



Northern Health
and Social Care Trust

TRUST BOARD PERFORMANCE REPORT

January 2016

Prepared & Issued by Planning & Service Improvement Unit – 24th February 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

- Performance against the 4 hour target during January 2016 was 68% at Antrim hospital and 66% at Causeway hospital. Antrim ED had 112 twelve hour breaches during January compared to 82 the previous month. By way of comparison, cumulatively for the period April 2014 to January 2015 Antrim ED had experienced 389 twelve hour breaches and for the same period in 2015/16 there has been 621 twelve hour breaches. Causeway Hospital had 12 twelve hour breaches during January.

Diagnostic Waiting Times

Diagnostic demand continues to exceed 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. 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.

Psychological Waits

At the end of January there were 216 patients waiting over 13 weeks. Performance continues to be impacted by 3 separate services. The position in PTS (Psychology of MH) has begun to improve somewhat over January due to locum cover and additional hours being offered to staff. Locum cover (in place from January 16 to March 16 as part of WL initiative) will lead to continued reduction in the number of breaches over February. However a high level of demand for the service in November will impact on breaches at the end of February / March. In Clinical Health Psychology recruitment is impacting on capacity however Locum cover in place from January 2016 to March 2016 as part of a WL initiative will lead to improved position over the coming months. 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 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 during January has increased to 58% from 16% in November and 11% in December. The Trust's performance during November and December was due to a significant increase in referrals which is believed to be linked to the regional breast cancer aware campaign. Actions being taken include additional breast outpatient clinics, inpatient theatre sessions and MDM meetings being held. It is anticipated that performance will return to 100% from March 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 January 2016 were below expected performance, with Elective inpatients 26% (n= 1241) below SBA performance and Day cases 4% (n=408) below performance. With Outpatient attendances, new appointments are 3% below SBA target and review appointments are 19% 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 ten months of 2015/16 to end of January red flag outpatient referrals shows 12,773 such referrals compared to 10,796 in the same period last year, an 18% increase - this has significant impact on waiting times.

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 beside 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

December 2015 Position	Trust Total	Acute	Child	MH&D	Community	Finance	PPMSS	M&G	Nursing	Unknown
Number of Complaints	40	13	10	9	8	0	0	0	0	0
Complaints Responded to within 20 Days (%)	80%	100%	50%	89%	75%	n/a	n/a	n/a	n/a	n/a
Compliments Received	66	28	13	6	17	0	0	0	2	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.

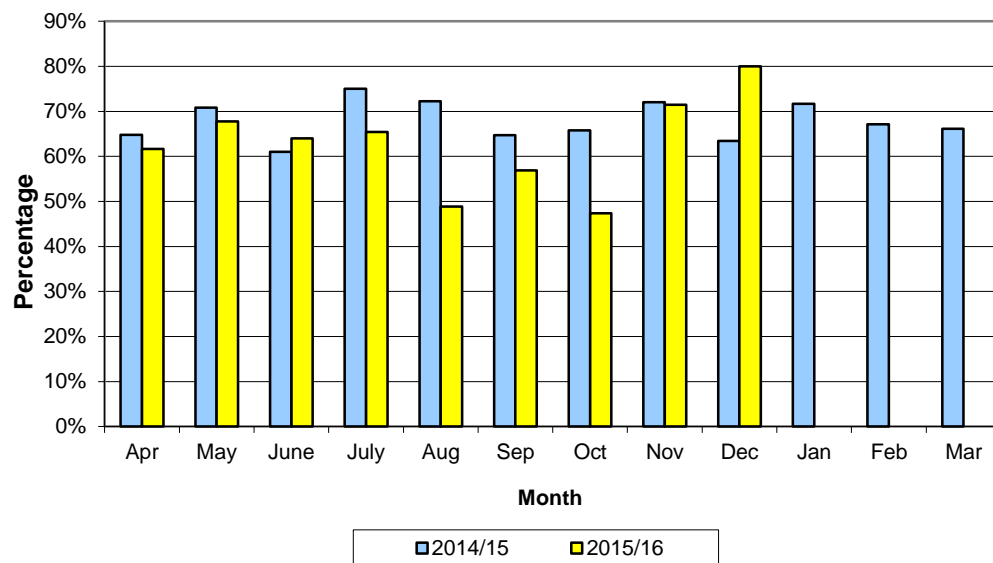
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this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

During December 2015 there were 40 formal complaints, 4 of which have been reopened. Of these complaints 32 were responded to within 20 working days (80%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and policy/commercial decisions.

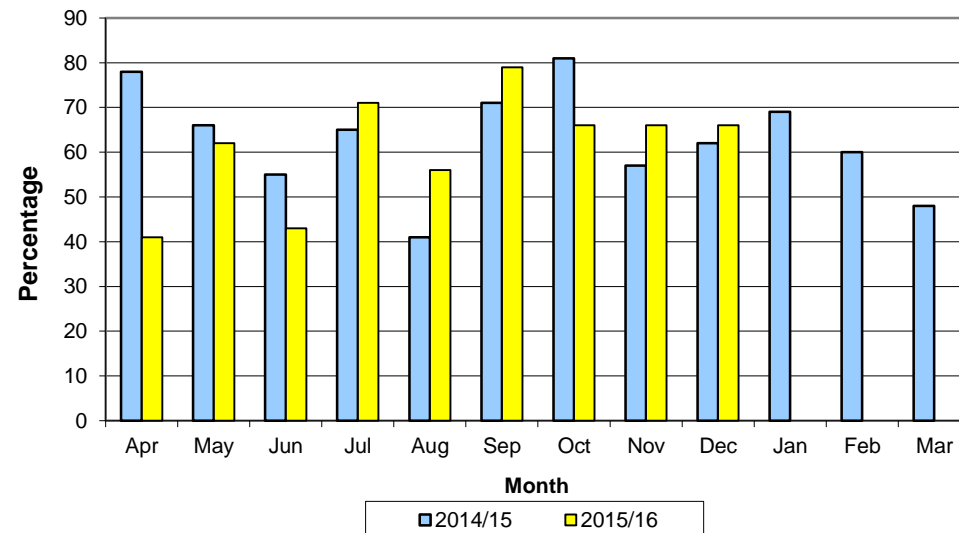
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

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	Nov 15	Dec 15	Jan 16	Cumulative Position as at 31 st January
No of MRSA cases	11	0	2	1	19
No. of CDiff cases	62	7	3	2	54
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 January 2016 the Trust has now breached this target with a total of 19 cases of MRSA bacteraemia detected. A breakdown of the figures indicate that 12 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 January 2016 = 54 against a 2015/16 target of 59. A breakdown of these cases identify that 31 cases had an onset of diarrhoea within 48 hours of admission to hospital and 23 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 between Community Healthcare colleagues and PHA colleagues to address the community burden of MRSA and how it impacts on secondary care.

CDIFF – CDI cases continue to present challenges as early identification and isolation on clinical grounds can be very difficult. In addition, due to current pressures the additional beds on Antrim site has reduced the minimum bed spacing; this 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.

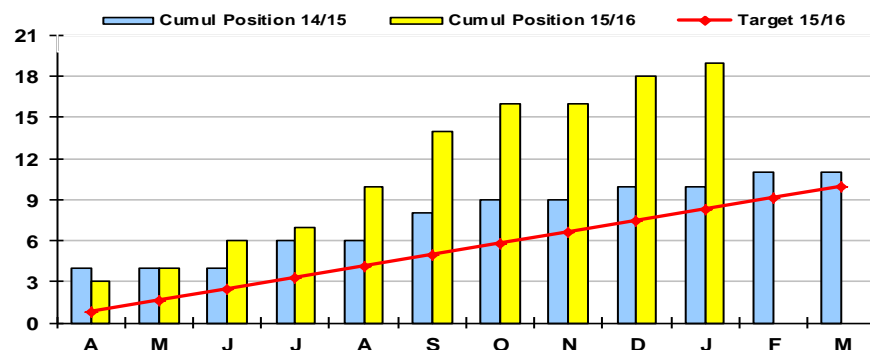
Actions being taken with time frame

MRSA - Blood Culture technique training and Aseptic Non-Touch Technique (ANTT) on-going across the Trust.

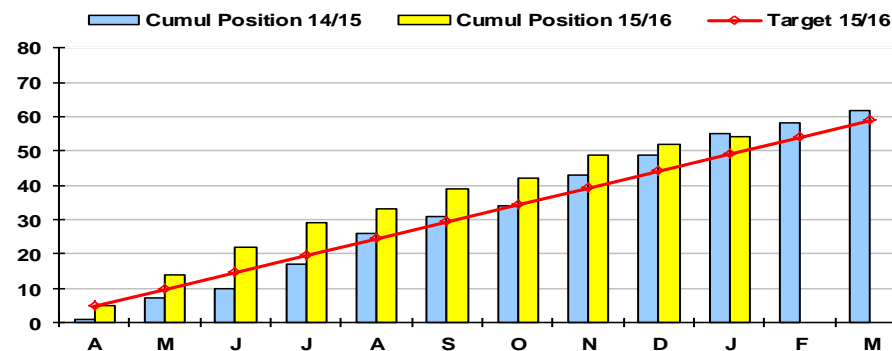
Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes Infection Control element. Education and increased audits of practice for central and peripheral line care continues for all inpatient areas. MRSA Trust 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 on going. Memo sent by Infection Control Doctor/Consultant Microbiologist to remind all hospital colleagues on the protocol for Medical assessment of patients presenting with vomiting and/or diarrhoea. Microbiologist led weekly C. Diff ward rounds have been suspended due to the increased demand on the Microbiology Department and Infection Control Doctor, these rounds were 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. IPC team continue to increase awareness of correct assessment, placement and management of patients presenting with diarrhoea with all staff. Additional IPC training is delivered as necessary.

