TRUST BOARD
SUBMISSION TEMPLATE

MEETING	**Trust Board**	**Ref No.**
DIRECTOR	**Shane Devlin, Director of Planning, Performance and Informatics**	**Date 3rd March 2016**

Trust Performance Scorecard Monthly report to the end of January 2016	
Purpose	• **For assurance**
Corporate Objective	• *For information / assurance*
Key areas for consideration	The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets. The report for the end of January 2016 includes: • 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. Appendices to the Trust Performance Report include: • Service and Budget Agreement (SBA) activity from April to January 2016; • A summary of Trust activity for 2012/13, 2013/14, 2014/15 and April 2015 to January 2016; and • Other Commissioning Directions Targets. Of the 41 standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 22 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 Day case - 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
Recommendations	For Assurance.

Trust Performance Scorecard
Monthly report to the end of January 2016

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.

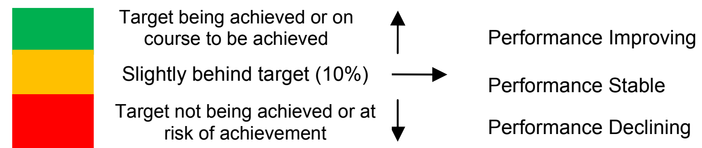
2. Summary – End of January 2016

Of the 41 DHSSPS standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 22 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 January 2016

TRUST KEY INDICATORS - SECTION A

Director Lead	Ref	Target	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
		SAFETY AND EXCELLENCE					
BC	1.0	**Healthcare acquired infections.** By March 2016, secure a further reduction from 28 to 18 infections (36%) in MRSA and from 140 to 115 infections (18%) in *Clostridium difficile* infections compared to 2014/15 outturns.					
BC	1.1	**MRSA Infections:** Trust Target for (HCAI) MRSA Infections is that by March 2016, the control tolerance level is 18 infections (1.5 per month).	0	1	3	28	
BC	1.2	**Clostridium difficile:** Trust Target for (HCAI) Clostridium difficile is that by March 2016, the control tolerance level is 115 infections (9.6 per month)	14	11	10	113	
CJ	2.0	**Mortality Rates should stay within statistical control limits**	Within control limits	Within control limits	Within control limits	N/A	
		CONTINUOUS IMPROVEMENT					
BB	3.0	**Hip fractures** From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	100%	96%	100%	98%	
JW	4.0	**Cancer care services:** From April 2015:					
JW	4.1	**Cancer Access –** 100% of urgent breast cancer referrals should be seen within 14 days. Percentage within target. ** Note: success of Breast Cancer Awareness has impacted on achieving target from November 2015..*	28% *	20% *	79% *	39%	
JW	4.2	**Cancer Access –** 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.	91%	95%	89%	93%	
JW	4.3	**Cancer Access –** at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. Percentage within target.	61%	56%	52%	58%	
JW	5.0	**Organ transplants.** By March 2016, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.	9	7	8	98	
BO/BB	6.0	**Unscheduled care** From April 2015:					
BO/BB	6.1	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					
BO/BB	6.1	RVH	67%	63%	62%	67%	
BO/BB	6.1	MIH	81%	81%	76%	73%	
BO/BB	6.1	All Adults	72%	69%	66%	69%	
BO/BB	6.1	Children's	80%	83%	93%	90%	
BO/BB	6.1	All Trust A&E	75%	74%	72%	74%	

Director Lead	Ref	Target	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
	6.2	No patient attending any Emergency Department should wait longer than 12 hours.					
BO/BB		RVH	3	15	88	473	
		MIH	6	3	40	305	
		All Adults	9	18	128	778	
		Children's	0	0	0	0	
		All Trust A&E	9↑	18↓	128↓	778	
BO/BB	7.0	**Elective care - Outpatient Waiting Times** 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					
	7.1	Percentage of outpatients with completed waits seen within 9 weeks.	60%	59%	58%	55%	
	7.2	Percentage of patients on Trust Waiting List waiting more than 9 weeks at month end.	72%	75%	77%	-	
	7.3	Number of patients on Trust OP Waiting List at the end of month waiting > 9 weeks.	64608↓	67619↓	68997↓	-	
	7.4	Patients waiting > 18 weeks at month end	50828↓	52740↓	54339↓	-	
BO/BB	8.1	**Elective care - Diagnostic Waiting Times** From April 2015, no patient waits longer than nine weeks for a diagnostic test. Number of patients breaching target at month end.	7951↓	9723↓	9773↓	-	
	8.2	From April 2015, all urgent diagnostic tests are reported on within 2 days of the test being undertaken.	88%↓	67%↓	88%↑	-	
BO/BB/ JW/CMcN	9.0	**Elective care – IPDC Waiting Times** From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 26 weeks.					
	9.1	Percentage of patients with completed waits seen within 13 weeks.	68%	70%	66%	65%	
	9.2	Percentage of patients on Trust Waiting Lists waiting more than 13 weeks, at month end.	59%	62%	62%	-	
	9.3	Number of patients on Trust Waiting List at the end of month waiting longer than 13 weeks	16535↑	18648↓	17839↑	-	
	9.4	Number of patients on Trust IPDC Waiting List at the end of month waiting > 26 weeks	10298↑	11954↓	10671↑	-	
BO/BB/ JW/CMcN	10.0	**Specialist drugs therapies** 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→	1↓	0↑	N/A	
	11.0	**Stroke patients** 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 n/a	Cumulative Apr – Sep 15%	
BO/BB	12.0	**Allied Health Professionals (AHP)** 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	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
SD	13.0	**Telemonitoring**					
	13.1	**Tele health** 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	5006↓	5171↑	5067↓	49979	
		New client referrals per month	16↑	3↓	8↑	122	
CMcN	13.2	**Tele Care** 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	22215↓	23162↑	23636↑	208941	
		New client referrals per month	32↓	33↑	32↓	455	
	14.0	**Unplanned Admissions**					

