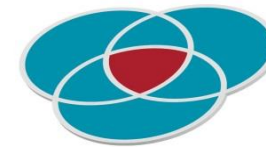




Northern Health
and Social Care Trust



ramp
REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

December 2017

Prepared & Issued by Strategic Development and Business Services – 19th January 2018



i innovation
Quality
i mprovement

our vision

To deliver excellent integrated services
in partnership with our community

our values

COMPASSION
OPENNESS
RESPECT
EXCELLENCE

www.northerntrust.hscni.net

 Northern Health and Social Care Trust

 @NHSCTrust

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

Email: user.feedback@northerntrust.hscni.net

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.

In the absence of a Health Minister who has responsibility under legislation for approval of the Commissioning Plan Direction (CPD) the status of the 17/18 document remains in draft and may be revised at a later point subject to Ministerial consideration. As technical guidance becomes available further draft 17/18 CPD targets and Indicators may be included in the report. Additional Indicators of Performance have not yet been received for 17/18, therefore 16/17 additional indicators are included in the interim.

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

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Key

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

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

Summary of Trust Performance against 2017-18 Draft 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 CDIFF infections. CDIFF 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)	A
From April 2017, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.9)	R	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)	R
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)	A
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)	G
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)	G
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)	G
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		

<p>Emergency Dept. seen/treated/discharged within 4hrs and 12 hrs</p> <p>Performance against the 4 hour target during December 2017 was 55% at Antrim and 60% at Causeway hospitals. Antrim ED had 649 twelve hour breaches, compared to 257 the previous month whilst Causeway Hospital had 190 twelve hour breaches compared to 44 the previous month. Cumulatively the Trust has experienced 2288 twelve hour breaches from April 17 – December 17, compared to 1066 for the same period last year.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>839</p> <p>12 hour breaches December 2017.</p> <p>(PAGE 25)</p> <p>TOPM ↓</p> </div>	<p>Demand and Elective Waiting Lists</p> <p>Cumulative red flag referrals are up 6% in Apr-Dec 2017 compared to the same period in 2016. At the end of December 2017 the combined position for elective inpatients and day cases was 9% below expected SBA volumes. New outpatient attendances were 3% below SBA volumes and review attendances were 11% above volumes. The number of outpatients waiting for an appointment longer than 52 weeks has continued to increase this month with 9703 patients waiting greater than 52 weeks at the end of December. There continues to be a significant demand/capacity gap in a range of outpatient specialties and the position is likely to deteriorate further. With regard to AHP services, there were 9866, 13 week breaches at the end of December compared to 9403 the previous month. The breach position worsened at the end of December for all services with the exception of Orthoptics and Podiatry who continue to have no 13 week breaches. Capacity and demand issues continue to impact AHP services with actions being taken where possible. (PAGE 22)</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>6%</p> <p>Increase in Red Flag Cancer referrals Apr - Dec 2017 compared to Apr - Dec 2016</p> <p>(PAGE 51)</p> <p>TOPM ↑</p> </div>	<p>Psychological Waits</p> <p>At the end of November there were 75 patients waiting over 13 weeks, compared to 64 the previous month. Performance is being impacted in the main by LD and Clinical Health Psychology services. The LD service had 41 breaches of a total WL of 140 with a longest wait of 193 days at the end of November. This is a slight improvement on the October position. Skill mix is being implemented to enhance performance within the service. It is likely that the service will be out of breach by end of March 2018 if all vacant posts are filled.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>98</p> <p>Psychological waits over 13 weeks at the end of December 2017.</p> <p>(PAGE 32) TOPM ↓</p> </div>
<p>Diagnostic Waiting Times</p> <p>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.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>3871</p> <p>Patients waiting over 26 weeks at the end of December 2017 for a Diagnostic test</p> <p>(PAGE 19) TOPM ↓</p> </div>	<p>Children waiting > 13 weeks to access Autism Spectrum Disorder Diagnostic Service</p> <p>Since August 2017 there has been a clear worsening of the position. It is anticipated that this will continue due to an underlying increase in referral rate, and a change in triage and referral pathway. The capacity of the service has been impacted by maternity leaves and vacancies. 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 will continue to be required at this time to address the increase in referral rate & to focus on the backlog of cases.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>367</p> <p>Children waiting over 13 weeks at the end of December 2017.</p> <p>(PAGE 47)</p> <p>TOPM ↓</p> </div>	<p>62 Day Urgent Suspected Cancer referrals to commence treatment</p> <p>From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>70%</p> <p>Achieved in December 2017</p> <p>(PAGE 16) TOPM ↓</p> </div>

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. **12,219 patient** stories have been returned regionally (correct at 31/12/2017), of which **2,791** (22.8%) are NHSCT stories. Stories continue to illustrate compliance with the patient and client experience standards

Regional projects:

Story collection, feedback and work on areas of improvement continues to be supported in the following areas:

- Unscheduled Care (Emergency Departments, Minor Injuries, and GP out of Hours)
- Northern Ireland Ambulance Service - Data collection stage
- Staff Experience (Experience of Discharge) - Data collection stage
- Experience in Health and Social Care (Generic Tool) Data collection stage – as listed under local projects.
- Experience of Eye care Services in Northern Ireland –Review of recommendations from Regional and NHSCT reports planned.
- Experience of Adult Safeguarding – Data collection stage – project continues till March 2018
- Experience of Discharge –Data collection stage – project continues till March 2018
- Experience of Delirium – Data collection stage
- Experience of Bereavement – commenced December 2017

Regional Project in Planning Phase

- 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:

- Diabetic Foot Care Pathway - in progress
- All wards in AAH and Causeway - 10,000 surveys and posters distributed
- Theatres and recovery Project 2 - commenced November 2017
- Macmillan Unit Project - in progress
- C4 Project - baseline being collated prior to improvement initiative
- Health Visitor Project commencing June 2017- report being collated
- Diabetic Specialist Nurse - commenced August 2017 – Data collection stage
- DAFNE training project - commenced August 2017 – Data collection stage
- DESMOND training project - commenced November 2017- Data collection stage
- PACE Project - MED 1 and C7 continues – Data collection stage
- Experience of care received by HCA Band 3 prior to project intervention – October 2017 – report being collated

Specialised Projects supported by 10,000 More Voices:

Paediatric Autism and CAMHS – Trust report completed October 2016
Experience of Adult Safeguarding – Data collection stage – Continues till March 2018

Table 1 – Numbers of stories collected both regionally and in NHSCT

	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative
Unscheduled Care	1770	571 (32.2 %)	482	55	39
Northern Ireland Ambulance Service ¹	307	1602 (52.1%)	152	5	3
Adult Safeguarding	101	13 (13%)	8	4	2
Staff experience	367	37 (10%)	15	13	9
Health and Social Care in Northern Ireland	1360	510 (37.5%)	450	42	16
Experience of Discharge from hospital	709	146 (20.5%)	123	17	6
Experience of Delirium	12	2 (28%)	1	1	0
Experience of Bereavement	95	8 (8.4%)			

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 November 2017 there were 68 formal complaints, 4 of which were reopened. Of these complaints 56 were responded to within 20 working days (82%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

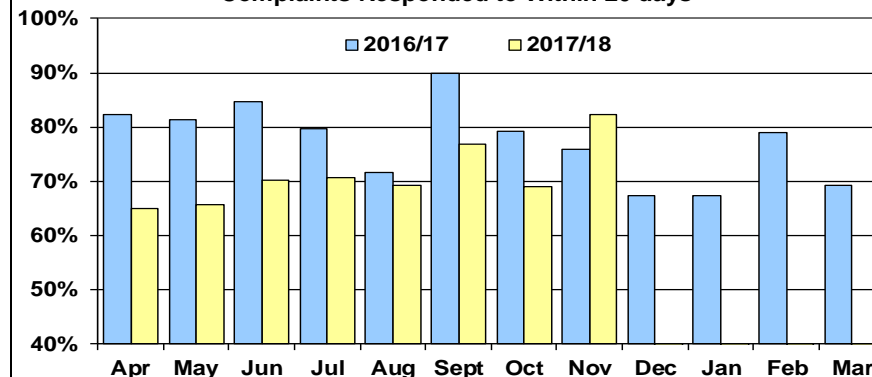
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints Information is presented one month in arrears

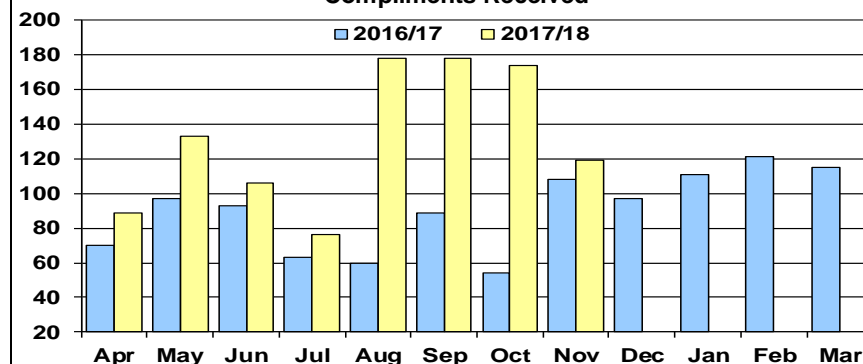
November 2017 Position	MEM	SCS	WCF	MHLDC	Community	Nursing	SDBS	M & G	Finance	Unknown	Trust Total
Number Of Complaints	12	12	11	14	13	3	-	1	2	-	68
% Complaints Responded to Within 20 Days	75%	83%	64%	86%	92%	100%	-	100%	100%	-	82%
Compliments Received	16	25	16	26	33	-	-	-	-	3	119
*Number of complaints relating to staff attitude, behaviour and communication	7	2	2	2	3	1	0	0	1	-	18

*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.

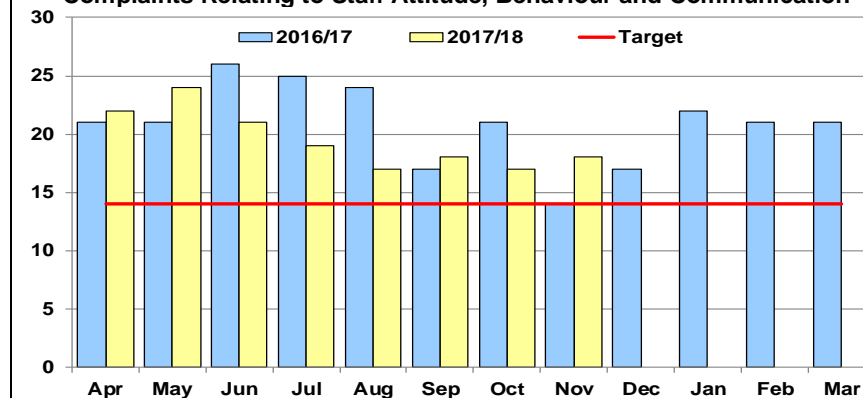
Complaints Responded to Within 20 days



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 has now breached the target for MRSA bacteraemia in 2017/18 which has been set by PHA at 8 cases; there have now been 11 cases of MRSA bacteraemia to date (end December) 5 cases were identified within 48 hours of admission however 6 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 December 2017 the Trust has identified 43 cases of CDI. A breakdown of these figures indicate that 17 cases had an onset of diarrhoea on admission or within 48 hours of admission to hospital and 26 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 and 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

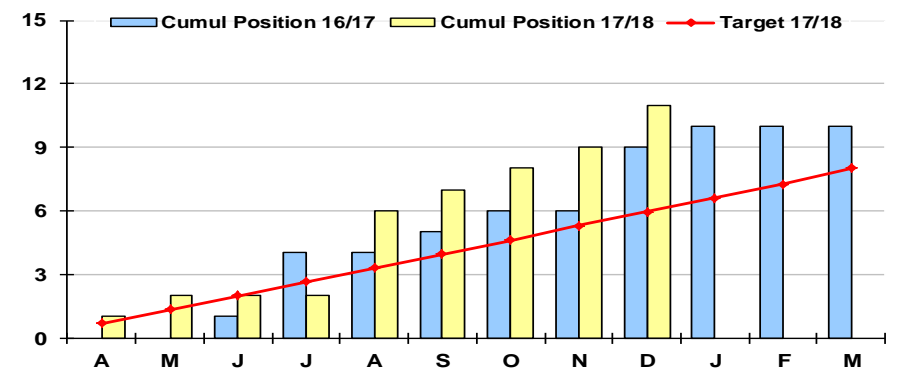
The Trust has now breached the PHA target set for MRSA bacteraemia for 2017/18 and due to the increased numbers of CDI cases seen in quarter 1 of this year so far, it will be a real challenge for the Trust to further improve on the reductions seen in last year's CDI surveillance.

	Actual Activity 16/17	Oct 17	Nov 17	Dec 17	Cumulative position as at 31/12/17
No of MRSA cases	10	1	1	2	11
No of CDiff cases	48	4	3	2	43
Deaths associated with CDiff	1	0	0	0	1

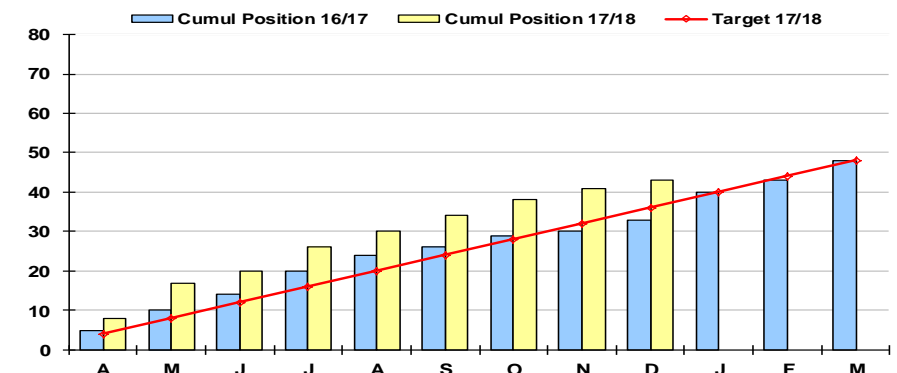
Target – 2017/18 MRSA = 8, CDiff = 48

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

Figures for Antrim in December are 16% and Causeway is 9%. This brings the overall thrombolysis figure to 14.6% for NHSCT.

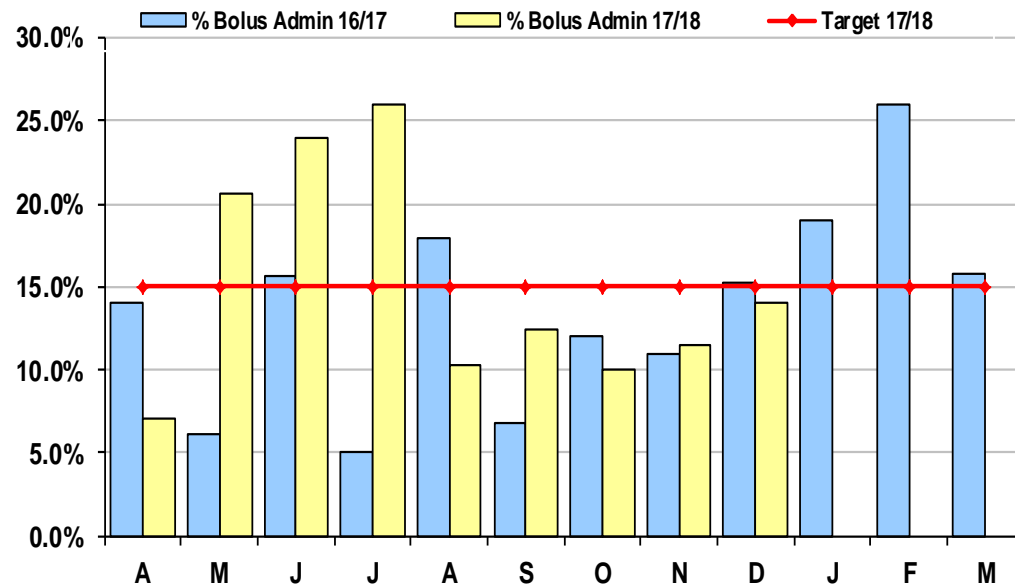
Figures for Antrim for 2017 were 18% and Causeway were 11%

Forecast impact on performance

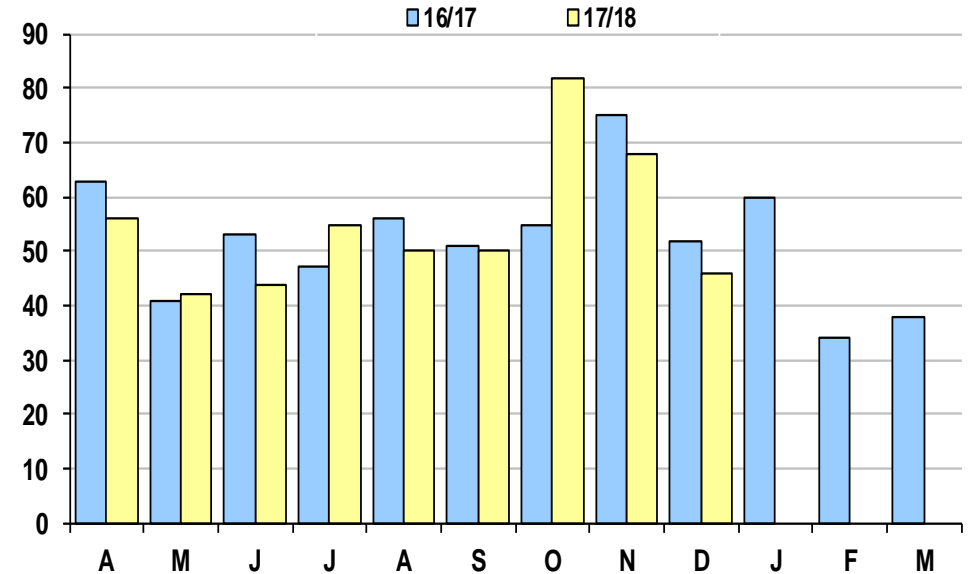
Variance is within normal parameters.

