Northern Health and Social Care Trust

INVESTORS IN PEOPLE | Accredited Until 2021

Trust Board Performance Report

December 2019

Prepared and issued by

Strategic Development and Business Services 17th January 2020

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:
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Northern Health and Social Care Trust

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WORKING TOGETHER
EXCELLENCE
COMPASSION
OPENNESS & HONESTY

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.

Under legislation the Health Minister has responsibility 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 maybe included in the report.

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)	A	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)	G	By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.6)	G
By March 2020, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. (CPD 4.8)	G	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)	G
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)	G
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)	R	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)	G

Key Trust Challenges and Progress (including performance trend on previous month – TOPM, improved - ↑, deteriorated - ↓)

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

Performance against the 4 hour target during December 2019 was 61% at Antrim and 67% at Causeway hospitals. Antrim ED had 803 twelve hour breaches, compared to 589 the previous month whilst Causeway Hospital had 339 twelve hour breaches compared to 268 the previous month. Cumulatively the Trust has experienced 5476 twelve hour breaches from April – December 19 compared to 3667 for the same period last year.

1142
12 hour breaches December 2019 (PAGE 38)
TOPM ↓

Psychological Waits

At the end of December there were 54 patients waiting over 13 weeks, compared to 37 at the end of November. Performance is being impacted in the main by LD and Clinical Health Psychology services with Clinical Health Psychology having 2 breaches at the end of the month. The service has improved this position considerably due to a successful roll out of assessment clinics. There remains a loss of capacity from a vacant post which needs to be resolved to prevent waiting times for therapeutic interventions from deteriorating. The Learning Disability (adult and children) service had 52 breaches. There had been some reduction in capacity earlier in the year in relation to qualified staff and absence which 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.

54
Psychological waits over 13 weeks at the end of December 2019. (PAGE 47)
TOPM ↓

Demand

Red flag cancer referrals have increased by 14% for April - December 19 compared to the same period last year.
With regard to SBA volumes at the end of December the combined position for elective inpatients and day cases was 14% below expected SBA volumes. New outpatient attendances were 4% below SBA volumes whilst review attendances were 9% above volumes.

14%
Increase in Red Flag Cancer referrals Apr –Dec 19 compared to Apr – Dec 18 (PAGE 65)
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.

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.

59%
Achieved in November 2019 (PAGE 28)
TOPM ↑

Elective Waiting Lists

The number of patients waiting longer than 52 weeks for an outpatient appointment has increased this month to16773. There continues to be a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further.

AHP services had 3915, 13 week breaches at the end of December compared to 3904 the previous month with Podiatry and Orthoptics having no breaches. Capacity and demand issues continue to impact AHP services with actions being taken where possible. (PAGE 33)

13109 Patients waiting over 26 weeks at the end of November 2019 for a Diagnostic test (PAGE 30) **TOPM ↑**

Complex Discharges

Complex discharges for December 2019 was 75% of patients discharged within 48 hours compared to the target of 90%. During NDecember there were 123 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 December 2019 (PAGE 44)
TOPM ↓

16773
Outpatients waiting over 52 weeks at the end of December 2019. (PAGE 29) **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 had been undertaken in October which had resulted in a much improved position of 99%. This position remains fragile given the small clinical team and fluctuations in demand.

50%
Achieved in December 2019 (PAGE 26)
TOPM ↓

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

At the end of December 2019 there were 410 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 recurring and non-recurring investment to support the recruitment of additional staff requiring a lead in time as promotional posts will be recruited from current staff with backfill recruitment process required.

410
Children waiting for assessment over 13 weeks at the end of December (PAGE 61)
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. **15,040 patient** stories have been returned regionally (correct at 31/12/2019), of which **3,472 (**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 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
- Experience of Living in a Care Home – Residents – Data collection stage
- Experience of Living in a Care Home – Families – Data collection stage
- Experience of Living with Swallowing Difficulties – 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
- Experience of Delirium – Remains open even though Regional Report completed
- Northern Ireland Ambulance Service - Data collection closed – No facilitator in post

Regional Projects in Planning Phase

- 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 Cancer Nurse Specialist Project – Bespoke survey in planning phase
- Winter Pressures Project – Data collection stage
- 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:

- 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
- Pre Winter Pressures Project

Table 1 Live projects – Numbers of stories collected both regionally and in NHSCT (validated 31/12/2019)

	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative	
Northern Ireland Ambulance Service [1]	**333**	**159 (48%)**	**149**	**7**	**3**	**Projects ongoing**
Adult Safeguarding	**204**	**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)	**2575**	**856 (33%)**	**758**	**69**	**29**	
Revised Health and Social Care Survey (Generic Survey)	**48**	**48 (100%)**	**45**	**1**	**2**	
Experience of Life in a Care Home – Residents (These numbers represent the Regional returns – see note below)	**72**	**0**	**54 (regional)**	**15 (regional)**	**3 (regional)**	
Experience of Life in a Care Home – Families (These numbers represent the Regional returns – see note below)	**33**	**0**	**21 (regional)**	**6 (regional)**	**6 (regional)**	
Experience Living with Swallowing Difficulties	**2**	**0**				

Life in a Care Home project was launched on the 22nd October 2019. (The number reported above, includes the responses from the pilot survey completed before the launch of the project). The survey responses are recorded under the names of the Care Homes, and not each individual Healthcare Trust. At the end of the project, all responses will be reviewed to identify Care Homes that are located in the Northern Trust

Dates are planned for the NHSCT facilitator and the PHA Lead to attend Care Homes within the Northern Trust area in January.

1.0 Service User Experience
1.2 Complaints / Compliments

Main Issues Raised Through Complaints

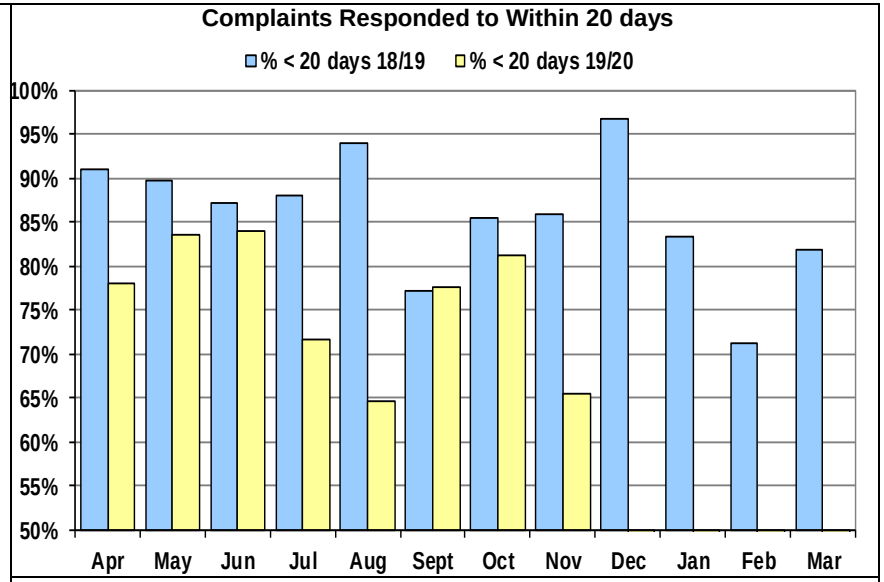
The Trust actively encourages feedback from our service users including complaints, compliments or enquiries. Such feedback helps identify areas where high quality care is being provided and where this is not the case, use these as an opportunity for learning and improving services.

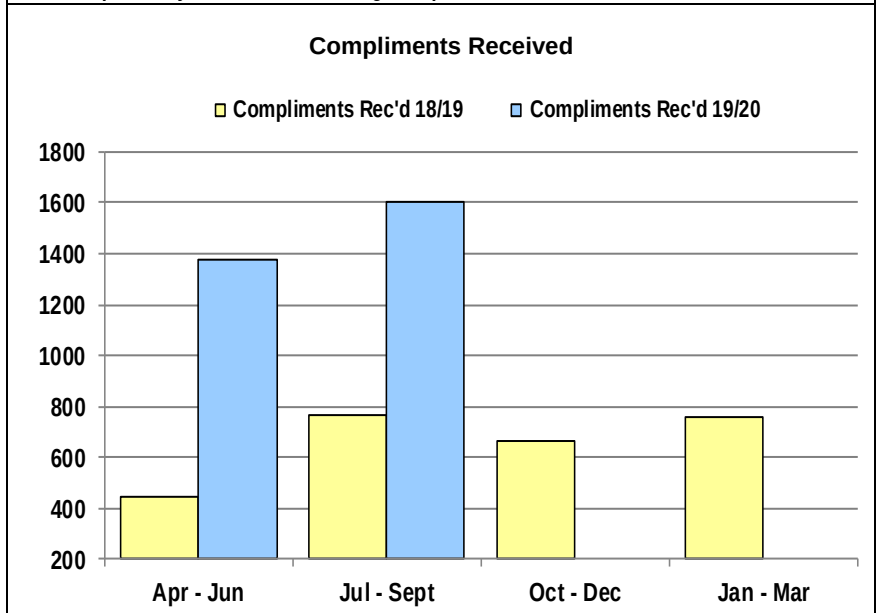
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints; however this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

During November 2019 there were 58 formal complaints, 4of which were reopened. Of these complaints 38 (66%) 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.

November 2019 Position	MEM	SCS	WCF	MHLDC	Community	CSS & Nursing	SDBS	M & G	Finance	HR	Unknown	Trust Total
Number Of Complaints	12	16	11	10	8	1	0	0	0	0	**0**	**58**
% Complaints Responded to Within 20 Days	58%	81%	45%	50%	88%	100%	-	-	-	-	-	**66%**
Compliments Received Qtr 2 (2019/20)	191	145	287	96	849	22	-	-	-	-	12	**1602**





2.0 Safe and Effective Care

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 December 2019, 7 MRSA bacteraemias have been identified. A total of 6 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 December 2019 the Trust has identified a total of 37 cases of CDI. A total of 11 cases have been identified within 48 hours of admission to hospital and 26 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

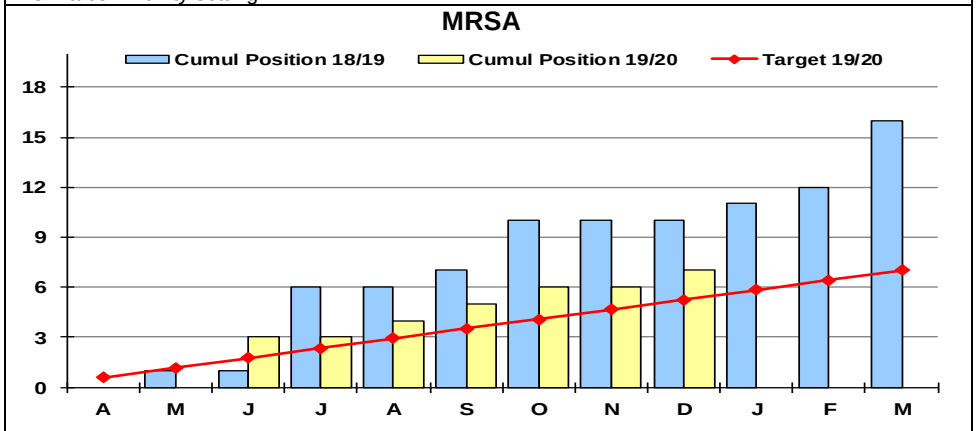
MRSA - Blood Culture Competency based training and Aseptic Non-Touch Technique (ANTT) training on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes an Infection Control element. 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

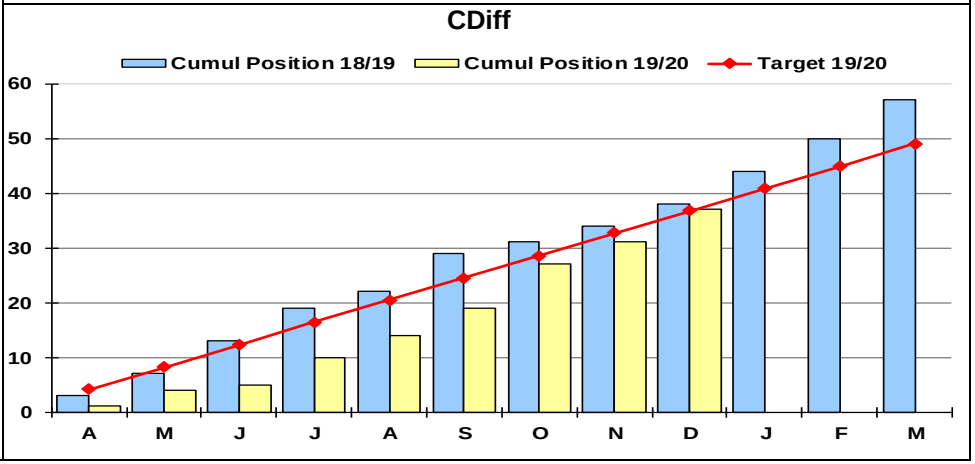
Forecast impact on performance

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 just below the expected trajectory. The Trust has now reached the MRSA reduction target of 7 cases for the year 2019/20, any further cases will be a breach of the target set.

	Actual Activity 18/19	Oct 19	Nov 19	Dec 19	Cumulative position as at 31/12/19
No of MRSA cases	16	1	0	1	7
No of CDiff cases	57	8	4	6	37
Deaths associated with CDiff	4	0	0	1	1

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.



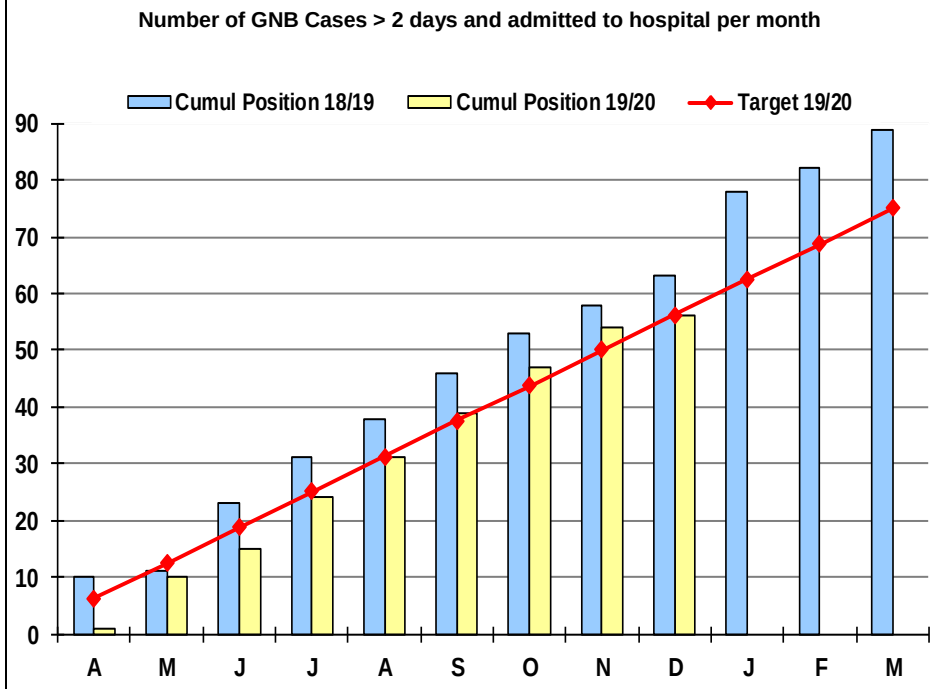


2.0 Safe and Effective Care
2.1 Healthcare Acquired Infections (CPD 2.3 & 2.4)

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	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Cumulative Position
E.Coli	12	3	6	1	9	3	8	6	7	7	7	1	**49**
Klebsiella spp (Oxytoca and Pneumoniae)	2	1				2	1			1		1	**5**
Pseudomonas Aeruginosa	1		1					1	1				**2**
GNB Total	**15**	**4**	**7**	**1**	**9**	**5**	**9**	**7**	**8**	**8**	**7**	**2**	**56**

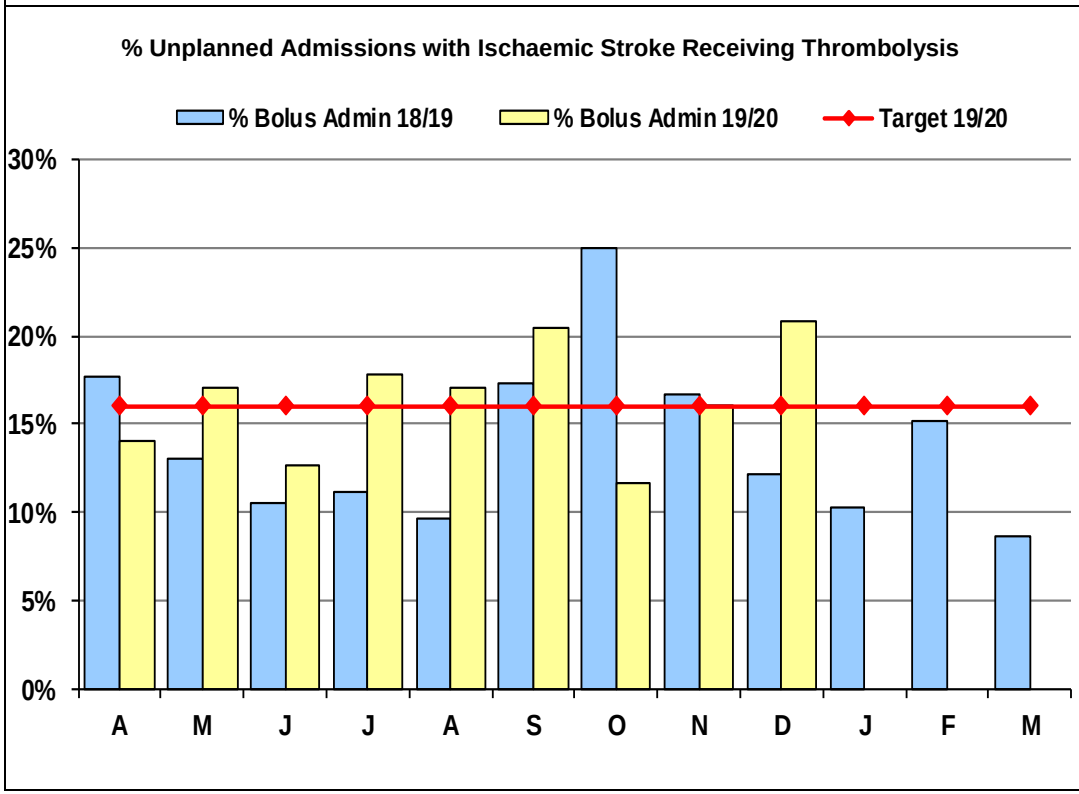
Cumulative 18/19 = 89 cases against a target of 75
Annual target for 19/20 is 75 cases

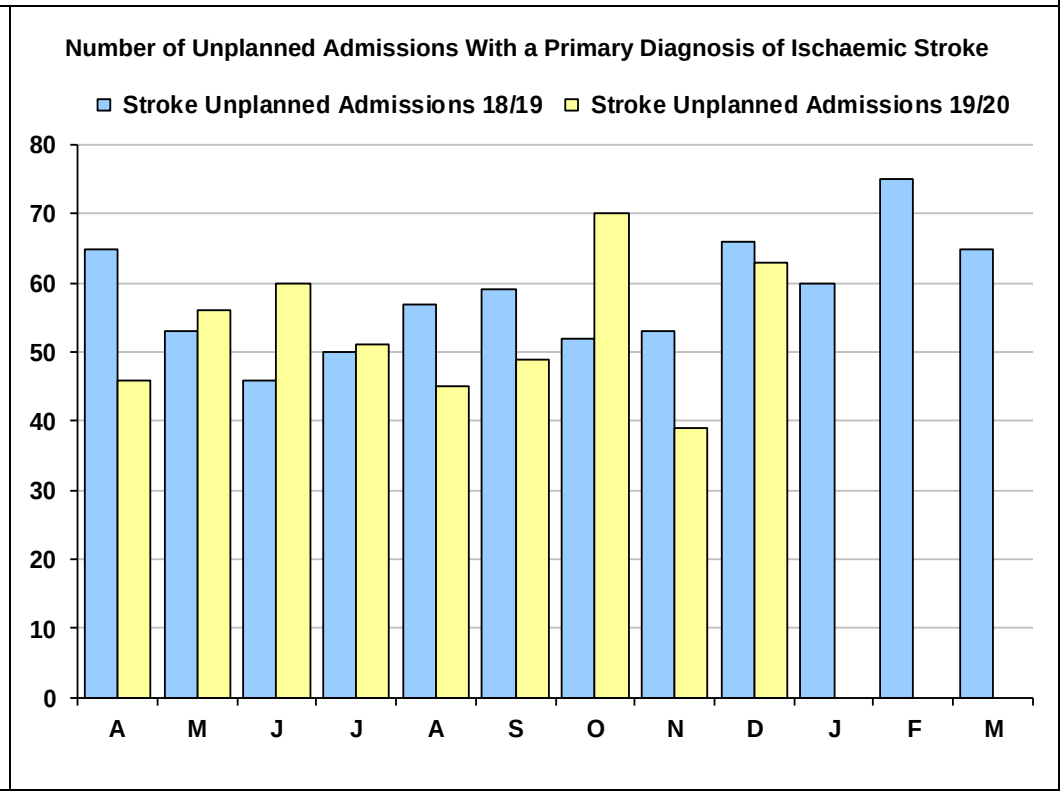
2.0 Safe and Effective Care
2.2 Stroke (CPD 4.8)

Causes/Issues that are impacting on performance

21% of NHSCT ischaemic stroke patients received lysis in December, which is above the target and in Antrim 8% of strokes received thrombectomy.

	Target 19/20	Oct 19	Nov 19	Dec 19
% Ischaemic stroke receiving thrombolysis (CPD 4.8)	16%	12%	16%	21%
Number of unplanned admissions with a primary diagnosis of Ischaemic stroke		70	39	63



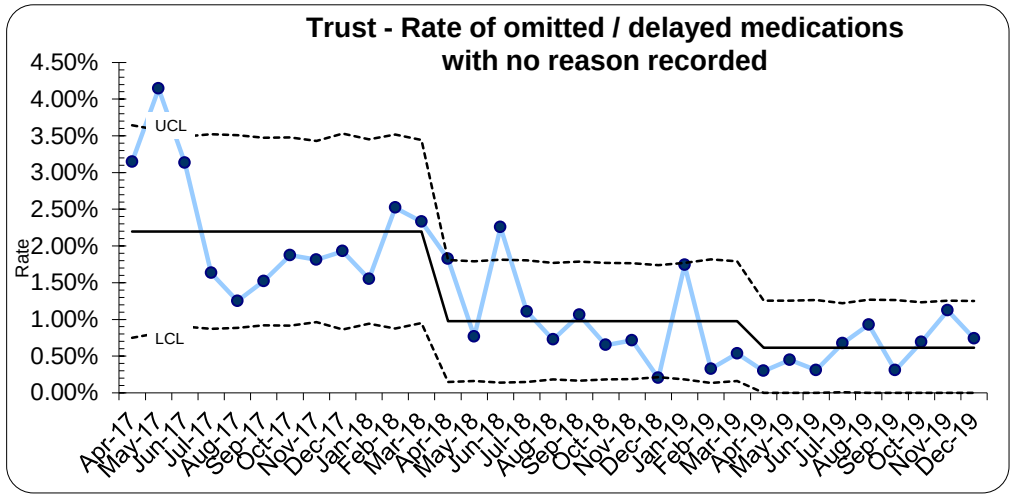


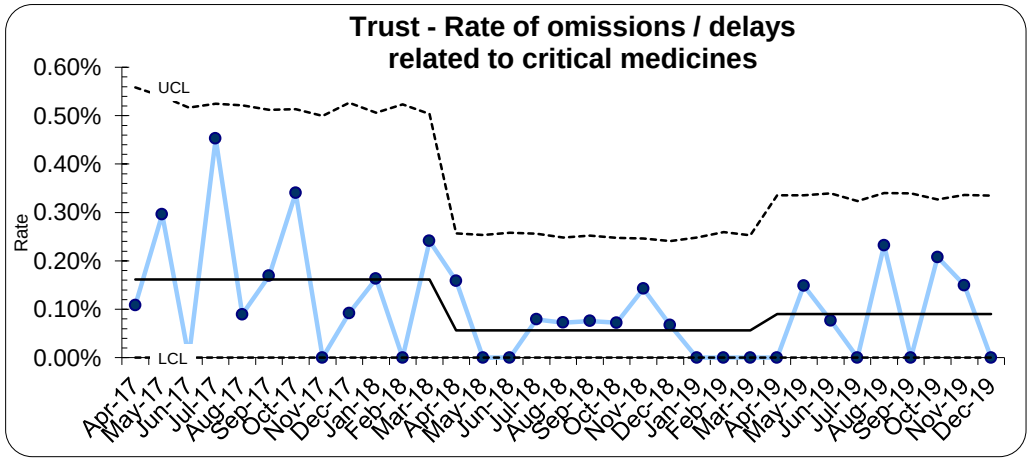
2.0 Safe and Effective Care

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 McEneaney	**OMITTED / DELAYED MEDICINES (KPI)** **To monitor the incidence of prescribed medication that has been omitted or delayed with no reason recorded.**	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	A minimum of 10 charts per month in acute adult in-patient wards. Data is captured for all wards using the Alamac system.	• 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

