



Northern Health
and Social Care Trust

TRUST BOARD PERFORMANCE REPORT

February 2016

Prepared & Issued by Planning & Service Improvement Unit – 21st March 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

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 has been received for diagnostics from Q4 2015/16, which will help address the significant demand-capacity gap in CT, MRI and Ultrasound, and further elective investment is anticipated in 2016/17. Efforts to recruit 3wte consultant radiologists to support 7 day working, including a European-wide trawl, have been unsuccessful to date. Future performance will be dependent on whether demand continues to rise.

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

Performance against the 4 hour target during February 2016 was 65% at Antrim hospital and 61% at Causeway hospital. Antrim ED had 140 twelve hour breaches during February compared to 112 the previous month. Cumulatively for the period April 2014 – February 2015 Antrim ED had experienced 469 twelve hour breaches compared to 761 twelve for the same period in 2015/16. Causeway Hospital had 4 twelve hour breaches during February compared to 12 the previous month.

Psychological Waits

At the end of February there were 204 patients waiting over 13 weeks. Performance continues to be impacted by 3 separate services. The demand for PTS (Psychology of MH) year to date is 8% higher than last year and there are still vacancies in the service which are in recruitment. Temporary additional capacity due to locum cover and assessment clinics is stabilizing the breach position 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. Locum cover in place from January 2016 to March 2016 as part of WL initiative will lead to an 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. Some staff however are offering additional hours which is leading to an increased number of initial assessments being taken off the WL which is stabilizing the breach position.

On-going actions include engagement with referring agents re other models of provision during periods of reduced capacity within the service. Capacity within the service is being flexed by offering assessment clinics and group based interventions are offered when clinically appropriate to do so. 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 Services continue to be delivered in partnership with the Western HSC Trust with the recommended integrated team due to be formally established on 1st April 2016 as Team Northwest.

Key Trust Challenges & Progress

Unallocated Cases

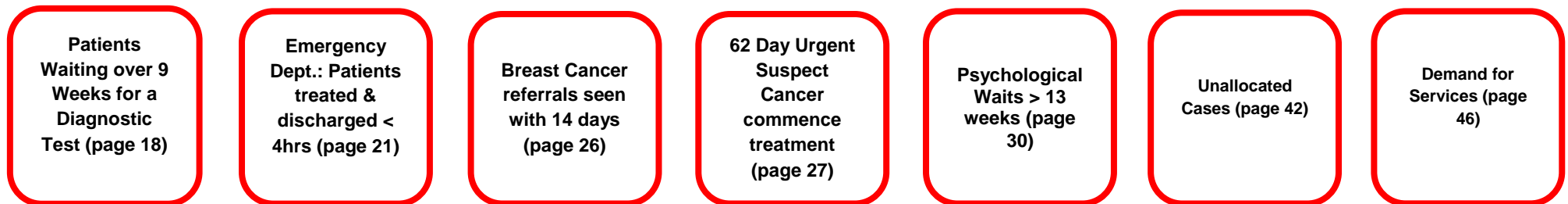
All Family Support & Disability referrals should be allocated to a social worker within 20 working days. Performance against this target has improved from 60 unallocated cases at the beginning of January 2016 to 22 unallocated cases at the end of February. A detailed demand/capacity exercise identified some inequities between Family Support and Intervention Teams in terms of staffing levels and the resulting re-allocation of some posts has enabled “hot spots” of unallocated cases to be addressed. Social workers and their managers have maintained a focus on the issue of unallocated cases for a sustained period now and examples of good practice developed and shared across teams.

Strengthened weekly monitoring systems have enabled managers to identify variations in practice between teams and further examination to identify and address the underlying reasons, careful consideration is given to social care governance arrangements and initial findings from newly developed caseload weighting. Monitoring arrangements are beginning to identify excessive workload pressures that will need to be kept under review and addressed as appropriate.

Demand and Elective Waiting Lists

For both Elective Inpatients and Day cases expected activity against SBA volumes at the end of February 2016 were below expected performance, with Elective inpatients 27% (n= 1400) below SBA target and Day cases 3% (n=359) 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 eleven months of 2015/16 to end of February red flag outpatient referrals shows 14,000 such referrals compared to 11,745 in the same period last year, an 18% increase - this has significant impact on waiting times.



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 **8,322** patient stories returned regionally, of which **1905** (22.9%) are NHSCT Returns. Stories continue to illustrate 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
- Paediatric Autism/CAMHS: (regional specialist project). Story collection commenced Jan 2016.

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	1429	502 (35.1%)	429	45	28
Northern Ireland Ambulance Service*	272	148 (54.4%)	141	5	2
Care in your own home	1423	169 (11.8%)	143	17	9
Staff Experience	254	22 (8.6%)	8	7	7
Autism/CAMHS	119	25 (21%)	Very Good/Good 6	Just OK 3	Poor/Very Poor 16

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

1.0 Service User Experience

1.3 Complaints / Compliments

January 2016 Position	Trust Total	Acute	Child	MH&D	Community	Finance	PPMSS	M&G	Nursing	Unknown
Number of Complaints	55	22	12	9	8	0	2	0	2	0
Complaints Responded to within 20 Days (%)	80%	86%	67%	56%	100%	n/a	100%	n/a	100%	n/a
Compliments Received	62	34	6	10	11	0	0	0	1	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.

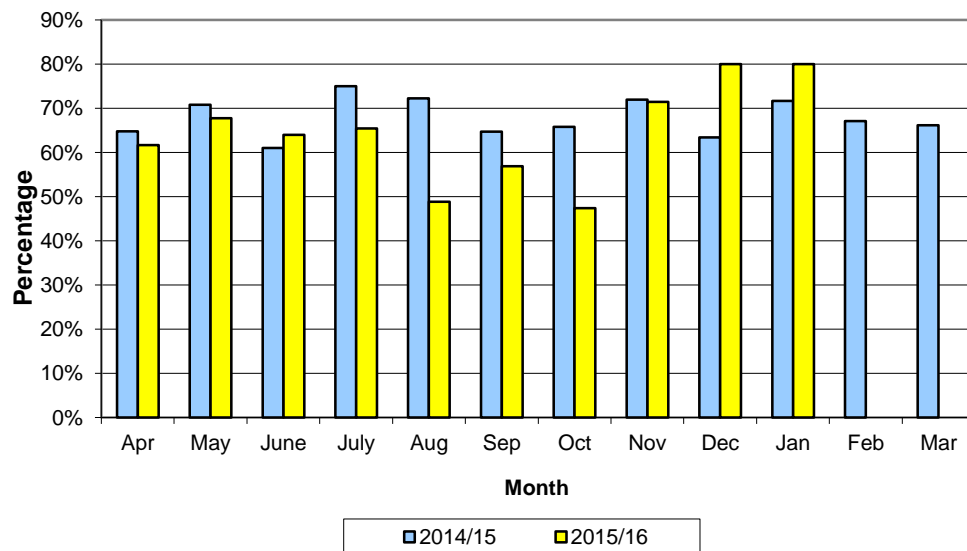
We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response/outcome is provided. We will continue to do our utmost to resolve complaints, however this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

During December 2015 there were 55 formal complaints, 1 of which has been reopened. Of these complaints 44 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 Waiting list, Delay/Cancellation Outpatient Appointment.