	Target 17/18	Oct 17	Nov 17	Dec 17
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	10%	11.5%	14.6%
Number of Emergency admissions with a primary diagnosis of stroke		82	68	46

% 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 4	17/18 Qtr 1	17/18 Qtr 2
Number of hospital acquired Pressure Ulcers graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were avoidable	16	17	Not yet available
Number of grade 3 & 4 pressure ulcers that are avoidable		7	12	Not yet available
Compliance with SKIN bundle for Pressure Ulcers	95%	82%	83%	89%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	444	345	Not yet available
Number of Inpatient Falls with moderate severity or above		10	4	Not yet available
Compliance with FallSafe bundle (Part A)	95%	69%	71%	79%
Compliance with FallSafe bundle (Part B)		68%	69%	75%
Compliance with VTE Risk Assessment	95%	88%	90%	94%
Compliance with completion of Malnutrition Universal Screening Tool (MUST)	95%	93%	89%	88%
Compliance with completion of NEWS	95%	95%	88%	89%
% Charts with failure to record reason for omission of medicines	N/A	3%	4.3%	1.7%
% Charts with failure to record reason for delay of medicines	N/A	N/A	2.7%	1.2%
Number of people that absconded (Mental Health)	N/A	59	54	60
Compliance with Anti-Absconding Care Bundle (Mental Health)	95%	81%	73%	88%
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	Not yet available
Number of grade 3 & 4 pressure ulcers that are avoidable (DN)		N/A	0	Not yet available
Compliance with District Nursing SKIN bundle for Pressure Ulcers	95%	N/A	60%	73%

2.0 Safe and Effective Care

2.4 Serious Adverse Incidents

Number of SAI investigations on-going as at 31st December 2017

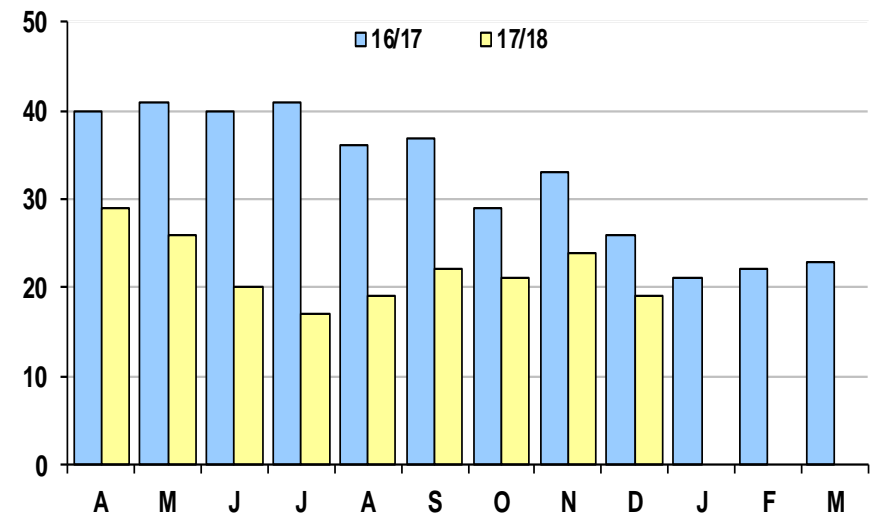
Level of Investigation	Trust Total	Community Care (CC)	Finance (F)	Medicine & Emergency Medicine (MEM)	Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	Surgical & Clinical Services (SCS)	Strategic Development & Business Services (SDBS)	Woman, Children & Families (WCF)
Level 1 (SEA)	11	1	-	2	5	1	-	2
Level 2 (RCA)	8	1	-	1	6	-	-	-
Level 3 (External)	-	-	-	-	-	-	-	-
Total	19	2	-	3	11	1	-	2

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 31st December 2017

Division	Number of SAI investigations overdue by Division by number of weeks as at 31st December 2017					Total
	0-10 wks	11-20 wks	21-30 wks	31-40 wks	41-60 wks	
Community Care (CC)	1	-	-	-	-	1
Medicine & Emergency Medicine (MEM)	-	1	1	-	-	2
Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	4	1	1	-	-	6
Woman, Children & Families (WCF)	1	-	2	-	-	3
Total	6	2	4	-	-	12

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 25](#))
- Mental Health & Learning Disability ([page 31](#))
- Women, Children and Families ([page 34](#))
- Community Care ([page 36](#))

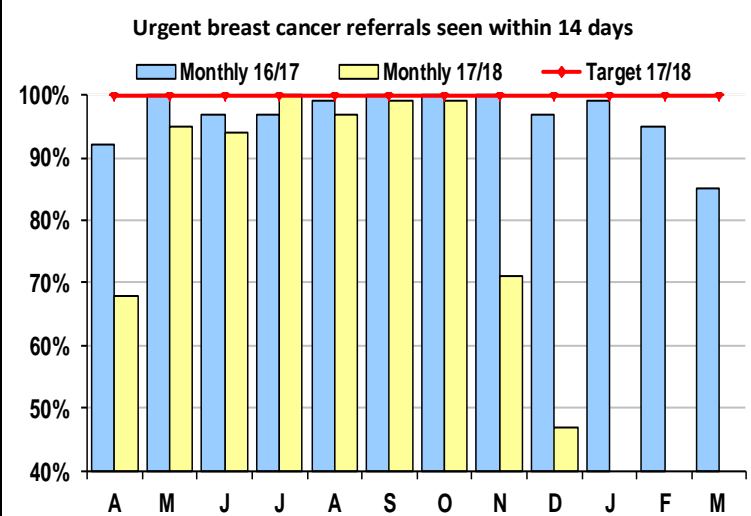
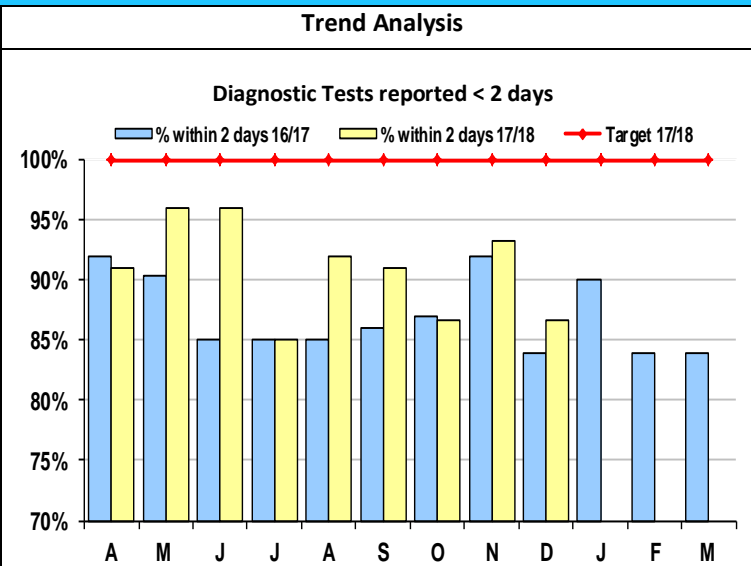
3.2 DoH Indicators of Performance 2017/18 - Indicators of performance are in support of the Commissioning Plan Direction Targets. ([page 39](#))

3.3 Additional Indicators in Support of 2017/18 Commissioning Plan Direction Targets. ([page 46](#))

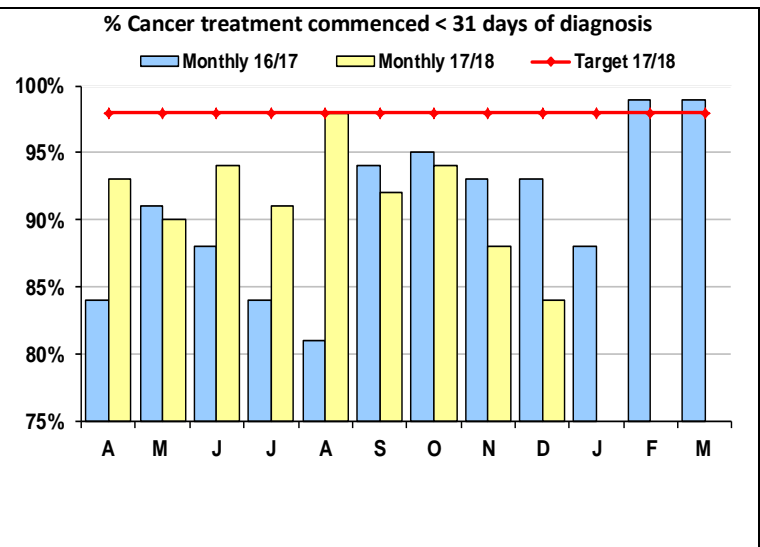
3.0 Quality Standards & Performance Targets

3.1 DoH Commissioning Plan Direction Targets & Standards 17/18

Elective Care and Cancer Care																																														
Dir	Target/Objective	Monthly Performance Comments, Actions																																												
SCS	Diagnostic Tests By March 2018, all urgent diagnostic tests should be reported on within two days (CPD 4.8)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>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</p> <p>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%.</p>																																												
		<table border="1"> <thead> <tr> <th colspan="12">Diagnostic Tests reported < 2 days</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th> </tr> </thead> <tbody> <tr> <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>87%</td><td>93%</td><td>87%</td> </tr> </tbody> </table>											Diagnostic Tests reported < 2 days												Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	90%	84%	84%	91%	96%	96%	85%	92%	91%	87%
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90%	84%	84%	91%	96%	96%	85%	92%	91%	87%	93%	87%																																			
SCS/MEM/WCF	Cancer Care From April 2017, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.9)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Some reduction in capacity occurred during November due to staffing issues, which resulted in a deterioration against the target. The longest wait in November was 20 days.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional breast OP clinics are being held wherever possible with elective access funding to maximise capacity and ensure patients are seen in a timely manner.</p> <p>FORECAST IMPACT ON PERFORMANCE Further deterioration is anticipated in Dec due to a range of operational issues, but it is anticipated that this should be recovered by the beginning of January.</p>																																												
		<table border="1"> <thead> <tr> <th colspan="12">Urgent breast cancer referrals seen within 14 days</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th> </tr> </thead> <tbody> <tr> <td>99%</td><td>95%</td><td>85%</td><td>68%</td><td>95%</td><td>94%</td><td>100%</td><td>97%</td><td>99%</td><td>99%</td><td>71%</td><td>47%</td> </tr> </tbody> </table>											Urgent breast cancer referrals seen within 14 days												Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	99%	95%	85%	68%	95%	94%	100%	97%	99%	99%
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99%	95%	85%	68%	95%	94%	100%	97%	99%	99%	71%	47%																																			



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 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.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.</p> <p>FORECAST IMPACT ON PERFORMANCE It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured</p>																																					
	<table border="1"> <thead> <tr> <th colspan="13">% Cancer treatment commenced < 31 days of diagnosis</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>92%</td><td>94%</td><td>88%</td><td>84%</td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table>	% Cancer treatment commenced < 31 days of diagnosis													Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM	88%	99%	99%	91%	90%	94%	91%	98%	92%	94%	88%	84%
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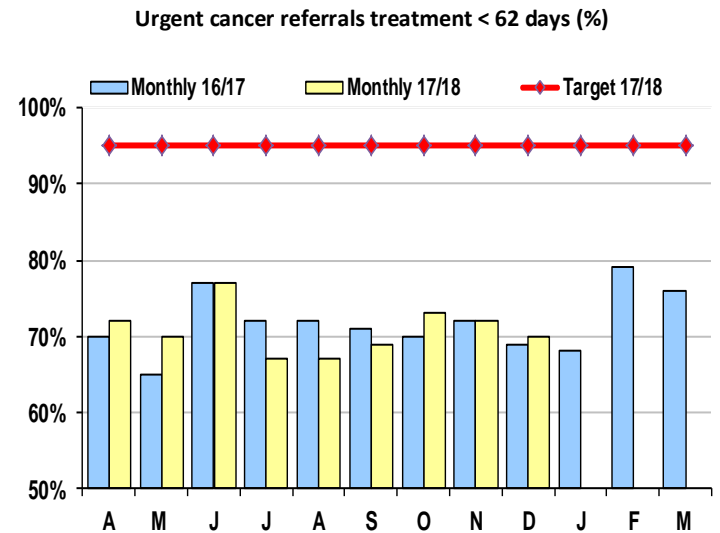


SCS/MEM/WCF	Cancer Care From April 2017, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. (CPD 4.9)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Lower/upper GI: Delays in accessing surgical OP remain – increased demand and lack of OP and theatre capacity. Lung: complex cases requiring a number of diagnostic tests, delays in PET scans and thoracic surgery in BT. Delays continue for PET, BT sending suitable patients to Dublin for procedure. Breast: Delays are likely to continue in undertaking breast surgery depending on the numbers washing through secondary to higher demand Skin: The use of independent sector for red flag has prevented further deterioration in Dermatology performance to date. 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>ACTIONS BEING TAKEN WITH TIME FRAME Lower/upper GI: Additional endoscopy sessions for Red Flag patients. Breast: Additional outpatient clinics and inpatient theatre lists being arranged with elective access funding. Lung: proactive monitoring in place Gynae: additional hysteroscopy sessions being undertaken. 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 Skin: the transfer of patients to the Independent Sector for outpatient assessment ceased temporarily due to lack of funding but recommenced in Dec 2017. This increased delays in accessing a first outpatient appointment and will lead to a deterioration in 62-day performance</p>
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Urgent cancer referrals treatment < 62 days (%)												
Tumour Site	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
ALL	79%	76%	72%	70%	77%	67%	67%	69%	74%	73%	70%	↓
B	100%	86%	100%	100%	100%	100%	100%	85%	100%	94%	100%	
G	63%	50%	100%	40%	57%	63%	15%	33%	38%	20%	67%	
H	100%	100%	67%	50%	100%	50%	100%	100%	100%	67%	46%	
HN	50%	0%	0%	-	-	0%	0%	33%	40%	0%	-	
LGI	33%	80%	23%	33%	9%	31%	19%	0%	25%	0%	53%	
UGI	50%	0%	0%	66%	0%	-	40%	60%	80%	60%	25%	
L	75%	67%	33%	89%	91%	75%	57%	79%	60%	85%	36%	
S	100%	94%	83%	59%	94%	69%	86%	72%	80%	78%	79%	
U	100%	-	0%	100%	-	-	-	-	-	-	100%	

Urology now under Western Trust

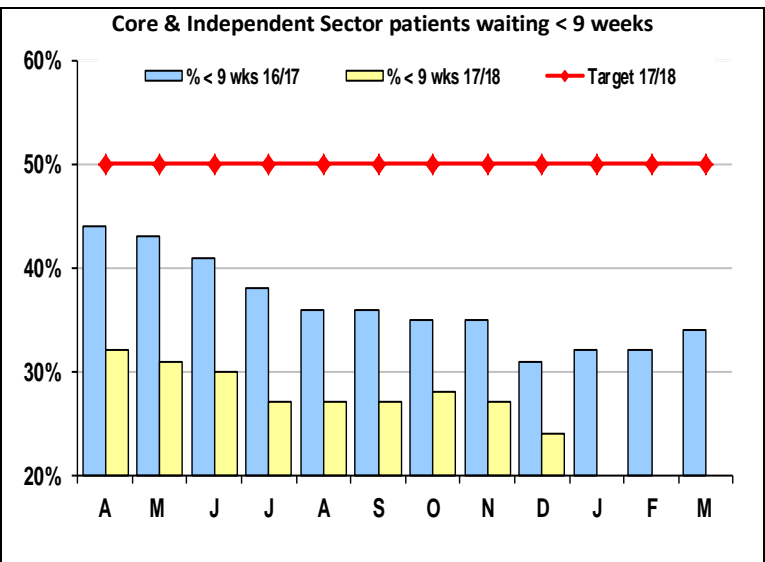


November 17 Position by Tumour Site – Number of cases for Month
Note: where the Patient is a SHARED treatment with another Trust, NHSCT carry 0.5 weighting for patient's wait.

