UROLOGY Day Elective Care Centres (DECC) - Feedback from Task & Finish (T&F) Leads

25th February 2020

Managerial Lead: Aldrina Magwood, SHSCT
Clinical Leads: Mark Haynes, SHSCT & Alex Macleod, WHSCT

1. Outcome of Demand / Capacity Analysis (EY + any additional info)

- The 5 procedures considered represent c. 4000 procedures per annum.
- Steady State: Waiting times (Demand) for the 5 procedures are expected to grow significantly in the period FY17/18 to FY28/29, driven primarily by high levels of unmet demand. To service this level of demand, additional capacity is required to treat an additional 292 patients per annum requiring an additional 85 lists per year. Further to last update, it has been agreed there is a need for further assurance on the suitability of TURP procedures included in these numbers; C Gillen (HSCB), has been asked to provide the T&F group with a further drill down of the data across the 5 identified procedures. This work is underway is intended to inform pathway development and decision making in terms of appropriateness for DECC.
- Waiting List Backlog Clearance: The assumed clearance of the waiting list backlog over a 7 year period based on the EY analysis will drive additional demand of an estimated 206 patients per annum. Servicing this level of demand, through either a designated DECC or through a business as usual solution would require additional capacity for a managed programme of backlog clearance (to service an additional 85 lists per year.)
- A regional/ commissioning decision on the approach to backlog clearance will be required to support any parallel progress on DECC. This has been further emphasised in the recent publication of the *New Decade, New Approach* and a Ministerial priority that "no-one waiting over a year at 30 September 2019 for outpatient or inpatient assessment/ treatment will still be on a waiting list by March 2021." In respect of Urology alone, estimated c.5000 procedures across the region will need to be cleared in 2020/21 to deliver on this priority.

2. Confirmed Procedures & Volumes for Phase 1

- The 5 procedures considered suitable for DECCs include: TURBT, TURP/Laser prostectomy, Urolift, Ureteroscopy, ESWL. In addition, to the current activity modelled for these procedures, it is anticipated that the following factors require further consideration in scoping the future options for Urology:
    a. It is anticipated there may be significant unmet demand as a result of current limitations in capacity/ access times.

b. Limitations in current infrastructure across sites has impacted on baseline performance / indicators underpinning the future modelling which will require further consideration including theatre capacity impacting IP/DC split, opportunities to increase/ optimise utilisation of OPD facilities for less complex procedures.

c. Opportunities for further 'skill mix' in term of numbers and scope that will optimise current consultant capacity and support the future service model in urology.

- It is proposed that for Phase 1 the focus will be primarily on establishing a regional pathway for ESWL and TURP – specifically Urolift, Green light laser and holip procedures.
- The HSCB drill down of data on the 5 agreed procedures is due to be formally circulated to the Urology group by the end of February and is expected to support more detailed understanding of the true demand and waiting list impact of the proposed procedures. In particular, it is anticipated this will identify those procedures suitable for a standalone unit however, given the challenges with workforce within this speciality, this impact will need to be balanced by the need to ensure appropriate unscheduled / cancer capacity across core sites.

3. Overview of Pathway Work To Date

- High level discussion has taken place at the Urology Project Implementation Group (PIG) where it was agreed that each Trust would take a lead in the development of a specific pathway for the agreed procedures as follows:
    - SHSCT – Renal Stone Disease (including ESWL and Ureteroscopy)
    - WHSCT – TURP
    - BHSCT – Laser & Urolift
    - NICAN forum – TURBT

The designated Trust taking the lead will ensure engagement from all Trusts in the development of the pathway and will present the outcome of their work for agreement and 'sign off' at a planned workshop to be held on the 1st April 2020.

4. Other Key Considerations

- The Anaesthetic Reference Group concluded that ASA 1 and 2 patients would be suitable for surgery under general or regional anaesthesia in a standalone elective care centre – given the older age profile, complexity and co-morbidities of urological patients it is likely that a significant proportion of patients would be unsuitable for surgery in a standalone DECC. Further clinical consideration will be required once volumes and pathways are agreed.

- Given significant demand for unscheduled and cancer care and limited urology consultant workforce, existing capacity must be targeted to these clinical priority areas, therefore locations aligned to existing workforce offer the best options to optimise current workforce.
- Work to address current consultant workforce gaps (as identified in regional workforce planning) should continue to be progressed.
- Given workforce issues and existing case mix/ cancer care demand, the Urology T&F group anticipate that any further phasing of DECC in urology will be reliant on sessions / capacity freed by other specialities on acute sites. Further development of pathways across the region can then be considered in that context.

Assistant Director of Performance Improvement Band 8c]*

Job Description

JOB SUMMARY

The job holder will be responsible to the Director of Performance and Reform for the performance management, continuous improvement, modernisation & reform,(Best Care, Best Value), efficiency planning and contract support functions in the Trust. He/She will provide clear leadership for the delivery of these functions and will oversee the management of all staff and the efficient use of resources assigned to same. In addition, the job holder will manage the provision of high quality performance management and service reform expertise to directorate operational and planning teams. He/she will act as the key liaison on all performance, reform and contracting issues and manage the Trust's engagement processes with the HSCB, PHA, Local Commissioning Groups and Primary Care Partnerships.

As an Assistant Director, the job holder will be a member of the Directorate's senior management team and will therefore contribute to policy development in the Directorate and the achievement of its overall objectives.

KEY RESULT AREAS

Service Improvement

- lead the development of the Trust's reform and modernisation strategy promoting development of a continuous improvement culture, ensuring appropriate capacity ,expertise, systems /tools and processes are in place to improve quality, safety, and efficiency savings within the Trust.
- work closely with directors, professional and managerial colleagues and commissioners to develop and deliver high quality health and social care services.
- support the delivery of organisation targets.
- ensure appropriate engagement with operational staff, service users and their carers in the development of effective performance outcomes, and reporting of service performance.
- support access to best practice information and the benchmarking of services to identify and drive service improvement priorities.

Strategic Planning and Development

- lead the development and implementation of the Trust's reform and modernisation plans to deliver regional and Trust-specific reform priorities, delivering specialist skills and support for same.
- support corporate planning processes within the Trust including strategic and operational planning and the development of the Trust's Delivery Plan to ensure the delivery of high quality, safe and effective health and social care services which reflect service reform and modernisation priorities.
- Lead the development of contracting and procurement strategy for the independent social and acute care sector ensuring regional and local priorities are delivered and in keeping with developing regional guidance.
- lead the development of service improvement planning within the Trust and oversee implementation to ensure regional targets and local reform priorities are delivered.
- ensure appropriate engagement with users and their carers, professionals and service managers in the development of service reform and modernisation initiatives and the development of effective outcome measures.
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Performance Management and Reform

- develop and maintain a performance management framework which reflects regional targets, Ministerial and HSCB priorities, local reform and modernisation priorities and optimises value for money.
- lead the development, monitoring, measurement and reporting of key Trust performance management indicators and ensure that robust performance management arrangements are developed and implemented within the Trust to monitor the achievements of targets and objectives.
- Ensure expertise and processes are available to support operational directorates in the integration and use of performance information to inform decision making and management actions in relation to pursuance of improvement.
- develop performance management reporting to Trust Board, commissioners and the general public.
- lead performance management of the implementation of the Trust's reform and modernisation plan.
- manage the provision of performance management and service modernisation skills and expertise to directorate planning teams to ensure they are adequately resourced to lead, develop and implement service modernisation and reform in all aspects of the Trust's business.
- lead engagement with the HSCB and local commissioning groups on all performance management issues.

- ensure that the performance management framework supports tariff based commissioning and payment by results.
- build performance management capability at every level within the Trust and. develop staff across the Trust in service improvement tools and techniques.

Information Management

- influence and direct the development of information flows and information management to provide timely and accurate information to underpin the performance management framework.
- Provide expertise in the integration of performance information into performance management to assist robust decision making and management actions.
- ensure the effective implementation of all Trust information management policies and procedures in the department.
- ensure the department's systems and procedures for the management and storage of information meet internal and external reporting requirements.

Contracting & Procurement

- lead the negotiation of the service and budget agreement with commissioners to ensure that sufficient funding is secured to deliver an appropriate range of services to the population of the Trust.
- Lead, via the development of process and provision of expert support to operational directorates, the engagement of social and acute care providers to ensure this is in keeping with the spirit of the EU Treaty principles and represents best practice.
- Ensure expertise is available to support operational directorates in the negotiation and monitoring of service agreements with the independent and voluntary sector and lead the development and implementation of effective performance management and monitoring processes of same.
- ensure effective engagement with the HSCB and local commissioning groups on all contracting issues, and lead the performance management and monitoring for same.
- work closely with other statutory, voluntary and independent agencies in order to maximize the opportunities for mixed economies of care and promoting the independence of patients and clients in community settings

Quality and Governance

- ensure that the needs of patients, clients and their carers are at the core of the Trust's service improvement and reform processes.
- ensure high standards of governance including meeting controls assurance standards and the assessment and management of risk.

Financial and Resource Management

- work collaboratively with finance staff in the development and monitoring of financial plans and budgets to support the Trust to meet agreed performance targets.
- Lead the co-ordination and development of service and investment bids for additional resources to achieve or maintain performance targets and/or deliver recurrent cost improvements on 'invest to save' basis.
- manage the performance improvement budget and resources and ensure the meeting of all financial targets.

People Management

- provide clear leadership to staff within the performance improvement division and ensure it has a highly skilled, flexible and motivated workforce.
- work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
- ensure that management structures and practices in the department support a culture of effective team working, continuous improvement and innovation.
- ensure the effective implementation of all Trust people management policies in the department and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
- ensure the effective management of staff health and safety and support in the department.

Corporate Management

- develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
- attend meetings of the Trust Board and its committees as required to provide appropriate high quality information.
- establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.

- contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
- lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

General Management Responsibilities

- participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.

- ensure that the review of performance identified above is performed for all levels of staff within the Trust in accordance with the Trust Board's policy.

- maintain good staff relationships and morale amongst the staff reporting to him/her.

- where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.

- delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

- participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.

- take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

- promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Assistant Director of Performance Improvement works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Trust's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HPSS code of conduct.