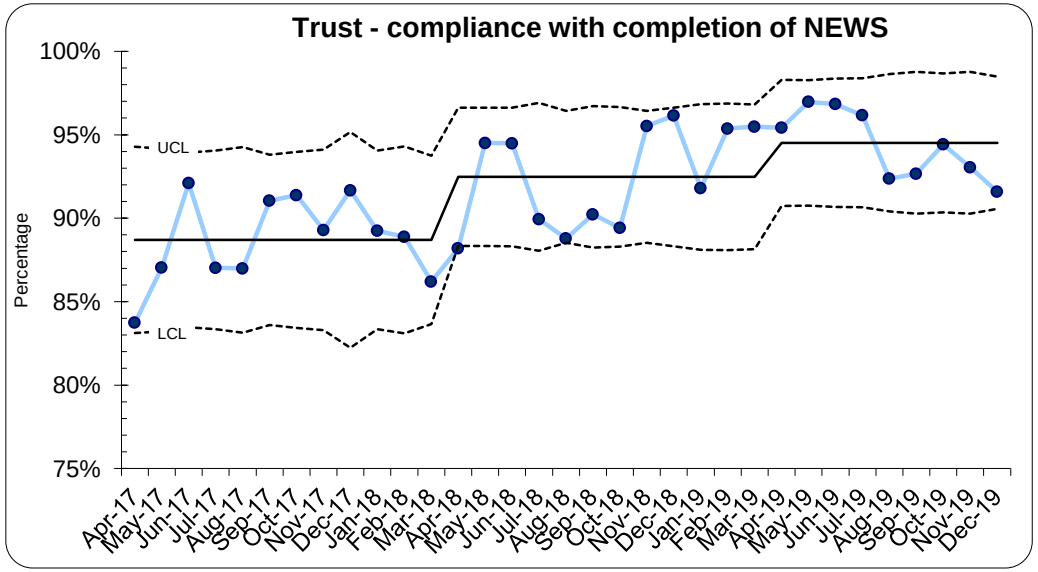


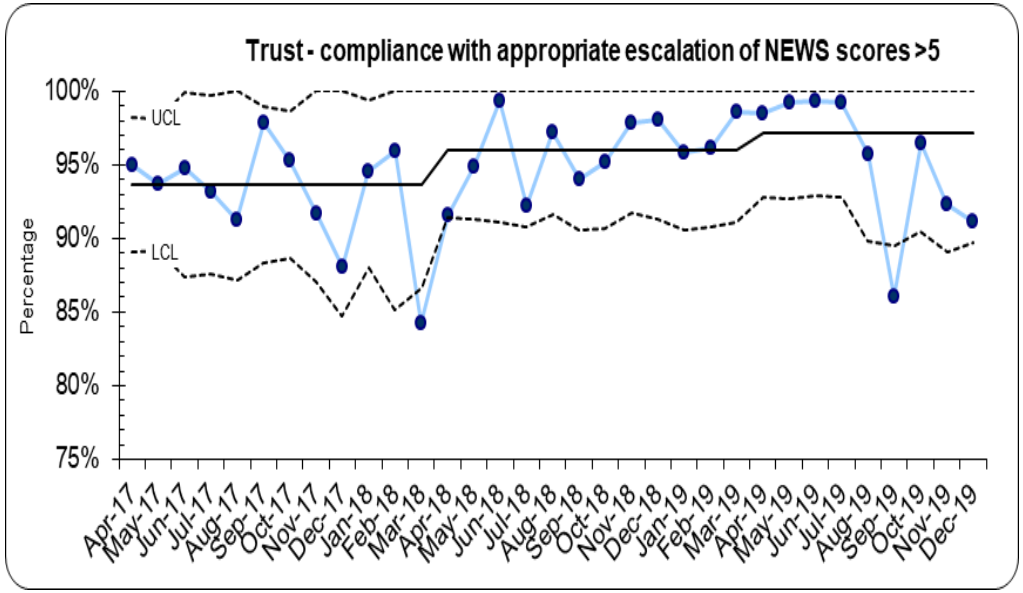


—— = mean
LCL = lower control limit
UCL = upper control limit

We will reduce harm for the deteriorating patient

Exec. Lead	Aim	Current position
Eileen McEneaney	**<u>NATIONAL EARLY WARNING SCORES (NEWS)</u> (KPI)** 1) The aim of the implementation of NEWS is early identification of the deteriorating patient, ensuring appropriate escalation and prompt action 2) **To achieve 95% compliance with accurately completed NEWS** 3) To undertake Peer Auditing of NEWS compliance 4) Regional HSC Safety Forum annual audit of NEWS	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	NEWS monthly audits are carried out by all wards on the following elements: <u>Part 1</u> 1. All vital signs recorded 2. Risk score totalled 3. NEWS score correct 4. Evidence of appropriate action taken 5. Frequency of observations recorded on chart 6. Observations recorded to frequency <u>Part 2</u> 1. Documented evidence of appropriate escalation 2. Frequency of observations amended to reflect NEWS score	• 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

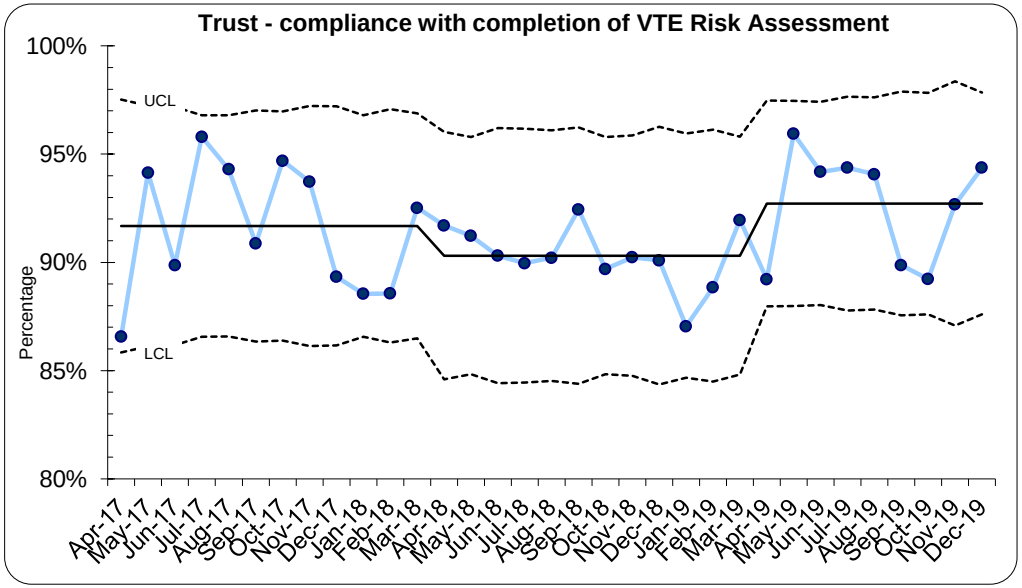


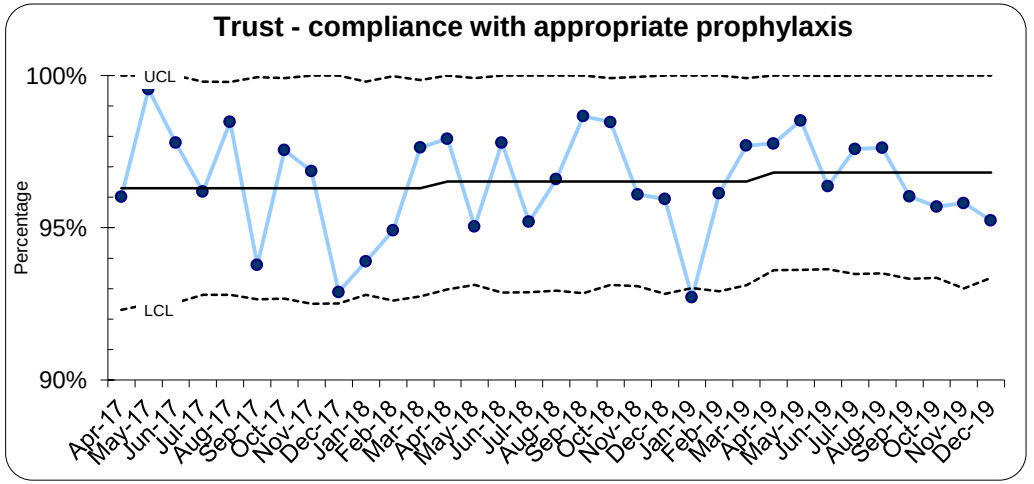


—— = mean
LCL = lower control limit
UCL = upper control limit

Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Seamus O'Reilly	**<u>VTE</u> (KPI)** **To achieve 95% compliance with VTE Risk Assessment, within 24 hours of admission, across all appropriate adult inpatient hospital wards**	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. Compliance with appropriate prophylaxis remains consistently above target. Industrial action in December 2019
	Description	**Areas for improvement**
	% compliance with completion of VTE Risk Assessment (random sample of 10 patients per inpatient ward)	• 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.





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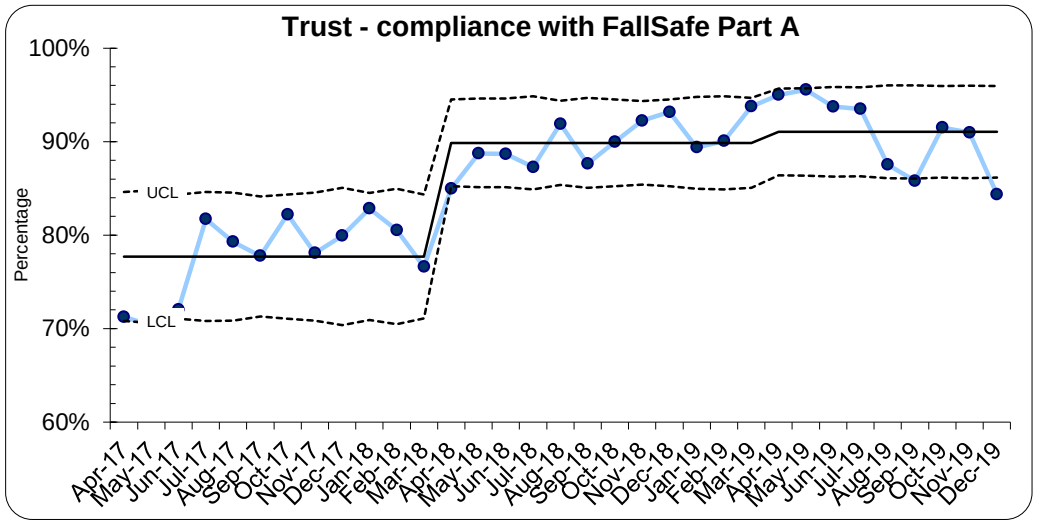
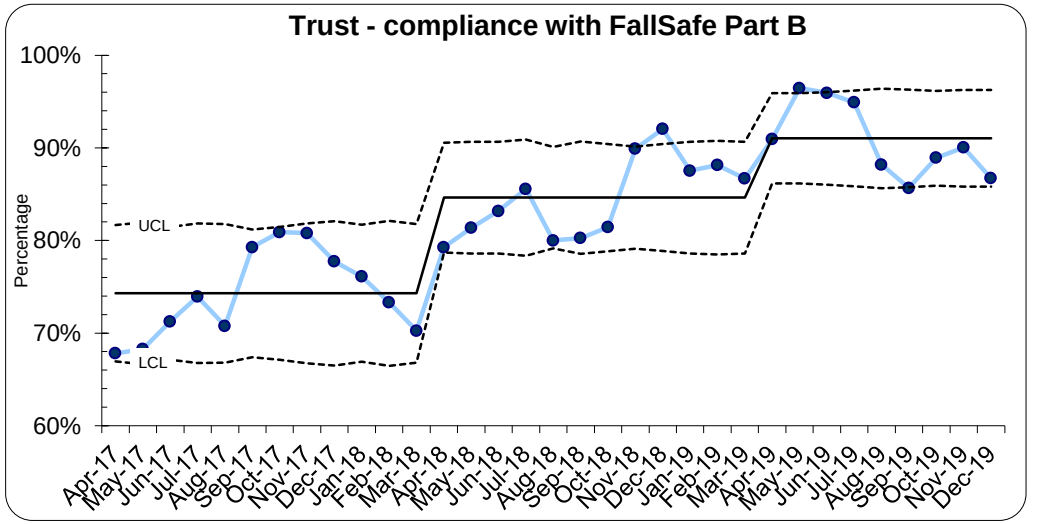
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**FALLS (KPI)** **To continue to improve compliance with Part A & Part B of the Fallsafe Bundle to all appropriate adult inpatient wards**	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	Improve compliance with the Part A & B of the FallSafe Bundle through education and training to appropriate staff. This will be monitored through snapshot audits and the learning will be discussed with Ward Managers	• Update PowerPoint presentations to reflect the new regional booklet • Participation in new band 6 programme regarding FallSafe and completion of KPI audits.





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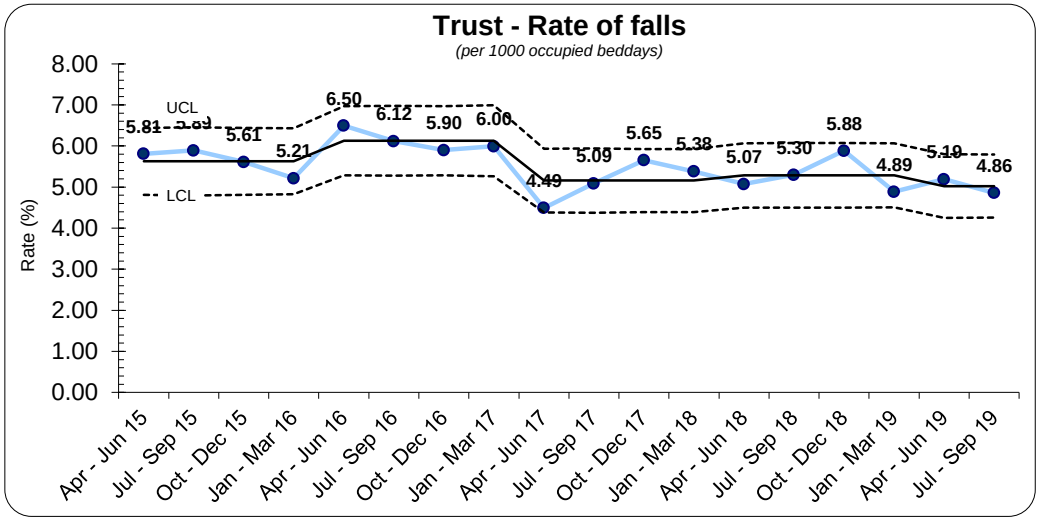
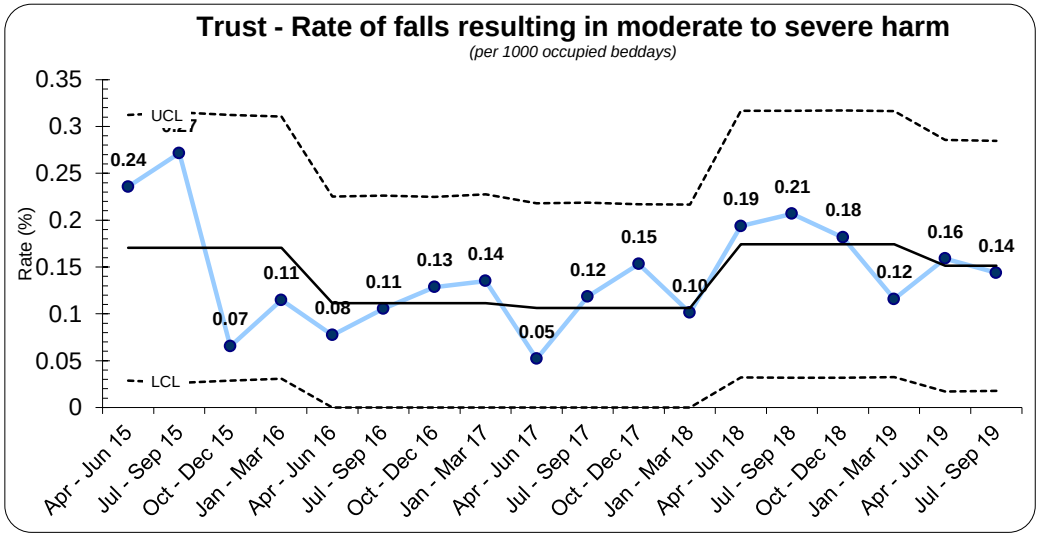
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**FALLS (KPI)** **To monitor the number of falls in all appropriate adult inpatient wards**	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	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	• 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 Oct – Dec 19 available end February

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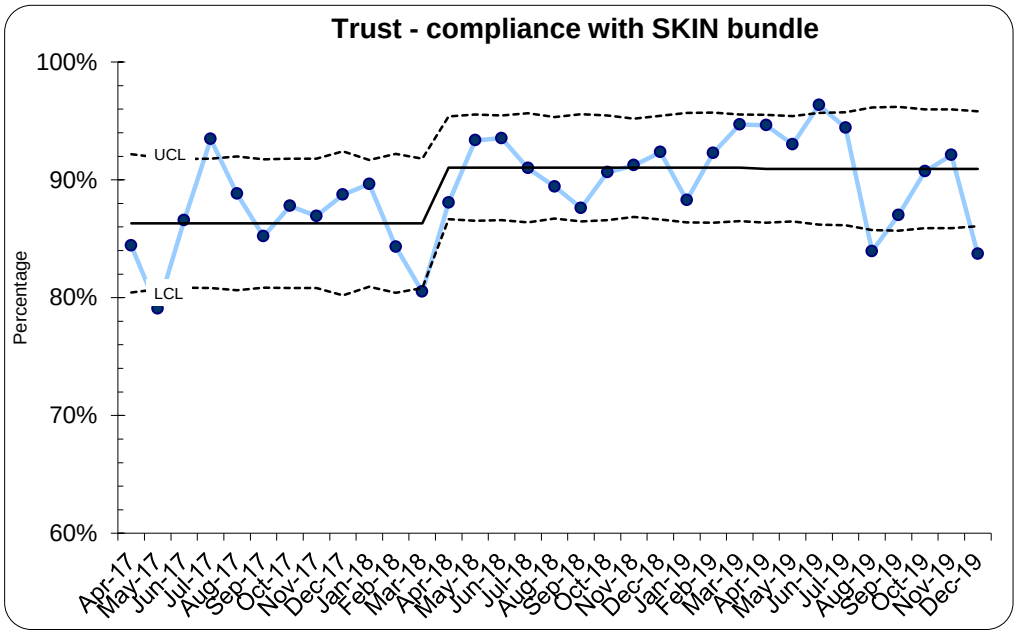
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**HOSPITAL ACQUIRED PRESSURE ULCERS (KPI)** **To achieve 95% compliance with SKIN bundle**	• 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. Training has now commenced in Whiteabbey inpatient wards. • SSKIN bundle audits continue monthly at ward level • New Alamac data collection tool commenced in August 2019 • Industrial action in December 2019
	Description	**Areas for improvement**
	% compliance with the SKIN bundle	The TVN team will support wards with ongoing validation audits.



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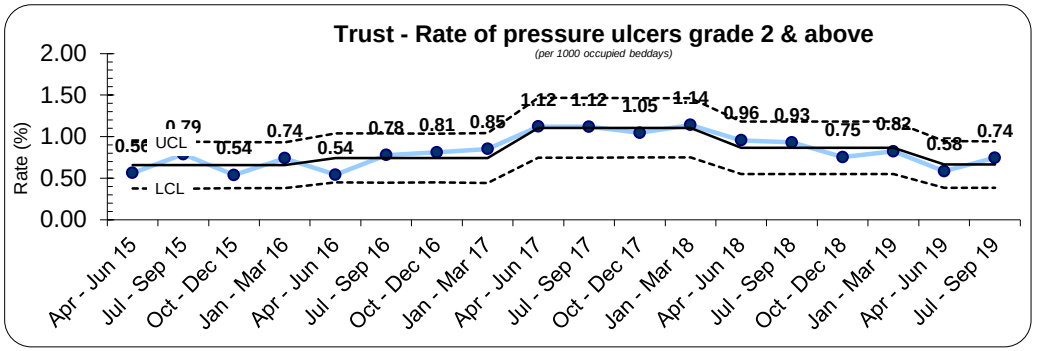
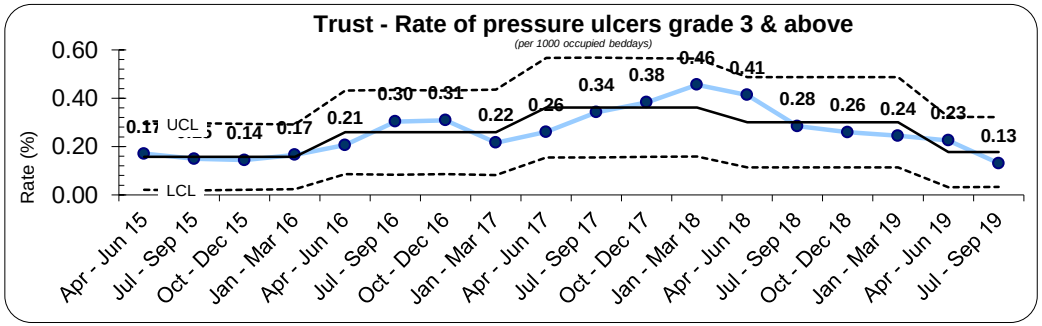
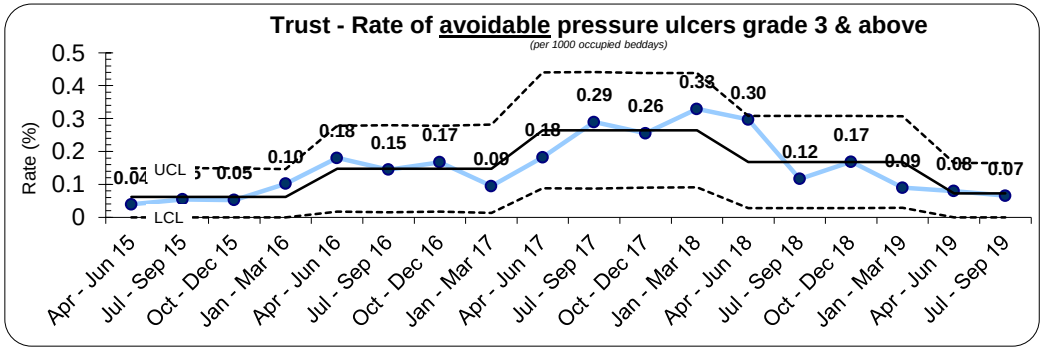
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**HOSPITAL ACQUIRED PRESSURE ULCERS (KPI)** **To monitor the number of hospital acquired pressure ulcers graded 3 & 4 and the number of those which were avoidable**	• 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 • There has been implementation of a regional screening tool with the required minimum data set as laid out in NICE quality standards • Industrial action in December 2019
	Description	**Areas for improvement**
	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	• The tissue viability team has initiated a IQI project in AAH Intensive care unit aiming to reduce the number of device associated pressure ulcers • Contact has been made with local service leads to spread the updated inpatient SSKIN bundle to community hospital settings







Data for Oct – Dec 19 available end February

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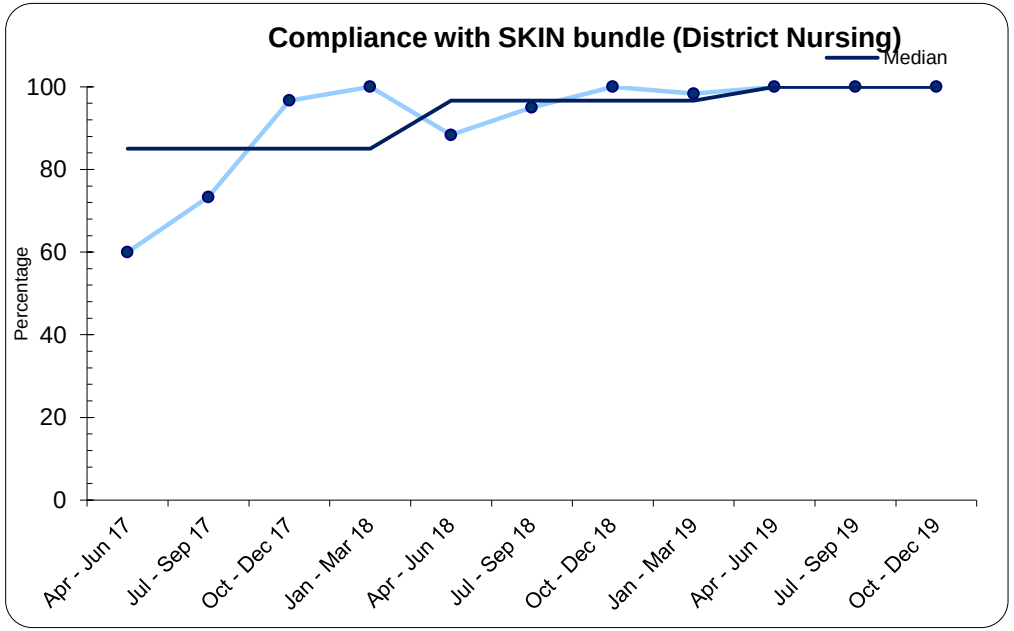
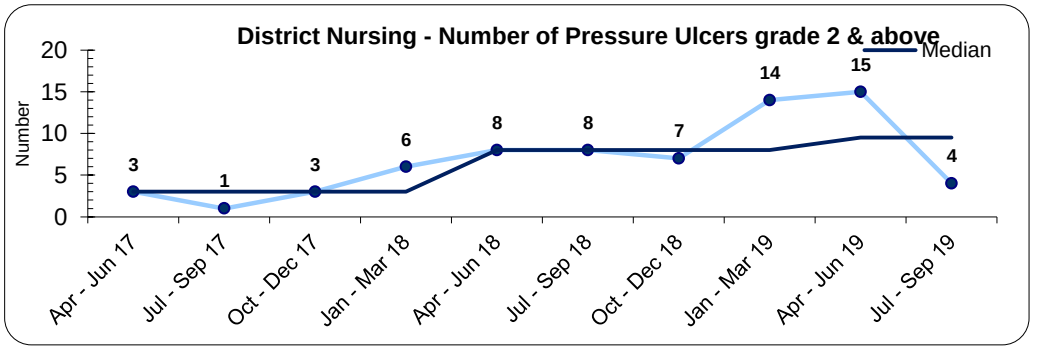
Keeping patients & service users safe in our organisation

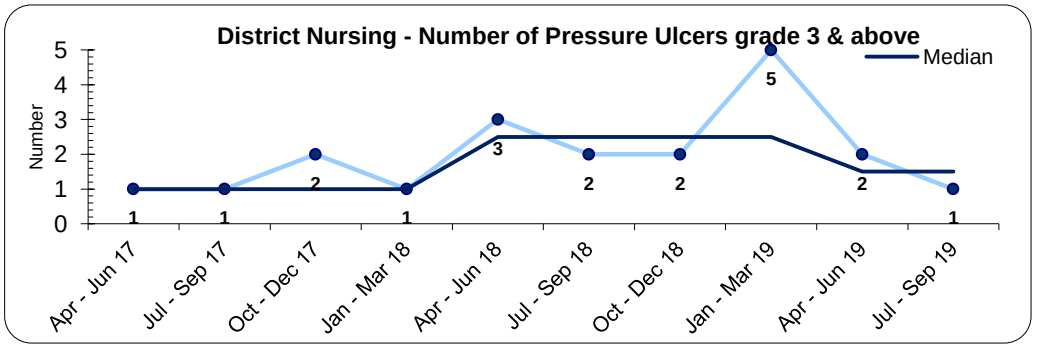
Exec. Lead	Aim	Current position
Eileen McEneaney	**<u>DISTRICT NURSING SKIN</u> (KPI) Monitor percentage compliance with all 4 elements of the SKIN bundle in two areas (Ballymena East & Ballymena West) on the community District Nursing working caseload**	• Ongoing education and compliance monitoring 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. • Industrial action in December 2019
	Description	**Areas for improvement**
	% compliance with all 4 elements of the SKIN bundle	• 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 December 201

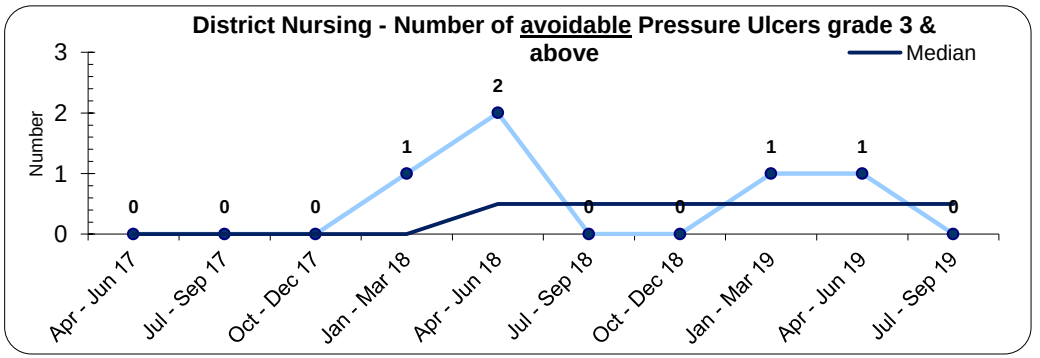


Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**<u>DISTRICT NURSING SKIN</u> (KPI) Total number of Grade 3 & 4 reported community pressure ulcers and the number of these which were <u>avoidable</u> in two areas (Ballymena East & Ballymena West) on the community District Nursing working caseload**	• Assurance template completed by Professional lead nurse for all RCA reports. This includes assurance that any RCA learning has been shared at team level. • 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. • 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. • Memo on key learning from Pressure ulcer incidents disseminated professionally Nov 2019 • Industrial action in December 2019
	Description	**Areas for improvement**
	Report the number of incidents of pressure ulcers (grade 3 & 4) occurring in two areas on the community District Nursing working caseload	• 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 expend 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 • Datix access to be reviewed to ensure all pressure ulcers are reviewed professionally within ICT structure.







