

**TRUST BOARD  
SUBMISSION TEMPLATE**

<b>MEETING</b>	<b>Trust Board</b>	<b>Ref No.</b>
<b>DIRECTOR</b>	<b>Shane Devlin, Director of Planning, Performance and Informatics</b>	<b>Date 14 January 2016</b>
<b>Trust Performance Scorecard Monthly report to the end of November 2015</b>		
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• <b>For assurance</b></li> </ul>	
<b>Corporate Objective</b>	<ul style="list-style-type: none"> <li>• <i>For information / assurance</i></li> </ul>	
<b>Key areas for consideration</b>	<p>The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets. The report for the end of November 2015 includes:</p> <ul style="list-style-type: none"> <li>• Section A: A summary of performance against a range of standards and targets, the majority of which are set out in the Health and Social Care (Commissioning Plan) Direction 2015.</li> <li>• Section B: Where targets are not being delivered or are at risk of delivery, more detail is provided to indicate trends analysis and actions to improve performance.</li> </ul> <p>Appendices to the Trust Performance Report include:</p> <ul style="list-style-type: none"> <li>• Service and Budget Agreement (SBA) activity from April to November 2015;</li> <li>• A summary of Trust activity for 2012/13 - 2014/15 and April to November 2015; and</li> <li>• Other Commissioning Directions Targets.</li> </ul> <p>Of the 39 DHSSPS standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 20 areas.</p> <p>The following standards and targets are not currently being delivered and are significantly behind target (more than 10%), or are at risk of delivery:</p> <ul style="list-style-type: none"> <li>• HCAI (MRSA,C Diff)</li> <li>• Cancer Services (urgent breast cancer 14 days; and 62 days treatment)</li> <li>• Unscheduled Care – A&amp;E (RVH, MIH sites), 4 hour/12 hour</li> <li>• Outpatients - Waiting Times (60% &lt; 9 weeks, 18 weeks max waiting time)</li> <li>• Diagnostic - Waiting Times (&lt; 9 weeks, 2 days for urgent diagnostics)</li> <li>• Inpatient and Daycase - Waiting Times (65% &lt; 13 weeks, 26 weeks max wait time)</li> <li>• AHP Waiting Times &lt; 13 weeks</li> <li>• Learning Disability Discharge (percentage discharged within 7 days)</li> <li>• Acute Hospital Complex Discharges (&lt;48 hours and &gt; 7 days)</li> <li>• Mental Health Outpatient – Waiting Times (Psychological Therapies)</li> <li>• Direct Payments – 10% increase</li> <li>• Hospital Cancelled Outpatient Appointments</li> </ul>	
<b>Recommendations</b>	For Assurance.	

## Trust Performance Scorecard

### Monthly report to the end of November 2015

#### 1. Introduction

The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets under the Trust key strategic objectives of:

- Safety and Excellence
- Continuous Improvement
- Partnerships
- People
- Resources

#### Section A:

A summary of performance against a range of standards and targets, the majority of which are set out in the Health and Social Care (Commissioning Plan) Direction 2015.

#### Section B:

Where targets are not being delivered or are at risk of delivery, more detail is provided to indicate trends analysis and actions to improve performance.

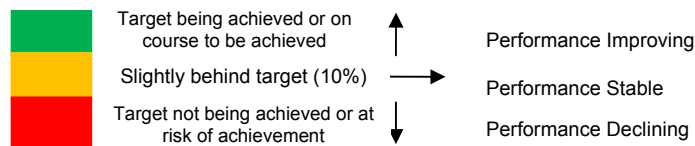
#### 2. Summary – End of November 2015

Of the 39 DHSSPS standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 20 areas.

The following standards and targets are not currently being delivered and are significantly behind target (more than 10%), or are at risk of delivery:

- HCAI (MRSA, C Diff)
- Cancer Services (urgent breast cancer 14 days; and 62 days treatment)
- Unscheduled Care – A&E (RVH, MIH sites), 4 hour/12 hour
- Outpatients - Waiting Times (60% < 9 weeks, 18 weeks max waiting time)
- Diagnostic - Waiting Times (< 9 weeks, 2 days for urgent diagnostics)
- Inpatient and Daycase - Waiting Times (65% < 13 weeks, 26 weeks max waiting time)
- AHP Waiting Times < 13 weeks
- Learning Disability Discharge (percentage discharged within 7 days)
- Acute Hospital Complex Discharges (<48 hours and > 7 days)
- Mental Health Outpatient – Waiting Times (Psychological Therapies)
- Direct Payments – 10% increase
- Hospital Cancelled Outpatient Appointments

#### Scorecard Key



**PERFORMANCE SCORECARD END OF NOVEMBER 2015**  
**TRUST KEY INDICATORS - SECTION A**

Director Lead	Ref	Target	Sep 2015	Oct 2015	Nov 2015	Apr - Nov 2015 Cumulative	RAG	
		<b>SAFETY AND EXCELLENCE</b>						
BC	1.0	<b>Healthcare acquired infections.</b> By March 2016, secure a further reduction from 28 to 18 infections (36%) in MRSA and from 140 to 115 infections (18%) in <i>Clostridium difficile</i> infections compared to 2014/15 outturns.						
	1.1	<b>MRSA Infections:</b> Trust Target for (HCAI) MRSA Infections is that by March 2016, the control tolerance level is 18 infections (1.5 per month).	4	3	0	24		
	1.2	<b>Clostridium difficile:</b> Trust Target for (HCAI) Clostridium difficile is that by March 2016, the control tolerance level is 115 infections (9.6 per month)	6	13	14	92		
BO / JW/BB	2.0	<b>Hospital Emergency readmissions (Belfast Trust re-admissions)</b> By March 2016, secure a 5% reduction in the number of emergency readmissions within 30 days. Baseline at end of August 2012/13 was 6.0%. Definitions and target require further discussion and clarity with HSCB. * <b>Reporting currently under review. Information Services to advise.</b>	7.6%*	tbc*	tbc*	tbc *		
CJ	3.0	<b>Mortality Rates should stay within statistical control limits</b>	Within control limits	Within control limits	Within control limits	N/A		
		<b>CONTINUOUS IMPROVEMENT</b>						
BB	4.0	<b>Hip fractures</b> From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	99%	98%	100%	98%		
JW	5.0	<b>Cancer care services:</b> From April 2015:						
	5.1	<b>Cancer Access</b> – 100% of urgent breast cancer referrals should be seen within 14 days. Percentage within target. * <i>Note: success of Breast Cancer Awareness impacted on achieving target.</i>	79%	100%	28% *	42%		
	5.2	<b>Cancer Access</b> – at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. Percentage within target.	94%	93%	91%	93%		
JW	5.3	<b>Cancer Access</b> – at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. Percentage within target.	55%	45%	61%	59%		
JW	6.0	<b>Organ transplants.</b> By March 2016, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.	17	11	9	83		
BO/BB	7.0	<b>Unscheduled care</b> From April 2015:						
	7.1	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						
		RVH	68%	69%	67%	68%		
		MIH	75%	71%	81%	72%		
All Adults		71%	70%	72%	69%			
		Children's	90%	88%	80%	91%		

Director Lead	Ref	Target	Sep 2015	Oct 2015	Nov 2015	Apr - Nov 2015 Cumulative	RAG
		All Trust A&E	75%	74%	75%	74%	
		No patient attending any Emergency Department should wait longer than 12 hours.					
BO/BB	7.2	RVH	6	2	3	370	
		MIH	10	20	6	262	
		All Adults	16	22	9	632	
		Children's	0	0	0	0	
		All Trust A&E	16↑	22↓	9↑	632	
		8.0	<b>Elective care - Outpatient Waiting Times</b> From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks				
	8.1	Percentage of outpatients with completed waits seen within 9 weeks.	56%	57%	60%	59%	
	8.2	Percentage of patients on Trust Waiting List waiting more than 9 weeks at month end.	70%	72%	72%	-	
	8.3	Number of patients on Trust OP Waiting List at the end of month waiting > 9 weeks.	62431↓	64102↓	64608↓	-	
	8.4	Patients waiting > 18 weeks at month end	47242↓	49890↓	50828↓	-	
BO/BB	9.1	<b>Elective care - Diagnostic Waiting Times</b> From April 2015, no patient waits longer than nine weeks for a diagnostic test. Number of patients breaching target at month end.	8175↑	7883↑	7951	-	
	9.2	From April 2015, all urgent diagnostic tests are reported on within 2 days of the test being undertaken.	89%	90%	88%↓	-	
BO/BB/ JW/CMcN	10.0	<b>Elective care – IPDC Waiting Times</b> From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 26 weeks.					
	10.1	Percentage of patients with completed waits seen within 13 weeks.	62%	63%	68%	64%	
	10.2	Percentage of patients on Trust Waiting Lists waiting more than 13 weeks, at month end.	63%	61%	59%	-	
	10.3	Number of patients on Trust Waiting List at the end of month waiting longer than 13 weeks	17194↓	16977↑	16535↑	-	
	10.4	Number of patients on Trust IPDC Waiting List at the end of month waiting > 26 weeks	10104↓	10349↓	10298↑	-	
BO/BB/ JW/CMcN	11.0	<b>Specialist drugs therapies</b> From April 2015, no patient should wait longer than three months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	0→	0→	0→	N/A	
	12.0	<b>Stroke patients</b> From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis.	Q1 Apr – Jun 15%	Q2 Jul – Sep 14%	Q3 Oct – Dec -	Cumulative Apr – Sep 15%	
BO/BB	13.0	<b>Allied Health Professionals (AHP)</b> From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment. Numbers of patients waiting longer than 13 weeks at month end.	Full data not yet available. Breakdown of available data is included in Section B				