Director Lead	Ref	Target	Apr-Jun 2015	Apr – Sep 2015 *	RAG
BO/ CMcN	14.1	**Unplanned admissions – Long Term Conditions (LTC – COPD, Asthma, Diabetes, Heart Failure).** 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. Base year is 2012/13. Long Term Conditions will normally be reported one quarter behind, due to data coding issues and will be subject to change.			
		Unplanned admissions – Long Term Conditions **** April – September performance compared to target of 1392 (5% reduction on April – September admissions of 1465 adjusted).***	**Apr-Jun 2015**	**Apr – Sep 2015 ***	
	14.1.1	**Asthma**	0%	-10%	
	14.1.2	**COPD**	-9%	-12%	
	14.1.3	**CVA**	+23%	+15%	
	14.1.4	**Diabetes**	0%	+19%	
	14.1.5	**Heart Failure**	+16%	+27%	
	14.1.6	**Total Unplanned Admissions – all LTC's**	**+4%**	**+4%***	
BO	14.2	**Unplanned admissions - Acute Conditions. Emergency Admissions for defined list of specific conditions e.g. pneumonia, ulcers etc.)** During 2015/16, ensure that unplanned admissions to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/14 levels. **Percentage compared to April to September 2013/14 = 1961 unplanned acute admissions**	**n/a**	**99.9%***	

Director Lead	Ref	Target	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
CMcN	**15.0**	**Patient discharge**					
	15.1	From April 2015 ensure that 99% of **all Learning Disability** 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)	100%	100%	100%	76%	
		Numbers of completed discharges within 7 days	2	1	1	-	
		Completed discharges taking > 28 days	0↑	0→	0→	-	
		Patients waiting > 28 days at month end not yet discharged.	20→	18↑	17↑	-	
	15.2	From April 2015 ensure that 99% of **all 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.					
		Percentage of MH patients, medically fit for discharge discharged within 7 days of patient being assessed. (Completed Discharges)	96%	93%	95%	96%	
		Numbers of completed discharges within 7 days	52	37	39	-	
		Completed discharges taking > 28 days	2↓	1↑	1→	-	
		Patients waiting > 28 days at month end not yet discharged.	3↓	4↓	4→	-	
	15.3	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).	54%	54%	45%	55%	
		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).	51↓	54↓	58↓	-	
		From April 2015 – 100%. All non-complex discharges from an acute hospital take place within 6 hours. (Belfast Trust).	96%↓	97%↑	96%↓	97%	
CMcN	**16.0**	**Learning Disability and Mental Health - Resettlement** Completion of the resettlement programme.					
	16.1	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	

Director Lead	Ref	Target	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
	16.2	Learning Disability Resettlement. Planned resettlement of 12 patients to commence by March 2016 and the remaining 4 by June 2016. *Figures revised October 2015 to show resettlements commenced. April to July 2015 reported completed resettlements. * December Performance Report indicated 5 resettlements, including the patient who died in August. This has reduced to 4, however, as the patient who commenced resettlement in December 2015 returned to hospital in January 2016.*	1	1*	-1*	4*	
CMcN	**17.0**	**Mental Health Services – Waiting Times**					
	17.1	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→	-	
	17.2	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.	127↑	154↓	217↓	-	
	17.3	From April 2015, no patient waits longer than 9 weeks to access dementia services.	0→	0→	0→	-	
	17.4	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.	234↓	250↓	255↓	-	
		PARTNERSHIPS					
CMcN	**18.0**	**Carers' Assessments:** By March 2016, secure a 10% increase in the number of carers' assessments offered (reported quarterly). **Target baseline:** 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 715	Q4 Jan – Mar 2016 -	
	19.0	**Direct Payments.** 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. *Data collation remains under review.*	518↓	518→	519↑	-	

Director Lead	Ref	Target	Q1 Apr-Jun 2015	Q2 Jul–Sep 2015	Q3 Oct-Dec 2015	Q4 Jan-Mar 2016	Cum Apr – Dec 2015	RAG
BB	**20.0**	**Tackling obesity** 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.						
	20.1	Total women referred where BMI ≤ 40. Q1 revised, Q3, 3 women pending	41	41	36	-	118	
	20.2	Percentage uptake *(* subject to review)*	60%	65%	50%*	-	61%*	

Director Lead	Ref	Target	Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
		PEOPLE					
DMcA	**21.0**	**Absence Rate 2015/16 - Percentage Target = 6.17%.** All HSC organisations are now being asked to make "*an improvement in sickness absence rates by 2.5%*". At 31st March 2015, the Trust sickness absence rate was 6.3%. This change will require BHSCT to improve to a position of 6.17% sickness absence by 31st March 2016.					
	21.1	Percentage absence in month and cumulative to date.	6.12%	6.21%	n/a	5.94%	

Director Lead	Ref	Target		Nov 2015	Dec 2015	Jan 2016	Apr 2015 - Jan 2016 Cumulative	RAG
CJ	**22.0**	**Complaints response times (Q).** Complaints data available quarterly following approval by the Complaints Review Committee (CRC), normally two months after quarter end. **The l**ast CRC meeting in December 2015, ratified Q1 and Q 2 figures.	Q4 Jan – Mar 2015	Q1 Apr - Jun 2015	Q2 Jul – Sep 2015	Q3 Oct - Dec 2015	Q4 Jan – Mar 2016	
	22.1	Formal Complaints received	567	477↓	402↓	-	-	
	22.2	Percentage of complaints responded to within 20 days.	52%	53%↑	57%↑	-	-	
	22.3	Percentage of complaints responded to within 30 days.	62%	69%↑	70%↑	-	-	
	22.4	Number of complaints remaining open as at 18/11/15	154	52↑	48↓	-	-	
		RESOURCES						
SD	**23.0**	**Hospital Cancelled OP Appointments:** 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. ** January 2016 data not yet available.*		2384	1823	1997	21473	
	24.0	**Non Elective and Elective IPDC & Elective OP SBA Performance reported Cumulatively each month**						
	24.1	Elective Admissions (baseline excludes HSCB uplifts)		+4%	+3%	+2%	+2%	
	24.2	Non Elective Admissions (baseline 2011/12)		+12%	+12%	+12%	+12%	
	24.3	OPN (baseline excludes HSCB uplifts)		-3%	-4%	-4%	-4%	
	24.4	OPR		+11%	+9%	+9%	+9%	

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.

