



Northern Health
and Social Care Trust

TRUST BOARD PERFORMANCE REPORT

December 2015

Prepared & Issued by Planning & Service Improvement Unit – 18th January 2016

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 82 twelve hour breaches during December 2015 compared to 173 the previous month. By way of comparison, cumulatively for the period April to December 2014 Antrim ED had experienced 347 twelve hour breaches and for the same nine month period this year there has been 509 twelve hour breaches. Causeway Hospital had 7 twelve hour breaches during December. Performance against the 4 hour target in December was 63% for both Antrim and Causeway hospitals.

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. 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.

Psychological Waits

At the end of December there were 206 patients waiting over 13 weeks. Performance continues to be impacted by 3 separate services. The position in PTS (Psychology of MH) has deteriorated over December due to a reduction in service and a high level of demand throughout September (now reaching a breaching date) with vacancies continuing to impact on available capacity. In Clinical Health Psychology recruitment is impacting on capacity and in the Learning Disability service (adult and children) vacancies are having an impact with 2wte of the 4 wte posts currently vacant. Actions being taken include locum and bank cover and on-going 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.

Breast Cancer Referrals seen with 14 days

The Trust's performance against the 14-day breast cancer access target fell to 88% in October, 16% in November and 11% in December. This was due to a significant increase in referrals in September and a further increase in October. It is believed that the increase in referrals is linked to the regional breast cancer aware campaign. Every Trust has experienced a significant increase. Actions being taken include additional breast outpatient clinics, inpatient theatre sessions and MDM meetings being held. The number of referrals reduced to more sustainable levels in November, but it will take some time to work through the backlog. It is anticipated that delays will continue into 2016.

62 Day Urgent Suspected Cancer referrals to commence treatment

Cases are monitored through tumour sites e.g. Breast, Dermatology & Urology. Urology Service continues to be 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 December 2015 were below expected performance, with Elective inpatients 27% (n= 1156) below SBA performance and Day cases 5% (n=506) below performance. With Outpatient attendances, new appointments are 4% below SBA target and review appointments are 17% above SBA target.

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 nine months, to end of December 2015 for red flag outpatient referrals shows 11,578 such referrals compared to 9,790 in the same period last year, an 18% 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 and it is expected that some further improvement will be achieved in the remainder of the year.

**Patients Waiting
over 9 Weeks for
a Diagnostic
Test (page 18)**

**Emergency
Dept.: Patients
treated &
discharged <
4hrs (page 21)**

**Breast Cancer
referrals seen
with 14 days
(page 26)**

**62 Day Urgent
Suspect Cancer
commence
treatment
(page 27)**

**Psychological
Waits > 13 weeks
(page 30)**

**Demand for
Services (page 46)**

1.0 Service User Experience

1.1 Patient Experience as replied in Patient Surveys

10000 Voices

The 10,000 initiative continues using a phased approach with **8044** patient stories returned regionally, of which **1742** (21.6%) are NHSCT Returns.

Stories continue to illustrate a high level of compliance with the Patient and client experience standards.

Story collection and feedback to services continues in the following areas:

- Unscheduled Care (Emergency Departments, Minor Injuries, and GP out of Hours)
- Care in your own home
- Northern Ireland Ambulance Service
- Staff Experience

| Survey | Regional returns | NHSCT Returns | Rated as strongly positive or positive | Rated as neutral or not sure | Rated as negative or strongly negative |
|-------------------------------------|------------------|----------------|--|------------------------------|--|
| Unscheduled Care | 1264 | 388 (30.7%) | 332 | 33 | 23 |
| Northern Ireland Ambulance Service* | 262 | 140 (53.4%) | 134 | 4 | 2 |
| Care in your own home | 1421 | 163 (11.4%) | 137 | 17 | 9 |
| Staff Experience | 233 | 12 (5.1%) | 5 | 4 | 9 |

*Patients who access NIAS services as part of their care episode

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

| November 2015 Position | Trust Total | Acute | Child | MH&D | Community | Finance | PPMSS | M&G | Nursing | Unknown |
|--|-------------|-------|-------|------|-----------|---------|-------|-----|---------|---------|
| Number of Complaints | 49 | 17 | 1 | 11 | 15 | 1 | 2 | 0 | 2 | 0 |
| Complaints Responded to within 20 Days (%) | 71% | 41% | 100% | 91% | 87% | 100% | 100% | n/a | 100% | n/a |
| Compliments Received | 66 | 41 | 5 | 7 | 13 | 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.

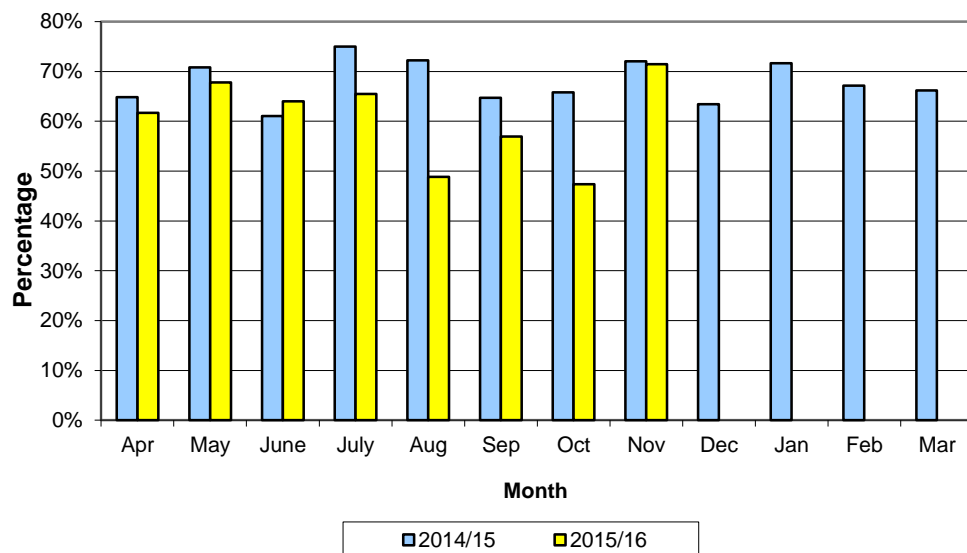
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this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

During November 2015 there were 49 formal complaints, 3 of which have been reopened. Of these complaints 35 were responded to within 20 working days (71%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour.

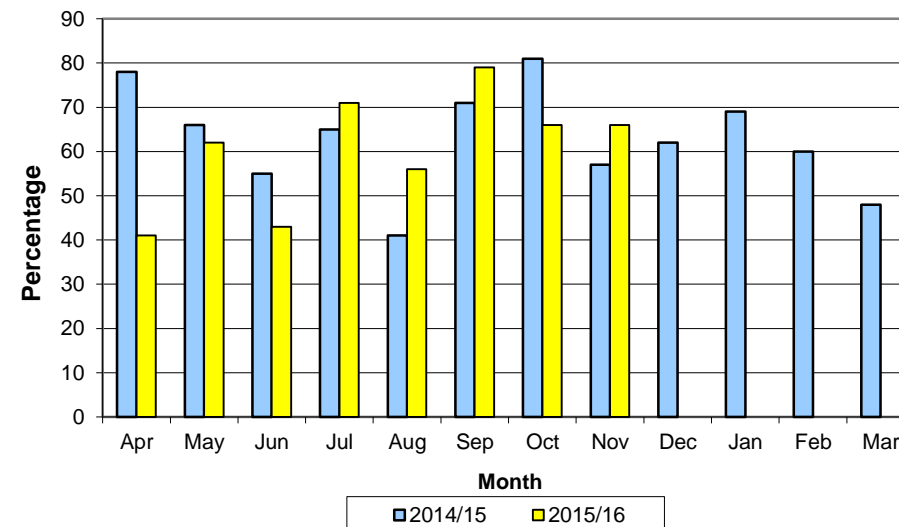
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

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 | Oct 15 | Nov 15 | Dec 15 | Cumulative Position as at 31 st December |
|------------------------------|-----------------------|--------|--------|--------|---|
| No of MRSA cases | 11 | 2 | 0 | 2 | 18 |
| No. of CDiff cases | 62 | 3 | 7 | 3 | 52 |
| Deaths associated with CDiff | 5 | 0 | 0 | 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 December 2015 the Trust has now breached this target with a total of 18 cases of MRSA bacteraemia detected. A breakdown of the figures indicate that 11 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 December 2015 = 52 against a 2015/16 target of 59. A breakdown of these cases identify that 28 cases had an onset of diarrhoea within 48 hours of admission to hospital and 24 cases had an onset of diarrhoea over 48hrs following admission.

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.

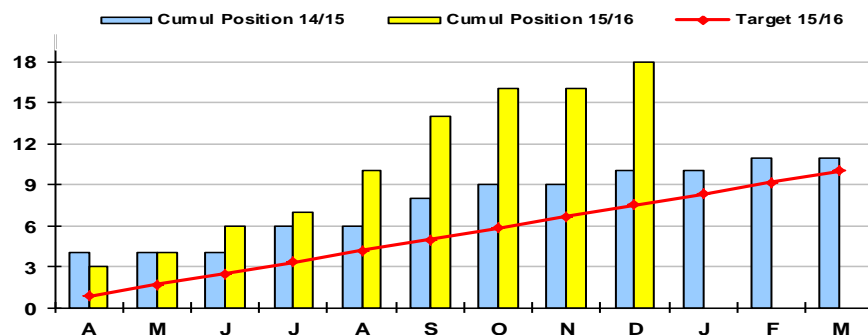
CDIFF – CDI cases continue to present challenges as early identification and isolation on clinical grounds can be difficult. In addition, loss of the minimum bed spacing to reduce transmission of HCAI's due to additional beds on Antrim site continues to present challenges by increasing the risk of transmission. 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

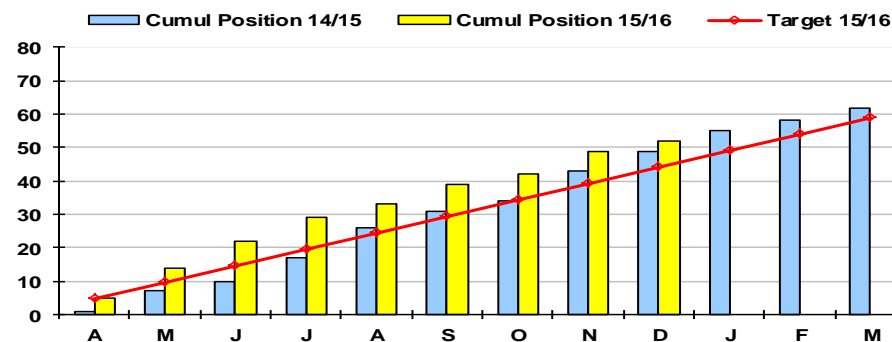
MRSA - Blood Culture technique training and Aseptic Non-Touch Technique (ANTT) on-going across the Trust. Infection control DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes Infection Control element. Education and audit of practice for central 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 had a positive impact on the monthly CDI cases, however with this increased demand upon the Microbiology Department and Infection Control Doctor, these rounds have been 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 | Sept 15 | Oct 15 | Nov 15 |
|--|---------------------------|---------|--------|--------|
| % Emergency Re-admissions within 30 Days | (not to exceed) 7.6% | 7.5% | 8.0% | 7.0% |
| Number of 30 Days Emergency Re-admissions | (not to exceed) 329 mthly | 401 | 422 | 362 |
| % Emergency Re-admissions within 7 Days | | 3.0% | 3.3% | 2.8% |
| % Emergency Re-admissions within 8 – 30 Days | | 4.4% | 4.7% | 4.2% |

Emerg. Re-admissions information presented one/two months in arrears.
 Excludes: Regular attenders, Paediatrics, Obstetrics & Palliative Care.
 Information now sourced from Information & Records Dept (Acute), 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

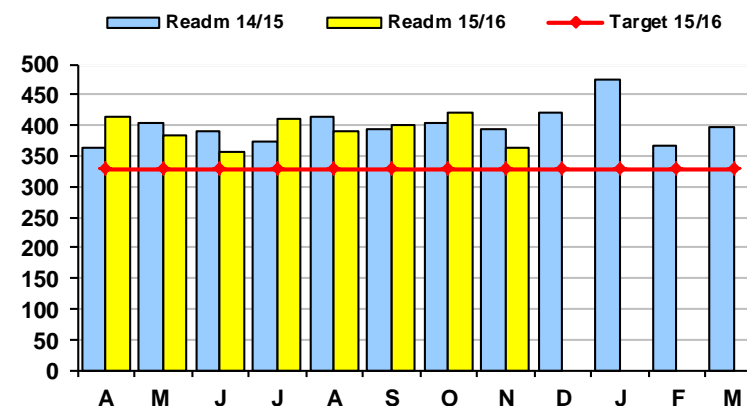
The Trust is enhancing Antrim Direct Assessment Unit during Nov-Dec 2015 with the development of assessment pathways for surgery and care of the elderly.

FORECAST IMPACT ON PERFORMANCE

Under review.

Emergency Readmissions within 30 Days

| April '15 to November '15 | | | |
|---------------------------|----------------|------------------------|---------------|
| Hospital | All Admissions | Emergency Readmissions | % Readms Rate |
| Antrim | 21391 | 2080 | 9.7% |
| Causeway | 12245 | 875 | 7.1% |



2.0 Safe & Effective Care

2.3 Stroke

| | 15/16 Target | Sept 15 | Oct 15 | Dec 15 |
|---|------------------|---------|--------|--------|
| % Ischaemic Stroke receiving thrombolysis | (to achieve) 13% | 7.2% | 16.1% | 11.5% |
| Number of emergency admissions with a primary diagnosis of stroke | | 79 | 60 | 58 |

% Ischaemic Stroke target for 14/15 was 12%

Causes/Issues that are impacting on performance

December 15 was a normal fluctuation in rates with variations from month to month. The reasons patients are not given lysis are not due to a lack of service but due to medical contraindications, not being able to establish time of onset of symptoms and people attending ED outside the timeframe for having lysis.

