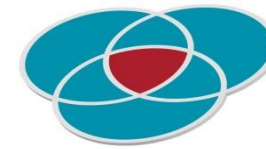




Northern Health  
and Social Care Trust



**ramp**  
REFORM AND MODERNISATION PROGRAMME

# TRUST BOARD PERFORMANCE REPORT

April 2017

Prepared & Issued by Strategic Development and Business Services – 16<sup>th</sup> May 2017



**i** **innovation**  
**q** **Quality**  
**i** **improvement**

# our vision

To deliver excellent integrated services  
in partnership with our community

# our values

**C**OMPASSION  
**O**PENNESS  
**R**ESPECT  
**E**XCELLENCE

[www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)

 Northern Health and Social Care Trust

 @NHSCTrust

If you would like to give feedback on any of our  
services please contact:

**Email:** [user.feedback@northerntrust.hscni.net](mailto:user.feedback@northerntrust.hscni.net)

**Telephone:** 028 9442 4655

# Contents

The Health and Social Care Board each year set out a Commissioning Plan setting out priorities and targets that have been included in the Minister's Commissioning Plan Direction. These priorities and targets have associated measures or performance indicators. This report monitors achievement against these targets and indicators for the Northern Health and Social Care Trust.

**CPD targets and Indicators for 2017/18 have not yet been confirmed. 2016/17 targets are being used to monitor performance in the interim.**

1.0 Service User Experience ([page 6](#))

2.0 Safe and Effective Care ([page 9](#))

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## Key

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

Trend on Previous Month (TOPM)	
↑	Performance Increasing
↓	Performance Decreasing
↔	Performance Static

# Summary of Trust Performance against 2016-17 Commissioning Plan Targets

Rating based on most recent months performance

**CPD targets and Indicators for 2017/18 have not yet been confirmed. 2016/17 targets are being used to monitor performance in the interim.**

By March 17, secure a reduction of 10 to 20% in the total number of MRSA, Trust target 10 annually. ( <a href="#">CPD 2.1</a> )	A	From April 2016 no patient attending any emergency department should wait longer than 12 hours ( <a href="#">CPD 4.4</a> )	R
By March 17, secure a reduction of 10 to 20% in the total number of CDiff, Trust target 57 annually. ( <a href="#">CPD 2.1</a> )	R	By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours ( <a href="#">CPD 4.5</a> )	R
From April 2016, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis. ( <a href="#">CPD 4.7</a> )	R	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions ( <a href="#">CPD 5.2</a> )	R
By March 2017, at least 50% of patients wait no longer than 9 weeks for 1 <sup>st</sup> outpatient appointment. ( <a href="#">CPD 4.8</a> )	R	From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours ( <a href="#">CPD 7.2</a> )	A
By March 2017, no patient to wait > 52 weeks for 1 <sup>st</sup> outpatient appointment. ( <a href="#">CPD 4.8</a> )	R	From April 2016, no complex discharge takes more than seven days ( <a href="#">CPD 7.2</a> )	A
By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test ( <a href="#">CPD 4.9</a> )	A	From April 2016 all non-complex discharges from an acute hospital take place within six hours. ( <a href="#">CPD 7.2</a> )	A
By March 2017, 75% of patients should wait no longer than 26 weeks for a diagnostic test ( <a href="#">CPD 4.9</a> )	R	From April 2016, no patient waits longer than nine weeks to access adult mental health services ( <a href="#">CPD 4.13</a> )	G
By March 2017, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. ( <a href="#">CPD 4.9</a> )	R	From April 2016, no patient waits longer than 9 weeks to Access dementia services. ( <a href="#">CPD 4.13</a> )	G
By March 2017, no patient waits longer than 26 weeks for an Endoscopy diagnostic test. ( <a href="#">CPD 4.9</a> )	A	From April 2016, no patient waits longer than 13 weeks for psychological therapies (any age) ( <a href="#">CPD 4.13</a> )	R
By March 2017, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. ( <a href="#">CPD 4.10</a> )	A	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 ( <a href="#">CPD 5.1</a> )	R
By March 2017, no patient waits longer than 52 weeks for inpatient/ daycase treatment ( <a href="#">CPD 4.10</a> )	A	From April 2016, ensure all Learning Disability discharges take place within 28 days of the patient being assessed as medically fit for discharge ( <a href="#">CPD 5.1</a> )	A
From April 2016, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. ( <a href="#">CPD 4.11</a> )	R	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 ( <a href="#">CPD 5.1</a> )	G
From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days ( <a href="#">CPD 4.12</a> )	R	From April 2016, ensure that all mental health discharges take place within 28 days of the patient being assessed as medically fit for discharge. ( <a href="#">CPD 5.1</a> )	G
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. ( <a href="#">CPD 4.12</a> )	G	For 2016/17, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. ( <a href="#">CPD 1.7</a> )	R
From April 2016, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days ( <a href="#">CPD 4.12</a> )	R	From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. ( <a href="#">CPD 4.13</a> )	G
By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care ( <a href="#">CPD 7.1</a> )	R	By March 2017, secure a 10% increase in the number of direct payments to all service users. ( <a href="#">CPD 5.4</a> )	A
By March 2017, no patient to wait longer than 13 weeks from referral to commencement of AHP treatment. ( <a href="#">CPD 5.3</a> )	R	By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users. ( <a href="#">CPD 6.1</a> )	G
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 ( <a href="#">CPD 4.4</a> )	R	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. ( <a href="#">CPD 6.2</a> )	G

CPD targets and Indicators for 2017/18 have not yet been confirmed. 2016/17 targets are being used to monitor performance in the interim

<p><b>Emergency Dept. seen/treated/discharged within 4hrs and 12 hrs</b></p> <p>Performance against the 4 hour target during April 2017 was 68% at Antrim hospital and 71% at Causeway hospital. Antrim ED had 163 twelve hour breaches compared to 152 the previous month whilst Causeway Hospital had 23 twelve hour breaches compared to 15 the previous month. For the month of April 2017 the Trust has experienced 186 twelve hour breaches compared to 74 during April 2016.</p>	<p><b>112</b></p> <p>More 12 hour breaches April 17 compared to April 16.</p> <p>(PAGE 25)</p> <p><b>TOPM ↑</b></p>	<p><b>Psychological Waits</b></p> <p>At the end of April there were 62 patients waiting over 13 weeks, compared to 57 the previous month. Performance is being impacted in the main by LD psychology services. The April position for Learning Disability (adult and children) is similar to the end of March position. A remaining vacant post has been partially filled by agency staff from January 2017 until the recruitment process is completed. It is anticipated that improvement in the breach position will be observed gradually over the coming months. When all posts are filled, capacity typically matches demand. Actions being taken include on-going engagement with referring agents re other models of provision during periods of reduced capacity within the service and recruitment to vacant posts. It is likely that the service will be out of a breach position by June 2017.</p>	<p><b>Demand and Elective Waiting Lists</b></p> <p>Referrals for New 'Red Flag' Cancer outpatient appointments increased by 5% during 2016/17 compared to the previous year. This continues to have a significant impact on Trust waiting times. At the end of the first four weeks of 2017/18 the combined position for elective inpatients and day cases was 13% below expected SBA volumes. New outpatient attendances were 16% below SBA volumes and review attendances were 5% above volumes.</p>	<p><b>5.0%</b></p> <p>Increase in Red Flag Cancer referrals 2016/17 compared to 2015/16</p> <p>(PAGE 50)</p> <p><b>TOPM ↑</b></p>
<p><b>Diagnostic Waiting Times</b></p> <p>SBA volumes are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled activity care continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity. Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography. A further round of recruitment is ongoing and interviews are scheduled for May 2017. External providers continue to be used to increase reporting capacity. The Trust is waiting for final confirmation from HSCB on the release of recurrent allocations for CT, NOUS and plain film x-ray in the new financial year however capacity will still be restricted in some modalities due to the number of scanners in operation. Future performance will be dependent on, whether demand continues to rise, recruitment of radiologists and future capital allocations for additional CT and MRI scanners.</p>	<p><b>62</b></p> <p>Psychological waits over 13 weeks at the end of April.</p> <p>(PAGE 31) <b>TOPM ↑</b></p>	<p><b>62 Day Urgent Suspected Cancer referrals to commence treatment</b></p> <p>From April 2016, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days</p>	<p><b>Children waiting &gt; 13 weeks to access Autism Spectrum Disorder Diagnostic Service</b></p> <p>At the end of April there were 342 patients waiting &gt;13 weeks compared to 396 the previous month. Longest wait has fallen to 262 days at the end of April 17, down from 433 days in September 16. The service is experiencing growth in the number of referrals in breach of the 13 week target time for ASD referral to initial diagnostic appointment. The rate of referrals is currently significantly greater than the capacity of the service, which has also been impacted by Maternity leaves and vacancies. The Health Minister allocated approx. £487K to NHSCT in April 2016. The service is 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. These actions have begun to increase service capacity and have slowed the rate of increase in breaches. Targeted action has reduced the length of the longest wait from 16 months in January 16 to just less than 9 months in March 17. Assuming no further growth in referrals (these have increased by 16.5% since 2014), these actions will have the result of increasing the capacity of the service to a level that it can deal with the rate of referrals as well as support the reduction in breaches by June 2017. It is expected that there will be nil '&gt;13 week' breaches achieved by end March 2018.</p>	<p><b>342</b></p> <p>Children waiting over 13 weeks at the end of April.</p> <p>(PAGE 47)</p> <p><b>TOPM ↑</b></p>
<p><b>474</b></p> <p>Patients waiting over 26 weeks at the end of April for a Diagnostic test</p> <p>(PAGE 16) <b>TOPM ↑</b></p>	<p><b>75%</b></p> <p>Achieved in March 2017</p> <p>(PAGE 21) <b>TOPM ↓</b></p>			

# 1.0 Service User Experience

## 1.1 Patient Experience as related in Patient Surveys

The 10,000 Voices initiative continues using a phased approach including regional and specialist projects. **10,408 patient** stories have been returned regionally (correct on the 30/04/2017), of which **2,290** (22%) 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 ( Eye care Services)
- Experience in Health and Social Care (Generic Tool).
- Experience of Eye care Services in Northern Ireland
- Experience of Adult Safeguarding
- 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
Unscheduled Care	1665	557 (33.4%)	470	53	39
Northern Ireland Ambulance Service <sup>1</sup>	300	158 <sup>2</sup> (52.6%)	151	5	2
Adult Safeguarding	66	14 (21.2%)	8	4	2
Staff experience	315	30 <sup>2</sup> (9.5%)	14	9	7
Health and Social Care in Northern Ireland	699	204 (29.1%)	178	21	5
Experience of Eyecare Services in Northern Ireland	249	52 (20.8%)	49	2	1

- 
1. Patients who access NIAS services as part of their care episode.
  2. Returns unchanged for this month

### Regionally: Projects in Planning Phase

- Experience of Discharge from Hospital
- Process of Bereavement
- Experience of Care of patient with Delirium in hospital
- Experience of Care of patient with Neurological condition

At local level the NHSCT are using the 10,000 Voices Health and Social Care (generic) Survey Tool to capture the experience of service users within the following areas:

- District Nursing - closed report in process.
- Community Occupational Therapy – closed report in process.
- Podiatry Services within the Hospital and Community setting – closed report in progress
- Diabetic Foot Care Pathway
- Community Social Work – closed report in progress
- Process of choosing a Nursing Home Placement in collaboration with The Equality Unit
- Ward A1 – closed report in process.
- All wards in AAH and Causeway have been given 10,000 surveys and posters
- Theatres and recovery Project.
- 100% Challenge Project.
- Macmillan Unit Project
- C4 Project ( Prior to Quality Improvement Initiative)
- Whiteabbey Ward 2 Project.

10,000 Voices supports the capture of patient experience within specialised projects, previously 10,000 voices worked in collaboration with the Paediatric Autism and Camhs team. This period of data collection is now complete.

10,000 Voices is now supporting a project to capture patient experience of Adult Safeguarding. This project commenced in December 2016 and is ongoing.

Through 10,000 voices 10,000 Patient Experience Stories have been recorded.

In recognition of this milestone the PHA plan to hold a celebratory event, date still to be agreed.



# 1.0 Service User Experience

## 1.2 Complaints / Compliments

### Main Issues Raised Through Complaints

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

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

During February 2017 there were 75 formal complaints, 5 of which were reopened. Of these complaints 56 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.

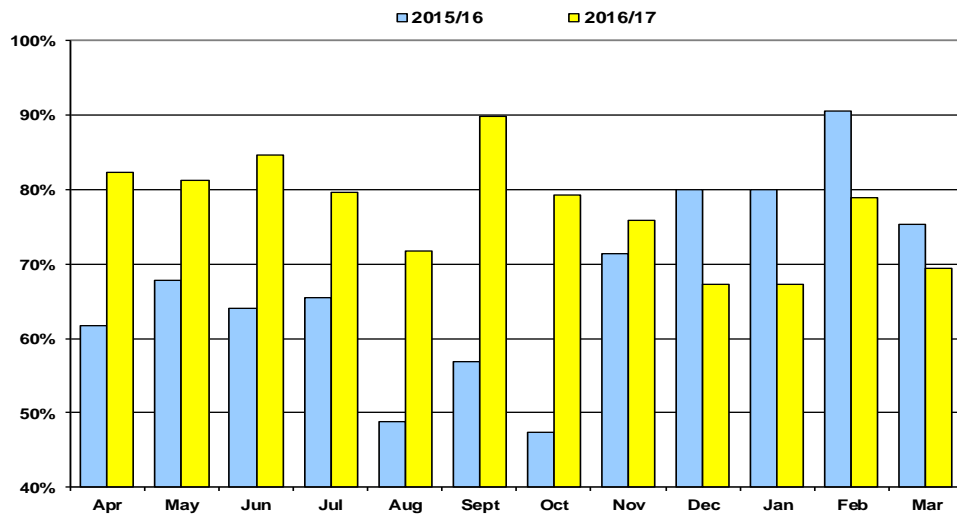
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

### Complaints Information is presented one month in arrears

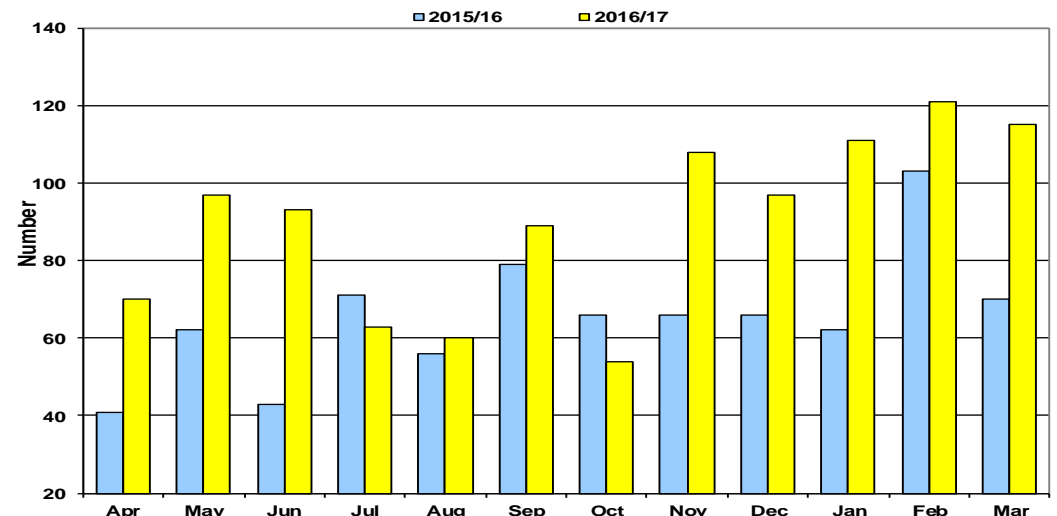
March 2017 Position	MEM	SCS	WCF	MHLDC	Community	Finance	SDBS	M & G	Nursing	Unknown	Trust Total
Number Of Complaints	25	8	17	5	13	4	2	-	1	-	75
% Complaints Responded to Within 20 Days	56%	63%	71%	60%	85%	100%	100%	-	100%	-	69%
Compliments Received	35	28	16	20	14	-	-	-	1	1	115
Number of complaints relating to staff attitude, behaviour and communication											21

(Target = 5% reduction in user complaints relating to staff attitude, behaviour and communication compared to 15/16 figures. New Target for 16/17 = no more than 170 relating to staff attitude and communication, 14 per month)

### Complaints Responded to Within 20 days



### Compliments Received





## 2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections ([page 10](#))

2.2 Stroke ([page 11](#))

2.3 Pressure Ulcers, Falls in Adult Wards, Venous Thromboembolism (VTE Risk Assessment) ([page 12](#))

2.4 Serious Adverse Incidents ([page 13](#))

## 2.0 Safe and Effective Care

### 2.1 Healthcare Acquired Infections (CPD 2.1)

#### Causes/Issues that are impacting on performance

**MRSA** – The Trust is still awaiting the 2017/18 PHA target for MRSA bacteraemia; there has been 1 case of MRSA bacteraemia to date (end April) identified over 48 hours following admission. Currently all MRSA bacteraemias are ascribed to the Trust regardless of where they are identified.

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 is still awaiting the 2017/18 PHA target for target for CDI. At the end of April 2017 the Trust has identified 8 cases of CDI. A breakdown of these figures indicate that 3 cases had an onset of diarrhoea on admission or within 48 hours of admission to hospital and 5 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 and increased patient acuity 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.