MRSA



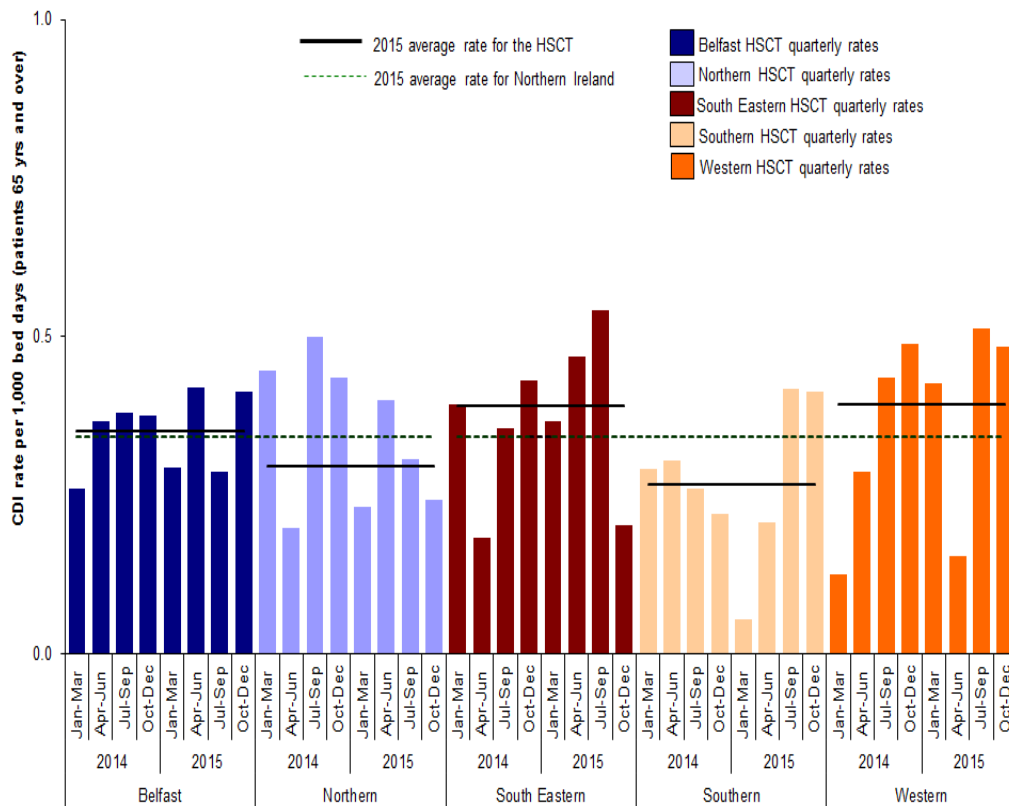
CDiff



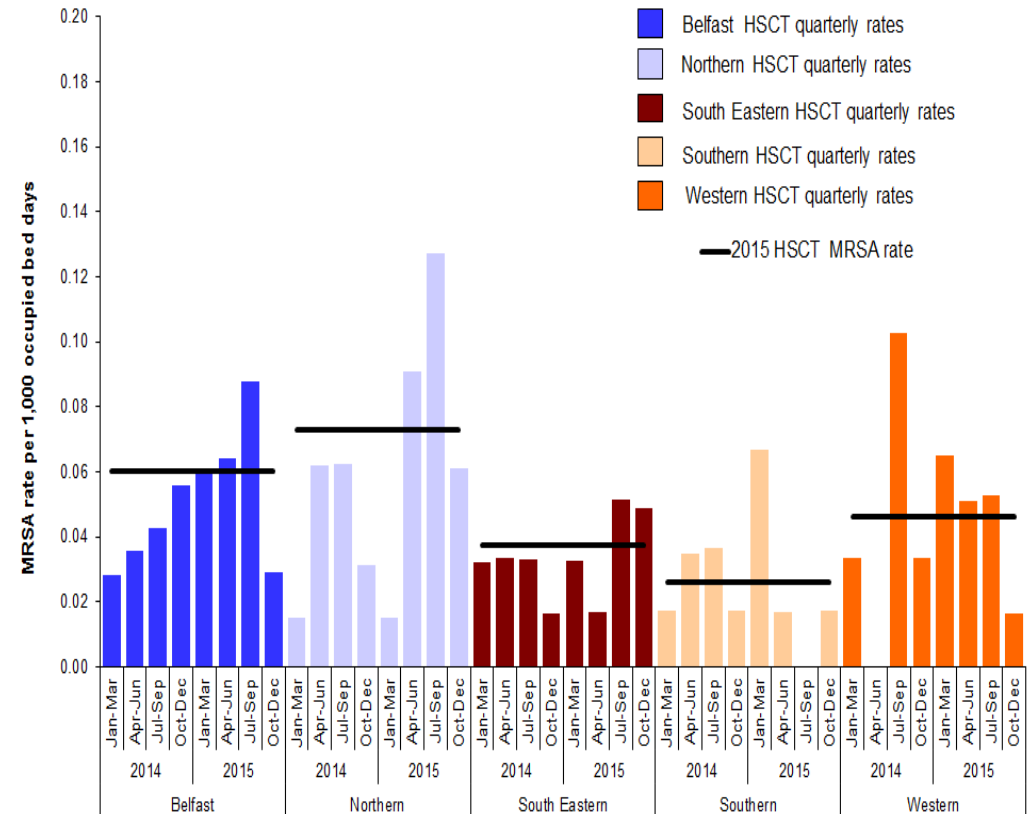
2.0 Safe & Effective Care

2.1 Healthcare Acquired Infections

Quarterly rates of *C. difficile* among inpatients aged 65 years and over, by HSCT, January 2014 - December 2015, compared with annual Northern Ireland and HSCT rates for 2015



MRSA quarterly rate January 2014 – December 2015, by HSCT, with 2015 annual HSCT MRSA rate



Source: PHA quarterly HCAI surveillance report.

2.0 Safe & Effective Care

2.2 Emergency Hospital Readmissions

	15/16 Target	Oct 15	Nov 15	Dec 15
% Emergency Re-admissions within 30 Days	(not to exceed) 7.6%	8.0%	7.0%	7.8%
Number of 30 Days Emergency Re-admissions	(not to exceed) 329 mthly	422	362	382
% Emergency Re-admissions within 7 Days		3.3%	2.8%	2.8%
% Emergency Re-admissions within 8 – 30 Days		4.7%	4.2%	5.0%

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

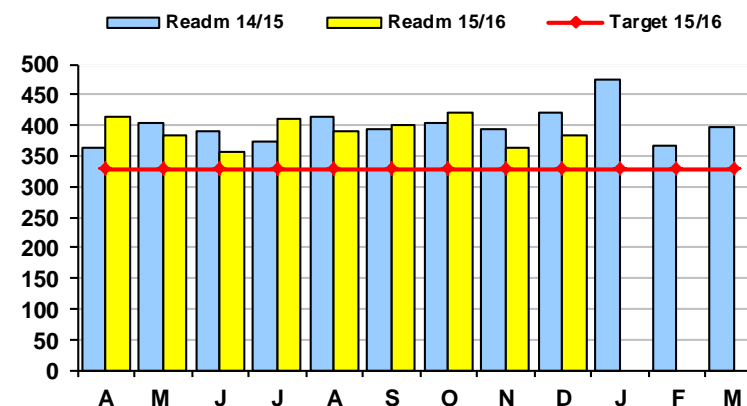
The Trust is enhancing Antrim Direct Assessment Unit during Nov-Dec 2015 with the development of assessment pathways for surgery and care of the elderly.

FORECAST IMPACT ON PERFORMANCE

Under review.

Emergency Readmissions within 30 Days

April '15 to December '15			
Hospital	All Admissions	Emergency Readmissions	% Readms Rate
Antrim	23904	2325	9.7%
Causeway	13827	990	7.2%



2.0 Safe & Effective Care

2.3 Stroke

	15/16 Target	Oct 15	Dec 15	Jan 16
% Ischaemic Stroke receiving thrombolysis	(to achieve) 13%	16.1%	11.5%	12.5%
Number of emergency admissions with a primary diagnosis of stroke		60	58	54

% 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.

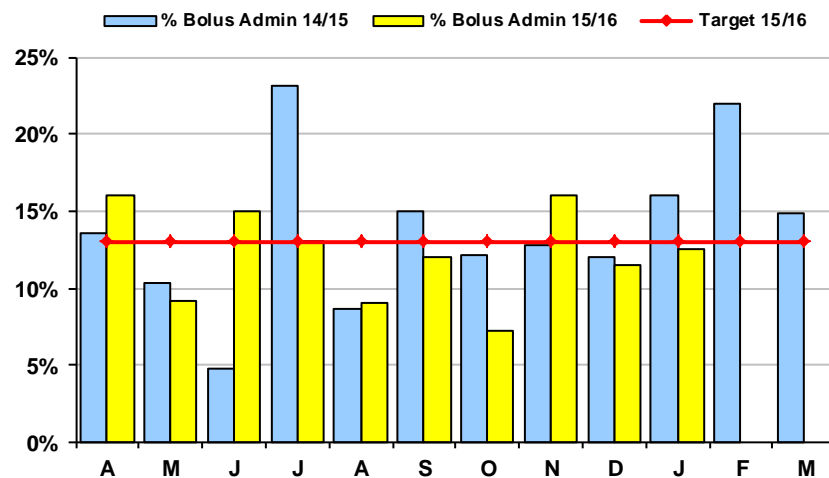
Actions being taken with time frame

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.

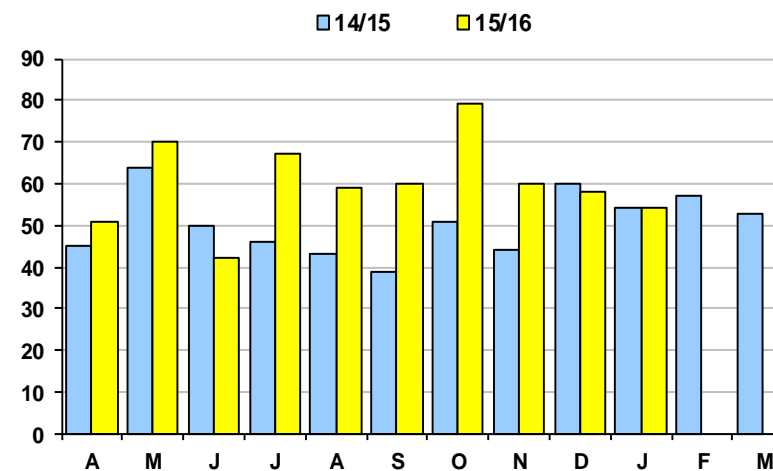
Forecast impact on performance

Variance is within normal parameters.

% Ischaemic Stroke receiving thrombolysis



Number of emergency admissions with a primary diagnosis of stroke



2.0 Safe & Effective Care

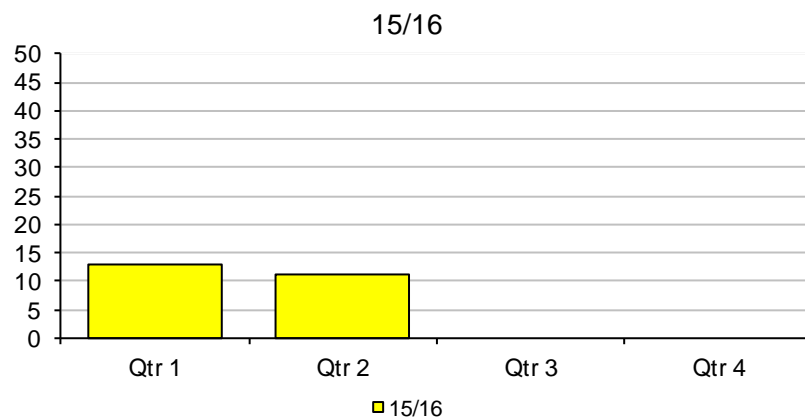
2.4 Pressure Ulcers / Falls in Adult Wards / Venous Thromboembolism (VTE) Risk Assessment

		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 3s & 4s, 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 monitor grade 3s & 4s, and the number of these that were unavoidable	10	7	Not yet available
Percentage of Wards that Fall Safe bundle has spread to (excluding Mental Health wards)	2015/16 Trust target: 100%	79%	93%	100%
Compliance with completion of malnutrition universal screening tool (MUST)	2015/16 95%	87%	91%	89%
		Nov 15	Dec 15	Jan 16
VTE - Compliance with Risk Assessment	Target 95%	92%	88%	94%

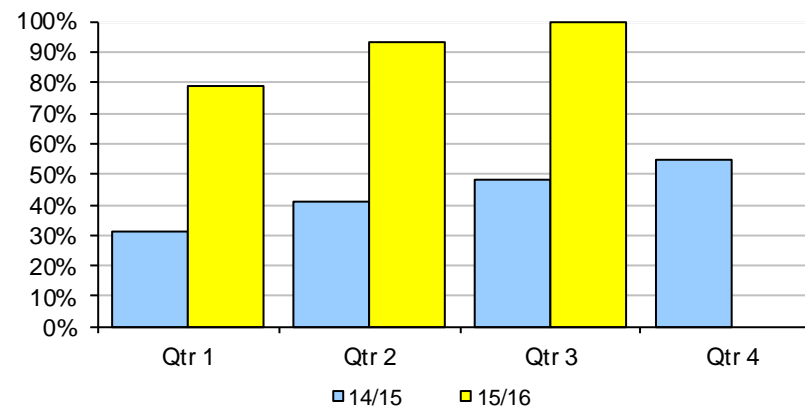
*Pressure Ulcers info includes Mental Health (MH) wards

NB: Figures are subject to change as reporting continues.

Number of Hospital Acquired Pressure Ulcers That Were Unavoidable (grades 3 & 4)



Percentage of Wards using FallSafe Bundle 15/16



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%. 26/27 wards submitted data for January 2016. 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.

