



Northern Health  
and Social Care Trust

# TRUST BOARD PERFORMANCE REPORT

November 2016

Prepared & Issued by Strategic Development and Business Services – 13<sup>th</sup> December 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

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

Performance against the 4 hour target during November 2016 was 64% at Antrim hospital and 67% at Causeway hospital. Antrim ED had 158 twelve hour breaches compared to 116 the previous month whilst Causeway Hospital had no twelve hour breaches and none the previous month. Cumulatively the Trust has experienced 352 more twelve hour breaches than the same period last year.

**352**

More 12 hour breaches April – November 2016 than same period in 2015

(PAGE 18)

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

Currently the rate of referrals to the service is significantly greater than capacity which has been impacted by maternity leaves and vacancies. The Health Minister allocated approx. £487K to NHSCT in April 2016. The service is at the early stages of implementing plans to reduce the length of wait, including recruitment to vacant and newly funded posts, use of agency staff, overtime clinics and investing in third sector organisations. The service is engaging with regionally led service reform, but this work is yet to conclude. Actions have begun to increase service capacity but it has not resulted in a reduction in breaches and waiting times due to time taken to recruit staff. The rate of increase in the number of breaches has slowed and the longest wait has reduced. Assuming no further growth in referrals the actions will increase the service capacity to deal with the rate of referrals and support the reduction in breaches by May 2017. The service is currently working with commissioners to agree a detailed service improvement plan.

**502**

Patients waiting over 13 weeks at the end of November 2016. An increase of 34% since March 2016 (PAGE 38)

## Psychological Waits

At the end of November there were 118 patients waiting over 13 weeks, compared to 162 the previous month. Performance continues to be impacted in the main by 2 separate services. In PTS (Psychology of MH) there are 2 vacancies in the service which are in the process of recruitment. A service change project has been initiated and the service is showing significant improvement in waiting times associated with this project. Overall there remains a capacity - demand gap of 4wte. It is likely that the breaching position will continue to improve throughout December with the impact of this re-design and will be seeing patients within the 13 week target by January 2017. Growth in demand remains a concern. Delay in following up on choice appointment (assessment) with partnership appointment (therapy) may be a concern if capacity gap is not addressed. Learning Disability service (adult and children) continues to be impacted by sick leave and staff moves. The remaining Vacant post has been advertised and it is hoped it will be filled by agency staff from January 2017 until recruitment process is completed. It is anticipated that improvement in the breach position will be observed gradually over forthcoming months. 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. It is hoped the service may be able to move out of a breach position by March 2017.

**118**

Psychological waits over 13 weeks at the end of November 2016. (PAGE 23)

## Demand and Elective Waiting Lists

From April – November 2016 there has been a 3% increase in referrals for New 'Red Flag' Cancer outpatient appointments compared to the same period last year. This continues to have a significant impact on Trust waiting times. Demand for New 'Red Flag' Cancer outpatient appointments increased during 2015/16 with 15302 such referrals compared to 12911 during 14/15, an increase of 18.5%. At the end of the first 8 months of 2016/17 the combined position for elective inpatients and daycases is 7% below expected SBA volumes. New outpatient attendances are slightly above SBA with a variance of 161 attendances above the expected SBA volumes. Review attendances were 19% above volumes at the end of September.

**3%**

Increase in Red Flag Cancer referrals April – November 2016 compared to same period last year.

(PAGE 40)

## 62 Day Urgent Suspected Cancer referrals to commence treatment

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

**69%**

Achieved in October 2016 (PAGE 17)

## Diagnostic Waiting Times

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. Non-recurrent elective access funding has been made available across 2016/17 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. Future performance will be dependent on whether demand continues to rise. Radiology agency cover will be needed to provide additional weekend and evening capacity due to shortage of suitably qualified radiologists.

**886**

Patients waiting over 26 weeks at the end of October for a Diagnostic test

(PAGE 14)

# 1.0 Service User Experience

## 1.1 Patient Experience as replied in Patient Surveys

The 10,000 Voices initiative continues using a phased approach including regional and specialist projects. 9,052 patient stories have been returned regionally, of which 2,030 (22.4%) 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)
- Northern Ireland Ambulance Service
- Staff Experience
- Experience in Health and Social Care (Generic Tool).
- Care in your own home (Programme of story collection now closed)
- Paediatric Autism/CAMHS - regional specialist project. (Programme of story collection now closed)

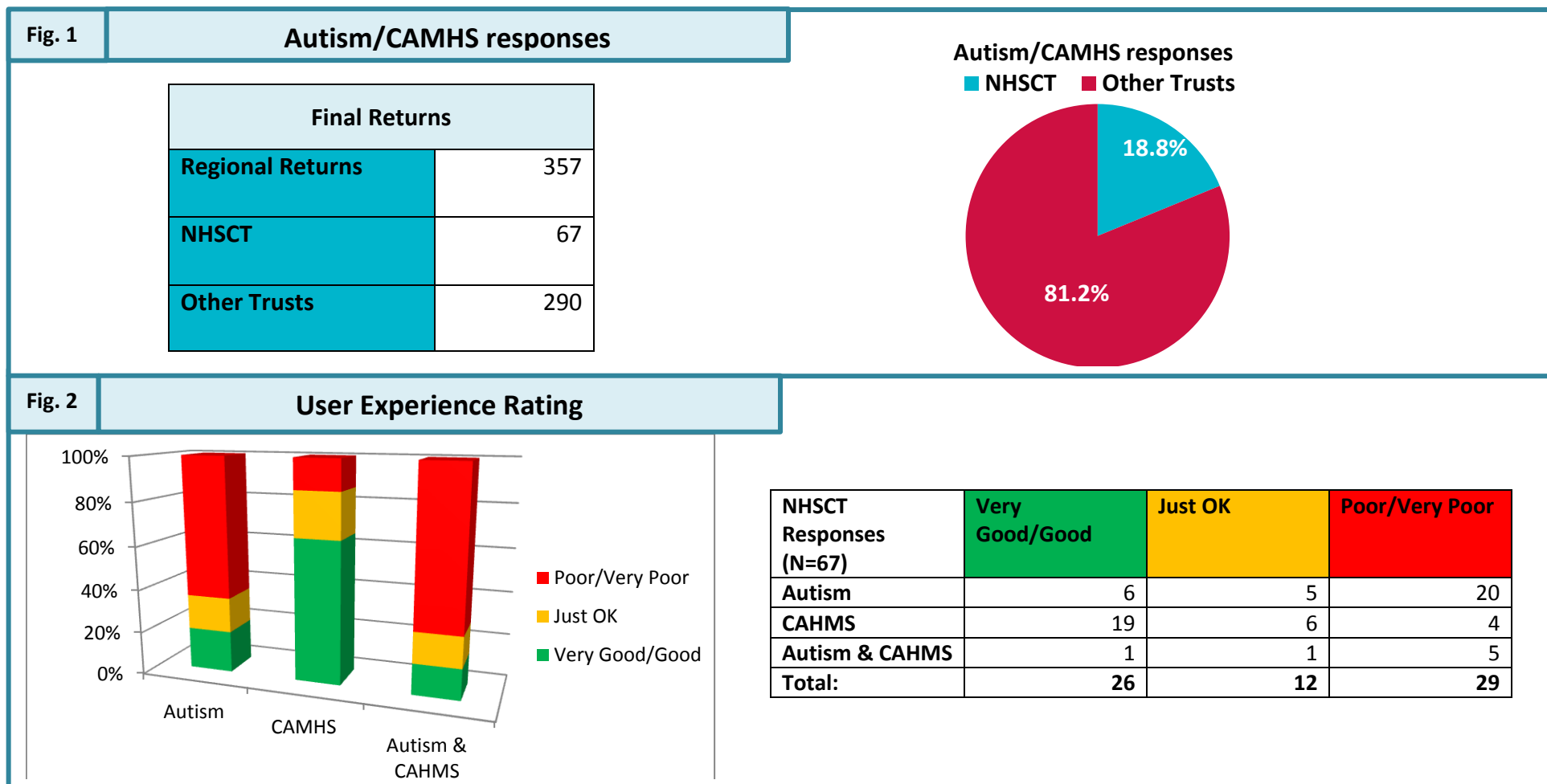
	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative
<b>Unscheduled Care</b>	<b>1566</b>	<b>538<sup>2</sup> (34.4%)</b>	<b>454</b>	<b>47</b>	<b>37</b>
<b>Northern Ireland Ambulance Service <sup>1</sup></b>	<b>300</b>	<b>158<sup>2</sup> (52.8%)</b>	<b>151</b>	<b>5</b>	<b>2</b>
<b>Care in Your Own Home</b>	<b>1426</b>	<b>172<sup>2</sup> (12%)</b>	<b>146</b>	<b>17</b>	<b>9</b>
<b>Staff experience</b>	<b>264</b>	<b>27<sup>2</sup> (10.2%)</b>	<b>12</b>	<b>8</b>	<b>7</b>
<b>Health and Social Care in Northern Ireland</b>	<b>275</b>	<b>34 (12.4%)</b>	<b>26</b>	<b>6</b>	<b>2</b>

1. Patients who access NIAS services as part of their care episode.  
2. 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. One of the services supported previously was Paediatric Autism and CAMHS. Data collection for this programme commenced in January 2016 and completed on 30 June 2016. The survey tool captured experiences relating to either Autism services or CAMHS. There have been **357** regional returns with **67** (18.8%) 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). Trust feedback has been commenced mid-July and continues into August. Feedback processes continue, with regional feedback workshops completed on 27<sup>th</sup> and 29<sup>th</sup> September 2016.



# 1.0 Service User Experience

## 1.2 Complaints / Compliments

September 2016 Position	Acute (MEM & SCS)	Child (WCF)	MHLDC	Community	Finance	SDBS	M&G	Nursing	Unknown	Trust Total
Number of Complaints	27	12	13	11	3	1	0	7	0	72
% Complaints Responded to within 20 Days	67%	91%	69%	91%	100%	100%	-	100%	-	79%
Compliments Received	21	8	9	12	0	0	0	4	0	54
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)										

### Main Issues Raised Through Complaints

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

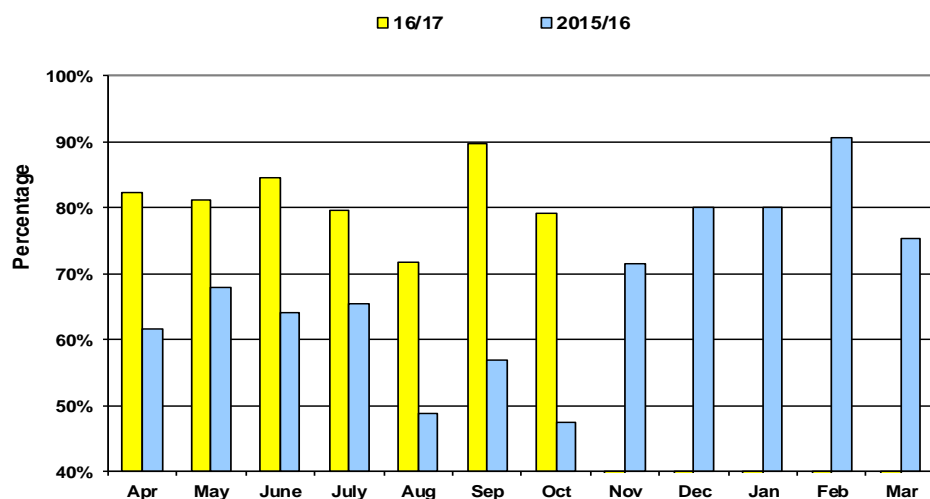
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this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

During September 2016 there were 72 formal complaints, 2 of which have been reopened. Of these complaints 57 were responded to within 20 working days (79%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

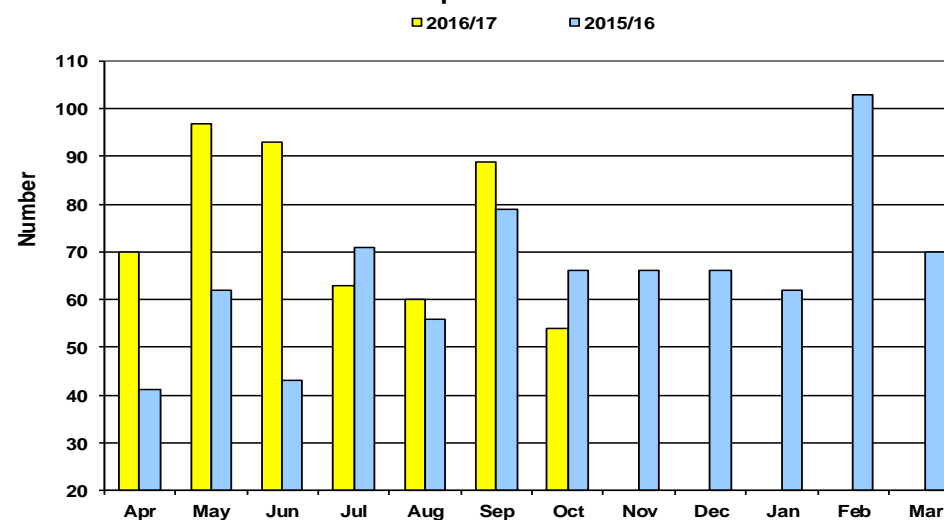
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