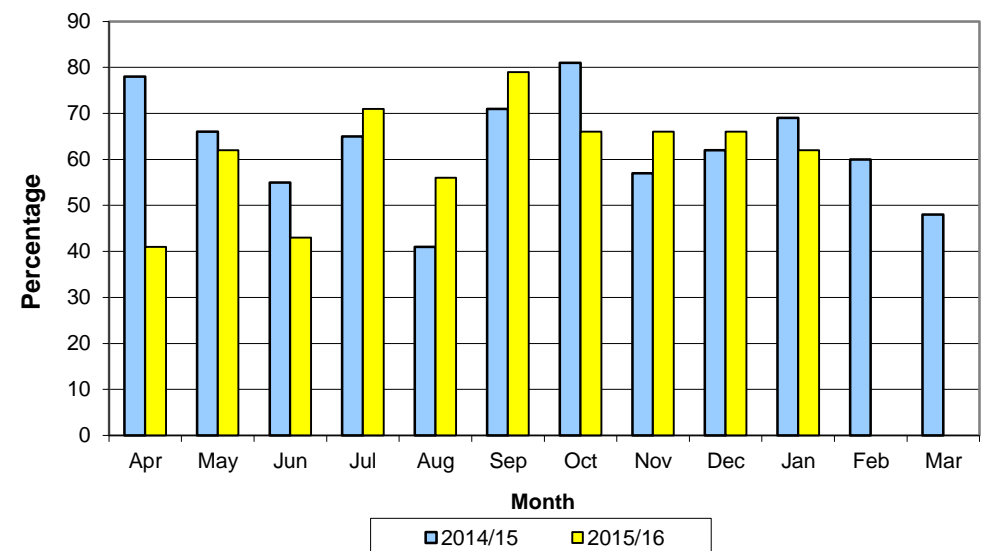
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

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	Dec 15	Jan 16	Feb 16	Cumulative Position as at 29 th February
No of MRSA cases	11	2	1	2	21
No. of CDiff cases	62	3	2	4	58
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 February 2016 the Trust has now breached this target with a total of 21 cases of MRSA bacteraemia detected. A breakdown of the figures indicate that 13 cases were identified within 24-48hrs (<48 hrs) of admission to hospital and 8 cases were identified more than 48 hours (>48 hrs) after hospital admission.

Trust total number of CDI cases at the end of February 2016 = 58 against a 2015/16 target of 59. A breakdown of these cases identify that 33 cases had an onset of diarrhoea within 48 hours of admission to hospital and 25 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 and long term indwelling devices. Work is continuing between Community Healthcare colleagues and PHA colleagues to address the community burden of MRSA and how it impacts on secondary care.

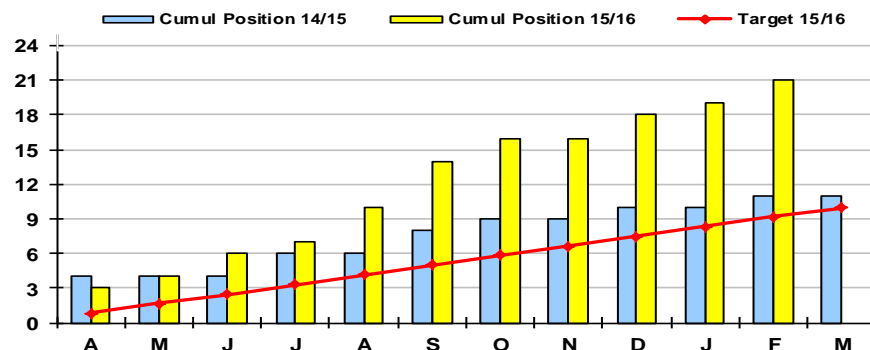
CDIFF – CDI cases continue to present challenges as early identification and isolation on clinical grounds is still proving difficult. In addition, due to current pressures the additional beds on Antrim site has reduced the minimum bed spacing; this continues to present challenges by increasing the risk of transmission. Clinical activity is still increased throughout the Trust which may impact on the calculation of targets originally set during periods of lower activity.

Actions being taken with time frame

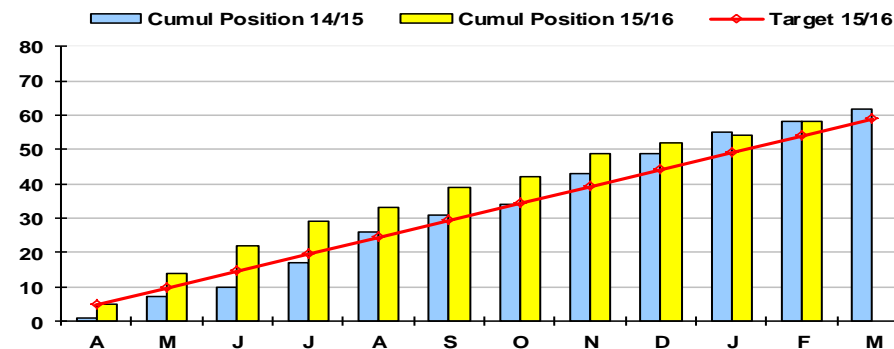
MRSA - Blood Culture technique training and Aseptic Non-Touch Technique (ANTT) on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes Infection Control element. Education and increased 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