SAFETY AND EXCELLENCE				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**
1.1 & 1.2	**Brenda Creaney**	**Health Care Acquired Infections (HCAI).** 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 *Clostridium difficile (C.Diff)* infections compared to 2014/15 outturns.	BHSCT MRSA against target Isolates & Target: 0, 5, 10, 15, 20, 25, 30 Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16 Cases, Target BHSCT C. difficile > 2 years against target Isolates & Target: 0, 20, 40, 60, 80, 100, 120, 140 Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16 Cases, Target	The Trust remains challenged to meet the current performance targets in relation to HCAI reduction to date in 2015/16. Trust HCAIs continue to exceed expected tolerance levels. All directorate improvement teams have now met and report their progress via their directorate assurance mechanisms. All directorates have also reported their actions and improvements to the HCAI improvement team in line with their specific plans on Friday January 8th 2016 and will do so monthly. All directorates are in agreement their plan meets their needs, but requires more consistent application and front line oversight across all areas and are fully signed up to the revised leadership approach. The key requirements of the plan remain: Leadership, Communication, HCAI prevention and reduction. The method is through continued consistent application of all policies, prevention and reduction in incidence, hand hygiene compliance, antimicrobial stewardship, environmental cleanliness, decontamination of equipment and adherence to dress code) and effective training (for all professions in respect of general infection prevention and control and ANTT specifically. Weekly meetings continue with the Chief Executive Dr McBride to include the Director of Nursing Brenda Creaney and Medical Director Dr Cathy Jack with Directors for Unscheduled Care and Acute Services, Surgery and Specialist Services and Adult Social and Primary Care.

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target
6.0	Jennifer Welsh	**Cancer care services** 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.

Trend Analysis

% cancer patients treated <14days

Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16

Breast Cancer % 14 day target — Breast Cancer Target

Breaches, Breast 14 day Target			
	Nov 2015	Dec 2015	Jan 2016
Breast Cancer	**187**	**190**	**177**

% cancer patients treated <31days

Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16

% 31 day target — Target

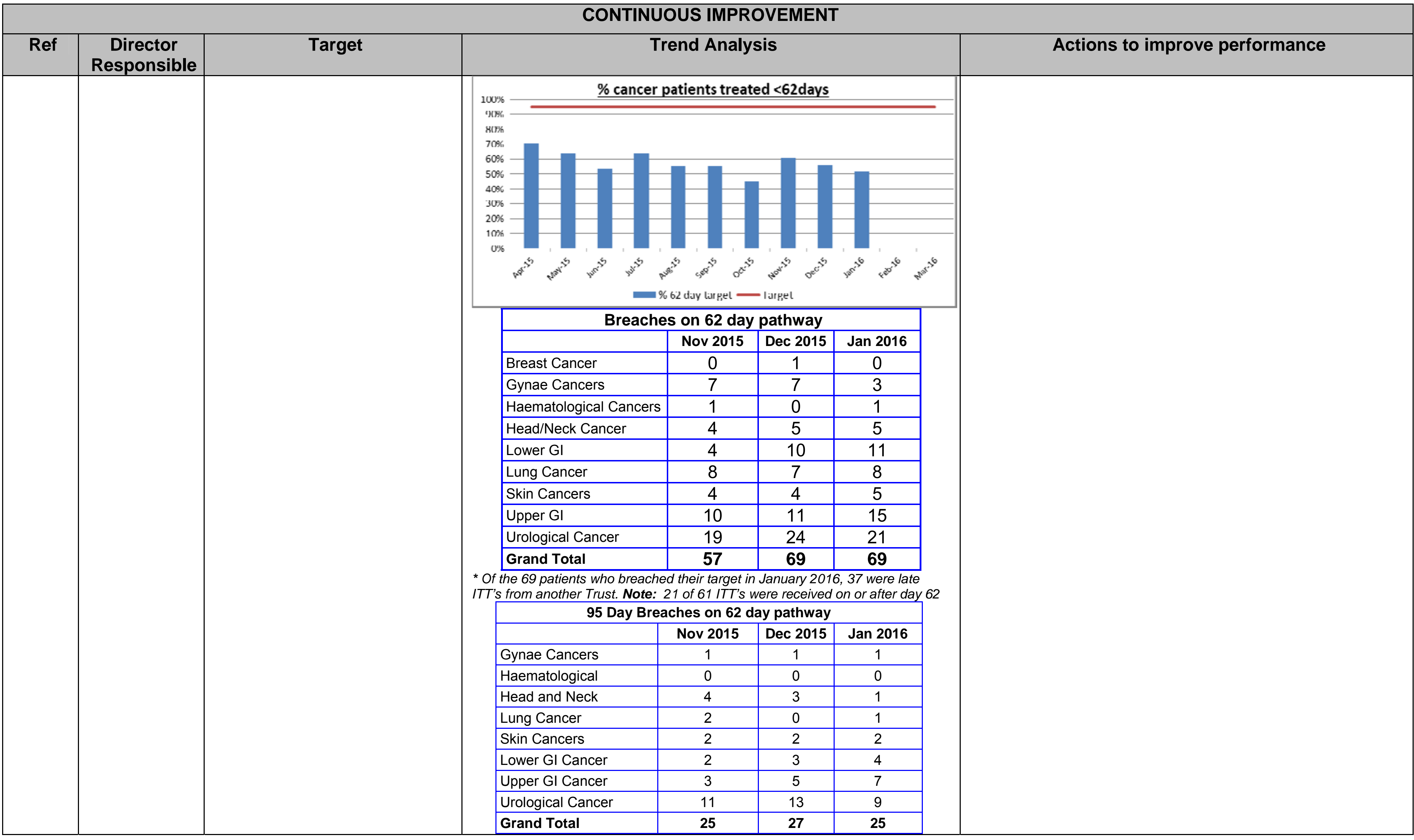
Breaches on 31 day pathway			
	Nov 2015	Dec 2015	Jan 2016
Brain	0	0	1
Gynae Cancers	4	2	1
Head and Neck	1	0	2
Lung Cancer	2	0	1
Lower GI Cancer	2	3	4
Skin Cancer	0	1	0
Testicular	0	0	1
Upper GI Cancer	2	0	3
Urological Cancer	15	12	17
Grand Total	**26**	**18**	**30**

Actions to improve performance

Success of the Breast Cancer Awareness campaign has impacted on achieving target from November 2015.

Actions currently being undertaken to improve performance:

- Additional evening one stop clinics being maintained where possible to improve performance against the Breast target. New consultant has commenced; implementation of permanent 4th one stop clinic in progress.
- New oncology outpatient pathway has been drafted with the aim of improving 14 day performance. Consultation with teams to commence in February 2016.
- Urology recovery plan has been funded non-recurrently by HSCB but there are challenges delivering the scale of activity needed to meet the 62 day target. As many additional lists and clinics have been organised as possible.
- A regional outpatient reform project for general surgery and gastro to improve outpatient waiting times has been established and work to improve pathways is underway. This will impact on Lower and Upper GI performance. Investment in EUS has also been secured which will improve the Upper GI pathway.
- Analysis of breaches across all tumour sites to identify other areas for improvement continues.



