

Trust Board Performance Report

October 2019

Prepared and issued by
Strategic Development and Business Services 26 November 2019


Our Vision

To deliver excellent integrated services in partnership with our community

If you would like to give feedback on any of our services please contact:

Email: user.feedback@northerntrust.hscni.net

Telephone: 028 9442 4655

 Northern Health and Social Care Trust

 @NHSCTrust

www.northerntrust.hscni.net



Contents

The Health and Social Care Board each year set out a Commissioning Plan setting out priorities and targets that have been included in the Department of Health (DoH) Commissioning Plan Direction (CPD). These priorities and targets have associated measures or performance indicators. This report monitors achievement against these targets and indicators for the Northern Health and Social Care Trust.

In the absence of a Health Minister who has responsibility under legislation for approval of the Commissioning Plan Direction (CPD) the status of the 19/20 document remains in draft and may be revised at a later point subject to Ministerial consideration. As technical guidance becomes available, further draft 19/20 CPD targets and indicators may be included in the report.

1.0 Service User Experience ([page 6](#))

2.0 Safe and Effective Care ([page 9](#))

3.0 Quality Standards & Performance Targets ([page 25](#))

4.0 Use of Resources ([page 63](#))

5.0 Workforce ([page 69](#))

6.0 Appendix ([page 72](#))

6.1 Glossary ([page 74](#))

Key

RAG Rating (Red/Amber/Green)*	
Red (R)	Not Achieving Target
Amber (A)	Almost Achieved Target
Green (G)	Achieving Target
Grey (GR)	Not Applicable / Available

Trend on Previous Month (TOPM)	
↑	Performance Improved
↓	Performance Deteriorated
↔	Performance Static

*For targets which are zero, eg: No patient to wait longer than 52 weeks for an outpatient appointment, an absolute approach will be adopted for RAG rating. One breach of the target will therefore result in the target being rated red. For all other targets a variance of 5% or greater from the target will result in the rating being red.

Summary of Trust Performance against 2019/20 Draft Commissioning Plan Targets

Rating based on most recent month's available performance

By March 2020, secure a reduction in the number of MRSA infections. MRSA 2019/20 Trust target is no more than 7 cases. (CPD 2.4)	R	By March 2020, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.5)	R
By March 2020, secure a reduction in the number of CDIFF infections. CDIFF 2019/20 Trust Target is no more than 49 cases. (CPD 2.4)	G	By March 2020, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours (CPD 4.5)	R
By 31st March 2020 secure an aggregate reduction of 17% of GNB bloodstream infections acquired after two days of hospital admission. GNB 2019/20 Trust Target is 75 cases. (CPD 2.3)	R	By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.6)	A
By March 2020, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. (CPD 4.8)	A	By March 2020, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.5)	R
By March 2020, all urgent diagnostic tests should be reported on within 2 days. (CPD 4.9)	R	By March 2020, ensure that no complex discharge from an acute hospital takes more than seven days (CPD 7.5)	R
During 2019/20, all urgent suspected breast cancer referrals should be seen within 14 days. (CPD 4.10)	R	By March 2020, all non-complex discharges from an acute hospital to take place within six hours. (CPD 7.5)	R
During 2019/20, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (CPD 4.10)	R	By March 2020, no patient waits longer than nine weeks to access adult mental health services (CPD 4.14)	G
During 2019/20, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (CPD 4.10)	R	By March 2020, no patient waits longer than 9 weeks to access dementia services. (CPD 4.14)	G
By March 2020, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment. (CPD 4.11)	R	By March 2020, no patient waits longer than 13 weeks to access psychological therapies (any age) (CPD 4.14)	R
By March 2020, no patient should wait longer than 52 weeks for an outpatient appointment. (CPD 4.11)	R	During 2019/20, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.7)	R
By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test (CPD 4.12)	R	During 2019/20, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge (CPD 5.7)	R
By March 2020, no patient should wait longer than 26 weeks for a diagnostic test (CPD 4.12)	R	During 2019/20, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.7)	G
By March 2020, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. (CPD 4.12)	R	During 2019/20, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge. (CPD 5.7)	G
By March 2020, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test. (CPD 4.12)	R	By March 2020, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.12)	A
By March 2020, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. (CPD 4.13)	R	By March 2020, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). (CPD 1.12)	R
By March 2020, no patient should wait longer than 52 weeks for inpatient/ daycase treatment (CPD 4.13)	R	By March 2020, no patient waits longer than 9 weeks to access child and adolescent mental health services. (CPD 4.14)	R
By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional. (CPD 5.3)	R	By March 2020, secure a 10% increase in the number of direct payments to all service users. (CPD 5.1)	A
By March 2020, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%. (CPD 7.3)	G	By March 2020, secure a 10% increase (based on 2018/19 figures) in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	G
By March 2020, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.7)	G	By March 2020, secure a 5% increase (based on 2018/19 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.3)	R

Emergency Dept. seen/treated/discharged within 4 hrs and 12 hrs

Performance against the 4 hour target during October 2019 was 68% at Antrim and 70% at Causeway hospitals. Antrim ED had 193 twelve hour breaches, compared to 348 the previous month whilst Causeway Hospital had 248 twelve hour breaches compared to 151 the previous month. Cumulatively the Trust has experienced 3477 twelve hour breaches from April – October 19 compared to 2635 for the same period last year.

441

12 hour breaches
October 2019
([PAGE 38](#))

TOPM ↑

Diagnostic Waiting Times

Imaging - This is generally not a performance issue. SBA volumes in most modalities are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled care activity continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity. Shortage of Radiologists leads to long waits in Radiologist-only provided US scans. Additional activity is being undertaken with non-recurrent elective access funding, but the volumes are insufficient to fully address the backlog. Confirmation of recurrent funding for CT, NOUS and MRI is still outstanding, and therefore recruitment of additional staff is not yet possible. Waiting times will reduce however recruitment, the non-recurrent nature of allocations, and the need for additional scanners will continue to limit overall improvement. **Clinical physiology** - The service is working at full capacity and there is unlikely to be significant improvement until investment can be secured.

13452 Patients waiting over 26 weeks at the end of October 2019 for a Diagnostic test ([PAGE 30](#)) **TOPM ↑**

14 Day Urgent Suspected Breast Cancer referrals to consultation

The breast service is under considerable pressure and is only able to keep on top of demand through significant use of WLI funding. Significant additional work has been undertaken in August and September, and 25 patients were transferred to the Belfast Trust to help manage excess demand. October performance against the 14-day target was 99%. This position remains fragile however given the small clinical team and fluctuations in demand.

99%

Achieved in
October
2019
([PAGE 26](#))

TOPM ↑

Psychological Waits

At the end of October there were 50 patients waiting over 13 weeks, compared to 80 the previous month. Performance is being impacted in the main by LD and Clinical Health Psychology services with Clinical Health Psychology having 8 breaches at the end of the month. The service has improved this position considerably due to a successful roll out of assessment clinics. The Learning Disability (adult and children) service had 42 breaches. There has been some reduction in capacity in relation to qualified staff and absence earlier in the year has impacted on waiting times. Actions being taken include on-going engagement with referring agents re other models of provision and use of agency during periods of reduced capacity within the service. Deteriorating waiting time following assessment while waiting for intervention remains a concern.

50

Psychological waits over 13 weeks at the end of October 2019.

([PAGE 47](#))

TOPM ↑

62 Day Urgent Suspected Cancer referrals to commence treatment

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

56%

Achieved in October 2019
([PAGE 28](#))

TOPM ↑

Complex Discharges

Complex discharges for October 2019 was 80% of patients discharged within 48 hours compared to the target of 90%. During October there were 100 delays with 19 being greater than 7 days across the 2 hospital sites. The number of delays is reflective of the complexities and needs of an aging patient group.

19

Complex discharges > 7 days
October 2019

([PAGE 44](#))

TOPM ↑

Children waiting > 13 weeks to access Autism Spectrum Disorder Diagnostic Service

At the end of October 2019 there were 284 patients waiting >13 weeks. Since October 2018, numbers waiting for assessment had been decreasing; however this improvement has not been sustainable given there has been a consistent and significant increase in referrals since March 2019 (26% increase since the same period in 18/19). Performance has been impacted by staff absence and vacant posts. The service is currently processing and awaiting confirmation of recurring and non-recurring investment to support the recruitment of additional staff.

284

Children waiting for assessment over 13 weeks at the end of October
([PAGE 61](#))

TOPM ↓

Demand

Red flag cancer referrals have increased by 15% for April - October 19 compared to the same period last year. With regard to SBA volumes at the end of October the combined position for elective inpatients and day cases was 13% below expected SBA volumes. New outpatient attendances were 2% below SBA volumes whilst review attendances were 11% above volumes.

15%

Increase in Red Flag Cancer referrals
Apr – Oct 19 compared to Apr – Oct 18
([PAGE 66](#))

TOPM ↑

Elective Waiting Lists

The number of patients waiting longer than 52 weeks for an outpatient appointment has increased this month to 15696. There continues to be a significant demand/capacity gap in a range of outpatient specialties and the position is likely to deteriorate further.

AHP services had 4136, 13 week breaches at the end of October compared to 4210 the previous month with Podiatry and Orthoptics continuing to have no breaches. Capacity and demand issues continue to impact AHP services with actions being taken where possible. ([PAGE 33](#))

15696

Outpatients waiting over 52 weeks at the end of October 2019.
([PAGE 29](#)) **TOPM ↓**

1.0 Service User Experience

1.1 Patient Experience as related in Patient Surveys

The 10,000 More Voices initiative continues using a phased approach including regional and specialist projects. 14,900 patient stories have been returned regionally (correct at 31/10/2019), of which 3,441(23%) are NHSCT stories. Stories continue to illustrate compliance with the patient and client experience standards.

Regional projects - Live

Story collection, feedback and work on areas of improvement continues to be supported in the following areas

- Experience of Delirium – Remains open even though Regional Report completed
- Experience of Adult Safeguarding – Remains open even though Regional Report completed
- Experience in Health and Social Care (Generic Tool) - Data collection stage
- Staff Experience - Data collection stage
- Northern Ireland Ambulance Service - Data collection stage
- Experience of Living in a Care Home – Data collection stage

Regional Projects now closed

Stories / Feedback shared, reports being drafted for approval and / or awaiting return of action plans in the following work streams:

- Experience of Eye care Services in Northern Ireland.
- Experience of Discharge.
- Experience of Bereavement.
- Experience of Pathfinder Custody Suite Pilot
- Experience of carer engaging intermediate care/re-ablement services
- Experience of Mental Health Services – Data collection closed
- Staff Experience Mental Health Services – Data collection closed
- Experience of Paediatric Audiology – Data collection closed

Regional Projects in Planning Phase

- Experience of Dysphagia
- The experience of Primary Care Multidisciplinary Teams (Down and Derry Federation)
- Service User Experience of relationship based care
- Experience of accessing health services when homeless(now on hold)
- Experience of a fall(now on hold)
- The carer experience- support for parents with children with rare diseases(now on hold)
- Experience of Care of patient with Neurological condition (now on hold)
- Experience of Sensory Disability (now on hold)

At local level the NHSCT are using the 10,000 More Voices Health and Social Care (generic) Survey Tool to capture the experience of service users within the following areas:

Local projects - Live

- Experience of Oral Hygiene C3 – on hold.

Local Projects Closed

Stories / Feedback shared, reports being drafted for approval and / or awaiting return of action plans in the following work streams:

- PACE Project - MED 1, MED 2 and C7 closed – 31/07/2019
- Experience of admission through ED to B1 prior to implementation of the Acute Medical Model
- Experience of admission through ED to Surgical ward prior to implementation of the Acute Surgical Model
- Experience of Frailty – Robinson Hospital

Table 1 Live projects – Numbers of stories collected both regionally and in NHSCT (validated 31/10/2019)

	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative	Projects ongoing
Northern Ireland Ambulance Service ¹	333	159 (48%)	149	7	3	
Adult Safeguarding	201	30 (15%)	23	6	1	
Staff experience	507	51 (10%)	17	24	10	
Health and Social Care in Northern Ireland (These figures includes stories relating to local projects)	2570	855 (33%)	757	69	29	
Experience of Delirium	82	19 (23%)	12	4	3	
Experience of the carer engaging intermediate care / re-ablement services	7	0	0	0	0	
Revised Health and Social Care Survey (Generic Survey)	25	25 (100%)	23	1	1	

The Experience of the carer engaging intermediate care/ re-ablement services project is closed, but the final numbers are still to be confirmed. The NHSCT has not received the updated file for October to amend these numbers to date. The numbers will be updated in the December report.

1.0 Service User Experience

1.2 Complaints / Compliments

Main Issues Raised Through Complaints

The Trust actively encourages feedback from our service users including complaints, compliments or enquiries. Such feedback helps identify areas where high quality care is being provided and where this is not the case, use these as an opportunity for learning and improving services.

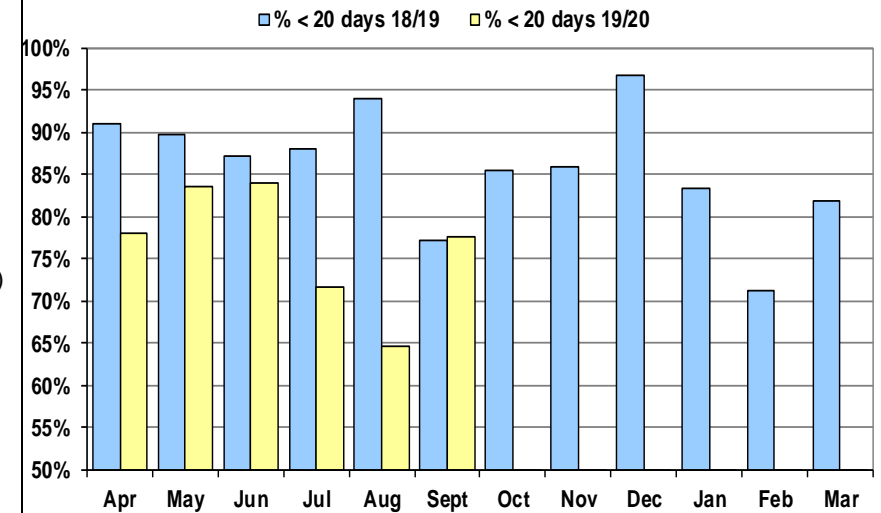
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints; however this may not be possible in all cases.

During September 2019 there were 67 formal complaints, 3 of which were reopened. Of these complaints 52 (78%) were responded to within 20 working days. The main issues raised are in relation to quality of treatment and care, staff attitude/behaviour and communication/information. Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

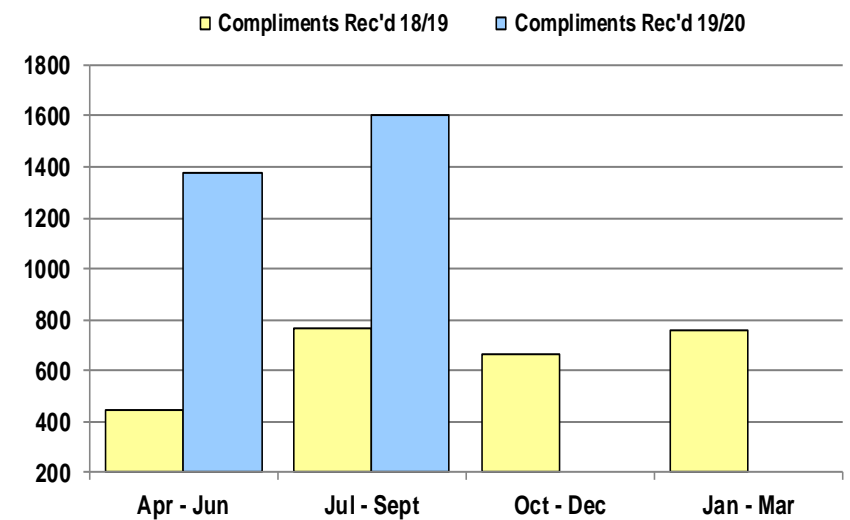
Complaints information is presented one month in arrears.

September 2019 Position	MEM	SCS	WCF	MHLDC	Community	CSS & Nursing	SDBS	M & G	Finance	HR	Unknown	Trust Total
Number Of Complaints	9	13	19	11	11	2	0	1	1	0	0	67
% Complaints Responded to Within 20 Days	67%	100%	58%	73%	91%	100%	-	100%	100%	-	-	78%
Compliments Received Qtr 2 (2019/20)	191	145	287	96	849	22	-	-	-	-	12	1602

Complaints Responded to Within 20 days



Compliments Received



2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections & GNB ([page 10](#))

2.2 Stroke ([page 12](#))

2.3 Omitted Medicines / NEWS (B2) / VTE (B7) / Falls (B4) / Pressure Ulcers (B3) / Anti-Absconding Care / MUST ([page 13](#))

2.4 Serious Adverse Incidents ([page 24](#))

2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections (CPD 2.3 & 2.4)

Causes/Issues that are impacting on performance

MRSA –The PHA target for MRSA bacteraemia has now been set as 7 cases for 2019/2020. At the end of October 2019, 6 MRSA bacteraemias have been identified. A total of 5 cases were identified within 48 hours of admission to hospital and 1 case was identified 48 hours after admission. All MRSA bacteraemias are ascribed to the Trust regardless of where they are identified. Going forward a Post Infection Review will continue at ward level for every case of MRSA bacteraemia identified and any case of MSSA bacteraemia where issues have arisen. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients.

CDIFF – The Trust target for CDI (Clostridium difficile infection) in 2019/20 has been set by PHA as 49 cases. At the end of October 2019 the Trust has identified a total of 27 cases of CDI. A total of 8 cases have been identified within 48 hours of admission to hospital and 19 cases have been identified 48 hours after admission. The Post Infection Review process continues at ward level for each case of CDI identified. CDI cases continue to present challenges in relation to early identification and isolation, additionally, current bed pressures and increased patient acuity continue to present difficulties by potentially increasing the risk of transmission.

Actions being taken with time frame

MRSA - Blood Culture Competency based training and Aseptic Non-Touch Technique (ANTT) training on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes an Infection Control element. IPCN's and the 'In reach Project team' will continue to work alongside PHA colleagues in relation to planning future education for private nursing homes. Education and increased audits of practice will continue for central and peripheral line care in all inpatient areas.

Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust wide. Post Infection Review will continue to be undertaken for every new case of MRSA bacteraemia. Focused commitment by the IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway to increase awareness of MRSA identification, placement and management with all staff. Additional refresher and induction IPC training delivered in both Antrim and Causeway sites.

CDIFF – Post Infection Review process continues at ward level for each new case identified. Microbiology-led antimicrobial stewardship rounds continue to support appropriate antibiotic prescribing. These stewardship rounds are being undertaken weekly in Causeway and also undertaken in high use areas where clinical attendance allows. The protocol for Medical assessment of patients presenting with vomiting and/or diarrhoea is enforced by the IPC team who continue to increase awareness of correct placement and management of patients presenting with diarrhoea with all staff. Additional IPC training is delivered as necessary.

Environmental cleanliness audits and clinical practice audits remain on-going. Intensive cleaning programme is on-going across all inpatient areas. Focused commitment by IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway

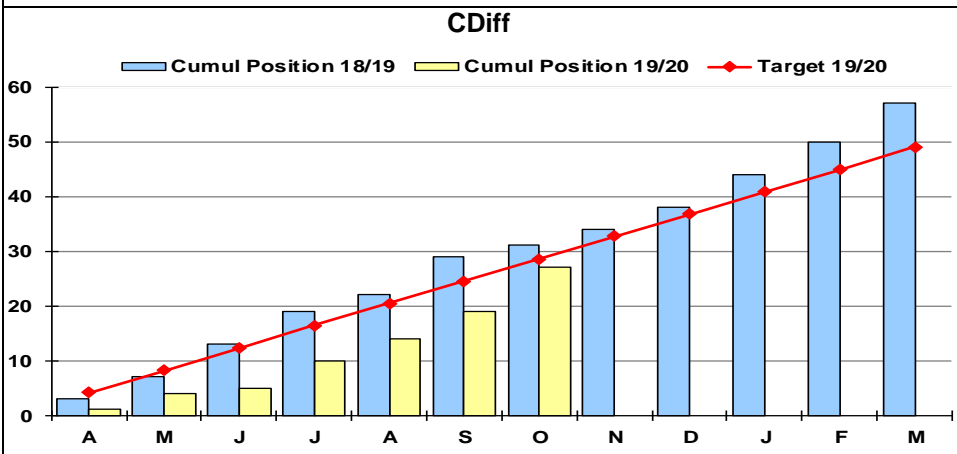
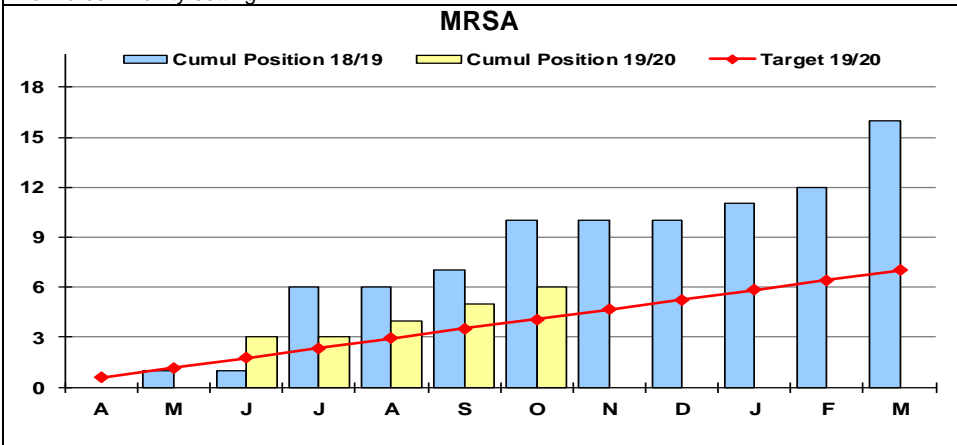
Forecast impact on performance

Both HCAI targets for the NHSCT have now been set for 2019/20. Currently the forecast for CDI cases is that the Trust is running below the expected trajectory. The forecast for cases of MRSA is that the Trust is running above the expected monthly trajectory and it will be a challenge for the Trust to meet the reduction target of 7 cases for the year 2019/20.

	Actual Activity 18/19	Aug 19	Sept 19	Oct 19	Cumulative position as at 31/10/19
No of MRSA cases	16	1	1	1	6
No of CDiff cases	57	4	5	8	27
Deaths associated with CDiff	4	0	0	0	0

Target – 2019/20 MRSA = 7, CDiff = 49

While these are the cases reported/detected in a hospital setting, several cases will have come from a community setting.



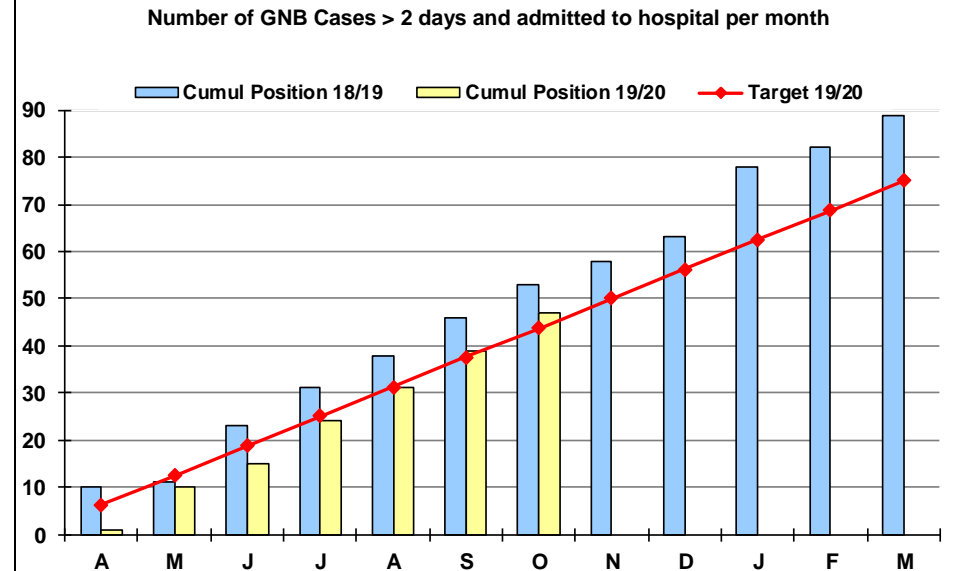
2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections (CPD 2.3 & 2.4)

Healthcare-associated Gram-negative bloodstream infections

CPD 2.3 - By 31st March 2020 secure an aggregate reduction of 17% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission compared to 18/19.

The NHSCT target for 2019/20 is 75 cases > 2 days.



Number of cases > 2 days admitted to hospital per month	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Cumulative Position
E.Coli	4	5	12	3	6	1	9	3	8	6	7	7	41
Klebsiella spp (Oxytoca and Pneumoniae)	1		2	1				2	1			1	4
Pseudomonas Aeruginosa			1		1					1	1		2
GNB Total	5	5	15	4	7	1	9	5	9	7	8	8	47

Cumulative 18/19 = 89 cases against a target of 75
Annual target for 19/20 is 75 cases

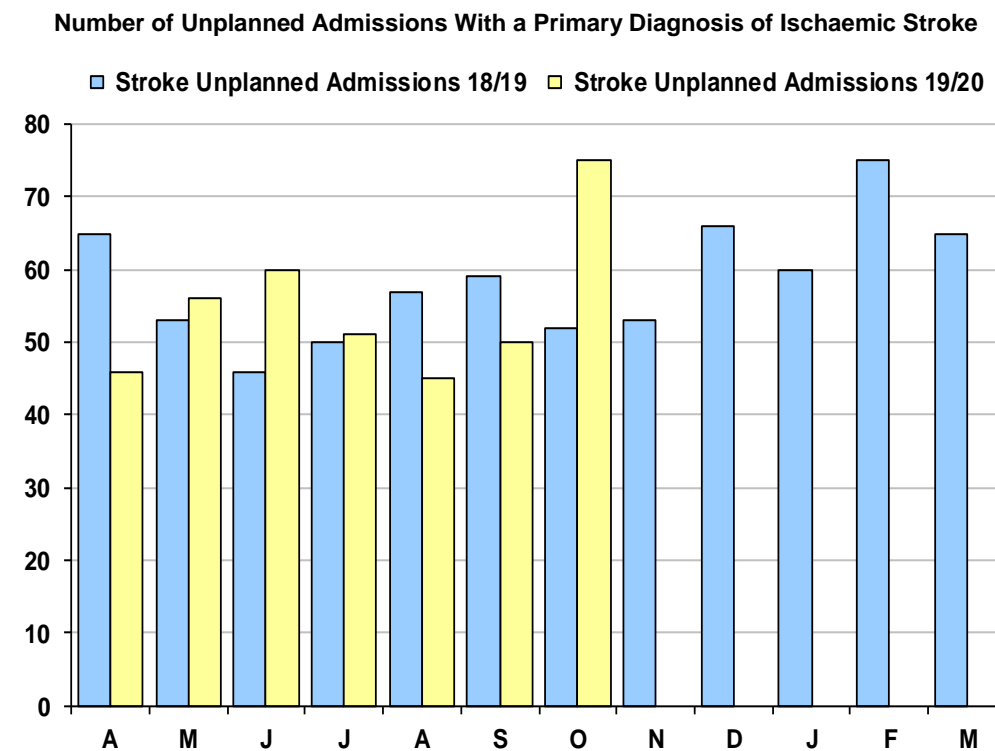
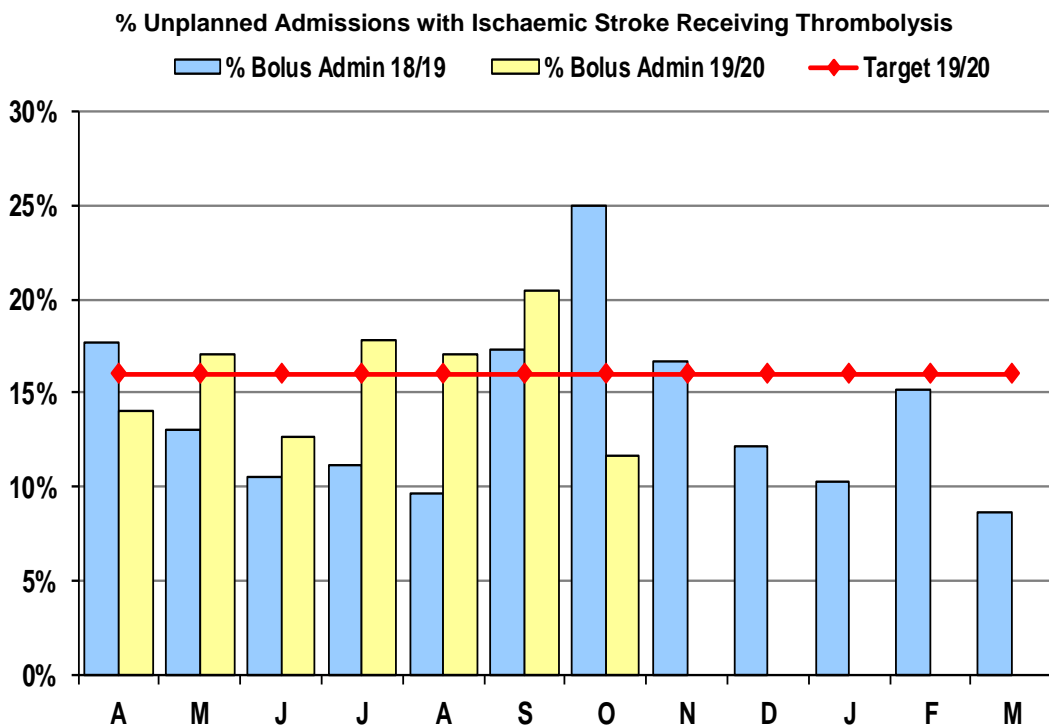
2.0 Safe and Effective Care

2.2 Stroke (CPD 4.8)

Causes/Issues that are impacting on performance

Both sites individually did not achieve the lysis target and overall it was 12% due to high number of delayed presentation and contraindicated.