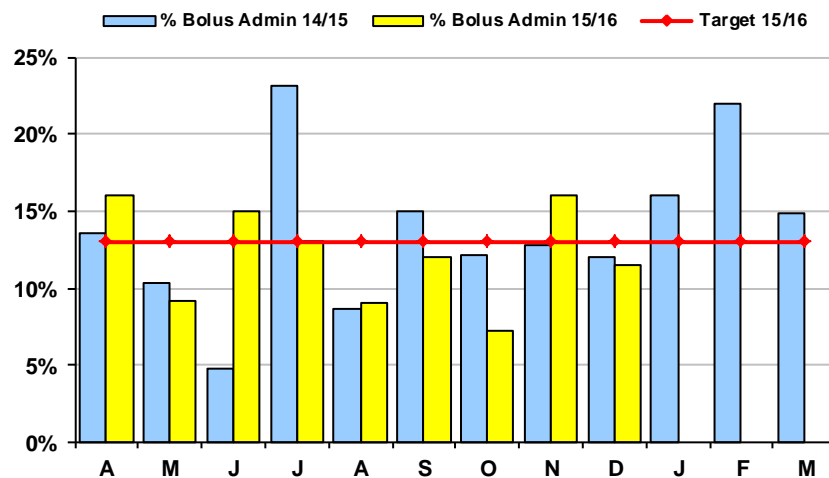
Actions being taken with time frame

The reason for not administering lysis is reviewed and documented in every patient who has had a stroke. There is 24/7 stroke lysis cover in both acute hospital sites and every suitable patient is considered for lysis.

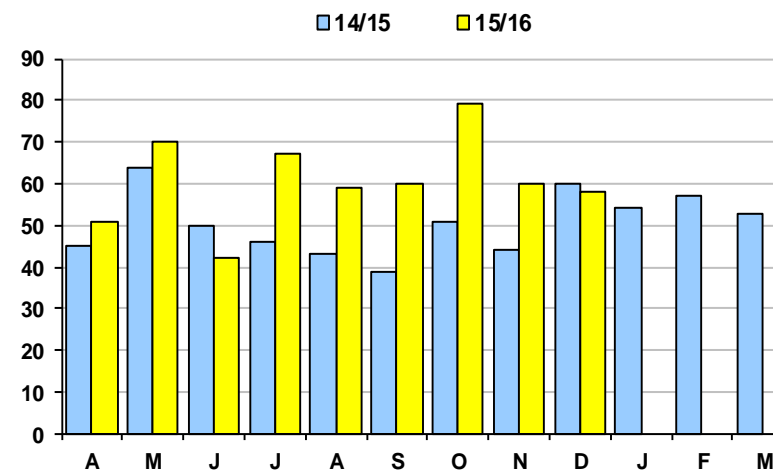
Forecast impact on performance

Variance is within normal parameters.

% 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

| | | 15/16 Qtr 1 | 15/16 Qtr 2 | 15/16 Qtr 3 |
|---|--|-------------|-------------|-------------------|
| Number of hospital acquired Pressure Ulcers* graded 3 & 4 | 2015/16 monitor grade 3 & 4, and the number of these that were unavoidable | 13 | 11 | Not yet available |
| Number of hospital acquired pressure ulcers* that were unavoidable (grades 3 & 4) | 2015/16 Trust target: 100% | 10 | 7 | Not yet available |
| Percentage of Wards that Fall Safe bundle has spread to (excluding Mental Health wards) | 2015/16 95% | 79% | 93% | 100% |
| Compliance with completion of malnutrition universal screening tool (MUST) | Target 95% | 87% | 91% | Not yet available |
| | | Oct 15 | Nov 15 | Dec 15 |
| VTE - Compliance with Risk Assessment | Target 95% | 87% | 92% | 88% |

*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, a further 4 wards in quarter 2, and to the last 2 remaining wards in quarter 3.

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%. 25/27 wards submitted data for December 2015. Mid-Ulster Rehab commenced monthly audits in October 2015.

Actions being taken with time frame

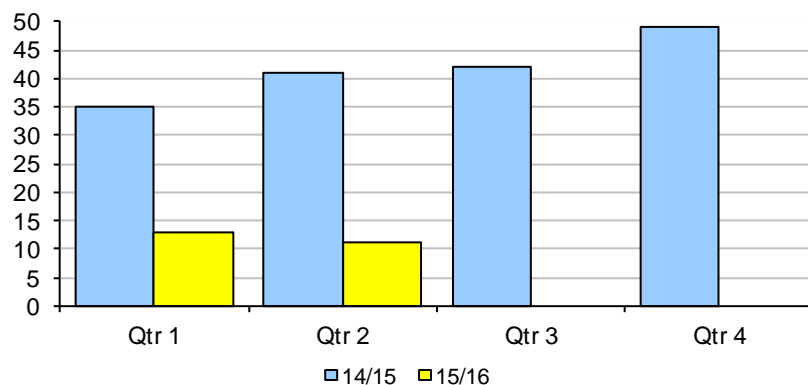
PU – An assessment tool (incorporating Root Cause Analysis) has now been finalised, which will assist with the multidisciplinary investigation of all pressure ulcers graded 3 & 4

Falls – Now that 100% spread has been achieved across acute, sub-acute and community hospital wards, the falls prevention team will revisit wards to reinforce the FallSafe bundle and provide further guidance to help improve compliance.

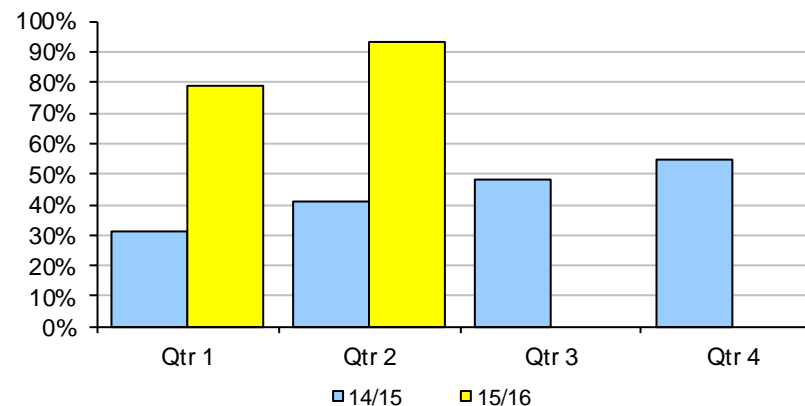
Forecast impact on performance

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 15/16



2.0 Safe & Effective Care

2.5 Serious Adverse Incidents

Number of SAI's Investigations Outstanding – December 2015

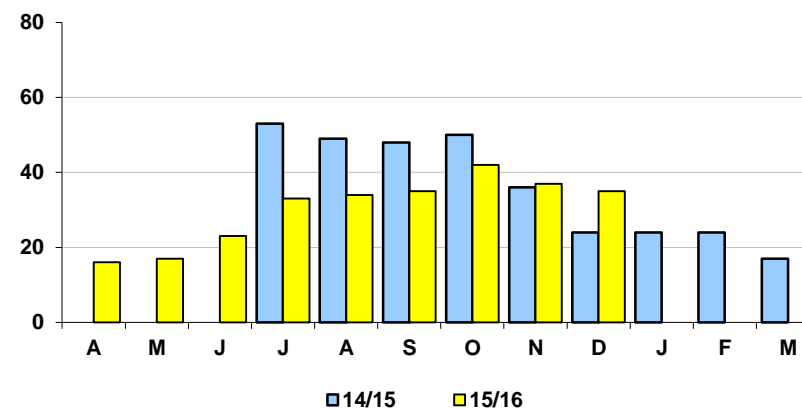
| Level of Investigation | Trust Total | Acute | Child | MH&D | PCCOPS | Finance | PPMSS | M&G | Nursing |
|------------------------|-------------|-------|-------|------|--------|---------|-------|-----|---------|
| Level 1 (SEA) | 19 | 1 | 12 | 10 | 0 | 0 | 0 | 0 | 0 |
| Level 2 (RCA) | 16 | 3 | 2 | 14 | 0 | 0 | 0 | 0 | 0 |
| Level 3 (External) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 35 | 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

| Number of weeks overdue | Total |
|-------------------------|-------|
| 0-10 weeks | 14 |
| 11-20 weeks | 3 |
| 21-30 weeks | 8 |
| 31-40 weeks | 0 |
| 41-60 weeks | 0 |
| Over 60 weeks | 2 |

Number of SAI's Outstanding



2.0 Safe & Effective Care

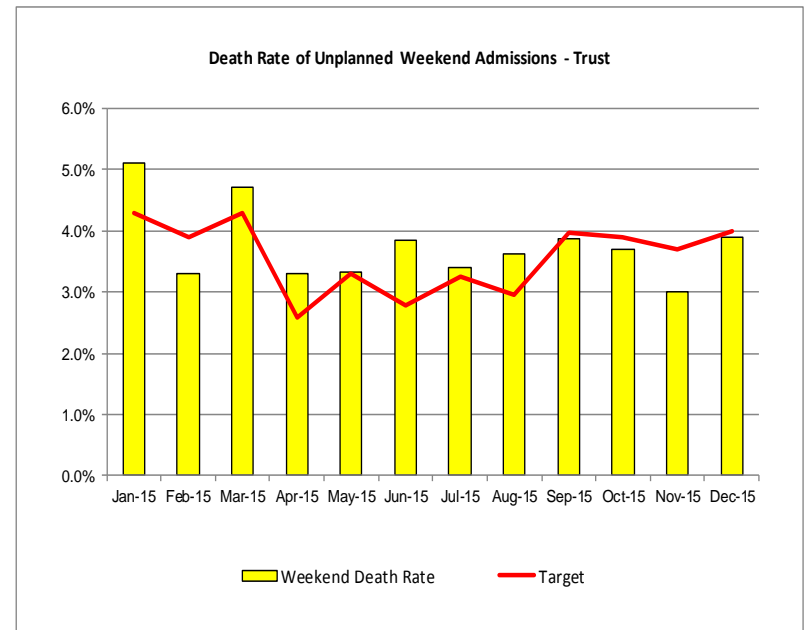
2.6 Patient Safety

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 Information & Records Dept (Acute)

| | | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 |
|--------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Trust | Weekday Death Rate | 4.2% | 3.8% | 4.2% | 2.5% | 3.2% | 2.7% | 3.2% | 2.9% | 3.9% | 3.8% | 3.7% | 3.9% |
| | Target | 4.3% | 3.9% | 4.3% | 2.6% | 3.3% | 2.8% | 3.3% | 3.0% | 4.0% | 3.9% | 3.7% | 4.0% |
| | Weekend Death Rate | 5.1% | 3.3% | 4.7% | 3.3% | 3.3% | 3.8% | 3.4% | 3.6% | 3.9% | 3.7% | 3.0% | 3.9% |

| | | | | | | | | | | | | | |
|------------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Antrim | Weekday Death Rate | 4.5% | 4.6% | 4.6% | 2.3% | 3.3% | 2.7% | 3.5% | 3.2% | 4.2% | 4.0% | 3.6% | 4.6% |
| | Weekend Death Rate | 4.9% | 3.3% | 5.4% | 3.8% | 3.2% | 3.7% | 3.5% | 4.0% | 3.7% | 3.8% | 3.5% | 4.5% |
| Cause way | Weekday Death Rate | 3.8% | 2.0% | 3.2% | 3.1% | 3.0% | 2.6% | 2.6% | 2.0% | 3.1% | 2.8% | 3.8% | 2.6% |
| | Weekend Death Rate | 5.8% | 2.9% | 3.0% | 2.1% | 3.6% | 4.1% | 3.2% | 2.7% | 4.3% | 3.5% | 1.7% | 2.6% |



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 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.

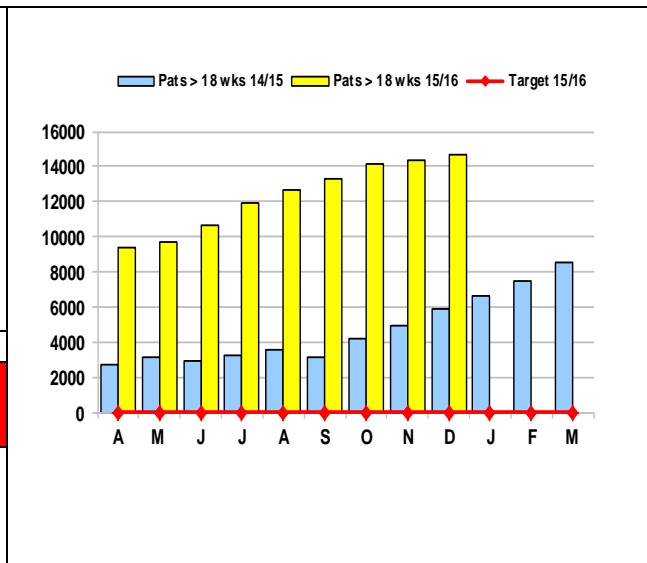
3.3 Additional Indicators in Support of Commissioning Plan Direction Targets.