RECORDS MANAGEMENT

The jobholder will be responsible to the Director for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

October 2007 (amended December 2010)

PLEASE NOTE:

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. It is therefore intended that shortlisted applicants will be assessed against the criteria stated in this specification, linked to the

qualities set out in the NHS Leadership Qualities Framework. Whilst candidates should be prepared to provide examples of their competence against any of the leadership qualities, particular attention will be given to the following elements;

- Effective and strategic influencing
- Seizing the future
- Drive for results
- Leading Change through people
- Holding to Account
- Drive for Improvement
- Self Management

Consultation Paper on Proposals to Restructure the Performance Improvement Division within the Directorate of Performance and Reform

27th July 2011

Paula Clarke
Director of Performance and Reform

Proposal to Restructure the Performance Improvement Division within the Directorate of Performance and Reform

1. Background

For the past 18 months, the corporate functions within the Performance Improvement Division have been split under the line management responsibility of 2 acting Assistant Directors as follows:

- Performance and Contracts; and
- Best Care Best Value (BCBV) and reform.

This varies from the previous structure under the 2 permanent Assistant Directors of Performance Improvement who held collective line management responsibility for performance, contracts, BCBV and reform teams.

Following the permanent appointment of 2 Assistant Directors, it is proposed to put in place new structures that will:

- build on the strength of the temporary split arrangements for Performance, Contracts, Best Care Best Value and Reform functions;
- provide increased emphasis for development of the Trust's continuous improvement aims and improved contract management function;
- Improve alignment of staff resources to the areas of work required to support the current and future needs of the Trust as set out in the Trust's visions and priorities with particular emphasis on support to the major service change areas within service directorates during the CSR 10 period (2011/12 – 2013/14) and key target/ performance areas.

The purpose of this paper is to consult within the Directorate particularly with staff directly impacted by the proposed change.

The timescale for consultation will be 15 working days from Friday 5th August – Friday 26 August. Staff on annual/ sick leave during this period will be contacted directly by their relevant Assistant Directors to ensure they receive this consultation document.

2. Proposal

It is proposed this restructuring will be completed within the existing funded budget levels and provide formal demarcation within the Directorate along new divisional structures based on:

- Performance and Contracts Division
- Best Care Best Value Division

It is proposed that the new staffing structure will be recruited in a way that will avoid redundancies and/ or staff being displaced.,See 5.0 for further detail of process. This restructuring exercise will be undertaken in line with the Trust's Management of Change Framework.

Appendix 1a/1b details the current structures within the Division and the proposed new staffing structure.

3. Financial Context

The Performance and Reform Directorate achieved savings of 902K under RPA.

In addition, the Directorate is required to make further cost reductions on a recurrent basis as a contribution to the Trust's overall achievement of efficiency savings. During 2010/11, the division

offered up a Band 8A Head of Reform post (1 of 4 posts included in the RPA structure) to the workforce reduction plan.

To fund the new structure, there will be no direct replacement of 2x 8B posts (Head of Performance and BCBV Project Manager CYPS/Corporate) to ensure funding for the 2 substantive AD posts and their teams is established on a sound footing and to cover the ongoing costs of current members of staff, including those on protected status.

4. Expected impact of the revised structure:

The aim of the revised structure is to refocus the roles to be more in line with the current needs of the service.

4.1 Best Care Best Value:

In 2008/09, SMT agreed a team of 8B posts (X4) aligned to each service directorate to assist directorates in delivering on their CSR efficiency targets for 2008/09-2010/11. These roles will continue to be a key resource necessary to assist the Trust in delivering projects that will help the Trust deliver on the remaining £10m deficit from CSR 07. As the Trust moves into 2011/12 there is a need to continue to align these resources to provide programme management to the key areas of focus that will be required within Directorate Strategic/recovery proposals as well as address any potential new challenges brought about by CSR 10. The following changes to the team are proposed:

- OPPC BCBV post – this post will continue to be the primary resource available to support OPPC directorate in managing the programme of delivery of projects against its recurrent BCBV targets and will also provide additional support as necessary to priority projects from other directorates.

- DMHD BCBV post - this post will continue to provide programme management support to DMHD in delivering against its BCBV plans however, as the core programmes in DMHD ie. Centralization, transport reform and resettlement are largely underway it is anticipated that this post be re-focused to provide overview monthly programme monitoring, reporting and risk escalation for both DMHD and CYPS directorates.

- CYPS/Corporate BCBV post– this post will not be backfilled and has been removed from the structure. Support to corporate projects will continue to be supported where possible by the Assistant Director BCBV / or delegated to other project leads as appropriate. Responsibility for co-ordination of all corporate/ external reporting including financial stability programme, RHSCB, DHSSPS and preparation of reports for SMT/ Trust Board/ Ministerial briefings etc will continue to be led by Assistant Director BCBV. CYPS support is as detailed above.

- Acute BCBV post – this post does not sit within P&R Directorate and therefore is not considered within the context of this restructuring.

4.2 Reform:

The main impact of this restructuring is on the Head of Reform role. In 2007, one of the key aims of these posts was to assist service directorates in service redesign and "recover" performance particularly in relation to achieving PFA targets. Whilst the team continues to provide ad hoc support in this area this function is now largely being achieved directly through new structures and management capacity developed within service directorates and with continued support from corporate BCBV and planning leads. Therefore, the proposal is to remove the Head of Reform

role from the structure, re-focus this function on continuous improvement and provide a graded structure under this role to support operational managers in improvement functions. This impacts on 3 x Band 8A posts; two substantive and one temporary/seconded member of staff. The secondment ended on 31 March 2011 however has been extended until end August 2011.

4.3 Continuous Improvement:

The Trust continues to focus on developing organizational capability and capacity for continuous improvement. Over the past three years, the Trust has been raising awareness and increasing emphasis on the implementation of LEAN methodologies including support to Directorates on improvement techniques including capacity/ demand, 6 sigma, process mapping and development of care pathways etc.

The Reform team has supported much of this development so far by leading and supporting teams in LEAN and the productive series including RTTC and TPOT. It is anticipated that the key success measure is the level of cascading of skills throughout the organization to front line staff with the role of the reform support moving gradually to a lighter touch supporting role.

The longer term aim is to continue to maintain a senior role/dedicated resource to lead these developments from the Performance and Reform directorate including broad scanning for new improvement techniques, linking with service leaders nationally and internationally and bringing expertise into the Trust to support ongoing improvements utilizing the skills and resources of front line staff who have developed a level of capability as well as further liaison and support brokered through the Trust's ELD team and external sources such as the Lean Healthcare Academy, Beeches / Institute of Improvement etc.

It is proposed to reflect this emphasis in a new role, Head of Continuous Improvement (Band 8A job description attached as appendix 2)

4.4 Service Improvement Facilitators:

The more senior role of challenging practice and identifying improvement opportunities and evaluating outcomes is the responsibility of the Head of Continuous Improvement role. It is also proposed that some of the more transactional and operational functions such as skills required to support Operational managers in improvement practices, including information analysis, capacity/ demand analysis, process mapping techniques and support in implementing service transformation and reform are to be retained into the future. It is anticipated this support would work within the context of established projects led by senior staff in operational and the wider P&R directorate.

It is proposed that 2 new posts are established to fill this role, Service Improvement Facilitators (Band 6 - job description is attached as appendix 3)

4.5 Contracts:

In 2007 the proposed Head of Contracts (8A) role was removed as part of RPA and replaced with a Band 7 Contracts and Performance Manager. The Contracts &Performance Manager provided support to both contracts and performance functions albeit this workload was weighted to contracts. This post reported to the Head of Performance (8B) and worked closely with the Assistant Director for the Division.

With the sustained focus on ensuring VFM and operational efficiency out of all voluntary/ community sector contracts and the anticipated potential for further growth in this area, a focused

senior role to lead and support the contracts function is now considered critical in effective management of community contracts.

This requirement is further supported in light of the report of the comptroller and auditor general which identifies potential regularity and litigation risks associated with poor contract management and procurement risks, added to the potential value for money rewards arising from improvement.

The longer term aim therefore is to improve contract management controls and uniformity with dedicated senior manager leadership for this critical function. The proposal therefore is to remove the split Band 7 Contracts & Performance role.

There is no proposed change to the current 3 x Band 5 Contract and Performance Officers (Contracts) staff or posts.

It is proposed that a new senior dedicated post will be established in this area, Head of Contracts (Band 8A- job description is attached as appendix 4).

4.6 Performance:

The focus on performance management is strong within the Trust and early work in this area led to the development of the Trusts Performance Management Framework and associated reporting and risk management arrangements. Early focus on building capability to facilitate assessment of capacity, understanding demand and reviewing systems was combined with rigid performance monitoring and recovery support. These functions have now been embedded within the operational directorates with clear ownership and accountability for performance in place.

With the challenging financial environment the current resources are required to shift focus to support operational directorates with intelligent and practical analysis of performance aligned to current resources. Furthermore with the review of Service and Budget Agreement (SBA) baselines and regional capacity modeling there will be a stronger focus on productivity and efficiency with Directorates requiring specific analysis and support in this area.

The proposal therefore is to change the focus of the Head of Performance. The re-profiled Head of Performance will have a more specific focus providing analysis capabilities and intelligent input into teams enabling evidence based decision making and sourcing support for improvement strategies. Issues related to integrated organizational performance will be supported by the Assistant Director of Performance and Contracts.

There is no proposed change to the current 1 x Band 5 Contract and Performance Officer (Performance) staff or posts.

It is proposed that a new senior dedicated post will be established in this area, Head of Performance (Band 8A- job description is attached as appendix 5).

4.7 Administrative support

There is no proposed change to the structure or grade of administrative support staff in performance and contracts areas. 2 x Band 3 staff however will be more firmly aligned to either the contracts or performance functions as their primary function but will continue to provide cross cover within the service areas in the Division

There is no proposed change to the structure or grade of administrative support staff in BCBV areas.

5.0 Restructuring Process

It is proposed the re-structuring process is managed as follows to afford protection to those members of the division directly affected/displaced in the first instance.

