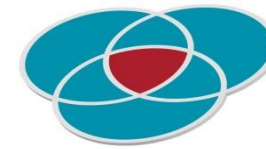




Northern Health
and Social Care Trust



ramp
REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

October 2017

Prepared & Issued by Strategic Development and Business Services – 2017



i 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:

Email: user.feedback@northerntrust.hscni.net

Telephone: 028 9442 4655

Contents

The Health and Social Care Board each year set out a Commissioning Plan setting out priorities and targets that have been included in the DoH 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 now been confirmed and the report has been amended to reflect this.

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

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

3.0 Quality Standards & Performance Targets ([page 14](#))

4.0 Use of Resources ([page 48](#))

5.0 Workforce ([page 52](#))

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 2017-18 Commissioning Plan Targets

Rating based on most recent months performance

By March 18, secure a reduction in the number of MRSA infections. MRSA 2017/18 Trust target is no more than 8 cases. (CPD 2.3)	R	By March 2018, no patient attending any emergency department should wait longer than 12 hours (CPD 4.4)	R
By March 18, secure a reduction in the number of CDIIF infections. CDIIF 2017/18 Trust Target is no more than 48 cases. (CPD 2.3)	R	By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.5)	R
By March 2018, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis. (CPD 4.7)	A	By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.6)	R
By March 2018, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. (CPD 4.8)	R	By March 2018, no complex discharge takes more than seven days (CPD 7.6)	R
From April 2017, all urgent suspected breast cancer referrals should be seen within 14 day (CPD 4.9)	A	By March 2018 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.6)	R
From April 2017, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (CPD 4.9)	R	By March 2018, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)	G
From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (CPD 4.9)	R	By March 2018, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)	G
By March 2018, at least 50% of patients wait no longer than 9 weeks for 1st outpatient appointment. (CPD 4.10)	R	By March 2018, no patient waits longer than 13 weeks for psychological therapies (any age) (CPD 4.13)	R
By March 2018, no patient to wait > 52 weeks for 1st outpatient appointment. (CPD 4.10)	R	From April 2017, ensure that 99% of all Learning Disability discharges take place within 7 days of the patient being assessed as medically fit for discharge (CPD 5.5)	R
By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test (CPD 4.11)	R	From April 2017, ensure all Learning Disability discharges take place within 28 days of the patient being assessed as medically fit for discharge (CPD 5.5)	R
By March 2018, no patients should wait no longer than 26 weeks for a diagnostic test (CPD 4.11)	R	From April 2017, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.5)	A
By March 2018, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. (CPD 4.11)	R	From April 2017, ensure that all mental health discharges take place within 28 days of the patient being assessed as medically fit for discharge. (CPD 5.5)	A
By March 2018, no patient waits longer than 26 weeks for an Endoscopy diagnostic test. (CPD 4.11)	A	By March 2018, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. (CPD 1.7)	R
By March 2018, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. (CPD 4.12)	A	By March 2018, no patient waits longer than 9 weeks to Access child and adolescent mental health services. (CPD 4.13)	G
By March 2018, no patient waits longer than 52 weeks for inpatient/ daycase treatment (CPD 4.12)	R	By March 2018, secure a 10% increase in the number of direct payments to all service users. (CPD 5.2)	A
By March 2018, no patient to wait longer than 13 weeks from referral to commencement of AHP treatment. (CPD 5.4)	R	By March 2018, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	G
By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments. (CPD 7.4)	R	By March 2018, 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)	A
By March 2018, 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		

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

Performance against the 4 hour target during September 2017 was 64.5% at both Antrim and Causeway hospitals. Antrim ED had 325 twelve hour breaches compared to 158 the previous month whilst Causeway Hospital had 30 twelve hour breaches compared to 0 the previous month. Cumulatively the Trust has experienced 857 twelve hour breaches from April 17 – September 17.

355

12 hour breaches September 2017.

[\(PAGE 24\)](#)

TOPM ↓

Psychological Waits

At the end of August there were 33 patients waiting over 13 weeks, compared to 59 the previous month. Performance is being impacted in the main by LD services. The position for Learning Disability (adult and children) has improved since the end of May. The service has 30 breaches of a total WL of 127 with a longest wait of 129 days Causeway 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 continue over coming months – It is anticipated that the vacant post will be filled in September 2017. 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.

Demand and Elective Waiting Lists

Referrals for New 'Red Flag' Cancer outpatient appointments were stable in August 2017 compared to August 2016. There continues to be a significant impact on Trust waiting times. At the end of the September 2017 the combined position for elective inpatients and day cases was 10% below expected SBA volumes. New outpatient attendances were 3% below SBA volumes and review attendances were 11% above volumes. With regard to AHP services, there were 9739, 13 week breaches at the end of September 2017. This is compared to 9023 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. [\(PAGE 22\)](#)

0%

Increase in Red Flag Cancer referrals September 2017 compared to September 2016

[\(PAGE 50\)](#)

TOPM ↓

Diagnostic Waiting Times

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. 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 was provided until July 2017. Additional activity is now again being undertaken but it will take several months to address the backlog. Confirmation of recurrent funding for CT, NOUS and plain film x-ray has now been received and plans are in place to commence recruitment of additional staff however capacity will still be restricted in some modalities due to the number of scanners in operation. Waiting times will reduce however recruitment and the need for additional scanners will continue to limit overall improvement.

42

Psychological waits over 13 weeks at the end of September 2017.

[\(PAGE 31\)](#) **TOPM ↑**

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

At the end of Sept there were 292 patients waiting >13 weeks with the longest wait being 182 days. Since August 2017 there has been a clear worsening of the position which is anticipated will continue due to an underlying increase in referral rate (currently c. 130 per month – up from 101 in 2016/17), and a change in triage and referral pathway. The capacity of the service has also been impacted by maternity leaves and vacancies. Further periodic modelling will be undertaken to better reflect recent trends and developments. This will also provide a revised view as to when a non-breach position will be achieved for assessment activity. Further modelling of the Intervention service (based on new service delivery model to be introduced November 17) will be developed. This will help provide an understanding of the whole ASD service / pressures and support decision making around models of service delivery and optimum allocation of staff. Based on the new money invested, demand did match capacity at the end of March 17 however the increase in referrals for 2017 and the modernisation of the triage process requires demand & capacity analysis to be updated to reflect current pressures. The recovery actions eg overtime clinics will continue to be required at this time to address the increase in referral rate & to focus on the backlog of cases.

292

Children waiting over 13 weeks at the end of September 2017.

[\(PAGE 46\)](#)

TOPM ↓

2375

Patients waiting over 26 weeks at the end of September 2017 for a Diagnostic test

[\(PAGE 19\)](#) **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.

67%

Achieved in September 2017

[\(PAGE 16\)](#) **TOPM ↓**

1.0 Service User Experience

1.1 Patient Experience as related in Patient Surveys

The 10,000 More Voices initiative continues using a phased approach including regional and specialist projects. **11,466 patient** stories have been returned regionally (correct on the 31/08/2017), of which **2,580** (22.5%) are NHSCT returns. Stories continue to illustrate compliance with the patient and client experience standards.

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

- Unscheduled Care (Emergency Departments, Minor Injuries, and GP out of Hours)
- Northern Ireland Ambulance Service
- Staff Experience (Experience of Discharge)
- 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	1733	560 (32.5 %)	473	53	39
Northern Ireland Ambulance Service ¹	301	158² (52.6%)	151	5	2
Adult Safeguarding	86	14 (16.8%)	8	4	2
Staff experience	355	36² (10.1%)	15	13	8
Health and Social Care in Northern Ireland	1142	373 (32%)	324	37	12
Experience of Discharge from hospital	351	96 (27%)	85	8	3

1. Patients who access NIAS services as part of their care episode.
2. Returns unchanged for this month
3. Numbers in brackets shows % of regional total.

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 – report completed.
- 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 – report completed.
- 100% Challenge Project.
- Macmillan Unit Project – on-going.
- C4 Project (Prior to Quality Improvement Initiative).
- Whiteabbey Ward 2 Project – report completed.
- Health Visitor Project commencing June 2017.
- Diabetic Specialist Nurse Project commenced August 2017.
- DAFNE training project – commenced August 2017
- DESMOND training project – commenced September 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.

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 July 2017 there were 68 formal complaints, 5 of which were reopened. Of these complaints 417 were responded to within 20 working days (69%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

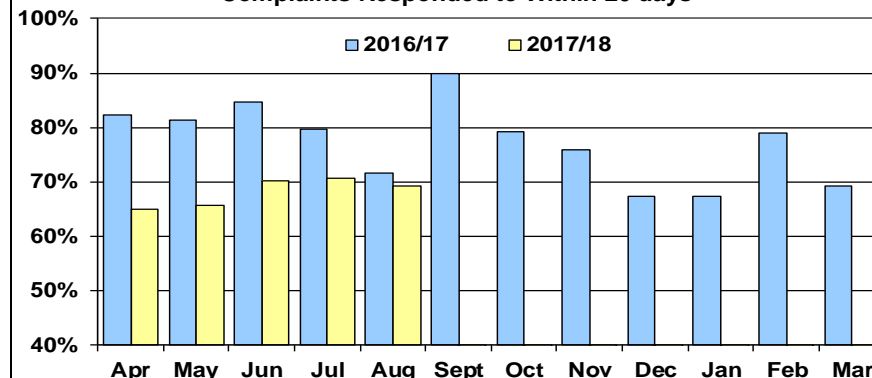
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints Information is presented one month in arrears

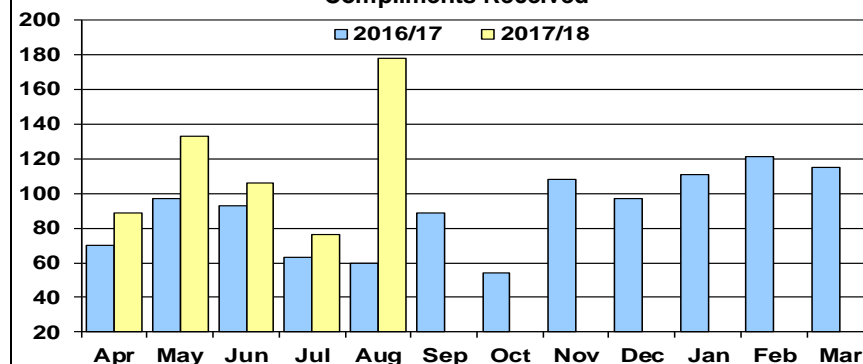
August 2017 Position	MEM	SCS	WCF	MHLDC	Community	Finance	SDBS	M & G	Nursing	Unknown	Trust Total
Number Of Complaints	18	14	18	6	7	3	-	-	2	-	68
% Complaints Responded to Within 20 Days	72%	64%	67%	50%	86%	67%	-	-	100%	-	69%
Compliments Received	30	18	21	40	68	-	-	-	1	-	178
*Number of complaints relating to staff attitude, behaviour and communication	8	5	3	-	1	-	-	-	-	-	17

*Target = 5% reduction in user complaints relating to staff attitude, behaviour and communication compared to 15/16 figures. Target for 17/18 = no more than 170 complaints relating to staff attitude and communication, 14 per month. Update on target from technical guidance for 17/18 required. Target may change when guidance received.

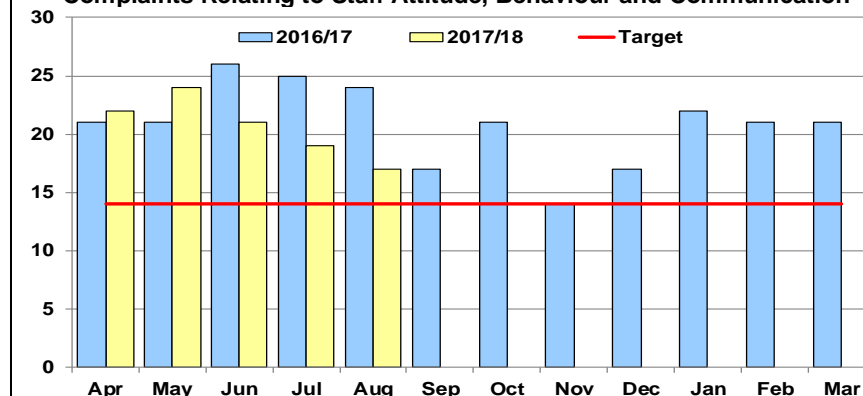
Complaints Responded to Within 20 days



Compliments Received



Complaints Relating to Staff Attitude, Behaviour and Communication



2.0 Safe and Effective Care

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

2.2 Stroke ([page 11](#))

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

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

2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections (CPD 2.3)

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 7 cases of MRSA bacteraemia to date (end September) 2 cases were identified within 48 hours of admission however 5 cases have been 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 July 2017 the Trust has identified 34 cases of CDI. A breakdown of these figures indicate that 16 cases had an onset of diarrhoea on admission or within 48 hours of admission to hospital and 18 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 (during March April and May 2017) with highly probable transmission of 2 cases of CDI (with the same ribotype 014) identified in one ward. The Trust has now closed this increased incidence and has notified PHA. There is a continued focus on implementation of compliance of control measures on this site as a result there has been a significant decrease in the number of new cases identified in Causeway. 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

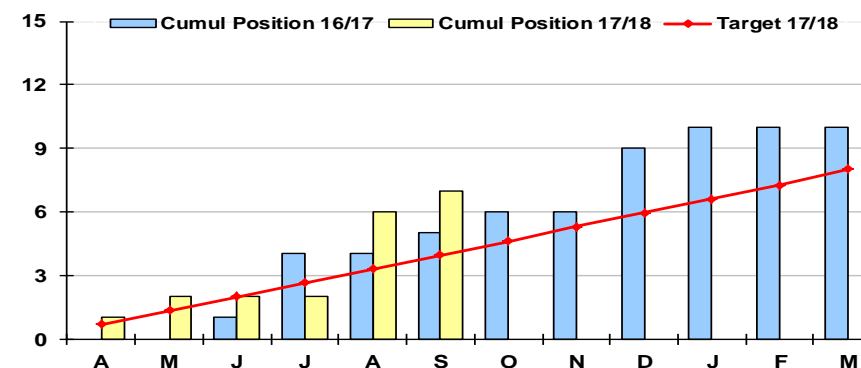
The Trust has now received the PHA targets for 2017/18 and due to the increased numbers of CDI cases seen in quarter 1 of this year so far, it will be a real challenge for the Trust to further improve on the reductions seen in last year's surveillance.

