



Northern Health
and Social Care Trust

TRUST BOARD PERFORMANCE REPORT

June 2016

Prepared & Issued by Strategic Development and Business Services – 26th July 2016

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Key:

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

Trend on previous month (TOPM)	
Performance improving	↑
Performance decreasing	↓
Performance static	↔

Key Trust Challenges & Progress

Psychological Waits

At the end of June there were 252 patients waiting over 13 weeks, compared to 229 the previous month. Performance continues to be impacted in the main by 2 separate services. In PTS (Psychology of MH) there were 189 breaches which is deterioration on the end of May position. The end of March position was improved temporarily due to a waiting list initiative funded by non-recurrent HSCB investment. There continues to be vacancies within the service which are all now offered and accepted but staff are not as yet in post. However the position will deteriorate slightly over the next few months until all staff are in post. The service is expected to return to full capacity by the start of October 2016. Overall there remains a capacity - demand gap of 4wte. Actions being taken include a new model of service being developed in line with full implementation of CAPA process and more groupwork and access to choice of psychological therapy being offered. Capacity within the service is also being flexed by offering assessment clinics. Learning Disability service (adult and children) continues to be impacted by vacant posts however these are in the process of being filled. When all posts are filled capacity typically matches demand. On-going actions include engagement with referring agents re other models of provision during periods of reduced capacity within the service. Breaches in the Learning Disability service will reduce when all vacant posts are filled & additional capacity is in place.

Breast Cancer Referrals seen with 14 days

The Trust's performance against the 14-day breast cancer access target during June was 97%. The target of 100% was achieved during May however the demand for red flag breast clinics continues to be approximately 30% higher than the Trust's funded capacity, with the shortfall being made up through elective access funding. In this context, short-term peaks in demand can be difficult to accommodate, which has led to small numbers of breaches in recent months. Actions being taken include additional breast outpatient clinics, inpatient theatre sessions and MDM meetings being held. It is anticipated that some breaches may continue beyond June 2016.

62 Day Urgent Suspected Cancer referrals to commence treatment

Cases are monitored through tumour sites e.g. Breast, Dermatology & Urology. Currently delays in accessing surgical outpatients and endoscopy are impacting on the upper and lower gastrointestinal sites. Additional elective access funding has been received which has reduced red flag endoscopy waits, although the impact will not be evidenced until patient treatment pathways have been completed. The Trust has submitted a business case to the Board for an additional gastroenterologist, which if approved will increase endoscopy capacity. Delays in first outpatient appointments for skin cancers is due to a lack of capacity and delays in the Belfast Trust for plastic surgery. Additional sessions are being undertaken to reduce waiting times for first outpatient appointments and the Belfast Trust is working with PHA to address capacity issues for plastic surgery. The Urology Service is now delivered under Team Northwest.

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

Performance against the 4 hour target during June 2016 was 66% at Antrim hospital and 60% at Causeway hospital. Antrim ED had 84 twelve hour breaches during June compared to 79 the previous month whilst Causeway Hospital had 12 twelve hour breaches compared to 8 the previous month. Cumulatively the Trust has experienced 99 more twelve hour breaches than the same period last year.

Diagnostic Waiting Times

Diagnostic demand continues to exceed capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled care has taken precedence over elective care. Non-recurrent elective access funding has been made available to reduce the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding was received in Q4 2015/16, which will help address the significant demand-capacity gap in CT, MRI and Ultrasound. Efforts to recruit 3wte consultant radiologists to support 7 day working, including a European-wide trawl, have been unsuccessful to date. Radiology agency cover will be needed to provide additional weekend and evening capacity due to shortage of suitably qualified radiologists. Future performance will be dependent on whether demand continues to rise.

Demand and Elective Waiting Lists

Referrals for New 'Red Flag' Cancer Outpatient appointments continued to increase during 2015/16 with 15302 such referrals compared to 12911 during 14/15, an increase of 18.5%. During the first three months of 2016/17 there has been an increase of 13% compared to the same period last year and this continues to have a significant impact on Trust waiting times. At the end of the first quarter of 2016/17 the combined position for elective inpatients and daycases is 4% below expected SBA volumes. New outpatient attendances are slightly below SBA with a variance of 60 attendances below the expected SBA volumes. Review attendances were 22% above volumes at the end of June.

Patients Waiting over
9 Weeks for a
Diagnostic Test
(page 15)

Breast Cancer
referrals seen with
14 days
(page 17)

62 Day Urgent
Suspect Cancer
commence treatment
(page 18)

Emergency Dept.:
Patients treated &
discharged < 4hrs
(page 19)

Psychological Waits
> 13 weeks (page 24)

Demand for Services
(page 43)

1.0 Service User Experience

1.1 Patient Experience as replied in Patient Surveys

10,000 Voices

The 10,000 Voices initiative continues using a phased approach including regional and specialist projects. **8,715** patient stories have been returned regionally, of which **1991** (22.8%) are NHSCT Returns. Stories continue to illustrate compliance with the patient and client experience standards.

Story collection and feedback continues to be supported in the following areas:

- Unscheduled Care (Emergency Departments, Minor Injuries, and GP out of Hours)
- Care in your own home
- Northern Ireland Ambulance Service
- Staff Experience
- Experience in Health and Social Care (Generic Tool).
- Paediatric Autism/CAMHS: (regional specialist project)

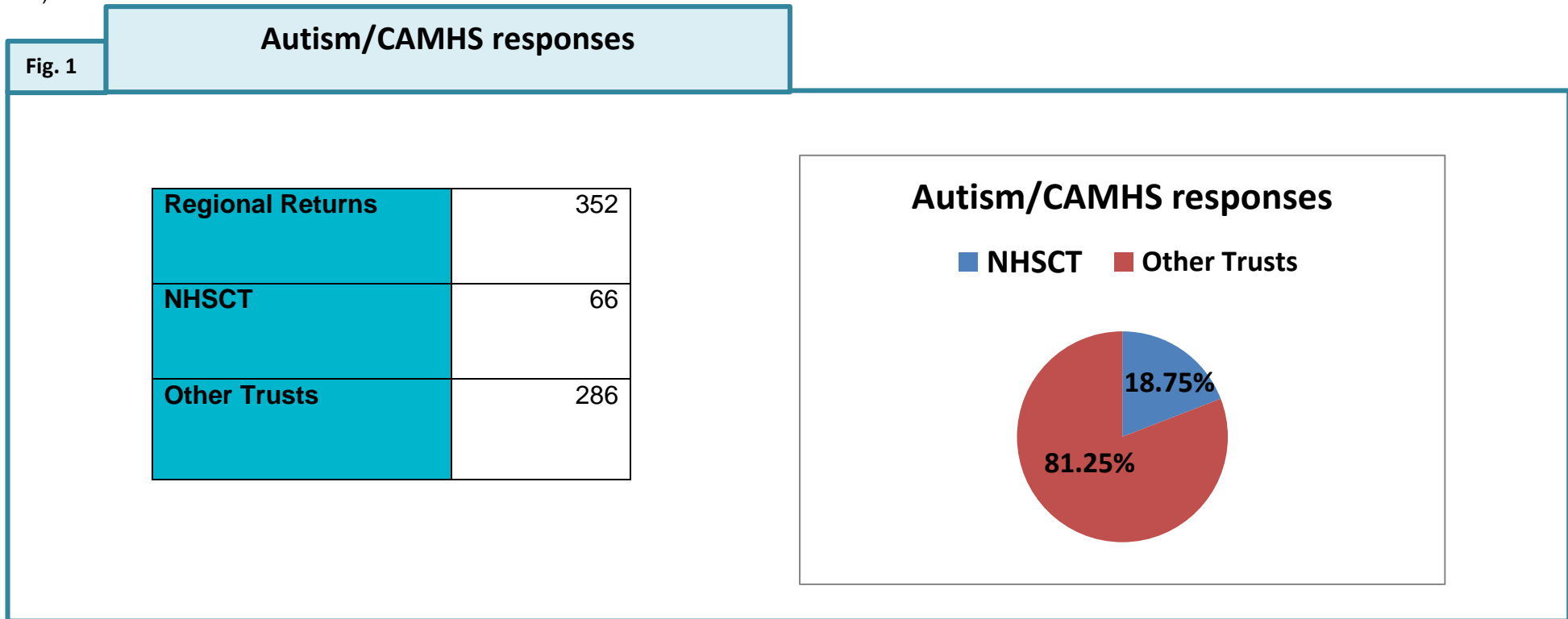
	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative
Unscheduled Care	1512	529 (34.9%)	449	47	33
Northern Ireland Ambulance Service ¹	299	158² (52.8%)	151	5	2
Care in Your Own Home	1425	172³ (12%)	146	17	9
Staff experience	264	27³ (10.2%)	12	8	7
Health and Social Care in Northern Ireland	37	6³ (16.2%)	5	0	1

1. Patients who access NIAS services as part of their care episode.
2. Stories still being analysed are included in numbers
3. Returns unchanged for this month

1.0 Service User Experience

1.1 Patient Experience as replied in Patient Surveys

A work stream within 10,000 voices supports specialised projects to capture patient experiences. The current service being supported is Paediatric Autism and CAHMS. This phase commenced in January 2016 and completed on 30 June 2016. The survey tool captured experiences relating to either Autism services or CAHMS. There have been **352** regional returns with **66** (18.75%) NHSCT returns. (Please see figure 1). Responses have also included experiences relating to **both** services where people have had contact with Autism services **and** CAMHS. Respondents are asked to rate their overall experience into one of three categories: Poor/Very Poor, Just Ok, or very good/good. (Please see figure 2)

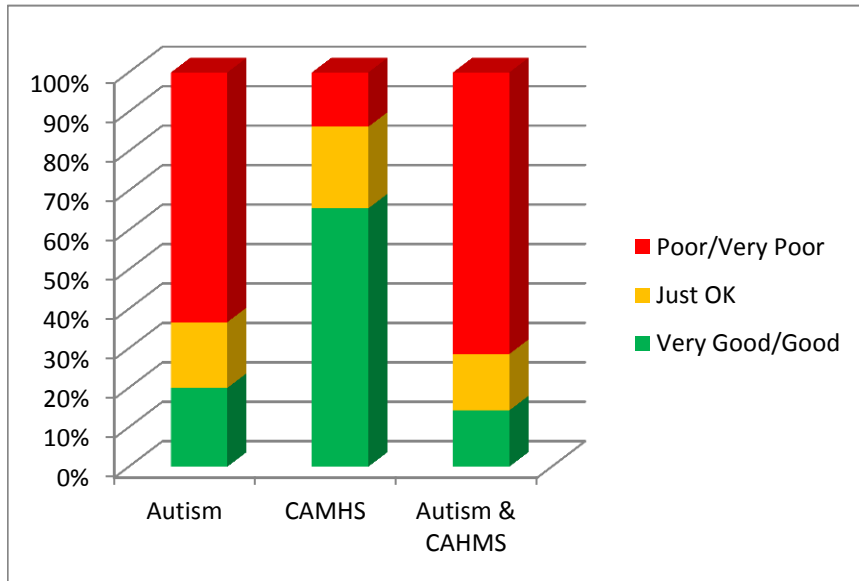


1.0 Service User Experience

1.1 Patient Experience as replied in Patient Surveys

User Experience Rating

Fig. 2



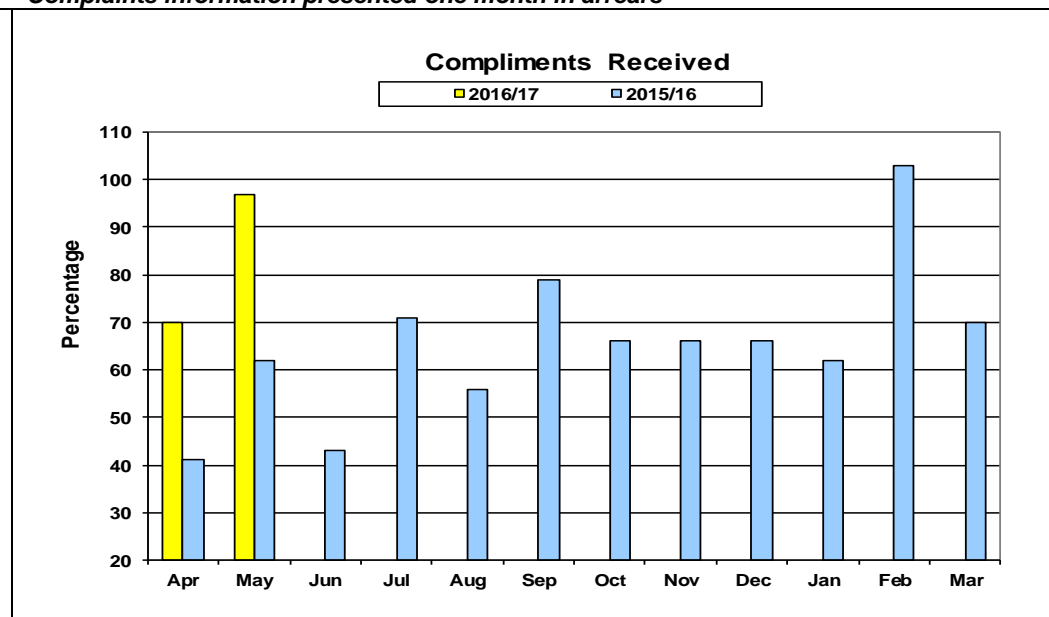
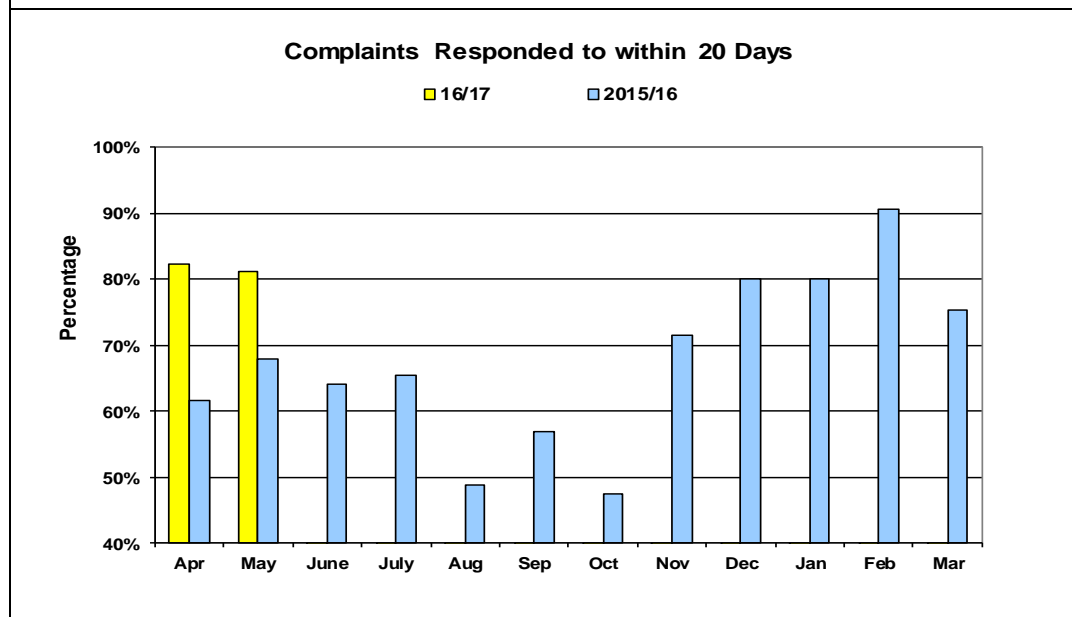
NHSCT Responses (N=66)	Very Good/Good	Just OK	Poor/Very Poor
Autism	6	5	19
CAHMS	19	6	4
Autism & CAHMS	1	1	5
Total:	26	12	28