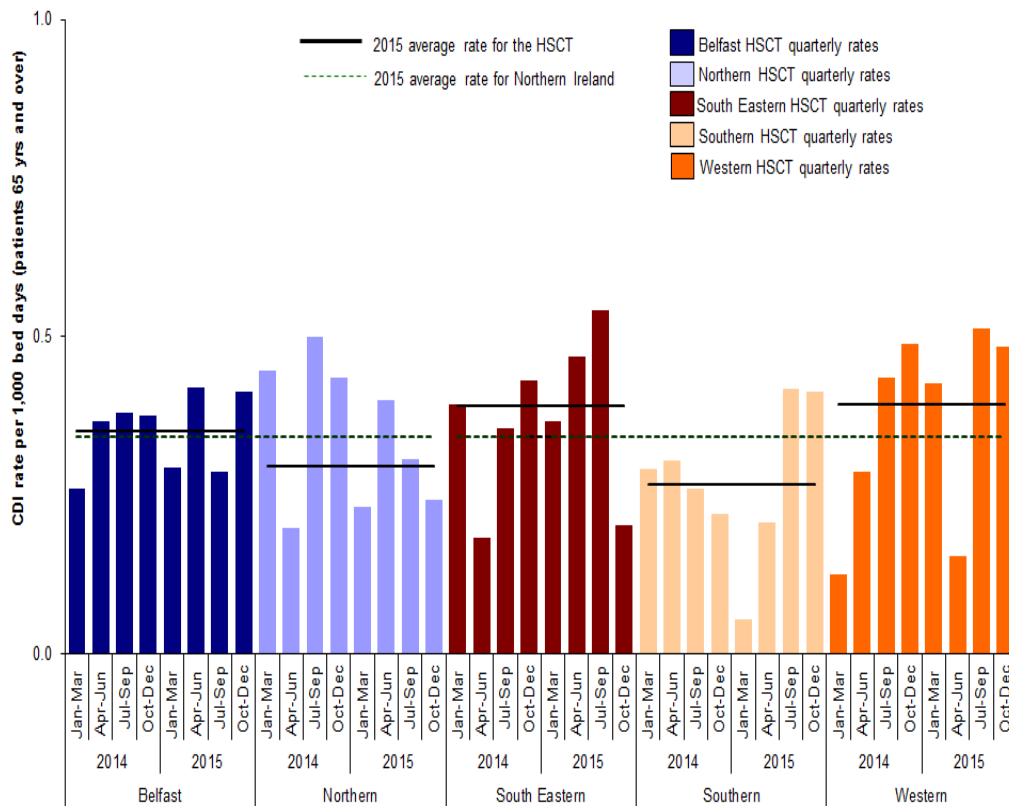
CDiff



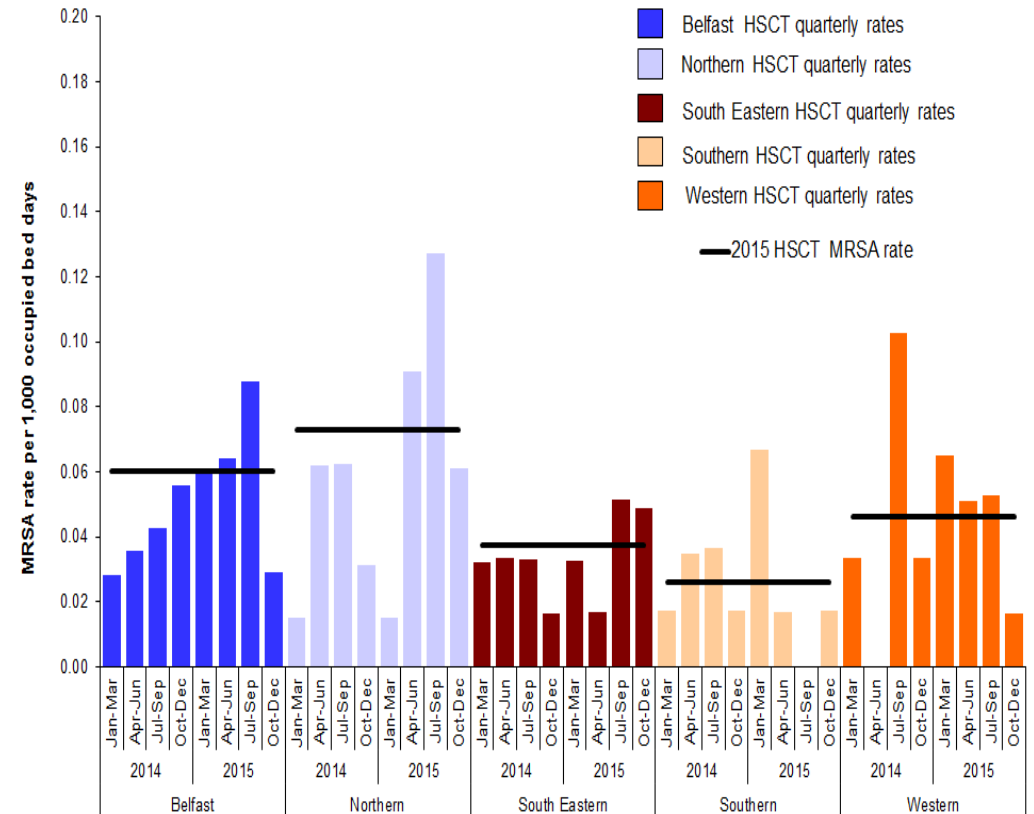
2.0 Safe & Effective Care

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	Nov 15	Dec 15	Jan 16
% Emergency Re-admissions within 30 Days	(not to exceed) 7.6%	7.0%	7.8%	7.4%
Number of 30 Days Emergency Re-admissions	(not to exceed) 329 mthly	362	382	362
% Emergency Re-admissions within 7 Days		2.8%	2.8%	3.0%
% Emergency Re-admissions within 8 – 30 Days		4.2%	5.0%	4.5%

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

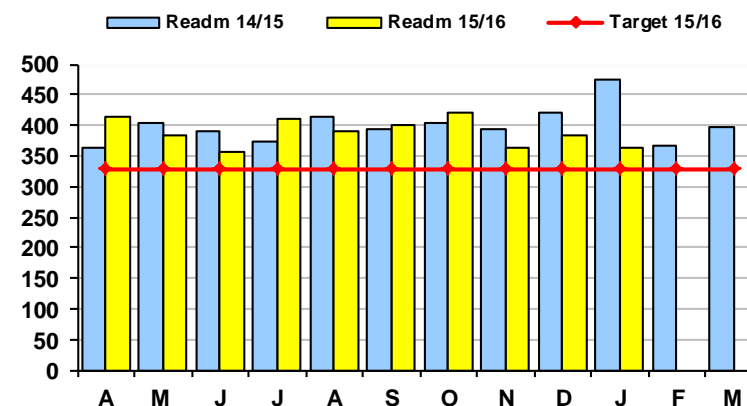
The Trust is enhancing Antrim Direct Assessment Unit during the rest of the financial year with the development of assessment pathways for surgery and care of the elderly.

