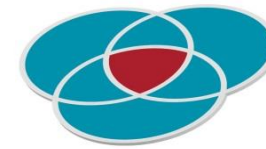




Northern Health
and Social Care Trust



ramp
REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

May 2017

Prepared & Issued by Strategic Development and Business Services – 16th June 2017



i innovation
Quality
i mprovement

our vision

To deliver excellent integrated services
in partnership with our community

our values

COMPASSION
OPENNESS
RESPECT
EXCELLENCE

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

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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, with the exception of Health Care Associated Infections where the targets are now confirmed for 17/18.

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

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5.0 Workforce ([page 53](#))

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. (CPD 2.1)	A	From April 2016 no patient attending any emergency department should wait longer than 12 hours (CPD 4.4)	A
By March 17, secure a reduction of 10 to 20% in the total number of CDiff, Trust target 57 annually. (CPD 2.1)	R	By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.5)	A
From April 2016, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis. (CPD 4.7)	R	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions (CPD 5.2)	R
By March 2017, at least 50% of patients wait no longer than 9 weeks for 1 st outpatient appointment. (CPD 4.8)	R	From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.2)	A
By March 2017, no patient to wait > 52 weeks for 1 st outpatient appointment. (CPD 4.8)	R	From April 2016, no complex discharge takes more than seven days (CPD 7.2)	A
By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test (CPD 4.9)	R	From April 2016 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.2)	R
By March 2017, 75% of patients should wait no longer than 26 weeks for a diagnostic test (CPD 4.9)	R	From April 2016, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)	G
By March 2017, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. (CPD 4.9)	R	From April 2016, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)	G
By March 2017, no patient waits longer than 26 weeks for an Endoscopy diagnostic test. (CPD 4.9)	G	From April 2016, no patient waits longer than 13 weeks for psychological therapies (any age) (CPD 4.13)	R
By March 2017, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. (CPD 4.10)	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 (CPD 5.1)	G
By March 2017, no patient waits longer than 52 weeks for inpatient/ daycase treatment (CPD 4.10)	A	From April 2016, ensure all Learning Disability discharges take place within 28 days of the patient being assessed as medically fit for discharge (CPD 5.1)	G
From April 2016, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. (CPD 4.11)	A	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 (CPD 5.1)	G
From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.12)	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. (CPD 5.1)	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. (CPD 4.12)	R	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)	R
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)	R	From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)	G
By March 2017, no patient to wait longer than 13 weeks from referral to commencement of AHP treatment. (CPD 5.3)	R	By March 2017, secure a 10% increase in the number of direct payments to all service users. (CPD 5.4)	A
By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care (CPD 7.1)	R	By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	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 (CPD 4.4)	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. (CPD 6.2)	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>Emergency Dept. seen/treated/discharged within 4hrs and 12 hrs</p> <p>Performance against the 4 hour target during May 2017 was 79% at Antrim hospital and 69% at Causeway hospital. Antrim ED had 38 twelve hour breaches compared to 163 the previous month whilst Causeway Hospital had no twelve hour breaches compared to 23 the previous month. Cumulatively the Trust has experienced 63 more twelve hour breaches than the same period last year.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>63</p> <p>More 12 hour breaches April - May 2017 compared to same period last year.</p> <p>(PAGE 25)</p> <p>TOPM ↑</p> </div>	<p>Psychological Waits</p> <p>At the end of April there were 91 patients waiting over 13 weeks, compared to 62 the previous month. Performance is being impacted in the main by LD psychology services. The May position for Learning Disability (adult and children) has deteriorated since the end of April. 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, however agency cover remains unpredictable and limited. 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 the end of October 2017.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>91</p> <p>Psychological waits over 13 weeks at the end of May.</p> <p>(PAGE 31) TOPM ↓</p> </div>	<p>Demand and Elective Waiting Lists</p> <p>Referrals for New 'Red Flag' Cancer outpatient appointments increased by 6% in May 2017 compared to May 2016. This continues to have a significant impact on Trust waiting times. At the end of the first eight weeks of 2017/18 the combined position for elective inpatients and day cases was 8% below expected SBA volumes. New outpatient attendances were 10% below SBA volumes and review attendances were 10% above volumes. With regard to AHP services, 13 week breaches are continuing in Physiotherapy, Dietetics, Occupational Therapy and Speech & Language Services, with 8468 waiters over 13 weeks at the end of May 17 compared to 7710 at the end of March. All four areas continue to be impacted by capacity and demand issues and actions are being taken where possible to help reduce the breach position. PAGE 22</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>6%</p> <p>Increase in Red Flag Cancer referrals May 2017 compared to May 2016</p> <p>(PAGE 50)</p> <p>TOPM ↓</p> </div>
<p>Diagnostic Waiting Times</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 on-going and interviews were 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> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>523</p> <p>Patients waiting over 26 weeks at the end of May for a Diagnostic test</p> <p>(PAGE 16) TOPM ↓</p> </div>	<p>62 Day Urgent Suspected Cancer referrals to commence treatment</p> <p>From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>70%</p> <p>Achieved in April 2017</p> <p>(PAGE 21) TOPM ↓</p> </div>	<p>Children waiting > 13 weeks to access Autism Spectrum Disorder Diagnostic Service</p> <p>At the end of May there were 270 patients waiting >13 weeks compared to 342 the previous month. 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 around 8 months in May 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 manage new referrals as well as support the reduction in breaches by June 2017. It is expected that there will be nil '>13 week' breaches achieved by end March 2018.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>270</p> <p>Children waiting over 13 weeks at the end of May.</p> <p>(PAGE 47)</p> <p>TOPM ↑</p> </div>

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. **10,582 patient** stories have been returned regionally (correct on the 31/05/2017), of which **2,320** (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	1669	557 (33.3 %)	470	53	39
Northern Ireland Ambulance Service ¹	300	158 ² (52.6%)	151	5	2
Adult Safeguarding	69	14 (20.2%)	8	4	2
Staff experience	338	32 ² (9.4 %)	15	9	8
Health and Social Care in Northern Ireland	743	223 (30.1%)	191	26	6
Experience of Eyecare Services in Northern Ireland	349	61 (17.4%)	58	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.
- Health Visitor Project commencing June 2017
-

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 April 2017 there were 60 formal complaints, 3 of which were reopened. Of these complaints 39 were responded to within 20 working days (65%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

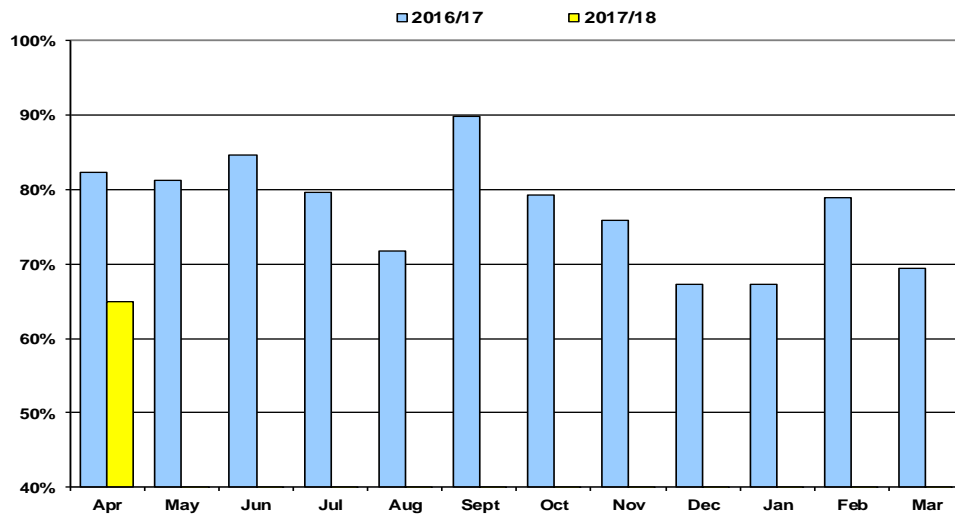
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints Information is presented one month in arrears

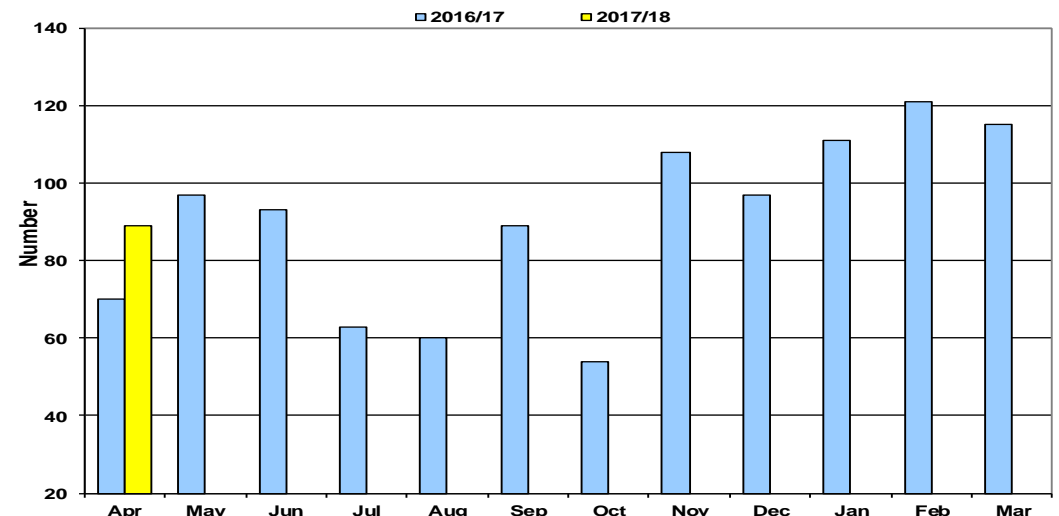
April 2017 Position	MEM	SCS	WCF	MHLDC	Community	Finance	SDBS	M & G	Nursing	Unknown	Trust Total
Number Of Complaints	9	11	11	13	7	1	2	-	6	-	60
% Complaints Responded to Within 20 Days	33%	45%	64%	77%	86%	100%	100%	-	83%	-	65%
Compliments Received	31	6	25	9	16	-	-	-	1	1	89
Number of complaints relating to staff attitude, behaviour and communication											212

(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 2 cases of MRSA bacteraemia to date (end May) 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 May 2017 the Trust has identified 17 cases of CDI. A breakdown of these figures indicate that 6 cases had an onset of diarrhoea on admission or within 48 hours of admission to hospital and 11 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. The Trust has identified probable transmission of 4 cases of CDI (with the same ribotype 014) identified on the Causeway site and has declared this as an Outbreak. Locally in Causeway, the numbers of cases have also increased and there is now an increased focus and implementation of compliance of control measures on this site with an Outbreak Control Group meeting weekly to monitor progress. 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

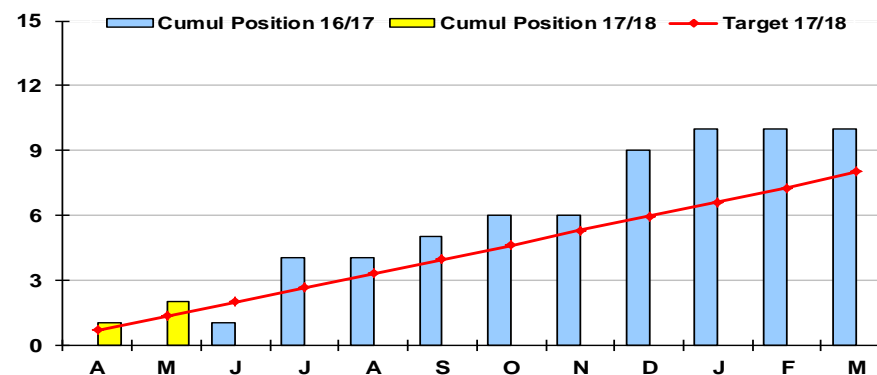
PHA has confirmed the 2017/18 targets for CDI (48 cases) and MRSA (8 cases). It will be a challenge for the Trust to further improve on the reductions seen in last year's surveillance.

	Actual Activity 16/17	Apr 17	May 17	Cumulative position as at 31/05/17
No of MRSA cases	10	1	1	2
No of CDiff cases	48	8	9	17
Deaths associated with CDiff	1	0	0	0

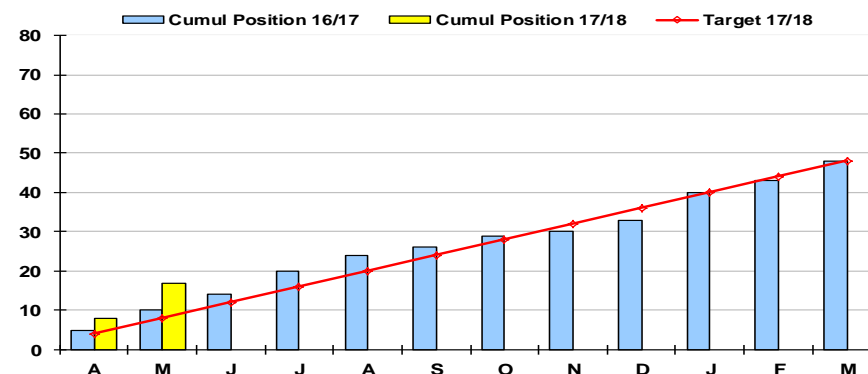
Target – 2017/18 MRSA = 8, CDiff = 48

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

MRSA



CDiff



2.0 Safe and Effective Care

2.2 Stroke (CPD 4.7)

Causes/Issues that are impacting on performance

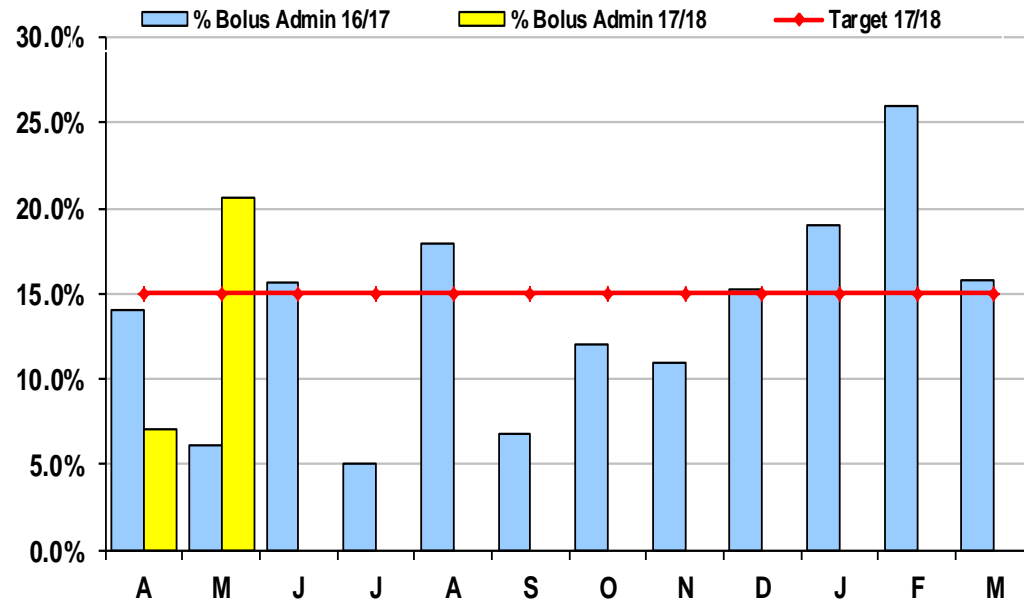
Target achieved

Forecast impact on performance

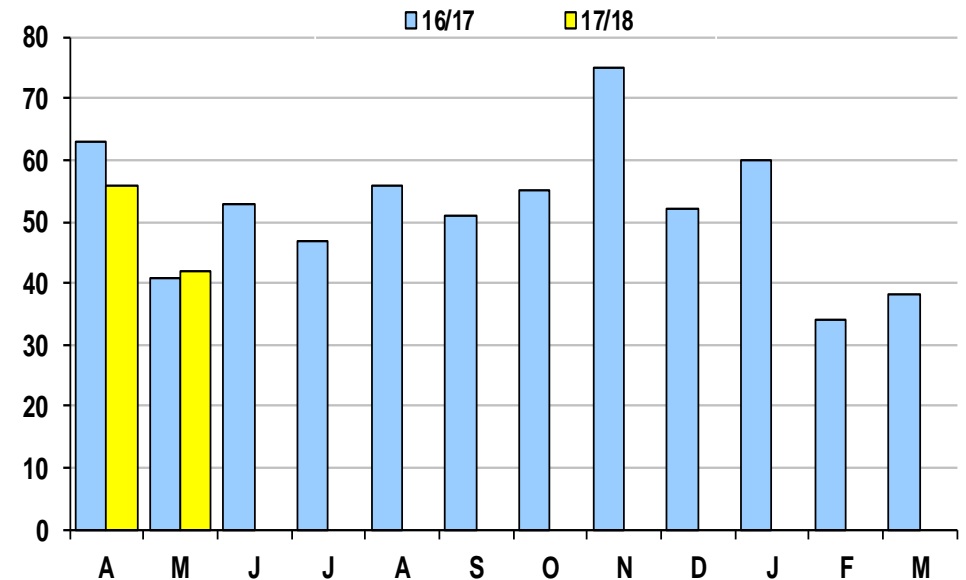
Variance is within normal parameters.