Data for Oct – Dec 19 available end February

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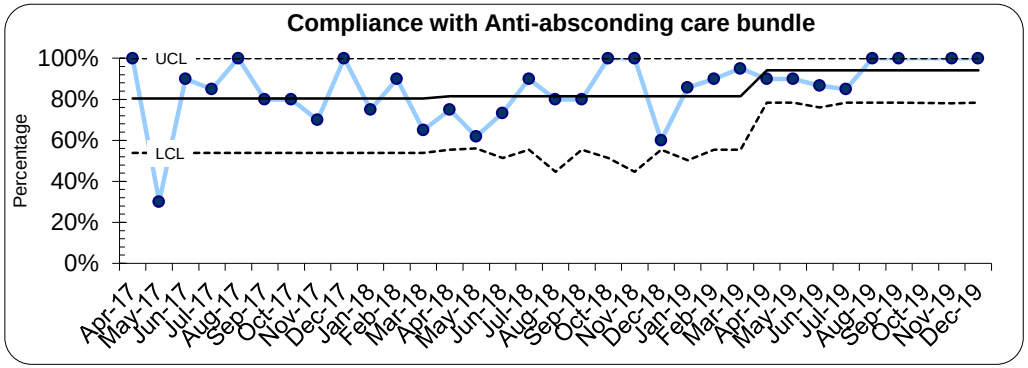
Keeping patients & service users safe in our organisation

Exec Lead	Aim	Current position
Oscar Donnelly	**ANTI-ABSCONDING CARE BUNDLE (KPI)** **To achieve 85% compliance with Anti-absconding Care bundle** within appropriate wards (RTU, TNC, TNL, TNU) To achieve a 10% reduction in the number of absconders	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	Monitor compliance with the elements of the bundle: • 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	• 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



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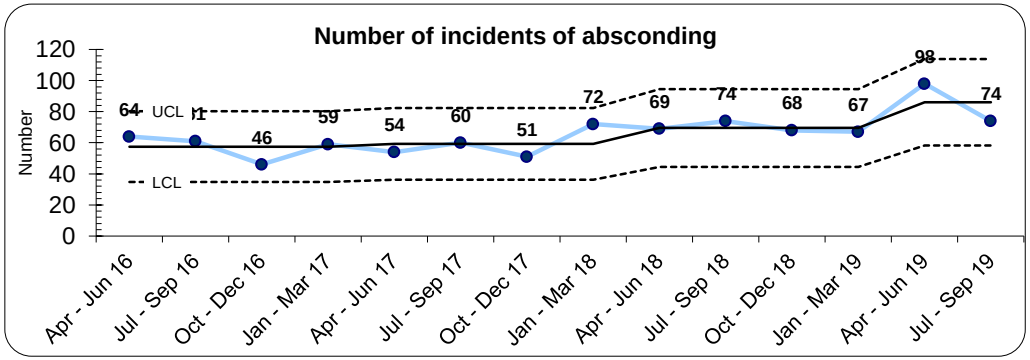
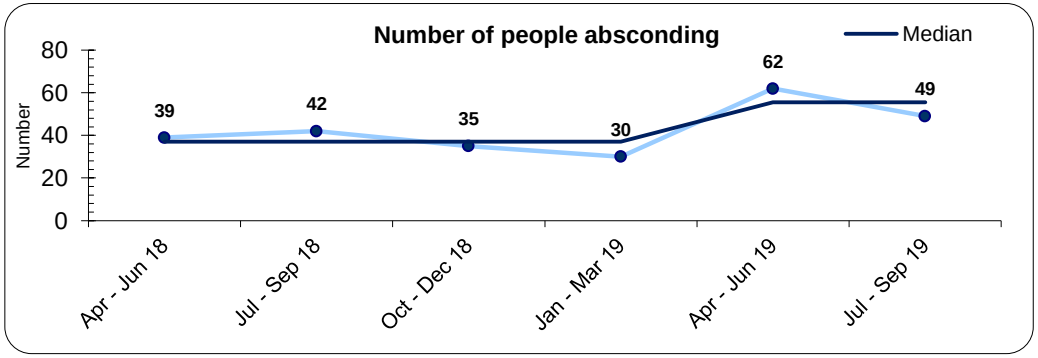
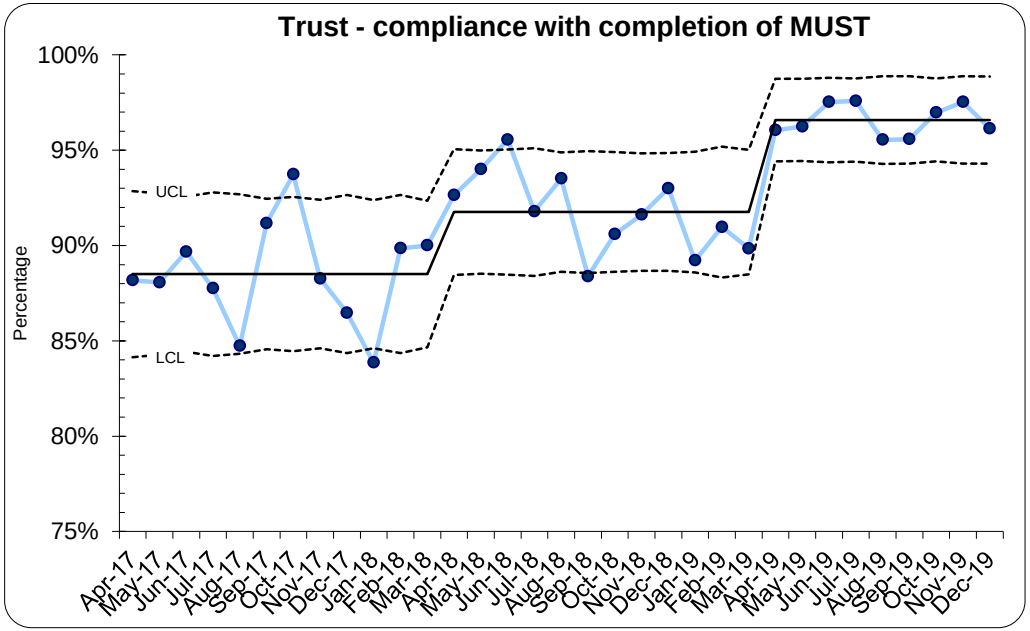




Data for Oct – Dec 19 available end February

Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**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**	• 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 • Industrial action in December 2019
	Description	**Areas for improvement**
	% compliance with completion of MUST screening tool	Newly formed steering group will be focusing on • Staff training • Provision of snacks • Accurate recording of patient weight and MUST scores • Raising awareness



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2.0 Safe and Effective Care
2.4 Serious Adverse Incidents

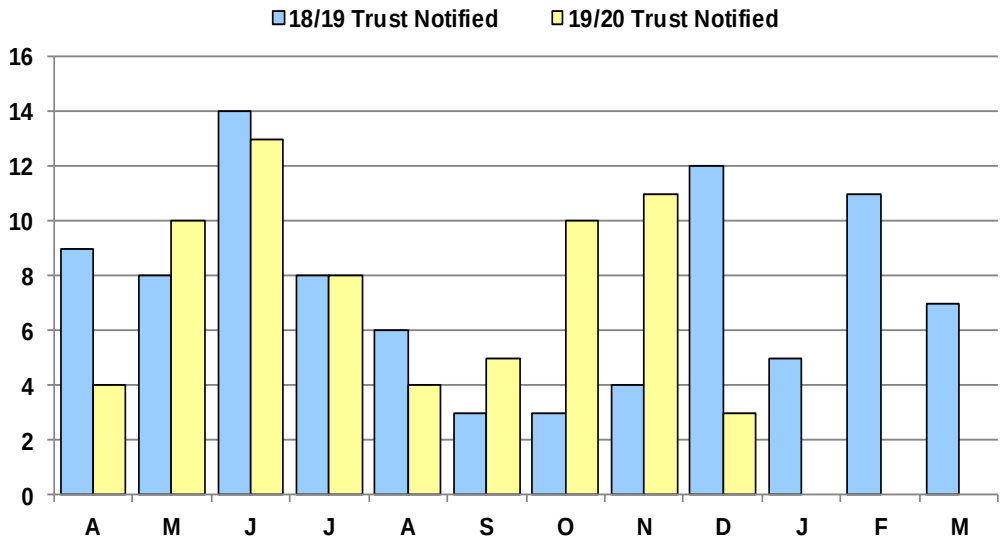
Number of new SAI's reported to HSCB during December 2019 (by Directorate and Level of Investigation)

Number of SAIs Notified to the HSCB	Community Care (CC)	Medicine & Emergency Medicine (MEM)	Mental Health, Learning Disability & Community Wellbeing (MHLD&CW)	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	0	0	0	0	1	0	**1**
Level 2 (RCA)	1	0	0	0	0	0	1	0	**2**
Level 3 (External)	0	0	0	0	0	0	0	0	**0**
Total	**1**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**3**

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

Directorate	Number of SAI investigation reports overdue (have not met regional timescale) by Division by number of weeks as at 31 December 2019						
	0-10 wks	11-20 wks	21-30 wks	31-40 wks	41-60 wks	61-80 wks	Total
Community Care (CC)	0	0	0	0	0	0	**0**
Corporate Support Services & Nursing (DON)	0	0	0	0	0	0	**0**
Medicine & Emergency Medicine (MEM)	0	2	0	0	0	0	**2**
Mental Health, Learning Disability & Community Wellbeing (MHLD&CW)	9	8	10	9	3	1	**40**
Surgery & Clinical Services (SCS)	4	1	0	0	0	0	**5**
Woman, Children & Families (WCF)	3	1	2	1	0	0	**7**
Total	**16**	**12**	**12**	**10**	**3**	1	**54**

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;

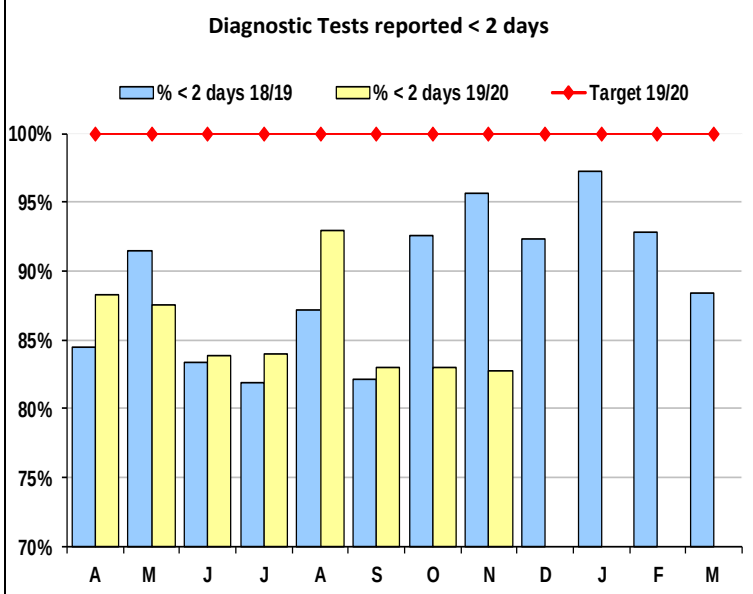
3.1 DoH Commissioning Plan Direction Targets & Standards 2019/20

3.2 DoH Indicators of Performance 2019/20 - Indicators of performance are in support of the Commissioning Plan Direction Targets. (page 55)

3.3 Additional Indicators in Support of Commissioning Plan Direction Targets. (page 62)

3.0 Quality Standards & Performance Targets
3.1 DoH Commissioning Plan Direction Targets & Standards 19/20

Elective Care and Cancer Care

Dir	Target/Objective	Monthly Performance Comments, Actions	Trend Analysis
SCS	**Diagnostic Tests Urgent** By March 2020, all urgent diagnostic tests should be reported on within two days (CPD 4.9)	**CAUSES / ISSUES IMPACTING ON PERFORMANCE** There is a significant Reporting Capacity-demand gap. **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. **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%.	

Diagnostic Tests reported < 2 days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
97%	93%	88%	88%	88%	84%	84%	93%	83%	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)

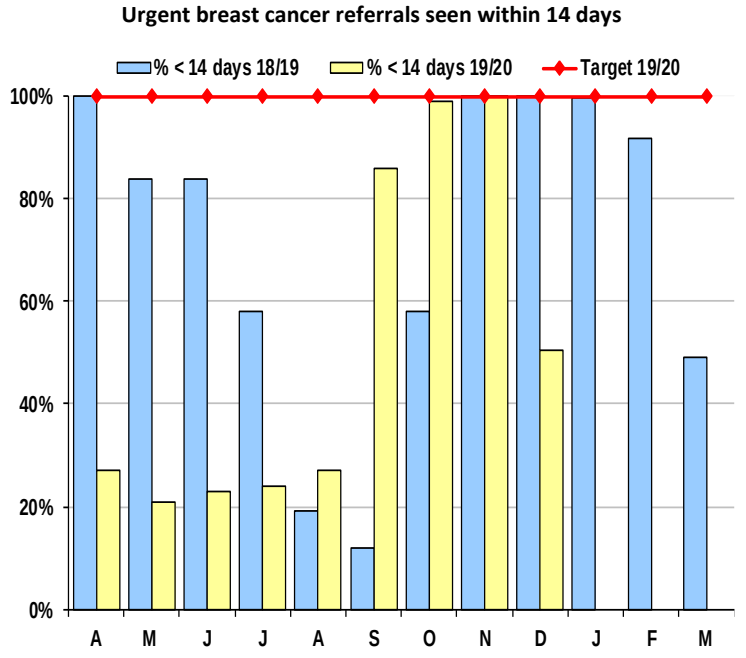
CAUSES / ISSUES IMPACTING ON PERFORMANCE
The breast service is under considerable pressure and is only able to keep on top of demand through significant use of WLI funding. Funded red flag outpatient SBA is 2,880 (240 per month), but in 2018/19 a total of 3,998 patients were seen (333 per month or 39% 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 October. This has resulted in a much improved position, with October performance against the 14-day target improving to 99% from 86% in September. The position for November was 100%. 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
This position remains fragile given the small clinical team and fluctuations in demand.

Urgent breast cancer referrals seen within 14 days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
99.7%	92%	49%	27%	21%	23%	24%	27%	86%	99%	100%	50%	↓



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.

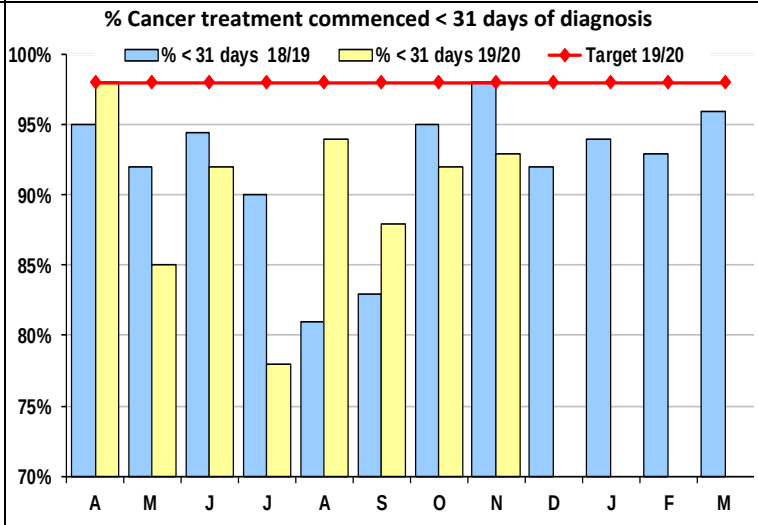
ACTIONS BEING TAKEN WITH TIME FRAME
Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.

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

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
94%	93%	96%	98%	85%	92%	78%	94%	88%	92%	83%	-	↓

Figures are subject to change as patient notes are updated



SCS/MEM/WCF

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 continues to be an increase in referrals in 2019/20 compared to the same period last year.
Gynae: 42 days maximum wait at end of November, this is an improving position. Staff grade in Causeway is delivering activity but is still on reg rota which impacts volumes. Service is working on full capacity/demand analysis.

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.

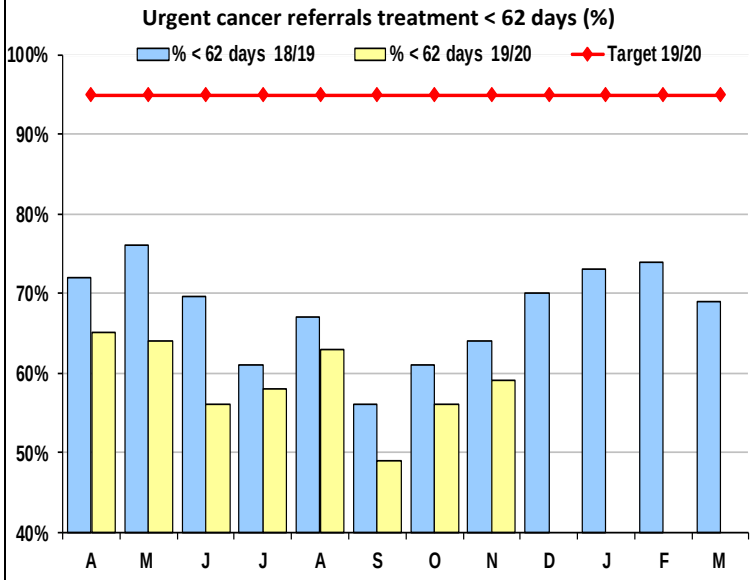
FORECAST IMPACT ON PERFORMANCE

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	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
ALL	73%	69%	64%	64%	56%	58%	63%	49%	56%	59%	-	↑
B	91%	100%	89%	92%	79%	57%	95%	64%	71%	94%	-	
G	57%	57%	0%	67%	20%	25%	14%	0%	14%	18%	-	
H	100%	100%	83%	100%	100%	100%	82%	71%	67%	67%	-	
HN	0%	0%	75%	-	0%	0%	0%	0%	0%	0%	-	
LGI	50%	18%	40%	13%	10%	12%	17%	100%	25%	30%	-	
UGI	-	100%	33%	25%	0%	67%	0%	20%	29%	50%	-	
L	67%	57%	33%	25%	-	83%	100%	100%	86%	60%	-	
S	72%	81%	79%	74%	67%	83%	67%	41%	698%	50%	-	
O	-	0%	100%	-	67%	-	100%	100%	-	-	-	

Urology now under Western Trust Figures are subject to change as patient notes are updated



November 19 Position by Tumour Site – Number of cases for Month
Note: where the Patient is a SHARED treatment with another Trust, NHSCT carry 0.5 weighting for patient's wait.
(B) Breast Cancer – 17.0 patients treated
(G) Gynae Cancers – 5.5 patient treated
(H) Haematological Cancers – 6.0 patients treated
(HN) Head/Neck Cancer – 0.5 patients treated
(LGI) Lower Gastrointestinal Cancer – 10.0 patients treated
(UGI) Upper Gastrointestinal Cancer – 2.0 patients treated
(L) Lung Cancer – 2.5 patients treated
(S) Skin Cancer – 7.0 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

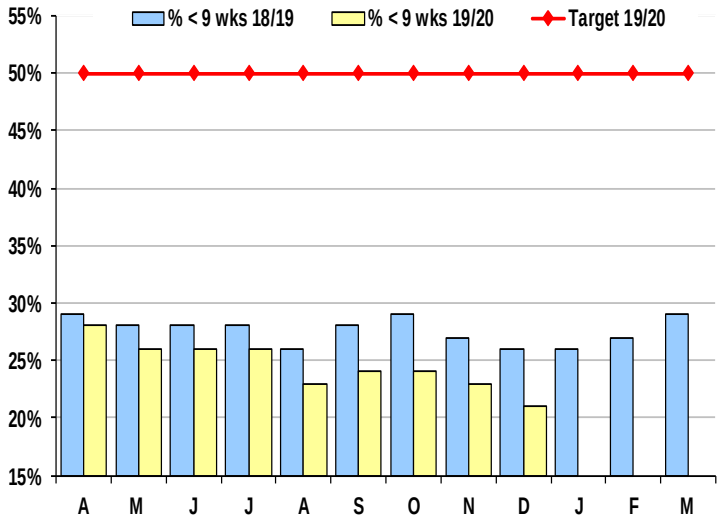
Continue to maximise all available outpatient capacity and maintain low DNA rates for new and review patients.

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
26%	27%	29%	28%	26%	26%	26%	23%	24%	24%	23%	21%	↓

Core & Independent Sector patients waiting < 9 weeks



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.

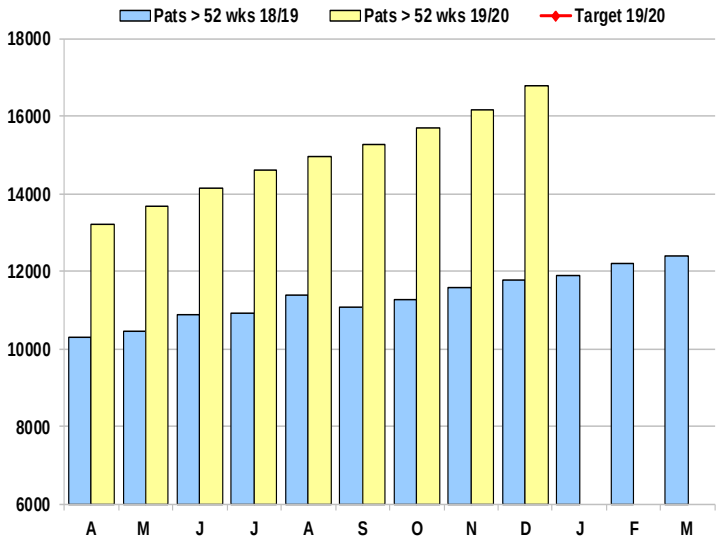
FORECAST IMPACT ON PERFORMANCE

See 9-week target

Core & Independent Sector patients waiting > 52 weeks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
11882	12196	12407	13224	13665	14129	14611	14943	15280	15696	16160	16773	↓

Core & Independent Sector patients total patients waiting												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
40474	41393	42419	43371	44180	45206	45980	46305	47073	47007	47147	47249	

Core & Independent Sector patients waiting > 52 weeks



SCS

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.

