Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

June 2017

Prepared & Issued by Strategic Development and Business Services – 18th July 2017

innovation
Quality
improvement

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:
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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.

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 18 secure a reduction in the number of MRSA infections. MRSA 2017/18 Trust target is no more than 8 cases. 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 18 secure a reduction in the number of CDIFF infections. CDIFF 2017/18 Trust Target is no more than 48 cases. (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)	G	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 1st 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 1st 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)	A	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)	A	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)	R
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)	R
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)	G
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

Key Trust Challenges and Progress (including performance trend on previous month – TOPM, increasing - ↑, decreasing - ↓)

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

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

Performance against the 4 hour target during June 2017 was 75% at Antrim hospital and 67% at Causeway hospital. Antrim ED had 25 twelve hour breaches compared to 38 the previous month whilst Causeway Hospital had 3 twelve hour breaches compared to none the previous month. Cumulatively the Trust has experienced 252 twelve hour breaches from April 17 – June 17.

28
12 hour breaches June 2017.
(PAGE 25)
TOPM ↑

Diagnostic Waiting Times

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 however no additional funding has been provided to date in 2017/18 and therefore waiting times are beginning to deteriorate. One new appointment has been made but it will be some time before they are in a position to take up post. 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..

401
Patients waiting over 26 weeks at the end of June for a Diagnostic test
(PAGE 16) **TOPM ↑**

Psychological Waits

At the end of June there were 71 patients waiting over 13 weeks, compared to 91 the previous month. Performance is being impacted in the main by LD psychology services. The May position for Learning Disability (adult and children) has improved since the end of May position. The service has 51 breaches of a total WL of 155 with longest wait of 190 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.
It is likely that the service will be out of breach by end of January 2018 if all vacant posts are filled.

71
Psychological waits over 13 weeks at the end of June.
(PAGE 31) **TOPM ↑**

62 Day Urgent Suspected Cancer referrals to commence treatment

From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

68%
Achieved in May 2017
(PAGE 21) **TOPM ↓**

Demand and Elective Waiting Lists

Referrals for New 'Red Flag' Cancer outpatient appointments increased by 15% in June 2017 compared to June 2016. This continues to have a significant impact on Trust waiting times.

At the end of the June 2017 the combined position for elective inpatients and day cases was 7% below expected SBA volumes. New outpatient attendances were 4% below SBA volumes and review attendances were 12% above volumes.

With regard to AHP services, there were 8451, 13 week breaches at the end of June 2017. This is compared to 8468 the previous month. AHP services continue to be impacted by capacity and demand issues with actions being taken where possible to help reduce the breach position. PAGE 22

15%
Increase in Red Flag Cancer referrals June 2017 compared to June 2016
(PAGE 50)
TOPM ↓

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

At the end of May there were 228 patients waiting >13 weeks compared to 270 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 has implemented plans to reduce the length of wait, including recruitment to vacant posts eg frontline staff increased from 8.6 (Sept 16) to 19.23 WTE as of end June 17 and overtime clinics. Comparing Sept 16 to June 17 total number waiting has decreased from 831 to 619 and the longest wait has reduced from 424 months to 178 days. Assuming little change in referrals and staffing the impact of recovery actions being undertaken is predicted to achieve the 13 weeks target sooner than first anticipated i.e. early to mid-2018. (Initial indications suggested mid 2020). Service modelling will be continuous to align staff with demand and more precisely predict when a non-breach position will be achieved.

228
Children waiting over 13 weeks at the end of May.
(PAGE 47)
TOPM ↑

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, 747 patient** stories have been returned regionally (correct on the 31/05/2017), of which **2,409** (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 (Programme of story collection now closed)
- 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)
- Experience of Discharge – Commenced on 3rd July 2017

	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative
Unscheduled Care	**1674**	**559 (33.3 %)**	**472**	**53**	**39**
Northern Ireland Ambulance Service [1]	**300**	**158[2] (52.6%)**	**151**	**5**	**2**
Adult Safeguarding	**77**	**14 (18%)**	**8**	**4**	**2**
Staff experience	**347**	**32[2] (9.2%)**	**15**	**9**	**8**
Health and Social Care in Northern Ireland	**859**	**308 (35.8%)**	**265**	**33**	**9**
Experience of Eyecare Services in Northern Ireland	**376**	**63 (16.7%)**	**60**	**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

- 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 – report completed.
- Community Occupational Therapy – report completed.
- Podiatry Services within the Hospital and Community setting – closed report in progress
- Diabetic Foot Care Pathway
- Community Social Work – report completed.
- Process of choosing a Nursing Home Placement in collaboration with The Equality Unit – Report completed
- Ward A1 – report completed.
- All wards in AAH and Causeway have been given 10,000 surveys and posters
- Theatres and recovery Project – closed report in progress
- 100% Challenge Project.
- Macmillan Unit Project – on-going
- C4 Project (Prior to Quality Improvement Initiative)
- Whiteabbey Ward 2 Project – closed report in progress
- Health Visitor Project commencing June 2017

10,000 More 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 More 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.

10,000 More Voices was launched on the 12th June 2017.

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 June 2017 there were 64 formal complaints, 3 of which were reopened. Of these complaints 42 were responded to within 20 working days (66%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

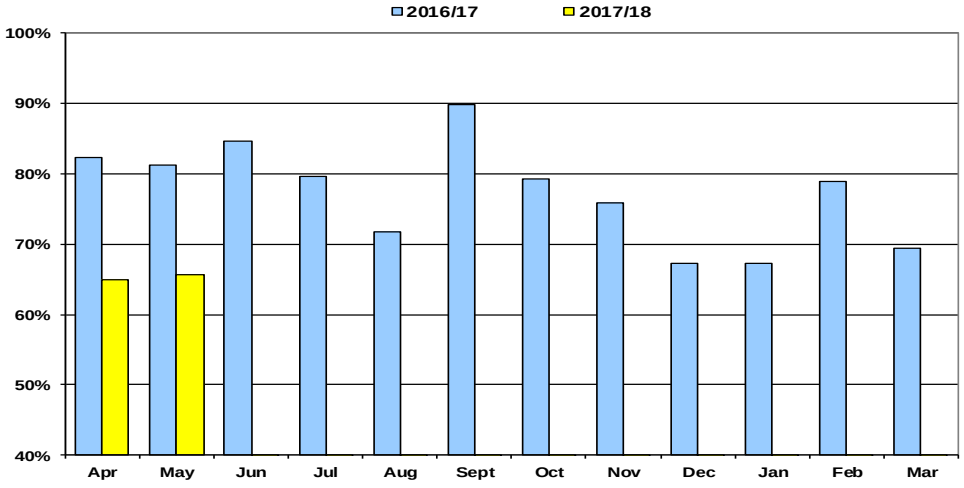
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints Information is presented one month in arrears

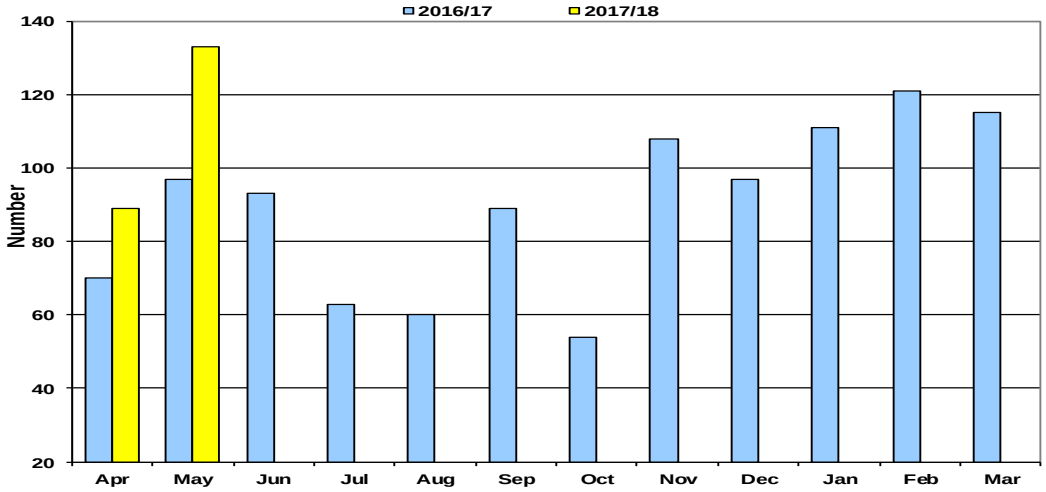
May 2017 Position	MEM	SCS	WCF	MHLDC	Community	Finance	SDBS	M & G	Nursing	Unknown	Trust Total
Number Of Complaints	13	14	11	5	12	2	1	-	6	-	**64**
% Complaints Responded to Within 20 Days	23%	57%	82%	100%	83%	100%	100%	-	67%	-	**66%**
Compliments Received	27	37	20	15	31	-	-	-	-	3	**133**
Number of complaints relating to staff attitude, behaviour and communication											24

(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

2.0 Safe and Effective Care
2.1 Healthcare Acquired Infections (CPD 2.1)

Causes/Issues that are impacting on performance

MRSA – The Trust target for MRSA bacteraemia in 2017/18 has been set by PHA at 8 cases; there have been 2 cases of MRSA bacteraemia to date (end June) both 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 target for CDI in 2017/18 has been set by PHA at 48 cases. At the end of June 2017 the Trust has identified 21 cases of CDI. A breakdown of these figures indicate that 8 cases had an onset of diarrhoea on admission or within 48 hours of admission to hospital and 13 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 a general increase in the number of CDI cases associated with Causeway Hospital with highly probable transmission of 2 cases of CDI (with the same ribotype 014) identified in one ward The Trust is currently managing this as an increased incidence and has notified PHA. There is now an increased focus and implementation of compliance of control measures on this site with a Control Group meeting 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

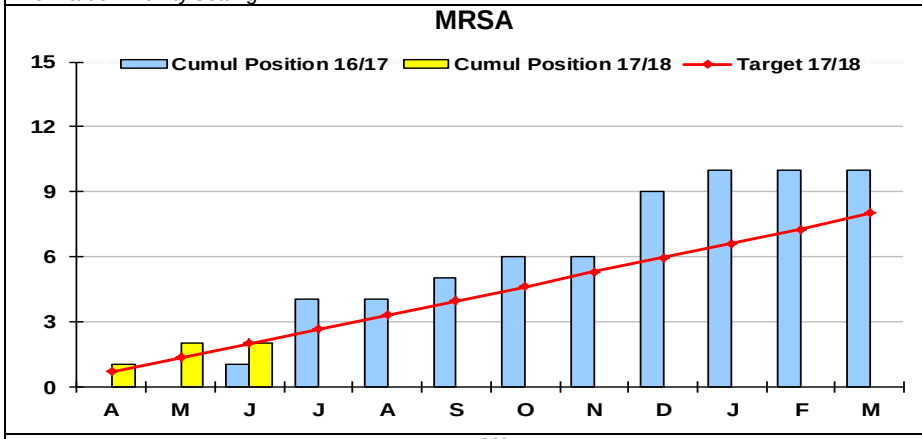
MRSA - Blood Culture Competency based training and Aseptic Non-Touch Technique (ANTT) training on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes an Infection Control element. 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 being undertaken weekly in Causeway and also undertaken in high use areas where clinical attendance allows. The protocol for Medical assessment of patients presenting with vomiting and/or diarrhoea is enforced by the IPC team who continue to increase awareness of correct placement and management of patients presenting with diarrhoea with all staff. Additional IPC training is delivered as necessary.
Environmental cleanliness audits and clinical practice audits remain on-going. Intensive cleaning programme is on-going across all inpatient areas. Focused commitment by IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway.

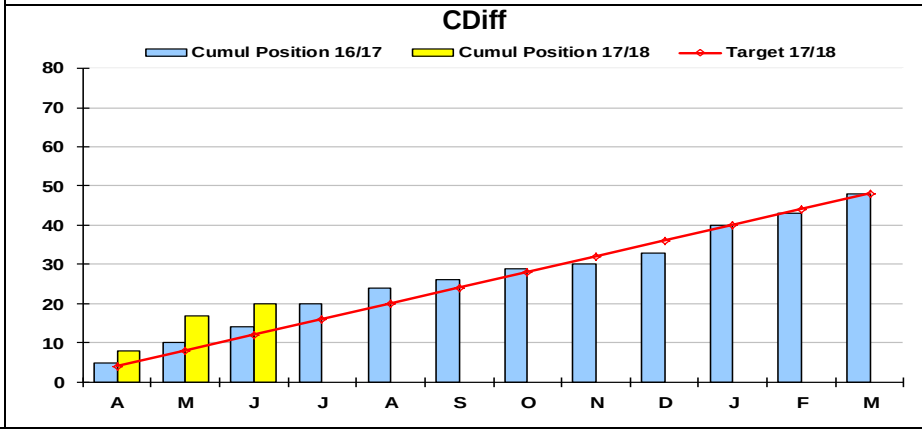
Forecast impact on performance

The Trust has now received the PHA targets for 2017/18 and due to the increased numbers of CDI cases seen in quarter 1 of this year so far, it will be a real challenge for the Trust to further improve on the reductions seen in last year's surveillance.

	Actual Activity 16/17	Apr 17	May 17	June 17	Cumulative position as at 30/06/17
No of MRSA cases	10	1	1	0	2
No of CDiff cases	48	8	9	3	20
Deaths associated with CDiff	1	0	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.





2.0 Safe and Effective Care
2.2 Stroke (CPD 4.7)

Causes/Issues that are impacting on performance

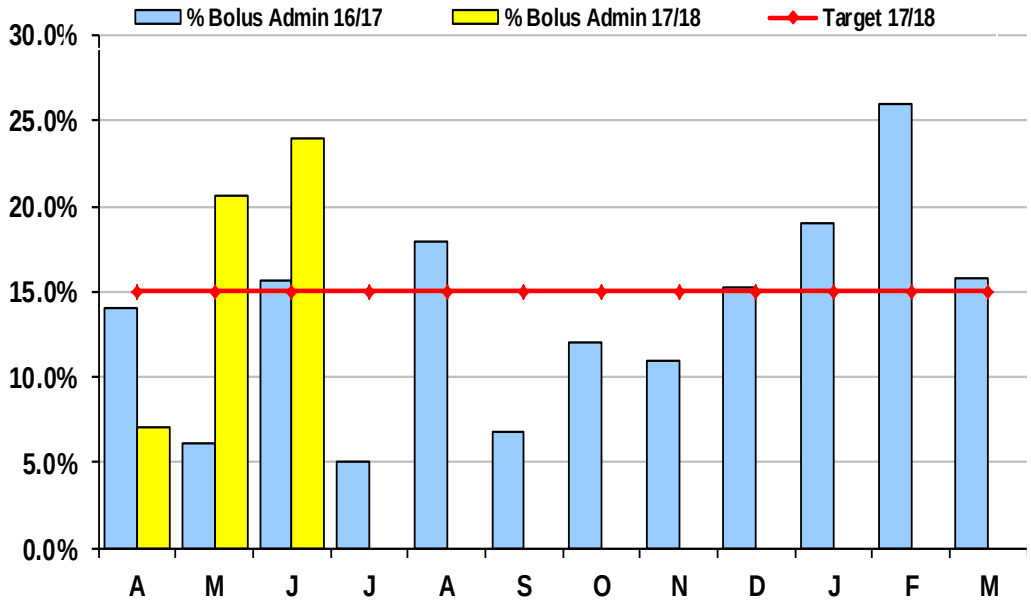
Target achieved.