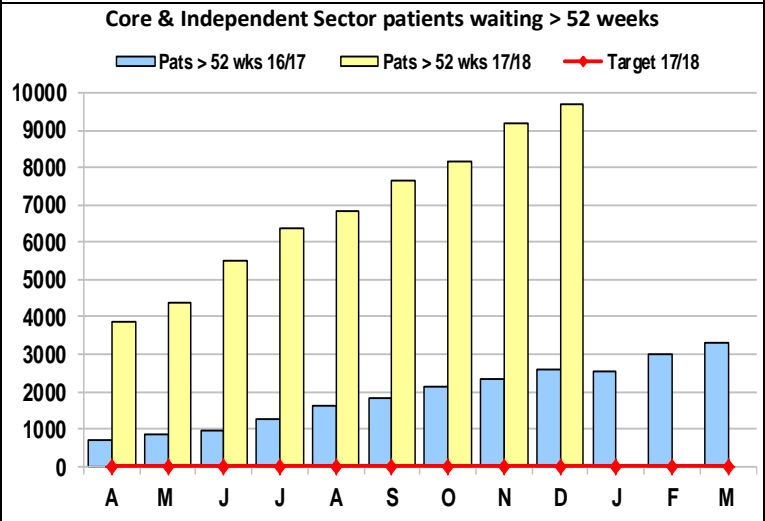
- (B) Breast Cancer – 18.0 patients treated
- (G) Gynae Cancers – 1.5 patients treated
- (H) Haematological Cancers – 6.5 patients treated
- (HN) Head/Neck Cancer – 0.0 patients treated
- (LGI) Lower Gastrointestinal Cancer – 8.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 2.0 patients treated
- (L) Lung Cancer – 7.0 patients treated
- (S) Skin Cancer – 9.5 patients treated
- (U) Urological Cancer – 0.5 patients treated

Urology now under Western Trust

SCS/MEM/WCF	Outpatient Waits By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.10)	<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.</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>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>28%</td><td>27%</td><td>24%</td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table>		Core & Independent Sector patients waiting < 9 weeks													Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM	32%	32%	34%	32%	31%	30%	27%	27%	27%	28%	27%	24%
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32%	32%	34%	32%	31%	30%	27%	27%	27%	28%	27%	24%	↓																												



SCS/MEM/WCF	Outpatient Waits By March 2018, no patient waits longer than 52 weeks. (CPD 4.10)	<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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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

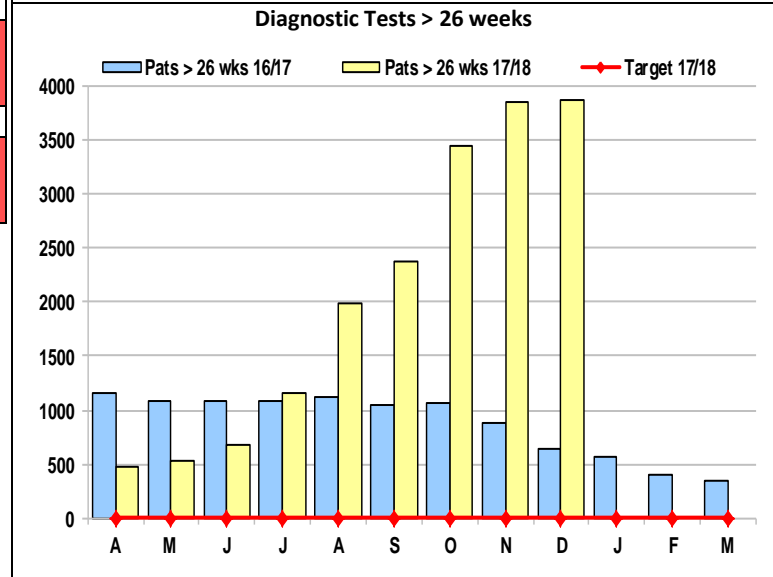
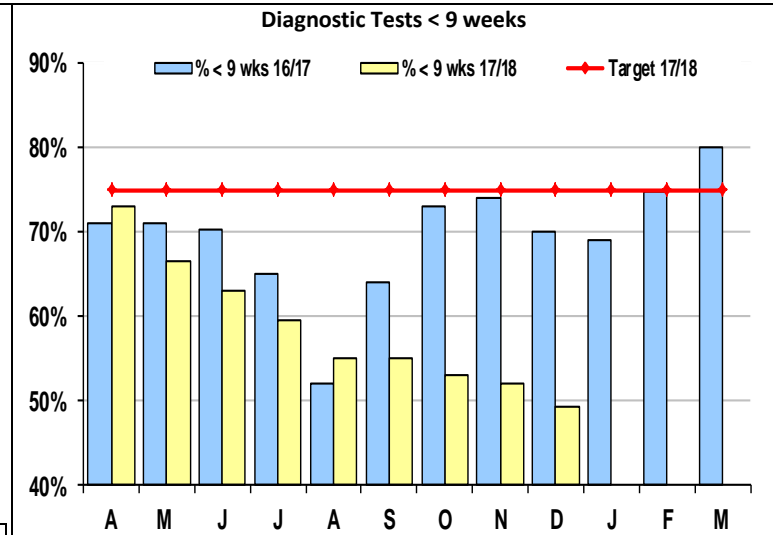
Non-recurrent elective access funding was made available across 2016/17 to reduce the capacity gap in MRI, CT, USS and echocardiography however no additional funding was provided until July 2017. Additional activity is now again being undertaken but it will take several months to address the backlog. 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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
69%	75%	80%	73%	67%	63%	60%	55%	55%	53%	52%	49%	↓

Diagnostic Tests > 26 weeks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
562	399	352	474	523	676	1149	1992	2375	3443	3853	3871	↓



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 which has increased endoscopy capacity, it has not yet been possible to recruit to all medical posts.

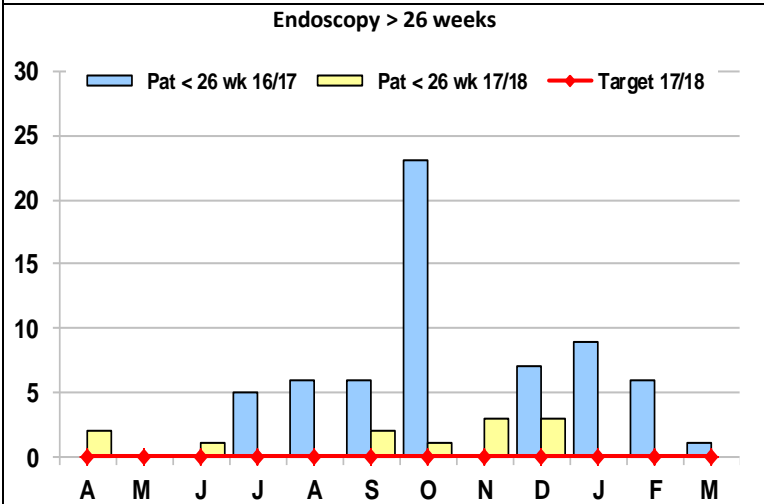
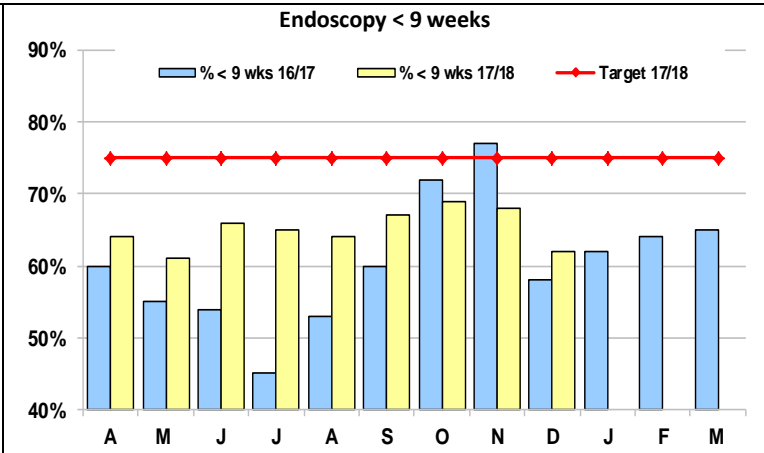
ACTIONS BEING TAKEN WITH TIME FRAME

Elective access funding has been secured for 2017/18 which 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												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
62%	64%	65%	64%	61%	66%	65%	64%	67%	69%	68%	62%	↓
Endoscopy > 26 weeks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
9	6	1	2	0	1	0	0	2	1	3	3	↔



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.

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. Some funding is likely to be made available to transfer long waiting patients to the Independent Sector, however the impact will be limited due to the allocation being made late in the financial year.

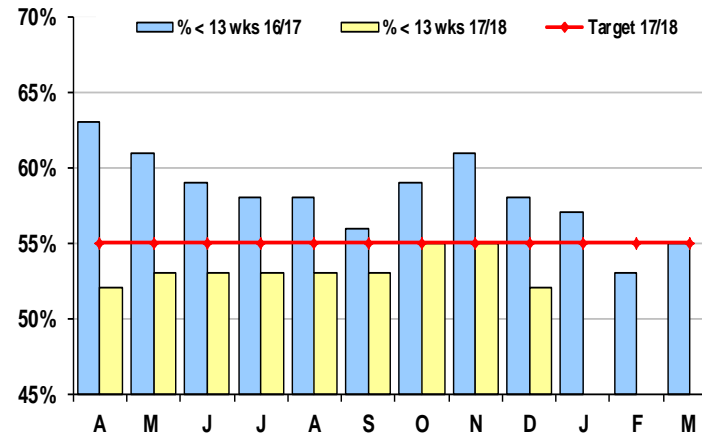
Excludes scopes which are solely within 9 weeks position.

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

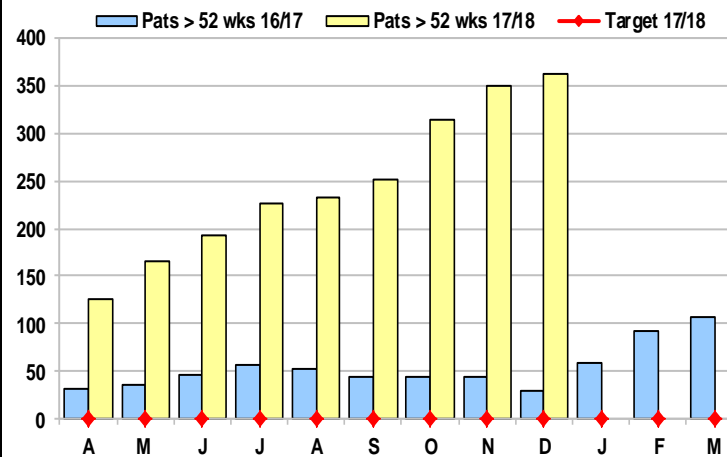
Core & Independent Sector patients waiting > 52 weeks												TOPM
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↓
59	93	107	126	165	192	227	232	251	314	350	362	

Core & Independent Sector total patients waiting											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
4908	5072	4989	4891	4791	4672	4598	4647	4670	4713	4581	4622

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 (8020) Orthoptics (0), Dietetics (695) - 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 (902) - The number of 13 week breaches rose from 544 at the end of July to 902 at the end of December. It has steadily risen from 326 breaches recorded at the end of March. Length of longest wait has increased to 16 months. Analysis of Waiting lists confirms that majority of breaches are within Adult Community SLT and relate to Dysphagia. This is primarily due to the rate of referrals being significantly greater than the capacity of the service across all Adult SLT. The capacity of the service has also been impacted by Maternity leaves and vacancies which have consistently reduced the capacity 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 (222) - 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. The increase in December 2017 is the result of staff annual leave

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, recruitment, complete demand and capacity analysis for inpatient and community, develop a business case to highlight and support the service, streamline recruitment protocols increase 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

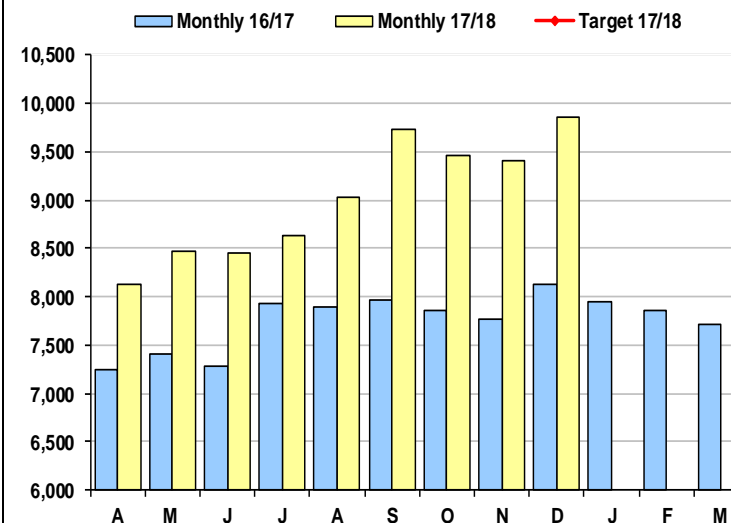
FORECAST IMPACT ON PERFORMANCE

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

AHP patients waiting > 13 wks

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
7947	7867	7710	8133	8468	8451	8639	9023	9739	9456	9403	9866	↓

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

Dietetics – 695

Occupational Therapy – 249

Orthoptics - 0

Physiotherapy - 8020

Podiatry - 0

Speech and Language Therapy - 902

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 60% have no impact on a patient but are purely administrative changes. Of those that do affect a patient, about 25% are brought forward to an earlier date and 10% 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 – 586 appointments fell into this category in Nov 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.

