



Northern Health
and Social Care Trust

TRUST BOARD PERFORMANCE REPORT

October 2015

Prepared & Issued by Planning & Service Improvement Unit – 18th November 2015

This report has been developed to reflect and report on the five key strategic objectives of the Trusts Corporate Plan 2013/14 – 2015/16

SECTION

- 1.0 Service User Experience
- 2.0 Safe & Effective Care
- 3.0 Quality Standards & Performance Targets
- 4.0 Use of Resources
- 5.0 Workforce

Key:

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

Trend on previous month (TOPM)	
Performance improving	↑
Performance decreasing	↓
Performance static	↔

Key Trust Challenges & Progress

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

- Antrim ED had 85 twelve hour breaches during October 2015 compared to 1 the previous month. By way of comparison, cumulatively for the period April to October 2014 Antrim ED had experienced 333 twelve hour breaches and for the same seven month period this year, 254 twelve hour breaches; a 24% reduction. Performance against the 4 hour target in October was 65% for both Antrim and Causeway hospitals. At the end of October Causeway ED continued to have had no 12 hour breaches since August 2013.

Diagnostic Waiting Times

The majority of excess waits at present are in CT, Cardiac Investigations and Audiology and are due to demand outstripping current capacity/SBA volumes. Elective access funding has been made available in Q1-2 to address the elective capacity gap in MRI, CT, USS and Echocardiography. Unscheduled access/7 day working recurrent funding has also been confirmed for MRI, CT and USS exams in Antrim Area Hospital, which will help address the significant demand-capacity gap.

Psychological Waits

At the end of October there were 155 patients waiting > 13 weeks. Performance is now being impacted by 3 separate services – PTS (Psychology of MH) where the position is likely to improve somewhat over October and November due to new staff commencing in post, Clinical Health Psychology where there is growing demand for this recently established service and Learning Disability (adult and children) where vacancies are having an impact with 2wte of the 4 wte posts currently vacant. Actions being taken include engagement with referring agents re other models of provision during periods of reduced capacity within the service. Breaches will reduce when all vacant posts are filled & additional capacity is in place.

62 Day Urgent Suspected Cancer referrals to commence treatment

Cases are monitored through tumour sites e.g. Breast, Dermatology & Urology. Urology Service is now delivered in partnership with the Western HSC Trust.

Demand and Elective Waiting Lists

For both Elective Inpatients and Day cases expected activity against SBA volumes at the end of October 2015 were below expected performance, with Elective inpatients 25% (n= 829) below SBA performance and Day cases 5% (n=408) below performance. With Outpatient attendances, new appointments are 4% below SBA target and review appointments are 18% above SBA target.

The Trust achieved an 18-week wait for planned Endoscopy patients at the end of October. A visit from JAG is scheduled for January 2016, at which point the Trust's accreditation status will be reviewed.

Review of referrals for New Outpatient appointments shows that "Red Flag" Cancer referrals have continued to increase since 2013/14 when there were 11,461 such referrals to the Trust, increasing to 12,911 in 2014/15 (a 12.8% increase). Comparing the first seven months, to end of October 2015 for red flag outpatient referrals shows 9036 such referrals compared to 7959 in the same period last year, a 14% increase - this has significant impact on waiting times.

Improvement plans are in place for specialties that are not delivering SBA, and have resulted in some recovery of volumes since the start of the financial year. Further plans are under development for Q3-4 and it is expected that some further improvement will be realised in the remainder of the year.

Patients Waiting
over 9 Weeks for a
Diagnostic Test
(page 20)

Emergency Dept.:
Patients treated &
discharged < 4hrs
(page 23)

62 Day Urgent
Suspect Cancer
commence treatment
(page 29)

Psychological Waits
> 13 weeks (page 32)

Demand for Services
(page 49)

1.0 Service User Experience

1.1 Patient Experience as replied in Patient Surveys

Patient/Client Experience Standards Monitoring Report – Quarter ending March 2015 (as per Regional Directive from PHA)

During 2014/15 Patient surveys were only undertaken during Quarter 4. Earlier performance reports detail feedback received from OT Wheelchair Services and the Maternity Wards in Antrim and Causeway Hospitals. Analysis of the returns from the Emergency Department, Causeway Hospital for the same period is detailed below (late data return).

Area of Audit: Emergency Department (ED), Causeway Hospital – 18 questionnaires completed							
Respect	Consider & respect wishes	Respect religious & spiritual needs	Treat as an individual	Explained reasons care interruption	RAG assessment of Patient Client Standards: Green >90%, Amber 80 – 89%, Red <79% <i>Question answer options ranged from Least Satisfied (1) – Most Satisfied (5). Collated ratings of '4' and '5' have been included within compliance levels highlighted</i>		
	88%	86%	87%	91%			
Attitude	Approachable	Willing to help	Willing to take time to listen to questions/ concerns	Caring and compassionate	Aware when upset/distressed	Able to provide with assistance when needed	
	88%	86%	79%	81%	82%	69%	
Communication	Speak in a way which could be easily understood	Check you understood what you were being told	Listen to you	Explain what was happening re: your treatment & care	Involve you in decisions which needed to be made	Introduce themselves	Ask if you had any concerns about your treatment and care
	94%	86%	100%	93%	93%	94%	86%
Privacy & Dignity	Enough privacy when discussing treatment, care and personal matters	Maintain privacy when examining you or providing care & treatment	Steps taken to prevent you feeling embarrassed				
	100%	86%	92%				
Behaviour	Polite and courteous	Behave in a professional manner	Make you feel safe & secure	Call you by your preferred name	Provide you with enough information in order to understand what agreeing/consenting to	Ask for consent/ permission before carrying out care	
	88%	100%	93%	93%	93%	93%	
During the treatment and care how did you feel about the:	Level of Noise	Brightness of the area	Temperature of the area	Wakening time			
	70%	78%	56%	80%			
During the treatment and care did staff provide timely & effective response to your needs in the following areas	Pain relief	Medication	Toileting	Mealtimes	Meals of an acceptable standard	Washing and dressing	Personal care
	89%	71%	80%	100%	100%	75%	83%

The 10,000 Voices Project

Current activity and story collection continues in the following areas

7,736 stories have been returned regionally in Northern Ireland with 1,591 of these relating to NHSCT. A high volume of the stories continue to illustrate public recognition of staff compliance with the Patient/Client Experience (PCE) Standards. Feedback from stories is shared fortnightly back to services, all stories requiring escalation is done immediately upon review of data sent from Cognitive Edge.

Story collection continues within the following areas.

- Unscheduled Care
- Care in your own Home
- Staff experience
- Northern Ireland Ambulance Service.

Northern Ireland Ambulance Service

Story collection continues and is supported by facilitators across Trusts in the absence of NIAS facilitator.

Regional Returns	244					
NHSCT Returns: 120 (49.2%)						
NHSCT	Strongly Positive	Positive	Neutral	Negative	Strongly Negative	Not sure
	96	21	1	2	0	0

Care in your own Home

Regional Returns	1,412					
NHSCT Returns: 162 (11.5%)						
NHSCT	Strongly Positive	Positive	Neutral	Negative	Strongly Negative	Not Sure
	86	51	7	2	7	9

Unscheduled Care – Emergency Departments, GP Out of Hours, Minor Injury Units

Regional Returns	1,055					
NHSCT Returns: 259 (24.5%)						
NHSCT	Strongly Positive	Positive	Neutral	Negative	Strongly Negative	Not Sure
	163	66	14	8	6	2

Staff experience.

Regional Returns	203					
NHSCT Returns: 11 (5.4%)						
NHSCT	Strongly Positive	Positive	Neutral	Negative	Strongly Negative	Not Sure
	2	2	2	1	2	2

What Patients say we do well

- Good introductions and explanations
- Visibility of staff
- Environmental cleanliness
- Compassionate care

What patients say we could do better:

- Remembering the impact of staff Attitude, Behaviour, & Communication on patient experience
- Remembering the importance of the 'small things' and taking into account patients' preferences and choices.
- Discharge process – waiting times/medication

Workshop and learning events continue across all trust sites.

Recent learning and feedback opportunities include:

F1/F2 induction, mandatory training, Nursing and midwifery, Band 5 training day (Causeway), Paediatric staff training days, breaking Barriers-driving standards, District nurses PBL, Radiography, HCA first steps programme, ward based feedback, and Hello my name is information sessions.

1.0 Service User Experience

1.2 Care Quality Audits

Element of Care	Details	Number of Indicators Observed	Method	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Element 1 - First Impressions	Areas observed include welcome signs evident, name badges being worn, information leaflets for patients / relations, ward being accessible to disabled people.	11	Observation in Practice	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green
Element 2 - Dignity & Respect	Includes patients dressed to protect dignity, access to personal property and bedside tables, drinks, call bells, curtains being fully closed during personal care and chairs available for patient care.	13	Observation in Practice & Patient/Relative discussion	Green	Green	Green	Green	Green	Green	Green	Green
Element 3 - Attitude & Behaviour	Staff to be polite & respectful in their interactions, to display warmth & empathy and have knowledge of patient preferences.	5	Observation in Practice & Patient/Relative discussion	Green	Green	Green	Green	Green	Green	Green	Green
Element 4 - Cleanliness & Infection Prevention Control	Includes staff storage & work areas to be clean & tidy, staff hand washing before and after patient care, staff dress code in relation to infection control cases of cdiff & IV device related infections and proactive IPC link nurse.	13	Observation in Practice & Patient/Relative discussion	Green	Green	Green	Green	Green	Green	Green	Green
Element 5 - Documentation	Includes record keeping, risk assessments completed, national early warning signs (NEWS) recorded on all sets of observations, Fluid balance, Medicines Kardex.	49	Documentation Audit	Red	Red	Amber	Amber	Red	Red	Red	Red
Element 6 - Mealtimes	Assessments of patient preparation for mealtimes. Assessments during & after mealtimes.	15	Observation in Practice / Documentation Audit	Red	Green	Green	Green	Amber	Amber	Green	Amber

RAG: Green >90%, Amber 80 – 89%, Red <79%

*Care Quality Audits have been revised and have not been fully implemented, therefore there is currently no update available.

1.0 Service User Experience

1.3 Complaints / Compliments

September 2015 Position	Trust Total	Acute	Child	MH&D	Community	Finance	PPMSS	M&G	Nursing	Unknown
Number of Complaints	65	30	12	7	13	0	0	0	3	0
Complaints Responded to within 20 Days (%)	57%	30%	67%	57%	100%	n/a	n/a	n/a	100%	n/a
Compliments Received	79	43	10	11	15	0	0	0	0	0

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.

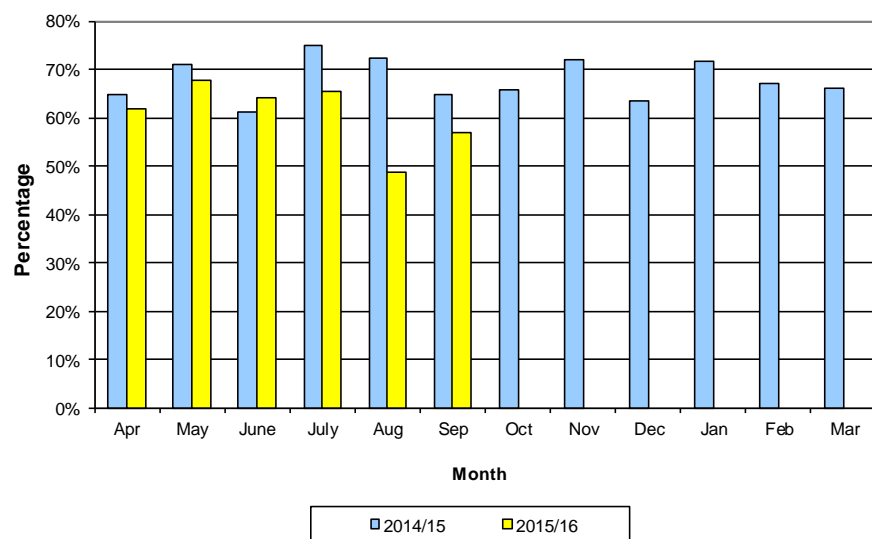
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this may not be possible in all cases.

During September 2015 there were 65 formal complaints, 3 of which have been reopened (1 reopened twice). Of these complaints 37 were responded to within 20 working days (57%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour, Waiting list, Delay/Cancellation Community Based Appointments.

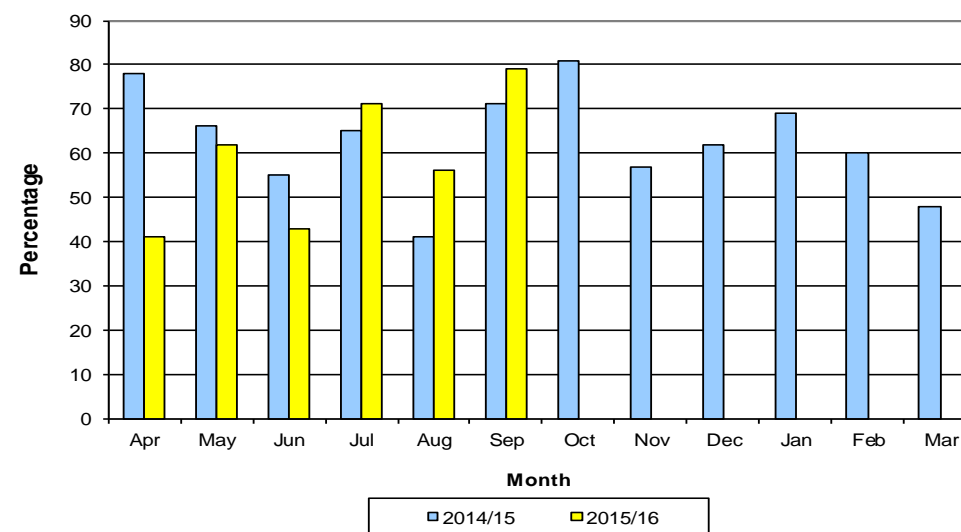
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints information presented one month in arrears

Complaints Responded to within 20 Days



Compliments Received



2.0 Safe & Effective Care

2.1 Healthcare Acquired Infections

2.2 Emergency Hospital Readmissions

2.3 Stroke

2.4 Pressure Ulcers / Falls in Adult Wards / Venous Thromboembolism (VTE Risk Assessment)

2.5 Serious Adverse Incidents

2.6 Patient Safety

2.0 Safe & Effective Care

2.1 Healthcare Acquired Infections

	Actual Activity 14/15	Aug 15	Sept 15	Oct 15	Cumulative Position as at 31 st October
No of MRSA cases	11	3	4	2	16
No. of CDiff cases	62	4	6	3	42
Deaths associated with CDiff	5	0	1	0	1

Target 2015/16 MRSA = 10, CDiff = 59

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

Forecast impact on performance

The Trust target set for MRSA bacteraemia for 2015/16 is 10 cases; at the end of October 2015 the Trust has now breached this target with a total of 16 cases of MRSA bacteraemia detected. A breakdown of the figures indicate that 9 cases were identified within 24-48hrs (<48 hrs) of admission to hospital and 7 cases were identified more than 48 hours (>48 hrs) after hospital admission.

Trust total number of CDI cases at the end of October 2015 = 42 against a 2015/16 target of 59. It will be extremely challenging for the Trust to stay within the target set for CDI by year end.

Causes/Issues that are impacting on performance

MRSA – Currently all MRSA bacteraemias are ascribed to the Trust regardless of where they are identified. Many of the patients identified with MRSA bacteraemia have been complex patients with long term medical conditions. Work is continuing Community Healthcare colleagues and with PHA colleagues to address the community burden of MRSA and how it impacts secondary care.

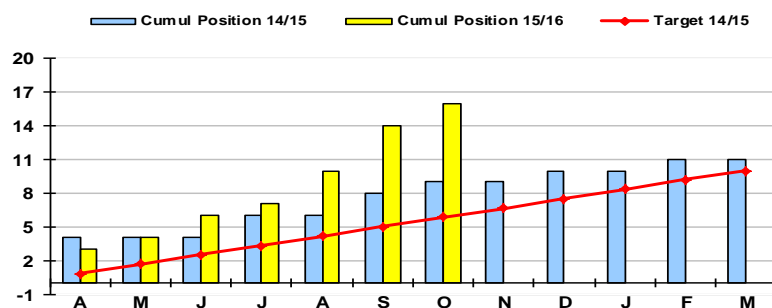
CDIFF – CDI cases continue to present challenges as early identification and isolation on clinical grounds can be difficult. In addition, loss of the minimum bed spacing to reduce transmission of HCAI's due to additional beds on Antrim site continues to present challenges by increasing the risk of transmission. Clinical activity has also increased in the Trust which may impact on the calculation of targets originally set during periods of lower activity.

