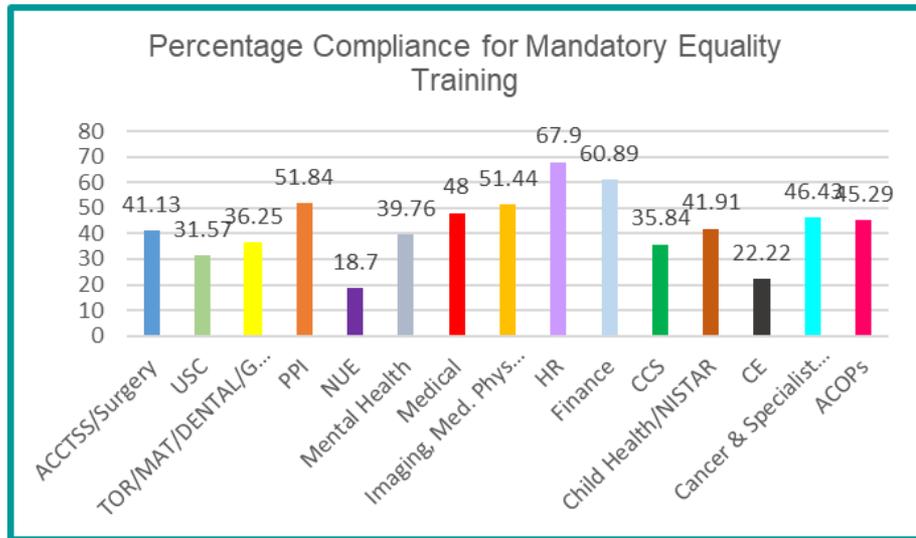
- ✓ Posters produced and disseminated to Day Centres and across RVH
- ✓ Relocation of RVH Shopmobility under consideration

Examples of Screenings:

- ✓ Recording of calls by Lifeline
- ✓ Use of physical intervention in MH and LD services



Training Mandatory Equality Training as at 14 Oct 22 Trust-wide compliance : Per Directorate*



Q1 training	No	Q2 training	No.	% increase
Disability Awareness	68	Disability Awareness	239	251*
Disability - MH	45	Equality Screening	24	N/A
Human Rights	86	Human Rights	226	162*

Training delivered by Planning & Equality Team 2022

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

Staff Feedback: Making A Difference



I am now looking at my department with fresh eyes and plan to discuss with my team changes that we can make

The training will improve my practice giving a better experience for our clients

Would definitely have more confidence to speak out if I thought something wasn't right. Equality screening would come to mind more quickly if there are service changes.

I'll remember to say 'hello my name is'

I will consider human rights in my decision making

I will now consider and use FREDA

I will be more aware of disabilities that are not visible

Awareness Raising



Newsletters distributed to staff & 500+ external organisations



Celebrating and involving staff in PRIDE 2022

- ✓ 600+ staff support Rainbow Badge Initiative by signing up to the [online pledge](#).
- ✓ Artwork at Bridgewater suite



What does PRIDE mean to you?



Good Relations



- ✓ Trust's 3rd generation Good Relations Strategy "*Healthy Relations for a Healthy Future 3*" 2023-2028 approved by Exec Team.
- ✓ Public Consultation commenced October 2022 following Trust Board approval.

Celebrating Good Relations Week Sept 2022

- ✓ BHSCT collaborated with TEO & the Community Relations Council to host a '*Sustaining Good Mental Health with Good Relations*' fair attended by over 100 people who enjoyed complimentary therapies, mindfulness, a choir and information from over 30 stalls.
- ✓ A new lift decal was launched 'One team, many nationalities' to showcase how proud we are of our globally diverse and inclusive workforce.
- ✓ Joint Forum meeting with Trust Equality leads, the Community Relations Council, Equality Commission for NI and NI Human Rights Commission
- ✓ Ethnic Minorities Staff Network won Community Champion award at North West Migrant Forum Advancing Race Equality event.