CONTINUOUS IMPROVEMENT				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**

Breaches on 62 day pathway			
	Nov 2015	**Dec 2015**	**Jan 2016**
Breast Cancer	0	1	0
Gynae Cancers	7	7	3
Haematological Cancers	1	0	1
Head/Neck Cancer	4	5	5
Lower GI	4	10	11
Lung Cancer	8	7	8
Skin Cancers	4	4	5
Upper GI	10	11	15
Urological Cancer	19	24	21
Grand Total	**57**	**69**	**69**

** Of the 69 patients who breached their target in January 2016, 37 were late ITT's from another Trust.* ***Note:*** *21 of 61 ITT's were received on or after day 62*

95 Day Breaches on 62 day pathway			
	Nov 2015	**Dec 2015**	**Jan 2016**
Gynae Cancers	1	1	1
Haematological	0	0	0
Head and Neck	4	3	1
Lung Cancer	2	0	1
Skin Cancers	2	2	2
Lower GI Cancer	2	3	4
Upper GI Cancer	3	5	7
Urological Cancer	11	13	9
Grand Total	**25**	**27**	**25**

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
6.1	**Bernie Owens/ Brian Barry**	**Unscheduled Care** From April 2015: 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	% A&E Attendances < 4hrs No of A&E Attendances > 12hrs	Building on previous achievements, the Trust continues to strive for improvement in Emergency Department (ED) provision. Current achievements in operational improvements in RVH Emergency Department are highlighted below: • CAU open and avoiding up 12 admissions a day, average 7 a day • 4 hour performance – approx 10% improvement consistently against the same three month period last year • ATTEND / PIT STOP model operating and turning ambulances around – approx 14 mins quicker than same period last year • Ambulatory Care centre opened Monday 10th November 2015. Note: There has been an 8% growth in RVH ED attendances The Trust has embarked on a marketing and advertising campaign to recruit ED Consultants, middle grade doctors and qualified ANPs. Latest Adverts have produced 12 Consultant candidates to interview and 11 Middle grades. Trust is also exploring the role of Physician Associates. A review was undertaken of paediatric attendances to the Mater ED to ensure that patients are seen in the right place at the right time. Agreement has been reached that these patients should be temporarily treated at RBHSC ED. During November 2015 safety concerns were raised by Mater ED staff regarding the ability to manage patients out of hours. As a result the NIAS Ambulance Protocol has been updated, and regular medical and anaesthetic SPR night time cover on the Mater Site has been secured.
6.2		No patient attending any Emergency Department should wait longer than 12 hours.	%A&E Attendance <4hrs No. of A&E Attendances >12hrs	

CONTINUOUS IMPROVEMENT				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**
			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 30/01/2016.	

CONTINUOUS IMPROVEMENT				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**
7.1 / 7.4	**Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl**	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.	% Outpatients waiting > 9wks on Waiting List % waiting greater than 9 wks — Target Number of outpatients waiting >18wks waiting > 18 wks — target	Following the announcement by the Minster 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 is being is being delivered during January – March 2016 and is assisting in reducing current waiting times in a number of specialties. In summary 11500 patients requiring a new outpatient assessment have been transferred to the independent sector to be seen before the end of March 2016. Patients requiring treatment following their initial OP assessment may be treated during April – September 2016. The Trust is also planning to deliver around 16000 additional new and review outpatient appointments before the end of March 2016. 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 2015 being taken forward. Follow up workshops have been held in January and February 2016 to progress work. The Trust OP Modernisation project is ongoing focusing on streamlining patient pathways, review of workforce, administration and infrastructure, and maximising use of technology. Reports, related to administration and infrastructure, are being completed for review in March 2016.

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
8.1	**Bernie Owens/ Brian Barry**	**Elective care - Diagnostic Waiting Times** From April 2015, no patient waits longer than nine weeks for a diagnostic test. Numbers of patients breaching target at month end.	Scan breaches table (see below) Total Number of diagnostic 9wk breaches (chart: Breaches, Target; Apr-15 to Mar-16)	Overall the Trust showed a steady decrease in breaches from the peak demand in July 2015. Increased demand and a slowdown over Christmas, however, has seen a further spike in breaches during December 2015 and January 2016. The Trust is working to improve the position with reductions in breaches during the fourth quarter and into 2016/17 and has secured additional non-recurrent investment. Arrangements are now in place to carry out additional activity both in house and within the independent sector across these diagnostic areas. Recurrent additional investment to install a Paediatric MRI scanner and for backfill of sessions within the RVH adult imaging department has been secured. This is expected to improve throughput on RVH site and impact on waiting times from January 2016. Investment was also received for the introduction of an additional 8.5 CT sessions to be targeted towards the unscheduled care pathways. Business cases are currently being prepared to close the gap between demand and capacity during 2016/17 for the following areas, MRI, CT, Ultrasound and Plain Film.
8.2	**Bernie Owens/ Brian Barry**	From April 2015, all urgent diagnostic tests are reported on within two days of the test being undertaken.	% urgent diagnostics reported <2days (chart: % urgent within 2 days, Target; Apr-15 to Mar-16)	Increased demand and a slowdown over the Christmas period has shown an increase in breaches of urgent diagnostics during January 2016. 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).

Scan	Nov 2015	Dec 2015	Jan 2016
MRI*	2751	3424	3533
Cardiac MRI*	237	258	292
CT*	653	729	729
Ultrasound*	766	1238	1215
Barium Enema	0	0	0
Dexa Scans	0	0	0
Radio-nuclide	0	0	2
Audiology	9	24	29
ECHO*	2031	2287	2387
MPI*	153	178	142
Neurophysiology*	1119	1366	1352
Sleep Studies	184	167	36
Urodynamics	48	52	56
Total	**7951**	**9723**	**9773**

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
			(see diagnostics table below)	
9.1/ 9.4	**Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl**	From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks, and no patient waits longer than 26 weeks.	(see charts below)	(see actions below)
12.0	**Bernie Owens/ Brian Barry**	**Allied Health Professionals (AHP)** From April 2015, no patient waits longer than 13 weeks from referral to	(see AHP table below)	(see actions below)

	Nov 2015	Dec 2015	Jan 2016
MRI	80%	83%	80%
CT	89%	88%	87%
Ultra sound	94%	93%	95%
Barium Enema	n/a	n/a	88%
RN	91%	73%	93%
PET	88%	87%	100%
ECHO	92%	94%	N/A
MPI	30%	20%	53%
Neurophysiology	78%	92%	88%
Total	**88%**	**67%**	**80%**

% IPDC waiting >13wks on Waiting List

Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16

% Inpatients waiting greater than 13 weeks — Target

Number Inpatient & Daycases waiting >26wks

14000, 12000, 10000, 8000, 6000, 4000, 2000, 0

Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16

waiting > 26 wks — Target

Following the announcement by the Minster of £40m funding being made available regionally to address current long waiting lists, the Trust has secured some additional in house and independent sector capacity for elective patients.