### Complaints information presented one month in arrears

Complaints Responded to within 20 Days



Compliments Received



## 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

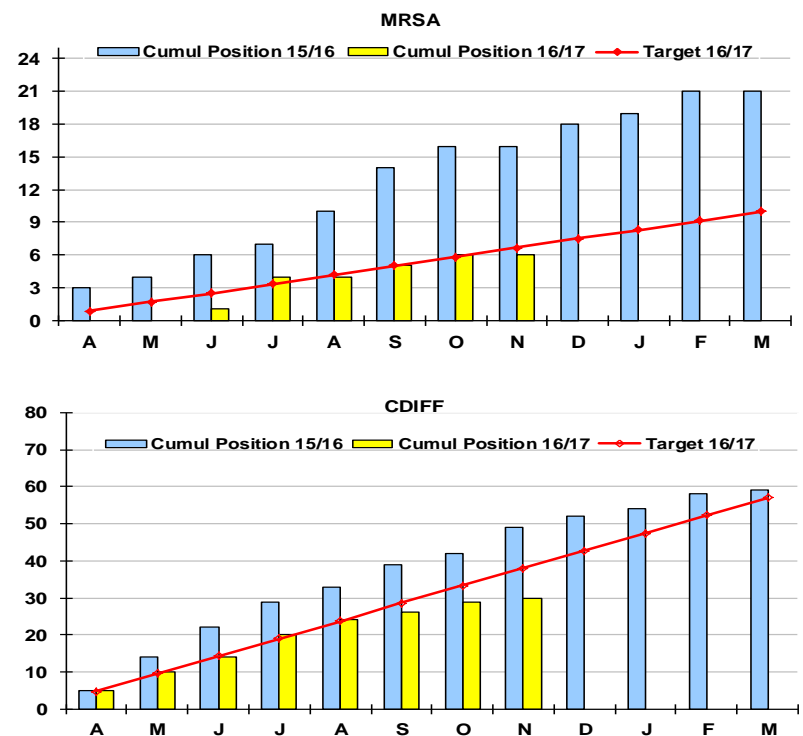
## 2.0 Safe & Effective Care

### 2.1 Healthcare Acquired Infections

	Actual Activity 15/16	Sept 16	Oct 16	Nov 16	Cumulative Position as at 30 <sup>th</sup> November
No of MRSA cases	21	1	1	0	6
No. of CDiff cases	59	2	3	1	30
Deaths associated with CDiff	1	0	0	0	1

Target - 2016/17 MRSA = 10, CDiff = 57

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

**MRSA** – The Trust target set for MRSA bacteraemia cases for 2016/17 has been confirmed as 10 cases; there have been a total of 6 MRSA cases to date (end November). Four of the 6 cases were sampled and identified over 48 hours of admission. Currently all MRSA bacteraemias are ascribed to the Trust regardless of where they are identified. Many of the patients identified with MRSA bacteraemia have been complex patients with long term medical conditions.

A Post Infection Review will continue at ward level for every case of MRSA bacteraemia identified and any case of MSSA bacteraemia where issues have arisen. Work is continuing between Community Healthcare colleagues and PHA colleagues to address the community burden of MRSA and how it impacts on secondary care.

**CDIFF** – The Trust target set for CDI cases for 2016/17 has been confirmed as 57 cases; to date (end November) we have 30 cases. A breakdown of these figures indicate that 9 cases had an onset of diarrhoea within 48 hours of admission to hospital and 21 cases had an onset of diarrhoea over 48hrs following admission. The Post Infection Review process continues at ward level for each case of CDI identified. CDI cases continue to present challenges in relation to early identification and isolation, additionally, current bed pressures continue to present challenges by potentially increasing the risk of transmission.

#### Actions being taken with time frame

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

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

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

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

#### Forecast impact on performance

Given the current level of patient attendance and occupancy pressures it will be challenging over the winter period for the Trust to attain the target set for MRSA bacteraemia and C. difficile infections.

## 2.0 Safe & Effective Care



## 2.2 Stroke

	16/17 Target	Sept 16	Oct 16	Nov 16
% Ischaemic Stroke receiving thrombolysis	(to achieve) 15%	9.1%	12%	10.9%
Number of emergency admissions with a primary diagnosis of stroke		51	55	75

### Causes/issues that are impacting on performance

November 16 is a normal fluctuation in rates with variations from month to month. The reasons patients are not given lysis are not due to a lack of service but due to medical contraindications, not being able to establish time of onset of symptoms and people attending ED outside the timeframe for having lysis. It has been recognised by the regional stroke network that 15% is an ambitious target.

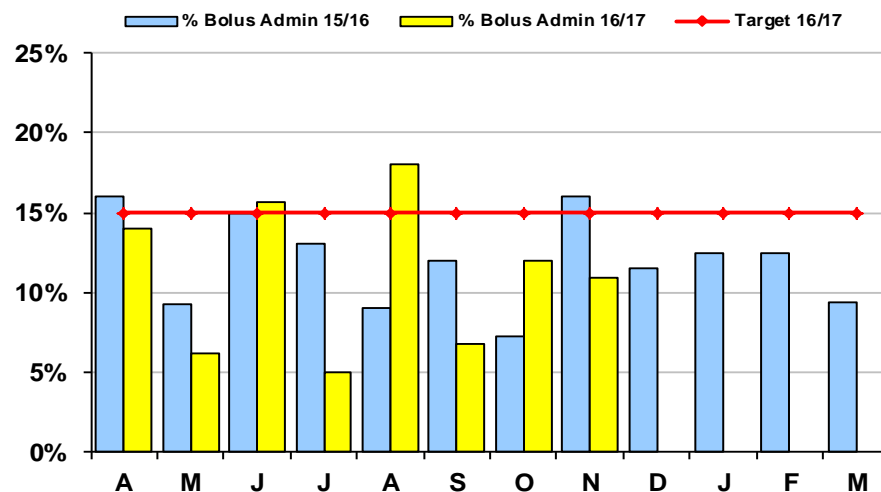
### Actions being taken with time frame

There is 24/7 stroke lysis cover in both acute hospital sites and every suitable patient is considered for lysis. The reason for not administering lysis is reviewed and documented in every patient who has had a stroke. In conjunction with corporate communications, a letter has been sent to local papers to raise awareness of FAST and to emphasize other signs and symptoms of stroke.

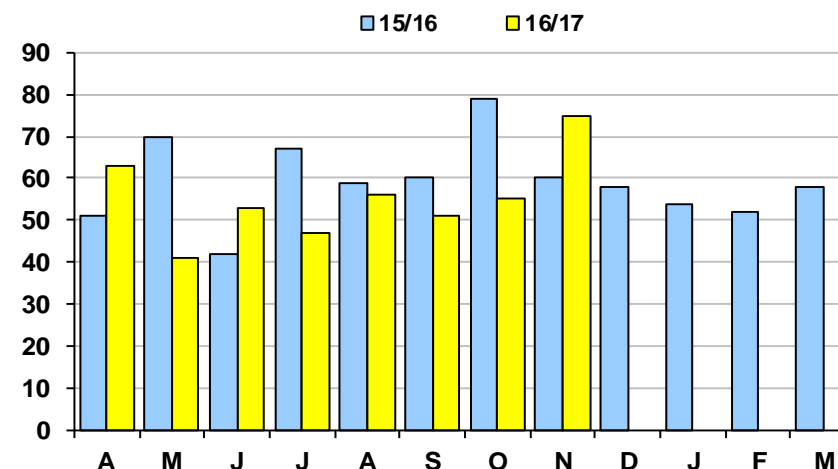
### Forecast impact on performance

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 3	15/16 Qtr 4	16/17 Qtr 1	16/17 Qtr 2
Number of hospital acquired Pressure Ulcers* graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were unavoidable	11	13	13	Not yet available
**Target changed for 2016/17: Trusts now to record number of grade 3 & 4 pressure ulcers that are <b>avoidable</b>		7	5	10**	Not yet available
Compliance with SKIN bundle for Pressure Ulcers	95%	90%	91%	91%	87%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	429	409	505	Not yet available
Number of Inpatient Falls with moderate severity or above		5	9	15	Not yet available
Compliance with FallSafe bundle ( <b>Part A</b> )	95%	73%	75%	71%	74%
Compliance with FallSafe bundle ( <b>Part B</b> )		67%	67%	66%	72%
Compliance with completion of Malnutrition Universal Screening Tool (MUST)	95%	88%	88%	91%	89%
Compliance with completion of NEWS	95%	94%	94%	92%	89%
*Pressure Ulcer info includes Mental Health (MH) wards NB: Figures are subject to change as reporting continues.					
		Aug 16	Sep 16	Oct 16	Nov 16
VTE - Compliance with Risk Assessment	95%	90%	90%	85%	93%

### Causes/Issues that are impacting on performance

**PU** – During 2015/16, the Trust had a total number of 199 hospital acquired pressure ulcers; 47 of these were graded 3 & 4 and, of these, 29 were unavoidable. The average compliance with the SKIN bundle was 90%. Trusts are required to continue monitoring this information for the 2016/17 year, however Trusts are now required to monitor avoidable pressure ulcers graded 3 & 4, rather than unavoidable, hence the reason for the increase.

**Falls** – During 2015/16 the Trust achieved 100% spread of the FallSafe bundle to acute and sub-acute wards. There were a total of 1667 inpatient falls, of which 51 were graded as moderate severity or above (compared to 1925 and 46 for 2014/15). The average compliance with Parts A & B of the FallSafe bundle was 71% and 64% respectively. Trusts are required to continue monitoring this information for the 2016/17 year.

**MUST** – During 2015/16 the Trust had an average compliance of 87% with completion of MUST within 24 hours of admission.

**NEWS** – During 2015/16 the Trust had an average compliance of 94% with completion of NEWS.

**VTE** – During 2015/16 the Trust had an average compliance of 86% with completion of VTE risk assessment. Audits will continue to be carried out across the Trust during 2016/17. 26 of the 27 wards submitted data for November 2016, with a 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 was 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.

## 2.0 Safe & Effective Care

## 2.4 Serious Adverse Incidents

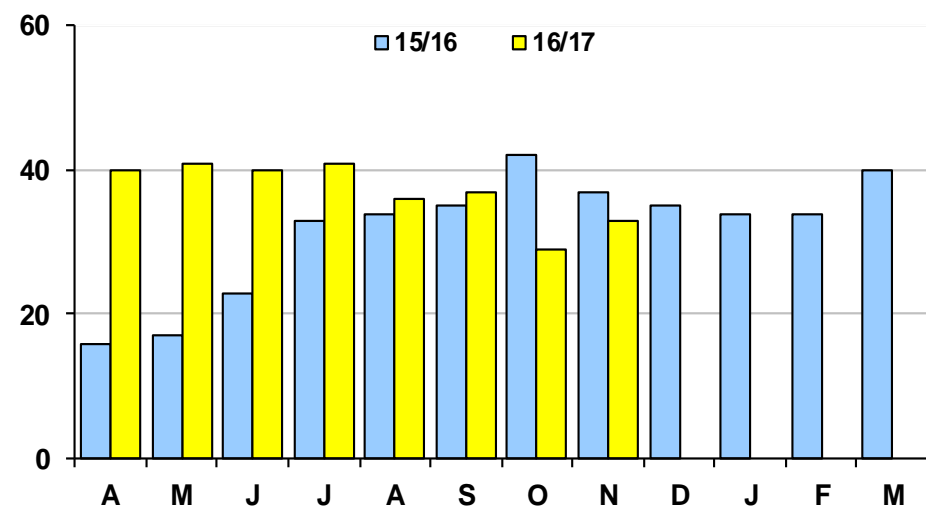
Level of Investigation	Number of SAI's Investigations Outstanding – September 2016								
	Trust Total (overdue)	Acute	WCF	MH,LD&CW	PCCOPS	Finance	SDBS	M&G	Nursing
Level 1 (SEA)	<b>20 (9)</b>	2 (1)	4 (3)	8 (4)	3	0	1	0	2 (1)
Level 2 (RCA)	<b>13 (9)</b>	0	1 (1)	11 (7)	1 (1)	0	0	0	0
Level 3 (External)	<b>0</b>	0	0	0	0	0	0	0	0
<b>Total</b>	<b>33 (18)</b>	2 (1)	5 (4)	19 (11)	4 (1)	0	1	0	2 (1)

**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	6
11-20 weeks	3
21-30 weeks	4
31-40 weeks	1
41-60 weeks	3
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.**