1.0 Service User Experience

1.3 Complaints / Compliments

May 2016 Position	Acute (MEM & SCS)	Child (WCF)	MHLDC	Community	Finance	SDBS	M&G	Nursing	Unknown	Trust Total	Main Issues Raised Through Complaints The Trust actively encourages feedback from our service users including complaints, compliments or enquiries. Such feedback helps identify areas where high quality care is being provided and where this is not the case use these as an opportunity for learning and improving services. We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this may not be possible in all cases. During May 2016 there were 64 formal complaints, 8 of which have been reopened. Of these complaints 52 were responded to within 20 working days (81%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information. Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.
Number of Complaints	29	16	7	10	0	2	0	0	0	64	
% Complaints Responded to within 20 Days	76%	81%	100%	80%	0	100%	0	0	0	81%	
Compliments Received	45	10	7	26	0	0	0	8	1	97	
Number of complaints relating to staff attitude, behaviour and communication.										21	
(Target = 5% reduction in user complaints relating to staff attitude, behaviour and communication compared to 15/16 figures. New Target for 16/17 = no more than 170 relating to staff attitude and communication, 14 per month)											

Complaints information presented one month in arrears



2.0 Safe & Effective Care

2.1 Healthcare Acquired Infections

2.2 Stroke

2.3 Pressure Ulcers / Falls in Adult Wards / Venous Thromboembolism (VTE Risk Assessment)

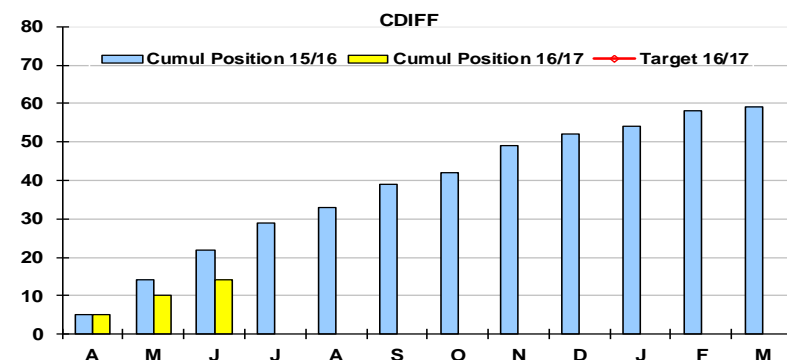
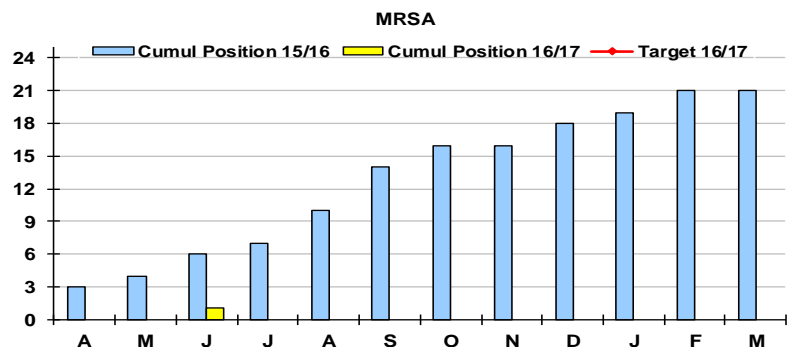
2.4 Serious Adverse Incidents

2.0 Safe & Effective Care

2.1 Healthcare Acquired Infections

	Actual Activity 15/16	Apr 16	May 16	Jun 16	Cumulative Position as at 30 th June
No of MRSA cases	21	0	0	1	1
No. of CDiff cases	59	5	5	4	14
Deaths associated with CDiff	5	0	0	0	0

Target 2015/16 MRSA = 10, CDiff = 59, 2016/17 Target to be confirmed
While these cases are reported/detected in a hospital setting several cases will have come from a community setting.



Causes/Issues that are impacting on performance

Causes/Issues that are impacting on performance

MRSA – The Trust has not yet received the target set for MRSA cases for 2016/17; We have had 1 MRSA case for the end of June. A Post Infection Review will continue for every case of MRSA bacteraemia identified. Work is continuing between Community Healthcare colleagues and PHA colleagues to address the community burden of MRSA and how it impacts on secondary care.

CDIFF – The Trust has not yet received the target set for CDI cases for 2016/17; to date (end June) we have 14 cases. A breakdown of these figures indicate that 2 cases had an onset of diarrhoea within 48 hours of admission to hospital and 12 cases had an onset of diarrhoea over 48hrs following admission. The Post Infection Review process continues at ward level and at Trust level with the Director of Infection Prevention and Control and the Infection Control Doctor.

Actions being taken with time frame

MRSA - Blood Culture technique training and Aseptic Non-Touch Technique (ANTT) on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes an Infection Control element. IPCN's and the 'In reach Project team' will continue to work alongside PHA colleagues in relation to planning future education for private nursing homes. Education and increased audits of practice will continue for central and peripheral line care in all inpatient areas. MRSA Trust Policy and Care Bundle has been disseminated Trust wide with enhanced monitoring of compliance. Post Infection Review will continue to be undertaken for every new case of MRSA bacteraemia. Focused commitment by IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway to increase awareness of MRSA identification, placement and management with all staff. Additional refresher and induction IPC training delivered in both Antrim and Causeway sites.

CDIFF – Post Infection Review process continues at ward level and at Trust level with the Director of Infection Prevention and Control and the Infection Control Doctor. Continued Microbiology-led antimicrobial stewardship rounds to ensure appropriate antibiotic prescribing, undertaken in high use areas where clinical attendance allows. The protocol for Medical assessment of patients presenting with vomiting and/or diarrhoea is enforced by the IPC team who also continue to increase awareness of correct placement and management of patients presenting with diarrhoea with all staff. Additional IPC training is delivered as necessary. Microbiologist led weekly C. Diff ward rounds are still suspended due to the increased demand on the Microbiology Department and Infection Control Doctor. Environmental cleanliness audits and clinical practice audits remain on-going. Intensive cleaning programme on-going across inpatient areas. Focused commitment by IPC Nursing Team to visit daily, Emergency Departments and high risk acute inpatient areas in Antrim and Causeway.

Forecast impact on performance

It was extremely challenging for the Trust to attain the target set for CDI for 2015/2016. Considering the CDI cases to date (end June 2016) it will be another challenging year. The Trust has not yet received the targets for 2016/2017 for MRSA bacteraemia and for CDI.

2.0 Safe & Effective Care

2.2 Stroke

	16/17 Target	Apr 16	May 16	Jun 16
% Ischaemic Stroke receiving thrombolysis	(to achieve) 15%	14.0%	6.1%	15.6%
Number of emergency admissions with a primary diagnosis of stroke		63	41	53

Causes/Issues that are impacting on performance

Target met.

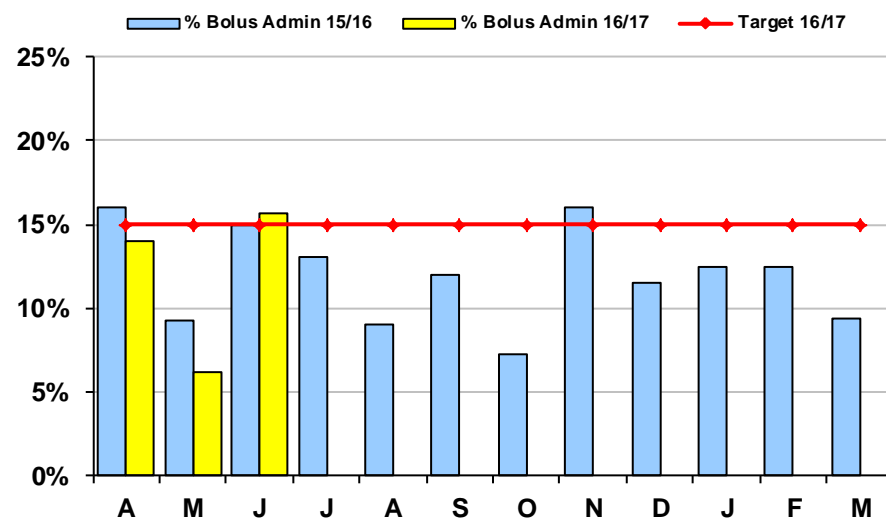
Actions being taken with time frame

Approximately 50% of patients are not suitable for lysis because they attend ED outside the lysis timeframe. A patient questionnaire will be completed and analysed by next month to establish the reasons why patients do not attend ED sooner and to see if there is action that can be taken to address these.

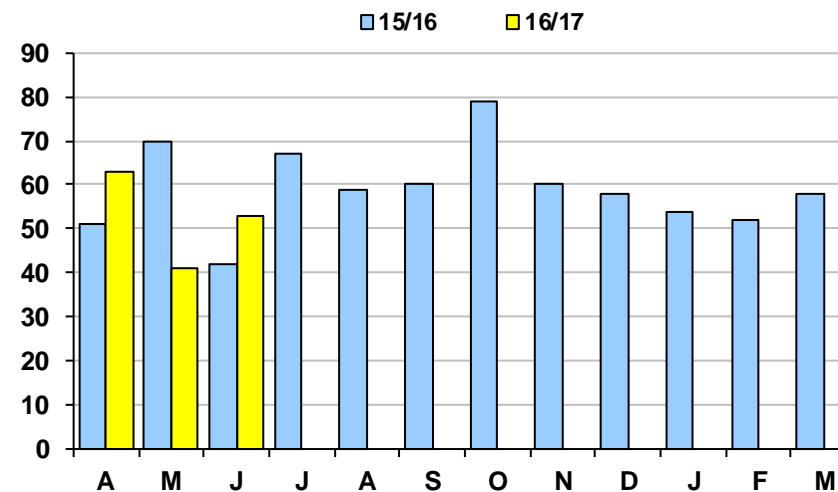
Forecast impact on performance

Variance is within normal parameters.

% Ischaemic Stroke receiving thrombolysis



Number of emergency admissions with a primary diagnosis of stroke



2.0 Safe & Effective Care

2.3 Pressure Ulcers / Falls in Adult Wards / Venous Thromboembolism (VTE) Risk Assessment

		15/16 Qtr 2	15/16 Qtr 3	15/16 Qtr 4
Number of hospital acquired Pressure Ulcers* graded 3 & 4	2015/16 monitor grade 3s & 4s, and the number of these that were unavoidable	11	10	12
Number of hospital acquired pressure ulcers* that were unavoidable (grades 3 & 4)		7	6	5
Percentage of Wards that Fall Safe bundle has spread to (excluding Mental Health wards)	2015/16 Trust target: 100%	93%	100%	100%
Compliance with completion of malnutrition universal screening tool (MUST)	2015/16 95%	91%	89%	89%
		Feb 16	Mar 16	Apr 16
VTE - Compliance with Risk Assessment	Target 95%	90%	88%	92%

*Pressure Ulcers info includes Mental Health (MH) wards
-Figures are subject to change as reporting continues.

Causes/Issues that are impacting on performance

PU – The Trust did not meet last year’s target of ≤104 – there were a total of 167 hospital acquired pressure ulcers. The reduction in number of pressure ulcers is due to a requirement for Trusts to report only grade 3 & 4 pressure ulcers during 2015/16, and the number of these that were unavoidable. During 2015/16, the Trust had a total number of 199 hospital acquired pressure ulcers; 47 of these were graded 3 & 4, and 29 were unavoidable.

Falls – As at Quarter 3 2015/16, the Trust has achieved 100% spread of the FallSafe bundle to acute and sub-acute wards.

VTE – Audits on compliance with the completion of the VTE Risk Assessment continue to be carried out across the Trust. 24 of the 27 wards submitted data for May 2016, and the Trust achieved an overall score of 93% compliance with completion of VTE risk assessment.

Actions being taken with time frame

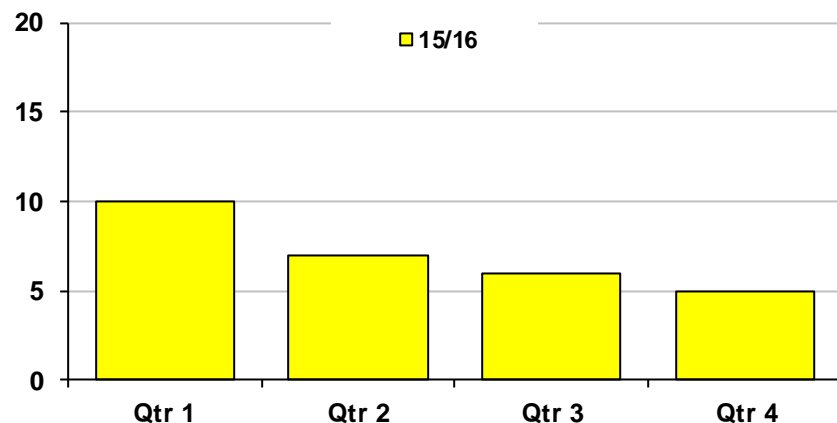
PU – An assessment tool (incorporating Root Cause Analysis) has now been finalised, which will assist with the multidisciplinary investigation of all pressure ulcers graded 3 & 4

Falls – Now that 100% spread has been achieved across acute, sub-acute and community hospital wards, the falls prevention team will revisit wards to reinforce the FallSafe bundle and provide further guidance to help improve compliance. From 1st April 2016, the FallSafe bundle will spread to appropriate wards within Mental Health.

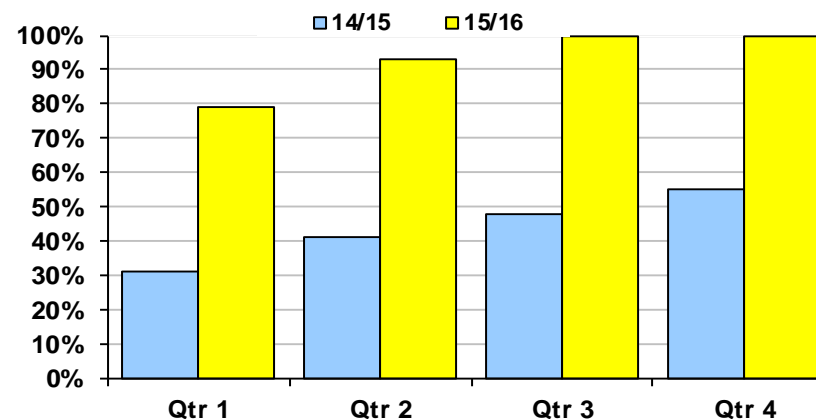
Forecast impact on performance

VTE – It is expected that compliance will improve as the process continues to be embedded.