	Actual Activity 16/17	Jul 17	Aug 17	Sept 17	Cumulative position as at 31/0817
No of MRSA cases	10	0	4	1	7
No of CDiff cases	48	6	4	4	34
Deaths associated with CDiff	1	0	0	1	1

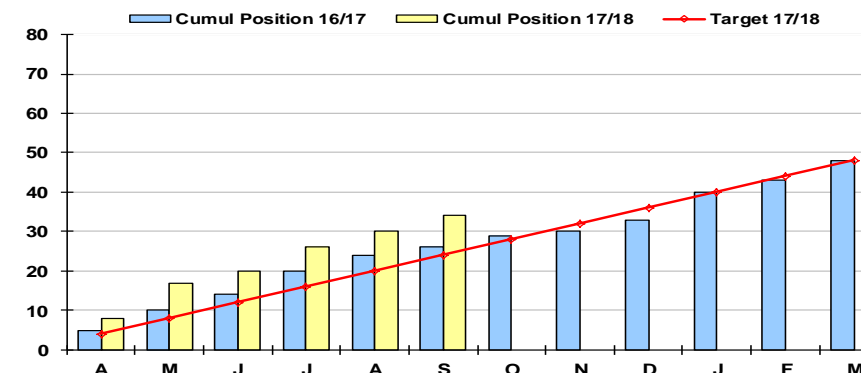
Target – 2017/18 MRSA = 8, CDiff = 48

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

MRSA



CDiff



2.0 Safe and Effective Care

2.2 Stroke (CPD 4.7)

Causes/Issues that are impacting on performance

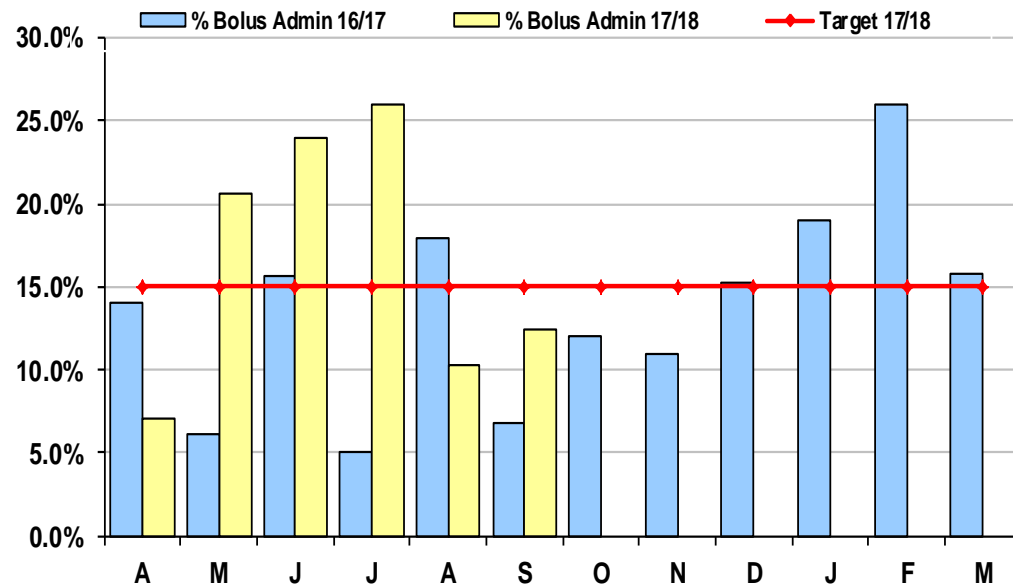
In Antrim 3/28 and in Causeway 2/12 where eligible for thrombolysis in September

Forecast impact on performance

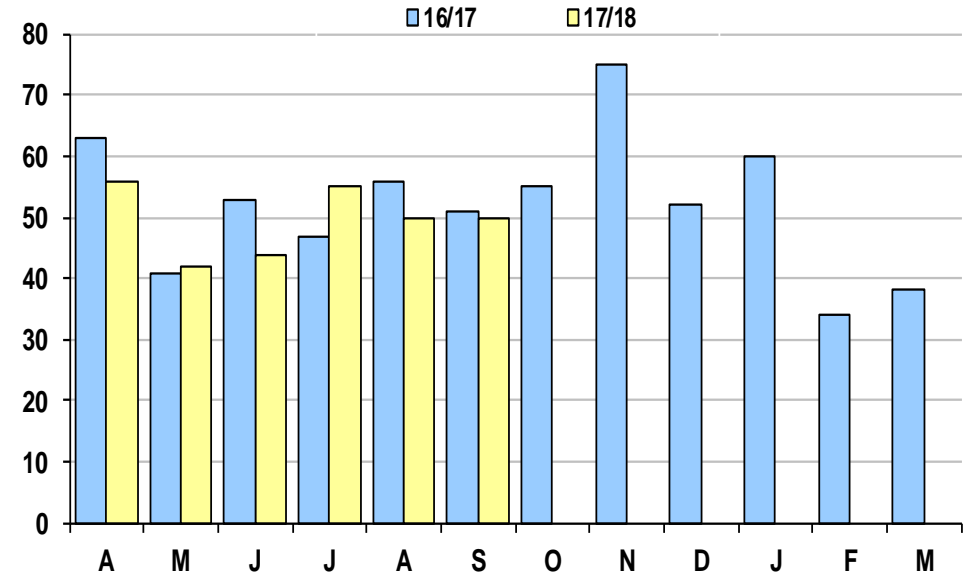
Variance is within normal parameters.

	Target 17/18	Aug 17	Sept 17	Oct 17
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	10%	12.5%	
Number of Emergency admissions with a primary diagnosis of stroke		50	50	

% Ischaemic Stroke receiving thrombolysis



Number of Emergency admissions with a primary diagnosis of stroke



2.0 Safe and Effective Care

2.3 Pressure Ulcers (B3) / Falls in Adult Wards (B4) / Venous Thromboembolism (VTE) Risk Assessment (AI46), NEWS (B2)

Causes/Issues that are impacting on performance

Pressure Ulcers (Acute) – During 2016/17, the Trust had a total number of 227 hospital acquired pressure ulcers; 79 of these were graded 3 & 4 and, of these, 45 were avoidable. 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%.

District Nursing Pressure Ulcers – With effect from 1st April 2017, the Trust is required to monitor compliance with the SKIN bundle within District Nursing; the number of community acquired pressure ulcers graded 3 & 4, and the number of these that were avoidable.

Actions being taken with time frame

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

		16/17 Qtr 3	16/17 Qtr 4	17/18 Qtr 1
Number of hospital acquired Pressure Ulcers graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were avoidable	24	16	17
Number of grade 3 & 4 pressure ulcers that are avoidable		13	7	12
Compliance with SKIN bundle for Pressure Ulcers	95%	83%	82%	83%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	459	444	345
Number of Inpatient Falls with moderate severity or above		10	10	4
Compliance with FallSafe bundle (Part A)	95%	65%	69%	71%
Compliance with FallSafe bundle (Part B)		68%	68%	69%
Compliance with VTE Risk Assessment	95%	89%	88%	90%
Compliance with completion of Malnutrition Universal Screening Tool (MUST)	95%	89%	93%	89%
Compliance with completion of NEWS	95%	89%	95%	88%
% Charts with failure to record reason for omission of medicines	N/A	2%	3%	4.3%
% Charts with failure to record reason for delay of medicines	N/A	N/A	N/A	2.7%
Number of people that absconded (Mental Health)	N/A	46	59	50
Compliance with Anti-Absconding Care Bundle (Mental Health)	95%	97%	81%	73%
Number of community acquired Pressure Ulcers graded 3 & 4 on District Nursing (DN) caseload	Monitor grade 3s & 4s, and the number of these that were avoidable	N/A		1
Number of grade 3 & 4 pressure ulcers that are avoidable (DN)		N/A		0
Compliance with District Nursing SKIN bundle for Pressure Ulcers	95%	N/A		57%

2.0 Safe and Effective Care

2.4 Serious Adverse Incidents

Number of SAI investigations on-going as at 30th September 2017

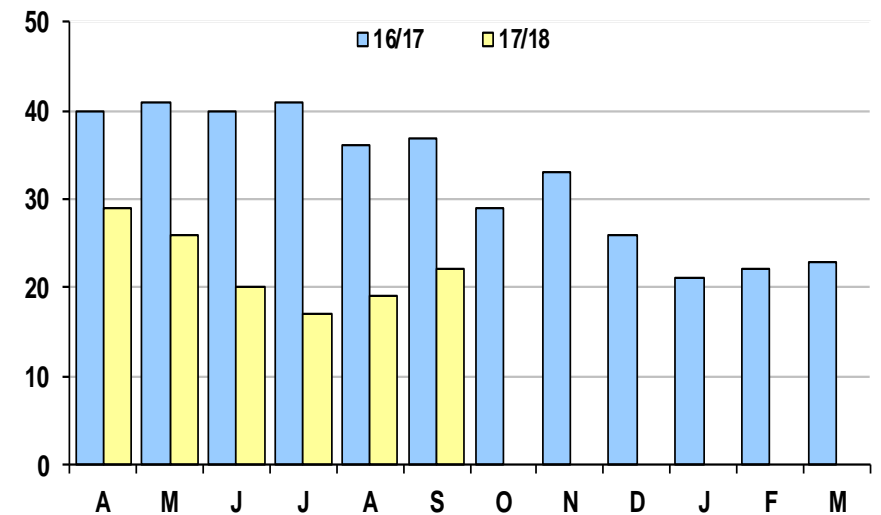
Level of Investigation	Trust Total	Community Care (CC)	Finance (F)	Medicine & Emergency Medicine (MEM)	Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	Surgical & Clinical Services (SCS)	Strategic Development & Business Services (SDBS)	Woman, Children & Families (WCF)
Level 1 (SEA)	16	2	0	2	8	0	0	4
Level 2 (RCA)	6	1	0	3	2	0	0	0
Level 3 (External)	-	-	-	-	-	-	-	-
Total	22	3	0	5	10	0	0	4

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

Number of SAI investigations overdue by Division by number of weeks as at 30th September 2017

Division	Number of SAI investigations overdue by Division by number of weeks as at 30 th September 2017					Total
	0-10 wks	11-20 wks	21-30 wks	31-40 wks	41-60 wks	
Community Care (CC)	1	0	0	0	0	1
Medicine & Emergency Medicine (MEM)	2	0	1	1	0	4
Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	4	3	1	0	0	8
Woman, Children & Families (WCF)	1	3	0	0	0	4
Total	8	6	2	1	0	17

Number of SAI Investigations outstanding
 Comparison graphical report by financial month



3.0 Quality Standards and Performance Targets

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

3.1 DoH Commissioning Plan Direction Targets & Standards 2017/18

- Elective Care and Cancer Care ([page 15](#))
- Unscheduled Care (Including Delayed Discharges) ([page 24](#))
- Mental Health & Learning Disability ([page 30](#))
- Women, Children and Families ([page 33](#))
- Community Care ([page 35](#))

3.2 DoH Indicators of Performance 2017/18 - Indicators of performance are in support of the Commissioning Plan Direction Targets. ([page 38](#))

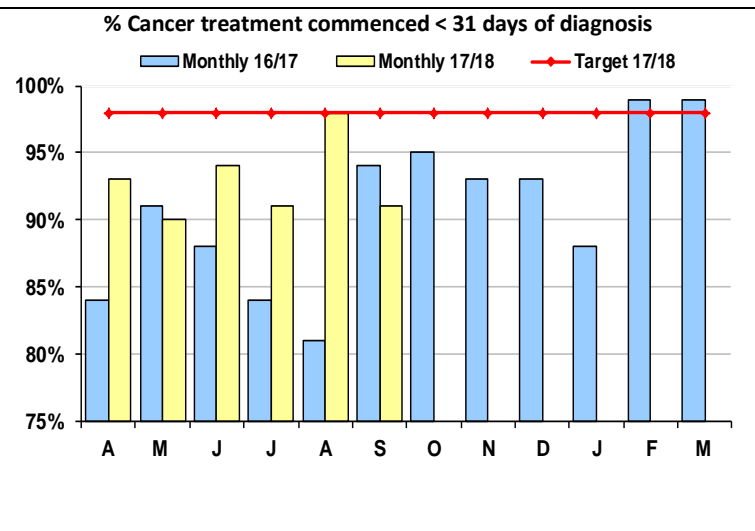
3.3 Additional Indicators in Support of 2017/18 Commissioning Plan Direction Targets. ([page 45](#))

3.0 Quality Standards & Performance Targets

3.1 DoH Commissioning Plan Direction Targets & Standards 17/18

Elective Care and Cancer Care																																															
Dir	Target/Objective	Monthly Performance Comments, Actions										Trend Analysis																																			
SCS	Diagnostic Tests By March 2018, all urgent diagnostic tests should be reported on within two days (CPD 4.8)	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 Attempts to recruit additional radiologists are on-going. Additional reporting radiographers will be appointed as part of the new IPT investment however staff will take up to 18 months to reach full competency FORECAST IMPACT ON PERFORMANCE Even with the new investment the Trust will continue to require independent sector support due to shortage in radiologists. Therefore it is anticipated that performance will remain below 100%.										Diagnostic Tests reported < 2 days 																																			
		<table border="1"> <thead> <tr> <th colspan="12">Diagnostic Tests reported < 2 days</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>92%</td><td>84%</td><td>90%</td><td>84%</td><td>84%</td><td>91%</td><td>96%</td><td>96%</td><td>85%</td><td>92%</td><td>91%</td><td></td><td>↓</td> </tr> </tbody> </table>											Diagnostic Tests reported < 2 days												Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	92%	84%	90%	84%	84%	91%	96%	96%	85%	92%
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92%	84%	90%	84%	84%	91%	96%	96%	85%	92%	91%		↓																																			
SCS/MEM/WCF	Cancer Care From April 2017, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.9)	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 NHST they will inevitably breach the 14-day target. This had 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. 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										Urgent breast cancer referrals seen within 14 days 																																			
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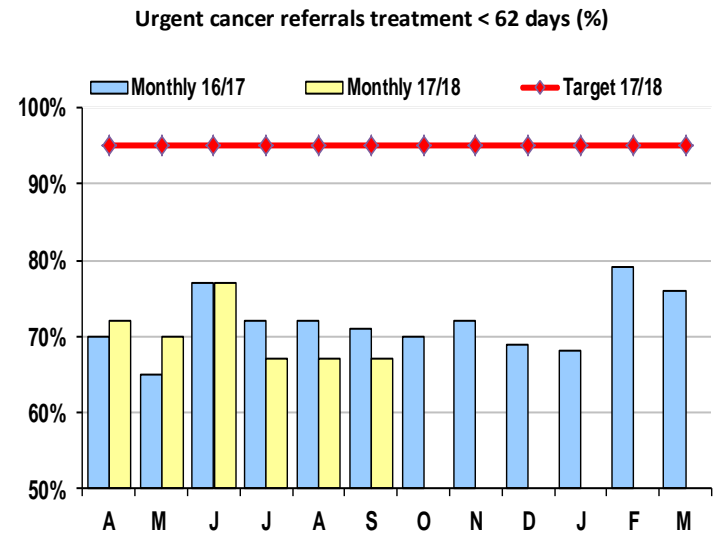
SCS/MEM/WCF	Cancer Care From April 2017, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat (CPD 4.9)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>Ongoing issues in breast cancer, where a high level of demand for 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.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME</p> <p>Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.</p> <p>FORECAST IMPACT ON PERFORMANCE</p> <p>It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured.</p>																																				
	<table border="1"> <thead> <tr> <th colspan="12">% Cancer treatment commenced < 31 days of diagnosis</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>93%</td><td>93%</td><td>88%</td><td>99%</td><td>99%</td><td>91%</td><td>90%</td><td>94%</td><td>91%</td><td>98%</td><td>91%</td><td></td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table>	% Cancer treatment commenced < 31 days of diagnosis												Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	93%	93%	88%	99%	99%	91%	90%	94%	91%	98%	91%	
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SCS/MEM/WCF	Cancer Care From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. (CPD 4.9)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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. There were zero 62 breachers this month.</p> <p>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.</p> <p>The lack of non-recurrent funding for diagnostics is also impacting on the ability to maintain red flag target</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME</p> <p>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 however a further staff absence will result in some deterioration.</p> <p>Breast: Additional inpatient theatre lists being arranged when possible however inpatient bed capacity limited</p> <p>Lung: proactive monitoring in place</p> <p>Gynae: additional hysteroscopy sessions being undertaken.</p> <p>Skin: Additional in house outpatient and surgical lists have been undertaken following transfer of patients to the Independent Sector. Belfast working with PHA to address capacity issues for plastic surgery.</p> <p>FORECAST IMPACT ON PERFORMANCE</p> <p>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.</p> <p>Skin: while this month there has been an improvement it is anticipated that there will continue to be 62 day breaches in dermatology in coming months.</p>
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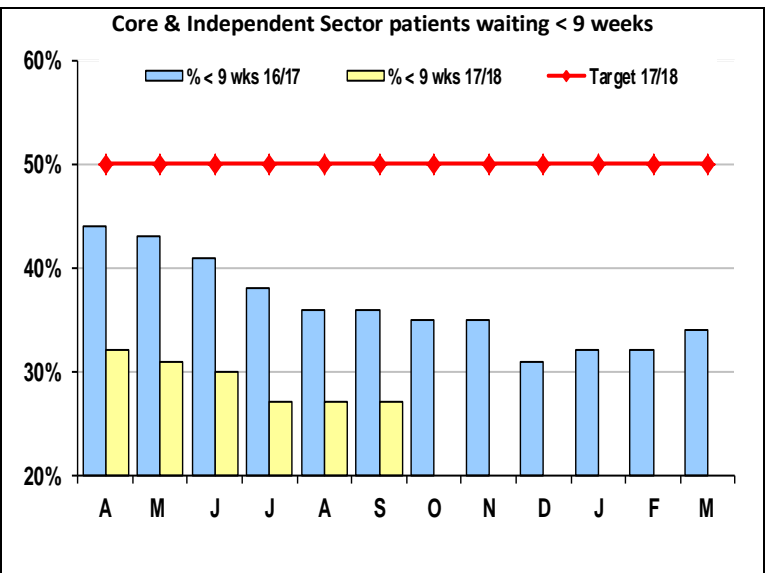
Urgent cancer referrals treatment < 62 days (%)												
Tumour Site	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
ALL	69%	68%	79%	76%	72%	70%	77%	67%	67%	67%		↔
B	93%	94%	100%	86%	100%	100%	100%	100%	100%	85%		
G	67%	40%	63%	50%	100%	40%	57%	63%	15%	33%		
H	20%	100%	100%	100%	67%	50%	100%	50%	100%	100%		
HN	0%	0%	50%	0%	0%	-	-	0%	0%	33%		
LGI	42%	16%	33%	80%	23%	33%	9%	31%	19%	0%		
UGI	38%	67%	50%	0%	0%	66%	0%	-	40%	60%		
L	100%	75%	75%	67%	33%	89%	91%	75%	57%	79%		
S	83%	81%	100%	94%	83%	59%	94%	69%	86%	72%		
U	50%	-	100%	-	0%	100%	-	-	-	-		



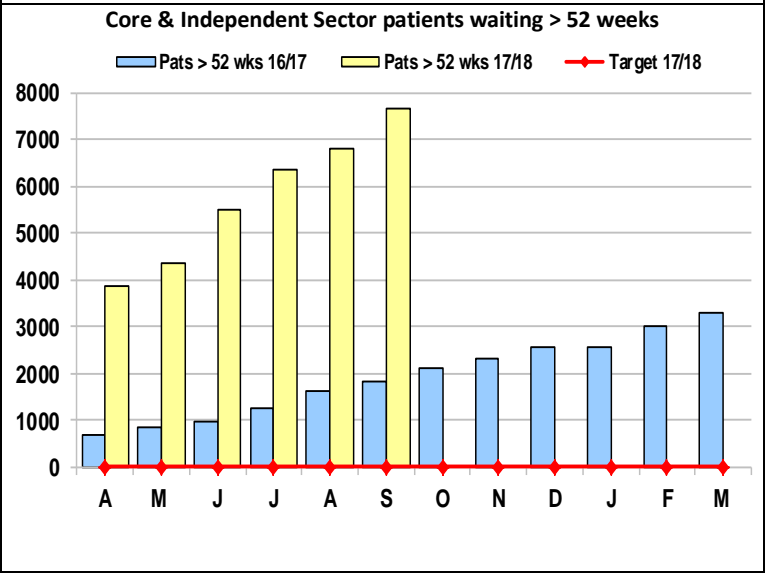
September 17 Position by Tumour Site – Number of cases for Month
 Note: where the Patient is a SHARED treatment with another Trust, NHSC carry 0.5 weighting for patient's wait.