Director Lead	Ref	Target	Sep 2015	Oct 2015	Nov 2015	Apr - Nov 2015 Cumulative	RAG	
SD	14.0	<b>Telemonitoring</b>						
	14.1	<b>Tele health</b> By March 2015, BHSCT to deliver 69908 Tele health Monitored Patient Days (equivalent to approximately 5826 per month) from the provision of remote telemonitoring services through the Telemonitoring NI contract. Target of 243 new clients by March 2016 (approximately 20 per month)						
		Tele health monitoring: Cumulative Monitored Patient Days (MPD) each month	4922↑	5251↑	5006↓	39741		
		New client referrals per month	22↑	7↓	16↑	111		
CMcN	14.2	<b>Tele Care.</b> By March 2016, BHSCT to deliver 110334 Telecare Monitored Patient Days (equivalent to approximately 9194 per month) from the provision of remote Telecare services including those provided through the Telemonitoring NI contract.						
		Telecare monitoring: Cumulative Monitored Patient Days (MPD) each month	15184↓	22556↓	22215↓	162143		
		New client referrals per month	48↓	41↓	32↓	390		
BO/CMcN	15.0	<b>Unplanned admissions – Long Term Conditions (LTC – COPD, Asthma, Diabetes, Heart Failure)</b> By March 2016, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions, including those within the ICP priority areas. Long Term Conditions will normally be reported one quarter behind. Due to data coding issues, Quarter 1 data will be available by the end of October 2015.						
		Long Term Conditions will normally be reported one quarter behind. Due to data coding issues. Percentage reduction / increase overall and by condition is indicated against the same period in the base year (2012/13). * <b>Q2 data July to December 2015 expected January 2015</b>		<b>Q1 Apr-Jun 2015</b>	<b>Q2 Jul – Sep 2015 *</b>	<b>Q3 Oct – Dec 2015</b>	<b>Q4 Jan – Mar 2016</b>	
	15.1	<b>Asthma</b>	0%	-				
	15.2	<b>COPD</b>	-9%	-				
	15.3	<b>CVA</b>	+23%	-				
	15.4	<b>Diabetes</b>	0%	-				
	15.5	<b>Heart Failure</b>	+16%	-				
	15.6	<b>Total Unplanned Admissions – all LTC's</b>	+4%	-				
CMcN	16.0	<b>Patient discharge</b>						
	16.1	From April 2015 ensure that 99% of <b>all Learning Disability</b> discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days						
		Percentage of LD patients, medically fit for discharge, discharged within 7 days of patient being assessed. (Completed Discharges)		75%	33%	100%	74%	
		Numbers of completed discharges within 7 days		3	1	2	-	
		Completed discharges taking > 28 days		1→	1→	0↑	-	
		Patients waiting > 28 days at month end not yet discharged.		18↓	20↓	20→	-	
16.2	From April 2015 ensure that 99% of <b>all Mental Health</b> discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days.							

Director Lead	Ref	Target	Sep 2015	Oct 2015	Nov 2015	Apr - Nov 2015 Cumulative	RAG	
		Percentage of MH patients, medically fit for discharge discharged within 7 days of patient being assessed. (Completed Discharges)	100%↑	96%	96%	97%		
		Numbers of completed discharges within 7 days	44	43	52	-		
		Completed discharges taking > 28 days	0→	1↓	2↓	-		
		Patients waiting > 28 days at month end not yet discharged.	0→	2↓	3↓	-		
	16.3		From April 2015 - 90% of complex <b>discharges from an acute hospital</b> take place within 48 hours. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).	50%	57%	54%	56%	
			From April 2015, no complex discharges should be delayed by more than 7 days. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).	59↓	48↓	51↓	-	
			From April 2015 – 100%. All non-complex discharges from an acute hospital take place within 6 hours. (Belfast Trust).	96%↓	97%→	96%↑	97%	
CMcN	17.0	<b>Learning Disability and Mental Health - Resettlement</b> Completion of the resettlement programme.						
	17.1	Mental Health Resettlement. Planned resettlement of 4 patients by March 2016. The remaining 3 patients originally planned for resettlement are in treatment and no longer suitable.	0	0	0	1		
	17.2	Learning Disability Resettlement. Planned resettlement of 12 patients to commence by March 2016 and the remaining 4 by June 2016. <i>Figures revised October 2015 to show resettlements commenced. April to July 2015 reported completed resettlements.</i>	1	1	1	4		
CMcN	18.0	<b>Mental Health Services – Waiting Times</b>						
	18.1	From April 2015, no patient waits longer than 9 weeks to access child and adolescent mental health services (CAMHS). Number of patients waiting longer than 9 weeks at month end.	0→	0→	0→	-		
	18.2	From April 2015, no patient waits longer than 9 weeks to access adult mental health services. Number of patients waiting longer than 9 weeks at month end.	143↓	149↓	127↑	-		
	18.3	From April 2015, no patient waits longer than 9 weeks to access dementia services.	0→	0→	0→	-		
	18.4	From April 2015, no patient waits longer than 13 weeks to access care assessment psychological therapies (any age). Numbers of patients waiting longer than 13 weeks at month end.	229↑	229→	234↓	-		
		<b>PARTNERSHIPS</b>						
CMcN	19.0	<b>Carers' Assessments:</b> By March 2016, secure a 10% increase in the number of carers' assessments offered (reported quarterly). <b>Target baseline:</b> The target is based on the number of carers' assessments offered during quarter ending 31 March 2015, 649, and the target is 714.	Q1 Apr – Jun 2015 652	Q2 Jul – Sep 2015 897	Q3 Oct – Dec 2105	Q4 Jan – Mar 2016 -		

Director Lead	Ref	Target	Sep 2015	Oct 2015	Nov 2015	Apr - Nov 2015 Cumulative	RAG	
	20.0	<b>Direct Payments.</b> By March 2016, secure a 10% increase in the number of direct payments across all programmes of care. The 2015/16 target is 591, based on 2014/15 outturn of 513, plus 24 (people who came off Direct Payments during quarter 4 of 2014/15) = 537 x 10% increase = 591. <i>Data collation remains under review.</i>	519↑	520↑	518↓	-		
BB	21.0	<b>Tackling obesity</b> From April 2015, all eligible pregnant women, aged 18 years or over, with a BMI of 40kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited. Tackling Obesity is monitored quarterly.	Q1 Apr-Jun 2015	Q2 Jul-Sep 2015	Q3 Oct-Dec 2015	Q4 Jan-Mar 2016	Cum Apr – Dec 2015	
	21.1	Total women referred where BMI ≤ 40. Q1 revised, Q3, 3 women pending	41	41	-	-	82	
	21.2	Percentage uptake	60%	65%	-	-	63%	
<b>PEOPLE</b>								
DMcA	22.0	<b>Absence Rate 2015/16 - Percentage Target = 6.17%.</b> All HSC organisations are now being asked to make “an improvement in sickness absence rates by 2.5%”. At 31 <sup>st</sup> March 2015, the Trust sickness absence rate was 6.3%. This change will require BHSC to improve to a position of 6.17% sickness absence by 31 <sup>st</sup> March 2016.						
	22.1	Percentage absence in month and cumulative to date.	5.52%	6.04%	6.12%	5.86%		
CJ	23.0	<b>Complaints response times (Q).</b> Complaints data available quarterly following approval by the Complaints Review Committee (CRC), normally two months after quarter end. 2015/16 Q1 and Q2 Data ratified at December CRC meeting.	Q4 Jan – Mar 2015	Q1 Apr - Jun 2015	Q2 Jul – Sep 2015	Q3 Oct - Dec 2015	Q4 Jan – Mar 2016	
	23.1	Formal Complaints received	567	477↓	402↓	-	-	
	23.2	Percentage of complaints responded to within 20 days.	52%	53%↑	57%↑	-	-	
	23.3	Percentage of complaints responded to within 30 days.	62%	69%↑	70%↑	-	-	
	23.4	Number of complaints remaining open as at 18/11/15	154	52↑	48↓	-	-	
<b>RESOURCES</b>								
SD	24.0	<b>Hospital Cancelled OP Appointments:</b> By March 2016, reduce by 20% 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. 2015/16 baseline 25,703 to be reduced to 20,563 (circa 1,714 per month) - source HIB. <i>* November data available January 2015.</i>	2476	2098	2384	17653		
	25.0	<b>Non Elective and Elective IPDC &amp; Elective OP SBA Performance reported Cumulatively each month</b>						

<b>Director Lead</b>	<b>Ref</b>	<b>Target</b>	<b>Sep 2015</b>	<b>Oct 2015</b>	<b>Nov 2015</b>	<b>Apr - Nov 2015 Cumulative</b>	<b>RAG</b>
	<b>25.1</b>	Elective Admissions (baseline excludes HSCB uplifts)	+1%	+3%	+4%	+4%	
	<b>25.2</b>	Non Elective Admissions (baseline 11/12)	+10%	+12%	+12%	+12%	
	<b>25.3</b>	OPN (baseline excludes HSCB uplifts)	-8%	-4%	-3%	-3%	
	<b>25.4</b>	OPR	+5%	+8%	+11%	+11%	



**Section B: Where targets are not being delivered or at risk of delivery, more detail is provided outlining trends analysis and actions to improve performance.**