The majority of the additional capacity is being delivered during January – March 2016 and will assist in reducing current waiting times in some specialties.

Additional in-house work is mainly within Paediatric Surgery (100 treatments) and Special Care Dentistry (30 treatments). Independent sector capacity (around 3000 patient treatments) is mostly being delivered for Orthopaedics, with a smaller number of patients in Ophthalmology, Gynaecology, Pain and ENT being transferred to IS providers.

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.

* *Up to date data not currently available*

Breach	Physio	OT	Orthop	Pod	SLT	Diet	Total
Apr-15	n/a	284	0	1	299	160	584*
May-15	n/a	445	9	2	369	171	825*

- 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

CONTINUOUS IMPROVEMENT				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**

Target (continued):

commencement of AHP treatment.

Numbers of patients waiting longer than 13 weeks at month end.

Delay in figures due to issues with PARIS and manual counting.

Trend Analysis (continued):

Jun-15	n/a	382	16	16	433	188	1007*
Jul-15	n/a	474	26	20	455	171	1146*
Aug-15	n/a	549	87	8	522	188	1354*
Sep-15	n/a	n/a	110	n/a	542	251	1505*
Oct-15	n/a	635	105	0	464	194	1398 *
Nov-15	n/a	628	68	12	450	n/a	1158 *
Dec-15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Jan-15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Feb-15							
Mar-15							

Whilst data collation remains an issue, the AHP Service has undertaken a number of manual exercises to establish a snapshot of the position in the months indicated below:

Table B: Allied health Professional (AHP) Services Waiting Times reported at May, Sep & Dec 2015*

Profession	31 May 2015		30 Sep 2015		31 Dec 2015	
	Patients waiting > 13 weeks	Longest wait (weeks)	Patients waiting > 13 weeks	Longest wait (weeks)	Patients waiting > 13 weeks	Longest wait (weeks)
Physio	1804	48	720	37	1705	43
OT	414	27	703	37	1031	49
SLT	218	91	549	102	515	75
Dietetics	102	29	224	34	223	44
Podiatry	2	16	2	20	0	0
Orthoptics	8	18	110	26	97	32
Total	2548		2308		3571	

Actions to improve performance (continued):

address these challenges during 2015/16 through the rollout of PCIS.

- The waiting time in BHSCT remains above the Ministerial target in some sub-speciality areas of the AHP services.
- 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.
- 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.
- 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.

Ref: 15.1

Director Responsible: **Catherine McNicholl**

Target:

Patient Discharge

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

Trend Analysis:

MH patients, medically fit for discharge, discharged within 7 days of patient being assessed.

Completed Discharges	Nov 2015	Dec 2015	Jan2016	Cum
Percentage	96%	93%	95%	96%
Number	52	37	39	-

LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.

Completed Discharges	Oct 2015	Dec 2015	Jan 2016	Cum
Percentage	100%	100%	100%	76%
Number	2	1	1	-

Actions to improve performance:

Mental Health services continue to perform well against the targets. There were 41 discharges in January 2016, 39 of which were in under 7 days. The two exceptions were patients awaiting EMI community placements which can take considerable time to identify.

Learning Disability services are not always able to deliver against targets. Patients often require complex packages which take longer to establish. The only discharge in January was discharged in under 7 days.

CONTINUOUS IMPROVEMENT				
Ref	**Director Responsible**	**Target**	**Trend Analysis**	**Actions to improve performance**
15.3	**Catherine McNicholl**	**Patient Discharge** 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). 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).	**% acute complex discharges <48hrs** **Complex discharges from an acute hospital take place within 48 hours (All Hospital Trusts - Belfast ToR) - Source Web Portal** **Nov 2015**: 54% · **Dec 2015**: 54% · **Jan 2016**: 45% **Complex discharges delayed by > 7 days** **Complex discharges delayed by more than 7 days (from All Hospital Trusts - Belfast ToR) - Source Web Portal** **Nov 2015**: 51 · **Dec 2015**: 54 · **Jan 2016**: 58	There are issues with accuracy and timeliness of coding discharge delays and pathways of patients medically fit on the PAS system at ward level. The Trust is developing a patient tracking 'app' which will track a patient journey from hospital to discharge. Patients often require complex packages which take longer to establish. There continues to be challenges in delivering against targets due to insufficient community service provision to meet demand i.e. community packages of care & EMI / NH beds. Patient and next of kin choice continue to impact on facilitating timely discharge.

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance

17.4 | **Catherine McNicholl**

Target: 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.

Trend Analysis:

Psychological therapies patients waiting >13wks

300
250
200
150
100
50
0
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
No waiting > 13wks
Target

Psychological Therapies patients waiting > 13 weeks	Nov 2015	Dec 2015	Jan 2016
Adult Health Psychology	171	171	172
Psychosexuality	23	23	19
Learning Disability	1	1	0
Children's Disability	23	22	21
Adult MH	10	30	18
Child Psychology	4	3	25
Trauma	**2**	**-**	0
Total Psychology	**234**	**250**	**255**

Actions to improve performance:

There are waits in the delivery of psychological therapies, both in their delivery within Mental Health Services and also within Psychological Services.

The main waits are in adult health psychology - pain is part of this and should reduce in the next few months, as an appointment was made in December. There are still problems in neuropsychology and this is currently under discussion. Child psychology is a capacity issue with increased referrals and this is being discussed with potential additional resources being considered.

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.

19.0 | **Catherine McNicholl**

Target: **Direct Payments.** 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. *Data collation remains under review.*

Trend Analysis:

Month	ELD	MH	LDIS	PDIS	Total Outturn	Planned Capacity	Variance
Outturn Mar15	205	167	111	30	513	503	+10

2014/15 Outturn = 513 against plan of 503.
2015/16 planned baseline 537, planned increase of 54 (10%) above this to 591 by 31st March 2016.

2015/16 Outturn to date:

Month	ELD	MH	LDIS	PDIS	Total Outturn	Planned Capacity	Variance to date
Apr-15	105	30	165	201	501	542	-41
May-15	113	30	168	201	512	546	-34
Jun-15	112	31	169	202	514	551	-37

Actions to improve performance:

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).

The Trust exceeded the target for 2014/15 and continues to deliver above 2014/15 outturn.