3.0 Quality Standards & Performance Targets

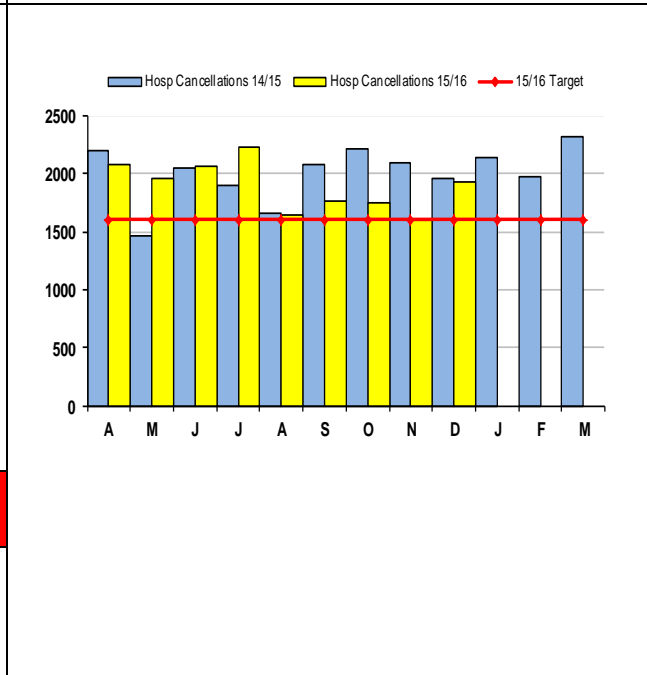
3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2015/16

| Dir. | Target Description | Comments, Actions and Monthly Performance | Trend Analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|----------------------|----------------------|----------------------|-----|------|------|-----|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|---|-----|-----|---|-----|--|---|-----|--|---|-----|--|
| Elective Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCS / MEM / WCF | <p>Outpatient Waits - From April 2015, at least 60% of patients wait no longer than 9 weeks for 1st outpatient appointment.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demand is significantly higher than capacity in a number of specialties. Outpatient referrals increased by 4% in April-Nov 2015 compared to the same period last year.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Urology: As a result of significant medical staff shortages in the urology speciality, the Health and Social Care Board has made arrangements for the Western Trust to work in partnership with the Northern Trust to continue to provide urology services. The HSCB have nominated the Western Trust as the lead trust in the management of urology services during this interim period. The Northern Trust has stood down the recruitment of temporary urology staff and this is being progressed by the Western Trust. As part of the service model, all inpatient surgery for Northern Trust patients is being undertaken at Altnagelvin Hospital and all day case surgery is being undertaken at Causeway Hospital. The HSCB has provided GPs with an update of the arrangements that have been made for urology treatment during this interim period.</p> <p>Dermatology: Two medical staff have been on maternity leave and it has not been possible to secure full locum cover. This has reduced outpatient volumes significantly. One of the two staff returned to work in July and the second on a phased return from Jan 2016, which will enable some recovery of position against SBA.</p> <p>Orthodontics: Delay in opening of new facility in Antrim Hospital led to a reduction of volumes in Aug/Sept. This has begun to recover and will be in an improved position by the end of the financial year.</p> <p>FORECAST IMPACT ON PERFORMANCE There is a significant demand/capacity gap in a range of outpatient specialties. Additional elective access funding has been made available in Q3-4, which will help address long waits in a number of specialties.</p> | <p>Legend: % within 9 wks 14/15 (blue), % within 9 wks 15/16 (yellow), Target 15/16 (red line)</p> <table border="1"> <caption>Monthly Position Data</caption> <thead> <tr> <th>Month</th> <th>% within 9 wks 14/15</th> <th>% within 9 wks 15/16</th> </tr> </thead> <tbody> <tr><td>A</td><td>60%</td><td>43%</td></tr> <tr><td>M</td><td>55%</td><td>41%</td></tr> <tr><td>J</td><td>58%</td><td>41%</td></tr> <tr><td>J</td><td>55%</td><td>38%</td></tr> <tr><td>A</td><td>50%</td><td>35%</td></tr> <tr><td>S</td><td>55%</td><td>36%</td></tr> <tr><td>O</td><td>52%</td><td>35%</td></tr> <tr><td>N</td><td>52%</td><td>35%</td></tr> <tr><td>D</td><td>45%</td><td>33%</td></tr> <tr><td>J</td><td>42%</td><td></td></tr> <tr><td>F</td><td>45%</td><td></td></tr> <tr><td>M</td><td>45%</td><td></td></tr> </tbody> </table> | Month | % within 9 wks 14/15 | % within 9 wks 15/16 | A | 60% | 43% | M | 55% | 41% | J | 58% | 41% | J | 55% | 38% | A | 50% | 35% | S | 55% | 36% | O | 52% | 35% | N | 52% | 35% | D | 45% | 33% | J | 42% | | F | 45% | | M | 45% | |
| | | Month | | % within 9 wks 14/15 | % within 9 wks 15/16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | | 60% | 43% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 55% | 41% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 58% | 41% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 55% | 38% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | 50% | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | 55% | 36% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | 52% | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 52% | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 45% | 33% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 42% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Core & Independent Sector Patients waiting within 9 weeks - Monthly Position</p> <table border="1"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <td>43%</td> <td>45%</td> <td>46%</td> <td>43%</td> <td>41%</td> <td>41%</td> <td>38%</td> <td>35%</td> <td>36%</td> <td>35%</td> <td>35%</td> <td>33%</td> <td>↓</td> </tr> </tbody> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 43% | 45% | 46% | 43% | 41% | 41% | 38% | 35% | 36% | 35% | 35% | 33% | ↓ | | | | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43% | 45% | 46% | 43% | 41% | 41% | 38% | 35% | 36% | 35% | 35% | 33% | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

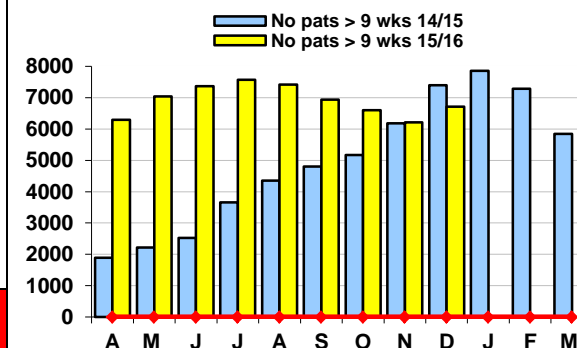
| SCS / MEM / WCF | <p>Outpatient Waits - From April 2015, no patient to wait > 18 weeks for 1st outpatient appointment.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demand is significantly higher than capacity in a number of specialties. An increasing number of red flag (suspect cancer) referrals 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-Nov 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> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>Core & Independent Sector patients waiting > 18 weeks - Monthly Position</p> <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>6651</td><td>7451</td><td>8481</td><td>9338</td><td>9746</td><td>10624</td><td>11871</td><td>12652</td><td>13253</td><td>14154</td><td>14324</td><td>14676</td><td style="background-color: red; color: white; text-align: center;">↓</td> </tr> </tbody> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 6651 | 7451 | 8481 | 9338 | 9746 | 10624 | 11871 | 12652 | 13253 | 14154 | 14324 |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | |
| 6651 | 7451 | 8481 | 9338 | 9746 | 10624 | 11871 | 12652 | 13253 | 14154 | 14324 | 14676 | ↓ | | | | | | | | | | | | | | |



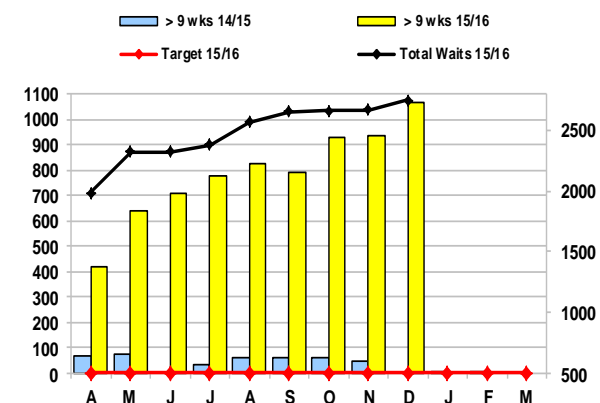
| SCS / MEM / WCF | <p>Cancelled Appointments - By March 2016, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Analysis 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 – 179 appointments fell into this category in Nov 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>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>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>1595</td><td>1932</td><td style="background-color: red; color: white; text-align: center;">↓</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> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 2146 | 1980 | 2314 | 2076 | 1962 | 2067 | 2229 | 1653 | 1768 | 1745 | 1595 |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | |
| 2146 | 1980 | 2314 | 2076 | 1962 | 2067 | 2229 | 1653 | 1768 | 1745 | 1595 | 1932 | ↓ | | | | | | | | | | | | | | |



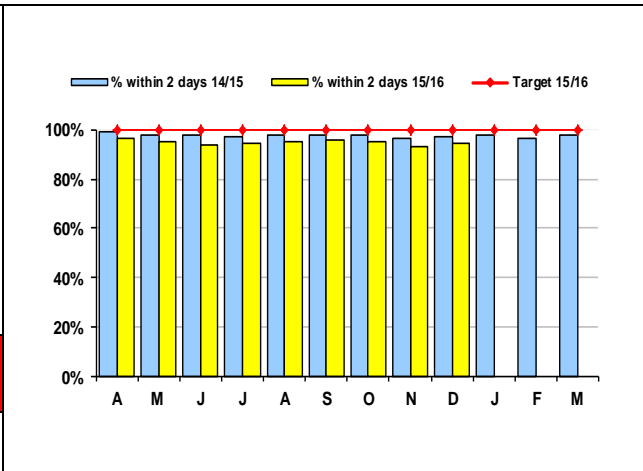
| SCS | <p>Diagnostic Waits - From April 2015, no patient to wait > 9 weeks for a diagnostic test.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Diagnostic demand exceeds capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled 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> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|---|------|------|------|------|------|------|------|------|------|-----|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|---|
| | <p>Monthly Position</p> <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>7855</td><td>7283</td><td>5847</td><td>6298</td><td>7035</td><td>7364</td><td>7571</td><td>7421</td><td>6939</td><td>6604</td><td>6209</td><td>6712</td><td style="background-color: red; color: white; text-align: center;">↓</td></tr> </tbody> </table> | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 7855 | 7283 | 5847 | 6298 | 7035 | 7364 | 7571 | 7421 | 6939 | 6604 | 6209 | 6712 | ↓ |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | |
| 7855 | 7283 | 5847 | 6298 | 7035 | 7364 | 7571 | 7421 | 6939 | 6604 | 6209 | 6712 | ↓ | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



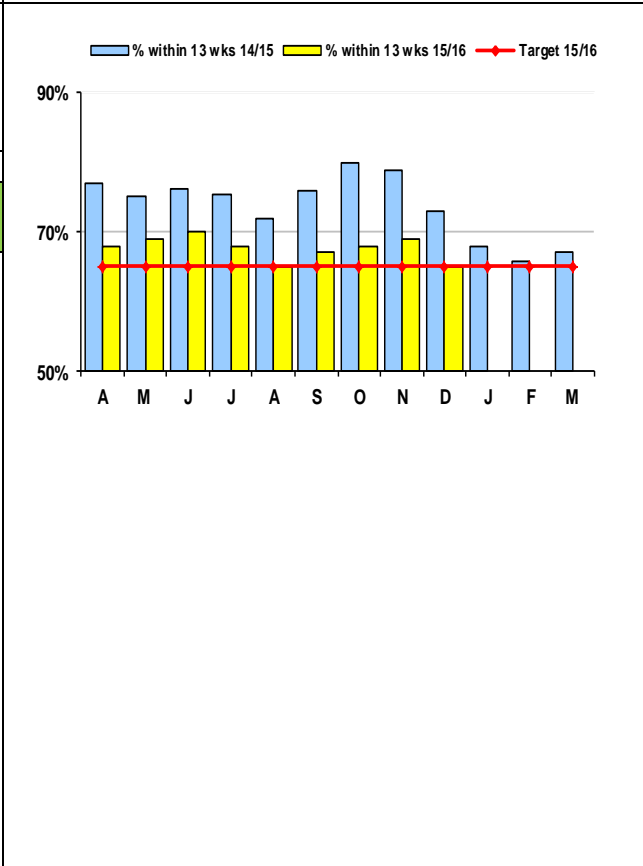
| SCS | <p>Endoscopy Waits - From April 2015, no patient to wait > 9 weeks for a day case endoscopy.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust and HSCB agreed a temporary increase in waiting times to enable a reduction in the backlog of patients requiring a planned endoscopy procedure. 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> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------|------|------|------|------|------|------|------|------|-----|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|---|
| | <p>Core & Independent Patients waiting > 9 weeks</p> <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>4</td><td>6</td><td>0</td><td>420</td><td>640</td><td>707</td><td>780</td><td>823</td><td>793</td><td>926</td><td>935</td><td>1064</td><td style="background-color: red; color: white; text-align: center;">↓</td></tr> </tbody> </table> | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 4 | 6 | 0 | 420 | 640 | 707 | 780 | 823 | 793 | 926 | 935 | 1064 | ↓ |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | |
| 4 | 6 | 0 | 420 | 640 | 707 | 780 | 823 | 793 | 926 | 935 | 1064 | ↓ | | | | | | | | | | | | | | | | |
| <p>Total Core & Independent Endoscopy Patients Waiting</p> <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th></th></tr> </thead> <tbody> <tr> <td>1429</td><td>1519</td><td>1588</td><td>1985</td><td>2325</td><td>2320</td><td>2383</td><td>2570</td><td>2654</td><td>2661</td><td>2670</td><td>2747</td><td></td></tr> </tbody> </table> | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | 1429 | 1519 | 1588 | 1985 | 2325 | 2320 | 2383 | 2570 | 2654 | 2661 | 2670 | 2747 | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | | | | | | | | | | | | | | | | |
| 1429 | 1519 | 1588 | 1985 | 2325 | 2320 | 2383 | 2570 | 2654 | 2661 | 2670 | 2747 | | | | | | | | | | | | | | | | | |



| SCS | Diagnostic Tests - From April 2015, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken. | CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-----|-----|-----|-----|-----|------|-----|-----|------|------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | | ACTIONS BEING TAKEN WITH TIME FRAME Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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%. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>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>93%</td><td>94%</td><td style="background-color: red; color: white; text-align: center;">↑</td> </tr> </tbody> </table> | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 98% | 97% | 98% | 97% | 96% | 94% | 95% | 95% | 96% | 95% | 93% | 94% | ↑ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 98% | 97% | 98% | 97% | 96% | 94% | 95% | 95% | 96% | 95% | 93% | 94% | ↑ | | | | | | | | | | | | | | | | |



| SCS / MEM / WCF | Inpatient / Daycase Waits - From April 2015, at least 65% of Inpatients & Daycases are treated within 13 weeks. | CAUSES / ISSUES IMPACTING ON PERFORMANCE Target met. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----|-----|-----|-----|-----|------|-----|-----|------|------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | | Excludes scopes who are solely within 9 weeks position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Core & Independent Sector Patients waiting within 13 weeks - Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>68%</td><td>66%</td><td>67%</td><td>68%</td><td>69%</td><td>70%</td><td>68%</td><td>65%</td><td>67%</td><td>68%</td><td>69%</td><td>65%</td><td style="background-color: green; color: white; text-align: center;">↓</td> </tr> </tbody> </table> | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 68% | 66% | 67% | 68% | 69% | 70% | 68% | 65% | 67% | 68% | 69% | 65% | ↓ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 68% | 66% | 67% | 68% | 69% | 70% | 68% | 65% | 67% | 68% | 69% | 65% | ↓ | | | | | | | | | | | | | | | | |



Inpatient / Daycase Waits - From April 2015, no patient to wait longer than 26 weeks for Inpatient / Day Case treatment.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Theatre capacity: High demand for red flag and urgent patients and a lack of theatre capacity on the Antrim site reduces the Trust's ability to treat routine inpatients, increasing overall waiting times.
 Unscheduled pressures: There were 241 procedures deferred during Apr-Nov 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.