FORECAST IMPACT ON PERFORMANCE

Under review

Emergency Readmissions within 30 Days

April '15 to January '16			
Hospital	All Admissions	Emergency Readmissions	% Readms Rate
Antrim	26545	2561	9.6%
Causeway	15365	1099	7.2%



2.0 Safe & Effective Care

2.3 Stroke

	15/16 Target	Dec 15	Jan 16	Feb 16
% Ischaemic Stroke receiving thrombolysis	(to achieve) 13%	11.5%	12.5%	12.5%
Number of emergency admissions with a primary diagnosis of stroke		58	54	52

% Ischaemic Stroke target for 14/15 was 12%

Causes/Issues that are impacting on performance

February 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.

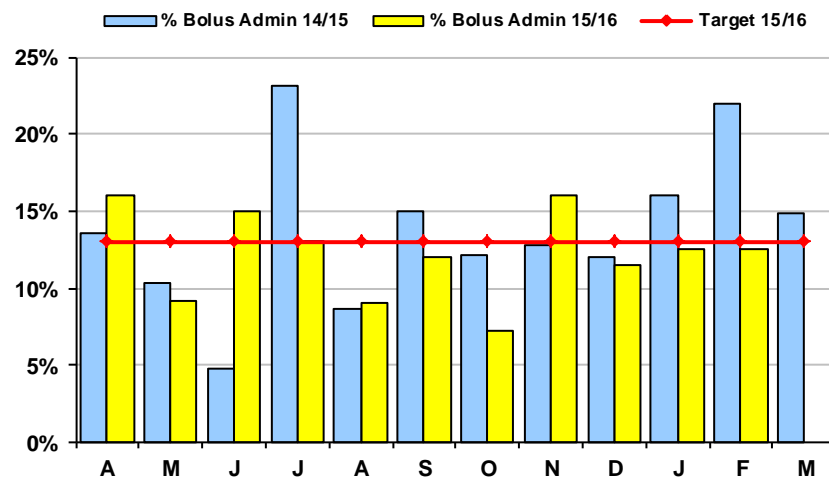
Actions being taken with time frame

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.

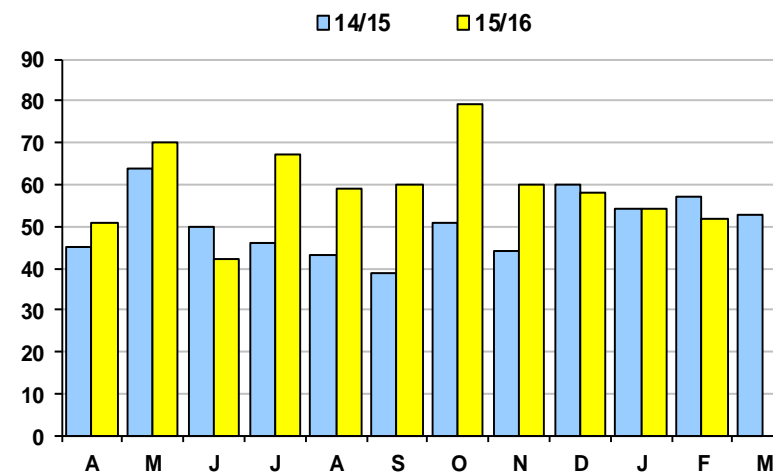
Forecast impact on performance

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	10
Number of hospital acquired pressure ulcers* that were unavoidable (grades 3 & 4)	2015/16 Trust target: 100%	10	7	6
Percentage of Wards that Fall Safe bundle has spread to (excluding Mental Health wards)	2015/16 95%	79%	93%	100%
Compliance with completion of malnutrition universal screening tool (MUST)	Target 95%	87%	91%	89%
		Nov 15	Dec 15	Jan 16
VTE - Compliance with Risk Assessment	Target 95%	92%	88%	90%

*Pressure Ulcers info includes Mental Health (MH) wards

-Figures are subject to change as reporting continues.

Causes/Issues that are impacting on performance

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

Falls – As at Quarter 3 2015/16, the Trust has achieved 100% spread of the FallSafe bundle to acute and sub-acute wards.

VTE – Audits on compliance with the completion of the VTE Risk Assessment continue to be carried out across the Trust. All 27 wards submitted data for February 2016, and the Trust achieved an overall score of 90% compliance with completion of VTE risk assessment.

Actions being taken with time frame

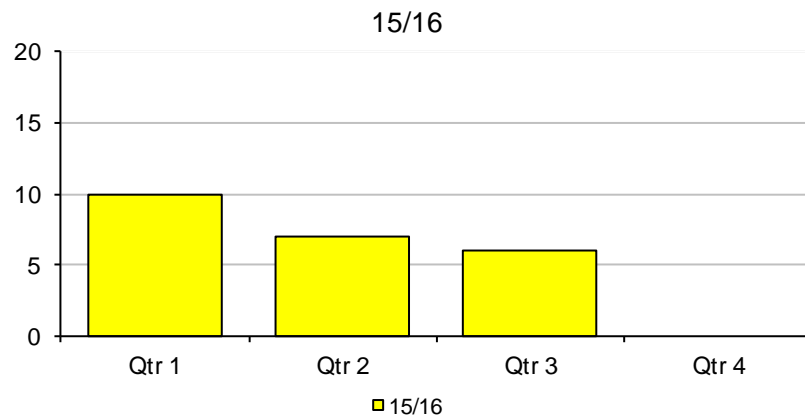
PU – An assessment tool (incorporating Root Cause Analysis) has now been finalised, which will assist with the multidisciplinary investigation of all pressure ulcers graded 3 & 4