## **3.0 Quality Standards & Performance Targets**

### 3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2016/17

Dir	Target/Objective	Monthly Performance Comments, Actions	Trend Analysis																																																																																											
<b>Elective Care and Cancer Care</b>																																																																																														
<b>SCS / MEM / WCF</b>	<p><b>Outpatient Waits</b> By March 2017, at least 50% of patients wait no longer than 9 weeks for 1<sup>st</sup> outpatient appointment. (CPD 4.8)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> This is not a performance issue. Demand is significantly higher than capacity in a great number of specialties. Outpatient referrals have increased by 3% in 2016/17 compared to the same period last year. There is no funding available to transfer new outpatients to the Independent Sector in 2016/17.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Maximise all available outpatient capacity and maintain low DNA rates for new and review patients. Work on-going under RAMP to stratify patients direct to test and other pathways other than traditional outpatient appointment to create further outpatient capacity. Recurrent investment received into gastroenterology from Oct 2016, which has reduced the capacity gap in that specialty.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> There is a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="13">Core &amp; Independent Sector Patients waiting within 9 weeks - Monthly Position</th> </tr> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>33%</td><td>35%</td><td>41%</td><td>45%</td><td>44%</td><td>43%</td><td>41%</td><td>38%</td><td>36%</td><td>36%</td><td>35%</td><td>35%</td><td>↔</td> </tr> </tbody> </table>	Core & Independent Sector Patients waiting within 9 weeks - Monthly Position													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	33%	35%	41%	45%	44%	43%	41%	38%	36%	36%	35%	35%	↔	<table border="1"> <caption>% &lt; 9 wks 15/16, 16/17, Target 16/17</caption> <thead> <tr> <th>Month</th> <th>% &lt; 9 wks 15/16</th> <th>% &lt; 9 wks 16/17</th> <th>Target 16/17</th> </tr> </thead> <tbody> <tr><td>A</td><td>43%</td><td>44%</td><td>50%</td></tr> <tr><td>M</td><td>41%</td><td>43%</td><td>50%</td></tr> <tr><td>J</td><td>41%</td><td>42%</td><td>50%</td></tr> <tr><td>J</td><td>38%</td><td>36%</td><td>50%</td></tr> <tr><td>A</td><td>36%</td><td>35%</td><td>50%</td></tr> <tr><td>S</td><td>36%</td><td>35%</td><td>50%</td></tr> <tr><td>O</td><td>35%</td><td>35%</td><td>50%</td></tr> <tr><td>N</td><td>33%</td><td>33%</td><td>50%</td></tr> <tr><td>D</td><td>35%</td><td>35%</td><td>50%</td></tr> <tr><td>J</td><td>41%</td><td>41%</td><td>50%</td></tr> <tr><td>F</td><td>41%</td><td>41%</td><td>50%</td></tr> <tr><td>M</td><td>45%</td><td>45%</td><td>50%</td></tr> </tbody> </table>	Month	% < 9 wks 15/16	% < 9 wks 16/17	Target 16/17	A	43%	44%	50%	M	41%	43%	50%	J	41%	42%	50%	J	38%	36%	50%	A	36%	35%	50%	S	36%	35%	50%	O	35%	35%	50%	N	33%	33%	50%	D	35%	35%	50%	J	41%	41%	50%	F	41%	41%	50%	M	45%	45%	50%
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<b>SCS / MEM / WCF</b>	<p><b>Outpatient Waits</b> By March 2017, no patient to wait &gt; 52 weeks for 1<sup>st</sup> outpatient appointment. (CPD 4.8)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> This is not a performance issue - See 9-week target.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> See 9-week target.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> See 9-week target</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="13">Core &amp; Independent Sector patients waiting &gt; 52 weeks - Monthly Position</th> </tr> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>2675</td><td>1918</td><td>1355</td><td>966</td><td>697</td><td>831</td><td>977</td><td>1273</td><td>1620</td><td>1806</td><td>2114</td><td>2325</td><td>↓</td> </tr> </tbody> </table>	Core & Independent Sector patients waiting > 52 weeks - Monthly Position													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	2675	1918	1355	966	697	831	977	1273	1620	1806	2114	2325	↓	<table border="1"> <caption>Pats &gt; 52 wks 15/16, 16/17, Target 16/17</caption> <thead> <tr> <th>Month</th> <th>Pats &gt; 52 wks 15/16</th> <th>Pats &gt; 52 wks 16/17</th> <th>Target 16/17</th> </tr> </thead> <tbody> <tr><td>A</td><td>10</td><td>700</td><td>0</td></tr> <tr><td>M</td><td>20</td><td>800</td><td>0</td></tr> <tr><td>J</td><td>50</td><td>1000</td><td>0</td></tr> <tr><td>J</td><td>80</td><td>1300</td><td>0</td></tr> <tr><td>A</td><td>110</td><td>1600</td><td>0</td></tr> <tr><td>S</td><td>140</td><td>1800</td><td>0</td></tr> <tr><td>O</td><td>190</td><td>2100</td><td>0</td></tr> <tr><td>N</td><td>240</td><td>2400</td><td>0</td></tr> <tr><td>D</td><td>260</td><td>2600</td><td>0</td></tr> <tr><td>J</td><td>190</td><td>1900</td><td>0</td></tr> <tr><td>F</td><td>140</td><td>1400</td><td>0</td></tr> <tr><td>M</td><td>100</td><td>1000</td><td>0</td></tr> </tbody> </table>	Month	Pats > 52 wks 15/16	Pats > 52 wks 16/17	Target 16/17	A	10	700	0	M	20	800	0	J	50	1000	0	J	80	1300	0	A	110	1600	0	S	140	1800	0	O	190	2100	0	N	240	2400	0	D	260	2600	0	J	190	1900	0	F	140	1400	0	M	100	1000	0
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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**  
This is not a performance issue - 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.

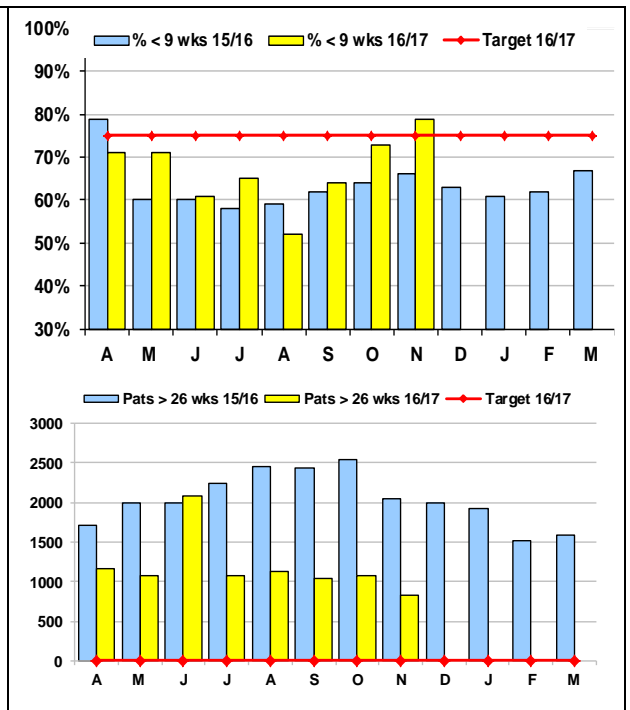
**ACTIONS BEING TAKEN WITH TIME FRAME**  
Non-recurrent elective access funding has been made available across 2016/17 to reduce the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding has been received for diagnostics from Q4 2015/16, which 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. The Trust has been notified by HSCB that a recurrent allocation of funding to bridge the acknowledged gaps will be forthcoming for next financial year.

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

Diagnostic Tests < 9 weeks												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
63%	61%	62%	67%	71%	71%	61%	65%	52%	64%	73%	74%	↑

Diagnostic Tests > 26 weeks												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
1987	1931	1515	1584	1166	1080	2084	1079	1126	1044	1068	886	↑



**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.

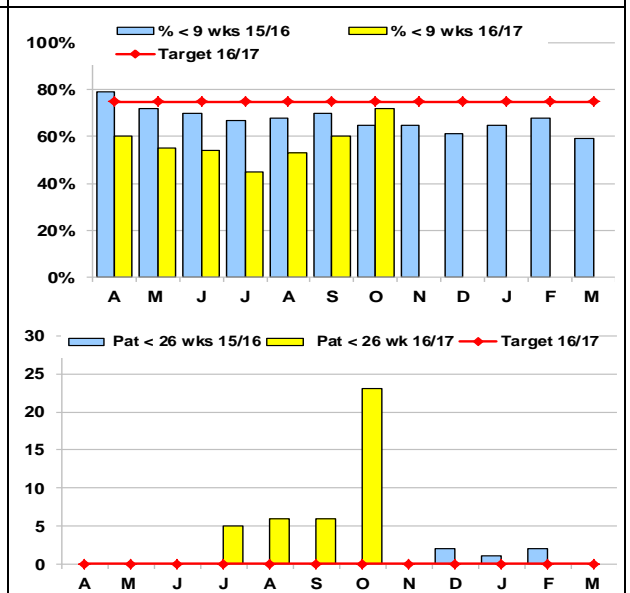
**ACTIONS BEING TAKEN WITH TIME FRAME**  
Elective access funding has been secured across 2016/17 to ensure all red flag patients will have their endoscopy procedure within 14 days; following this the additional capacity will be targeted at routine waits. Recurrent investment received into gastroenterology from Oct 2016, which has increased endoscopy capacity.

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

Endoscopy < 9 weeks												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
61%	65%	68%	59%	60%	55%	54%	45%	53%	60%	72%	77%	↑

Endoscopy > 26 weeks												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
2	1	2	0	0	0	0	5	6	6	23	0	↑



SCS / MEM / WCF

**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)

**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 continues to be significant number of routine patients cancelled 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 and within an escalation framework.  
 Elective access funding has been received for in-house activity in 2016/17, and has been used to target the longest waits in breast surgery, general surgery, ENT and gynaecology.

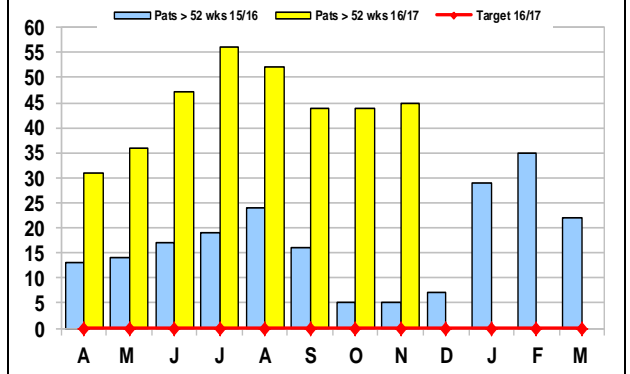
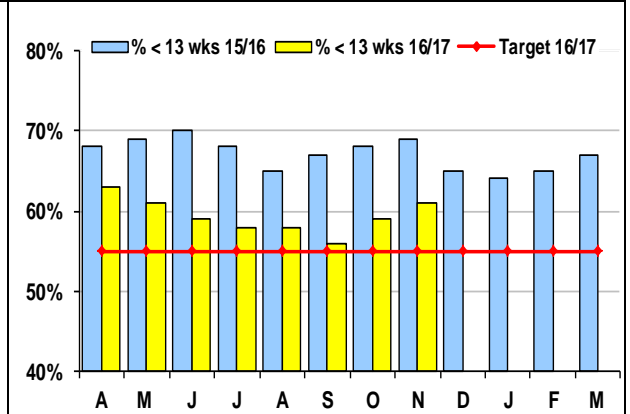
**FORECAST IMPACT ON PERFORMANCE**

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.

Excludes scopes which are solely within 9 weeks position

Core & Independent Sector Patients waiting within 13 weeks - Monthly Position												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
65%	64%	65%	67%	63%	61%	59%	58%	58%	56%	59%	61%	↑

Core & Independent Sector patients waiting > 52 weeks - Monthly Position												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
7	29	35	22	31	36	47	56	52	44	44	45	↓



SCS

**Diagnostic Tests**  
 From April 2016, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. (CPD 4.11)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

There is a significant Reporting Capacity-demand gap (see narrative under CPD 4.9 previous page).

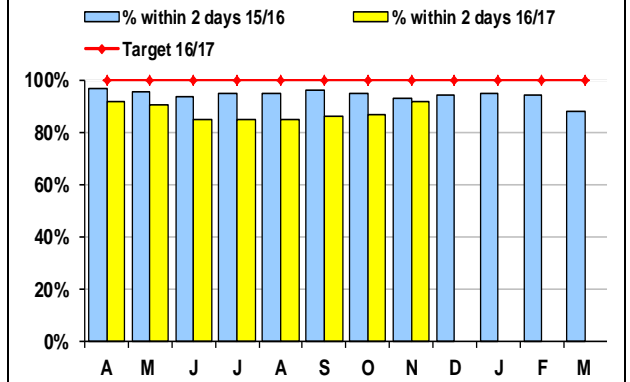
**ACTIONS BEING TAKEN WITH TIME FRAME**

Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date.

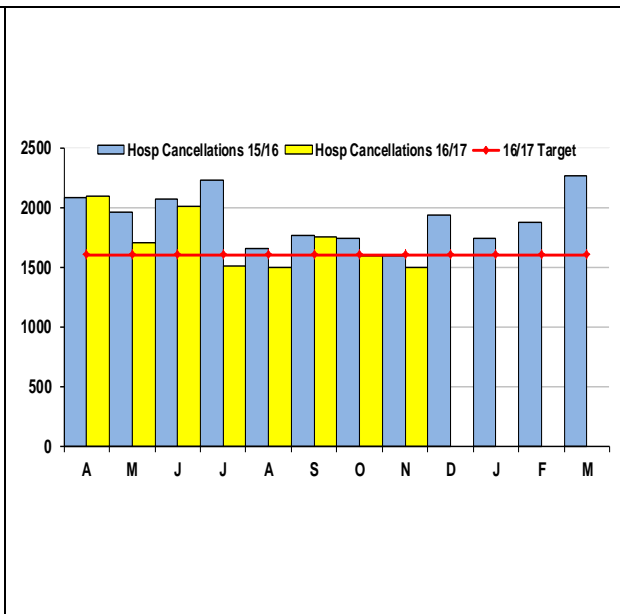
**FORECAST IMPACT ON PERFORMANCE**

The full demand cannot be met with the existing core team and it is anticipated that performance will remain below 100%.