	Target 16/17	Feb 17	Mar 17	Apr 17	May 17
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	25.9%	15.8%	7.1%	20.6%
Number of Emergency admissions with a primary diagnosis of stroke		34	38	56	42

% 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 85%. 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 68% 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 89% 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 90% with completion of MUST within 24 hours of admission.

NEWS – During 2016/17 the Trust had an average compliance of 93% 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 77%.

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 avoidable	15	12	12
Number of grade 3 & 4 pressure ulcers that are avoidable		7	7	5
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	410
Number of Inpatient Falls with moderate severity or above		29	27	7
Compliance with FallSafe bundle (Part A)	95%	74%	65%	69%
Compliance with FallSafe bundle (Part 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%

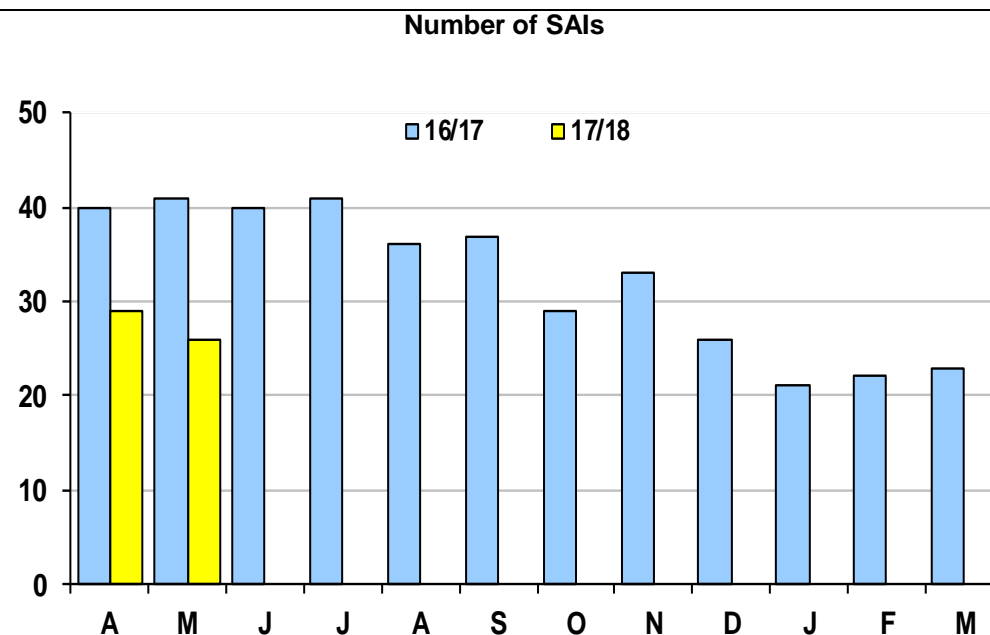
2.0 Safe and Effective Care

2.4 Serious Adverse Incidents

Level of Investigation	Number of SAI's Investigations Outstanding – May 2017								
	Trust Total	CC	Finance	MEM	MHLD	M&G	SDBS	SCS	WCF
Level 1 (SEA)	16	-	-	3	9	-	-	1	3
Level 2 (RCA)	10	-	-	2	7	-	-	0	1
Level 3 (External)	0	-	-	-	-	-	-	-	-
Total	26	-	-	5	16	-	-	1	4

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	10
11-20 weeks	6
21-30 weeks	8
31-40 weeks	1
41-60 weeks	1
Over 60 weeks	0



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 31](#))
- Women, Children and Families ([page 34](#))
- Community Care ([page 36](#))
- 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	Outpatient Waits By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.8)	CAUSES / ISSUES IMPACTING ON PERFORMANCE 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 the previous 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 or 2017/18 to date. ACTIONS BEING TAKEN WITH TIME FRAME 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. FORECAST IMPACT ON PERFORMANCE There is a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further.											Trend Analysis Core & Independent Sector patients waiting < 9 weeks 																																																																
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SCS/MEM/WCF	Outpatient Waits By March 2017, no patient waits longer than 52 weeks. (CPD 4.8)	CAUSES / ISSUES IMPACTING ON PERFORMANCE This is not a performance issue - See 9-week target. ACTIONS BEING TAKEN WITH TIME FRAME See 9-week target. FORECAST IMPACT ON PERFORMANCE See 9-week target											Trend Analysis Core & Independent Sector patients waiting > 52 weeks 																																																																
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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

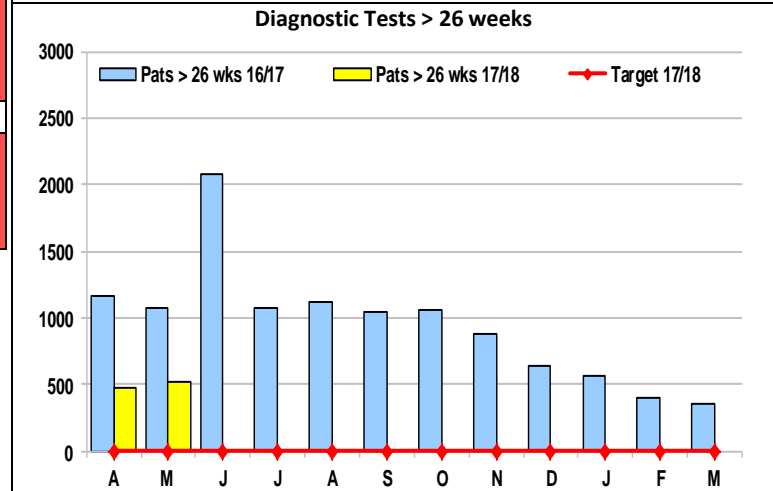
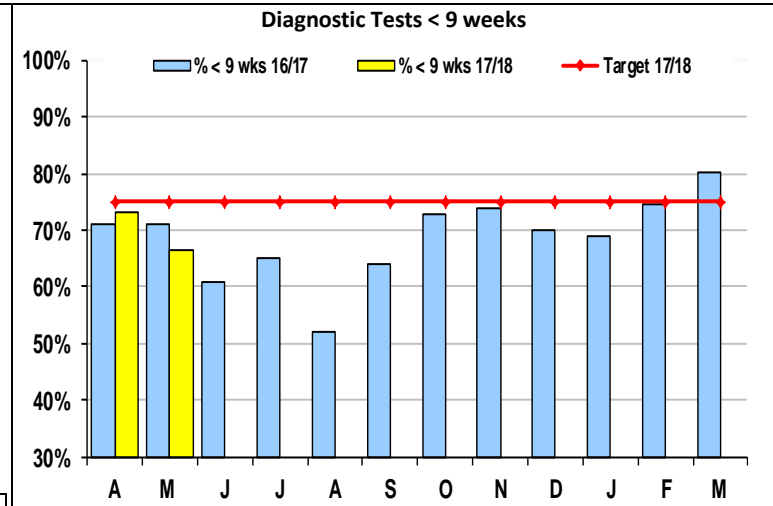
Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography however no additional funding has been provided to date in 2017 and therefore waiting times are beginning to deteriorate. A further round of recruitment is on-going and interviews were 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												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
61%	65%	52%	64%	73%	74%	70%	69%	75%	80%	73%	67%	↓

Diagnostic Tests > 26 weeks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
2084	1079	1126	1044	1068	886	642	562	399	352	474	523	↓



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.

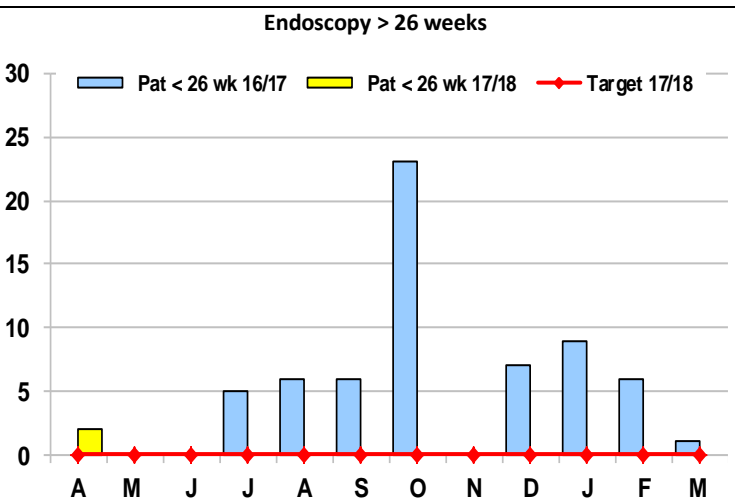
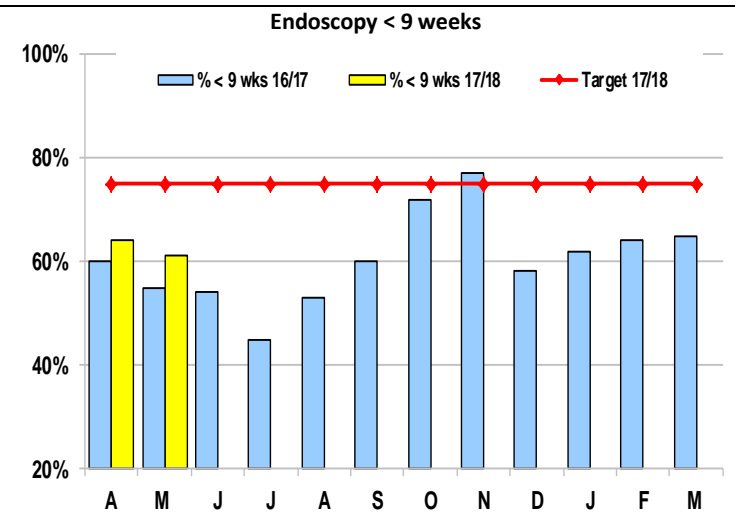
ACTIONS BEING TAKEN WITH TIME FRAME

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												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM ↓
54%	45%	53%	60%	72%	77%	68%	62%	64%	65%	64%	61%	
Endoscopy > 26 weeks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM ↑
0	5	6	6	23	0	7	9	6	1	2	0	



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 continued to reduce its elective admissions beyond winter 2017 to allow for unscheduled pressures. This policy is being kept under close review.

FORECAST IMPACT ON PERFORMANCE

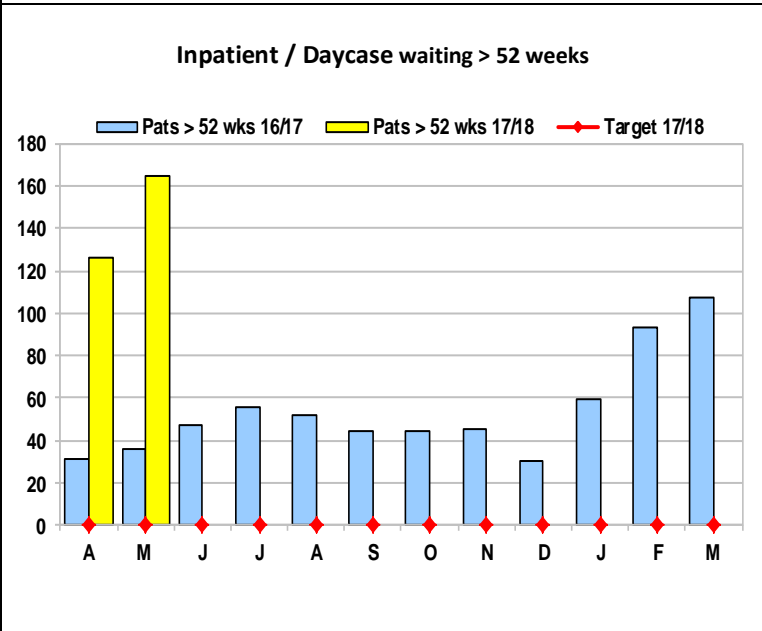
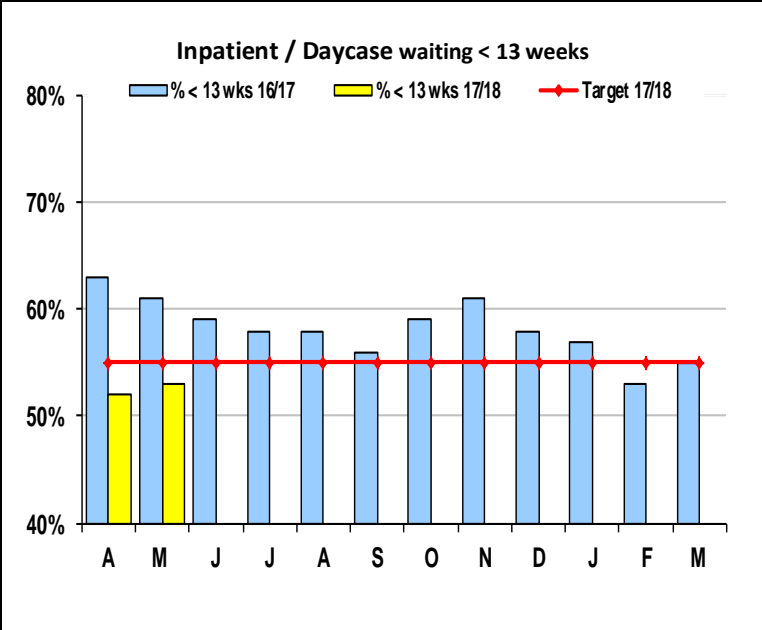
The reduction in elective admissions is likely to result in an overall increase in waiting times.

Excludes scopes which are solely within 9 weeks position.