- (B) Breast Cancer – 16.5 patients treated
- (G) Gynae Cancers – 3.0 patients treated
- (H) Haematological Cancers – 2.0 patients treated
- (HN) Head/Neck Cancer – 1.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 4.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 2.5 patients treated
- (L) Lung Cancer – 7.0 patients treated
- (S) Skin Cancer – 9.0 patients treated
- (U) Urological Cancer – 0.0 patients treated

SCS/MEM/WCF	<p>Outpatient Waits By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This is not a performance issue. Demand is significantly higher than capacity in a great number of specialties. 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.</p> <p>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.</p> <p>FORECAST IMPACT ON PERFORMANCE There is a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further</p>																																						
	<table border="1"> <thead> <tr> <th colspan="13">Core & Independent Sector patients waiting < 9 weeks</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>35%</td><td>31%</td><td>32%</td><td>32%</td><td>34%</td><td>32%</td><td>31%</td><td>30%</td><td>27%</td><td>27%</td><td>27%</td><td></td><td style="background-color: red; color: white; text-align: center;">↔</td> </tr> </tbody> </table>		Core & Independent Sector patients waiting < 9 weeks													Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	35%	31%	32%	32%	34%	32%	31%	30%	27%	27%	27%	
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SCS/MEM/WCF	<p>Outpatient Waits By March 2018, no patient waits longer than 52 weeks. (CPD 4.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This is not a performance issue - See 9-week target.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME See 9-week target.</p> <p>FORECAST IMPACT ON PERFORMANCE See 9-week target</p>																																							
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28623	28863	30339	30082	31354	32560	32549	34149	34550	34727	35010																															



Diagnostic waits

By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (CPD 4.11)

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

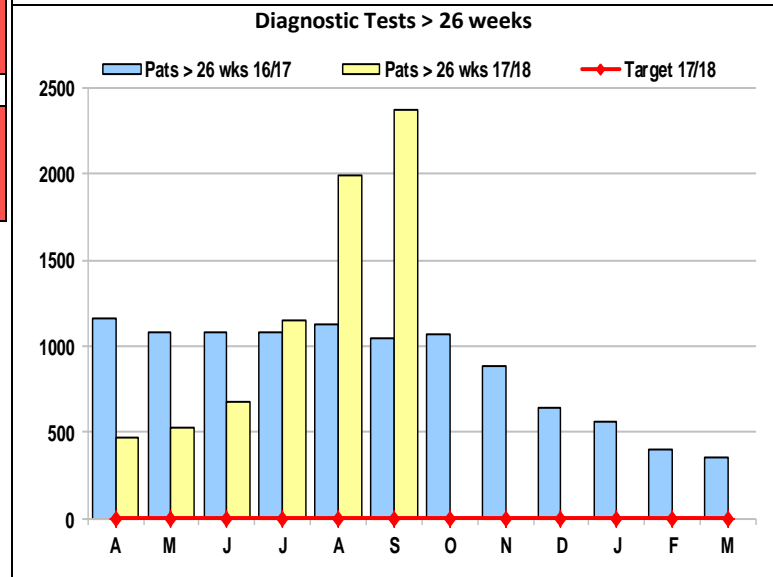
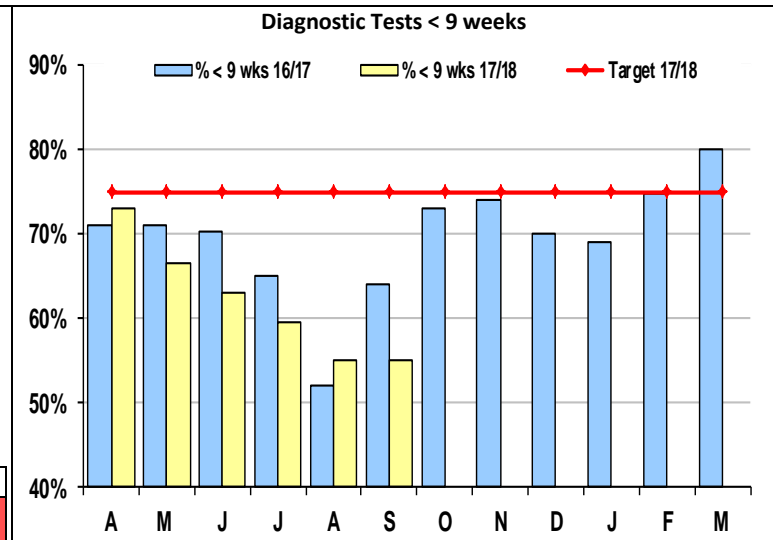
Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography however no additional funding was provided until July 2017. Additional activity is now again being undertaken but it will take several months to address the backlog. Confirmation of recurrent funding for CT, NOUS and plain film x-ray has now been received and plans are in place to commence recruitment of additional staff however capacity will still be restricted in some modalities due to the number of scanners in operation.

FORECAST IMPACT ON PERFORMANCE

Waiting times will reduce however recruitment and the need for additional scanners will continue to limit overall improvement

Diagnostic Tests < 9 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
74%	70%	69%	75%	80%	73%	67%	63%	60%	55%	55%		↔

Diagnostic Tests > 26 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
886	642	562	399	352	474	523	676	1149	1992	2375		↓



Diagnostic waits

Endoscopy

By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks (CPD 4.11)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

While recurrent investment was 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

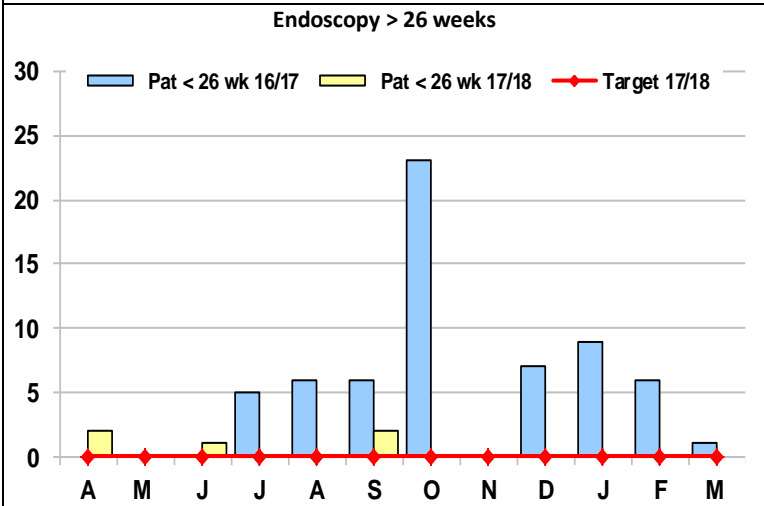
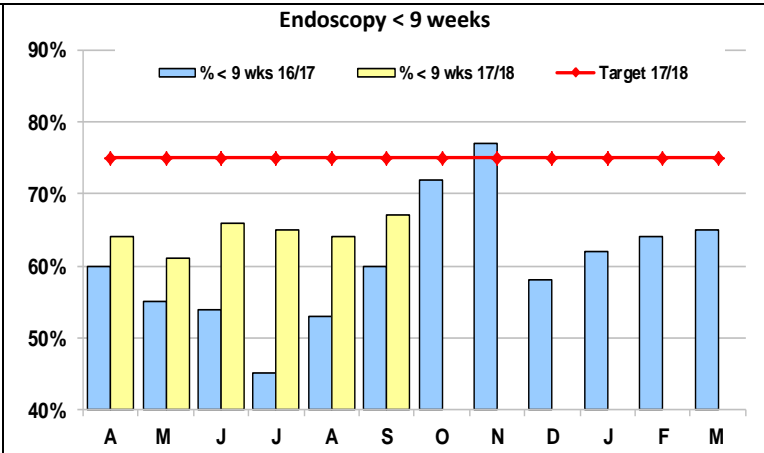
Elective access funding has been secured for the all of 2017/18 and will maintain red flag and routine waiting times. Recruitment ongoing to gastroenterology posts.

FORECAST IMPACT ON PERFORMANCE

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

Endoscopy < 9 weeks												TOPM ↑
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
77%	68%	62%	64%	65%	64%	61%	66%	65%	64%	67%		

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



Inpatient / Daycase Waits
 By March 2018 55% of patient should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks. (CPD 4.12)

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 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.

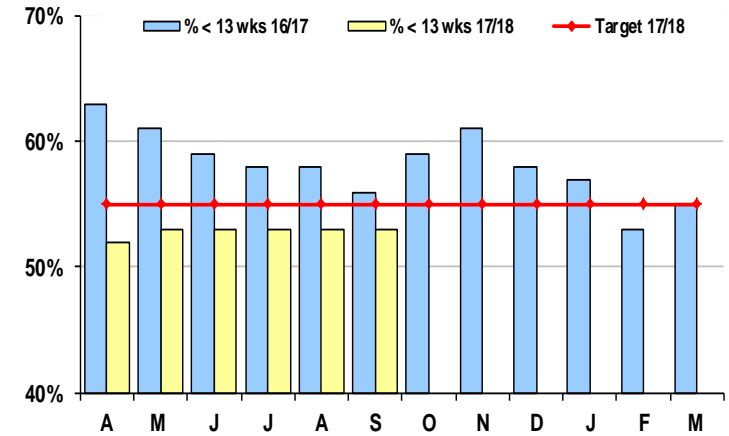
Excludes scopes which are solely within 9 weeks position.

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

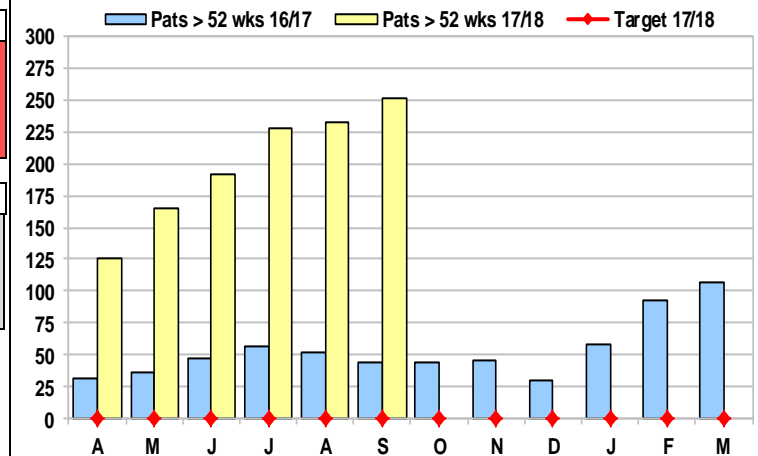
Core & Independent Sector patients waiting > 52 weeks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
45	30	59	93	107	126	165	192	227	232	251		↓

Core & Independent Sector total patients waiting												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
4894	4808	4908	5072	4989	4891	4791	4672	4598	4647	4670		

Inpatient / Daycase waiting < 13 weeks



Inpatient / Daycase waiting > 52 weeks



AHP Waits

By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional (CPD 5.4)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Physiotherapy (8075) Orthoptics (0), Dietetics (591) - 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 (782)- The number of 13 week breaches rose from 544 at the end of July to 782 at the end of September from 326 breaches at the end of March. Length of longest wait has increased to 14 months. (432 days). Analysis of Waiting lists confirms that majority of breaches are within Adult Community SLT and relate to Dysphagia 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 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 support 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 (290) - 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 to vacant posts, 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 staff

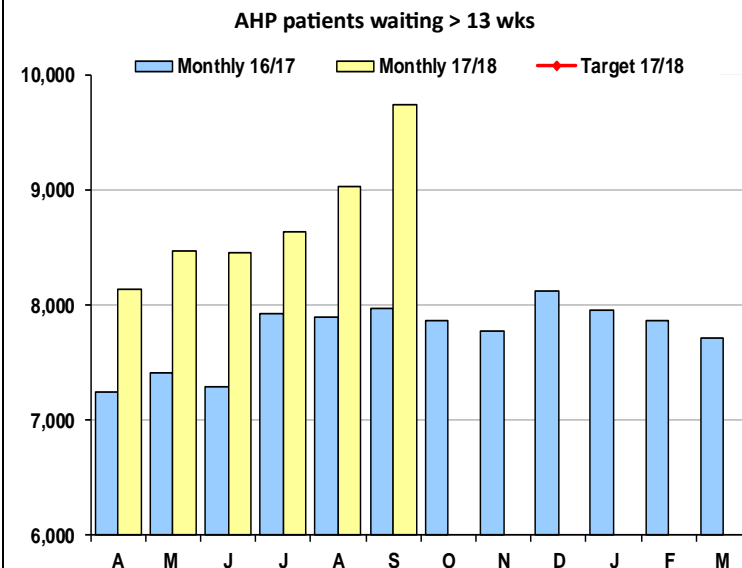
FORECAST IMPACT ON PERFORMANCE

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. Whilst peak summer annual leave has effected staff capacity levels during July and August 2017 it should be noted that this has not impacted significantly on the waiting lists.

AHP patients waiting > 13 wks

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
7766	8125	7947	7867	7710	8133	8468	8451	8639	9023	9739		↓

**13 Week Breaches by Service Area**

Dietetics – 591

Occupational Therapy – 290

Orthoptics - 0

Physiotherapy - 8075

Podiatry - 1

Speech and Language Therapy - 782

Cancelled Appts

By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments. (CPD 7.4)

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 50% are brought forward to an earlier date and 30% involve a change of appointment time or location but not date so that they do not negatively impact on patients. The remaining changes do result in a patient’s appointment being delayed – 190 appointments fell into this category in August 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.

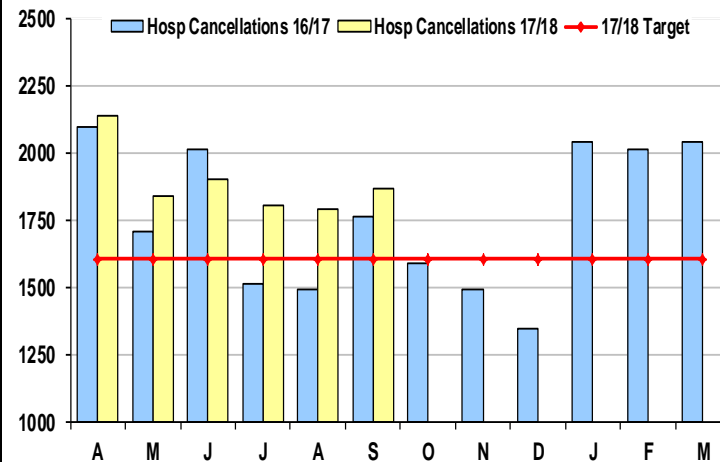
FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
1494	1346	2043	2010	2040	2140	1837	1902	1801	1790	1864		↓

2014/15 baseline used for 2017/18 target. (24,045 Cancelled, Target = No more than 1603 per month) Target includes both new & review outpatient appointments. Update on target from technical guidance for 17/18 required. Target may change when guidance received.