Actions being taken with time frame

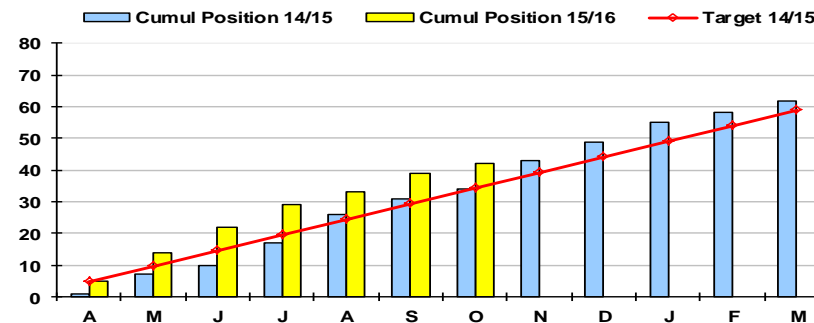
MRSA - Blood Culture technique training and Aseptic Non-Touch Technique (ANTT) on-going across the Trust. Infection control DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes Infection Control element. Education and audit of practice for central and peripheral line care continues for all inpatient areas. MRSA Trust Policy and Care Bundle has been disseminated Trust wide with enhanced monitoring of compliance. Post Infection Review continues to be undertaken for every case of MRSA bacteraemia. Further in depth analysis of all cases on-going by IPC Team. Focused commitment by 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 has given assurances that there have been no cases of transmission within the Trust since April 2013. Continued Microbiology-led antimicrobial stewardship rounds to ensure appropriate antibiotic prescribing, undertaken in high use areas where clinical attendance allows. Review of urethral catheter use/other indwelling devices. Memo sent by Infection Control Doctor/Consultant Microbiologist to remind all hospital/community colleagues on protocol for managing CDI. Weekly, Microbiologist led, weekly C.Diff ward rounds have also continued during October in Antrim site and have had a positive impact on the monthly CDI cases, however with this increased demand upon the Microbiology Department and Infection Control Doctor, these rounds may be difficult to sustain. Environmental cleanliness audits and clinical practice audits remain in place. Intensive cleaning programme on-going across inpatient areas. Focused commitment by IPC Nursing Team to visit daily, Emergency Departments and high risk acute inpatient areas in Antrim and Causeway to increase awareness of correct assessment, placement and management of patients presenting with diarrhoea with all staff. Additional IPC training delivered to Patient Pathways Team to provide advice and guidance on identification and correct placement of patients with infection risk.

MRSA



CDiff



2.0 Safe & Effective Care

2.2 Emergency Hospital Readmissions

	15/16 Target	Jul 15	Aug 15	Sept 15
% Emergency Re-admissions within 30 Days	(not to exceed) 7.6%	8.1%	7.9%	7.6%
Number of 30 Days Emergency Re-admissions	(not to exceed) 329 mthly	412	390	401
% Emergency Re-admissions within 7 Days		3.1%	2.9%	3.2%
% Emergency Re-admissions within 8 – 30 Days		5.0%	5.0%	4.5%

Emerg. Re-admissions information presented one/two months in arrears.
 Excludes: Regular attenders, Paediatrics, Obstetrics & Palliative Care.
 Information now sourced from Acute Hospital Information Service, previously sourced from DHSSPSNI.
 Figures are subject to change.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Emergency readmissions are due to a number of factors, including a patient's home environment, access to community services, and the increasingly complex nature of patients being admitted to hospital.

ACTIONS BEING TAKEN WITH TIME FRAME

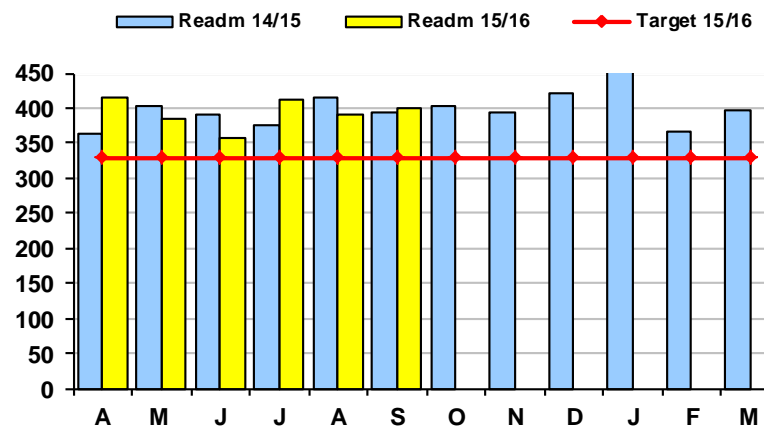
The Trust is enhancing Antrim Direct Assessment Unit during Nov-Dec 2015 with the development of assessment pathways for surgery, cardiology and care of the elderly.

FORECAST IMPACT ON PERFORMANCE

Under review.

Emergency Readmissions

April '15 to September '15			
Hospital	All Admissions	Emergency Readmissions	% Readms Rate
Antrim	16105	1578	9.8%
Causeway	9067	642	7.1%



2.0 Safe & Effective Care

2.3 Stroke

	15/16 Target	Aug 15	Sept 15	Oct 15
% Ischaemic Stroke receiving thrombolysis	(to achieve) 13%	9%	12%	7.2%
Number of emergency admissions with a primary diagnosis of stroke		59	60	79

% Ischaemic Stroke target for 14/15 was 12%

Causes/Issues that are impacting on performance

There has been no change to the provision of the lysis service since the consultant on-call service started in February 2015. The same level of medical staff are assessing and treating patients. Therefore it is likely that this overall reduction in lysis rates over the last 3-4 months is due to a drop in public awareness regarding the signs and symptoms of stroke and attending ED immediately.

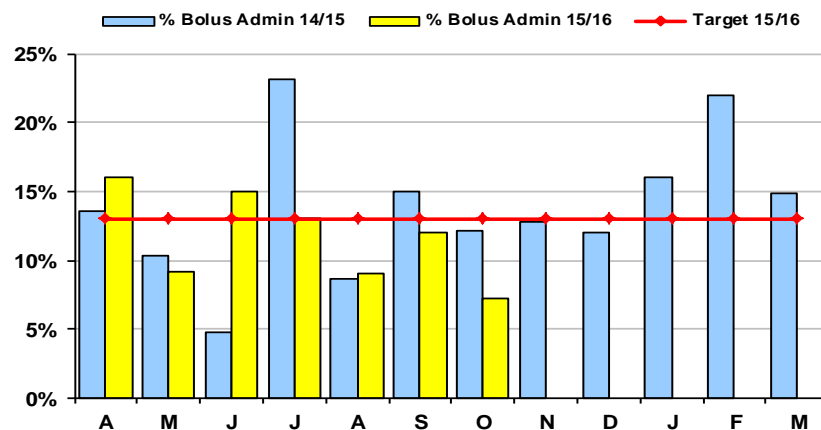
Actions being taken with time frame

There was one patient identified last month who appeared suitable for lysis and did not receive thrombolysis. These notes were reviewed by Dr Vahidassr and there was a valid medical reason for not lysing. The PHA have restarted the FAST campaign at the beginning of November 2015.

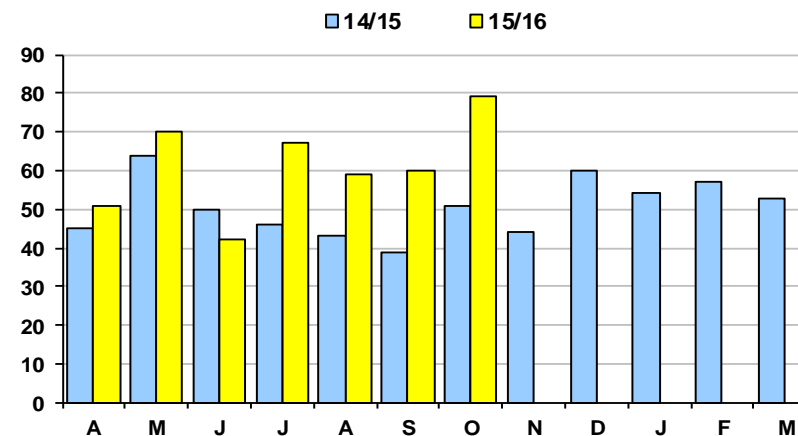
Forecast impact on performance

It is expected the FAST campaign will mean patients attend ED quicker. Therefore more patients are likely to be within the time window to be eligible for thrombolysis, leading to an increase in rates

% Ischaemic Stroke receiving thrombolysis



Number of emergency admissions with a primary diagnosis of stroke



2.0 Safe & Effective Care

2.4 Pressure Ulcers / Falls in Adult Wards / Venous Thromboembolism (VTE) Risk Assessment

		14/15 Qtr 4	15/16 Qtr 1	15/16 Qtr 2
Number of hospital acquired Pressure Ulcers* graded 3 & 4	2015/16 monitor grade 3 & 4, and the number of these that were unavoidable	49 (grades 2, 3 & 4)	12	Not yet available
Number of hospital acquired pressure ulcers* that were unavoidable (grades 3 & 4)	2015/16 Trust target: 100%	N/A	9	Not yet available
Percentage of Wards that Fall Safe bundle has spread to (excluding Mental Health wards)	2015/16 95%	55%	79%	93%
Compliance with completion of malnutrition universal screening tool (MUST)		N/A	87%	91%

Jul 15 Aug 15 Sept 15

VTE - Compliance with Risk Assessment	Target 95%	83%	86%	88%
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*Pressure Ulcers info includes Mental Health (MH) wards

NB: Figures are subject to change as reporting continues.

Causes/Issues that are impacting on performance

PU – The Trust did not meet last year’s target of ≤104 – there were a total of 167 hospital acquired pressure ulcers. The reduction in number of ulcers is due to a requirement now for Trusts to report only grade 3 & 4 pressure ulcers during 2015/16, and the number of these that were unavoidable.

Falls – During 2014/15 the Trust achieved 55% spread of the FallSafe bundle, which exceeded the target. During 2015/16, the FallSafe bundle was spread to 7 wards in quarter 1, and a further 4 wards in quarter 2, meaning that a total of 27/29 wards have now implemented the bundle.

VTE – Audits on compliance with the completion of the VTE Risk Assessment continue to be carried out across the Trust. During 2014/15 compliance increased from 56% to 84%. 23/27 wards submitted data for September 2015. Mid-Ulster Rehab have now introduced VTE audits, and will submit their first audit in October 2015.

Actions being taken with time frame

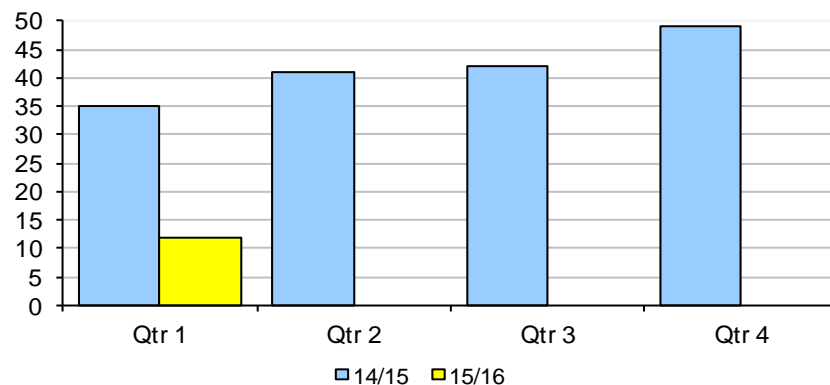
PU – An assessment form, which incorporates Root Cause Analysis is currently being developed, which will assist with the multidisciplinary investigation of all pressure ulcers graded 3 & 4

Falls – A plan is in place which aims to spread the FallSafe bundle to 100% of acute, sub-acute and Community Hospital wards by the end of March 2016.

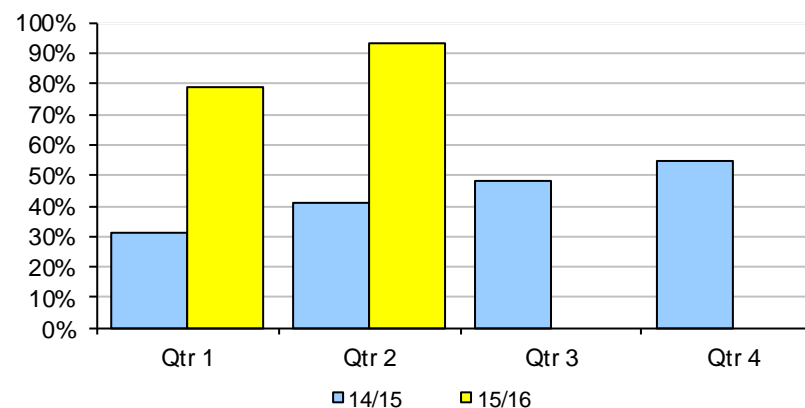
Forecast impact on performance

VTE – It is expected that compliance will improve as the process continues to be embedded.

Number of Pressure Ulcers



Percentage of Wards using FallSafe Bundle



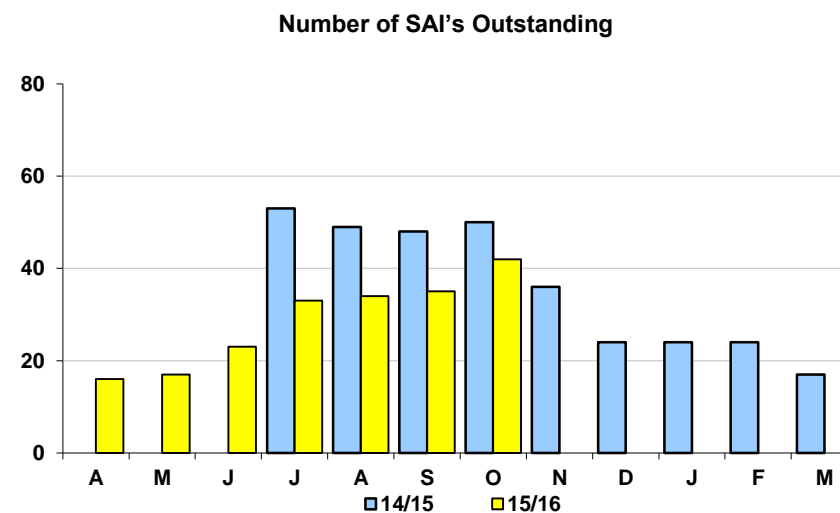
2.0 Safe & Effective Care

2.5 Serious Adverse Incidents

Level of Investigation	Number of SAI's Investigations Outstanding – October 2015								
	Trust Total	Acute	Child	MH&D	PCCOPS	Finance	PPMSS	M&G	Nursing
Level 1 (SEA)	23	1	12	10	0	0	0	0	0
Level 2 (RCA)	19	3	2	14	0	0	0	0	0
Level 3 (External)	0	0	0	0	0	0	0	0	0
Total	42	4	14	24	0	0	0	0	0

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

Number of investigations overdue by completion date by numbers of weeks – August 2015	
Number of weeks overdue	Total
0-10 weeks	11
11-20 weeks	14
21-30 weeks	2
31-40 weeks	0
41-60 weeks	0
Over 60 weeks	0



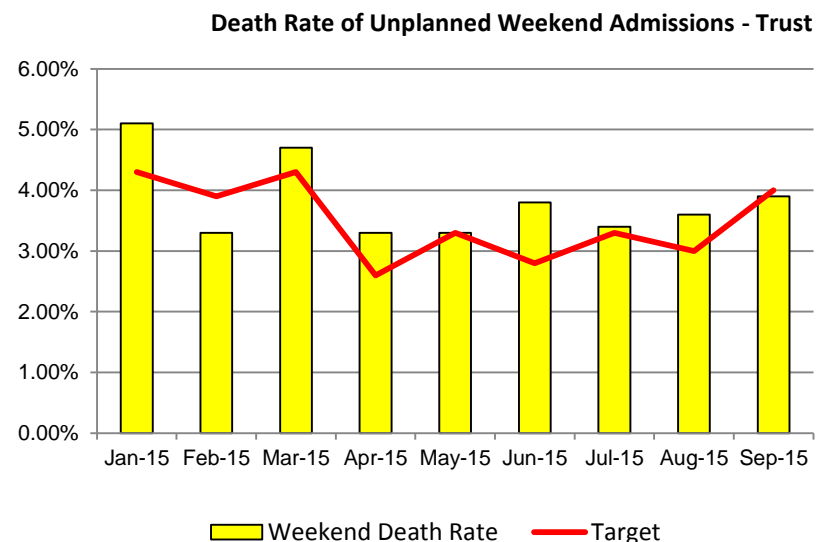
2.0 Safe & Effective Care

2.6 Patient Safety

From April 2015, ensure that the death rate of unplanned weekend admissions does not exceed the death rate of unplanned weekday admissions by more than 0.1 percentage points.

New Target for 2015/16 – Information developed by Acute Information Services.