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

Core & Independent Sector patients waiting > 52 weeks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
47	56	52	44	44	45	30	59	93	107	126	165	↓

Core & Independent Sector total patients waiting												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
5045	5034	4976	4888	4843	4894	4808	4908	5072	4989	4891	4791	



SCS

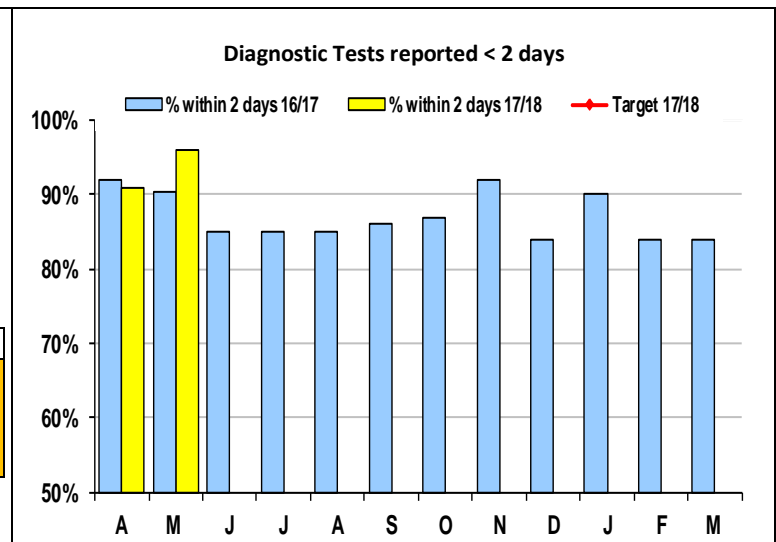
Diagnostic Tests
 From April 2016, all urgent diagnostic tests should be reported on within two days (CPD 4.11)

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												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
85%	85%	85%	86%	87%	92%	84%	90%	84%	84%	91%	96%	↑



SCS/MEM/WCF

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

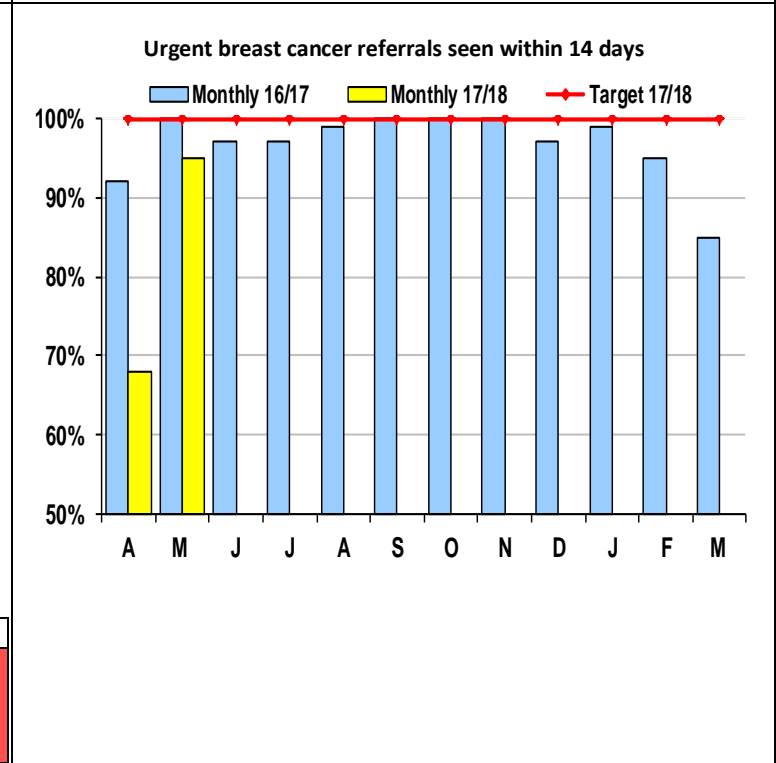
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Some staffing difficulties over the Easter period resulted in a reduction in capacity and some 14-day breaches. The Trust has continued to accept long waiting referrals from the Southern Trust to help relieve pressures there. As these patients have already waited some time before their transfer to NHSCT they will inevitably breach the 14-day target. This has resulted in a deterioration in performance against the 14-day timeframe but has been acknowledged by HSCB as acceptable due to the need to support SHSCT. The longest wait for a Northern Trust patient was 21 days in April and 20 days in May.

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.

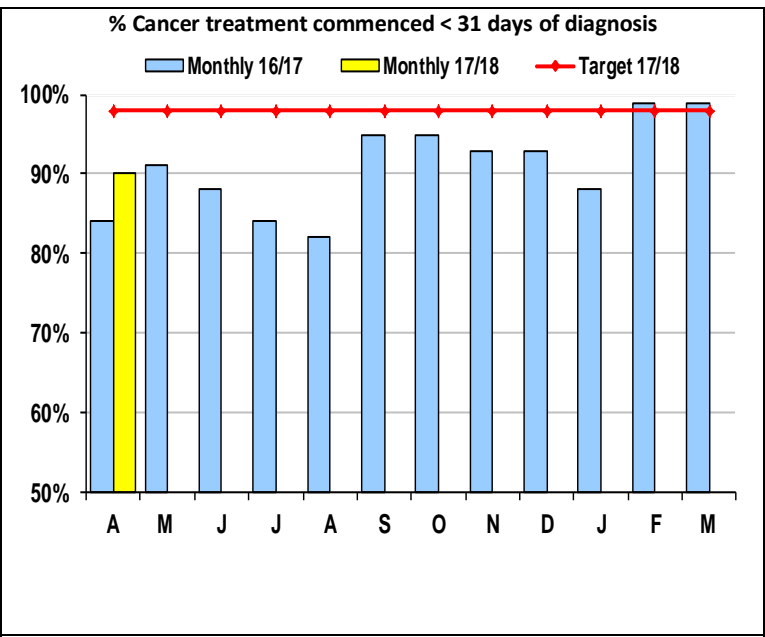
FORECAST IMPACT ON PERFORMANCE
 Ongoing support for SHSCT is likely to lead to some 14-day breaches for the foreseeable future. It is anticipated that all NHSCT patients will be seen within 14 days from June 2017.

The dip in performance in April was due to Easter holidays and difficulty securing full cover for clinics. May performance was 95% and has now been fully recovered for NHSCT patients who are currently being seen in 14 days and there are no problems anticipated for June. There are ongoing breaches for SHSCT patients, which will keep performance below 100% while the Trust continues to offer this support.

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



SCS/MEM/WCF	Cancer Care From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat (CPD 4.12)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE All 8 breaches in April were in breast cancer where an ongoing high level of demand for red flag outpatients has resulted in increased pressure on the surgical service as patients convert to requiring procedures. As the team is already stretched maintaining the 14-day target, there is not enough surgical capacity to consistently meet the 31-day timeframe</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.</p> <p>FORECAST IMPACT ON PERFORMANCE It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured.</p> <table border="1"> <thead> <tr> <th colspan="13">% Cancer treatment commenced < 31 days of diagnosis</th> </tr> <tr> <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>May</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>88%</td><td>84%</td><td>82%</td><td>95%</td><td>95%</td><td>93%</td><td>93%</td><td>88%</td><td>99%</td><td>99%</td><td>90%</td><td></td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table>	% Cancer treatment commenced < 31 days of diagnosis													Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM	88%	84%	82%	95%	95%	93%	93%	88%	99%	99%	90%		↓
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SCS/MEM/WCF	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)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Lower/upper GI: With the return of a consultant from sick leave the gastro OP and endoscopy waiting time have improved though they are still challenging due to lack of capacity. Delays in accessing surgical OP remain – 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. Delays continue for PET, BT sending suitable patients to Dublin for procedure Breast: There has been improvement with breast meeting the 62 day target in April and May, however delays are likely to continue in undertaking breast surgery depending on the numbers washing through secondary to higher demand Skin: The use of independent sector for red flag has prevented further deterioration in Dermatology performance through 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. There are also delays in 1st oncology appointments with consultant gynaecologist due to medical staffing and capacity issues</p>																																							



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. Work in progress to improve access time for 1st gynaecology appointment

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

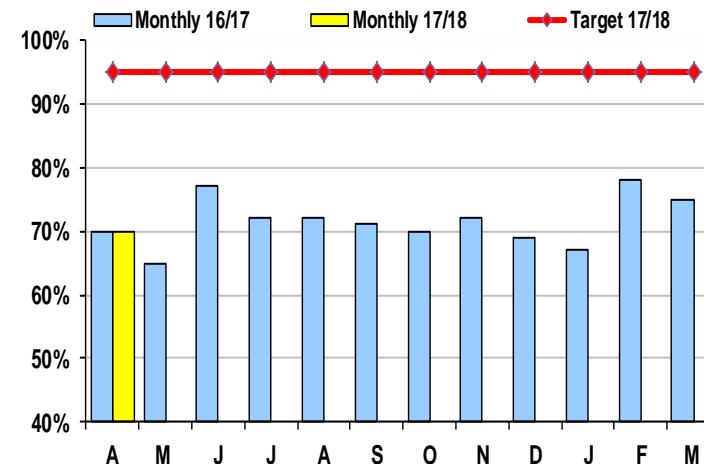
FORECAST IMPACT ON PERFORMANCE

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

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

Urgent cancer referrals treatment < 62 days (%)												
Tumour Site	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
ALL	72%	72%	71%	70%	72%	69%	67%	78%	75%	70%		↓
B	94%	77%	100%	92%	94%	93%	94%	100%	86%	100%		
G	60%	57%	57%	42%	67%	67%	40%	63%	50%	100%		
H	100%	80%	100%	100%	100%	20%	100%	100%	100%	67%		
HN	-	50%	100%	75%	67%	0%	0%	50%	0%	0%		
LGI	35%	43%	32%	43%	47%	42%	16%	33%	80%	23%		
UGI	0%	44%	60%	0%	20%	38%	67%	50%	0%	0%		
L	36%	54%	68%	65%	43%	100%	75%	75%	67%	33%		
S	100%	97%	76%	83%	78%	83%	81%	100%	94%	83%		
U	0%	50%	67%	100%	0%	50%	-	100%	-	0%		

Urgent cancer referrals treatment < 62 days (%)



April 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 – 14.0 patients treated
- (G) Gynae Cancers – 2.0 patients treated
- (H) Haematological Cancers – 4.5 patients treated
- (HN) Head/Neck Cancer – 0.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 6.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 2.0 patients treated
- (L) Lung Cancer – 3.0 patients treated
- (S) Skin Cancer – 11.5 patients treated
- (U) Urological Cancer – 0.5 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 (7419) Orthoptics (0), Dietetics (343) - 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 from 434 in April to 519 in May. Length of longest wait remains at around 13 months. 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. Adult Inpatient demands have significantly increased. Staff will prioritise this work, at the expense of community activity. This has significantly contributed to the increase in breaches over the past 2 months.

OT 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

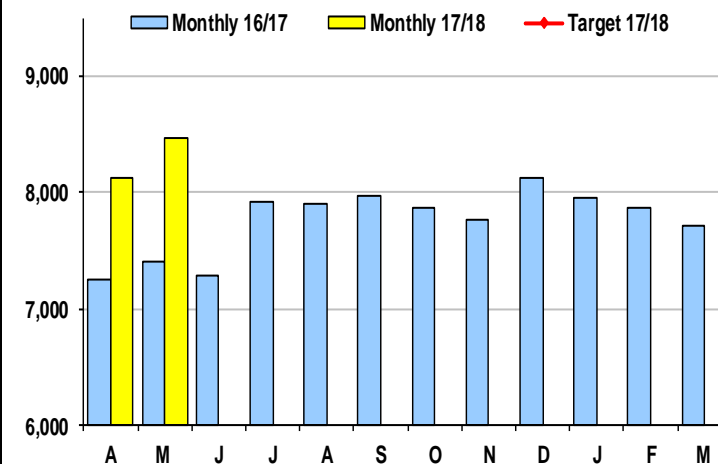
Physiotherapy and Dietetics - Performance will continue to deteriorate unless more commissioned capacity is made available.

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 until March 18 to complete

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

AHP patients waiting > 13 wks

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
7287	7926	7897	7963	7866	7766	8125	7947	7867	7710	8133	8468	↓

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

Dietetics – 343

Occupational Therapy – 187

Orthoptics - 0

Physiotherapy - 7419

Podiatry - 0

Speech and Language Therapy - 519

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 April 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

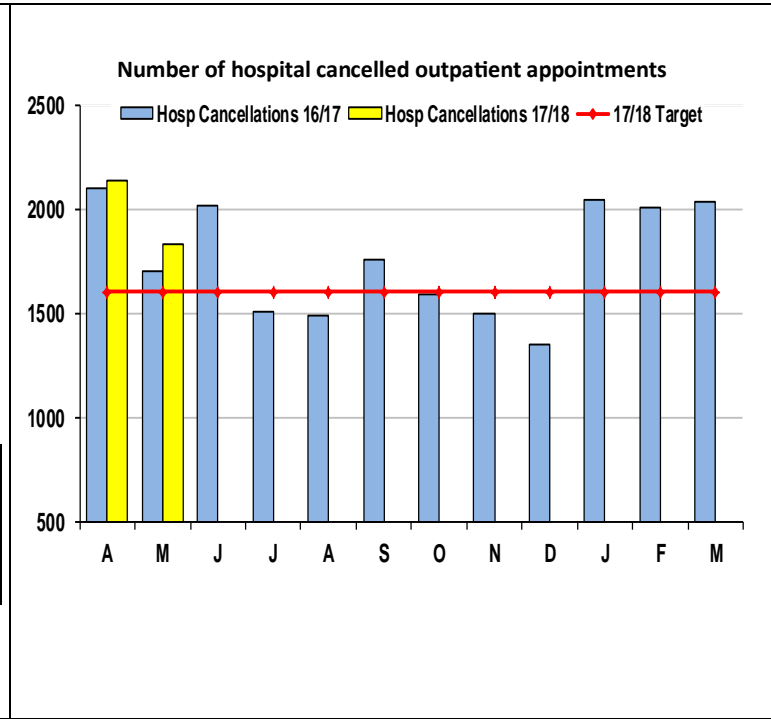
Escalation to management if clinics are being cancelled at <6 weeks’ notice for any reason other than unforeseen circumstance. Reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.

FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
2014	1512	1493	1760	1592	1494	1346	2043	2010	2040	2140	1832	↑

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, with 5% more attendances in April 2017 compared to the same month last 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 an '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 61% and 65% in March and April 2016 to 71% and 68% in the same months in 2017.

