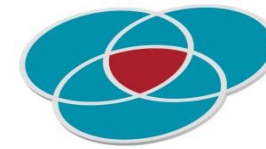




Northern Health
and Social Care Trust



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REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

April 2018

Prepared & Issued by Strategic Development and Business Services – 17th May 2018



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 Department of Health (DoH) Commissioning Plan Direction (CPD). 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 18/19 document remains in draft and may be revised at a later point subject to Ministerial consideration. As technical guidance becomes available further draft 18/19 CPD targets and indicators may be included in the report. For targets where the baselines have yet to be confirmed for 18/19 monitoring, 17/18 monitoring baselines will be used in the interim. This will be noted against the relevant targets. Additional Indicators of Performance have not yet been received for 18/19, therefore 17/18 additional indicators are included in the interim.

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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 2018-19 Draft Commissioning Plan Targets

Rating based on most recent months performance

By March 19, secure a reduction in the number of MRSA infections. MRSA 2017/18 Trust target is no more than 8 cases. (CPD 2.3) 2018/19 target to be confirmed.	G	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.4)	R
By March 19, secure a reduction in the number of CDIIF infections. CDIIF 2017/18 Trust Target is no more than 48 cases. (CPD 2.3) 2018/19 target to be confirmed.	G	By March 2019, no patient attending any emergency department should wait longer than 12 hours (CPD 4.4)	R
By March 2019, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. (CPD 4.7)	G	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.5)	A
By March 2019, all Urgent diagnostic tests are reported on within 2 days. (CPD 4.8)	R	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.6)	R
During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.9)	G	By March 2019, no complex discharge takes more than seven days (CPD 7.6)	A
During 2018/19, 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)	G	By March 2019 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.6)	R
During 2018/19, 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 2019, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)	G
By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment. (CPD 4.10)	R	By March 2019, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)	G
By March 2019, no patient to wait longer than 52 weeks for an outpatient appointment. (CPD 4.10)	R	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age) (CPD 4.13)	R
By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test (CPD 4.11)	A	During 2018/19, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.6)	G
By March 2019, no patients should wait no longer than 26 weeks for a diagnostic test (CPD 4.11)	R	During 2018/19, no learning disability discharge to take place more than 28 days of the patient being assessed as medically fit for discharge (CPD 5.6)	G
By March 2019, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. (CPD 4.11)	R	During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.6)	G
By March 2019, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test. (CPD 4.11)	A	During 2018/19, no mental health discharge to take place more than 28 days of the patient being assessed as medically fit for discharge. (CPD 5.6)	G
By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. (CPD 4.12)	A	By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). (CPD 1.10)	R
By March 2019, no patient waits longer than 52 weeks for inpatient/ daycase treatment (CPD 4.12)	R	By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services. (CPD 4.13)	G
By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional. (CPD 5.3)	R	By March 2019, secure a 10% increase in the number of direct payments to all service users. (CPD 5.1)	G
By March 2019, achieve a percentage reduction in the number of hospital cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment compared to 2017/18. (CPD 7.4) Baseline to be confirmed.	-	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	G
By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.5)	G	By March 2019, secure a 5% increase (based on 2017/18 figures) 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

<p>Emergency Dept. seen/treated/discharged within 4hrs and 12 hrs</p> <p>Performance against the 4 hour target during April 2018 was 65% at Antrim and 74% at Causeway hospitals. Antrim ED had 269 twelve hour breaches, compared to 365 the previous month whilst Causeway Hospital had 63 twelve hour breaches compared to 198 the previous month. The Trust has experienced 332 twelve hour breaches during April 18 compared to 186 during April 17.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>332 12 hour breaches April 2018. (PAGE 25) TOPM ↑</p> </div>	<p>Demand and Elective Waiting Lists</p> <p>Cumulative red flag referrals are up 15% in April 18 compared to the same period the previous year. With regard to SBA volumes at the end of April 2018 the combined position for elective inpatients and day cases was 21% below expected SBA volumes. New outpatient attendances were 13% below SBA volumes and review attendances were 8% above volumes. The number of outpatients waiting for an appointment longer than 52 weeks has continued to increase this month with 10314 patients waiting greater than 52 weeks at the end of March. There continues to be a significant demand/capacity gap in a range of outpatient specialties and the position is likely to deteriorate further.</p> <p>With regard to AHP services, there were 10107, 13 week breaches at the end of April compared to 10256 the previous month. Orthoptics & Podiatry 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>15% Increase in Red Flag Cancer referrals Apr 18 compared to Apr 17 (PAGE 52) TOPM ↓</p> </div>	<p>Psychological Waits</p> <p>At the end of April there were 62 patients waiting over 13 weeks, compared to 31 the previous month. Performance is being impacted in the main by PTS (mental health), LD and Clinical Health Psychology services. The Psychological Therapy Service (adult mental health) had 29 breaches of a total WL of 516, the LD service had 23 breaches of a total WL of 127 and Health Psychology had 10 breaches.</p> <p>Actions being taken include on-going engagement with referring agents re other models of provision during periods of reduced capacity within the service, ongoing use of agency to assist during periods of reduced capacity and the model of service is to be reviewed for clinical health psychology.</p>
<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. Additional activity is being undertaken with non-recurrent elective access funding, but it will take several months to fully 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 (recruitment process ongoing) 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>928 Patients waiting over 26 weeks at the end of April 2018 for a Diagnostic test (PAGE 19) TOPM ↑</p> </div>	<p>Children waiting > 13 weeks to access Autism Spectrum Disorder Diagnostic Service</p> <p>At the end of April 2018 there were 539 patients waiting >13 weeks. Length of longest wait was 266 days. Since August 2017 there has been a clear worsening of the position which is anticipated will continue due to an underlying increase in referral rate (currently c 135 per month – up from 101 in 2016/17), and a change in triage and referral pathway. The capacity of the service has also been impacted by maternity leaves, sick leaves and vacancies. Further periodic modelling will be undertaken to better reflect recent trends and developments. This will also provide a revised view as to when a non-breach position will be achieved for assessment activity. Further modelling of the Intervention service (based on new service delivery model introduced in November 17) will be developed. This will help provide an understanding of the whole ASD service / pressures and support decision making around models of service delivery and optimum allocation of staff. Based on the new money invested, demand did match capacity at the end of March 17 however the increase in referrals for 2017 and the modernisation of the triage process requires demand & capacity analysis to be updated to reflect current pressures. The recovery actions eg overtime clinics will continue to be required at this time to address the increase in referral rate & to focus on the backlog of cases.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>539 Children waiting over 13 weeks at the end of April 2018. (PAGE 48) TOPM ↓</p> </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>62 Psychological waits over 13 weeks at the end of April 2018. (PAGE 32) TOPM ↓</p> </div> <p>62 Day Urgent Suspected Cancer referrals to commence treatment</p> <p>During 2018/19, 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>84% Achieved in March 2018 (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. **12,854 patient** stories have been returned regionally (correct at 30/04/2018), of which **2,967** (23.4%) 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) – Data collection complete 30th April 2018
- Northern Ireland Ambulance Service - Data collection stage
- Staff Experience - 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 – Actions being followed up with Assistant Clinical Services Lead.
- Experience of Adult Safeguarding – Data collection completed end March 2018
- Experience of Discharge –Data collection completed end February 2018
- Experience of Delirium – Data collection stage
- Experience of Bereavement – Data collection complete end March 2018 (Although we have continued to receive stories in April)

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 – Data collection completed – report to be compiled
- Macmillan Unit Project - in progress
- C4 Project – Data collection completed – report to be compiled
- Health Visitor Project commenced 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 December 2017- Data collection stage
- PACE Project - MED 1 and C7 continues – Data collection stage
- Experience of care received by Senior Nursing Assistant, Band 3 prior to project intervention – October 2017 – report being collated
- C3 Project – To collect stories for baseline of patient experience prior to improvement project – report being collated
- Experience of Lap Chole Project – Commenced April 2018

Specialised Projects supported by 10,000 More Voices:

- Paediatric Autism and CAMHS – Trust report completed October 2016
- Experience of Adult Safeguarding – Data collection completed end 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	1779	572 (32.1 %)	483	55	39
Northern Ireland Ambulance Service ¹	314	160 (51%)	152	5	3
Adult Safeguarding	159	39 (24.5%)	28	9	3
Staff experience	433	47 (10.8%)	16	21	10
Health and Social Care in Northern Ireland	1561	609 (39%)	533	52	20
Experience of Discharge from hospital	771	148 (19%)	125	17	6
Experience of Delirium	60	9 (15%)	4	3	2
Experience of Bereavement	279	39 (14%)	19	8	12

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 March 2018 there were 54 formal complaints, 3 of which were reopened. Of these complaints 46 were responded to within 20 working days (85%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.

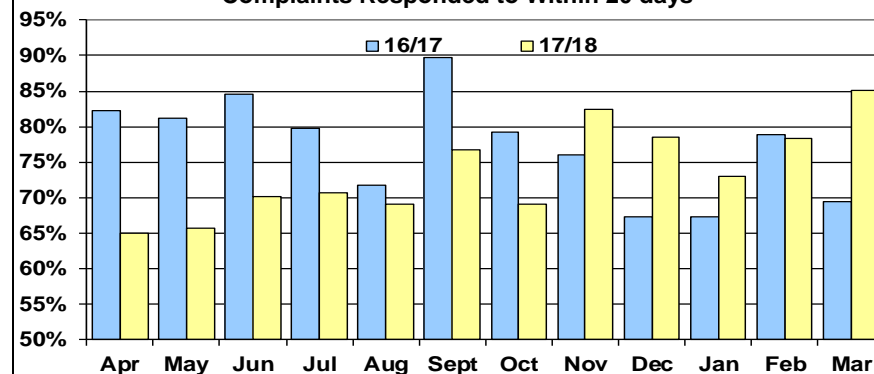
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints Information is presented one month in arrears

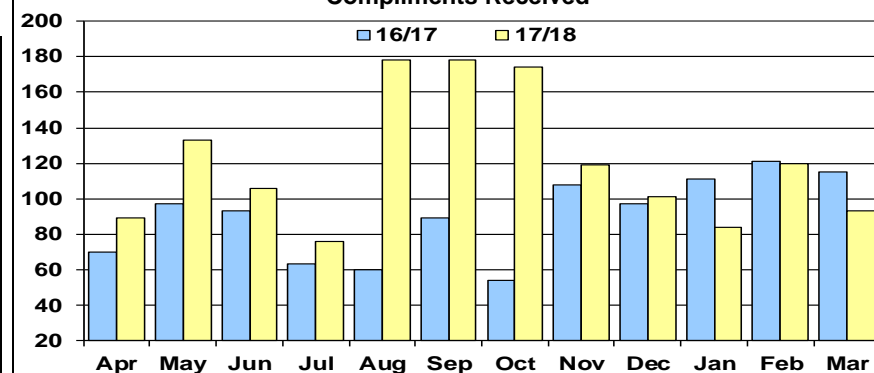
March 2018 Position	MEM	SCS	WCF	MHLDC	Community	Nursing	SDBS	M & G	Finance	Unknown	Trust Total
Number Of Complaints	10	8	15	9	8	4	-	-	-	-	54
% Complaints Responded to Within 20 Days	90%	88%	80%	89%	88%	75%	-	-	-	-	85%
Compliments Received	25	9	12	14	26	7	-	-	-	-	93
*Number of complaints relating to staff attitude, behaviour and communication	3	3	5	-	1	1	-	-	-	-	13

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

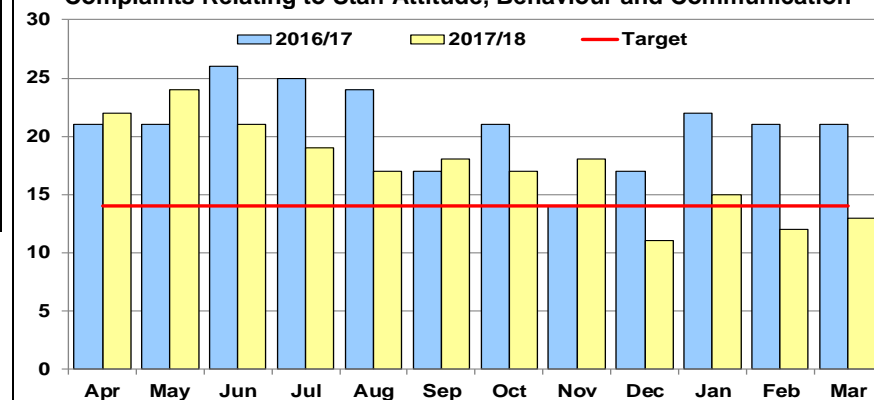
Complaints Responded to Within 20 days



Compliments Received



Complaints Relating to Staff Attitude, Behaviour and Communication



2.0 Safe and Effective Care

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

2.2 Stroke ([page 11](#))

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

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

2.0 Safe and Effective Care

2.1 Healthcare Acquired Infections (CPD 2.3)

Causes/Issues that are impacting on performance

MRSA –The Trust target for MRSA bacteraemia is still to be set by PHA for 2018/2019. There have no cases of MRSA bacteraemia at the end of April 2018. All MRSA bacteraemias are ascribed to the Trust regardless of where they are identified. Going forward 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 (Clostridium *difficile* infection) in 2018/19 is still to be set by PHA. At the end of April 2018 the Trust has identified 3 cases of CDI. A breakdown of these figures indicate that all 3 cases had an onset of diarrhoea over 48hrs following admission. The Post Infection Review process continues at ward level for each case of CDI identified. CDI cases continue to present challenges in relation to early identification and isolation, additionally, current bed pressures and increased patient acuity continue to present difficulties 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

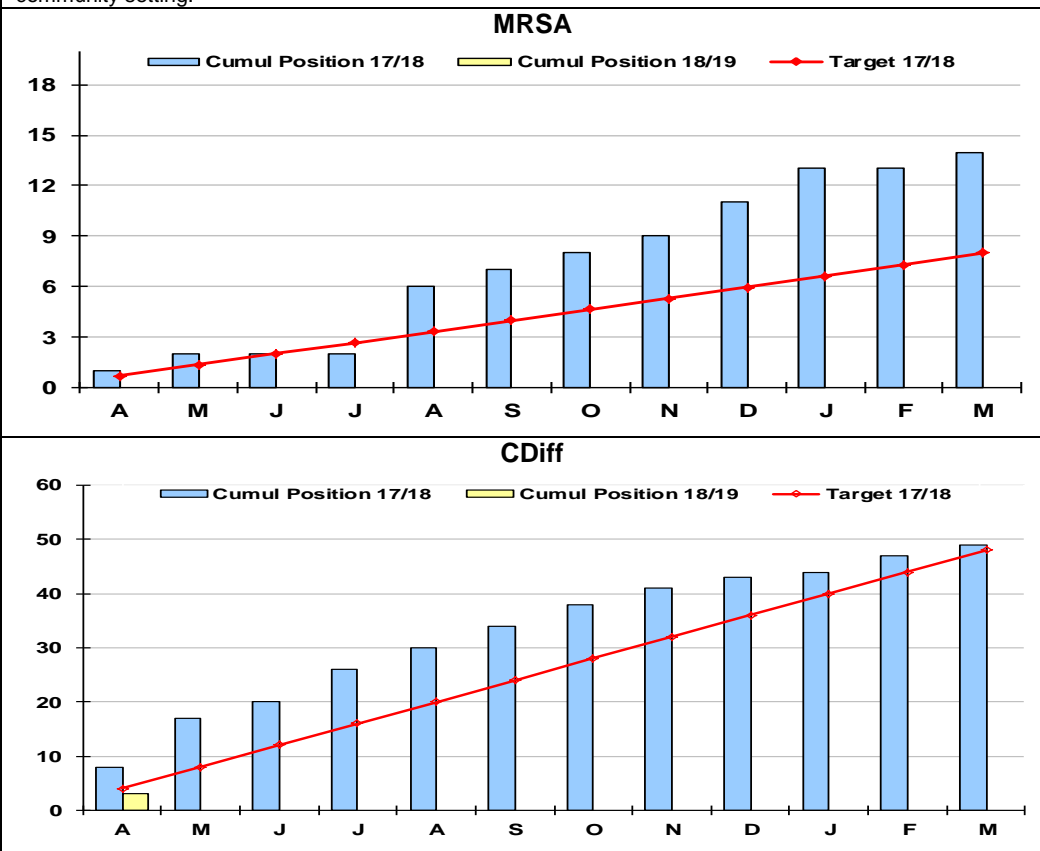
The Trust is awaiting the next set of PHA targets for 2018/2019.

Baselines have yet to be confirmed for 18/19 monitoring, 17/18 monitoring baselines will be used in the interim.

	Actual Activity 17/18	Feb 18	Mar 18	Apr 18	Cumulative position as at 30/04/18
No of MRSA cases	8	1	1	0	0
No of CDiff cases	48	2	2	3	3
Deaths associated with CDiff	1	0	0	0	0

Target – 2017/18 MRSA = 8, CDiff = 48

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



2.0 Safe and Effective Care

2.2 Stroke (CPD 4.7)

Causes/Issues that are impacting on performance

On analysis of the figures and the reason why lysis was not administered there is no indication that there was a reduction in administration of lysis as result of delay in diagnosis/treatment.

Whilst it has been recognised by the regional stroke network that 15% is an ambitious target, both AAH and CAU have managed to achieve and exceed this target in April 2018.

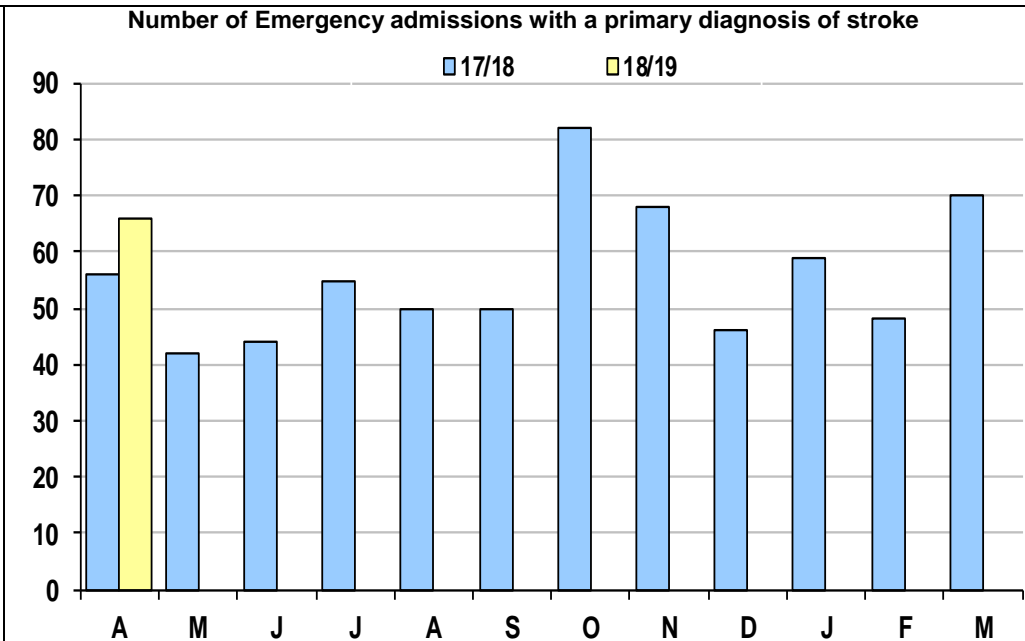
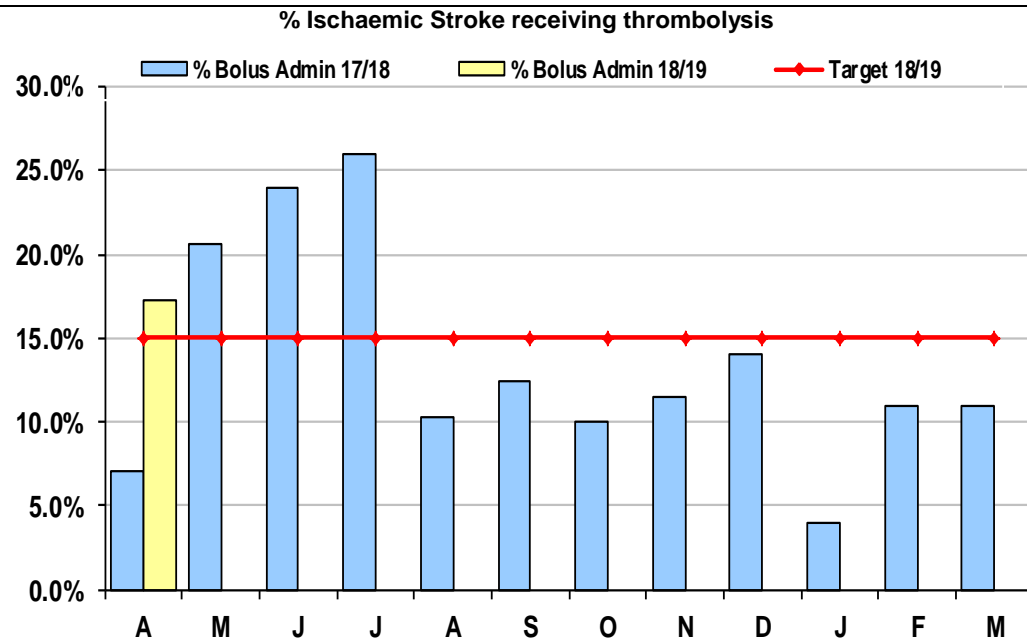
- There has been a significant % increase in the number of patients who delay in presenting to ED with their symptoms; this has remained constant in Causeway but has doubled in AAH over the last month.
- The % of Patients whose symptoms are contraindicated for Lysis suitability has decreased on last month.