		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Trust	Weekday Death Rate	4.20%	3.80%	4.20%	2.50%	3.20%	2.70%	3.20%	2.90%	3.90%
	Target	4.30%	3.90%	4.30%	2.60%	3.30%	2.80%	3.30%	3.00%	4.00%
	Weekend Death Rate	5.10%	3.30%	4.70%	3.30%	3.30%	3.80%	3.40%	3.60%	3.90%
Antrim	Weekday Death Rate	4.50%	4.60%	4.60%	2.30%	3.30%	2.70%	3.50%	3.20%	4.20%
	Weekend Death Rate	4.90%	3.30%	5.40%	3.80%	3.20%	3.70%	3.50%	4.00%	3.70%
Causeway	Weekday Death Rate	3.80%	2.00%	3.20%	3.10%	3.00%	2.60%	2.60%	2.00%	3.10%
	Weekend Death Rate	5.80%	2.90%	3.00%	2.10%	3.60%	4.10%	3.20%	2.70%	4.30%



3.0 Quality Standards & Performance Targets

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

3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2015/16

- Elective Care
- Unscheduled Care (Including Delayed Discharges)
- Health & Social Wellbeing Improvement, Health Protection & Screening
- Cancer Care
- Mental Health & Learning Disability
- Children's Services
- Community Care

3.2 DHSSPS Indicators of Performance 2015/16

Indicators of performance which are in support of the Commissioning Direction Targets. New Departmental Indicators have been included for 2015/16, mainly relating to ED performance. Information for these continues to be developed and will be updated in future reports.

3.3 Additional Indicators in Support of Commissioning Plan Direction Targets.

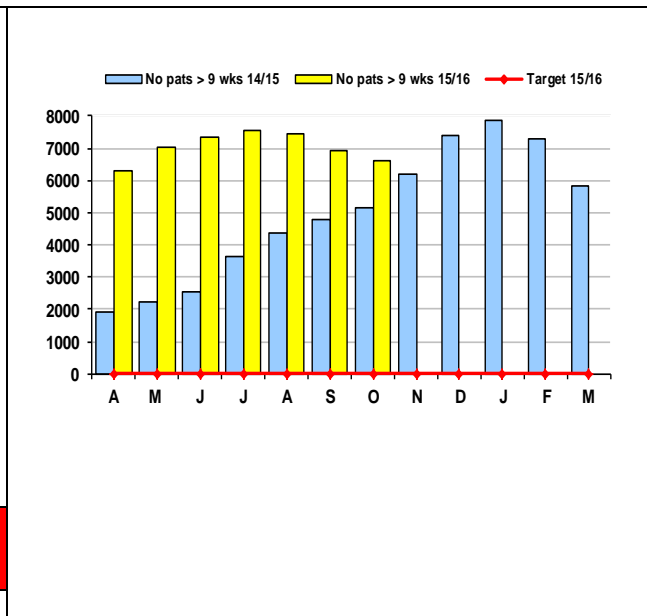
3.0 Quality Standards & Performance Targets

3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2015/16

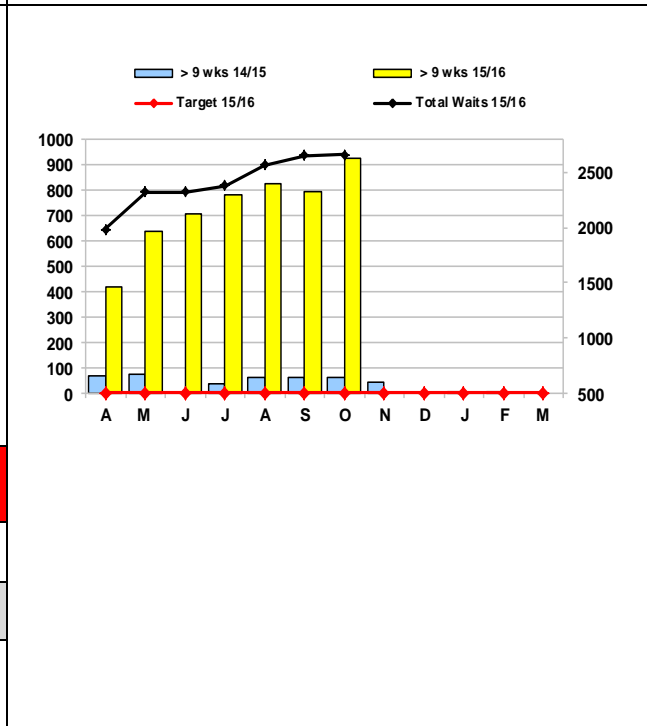
Dir.	Target Description	Comments, Actions and Monthly Performance	Trend Analysis																																																				
Elective Care																																																							
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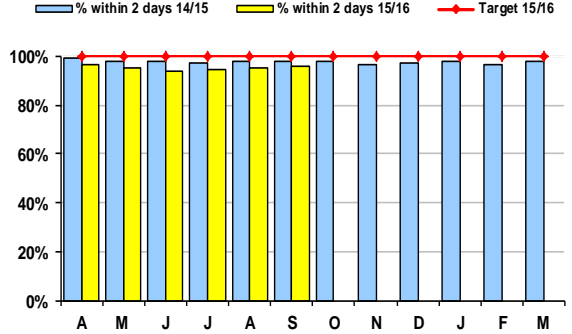
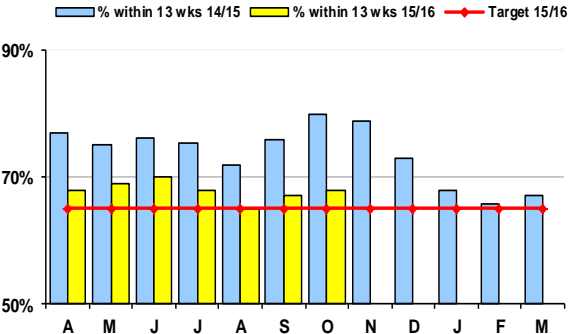
AHS	<p>Outpatient Waits - From April 2015, no patient to wait > 18 weeks for 1st outpatient appointment.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demand is significantly higher than capacity in a number of specialties and no additional elective access funding is available at this point for 2015/16. An increasing number of red flag (suspect cancer) referrals who need to be seen in a much shorter timeframe means that the capacity available to see less urgent patients is reduced, which has increased the overall waiting time position. Outpatient referrals increased by 4% in April-Aug 2015 compared to the same period last year.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME As per 9-week target.</p> <p>FORECAST IMPACT ON PERFORMANCE As per 9-week target.</p>																																																	
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AHS	<p>Cancelled Appointments - By March 2016, reduce by 20% 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.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Analysis of these cancellations shows that approximately 50% have no impact on a patient but are purely administrative changes. Of those that do affect a patient, about 25% are brought forward to an earlier date and 15% involve a change of appointment time or location but not date. The remaining 10% do result in a patient's appointment being delayed – 225 appointments fell into this category in Sept 2015. These are for a variety of reasons including consultant sick leave or a requirement to attend court at short notice; however there are some cancellations due to the requisite notice not being given for annual or study leave.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The Directorate has reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.</p> <p>FORECAST IMPACT ON PERFORMANCE Under review</p> <p>Monthly Position</p> <table border="1"> <thead> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>2099</td><td>1954</td><td>2146</td><td>1980</td><td>2314</td><td>2076</td><td>1962</td><td>2067</td><td>2229</td><td>1653</td><td>1768</td><td>1745</td><td>↑</td></tr> </tbody> </table> <p>2014/15 baseline used for 2015/16 target. (24,046 Cancelled, Target = No more than 1603 per month) Target includes both new & review outpatient appointments.</p>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	2099	1954	2146	1980	2314	2076	1962	2067	2229	1653	1768	1745	↑																							
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AHS	<p>Diagnostic Waits - From April 2015, no patient to wait > 9 weeks for a diagnostic test.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Diagnostic demand exceeds capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled care has taken precedence over elective care.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Non-recurrent elective access funding has been made available to reduce the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding is also expected for diagnostics from Q4 2015/16, which will help address the significant demand-capacity gap in CT, MRI and Ultrasound Efforts to recruit 3wte consultant radiologists to support 7 day working, including a European-wide trawl, have been unsuccessful to date. Radiology agency cover will be needed to provide additional weekend and evening capacity due to shortage of suitably qualified radiologists</p> <p>FORECAST IMPACT ON PERFORMANCE Under review – dependent on whether demand continues to rise.</p>																										
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AHS	<p>Endoscopy Waits - From April 2015, no patient to wait > 9 weeks for a day case endoscopy.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust and HSCB agreed a temporary increase in waiting times to enable a reduction in the backlog of patients requiring a planned endoscopy procedure. This has resulted in patients breaching the 9-week target.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME All endoscopy templates have been revised to ensure maximum volumes per list and the optimum balance between routine, red flag, planned and unscheduled patients. Elective access funding has been secured to deliver reductions to the planned and red flag backlogs. The Trust and HSCB are working together to identify further actions to increase endoscopy volumes in the short to medium term.</p> <p>FORECAST IMPACT ON PERFORMANCE The Trust is working with the Board to agree how best to address the competing demands from routine, red flag, planned and unscheduled patients.</p>																										
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AHS	<p>Diagnostic Tests - From April 2015, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date.</p> <p>FORECAST IMPACT ON PERFORMANCE The full demand cannot be met with the existing core team and it is anticipated that performance will remain below 100%.</p> <p>Monthly Position</p> <table border="1" data-bbox="416 448 1527 523"> <thead> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>96%</td><td>97%</td><td>98%</td><td>97%</td><td>98%</td><td>97%</td><td>96%</td><td>94%</td><td>95%</td><td>95%</td><td>96%</td><td>95%</td><td>↓</td> </tr> </tbody> </table>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	96%	97%	98%	97%	98%	97%	96%	94%	95%	95%	96%	95%	↓	 <p>Legend: % within 2 days 14/15 (blue), % within 2 days 15/16 (yellow), Target 15/16 (red line with diamonds)</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% within 2 days 14/15</th> <th>% within 2 days 15/16</th> <th>Target 15/16</th> </tr> </thead> <tbody> <tr><td>A</td><td>96%</td><td>96%</td><td>100%</td></tr> <tr><td>M</td><td>97%</td><td>97%</td><td>100%</td></tr> <tr><td>J</td><td>98%</td><td>98%</td><td>100%</td></tr> <tr><td>J</td><td>97%</td><td>97%</td><td>100%</td></tr> <tr><td>A</td><td>97%</td><td>97%</td><td>100%</td></tr> <tr><td>S</td><td>96%</td><td>96%</td><td>100%</td></tr> <tr><td>O</td><td>94%</td><td>94%</td><td>100%</td></tr> <tr><td>N</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>D</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>J</td><td>96%</td><td>96%</td><td>100%</td></tr> <tr><td>F</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>M</td><td>95%</td><td>95%</td><td>100%</td></tr> </tbody> </table>	Month	% within 2 days 14/15	% within 2 days 15/16	Target 15/16	A	96%	96%	100%	M	97%	97%	100%	J	98%	98%	100%	J	97%	97%	100%	A	97%	97%	100%	S	96%	96%	100%	O	94%	94%	100%	N	95%	95%	100%	D	95%	95%	100%	J	96%	96%	100%	F	95%	95%	100%	M	95%	95%	100%
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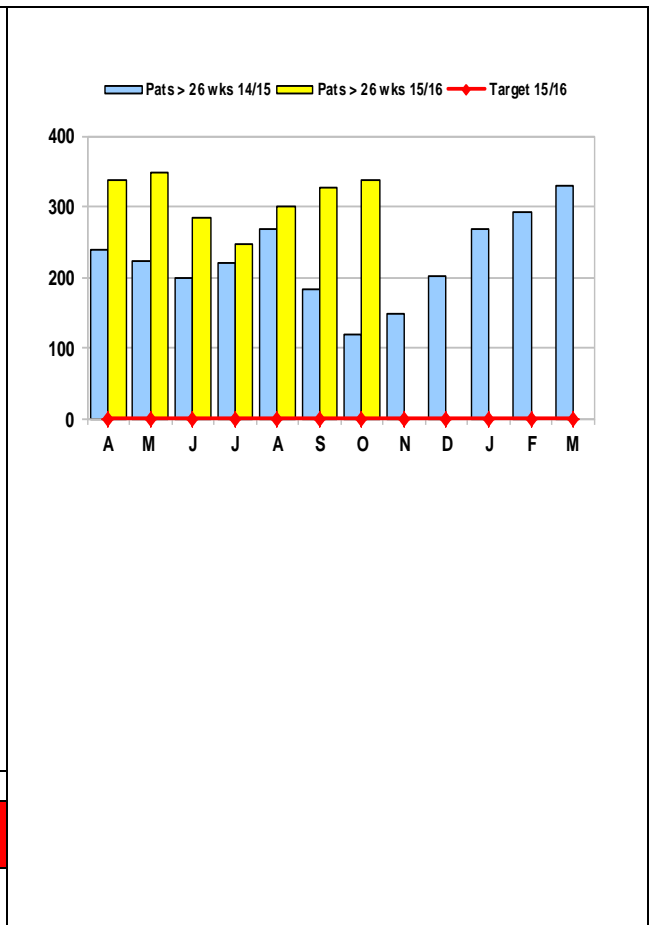
Inpatient / Daycase Waits - From April 2015, no patient to wait longer than 26 weeks for Inpatient / Day Case treatment.

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 were 94 procedures deferred during Apr-Sept 15 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, which has been addressed in recent years through non-recurrent elective access funding; such funding is not currently available.

ACTIONS BEING TAKEN WITH TIME FRAME
 Theatre capacity: a review has been carried out of the allocation of patients between Antrim and Causeway, and actions implemented from 1 April 2015.
 Unscheduled pressures: the Trust continues to manage its capacity on a day-to-day basis, responding to unscheduled pressures as they arise. Any decisions to defer elective patients are taken based on clinical priority. Plans are underway to run extra lists during the summer months, in order to reduce demand for elective surgery over the busier winter period, although the capacity to do this will be limited due to continued unscheduled pressures and shortages of anaesthetic cover due to unplanned leave.

FORECAST IMPACT ON PERFORMANCE
 The above actions have begun to improve the position against this indicator, with the number waiting >26 weeks having reduced from 347 in May to 300 in September. However there is a demand/capacity gap in a range of surgical specialties, which has been addressed in recent years through non-recurrent elective access funding. Unless such funding is made available the overall 26-week position may deteriorate despite the above actions.

Excludes scopes who are solely within 9 weeks position



Core & Independent Sector patients waiting > 26 weeks - Monthly Position												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
147	202	267	293	329	338	349	284	248	300	326	338	↓

Total Core & Independent IPDC Waiters												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
3837	4025	4065	3970	4247	4195	4315	4301	4227	4324	4512	4578	

Monthly Position within backstop												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
93%	90%	86%	84%	83%	83%	84%	85%	84%	83%	83%	84%	

Unscheduled Care (Including Delayed Discharges)

AHS

Unscheduled Care
 - From Apr 15, 95% of patients attending any Type 1, 2 or 3 A&E Dept. to be treated, discharged home or admitted within 4 hours of arrival in Dept.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 4 and 12-hour performance are indicators of the flow of the whole unscheduled care system; as such it is difficult to identify individual causes. However the Trust is undertaking a wide-ranging unscheduled care improvement programme, aimed at improving flow and reducing delays throughout the unscheduled care pathway.