1. Displaced 2 x Band 8A substantive Heads of Reform post holders will in the first instance be offered the 3 newly created 8A posts and asked to express interest. Subject to mutual agreement these staff will be directly moved into the newly created posts. If each postholder's first preference is the same, selection will be via interview.

2. Due to the reduction of 1 x Band 7 post within the Directorate a limited trawl will be issued to all substantive Band 7s within Performance & Reform Directorate asking for expressions of interest for the remaining 8A post, not filled further to step 1. Interested staff will be interviewed for this position.

3. A trust wide trawl will be issued for 2 x Band 6 posts as these are new posts.

6.0 Conclusion

A number of staff will be directly impacted by the changes put forward in this revised structure. This paper seeks to set out the key aims of this proposal to achieve the following:

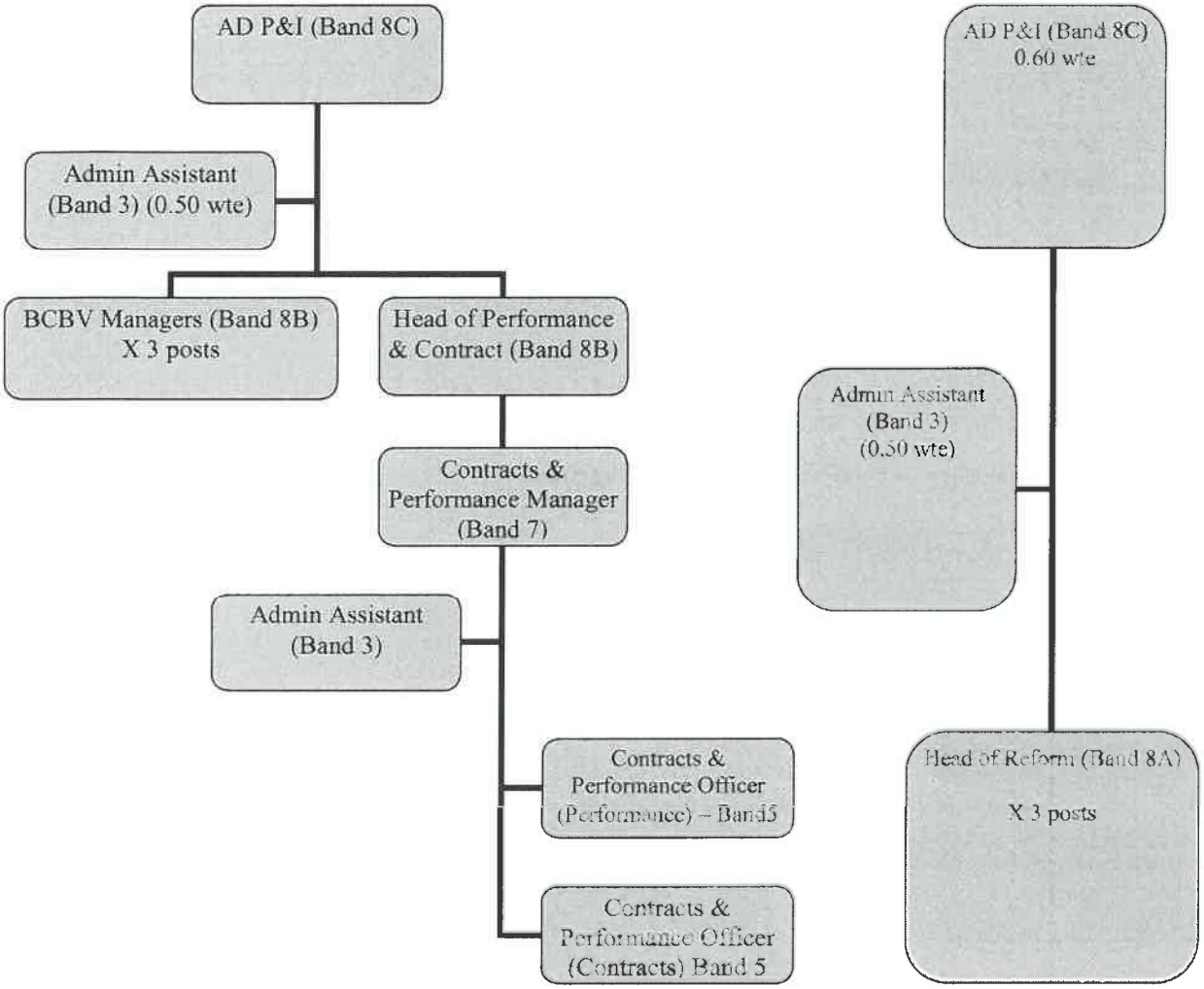
1. To put the posts within the divisional structure on to a sound financial footing by ensuring all posts have an aligned funding source
2. To reflect an improved alignment of limited staff resources in key areas required to support the Trust's in meeting its current and future challenges.
3. To provide promotional opportunities for staff through provision of additional tiers within the structure.

The banding of posts described within this paper are based on an agenda for change desk top matching.

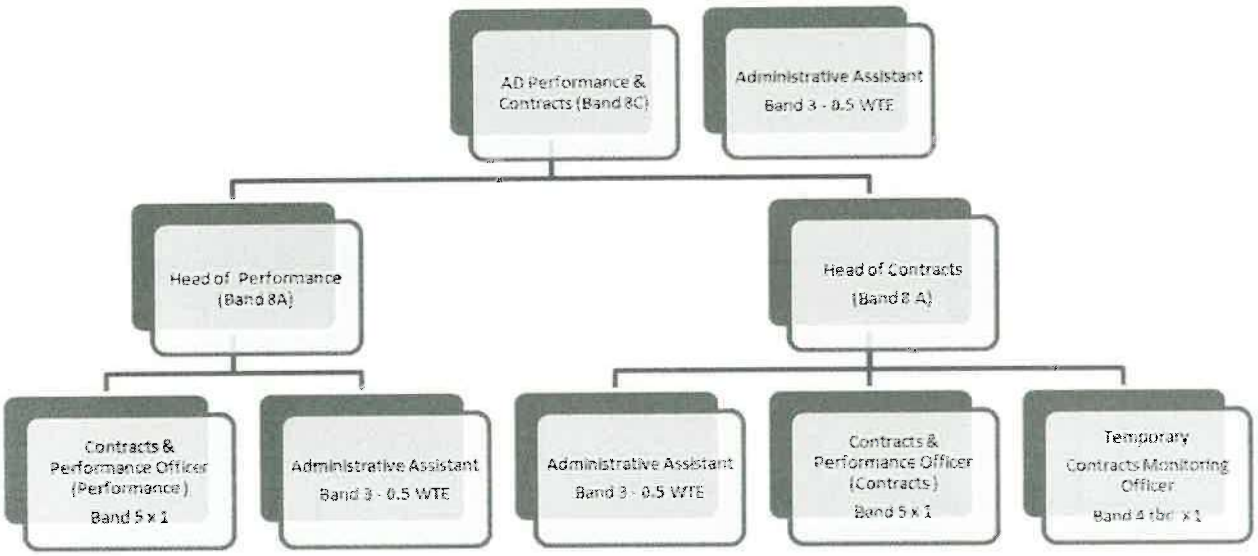
It is important to emphasize that all posts within the Directorate are subject to the ongoing Trust wide formal matching process during 2011/12. This proposal sits outside this matching process which will be completed for all new RPA posts regardless of the outcome of this consultation process.

Any comments on this proposed re-structuring should be forwarded to Lesley Leeman by the Friday 25th August 2011.

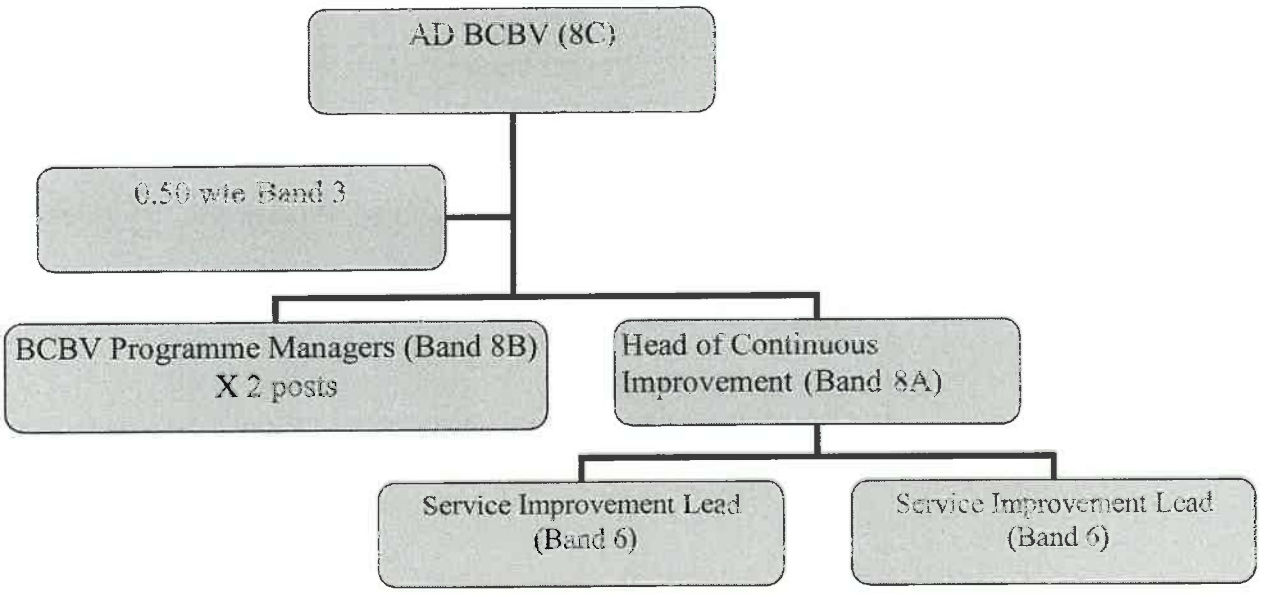
Performance and Improvement – Previous Structure



Performance and Contracts Division – Proposed New Structure



Best Care Best Value Division – Proposed New Structure



Attachments:

Appendix 2- JD Head of CI

Appendix 3- JD Service Improvement Lead

Appendix 4- JD Head of Contracts

Appendix 5- JD Head of Performance

Southern Health and Social Care Trust

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JOB DESCRIPTION

JOB TITLE	'Best Care, Best Value' Project Manager
BAND	8b
DIRECTORATE	Performance and Reform
INITIAL LOCATION	To be agreed
REPORTS TO	Assistant Director Performance and Improvement/BCBV Programme Lead
ACCOUNTABLE TO	Director of Performance and Reform

JOB SUMMARY

The postholder will have responsibility for driving forward the BCBV agenda within an operational Directorate to which they are aligned. They will provide an embedded challenge function to support that Directorate to utilise information effectively to help highlight and target areas of wastage. They will contribute to corporate and operational strategy, policy and decision making within the Trust by advising the BCBV Programme lead (Assistant Director of Performance & Improvement) and the operational Directorate team to which they are aligned, on issues relating to the development, implementation and performance management of BCBV Plans. These Plans will underpin the Trust's achievement of efficiency targets.