	Target 19/20	Aug 19	Sept 19	Oct 19
% Ischaemic stroke receiving thrombolysis (CPD 4.8)	16%	17%	20%	12%
Number of unplanned admissions with a primary diagnosis of Ischaemic stroke		45	50	75

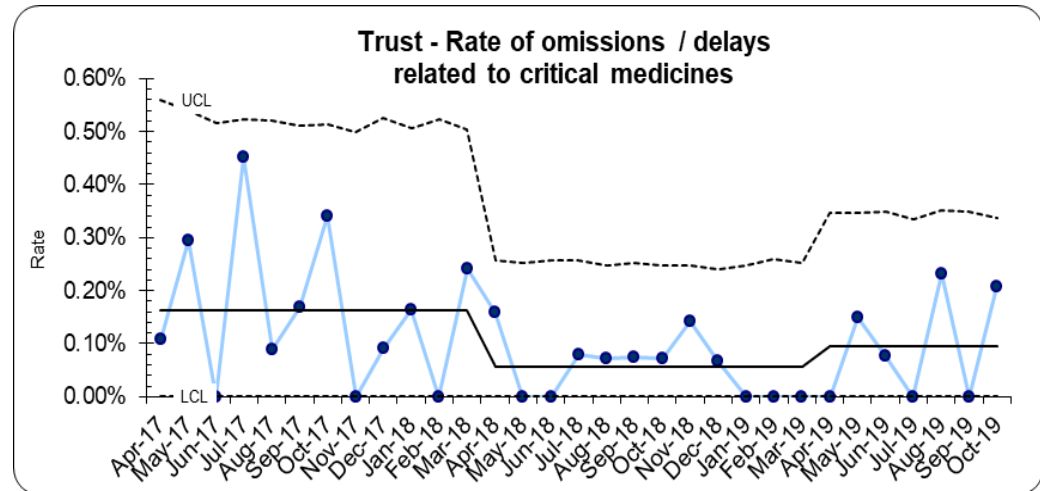
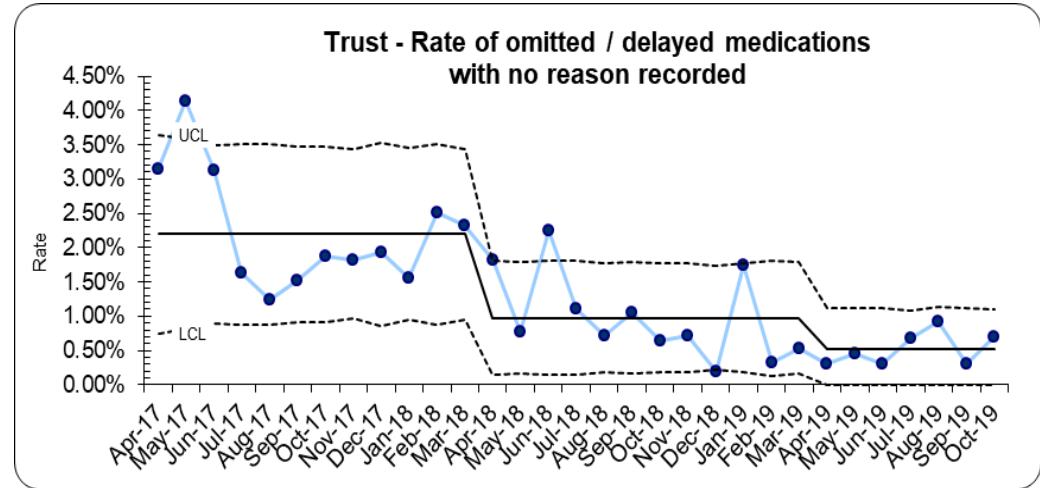


2.0 Safe and Effective Care

2.3 Omitted Medicines / NEWS (B2) / VTE (B7) / Falls (B4) / Pressure Ulcers (B3) / Anti-Absconding Care / MUST

We will reduce harm from medication errors

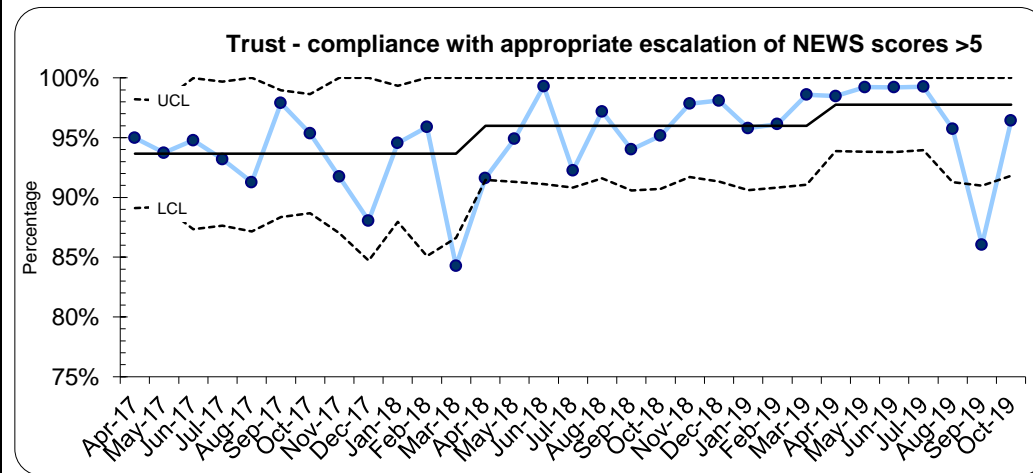
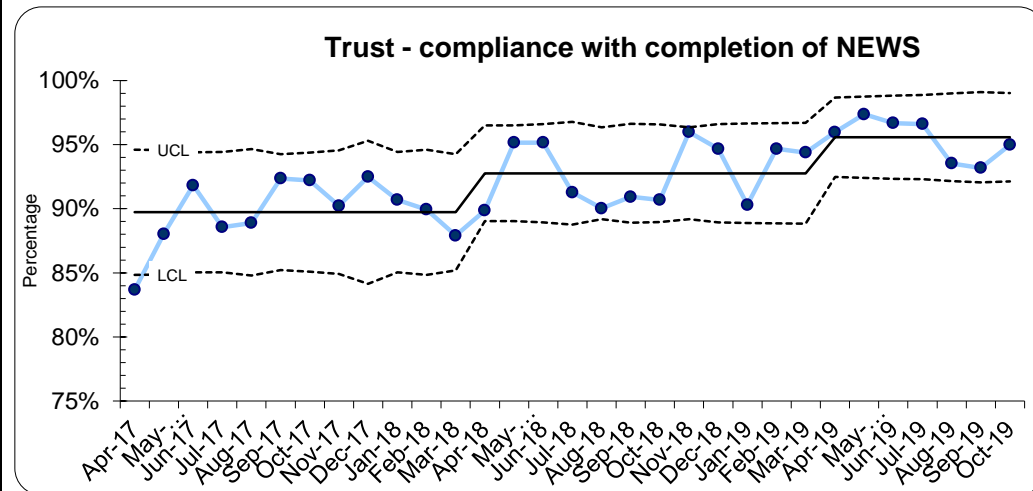
Exec. Lead	Aim	Current position
Eileen McEaney	<p>OMITTED / DELAYED MEDICINES (KPI)</p> <p>To monitor the incidence of prescribed medication that has been omitted or delayed with no reason recorded.</p>	<ul style="list-style-type: none"> Participate and contribute to regional discussions on data collection and reporting Validation of ward audit of medicine charts Agree reporting and data collection processes within Trust in accordance with regional decisions; working group Continue to raise awareness of impact of omitted and delayed medicines on patient safety New Alamac data collection tool commenced in August 2019
	<p>Description</p> <p>A minimum of 10 charts per month in acute adult in-patient wards.</p> <p>Data is captured for all wards using the Alamac system.</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> Agree, develop and contribute to regional discussions on data collection and reporting Develop further validation process of ward audits of medicine charts Agree reporting and data collection processes within Trust in accordance with regional decisions; establish working group Continue to raise awareness of impact of omitted and delayed medicines on patient safety



— = mean
 LCL = lower control limit
 UCL = upper control limit

We will reduce harm for the deteriorating patient

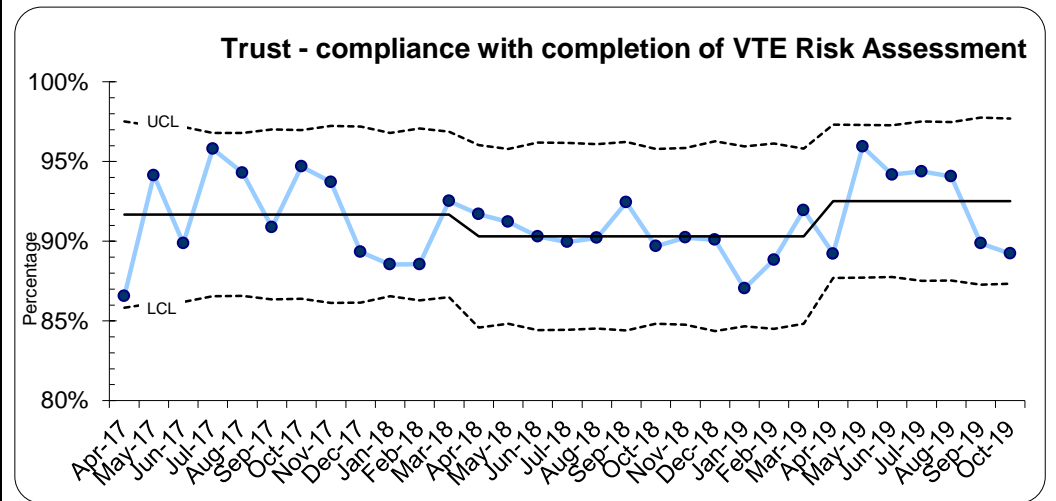
Exec. Lead	Aim	Current position
Eileen McEaney	<p>NATIONAL EARLY WARNING SCORES (NEWS) (KPI)</p> <ol style="list-style-type: none"> The aim of the implementation of NEWS is early identification of the deteriorating patient, ensuring appropriate escalation and prompt action To achieve 95% compliance with accurately completed NEWS To undertake Peer Auditing of NEWS compliance Regional HSC Safety Forum annual audit of NEWS 	<ul style="list-style-type: none"> NEWS audits continue to be carried out in each ward 10 charts per month Validation audit carried out Deterioration patient training has been updated on Mandatory Nurse training programme Life support courses continue to teach all clinical staff on NEWS New Alamac data collection tool commenced in August 2019
	<p>Description</p> <p>NEWS monthly audits are carried out by all wards on the following elements:</p> <p><u>Part 1</u></p> <ol style="list-style-type: none"> All vital signs recorded Risk score totalled NEWS score correct Evidence of appropriate action taken Frequency of observations recorded on chart Observations recorded to frequency <p><u>Part 2</u></p> <ol style="list-style-type: none"> Documented evidence of appropriate escalation Frequency of observations amended to reflect NEWS score 	<p>Areas for improvement</p> <ul style="list-style-type: none"> Department of Health have asked the HSC Safety Forum to agree a Northern Ireland approach to the implementation and monitoring of NEWS 2 by March 2020. The original date of March 2019 was extended by the HSC Safety Forum due to the need for access issues for HSC staff to the national elearning programme to be resolved. Trust charts are currently being finalised for printing. The Trust continues to resolve Issues with access to RCP News 2 e-learning programme on case by case basis and has offered face to face learning to assist. A review of the KPI audit questions and guidance is to be carried out by the Safety Forum with Trust representatives



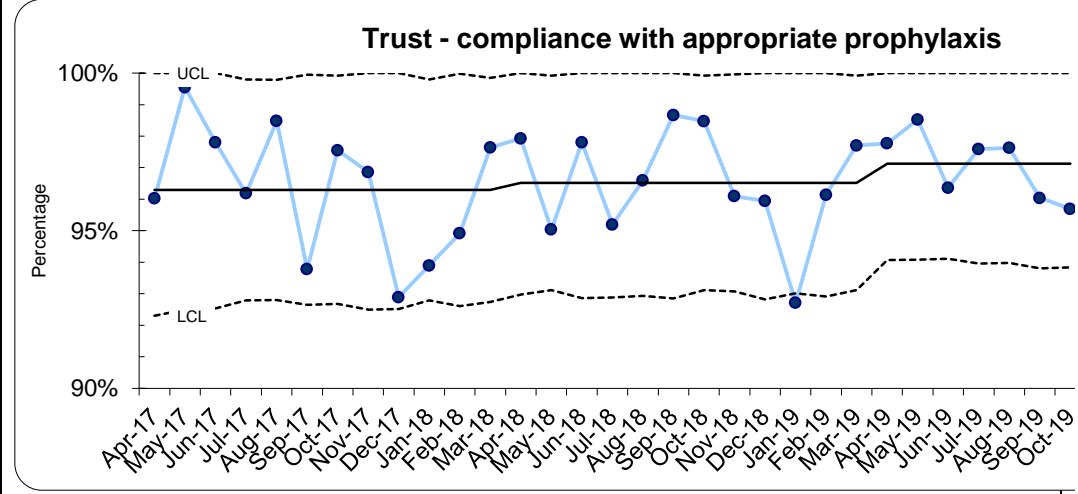
— = mean
 LCL = lower control limit
 UCL = upper control limit

Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Seamus O'Reilly	<p>VTE (KPI) To achieve 95% compliance with VTE Risk Assessment, within 24 hours of admission, across all appropriate adult inpatient hospital wards</p>	<p>The position regards VTE assessment has remained relatively steady. Ward based clinical pharmacists continue to monitor completion of VTE assessment as part of their medicines reconciliation process.</p> <p>Compliance with appropriate prophylaxis remains consistently above target.</p>



	<p>Description</p> <p>% compliance with completion of VTE Risk Assessment (random sample of 10 patients per inpatient ward)</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> Ward based pharmacists have been reviewing kardex to ensure completion of risk assessments The Task & Finish Group met and agreed some further actions to be progressed by VTE leads
--	--	---

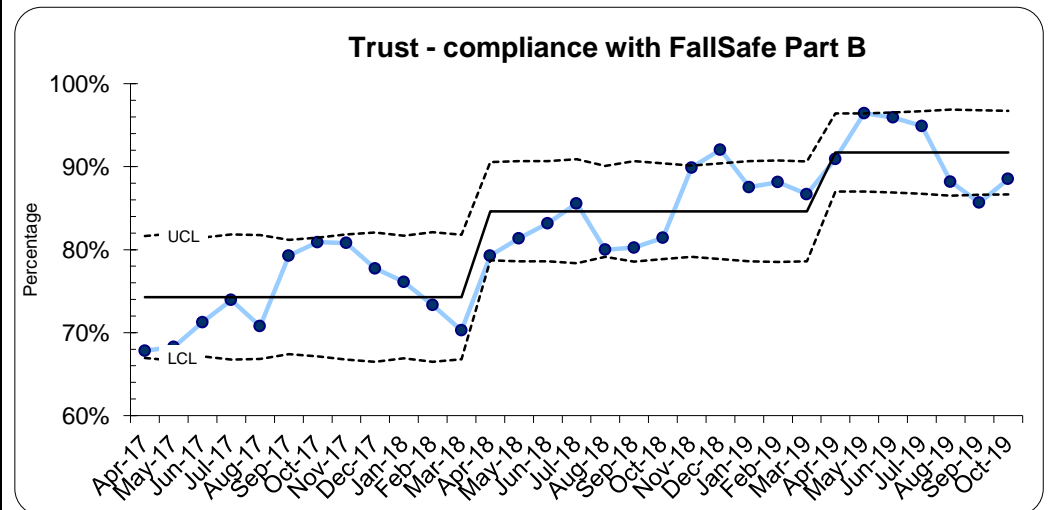
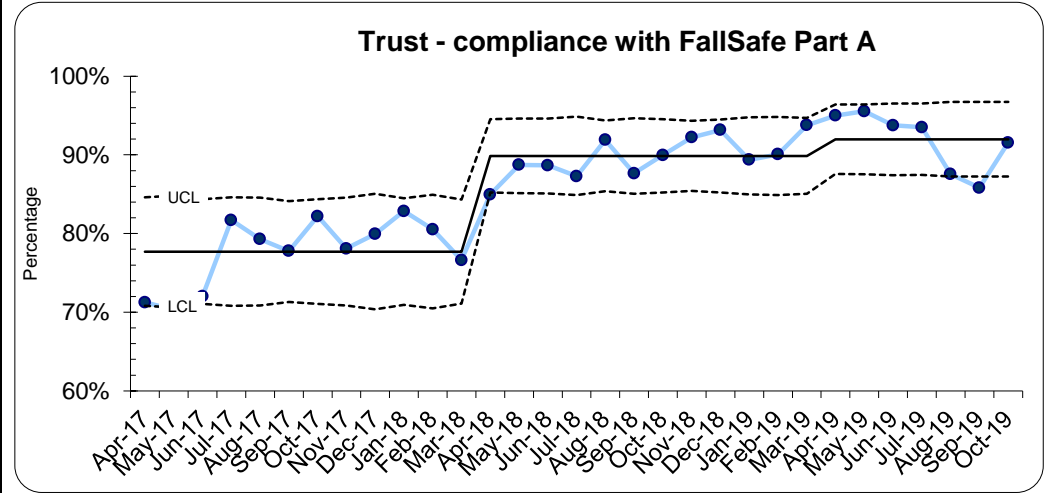


— = mean
 LCL = lower control limit
 UCL = upper control limit

Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEaney	<p>FALLS (KPI) To continue to improve compliance with Part A & Part B of the Fallsafe Bundle to all appropriate adult inpatient wards</p>	<ul style="list-style-type: none"> Ongoing delivery of training on FallSafe bundle A & B via CEC Delivery of 'short falls fast facts' sessions on site Monthly FallSafe bundle A & B audits completed by wards (10 per month) Completion of validation audits Post injurious fall investigations, with Identified areas for improvement. Implementation of the new Regional admission booklet which contains relevant FallSafe Bundle A&B elements New Alamac data collection tool commenced in August 2019

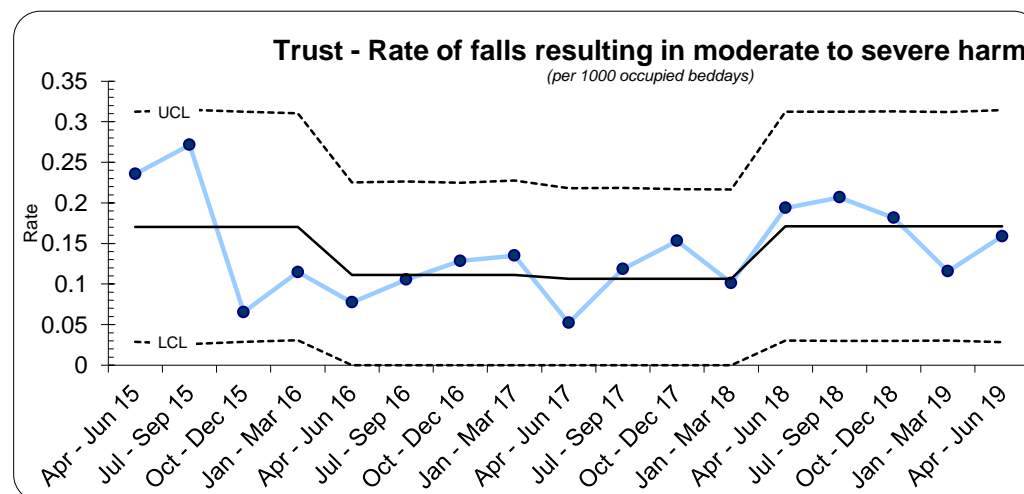
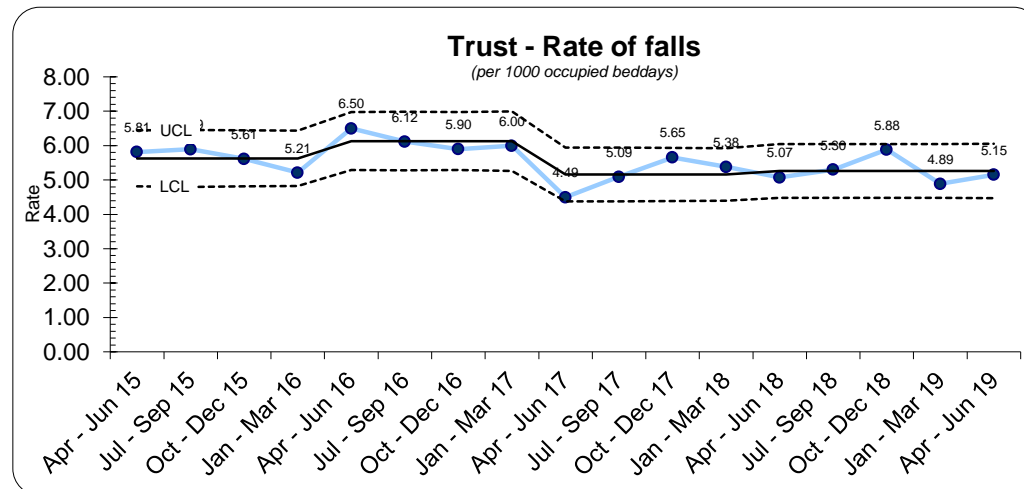
	<p>Description</p> <p>Improve compliance with the Part A & B of the FallSafe Bundle through education and training to appropriate staff.</p> <p>This will be monitored through snapshot audits and the learning will be discussed with Ward Managers</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> Update PowerPoint presentations to reflect the new regional booklet Participation in new band 6 programme regarding FallSafe and completion of KPI audits.
--	---	---



— = mean
 LCL = lower control limit
 UCL = upper control limit

Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEaney	FALLS (KPI) To monitor the number of falls in all appropriate adult inpatient wards	<ul style="list-style-type: none"> Review of falls on datixweb, in conjunction with Governance department, regarding appropriateness of grading. Phased introduction of a new 'close observation form' for high risk patients (in-patient facilities only) Implementation of a new Trust inpatient falls policy. Guidelines produced regarding the use of assistive technology. Post injurious falls investigation completed with identified learning Continue education with staff regarding falls, bone health and the FallSafe Bundle
	Description Report the number of incidents of falls, Report the number of incidents of falls which result in moderate to severe harm. Report the rate of falls per 1,000 bed days	Areas for improvement <ul style="list-style-type: none"> Continue with the phased roll out of the 'close observation' form Continue to work with the Trusts 'enhanced care group' regarding the development of guidelines around supervision. Requested data from Datixweb to analysis figures regarding moderate to catastrophic falls Working with the PHA regarding increase of moderate to catastrophic falls

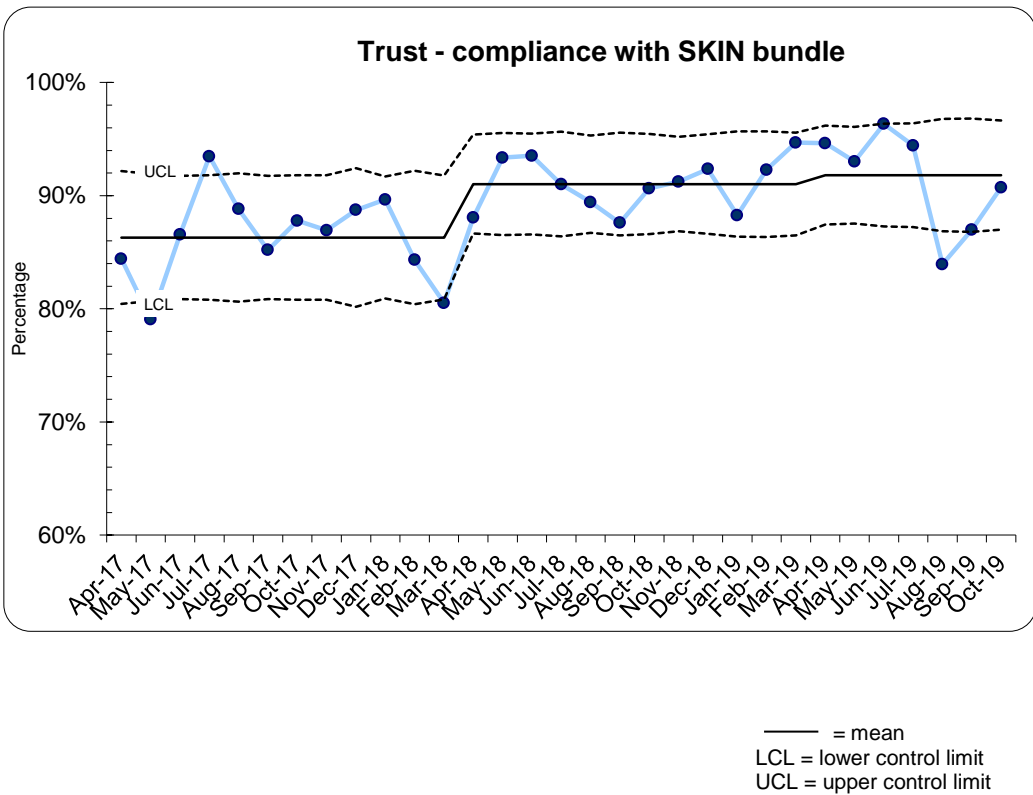


Data for Jul – Sep 19 not yet available

— = mean
 LCL = lower control limit
 UCL = upper control limit

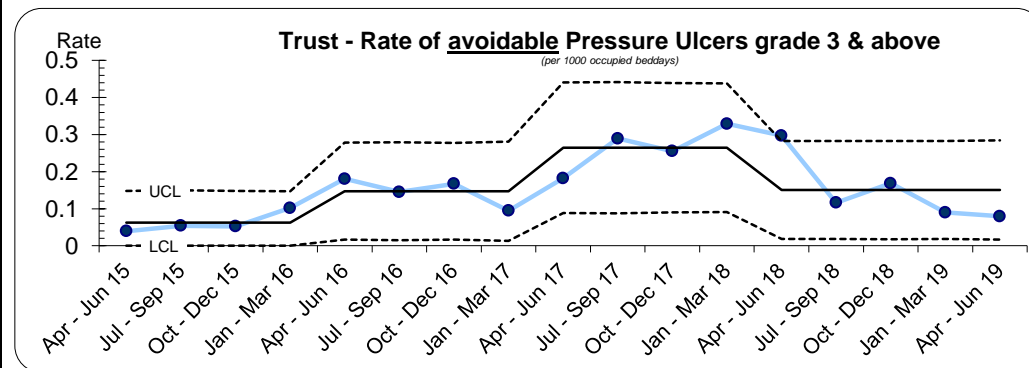
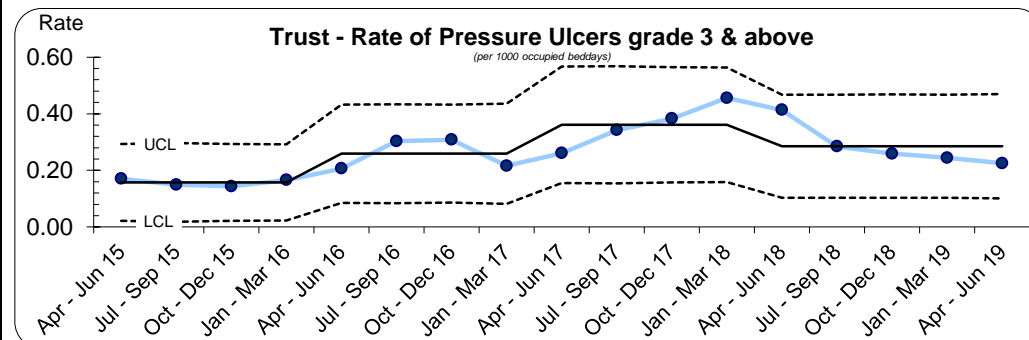
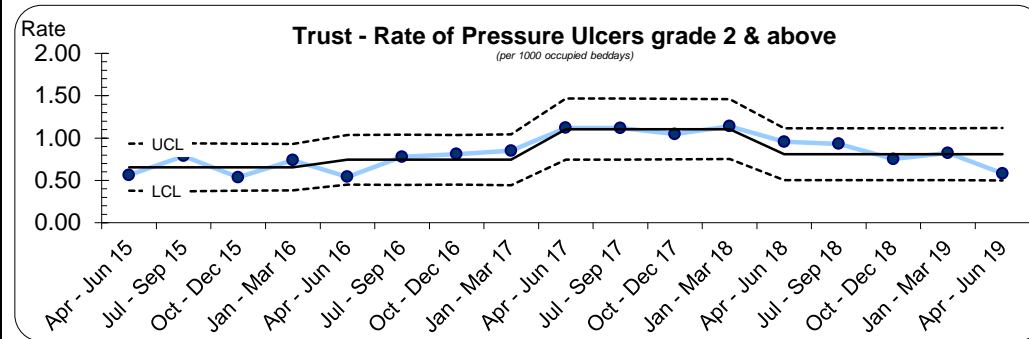
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEaney	<p>HOSPITAL ACQUIRED PRESSURE ULCERS (KPI) To achieve 95% compliance with SKIN bundle</p>	<ul style="list-style-type: none"> We have introduced new SSKIN bundle documentation, co-produced with ward staff. The implementation has been accompanied with additional training and support for nursing staff. Implementation of the new bundle has now spread to all adult inpatient wards on Antrim and causeway sites. SSKIN bundle audits continue monthly at ward level New Alamac data collection tool commenced in August 2019
	<p>Description % compliance with the SKIN bundle</p>	<p>Areas for improvement The TVN team will support wards with ongoing validation audits.</p>



Keeping patients & service users safe in our organisation

<p>Exec. Lead Eileen McEaney</p>	<p>Aim</p> <p><u>HOSPITAL ACQUIRED PRESSURE ULCERS (KPI)</u> To monitor the number of hospital acquired pressure ulcers graded 3 & 4 and the number of those which were <u>avoidable</u></p>	<p>Current position</p> <ul style="list-style-type: none"> We have introduced a dashboard on DatixWeb to identify pressure ulcer incidents on a timely basis. This has allowed the tissue viability team to promptly assess and validate the pressure ulcer grade. This has improved the validity and reliability of the numbers of hospital acquired pressure ulcers. There is agreed regional work with PHA in relation to standardising definitions around avoidable and unavoidable pressure ulcers
	<p>Description</p> <p>Report the number of incidents of pressure ulcers (grade 3 & 4) occurring in all appropriate adult inpatient wards and the number of those which were avoidable</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> There is work on-going towards the implementation of a regional screening tool with the required minimum data set as laid out in NICE quality standards. This is near to agreement. There will be separate community acquired, hospital acquired and device associated pressure ulcer screening tools.

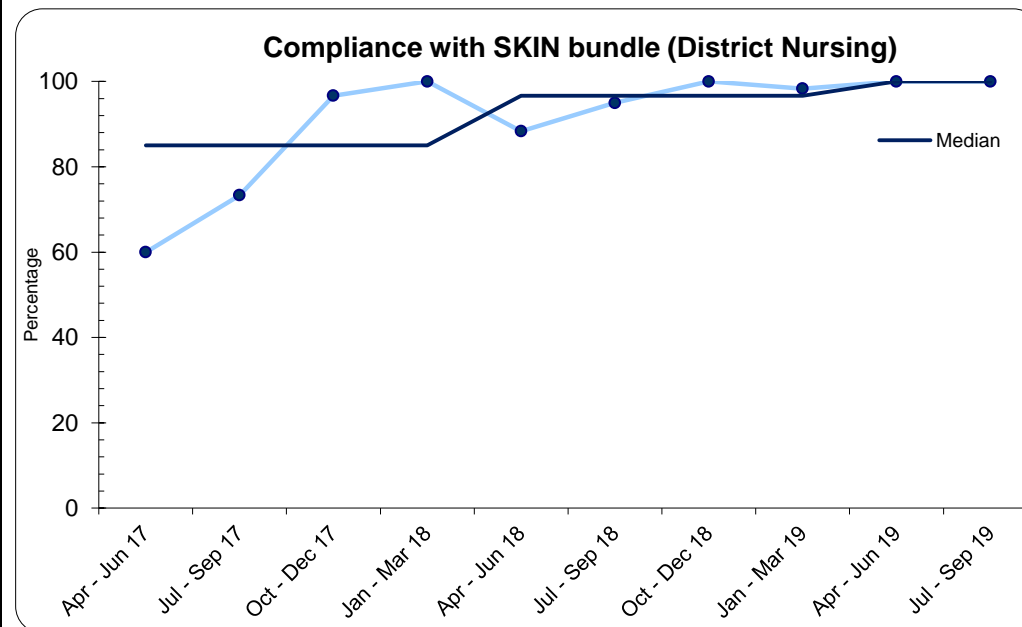


Data for Jul - Sep 19 not yet available

— = mean
 LCL = lower control limit
 UCL = upper control limit

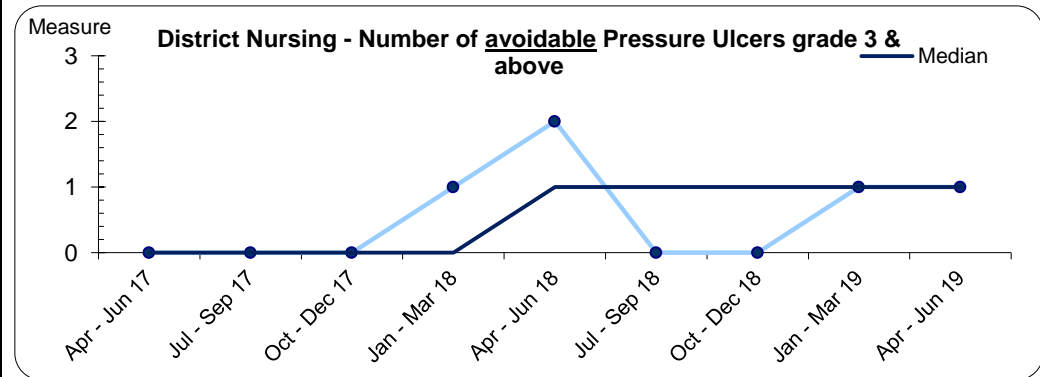
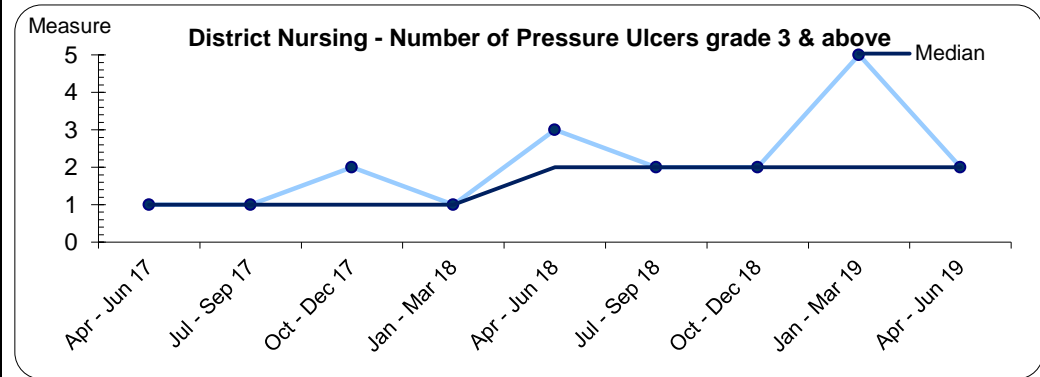
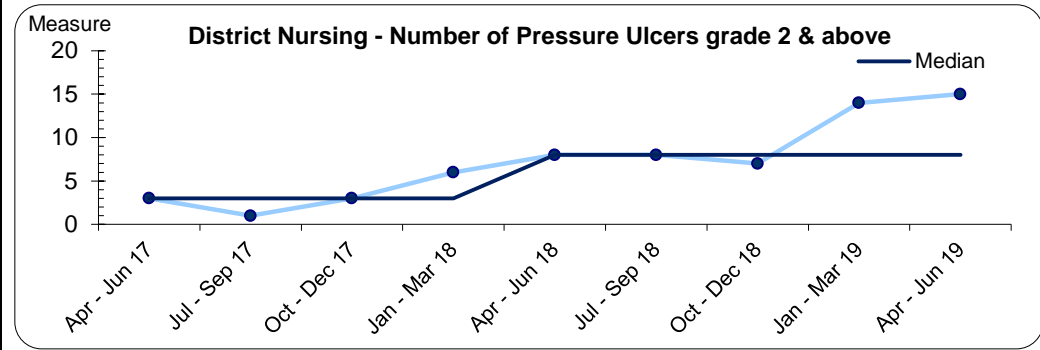
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	<p><u>DISTRICT NURSING SKIN (KPI)</u> Monitor percentage compliance with all 4 elements of the SKIN bundle in two areas (Ballymena East & Ballymena West) on the community District Nursing working caseload</p>	<ul style="list-style-type: none"> Ongoing education and compliance monitoring within the participating teams Feedback to all team members on KPI outcomes has been formalised Roll out of education programme to all DN teams restricted to Moyle ICT until new community pressure ulcer policy review which is currently under review by TV lead. Review of community pressure ulcer management plan/skin bundle documentation scheduled for early 2019 - deferred as part of policy review led by TVN service- in progress.
	<p>Description</p> <p>% compliance with all 4 elements of the SKIN bundle</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> 100% nurse compliance with the SKIN bundle achieved in the audit of 30 patient files. DNS to continually monitor the quality and safety for all patients on their caseload via monthly record audit and caseload reviews. To provide feedback to all DN teams on MUST activity. This will support prevention in the area of Nutrition. A number of senior nursing assistants to attend a study day which includes “application of the SKIN bundle” plus a practical presentation. Joint working on-going with the Trust’s Homecare Service Lead to introduce a repositioning flowchart and recording sheet - pending final sign off end October 2019



Keeping patients & service users safe in our organisation

<p>Exec. Lead Eileen McEneaney</p>	<p>Aim</p> <p>DISTRICT NURSING SKIN (KPI) Total number of Grade 3 & 4 reported community pressure ulcers and the number of these which were avoidable in two areas (Ballymena East & Ballymena West) on the community District Nursing working caseload</p>	<p>Current position</p> <p>Assurance template completed by Professional lead nurse for all RCA reports. This includes assurance that any RCA learning has been shared at team level.</p> <p>Feedback provided to TVN lead on RCA form for grade 2 pressure ulcers. This will be used by DNS to classify a grade 2 pressure ulcer as avoidable or unavoidable. TVN Lead plans to modify electronic Grade 2 RCA tool in use in acute to suit community.</p> <p>All pressure ulcers on caseload to be noted and discussed at Daily Safety Brief in order to maintain focus on the prevention and management of pressure ulcers.</p>
	<p>Description</p> <p>Report the number of incidents of pressure ulcers (grade 3 & 4) occurring in two areas on the community District Nursing working caseload</p>	<p>Areas for improvement</p> <ul style="list-style-type: none"> • DN teams are aware of the requirement to report all Grade 2, 3 and 4 pressure ulcers on datix (only grade 3 and 4 included in KPI audit) • Quarterly validation of Datix reports undertaken with TVN and DN professional practice development nurse. Validation needs to expand to all community acquired pressure ulcers service wide as per PHA. TVN lead working on a process to accommodate this additional validation. • On-going feedback to participating teams on KPI RAG status thus promoting collective leadership • The main themes from RCA have been collated and will be disseminated across the DN service within the next 4 to 8 weeks.