ACTIONS BEING TAKEN WITH TIME FRAME
 An Unscheduled Care Improvement Programme has been established under the leadership of the Chief Executive, with a wide range of actions aimed at improving and sustaining performance against the 4- and 12-hour ED targets

Antrim
 Monthly Position

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↔
67%	61%	63%	55%	57%	57%	60%	63%	61%	61%	65%	65%	

Attendances

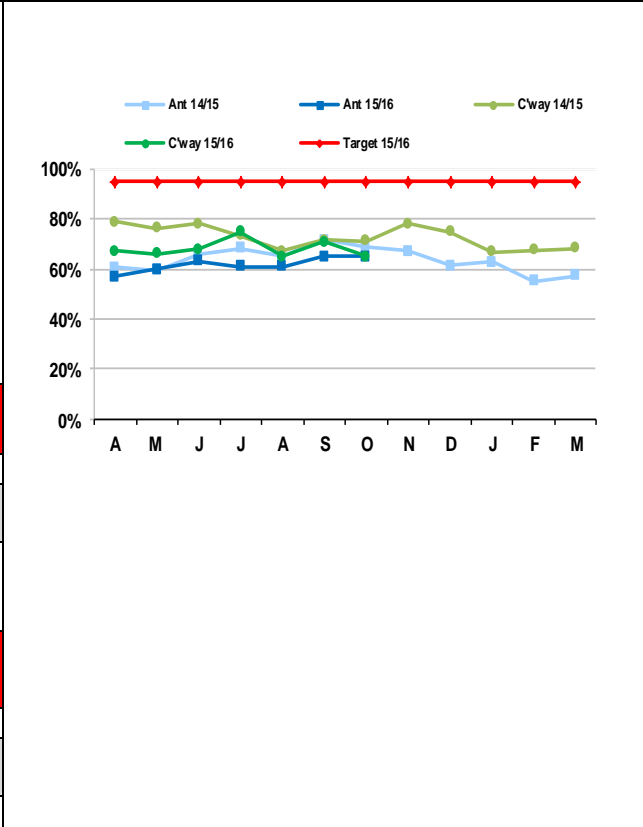
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
5887	6313	6069	5966	6509	6355	6633	6590	6441	6443	6580	6684	

Causeway
 Monthly Position

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↓
78%	75%	67%	68%	68%	67%	66%	68%	75%	65%	71%	65%	

Attendances

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	
3184	3240	3151	3210	3567	3873	3780	3845	3797	3896	3562	3923	



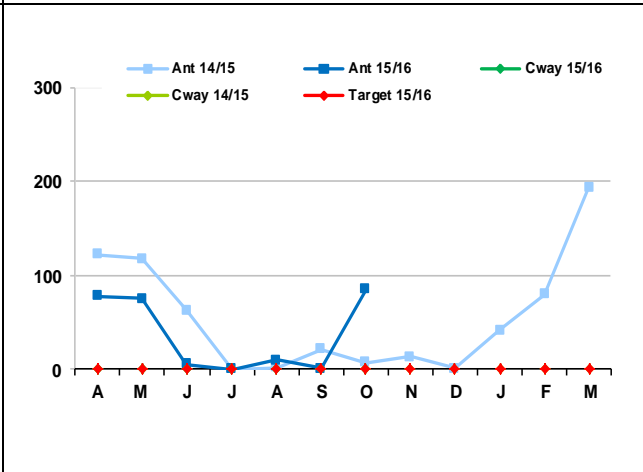
AHS

Unscheduled Care
 - From April 15, no patient should wait longer than 12 hours in A&E dept to be treated, discharged home or admitted.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
 Antrim ED: a lack of bed capacity on the Antrim site means that difficulties arise with the flow of patients at times of peak demand.
 Causeway ED: zero 12-hour breaches between August 2013 and Sept 2015.

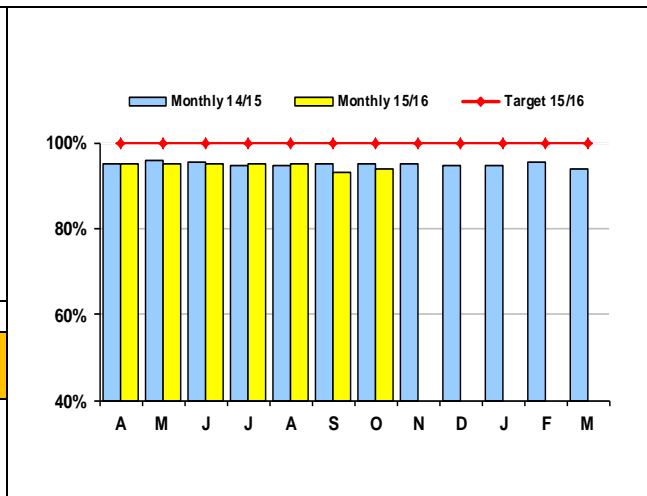
ACTIONS BEING TAKEN WITH TIME FRAME
 An Unscheduled Care Improvement Programme has been established under the leadership of the Chief Executive, with a wide range of actions aimed at improving and sustaining performance against the 4- and 12-hour ED targets.

FORECAST IMPACT ON PERFORMANCE
 Aiming to maintain strong 12-hour performance in Causeway. Antrim will be more challenging due to a lack of bed capacity on the site.

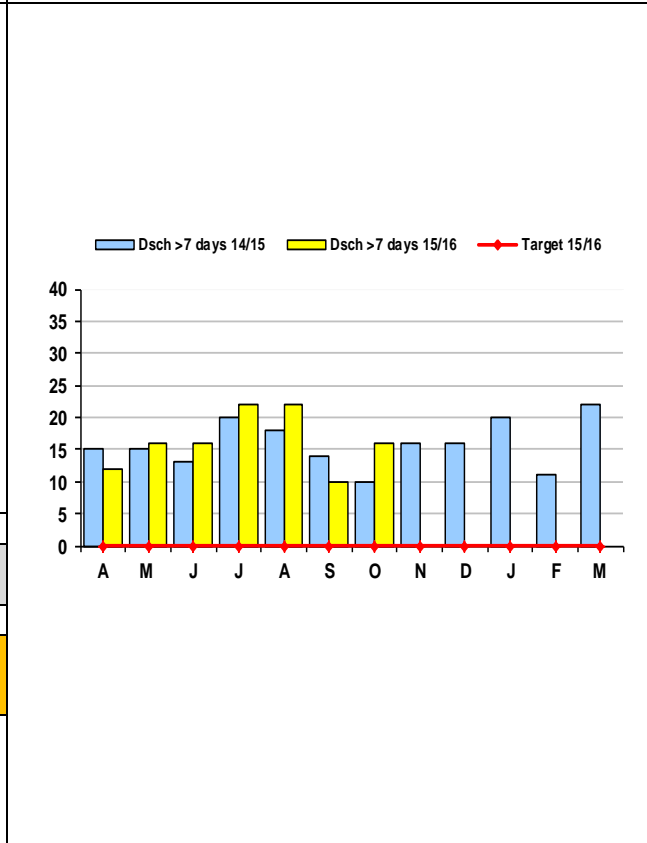


		<p>Antrim ED Monthly Position for > 12 Hours</p> <table border="1"> <tr> <td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>TOPM ↓</td> </tr> <tr> <td>13</td><td>1</td><td>42</td><td>80</td><td>194</td><td>78</td><td>75</td><td>5</td><td>0</td><td>10</td><td>1</td><td>85</td><td></td> </tr> </table> <p>Monthly Longest Waiter (Hours)</p> <table border="1"> <tr> <td>18</td><td>13</td><td>26</td><td>24</td><td>32</td><td>24</td><td>22</td><td>14</td><td>12</td><td>16</td><td>15</td><td>27</td><td></td> </tr> </table> <p>Causeway ED Monthly Position for > 12 Hours</p> <table border="1"> <tr> <td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>TOPM ↔</td> </tr> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td> </tr> </table> <p>Monthly Longest Waiter (Hours)</p> <table border="1"> <tr> <td>11</td><td>11</td><td>11</td><td>11</td><td>11</td><td>11</td><td>12</td><td>12</td><td>12</td><td>12</td><td>12</td><td>12</td><td></td> </tr> </table>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↓	13	1	42	80	194	78	75	5	0	10	1	85		18	13	26	24	32	24	22	14	12	16	15	27		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↔	0	0	0	0	0	0	0	0	0	0	0	0		11	11	11	11	11	11	12	12	12	12	12	12		
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AHS/PCCOPS	<p>Patient Discharge - From April 2015 ensure that 90% of complex discharges from an acute hospital take place within 48 hours of decision to discharge.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There were 72 delayed discharges, across the 4 hospital sites during October 2015. 14 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 the result of client choice and family issues. A further 18 delays can be attributed to acute assessment and care planning processes. 8 delays were caused waiting for step-down beds and 14 delays were relating to placement planning and arrangement. During October, levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharge to community settings.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A working group has been convened (acute and community directorates) to review delays and agree an action plan. The Working Group will focus on the areas where delays have been identified, identify actions to address these and monitor the implementation and the ensuing resulting impact.</p> <p>FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours.</p> <p>Monthly Position</p> <table border="1"> <tr> <td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>TOPM ↓</td> </tr> <tr> <td>88%</td><td>87%</td><td>88%</td><td>90%</td><td>86%</td><td>89%</td><td>92%</td><td>87%</td><td>87%</td><td>88%</td><td>90%</td><td>88%</td><td></td> </tr> </table> <p>Not all wards / specialities are included.</p>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↓	88%	87%	88%	90%	86%	89%	92%	87%	87%	88%	90%	88%		<table border="1"> <caption>Monthly Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Monthly 14/15 (%)</th> <th>Monthly 15/16 (%)</th> <th>Target 15/16 (%)</th> </tr> </thead> <tbody> <tr><td>A</td><td>85</td><td>90</td><td>90</td></tr> <tr><td>M</td><td>85</td><td>92</td><td>90</td></tr> <tr><td>J</td><td>88</td><td>88</td><td>90</td></tr> <tr><td>J</td><td>85</td><td>88</td><td>90</td></tr> <tr><td>A</td><td>88</td><td>88</td><td>90</td></tr> <tr><td>S</td><td>85</td><td>90</td><td>90</td></tr> <tr><td>O</td><td>88</td><td>88</td><td>90</td></tr> <tr><td>N</td><td>88</td><td></td><td>90</td></tr> <tr><td>D</td><td>88</td><td></td><td>90</td></tr> <tr><td>J</td><td>88</td><td></td><td>90</td></tr> <tr><td>F</td><td>90</td><td></td><td>90</td></tr> <tr><td>M</td><td>88</td><td></td><td>90</td></tr> </tbody> </table>	Month	Monthly 14/15 (%)	Monthly 15/16 (%)	Target 15/16 (%)	A	85	90	90	M	85	92	90	J	88	88	90	J	85	88	90	A	88	88	90	S	85	90	90	O	88	88	90	N	88		90	D	88		90	J	88		90	F	90		90	M	88		90
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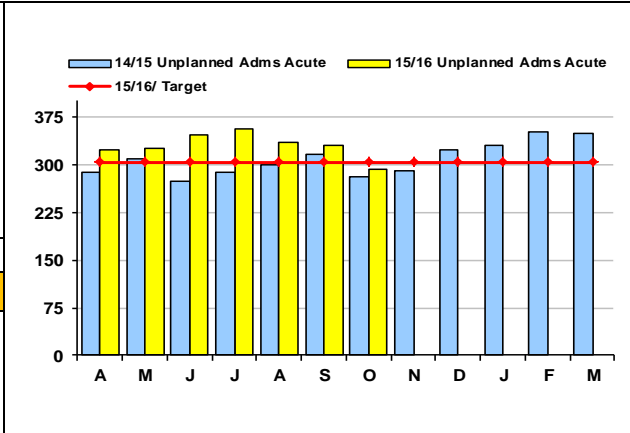
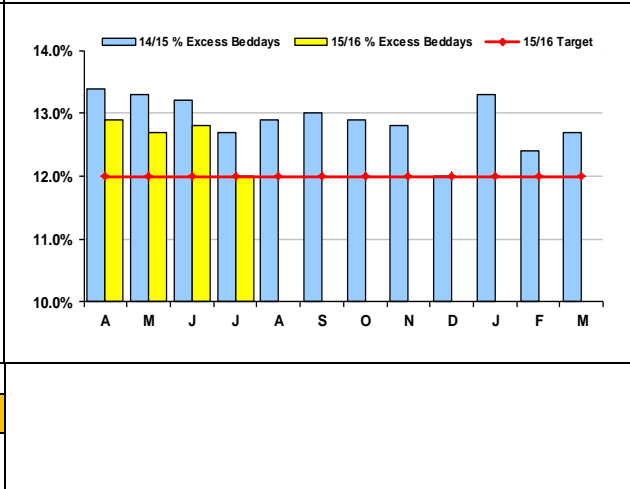
AHS/PCCOPS	Patient Discharge - From April 2015 ensure that all non-complex discharges from an acute hospital take place within 6 hours of decision to discharge	CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance has been consistently at or around 95% for 2015 as well as all of 2014/15.																										
		ACTIONS BEING TAKEN WITH TIME FRAME Safety meeting on Antrim site at 8.30am has a clear focus on discharge planning, ensuring maximum utilisation of discharge lounge and increasing discharges before 1pm to improve flow through the hospital.																										
		FORECAST IMPACT ON PERFORMANCE Under review.																										
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		Not all wards / specialities are included.																										



AHS/PCCOPS	Patient Discharge - From April 2015 no complex discharge from an acute hospital setting takes longer than 7 days.	CAUSES / ISSUES IMPACTING ON PERFORMANCE 16 out of 72 delays in October 2015 were greater than 7 days. 5 of these delays can be attributed to delays in planning and securing nursing home placements; 4 can be attributed to the discharge planning processes within the hospital and a further 2 delays were the result of family members raising issues.																										
		ACTIONS BEING TAKEN WITH TIME FRAME The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Reluctant Discharge Protocol is implemented in a timely fashion to reduce the number of 7 day breaches.																										
		FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours. It should be noted that a small number of cases breaching the seven days presented with very complex needs.																										
		Number of Complex Discharges > 7 Days - Monthly Position																										
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AHS	<p>Hip Fractures - From April 15 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Target not directly applicable to NHSCT. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.</p> <p>April – October 2015 Hip fractures – 16 patients transferred.</p> <table border="1" data-bbox="412 357 1525 448"> <thead> <tr> <th colspan="13">Monthly Position (% transferred within 2 nights)</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th></th> </tr> </thead> <tbody> <tr> <td>36%</td><td>42%</td><td>50%</td><td>56%</td><td>59%</td><td>100%</td><td>33%</td><td>100%</td><td>67%</td><td>50%</td><td>50%</td><td>100%</td><td></td> </tr> </tbody> </table>	Monthly Position (% transferred within 2 nights)													Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		36%	42%	50%	56%	59%	100%	33%	100%	67%	50%	50%	100%																																									
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AHS / PCCOPS	<p>Unplanned Admissions - By March 2016 reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions, including those within the ICP priority areas.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demographic pressures resulting in higher numbers of unplanned admissions overall make a reduction for these patients difficult to achieve.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The Trust has received investment from ICPs into specialist respiratory nursing and diabetic education programmes.</p> <p>FORECAST IMPACT ON PERFORMANCE It is anticipated that the ICP investment will help to avoid unnecessary respiratory and diabetes admissions; however an increase in overall demand may result in higher admissions despite increased prevention.</p> <table border="1" data-bbox="412 970 1525 1075"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>168</td><td>244</td><td>255</td><td>214</td><td>237</td><td>238</td><td>218</td><td>209</td><td>195</td><td>195</td><td>218</td><td>231</td><td style="background-color: red;">↓</td> </tr> </tbody> </table> <table border="1" data-bbox="412 1110 1525 1216"> <thead> <tr> <th colspan="13">Cumulative</th> </tr> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>1523</td><td>1767</td><td>2016</td><td>2228</td><td>2441</td><td>238</td><td>456</td><td>665</td><td>860</td><td>1055</td><td>1273</td><td>1504</td><td style="background-color: orange;">↓</td> </tr> </tbody> </table> <p>Cumulative target 2364 (12/13 baseline) target of 197 per month. Figures presented are dependent on completeness of clinical coding. Information presented one month in arrears.</p>	Monthly Position													Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	168	244	255	214	237	238	218	209	195	195	218	231	↓	Cumulative													Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	1523	1767	2016	2228	2441	238	456	665	860	1055	1273	1504	↓	
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AHS / PCCOPS	<p>Unplanned Admissions - During 2015/16, ensure that unplanned admissions to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/14 levels.</p>	<p>New Target for 2015/16 – Information developed by the Trust’s Acute Information Section. 2013/2014 level is 3656, Monthly target- 304</p> <table border="1" data-bbox="407 352 1527 424"> <thead> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>291</td><td>322</td><td>330</td><td>351</td><td>348</td><td>324</td><td>326</td><td>346</td><td>355</td><td>335</td><td>330</td><td>292</td><td>↑</td> </tr> </tbody> </table>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	291	322	330	351	348	324	326	346	355	335	330	292	↑	 <table border="1"> <caption>Unplanned Admissions Acute Data</caption> <thead> <tr> <th>Month</th> <th>14/15 Unplanned Adms Acute</th> <th>15/16 Unplanned Adms Acute</th> <th>15/16 Target</th> </tr> </thead> <tbody> <tr><td>A</td><td>291</td><td>304</td><td>304</td></tr> <tr><td>M</td><td>322</td><td>304</td><td>304</td></tr> <tr><td>J</td><td>330</td><td>304</td><td>304</td></tr> <tr><td>J</td><td>351</td><td>304</td><td>304</td></tr> <tr><td>A</td><td>348</td><td>304</td><td>304</td></tr> <tr><td>S</td><td>324</td><td>304</td><td>304</td></tr> <tr><td>O</td><td>326</td><td>304</td><td>304</td></tr> <tr><td>N</td><td>346</td><td>304</td><td>304</td></tr> <tr><td>D</td><td>355</td><td>304</td><td>304</td></tr> <tr><td>J</td><td>335</td><td>304</td><td>304</td></tr> <tr><td>F</td><td>330</td><td>304</td><td>304</td></tr> <tr><td>M</td><td>292</td><td>304</td><td>304</td></tr> </tbody> </table>	Month	14/15 Unplanned Adms Acute	15/16 Unplanned Adms Acute	15/16 Target	A	291	304	304	M	322	304	304	J	330	304	304	J	351	304	304	A	348	304	304	S	324	304	304	O	326	304	304	N	346	304	304	D	355	304	304	J	335	304	304	F	330	304	304	M	292	304	304
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AHS	<p>Excess bed days - By March 2016, reduce the number of hospital excess bed days for the acute programme of care by 10%</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Based on the CHKS excess bed days indicator, both acute sites have improved performance in 2015/16 vs 2014/15, with performance on both sites being consistently better than peer average.</p> <table border="1" data-bbox="407 911 1527 983"> <thead> <tr> <th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>13.0%</td><td>12.9%</td><td>12.8%</td><td>12.0%</td><td>13.3%</td><td>12.4%</td><td>12.7%</td><td>12.9%</td><td>12.7%</td><td>12.8%</td><td>12.0%</td><td></td><td>↓</td> </tr> </tbody> </table> <p>Target is 10% reduction of excess bed days using 13/14 baseline.</p>	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	TOPM	13.0%	12.9%	12.8%	12.0%	13.3%	12.4%	12.7%	12.9%	12.7%	12.8%	12.0%		↓	 <table border="1"> <caption>% Excess Beddays Data</caption> <thead> <tr> <th>Month</th> <th>14/15 % Excess Beddays</th> <th>15/16 % Excess Beddays</th> <th>15/16 Target</th> </tr> </thead> <tbody> <tr><td>A</td><td>13.0%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>M</td><td>12.9%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>J</td><td>12.8%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>J</td><td>12.0%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>A</td><td>13.3%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>S</td><td>12.4%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>O</td><td>12.7%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>N</td><td>12.9%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>D</td><td>12.7%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>J</td><td>12.8%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>F</td><td>12.0%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>M</td><td>12.0%</td><td>12.0%</td><td>12.0%</td></tr> </tbody> </table>	Month	14/15 % Excess Beddays	15/16 % Excess Beddays	15/16 Target	A	13.0%	12.0%	12.0%	M	12.9%	12.0%	12.0%	J	12.8%	12.0%	12.0%	J	12.0%	12.0%	12.0%	A	13.3%	12.0%	12.0%	S	12.4%	12.0%	12.0%	O	12.7%	12.0%	12.0%	N	12.9%	12.0%	12.0%	D	12.7%	12.0%	12.0%	J	12.8%	12.0%	12.0%	F	12.0%	12.0%	12.0%	M	12.0%	12.0%	12.0%
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AHS	<p>Bowel Cancer Screening - By March 2016, complete the rollout of the Bowel Cancer Screening programme to the 60-74 age group, by inviting 50% of all eligible men and women, with an uptake of at least 55% of those invited.</p>	<p>The Trust continues to deliver Bowel Cancer Screening endoscopy as commissioned and in line with presenting demand.</p>																																																																															