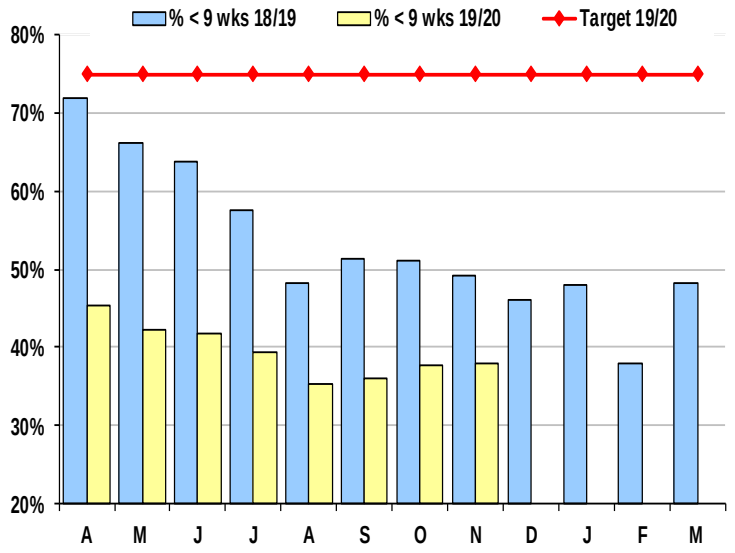
Diagnostic Tests < 9 weeks

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
48%	38%	48%	45%	42%	42%	40%	35%	36%	38%	38%	-	↔

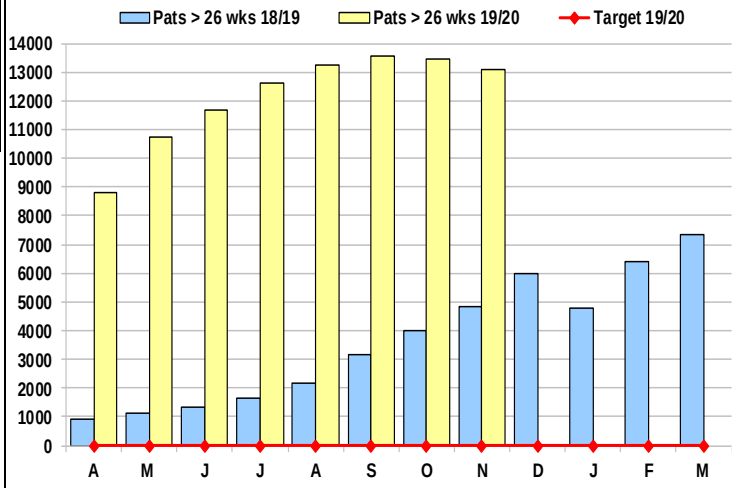
Diagnostic Tests > 26 weeks

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
4790	6405	7336	8801	10733	11704	12610	13243	13568	13452	13109	-	↑

Diagnostic Tests < 9 weeks



Diagnostic Tests > 26 weeks



SCS

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

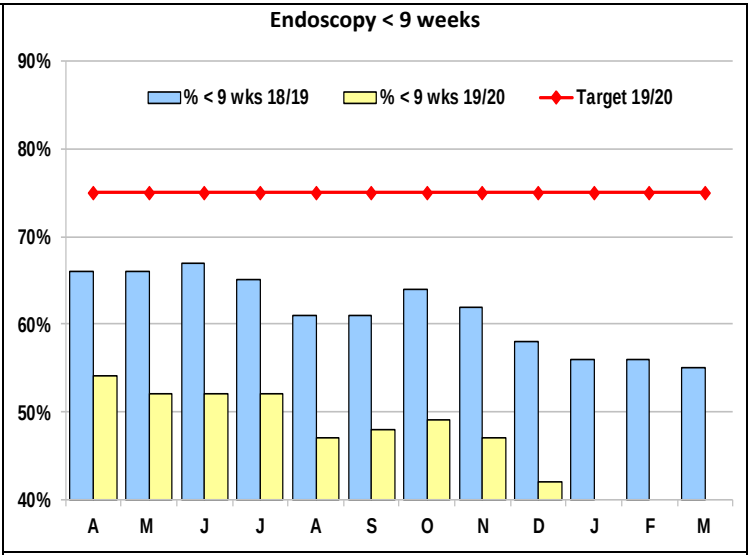
Elective access funding for additional in-house capacity has been secured going into 2019/20, which will be focused on maintaining red flag waiting times. Urgent referrals are being transferred to the Independent Sector to create additional in-house red flag capacity. Project underway to create additional 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.

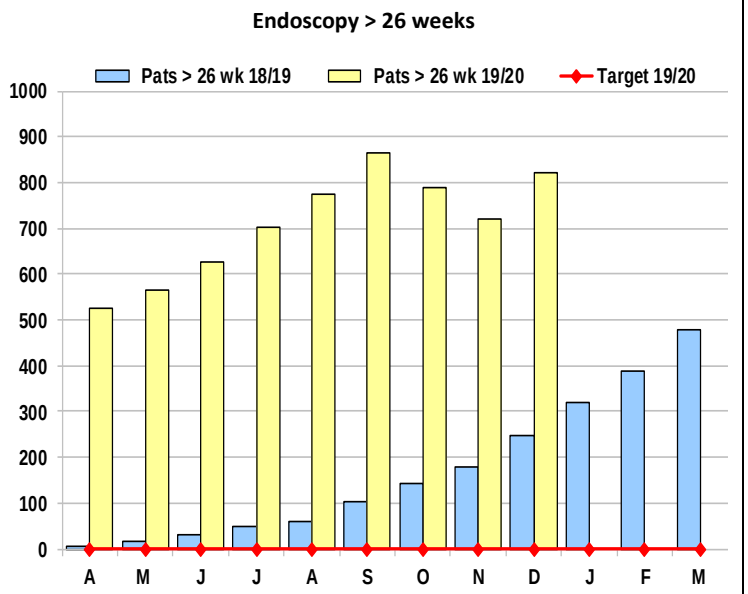
FORECAST IMPACT ON PERFORMANCE

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
56%	56%	55%	54%	52%	52%	52%	47%	48%	49%	47%	42%	↓

Endoscopy > 26 weeks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
320	388	478	527	567	627	704	773	864	788	719	821	↓





SCS/MEM/WCF

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

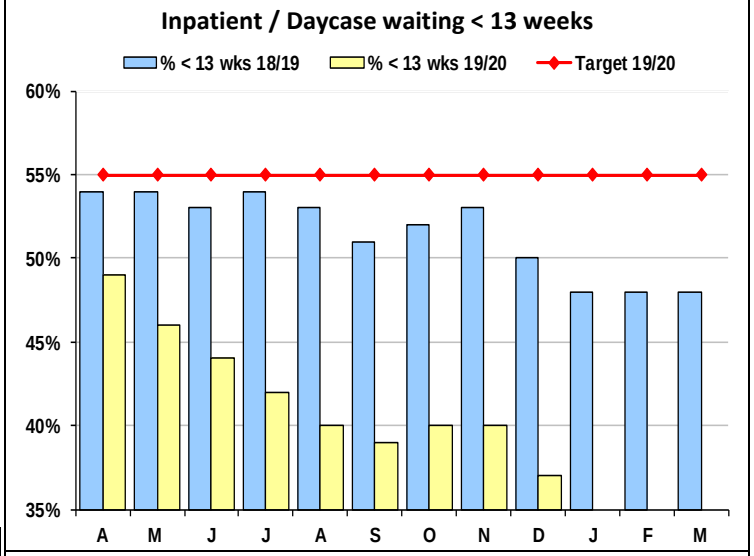
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
48%	48%	48%	49%	46%	44%	42%	40%	39%	40%	40%	37%	↓

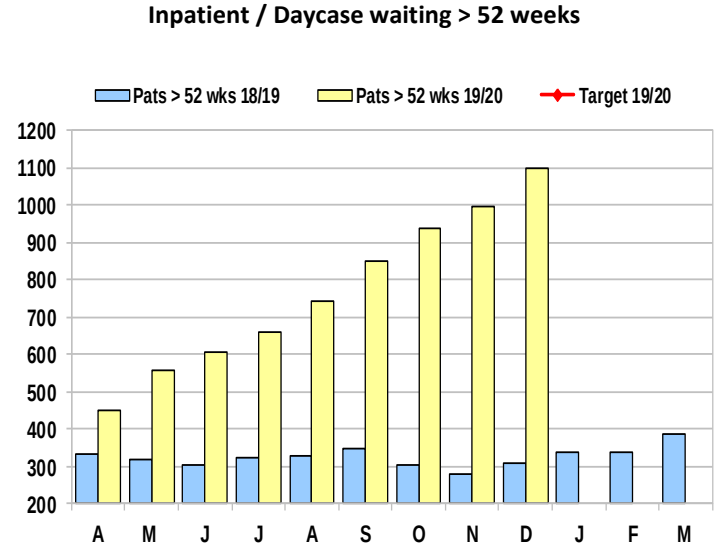
Core & Independent Sector patients waiting > 52 weeks

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
340	338	389	450	560	605	659	743	853	939	998	1098	↓

Core & Independent Sector total patients waiting

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
5178	5260	5346	5527	5886	6002	5947	6028	5948	6249	6265	6403	





SCS/MEM/WCF/CC

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: **(1137)** 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: (1289) 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 (943) - The breach position at end December was 927; The longest wait is 560 days.

Number of referrals continues to increase with referrals up by 12% in Jan-Sept compared to 2018. 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 also impacted by Maternity leave and unfilled vacancies. Recent increase in availability of trained agency/temporary staff and Waiting list initiative funding secured with an anticipated additional 324 contacts to be provided before end March 2020.

Community OT/Paediatrics/Dementia Services/Learning Disability (546) - The overall position for OT services has continued to improve over the last month as services continue to focus on longest waiters and implement agreed action plans. 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 and monitor the situation in Rheumatology, Paediatrics and Core Community. Actions highlighted in previous reports are ongoing.

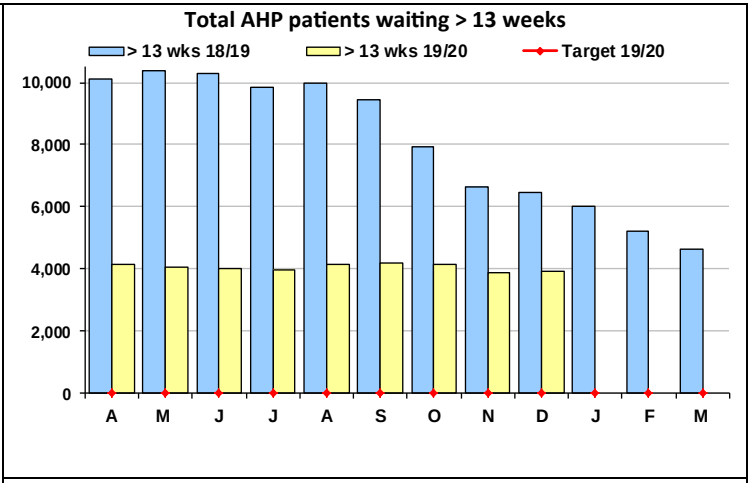
FORECAST IMPACT ON PERFORMANCE

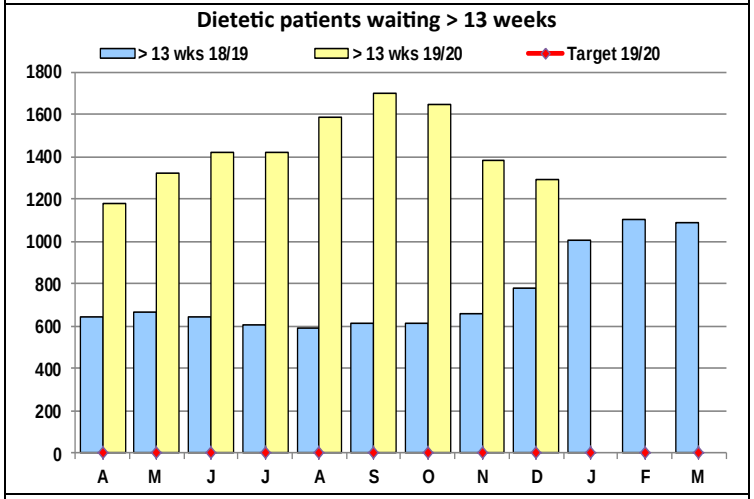
Physiotherapy: Recurrent or non-recurrent investment will be required in 2019/20 to reduce further the number of patients waiting over 13 weeks.

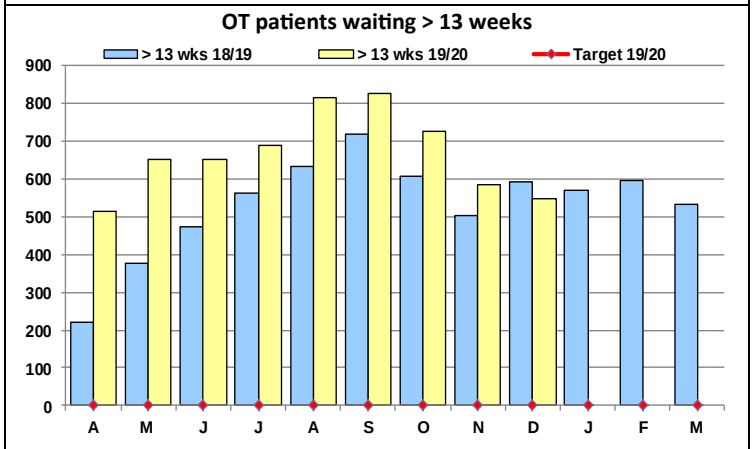
Dietetics: Recurrent or non-recurrent investment will be required in 2019/20 to reduce further the number of patients waiting over 13 weeks. The impact of contingency protocol has been estimated as reducing referrals from hospital to elective list by circa 30 per month.

SLT - It is predicted that without investment to cover capacity gap of 4.0wte, the breach position will increase by approx. 40 - 50 per month. A zero breach position will not be achievable by March 2020.

Community OT/Paediatrics/Dementia Services/Learning Disability - Continuing changes in staffing levels make it very difficult to accurately predict or forecast the overall position. Adult Community Services has remained steady in spite of the impact of Christmas leave and it is anticipated that further gradual improvement will continue provided there are no unforeseen staffing issues. Paediatrics and Rheumatology Services continue to implement modernisation agendas to maximise efficiency on a longer term basis. Rheumatology services in particular have improved due to the impact of additional hours/agency support. The Learning Disability Service has been impacted by 3 long term sick leaves and continued deterioration is likely over the next month. Staffing levels in Dementia have stabilised and further improvement of current position is anticipated.

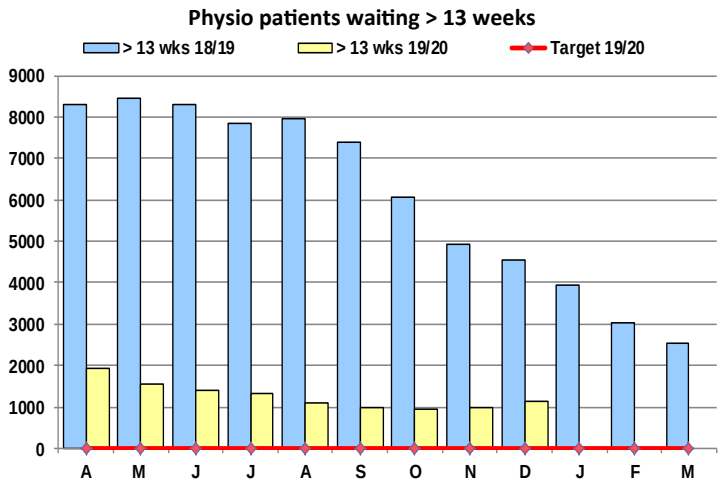


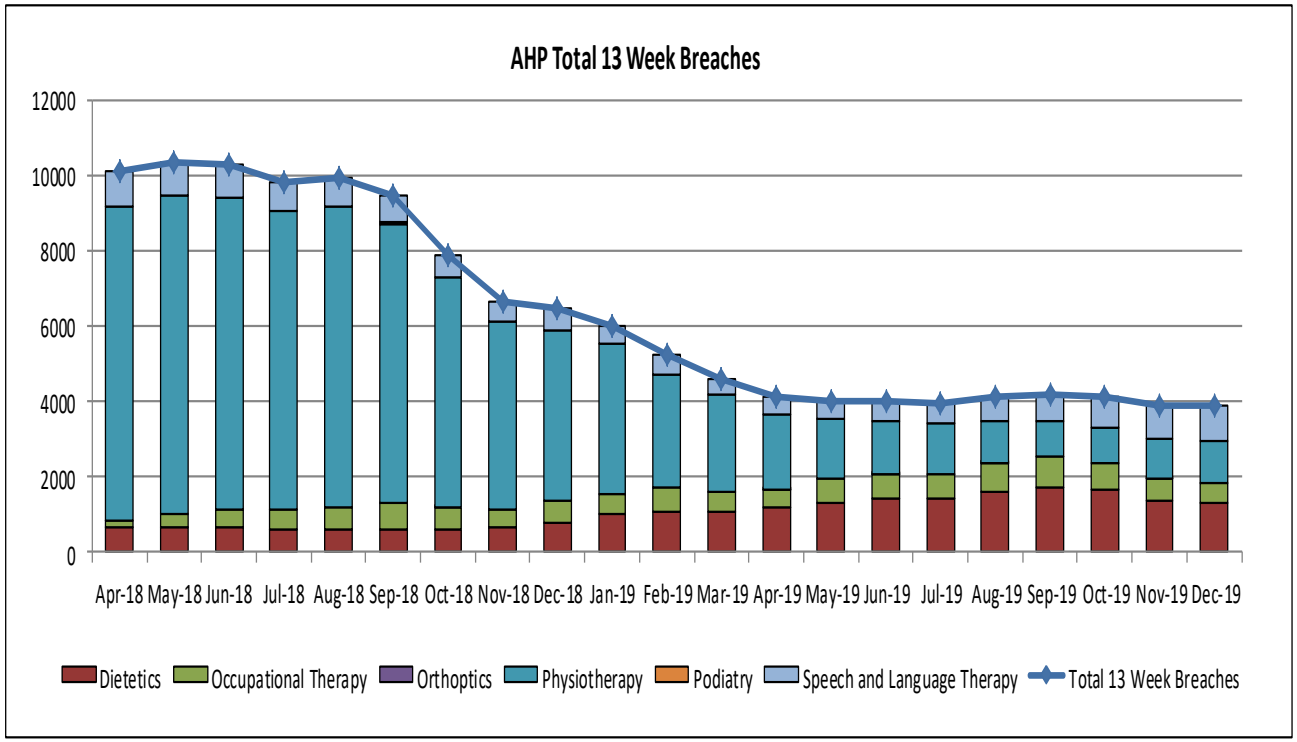


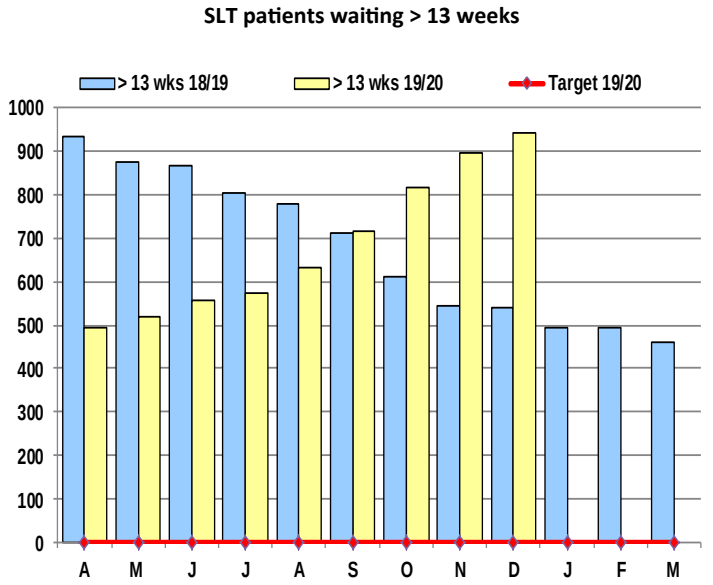


AHP patients waiting > 13 wks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
6012	5227	4627	4130	4037	4016	3988	4129	4210	4136	3904	3915	↓

AHP Patients Waiting > 13 Weeks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Team
1006	1102	1086	1178	1320	1418	1417	1583	1700	1650	1399	1289	**Diet**
568	595	531	514	650	651	687	813	825	727	586	546	**OT**
0	0	0	1	0	1	0	1	0	0	2	0	**Orth**
3944	3037	2548	1941	1547	1390	1311	1101	967	944	1017	1137	**Phys**
0	0	0	0	0	0	0	0	0	0	0	0	**Pod**
494	493	462	496	520	556	570	631	718	815	900	943	**SLT**







SCS/MEM/WCF

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

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
845	581	658	733	762	689	702	578	817	662	739	-	↑

Cumulative Target 5328– Cumulative Actual 5682

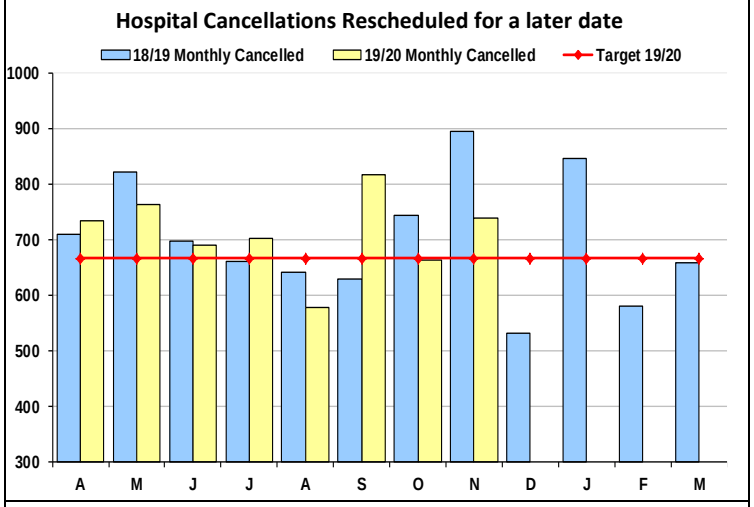
% of hospital outpatient appointments rescheduled for a later date as % of total attendances

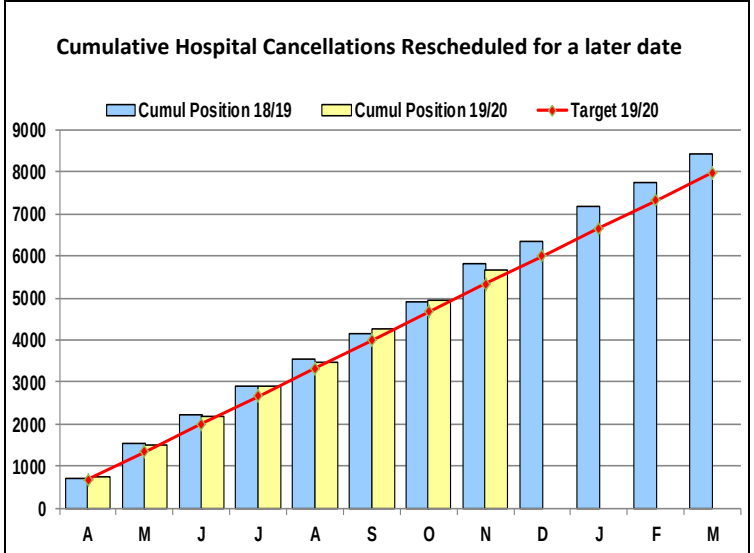
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
5.2%	4.1%	4.8%	5.1%	5.0%	4.8%	4.9%	4.4%	5.7%	4.2%	5.2%	-

Cumulative Actual – 4.9%

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.





Pharmacy

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 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.

ACTIONS BEING TAKEN WITH TIME FRAME

A new antibiotic usage dashboard for NHSCT went live from 09/09/19. The dashboard is used to monitor usage in accordance with targets and target stewardship interventions in a timelier manner.

*Please note that both 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.
An end of year position statement in respect of the targets will be produced by PHA once the official stats have been published. Until that point the data is subject to change.

Fig 5. Line chart showing monthly and cumulative consumption (in DDDs per 1000 admissions) of all antibiotics this year compared to the annual target **(2% reduction from 2018/19 baseline).**

Fig 6. Line chart showing monthly and cumulative consumption (in DDDs per 1000 admissions) of carbapenems this year compared to the annual target **(3% reduction from 2018/19 baseline).**

Fig 7. Line chart showing monthly and cumulative consumption (in DDDs per 1000 admissions) of piperacillin/tazobactam this year compared to the annual target **(3% reduction from 2018/19 baseline).**

Fig 8. Line chart showing the proportion (%) of monthly and cumulative DDDs per 1000 admissions (all antibiotics) accounted for by those within the WHO AWaRe 'Access' category **(at least 55% of antibiotic consumption from the Access category or a 2% increase from the baseline).**

The figures used have been taken from monthly target monitoring reports from PHA.