Number of hospital cancelled outpatient appointments



Unscheduled Care (Including Delayed Discharges)

MEM

Unscheduled Care

By March 2018, 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

Demand is continuing to rise on the Trust's acute sites, with 5% more ED attendances in Antrim in 2016/17 compared to the previous year, and a 6% rise in over-75s. While the overall number of attendances did not increase in Causeway, the number of elderly patients did, with a 5% increase in patients over the age of 75. This increased throughput and frailty of patients adds pressure to the Trust's acute hospitals and increases the challenge of meeting unscheduled care performance targets.

It is recognised by the Board and DoH that Antrim Hospital is short 40 beds based on existing demand. The Trust is planning to develop more inpatient beds on the Antrim site (pending capital funding) with a new ward block and Women and Children's Centre, and it is unlikely that unscheduled care targets can be met before this additional capacity is in place.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust is continuing to implement a significant reform of unscheduled care as part of its RAMP programme. This is focused on the following workstreams:

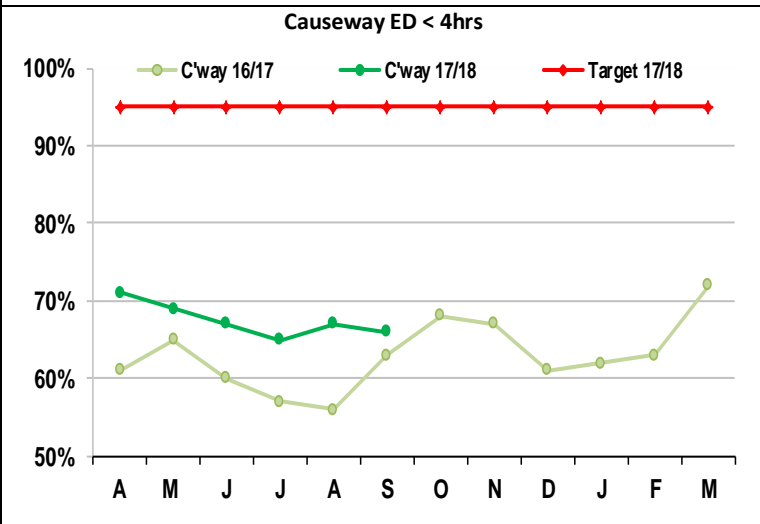
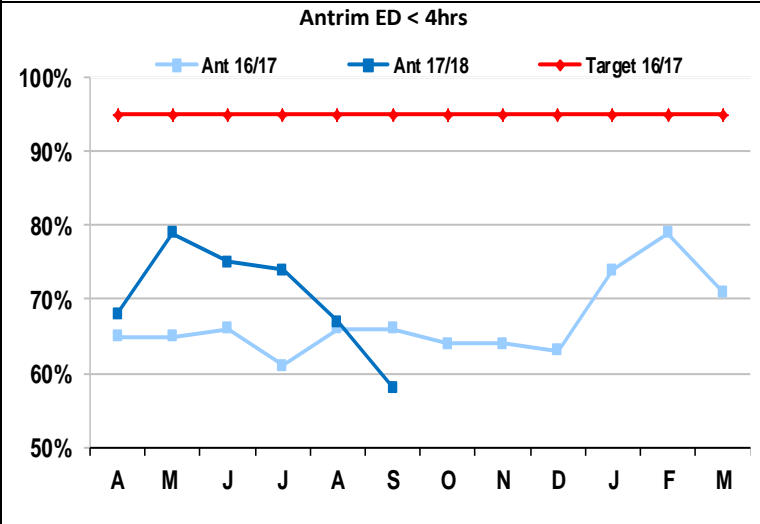
- Reduction of attendance / admission to hospital, including further development of ambulatory pathways and the implementation of an Acute Care At Home service
- The full implementation of a site management model in Antrim Hospital in October 2017 providing improved management of flow throughout the site
- Streamlining discharge processes and planning, including the development of a Discharge to Assess model and reviewing the MDT planning processes currently in use
- A project focused on strengthening the medical service in Causeway Hospital, including acute assessment and ambulatory care, networks with primary and community care, and workforce development.

The Trust will also be redeveloping some of the old ED footprint in Antrim Hospital during 2017/18 to increase the capacity of the Direct Assessment Unit and Discharge Lounge.

FORECAST IMPACT ON PERFORMANCE

Through the implementation of its RAMP work streams, the Trust is aiming to maximise unscheduled care performance in 2017/18. However increased demand and a lack of inpatient beds means it is unlikely that unscheduled care targets can be met before additional capacity is in place.

Antrim ED < 4hrs												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↓
64%	63%	74%	79%	71%	68%	79%	75%	74%	67%	58%		
Antrim Total Attendances												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
6611	6761	6701	6257	7423	7251	7905	7313	7106	7151	6860		
Causeway ED < 4hrs												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↓
67%	61%	62%	63%	72%	71%	69%	67%	65%	67%	66%		
Causeway Total Attendances												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
3364	3457	3458	3202	3910	4006	4049	3805	4204	3865	3609		



MEM

Unscheduled Care

By March 2018, 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 June 2017 showed an improvement compared to 2016, with 28 12-hour breaches compared to 96 last year.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target

Antrim ED > 12 Hours

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
163	270	339	87	152	163	38	25	79	158	327		↓

Antrim ED longest waiter (Hours)

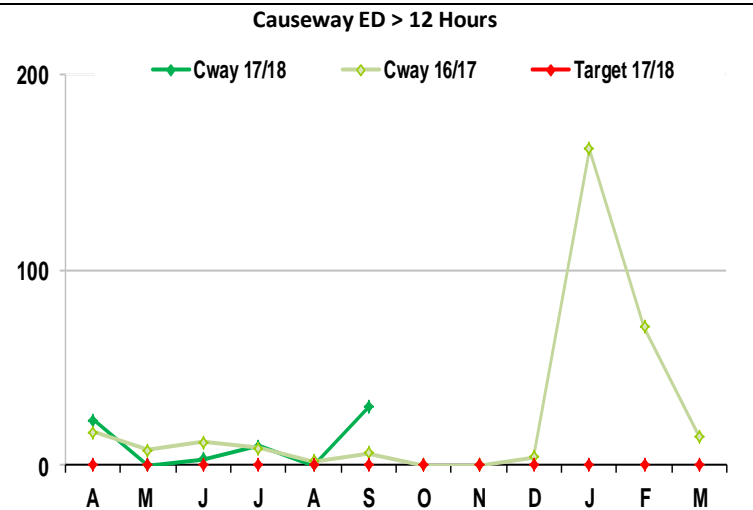
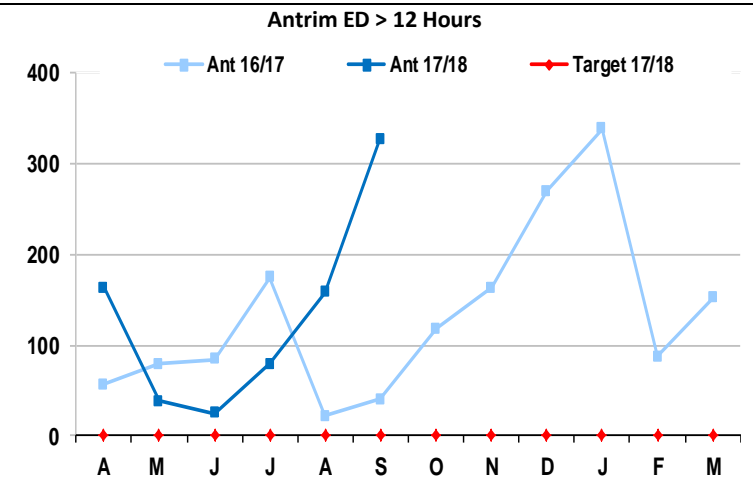
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
29	42	41	28	29	26	43	22	23	51	34		

Causeway ED > 12 Hours

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
0	4	162	71	15	23	0	3	10	0	30		↓

Causeway ED longest waiter (Hours)

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
11	25	30	30	21	26	11	19	19	12	28		



MEM

Unscheduled Care

By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours. (CPD 4.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The ongoing pressures on patient flow brought about by increased demand and limited bed stock frequently cause crowding in ED, which reduces the service's ability to treat new arrivals in a timely manner. The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow; however targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow (see CPD 4.4).

FORECAST IMPACT ON PERFORMANCE

targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

Trust ED treatment < 2 hrs of triage

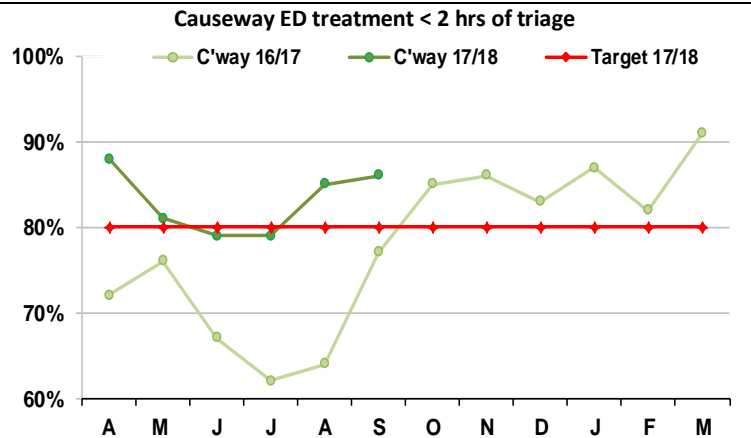
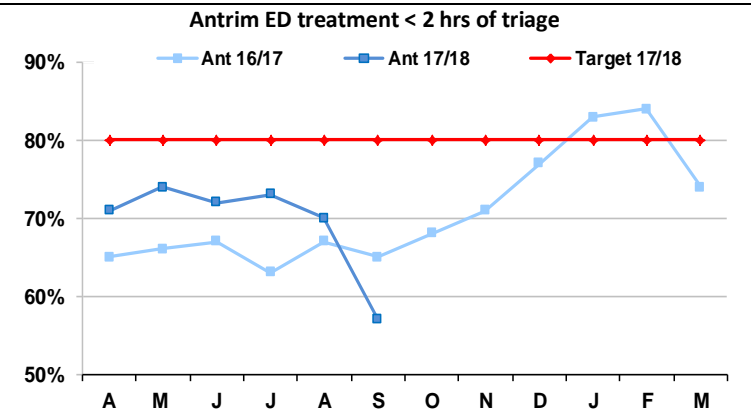
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
76%	78%	80%	85%	84%	77%	77%	75%	76%	76%	71%		↓

Antrim ED treatment < 2 hrs of triage

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
71%	77%	83%	84%	74%	71%	74%	72%	73%	70%	57%		↓

Causeway ED treatment < 2 hrs of triage

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
86%	83%	87%	82%	91%	88%	81%	79%	79%	85%	86%		↑



MEM

Hip Fractures

By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.6)

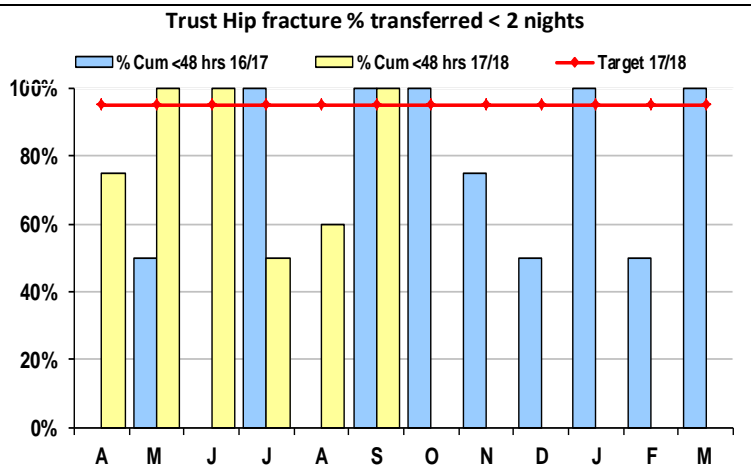
Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

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

April 2017 – September 2017: Hip fractures – 22 patients transferred.

Hip fracture % transferred < 2 nights

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
75%	50%	100%	50%	100%	75%	100%	100%	50%	60%	100%		



Patient Discharge
By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

There were 91 delayed discharges across the 2 hospital sites during September 2017. The increasing number of delays is reflective of the complexities and needs of an aging patient group.

Acute Based Delays: 31 delays can be attributed to acute assessment and care planning processes. 21 delays were the result of client choice and family issues. 4 delays were caused waiting for step-down sub-acute beds.
Community Delays: 19 delays are attributable to delays encountered in the community; this number can be broken down as follows: 8 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, in addition to complex needs of individuals returning home. 5 delays were caused waiting for step-down community beds, of which 4 required a delirium facility. A total of 6 delays were relating to placement planning, of which 4 required placements for dementia with challenging care.

During September 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

Placements: The need for the availability of 7 day pre-assessments by nursing and residential homes has been highlighted at the Independent Homes Reference Panel.

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 to agree an action plan that will result in increased capacity throughout the system.

FORECAST IMPACT ON PERFORMANCE

Domiciliary Care: 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.
Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.

Trust Complex discharges < 48 hours

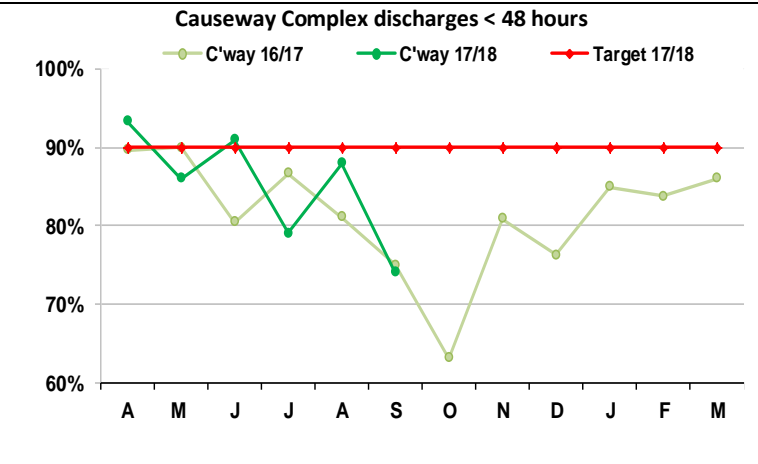
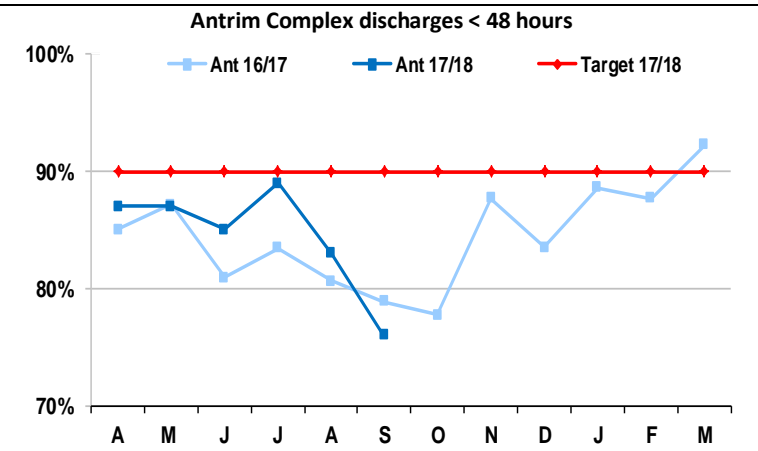
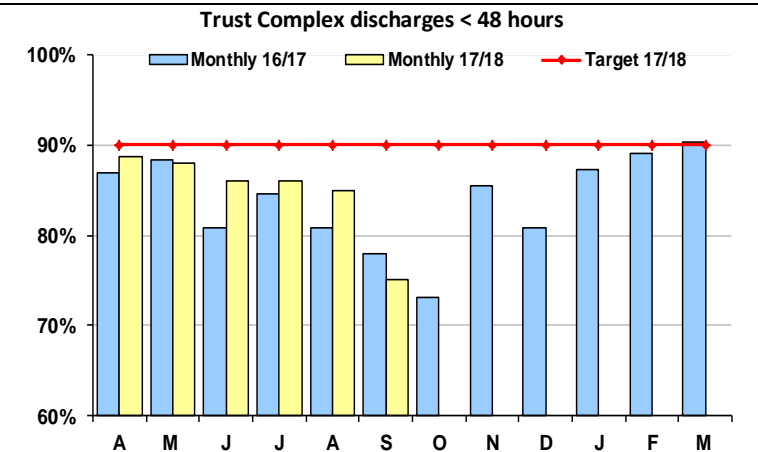
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
86%	81%	87%	89%	90%	89%	88%	86%	86%	83%	75%		↓

Antrim Complex discharges < 48 hours

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
88%	84%	89%	88%	92%	87%	87%	85%	89%	83%	76%		↓

Causeway Complex discharges < 48 hours

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
81%	76%	85%	84%	86%	93%	86%	91%	79%	88%	74%		↓