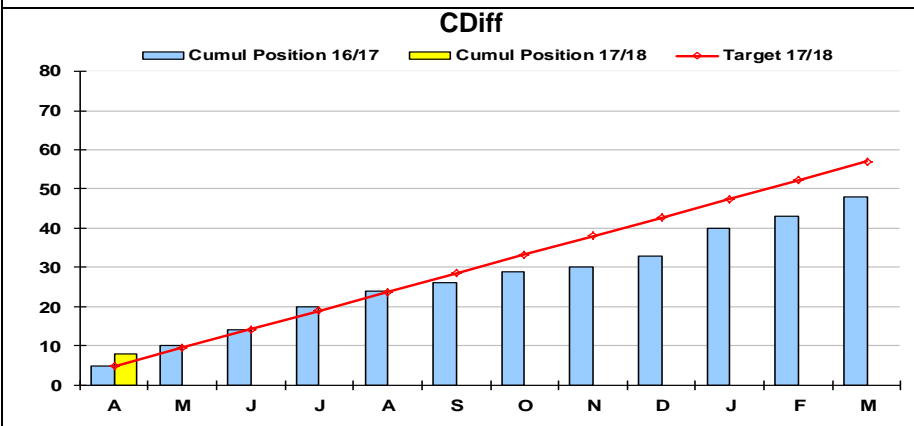
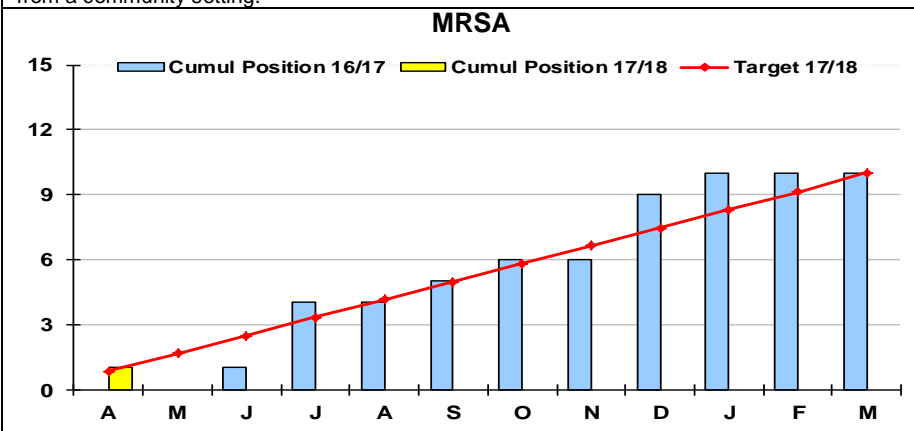
#### Forecast impact on performance

The Trust is still awaiting the 2017/18 PHA target for CDI and MRSA. It will be a challenge for the Trust to further improve on the reductions seen in last year's surveillance.

	Actual Activity 16/17	Feb 17	Mar 17	Apr 17	Cumulative position as at 30/04/17
No of MRSA cases	10	0	0	1	1
No of CDiff cases	48	3	5	8	8
Deaths associated with CDiff	1	0	0	0	0

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

While these are the cases reported/detected in a hospital setting, several cases will have come from a community setting.



# 2.0 Safe and Effective Care

## 2.2 Stroke (CPD 4.7)

### Causes/Issues that are impacting on performance

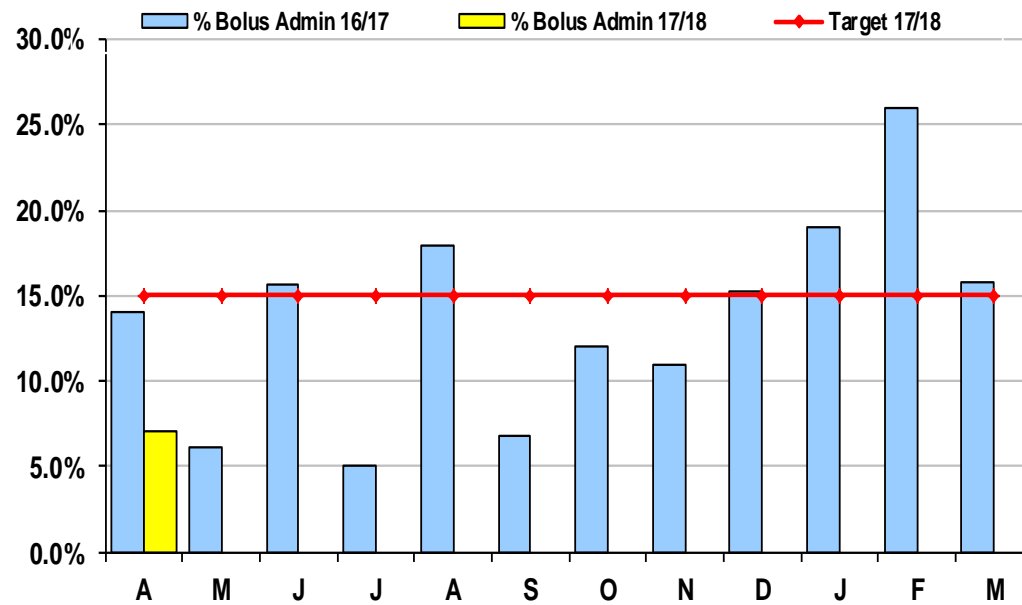
April 17 is a normal fluctuation in rates with variations from month to month. However the percentage was lower this month with the primary reasons being delayed presentation, unknown time of onset and symptoms resolving.

### Forecast impact on performance

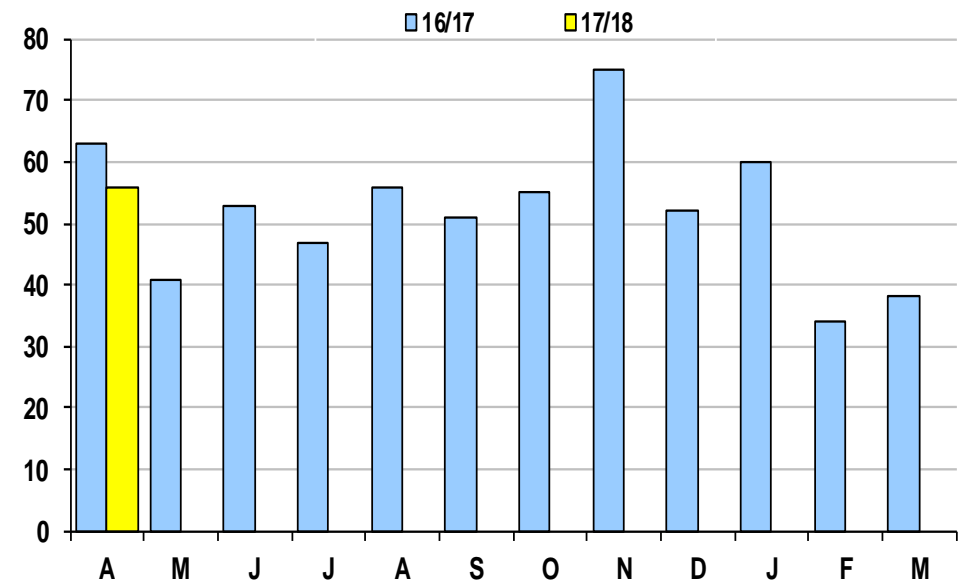
Variance is within normal parameters.

	Target 16/17	Jan 17	Feb 17	Mar 17	Apr 17
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	18.9%	25.9%	15.8%	7.1%
Number of Emergency admissions with a primary diagnosis of stroke		60	34	38	56

**% Ischaemic Stroke receiving thrombolysis**



**Number of Emergency admissions with a primary diagnosis of stroke**



## 2.0 Safe and Effective Care

### 2.3 Pressure Ulcers (B2) / Falls in Adult Wards (AI46) / Venous Thromboembolism (VTE) Risk Assessment (AI46)

#### Causes/Issues that are impacting on performance

**Pressure Ulcers** – During 2016/17, the Trust's average compliance with the SKIN bundle was 86%. Trusts are required to continue monitoring this information for the 2017/18 year. *(Pressure ulcer figures are currently being collated).*

**Falls** – During 2016/17 the Trust's average compliance with Parts A & B of the FallSafe bundle was 70% and 69% respectively. Trusts are required to continue monitoring this information for the 2017/18 year. *(Falls figures are currently being collated).*

**VTE** – During 2016/17 the Trust had an average compliance of 90% with completion of VTE risk assessment. Audits will continue to be carried out across the Trust during 2016/17. 23 of the 28 wards submitted data for April 2017, with a score of 87% compliance with completion of VTE risk assessment.

**MUST** – During 2016/17 the Trust had an average compliance of 91% with completion of MUST within 24 hours of admission.

**NEWS** – During 2016/17 the Trust had an average compliance of 92% with completion of NEWS.

**Omitted / Delayed Medicines** – The Trust is required to monitor the number of charts that failed to record a reason for omission / delay of medicines. During 2016/17 the Trust had an average rate of 4% for omitted medicines, and 2% for delayed medicines.

**Anti-Absconding Care Bundle** – The Trust is required to monitor compliance with the Anti-Absconding Care Bundle, and the number of people that absconded. This bundle is being measured in 4 wards within Mental Health. During 2016/17 the Trust's average compliance with the bundle was 75%.

#### Actions being taken with time frame

Dips in compliance have been addressed with relevant leads for appropriate action to be taken.

		16/17 Qtr 2	16/17 Qtr 3	16/17 Qtr 4
Number of hospital acquired Pressure Ulcers* graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were <b>avoidable</b>	15	12	Not yet available
Number of grade 3 & 4 pressure ulcers that are <b>avoidable</b>		7	7	Not yet available
Compliance with SKIN bundle for Pressure Ulcers	95%	87%	83%	82%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	413	379	Not yet available
Number of Inpatient Falls with moderate severity or above		29	27	Not yet available
Compliance with FallSafe bundle <b>(Part A)</b>	95%	74%	65%	69%
Compliance with FallSafe bundle <b>(Part B)</b>		72%	68%	68%
Compliance with VTE Risk Assessment	95%	91%	89%	88%
Compliance with completion of Malnutrition Universal Screening Tool (MUST)	95%	89%	89%	93%
Compliance with completion of NEWS	95%	89%	89%	95%
% Charts with failure to record reason for omission or delay of medicines	N/A	4%	2%	3%
Number of people that absconded (Mental Health)	N/A	61	46	59
Compliance with Anti-Absconding Care Bundle (Mental Health)	95%	64%	97%	81%

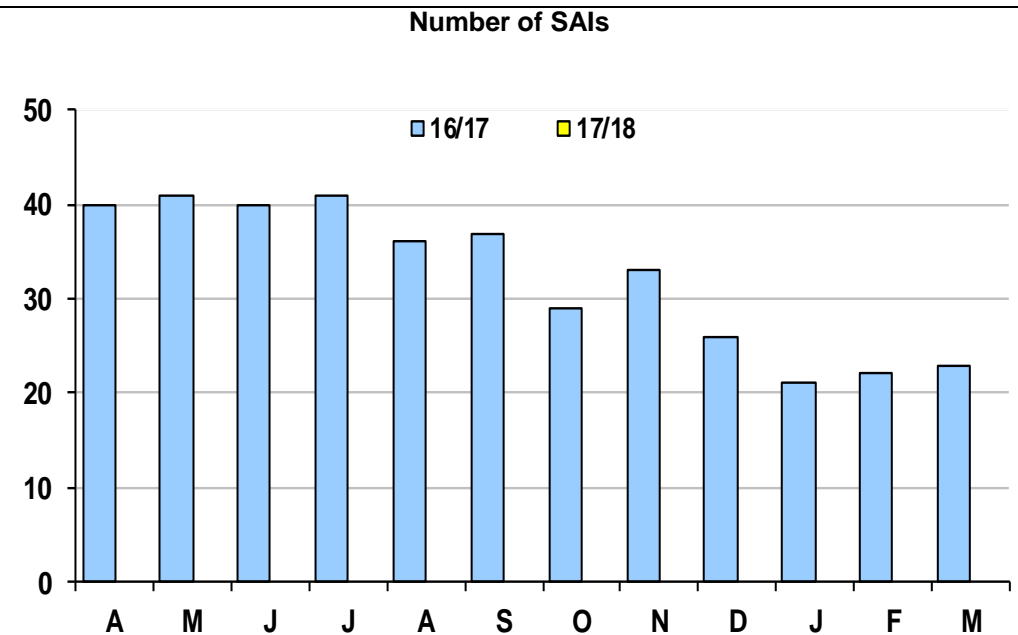
## 2.0 Safe and Effective Care

### 2.4 Serious Adverse Incidents

Level of Investigation	Number of SAI's Investigations Outstanding – March 2017								
	Trust Total	CC	Finance	MEM	MHLD	M&G	SDBS	SCS	WCF
Level 1 (SEA)	14	-	-	2	9	-	-	-	3
Level 2 (RCA)	9	-	-	-	8	-	-	-	1
Level 3 (External)		-	-	-	-	-	-	-	
<b>Total</b>	<b>23</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>17</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>

**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	8
11-20 weeks	11
21-30 weeks	1
31-40 weeks	1
41-60 weeks	1
Over 60 weeks	1



## 3.0 Quality Standards and Performance Targets

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

**CPD targets and Indicators for 2017/18 have not yet been confirmed. 2016/17 targets are being used to monitor performance in the interim.**

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

- Elective Care and Cancer Care ([page 15](#))
- Unscheduled Care (Including Delayed Discharges) ([page 24](#))
- Mental Health & Learning Disability ([page 30](#))
- Children's Services ([page 33](#))
- Community Care ([page 35](#))
- Health & Social Wellbeing Improvement, Health Protection & Screening (page 13)

**3.2 DHSSPS Indicators of Performance 2016/17** - Indicators of performance are in support of the Commissioning Plan Direction Targets. ([page 39](#))

**3.3 Additional Indicators in Support of 2016/17 Commissioning Plan Direction Targets.** ([page 46](#))

# 3.0 Quality Standards & Performance Targets

## 3.1 DHSSSPS Commissioning Plan Direction Targets & Standards 17/18

Elective Care and Cancer Care																																																																												
Dir	Target/Objective	Monthly Performance Comments, Actions											Trend Analysis																																																															
SCS/MEM/WCF	<b>Outpatient Waits</b> By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.8)	<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 increased by 3% in 2016/17 compared to last year. The most notable change / deterioration in this performance is due to there being limited capacity to undertake additional in-house activity and no funding available to transfer new outpatients to the Independent Sector in 2016/17.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b>                      Continue to 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.</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>											<b>Core &amp; Independent Sector patients waiting &lt; 9 weeks</b> 																																																															
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**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. SBA volumes are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled activity care continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity.

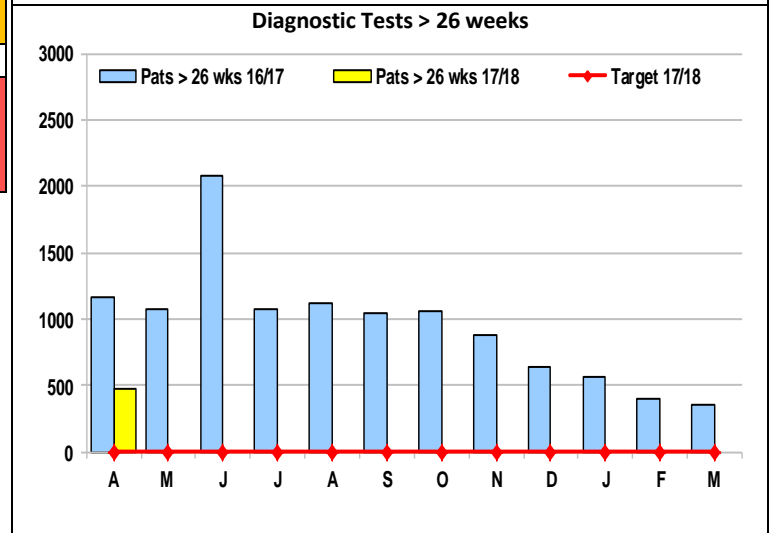
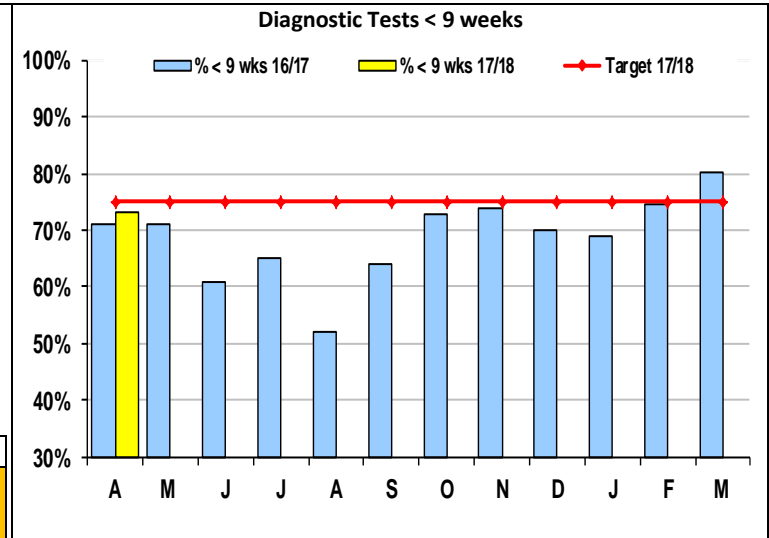
**ACTIONS BEING TAKEN WITH TIME FRAME**

Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography. A further round of recruitment is ongoing and interviews are scheduled for May 2017. External providers continue to be used to increase reporting capacity. The Trust is waiting for final confirmation from HSCB on the release of recurrent allocations for CT, NOUS and plain film x-ray in the new financial year however capacity will still be restricted in some modalities due to the number of scanners in operation.

**FORECAST IMPACT ON PERFORMANCE**

Under review – dependent on whether demand continues to rise, recruitment of radiologists and future capital allocations for additional CT and MRI scanners

Diagnostic Tests < 9 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
71%	61%	65%	52%	64%	73%	74%	70%	69%	75%	80%	73%	
Diagnostic Tests > 26 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
1080	2084	1079	1126	1044	1068	886	642	562	399	352	474	



**Diagnostic waits**

**Endoscopy**

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**

While recurrent investment was also received into gastroenterology in Oct 2016 which has increased endoscopy capacity, it has not yet been possible to recruit to all medical posts.

**ACTIONS BEING TAKEN WITH TIME FRAME**

Elective access funding has been secured for the first quarter of 2017/18 and will reduce red flag and routine waiting times. Recruitment ongoing to gastroenterology posts.