Visual Record of the fair created with comments from the audience



Interpreting, Translation and Easy Read Toolkit developed

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
ADULT SOCIAL CARE					
DAY CARE AND DAY OPPORTUNITIES					
Adult Day Care (POC 4-7)	Number of attendances : Baseline Figure: February 2020		49,326	16,442	
	Number of attendances : Expected 2022-23		49,326	16,442	
	Number of attendees : Actual 2022-23 Outturn		33,297	12,404	
	Number of attendees : variance actual and expected		-32	-25	
Adult Short breaks (quarterly)	Days of Short Break: Baseline figure (2019-20 Outturn)		115,909		
	Days of Short Break: Expected Outturn 2022-23		91,004		
	Days of Short Break: Actual Outturn 2022-23		98,191		
	Days of Short Break: variance actual and expected		8		
Domiciliary Care (POC 3-7)	Hours Delivered (Stat): Baseline figure (2019-20 Outturn)		126,122	43,388	
	Hours Delivered (Stat): Expected Outturn 2022-23		100,898	39,049	
	Hours Delivered (Stat): Actual Outturn 2022-23		106,955	35,352	
	Hours Delivered (Stat): % variance actual and expected		6	-9	
	Hours Delivered (Ind): Baseline figure (2019-20 Outturn)		422,885	147,036	
	Hours Delivered (Ind): Expected Outturn 2022-23		338,308	132,332	
	Hours Delivered (Ind): Actual Outturn 2022-23		516,946	175,300	
	Hours Delivered (Ind): % variance actual and expected		53	32	

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes														
BELFAST HSC TRUST	<table border="1" style="font-size: small;"> <tr><th colspan="2">Key</th></tr> <tr><td style="background-color: red;">Red</td><td>less than minus 5%</td></tr> <tr><td style="background-color: orange;">Amber</td><td>between minus 5% and minus 0.1%</td></tr> <tr><td style="background-color: green;">Green</td><td>between 0% and 5%</td></tr> <tr><td style="background-color: blue;">Blue</td><td>greater than 5%</td></tr> </table>	Key		Red	less than minus 5%	Amber	between minus 5% and minus 0.1%	Green	between 0% and 5%	Blue	greater than 5%	Quarter 2 Totals	October	Oct RAG
Key														
Red	less than minus 5%													
Amber	between minus 5% and minus 0.1%													
Green	between 0% and 5%													
Blue	greater than 5%													
CHILDREN'S SOCIAL CARE														
Intitial Family Assessments Completed	Intitial assesements: Baseline figure (2019-20)	266	99											
	Intitial assesements: Expected 2022-23	266	99											
	Intitial assesements: Actual 2022-23	217	82											
	Intitial assesements: % variance actual and expected	-18	-17											
% of Initial child protection cases conferences held within 15 days	Initial CP Case Conferences: Baseline figure (2019-20)	58%	88%											
	Initial CP Case Conferences: Expected 2022-23	84%	84%											
	Initial CP Case Conferences: Actual 2022-23	96%	90%											
	Initial CP Case Conferences: % variance actual and expected	12%	6%											
% of Review child protection cases conferences held within 3 months	Review CP Case Conferences: Baseline figure (2019-20)	97%	67%											
	Review CP Case Conferences: Expected 2022-23	85%	85%											
	Review CP Case Conferences: Actual 2022-23	87%	92%											
	Review CP Case Conferences: % variance actual and expected	2%	7%											
% of subsequent child protection cases conferences held within 6 months	Review CP Case Conferences: Baseline figure (2019-20)	98%	79%											
	Review CP Case Conferences: Expected 2022-23	89%	89%											
	Review CP Case Conferences: Actual 2022-23	78%	68%											
	Review CP Case Conferences: % variance actual and expected	-11%	-21%											