Forecast impact on performance

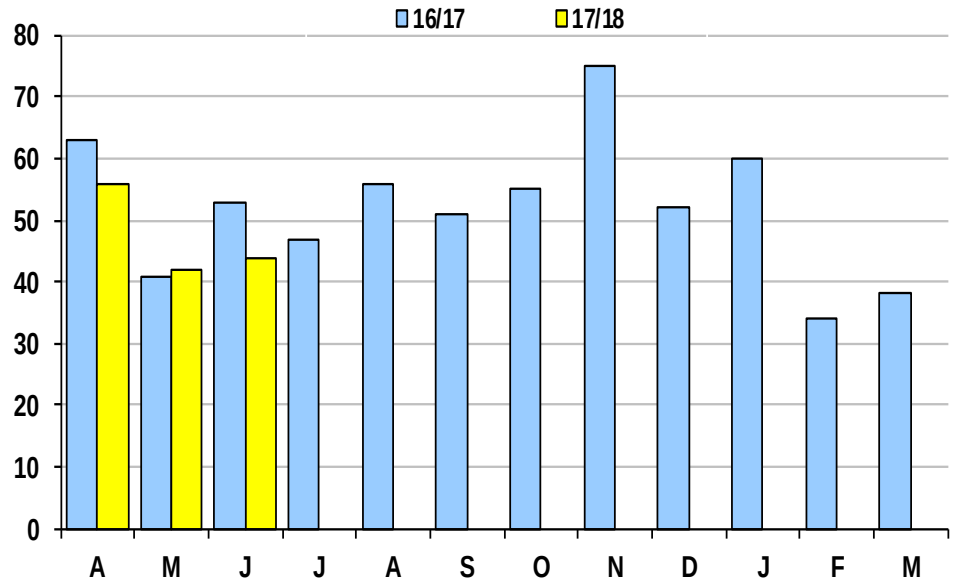
Variance is within normal parameters.

	Target 16/17	Apr 17	May 17	June 17
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	7.1%	20.6%	24%
Number of Emergency admissions with a primary diagnosis of stroke		56	42	44

% 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 had a total number of 225 hospital acquired pressure ulcers; 79 of these were graded 3 & 4 and, of these, 45 were **avoid**able. The Trust's average compliance with the SKIN bundle was 85%.

Falls – During 2016/17, there were a total of 1871 inpatient falls, of which 34 were graded as moderate severity or above (compared to 1667 and 51 for 2015/16). The Trust's average compliance with Parts A & B of the FallSafe bundle was 70% and 68% respectively.

VTE – During 2016/17 the Trust had an average compliance of 89% 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.

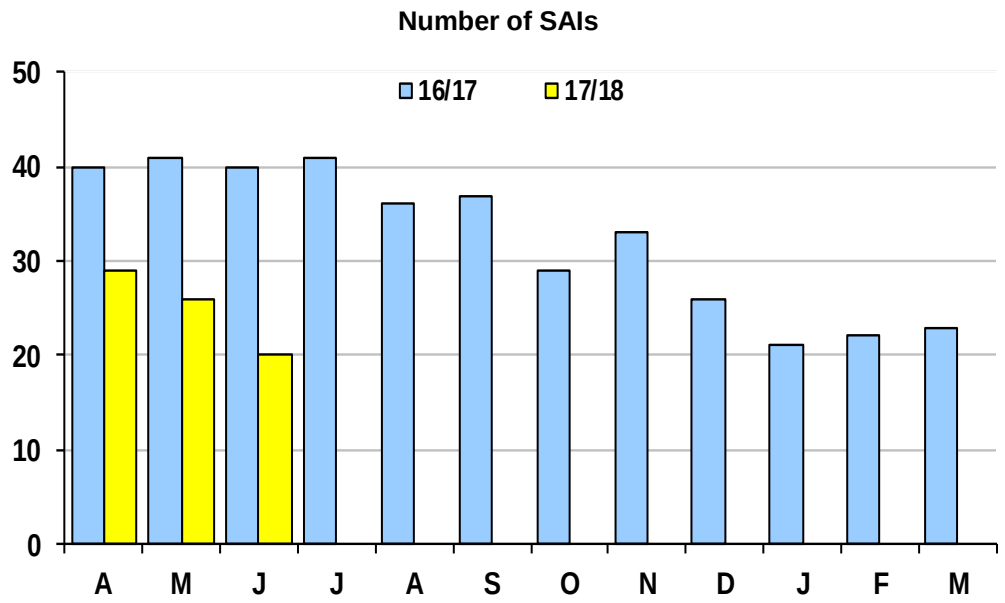
		16/17 Qtr 2	16/17 Qtr 3	16/17 Qtr 4
Number of hospital acquired Pressure Ulcers* graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were **avoid**able	23	24	16
Number of grade 3 & 4 pressure ulcers that are **avoid**able		11	13	7
Compliance with SKIN bundle for Pressure Ulcers	95%	87%	83%	82%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	464	459	444
Number of Inpatient Falls with moderate severity or above		8	10	10
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 – June 2017								
	Trust Total	CC	Finance	MEM	MH,LD & CW	M&G	SDBS	SCS	WCF
Level 1 (SEA)	**14**	1	**-**	3	9	**-**	**-**	**-**	1
Level 2 (RCA)	**6**	0	**-**	2	4	**-**	**-**	**-**	0
Level 3 (External)	**-**	-	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total	**20**	**1**	**-**	**5**	**13**	**-**	**-**	**-**	**1**

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

Number of investigations overdue by completion date by numbers of weeks –	
Number of weeks overdue	Total
0-10 weeks	8
11-20 weeks	9
21-30 weeks	2
31-40 weeks	1
41-60 weeks	0
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

3.2 DHSSPS Indicators of Performance 2016/17 - Indicators of performance are in support of the Commissioning Plan Direction Targets.

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

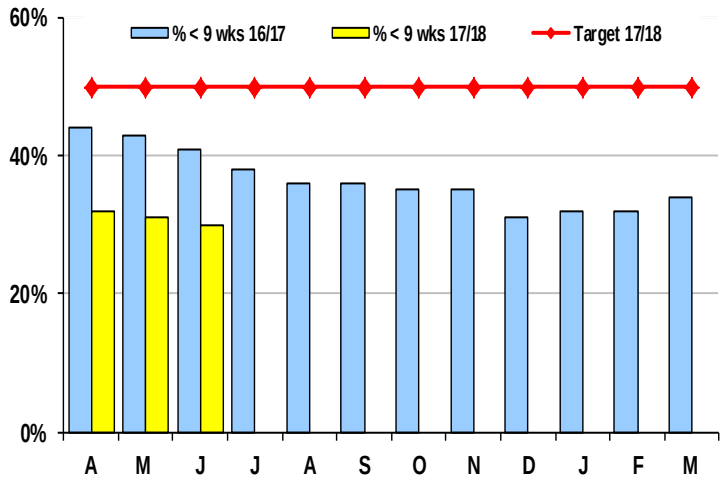
3.0 Quality Standards & Performance Targets
3.1 DHSSSPS Commissioning Plan Direction Targets & Standards 17/18

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	**Core & Independent Sector patients waiting < 9 weeks**
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	**Core & Independent Sector patients waiting > 52 weeks**

Core & Independent Sector patients waiting < 9 weeks

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
38%	36%	36%	35%	35%	31%	32%	32%	34%	32%	31%	30%	↓

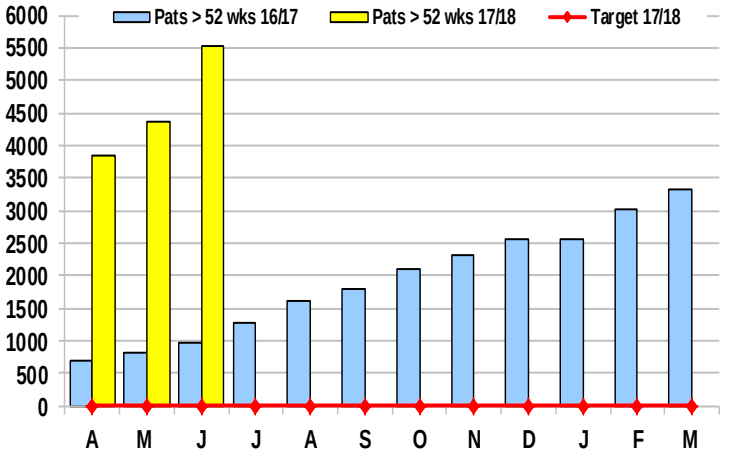


Core & Independent Sector patients waiting > 52 weeks

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
1273	1620	1806	2114	2325	2575	2561	3006	3316	3856	4358	5524	↓

Core & Independent Sector patients total patients waiting

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
26687	27838	28490	28790	28623	28863	30339	30082	31354	32560	32549	34149



SCS

Diagnostic waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

This is not a performance issue. 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.

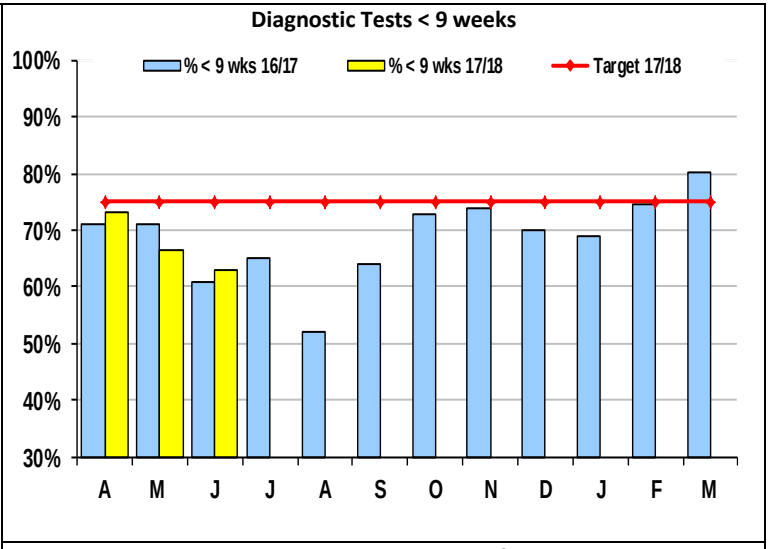
ACTIONS BEING TAKEN WITH TIME FRAME

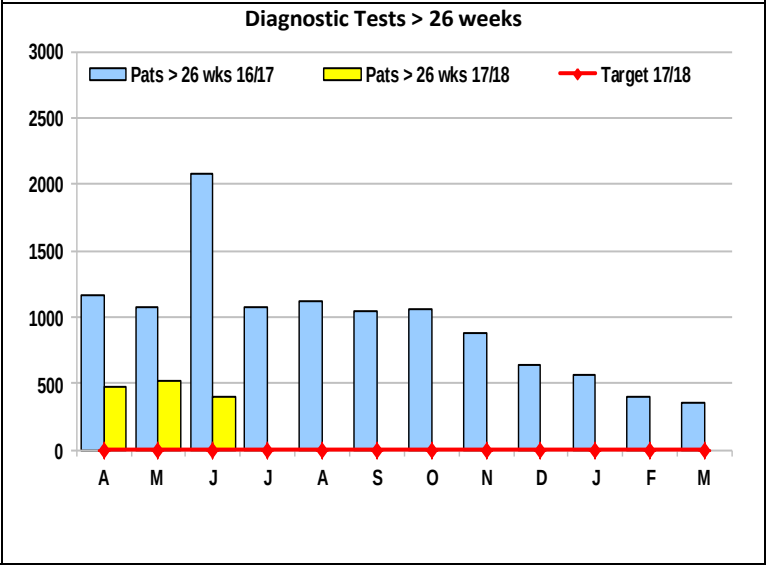
Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography however no additional funding has been provided to date in 2017/18 and therefore waiting times are beginning to deteriorate. One new appointment has been made but it will be some time before they are in a position to take up post. 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												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
65%	52%	64%	73%	74%	70%	69%	75%	80%	73%	67%	63%	↓
Diagnostic Tests > 26 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
1079	1126	1044	1068	886	642	562	399	352	474	523	401	↑





SCS

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

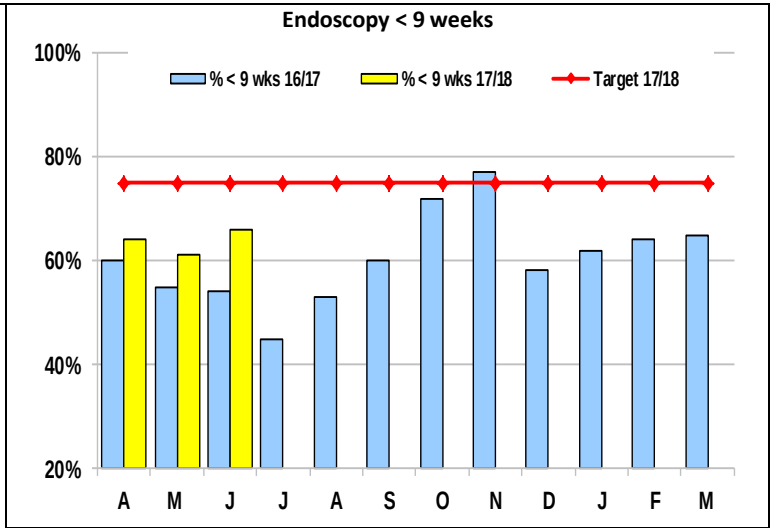
Elective access funding has been secured for the first quarter of 2017/18 and will reduce red flag and routine waiting times. Recruitment ongoing to gastroenterology posts.