ACTIONS BEING TAKEN WITH TIME FRAME

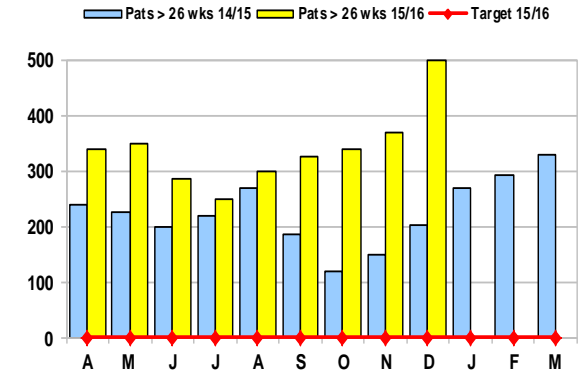
Theatre capacity: a review has been carried out of the allocation of patients between Antrim and Causeway, and actions implemented from 1 April 2015.
 Unscheduled pressures: the Trust continues to manage its capacity on a day-to-day basis, responding to unscheduled pressures as they arise. Any decisions to defer elective patients are taken based on clinical priority.

FORECAST IMPACT ON PERFORMANCE

There is a demand/capacity gap in a range of surgical specialties. Additional elective access funding has been made available in Q3-4, which will help address long waits in a number of specialties. Excludes scopes who are solely within 9 weeks position

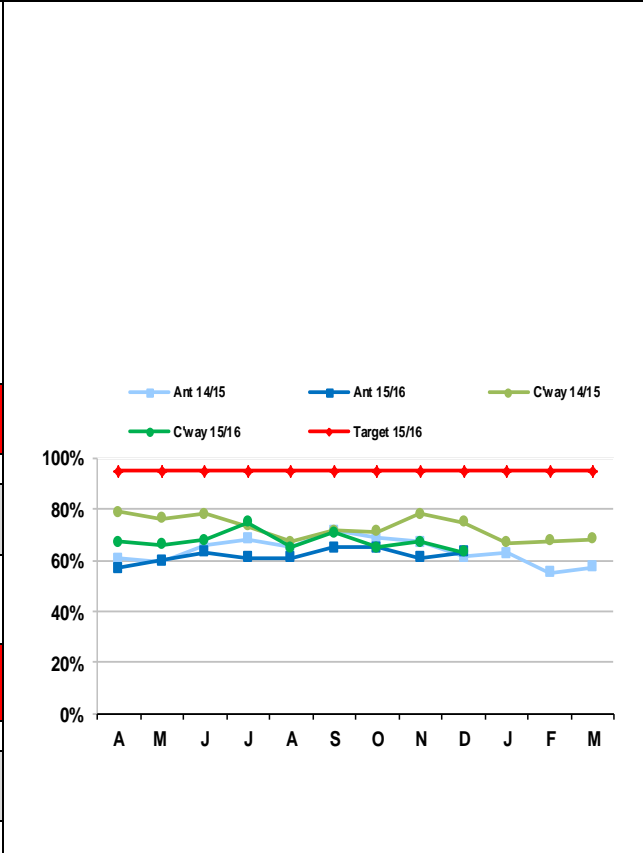
Core & Independent Sector patients waiting > 26 weeks - Monthly Position

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM ↓ |
|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----------|
| 267 | 293 | 329 | 338 | 349 | 284 | 248 | 300 | 326 | 338 | 370 | 498 | |



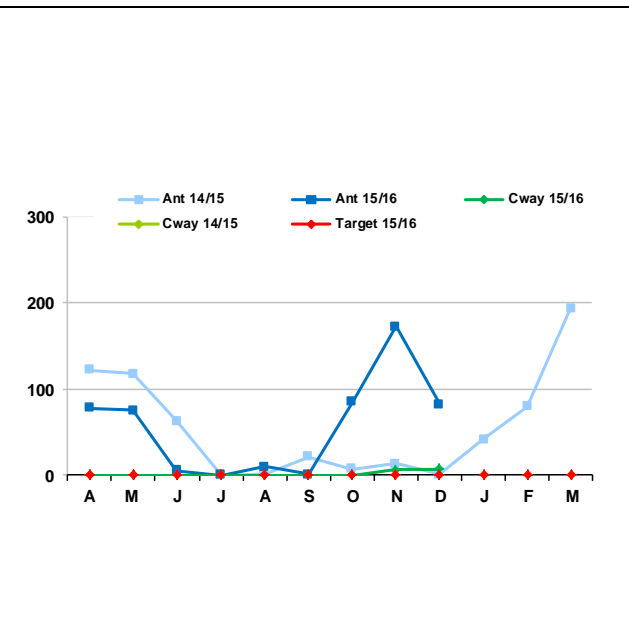
Unscheduled Care (Including Delayed Discharges)

| MEM | <p>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.</p> | <p>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.</p> <p>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.</p> <p>Antrim Monthly Position</p> <table border="1"> <tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> <tr><td>63%</td><td>55%</td><td>57%</td><td>57%</td><td>60%</td><td>63%</td><td>61%</td><td>61%</td><td>65%</td><td>65%</td><td>61%</td><td>63%</td><td>↑</td></tr> </table> <p>Attendances</p> <table border="1"> <tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th></th></tr> <tr><td>6069</td><td>5966</td><td>6509</td><td>6355</td><td>6633</td><td>6590</td><td>6441</td><td>6443</td><td>6580</td><td>6684</td><td>6475</td><td>6347</td><td></td></tr> </table> <p>Causeway Monthly Position</p> <table border="1"> <tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> <tr><td>67%</td><td>68%</td><td>68%</td><td>67%</td><td>66%</td><td>68%</td><td>75%</td><td>65%</td><td>71%</td><td>65%</td><td>67%</td><td>63%</td><td>↑</td></tr> </table> <p>Attendances</p> <table border="1"> <tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th></th></tr> <tr><td>3151</td><td>3210</td><td>3567</td><td>3873</td><td>3780</td><td>3845</td><td>3797</td><td>3896</td><td>3562</td><td>3923</td><td>3478</td><td>3440</td><td></td></tr> </table> | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 63% | 55% | 57% | 57% | 60% | 63% | 61% | 61% | 65% | 65% | 61% | 63% | ↑ | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | 6069 | 5966 | 6509 | 6355 | 6633 | 6590 | 6441 | 6443 | 6580 | 6684 | 6475 | 6347 | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 67% | 68% | 68% | 67% | 66% | 68% | 75% | 65% | 71% | 65% | 67% | 63% | ↑ | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | 3151 | 3210 | 3567 | 3873 | 3780 | 3845 | 3797 | 3896 | 3562 | 3923 | 3478 | 3440 | |
|------------|--|---|------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|--|------|------|------|------|------|------|------|------|------|------|------|------|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|--|------|------|------|------|------|------|------|------|------|------|------|------|--|
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 63% | 55% | 57% | 57% | 60% | 63% | 61% | 61% | 65% | 65% | 61% | 63% | ↑ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6069 | 5966 | 6509 | 6355 | 6633 | 6590 | 6441 | 6443 | 6580 | 6684 | 6475 | 6347 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 67% | 68% | 68% | 67% | 66% | 68% | 75% | 65% | 71% | 65% | 67% | 63% | ↑ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3151 | 3210 | 3567 | 3873 | 3780 | 3845 | 3797 | 3896 | 3562 | 3923 | 3478 | 3440 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

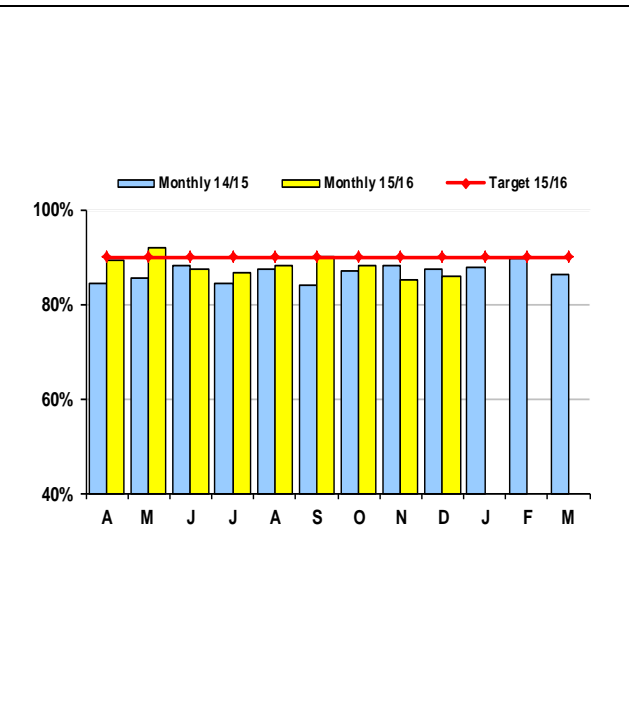


| | | | | | | | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| MEM | <p>Unscheduled Care - From April 15, no patient should wait longer than 12 hours in A&E dept to be treated, discharged home or admitted.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Antrim ED: Compared to Nov 2014, Antrim Hospital had 10% more ED attendances, 11% more ambulance arrivals and 12% more admissions of patients over the age of 75 in Nov 2015. Given the lack of bed capacity on the Antrim site, difficulties will inevitably arise with peaks in demand of this nature. Causeway ED: Causeway had a small number of breaches in Nov 2015.</p> <p>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.</p> <p>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> | | | | | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|

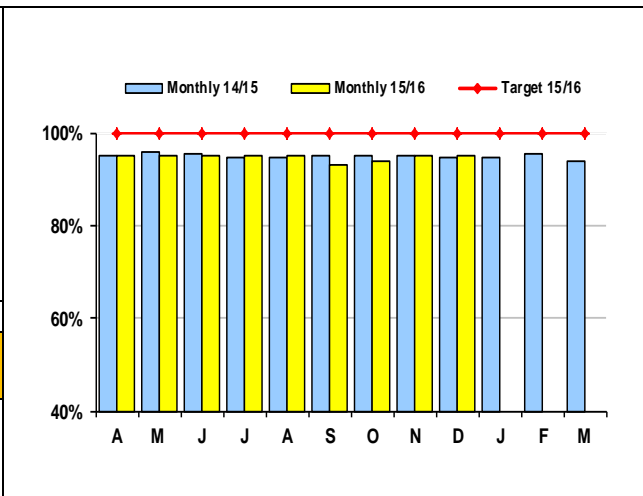
| | | | | | | | | | | | | |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|-----------|
| Antrim ED | | | | | | | | | | | | |
| Monthly Position for > 12 Hours | | | | | | | | | | | | |
| Jan 14 | Feb 14 | Mar 14 | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sept 14 | Oct 14 | Nov 14 | Dec 14 | TOPM ↑ |
| 94 | 161 | 175 | 122 | 118 | 63 | 0 | 2 | 21 | 7 | 13 | 1 | |
| Jan 15 | Feb 15 | Mar 15 | Apr 15 | May 15 | Jun 15 | Jul 15 | Aug 15 | Sept 15 | Oct 15 | Nov 15 | Dec 15 | |
| 42 | 80 | 194 | 78 | 75 | 5 | 0 | 10 | 1 | 85 | 173 | 82 | |
| Monthly Longest Waiter (Hours) | | | | | | | | | | | | |
| 26 | 24 | 32 | 24 | 22 | 14 | 12 | 16 | 15 | 27 | 27 | 28 | |
| Causeway ED | | | | | | | | | | | | |
| Monthly Position for > 12 Hours | | | | | | | | | | | | |
| Jan 15 | Feb 15 | Mar 15 | Apr 15 | May 15 | Jun 15 | Jul 15 | Aug 15 | Sept 15 | Oct 15 | Nov 15 | Dec 15 | TOPM ↓ |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 7 | |
| Monthly Longest Waiter (Hours) | | | | | | | | | | | | |
| 11 | 11 | 11 | 11 | 12 | 12 | 12 | 12 | 12 | 12 | 28 | 20 | |