AHS / CS	<p>Tackling Obesity – From April 2015, all eligible pregnant women aged 18 years and older, with a BMI of 40kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust continues to deliver this initiative with an overall uptake of 72% of women who are eligible to utilise the project successfully availing of the service. The regional target was set at 65%.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME: continue to recruit to this initiative until December 2015.</p> <p>FORECAST IMPACT ON PERFORMANCE: Impact of this initiative is audited at local level. However a formal review has been commissioned by the PHA to assess the outcomes.</p>	

Cancer Care

AHS	<p>Cancer Care - From April 15, all urgent breast cancer referrals should be seen within 14 days.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Target met, however increasing levels of demand in the suspect cancer pathway mean that the Trust will not be able to meet this target in October.</p>																																						
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AHS	<p>Cancer Care - From April 15 98% of patients should commence treatment within 31 days of decision to treat.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Target met.</p>																																						
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Cancer Care - From April 15, 95% of urgent patients with a suspected cancer will begin treatment within 62 days.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Gynaecology: delays in hysteroscopy resulted in patients breaching the 62-day pathway.
Lower/upper GI: overall demand for endoscopy has risen significantly, leading to delays in accessing red flag endoscopy procedures.

ACTIONS BEING TAKEN WITH TIME FRAME

Gynaecology: delays in hysteroscopy have now been addressed.
Lower/upper GI: additional elective access funding has been received to reduce red flag endoscopy waits during Q3/4. In addition the Trust is working with the commissioner to agree how to increase endoscopy capacity on a recurrent basis.

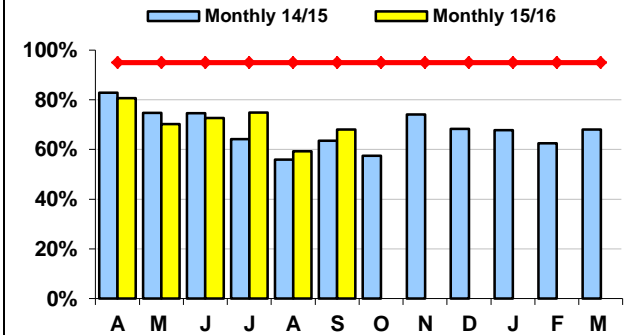
FORECAST IMPACT ON PERFORMANCE

Gynaecology 62-day performance will improve from Oct/Nov onwards due to the improved access to hysteroscopy. Additional endoscopy resource will help reduce breaches during the rest of the financial year.

Monthly Position (%)

Tumour Site	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM ↑
ALL	68%	68%	63%	68%	81%	70%	68%	75%	59%	62%		
B	100%	92%	94%	100%	90%	83%	94%	86%	100%	92%		
H	100%	100%	0%	100%	67%	100%	100%	100%	50%	50%		
LGI	62%	14%	0%	46%	25%	45%	11%	25%	12%	40%		
UGI	100%	80%	50%	56%	-	25%	0%	0%	20%	29%		
L	75%	91%	43%	100%	77%	78%	67%	80%	50%	63%		
S	84%	80%	78%	83%	91%	100%	85%	90%	83%	67%		
U	29%	0%	25%	11%	74%	79%	69%	81%	83%	88%		

Figures are subject to change as patient notes are updated.



September 15 Position by Tumour Site – Number of cases for Month

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

- (B) Breast Cancer – 12.0 patients treated
- (H) Haematological Cancers – 2.0 patients treated
- (LGI) Lower Gastrointestinal Cancer – 13.0 patients treated
- (UGI) Upper Gastrointestinal Cancer – 4.0 patients treated
- (L) Lung Cancer – 4.0 patients treated
- (S) Skin Cancer – 20 patients treated
- (U) Urological Cancer – 4.0 patients treated

Mental Health & Learning Disability

MHD

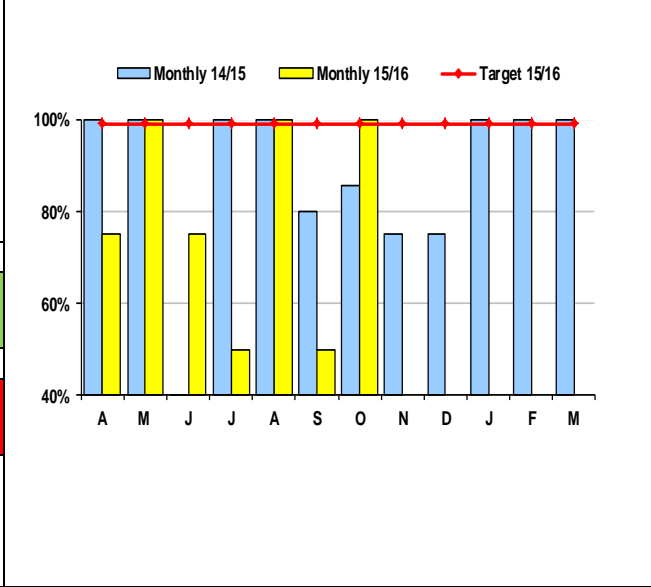
Patient Discharge LD - From April 2015, ensure that 99% of all Learning Disability Discharges take place within 7 days of the patient being assessed as medically fit for discharge.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
5 patients discharged during October 2015, none > 7 days.

FORECAST IMPACT ON PERFORMANCE
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.

Monthly Position (%)												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
75%	75%	100%	100%	100%	75%	100%	75%	50%	100%	50%	100%	↑

Cumulative Position (%)												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
90%	88%	89%	90%	92%	75%	91%	87%	82%	86%	83%	86%	↑



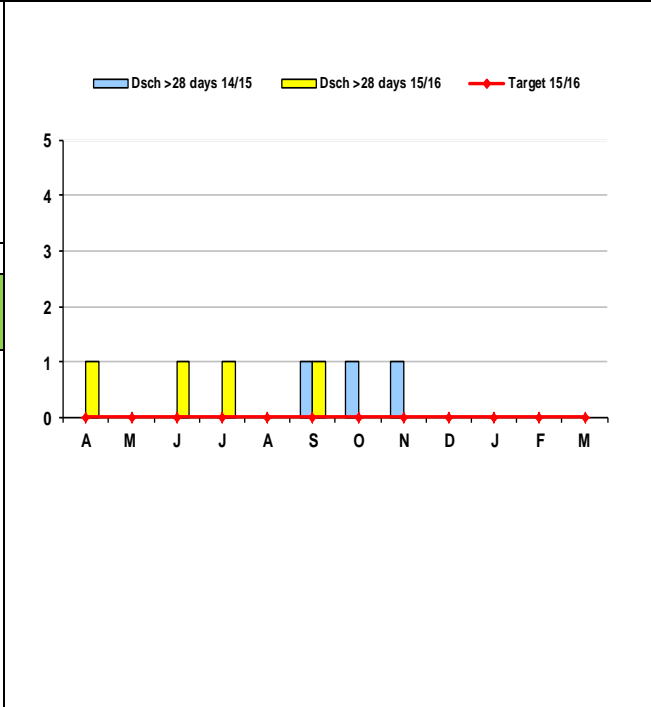
MHD

Patient Discharge LD - No Learning Disability discharge to take more than 28 days of the patient being assessed as medically fit for discharge.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
0 patients discharged > 28 days in October.

FORECAST IMPACT ON PERFORMANCE
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.

Monthly Position												
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM
1	0	0	0	0	1	0	1	1	0	1	0	↑



MHD	Patient Discharge MH - From April 2015 99% of patients admitted as Mental Health inpatients for assessment & treatment are discharged within 7 days of decision to discharge.	CAUSES / ISSUES IMPACTING ON PERFORMANCE 94 patients discharged during October, 0 > 7days.																											
		ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.																											
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		Following data validation exercise figures have been amended from July - November 2014.																											
MHD	Patient Discharge MH - No Mental Health discharge to take more than 28 days of the patient being assessed as medically fit for discharge	CAUSES / ISSUES IMPACTING ON PERFORMANCE 0 patients discharged > 28 days in October.																											
		ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur in the future.																											
		FORECAST IMPACT ON PERFORMANCE Continue to achieve monthly target.																											
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MHD	<p>Mental Health Waits - From April 2015 no patient waits longer than 9 weeks to Access mental health services (Adult)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 2 breaches were identified within the eating disorder services in June and 2 in July</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to anticipate any potential breaches.</p>																										
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0	2	1	0	0	0	0	2	2	0	0	0	↔																
MHD	<p>Dementia Waits - From April 2015 no patient waits longer than 9 weeks to Access dementia services.</p> <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Target achieved from January 15.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to work with the team to reduce waiting times.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to meet the target and anticipate any potential breaches.</p>																											
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0	5	0	0	0	0	0	0	0	0	0	0	↔																
MHD	<p>Psychological Waits - From April 2015, no patient waits longer than 13 weeks for psychological therapies (any age)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance is now being impacted by 3 separate services – PTS (Psychology of MH) – Position is likely to improve somewhat over October and November due to new staff commencing in post. However there are still vacancies in the service which are in recruitment which continue to impact on available capacity. Clinical Health Psychology – Growing demand for this recently established service – in particular high level of pain referrals to service. Recruitment impacting on capacity. 2 vacancies – both in recruitment but lack of certainty re potential to recruit at this point. 1 member of staff due to go on maternity leave (Dec 2015) and 1 post holder on maternity leave with no cover available despite efforts to fill. Ongoing reviews of pathway into service and service delivery model. Learning Disability (adult and children) – 2wte of the 4 wte posts are currently vacant – maternity cover not possible and 1 vacancy.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Engagement with referring agents re other models of provision during periods of reduced capacity within the service</p> <p>FORECAST IMPACT ON PERFORMANCE Breaches will reduce when all vacant posts are filled & additional capacity is in place. Patients >13 Weeks at Month End</p>																										
	<table border="1" data-bbox="405 1390 1525 1461"> <thead> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>68</td><td>64</td><td>72</td><td>89</td><td>112</td><td>96</td><td>114</td><td>122</td><td>136</td><td>122</td><td>136</td><td>155</td><td>↓</td> </tr> </tbody> </table>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	68	64	72	89	112	96	114	122	136	122	136	155	↓	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM															
68	64	72	89	112	96	114	122	136	122	136	155	↓																

MHD	<p>Substance Misuse – During 2015/16, the HSC should build on existing service developments to work towards the provision of 7 day integrated and co-ordinated substance misuse liaison services in appropriate acute hospital settings undertaking regionally agreed Structured Brief Advice or Intervention Programmes.</p>	<p>ACTIONS BEING TAKEN WITH TIME FRAME SMLS has been integrated into the pilot RAID service which is now operational in AAH & CAH. This service provided an integrated mental health liaison service 24/7.</p> <p>FORECAST IMPACT ON PERFORMANCE Additional monies for SMLS are to be provided by the LCG and an IPT has been submitted for this.</p>	

Children's Services

CS	<p>CAMHs Waits - From April 2015 no patient waits longer than 9 weeks to Access child and adolescent mental health services.</p>	<p>REPORTING CHANGES From 1st April only step 3 waiting times are reported on at the request of HSCB.</p> <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Implementation of a breach reduction plan has reduced the breaching target to zero.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Single point of Contact is being monitored daily by the Service Manager and the Clinical Lead. An initial assessment team has been established that uses management time to add flex to the service. Families are offered appointments outside of their local area. Families are offered short notice appointments for any cancellation. Managers continue to focus on appropriate discharge of patients to ensure patient flow. New Patient Clinic organised to maximise attendance. Extended clinics, (8am – 6pm) have been offered for reviews to increase the flow of patients and help reduce DNA's. The referral and referral accepted rate continue to be reviewed on a weekly basis.</p> <p>FORECAST IMPACT ON PERFORMANCE The current zero breach position will be maintained assuming referral rates remain in line with historic rates. Short term referral spikes will be managed within the capacity of the current system.</p>																								
		<p>Patients >9 Weeks at Month End</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>57</td><td>134</td><td>129</td><td>111</td><td>95</td><td>89</td><td>95</td><td>89</td><td>70</td><td>20</td><td>0</td><td>0</td><td>↔</td></tr> </tbody> </table>		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM	57	134	129	111	95	89	95	89	70	20
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	TOPM														
57	134	129	111	95	89	95	89	70	20	0	0	↔														

CS	<p>Children in Care - From April 2015, increase the number of children in care for 12 months or longer with no placement change to 85%</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This target is challenging as it is not possible to meet all assessed placement needs for both residential care and foster care at point of placement and so sometimes a later change is needed. There are also some breakdowns within placements.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Service Reform programme.</p> <p>FORECAST IMPACT ON PERFORMANCE The Service Reform programme aims at increasing emergency and long-term non kinship and it is anticipated once the transition period is complete, the target will be achievable.</p> <p>Information reported annually</p> <table border="1" data-bbox="407 499 1525 563"> <tr> <td>Oct</td> <td>Nov</td> <td>Dec</td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sept</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">64%</td> <td colspan="3"></td> <td colspan="3"></td> <td></td> </tr> </table> <p>Information to be available from annual OC2 return January 2016.</p>	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept					64%										
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept																		
			64%																										
CS	<p>Children in Care - By March 2016, ensure a 3 year time-frame for 90% of children to be adopted from care.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust endeavours to achieve this target, but is experiencing current difficulties regarding the court time frames. There have been serious delays in court regarding adoption and freeing applications in recent months due to a supreme court ruling.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The trust will carry out monthly monitoring to ensure the target is being met.</p>																											
CS	<p>Family Nurse Partnership - By March 16, complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE New Service. Number of issues to be resolved re IT and Communication infrastructure within identified accommodation.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Family Nursing Partnership posts have been recruited to, however awaiting confirmation from the Department re recurrent funding.</p>																											

Community Care

PCCOPS / MHD / CS

Carers' Assessments - By March 2016, secure a 10% increase in the number of carers' assessments offered.