Patient Discharge
By March 2018, ensure that no complex discharge takes more than seven days (CPD 7.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

20 out of 91 delays in September were greater than 7 days.
Acute Based Delays: 7 delays were the result of acute assessment and care planning processes; 3 delays were the result of client choice and family issues.
Community Based Delays: 4 delays were relating to placement planning and arrangement; 2 delays were caused wait on a suitable community step down bed and one delay was caused by having to wait on a domiciliary package of care being sourced.
The complexity of need and the resulting time required to plan these discharges is reflected in the increasing number of these delays,

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 Managing Choice for Discharge from Inpatient Beds Protocol is implemented in a timely fashion to reduce the number of 7 day breaches

FORECAST IMPACT ON PERFORMANCE

Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.
Domiciliary Care: 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

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
11	13	7	6	13	3	9	15	11	10	20		↓

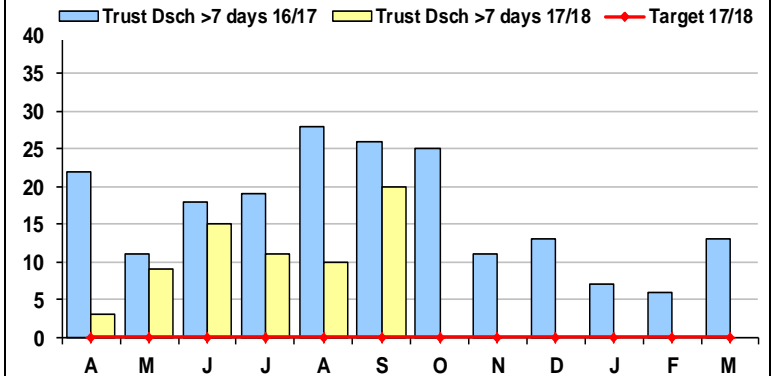
Antrim Monthly Position % Complex Discharges < 7 days

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
95%	94%	96%	95%	94%	99%	97%	96%	97%	98%	94%		↓

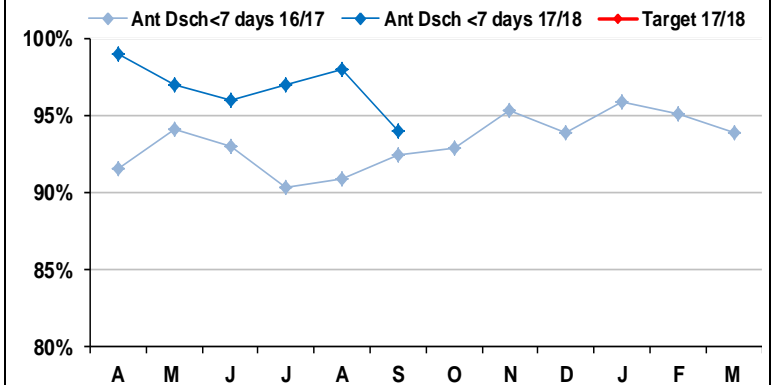
Causeway Monthly Position % Complex Discharges < 7 days

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
97%	98%	96%	97%	93%	100%	98%	97%	99%	97%	95%		↓

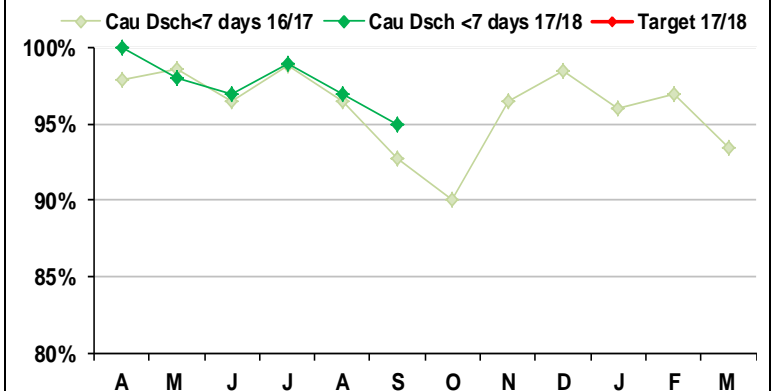
Trust Number of Complex Discharges > 7 Days



Antrim Monthly Position % Complex Discharges < 7 days



Causeway Monthly Position % Complex Discharges < 7 days



Patient Discharge

By March 2018, ensure that all non-complex discharges from an acute hospital take place within six hours. (CPD 7.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

40% of simple discharges breaching the 6-hour target are due to patients waiting for a cardiology intervention in the Belfast Trust. The remainder are related to a range of issues including waiting for medicines or transport.

ACTIONS BEING TAKEN WITH TIME FRAME

Improved use of the discharge lounge on both acute sites means patients can often be moved out of their inpatient bed while waiting, so that the delay does not impact on the overall flow of the hospital.

FORECAST IMPACT ON PERFORMANCE

Under review

Trust % Non-complex discharges < 6 hrs

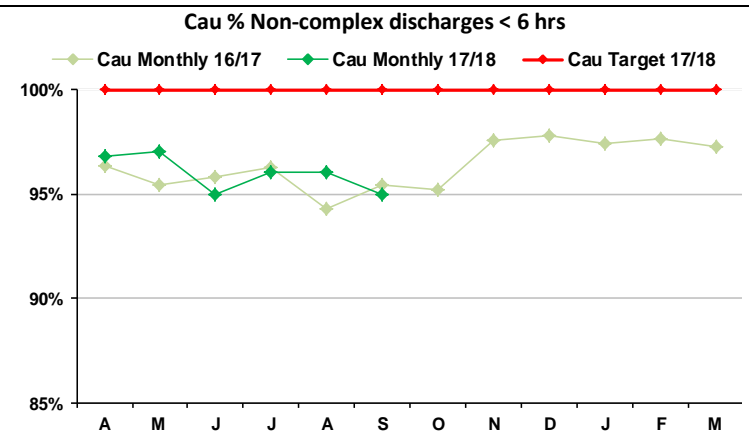
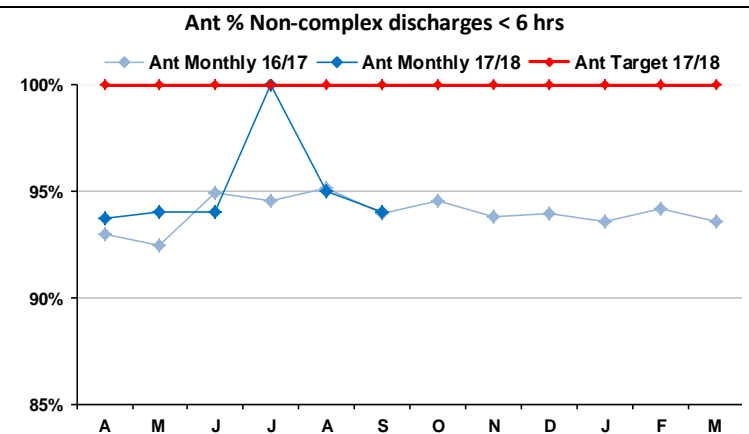
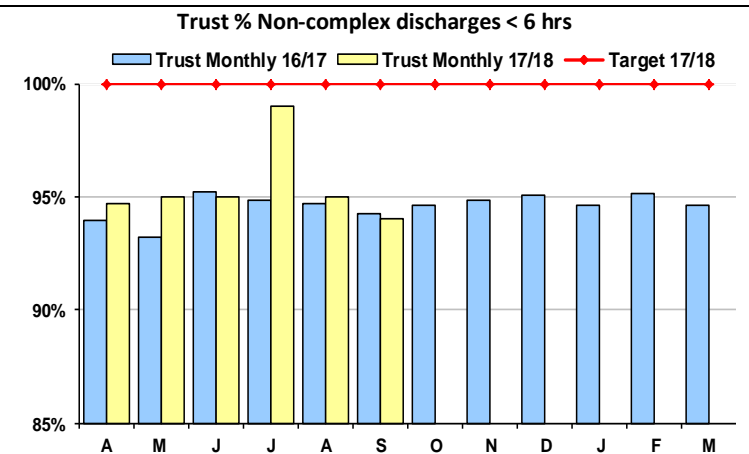
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
95%	95%	95%	95%	95%	95%	95%	95%	99%	95%	94%		↓

Ant % Non-complex discharges < 6 hrs

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
94%	94%	94%	94%	94%	94%	94%	94%	100%	95%	94%		↓

Cau % Non-complex discharges < 6 hrs

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



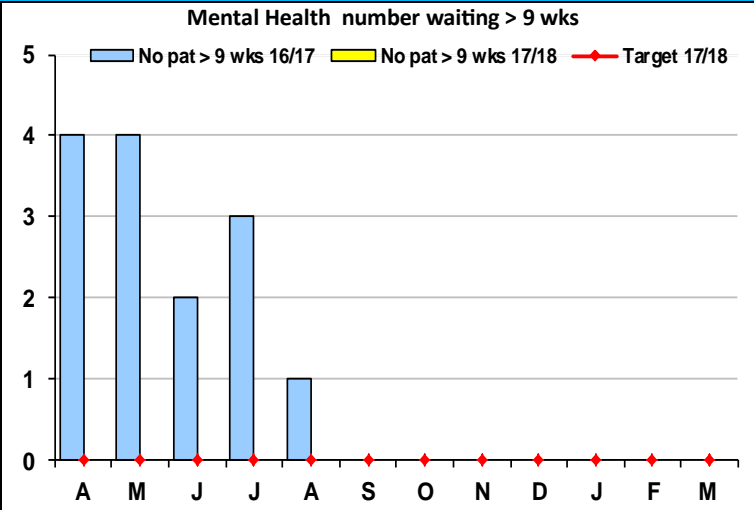
Mental Health and Learning Disability

MHLD

Mental Health Waits
By March 2018, 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												TOPM
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
0	0	0	0	0	0	0	0	0	0	0		↔

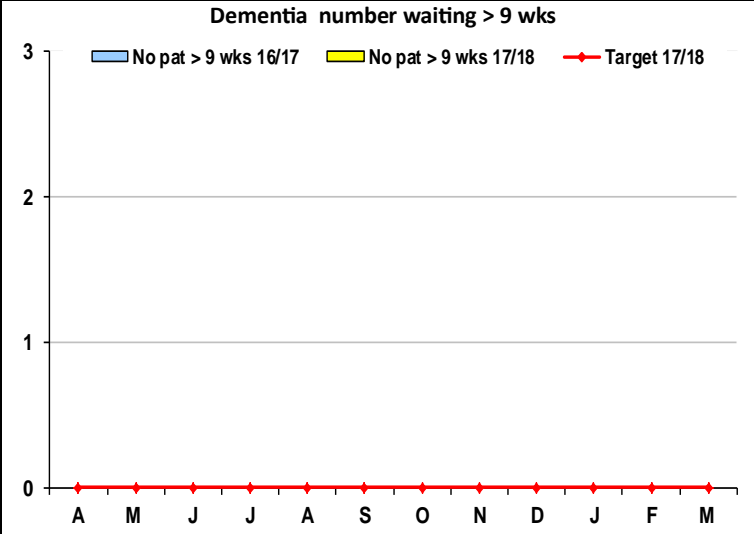


MHLD

Dementia Waits
By March 2018, 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												TOPM
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
0	0	0	0	0	0	0	0	0	0	0		↔

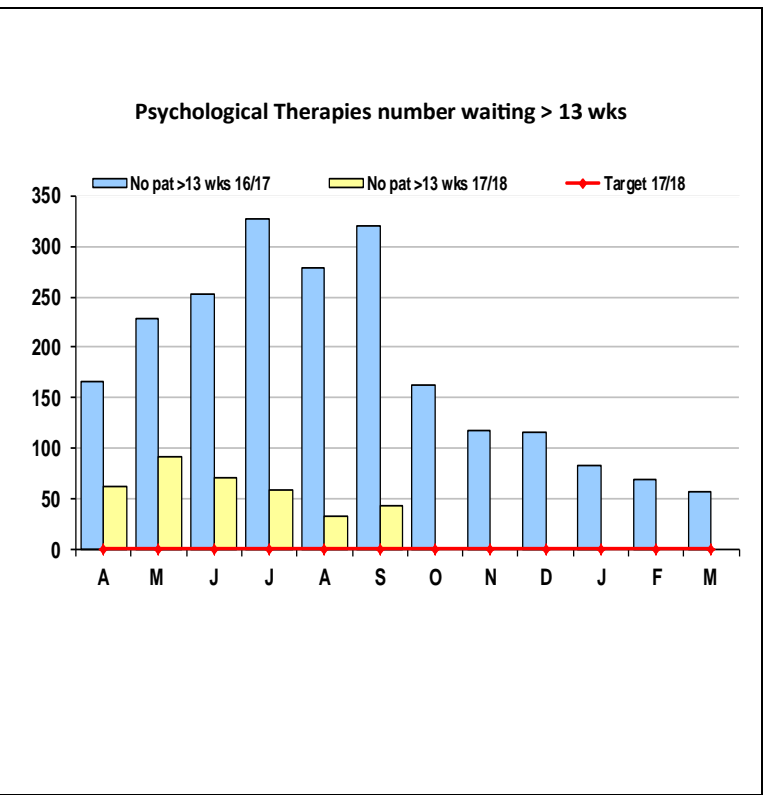


MHLD

Psychological Waits
 By March 2018, 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 September across 3 areas within psychology services. Performance is being impacted in the main by LD services.
Learning Disability (adult and children) – The service has 34 breaches of a total WL of 146 with longest wait of 142 days. This is similar to the end of August position. It is anticipated that improvement in the breach position will continue over coming months. Skill mix is being implemented to enhance performance within the service. 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. Skill mix may assist with this changing capacity.
FORECAST IMPACT ON PERFORMANCE
 It is likely that the service will be out of breach by end of March 2018 if all vacant posts are filled.
PTS (Psychology of MH) – End of September position is 7 breaches (longest wait 116 days) with total WL of 425 - this is similar to the position over recent months. 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.
Health Psychology – There is one breach in Health Psychology – waiting 106 days. The total waiting list is 123. Due to staff having moved from the service the WL is likely to grow over coming months while recruitment proceeds.

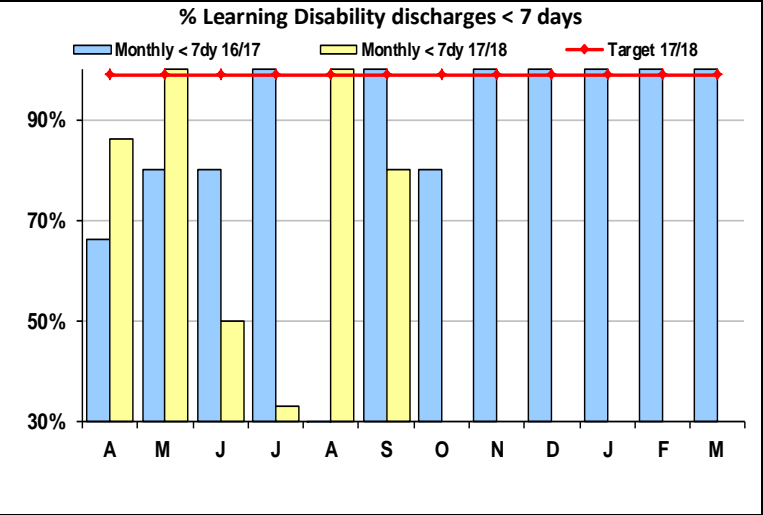
Psychological Therapies number waiting > 13 wks												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
118	115	82	68	57	62	91	71	59	33	42		↓



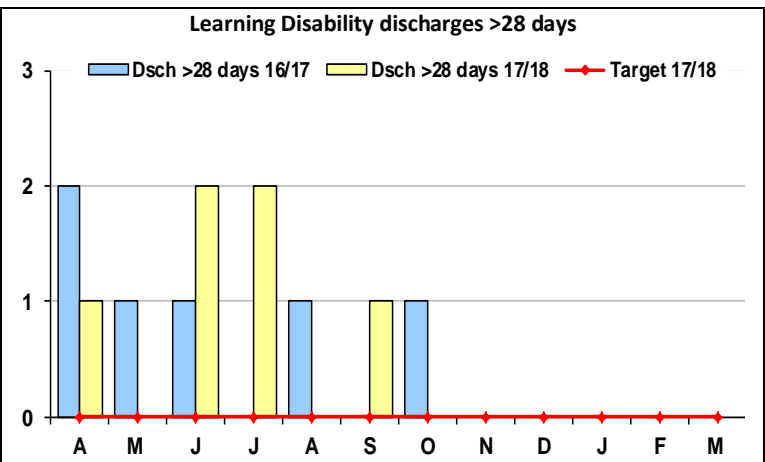
MHLD

Patient Discharge – LD
 From April 2017, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit