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key	Quarter 2 Totals	October	Oct RAG	
					Red less than minus 5% Amber between minus 5% and minus 0.1% Green between 0% and 5% Blue greater than 5%
MENTAL HEALTH	Contacts				
Adult Mental Health (Non Inpatient)	Scheduled New Contacts: Baseline figure (2019-20 Outturn)	2,086	862		
	Scheduled New Contacts: Expected Outturn 2022-23	1,877	862		
	Scheduled New Contacts: Actual Outturn 2022-23	1,957	673		
	Scheduled New Contacts: % variance actual and expected	4	-22		
	Scheduled Review Contacts: Baseline figure (2019-20 Outturn)	21,778	8,403		
	Scheduled Review Contacts: Expected Outturn 2022-23	19,600	8,403		
	Scheduled Review Contacts: Actual Outturn 2022-23	19,296	6,828		
	Scheduled Review Contacts: % variance actual and expected	-2	-19		
Psychological Therapies	New Contacts: Baseline figure (2019-20 Outturn)	933	338		
	New Contacts: Expected Outturn 2022-23	840	304		
	New Contacts: Actual Outturn 2022-23	1,505	41		
	New Contacts: % variance actual and expected	79	-87		
	Review Contacts: Baseline figure (2019-20 Outturn)	7,570	3,274		
	Review Contacts: Expected Outturn 2022-23	6,813	2,947		
	Review Contacts: Actual Outturn 2022-23	7,423	137		
	Review Contacts: % variance actual and expected	9	-95		
Dementia	New Contacts: Baseline figure (2019-20 Outturn)	357	113		
	New Contacts: Expected Outturn 2022-23	321	113		
	New Contacts: Actual Outturn 2022-23	353	130		
	New Contacts: % variance actual and expected	10	15		
	Review Contacts: Baseline figure (2019-20 Outturn)	1,453	472		
	Review Contacts: Expected Outturn 2022-23	1,308	472		
	Review Contacts: Actual Outturn 2022-23	1,342	456		
	Review Contacts: % variance actual and expected	3	-3		

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
<u>CANCER SERVICES</u>					
14 day Activity	Baseline figure (2021-22 Performance)		680	271	
	Expected Performance 2022-23		680	271	
	Actual Performance 2022-23		731	257	
	% Variance actual and expected		8	-5	
31 day Activity	Baseline figure (2021-22 Performance)		1,045	414	
	Expected Performance 2022-23		1,045	414	
	Actual Performance 2022-23		1,020	252	
	% Variance actual and expected		-2	-39	
62 day Activity	Baseline figure (2021-22 Performance)		351	113	
	Expected Performance 2022-23		351	113	
	Actual Performance 2022-23		372	79.5	
	% Variance actual and expected		6	-29	
<u>COMMUNITY NURSING</u>					
District Nursing	Contacts: Baseline figure (2019-20 Outturn)		100,381	33,460	
	Contacts : Expected Outturn 2022-23		75,286	28,441	
	Contacts : Actual Outturn 2022-23		59,678	19,116	
	Contacts : % variance actual and expected		-21	-33	
District Nursing Compliance with SSKIN Bundle for Pressure Ulcers	% Compliance : Baseline figure (2019-20)		70%		
	% Compliance : Expected 2022-23		80%		
	% Compliance : Actual 2022-23				
District Nursing Compliance with all elements of MUST	% Compliance : Actual and expected				
	% Compliance : Baseline figure (2019-20)		30%	30%	
	% Compliance : Expected 2022-23		40%	60%	
	% Compliance : Actual 2022-23				
	% Compliance : Actual and expected				

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
OUTPATIENTS - CONSULTANT (including Urology, Pain management & ophthalmology glaucoma nurse led)					
New	Baseline figure (2019-20 Outturn)		40,990	15,634	
	Expected Outturn 2022-23		36,981	15,634	
	Actual Outturn 2022-23		35,001	13,031	
	% Variance actual and expected		-5	-17	
Review	Baseline figure (2019-20 Outturn)		99,028	38,188	
	Expected Outturn 2022-23		89,375	38,188	
	Actual Outturn 2022-23		89,799	32,492	
	% Variance actual and expected		0	-15	
OUTPATIENTS - NURSE (excluding preassessment & nurse activity included in SBA outturn)					
New	Baseline figure (2019-20 Outturn)		4,163	1,653	
	Expected Outturn 2022-23		3,732	1,653	
	Actual Outturn 2022-23		3,952	1,613	
	% Variance actual and expected		6	-2	
Review	Baseline figure (2019-20 Outturn)		21,613	8,032	
	Expected Outturn 2022-23		19,432	8,032	
	Actual Outturn 2022-23		23,570	7,649	
	% Variance actual and expected		21	-5	