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

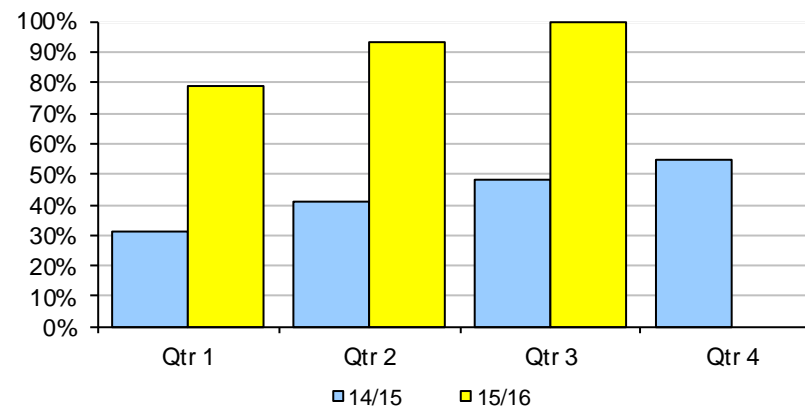
Forecast impact on performance

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

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



Percentage of Wards using FallSafe Bundle 15/16



2.0 Safe & Effective Care

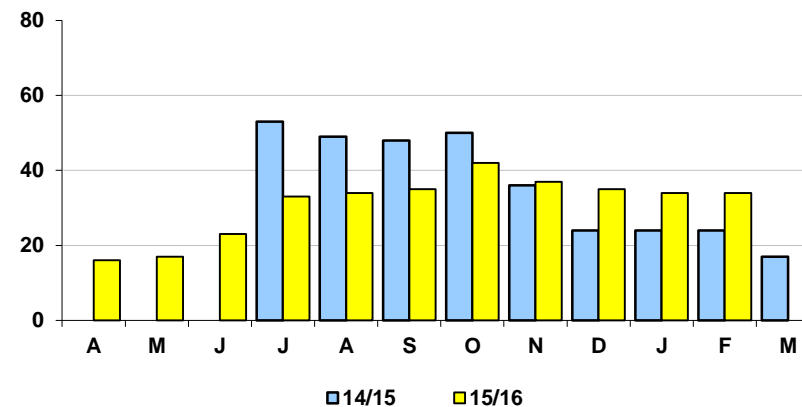
2.5 Serious Adverse Incidents

Level of Investigation	Number of SAI's Investigations Outstanding – February 2016								
	Trust Total	Acute	Child	MH&D	PCCOPS	Finance	PPMSS	M&G	Nursing
Level 1 (SEA)	20	3	12	5	0	0	0	0	0
Level 2 (RCA)	14	2	0	12	0	0	0	0	0
Level 3 (External)	0	0	0	0	0	0	0	0	0
Total	34	5	12	17	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	6
21-30 weeks	4
31-40 weeks	0
41-60 weeks	0
Over 60 weeks	1

Number of SAI's Outstanding



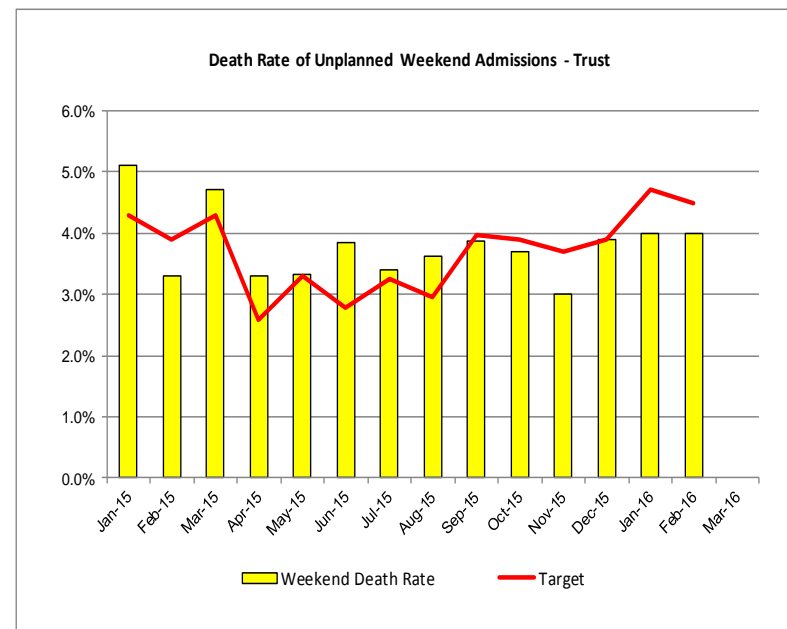
2.0 Safe & Effective Care

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.

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Trust	Weekday Death Rate	4.2%	2.5%	3.2%	2.7%	3.2%	2.9%	3.9%	3.8%	3.7%	3.9%	4.6%	4.4%
	Target	4.3%	2.6%	3.3%	2.8%	3.3%	3.0%	4.0%	3.9%	3.7%	4.0%	4.7%	4.5%
	Weekend Death Rate	4.7%	3.3%	3.3%	3.8%	3.4%	3.6%	3.9%	3.7%	3.0%	3.9%	4.0%	4.0%

Antrim	Weekday Death Rate	4.6%	2.3%	3.3%	2.7%	3.5%	3.2%	4.2%	4.0%	3.6%	4.6%	5.2%	5.1%
	Weekend Death Rate	5.4%	3.8%	3.2%	3.7%	3.5%	4.0%	3.7%	3.8%	3.5%	4.5%	4.3%	4.9%
Cause way	Weekday Death Rate	3.2%	3.1%	3.0%	2.6%	2.6%	2.0%	3.1%	2.8%	3.8%	2.6%	3.3%	3.1%
	Weekend Death Rate	3.0%	2.1%	3.6%	4.1%	3.2%	2.7%	4.3%	3.5%	1.7%	2.6%	3.4%	2.2%



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-Feb 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>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>Feb</th><th>TOPM</th> </tr> </thead> <tbody> <tr> <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>41%</td><td>↑</td> </tr> </tbody> </table>	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	46%	43%	41%	41%	38%	35%	36%	35%	35%	33%	35%	41%	↑	
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM																	
46%	43%	41%	41%	38%	35%	36%	35%	35%	33%	35%	41%	↑																	
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-Feb 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.																											
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Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM																	
8481	9338	9746	10624	11871	12652	13253	14154	14324	14676	12644	10221	↑																	

SCS / MEM / WCF

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.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Analysis of these cancellations shows that approximately 50% have no impact on a patient but are purely administrative changes. Of those that do affect a patient, about 25% are brought forward to an earlier date and 15% involve a change of appointment time or location but not date. The remaining 10% do result in a patient's appointment being delayed – 166 appointments fell into this category in Jan 2016. These are for a variety of reasons including consultant sick leave or a requirement to attend court at short notice; however there are some cancellations due to the requisite notice not being given for annual or study leave.

ACTIONS BEING TAKEN WITH TIME FRAME

The Directorate has reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at speciality level.

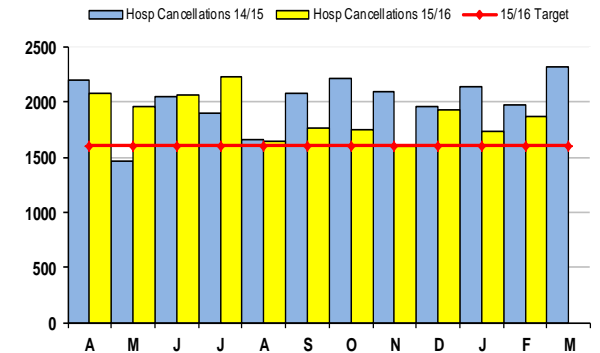
FORECAST IMPACT ON PERFORMANCE

Under review

Monthly Position

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM ↓
2314	2076	1962	2067	2229	1653	1768	1745	1595	1932	1741	1872	

2014/15 baseline used for 2015/16 target. (24,046 Cancelled, Target = No more than 1603 per month)
Target includes both new & review outpatient appointments.