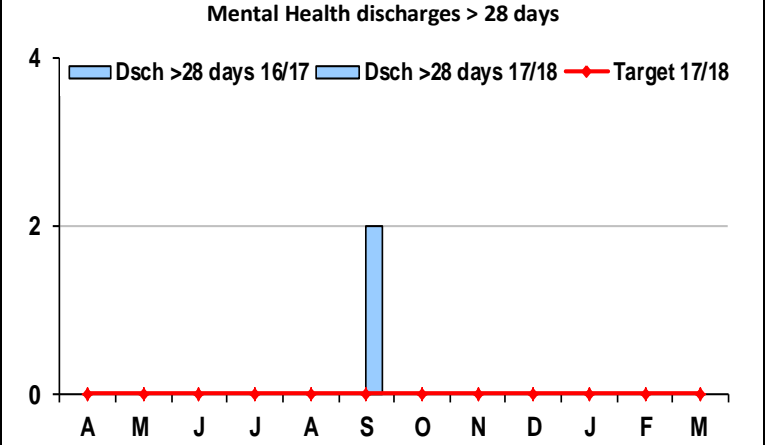
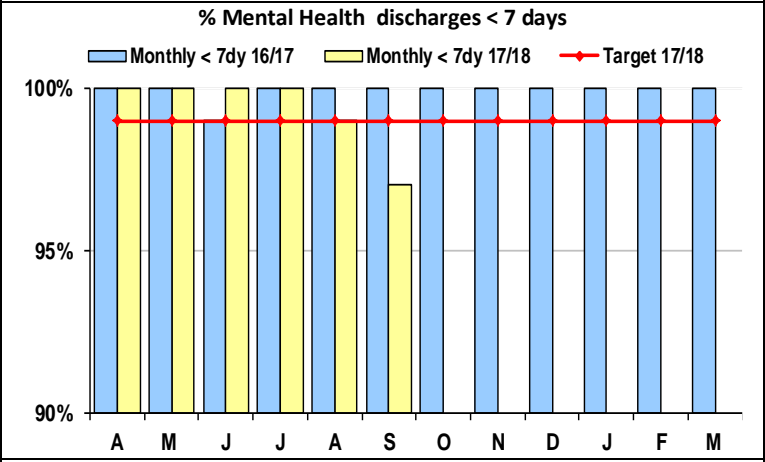
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 5 patients discharged during September, 1 over 28 days.
ACTIONS BEING TAKEN WITH TIME FRAME
 There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.



for discharge, with no discharge taking more than 28 days. (CPD 5.5)	% Learning Disability discharges < 7 days												TOPM
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↓
	100%	100%	100%	100%	100%	86%	100%	50%	33%	100%	80%		
	% Cumulative Learning Disability discharges < 7 days												TOPM
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↔
	82%	84%	85%	86%	86%	86%	92%	81%	74%	79%	79%		
Learning Disability discharges >28 days												TOPM	
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↓	
0	0	0	0	0	1	0	2	2	0	1			



MHLD Patient Discharge – MH From April 2017, 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 5.5)	CAUSES / ISSUES IMPACTING ON PERFORMANCE 69 patients discharged during September, 2 > 7days.												
	ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.												
	% Mental Health discharges < 7 days												TOPM
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↓
	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	97%		
	% Cumulative Mental Health discharges < 7 days												TOPM
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↓	
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%			
Mental Health discharges > 28 days												TOPM	
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	↓	
0	0	0	0	0	0	0	0	0	0	2			



Womens, Childrens and Families Services

<p>WCF</p>	<p>Children in Care By March 2018, ensure that the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.7)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Division provides a Delegated Statutory Functions (DSF) report in May and November which outlines all the data requested by the Department in relation Services provided by the Trust through Safeguarding, LAC, Fostering, Adoption and Residential and 16+ services. DSF reporting requires the trust to report total number of placement moves during the reporting period. The information requested here is different to that requested under DSF. Reporting is not available to determine those placement moves that were in cases where the child has been in care for more than 12 months. The following data has been prepared for DSF reporting. In March 2016 there were 634 looked after children. This number increased to 647 by March 2017. In this time there were 198 placement moves across all placements (not just those in care > 12 months) The service has provided assurance that placement changes involving long term placements are uncommon and are only undertaken where necessary</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The number of Looked after children has remained relatively static compared with last year, however the number of complex cases is increasing. The service continues to develop and implement recruitment strategies targeting foster carers across the geographic region, with particular skills and in support of the full age range of children.</p> <p>FORECAST IMPACT ON PERFORMANCE</p> <table border="1" data-bbox="315 612 1429 746"> <thead> <tr> <th colspan="12">% Children with no placement change</th> <th>TOPM</th> </tr> <tr> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th rowspan="2">↑</th> </tr> </thead> <tbody> <tr> <td colspan="12" style="text-align: center;">83% - to Sept 16</td> <td></td> </tr> </tbody> </table> <p>Information to be available from annual OC2 Return</p>	% Children with no placement change												TOPM	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	↑	83% - to Sept 16													
% Children with no placement change												TOPM																														
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	↑																														
83% - to Sept 16																																										
<p>WCF</p>	<p>Children in Care By March 2018, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. (CPD 1.7)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE In the period April 2017 to end September 2017 there were 5 Adoption Orders granted. Of these 3 were completed within the 3 year target. The other two, although outside the 3 year target, were both Kinship adoptions which are typically more complicated and lengthy. There were no orders granted in September 2017. The Trust endeavours to achieve this target, but is experiencing difficulties regarding court time frames. There have been serious delays in court regarding adoption and freeing applications in recent months due to a supreme court ruling. Frequently younger siblings are born within the time frame which impacts on the final order for the older siblings</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The service is closely monitoring the timeline for all children and can highlight where issues are arising. The service endeavours to review cases with the Judiciary to ensure timely completion of the adoption process.</p> <table border="1" data-bbox="315 1129 1429 1235"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>YTD Sept 17</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>% Children adopted from care within 3 years of last entering care</td> <td>52%</td> <td>60%</td> <td>60%</td> <td>↔</td> </tr> </tbody> </table>		2015/16	2016/17	YTD Sept 17	TOPM	% Children adopted from care within 3 years of last entering care	52%	60%	60%	↔																														
	2015/16	2016/17	YTD Sept 17	TOPM																																						
% Children adopted from care within 3 years of last entering care	52%	60%	60%	↔																																						

WCF

CAMHS Waits
By March 2018, 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

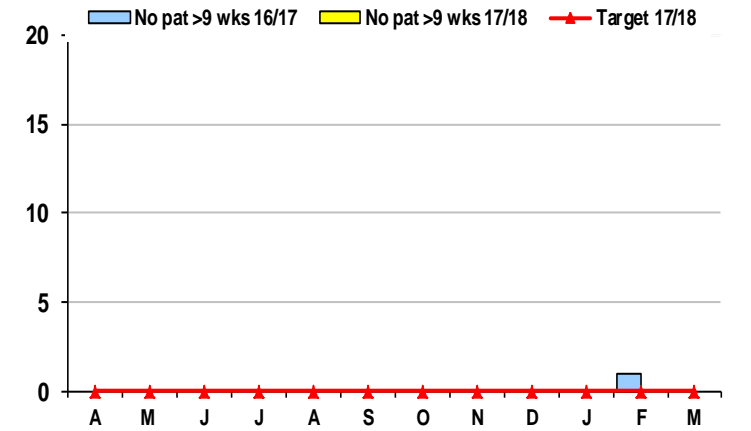
ACTIONS BEING TAKEN IN AN ON-GOING BASIS

On-going close management of referrals and allocations ensures that the number of breaches remains at zero.

FORECAST IMPACT ON PERFORMANCE

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

CAMHS Number Patients waiting > 9 Weeks



Community Care

CC/MHLD/WCF

Direct Payments By March 2018, secure a 10% increase in the number of direct payments to all service users. (CPD 5.2)

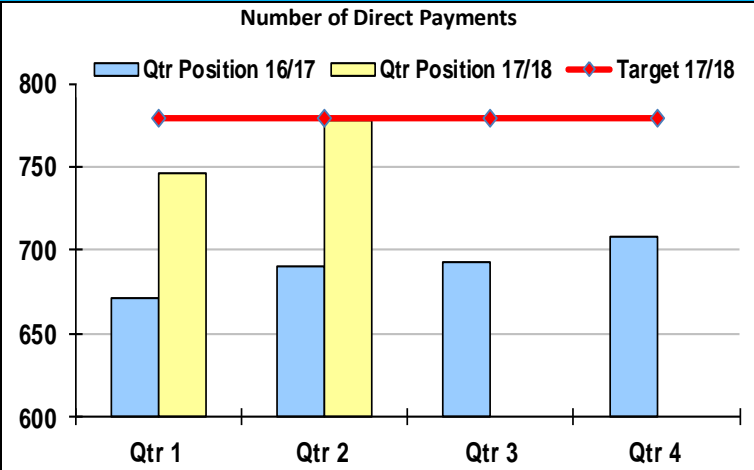
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.

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											
Jan	Feb	Mar	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
693			708			746			778		

708 direct payments March 17 (Baseline) 2017/18 target 779

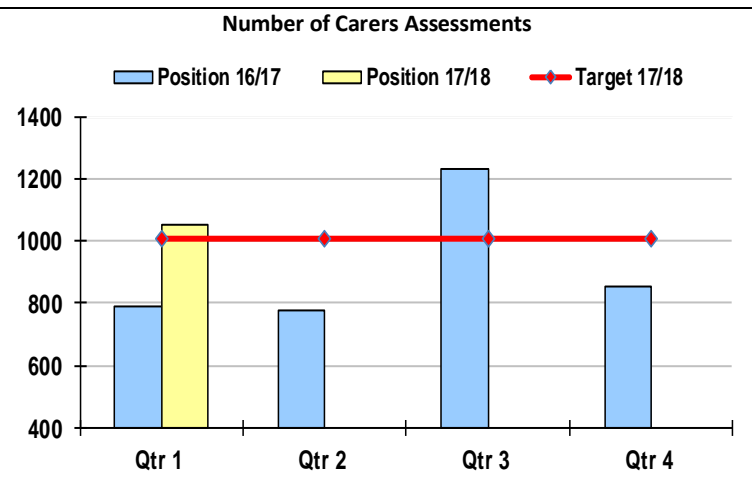


CC/MHLD/WCF

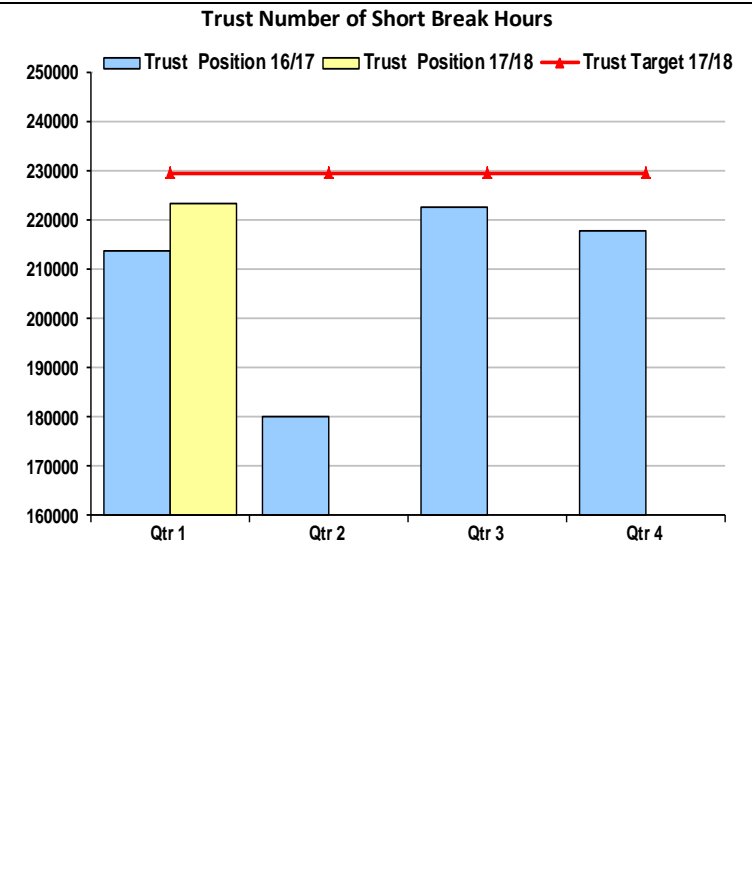
Self Directed Support
 By March 2018, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified. (CPD 5.3)

New Target .
 Awaiting guidance on target monitoring.

CC/MHLD/WCF	Carers' Assessments	CAUSES / ISSUES IMPACTING ON PERFORMANCE Carers declining assessments.																																							
	By March 2018, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	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.																																							
<table border="1"> <thead> <tr> <th colspan="13">Number of Carers Assessments</th> </tr> <tr> <th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="3">776</td><td colspan="3">1230</td><td colspan="3">855</td><td colspan="3">1054</td><td style="background-color: #90EE90; text-align: center;">↑</td> </tr> </tbody> </table>			Number of Carers Assessments													Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOPM	776			1230			855			1054			↑
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3653 Assessments offered 2016/17 (baseline) 2017/18 target 4019 annually, quarterly = 1005																																									



CC/MHLD/WCF	Short Break Hours	Community Care Directorate																																							
	By March 2018, 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)	CAUSES / ISSUES IMPACTING ON PERFORMANCE Eldercare: The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2 nd quarter. 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.																																							
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874552 hours provided 2016/17 (Baseline) 2017/18 target 918280 annually, 229570 quarterly.																																									
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2017/18 target 243098 annually, 60775 quarterly.																																									
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2017/18 target 675182 annually, 168796 quarterly.																																									



CC/MHLD/WCF	<p>Short Break Hours By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of short break hours (i.e. non-residential respite) received by young carers (CPD 6.3)</p> <p>New Target for 17/18. Awaiting guidance on target monitoring.</p>	
CC/MHLD/WCF	<p>Unocini Assessments By March 2018, secure a 10% increase in the number of Understanding the Needs of Children in Northern Ireland (UNOCINI) assessments provided to young carers (against the 2016/17 figures) (CPD 6.4)</p> <p>New Target for 17/18. Due to regional reporting issues, this information is currently unavailable.</p>	

3.0 Quality Standards & Performance Targets

3.2 DoH 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	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Alcohol-related Admissions	A14. Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	130	154	140	154	133	188	189	178	193	141	144	
Looked after Children	A19. Proportion of looked after children who have experienced more than two placement changes. (Source is OC2)	2% (10 of 458) Source of information annual OC2 reported up to Sept 16											
Adoption	A20. Length of time for best interest decision to be reached in the adoption process.	1 year 4 months											
Lost School Days	A21. Number of school-age children in care for 12 months or longer who have missed 25 or more school days by placement type.	27 children of 355 at school (8%) Source of information annual OC2 reported up to Sept 16											
Personal Education Plan	A22. Proportion of looked after children of school age who have been in care for 12 months or longer with a Personal Education Plan (PEP)	81% (289 children of 355 at school) Source of information annual OC2 reported up to Sept 16											
Care Leavers	A23. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	100%	100%	100%	88%	97%	85%	82%	90%	100%	100%	100%	
Care Leavers	A24. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	74%	74%	72%	77%	76%	81%	79%	76%	78%	77%	76%	
Self Harm	A26. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	162	171	192	154	201	184	166	188	177	184		
Unplanned Admissions	A28. Reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions	260	254	288	212	237	246	223	224	217	192		

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

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Returning ED Admissions	B5: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven days	3.5%	3.3%	3.5%	3.2%	3.2%	4.1%	3.0%	3.1%	3.1%			
		8-30 days	4.1%	4.6%	3.8%	3.8%	4.3%	4.5%	4.2%	3.7%	4.8%			
Causes of Emergency Readms	B6: Clinical causes of emergency readmissions (as a percentage of all readmissions) for i) infections (primarily; pneumonia, bronchitis, urinary tract infection, skin infection); and ii) Long-term conditions (COPD, asthma, diabetes, dementia, epilepsy, CHF)	Infections	15.7%	21.1%	18.9%	14.2%	12.6%	14.5%	12.2%	11.0%	6.6%	8.8%	10.1%	
		Long Term Conditions	10.2%	12.7%	11.5%	9.2%	8.9%	9.8%	8.9%	10.4%	8.3%	6.8%	7.6%	
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.		6	8	9	7	7	6	6	2	6	6		
Emergency Admissions & Readmissions	B8: 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	4	2									
			With LTC	1	1									
		Readmissions	Without LTC	0	0									
			With LTC	0	0									