The Trust is not likely to meet the target of 591 DP by 31st March 2016 - there are only 6 additional DP at the end of January 2016 compared to March 2015 outturn.

Whilst the position at the end of January indicates there are 519 people currently in receipt of DP, the Trust has delivered 578 DP's during the year from April to the end of January 2016.

There are a variety of reasons for people to no longer

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance

Jul-15	112	32	171	199	514	555	-41	
Aug-15	110	34	174	197	515	560	-45	
Sep-15	108	33	178	200	519	564	-45	
Oct-15	107	31	180	202	520	569	-49	
Nov-15	103	32	181	202	518	573	-55	
Dec-15	104	32	182	200	518	578	-60	
Jan-16	104	32	183	200	519	582	-63	
Feb-16						587		
Mar-16						591		

continue to receive Direct Payments. Changes of circumstance can range from simply no longer wishing to use DP, to the death of client or carer.

23.0

Shane Devlin

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

Target by 31 March 2016 = 20,563

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%
Nov-15	13708	17653	3945	29%
Dec-15	15422	19476	4054	26%
Jan-16	17135	21473	4338	25%

Detailed quarterly reports for hospital cancellations by speciality, consultant and reason have been widely circulated across service directorates. These have also been discussed at elective reform meetings– Gynaecology, Ophthalmology, ENT and General Surgery.

Some data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff.

The Trust is completing the implementation of Outpatient Review Partial Booking during March / April 2016, and this should assist in reducing cancellations during 2016/17.

Appendices

Appendix (i) **Acute Hospital Service and Budget Agreement Activity to the end of January 2016**

Appendix (ii) **Summary of Trust activity for specific services during 2012/13, 2013/2014, 2014/15 and April 2015 to January 2016**

Appendix (iii) **Commissioning Directions Targets to be reported Annually / definitions to be clarified by the HSCB.**

Appendix (i)

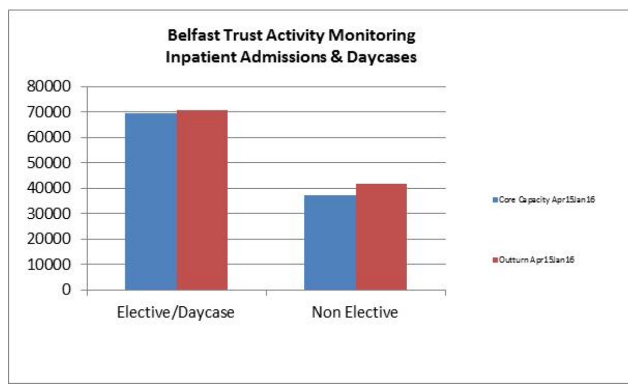
Acute Hospital Service and Budget Agreement Activity to the end of January 2016

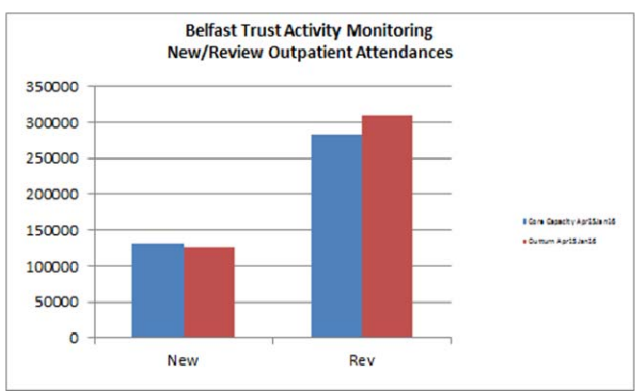
For the period 2015/16, core activity had been agreed in the majority of specialties with the HSCB for monitoring purposes. The HSCB have subsequently applied a 2% uplift or 2012/13 outturn (if higher) in a number of specialties associated with productivity. The Trust has advised the HSCB these uplifts 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).

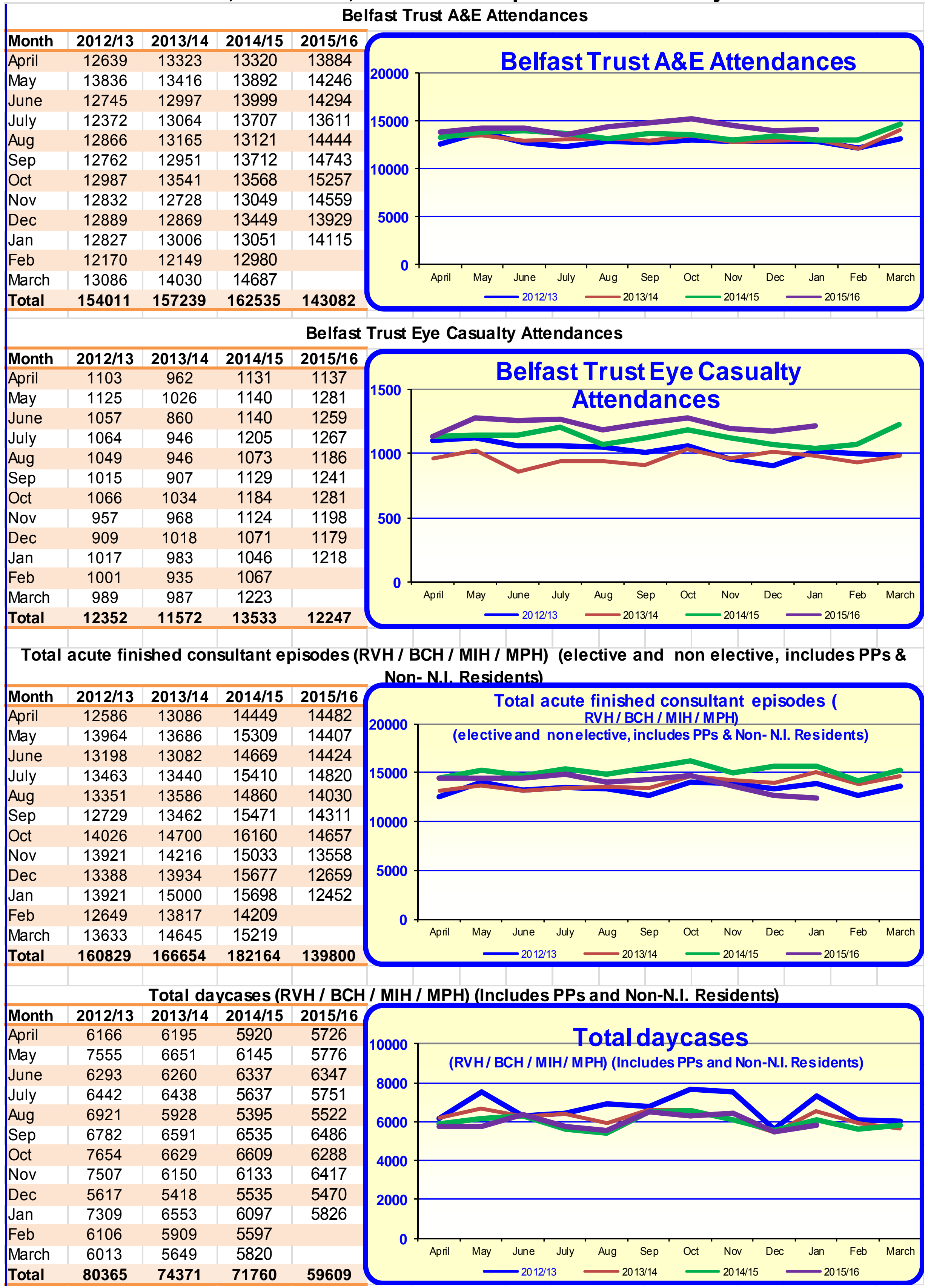
The graphs indicate the following performance;