2.0 Safe & Effective Care

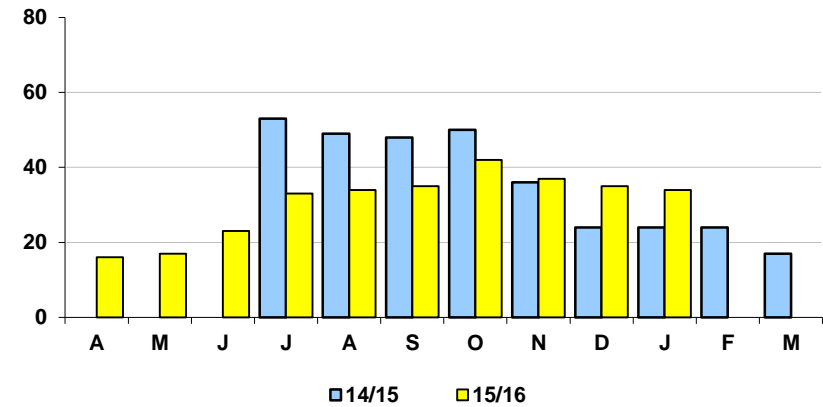
2.5 Serious Adverse Incidents

Level of Investigation	Number of SAI's Investigations Outstanding – January 2016								
	Trust Total	Acute	Child	MH&D	PCCOPS	Finance	PPMSS	M&G	Nursing
Level 1 (SEA)	18	3	12	3	0	0	0	0	0
Level 2 (RCA)	16	2	1	13	0	0	0	0	0
Level 3 (External)	0	0	0	0	0	0	0	0	0
Total	34	5	13	16	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	10
11-20 weeks	7
21-30 weeks	7
31-40 weeks	1
41-60 weeks	0
Over 60 weeks	0

Number of SAI's Outstanding



2.0 Safe & Effective Care

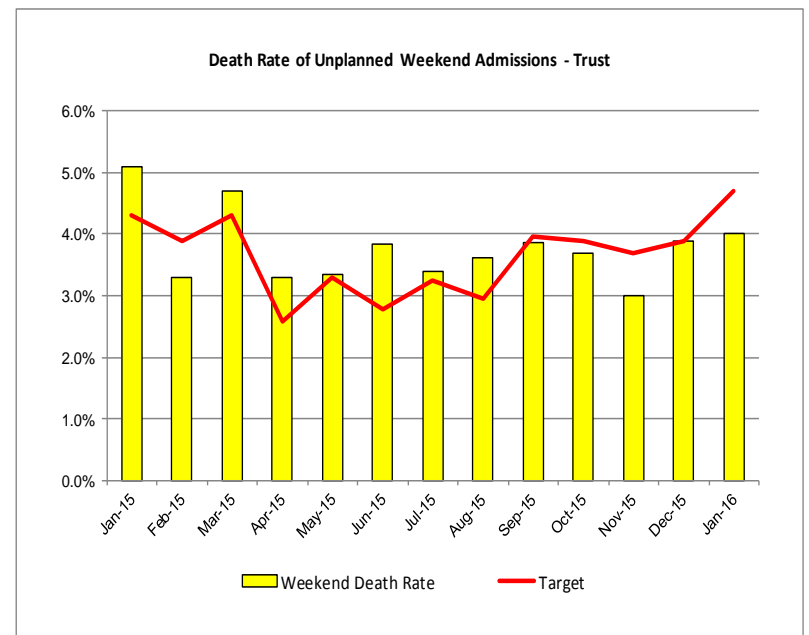
2.6 Patient Safety

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)

		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Trust	Weekday Death Rate	3.8%	4.2%	2.5%	3.2%	2.7%	3.2%	2.9%	3.9%	3.8%	3.7%	3.9%	4.6%
	Target	3.9%	4.3%	2.6%	3.3%	2.8%	3.3%	3.0%	4.0%	3.9%	3.7%	4.0%	4.7%
	Weekend Death Rate	3.3%	4.7%	3.3%	3.3%	3.8%	3.4%	3.6%	3.9%	3.7%	3.0%	3.9%	4.0%

Antrim	Weekday Death Rate	4.6%	4.6%	2.3%	3.3%	2.7%	3.5%	3.2%	4.2%	4.0%	3.6%	4.6%	5.2%
	Weekend Death Rate	3.3%	5.4%	3.8%	3.2%	3.7%	3.5%	4.0%	3.7%	3.8%	3.5%	4.5%	4.3%
Cause way	Weekday Death Rate	2.0%	3.2%	3.1%	3.0%	2.6%	2.6%	2.0%	3.1%	2.8%	3.8%	2.6%	3.3%
	Weekend Death Rate	2.9%	3.0%	2.1%	3.6%	4.1%	3.2%	2.7%	4.3%	3.5%	1.7%	2.6%	3.4%



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.

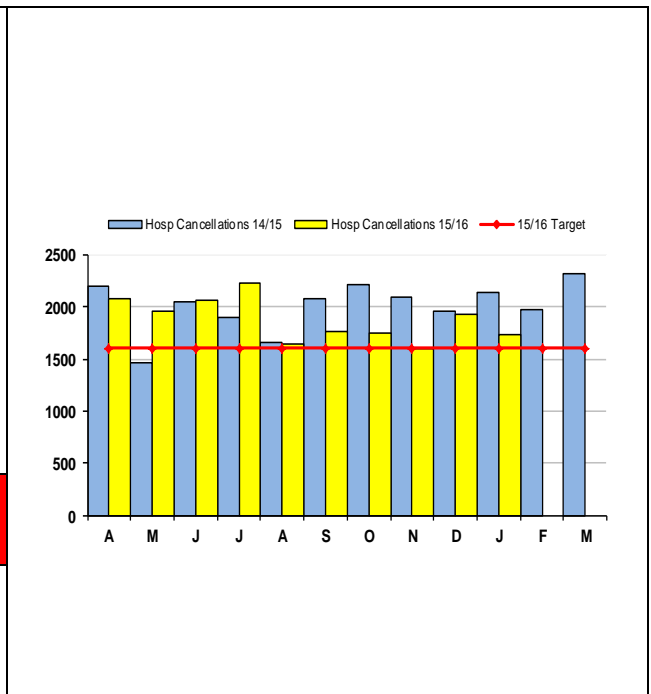
3.3 Additional Indicators in Support of Commissioning Plan Direction Targets.

3.0 Quality Standards & Performance Targets

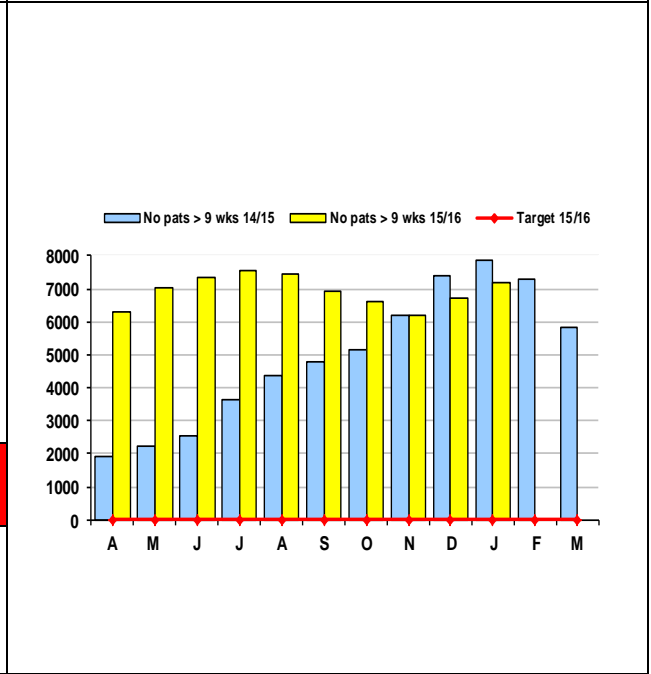
3.1 DHSSPS Commissioning Plan Direction Targets & Standards 2015/16

Dir.	Target Description	Comments, Actions and Monthly Performance	Trend Analysis																										
Elective Care																													
SCS / MEM / WCF	Outpatient Waits - From April 2015, at least 60% of patients wait no longer than 9 weeks for 1 st outpatient appointment.	CAUSES / ISSUES IMPACTING ON PERFORMANCE Demand is significantly higher than capacity in a number of specialties. Outpatient referrals increased by 6% in April-Dec 2015 compared to the same period last year.																											
		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 only 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. 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.																											
		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																											
		Core & Independent Sector Patients waiting within 9 weeks - Monthly Position																											
		<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>35%</td><td>↑</td> </tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	45%	46%	43%	41%	41%	38%	35%	36%	35%	35%	33%	35%	↑	
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM																	
45%	46%	43%	41%	41%	38%	35%	36%	35%	35%	33%	35%	↑																	
SCS / MEM / WCF	Outpatient Waits - From April 2015, no patient to wait > 18 weeks for 1 st outpatient appointment.	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 6% in April-Dec 2015 compared to the same period last year.																											
		ACTIONS BEING TAKEN WITH TIME FRAME As per 9-week target.																											
		FORECAST IMPACT ON PERFORMANCE As per 9-week target.																											
		Core & Independent Sector patients waiting > 18 weeks - Monthly Position																											
		<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>12644</td><td>↑</td> </tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	7451	8481	9338	9746	10624	11871	12652	13253	14154	14324	14676	12644	↑	
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM																	
7451	8481	9338	9746	10624	11871	12652	13253	14154	14324	14676	12644	↑																	

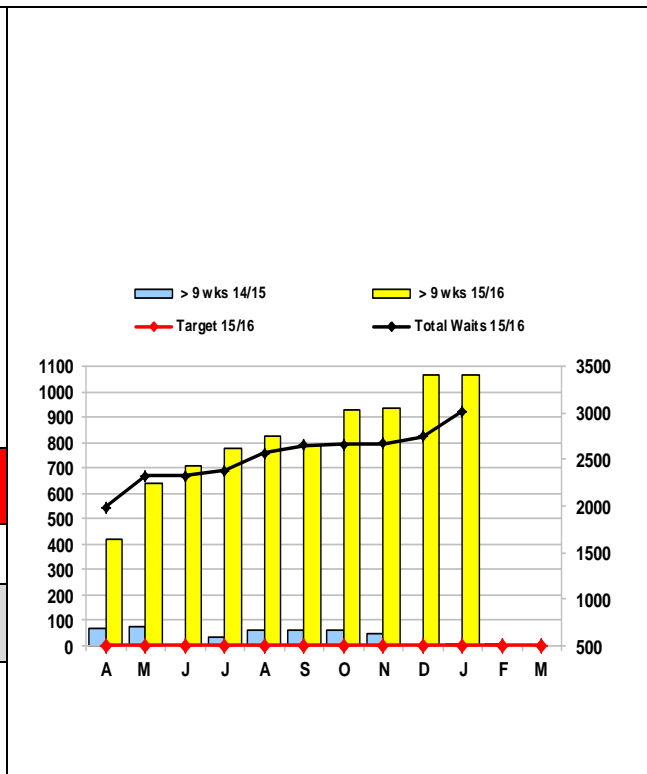
SCS / MEM / WCF	<p>Cancelled Appointments - By March 2016, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>Analysis 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 – 228 appointments fell into this category in Dec 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</p> <p>The Directorate has reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at speciality level.</p>																								
		<p>FORECAST IMPACT ON PERFORMANCE</p> <p>Under review</p>																								
		<p>Monthly Position</p> <table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>1741</td><td style="background-color: red; color: white; text-align: center;">↑</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	1980	2314	2076	1962	2067	2229	1653	1768	1745	1595	1932
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM														
1980	2314	2076	1962	2067	2229	1653	1768	1745	1595	1932	1741	↑														



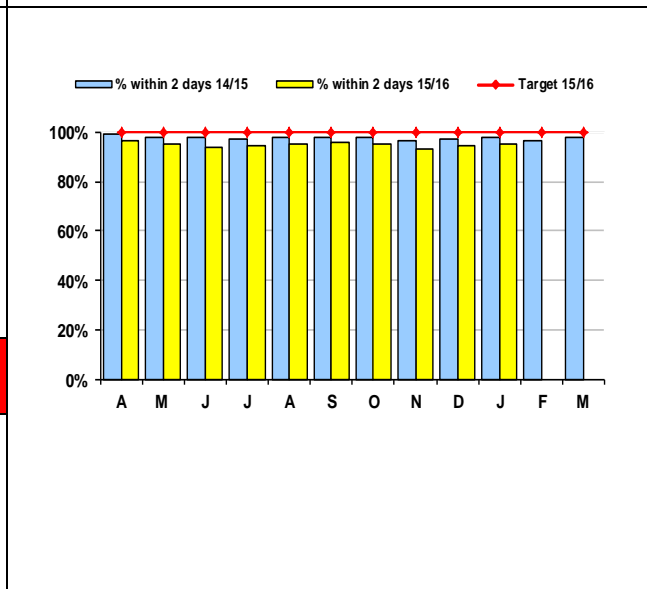
SCS	<p>Diagnostic Waits - From April 2015, no patient to wait > 9 weeks for a diagnostic test.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE</p> <p>Diagnostic demand exceeds capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled care has taken precedence over elective care.</p>																								
		<p>ACTIONS BEING TAKEN WITH TIME FRAME</p> <p>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</p> <p>Under review – dependent on whether demand continues to rise.</p>																								
		<p>Monthly Position</p> <table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>7167</td><td style="background-color: red; color: white; text-align: center;">↓</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	7283	5847	6298	7035	7364	7571	7421	6939	6604	6209	6712
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM														
7283	5847	6298	7035	7364	7571	7421	6939	6604	6209	6712	7167	↓														