SCS

Diagnostic Waits - From April 2015, no patient to wait > 9 weeks for a diagnostic test.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Diagnostic demand exceeds capacity across all modalities despite on-going delivery of SBA volumes across all modalities. Increased pressure of unscheduled care has taken precedence over elective care.

ACTIONS BEING TAKEN WITH TIME FRAME

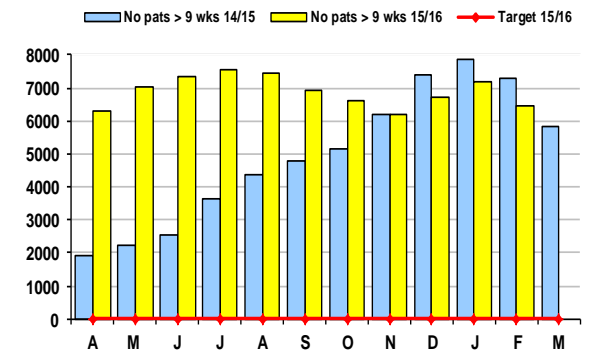
Non-recurrent elective access funding has been made available to reduce the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding is also expected for diagnostics from Q4 2015/16, which will help address the significant demand-capacity gap in CT, MRI and Ultrasound. Efforts to recruit 3wte consultant radiologists to support 7 day working, including a European-wide trawl, have been unsuccessful to date. Radiology agency cover will be needed to provide additional weekend and evening capacity due to shortage of suitably qualified radiologists

FORECAST IMPACT ON PERFORMANCE

Under review – dependent on whether demand continues to rise.

Monthly Position

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM ↑
5847	6298	7035	7364	7571	7421	6939	6604	6209	6712	7167	6470	



SCS

Endoscopy Waits -
From April 2015,
no patient to wait
> 9 weeks for a day
case endoscopy.

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.

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.

FORECAST IMPACT ON PERFORMANCE

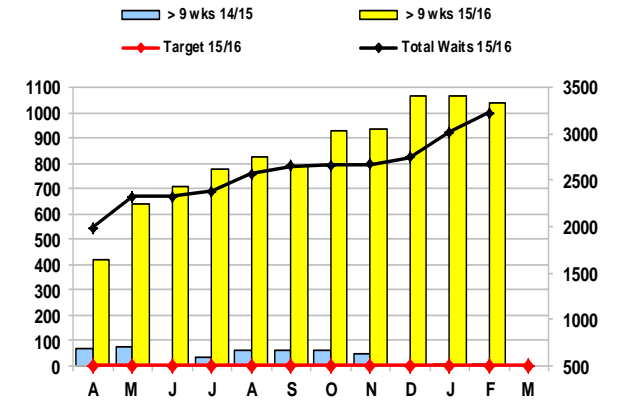
The Trust is working with the Board to agree how best to address the competing demands from routine, red flag, planned and unscheduled patients

Core & Independent Patients waiting > 9 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
0	420	640	707	780	823	793	926	935	1064	1063	1037	↑

Total Core & Independent Endoscopy Patients Waiting

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1588	1985	2325	2320	2383	2570	2654	2661	2670	2747	3016	3228



SCS

Diagnostic Tests -
From April 2015,
all Urgent
diagnostic tests are
reported on within
2 days of the test
being undertaken.

CAUSES / ISSUES IMPACTING ON PERFORMANCE

There is a significant Reporting Capacity-demand gap.

ACTIONS BEING TAKEN WITH TIME FRAME

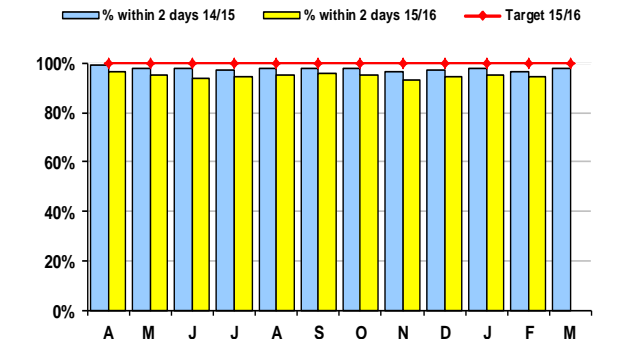
Efforts to recruit 2wte consultant radiologists to support reporting have been unsuccessful to date.

FORECAST IMPACT ON PERFORMANCE

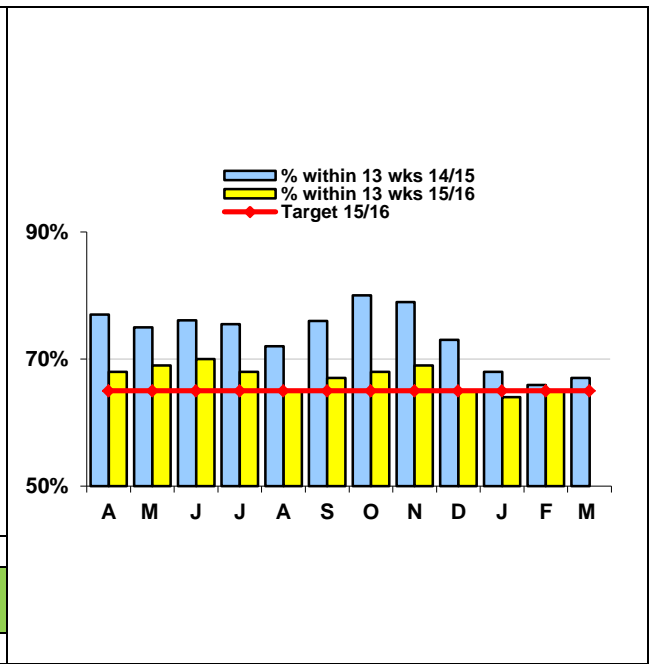
The full demand cannot be met with the existing core team and it is anticipated that performance will remain below 100%.