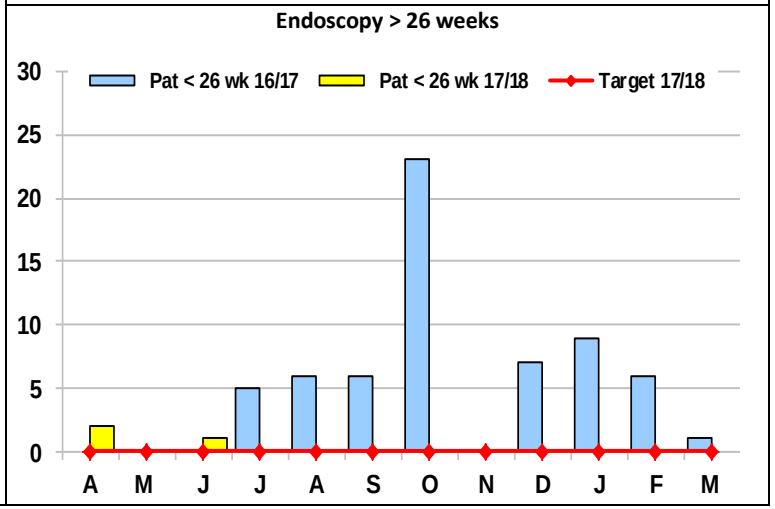
FORECAST IMPACT ON PERFORMANCE

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

Endoscopy < 9 weeks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
45%	53%	60%	72%	77%	68%	62%	64%	65%	64%	61%	66%	↑

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





SCS/MEM/WCF

Inpatient / Daycase Waits
By March 2017 55% of patient should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks**.** (CPD 4.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
Theatre capacity: High demand for red flag and urgent patients and a lack of theatre capacity on the Antrim site reduces the Trust's ability to treat routine inpatients, increasing overall waiting times.
Unscheduled pressures: There 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

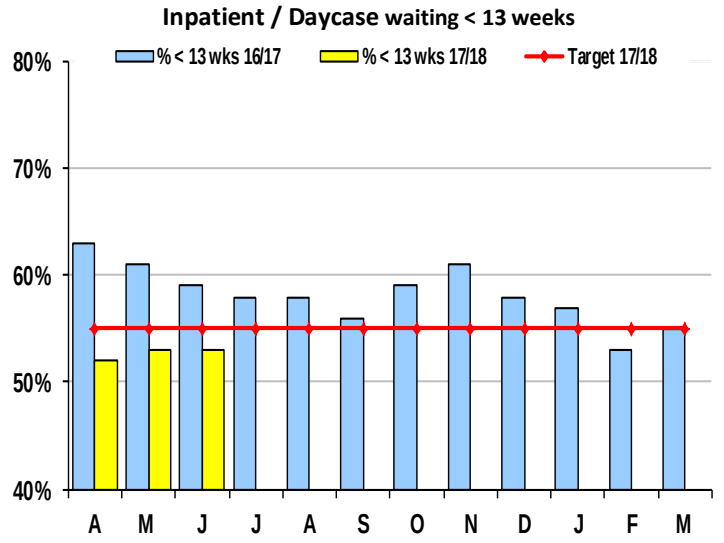
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
58%	58%	56%	59%	61%	58%	57%	53%	55%	52%	53%	53%	↑

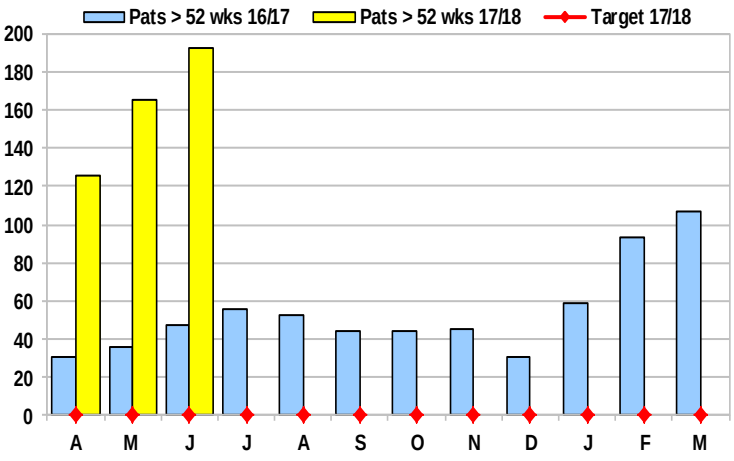
Core & Independent Sector patients waiting > 52 weeks

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
56	52	44	44	45	30	59	93	107	126	165	192	↓

Core & Independent Sector total patients waiting

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
5034	4976	4888	4843	4894	4808	4908	5072	4989	4891	4791	4672





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).

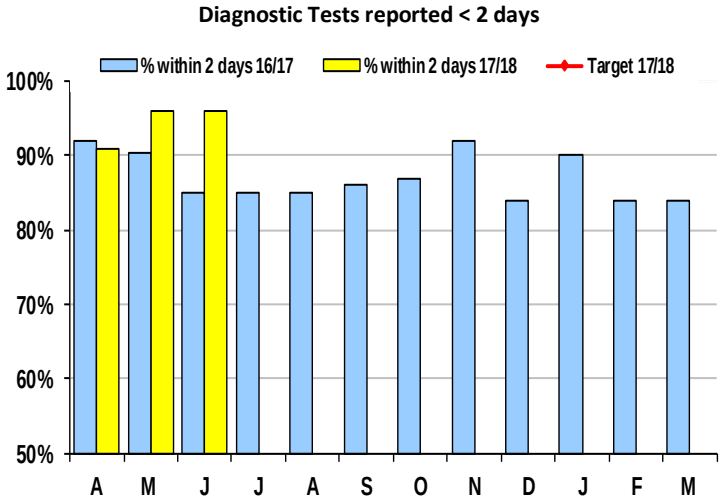
ACTIONS BEING TAKEN WITH TIME FRAME

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

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. There were 9 NHSCT breaches of the 14-day target in June 2017, with the longest wait at 19 days.

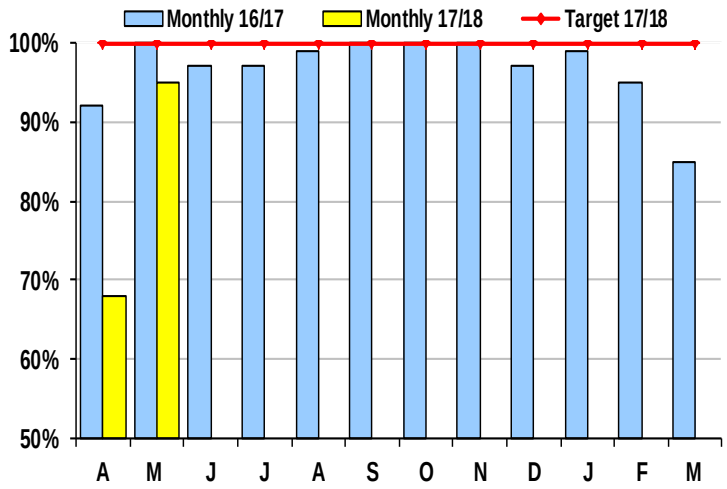
ACTIONS BEING TAKEN WITH TIME FRAME

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.

Urgent breast cancer referrals seen within 14 days												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
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)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

All breaches in June 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. The lack of non-recurrent funding for diagnostics is also impacting on the ability to maintain red flag targets.

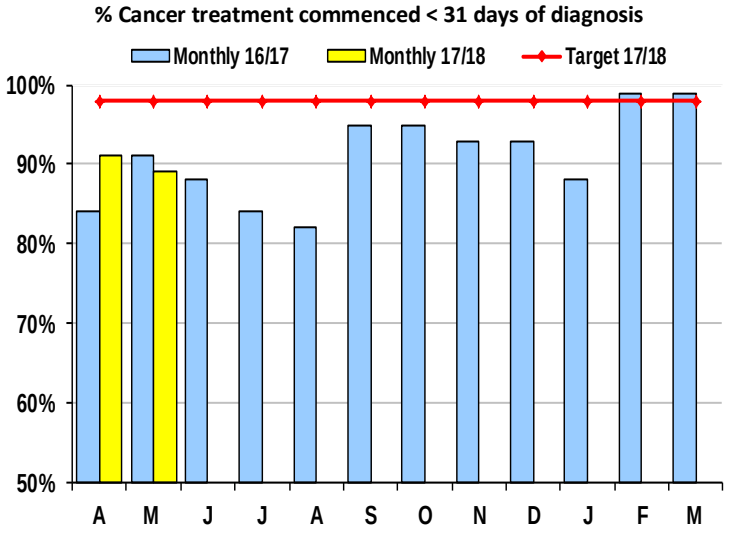
ACTIONS BEING TAKEN WITH TIME FRAME

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.

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.

% Cancer treatment commenced < 31 days of diagnosis												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
84%	82%	95%	95%	93%	93%	88%	99%	99%	91%	89%		↓



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)

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.
The lack of non-recurrent funding for diagnostics is also impacting on the ability to maintain red flag target

ACTIONS BEING TAKEN WITH TIME FRAME

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

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

Lung: proactive monitoring in place

Gynae: additional hysteroscopy sessions being undertaken.

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

FORECAST IMPACT ON PERFORMANCE

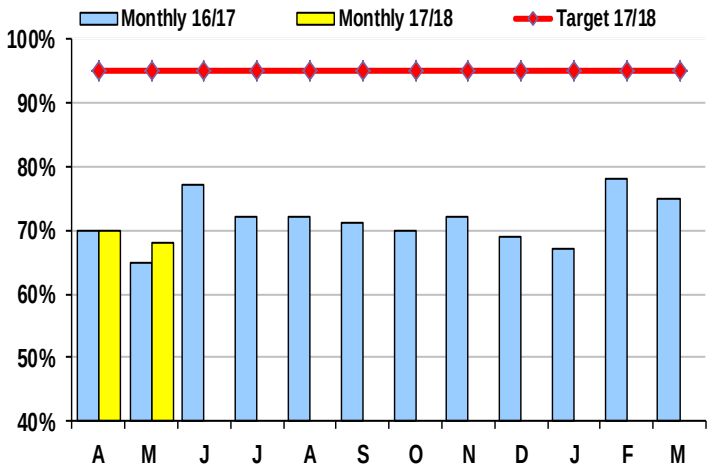
Lower/upper GI: additional endoscopy resource will improve performance at this part of the pathway but there is still an ongoing issue with capacity for patients requiring surgery.

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

Urgent cancer referrals treatment < 62 days (%)

Tumour Site	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
ALL	**72%**	**71%**	**70%**	**72%**	**69%**	**67%**	**78%**	**75%**	**70%**	**68%**		↓
B	77%	100%	92%	94%	93%	94%	100%	86%	100%	100%		
G	57%	57%	42%	67%	67%	40%	63%	50%	100%	40%		
H	80%	100%	100%	100%	20%	100%	100%	100%	67%	50%		
HN	50%	100%	75%	67%	0%	0%	50%	0%	0%	-		
LGI	43%	32%	43%	47%	42%	16%	33%	80%	23%	33%		
UGI	44%	60%	0%	20%	38%	67%	50%	0%	0%	66%		
L	54%	68%	65%	43%	100%	75%	75%	67%	33%	89%		
S	97%	76%	83%	78%	83%	81%	100%	94%	83%	59%		
U	50%	67%	100%	0%	50%	-	100%	-	0%	100%		

Urgent cancer referrals treatment < 62 days (%)



May 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 – 16.0 patients treated
(G) Gynae Cancers – 5.0 patients treated
(H) Haematological Cancers – 2.0 patients treated
(HN) Head/Neck Cancer – 0.0 patients treated
(LGI) Lower Gastrointestinal Cancer – 9.0 patients treated
(UGI) Upper Gastrointestinal Cancer – 1.5 patients treated
(L) Lung Cancer – 4.5 patients treated
(S) Skin Cancer – 17.0 patients treated
(U) Urological Cancer – 0.5 patients treated

SCS/MEM/WCF/CC

AHP Waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Physiotherapy (7055) Orthoptics (0), Dietetics (271) - Breaches are in physiotherapy and dietetics. Both these services have a significant capacity/demand gap recognised by the commissioner; however no funding over and above demography funding has been made available to address this.

SLT - The number of 13 week breaches rose from 508 in May to 565 in June. It has steadily risen from 273 breaches recorded at the end of January. Length of longest wait remains at less than 13 months. Analysis of Waiting lists confirms that majority of breaches are within Adult Community SLT and relate to Dysphagia This is primarily due to the rate of referrals being significantly greater than the capacity of the service across all Adult SLT. The capacity of the service has also been impacted by Maternity leaves and vacancies which have consistently reduced the capacity of the service by approximately 40%. Limited availability of trained agency/temporary staff has increased the difficulties of the service to match demand. The service has been required to focus on Adult Inpatient demands to ensure early discharge from hospital and therefore efficient use of bed space. Adult Inpatient demands have significantly increased and this prioritisation has had severe impact on the Community SLT waiting list.

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 plans to stabilise and then reduce numbers waiting and the length of wait, including data cleansing, develop a peripatetic staffing proposal to ensure staffing remains close to 100% , realign current working practices based on prioritised demands recruitment, use of agency staff, overtime clinics, increasing hours for existing staff, complete demand and capacity analysis for inpatient and community, develop a business case to highlight and support the service, streamline recruitment protocols increasing capacity and reduce DNAs through the introduction of partial booking and a review of how LCID is used to capture activity define maximum inpatient demand and therefore minimum community capacity, develop care and treatment pathways.

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.

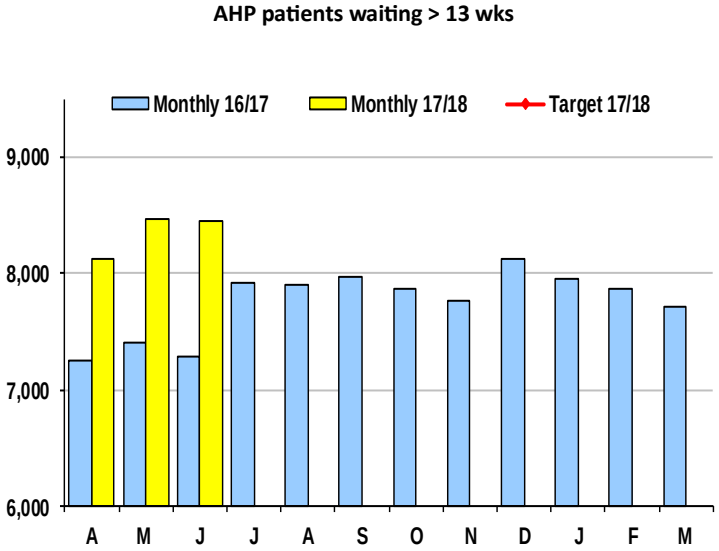
FORECAST IMPACT ON PERFORMANCE

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

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

AHP patients waiting > 13 wks

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
7926	7897	7963	7866	7766	8125	7947	7867	7710	8133	8468	8451	↑



13 Week Breaches by Service Area

Dietetics – 414
Occupational Therapy – 288
Orthoptics - 0
Physiotherapy - 7183
Podiatry - 1
Speech and Language Therapy - 565

SCS/MEM/WCF

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 – 217 appointments fell into this category in May 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.