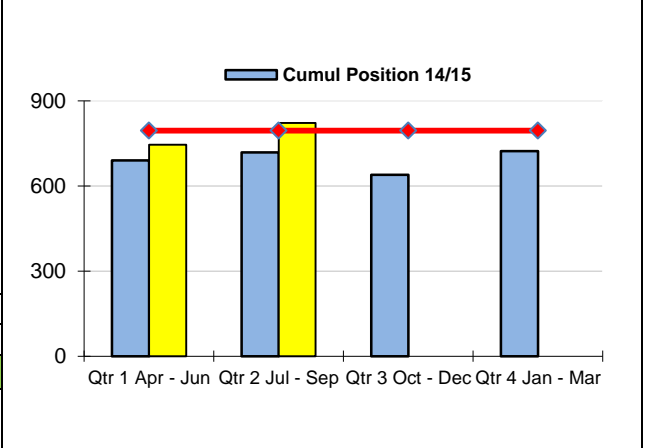
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Carers declining assessments

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

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

Monthly Position													
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Trend	
640			723			746			823				

723 offered quarter ending March 15. (Baseline) Target 795 by March 2016.



PCCOPS / MHD / CS

Direct Payments - By March 2016, secure a 10% increase in the number of direct payments across all programmes of care.

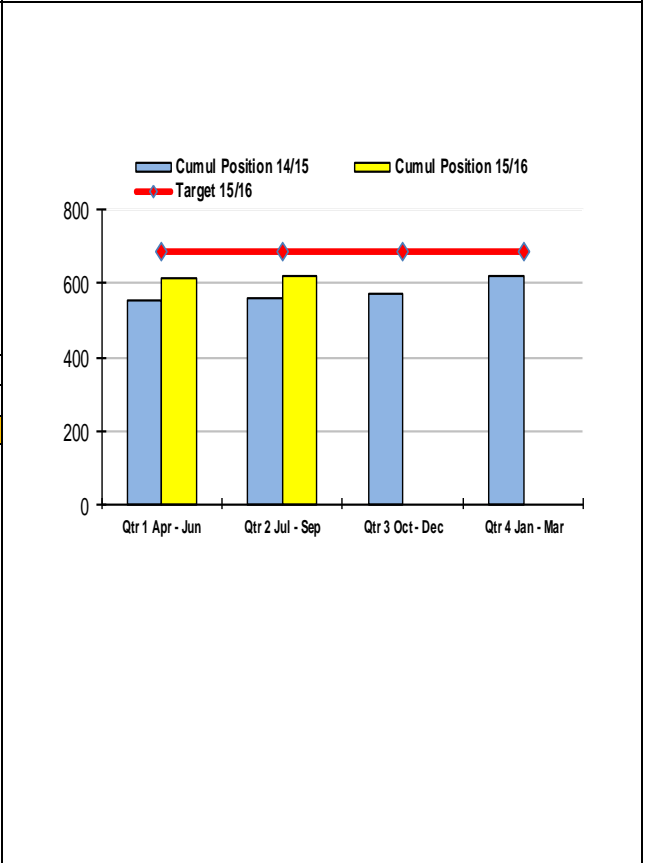
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Feedback from service users would indicate that the PCCOPS client group find the process of employment and financial accountability difficult.

ACTION TAKEN & TIMESCALES FOR IMPROVEMENT
All SW staff have attended or have planned attendance at Direct Payment training, to ensure understanding and requirements of process to facilitate informed discussions with service users considering uptake of direct payments.

FORECAST IMPACT ON PERFORMANCE
It is anticipated that there will be modest growth in this sector.

Monthly Position													
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Trend	
571			624			618			620				

624 direct payments March 15 (Baseline) Target 686 by March 2016.



Additional Targets			
PPMSS	Delivering Transformation - By March 2016, complete the safe transfer of 83m from hospital/ institutional based care into primary, community and social care services, dependent on the availability of appropriate transitional funding to implement the new service model.	The Trust has established Programme Management arrangements to take forward the work under TYC.	
NUE	Normative Staffing - By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.	The Trust has already applied the use of the Normative Staffing tool in several specialties and will co-operate with the lead Agency in developing the approach.	

3.0 Quality Standards & Performance Targets

3.2 DHSSPS Indicators of Performance 2015/16

The following trends are for Indicators of Performance which are in support of the Commissioning Direction Targets.

MINISTERIAL PRIORITY: TO IMPROVE AND PROTECT POPULATION HEALTH AND WELL-BEING, AND REDUCE HEALTH INEQUALITIES

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Self Harm	A8. Number of new & unplanned review attendances at ED due to deliberate self harm.	116	142	129	138	125	89			
Alcohol-related Admissions	A14 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	150	161	137	145	152	130	Information presented one month in arrears		
Drug-Related Admissions	A15. Reduction in the rate of drug-related admissions to hospital within the Acute Programme of Care.	Information to be developed								

MINISTERIAL PRIORITY: TO PROVIDE HIGH QUALITY, SAFE AND EFFECTIVE CARE; TO LISTEN TO AND LEARN FROM PATIENT AND CLIENT EXPERIENCES; AND TO ENSURE HIGH LEVELS OF PATIENT AND CLIENT SATISFACTION

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Telemonitoring	B4. Number of patients benefiting from remote telemonitoring / number of monitored days. (Target of 130,000 cumulative monitored days by end of March 16)	9659	19343	28673	38575	48313	57939			
Telecare	B4. Number of patients benefiting from the provision of telecare services / number of monitored days (Target of 232,557 cumulative monitored days by end of March 16)	19608	40675	61739	84222	107258	130069			
Reablement	B5. Number of client referrals (i) passed to re-ablement and (ii) number of clients who started on a re-ablement scheme.	New indicator for 2015/16 – Quarterly return								
Day Opportunities	B6. Number of adults in receipt of day opportunities, by programme of care.	Data supplied via Delegated Statutory Functions (DSF)								
Supported Living	B7. Number of older persons living in supported living facilities.	Data supplied via Delegated Statutory Functions (DSF)								
Continuing Care Needs	B8(i). Number of people with continuing care needs waiting longer than 5 weeks for an assessment of need to be completed and; (ii) Number of people with continuing care needs waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met.	99%	98%	99%	98%	99%	99%	98%		
		94%	93%	97%	94%	86%	91%	93%		
Hearing Aids	B9. Number of hearing aids fitted within 13 weeks as a percentage of completed waits.	32% fitted < 13 wks	28% fitted < 13 wks	21% fitted < 13 wks	22% fitted < 13 wks	19% fitted < 13 wks	20% fitted < 13 wks	21% fitted < 13 wks		

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wheelchairs	B10. Percentage of patients waiting over 13 weeks for any wheelchair (basic and specialised). <i>Target achievement dependant on Belfast Trust.</i>	72% Waited < 13 wks	85% Waited < 13 wks	86% Waited < 13 wks	81% Waited < < 13 wks	72% Waited < 13 wks	67% Waited < 13 wks	61% Waited < 13 wks		
Housing Adaptations	B11. Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal.	50% Within 16 Weeks	62% Within 16 Weeks	40% Within 16 Weeks	64% Within 16 Weeks	63% Within 16 Weeks	65% Within 16 Weeks	60% Within 16 Weeks		
Resettlement	B12. Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital)	9	9	8	7 (1 commenced)	7 (1 commenced)	7	6 (1 commenced)		
Resettlement	B12. Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital)	5	5	5	5	5	5	5		
ASD Referrals	B13. Number of referrals for ASD (under 18)	56	69	100	94	94	91	89		
Autism / ASD	B14. Number diagnosed with Autism / ASD (under 18)	17	29	39	30	38	56	56		
Safeguarding vulnerable Adults	B15. The number of Adult Protection Referrals received by the Trust.	483 (Apr – Jun)			333 (Jul – Sept)			Quarterly Return		
Lost School Days	B16. Number of school-age children in care for 12 months or longer who have missed 25 or more school days by placement type.	Reporting frequency – Annually (7.4% September 2014)								
Personal Education Plan	B17 Proportion of looked after children of school age who have been in care for 12 months or longer with a Personal Education Plan (PEP)	Reporting frequency – Annually (72% September 2014)								
Foster Care Households	B18 Number of new specialist / professional foster care households and the number of children they are approved for in line with TYC recommendation 50.	Data supplied via Delegated Statutory Functions (DSF)								
Adoption Decision	B19. Length of time for Best Interest Decision to be reached in the adoption process.	Reporting frequency – Annually								
Adoption	B20. The % of children with an adoption best-interests decision that are notified to the (ARIS) within 4 weeks of the HSC Trust approving the adoption panel's recommendation that adoption is in the best interest of the child.	100% (12 of 12)			33.3% (2 of 6)			Quarterly Return		
Care Leavers	B21. Number of care leavers in education, training and employment by placement type.	Reporting frequency – Annually								
Care Leavers	B22. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment. (Target - By March 2016, increase the number of care leavers aged 19 in education, training or employment to 75%)	66%	66%	61%	64%	65%	66%	72%		

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
Mortality	B23. Summary Hospital-Level Mortality Indicator (SHMI)	Quarterly information will be available with approximately 6 months time lag.									
Patient / Client Experience	B24. Percentage of all adult inpatient wards in which the Fall Safe Bundle has been implemented.	Information presented in Section 2.0									
Malnutrition universal screening tool	B25. Percentage compliance with the malnutrition universal screening tool in acute adult inpatient wards.										
Pressure Ulcers	B26. Secure a reduction in the number of hospital-acquired pressure ulcers in all adult inpatient wards.										
General Health - Flu	B27. Uptake of the seasonal flu vaccine by frontline Health and Social care workers.	2015/16 Target = 30%. 24.65% uptake achieved as at 5 th November 2015									
Maternity Child Health POC	B28. Activity & occupancy levels in maternity and child health programmes of care.	KH03A submitted quarterly									
Intervention Rates	B29. Percentage reduction in intervention rates (including caesarean sections).	KP19 submitted quarterly									
Caesarean Sections	B30. Percentage of babies born by caesarean section and number of babies born in midwife led units, either freestanding or alongside.										
Attendances At ED	B32. Number of GP Referrals to Emergency Department.	1951	1962	2121	1842	1,925	1963	2184			
Attendances At ED	B33. 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	1.7% ANT 5.3% CAU 43.6% MUH	1.9% ANT 6.1% CAU 50.0% MUH	2.0% ANT 5.1% CAU 42.6% MUH	1.7.0% ANT 6.3% CAU 53.9% MUH	1.8% ANT 4.1% CAU 67.7% MUH	2.1% ANT 6.8% CAU 55.9% MUH	2.0% ANT 4.4% CAU 61.5% MUH		
		>30 min – 1 hr	5.5% ANT 11.4% CAU 45.3% MUH	5.5% ANT 11.1% CAU 41.3% MUH	5.9% ANT 11.8% CAU 46.0% MUH	5.5% ANT 13.5% CAU 36.3% MUH	5.9% ANT 8.4% CAU 28.6% MUH	6.6% ANT 13.9% CAU 35.8% MUH	7.5% ANT 10.0% CAU 33.2% MUH		
		>1 hr – 2 hrs	16.1% ANT 20.1% CAU 10.6% MUH	18.4% ANT 18.9% CAU 8.6% MUH	18.2% ANT 22.8% CAU 10.9% MUH	17.6% ANT 24.1% CAU 9.6% MUH	18.4% ANT 20.5% CAU 3.7% MUH	19.5% ANT 21.3% CAU 8.2% MUH	20.7% ANT 20.0% CAU 5.0% MUH		
		>2 hrs – 3 hrs	17.1% ANT 15.5% CAU 0.5% MUH	18.2% ANT 17.0% CAU 0.1% MUH	19.0% ANT 16.3% CAU 0.4% MUH	18.9% ANT 17.4% CAU 0.1% MUH	18.2% ANT 18.4% CAU	19.1% ANT 16.8% CAU 0.1% MUH	18.4% ANT 16.7% CAU 0.2% MUH		
		>3 hrs – 4 hrs	16.8% ANT 14.8% CAU	16.0% ANT 12.7% CAU	17.7% ANT 12.2% CAU	17.6% ANT 14.0% CAU	16.6% ANT 13.1% CAU	17.6% ANT 12.0% CAU	16.4% ANT 13.9% CAU		
		>4 hrs – 6 hrs	18.2% ANT 18.6% CAU	17.1% ANT 16.5% CAU	16.5% ANT 14.4% CAU	19.3% ANT 14.8% CAU	18.9% ANT 18.8% CAU	18.3% ANT 16.1% CAU	17.7% ANT 17.4% CAU		
		>6 hrs – 8 hrs	12.3% ANT 7.4% CAU	11.6% ANT 9.0% CAU	11.5% ANT 8.3% CAU	11.5% ANT 6.3% CAU	11.3% ANT 9.9% CAU	10.2% ANT 7.9% CAU	8.4% ANT 10.2% CAU		
		>8 hrs – 10 hrs	6.5% ANT 4.1% CAU	6.0% ANT 4.9% CAU	6.1% ANT 5.0% CAU	5.3% ANT 2.4% CAU	5.9% ANT 3.6% CAU	4.4% ANT 3.2% CAU	4.4% ANT 4.5% CAU		
		>10 hrs – 12 hrs	4.6% ANT 2.7% CAU	4.2% ANT 3.9% CAU	3.1% ANT 4.2% CAU	2.6% ANT 1.1% CAU	3.0% ANT 3.1% CAU	2.4% ANT 1.9% CAU	3.2% ANT 2.8% CAU		

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	>12 hrs – 14 hrs	0.2% ANT	0.4% ANT	0.1% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.2% ANT		
	>14 hrs – 16 hrs	0.3% ANT	0.3% ANT	0.0% ANT	0.0% ANT	0.1% ANT	0.0% ANT	0.3% ANT		
	>16 hrs – 18 hrs	0.3% ANT	0.2% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.1% ANT		
	>18 hrs	0.4% ANT	0.2% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.7% ANT		
Attendances At ED	B34 a. Number & percentage of attendances at ED triaged within 15 minutes.	5108 80.7% ANT 2513 66.9% CAU	5433 82.3% ANT 2765 74.9% CAU	5648 86.1% ANT 2582 69% CAU	5366 83.7% ANT 3012 80% CAU	5244 81.7% ANT 2656 69.6% CAU	5468 83.1% ANT 2896 81.3% CAU	5549 83.1% ANT 2598 66.2% CAU		
Attendances At ED	B34 b(i). Time from arrival to initial assessment for ambulance arrivals at ED.	ANT ED – Median	6	7	6	6	7	6	6	
		ANT ED – 95 th Percentile	20	20	19	20	22	17	18	
		ANT ED – Maximum	76	60	63	45	252	42	34	
		CAU ED – Median	10	10	10	8	10	9	12	
		CAU ED – 95 th Percentile	37	35	39	29	38	29	41	
		CAU ED - Maximum	86	90	116	113	92	130	118	
	B34 b(ii). Time from arrival to initial assessment for all arrivals at emergency department.	ANT ED – Median	8	8	7	7	8	8	8	
		ANT ED – 95 th Percentile	25	23	21	23	25	22	23	
		ANT ED – Maximum	134	477	110	57	252	103	56	
		CAU ED – Median	11	10	11	8	11	9	12	
		CAU ED – 95 th Percentile	34	31	36	28	35	26	38	
		CAU ED - Maximum	92	98	116	131	92	130	308	
	B34c. Time from initial assessment to start of treatment in emergency department.	ANT ED – Median	106	106	95	74	84	70	65	
		ANT ED – 95 th Percentile	372	366	366	329	326	293	290	
		ANT ED – Maximum	593	543	585	519	486	477	470	
		CAU ED – Median	59	57	45	38	44	26	39	
		CAU ED – 95 th Percentile	289	318	294	264	302	235	278	
		CAU ED – Maximum	Figures not currently available awaiting validation							
Attendances At ED	B35. Percentage of New & Review attendances at ED who were assessed at each level of the Manchester Triage Scale (MTS). (Percentage does not include Invalid Codes and Not Known) (Antrim & Causeway ED only)	Immediate	0.4%	0.5%	0.3%	0.3%	0.4%	0.5%	0.3%	
		V. Urgent	11.4%	10.6%	11.0%	12.2%	12.4%	12.7%	13.7%	
		Urgent	44.4%	44.7%	44.8%	44.3%	43.1%	43.5%	46.2%	
		Standard	42.2%	42.9%	41.2%	40.8%	42.8%	41.5%	44.7%	
		Non Urgent	1.6%	1.3%	1.4%	1.3%	1.3%	1.8%	1.4%	
Attendances At ED	B38. Total time (hours and minutes) spent in ED including the median, 95 th percentile and single longest time spent by patients in ED for admitted & non-admitted patients.	ANT ED – Median	3:36	3:25	3:17	3:22	3:22	3:09	3:06	
		ANT ED – 95 th Percentile	10:18	10:07	09:08	8:56	9:14	8:41	9:41	
		ANT ED – Maximum	24:24	22:12	14:46	11:57	16:39	15:33	27:21	
		CAU ED – Median	2:51	2:49	2:36	2:19	2:56	2:29	2:56	
		CAU ED – 95 th Percentile	8:37	9:23	9:29	7:16	8:45	8:06	8:52	
		CAU ED - Maximum	11:59	12:0	12:0	11:53	11:57	11:56	11:56	