The postholder will provide enhanced support and performance improvement expertise and intervention to their aligned Directorate and to corporate projects where required. He/She will provide the organisation with a range of intelligent information analyses which demonstrate actual performance against efficiency targets. The postholder will also be required to develop and embed the organisation's capacity for continuous improvement including efficiency gains using dynamic leadership and facilitation skills.

KEY RESULT AREAS

1. To work collaboratively with Directors, Senior Managers and Clinicians to determine and agree key areas for productivity and improvement plans.

2. To support the growth of a performance, improvement and efficiency culture within the Trust by assisting staff to maximise use of existing

information sources within the Trust, understand and use available performance information, benchmarks and best-practice evidence to inform decision making and the planning of current and future services throughout the Trust. As part of this the postholder will identify gaps in effective management information for the Trust to address.

3. To take the lead in taking forward the following productivity improvement pathway with Directorate teams;

- An understanding of how resources are currently utilised to generate outputs and outcomes
- Identification/benchmarking of how this performance sits against high performing peer groups of providers nationally and internationally
- Securing agreement on improvement goals aligned to the outcomes from the benchmarking analysis
- Key milestones identified against which to assess progress including actual delivery of cash-releasing savings
- Implementation of improvement processes to deliver against each milestone
- Ongoing review

4. Use expert analytical skills to interpret the broad range of performance information available alongside other relevant data and inform the prioritisation of initiatives/ design of new service models that will contribute to maximising efficiency.

5. To foster good communication and clear lines of accountability relating to productivity and improvement plans with Directorate teams including functional support teams (e.g. planning and finance).

6. To provide assistance to directorate teams in diagnosing the issues and factors which are preventing them maximizing the efficiency of all their resources.

7. To provide project management expertise, support, focus and monitoring to ensure specific BCBV project plans are delivered and result in the intended efficiency saving. This will be achieved through alignment with a specific Directorate team and close working relations with the Director and Assistant Directors involved.

8. To provide project management leadership for specific key projects as required.

9. To provide updates on progress against BCBV plans and keep information systems/processes to support coporate monitoring of progress, updated.

10. To specifically highlight areas of risk/slippage and deviations from expected progress towards efficiency targets, bringing key issues to the attention of the Assistant Director of Performance with recommendations for possible action.

11. To assist in the development of an ongoing and sustainable approach to efficiency gains within the Trust.

12. Assess the outcomes of ongoing projects and facilitate benchmarking exercises and collaborative working across teams, Directorates and other providers.

13. Develop and maintain strong networks with both regional and UK productivity and reform units, keeping up to date with latest thinking and developments.

HUMAN RESOURCE MANAGEMENT RESPONSIBILTIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.

2. Maintain staff relationships and morale amongst the staff reporting to him/her.

3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.

4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.

5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.

6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct

- standards of attendance, appearance and behaviour

4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

Southern Health and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE Best Care, Best Value Project Manager Band 8b

DIRECTORATE Performance and Reform

SALARY £44,258 – £54,714 pro rata per annum

Ref No: 73209159 **June 2009**

Notes to applicants:

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

***ESSENTIAL CRITERIA** – these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;*

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

QUALIFICATIONS / EXPERIENCE / SKILLS

1. Hold a relevant[1], University Degree or recognised Professional Qualification or equivalent qualification **AND** have 2 years experience in a Senior Role[2] **OR** have at least 5 years experience in a Senior Role[2].

2. Have a minimum of 1 years experience in a lead role delivering objectives which have led to a significant[3] Improvement in Service.

3. Have a minimum of 1 years experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant[3] change initiative.

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[1] *'relevant' will be defined as a business or health related field*
[2] *'Senior Role' is defined as Band 7 or equivalent or above.*
[3] *'Significant' is defined as contributing directly to key Directorate objectives*

4. Have a minimum of 2 years experience of successful project management.

5. Demonstrate evidence of highly effective planning and organisational skills.

6. Demonstrate evidence of assessing risk and problem-solving whilst delivering objectives within planned timescales.

7. Hold a full current driving license valid for use in the UK and have, on appointment, access to a car[4].

The following are essential criteria which will be measured during the interview stage.

SKILLS / ABILITIES

8. Have an ability to provide effective leadership.

9. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

[4] *This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.*

INTERVIEW ARRANGEMENTS – FOR NOTING BY ALL CANDIDATES

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at www.nhsleadershipqualities.nhs.uk Particular attention will be given to the following competencies:

- *Self Belief*
- *Self Management*
- *Drive for results*
- *Holding to account*
- *Seizing the future*
- *Leading change through people*
- *Effective and strategic influencing*

If this post is being sought on a secondment then the individual must have the permission of their line manager in advance of applying.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy

MEMO

From the Permanent Secretary and HSC Chief Executive

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Ref: RP1178

From: Richard Pengelly

Date: 22 June 2017

To: Transformation Implementation Group

DRAFT HSC PERFORMANCE MANAGEMENT FRAMEWORK

Introduction

1. A key enabler that will underpin the transformation of the HSC is to ensure a much greater focus on the financial and performance management of HSC Trusts. Former Ministers have said that they wanted to see the Department being much more active in ensuring that reforms are implemented, that issues are addressed when they arise, that services are delivered consistently and that Trusts are more directly accountable to them. Lead responsibility for this role by the Department will drive these objectives ensuring that they are fully embedded across the HSC.

2. The Executive teams and Boards in Trusts will have an equally important role to play in further embedding effective performance management. Future changes to the commissioning system, principally the closure of the HSCB, will support service reconfiguration and bring greater operational freedom and flexibility for Trusts to address longstanding weaknesses in service delivery. But with greater flexibility comes the need for sharper accountability within Trusts in order to deliver better outcomes for patients and clients. The enhanced performance management and accountability system set out in the attached draft HSC Performance Management Framework (Annex A) has therefore been designed to more clearly identify where accountability and responsibility for performance management rests.

3. The draft Framework is a cornerstone document and its effective implementation will mark a turning point for the HSC to begin to address under-performance, improve efficiency, with a focus on delivering better outcomes for patients by recognising and sharing best practice in health and social care that we know we can deliver. The document therefore merits detailed consideration by TIG colleagues. I look forward to a thorough discussion of the draft Framework at our next meeting.

Background

4. In November 2015, former Minister for Health, Simon Hamilton MLA, announced his intention to close the Health and Social Care Board (HSCB) and to transfer the functions carried out by the HSCB to other bodies. Following a period of public consultation on wider plans to transform the health and social care system in Northern Ireland, former Minister Michelle O'Neill MLA reaffirmed the position in relation to the closure of the HSCB at the launch of her 10 year vision document (Health and Wellbeing 2026: Delivering Together) in October 2016. Both Ministers indicated that as part of the restructuring, the Department would take a lead role in performance management of Trusts.

5. Further detail on this was provided at the HSC Restructuring Design Workshop in June 2016 at which the direction of travel which became known as Option 3 was agreed by HSC system leaders. The report of the workshop describes the Department's enhanced strategic leadership of the system, including "*holds care providers to account, based on advice, monitoring and information from regional body; Department leads on performance and financial management*". It also states that the "*PHA supports and advises Department on performance management*".

6. In my letter of 20 January 2017 to Valerie Watts, I advised colleagues that Michael Bloomfield, as Transitional Director of Performance, would work with others across the system to identify future performance management arrangements for the HSC. Michael has engaged widely with Departmental, HSCB, PHA and Trust colleagues and has produced the attached draft Framework for consideration by TIG.

7. The existing performance management arrangements through which the HSCB has discharged its statutory responsibility for performance management were developed and agreed by the Modernisation and Improvement Programme Board (MIPB) set up in 2008 to oversee the establishment of the RPA2 regional organisations. In summary, that paper identified the following key components to effectively discharge the performance management function:

- Clarity of outcome
- Annual and ongoing risk assessment
- Accurate, timely information
- Regular performance monitoring and reporting
- Intervention – service improvement and escalation
- Incentives/sanctions
- Holding leaders accountable.

8. These arrangements which were subsequently confirmed in the HSC Framework Document (September 2011), continued broadly as outlined in the MIPB paper until November 2013, when the Department advised of a change in approach. This included a *"significant rebalancing in the approach to, and frequency of the meetings between the HSCB and Trusts on performance issues, to focus primarily on strategic level issues……because it is inherently Trusts' responsibility to achieve the targets and standards set by the Minister without the need for intense external monitoring or oversight".*

9. Since these changes were introduced, the nature of performance and service improvement engagement between the HSCB/PHA and Trusts has been primarily focused on seeking to better understand the underlying reasons for performance challenges and to identify appropriate actions to address these, including investment where there is a demand related element to the issue. The HSCB has also acted in a facilitating role to secure a collaborative approach between Trusts where there are performance or service delivery challenges in one or more Trusts.

Enhanced Performance Management Framework

10. A number of principles from the Department's letter of November 2013 referred to above remain appropriate and should continue to apply in future arrangements, in particular that it is Trusts' responsibility to deliver an acceptable level of performance without the need for intense external monitoring or oversight. It is therefore expected that the primary performance management role is undertaken within Trusts, including by Trust Boards for which this is a core function.