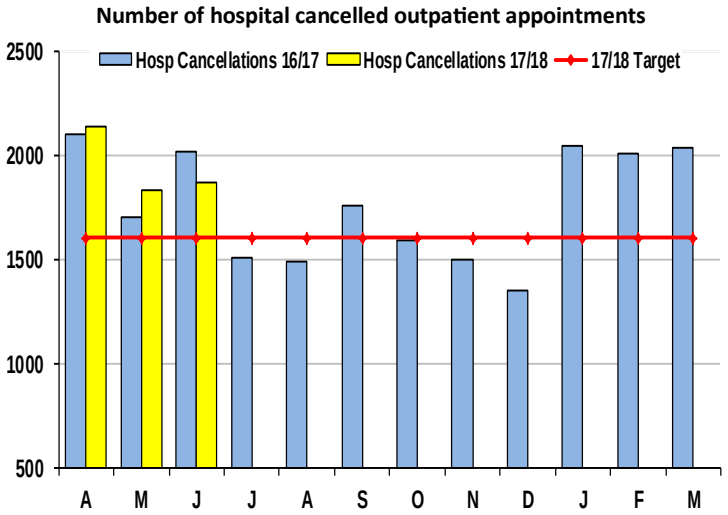
FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
1512	1493	1760	1592	1494	1346	2043	2010	2040	2140	1832	1867	↓

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 6% more attendances in May 2017 compared to the same month last year. The increase in patient numbers 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 65% in May 2016 to 79% in May 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

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
61%	66%	66%	64%	64%	63%	74%	79%	71%	68%	79%	75%	↓

Antrim Total Attendances

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
6699	6794	6965	7109	6611	6761	6701	6257	7423	7251	7905	7313

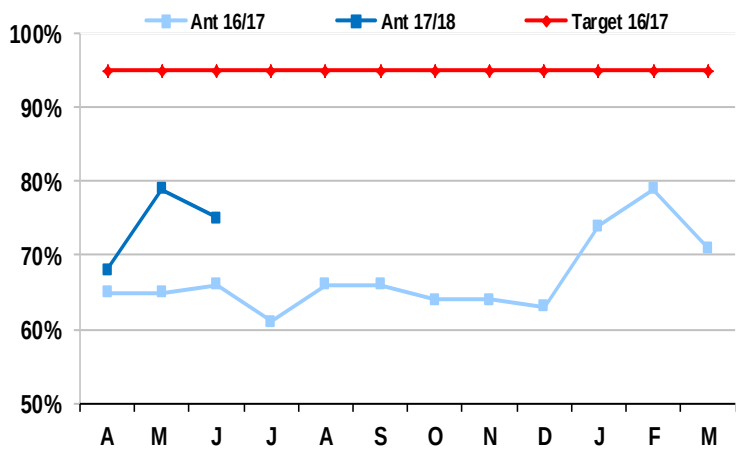
Causeway ED < 4hrs

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
57%	56%	63%	68%	67%	61%	62%	63%	72%	71%	69%	67%	↓

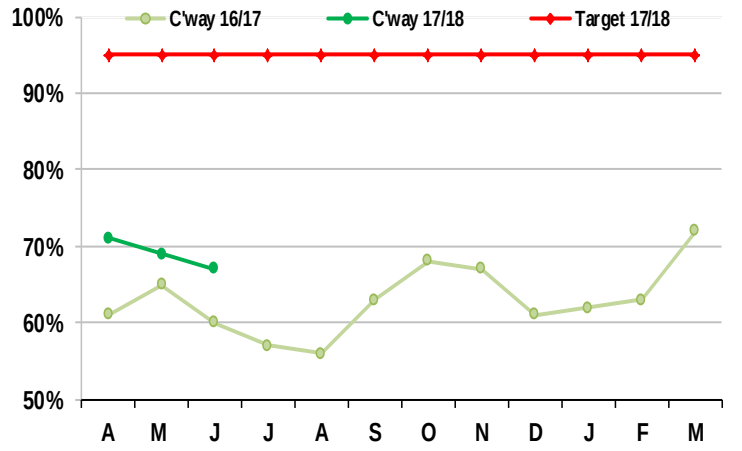
Causeway Total Attendances

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
4061	3979	3608	3604	3364	3457	3458	3202	3910	4006	4047	3805

Antrim ED < 4hrs



Causeway ED < 4hrs



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. Performance in May 2017 showed an improvement compared to 2016, with 38 12-hour breaches in Antrim compared to 79 last year, and none in Causeway compared to 8 last year.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target.

Antrim ED > 12 Hours

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
175	22	40	118	163	270	339	87	152	163	38	25	↑

Antrim ED longest waiter (Hours)

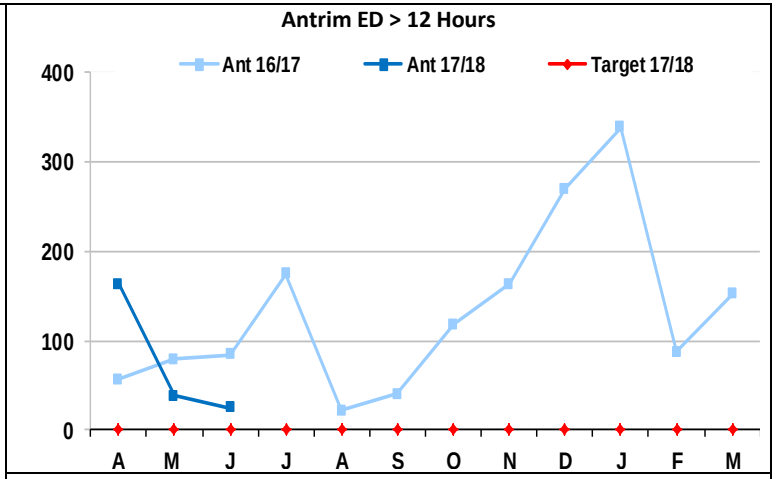
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
26	26	25	51	29	42	41	28	29	26	43	22

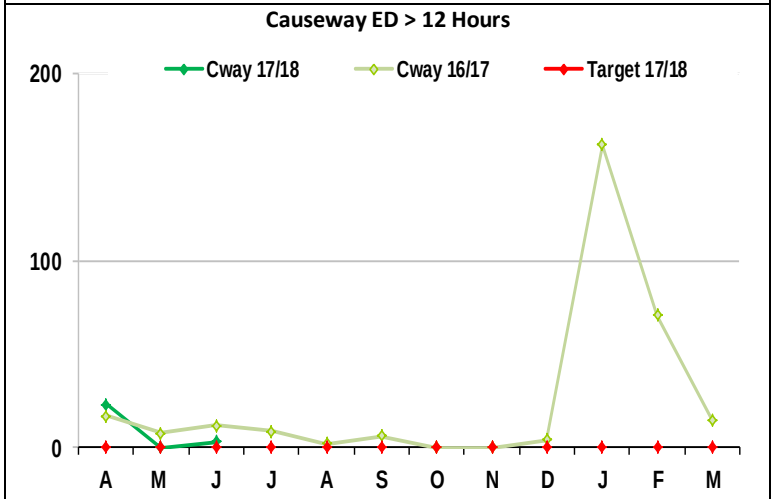
Causeway ED > 12 Hours

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
9	2	6	0	0	4	162	71	15	23	0	3	↓

Causeway ED longest waiter (Hours)

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
16	18	19	11	11	25	30	30	21	26	11	19





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 74% of patients commencing treatment in Antrim within 2 hours in May 2017, compared to 65% in May 2016, and 81% in Causeway compared to 76% last year.

FORECAST IMPACT ON PERFORMANCE

See CPD 4.4, patients waiting <4 hours in ED

Trust ED treatment < 2 hrs of triage

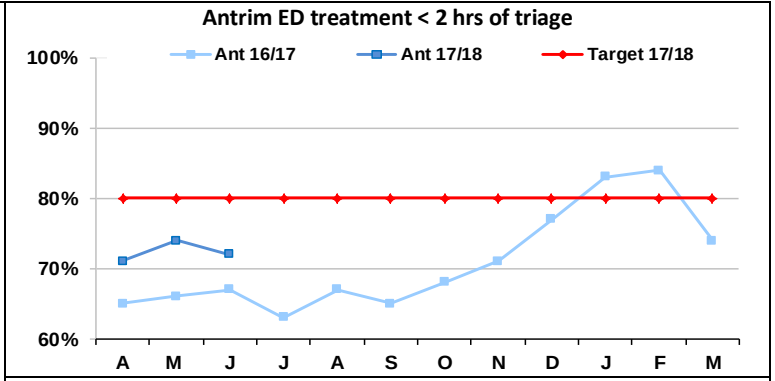
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
70%	65%	69%	71%	76%	78%	80%	85%	84%	82%	79%	77%	↓

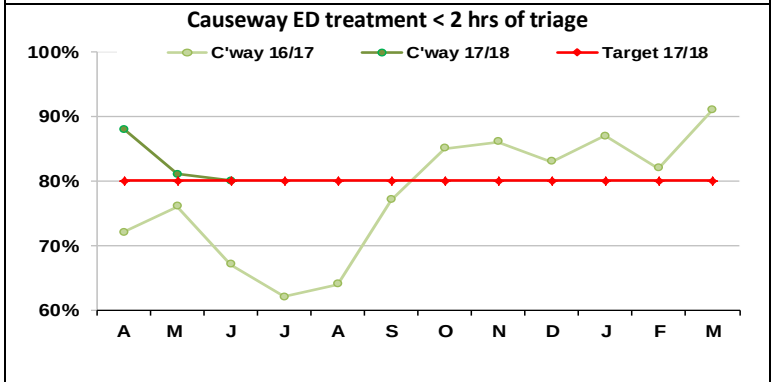
Antrim ED treatment < 2 hrs of triage

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
62%	67%	64%	68%	71%	77%	83%	84%	74%	71%	74%	72%	↓

Causeway ED treatment < 2 hrs of triage

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
62%	64%	77%	85%	86%	83%	87%	82%	91%	88%	81%	80%	↓





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)

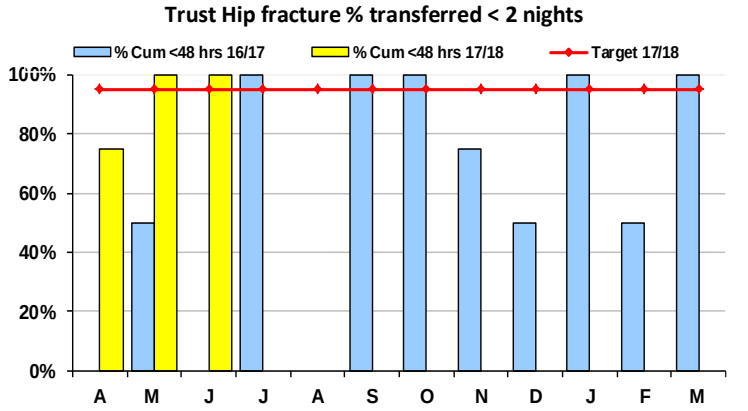
Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

April 2016 – March 2017: Hip fractures – 27 patients transferred.
April 2017 – June 2017: Hip fractures – 10 patients transferred.

Hip fracture % transferred < 2 nights

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

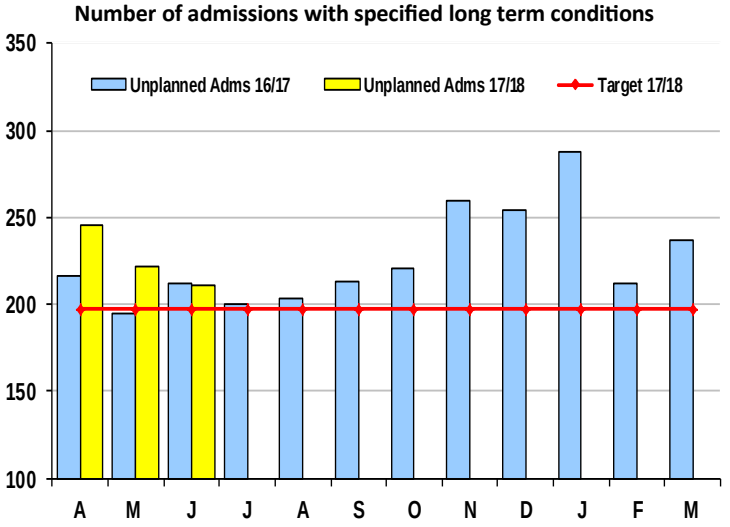
Number of admissions with specified long term conditions

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
200	203	213	221	260	254	288	212	237	246	222	211	↑

Cumulative

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
823	1026	1239	1460	1720	1974	2262	2474	2711	246	468	679	

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.

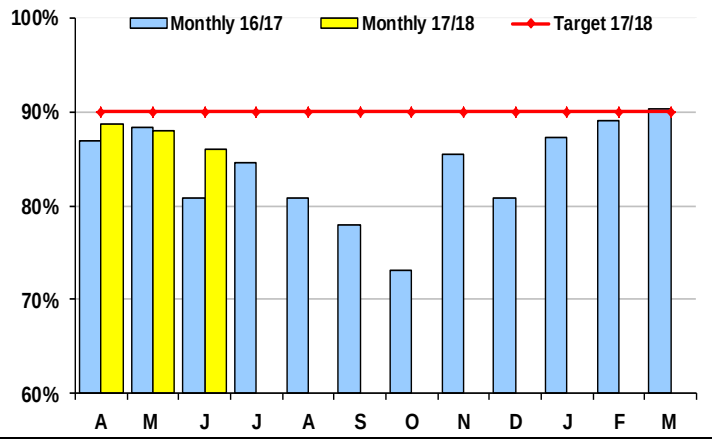


CC

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 58 delayed discharges across the 2 hospital sites during June 2017.
5 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. 17 delays were the result of client choice and family issues. A further 20 delays can be attributed to acute assessment and care planning processes. 7 delays were caused waiting for step-down sub-acute/intermediate care beds and 5 delays were relating to placement planning and arrangement. During June 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.



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

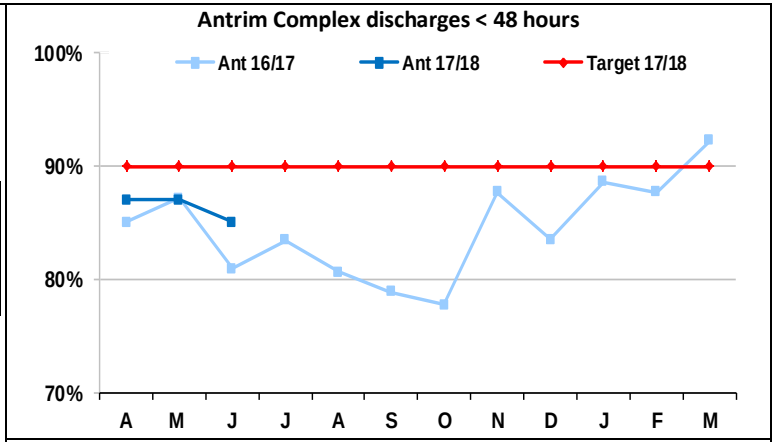
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
85%	81%	78%	73%	86%	81%	87%	89%	90%	89%	88%	86%	↓

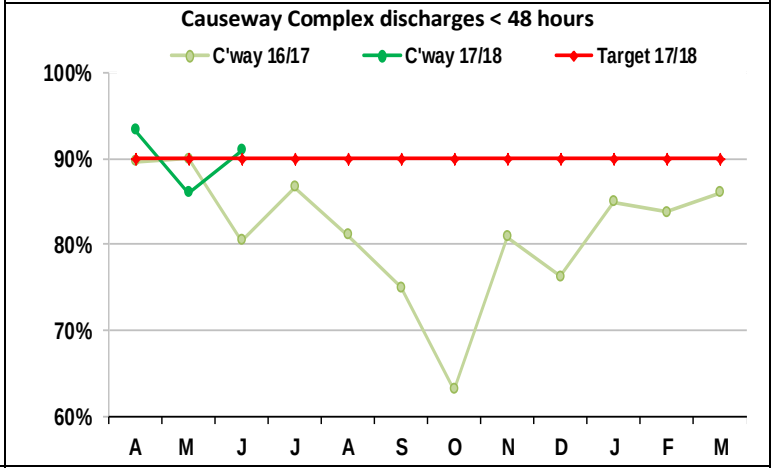
Antrim Complex discharges < 48 hours

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
83%	81%	79%	78%	88%	84%	89%	88%	92%	87%	87%	85%	↓

Causeway Complex discharges < 48 hours

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
87%	81%	75%	63%	81%	76%	85%	84%	86%	93%	86%	91%	↑





CC

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

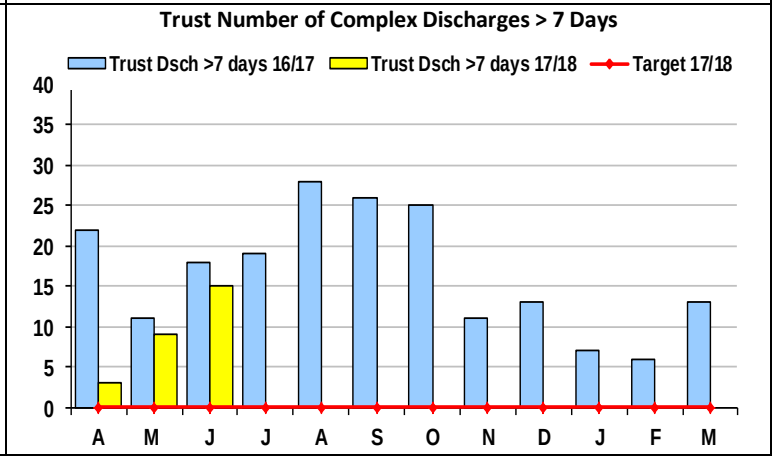
15 out of 58 delays in June were greater than 7 days. 2 delays can be attributed to the discharge planning processes within the hospital; 7 delays were the result of client choice and family issues. 3 delays were relating to placement planning and arrangement. There was one delay caused waiting on a domiciliary package of care, a further 2 delays waiting for a bed to become available in the sub-acute sector.