The % of patients who present to ED with a Haemorrhagic stroke remains significant.

Forecast impact on performance

These figures are quite a marked improvement on last month with both AAH and CAU reaching and exceeding the 15% regional lysis target.

	Target 18/19	Feb 18	Mar 18	Apr 18
% Ischaemic Stroke receiving thrombolysis (CPD 4.7)	15%	11%	11%	17%
Number of Emergency admissions with a primary diagnosis of stroke		48	70	66



2.0 Safe and Effective Care

2.3 Pressure Ulcers (B3) / Falls (B4)/ VTE (B7) / NEWS (B2) /MUST / Omitted Medicines / Anti-Absconding Care

Causes/Issues that are impacting on performance

Pressure Ulcers (Acute) – The hospital acquired pressure ulcer figures are not yet available for 2017/18. The Trust's overall compliance with the SKIN bundle was 86% (a slight increase from 85% in 2016/17).

Falls – The falls incidents figures are not yet available for 2017/18. The Trust's overall compliance with Parts A & B of the FallSafe bundle was 78% and 74% respectively (an increase from 70% and 68% in 2016/17).

VTE – During 2017/18 the Trust's overall compliance with completion of VTE risk assessment was 92% (an increase from 89% in 2016/17).

MUST – During 2017/18 the Trust's overall compliance with completion of MUST within 24 hours of admission was 88% (which has dipped slightly from 90% in 2016/17).

NEWS – During 2017/18 the Trust's overall compliance with completion of NEWS was 90% (decrease from 93% in 2016/17), and the overall compliance with appropriate escalation of patients with NEWS scores greater than 5 was 94%.

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 2017/18 the Trust had a rate of 2.4% for omitted medicines (improvement from 4% in 2016/17), and 2% for delayed medicines (no change from 2016/17).

Anti-Absconding Care Bundle – During 2017/18 the Trust's overall compliance with the bundle was 80% (an increase from 77% in 2016/17).

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. The community acquired pressure ulcer figures are not yet available for 2017/18. The overall compliance with the District Nursing SKIN bundle was 83%.

Actions being taken with time frame

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

		17/18 Qtr 1	17/18 Qtr 2	17/18 Qtr 3	17/18 Qtr 4
Number of hospital acquired Pressure Ulcers graded 3 & 4	Monitor grade 3s & 4s, and the number of these that were avoidable	20	26	30	Not yet available
Number of grade 3 & 4 pressure ulcers that are avoidable		14	22	20	Not yet available
Compliance with SKIN bundle for Pressure Ulcers	95%	83%	89%	88%	85%
Number of Inpatient Falls	Monitor inpatient falls and the number of these that are moderate severity or above	345	387	443	Not yet available
Number of Inpatient Falls with moderate severity or above		4	9	12	Not yet available
Compliance with FallSafe bundle (Part A)	95%	71%	79%	80%	80%
Compliance with FallSafe bundle (Part B)		69%	75%	80%	73%
Compliance with VTE Risk Assessment	95%	90%	94%	93%	90%
Compliance with completion of Malnutrition Universal Screening Tool (MUST)	95%	89%	88%	89%	88%
Compliance with completion of NEWS	95%	88%	90%	92%	89%
Compliance with appropriate escalation of NEWS scores >5	95%	95%	95%	93%	92%
% Charts with failure to record reason for omission of medicines	N/A	4.1%	1.7%	1.9%	1.9%
% Charts with failure to record reason for delay of medicines	N/A	2.5%	1.2%	1.9%	2.4%
Number of people that absconded (Mental Health)	N/A	54	60	51	Not yet available
Compliance with Anti-Absconding Care Bundle (Mental Health)	85%	73%	88%	83%	77%
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	1	1	2	Not yet available
Number of grade 3 & 4 pressure ulcers that are avoidable (DN)		0	0	0	Not yet available
Compliance with District Nursing SKIN bundle for Pressure Ulcers	95%	60%	73%	97%	100%

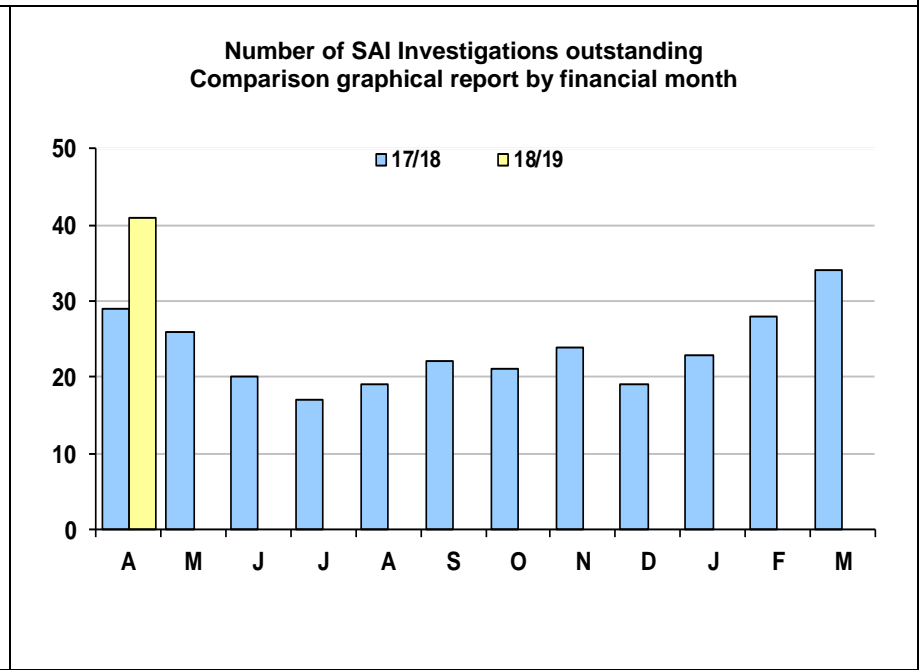
2.0 Safe and Effective Care

2.4 Serious Adverse Incidents

		Number of SAI investigations on-going as at 30th April 2018						
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)	29	2	-	2	14	4	1	6
Level 2 (RCA)	12	1	-	2	8	-	-	1
Level 3 (External)	-	-	-	-	-	-	-	-
Total	41	3	-	4	22	4	1	7

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

Division	Number of SAI investigations overdue by Division by number of weeks as at 30th April 2018					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	1	3
Mental Health, Learning Disability & Community Wellbeing (MHLDCW)	7	1	3	-	1	12
Woman, Children & Families (WCF)	2	-	-	-	-	2
Total	10	2	3	1	2	18



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 2018/19

- 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](#))

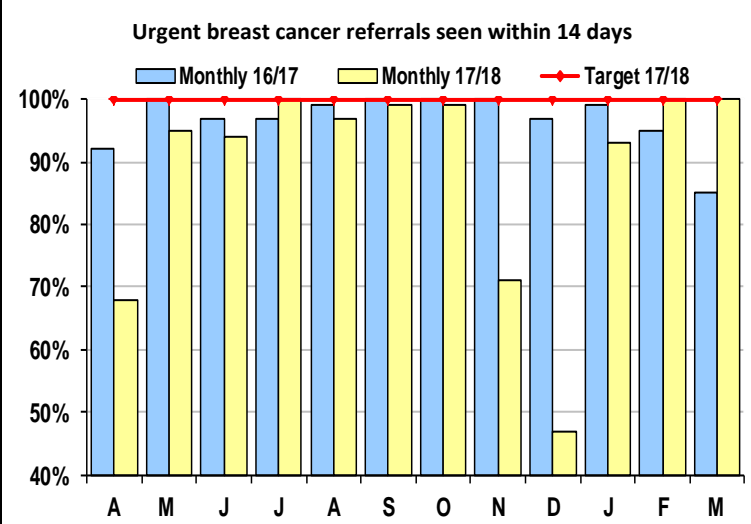
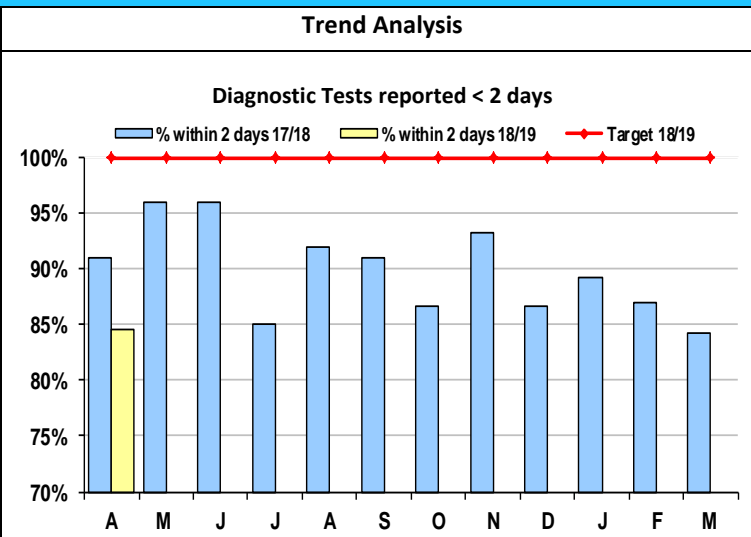
3.2 DoH Indicators of Performance 2018/19 - Indicators of performance are in support of the Commissioning Plan Direction Targets. ([page 40](#))

3.3 Additional Indicators in Support of Commissioning Plan Direction Targets. ([page 47](#))

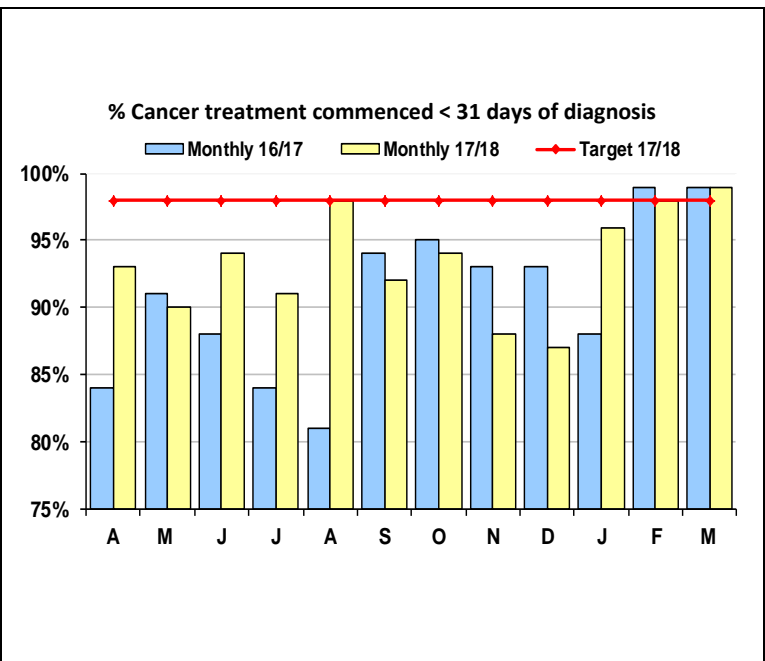
3.0 Quality Standards & Performance Targets

3.1 DoH Commissioning Plan Direction Targets & Standards 18/19

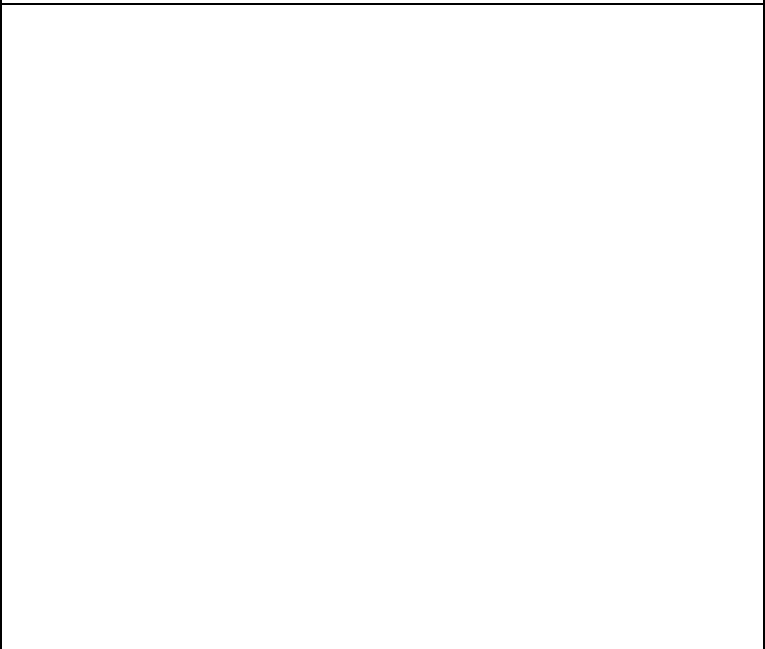
Elective Care and Cancer Care																																																
Dir	Target/Objective	Monthly Performance Comments, Actions																																														
SCS	Diagnostic Tests Urgent By March 2019, all urgent diagnostic tests should be reported on within two days (CPD 4.8)	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Two WTE consultant radiologists have been recruited and will take up post in August 2018. Additional reporting radiographers will be appointed as part of the new IPT investment (recruitment process is ongoing) 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>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>96%</td><td>96%</td><td>85%</td><td>92%</td><td>91%</td><td>87%</td><td>93%</td><td>87%</td><td>89%</td><td>87%</td><td>84%</td><td>85%</td> <td>↑</td> </tr> </tbody> </table>											Diagnostic Tests reported < 2 days												May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	96%	96%	85%	92%	91%	87%	93%	87%	89%	87%	84%
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SCS/MEM/WCF	Cancer Care 14 day During 2018/19, 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 and December due to staffing issues, which resulted in deterioration against the target into Dec and Jan. The longest wait in December was 21 days and in Jan was 15 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 It is anticipated that performance will remain at 100% in April.</p>																																														
		<table border="1"> <thead> <tr> <th colspan="12">Urgent breast cancer referrals seen within 14 days</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>95%</td><td>94%</td><td>100%</td><td>97%</td><td>99%</td><td>99%</td><td>71%</td><td>47%</td><td>93%</td><td>100%</td><td>100%</td> <td>↔</td> </tr> </tbody> </table>											Urgent breast cancer referrals seen within 14 days												May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	95%	94%	100%	97%	99%	99%	71%	47%	93%	100%	100%
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SCS/MEM/WCF	<p>Cancer Care 31 day During 2018/19, 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>	<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>Access to CT imaging can cause some delays due to capacity within the CT service. A review of CT systems is ongoing with a view to creating some additional capacity however additional resources, including more scanners, are required to resolve this completely.</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="12">% Cancer treatment commenced < 31 days of diagnosis</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>90%</td><td>94%</td><td>91%</td><td>98%</td><td>92%</td><td>94%</td><td>88%</td><td>87%</td><td>96%</td><td>98%</td><td>99%</td><td></td><td style="background-color: #90EE90; text-align: center;">↑</td> </tr> </tbody> </table>	% Cancer treatment commenced < 31 days of diagnosis												May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	90%	94%	91%	98%	92%	94%	88%	87%	96%	98%	99%	
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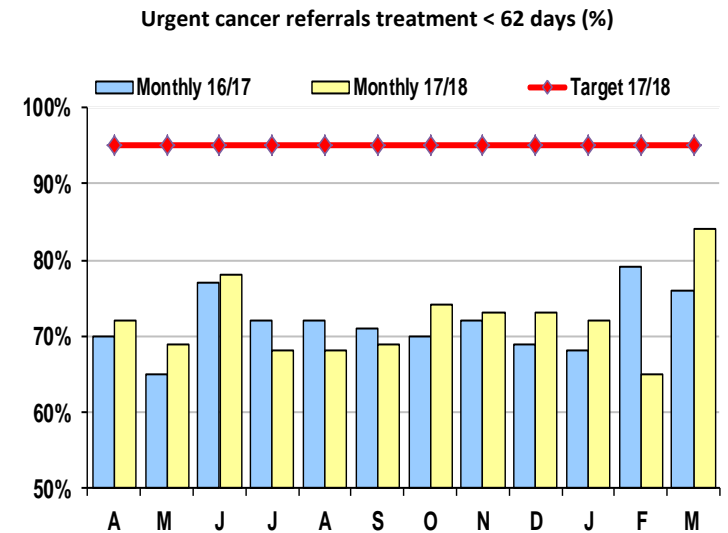
SCS/MEM/WCF	<p>Cancer Care 62 day During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. (CPD 4.9)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Lower/upper GI: Delays in accessing surgical OP remain – increased 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 Lower GI: performance is likely to remain below the target level due to delays accessing first outpatient appointment and endoscopy</p>
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Urgent cancer referrals treatment < 62 days (%)												
Tumour Site	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
ALL	78%	68%	68%	69%	74%	73%	73%	72%	68%	84%		↑
B	100%	100%	100%	85%	100%	94%	100%	100%	73%	100%		
G	57%	50%	15%	33%	50%	20%	67%	40%	67%	100%		
H	100%	50%	100%	75%	100%	67%	46%	64%	33%	100%		
HN	-	0%	0%	0%	40%	0%	-	20%	50%	0%		
LGI	9%	31%	19%	0%	25%	0%	53%	40%	22%	36%		
UGI	0%	-	40%	60%	80%	60%	25%	50%	0%	0%		
L	91%	75%	44%	79%	60%	85%	36%	50%	100%	100%		
S	94%	80%	90%	83%	82%	80%	79%	90%	73%	92%		
U	-	-	-	-	-	-	100%	-	-	100%		

Urology now under Western Trust

Figures are subject to change as patient notes are updated.