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Attendances At ED	B39. Percentage of people who leave ED before their treatment is complete.	5.2%	4.9%	5%	4.2%	4.1%	2.8%	3.6%		
Attendances At ED	B40. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	4% ANT 8% CAU 1% MUH - % WHA	4% ANT 7% CAU 1% MUH - % WHA	3% ANT 7% CAU 2% MUH - % WHA	4% ANT 6% CAU 2% MUH - % WHA					
Cancer Services	B42. Number of patients given a red flag referral for suspect cancer by a GP for a first OP appointment with a cancer specialist (inc. consultant upgrades)	1172	1084	1356	1255	1141	1256	1407		
GP Referrals	B43. Number of GP referrals to consultant-led outpatient services.	7086	6666	7635	6978	6478	7355	7513		
OP Appointments with Procedures	B44. Number of outpatient appointments with procedures (for selected specialties)	Outpatient coding currently on hold until additional funding is received.								
Radiology Tests	B45. Number of radiology tests (for discrete list of tests)	Awaiting guidance from Department.								
Diagnostic Tests	B46. Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.	79.4%	76.2%	82.9%	81.4%	88%	90%	82%		
Diagnostic Tests	B47. Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.	99.5%	99.6%	99.1%	98.6%	99%	99.6%	99.2%		
Independent Sector Activity – OP	B48. Total number of attendances at consultant-led outpatient services in the independent sector. (new & review) (Figures subject to change as returns are received from IS providers)	321 (Apr – Jun)			221 (Jul – Sept)			Quarterly Information		
Independent Sector Activity – IP/DC	B49. Total number of patients admitted for inpatient treatment in the independent sector. (admissions & daycases) (Figures subject to change as returns are received from IS providers)	283 (Apr – Jun)			55 (Jul – Sept)			Quarterly Information		
Causes of Emergency Readms	B52. 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	Acute Information Section to explore availability of this information.							
		Long-term Conditions								
Admissions for Venous Thromboembolism	B53. Number of emergency readmissions within 3 months (90 days) with a diagnosis of venous thromboembolism in 2015/16, regardless of the diagnosis related to the original (initial) admission.	Acute Information Section to explore availability of this information.								
Emergency Admissions & Readmissions	B54. Number and proportion of emergency admissions and readmissions for people aged 0-64 and 65+, (i) with and (ii) without a recorded long term condition, in which medicines were considered to have been the primary or contributing factor.	Acute Information Section to explore availability of this information.								

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Stroke	B60. Number of emergency admissions with a primary diagnosis of stroke.	51	70	42	67	59	60	79		
Stroke LOS	B61. Average length of stay for patients within the acute & elderly programme of care with a primary diagnosis of stroke.	11.6	14.4	11.5	13.4	12.3	15.0	Info presented 1 month in arrears		
Specialist Drug Therapies	B62. Number waiting longer than 3 months to commence NICE approved specialist therapies for arthritis and psoriasis.*	Arthritis	2	3	0	0	0	0		
		Psoriasis	Not currently available		3	0	0	0		

MINISTERIAL PRIORITY: TO ENSURE THAT SERVICES ARE RESILIENT AND PROVIDE VALUE FOR MONEY IN TERMS OF OUTCOMES ACHIEVED AND COSTS INCURRED

Pre-operative stay	C4. Elective average pre-operative stay.	0.49	0.77	0.67	0.70	0.70	0.59	0.41		
Elective LOS	C5. Elective average length of stay in acute programme of care.	2.5	3.1	3.1	2.7	3.2	3.5	3.1		
Day Surgery Rates	C6. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	69%	68%	70%	68%	69%	70%	70%		
Cancelled Ops	C7. Percentage of operations cancelled for non-clinical reasons.	3.5%	4.3%	2.9%	2.3%	1.5%	1.2%	2.5%		
Elective Admissions	C8. Percentage of patients admitted electively who have their surgery on the same day as admission.	73%	72%	74%	73%	78%	73%	76%		
New / Review OP Ratio	C9. Ratio of new to review outpatient appointments attended.. (Excludes VC's attendances)	1.85	1.72	1.82	1.89	1.88	1.84	1.83		
Outpatient DNA's	C10. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	6.7%	7.1%	6.4%	7.0%	6.6%	6.1%	6.0%		
Outpatients CNC by Hospital	C11 a. Number of new & review outpatient appointments cancelled by the hospital.	Information presented in Section 3.0								
	C11 b. Rate of new & review outpatient appointments cancelled by the hospital. (Excludes VC's attendances)	11.1%new 14.6% rev	10.8% new 14.8% rev	8.5% new 14.3% rev	11.7% new 16.7% rev	8.2% new 13.2% rev	5.06% new 10.41% rev	7.1% new 12.1% rev		
	C11 c. Ratio of new to review outpatient appointments cancelled by the hospital. (Excludes VC's Attendances)	2.4	2.4	3.1	2.7	3.0	2.6	3.1		
Hospital cancelled appointments with an impact on the patient	C12. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient.	1165 (8.1%)	1151 (8.2%)	1082 (6.8%)	1120 (8.0%)	928 (6.8%)	744 (5.8%)			

3.0 Quality Standards & Performance Targets

3.3 Additional Indicators in Support of Commissioning Plan Targets

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
Children	From April 2015 all children admitted to residential care will have, prior to their admission. (a) been subject to a formal assessment	100% (2 of 2)	80% (4 of 5)	100% (2 of 2)	71% (5 of 7)	100% (1 of 1)	100% (4 of 4)	100% (3 of 3)			
	From April 2015 all children admitted to residential care will have, prior to their admission. (b) have their placement matched through Children's Resource Panel	100% (2 of 2)	80% (4 of 5)	100% (2 of 2)	43% (3 of 7)	0% (0 of 1)	0% (0 of 4)	100% (3 of 3)			
	Residential Care Leavers aged 16, 17 and 18 who are in Education, Training or Employment within one year of leaving care.	92%	100%	82%	88%	55%	58%	100%			
	Child Protection (allocation of referrals) – From April 15 100% of all child protection referrals are allocated to a social worker within 24 hours of receipt of referral	100%	100%	100%	100%	100%	100%	100%			
	Child Protection (initial assessment) – From April 13 all Child Protection referrals are investigated and an initial assessment completed within 15 working days	100%	100%	100%	100%	100%	100%	100%			
	Child Protection (pathway assessment) – From April 13, following completion of Initial Assessment a Case Conference is held with 15 working days of original referral	92%	88%	86%	100%	100%	94%	79%			
	Looked After Children (initial assessment) - From April 2015, an initial assessment completed within 14 working days from date of child becoming looked after	100%	100%	100%	100%	100%	100%	100%			
	Family Support - from April 15 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)	Family Support (Referrals) – allocated to a social worker within 20 working days for initial assessment	88%	85%	80%	87%	94%	99%	99%		
		Family Support (initial assessment) – completed within 10 working days from date referral allocated to the SW	37%	49%	39%	44%	54%	54%	54%		

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days.	69%	48%	44%	40%	68%	85%	92%		
Unallocated Cases	Un allocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days	100	96	90	95	92	77	63		
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention.	Assess 216 > 13 wks Inter 5 > 13 wks	Assess 230 > 13 wks Inter 25 > 13 wks	Assess 215 > 13 wks Inter 36 > 13 wks	Assess 256 > 13 wks Inter 36 > 13 wks	Assess 306 > 13 wks Inter 20 > 13 wks	Assess 336 > 13 wks Inter 34 > 13 wks	Assess 368 > 13 wks Inter 30 > 13 wks		
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment.	0> 13 wks	0> 13 wks	0> 13 wks	0> 13 wks	0> 13 wks	0> 13 wks	0> 13 wks		
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.	100%	100%	100%	95%	99%	96%	99%		
Pre-op Assessment	From Apr 12, all surgical patients should have a pre-op assessment	73%	69%	66%	67%	(Information from PMSI 3 months in arrears)				
Housing Adaptations	From April 12, maintain 95% standard for minor urgent housing adaptations completed within 10 working days.	100% within 14 days	100% within 14 days	100% within 14 days	96% within 14 days	91% within 14 days	100% within 14 days	68% within 14 days		
Care Management Assessments	From April 12, the Trust should achieve a performance level of 48% of care management assessments completed in relation to nursing home, residential or domiciliary care, recommend domiciliary care provision.	67%	67%	67%	67%	67%	67%	67%		
Elective Care – Consultant Led Outpatient Waiting Times (Reviews)	All Outpatient Reviews to be completed within the clinical indicated time. (Based on dates booked in the past) Excludes patients waiting for independent sector.	12339	11945	11762	11705	13814	10923	10489		
New Outpatient DNA's	Rate of new outpatient appointments where the patient did not attend. (Exc. Independent Sector & VC's attendances)	4.6%	4.6%	4.0%	4.4%	5.4%	5.6%	4.8%		
Acute Environmental Cleanliness	Comply with 85% cleanliness target	94%	93%	95%	94%	93%	94%	94%		
Clinical Coding	95% coding within 31 days		97% 04/6/15	98% 07/7/15	98% 04/8/15	98% 08/9/15	99% 08/10/15	99% 06/11/15		
Clinical Coding	100% coding within 62 days		98% 04/6/15	98% 07/7/15	98% 04/8/15	97% 08/9/15	99% 08/10/15	99% 06/11/15		

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Foster Care	(2014/15 G1). Percentage of all foster care placements that are kinship care placements.	33%			34%			Quarterly Return		
Children in MH Wards	Number of Children aged under 18 in Adult Mental Health Wards (Quarterly Info)	4 for Apr '15 – Jun '15			0 for Jul '15 – Sept '15			Quarterly Return		
Children Absconding from Care	(2014/15 G7). Number of children and number of times absconding from residential or foster care has been notified to the police.	Reporting frequency – half yearly								
Self-Directed Support	(2014/15 D2). Number of people eligible for social care services who are accessing self-directed support through a personal budget.	Reporting frequency – Annually								
Death Rate Variation	(2014/15 B18). Variation in death rate for emergency admissions (all diagnoses) comparing patients admitted at the weekend & patients admitted during the week.	Information available 3 months in arrears								
Integrated Medicines Management	(2014/15 B28). Number & proportion of patients admitted to hospital receiving the integrated medicines management service.	Reporting frequency – half yearly								
Emergency Admissions for Specific Acute Conditions	(2014/15 B36). Emergency Admissions for acute conditions which should not usually require hospital admission.	Acute Information Section to explore availability of this information.								
Prescribing Compliance	(2014/15 B25). Level of prescribing compliance with the NI Formulary by HSC Trust.	NHST are 90% compliant with BNF Chapter 6			Information available 3 months in arrears					
Child Health Promotion Programme	(2014/15 A28). The rate for each core contact within the pre-school child health promotion programme offered and recorded by Health Visitors.	FV – New Baby Rev - 01 – 02 wks			99.3%			Information available 3 months in arrears		
		C1 – 6-8 week rev – 6 – 11 wks			98.5%					
		C2 – 14-16 week rev – 14–19 wks			98.5%					
		C3 – 6-9 month rev – 26 – 42 wks			94.8%					
		C4 – 1 year rev – 52-68 wks			81.1%					
		C5 – 2 year rev – 104-120 wks			78.9%					
C6 – 4 year rev – 209-221 wks			79.0%							
Death Rate Variation	(2014/15 B19). Variation in death rate for emergency admissions comparing patients admitted at the weekend & patients admitted during the week for i)	Heart Attack			Acute Information Section to explore availability of this information.					
		Heart Failure								
		Stroke								

Area	Indicator	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	heart attacks; ii)heart failure; iii)stroke; and iv) aortic aneurysm.	Aortic Aneurysm								

Directorate Codes:

AHS - Acute Hospital Services, **CS** - Children's Services

PCCOPS - Primary & Community Care for Older Peoples Services, **MG** - Medical Governance

PPMSS - Planning, Performance Management and Support Services

F – Finance, **MHD** - Mental Health & Disabilities

4.0 Use of Resources

4.1 Delivery of Elective Service Budget Agreements (SBA)

15/16 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
5th May 2015 (5 Weeks)	548	387	-161	-29%	1275	1102	-173	-14%	1823	1489	-334	-18%	5627	4715	-912	-16%	8447	9155	708	8%
2nd June 2015 (9 weeks)	987	704	-283	-29%	2294	2188	-106	-5%	3281	2892	-389	-12%	10115	9543	-572	-6%	15244	17306	2062	14%
30th June 2015 (13 Weeks)	1426	1042	-384	-27%	3314	3155	-159	-5%	4740	4197	-543	-11%	14610	14201	-409	-3%	22019	25810	3791	17%
4th August 2015 (18 Weeks)	1974	1465	-509	-26%	4589	4301	-288	-6%	6563	5766	-797	-12%	20230	18946	-1284	-6%	30488	34774	4286	14%
1st September 2015 (22 Weeks)	2412	1797	-615	-26%	5609	5298	-311	-6%	8021	7095	-926	-12%	24725	23095	-1630	-7%	37263	42418	5155	14%
29th September 2015 (26 Weeks)	2851	2129	-722	-25%	6629	6407	-222	-3%	9480	8536	-944	-10%	29221	27987	-1234	-4%	44039	51328	7290	17%
3rd November 2015 (31 weeks)	3366	2537	-829	-25%	8173	7765	-408	-5%	11539	10302	-1237	-11%	35410	33984	-1426	-4%	52888	62190	9302	18%

NOTES:

- The tables above includes Endoscopy procedures in Gastro, GS & Medicine.
- Elective Inpatient activity is based on Admissions (1st FCE only)
- 2015/16 Volumes are Draft. SBAs for 15/16 have not been signed off. These draft SBAs are based on 14/15 SBA, except where investment has been received into a specialty where SBA has been increased accordingly.

15/16 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 31 weeks (3rd November 2015)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-17%	Medical staff on maternity leave x2, unable to secure full locum cover.	One doctor returned July 2015. Continuing to try to source locum cover for second.
ENT	-42%		-10%	IPDC split not agreed- combined IPDC at -17%. Volumes impacted by cancellations due to unscheduled pressures and consultant sick leave.	Actions being taken to improve scheduling and booking processes and increase utilisation of theatre lists.
Gastroenterology	-24%	-38%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Medicine		-89%	-29%	Lack of demand.	Allocation of clinics under review.
General Surgery	-35%	-18%		SBA under discussion. Reduced volumes in 15/16 largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites.	Actions being taken to improve scheduling and booking processes and increase utilisation of theatre lists.
Geriatric Medicine			-10%		OP improvement plan in place, clinic templates have been revised.
Nephrology			-21%	Lack of demand.	
Neurology			-16%	Funding received for second consultant but it has not yet been possible to recruit to this post.	Ongoing recruitment.
Obs and Gynae (Gynaecology)	-14%			Investment received and SBA increased; theatre sessions not yet fully in place.	Implementation of additional theatre sessions
Gynae - Urodynamics			-25%	Investment received and SBA increased; clinic sessions not yet fully in place.	Implementation of additional clinic sessions
Orthodontics			-24%	Reduction in July/August due to consultant annual leave and delay moving to new build premises.	New premises now available
Rheumatology	-62%			Limited requirement for IP management; combined IPDC at +29%.	