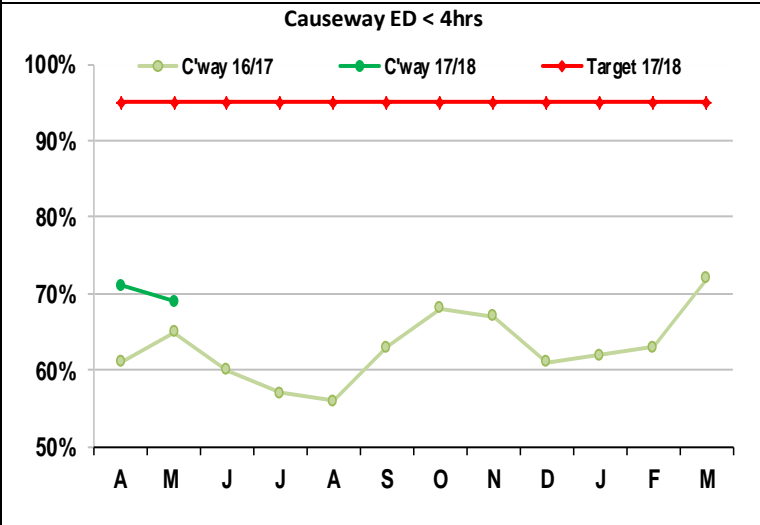
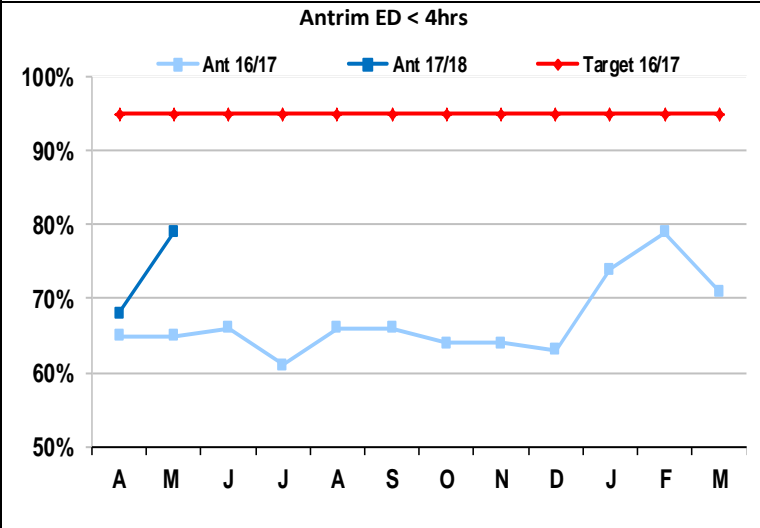
Through the out workings of its RAMP programme, the Trust has also put in place a number of work streams designed to improve the flow of unscheduled care patients across both Antrim Area and Causeway Hospitals. These include the increased use of ambulatory pathways in ED, and earlier identification of 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												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
66%	61%	66%	66%	64%	64%	63%	74%	79%	71%	68%	79%	↑
Antrim Total Attendances												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
6903	6699	6794	6965	7109	6611	6761	6701	6257	7423	7251	7905	
Causeway ED < 4hrs												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
60%	57%	56%	63%	68%	67%	61%	62%	63%	72%	71%	69%	↓
Causeway Total Attendances												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
3896	4061	3979	3608	3604	3364	3457	3458	3202	3910	4006	4047	



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.

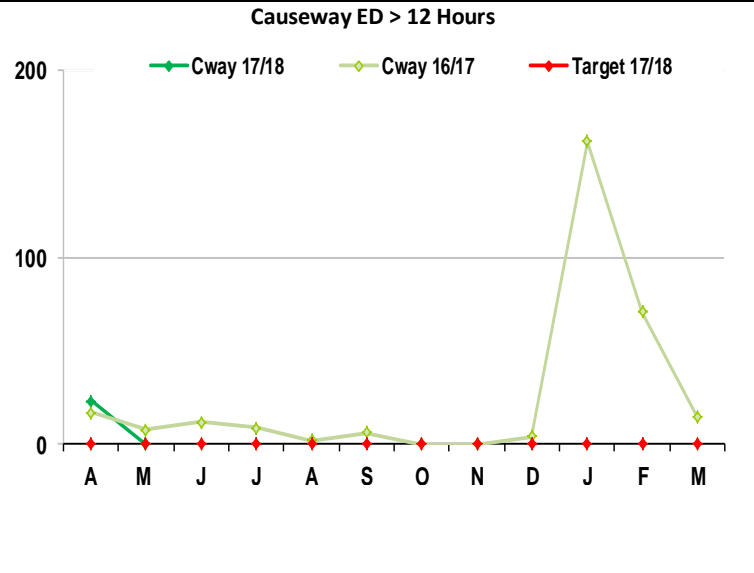
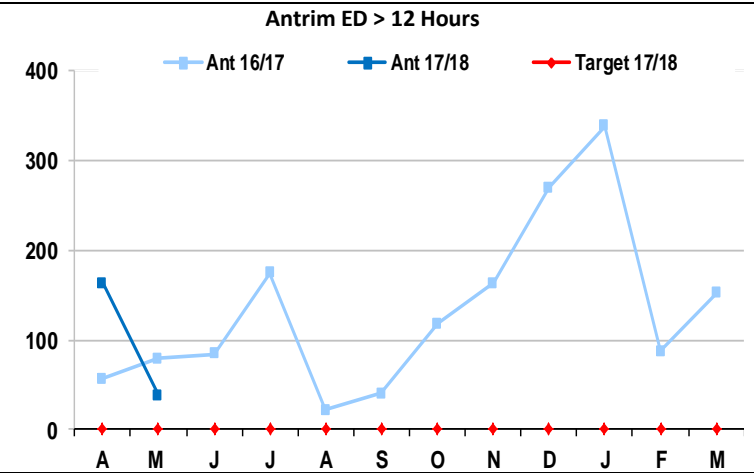
ACTIONS BEING TAKEN WITH TIME FRAME

As per 4-hour target. Antrim performance in 2017 has shown an improvement compared to 2016, with 316 12-hour breaches in Mar-Apr 2017 compared to 354 in Mar-Apr 2016.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target.

Antrim ED > 12 Hours												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
84	175	22	40	118	163	270	339	87	152	163	38	↑
Antrim ED longest waiter (Hours)												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
29	26	26	25	51	29	42	41	28	29	26	43	
Causeway ED > 12 Hours												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
12	9	2	6	0	0	4	162	71	15	23	0	↑
Causeway ED longest waiter (Hours)												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
22	16	18	19	11	11	25	30	30	21	26	11	



MEM

Unscheduled Care

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The increase in pressure 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 71% of patients commencing treatment in Antrim within 2 hours in April 2017, compared to 61% in April 2016, and 88% in Causeway compared to 72% last year.

FORECAST IMPACT ON PERFORMANCE

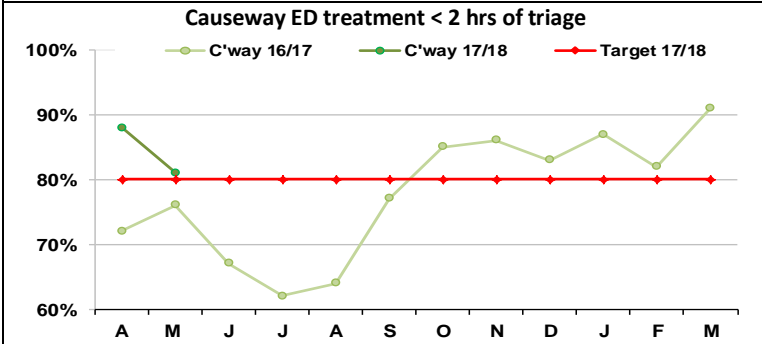
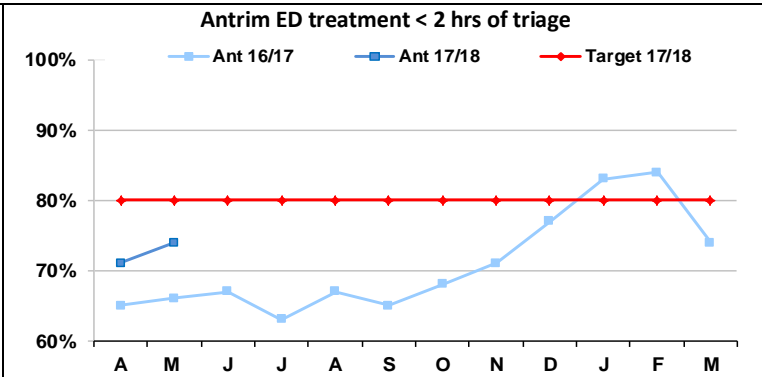
See CPD 4.4, patients waiting <4 hours in ED

Antrim ED treatment < 2 hrs of triage

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
67%	62%	67%	64%	68%	71%	77%	83%	84%	74%	71%	74%	↑

Causeway ED treatment < 2 hrs of triage

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
67%	62%	64%	77%	85%	86%	83%	87%	82%	91%	88%	81%	↓



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.

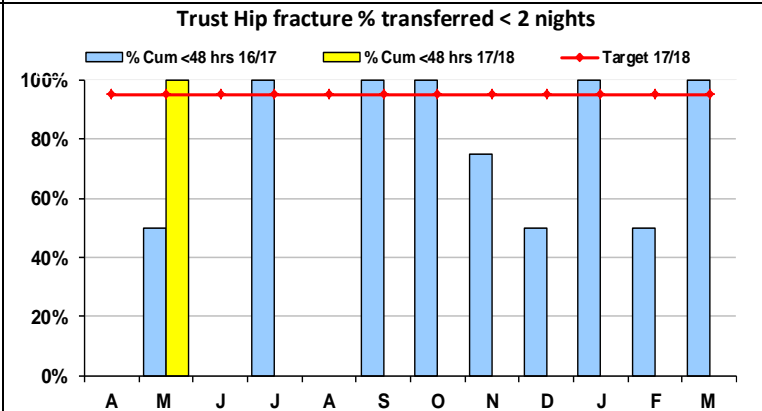
April 2016 – March 2017: Hip fractures – 26 patients transferred.

April 2017 – March 2018: Hip fractures – 11 patients transferred.

Hip fracture % transferred < 2 nights

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
0%	100%	0%	100%	100%	75%	50%	100%	50%	100%	0%	100%	

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.

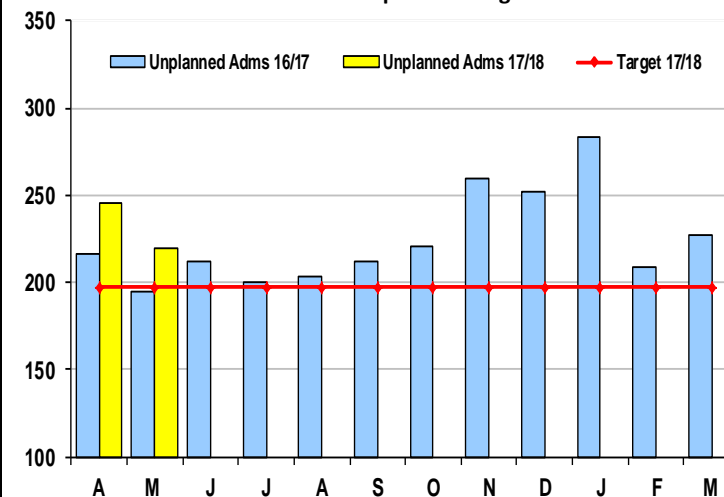
Number of admissions with specified long term conditions

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
212	200	203	212	221	260	252	283	209	227	246	220	↑

Cumulative

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
623	823	1026	1238	1459	1719	1971	2254	2465	2692	246	466	

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.

Number of admissions with specified long term conditions

CC

Patient Discharge

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

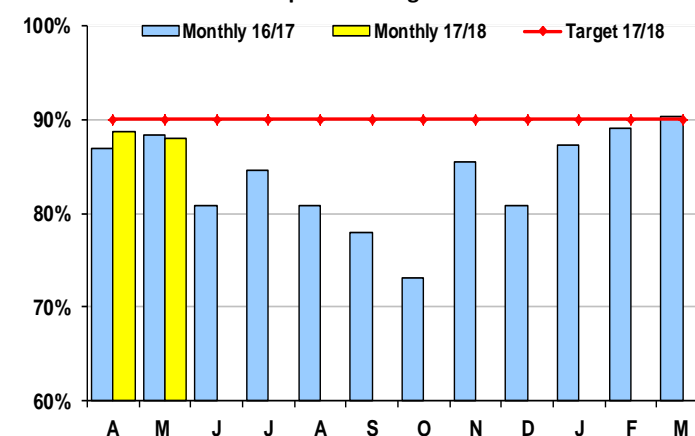
CAUSES / ISSUES IMPACTING ON PERFORMANCE

There were 43 delayed discharges across the 2 hospital sites during May 2017.

4 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. 10 delays were the result of client choice and family issues. A further 7 delays can be attributed to acute assessment and care planning processes. 4 delays were caused waiting for step-down sub-acute/intermediate care beds and 5 delays were relating to placement planning and arrangement. During May 2017 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharges 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.

Trust Complex discharges < 48 hours

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

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

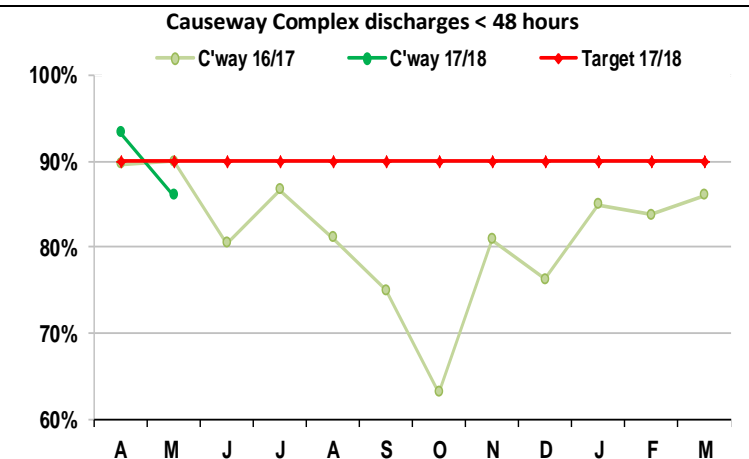
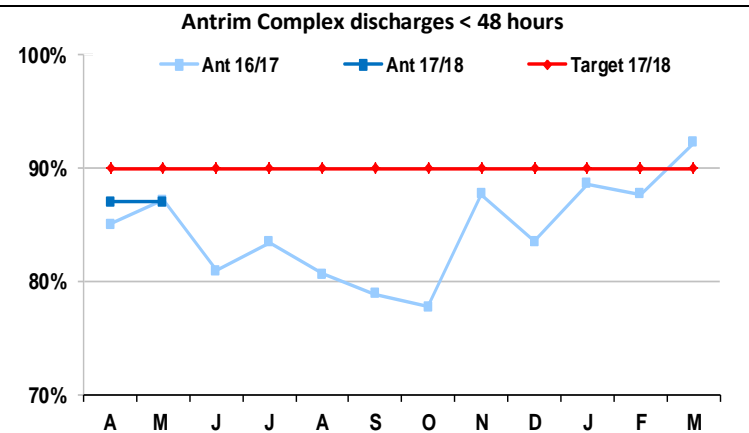
Antrim Complex discharges < 48 hours

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
81%	83%	81%	79%	78%	88%	84%	89%	88%	92%	87%	87%	↔

Causeway Complex discharges < 48 hours

Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
81%	87%	81%	75%	63%	81%	76%	85%	84%	86%	93%	86%	↓

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.