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

AMC Cumulative rates to date (30 November 19)

Indicator	Annual Target	Rate to Date (DDD's per 1000 admissions
Total Antibiotics	9064.84	9807.62
Carbapenems	69.37	86.85
Piperacillan/Tazobactam	432.9	423.43
AWaRe Access %	55	57.22

Fig 5 Monthly consumption, all antibiotics (DDD's per 1000 admissions)

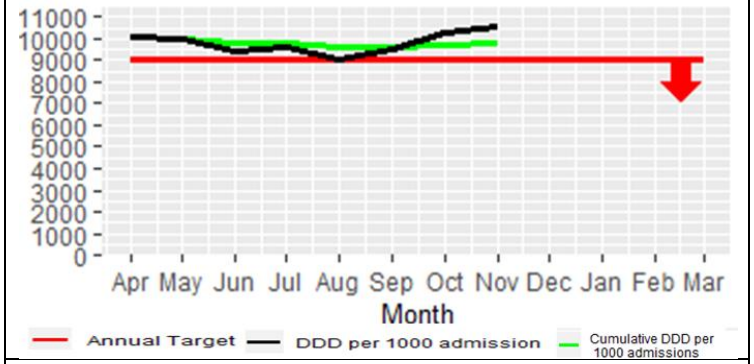


Fig 6 Monthly carbapenem consumption (DDD's per 1000 admissions)

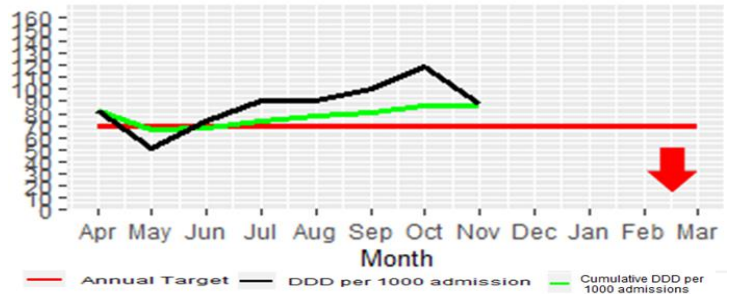


Fig 7 Monthly Pip-Taz consumption (DDD's per 1000 admissions)

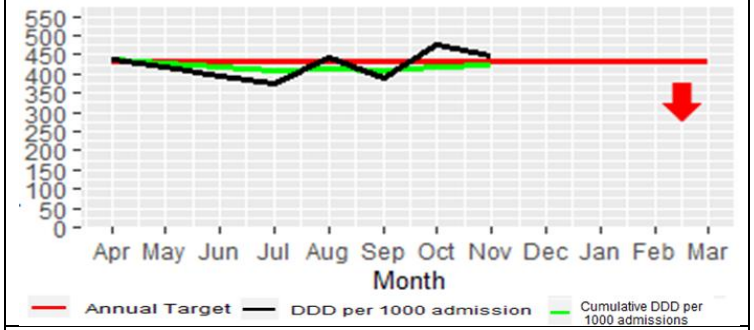
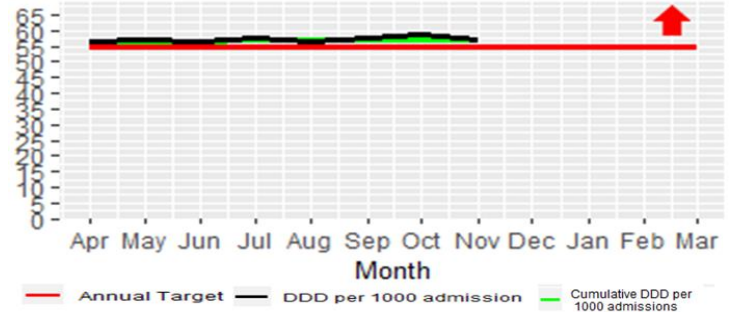


Fig 8 Monthly proportion (%) DDD's in WHO AWARE Access Category



Pharmacy	**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)

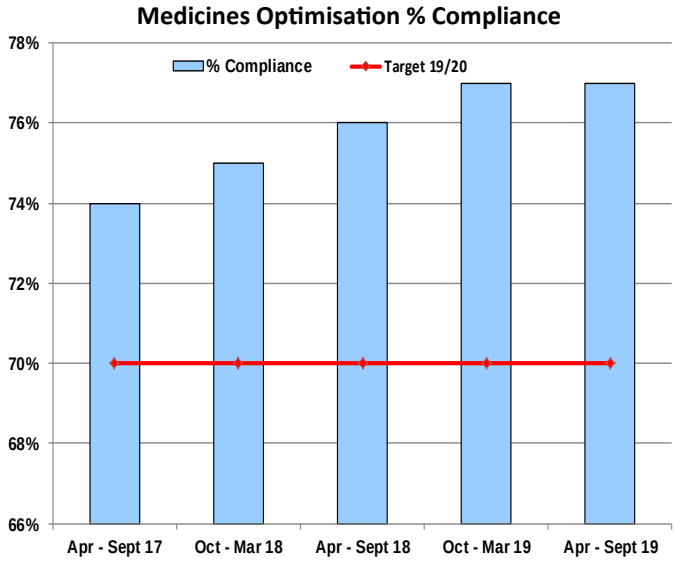
- ARK study – roll out to Causeway in November 19.
- Participating in the Global Point Prevalence Survey of antimicrobials and healthcare acquired infections which will help identify specific areas for improvement
- Management of change - continue with improving 9 to 5pm weekend working in Antrim. Staff 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												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
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
- Reprofiling 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

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
59%	55%	64%	56%	61%	64%	62%	63%	65%	68%	58%	61%	↑

Antrim Total Attendances

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
7253	6876	7819	7591	7938	7572	7646	7557	7759	8205	7708	7452	

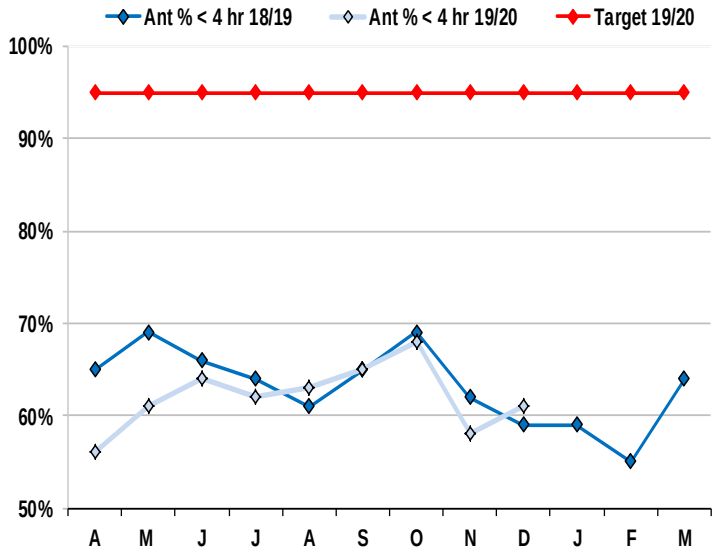
Causeway ED < 4hrs

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
71%	71%	74%	69%	72%	70%	72%	73%	70%	70%	67%	67%	↔

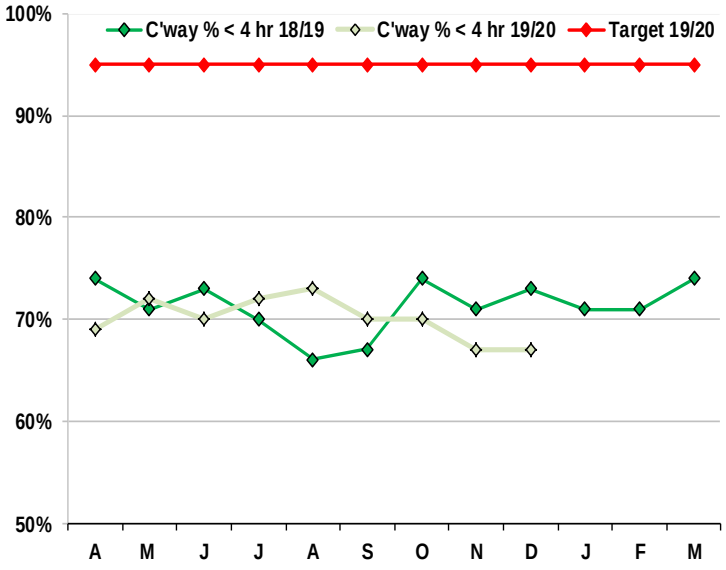
Causeway Total Attendances

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
3903	3718	4212	4376	4345	4122	4484	4642	4256	4286	4040	3949	

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)

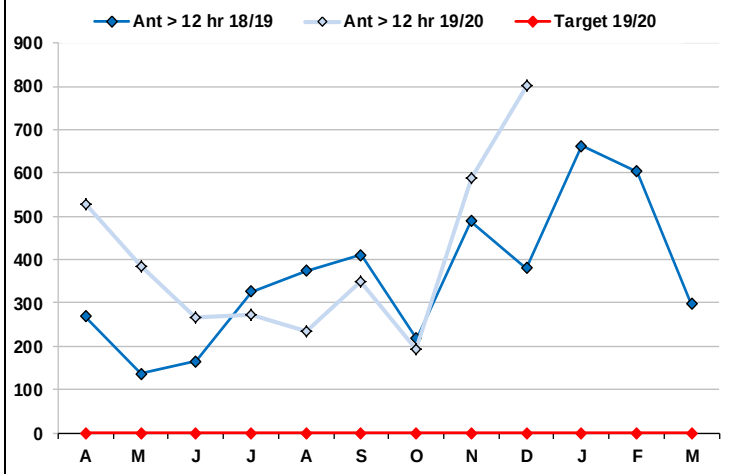
CAUSES / ISSUES IMPACTING ON PERFORMANCE
As per 4-hour target.

ACTIONS BEING TAKEN WITH TIME FRAME
As per 4-hour target.

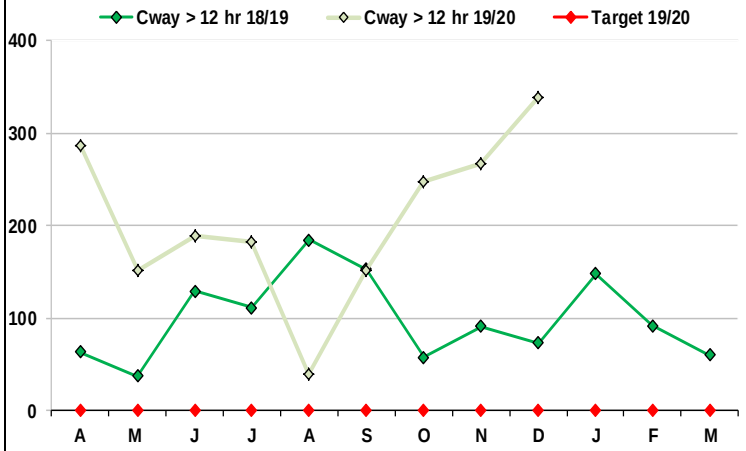
FORECAST IMPACT ON PERFORMANCE
As per 4-hour target

Antrim ED > 12 Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
662	603	298	529	383	266	274	236	348	193	589	801	↓
Antrim ED longest waiter (Hours)												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
41	54	34	50	45	41	35	37	48	51	41	60	
Causeway ED > 12 Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
148	92	60	287	151	189	183	39	151	248	268	339	↓
Causeway ED longest waiter (Hours)												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
30	42	30	45	45	37	39	23	31	46	46	53	

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 4.5).

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

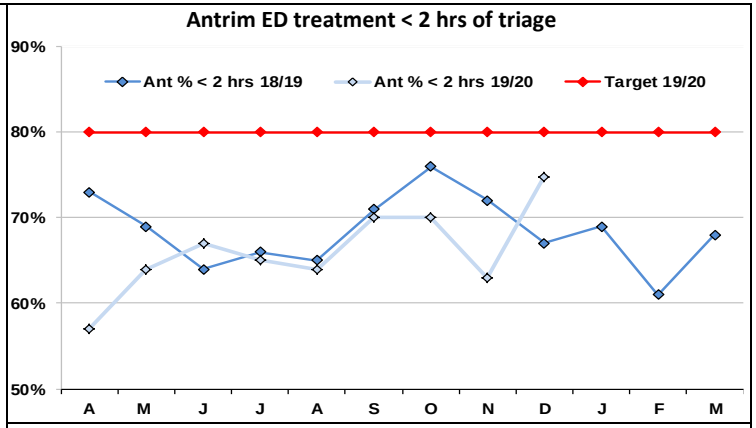
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
79%	73%	78%	68%	74%	75%	75%	72%	77%	77%	71%	81%	↑

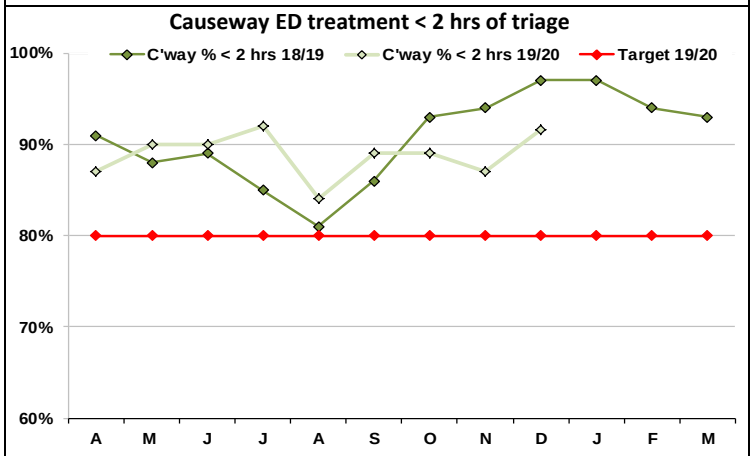
Antrim ED treatment < 2 hrs of triage

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
69%	61%	68%	57%	64%	67%	65%	64%	70%	70%	63%	75%	↑

Causeway ED treatment < 2 hrs of triage

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





MEM

Hip Fractures

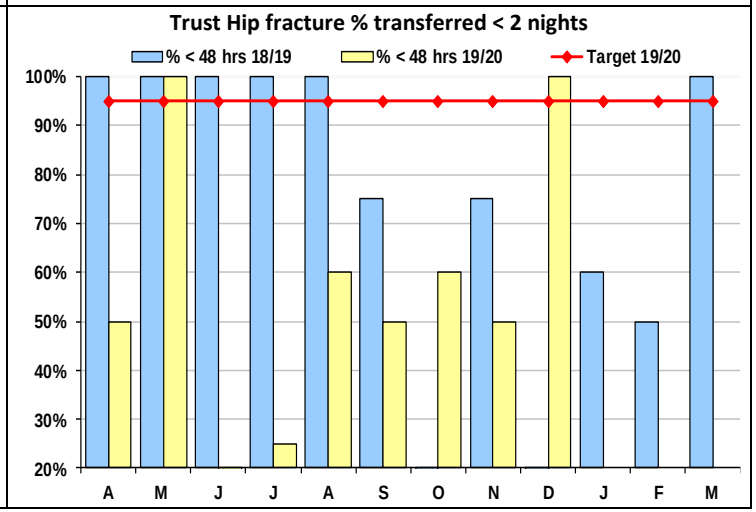
By March 2020, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.7)

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.
December 2019 Hip fractures – 7 patients transferred. (30 hip fractures April - Dec 19)

Hip fracture % transferred < 2 nights

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



MEM/SCS/CC

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 123 delayed discharges across the 2 hospital sites during December 2019. This number of delays is reflective of the complexities and needs of an aging patient group. .

Acute Based Delays totalled 67 of which 42 delays can be attributed to acute assessment and care planning processes. 22 delays were the result of client choice and family issues and 3 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 44

Domiciliary Care: There were 21 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. .

Step Down Community Beds There were 6 delays caused as a result of waiting to source an appropriate step down community bed. This can be particularly challenging when trying to source a dementia or delirium supported placement.

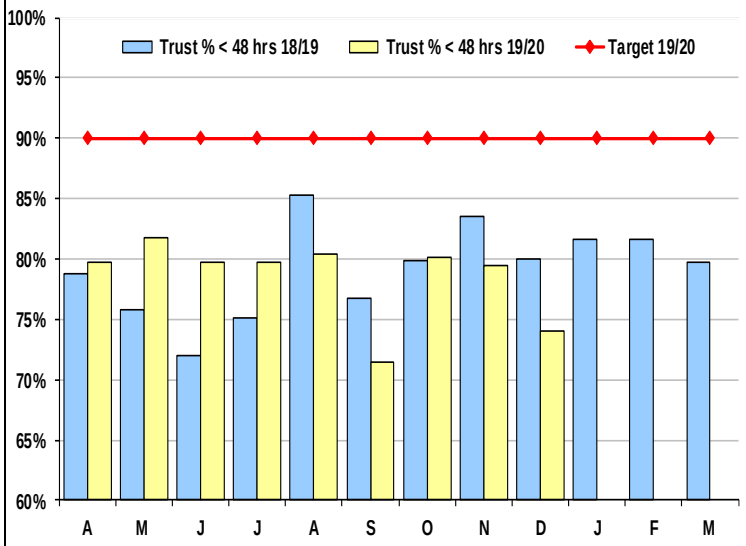
Placements: 17 delays were caused were relating to placement planning. Delays continue to be incurred when sourcing dementia placements. During December 2019 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharges to community 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

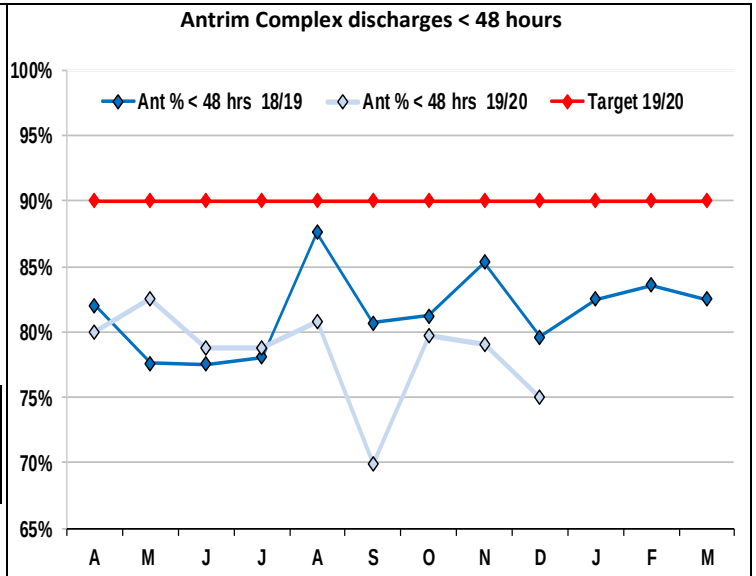


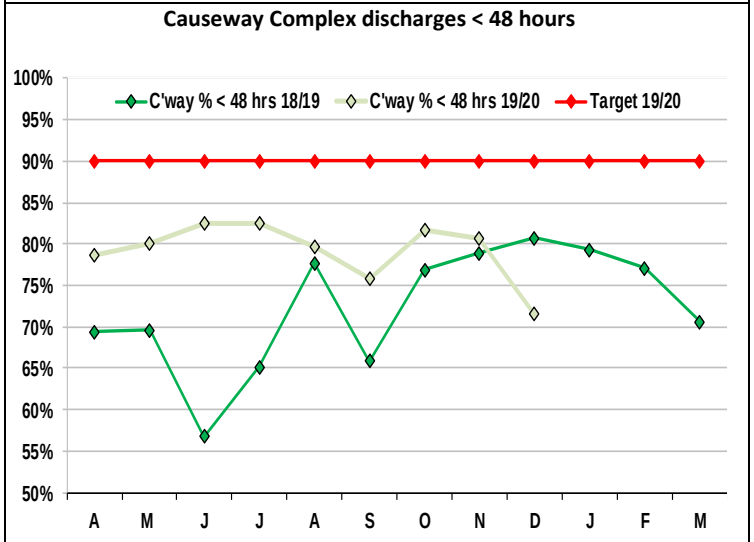
FORECAST IMPACT ON PERFORMANCE

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
82%	82%	80%	80%	82%	80%	80%	80%	71%	80%	80%	75%	↓
Antrim Complex discharges < 48 hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
83%	84%	83%	80%	83%	79%	79%	81%	70%	80%	79%	75%	↓
Causeway Complex discharges < 48 hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
80%	77%	71%	79%	80%	83%	82%	80%	76%	82%	81%	72%	↓





MEM/SCS/CC

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 123 delays in December 2019 were greater than 7 days .

Acute Based Delays totalling 9 of which 3 can be attributed to acute assessment and care planning processes for this very complex patient group. A further 6 delays were the result of client choice and family issues.

Community Based Delays totalling 7 of which 6 delays were relating to placement planning and 1 delay was caused sourcing domiciliary package of care.

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

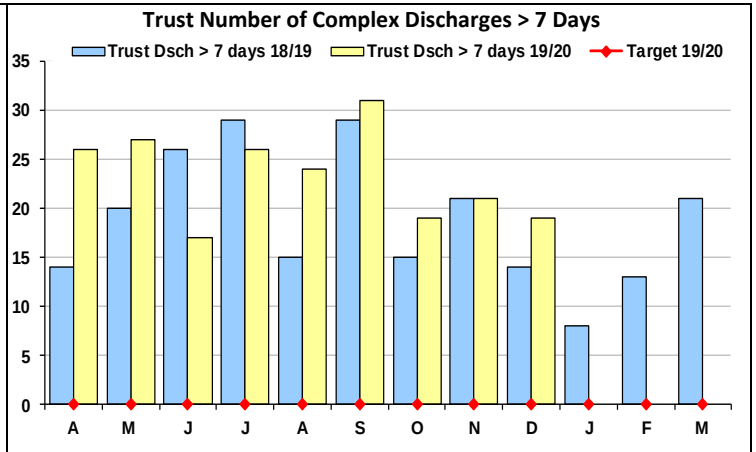
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
8	12	21	26	27	17	26	24	31	19	21	19	↑

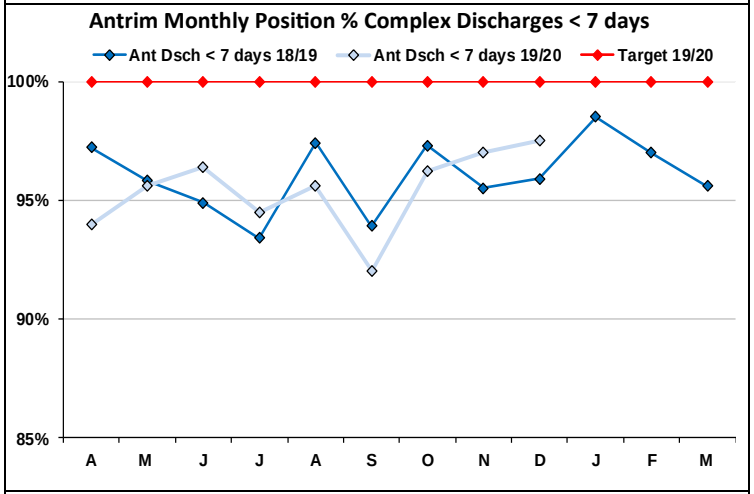
Antrim Monthly Position % Complex Discharges < 7 days

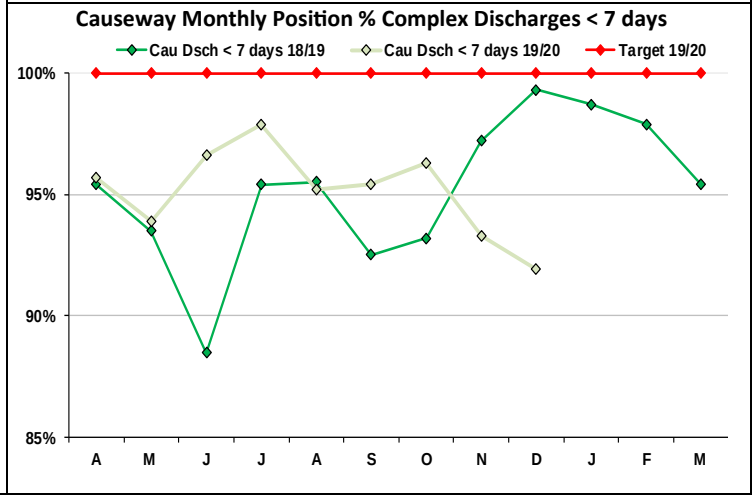
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
99%	97%	96%	94%	96%	96%	95%	96%	92%	96%	97%	98%	↑

Causeway Monthly Position % Complex Discharges < 7 days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
99%	98%	95%	96%	94%	97%	98%	95%	95%	96%	93%	92%	↓







MEM/SCS/WCF

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

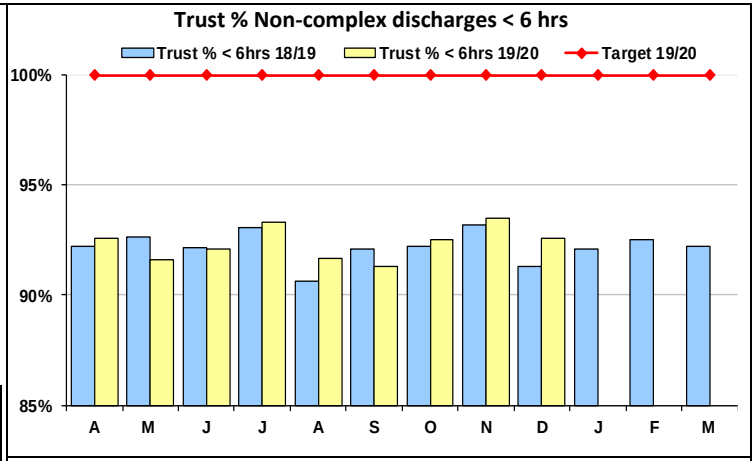
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
92%	93%	92%	93%	92%	92%	93%	92%	91%	93%	94%	93%	↓

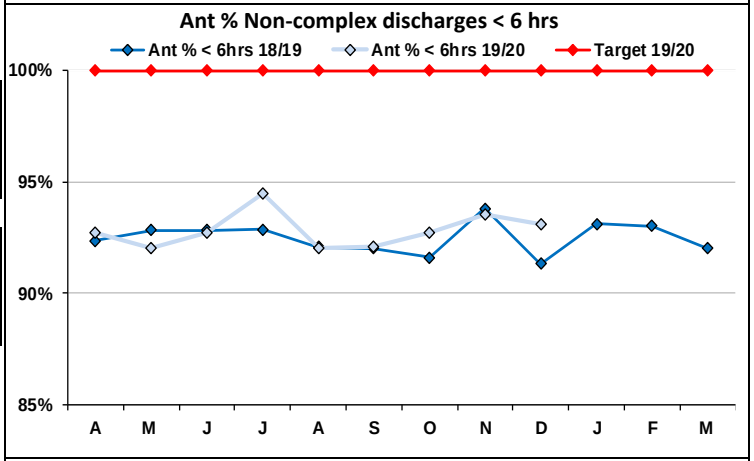
Antrim % Non-complex discharges < 6 hrs

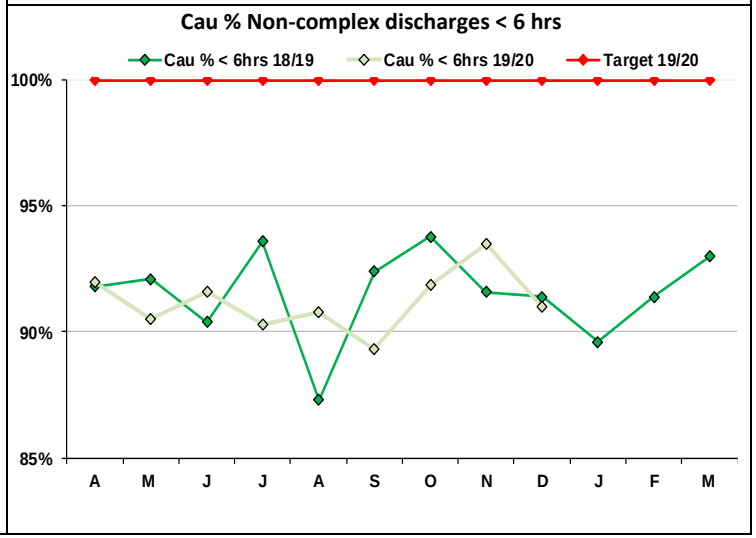
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
93%	93%	92%	93%	92%	93%	95%	92%	92%	93%	94%	93%	↓

Causeway % Non-complex discharges < 6 hrs

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
90%	91%	93%	92%	91%	92%	90%	91%	89%	92%	94%	91%	↓







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. Newtonabbey has 1 vacancy as a result of long-term absence.