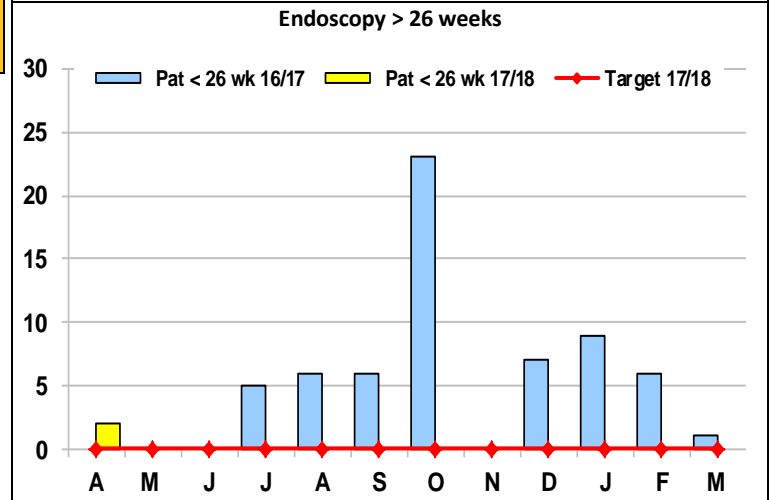
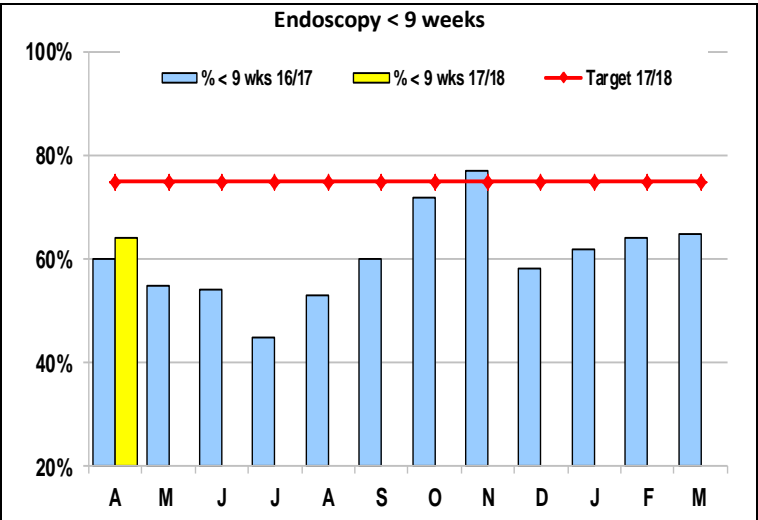
**FORECAST IMPACT ON PERFORMANCE**

Aiming to meet and maintain 14 days for red flag and 18 weeks for routine patients.

Endoscopy < 9 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
55%	54%	45%	53%	60%	72%	77%	68%	62%	64%	65%	64%	

Endoscopy > 26 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
0	0	5	6	6	23	0	7	9	6	1	2	



**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 has been a planned reduction in the number of routine patients scheduled over the winter months 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 requiring capacity to be focused on confirmed cancer and urgent cases. There is no funding at present to transfer long waiting patients to the Independent Sector in 2017/18.

**ACTIONS BEING TAKEN WITH TIME FRAME**

Unscheduled pressures: the Trust has planned to reduce its elective admissions during winter 2017 to allow for the expected unscheduled pressures during this time. This policy will be kept under close review.

**FORECAST IMPACT ON PERFORMANCE**

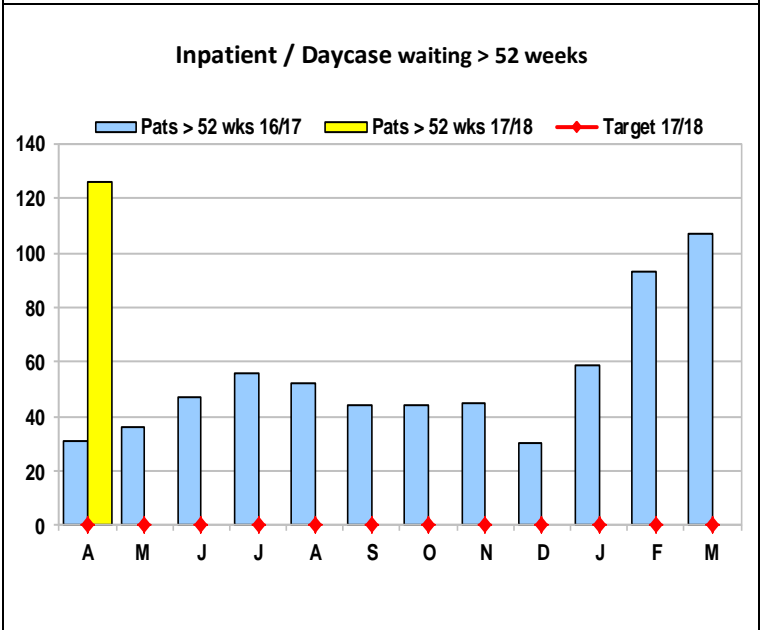
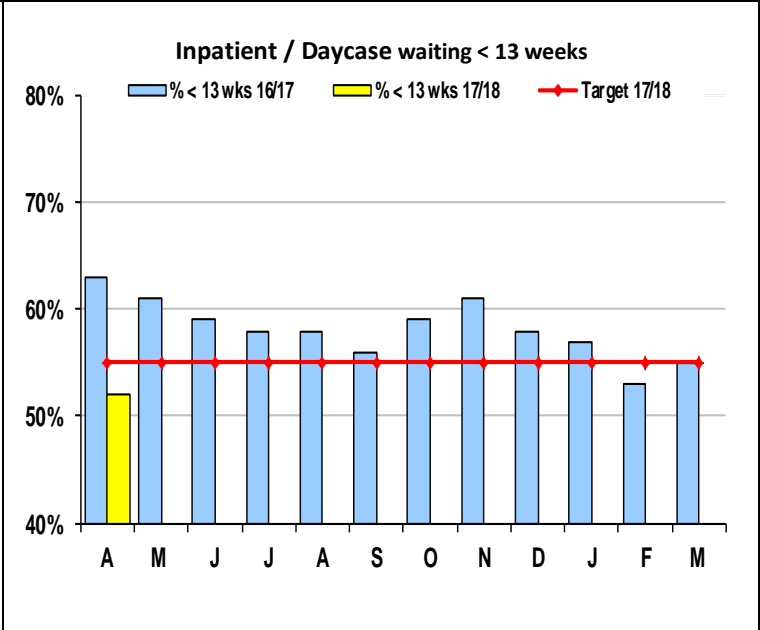
The reduction in elective admissions over the winter months is likely to result in an overall increase in waiting times.

Excludes scopes which are solely within 9 weeks position.

Core & Independent Sector patients waiting < 13 weeks												TOPM ↓
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
61%	59%	58%	58%	56%	59%	61%	58%	57%	53%	55%	52%	

Core & Independent Sector patients waiting > 52 weeks												TOPM ↓
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
36	47	56	52	44	44	45	30	59	93	107	126	

Core & Independent Sector total patients waiting											
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
5200	5045	5034	4976	4888	4843	4894	4808	4908	5072	4989	4891



**SCS**

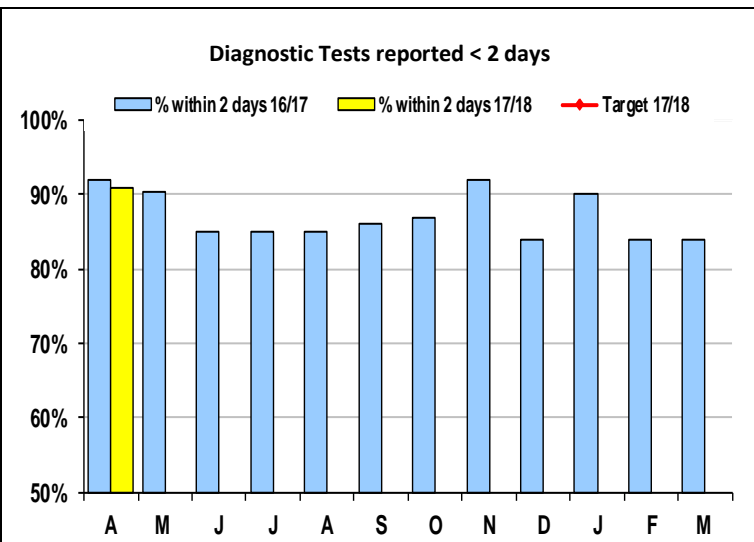
**Diagnostic Tests**  
 From April 2016, all urgent diagnostic tests should be reported on within two days (CPD 4.11)

**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**  
 Interviews for additional consultant radiologists are scheduled for May 2017 however using external providers to help bridge the gap in the absence of full staffing complement.

**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%.

Diagnostic Tests reported < 2 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
90%	85%	85%	85%	86%	87%	92%	84%	90%	84%	84%	91%	↑



**SCS/MEM/WCF**

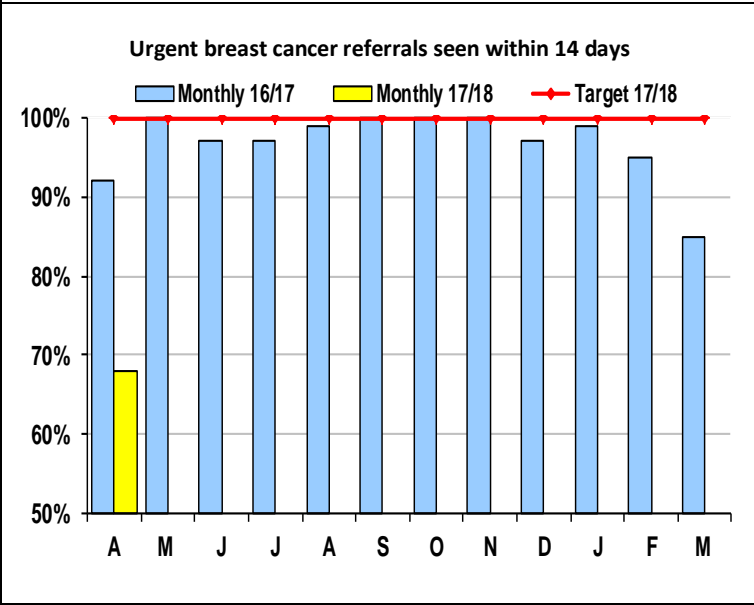
**Cancer Care**  
 From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.12)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
 The Trust has continued to accept referrals from the Southern Trust to help relieve pressures there. This has resulted in a deterioration in performance against the 14-day timeframe but has been acknowledged by HSCB as acceptable due to need to support SHSCT.

**ACTIONS BEING TAKEN WITH TIME FRAME**  
 Additional breast OP clinics are being held wherever possible to maximise capacity and ensure patients are seen in a timely manner.

**FORECAST IMPACT ON PERFORMANCE**  
 Ongoing support for SHSCT is likely to lead to some 14-day breaches across the rest of the financial year.

Urgent breast cancer referrals seen within 14 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
100%	97%	97%	99%	100%	100%	100%	97%	99%	95%	85%	68%	↓



**Cancer Care**

From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat (CPD 4.12)

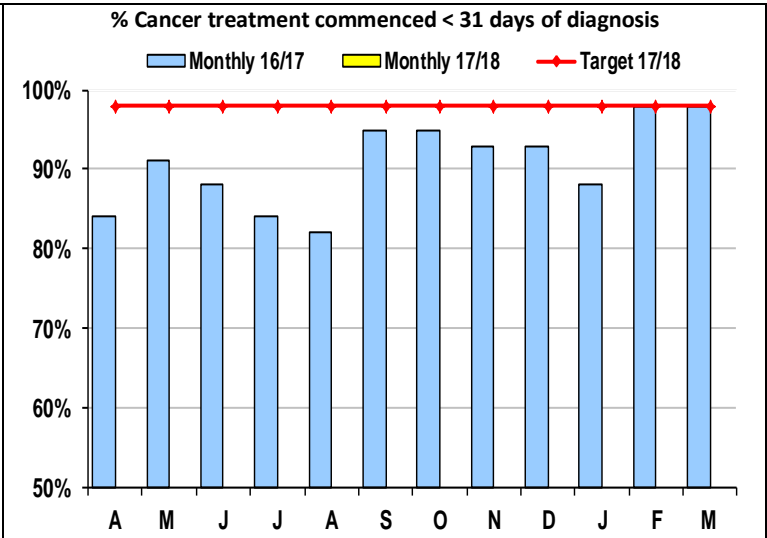
**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

Target met in March 2017. There was 1 breach in lower GI.

**ACTIONS BEING TAKEN WITH TIME FRAME**

**FORECAST IMPACT ON PERFORMANCE**

% Cancer treatment commenced < 31 days of diagnosis												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
91%	88%	84%	82%	95%	95%	93%	93%	88%	98%	99%		↑



**Cancer Care**

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

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

Lower/upper GI: Deterioration in waiting times for OP and endoscopy continues due to consultant sick leave and reduction in nurse endoscopist activity due to injury. Delays in accessing surgical OP – increased demand and lack of OP and theatre capacity

Lung: complex cases requiring a number of diagnostic tests, delays in PET scans and thoracic surgery in BT

Breast: Whilst there has been improvement delays do continue in undertaking breast surgery due to high numbers washing through secondary to higher demand

Skin: Dermatology performance has deteriorated due to an unexpected reduction in medical staff availability, increased suspect cancer referrals, 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 due to unplanned leave of medical staff member, with additional lists being arranged to meet demand

**ACTIONS BEING TAKEN WITH TIME FRAME**

Lower/upper GI: Additional OP and endoscopy sessions for Red Flag patients. Recurrent investment received into gastroenterology from Oct 2016, which has increased outpatient and endoscopy capacity.

Breast: Additional inpatient theatre lists being arranged when possible however inpatient bed capacity limited

Lung: proactive monitoring in place

Gynae: additional hysteroscopy sessions being undertaken

Skin: Additional in house outpatient and surgical lists have been undertaken and the Trust is planning to transfer some patients to the Independent Sector. Belfast working with PHA to address capacity issues for plastic surgery

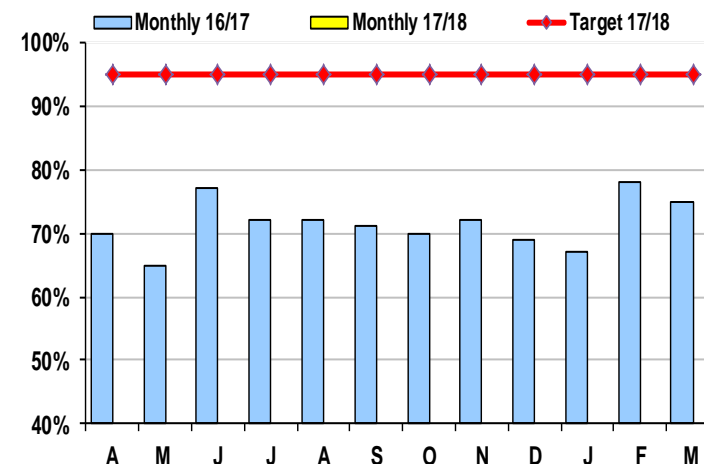
**FORECAST IMPACT ON PERFORMANCE**

Lower/upper GI: additional endoscopy resource will help reduce breaches in upper/lower GI as we go forward into 2017.

Skin: it is anticipated that there will continue to be 62 day breaches in dermatology.

**Urgent cancer referrals treatment < 62 days (%)**

Tumour Site	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
ALL	77%	72%	72%	71%	70%	72%	69%	67%	78%	75%		↓
B	85%	94%	77%	100%	92%	94%	93%	94%	100%	86%		
G	88%	60%	57%	57%	42%	67%	67%	40%	63%	50%		
H	60%	100%	80%	100%	100%	100%	20%	100%	100%	100%		
HN	0%	-	50%	100%	75%	67%	0%	0%	50%	0%		
LGI	63%	35%	43%	32%	43%	47%	42%	16%	33%	80%		
UGI	50%	0%	44%	60%	0%	20%	38%	67%	50%	0%		
L	56%	36%	54%	68%	65%	43%	100%	75%	75%	67%		
S	91%	100%	97%	76%	83%	78%	83%	81%	100%	94%		
U	50%	0%	50%	67%	100%	0%	50%	-	100%	0%		

**Urgent cancer referrals treatment < 62 days (%)****March 17 Position by Tumour Site – Number of cases for Month**

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

(B) Breast Cancer – 7.0 patients treated

(G) Gynae Cancers – 3.0 patients treated

(H) Haematological Cancers – 3.5 patients treated

(HN) Head/Neck Cancer – 1.5 patients treated

(LGI) Lower Gastrointestinal Cancer – 2.5 patients treated

(UGI) Upper Gastrointestinal Cancer – 3.5 patients treated

(L) Lung Cancer – 3.0 patients treated

(S) Skin Cancer – 15.5 patients treated

(U) Urological Cancer – 0.0 patients treated

**AHP Waits**

By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional (CPD 5.3)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

**Physiotherapy (7055) and Dietetics (271)** - Breaches are in physiotherapy and dietetics. Both these services have a significant capacity/demand gap recognised by the commissioner; however no funding over and above demography funding has been made available to address this.

**SLT** - The number of 13 week breaches has steadily risen from 273 breaches recorded at the end of January to 434 at the end of April. Length of longest wait at the end of April was 13 months which compares to 12 months at the end of September 2017. The service is experiencing growth in the number of referrals in breach of the 13 week target time for SLT referral to initial appointment. This is primarily due to the rate of referrals being significantly greater than the capacity of the service. The capacity of the service has also been impacted by Maternity leaves and vacancies. Analysis of Waiting lists confirms that majority of breaches are within Adult Community SLT.

**Paediatrics/Dementia Services/Learning Disability** - Across Divisions delays are caused by capacity/demand issues. This is very often the consequence of Sick Leave, Maternity leave and delays in recruitment which impact on overall performance. This is particularly evident in small teams where absences can have an immediate and significant impact on waiting times

**ACTIONS BEING TAKEN WITH TIME FRAME**

**Physiotherapy and Dietetics** - Services continue to deliver contracted volumes and focus on areas of highest clinical risk. Group sessions have been rolled out across outpatient physiotherapy services in the Trust as well as a number of other initiatives aimed at reducing waiting times including validation of waiting lists.