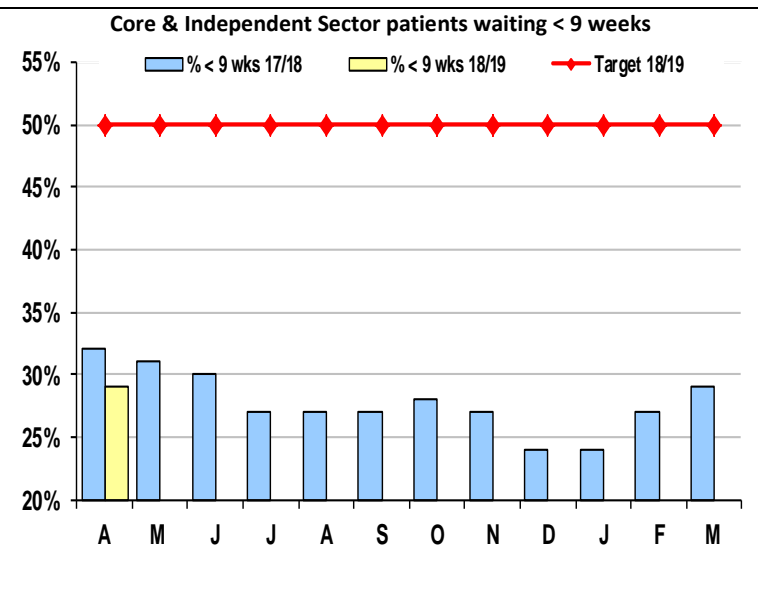
March 17 Position by Tumour Site – Number of cases for Month

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

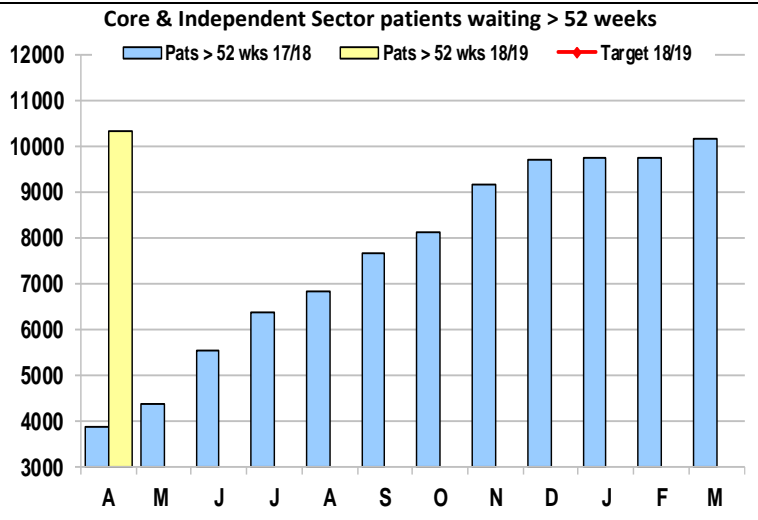
- (B) Breast Cancer – 13.0 patients treated
- (G) Gynae Cancers – 3.5 patients treated
- (H) Haematological Cancers – 3.0 patients treated
- (HN) Head/Neck Cancer – 0.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 7.0 patients treated
- (UGI) Upper Gastrointestinal Cancer – 0.5 patients treated
- (L) Lung Cancer – 2.5 patients treated
- (S) Skin Cancer – 6.5 patients treated
- (U) Urological Cancer – 0.5 patients treated

Urology now under Western Trust

SCS/MEM/WCF	<p>Outpatient Waits By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This is not a performance issue. Demand is significantly higher than capacity in a great number of specialties. The most notable change / deterioration in this performance is due to there being limited capacity to undertake additional in-house activity and no funding available to transfer new outpatients to the Independent Sector in 2016/17 or 2017/18. In addition the severe unscheduled pressures over recent months have led to the cancellation of some clinics to enable medical staff to focus on ward work.</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>																																					
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SCS/MEM/WCF	<p>Outpatient Waits By March 2019, no patient to wait longer than 52 weeks. (CPD 4.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This is not a performance issue - See 9-week target.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME See 9-week target.</p> <p>FORECAST IMPACT ON PERFORMANCE See 9-week target</p>																																																																											
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Diagnostic waits

By March 2019, 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

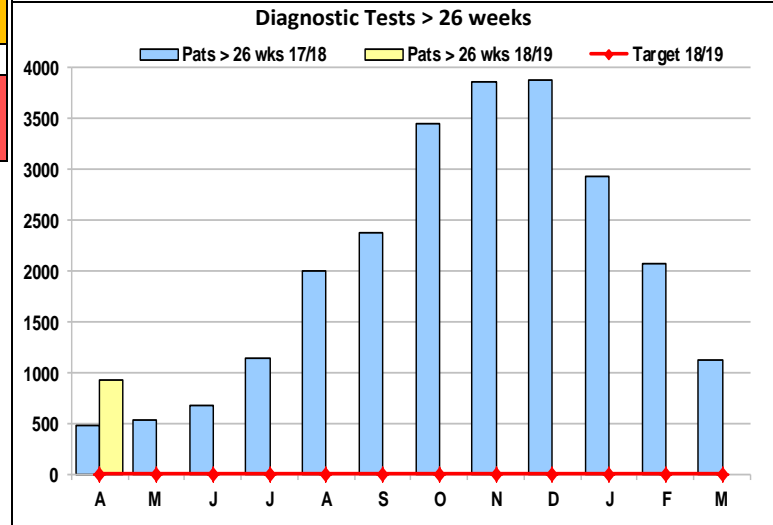
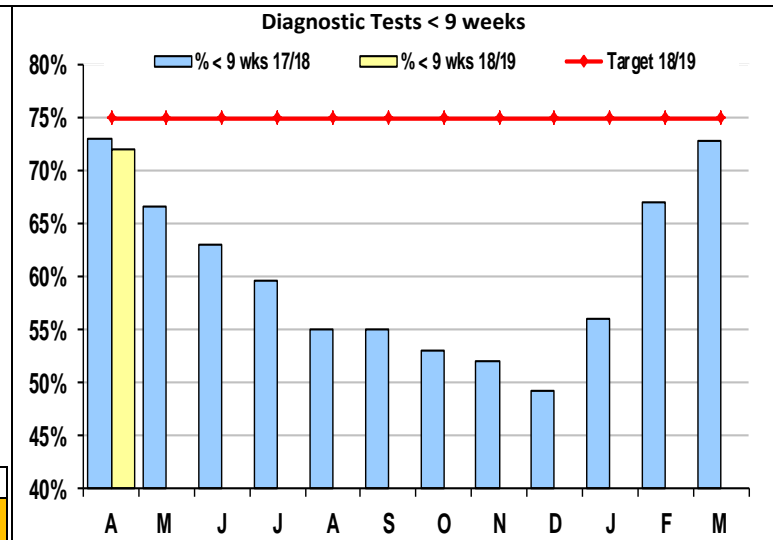
Additional activity is being undertaken with non-recurrent elective access funding, but it will take several months to fully address the backlog. Confirmation of recurrent funding for CT, NOUS and plain film x-ray has now been received and plans are in place to commence recruitment of additional staff (recruitment process ongoing) 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												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
67%	63%	60%	55%	55%	53%	52%	49%	56%	67%	73%	72%	↓

Diagnostic Tests > 26 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
523	676	1149	1992	2375	3443	3853	3871	2938	2072	1118	928	↑



Diagnostic waits
Endoscopy

By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient should wait 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 provide all associated endoscopy lists.

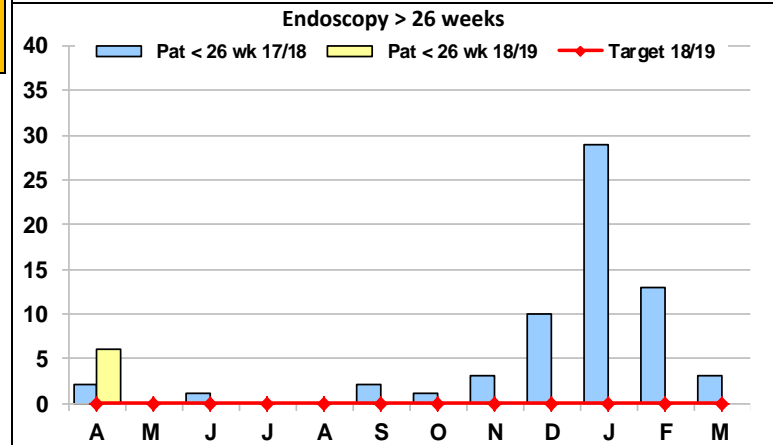
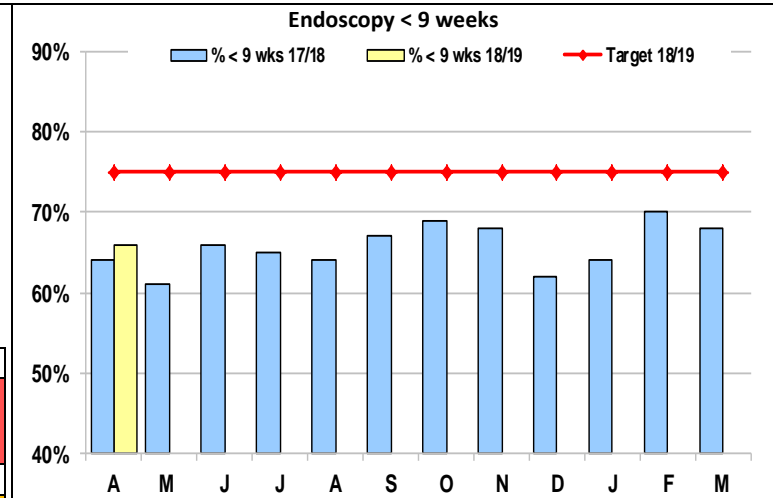
ACTIONS BEING TAKEN WITH TIME FRAME

Elective access funding has been secured for 2018/19 which will maintain red flag and routine waiting times. Additional core lists to be in place from April 2018.

FORECAST IMPACT ON PERFORMANCE

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

Endoscopy < 9 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
61%	66%	65%	64%	67%	69%	68%	62%	64%	70%	68%	66%	↓
Endoscopy > 26 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	1	0	0	2	1	3	10	29	13	3	6	↑



Inpatient / Daycase Waits
 By March 2019 55% of patients 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

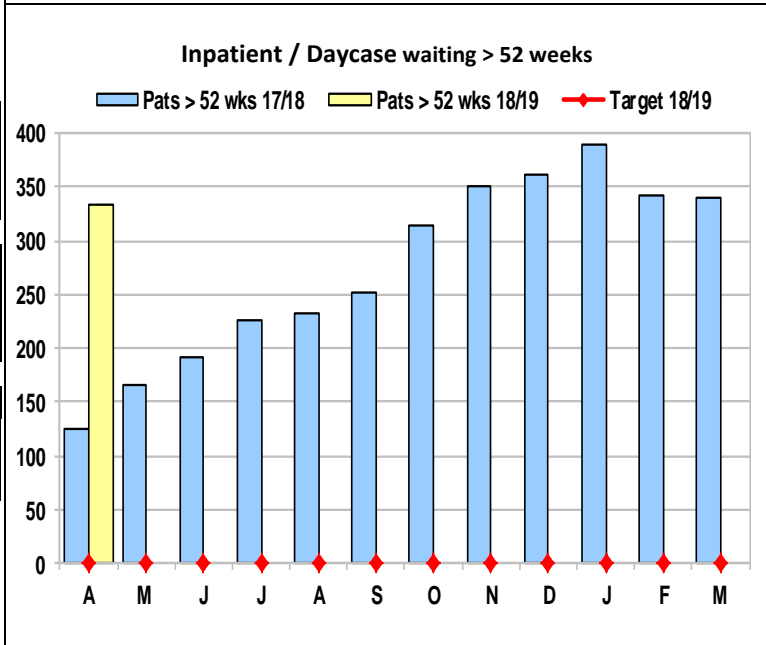
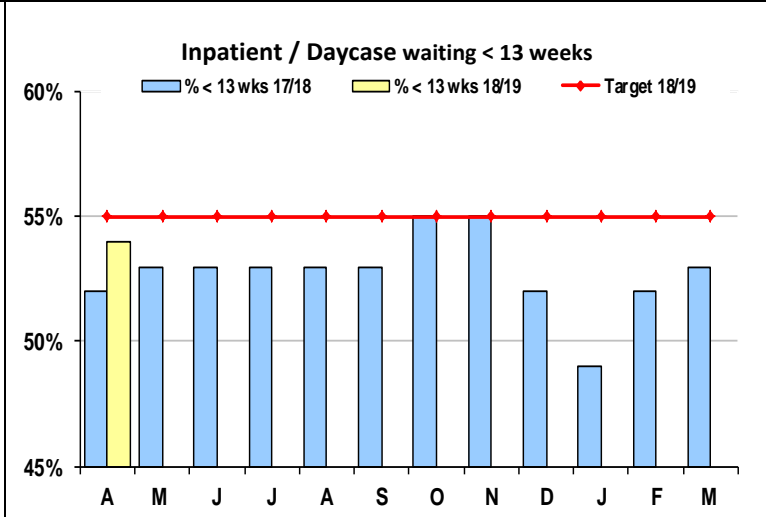
The reduction in elective admissions is likely to result in an overall increase in waiting times. Some funding is likely to be made available to transfer long waiting patients to the Independent Sector, however the impact will be limited due to the allocation being made late in the financial year.

Excludes scopes which are solely within 9 weeks position.

Core & Independent Sector patients waiting < 13 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
53%	53%	53%	53%	53%	55%	55%	52%	49%	52%	53%	54%	↑

Core & Independent Sector patients waiting > 52 weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
165	192	227	232	251	314	350	362	389	342	340	333	↑

Core & Independent Sector total patients waiting												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
4791	4672	4598	4647	4670	4713	4581	4622	4658	4557	4495	4553	



AHP Waits

By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional (CPD 5.3)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Physiotherapy (8312) Orthoptics (0), Dietetics (642) - Breaches are in physiotherapy and dietetics. Both these services have a significant capacity/demand gap recognised by the commissioner.

SLT (933) The number of 13 week breaches rose from 544 at the end of July to 940 at the end of April 2018. Length of longest wait has increased to 18 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.

Community OT/Paediatrics/Dementia Services/Learning Disability - Across Divisions delays are caused by capacity/demand issues. This is very often the consequence of Sick Leave, Maternity leave and delays in recruitment which impact on overall performance. This is particularly evident in small teams where absences can have an immediate and significant impact on waiting times. The small increase in April 2018 is the result of staff end of year and Easter 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. The Trust has decided to invest demography funding in physiotherapy which will address the capacity gap in this area. A submission for elective access funding has been made, which will begin to address the backlog if approved.

SLT - The service is implementing plans to stabilise and then reduce numbers waiting and the length of wait, including data cleansing, developing a peripatetic staffing proposal to ensure staffing remains close to 100%, realigning 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.

Community OT/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 and appointment of Agency staff.

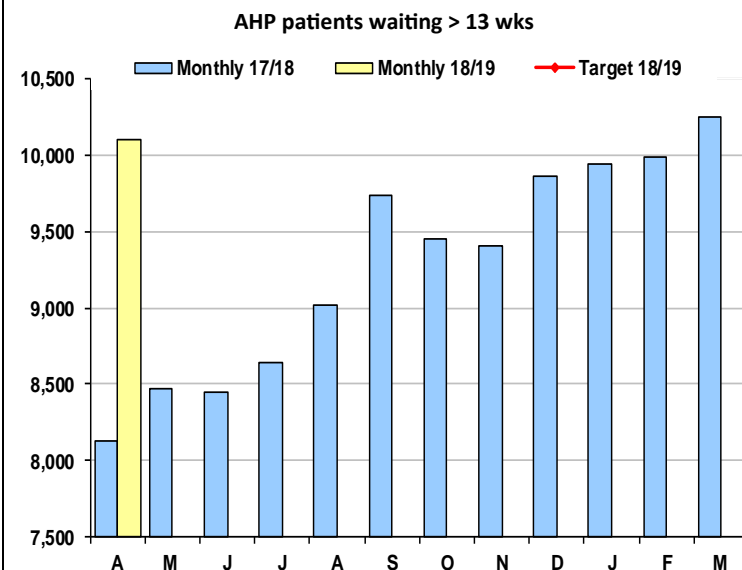
FORECAST IMPACT ON PERFORMANCE

Physiotherapy and Dietetics - Demography funding will address the capacity gap in physiotherapy once staff are fully recruited, which should prevent the waiting list position from deteriorating further.

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

AHP patients waiting > 13 wks

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
8468	8451	8639	9023	9739	9456	9403	9866	9944	9991	10255	10107	↑

**13 Week Breaches by Service Area**

Dietetics – 642

Occupational Therapy – 220

Orthoptics - 0

Physiotherapy - 8312

Podiatry - 0

Speech and Language Therapy - 933

Cancelled Appts

By March 2019, achieve a percentage reduction in the number of hospital cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment compared to 2017/18. (CPD 7.4)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

These cancellations 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

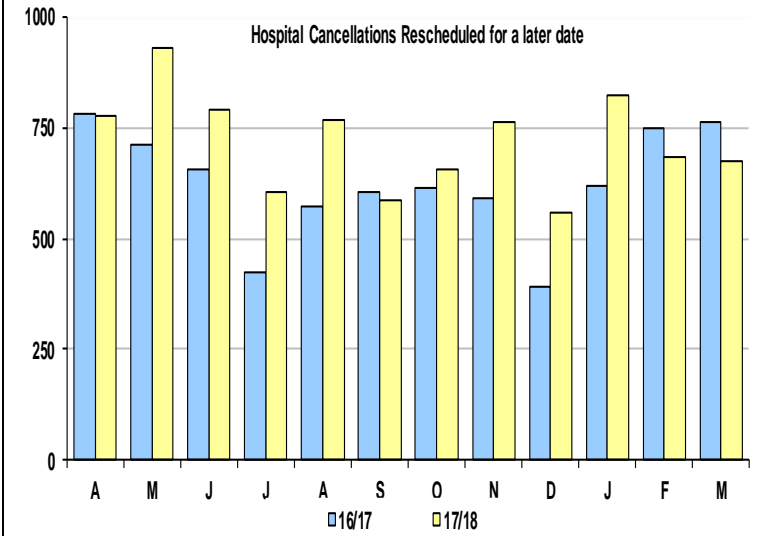
Number of hospital cancelled outpatient appointments rescheduled for a later date

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
929	793	607	769	588	657	762	557	824	686	673		

* A patient could be impacted in one of the following ways:

- Date of the appointment was changed, resulting in it being brought forward to an earlier date.
- Date of the appointment was changed, resulting in it being rescheduled for a later date.
- Time of the appointment was changed but no change in date.
- Location of the appointment was changed but no change in date.