The service continues to monitor this closely.

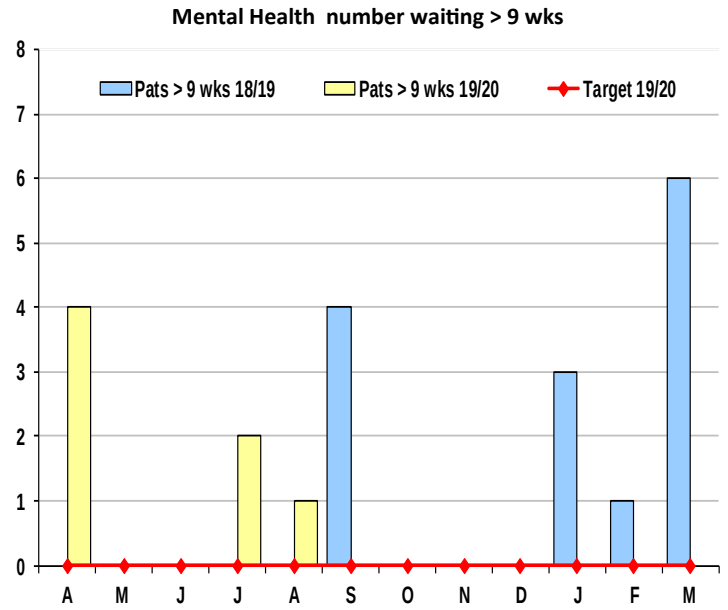
ACTIONS BEING TAKEN WITH TIME FRAME

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
3	1	6	4	0	0	2	1	0	0	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.
Newtonabbey has 1 vacancy as a result of long-term absence.

The service continues to monitor this closely.

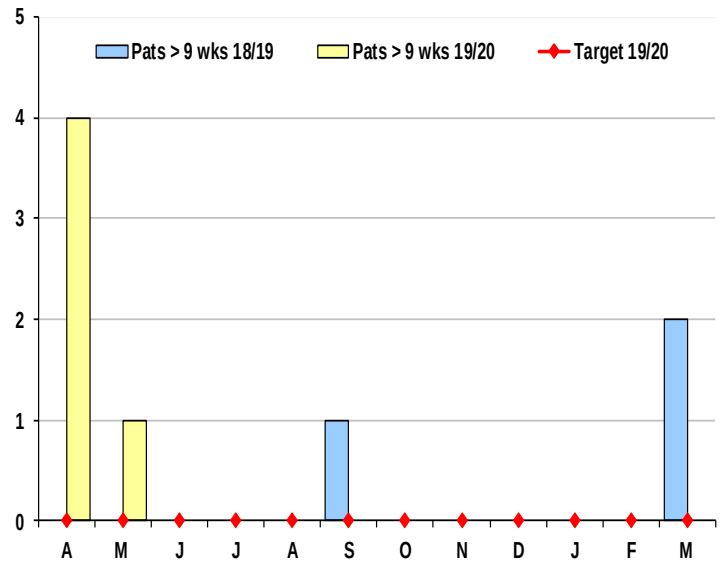
ACTIONS BEING TAKEN WITH TIME FRAME

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
0	0	2	4	1	0	0	0	0	0	0	0	↔



MHLD

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

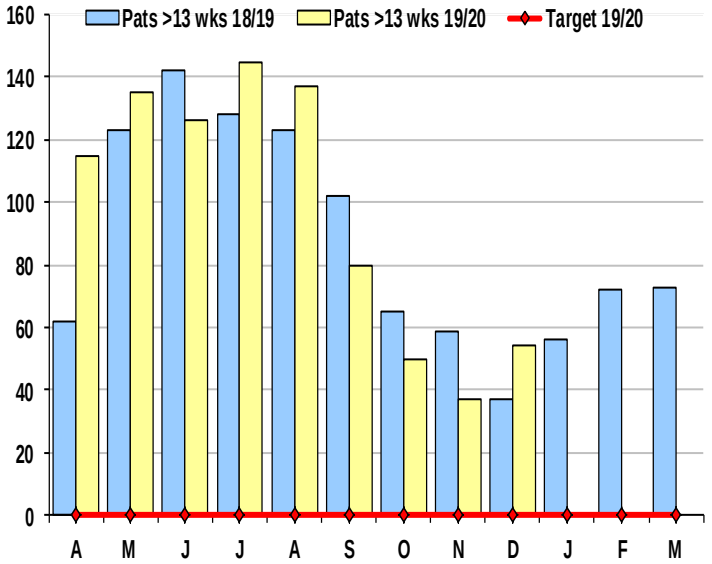
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Breaches of the performance target are evident at the end of December 2019 across 2 areas within psychology services. Performance is being impacted in the main by LD and Clinical Health Psychology services.
PTS (mental health) has largely come out of the breach position with no breaches at the end of December. 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 December month end the Clinical Health Psychology Service has 2 breach of total waiting list of 93 with a longest wait of 120 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 52 breaches of a total waiting list of 176 with a longest wait of 211 days. There had been some reduction in capacity earlier in the year in relation to qualified staff and absence which has 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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
56	72	73	115	135	126	145	137	80	50	37	54	↓

Psychological Therapies number waiting > 13 wks



MHLD

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

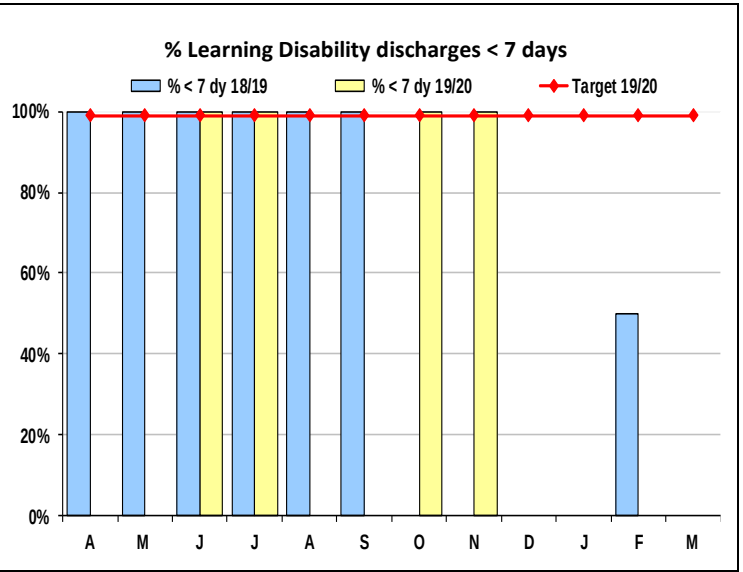
0 patient discharged during December 19, 0 over 7 days.

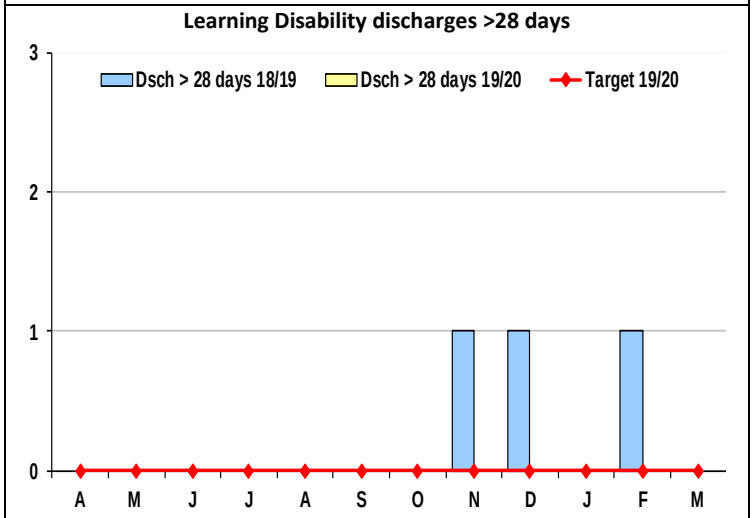
ACTIONS BEING TAKEN WITH TIME FRAME

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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
-	50%	-	-	-	-	100%	-	-	100%	100%	-	↔
% Cumulative Learning Disability discharges < 7 days												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
90%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↔

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





MHLD

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

90 patients discharged during November 2019, 0 > 7 days

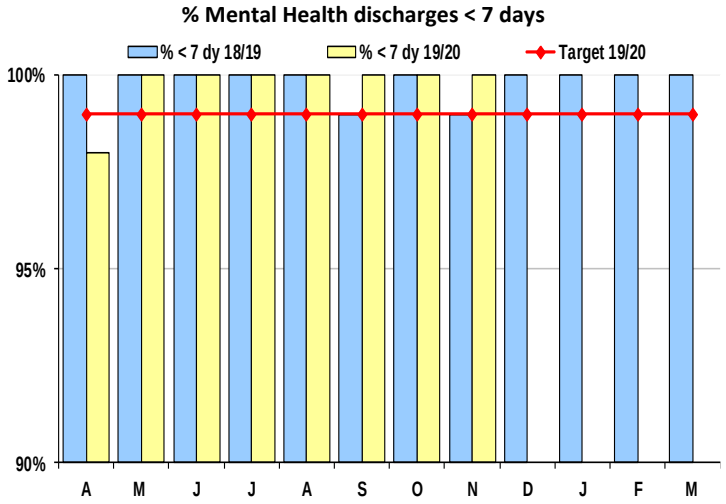
ACTIONS BEING TAKEN WITH TIME FRAME

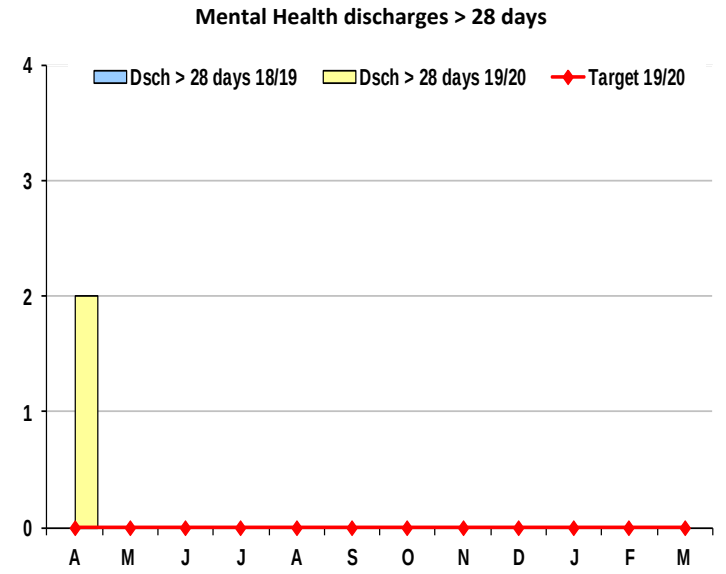
Continue to monitor all patients to ensure breaches do not occur.

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

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

Figures currently being validated and will be updated for next month's report.





Womens, Childrens and Families Services

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 6 monthly Delegated Statutory Functions (DSF) report 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 2019 there were 663 looked after children and in September 2019 there were 680. Between 1-10-18 and 31-3-19 there were 82 moves across all placements and for the period 1.4.19-30.10.19 there were 140 moves. 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 increased by 17 in the last year, as are the number of complex cases. 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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↔
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 where 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

WCF

Children in Care Unallocated Cases

By March 2020, reduce the number of unallocated family and children's social care cases by 20% (from 18/19 baseline – target 22 unallocated cases per month) (CPD 4.3)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

- Recruitment and retention of staff in Gateway and FSIT.
  Percentage vacancy Gateway:25%
  Percentage vacancy FSIT = 17%
- SE Gateway accounts for 57 of the total unallocated, impacted by recent child death, recruitment and sickness. (As of 13/01/2020 this has been reduced to 10).
- Significant sickness, vacancies and movement within management tiers of FSIT leading to inexperienced SWSMs and Teams Leaders.
- High referral rates into Gateway and transfers to FSIT

ACTIONS BEING TAKEN WITH TIME FRAME

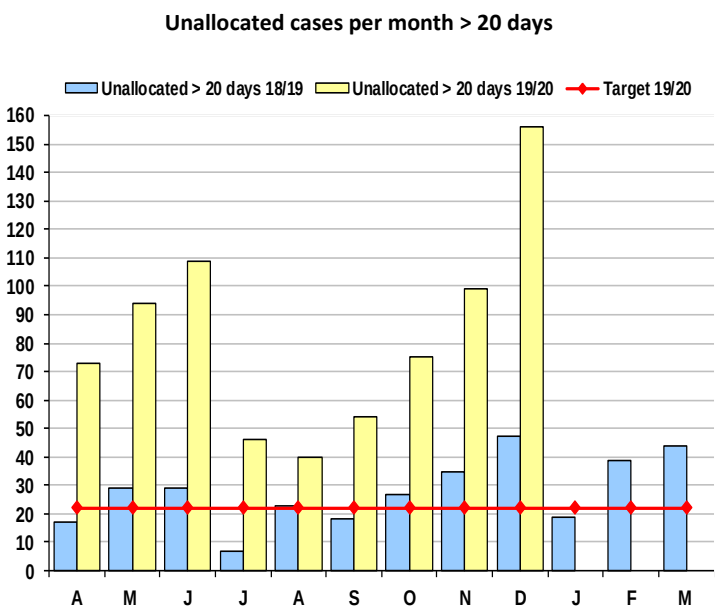
- All Child Protection referrals are allocated within 24 hours as per Policy and Procedures.
- Monthly Service Improvement Meetings chaired by AD with a focus on addressing above as well as service efficiencies
- Regional Business Case with Department to increase Social Work capacity, additional 10 Band 7's and 10 Band 4's.
- FSIT peripatetic proposal currently in progress.
- Gateway Social Work Service Manager managing all unallocated cases and plan in place to reduce. Overtime in place at weekends.
- Sickness being monitored by AD, Head of Services, Business Manager on a 6 weekly basis

FORECAST IMPACT ON PERFORMANCE:

- Approval of DOH Business case and appointment of additional staff will lead to gradual reduction.
- Approval of Peripatetic paper will have a direct impact on vacancies within FSIT.
- Gateway figures with additional input will reduce by mid-February.

Unallocated cases per month > 20 days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
19	39	44	73	94	109	46	40	54	75	99	156	↓



WCF

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

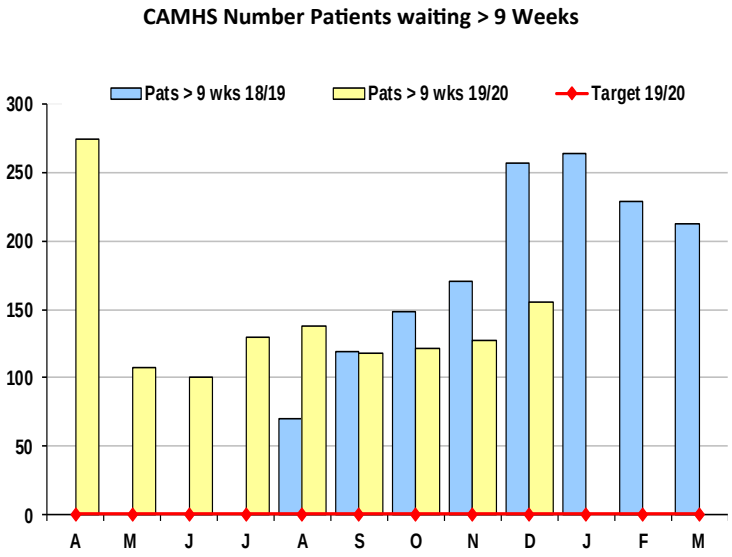
ACTIONS BEING TAKEN WITH TIME FRAME

- 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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
264	229	212	274	107	100	130	138	118	121	127	155	↓



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.

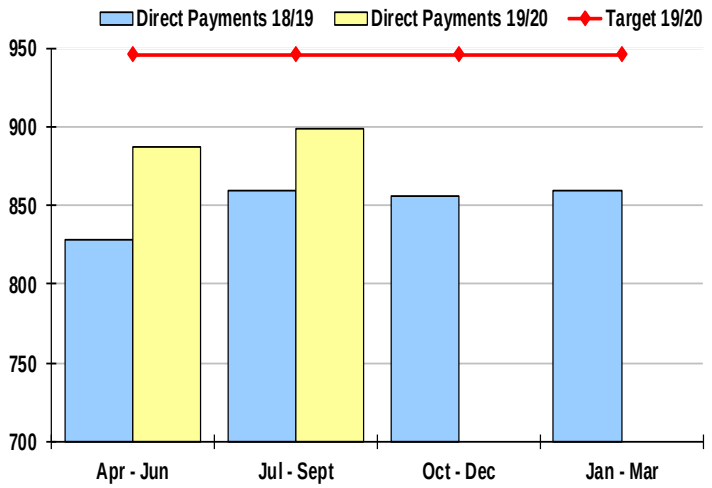
ACTION TAKEN & TIMESCALES FOR IMPROVEMENT
All SW staff have attended or have planned attendance at Direct Payment training, to ensure understanding and requirements of process to facilitate informed discussions with service users considering uptake of direct payments.

FORECAST IMPACT ON PERFORMANCE
It is anticipated that there will be modest growth in this sector.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
	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.

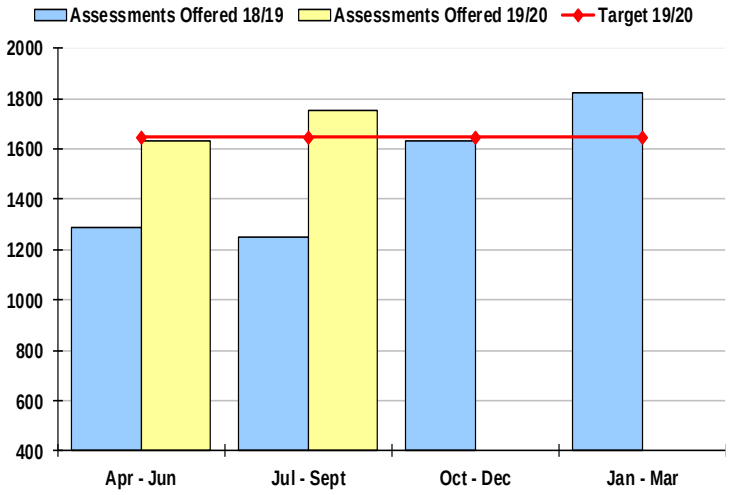
FORECAST IMPACT ON PERFORMANCE
Staff will continue to focus on promoting Carer's assessments and undertake these where carers are willing to engage.

Trust Number of Carers Assessments

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
	1823			1630			1751			-		↑
Cumulative Target 3296 – Cumulative Actual 3381												

5994 Assessments offered 2018/19 (baseline) 2019/20 target = 6593 by March 20, 1648 quarterly.

Number of Carers Assessments



CC/MHLD/WCF

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

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													
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
248940			246073			242199			-			↓
Cumulative Target 466902 – Cumulative Actual 488272													

889338 hours provided 2018/19 (Baseline) 2019/20 target 933805 annually, 233451 quarterly.

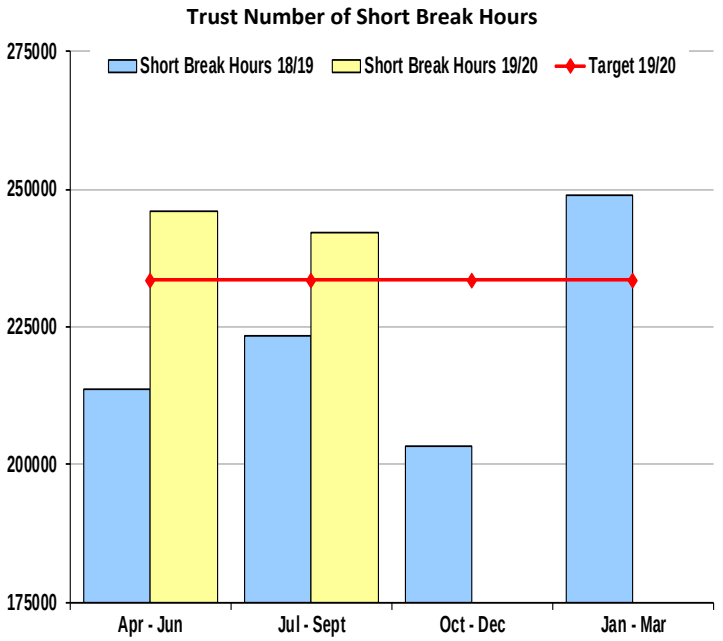
Community Care Directorate Number of Short Break Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
71817			68993			68807			-			↓
Cumulative Target 130973 – Cumulative Actual 137800												

2019/20 target 261946 annually, 65486 quarterly.

Mental Health Directorate Number of Short Break Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
177123			177080			173392			-			↓
Cumulative Target – 335930 – Cumulative Actual 350472												

2019/20 target 671859 annually, 167965 quarterly.

Please note, from April 19 day care figures are no longer included in HSCB monitoring. 19/20 targets have been amended accordingly and day care figures have been removed from 18/19 figures to allow for comparison.