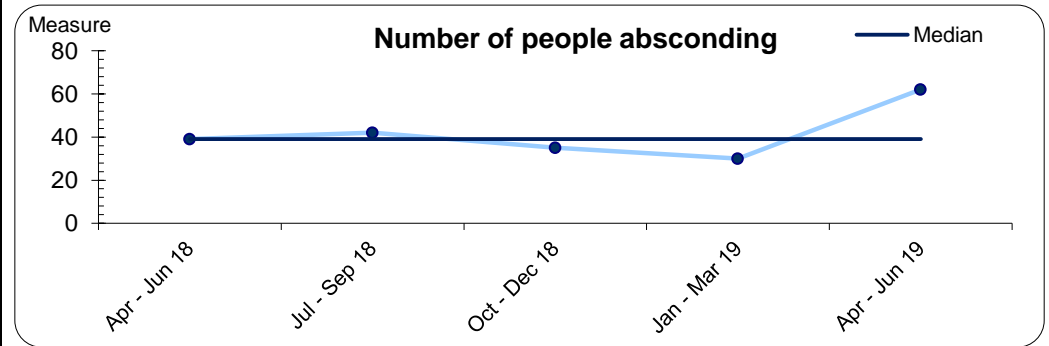
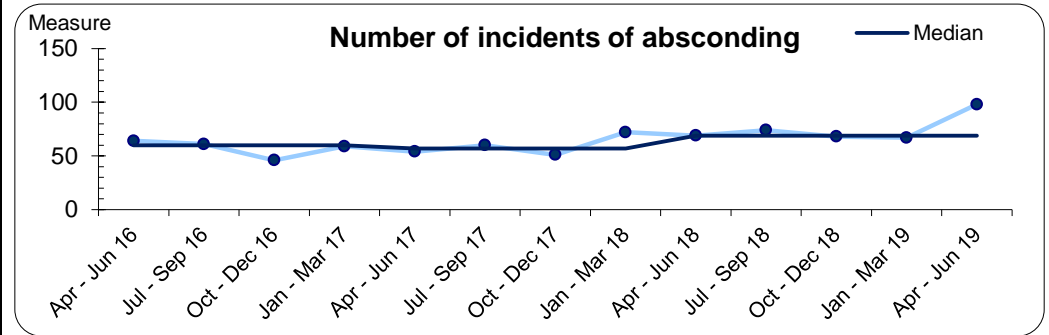
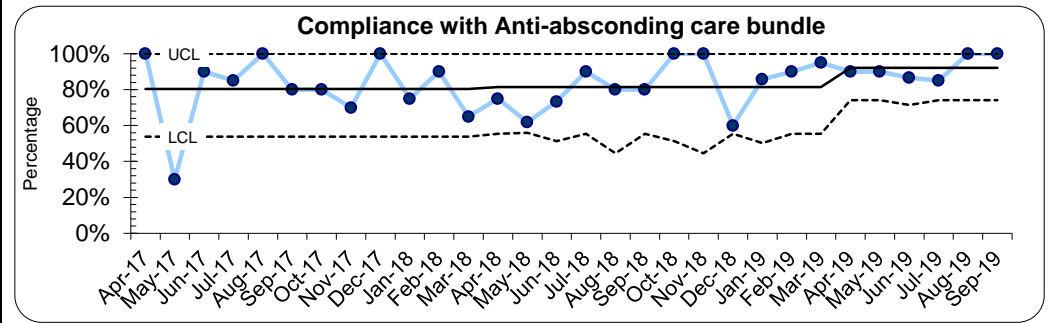


Data for Jul - Sep 19 not yet available

= median
 LCL = lower control limit
 UCL = upper control limit

Keeping patients & service users safe in our organisation

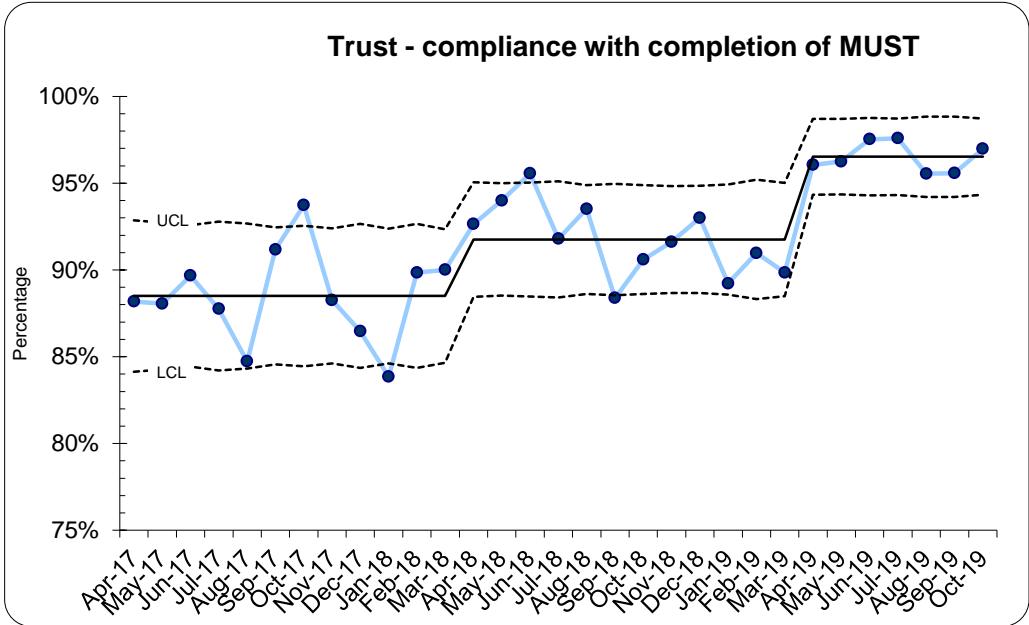
Exec Lead	Aim	Current position
Oscar Donnelly	<p>ANTI-ABSCONDING CARE BUNDLE (KPI)</p> <p>To achieve 85% compliance with Anti-absconding Care bundle within appropriate wards (RTU, TNC, TNL, TNU)</p> <p>To achieve a 10% reduction in the number of absconders</p>	<ul style="list-style-type: none"> Screening tool adopted and expanded to include Personality Disorder diagnosis, as well as being non gender specific to reflect recent incident form data that indicates high percentage of female patients absconding. This PDSA initiated from 01/08/2018 and teams oriented to the new screening tool. Tool in use and good response from all teams in terms of screening patients on admission Inaccurate or no recording of debrief in progress notes, and staff identifying the initial joint assessment with the junior doctor as the actual debrief of the patient, however that too not influencing the risk assessment and care plan update. Ongoing reviews of debrief and care plans to ensure that debriefs influence care plan updates Weekly review of all reported episodes of absconding and a review of how this is captured on datix at present. Presently our reporting captures all attempts of AWOL or patient returning late from time off the ward as an AWOL and we have been reviewing this in line with what is been reported across the region, as some Trusts do not report on this as per the last regional meeting Issues with recording on the audit tool resurfaced again in the months of June, July and August and this was mainly to do with a change in staffing that led to inaccurate stats being sent back
	<p>Description</p> <p>Monitor compliance with the elements of the bundle:</p> <ul style="list-style-type: none"> Clarification for patients in relation to their individual leave status Completion of assessment for patients 'at risk' of absconding Targeted nursing time for those at risk of absconding been identified Careful breaking of unpalatable news and associated monitoring of patient Post-incident de-briefing Multi-disciplinary review 	<p>Areas for improvement</p> <ul style="list-style-type: none"> Agreed to have the debrief recorded separately by a purposeful separate meeting with the service user taking place with a senior/primary nurse to identify key information on reasons for recent abscontion and future management plans – ongoing Weekly review and audit of all cases of AWOL to be convened by the team, to identify any trends and risk areas, while also auditing the recording of the debrief meetings – ongoing Teams have been re-oriented to the audit tool as well as the ongoing review of all AWOL reported cases on a weekly basis



Data for Jul - Sep 19 not yet available

Keeping patients & service users safe in our organisation

<p>Exec. Lead Eileen McEneaney</p>	<p>Aim</p> <p>MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) (KPI) To achieve 95% compliance of the completed MUST tool within 24 hours admission to hospital in all appropriate Adult Inpatient Wards</p>	<p>Current position</p> <ul style="list-style-type: none"> Continue to raise and maintain awareness of MUST Continue to increase compliance of the completed MUST tool within 24 hours admission to hospital in all appropriate Adult Inpatient Wards Monitor and validate compliance through data collection from Alamac MUST Steering Group now convened New Alamac data collection tool commenced in August 2019
	<p>Description</p> <p>% compliance with completion of MUST screening tool</p>	<p>Areas for improvement</p> <p>Newly formed steering group will be focusing on</p> <ul style="list-style-type: none"> Staff training Provision of snacks Accurate recording of patient weight and MUST scores Raising awareness



— = mean
 LCL = lower control limit
 UCL = upper control limit

2.0 Safe and Effective Care

2.4 Serious Adverse Incidents

Number of new SAI's reported to HSCB during October 2019 (by Directorate and Level of Investigation)

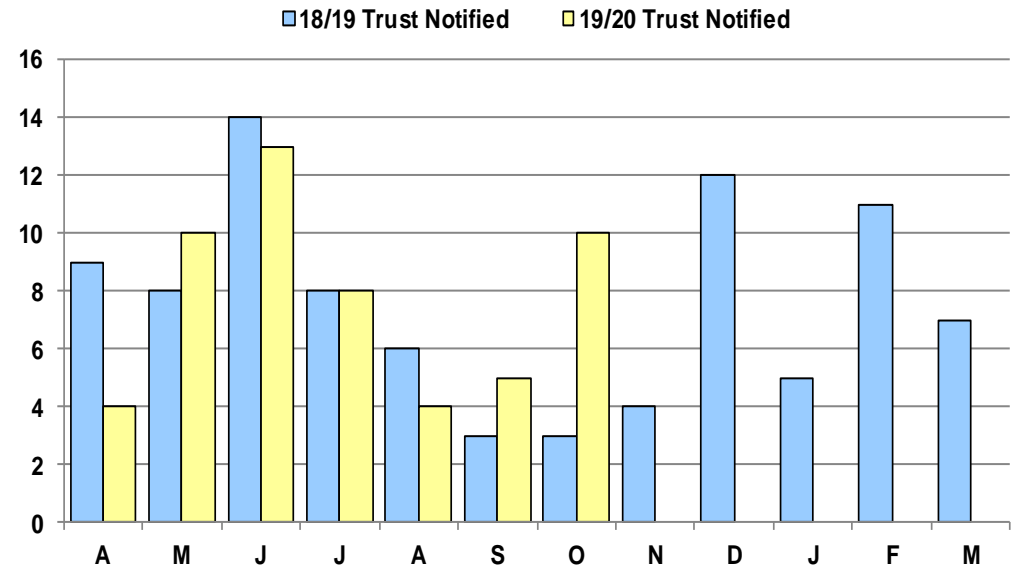
Number of SAIs Notified to the HSCB	Community Care (CC)	Medicine & Emergency Medicine (MEM)	Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	Corporate Support Services & Nursing (DON)	Surgical & Clinical Services (SCS)	Strategic Development & Business Services (SDBS)	Woman, Children & Families (WCF)	Finance (including Estates)	Total
Level 1 (SEA)	0	0	7	0	3	0	0	0	10
Level 2 (RCA)	0	0	0	0	0	0	0	0	0
Level 3 (External)	0	0	0	0	0	0	0	0	0
Total	0	0	7	0	3	0	0	0	10

NOTE: Level 1, SEA (Significant Event Audit) Investigation reports to be completed within 8 weeks of date reported to HSCB
 Level 2, RCA (Root Cause Analysis) Investigation reports to be completed within 12 weeks of date reported to HSCB
 Level 3, no definite timescale

Number of SAI investigation reports overdue (have not met regional timescale) by Division by number of weeks as at 31 October 2019

Division	Number of SAI investigation reports overdue (have not met regional timescale) by Division by number of weeks as at 31 October 2019					Total
	0-10 wks	11-20 wks	21-30 wks	31-40 wks	41-60 wks	
Community Care (CC)	0	0	0	0	0	0
Corporate Support Services & Nursing (DON)	0	0	0	0	0	0
Medicine & Emergency Medicine (MEM)	2	0	0	0	0	2
Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	7	13	13	3	2	38
Surgery & Clinical Services (SCS)	1	0	0	0	0	1
Woman, Children & Families (WCF)	1	2	0	2	0	5
Total	11	15	13	5	2	46

Number of new SAI investigations notified to the HSCB



3.0 Quality Standards and Performance Targets

The various areas monitored by the Trust are categorised as follows;

3.1 DoH Commissioning Plan Direction Targets & Standards 2019/20

- Elective Care and Cancer Care ([page 26](#))
- Unscheduled Care (Including Delayed Discharges) ([page 39](#))
- Mental Health & Learning Disability ([page 46](#))
- Women, Children and Families ([page 50](#))
- Community Care ([page 52](#))

3.2 DoH Indicators of Performance 2019/20 - Indicators of performance are in support of the Commissioning Plan Direction Targets. ([page 54](#))

3.3 Additional Indicators in Support of Commissioning Plan Direction Targets. ([page 61](#))

3.0 Quality Standards & Performance Targets

3.1 DoH Commissioning Plan Direction Targets & Standards 19/20

Elective Care and Cancer Care		Monthly Performance Comments, Actions	Trend Analysis																																							
Dir	Target/Objective																																									
SCS	Diagnostic Tests Urgent By March 2020, all urgent diagnostic tests should be reported on within two days (CPD 4.9)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Recent recruitment exercises have been unsuccessful. Attempts to recruit will continue. Two Locum Consultant Radiologists are in post but are in a temporary capacity. Additional reporting radiographers have been appointed, and recruitment will continue as part of IPT investment (recruitment process is ongoing) however staff will take up to 18 months to reach full competency.</p> <p>FORECAST IMPACT ON PERFORMANCE Even with new investment, the Trust will continue to require independent sector support due to shortage in radiologists. Therefore, it is anticipated that performance will remain below 100%.</p>	<p>Diagnostic Tests reported < 2 days</p> <p>The chart displays monthly performance for 18/19 (blue bars) and 19/20 (yellow bars). A red line with diamond markers represents the 100% target. The x-axis shows months from August to March. The y-axis ranges from 70% to 100%.</p> <table border="1"> <caption>Diagnostic Tests reported < 2 days (from chart)</caption> <thead> <tr> <th>Month</th> <th>% < 2 days 18/19</th> <th>% < 2 days 19/20</th> </tr> </thead> <tbody> <tr><td>A</td><td>84%</td><td>88%</td></tr> <tr><td>M</td><td>91%</td><td>87%</td></tr> <tr><td>J</td><td>83%</td><td>84%</td></tr> <tr><td>J</td><td>82%</td><td>84%</td></tr> <tr><td>A</td><td>87%</td><td>93%</td></tr> <tr><td>S</td><td>82%</td><td>83%</td></tr> <tr><td>O</td><td>92%</td><td>83%</td></tr> <tr><td>N</td><td>95%</td><td>-</td></tr> <tr><td>D</td><td>92%</td><td>-</td></tr> <tr><td>J</td><td>97%</td><td>-</td></tr> <tr><td>F</td><td>93%</td><td>-</td></tr> <tr><td>M</td><td>88%</td><td>-</td></tr> </tbody> </table>	Month	% < 2 days 18/19	% < 2 days 19/20	A	84%	88%	M	91%	87%	J	83%	84%	J	82%	84%	A	87%	93%	S	82%	83%	O	92%	83%	N	95%	-	D	92%	-	J	97%	-	F	93%	-	M	88%	-
		Month		% < 2 days 18/19	% < 2 days 19/20																																					
A	84%	88%																																								
M	91%	87%																																								
J	83%	84%																																								
J	82%	84%																																								
A	87%	93%																																								
S	82%	83%																																								
O	92%	83%																																								
N	95%	-																																								
D	92%	-																																								
J	97%	-																																								
F	93%	-																																								
M	88%	-																																								
	<table border="1"> <thead> <tr> <th colspan="12">Diagnostic Tests reported < 2 days</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>96%</td><td>92%</td><td>97%</td><td>93%</td><td>88%</td><td>88%</td><td>88%</td><td>84%</td><td>84%</td><td>93%</td><td>83%</td><td>83%</td><td>↔</td> </tr> </tbody> </table>	Diagnostic Tests reported < 2 days												Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	96%	92%	97%	93%	88%	88%	88%	84%	84%	93%	83%	83%	↔			
Diagnostic Tests reported < 2 days																																										
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM																														
96%	92%	97%	93%	88%	88%	88%	84%	84%	93%	83%	83%	↔																														

SCS/MEM/WCF

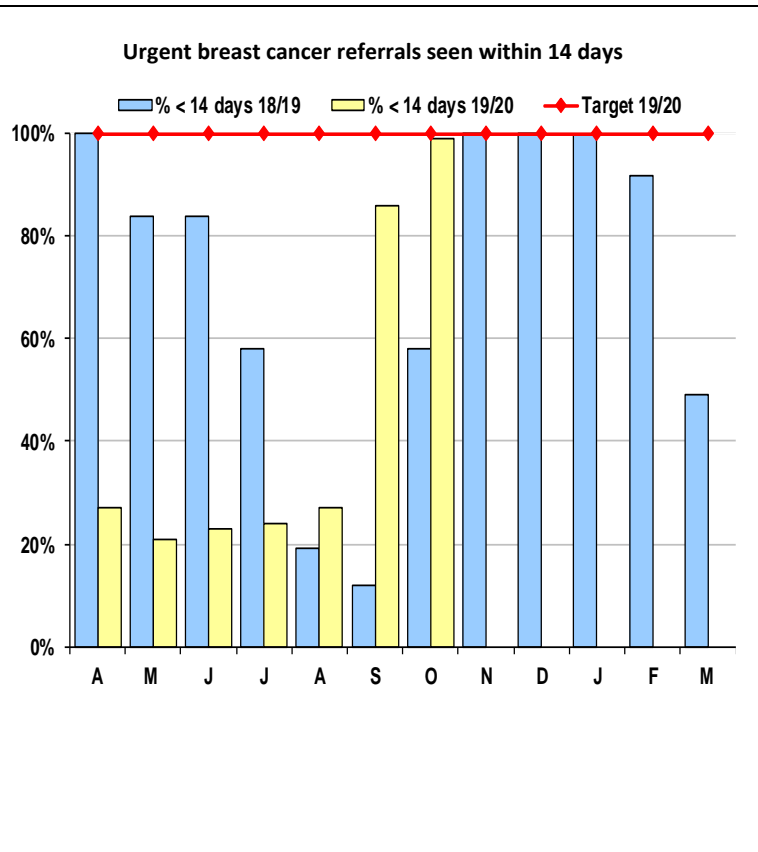
Cancer Care 14 day
 During 2019/20, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 The breast service is under considerable pressure and is only able to keep on top of demand through significant use of WLI funding. Funded red flag outpatient SBA is 2,880 (240 per month), but in 2018/19 a total of 3,998 patients were seen (333 per month or 39% above core capacity), and there has been a further 6% increase in demand in 2019/20.

ACTIONS BEING TAKEN WITH TIME FRAME
 Significant additional work has been undertaken in August and September, and 25 patients were transferred to the Belfast Trust to help manage excess demand. This has resulted in a much improved position, with September performance against the 14-day target of 86%. A fourth weekly breast clinic commenced in October 2019, increasing the service's core capacity. The Trust has submitted an IPT for a fourth breast consultant; once this position is appointed this will place the specialty in a more sustainable position.

FORECAST IMPACT ON PERFORMANCE
 The position remains fragile, given the small clinical team and fluctuations in demand.

Urgent breast cancer referrals seen within 14 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
100%	100%	99.7%	92%	49%	27%	21%	23%	24%	27%	86%	99%	↑



SCS/MEM/WCF

Cancer Care 31 day
 During 2019/20, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat (CPD 4.10)

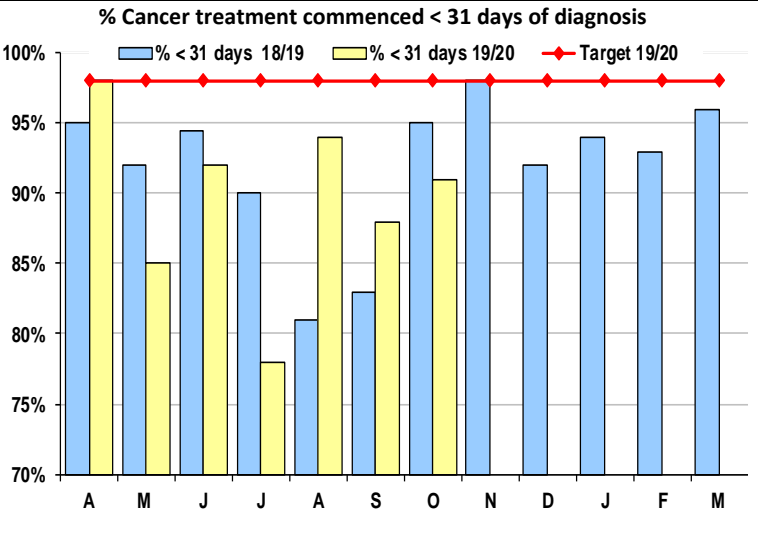
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Ongoing issues in breast cancer, where a high level of demand for red flag outpatients has resulted in increased pressure on the surgical service as patients convert to requiring procedures. As the team is already stretched maintaining the 14-day target, there is not enough surgical capacity to consistently meet the 31-day timeframe. All core theatre lists have been delivered and backfilled where possible; however, the pension tax issue is reducing the services availability to deliver further additional theatre lists.

ACTIONS BEING TAKEN WITH TIME FRAME
 Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.

FORECAST IMPACT ON PERFORMANCE
 It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured.

% Cancer treatment commenced < 31 days of diagnosis												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
98%	92%	94%	93%	96%	98%	85%	92%	78%	94%	88%	91%	↑

Figures are subject to change as patient notes are updated



Cancer Care 62 day

During 2019/20, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. (CPD 4.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Lower/upper GI: Delays in accessing surgical OP remain – increased demand and lack of OP and theatre capacity.

Lung: complex cases requiring a number of diagnostic tests, delays in PET scans and thoracic surgery in BT.

Delays continue for PET, BT sending suitable patients to Dublin for procedure.

Breast: Delays are likely to continue in undertaking breast surgery depending on the numbers washing through secondary to higher demand

Skin: There has been a 24% increase in referrals in 2019/20 compared to the same period last year.

Gynae: continuing delays in accessing hysteroscopy within 14 days due to unplanned leave of medical staff member, with additional lists being arranged to meet demand.

ACTIONS BEING TAKEN WITH TIME FRAME

Lower/upper GI: Additional endoscopy sessions for Red Flag patients. Some patients being referred to IS to release RF capacity

Breast: Additional outpatient clinics and inpatient theatre lists being arranged with elective access funding.

Lung: proactive monitoring in place

Gynae: additional hysteroscopy sessions being undertaken.

Skin: Additional in house outpatient and surgical lists have been undertaken following transfer of patients to the Independent Sector. Belfast working with PHA to address capacity issues for plastic surgery.

FORECAST IMPACT ON PERFORMANCE

Lower GI: performance will remain below the target level due to delays accessing first outpatient appointment and endoscopy.

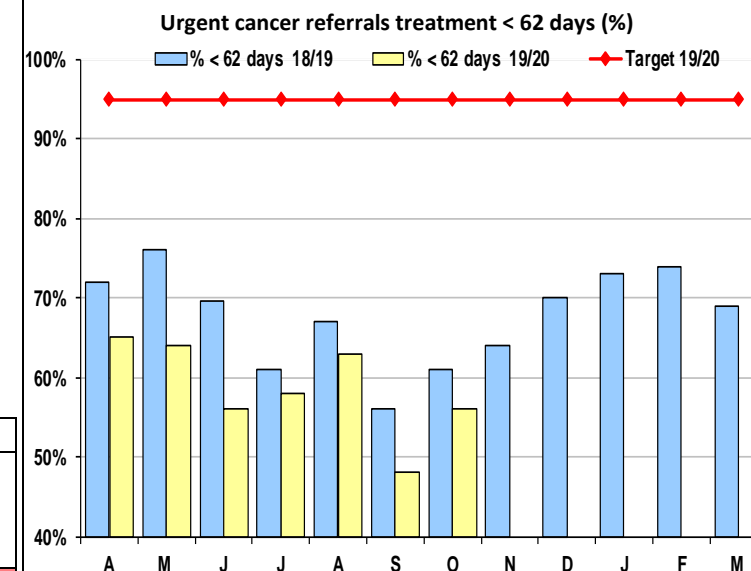
Skin: Transfers have commenced to the IS and all in-house capacity converted to red flag, however this will not be enough to meet growing demand.

Urgent cancer referrals treatment < 62 days (%)

Tumour Site	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
ALL	71%	73%	73%	69%	64%	64%	56%	58%	62%	48%	56%	↑
B	97%	100%	91%	100%	89%	92%	79%	57%	95%	64%	71%	
G	75%	44%	57%	57%	0%	67%	20%	0%	14%	0%	14%	
H	67%	46%	100%	100%	83%	100%	100%	100%	82%	67%	68%	
HN	-	0%	0%	0%	75%	-	0%	0%	0%	0%	0%	
LGI	30%	22%	50%	18%	40%	13%	10%	13%	19%	0%	18%	
UGI	33%	25%	-	100%	33%	25%	0%	50%	0%	20%	29%	
L	44%	75%	67%	57%	33%	25%	-	100%	100%	100%	86%	
S	82%	90%	72%	81%	79%	74%	71%	88%	59%	40%	69%	
O	100%	-	-	0%	100%	-	67%	-	100%	100%	-	

Urology now under Western Trust

Figures are subject to change as patient notes are updated

**October 19 Position by Tumour Site – Number of cases for Month**

Note: where the Patient is a SHARED treatment with another Trust, NHSC carry 0.5 weighting for patient's wait.

(B) Breast Cancer – 17 patients treated

(G) Gynae Cancers – 3.5 patient treated

(H) Haematological Cancers – 3.0 patients treated

(HN) Head/Neck Cancer – 1.0 patients treated

(LGI) Lower Gastrointestinal Cancer – 8.5 patients treated

(UGI) Upper Gastrointestinal Cancer – 3.5 patients treated

(L) Lung Cancer – 3.5 patients treated

(S) Skin Cancer – 18.0 patients treated

(O) Other – 0.0 patients treated

SCS/MEM/WCF

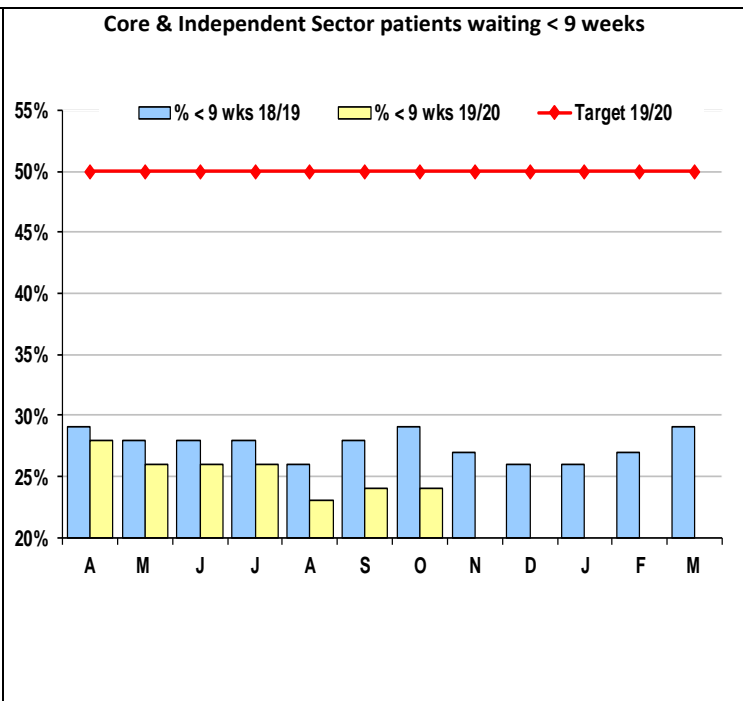
Outpatient Waits
 By March 2020, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.11)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 This is not a performance issue. Demand is significantly higher than capacity in a great number of specialties. The most notable change / deterioration in this performance is due to there being limited capacity to undertake additional in-house activity and no funding available to transfer new outpatients to the Independent Sector.

ACTIONS BEING TAKEN WITH TIME FRAME
 Continue to maximise all available outpatient capacity and maintain low DNA rates for new and review patients.

FORECAST IMPACT ON PERFORMANCE
 There is a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further.