11. The attached draft Framework embraces:

- the central responsibility of Trusts to manage their own performance, and therefore we do not envisage any need for a large regional performance management function;
- where Trusts do not deliver against agreed performance levels, this should be managed through the Department's accountability sponsorship arrangements – appropriately revised as proposed in the draft framework;
- the Department would be supported / advised in its accountability arrangements by the HSCB/PHA matrix which would focus on day-to-day engagement with Trusts in relation to service improvement, through which it would be able to assess if under-delivery against agreed improvement plans is a performance issue or legitimate exceptional circumstances

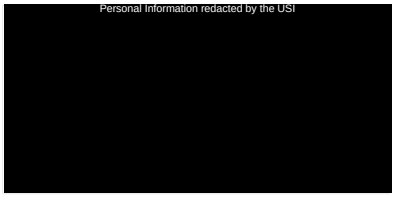
12. The draft Framework contains 6 key elements:

- The need for a broad suite of clinically agreed outcome measures;
- Targets must be deliverable and drive improvement;
- Clarifying accountability roles and responsibilities to focus on performance improvement;
- Internal Trust accountability processes to be strengthened;
- Effective service improvement support;
- Effective escalation measure.

13. In conclusion, the enhanced arrangements set out in the draft Framework aim to bring more closely together our arrangements around planning and performance, quality and safety, and resource management.

Next Steps

14. TIG is asked to consider and approve the draft HSC Performance Management Framework for implementation to commence during 2017/18. The draft Framework has been drafted in the form of a Departmental policy guidance circular which if approved by TIG will be submitted to the incoming Minister for approval.



RICHARD PENGELLY

Annex A

DEPARTMENT OF HEALTH
DRAFT POLICY GUIDANCE CIRCULAR

DRAFT PERFORMANCE MANAGEMENT FRAMEWORK FOR THE HEALTH AND SOCIAL CARE (HSC) SYSTEM

Introduction

1. This draft policy guidance circular sets out the enhanced framework for managing performance and accountability for Health and Social Care (HSC). The draft Performance Management Framework ("the Framework") will be introduced during 2017/18 and fully implemented in 2018/19. The draft Framework covers all HSC service delivery activities.

Background

2. The existing HSC performance management arrangements have been in place since 2009 and are detailed in the HSC Framework Document. Following the Ministerial decision to close the Health and Social Care Board which has had statutory responsibility for performance management since it was established under the Health & Social Care (Reform) Act (NI) 2009, a review of the existing arrangements has been undertaken to inform the development of a new performance management system to address the weaknesses in the existing arrangements. The Department also committed under Action 1/Commitment 1 in its 'Elective Care Plan: Transformation and Reform of Elective Care Services', published in February 2017, to introduce enhanced arrangements for performance management and accountability for delivery. The Plan stated that "Performance Management Arrangements for delivering existing capacity will be further strengthened ensuring that HSC organisations and individuals are held accountable for the delivery of agreed outcomes".

3. This draft Framework therefore introduces enhanced performance management arrangements which address a number of key issues that are fundamental to improving performance across the HSC. These are:

- The need for a broad suite of clinically agreed population health and well-being outcome measures;
- Targets must be deliverable and drive improvement;
- Clarifying accountability roles and responsibilities to focus on performance improvement;
- Internal Trust accountability processes to be strengthened;
- Effective service improvement support;
- Effective escalation measures.

The Performance Management Framework

4. The following section sets out the key features of the enhanced system for managing performance and accountability in the HSC.

Clinically agreed population health and well-being outcome measures

5. Performance management / accountability arrangements will reflect a broader suite of population outcome measures directly associated with improving patient safety, quality and experience. It is recognised that many Commissioning Plan (CPD) access targets do reflect safety and quality, for example cancer waiting times, however it is considered that these should be complemented with a broader suite of clinically developed and supported population health and well-being outcome measures.

6. A key initial action in this draft Framework is therefore for the Department, guided by health and social care professionals, to identify such additional outcome measures. In implementing this action the Department will take account of earlier preliminary work by the Department and other outcome measures developed by the HSC Trusts, in order to gain consensus on a suite of measures across health and social care which can be monitored over time to assess improvements in population health outcomes, and measures of safety, quality, flow and productivity linked to Programme for Government (PfG) commitments and consistent with the emphasis on outcomes based accountability.

Targets must be deliverable and drive improvement

7. In many areas, providers' performance against CPD targets and standards has reduced considerably in recent years. This is due to a range of factors, but includes increases in demand for services that it has not been possible to respond to due to the wider financial position, and under-delivery against capacity. This has led to reporting against CPD targets becoming less meaningful, and the purpose for which targets were introduced – to drive improvement, no longer being fulfilled as they are seen as unrealistic by the staff responsible for delivering them.

8. An inability to fund increased demands in the system is only one of a complex range of factors which impact on performance. In particular the workforce challenges to secure sufficient capacity has become more acute in recent years, and such challenges will be acknowledged in revised accountability arrangements.

9. This difference between the level of performance specified in CPD targets, and the level of performance that can reasonably be expected in a given year has also impacted on the effectiveness of performance management arrangements. Providers and their staff involved in delivering services need to believe they are being held accountable for a realistic level of performance, that can be achieved with appropriate focus and effort.

10. Performance Improvement Trajectories will therefore be introduced during 2017/18 specifying the level of performance to be achieved in that year on a journey of improvement towards the Ministerial targets. Initially these would be introduced for a small number of service areas and expanded during

2018/19. The initial focus will be on Unscheduled Care (4 hour), Ambulance response times, Elective Care (delivery of core activity), Cancer waiting times and Mental Health waiting times.

11. Performance Improvement Trajectories do not replace Ministerial targets, but should set out the expected level and pace of improvement towards achievement of targets in light of financial and workforce pressures and other circumstances.

12. Importantly, Performance Improvement Trajectories will be agreed at the start of the financial year, or relevant period, between Trusts and the Department. Trusts will propose the level of performance they consider they can deliver based on robust improvement plans, for approval by the Department. The HSCB/PHA (and in due course the future PHA) will advise the Department in relation to the acceptability of Trusts' proposed Improvement Trajectories, which will be expected to be:

- realistic and stretching, representing the maximum that each provider can reasonably be expected to deliver;
- reflect improvement on the previous year;
- based on reasonable assumptions for activity, that the provider has sufficient capacity to deliver;
- underpinned by coherent and robust modelled activity and financial projections – cognisant of challenges and variations in seasonal demand for services.
- maximise efficiency and transformation opportunities.

13. It is recognised that the pace of improvement will be dependent on a range of factors, not least the very challenging financial environment in the year ahead.

14. Consideration will be given to publishing the planned improvements and to reporting progress against them in the public domain to provide a more accurate assessment of performance and demonstrate evidence of an improvement journey towards full achievement of CPD targets over time. This could include development of a website similar to the National MyNHS website which provides public access to performance information at Trust level.

15. The introduction of Trust-specific performance improvement trajectories will form the basis of performance management arrangements within Trusts, and with the Department, and the following sections reflect that.

<u>Accountability roles and responsibilities focused on performance improvement</u>

14. The HSC Framework Document makes it clear that all HSC bodies are directly accountable to the Department for the discharge of their functions. However it also states that the HSCB is responsible for the ongoing monitoring of Trusts' progress against targets set by the Department, and for addressing issues of under-performance where they arise, escalating to the Department only where necessary. This has resulted in an element of ambiguity, and therefore the Ministerial commitment in November 2015 that the Department will take lead responsibility for performance management has provided the basis for developing this draft Framework which clarifies the position.

15. It is envisaged that the future operating model for the PHA will be expected to provide professional advice to the Department with regards to performance (and financial) management, and support to Trusts within an overall cycle of continuous engagement and improvement on any given service or care area. This will be particularly important given the close working of the PHA with Trusts in understanding the issues impacting on service delivery challenges and identifying actions to address these.

16. Given that the primary performance management role should be undertaken within Trusts, including by Trust Boards, the key regional forum for holding service provider organisations, mainly HSC Trusts, to account for their performance will be the Department's existing accountability review meetings.

17. The arrangements for these meetings will be revised to ensure they are fully effective as the primary forum for performance management, including their frequency., The revised format for these meetings will review organisational performance across five domains of accountability:

    - Safety and Quality of Care;
    - Finance and Use of Resources;
    - Operational performance / service delivery;
    - Strategic Change;
    - Leadership and improvement capability.

18. The implementation of this draft Framework will include further work to integrate the commitments in local Community Plans and other cross-sectoral commitments such as CYPSP, following their publication. This work will align operational processes with an Outcomes Based Accountability approach to performance management.

19. The revised accountability review meetings, similar to the existing ground clearing meetings, will take place between the DoH sponsor lead and provider organisations supported and advised by the PHA. The frequency of these will be considered, but is expected to be at least quarterly. Indicators

of performance against all five domains above will be reviewed, including progress towards agreed Performance Improvement Trajectories.

20. The approach will be underpinned by the principle of earned autonomy, and issues will only be considered where Trusts' performance is not in line with agreed Performance Improvement Trajectories. Where this is the case, Trusts will be expected to demonstrate an understanding of the reasons for deviation from agreed improvement trajectories, describe the actions being taken to address the position, and agree a revised level and pace of improvement.

21. It is only where this revised level of improvement is not achieved, or where the deviation from agreed trajectory is of such concern, that the issue will be escalated to the bi-annual accountability meetings between the DoH Permanent Secretary and Trust Chair and Chief Executive. Where that is considered appropriate, a further timescale for improved performance will normally be agreed before further escalation measures are considered.

Strengthened Internal Trust accountability processes

22. Consistent with the principle that it is Trusts' responsibility to deliver an acceptable level of performance without the need for intense external monitoring or oversight, it is necessary to ensure that Trusts' internal accountability arrangements are robust and effective.