Monthly Position

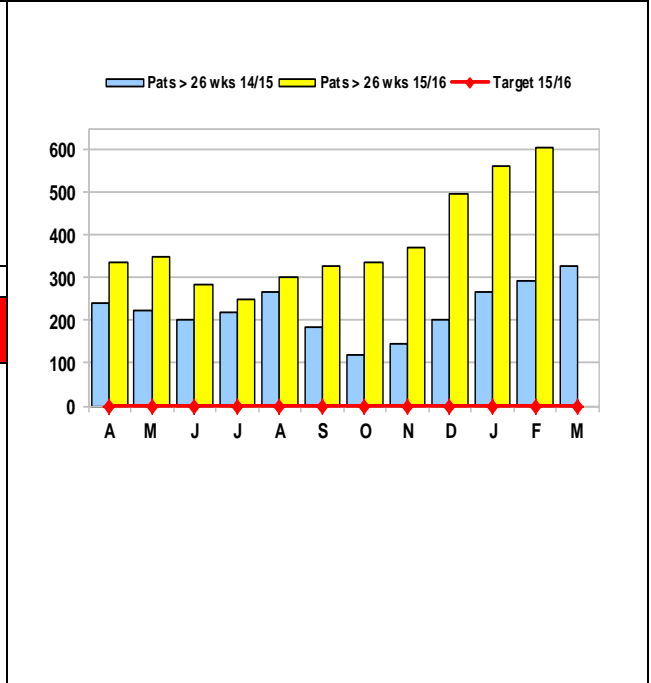
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
98%	97%	96%	94%	95%	95%	96%	95%	93%	94%	95%	94%	↓



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 372 procedures deferred during Apr-Jan 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																										
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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>																									
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Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM															
329	338	349	284	248	300	326	338	370	498	560	604	↓															



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

Across the last quarters of 15/16, the Trust has been able to implement a number of reform initiatives that have been designed to ease pressure on Antrim's ED. The new Emergency Nurse Practitioner (ENP) Self Select Stream has improved four hour performance across the minor injury pathway by allowing patients to be seen by an ENP in the first instance without the need to undergo the traditional process of initial nurse triage. The clinical scope, capacity and operational hours of Antrim's Direct Assessment Unit (DAU) has been expanded so that the Unit can accept more unscheduled care patients - be they referred from their GP or the ED itself. Aligned to the DAU, and the wider ED, is a new 'Early Intervention Team' of Occupational Therapists, Physiotherapists and Social Workers providing a rapid seven day assessment service to help reduce the need for patient admission.
 Through the outworkings of its the RAMP programme, the Trust is also putting in place a number of workstreams designed to improve the flow of unscheduled care patients across both Antrim and Causeway hospital. The Trust will be enhancing the assessment capacity of Antrim hospital and the spatial limitations hampering the provision of care at Causeway hospital. Across both sites the Trust will be reviewing, and where necessary bolstering, the medical pathways as a means to decongest both ED's and improve the accessibility of care.
 The Trust will also be putting in place steps to identify complex delay patients earlier in their unscheduled care journey to improve the quality of care afforded to patients and reduce their inpatient length of stay..

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

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

Total Attendances

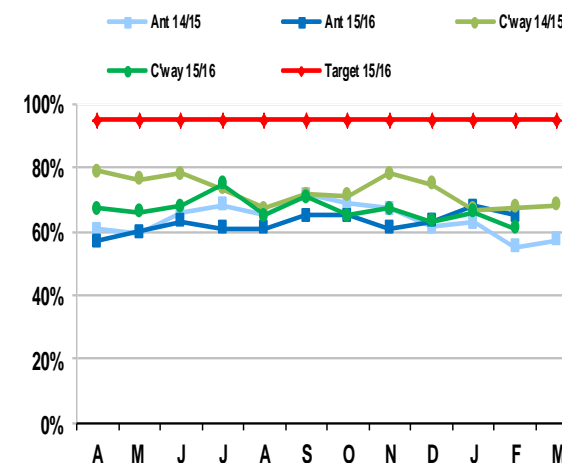
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
6509	6355	6633	6590	6441	6443	6580	6684	6475	6347	6405	6374

Causeway Monthly Position

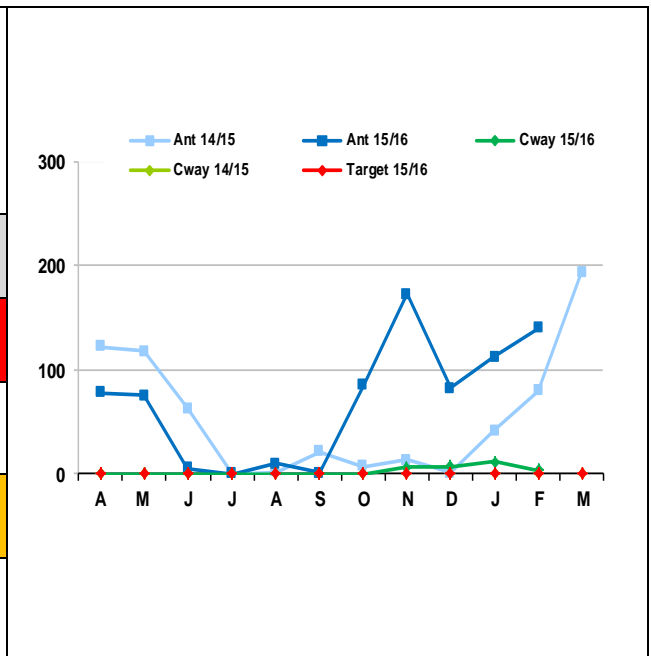
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
68%	67%	66%	68%	75%	65%	71%	65%	67%	63%	66%	61%	↓

Total Attendances

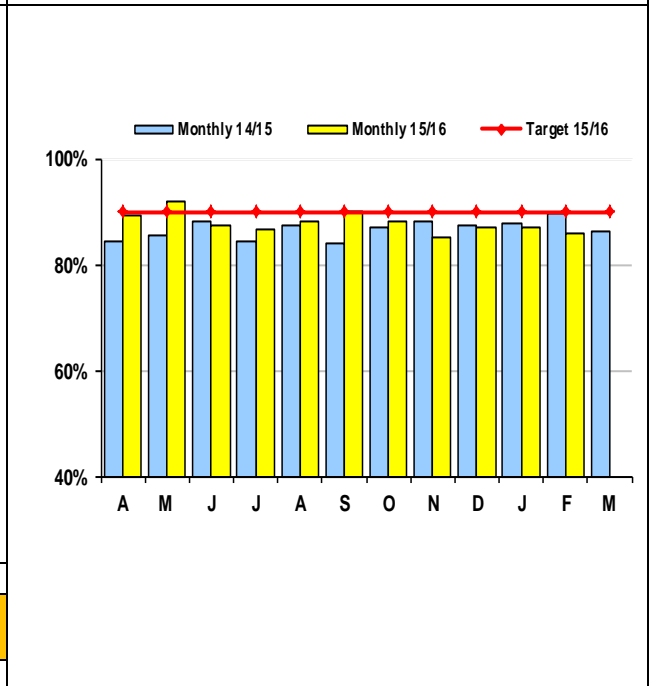
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3567	3873	3780	3845	3797	3896	3562	3923	3478	3440	3368	3382