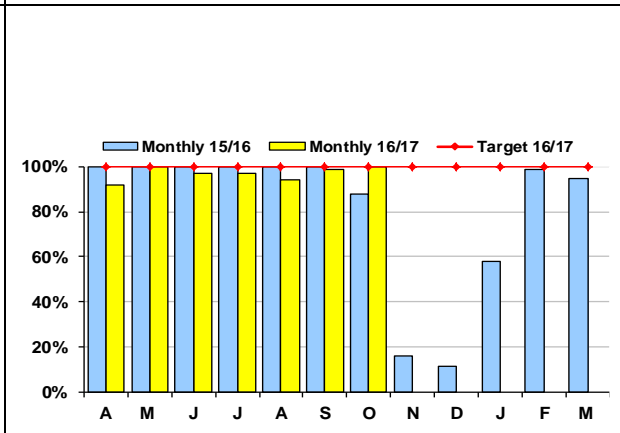
Monthly Position												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
94%	95%	94%	88%	92%	90%	85%	85%	85%	86%	87%	92%	↑



<b>SCS / MEM / WCF</b>	<p><b>Cancelled Appointments</b> 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><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 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. It is determined these cancellations / changes do not negatively impact on patients. The remaining 10% do result in a patient's appointment being delayed – 201 appointments fell into this category in Oct 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><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Escalation to management if clinics are being cancelled at &lt;6 weeks' notice for any reason other than unforeseen circumstance. Reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> Under review</p>																																					
	<table border="1"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>1932</td><td>1741</td><td>1872</td><td>2270</td><td>2097</td><td>1706</td><td>2014</td><td>1512</td><td>1492</td><td>1757</td><td>1592</td><td>1493</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 &amp; review outpatient appointments.</p>	Monthly Position													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	1932	1741	1872	2270	2097	1706	2014	1512	1492	1757	1592	1493
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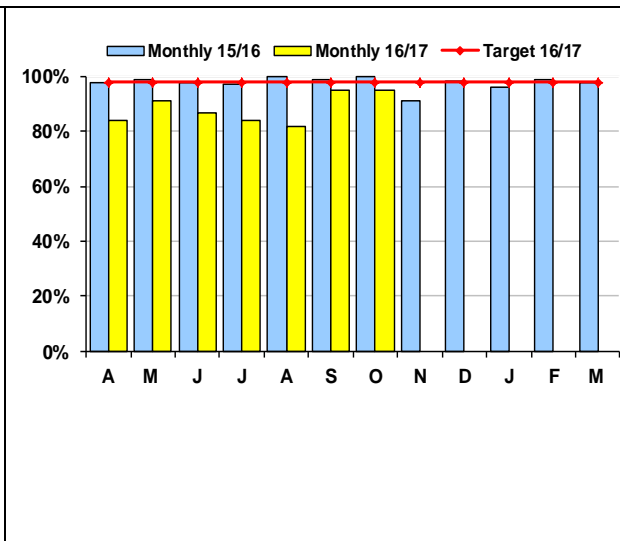


<b>SCS</b>	<p><b>Cancer Care</b> From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.12)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Target met.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> -</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> The Trust has offered support to help relieve pressures in the Southern Trust by accepting 30 referrals during the month of December. It is anticipated that this will increase waiting times to 16 days.</p>																																				
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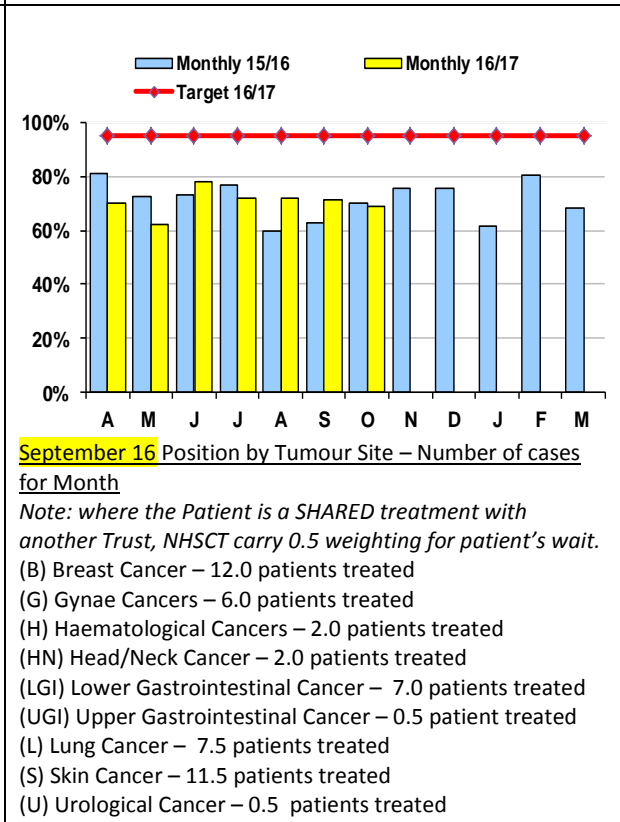




<b>SCS/MEM/CF</b>	<p><b>Cancer Care</b> From April 2016 at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (CPD 4.12)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Performance in Oct due to breaches in breast surgery where 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><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> 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><b>FORECAST IMPACT ON PERFORMANCE</b> It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured.</p>																																					
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<b>SCS / MEM / WCF</b>	<p><b>Cancer Care</b> 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)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Lower/upper GI: delays in accessing surgical OP – increased demand and lack of OP capacity Lung: complex cases requiring a number of diagnostic tests, delays in PET scans and thoracic surgery in BT Breast: delays in undertaking breast surgery due to high numbers washing through secondary to higher demand (see notes on breast cancer CPD 4.12) Skin: delays in first Outpatient appointment due to lack of capacity and delays in Belfast Trust for plastic surgery Gynae: continuing delays in accessing hysteroscopy within 14 days, with additional lists being arranged to meet demand</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> 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. Recurrent investment received into gastroenterology from Oct 2016, which has increased outpatient and endoscopy capacity. Breast: Additional inpatient theatre lists arranged when possible 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</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> Lower/upper GI: additional endoscopy resource will help reduce breaches in upper/lower GI later in 16/17.</p>



		Monthly Position (%)											
Tumour Site	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↓	
	<b>ALL</b>	<b>62%</b>	<b>81%</b>	<b>68%</b>	<b>70%</b>	<b>62%</b>	<b>78%</b>	<b>72%</b>	<b>72%</b>	<b>71%</b>	<b>69%</b>		
<b>B</b>	53%	93%	100%	80%	79%	85%	94%	77%	100%	92%			
<b>G</b>	33%	80%	67%	40%	64%	88%	60%	57%	57%	42%			
<b>H</b>	100%	67%	100%	100%	0%	60%	100%	80%	100%	100%			
<b>HN</b>	60%	100%	0%	50%	0%	0%	-	50%	100%	75%			
<b>LGI</b>	29%	27%	30%	33%	32%	63%	35%	43%	21%	43%			
<b>UGI</b>	40%	100%	50%	0%	0%	50%	0%	44%	50%	0%			
<b>L</b>	63%	81%	67%	73%	75%	56%	36%	54%	68%	60%			
<b>S</b>	94%	91%	81%	96%	86%	92%	100%	96%	76%	78%			
<b>U</b>	42%	100%	38%	8%	17%	50%	0%	50%	66%	100%			

Figures are subject to change as patient notes are updated.

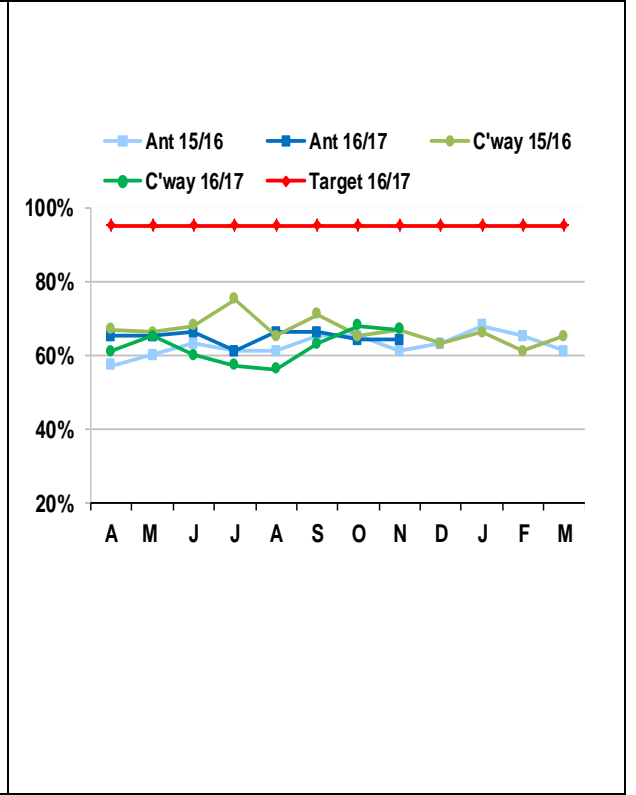
**Unscheduled Care (Including Delayed Discharges)**

**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: 8% more attendances in Apr-Oct 16 compared to Apr-Oct 15. Causeway ED: 1% more ED attendances in Apr-Oct 16 compared to Apr-Oct 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. There is a broad acknowledgement that Antrim Area Hospital 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 and leads to performance challenges at times of high demand.

**ACTIONS BEING TAKEN WITH TIME FRAME**  
Across the last quarters of 15/16 and the first half of 16/17, the Trust has been able to implement a number of reform initiatives that have been designed to ease pressure on Antrim Area Hospital 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 Area Hospital's Direct Assessment Unit (DAU) has been expanded so that the Unit can accept more unscheduled care patients 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 out workings of its RAMP programme, the Trust has also put in place a number of work streams designed to improve the flow of unscheduled care patients across both Antrim Area and Causeway Hospitals. These include the development of a site coordination hub on the Antrim site, increased use of ambulatory pathways in ED, and earlier identification of complex discharges to enhance discharge planning and reduce delays at the end of a hospital stay. In the coming months the Trust will be further enhancing the assessment capacity of Antrim Area Hospital and developing a medical assessment pathway at Causeway Hospital. Across both sites, the Trust will be reviewing, and where necessary enhancing, the medical pathways as a means to decongest both EDs



and improve the accessibility of care.

**FORECAST IMPACT ON PERFORMANCE**

Through the implementation of its RAMP work streams, the Trust is aiming to deliver a sustained improvement in its 4-hour performance in 2016/17. 12-hour performance may continue to be an issue particularly on the Antrim site where there is a recognised shortfall in bed capacity

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↔
63%	68%	65%	61%	65%	65%	66%	61%	66%	66%	64%	64%	

**Antrim Total Attendances**

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
6347	6405	6374	7118	6896	7319	6903	6722	6834	6990	7132	6386	

**Causeway Monthly Position**

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↓
63%	66%	61%	65%	61%	65%	60%	57%	56%	63%	68%	67%	

**Causeway Total Attendances**

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
3440	3368	3382	3953	3800	3963	3896	4061	3979	3607	3604	3364	

**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.

**FORECAST IMPACT ON PERFORMANCE**  
As per 4-hour target.

**Antrim ED Monthly Position for > 12 Hours**

Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	TOPM ↓
82	112	140	297	57	79	84	175	22	40	116	158	

**Antrim Monthly Longest Waiter (Hours)**

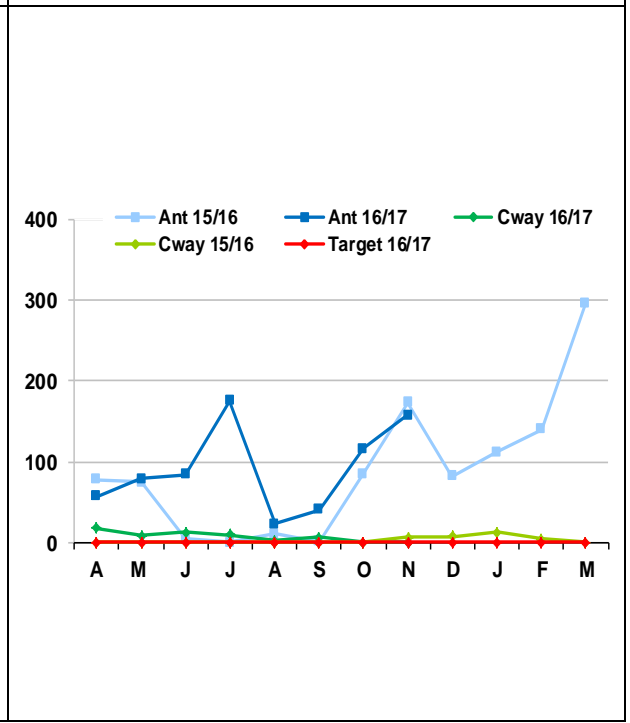
Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	
28	34	28	39	25	27	29	26	26	25	51	29	

**Causeway ED Monthly Position for > 12 Hours**

Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	TOPM ↔
7	12	4	0	17	8	12	9	2	6	0	0	

**Causeway Monthly Longest Waiter (Hours)**

Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	
28	20	21	48	27	19	22	16	18	19	11	11	



MEM

**Unscheduled Care**

By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.5)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

The increase in pressure on both acute sites (see CPD 4.4) has slowed the flow of patients through the Trust's EDs, with the result that it is more difficult to accommodate and treat new arrivals within 2 hours following triage. Patients arriving at an Emergency Department are triaged according to their clinical risk and those assessed as higher risk are treated first – this means lower risk patients may wait longer at periods of high demand.

**ACTIONS BEING TAKEN WITH TIME FRAME**

See CPD 4.4, patients waiting <4 hours in ED

**FORECAST IMPACT ON PERFORMANCE**

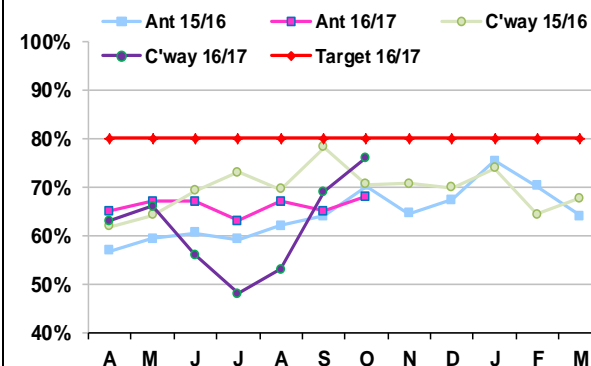
See CPD 4.4, patients waiting <4 hours in ED

**Antrim Monthly Position**

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

**Causeway Monthly Position**

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM
70%	74%	64%	68%	63%	66%	56%	48%	53%	69%	76%		↑



**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)

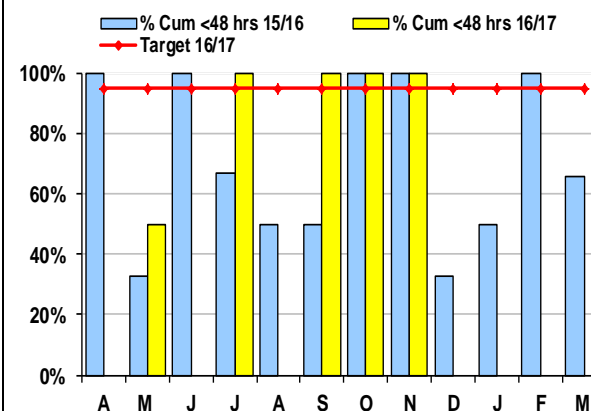
Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

April 2015 – March 2016: Hip fractures – 39 patients transferred.