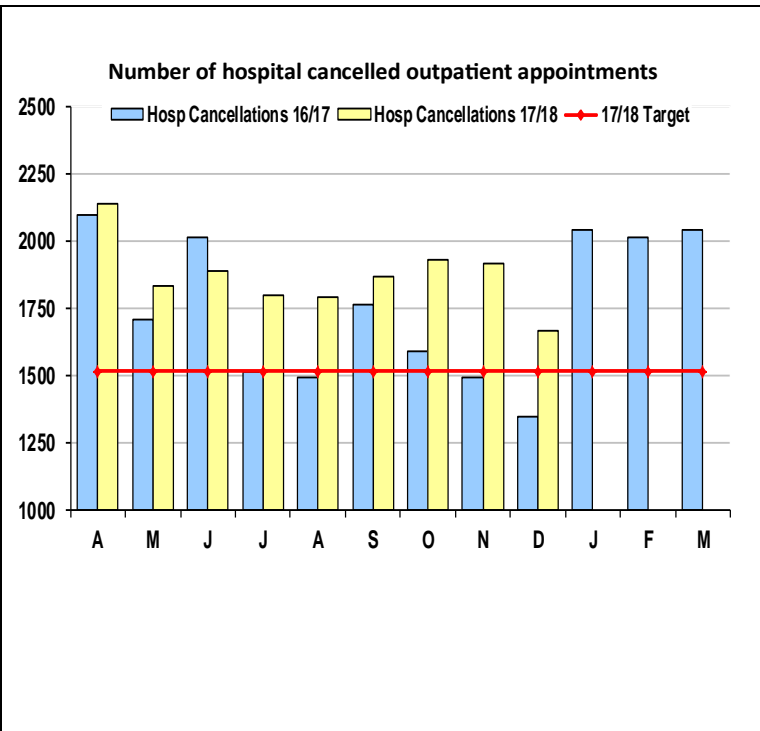
FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
2043	2010	2040	2140	1834	1891	1800	1789	1864	1928	1917	1667	↑

2015/16 baseline used for 2017/18 target. (18,146 Cancelled, Target = No more than 1513 per month) Target includes both new & review outpatient appointments.

See indicator [G2](#) for Hospital cancelled appointments with an impact on the patient [page 46](#)



Medicine**Optimisation**

By March 2018, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.6)

Key Quality Improvement Activities this period

- Extension of doctor light (zero) discharge pilot. This work has shown to save around 90 minutes per discharge. Business case submitted within Trust.
- SBRI FAST phase 1 completed June 2017
- Pilot prioritising those patients at medrec for clinical review
- Business case submitted within Trust to enable extension of the 'post-discharge' pilot. This pilot has shown that pharmacist interventions either by telephone or mixed mode led to patient benefits by reducing readmission rate, time to readmission, length of hospital stay and improved patient beliefs about medication
- NI Macmillan Palliative Care Pharmacy Service Improvement Project – working with community pharmacies and other healthcare professionals to for example improve access to and information on palliative care medicines and transfer from secondary to primary care.
- To improve antibiotic stewardship and reduce omitted/delayed doses, pilot carried out whereby pharmacy assisted with the reconstitution of IV piperacillin/tazobactam. Business case submitted within Trust.
- Implementation of Clinical Pharmacist Led Warfarin Clinic in GP Practice
- Developed Antimicrobial prescribing APP

Key Quality Improvement Activities for next period

- Awarded contract for SBRI FAST phase 2 and SBRI Home October 2017
- Explore the potential for a technician led self-administration scheme
- Work with the newly appointed specialist case management pharmacists regarding appropriate assessment of patients ability to self-administer in intermediate care
- Review of extended working hours and weekend working to reduce inequalities. Management of change proposal prepared and out for consultation
- Improve communication between pharmacy staff regarding patients medicines for example add a function on writemed to refer patients for medrec and to communicate when one stop dispensing completed
- Develop links with GP Federation Pharmacists
- Explore potential of using HS21 prescriptions in Acute at Home Setting
- Pilot medication review of patients attending ED but not admitted
- Pilot antibiotic review kit (ARK) revise and review

Risks / Issues

- Following management of change consultation period, there is a risk that there will be a delay in the implementation of an enhanced weekend service
- Need to discuss carrying out a recruitment drive for technicians and the development needs of our current technician staff.
- Discussion around improving links with community pharmacy and their MO role.
- Inability to implement initiatives due to lack of resources.

Medicines Optimisation % Compliance													
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
			April – Sept 17 – 74%										

Baseline 2016 – 72% Reports to be provided every six months through the Regional Optimisation and Innovation Programme Steering Group

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 2017/18 to date compared to the previous year, and a 7% rise in over-75s. In Causeway the overall number of attendances has increased by 2% and the number of elderly patients by 3%. 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 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.
- A Winter Pressures plan focused on creating additional capacity and maintaining flow through the Trust's acute sites over the winter months.

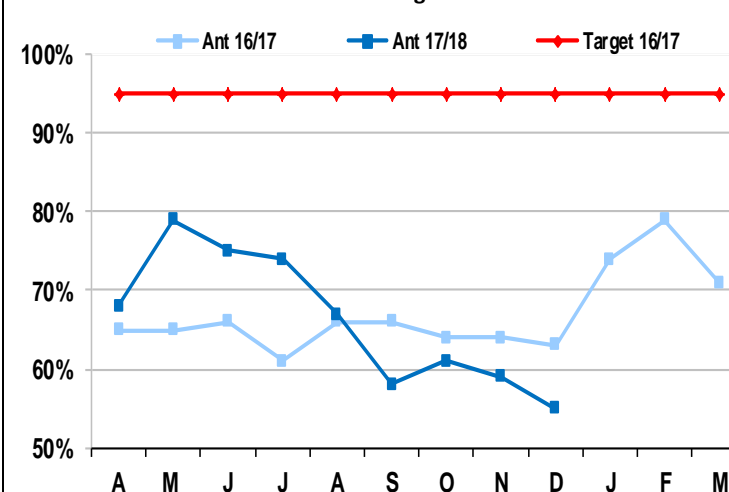
The Trust has also redeveloped some of the old ED footprint in Antrim Hospital to increase the capacity of the Discharge Lounge and provide nine additional inpatient beds.

FORECAST IMPACT ON PERFORMANCE

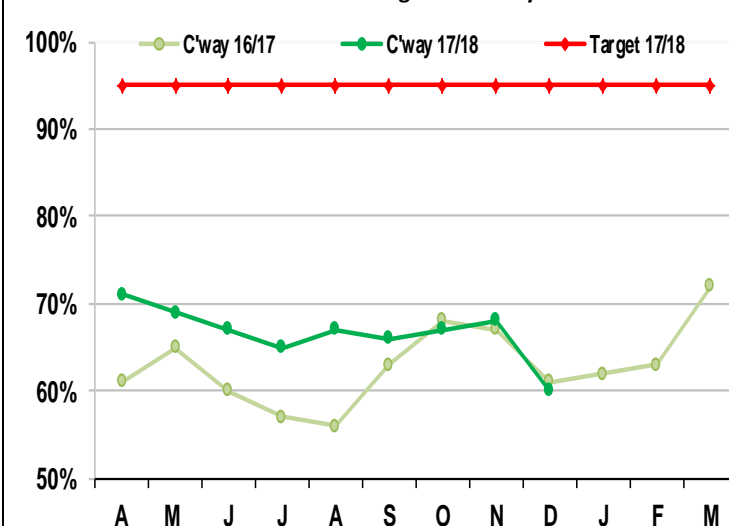
Through the implementation of its RAMP work streams, the Trust is aiming to maximise unscheduled care performance in 2017/18. However increased demand and a lack of inpatient beds means it is unlikely that unscheduled care targets can be met before additional capacity is in place.

Antrim ED < 4hrs												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
74%	79%	71%	68%	79%	75%	74%	67%	58%	61%	59%	55%	↓
Antrim Total Attendances												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
6701	6257	7423	7251	7905	7313	7106	7151	6860	7180	7073	7181	
Causeway ED < 4hrs												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
62%	63%	72%	71%	69%	67%	65%	67%	66%	67%	68%	60%	↓
Causeway Total Attendances												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
3458	3202	3910	4006	4049	3805	4204	3865	3609	3719	3421	3655	

A&E 4 Hours Target Antrim



A&E 4 Hours Target Causeway



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.

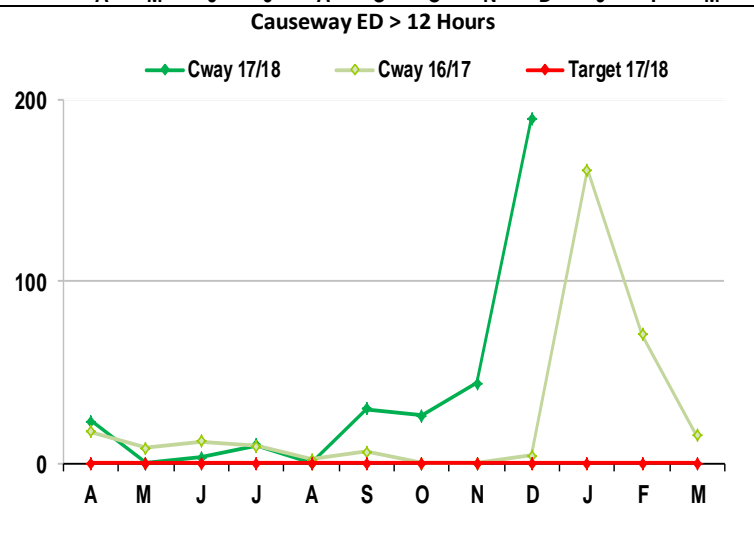
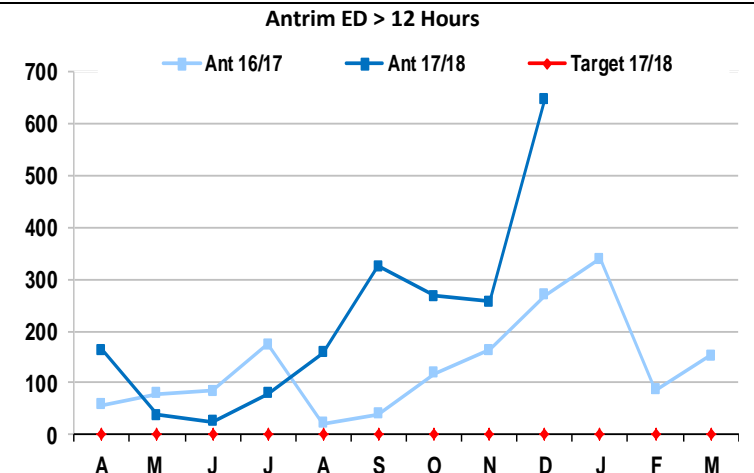
ACTIONS BEING TAKEN WITH TIME FRAME

As per 4-hour target.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target

Antrim ED > 12 Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
339	87	152	163	38	25	79	158	325	268	257	649	↓
Antrim ED longest waiter (Hours)												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
41	28	29	26	43	22	23	51	34	32	30	55	
Causeway ED > 12 Hours												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
162	71	15	23	0	3	10	0	30	26	44	190	↓
Causeway ED longest waiter (Hours)												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
30	30	21	26	11	19	19	12	28	22	34	44	



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

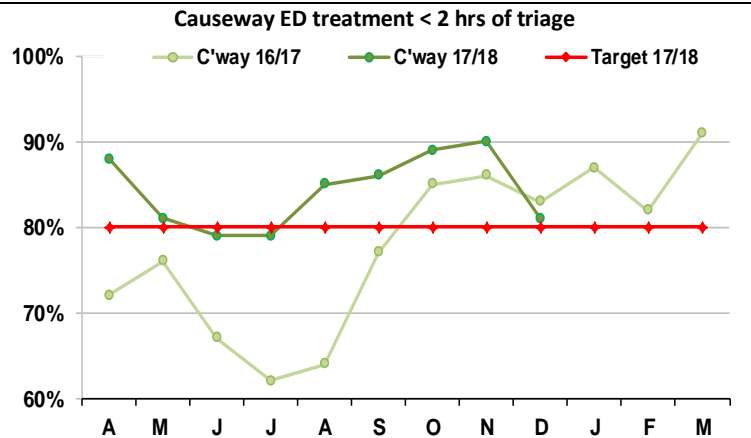
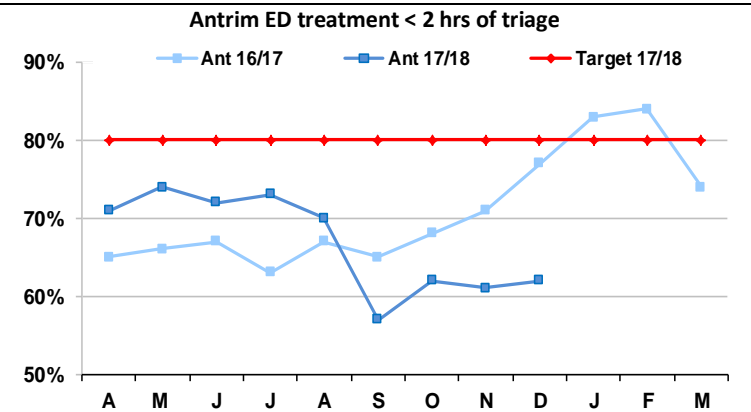
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
80%	85%	84%	77%	77%	75%	76%	76%	68%	73%	71%	69%	↓

Antrim ED treatment < 2 hrs of triage

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
83%	84%	74%	71%	74%	72%	73%	70%	57%	62%	61%	62%	↑

Causeway ED treatment < 2 hrs of triage

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
87%	82%	91%	88%	81%	79%	79%	85%	86%	89%	90%	81%	↓



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)

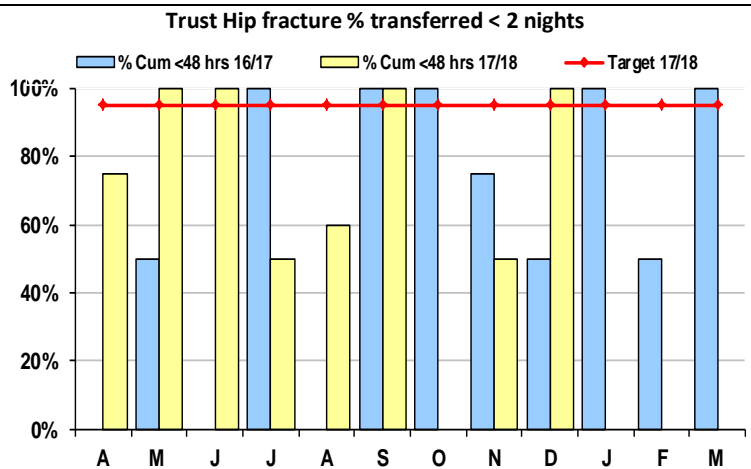
Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

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

April 2017 – December 2017: Hip fractures – 25 patients transferred, 1 hip fractures in December 17

Hip fracture % transferred < 2 nights

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
100%	50%	100%	75%	100%	100%	50%	60%	100%	-	50%	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 61 delayed discharges across the 2 hospital sites during December 2017. The increasing number of delays is reflective of the complexities and needs of an aging patient group.

Acute Based Delays: 17 delays can be attributed to acute assessment and care planning processes. 12 delays were the result of client choice and family issues. 2 delays were caused waiting for step-down sub-acute beds.
Community Delays: 17 delays are attributable to delays encountered in the community; this number can be broken down as follows: 5 delays can be attributed to difficulties being encountered when trying to source a package of care, caused by a lack of capacity within Trust Core Services and the Independent Sector provision. 11 delays were relating to placement planning.