Number of Hospital Acquired Pressure Ulcers That Were Unavoidable (grades 3 & 4)



Percentage of Wards using FallSafe Bundle 15/16



2.0 Safe & Effective Care

2.4 Serious Adverse Incidents

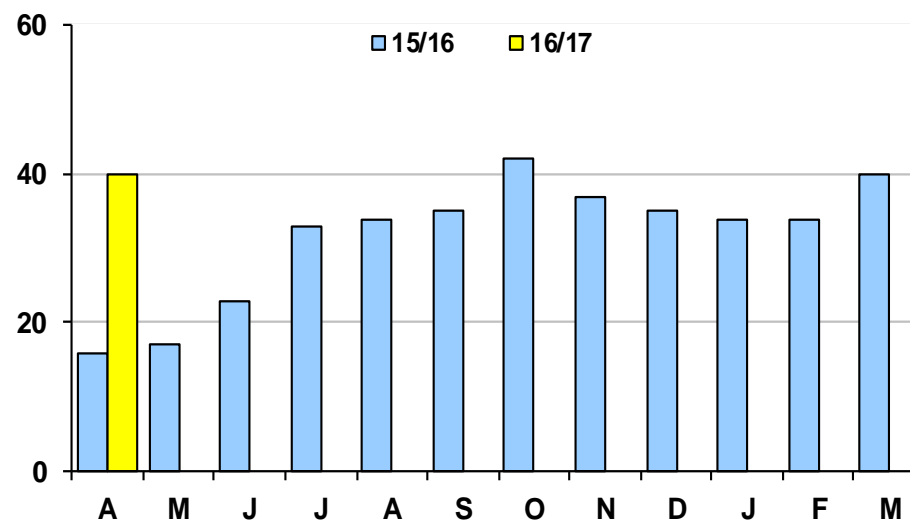
Level of Investigation	Number of SAI's Investigations Outstanding – April 2016								
	Trust Total	Acute	WCF	MH,LD&CW	PCCOPS	Finance	SDBS	M&G	Nursing
Level 1 (SEA)	23	3	9	10	1	0	0	0	0
Level 2 (RCA)	17	1	0	15	1	0	0	0	0
Level 3 (External)	0	0	0	0	0	0	0	0	0
Total	40	4	9	25	2	0	0	0	0

NOTE: Level 1, SEA (Significant Event Audit) Investigation reports to be completed within 4 weeks of date reported to HSCB
 Level 2, RCA (Root Cause Analysis) Investigation reports to be completed within 12 weeks of date reported to HSCB
 Level 3, no definite timescale

Number of investigations overdue by completion date by numbers of weeks –

Number of weeks overdue	Total
0-10 weeks	13
11-20 weeks	5
21-30 weeks	2
31-40 weeks	1
41-60 weeks	1
Over 60 weeks	1

Number of SAI's Outstanding



3.0 Quality Standards & Performance Targets

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

3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2016/17

- Elective Care and Cancer Care
- Unscheduled Care (Including Delayed Discharges)
- Mental Health & Learning Disability
- Children's Services
- Community Care
- Health & Social Wellbeing Improvement, Health Protection & Screening

3.2 DHSSPS Indicators of Performance 2016/17

Indicators of performance are in support of the Commissioning Plan Direction Targets.

3.3 Additional Indicators in Support of 2016/17 Commissioning Plan Direction Targets.

3.4 Additional Indicators in Support of 2015/16 Commissioning Plan Direction Targets.

3.5 Targets and Indicators (2015/16) no longer included in 2016/17 Commissioning Plan Direction but included for reference.

3.0 Quality Standards & Performance Targets

3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2016/17

Dir	Target/Objective	Monthly Performance Comments, Actions	Trend Analysis																																							
Elective Care and Cancer Care																																										
SCS / MEM / WCF	Outpatient Waits By March 2017, at least 50% of patients wait no longer than 9 weeks for 1 st outpatient appointment. (CPD 4.8)	CAUSES / ISSUES IMPACTING ON PERFORMANCE Demand is significantly higher than capacity in a number of specialties. Outpatient referrals increased by 6% in 2015/16 compared to the previous year.																																								
		ACTIONS BEING TAKEN WITH TIME FRAME ENT: High volume of outpatients with procedure has impacted on clinic volumes. HSCB has been approached for clinical coding resource to capture this activity appropriately. Elective access funding: approx. 8,000 patients were transferred to the Independent Sector in Nov-Mar 2015/16. Some funding has been made available for in-house additional activity in Q1/2 of 2016/17.																																								
SCS / MEM / WCF	Outpatient Waits By March 2017, no patient to wait > 52 weeks for 1 st outpatient appointment. (CPD 4.8)	CAUSES / ISSUES IMPACTING ON PERFORMANCE See 9-week target.																																								
		ACTIONS BEING TAKEN WITH TIME FRAME See 9-week target.																																								
		FORECAST IMPACT ON PERFORMANCE There is a significant demand/capacity gap in a range of outpatient specialties. IS transfers helped reduce long waits at the end of 2015/16 but no resource is available for further transfers in 2016/17 and it is likely that OP waits will rise as a result.																																								
		<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="13">Core & Independent Sector Patients waiting within 9 weeks - Monthly Position</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>38%</td><td>35%</td><td>36%</td><td>35%</td><td>35%</td><td>33%</td><td>35%</td><td>41%</td><td>45%</td><td>44%</td><td>43%</td><td>41%</td><td style="background-color: red; color: white;">↓</td> </tr> </tbody> </table>	Core & Independent Sector Patients waiting within 9 weeks - Monthly Position													Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	38%	35%	36%	35%	35%	33%	35%	41%	45%	44%	43%	41%	↓	
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SCS

Diagnostic Waits
By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (CPD 4.9)

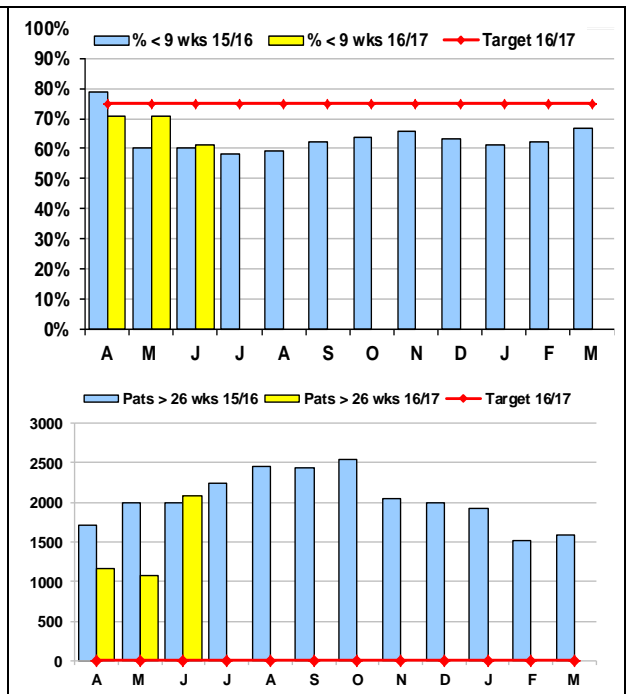
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Diagnostic demand exceeds capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled care has taken precedence over elective care.

ACTIONS BEING TAKEN WITH TIME FRAME
Non-recurrent elective access funding has been made available to reduce the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding has been received for diagnostics from Q4 2015/16, which will help address the significant demand-capacity gap in CT, MRI and Ultrasound. Efforts to recruit 3wte consultant radiologists to support 7 day working, including a European-wide trawl, have been unsuccessful to date. Radiology agency cover will be needed to provide additional weekend and evening capacity due to shortage of suitably qualified radiologists.

FORECAST IMPACT ON PERFORMANCE
Under review – dependent on whether demand continues to rise.

Diagnostic Tests < 9 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
58%	59%	62%	64%	66%	63%	61%	62%	67%	71%	71%	61%	↓

Diagnostic Tests > 26 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
2237	2461	2439	2538	2043	1987	1931	1515	1584	1166	1080	2084	↓



SCS

Endoscopy Waits
By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (CPD 4.9)

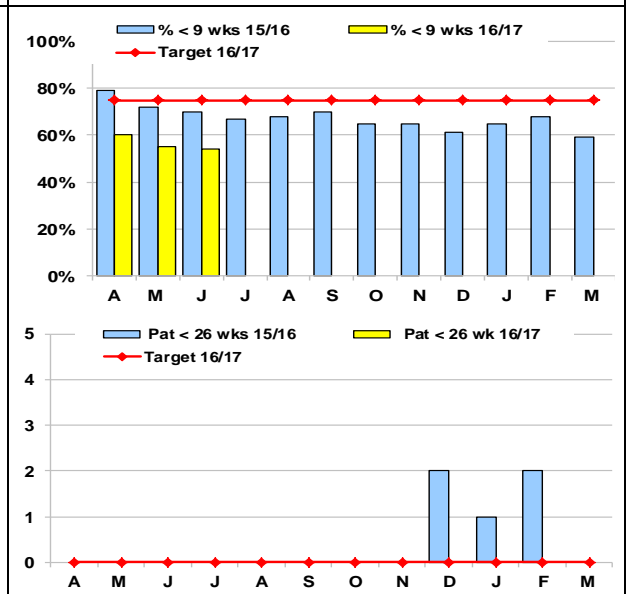
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Endoscopy demand exceeds capacity, which has led to increased waits for routine endoscopy patients. Waiting times for red flag procedures and planned procedures have improved.

ACTIONS BEING TAKEN WITH TIME FRAME
Elective access funding has been secured in Q1/2 of 2016/17 to ensure all red flag patients will have their endoscopy procedure within 14 days; following this the additional capacity will be targeted at routine waits. The Trust has submitted a business case to the Board for an additional gastroenterologist, which if approved will increase endoscopy capacity.

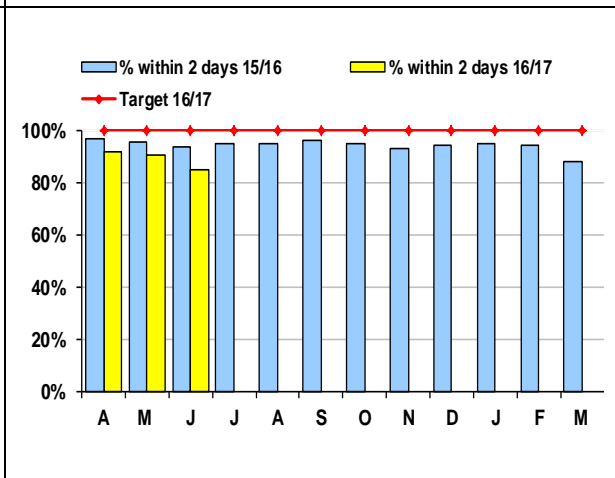
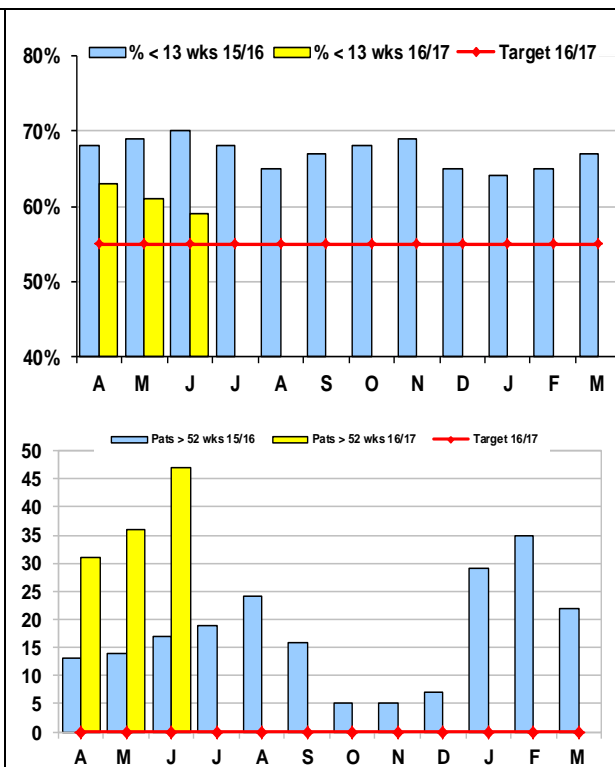
FORECAST IMPACT ON PERFORMANCE
Anticipating 14 days for red flag and 18 weeks for routine patients by the end of September 2016.

Endoscopy < 9 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
67%	68%	70%	65%	65%	61%	65%	68%	59%	60%	55%	54%	↓

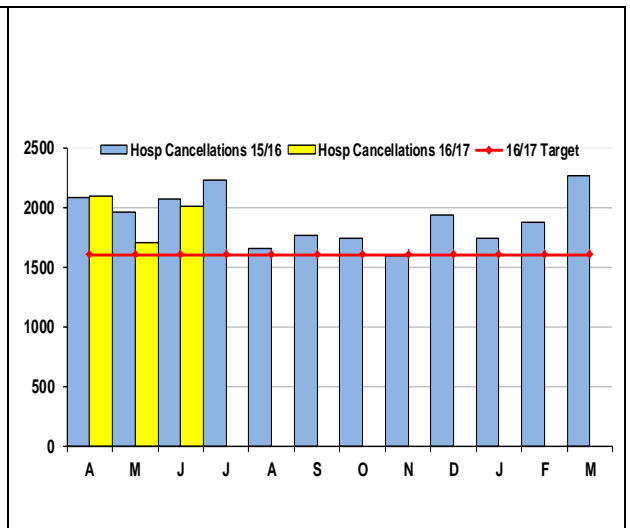
Endoscopy > 26 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
0	0	0	0	0	2	1	2	0	0	0	0	↔