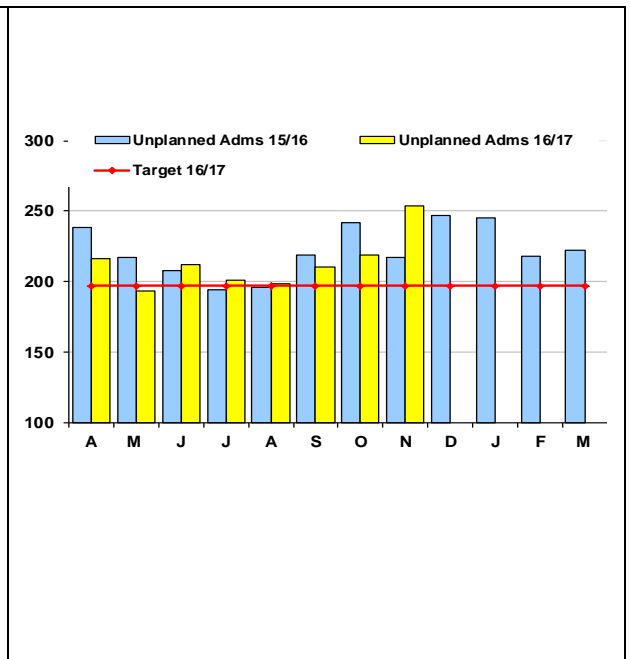
April – November 2016 Hip fractures – 13 patients transferred

**Monthly Position (% transferred within 2 nights)**

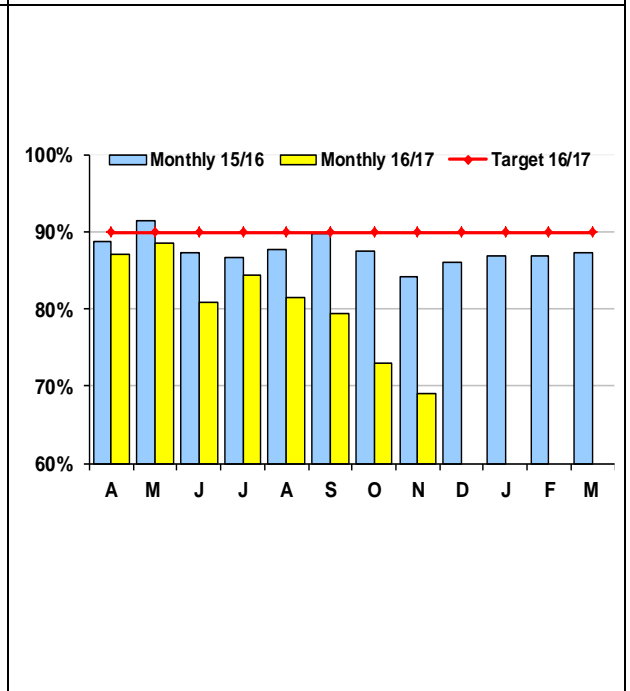
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
33%	50%	100%	66%	-	50%	0%	100%	0%	100%	100%	100%



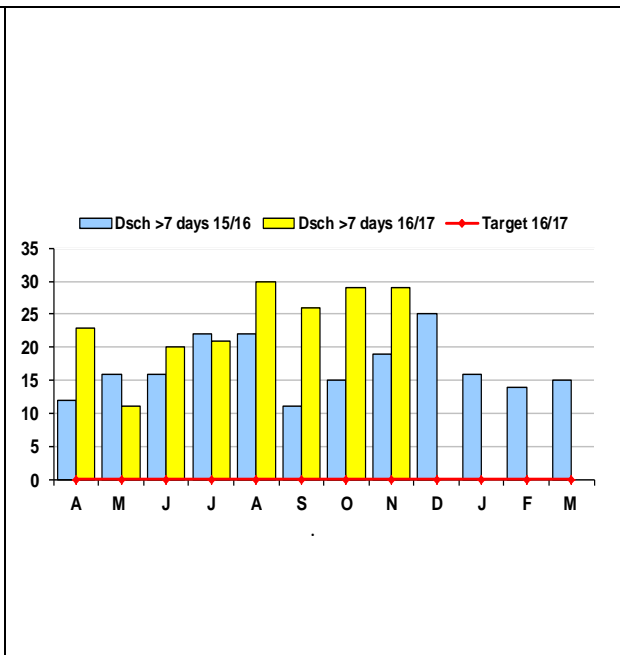
<b>MEM / CC</b>	<p><b>Unplanned Admissions</b> By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions (CPD 5.2)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Demographic pressures resulting in higher numbers of unplanned admissions overall make a reduction for these patients difficult to achieve.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> The Trust has received investment from ICPs into specialist respiratory nursing and diabetic education programmes.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> 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> <p><b>Monthly Position</b></p> <table border="1"> <tr><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th></tr> <tr><td>247</td><td>245</td><td>218</td><td>222</td><td>216</td><td>193</td><td>212</td><td>190</td><td>198</td><td>210</td><td>219</td><td>254</td><td>↓</td></tr> </table> <p><b>Cumulative</b></p> <table border="1"> <tr><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th></tr> <tr><td>1978</td><td>2223</td><td>2441</td><td>2663</td><td>216</td><td>409</td><td>621</td><td>823</td><td>1021</td><td>1231</td><td>1442</td><td>1706</td><td>↓</td></tr> </table> <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 1 month in arrears.</p>	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	247	245	218	222	216	193	212	190	198	210	219	254	↓	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	1978	2223	2441	2663	216	409	621	823	1021	1231	1442	1706	↓
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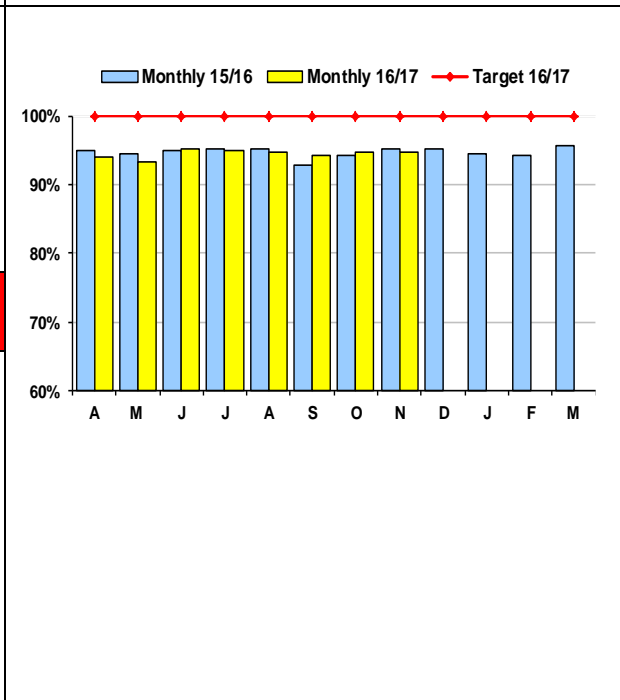
<b>CC</b>	<p><b>Patient Discharge</b> From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.2)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> There were 119 delayed discharges across the 3 hospital sites during November 2016. 19 delays 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. 13 delays were the result of client choice and family issues. A further 44 delays can be attributed to acute assessment and care planning processes. 8 delays were caused waiting for step-down sub-acute and intermediate care beds and 13 delays were relating to placement planning and arrangement. During November 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><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> 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><b>FORECAST IMPACT ON PERFORMANCE</b> 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> <p><b>Monthly Position Complex discharges &lt; 48 hours</b></p> <table border="1"> <tr><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th></tr> <tr><td>86%</td><td>87%</td><td>87%</td><td>87%</td><td>87%</td><td>89%</td><td>81%</td><td>85%</td><td>82%</td><td>79%</td><td>73%</td><td>69%</td><td>↓</td></tr> </table>	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	86%	87%	87%	87%	87%	89%	81%	85%	82%	79%	73%	69%	↓
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM															
86%	87%	87%	87%	87%	89%	81%	85%	82%	79%	73%	69%	↓																



<b>CC</b>	<p><b>Patient Discharge</b> From April 2016, no complex discharge takes more than seven days (CPD 7.2)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 29 out of 119 delays in November 2016 were greater than 7 days. 8 of these delays can be attributed to delays in planning and securing nursing home placements; 11 can be attributed to the discharge planning processes within the hospital; 5 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 as a result of client choice and family issues.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> 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><b>FORECAST IMPACT ON PERFORMANCE</b> 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>																										
	<p><b>Number of Complex Discharges &gt; 7 Days - Monthly Position</b></p> <table border="1"> <thead> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th></th></tr> </thead> <tbody> <tr> <td>25</td><td>16</td><td>14</td><td>15</td><td>23</td><td>11</td><td>20</td><td>21</td><td>30</td><td>26</td><td>29</td><td>29</td><td></td></tr> </tbody> </table>		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov		25	16	14	15	23	11	20	21	30	26	29	29	
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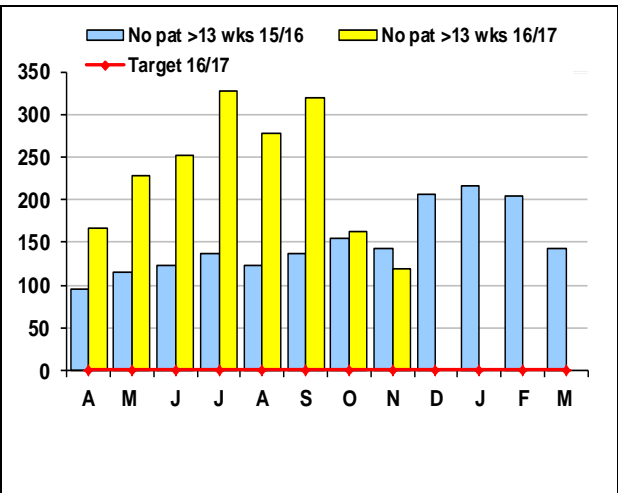


<b>SCS / MEM / WCF</b>	<p><b>Patient Discharge</b> From April 2016 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.2)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Performance has been consistently at or around 95% for 2016/17 as well as all of 2015/16.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> 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><b>FORECAST IMPACT ON PERFORMANCE</b> Under review</p>																										
	<p><b>Monthly Position &lt; 6 hrs</b></p> <table border="1"> <thead> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>95%</td><td>95%</td><td>94%</td><td>96%</td><td>94%</td><td>93%</td><td>95%</td><td>95%</td><td>95%</td><td>94%</td><td>95%</td><td>95%</td><td>↔</td></tr> </tbody> </table>		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	95%	95%	94%	96%	94%	93%	95%	95%	95%	94%	95%	95%	↔
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95%	95%	94%	96%	94%	93%	95%	95%	95%	94%	95%	95%	↔																



Mental Health & Learning Disability																																										
<b>MHLD</b>	<p><b>Mental Health Waits</b> From April 2016, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 0 Community Mental Health breach in November.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> Continue to anticipate any potential breaches.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>0</td><td>0</td><td>1</td><td>2</td><td>4</td><td>4</td><td>2</td><td>3</td><td>1</td><td>0</td><td>0</td><td>0</td><td>↔</td> </tr> </tbody> </table>	Monthly Position													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	0	0	1	2	4	4	2	3	1	0	0	0	↔	
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0	0	1	2	4	4	2	3	1	0	0	0	↔																														
<b>MHLD</b>	<p><b>Dementia Waits</b> From April 2016, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Target continues to be met.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Continue to work with the team to reduce waiting times.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> Continue to meet the target and anticipate any potential breaches.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>↔</td> </tr> </tbody> </table>	Monthly Position													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	0	0	0	0	0	0	0	0	0	0	0	0	↔	
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0	0	0	0	0	0	0	0	0	0	0	0	↔																														
<b>MHLD</b>	<p><b>Psychological Waits</b> From April 2016, no patient waits longer than 13 weeks for psychological therapies (any age) (CPD 4.13)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Performance is being impacted in the main by 2 separate services – <b>PTS (Psychology of MH)</b> – End of November position is 8 breaches (longest wait 135 days) with total WL of 356 - this is an improvement on the end of October position. There are 2 vacancies in the service which are in process of recruitment. A service change project has been initiated and the service is showing significant improvement in waiting times associated with this project. Overall there remains a capacity - demand gap of 4wte. It is likely that the breaching position will continue to improve throughout December with the impact of this re-design and will be seeing patients within the 13 week target by January 2017. Growth in demand remains a concern. Delay in following up choice appointment ( assessment) with partnership appointment ( therapy) may be a concern if capacity gap is not addressed</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> New model of service being developed in line with full implementation of CAPA process. More group work and access to choice of psychological therapy will be offered. Capacity within service being flexed by offering assessment clinics.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> The service is likely to move out of breach by end of January 2017.</p>																																								

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



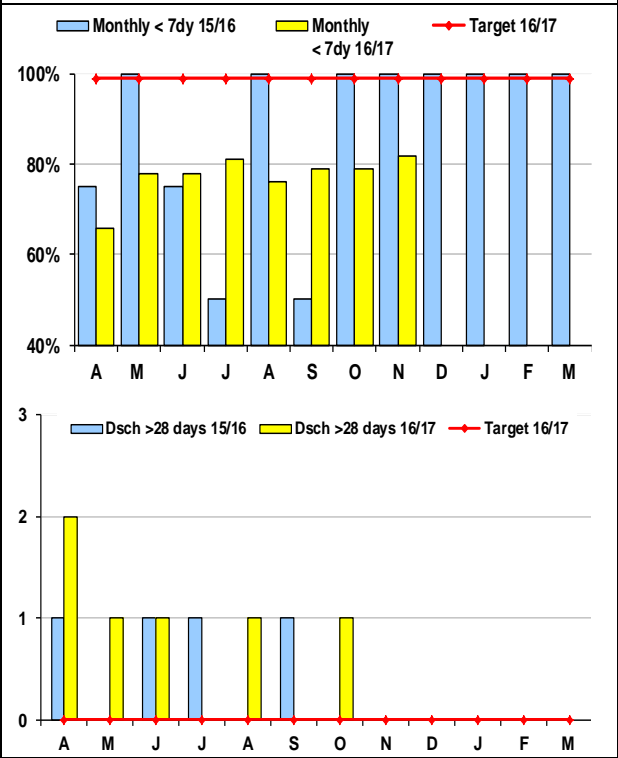
**MHLD**

**Patient Discharge – LD**  
 From April 2016, ensure that 99% of all Learning Disability discharges take place within 7 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**  
 4 patients discharged during Nov, 0 over 28 days.