23. In order to identify elements of best practice across Trusts, and to ensure a consistent approach in relation to the information that is presented to Trust boards the Trust Directors of Performance have undertaken a review of existing internal arrangements. Taking account of this, a number of changes are to be adopted by all Trusts to strengthen their current arrangements. These include:

- All Trusts to report a regionally agreed core suite of performance indicators across the full range of organisational responsibilities
- Formal performance management arrangements should be introduced / enhanced at all levels in the organisation – Service teams, Directorate, Chief Executive, Trust board – all reviewing consistent information and ensuring a full understanding of key performance issues / risks, the actions being put in place to address, deliverability, timescale and clarity of outcome
- Progress against agreed Performance Improvement Trajectories must form a central part of internal performance management at all levels
- Trust Directors of Performance (or other lead nominated by the Chief Executive, for example Deputy CX) should have the explicit authority to

undertake an effective challenge function across all service areas on behalf of the Chief Executive

- Trust Directors of Performance should share expertise and enhance skills through the HSC DoPs network
- Trust Non-Executive board members should be appropriately trained and have access to external expertise and support in order to effectively carry out their key role in relation to performance management. This should be a key part of the annual appraisal for chairs
- A process of peer review will be introduced across Trusts in relation to internal performance management arrangements, including but not limited to, Directors of Performance participating in occasional performance review meetings with Directors and their teams from other Trusts
- The DoH system of assessing Trust Board effectiveness, including the annual audit, will be reviewed and enhanced to support Trust boards in the discharge of their performance management role
- Departmental and PHA officers should have a regular presence at Trust board meetings to seek assurance that the Trust board is effectively fulfilling its performance management function. The frequency of this attendance should be related to the level of performance delivered.

24. The above arrangements should operate on the basis of earned autonomy. If agreed pace and levels of performance improvement are being delivered in a particular area, a proportionate approach should be taken. The focus should be on areas where agreed levels of improvement are not on track to be achieved, and for these:
    - Ensure there is a clear understanding of the reasons for current performance;
    - Ensure a robust plan is in place to improve performance, with clear outcomes and timescales;
    - Enhanced monitoring of progress.

Service improvement support

25. A consistent message from the engagement with Trusts has been the continued need for regional support in working together to develop 'once for NI' solutions that are not driven primarily by organisational boundaries, for example the work on breast assessment services. There is also a need to identify and share good practice to improve services and to facilitate regional approaches and collaboration to address service delivery challenges in one or more organisations, to scale-up small scale changes that have been shown to be effective.

26. While much of the expertise and examples of good practice exist locally, the regional service improvement support would also include identifying and securing the support of additional expertise outside of Northern Ireland.

27. It is therefore envisaged that the service improvement support currently provided by HSCB / PHA across a wide range of service areas including HCAI, mental health, children's services, elective care, unscheduled care and cancer will continue as a key role of the future operating model for the PHA, by supporting Trusts to identify the issues impacting on service delivery and the actions to address these and secure improvements across the suite of measures for any given service/care area.

28. To respond effectively in circumstances where it is considered that a more intensive level of support is required, the Department will establish a dedicated Performance Improvement Register comprised of HSC professional staff who have the necessary skills, expertise and resources to provide additional, focused support to Trusts to deliver rapid and sustainable improvement.

29. It is envisaged that these service improvement roles will be consistent with and support the work of the emerging Improvement Institute.

Effective escalation measures

30. As outlined earlier in this draft Framework, formal escalation should only be invoked after informal engagement to seek improvement has been exhausted and it is judged that there is no reasonable alternative. In recent years, escalation has taken a number of forms, including more frequent and enhanced monitoring, the requirement to produce improvement plans, the withdrawal of funding related to under-delivery of contracted volumes of activity, placing an organisation in Special Measures and the implementation of intensive external support.

31. This range of measures has had varying success in securing improved performance, and evidence from elsewhere doesn't indicate a consistent view on the most effective incentives and sanctions in relation to operational performance.

32. As already outlined, it is inherently Trusts' responsibility to deliver agreed levels of performance without the need for intense external oversight, and therefore Trusts will need to have effective internal escalation arrangements in place. There will however be occasions where the Department considers it necessary to invoke escalation measures in relation to unsatisfactory performance, and taking advice of the PHA. Further work will be undertaken to develop a proportionate range of effective escalation measures that will achieve the desired outcome of improved performance. As part of this work, consideration will also be given to identifying appropriate incentives to recognise strong performance and drive further improvements.

Conclusion

33. The enhanced arrangements set out in this draft Framework aim to bring more closely together the HSC systems for planning and performance, quality and safety, and resource management. The draft Framework will be introduced during 2017/18 and fully implemented in 2018/19.

HSCB/TRUST SERVICE ISSUES AND PERFORMANCE MEETING

SOUTHERN TRUST

WEDNESDAY 23 MAY 2018

10.00am – 12.00pm

5th Floor Meeting Room, HSCB, Linenhall Street

SEE TRUST PREP NOTES IN RED ON THIS AGENDA – DRAFT V1.0

AGENDA

HSCB ATTENDEES:

JOYCE MCKEE (MENTAL HEALTH ISSUES) , MIRIAM MCCARTNEY, LISA MCWILLIAMS, BRID FARRELL(STROKE) , PAUL CUMMINGS(TBC) , ROSIE BYRNE, DAVID MCCORMICK, MOHAMED SARTAJ (SSI SURVEILLIANCE) , LINUS MCLOUGHLIN; ALISON JEYNES (TBC)

1. Welcome and introductions

- **Mental health Services(to be taken early on the agenda to Allow Carmel and team to leave)**
  - Transfer of Annalong/Kilkeel strip to SHSCT Draft proposal being developed and HSCB agreed that any transfer of services would be into the SHSCT agreed model; **HSCB committed to fund the difference between SET current funding and SHSCT cost**
    Ongoing queries re information to establish the new demand
    Impact on SHSCT bed capacity once transfer is agreed – will no longer be able to be a net importer of admissions to meet regional bed demand
    Some initial engagement with Kilkeel community via mental health patient/client rep
    (Adrian – can you provide an update on timescale for next engagement with HSCB and for IPT/Project Management arrangement)

  - Emerging new long stay populations in MH and LD – Trust update : pressures that effect patient flow in mental health, absence of a rehab service and suitable community placements for complex placements
    (Adrian/Miceal – can you provide a brief for the performance meeting please

  - Addictions Service – presentation of Caseload demand/Impact on Performance Improvement Trajectories

Trust provided early alert to HSCB when submitting its Performance Improvement Trajectories (PIT) for Adult Mental Health today in respect of Addictions.
The PIT for 2018/2019 demonstrates a significant decrease in performance from 0 breaches to 273 breaches @ March 2019.
Assumptions based on the need to address the growth and capacity gap for treatment/intervention (secondary waits) by transferring existing resources from new assessments to treatments/intervention activities.
In parallel the service is initiating a review/service improvement process to streamline the existing work including a review of strategies to reduce DNA/CNA rates and shorter assessments for re-presentations within 6-months streamlining assessment processes allowing for additional clinics to be factored in to facilitate prompt re-entry to the service.

- Dementia – update on regional work around service model/future regional direction

- Psychology Services – update on ongoing workforce challenges
  (Ivor – can you provide a brief in advance of the performance meeting please)

2. Service Delivery Issues

- ***Items added by Trust***
  - *Transformation Proposals – update on process and timescales*
  - *Commission Plan Direction/Trust Delivery Plan/Finance – Update on process, expectations and timescales*
  - *Elective Funding;*
    - *Q1 bids and authorisation*
    - *Q2,3,4 bids against £30m and position in relation to bids for long wait*
    - *CT mobile*

3. 2017/18 CPD standards/targets (HSCB presentation to follow)

Appendix 1 (year end summary report attached & Access Times for year end)

- Elective care

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2017/2018 Year-End Performance Assessment	HSCB 2017/2018 Year-End Comparative Information	Key Issues/Points of Note

4.10	**OUT-PATIENT APPOINTMENT:** *By March 2018, 50% of patients should be waiting no longer than 9-weeks for an out-patient appointment and no patient waits longer than 52-weeks (OGI = <9 weeks = 50%, >52 weeks = 0)*	**R**	**R**	**Validated: Assessment at 31 March 2018 = 33.1% less than 9 weeks; 5,888 greater than 52-weeks; longest wait is 173 weeks.** *Baseline assessment at 31 March 2017 demonstrated 38.2% of patients waiting less than 9 weeks; 2,225 patients were waiting in excess of 52-weeks with the longest wait at 103 weeks.* 31 March 2018 demonstrated a total of 40,008 patients waiting for OP appointments, which is +5,611 (+16.3%) increase in comparison to 2016/2017 (34,397).	**Actual position end of March 2018:** **<9-weeks** • BHSCT 27% • NHSCT 29% • SEHSCT 21% • SHSCT 29% ***** • WHSCT 30% • **Regional Average 27%** **>52-weeks (% of total)** • BHSCT 32,218 (39%) • NHSCT 10,199 (12%) • SEHSCT 21,112 (25%) • SHSCT 8,824 (11%) ***** • WHSCT 11,040 (13%) • **Regional Total 83,393**	The total number of patients waiting first outpatient assessments increased by +5,611 to 40,008 in 2017/2018 with the number of patients waiting in excess of 52 weeks, within this volume, also increased by +3,663. Achievement of this OGI continues to be impacted by multiple factors including increasing demand, insufficient capacity and lack of recurrent investment into specialties with recurrent capacity gaps. Waits over 52-weeks, for SHSCT specialties, are reported across 13 specialties: Breast Family History; Cardiology; Diabetology; Endocrinology; ENT; Gastro-enterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine and Urology. All of which have established capacity gaps and/or accrued backlogs. The Trust continues to prioritise available capacity to red flag and urgent referrals in the first instance and to direct any non-recurrent funding to these areas. Recurrent investment will be required to address
4.11	**DIAGNOSTIC TEST:** *By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (OGI = <9 weeks = 75%, >26 weeks = 0)*	**R**	**R**	**Validated: Assessment at 31 March 2018 = 57.2% <9-weeks; 2,963 >26-weeks; and longest wait 87-weeks** *Baseline assessment at 31 March 2017 demonstrated a total of 22,963 patients.* 31 March 2018 demonstrated a total of 22,963 patients waiting for diagnostics, which is +2,776 (+13.8%) increase	**Actual position at end of March 2018:** **<9-weeks** • BHSCT 44% • NHSCT 73% • SEHSCT 71% • SHSCT 57% • WHSCT 85% • **Regional Average 60%** **>26-weeks (% of total)** • BHSCT 10,134 (68%) • NHSCT 1,121 (8%)	The total number of patients waiting diagnostics tests has increased by +2,776 to 22,963 in 2017/2018 with the number of patients waiting in excess of 26 weeks, within this volume, also increased by 2,329. Waits in excess of 26 weeks are demonstrated in: • Endoscopy 126; (74 in 2016/2107) • Imaging 1,466 (predominantly CT; Dexa; and MRI); (476 in 2016/2017) and • Non-Imaging 1,371 (Ambulatory BP; ECG; and Urodynamics). (84 in 2016/2017) Recurrent investment has been made in Endoscopy; CT, MRI and cardiac investigations over the last two years which has addressed in part capacity gaps however demand continue to increase and residual