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals & ED Attendances)

NHSCT New Outpatient Demand - All Referrals to NHSCT

Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	7688	7915	7184	7258	7046	7434	8410	7806	6675	8160	7875	7920
14/15	8030	8213	8530	7913	6978	8465	8787	7674	6768	7736	7648	8336	
Variance on Previous Year	342	298	1346	655	-68	1031	377	-132	93	-424	-227	416	
% Variance on Previous Year	4%	4%	19%	9%	-1%	14%	4%	-2%	1%	-5%	-3%	5%	
15/16	8395	7807	9,093	8,265	7799	8,849	8,917						
Variance on Previous Year	365	-406	563	352	821	384	130						
% Variance on Previous Year	5%	-5%	7%	4%	12%	5%	1%						

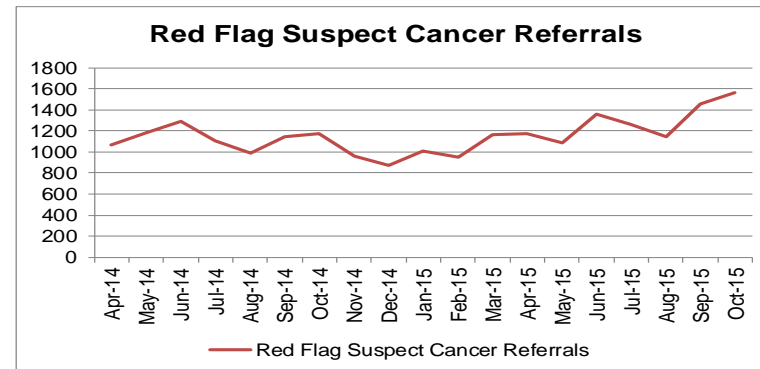
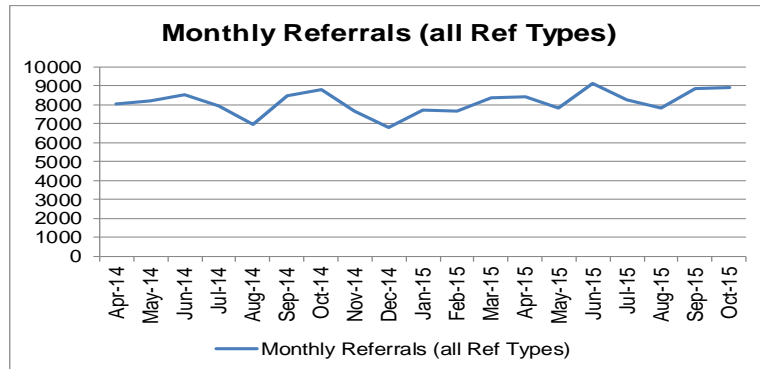
Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	7688	15603	22787	30045	37091	44525	52935	60741	67416	75576	83451	91371
14/15	8030	16243	24773	32686	39664	48129	56916	64590	71358	79094	86742	95078	
Variance on Previous Year	342	640	1986	2641	2573	3604	3981	3849	3942	3518	3291	3707	
% Variance on Previous Year	4%	4%	9%	7%	7%	8%	8%	6%	6%	5%	4%	4%	
15/16	8395	16202	25295	33560	41359	50208	59125						
Variance on Previous Year	365	-41	522	874	1695	2079	2209						
% Variance on Previous Year	5%	0%	2%	3%	4%	4%	4%						

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	821	932	880	980	959	921	1101	1014	874	1055	995	929
14/15	1065	1188	1294	1109	988	1144	1171	959	872	1006	949	1166	
Variance on Previous Year	244	256	414	129	29	223	70	-55	-2	-49	-46	237	
% Variance on Previous Year	30%	27%	47%	13%	3%	24%	6%	-5%	0%	-5%	-5%	26%	
15/16	1172	1084	1,356	1,258	1143	1,456	1,567						
Variance on Previous Year	107	-104	62	149	155	312	396						
% Variance on Previous Year	10%	-9%	5%	13%	16%	27%	34%						

New referrals were Referral Source (R) equals 3 & 5

Includes only referrals to consultant led services except for Urology where all referrals are included.

Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSCT



ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2013 / 14	5,894	5,787	5,889	6,475	5,988	5,994	6,147	5,759	5,821	6,093	5,614	6,576	72,037
2014 / 15	6,454	6,625	6,543	6,423	6,027	6,326	6,126	5,887	6,313	6,069	5,966	6,509	75,268
2015 / 16	6,355	6,633	6,590	6,441	6,443	6,580	6,684						78,387

CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2013 / 14	3,612	3,591	3,543	4,162	3,833	3,375	3,400	3,166	3,123	3,200	3,122	3,671	41,798
2014 / 15	3,695	3,850	3,667	4,188	3,832	3,596	3,514	3,184	3,240	3,151	3,210	3,567	42,694
2015 / 16	3,873	3,780	3,845	3,797	3,896	3,562	3,923						45,730

NHSCT TOTAL ED ATTENDANCES

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2013 / 14	9,506	9,378	9,432	10,637	9,821	9,369	9,547	8,925	8,944	9,293	8,736	10,247	113,835
2014 / 15	10,149	10,475	10,210	10,611	9,859	9,922	9,640	9,071	9,553	9,220	9,176	10,076	117,962
2015 / 16	10,228	10,413	10,435	10,238	10,339	10,142	10,607						124,118

Note: Total attendance for 2015/16 is a projection figure based on 2015/16 attendances to date.

4.0 Use of Resources

4.3 Efficiency / Productivity

The Trust is required to achieve and evidence efficiency gains that contribute to improving overall performance.

The following are efficiencies achieved during 2014/15;

Directorate	Brief Description	Measure	Financial Benefit	Key Actions / Initiatives Taken
Acute	Reducing non-elective length of stay in Causeway Hospital	Reduction of 3,143 bed days	£1,100,000	Reformed medical admissions pathway, improved focus on unscheduled flow, end of acute episodes and length of stay.
PCCOPS	Reablement Productivity - measured by the increase in service users leaving reablement with no long term service required.	Increase the no. of service users per month with zero package	£2,600,067	10.5 wte Occupational Therapists were recruited in 2014/15 which has ensured that the reablement service is now professionally-led. The productivity of the reablement service is calculated by tracking the size of the care package for those entering reablement compared with those leaving reablement. Total Productivity achieved by Reablement in 2014/15 was 20% higher than that achieved in 2013/14.
PCCOPS	Intermediate Care efficiencies are calculated by increasing Occupancy and reducing Length of Stay to 21 days	Reduce Length of Stay to 25 days	£418,000	Intermediate Care staff revised medical arrangements in each community hospital enabling patients to be admitted (irrespective of which GP practice they are registered with) 7 days/week including public holidays. The length of stay for Rehab patients in 2014/15 reduced from 26.4 to 25.7 days per patient episode. Occupancy rates also increased from 86% to 92%.
PCCOPS	Intermediate Rehabilitation and Stroke Service to manage increased demand within existing workforce	Increase in referrals Accepted	£239,759	Intermediate Rehabilitation and Stroke Service increased the referrals accepted by almost 9% during 2014/15. This was in part due to the increased demand for Intermediate Care services and the increased referral rates.
PCCOPS	Increase District Nursing Contacts within existing staff resources	Increase in Nursing Contacts	£1,074,327	The District Nursing staff contacts have risen by over 11% during 2014/15. Investment in District Nursing services in 2014/15 increased the capacity of the workforce by around 4.7%.
Children	Star Babies		£162,287	In line with Healthy Child Healthy Futures Child Health Programme (NI), mothers & New-born babies receive six universal core contacts from the Health Visiting Service from antenatal period to the child's first birthday. Health Visiting is trialing an extension to the program to monthly themed visits throughout the first year (i.e. 13 visits) to provide a more comprehensive education and support program with the aim of improving the social and emotional wellbeing of babies and parent's by strengthening relationships and promoting age appropriate social and emotional skills. Current visits are provided by a qualified health visitor whereas a mix of health visitors, nurses and support staff will provide the reformed service.
MHD	Transition Placements Maintenance of 2013/14 Over-performance	Placements	£195,810	Mental Health Schemes over-achieved by £118,000 in 2013/14 against the Directorate target. One of the main drivers of this over performance was the Transition Places absorbed from education
MHD	Psychology Teams Maintenance of 2013/14 Over-performance	Contacts	£127,226	Mental Health Schemes over-achieved by £118,000 in 2013/14 against the Directorate target. One of the main drivers of this over performance was the contacts within the Clinical Psychology Team
MHD	Reduction in Occupied Bed Days across 4 Mental Health Acute Wards	Bed Days	£271,389	FYE of 2013/14 Scheme which delivered a reduction of 1,290 bed days
MHD	Cedar Project	Clients	£3,242	Purchase of Service from the Voluntary Sector - which is more cost effective than Trust Delivery
MHD	Hear to Help	Referrals	£101,932	Purchase of Service from the Voluntary Sector - which is more cost effective than Trust Delivery
MHD	LD Psychology increased productivity	Contacts	£78,069	Increase the number of contact in Learning Disability Psychology Teams
MHD	Moving people from Residential Care to Adult Placements	Placements	£57,297	Moving clients from Residential Care to adult foster care type placements
MHD	Share the Care	Hours	£10,807	Respite for Adults with Learning Disabilities outside of a Residential Home setting

4.0 Use of Resources

4.4 Efficiency / Savings

Quality Improvement Cost Reduction (QICR) Achieved (Various Dates)

Directorate	Project Description	FORECAST CYE	ACHIEVED	Position At	Category
ACUTE	Pharmacy - report only 50%	£337,000	£337,000	Dec-14	QICR
ACUTE	Remodelling of 'Out of Hours' cover for Rehab Sites (Will show as a reduction of locum spend)*	£103,000	£103,000	Dec-14	QICR
MHD	The Resettlement of Long Stay Patients who no longer require inpatient care through more effective use of supported living accommodation	£387,000	£387,000	Mar-15	QICR
MHD	Remodelling of Dementia Inpatient Services	£441,000	£441,000	Mar-15	QICR
MHD	Social Care Reform & Placement Management	£218,000	£218,000	Mar-15	QICR
CORPORATE	Telecoms - Further efficiencies in maintenance and price	£160,000	£160,000	Dec-14	QICR
PPMSS	Performance Restructuring	£72,000	£72,000	Dec-14	QICR
PCCOPS	Residential Care VER FYE - full year benefits of VERs implemented in 2013/14 (<i>Linked to Reform of Residential Care Project</i>)	£187,000	£187,000	Mar-15	QICR
CHILDRENS	Reduction in Foster Care Agency Expenditure	£180,000	£180,000	Dec-14	QICR
CHILDRENS	Reduction in Residential Care Operating Costs	£70,000	£70,000	Dec-14	QICR

The above are the top ten QICR projects which have delivered savings as at the date noted.

Reform Savings Achieved

Directorate	Project Description	FORECAST CYE	ACHIEVED	Position At	Category
PCCOPS	Maximise use of statutory Residential Care by using spare capacity for residential respite	£347,000	£347,000	Mar-15	Shift Left / Reform

The above are the Reform projects which have delivered savings as at the date noted.

5.0 Workforce

5.1 Staff in Post, Staff Movement, Absence

	Trust	Wom, Child & Fam	Med & Em Med	Surg & Clin Serv	MH, LD & CW	Comm Care	Strat Dev & Bus Services	Finance	HR	Medical (inc Gov. & Pharmacy)	Nursing (inc Support Serv.)	CEO
Headcount by WTE as at 30 October 2015	11790	1736	1197	2571	1664	2600	369	114	118	252	1167	2
	Trust	Acute	Children's	MHD	PCCOPS	Finance	HR	PPMSS	Medical	NUE	CEO	
% Directorate Absence (1 April 15 -30 Sept 15)	7.00%	6.92%	6.05%	8.07%	8.08%	2.59%	4.00%	5.01%	5.38%	7.86%	0.30%	

Update since last report

Trust Structures – transitional update

Information presented shows the headcount using the titles of the newly agreed structure which came into effect on the 1st October 2015. Please note structures are still in transition and reports will reflect service changes as they occur under the agreed implementation plan. The absence information relates to the end of **September 2015**.

E-recruit

The Trust has transferred the day to day transactional recruitment activity to BSO Shared Services at the end of October 2015 along with 215 job files with existing waiting lists. The remaining job files that have ongoing recruitment activity will be completed and will transfer to shared services by the end of November 2015.

Absence Reporting

Sickness absence continues to fall with a cumulative overall % absence (for the year April - September) of 7.00% compared to 7.06% in the previous month. Absence in the month of September was 6.64%. A new Managing Attendance Toolkit and Guidance for Managers on supporting staff involved in potentially traumatic incidents at work have been developed. A Regional Attendance Framework has been signed off by Trade Unions and HR Directors.

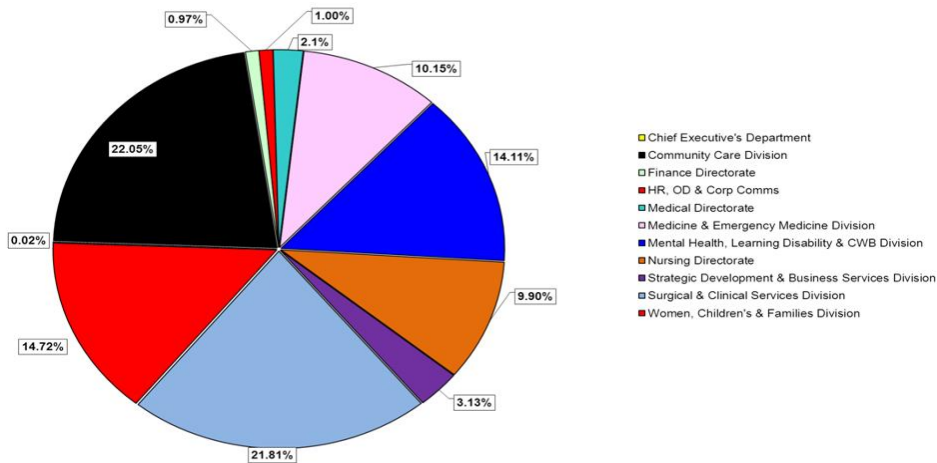
Staff Survey

The 2015 HSC Staff Survey was launched on 19 October and will be open for 9 weeks. All staff have been invited to complete the survey either on-line or by post. The Trust is committed to implementing action plans based on feedback from the survey and this will be a key baseline for us as we move forward with the people stream of RAMP.

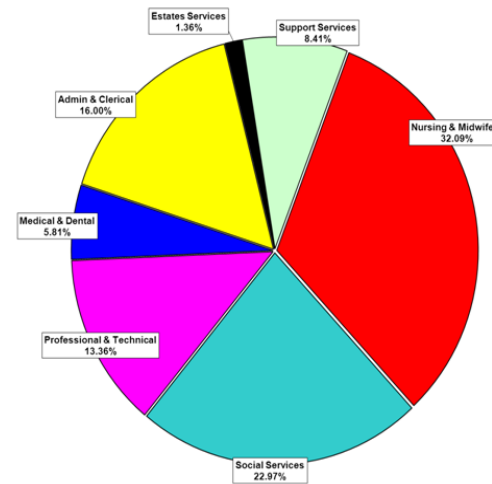
Leadership Conference and Chairman's Awards

The Trust held its annual Leadership Conference and Chairman's Awards on 4 November. This was a highly successful event, attended by leaders at all levels. It provided an opportunity for reflection prompted by thought provoking guest speakers, showcasing and sharing best practice in many services throughout the Trust and recognising outstanding staff and team contributions. We would wish to thank everyone who contributed to the success of the day.

Division/Directorate Percentage **Headcount** Breakdown as at 31 October 2015



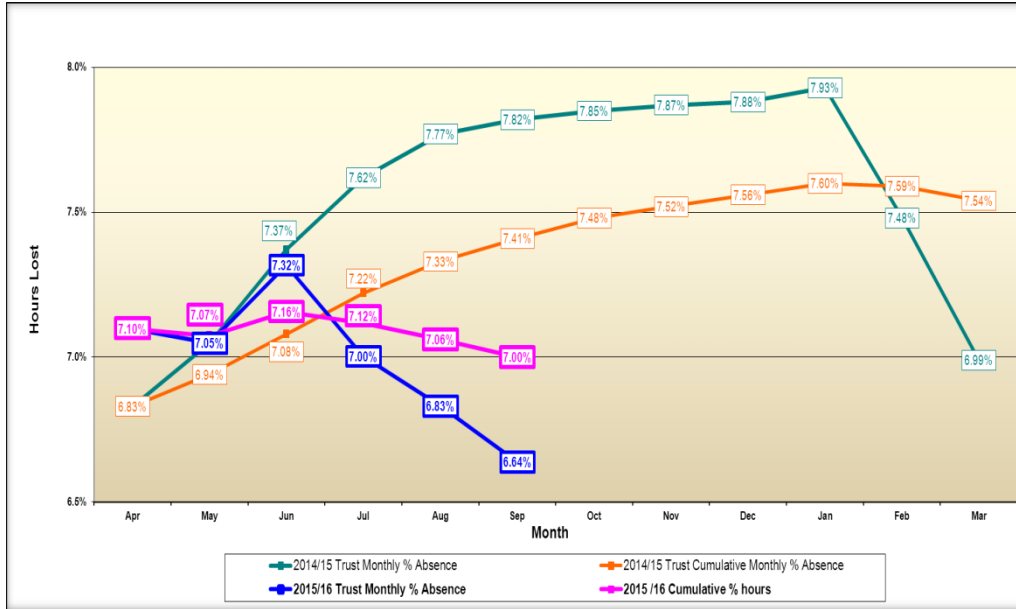
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 31 October 2015



5.0 WORKFORCE

5.1 Staff in Post, Staff Movement, Absence

**Trust Absence Percentage
1 April 2014 – 30 Sept 15**



***Northern HSC Trust
Number of Staff with Absence Spells for the 12 months ending
30 June 2015 and 30 Sept 2015**