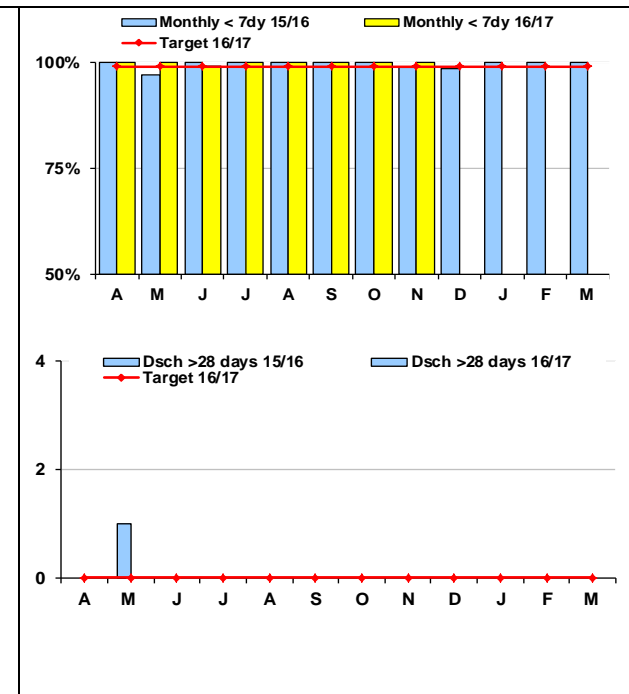
**ACTIONS BEING TAKEN WITH TIME FRAME**  
 There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.

Monthly Position < 7 days												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↑
100%	100%	100%	100%	66%	80%	80%	100%	0%	100%	80%	100%	
Cumulative												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↑
88%	89%	91%	91%	66%	78%	78%	81%	76%	79%	79%	82%	
Monthly Position > 28 days												
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM ↑
0	0	0	0	2	1	1	0	1	0	1	0	



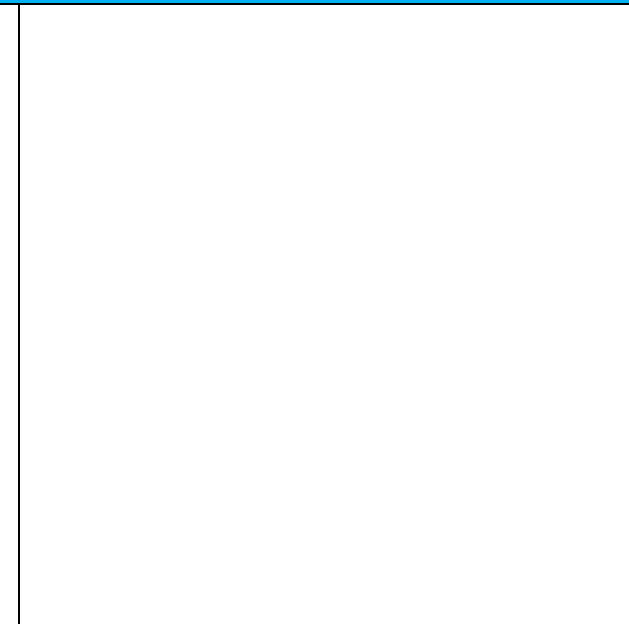


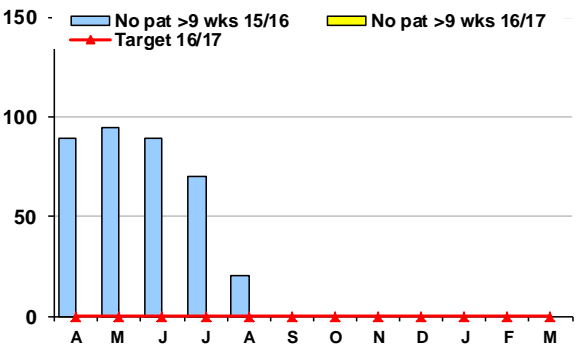
<b>MHLD</b>	<b>Patient Discharge MH</b> From April 2016, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.1)	<b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 74 patients discharged during Nov, 0 > 7days. <b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Continue to monitor all patients to ensure breaches do not occur.																																							
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99%	99%	100%	100%	100%	100%	99%	99%	100%	100%	100%	100%	↔																													



**Children's Services**

<b>WCF</b>	<b>Children in Care</b> 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)	<b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 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. The Division provides a delegated statutory functions report in May and November which outlines all the data requested by the Department in relation Services provided by the Trust through Safeguarding, LAC, Fostering, Adoption and Residential and 16+ services. The information requested is not asked for in that particular format. The information requested is not easily extracted from Soscare - An assessment as to how this information can be reported is on-going. <b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Service Reform programme. <b>FORECAST IMPACT ON PERFORMANCE</b> 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																																						
		<table border="1"> <thead> <tr> <th colspan="13">% Children with no placement change</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="12" style="text-align: center;">80% - to Sept 15</td> <td></td> </tr> </tbody> </table> <p>Information to be available from annual OC2 return 2016.</p>	% Children with no placement change													Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	↑	80% - to Sept 15											
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Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	↑																												
80% - to Sept 15																																								



<b>WCF</b>	<p><b>Children in Care</b> 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)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> The Trust endeavours to achieve this target, but is experiencing current difficulties regarding court time frames. There have been serious delays in court regarding adoption and freeing applications in recent months due to a supreme court ruling. Frequently younger siblings are born within the time frame which impacts on the final order for the older siblings.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> The service is looking closely at the timeline for all children and can highlight where issues are arising. The service endeavours to review cases with the Judiciary to ensure timely completion of the adoption process In the period April 2016 to October 2016 there were 23 adoptions completed. Of these 13 were completed within the 3 year target, with a further one less than one month outside the target. All of the 10 adoptions that were completed beyond the 3 year target timeframe had previously been fostered by their adoptive parents – these children have been in settled long term placements prior to the completion of their adoption.</p> <table border="1" data-bbox="436 491 1467 582"> <thead> <tr> <th></th> <th>2014/15</th> <th>2015/16</th> <th>2016/17</th> </tr> </thead> <tbody> <tr> <td><b>% Children adopted from care within 3 years of last entering care</b></td> <td>75%</td> <td>First 6 months 27%</td> <td>Apr - Oct 2016 – 57%</td> </tr> </tbody> </table>		2014/15	2015/16	2016/17	<b>% Children adopted from care within 3 years of last entering care</b>	75%	First 6 months 27%	Apr - Oct 2016 – 57%																																
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<b>WCF</b>	<p><b>CAMHs Waits</b> From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> On-going close management of referrals and allocations ensures that the number of breaches remains at zero.</p> <p><b>ACTIONS BEING TAKEN IN AN ON-GOING BASIS</b> 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><b>FORECAST IMPACT ON PERFORMANCE</b> 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> <table border="1" data-bbox="436 1141 1541 1257"> <thead> <tr> <th colspan="13">Patients &gt;9 Weeks at Month End</th> </tr> <tr> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td style="text-align: center;">↔</td> </tr> </tbody> </table>	Patients >9 Weeks at Month End													Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOPM	0	0	0	0	0	0	0	0	0	0	0	0	↔	
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0	0	0	0	0	0	0	0	0	0	0	0	↔																														

**Community Care**

**CC / MHL D / WCF**

**Direct Payments -**  
By March 2017, secure a 10% increase in the number of direct payments to all service users. (CPD 5.4)

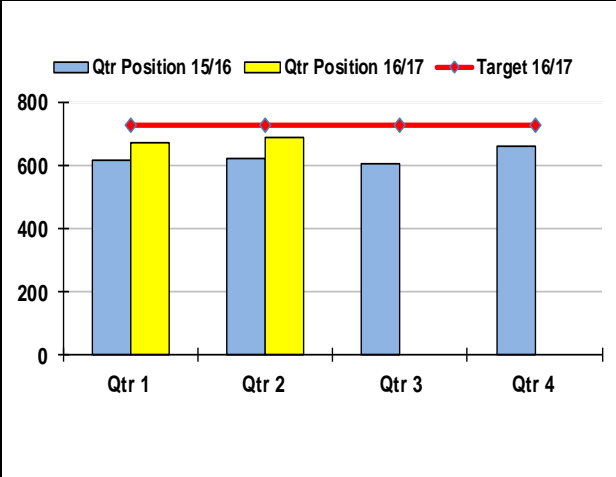
**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.

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

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

Monthly Position												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM
608			659			671			690			↑

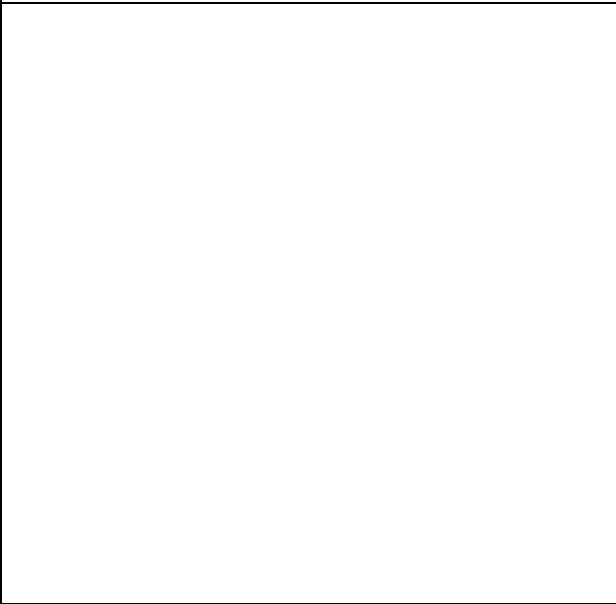
659 direct payments March 16 (Baseline) 2016/17 target 725.

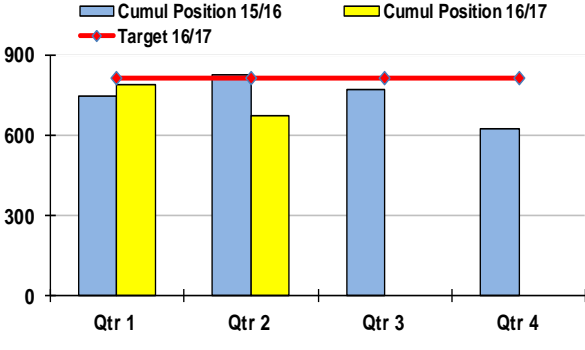
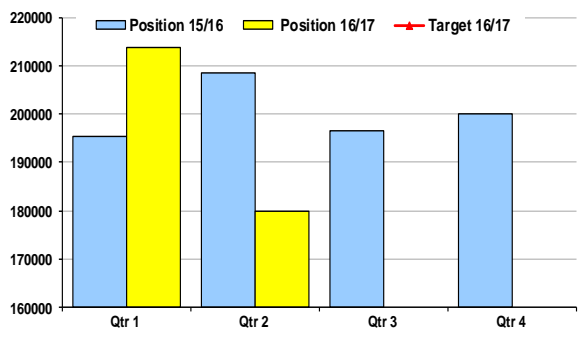


**CC / MHL D / WCF**

**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**



<b>CC / MHL D / WCF</b>	<b>Carers' Assessments</b> By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	<b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Carers declining assessments <b>ACTION TAKEN &amp; TIMESCALES FOR IMPROVEMENT</b> Training has been provided to staff in the completion of Carers Assessments <b>FORECAST IMPACT ON PERFORMANCE</b> 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="436 303 1534 422"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <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>Jul</th><th>Aug</th><th>Sept</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="3">773</td><td colspan="3">626</td><td colspan="3">792</td><td colspan="3">671</td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table> 2016/17 quarterly target = 826.	Monthly Position													Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM	773			626			792			671			↓	
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773			626			792			671			↓																														
<b>CC / MHL D / WCF</b>	<b>Short Break Hours</b> 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)	<b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> <b>New Target for 16/17.</b>  <b>ACTION TAKEN &amp; TIMESCALES FOR IMPROVEMENT</b>  <b>FORECAST IMPACT ON PERFORMANCE</b>  <table border="1" data-bbox="436 710 1534 837"> <thead> <tr> <th colspan="13">Quarterly position</th> </tr> <tr> <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>Jul</th><th>Aug</th><th>Sept</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="3">196672 (Oct – Dec)</td><td colspan="3">200007 (Jan – Mar)</td><td colspan="3">213806 (Apr – Jun)</td><td colspan="3">179964 (Jul – Sept)</td><td style="background-color: gray; color: white; text-align: center;">↓</td> </tr> </tbody> </table> 800746 hours provided 2015/16. 2016/17 target baseline to be confirmed.	Quarterly position													Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM	196672 (Oct – Dec)			200007 (Jan – Mar)			213806 (Apr – Jun)			179964 (Jul – Sept)			↓	
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<b>CC / MHL D / WCF</b>	<b>Carers Assessment</b> By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: 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 (CPD 6.3)	<b>New Target for 16/17. Information to be developed</b>																																								