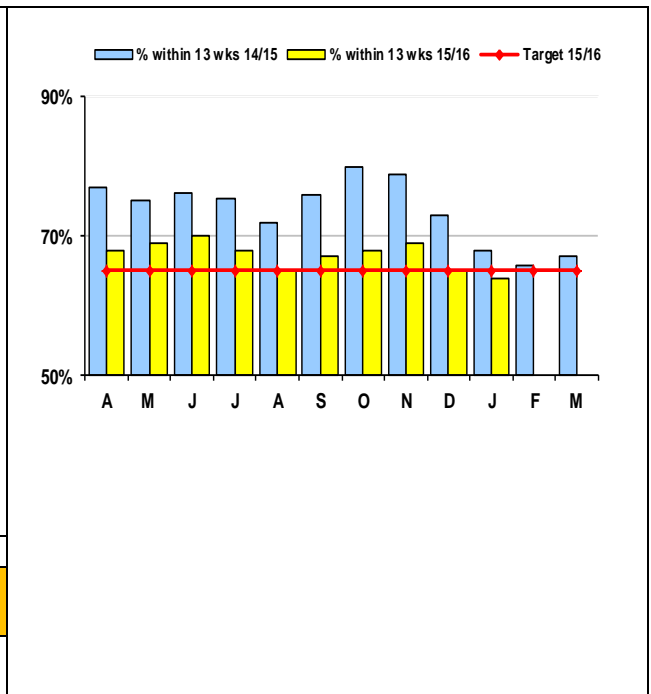
SCS	<p>Endoscopy Waits - From April 2015, no patient to wait > 9 weeks for a day case endoscopy.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust and HSCB agreed a temporary increase in waiting times to enable a reduction in the backlog of patients requiring a planned endoscopy procedure. This 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>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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>1063</td><td style="text-align: center;">↑</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	6	0	420	640	707	780	823	793	926	935	1064	1063	↑
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
	6	0	420	640	707	780	823	793	926	935	1064	1063	↑															
	<p>Total Core & Independent Endoscopy Patients Waiting</p> <table border="1"> <thead> <tr> <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>Jan</th></tr> </thead> <tbody> <tr> <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>3016</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	1519	1588	1985	2325	2320	2383	2570	2654	2661	2670	2747	3016			
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan																	
1519	1588	1985	2325	2320	2383	2570	2654	2661	2670	2747	3016																	



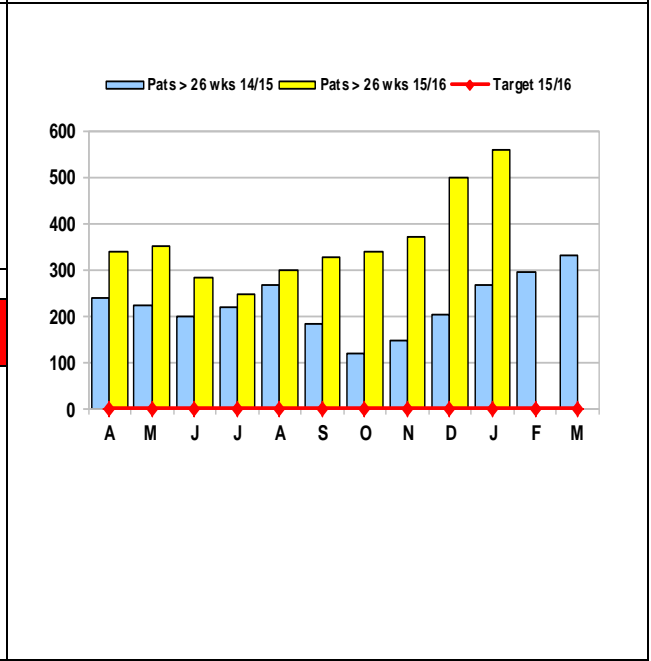
SCS	<p>Diagnostic Tests - From April 2015, all Urgent diagnostic tests are reported on within 2 days of the test being undertaken.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There is a significant Reporting Capacity-demand gap.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date.</p> <p>FORECAST IMPACT ON PERFORMANCE The full demand cannot be met with the existing core team and it is anticipated that performance will remain below 100%.</p>																										
		<p>Monthly Position</p> <table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>95%</td><td style="text-align: center;">↑</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	97%	98%	97%	96%	94%	95%	95%	96%	95%	93%	94%	95%	↑
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
	97%	98%	97%	96%	94%	95%	95%	96%	95%	93%	94%	95%	↑															



SCS / MEM / WCF	<p>Inpatient / Daycase Waits - From April 2015, at least 65% of Inpatients & Daycases are treated within 13 weeks.</p>	<p>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 286 procedures deferred during Apr-Dec 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.</p> <p>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.</p> <p>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.</p> <p>Excludes scopes who are solely within 9 weeks position</p>											
	Core & Independent Sector Patients waiting within 13 weeks - Monthly Position												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM
	66%	67%	68%	69%	70%	68%	65%	67%	68%	69%	65%	64%	↓



SCS / MEM / WCF	<p>Inpatient / Daycase Waits - From April 2015, no patient to wait longer than 26 weeks for Inpatient / Day Case treatment.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE As per 13-week target.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME As per 13-week target.</p> <p>FORECAST IMPACT ON PERFORMANCE As per 13-week target.</p>											
	Core & Independent Sector patients waiting > 26 weeks - Monthly Position												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM
	293	329	338	349	284	248	300	326	338	370	498	560	↓



Unscheduled Care (Including Delayed Discharges)

MEM

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Across both of its type 1 ED's, the Trust has experienced a significant increase in demand: Antrim ED: 6% more attendances and 3% more ambulance arrivals in Jan 16 compared to Jan 15. Causeway ED: 6% more ED attendances and 7% more ambulance arrivals in Jan 16 compared to Jan 15
 The increase in patient numbers and acuity has placed both ED's under increased pressure in which it has been difficult to ensure that patients have been able to conclude their pathway within four hours of arrival. Antrim in particular has a lack of bed capacity on site, which makes it more difficult to transfer patients out of ED in a timely manner.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust's Unscheduled Care Improvement Programme Board continue to meet on a monthly basis to monitor both 4 and 12 hour performance and oversee the implementation of a number of service improvement initiatives designed to improve patient flow, such as: The Chief Nursing and Medical Officer Priorities, The progress of the Direct Assessment Unit and associated investment, ICP and localised pilot projects
 The Directorate of Medicine and Emergency Medicine have also agreed a number of short, medium and long term work streams whose implementation will improve access to unscheduled care across both Trust ED sites. This includes plans to increase bed stock on the Antrim site on a sustainable basis.

FORECAST IMPACT ON PERFORMANCE

Through the implementation of its Unscheduled Care Improvement Programme Board driven initiatives and its RAMP work streams, the Trust is aiming to deliver a sustained improvement in both its 4- and 12- hour performance in 2016/17.

Antrim Monthly Position

Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM ↑
55%	57%	57%	60%	63%	61%	61%	65%	65%	61%	63%	68%	

Total Attendances

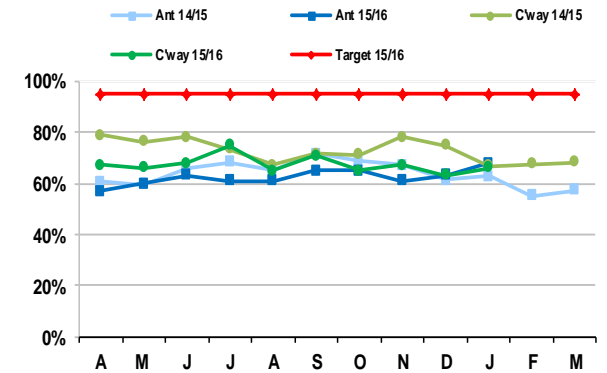
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
5966	6509	6355	6633	6590	6441	6443	6580	6684	6475	6347	6405	

Causeway Monthly Position

Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM ↑
68%	68%	67%	66%	68%	75%	65%	71%	65%	67%	63%	66%	

Total Attendances

Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
3210	3567	3873	3780	3845	3797	3896	3562	3923	3478	3440	3368	



MEM

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

As per 4-hour target.

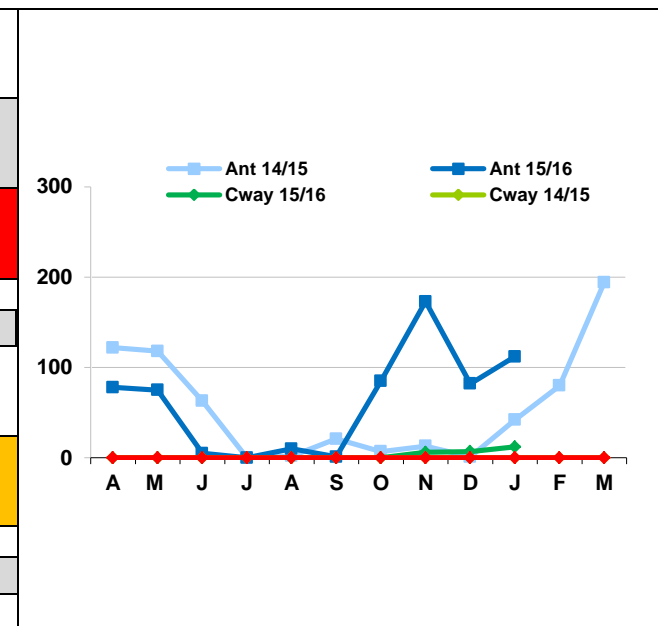
ACTIONS BEING TAKEN WITH TIME FRAME

As per 4-hour target.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target.

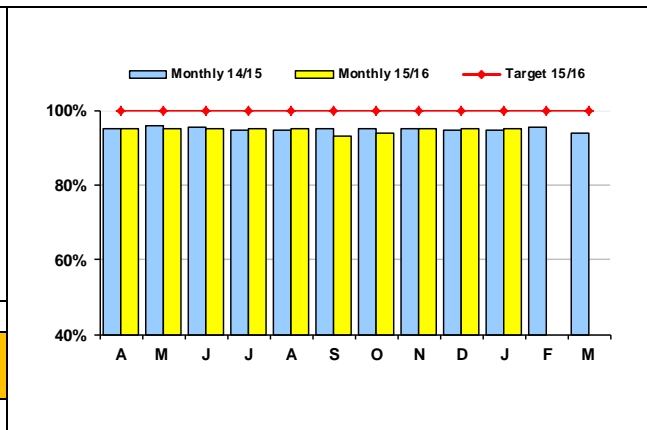
discharged home or admitted.	Antrim ED Monthly Position for > 12 Hours												
	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	TOPM ↓
	161	175	122	118	63	0	2	21	7	13	1	42	
	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	TOPM ↓
	80	194	78	75	5	0	10	1	85	173	82	112	
	Monthly Longest Waiter (Hours)												
	24	32	24	22	14	12	16	15	27	27	28	34	
	Causeway ED Monthly Position for > 12 Hours												
	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	TOPM ↓
	0	0	0	0	0	0	0	0	0	6	7	12	
Monthly Longest Waiter (Hours)													
11	11	11	12	12	12	12	12	12	28	20	21		