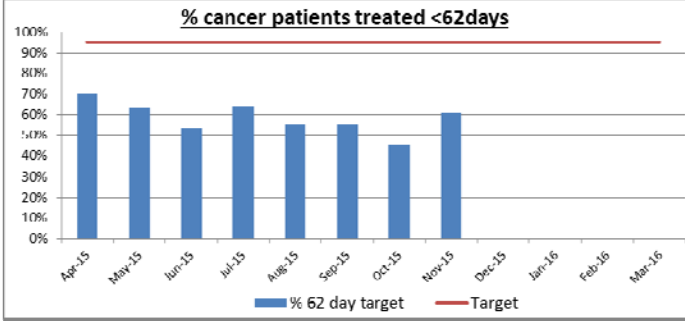
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1.1 & 1.2	Brenda Creaney	<p><b>Health Care Acquired Infections (HCAI).</b></p> <p>By March 2016, secure a further reduction of 18 infections (36%, circa 1.5 per month) in Methicillin-resistant Staphylococcus aureus (MRSA) and 115 infections (18%, circa 9.6 per month) in <i>Clostridium difficile</i> (C.Diff) infections compared to 2014/15 outturns.</p>	<p><b>BHSCT MRSA against target</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>1</td><td>1</td></tr> <tr><td>May-15</td><td>3</td><td>2</td></tr> <tr><td>Jun-15</td><td>9</td><td>3</td></tr> <tr><td>Jul-15</td><td>13</td><td>4</td></tr> <tr><td>Aug-15</td><td>17</td><td>5</td></tr> <tr><td>Sep-15</td><td>21</td><td>6</td></tr> <tr><td>Oct-15</td><td>24</td><td>7</td></tr> <tr><td>Nov-15</td><td>24</td><td>8</td></tr> <tr><td>Dec-15</td><td></td><td>9</td></tr> <tr><td>Jan-16</td><td></td><td>10</td></tr> <tr><td>Feb-16</td><td></td><td>11</td></tr> <tr><td>Mar-16</td><td></td><td>12</td></tr> </tbody> </table> <p><b>BHSCT C. difficile &gt; 2 years against target</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>10</td><td>10</td></tr> <tr><td>May-15</td><td>25</td><td>15</td></tr> <tr><td>Jun-15</td><td>40</td><td>20</td></tr> <tr><td>Jul-15</td><td>50</td><td>25</td></tr> <tr><td>Aug-15</td><td>60</td><td>30</td></tr> <tr><td>Sep-15</td><td>65</td><td>35</td></tr> <tr><td>Oct-15</td><td>75</td><td>40</td></tr> <tr><td>Nov-15</td><td>90</td><td>45</td></tr> <tr><td>Dec-15</td><td></td><td>50</td></tr> <tr><td>Jan-16</td><td></td><td>55</td></tr> <tr><td>Feb-16</td><td></td><td>60</td></tr> <tr><td>Mar-16</td><td></td><td>65</td></tr> </tbody> </table>	Month	Cases	Target	Apr-15	1	1	May-15	3	2	Jun-15	9	3	Jul-15	13	4	Aug-15	17	5	Sep-15	21	6	Oct-15	24	7	Nov-15	24	8	Dec-15		9	Jan-16		10	Feb-16		11	Mar-16		12	Month	Cases	Target	Apr-15	10	10	May-15	25	15	Jun-15	40	20	Jul-15	50	25	Aug-15	60	30	Sep-15	65	35	Oct-15	75	40	Nov-15	90	45	Dec-15		50	Jan-16		55	Feb-16		60	Mar-16		65	<p>Trust HCAIs continue to exceed expected tolerance levels due to a number of issues, including:</p> <ul style="list-style-type: none"> <li>• Inconsistent application of all measures required to minimise the risk of infection, including risk assessment on patient admission and transfer; effective handover and documentation; isolation on suspicion of infection; appropriate sampling; prudent antimicrobial prescribing; decolonisation of patients with MRSA; clean, clutter free clinical areas; and adherence to dress code policy, use of Personal Protection Equipment (PPE) and hand hygiene.</li> <li>• An increase in activity across the Trust, notably in Unscheduled and Acute Care.</li> <li>• Demands on the Infection Prevention and Control (IPC) Team with regard to Aseptic Non-Touch Technique (ANTT) training.</li> </ul> <p><b>Actions taken to address the issues include:</b></p> <ul style="list-style-type: none"> <li>• The Lead Director for IPC meets weekly with other Directors and the Chief Executive.</li> <li>• Focused environmental cleanliness auditing and ANTT training.</li> <li>• HCAI workshops carried out BCH, MIH and MPH.</li> <li>• E-learning Infection Prevention and Control training launched September 2015. Viewed 3546 times, completed by 940 staff.</li> <li>• Introduction of disinfectant skin washes in areas with high numbers of MRSA.</li> </ul> <p>Increased focus on IPC risk assessment of patients, early isolation for patients with diarrhoea and decolonisation for patients known or suspected of carrying MRSA.</p>
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**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																																																				
5.0	Jennifer Welsh	<p><b>Cancer care services</b>                      From April 2015, all urgent breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<p align="center"><b>% cancer patients treated &lt;14days</b></p> <table border="1"> <caption align="center"><b>Breaches, Breast 14 day Target</b></caption> <thead> <tr> <th></th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>Breast Cancer</td> <td align="center">54</td> <td align="center">1</td> <td align="center">187</td> </tr> </tbody> </table> <p align="center"><b>% cancer patients treated &lt;31days</b></p> <table border="1"> <caption align="center"><b>Breaches on 31 day pathway</b></caption> <thead> <tr> <th></th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>Brain / Central tumour</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Breast Cancer</td> <td align="center">1</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Gynae Cancers</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>Head and Neck</td> <td align="center">1</td> <td align="center">0</td> <td align="center">1</td> </tr> <tr> <td>Lung Cancer</td> <td align="center">3</td> <td align="center">3</td> <td align="center">2</td> </tr> <tr> <td>Lower GI Cancer</td> <td align="center">0</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Skin Cancer</td> <td align="center">2</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Upper GI Cancer</td> <td align="center">2</td> <td align="center">3</td> <td align="center">2</td> </tr> <tr> <td>Urological Cancer</td> <td align="center">7</td> <td align="center">13</td> <td align="center">15</td> </tr> <tr> <td><b>Grand Total</b></td> <td align="center"><b>18</b></td> <td align="center"><b>23</b></td> <td align="center"><b>26</b></td> </tr> </tbody> </table>		Sep 2015	Oct 2015	Nov 2015	Breast Cancer	54	1	187		Sep 2015	Oct 2015	Nov 2015	Brain / Central tumour	0	0	0	Breast Cancer	1	0	0	Gynae Cancers	2	3	4	Head and Neck	1	0	1	Lung Cancer	3	3	2	Lower GI Cancer	0	1	2	Skin Cancer	2	0	0	Upper GI Cancer	2	3	2	Urological Cancer	7	13	15	<b>Grand Total</b>	<b>18</b>	<b>23</b>	<b>26</b>	<p>Actions currently being undertaken to improve performance:</p> <ul style="list-style-type: none"> <li>• Success in promotion of Breast Cancer Awareness impacted on achieving target. Additional evening breast one stop clinics have been organised for January to cope with the unprecedented increase in red flag referrals due to breast cancer awareness in October and November.</li> <li>• Urology recovery plan has been funded by HSCB and work is underway to establish additional clinics, lists and processes to improve waiting times.</li> <li>• Actions are being taken to address waiting times for 1st appointments for red flag, routine and urgent colorectal patients via new consultant appointments and new ways of working.</li> <li>• In depth analysis of head and neck breaches by consultant underway to identify any opportunities for improvement</li> <li>• Individual performance meeting being held with Upper GI, Lower GI and HPB teams and HSCB to identify ways to improve pathways and performance</li> <li>• Work to be undertaken around demand and capacity for Gynae Oncology surgical procedures due to increase in breaches due to surgical capacity</li> </ul>
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**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
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	Sep 2015	Oct 2015	Nov 2015
Breast Cancer	2	2	0
Gynae Cancers	4	7	7
Haematological Cancers	0	3	1
Head/Neck Cancer	8	12	4
Lower GI	10	8	4
Lung Cancer	6	8	8
Skin Cancers	5	7	4
Sarcoma	0	0	0
Upper GI	9	11	10
Urological Cancer	24	15	19
<b>Grand Total</b>	<b>68</b>	<b>73</b>	<b>57</b>

\* Of the 57 patients who breached their target in November 2015, 36 were late ITT's from another Trust. **Note:** 15 of 49 ITT's were received on or after day 62

	Sep 2015	Oct 2015	Nov 2015
Gynae Cancers	2	1	1
Haematological	0	2	0
Head and Neck	1	5	4
Lung Cancer	1	0	2
Skin Cancers	3	1	2
Lower GI Cancer	4	3	2
Upper GI Cancer	6	7	3
Urological Cancer	11	3	11
<b>Grand Total</b>	<b>28</b>	<b>22</b>	<b>25</b>