- Elective IPDC +2%
- Non-elective admissions +12% (compared to 2011/12)
- OPN -4%
- OPR +9%.





Appendix (ii)
Summary of Trust activity for specific services during 2012/13, 2013/2014, 2014/15 and April 2015 to January 2016



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	15257
Nov	12832	12728	13049	14559
Dec	12889	12869	13449	13929
Jan	12827	13006	13051	14115
Feb	12170	12149	12980	
March	13086	14030	14687	
Total	**154011**	**157239**	**162535**	**143082**

Belfast Trust Eye Casualty Attendances

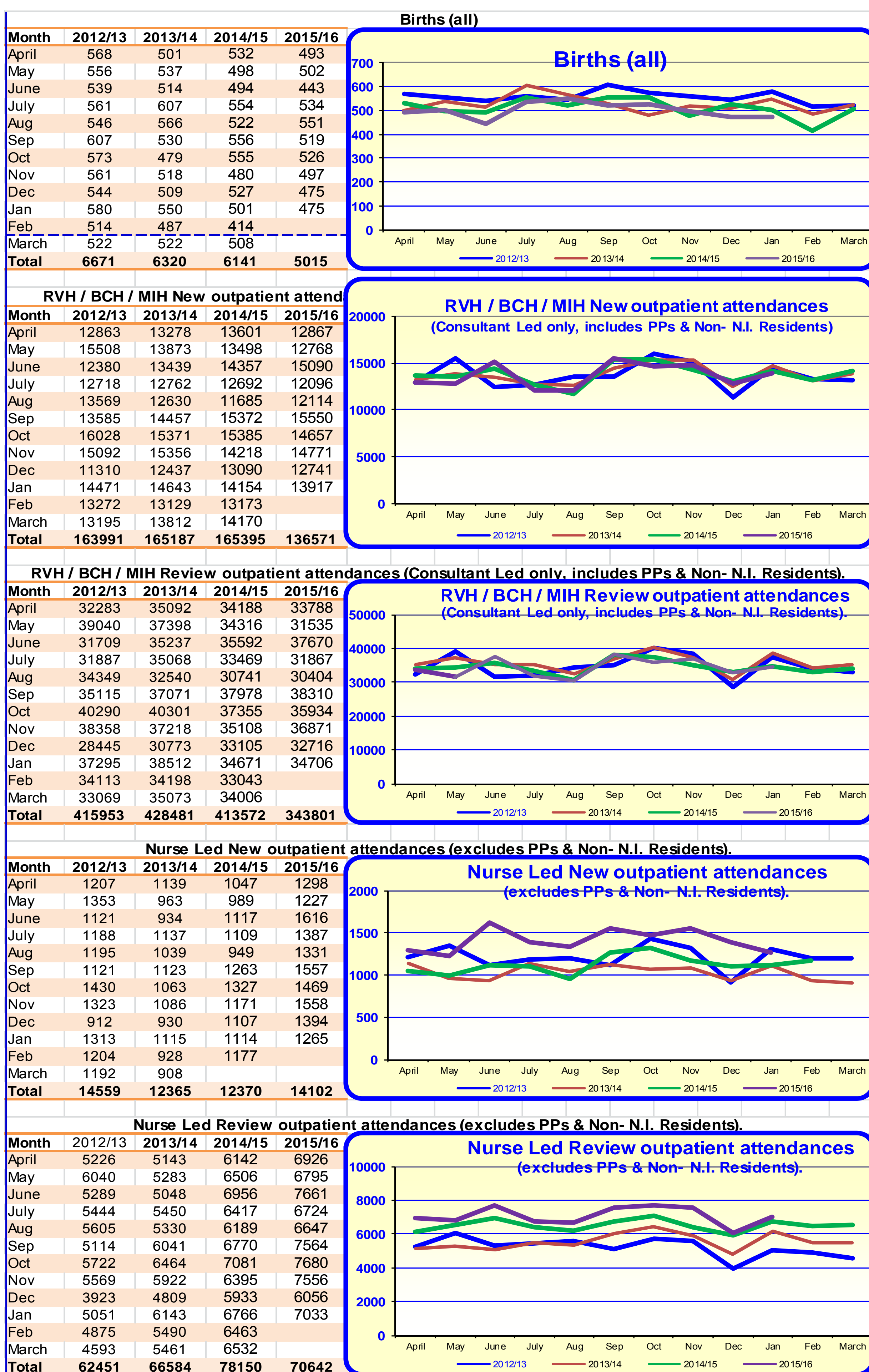
Month	2012/13	2013/14	2014/15	2015/16
April	1103	962	1131	1137
May	1125	1026	1140	1281
June	1057	860	1140	1259
July	1064	946	1205	1267
Aug	1049	946	1073	1186
Sep	1015	907	1129	1241
Oct	1066	1034	1184	1281
Nov	957	968	1124	1198
Dec	909	1018	1071	1179
Jan	1017	983	1046	1218
Feb	1001	935	1067	
March	989	987	1223	
Total	**12352**	**11572**	**13533**	**12247**

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	14482
May	13964	13686	15309	14407
June	13198	13082	14669	14424
July	13463	13440	15410	14820
Aug	13351	13586	14860	14030
Sep	12729	13462	15471	14311
Oct	14026	14700	16160	14657
Nov	13921	14216	15033	13558
Dec	13388	13934	15677	12659
Jan	13921	15000	15698	12452
Feb	12649	13817	14209	
March	13633	14645	15219	
Total	**160829**	**166654**	**182164**	**139800**