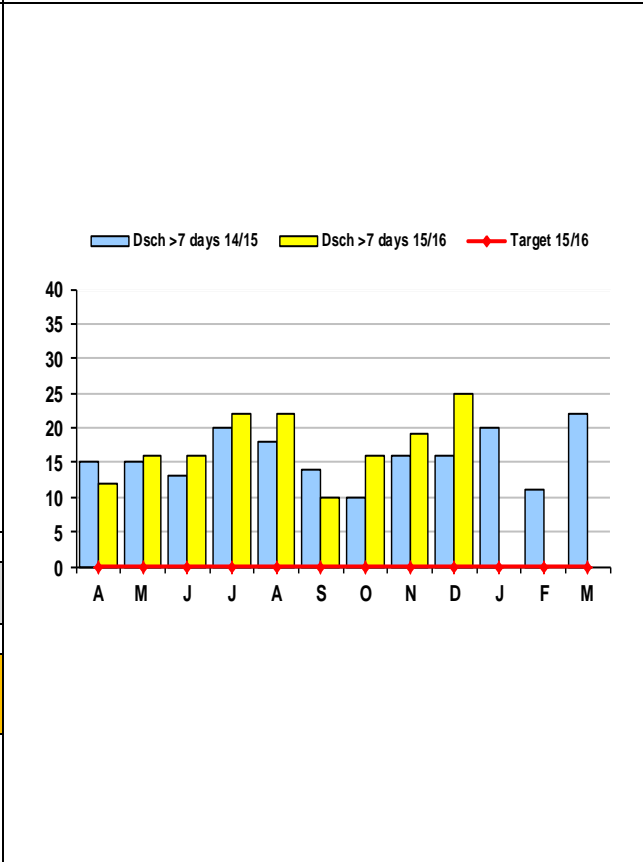
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|--|-----|-----|-----|-----|-----|-----|-----|------|------|-----|-----|-----------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| CC | <p>Patient Discharge - From April 2015 ensure that 90% of complex discharges from an acute hospital take place within 48 hours of decision to discharge.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>There were 91 delayed discharges, across the 4 hospital sites during December 2015. 22 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. 5 delays were the result of client choice and family issues. A further 23 delays can be attributed to acute assessment and care planning processes. 14 delays were caused waiting for step-down beds and 6 delays were relating to placement planning and arrangement. During December and in particular over Christmas and the New Year period, 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</p> <p>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</p> <p>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>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>Nov</td><td>Dec</td><td rowspan="2">TOPM ↑</td> </tr> <tr> <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>85%</td><td>86%</td> </tr> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM ↑ | 88% | 90% | 86% | 89% | 92% | 87% | 87% | 88% | 90% | 88% | 85% | 86% |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM ↑ | | | | | | | | | | | | | |
| | | 88% | 90% | 86% | 89% | 92% | 87% | 87% | 88% | 90% | 88% | 85% | 86% | | | | | | | | | | | | | | |
| | | <p>Not all wards / specialities are included.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |



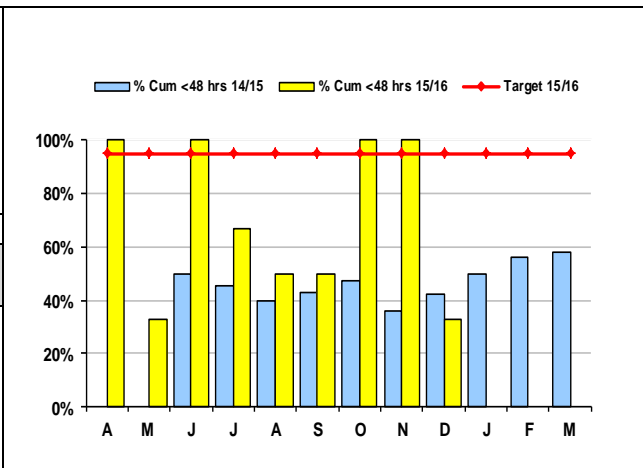
| SCS / MEM / WCF | Patient Discharge - From April 2015 ensure that all non-complex discharges from an acute hospital take place within 6 hours of decision to discharge | CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance has been consistently at or around 95% for 2015 as well as all of 2014/15. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|---|-----|-----|-----|-----|-----|------|-----|-----|------|------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> <tr> <td>95%</td><td>95%</td><td>94%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>93%</td><td>94%</td><td>95%</td><td>95%</td><td>↔</td></tr> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 95% | 95% | 94% | 95% | 95% | 95% | 95% | 95% | 93% | 94% | 95% | 95% | ↔ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 95% | 95% | 94% | 95% | 95% | 95% | 95% | 95% | 93% | 94% | 95% | 95% | ↔ | | | | | | | | | | | | | | | | |
| | | Not all wards / specialities are included. | | | | | | | | | | | | | | | | | | | | | | | | | | |



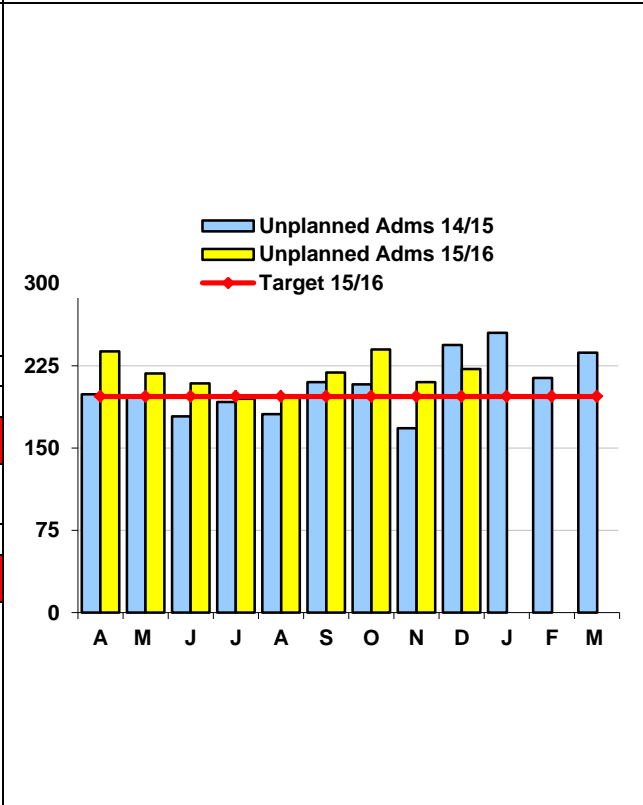
| MEM / CC | Patient Discharge - From April 2015 no complex discharge from an acute hospital setting takes longer than 7 days. | CAUSES / ISSUES IMPACTING ON PERFORMANCE 25 out of 91 delays in December 2015 were greater than 7 days. 5 of these delays can be attributed to delays in planning and securing nursing home placements; 6 can be attributed to the discharge planning processes within the hospital and a further 6 delays were the result of difficulty experienced trying to source a package of care as a result of a lack of capacity within the sector. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|---|-----|-----|-----|-----|-----|------|-----|-----|------|------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | | ACTIONS BEING TAKEN WITH TIME FRAME The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Reluctant Discharge Protocol is implemented in a timely fashion to reduce the number of 7 day breaches. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> <tr> <td>20</td><td>11</td><td>22</td><td>12</td><td>16</td><td>16</td><td>22</td><td>22</td><td>10</td><td>16</td><td>19</td><td>25</td><td>↔</td></tr> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 20 | 11 | 22 | 12 | 16 | 16 | 22 | 22 | 10 | 16 | 19 | 25 | ↔ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 20 | 11 | 22 | 12 | 16 | 16 | 22 | 22 | 10 | 16 | 19 | 25 | ↔ | | | | | | | | | | | | | | | | |
| | | Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> <tr> <td>97%</td><td>98%</td><td>96%</td><td>98%</td><td>98%</td><td>97%</td><td>96%</td><td>96%</td><td>98%</td><td>98%</td><td>96%</td><td>96%</td><td>↔</td></tr> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 97% | 98% | 96% | 98% | 98% | 97% | 96% | 96% | 98% | 98% | 96% | 96% | ↔ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 97% | 98% | 96% | 98% | 98% | 97% | 96% | 96% | 98% | 98% | 96% | 96% | ↔ | | | | | | | | | | | | | | | | |



| | | | | | | | | | | | | | |
|--|--|-----|------|-----|------|-----|-----|-----|------|------|-----|-----|--|
| <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 – December 2015 Hip fractures – 28 patients transferred.</p> | | | | | | | | | | | | |
| | <p>Monthly Position (% transferred within 2 nights)</p> | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | |
| 50% | 56% | 59% | 100% | 33% | 100% | 67% | 50% | 50% | 100% | 100% | 33% | | |



| | | | | | | | | | | | | | |
|---|--|------|-----|-----|-----|-----|------|------|------|------|------|------|------|
| MEM / CC | <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> | | | | | | | | | | | | |
| | <p>Monthly Position</p> | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM |
| 255 | 214 | 237 | 238 | 218 | 209 | 195 | 197 | 219 | 240 | 210 | 222 | ↓ | |
| <p>Cumulative</p> | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | |
| 2016 | 2228 | 2441 | 238 | 456 | 665 | 860 | 1057 | 1276 | 1516 | 1726 | 1948 | ↓ | |
| <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> | | | | | | | | | | | | | |



| | | | | | | | | | | | | | | | | |
|---|--|---|-------|-------|-------|-----|-----|-------|-------|-------|-------|-------|-----|------|--|--|
| MEM / CC | <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 Information & Records Dept (Acute), 2013/2014 level is 3656, Monthly target- 304</p> | | | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | |
| | | 330 | 351 | 348 | 324 | 326 | 346 | 355 | 336 | 334 | 315 | 283 | 286 | ↓ | | |
| SCS / MEM / WCF | <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> | | | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | |
| | | 13.3% | 12.4% | 12.7% | 12.9% | 13% | 13% | 12.3% | 12.8% | 12.8% | 11.9% | 12.5% | ↓ | | | |
| <p>Target is 10% reduction of excess bed days using 13/14 baseline.</p> | | | | | | | | | | | | | | | | |
| Health and Social Wellbeing Improvement, Health Protection and Screening | | | | | | | | | | | | | | | | |
| SCS | <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> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| | | | |
|------------|---|---|--|
| WCF | 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. | 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%. | |
| | | ACTIONS BEING TAKEN WITH TIME FRAME: continue to recruit to this initiative until December 2015. 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. | |

Cancer Care

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|------|------|------|------|------|-----|------|-----|------|-----|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|---|--|--|
| SCS | Cancer Care - From April 15, all urgent breast cancer referrals should be seen within 14 days. | CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust achieved 100% in seeing all breast patients within 14 days of referral in August and September. However due to significant increase in referrals in September and further increase in October the 14 day target has not been met. It is believed that the increase in referrals is linked to the regional breast cancer aware campaign. Every Trust has experienced a significant increase. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ACTIONS BEING TAKEN WITH TIME FRAME Additional breast OP clinics, inpatient theatre sessions and MDM meetings being held. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORECAST IMPACT ON PERFORMANCE It is anticipated that delays will continue into 2016. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Position (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <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>Nov</td><td>Dec</td><td style="background-color: red; color: white;">TOPM</td> </tr> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>88%</td><td>16%</td><td>11%</td><td style="background-color: red; color: white;">↓</td> </tr> </table> | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 88% | 16% | 11% | ↓ | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | |
| 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 88% | 16% | 11% | ↓ | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|-----|-----|-----|-----|------|------|------|------|------|-----|------|-----|------|------|------|-----|-----|-----|-----|------|-----|------|-----|---|--|--|
| SCS / MEM / WCF | Cancer Care - From April 15 98% of patients should commence treatment within 31 days of decision to treat. | CAUSES / ISSUES IMPACTING ON PERFORMANCE All breaches were in breast surgery and this was due to a significant increase in demand (see 14-day comment for detail). Funding has been secured for additional theatre lists and these will be in place throughout the rest of the financial year. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | FORECAST IMPACT ON PERFORMANCE Figures are subject to change as patient notes are updated. Figures presented one month in arrears. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Position (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <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>Nov</td><td style="background-color: red; color: white;">TOPM</td> </tr> <tr> <td>99%</td><td>100%</td><td>100%</td><td>100%</td><td>98%</td><td>99%</td><td>98%</td><td>97%</td><td>100%</td><td>99%</td><td>100%</td><td>89%</td><td style="background-color: red; color: white;">↓</td> </tr> </table> | | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | TOPM | 99% | 100% | 100% | 100% | 98% | 99% | 98% | 97% | 100% | 99% | 100% | 89% | ↓ | | |
| Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | TOPM | | | | | | | | | | | | | | | | | |
| 99% | 100% | 100% | 100% | 98% | 99% | 98% | 97% | 100% | 99% | 100% | 89% | ↓ | | | | | | | | | | | | | | | | | |

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.

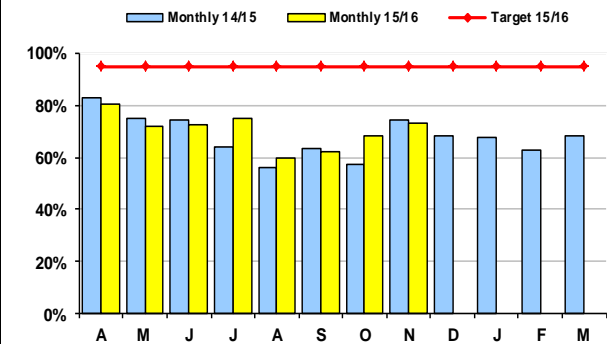
FORECAST IMPACT ON PERFORMANCE

Gynaecology 62-day performance will improve from Nov/Dec 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 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | TOPM ↑ |
|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| ALL | 68% | 63% | 68% | 81% | 72% | 73% | 75% | 60% | 62% | 68% | 73% | |
| B | 92% | 94% | 100% | 90% | 83% | 94% | 86% | 100% | 92% | 100% | 100% | |
| G | 50% | 50% | 0% | 100% | 50% | 20% | 50% | 13% | 0% | 0% | 67% | |
| H | 100% | 0% | 100% | 67% | 100% | 100% | 100% | 50% | 50% | 100% | 100% | |
| HN | 0% | 0% | 0% | 100% | 50% | 25% | 60% | 50% | 50% | 17% | 20% | |
| LGI | 14% | 0% | 46% | 25% | 45% | 11% | 25% | 12% | 40% | 55% | 33% | |
| UGI | 80% | 50% | 56% | - | 25% | 0% | 0% | 20% | 29% | 25% | 0% | |
| L | 91% | 43% | 100% | 77% | 78% | 67% | 80% | 50% | 63% | 93% | 80% | |
| S | 80% | 78% | 83% | 91% | 100% | 85% | 90% | 83% | 67% | 77% | 73% | |
| U | 0% | 25% | 11% | 74% | 79% | 69% | 81% | 83% | 88% | 77% | 73% | |

Figures are subject to change as patient notes are updated.