**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																									
7.1	Bernie Owens/ Brian Barry	<p><b>Unscheduled Care</b> From April 2015:</p> <p>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</p>		<p>Building on previous achievements, the Trust continues to strive for improvement in Emergency Department (ED) provision.</p> <p>Current achievements in operational improvements in RVH Emergency Department. are highlighted below:</p> <ul style="list-style-type: none"> <li>• CAU open and avoiding up 12 admissions a day, average 7 a day</li> <li>• &gt;12 hour waits reduced from 335 to 25 against same period last year</li> <li>• 4 hour performance – aprox 10% improvement coonsistently against the same three month period last year</li> <li>• ATTEND/PIT STOP model operating and turning ambulances around – approx 14 mins quicker than same period last year</li> <li>• Ambulatory Care centre opened Monday 10 November</li> </ul>																									
7.2		<p>No patient attending any Emergency Department should wait longer than 12 hours.</p>																											
<p>ImPACT: Emergency Department Performance Summary Graphs below show the numbers of patients waiting over 12 hour for admission and the percentage of patients seen within 4 hours between 01/09/2015 and 30/11/2015.</p>				<p align="center">RVH A&amp;E figures 2014/15 and 2015/16</p> <table border="1"> <thead> <tr> <th></th> <th>2014 Patients seen within 4 hours</th> <th>2015 Patients seen within 4 hours</th> <th>2014 Excess waits &gt; 12 hours</th> <th>2015 Excess waits &gt; 12 hours</th> </tr> </thead> <tbody> <tr> <td>Aug</td> <td>58%</td> <td>69%</td> <td>107</td> <td>17</td> </tr> <tr> <td>Sep</td> <td>58%</td> <td>69%</td> <td>139</td> <td>6</td> </tr> <tr> <td>Oct</td> <td>62%</td> <td>69%</td> <td>89</td> <td>2</td> </tr> <tr> <td>Nov</td> <td>62%</td> <td>67%</td> <td>79</td> <td>3</td> </tr> </tbody> </table> <p>Note: There was an 8% growth in RVH ED attendances</p>		2014 Patients seen within 4 hours	2015 Patients seen within 4 hours	2014 Excess waits > 12 hours	2015 Excess waits > 12 hours	Aug	58%	69%	107	17	Sep	58%	69%	139	6	Oct	62%	69%	89	2	Nov	62%	67%	79	3
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Aug	58%	69%	107	17																									
Sep	58%	69%	139	6																									
Oct	62%	69%	89	2																									
Nov	62%	67%	79	3																									

**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
			<p>The figure contains two line charts. The top chart is titled 'Muller UGC Met Performance - 5 Items submeter and 22 Items in total'. It features a red line representing performance over time, with a green dashed horizontal line indicating a target level. The y-axis is labeled 'Percentage of Items Met' and ranges from 0% to 100%. The x-axis shows dates from 1/1/2019 to 12/31/2019. The bottom chart is titled 'Muller UGC Performance - 5 Items submeter and 22 Items in total'. It also features a red line representing performance over time, with a green dashed horizontal line indicating a target level. The y-axis is labeled 'Percentage of Items Met' and ranges from 0% to 100%. The x-axis shows dates from 1/1/2019 to 12/31/2019.</p>	

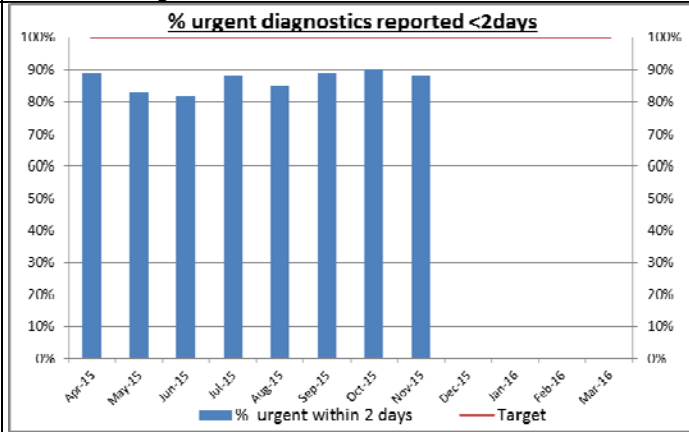
**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance												
8.1 / 8.4	<b>Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl</b>	From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks.	<p align="center"><b>% Outpatients waiting &gt; 9wks on Waiting List</b></p> <p align="center"><b>Number of outpatients waiting &gt;18wks</b></p>	<p>Following the announcement by the Minister of £40m funding being made available regionally to address current long waiting lists, the Trust has secured additional in house and independent sector capacity for elective patients. The majority of the additional capacity will be delivered during January – March 2016 and will assist in reducing current waiting times in a number of specialties. Alongside this, regional work to review OP referral pathways in four specialties (General Surgery, Gynaecology, ENT, and Rheumatology). is ongoing with actions identified from the initial workshops held in November and December.</p> <p>The Trust OP Modernisation project is ongoing focusing on streamlining patient pathways, review of workforce, administration and infrastructure, and maximising use of technology.</p>												
9.1	<b>Bernie Owens/ Brian Barry</b>	<p><b>Elective care - Diagnostic Waiting Times</b></p> <p>From April 2015, no patient waits longer than nine weeks for a diagnostic test. Numbers of patients breaching target at month end.</p>	<p align="center"><b>Total Number of diagnostic 9wk breaches</b></p> <table border="1"> <thead> <tr> <th>Scan</th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>MRI*</td> <td>2277</td> <td>2407</td> <td>2751</td> </tr> <tr> <td>Cardiac MRI*</td> <td>253</td> <td>236</td> <td>237</td> </tr> </tbody> </table>	Scan	Sep 2015	Oct 2015	Nov 2015	MRI*	2277	2407	2751	Cardiac MRI*	253	236	237	<p>Overall the number of 9 week breaches have decreased between September and October. Extra non-recurrent investment has been secured and arrangements are in place to carry out additional activity both in house and within the independent sector across these diagnostic areas. This investment will reduce the numbers and the waiting times.</p> <p>Additional recurrent investment has been received for the installation of the Paediatric MRI scanner and the backfill of sessions within the RVH adult imaging department. The increase in activity is expected from the middle of January 2016 and will improve the waits on the RVH site.</p> <p>Investment was also received for the introduction of an additional 8.5 CT sessions to be targeted towards the</p>
Scan	Sep 2015	Oct 2015	Nov 2015													
MRI*	2277	2407	2751													
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**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																																																
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CT*	707	729	653																																																	
Ultrasound*	1443	986	766																																																	
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9.2	<b>Bernie Owens/ Brian Barry</b>	From April 2015, all urgent diagnostic tests are reported on within two days of the test being undertaken.
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	Sep 2015	Oct 2015	Nov 2015
MRI	81%	82%	80%
CT	87%	90%	89%
Ultra sound	95%	95%	94%
Barium Enema	n/a	n/a	n/a
RN	84%	62%	91%
PET	93%	94%	88%
ECHO	95%	95%	92%
MPI	40%	33%	30%
Neurophysiology	79%	91%	78%
<b>Total</b>	<b>89%</b>	<b>90%</b>	<b>88%</b>

There remain challenges to achieve 100% reporting across the teams due to reporting capacity gap issues, particularly due to weekend tests (not reported at weekends).

**CONTINUOUS IMPROVEMENT**

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10.1/ 10.4	<b>Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl</b>	From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks, and no patient waits longer than 26 weeks.	<p align="center"><b>% IPDC waiting &gt;13wks on Waiting List</b></p> <p align="center"><b>Number Inpatient &amp; Daycases waiting &gt;26wks</b></p>	<p>Following the announcement by the Minister of £40m funding being made available regionally to address current long waiting lists, the Trust has secured additional in house and independent sector capacity for elective patients. The majority of the additional capacity will be delivered during January – March 2016 and will assist in reducing current waiting times in a number of specialties. It has not been possible to secure all of the additionality required in some areas (e.g. General Surgery, Endoscopy) due to capacity not being available through in-house or Independent Sector provision) The Trust Elective Improvement Project to identify opportunities and actions to optimise elective performance, within our existing resources, is ongoing with a number of actions identified.</p>																																
13.0	<b>Bernie Owens/ Brian Barry</b>	<p><b>Allied Health Professionals (AHP)</b></p> <p>From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment.</p> <p>Numbers of patients waiting longer than 13 weeks at month end.</p> <p>Delay in figures due to issues with PARIS and manual counting.</p>	<p align="center"><i>* Up to date data not currently available</i></p> <table border="1"> <thead> <tr> <th>Breach</th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>OT</td> <td>698</td> <td>635</td> <td>628</td> </tr> <tr> <td>Orthoptics</td> <td>110</td> <td>105</td> <td>68</td> </tr> <tr> <td>Podiatry</td> <td>1</td> <td>0</td> <td>12</td> </tr> <tr> <td>SLT</td> <td>542</td> <td>464</td> <td>450</td> </tr> <tr> <td>Diet</td> <td>154</td> <td>194</td> <td>n/a</td> </tr> <tr> <td><b>Total</b></td> <td><b>1505 *</b></td> <td><b>1398 *</b></td> <td><b>1158 *</b></td> </tr> </tbody> </table> <p>Whilst data collation remains an issue, the AHP Service undertook a manual exercise to establish a snapshot of the position in the months indicated below:</p>	Breach	Sep 2015	Oct 2015	Nov 2015	Physio	n/a	n/a	n/a	OT	698	635	628	Orthoptics	110	105	68	Podiatry	1	0	12	SLT	542	464	450	Diet	154	194	n/a	<b>Total</b>	<b>1505 *</b>	<b>1398 *</b>	<b>1158 *</b>	<ul style="list-style-type: none"> <li>The Trust continues to experience challenges in data collation and report production for some AHP specialties. The Trust has advised the HSCB regarding the current limitations in producing data. Work is underway with Trust Information Systems to address these challenges during 2015/16 through the rollout of PCIS.</li> <li>The Ministerial target changed on the 1<sup>st</sup> April 2015 to state that no patient should be waiting over 13 weeks to access AHP services. The waiting time in BHSC remains above the Ministerial target in some sub-speciality areas of the AHP services.</li> <li>The majority of breaches have arisen largely as a result of capacity issues; however some areas of the services are also experiencing a sustained increase in demand.</li> </ul>
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**CONTINUOUS IMPROVEMENT**