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	5776
June	6293	6260	6337	6347
July	6442	6438	5637	5751
Aug	6921	5928	5395	5522
Sep	6782	6591	6535	6486
Oct	7654	6629	6609	6288
Nov	7507	6150	6133	6417
Dec	5617	5418	5535	5470
Jan	7309	6553	6097	5826
Feb	6106	5909	5597	
March	6013	5649	5820	
Total	**80365**	**74371**	**71760**	**59609**



Births (all)

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	475
Jan	580	550	501	475
Feb	514	487	414	
March	522	522	508	
Total	**6671**	**6320**	**6141**	**5015**

RVH / BCH / MIH New outpatient attend

Month	2012/13	2013/14	2014/15	2015/16
April	12863	13278	13601	12867
May	15508	13873	13498	12768
June	12380	13439	14357	15090
July	12718	12762	12692	12096
Aug	13569	12630	11685	12114
Sep	13585	14457	15372	15550
Oct	16028	15371	15385	14657
Nov	15092	15356	14218	14771
Dec	11310	12437	13090	12741
Jan	14471	14643	14154	13917
Feb	13272	13129	13173	
March	13195	13812	14170	
Total	**163991**	**165187**	**165395**	**136571**

RVH / BCH / MIH Review outpatient attendances (Consultant Led only, includes PPs & Non- N.I. Residents).

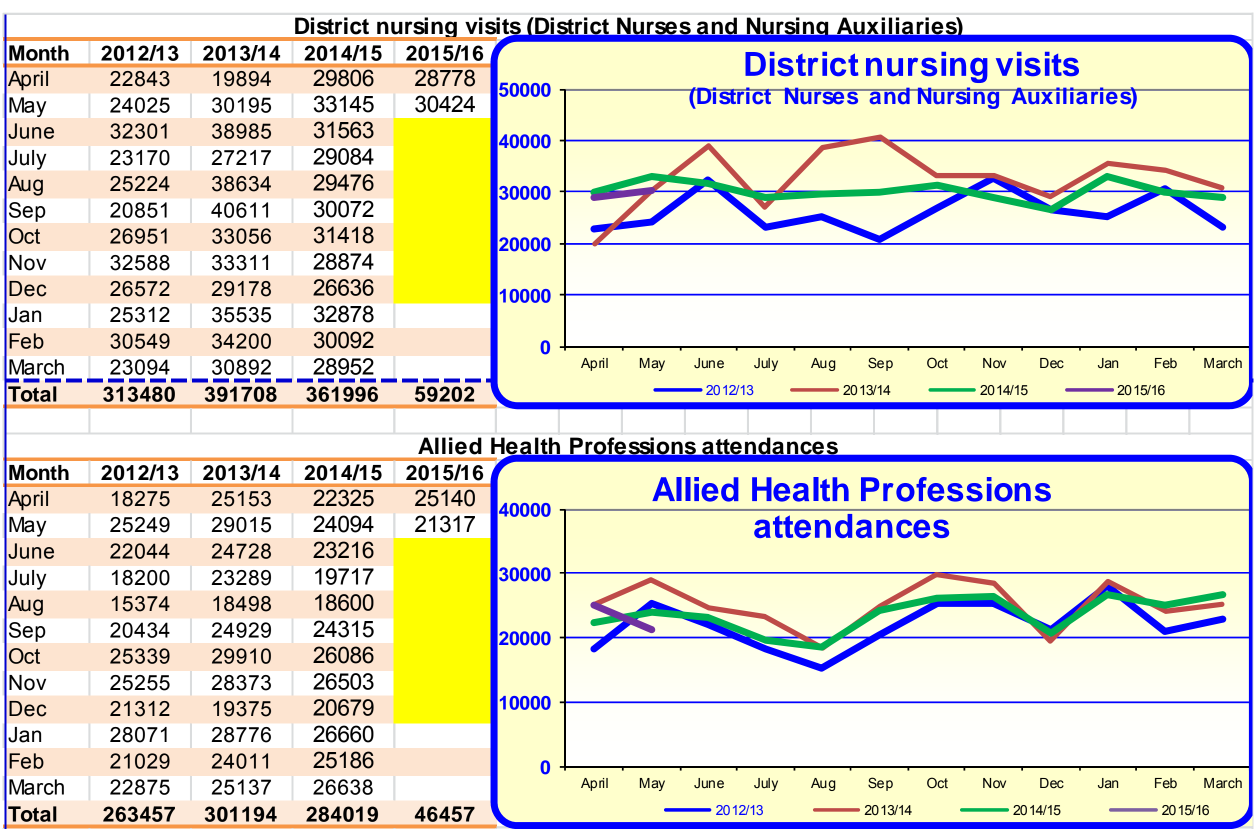
Month	2012/13	2013/14	2014/15	2015/16
April	32283	35092	34188	33788
May	39040	37398	34316	31535
June	31709	35237	35592	37670
July	31887	35068	33469	31867
Aug	34349	32540	30741	30404
Sep	35115	37071	37978	38310
Oct	40290	40301	37355	35934
Nov	38358	37218	35108	36871
Dec	28445	30773	33105	32716
Jan	37295	38512	34671	34706
Feb	34113	34198	33043	
March	33069	35073	34006	
Total	**415953**	**428481**	**413572**	**343801**

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	1387
Aug	1195	1039	949	1331
Sep	1121	1123	1263	1557
Oct	1430	1063	1327	1469
Nov	1323	1086	1171	1558
Dec	912	930	1107	1394
Jan	1313	1115	1114	1265
Feb	1204	928	1177	
March	1192	908		
Total	**14559**	**12365**	**12370**	**14102**

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	6724
Aug	5605	5330	6189	6647
Sep	5114	6041	6770	7564
Oct	5722	6464	7081	7680
Nov	5569	5922	6395	7556
Dec	3923	4809	5933	6056
Jan	5051	6143	6766	7033
Feb	4875	5490	6463	
March	4593	5461	6532	
Total	**62451**	**66584**	**78150**	**70642**



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	
Total	**313480**	**391708**	**361996**	**59202**

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	
Total	**263457**	**301194**	**284019**	**46457**

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

Other Commissioning Directions Targets — Appendix (iii)

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

- Is reported provisionally at 1st February, commencing December 2015 data.
  Reference 15.2 - section A, above.

Hospital Emergency readmissions (Belfast Trust re-admissions)

- 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.