CC

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

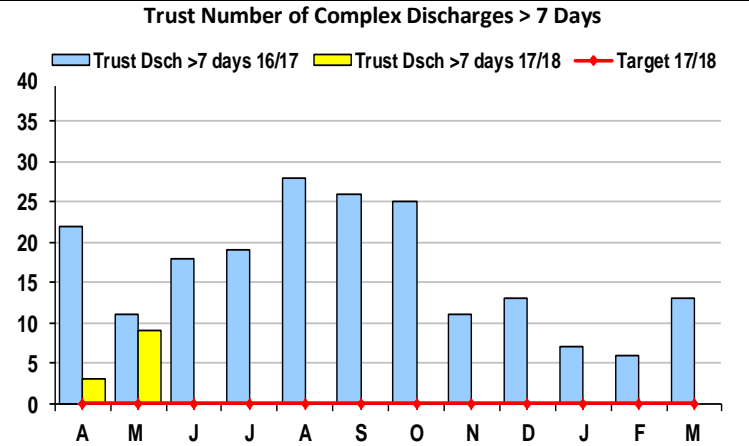
9 out of 43 delays in May were greater than 7 days. 1 delay can be attributed to the discharge planning processes within the hospital; 2 delays were the result of client choice and family issues. 2 delays were relating to placement planning and arrangement. There was one delay caused waiting on a domiciliary package of care, a further delay waiting for a bed to become available in the sub-acute sector and another delay due to training requirements for staff and family.

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.

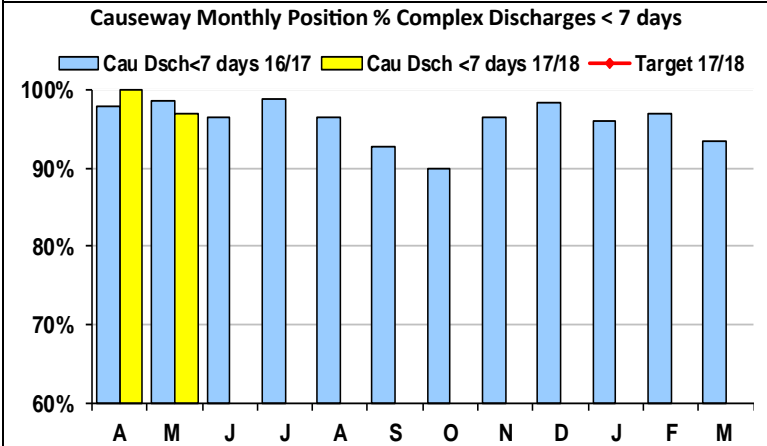
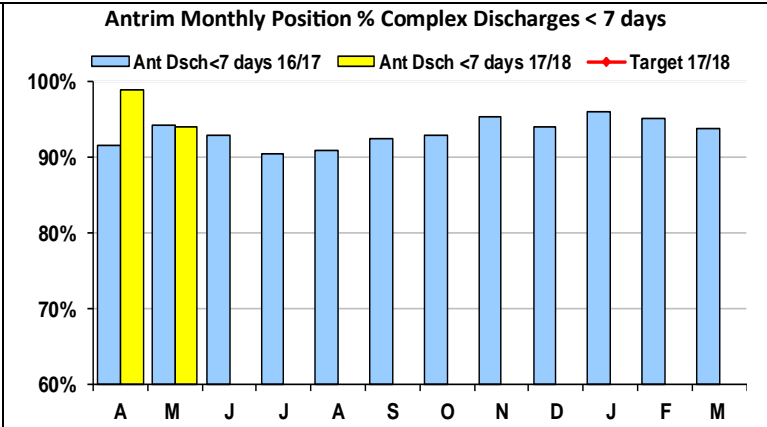


It should be noted that a small number of cases breaching the seven days presented with very complex needs.

Trust Number of Complex Discharges > 7 Days												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
18	19	28	26	25	11	13	7	6	13	3	9	↓

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

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



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

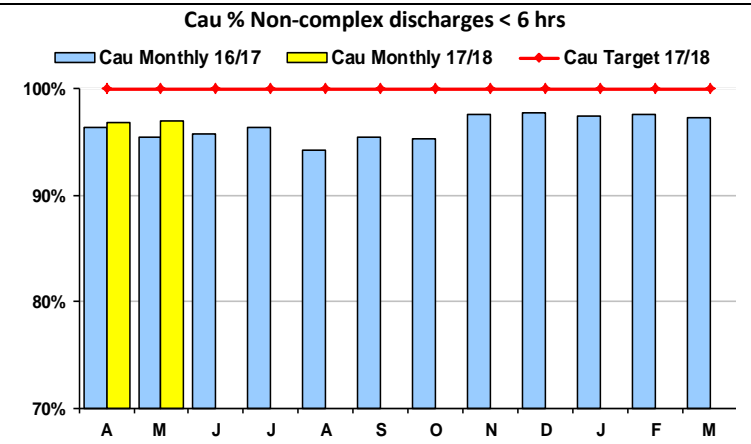
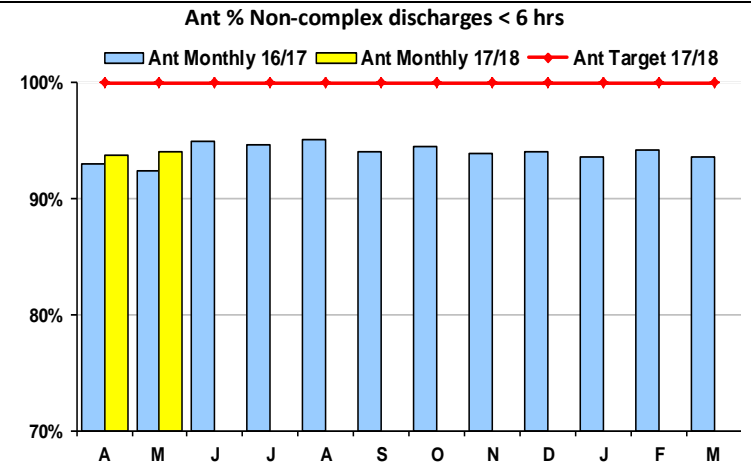
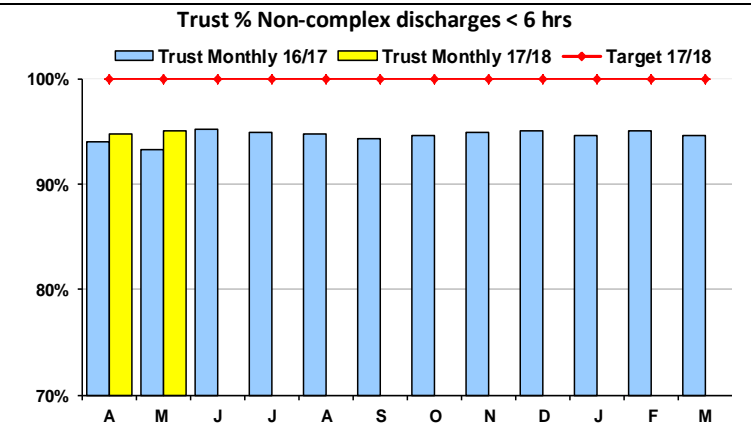
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
95%	95%	95%	94%	95%	95%	95%	95%	95%	95%	95%	95%	↔

Ant % Non-complex discharges < 6 hrs

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

Cau % Non-complex discharges < 6 hrs

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

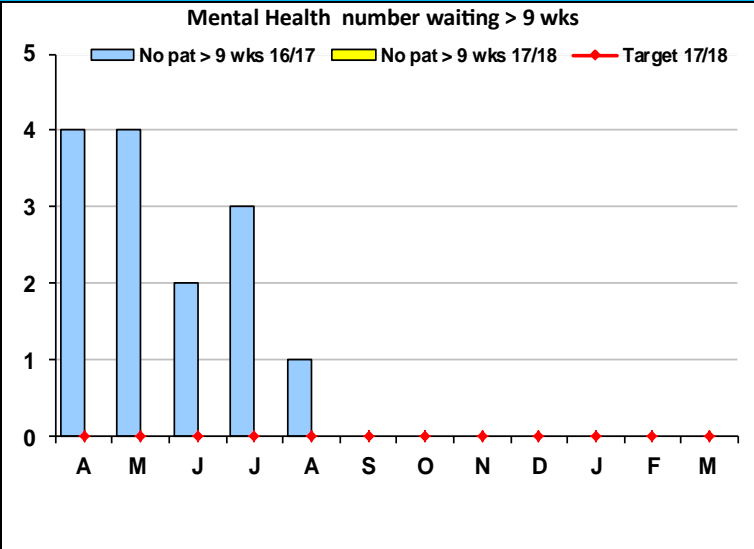


Mental Health and Learning Disability

MHLD
Mental Health Waits
 From April 2016, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 0 Community Mental Health breaches in April.
ACTIONS BEING TAKEN WITH TIME FRAME
 Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.
FORECAST IMPACT ON PERFORMANCE
 Continue to anticipate any potential breaches.

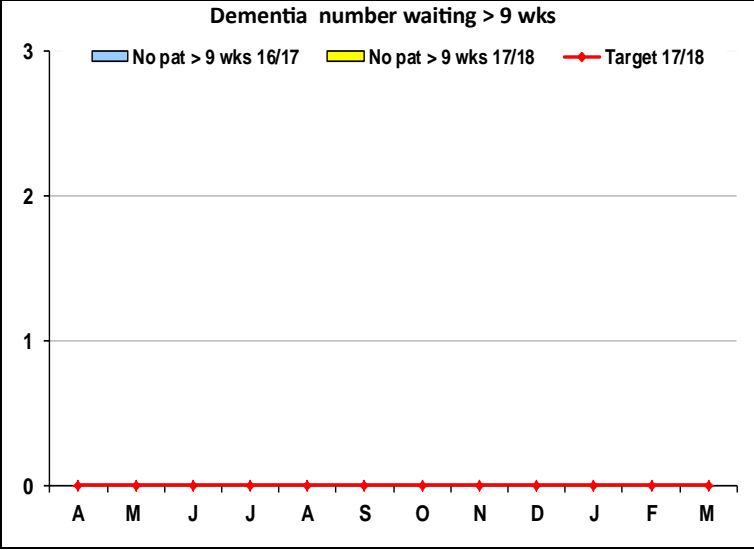
Mental Health number waiting > 9 wks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
2	3	1	0	0	0	0	0	0	0	0	0	↔



MHLD
Dementia Waits
 From April 2016, no patient waits longer than; nine weeks to access dementia services (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Target continues to be met.
ACTIONS BEING TAKEN WITH TIME FRAME
 Continue to work with the team to reduce waiting times.
FORECAST IMPACT ON PERFORMANCE
 Continue to meet the target and anticipate any potential breaches.

Dementia patients waiting > 9 wks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔

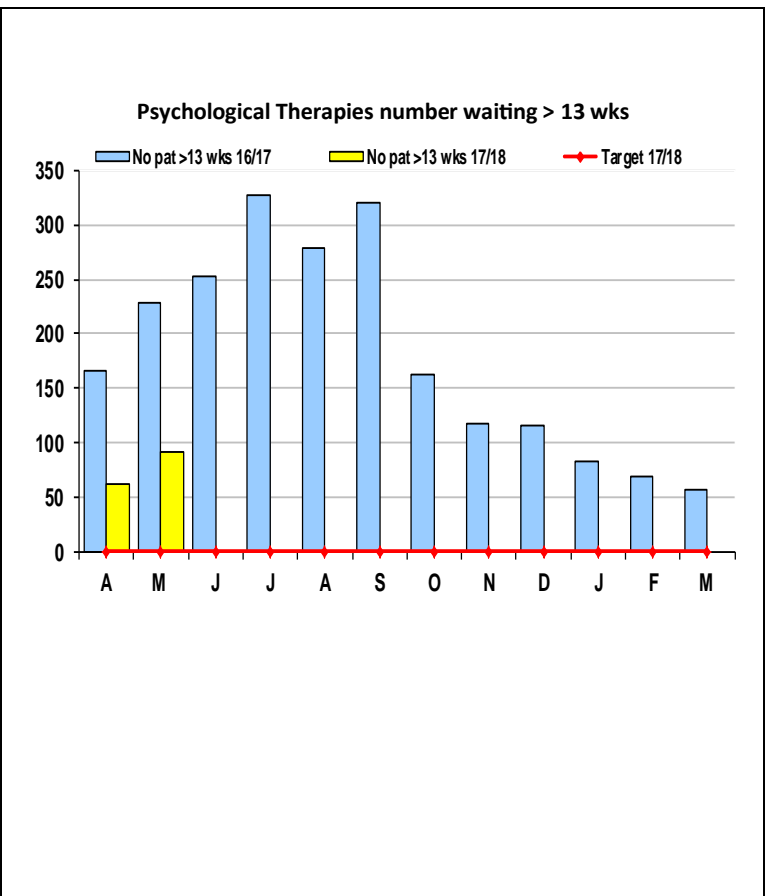


MHLD

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
 Breaches of the performance target are evident at the end of May across 3 areas within psychology services. Performance is being impacted in the main by LD services.
Learning Disability (adult and children) – position has deteriorated since the end of April position. The service has 76 breaches of a total WL of 178 with longest wait of 232 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 – however agency cover remains unpredictable and limited. 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 to vacant posts is underway – posts have been offered and it is likely posts will be filled by October 2017
FORECAST IMPACT ON PERFORMANCE
 It is likely that the service will be out of breach by end of October 2017.
PTS (Psychology of MH) – End of May position is 14 breaches (longest wait 112 days) with total WL of 378 - this is a slight deterioration in position to the end of April. This is related to temporary loss of capacity in the service. 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 – it is likely posts will be filled by October 2017.
Clinical Health Psychology - End of May position is 1 breach (longest wait 127 days) with total WL of 102 - this is a similar position to the end of April – while the level of breach is unchanged the number on the waiting list has increased signifying increased demand. 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.