During December 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

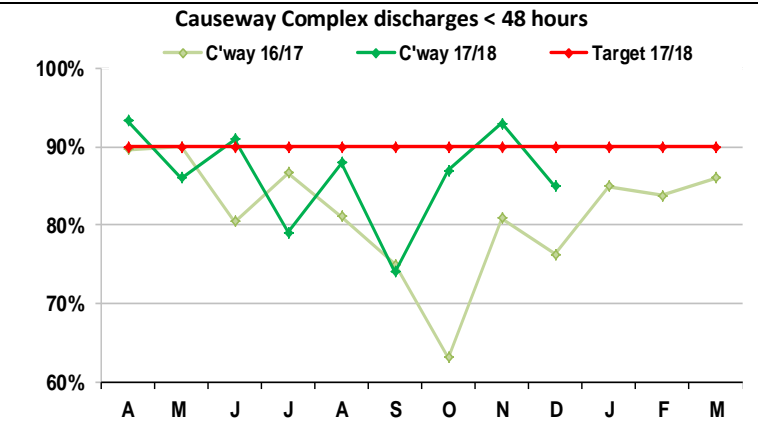
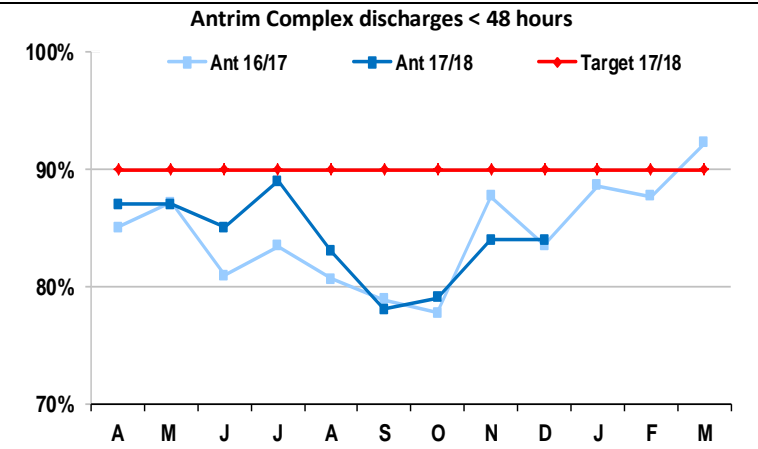
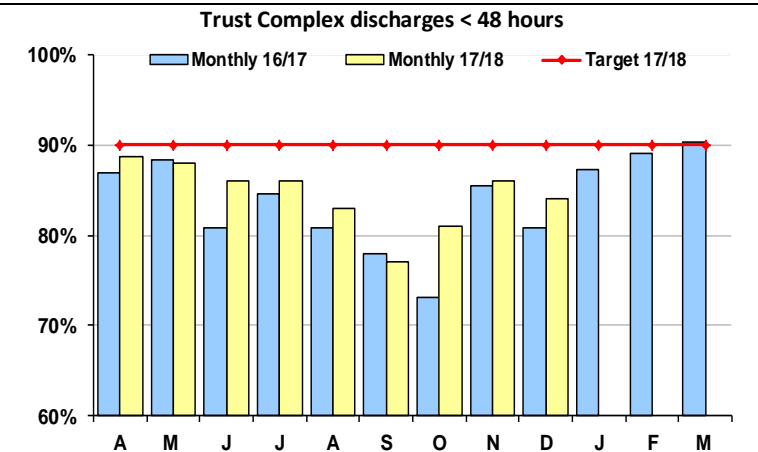
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
87%	89%	90%	89%	88%	86%	86%	83%	77%	81%	86%	84%	↓

Antrim Complex discharges < 48 hours

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

Causeway Complex discharges < 48 hours

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
85%	84%	86%	93%	86%	91%	79%	88%	74%	87%	93%	85%	↓



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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

13 out of 61 delays in November 2017 were greater than 7 days.
Acute Based Delays: 2 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: 6 delays were relating to placement planning and arrangement.

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.

Trust Number of Complex Discharges > 7 Days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
7	6	13	3	9	15	11	21	22	17	11	13	↓

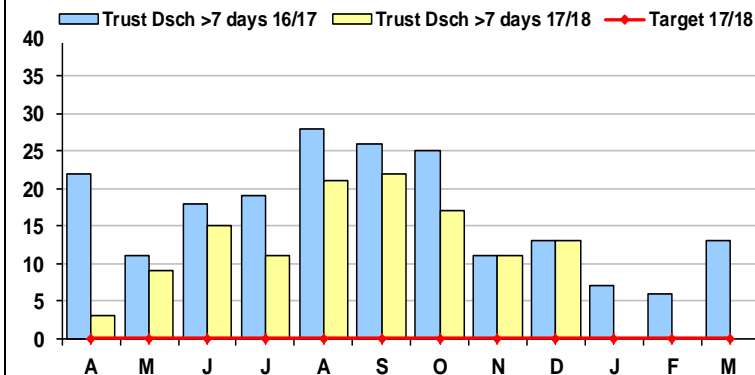
Antrim Monthly Position % Complex Discharges < 7 days

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

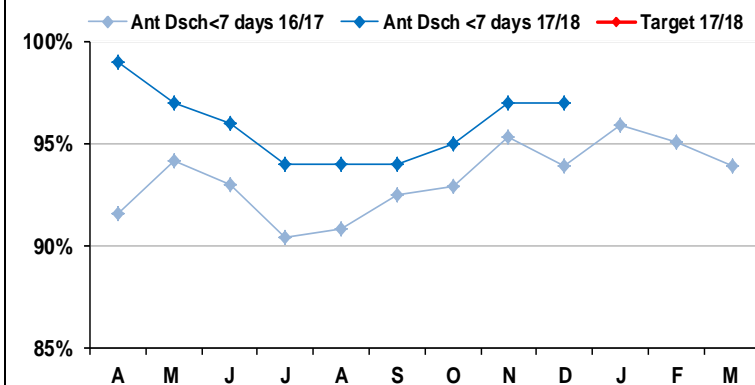
Causeway Monthly Position % Complex Discharges < 7 days

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

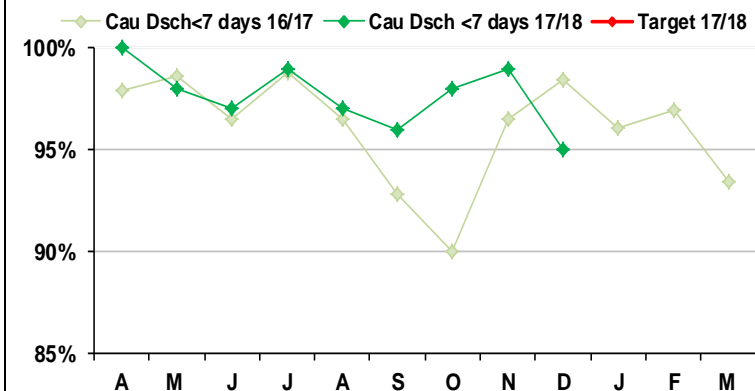
Trust Number of Complex Discharges > 7 Days



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

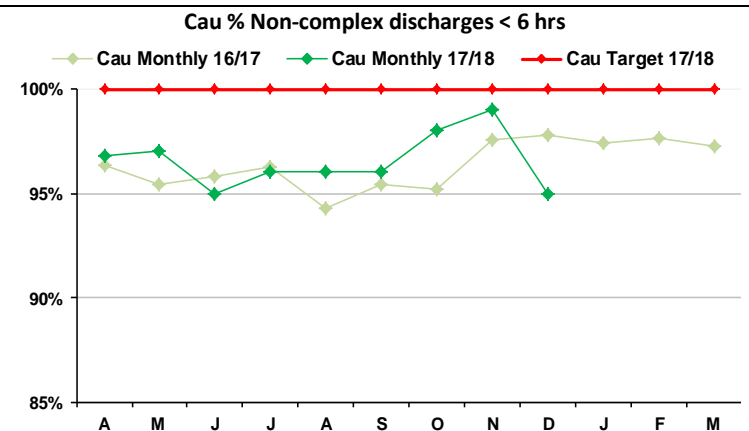
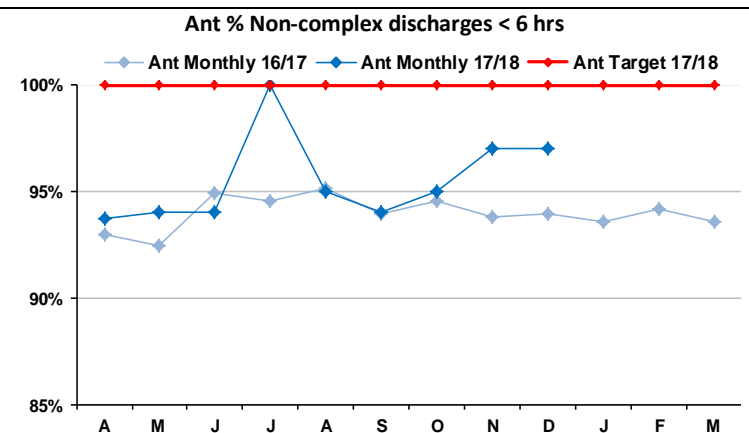
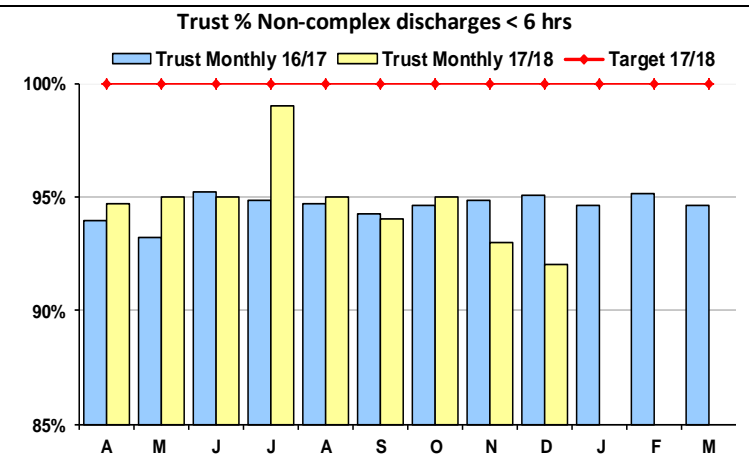
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
95%	95%	95%	95%	95%	95%	95%	95%	94%	95%	93%	92%	↓

Ant % Non-complex discharges < 6 hrs

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
94%	94%	94%	94%	94%	94%	100%	95%	94%	95%	97%	97%	↔

Cau % Non-complex discharges < 6 hrs

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



MHLD

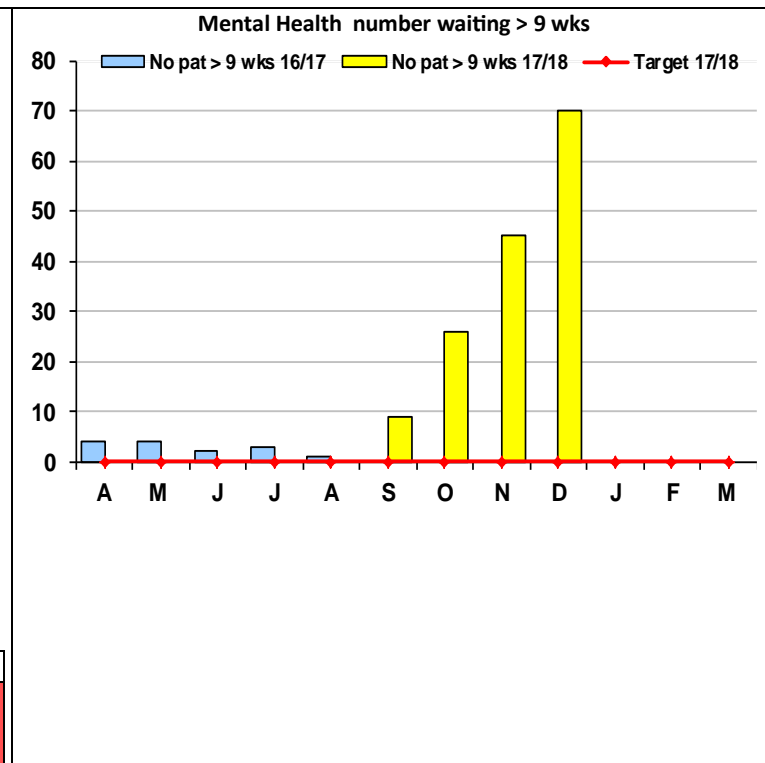
Mental Health Waits
By March 2018, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
Impact on performance is down to a number of variables
1. Reduction in choice appointment slots in AOS pathway by 1slot / WTE practitioner/week since service development day last November based on practitioners concerns regarding pressure of workload – this has had an accumulative impact over time and is a reduction in available slots for assessment = 378 per year.
2. Lost slots due to vacancies and time lag in filling posts = 285
3. Additional capacity gained from ‘borrowing’ from other service areas (Carrick 1 & Dual Diagnosis Co-ordinator), extra slots offered by staff and overtime undertaken by some staff = 132
= 531 choice appointment slots lost in total to CAS which equals 27% lost capacity since November 2016

ACTIONS BEING TAKEN WITH TIME FRAME
1. Overtime being offered
2. Borrowing of capacity from other service areas to continue
3. Backfill for WTE on Benzo project – recruited and soon to start.
4. Continue to monitor waiting times closely and to implement CAPA approach by offering ‘choice’ appointments to service users
5. Administration assistance has been provided to support effective access system management and extra waiting list clinics will be run in January 2018.

FORECAST IMPACT ON PERFORMANCE
Continue to anticipate any potential breaches.
Waiting list initiative to be taken forward asap.

Mental Health number waiting > 9 wks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
0	0	0	0	0	0	0	0	9	26	45	70	↓



MHLD

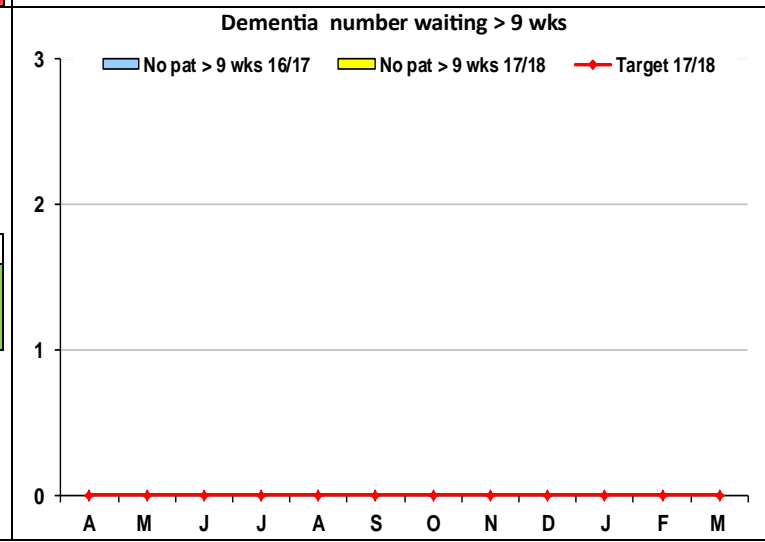
Dementia Waits
By March 2018, no patient waits longer than; nine weeks to access dementia services (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
Target continues to be met.

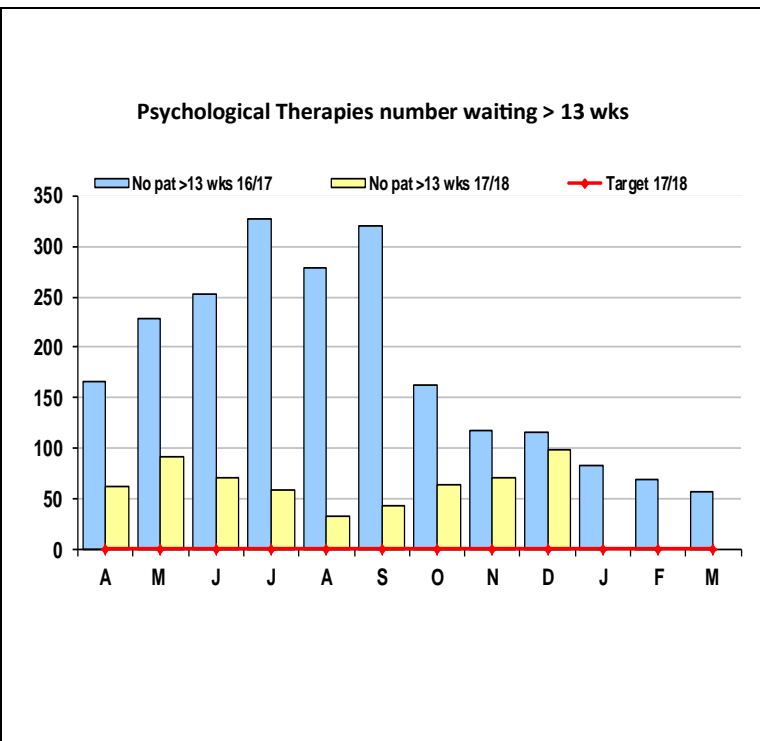
ACTIONS BEING TAKEN WITH TIME FRAME
Continue to work with the team to reduce waiting times.

FORECAST IMPACT ON PERFORMANCE
Continue to meet the target and anticipate any potential breaches.