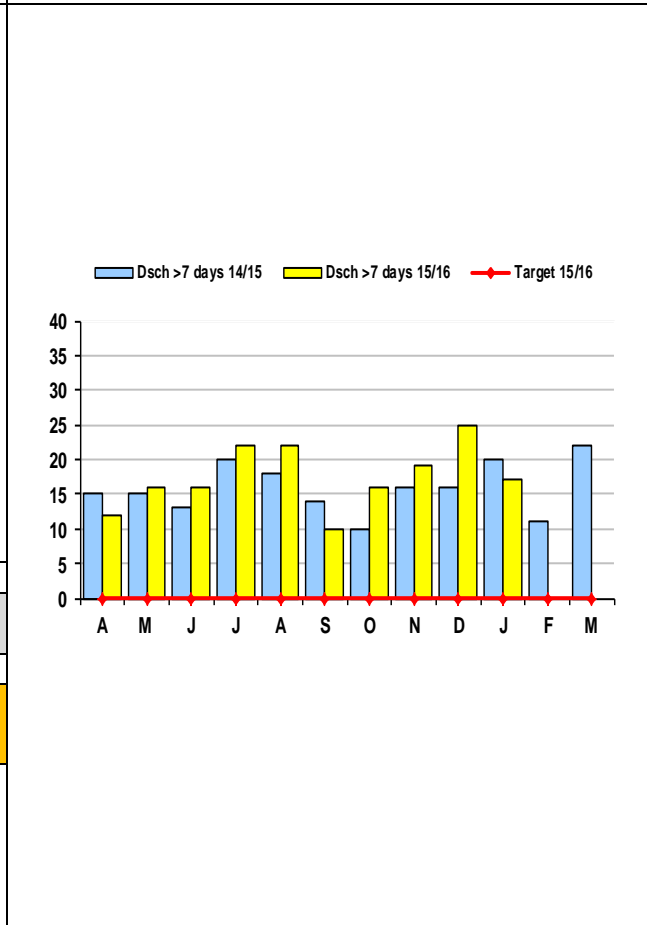
CC	Patient Discharge - From April 2015 ensure that 90% of complex discharges from an acute hospital take place within 48 hours of decision to discharge.	CAUSES / ISSUES IMPACTING ON PERFORMANCE												
		There were 87 delayed discharges, across the 4 hospital sites during January 2016. 20 delays 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. 2 delays were the result of client choice and family issues. A further 15 delays can be attributed to acute assessment and care planning processes. 29 delays were caused waiting for step-down beds and 6 delays were relating to placement planning and arrangement. During January, levels of demand on ED, following the Christmas and New Year period, and subsequently acute bed based services have placed significant levels of demand in facilitating discharge to community settings.												
		ACTIONS BEING TAKEN WITH TIME FRAME												
		Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A working group has been convened (acute and community directorates) to review delays and agree an action plan. The Working Group will focus on the areas where delays have been identified, identify actions to address these and monitor the implementation and the ensuing resulting impact.												
		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.														
Monthly Position														
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM ↓		
90%	86%	89%	92%	87%	87%	88%	90%	88%	85%	87%	86%			
Not all wards / specialities are included.														



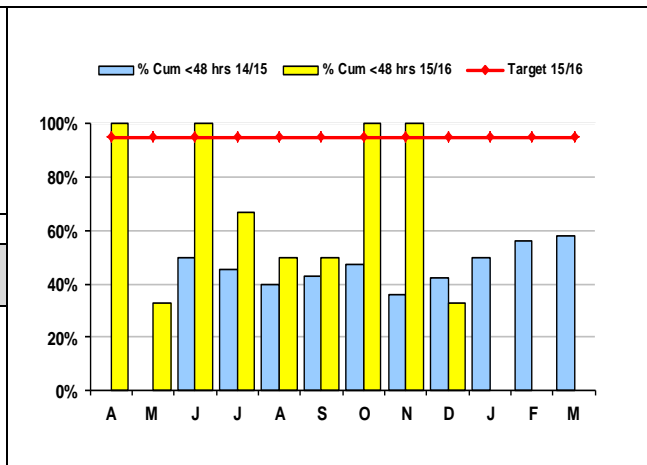
SCS / MEM / WCF	Patient Discharge - From April 2015 ensure that all non-complex discharges from an acute hospital take place within 6 hours of decision to discharge	CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance has been consistently at or around 95% for 2015 as well as all of 2014/15.								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



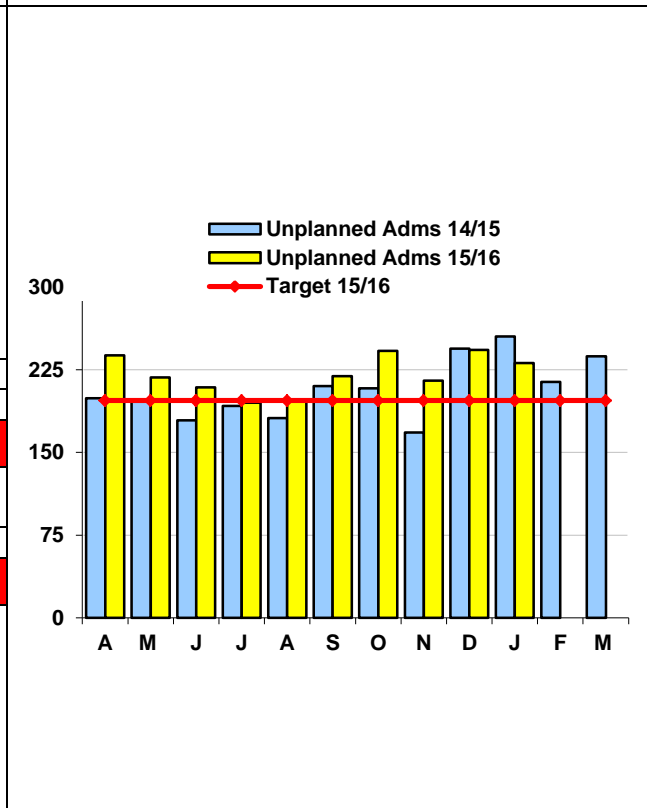
MEM / CC	Patient Discharge - From April 2015 no complex discharge from an acute hospital setting takes longer than 7 days.	CAUSES / ISSUES IMPACTING ON PERFORMANCE 17 out of 87 delays in January 2016 were greater than 7 days. 3 of these delays can be attributed to delays in planning and securing nursing home placements; 3 can be attributed to the discharge planning processes within the hospital and a further 4 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. There were 4 delays caused by waiting on a step down bed to become available.												
		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												
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM ↑
		11	22	12	16	16	22	22	10	16	19	25	17	
		Monthly Position												
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
		98%	96%	98%	98%	97%	96%	96%	98%	98%	96%	96%	97%	



<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 – January 2016: Hip fractures – 32 patients transferred.</p>												
	<p>Monthly Position (% transferred within 2 nights)</p>												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
56%	59%	100%	33%	100%	67%	50%	50%	100%	100%	33%	50%		



<p style="writing-mode: vertical-rl; transform: rotate(180deg);">MEM / CC</p>	<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>												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM
214	237	238	218	209	195	197	219	242	215	243	231	↑	
<p>Cumulative</p>													
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	
2228	2441	238	456	665	860	1057	1276	1518	1733	1976	2207	↓	
<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>														
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM		
		351	348	324	326	346	355	336	334	316	285	318	308	↑		
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>														
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM		
		12.4%	12.7%	12.9%	13%	13%	12.3%	12.8%	12.8%	12.0%	12.5%	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	<p>Tackling Obesity – From April 2015, all eligible pregnant women aged 18 years and older, with a BMI of 40kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust continues to deliver this initiative with an overall uptake of 72% of women who are eligible to utilise the project successfully availing of the service. The regional target was set at 65%.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME: Continue to recruit to this initiative until December 2015.</p> <p>FORECAST IMPACT ON PERFORMANCE: Impact of this initiative is audited at local level. However a formal review has been commissioned by the PHA to assess the outcomes.</p>																											
	Cancer Care																												
SCS	<p>Cancer Care - From April 15, all urgent breast cancer referrals should be seen within 14 days.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Due to significant increase in referrals the 14 day target was not met in October -January. It is believed that the increase in referrals is linked to the regional breast cancer aware campaign.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional breast OP clinics, inpatient theatre sessions and MDM meetings being held.</p> <p>FORECAST IMPACT ON PERFORMANCE It is anticipated that performance will return to 100% from March 2016.</p> <p>Monthly Position (%)</p> <table border="1" data-bbox="405 810 1525 906"> <tr> <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>Jan</td><td>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>88%</td><td>16%</td><td>11%</td><td>58%</td><td>↑</td> </tr> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	100%	100%	100%	100%	100%	100%	100%	100%	88%	16%	11%	58%	↑	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM																
100%	100%	100%	100%	100%	100%	100%	100%	88%	16%	11%	58%	↑																	
SCS / MEM / WCF	<p>Cancer Care - From April 15 98% of patients should commence treatment within 31 days of decision to treat.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The recent increase in outpatient referrals (see comments on 14-day target) has also resulted in an increase in demand for surgical procedures. Two breast patients were not treated in Dec within 31 days following diagnosis.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Additional breast inpatient theatre sessions are being held to deal with this temporary increase in demand.</p> <p>FORECAST IMPACT ON PERFORMANCE Issues may continue with breast surgery until the backlog of additional surgical demand has been worked through.</p> <p>Monthly Position (%)</p> <table border="1" data-bbox="405 1276 1525 1372"> <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>TOPM</td> </tr> <tr> <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>91%</td><td>98%</td><td>↑</td> </tr> </table> <p>Figures are subject to change as patient notes are updated. Figures presented one month in arrears.</p>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM	100%	100%	100%	98%	99%	98%	97%	100%	99%	100%	91%	98%	↑	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM																
100%	100%	100%	98%	99%	98%	97%	100%	99%	100%	91%	98%	↑																	

Cancer Care - From April 15, 95% of urgent patients with a suspected cancer will begin treatment within 62 days.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Lower/upper GI: delays in accessing endoscopy
Lung: complex cases requiring a number of diagnostic tests
Breast: delays in in the first appointment and in surgery
Skin: delays in first Outpatient appointment due to lack of capacity and delays in Belfast Trust for plastic surgery
Urology: delays in diagnostic tests

ACTIONS BEING TAKEN WITH TIME FRAME

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.
Lung: proactive monitoring in place
Skin: additional sessions undertaken to reduce waiting times for 1st OP. Belfast working with PHA to address capacity issues for plastic surgery
Urology: this service is now managed by the Western Trust

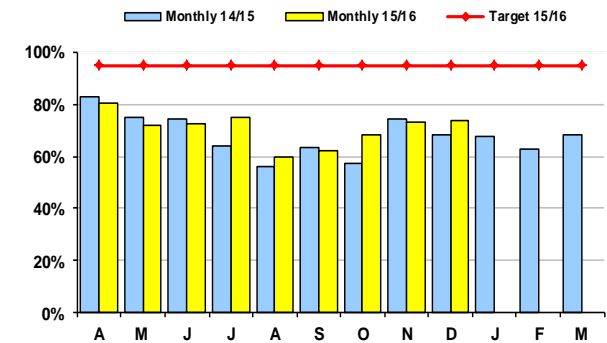
FORECAST IMPACT ON PERFORMANCE

Lower/upper GI: additional endoscopy resource will help reduce breaches in upper/lower GI during the rest of the financial year and into 16/17.
 It is anticipated breast services will be meeting targets from March 2016.

Monthly Position (%)

Tumour Site	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOPM ↑
ALL	63%	68%	81%	72%	73%	75%	60%	62%	68%	73%	74%	
B	94%	100%	90%	83%	94%	86%	100%	92%	100%	100%	96%	
G	50%	0%	100%	50%	20%	50%	13%	0%	0%	67%	60%	
H	0%	100%	67%	100%	100%	100%	50%	50%	100%	100%	100%	
HN	0%	0%	100%	50%	25%	60%	50%	50%	17%	20%	50%	
LGI	0%	46%	25%	45%	11%	25%	12%	40%	55%	33%	43%	
UGI	50%	56%	-	25%	0%	0%	20%	29%	25%	0%	0%	
L	43%	100%	77%	78%	67%	80%	50%	63%	93%	80%	50%	
S	78%	83%	91%	100%	85%	90%	83%	67%	77%	73%	71%	
U	25%	11%	74%	79%	69%	81%	83%	88%	77%	73%	58%	

Figures are subject to change as patient notes are updated.



December 15 Position by Tumour Site – Number of cases for Month
 Note: where the Patient is a SHARED treatment with another Trust, NHST carry 0.5 weighting for patient's wait.