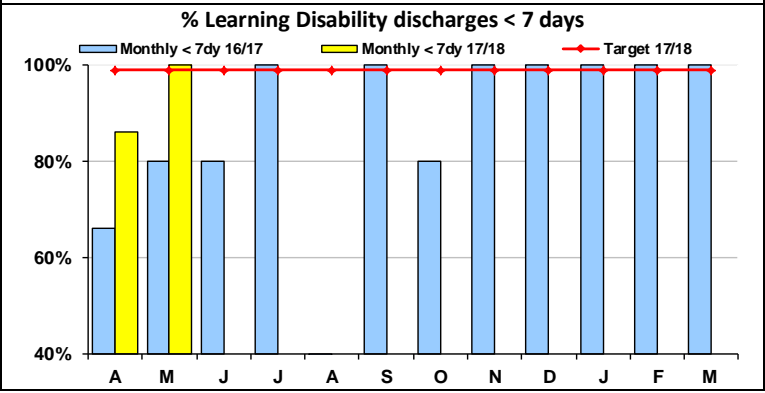
Psychological Therapies number waiting > 13 wks												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
252	328	278	217	162	118	115	82	68	57	62	91	↓



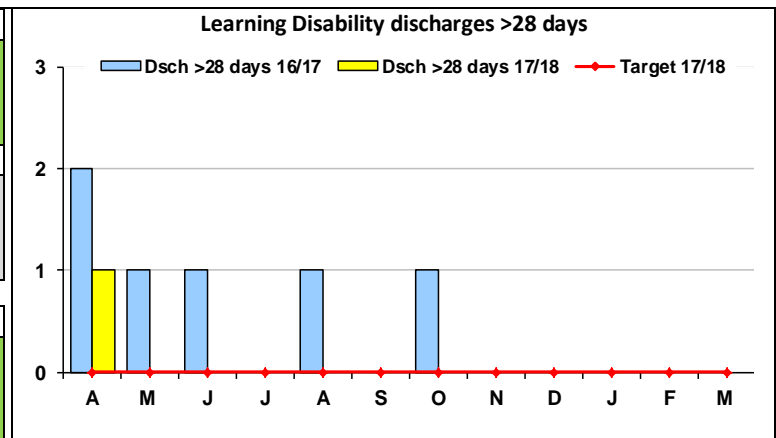
MHLD

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

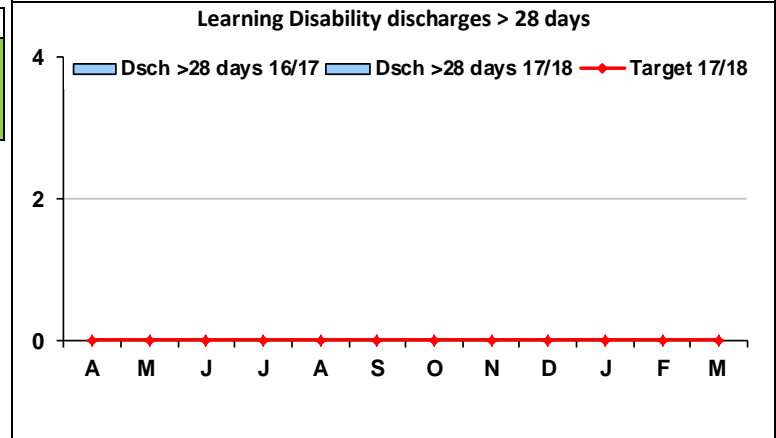
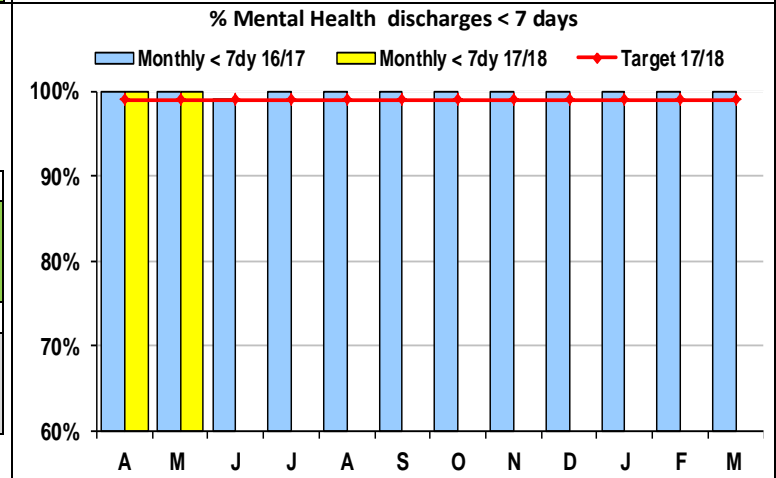
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 5 patients discharged during May, 0 over 28 days.
ACTIONS BEING TAKEN WITH TIME FRAME
 There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.



days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.1)	% Learning Disability discharges < 7 days												TOPM
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↑
	80%	100%	0%	100%	80%	100%	100%	100%	100%	100%	86%	100%	
	% Cumulative Learning Disability discharges < 7 days												TOPM
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↑
	78%	81%	76%	79%	79%	82%	84%	85%	86%	86%	86%	92%	
Learning Disability discharges >28 days												TOPM	
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↑	
1	0	1	0	1	0	0	0	0	0	1	0		



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)	CAUSES / ISSUES IMPACTING ON PERFORMANCE 73 patients discharged during May, 0 > 7days.												
	ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.												
	% Mental Health discharges < 7 days												TOPM
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↔
	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Cumulative Mental Health discharges < 7 days												TOPM
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↔	
99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Mental Health discharges > 28 days												TOPM	
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	↔	
0	0	0	0	0	0	0	0	0	0	0	0		



WCF	<p>Children in Care For 2016/17, ensure that the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.6)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Division provides a Delegated Statutory Functions (DSF) 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. DSF reporting requires the trust to report total number of placement moves during the reporting period. The information requested here is different to that requested under DSF. Reporting is not available to determine those placement moves that were in cases where the child has been in care for more than 12 months. The following data has been prepared for DSF reporting. In March 2016 there were 634 looked after children. This number increased to 647 by March 2017. In this time there were 198 placement moves across all placements (not just those in care > 12 months) The service has provided assurance that placement changes involving long term placements are uncommon and are only undertaken where necessary.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The number of Looked after children has remained relatively static compared with last year, however the number of complex cases is increasing. The service continues to develop and implement recruitment strategies targeting foster carers across the geographic region, with particular skills and in support of the full age range of children.</p> <p>FORECAST IMPACT ON PERFORMANCE</p> <table border="1" data-bbox="315 576 1424 715"> <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">80% - to Sept 15</td> <td style="background-color: yellow; text-align: center;">↑</td> </tr> </tbody> </table> <p>Information to be available from annual OC2 Return</p>	% Children with no placement change													Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM	80% - to Sept 15												↑	
% Children with no placement change																																										
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM																														
80% - to Sept 15												↑																														
WCF	<p>Children in Care For 2016/17, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. (CPD 1.7)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 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>ACTIONS BEING TAKEN WITH TIME FRAME 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 1177 1424 1286"> <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>50%</td><td>52%</td><td>60%</td><td style="background-color: red; 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%	↑																														
	2014/15	2015/16	2016/17	TOPM																																						
% 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

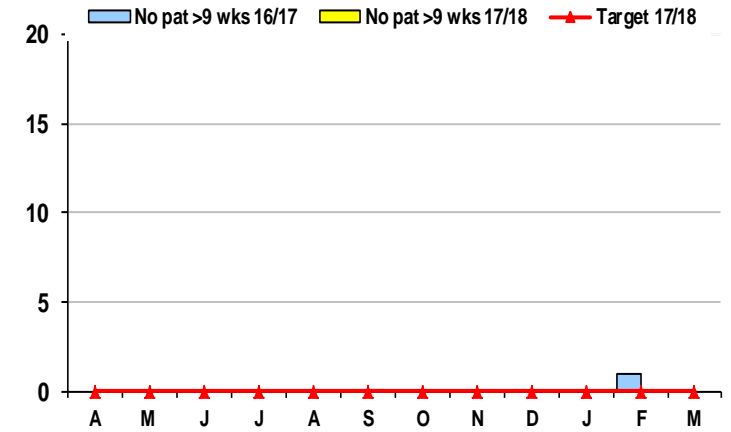
Single point of Contact is being monitored daily by the Service Manager and the Clinical Lead. An initial assessment team has been established that uses management time to add flexibility to the service. Families are offered appointments outside of their local area. Families are offered short notice 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												
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TOPM
0	0	0	0	0	0	0	0	1	0	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.

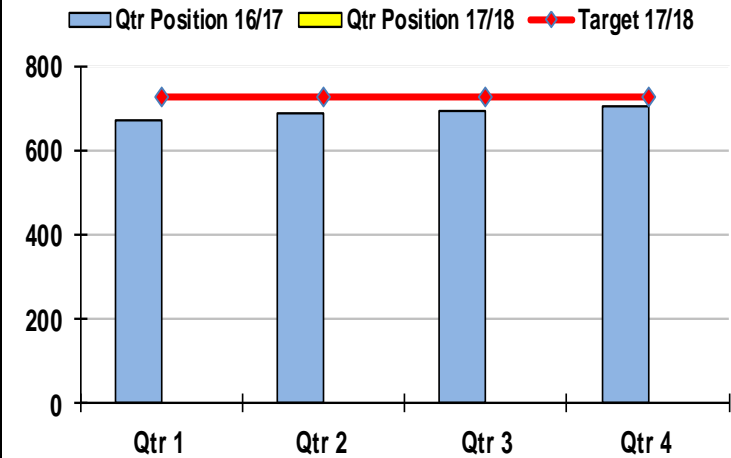
FORECAST IMPACT ON PERFORMANCE

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



CC/MHLD/WCF

Self Directed Support

By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified. (CPD 5.5)

New Target for 16/17.

Monthly SDS Return submitted to HSCB, awaiting guidance on target monitoring.

CC/MHLD/WCF

Carers' Assessments
By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)

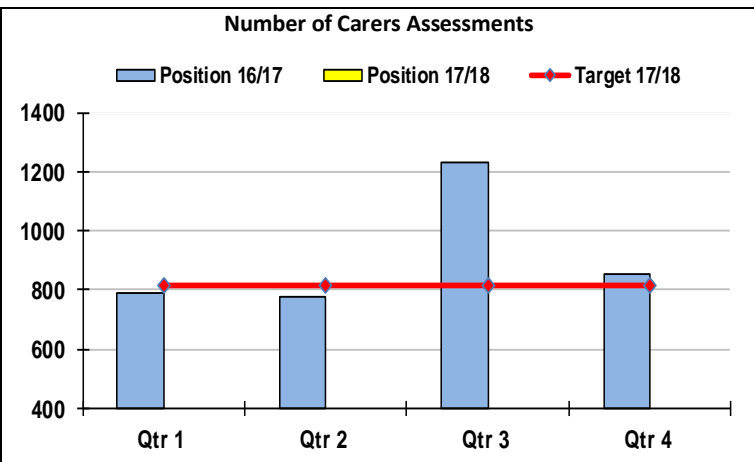
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Carers declining assessments.

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT
Training has been provided to staff in the completion of Carers Assessments.

FORECAST IMPACT ON PERFORMANCE
Community Care staff will continue to focus on promoting Carer's assessments and undertake these where carers are willing to engage.

Number of Carers Assessments													TOPM
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
792			776			1230			855			↑	

2968 Assessments offered 2015/16 (baseline) 2016/17 target 3265 annually, quarterly = 826



CC/MHLD/WCF

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

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													TOPM
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
213806 (Apr – Jun)			180013 (Jul – Sept)			222803 (Oct – Dec)			218018 (Jan – Mar)			↓	

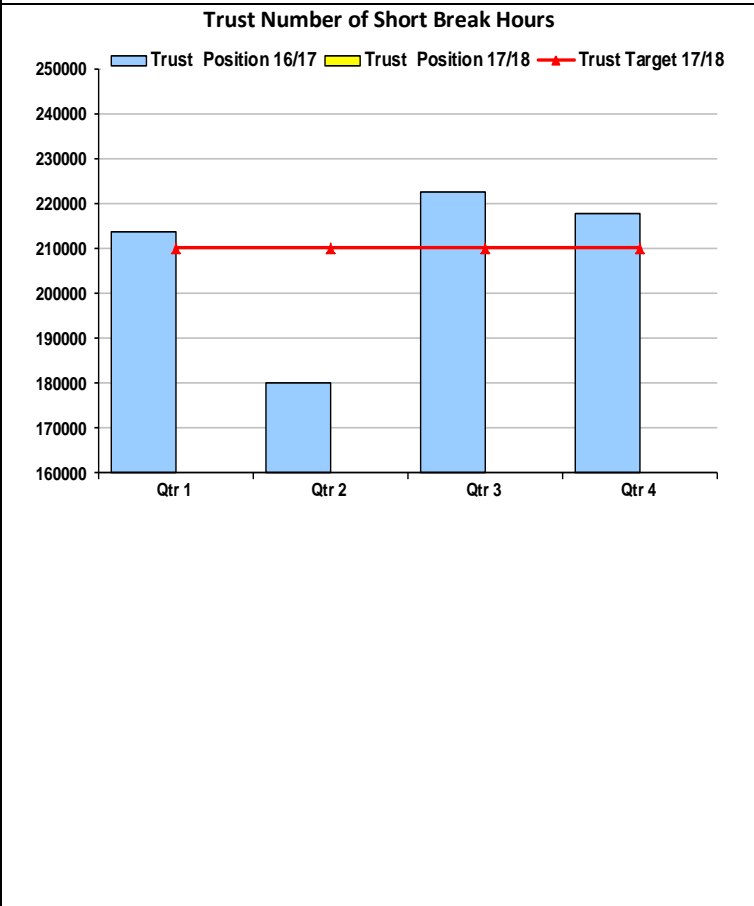
800746 hours provided 2015/16 (Baseline) 2016/17 target 840783 annually, 210196 quarterly.

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

2016/17 Target 587543 annually, 154230 quarterly



Carers Assessment

By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and:

- I. the need for further advice, information or signposting has been identified;
- II the need for appropriate training has been identified;
- III. the need for a care package has been identified;
- IV. the need for a short break has been identified
- V. the need for financial assistance has been identified (CPD 6.3)

New Target for 16/17. Information to be developed.

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.

3.0 Quality Standards & Performance Targets

3.2 DHSSSPS 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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Alcohol-related Admissions	A13. Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	149	155	138	177	174	130	154	140	154	133	188	156
Self Harm	A15. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	172	200	168	173	205	162	171	192	154	201	151	
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%	92%	90%	100%	100%	100%	100%	100%	88%	97%	85%	82%
Care Leavers	A25. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	77%	76%	78%	76%	68%	74%	74%	72%	77%	76%	81%	79%