Core & Independent Sector patients waiting < 9 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
27%	26%	26%	27%	29%	28%	26%	26%	26%	23%	24%	24%	↔



SCS/MEM/WCF

Outpatient Waits
 By March 2020, no patient to wait longer than 52 weeks. (CPD 4.11)

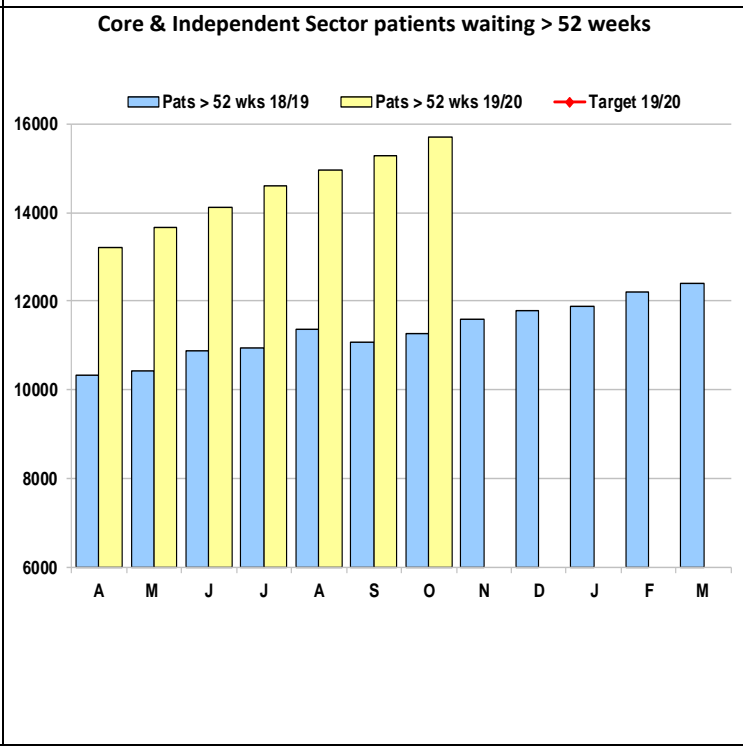
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 This is not a performance issue. See 9-week target.

ACTIONS BEING TAKEN WITH TIME FRAME
 See 9-week target.

FORECAST IMPACT ON PERFORMANCE
 See 9-week target

Core & Independent Sector patients waiting > 52 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
11592	11789	11882	12196	12407	13224	13665	14129	14611	14943	15280	15696	↓

Core & Independent Sector patients total patients waiting												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
39827	40198	40474	41393	42419	43371	44180	45206	45980	46305	47073	47007	



Diagnostic waits

By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (CPD 4.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Imaging: This is generally not a performance issue. SBA volumes in most modalities are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled care activity continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity. Shortage of Radiologists leads to long waits in Radiologist-only provided US scans.

ACTIONS BEING TAKEN WITH TIME FRAME

Imaging: Additional activity is being undertaken with non-recurrent elective access funding, but the volumes are insufficient to fully address the backlog. Confirmation of recurrent funding for CT, NOUS and MRI is still outstanding, and therefore recruitment of additional staff is not yet possible. Further additional activity will be required but there is a limit on the additional volumes that can be provided in-house. Capacity will still be restricted in some modalities due to the number of scanners in operation. IS activity for both scanning and reporting across several may be required.

Clinical physiology: The Trust has moved to a Clinical Physiology led model for the pharmacological component of myocardial imaging allowing additional capacity. To date this has been funded with non-recurrent monies and may not be sustainable in the long term.

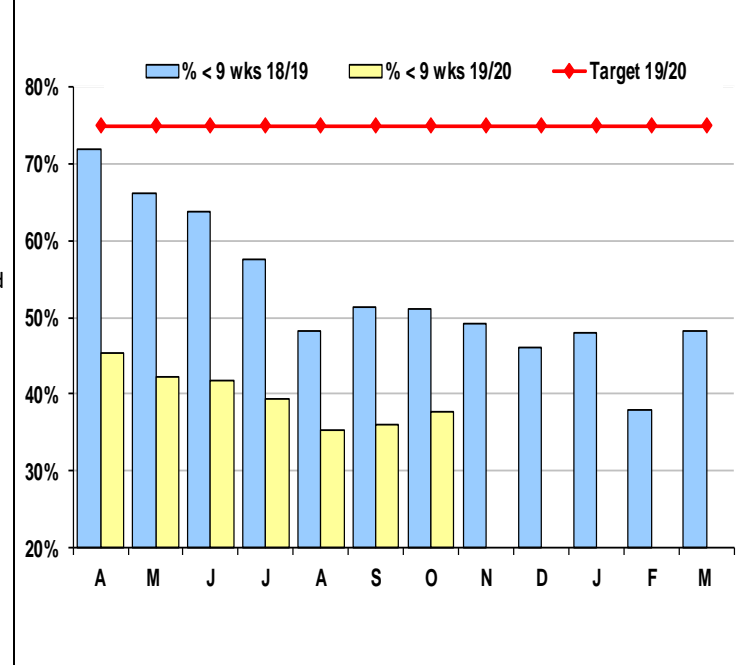
FORECAST IMPACT ON PERFORMANCE

Imaging: Waiting times will reduce however recruitment, the non-recurrent nature of allocations, and the need for additional scanners will continue to limit overall improvement.

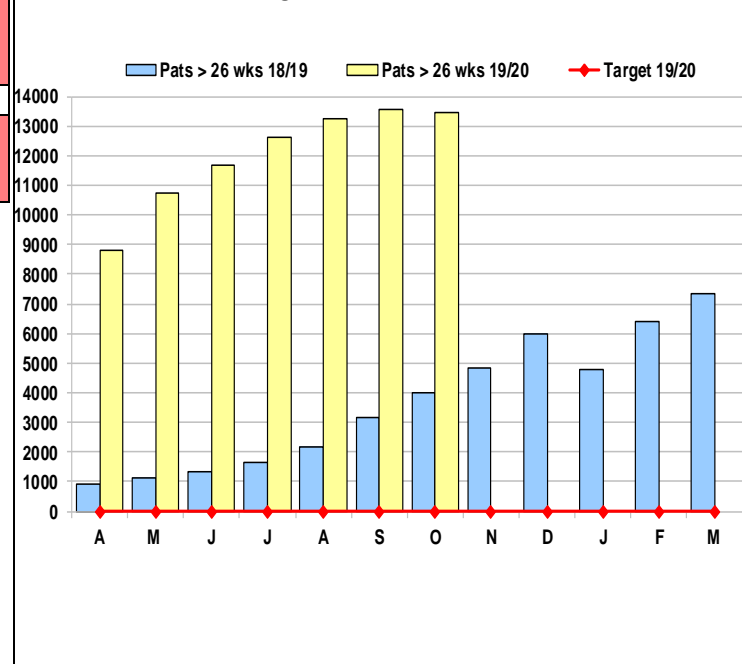
Clinical physiology: The service is working at full capacity and there is unlikely to be significant improvement until investment can be secured.

Diagnostic Tests < 9 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
49%	46%	48%	38%	48%	45%	42%	42%	40%	35%	36%	38%	↑
Diagnostic Tests > 26 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
4815	6000	4790	6405	7336	8801	10733	11704	12610	13243	13568	13452	↑

Diagnostic Tests < 9 weeks



Diagnostic Tests > 26 weeks



Diagnostic waits
Endoscopy

By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient should wait longer than 26 weeks (CPD 4.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Unable to provide all scheduled lists at present due to surgical locums not able to cover endoscopy. Lists for trainee nurse endoscopists are operating at a lower volume to allow for training. SBA does not take into account increasing complexity of procedures, or patients with double procedures.

ACTIONS BEING TAKEN WITH TIME FRAME

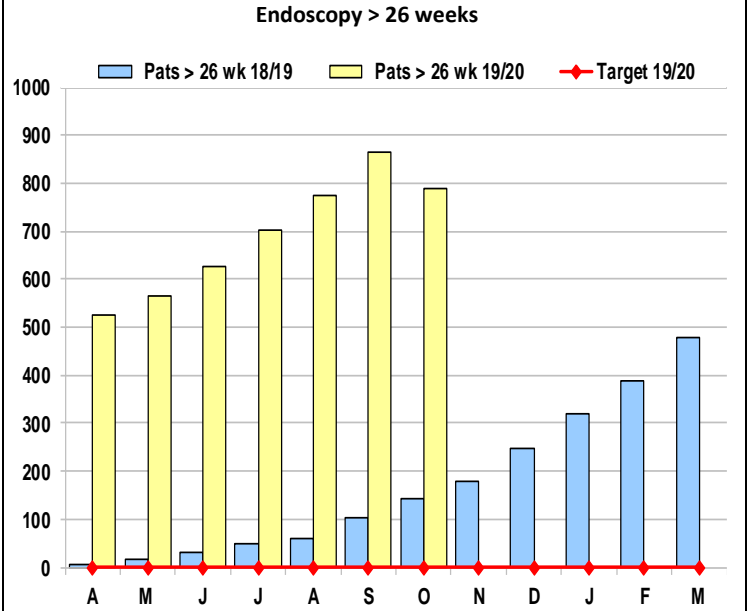
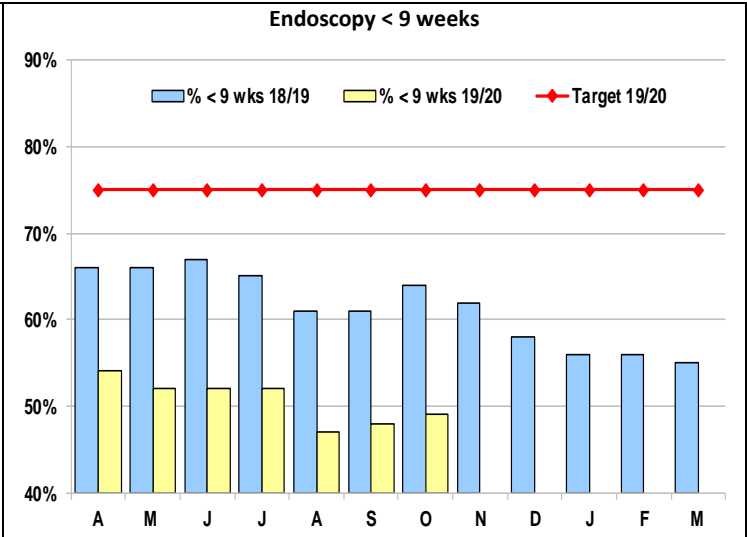
Elective access funding for additional in-house capacity has been secured going into 2019/20, which will be focused on maintaining red flag waiting times. Urgent referrals are being transferred to the Independent Sector to create additional in-house red flag capacity. Project underway to create additional capacity through extended working in endoscopy. Additional nurse endoscopy staff in training. The service is reviewing the points allocation of all endoscopy lists to ensure maximum utilisation.

FORECAST IMPACT ON PERFORMANCE

Routine waiting times are likely to increase until additional capacity can be secured through increasing core volumes and/or transferring patients to the Independent Sector.

Endoscopy < 9 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
62%	58%	56%	56%	55%	54%	52%	52%	52%	47%	48%	49%	↑

Endoscopy > 26 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
180	246	320	388	478	527	567	627	704	773	864	788	↑



Inpatient / Daycase Waits

By March 2020 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks. (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Theatre capacity: High demand for red flag and urgent patients and a lack of theatre capacity on the Antrim site reduces the Trust's ability to treat routine inpatients, increasing overall waiting times.

Unscheduled pressures: While the planned winter reductions in admissions have now been lifted, periodic bed pressures throughout the year continue to impact on elective capacity.

Demand/capacity gap: There is a gap between capacity and demand in a range of surgical specialties requiring capacity to be focused on confirmed cancer and urgent cases.

ACTIONS BEING TAKEN WITH TIME FRAME

Unscheduled pressures: the Trust has continued to reduce its elective admissions to allow for unscheduled pressures. This policy is being kept under close review.

FORECAST IMPACT ON PERFORMANCE

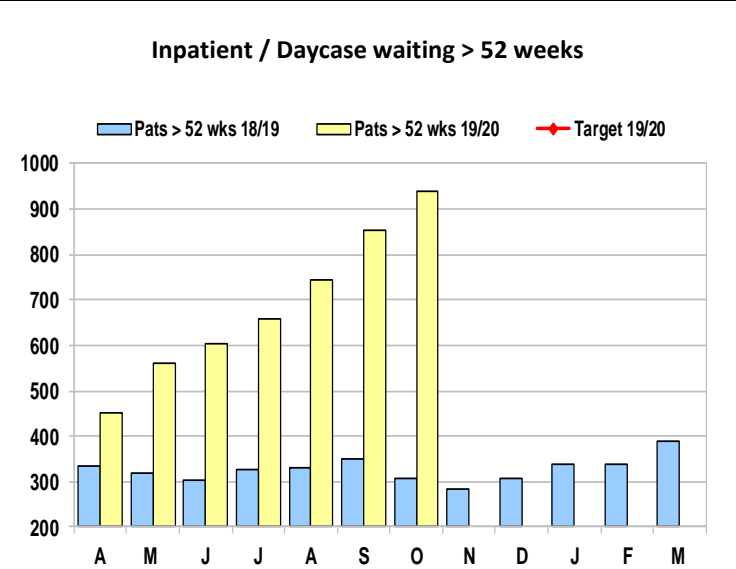
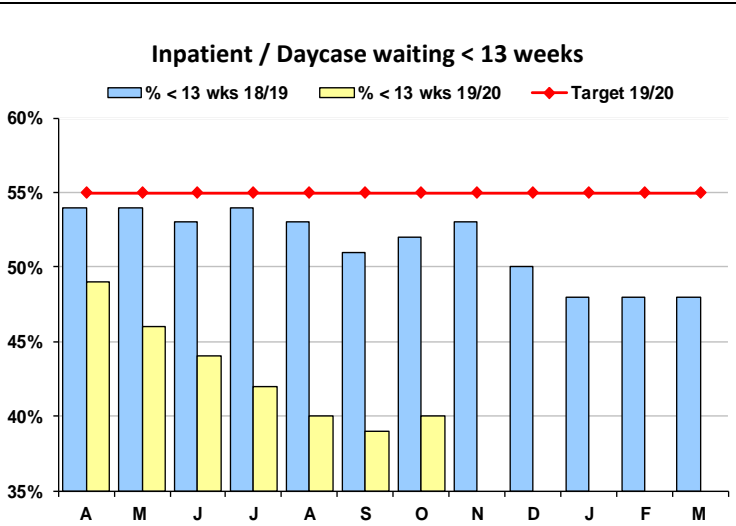
The capacity/demand gap and ongoing reduction in elective admissions is likely to result in an overall increase in waiting times.

Excludes scopes which are solely within 9 weeks position.

Core & Independent Sector patients waiting < 13 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
53%	50%	48%	48%	48%	49%	46%	44%	42%	40%	39%	40%	↑

Core & Independent Sector patients waiting > 52 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
282	307	340	338	389	450	560	605	659	743	853	939	↓

Core & Independent Sector total patients waiting												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
4889	5041	5178	5260	5346	5527	5886	6002	5947	6028	5948	6249	



AHP Waits

By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional (CPD 5.3)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Physiotherapy: (944) A recognised capacity/demand gap resulted in very significant growth in waiting lists prior to 2018/19. This has now been partly addressed as outlined below.

Dietetics: (1650) There is a recognised capacity gap against elective demand. There is also a recognised capacity gap in acute unscheduled demand which impacts on elective demand, as patients discharged before being seen by dietetics go onto the community “elective” waiting list. This equates to approximately 110 patients per month
SLT (815) - The breach position at end October was 815; The longest wait is 74 weeks (525 days).

Number of referrals continues to increase with referrals up by 12% in Jan-Sept compared to 2018. The majority of breaches are within Adult Community SLT and relate to Dysphagia. Regional Demand Capacity exercise has confirmed Adult SLT is under staffed by 4 WTE. Service capacity is impacted by Maternity leave and unfilled vacancies. Limited availability of trained agency/temporary staff. At present community capacity is being diverted to maintain the service in AAH, which reduces the capacity for community work.

Community OT/Paediatrics/Dementia Services/Learning Disability - The overall position for OT services has improved over the last month as services recover following the summer period and the impact of annual leave. Action plans remain in place in areas of greatest need with regular meetings to review and update.

ACTIONS BEING TAKEN WITH TIME FRAME

Physiotherapy: A review of the physio booking procedures alongside demography investment and elective access funding delivered a significant reduction in physio waits in 2018/19. This position has been maintained to date in 2019/20 but the longest waits are in specialist areas which require further investment to address.

Dietetics: Elective gap has been prioritised within MEM against demography funding. Service is developing a contingency protocol for the management of lower acuity patients who are ordinarily referred to dietetics – this will reduce some of the wash through from acute referrals to elective lists. A business proposal to address acute unscheduled demand has been developed to bid against resource once available.

SLT – Actions being taken include seeking waiting list initiative funding, recruitment to vacant posts, completing demand capacity analysis for inpatient service, increasing capacity and reducing DNAs through the introduction of partial booking, develop care and treatment pathways

Community OT/Paediatrics/Dementia Services/Learning Disability - Action plans are in place to manage the situation in Rheumatology, Paediatrics and Core Community. Actions highlighted in previous reports are on-going, such as working with operational management to fast track recruitment processes, additional hours offered to staff, validation of waiting lists to ensure accuracy, movement of staff across localities to areas in greatest need, maximising use of clinic facilities and group sessions as appropriate, appointment of temporary staff to address longest waiters, appointment of Agency staff as appropriate though this has proved difficult due to staff availability

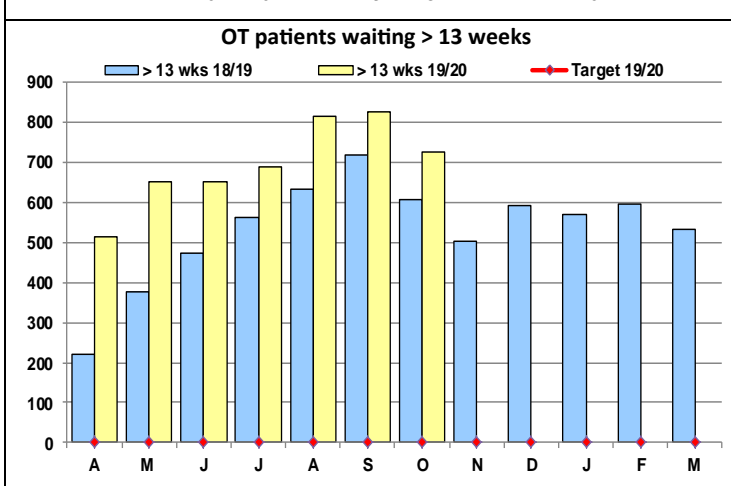
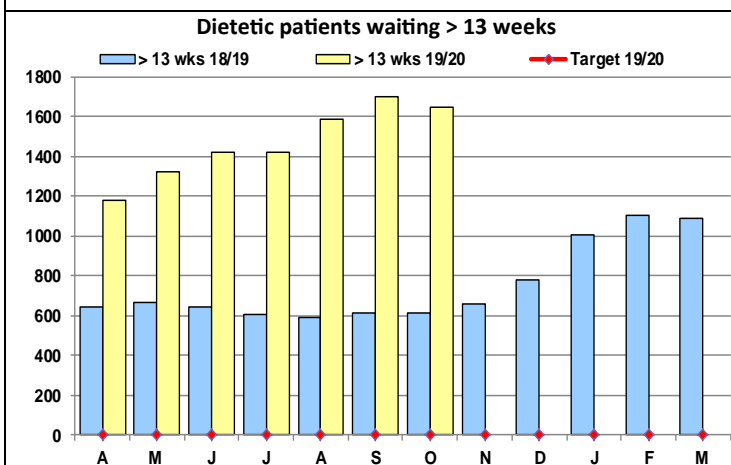
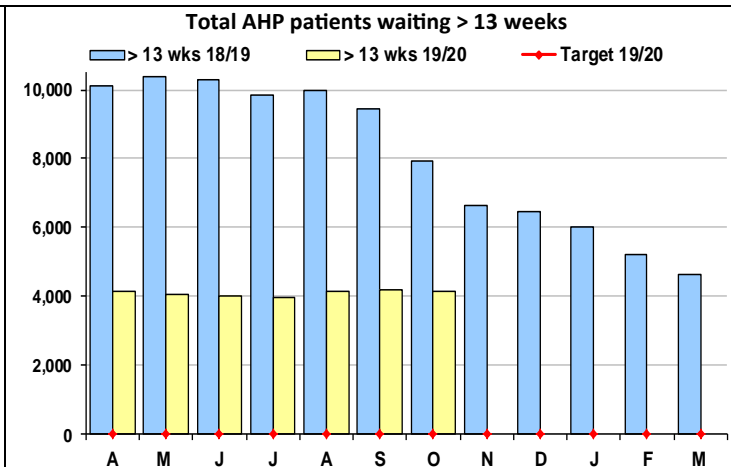
FORECAST IMPACT ON PERFORMANCE

Physiotherapy: Recurrent or non-recurrent investment will be required in 2019/20 to reduce further the number of patients waiting over 13 weeks.

Dietetics: Recurrent or non-recurrent investment will be required in 2019/20 to reduce further the number of patients waiting over 13 weeks. The impact of contingency protocol has been estimated as reducing referrals from hospital to elective list by circa 30 per month.

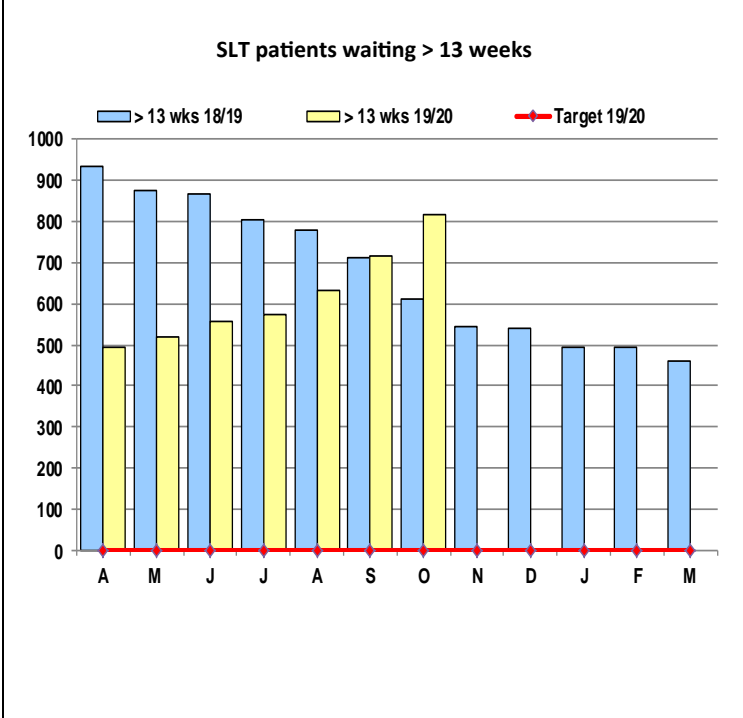
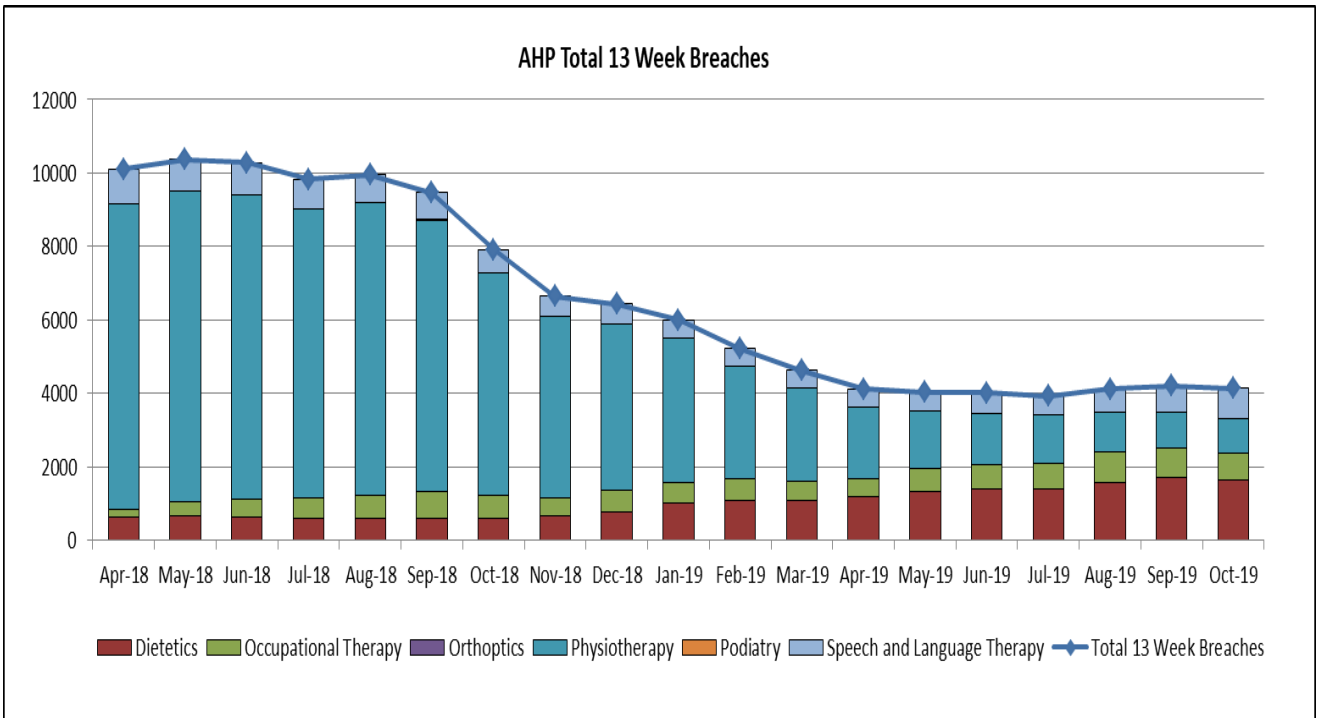
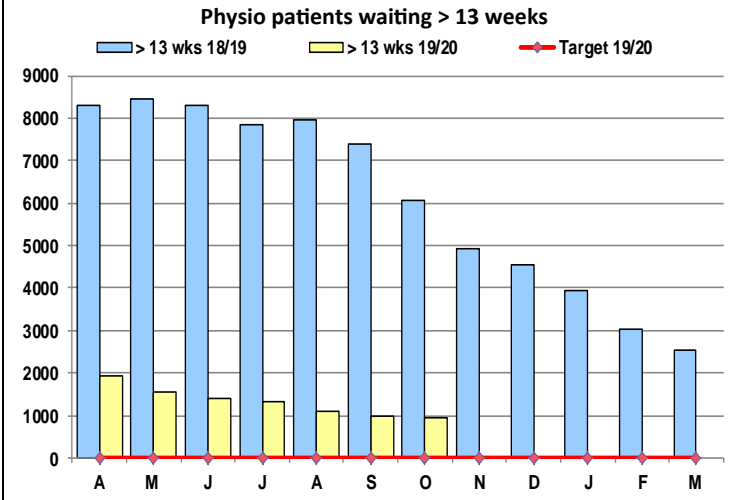
SLT - It is predicted that without WLI investment the breach position will increase by approx. 40 - 50 per month.

Community OT/Paediatrics/Dementia Services/Learning Disability - Continuing changes in staffing levels make it very difficult to accurately predict or forecast the overall position. The Paediatric Service remains a concern due to on-going staffing issues impacting on overall capacity. Immediate improvement in this area is unlikely though with on-going actions and an overall review of service delivery it is hoped to stabilise the overall position. Adult Community Services continue to improve each month and it is anticipated that this gradual improvement will continue.



AHP patients waiting > 13 wks												TOPM ↑
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
6644	6448	6012	5227	4627	4130	4037	4016	3988	4129	4210	4136	

AHP Patients Waiting > 13 Weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Team
661	778	1006	1102	1086	1178	1320	1418	1417	1583	1700	1650	Diet
502	590	568	595	531	514	650	651	687	813	825	727	OT
0	0	0	0	0	1	0	1	0	1	0	0	Orth
4936	4541	3944	3037	2548	1941	1547	1390	1311	1101	967	944	Phys
0	0	0	0	0	0	0	0	0	0	0	0	Pod
545	539	494	493	462	496	520	556	570	631	718	815	SLT



Hospital Cancelled Appts

By March 2020, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%. (CPD 7.3 & G2)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

These cancellations are for a variety of reasons including consultant sick leave or a requirement to attend court at short notice; however there are some cancellations due to the requisite notice not being given for annual or study leave.

ACTIONS BEING TAKEN WITH TIME FRAME

Management approval is required if clinics are cancelled at <6 weeks' notice for any reason. New guidelines are being developed to reinforce the notice requirements and reprovision of clinics in certain circumstances.

FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments rescheduled for a later date												TOPM ↑
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
895	532	845	581	658	733	762	689	702	578	817	662	
Cumulative Target 4662 – Cumulative Actual 4943												

% of hospital cancelled outpatient appointments rescheduled for a later date											
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
69%	60%	66%	49%	53%	65%	63%	62%	64%	61%	71%	-
Cumulative Actual – 64%											

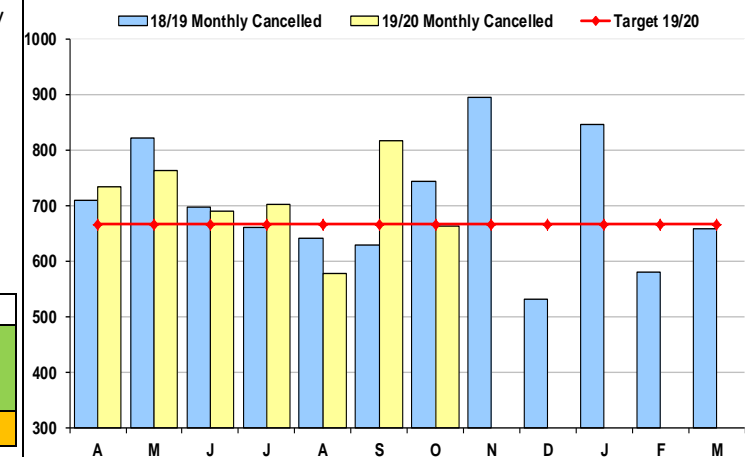
Target for 19/20; By March 2020 achieve 666 cancellations monthly, a 5% reduction based on 18/19 figures.

Cancellations where the date of appointment was changed, resulting in it being rescheduled for a later date.

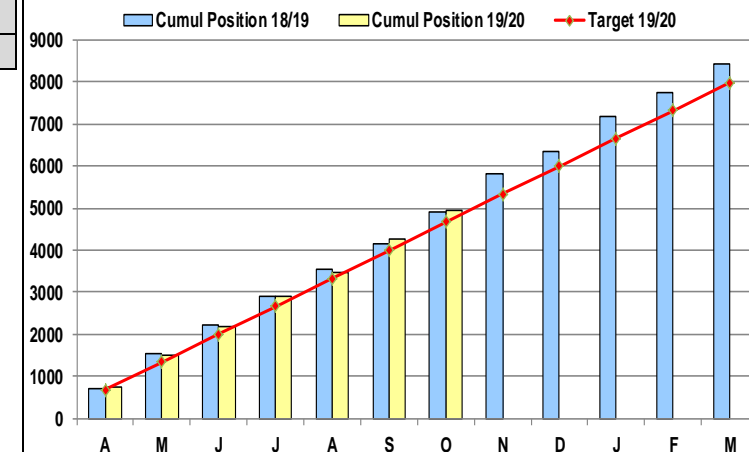
Patients could also be impacted in one of the following ways:

- Date of the appointment was changed, resulting in it being brought forward to an earlier date.
- Time of the appointment was changed but no change in date.
- Location of the appointment was changed but no change in date.