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	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)	2189	2373	2471	2318	2520	2441	2571	2455	2295	2488	2517		
Attendances At ED	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted	0-30 mins	Antrim	3.9%	3.4%	4.3%	3.2%	2.9%	3.6%	3.2%	3.8%	3.3%	3.9%	2.6%
			Causeway	4.0%	2.5%	4.6%	3.3%	3.5%	3.8%	3.2%	2.7%	3.0%	2.9%	2.5%
			Mid Ulster	42.8%	47.7%	45.4%	44.8%	44.2%	41.7%	40.7%	46.8%	47.0%	35.8%	51.6%
		>30 min – 1 hr	Antrim	8.5%	8.5%	10.4%	9.6%	9.1%	9.6%	10.0%	10.2%	9.5%	10.3%	6.7%
			Causeway	11.4%	9.1%	11.2%	9.2%	12.8%	12.9%	9.6%	9.7%	8.5%	8.7%	10.6%
			Mid Ulster	42.3%	42.7%	46.7%	37.3%	41.5%	44.7%	43.8%	41.8%	38.8%	41.3%	39.0%
		>1 hr – 2 hrs	Antrim	17.8%	19.0%	20.9%	20.8%	19.4%	18.9%	21.7%	20.7%	21.2%	19.8%	16.1%
			Causeway	20.6%	20.8%	19.0%	18.6%	24.2%	22.5%	21.6%	21.4%	21.2%	22.4%	22.4%
			Mid Ulster	13.3%	9.4%	7.9%	15.7%	13.6%	12.2%	14.8%	11.2%	13.2%	21.4%	8.9%
		>2 hrs – 3 hrs	Antrim	16.6%	17.5%	18.8%	22.1%	18.8%	17.5%	21.3%	20.3%	19.1%	17.4%	16.3%
			Causeway	16.5%	15.4%	14.4%	16.3%	17.0%	17.3%	17.2%	16.9%	16.2%	18.7%	16.7%
			Mid Ulster	1.0%	0.2%	-	1.9%	0.7%	1.4%	0.7%	0.2%	1.0%	1.3%	0.5%
		>3 hrs – 4 hrs	Antrim	16.7%	15.0%	19.5%	23.7%	20.6%	18.5%	22.6%	20.3%	20.4%	15.8%	16.4%
			Causeway	14.0%	13.5%	13.1%	15.7%	14.2%	14.8%	17.4%	16.0%	16.1%	14.7%	13.7%
			Mid Ulster	0.3%	-	-	0.3%	-	-	-	-	-	0.1%	-
		>4 hrs – 6 hrs	Antrim	17.5%	14.5%	11.2%	11.4%	15.4%	16.3%	13.0%	15.3%	15.8%	15.6%	17.1%
			Causeway	17.5%	15.7%	13.6%	16.3%	14.8%	14.2%	16.3%	17.1%	17.3%	16.7%	15.1%
			Mid Ulster	0.4%	-	-	-	-	-	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	8.8%	8.8%	4.7%	4.8%	7.0%	7.8%	5.2%	6.4%	6.2%	8.7%	11.1%
			Causeway	8.9%	10.4%	8.4%	9.6%	6.9%	8.2%	8.9%	10.0%	9.4%	8.7%	9.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs – 10 hrs	Antrim	4.6%	5.1%	2.7%	1.8%	3.0%	3.1%	1.8%	2.0%	2.0%	3.7%	5.8%
			Causeway	4.5%	6.5%	5.2%	5.2%	3.4%	3.3%	3.9%	3.8%	5.0%	4.3%	5.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs – 12 hrs	Antrim	3.2%	4.3%	2.5%	1.1%	1.9%	2.5%	0.8%	0.8%	1.4%	2.5%	3.2%
			Causeway	2.5%	5.8%	5.9%	3.5%	2.8%	2.4%	1.9%	2.4%	3.2%	3.0%	3.8%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs – 14 hrs	Antrim	0.5%	0.7%	0.5%	0.2%	0.3%	0.4%	0.1%	0.1%	0.2%	0.5%	1.2%
			Causeway	-	-	0.5%	0.2%	0.0%	0.1%	-	-	0.0%	-	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs – 16 hrs	Antrim	0.3%	0.7%	0.7%	0.4%	0.4%	0.5%	0.1%	0.1%	0.3%	0.4%	1.0%
			Causeway	-	-	0.6%	0.2%	0.1%	-	-	0.1%	0.1%	-	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs – 18 hrs	Antrim	0.5%	0.7%	0.4%	0.2%	0.4%	0.5%	0.2%	0.1%	0.3%	0.4%	0.9%
			Causeway	-	-	0.8%	0.3%	0.2%	0.1%	-	-	0.0%	-	0.1%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-
>18 hrs	Antrim	1.1%	1.9%	3.4%	0.6%	0.9%	0.9%	0.2%	0.1%	0.3%	0.9%	1.7%		
	Causeway	-	0.1%	2.7%	1.5%	0.2%	0.3%	-	-	0.1%	-	0.5%		
	Mid Ulster	-	-	-	-	-	-	-	-	-	-	-		

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median	03:11	03:07	02:45	02:44	03:00	03:02	02:43	02:44	02:50	02:54	03:34			
		ANT ED – Maximum	29:40	42:27	40:41	28:35	29:32	26:47	43:56	22:44	23:20	25:48	34:23			
		ANT ED – 95 th Percentile	10:36	11:47	12:18	07:31	09:05	09:50	06:59	07:12	07:47	09:43	11:58			
		CAU ED – Median	02:51	03:09	03:04	03:09	02:29	02:35	02:53	02:58	03:05	02:52	02:50			
		CAU ED – Maximum	11:58	25:49	30:19	51:20	21:36	26:11	11:57	19:35	19:35	12:00	27:58			
		CAU ED - 95 th Percentile	08:35	10:18	11:57	10:19	08:46	08:34	08:13	08:36	09:00	08:56	09:49			
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4,500	4,579	4,793	4,506	4,940	4,896	5,209	5362	5176	5079	4623		
			%	81%	80%	85%	86%	80%	82%	81%	86%	86%	84%	77%		
		Causeway	Number	2,418	2,483	2,363	2,118	3,039	3,019	3,182	3028	3178	3015	2658		
			%	72%	72%	68%	66%	78%	75%	79%	81%	77%	79%	75%		
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	6	6	5	6	7	6	7	7	6	7		
			95 th Percentile	19	20	17	17	19	20	18	18	17	19	22		
			Maximum	431	52	58	134	47	64	69	62	70	39	81		
		Causeway	Median	9	10	8	9	7	7	8	9	9	9	9	10	
			95 th Percentile	27	29	29	26	25	23	27	29	29	27	31		
			Maximum	70	54	57	47	148	44	46	72	69	73	61		
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	8	8	7	8	8	8	8	9	9	8	9		
			95 th Percentile	23	25	23	21	26	24	23	21	21	22	27		
			Maximum	431	170	178	134	243	165	185	122	79	183	468		
		Causeway	Median	10	11	11	11	9	10	9	7	7	9	10		
			95 th Percentile	29	29	35	36	28	27	28	25	27	26	30		
			Maximum	70	108	132	114	148	83	60	84	164	82	81		
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	74	58	45	48	60	72	64	69	66	66	99		
			95 th Percentile	467	651	541	407	387	442	490	246	239	304	342		
			Maximum	251	249	191	186	217	232	227	424	669	759	762		
		Causeway	Median	33	40	27	44	27	31	38	43	48	43	39		
			95 th Percentile	197	217	201	198	155	182	225	223	237	194	188		
			Maximum	550	639	1765	510	695	499	1159	482	486	481	405		

Area	Indicator			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments..	Immediate	Antrim	0.5%	0.5%	0.6%	0.3%	0.4%	0.3%	0.4%	0.4%	0.3%	0.4%	0.5%	
			Causeway	0.4%	0.3%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.2%	0.4%	0.5%	
		Very Urgent	Antrim	14.9%	14.4%	15.0%	14.4%	15.7%	14.1%	14.2%	14.9%	15.7%	14.7%	16.2%	
			Causeway	14.4%	17.5%	16.3%	18.7%	17.3%	16.4%	16.8%	18.0%	17.1%	19.6%	17.6%	
		Urgent	Antrim	45.0%	46.3%	43.7%	43.9%	41.5%	41.2%	39.5%	39.9%	38.8%	38.6%	41.7%	
			Causeway	51.2%	52.2%	50.8%	48.9%	48.7%	48.0%	45.5%	48.8%	46.8%	45.8%	48.6%	
		Standard	Antrim	24.6%	30.8%	38.0%	39.0%	40.2%	30.6%	28.8%	28.6%	28.6%	29.0%	28.0%	
			Causeway	28.5%	25.6%	25.8%	26.8%	28.9%	29.5%	34.0%	29.8%	32.4%	31.1%	29.8%	
Non Urgent	Antrim	0.8%	2.1%	1.9%	2.0%	1.7%	1.5%	1.6%	1.3%	1.5%	1.4%	1.1%			
	Causeway	2.2%	2.2%	2.8%	1.8%	2.4%	2.5%	2.1%	1.7%	2.3%	2.1%	2.0%			
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 th percentile and single longest time.	Antrim	Median	03:44	04:33	02:25	01:46	02:17	02:57	01:20	01:27	01:51	02:26	03:26	
			95 th percentile	13:24	16:57	23:00	09:04	11:58	12:48	06:30	06:20	08:32	11:48	15:06	
			Maximum	26:17	38:30	36:10	25:08	29:01	21:41	20:01	18:08	20:33	23:18	26:27	
		Causeway	Median	01:27	02:13	03:14	02:05	02:05	02:04	01:44	02:03	02:18	02:05	02:25	
			95 th percentile	06:31	08:12	17:23	11:09	07:37	07:11	06:08	06:44	07:20	06:46	08:02	
			Maximum	10:27	19:01	27:00	24:20	19:40	23:49	10:58	12:01	16:46	10:19	22:44	
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			2.9%	2.8%	2.2%	2.1%	2.0%	2.6%	2.2%	3.0%	4.1%	3.5%	4.5%	
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim	2.9%	3.3%	2.4%	2.6%	3.0%	3.4%	3.3%	3.1%	3.3%	3.8%	3.6%		
		Causeway	5.7%	5.3%	6.6%	6.0%	5.8%	6.5%	3.9%	4.1%	5.0%	4.4%	4.3%		
Stroke LOS	D15. Average length of stay for stroke patients			10.2	11.5	13.9	16.4	14.6	15.2	14.2	15.2	9.7	16.9	12.0	
GP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			9128	7545	9050	8576	10089	7902	9641	9474	7832	8086	8813	
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			67%	89%	91%	91%	69%	87%	98%	94%	82%	75%	65%	
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			97%	99%	99%	99%	92%	99%	99%	99%	96%	92%	91%	

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
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	1	0	0	0	0	2	1	0	0	0	0	
		Psoriasis	0	0	0	1	3	3	3	3	3	1	0	
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		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Reablement	E1. Number of client referrals	(i) passed to re-ablement	205	196	278	207	162	214	240	271	191	230		
		(ii) started on a re-ablement	95	79	68	109	118	103	112	108	90	100		
		(iii) discharged from re-ablement with no further care required.	40	26	34	30	36	33	33	47	24	24		

Desired outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Area	Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care.	Children	Family & Child Care	0		0		1							
			Children w Disabilities	66		34		24							
			CAMHS	0		0		0							
		Older People	798		344		646								
		Mental Health	196		157		212								
		Learning Disability	17		25		22								
		Physical Disability & Sensory Impairment	153		63		148								
		Other (Hospital SW POC1)	0		3		1								
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.		426923 (Oct – Dec)		389618 (Jan – Mar)		366323 (Apr – Jun)								

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

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
Outpatients Appointments Cancelled by Hospital	(i) Number of new & review cancelled by the hospital.	Information presented in Section 3.0 (CPD 7.4)												
	(ii) Rate of new & review cancelled by the hospital. (Excludes VC's attendances)	New	6.1%	6.9%	8.6%	9.9%	9.3%	12.4%	8.0%	8.5%	10.9%	8.0%	8.3%	
		Rev	9.9%	10.7%	13.6%	14.3%	13.1%	17.7%	12.7%	12.7%	14.3%	12.4%	13.3%	
(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	2.95	3.05	3.01	2.90	2.83	2.81	2.95	2.66	2.36	2.88	2.88			
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	872	690	937	1127	1175	1179	1260	1176	964	829		
	%	5.4%	5.2%	5.9%	7.8%	7.4%	9.6%	8.1%	7.4%	7.7%	5.5%			
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	6.0%	7.2%	6.1%	6.1%	6.0%	6.1%	6.3%	5.9%	6.3%	5.7%	5.9%		
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)	69%	69%	70%	70%	71%	69%	70%	70%	69%	70%	70%		
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.	69%	65%	73%	77%	70%	77%	73%	79%	74%	70%	69%		
Pre-operative stay	G7. Elective average pre-operative stay.	0.55	0.67	0.70	0.98	0.83	0.45	0.62	0.64	0.68	0.54	0.68		
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.	2.3%	3.6%	5.1%	2.8%	1.6%	2.4%	1.3%	1.9%	1.9%	3.6%	2.0%		
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.1	2.9	3.0	3.4	3.1	3.8	3.8	4.0	5.9	3.8	3.9		
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	13.0%	12.9%	13.4%	13.3%	13.3%	13.3%	13.0%	13.0%	13.3%	13.8%			
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 DoH 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	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)	152	153	157	159	161	166	167	177	178	181	187	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	54	55	54	54	54	53	55	56	57	59	59	
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	Urgent	0.09%	0.44%	0.21%	0.89%	0.11%	0%	0.19%	0.01%	0.05%	0.13%	0.09%
		Routine	0.20%	0.03%	0.07%	0.26%	0.12%	0.03%	0%	0%	1.4%	3.4%	0.14%
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI5)	67%	79%	82%	94%	98%	100%	98%	99%	99%	99%		
Children	Children admitted to residential care will have, prior to their admission - (AI10)	(a) been subject to a formal assessment	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)	71% (5 of 7)	66% (2 of 3)
		(b) have their placement matched through Children's Resource Panel	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% (1 of 1)	75% (3 of 4)	71% (5 of 7)	0% (0 of 3)
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%	
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) (AI13)	58%	56%	100%	57%	60%	48%	45%	48%	48%	57%	68%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	65%	48%	48%	81%	69%	79%	74%	80%	80%	57%	53%	
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI15) (unallocated > 20 days)	19	16	21	27	19	29	26	22	22	24	17	
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI16)	500 Foster Carers (159 kinship) (Oct – Dec)		492 Foster Carers (157 kinship) (Jan - Mar)			484 Foster Carers (157 kinship) (Apr - Jun)			505 Foster Carers (163 kinship) (July – Sept)			

Area	Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
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) (Oct – Dec)		100% (5 of 5) (Jan – Mar)			100% (5 of 5) (Apr – Jun)			100% (6 of 6) (July – Sept)			
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI22)	5	5	4	4	3	4	4	4	4	4		
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI22)	1	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%	100%	100%	100%	95%	100%	100%	100%	98%	100%	
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	100%	92%	85%	95%	92%	88%	92%	92%	97%	90%	91%	
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	
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI32)	74%	65%	79%	78%	82%	78%	79%	85%	83%	84%	81%	
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%	100%	54%	80%	63%	100%	86%	94%	69%	55%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment Number > 13 wks	502	503	504	481	396	342	260	228	210	265	292
		Intervention Number > 13 wks	10	11	16	10	11	23	24	11	9	25	33
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI39)	76	56	63	62	78	57	57	50	37	42	36	
Theatre	Theatre Utilisation and Cancellation rates (AI40)	78%	72%	75%	74%	73%	77%	75%	74%	76%	75%		
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)	319	209	114	160	150	168	78	50	114	147		
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	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI49)	New Additional indicator, Information to be developed, reported 6 monthly, information being sourced.											
Continuing Care Needs	(i) waiting longer than 5 weeks for an assessment of need to be completed	100%	99%	98%	98%	99%	96%	99%	99%	97%	99%		
	Number of people with continuing care needs (AI56) (ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	93%	97%	98%	94%	94%	96%	100%	95%	98%	97%		

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 2018, 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%
28th July 2017 (17 weeks)	1705	1331	-374	-22%	3608	3768	160	4%	5313	5099	-214	-4%	18960	17097	-1863	-10%	29415	30488	1073	4%
1st September 2017 (22 weeks)	2207	1686	-521	-24%	4669	4406	-263	-6%	6876	6092	-784	-11%	24536	23224	-1312	-5%	38066	41346	3280	9%
29th September 2017 (26 weeks)	2608	2018	-590	-23%	5518	5321	-197	-4%	8126	7339	-787	-10%	28997	28230	-767	-3%	44987	49787	4800	11%