Appendix 1: Service Delivery Plan– Jul – Oct 2022

Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes														
BELFAST HSC TRUST	Key	<table border="1" style="font-size: small;"> <tr><td>Red</td><td>less than minus 5%</td></tr> <tr><td>Amber</td><td>between minus 5% and minus 0.1%</td></tr> <tr><td>Green</td><td>between 0% and 5%</td></tr> <tr><td>Blue</td><td>greater than 5%</td></tr> </table>	Red	less than minus 5%	Amber	between minus 5% and minus 0.1%	Green	between 0% and 5%	Blue	greater than 5%	Quarter 2	October	Oct	
			Red	less than minus 5%										
Amber	between minus 5% and minus 0.1%													
Green	between 0% and 5%													
Blue	greater than 5%													
			Totals		RAG									
ALLIED HEALTH PROFESSIONALS	Elective /Scheduled Contacts													
Physiotherapy	New Contacts: Baseline figure (2019-20 Outturn)		6,086	2,119										
	New Contacts: Expected Outturn 2022-23		5,445	2,119										
	New Contacts: Actual Outturn 2022-23		5,506	1,996										
	New Contacts: % variance actual and expected		1	-6										
	Review Contacts: Baseline figure (2019-20 Outturn)		18,564	5,932										
	Review Contacts: Expected Outturn 2022-23		16,724	5,932										
	Review Contacts: Actual Outturn 2022-23		20,883	8,000										
	Review Contacts: % variance actual and expected		25	35										
Occupational Therapy	New Contacts: Baseline figure (2019-20 Outturn)		3,753	1,366										
	New Contacts: Expected Outturn 2022-23		3,386	1,366										
	New Contacts: Actual Outturn 2022-23		2,469	971										
	New Contacts: % variance actual and expected		-27	-29										
	Review Contacts: Baseline figure (2019-20 Outturn)		10,678	5,457										
	Review Contacts: Expected Outturn 2022-23		9,694	5,457										
	Review Contacts: Actual Outturn 2022-23		8,102	3,449										
	Review Contacts: % variance actual and expected		-16	-37										
Dietetics	New Contacts: Baseline figure (2019-20 Outturn)		814	366										
	New Contacts: Expected Outturn 2022-23		730	366										
	New Contacts: Actual Outturn 2022-23		824	324										
	New Contacts: % variance actual and expected		13	-11										
	Review Contacts: Baseline figure (2019-20 Outturn)		1,800	614										
	Review Contacts: Expected Outturn 2022-23		1,628	614										
	Review Contacts: Actual Outturn 2022-23		2,301	792										
	Review Contacts: % variance actual and expected		41	29										
Orthotics	New Contacts: Baseline figure (2019-20 Outturn)		501	171										
	New Contacts: Expected Outturn 2022-23		447	171										
	New Contacts: Actual Outturn 2022-23		425	198										
	New Contacts: % variance actual and expected		-5	16										
	Review Contacts: Baseline figure (2019-20 Outturn)		1,427	547										
	Review Contacts: Expected Outturn 2022-23		1,278	547										
	Review Contacts: Actual Outturn 2022-23		908	427										
	Review Contacts: % variance actual and expected		-29	-22										
Speech&Language Therapy	New Contacts: Baseline figure (2019-20 Outturn)		1,378	489										
	New Contacts: Expected Outturn 2022-23		1,248	489										
	New Contacts: Actual Outturn 2022-23		1,093	464										
	New Contacts: % variance actual and expected		-12	-5										
	Review Contacts: Baseline figure (2019-20 Outturn)		3,733	1,701										
	Review Contacts: Expected Outturn 2022-23		3,376	1,701										
	Review Contacts: Actual Outturn 2022-23		4,015	1,857										
	Review Contacts: % variance actual and expected		19	9										
Podiatry	New Contacts: Baseline figure (2019-20 Outturn)		1,823	768										
	New Contacts: Expected Outturn 2022-23		1,633	768										
	New Contacts: Actual Outturn 2022-23		2,235	770										
	New Contacts: % variance actual and expected		37	0										
	Review Contacts: Baseline figure (2019-20 Outturn)		12,907	4,512										
	Review Contacts: Expected Outturn 2022-23		11,625	4,512										
	Review Contacts: Actual Outturn 2022-23		13,898	4,371										
	Review Contacts: % variance actual and expected		20	-3										