3.0 Quality Standards & Performance Targets
3.2 DoH Indicators of Performance 19/20 - Draft

Desired Outcome 1: Reduction of Health Inequalities													
Area	**Indicator**		**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Alcohol-related Admissions	A14. Standardised rate of alcohol-related admissions to hospital within the acute programme of care.		236	184	186	210	222	211	247	229	236	244	173	192
Child Health	A17. Breastfeeding rate at discharge from hospital		45%	47%	47%	48%	45%	51%	51%	48%	47%	52%	48%	-
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	778	796	586	934	862	810	900	860	878	988	888	714
		C1 - 6 - 8 week review	890	696	790	826	942	744	918	836	774	924	890	650
		C2 - 14 - 16 week review	906	790	776	814	884	778	954	786	796	888	808	632
		C3 - 6 - 9 month review	760	834	710	838	954	808	842	806	796	852	878	434
		C4 - 1 year review	494	481	392	405	426	454	516	408	421	479	350	260
		C5 – 2 – 2.5 year review	416	556	506	499	505	526	501	511	439	511	393	261
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.		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%	76%	69%	72%	73%	73%	68%	73%	70%	72%	78%	-
Self-Harm	A26. Number of ED repeat presentations due to deliberate self-harm.		227	209	187	174	226	166	212	220	195	217	240	165
Unplanned Admissions	A28. The number of unplanned admissions to hospital for adults with specified long-term conditions.		254	262	226	276	252	255	255	202	222	265	271	276

Desired Outcome 2 : People using health and social care services are safe from avoidable harm														
Area	**Indicator**			**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Returning Emergency Admissions	B5: Percentage of emergency admissions returning within 7 days and within 8-30 days. (Emergency readmissions include those admitted from an A&E department, GP or consultant outpatient clinic).	Seven Days		3.3%	2.9%	3.5%	3.1%	3.2%	3.5%	3.7%	3.8%	3.1%	-	-	-
		8-30 Days		4.3%	4.4%	4.6%	5.0%	5.3%	4.7%	5.2%	4.7%	4.4%	-	-	-
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		13.8%	13.1%	10.6%	12.1%	13.7%	11.5%	12.9%	11.3%	10.3%	11.4%	8.8%	-
		Long Term Conditions		11.9%	10.7%	11.2%	10.6%	11.3%	10.8%	11.8%	12.2%	10.6%	9.3%	10.9%	-
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.			5	5	5	4	6	3	8	7	5	0	5	3
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	Quarterly figures with 6 month delay. Technical query; awaiting information from HSCB											
			65 +												
		Readmissions	0 - 64												
			65 +												

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**			**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)			2798	2547	2680	2712	2612	2534	2547	2620	2776	2834	2915	2708
	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	3.1%	2.4%	2.8%	2.5%	2.3%	2.7%	3.2%	2.9%	2.5%	2.6%	2.1%	2.4%
			Causeway	5.8%	3.9%	3.8%	4.5%	3.4%	3.2%	3.5%	3.1%	2.5%	2.4%	2.4%	2.3%
			Mid Ulster	46.4%	48.1%	49.8%	32.7%	40.7%	37.9%	44.9%	47.6%	44.0%	43.0%	44.4%	32.3%
		>30 min –1 hr	Antrim	6.8%	6.1%	7.1%	6.4%	6.3%	7.5%	8.3%	7.2%	7.0%	7.5%	5.9%	6.5%
			Causeway	12.8%	10.8%	11.7%	11.9%	12.1%	12.0%	11.6%	12.0%	9.9%	9.8%	9.2%	8.7%
			Mid Ulster	41.1%	39.1%	36.0%	42.2%	41.1%	38.7%	36.7%	34.8%	39.8%	41.2%	41.6%	42.7%
		>1 hr – 2 hrs	Antrim	15.7%	15.3%	16.6%	15.6%	17.3%	17.7%	16.8%	18.8%	18.5%	17.3%	14.0%	15.6%
			Causeway	21.5%	22.8%	23.7%	21.3%	24.1%	22.6%	22.9%	22.5%	23.2%	23.1%	22.2%	22.4%
			Mid Ulster	11.8%	11.5%	13.2%	23.2%	17.0%	21.4%	16.0%	14.4%	15.1%	15.0%	13.4%	23.4%
		>2 hrs – 3 hrs	Antrim	15.9%	15.5%	18.5%	15.2%	17.8%	18.3%	17.0%	16.1%	19.6%	21.1%	17.5%	19.0%
			Causeway	16.7%	17.8%	18.1%	16.1%	17.1%	16.6%	18.2%	18.5%	18.0%	18.1%	18.0%	18.8%
			Mid Ulster	0.7%	1.0%	0.9%	1.7%	1.1%	1.9%	2.5%	2.9%	1.0%	0.8%	0.5%	1.3%
		>3 hrs – 4 hrs	Antrim	17.1%	15.9%	18.7%	16.8%	16.8%	17.8%	16.5%	17.4%	16.8%	19.5%	18.0%	17.2%
			Causeway	13.8%	15.5%	16.3%	14.8%	15.1%	15.4%	15.4%	16.6%	16.7%	16.2%	15.3%	14.8%
			Mid Ulster	-	0.1%	-	0.2%	-	-	-	0.2%	0.1%	-	0.1%	0.1%
		>4 hrs – 6 hrs	Antrim	16.7%	18.0%	17.8%	17.1%	18.2%	17.5%	17.8%	18.0%	16.9%	17.1%	18.4%	15.9%
			Causeway	12.5%	13.3%	13.9%	12.7%	12.1%	13.0%	12.2%	14.5%	12.4%	12.8%	13.2%	12.0%
			Mid Ulster	-	0.1%	0.1%	-	-	-	-	-	-	-	-	0.1%
		>6 hrs – 8 hrs	Antrim	8.4%	9.7%	8.9%	11.0%	9.5%	8.4%	9.7%	9.9%	8.0%	7.7%	8.5%	6.9%
			Causeway	6.8%	6.9%	6.4%	6.5%	7.1%	6.4%	6.6%	7.2%	7.6%	5.8%	6.7%	6.0%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs –10 hrs	Antrim	4.6%	5.4%	3.7%	5.1%	4.5%	4.1%	4.6%	4.4%	4.3%	3.5%	4.6%	3.2%
			Causeway	3.7%	4.2%	3.3%	3.2%	3.3%	3.8%	3.0%	3.1%	3.7%	3.9%	3.8%	3.4%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs –12 hrs	Antrim	2.6%	2.9%	2.2%	3.4%	2.5%	2.4%	2.5%	2.1%	1.9%	1.5%	3.2%	2.6%
			Causeway	2.5%	2.4%	1.4%	2.4%	2.3%	2.5%	2.5%	1.5%	2.4%	2.0%	2.7%	2.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs –14 hrs	Antrim	1.3%	1.3%	0.8%	1.3%	0.9%	0.8%	0.9%	1.0%	0.9%	0.6%	1.4%	1.4%
			Causeway	0.8%	0.5%	0.3%	1.0%	0.7%	0.5%	0.8%	0.3%	0.7%	0.6%	1.3%	1.0%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs –16 hrs	Antrim	1.3%	1.1%	0.5%	1.0%	0.7%	0.7%	0.8%	0.5%	0.7%	0.4%	1.4%	1.2%
			Causeway	0.7%	0.8%	0.3%	0.9%	0.5%	0.8%	0.8%	0.3%	0.6%	1.1%	1.0%	0.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs –18 hrs	Antrim	1.3%	1.1%	0.7%	0.9%	0.9%	0.6%	0.6%	0.4%	0.6%	0.4%	0.9%	1.1%
			Causeway	0.4%	0.2%	0.2%	0.8%	0.6%	0.7%	0.6%	0.2%	0.5%	0.8%	0.9%	1.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	5.3%	5.2%	1.8%	3.7%	2.2%	1.4%	1.2%	1.3%	2.3%	1.0%	3.9%	7.1%
			Causeway	1.8%	1.0%	0.6%	3.9%	1.7%	2.7%	1.9%	0.1%	1.7%	3.2%	3.4%	5.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	AAH ED – Median		03:32	03:44	03:16	03:41	03:22	03:13	03:18	03:19	03:08	03:05	03:36	03:24
		AAH ED – Maximum		41:18	53:57	34:22	50:29	45:00	41:04	35:43	36:47	48:39	51:39	41:13	60:21
		AAH ED – 95th Percentile		18:17	18:35	10:52	15:15	11:56	10:46	10:44	10:09	11:33	09:03	15:42	21:58
		CAU ED – Median		02:33	02:40	02:34	02:43	02:36	02:42	02:39	02:39	02:48	02:49	02:54	02:53
		CAU ED – Maximum		30:02	42:11	30:44	45:57	45:13	37:37	39:13	22:52	31:15	46:22	46:12	52:54
		CAU ED - 95th Percentile		11:18	09:54	08:33	15:23	10:38	11:49	11:32	08:09	10:48	14:22	14:29	18:20
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4938	4492	5283	4480	5024	4770	4754	4899	4780	4923	4317	4263
			%	77%	75%	79%	69%	75%	75%	73%	76%	73%	70%	64%	64%
		Causeway	Number	2718	2632	2893	2700	2715	2451	2768	2849	2528	2567	2115	2339
			%	79%	80%	78%	72%	74%	72%	72%	72%	69%	70%	61%	68%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	7	6	5	7	7	7	8	7	7	7	8	10
			Maximum	60	102	71	79	77	89	58	115	209	62	129	179
			95th Percentile	21	22	19	26	22	24	27	23	22	23	34	42
		Causeway	Median	10	11	10	11	11	12	11	11	12	12	14	12
			Maximum	68	40	50	75	100	68	63	72	72	56	72	62
			95th Percentile	29	26	27	32	32	31	31	30	36	31	39	34
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	9	9	8	11	10	10	10	10	10	10	12	12
			Maximum	131	136	173	197	280	208	201	226	243	176	165	320
			95th Percentile	25	28	24	31	27	27	28	26	29	29	39	38
		Causeway	Median	9	9	9	10	10	10	10	10	11	10	12	11
			Maximum	130	108	78	92	159	193	87	179	109	194	154	76
			95th Percentile	26	24	25	31	30	30	30	30	32	31	38	31
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	73	91	79	101	87	78	80	85	76	80	91	69
			Maximum	644	808	582	747	981	786	1719	649	648	594	715	804
			95th Percentile	299	348	284	364	313	301	312	303	268	260	285	224
		Causeway	Median	25	29	29	41	31	32	31	45	41	37	38	34
			Maximum	518	375	267	866	717	391	482	371	860	1062	1277	363
			95th Percentile	104	125	131	182	163	154	148	182	159	164	170	205

Area	Indicator			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.1%	0.3%	0.2%	0.3%	0.3%	0.4%
			Causeway	0.1%	0.4%	0.3%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%
		Very Urgent	Antrim	17.9%	16.9%	16.4%	16.5%	16.5%	16.2%	16.3%	17.0%	15.2%	16.1%	16.4%	17.2%
			Causeway	16.5%	16.7%	15.8%	16.2%	14.9%	15.1%	14.1%	13.6%	15.3%	15.0%	15.1%	17.1%
		Urgent	Antrim	45.4%	44.3%	45.5%	45.0%	44.7%	45.9%	42.8%	44.5%	47.0%	45.2%	49.5%	48.3%
			Causeway	49.8%	48.1%	47.8%	46.2%	44.1%	45.0%	43.1%	45.3%	43.1%	44.4%	49.3%	46.0%
		Standard	Antrim	22.1%	23.4%	21.3%	22.0%	21.8%	21.5%	24.7%	22.6%	21.8%	22.5%	21.2%	22.6%
			Causeway	20.3%	22.0%	23.0%	21.1%	23.0%	21.3%	25.9%	24.2%	25.3%	23.5%	20.0%	21.8%
		Non Urgent	Antrim	2.0%	1.8%	1.5%	1.2%	1.0%	0.5%	1.0%	0.9%	0.7%	0.9%	0.6%	0.9%
			Causeway	1.3%	1.6%	1.6%	2.1%	2.2%	1.5%	1.7%	1.8%	2.6%	2.0%	1.1%	1.6%
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95th percentile and single longest time.	Antrim	Median	04:16	04:17	02:27	03:18	02:53	02:20	02:36	02:17	02:58	02:02	04:15	05:28
			Maximum	40:21	51:33	27:04	45.48	40:38	32:40	32:41	34:25	42:41	46:38	37:11	53:59
			95th percentile	23:01	23:21	16:23	20:03	17:33	14:20	12:52	13:14	17:32	12:18	19.32	27:50
		Causeway	Median	03:50	03:15	02:18	04:26	03:24	04:25	03:55	02:23	04:03	04:12	05:04	05:55
			Maximum	26:24	24:49	26:42	34:13	34:24	30:04	34:21	19:45	29:37	41:07	35:27	47:00
			95th percentile	16:35	12:47	08:45	22:10	16:17	19:37	17:01	07:44	16:19	19:16	20:50	26:14
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			2.5%	3.7%	3.0%	4.8%	3.6%	3.2%	3.7%	3.5%	3.1%	2.6%	3.2%	2.1%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim		3.4%	3.7%	3.8%	3.2%	3.1%	3.1%	3.4%	3.5%	2.9%	2.8%	3.0%	3.1%
		Causeway		4.7%	5.2%	4.2%	4.9%	4.8%	4.0%	4.4%	4.8%	4.7%	4.2%	4.6%	4.9%
Stroke LOS	D15. Average length of stay for stroke patients			13.1	13.0	12.7	15.1	13.5	13.1	14.4	9.7	8.8	13.6	16.4	7.8
OP Referrals	D19. Number of GP and other referrals to consultant-led outpatient services.			9130	9272	9185	9334	9794	8701	7396	8986	9678	9096	9316	8760
Diagnostic Tests	D20 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			89%	84%	64%	73%	91%	90%	92%	80%	95%	93%	95%	-
	D20 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			99.9%	96%	79%	97%	99.9%	99.9%	99.9%	99.9%	99.6%	99.9%	99%	-

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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 *(Q4)*			0 *(Q1)*			0 *(Q2)*			0 *(Q3)*		
		Psoriasis	0 *(Q4)*			5 *(Q1)*			0 *(Q2)*			3 *(Q3)*		

Desired Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them														
Area	**Indicator**		**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Reablement	E1. Number of clients;	(i) referrals passed to reablement	153	118	110	114	121	101	132	143	132	131	108	-
		(ii) starting a reablement scheme	114	102	99	116	108	86	101	118	134	110	97	-
		(iii) discharged from reablement with no on-going care package required.	42	36	38	39	45	26	38	38	33	28	28	-

Desired outcome 6: Supporting those who care for others														
Area	**Indicator**			**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care. *(Reported Quarterly)*	Children	Family & Child Care	4			0			3			-		
			Children with Disabilities	45			49			34			-		
			CAMHS	0			0			3			-		
		Older People		1382			1157			1126			-		
		Mental Health		122			123			90			-		
		Learning Disability		39			31			34			-		
		Physical Disability & Sensory Impairment		231			60			201			-		
		Other (Hospital SW POC1)		0			1			137			-		
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.			628205 *(Q4)*			504464 *(Q1)*			528633 *(Q2)*			-		

Desired outcome 7: Ensure the sustainability of health and social care service														
Area	**Indicator**			**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
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.		2125	2185	2300	1938	1897	2022	1862	1889	1887	1757	1715	1927
		(ii) Rate of new & review cancelled by the hospital. *(Excludes VC's attendances)*	New	9.9%	11.8%	13.4%	11.1%	11.9%	10.6%	10.7%	11.3%	9.9%	7.6%	9.5%	14.6%
			Rev	13.2%	15.5%	17.0%	13.7%	11.5%	14.3%	12.5%	13.9%	13.0%	11.4%	11.7%	14.4%
		(iii). Ratio of new to review cancelled by the hospital. *(Excludes VC's Attendances)*		2.42	2.64	2.46	2.28	1.77	2.47	2.06	2.30	2.51	2.78	2.22	1.83
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	Number brought forward		231	277	302	306	320	255	258	253	212	286	325	-
		% brought forward		1.4%	2.0%	2.2%	2.1%	2.1%	1.8%	1.8%	1.9%	1.5%	1.8%	2.3%	-
		Number change time, same date		200	305	274	212	145	164	110	96	112	86	90	-
		% change time, same date		1.2%	2.1%	2.0%	1.5%	0.9%	1.2%	0.8%	0.7%	0.8%	0.5%	0.6%	-
		Number change location, same date		0	0	0	0	0	0	0	0	0	0	0	-
		% change location, same date		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (*Excludes VC's attendances*)			6.2%	6.0%	6.7%	6.6%	6.4%	6.5%	6.4%	7.2%	6.8%	6.2%	6.2%	6.7%
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)			82%	78%	72%	80%	78%	76%	77%	75%	76%	72%	71%	-
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.			69%	70%	70%	72%	71%	75%	68%	71%	67%	71%	75%	66%
Pre-operative stay	G7. Elective average pre-operative stay.			0.50	0.59	0.45	0.84	0.46	0.65	0.86	0.53	0.51	0.50	0.43	-
Cancelled Ops	G8.Percentage of operations cancelled for non-clinical reasons.			3.4%	1.6%	2.4%	1.0%	2.2%	0.7%	1.6%	0.5%	1.6%	2.3%	1.8%	2.4%
Elective Admissions	G9. Elective average length of stay in acute programme of care.			3.4	3.8	3.3	4.8	4.2	4.3	3.7	3.9	4.3	4.3	3.6	4.7
Elective Admissions	G10. Excess bed days for the acute programme of care (%)			12.6%	13.1%	13.4%	13.1%	13.0%	11.1%	12.9%	10.8%	11.5%	11.4%	13.9%	-
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 2, 2018/19, the Trust is 80% compliant with the British National Formulary (BNF) chapter 9.											

3.0 Quality Standards & Performance Targets
3.3 DoH Additional Indicators of Performance

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Diagnostic Tests	Unreported Imaging Tests (AI1) (percentage reported)	Urgent	0.02%	0.04%	0.06%	0.22%	0.09%	1.45%	0.16%	0.38%	0.95%	1.65%	-	-
		Routine	0%	2.4%	1.14%	0.01%	0.01%	0.01%	0.01%	0.01%	0.17%	0.16%	-	-
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI2)		258 *(Q4)*			258 *(Q1)*			296 *(Q2)*			312 *(Q3)*		
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI3)		50	50	49	53	54	54	53	50	51	53		56
Theatre	Theatre Utilisation and Cancellation rates (AI4)		65%	66%	70%	68%	67%	66%	67%	65%	71%	67%	-	-
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI5)	Assessment Number > 13 wks	201	163	175	86	139	234	243	220	253	284	325	410
		Intervention Number > 13 wks *(targeted waiters only)*	1	1	1	1	0	3	9	7	7	75	109	133
Children	Children admitted to residential care will have, prior to their admission - (AI6)	(a) been subject to a formal assessment	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)*	100% *(1 of 1)*	-
		(b) have their placement matched through Children's Resource Panel	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)*	100% *(1 of 1)*	-
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%	-
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)		46%	60%	56%	59%	40%	35%	24%	35%	45%	51%	49%	-
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI9)		56%	62%	63%	54%	50%	43%	47%	60%	67%	47%	53%	-
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%	-
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 (AI11) *(Reported Quarterly)*		100% (4 of 4) *Q4*			100% (8 of 8) *Q1*			100% (2 of 2) *Q2*			100% (8 of 8) *Q3*		

Area	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI12) *(Reported Quarterly)*	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) (AI13) – Learning Disability	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) (AI13) – Mental Health	1	1	1	1	1	1	1	1	1	1	1	-
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI14)	101%	100%	100%	99%	85%	98%	97%	83%	95%	100%	95%	85%
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. (AI15)	99%	100%	100%	97%	98%	99%	100%	100%	99%	99%	98%	100%
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI16)	76	61	59	42	71	28	34	41	40	Quarterly report		
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI17) Number > 13 wks	0	0	0	0	0	0	1	0	0	0	-	-
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI18)	87%	86%	89%	76%	86%	96%	92%	95%	79%	73%	72%	-
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the Occupational Therapist assessment and options appraisal. (AI19)	92%	100%	100%	100%	96%	97%	79%	67%	66%	76%	-	-
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI20)	54	40	32	26	16	23	20	22	18	25	-	-
Residential / Nursing Home	Number of clients in residential/nursing homes (AI21)	4005 as at 30.09.2019, 6 monthly report											
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes (AI22)	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 (AI23) (week commencing date is the Monday closest to the start of the month)	164	162	165	168	-	-	141	154	148	159	-	-

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Continuing Care Needs	Number of people with continuing care needs (AI24)	(i) waiting longer than 5 weeks for an assessment of need to be completed (% < 5 wks)	100%	100%	100%	99%	99%	99%	99.5%	100%	100%	99%	100%	-
		(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%	93%	91%	97%	97%	92%	97%	96%	95%	95%	94%	-

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%
01 December 2019 (35 weeks)	3511	2144	-1367	-39%	7428	7474	45	1%	10939	9618	-1321	-12%	38789	37921	-868	-2%	60129	66483	6354	11%
29 December 2019 (39 weeks)	3912	2349	-1563	-40%	8277	8151	-127	-2%	12189	10500	-1689	-14%	43222	41429	-1793	-4%	67001	72818	5818	9%

- 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 39 weeks (29 December 19)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Breast Surgery			-11%		
Cardiology			-13%		
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	-62%			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		-19%	-13%	Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Medicine			-27%	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%	-42%	-18%	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)	-36%	-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.
Gynae (Urodynamics)			-66%	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			-15%	Lack of demand.	
Endoscopy	-20%			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)

Outpatient Demand

NHSCT New Outpatient Demand - All Referrals to NHSCT

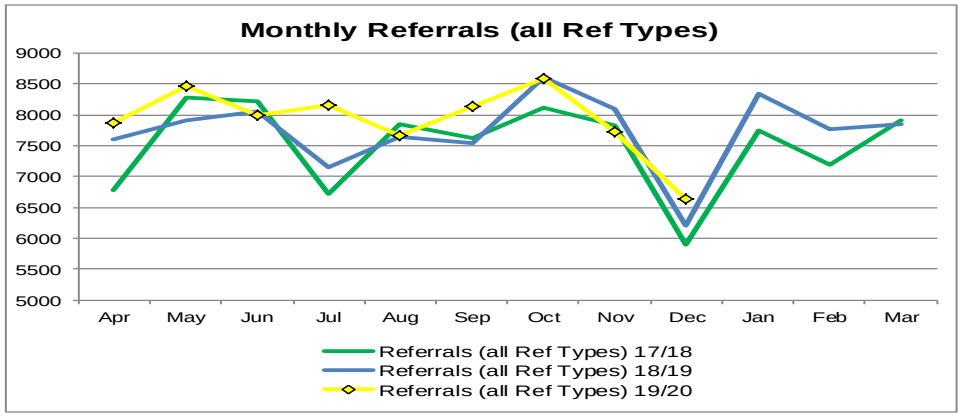
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	6779	8269	8225	6709	7845	7622	8103	7833	5885	7743	7180	7916
	18/19	7602	7914	8057	7147	7631	7534	8597	8094	6212	8333	7774	7843
	Variance on Previous Year	823	-355	-168	438	-214	-88	494	261	327	590	594	-73
	% Variance on Previous Year	12%	-4%	-2%	7%	-3%	-1%	6%	3%	6%	8%	8%	-1%
	19/20	7875	8454	7989	8148	7664	8138	8581	7731	6442			
	Variance on Previous Year	273	540	-68	1001	33	604	-16	-363	230			
	% Variance on Previous Year	4%	7%	-1%	14%	0%	8%	0%	-4%	4%			

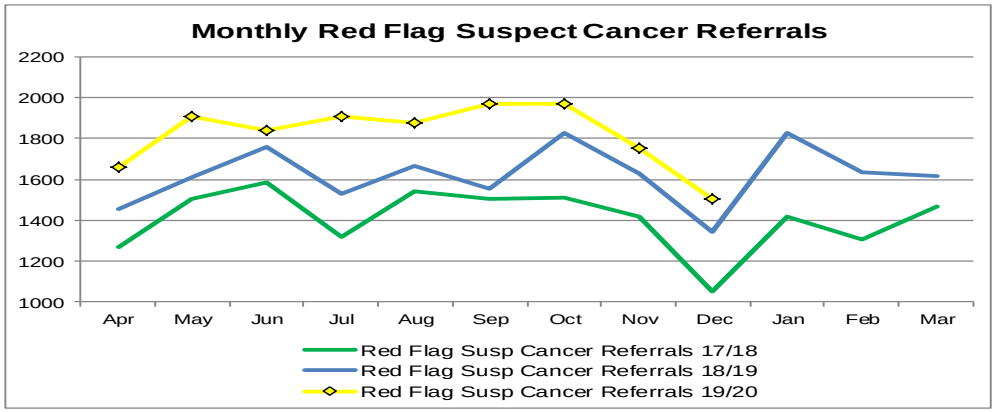
Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	17/18	6779	15048	23273	29982	37827	45449	53552	61385	67270	75013	82193	90109
	18/19	7602	15516	23573	30720	38351	45885	54482	62576	68788	77121	84895	92738
	Variance on Previous Year	823	468	300	738	524	436	930	1191	1518	2108	2702	2629
	% Variance on Previous Year	12%	3%	1%	2%	1%	1%	2%	2%	2%	3%	3%	3%
	19/20	7602	16329	24318	32466	40130	48268	56849	64580	71051			
	Variance on Previous Year	0	813	745	1746	1779	2383	2367	2004	2263			
	% Variance on Previous Year	0%	5%	3%	6%	5%	5%	4%	3%	3%			

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	1529	1665	1552	1828	1629	1343	1828	1632	1615
	Variance on Previous Year	187	105	171	208	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	1966	1970	1755	1502			
	Variance on Previous Year	207	301	79	375	211	414	142	126	159			
	% Variance on Previous Year	14%	19%	4%	25%	13%	27%	8%	8%	12%			

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	6349	8014	9566	11394	13023	14366	16194	17826	19441
	Variance on Previous Year	187	292	463	671	797	845	1164	1377	1670	2080	2404	2550
	% Variance on Previous Year	15%	11%	11%	12%	11%	10%	11%	12%	13%	15%	16%	15%
	19/20	1662	3571	5407	7311	9187	11153	13123	14878	16380			
	Variance on Previous Year	207	508	587	962	1173	1587	1729	1855	2014			
	% Variance on Previous Year	14%	17%	12%	15%	15%	17%	15%	14%	14%			

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	8,208	7,708	7,452				92,575

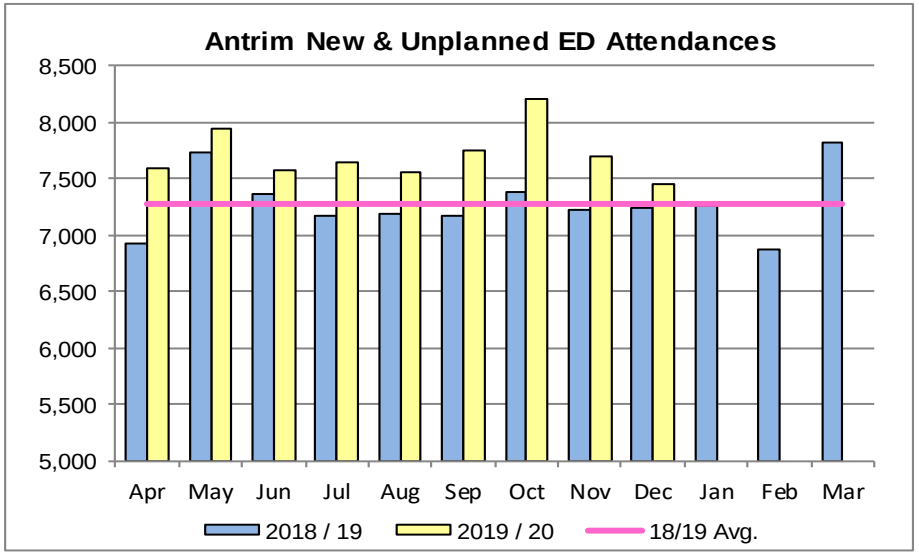
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