**SLT** - The service is implementing both short and long term plans including data cleansing, recruitment, use of agency staff, overtime clinics, increasing hours for existing staff and increasing capacity and reduce DNAs through the introduction of partial booking and a review of how LCID is used to capture activity.

**Paediatrics/Dementia Services/Learning Disability** - Actions being taken are on-going and include appointment of peripatetic staff to cover maternity leave, validation of waiting lists to ensure accuracy, movement of staff across localities to areas in greatest need, maximising use of clinic facilities and group sessions as appropriate, appointment of temporary staff to address longest waiters, appointment of Agency staff

**FORECAST IMPACT ON PERFORMANCE**

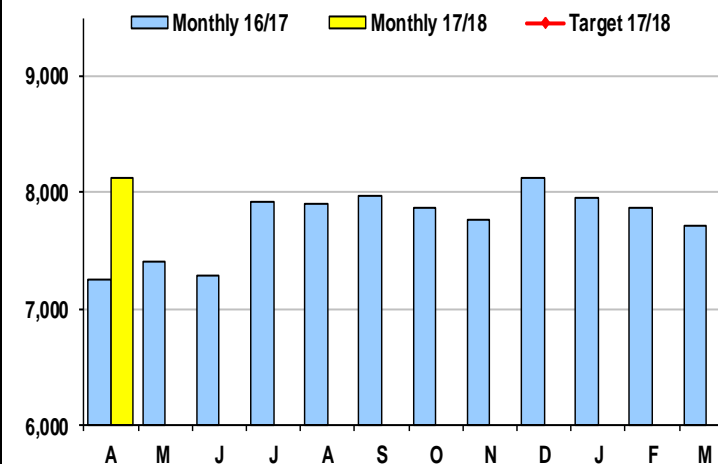
**Physiotherapy and Dietetics** - Performance will continue to deteriorate unless more commissioned capacity is made available

**SLT** - The reduction in breaches, and waiting times, observed in January was largely due to data cleansing; breaches are expected to continue to increase as the underlying picture of demand in excess of capacity continues. It is planned to bring in 4 Band 5 temporary staff from May 2017 to October 2017 to increase capacity and at the same time progress plans to reduce DNAs and review of LCID, although this works is likely to take 12 months to complete.

**Paediatrics/Dementia Services/Learning Disability** - Recovery Plans have been completed for each of the service areas

**AHP patients waiting > 13 wks**

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
7407	7287	7926	7897	7963	7866	7766	8125	7947	7867	7710	8133	↓

**AHP patients waiting > 13 wks****13 Week Breaches by Service Area**

Dietetics – 276

Occupational Therapy – 151

Orthoptics - 0

Physiotherapy - 7264

Podiatry - 0

Speech and Language Therapy - 442



**Cancelled Appts**

By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments. (CPD 7.1)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

Analysis of these cancellations shows that approximately 50% have no impact on a patient but are purely administrative changes. Of those that do affect a patient, about 25% are brought forward to an earlier date and 15% involve a change of appointment time or location but not date. It is determined these cancellations / changes do not negatively impact on patients. The remaining 10% do result in a patient's appointment being delayed – 209 appointments fell into this category in March 2017. 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.

**ACTIONS BEING TAKEN WITH TIME FRAME**

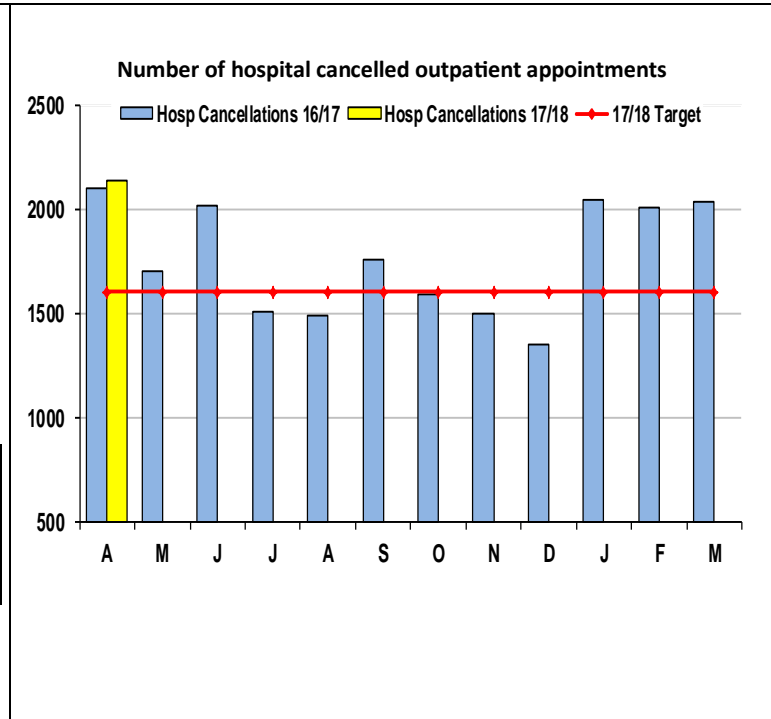
Escalation to management if clinics are being cancelled at <6 weeks' notice for any reason other than unforeseen circumstance. Reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.

**FORECAST IMPACT ON PERFORMANCE**

Under review

Number of hospital cancelled outpatient appointments												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
1705	2014	1512	1493	1760	1592	1494	1346	2043	2010	2040	2140	↓

2014/15 baseline used for 2016/17 target. (24,045 Cancelled, Target = No more than 1603 per month) Target includes both new & review outpatient appointments.



**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, particularly in Antrim where there were 6% more attendances in 2016/17 compared to the previous year.

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**

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.

A new site management model was implemented on the Antrim site in mid-January and has delivered improved performance against the 4-hour target, from 65% and 61% in Feb and March 2016 to 79% and 71% in the same months in 2017.

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 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.

**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 2017/18. 12-hour performance may continue to be an issue particularly on the Antrim site where there is a recognised shortfall in bed capacity.

The sustainability of the recent improvement in 4-hour performance on the Antrim site is dependent on recurrent funding being made available to implement fully the new site management model.

**Antrim ED < 4hrs**

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
65%	66%	61%	66%	66%	64%	64%	63%	74%	79%	71%	68%	

**Antrim Total Attendances**

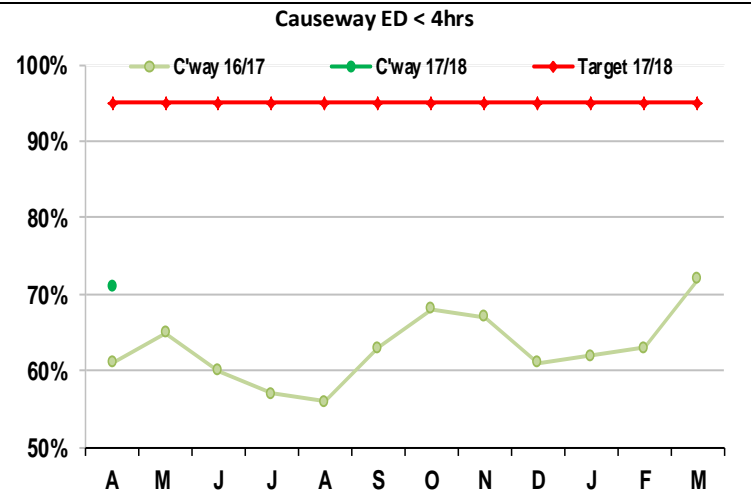
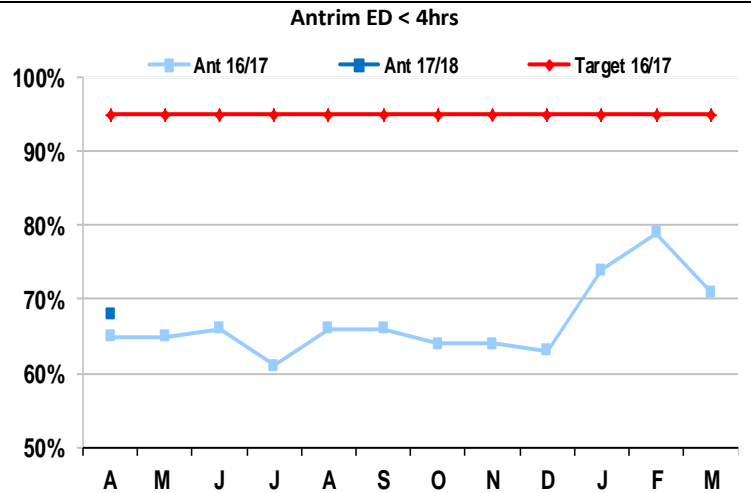
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
7319	6903	6699	6794	6965	7109	6611	6761	6701	6257	7423	7251	

**Causeway ED < 4hrs**

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM ↓
65%	60%	57%	56%	63%	68%	67%	61%	62%	63%	72%	71%	

**Causeway Total Attendances**

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
3963	3896	4061	3979	3608	3604	3364	3457	3458	3202	3910	4006	



**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.

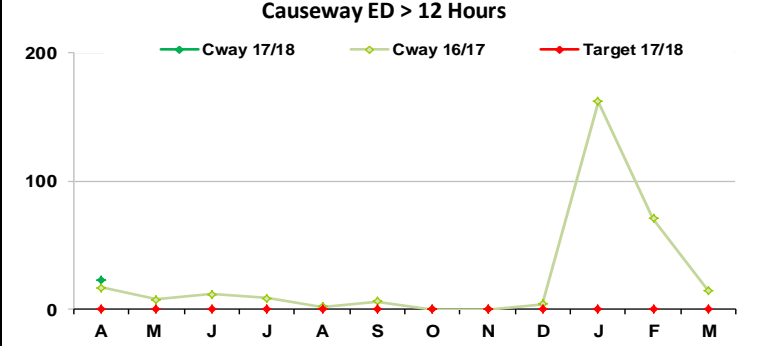
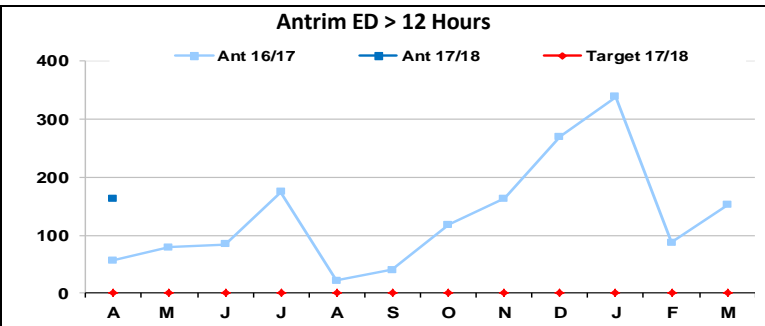
**FORECAST IMPACT ON PERFORMANCE**  
 As per 4-hour target.

Antrim ED > 12 Hours												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
79	84	175	22	40	118	163	270	339	87	152	163	↓

Antrim ED longest waiter (Hours)												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
27	29	26	26	25	51	29	42	41	28	29	26	

Causeway ED > 12 Hours												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
8	12	9	2	6	0	0	4	162	71	15	23	↓

Causeway ED longest waiter (Hours)												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
19	22	16	18	19	11	11	25	30	30	21	26	



**MEM**

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

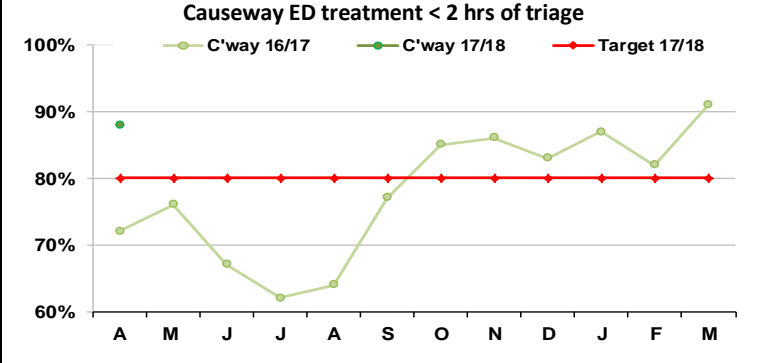
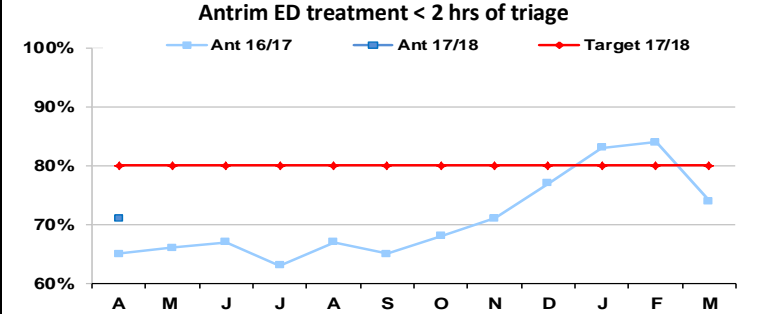
**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
 The increase in pressure particularly in Antrim Hospital (see CPD 4.4) has slowed the flow of patients through EDs, with the result that it is more difficult to accommodate and treat new arrivals within 2 hours following triage. Patients arriving at an 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. Performance on both sites has improved compared to last year, with 80% of patients commencing treatment in Antrim within 2 hours in Jan-Mar 2017, compared to 69% in Jan-Mar 2016, and 87% in Causeway compared to 77% last year.

**FORECAST IMPACT ON PERFORMANCE**  
 See CPD 4.4, patients waiting <4 hours in ED

Antrim ED treatment < 2 hrs of triage												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
66%	67%	62%	67%	64%	68%	71%	77%	83%	84%	74%	71%	↓

Causeway ED treatment < 2 hrs of triage												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
76%	67%	62%	64%	77%	85%	86%	83%	87%	82%	91%	88%	↓



**MEM**

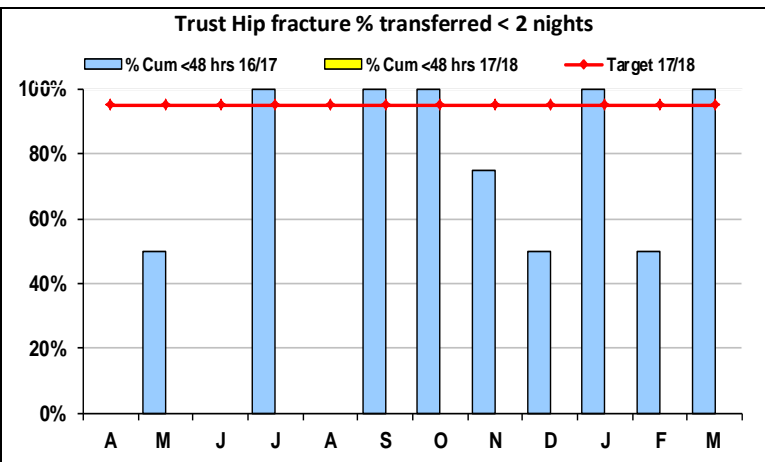
**Hip Fractures**  
 From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.6)

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 2016 – March 2017: Hip fractures – 26 patients transferred.  
 April 2017 – March 2018: Hip fractures – 1 patients transferred.

Hip fracture % transferred < 2 nights												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
50%	0%	100%	0%	100%	100%	75%	50%	100%	50%	100%	0%	

2014/15 baseline used for 2016/17 target. (24,045 Cancelled, Target = No more than 1603 per month) Target includes both new & review outpatient appointments.



**MEM/CC**

**Unplanned Admissions**  
 By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions (CPD 5.2)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
 Demographic pressures resulting in higher numbers of unplanned admissions overall make a reduction for these patients difficult to achieve.

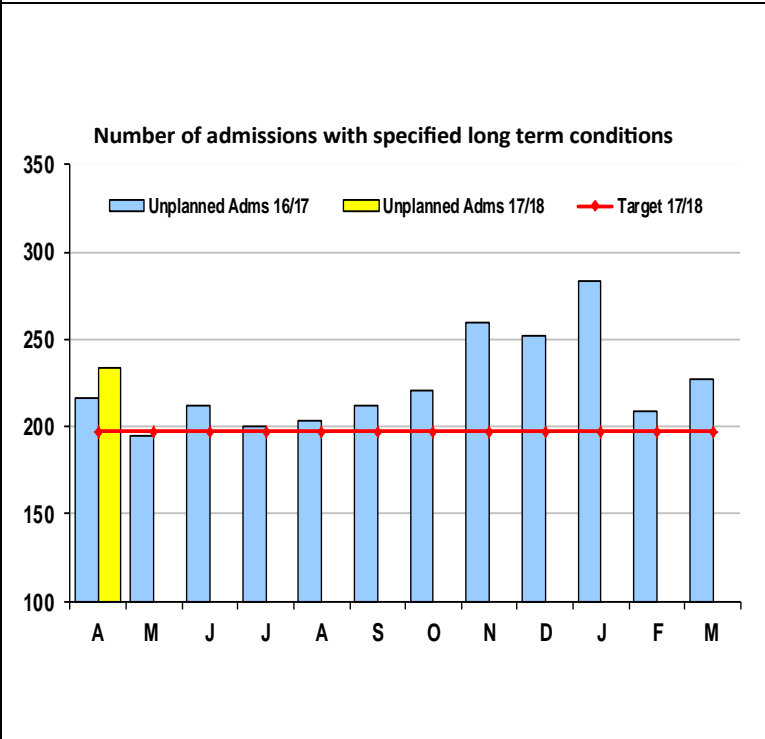
**ACTIONS BEING TAKEN WITH TIME FRAME**  
 The Trust has received investment from ICPs into specialist respiratory nursing and diabetic education programmes.

**FORECAST IMPACT ON PERFORMANCE**  
 It is anticipated that the ICP investment will help to avoid unnecessary respiratory and diabetes admissions; however an increase in overall demand may result in higher admissions despite increased prevention.

Number of admissions with specified long term conditions												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
195	212	200	203	212	221	260	252	283	209	227	234	↓

Cumulative												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
411	623	823	1026	1238	1459	1719	1971	2254	2465	2692	234	

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.



**Patient Discharge**  
 From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.2)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

There were 49 delayed discharges across the 3 hospital sites during April 2017. 3 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. 12 delays were the result of client choice and family issues. A further 10 delays can be attributed to acute assessment and care planning processes. 8 delays were caused waiting for step-down sub-acute/intermediate care beds and 6 delays were relating to placement planning and arrangement. During April 2017 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharge to community settings.