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			<p><b>Table B: AHP Services Waiting Time Report May &amp; Sept 2015 *</b></p> <table border="1"> <thead> <tr> <th>Profession</th> <th>Actual No. patients waiting &gt; 13 weeks (31st May 2015)</th> <th>Longest wait (weeks)</th> <th>End of Sept 15 no. patients waiting &gt; 13 weeks</th> <th>Longest wait (weeks)</th> </tr> </thead> <tbody> <tr> <td>Physiotherapy</td> <td>1804</td> <td>48</td> <td>720</td> <td>37</td> </tr> <tr> <td>OT</td> <td>414</td> <td>27</td> <td>703</td> <td>37</td> </tr> <tr> <td>SLT</td> <td>218</td> <td>91</td> <td>549</td> <td>102</td> </tr> <tr> <td>Dietetics</td> <td>102</td> <td>29</td> <td>224</td> <td>34</td> </tr> <tr> <td>Podiatry</td> <td>2</td> <td>16</td> <td>2</td> <td>20</td> </tr> <tr> <td>Total</td> <td>2540</td> <td></td> <td>2198</td> <td></td> </tr> </tbody> </table> <p><i>* A further manual data collation exercise is planned for the end of quarter 3.</i></p>	Profession	Actual No. patients waiting > 13 weeks (31st May 2015)	Longest wait (weeks)	End of Sept 15 no. patients waiting > 13 weeks	Longest wait (weeks)	Physiotherapy	1804	48	720	37	OT	414	27	703	37	SLT	218	91	549	102	Dietetics	102	29	224	34	Podiatry	2	16	2	20	Total	2540		2198		<ul style="list-style-type: none"> <li>The Trust has had access to in year waiting list initiative funding for the last quarter of the year and the AHP services will deploy, as far as it is possible to do so, a temporary workforce to address the patients waiting longest for assessment and intervention.</li> <li>The Trust is also participating in ongoing discussions with the HSCB to review service demand and capacity issues. The Trust continues to take forward recruitment for a number of posts, with a view to reducing the numbers of patients waiting longer than the target.</li> </ul>					
Profession	Actual No. patients waiting > 13 weeks (31st May 2015)	Longest wait (weeks)	End of Sept 15 no. patients waiting > 13 weeks	Longest wait (weeks)																																								
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16.1	Catherine McNicholl	<p><b>Patient Discharge</b> From April 2015 ensure that 99% of all Learning Disability and Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days</p>	<table border="1"> <thead> <tr> <th colspan="5">MH patients, medically fit for discharge, discharged within 7 days of patient being assessed.</th> </tr> <tr> <th>Completed Discharges</th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> <th>Cum</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td>100%</td> <td>96%</td> <td>96%</td> <td>97%</td> </tr> <tr> <td>Number</td> <td>3</td> <td>1</td> <td>2</td> <td>-</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.</th> </tr> <tr> <th>Completed Discharges</th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> <th>Cum</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td>75%</td> <td>33%</td> <td>100%</td> <td>74%</td> </tr> <tr> <td>Number</td> <td>44</td> <td>43</td> <td>52</td> <td>-</td> </tr> </tbody> </table>	MH patients, medically fit for discharge, discharged within 7 days of patient being assessed.					Completed Discharges	Sep 2015	Oct 2015	Nov 2015	Cum	Percentage	100%	96%	96%	97%	Number	3	1	2	-	LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.					Completed Discharges	Sep 2015	Oct 2015	Nov 2015	Cum	Percentage	75%	33%	100%	74%	Number	44	43	52	-	<p>Mental Health services continue to perform well against the targets. There were 54 discharges in November, 52 of which were in under 7 days. The two exceptions were patients awaiting EMI community placements which can take considerable time to identify.</p> <p>Learning Disability services are not always able to deliver against targets. Patients often require complex packages which take longer to establish. All discharges in Nov were under 7 days however there remains a growing hospital population who are delayed, 20 out of the 49 delayed discharges in Muckamore are from Belfast.</p>
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16.3	Catherine McNicholl	<p><b>Patient Discharge</b> From April 2015 - 90% of complex discharges from an acute hospital take place within 48 hours. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).</p> <p>From April 2015, no complex discharges should be delayed by more than 7 days. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).</p>	<p align="center"><b>% acute complex discharges &lt;48hrs</b></p> <table border="1"> <caption>Data for % acute complex discharges &lt;48hrs</caption> <thead> <tr> <th>Month</th> <th>% &lt;48hr</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>45%</td><td>90%</td></tr> <tr><td>May-15</td><td>58%</td><td>90%</td></tr> <tr><td>Jun-15</td><td>58%</td><td>90%</td></tr> <tr><td>Jul-15</td><td>58%</td><td>90%</td></tr> <tr><td>Aug-15</td><td>60%</td><td>90%</td></tr> <tr><td>Sep-15</td><td>48%</td><td>90%</td></tr> <tr><td>Oct-15</td><td>58%</td><td>90%</td></tr> <tr><td>Nov-15</td><td>52%</td><td>90%</td></tr> <tr><td>Dec-15</td><td>-</td><td>90%</td></tr> <tr><td>Jan-16</td><td>-</td><td>90%</td></tr> <tr><td>Feb-16</td><td>-</td><td>90%</td></tr> <tr><td>Mar-16</td><td>-</td><td>90%</td></tr> </tbody> </table>	Month	% <48hr	Target	Apr-15	45%	90%	May-15	58%	90%	Jun-15	58%	90%	Jul-15	58%	90%	Aug-15	60%	90%	Sep-15	48%	90%	Oct-15	58%	90%	Nov-15	52%	90%	Dec-15	-	90%	Jan-16	-	90%	Feb-16	-	90%	Mar-16	-	90%	<p>An IT system is currently being piloted to provide accurate information on delayed discharges to all Trusts.</p> <p>Patients often require complex packages which take longer to establish. They are particular issues in timely access to packages from other Trusts.</p> <p>The Trust has secured funding for the development &amp; implementation of a Community Service Access Centre (CSAC) which will provide a single point for accessing community transitional services. The centre will reduce duplication, improve discharge flows &amp; provide information to support performance and planning. The</p>	
Month	% <48hr	Target																																										
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**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance												
			<p><b>Complex discharges from an acute hospital take place within 48 hours (All Hospital Trusts - Belfast ToR) - Source Web Portal</b></p> <table border="1"> <thead> <tr> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>57%</td> <td>54%</td> </tr> </tbody> </table>  <p><b>Complex discharges delayed by more than 7 days (from All Hospital Trusts - Belfast ToR) - Source Web Portal</b></p> <table border="1"> <thead> <tr> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>59</td> <td>48</td> <td>51</td> </tr> </tbody> </table>	Sep 2015	Oct 2015	Nov 2015	50%	57%	54%	Sep 2015	Oct 2015	Nov 2015	59	48	51	<p>CSAC has been in operation from the 30<sup>th</sup> November 2015.</p> <p>Access to community packages to meet demand continues to be an issue.</p>
Sep 2015	Oct 2015	Nov 2015														
50%	57%	54%														
Sep 2015	Oct 2015	Nov 2015														
59	48	51														
18.4	Catherine McNicholl	From April 2015, no patient waits longer than 13 weeks to access psychological therapies (any age). Numbers of patients waiting longer than 13 weeks at month end.	<p><b>Psychological therapies patients waiting &gt;13wks</b></p> <table border="1"> <thead> <tr> <th></th> <th>Sep 2015</th> <th>Oct 2015</th> <th>Nov 2015</th> </tr> </thead> <tbody> <tr> <td>Adult Health Psychology</td> <td>141</td> <td>164</td> <td>171</td> </tr> <tr> <td>Psychosexuality</td> <td>21</td> <td>19</td> <td>23</td> </tr> </tbody> </table>		Sep 2015	Oct 2015	Nov 2015	Adult Health Psychology	141	164	171	Psychosexuality	21	19	23	<p>There are waits in the delivery of psychological therapies, both in their delivery within Mental Health Services and also within Psychological Services.</p> <p>Within Psychological Services some areas are showing significant improvements (Learning Disability and Child Psychology) as new staff start and maternity leaves return.</p> <p>Waits continue most significant in the delivery of physical health psychology services, where demand continues to grow. Within this arena the main areas of pressure are in Chronic Pain and also the provision of regional neuropsychology services.</p> <p>The senior Psychology post in chronic pain has been</p>
	Sep 2015	Oct 2015	Nov 2015													
Adult Health Psychology	141	164	171													
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**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis				Actions to improve performance																																																																			
			Learning Disability	27	6	1			filled and started and this service is expected to be out of breach by end of January 2016.  Psychological services continue to engage with medical clinicians to review the neuropsychology service and to attempt to identify the priorities that can be delivered within current constraints. A position paper on this will be available by February 2016.																																																																	
			Children's Disability	20	23	23																																																																				
			Adult MH	9	14	10																																																																				
			Child Psychology	11	3	4																																																																				
			Trauma	-	-	2																																																																				
			<b>Total Psychology</b>	<b>229</b>	<b>229</b>	<b>234</b>																																																																				
<b>20.0</b>	<b>Catherine McNicholl</b>	<b>Direct Payments.</b> By March 2016, secure a 10% increase in the number of direct payments across all programmes of care. The 2015/16 target is 591, based on 2014/15 outturn of 513, plus 24 (people who came off Direct Payments during quarter 4 of 2014/15) = 537 x 10% increase = 591. <i>Data collation remains under review.</i>	<table border="1"> <thead> <tr> <th>Month</th> <th>ELD</th> <th>MH</th> <th>LDIS</th> <th>PDIS</th> <th>Total Outturn</th> <th>Planned Capacity</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Outturn Mar15</td> <td>205</td> <td>167</td> <td>111</td> <td>30</td> <td>513</td> <td>503</td> <td>+10</td> </tr> </tbody> </table>				Month	ELD	MH	LDIS	PDIS	Total Outturn	Planned Capacity	Variance	Outturn Mar15	205	167	111	30	513	503	+10	<p>The Trust continues to work internally and with colleagues across the region to develop Self Directed Support (SDS). One of the key measures of SDS is the number of clients and carers in receipt of Direct Payment (DP).</p> <p>The Trust exceeded the target for 2014/15 and continues to deliver above 2014/15 outturn, however there are only 5 additional DP at the end of November compared to the end of March 2015.</p> <p>The Trust is not likely to meet the target of 591 DP by 31<sup>st</sup> March 2016.</p> <p>Whilst the position at the end of November indicates there are 518 DP currently in place, however, the Trust has delivered 570 DP in the year from April to date. There are a variety of reasons for people to no longer receive Direct Payments. Changes of circumstance can range from simply no longer wishing to use DP, to the death of client or carer.</p>																																																			
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<p>2014/15 Outturn = 513 against plan of 513. 2015/16 planned baseline 537, planned increase of 54 (10%) above this to 591 by 31<sup>st</sup> March 2016.</p> <p align="center"><b>2015/16 Outturn to date:</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>ELD</th> <th>MH</th> <th>LDIS</th> <th>PDIS</th> <th>Total Outturn</th> <th>Planned Capacity</th> <th>Variance to date</th> </tr> </thead> <tbody> <tr> <td>Apr-15</td> <td>105</td> <td>30</td> <td>165</td> <td>201</td> <td>501</td> <td>541</td> <td>-41</td> </tr> <tr> <td>May-15</td> <td>113</td> <td>30</td> <td>168</td> <td>201</td> <td>512</td> <td>545</td> <td>-34</td> </tr> <tr> <td>Jun-15</td> <td>112</td> <td>31</td> <td>169</td> <td>202</td> <td>514</td> <td>549</td> <td>-37</td> </tr> <tr> <td>Jul-15</td> <td>112</td> <td>32</td> <td>171</td> <td>199</td> <td>514</td> <td>553</td> <td>-41</td> </tr> <tr> <td>Aug-15</td> <td>110</td> <td>34</td> <td>174</td> <td>197</td> <td>515</td> <td>557</td> <td>-45</td> </tr> <tr> <td>Sep-15</td> <td>108</td> <td>33</td> <td>178</td> <td>200</td> <td>519</td> <td>561</td> <td>-45</td> </tr> <tr> <td>Oct-15</td> <td>107</td> <td>31</td> <td>180</td> <td>202</td> <td>520</td> <td>565</td> <td>-49</td> </tr> <tr> <td>Nov-15</td> <td>103</td> <td>32</td> <td>181</td> <td>202</td> <td>518</td> <td>569</td> <td>-55</td> </tr> </tbody> </table>			Month	ELD	MH	LDIS	PDIS	Total Outturn	Planned Capacity	Variance to date	Apr-15	105	30	165	201	501	541	-41	May-15	113	30	168	201	512	545	-34	Jun-15	112	31	169	202	514	549	-37	Jul-15	112	32	171	199	514	553	-41	Aug-15	110	34	174	197	515	557	-45	Sep-15	108	33	178	200	519	561	-45	Oct-15	107	31	180	202	520	565	-49	Nov-15	103	32	181	202	518	569	-55
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<b>24.0</b>	<b>Shane Devlin</b>	By March 2016, reduce by 20% 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. 2015/16 baseline					<p>Detailed reports related to reasons for hospital cancellations by speciality and consultant have been widely circulated across service directorates for Quarters 1 &amp; 2, 2015/16. These have been discussed at elective reform meetings— Gynaecology, Ophthalmology, ENT and General Surgery.</p> <p>Some data quality issues regarding hospital</p>																																																																			