Desired Outcome 2 : People using health and social care services are safe from avoidable harm														
Area	Indicator		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Mortality	B1: Summary hospital-level mortality indicator rates.		DHSSPS to provide SHMI mortality rate information. Currently data quality issues.											
Returning ED Admissions	B4: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven days	3.1%	2.8%	3.2%	3.1%	3.2%	3.5%	3.3%	3.5%	3.2%	3.2%		
		8-30 days	4.7%	4.4%	4.2%	4.3%	4.5%	4.1%	4.6%	3.8%	3.8%	4.3%		
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	15.2%	17.3%	17.0%	11.9%	13.9%	15.7%	21.1%	18.9%	14.2%	12.6%	14.6%	10.1%
		Long Term Conditions	10.4%	8.8%	11.0%	7.6%	10.6%	10.2%	12.7%	11.5%	9.2%	8.9%	8.5%	8.5%
Admissions for Venous Thromboembolism	B6: Number of emergency readmissions with a diagnosis of venous thromboembolism.		2	6	5	7	7	6	8	9	7	7	5	4
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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
Attendances At ED	D4. Number of GP Referrals to Emergency Department.	2116	2065	2046	2080	2086	2180	2365	2455	2306	2506	2441	2571		
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	3.5%	4.3%	2.9%	3.9%	3.3%	3.9%	3.4%	4.3%	3.2%	2.9%	3.6%	3.2%
			Causeway	3.7%	4.7%	2.7%	3.0%	4.5%	4.0%	2.5%	4.6%	3.3%	3.5%	3.8%	3.2%
			Mid Ulster	28.7%	39.2%	40.1%	42.1%	47.5%	42.8%	47.7%	45.4%	44.8%	44.2%	41.7%	40.7%
		>30 min – 1 hr	Antrim	9.4%	9.2%	7.8%	9.5 %	8.4%	8.5%	8.5%	10.4%	9.6%	9.1%	9.6%	10.0%
			Causeway	6.9%	6.6%	5.2%	8.6%	11.4%	11.4%	9.1%	11.2%	9.2%	12.8%	12.9%	9.6%
			Mid Ulster	50.7%	48.1%	40.1%	42.1%	39.9%	42.3%	42.7%	46.7%	37.3%	41.5%	44.7%	43.8%
		>1 hr – 2 hrs	Antrim	19.7%	18.1%	19.5%	19.2%	19.2%	17.8%	19.0%	20.9%	20.8%	19.4%	18.9%	21.7%
			Causeway	17.1%	15.3%	14.0%	19.6%	21.9%	20.6%	20.8%	19.0%	18.6%	24.2%	22.5%	21.6%
			Mid Ulster	18.2%	12.2%	14.2%	13.5%	12.2%	13.3%	9.4%	7.9%	15.7%	13.6%	12.2%	14.8%
		>2 hrs – 3 hrs	Antrim	16.9%	15.5%	18.4%	16.9%	17.2%	16.6%	17.5%	18.8%	22.1%	18.8%	17.5%	21.3%
			Causeway	16.8%	15.8%	17.2%	16.6%	16.4%	16.5%	15.4%	14.4%	16.3%	17.0%	17.3%	17.2%
			Mid Ulster	2.3%	0.4%	0.7%	2.3%	0.4%	1.0%	0.2%	-	1.9%	0.7%	1.4%	0.7%
		>3 hrs – 4 hrs	Antrim	16.2%	14.3%	17.8%	16.4%	15.6%	16.7%	15.0%	19.5%	23.7%	20.6%	18.5%	22.6%
			Causeway	15.2%	14.6%	16.7%	15.1%	14.0%	14.0%	13.5%	13.1%	15.7%	14.2%	14.8%	17.4%
			Mid Ulster	-	-	-	-	-	0.3%	-	-	0.3%	-	-	-
		>4 hrs – 6 hrs	Antrim	15.6%	17.6%	17.4%	18.9%	17.0%	17.5%	14.5%	11.2%	11.4%	15.4%	16.3%	13.0%
			Causeway	19.0%	20.7%	19.7%	17.3%	15.8%	17.5%	15.7%	13.6%	16.3%	14.8%	14.2%	16.3%
			Mid Ulster	-	-	-	-	-	0.4%	-	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	9.2%	9.1%	9.1%	9.0%	8.9%	8.8%	8.8%	4.7%	4.8%	7.0%	7.8%	5.2%
			Causeway	11.9%	11.7%	12.7%	11.0%	8.8%	8.9%	10.4%	8.4%	9.6%	6.9%	8.2%	8.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs –10 hrs	Antrim	4.8%	4.3%	4.7%	3.8%	5.1%	4.6%	5.1%	2.7%	1.8%	3.0%	3.1%	1.8%
			Causeway	5.4%	6.2%	6.7%	5.2%	4.4%	4.5%	6.5%	5.2%	5.2%	3.4%	3.3%	3.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs –12 hrs	Antrim	3.5%	5.0%	2.1%	1.8%	3.6%	3.2%	4.3%	2.5%	1.1%	1.9%	2.5%	0.8%
			Causeway	3.7%	4.4%	5.1%	3.6%	2.7%	2.5%	5.8%	5.9%	3.5%	2.8%	2.4%	1.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs –14 hrs	Antrim	0.2%	0.5%	0.1%	0.1%	0.4%	0.5%	0.7%	0.5%	0.2%	0.3%	0.4%	0.1%
			Causeway	-	-	-	0.1%	-	-	-	0.5%	0.2%	0.0%	0.1%	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs –16 hrs	Antrim	0.1%	0.4%	0.4%	0.1%	0.3%	0.3%	0.7%	0.7%	0.4%	0.4%	0.5%	0.1%
			Causeway	0.1%	-	-	-	-	-	-	0.6%	0.2%	0.1%	-	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs –18 hrs	Antrim	0.3%	0.5%	-	0.2%	0.3%	0.5%	0.7%	0.4%	0.2%	0.4%	0.5%	0.2%
			Causeway	-	0.1%	-	-	-	-	-	0.8%	0.3%	0.2%	0.1%	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	0.5%	1.2%	0.2%	0.2%	0.7%	1.1%	1.9%	3.4%	0.6%	0.9%	0.9%	0.2%
			Causeway	0.2%	-	0.1%	0.1%	-	-	0.1%	2.7%	1.5%	0.2%	0.3%	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median	3.03	03:14	03:05	03:02	03:56	03:11	03:07	02:45	02:44	03:00	03:02	02:43	
		ANT ED – Maximum	9.48	26:46	26:40	25:28	30:18	29:40	42:27	40:41	28:35	29:32	26:47	43:56	
		ANT ED – 95 th Percentile	25.12	11:16	08:37	08:27	10:11	10:36	11:47	12:18	07:31	09:05	09:50	06:59	
		CAU ED – Median	3.21	03:34	03:39	03:09	03:24	02:51	03:09	03:04	03:09	02:29	02:35	02:53	
		CAU ED – Maximum	9.33	16:07	18:35	19:45	11:50	11:58	25:49	30:19	51:20	21:36	26:11	11:57	
		CAU ED - 95 th Percentile	22.58	09:48	10:02	09:17	08:52	08:35	10:18	11:57	10:19	08:46	08:34	08:13	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4879	4871	4929	4986	5020	4636	4924	5407	5068	5692	5251	
			%	84%	85%	85%	86%	84%	82%	77%	81%	81%	77%	72%	
		Causeway	Number	2531	2702	2483	2359	2643	2418	2483	2363	2118	3131	3019	
			%	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	5	6	6	6	6	5	6	7		
			95 th Percentile	17	17	17	18	19	19	20	17	18	19	20	
			Maximum	52	69	51	33	180	264	66	61	134	49	64	
		Causeway	Median	10	12	12	11	10	11	11	11	12	9	11	
			95 th Percentile	37	38	42	36	30	30	32	36	36	29	30	
			Maximum	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	7	7	7	8	8	8	9	8	8	9	9	
			95 th Percentile	24	23	21	27	27	25	30	31	30	34	27	
			Maximum	355	218	248	199	211	431	194	189	147	243	165	
		Causeway	Median	11	12	13	12	10	10	11	11	11	9	10	
			95 th Percentile	39	35	44	34	29	29	29	35	36	28	26	
			Maximum	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	67	93	80	93	71	74	59	44	46	60	72	
			95 th Percentile	283	300	309	316	286	259	287	212	204	217	232	
			Maximum	596	442	653	537	544	467	591	545	377	389	442	
		Causeway	Median	74	87	85	52	38	33	40	27	44	27	31	
			95 th Percentile	305	397	319	258	212	197	217	201	198	215	182	
			Maximum	575	980	630	613	457	550	639	325	518	395	499	

Area	Indicator			Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
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	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.6%	0.3%	0.4%	0.3%	0.4%		
			Causeway	0.2%	0.3%	0.2%	0.2%	0.4%	0.4%	0.3%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	
		Very Urgent	Antrim	13.4%	13.0%	12.6%	13.5%	14.6%	14.9%	14.4%	15.0%	14.4%	15.7%	14.1%	14.2%		
			Causeway	11.5%	13.2%	13.6%	14.3%	15.1%	14.4%	17.5%	16.3%	18.7%	17.3%	16.4%	16.8%		
		Urgent	Antrim	41.6%	42.2%	42.5%	40.3%	41.2%	45.0%	46.3%	43.7%	43.9%	41.5%	41.2%	39.5%		
			Causeway	50.9%	48.8%	46.6%	49.4%	49.5%	51.2%	52.2%	50.8%	48.9%	48.7%	48.0%	45.5%		
		Standard	Antrim	27.7%	29.1%	28.8%	28.3%	27.5%	24.6%	30.8%	38.0%	39.0%	40.2%	30.6%	28.8%		
			Causeway	33.6%	34.8%	36.0%	31.1%	29.6%	28.5%	25.6%	25.8%	26.8%	28.9%	29.5%	34.0%		
Non Urgent	Antrim	0.8%	0.9%	0.7%	1.1%	0.6%	0.8%	2.1%	1.9%	2.0%	1.7%	1.5%	1.6%				
	Causeway	2.4%	2.0%	2.8%	2.2%	2.6%	2.2%	2.2%	2.8%	1.8%	2.4%	2.5%	2.1%				
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 th percentile and single longest time.	Antrim	Median	3:22	04:31	02:18	02:16	03:38	03:41	04:33	02:30	01:46	02:20	02:59			
			95 th percentile	10:09	14:36	07:42	08:07	11:20	13:19	16:46	22:56	09:37	12:11	13:08			
			Maximum	21:09	25:54	22:06	23:33	26:39	26:17	38:30	36:10	25:13	29:01	23:08			
		Causeway	Median	2:25	02:04	01:15	01:08	00:52	01:27	02:12	02:59	02:05	02:05	02:04			
			95 th percentile	7:03	06:26	07:16	06:09	06:06	06:30	08:11	17:23	11:09	07:37	07:11			
			Maximum	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.			5.6%	6.2%	5.4%	3.9%	2.8%	2.9%	2.8%	2.2%	2.1%	2.0%	2.6%	2.2%		
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim			4%	3%	3%	3%	3%	3%	2%	3%	3%	3.4%			
		Causeway			7%	7%	7%	5%	5%	6%	5%	6%	6%	6%	6.5%		
Stroke LOS	D15. Average length of stay for stroke patients			15.3	14.0	16.0	14.1	16.4	10.2	11.5	13.9	16.7	14.1	15.1	13.0		
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			9686	8362	9179	9603	9187	9128	7545	9050	8576	10089	8005	9444		
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			87%	75%	86%	88%	75%	67%	89%	91%	91%	69%	87%	98%		
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			98%	98%	98%	98%	94%	97%	99%	99%	99%	92%	99%	99%		

Area	Indicator	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
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	8	0	0	0	0	1	0	0	0	0	2	3
	Psoriasis	0	0	0	0	0	0	0	0	1	3	3	1	
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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Reablement	E3. Number of client referrals	(i) passed to re-ablement	196	167	181	226	218	205	196	278	207	162	214
		(ii) started on a re-ablement	60	61	74	77	73	95	79	68	109	118	103
		(iii) discharged from re-ablement with no further care required.	25	31	24	29	24	40	26	34	30	36	33

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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
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	7.2%	7.7%	6.5%	7.2%	6.5%	6.1%	6.9%	8.6%	9.9%	9.3%	12.4%	8.1%
			Rev	13.9%	13.0%	11.0%	12.0%	10.8%	9.9%	10.7%	13.6%	14.3%	13.1%	17.8%	12.7%
		(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	3.4	2.97	3.14	3.08	3.16	2.95	3.05	3.01	2.90	2.83	2.81	2.95	
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	1133	813	853	907	924	872	690	937	1127	1175	1179		
		%	7.0%	6.4%	5.9%	5.7%	5.8%	5.4%	5.2%	5.9%	7.8%	7.4%	9.6%		
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	6.7%	6.8%	6.0%	6.2%	6.2%	6.0%	7.2%	6.1%	6.1%	6.0%	6.1%	6.3%		
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)	Outpatient coding currently on hold until additional funding is received													
Day Surgery Rates	G5. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	70%	70%	70%	70%	69%	69%	69%	70%	70%	71%	69%	70%		
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.	79%	73%	70%	67%	78%	69%	65%	73%	77%	70%	77%	73%		
Pre-operative stay	G7. Elective average pre-operative stay.	0.36	0.70	0.48	0.48	0.58	0.55	0.67	0.71	0.68	0.82	0.46	0.55		
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.	2.9%	2.3%	1.5%	1.5%	4.3%	2.3%	3.6%	5.1%	2.8%	1.6%	2.4%	1.1%		
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.1	2.8	3.4	2.8	3.0	3.1	2.9	3.0	3.4	3.1	3.8	3.8		
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	12.8%	13.3%	13.8%	12.8%	13.2%	13.0%	12.9%	13.4%	13.2%					
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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)			142	147	149	152	153	157	159	161	166	167	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	56	53	54	54	55	54	55	54	54	54	53	55	
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	Urgent	0.13%	0.03%	0.37%	0.06%	0.43%	0.09%	0.44%	0.21%	0.89%	0.11%	0%	0.19%
		Routine	0.32%	0.46%	0.61%	0.48%	0.62%	0.20%	0.03%	0.07%	0.26%	0.12%	0.03%	0%
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI5)	80%	71%	67%	67%	64%	67%	79%	82%	94%	98%	100%	98%	
Children	Children admitted to residential care will have, prior to their admission - (AI10)	(a) been subject to a formal assessment	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)	0% (0 of 1)
		(b) have their placement matched through Children's Resource Panel	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)	100% (0 of 1)
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)	92%	60%	64%	64%	58%	58%	56%	100%	57%	60%	48%	29%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	43%	55%	54%	56%	60%	65%	48%	48%	81%	69%	79%	76%	
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%		
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)	50	52	34	21	27	19	16	21	27	19	29	26	
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 - Mar)			Quarterly Info		

Area	Indicator	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
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)			Quarterly Info		
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	5	5	4	4	3	4	4	
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)	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%	99%	99%	100%	100%	99%	100%	100%	100%	95%		
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	95%	90%	88%	95%	96%	100%	92%	85%	95%	92%	88%	92%	
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%	83%	76%	62%	64%	74%	65%	79%	78%	82%	78%	79%	
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)	87%	100%	59%	51%	93%	100%	100%	54%	80%	63%	100%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment Number > 13 wks	505	541	578	561	543	502	503	504	481	396	342	270
	Intervention Number > 13 wks	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)	85	53	79	95	64	76	56	63	62	78	57		
Theatre	Theatre Utilisation and Cancellation rates (AI40)	73%	73%	77%	77%	77%	78%	72%	75%	74%	73%	77%		
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)	477	561	574	674	558	319	209	114	160	150	168	78	
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	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
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	100%	99%	93%	98%	99%	100%	99%	98%	98%	99%	96%	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.	97%	98%	99%	98%	94%	93%	97%	98%	94%	94%	96%	100%

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%
26th May 2017 (8 weeks)	802	629	-173	-22%	1698	1665	-33	-2%	2500	2294	-206	-8%	8922	8052	-870	-10%	13842	15215	1373	10%

NOTES:

- The tables above excludes Endoscopy procedures in Gastro, GS & Medicine.
- Elective Inpatient activity is based on Admissions (1st FCE only)
- 2017/18 Volumes are Draft.