Hospital Cancellations Rescheduled for a later date



Cumulative Hospital Cancellations Rescheduled for a later date



Anti-biotic prescribing
(CPD 2.2)

Using 2018/19 as the baseline, by March 2020 Trusts should secure the following in secondary care:

- a reduction in total antibiotic prescribing(DDD per 1000 admissions) of 1-2%;
- a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions;
- a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions,

AND EITHER

That at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category,

OR

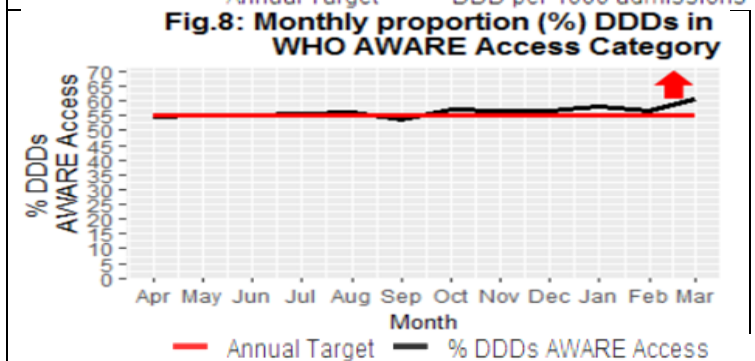
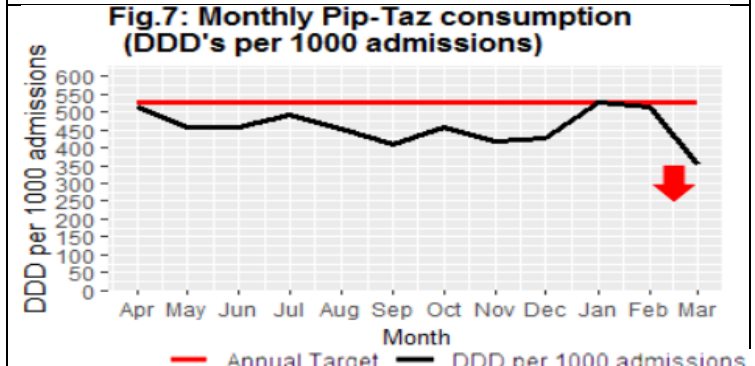
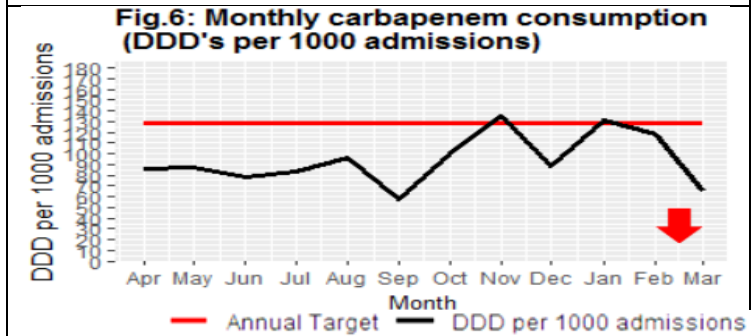
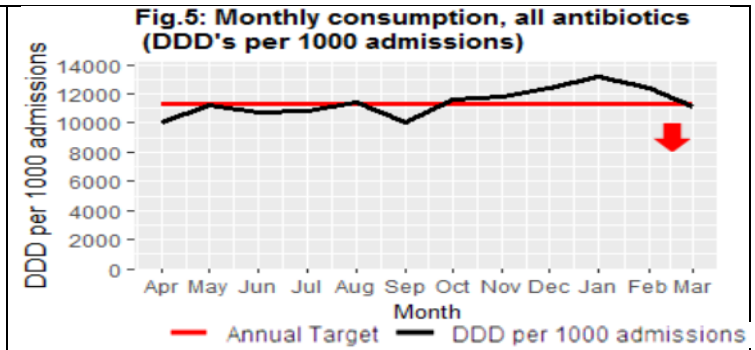
An increase of 2% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use with the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 15% by 31 March 2024.

Interpreting the AMC charts

- Fig 5 – 7: The red annual target line represents the target reduction from the 17/18 baseline. Each Trust should be on or below this rate to achieve their target for the given year. The monthly rate may fluctuate above or below the annual target rate.
- Fig 8: The target for the proportion in the AWaRe Access category was either 55% of total in the baseline year (2017/18) or if this was not realistic, then a 3% increase from the baseline. The monthly proportion may fluctuate above or below the annual target proportion.
- Please note the annual target and monthly rates for all AMC charts are provisional until the end of the financial year and subject to change. Changes may be partly attributable to the update of monthly admissions and to the monthly update of AMC data for the previous 12 months.

The figures above have been taken from PHA Monthly Target Monitoring.

**For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.*



Medicine Optimisation

By March 2020, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.7)

Key Quality Improvement Activities this period (April to September 19)

- Management of Change Enhanced Weekend Pharmacy Service –Optimising weekend working 9 to 5 at Antrim
- Begun to explore potential of using HS21 prescriptions in Acute Care at Home Setting – was put on hold
- Pilot medication review of patients attending ED but not admitted - on hold due to lack of resources
- Pilot antibiotic review kit (ARK) revise and review in Antrim. This is on-going in Antrim and preparation for roll out to Causeway. Proposed implementation in Causeway, November 19.
- The Future Role of Clinical Technicians in Counselling Clexane Administration – on hold in NHSCT as the regional clinical technician group are developing a general MMAP programme for counselling. Ongoing regionally.
- Gentamicin chart pilot in Antrim to improve gentamicin prescribing and antimicrobial stewardship – ongoing
- Project on self-administration of insulin started. Baseline data collection was carried out in February/March 2019. Project in final stages.
- Discharge follow-up project started in August 19.
- Outpatient Parenteral Antimicrobial Therapy (OPAT)/antimicrobial stewardship pharmacy staff in post. Phase one of the project underway.
- More formal links with GP Federation Pharmacists set up. Regular meetings held with the leads in the Northern Area which improves communication at transition.
- Electronic document transfer went live. It ensures GP receives documentation from secondary care in a timely manner.
- Improvements regarding patients knowing who to contact if they have a query about their medicines on discharge - Medicines record sheet has been changed and has pharmacist contact details on it for the patient and the discharge follow up project is underway.
- Pharmacists are involved in pre-admission clinics for example in surgery and gynae
- Pharmacist involved in adherence support project – ongoing
- Clozapine care pathway for Mental Health under development, pilot ran and amendments made. Requires consultation for final draft.
- Electronic Clozapine scripts for trust developed - undergoing DPIA process.
- Clozapine centralisation within Trust- work ongoing
- Involved with development of Lithium e-learning package
- Qlikview antibiotic dashboard went live in September 19.
- Pharmacist involved in MDT Renal transplant clinic which involves medicines reconciliation at transplant clinic, communicating any changes in immunosuppression to patient, GP practice and community pharmacist and providing written and verbal education to patients.
- Pharmacist involved in GI/Rheumatology/dermatology outpatient clinics and co-ordinating the switching of biologic biosimilars
- De-prescribing by clinical pharmacists at ward level using the 'Drug of the month' newsletter prepared by COE lead pharmacist
- Technicians have linked in OSD training with the clinical governance training at band 5 nurse induction. Also doing OSD training for nurses on wards upon request.

Key Quality Improvement Activities for next period (October 19 to March 20)

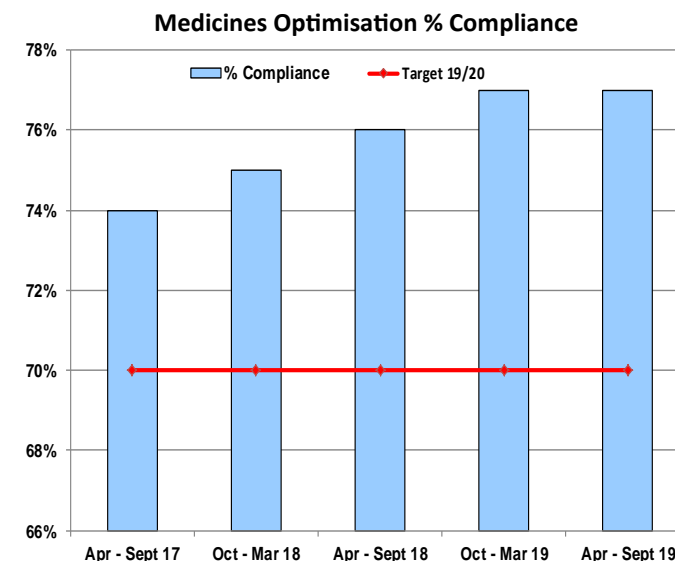
- ARK study – roll out to Causeway in November 19.
- Participating in the Global Point Prevalence Survey of antimicrobials and healthcare acquired infections which will help identify specific areas for improvement
- Management of change - continue with improving 9 to 5pm weekend working in Antrim. Staff interested in set teams for weekend working – prepare draft teams for potential pilot in this period
- SBRI FAST - a regional approach is continuing to be investigated following phase 2
- Improve communication between pharmacy staff regarding patient’s journey. SBRI FAST has potential to refer patients - a regional approach is continuing to be being investigated following phase 2
- Re-designing the process for conducting Ward Controlled Drug audits in Antrim Area hospital – a database is being developed to monitor ward compliance with CD checks
- Pilot an opioid post-op leaflet in Surgery – leaflet with consultants for comment
- Technicians plan to set up classroom OSD training for nurses and possible online refresher training in conjunction with CEC.
- OPAT/antimicrobial stewardship team - phase one progressing
- Generic switching of cellcept to mycophenolate mofetil to be carried out by renal pharmacist for all renal transplant patients attending NHSCT renal transplant clinic once funding is released by the HSCB
- Front door project
- Work beginning with GP federation pharmacists and MOIC on a care home project and antimicrobial use.

Risks / Issues

- Need to continue discussions regarding carrying out a recruitment drive for technicians
- Continue discussions around improving links with community pharmacy and their MO role
- Inability to implement initiatives due to lack of resources
- Intermediate care - Self-administration of medicines (SAM) guidance and booklet developed in November 2018, plan to initially test on one site, not yet progressed due to lack of Technician cover.
- Historical understaffing and underfunding in mental health-pharmacy service not equitable to acute hospital. No funding available for Business case done for RTU/ Coleraine CRHTT. Discussions underway with Mental Health management re under staffing in Mental Health. Not aligned with clinical pharmacy standards
- The technicians would be interested In going to careers days/local schools to promote the technician role but would need to be guaranteed there would be a regular annual quota of student technician posts

Medicines Optimisation % Compliance												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Oct 18 to Mar 19 – 77%					April 19 – Sept 19 (77%)							↔

Baseline 2016 – 72% Reports to be provided every six months through the Regional Optimisation and Innovation Programme Steering Group.



Unscheduled Care (Including Delayed Discharges)

MEM

Unscheduled Care ED 4 hour
 By March 2020, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Both sites have experienced significant increases in demand in the early part of 2019/20 compared to the previous year. Antrim's over-75 attendances rose by 11% and Causeway's by 7% in April-Sept 2019 compared to the same period last year. This increased throughput and frailty of patients adds pressure to the hospital and increases the challenge of meeting unscheduled care performance targets. It is recognised by the Board and DoH that Antrim Hospital is short of beds based on existing demand, and it is unlikely that unscheduled care targets can be met until this bed deficit is fully addressed.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust is continuing to implement a significant reform of unscheduled care as part of its RAMP programme. This is focused on the following workstreams:

- Reduction of attendance / admission to hospital, including further development of ambulatory pathways and the phased implementation of an Acute Care At Home service and a Programmed Treatment Unit
- Introduction of an Ambulatory Care Stream in ED Antrim
- Development of a Direct Assessment Unit in Causeway Hospital focused on ambulatory treatment of the frail elderly
- Streamlining discharge processes and planning and review the MDT planning processes currently in use
- Introduction of a new acute medical model in Antrim aimed at earlier senior intervention and increased opportunities for ambulatory care
- Reprofilling the bed base in Causeway Hospital to reduce the number of medical outliers and develop a Medical Assessment Unit.

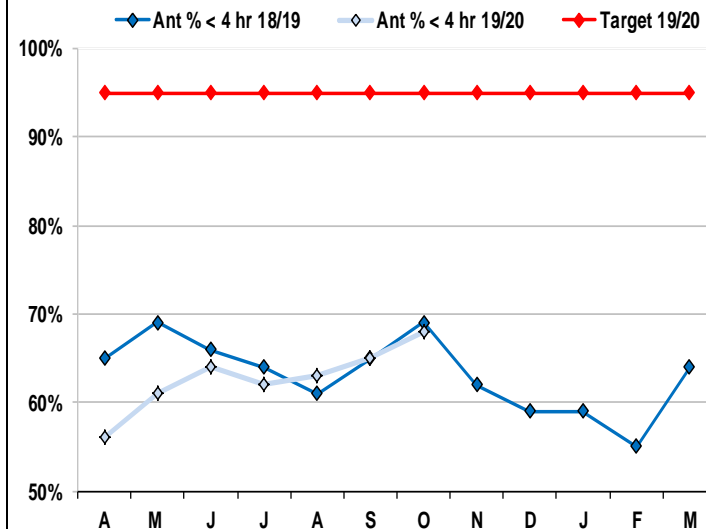
The Trust also opened a new medical ward in Antrim Hospital in July 2019.

FORECAST IMPACT ON PERFORMANCE

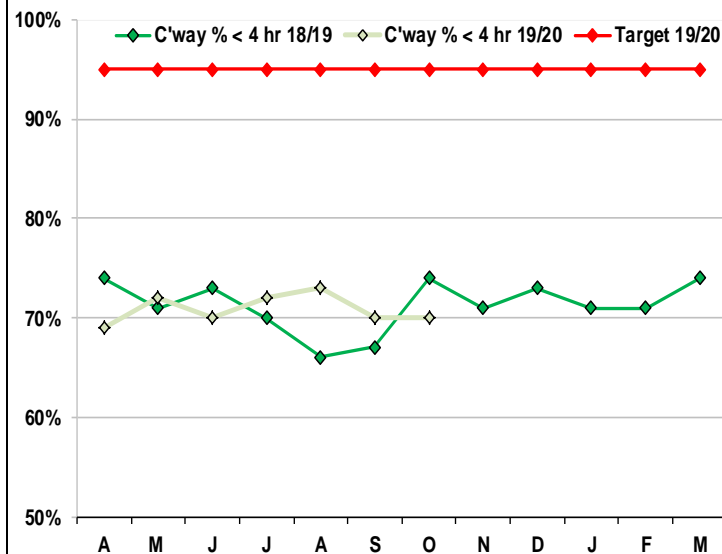
Through the implementation of its RAMP work streams and additional bed capacity, the Trust is aiming to maximise unscheduled care performance in 2019/20.

Antrim ED < 4hrs												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
62%	59%	59%	55%	64%	56%	61%	64%	62%	63%	65%	68%	↑
Antrim Total Attendances												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
7231	7245	7253	6876	7819	7591	7938	7572	7646	7557	7759	8205	
Causeway ED < 4hrs												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
71%	73%	71%	71%	74%	69%	72%	70%	72%	73%	70%	70%	↔
Causeway Total Attendances												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
3636	3791	3903	3718	4212	4376	4345	4122	4484	4642	4256	4286	

ED %4 Hour Target Antrim



ED %4 Hour Target Causeway



MEM

Unscheduled Care ED 12 hour
 By March 2020, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours. (CPD 4.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

As per 4-hour target.

ACTIONS BEING TAKEN WITH TIME FRAME

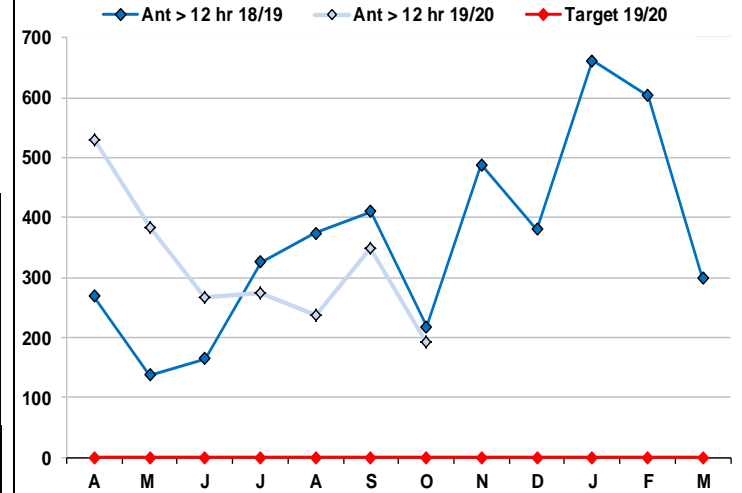
As per 4-hour target.

FORECAST IMPACT ON PERFORMANCE

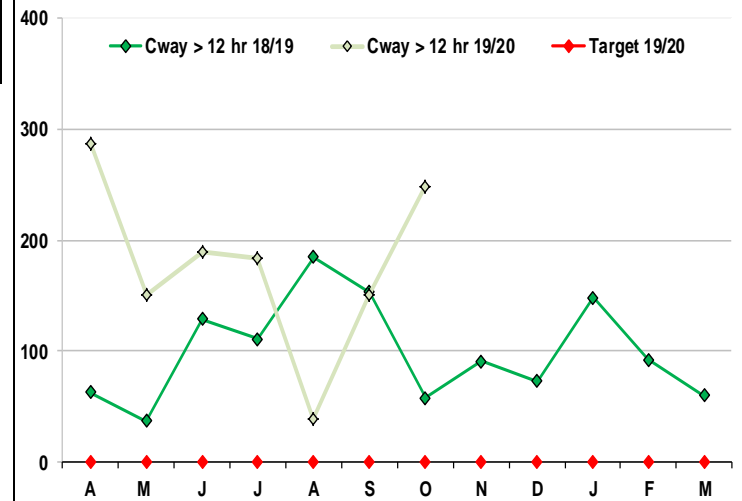
As per 4-hour target

Antrim ED > 12 Hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
488	380	662	603	298	529	383	266	274	236	348	193	↑
Antrim ED longest waiter (Hours)												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
40	40	41	54	34	50	45	41	35	37	48	51	
Causeway ED > 12 Hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
91	73	148	92	60	287	151	189	183	39	151	248	↓
Causeway ED longest waiter (Hours)												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
32	25	30	42	30	45	45	37	39	23	31	46	

Antrim ED > 12 Hours



Causeway ED > 12 Hours



MEM

Unscheduled Care Triage

By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours. (CPD 4.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The ongoing pressures on patient flow brought about by increased demand and limited bed stock frequently cause crowding in ED, which reduces the service's ability to treat new arrivals in a timely manner. The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow; however targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow (see CPD 4.4).

FORECAST IMPACT ON PERFORMANCE

Targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

Trust ED treatment < 2 hrs of triage

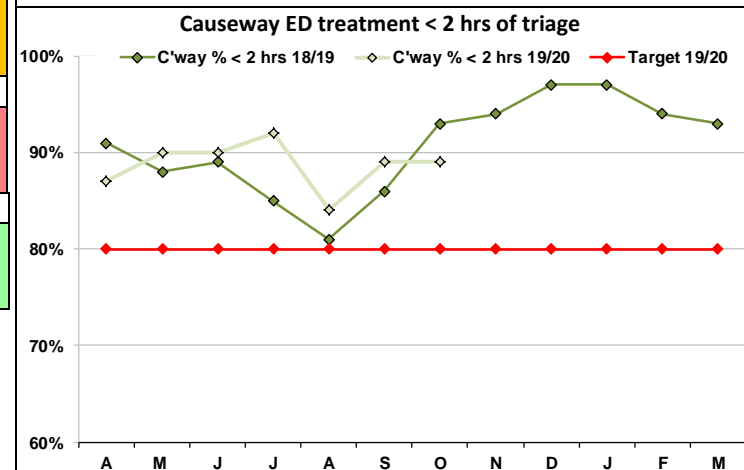
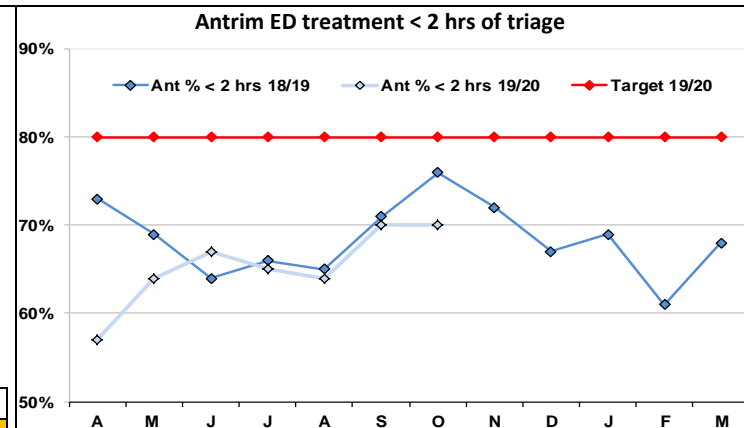
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
80%	78%	79%	73%	78%	68%	74%	75%	75%	72%	77%	77%	↔

Antrim ED treatment < 2 hrs of triage

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
72%	67%	69%	61%	68%	57%	64%	67%	65%	64%	70%	70%	↔

Causeway ED treatment < 2 hrs of triage

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
94%	97%	97%	94%	93%	87%	90%	90%	92%	84%	89%	89%	↔



MEM

Hip Fractures

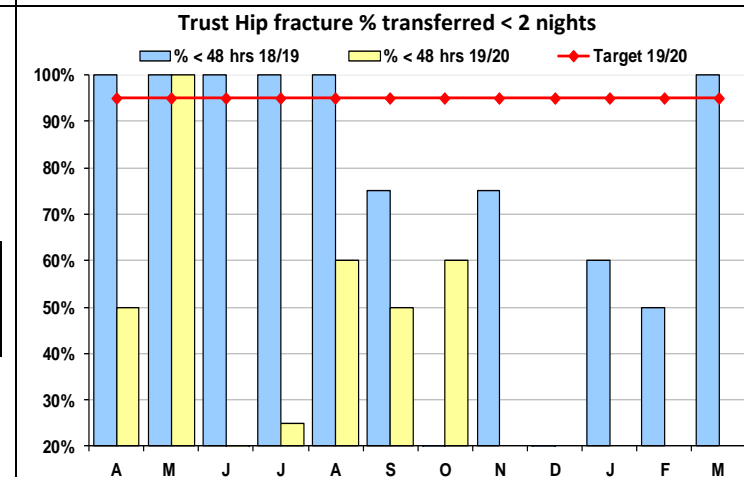
By March 2020, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.7)

Target not directly applicable to the Northern Health and Social Care Trust. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

April 2018 – March 2019: Hip fractures – 28 patients transferred.
October 2019 Hip fractures – 5 patients transferred. (21 hip fractures April - Oct 19)

Hip fracture % transferred < 2 nights

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
75%	0%	60%	50%	100%	50%	100%	-	25%	60%	50%	60%	



Patient Discharge Complex

By March 2020, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

There were 100 delayed discharges across the 2 hospital sites during October 2019. This number of delays is reflective of the complexities and needs of an aging patient group.

Acute Based Delays totalled 65 of which 38 delays can be attributed to acute assessment and care planning processes. 22 delays were the result of client choice and family issues and 5 delays were caused waiting on a step down bed in WAH. Given the complexities of this patient group it must be noted that significant work is required by hospital social work staff and other hospital staff to prepare these patients for discharge including the on-going assessment of need and treatment.

Community Delays totalled 24

Domiciliary Care: During October 2019 a total of 93 patients discharged home from Antrim Area Hospital, with a sourced domiciliary package of care in place. Similarly, in Causeway Hospital a total of 51 patients discharged home with a sourced domiciliary package of care in place. There were 10 complex delays which can be attributed to difficulties being encountered when trying to source a package of care, caused by a lack of capacity within Trust Core Services and the Independent Sector provision. There were two delays waiting on equipment.

Step Down Community Beds: There were 3 delays caused as a result of waiting to source an appropriate step down community bed.

Placements: 9 delays were caused were relating to placement planning.

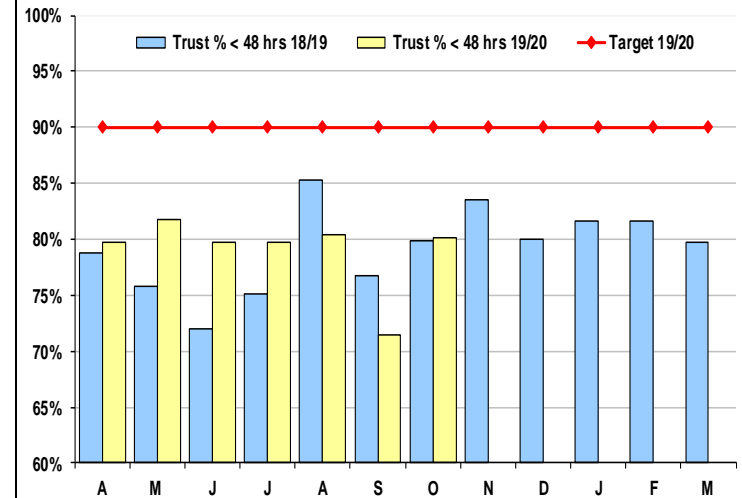
During September 2019 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharges to community settings.

ACTIONS BEING TAKEN WITH TIME FRAME

Placements: The need for the availability of 7 day pre-assessments by nursing and residential homes has been highlighted at the Independent Homes Reference Panel.

Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A Domiciliary Care working group has been convened to agree an action plan that will result in increased capacity throughout the system.

Trust Complex discharges < 48 hours

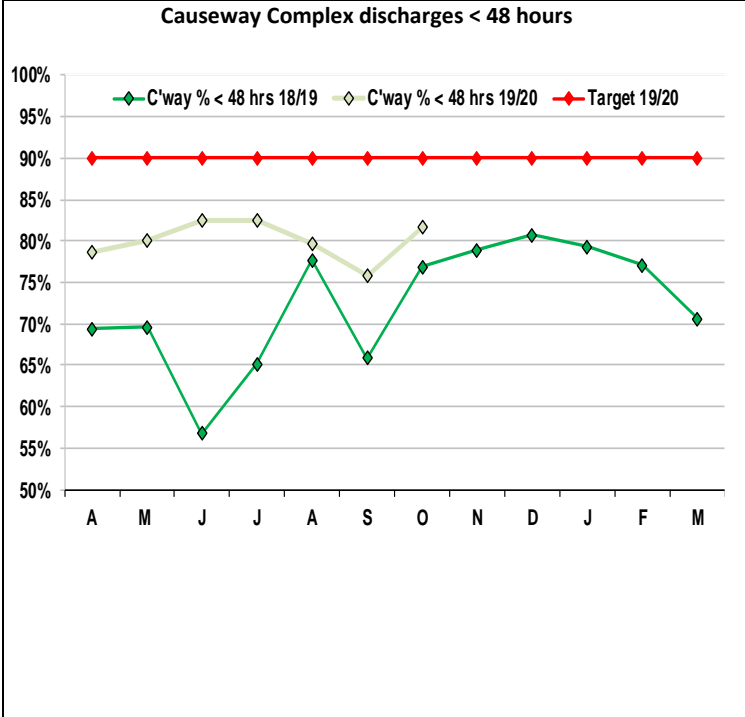
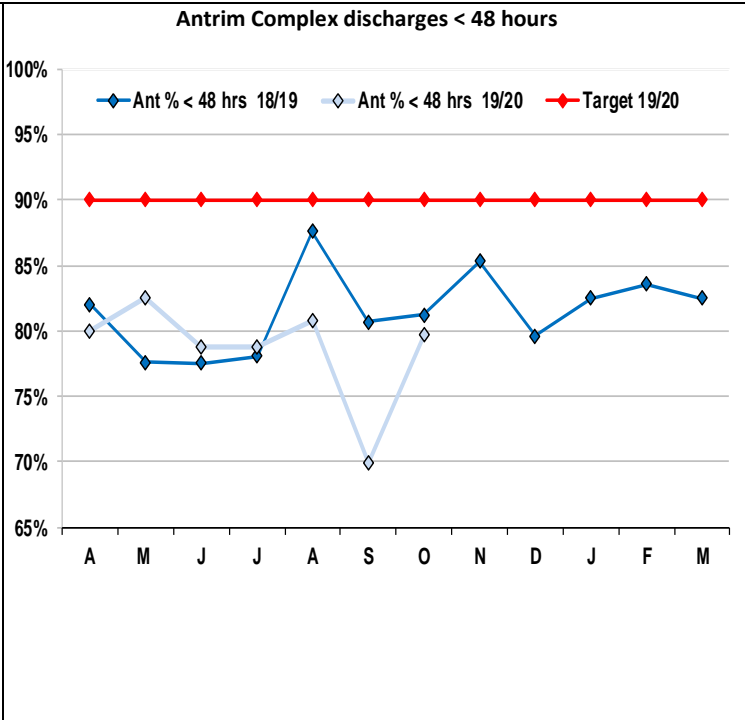


FORECAST IMPACT ON PERFORMANCE

Domiciliary Care: If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours.

Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.

Trust Complex discharges < 48 hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
84%	80%	82%	82%	80%	80%	82%	80%	80%	80%	71%	80%	↑
Antrim Complex discharges < 48 hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
85%	80%	83%	84%	83%	80%	83%	79%	79%	81%	70%	80%	↑
Causeway Complex discharges < 48 hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
79%	81%	80%	77%	71%	79%	80%	83%	82%	80%	76%	82%	↑



Patient Discharge Complex

By March 2020, ensure that no complex discharge from an acute hospital takes more than seven days (CPD 7.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

19 out of the 100 delays in October 2019 were greater than 7 days.

Acute Based Delays totalling 10 of which 3 can be attributed to acute assessment and care planning processes for this very complex patient group. A further 4 delays were the result of client choice and family issues. There were 3 delays incurred waiting on a step down bed.

Community Based Delays totalling 8 of which 3 delays can be attributed to the sourcing of a domiciliary package of care; 4 delays were relating to placement planning and one delay was caused sourcing a community step down bed.

ACTIONS BEING TAKEN WITH TIME FRAME

The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Managing Choice for Discharge from Inpatient Beds Protocol is implemented in a timely fashion to reduce the number of 7 day breaches.

FORECAST IMPACT ON PERFORMANCE

Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.

Trust Number of Complex Discharges > 7 Days

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
21	14	8	12	21	26	27	17	26	24	31	19	↑

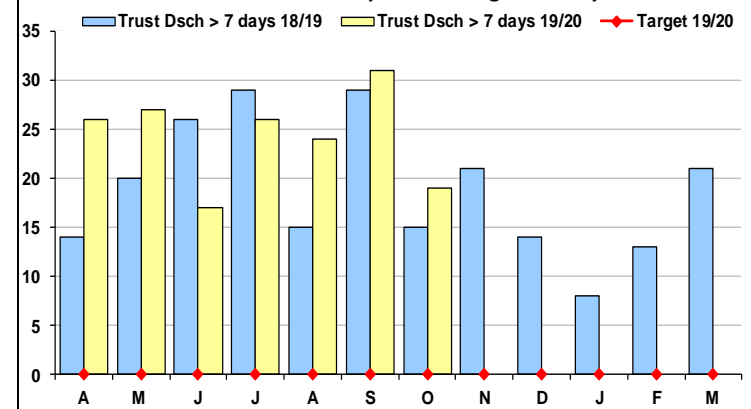
Antrim Monthly Position % Complex Discharges < 7 days

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
96%	96%	99%	97%	96%	94%	96%	96%	95%	96%	92%	96%	↑

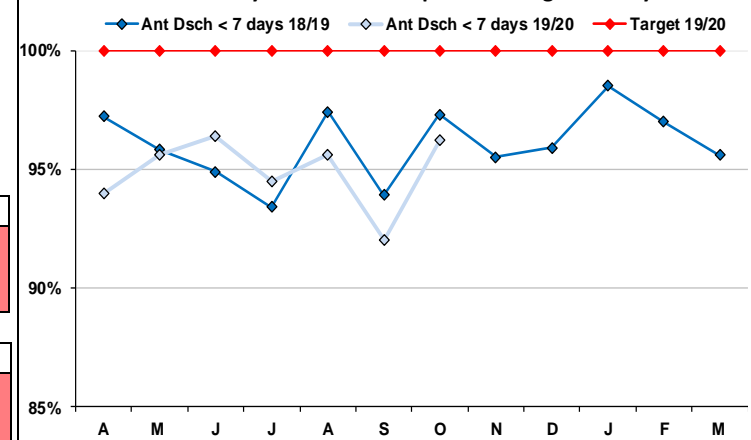
Causeway Monthly Position % Complex Discharges < 7 days

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
97%	99%	99%	98%	95%	96%	94%	97%	98%	95%	95%	96%	↑

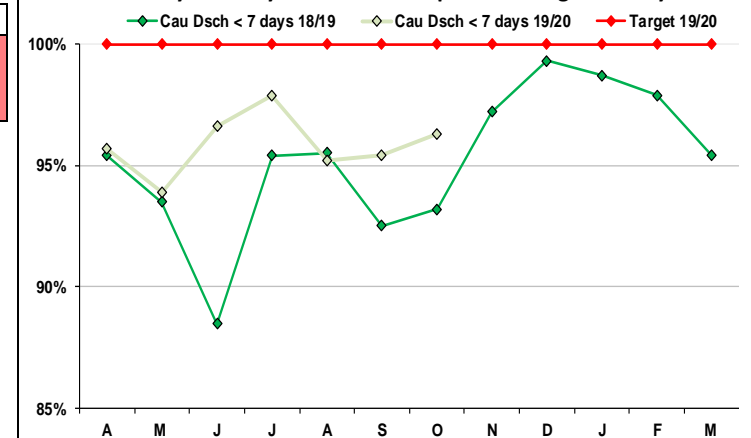
Trust Number of Complex Discharges > 7 Days



Antrim Monthly Position % Complex Discharges < 7 days



Causeway Monthly Position % Complex Discharges < 7 days



Patient Discharge Non complex

By March 2020, ensure that all non-complex discharges from an acute hospital take place within six hours. (CPD 7.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

40% of simple discharges breaching the 6-hour target are due to patients waiting for a cardiology intervention in the Belfast Trust. The remainder are related to a range of issues including waiting for medicines or transport.