**ACTIONS BEING TAKEN WITH TIME FRAME**

Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A RAMP Domiciliary Care working group has been convened (acute and community directorates) to agree an action plan that will result in increased capacity throughout the system.

**FORECAST IMPACT ON PERFORMANCE**

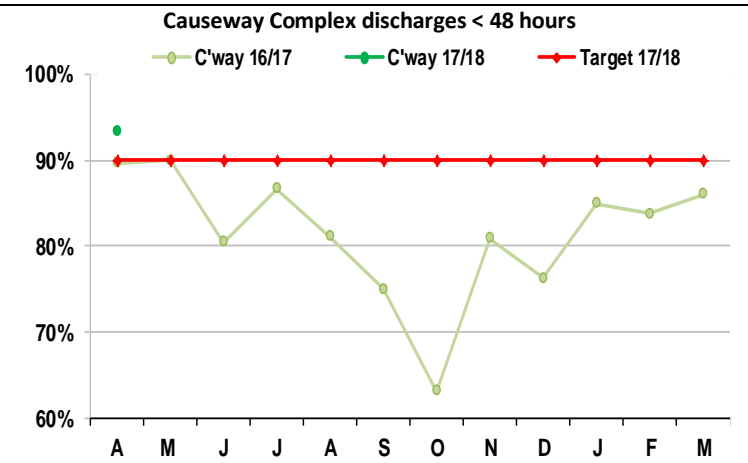
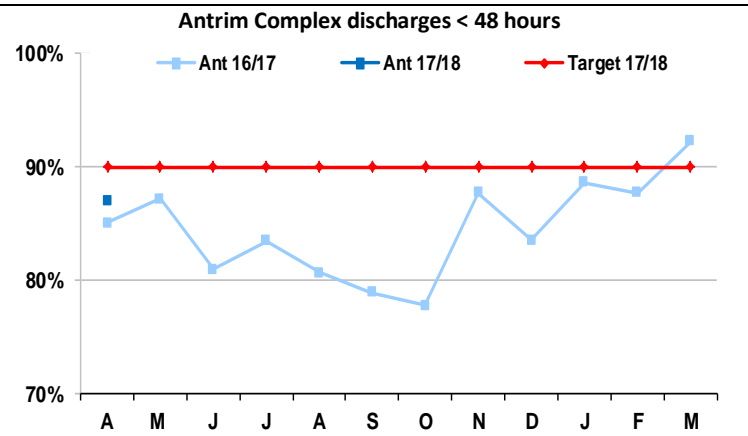
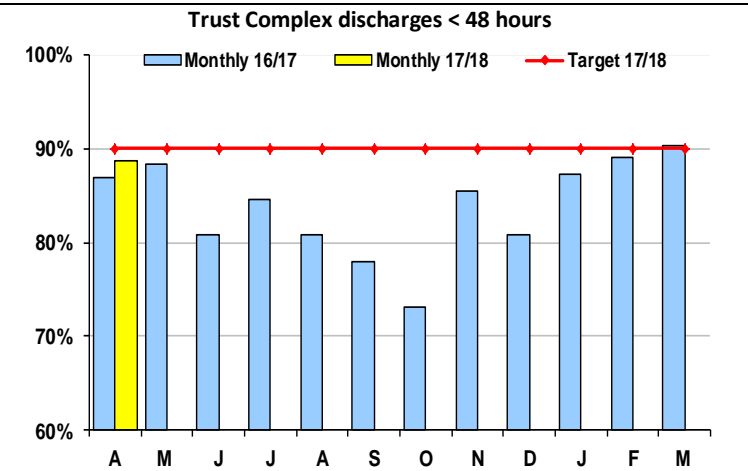
If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours

Trust Complex discharges < 48 hours												TOPM
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	↓
88%	81%	85%	81%	78%	73%	86%	81%	87%	89%	90%	89%	

Antrim Complex discharges < 48 hours												TOPM
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	↓
87%	81%	83%	81%	79%	78%	88%	84%	89%	88%	92%	87%	

Causeway Complex discharges < 48 hours												TOPM
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	↑
90%	81%	87%	81%	75%	63%	81%	76%	85%	84%	86%	93%	

Please note there is a reporting error for the figures from November and the Trust position is underreported. The figures are currently being validated and are subject to change.



**Patient Discharge**  
 From April 2016, ensure that no complex discharge takes more than seven days (CPD 7.2)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

3 out of 49 delays in April were greater than 7 days. 1 delay can be attributed to the discharge planning processes within the hospital; 1 delay was the result of client choice and family issues and the third delay was the result of a service user awaiting transfer to the BHSCT.

**ACTIONS BEING TAKEN WITH TIME FRAME**

The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Reluctant Discharge Protocol is implemented in a timely fashion to reduce the number of 7 day breaches.

**FORECAST IMPACT ON PERFORMANCE**

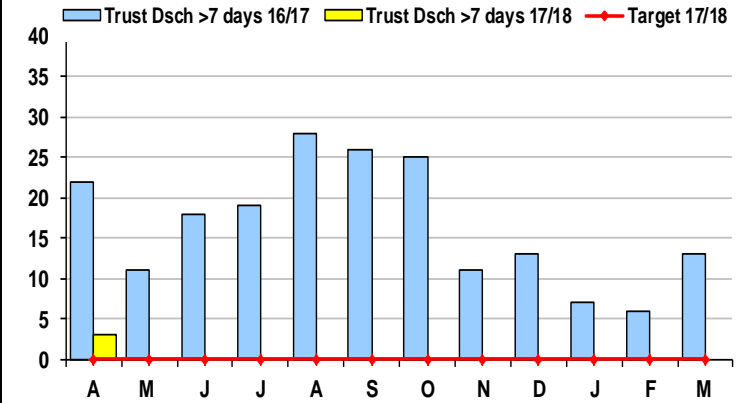
If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours. It should be noted that a small number of cases breaching the seven days presented with very complex needs.

Trust Number of Complex Discharges > 7 Days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
11	18	19	28	26	25	11	13	7	6	13	3	↑

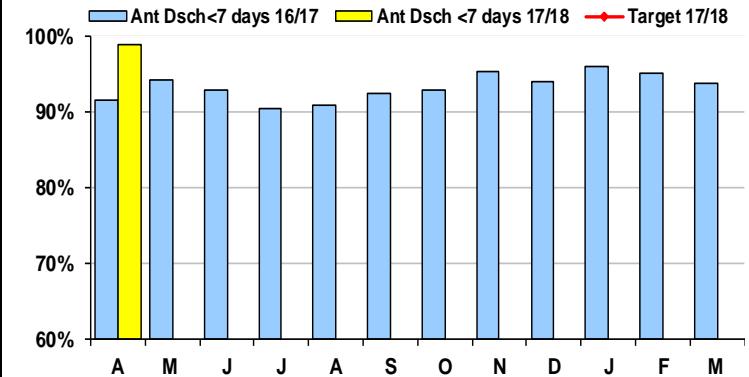
Antrim Monthly Position % Complex Discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
94%	93%	90%	91%	92%	93%	95%	94%	96%	95%	94%	99%	↑

Causeway Monthly Position % Complex Discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
99%	96%	99%	96%	93%	90%	97%	98%	96%	97%	93%	100%	↑

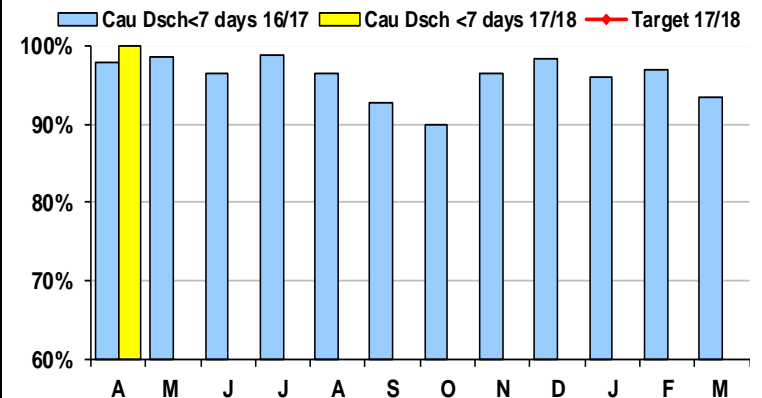
**Trust Number of Complex Discharges > 7 Days**



**Antrim Monthly Position % Complex Discharges < 7 days**



**Causeway Monthly Position % Complex Discharges < 7 days**



**Patient Discharge**

From April 2016, ensure that all non-complex discharges from an acute hospital take place within six hours. (CPD 7.2)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

Performance has been consistently at or around 95% for 2016/17 as well as all of 2015/16.

**ACTIONS BEING TAKEN WITH TIME FRAME**

Safety meeting on Antrim site at 8.30am has a clear focus on discharge planning, ensuring maximum utilisation of discharge lounge and increasing discharges before 1pm to improve flow through the hospital.

**FORECAST IMPACT ON PERFORMANCE**

Under review

**Trust % Non-complex discharges < 6 hrs**

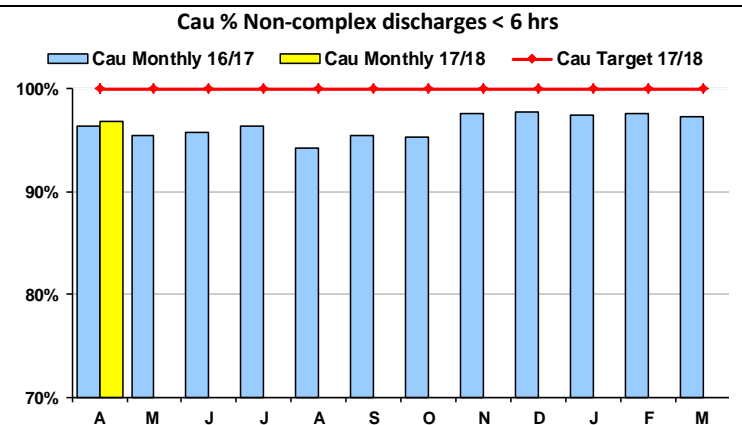
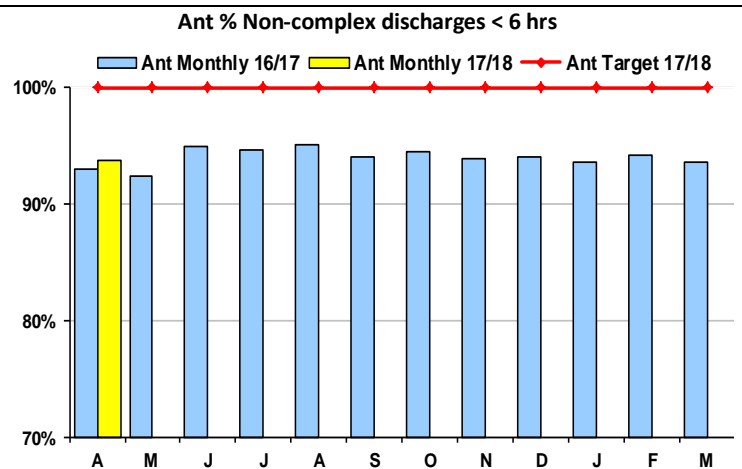
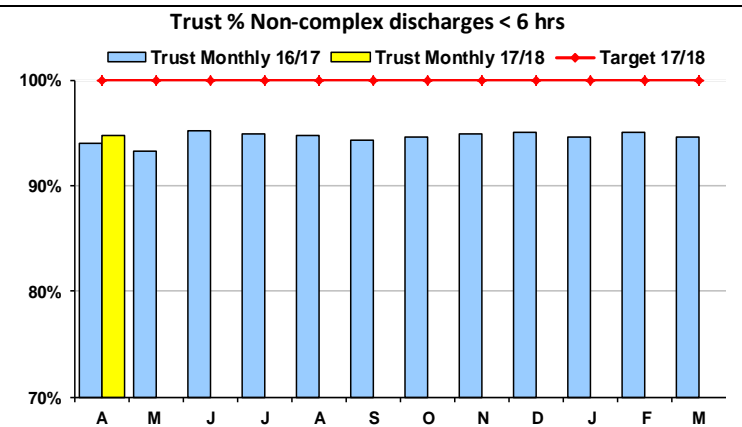
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
93%	95%	95%	95%	94%	95%	95%	95%	95%	95%	95%	95%	↔

**Ant % Non-complex discharges < 6 hrs**

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

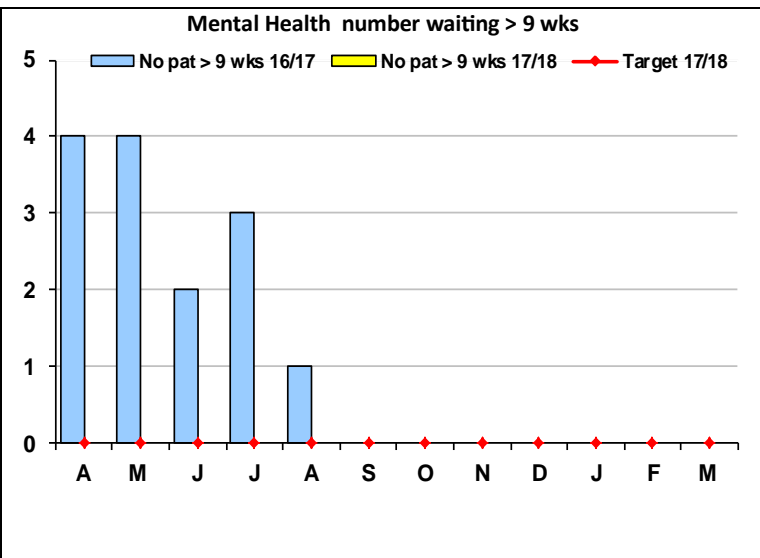
**Cau % Non-complex discharges < 6 hrs**

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

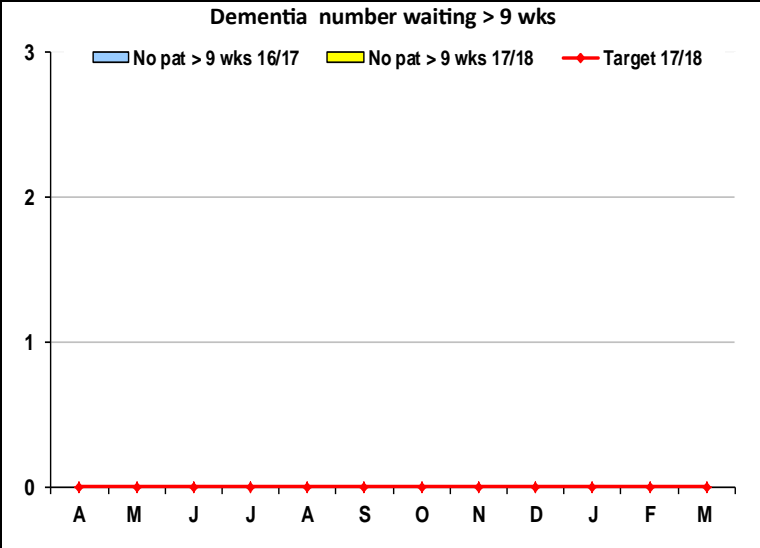




<b>MHLD</b>	<p><b>Mental Health Waits</b> From April 2016, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 0 Community Mental Health breach in March.</p> <p><b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Continue 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"> <thead> <tr> <th colspan="13">Mental Health number waiting &gt; 9 wks</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>4</td><td>2</td><td>3</td><td>1</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="background-color: #90EE90; text-align: center;">↔</td> </tr> </tbody> </table>	Mental Health number waiting > 9 wks													May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	4	2	3	1	0	0	0	0	0	0	0	0
Mental Health number waiting > 9 wks																																							
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM																											
4	2	3	1	0	0	0	0	0	0	0	0	↔																											



<b>MHLD</b>	<p><b>Dementia Waits</b> From April 2016, no patient waits longer than; nine 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"> <thead> <tr> <th colspan="13">Dementia patients waiting &gt; 9 wks</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>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="background-color: #90EE90; text-align: center;">↔</td> </tr> </tbody> </table>	Dementia patients waiting > 9 wks													May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	0	0	0	0	0	0	0	0	0	0	0	0
Dementia patients waiting > 9 wks																																							
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM																											
0	0	0	0	0	0	0	0	0	0	0	0	↔																											

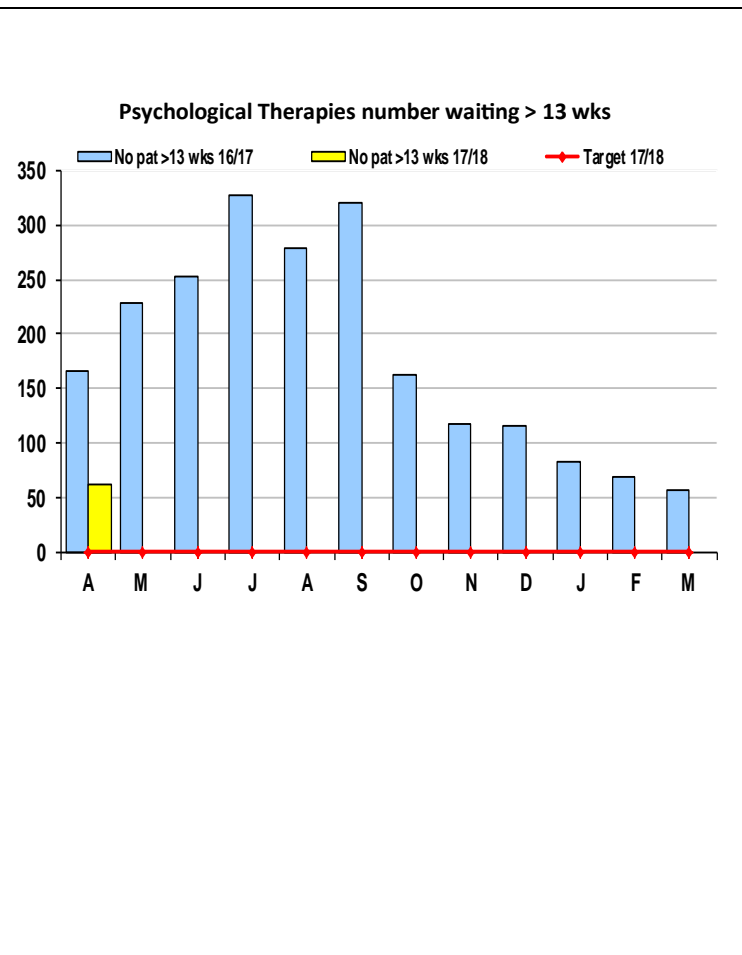


**MHLD**

**Psychological Waits**  
 From April 2016, no patient waits longer than 13 weeks to access psychological therapies (any age). (CPD 4.13)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
 Performance is being impacted in the main by LD psychology services.  
**Learning Disability (adult and children)** – Similar position to the end of March position. The service continues to have 58 breaches of a total WL of 152 with longest wait of 209 days. The remaining Vacant post has been partially 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 coming months. When all posts are filled capacity typically matches demand.  
**ACTIONS BEING TAKEN WITH TIME FRAME**  
 On-going engagement with referring agents re other models of provision during periods of reduced capacity within the service. Recruitment of vacant posts.  
**FORECAST IMPACT ON PERFORMANCE**  
 It is likely that the service will be out of breach by June 2017.  
**PTS (Psychology of MH)** – End of April position is 2 breaches (longest wait 103 days) with total WL of 371 - this is a similar position to the end of March. Delay in following up choice appointment (assessment) with partnership appointment (therapy) may be a concern if capacity gap is not addressed. Recruitment to vacant posts is underway  
**Clinical Health Psychology** - End of April position is 2 breaches (longest wait 103 days) with total WL of 70 - this is a similar position to the end of March. Delay in following up choice appointment (assessment) with partnership appointment (therapy) has been a concern. Introduction of groupwork has begun to show reduced wait for therapy. Return to work of staff from maternity leave also has increased capacity