Target for 2018/19 monitoring includes only cancellations which resulted in the patient waiting longer for their appointment. Previously, 2017/18 target included all hospital cancelled consultant-led outpatient appointments. **Baselines have yet to be confirmed for 18/19 monitoring.**



Medicine Optimisation
 By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.5)

Key Quality Improvement Activities this period

- SBRI FAST phase 2 and SBRI Home on-going
- Work with the newly appointed specialist case management pharmacists regarding appropriate assessment of patient’s ability to self-administer in intermediate care. Work is on-going with Intermediate Care.
- Review of extended working hours and weekend working to reduce inequalities. Management of change proposal was prepared and issued for consultation. Met with trade unions in January 2018 and action plan followed. Staff engagement sessions planned for 27th February and 13th March.
- Improve communication between pharmacy staff regarding patient’s medicines. SBRI FAST has potential to refer patients.
- Develop links with GP Federation Pharmacists. Meeting held with the leads in the Northern Area.
- Explore potential of using HS21 prescriptions in Acute Care at Home Setting
- Pilot medication review of patients attending ED but not admitted. Data being collected.
- Pilot antibiotic review kit (ARK) revise and review. This is on-going.
- Developed training on medicines optimisation for band 4 technicians who would be going to work on the wards

Key Quality Improvement Activities for next period

- Pilot gentamicin chart (Causeway initially) to improve gentamicin prescribing and antimicrobial stewardship
- The Future Role of Clinical Technicians in Counselling Clexane Administration
- Demonstrate the impact of an independent prescribing pharmacist on the quality and quantity of medicines reconciliation completed, working alongside the medical admissions doctor in the Emergency Department in Antrim Area Hospital.
- Re-designing the process for conducting Ward Controlled Drug audits in Antrim Area hospital
- Provide an educational session to all GP Federation Pharmacists

Risks / Issues

- Further delays in the implementation of an enhanced weekend service
- Need to continue discussions regarding carrying out a recruitment drive for technicians
- Continue discussions around improving links with community pharmacy and their MO role
- Inability to implement initiatives due to lack of resources

Medicines Optimisation % Compliance												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
April – Sept 17 – 74%						Oct – March 18 – 75%						

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 ED 4 hour
 By March 2019, 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 3% more ED attendances in Antrim in 2017/18 compared to the previous year, and an 8% rise in over-75s. In Causeway the overall number of attendances has increased by 2%. 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:

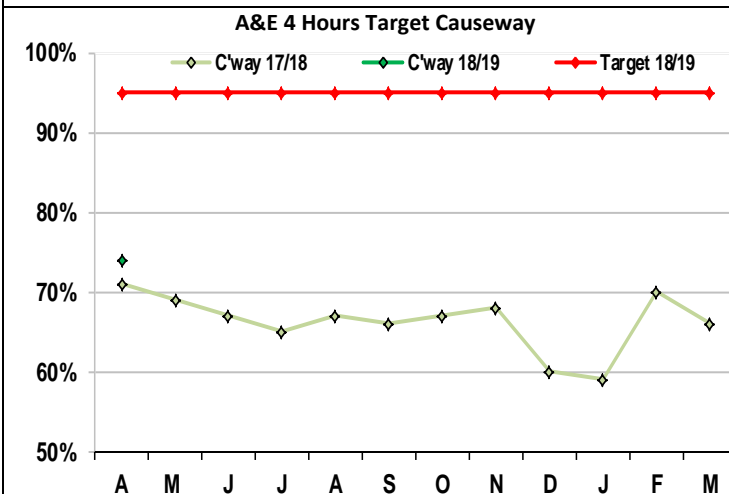
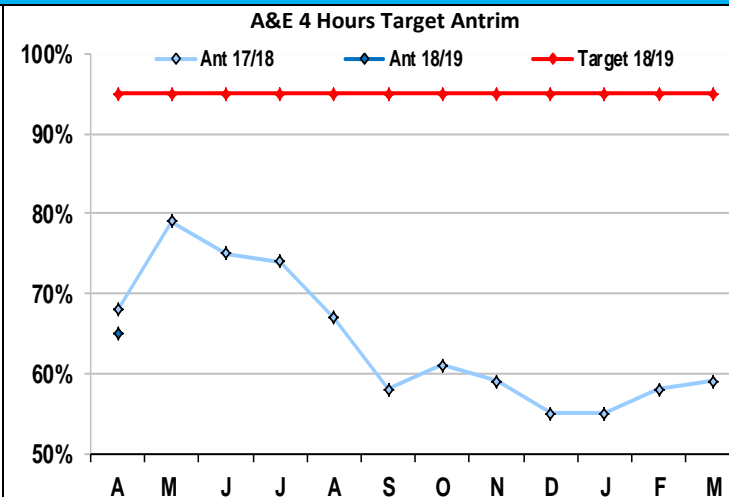
- Reduction of attendance / admission to hospital, including further development of ambulatory pathways and the implementation of an Acute Care At Home service
- Streamlining discharge processes and planning, including the development of a Discharge to Assess model and reviewing the MDT planning processes currently in use
- Review of medical pathways in Antrim Hospital including the development of the acute medicine speciality
- Implementation of a site management model in Causeway Hospital
- An Easter Resilience plan focused on creating additional capacity and maintaining flow through the Trust's acute sites over the Easter period.

The Trust has also redeveloped some of the old ED footprint in Antrim Hospital to increase the capacity of the Discharge Lounge and will be further developing the space to increase the capacity of the Direct Assessment Unit.

FORECAST IMPACT ON PERFORMANCE

Through the implementation of its RAMP work streams, the Trust is aiming to maximise unscheduled care performance in 2018/19. 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												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
79%	75%	74%	67%	58%	61%	59%	55%	55%	58%	59%	65%	↑
Antrim Total Attendances												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
7905	7313	7106	7151	6860	7180	7073	7181	6487	6323	7358	6928	
Causeway ED < 4hrs												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
69%	67%	65%	67%	66%	67%	68%	60%	59%	70%	66%	74%	↑
Causeway Total Attendances												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
4049	3805	4204	3865	3609	3719	3421	3655	3534	3322	3955	3984	



MEM

Unscheduled Care ED 12 hour
 By March 2019, no patient attending any emergency department should wait longer than 12 hours. (CPD 4.4)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

As per 4-hour target.

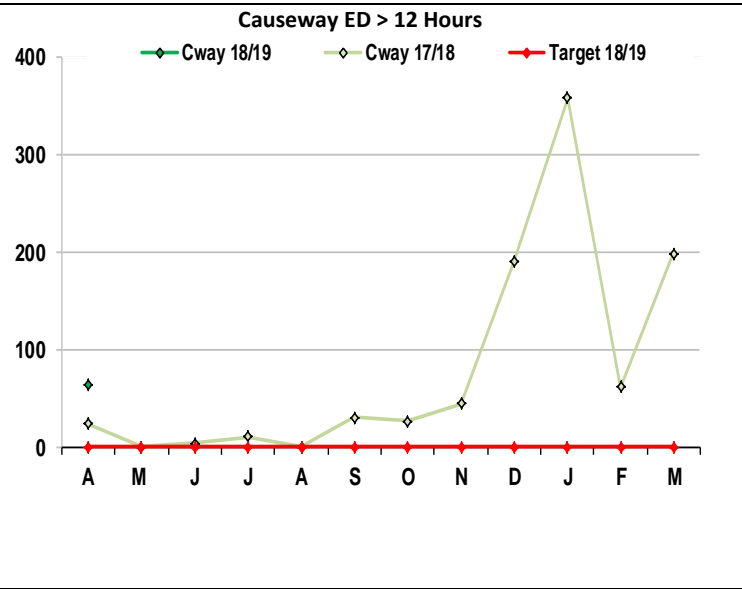
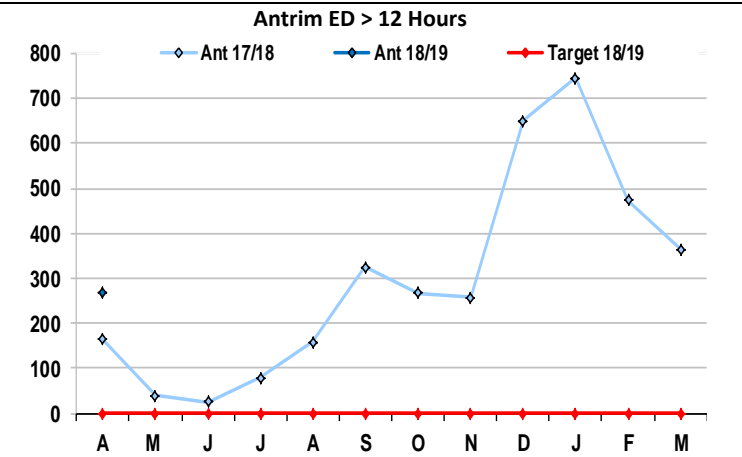
ACTIONS BEING TAKEN WITH TIME FRAME

As per 4-hour target.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target

Antrim ED > 12 Hours												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
38	25	79	158	325	268	257	649	745	473	365	269	↑
Antrim ED longest waiter (Hours)												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
43	22	23	51	34	32	30	55	67	44	48	41	
Causeway ED > 12 Hours												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	3	10	0	30	26	44	190	358	61	198	63	↑
Causeway ED longest waiter (Hours)												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
11	19	19	12	28	22	34	44	49	27	54	29	



MEM

Unscheduled Care Triage

By March 2019, 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

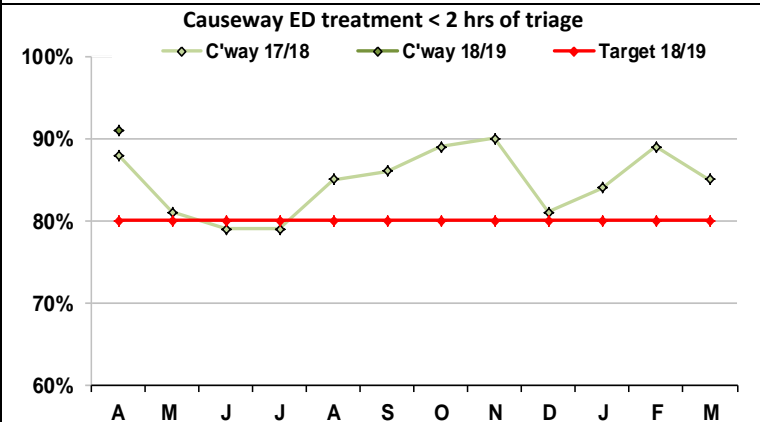
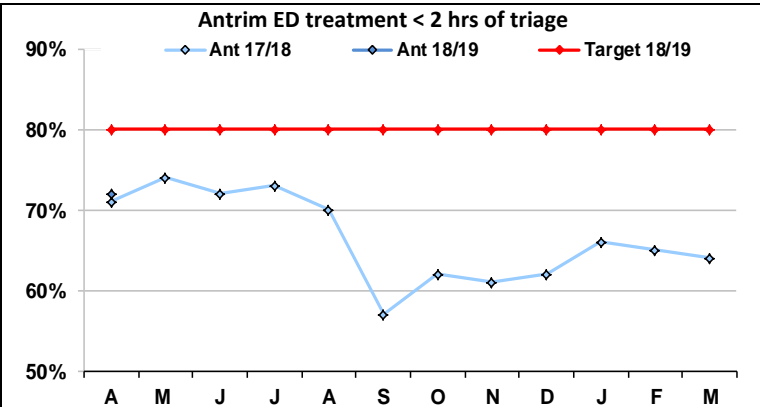
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
77%	75%	76%	76%	68%	73%	71%	69%	73%	74%	72%	79%	↑

Antrim ED treatment < 2 hrs of triage

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
74%	72%	73%	70%	57%	62%	61%	62%	66%	65%	64%	72%	↑

Causeway ED treatment < 2 hrs of triage

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
81%	79%	79%	85%	86%	89%	90%	81%	84%	89%	85%	91%	↑



MEM

Hip Fractures

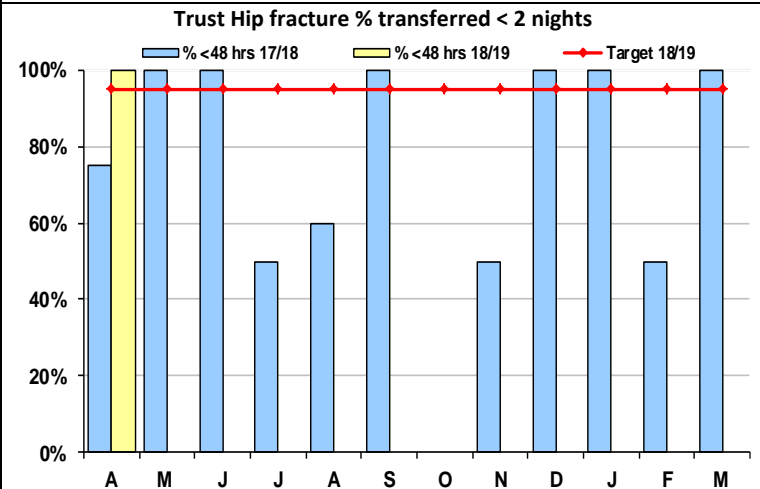
By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.6)

Target not directly applicable to the Northern Health and Social Care Trust. 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 2017 – March 2018 : Hip fractures – 36 patients transferred.
April 2018: Hip fractures – 2 patients transferred. (2 hip fractures in April 18)

Hip fracture % transferred < 2 nights

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



Patient Discharge Complex

By March 2019, 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 89 delayed discharges across the 2 hospital sites during April 2018. The increasing number of delays is reflective of the complexities and needs of an aging patient group.

Acute Based Delays: 36 delays can be attributed to acute assessment and care planning processes. 11 delays were the result of client choice and family issues. 3 delays were caused waiting for step-down sub-acute beds.

Community Delays: 13 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. 6 delays were caused waiting for step-down community beds. A total of 10 delays were relating to placement planning.

During April 2018 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

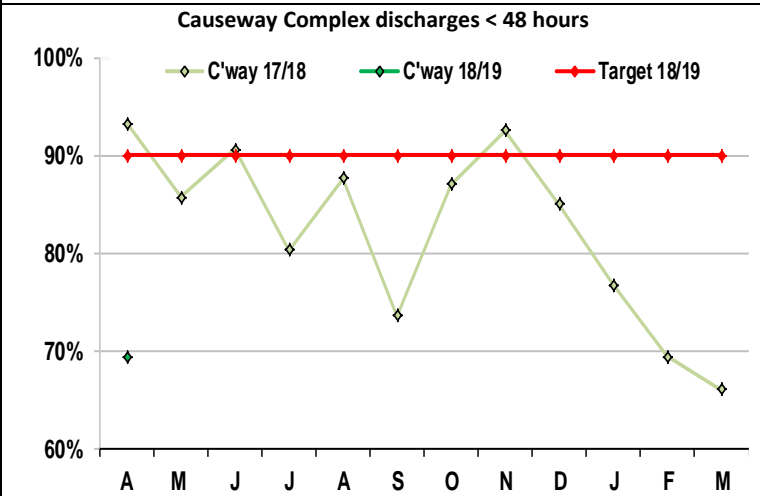
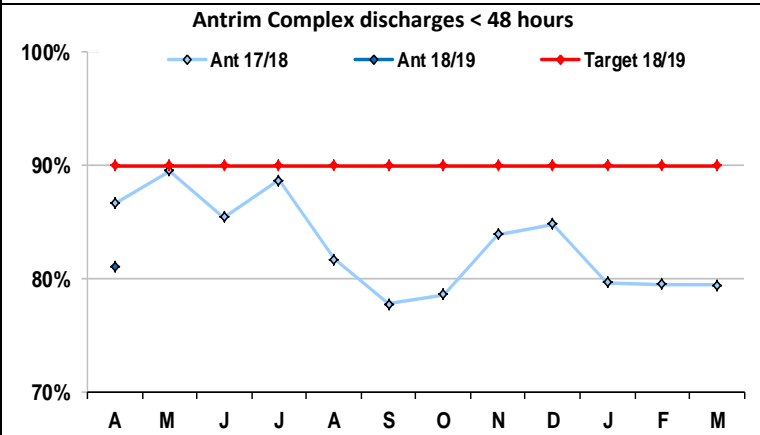
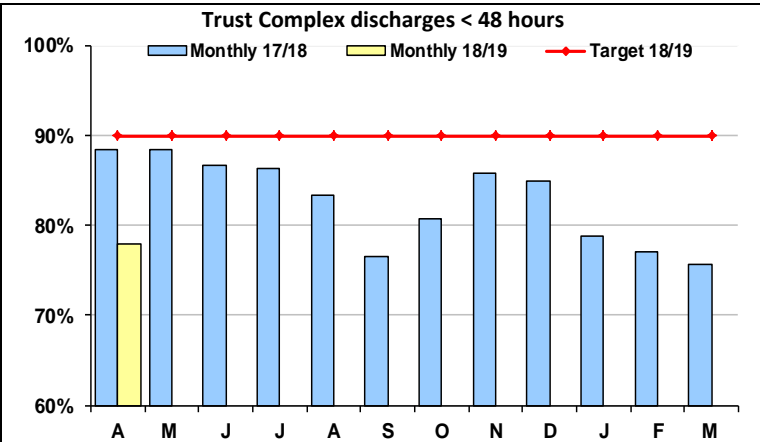
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
89%	87%	86%	83%	77%	81%	86%	85%	79%	77%	76%	78%	↑

Antrim Complex discharges < 48 hours

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
90%	85%	89%	82%	78%	79%	84%	85%	80%	80%	79%	81%	↑

Causeway Complex discharges < 48 hours

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
86%	91%	80%	88%	74%	87%	93%	85%	77%	69%	66%	69%	↑



Patient Discharge Complex

By March 2019, ensure that no complex discharge takes more than seven days (CPD 7.6)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

13 out of the 89 delays in April 2018 were greater than 7 days.

Acute Based Delays: 2 delays were the result of client choice and family issues. 4 delays can be attributed to acute assessment and care planning processes.

Community Based Delays: 2 delays were relating to placement planning and arrangement; 3 delays can be attributed to difficulties being encountered when trying to source a package of care and one further delay was the result of waiting on a step down community bed.

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

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
9	16	11	10	22	17	11	13	12	13	17	14	↑

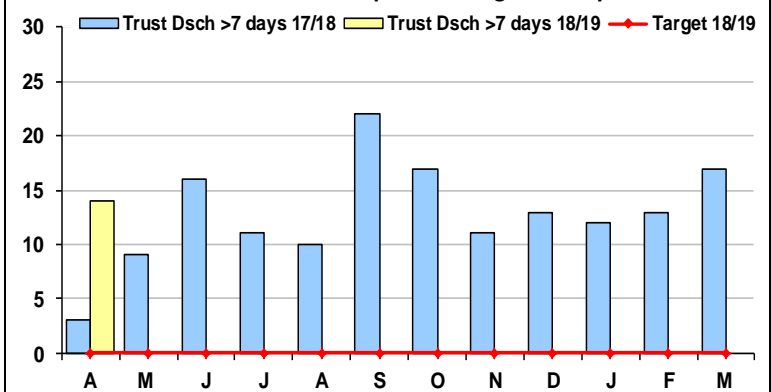
Antrim Monthly Position % Complex Discharges < 7 days

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

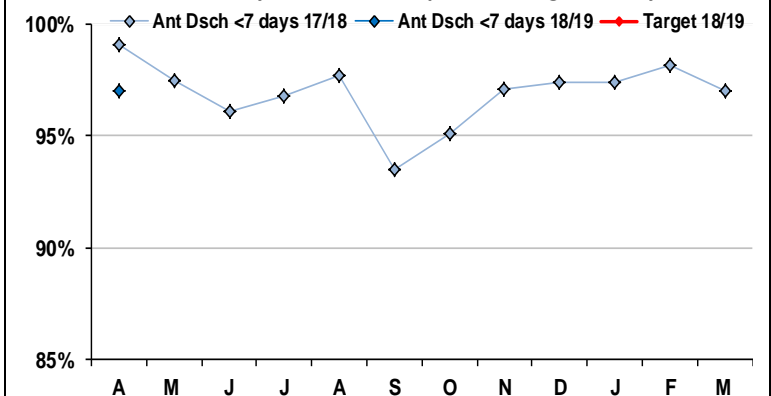
Causeway Monthly Position % Complex Discharges < 7 days

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

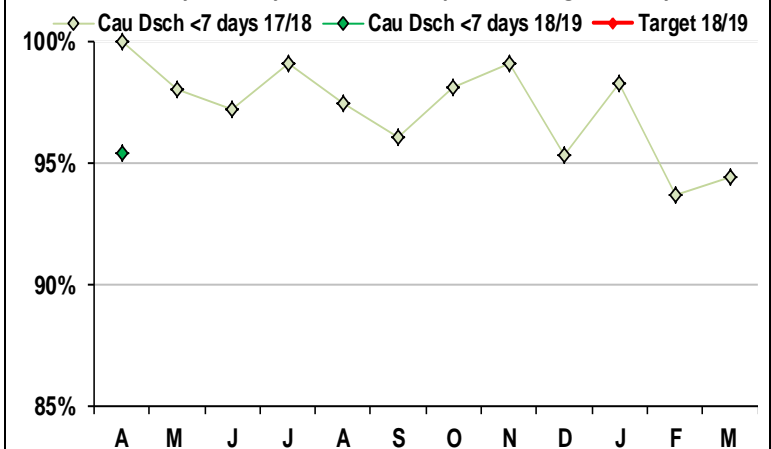
Trust Number of Complex Discharges > 7 Days



Antrim Monthly Position % Complex Discharges < 7 days



Causeway Monthly Position % Complex Discharges < 7 days



Patient Discharge Non complex
By March 2019, 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