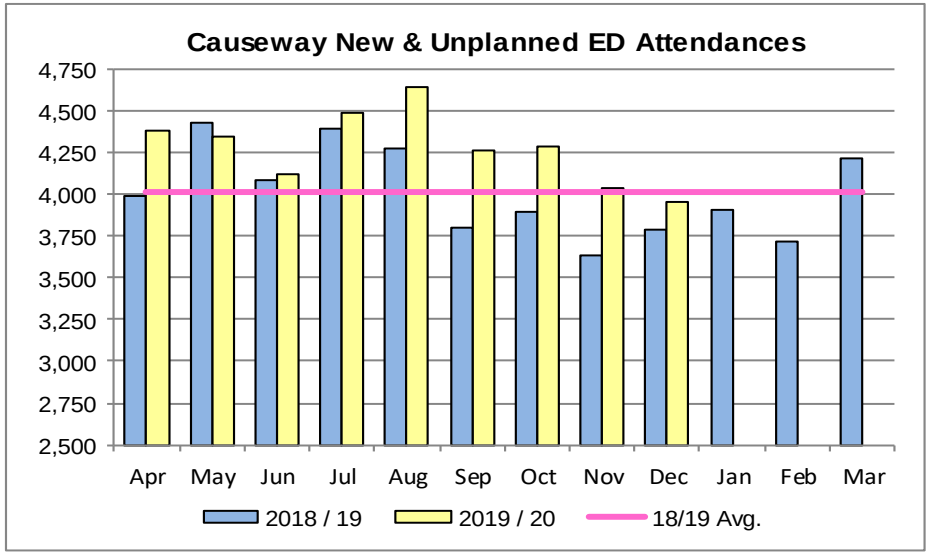
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2017 / 18	4,006	4,048	3,805	4,204	3,865	3,609	3,719	3,421	3,655	3,534	3,322	3,955	45,143
2018 / 19	3,984	4,428	4,088	4,397	4,272	3,794	3,892	3,636	3,791	3,903	3,718	4,212	48,115
2019 / 20	4,376	4,345	4,122	4,484	4,642	4,256	4,286	4,040	3,949				51,333

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	12,494	11,748	11,401				143,908

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



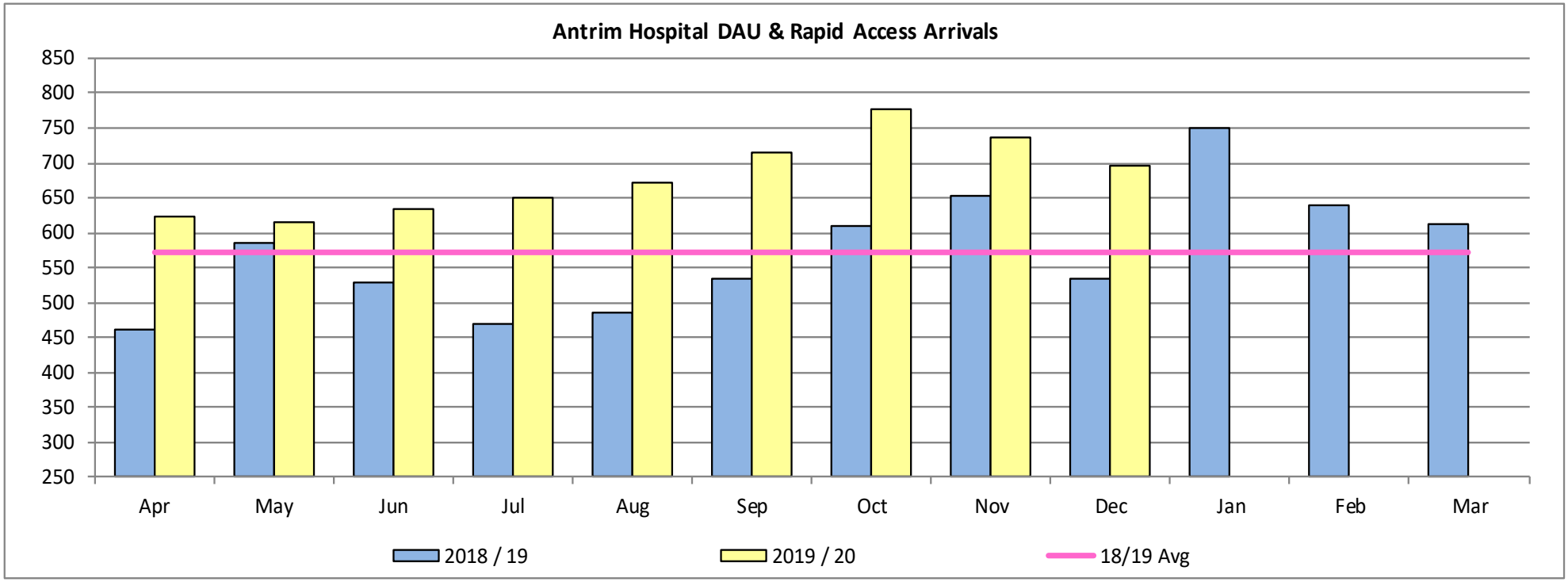


4.0 Use of Resources
4.4 Demand for Services (DAU and Rapid Access Arrivals at Antrim Hospital)

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	737	697				8,161

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 Dec 2019	**12424**	2144	1307	2369	1742	2692	181	322	138	298	1231
% Cumulative Absence 1 April 2019 to 30 Nov 2019 (Trust Target 6.26%)	**6.75%** ↓	6.97% ↓	5.84% ↓	6.76% ↑	6.39% ↓	6.76% ↑	4.26% ↑	4.71% ↑	2.77% ↑	5.99% ↓	10.03% ↓
% Frontline Health Care Workers Flu Vaccinated as at 19 Dec 2019 (Target 50%)	**42.3%**	42.8%	49.7%	43.2%	36.3%	32.1%	n/a	n/a	76.9%	55.1%	40.7%
% Frontline Social Care Workers Flu Vaccinated as at 19 Dec 2019 (Target 40%)	**27.0%**	26.7%	29.5%	n/a	29.3%	26.0%	n/a	n/a	n/a	n/a	n/a

ABSENCE

The Trust monthly sickness absence percentage for November 2019 was 7.08%, an increase of 0.43 compared to the figure reported for October 2019 (6.65%). The Trust cumulative absence percentage for the period 1st April 2019 to 30th November 2019 was 6.75%, a figure which is 0.49 higher that the Trust target of 6.26% and 0.31 higher than the figure reported for the same period in 2018 (6.44%). During the period 1st April - 30th November 2019, 9.20 days were lost per employee due to sickness absence.

FLU CAMPAIGN

As at 19th December 2019, over 2,500 front line health care workers (42.3%) and over 700 front line social care workers (27%) have received their vaccination. During January, the flu clinics and on-going work of the Trust peer vaccinators will be supported by the NIAS flu ambulance which will be providing staff vaccinations at a number of Trust sites.

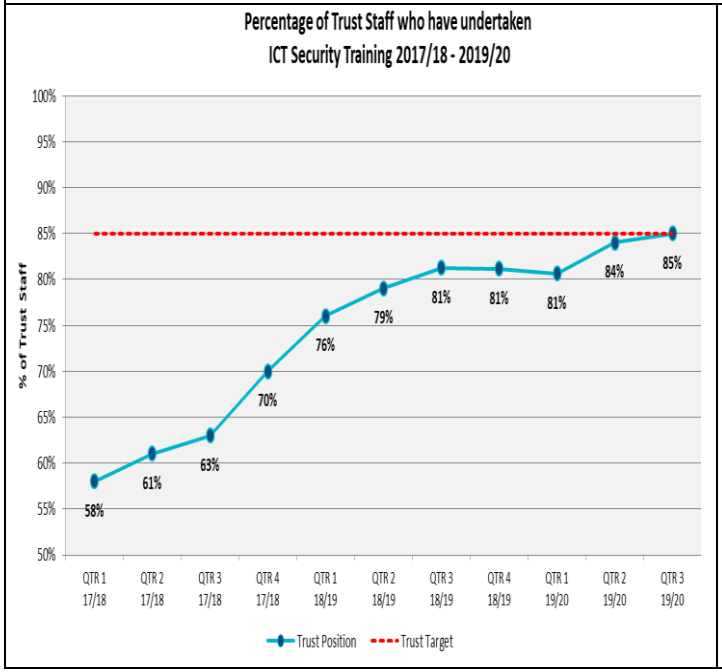
INVESTORS IN PEOPLE (IIP)

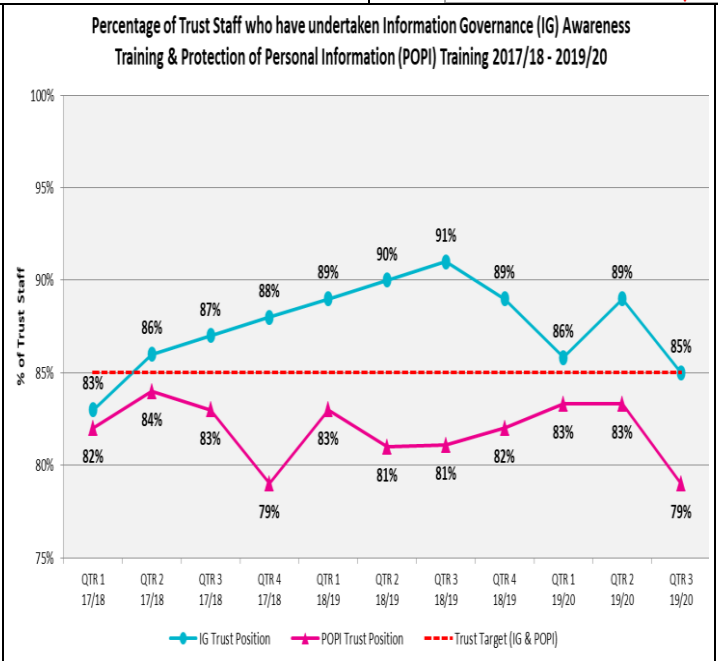
On the 9th December 2019, as part of the successful accreditation process, the Trust hosted a 'one year on' event with IIP. The event provided an opportunity for the Trust to provide IIP with an update on the progress that had been made since the 2018 assessment and the plans that are in place for 2020 to further improve the people agenda within the organisation.

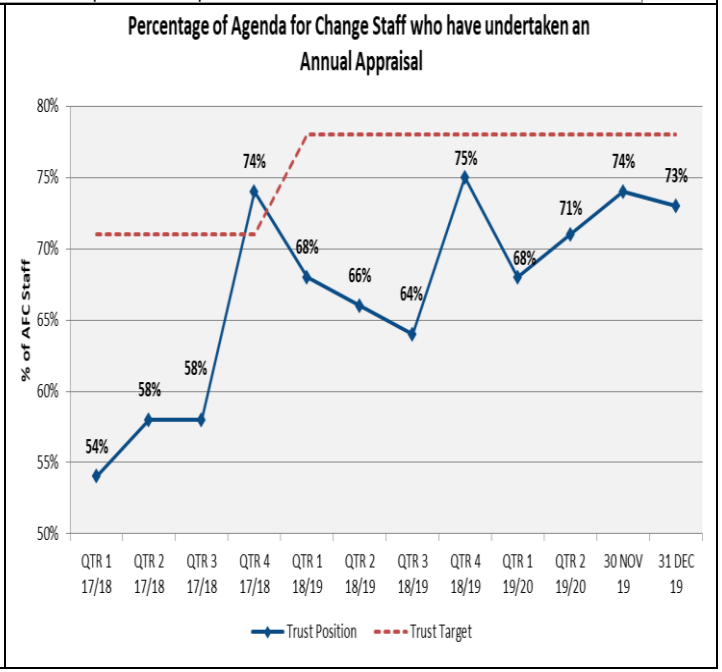
JUNIOR DOCTORS

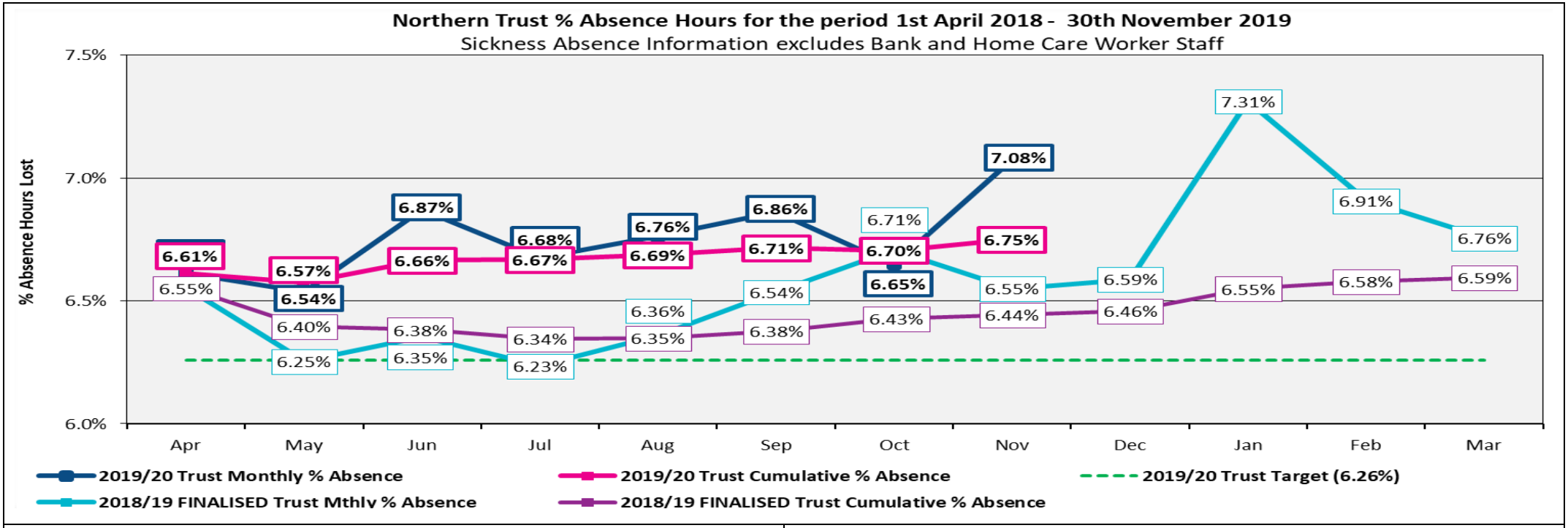
In line with one of the key priorities in the HSC Workforce Strategy, on the 7th August 2019, the employment of trainee doctors within a number of clinical specialities was successfully transferred to the Northern Ireland Medical and Dental Training Agency (NIMDTA). Phase two of this work is now underway, with the employment of foundation year 1 doctors scheduled to move to NIMDTA on the 1st April 2020.

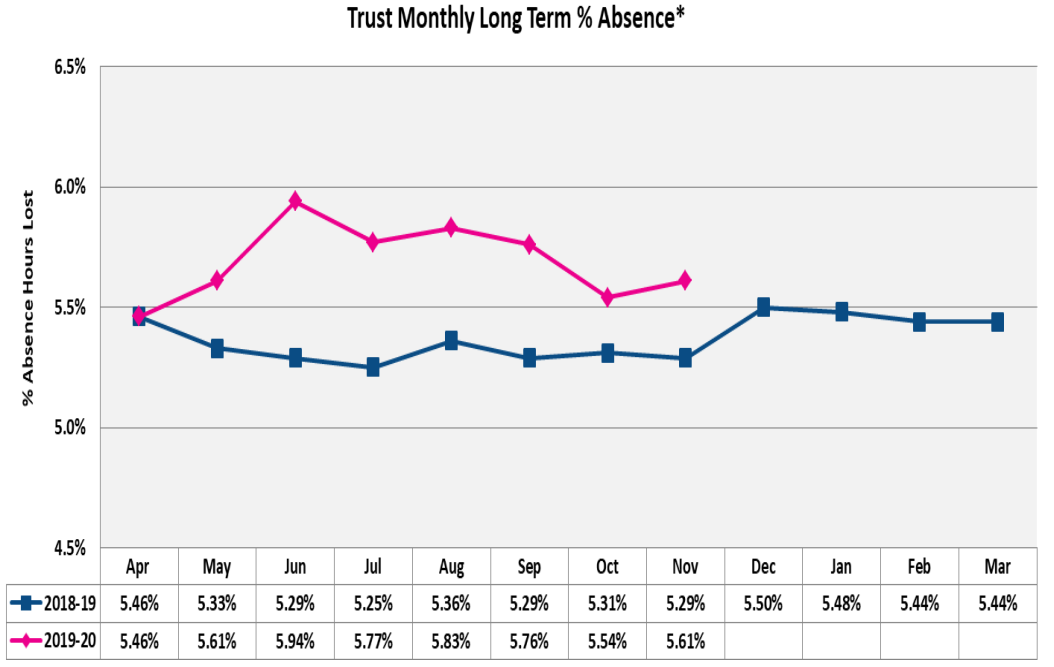
↑ Improved position compared to 31st March 2019 - Position unchanged compared to 31st March 2019
↓ Deteriorated position compared to 31st March 2019



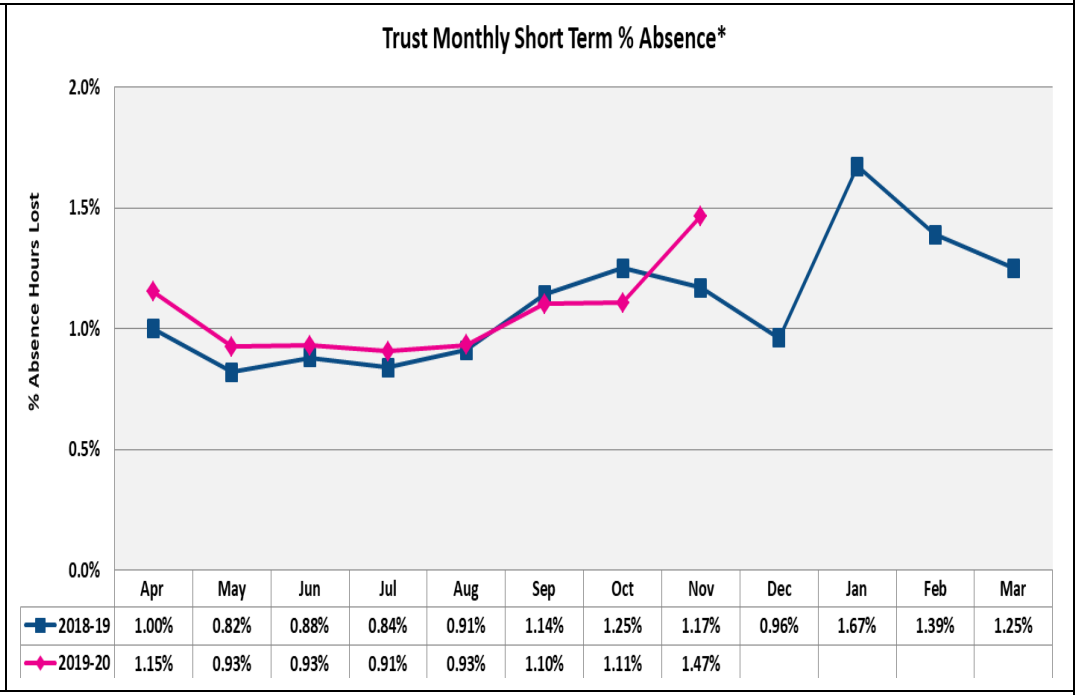








	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018-19	5.46%	5.33%	5.29%	5.25%	5.36%	5.29%	5.31%	5.29%	5.50%	5.48%	5.44%	5.44%
2019-20	5.46%	5.61%	5.94%	5.77%	5.83%	5.76%	5.54%	5.61%				

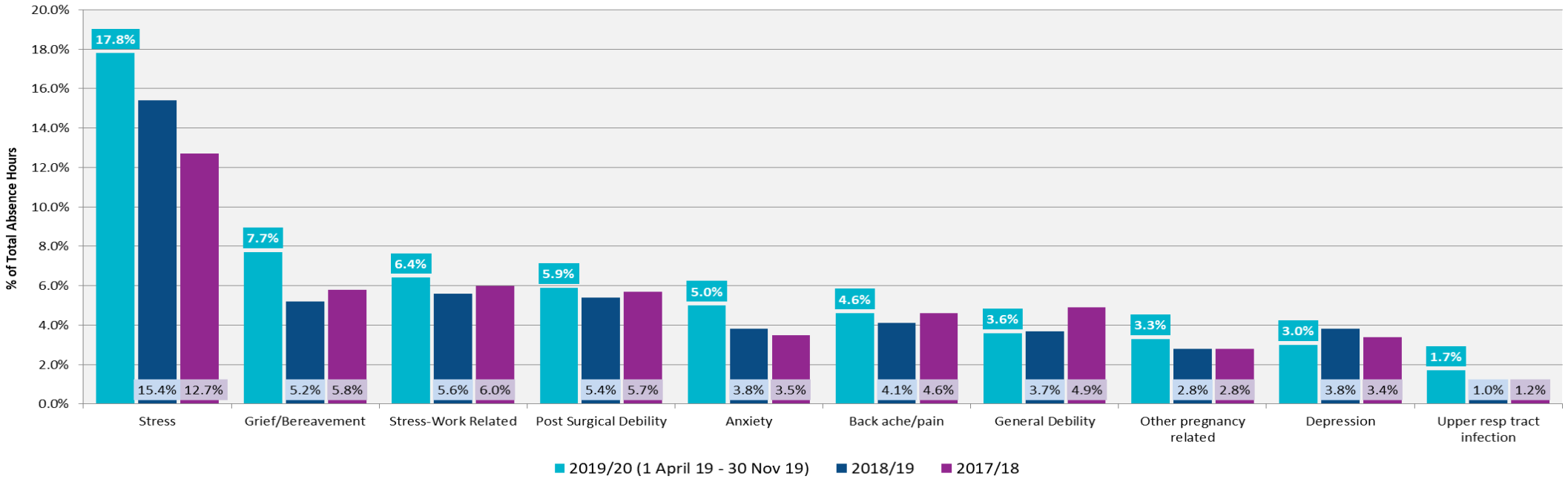


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018-19	1.00%	0.82%	0.88%	0.84%	0.91%	1.14%	1.25%	1.17%	0.96%	1.67%	1.39%	1.25%
2019-20	1.15%	0.93%	0.93%	0.91%	0.93%	1.10%	1.11%	1.47%				

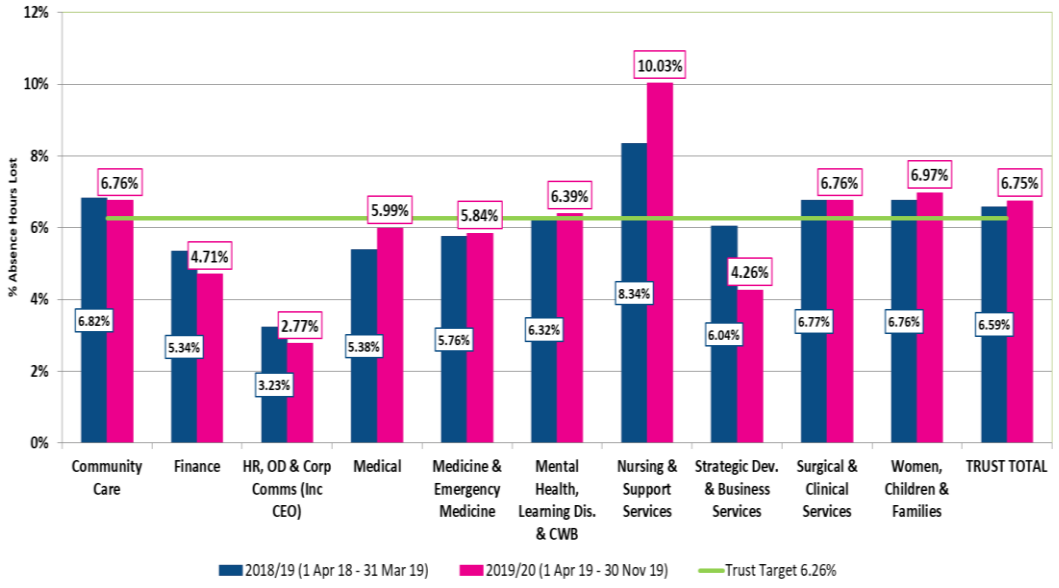
* Long and Short term absence figures are published on a monthly basis and exclude the impact of late absence recording

Top Ten Reasons for Staff Absence 2019/20

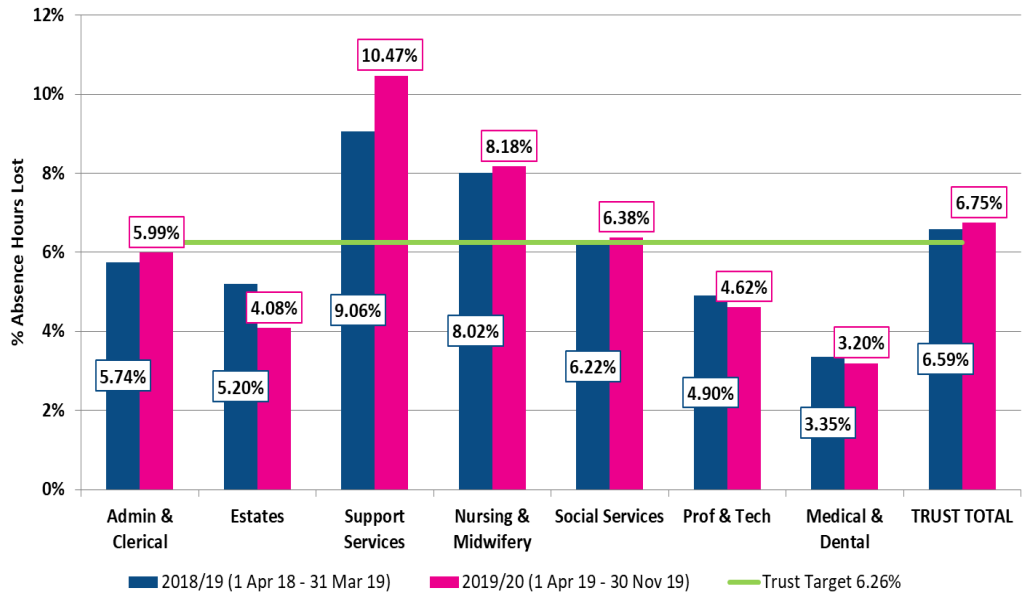
The same absence reasons from 2018/19 and 2017/18 have been included by way of comparison



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.	G
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.	A
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.	A
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.	A
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.	R
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.	G
3.3	By September 2019, patients in all Trusts should have access to the Dementia portal.	A
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.	G
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.	G
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.	G A MH LD
5.4	By March 2020, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	G
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.	G
6.3	By March 2020, secure a 5% increase in the number of young carers attending day or overnight short break activities.	A

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