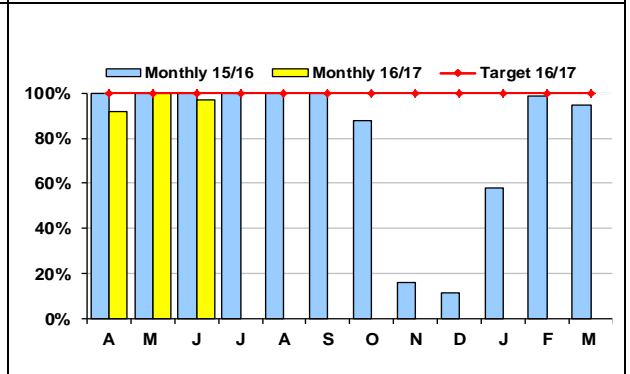
SCS / MEM / WCF	<p>Inpatient / Daycase Waits By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks. (CPD 4.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Theatre capacity: High demand for red flag and urgent patients and a lack of theatre capacity on the Antrim site reduces the Trust's ability to treat routine inpatients, increasing overall waiting times. Unscheduled pressures: There were 470 procedures deferred during 2015/16 due to significant pressure on the unscheduled care system. Demand/capacity gap: There is a gap between capacity and demand in a range of surgical specialties. ACTIONS BEING TAKEN WITH TIME FRAME Unscheduled pressures: the Trust continues to manage its capacity on a day-to-day basis, responding to unscheduled pressures as they arise. Any decisions to defer elective patients are taken based on clinical priority. Elective access funding has been received for in-house activity in Q1/2 of 2016/17, and will be used to target the longest waits in breast surgery, general surgery, ENT and gynaecology. FORECAST IMPACT ON PERFORMANCE Additional elective access activity will have some impact on the longest waiting patients, with the aim of reducing the number of patients above 52 weeks by Sept 2016.</p> <p>Excludes scopes which are solely within 9 weeks position</p> <table border="1"> <thead> <tr> <th colspan="12">Core & Independent Sector Patients waiting within 13 weeks - Monthly Position</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>68%</td><td>65%</td><td>67%</td><td>68%</td><td>69%</td><td>65%</td><td>64%</td><td>65%</td><td>67%</td><td>63%</td><td>61%</td><td>59%</td><td style="background-color: #90EE90;">↓</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="12">Core & Independent Sector patients waiting > 52 weeks - Monthly Position</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>19</td><td>24</td><td>16</td><td>5</td><td>5</td><td>7</td><td>29</td><td>35</td><td>22</td><td>31</td><td>36</td><td>47</td><td style="background-color: #FFD700;">↓</td> </tr> </tbody> </table>	Core & Independent Sector Patients waiting within 13 weeks - Monthly Position												Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	68%	65%	67%	68%	69%	65%	64%	65%	67%	63%	61%	59%	↓	Core & Independent Sector patients waiting > 52 weeks - Monthly Position												Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	19	24	16	5	5	7	29	35	22	31	36	47	↓
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SCS	<p>Diagnostic Tests From April 2016, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. (CPD 4.11)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date.</p> <p>FORECAST IMPACT ON PERFORMANCE The full demand cannot be met with the existing core team and it is anticipated that performance will remain below 100%.</p> <table border="1"> <thead> <tr> <th colspan="12">Monthly Position</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>95%</td><td>95%</td><td>96%</td><td>95%</td><td>93%</td><td>94%</td><td>95%</td><td>94%</td><td>88%</td><td>92%</td><td>90%</td><td>85%</td><td style="background-color: #FF0000;">↓</td> </tr> </tbody> </table>	Monthly Position												Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	95%	95%	96%	95%	93%	94%	95%	94%	88%	92%	90%	85%	↓																																						
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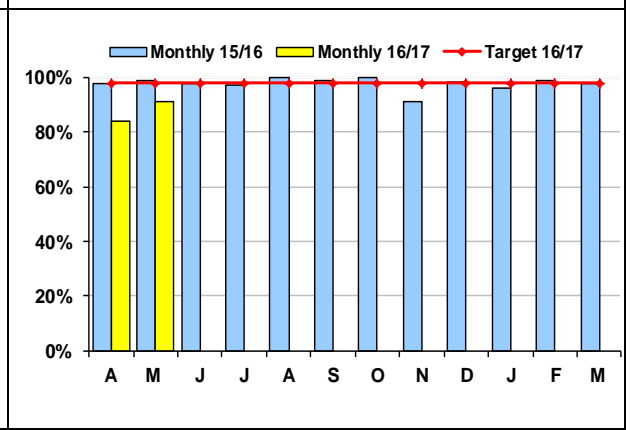
SCS / MEM / WCF	<p>Cancelled Appointments By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. (CPD 7.1)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Analysis of these cancellations shows that approximately 50% have no impact on a patient but are purely administrative changes. Of those that do affect a patient, about 25% are brought forward to an earlier date and 15% involve a change of appointment time or location but not date. The remaining 10% do result in a patient's appointment being delayed – 218 appointments fell into this category in May 2016. These are for a variety of reasons including consultant sick leave or a requirement to attend court at short notice; however there are some cancellations due to the requisite notice not being given for annual or study leave.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The Directorate has reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.</p> <p>FORECAST IMPACT ON PERFORMANCE Under review</p> <table border="1"> <thead> <tr> <th colspan="12">Monthly Position</th> <th rowspan="2">TOPM ↓</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>2229</td><td>1653</td><td>1768</td><td>1745</td><td>1595</td><td>1932</td><td>1741</td><td>1872</td><td>2270</td><td>2097</td><td>1706</td><td>2014</td> <td></td> </tr> </tbody> </table> <p>2014/15 baseline used for 2016/17 target. (24,045 Cancelled, Target = No more than 1603 per month) Target includes both new & review outpatient appointments.</p>	Monthly Position												TOPM ↓	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	2229	1653	1768	1745	1595	1932	1741	1872	2270	2097	1706	2014	
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SCS	<p>Cancer Care From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.12)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The demand for red flag breast clinics is approximately 30% higher than the Trust's funded capacity, with the shortfall being made up through elective access funding. In this context, short-term peaks in demand can be difficult to accommodate, which has led to small numbers of breaches in recent months.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional breast OP clinics, inpatient theatre sessions and MDM meetings being held.</p> <p>FORECAST IMPACT ON PERFORMANCE It is anticipated that some breaches may continue beyond June 2016.</p> <table border="1"> <thead> <tr> <th colspan="12">Monthly Position</th> <th rowspan="2">TOPM ↓</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>100%</td><td>100%</td><td>100%</td><td>88%</td><td>16%</td><td>11%</td><td>58%</td><td>99%</td><td>95%</td><td>92%</td><td>100%</td><td>97%</td> <td></td> </tr> </tbody> </table>	Monthly Position												TOPM ↓	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	100%	100%	100%	88%	16%	11%	58%	99%	95%	92%	100%	97%	
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SCS/MEM/CF	<p>Cancer Care From April 2016 at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (CPD 4.12)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance in April due to breaches in breast surgery. An ongoing high level of demand for red flag outpatients has resulted in increased pressure on the surgical service as patients convert to requiring procedures. As the team is already stretched maintaining the 14-day target, there is not enough surgical capacity to consistently meet the 31-day timeframe.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional theatre lists are being arranged where possible. A review of the breast service is underway, to agree how best to ensure a sustainable service for the future.</p> <p>FORECAST IMPACT ON PERFORMANCE It is likely there will continue to be 31-day breaches in breast surgery until additional capacity can be secured.</p> <table border="1"> <thead> <tr> <th colspan="12">Monthly Position</th> <th rowspan="2">TOPM ↑</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>100%</td><td>100%</td><td>99%</td><td>100%</td><td>91%</td><td>98%</td><td>97%</td><td>99%</td><td>98%</td><td>84%</td><td>91%</td><td></td> <td></td> </tr> </tbody> </table>	Monthly Position												TOPM ↑	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	100%	100%	99%	100%	91%	98%	97%	99%	98%	84%	91%		
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Cancer Care

From April 2016, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (CPD 4.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Lower/upper GI: delays in accessing surgical OP and endoscopy
Lung: complex cases requiring a number of diagnostic tests
Breast: delays in in the first appointment and in surgery
Gynae: delays accessing hysteroscopy
Skin: delays in first Outpatient appointment due to lack of capacity and delays in Belfast Trust for plastic surgery
Urology: delays in diagnostic tests.

ACTIONS BEING TAKEN WITH TIME FRAME

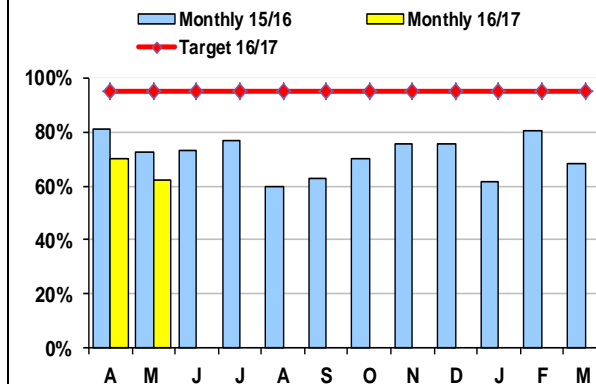
Lower/upper GI: additional elective access funding has been received which has reduced red flag endoscopy waits, although the impact will not be evidenced until patients have completed treatment pathway. The Trust has submitted a business case to the Board for an additional gastroenterologist, which if approved will increase endoscopy capacity.
Breast: Additional clinics held
Lung: proactive monitoring in place
Gynae: additional hysteroscopy sessions being undertaken
Skin: additional sessions undertaken to reduce waiting times for 1st OP. Belfast working with PHA to address capacity issues for plastic surgery
Urology: this service is now managed by the Western Trust.

FORECAST IMPACT ON PERFORMANCE

Lower/upper GI: additional endoscopy resource will help reduce breaches in upper/lower GI in 16/17.

Monthly Position (%)												
Tumour Site	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM ↓
ALL	77%	60%	63%	70%	76%	76%	62%	81%	68%	70%	62%	
B	86%	100%	92%	100%	100%	96%	53%	93%	100%	80%	79%	
G	50%	13%	0%	0%	67%	60%	33%	80%	67%	40%	64%	
H	100%	50%	50%	100%	100%	100%	100%	67%	100%	100%	0%	
HN	60%	50%	50%	17%	20%	50%	60%	100%	0%	50%	0%	
LGI	25%	12%	40%	55%	33%	56%	29%	27%	30%	33%	32%	
UGI	0%	20%	29%	40%	0%	0%	40%	100%	50%	0%	0%	
L	80%	50%	63%	93%	80%	50%	63%	81%	67%	73%	75%	
S	92%	83%	68%	81%	84%	79%	94%	91%	81%	96%	86%	
U	81%	83%	88%	77%	77%	58%	42%	100%	38%	8%	17%	

Figures are subject to change as patient notes are updated.



May 16 Position by Tumour Site – Number of cases for Month

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

- (B) Breast Cancer – 16.5 patients treated
- (G) Gynae Cancers – 5.5 patients treated
- (H) Haematological Cancers – 2.0 patients treated
- (HN) Head/Neck Cancer – 0.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 9.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 2.0 patient treated
- (L) Lung Cancer – 4.0 patients treated
- (S) Skin Cancer – 18.0 patients treated
- (U) Urological Cancer – 3.0 patients treated

Unscheduled Care (Including Delayed Discharges)

MEM

Unscheduled Care
From April 2016, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.4)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Across both of its type 1 ED's, the Trust has experienced an increase in demand: Antrim ED: 4% more attendances and 2% more ambulance arrivals in June 16 compared to June 15. Causeway ED: 1.3% more ED attendances and 9% more ambulance arrivals in June 16 compared to June 15.

The increase in patient numbers and acuity has placed both EDs under increased pressure in which it has been difficult to ensure that patients have been able to conclude their pathway within four hours of arrival. Antrim in particular has a lack of bed capacity on site, which makes it more difficult to transfer patients out of ED in a timely manner.

ACTIONS BEING TAKEN WITH TIME FRAME

Across the last quarters of 15/16, the Trust has been able to implement a number of reform initiatives that have been designed to ease pressure on Antrim's ED. The new Emergency Nurse Practitioner (ENP) Self Select Stream has improved four hour performance across the minor injury pathway by allowing patients to be seen by an ENP in the first instance without the need to undergo the traditional process of initial nurse triage.

The clinical scope, capacity and operational hours of Antrim's Direct Assessment Unit (DAU) has been expanded so that the Unit can accept more unscheduled care patients - be they referred from their GP or the ED itself. Aligned to the DAU, and the wider ED, is a new 'Early Intervention Team' of Occupational Therapists, Physiotherapists and Social Workers providing a rapid seven day assessment service to help reduce the need for patient admission.

Through the outworkings of its the RAMP programme, the Trust is also putting in place a number of workstreams designed to improve the flow of unscheduled care patients across both Antrim and Causeway hospital. The Trust will be enhancing the assessment capacity of Antrim hospital and the spatial limitations hampering the provision of care at Causeway hospital. Across both sites the Trust will be reviewing, and where necessary bolstering, the medical pathways as a means to decongest both ED's and improve the accessibility of care.

The Trust will also be putting in place steps to identify complex delay patients earlier in their unscheduled care journey to improve the quality of care afforded to patients and reduce their inpatient length of stay.

FORECAST IMPACT ON PERFORMANCE

Through the implementation of its RAMP work streams, the Trust is aiming to deliver a sustained improvement in both its 4- and 12- hour performance in 2016/17.

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM ↑
61%	61%	65%	65%	61%	63%	68%	65%	61%	65%	65%	66%	

Antrim Total Attendances

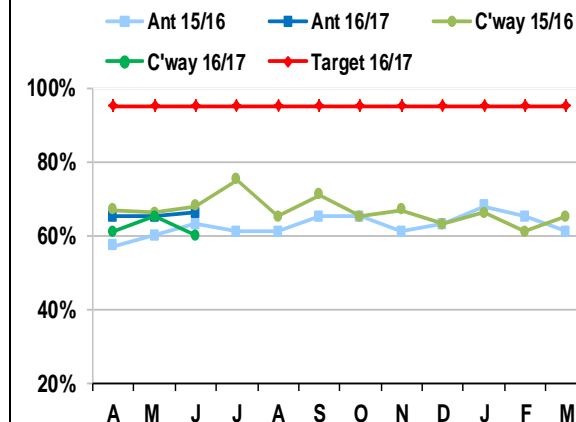
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
6441	6443	6580	6684	6475	6347	6405	6374	7118	6896	7319	6903	

Causeway Monthly Position

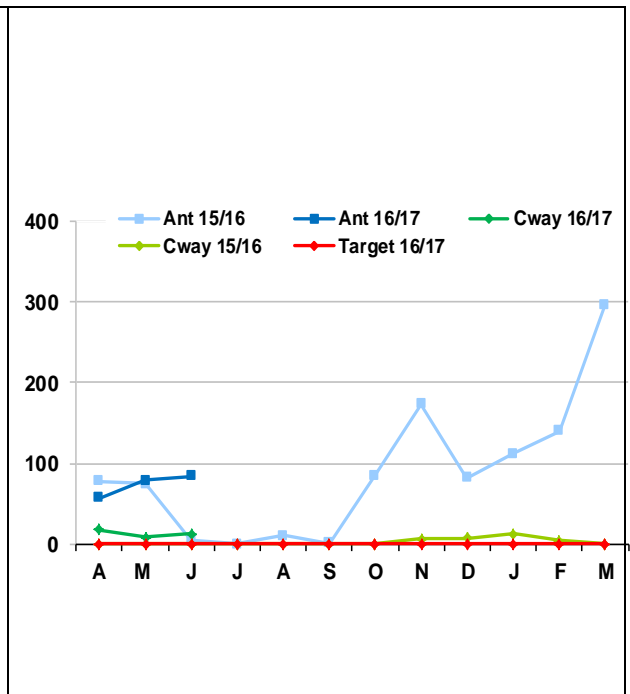
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM ↓
75%	65%	71%	65%	67%	63%	66%	61%	65%	61%	65%	60%	

Causeway Total Attendances

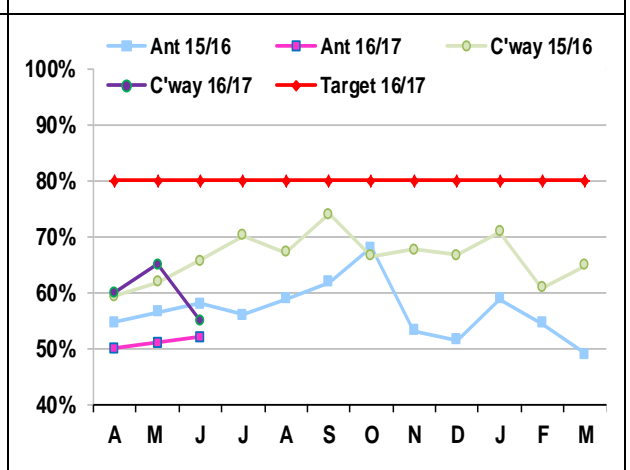
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
3797	3896	3562	3923	3478	3440	3368	3382	3953	3800	3963	3896	