				in comparison to 2016/2017 (20,187).	• SEHSCT 628 (4%) • SHSCT 2,837 (19%) • WHSCT 141 (1%) • **Regional Total 14,861**	capacity gaps remain, along with a requirement for non-recurrent capacity to facilitate backlog clearance. New gaps are also emerging in Dexa. The Trust has identified new demand to the Commissioner. Diagnostic non-recurrent funding has been used in-house and in the independent sector to reduce the longest waits in year.
4.12	**IN-PATIENT / DAY CASE TREATMENT:** *By March 2018, 55% of patients should wait no longer than 13 weeks for in-patient/day case treatment and no patient waits longer than 52 weeks.* *(OGI = <13 weeks = 55%, >52 weeks =0)*	R	R	**Validated: Assessment at 31 March 2018 = 33.9% <9-weeks; 2,079 >52-weeks; and longest wait 217-weeks** *Baseline assessment at 31 March 2017 demonstrated 46.5% of patients waiting less than 13 weeks, with 1,014 patients waiting in excess*	**Actual position at end of March 2018:<13-weeks** • BHSCT 31% • NHSCT 64% • SEHSCT 45% • SHSCT 40% • WHSCT 35% • **Regional Average 38%**	The total number of patients waiting inpatient/ daycase treatment increased by 664 to 9,221 in 2017/2018 with the number of patients waiting in excess of 52 weeks, within this volume, also increased by 1065. Achievement of the OGI continues to be impacted by multiple factors and with competing demands for available capacity prioritisation continues to be given to red flag and urgent cases in the first instance. Waits over 52-weeks are reported across five specialties: Cardiology; General Surgery; Orthopaedics; Pain Management; and Urology. All of which have established capacity gaps and/or accrued backlogs. In-year a key challenge has been the ability to secure elective admissions, with a 30% cap from November 2017 to May 2018, in the face of increasing unscheduled care demands. Recurrent investment will be required to address capacity gaps in the longest waiting areas (>52 weeks) and non-recurrent capacity will be required to address accrued backlogs.
				of 52-weeks with the longest wait at 165-weeks. 31 March 2018 demonstrated a total of 9,221 patients waiting for in-patient/day case treatment which is an increase of 664 (+7.8%) compared with 2016/2017.	**>52-weeks (% of total)** • BHSCT 7,446 (45%) • NHSCT 345 (2%) • SEHSCT 1,715 (10%) • SHSCT 2,398 (15%) • WHSCT 4,550 (28%) • **Regional Total 16,454**	

- Unscheduled care

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2017/2018 Year-End Performance Assessment	HSCB 2017/2018 Year-End Comparative Information	Key Issues/Points of Note
4.4	**EMERGENCY DEPARTMENT (Collective Assessment)**	R	R	Note: *Sub-targets* are assessed individually and specified below.		
4.4.1	**EMERGENCY DEPARTMENT (4-Hour Arrival to Discharge/Admission):** *By March 2018, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department. (OGI = 95%)*	R	R	**Validated: Cumulative period April 2017 to March 2018 = 74.5%** *Baseline assessment in 2016/2017 was 75.10% with* 2017/2018 demonstrating performance -0.6% lower than this. Total attendances in 2017/2018 172,339 compared to 166,232 in 2016/2017	**Cumulative position for April 2017 to March 2018:** • BHSCT 72% • NHSCT 68% • SEHSCT 76% • SHSCT 75% • WHSCT 76% • **Regional Average 73%**	Cumulative performance for 2017/2018 was -0.6% lower than 2016/2017. In actual terms the number of patients seen within 4-hours increased from 124,885 to 128,459 in 2017/2018 however the % performance dropped associated with an increased in attendance volumes (+6,107). Whilst general trends in activity are not significantly increased, the ability to improve performance has been challenging and is the focus for improvement in 2018/2019 with particular focus on streaming of suitable referrals to ambulatory services to increase space improving throughput and flow of patients including minor streams.
4.4.2	**EMERGENCY DEPARTMENT (12-Hour Arrival to Discharge/Admission):** *By March 2018, no patient attending any emergency department should wait longer than 12 hours. (OGI = 0)*	R	R	**Validated: Cumulative period April 2017 to March 2018 = 3656** *Baseline assessment in 2016/2017 was 910 patients in excess of 12-hours with 2017/2018 demonstrating an increase of +2746 patients.* Patients waiting in excess of 12-hours equated to 2% of total ED attendances compared to	**Actual (% of Total) Cumulative April 2017 to March 2018:** • BHSCT 3,044 (18%) • NHSCT 4,488 (26%) • SEHSCT 4,914 (28%) • SHSCT 3,656 (21%) • WHSCT 1,245 (7%) • **Regional Total 17,347**	The level of breaches demonstrated in 2017/2018 was significantly higher than in 2016/2017 reflecting the pattern of pressures throughout the Region. The Trust continues to be challenged with patient flow with high numbers of medical patients in non-medical beds (outliers). Due to the recognised inability to increasing medical beds on our sites, associated with the challenge of securing key clinical staff, initiatives focused on enhanced patient flow/discharge and appropriate admission avoidance Review of the operational management of demand and views of staff during this period will inform unscheduled care resilience planning for 2018/2019. Focus will include development of ambulatory care

				0.5% in 2016/2017.		as an alternative pathway to admission.
4.5	**EMERGENCY DEPARTMENT (2-Hour Triage to Treatment Commenced):** *By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours. (OGI = 80%)*	**G**	**G**	**Validated: Cumulative period April 2017 to March 2018 = 80.3%** Equating to 123,483 patients having treatment commenced within 2-	**Cumulative position April 2017 to March 2018:** • BHSCT 77% • NHSCT 76% • SEHSCT 87% • SHSCT 80%	Whilst performance is in line with the objective level sought, the ability to sustain this is more challenging as unscheduled care pressures continue. It is also of note that the actual number of patients commencing treatment within 2 hours reduced between December 2017 to March 2018 in

HIP FRACTURES*: By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48-hours for in-patient treatment for hip fractures. (OGI = 95%)*	**A**	**A**	**Validated: Cumulative period April 2017 to March 2018 = 90.2%.** *Baseline assessment 2016/2017 demonstrated 91.7% of hip fractures treated within 48-hours.* In 2017/2018 370 out of 410 hip fractures treated within 48-hours. 2016/2017 demonstrated 333 out of 363 hip fractures treated within 48-hours.	**Cumulative position April 2017 to March 2018:** • BHSCT 77% • NHSCT *Not applicable* • SEHSCT 65% • SHSCT 90% • WHSCT 91% • **Regional Average 80%**	Whilst performance has demonstrated a slight decrease in comparison to 2016/2017, by -1.5%, in actual terms more patients had their surgery within 48 hours (370 in 2017/2018 compared to 333 in 2016/2017). This is associated with an increase demand in hip fractures of +13% (410 in 2017/2018 versus 363 in 2016/2017). To achieve this performance the Trust has increased capacity for trauma however this impacts on the routine level of elective orthopaedic surgery that can be undertaken. The Trust is developing a proposal to sustain an increased trauma capacity and in parallel increase orthopaedic capacity. This will require both investment in infrastructure and Commissioner's commitment to increased revenue funding.

- Cancer services

4.9	**CANCER PATHWAYS (Collective Assessment)**	**R**	**R**	Note: *Sub-targets* are assessed individually and specified below.		
OGI	**Objectives and Goals for Improvement**	**TDP RAG**	**SHSCT Year-End RAG**	**SHSCT 2017/2018 Year-End Performance Assessment**	**HSCB 2017/2018 Year-End Comparative Information**	**Key Issues/Points of Note**
4.9.1	**SUSPECT BREAST CANCER (14-days):** *During 2017/2018, all urgent suspected breast cancer referrals should be seen within 14-days. (OGI = 100%)*	**R**	**R**	**Validated: Cumulative period April 2017 to March 2018 = 47.2%** *Baseline assessment in 2016/2017 demonstrated 43.3%.* 2017/2018 demonstrated 1,159 out of 2,456 patients seen within 14-days with 1,297 patients not seen within 14-days. These volumes exclude SHSCT patients that were seen in other Trusts. In comparison 2016/2017 demonstrated 1045 out of 2412 patients seen within 14-days (43.3%) with 1,367 patients not seen within 14-days.	**Cumulative position April 2017 to March 2018:** • BHSCT 96% • NHSCT 89% • SEHSCT 99% • SHSCT 47% • WHSCT 99% • **Regional Average 87%**	Challenges associated with the ability to secure and sustain medical workforce continued from 2016/2017 into 2017/2018 and affected the ability to achieve this objective level in Quarters 1 to 3. Quarter 4 reflected significant improvement in performance, close to 100%, associated with a recovery plan which facilitated increase capacity within the Trust and ongoing support received over the last 6 months from the other NI Trusts in the management of SHSCT patients. Plans for 2018/2019 anticipate this current improvement will be sustained, however remains subject to workforce issues. Quality developments in the local breast team have been recognised. A Regional review of breast assessment services is on-going to secure more sustainable Regional position.
4.9.2	**CANCER PATHWAY (31-Day):** *During 2017/2018, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (OGI = 98%)*	**G**	**Y**	**Validated: Cumulative period April 2017 to March 2018 = 96.96%** *Baseline assessment in 2016/2017 demonstrated 98.99%.*	**Cumulative position April 2017 to March 2018:** • BHSCT 90% • NHSCT 93% • SEHSCT 95% • SHSCT 97%	Whilst performance was slightly lower, by -2%, a comparable volume of patients where seen within 31-days. Demand increased in the same period. The SHSCT continues to perform well on this part of the cancer pathway. Of the 47 patients who did not receive their treatment, within 31-days of their