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.



Trust Number of Complex Discharges > 7 Days

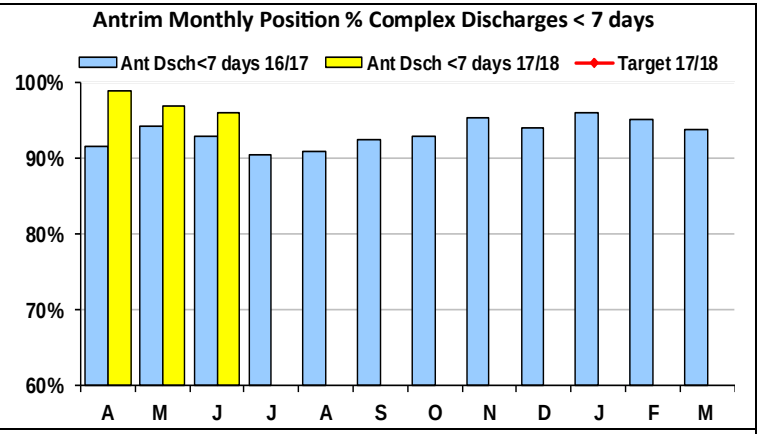
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
19	28	26	25	11	13	7	6	13	3	9	15	↓

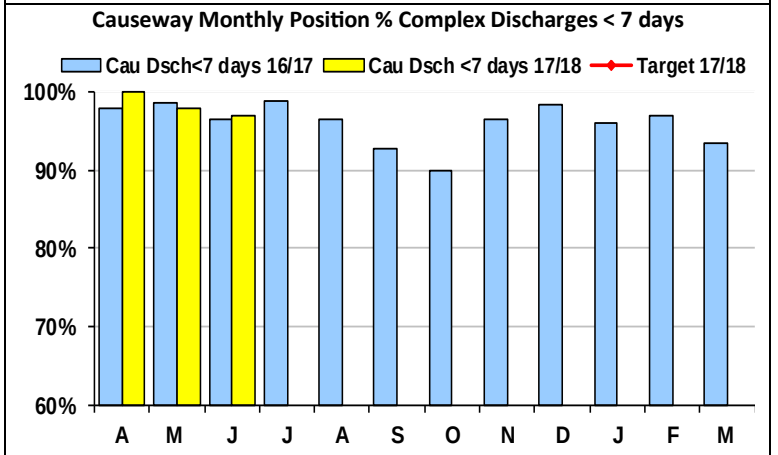
Antrim Monthly Position % Complex Discharges < 7 days

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
90%	91%	92%	93%	95%	94%	96%	95%	94%	99%	97%	96%	↓

Causeway Monthly Position % Complex Discharges < 7 days

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
99%	96%	93%	90%	97%	98%	96%	97%	93%	100%	98%	97%	↓





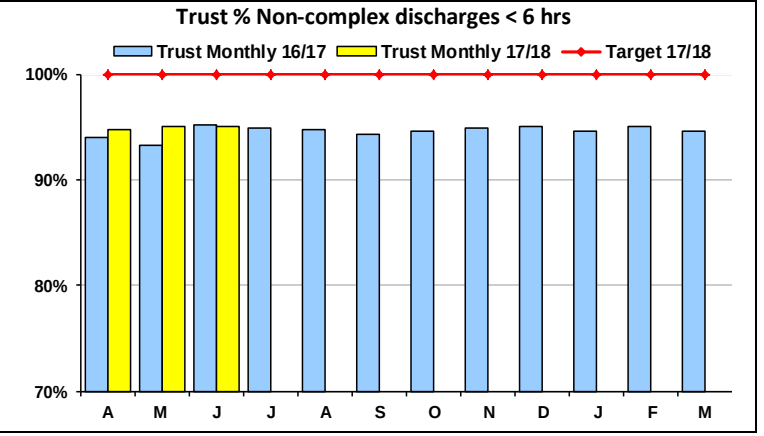
MEM/SCS/WCF

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.

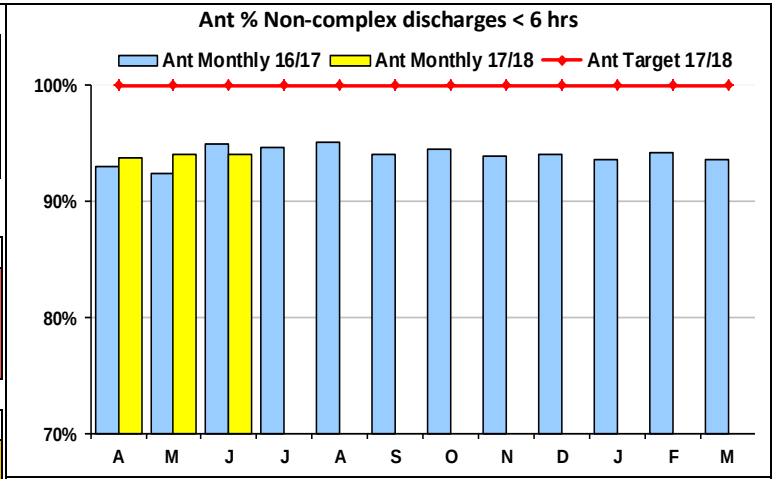
FORECAST IMPACT ON PERFORMANCE
Under review

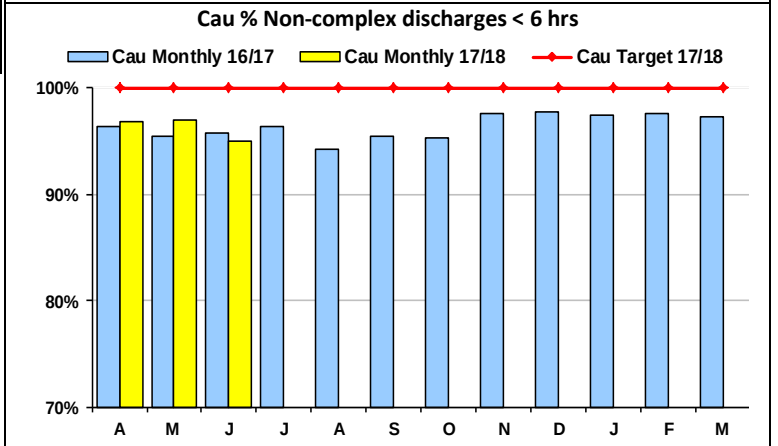


Trust % Non-complex discharges < 6 hrs												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
95%	95%	94%	95%	95%	95%	95%	95%	95%	95%	95%	95%	↔

Ant % Non-complex discharges < 6 hrs												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
95%	95%	94%	95%	94%	94%	94%	94%	94%	94%	94%	94%	↔

Cau % Non-complex discharges < 6 hrs												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
96%	94%	95%	95%	98%	98%	97%	98%	97%	97%	97%	95%	↓





Mental Health and Learning Disability

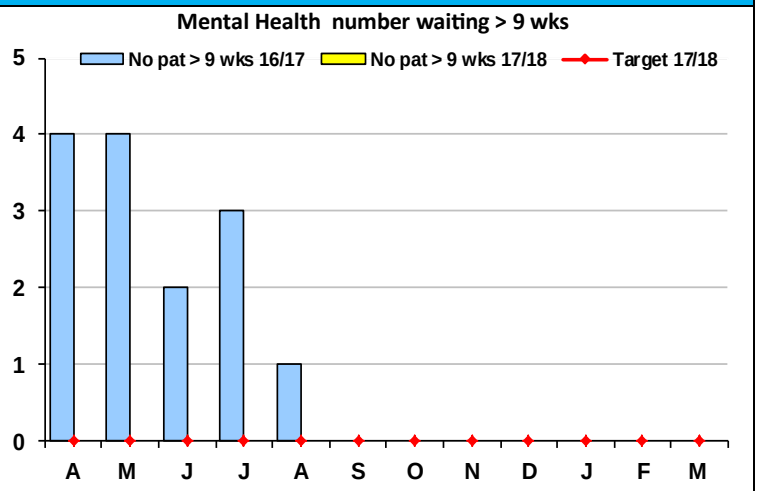
MHLD

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
Target continues to be met.
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

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
3	1	0	0	0	0	0	0	0	0	0	0	↔



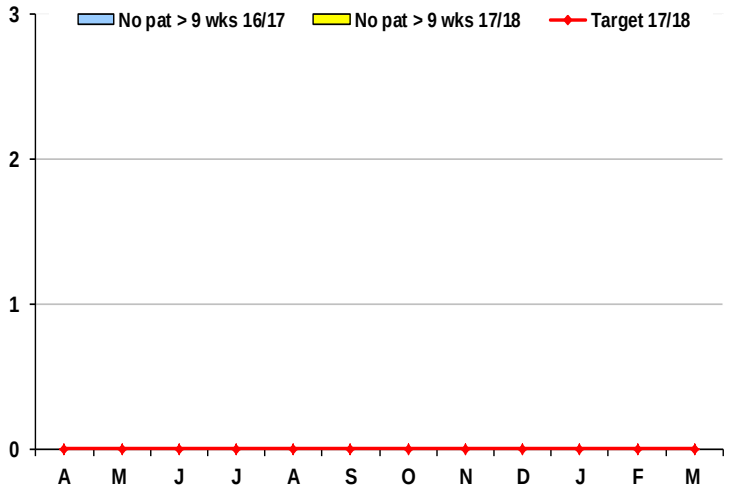
MHLD

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

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔



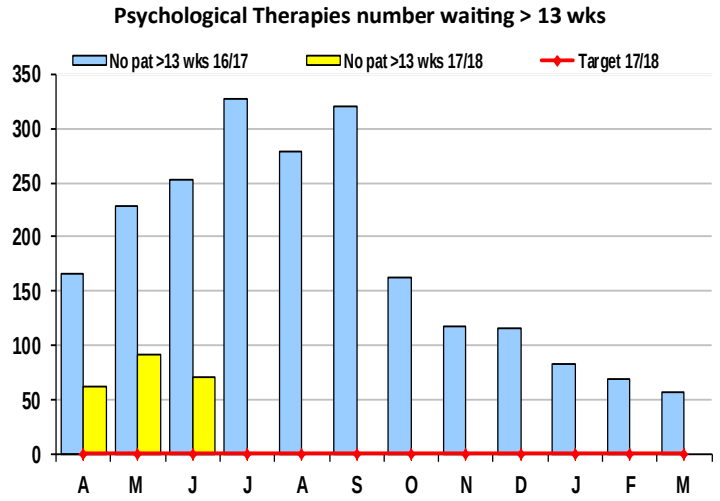
MHLD

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 June across 2 areas within psychology services. Performance is being impacted in the main by LD services.
Learning Disability (adult and children) – position has improved since the end of May position. The service has 51 breaches of a total WL of 155 with longest wait of 190 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
FORECAST IMPACT ON PERFORMANCE
It is likely that the service will be out of breach by end of January 2018 if all vacant posts are filled.

PTS (Psychology of MH) – End of June position is 20 breaches (longest wait 121 days) with total WL of 394 - this is a slight deterioration in position to the end of May. 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.

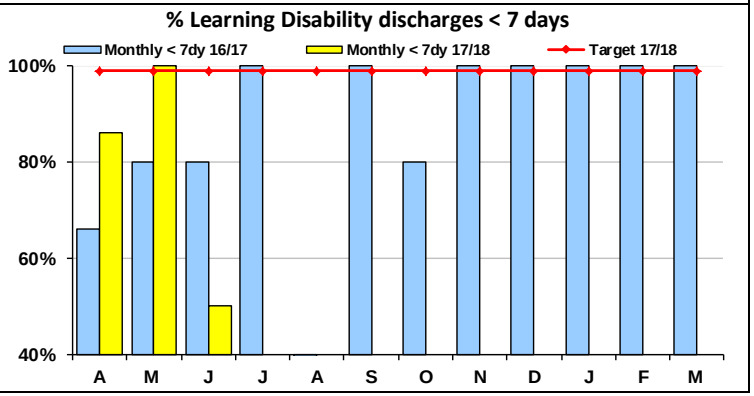
Psychological Therapies number waiting > 13 wks												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
328	278	217	162	118	115	82	68	57	62	91	71	↑



MHLD

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE
4 patients discharged during June, 2 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

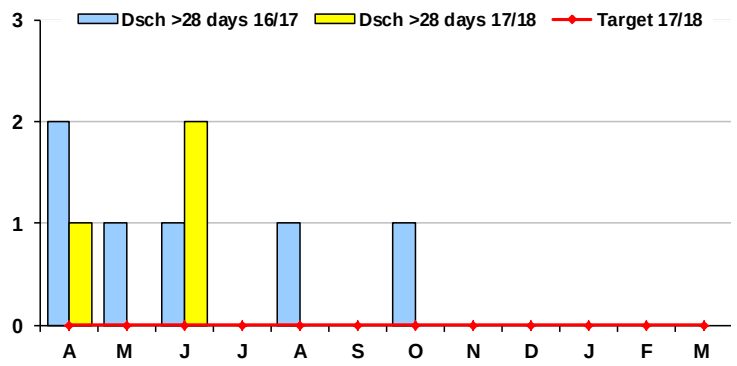
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
100%	0%	100%	80%	100%	100%	100%	100%	100%	86%	100%	50%	↓

% Cumulative Learning Disability discharges < 7 days

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
81%	76%	79%	79%	82%	84%	85%	86%	86%	86%	92%	81%	

Learning Disability discharges >28 days

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
0	1	0	1	0	0	0	0	0	1	0	2	↓



MHLD

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE
72 patients discharged during June, 0 > 7days.
ACTIONS BEING TAKEN WITH TIME FRAME
Continue to monitor all patients to ensure breaches do not occur.