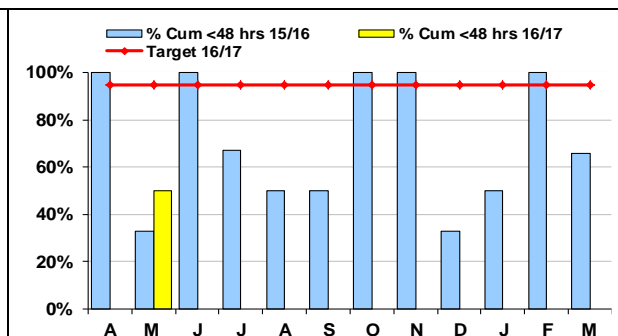
MEM	Unscheduled Care From April 2016 no patient attending any emergency department should wait longer than 12 hours (CPD 4.4)	CAUSES / ISSUES IMPACTING ON PERFORMANCE As per 4-hour target.																										
		ACTIONS BEING TAKEN WITH TIME FRAME As per 4-hour target.																										
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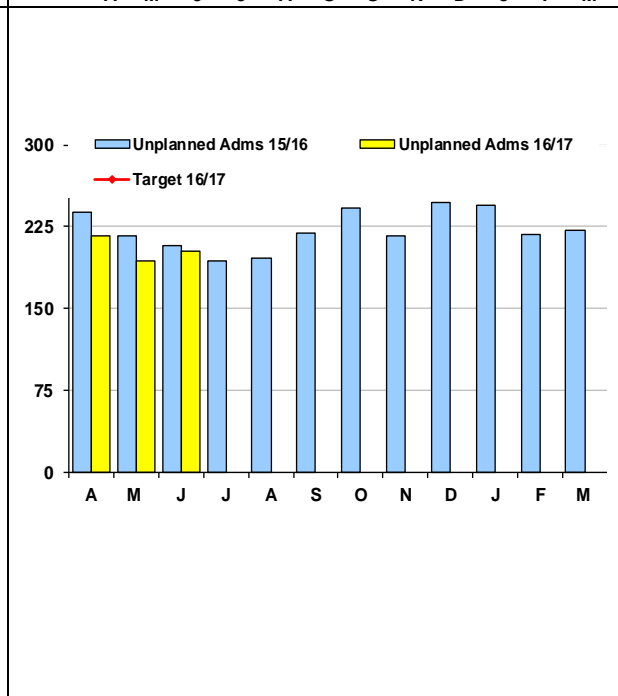
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		Causeway Monthly Position <table border="1"> <thead> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>70%</td><td>67%</td><td>74%</td><td>66%</td><td>68%</td><td>67%</td><td>71%</td><td>61%</td><td>65%</td><td>60%</td><td>65%</td><td>55%</td><td style="background-color: red; color: white; text-align: center;">↓</td></tr> </tbody> </table>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	70%	67%	74%	66%	68%	67%	71%	61%	65%	60%	65%	55%	↓
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Hip Fractures From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.6)	Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.																																						
	<p>April 2015 – March 2016: Hip fractures – 39 patients transferred. April – June 2016 Hip fractures – 3 patients transferred</p> <table border="1"> <thead> <tr> <th colspan="13">Monthly Position (% transferred within 2 nights)</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th></th> </tr> </thead> <tbody> <tr> <td>67%</td><td>50%</td><td>50%</td><td>100%</td><td>100%</td><td>33%</td><td>50%</td><td>100%</td><td>66%</td><td>-</td><td>50%</td><td>0%</td><td></td> </tr> </tbody> </table>	Monthly Position (% transferred within 2 nights)													Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		67%	50%	50%	100%	100%	33%	50%	100%	66%	-	50%	0%
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MEM / CC	<p>Unplanned Admissions By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions (CPD 5.2)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demographic pressures resulting in higher numbers of unplanned admissions overall make a reduction for these patients difficult to achieve.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The Trust has received investment from ICPs into specialist respiratory nursing and diabetic education programmes.</p> <p>FORECAST IMPACT ON PERFORMANCE It is anticipated that the ICP investment will help to avoid unnecessary respiratory and diabetes admissions; however an increase in overall demand may result in higher admissions despite increased prevention.</p>																										
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	<p>12/13 baseline figures used for 2016/17 target. Cumulative target 2364, 197 per month. Figures presented are dependent on completeness of clinical coding. Information presented one month in arrears.</p>																											



CC	<p>Patient Discharge From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.2)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There were 100 delayed discharges, across the 4 hospital sites during June 2016. 15 delays can be attributed to difficulties being encountered when trying to source a package of care, caused by a lack of capacity within Trust Core Services and the Independent Sector provision. 7 delays were the result of client choice and family issues. A further 25 delays can be attributed to acute assessment and care planning processes. 22 delays were caused waiting for step-down sub-acute and intermediate care beds and 15 delays were relating to placement planning and arrangement. During June 2016 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharge to community settings.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A RAMP Domiciliary Care working group has been convened (acute and community directorates) to agree an action plan that will result in increased capacity throughout the system.</p> <p>FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours.</p> <table border="1" data-bbox="436 646 1547 751"> <thead> <tr> <th colspan="12">Monthly Position</th> <th rowspan="2">TOPM ↓</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>87%</td><td>88%</td><td>90%</td><td>88%</td><td>85%</td><td>87%</td><td>87%</td><td>86%</td><td>87%</td><td>88%</td><td>89%</td><td>81%</td> <td></td> </tr> </tbody> </table>	Monthly Position												TOPM ↓	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	87%	88%	90%	88%	85%	87%	87%	86%	87%	88%	89%	81%																																						
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CC	<p>Patient Discharge From April 2016, no complex discharge takes more than seven days (CPD 7.2)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 19 out of 100 delays in June 2016 were greater than 7 days. 8 of these delays can be attributed to delays in planning and securing nursing home placements; 4 can be attributed to the discharge planning processes within the hospital; 1 delay was a result of family issues and a further 3 delays were the result of difficulty experienced trying to source a package of care as a result of a lack of capacity within the sector. 3 delays were caused waiting for step-down and intermediate care beds.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Reluctant Discharge Protocol is implemented in a timely fashion to reduce the number of 7 day breaches.</p> <p>FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours. It should be noted that a small number of cases breaching the seven days presented with very complex needs.</p> <table border="1" data-bbox="436 1230 1547 1335"> <thead> <tr> <th colspan="12">Number of Complex Discharges > 7 Days - Monthly Position</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>22</td><td>22</td><td>10</td><td>16</td><td>19</td><td>25</td><td>17</td><td>14</td><td>15</td><td>23</td><td>11</td><td>19</td> </tr> </tbody> </table> <table border="1" data-bbox="436 1335 1547 1441"> <thead> <tr> <th colspan="12">Monthly Position</th> <th rowspan="2">TOPM ↓</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th> </tr> </thead> <tbody> <tr> <td>96%</td><td>96%</td><td>98%</td><td>98%</td><td>96%</td><td>96%</td><td>97%</td><td>98%</td><td>98%</td><td>96%</td><td>98%</td><td>97%</td> <td></td> </tr> </tbody> </table>	Number of Complex Discharges > 7 Days - Monthly Position												Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	22	22	10	16	19	25	17	14	15	23	11	19	Monthly Position												TOPM ↓	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	96%	96%	98%	98%	96%	96%	97%	98%	98%	96%	98%	97%		
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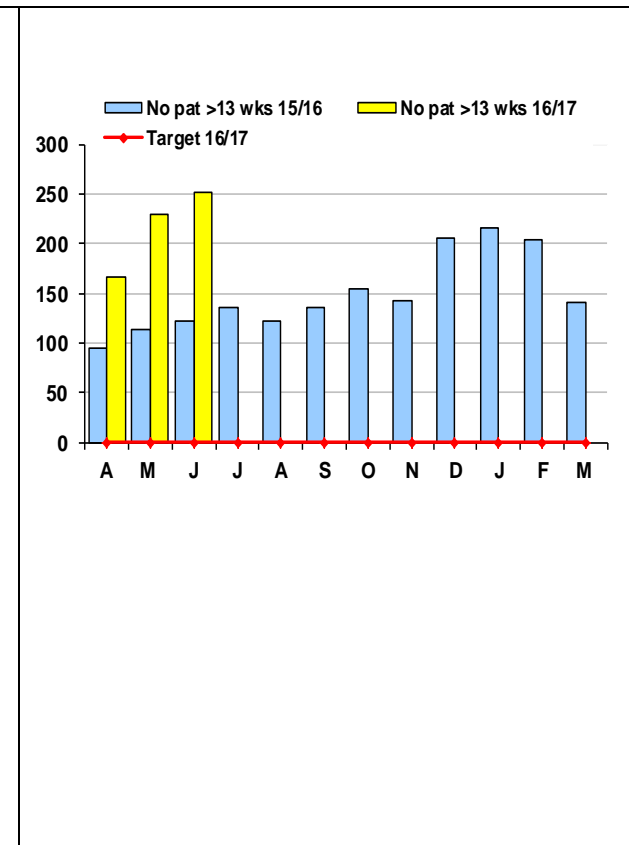
SCS / MEM / WCF	<p>Patient Discharge From April 2016 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.2)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance has been consistently at or around 95% for 2016/17 as well as all of 2015/16.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Safety meeting on Antrim site at 8.30am has a clear focus on discharge planning, ensuring maximum utilisation of discharge lounge and increasing discharges before 1pm to improve flow through the hospital.</p> <p>FORECAST IMPACT ON PERFORMANCE Under review</p>																								
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Mental Health & Learning Disability

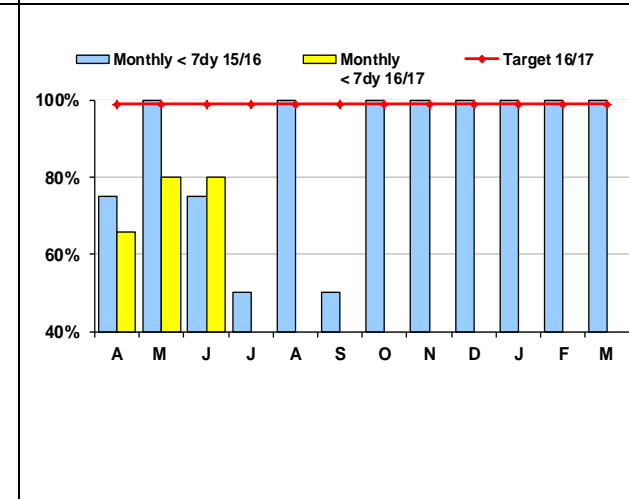
MHLD	<p>Mental Health Waits From April 2016, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 4 Community Mental Health breaches in April, 4 in May and 2 in June.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to anticipate any potential breaches.</p>																								
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MHLD	<p>Dementia Waits From April 2016, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Target continues to be met.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to work with the team to reduce waiting times.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to meet the target and anticipate any potential breaches.</p>																								
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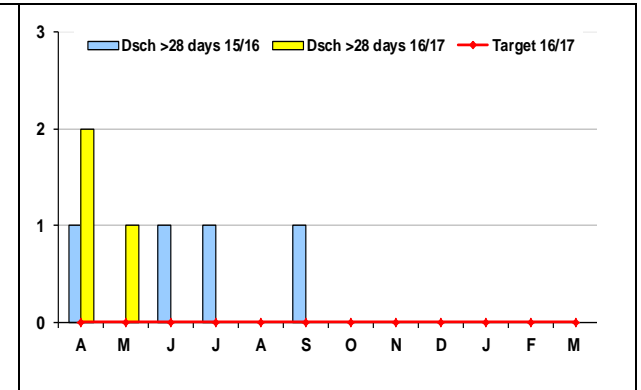
MHL D	<p>Psychological Waits From April 2016, no patient waits longer than 13 weeks for psychological therapies (any age) (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance is being impacted in the main by 2 separate services –</p> <p>PTS (Psychology of MH) – End of June, Position is 189 breaches (longest wait 213 days) with total WL of 649 - this is a deterioration on the end of May position. It was noted that the end of March position was improved temporarily due to a waiting list initiative funded by non-recurrent HSCB investment. There are vacancies in the service which are all now offered and accepted but staff are not as yet in post. However position will deteriorate slightly over the next few months until all staff are in post (likely to be at full capacity by start October 2016). Overall there remains a capacity - demand gap of 4wte.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME New model of service being developed in line with full implementation of CAPA process. More groupwork and access to choice of psychological therapy will be offered. Capacity within service being flexed by offering assessment clinics.</p> <p>FORECAST IMPACT ON PERFORMANCE The service is likely to move out of breach by end of October 2016.</p> <p>Learning Disability (adult and children) – End of May 2016 Position is 60 breaches (longest wait 240) with total WL of 171. Vacant posts are in the process of being filled. When all posts are filled capacity typically matches demand.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME On-going engagement with referring agents re other models of provision during periods of reduced capacity within the service.</p> <p>FORECAST IMPACT ON PERFORMANCE Breaches will reduce when all vacant posts are filled & additional capacity is in place.</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td style="background-color: red; color: white;">TOPM</td> </tr> <tr> <td>136</td><td>122</td><td>136</td><td>155</td><td>143</td><td>206</td><td>216</td><td>204</td><td>142</td><td>166</td><td>229</td><td>252</td><td style="background-color: red; color: white;">↓</td> </tr> </table>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	136	122	136	155	143	206	216	204	142	166	229	252	↓
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MHL D	<p>Patient Discharge LD From April 2016, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.1)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 5 patients discharged during June, 1 > 7 days.</p> <p>FORECAST IMPACT ON PERFORMANCE There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="12">Monthly Position < 7 days</th> <th style="background-color: red; color: white;">TOPM</th> </tr> <tr> <td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td style="background-color: red; color: white;">↔</td> </tr> <tr> <td>50%</td><td>100%</td><td>50%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>66%</td><td>80%</td><td>80%</td><td style="background-color: red; color: white;">↔</td> </tr> <tr> <th colspan="12">Cumulative</th> <th style="background-color: red; color: white;">TOPM</th> </tr> <tr> <td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td style="background-color: red; color: white;">↓</td> </tr> <tr> <td>82%</td><td>86%</td><td>83%</td><td>86%</td><td>88%</td><td>88%</td><td>89%</td><td>91%</td><td>91%</td><td>66%</td><td>78%</td><td>75%</td><td style="background-color: red; color: white;">↓</td> </tr> </table>	Monthly Position < 7 days												TOPM	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	↔	50%	100%	50%	100%	100%	100%	100%	100%	100%	66%	80%	80%	↔	Cumulative												TOPM	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	↓	82%	86%	83%	86%	88%	88%	89%	91%	91%	66%	78%	75%	↓
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Monthly Position > 28 days												TOPM
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1	0	1	0	0	0	0	0	0	2	1	1	↔



MHLD

Patient Discharge MH
 From April 2016, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.1)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 76 patients discharged during May, 1 > 7days.

ACTIONS BEING TAKEN WITH TIME FRAME
 Continue to monitor all patients to ensure breaches do not occur.

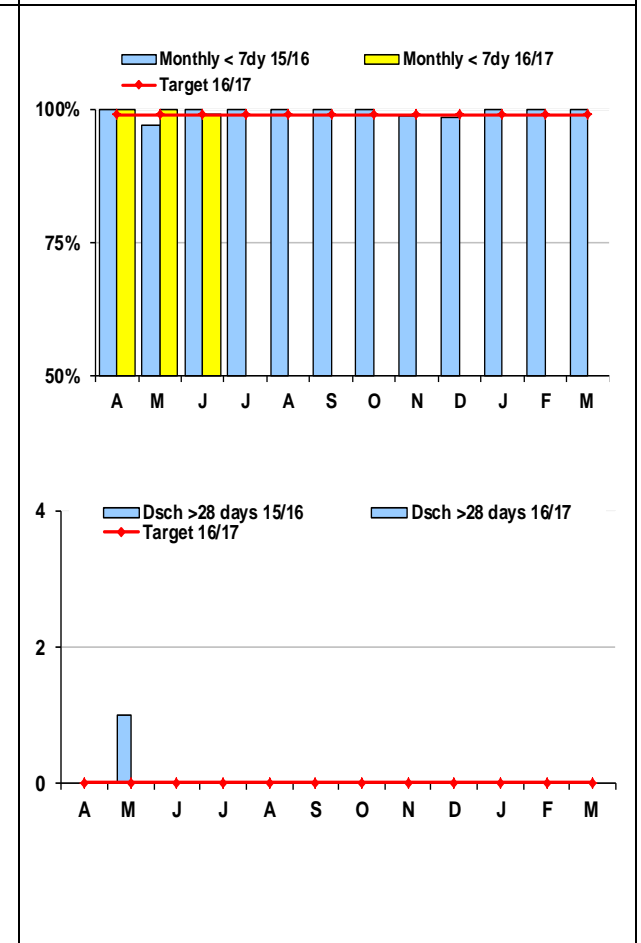
Monthly Position < 7 days												TOPM
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
100%	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	99%	↓

Cumulative

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
99%	99%	99%	100%	99%	99%	99%	100%	100%	100%	100%	99%	↓

Following data validation exercise figures have been amended from July - November 2014.