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
<u>ELECTIVE CARE</u>					
Inpatients * includes MPH	Baseline figure (2019-20 Outturn)		5,284	1,927	
	Expected Outturn 2022-23 (excludes 4 scopes)		4,227	1,734	
	Actual Outturn 2022-23		3,618	1,281	
	% Variance actual and expected		-14	-26	
Daycases *includes MPH	Baseline figure (2019-20 Outturn)		16,320	5,682	
	Expected Outturn 2022-23		13,056	5,114	
	Actual Outturn 2022-23		13,702	5,030	
	% Variance actual and expected		5	-2	
MPH T&O - Elective Inpatients (excludes transfers in from RVH) *NB: MPH activity is included in totals above)	Baseline figure (2019-20 Outturn)		935	375	
	Expected Outturn 2022-23		842	338	
	Actual Outturn 2022-23		630	232	
	% Variance actual and expected		-25	-31	
MPH T&O - Daycases *NB: MPH activity is included in totals above)	Baseline figure (2019-20 Outturn)		837	307	
	Expected Outturn 2022-23		753	276	
	Actual Outturn 2022-23		882	309	
	% Variance actual and expected		17	12	
Endoscopy (4 scopes)	Baseline figure (2019-20 Outturn)		2,848	1,060	
	Expected Outturn 2022-23		2,278	954	
	Actual Outturn 2022-23		2,601	734	
	% Variance actual and expected		14	-23	

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes				
BELFAST HSC TRUST	Key: less than minus 5% between minus 5% and minus 0.1% between 0% and 5% greater than 5 %	Quarter 2 Totals	October	Oct RAG
		<u>IMAGING DIAGNOSTICS</u>		
MRI	Baseline figure (2019-20 Outturn)	8,109	2,943	
	Reference Figure (2021-22 Outturn)	7,777	3,019	
	Expected Outturn 2022-23	8,442	3,019	
	Actual Outturn 2022-23	9,673	3,428	
	% Variance actual and expected	15	14	
CT	Baseline figure (2019-20 Outturn)	16,687	5,878	
	Reference Figure (2021-22 Outturn)	18,117	6,021	
	Expected Outturn 2022-23	18,117	6,021	
	Actual Outturn 2022-23	17,895	6,370	
	% Variance actual and expected	-1	6	
Non Obstetric Ultrasound	Baseline figure (2019-20 Outturn)	11,493	4,071	
	Reference Figure (2021-22 Outturn)	11,455	4,026	
	Expected Outturn 2022-23	10,970	4,071	
	Actual Outturn 2022-23	12,952	4,489	
	% Variance actual and expected	18	10	

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
<u>CARDIAC SERVICES</u>					
Cardiac MRI	Baseline figure (2019-20 Outturn)		387	162	
	Expected Outturn 2022-23		310	146	
	Actual Outturn 2022-23		356	146	
	% Variance actual and expected		15	0	
Cardiac CT (excl Calc)	Baseline figure (2019-20 Outturn)		162	63	
	Expected Outturn 2022-23		130	57	
	Actual Outturn 2022-23		176	78	
	% Variance actual and expected		36	38	
ECHO	Baseline figure (2019-20 Outturn)		6,242	2,302	
	Expected Outturn 2022-23		4,994	2,072	
	Actual Outturn 2022-23		5,130	1,810	
	% Variance actual and expected		3	-13	
Cardiac Surgical Cases	Baseline figure (2019-20 Outturn)				
	Expected Outturn 2022-23		216	72	
	Actual Outturn 2022-23		178	71	
	% Variance actual and expected		-18	-1	
Cath labs procedures	Baseline figure (2019-20 Outturn)		1,920	685	
	Expected Outturn 2022-23		1,536	617	
	Actual Outturn 2022-23		1,537	582	
	% Variance actual and expected		0	-6	