% Mental Health discharges < 7 days

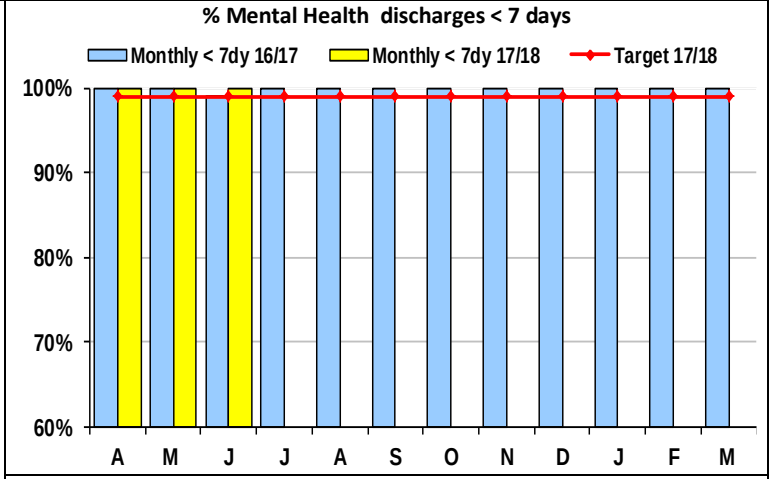
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↔

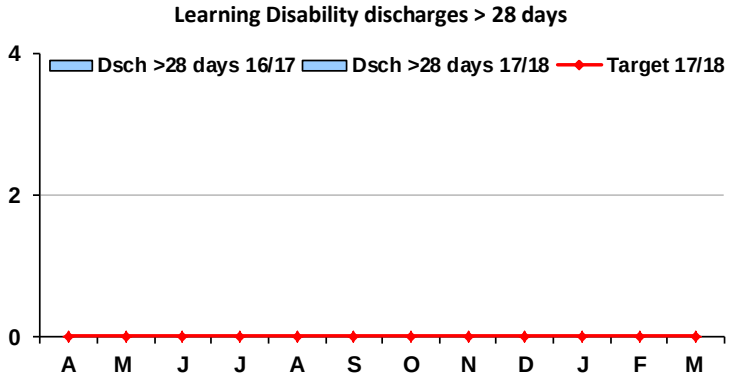
% Cumulative Mental Health discharges < 7 days

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

Mental Health discharges > 28 days

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔





WCF

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE
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.

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.

FORECAST IMPACT ON PERFORMANCE

% Children with no placement change												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
80% - to Sept 15												↑

Information to be available from annual OC2 Return

WCF

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE
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.

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.

	2014/15	**2015/16**	**2016/17**	TOPM
% Children adopted from care within 3 years of last entering care	50%	52%	60%	↑

WCF

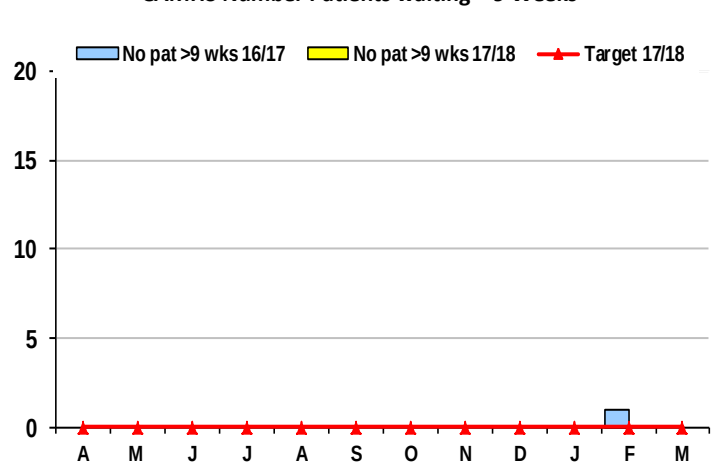
CAMHs Waits
From April 2016 no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
Performance target has been consistently met since August 2015 and no further breaches are anticipated

ACTIONS BEING TAKEN IN AN ON-GOING BASIS
On-going close management of referrals and allocations ensures that the number of breaches remains at zero.

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												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM
0	0	0	0	0	0	0	1	0	0	0	0	↔



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.

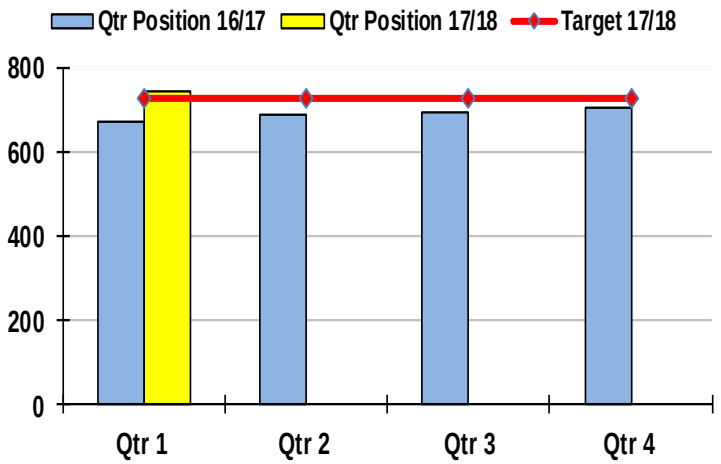
FORECAST IMPACT ON PERFORMANCE

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

Number of Direct Payments												
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Jan	Feb	Mar	TOPM
	690			693			708			746		↑

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.

Awaiting guidance on target monitoring.

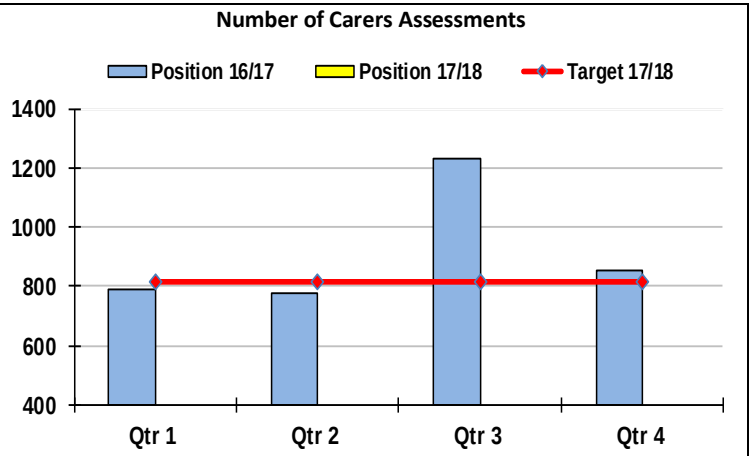
CC/MHLD/WCF

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

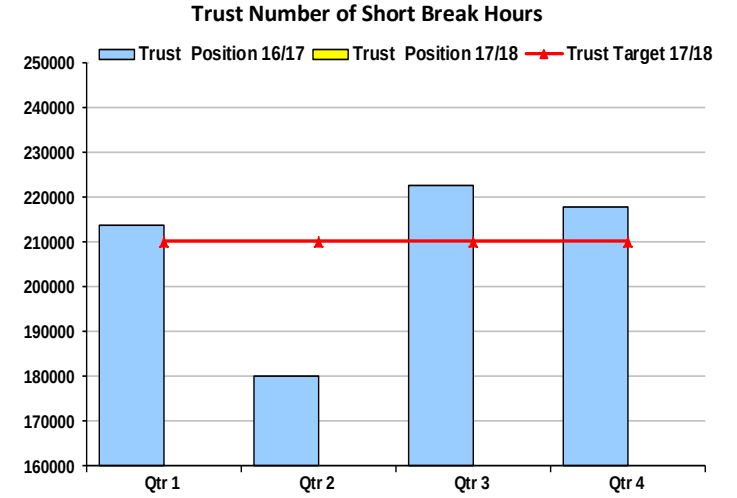
800746 hours provided 2015/16 (Baseline) 2016/17 target 840783 annually, 210196 quarterly.

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

2016/17 Target 213203 annually, 55966 quarterly

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

2016/17 Target 587543 annually, 154230 quarterly



CC/MHLD/WCF	**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) 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**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Alcohol-related Admissions	A13. Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	155	138	177	174	130	154	140	154	133	188	183	145
Self Harm	A15. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	200	168	173	205	162	171	192	154	201	184	166	188
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.	92%	90%	100%	100%	100%	100%	100%	88%	97%	85%	82%	90%
Care Leavers	A25. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	76%	78%	76%	68%	74%	74%	72%	77%	76%	81%	79%	76%

Desired Outcome 2 : People using health and social care services are safe from avoidable harm															
Area	**Indicator**			**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
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		2.8%	3.2%	3.1%	3.2%	3.5%	3.3%	3.5%	3.2%	3.2%	4.1%		
		8-30 days		4.4%	4.2%	4.3%	4.5%	4.1%	4.6%	3.8%	3.8%	4.3%	4.5%		
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		17.3%	17.0%	11.9%	13.9%	15.7%	21.1%	18.9%	14.2%	12.6%	14.5%	12.3%	10.3%
		Long Term Conditions		8.8%	11.0%	7.6%	10.6%	10.2%	12.7%	11.5%	9.2%	8.9%	9.8%	9.0%	9.5%
Admissions for Venous Thromboembolism	B6: Number of emergency readmissions with a diagnosis of venous thromboembolism.			6	5	7	7	6	8	9	7	7	6	6	0
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	5			4			2					
			With LTC	4			1			1					
		Readmissions	Without LTC	0			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**			**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)			2073	2056	2082	2096	2189	2373	2471	2318	2520	2441	2571	2455
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	4.3%	2.9%	3.9%	3.3%	3.9%	3.4%	4.3%	3.2%	2.9%	3.6%	3.2%	3.8%
			Causeway	4.7%	2.7%	3.0%	4.5%	4.0%	2.5%	4.6%	3.3%	3.5%	3.8%	3.2%	2.7%
			Mid Ulster	39.2%	40.1%	42.1%	47.5%	42.8%	47.7%	45.4%	44.8%	44.2%	41.7%	40.7%	46.8%
		>30 min –1 hr	Antrim	9.2%	7.8%	9.5 %	8.4%	8.5%	8.5%	10.4%	9.6%	9.1%	9.6%	10.0%	10.2%
			Causeway	6.6%	5.2%	8.6%	11.4%	11.4%	9.1%	11.2%	9.2%	12.8%	12.9%	9.6%	9.7%
			Mid Ulster	48.1%	40.1%	42.1%	39.9%	42.3%	42.7%	46.7%	37.3%	41.5%	44.7%	43.8%	41.8%
		>1 hr – 2 hrs	Antrim	18.1%	19.5%	19.2%	19.2%	17.8%	19.0%	20.9%	20.8%	19.4%	18.9%	21.7%	20.7%
			Causeway	15.3%	14.0%	19.6%	21.9%	20.6%	20.8%	19.0%	18.6%	24.2%	22.5%	21.6%	21.4%
			Mid Ulster	12.2%	14.2%	13.5%	12.2%	13.3%	9.4%	7.9%	15.7%	13.6%	12.2%	14.8%	11.2%
		>2 hrs – 3 hrs	Antrim	15.5%	18.4%	16.9%	17.2%	16.6%	17.5%	18.8%	22.1%	18.8%	17.5%	21.3%	20.3%
			Causeway	15.8%	17.2%	16.6%	16.4%	16.5%	15.4%	14.4%	16.3%	17.0%	17.3%	17.2%	16.9%
			Mid Ulster	0.4%	0.7%	2.3%	0.4%	1.0%	0.2%	-	1.9%	0.7%	1.4%	0.7%	0.2%
		>3 hrs – 4 hrs	Antrim	14.3%	17.8%	16.4%	15.6%	16.7%	15.0%	19.5%	23.7%	20.6%	18.5%	22.6%	20.3%
			Causeway	14.6%	16.7%	15.1%	14.0%	14.0%	13.5%	13.1%	15.7%	14.2%	14.8%	17.4%	16.0%
			Mid Ulster	-	-	-	-	0.3%	-	-	0.3%	-	-	-	-
		>4 hrs – 6 hrs	Antrim	17.6%	17.4%	18.9%	17.0%	17.5%	14.5%	11.2%	11.4%	15.4%	16.3%	13.0%	15.3%
			Causeway	20.7%	19.7%	17.3%	15.8%	17.5%	15.7%	13.6%	16.3%	14.8%	14.2%	16.3%	17.1%
			Mid Ulster	-	-	-	-	0.4%	-	-	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	9.1%	9.1%	9.0%	8.9%	8.8%	8.8%	4.7%	4.8%	7.0%	7.8%	5.2%	6.4%
			Causeway	11.7%	12.7%	11.0%	8.8%	8.9%	10.4%	8.4%	9.6%	6.9%	8.2%	8.9%	10.0%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs –10 hrs	Antrim	4.3%	4.7%	3.8%	5.1%	4.6%	5.1%	2.7%	1.8%	3.0%	3.1%	1.8%	2.0%
			Causeway	6.2%	6.7%	5.2%	4.4%	4.5%	6.5%	5.2%	5.2%	3.4%	3.3%	3.9%	3.8%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs –12 hrs	Antrim	5.0%	2.1%	1.8%	3.6%	3.2%	4.3%	2.5%	1.1%	1.9%	2.5%	0.8%	0.8%
			Causeway	4.4%	5.1%	3.6%	2.7%	2.5%	5.8%	5.9%	3.5%	2.8%	2.4%	1.9%	2.4%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs –14 hrs	Antrim	0.5%	0.1%	0.1%	0.4%	0.5%	0.7%	0.5%	0.2%	0.3%	0.4%	0.1%	0.1%
			Causeway	-	-	0.1%	-	-	-	0.5%	0.2%	0.0%	0.1%	-	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs –16 hrs	Antrim	0.4%	0.4%	0.1%	0.3%	0.3%	0.7%	0.7%	0.4%	0.4%	0.5%	0.1%	0.1%
			Causeway	-	-	-	-	-	-	0.6%	0.2%	0.1%	-	-	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs –18 hrs	Antrim	0.5%	-	0.2%	0.3%	0.5%	0.7%	0.4%	0.2%	0.4%	0.5%	0.2%	0.1%
			Causeway	0.1%	-	-	-	-	-	0.8%	0.3%	0.2%	0.1%	-	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	1.2%	0.2%	0.2%	0.7%	1.1%	1.9%	3.4%	0.6%	0.9%	0.9%	0.2%	0.1%
			Causeway	-	0.1%	0.1%	-	-	0.1%	2.7%	1.5%	0.2%	0.3%	-	-
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median		03:14	03:05	03:02	03:56	03:11	03:07	02:45	02:44	03:00	03:02	02:43	02:44
		ANT ED – Maximum		26:46	26:40	25:28	30:18	29:40	42:27	40:41	28:35	29:32	26:47	43:56	22:44
		ANT ED – 95th Percentile		11:16	08:37	08:27	10:11	10:36	11:47	12:18	07:31	09:05	09:50	06:59	07:12
		CAU ED – Median		03:34	03:39	03:09	03:24	02:51	03:09	03:04	03:09	02:29	02:35	02:53	02:58
		CAU ED – Maximum		16:07	18:35	19:45	11:50	11:58	25:49	30:19	51:20	21:36	26:11	11:57	19:35
		CAU ED - 95th Percentile		09:48	10:02	09:17	08:52	08:35	10:18	11:57	10:19	08:46	08:34	08:13	08:36
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4,645	4,776	4,801	4,872	4,500	4,579	4,793	4,506	4,940	4,896	5,209	
			%	84%	85%	85%	83%	81%	80%	85%	86%	80%	82%	81%	
		Causeway	Number	2,702	2,483	2,359	2,643	2,418	2,483	2,363	2,118	3,039	3,019	3,182	
			%	67%	62%	64%	73%	72%	72%	68%	66%	78%	75%	79%	
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	5	6	6	6	6	6	5	6	7	6	
			95th Percentile	17	17	18	19	19	20	17	17	19	20	18	
			Maximum	69	51	33	180	431	52	58	134	47	64	69	
		Causeway	Median	10	12	9	8	9	10	8	9	7	7	8	
			95th Percentile	27	34	31	33	27	29	29	26	25	23	27	
			Maximum	30	53	73	55	70	54	57	47	148	44	46	
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	8	7	8	8	8	8	7	8	8	8	8	
			95th Percentile	22	21	22	22	23	25	23	21	26	24	23	
			Maximum	218	248	199	211	431	170	178	134	243	165	185	
		Causeway	Median	12	13	12	10	10	11	11	11	9	10	9	
			95th Percentile	35	45	34	29	29	29	35	36	28	27	28	
			Maximum	95	235	78	77	70	108	132	114	148	83	60	
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	86	80	84	75	74	58	45	48	60	72	64	
			95th Percentile	1084	653	537	548	467	651	541	407	387	442	490	
			Maximum	299	300	296	279	251	249	191	186	217	232	227	
		Causeway	Median	87	85	52	38	33	40	27	44	27	31	38	
			95th Percentile	397	319	258	212	197	217	201	198	155	182	225	
			Maximum	980	630	613	1897	550	639	1765	510	695	499	1159	