Monthly Position > 28 days												TOPM
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
0	0	0	0	0	0	0	0	0	0	0	0	↔



Children's Services

WCF

Children in Care
For 2016/17, ensure that the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
This target is challenging as it is not possible to meet all assessed placement needs for both residential care and foster care at point of placement and so sometimes a later change is needed. There are also some breakdowns within placements.

ACTIONS BEING TAKEN WITH TIME FRAME
Service Reform programme.

FORECAST IMPACT ON PERFORMANCE
The Service Reform programme aims at increasing emergency and long-term non kinship and it is anticipated once the transition period is complete, the target will be achievable.

Information reported annually

Patients >9 Weeks at Month End												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
79%			93%			100%						

Information to be available from annual OC2 return 2016.



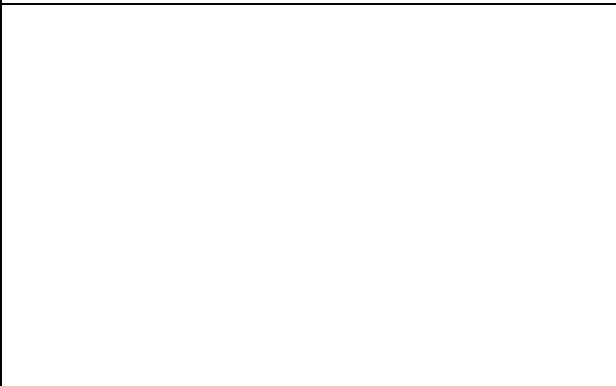
WCF

Children in Care
For 2016/17, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. (CPD 1.7)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
The Trust endeavours to achieve this target, but is experiencing current difficulties regarding the court time frames. There have been serious delays in court regarding adoption and freeing applications in recent months due to a supreme court ruling.

ACTIONS BEING TAKEN WITH TIME FRAME
The trust will carry out monthly monitoring to ensure the target is being met.

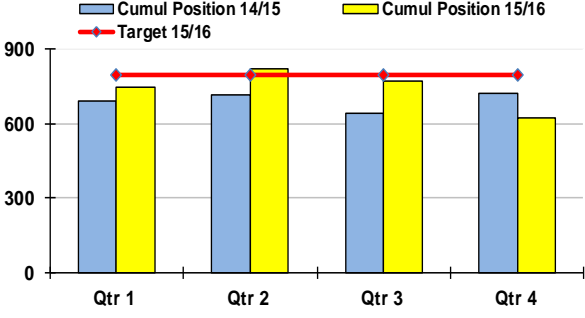
	2013/14	2014/15	2015/16
% Children adopted from care within 3 years of last entering care	61%	75%	Qtr1 – 100% Qtr 2 – 85.7%



WCF	<p>CAMHs Waits From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE On-going close management of referrals and allocations ensures that the number of breaches remains at zero.</p> <p>ACTIONS BEING TAKEN IN AN ON-GOING BASIS Single point of Contact is being monitored daily by the Service Manager and the Clinical Lead. An initial assessment team has been established that uses management time to add flexibility to the service. Families are offered appointments outside of their local area. Families are offered short notice appointments to utilise capacity created by a cancellation. Managers continue to focus on appropriate discharge of patients to ensure patient flow. New Patient Clinic organised to maximise attendance. Extended clinics, (8am – 6pm) have been offered for review appointments to increase the flow of patients and help reduce DNA's. The referral and referral accepted rate continue to be reviewed on a weekly basis.</p> <p>FORECAST IMPACT ON PERFORMANCE Please note that there have been no breaches since the August 2015 report. No further breaches are anticipated assuming referral rates remain in line with historic rates.</p>																																						
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70	20	0	0	0	0	0	0	0	0	0	0	↔																												

Community Care

CC / MHL / WCF	<p>Direct Payments - By March 2017, secure a 10% increase in the number of direct payments to all service users. (CPD 5.4)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Feedback from service users would indicate that the PCCOPS client group find the process of employment and financial accountability difficult.</p> <p>ACTION TAKEN & TIMESCALES FOR IMPROVEMENT All SW staff have attended or have planned attendance at Direct Payment training, to ensure understanding and requirements of process to facilitate informed discussions with service users considering uptake of direct payments.</p> <p>FORECAST IMPACT ON PERFORMANCE It is anticipated that there will be modest growth in this sector.</p>																																						
	<table border="1"> <thead> <tr> <th colspan="12">Monthly Position</th> <th>TOPM</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>↑</th> </tr> </thead> <tbody> <tr> <td></td><td>620</td><td></td><td></td><td>608</td><td></td><td></td><td>617</td><td></td><td>616</td><td>618</td><td>629</td><td>↑</td> </tr> </tbody> </table> <p>624 direct payments March 15 (Baseline) 2015/16 target 686. 2016/17 target baseline to be confirmed.</p>	Monthly Position												TOPM	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	↑		620			608			617		616	618	629	↑
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CC / MHL D / WCF	Self Directed Support By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified. (CPD 5.5)	New Target for 16/17. Information to be developed																																																													
CC / MHL D / WCF	Carers' Assessments By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	CAUSES / ISSUES IMPACTING ON PERFORMANCE Carers declining assessments ACTION TAKEN & TIMESCALES FOR IMPROVEMENT Training has been provided to staff in the completion of Carers Assessments FORECAST IMPACT ON PERFORMANCE PCCOP's staff will continue to focus on promoting Carer's assessments and undertake these where carers are willing to engage <table border="1" data-bbox="436 890 1534 1005"> <thead> <tr> <th colspan="13">Monthly Position</th> <th>TOPM</th> </tr> <tr> <th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th></th> </tr> </thead> <tbody> <tr> <td colspan="3">746</td><td colspan="3">823</td><td colspan="3">773</td><td colspan="3">626</td><td>↓</td> </tr> </tbody> </table> 723 offered quarter ending March 15. (Baseline) 2015/16 quarterly target =795.	Monthly Position													TOPM	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		746			823			773			626			↓	 <table border="1"> <caption>Chart Data: Cumulative Positions and Target</caption> <thead> <tr> <th>Quarter</th> <th>Cumul Position 14/15</th> <th>Cumul Position 15/16</th> <th>Target 15/16</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>~650</td> <td>~700</td> <td>~800</td> </tr> <tr> <td>Qtr 2</td> <td>~680</td> <td>~750</td> <td>~800</td> </tr> <tr> <td>Qtr 3</td> <td>~620</td> <td>~720</td> <td>~800</td> </tr> <tr> <td>Qtr 4</td> <td>~680</td> <td>~600</td> <td>~800</td> </tr> </tbody> </table>	Quarter	Cumul Position 14/15	Cumul Position 15/16	Target 15/16	Qtr 1	~650	~700	~800	Qtr 2	~680	~750	~800	Qtr 3	~620	~720	~800	Qtr 4	~680	~600	~800
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CC / MHL D / WCF	Short Break Hours By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.2)	New Target for 16/17. Information to be developed <table border="1" data-bbox="436 1161 1534 1284"> <thead> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM																																																
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<p style="text-align: center;">CC / MHL D / WCF</p>	<p>Carers Assessment By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and:</p> <ul style="list-style-type: none"> I. the need for further advice, information or signposting has been identified; II the need for appropriate training has been identified; III. the need for a care package has been identified; IV. the need for a short break has been identified V. the need for financial assistance has been identified <p>(CPD 6.3)</p>	<p>New Target for 16/17. Information to be developed</p>	
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3.0 Quality Standards & Performance Targets

3.2 DHSSPS Indicators of Performance 2016/17

The following are for Indicators of Performance which are in support of the Commissioning Direction Targets.

Desired Outcome 1: Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Alcohol-related Admissions	A13 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	167	142	150	141	141	134	139	158	114
Drug-Related Admissions	A14. Reduction in the rate of drug-related admissions to hospital within the Acute Programme of Care.	Information to be developed								
Self Harm	A15. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	136	144	146	150	164	156	143	194	166
Looked after Children	A20. Proportion of looked after children who have experienced more than two placement changes. (Source is OC2)	New Indicator, information to be developed								
Adoption	A21. Length of time for best interest decision to be reached in the adoption process.	1 year 4 months								
Lost School Days	A22 . Number of school-age children in care for 12 months or longer who have missed 25 or more school days by placement type.	Figures reported annually								
Personal Education Plan	A23. Proportion of looked after children of school age who have been in care for 12 months or longer with a Personal Education Plan (PEP)	Figures reported annually								
Care Leavers	A24. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	100%	83%	86%	86%	100%	71%	100%	100%	100%
Care Leavers	A25. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	79%	78%	83%	82%	81%	76%	76%	76%	77%

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

Mortality	B1. Summary hospital-level mortality indicator rates.							51	62		
Returning ED Admissions	B4: Number of emergency admissions returning within seven days and within 8-30 days of discharge.	Seven days	3.3%	2.8%	2.8%	2.6%	3.0%	3.1%	2.9%	Information presented two month in arrears	
		8-30 days	4.7%	4.2%	5.0%	4.3%	4.3%	4.5%	3.8%	Information presented two month in arrears	
Causes of Emergency Readms	B5: Clinical causes of emergency readmissions (as a percentage of all readmissions) for i) infections (primarily; pneumonia, bronchitis, urinary tract infection, skin infection); and ii) Long-term conditions	Infections	11.5%	12.1%	11.9%	15.6%	14.8%	16.5%	17.3%	16.2%	13.7%
		Long Term Conditions	9.6%	11.6%	10.2%	13.1%	6.9%	11.0%	10.3%	10.0%	9.2%

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	(COPD, asthma, diabetes, dementia, epilepsy, CHF)									
Admissions for Venous Thromboembolism	B6: Number of emergency readmissions with a diagnosis of venous thromboembolism.	7	9	5	8	10	16	7	2	2
Emergency Admissions & Readmissions	B7: Number of emergency admissions and readmissions in which medicines were considered to have been the primary or contributing factor.	Information & Records Dept (Acute) to explore availability of this information								
Audited Records	B8: Number of records audited achieving 95% compliance of the accurately completed NEWS charts in all adult in-patient wards (excluding theatres and critical care departments).	New Indicator, information to be developed								

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

Attendances At ED	D4. Number of GP Referrals to Emergency Department.	2184	2075	2032	2173	2115	2236	2122	2193	2117	
Attendances At ED	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted.	0-30 mins	2.0% ANT 4.4% CAU 61.5% MUH	4.2% ANT 5.9% CAU 59.9% MUH	4.5% ANT 3.8% CAU 62.9% MUH	4.3% ANT 4.5% CAU 43.1% MUH	3.6% ANT 3.8% CAU 31.3% MUH	3.3% ANT 3.4% CAU 25.7% MUH	2.9% ANT 3.7% CAU 31.6% MUH	3.2% ANT 4.0% CAU 27.6% MUH	3.5% ANT 3.7% CAU 28.7% MUH
		>30 min – 1 hr	7.5% ANT 10.0% CAU 33.2% MUH	9.8% ANT 11.0% CAU 35.3% MUH	10.1% ANT 8.0% CAU 33.5% MUH	10.9% ANT 10.7% CAU 45.0% MUH	8.8% ANT 8.7% CAU 50.6% MUH	8.7% ANT 8.5% CAU 46.3% MUH	8.2% ANT 7.9% CAU 48.2% MUH	8.9% ANT 7.3% CAU 41.1% MUH	9.4% ANT 6.9% CAU 50.7% MUH
		>1 hr – 2 hrs	20.7% ANT 20.0% CAU 5.0% MUH	16.8% ANT 20.0% CAU 4.6% MUH	17.8% ANT 20.2% CAU 3.6% MUH	18.8% ANT 21.4% CAU 11.6% MUH	18.9% ANT 19.5% CAU 17.5% MUH	17.2% ANT 21.0% CAU 26.0% MUH	18.7% ANT 18.9% CAU 19.4% MUH	18.7% ANT 19.9% CAU 29.8% MUH	19.7% ANT 17.1% CAU 18.2% MUH
		>2 hrs – 3 hrs	18.4% ANT 16.7% CAU 0.2% MUH	14.1% ANT 17.1% CAU 0.3% MUH	15.9% ANT 16.6% CAU	18.0% ANT 16.8% CAU 0.3% MUH	17.9% ANT 15.8% CAU 0.6% MUH	15.9% ANT 17.2% CAU 1.7% MUH	18.5% ANT 17.0% CAU 0.7% MUH	17.2% ANT 19.6% CAU 1.3% MUH	16.9% ANT 16.8% CAU 2.3% MUH
		>3 hrs – 4 hrs	16.4% ANT 13.9% CAU	15.8% ANT 12.6% CAU	15.0% ANT 13.9% CAU	15.7% ANT 12.7% CAU	16.2% ANT 13.6% CAU	16.2% ANT 15.1% CAU 0.2% MUH	16.4% ANT 13.7% CAU 0.1% MUH	16.7% ANT 14.2% CAU 0.2% MUH	16.2% ANT 15.2% CAU
		>4 hrs – 6 hrs	17.7% ANT 17.4% CAU	18.3% ANT 16.5% CAU	17.4% ANT 16.9% CAU	14.0% ANT 16.4% CAU	13.7% ANT 18.9% CAU	17.7% ANT 17.6% CAU 0.1% MUH	16.9% ANT 17.9% CAU	16.9% ANT 17.2% CAU	15.6% ANT 19.0% CAU
		>6 hrs – 8 hrs	8.4% ANT 10.2% CAU	10.0% ANT 9.1% CAU	9.7% ANT 9.4% CAU	7.9% ANT 8.5% CAU	8.2% ANT 11.4% CAU	8.4% ANT 10.0% CAU	9.7% ANT 9.9% CAU	8.9% ANT 9.0% CAU	9.2% ANT 11.9% CAU
		>8 hrs – 10 hrs	4.4% ANT 4.5% CAU	4.6% ANT 4.8% CAU	4.8% ANT 6.0% CAU	5.3% ANT 4.9% CAU	5.1% ANT 4.8% CAU	4.2% ANT 4.8% CAU	4.8% ANT 5.6% CAU	4.8% ANT 4.7% CAU	4.8% ANT 5.4% CAU
		>10 hrs – 12 hrs	3.2% ANT 2.8% CAU	3.9% ANT 2.8% CAU	3.4% ANT 5.0% CAU	3.4% ANT 3.7% CAU	5.4% ANT 3.3% CAU	4.2% ANT 2.5% CAU	3.2% ANT 4.9% CAU	3.7% ANT 4.0% CAU	3.5% ANT 3.7% CAU
		>12 hrs – 14 hrs	0.2% ANT	0.4% ANT	0.2% ANT 0.1% CAU	0.2% ANT	0.3% ANT	0.7% ANT	0.3% ANT	0.2% ANT 0.1% CAU	0.2% ANT 0.0% CAU
		>14 hrs – 16 hrs	0.3% ANT	0.6% ANT	0.3% ANT 0.1% CAU	0.2% ANT 0.1% CAU	0.5% ANT	0.7% ANT	0.2% ANT 0.1% CAU	0.3% ANT	0.1% ANT 0.1% CAU
		>16 hrs – 18 hrs	0.1% ANT	0.4% ANT	0.2% ANT	0.2% ANT 0.1% CAU	0.2% ANT	0.6% ANT	0.1% ANT 0.1% CAU	0.2% ANT 0.1% CAU	0.3% ANT
>18 hrs	0.7% ANT	1.3% ANT 0.2% CAU	0.6% ANT 0.1% CAU	1.1% ANT 0.2% CAU	1.1% ANT 0.1% CAU	2.1% ANT	0.2% ANT 0.2% CAU	0.5% ANT 0.1% CAU	0.5% ANT 0.2% CAU		