**CONTINUOUS IMPROVEMENT**

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																																								
		25,703 to be reduced to 20,563 (circa 1,714 per month) - source HIB	<p align="center"><b>Cons Led Appointments Cancelled by Hospital</b></p> <p align="center">Target by 31 March 2016 = 20,563</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2015/16 Target to date</th> <th>2015/16 Outturn to date</th> <th>Variance + / - against target</th> <th>% Variance + / - against target</th> </tr> </thead> <tbody> <tr> <td>Apr-15</td> <td>1714</td> <td>2487</td> <td>773</td> <td>45%</td> </tr> <tr> <td>May-15</td> <td>3427</td> <td>4416</td> <td>989</td> <td>29%</td> </tr> <tr> <td>Jun-15</td> <td>5141</td> <td>6796</td> <td>1655</td> <td>32%</td> </tr> <tr> <td>Jul-15</td> <td>6854</td> <td>8792</td> <td>1938</td> <td>28%</td> </tr> <tr> <td>Aug-15</td> <td>8568</td> <td>10695</td> <td>2127</td> <td>25%</td> </tr> <tr> <td>Sep-15</td> <td>10281</td> <td>13171</td> <td>2890</td> <td>28%</td> </tr> <tr> <td>Oct-15</td> <td>11995</td> <td>15269</td> <td>3274</td> <td>27%</td> </tr> </tbody> </table>	Month	2015/16 Target to date	2015/16 Outturn to date	Variance + / - against target	% Variance + / - against target	Apr-15	1714	2487	773	45%	May-15	3427	4416	989	29%	Jun-15	5141	6796	1655	32%	Jul-15	6854	8792	1938	28%	Aug-15	8568	10695	2127	25%	Sep-15	10281	13171	2890	28%	Oct-15	11995	15269	3274	27%	cancellations are under discussion both internally and between the Trust Information Department and the HSCB.
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# Appendices

- Appendix (i) Acute Hospital Service and Budget Agreement Activity to the end of November 2015**
- Appendix (ii) Summary of Trust activity for specific services during 2012/13, 2013/2014 and April to November 2015**
- Appendix (iii) Commissioning Directions Targets to be reported Annually / definitions to be clarified by the HSCB.**

## Appendix (i)

### Acute Hospital Service and Budget Agreement Activity to the end of November 2015

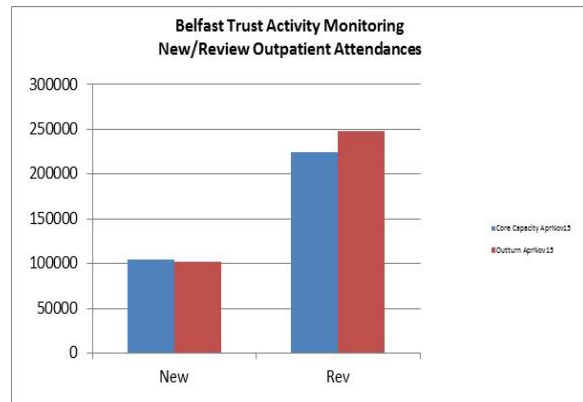
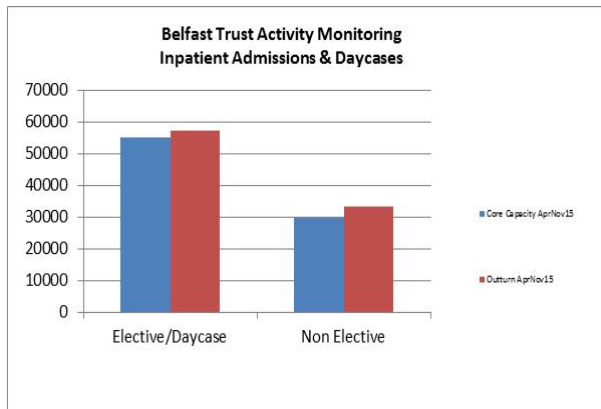
For the period 2015/16, core activity had been agreed in the majority of specialties with the HSCB for monitoring purposes. The HSCB have subsequently applied a 2% uplift or 2012/13 outturn (if higher) in a number of specialties associated with productivity. The Trust has advised the HSCB these uplifts are not agreed as cash efficiency requirements in these areas do not allow for productivity as well.

The graphs below indicate Trust performance in relation to elective IPDC and OP for a range of specialties against Trust core activity levels. Data which indicates Trust activity for non-elective activity for the same period is also provided. This is because a significant increase in non-elective activity over a period can impact on hospital elective activity capacity (for monitoring purposes for non-elective activity, comparison against 2011/12 non-elective activity has been provided).

The graphs indicate the following performance;

- Elective IPDC +4%
- Non-elective admissions +12% (compared to 2011/12)
- OPN -3%
- OPR +11%.