Area	Indicator			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments..	Immediate	Antrim	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.6%	0.3%	0.4%	0.3%	0.4%	0.4%
			Causeway	0.3%	0.2%	0.2%	0.4%	0.4%	0.3%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%
		Very Urgent	Antrim	13.0%	12.6%	13.5%	14.6%	14.9%	14.4%	15.0%	14.4%	15.7%	14.1%	14.2%	14.9%
			Causeway	13.2%	13.6%	14.3%	15.1%	14.4%	17.5%	16.3%	18.7%	17.3%	16.4%	16.8%	18.0%
		Urgent	Antrim	42.2%	42.5%	40.3%	41.2%	45.0%	46.3%	43.7%	43.9%	41.5%	41.2%	39.5%	39.9%
			Causeway	48.8%	46.6%	49.4%	49.5%	51.2%	52.2%	50.8%	48.9%	48.7%	48.0%	45.5%	48.8%
		Standard	Antrim	29.1%	28.8%	28.3%	27.5%	24.6%	30.8%	38.0%	39.0%	40.2%	30.6%	28.8%	28.6%
			Causeway	34.8%	36.0%	31.1%	29.6%	28.5%	25.6%	25.8%	26.8%	28.9%	29.5%	34.0%	29.8%
		Non Urgent	Antrim	0.9%	0.7%	1.1%	0.6%	0.8%	2.1%	1.9%	2.0%	1.7%	1.5%	1.6%	1.3%
			Causeway	2.0%	2.8%	2.2%	2.6%	2.2%	2.2%	2.8%	1.8%	2.4%	2.5%	2.1%	1.7%
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95th percentile and single longest time.	Antrim	Median	04:31	02:19	02:16	03:38	03:44	04:33	02:25	01:46	02:17	02:57	01:20	
			95th percentile	14:36	07:42	08:08	11:20	13:24	16:57	23:00	09:04	11:58	12:48	06:30	
			Maximum	25:54	22:06	23:33	26:39	26:17	38:30	36:10	25:08	29:01	21:41	20:01	
		Causeway	Median	02:04	01:15	01:09	00:52	01:27	02:13	03:14	02:05	02:05	02:04	01:44	
			95th percentile	06:26	07:16	06:09	06:07	06:31	08:12	17:23	11:09	07:37	07:11	06:08	
			Maximum	10:20	11:01	16:44	10:54	10:27	19:01	27:00	24:20	19:40	23:49	10:58	
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			6.2%	5.4%	3.9%	2.8%	2.9%	2.8%	2.2%	2.1%	2.0%	2.6%	2.2%	3.0%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim		2.9%	3.4%	3.5%	3.0%	2.9%	3.3%	2.4%	2.6%	3.0%	3.4%	3.3%	3.1%
		Causeway		6.7%	6.7%	5.1%	4.9%	5.7%	5.3%	6.6%	6.0%	5.8%	6.5%	3.9%	4.1%
Stroke LOS	D15. Average length of stay for stroke patients			14.2	15.8	14.2	16.4	10.2	11.5	13.9	16.4	14.6	15.2	14.2	14.0
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			8362	9179	9603	9187	9128	7545	9050	8576	10089	7902	9641	9474
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			75%	86%	88%	75%	67%	89%	91%	91%	69%	87%	98%	94%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			98%	98%	98%	94%	97%	99%	99%	99%	92%	99%	99%	99%

Area	Indicator		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Specialist Drug Therapies	D18. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	Arthritis	0	0	0	0	1	0	0	0	0	2	3	3
		Psoriasis	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**		**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Reablement	E3. Number of client referrals	(i) passed to re-ablement	167	181	226	218	205	196	278	207	162	214	240	
		(ii) started on a re-ablement	61	74	77	73	95	79	68	109	118	103	112	
		(iii) discharged from re-ablement with no further care required.	31	24	29	24	40	26	34	30	36	33	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**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.	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**			**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Outpatients Appointments Cancelled by Hospital	G1. New and Review outpatient appointments cancelled by hospitals	(i) Number of new & review cancelled by the hospital.		Information presented in Section 3.0 (CPD 7.1)											
		(ii) Rate of new & review cancelled by the hospital. *(Excludes VC's attendances)*	New	7.7%	6.5%	7.2%	6.5%	6.1%	6.9%	8.6%	9.9%	9.3%	12.4%	8.0%	8.3%
			Rev	13.0%	11.0%	12.0%	10.8%	9.9%	10.7%	13.6%	14.3%	13.1%	17.7%	12.7%	12.7%
		(iii). Ratio of new to review cancelled by the hospital. *(Excludes VC's Attendances)*		2.97	3.14	3.08	3.16	2.95	3.05	3.01	2.90	2.83	2.81	2.95	2.76
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		813	853	907	924	872	690	937	1127	1175	1179	1260	
		%		6.4%	5.9%	5.7%	5.8%	5.4%	5.2%	5.9%	7.8%	7.4%	9.6%	8.1%	
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)			6.8%	6.0%	6.2%	6.2%	6.0%	7.2%	6.1%	6.1%	6.0%	6.1%	6.3%	6.0%
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)			Outpatient coding currently on hold until additional funding is received											
Day Surgery Rates	G5. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)			70%	70%	70%	69%	69%	69%	70%	70%	71%	69%	70%	70%
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.			73%	70%	67%	78%	69%	65%	73%	77%	70%	77%	73%	79%
Pre-operative stay	G7. Elective average pre-operative stay.			0.69	0.48	0.48	0.58	0.55	0.67	0.70	0.98	0.83	0.46	0.72	0.53
Cancelled Ops	G8.Percentage of operations cancelled for non-clinical reasons.			2.3%	1.5%	1.5%	4.3%	2.3%	3.6%	5.1%	2.8%	1.6%	2.4%	1.3%	1.9%
Elective Admissions	G9. Elective average length of stay in acute programme of care.			2.8	3.4	2.8	3.0	3.1	2.9	3.0	3.4	3.1	3.8	3.8	4.0
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.			13.3%	13.8%	12.8%	13.3%	13.0%	12.9%	13.4%	13.3%	13.3%	13.3%		
Elective Admissions	G11. Cost of a basket of 24 elective procedures.			Day Surgery as per Indicator G5											
Prescribing	G12. Level of compliance of GP practices and HSC Trusts with the NI Medicines Formulary; and prescribing activity for generic prescribing and dispensing rates.			Based on quarter 4, 2016/17, the Trust are 68% compliant with BNF chapter 9.											

3.0 Quality Standards & Performance Targets
3.3 DHSSSPS 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		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)			142	147	149	152	153	157	159	161	166	167	177
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)		53	54	54	55	54	55	54	54	54	53	55	56
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	Urgent	0.03%	0.37%	0.06%	0.43%	0.09%	0.44%	0.21%	0.89%	0.11%	0%	0.19%	
		Routine	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)		71%	67%	67%	64%	67%	79%	82%	94%	98%	100%	98%	99%
Children	Children admitted to residential care will have, prior to their admission - (AI10)	(a) been subject to a formal assessment	- *(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)*	100% *(4 of 4)*
		(b) have their placement matched through Children's Resource Panel	- *(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)*	75% *(3 of 4)*
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)		60%	64%	64%	58%	58%	56%	100%	57%	60%	48%	45%	48%
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)		55%	54%	56%	60%	65%	48%	48%	81%	69%	79%	74%	80%
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI14)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI15) (unallocated > 20 days)		52	34	21	27	19	16	21	27	19	29	26	22
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI16)		506 Foster Carers *(161 kinship)* *(Jul – Sept)*			500 Foster Carers *(159 kinship)* *(Oct – Dec)*			492 Foster Carers *(157 kinship)* *(Jan - Mar)*			484 Foster Carers *(157 kinship)* *(Jan - Mar)*		

Area	Indicator		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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% *(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	5	5	4	4	3	4	4	4
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)		2	2	1	1	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%	99%	99%	100%	100%	99%	100%	100%	100%	95%	100%	100%
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)		90%	88%	95%	96%	100%	92%	85%	95%	92%	88%	92%	96%
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)		83%	76%	62%	64%	74%	65%	79%	78%	82%	78%	79%	85%
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)		100%	59%	51%	93%	100%	100%	54%	80%	63%	100%	86%	
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment Number > 13 wks	541	578	561	543	502	503	504	481	396	342	260	228
		Intervention Number > 13 wks	10	11	10	7	10	11	16	10	11	23	24	11
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly. (AI39)		53	79	95	64	76	56	63	62	78	57	57	50
Theatre	Theatre Utilisation and Cancellation rates (AI40)		73%	77%	77%	77%	78%	72%	75%	74%	73%	77%	75%	
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)		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)wheel		211 vacancies as at 31.03.2017, 6 monthly report											

Area	Indicator		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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	Number of people with continuing care needs (AI56)	(i)) waiting longer than 5 weeks for an assessment of need to be completed	99%	93%	98%	99%	100%	99%	98%	98%	99%	96%	99%	
		(ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	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%
30th June 2017 (13 weeks)	1304	1047	-257	-20%	2759	2746	-13	0%	4063	3793	-270	-7%	14499	13893	-606	-4%	22494	25091	2598	12%

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 13 weeks (30th June 2017)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-21%	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.	A meeting has been requested with the Board by the NHSCT to discuss our concerns and explore all options to redress the gap.
ENT	-31%			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	-25%	-37%	-15%	Reduction in IPDC volumes due to shift in activity to outpatients with procedure. OP volumes reduced due to unscheduled pressures on the Causeway site.	IPDC SBA under review. Causeway clinics returned to full capacity from 1 July.
Geriatric Medicine			-24%	Lack of demand.	Allocation of clinic resource under review.
General Surgery	-39%	-17%	-11%	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.
Neurology			-47%	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)	-16%	-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	-63%			Limited requirement for IP management.	
Thoracic Medicine			-26%	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 reinstated to full capacity from June 2017.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

Outpatient Demand

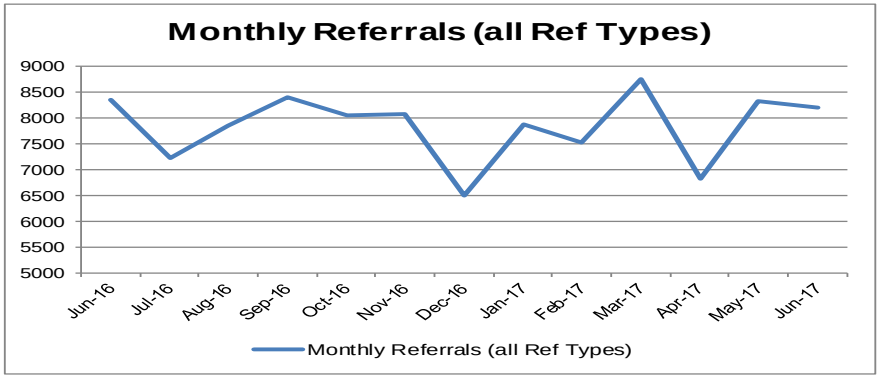
NHSCT New Outpatient Demand - All Referrals to NHSCT

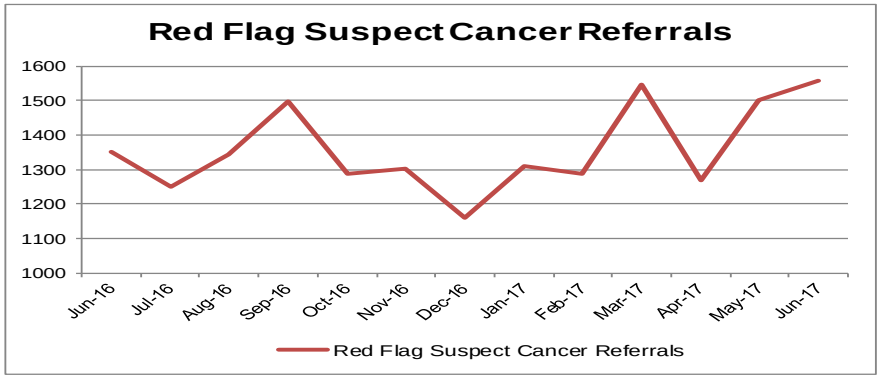
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	8395	7807	9,093	8,265	7799	8,872	8,956	8,518	7023	7720	8222	8118
	16/17	8431	8168	8342	7221	7848	8405	8033	8060	6483	7843	7530	8836
	Variance on Previous Year	36	361	-751	-1044	49	-467	-923	-458	-540	123	-692	718
	% Variance on Previous Year	0%	5%	-8%	-13%	1%	-5%	-10%	-5%	-8%	2%	-8%	9%
	17/18	6815	8307	8180									
	Variance on Previous Year	-1616	139	-162									
	% Variance on Previous Year	-19%	2%	-2%									

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	6815	15122	23302									
	Variance on Previous Year	-1616	-1477	-1639									
	% Variance on Previous Year	-19%	-9%	-6%									

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	1501	1558									
	Variance on Previous Year	-51	94	206									
	% Variance on Previous Year	-4%	7%	15%									

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	7,313										89,876

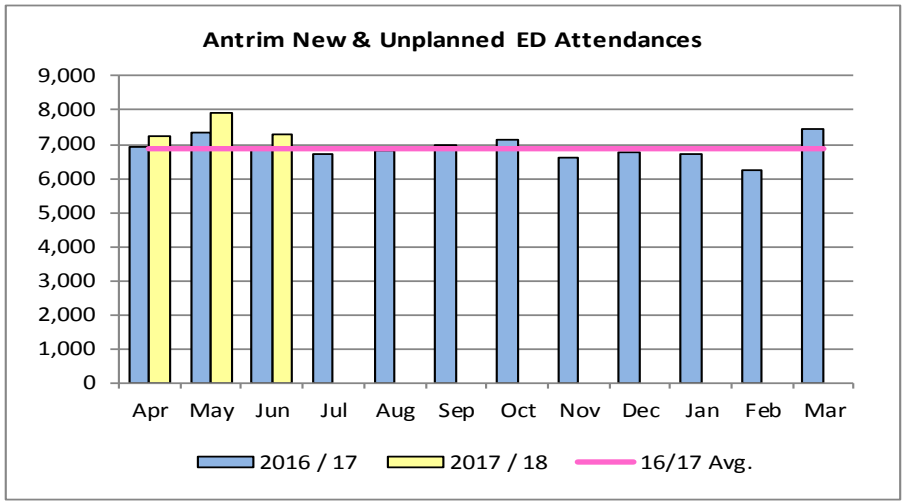
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