Area	Indicator		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median	3:06	4:10	3:08	2:54	3:03	3:19	3:06	3:08	3.03	
		ANT ED – 95 th Percentile	9:41	11:05	9:51	10:08	11:11	11:49	9:31	9:53	9.48	
		ANT ED – Maximum	27:21	27:23	28:05	33:39	28:30	39:15	24:56	27:41	25.12	
		CAU ED – Median	2:56	3:30	3:06	2:47	3:09	3:00	3:10	2:58	3.21	
		CAU ED – 95 th Percentile	8:52	9:02	10:04	9:24	9:12	8:47	10:07	9:34	9.33	
		CAU ED - Maximum	11:56	28:03	20:23	21:14	48:02	11:59	27:09	19:58	22.58	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes.	Antrim	5529 83%	4906 85.2%	4714 87%	4752 88%	4443 83%	4753 79%	4812 83%			
		Causeway	2474 65.1%	2425 69.6%	2138 64%	2483 76%	2109 64%	2396 62%	2468 66%			
	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department.	ANT ED – Median	6	6	5	6	6	6	5			
		ANT ED – 95 th Percentile	18	18	17	18	18	18	17			
		ANT ED – Maximum	34	48	32	46	500	191	59			
		CAU ED – Median	12	11	12	11	13	11	11			
		CAU ED – 95 th Percentile	41	39	42	35	41	47	40			
		CAU ED - Maximum	118	145	137	103	114	125	83			
	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	ANT ED – Median	8	7	7	7	8	8	8			
		ANT ED – 95 th Percentile	23	22	21	21	23	27	23			
		ANT ED – Maximum	56	186	258	313	500	226	288			
		CAU ED – Median	12	11	12	10	12	12	11			
		CAU ED – 95 th Percentile	38	34	40	66	39	44	37			
		CAU ED - Maximum	308	145	138	108	162	125	164			
	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	ANT ED – Median	65	76	73	59	68	90	103			
		ANT ED – 95 th Percentile	290	298	292	241	279	276	312			
		ANT ED – Maximum	470	643	661	499	2421	1220	576			
		CAU ED – Median	39	39	49	42	55	56	98			
		CAU ED – 95 th Percentile	278	231	232	235	280	261	355			
		CAU ED – Maximum	Figures not currently available, awaiting validation									
	Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and	Immediate	Antrim	0.4%	0.5%	0.5%	0.4%	0.4%	0.2%	0.3%	0.4%

Area	Indicator		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
	5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments.		Causeway	0.1%	0.4%	0.3%	0.2%	0.4%	0.6%	0.3%	0.2%	0.2%
		Very Urgent	Antrim	15.2%	15.3%	15.3%	15.9%	13.3%	13.0%	12.1%	13.6%	13.4%
			Causeway	10.9%	11.7%	12.2%	12.6%	12.7%	12.5%	11.2%	12.2%	11.5%
		Urgent	Antrim	45.5%	43.0%	44.8%	44.4%	45.9%	43.4%	44.1%	46.3%	41.6%
			Causeway	47.2%	49.1%	50.6%	51.5%	49.6%	49.1%	48.8%	50.6%	50.9%
		Standard	Antrim	37.4%	29.5%	24.6%	23.2%	23.4%	27.4%	26.8%	26.6%	27.7%
			Causeway	37.3%	35.2%	32.9%	31.6%	33.2%	33.8%	35.6%	37.9%	33.6%
		Non Urgent	Antrim	1.2%	1.4%	0.4%	0.8%	0.8%	0.7%	0.7%	0.6%	0.8%
Causeway	1.4%		2.2%	1.4%	1.7%	1.4%	1.9%	1.9%	2.2%	2.4%		
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 th percentile and single longest time.	ANT ED – Median		3:06	4:10	3:08	2:54	3:03	3:19	3:06		
		ANT ED – 95 th Percentile		9:41	11:05	9:51	10:08	11:11	11:49	9:31		
		ANT ED – Maximum		27:21	27:23	28:05	33:39	28:30	39:15	24:56		
		CAU ED – Median		2:56	3:30	3:06	2:47	3:09	3:00	3:10		
		CAU ED – 95 th Percentile		8:52	9:02	10:04	9:24	9:12	8:47	10:07		
		CAU ED - Maximum		11:56	28:03	20:23	21:14	48:02	11:59	27:09		
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			3.6%	3.7%	3.5%	2.4%	3.7%	3.7%	4.28%	4.5%	5.6%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.			4% ANT 7% CAU	3% ANT 5% CAU	3% ANT 6% CAU	2% ANT 5% CAU	3% ANT 7% CAU				
Stroke LOS	D15. Average length of stay for stroke patients.			9.7	14.1	13.7	11.6	13.1	13.1	18.8	14.9	14.4
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			9719	9193	8067	8842	9330	9318	9717	9434	9696
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			82%	96%	95%	93%	97%	92%	84%	85%	87%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			99.2%	99%	98%	98%	100%	99%	95%	98%	98%
Specialist Drug Therapies	D18. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis .			Arthritis	0	0	0	0	0	0	0	8
				Psoriasis	0	0	0	0	0	0	0	0

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Intervention Rates	D21. Percentage reduction in intervention rates (including caesarean sections).	KP19 return previously submitted quarterly. Data now compiled by DHSSPS 6 monthly.									
Caesarean Sections	D22. Percentage of babies born by caesarean section and number of babies born in midwife led units, either freestanding or alongside.										
Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.											
Reablement	E3. Number of client referrals	(i) passed to re-ablement	231	216	217	241	232	237	246	240	196
		(ii) started on a re-ablement	66	47	43	39	36	39	35	41	60
		(iii) discharged from re-ablement with no further care required.	22	19	13	10	19	22	13	14	25
Desired outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being											
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.	New Indicator, information to be developed.									
Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.											
Outpatients CNC by Hospital	G1. New and Review outpatient appointments cancelled by hospitals	(i) Number of new & review cancelled by the hospital.	Information presented in Section 3.0								
		(ii) Rate of new & review cancelled by the hospital. <i>(Excludes VC's attendances)</i>	7.0% new	5.5% new	8.8% new	6.3% new	7.4% new	10.1% new	8.8% new	7.4% new	7.0% new
			12.0% rev	11.1% rev	13.5% rev	12.1% rev	12.4% rev	16.4% rev	14.5% rev	12.7% rev	12.9% rev
		(iii). Ratio of new to review cancelled by the hospital. <i>(Excludes VC's Attendances)</i>	3.3	2.9	3.3	2.5	3.2	2.8	2.9	3.0	3.4
Hospital cancelled appointments with an impact on the patient	G2. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient.	913 (5.7%)	864 (5.3%)	996 (6.5%)	1084 (6.6%)	943 (5.7%)	964 (6.4%)	1127 (7.3%)	1053 (7.2%)	1133 (7.0%)	
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. <i>(Excludes VC's attendances)</i>	6.0%	6.0%	6.7%	6.6%	6.3%	6.6%	6.1%	6.6%	6.7%	
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)	Outpatient coding currently on hold until additional funding is received.									
Day Surgery Rates	G5. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	70%	70%	70%	70%	71%	71%	65%	65%	70%	
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.	76%	61%	67%	73%	75%	75%	71%	77%	79%	
Pre-operative stay	G7. Elective average pre-operative stay.	0.40	0.60	0.71	0.58	0.50	0.62	0.63	0.43	0.33	
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical	2.7%	7.6%	5.2%	6.9%	3.6%	4.3%	3.0%	2.2%	2.9%	

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	reasons.									
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.2	3.8	3.3	2.7	3.9	3.6	3.0	3.4	3.0
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	12.0%	12.5%	12.5%	13.0%	12.6%	12.4%	13.3%	Information presented two month in arrears	
Elective Admissions	G11. Cost of a basket of 24 elective procedures (Day surgery as per G5)	New Indicator, information to be developed								
Prescribing	G12. Level of compliance of GP practices and HSC Trusts with the NI Medicines Formulary; and prescribing activity for generic prescribing and dispensing rates.	New Indicator, information to be developed								

3.0 Quality Standards & Performance Targets

3.3 Additional Indicators 16/17 in Support of Commissioning Plan Targets

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Dialysis	IBD - Chrons Patients who are receiving Biologics Treatment (AI1)	New Additional indicator, Information to be developed.									
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	64	63	61	65	63	60	58	59	56	
Diagnostic Tests	Unreported Imaging Tests (AI4)	New Additional indicator, Information to be developed.									
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI15)	21% fitted < 13 wks	20% fitted < 13 wks	18% fitted < 13 wks	29% fitted < 13 wks	35% fitted < 13 wks	36% fitted < 13 wks	81% fitted < 13 wks	84% fitted < 13 wks	80% fitted < 13 wks	
Children	Children admitted to residential care will have, prior to their admission. (a) been subject to a formal assessment (AI10)	100% (3 of 3)	100% (3 of 3)	100% (2 of 2)	75% (3 of 4)	100% (1 of 1)	100% (4 of 4)	100% (4 of 4)	100% (1 of 1)	67% (2 of 3)	
	Children admitted to residential care will have, prior to their admission. (b) have their placement matched through Children's Resource Panel (AI10)	100% (3 of 3)	100% (3 of 3)	50% (1 of 2)	67% (2 of 3)	100% (1 of 1)	80% (4 of 5)	100% (4 of 4)	100% (1 of 1)	67% (2 of 3)	
	Residential Care Leavers aged 16, 17 and 18 who are in Education, Training or Employment within one year of leaving care. (AI11)	100%	83%	86%	86%	100%	71%	100%	100%	100%	
	Looked After Children (initial assessment) - Initial assessment should be completed within 14 working days from the date of the child becoming looked after (AI12)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Family Support - from April 15 all family support referrals are investigated and an initial assessment completed within 30 wk days from the date of the original referral being received. (This 30 day period includes the previously required 20 days to allocate to the social worker and 10 days to complete the Initial assessment)	Family Support (Referrals) – allocated to a social worker within 20 working days for initial assessment. (AI13)	99%	93%	90%	99%	98%	93%	99%	98%	90%
		Family Support (initial assessment) – completed within 10 working days from date referral allocated to the SW. (AI13)	54%	41%	40%	44%	52%	34%	45%	44%	39%
		Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	50%	25%	53%	43%	51%	54%	48%	54%	43%
	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
	referral (AI14)										
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI15)	63	40	40	35	22	37	34	60		
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (A16)						511 Foster Carers (165 kinship)				
Children Services/ Adoption Best Interest (ARIS)	Number of Looked After Children who have been formally notified to ARIS (Adoption Regional Information System) within 4 weeks of that Adoption Panel decision (AI17)	100% (9 of 9)			100% (9 of 9)			100% (8 of 8)			
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (A22)	6 (I comme nced)	6 (I comme nced)	6 (I comme nced)	6	6	6	6	6		
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)	5	5	5	5	5	5	5	5		
7 Day Follow up	Trusts should ensure that all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge. (AI26)	99%	99%	99%	100%	99%	96%	99%	100%	100%	
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	82	82	77	93	84	90	87	92	88	
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI31)	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI32)	61%	61%	61%	72%	69%	78%	84%	79%	79%	
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)	60%	63%	50%	83%	96%	69%	68%	88%	87%	
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment	368 > 13 wks	400 > 13 wks	474 > 13 wks	469 > 13 wks	416 > 13 wks	376 > 13 wks	381 > 13 wks	427 > 13 wks	505 > 13 wks
		Intervention	30 > 13 wks	18 > 13 wks	7 > 13 wks	9 > 13 wks	7 > 13 wks	17 > 13 wks	12 > 13 wks	5 > 13 wks	10 > 13 wks

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly. (AI39)	84	77	74	92	85	87	87	66	85
Theatre	Theatre Utilisation and Cancellation rates (AI40)	New Additional indicator for 2016/17 Information to be developed								
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)	781	761	811	895	772	783	595	337	447
Residential / Nursing Home	Number of clients in residential/nursing homes (AI47)	New Additional indicator, Information to be developed.								
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI48)	New Additional indicator, Information to be developed.								
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI49)	New Additional indicator, Information to be developed.								
Continuing Care Needs	Number of people with continuing care needs (AI56)	(i))waiting longer than 5 weeks for an assessment of need to be completed	98%	100%	99%	99%	96%	98%	100%	99%
		(ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	93%	90%	94%	93%	98%	95%	93%	95%

Directorate Codes:

SCS – Surgery & Clinical Services

MEM – Medicine & Emergency Medicine

WCF – Women, Children & Families

CC - Community Care

MHLD - Mental Health & Disabilities

MG - Medical Governance

SDBS – Strategic Development and Business Services

F – Finance

3.0 Quality Standards & Performance Targets

3.4 Additional Indicators 15/16 in Support of Commissioning Plan Targets

Area	Indicator	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Prescribing Compliance	(2014/15 B25). Level of prescribing compliance with the NI Formulary by HSC Trust.		NHSCT are 90% compliant with BNF Chapter 6			NHSCT are 65% compliant with BNF Chapter 7			Quarterly Information available 3 months in arrears	
Child Health Promotion Programme	(2014/15 A28). The rate for each core contact within the pre-school child health promotion programme offered and recorded by Health Visitors.	FV – New Baby Rev - 01 – 02 wks		99.3%		98.9%			Quarterly Information available 3 months in arrears	
		C1 – 6-8 week rev – 6 – 11 wks		98.5%		98.1%				
		C2 – 14-16 week rev – 14–19 wks		98.5%		97.8%				
		C3 – 6-9 month rev – 26 – 42 wks		94.8%		91.7%				
		C4 – 1 year rev – 52-68 wks		81.1%		81.7%				
		C5 – 2 year rev – 104-120 wks		78.9%		77.9%				
		C6 – 4 year rev – 209-221 wks		79.0%		74.3%				

3.0 Quality Standards & Performance Targets

3.5 Targets and Indicators no longer required for 16/17 CPD, but included for reference

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Death Rate	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	Trust Weekday	3.8%	3.7%	3.9%	4.6%	4.4%	3.0%	3.6%	3.8%	4.1%
		Trust Weekend	3.7%	3.0%	3.9%	4.0%	4.0%	3.8%	3.9%	4.0%	4.5%
Substance Misuse	During 2015/16, the HSC should build on existing service developments to work towards the provision of 7 day integrated and co-ordinated substance misuse liaison services in appropriate acute hospital settings undertaking regionally agreed Structured Brief Advice or Intervention Programmes.	SMLS has been integrated into the pilot RAID service which is now operational in AAH & CAH. This service provided an integrated mental health liaison service 24/7. Additional monies for SMLS are to be provided by the LCG and an IPT has been submitted for this.									
Family Nurse Partnership	By March 16, complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme.	The Family Nurse Partnership is fully operational across the NHSCT.									
Bowel Cancer Screening	By March 2016, complete the rollout of the Bowel Cancer Screening programme to the 60-74 age group, by inviting 50% of all eligible men and women, with an uptake of at least 55% of those invited	The Trust continues to deliver Bowel Cancer Screening endoscopy as commissioned and in line with presenting demand									
Tackling Obesity	From April 2015, all eligible pregnant women aged 18 years and older, 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	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>The Trust continues to deliver this initiative with an overall uptake of 72% of women who are eligible to utilise the project successfully availing of the service. The regional target was set at 65%.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME:</p> <p>Continue to recruit to this initiative until December 2015.</p> <p>FORECAST IMPACT ON PERFORMANCE:</p> <p>Impact of this initiative is audited at local level. However a formal review has been commissioned by the PHA to assess the outcomes.</p>									
Delivering Transformation	By March 2016, complete the safe transfer of 83m from hospital/ institutional based care into primary, community and social care services, dependent on the availability of appropriate transitional funding to implement the new service mode	The Trust has established Programme Management arrangements to take forward the work under RAMP.									
ASD Referrals	(2015/16 B13). Number of referrals for ASD (under 18)	89	70	57	83	96	120	101	104	95	
Autism / ASD	(2015/16 B14). Number diagnosed with Autism / ASD (under 18)	56	58	36	72	69	66	57	65	52	

Area	Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Cancer Services	(2015/16 B42). Number of patients given a red flag referral for suspect cancer by a GP for a first OP appointment with a cancer specialist (inc. consultant upgrades)	1407	1257	993	1118	1208	1231	1245	1337	1299
Independent Sector Activity – OP	(2015/16 B48). Total number of attendances at consultant-led outpatient services in the independent sector. (new & review) (Figures subject to change as returns are received from IS providers)	218 (Oct – Dec)			5482 (Jan – Mar)			1493 (Apr – Jun)		
Independent Sector Activity – IP/DC	(2015/16 B49). Total number of patients admitted for inpatient treatment in the independent sector. (admissions & daycases) (Figures subject to change as returns are received from IS providers)	61 (Oct – Dec)			508 (Jan – Mar)			1153 (Apr – Jun)		
Stroke	(2015/16 B60). Number of emergency admissions with a primary diagnosis of stroke.	79	60	58	54	52	58	63	41	53
New / Review OP Ratio	(2015/16 C9). Ratio of new to review outpatient appointments attended.. (Excludes VC's attendances)	1.82	1.80	1.76	1.81	1.86	1.89	1.85	1.83	1.81

4.0 Use of Resources

4.1 Delivery of Elective Service Budget Agreements (SBA)

By March 2017, reduce the percentage of funded activity associated with elective care service that remains undelivered.