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key	Quarter 2 Totals	October	Oct RAG	
UNSCHEDULED CARE					
Weekend Discharge Rates - BCH	WE Discharge rate: Baseline figure (2019-20 Outturn)	14%	11%		
	WE Discharge rate: Expected Outturn 2022-23	19%	21%		
	WE Discharge rate: Actual Outturn 2022-23		20%		
	WE Discharge rate: % variance actual and expected		-7		
Weekend Discharge Rates - Mater	WE Discharge rate: Baseline figure (2019-20 Outturn)	13%	12%		
	WE Discharge rate: Expected Outturn 2022-23	18%	22%		
	WE Discharge rate: Actual Outturn 2022-23		16%		
	WE Discharge rate: % variance actual and expected		-26		
Weekend Discharge Rates - RVH	WE Discharge rate: Baseline figure (2019-20 Outturn)	19%	17%		
	WE Discharge rate: Expected Outturn 2022-23	24%	27%		
	WE Discharge rate: Actual Outturn 2022-23		18%		
	WE Discharge rate: % variance actual and expected		-33		
Average N/E LOS - BCH (Adult Wards Only)	Reference figure (2019-20 Outturn)	9.0	8.7		
	Baseline figure (2021-22 Outturn)	13.3	12.5		
	Expected Outturn 2022-23	13.1	12.3		
	Actual Outturn 2022-23	11.4	9.5		
	% variance actual and expected	-13	-23		
Average N/E LOS - Mater (Adult Wards Only)	Reference figure (2019-20 Outturn)	7.1	7.0		
	Baseline figure (2021-22 Outturn)	8.5	9.2		
	Expected Outturn 2022-23	8.3	9.0		
	Actual Outturn 2022-23	11.2	12.1		
	% variance actual and expected	36	34		
Average N/E LOS - RVH (Adult Wards Only)	Reference figure (2019-20 Outturn)	6.8	6.8		
	Baseline figure (2021-22 Outturn)	7.5	7.4		
	Expected Outturn 2022-23	7.3	7.2		
	Actual Outturn 2022-23	8.4	8.4		
	% variance actual and expected	16	16		
Average N/E LOS - RBHSC	Reference figure (2019-20 Outturn)	3.7	3.9		
	Baseline figure (2021-22 Outturn)	3.7	4.0		
	Expected Outturn 2022-23	3.5	3.8		
	Actual Outturn 2022-23	3.5	5.0		
	% variance actual and expected	-1	33		

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
<u>STROKE SERVICES</u>					
RVH	Thrombolysis rate: Baseline figure (2019-20 Outturn)		17%	17%	
	Thrombolysis rate: Expected Outturn 2022-23		15%	16%	
	Thrombolysis rate: Actual Outturn 2022-23			19%	
	Thrombolysis rate: % variance actual and expected			19	
	% Admitted <4 hrs: (2019-20 Outturn)		45%	45%	
	% Admitted <4 hrs: Expected Outturn 2022-23		41%	43%	
	% Admitted <4 hrs: Actual Outturn 2022-23			42%	
	% Admitted <4 hrs: % variance actual and expected			-2	
<u>Community Dental</u>					
CDS Contacts	New: Baseline figure (2019-20 Outturn)		389	130	
	New: Expected Outturn 2022-23		311	117	
	New: Actual Outturn 2022-23		401	152	
	New: % variance actual and expected		29	30	
	Review: Baseline figure (2019-20 Outturn)		2,108	762	
	Review: Expected Outturn 2022-23		1,686	686	
	Review: Actual Outturn 2022-23		1,331	501	
	Review: % Variance actual and expected		-21	-27	
CDS General Anaesthetic	Cases : Baseline figure (2019-20 Outturn)		72	24	
	Cases : Expected Outturn 2022-23		43	17	
	Cases : Actual Outturn 2022-23		8	26	
	Cases : % variance actual and expected		-81	55	

Appendix 1: Service Delivery Plan– Jul – Oct 2022 Baseline, Expected and Actual volumes