- (B) Breast Cancer – 24 patients treated
- (G) Gynae Cancers – 2.5 patients treated
- (H) Haematological Cancers – 2.0 patients treated
- (HN) Head/Neck Cancer – 1.0 patients treated
- (LGI) Lower Gastrointestinal Cancer – 3.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 0.5 patients treated
- (L) Lung Cancer – 5.0 patients treated
- (S) Skin Cancer – 12.0 patients treated
- (U) Urological Cancer – 13 patients treated

Mental Health & Learning Disability

MHLD

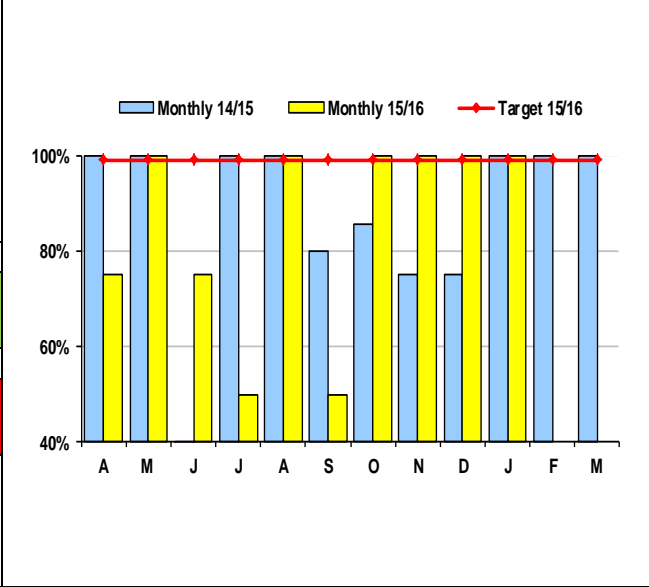
Patient Discharge LD - From April 2015, ensure that 99% of all Learning Disability Discharges take place within 7 days of the patient being assessed as medically fit for discharge.

CAUSES / ISSUES IMPACTING ON PERFORMANCE
3 patients discharged during January, 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 (%)												
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM
100%	100%	75%	100%	75%	50%	100%	50%	100%	100%	100%	100%	↔

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



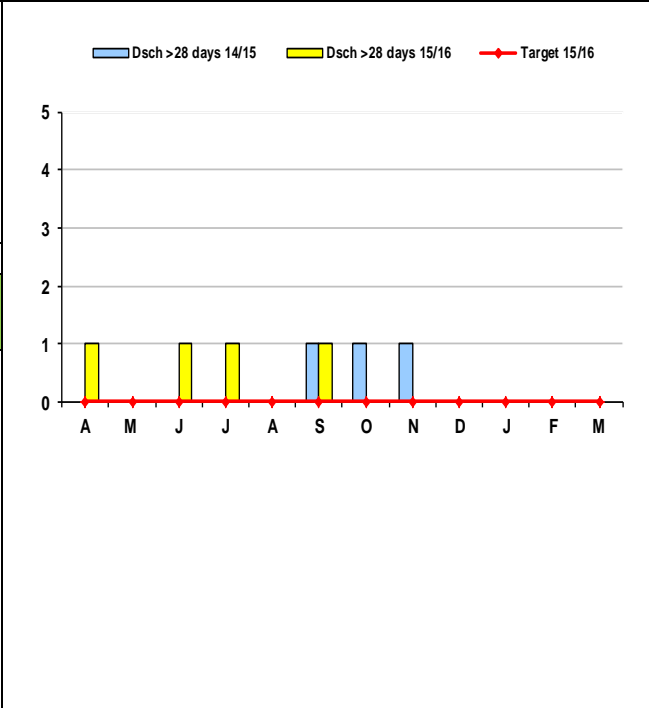
MHLD

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 January.

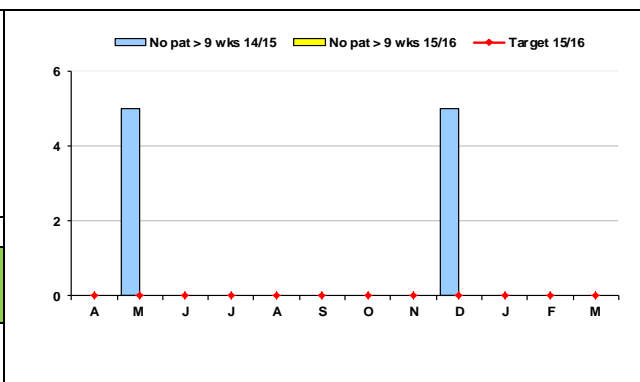
FORECAST IMPACT ON PERFORMANCE
There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.

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

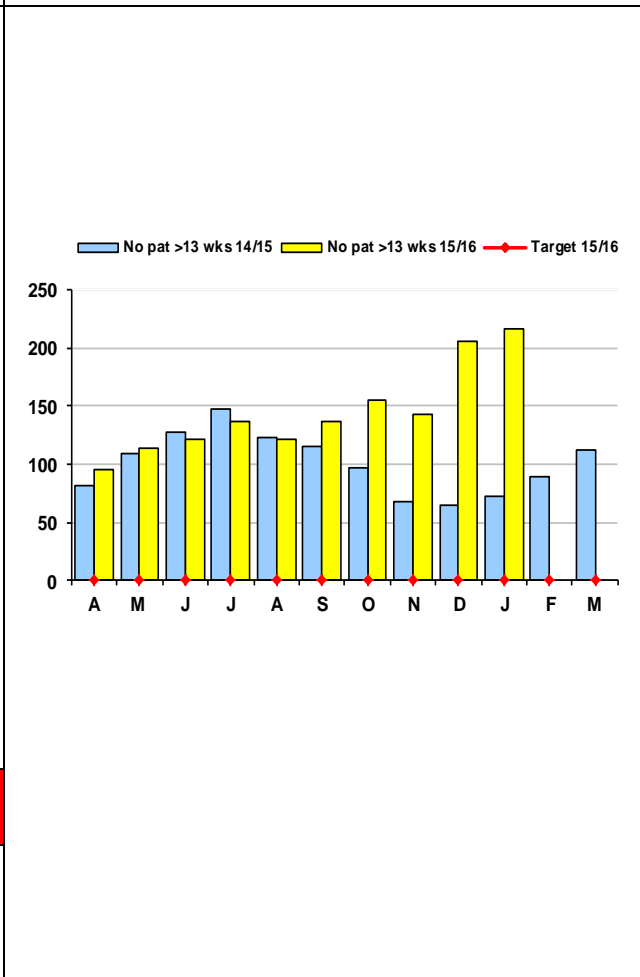


MHLD	Patient Discharge MH - From April 2015 99% of patients admitted as Mental Health inpatients for assessment & treatment are discharged within 7 days of decision to discharge.	CAUSES / ISSUES IMPACTING ON PERFORMANCE 71 patients discharged during January, 0 > 7days.																									
		ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur.																									
		Monthly Position (%)																									
		<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>100%</td><td>↑</td></tr> </tbody> </table>		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	99%
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	99%	100%	↑															
Cumulative Position (%)																											
<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>99%</td><td>↔</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	100%	100%	100%	99%	99%	99%	99%	99%	100%	99%	99%	99%	↔	
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
100%	100%	100%	99%	99%	99%	99%	99%	100%	99%	99%	99%	↔															
Following data validation exercise figures have been amended from July - November 2014.																											
CAUSES / ISSUES IMPACTING ON PERFORMANCE 0 patients discharged > 28 days in January.																											
ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor all patients to ensure breaches do not occur in the future.																											
FORECAST IMPACT ON PERFORMANCE Continue to achieve monthly target.																											
Monthly Position																											
<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>0</td><td>↔</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	0	0	0	1	0	0	0	0	0	0	0	0	↔	
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
0	0	0	1	0	0	0	0	0	0	0	0	↔															
CAUSES / ISSUES IMPACTING ON PERFORMANCE 2 breaches were identified within the eating disorder services in June and 2 in July																											
ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.																											
FORECAST IMPACT ON PERFORMANCE Continue to anticipate any potential breaches.																											
Monthly Position																											
<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>0</td><td>↔</td></tr> </tbody> </table>	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	0	0	0	0	2	2	0	0	0	0	0	0	↔	
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM															
0	0	0	0	2	2	0	0	0	0	0	0	↔															
Mental Health Waits - From April 2015 no patient waits longer than 9 weeks to Access mental health services (Adult)																											
CAUSES / ISSUES IMPACTING ON PERFORMANCE 2 breaches were identified within the eating disorder services in June and 2 in July																											
ACTIONS BEING TAKEN WITH TIME FRAME Continue to monitor waiting times closely and to implement CAPA approach by offering 'choice' appointments to service users.																											
FORECAST IMPACT ON PERFORMANCE Continue to anticipate any potential breaches.																											
Monthly Position																											
<table border="1"> <thead> <tr> <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>Jan</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>0</td><td>↔</td></tr> </tbody> </table>		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	0	0	0	0	2	2	0	0	0	0	0	0	↔
Feb		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM														
0	0	0	0	2	2	0	0	0	0	0	0	↔															
Mental Health Waits - From April 2015 no patient waits longer than 9 weeks to Access mental health services (Adult)																											

MHLD	Dementia Waits - From April 2015 no patient waits longer than 9 weeks to Access dementia services.	CAUSES / ISSUES IMPACTING ON PERFORMANCE Target continues to be met. ACTIONS BEING TAKEN WITH TIME FRAME Continue to work with the team to reduce waiting times. FORECAST IMPACT ON PERFORMANCE Continue to meet the target and anticipate any potential breaches.											
		Monthly Position											
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
0	0	0	0	0	0	0	0	0	0	0	0	↔	



MHLD	Psychological Waits - From April 2015, no patient waits longer than 13 weeks for psychological therapies (any age)	CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance is now being impacted by 3 separate services – PTS (Psychology of MH) – Position has begun to improve somewhat over January due to locum cover and additional hours being offered to staff. There are still vacancies in the service which are in recruitment which continue to impact on available capacity. However it is likely that we will be in a position to offer all posts due to high level of interest in application to work in the service. Locum cover (in place from January 2016 to March 2016 as part of WL initiative) will lead to continued reduction in the number of breaches over February. However a high level of demand for the service in November will impact on breaches in end of Feb / March return. 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. 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. Learning Disability (adult and children) – 2wte of the 4 wte posts are currently vacant – maternity cover not possible and 1 vacancy currently advertised. It has not been possible to identify a locum with the skills for this post at present. However some staff are offering additional hours which is leading to increased number of initial assessments being taken off WL.											
		ACTIONS BEING TAKEN WITH TIME FRAME Ongoing engagement with referring agents re other models of provision during periods of reduced capacity within the service.											
		FORECAST IMPACT ON PERFORMANCE Breaches will reduce when all vacant posts are filled & additional capacity is in place.											
Patients >13 Weeks at Month End													
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	
89	112	96	114	122	136	122	136	155	143	206	216	↓	



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 Please note that there have been no breaches since the August 2015 report. No further breaches are anticipated assuming referral rates remain in line with historic rates.</p>																								
		<p>Patients >9 Weeks at Month End</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <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>Jan</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>0</td><td>↔</td> </tr> </tbody> </table>		Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	111	95	89	95	89	70	20	0	0	0
Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM														
111	95	89	95	89	70	20	0	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 1525 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> </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 1413 954"> <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.

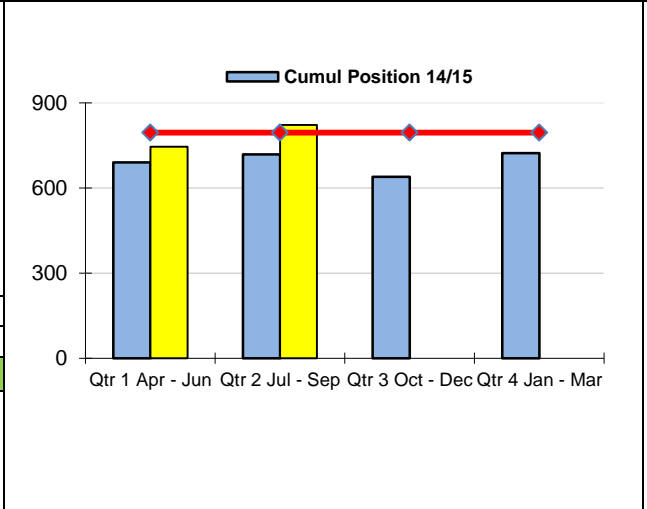
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Carers declining assessments

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.