## 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	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Alcohol-related Admissions	A13 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	134	149	160	150	154	136	168	171	101
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)	158	148	195	172	176	152	146	147	
Looked after Children	A20. Proportion of looked after children who have experienced more than two placement changes. (Source is OC2)	3.2% (16 of 504) Source of information annual OC2 reported up to Sept 15								
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.	23 children of 371 at school (6.2%) Source of information annual OC2 reported up to Sept 15								
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)	67.6% (251 children of 371 at school) Source of information annual OC2 reported up to Sept 15								
Care Leavers	A24. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	71%	100%	100%	100%	92%	90%	100%	100%	100%
Care Leavers	A25. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	76%	76%	78%	77%	76%	78%	76%	68%	74%

**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	3.1%	3.0%	2.9%	3.1%	2.8%	3.2%			
		8-30 days	4.5%	4.4%	3.8%	4.7%	4.4%	4.2%			
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 (COPD, asthma, diabetes, dementia, epilepsy, CHF)	Infections	16.5%	17.3%	16.3%	15.2%	17.6%	13.6%	11.8%	12.1%	13.0%
		Long Term Conditions	11.0%	10.4%	10.3%	10.4%	8.2%	10.2%	7.3%	10.3%	9.9%

Area	Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
Admissions for Venous Thromboembolism	B6: Number of emergency readmissions with a diagnosis of venous thromboembolism.	16	7	2	2	6	5				
Emergency Admissions & Readmissions	B7: Number and proportion of emergency admissions and readmissions for people aged 0-64 and 65+, (i) with and (ii) without a recorded long term condition, in which medicines were considered to have been the primary or contributing factor.	Admissions	Without LTC	6	8						
			With LTC	7	3						
		Readmissions	Without LTC	0	1						
			With LTC	0	0						
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.	2,219	2122	2200	2116	2066	2050	2080	2087		
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	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	4.3% ANT 4.7% CAU 39.2% MUH	2.9% ANT 2.7% CAU 40.1% MUH	3.9% ANT 3.0% CAU 42.1% MUH	3.3% ANT 4.5% CAU 47.5% MUH	
		>30 min – 1 hr	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	9.2% ANT 6.6% CAU 48.1% MUH	7.8% ANT 5.2% CAU 40.1% MUH	9.5% ANT 8.6% CAU 42.1% MUH	8.4% ANT 11.4% CAU 39.9% MUH	
		>1 hr – 2 hrs	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	18.1% ANT 15.3% CAU 12.2% MUH	19.5% ANT 14.0% CAU 14.2% MUH	19.2% ANT 19.6% CAU 13.5% MUH	19.2% ANT 21.9% CAU 12.2% MUH	
		>2 hrs – 3 hrs	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	15.5% ANT 15.8% CAU 0.4% MUH	18.4% ANT 17.2% CAU 0.7% MUH	16.9% ANT 16.6% CAU 2.3% MUH	17.2% ANT 16.4% CAU 0.4% MUH	
		>3 hrs – 4 hrs	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	14.3% ANT 14.6% CAU	17.8% ANT 16.7% CAU	16.4% ANT 15.1% CAU	15.6% ANT 14.0% CAU	
		>4 hrs – 6 hrs	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	17.6% ANT 20.7% CAU	17.4% ANT 19.7% CAU	18.9% ANT 17.3% CAU	17.0% ANT 15.8% CAU	
		>6 hrs – 8 hrs	8.4% ANT 10.0% CAU	9.7% ANT 9.9% CAU	8.9% ANT 9.0% CAU	9.2% ANT 11.9% CAU	9.1% ANT 11.7% CAU	9.1% ANT 12.7% CAU	9.0% ANT 11.0% CAU	8.9% ANT 8.8% CAU	
		>8 hrs – 10 hrs	4.2% ANT 4.8% CAU	4.8% ANT 5.6% CAU	4.8% ANT 4.7% CAU	4.8% ANT 5.4% CAU	4.3% ANT 6.2% CAU	4.7% ANT 6.7% CAU	3.8% ANT 5.2% CAU	5.1% ANT 4.4% CAU	
		>10 hrs – 12 hrs	4.2% ANT 2.5% CAU	3.2% ANT 4.9% CAU	3.7% ANT 4.0% CAU	3.5% ANT 3.7% CAU	5.0% ANT 4.4% CAU	2.1% ANT 5.1% CAU	1.8% ANT 3.6% CAU	3.6% ANT 2.7% CAU	
		>12 hrs – 14 hrs	0.7% ANT	0.3% ANT	0.2% ANT 0.1% CAU	0.2% ANT 0.0% CAU	0.5% ANT 0.0% CAU	0.1% ANT 0.0% CAU	0.1% ANT 0.1% CAU	0.4% ANT	
		>14 hrs – 16 hrs	0.7% ANT	0.2% ANT 0.1% CAU	0.3% ANT	0.1% ANT 0.1% CAU	0.4% ANT 0.0% CAU	0.41 ANT 0.0% CAU	0.1% ANT 0.0% CAU	0.3% ANT	

Area	Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
	>16 hrs – 18 hrs	0.6% ANT	0.1% ANT 0.1% CAU	0.2% ANT 0.1% CAU	0.3% ANT	0.5% ANT 0.1% CAU	0.0% ANT 0.0% CAU	0.2% ANT 0.0% CAU	0.3% ANT	
	>18 hrs	2.1% ANT	0.2% ANT 0.2% CAU	0.5% ANT 0.1% CAU	0.5% ANT 0.2% CAU	1.2% ANT 0.0% CAU	0.2% ANT 0.1% CAU	0.2% ANT 0.1% CAU	0.7% ANT	
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 <sup>th</sup> percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median	3:19	3:06	3:08	3:03	03:14	03:05	03:02	03:56
		ANT ED – 95 <sup>th</sup> Percentile	11:49	9:31	9:53	9:48	11:16	08:37	08:27	10:11
		ANT ED – Maximum	39:15	24:56	27:41	25:12	26:46	26:40	25:28	30:18
		CAU ED – Median	3:00	3:10	2:58	3:21	03:34	03:39	03:09	03:24
		CAU ED – 95 <sup>th</sup> Percentile	8:47	10:07	9:34	9:33	09:48	10:02	09:17	08:52
		CAU ED - Maximum	11:59	27:09	19:58	22:58	16:07	18:35	19:45	11:50
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes.	Antrim	4754 79%	4812 83%	5129 85%	4879 84%	4871 85%			
		Causeway	2396 62%	2468 66%	2974 76%	2531 66%	2702 67%			
	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department.	ANT ED – Median	6	5	6	6	6			
		ANT ED – 95 <sup>th</sup> Percentile	17	17	17	17	17			
		ANT ED – Maximum	39	59	116	52	69			
		CAU ED – Median	11	11	10	10	12			
		CAU ED – 95 <sup>th</sup> Percentile	48	40	32	37	38			
		CAU ED - Maximum	125	83	71	111	95			
	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	ANT ED – Median	8	8	8	7	7			
		ANT ED – 95 <sup>th</sup> Percentile	26	23	22	24	23			
		ANT ED – Maximum	140	288	233	355	218			
		CAU ED – Median	12	11	10	11	12			
		CAU ED – 95 <sup>th</sup> Percentile	44	37	31	39	35			
		CAU ED - Maximum	125	164	158	119	95			
	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	ANT ED – Median	108	106	105	67	78			
		ANT ED – 95 <sup>th</sup> Percentile	278	306	295	283	293			
		ANT ED – Maximum	447	576	492	596	685			
		CAU ED – Median	80	93	83	74	86			
		CAU ED – 95 <sup>th</sup> Percentile	259	310	260	305	397			
		CAU ED – Maximum	Figures not currently available, awaiting validation							

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments.	Immediate	Antrim	0.2%	0.3%	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%
			Causeway	0.6%	0.3%	0.2%	0.2%	0.3%	0.2%	0.2%	0.4%
		Very Urgent	Antrim	13.0%	12.1%	13.6%	13.4%	13.0%	12.6%	13.5%	14.6%
			Causeway	12.5%	11.2%	12.2%	11.5%	13.2%	13.6%	14.3%	15.1%
		Urgent	Antrim	43.4%	44.1%	46.3%	41.6%	42.2%	42.5%	40.3%	41.2%
			Causeway	49.1%	48.8%	50.6%	50.9%	48.8%	46.6%	49.4%	49.5%
		Standard	Antrim	27.4%	26.8%	26.6%	27.7%	29.1%	28.8%	28.3%	27.5%
			Causeway	33.8%	35.6%	37.9%	33.6%	34.8%	36.0%	31.1%	29.6%
		Non Urgent	Antrim	0.7%	0.7%	0.6%	0.8%	0.9%	0.7%	1.1%	0.6%
			Causeway	1.9%	1.9%	2.2%	2.4%	2.0%	2.8%	2.2%	2.6%
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 <sup>th</sup> percentile and single longest time.	ANT ED – Median		3:19	3:06						
		ANT ED – 95 <sup>th</sup> Percentile		11:49	9:31						
		ANT ED – Maximum		39:15	24:56						
		CAU ED – Median		3:00	3:10						
		CAU ED – 95 <sup>th</sup> Percentile		8:47	10:07						
		CAU ED - Maximum		11:59	27:09						
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.		3.7%	4.28%	4.5%	5.6%	6.2%	5.4%	3.9%	2.8%	
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.		3% ANT 6% CAU	4% ANT 6% CAU	3% ANT 5% CAU	4% ANT 7% CAU					
Stroke LOS	D15. Average length of stay for stroke patients.		13.1	18.8	14.8	16.1	14.0	16.4	14.1	16.7	9.7
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)		9272	9713	9428	9689	8368	9166	9587	9203	9023
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.		92%	84%	85%	87%	75%	86%	88%	75%	67%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.		99%	95%	98%	98%	98%	98%	98%	94%	97%
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	8	0	0	0	0	1
		Psoriasis	0	0	0	0	0	0	0	0	0



Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Intervention Rates	D21. Percentage reduction in intervention rates (including caesarean sections) benchmarked against comparable units in UK and Ireland and percentage of babies born by caesarean section	NHSCT			65.8%	65.3%	67.2%	66.3%	63.9%		
		Region			65.9%	64.4%	65.7%	66.2%	63.6%		
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	237	247	240	196	167	181	226	218	Information presented one month in arrears
		(ii) started on a re-ablement	39	60	57	67	61	74	77	59	
		(iii) discharged from re-ablement with no further care required.	22	13	14	27	31	24	29	24	
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.		394443 (Jan – Mar)		401206 (Apr – Jun)			376197 (Jul – Sept)			
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 (CPD 7.1)								
		(ii) Rate of new & review cancelled by the hospital. (Excludes VC's attendances)	10.1% new	8.8% new	7.7% new	7.2% new	7.8% new	6.6% new	7.4% new	6.5% new	6.2% new
			16.4% rev	14.5% rev	12.7% rev	13.9% rev	13.0% rev	11.1% rev	12.1% rev	10.8% rev	9.9% rev
(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	2.8	2.9	3.0	3.4	3.0	3.1	3.1	3.2	2.9		
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.		964 (6.4%)	1127 (7.3%)	1053 (7.2%)	1133 (7.0%)	813 (6.4%)	853 (5.9%)	907 (5.7%)	924 (5.8%)	
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)		6.6%	6.1%	6.6%	6.7%	6.8%	6.0%	6.2%	6.2%	6.0%
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)		71%	65%	65%	70%	70%	70%	70%	69%	
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.		75%	71%	77%	79%	73%	70%	67%	79%	70%
Pre-operative stay	G7. Elective average pre-operative stay.		0.62	0.60	0.43	0.36	0.56	0.47	0.48	0.59	0.40
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.		4.3%	3.0%	2.2%	2.9%	2.3%	1.5%	1.5%	4.3%	2.2%

Area	Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.6	3.0	3.4	3.1	2.8	3.4	2.8	3.0	3.5
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	12.4%	13.0%	12.5%	12.4%	12.3%	12.9%	11.7%		
Elective Admissions	G11. Cost of a basket of 24 elective procedures.	Day Surgery as per Indicator G5								
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.	NHSCCT are 65% compliant with BNF Chapter 7. The Trust is currently working on chapter 9.				Quarterly information available 3 months in arrears.				

## 3.0 Quality Standards & Performance Targets

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

Area	Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
Dialysis	IBD - Chrons Patients who are receiving Biologics Treatment (AI1)	New indicator					142	147	149	152	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	60	58	59	56	53	54	54	55	54	
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	New Additional indicator, Information to be developed.									
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI5)	36% fitted < 13 wks	81% fitted < 13 wks	84% fitted < 13 wks	80% fitted < 13 wks	71% fitted < 13 wks	67% fitted < 13 wks	67% fitted < 13 wks	64% fitted < 13 wks	67% fitted < 13 wks	
Children	Children admitted to residential care will have, prior to their admission. (AI10)	(a) been subject to a formal assessment	100% (4 of 4)	100% (4 of 4)	100% (1 of 1)	67% (2 of 3)	- (0 of 0)	50% (1 of 2)	100% (4 of 4)	100% (3 of 3)	50% (1 of 2)
		(b) have their placement matched through Children's Resource Panel	80% (4 of 5)	100% (4 of 4)	100% (1 of 1)	67% (2 of 3)	- (0 of 0)	50% (1 of 2)	100% (4 of 4)	100% (3 of 3)	50% (1 of 2)
	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%	100%
	Family Support - 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)		84%	86%	68%	60%	64%	64%	58%	58%	
	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	54%	48%	54%	43%	55%	54%	56%	60%	65%	
	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI15) (unallocated > 20 days)	37	34	60	50	52	34	21	27	19	
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (A16)	465 Foster Carers (158 kinship) (Jan – Mar)		511 Foster Carers (165 kinship) (Apr – Jun)			506 Foster Carers (161 kinship) (Jul – Sept)				

Area	Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
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% (8 of 8) (Apr – Jun)			100% (4 of 4) (Jul – Sept)				
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI22)	6	6	6	6	6	6	6	6	5	
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)	5	5	5	2	2	2	1	1	1	
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)	96%	99%	100%	100%	100%	99%	99%	100%		
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	97%	94%	100%	95%	90%	88%	95%	96%		
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		
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI32)	78%	84%	79%	79%	83%	76%	62%	64%		
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)	69%	68%	88%	87%	100%	59%	51%	93%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment	376 > 13 wks	381 > 13 wks	427 > 13 wks	505 > 13 wks	541 > 13 wks	578 > 13 wks	561 > 13 wks	543 > 13 wks	502 > 13 wks
		Intervention	17 > 13 wks	12 > 13 wks	5 > 13 wks	10 > 13 wks	10 > 13 wks	11 > 13 wks	10 > 13 wks	7 > 13 wks	10 > 13 wks
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly. (AI39)	87	87	66	85	53	79	95	64		
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)	783	595	337	477	589	612	633	653	857	
Residential / Nursing Home	Number of clients in residential/nursing homes (AI47)	New Additional indicator, Information to be developed, reported 6 monthly									
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI48)	New Additional indicator, Information to be developed, reported 6 monthly									
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.									