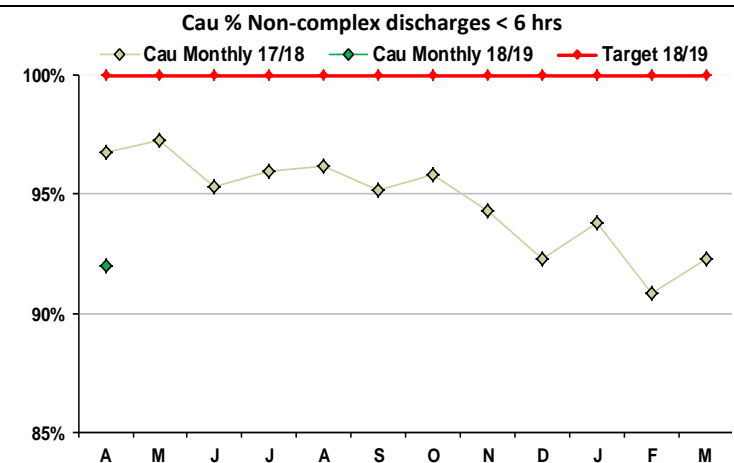
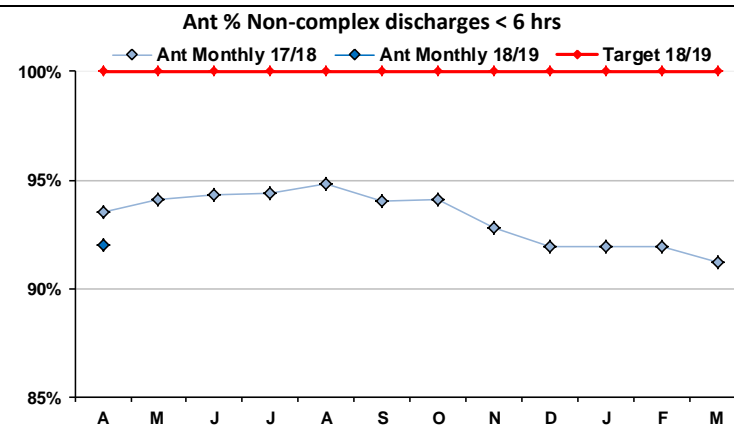
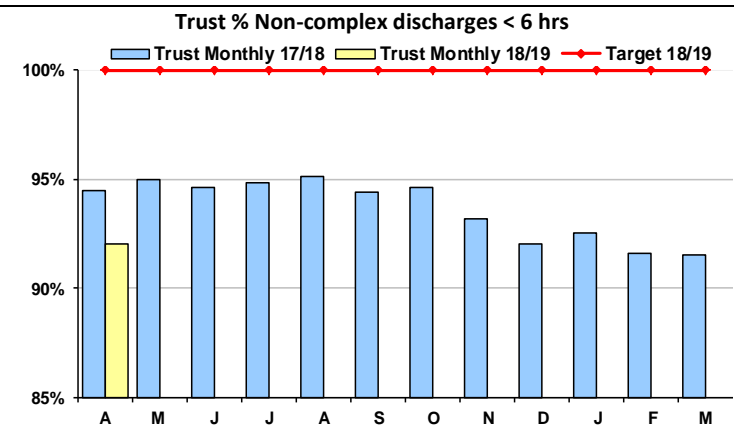
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
95%	95%	95%	95%	94%	95%	93%	92%	93%	92%	92%	92%	↔

Antrim % Non-complex discharges < 6 hrs

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
94%	94%	94%	95%	94%	94%	93%	92%	92%	92%	91%	92%	↑

Causeway % Non-complex discharges < 6 hrs

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



Mental Health and Learning Disability

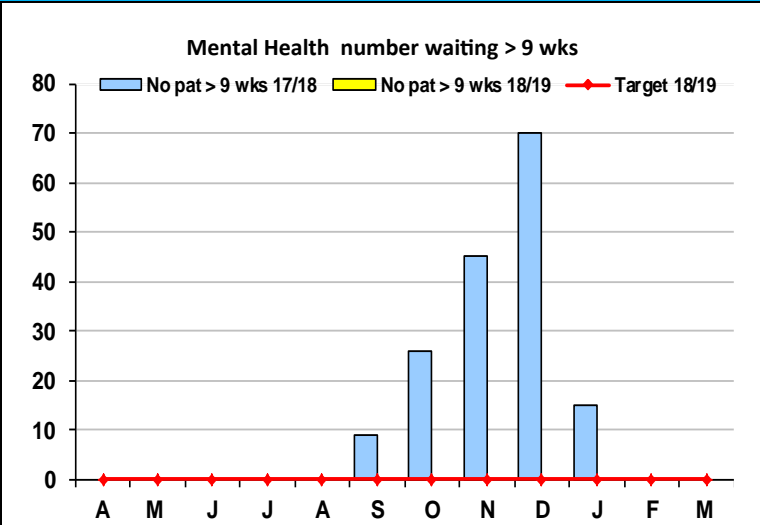
MHLD
Adult Mental Health Waits
 By March 2019, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Target met

ACTIONS BEING TAKEN WITH TIME FRAME
 Target met

FORECAST IMPACT ON PERFORMANCE
 Within the current resource of the Addictions Service they continue to be unable to deliver the full range of treatments associated with a Tier 3 addictions service nor provide the intensity of treatment that the evidence base would recommend, hence the ongoing pressures to remain within target, and the need for additional staff to match demand.

Mental Health number waiting > 9 wks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	0	0	0	9	26	45	70	15	0	0	0	↔



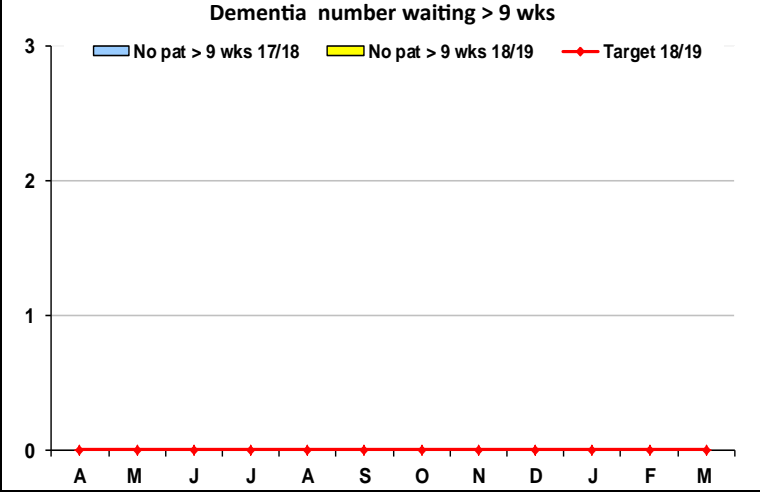
MHLD
Dementia Waits
 By March 2019, no patient waits longer than; nine weeks to access dementia services (CPD 4.13)

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

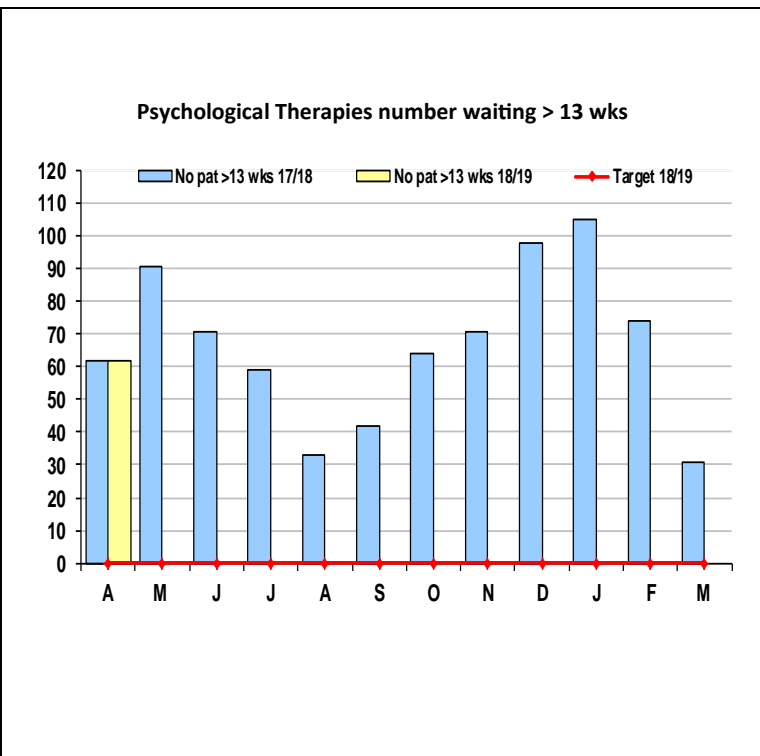
ACTIONS BEING TAKEN WITH TIME FRAME
 Continue to work with the team to reduce waiting times.

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

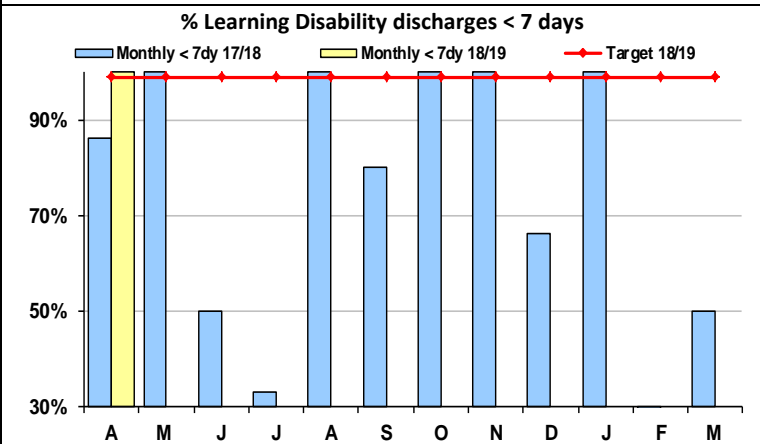
Dementia patients waiting > 9 wks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔



MHLD	<p>Psychological Therapies Waits</p> <p>By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age). (CPD 4.13)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>Breaches of the performance target are evident at the end of April across 3 areas within psychology services. Performance is being impacted in the main by PTS (mental health), LD and Clinical Health Psychology services.</p> <p>Psychological Therapy Service –(Mental Health) – The service has 27 breaches of a total WL of 522 with longest wait of 108 days. This service is in the process of recruiting to vacant posts and is working to manage capacity, demand and quality. Currently there are several posts in recruitment.</p> <p>Learning Disability (adult and children) – The service has 23 breaches of a total WL of 109 with longest wait of 171 days. This is a slight deterioration on the position last month due to long term sick leave of one member of the team and 2 vacant posts. Locum cover is in place to reduce the impact on performance. In addition skill mix is being implemented to enhance performance within the service. Currently there are several posts in recruitment – these have been offered but staff will not be in post until October 2018.</p> <p>Health Psychology – The service has 14 breaches with longest wait of 154 days. There has been an improvement in the performance within this service throughout the quarter. A review of the service model is underway.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME</p> <p>On-going engagement with referring agents re other models of provision during periods of reduced capacity within the service. Ongoing use of agency to assist during periods of reduced capacity. Skill mix may assist with this changing capacity. Model of service to be reviewed for clinical health psychology.</p>																																					
		<table border="1"> <thead> <tr> <th colspan="12">Psychological Therapies number waiting > 13 wks</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>91</td><td>71</td><td>59</td><td>33</td><td>42</td><td>64</td><td>71</td><td>98</td><td>105</td><td>74</td><td>31</td><td>62</td><td style="text-align: center;">↓</td> </tr> </tbody> </table>	Psychological Therapies number waiting > 13 wks												May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM	91	71	59	33	42	64	71	98	105	74	31	62
Psychological Therapies number waiting > 13 wks																																							
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM																											
91	71	59	33	42	64	71	98	105	74	31	62	↓																											



MHLD	<p>Patient Discharge – Learning Disability</p> <p>During 2018/19, ensure that 99% of all learning disability discharges take place within seven</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>3 patients discharged during April, 0 over 28 days.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME</p> <p>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>

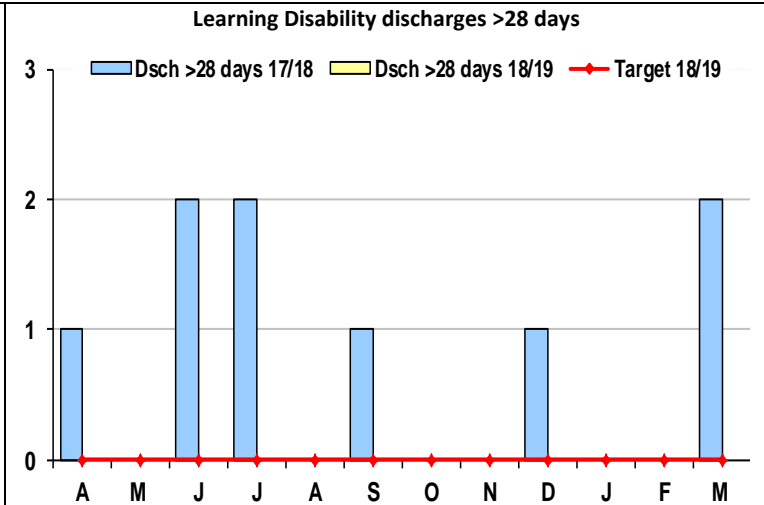


days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. (CPD 5.6)

% Learning Disability discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
100%	50%	33%	100%	80%	100%	100%	66%	100%	-	50%	100%	↑

% Cumulative Learning Disability discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
92%	77%	74%	79%	79%	82%	82%	88%	89%	89%	85%	100%	↑

Learning Disability discharges >28 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	2	2	0	1	0	0	1	0	0	2	0	↑



MHLD
Patient Discharge – Mental Health

During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days (CPD 5.6)

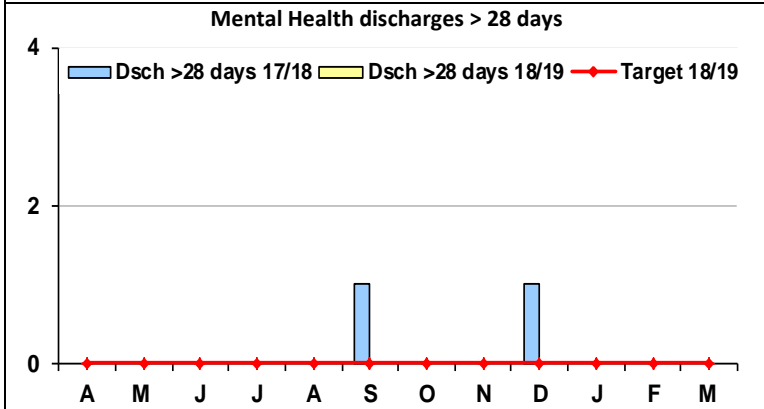
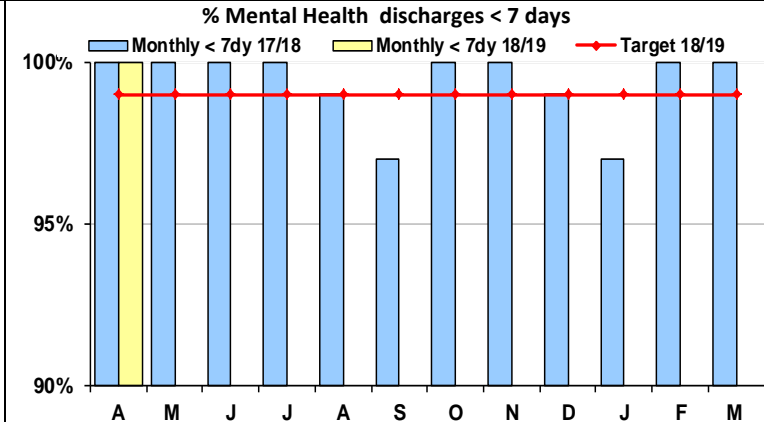
CAUSES / ISSUES IMPACTING ON PERFORMANCE
64 patients discharged during April, 0 > 7days.

ACTIONS BEING TAKEN WITH TIME FRAME
Continue to monitor all patients to ensure breaches do not occur.

% Mental Health discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
100%	100%	100%	99%	97%	100%	100%	99%	97%	100%	100%	100%	↔

% Cumulative Mental Health discharges < 7 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
100%	100%	100%	100%	99%	99%	99%	99%	99%	99%	99%	100%	↑

Mental Health discharges > 28 days												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	0	0	0	1	0	0	1	0	0	0	0	↔



WCF	<p>Children in Care Placement change By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Division provides a Delegated Statutory Functions (DSF) report in May and November which outlines all the data requested by the Department in relation Services provided by the Trust through Safeguarding, LAC, Fostering, Adoption and Residential and 16+ services. DSF reporting requires the trust to report total number of placement moves during the reporting period (April to September and October to March separately). The information requested here is different to that requested under DSF. Reporting is not available to determine those placement moves that were in cases where the child has been in care for more than 12 months. The following data has been prepared for DSF reporting. In March 2017 there were 647 looked after children. This number increased to 671 by March 2018. In this time there were 69 placement moves from March 2017 to September 2017 and 78 placement moves from October 2017 to March 2018 - across all placements (not just those in care > 12 months). A number of placement moves across these periods may relate to the same placement. The service has provided assurance that placement changes involving long term placements are uncommon and are only undertaken where necessary.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The number of Looked after children has increased 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> <table border="1" data-bbox="315 638 1429 753"> <thead> <tr> <th colspan="12">% Children with no placement change</th> <th>TOPM</th> </tr> <tr> <th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th></th> </tr> </thead> <tbody> <tr> <td colspan="12">83% - to Sept 16</td> <td>↑</td> </tr> </tbody> </table> <p>Information to be available from annual OC2 Return, next update Qtr. 2 2018</p>	% Children with no placement change												TOPM	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		83% - to Sept 16												↑	
	% Children with no placement change												TOPM																													
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr																															
83% - to Sept 16												↑																														
WCF	<p>Children in Care Adoption By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission) (CPD 1.10)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE In the period April 2017 to March 2018 there were 15 Adoption Orders granted. Of these 5 were completed within the 3-year target. 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 due to a supreme court ruling. Frequently younger siblings are born within the time frame which impacts on the final order for the older siblings</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The service is closely monitoring the timeline for all children and can highlight where issues are arising. The service endeavours to review cases with the Judiciary to ensure timely completion of the adoption process.</p> <table border="1" data-bbox="315 1173 1429 1265"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>YTD Dec 17</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>% Children adopted from care within 3 years of last entering care</td> <td>52%</td> <td>60%</td> <td>75%</td> <td>↑</td> </tr> </tbody> </table>		2015/16	2016/17	YTD Dec 17	TOPM	% Children adopted from care within 3 years of last entering care	52%	60%	75%	↑																														
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WCF

CAMHS Waits
By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services. (CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Performance target has been consistently met since August 2015 and no further breaches are anticipated

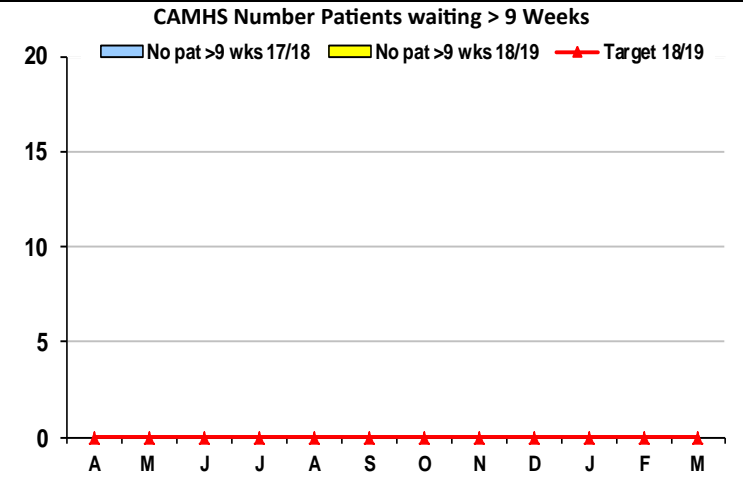
ACTIONS BEING TAKEN IN AN ON-GOING BASIS

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

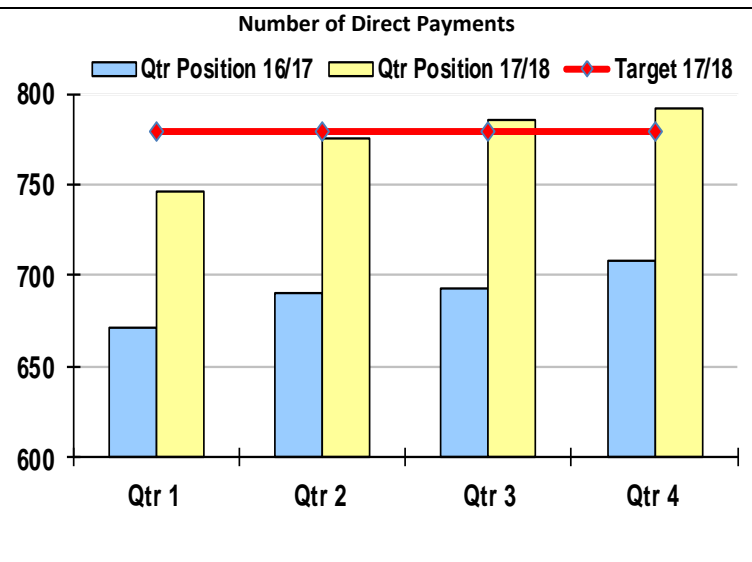
FORECAST IMPACT ON PERFORMANCE

No further breaches are anticipated.