17/18 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 8 weeks (26th May 2017)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-25%	Staffing issues in the Dermatology service have left a shortfall of 2.25 consultant sessions and 1 specialty doctor session per week. As there is a reduced clinic capacity the remaining sessions are focussed on complex / red flag referrals often including a biopsy or other procedure.	An urgent meeting has been requested with the Board by the NHSCT to discuss our concerns and explore all options to redress the gap.
ENT	-32%			IPDC split not agreed. Inpatient volumes mainly impacted by capping of lists due to unscheduled pressures.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Gastroenterology	-23%	-44%	-11%	Reduction in IPDC volumes due to shift in activity to outpatients with procedure. OP volumes reduced in April due to Easter holidays.	IPDC SBA under review .
General Medicine			-12%	OP volumes reduced in April due to Easter holidays.	
Geriatric Medicine			-35%	Lack of demand.	Allocation of clinic resource under review .
General Surgery	-39%	-22%	-17%	IPDC SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites. OP volumes reduced in April due to Easter holidays.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Nephrology			-11%	Lack of demand.	
Neurology			-50%	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)	-22%	-18%	-14%	Under utilization of both Daycase and Inpatient Lists due to a number of factors which include the majority of daycase activity taking place on peripheral sites and the necessity to risk stratify the acuity of patient who can be placed on these lists. Ongoing pressures with anaesthetic cover particularly on the Causeway Site. OP volumes reduced in April due to Easter holidays.	Close monitoring on a weekly basis via Qlikview to ensure timely identification of issues with under utilization of lists.
Rheumatology	-65%			Limited requirement for IP management.	
Thoracic Medicine			-30%	Consultant vacancies x 2 - difficulty in permanently recruiting to posts and securing locum cover. Consultant maternity leave within Causeway locality - unable to recruit temporary or locum cover from September 2016. Consultant and Speciality Doctor clinics reduced in Causeway for April and May to accommodate on-call cover and post-take ward rounds.	One vacancy filled - with provisional start date July 17. Long term locum secured for other vacancy. Locum secured for maternity leave commencing mid-May. Causeway clinics to be reinstated to full capacity from June 2017.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

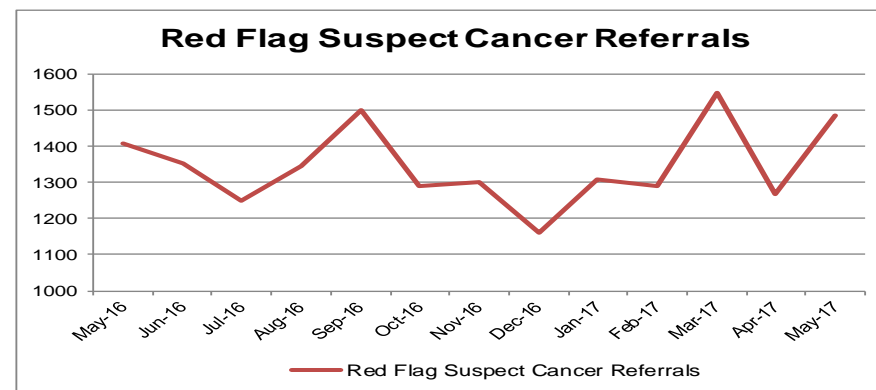
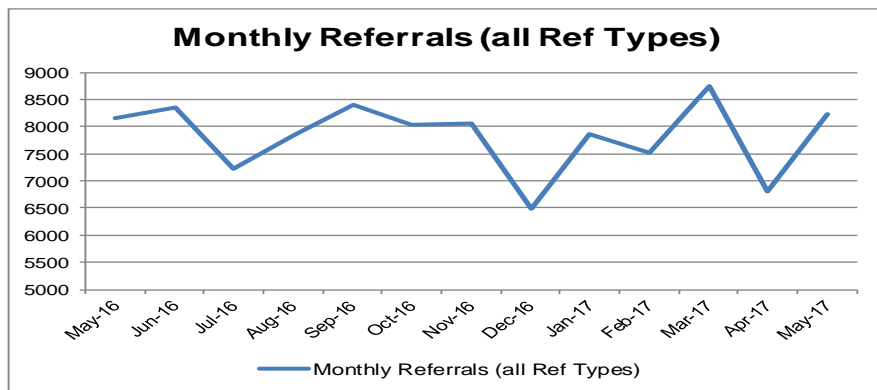
Outpatient Demand

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	6817	8231											
Variance on Previous Year	-1614	63											
% Variance on Previous Year	-19%	1%											

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	6817	15048											
Variance on Previous Year	-1614	-1551											
% Variance on Previous Year	-19%	-10%											

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	1267	1485											
Variance on Previous Year	-51	78											
% Variance on Previous Year	-4%	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	7,251	7,905											90,936

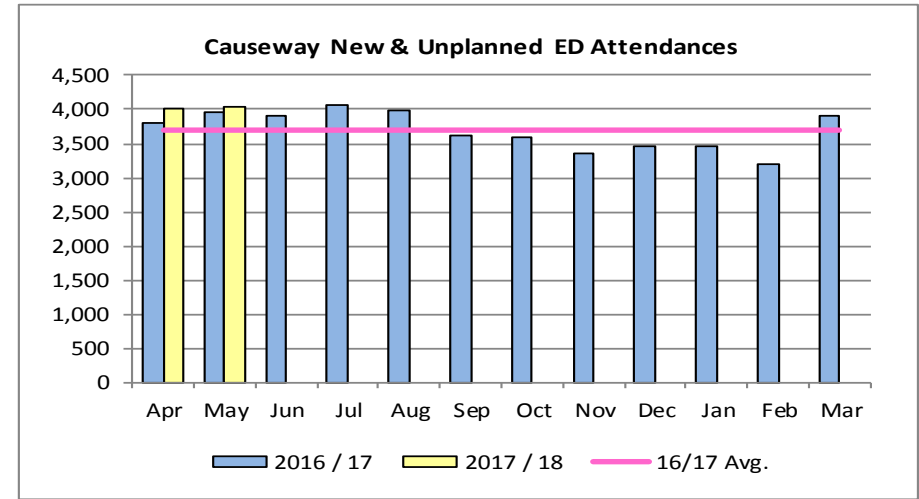
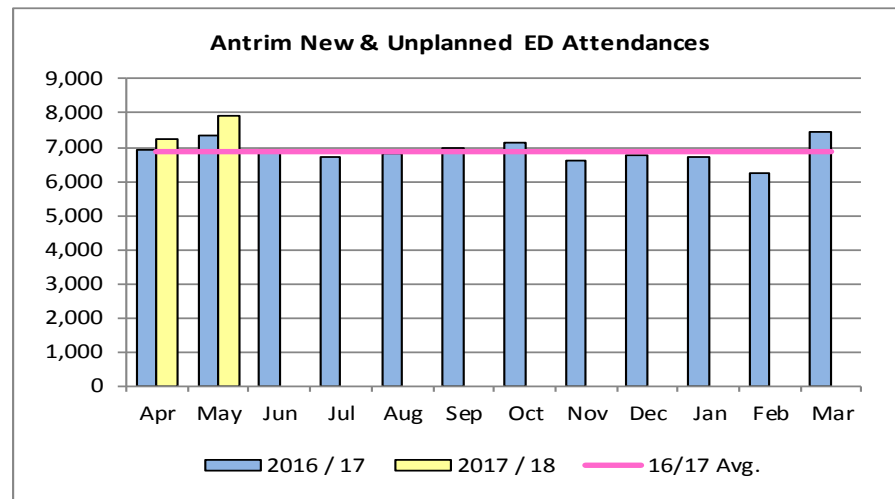
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

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	4,047											48,318

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	11,257	11,952											139,254

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 & Families	Med & Em Medicine	Surg & Clin Services	MH, LD & CW	Comm Care	Strat Dev & Bus & Serv.	Finance	HR inc CEO	Medical (Inc Gov. & Pharmacy)	Nursing (inc Support Serv.)
Headcount as at 31 May 17	11826	2059	1177	2270	1631	2689	182	284	121	277	1136
% Absence (1 April 17 – 30 April 17)	6.31%	6.23%	5.41%	6.44%	6.55%	6.88%	3.30%	6.29%	3.37%	5.15%	7.02%
Q2020 Level1 % of staff trained as at 31 May 2017	20%	7%	11%	12%	20%	32%	18%	78%	55%	18%	20%

Absence

The Trust cumulative sickness absence figure as at 31st March 2017, which takes into account the impact of late recording, is now confirmed as 7.35%, 0.45% above the Trust target of 6.9% absence. 14.71 days were lost per employee due to sickness absence. This is the final figure and has been submitted to DOH. We continue to work towards the Trust target of 6.9% absence.

We are pleased to report that long term absence has reduced from 5.82% in January 17 to 5.03% in March 17 (including late recording). Sickness absence for the month of April 17 is 6.31%.

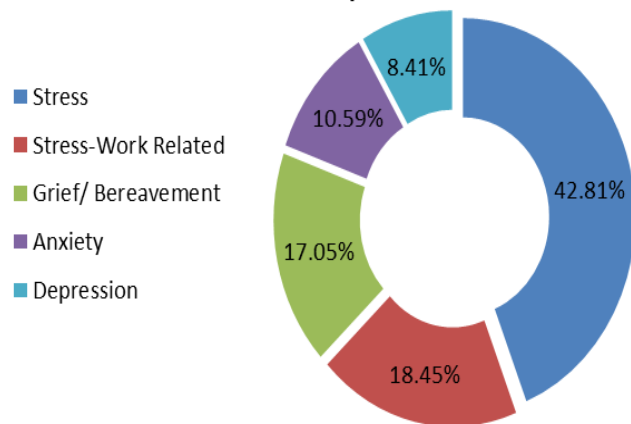
Staff Development

On the 8th June 2017, at the Trust’s annual presentation event, seventy-three members of Trust staff were presented with their certificates having successfully gained a qualification on the QCF Framework.

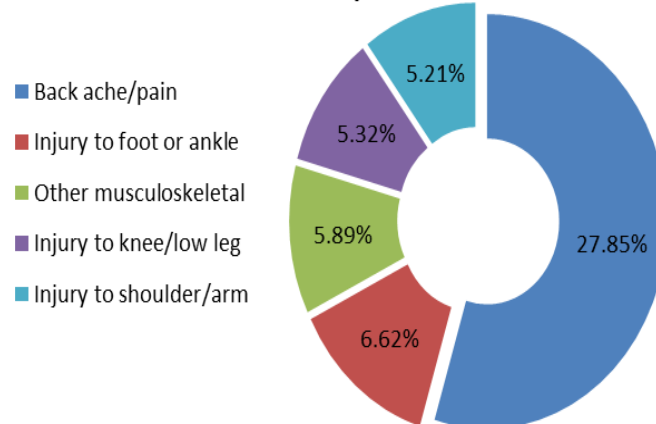
On the 9th June 2017, the Trust launched its new Leadership and Management pathway. The pathway offers learning that is connected to the challenges our managers face in their day-to-day role. It is focused on nurturing a culture that ensures the delivering of continuously improving, high quality, safe and compassionate care and recognises that the relationship an employee has with their line manager is key to engaging employees.

From the 1st - 30th April 2017, 64% of employee sickness absence was as a result of either mental health absence (33%), musculoskeletal problems (19%), or miscellaneous absence (12%). The pie charts below show the top reasons for absence within each of these three absence categories.

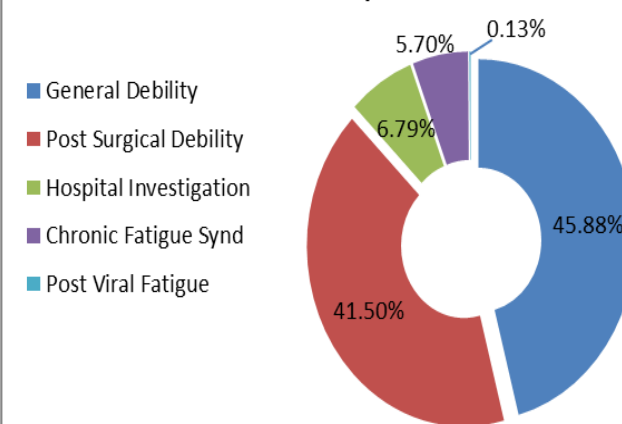
**Top 5 Reasons for Mental Health Absence
1st -30th April 2017**



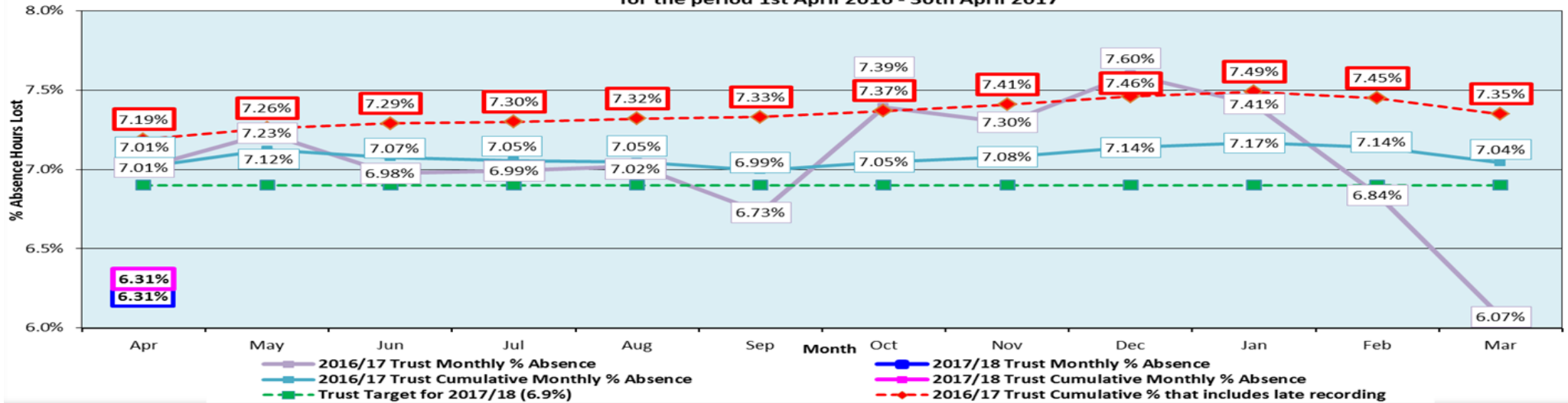
**Top 5 Reasons for Musculoskeletal Problems
1st -30th April 2017**



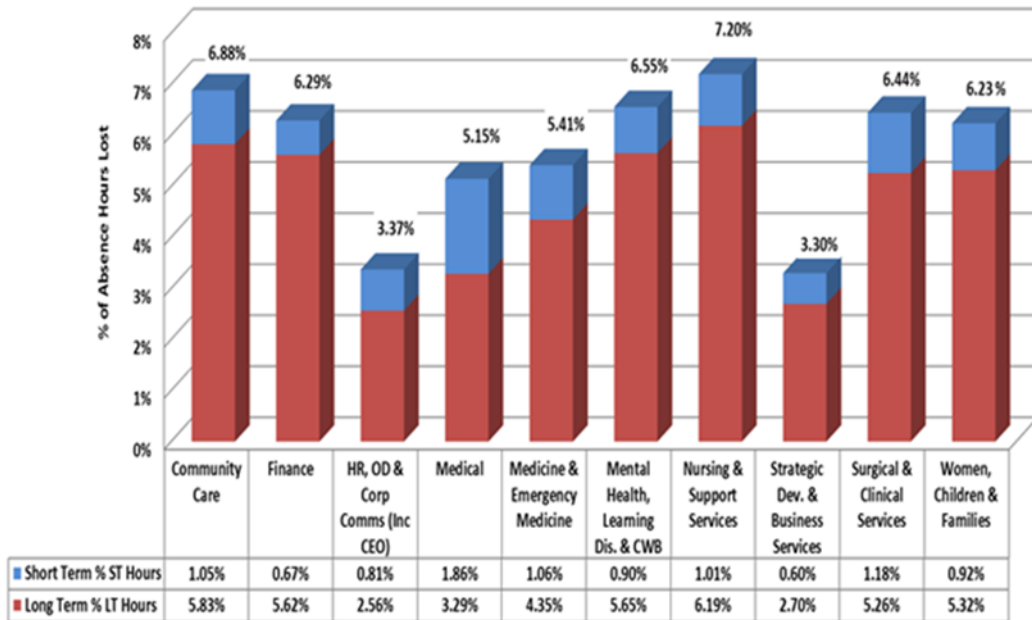
**Top 5 Reasons for Miscellaneous Absence
1st -30th April 2017**



Northern Trust % Absence Hours for the period 1st April 2016 - 30th April 2017



% Absence by Directorate/Division for the period 1st - 30th April 2017



NHSCT Number of Staff Absence Spells from 1st May 2016 to 30th April 2017



Staff Absence Categories 16/17

From the 1st April 2016 – 31st March 2017, 91% of employee sickness absence fell within ten absence categories as shown in the bar graph below.

The pie charts below show the top reasons for absence within each of the top five absence categories for the 1st April 2016 – 31st March 2017 period

*Please note Musculoskeletal Problems is a combination of the following absence categories: Back problems, injury /fracture and other musculoskeletal problems.