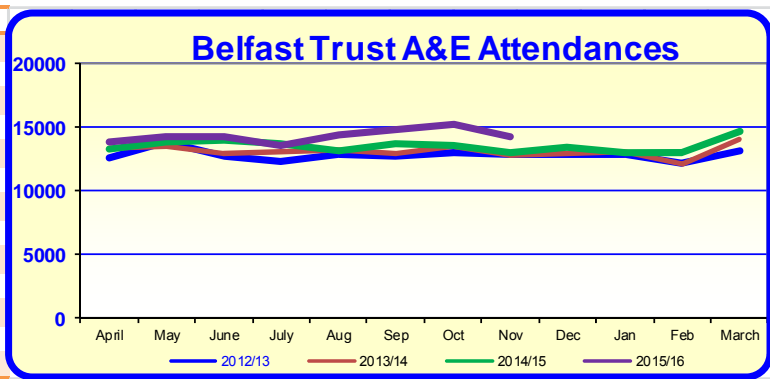
### Acute Hospital Activity Monitoring April 2015 – November 2015 performance



Summary of Trust activity for specific services during 2012/13, 2013/14, 2014/15 and April to November 2015

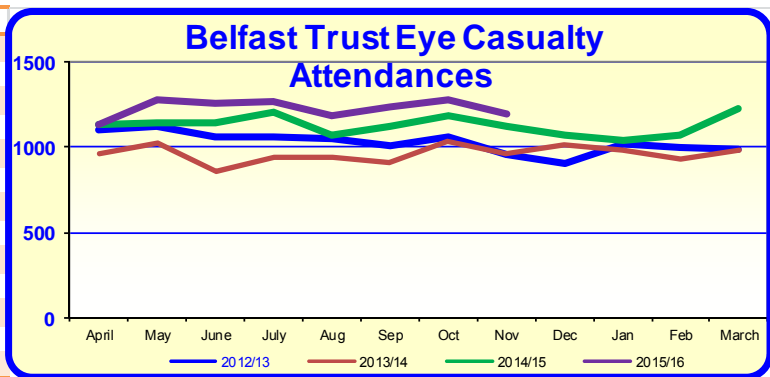
Belfast Trust A&E Attendances

Month	2012/13	2013/14	2014/15	2015/16
April	12639	13323	13320	13884
May	13836	13416	13892	14246
June	12745	12997	13999	14294
July	12372	13064	13707	13611
Aug	12866	13165	13121	14444
Sep	12762	12951	13712	14743
Oct	12987	13541	13568	15258
Nov	12832	12728	13049	14286
Dec	12889	12869	13449	
Jan	12827	13006	13051	
Feb	12170	12149	12980	
March	13086	14030	14687	
<b>Total</b>	<b>154011</b>	<b>157239</b>	<b>162535</b>	<b>114766</b>



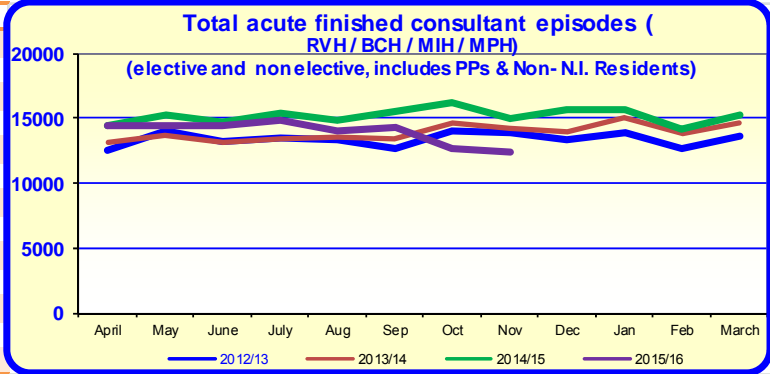
Belfast Trust Eye Casualty Attendances

Month	2012/13	2013/14	2014/15	2015/16
April	1103	962	1131	1137
May	1125	1026	1140	1281
June	1057	860	1140	1259
July	1064	946	1205	1267
Aug	1049	946	1073	1186
Sep	1015	907	1129	1241
Oct	1066	1034	1184	1281
Nov	957	968	1124	1198
Dec	909	1018	1071	
Jan	1017	983	1046	
Feb	1001	935	1067	
March	989	987	1223	
<b>Total</b>	<b>12352</b>	<b>11572</b>	<b>13533</b>	<b>9850</b>



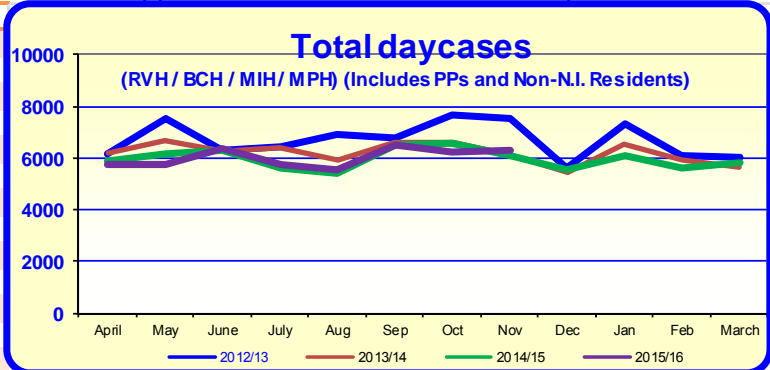
Total acute finished consultant episodes (RVH / BCH / MIH / MPH) (elective and non elective, includes PPs & Non-N.I. Residents)

Month	2012/13	2013/14	2014/15	2015/16
April	12586	13086	14449	14473
May	13964	13686	15309	14406
June	13198	13082	14669	14435
July	13463	13440	15410	14825
Aug	13351	13586	14860	14033
Sep	12729	13462	15471	14311
Oct	14026	14700	16160	12612
Nov	13921	14216	15033	12420
Dec	13388	13934	15677	
Jan	13921	15000	15698	
Feb	12649	13817	14209	
March	13633	14645	15219	
<b>Total</b>	<b>160829</b>	<b>166654</b>	<b>182164</b>	<b>111515</b>



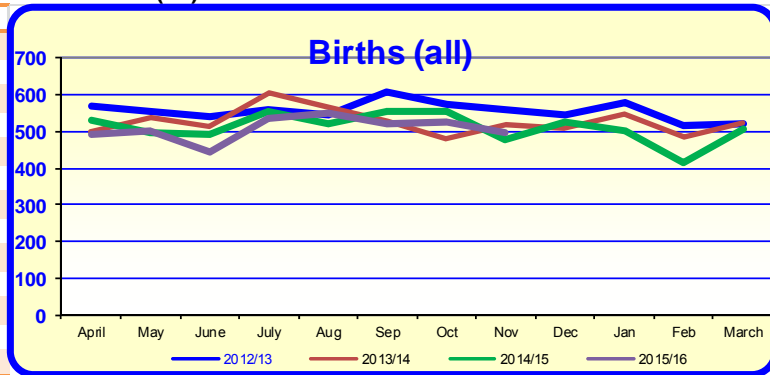
Total daycases (RVH / BCH / MIH / MPH) (Includes PPs and Non-N.I. Residents)

Month	2012/13	2013/14	2014/15	2015/16
April	6166	6195	5920	5726
May	7555	6651	6145	5777
June	6293	6260	6337	6352
July	6442	6438	5637	5750
Aug	6921	5928	5395	5521
Sep	6782	6591	6535	6486
Oct	7654	6629	6609	6240
Nov	7507	6150	6133	6314
Dec	5617	5418	5535	
Jan	7309	6553	6097	
Feb	6106	5909	5597	
March	6013	5649	5820	
<b>Total</b>	<b>80365</b>	<b>74371</b>	<b>71760</b>	<b>48166</b>

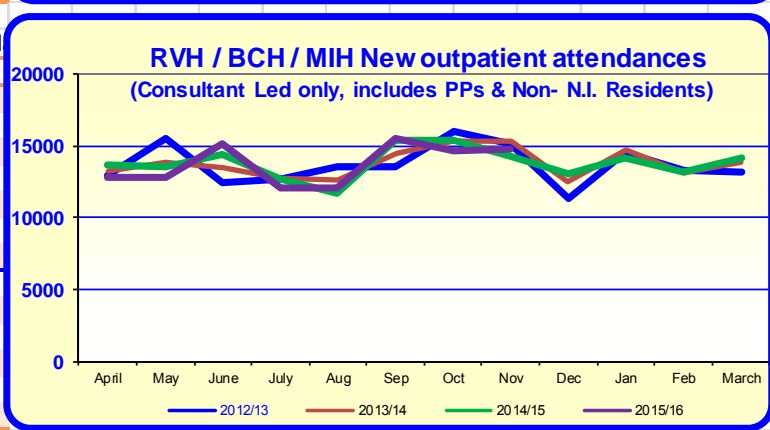


Month	2012/13	2013/14	2014/15	2015/16
April	568	501	532	493
May	556	537	498	502
June	539	514	494	443
July	561	607	554	534
Aug	546	566	522	551
Sep	607	530	556	519
Oct	573	479	555	526
Nov	561	518	480	497
Dec	544	509	527	
Jan	580	550	501	
Feb	514	487	414	
March	522	522	508	
<b>Total</b>	<b>6671</b>	<b>6320</b>	<b>6141</b>	<b>4065</b>