November 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 – 14 patients treated
- (G) Gynae Cancers – 4.5 patients treated
- (H) Haematological Cancers – 0.5 patients treated
- (HN) Head/Neck Cancer – 2.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 3 patients treated
- (UGI) Upper Gastrointestinal Cancer – 1.5 patients treated
- (L) Lung Cancer – 2.5 patients treated
- (S) Skin Cancer – 5.5 patients treated
- (U) Urological Cancer – 11 patients treated

Mental Health & Learning Disability

MHLD

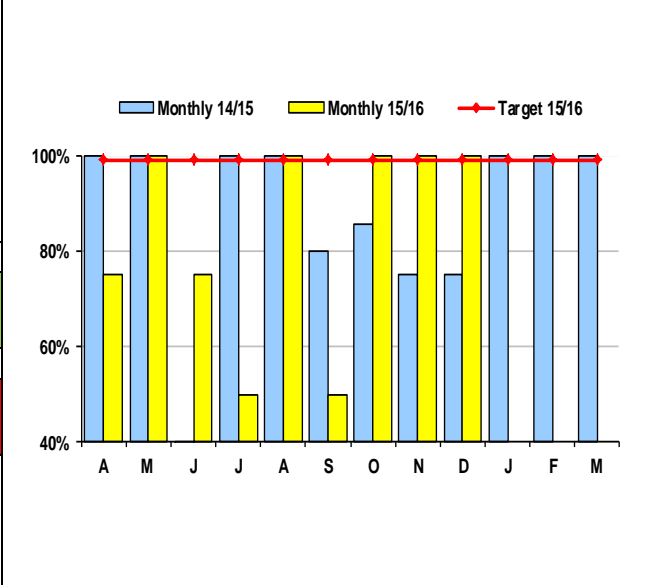
Patient Discharge LD - From April 2015, ensure that 99% of all Learning Disability Discharges take place within 7 days of the patient being assessed as medically fit for discharge.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
1 patient discharged during December 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 (%) | | | | | | | | | | | | |
|----------------------|------|------|-----|------|-----|-----|------|------|------|------|------|------|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM |
| 100% | 100% | 100% | 75% | 100% | 75% | 50% | 100% | 50% | 100% | 100% | 100% | ↔ |

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



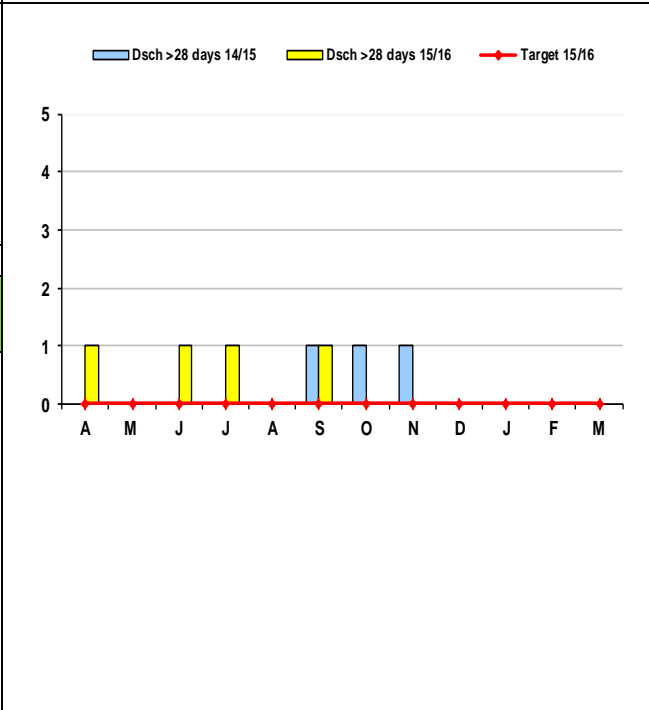
MHLD

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 December.

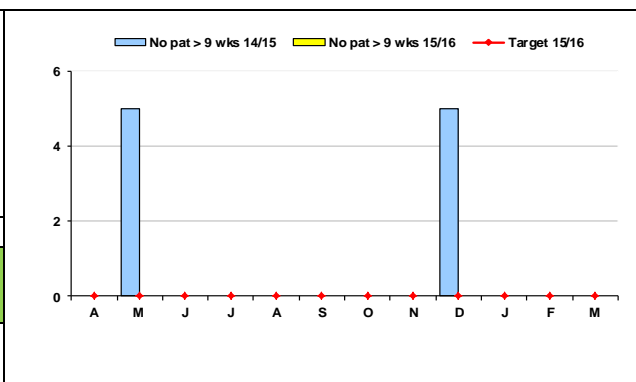
FORECAST IMPACT ON PERFORMANCE
There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.

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

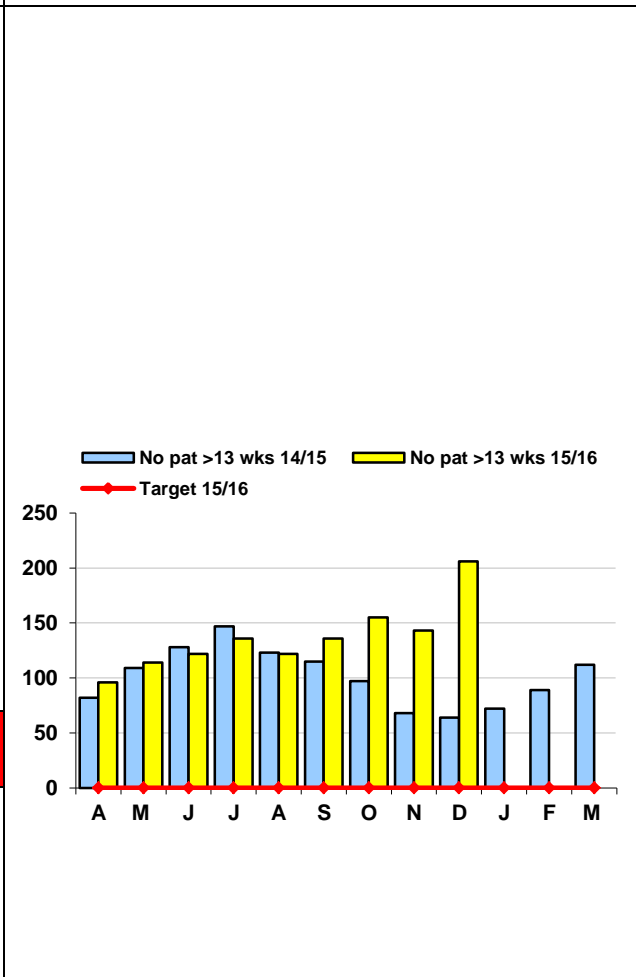


| MHL D | <p>Patient Discharge MH - From April 2015 99% of patients admitted as Mental Health inpatients for assessment & treatment are discharged within 7 days of decision to discharge.</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 69 patients discharged during December, 1 > 7days.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.</p> <table border="1" data-bbox="405 355 1525 459"> <thead> <tr> <th colspan="13">Monthly Position (%)</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>97%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>99%</td><td>99%</td><td>↔</td> </tr> </tbody> </table> <table border="1" data-bbox="405 464 1525 596"> <thead> <tr> <th colspan="13">Cumulative Position (%)</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>99%</td><td>99%</td><td>99%</td><td>99%</td><td>99%</td><td>100%</td><td>99%</td><td>99%</td><td>↔</td> </tr> </tbody> </table> <p>Following data validation exercise figures have been amended from July - November 2014.</p> | Monthly Position (%) | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | ↔ | Cumulative Position (%) | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 100% | 100% | 100% | 100% | 99% | 99% | 99% | 99% | 99% | 100% | 99% | 99% | ↔ | |
|-------------------------|---|--|----------------------|------|-----|------|------|------|------|------|-----|------|------|--|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|------|------|------|------|-----|------|------|------|------|------|-----|-----|---|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|------|------|------|------|-----|-----|-----|-----|-----|------|-----|-----|---|--|
| | Monthly Position (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cumulative Position (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100% | 100% | 100% | 100% | 99% | 99% | 99% | 99% | 99% | 100% | 99% | 99% | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MHL D | <p>Patient Discharge MH - No Mental Health discharge to take more than 28 days of the patient being assessed as medically fit for discharge</p> | <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE 0 patients discharged > 28 days in December.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur in the future.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to achieve monthly target.</p> <table border="1" data-bbox="405 935 1525 1038"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>1</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> </tbody> </table> | Monthly Position | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MHL D | <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> <table border="1" data-bbox="405 1313 1525 1417"> <thead> <tr> <th colspan="13">Monthly Position</th> </tr> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>↔</td> </tr> </tbody> </table> | Monthly Position | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Monthly Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | ↔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-------------|--|---|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|
| MHLD | <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> | | | | | | | | | | | | |
| | | Monthly Position | | | | | | | | | | | | |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ↔ | |



| MHLD | <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 –</p> <p>PTS (Psychology of MH) – Position has deteriorated over December due to reduction in service and high level of demand throughout September (now reaching a breaching date). There are still vacancies in the service which are in recruitment which continue to impact on available capacity. Locum cover (in place from January 2016 to March 2016 as part of WL initiative) will lead to reduction in the number of breaches over January and February. However a high level of demand for the service in November will impact on breaches in end of Feb / March return.</p> <p>Clinical Health Psychology – Recruitment impacting on capacity. 4 vacancies – 2 in recruitment but lack of certainty re potential to recruit at this point; 2 member of staff on maternity leave. Bank cover introduced in November 2015 has led to improved position in December 2015. Ongoing reviews of pathway into service and service delivery model. Locum cover in place from January 2016 to March 2016 as part of WL initiative will lead to improved position over coming months.</p> <p>Learning Disability (adult and children) – 2wte of the 4 wte posts are currently vacant – maternity cover not possible and 1 vacancy. It has not been possible to identify a locum with the skills for this post at present.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Ongoing 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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|---|-----|-----|-----|-----|-----|------|-----|------|-----|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|------|----|----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | | <p>Patients >13 Weeks at Month End</p> <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <td>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>143</td><td>206</td><td style="text-align: center;">↓</td> </tr> </tbody> </table> | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 72 | 89 | 112 | 96 | 114 | 122 | 136 | 122 | 136 | 155 | 143 | 206 | ↓ |
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | 89 | 112 | 96 | 114 | 122 | 136 | 122 | 136 | 155 | 143 | 206 | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | |
|-------------|--|---|--|
| MHLD | <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

| WCF | <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 number of breaches 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 flexibility to the service. Families are offered appointments outside of their local area. Families are offered short notice appointments to utilise capacity created by a 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 review appointments 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 There were no breaches in December and no further breaches are anticipated assuming referral rates remain in line with historic rates. Short term referral spikes will be managed within the capacity of the current system. Patients >9 Weeks at Month End</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|-----|-----|-----|-----|-----|------|-----|-----|------|------|-----|-----|------|-----|-----|----|----|----|----|----|----|---|---|---|---|---|
| | | <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>TOPM</th></tr> </thead> <tbody> <tr> <td>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>0</td><td>0</td><td>↔</td></tr> </tbody> </table> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | 129 | 111 | 95 | 89 | 95 | 89 | 70 | 20 | 0 | 0 | 0 | 0 | ↔ |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | TOPM | | | | | | | | | | | | | | | | |
| 129 | 111 | 95 | 89 | 95 | 89 | 70 | 20 | 0 | 0 | 0 | 0 | ↔ | | | | | | | | | | | | | | | | |

| WCF | <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="416 499 1435 560"> <tr> <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>Nov</td><td>Dec</td><td></td> </tr> <tr> <td colspan="12">64%</td><td></td> </tr> </table> <p>Information to be available from annual OC2 return January 2016.</p> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | 64% | | | | | | | | | | | | | |
|--|---|--|----------|---------|---------|----------|--|------|-----|-----|------|-----|-----|-----|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | | | | | | | | | | | | | | | | | | |
| 64% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WCF | <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> <table border="1" data-bbox="416 858 1408 951"> <thead> <tr> <th></th><th>2013/14</th><th>2014/15</th><th>2015/16*</th></tr> </thead> <tbody> <tr> <td>% Children adopted from care within 3 years of last entering care</td><td>61%</td><td>75%</td><td>27%</td></tr> </tbody> </table> <p>*First six months of 2015/16. These figures are provisional</p> | | 2013/14 | 2014/15 | 2015/16* | % Children adopted from care within 3 years of last entering care | 61% | 75% | 27% | | | | | | | | | | | | | | | | | | | |
| | 2013/14 | 2014/15 | 2015/16* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % Children adopted from care within 3 years of last entering care | 61% | 75% | 27% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WCF | <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

CC / MHL D / WCF

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

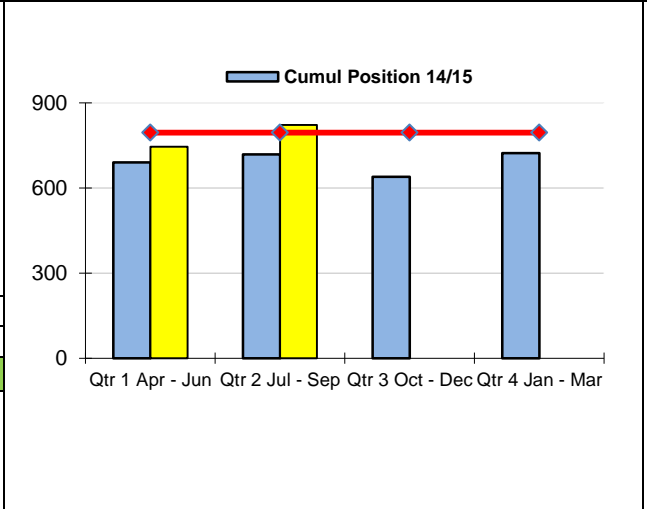
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Carers declining assessments

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 | | | | | | | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-------|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Trend |
| 723 | | | 746 | | | 823 | | | | | | |

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



CC / MHL D / WCF

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

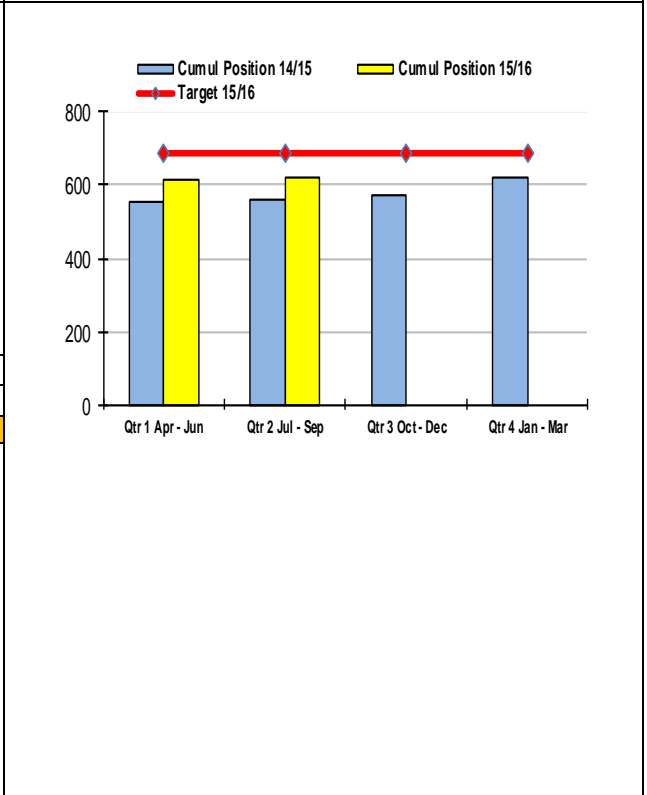
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Feedback from service users would indicate that the Community Care Division older client group find the process of employment and financial accountability difficult.