ACTIONS BEING TAKEN WITH TIME FRAME

Improved use of the discharge lounge on both acute sites means patients can often be moved out of their inpatient bed while waiting, so that the delay does not impact on the overall flow of the hospital. A 'Home for 1' project is underway in both acute sites, aiming to increase the number of patients leaving the ward in the morning, and further improve use of the discharge lounge.

FORECAST IMPACT ON PERFORMANCE

Under review.

Trust % Non-complex discharges < 6 hrs

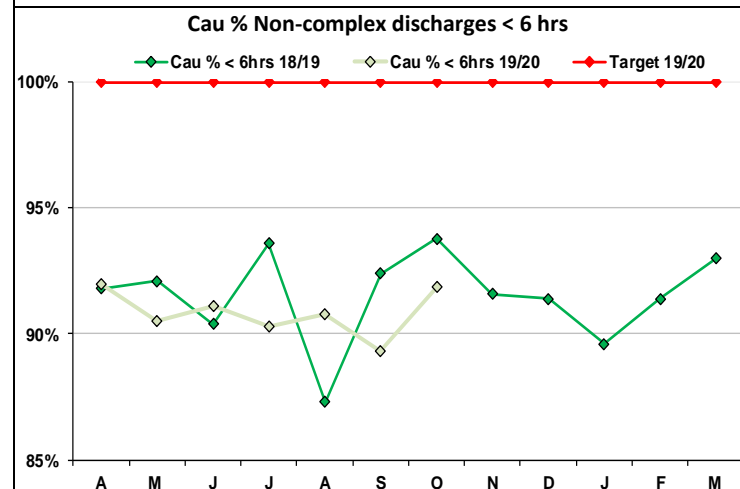
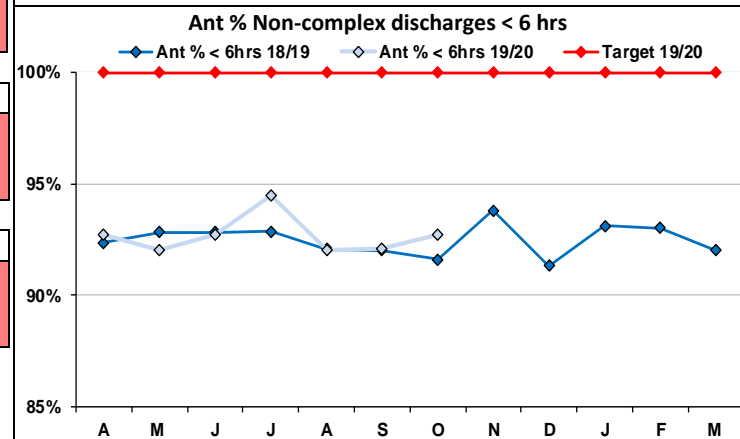
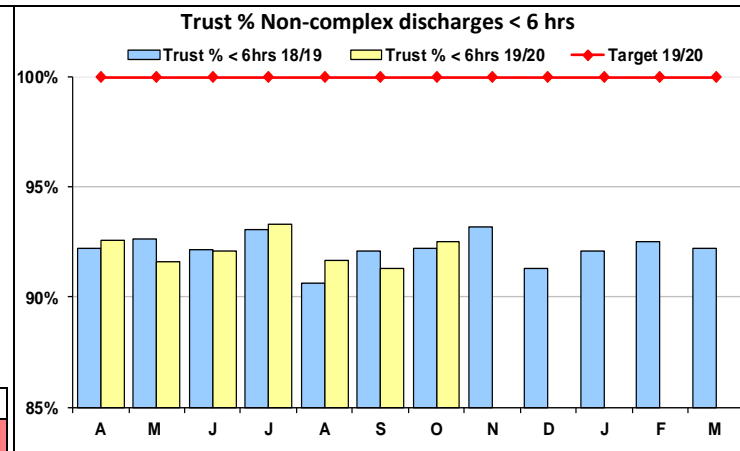
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
93%	91%	92%	93%	92%	93%	92%	92%	93%	92%	91%	93%	↑

Antrim % Non-complex discharges < 6 hrs

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
94%	91%	93%	93%	92%	93%	92%	93%	95%	92%	92%	93%	↑

Causeway % Non-complex discharges < 6 hrs

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
92%	91%	90%	91%	93%	92%	91%	92%	90%	91%	89%	92%	↑



Mental Health and Learning Disability

MHLD
Adult Mental Health Waits
 By March 2020, no patient waits longer than nine weeks to access adult mental health services (CPD 4.14)

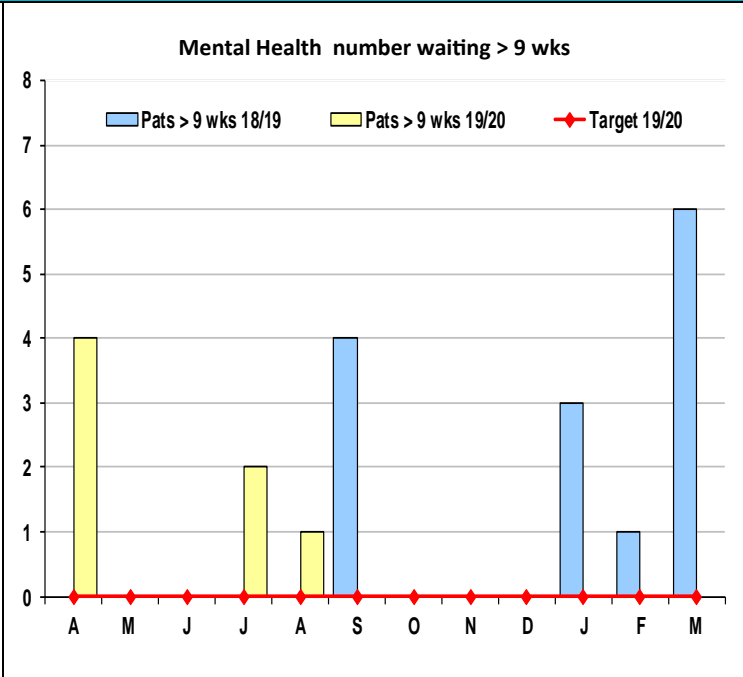
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Within the Adult Mental Health service there were 4 clients waiting to be seen by the Community Mental Health for Older Peoples Service (Functional Area) in April 2019. The reason for these waits is a reduced number of Community Mental Health Nurses in the Larne Carrick and Newtownabbey teams which has resulted in increased number of referrals for Consultants.
 Larne Carrick have 2 permanent vacancies and have been unable to recruit from recent interviews. Newtownabbey has 1 vacancy as a result of long-term absence.

 The service continues to monitor this closely.

ACTIONS BEING TAKEN WITH TIME FRAME
 The Division continues to monitor capacity and demand closely.

FORECAST IMPACT ON PERFORMANCE
 Continue to anticipate any potential breaches.

Mental Health number waiting > 9 wks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
0	0	3	1	6	4	0	0	2	1	0	0	↔



MHLD
Dementia Waits
 By March 2020, no patient waits longer than; nine weeks to access dementia services (CPD 4.14)

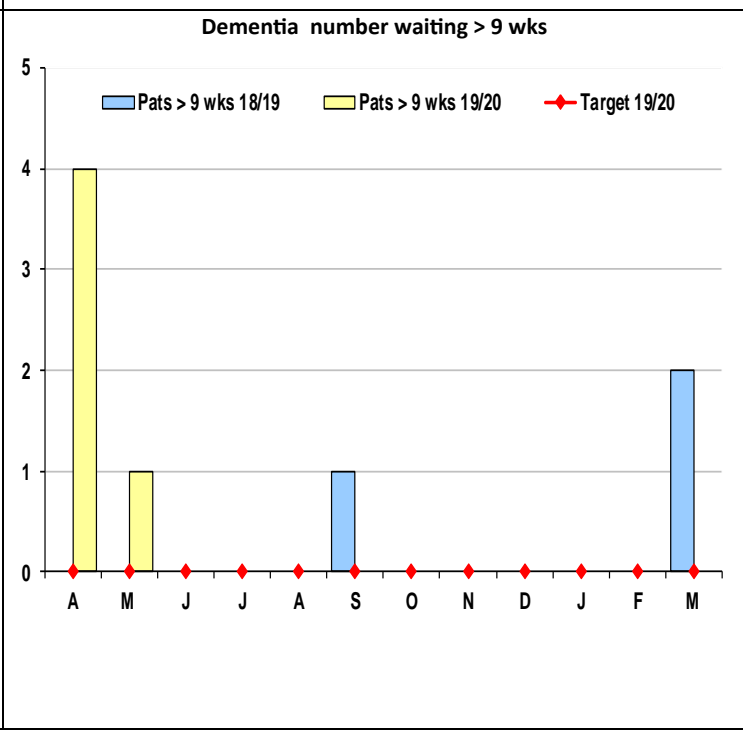
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Within the Mental Health Older People (Dementia) service there were 4 clients waiting to be seen over the 9 week target in April 2019 and 1 Client in May 2019 client waiting over the 9 week target . The reason for these waits is a reduced number of Community Mental Health Nurses in the Larne Carrick and Newtownabbey teams which has resulted in increased number of referrals for Consultants.
 Larne Carrick have 2 permanent vacancies and have been unable to recruit from recent interviews. Newtownabbey has 1 vacancy as a result of long-term absence.

 The service continues to monitor this closely.

ACTIONS BEING TAKEN WITH TIME FRAME
 The service continues to monitor this closely given the level of referrals to Dementia Services.

FORECAST IMPACT ON PERFORMANCE
 Continue to anticipate any potential breaches.

Dementia patients waiting > 9 wks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
0	0	0	0	2	4	1	0	0	0	0	0	↔



Psychological Therapies Waits

By March 2020, no patient waits longer than 13 weeks to access psychological therapies (any age).
(CPD 4.14)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Breaches of the performance target are evident at the end of October 2019 across 2 areas within psychology services. Performance is being impacted in the main by LD and Clinical Health Psychology services. PTS (mental health) has largely come out of the breach position with no breaches at the end of October. Although it should be noted that the wait for therapy following initial assessment is growing. Several strategies (e.g., group intervention plan) have been developed to address this issue.

Clinical Health Psychology – At October month end the Clinical Health Psychology Service has 8 breaches of total waiting list of 99 with a longest wait of 247 days. We have improved this position considerably due to a successful roll out of assessment clinics. There remains a loss of capacity (since January 2019) from a vacant post which needs to be resolved to prevent waiting times for therapeutic interventions from deteriorating

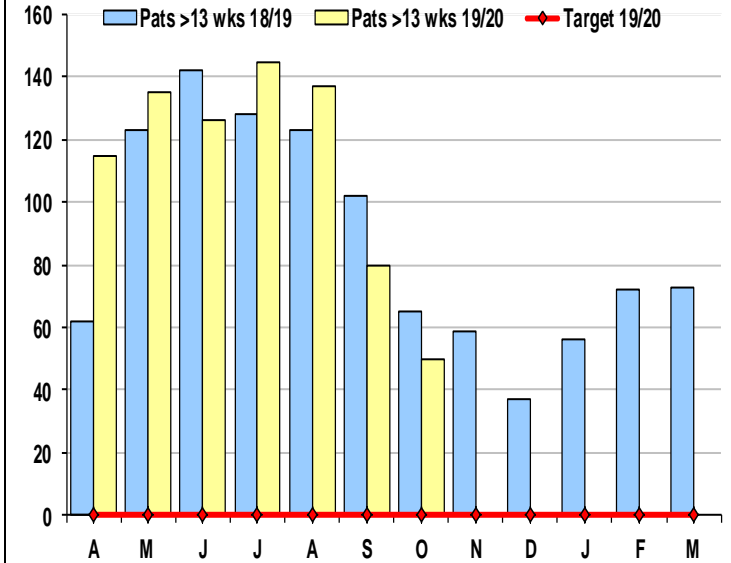
Learning Disability (adult and children) – Learning Disability Services currently has 42 breaches of a total waiting list of 166 with a longest wait of 212 days. There has been some reduction in capacity in relation to qualified staff and absence earlier in the year impacted on waiting times. Some vacancies have been filled however one clinical psychologist post remains vacant. Increased capacity will improve waiting times if this post can be filled.

ACTIONS BEING TAKEN WITH TIME FRAME

On-going engagement with referring agents re other models of provision during periods of reduced capacity within the service. Ongoing use of agency to assist during periods of reduced capacity. Skill mix in place across all effected services. Deteriorating waiting time following assessment while waiting for intervention remains a concern.

Psychological Therapies number waiting > 13 wks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
59	37	56	72	73	115	135	126	145	137	80	50	↑

Psychological Therapies number waiting > 13 wks



Patient Discharge – Learning Disability

During 2019/20, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.7)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

1 patient discharged during August 19, 1 over 7 days.

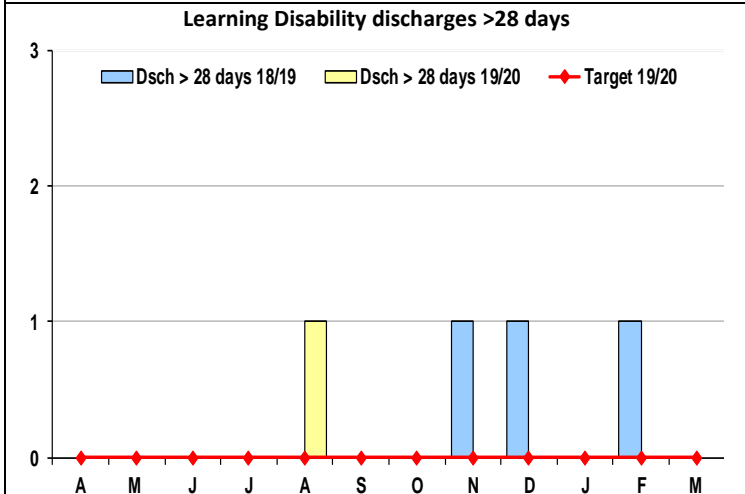
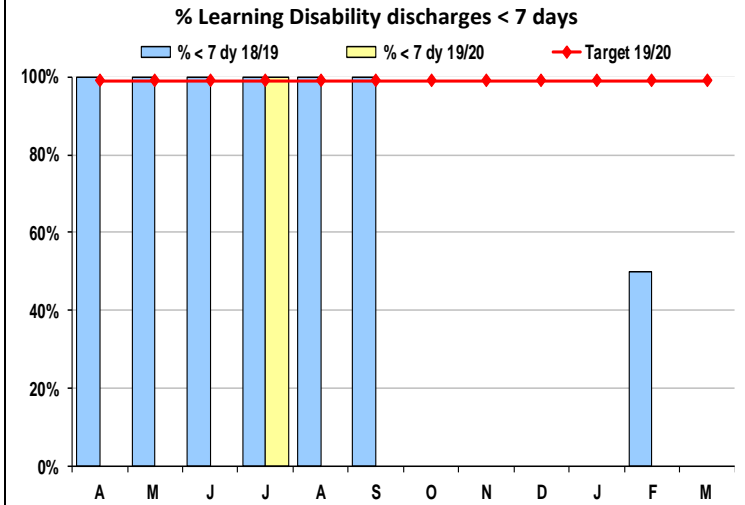
ACTIONS BEING TAKEN WITH TIME FRAME

There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.

% Learning Disability discharges < 7 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
0%	0%	-	50%	-	-	-	-	100%	0%			↓

% Cumulative Learning Disability discharges < 7 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
95%	90%	90%	86%	86%	100%	100%	100%	100%	67%			↓

Learning Disability discharges >28 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
1	1	-	1	-	-	-	-	0	1			↓



Patient Discharge – Mental Health

During 2019/20, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days (CPD 5.7)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

66 patients discharged during October 2019, 0 > 7days.

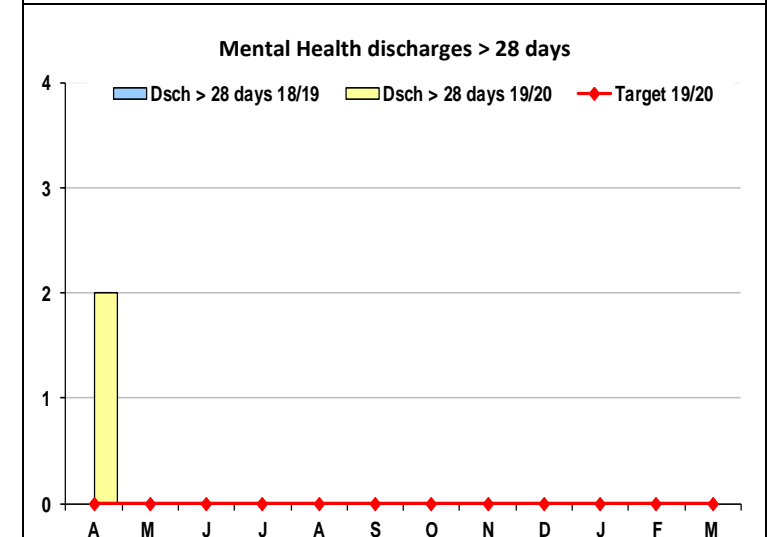
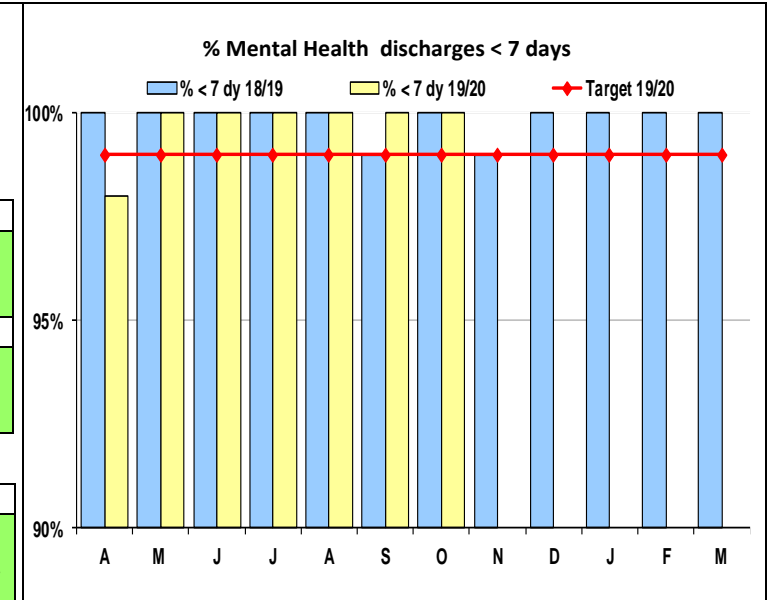
ACTIONS BEING TAKEN WITH TIME FRAME

Continue to monitor all patients to ensure breaches do not occur.

% Mental Health discharges < 7 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
99%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	↔

% Cumulative Mental Health discharges < 7 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
99%	99%	99%	99%	99%	98%	99%	99%	99%	99%	99%	99%	↔

Mental Health discharges > 28 days												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
0	0	0	0	0	2	0	0	0	0	0	0	↔



WCF

Children in Care Placement change

By March 2020, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The Division provides a Delegated Statutory Functions (DSF) report in May and November which outlines all the data requested by the Department in relation Services provided by the Trust through Safeguarding, LAC, Fostering, Adoption and Residential and 16+ services. DSF reporting requires the trust to report total number of placement moves during the reporting period (April to September and October to March separately). The information requested here is different to that requested under DSF. Reporting is not available to determine those placement moves that were in cases where the child has been in care for more than 12 months.

The following data has been prepared for DSF reporting. In March 2018 there were 671 looked after children. This number decreased slightly to 663 by March 2018. In this time there were 99 placement moves from March 2018 to September 2018 and 82 placement moves from October 2018 to March 2019 - across all placements (not just those in care > 12 months). A number of placement moves across these periods may relate to the same placement.

The service has provided assurance that placement changes involving long term placements are uncommon and are only undertaken where necessary.

ACTIONS BEING TAKEN WITH TIME FRAME

The number of Looked after children has slightly decreased in the last year, however the number of complex cases is increasing. The service continues to develop and implement recruitment strategies targeting foster carers across the geographic region, with particular skills and in support of the full age range of children. The fostering service has been working closely with Corporate Communications to utilise social media to attract people to fostering.

% Children with no placement change											
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
82% - Sept 18											↔

Information source – DoH Annual OC2 Survey to Sept 18. Figures published 3rd October 2019.

WCF

Children in Care Adoption

By March 2020, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission) (CPD 1.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

In the period April 2018 to March 2019 there were 16 Adoption Orders granted. Of these 6 were completed within the 3-year target, with a further 4 just outside of the target. There were two sibling groups which accounted for 5 children were delays were outside of the Trust’s control

ACTIONS BEING TAKEN WITH TIME FRAME

The service is closely monitoring the timeline for all children and can highlight where issues are arising. The service endeavours to review cases with the Judiciary to ensure timely completion of the adoption process

	2016/17	2017/18	2018/19
% Children adopted from care within 3 years of last entering care	60%	40%	37%



Information source – DoH Annual AD1 to March 19. Figures published 3rd October 2019

CAMHS Waits

By March 2020, no patient waits longer than 9 weeks to access child and adolescent mental health services. (CPD 4.14)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

During April – July 2019, NHSCT had reported on ALL Step 2 referrals. HSCB has now clarified that the 9 week access target is only applicable for referrals with a mental health component. (Other Step 2 referrals for behavioural and parenting support will be reported separately through DSF arrangements). NHSCT Specialist Step 3 CAMHS service continues to maintain a zero breach position with a longest wait of 53 days. The NHSCT Step 2 CAMHS Service has 121 referrals in breach of the 9 week target with a longest wait of 178 days.

- Increasing referral rate. 2018/19 referrals were 143 on average per month up from 72 per month in the previous year. This is a 100% increase in referrals. This increase maintains at 144 per month on average since Apr 2019. (Primary Mental Health referrals have increased from approx.29% to 56% of these referrals.)
- Staff shortages due to sick leaves, maternity leaves and on-going HR/ER processes are negatively affecting capacity.
- Community and Voluntary Sector capacity is limited, with the Hubs indicating that they are reaching saturation point had have reduced capacity to accept referrals

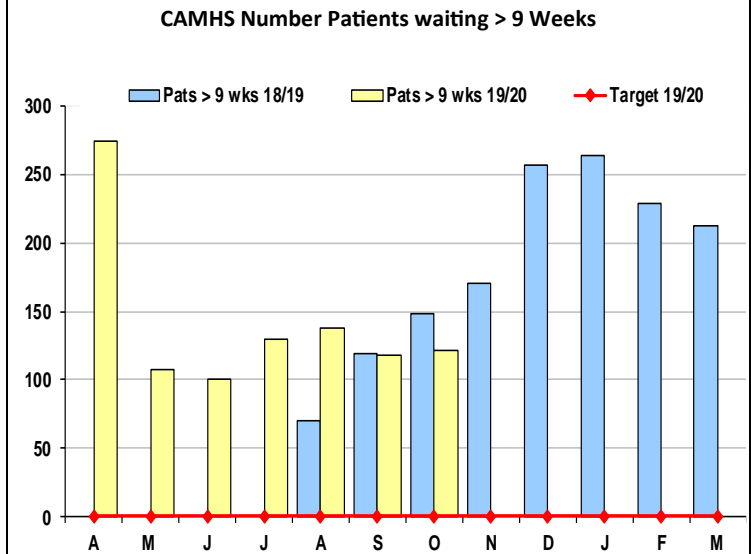
ACTIONS BEING TAKEN WITH TIME FRAME

- On-going management of referrals and allocations ensures that the number of breaches remains at zero for step 3 referrals
- A CEIS Service Improvement plan has been developed to address breaching position
- Validation of thresholds for all July and August Mental Health referrals completed
- Waiting List alignment and quality assurance has been completed to identify Primary Mental Health Support, Behavioural support and Parenting support streams of demand
- Agency staff have been recruited to support delivery
- Part time staff have being offered increased hours
- CAPA methodology has been implemented and capacity and demand is reviewed on a weekly basis, CNA and DNA appointments are refilled.
- An IPT is currently being processed to include 6.4 Band 6 staff from Jan – Mar 2020 to increase capacity of the service. Starting dates and capacity will be updated when the monies is released.

FORECAST IMPACT ON PERFORMANCE

Despite a short term increase in breaches the CEIS Service Improvement Plan trajectory identifies that by streaming demand into Primary Mental Health support, Behaviour Support and Parenting Support, that breaching of Step 2 mental health referrals will reduce to zero by February 2020. This will be kept under review given the unpredicted increase in Primary Mental Health referrals in July and August 2019 Referrals have remained at expected high levels through Sept and Oct 2019.

CAMHS Number Patients waiting > 9 Weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
170	257	264	229	212	274	107	100	130	138	118	121	↑



Community Care

CC/MHLD/WCF

Direct Payments

By March 2020, secure a 10% increase in the number of direct payments to all service users. (CPD 5.1)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT

All SW staff have attended or have planned attendance at Direct Payment training, to ensure understanding and requirements of process to facilitate informed discussions with service users considering uptake of direct payments.

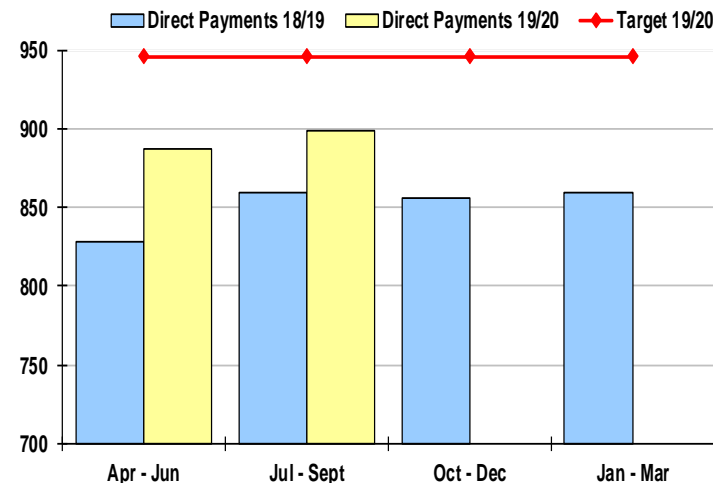
FORECAST IMPACT ON PERFORMANCE

It is anticipated that there will be modest growth in this sector.

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
856		860			886			899				↑

860 direct payments March 19 Qtr. (Baseline for target monitoring to be confirmed). 2019/20 target - 946 by March 20 Qtr.

Number of Direct Payments



CC/MHLD/WCF

Carers' Assessments

By March 2020, secure a 10% increase (based on 2018/19 figures) in the number of carers' assessments offered to carers for all service users. (CPD 6.1)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT

Training has been provided to staff in the completion of Carers Assessments.

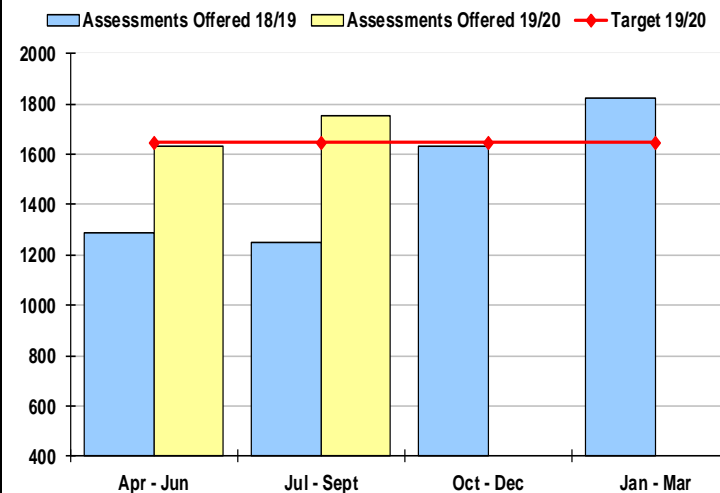
FORECAST IMPACT ON PERFORMANCE

Staff will continue to focus on promoting Carer's assessments and undertake these where carers are willing to engage.

Trust Number of Carers Assessments													TOPM
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
1634		1823			1630			1751				↑	
Cumulative Target 3299 – Cumulative Actual 3381													

5994 Assessments offered 2018/19 (baseline) 2019/20 target = 6594 by March 20, 1648 quarterly.

Number of Carers Assessments



Short Break Hours

By March 2020, secure a 5% increase (based on 2018/19 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.2)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Eldercare: The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2nd quarter. It is anticipated that this target will be attained by then end of the next quarter.

FORECAST IMPACT ON PERFORMANCE

Community Care: It is anticipated that the target will continue to be achieved during the next quarter.

Trust Number of Short Break Hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
243387		293911			246073			242199				↓
Cumulative Target 556280 – Cumulative Actual 488272												

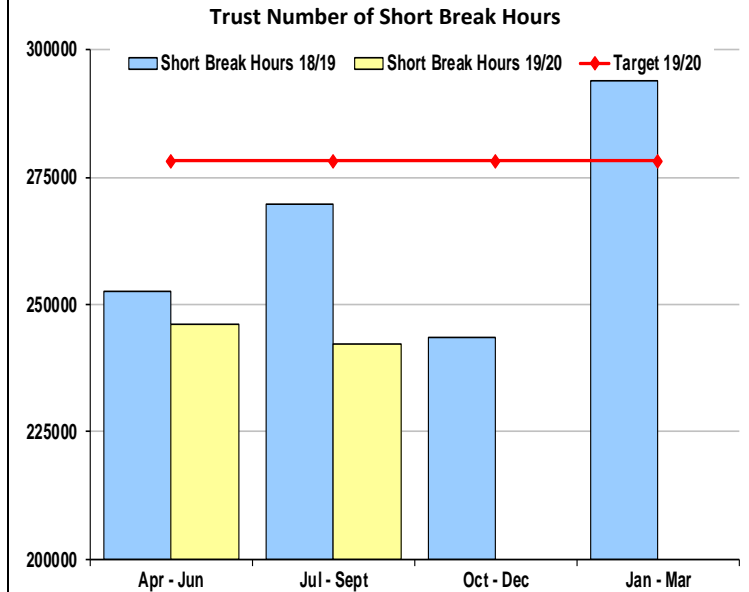
1059581 hours provided 2018/19 (Baseline) 2019/20 target 1112561 annually, 278140 quarterly.

Community Care Directorate Number of Short Break Hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
73948		94034			68993			68807				↓
Cumulative Target 175548 – Cumulative Actual 137800												

2019/20 target 351095 annually, 87774 quarterly.

Mental Health Directorate Number of Short Break Hours												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
169439		199877			177080			173392				↓
Cumulative Target – 380732 – Cumulative Actual 350472												

2019/20 target 761466 annually, 190366 quarterly.