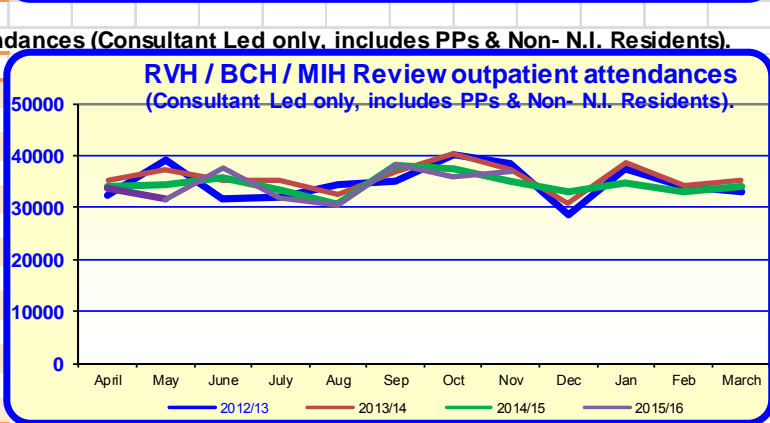
**Births (all)**



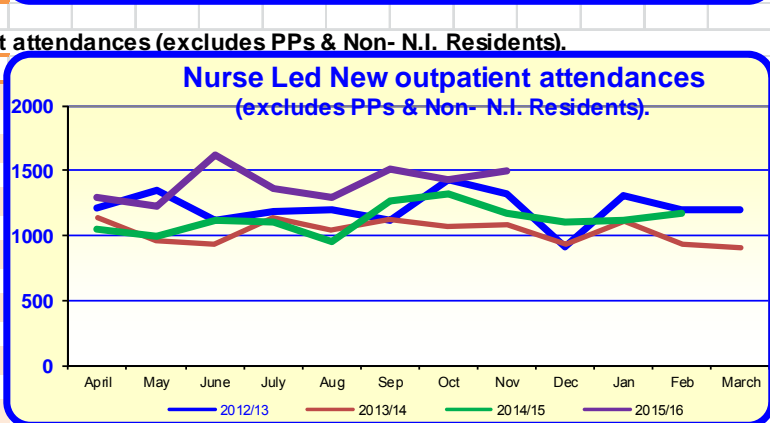
RVH / BCH / MIH New outpatient attend				
Month	2012/13	2013/14	2014/15	2015/16
April	12863	13278	13601	12849
May	15508	13873	13498	12751
June	12380	13439	14357	15078
July	12718	12762	12692	12075
Aug	13569	12630	11685	12093
Sep	13585	14457	15372	15528
Oct	16028	15371	15385	14618
Nov	15092	15356	14218	14734
Dec	11310	12437	13090	
Jan	14471	14643	14154	
Feb	13272	13129	13173	
March	13195	13812	14170	
<b>Total</b>	<b>163991</b>	<b>165187</b>	<b>165395</b>	<b>109726</b>



RVH / BCH / MIH Review outpatient attendances (Consultant Led only, includes PPs & Non- N.I. Residents).				
Month	2012/13	2013/14	2014/15	2015/16
April	32283	35092	34188	33770
May	39040	37398	34316	31523
June	31709	35237	35592	37641
July	31887	35068	33469	31839
Aug	34349	32540	30741	30395
Sep	35115	37071	37978	38298
Oct	40290	40301	37355	35915
Nov	38358	37218	35108	36828
Dec	28445	30773	33105	
Jan	37295	38512	34671	
Feb	34113	34198	33043	
March	33069	35073	34006	
<b>Total</b>	<b>415953</b>	<b>428481</b>	<b>413572</b>	<b>276209</b>



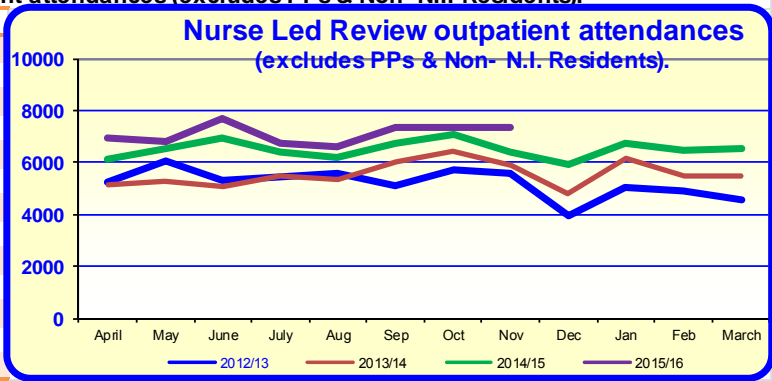
Nurse Led New outpatient attendances (excludes PPs & Non- N.I. Residents).				
Month	2012/13	2013/14	2014/15	2015/16
April	1207	1139	1047	1298
May	1353	963	989	1227
June	1121	934	1117	1616
July	1188	1137	1109	1362
Aug	1195	1039	949	1287
Sep	1121	1123	1263	1518
Oct	1430	1063	1327	1435
Nov	1323	1086	1171	1491
Dec	912	930	1107	
Jan	1313	1115	1114	
Feb	1204	928	1177	
March	1192	908		
<b>Total</b>	<b>14559</b>	<b>12365</b>	<b>12370</b>	<b>11234</b>





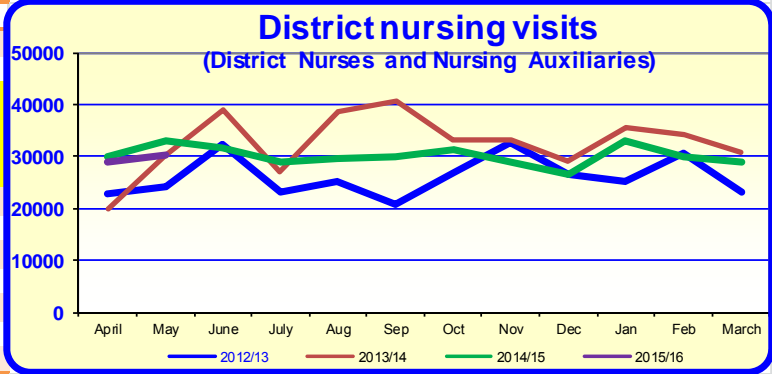
**Nurse Led Review outpatient attendances (excludes PPs & Non- N.I. Residents).**

Month	2012/13	2013/14	2014/15	2015/16
April	5226	5143	6142	6926
May	6040	5283	6506	6795
June	5289	5048	6956	7661
July	5444	5450	6417	6718
Aug	5605	5330	6189	6581
Sep	5114	6041	6770	7343
Oct	5722	6464	7081	7352
Nov	5569	5922	6395	7385
Dec	3923	4809	5933	
Jan	5051	6143	6766	
Feb	4875	5490	6463	
March	4593	5461	6532	
<b>Total</b>	<b>62451</b>	<b>66584</b>	<b>78150</b>	<b>56761</b>



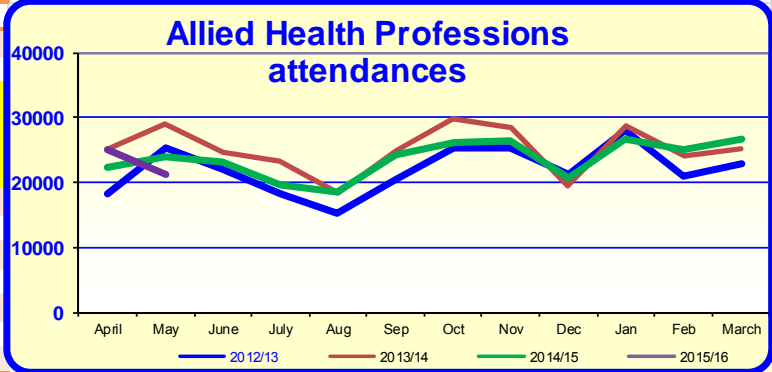
**District nursing visits (District Nurses and Nursing Auxiliaries)**

Month	2012/13	2013/14	2014/15	2015/16
April	22843	19894	29806	28778
May	24025	30195	33145	30424
June	32301	38985	31563	
July	23170	27217	29084	
Aug	25224	38634	29476	
Sep	20851	40611	30072	
Oct	26951	33056	31418	
Nov	32588	33311	28874	
Dec	26572	29178	26636	
Jan	25312	35535	32878	
Feb	30549	34200	30092	
March	23094	30892	28952	
<b>Total</b>	<b>313480</b>	<b>391708</b>	<b>361996</b>	<b>59202</b>



**Allied Health Professions attendances**

Month	2012/13	2013/14	2014/15	2015/16
April	18275	25153	22325	25140
May	25249	29015	24094	21317
June	22044	24728	23216	
July	18200	23289	19717	
Aug	15374	18498	18600	
Sep	20434	24929	24315	
Oct	25339	29910	26086	
Nov	25255	28373	26503	
Dec	21312	19375	20679	
Jan	28071	28776	26660	
Feb	21029	24011	25186	
March	22875	25137	26638	
<b>Total</b>	<b>263457</b>	<b>301194</b>	<b>284019</b>	<b>46457</b>



**Acute AHP activity** is included during 2012/13, prior to this only community activity was counted.

**Community Nursing Activity:** It was agreed to include activity from a number of community nursing services in Trust Board reports to accurately reflect District Nursing Activity (e.g. Activity of 7 specialist nursing teams previously not recorded) as a result there appears to be a significant increase in activity for 2013/14.

**1. To be reported Annually**

**Family Nurse Partnership**

- By March 2015, improve long-term outcomes for the children of teenage mothers by establishing a test site of the Family Nurse Partnership Programme within each Trust.

**Children in Care**

- From April 2015, ensure that the number of children in care for 12 months or longer with no placement change is at least 85%.
- By March 2016, ensure a three year time frame for 90% of children who are adopted from care

**Normative Staffing**

- By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.

**2. Targets to be reported once clarified by HSCB**

**Excess Bed days**

- By March 2016, reduce the number of excess bed days for the acute programme of care by 10%.

**Unplanned weekend admissions death rate**

- From April 2015, ensure that the death rate of unplanned weekend admissions does not exceed the death rate of unplanned weekday admissions by more than 0.1 percentage points.

**Unplanned admissions - Acute Conditions**

- During 2015/16, ensure that unplanned admissions to hospital for acute conditions which definitely should normally be managed in the primary or community setting, do not exceed 2013/14 levels.