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 26 weeks (29 th Sept 2017)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-19%	Staffing issues in the Dermatology service have left a shortfall of 2.25 consultant sessions and 1 specialty doctor session per week. Imminent consultant vacancy and staff grade maternity leave will reduce activity further. As there is a reduced clinic capacity the remaining sessions are focussed on complex / red flag referrals often including a biopsy or other procedure which reduces volumes	Ongoing recruitment and attempts to source locum doctors. Issues raised with HSCB in August.
ENT	-34%			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	-40%	-42%	-12%	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, SBA delivered in Aug and Sept.
Geriatric Medicine			-11%	Lack of demand.	Allocation of clinic resource under review.
General Surgery	-40%	-25%		IPDC SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Neurology			-44%	Funding received for second consultant but it has not yet been possible to recruit to this post.	Regional approach required - raised with HSCB in August.
Obs and Gynae (Gynaecology)	-23%	-18%		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.	Close monitoring on a weekly basis via Qlikview to ensure timely identification of issues with under utilization of lists.
Rheumatology	-68%			Limited requirement for IP management.	
Thoracic Medicine			-19%	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-Jun to accommodate on-call cover and post-take ward rounds.	Ongoing recruitment and attempts to source locum doctors.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

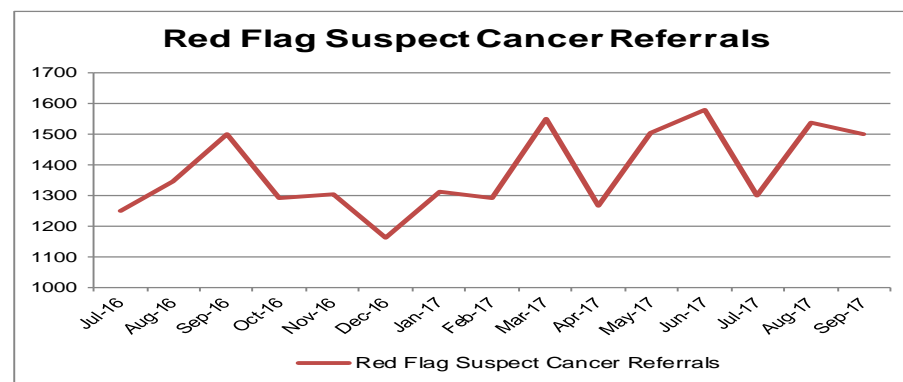
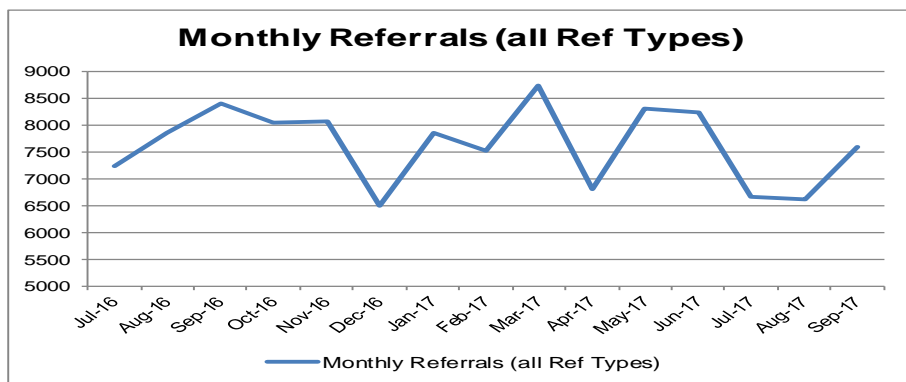
NHSCT New Outpatient Demand - All Referrals to NHSCT

Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	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	6782	8293	8233	6739	7852	7594							
Variance on Previous Year	-1649	125	-109	-482	4	-811							
% Variance on Previous Year	-20%	2%	-1%	-7%	0%	-10%							

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	15075	23308	30047	37899	45493							
Variance on Previous Year	-1616	-1524	-1633	-2115	-2922								
% Variance on Previous Year	-19%	-9%	-6%	-6%	-5%	-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	1586	1320	1534	1499							
Variance on Previous Year	-51	94	234	71	189	2							
% Variance on Previous Year	-4%	7%	17%	6%	14%	0%							

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



4.0 Use of Resources

4.3 Demand for Services (ED Attendances)

Emergency Department Demand

ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
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	7,106	7,151	6,860							87,172

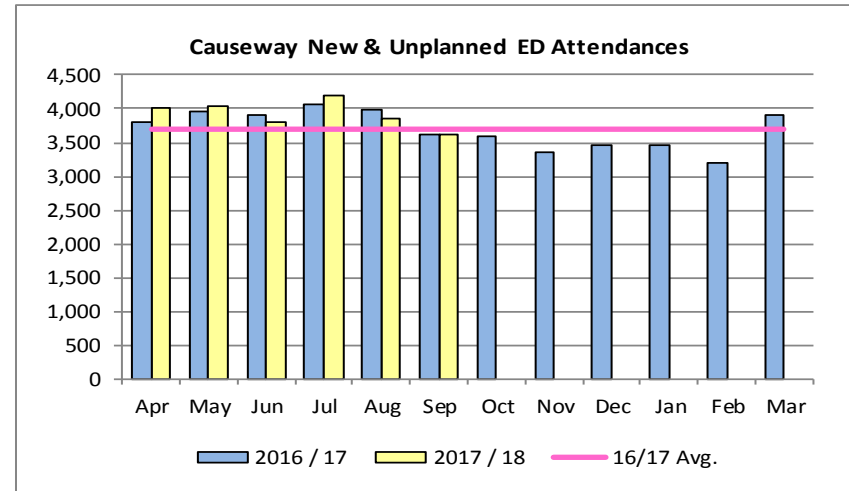
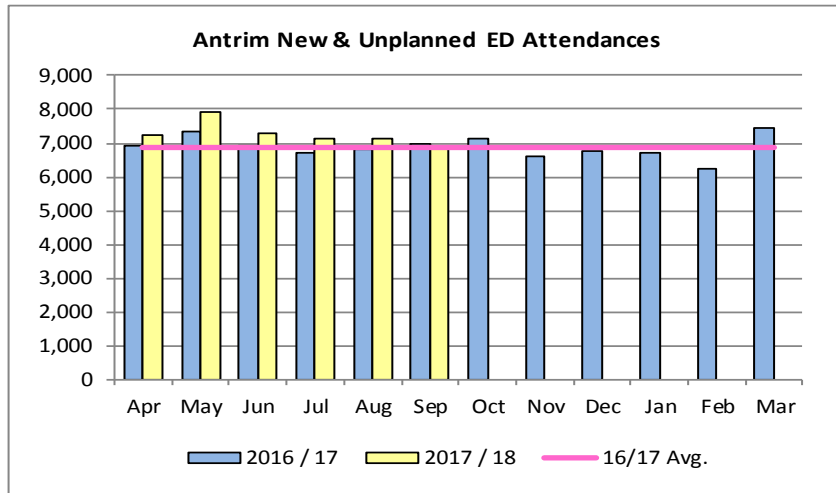
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

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	4,049	3,805	4,204	3,865	3,609							47,076

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	11,954	11,118	11,310	11,016	10,469							134,248

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 (CPD 8.2)

	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 th Sept 17	11871	2083	1159	2289	1641	2706	181	279	120	272	1141
% Absence 1 st April 17 - 31 st August 17	6.32%	6.28%	6.17%	6.34%	6.93%	6.46%	3.85%	5.09%	4.03%	4.84%	6.86%
Q2020 Level 1 % of Staff trained as at 30 th Sept 17	23%	8%	14%	14%	24%	39%	28%	82%	51%	19%	21%
% Appraisal Compliance as at 30 th Sept 17	58%	49%	47%	49%	62%	81%	65%	64%	83%	61%	38%
Fire Safety Compliance % of Staff trained as at 31 st Aug 17	71%	63%	54%	73%	78%	93%	88%	81%	97%	82%	52%

ABSENCE

The Trust has now been formally notified by the DoH that its sickness absence target for 17/18 is 6.98%. The Trust monthly percentage absence for August 2017 was 6.02%. The Trust cumulative percentage absence for the 1st April 17 - 31st July 2017 period is 6.56%. This figure takes into account late recording and so has the potential to change as more absence entries are entered. The Trust has now put in place a monitoring system which will escalate repeat instances of late recording to both operational managers and Directors. The percentage of staff on long term sickness has reduced from 5.28% in April 2017 to 5.17% in August 2017. During the 1st April 2017 - 31st August 2017 period, 5.34 days were lost per employee due to sickness absence.

STAFF DEVELOPMENT

On the 12th October 2017, the Trust hosted its annual leadership conference. The focus of the event was for leaders who were managing service delivery and working at middle management level in the organisation. Delegates enjoyed the opportunity to develop their leadership capabilities by reflecting on the insights provided by a number of key speakers.

APPRAISAL

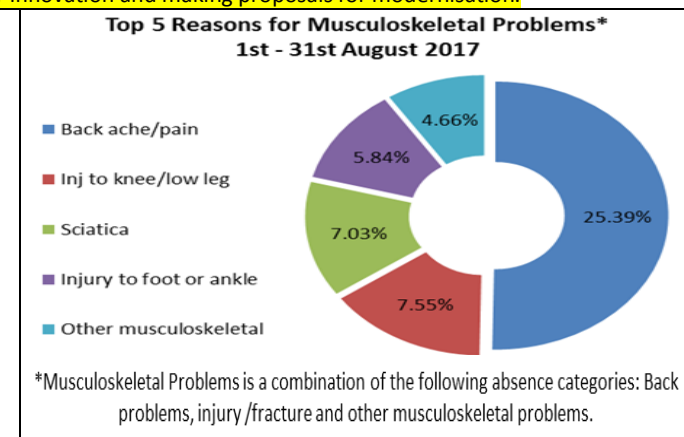
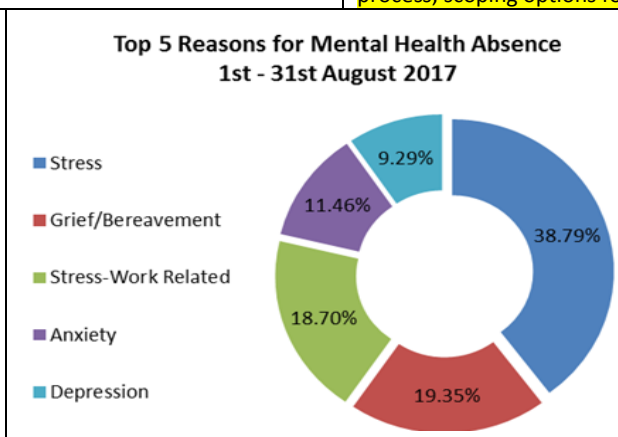
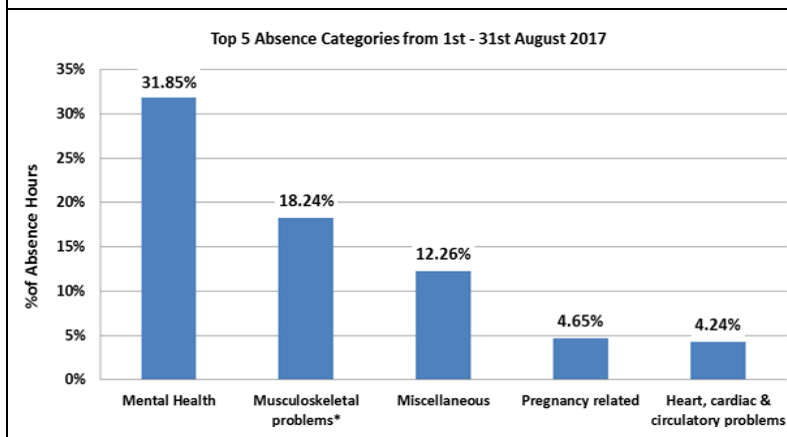
The Trust has now been formally notified by the DoH that its appraisal target for the end of March 2018 is for 71% of agenda for change staff to have undertaken an appraisal during the preceding 12 months. For the 12 months ending 30th September 2017, Trust appraisal compliance is 58%.

STAFF FLU CAMPAIGN

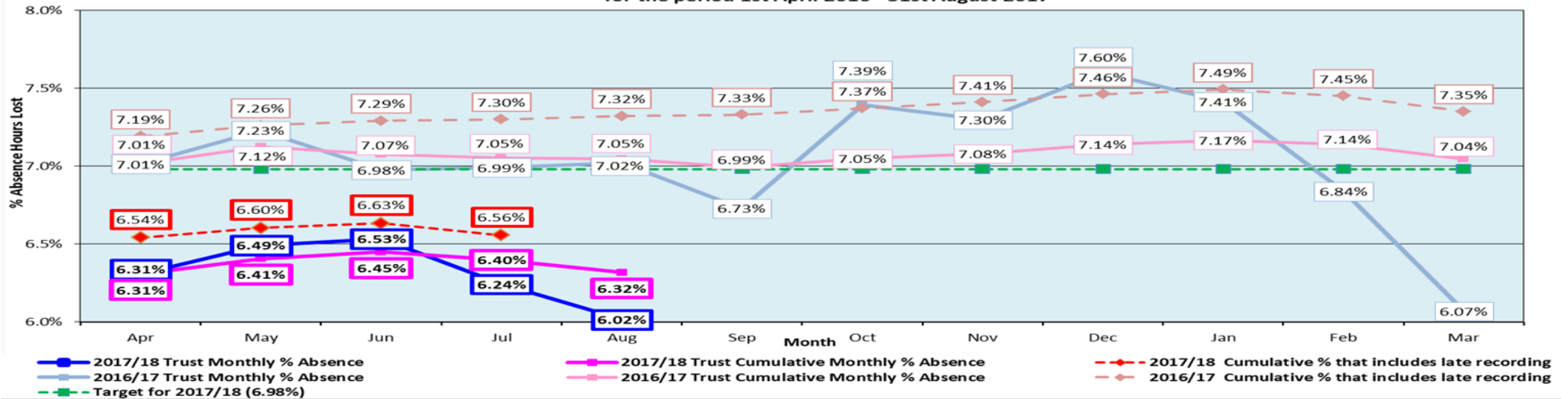
The Trust 17/18 flu campaign has now commenced with 19% of front line staff (1,438 members of staff) having received their vaccination during the first two weeks of October 2017.

RECRUITMENT

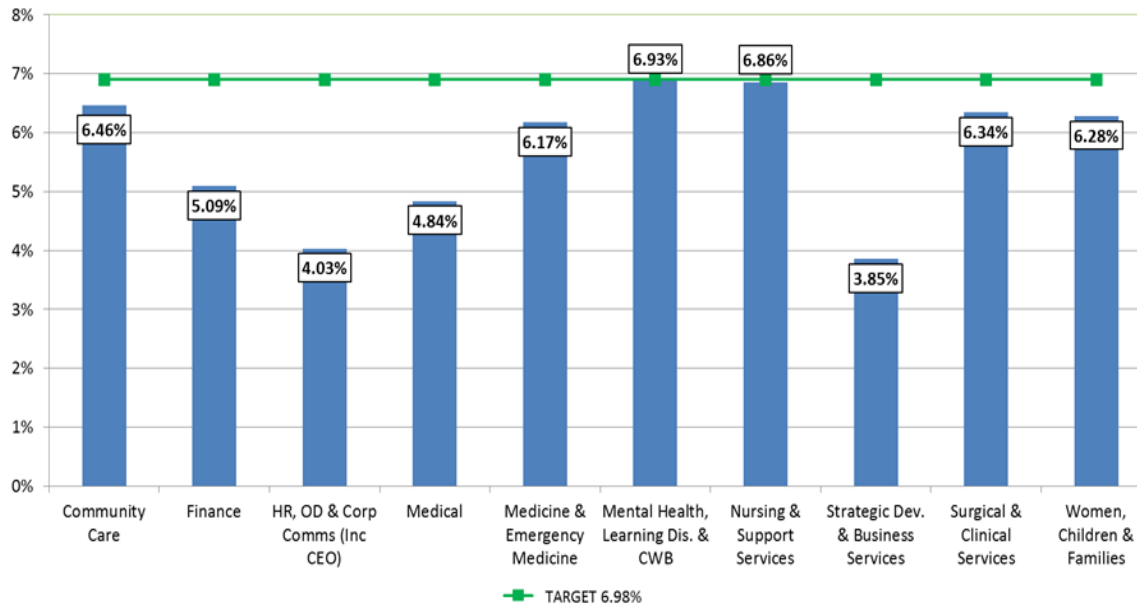
A regionally co-ordinated Strategic Resourcing Innovation Forum (SRIF) has been established to improve the process of recruitment within the Health and Social Care Service. Through the work of SRIF, the Trusts will be collectively reviewing, refreshing and streamlining the selection process, scoping options for innovation and making proposals for modernisation.



Northern Trust % Absence Hours for the period 1st April 2016 - 31st August 2017



Cumulative % Absence by Directorate/Division from 1st April to 31st August 2017



No. of Staff Absence Spells from 1st September 2016 to 31st August 2017