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 | | | | | | | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-------|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Trend |
| 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 | 136 | 146 | Information presented one month in arrears |
| Alcohol-related Admissions | A14 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care. | 150 | 161 | 137 | 145 | 154 | 136 | 162 | 137 | 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 | 28679 | 38581 | 48319 | 57945 | 68270 | 78350 | Information presented one month in arrears |
| 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) | 19578 | 40645 | 61709 | 84192 | 107228 | 130039 | 154638 | 178569 | Information presented one month in arrears |
| Reablement | B5. Number of client referrals (i) passed to re-ablement and (ii) number of clients who started on a re-ablement scheme. | 267 | 227 | 231 | 203 | 189 | 208 | 231 | 216 | |
| | | 87 | 57 | 78 | 59 | 55 | 55 | 66 | 47 | |
| 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% | 100% | 99% |
| | | 94% | 93% | 97% | 94% | 86% | 91% | 93% | 90% | 94% |

| Area | Indicator | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--------------------------------|---|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| 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 | 20% fitted < 13 wks | 18% fitted < 13 wks |
| Wheelchairs | B10. Percentage of patients waiting less than 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 | 61% 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 wks | 62% Within 16 wks | 40% Within 16 wks | 64% Within 16 wks | 63% Within 16 wks | 65% Within 16 wks | 60% Within 16 wks | 63% Within 16 wks | 50% Within 16 wks |
| 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) | 6 (1 commenced) | 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 | 5 | 5 |
| ASD Referrals | B13. Number of referrals for ASD (under 18) | 56 | 69 | 100 | 94 | 94 | 91 | 89 | 70 | 57 |
| Autism / ASD | B14. Number diagnosed with Autism / ASD (under 18) | 17 | 29 | 39 | 30 | 38 | 56 | 56 | 58 | 36 |
| Safeguarding vulnerable Adults | B15. The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly. | 483 (Apr – Jun) | | | 333 (Jul – Sept) | | | | 87 | Information presented one month in arrears |
| 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. Reported 6 monthly. | 1 year 4 months | | | | | | | | |
| 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) | | | 100% (9 of 9) | | |
| 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% | 77% | 83% |

| 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). | 78.5% rate | | | | | KP19 return previously submitted quarterly. Data now compiled by DHSSPS 6 monthly | | | | |
| Caesarean Sections | B30. Percentage of babies born by caesarean section and number of babies born in midwife led units, either freestanding or alongside. | 31.7% (322 of 1017) by caesarean section 0 midwife led units | | | | | 30.9% (327 of 1060) by caesarean section 0 midwife led units | | | | |
| Attendances At ED | B32. Number of GP Referrals to Emergency Department. | 1951 | 1962 | 2121 | 1842 | 1,925 | 1963 | 2184 | 2075 | 2032 | |
| 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 | 4.2% ANT 5.9% CAU 59.9% MUH | 4.5% ANT 3.8% CAU 62.9% 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 | 9.8% ANT 11.0% CAU 35.3% MUH | 10.1% ANT 8.0% CAU 33.5% 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 | 16.8% ANT 20.0% CAU 4.6% MUH | 17.8% ANT 20.2% CAU 3.6% 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 | 8.9% 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 | 14.1% ANT 17.1% CAU 0.3% MUH | 15.9% ANT 16.6% CAU |
| | | >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 | 15.8% ANT 12.6% CAU | 15.0% 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 | 18.3% ANT 16.5% CAU | 17.4% ANT 16.9% 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 | 10.0% ANT 9.1% CAU | 9.7% ANT 9.4% 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 | 4.8% ANT 4.8% CAU | 4.8% ANT 6.0% 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 | 3.9% ANT 2.8% CAU | 3.4% ANT 5.0% CAU |
| | | >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 | 0.4% ANT | 0.2% ANT 0.1% CAU |
| | | >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 | 0.6% ANT | 0.3% ANT 0.1% CAU |

| Area | Indicator | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | |
|-------------------|---|--|--|--------------------------------------|--------------------------------------|--|--|--------------------------------------|--|------------------------------------|-------|
| | >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 | 0.4% ANT | 0.2% ANT | |
| | >18 hrs | 0.4% ANT | 0.2% ANT | 0.0% ANT | 0.0% ANT | 0.0% ANT | 0.0% ANT | 0.7% ANT | 1.3% ANT 0.2% CAU | 0.6% ANT 0.1% CAU | |
| 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 | 5448 83.1% ANT 2784 80.7% CAU | 5529 83% ANT 2474 65.1% CAU | 4906 85.2% ANT 2425 69.6% CAU | 4714 87% ANT 2138 64% 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 | 5 | |
| | | ANT ED – 95 th Percentile | 20 | 20 | 19 | 20 | 22 | 17 | 18 | 17 | |
| | | ANT ED – Maximum | 76 | 60 | 63 | 45 | 252 | 42 | 34 | 32 | |
| | | CAU ED – Median | 10 | 10 | 10 | 8 | 10 | 9 | 12 | 12 | |
| | | CAU ED – 95 th Percentile | 37 | 35 | 39 | 29 | 38 | 29 | 41 | 42 | |
| | B34 b(ii). Time from arrival to initial assessment for all arrivals at emergency department. | CAU ED - Maximum | 86 | 90 | 116 | 113 | 92 | 130 | 118 | 145 | 137 |
| | | ANT ED – Median | 8 | 8 | 7 | 7 | 8 | 8 | 8 | 7 | 7 |
| | | ANT ED – 95 th Percentile | 25 | 23 | 21 | 23 | 25 | 22 | 23 | 22 | 21 |
| | | ANT ED – Maximum | 134 | 477 | 110 | 57 | 252 | 103 | 56 | 186 | 258 |
| | | CAU ED – Median | 11 | 10 | 11 | 8 | 11 | 9 | 12 | 11 | 12 |
| | B34c. Time from initial assessment to start of treatment in emergency department. | CAU ED – 95 th Percentile | 34 | 31 | 36 | 28 | 35 | 26 | 38 | 34 | 40 |
| | | CAU ED - Maximum | 92 | 98 | 116 | 131 | 92 | 130 | 308 | 145 | 138 |
| | | ANT ED – Median | 106 | 106 | 95 | 74 | 84 | 70 | 65 | 76 | 73 |
| | | ANT ED – 95 th Percentile | 372 | 366 | 366 | 329 | 326 | 293 | 290 | 298 | 292 |
| | | ANT ED – Maximum | 593 | 543 | 585 | 519 | 486 | 477 | 470 | 643 | 661 |
| | | CAU ED – Median | 59 | 57 | 45 | 38 | 44 | 26 | 39 | 49 | |
| | | CAU ED – 95 th Percentile | 289 | 318 | 294 | 264 | 302 | 235 | 278 | 232 | |
| | | 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% | 0.5% | 0.4% |
| | | V. Urgent | 11.4% | 10.6% | 11.0% | 12.2% | 12.4% | 12.7% | 13.7% | 14.0% | 13.4% |
| | | Urgent | 44.4% | 44.7% | 44.8% | 44.3% | 43.1% | 43.5% | 46.2% | 45.1% | 44.1% |
| | | Standard | 42.2% | 42.9% | 41.2% | 40.8% | 42.8% | 41.5% | 44.7% | 31.4% | 30.8% |
| | | Non Urgent | 1.6% | 1.3% | 1.4% | 1.3% | 1.3% | 1.8% | 1.4% | 0.9% | 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 | 4:10 | 3:08 |
| | | ANT ED – 95 th Percentile | 10:18 | 10.07 | 09.08 | 8.56 | 9:14 | 8:41 | 9:41 | 11:05 | 9:51 |
| | | ANT ED – Maximum | 24.24 | 22.12 | 14.46 | 11.57 | 16:39 | 15:33 | 27:21 | 27:23 | 28:05 |
| | | CAU ED – Median | 2:51 | 2.49 | 2.36 | 2.19 | 2:56 | 2:29 | 2:56 | 3:30 | 3:06 |
| | | CAU ED – 95 th Percentile | 8:37 | 9.23 | 9.29 | 7.16 | 8:45 | 8:06 | 8:52 | 9:02 | 10:04 |
| | | CAU ED - Maximum | 11:59 | 12.0 | 12.0 | 11.53 | 11:57 | 11:56 | 11:56 | 28:03 | 20:23 |
| 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% | 3.68% | 3.5% | |

| Area | Indicator | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---------------------------------------|--|---|---|---------------------------------------|---------------------------------------|------|-------|-----------------------|------|------|
| 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 | 1259 | |
| GP Referrals | B43. Number of GP referrals to consultant-led outpatient services. | 7086 | 6666 | 7635 | 6978 | 6470 | 7340 | 7497 | 7109 | 5967 |
| 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% | 96% | 95% |
| 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% | 99% | 98% |
| 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 | Information & Records Dept (Acute) 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. | Information & Records Dept (Acute) 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. | Information & Records Dept (Acute) to explore availability of this information. | | | | | | | | |
| Stroke | B60. Number of emergency admissions with a primary diagnosis of stroke. | 51 | 70 | 42 | 67 | 59 | 60 | 79 | 60 | 58 |

| Area | Indicator | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---------------------------|---|-----------|-------------------------|------|------|------|------|-----|------|------|
| 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 | 15.1 | 9.8 | 14.7 | 13.5 |
| 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 | 0 | 0 |
| | | Psoriasis | Not currently available | | 3 | 0 | 0 | 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 | 0.62 | 0.40 | 0.60 | 0.49 |
| 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 | 3.2 | 3.8 | 2.9 |
| 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% | 70% | 70% |
| Cancelled Ops | C7. Percentage of operations cancelled for non-clinical reasons. | 4.1% | 5.1% | 2.3% | 1.8% | 2.0% | 1.1% | 2.7% | 7.6% | 5.2% |
| 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% | 61% | 68% |
| New / Review OP Ratio | C9. Ratio of new to review outpatient appointments attended.. (Excludes VC's attendances) | 1.84 | 1.72 | 1.83 | 1.89 | 1.88 | 1.84 | 1.82 | 1.81 | 1.81 |
| 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% | 7.1% | 6.6% | 6.1% | 6.0% | 6.1% | 6.8% |
| 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) | 11.0%new 14.6% rev | 10.7% new 14.8% rev | 8.3% new 14.1% rev | 11.6% new 16.8% rev | 8.2% new 13.2% rev | 6.2% new 12.0% rev | 7.0% new 12.1% rev | 5.5% new 11.0% rev | 9.2% new 13.7% 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 | 3.5 | 3.1 | 3.6 | 2.7 |
| 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%) | 913 (5.7%) | 864 (5.3%) | Information presented one month in arrears |

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) | 100% (3 of 3) | 100% (2 of 2) | |
| | 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) | 100% (3 of 3) | 50% (1 of 2) | |
| | 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% | 83% | 86% | |
| | 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% | 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% | 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% | 93% | 83% | |
| | 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% | 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% | 93% | 90% |
| | | Family Support (initial assessment) – completed within 10 working days from date referral allocated to the SW | 37% | 49% | 39% | 44% | 54% | 54% | 54% | 41% | 40% |
| 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% | 50% | 25% | 53% | |

| Area | Indicator | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---|---|---|--|--|--|--|--|---|--|---|
| 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 | 40 | 40 |
| 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 | Assess 400 > 13 wks Inter 18 > 13 wks | Assess 474 > 13 wks Inter 7 > 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 | 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% | 99% | 99% |
| Pre-op Assessment | From Apr 12, all surgical patients should have a pre-op assessment | 73% | 69% | 66% | 67% | 65% | 60% | (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 | 73% within 14 days | 45% within 14 days | 44% within 14 days | 48% 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% | 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 | 11769 | 8934 |
| New Outpatient DNA's | Rate of new outpatient appointments where the patient did not attend. (Exc. Independent Sector & VC's attendances) | 4.6% | 4.5% | 4.0% | 4.8% | 4.7% | 4.4% | 4.5% | 4.3% | 5.2% |
| Acute Environmental Cleanliness | Comply with 85% cleanliness target | 94% | 93% | 95% | 94% | 93% | 94% | 94% | 94% | 93% |
| 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 | 99% 04/12/15 | 95% 12/01/16 |
| 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 | 98% 04/12/15 | 100% 12/01/16 |
| Foster Care | (2014/15 G1). Percentage of all foster care placements that are kinship care placements. | 33% | | | 34% | | | 34% | | |

| Area | Indicator | | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--|---|----------------------------------|---|-----|-----|--|-----|------|---|-----|-----|
| 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 | | | 2 for Oct '15 – Dec '15 | | |
| 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 | | | | | | | | |
| Integrated Medicines Management | (2014/15). 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. | | Information & Records Dept (Acute) to explore availability of this information. | | | | | | | | |
| Prescribing Compliance | (2014/15 B25). Level of prescribing compliance with the NI Formulary by HSC Trust. | | NHSCT are 90% compliant with BNF Chapter 6 | | | NHSCT are 65% compliant with BNF Chapter 7 | | | 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% | | | 98.9% | | | Information available 3 months in arrears | | |
| | | C1 – 6-8 week rev – 6 – 11 wks | 98.5% | | | 98.1% | | | | | |
| | | C2 – 14-16 week rev – 14–19 wks | 98.5% | | | 97.8% | | | | | |
| | | C3 – 6-9 month rev – 26 – 42 wks | 94.8% | | | 91.7% | | | | | |
| | | C4 – 1 year rev – 52-68 wks | 81.1% | | | 81.7% | | | | | |
| | | C5 – 2 year rev – 104-120 wks | 78.9% | | | 77.9% | | | | | |
| Death Rate Variation | (2014/15). Variation in death rate for emergency admissions comparing patients admitted at the weekend & patients admitted during the week for i) heart attacks; ii) heart failure; iii) stroke; and iv) aortic aneurysm. | Heart Attack | Information & Records Dept (Acute) to explore availability of this information. | | | | | | | | |
| | | Heart Failure | | | | | | | | | |
| | | Stroke | | | | | | | | | |
| | | Aortic Aneurysm | | | | | | | | | |