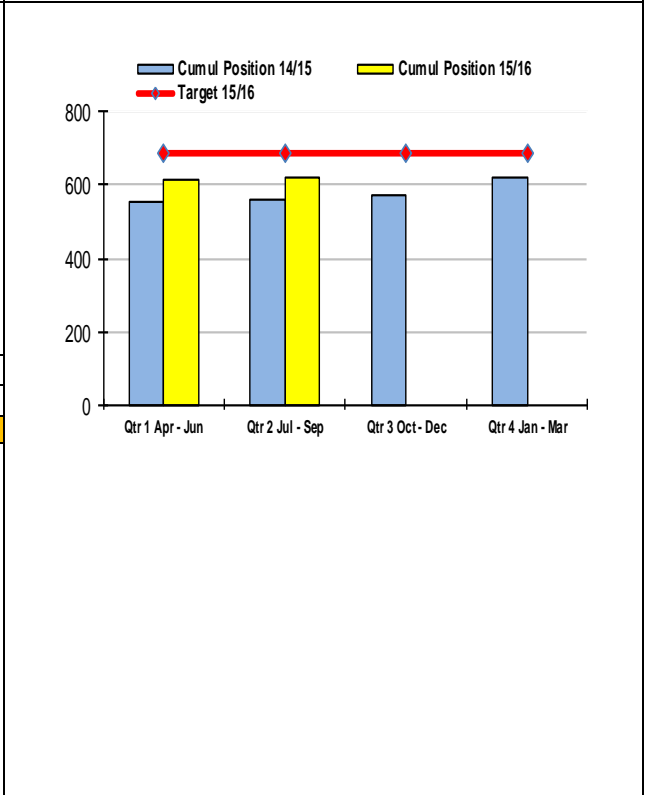
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Feedback from service users would indicate that the PCCOPS client group find the process of employment and financial accountability difficult.

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

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

Monthly Position												
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.	<p>The Trust has established Programme Management arrangements to take forward the work under TYC.</p>	
NUE	Normative Staffing - By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.	<p>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.</p>	

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	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Self Harm	A8. Number of new & unplanned review attendances at ED due to deliberate self harm.	142	129	138	125	89	136	144	146	150
Alcohol-related Admissions	A14 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	161	137	145	154	137	167	139	139	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	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
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)	19343	28679	38581	48319	57945	68270	78350	88943	99422
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)	40645	61709	84192	107228	130039	154638	178569	203937	230184
Reablement	B5. Number of client referrals (i) passed to re-ablement and (ii) number of clients who started on a re-ablement scheme.	227	231	203	189	208	231	216	217	
		57	78	59	55	55	66	47	43	
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.	98%	99%	98%	99%	99%	98%	100%	99%	99%
		93%	97%	94%	86%	91%	93%	90%	94%	93%
Hearing Aids	B9. Number of hearing aids fitted within 13 weeks as a percentage of completed waits.	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	29% fitted < 13 wks

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Wheelchairs	B10. Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). <i>Target achievement dependant on Belfast Trust.</i>	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	72% 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.	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	83% Within 16 wks
Resettlement	B12. Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital)	9	8	7 (1 commenced)	7 (1 commenced)	7 (1 commenced)	6 (1 commenced)	6 (1 commenced)	6 (1 commenced)	6
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)	69	100	94	94	91	89	70	57	83
Autism / ASD	B14. Number diagnosed with Autism / ASD (under 18)	29	39	30	38	56	56	58	36	67
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	84	77
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%	61%	64%	65%	66%	72%	77%	83%	82%
Mortality	B23. Summary Hospital-Level Mortality Indicator (SHMI)	Quarterly information will be available with approximately 6 months time lag.								

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
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									
Attendances At ED	B32. Number of GP Referrals to Emergency Department.	1962	2121	1842	1,925	1963	2184	2075	2032	2173	
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	1.9% 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	4.3% ANT 4.5% CAU 43.1% MUH
		>30 min – 1 hr	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	10.9% ANT 10.7% CAU 45.0% MUH
		>1 hr – 2 hrs	18.4% ANT 18.9% CAU 8.6% MUH	18.2% ANT 22.8% CAU 10.9% MUH	17.6% ANT 24.1% CAU 0.1% 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	18.8% ANT 21.4% CAU 11.6% MUH
		>2 hrs – 3 hrs	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	18.0% ANT 16.8% CAU 0.3% MUH
		>3 hrs – 4 hrs	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	15.7% ANT 12.7% CAU
		>4 hrs – 6 hrs	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	14.0% ANT 16.4% CAU
		>6 hrs – 8 hrs	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	7.9% ANT 8.5% CAU
		>8 hrs – 10 hrs	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	4.6% ANT 4.8% CAU	4.8% ANT 6.0% CAU	5.3% ANT 4.9% CAU
		>10 hrs – 12 hrs	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	3.4% ANT 3.7% CAU
		>12 hrs – 14 hrs	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	0.2% ANT 0.0% CAU
		>14 hrs – 16 hrs	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	0.2% ANT 0.1% CAU
		>16 hrs – 18 hrs	0.2% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.0% ANT	0.1% ANT	0.4% ANT	0.2% ANT	0.2% ANT 0.1% CAU
	>18 hrs	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	1.1% ANT 0.2% CAU	

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
Attendances At ED	B34 a. Number & percentage of attendances at ED triaged within 15 minutes.	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	4752 88% ANT 2483 76% CAU	
Attendances At ED	B34 b(i). Time from arrival to initial assessment for ambulance arrivals at ED.	ANT ED – Median	7	6	6	7	6	6	6	5	6
		ANT ED – 95 th Percentile	20	19	20	22	17	18	18	17	18
		ANT ED – Maximum	60	63	45	252	42	34	48	32	46
		CAU ED – Median	10	10	8	10	9	12	11	12	11
		CAU ED – 95 th Percentile	35	39	29	38	29	41	39	42	35
		CAU ED - Maximum	90	116	113	92	130	118	145	137	103
	B34 b(ii). Time from arrival to initial assessment for all arrivals at emergency department.	ANT ED – Median	8	7	7	8	8	8	7	7	7
		ANT ED – 95 th Percentile	23	21	23	25	22	23	22	21	21
		ANT ED – Maximum	477	110	57	252	103	56	186	258	313
		CAU ED – Median	10	11	8	11	9	12	11	12	10
		CAU ED – 95 th Percentile	31	36	28	35	26	38	34	40	66
		CAU ED - Maximum	98	116	131	92	130	308	145	138	108
	B34c. Time from initial assessment to start of treatment in emergency department.	ANT ED – Median	106	95	74	84	70	65	76	73	54
		ANT ED – 95 th Percentile	366	366	329	326	293	290	298	292	243
		ANT ED – Maximum	543	585	519	486	477	470	643	661	441
		CAU ED – Median	57	45	38	44	26	39	39	49	43
		CAU ED – 95 th Percentile	318	294	264	302	235	278	231	232	250
		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	0.5%	0.3%	0.3%	0.4%	0.5%	0.3%	0.5%	0.4%	0.3%
		V. Urgent	10.6%	11.0%	12.2%	12.4%	12.7%	13.7%	14.0%	13.4%	14.0%
		Urgent	44.7%	44.8%	44.3%	43.1%	43.5%	46.2%	45.1%	44.1%	44.5%
		Standard	42.9%	41.2%	40.8%	42.8%	41.5%	44.7%	31.4%	30.8%	28.7%
		Non Urgent	1.3%	1.4%	1.3%	1.3%	1.8%	1.4%	0.9%	1.4%	2.0%
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	3.25	3.17	3.22	3:22	3:09	3:06	4:10	3:08	2:54
		ANT ED – 95 th Percentile	10.07	09.08	8.56	9:14	8:41	9:41	11:05	9:51	10:08
		ANT ED – Maximum	22.12	14.46	11.57	16:39	15:33	27:21	27:23	28:05	33:39
		CAU ED – Median	2.49	2.36	2.19	2:56	2:29	2:56	3:30	3:06	2:47
		CAU ED – 95 th Percentile	9.23	9.29	7.16	8:45	8:06	8:52	9:02	10:04	9:24
		CAU ED - Maximum	12.0	12.0	11.53	11:57	11:56	11:56	28:03	20:23	21:14
Attendances At ED	B39. Percentage of people who leave ED before their treatment is complete.	4.9%	5%	4.2%	4.1%	2.8%	3.6%	3.68%	3.5%	2.4%	
Attendances At ED	B40. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	4% ANT 8% CAU 1% MUH	4% ANT 7% CAU 1% MUH	3% ANT 7% CAU 2% MUH	4% ANT 6% CAU 2% MUH	4% ANT 5% CAU	4% ANT 7% CAU	3% ANT 5% CAU	3% ANT 6% CAU	2% ANT 5% CAU	

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
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)	1084	1356	1255	1141	1256	1407	1257	993	1114
GP Referrals	B43. Number of GP referrals to consultant-led outpatient services.	6666	7635	6978	6470	7340	7497	7108	6029	6596
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.	76.2%	82.9%	81.4%	88%	90%	82%	96%	95%	93%
Diagnostic Tests	B47. Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.	99.6%	99.1%	98.6%	99%	99.6%	99.2%	99%	98%	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)			218 (Oct – Dec)			
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)			61 (Oct – Dec)			
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	12.5%	15.6%	13.2%	10.3%	12.6%	11.6%	Information available 3 months in arrears	
		Long-term Conditions	9.9%	8.4%	11.4%	7.7%	12.0%	9.6%	Information available 3 months in arrears	
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.	26	31	39	28	25	26	34	33	22
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.	70	42	67	59	60	79	60	58	54
Stroke LOS	B61. Average or patients within the acute & elderly programme of care with a primary diagnosis of stroke.	14.4	11.5	13.4	12.3	15.1	9.8	14.7	13.8	11.1

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Specialist Drug Therapies	B62. Number waiting longer than 3 months to commence NICE approved specialist therapies for arthritis and psoriasis.*	Arthritis	3	0	0	0	0	0	0	0
		Psoriasis	N/A	3	0	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.	0.77	0.67	0.70	0.70	0.61	0.40	0.60	0.64	0.49
Elective LOS	C5. Elective average length of stay in acute programme of care.	3.1	3.1	2.7	3.2	3.5	3.2	3.8	3.3	2.7
Day Surgery Rates	C6. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	68%	70%	68%	69%	70%	70%	70%	70%	70%
Cancelled Ops	C7. Percentage of operations cancelled for non-clinical reasons.	4.3%	2.9%	2.3%	1.5%	1.2%	2.6%	4.3%	4.5%	4.8%
Elective Admissions	C8. Percentage of patients admitted electively who have their surgery on the same day as admission.	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)	1.72	1.83	1.89	1.88	1.84	1.82	1.80	1.76	1.82
Outpatient DNA's	C10. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	7.1%	6.4%	7.1%	6.6%	6.1%	6.0%	6.0%	6.7%	6.7%
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)	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 11.9% rev	7.0% new 12.0% rev	5.5% new 11.1% rev	8.8% new 13.5% rev	6.4% new 12.2% rev
	C11 c. Ratio of new to review outpatient appointments cancelled by the hospital. (Excludes VC's Attendances)	2.4	3.1	2.7	3.0	3.5	3.1	3.6	2.7	3.5
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.	1151 (8.2%)	1082 (6.8%)	1120 (8.0%)	928 (6.8%)	744 (5.8%)	913 (5.7%)	864 (5.3%)	996 (6.5%)	Information presented one month in arrears

3.0 Quality Standards & Performance Targets

3.3 Additional Indicators in Support of Commissioning Plan Targets

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
Children	From April 2015 all children admitted to residential care will have, prior to their admission. (a) been subject to a formal assessment	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)	75% (3 of 4)	
	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	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)	67% (2 of 3)	
	Residential Care Leavers aged 16, 17 and 18 who are in Education, Training or Employment within one year of leaving care.	100%	82%	88%	55%	58%	100%	83%	86%	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	88%	86%	100%	100%	94%	79%	93%	83%	90%	
	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.	85%	80%	87%	94%	99%	99%	93%	90%	99%
		Family Support (initial assessment) – completed within 10 working days from date referral allocated to the SW.	49%	39%	44%	54%	54%	54%	41%	40%	44%
		Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days.	48%	44%	40%	68%	85%	50%	25%	53%	43%