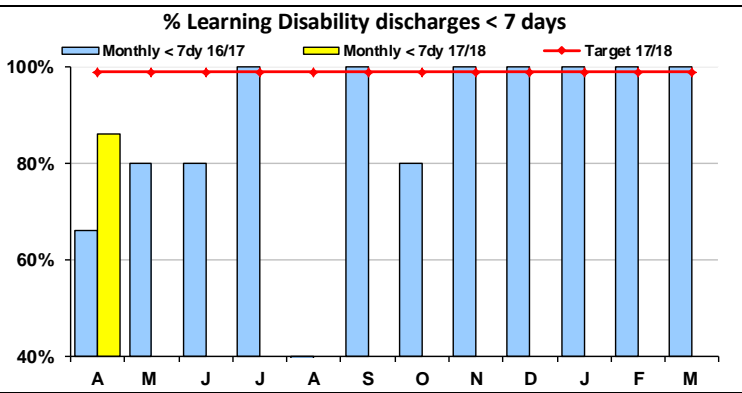
Psychological Therapies number waiting > 13 wks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
229	252	328	278	217	162	118	115	82	68	57	62	↓



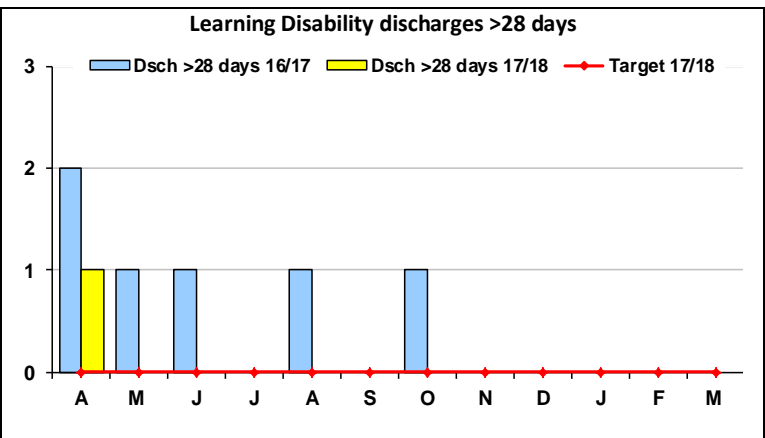
**MHLD**

**Patient Discharge – LD**  
 From April 2016, ensure that 99% of all learning disability discharges take place within seven

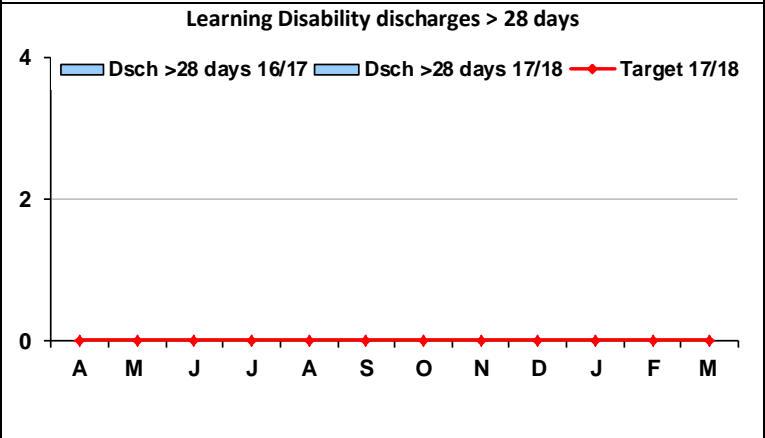
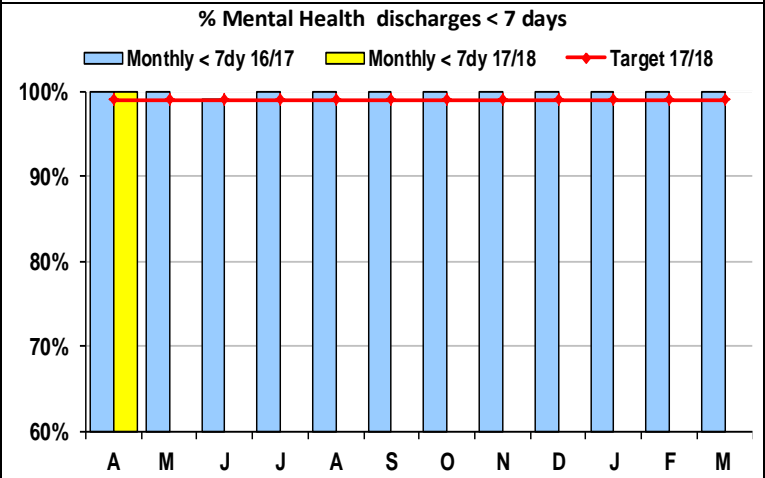
**CAUSES / ISSUES IMPACTING ON PERFORMANCE**  
 2 patients discharged during March, 0 over 28 days.  
**ACTIONS BEING TAKEN WITH TIME FRAME**  
 There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.



days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.1)	<b>% Learning Disability discharges &lt; 7 days</b>													TOPM ↓
	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
	80%	80%	100%	0%	100%	80%	100%	100%	100%	100%	100%	86%		
	<b>% Cumulative Learning Disability discharges &lt; 7 days</b>													TOPM
	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
	78%	78%	81%	76%	79%	79%	82%	84%	85%	86%	86%	86%		
<b>Learning Disability discharges &gt;28 days</b>													TOPM ↓	
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr			
1	1	0	1	0	1	0	0	0	0	0	1			



MHL D Patient Discharge – MH From April 2016, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days (CPD 5.1)	<b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 67 patients discharged during March, 0 > 7days.													
	<b>ACTIONS BEING TAKEN WITH TIME FRAME</b> Continue to monitor all patients to ensure breaches do not occur.													
	<b>% Mental Health discharges &lt; 7 days</b>													TOPM ↔
	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	<b>% Cumulative Mental Health discharges &lt; 7 days</b>													TOPM
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr			
100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
<b>Mental Health discharges &gt; 28 days</b>													TOPM ↔	
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr			
0	0	0	0	0	0	0	0	0	0	0	0			



<b>WCF</b>	<p><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)</p>	<p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> 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 here is different to that requested under DSF (Delegated Statutory Functions) reporting – DSF requests Number of LAC with placement change is reported (including children in care less than 12 months). This data is in the process of being prepared and Quality Assessed. It is expected that this will be available by Friday 19th May.</p> <table border="1" data-bbox="315 312 1424 451"> <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>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="12" style="text-align: center;">80% - to Sept 15</td> <td style="text-align: center;">↑</td> </tr> </tbody> </table> <p><b>Information to be available from annual OC2 Return</b></p>	% Children with no placement change													Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM	80% - to Sept 15												↑	
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<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> In the period April 2016 to end March 2017 there were 40 adoptions completed. Of these 24 were completed within the 3 year target, with a further two less than one month outside the target. All of the 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. 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 are 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.</p> <table border="1" data-bbox="315 1002 1424 1107"> <thead> <tr> <th></th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>% Children adopted from care within 3 years of last entering care</td><td style="text-align: center;">50%</td><td style="text-align: center;">52%</td><td style="text-align: center;">60%</td><td style="text-align: center;">↑</td> </tr> </tbody> </table>		2014/15	2015/16	2016/17	TOPM	% Children adopted from care within 3 years of last entering care	50%	52%	60%	↑																														
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% Children adopted from care within 3 years of last entering care	50%	52%	60%	↑																																						

**CAMHS Waits**  
 From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

On-going close management of referrals and allocations ensures that the number of breaches remains at zero. There was 1 breach in February that arose due to consultant sick leave. The family were offered several short notice appointments, however these were unsuitable. They were happy to wait until 14th March for appointment.

**ACTIONS BEING TAKEN IN AN ON-GOING BASIS**

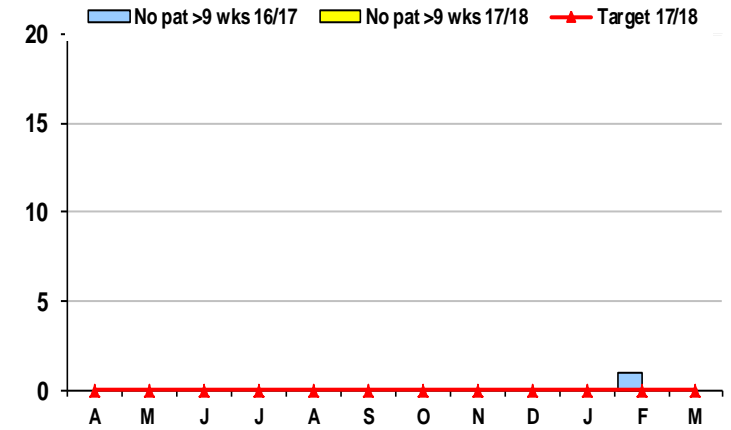
Single point of Contact is being monitored daily by the Service Manager and the Clinical Lead. An initial assessment team has been established that uses management time to add flexibility to the service. Families are offered appointments outside of their local area. Families are offered short notice appointments to utilise capacity created by a cancellation. Managers continue to focus on appropriate discharge of patients to ensure patient flow. New Patient Clinic organised to maximise attendance. Extended clinics, (8am – 6pm) have been offered for review appointments to increase the flow of patients and help reduce DNA's. The referral and referral accepted rate continue to be reviewed on a weekly basis.

**FORECAST IMPACT ON PERFORMANCE**

Please note that, with the exception of 1 breach in February 2017, there have been no breaches since the August 2015 report. No further breaches are anticipated assuming no capacity issues arise and that referral rates remain in line with historic rates

CAMHS Number Patients waiting > 9 Weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	0	0	0	0	0	0	0	0	1	0	0	↔

**CAMHS Number Patients waiting > 9 Weeks**



**Community Care**

**CC/MHLD/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.

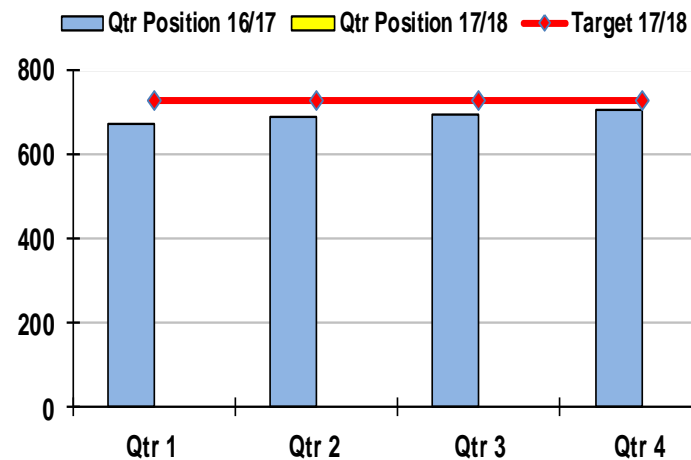
**FORECAST IMPACT ON PERFORMANCE**

It is anticipated that there will be modest growth in this sector

Number of Direct Payments												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
671			690			693			708			↑

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

**Number of Direct Payments**



<p><b>CC/MHLD/WCF</b></p>	<p><b>Self Directed Support</b> 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)</p>	<p><b>New Target for 16/17.</b> Monthly SDS Return submitted to HSCB, awaiting guidance on target monitoring.</p>																																																											
<p><b>CC/MHLD/WCF</b></p>	<p><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)</p> <p><b>CAUSES / ISSUES IMPACTING ON PERFORMANCE</b> Carers declining assessments.</p> <p><b>ACTION TAKEN &amp; TIMESCALES FOR IMPROVEMENT</b> Training has been provided to staff in the completion of Carers Assessments.</p> <p><b>FORECAST IMPACT ON PERFORMANCE</b> Community Care staff will continue to focus on promoting Carer's assessments and undertake these where carers are willing to engage</p> <table border="1" data-bbox="313 1189 1411 1332"> <thead> <tr> <th colspan="13">Number of Carers Assessments</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>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="3">792</td> <td colspan="3">776</td> <td colspan="3">1230</td> <td colspan="3">855</td> <td>↑</td> </tr> </tbody> </table> <p>2968 Assessments offered 2015/16 (baseline) 2016/17 target 3265 annually, quarterly = 826</p>	Number of Carers Assessments													Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM	792			776			1230			855			↑	<p><b>Number of Carers Assessments</b></p> <table border="1" data-bbox="1433 981 2161 1380"> <thead> <tr> <th>Quarter</th> <th>Position 16/17</th> <th>Position 17/18</th> <th>Target 17/18</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>792</td> <td>-</td> <td>826</td> </tr> <tr> <td>Qtr 2</td> <td>776</td> <td>-</td> <td>826</td> </tr> <tr> <td>Qtr 3</td> <td>1230</td> <td>-</td> <td>826</td> </tr> <tr> <td>Qtr 4</td> <td>855</td> <td>-</td> <td>826</td> </tr> </tbody> </table>	Quarter	Position 16/17	Position 17/18	Target 17/18	Qtr 1	792	-	826	Qtr 2	776	-	826	Qtr 3	1230	-	826	Qtr 4	855	-	826
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**Short Break Hours**

By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.2)

**Community Care Directorate**

**CAUSES / ISSUES IMPACTING ON PERFORMANCE**

**Physical Disability:**

The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2nd quarter. The average across the four quarters is 7,780 and this exceeds the target

**ACTIONS BEING TAKEN WITH TIME FRAME**

**FORECAST IMPACT ON PERFORMANCE**

It is anticipated that the target will continue to be achieved during the next quarter.

Trust Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
213806 (Apr – Jun)			180013 (Jul – Sept)			222803 (Oct – Dec)			218018 ( Jan – Mar )			↓

800746 hours provided 2015/16 (Baseline) 2016/17 target 840783 annually, 210196 quarterly.