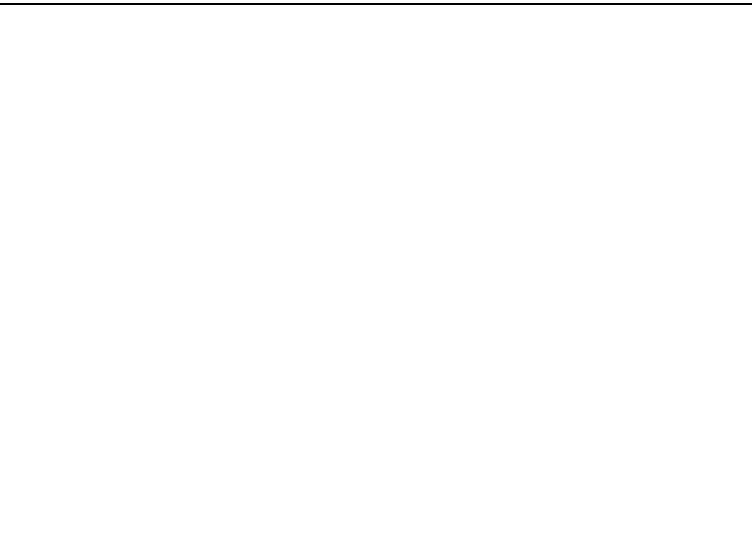
CAMHS Number Patients waiting > 9 Weeks												
May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOPM
0	0	0	0	0	0	0	0	0	0	0	0	↔



CC/MHLD/WCF	<p>Direct Payments By March 2019, secure a 10% increase in the number of direct payments to all service users. (CPD 5.1)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Community Care - Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.</p> <p>ACTION TAKEN & TIMESCALES FOR IMPROVEMENT Community Care - 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.</p> <p>FORECAST IMPACT ON PERFORMANCE Community Care - It is anticipated that there will be modest growth in this sector</p>																																						
	<table border="1"> <thead> <tr> <th colspan="12">Number of Direct Payments</th> </tr> <tr> <th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td colspan="3">746</td><td colspan="3">775</td><td colspan="3">785</td><td colspan="3">792</td><td style="background-color: #90EE90; text-align: center;">↑</td> </tr> </tbody> </table>		Number of Direct Payments												Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM	746			775			785			792			↑
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Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM																												
746			775			785			792			↑																												
<p>708 direct payments March 17 (Baseline) 2017/18 target 779</p>																																								



CC/MHLD/WCF	<p>Self Directed Support By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified . (CPD 5.2)</p>
	<p>New Target Awaiting guidance on target monitoring.</p>



Carers' Assessments

By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users. (CPD 6.1)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Community Care - Carers declining assessments.

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT

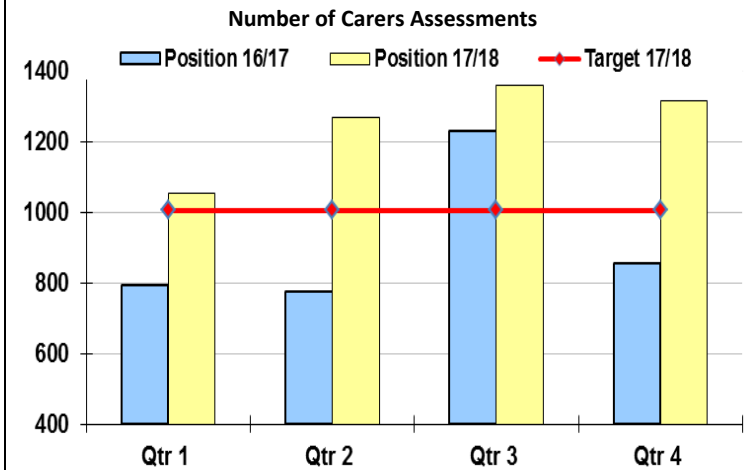
Community Care - Training has been provided to staff in the completion of Carers Assessments.

FORECAST IMPACT ON PERFORMANCE

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

Number of Carers Assessments												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
1054			1267			1360			1315			↑

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



Short Break Hours

By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.2)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Eldercare: The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2nd quarter. Average over 3 quarters to date is 61,104 – TARGET has been ATTAINED.

ACTIONS BEING TAKEN WITH TIME FRAME

-

FORECAST IMPACT ON PERFORMANCE

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

Trust Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
223551 (Apr – Jun)			236092 (Jul – Sept)			229670 (Oct – Dec)			239016 (Jan – Mar)			↑
Cumulative Target 918280 – Cumulative Actual 928329												

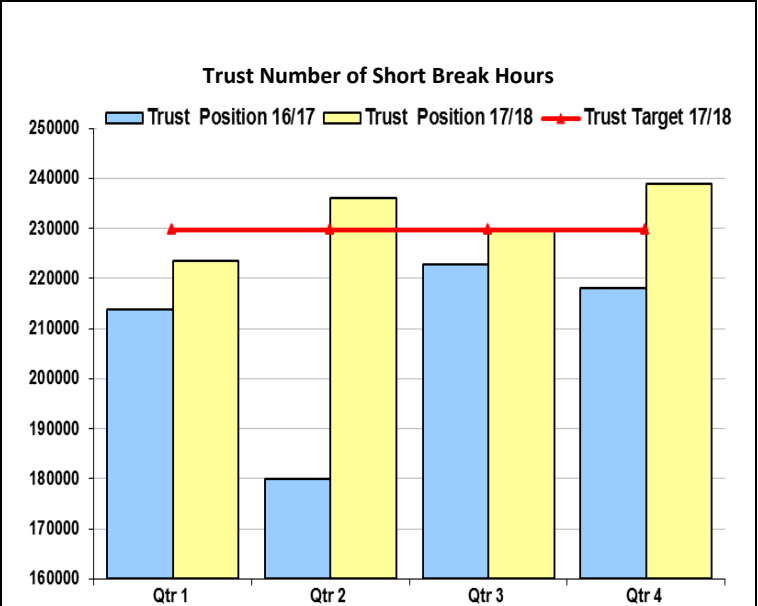
874552 hours provided 2016/17 (Baseline) 2017/18 target 918280 annually, 229570 quarterly.

Community Care Directorate Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
58136 (Apr – Jun)			65959 (Jul – Sept)			59218 (Oct – Dec)			64664 (Jan – Mar)			↑
Cumulative Target 243098 – Cumulative Actual 247977												

2017/18 target 243098 annually, 60775 quarterly.

Mental Health Directorate Number of Short Break Hours												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
165415 (Apr – Jun)			170133 (Jul – Sept)			170452 (Oct – Dec)			174372 (Jan – Mar)			↑
Cumulative Target – 675182 – Cumulative Actual 680372												

2017/18 target 675182 annually, 168796 quarterly.



Short Break Hours

By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of short breaks (i.e. non-residential respite) received by young carers (CPD 6.3)

Awaiting guidance on target monitoring.

3.0 Quality Standards & Performance Targets

3.2 DoH Indicators of Performance 18/19

Desired Outcome 1: Reduction of Health Inequalities														
Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Alcohol-related Admissions	A14. Standardised rate of alcohol-related admissions to hospital within the acute programme of care.	189	178	196	174	168	207	185	141	141	117	117	154	
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	892	882	1052	918	1004	914	884	886	918	754	792	
		C1 - 6 - 8 week HV review	814	812	786	840	924	1040	728	1012	1044	848	906	
		C2 - 14 - 16 week review	910	830	870	918	880	938	718	1140	1166	838	800	
		C3 - 6 - 9 month review	1080	948	756	870	796	882	590	936	982	902	956	
		C4 - 1 year review	409	468	531	506	483	499	321	466	509	468	516	
		C5 - 2 year review	548	562	613	218	435	456	325	413	516	507	350	
		C6 - 4 year record review	528	514	489	461	207	257	206	338	380	391	398	
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. 2 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. 2 2018												
Personal Education Plan	A22. Proportion of school-aged children 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. 2 2018												
Care Leavers	A23. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.	82%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Care Leavers	A24. Percentage of care leavers at age 18, 19 & 20 years in education, training or employment.	79%	76%	78%	77%	76%	78%	78%	77%	78%	75%	73%	76%	
Self Harm	A26. Number of ED repeat presentations due to deliberate self harm.	184	216	181	176	167	210	237	191	214	224	228		
Unplanned Admissions	A28. Number of unplanned admissions to hospital for adults with specified long-term conditions.	223	225	222	200	212	234	205	251	291	214	239	227	

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

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Returning ED Admissions	B5: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven days	3.0%	3.1%	3.1%	3.2%	3.4%	3.2%	3.3%	3.8%	2.9%	2.8%		
		8-30 days	4.3%	3.7%	4.8%	4.6%	3.9%	4.0%	4.7%	4.8%	4.1%	3.9%		
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	12.3%	11.2%	9.4%	10.4%	12.9%	11.0%	9.9%	16.0%	18.3%	16.6%	10.6%	12.2%
		Long Term Conditions	9.0%	10.4%	10.0%	7.9%	8.6%	10.2%	10.7%	11.1%	12.4%	10.4%	10.3%	8.7%
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.	6	2	6	6	4	5	5	6	9	8	3		
Emergency Admissions & Readmissions	B8: Number and proportion of emergency admissions and readmissions in which medicines were considered to have been the primary or contributing factor	Admissions	208		213		Awaiting figures from DoH							
		Readmissions	13		13									

Desired Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them.

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)	2571	2455	2295	2488	2517	2640	2696	2579	2772	2398	2783	2558		
Attendances At ED	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted	0-30 mins	Antrim	3.2%	3.8%	3.3%	3.9%	2.6%	3.0%	3.6%	2.7%	3.6%	2.8%	3.1%	2.9%
			Causeway	3.2%	2.7%	3.0%	2.9%	2.5%	2.8%	4.3%	4.0%	3.8%	4.3%	4.3%	5.2%
			Mid Ulster	40.7%	46.8%	47.0%	35.8%	51.6%	40.9%	51.1%	53.3%	47.0%	52.0%	51.6%	42.7%
		>30 min – 1 hr	Antrim	10.0%	10.2%	9.5%	10.3%	6.7%	7.3%	7.7%	5.9%	7.7%	6.9%	6.5%	7.6%
			Causeway	9.6%	9.7%	8.5%	8.7%	10.6%	11.7%	12.5%	10.6%	10.7%	11.8%	11.4%	13.0%
			Mid Ulster	43.8%	41.8%	38.8%	41.3%	39.0%	43.7%	39.5%	35.0%	42.3%	37.9%	36.7%	41.6%
		>1 hr – 2 hrs	Antrim	21.7%	20.7%	21.2%	19.8%	16.1%	17.3%	15.4%	15.1%	14.8%	15.2%	17.1%	17.8%
			Causeway	21.6%	21.4%	21.2%	22.4%	22.4%	23.4%	23.0%	17.7%	19.0%	22.7%	20.7%	22.5%
			Mid Ulster	14.8%	11.2%	13.2%	21.4%	8.9%	14.8%	9.1%	10.7%	9.2%	9.8%	10.9%	15.3%
		>2 hrs – 3 hrs	Antrim	21.3%	20.3%	19.1%	17.4%	16.3%	16.9%	15.6%	15.1%	14.2%	17.0%	16.6%	19.0%
			Causeway	17.2%	16.9%	16.2%	18.7%	16.7%	15.5%	15.6%	14.4%	13.6%	16.3%	15.7%	18.0%
			Mid Ulster	0.7%	0.2%	1.0%	1.3%	0.5%	0.6%	0.3%	0.8%	1.4%	0.4%	0.7%	0.2%
		>3 hrs – 4 hrs	Antrim	22.6%	20.3%	20.4%	15.8%	16.4%	16.5%	17.3%	16.0%	15.0%	15.7%	16.1%	17.9%
			Causeway	17.4%	16.0%	16.1%	14.7%	13.7%	13.9%	13.0%	13.6%	12.1%	14.6%	14.1%	15.5%
			Mid Ulster	-	-	0.1%	-	-	-	-	0.2%	-	-	0.1%	0.1%
		>4 hrs – 6 hrs	Antrim	13.0%	15.3%	15.8%	15.6%	17.1%	16.8%	19.0%	17.8%	16.6%	17.1%	18.5%	16.7%
			Causeway	16.3%	17.1%	17.3%	16.7%	15.1%	14.8%	13.7%	15.3%	14.9%	14.6%	14.0%	13.0%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>6 hrs – 8 hrs	Antrim	5.2%	6.4%	6.2%	8.7%	11.1%	10.0%	10.0%	9.1%	9.0%	9.8%	9.8%	8.4%
			Causeway	8.9%	10.0%	9.4%	8.7%	9.2%	8.6%	8.4%	9.3%	8.3%	8.0%	7.6%	6.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs – 10 hrs	Antrim	1.8%	2.0%	2.0%	3.7%	5.8%	5.3%	5.0%	5.4%	4.8%	5.1%	4.6%	3.5%
			Causeway	3.9%	3.8%	5.0%	4.3%	5.1%	4.3%	4.5%	5.3%	4.4%	3.6%	4.1%	3.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs – 12 hrs	Antrim	0.8%	0.8%	1.4%	2.5%	3.2%	3.1%	2.8%	3.7%	3.0%	2.9%	2.8%	2.4%
			Causeway	1.9%	2.4%	3.2%	3.0%	3.8%	4.4%	3.6%	4.6%	3.1%	2.4%	3.2%	1.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs – 14 hrs	Antrim	0.1%	0.1%	0.2%	0.5%	1.2%	0.9%	0.7%	1.5%	1.3%	1.3%	0.8%	0.7%
			Causeway	-	-	0.0%	-	0.1%	0.1%	0.3%	0.6%	0.8%	0.3%	0.9%	0.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs – 16 hrs	Antrim	0.1%	0.1%	0.3%	0.4%	1.0%	0.9%	0.8%	1.2%	1.0%	1.0%	0.9%	0.5%
			Causeway	-	0.1%	0.1%	-	0.1%	0.2%	0.2%	0.9%	1.1%	0.3%	0.6%	0.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs – 18 hrs	Antrim	0.2%	0.1%	0.3%	0.4%	0.9%	0.8%	0.4%	1.2%	0.9%	0.8%	0.5%	0.8%
			Causeway	-	-	0.0%	-	0.1%	0.2%	0.3%	0.7%	1.1%	0.2%	0.6%	0.3%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	0.2%	0.1%	0.3%	0.9%	1.7%	1.2%	1.7%	5.2%	8.3%	4.3%	2.7%	1.9%
			Causeway	-	-	0.1%	-	0.5%	0.2%	0.6%	2.9%	7.2%	1.0%	2.9%	0.8%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95 th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	ANT ED – Median	02:43	02:44	02:50	02:54	03:34	03:21	03:28	03:44	03:41	03:33	03:26	03:09	
		ANT ED – Maximum	43:56	22:44	23:20	25:48	34:23	32:39	30:28	55:04	67:47	44:22	48:12	41:05	
		ANT ED – 95 th Percentile	06:59	07:12	07:47	09:43	11:58	11:16	10:55	18:19	24:24	16:12	12:00	10:56	
		CAU ED – Median	02:53	02:58	03:05	02:52	02:50	02:47	02:36	03:13	03:16	02:42	02:52	02:31	
		CAU ED – Maximum	11:57	19:35	19:35	12:00	27:58	22:49	34:05	44:39	49:38	27:56	54:18	29:04	
		CAU ED - 95 th Percentile	08:34	08:13	08:36	09:00	08:56	09:49	10:01	09:58	12:46	09:23	12:00	08:49	
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	5,209	5362	5176	5079	4623	4956	4579	4450	4419	4561	5117	4910
			%	81%	86%	86%	84%	77%	81%	75%	71%	77%	83%	80%	83%
		Causeway	Number	3,182	3028	3178	3015	2658	2632	2450	2126	1816	2131	2328	2667
			%	79%	81%	77%	79%	75%	72%	75%	64%	58%	74%	66%	77%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	7	7	6	7	7	7	7	6	6	6	
			95 th Percentile	18	18	17	19	22	21	22	26	23	20	20	18
			Maximum	69	62	70	39	81	70	75	272	181	114	48	63
		Causeway	Median	8	9	9	9	10	11	10	12	13	10	12	9
			95 th Percentile	27	29	29	27	31	36	33	38	45	31	41	28
			Maximum	46	72	69	73	61	97	82	79	84	88	113	51
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	8	9	9	8	9	9	10	10	9	8	9	8
			95 th Percentile	23	21	21	22	27	25	28	33	27	24	25	23
			Maximum	185	122	79	183	468	370	219	327	347	329	258	344
		Causeway	Median	9	7	7	9	10	10	9	12	13	10	11	9
			95 th Percentile	28	25	27	26	30	32	30	37	42	31	27	26
			Maximum	60	84	164	82	81	97	82	398	124	279	113	164
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	64	69	66	66	99	85	88	86	74	79	83	64
			95 th Percentile	490	246	239	304	342	381	325	376	297	326	325	304
			Maximum	227	424	669	759	762	639	634	969	707	630	721	529
		Causeway	Median	38	43	48	43	39	35	33	50	41	35	42	40
			95 th Percentile	225	223	237	194	188	157	162	206	199	157	193	154
			Maximum	1159	482	486	481	405	509	422	541	605	943	797	288