Directorate Codes:

SCS – Surgery & Clinical Services

MEM – Medicine & Emergency Medicine

WCF – Women, Children & Families

CC - Community Care

MHLD - Mental Health & Disabilities

MG - Medical Governance

PPMSS - Planning, Performance Management and Support Services

F – Finance

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% |
| 1st December 2015 (35 weeks) | 3801 | 2879 | -922 | -24% | 9227 | 8993 | -234 | -3% | 13028 | 11872 | -1156 | -9% | 39979 | 38846 | -1133 | -3% | 59922 | 71210 | 11288 | 19% |
| 5th January 2016 (40 weeks) | 4344 | 3188 | -1156 | -27% | 10545 | 10039 | -506 | -5% | 14889 | 13227 | -1662 | -11% | 45691 | 43883 | -1808 | -4% | 68482 | 80286 | 11804 | 17% |

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 40 weeks (5th January 2016)

| 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, second on phased return from Jan 2016. Improved position. |
| ENT | -48% | | | IPDC split not agreed- combined IPDC at -18%. Volumes mainly impacted by cancellations due to unscheduled pressures. | Decisions wether cancel patients due to unscheduled pressures are taken on an individual basis, taking into account the clinical urgency of the patient. |
| Gastroenterology | -27% | 37% | | Reduction in IPDC volumes due to shift in activity to outpatients with procedure. | IPDC SBA under review . |
| General Medicine | | 90% | -25% | Combined IPDC at +9%. Lack of demand for outpatient clinics. | Allocation of clinics under review . |
| General Surgery | 38% | 17% | | 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 taken to improve scheduling and booking processes and increase utilisation of theatre lists. |
| Nephrology | | | -21% | Lack of demand. | |
| Neurology | | | -23% | Funding received for second consultant but it has not yet been possible to recruit to this post. | Ongoing recruitment. |
| Obs and Gynae (Gynaecology) | 15% | | | Investment received and SBA increased; theatre sessions not yet fully in place. | Implementation of additional theatre sessions |
| Gynae - Urodynamics | | | -18% | Investment received and SBA increased; clinic sessions not yet fully in place. | Implementation of additional clinic sessions |
| Rheumatology | 60% | | | Limited requirement for IP management; combined IPDC at +29%. | |
| Urology | 74% | 16% | -36% | Ongoing staffing issues. | Interim arrangements in place with WHSCT. |

4.0 Use of Resources

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

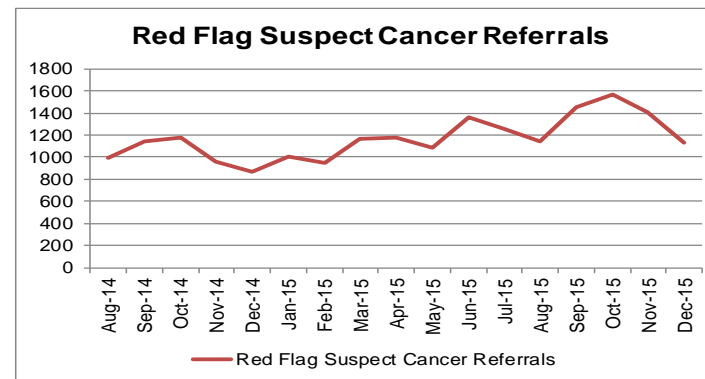
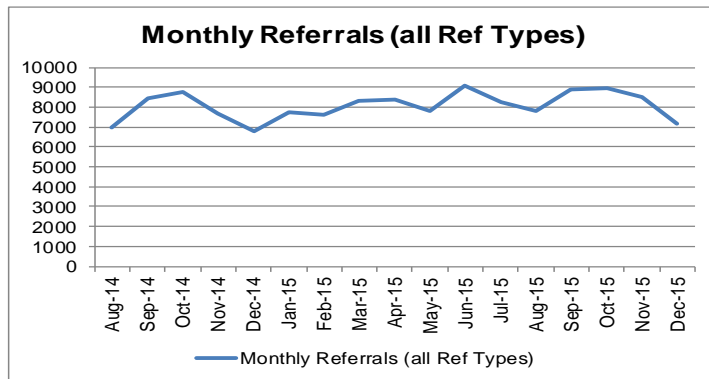
NHSCT New Outpatient Demand - All Referrals to NHSCT

| 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 | 8,872 | 8,956 | 8,518 | 7194 | | | | |
| Variance on Previous Year | 365 | -406 | 563 | 352 | 821 | 407 | 169 | 844 | 426 | | | | |
| % Variance on Previous Year | 5% | -5% | 7% | 4% | 12% | 5% | 2% | 11% | 6% | | | | |

| 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% | 9% | 7% | 8% | 8% | 6% | 6% | 5% | 4% | 4% | |
| 15/16 | 8395 | 16202 | 25295 | 33560 | 41359 | 50231 | 59187 | 67705 | 74899 | | | | |
| Variance on Previous Year | 365 | -41 | 522 | 874 | 1695 | 2102 | 2271 | 3115 | 3541 | | | | |
| % Variance on Previous Year | 5% | 0% | 2% | 3% | 4% | 4% | 4% | 5% | 5% | | | | |

| 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 | 921 | 1101 | 1014 | 874 | 1055 | 995 |
| 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 | 1,572 | 1,403 | 1134 | | | | |
| Variance on Previous Year | 107 | -104 | 62 | 149 | 155 | 312 | 401 | 444 | 262 | | | | |
| % Variance on Previous Year | 10% | -9% | 5% | 13% | 16% | 27% | 34% | 46% | 30% | | | | |

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 specialities: 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 | 6,475 | 6,346 | | | | 78,063 |

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 | 3,478 | 3,440 | | | | 44,792 |

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 | 9,953 | 9,787 | | | | 122,856 |

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 |

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 inc CEO | Medical (inc Gov. & Pharmacy) | Nursing (inc Support Serv.) |
|--|-------|------------------|--------------|------------------|-------------|-----------|--------------------------|---------|------------|-------------------------------|-----------------------------|
| Headcount by WTE as at 31 December 2015 | 11811 | 2084 | 1218 | 2231 | 1548 | 2708 | 370 | 113 | 118 | 295 | 1126 |
| % Directorate Absence (1 April 15 – 31 Oct 15) | 7.05% | 6.04% | 5.97% | 6.87% | 8.18% | 8.14% | 5.15% | 2.56% | 4.01% | 5.87% | 8.20% |
| % Directorate Absence (1 April 15 - 30 Nov 15) | 7.13% | 6.11% | 6.33% | 6.96% | 8.26% | 8.29% | 5.16% | 2.80% | 4.12% | 6.18% | 8.06% |

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 reports reflect service changes as they occur under the agreed transition plan.

Absence

Absence information is provided for the months of October and November. Cumulative sickness absence has increased to 7.13% at the end of November 2015. (Sickness absence for the corresponding period in 2014/15 was 7.52%.) The DHSSPS target for the Trust is 7.35% by end March 2016. Whilst monthly sickness absence has risen fairly sharply since September 2015 as might be expected over the winter period, it would appear that we are currently on track to meet the cumulative target.

E-recruit

The Trust has now fully transitioned to Recruitment Shared Services leaving Medical and Senior Executives appointments only being handled locally at Trust level.

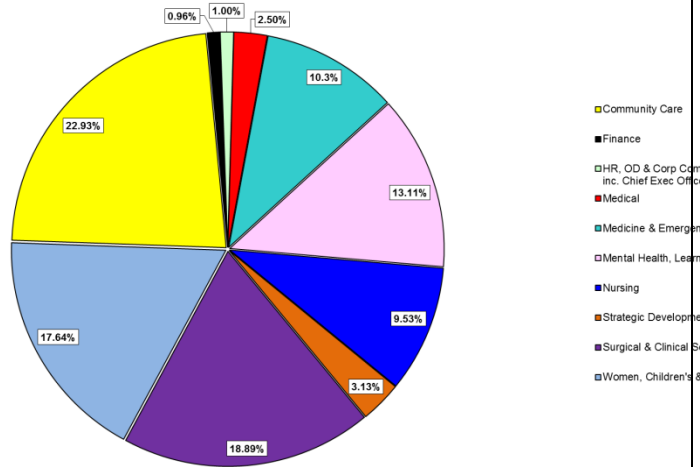
Staff Survey

The window for completion of the Staff survey closed on the 11th December. The final response rate for NHSCT was 28%, this was the 2nd highest in the region among the five Trusts. South-Eastern Trust had the highest response rate at 32%. The Trust anticipates receipt of an initial report on findings by late January/early February 2016.

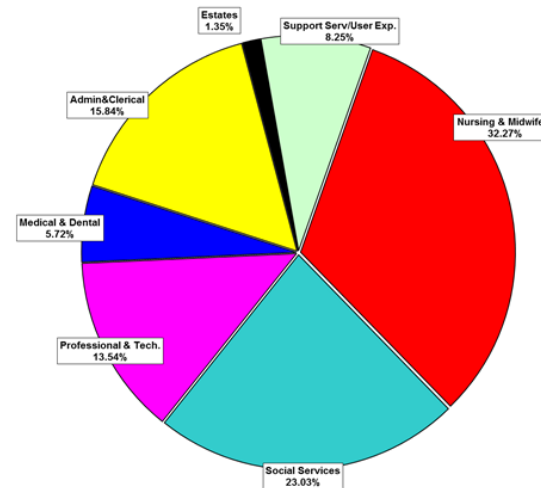
Appraisal

Directorates/Divisions have been providing returns in respect of appraisal during the months December and January. We hope to be able to provide an update in the report next month.

Division/Directorate Percentage Headcount Breakdown as at 31 December 2015



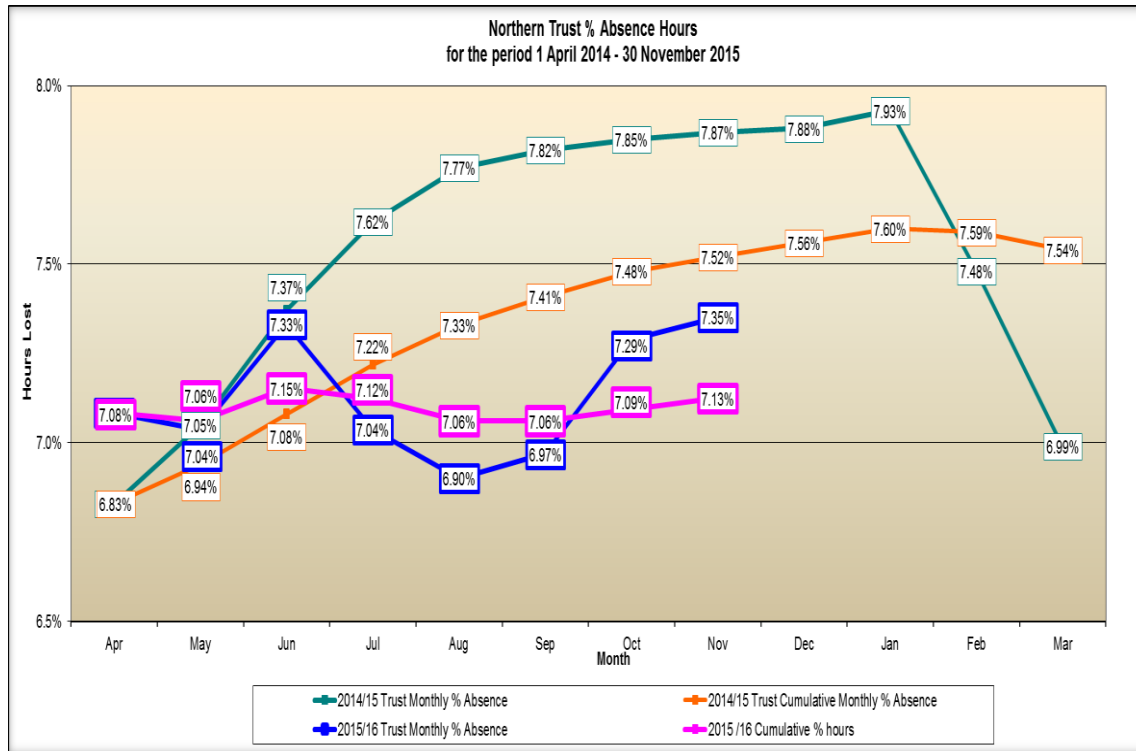
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 31 December 2015



5.0 WORKFORCE

5.1 Staff in Post, Staff Movement, Absence

**Trust Absence Percentage
1 April 2014 – 30 November 2015**



**Northern HSC Trust
Number of Staff with Absence Spells for the 12 months ending
31 August 2015 and 30 November 2015**