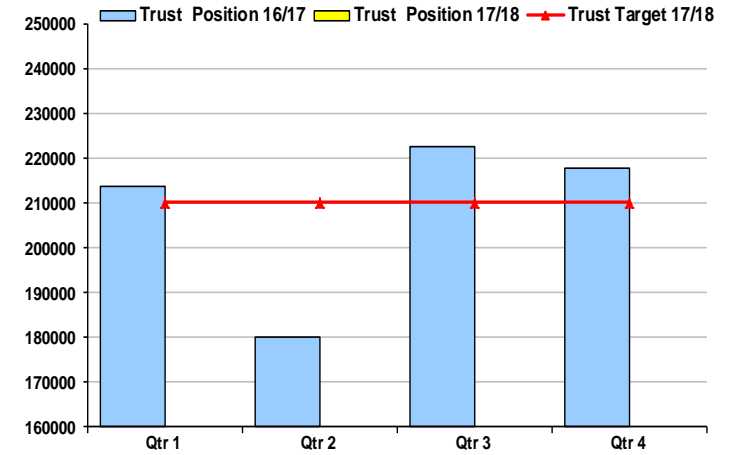
Community Care Directorate Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
56913 (Apr – Jun)			56917 (Jul – Sept)			59920 (Oct – Dec)			57772 ( Jan – Mar )			↓

2016/17 Target 213203 annually, 55966 quarterly

Mental Health Directorate Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
156893 (Apr – Jun)			163008 (Jul – Sept)			162883 (Oct – Dec)			160246 ( Jan – Mar )			↓

2016/17 Target 587543 annually, 154230 quarterly

**Trust Number of Short Break Hours**



<b>CC/MHLD/WCF</b>	<p><b>Carers Assessment</b>  By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and:</p> <p>I. the need for further advice, information or signposting has been identified;</p> <p>II the need for appropriate training has been identified;</p> <p>III. the need for a care package has been identified;</p> <p>IV. the need for a short break has been identified</p> <p>V. the need for financial assistance has been identified  (CPD 6.3)</p>	<p><b>New Target for 16/17. Information to be developed.</b></p> <p>As the Carers Component of eNISAT has still not gone live, the Department does not require Trusts to report against target CPD 6.3 for 2016/17.</p>	
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# 3.0 Quality Standards & Performance Targets

## 3.2 DHSSPS Indicators of Performance 17/18

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	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Alcohol-related Admissions	A13. Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	160	149	155	138	177	174	130	154	140	154	133	149
Self Harm	A15. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	195	172	200	168	173	205	162	171	192	154	201	
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.	100%	100%	92%	90%	100%	100%	100%	100%	100%	88%	97%	85%
Care Leavers	A25. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	78%	77%	76%	78%	76%	68%	74%	74%	72%	77%	76%	81%

Desired Outcome 2 : People using health and social care services are safe from avoidable harm															
Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Mortality	B1. Summary hospital-level mortality indicator rates.		DHSSPS to provide SHMI mortality rate information. Currently data quality issues January 17												
Returning ED Admissions	B4: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven days	2.9%	3.1%	2.8%	3.2%	3.1%	3.2%	3.5%	3.3%	3.5%	3.2%			
		8-30 days	3.8%	4.7%	4.4%	4.2%	4.3%	4.5%	4.1%	4.6%	3.8%	3.8%			
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	16.3%	15.2%	17.3%	17.0%	11.9%	13.9%	15.7%	21.1%	18.9%	14.2%	12.6%	14.2%	
		Long Term Conditions	10.3%	10.4%	8.8%	11.0%	7.6%	10.6%	10.2%	12.7%	11.5%	9.2%	8.9%	8.7%	
Admissions for Venous Thromboembolism	B6: Number of emergency readmissions with a diagnosis of venous thromboembolism.		2	2	6	5	7	7	6	8	9	7	7	3	
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	8		5		4							
			With LTC	3		4		1							
		Readmissions	Without LTC	1		0		0							
			With LTC	0		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).		Information included in Section 2.3												

**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**

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Attendances At ED	D4. Number of GP Referrals to Emergency Department.	2200	2116	2065	2046	2080	2086	2180	2365	2455	2306	2506	2441		
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	Antrim	3.2%	3.5%	4.3%	2.9%	3.9%	3.3%	3.9%	3.4%	4.3%	3.2%	2.9%	3.6%
			Causeway	4.0%	3.7%	4.7%	2.7%	3.0%	4.5%	4.0%	2.5%	4.6%	3.3%	3.5%	3.8%
			Mid Ulster	27.6%	28.7%	39.2%	40.1%	42.1%	47.5%	42.8%	47.7%	45.4%	44.8%	44.2%	41.7%
		>30 min – 1 hr	Antrim	8.9%	9.4%	9.2%	7.8%	9.5%	8.4%	8.5%	8.5%	10.4%	9.6%	9.1%	9.6%
			Causeway	7.3%	6.9%	6.6%	5.2%	8.6%	11.4%	11.4%	9.1%	11.2%	9.2%	12.8%	12.9%
			Mid Ulster	41.1%	50.7%	48.1%	40.1%	42.1%	39.9%	42.3%	42.7%	46.7%	37.3%	41.5%	44.7%
		>1 hr – 2 hrs	Antrim	18.7%	19.7%	18.1%	19.5%	19.2%	19.2%	17.8%	19.0%	20.9%	20.8%	19.4%	18.9%
			Causeway	19.9%	17.1%	15.3%	14.0%	19.6%	21.9%	20.6%	20.8%	19.0%	18.6%	24.2%	22.5%
			Mid Ulster	29.8%	18.2%	12.2%	14.2%	13.5%	12.2%	13.3%	9.4%	7.9%	15.7%	13.6%	12.2%
		>2 hrs – 3 hrs	Antrim	17.2%	16.9%	15.5%	18.4%	16.9%	17.2%	16.6%	17.5%	18.8%	22.1%	18.8%	17.5%
			Causeway	19.6%	16.8%	15.8%	17.2%	16.6%	16.4%	16.5%	15.4%	14.4%	16.3%	17.0%	17.3%
			Mid Ulster	1.3%	2.3%	0.4%	0.7%	2.3%	0.4%	1.0%	0.2%	-	1.9%	0.7%	1.4%
		>3 hrs – 4 hrs	Antrim	16.7%	16.2%	14.3%	17.8%	16.4%	15.6%	16.7%	15.0%	19.5%	23.7%	20.6%	18.5%
			Causeway	14.2%	15.2%	14.6%	16.7%	15.1%	14.0%	14.0%	13.5%	13.1%	15.7%	14.2%	14.8%
			Mid Ulster	0.2%	-	-	-	-	-	0.3%	-	-	0.3%	-	-
		>4 hrs – 6 hrs	Antrim	16.9%	15.6%	17.6%	17.4%	18.9%	17.0%	17.5%	14.5%	11.2%	11.4%	15.4%	16.3%
			Causeway	17.2%	19.0%	20.7%	19.7%	17.3%	15.8%	17.5%	15.7%	13.6%	16.3%	14.8%	14.2%
			Mid Ulster	-	-	-	-	-	-	0.4%	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	8.9%	9.2%	9.1%	9.1%	9.0%	8.9%	8.8%	8.8%	4.7%	4.8%	7.0%	7.8%
			Causeway	9.0%	11.9%	11.7%	12.7%	11.0%	8.8%	8.9%	10.4%	8.4%	9.6%	6.9%	8.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs – 10 hrs	Antrim	4.8%	4.8%	4.3%	4.7%	3.8%	5.1%	4.6%	5.1%	2.7%	1.8%	3.0%	3.1%
			Causeway	4.7%	5.4%	6.2%	6.7%	5.2%	4.4%	4.5%	6.5%	5.2%	5.2%	3.4%	3.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs – 12 hrs	Antrim	3.7%	3.5%	5.0%	2.1%	1.8%	3.6%	3.2%	4.3%	2.5%	1.1%	1.9%	2.5%
			Causeway	4.0%	3.7%	4.4%	5.1%	3.6%	2.7%	2.5%	5.8%	5.9%	3.5%	2.8%	2.4%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs – 14 hrs	Antrim	0.2%	0.2%	0.5%	0.1%	0.1%	0.4%	0.5%	0.7%	0.5%	0.2%	0.3%	0.4%
			Causeway	0.1%	-	-	-	0.1%	-	-	-	0.5%	0.2%	0.0%	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs – 16 hrs	Antrim	0.3%	0.1%	0.4%	0.4%	0.1%	0.3%	0.3%	0.7%	0.7%	0.4%	0.4%	0.5%
			Causeway	-	0.1%	-	-	-	-	-	-	0.6%	0.2%	0.1%	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs – 18 hrs	Antrim	0.2%	0.3%	0.5%	-	0.2%	0.3%	0.5%	0.7%	0.4%	0.2%	0.4%	0.5%
			Causeway	0.1%	-	0.1%	-	-	-	-	-	0.8%	0.3%	0.2%	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	0.5%	0.5%	1.2%	0.2%	0.2%	0.7%	1.1%	1.9%	3.4%	0.6%	0.9%	0.9%
			Causeway	0.1%	0.2%	-	0.1%	0.1%	-	-	0.1%	2.7%	1.5%	0.2%	0.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
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	3:08	3.03	03:14	03:05	03:02	03:56	03:11	03:07	02:45	02:44	03:00	03:02	
		ANT ED – Maximum	9:53	9.48	26:46	26:40	25:28	30:18	29:40	42:27	40:41	28:35	29:32	26:47	
		ANT ED – 95 <sup>th</sup> Percentile	27:41	25.12	11:16	08:37	08:27	10:11	10:36	11:47	12:18	07:31	09:05	09:50	
		CAU ED – Median	2:58	3.21	03:34	03:39	03:09	03:24	02:51	03:09	03:04	03:09	02:29	02:35	
		CAU ED – Maximum	9:34	9.33	16:07	18:35	19:45	11:50	11:58	25:49	30:19	51:20	21:36	26:11	
		CAU ED - 95 <sup>th</sup> Percentile	19:58	22.58	09:48	10:02	09:17	08:52	08:35	10:18	11:57	10:19	08:46	08:34	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	5129	4879	4871	4929	4986	5020	4636	4924	5407	5068	5692	5251
			%	85%	84%	85%	85%	86%	84%	82%	77%	81%	81%	77%	72%
		Causeway	Number	2974	2531	2702	2483	2359	2643	2418	2483	2363	2118	3131	3019
			%	76%	66%	67%	63%	67%	76%	74%	73%	71%	68%	80%	75%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	6	6	5	6	6	6	6	5	6	7	
			95 <sup>th</sup> Percentile	17	17	17	17	18	19	19	20	17	18	19	20
			Maximum	116	52	69	51	33	180	264	66	61	134	49	64
		Causeway	Median	10	10	12	12	11	10	11	11	11	12	9	11
			95 <sup>th</sup> Percentile	32	37	38	42	36	30	30	32	36	36	29	30
			Maximum	71	111	95	235	78	73	70	62	93	114	148	73
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	8	7	7	7	8	8	8	9	8	8	9	9
			95 <sup>th</sup> Percentile	22	24	23	21	27	27	25	30	31	30	34	27
			Maximum	233	355	218	248	199	211	431	194	189	147	243	165
		Causeway	Median	10	11	12	13	12	10	10	11	11	11	9	10
			95 <sup>th</sup> Percentile	31	39	35	44	34	29	29	29	35	36	28	26
			Maximum	158	119	95	235	78	77	70	108	132	114	148	83
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	105	67	93	80	93	71	74	59	44	46	60	72
			95 <sup>th</sup> Percentile	295	283	300	309	316	286	259	287	212	204	217	232
			Maximum	492	596	442	653	537	544	467	591	545	377	389	442
		Causeway	Median	83	74	87	85	52	38	33	40	27	44	27	31
			95 <sup>th</sup> Percentile	260	305	397	319	258	212	197	217	201	198	215	182
			Maximum	669	575	980	630	613	457	550	639	325	518	395	499

Area	Indicator			May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments..	Immediate	Antrim	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.6%	0.3%	0.4%	0.3%
			Causeway	0.2%	0.2%	0.3%	0.2%	0.2%	0.4%	0.4%	0.3%	0.5%	0.4%	0.4%	0.4%
		Very Urgent	Antrim	13.6%	13.4%	13.0%	12.6%	13.5%	14.6%	14.9%	14.4%	15.0%	14.4%	15.7%	14.1%
			Causeway	12.2%	11.5%	13.2%	13.6%	14.3%	15.1%	14.4%	17.5%	16.3%	18.7%	17.3%	16.4%
		Urgent	Antrim	46.3%	41.6%	42.2%	42.5%	40.3%	41.2%	45.0%	46.3%	43.7%	43.9%	41.5%	41.2%
			Causeway	50.6%	50.9%	48.8%	46.6%	49.4%	49.5%	51.2%	52.2%	50.8%	48.9%	48.7%	48.0%
		Standard	Antrim	26.6%	27.7%	29.1%	28.8%	28.3%	27.5%	24.6%	30.8%	38.0%	39.0%	40.2%	30.6%
			Causeway	37.9%	33.6%	34.8%	36.0%	31.1%	29.6%	28.5%	25.6%	25.8%	26.8%	28.9%	29.5%
		Non Urgent	Antrim	0.6%	0.8%	0.9%	0.7%	1.1%	0.6%	0.8%	2.1%	1.9%	2.0%	1.7%	1.5%
			Causeway	2.2%	2.4%	2.0%	2.8%	2.2%	2.6%	2.2%	2.2%	2.8%	1.8%	2.4%	2.5%
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.	Antrim	Median	3:38	3:22	04:31	02:18	02:16	03:38	03:41	04:33	02:30	01:46	02:20	02:59
			95 <sup>th</sup> percentile	10:09	10:09	14:36	07:42	08:07	11:20	13:19	16:46	22:56	09:37	12:11	13:08
			Maximum	24:40	21:09	25:54	22:06	23:33	26:39	26:17	38:30	36:10	25:13	29:01	23:08
		Causeway	Median	2:46	2:25	02:04	01:15	01:08	00:52	01:27	02:12	02:59	02:05	02:05	02:04
			95 <sup>th</sup> percentile	8:11	7:03	06:26	07:16	06:09	06:06	06:30	08:11	17:23	11:09	07:37	07:11
			Maximum	15:40	20:13	10:20	11:01	16:44	10:54	10:27	19:01	27:00	24:20	19:40	23:49
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			4.5%	5.6%	6.2%	5.4%	3.9%	2.8%	2.9%	2.8%	2.2%	2.1%	2.0%	2.6%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim	3%	4%	3%	3%	3%	3%	3%	3%	3%	2%	3%	3%	3.4%
		Causeway	5%	7%	7%	7%	5%	5%	6%	5%	6%	6%	6%	6%	6.5%
Stroke LOS	D15. Average length of stay for stroke patients			14.8	15.3	14.0	16.0	14.1	16.4	10.2	11.5	13.9	16.7	14.1	14.5
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			9428	9686	8362	9179	9603	9187	9128	7545	9050	8576	10089	8005
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			85%	87%	75%	86%	88%	75%	67%	89%	91%	91%	69%	87%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			98%	98%	98%	98%	98%	94%	97%	99%	99%	99%	92%	99%

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
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	8	0	0	0	0	0	1	0	0	0
	Psoriasis	0	0	0	0	0	0	0	0	0	1	3	3
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	Data Validated annually by HSCB											

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.

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Reablement	E3. Number of client referrals	(i) passed to re-ablement	240	196	167	181	226	218	205	196	278	207	162
		(ii) started on a re-ablement	41	60	61	74	77	73	95	79	68	109	118
		(iii) discharged from re-ablement with no further care required.	14	25	31	24	29	24	40	26	34	30	36

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

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.	401206 (Apr – Jun)		376197 (Jul – Sept)			426923 (Oct – Dec)			389618 (Jan – Mar)			



Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Outpatients Appointments Cancelled 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)	New	7.7%	7.2%	7.7%	6.5%	7.2%	6.5%	6.1%	6.9%	8.6%	9.9%	9.3%	12.7%
			Rev	12.7%	13.9%	13.0%	11.0%	12.0%	10.8%	9.9%	10.7%	13.6%	14.3%	13.1%	17.8%
		(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	3.0	3.4	2.97	3.14	3.08	3.16	2.95	3.05	3.01	2.90	2.83	2.81	
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.	Number	1053	1133	813	853	907	924	872	690	937	1127	1175		
		%	7.2%	7.0%	6.4%	5.9%	5.7%	5.8%	5.4%	5.2%	5.9%	7.8%	7.4%		
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	6.6%	6.7%	6.8%	6.0%	6.2%	6.2%	6.0%	7.2%	6.1%	6.1%	6.0%	6.1%		
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)	65%	70%	70%	70%	70%	69%	69%	69%	70%	70%	71%			
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.	77%	79%	73%	70%	67%	78%	69%	65%	73%	77%	70%	77%		
Pre-operative stay	G7. Elective average pre-operative stay.	0.43	0.36	0.70	0.48	0.48	0.58	0.55	0.67	0.71	0.68	0.82	0.46		
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.	2.2%	2.9%	2.3%	1.5%	1.5%	4.3%	2.3%	3.6%	5.1%	2.8%	1.6%	2.3%		
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.4	3.1	2.8	3.4	2.8	3.0	3.1	2.9	3.0	3.4	3.1	3.8		
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	12.8%	12.8%	13.3%	13.8%	12.8%	13.2%	13.0%	12.9%	13.4%	13.3%				
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.	NHSCT 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 DHSSPS Additional Indicators of Performance 17/18

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	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)			New	142	147	149	152	153	157	159	161	166	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	59	56	53	54	54	55	54	55	54	54	54	53	
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	Urgent	0.11%	0.13%	0.03%	0.37%	0.06%	0.43%	0.09%	0.44%	0.21%	0.89%		
		Routine	0.46%	0.32%	0.46%	0.61%	0.48%	0.62%	0.20%	0.03%	0.07%	0.26%		
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI5)	84%	80%	71%	67%	67%	64%	67%	79%	82%	94%	98%	100%	
Children	Children admitted to residential care will have, prior to their admission - (AI10)	(a) been subject to a formal assessment	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)	100% (4 of 4)	100% (2 of 2)	100% (2 of 2)	75% (3 of 4)	- (0 of 0)
		(b) have their placement matched through Children's Resource Panel	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)	100% (4 of 4)	100% (2 of 2)	50% (1 of 2)	100% (4 of 4)	- (0 of 0)
Children	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%	100%	100%	
Children	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)	96%	92%	60%	64%	64%	58%	58%	56%	100%	57%	60%	48%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	54%	43%	55%	54%	56%	60%	65%	48%	48%	81%	69%	79%	
Children	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%	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)	60	50	52	34	21	27	19	16	21	27	19	29	
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI16)	511 Foster Carers (165 kinship) (Apr – Jun)		506 Foster Carers (161 kinship) (Jul – Sept)			500 Foster Carers (159 kinship) (Oct – Dec)			492 Foster Carers (157 kinship) (Jan - Dec)				

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
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% (8 of 8) (Apr – Jun)		100% (4 of 4) (Jul – Sept)			100% (4 of 4) (Oct – Dec)			100% (5 of 5) (Jan – Mar)				
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	5	5	4	4	3	4	
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)	5	2	2	2	1	1	1	1	1	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)	100%	100%	100%	99%	99%	100%	100%	99%	100%	100%	100%		
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	100%	95%	90%	88%	95%	96%	100%	92%	85%	95%	92%	88%	
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI31) Number > 13 wks	0	0	0	0	0	0	0	0	0	0	0	0	
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI32)	79%	79%	83%	76%	62%	64%	74%	65%	79%	78%	82%	78%	
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)	88%	87%	100%	59%	51%	93%	100%	100%	54%	80%	63%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment Number > 13 wks	427	505	541	578	561	543	502	503	504	481	396	342
	Intervention Number > 13 wks	5	10	10	11	10	7	10	11	16	10	11	23	
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly. (AI39)	66	85	53	79	95	64	76	56	63	62	78		
Theatre	Theatre Utilisation and Cancellation rates (AI40)	77%	73%	73%	77%	77%	77%	78%	72%	75%	74%	73%		
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)	337	477	561	574	674	558	319	209	114	160	150		
Residential / Nursing Home	Number of clients in residential/nursing homes (AI47)	3394 as at 31.03.2017, 6 monthly report												
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI48)	211 vacancies as at 31.03.2017, 6 monthly report												

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
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, reported 6 monthly, information being sourced											
Continuing Care Needs	(i) waiting longer than 5 weeks for an assessment of need to be completed	99%	100%	99%	93%	98%	99%	100%	99%	98%	98%	99%	
	Number of people with continuing care needs (AI56) (ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	95%	97%	98%	99%	98%	94%	93%	97%	98%	94%	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.