3.0 Quality Standards & Performance Targets

3.2 DoH Indicators of Performance 19/20 - Draft

Desired Outcome 1: Reduction of Health Inequalities														
Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Alcohol-related Admissions	A14. Standardised rate of alcohol-related admissions to hospital within the acute programme of care.	209	192	236	184	186	210	222	211	246	227	233	199	
Child Health	A17. Breastfeeding rate at discharge from hospital	43%	50%	45%	47%	47%	48%	45%	51%	51%	48%	47%		
Child Health	A18. Rate of each core contact within the pre-school child health promotion programme offered and recorded by health visitors.	FV - new baby review	838	836	778	796	586	934	862	810	900	860	878	922
		C1 - 6 - 8 week review	944	742	890	696	790	826	942	744	918	836	774	846
		C2 - 14 - 16 week review	776	676	906	790	776	814	884	778	954	786	796	812
		C3 - 6 - 9 month review	776	630	760	834	710	838	954	808	842	806	796	784
		C4 - 1 year review	465	337	494	481	392	405	426	454	516	408	421	438
		C5 - 2 - 2.5 year review	443	370	416	556	506	499	505	526	501	511	439	472
Looked after Children	A19. Proportion of looked after children who have experienced more than two placement changes.	2% (11 of 512) Information Source - Annual OC2 Survey reported up to Sept 18, with 12 month delay												
Adoption	A20. Length of time for best interest decision to be reached in the adoption process.	Average 1 year 2 months Information Source - Annual AD1 Survey reported up to March 19 with 6 month delay												
Lost School Days	A21. Number of school age children in care for 12 months or longer who have missed 25 or more school days by placement type.	5% (19 of 354 school-aged children) Information Source - Annual OC2 Survey reported up to Sept 18 with 12 month delay												
Personal Education Plan	A22. Proportion of school-aged children who have been in care for 12 months or longer with a Personal Education Plan (PEP)	86% (305 of 354 school-aged children) Information Source - Annual OC2 Survey reported up to Sept 18 with 12 month delay												
Care Leavers	A23. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Care Leavers	A24. Percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	76%	77%	76%	76%	69%	72%	73%	73%	68%	73%	70%	72%	
Self-Harm	A26. Number of ED repeat presentations due to deliberate self-harm.	263	212	227	209	187	174	226	166	212	220	194	211	
Unplanned Admissions	A28. The number of unplanned admissions to hospital for adults with specified long-term conditions.	248	266	254	262	226	276	252	255	255	202	222	261	

Desired Outcome 2 : People using health and social care services are safe from avoidable harm

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Returning ED Admissions	B5: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven Days	3.2%	3.4%	3.3%	2.9%	3.5%	3.5%	3.3%					
		8-30 Days	4.1%	5.1%	4.3%	4.4%	4.7%	5.1%	5.0%					
Causes of Emergency Readmissions	B6: Clinical causes of emergency readmissions (as a percentage of all admissions) for i) infections (primarily; pneumonia, bronchitis, urinary tract infection, skin infection); and ii) long-term conditions (COPD, asthma, diabetes, dementia, epilepsy, CHF)	Infections	12.0%	17.5%	13.8%	13.1%	10.6%	12.1%	13.5%	11.2%	13.0%	9.5%		
		Long Term Conditions	11.8%	9.6%	11.9%	10.7%	11.2%	10.6%	11.3%	10.5%	11.8%	10.8%		
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.		9	5	5	5	5	4	6	3	8	7	5	
Emergency Admissions & Readmissions	B8: Number of emergency admissions and readmissions in which medicines were considered to have been the primary or contributing factor.	Admissions	0 - 64	100		Quarterly figures with 6 month delay, awaiting information from HSCB								
			65 +	134										
		Readmissions	0 - 64	5										
			65 +	11										

Desired Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them.

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)	2662	2594	2798	2547	2680	2712	2612	2534	2547	2620	2776	2834		
	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted	0-30 mins	Antrim	2.4%	2.3%	3.1%	2.4%	2.8%	2.5%	2.3%	2.7%	3.2%	2.9%	2.5%	2.6%
Causeway			4.2%	5.1%	5.8%	3.9%	3.8%	4.5%	3.4%	3.2%	3.5%	3.1%	2.5%	2.4%	
Mid Ulster			44.5%	46.4%	46.4%	48.1%	49.8%	32.7%	40.7%	37.9%	44.9%	47.6%	44.0%	42.9%	
>30 min – 1 hr		Antrim	7.4%	5.8%	6.8%	6.1%	7.1%	6.4%	6.3%	7.5%	8.3%	7.2%	7.0%	7.5%	
		Causeway	10.9%	11.2%	12.8%	10.8%	11.7%	11.9%	12.1%	12.0%	11.6%	12.0%	9.9%	9.8%	
		Mid Ulster	39.3%	40.3%	41.1%	39.1%	36.0%	42.2%	41.1%	38.7%	36.7%	34.8%	39.8%	41.1%	
>1 hr – 2 hrs		Antrim	18.1%	15.6%	15.7%	15.3%	16.6%	15.6%	17.3%	17.7%	16.8%	18.8%	18.5%	17.3%	
		Causeway	22.6%	22.4%	21.5%	22.8%	23.7%	21.3%	24.1%	22.6%	22.9%	22.5%	23.2%	23.1%	
		Mid Ulster	15.2%	12.3%	11.8%	11.5%	13.2%	23.2%	17.0%	21.4%	16.0%	14.4%	15.1%	15.0%	
>2 hrs – 3 hrs		Antrim	17.2%	16.8%	15.9%	15.5%	18.5%	15.2%	17.8%	18.3%	17.0%	16.1%	19.6%	21.1%	
		Causeway	18.2%	19.9%	16.7%	17.8%	18.1%	16.1%	17.1%	16.6%	18.2%	18.5%	18.0%	18.1%	
		Mid Ulster	1.0%	1.1%	0.7%	1.0%	0.9%	1.7%	1.1%	1.9%	2.5%	2.9%	1.0%	0.8%	
>3 hrs – 4 hrs		Antrim	16.9%	18.0%	17.1%	15.9%	18.7%	16.8%	16.8%	17.8%	16.5%	17.4%	16.8%	19.5%	
		Causeway	15.5%	14.6%	13.8%	15.5%	16.3%	14.8%	15.1%	15.4%	15.4%	16.6%	16.7%	16.2%	
		Mid Ulster	-	-	-	0.1%	-	0.2%	-	-	-	0.2%	0.1%	-	
>4 hrs – 6 hrs		Antrim	17.1%	19.2%	16.7%	18.0%	17.8%	17.1%	18.2%	17.5%	17.8%	18.0%	16.9%	17.1%	
		Causeway	11.9%	12.5%	12.5%	13.3%	13.9%	12.7%	12.1%	13.0%	12.2%	14.5%	12.4%	12.8%	
		Mid Ulster	-	-	-	0.1%	0.1%	-	-	-	-	-	-	0.1%	
>6 hrs – 8 hrs		Antrim	8.0%	8.9%	8.4%	9.7%	8.9%	11.0%	9.5%	8.4%	9.7%	9.9%	8.0%	7.7%	
		Causeway	7.4%	6.9%	6.8%	6.9%	6.4%	6.5%	7.1%	6.4%	6.6%	7.2%	7.6%	5.8%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>8 hrs – 10 hrs		Antrim	4.0%	5.2%	4.6%	5.4%	3.7%	5.1%	4.5%	4.1%	4.6%	4.4%	4.3%	3.5%	
		Causeway	3.5%	3.1%	3.7%	4.2%	3.3%	3.2%	3.3%	3.8%	3.0%	3.1%	3.7%	3.9%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>10 hrs – 12 hrs		Antrim	2.2%	2.9%	2.6%	2.9%	2.2%	3.4%	2.5%	2.4%	2.5%	2.1%	1.9%	1.5%	
		Causeway	3.4%	2.3%	2.5%	2.4%	1.4%	2.4%	2.3%	2.5%	2.5%	1.5%	2.4%	2.0%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>12 hrs – 14 hrs		Antrim	1.1%	1.0%	1.3%	1.3%	0.8%	1.3%	0.9%	0.8%	0.9%	1.0%	0.9%	0.6%	
		Causeway	0.6%	0.5%	0.8%	0.5%	0.3%	1.0%	0.7%	0.5%	0.8%	0.3%	0.7%	0.6%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>14 hrs – 16 hrs		Antrim	1.1%	0.9%	1.3%	1.1%	0.5%	1.0%	0.7%	0.7%	0.8%	0.5%	0.7%	0.4%	
		Causeway	0.3%	0.3%	0.7%	0.8%	0.3%	0.9%	0.5%	0.8%	0.8%	0.3%	0.6%	1.1%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>16 hrs – 18 hrs		Antrim	1.1%	0.8%	1.3%	1.1%	0.7%	0.9%	0.9%	0.6%	0.6%	0.4%	0.6%	0.4%	
		Causeway	0.4%	0.4%	0.4%	0.2%	0.2%	0.8%	0.6%	0.7%	0.6%	0.2%	0.5%	0.8%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	
>18 hrs		Antrim	3.6%	2.5%	5.3%	5.2%	1.8%	3.7%	2.2%	1.4%	1.2%	1.3%	2.3%	1.0%	
		Causeway	1.3%	0.7%	1.8%	1.0%	0.6%	3.9%	1.7%	2.7%	1.9%	0.1%	1.7%	3.2%	
		Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-	

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	AAH ED – Median	03:17	03:35	03:32	03:44	03:16	03:41	03:22	03:13	03:18	03:19	03:08	03:05	
		AAH ED – Maximum	40:02	40:13	41:18	53:57	34:22	50:29	45:00	41:04	35:43	36:47	48:39	51:39	
		AAH ED – 95 th Percentile	15:21	12:27	18:17	18:35	10:52	15:15	11:56	10:46	10:44	10:09	11:33	09:03	
		CAU ED – Median	02:41	02:33	02:33	02:40	02:34	02:43	02:36	02:42	02:39	02:39	02:48	02:49	
		CAU ED – Maximum	31:57	25:08	30:02	42:11	30:44	45:57	45:13	37:37	39:13	22:52	31:15	46:22	
		CAU ED - 95 th Percentile	10:39	09:27	11:18	09:54	08:33	15:23	10:38	11:49	11:32	08:09	10:48	14:22	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4872	4923	4938	4492	5283	4480	5024	4770	4754	4899	4780	4923
			%	77%	77%	77%	75%	79%	69%	75%	75%	73%	76%	73%	70%
		Causeway	Number	2502	2698	2718	2632	2893	2700	2715	2451	2768	2849	2528	2567
			%	77%	78%	79%	80%	78%	72%	74%	72%	72%	72%	69%	70%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	7	7	6	5	7	7	7	8	7	7	
			Maximum	52	52	60	102	71	79	77	89	58	115	209	62
			95 th Percentile	22	23	21	22	19	26	22	24	27	23	22	23
		Causeway	Median	10	9	10	11	10	11	11	12	11	11	12	12
			Maximum	54	48	68	40	50	75	100	68	63	72	72	56
			95 th Percentile	27	27	29	26	27	32	32	31	31	30	36	31
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	9	9	9	9	8	11	10	10	10	10	10	
			Maximum	143	436	131	136	173	197	280	208	201	226	243	176
			95 th Percentile	26	26	25	28	24	31	27	27	28	26	29	29
		Causeway	Median	9	9	9	9	9	10	10	10	10	10	11	10
			Maximum	113	55	130	108	78	92	159	193	87	179	109	194
			95 th Percentile	27	26	26	24	25	31	30	30	30	30	32	31
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	69	77	73	91	79	101	87	78	80	85	76	80
			Maximum	634	683	644	808	582	747	981	786	1719	649	648	594
			95 th Percentile	321	313	299	348	284	365	314	301	312	303	268	261
		Causeway	Median	34	25	25	29	29	41	31	32	31	45	41	37
			Maximum	878	590	518	375	267	866	717	391	482	371	860	1062
			95 th Percentile	126	105	104	125	131	182	163	154	148	182	159	164

Area	Indicator			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments.	Immediate	Antrim	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.1%	0.3%	0.2%	0.3%	
			Causeway	0.2%	0.5%	0.1%	0.4%	0.3%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	
		Very Urgent	Antrim	18.7%	19.6%	17.9%	16.9%	16.4%	16.5%	16.5%	16.2%	16.3%	17.0%	15.2%	16.1%	
			Causeway	16.1%	17.4%	16.5%	16.7%	15.8%	16.2%	14.9%	15.1%	14.1%	13.6%	15.3%	15.0%	
		Urgent	Antrim	43.9%	46.5%	45.4%	44.3%	45.5%	45.0%	44.7%	45.9%	42.8%	44.5%	47.0%	45.2%	
			Causeway	50.2%	49.4%	49.8%	48.1%	47.8%	46.2%	44.1%	45.0%	43.1%	45.3%	43.1%	44.4%	
		Standard	Antrim	22.8%	21.1%	22.1%	23.4%	21.3%	22.0%	21.8%	21.5%	24.7%	22.6%	21.8%	22.5%	
			Causeway	21.3%	22.0%	20.3%	22.0%	23.0%	21.1%	23.0%	21.3%	25.9%	24.2%	25.3%	23.5%	
Non Urgent	Antrim	1.3%	0.8%	2.0%	1.8%	1.5%	1.2%	1.0%	0.5%	1.0%	0.9%	0.7%	0.9%			
	Causeway	1.2%	1.5%	1.3%	1.6%	1.6%	2.1%	2.2%	1.5%	1.7%	1.8%	2.6%	2.0%			
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 th percentile and single longest time.	Antrim	Median	03:14	02:54	04:16	04:17	02:27	03:18	02:53	02:20	02:36	02:17	02:58	02:02	
			Maximum	37:05	38:13	40:21	51:33	27:04	45:48	40:38	32:40	32:41	34:25	42:41	46:38	
			95 th percentile	21:14	17:09	23:01	23:21	16:23	20:03	17:33	14:20	12:52	13:14	17:32	12:18	
		Causeway	Median	03:49	03:19	03:50	03:15	02:18	04:26	03:24	04:25	03:55	02:23	04:03	04:12	
			Maximum	30:40	22:57	26:24	24:49	26:42	34:13	34:24	30:04	34:21	19:45	29:37	41:07	
			95 th percentile	15:11	11:46	16:35	12:47	08:45	22:10	16:17	19:37	17:01	07:44	16:19	19:16	
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			3.2%	3.0%	2.5%	3.7%	3.0%	4.8%	3.6%	3.2%	3.7%	3.5%	3.1%	2.6%	
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim			3.4%	3.1%	3.4%	3.7%	3.8%	3.2%	3.1%	3.1%	3.4%	3.5%	2.9%	2.8%
		Causeway			4.3%	4.0%	4.7%	5.2%	4.2%	4.9%	4.8%	4.0%	4.4%	4.8%	4.7%	4.2%
Stroke LOS	D15. Average length of stay for stroke patients			15.9	10.1	13.1	13.0	12.7	15.1	13.5	13.1	14.4	9.7	8.9	13.6	
OP Referrals	D19. Number of GP and other referrals to consultant-led outpatient services.			7203	9781	9130	9272	9185	8987	9678	9098	9315	8759	9330	9755	
Diagnostic Tests	D20 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			99%	97%	89%	84%	64%	73%	91%	90%	92%	80%	95%	93%	
	D20 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			99%	99.9%	99.9%	96%	79%	97%	99.9%	99.9%	99.9%	99.9%	99.6%	99.9%	

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Specialist Drug Therapies	D21. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	Arthritis	0 (Q3)			0 (Q4)		0 (Q1)			0 (Q2)		
		Psoriasis	0 (Q3)			0 (Q4)		5 (Q1)			0 (Q2)		

Desired Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Reablement	E1. Number of clients;	(i) referrals passed to reablement	125	111	153	118	110	114	121	101	132	143	132	131
		(ii) starting a reablement scheme	95	82	114	102	99	116	108	86	101	118	134	110
		(iii) discharged from reablement with no on-going care package required.	37	27	42	36	38	39	45	26	38	38	33	28

Desired outcome 6: Supporting those who care for others

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care. (Reported Quarterly)	Children	Family & Child Care	1		4		0		3			
			Children with Disabilities	36		45		49		34			
			CAMHS	0		0		0		3			
		Older People	1073		1382		1157		1126				
		Mental Health	273		122		123		90				
		Learning Disability	31		39		31		34				
		Physical Disability & Sensory Impairment	219		231		60		201				
		Other (Hospital SW POC1)	1		0		1		137				
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.	479742 (Q3)		628205 (Q4)		504464 (Q1)		528633 (Q2)					

Desired outcome 7: Ensure the sustainability of health and social care service															
Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Outpatients Appointments Cancelled by Hospital	G1. New and Review outpatient appointments cancelled by the hospital. (Awaiting technical guidance for 19/20 monitoring)	(i) Number of new & review cancelled by the hospital.	1935	1684	2125	2185	2300	1938	1897	2022	1862	1889	1888	1745	
		(ii) Rate of new & review cancelled by the hospital. (Excludes VC's attendances)	New	8.9%	9.5%	9.9%	11.8%	13.4%	11.1%	11.9%	10.6%	10.8%	11.3%	9.9%	7.5%
			Rev	12.3%	13.9%	13.2%	15.5%	17.0%	13.6%	11.4%	14.3%	12.4%	13.9%	13.0%	12.4%
		(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	2.60	2.68	2.42	2.64	2.46	2.28	1.77	2.46	2.05	2.30	2.51	2.80	
Hospital cancelled appointments with an impact on the patient	G2. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient resulting in the patient waiting longer. See CPD 7.3		See CPD 7.3												
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)		6.1%	7.1%	6.2%	6.0%	6.7%	6.6%	6.4%	6.5%	6.4%	7.2%	6.8%	6.2%	
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)		Gynae out-patient coding carried out in Antrim hospital. ENT out-patient coding carried out Trust wide. No other outpatient coding with procedures carried out due to funding being withdrawn.												
Day Surgery Rates	G5. Day surgery rate for each of a basket of 24 elective procedures. (Figures shown are cumulative)		74%	69%	82%	78%	72%	72%	71%	75%	69%	74%			
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.		71%	74%	69%	70%	70%	72%	71%	75%	68%	71%	67%	71%	
Pre-operative stay	G7. Elective average pre-operative stay.		0.73	0.74	0.50	0.59	0.45	0.84	0.46	0.65	0.86	0.53	0.51	0.45	
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.		1.4%	1.4%	3.4%	1.6%	2.4%	2.8%	2.3%	2.2%	1.7%	1.3%	1.2%	2.1%	
Elective Admissions	G9. Elective average length of stay in acute programme of care.		3.7	4.6	3.4	3.8	3.3	4.8	4.2	4.3	3.7	3.9	4.3	4.3	
Elective Admissions	G10. Excess bed days for the acute programme of care (%)		13.4%	11.3%	12.6%	13.1%	13.4%	13.1%	13.0%	11.1%	12.9%	10.8%	11.5%	11.4%	
Prescribing	G12. Level of compliance of GP practices and HSC Trusts with the NI Medicines Formulary; and prescribing activity for generic prescribing and dispensing rates.		Based on quarter 4, 2016/17, the Trust is 68% compliant with the British National Formulary (BNF) chapter 9.												

3.0 Quality Standards & Performance Targets

3.3 DoH Additional Indicators of Performance

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Diagnostic Tests	Unreported Imaging Tests (AI1) (percentage reported)	Urgent	0.23%	0.05%	0.02%	0.04%	0.06%	0.22%	0.09%	1.45%	0.16%	0.38%	0.95%	
		Routine	0.01%	0.07%	0%	2.4%	1.14%	0.01%	0.01%	0.01%	0.01%	0.01%	0.17%	
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI2)	250 (Q3)			258 (Q4)			258 (Q1)			296 (Q2)			
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI3)	52	50	50	50	49	53	54	54	53	50	51	53	
Theatre	Theatre Utilisation and Cancellation rates (AI4)	66%	62%	65%	66%	70%	68%	67%	66%	67%	65%	71%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI5)	Assessment Number > 13 wks	361	292	201	163	175	86	139	234	243	220	253	284
		Intervention Number > 13 wks (targeted waiters only)	0	0	1	1	1	1	0	3	9	7	7	75
Children	Children admitted to residential care will have, prior to their admission - (AI6)	(a) been subject to a formal assessment	- (0 of 0)	100% (5 of 5)	100% (1 of 1)	100% (2 of 2)	100% (1 of 1)	- (0 of 0)	33% (1 of 3)	0% (0 of 1)	75% (3 of 4)	- (0 of 0)	100% (1 of 1)	100% (2 of 2)
		(b) have their placement matched through Children's Resource Panel	- (0 of 0)	100% (5 of 5)	100% (1 of 1)	100% (2 of 2)	100% (1 of 1)	- (0 of 0)	67% (2 of 3)	0% (0 of 1)	75% (3 of 4)	- (0 of 0)	100% (1 of 1)	100% (2 of 2)
Children	Looked After Children (initial assessment) - Initial assessment should be completed within 14 working days from the date of the child becoming looked after (AI7)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Children	Family Support - all family support referrals are investigated and an initial assessment completed within 30 working days from the date of the original referral being received. (This 30 day period includes the previously required 20 days to allocate to the social worker and 10 days to complete the Initial assessment) (AI8)	48%	46%	46%	60%	56%	59%	40%	35%	24%	35%	45%	51%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI9)	68%	73%	56%	62%	63%	54%	50%	43%	47%	60%	67%	47%	
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI10)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI11) (unallocated > 20 days)	35	47	19	39	44	73	94	109	46	40	54	75	
Children Services/ Adoption Best Interest (ARIS)	Number of Looked After Children who have been formally notified to ARIS (Adoption Regional Information System) within 4 weeks of that Adoption Panel decision (AI12) (Reported Quarterly)	100% (9 of 9) Q3			100% (4 of 4) Q4			100% (8 of 8) Q1			100% (2 of 2) Q2			

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI13) (Reported Quarterly)	494 Foster Carers (157 kinship) Q3		491 Foster Carers (147 kinship) Q4			517 Foster Carers (176 kinship) Q1			523 Foster Carers (184 kinship) Q2			
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI14) – Learning Disability	4	4	4	4	4	4	4	4	4	3		
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI14) – Mental Health	1	1	1	1	1	1	1	1	1	1	1	1
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI15)	85%	87%	101%	100%	100%	99%	85%	98%	97%	83%	95%	100%
7 Day Follow up	Trusts should ensure that all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge. (AI16)	99%	100%	99%	100%	100%	97%	98%	99%	100%	100%	99%	99%
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI17)	33	44	76	61	59	42						
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI18) Number > 13 wks	0	0	0	0	0	0	0	0	1	0	0	
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI19)	96%	93%	87%	86%	89%	76%	86%	96%	92%	95%	79%	73%
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the Occupational Therapist assessment and options appraisal. (AI20)	88%	76%	92%	100%	100%	100%	96%	97%	79%	67%	66%	
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI21)	81	70	54	40	32	26	16	23	20	22	18	25
Residential / Nursing Home	Number of clients in residential/nursing homes (AI22)	4005 as at 30.09.2019, 6 monthly report											
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes (AI23)	176 vacancies as at 30.09.2019, 6 monthly report											
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI24) (week commencing date is the Monday closest to the start of the month)	171	174	164	162	165	168	-	-	141	154	148	

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Continuing Care Needs	(i) waiting longer than 5 weeks for an assessment of need to be completed (% < 5 wks)	100%	100%	100%	100%	100%	99%	99%	99%	99.5%	100%	100%	99%
	Number of people with continuing care needs (AI25) (ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met. (% < 8 wks)	96%	100%	96%	93%	91%	97%	97%	92%	97%	96%	95%	95%

Directorate Codes:

SCS – Surgery & Clinical Services

MEM – Medicine & Emergency Medicine

WCF – Women, Children & Families

CC - Community Care

MHLD - Mental Health & Learning Disabilities

MG - Medical Governance

SDBS – Strategic Development and Business Services

F – Finance

4.0 Use of Resources

4.1 Delivery of Elective Service Budget Agreements (SBA)

(CPD 7.4) By March 2020, reduce the percentage of funded activity associated with elective care service that remains undelivered.

19/20 SBA Report for Elective Inpatients, Daycases & Outpatients

Cumulative Position as at	Elective Inpatients				Daycases				Combined Elective and Daycase				New Outpatients				Review Outpatients			
	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance
28 April 2019 (4 weeks)	401	220	-181	-45%	849	812	-38	-4%	1250	1032	-218	-17%	4461	4107	-354	-8%	6921	7331	410	6%
26 May 2019 (8 weeks)	802	457	-345	-43%	1698	1643	-56	-3%	2500	2100	-400	-16%	8866	8613	-253	-3%	13713	15277	1564	11%
30 June 2019 (13 weeks)	1304	769	-535	-41%	2759	2743	-17	-1%	4063	3512	-551	-14%	14407	14109	-298	-2%	22284	25107	2824	13%
28 July 2019 (17 weeks)	1705	997	-708	-42%	3608	3550	-59	-2%	5313	4547	-766	-14%	18840	18323	-517	-3%	29140	32336	3196	11%
01 September 2019 (22 weeks)	2207	1273	-934	-42%	4669	4577	-93	-2%	6876	5850	-1026	-15%	24382	23329	-1053	-4%	37711	41050	3339	9%
29 September 2019 (26 weeks)	2608	1542	-1066	-41%	5518	5499	-20	0%	8126	7041	-1085	-13%	28815	27778	-1037	-4%	44567	49335	4768	11%
27 October 2019 (30 weeks)	3009	1822	-1187	-39%	6367	6317	-51	-1%	9376	8139	-1237	-13%	33248	32507	-741	-2%	51423	57017	5594	11%

- The tables above excludes Endoscopy procedures in Gastro, GS & Medicine.

- Elective Inpatient activity is based on Admissions (1st FCE only)

- 2019/20 Volumes are Draft.

19/20 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 30 weeks (27 October 19)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-22%	Capacity has shifted to day surgery to accommodate very high red flag demand. Core volumes do not take account of significant phototriage activity. Consultant absence in the early part of the financial year has also led to a reduction in volumes.	SBA to be reviewed to reflect changes in the service model
ENT	-63%			IPDC split not agreed. Inpatient volumes mainly impacted by capping of lists due to unscheduled pressures.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Gastroenterology		-21%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Medicine			-23%	Shift of activity to care of the elderly specialty clinics	SBA to be rebalanced between general medicine and care of the elderly, to reflect demand profile
General Surgery	-54%	-39%	-17%	IPDC SBA under discussion agreed as not appropriate and to be reworked during 2019/10. Outpatient clinic capacity converted to breast surgery to help accommodate increasing demand.	IPDC SBA to be remodelled.
Obs and Gynae (Gynaecology)	-34%	-31%		Under utilization of both Daycase and Inpatient Lists due to a number of factors which include the majority of daycase activity taking place on peripheral sites and the necessity to risk stratify the acuity of patient who can be placed on these lists. Shift of activity from daycase to outpatients on the Causeway site.	HSCB will be undertaking an SBA review exercise in 2019/20 which should ensure that all activity is correctly accounted for.
Pain Management		-18%		Drop in volumes is due to high complexity case mix being undertaken in the first part of the financial year.	Case mix will be rebalanced as the year progresses and core volumes will be delivered
Gynae (Urodynamics)			-63%	Modernised treatment pathways have resulted in a shift of activity from urodynamics to other parts of the gynae service.	HSCB will be undertaking an SBA review exercise in 2019/20 which should ensure that all activity is correctly accounted for.
Nephrology			-19%	Lack of demand.	
Endoscopy		-19%		Unable to provide all scheduled lists at present due to surgical locums not able to cover endoscopy. Lists for trainee nurse endoscopists are operating at a lower volume to allow for training. SBA does not take into account increasing complexity of procedures, or patients with double procedures	Additional nurse endoscopy staff in training. The service is reviewing the points allocation of all endoscopy lists to ensure maximum utilisation.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

Outpatient Demand

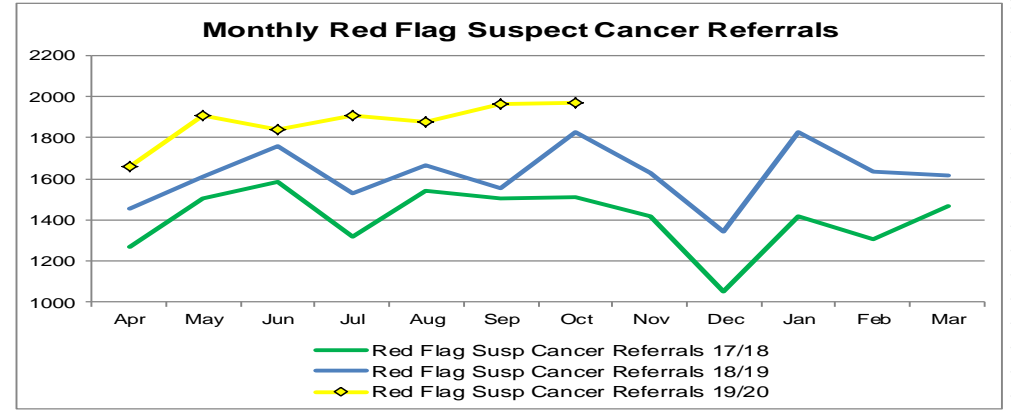
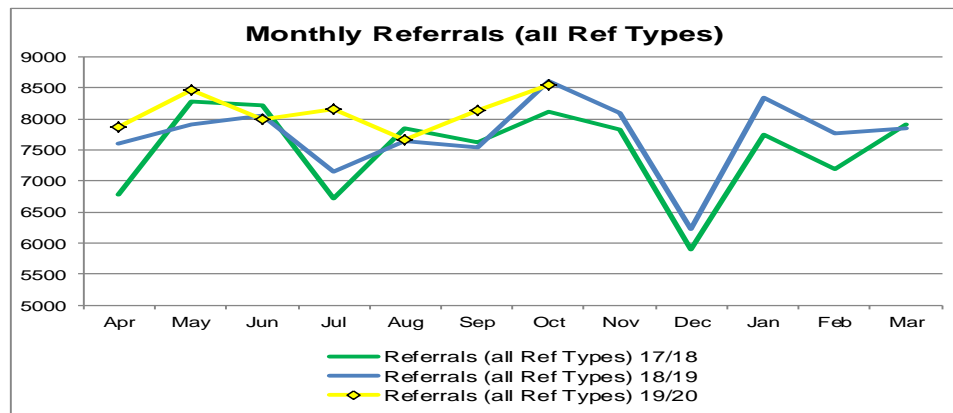
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	6779	8271	8226	6710	7845	7624	8104	7835	5885	7743	7180	7916
	18/19	7603	7916	8057	7149	7631	7535	8597	8094	6214	8336	7773	7844
	Variance on Previous Year	824	-355	-169	439	-214	-89	493	259	329	593	593	-72
	% Variance on Previous Year	12%	-4%	-2%	7%	-3%	-1%	6%	3%	6%	8%	8%	-1%
	19/20	7876	8455	7991	8146	7663	8129	8547					
	Variance on Previous Year	273	539	-66	997	32	594	-50					
% Variance on Previous Year	4%	7%	-1%	14%	0%	8%	-1%						

Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	6779	15050	23276	29986	37831	45455	53559	61394	67279	75022	82202	90118
	18/19	7603	15519	23576	30725	38356	45891	54488	62582	68796	77132	84905	92749
	Variance on Previous Year	824	469	300	739	525	436	929	1188	1517	2110	2703	2631
	% Variance on Previous Year	12%	3%	1%	2%	1%	1%	2%	2%	2%	3%	3%	3%
	19/20	7603	16331	24322	32468	40131	48260	56807					
	Variance on Previous Year	0	812	746	1743	1775	2369	2319					
% Variance on Previous Year	0%	10%	10%	20%	14%	22%	8%						

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	1268	1503	1586	1321	1539	1504	1509	1416	1050	1418	1308	1469
	18/19	1455	1608	1757	1528	1665	1552	1828	1629	1343	1828	1632	1615
	Variance on Previous Year	187	105	171	207	126	48	319	213	293	410	324	146
	% Variance on Previous Year	15%	7%	11%	16%	8%	3%	21%	15%	28%	29%	25%	10%
	19/20	1662	1909	1836	1904	1876	1960	1968					
	Variance on Previous Year	207	301	79	376	211	408	140					
% Variance on Previous Year	14%	19%	4%	25%	13%	26%	8%						

Cumulative Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	1268	2771	4357	5678	7217	8721	10230	11646	12696	14114	15422	16891
	18/19	1455	3063	4820	6348	8013	9565	11393	13022	14365	16193	17825	19440
	Variance on Previous Year	187	292	463	670	796	844	1163	1376	1669	2079	2403	2549
	% Variance on Previous Year	15%	11%	11%	12%	11%	10%	11%	12%	13%	15%	16%	15%
	19/20	1662	3571	5407	7311	9187	11147	13115					
	Variance on Previous Year	207	508	587	963	1174	1582	1722					
% Variance on Previous Year	14%	17%	12%	15%	15%	17%	15%						

New referrals were Referral Source (R) equals 3 & 5
 Includes only referrals to consultant led services except for Urology where all referrals are included.
 Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSCT. Visiting Consultants excluded



4.0 Use of Resources

4.3 Demand for Services (ED Attendances)

Emergency Department Demand

ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2017 / 18	7,251	7,902	7,313	7,103	7,151	6,859	7,180	7,083	7,180	6,486	6,323	7,358	85,189
2018 / 19	6,927	7,742	7,362	7,165	7,193	7,175	7,378	7,231	7,245	7,253	6,876	7,819	87,366
2019 / 20	7,591	7,938	7,572	7,646	7,557	7,759	8,205						93,031

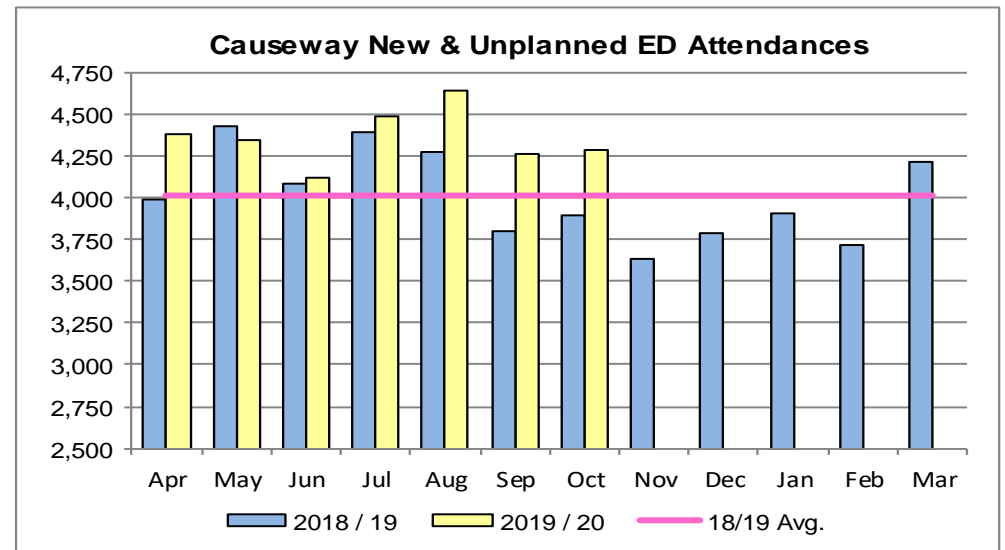
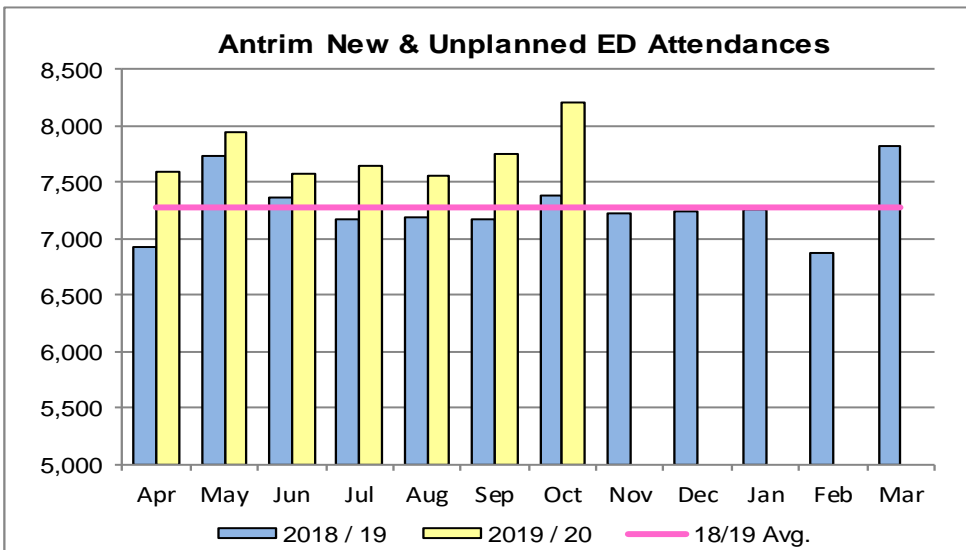
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2017 / 18	4,006	4,048	3,805	4,204	3,865	3,609	3,719	3,421	3,655	3,534	3,322	3,955	45,143
2018 / 19	3,984	4,428	4,088	4,397	4,272	3,794	3,892	3,636	3,791	3,903	3,718	4,212	48,115
2019 / 20	4,376	4,345	4,122	4,484	4,642	4,256	4,286						52,305

NHSCT TOTAL ED ATTENDANCES (New & Unplanned Review) (Antrim & Causeway Hospitals)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2017 / 18	11,257	11,950	11,118	11,307	11,016	10,468	10,899	10,504	10,835	10,020	9,645	11,647	130,666
2018 / 19	10,911	12,170	11,450	11,562	11,465	10,969	11,270	10,867	11,036	11,156	10,594	12,031	135,481
2019 / 20	11,967	12,283	11,694	12,130	12,199	12,015	12,491						145,336

Note: Total attendances for 2019/20 is a projection figure based on 2019/20 attendances to date.