Area	Indicator			May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments.	Immediate	Antrim	0.4%	0.4%	0.3%	0.4%	0.5%	0.4%	0.4%	0.4%	0.3%	0.4%	0.3%	0.3%	
			Causeway	0.4%	0.3%	0.2%	0.4%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	
		Very Urgent	Antrim	14.2%	14.9%	15.7%	14.7%	16.2%	16.3%	17.7%	17.3%	17.7%	15.5%	16.1%	15.9%	
			Causeway	16.8%	18.0%	17.1%	19.6%	17.6%	16.2%	16.7%	19.6%	20.1%	17.1%	16.7%	14.2%	
		Urgent	Antrim	39.5%	39.9%	38.8%	38.6%	41.7%	41.6%	41.3%	44.6%	45.7%	44.9%	43.8%	42.8%	
			Causeway	45.5%	48.8%	46.8%	45.8%	48.6%	49.0%	46.4%	49.8%	49.3%	49.4%	49.3%	49.2%	
		Standard	Antrim	28.8%	28.6%	28.6%	29.0%	28.0%	26.3%	25.0%	24.6%	23.8%	24.9%	25.8%	25.8%	
			Causeway	34.0%	29.8%	32.4%	31.1%	29.8%	30.7%	28.8%	19.8%	16.9%	19.3%	22.5%	21.7%	
Non Urgent	Antrim	1.6%	1.3%	1.5%	1.4%	1.1%	0.7%	1.1%	0.6%	0.8%	1.0%	1.1%	0.7%			
	Causeway	2.1%	1.7%	2.3%	2.1%	2.0%	2.0%	1.8%	1.4%	1.4%	0.8%	1.1%	1.0%			
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95 th percentile and single longest time.	Antrim	Median	01:20	01:27	01:51	02:26	03:26	03:56	03:03	04:21	05:45	03:56	02:58	02:29	
			95 th percentile	06:30	06:20	08:32	11:48	15:06	13:07	15:39	22:51	12:39	22:01	19:32	16:58	
			Maximum	20:01	18:08	20:33	23:18	26:27	29:52	26:39	54:17	64:19	38:53	41:18	34:37	
		Causeway	Median	01:44	02:03	02:18	02:05	02:25	03:05	02:40	03:09	03:34	02:19	02:48	02:30	
			95 th percentile	06:08	06:44	07:20	06:46	08:02	07:57	09:21	18:34	00:21	11:12	18:32	11:29	
			Maximum	10:58	12:01	16:46	10:19	22:44	18:51	25:07	35:12	45:46	24:44	38:45	24:39	
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			2.2%	3.0%	4.1%	3.5%	4.5%	3.9%	3.8%	5.2%	3.7%	3.1%	4.2%	3.0%	
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim			3.3%	3.1%	3.3%	3.8%	3.6%	3.4%	4.5%	3.6%	3.5%	3.3%	3.9%	3.8%
		Causeway			3.9%	4.1%	5.0%	4.4%	4.3%	3.5%	5.6%	4.3%	4.3%	3.9%	4.9%	4.6%
Stroke LOS	D15. Average length of stay for stroke patients			14.3	15.2	10.2	17.0	12.8	11.2	8.5	14.4	10.6	14.1	11.3	11.7	
OP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services.			9678	9547	7850	9120	8816	9273	8873	6908	8843	8221	9029	8996	
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			98%	94%	82%	75%	65%	94%	95%	94%	94%	93%	86%	85%	
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			99%	99%	96%	92%	91%	99%	99%	99%	99%	99%	96%	97%	

Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Specialist Drug Therapies	D18. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	Arthritis	1	0	0	0	0	0	0	0	0	0	0	0
		Psoriasis	3	3	3	1	0	0	1	0	0	0	0	0

Desired Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Reablement	E1. Number of client referrals	(i) passed to re-ablement	240	271	191	230	190	246	276	230	306	274	290	
		(ii) started on a re-ablement	112	108	90	100	80	95	103	89	119	102	88	
		(iii) discharged from re-ablement with no further care required.	33	47	24	24	20	26	22	27	26	28	22	

Desired outcome 6: Supporting those who care for others

Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care.	Children	Family & Child Care	1		8		10		14				
			Children w Disabilities	24		25		20		31				
			CAMHS	0		0		0		0				
		Older People	646		821		949		902					
		Mental Health	212		212		172		190					
		Learning Disability	22		10		15		27					
		Physical Disability & Sensory Impairment	148		191		194		151					
		Other (Hospital SW POC1)	1		0		0		0					
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.	366323 (Apr – Jun)		521765 (Jul – Sept)		439481 (Oct – Dec)		482779 (Jan – Mar)						

Desired outcome 7: Ensure the sustainability of health and social care service															
Area	Indicator		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Outpatients Appointments Cancelled by Hospital	G1. New and Review outpatient appointments cancelled by hospitals	(i) Number of new & review cancelled by the hospital.	Information presented in Section 3.0 (CPD 7.4)												
		(ii) Rate of new & review cancelled by the hospital. <i>(Excludes VC's attendances)</i>	New	7.9%	8.5%	10.9%	7.9%	8.1%	8.0%	8.6%	9.5%	8.5%	8.8%	9.3%	11.8%
			Rev	12.7%	12.6%	14.2%	12.3%	13.1%	13.2%	12.6%	14.2%	12.5%	12.8%	12.5%	14.9%
		(iii). Ratio of new to review cancelled by the hospital. <i>(Excludes VC's Attendances)</i>	2.98	2.68	2.38	2.89	2.89	2.84	2.73	2.91	2.94	2.90	2.80	2.46	
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.		Information presented in Section 3.0 (CPD 7.4)												
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. <i>(Excludes VC's attendances)</i>		8.4%	7.6%	8.0%	8.6%	7.8%	7.2%	7.1%	9.2%	7.1%	7.6%	6.8%	5.8%	
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 24 elective procedures. (Figures shown are cumulative)		70%	70%	69%	70%	70%	70%	71%	71%	72%	71%	71%	68%	
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.		73%	79%	74%	70%	69%	77%	68%	72%	64%	76%	75%		
Pre-operative stay	G7. Elective average pre-operative stay.		0.62	0.64	0.68	0.64	0.62	0.61	0.61	0.50	0.66	0.48	0.42		
Cancelled Ops	G8. Percentage of operations cancelled for non-clinical reasons.		1.1%	1.7%	1.4%	2.6%	2.7%	2.5%	2.4%	5.9%	6.4%	3.7%	1.1%		
Elective Admissions	G9. Elective average length of stay in acute programme of care.		3.8	4.0	5.9	3.8	3.8	3.8	4.0	4.2	3.6	3.8	3.5	4.6	
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.		11.8%	12.6%	12.1%	13.6%	13.1%	11.3%	12.1%	13.0%	13.5%	13.0%			
Prescribing	G12. Level of compliance of GP practices and NHSTC with the NI Medicines Formulary; and prescribing activity for generic prescribing and dispensing rates.		Based on quarter 4, 2016/17, the Trust is 68% compliant with the British National Formulary (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)

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1)	167	177	178	181	187	191	199	200	205	209	218	216	
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)	55	56	57	59	59	59	56	56	55	58	57	55	
Diagnostic Tests	Unreported Imaging Tests (AI3) (percentage reported)	Urgent	0.01%	0.05%	0.13%	0.09%	0.08%	0.13%	0.13%	0.11%	0.23%	1.16%	0.74%	
		Routine	0%	1.4%	3.4%	0.14%	0.01%	0.01%	0.01%	0.005%	0.13%	0.07%	1.71%	
Hearing Aids	Number of hearing aids fitted within 13 weeks (AI4)	98%	99%	99%	99%	98%	100%	100%	100%	100%	100%	100%		
Children	Children admitted to residential care will have, prior to their admission - (AI5)	(a) been subject to a formal assessment	- (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)	0% (0 of 1)	100% (2 of 2)	0% (0 of 1)	100% (2 of 2)
		(b) have their placement matched through Children's Resource Panel	- (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)	100% (1 of 1)	100% (2 of 2)	100% (1 of 1)	100% (2 of 2)
Children	Looked After Children (initial assessment) - Initial assessment should be completed within 14 working days from the date of the child becoming looked after (AI6)	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) (AI7)	45%	48%	48%	57%	68%	81%	76%	75%	53%	58%	59%	67%	
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI8)	74%	80%	80%	57%	53%	79%	66%	69%	80%	80%	85%	83%	
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI9)	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 (AI10) (unallocated > 20 days)	26	22	22	24	17	15	11	14	5	18	27	17	
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI11)	484 Foster Carers (157 kinship) (Apr - Jun)		505 Foster Carers (163 kinship) (July – Sept)			501 Foster Carers (156 kinship) (Oct – Dec)			483 Foster Carers (159 kinship) (Jan – Mar)				

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Children Services/ Adoption Best Interest (ARIS)	Number of Looked After Children who have been formally notified to ARIS (Adoption Regional Information System) within 4 weeks of that Adoption Panel decision (AI12)	100% (5 of 5) (Apr – Jun)		100% (6 of 6) (July – Sept)			100% (7 of 7) (Oct – Dec)			100% (6 of 6) (Jan – Mar)				
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI13) – Learning Disability	4	4	4	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) (AI13) – Mental Health	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. (AI14)	100%	100%	100%	98%	100%	100%	99%	99%	100%	100%	100%		
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI15)	92%	92%	97%	90%	91%	95%	90%	77%	84%	88%	86%	91%	
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI16) 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. (AI17)	79%	85%	83%	84%	81%	81%	85%	86%	78%	81%	84%		
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal. (AI18)	86%	94%	69%	55%	73%	90%	61%	55%	63%	77%	77%		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI19)	Assessment Number > 13 wks	260	228	210	255	292	348	310	367	413	443	488	539
		Intervention Number > 13 wks	24	11	9	25	33	30	28	48	49	62	68	47
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI20)	57	50	37	42	36	37	24	18	62	47	42		
Theatre	Theatre Utilisation and Cancellation rates (AI21)	70%	69%	70%	69%	70%	69%	69%	64%	62%	65%	68%		
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI22)	78	50	114	147	112	105	148	136	145	152	149		
Residential / Nursing Home	Number of clients in residential/nursing homes (AI23)	4048 as at 31.03.2018, 6 monthly report												
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI24)	122 vacancies as at 31.03.2018, 6 monthly report												

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI25) (week commencing date is the Monday closest to the start of the month)	192	191	173	181	175	179	185	186	193	177	175	180
Continuing Care Needs	(i) waiting longer than 5 weeks for an assessment of need to be completed (% < 5 wks)	99%	99%	97%	99%	99%	97%	99%	100%	98%	99%	100%	
	Number of people with continuing care needs (AI26) (ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met. (% < 8 wks)	100%	95%	98%	97%	96%	97%	96%	98%	99%	100%	98%	

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 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered.

18/19 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 2018 (4 weeks)	401	279	-122	-30%	849	704	-145	-17%	1250	983	-267	-21%	4461	3899	-562	-13%	6921	7496	575	8%

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.

18/19 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 4 weeks (28 April 2018)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Cardiology		-24%	-14%	Underperformance in daycase activity is balanced off by an overperformance in inpatient activity, with an overall IPDC delivery of 100%. Outpatient volumes reduced due to Easter break at start of April.	
Dermatology			-41%	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 is in place. Recruitment is underway for the consultant post. The Trust continues to meet with HSCB regarding the ongoing vulnerability of the service.
ENT	-53%	-37%	-15%	IPDC split not agreed. Inpatient volumes mainly impacted by capping of lists due to unscheduled pressures, and unanticipated consultant absence. Outpatient volumes reduced due to consultant absence.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes. Improved staffing position for 18/19 should result in increased outpatient volumes.
Gastroenterology		-41%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Surgery	-42%	-29%	-18%	IPDC SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites. Outpatient volumes reduced due to Easter break at start of April.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Obs and Gynae (Gynaecology)	-37%	-24%	-15%	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. Outpatient volumes reduced due to Easter break at start of April.	Close monitoring on a weekly basis to ensure timely identification of issues with under utilization of lists.
Rheumatology	-65%			Limited requirement for IP management.	
Thoracic Medicine		-13%	-22%	The service has one consultant vacancy and another working reduced hours; this has impacted on outpatient volumes. Underperformance in daycase activity is balanced off by an overperformance in inpatient activity, with an overall IPDC delivery of 102%.	A consultant locum has been sourced for the vacant post and will commence on 7 May 2018.
Endoscopy		-18%		Volumes reduced due to Easter break at start of April. 1.5 nurse endoscopy lists not running at present due to occupational health issues.	GI specialty doctor recruited and 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

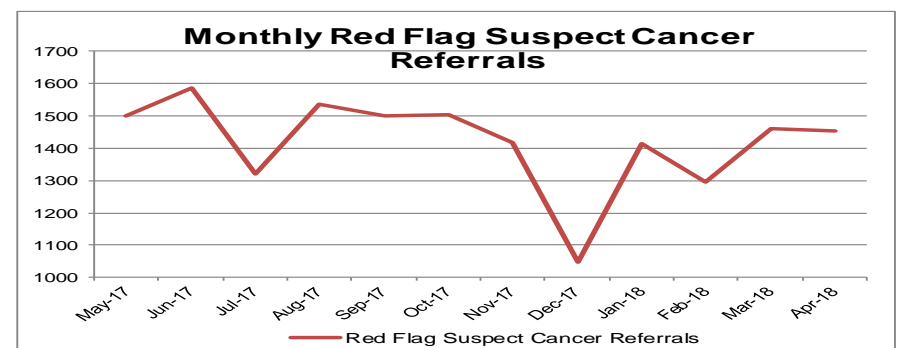
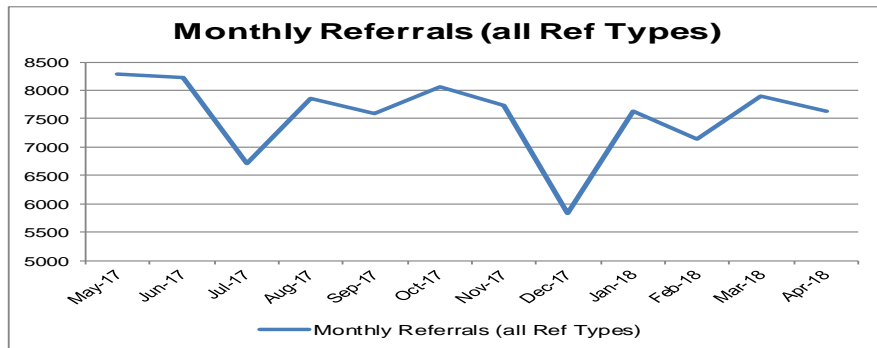
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	8431	8168	8342	7221	7848	8405	8033	8060	6483	7843	7530	8836
17/18	6782	8291	8226	6710	7848	7588	8063	7744	5823	7642	7131	7891	
Variance on Previous Year	-1649	123	-116	-511	0	-817	30	-316	-660	-201	-399	-945	
% Variance on Previous Year	-20%	2%	-1%	-7%	0%	-10%	0%	-4%	-10%	-3%	-5%	-11%	
18/19	7624												
Variance on Previous Year	842												
% Variance on Previous Year	12%												

Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	8431	16599	24941	32162	40010	48415	56448	64508	70991	78834	86364	95200
17/18	6782	15073	23299	30009	37857	45445	53508	61252	67075	74717	81848	89739	
Variance on Previous Year	-1649	-1526	-1642	-2153	-2153	-2970	-2940	-3256	-3916	-4117	-4516	-5461	
% Variance on Previous Year	-20%	-9%	-7%	-7%	-5%	-6%	-5%	-5%	-6%	-5%	-5%	-6%	
18/19	7624												
Variance on Previous Year	842												
% Variance on Previous Year	12%												

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	1318	1407	1352	1249	1345	1497	1289	1302	1160	1309	1290	1550
17/18	1267	1501	1586	1320	1536	1499	1504	1416	1047	1414	1295	1460	
Variance on Previous Year	-51	94	234	71	191	2	215	114	-113	105	5	-90	
% Variance on Previous Year	-4%	7%	17%	6%	14%	0%	17%	9%	-10%	8%	0%	-6%	
18/19	1454												
Variance on Previous Year	187												
% Variance on Previous Year	15%												

Cumulative Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	1318	2725	4,077	5,326	6671	8,168	9,457	10,759	11919	13228	14518	16068
17/18	1267	2768	4354	5674	7210	8709	10213	11629	12676	14090	15385	16845	
Variance on Previous Year	-51	43	277	348	539	541	756	870	757	862	867	777	
% Variance on Previous Year	-4%	2%	7%	7%	8%	7%	8%	8%	6%	7%	6%	5%	
18/19	1454												
Variance on Previous Year	187												
% Variance on Previous Year	15%												

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



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
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	6,487	6,323	7,358	85,198
2018 / 19	6,928												83,136

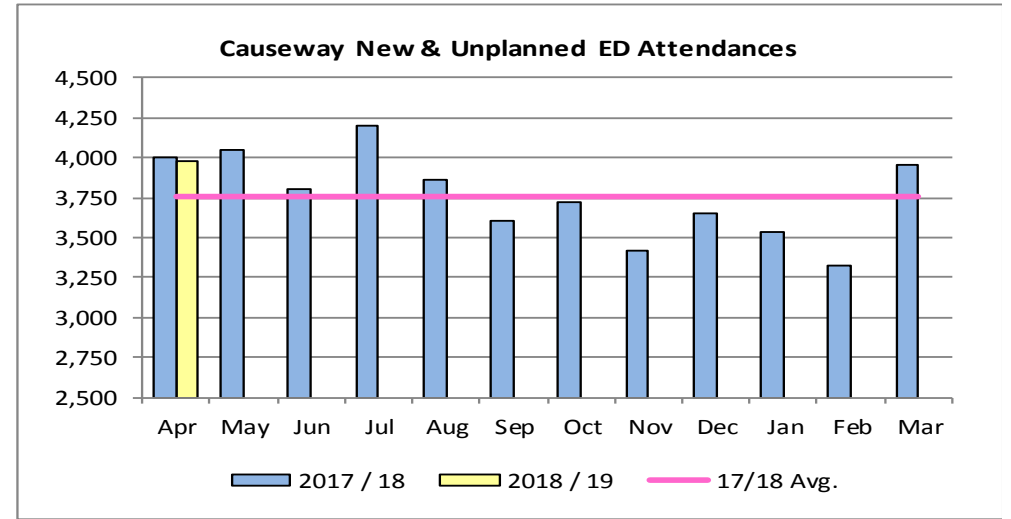
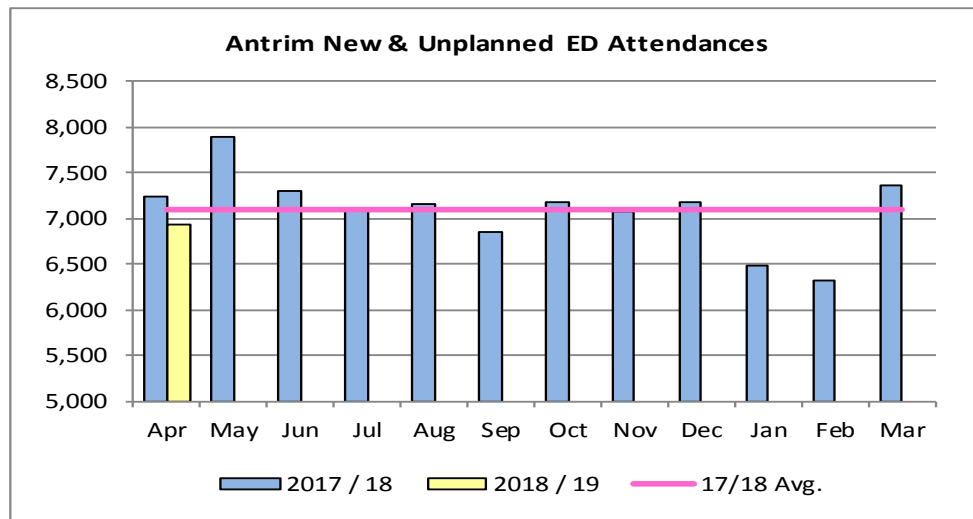
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
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	3,534	3,322	3,955	45,144
2018 / 19	3,984												47,808

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
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	10,021	9,645	11,647	130,676
2018 / 19	10,912												130,944

Note: Total attendances for 2018/19 is a projection figure based on 2018/19 attendances to date.