				2017/2018 demonstrated 1,497 out of 1,544 patients seen within 31-days compared to 1,472 out of 1,487 patients seen within 31-days (98.99%) in 2016/2017.	• WHSCT 100% • **Regional Average 94%**	decision to treat, 40 (85%) of were within Breast Surgery and was reflective of the pressures that the Breast Service faced throughout 2017/2018. The Trust anticipates continued strong performance on this pathway in 2018/2019 subject to demand.
OGI	**Objectives and Goals for Improvement**	**TDP RAG**	**SHSCT Year-End RAG**	**SHSCT 2017/2018 Year-End Performance Assessment**	**HSCB 2017/2018 Year-End Comparative Information**	**Key Issues/Points of Note**
4.9.3	**CANCER PATHWAY (62-Day):** *During 2017/2018, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.* *(OGI = 95%)*	R	R	**Validated: Cumulative period April 2017 to March 2018 = 74.28%.** *Baseline assessment in 2016/2017 demonstrated 84.2%.* 2017/2018 demonstrated that 499.5 out of 672.5 patients were seen within 62-days compared to 605 out of 718.5 patients seen within in 2016/2017.	**Cumulative position April 2017 to February 2018:** • BHSCT 58% • NHSCT 72% • SEHSCT 51% • SHSCT 73% • WHSCT 89% • **Regional Average 67%**	Performance against the 62-day cancer pathway in 2017/2018 demonstrated a decrease in comparison to 2016/2017. This less favourable performance is associated with the total volume of patients on these pathways which present increased demand on the resources available including red flag out-patient and diagnostic capacity. The two predominant breaching specialties in 2017/2018 were Urology (46%) and Breast Surgery (14%) which was reflective of workforce pressures demonstrated throughout 2017/2018.

- Mental health services

4.13	**MENTAL HEALTH ELECTIVE SERVICES (Collective Assessment)**	**G**	**R**	Note: *Sub-targets* are assessed individually and specified below.		
4.13.1	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (CAMHS):** *By March 2018, no patient waits longer than nine weeks to access child and adolescent mental health services. (OGI = >9 weeks = 0)*	**R**	**G**	**Validated: Assessment at 31 March 2018 = 0 patients waiting in excess of 9-weeks.** *Baseline assessment at 31 March 2017 demonstrated 2 patients waiting in excess of 9-weeks.* March 2018 demonstrated a total waiting list of 242 patients in comparison to 240 at March 2017.	**Actual position at end of March 2018: >9-weeks (% of total)** • BHSCT 56 (85%) • NHSCT 0 (0%) • SEHSCT 0 (0%) • SHSCT 0 (0%) • WHSCT 10 (15%) • **Regional Total 66**	The Trust was challenged throughout 2017/2018 to achieve this objective associated with demand outstripping capacity and reduced capacity associated with workforce challenges. The current positive position is welcomed however sustainability will continue to be a key challenge including the management of the caseload.
4.13.2	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Adult Mental Health):** *By March 2018, no patient waits longer than nine weeks to access adult mental health services.*	**R**	**R**	**Validated: Assessment at 31 March 2017 = 101 waiting in excess of 9-weeks; longest wait 25-weeks**	**Actual position at end of March 2018: >9-weeks (% of total)** • BHSCT 179 (27%) • NHSCT 0 (0%) • SEHSCT 43 (8%)	Whilst the Trust failed to achieve this objective the number of patients in excess of 9-weeks has improved with from 269 in 2016/2017 to 101 this year. The Trust has undertaken a number of actions to
OGI	**Objectives and Goals for Improvement**	**TDP RAG**	**SHSCT Year-End RAG**	**SHSCT 2017/2018 Year-End Performance Assessment**	**HSCB 2017/2018 Year-End Comparative Information**	**Key Issues/Points of Note**
	(OGI = >9 weeks =0)			*Baseline assessment at 31 March 2017 demonstrated 269 patients waiting in excess of 9-weeks with the longest wait at 27-weeks.* March 2018 demonstrated a total waiting list of 965 patients	• SHSCT 101 (15%) • WHSCT 318 (50%) • **Regional Total 641**	support Adult Mental Health including additional recurrent investment for core staffing; review of appropriate threshold for Tier 3 services; and additional capacity in the Independent Sector for lower intensity interventions. Increasing demand and workforce challenges associated with sick leave and vacancies presented challenges throughout this area in 2017/2018 which includes Primary Mental Health Care; Cognitive

				in comparison to 1,329 at March 2017.		Behavioural Therapy; and Eating Disorders.
4.13 .3	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Dementia Services):** *By March 2018, no patient waits longer than nine weeks to access dementia services.* *(OGI = >9 weeks = 0)*	**R**	**R**	**Validated: Assessment at 31 March 2018 = 15 patients waiting in excess of 9-weeks, longest wait 22-weeks** *Baseline assessment at 31 March 2017 demonstrated 4 patients waiting in excess of 9-weeks with the longest wait at 12-weeks.* March 2018 demonstrated a total waiting list of 217 patients in comparison to 159 at March 2017.	**Actual position at end of March 2018: >9-weeks (% of total)** • BHSCT 77 (42%) • NHSCT 0 (0%) • SEHSCT 9 (5%) • SHSCT 15 (8%) • WHSCT 82 (45%) • **Regional Total 183**	Performance this year is comparable to last year with 15 patients waiting in excess of 9 weeks. Waits in excess of 9-weeks are, in the main, associated with direct Consultant to Consultant referrals, where there continues to be a shortfall in capacity. The service continues to be challenged with current and impending increases in demand linked to demography and disease prevalence. The Regional review and development of a new dementia pathway is not yet finalised, however, the Trust has agreed its new pathway; mapped its capacity against the pathway; and confirmed capacity gaps for the delivery of this. Recurrent investment will be required to implement this pathway and demonstrate improvement against this objective. The ability to secure the key medical staff may also further impact on the ability to migrate to the new pathway.
4.13 .4	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Psychological Therapies):** *By March 2018, no patient waits longer than thirteen weeks to access psychological therapy services.*	**R**	**R**	**Validated: Assessment at 31 March 2018 = 84 patients waiting in excess of 13-weeks, longest wait 56-weeks** *Baseline assessment at*	**Actual position at end of March 2018: >13-weeks (% of total)** • BHSCT 577 (39%) • NHSCT 31 (2%) • SEHSCT 228 (15%) • SHSCT 84 (6%)	Performance this year is comparable to last year with 84 patients waiting in excess of 13-weeks. Recruitment and retention of workforce continues to impact on capacity with the service operating with 11 funded vacancies, which is reflective of the Regional shortage of skilled psychologists.
OGI	**Objectives and Goals for Improvement**	**TDP RAG**	**SHSCT Year-End RAG**	**SHSCT 2017/2018 Year-End Performance Assessment**	**HSCB 2017/2018 Year-End Comparative Information**	**Key Issues/Points of Note**
	(OGI = >13 weeks =0)			*31 March 2017 demonstrated 97 patients waiting in excess of 13-weeks with the longest wait at 60-weeks.* March 2018	• WHSCT 554 (38%) • **Regional Total 1,474**	A number of actions have been undertaken within the Trust to support this area, including the development of a new workforce model; and re-direction of appropriate lower level referrals to other services. In addition a review of Psychological Therapies is planned to be undertaken in 2018/2019.

				demonstrated a total waiting list of 486 patients in comparison to 450 at March 2017.		

- HCAI

2.3	**HEALTHCARE ACQUIRED INFECTIONS (Collective Assessment)**	**R**	**R**	Note: *Sub-targets* are assessed individually and specified below.		
2.3.1	**HEALTHCARE ACQUIRED INFECTIONS (C Diff):** *By March 2018, to secure a Regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile Infection in patients aged 2 years and over compared to 2016/2017.* *(OGI = 31)*	**R**	**R**	**Validated: Cumulative period of April 2017 to March 2018 = 48 cases (55% higher (17 cases) than OGI)** *Baseline assessment in 2016/2017 reported 34 cases against a target of 32 (6% higher (+2 cases) than OGI).*	**Actual (% of Total) April 2017 to March 2018:** • BHSCT 113 (33%) • NHSCT 49 (15%) • SEHSCT 61 (18%) • SHSCT 50 (15%) ***** • WHSCT 64 (19%) • **Regional Total 337**	The Trust continues to work towards low incidence of C-Difficile against a background of an increasing complex clinical needs and an ageing population. This year's performance (48 in total) was a decrease in performance from 2016/2017 (32) and whilst one of the lowest in the Region, was outside the improvement level. Antibiotic stewardship remains a key area for improvement and the Trust has appointed an additional pharmacist to support this and is seeking to increase microbiology cover. Targeted training has been launched in 2017/2018.
2.3.2	**HEALTHCARE ACQUIRED INFECTIONS (MRSA):** *By March 2018, to secure a Regional aggregate reduction of 15% in the total number of in-patient episodes of MRSA Infection compared to*	**R**	**G**	**Validated: Cumulative period of April 2017 to March 2018 = 4 cases** *Baseline assessment in*	**Actual (% of Total) April 2017 to March 2018:** • BHSCT 18 (40%) • NHSCT 14 (31%) • SEHSCT 5 (11%)	This year has seen an improvement in performance with a reduction in incidences compared to 2016/2017. The number of incidences reduced from 6 to 4. Whilst the Trust continues to seek improvement its
	2016/2017. *(OGI = 4)*			*2016/2017 reported 6 cases, 25% higher (+1) than OGI.*	• SHSCT 4 (9%) • WHSCT 4 (9%) • **Regional Total 45**	ability to achieve further reductions in MRSA incidences is challenging. Regional performance continues to be strong with the Trust having one of the lowest levels of incidences.