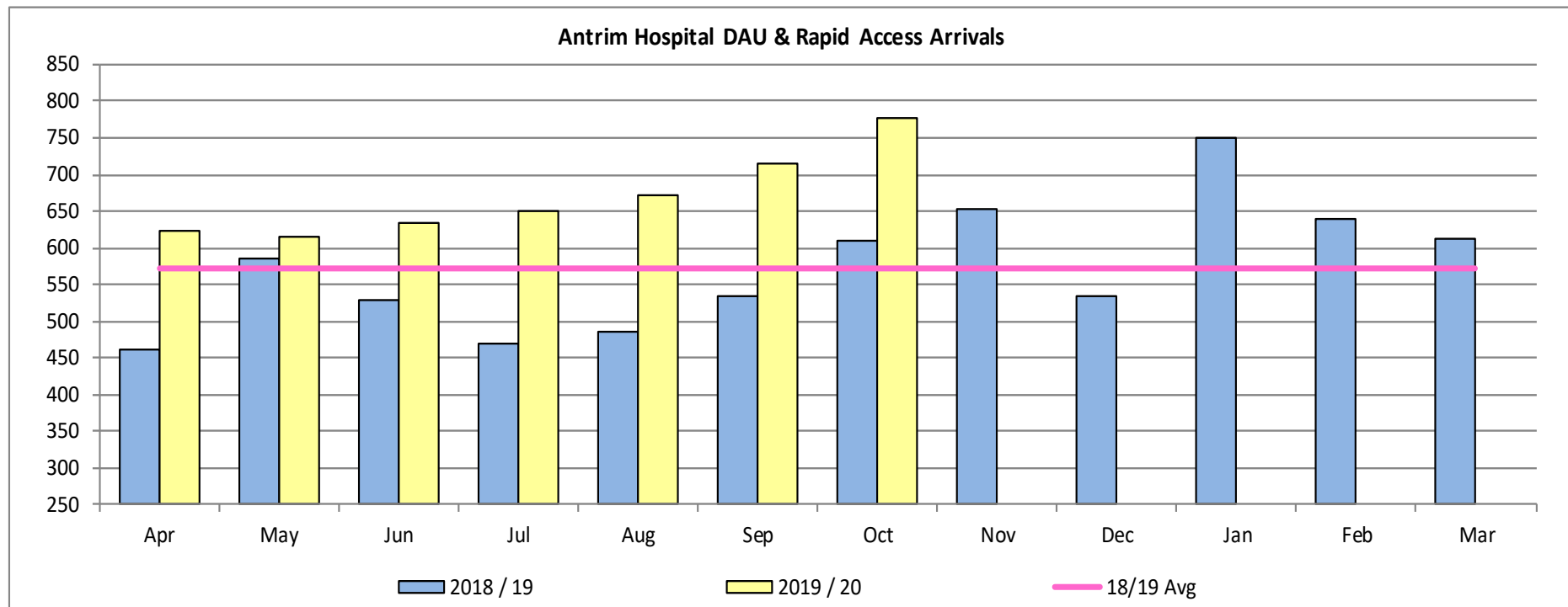
4.0 Use of Resources

4.4 Demand for Services (DAU and Rapid Access Arrivals at Antrim Hospital)

ANTRIM HOSPITAL DAU & Rapid Access Arrivals (exc. Programmed Treatment Unit)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Arrivals
2017 / 18	393	496	463	370	519	479	591	573	508	559	480	547	5,978
2018 / 19	461	586	528	470	485	535	609	654	533	750	639	612	6,862
2019 / 20	622	616	634	650	672	715	778						8,035

Note: Total Arrivals for 2019/20 is a projection figure based on 2019/20 attendances to date.



5.0 Workforce

	TRUST	Women Child & Families	Medicine & Emerg. Med.	Surgical & Clin Services	MH, LD & CWB	Community Care	Strat Dev & Bus Services	Finance	Human Resources	Medical	Nursing (Inc. Support Services)
Headcount as at 31 Oct 2019	12428	2146	1298	2380	1730	2720	185	323	130	298	1218
% Cumulative Absence 1 April 2019 to 30 Sep 2019 (Trust Target 6.26%)	6.71%	6.78%	6.02%	6.63%	6.29%	6.86%	4.12%	4.49%	2.25%	5.95%	10.26%
	↓	↓	↓	↑	↑	↓	↑	↑	↑	↓	↓
% of Staff Completing Q2020 Training as at 31 Oct 19 (60% Target)	70%	65%	62%	68%	58%	83%	92%	93%	91%	50%	65%
	↑	↑	↑	↑	↑	↑	↑	-	↑	↑	↑
% of Staff with a completed Appraisal as at 31 Oct 19 (78% Target)	73%	68%	62%	71%	73%	88%	86%	85%	92%	53%	58%
	↓	↑	↓	↑	↓	↓	↑	↓	↑	↑	↓

ABSENCE

The Trust monthly sickness absence percentage for September 2019 was 6.86%, an increase of 0.10 compared to the figure reported for August 2019 (6.76%). The Trust cumulative absence percentage for the period 1st April 2019 to 30th September 2019 was 6.71%, a figure which is 0.45 higher than the Trust target of 6.26% and 0.33 higher than the figure reported for the same period in 2018 (6.38%). During the period 1st April - 30th September 2019, 6.85 days were lost per employee due to sickness absence.

FLU VACCINATION

The annual flu campaign is now well underway, with vaccinations being provided by over 160 peer vaccinators and at Trust wide drop-in flu clinics. As of 8th November 2019, 33% of frontline healthcare staff and 21% of frontline social care staff have been vaccinated.

HEALTH AND SOCIAL CARE (HSC) STAFF SURVEY

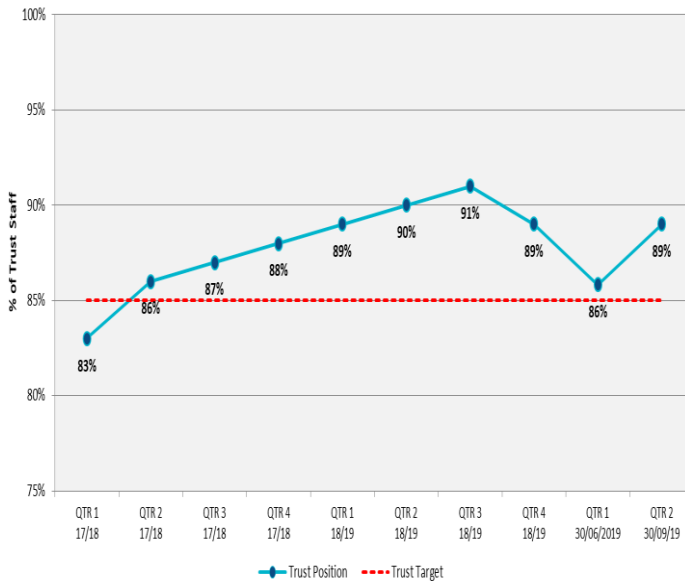
The results of the HSC Staff Survey have now been received. During the response period, 27% of staff took the opportunity to say how they feel about working for the Trust. The Trust saw a significant increase in its employee engagement score compared to the results from the 2015 survey.

MEDICAL LEADERSHIP

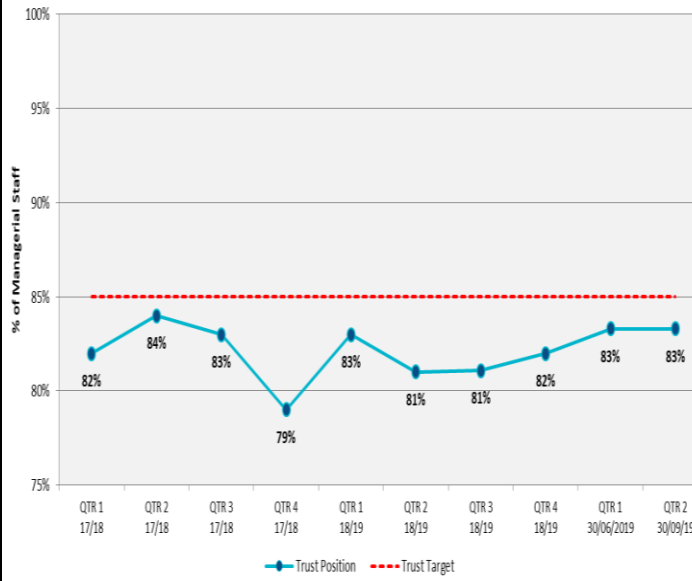
On the 5th November 2019, a celebration event was held for the 17 medical consultants who had successfully completed the Trust CONNECT leadership development programme. Applications for the 2020 programme are now open with 18 nominations having been received to date from a wide variety of medical specialities.

↑ Improved position compared to 31st March 2019 - Position unchanged compared to 31st March 2019
↓ Deteriorated position compared to 31st March 2019

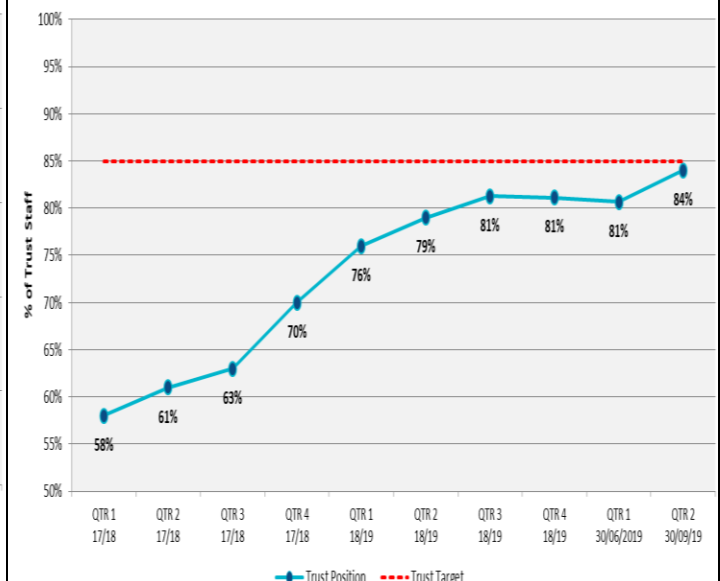
Percentage of Trust Staff who have undertaken Information Governance Awareness Training 2017/18 - 2019/20



Percentage of Trust Managers who have undertaken Processing of Personal Information Training 2017/18 - 2019/20

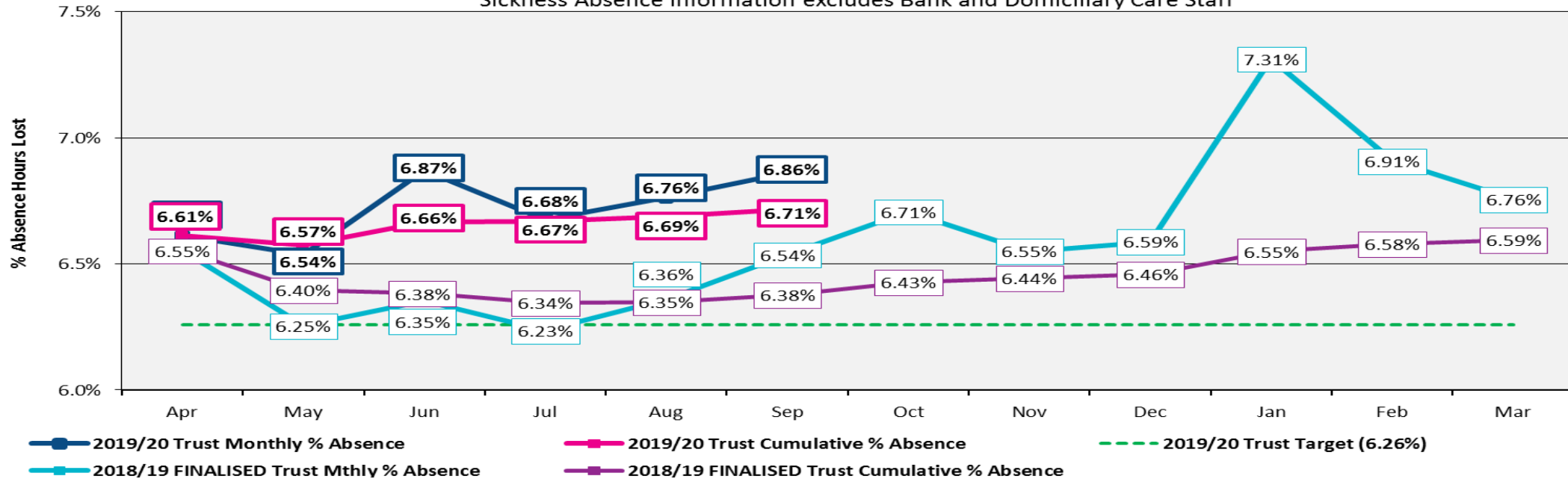


Percentage of Trust Staff who have undertaken ICT Security Training 2017/18 - 2019/20

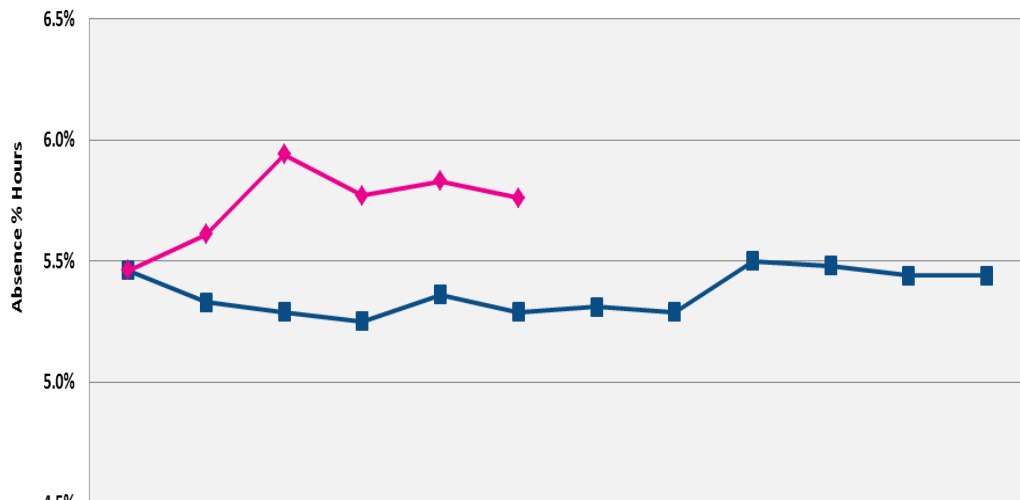


Northern Trust % Absence Hours for the period 1st April 2018 - 30th September 2019

Sickness Absence Information excludes Bank and Domicillary Care Staff

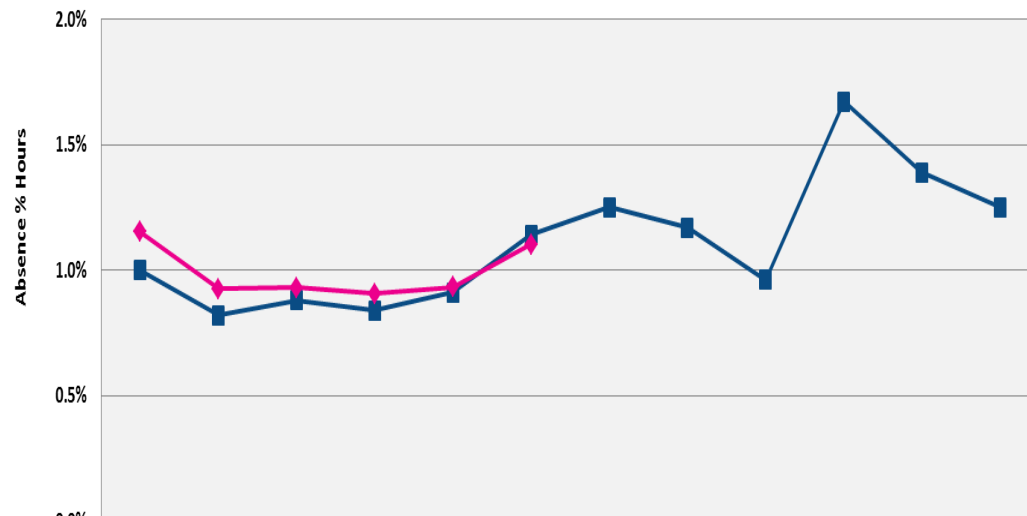


Trust Monthly Long Term % Absence*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018-19	5.46%	5.33%	5.29%	5.25%	5.36%	5.29%	5.31%	5.29%	5.50%	5.48%	5.44%	5.44%
2019-20	5.46%	5.61%	5.94%	5.77%	5.83%	5.76%						

Trust Monthly Short Term % Absence*

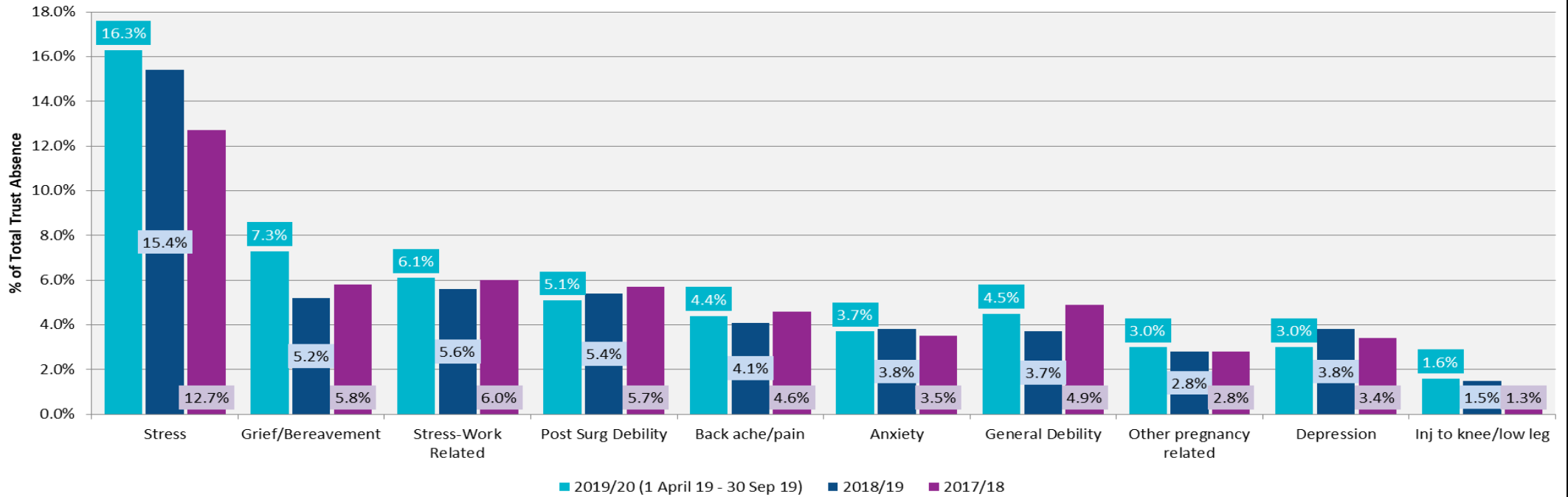


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018-19	1.00%	0.82%	0.88%	0.84%	0.91%	1.14%	1.25%	1.17%	0.96%	1.67%	1.39%	1.25%
2019-20	1.15%	0.93%	0.93%	0.91%	0.93%	1.10%						

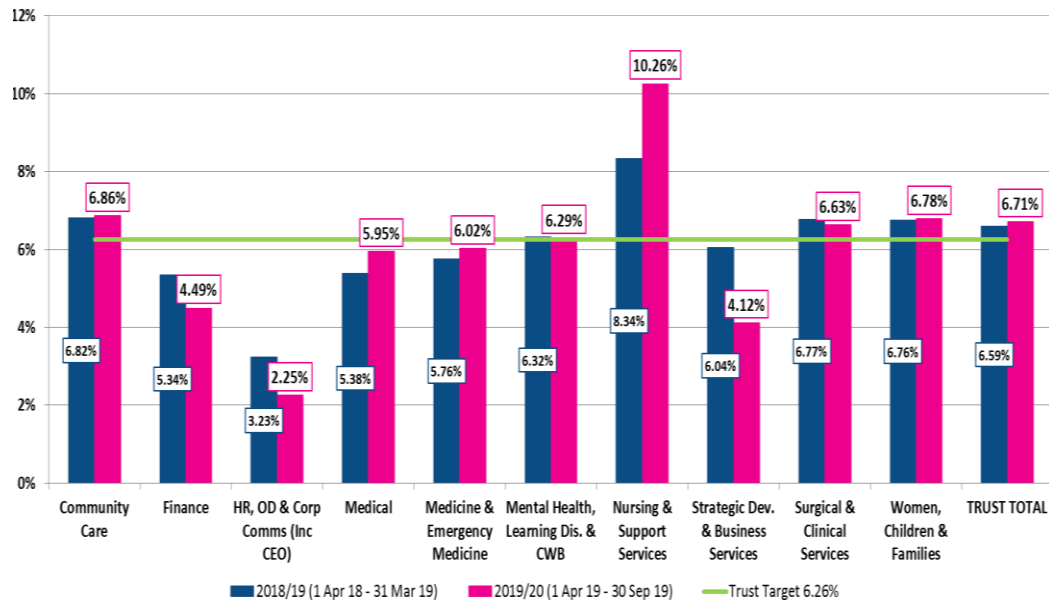
* Long and Short term absence figures are published on a monthly basis and exclude the impact of late absence recording

Top Ten Reasons for Staff Absence 2019/20

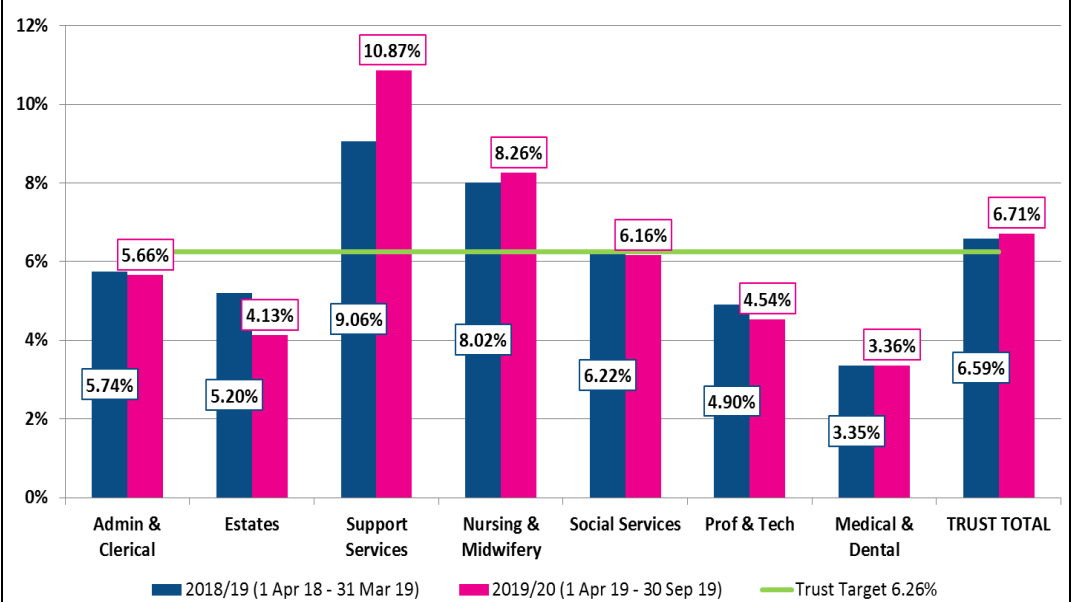
The same absence reasons from 2018/19 and 2017/18 have been included by way of comparison



Cumulative % Absence by Directorate/Division 2018/19 - 2019/20

















Cumulative % Absence by Personnel Area 2018/19 - 2019/20



6.0 Appendix





CPD Targets & Indicators pending clarification – 19/20 Draft

The following 2019/20 draft Commissioning Plan Direction targets & indicators have no associated technical guidance or measurable outcomes. As guidance becomes available they will be included in the main body of the Trust Board report. RAG rating is based on the Trusts 2019/20 annual delivery plan (TDP).

Target / Indicator	Description	2019/20 TDP RAG Rating
1.11	By March 2020 each HSC Trust will have established an Infant Mental Health Group and produced an Action Plan consistent with and informed by the “Infant Mental Health Framework for Northern Ireland” 2016.	
2.1	By March 2020 all HSC Trusts should ensure safe and sustainable nurse staffing, including working towards the full implementation of phases 2, 3 and 4 of Delivering Care, maximising the use of any current or new funding, with an annual report submitted to HSC Trust Boards.	
2.6	By March 2020, achieve full implementation of revised regional standards, operational definitions and reporting schedules for falls and pressure ulcers across all adult inpatient areas.	
2.8	During 2019/20 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	
B1	Staffing levels as reported in regular reports from PHA Delivering Care Implementation Board.	N/A
B9	Number of revisits required to achieve compliance in (i) residential homes, (ii) nursing homes, in 2016/17 and 2017/18, as published by RQIA.	N/A
3.1	By March 2020, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	
3.2	During 2019/20 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	
3.3	By September 2019, patients in all Trusts should have access to the Dementia portal.	
3.4	By March 2020, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	
3.5	By March 2020, the HSC should ensure that the Regional Co-Production Guidance has been progressively implemented and embedded across all programmes of care, including integrating PPI, Co-Production, and patient experience into a single organisational plan.	
C1	Implementation of a protocol to support the identification of patients with palliative and end of life care needs in Primary Care systems. [Source: PHA/ HSCB evaluation report of agreed protocol]	N/A
D16 – D18	Stroke – Average length of stay for stroke patients. 90% admission to stroke unit within 4 hours of arrival. 60% discharged to community stroke teams and 40% of these should be Early Supported Discharge. 100% of eligible patients should be reviewed at 6 months. [As reported in HSCB Stroke Dashboard]	N/A
5.2	By September 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	  MH LD
5.4	By March 2020, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	
5.5	By March 2020, Direct Access Physiotherapy Service will be rolled out across all Health and Social Care Trusts on a state of readiness basis.	
6.3	By March 2020, secure a 5% increase in the number of young carers attending day or overnight short break activities.	

6.0 Appendix

CPD Targets & Indicators pending clarification – 19/20 Draft

Target / Indicator	Description	2019/20 TDP RAG Rating
8.3	By March 2020, to have completed the first phase of the implementation of the domiciliary care workforce review.	 G
8.9	By March 2020, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	 G
8.12	By March 2020, to have developed and commenced implementation of a regional training framework which will include suicide awareness and suicide intervention for all HSC staff, with a view to achieving 50% staff trained (concentrating on those working in primary care, emergency services and mental health / addiction services) by 2022 in line with the draft Protect Life 2 strategy.	 G
8.13	By March 2020, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	 A

6.1 Glossary

A&E	Accident and Emergency Department	MDT	Multi-disciplinary Team
AHP	Allied Health Professional	MEWS	Modified Early Warning Scheme
ASD	Autistic Spectrum Disorder	MRSA	Methicillin Resistant Staphylococcus Aureus
C Diff	Clostridium Difficile	MSSA	Methicillin Sensitive Staphylococcus Aureus
C Section	Caesarean Section	MUST	Malnutrition Universal Screening Tool
CLI	Central Line Infection	NEWS	National Early Warning Score
CSR	Comprehensive Spending Review	NH	Nursing Home
DNA	Did Not Attend (eg at a clinic)	NICAN	Northern Ireland Cancer Network
DC	Day case	NIPACS	NI Picture Archiving & Communication System
DV	Domestic Violence	NIRADS	NI Radiology and Diagnostics System
FGC	Family Group Conference	OBC	Outline Business Case
GNB	Gram-negative bloodstream infections	OP	Outpatient
HSCB	Health & Social Care Board	OT	Occupational Therapy
HWIP	Health & Wellbeing Improvement Plan	PAS	Patient Administration System
ICU	Intensive Care Unit	PFA	Priorities for Action
IP	Inpatient	PMSID	Performance Management & Service Improvement Directorate
ITT	Inter Trust Transfer	RMC	Risk Management Committee
IV	Intravenous	S&EC	Safe and Effective Care Committee
JAG	Joint Advisory Group	SBA	Service Budget Agreement
LAC	Looked After Children	SSI	Surgical Site Infection
LW	Longest Wait	TNF	Anti-TNF medication
MARAC	Multi-agency Risk Assessment Conference	TOR	Terms of Reference
MAU	Medical Assessment Unit	VAP	Ventilator Associated Pneumonia
MD	Multi-disciplinary	VTE	Venous Thromboembolism
		WHO	World Health Organisation