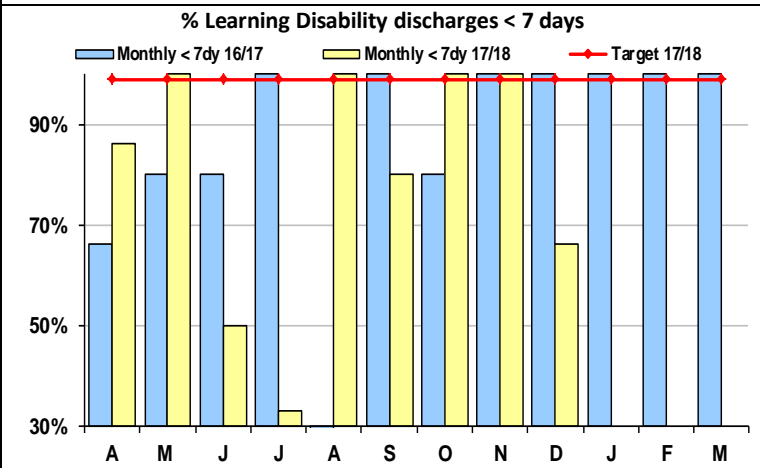
Dementia patients waiting > 9 wks												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔



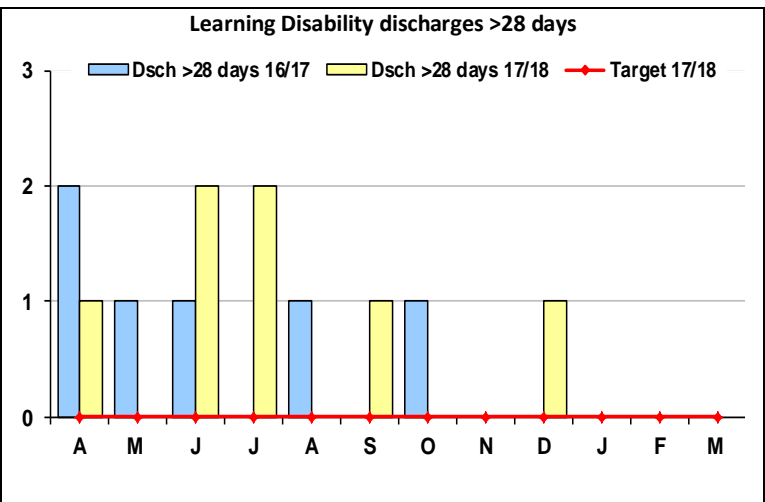
MHLD	<p>Psychological Waits By March 2018, no patient waits longer than 13 weeks to access psychological therapies (any age). (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Breaches of the performance target are evident at the end of November across 3 areas within psychology services. Performance is being impacted in the main by LD and Clinical Health Psychology services. Learning Disability (adult and children) – The service has 41 breaches of a total WL of 140 with longest wait of 193 days. This is slight improvement on October position. 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 November position is 4 breaches (longest wait 99 days) with total WL of 454 - 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 December 2017. Health Psychology – There is 30 breaches in Health Psychology of a total waiting list of 176– the longest wait is 114 days. Due to staff having moved from the service the WL is likely to grow over coming months while recruitment proceeds. The post has been offered and it is hoped the applicant will be in post by Jan 2018 and reduction in WL will be evidenced.</p>																																						
		<table border="1"> <thead> <tr> <th colspan="13">Psychological Therapies number waiting > 13 wks</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>82</td><td>68</td><td>57</td><td>62</td><td>91</td><td>71</td><td>59</td><td>33</td><td>42</td><td>64</td><td>71</td><td>98</td><td style="text-align: center;">↓</td> </tr> </tbody> </table>	Psychological Therapies number waiting > 13 wks													Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM	82	68	57	62	91	71	59	33	42	64	71	98
Psychological Therapies number waiting > 13 wks																																								
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM																												
82	68	57	62	91	71	59	33	42	64	71	98	↓																												



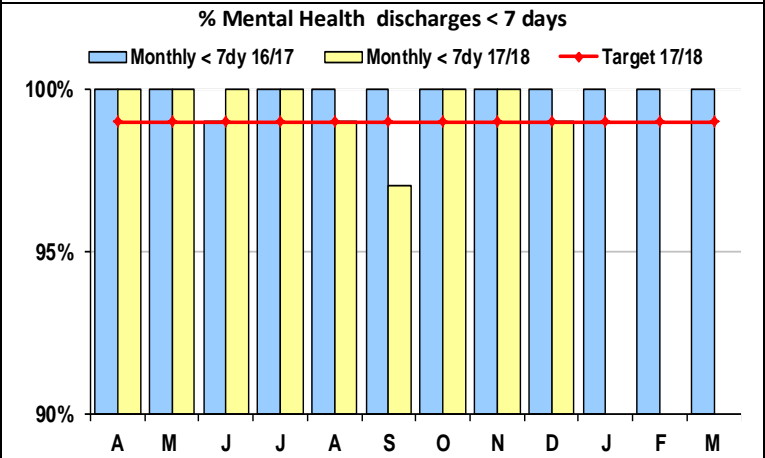
MHLD	<p>Patient Discharge – LD From April 2017, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 3 patients discharged during December, 1 over 28 days. ACTIONS BEING TAKEN WITH TIME FRAME 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.</p>
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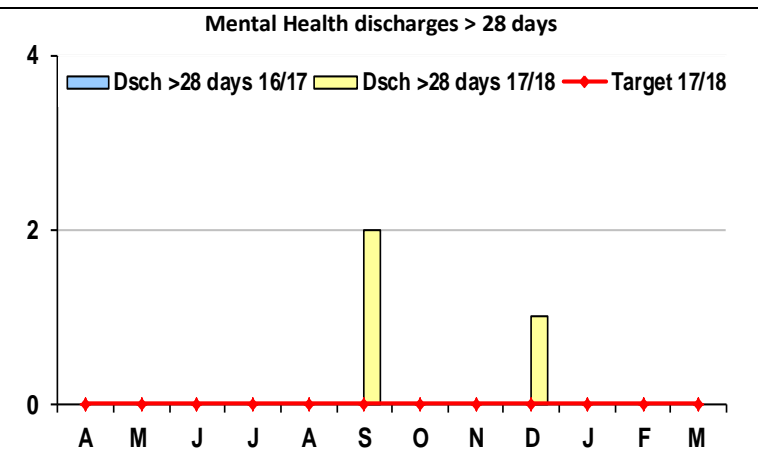
medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.5)	% Learning Disability discharges < 7 days													TOPM
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↓	
	100%	100%	100%	86%	100%	50%	33%	100%	80%	100%	100%	66%		
% Cumulative Learning Disability discharges < 7 days													TOPM	
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↓		
85%	86%	86%	86%	92%	77%	74%	79%	79%	82%	82%	81%			
Learning Disability discharges >28 days													TOPM	
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↓		
0	0	0	1	0	2	2	0	1	0	0	1			



MHL D 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	CAUSES / ISSUES IMPACTING ON PERFORMANCE 82 patients discharged during December, 1 > 7days.												
	ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.												
	% Mental Health discharges < 7 days												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↓	
100%	100%	100%	100%	100%	100%	100%	99%	97%	100%	100%	99%		
% Cumulative Mental Health discharges < 7 days													TOPM
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	↔	
100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%	99%		



medically fit for discharge, with no discharge taking more than 28 days (CPD 5.5)	Mental Health discharges > 28 days													TOPM ↓
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
	0	0	0	0	0	0	0	0	2	0	0	1		



Womens, Childrens and Families Services

WCF	Children in Care	CAUSES / ISSUES IMPACTING ON PERFORMANCE																																					
	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>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.</p> <p>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)</p> <p>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</p> <p>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"> <thead> <tr> <th colspan="13">% Children with no placement change</th> </tr> <tr> <th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th> </tr> </thead> <tbody> <tr> <td colspan="12">83% - to Sept 16</td> <td>TOPM ↑</td> </tr> </tbody> </table> <p>Information to be available from annual OC2 Return, next update Qtr. 1 2018</p>	% Children with no placement change													Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	83% - to Sept 16											
% Children with no placement change																																							
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																												
83% - to Sept 16												TOPM ↑																											

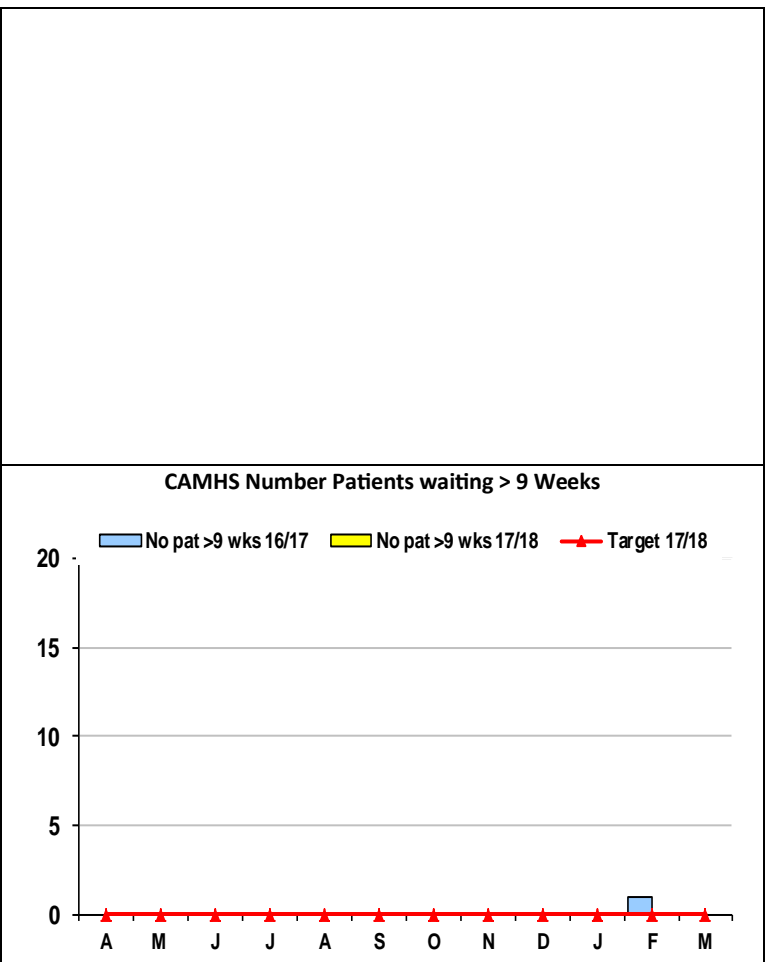
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WCF	Children in Care By March 2018, ensure a three year time frame (from date of last admission) for 90% of children who are adopted from care. (CPD 1.7)	CAUSES / ISSUES IMPACTING ON PERFORMANCE In the period April 2017 to end September 2017 there 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
		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.

	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.

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



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)

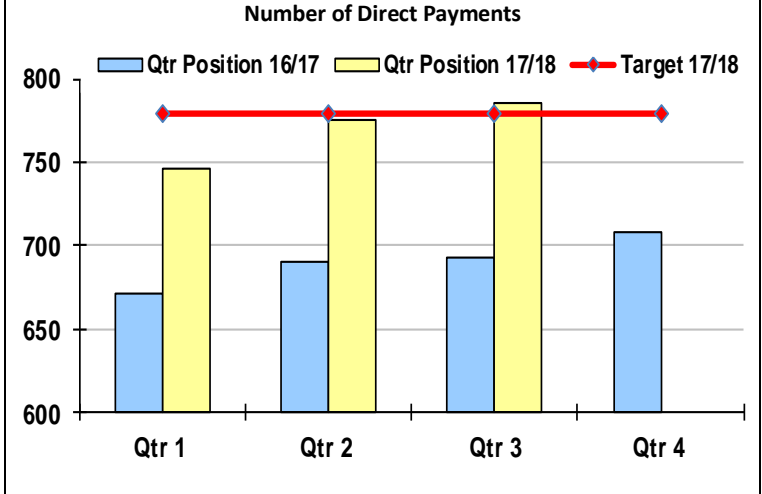
CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.

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	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM
708			746			775			785			↑

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

By March 2018, secure a 10% increase in the number of carers' assessments offered to carers for all service users. (CPD 6.1)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Carers declining assessments.

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT

Training has been provided to staff in the completion of Carers Assessments.

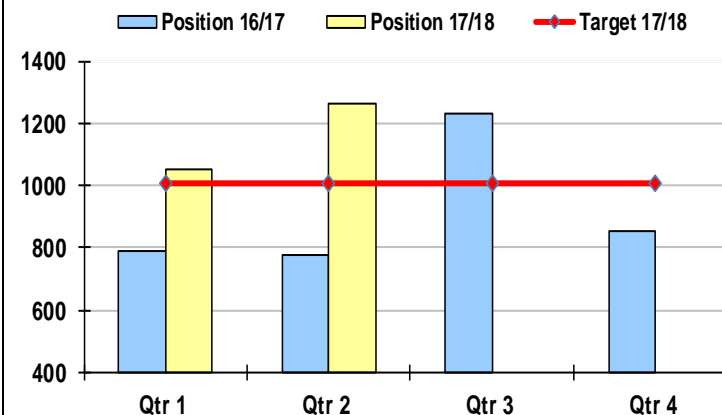
FORECAST IMPACT ON PERFORMANCE

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

Number of Carers Assessments												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM
1230			855			1054			1267			↑

3653 Assessments offered 2016/17 (baseline) 2017/18 target 4019 annually, quarterly = 1005

Number of Carers Assessments



Short Break Hours

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)

Community Care Directorate CAUSES / ISSUES IMPACTING ON PERFORMANCE

Eldercare:
The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2nd 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.

Trust Number of Short Break Hours												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM
180013 (Jul – Sept)			222803 (Oct – Dec)			218018 (Jan – Mar)			236092 (Jul – Sept)			↑

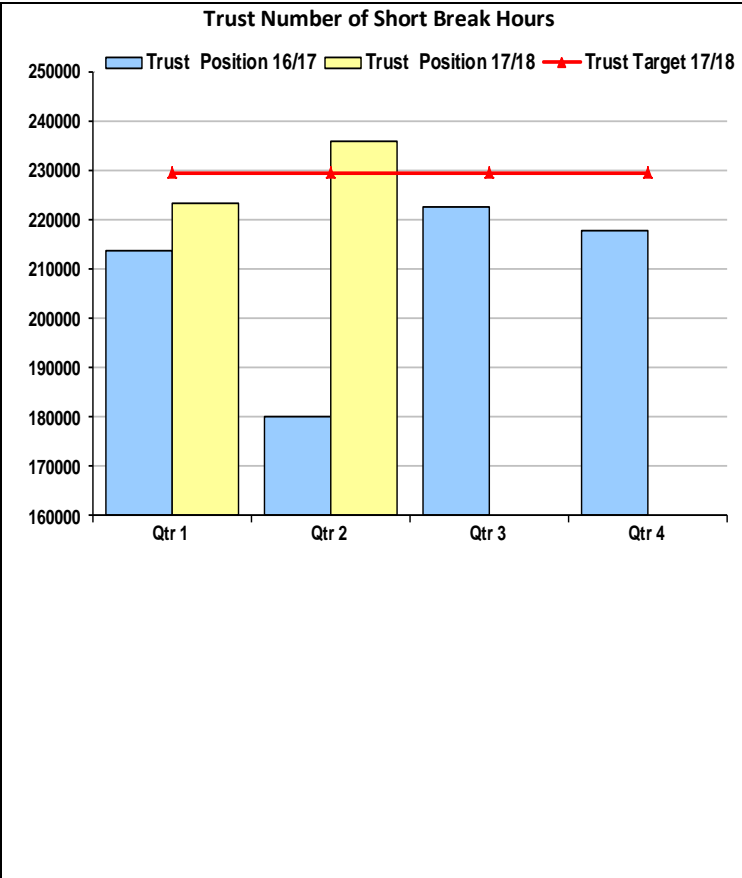
874552 hours provided 2016/17 (Baseline) 2017/18 target 918280 annually, 229570 quarterly.

Community Care Directorate Number of Short Break Hours												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM
56917 (Jul – Sept)			59920 (Oct – Dec)			57772 (Jan – Mar)			65959 (Jul – Sept)			↑

2017/18 target 243098 annually, 60775 quarterly.