5.0 Workforce - Staff in Post, Staff Movement, Absence

	TRUST	Women Child & Families	Medicine & Emerg. Med.	Surgical & Clin Services	MH, LD & CWB	Community Care	Strat Dev & Bus Services	Finance	Human Resources	Medical	Nursing (Inc. Support Services)
Headcount as at 30 th April 18	11906	2093	1197	2305	1627	2690	176	292	118	280	1128
% Absence 1 st April 17 - 31 st March 18 (6.98% Target)	6.79%	6.87%	6.27%	6.77%	6.94%	7.08%	5.21%	5.60%	4.88%	5.55%	7.88%
% of Staff undertaking Appraisal as at 31 st Mar 18 (71% Target)	74%	55%	62%	61%	87%	95%	90%	87%	94%	47%	62%
Q2020 Level 1 % of Staff trained as at 31 st Mar 18 (30% Target)	31%	17%	18%	23%	27%	46%	80%	90%	55%	23%	28%
% Frontline Staff receiving flu vaccine as at 31 st Mar 18 (40% Target)	34.0%	38.1%	36.9%	40.8%	29.9%	24.5%	N/a	N/a	80.0%	50.0%	36.0%

ABSENCE

The Trust monthly absence percentage for March 2018 was 6.81%. The Trust cumulative absence percentage for the period 1st April 2017 - 31st March 2018 is 6.79%. The 2017/18 year-end Trust absence percentage will be available in late May once the impact of late recording is quantified. During the period 1st April 2017 - 31st March 2018, 13.68 days were lost per employee due to sickness absence.

2017/18 DEPARTMENT OF HEALTH (DoH) WORKFORCE TARGETS

Absence

Subject to the potential impact of late absence recording, the Trust is currently on track to meet the 2017/18 absence target of 6.98% set by the DoH. As at 28th February 2018, the Trust cumulative absence figure, inclusive of late recording, is 6.94%.

Appraisal

The Trust has successfully met the DoH target to ensure that by 31st March 2018, at least 71% of agenda for change staff had completed an in-year appraisal. As at 31st March 2018, 74% of eligible staff had undertaken an in-year appraisal and agreed Personal Development Plan.

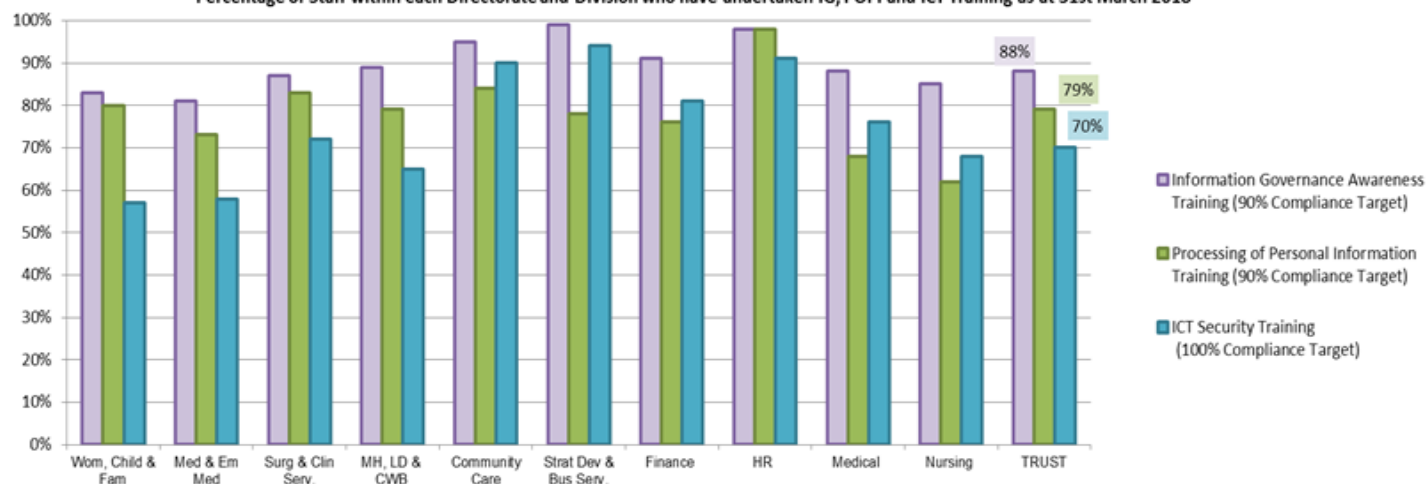
Quality 2020

The Trust has successfully met the DoH target to ensure that by 31st March 2018, at least 30% of staff had undertaken Level 1 Q2020 training. As at 31st March 2018, 31% of staff had completed Q2020 training.

Flu Vaccination

The Trust was unable to meet the DoH target to ensure that by 31st March 2018, at least 40% of frontline staff had received a flu vaccination. As at 31st March 2018, 34% of frontline staff had been vaccinated.

Percentage of Staff within each Directorate and Division who have undertaken IG, POPI and ICT Training as at 31st March 2018



INFORMATION GOVERNANCE

The Trust continues to embed the importance and requirement for effective information governance within the organisation.

Information Governance Awareness (IG) Training

As at 31st March 2018, 88% of Trust staff had undertaken IG Awareness training, an increase of 5% compared to the figure reported at 2016/17 year end.

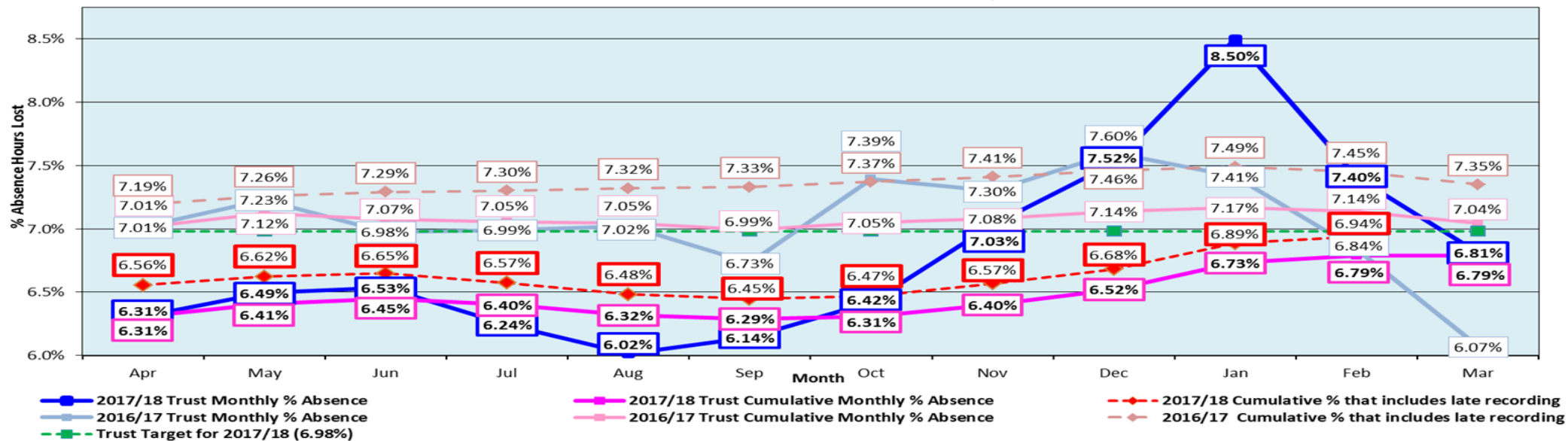
Processing of Personal Information (POPI) Training

As at 31st March 2018, 79% of Trust staff had undertaken POPI training, a figure that has remained unchanged from the 79% reported at 2016/17 year end.

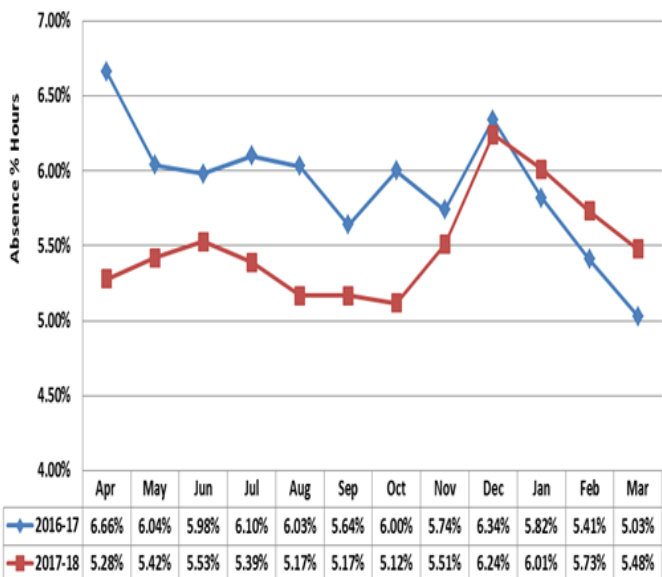
ICT Security Training

As at 31st March 2018, 70% of Trust staff had undertaken ICT Security training, an increase of 14% compared to the figure reported at 2016/17 year end.

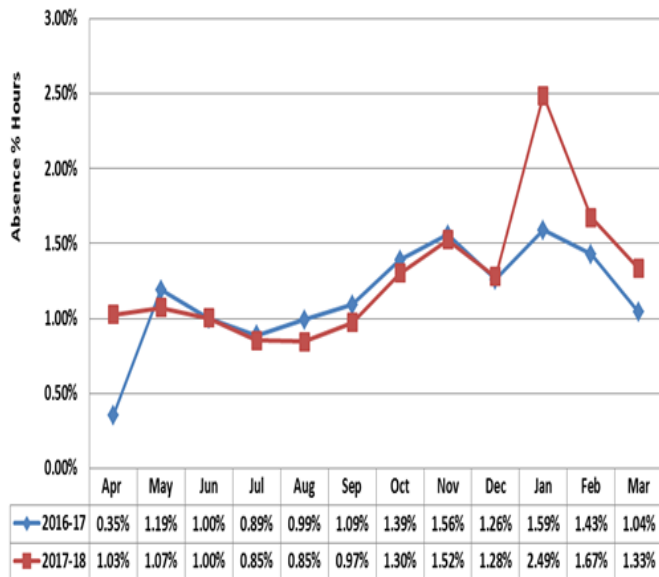
Northern Trust % Absence Hours for the period 1st April 2016 - 31st March 2018
Sickness Absence Information excludes Bank and Domiciliary Care Staff



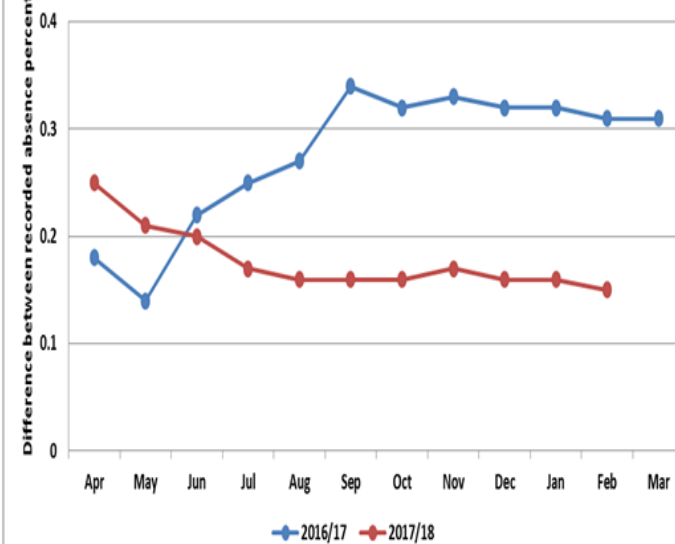
Trust Monthly Long Term % Absence
From 1st April 2016 to 31st March 2018

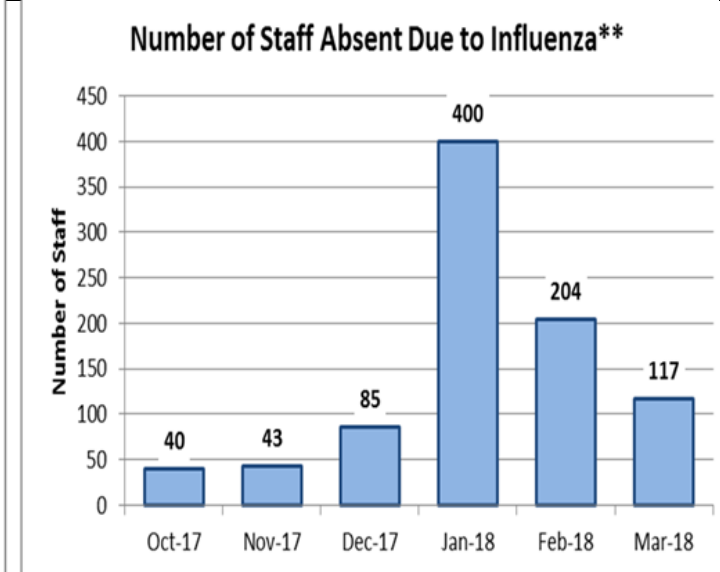
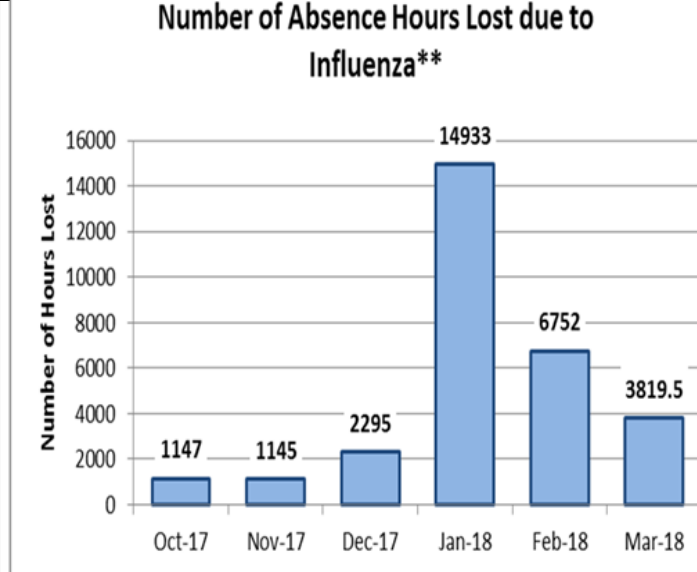
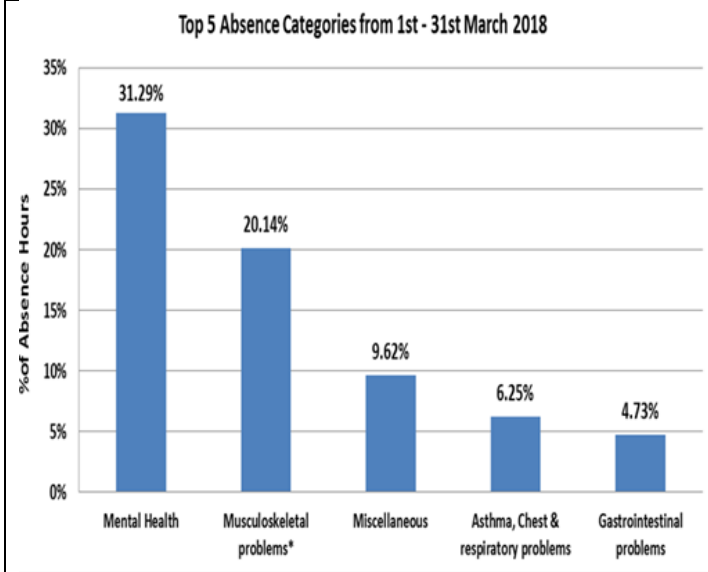
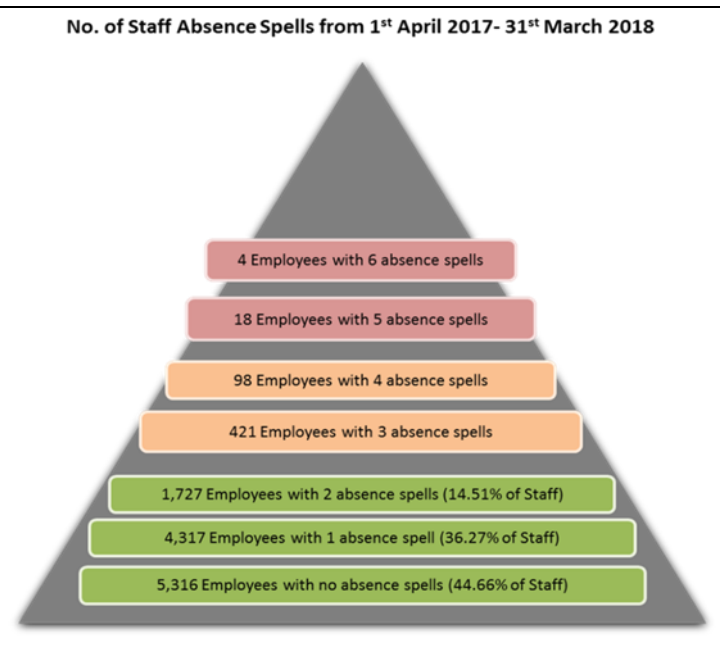
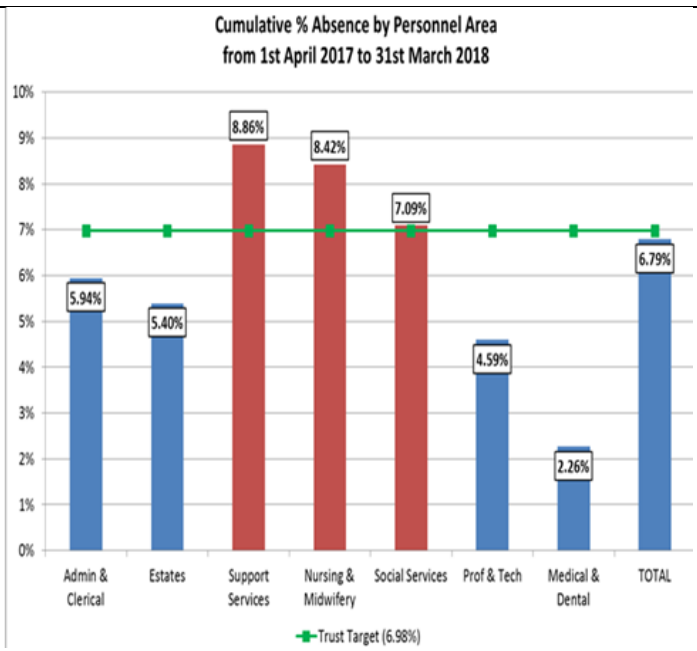
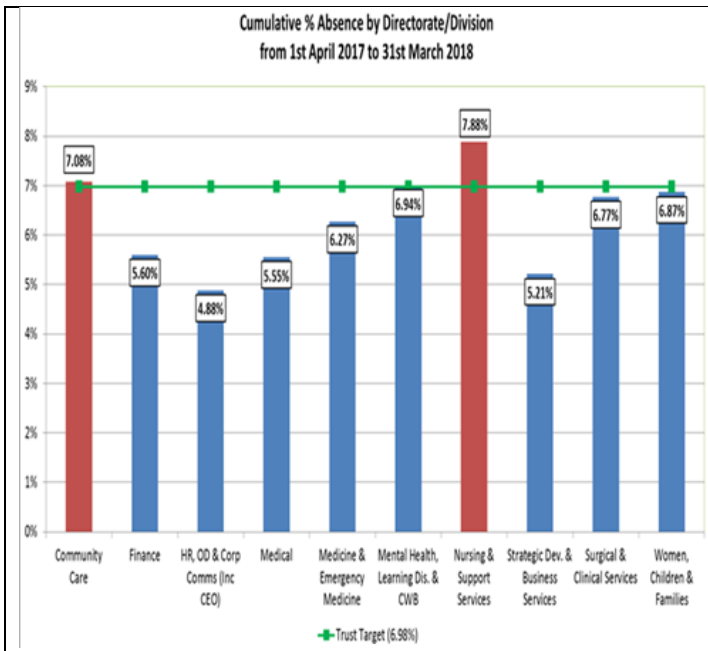


Trust Monthly Short Term % Absence
From 1st April 2016 to 31st March 2018



Monthly difference between Trust Absence % that excluded impact of late recording and Trust Absence % that included impact of late recording





*Musculoskeletal Problems is a combination of the following absence categories: 'back problems', 'injury/fracture' and 'other musculoskeletal Problems'
 **Reflects absence recorded against the 'Influenza' absence category only. Position as at 23 March 2018.