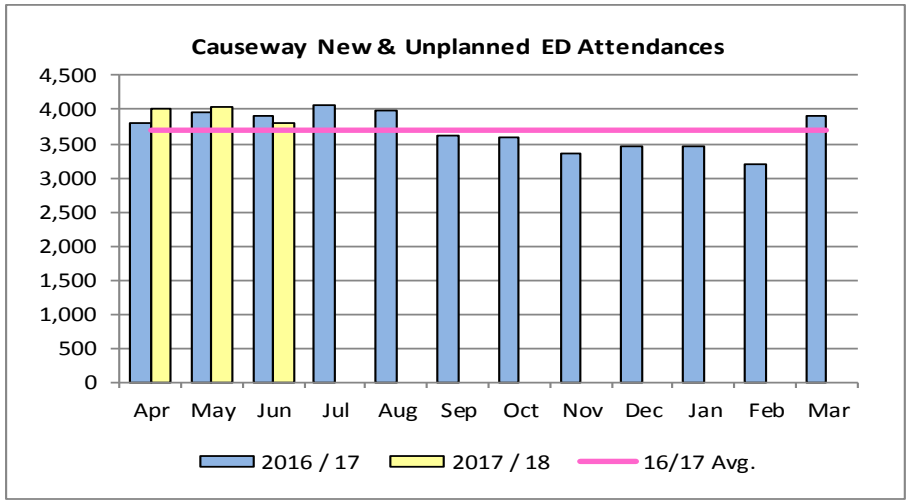
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2015 / 16	3,873	3,781	3,845	3,797	3,897	3,561	3,923	3,478	3,437	3,366	3,382	3,953	44,293
2016 / 17	3,800	3,963	3,896	4,061	3,979	3,608	3,604	3,364	3,457	3,458	3,202	3,910	44,302
2017 / 18	4,006	4,047	3,805										47,432

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	11,118										137,308

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	Community Care	Strat Dev & Bus Serv.	Finance	Human Resources	Medical	Nursing (Inc. Support Services)
Headcount as at 30 June 17	**11838**	2063	1177	2274	1630	2698	186	283	122	270	1135
% Absence 1st April 17 - 31st May 17	**6.41%**	6.30%	5.75%	6.30%	6.83%	6.98%	3.75%	6.48%	3.56%	4.82%	7.37%
Q2020 Level 1 % of Staff trained as at 30th June 17	**22%**	8%	12%	13%	21%	37%	19%	82%	57%	18%	20%

Absence

The Trust cumulative sickness absence as at 31st May 2017 is 6.41% - as this figure does not take into account the impact of late recording it may yet increase. Due to the impact of late recording, the Trust monthly percentage absence for the month of April 2017 has increased from 6.31% to 6.49%. Whilst this is an increase of 0.18%, the Trust is still within the 6.9% absence target.

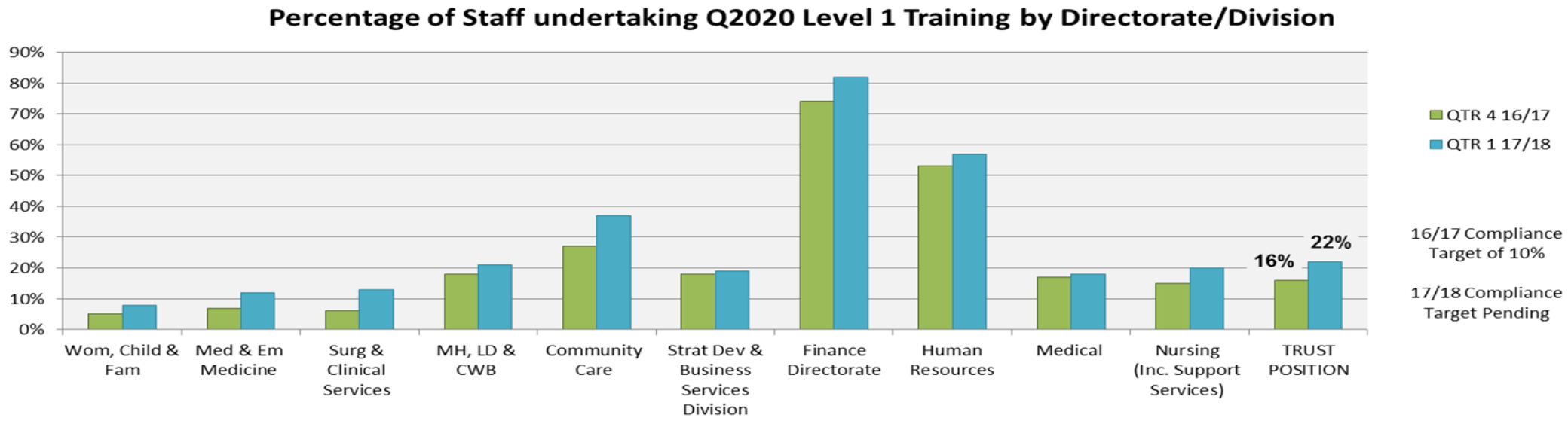
During the 1st April 2017 - 31st May 2017 period, 2.14 days were lost per employee due to sickness absence

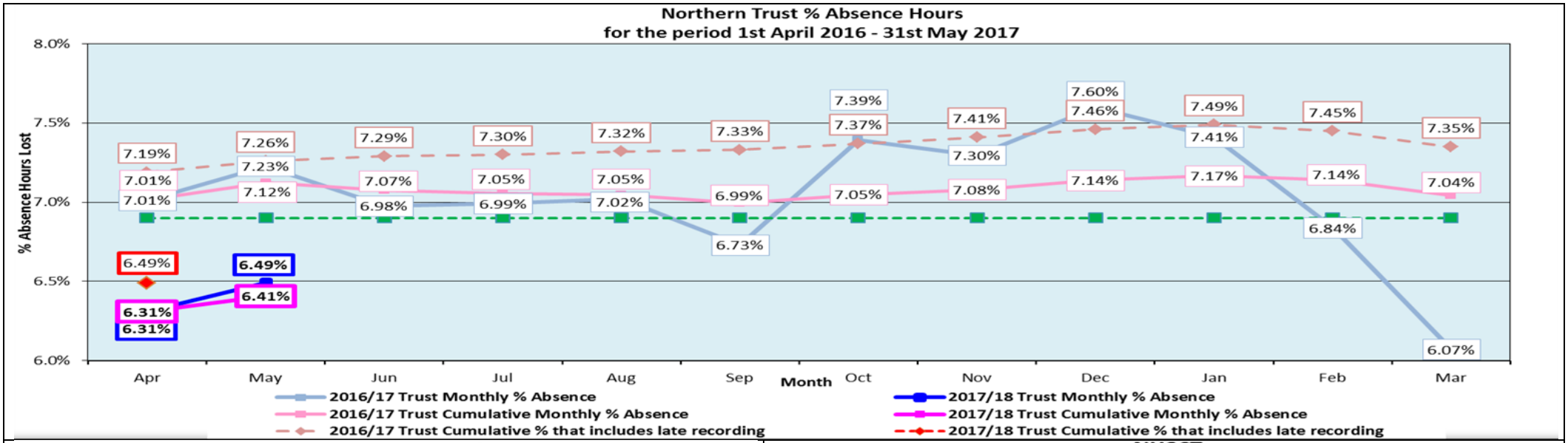
Innovation and Quality

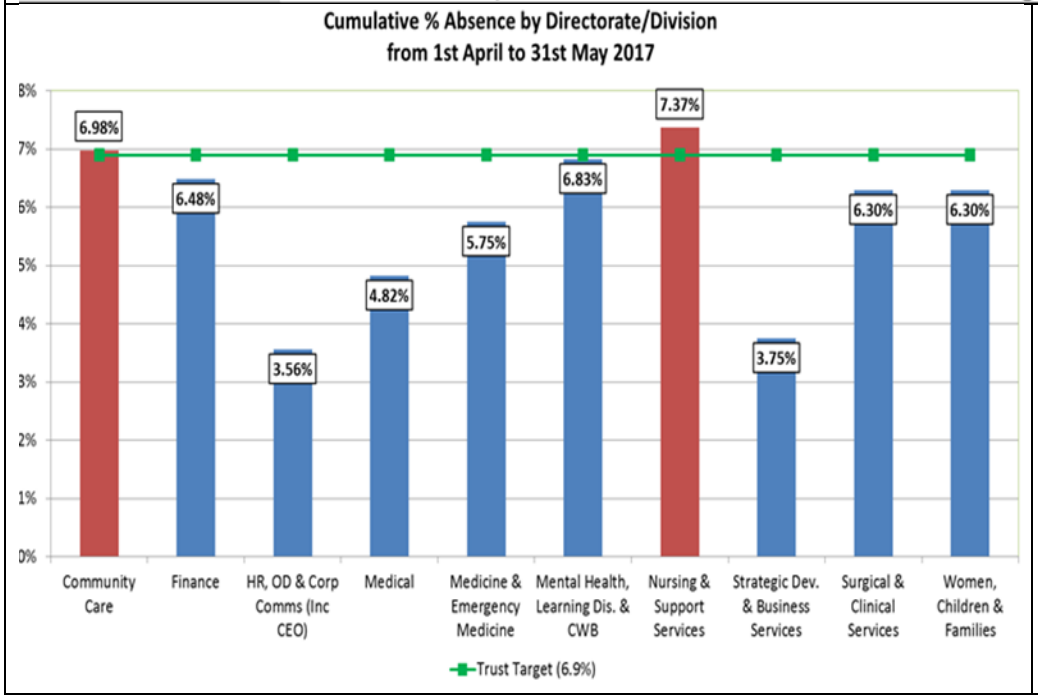
The Trust continues to drive its innovation and quality agenda. As at 30th June 2017, 22% of staff have now completed Level 1 Quality 2020 training as a means to further develop their knowledge, skills and attitudes around the need for continuous service improvement as a means to enhance service provision.

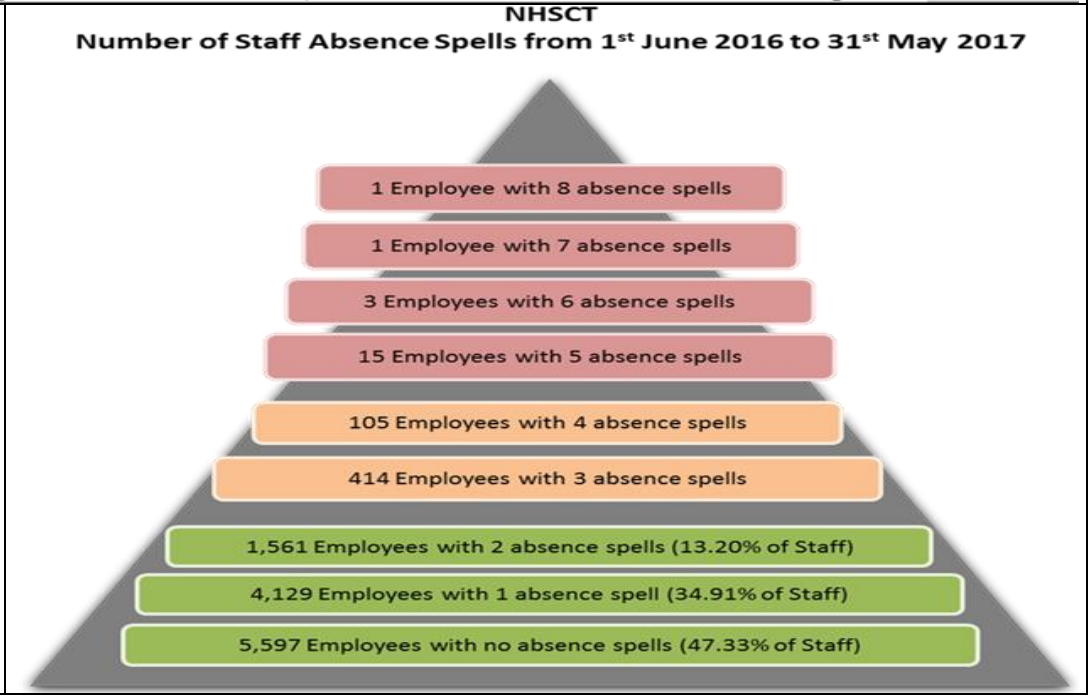
Coaching.

On the 23rd June 2017, the Trust launched its Coaching Framework. The Framework sets out the foundations upon which a successful coaching culture can emerge within the Trust. As part of the launch, the Trust acknowledged the efforts of its new cohort of eight coaches who have successfully completed their Level 5 ILM Coaching and Mentoring Course.




Northern Trust % Absence Hours
for the period 1st April 2016 - 31st May 2017
% Absence Hours Lost
8.0%
7.5%
7.0%
6.5%
6.0%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month
7.19% 7.26% 7.29% 7.30% 7.32% 7.33% 7.39% 7.41% 7.60% 7.49% 7.45% 7.35%
7.01% 7.23% 7.07% 7.05% 7.05% 6.99% 7.37% 7.30% 7.46% 7.41% 6.84% 6.07%
7.01% 7.12% 6.98% 6.99% 7.02% 6.73% 7.05% 7.08% 7.14% 7.17% 7.14% 7.04%
6.49% 6.49%
6.31% 6.41%
6.31%
2016/17 Trust Monthly % Absence
2016/17 Trust Cumulative Monthly % Absence
2016/17 Trust Cumulative % that includes late recording
2017/18 Trust Monthly % Absence
2017/18 Trust Cumulative Monthly % Absence
2017/18 Trust Cumulative % that includes late recording


Cumulative % Absence by Directorate/Division
from 1st April to 31st May 2017
8%
7%
6%
5%
4%
3%
2%
1%
0%
6.98% 6.48% 3.56% 4.82% 5.75% 6.83% 7.37% 3.75% 6.30% 6.30%
Community Care
Finance
HR, OD & Corp Comms (Inc CEO)
Medical
Medicine & Emergency Medicine
Mental Health, Learning Dis. & CWB
Nursing & Support Services
Strategic Dev. & Business Services
Surgical & Clinical Services
Women, Children & Families
Trust Target (6.9%)


NHSCT
Number of Staff Absence Spells from 1st June 2016 to 31st May 2017
1 Employee with 8 absence spells
1 Employee with 7 absence spells
3 Employees with 6 absence spells
15 Employees with 5 absence spells
105 Employees with 4 absence spells
414 Employees with 3 absence spells
1,561 Employees with 2 absence spells (13.20% of Staff)
4,129 Employees with 1 absence spell (34.91% of Staff)
5,597 Employees with no absence spells (47.33% of Staff)