Mental Health Directorate Number of Short Break Hours												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TOPM
163008 (Jul – Sept)			162883 (Oct – Dec)			160246 (Jan – Mar)			170133 (Jul – Sept)			↑

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Alcohol-related Admissions	A14. Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	140	154	133	188	189	178	196	174	167	205	180	121
Child Health	A18. Rate of each core contact within the pre-school child health promotion programme offered and recorded by health visitors.	FV - first visit			824	888	892	882	1052	918	1004	848	
		C1 - 6 - 8 week HV review			924	942	814	812	786	840	924	1000	
		C2 - 14 - 16 week review			806	928	910	830	870	918	880	920	
		C3 - 6 - 9 month review			786	1108	1080	948	756	870	796	844	
		C4 - 1 year review			412	488	409	468	531	506	483	472	
		C5 - 2 year review			410	569	548	562	613	218	435	445	
	C6 - 4 year record review			375	577	528	514	489	461	207	235		
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, next update Qtr. 1 2018											
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, next update Qtr. 1 2018											
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, next update Qtr. 1 2018											
Care Leavers	A23. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	100%	88%	97%	85%	82%	90%	100%	100%	100%	100%	100%	100%
Care Leavers	A24. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	72%	77%	76%	81%	79%	76%	78%	77%	76%	78%	78%	77%
Self Harm	A26. Number of ED repeat presentations due to deliberate self harm. (prior to April 2016 New and Unplanned Review)	192	154	201	184	184	216	181	176	167	210	237	191
Unplanned Admissions	A28. Reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions	288	212	237	246	223	225	222	199	209	231	202	234

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

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Returning ED Admissions	B5: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven days	3.5%	3.2%	3.2%	4.1%	3.0%	3.1%	3.1%	3.2%	3.4%	3.2%		
		8-30 days	3.8%	3.8%	4.3%	4.5%	4.3%	3.7%	4.8%	4.6%	3.9%	4.0%		
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	18.9%	14.2%	12.6%	14.5%	12.3%	11.2%	9.4%	10.3%	12.8%	10.8%	10.0%	12.6%
		Long Term Conditions	11.5%	9.2%	8.9%	9.8%	9.0%	10.4%	10.0%	7.9%	8.6%	10.1%	10.2%	8.5%
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.		9	7	7	7	6	2	6	6	4	6	4	
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	2										
			With LTC	1										
		Readmissions	Without LTC	0										
			With LTC	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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)	2373	2471	2318	2443	2571	2455	2295	2488	2517	2640	2696	2579		
Attendances At ED	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted	0-30 mins	Antrim	4.3%	3.2%	2.9%	3.6%	3.2%	3.8%	3.3%	3.9%	2.6%	3.0%	3.6%	2.7%
			Causeway	4.6%	3.3%	3.5%	3.8%	3.2%	2.7%	3.0%	2.9%	2.5%	2.8%	4.3%	4.0%
			Mid Ulster	45.4%	44.8%	44.2%	41.7%	40.7%	46.8%	47.0%	35.8%	51.6%	40.9%	51.1%	53.3%
		>30 min – 1 hr	Antrim	10.4%	9.6%	9.1%	9.6%	10.0%	10.2%	9.5%	10.3%	6.7%	7.3%	7.7%	5.9%
			Causeway	11.2%	9.2%	12.8%	12.9%	9.6%	9.7%	8.5%	8.7%	10.6%	11.7%	12.5%	10.6%
			Mid Ulster	46.7%	37.3%	41.5%	44.7%	43.8%	41.8%	38.8%	41.3%	39.0%	43.7%	39.5%	35.0%
		>1 hr – 2 hrs	Antrim	20.9%	20.8%	19.4%	18.9%	21.7%	20.7%	21.2%	19.8%	16.1%	17.3%	15.4%	15.1%
			Causeway	19.0%	18.6%	24.2%	22.5%	21.6%	21.4%	21.2%	22.4%	22.4%	23.4%	23.0%	17.7%
			Mid Ulster	7.9%	15.7%	13.6%	12.2%	14.8%	11.2%	13.2%	21.4%	8.9%	14.8%	9.1%	10.7%
		>2 hrs – 3 hrs	Antrim	18.8%	22.1%	18.8%	17.5%	21.3%	20.3%	19.1%	17.4%	16.3%	16.9%	15.6%	15.1%
			Causeway	14.4%	16.3%	17.0%	17.3%	17.2%	16.9%	16.2%	18.7%	16.7%	15.5%	15.6%	14.4%
			Mid Ulster	-	1.9%	0.7%	1.4%	0.7%	0.2%	1.0%	1.3%	0.5%	0.6%	0.3%	0.8%
		>3 hrs – 4 hrs	Antrim	19.5%	23.7%	20.6%	18.5%	22.6%	20.3%	20.4%	15.8%	16.4%	16.5%	17.3%	16.0%
			Causeway	13.1%	15.7%	14.2%	14.8%	17.4%	16.0%	16.1%	14.7%	13.7%	13.9%	13.0%	13.6%
			Mid Ulster	0.3%	-	-	-	-	-	-	0.1%	-	-	-	0.2%
		>4 hrs – 6 hrs	Antrim	11.2%	11.4%	15.4%	16.3%	13.0%	15.3%	15.8%	15.6%	17.1%	16.8%	19.0%	17.8%
			Causeway	13.6%	16.3%	14.8%	14.2%	16.3%	17.1%	17.3%	16.7%	15.1%	14.8%	13.7%	15.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	4.7%	4.8%	7.0%	7.8%	5.2%	6.4%	6.2%	8.7%	11.1%	10.0%	10.0%	9.1%
			Causeway	8.4%	9.6%	6.9%	8.2%	8.9%	10.0%	9.4%	8.7%	9.2%	8.6%	8.4%	9.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs – 10 hrs	Antrim	2.7%	1.8%	3.0%	3.1%	1.8%	2.0%	2.0%	3.7%	5.8%	5.3%	5.0%	5.4%
			Causeway	5.2%	5.2%	3.4%	3.3%	3.9%	3.8%	5.0%	4.3%	5.1%	4.3%	4.5%	5.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs – 12 hrs	Antrim	2.5%	1.1%	1.9%	2.5%	0.8%	0.8%	1.4%	2.5%	3.2%	3.1%	2.8%	3.7%
			Causeway	5.9%	3.5%	2.8%	2.4%	1.9%	2.4%	3.2%	3.0%	3.8%	4.4%	3.6%	4.6%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs – 14 hrs	Antrim	0.5%	0.2%	0.3%	0.4%	0.1%	0.1%	0.2%	0.5%	1.2%	0.9%	0.7%	1.5%
			Causeway	0.5%	0.2%	0.0%	0.1%	-	-	0.0%	-	0.1%	0.1%	0.3%	0.6%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs – 16 hrs	Antrim	0.7%	0.4%	0.4%	0.5%	0.1%	0.1%	0.3%	0.4%	1.0%	0.9%	0.8%	1.2%
			Causeway	0.6%	0.2%	0.1%	-	-	0.1%	0.1%	-	0.1%	0.2%	0.2%	0.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs – 18 hrs	Antrim	0.4%	0.2%	0.4%	0.5%	0.2%	0.1%	0.3%	0.4%	0.9%	0.8%	0.4%	1.2%
			Causeway	0.8%	0.3%	0.2%	0.1%	-	-	0.0%	-	0.1%	0.2%	0.3%	0.7%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	3.4%	0.6%	0.9%	0.9%	0.2%	0.1%	0.3%	0.9%	1.7%	1.2%	1.7%	5.2%
			Causeway	2.7%	1.5%	0.2%	0.3%	-	-	0.1%	-	0.5%	0.2%	0.6%	2.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
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	02:45	02:44	03:00	03:02	02:43	02:44	02:50	02:54	03:34	03:21	03:28	03:44	
		ANT ED – Maximum	40:41	28:35	29:32	26:47	43:56	22:44	23:20	25:48	34:23	32:39	30:28	55:04	
		ANT ED – 95 th Percentile	12:18	07:31	09:05	09:50	06:59	07:12	07:47	09:43	11:58	11:16	10:55	18:19	
		CAU ED – Median	03:04	03:09	02:29	02:35	02:53	02:58	03:05	02:52	02:50	02:47	02:36	03:13	
		CAU ED – Maximum	30:19	51:20	21:36	26:11	11:57	19:35	19:35	12:00	27:58	22:49	34:05	44:39	
		CAU ED - 95 th Percentile	11:57	10:19	08:46	08:34	08:13	08:36	09:00	08:56	09:49	10:01	09:58	12:46	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	4,793	4,506	4,940	4,896	5,209	5362	5176	5079	4623	4956	4579	4450
			%	85%	86%	80%	82%	81%	86%	86%	84%	77%	81%	75%	71%
		Causeway	Number	2,363	2,118	3,039	3,019	3,182	3028	3178	3015	2658	2632	2450	2126
			%	68%	66%	78%	75%	79%	81%	77%	79%	75%	72%	75%	64%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	5	6	7	6	7	7	6	7	7	7	
			95 th Percentile	17	17	19	20	18	18	17	19	22	21	22	26
			Maximum	58	134	47	64	69	62	70	39	81	70	75	272
		Causeway	Median	8	9	7	7	8	9	9	9	10	11	10	12
			95 th Percentile	29	26	25	23	27	29	29	27	31	36	33	38
			Maximum	57	47	148	44	46	72	69	73	61	97	82	79
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	7	8	8	8	8	9	9	8	9	9	10	10
			95 th Percentile	23	21	26	24	23	21	21	22	27	25	28	33
			Maximum	178	134	243	165	185	122	79	183	468	370	219	327
		Causeway	Median	11	11	9	10	9	7	7	9	10	10	9	12
			95 th Percentile	35	36	28	27	28	25	27	26	30	32	30	37
			Maximum	132	114	148	83	60	84	164	82	81	97	82	398
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	45	48	60	72	64	69	66	66	99	85	88	86
			95 th Percentile	541	407	387	442	490	246	239	304	342	381	325	376
			Maximum	191	186	217	232	227	424	669	759	762	639	634	969
		Causeway	Median	27	44	27	31	38	43	48	43	39	35	33	50
			95 th Percentile	201	198	155	182	225	223	237	194	188	157	162	206
			Maximum	1765	510	695	499	1159	482	486	481	405	509	422	541

Area	Indicator			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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	0.6%	0.3%	0.4%	0.3%	0.4%	0.4%	0.3%	0.4%	0.5%	0.4%	0.4%	0.4%
			Causeway	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.2%	0.4%	0.5%	0.5%	0.4%	0.4%
		Very Urgent	Antrim	15.0%	14.4%	15.7%	14.1%	14.2%	14.9%	15.7%	14.7%	16.2%	16.3%	17.7%	17.3%
			Causeway	16.3%	18.7%	17.3%	16.4%	16.8%	18.0%	17.1%	19.6%	17.6%	16.2%	16.7%	19.6%
		Urgent	Antrim	43.7%	43.9%	41.5%	41.2%	39.5%	39.9%	38.8%	38.6%	41.7%	41.6%	41.3%	44.6%
			Causeway	50.8%	48.9%	48.7%	48.0%	45.5%	48.8%	46.8%	45.8%	48.6%	49.0%	46.4%	49.8%
		Standard	Antrim	38.0%	39.0%	40.2%	30.6%	28.8%	28.6%	28.6%	29.0%	28.0%	26.3%	25.0%	24.6%
			Causeway	25.8%	26.8%	28.9%	29.5%	34.0%	29.8%	32.4%	31.1%	29.8%	30.7%	28.8%	19.8%
Non Urgent	Antrim	1.9%	2.0%	1.7%	1.5%	1.6%	1.3%	1.5%	1.4%	1.1%	0.7%	1.1%	0.6%		
	Causeway	2.8%	1.8%	2.4%	2.5%	2.1%	1.7%	2.3%	2.1%	2.0%	2.0%	1.8%	1.4%		
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	02:25	01:46	02:17	02:57	01:20	01:27	01:51	02:26	03:26	03:56	03:03	04:21
			95 th percentile	23:00	09:04	11:58	12:48	06:30	06:20	08:32	11:48	15:06	13:07	15:39	22:51
			Maximum	36:10	25:08	29:01	21:41	20:01	18:08	20:33	23:18	26:27	29:52	26:39	54:17
		Causeway	Median	03:14	02:05	02:05	02:04	01:44	02:03	02:18	02:05	02:25	03:05	02:40	03:09
			95 th percentile	17:23	11:09	07:37	07:11	06:08	06:44	07:20	06:46	08:02	07:57	09:21	18:34
			Maximum	27:00	24:20	19:40	23:49	10:58	12:01	16:46	10:19	22:44	18:51	25:07	35:12
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			2.2%	2.1%	2.0%	2.6%	2.2%	3.0%	4.1%	3.5%	4.5%	3.9%	3.8%	5.2%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim	2.4%	2.6%	3.0%	3.4%	3.3%	3.1%	3.3%	3.8%	3.6%	3.4%	4.5%	3.6%	
		Causeway	6.6%	6.0%	5.8%	6.5%	3.9%	4.1%	5.0%	4.4%	4.3%	3.5%	5.6%	4.3%	
Stroke LOS	D15. Average length of stay for stroke patients			13.9	16.4	14.6	15.2	14.2	15.2	10.0	17.0	13.1	11.3	8.5	15.9
OP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services. (previously only GP referrals)			9050	8576	10089	7880	9649	9512	7836	9081	8782	9244	8817	6809
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			91%	91%	69%	87%	98%	94%	82%	75%	65%	94%	95%	94%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			99%	99%	92%	99%	99%	99%	96%	92%	91%	99%	99%	99%

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Specialist Drug Therapies	D18. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	Arthritis	0	0	0	2	1	0	0	0	0	0	0	0
		Psoriasis	0	1	3	3	3	3	3	3	1	0	0	1
Intervention Rates	D21. Percentage reduction in intervention rates (including caesarean sections) benchmarked against comparable units in UK and Ireland and percentage of babies born by caesarean section		Data Validated annually by HSCB											

Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.

Area	Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Reablement	E1. Number of client referrals	(i) passed to re-ablement	278	207	162	214	240	271	191	230	190	246	276	
		(ii) started on a re-ablement	68	109	118	103	112	108	90	100	80	95	103	
		(iii) discharged from re-ablement with no further care required.	34	30	36	33	33	47	24	24	20	26	22	

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		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care.	Children	Family & Child Care	0		1		8						
			Children w Disabilities	34		24		25						
			CAMHS	0		0		0						
		Older People	344		646		821							
		Mental Health	157		212		212							
		Learning Disability	25		22		10							
		Physical Disability & Sensory Impairment	63		148		191							
		Other (Hospital SW POC1)	3		1		0							
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.		389618 (Jan – Mar)			366323 (Apr – Jun)			521765 (Jul – Sept)					

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

Area	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
Outpatients Appointments Cancelled by Hospital	G1. New and Review outpatient appointments cancelled by hospitals	(i) Number of new & review cancelled by the hospital.	Information presented in Section 3.0 (CPD 7.4)												
		(ii) Rate of new & review cancelled by the hospital. (Excludes VC's attendances)	New	8.6%	9.9%	9.3%	12.3%	7.9%	8.5%	10.9%	8.0%	8.1%	8.0%	8.8%	9.7%
			Rev	13.6%	14.3%	13.1%	17.8%	12.7%	12.6%	14.2%	12.3%	13.1%	13.2%	12.7%	14.4%
(iii). Ratio of new to review cancelled by the hospital. (Excludes VC's Attendances)	3.01	2.90	2.83	2.85	2.98	2.68	2.38	2.88	2.89	2.84	2.73	2.95			
Hospital cancelled appointments with an impact on the patient	G2. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient.	Number	937	1127	1175	1179	1260	1176	964	829	726	791	880		
		%	5.9%	7.8%	7.4%	9.6%	8.1%	7.4%	7.7%	5.5%	4.8%	5.0%	5.7%		
	Hospital Cancellations which have been postponed					776	933	794	607	769	588	657	766		
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	6.1%	6.1%	6.0%	6.1%	6.3%	5.9%	6.3%	5.7%	5.8%	6.1%	6.1%	6.9%		
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)	Gynae out-patient coding carried out in Antrim hospital. ENT out-patient coding carried out Trust wide. No other outpatient coding with procedures carried out due to funding being withdrawn.													
Day Surgery Rates	G5. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	70%	70%	71%	69%	70%	70%	69%	70%	70%	70%	71%	71%		
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.	73%	77%	70%	77%	73%	79%	74%	70%	69%	77%	68%	72%		
Pre-operative stay	G7. Elective average pre-operative stay.	0.70	0.98	0.83	0.45	0.62	0.64	0.68	0.63	0.63	0.52	0.62	0.52		
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.	5.1%	2.8%	1.6%	2.4%	1.3%	1.9%	1.9%	3.6%	2.0%	1.7%	1.8%	3.1%		
Elective Admissions	G9. Elective average length of stay in acute programme of care.	3.0	3.4	3.1	3.8	3.8	4.0	5.9	3.8	3.8	3.8	4.0	4.2		
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.	13.4%	13.3%	13.3%	14.3%	11.8%	12.6%	12.1%	13.7%	13.1%	11.9%	12.8%	13.1%		
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 not yet received for 17/18 – (16/17 Indicators used in the interim)