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
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%	100%	99%	93%	98%	94%	
		(ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	95%	93%	95%	97%	98%	99%	98%	94%	

**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

## 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%
28th July 2016 (17 weeks)	1705	1310	-395	-23%	3608	3644	36	1%	5313	4954	-359	-7%	18699	17942	-757	-4%	27991	32729	4739	17%
1st Sept 2016 (22 weeks)	2207	1762	-445	-20%	4669	4482	-187	-4%	6876	6244	-632	-9%	24198	22656	-1542	-6%	36223	41565	5342	15%
6th Oct 2016 (27 weeks)	2708	2164	-544	-20%	5730	5668	-62	-1%	8439	7832	-607	-7%	29698	28394	-1304	-4%	44456	50931	6476	15%
3rd Nov 2016 (31 weeks)	3110	2457	-653	-21%	6579	6482	-97	-1%	9689	8939	-750	-8%	34000	32879	-1121	-3%	51042	60181	9139	18%
1st Dec 2016 (35 weeks)	3511	2809	-702	-20%	7428	7388	-40	-1%	10939	10197	-742	-7%	38655	38816	161	0%	58643	69791	11149	19%

#### 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 27 weeks (6th Oct 2016)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
ENT	-43%		-14%	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		-40%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review .
General Medicine		-93%	-12%	Lack of demand for procedures	
Geriatric Medicine			-15%	Variance under review .	
General Surgery	-32%	-13%	-	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.
Nephrology			-17%	Lack of demand.	
Neurology			-45%	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)	-28%	-11%	-10%	Increased demand for complex antenatal clinics has impacted on elective volumes.	Capacity/demand review underway.
Rheumatology	-64%			Limited requirement for IP management.	

# 4.0 Use of Resources

## 4.2 Demand for Services (Hospital Outpatient Referrals)

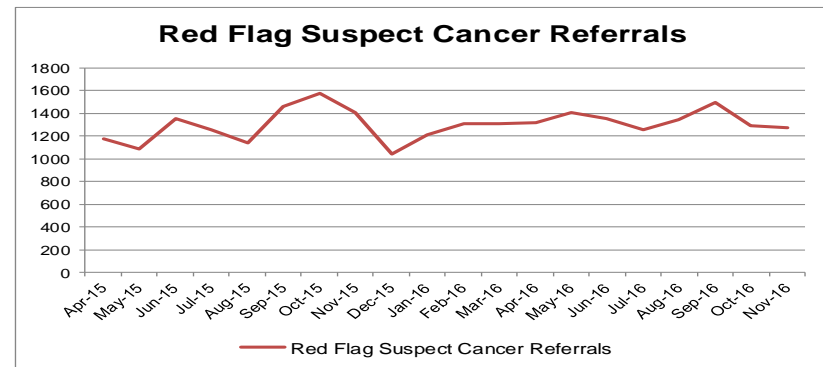
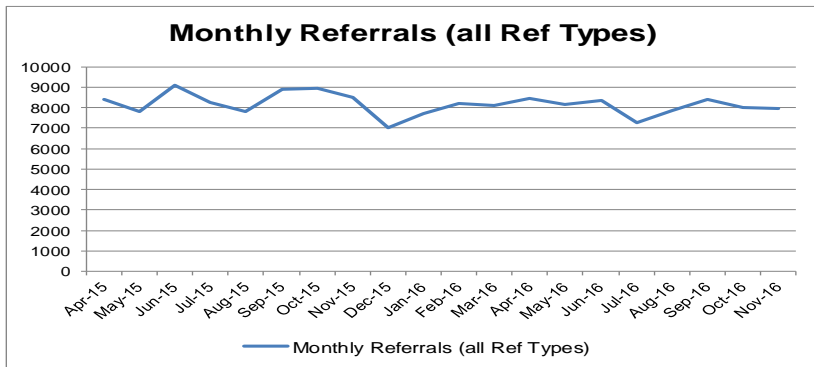
NHSCT New Outpatient Demand - All Referrals to NHSCT

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	8435	8169	8355	7227	7860	8425	8021	7943					
Variance on Previous Year	40	362	-738	-1,038	61	-447	-935	-575					
% Variance on Previous Year	0%	5%	-8%	-13%	1%	-5%	-10%	-7%					

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	8435	16604	24959	32186	40046	48471	56492	64435					
Variance on Previous Year	40	402	-336	-1374	-1313	-1760	-2695	-3270					
% Variance on Previous Year	0%	2%	-1%	-4%	-3%	-4%	-5%	-5%					

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	1407	1353	1252	1345	1498	1292	1268					
Variance on Previous Year	146	323	-3	-6	202	42	-280	-135					
% Variance on Previous Year	12%	30%	0%	0%	18%	3%	-18%	-10%					

New referrals were Referral Source (R) equals 3 & 5  
 Includes only referrals to consultant led services except for Urology where all referrals are included.  
 Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSCT. Visiting Consultants excluded  
 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	6,722	6,834	6,990	7,132	6,386					82,773

#### 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	4,061	3,979	3,607	3,604	3,364					45,411

#### 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	10,738	10,813	10,597	10,736	9,750					128,117

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



# 5.0 Workforce

## Staff in Post, Staff Movement, Absence

	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 as at 30 Nov 16	11738	2054	1188	2261	1586	2675	171	288	117	310	1088
% Directorate Absence (1 April 16 – 31 Oct 16)	7.05%	6.74%	7.87%	6.43%	6.71%	7.24%	5.22%	5.65%	3.95%	6.08%	9.97%
Q2020 % Directorate Target achieved at 30 Nov 16	29.9%	9.5%	9.2%	23.2%	37.4%	57.4%	48.0%	8.6%	43.3%	77.1%	9.1%

### Absence

Cumulative sickness absence as at the end of October 2016 is 7.05%, an increase of 0.06% from September 2016 (6.99%). For the rolling 12 months ending 31st October 2016, 6,517 members of staff (55.5%) have had no absence spells recorded. BSO Internal Audit has undertaken an audit of Trust absence and will be producing a formal report setting out a series of recommendations for the Trust.

### Q2020 Level 1

A blended learning approach of both face-to-face training and e-learning has commenced with 359 members of staff having been trained to Q2020 Level 1 as at 30 November 2016. The Trust will continue to strive towards the DOH target to ensure that by 31 March 2017, at least 10% of its workforce has undertaken level 1 Quality 2020 training.

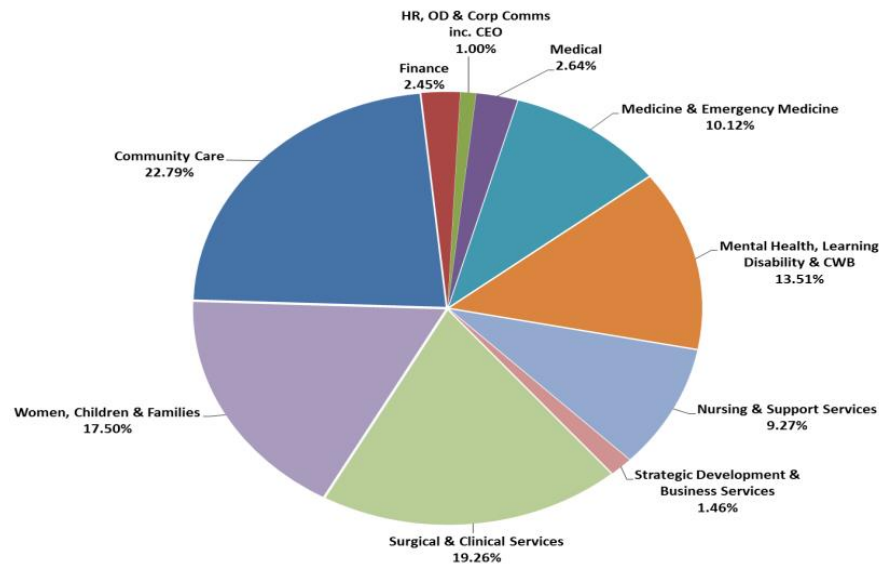
### Recruitment

The regional task and finish group continues to work with BSO to improve the Recruitment and Selection Shared Service. Performance reports are now shared from Recruitment Shared Services so that the Trust can monitor performance against the agreed suite of KPI's.

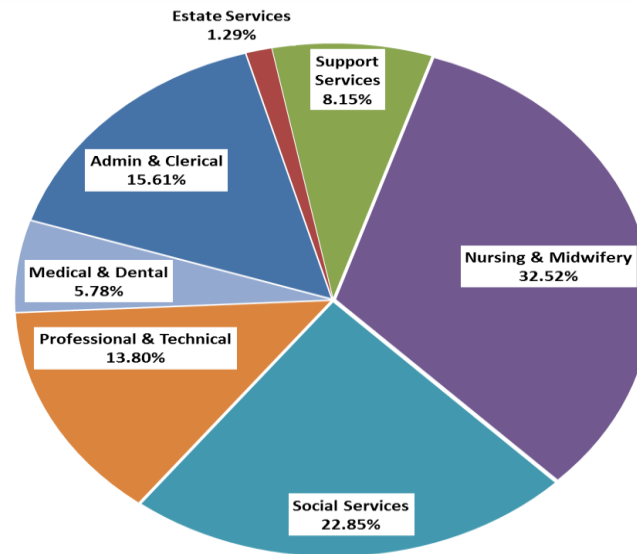
### Staff Survey

Following input from our trade union colleagues at November's JNCF, the Corporate Staff Survey Action Plan will be presented to Trust Board in January 17.

Directorate/Division Percentage Headcount Breakdown as at 30 November 2016



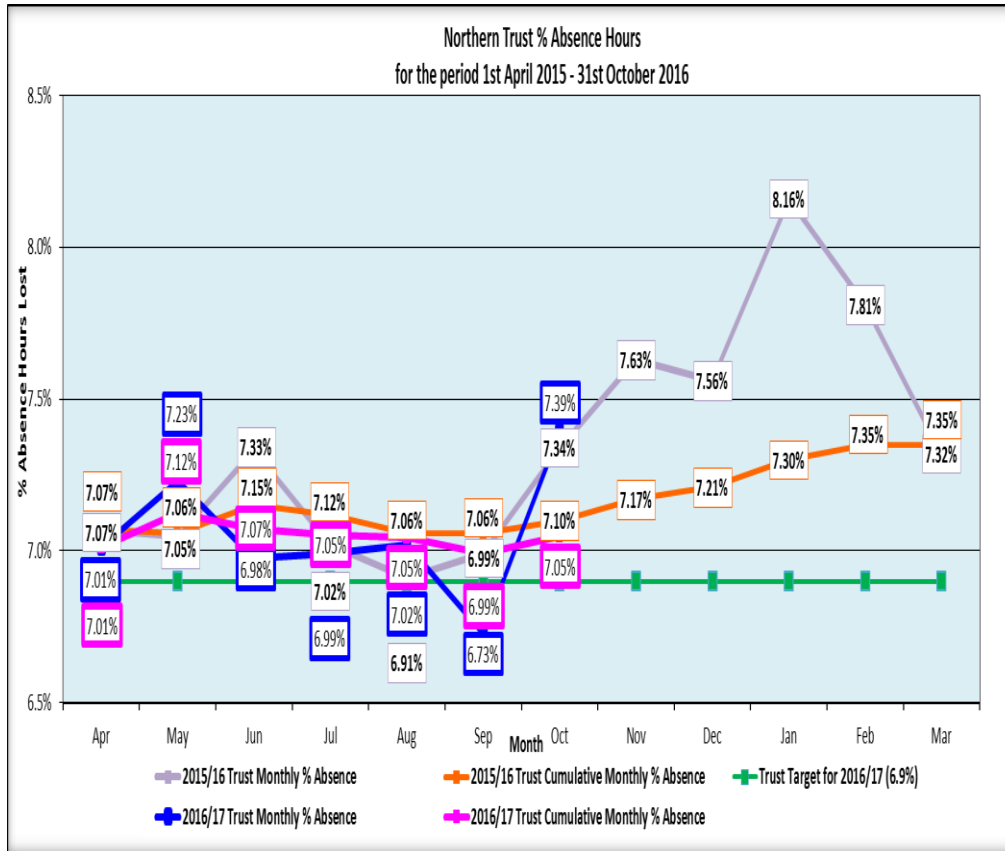
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 30 November 2016



# 5.0 WORKFORCE

## Staff in Post, Staff Movement, Absence

**Northern HSC Trust Absence Percentage  
1 April 2015 – 31 October 2016**



**Northern HSC Trust  
Number of Staff with Absence Spells for the 12 months ending  
31 July 2016 & 31 October 2016**