#### 17/18 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 2017 (4 weeks)	401	311	-90	-22%	849	777	-72	-8%	1250	1088	-162	-13%	4461	3764	-697	-16%	6921	7274	353	5%

#### 17/18 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 4 weeks (28th April 2017)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
ENT	-30%			IPDC split not agreed. Inpatient volumes mainly impacted by cancellations due to unscheduled pressures.	Elective admissions will be capped over the winter in 2016/17 due to unscheduled pressures, which is likely to result in a further reduction in inpatient volumes.
Gastroenterology	-43%	-43%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Medicine		-100%		Lack of demand for procedures	
Geriatric Medicine			-45%	Variance under review.	
General Surgery	-45%	-16%		SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites.	Elective admissions will be capped over the winter in 2016/17 due to unscheduled pressures, which is likely to result in a further reduction in inpatient volumes.
Nephrology			-4%	Lack of demand.	
Neurology			-53%	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)	-21%	-36%		Increased demand for complex antenatal clinics has impacted on elective volumes.	Elective admissions will be capped over the winter in 2016/17 due to unscheduled pressures, which is likely to result in a further reduction in inpatient volumes.
Rheumatology	-48%			Limited requirement for IP management.	

# 4.0 Use of Resources

## 4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

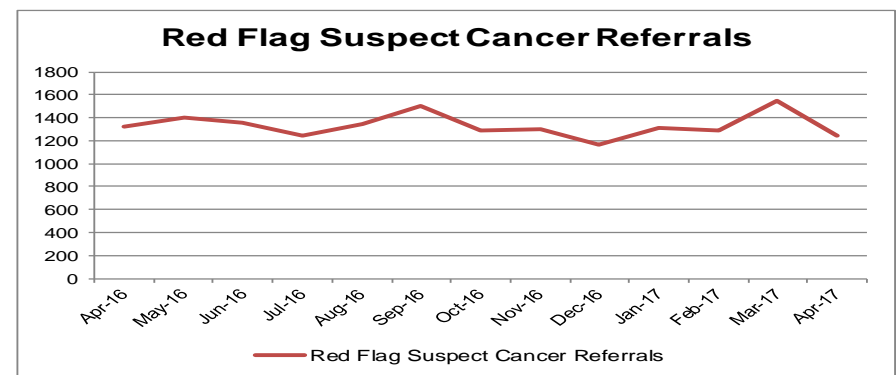
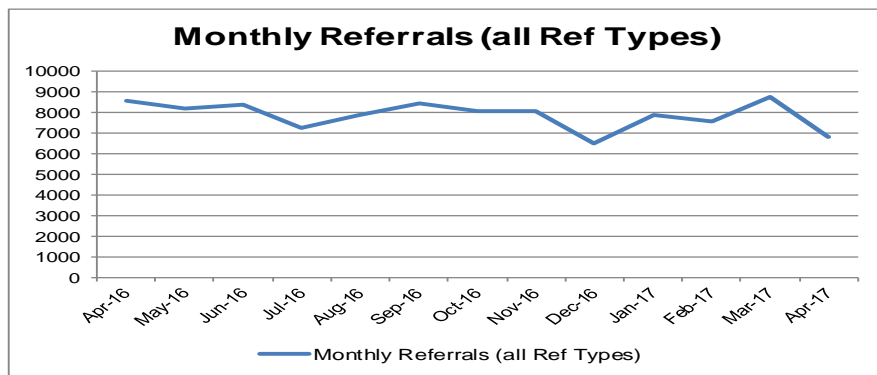
Outpatient Demand

Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	8395	7807	9,093	8,265	7799	8,872	8,956	8,518	7023	7720	8222	8118
16/17	8431	8168	8342	7221	7848	8405	8033	8060	6483	7843	7530	8836	
Variance on Previous Year	36	361	-751	-1044	49	-467	-923	-458	-540	123	-692	718	
% Variance on Previous Year	0%	5%	-8%	-13%	1%	-5%	-10%	-5%	-8%	2%	-8%	9%	
17/18	6765												
Variance on Previous Year	-1666												
% Variance on Previous Year	-20%												

Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	8395	16202	25295	33560	41359	50231	59187	67705	74728	82448	90670	98788
16/17	8431	16599	24941	32162	40010	48415	56448	64508	70991	78834	86364	95200	
Variance on Previous Year	36	397	-354	-1398	-1349	-1816	-2739	-3197	-3737	-3614	-4306	-3588	
% Variance on Previous Year	0%	2%	-1%	-4%	-3%	-4%	-5%	-5%	-5%	-4%	-5%	-4%	
17/18	6765												
Variance on Previous Year	-1666												
% Variance on Previous Year	-20%												

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	1172	1084	1,356	1,258	1143	1,456	1,572	1,403	1038	1208	1307	1305
16/17	1318	1407	1352	1249	1345	1497	1289	1302	1160	1309	1290	1550	
Variance on Previous Year	146	323	-4	-9	202	41	-283	-101	122	101	-17	245	
% Variance on Previous Year	12%	30%	0%	-1%	18%	3%	-18%	-7%	12%	8%	-1%	19%	
17/18	1240												
Variance on Previous Year	-78												
% Variance on Previous Year	-6%												

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
2015 / 16	6,355	6,633	6,590	6,440	6,443	6,580	6,684	6,469	6,335	6,405	6,374	7,117	78,425
2016 / 17	6,896	7,319	6,903	6,699	6,794	6,965	7,109	6,611	6,761	6,701	6,257	7,423	82,438
2017 / 18	7,252												87,024

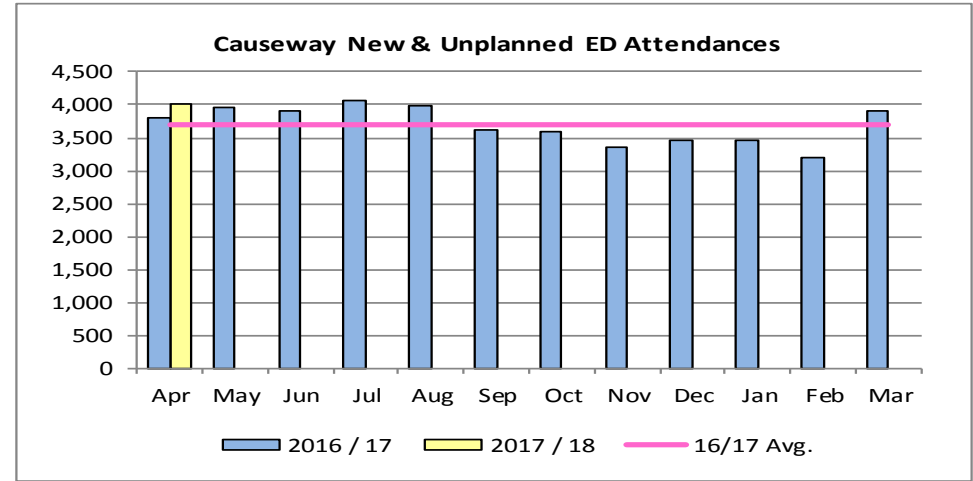
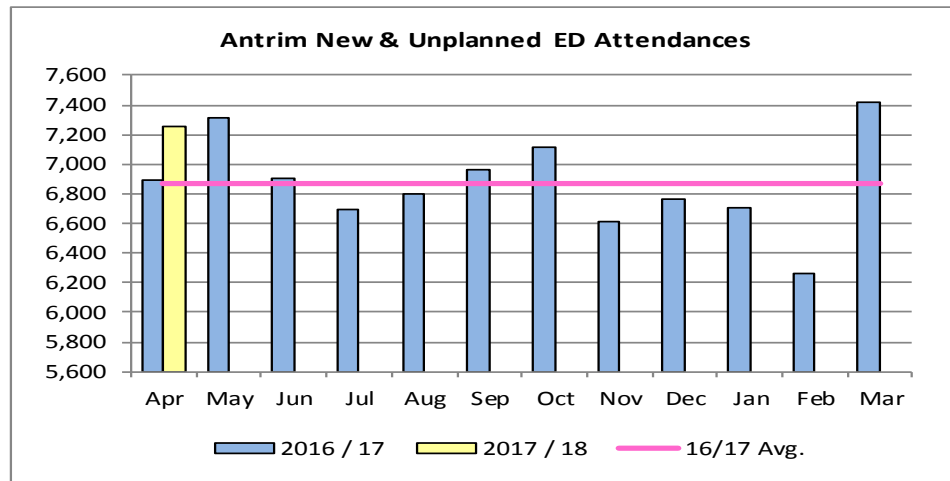
**CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)**

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2015 / 16	3,873	3,781	3,845	3,797	3,897	3,561	3,923	3,478	3,437	3,366	3,382	3,953	44,293
2016 / 17	3,800	3,963	3,896	4,061	3,979	3,608	3,604	3,364	3,457	3,458	3,202	3,910	44,302
2017 / 18	4,006												48,072

**NHSCT TOTAL ED ATTENDANCES (New & Unplanned Review) (Antrim & Causeway Hospitals)**

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2015 / 16	10,228	10,414	10,435	10,237	10,340	10,141	10,607	9,947	9,772	9,771	9,756	11,070	122,718
2016 / 17	10,696	11,282	10,799	10,760	10,773	10,573	10,713	9,975	10,218	10,159	9,459	11,333	126,740
2017 / 18	11,258												135,096

Note: Total attendances for 2017/18 is a projection figure based on 2017/18 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 Serv.	Finance	HR inc CEO	Medical (inc Gov. & Pharmacy)	Nursing (inc Support Serv.)
<b>Headcount as at 30 April 17</b>	11826	2057	1171	2279	1632	2687	183	285	120	274	1138
<b>% Absence (1 April 16 – 31 Mar 17)</b>	7.04%	6.73%	7.46%	6.42%	6.90%	7.41%	4.86%	5.94%	4.36%	6.45%	9.66%
<b>% Appraisal Compliance as at 31<sup>st</sup> March 17</b>	67%	42%	60%	61%	70%	86%	78%	71%	87%	56%	71%
<b>Quality 2020 % Target achieved at 30 April 17</b>	17.65%	5.7%	8.04%	8.57%	19.39%	30.59%	17.68%	78.13%	51.67%	17.88%	15.49%

### Absence

The Trust cumulative sickness absence at the end of March 2017 is 7.04%, 0.14% higher than the Trust target of 6.9%. The Trust cumulative absence figure will be re-run at the end of May 2017 to take into account the impact of late recording during the 16/17 fiscal year. During the period from 1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017, 14.10 days were lost per employee due to sickness absence.

Over the last number of months we have placed a particular focus on the management of long term sickness as shown in the graph overleaf. In the month of March 2017, long term sickness reduced to 5.03%, compared to 5.41% the previous month and 6.23% the previous March.

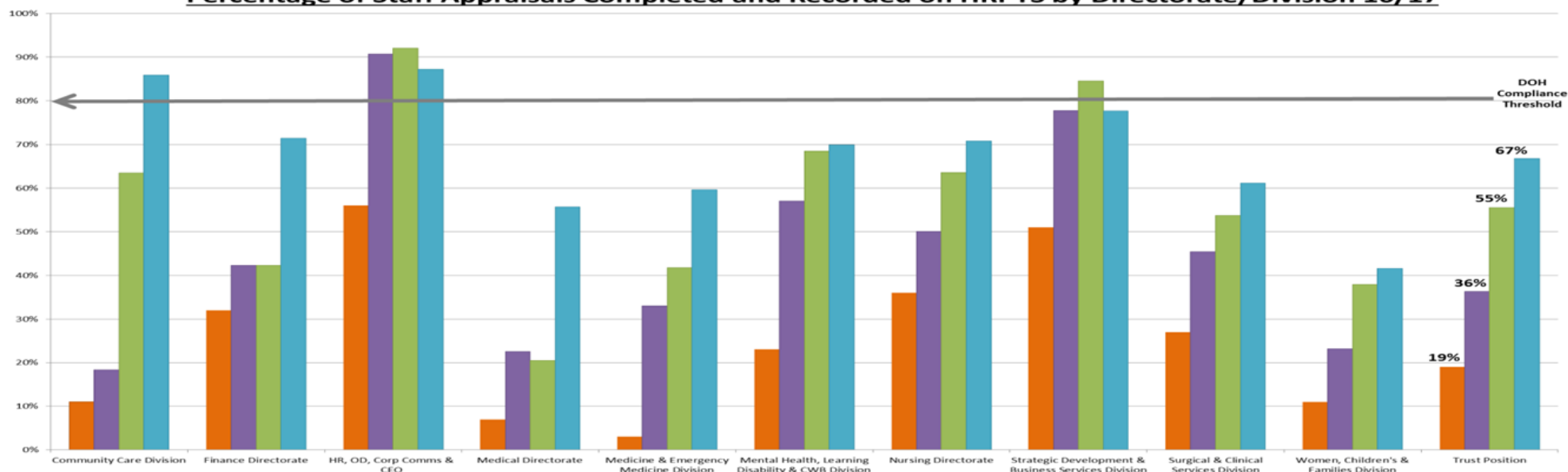
### Appraisal

For the 12 months ending, March 2017, 67% of eligible Trust staff have had an appraisal recorded on HRPTS. While the Trust has made sustained improvement in appraisal compliance throughout 16/17; we have not met the DOH target of 80%. In an effort to ensure that our staff are given the opportunity to have an annual appraisal we are currently reviewing both the appraisal process and the reporting mechanism.

### Staff Health and Wellbeing

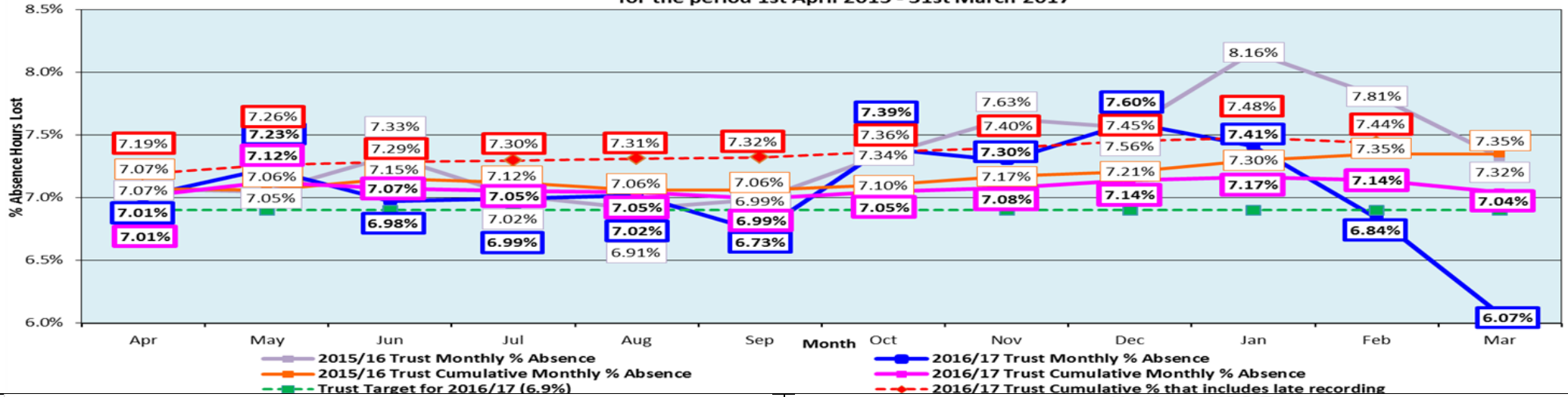
Since its launch on the 31<sup>st</sup> March 2017, i-matter, the Trust's health and wellbeing hub, has been accessed 2,232 times with over 17,000 pages viewed. The hub promotes a number of initiatives such as the 'Couch to 5K' programme which have proved extremely popular

**Percentage of Staff Appraisals Completed and Recorded on HRPTS by Directorate/Division 16/17**

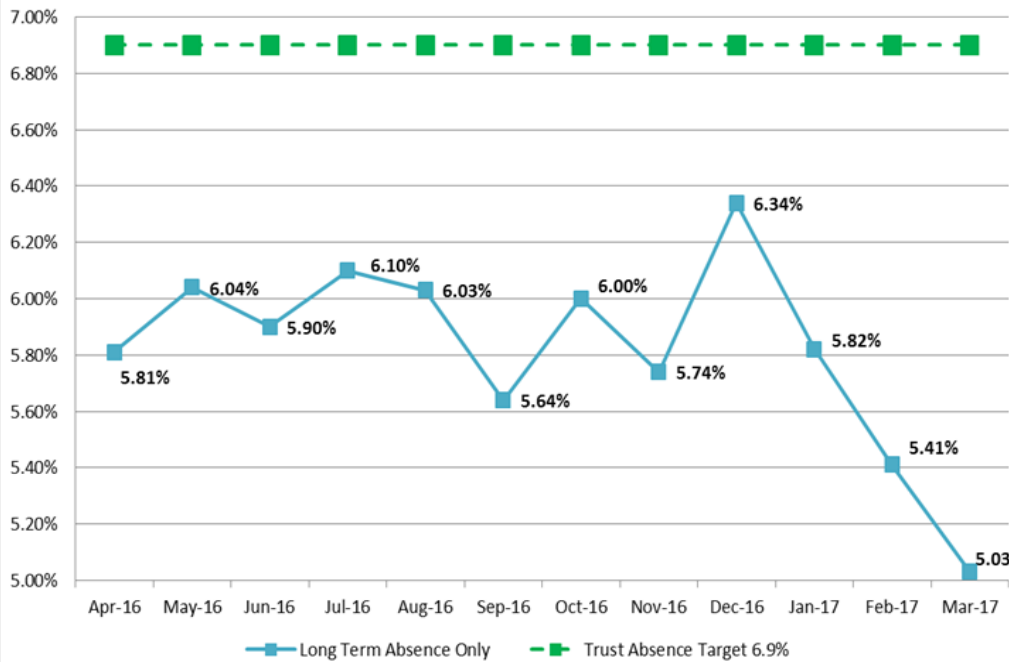




**Northern Trust % Absence Hours  
for the period 1st April 2015 - 31st March 2017**



**Trust long term absence percentage 1st April 16 - 31st March 17**



**Northern HSC Trust  
Number of Staff with Absence Spells for the 12 months ending  
31 December 2016 and 31 March 2017**