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)	157	159	161	166	167	177	178	181	187	191	199	200	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	54	54	54	53	55	56	57	59	59	59	56	56	
Diagnostic Tests	Unreported Imaging Tests (AI4) (percentage reported)	Urgent	0.21%	0.89%	0.11%	0%	0.19%	0.01%	0.05%	0.13%	0.09%	0.08%	0.13%	
		Routine	0.07%	0.26%	0.12%	0.03%	0%	0%	1.4%	3.4%	0.14%	0.01%	0.01%	
Hearing Aids	Number of hearing aids fitted within 13 weeks as a percentage of completed waits. (AI5)	82%	94%	98%	100%	98%	99%	99%	99%	98%	100%	100%		
Children	Children admitted to residential care will have, prior to their admission - (AI10)	(a) been subject to a formal assessment	100% (4 of 4)	100% (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)	75% (3 of 4)	100% (1 of 1)	100% (1 of 1)
		(b) have their placement matched through Children's Resource Panel	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)	100% (4 of 4)	100% (1 of 1)	100% (1 of 1)
Children	Looked After Children (initial assessment) - Initial assessment should be completed within 14 working days from the date of the child becoming looked after (AI12)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Children	Family Support - all family support referrals are investigated and an initial assessment completed within 30 wk days from the date of the original referral being received. (This 30 day period includes the previously required 20 days to allocate to the social worker and 10 days to complete the Initial assessment) (AI13)	100%	57%	60%	48%	45%	48%	48%	57%	68%	81%	76%	75%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI13)	48%	81%	69%	79%	74%	80%	80%	57%	53%	79%	66%	69%	
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI15) (unallocated > 20 days)	21	27	19	29	26	22	22	24	17	15	11	14	
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI16)	492 Foster Carers (157 kinship) (Jan - Mar)			484 Foster Carers (157 kinship) (Apr - Jun)			505 Foster Carers (163 kinship) (July –Sept)			501 Foster Carers (156 kinship) (Oct –Dec)			

Area	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
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% (5 of 5) (Jan – Mar)			100% (5 of 5) (Apr – Jun)			100% (6 of 6) (July – Sept)			100% (7 of 7) (Oct – Dec)			
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI22)	4	4	3	4	4	4	4	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	1	
7 Day Follow up	Trusts should ensure that all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge. (AI26)	100%	100%	100%	95%	100%	100%	100%	98%	100%	100%	99%	99%	
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI27)	85%	95%	92%	88%	92%	92%	97%	90%	91%	95%	90%	77%	
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI31) Number > 13 wks	0	0	0	0	0	0	0	0	0	0	0	0	
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI32)	79%	78%	82%	78%	79%	85%	83%	84%	81%	81%	85%		
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI33)	54%	80%	63%	100%	86%	94%	69%	55%	73%	90%	61%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI35)	Assessment Number > 13 wks	504	481	396	342	260	228	210	255	292	348	310	367
		Intervention Number > 13 wks	16	10	11	23	24	11	9	25	33	30	28	48
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI39)	63	62	78	57	57	50	37	42	36	37	24	18	
Theatre	Theatre Utilisation and Cancellation rates (AI40)	75%	74%	73%	71%	70%	69%	70%	69%	70%	69%	69%	64%	
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI43)	114	160	150	168	78	50	114	147	112	105	148		
Residential / Nursing Home	Number of clients in residential/nursing homes (AI47)	3394 as at 31.03.2017, 6 monthly report												
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI48)	211 vacancies as at 31.03.2017, 6 monthly report												

Area	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI49) (week commencing date is the Monday closest to the start of the month)	170		200	182	192	191	173	181	175	179		
Continuing Care Needs	(i) waiting longer than 5 weeks for an assessment of need to be completed (% < 5 wks)	98%	98%	99%	96%	99%	99%	97%	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. (% < 8 wks)	98%	94%	94%	96%	100%	95%	98%	97%	96%	97%	96%	

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)

(CPD 7.5) 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%
27th October 2017 (30 weeks)	3009	2340	-669	-22%	6367	6218	-149	-2%	9376	8558	-818	-9%	33458	32304	-1154	-3%	51908	58480	6572	13%
1st December 2017 (35 weeks)	3511	2728	-783	-22%	7428	7347	-81	-1%	10939	10075	-864	-8%	39034	38799	-235	-1%	60559	68810	8251	14%
29th December 2017 (39 weeks)	3912	2970	-942	-24%	8277	8069	-208	-3%	12189	11039	-1150	-9%	43496	42093	-1403	-3%	67481	74812	7332	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 39 weeks (29th Dec 2017)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Cardiology		-11%		Underperformance in daycase activity is balanced off by an overperformance in inpatient activity, with an overall IPDC delivery of 96%.	
Dermatology			-23%	Staffing issues have left the service with a gap of 1.1 WTE consultants and 1 WTE staff grade doctor. Increasing red flag demand has required a focus on more complex patients and increased surgical activity, both of which have resulted in a reduction in outpatient volumes.	Locum cover has been secured for a small part of the consultant vacancy and a staff grade locum will be employed from October to January in the first instance. Recruitment is underway for the consultant post. The Trust continues to meet with HSCB regarding the ongoing vulnerability of the service.
ENT	-40%			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	-35%	-43%	-11%	Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Surgery	-43%	-24%		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.	Discussions ongoing with HSCB regarding the vulnerability of this service.
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	-70%			Limited requirement for IP management.	
Thoracic Medicine			-14%	The service has experienced consultant vacancies and maternity leave throughout the year, and has not been able to source consistent cover from locums with a respiratory specialty.	The workforce position has improved from the early part of the year, with 93% SBA delivery in Aug-Dec. This improvement should be maintained if the workforce position remains stable through the rest of the year.
Endoscopy		-15%		4 weekly GI lists not currently being delivered due to medical staffing issues. 1.5 nurse endoscopy lists not running at present due to occupational health issues.	GI specialty doctor recruited and in training, will begin delivering volumes from Apr 2018.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

Outpatient Demand

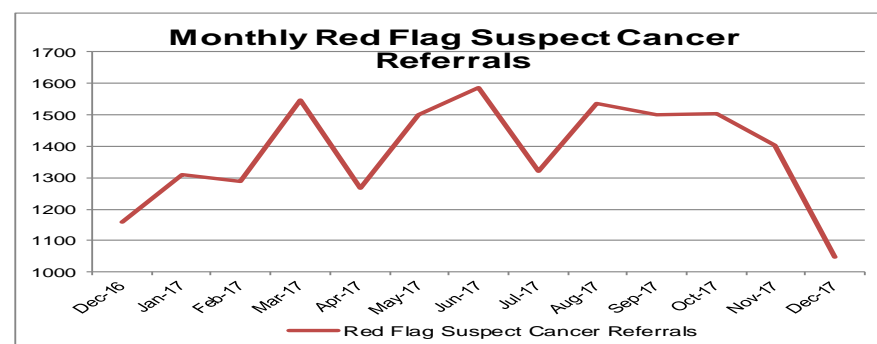
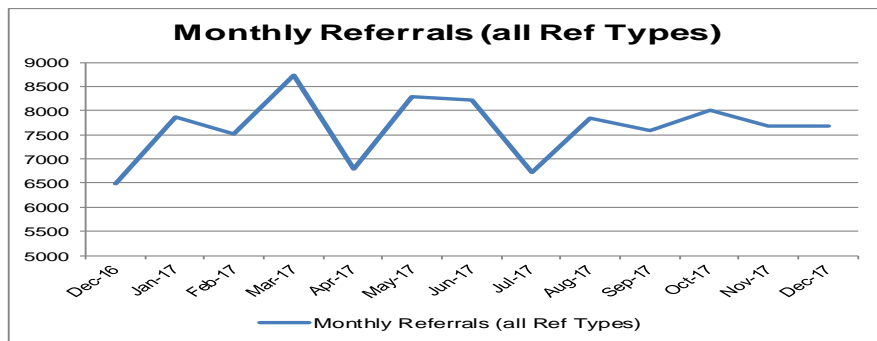
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	8395	7807	9,093	8,265	7799	8,872	8,956	8,518	7023	7720	8222	8118
	16/17	8431	8168	8342	7221	7848	8405	8033	8060	6483	7843	7530	8836
Variance on Previous Year	36	361	-751	-1044	49	-467	-923	-458	-540	123	-692	718	
% Variance on Previous Year	0%	5%	-8%	-13%	1%	-5%	-10%	-5%	-8%	2%	-8%	9%	
17/18	6782	8293	8229	6716	7849	7591	8056	7678	5744				
Variance on Previous Year	-1649	125	-113	-505	1	-814	23	-382	-739				
% Variance on Previous Year	-20%	2%	-1%	-7%	0%	-10%	0%	-5%	-11%				

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	23304	30020	37869	45460	53516	61194	66938				
Variance on Previous Year	-1616	-1524	-1637	-2142	-2141	-2955	-2932	-3314	-4053				
% Variance on Previous Year	-19%	-9%	-7%	-7%	-5%	-6%	-5%	-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	1535	1499	1504	1405	1046				
Variance on Previous Year	-51	94	234	71	190	2	215	103	-114				
% Variance on Previous Year	-4%	7%	17%	6%	14%	0%	17%	8%	-10%				

Cumulative Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	15/16	1172	2256	3,612	4,870	6013	7,469	9,041	10,444	11482	12690	13997	15302
	16/17	1318	2725	4077	5326	6671	8168	9457	10759	11919	13228	14518	16068
Variance on Previous Year	146	469	465	456	658	699	416	315	437	538	521	766	
% Variance on Previous Year	12%	21%	13%	9%	11%	9%	5%	3%	4%	4%	4%	5%	
17/18	1267	2768	4354	5674	7209	8708	10212	11617	12663	12663	12663	12663	
Variance on Previous Year	-51	43	277	348	538	540	755	858	744				
% Variance on Previous Year	-4%	2%	7%	7%	8%	7%	8%	8%	6%				

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



4.0 Use of Resources

4.3 Demand for Services (ED Attendances)

Emergency Department Demand

ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2015 / 16	6,355	6,633	6,590	6,440	6,443	6,580	6,684	6,469	6,335	6,405	6,374	7,117	78,425
2016 / 17	6,896	7,319	6,903	6,699	6,794	6,965	7,109	6,611	6,761	6,701	6,257	7,423	82,438
2017 / 18	7,251	7,905	7,313	7,106	7,151	6,860	7,180	7,083	7,181				86,707

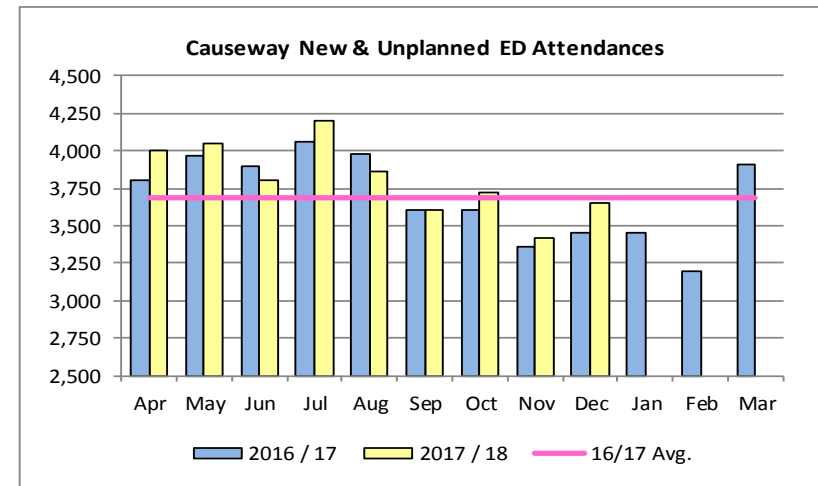
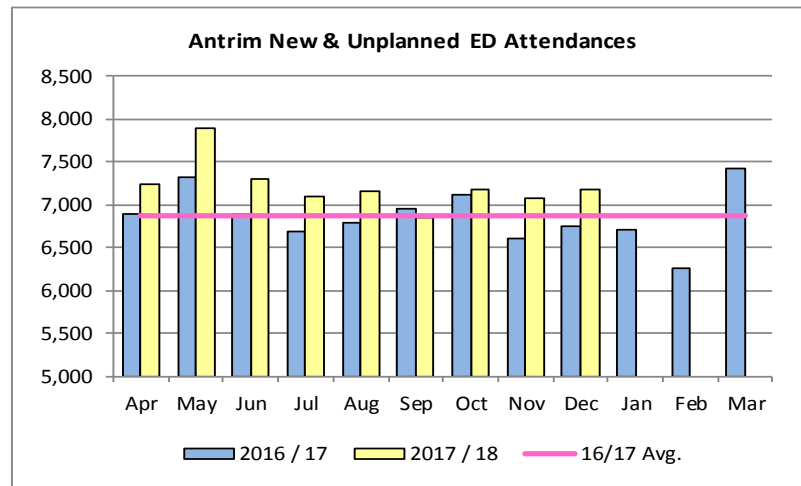
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

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	3,719	3,421	3,655				45,777

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	10,899	10,504	10,836				132,484

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	Women Child & Families	Med & Emerg Medicine	Surgical & Clin Services	MH, LD & CW	Community Care	Strat Dev & Bus Services	Finance	Human Resources	Medical	Nursing (inc. Support Services)
Headcount as at 31 st Dec 17	11897	2105	1167	2307	1636	2694	179	283	118	277	1131
% Absence 1 st Apr 17 - 30 th Nov 17 (6.98% Target)	6.40%	6.49%	6.09%	6.41%	6.81%	6.46%	4.41%	5.00%	4.40%	5.34%	7.20%
2020 Level 1 % of Staff trained as at 31 st Dec 17 (30% Target)	26%	11%	15%	19%	25%	40%	72%	84%	54%	23%	25%
Frontline Staff receiving flu vaccine as at 7 th Jan 18 (40% Target)	31.4%	35.2%	33.9%	37.1%	28.0%	23.5%	N/a	N/a	73.3%	42.1%	34.7%

ABSENCE

The Trust monthly percentage absence for November 2017 was 7.03%. The Trust cumulative percentage absence for the 1st April 2017 - 30th November 2017 period is 6.40%, 0.58% lower than the 2017/18 absence target. When the impact of late recording is taken into account, the Trust cumulative percentage absence is 6.45% (1st April 2017 - 31st October 2017 period). During the 1st April 2017 - 30th November 2017 period, 8.60 days were lost per employee due to sickness absence.

INTERNATIONAL MEDICAL RECRUITMENT (IMR)

Through its role in the regional IMR project the Trust has been able to successfully appoint a number of Speciality Doctors within a number of traditionally hard to fill areas. Those appointed will take up posts within the following specialities in early 2018: General Medicine, Care of the Elderly, Emergency Medicine, Anaesthetics and General Surgery.

WINTER RESILIENCE

The Trust has put in place a programme of work to support frontline staff to cope with the pressures that come with the winter period. Staff have been supported in their own health and wellbeing through various self-care initiatives, which include resilience training, mindfulness sessions and the provision of a number of self-care guides. As part of its Winter Resilience plan, the Trust continues to actively promote its Flu Vaccination programme with additional staff flu clinics having been arranged during January 2018.

INNOVATION AND QUALITY

The Trust continues to embed and develop its innovation and quality agenda through the roll out of both Level 1 and Level 2 Q2020 training. As at 31st December 2017, over 3,000 members of staff have undertaken Level 1 training with a further 129 members of staff having now completed their Level 2 training.