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days	96	90	95	92	77	63	40	40	35
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention.	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	Assess 469 > 13 wks Inter 9 > 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%	95%	99%	96%	99%	99%	99%	100%
Pre-op Assessment	From Apr 12, all surgical patients should have a pre-op assessment	69%	66%	67%	65%	60%	69%	(Information from PMSI 3 months in arrears)		
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.	11945	11762	11705	13814	10923	10489	11769	8934	8250
New Outpatient DNA's	Rate of new outpatient appointments where the patient did not attend. (Exc. Independent Sector & VC's attendances)	4.5%	4.0%	4.8%	4.7%	4.4%	4.5%	4.3%	5.0%	5.3%
Acute Environmental Cleanliness	Comply with 85% cleanliness target	93%	95%	94%	93%	94%	94%	94%	93%	94%
Clinical Coding	95% coding within 31 days	97% 04/6/15	98% 07/7/15	98% 04/8/15	98% 08/9/15	99% 08/10/15	99% 06/11/15	99% 04/12/15	95% 12/01/16	99% 04/02/16
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	99% 04/02/16
Foster Care	(2014/15 G1). Percentage of all foster care placements that are kinship care placements.	33%			34%			34%		
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			

Area	Indicator	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
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%
2nd February 2016 (44 weeks)	4778	3537	-1241	-26%	11600	11192	-408	-4%	16378	14729	-1649	-10%	50222	48848	-1374	-3%	75331	89397	14066	19%

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 44 weeks (2nd February 2016)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-13%	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	-47%			IPDC split not agreed- combined IPDC at -18%. Volumes mainly impacted by cancellations due to unscheduled pressures.	Decisions whether cancel patients due to unscheduled pressures are taken on an individual basis, taking into account the clinical urgency of the patient.
Gastroenterology	-20%	-31%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review .
General Medicine		-89%	-15%	Combined IPDC at +9%. Lack of demand for outpatient clinics.	Allocation of clinics under review .
General Surgery	-36%	-16%		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			-25%	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
Rheumatology	-61%			Limited requirement for IP management; combined IPDC at +29%.	
Urology	-73%	-15%	-34%	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	7691			
Variance on Previous Year	365	-406	563	352	821	407	169	844	426	-45			
% Variance on Previous Year	5%	-5%	7%	4%	12%	5%	2%	11%	6%	-1%			

Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	7688	15603	22787	30045	37091	44525	52935	60741	67416	75576	83451	91371
14/15	8030	16243	24773	32686	39664	48129	56916	64590	71358	79094	86742	95078	
Variance on Previous Year	342	640	1986	2641	2573	3604	3981	3849	3942	3518	3291	3707	
% Variance on Previous Year	4%	4%	9%	9%	7%	8%	8%	6%	6%	5%	4%	4%	
15/16	8395	16202	25295	33560	41359	50231	59187	67705	74899	82590			
Variance on Previous Year	365	-41	522	874	1695	2102	2271	3115	3541	3496			
% Variance on Previous Year	5%	0%	2%	3%	4%	4%	4%	5%	5%	4%			

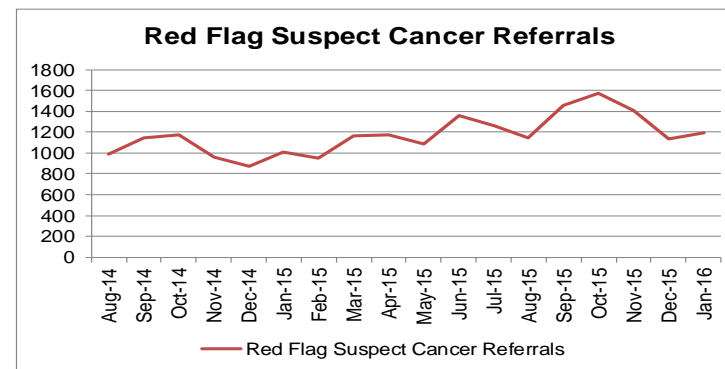
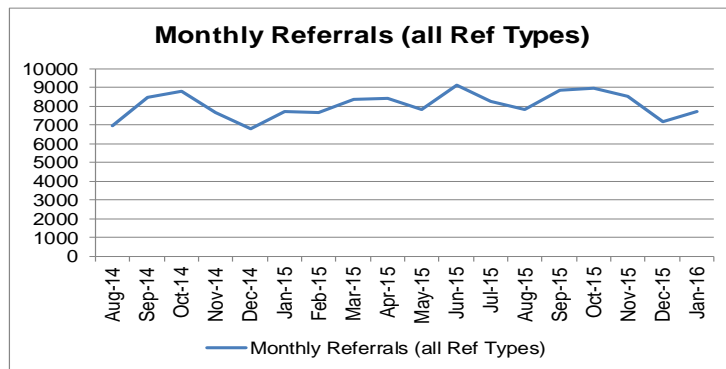
Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	821	932	880	980	959	921	1101	1014	874	1055	995	929
14/15	1065	1188	1294	1109	988	1144	1171	959	872	1006	949	1166	
Variance on Previous Year	244	256	414	129	29	223	70	-55	-2	-49	-46	237	
% Variance on Previous Year	30%	27%	47%	13%	3%	24%	6%	-5%	0%	-5%	-5%	26%	
15/16	1172	1084	1,356	1,258	1143	1,456	1,572	1,403	1134	1195			
Variance on Previous Year	107	-104	62	149	155	312	401	444	262	189			
% Variance on Previous Year	10%	-9%	5%	13%	16%	27%	34%	46%	30%	19%			

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

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

Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSC. Visiting Consultants excluded

January Figures obtained from Business Objects



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	6,405			77,942

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	3,367			44,353

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	9,772			122,297

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

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 January 2016	11775	2075	1222	2222	1558	2690	366	111	115	294	1122
% Directorate Absence (1 April 15 – 31 Dec 15)	7.19%	6.27%	6.50%	6.92%	8.32%	8.43%	5.20%	3.06%	4.36%	6.29%	8.22%
% Appraisal Compliance Figures as at 30 November 2015	80%	82%	73%	75%	87%	81%	77%	100%	99%	55%	82%

Update since last report

Absence

Sickness for the month of December is currently sitting at 7.47% however cumulative sickness absence has increased slightly to 7.19% at the end of December 2015 (Sickness absence for the corresponding period in 2014/15 was 7.56%). The target for the Trust is 7.35% which it appears we may achieve however our levels of absence are still unacceptably high. Progress in the attendance management action plan continues to be monitored at accountability reviews. There is a focus on embedding the changes within the managing attendance protocol including analysis of referral patterns and triaging with Occupational Health. Trusts are working together regionally to ensure consistency of reporting and recording in respect of sickness absence and to address particular issues such as late recording.

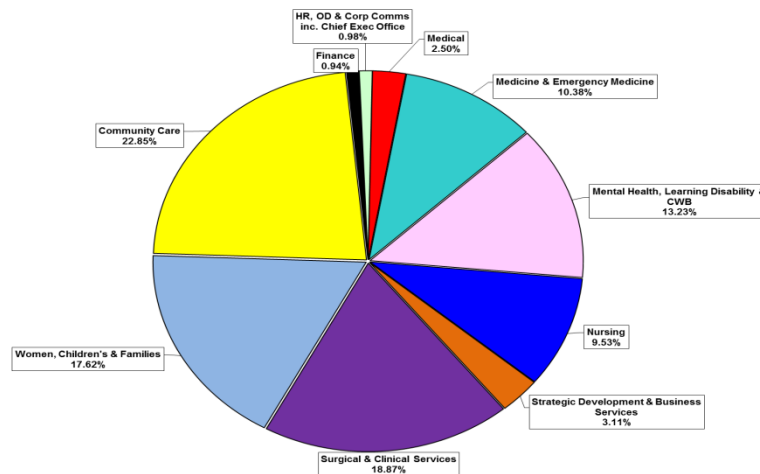
Staff Survey

An initial presentation of the findings of the staff survey in respect of the region (HSC) has been made to the Directors of HR and the regional working group which included a representative from Trade Union side on 9th February. We anticipate the Trust report will be available during the month of March. A schedule is currently being worked up in regard to communication of the findings regionally and within the Trust. We look forward to developing our action plan based on the key findings of the report. This is a key part of our employee engagement plan.

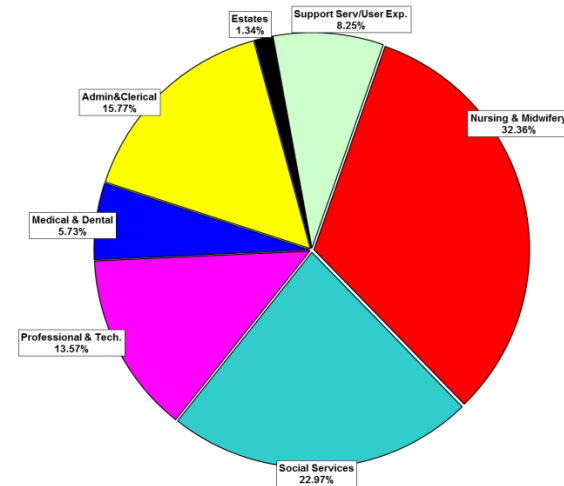
Appraisal

Returns as at 30 November 2015 show that 80% (78% at last return as of 31 June 2015) of our staff had an appraisal in the last 12 months. This is reassuring as it indicates sustained improvement throughout the year. DHHSPPS target is 80% compliance. We would wish to achieve beyond this target and again another key element of our staff engagement strategy.

Directorate/Division Percentage Headcount Breakdown as at 31 January 2016



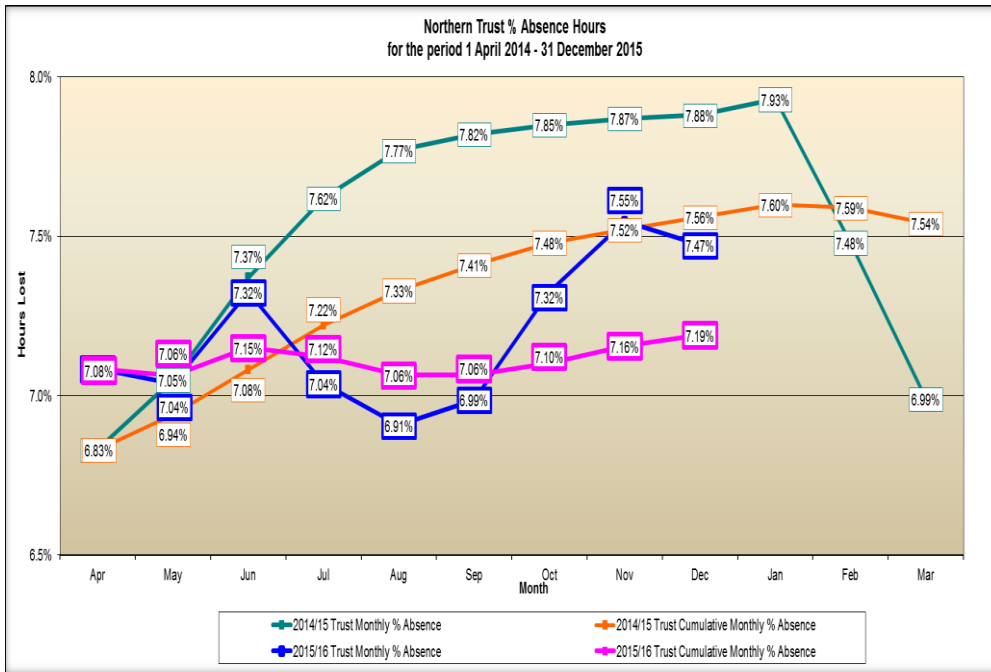
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 31 January 2016



5.0 WORKFORCE

5.1 Staff in Post, Staff Movement, Absence

Trust Absence Percentage
1 April 2014 – 31 December 2015



Northern HSC Trust
Number of Staff with Absence Spells for the 12 months ending
30 September 2015 and 31 December 2015