16/17 SBA Report for Elective Inpatients, Daycases & Outpatients

Cumulative Position as at	Elective Inpatients				Daycases				Combined Elective and Daycase				New Outpatients				Review Outpatients			
	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance
28th April 2016 (4 weeks)	441	408	-33	-7%	1071	1068	-3	0%	1512	1476	-36	-2%	4618	4607	-11	0%	6913	8584	1671	24%
2nd June 2016 (9 weeks)	903	767	-136	-15%	1910	1870	-40	-2%	2813	2637	-176	-6%	9899	9774	-125	-1%	14819	18157	3339	23%
30th June 2016 (13 weeks)	1304	1066	-238	-18%	2759	2838	79	3%	4063	3904	-159	-4%	14299	14239	-60	0%	21405	26120	4716	22%

NOTES:

- The tables above includes Endoscopy procedures in Gastro, GS & Medicine.
- Elective Inpatient activity is based on Admissions (1st FCE only)
- 2016/17 Volumes are Draft.

16/17 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 13 weeks (30th June 2016)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
ENT	-41%		-10%	IPDC split not agreed. Inpatient volumes mainly impacted by cancellations due to unscheduled pressures. Outpatient volumes reduced due to high proportion of outpatients with procedure.	Decisions whether cancel patients due to unscheduled pressures are taken on an individual basis, taking into account the clinical urgency of the patient.
Gastroenterology	-28%	-41%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Medicine		-90%	-10%	Lack of demand for procedures	
Geriatric Medicine			-14%	Variance under review.	
General Surgery	-31%	-12%		SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites.	Actions taken to improve scheduling and booking processes and increase utilisation of theatre lists.
Haematology		-11%		Lack of demand.	
Nephrology			-12%	Lack of demand.	
Neurology			-39%	Funding received for second consultant but it has not yet been possible to recruit to this post.	Discussions ongoing with Belfast Trust regarding potential for joint appointment posts.
Obs and Gynae (Gynaecology)	-31%		-14%	Increased demand for complex antenatal clinics has impacted on elective volumes.	Capacity/demand review underway.
Rheumatology	-63%			Limited requirement for IP management.	

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

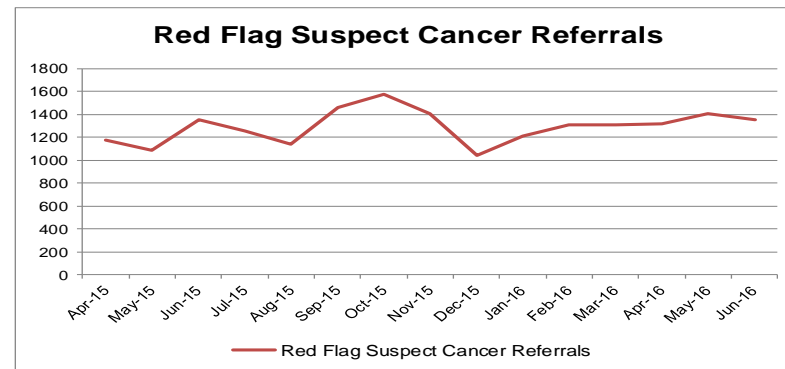
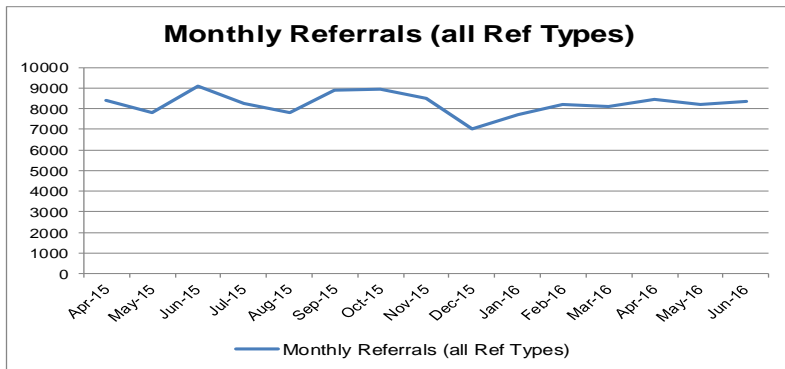
Outpatient Demand

Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	14/15	8030	8213	8530	7913	6978	8465	8787	7674	6768	7736	7648	8336
15/16	8395	7807	9,093	8,265	7799	8,872	8,956	8,518	7023	7720	8222	8118	
Variance on Previous Year	365	-406	563	352	821	407	169	844	255	-16	574	-218	
% Variance on Previous Year	5%	-5%	7%	4%	12%	5%	2%	11%	4%	0%	8%	-3%	
16/17	8445	8205	8369										
Variance on Previous Year	50	398	-724										
% Variance on Previous Year	1%	5%	-8%										

Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	14/15	8030	16243	24773	32686	39664	48129	56916	64590	71358	79094	86742	95078
15/16	8395	16202	25295	33560	41359	50231	59187	67705	74728	82448	90670	98788	
Variance on Previous Year	365	-41	522	874	1695	2102	2271	3115	3370	3354	3928	3710	
% Variance on Previous Year	5%	0%	2%	3%	4%	4%	4%	5%	5%	4%	5%	4%	
16/17	8445	16650	25019										
Variance on Previous Year	50	448	-276										
% Variance on Previous Year	1%	3%	-1%										

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	14/15	1065	1188	1294	1109	988	1144	1171	959	872	1006	949	1166
15/16	1172	1084	1,356	1,258	1143	1,456	1,572	1,403	1038	1208	1307	1305	
Variance on Previous Year	107	-104	62	149	155	312	401	444	166	202	358	139	
% Variance on Previous Year	10%	-9%	5%	13%	16%	27%	34%	46%	19%	20%	38%	12%	
16/17	1318	1408	1350										
Variance on Previous Year	146	324	-6										
% Variance on Previous Year	12%	30%	0%										

New referrals were Referral Source (R) equals 3 & 5
 Includes only referrals to consultant led services except for Urology where all referrals are included.
 Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSC. Visiting Consultants excluded
 From January 16 figures obtained from Business Objects



4.0 Use of Resources

4.3 Demand for Services (ED Attendances)

Emergency Department Demand

ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2014 / 15	6,454	6,625	6,543	6,423	6,027	6,326	6,126	5,887	6,313	6,069	5,966	6,509	75,268
2015 / 16	6,355	6,633	6,590	6,441	6,443	6,580	6,684	6,475	6,346	6,405	6,374	7,118	78,444
2016 / 17	6,896	7,319	6,903										84,472

CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2014 / 15	3,695	3,850	3,667	4,188	3,832	3,596	3,514	3,184	3,240	3,151	3,210	3,567	42,694
2015 / 16	3,873	3,780	3,845	3,797	3,896	3,562	3,923	3,478	3,440	3,367	3,381	3,953	44,295
2016 / 17	3,800	3,963	3,896										46,636

NHSCT TOTAL ED ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2014 / 15	10,149	10,475	10,210	10,611	9,859	9,922	9,640	9,071	9,553	9,220	9,176	10,076	117,962
2015 / 16	10,228	10,413	10,435	10,238	10,339	10,142	10,607	9,953	9,787	9,772	9,755	11,071	122,740
2016 / 17	10,696	11,282	10,799										131,108

Note: Total attendances for 2016/17 is a projection figure based on 2016/17 attendances to date.

5.0 Workforce

5.1 Staff in Post, Staff Movement, Absence

Update since last report

Staffing

Overall our staffing headcount has decreased by 52 from the beginning of April to the end of June 2016. Nursing and midwifery have the highest number of leavers with an overall negative staff movement showing a decrease of 40 in headcount from 1st April to 30th June 16. 103 staff are currently on a temporary or fixed contract with a continuous period of service of more than 4 years.

Absence

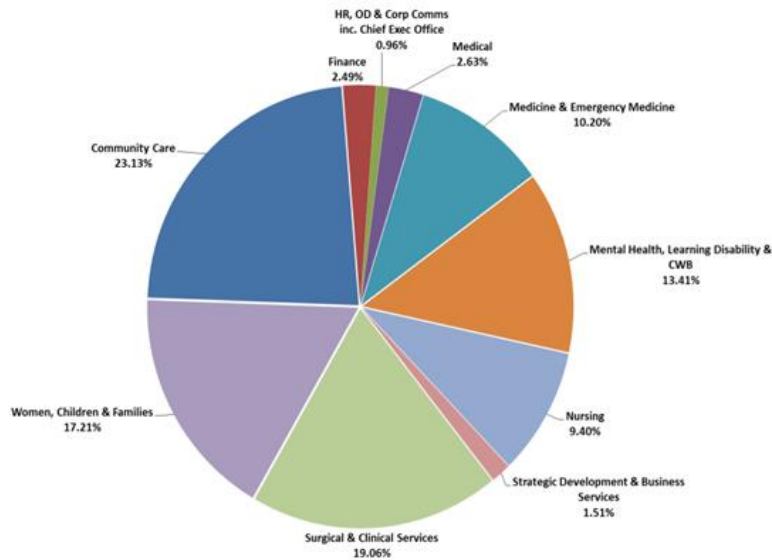
Sickness absence for the month of May is 7.23% which is an increase of 0.22% on last month. Cumulative absence as at the end of May is 7.12% which is above the Trust target of 6.9%. The need for an Absence Action Group has been identified and set up. The first meeting with representatives from each Division/Directorate is planned for early August.

Staff Survey

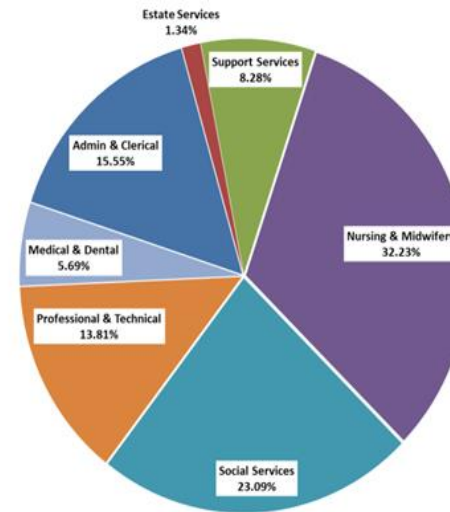
A copy of the Trust staff survey report is now available on Staff Net. With the support of Organisational Development, Directorates and Divisions are now working on actions plans based on their respective staff survey findings. It is anticipated that this will be completed by mid-September. We will keep you updated on progress.

	Trust	Wom, Child & Fam	Med & Em Med	Surg & Clin Serv	MH, LD & CW	Comm Care	Strat Dev & Bus Services	Finance	HR inc CEO	Medical (inc Gov. & Pharmacy)	Nursing (inc Support Serv.)
Headcount by WTE as at 30 June 2016	11695	2013	1193	2229	1568	2705	177	291	112	308	1099
Staff Movement (Difference between new starts & leavers) 1 Apr – 30 June 16	-52	-25	-12	-1	0	+4	-1	-4	-4	0	-9
% Directorate Absence (1 April 16 – 31 May 16)	7.12 %	7.14 %	7.52 %	6.17 %	7.17 %	7.34 %	5.78 %	5.66 %	3.94 %	5.47 %	10.18 %

Directorate/Division Percentage Headcount Breakdown as at 30 June 2016



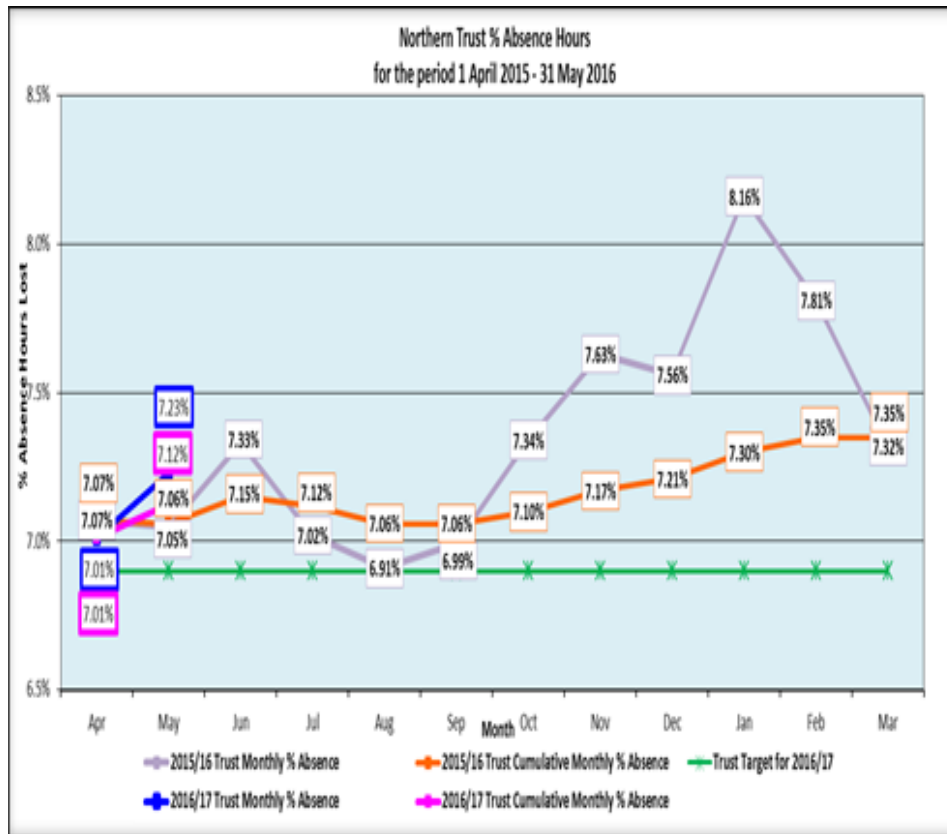
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 30 June 2016



5.0 WORKFORCE

5.1 Staff in Post, Staff Movement, Absence

Northern HSC Trust Absence Percentage
1 April 2015 – 31 May 2016



Northern HSC Trust
Number of Staff with Absence Spells for the 12 months ending
29 February 2016 and 31 May 2016