Belfast HSC Trust Service Delivery Plans - Data Annex - Baseline and Expected Activity Volumes					
BELFAST HSC TRUST	Key		Quarter 2 Totals	October	Oct RAG
	Red	less than minus 5%			
	Amber	between minus 5% and minus 0.1%			
	Green	between 0% and 5%			
	Blue	greater than 5%			
<u>SPECIALIST SERVICES</u>					
Biologics > 13wks (quarterly)	Baseline figure (2021-22)		2		
	Expected 2022-23		TBD		
	Actual 2022-23		36		
	% variance actual and expected				
Disease Modifying for MS > 13wks	Baseline figure (2021-22)		2		
	Expected 2022-23		TBD	TBD	
	Actual 2022-23				
	% variance actual and expected				
Wet AMD > 6 wks First eye	Baseline figure (2021-22)			400	
	Expected 2022-23		TBD	TBD	
	Actual 2022-23			167	
	% variance actual and expected				
Wet AMD > 6 wks Second eye	Baseline figure (2021-22)			282	
	Expected 2022-23		TBD	TBD	
	Actual 2022-23			18	
	% variance actual and expected				

Appendix 2: Performance against Business Plan Objectives / Targets

Trust Performance against CPD Targets as at 31st October 2022

Key	TOTALS		
	RAG		CPD
RAG (Red, Amber, Green) rating			
Target / tolerance not met RED	●		22
Within target / tolerance (10%) AMBER	●		6
Target met GREEN	●		3
Other : resettlement, funded activity			4
Total			35

Appendix 2: Performance against Business Plan Objectives / Targets

TRUST PERFORMANCE REPORT RAG SUMMARY - 31st October 2022				RAG STATUS	
CPD Ref	Outcome area	Month	Other	CPD	
1.0	HCAI - MRSA 7.5% reduction of episodes regionally	October data			●
2.0	HCAI - C.Difficile 7.5% reduction of episodes regionally	October data			●
3.0	GP OOH - Urgent calls 20 minute triage	October data			●
4.0	ED 4 hours - Trust - All sites. CPD target = 95%	October data			●
5.0	ED 12 hours - Trust - All sites. CPD target = 0	October data			●
6.0	ED triage < 2 hours CPD target 80%	October data			●
7.0	Hip fractures < 48 hours.	October data			●
8.0	Urgent diagnostics < 2 days	October data			●
9.0	Breast Cancer urgent patients < 14 days	September data			●
10.0	Cancer urgent patients < 31 days	September data			●
11.0	Cancer urgent patients < 62 days	September data			●
12.0	Outpatients waiting > 9 weeks for first Appt	October data			●
13.0	Outpatients waiting > 52 weeks for first Appt	October data			●
14.0	Diagnostic test. Waiting > 9 weeks	October data			●
15.0	Diagnostic test. Waiting > 26 weeks.	October data			●
16.0	IPDC waiting no longer than 13 weeks for treatment	October data			●
17.0	IPDC waiting > 52 weeks for treatment	October data			●
18.0	CAMHS waiting > 9 weeks.	October data			●
19.0	Adult MH waiting > 9 weeks.	October data			●
20.0	Dementia waiting > 9 weeks.	October data			●
21.0	Psych Therapies waiting > 13 weeks.	October data			●
22.0	Direct payments (SDS) 10% increase	October data			●
23.0	AHP's waiting > 13 weeks	October data			●
24.0	LD discharges < 7 days		●		
25.0	LD discharges < 28 days		●		
26.0	MH discharges < 7 days	October data			●
27.0	MH discharges < 28 days	October data			●
28.0	Carers Assessments	October data			●
29.0	Complex Discharge < 48 hours.	October data			●
30.0	Complex Discharge > 7 days	October data			●
31.0	Non-Complex Discharge < 6 hours	October data			●
32.0	Funded activity - IPDC CPD		●		n/a
32.0	Funded activity - OP CPD		●		n/a
32.1	Endoscopy waiting > 9 weeks	August data			●
33.0	Absence - Cumulative (one month behind)	September data			●

Note Due to validation processes there is always one month delay with data for Cancer Access and Absence indicators.