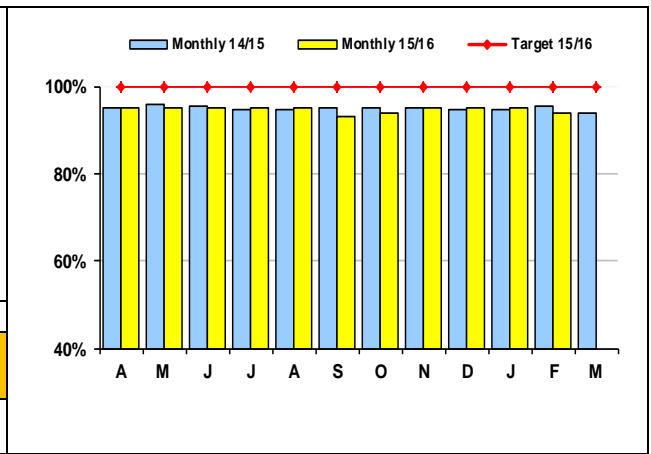
MEM	<p>Unscheduled Care - From April 15, no patient should wait longer than 12 hours in A&E dept to be treated, discharged home or admitted.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE As per 4-hour target.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME As per 4-hour target.</p> <p>FORECAST IMPACT ON PERFORMANCE As per 4-hour target.</p> <p>Antrim ED Monthly Position for > 12 Hours</p> <table border="1"> <tr> <th>Mar 14</th><th>Apr 14</th><th>May 14</th><th>Jun 14</th><th>Jul 14</th><th>Aug 14</th><th>Sept 14</th><th>Oct 14</th><th>Nov 14</th><th>Dec 14</th><th>Jan 15</th><th>Feb 15</th><th></th> </tr> <tr> <td>175</td><td>122</td><td>118</td><td>63</td><td>0</td><td>2</td><td>21</td><td>7</td><td>13</td><td>1</td><td>42</td><td>80</td><td></td> </tr> </table>												Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15		175	122	118	63	0	2	21	7	13	1	42	80	
		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15																										
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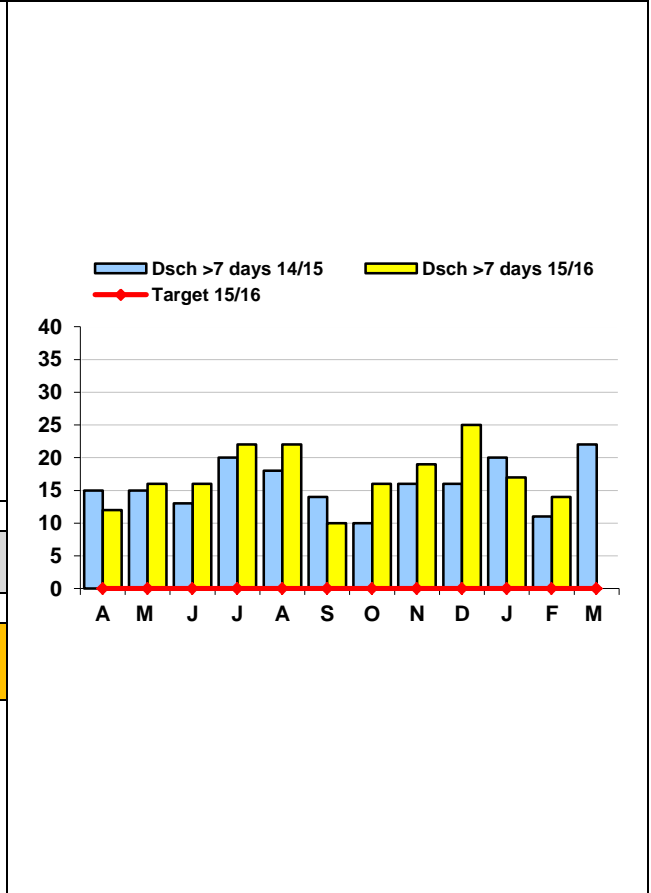
CC	<p>Patient Discharge - From April 2015 ensure that 90% of complex discharges from an acute hospital take place within 48 hours of decision to discharge.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE There were 83 delayed discharges, across the 4 hospital sites during February 2016. 24 delays can be attributed to difficulties being encountered when trying to source a package of care, caused by a lack of capacity within Trust Core Services and the Independent Sector provision. 5 delays were the result of client choice and family issues. A further 22 delays can be attributed to acute assessment and care planning processes. 11 delays were caused waiting for step-down beds and 13 delays were relating to placement planning and arrangement. During February, levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharge to community settings.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A working group has been convened (acute and community directorates) to review delays and agree an action plan. The Working Group will focus on the areas where delays have been identified, identify actions to address these and monitor the implementation and the ensuing resulting impact.</p> <p>FORECAST IMPACT ON PERFORMANCE If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours.</p>																																				
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		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM ↓																								
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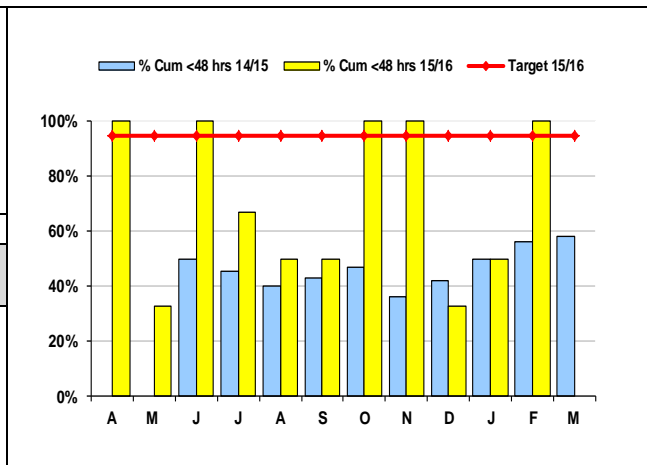
SCS / MEM / WCF	Patient Discharge - From April 2015 ensure that all non-complex discharges from an acute hospital take place within 6 hours of decision to discharge	CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance has been consistently at or around 95% for 2015 as well as all of 2014/15. ACTIONS 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																									
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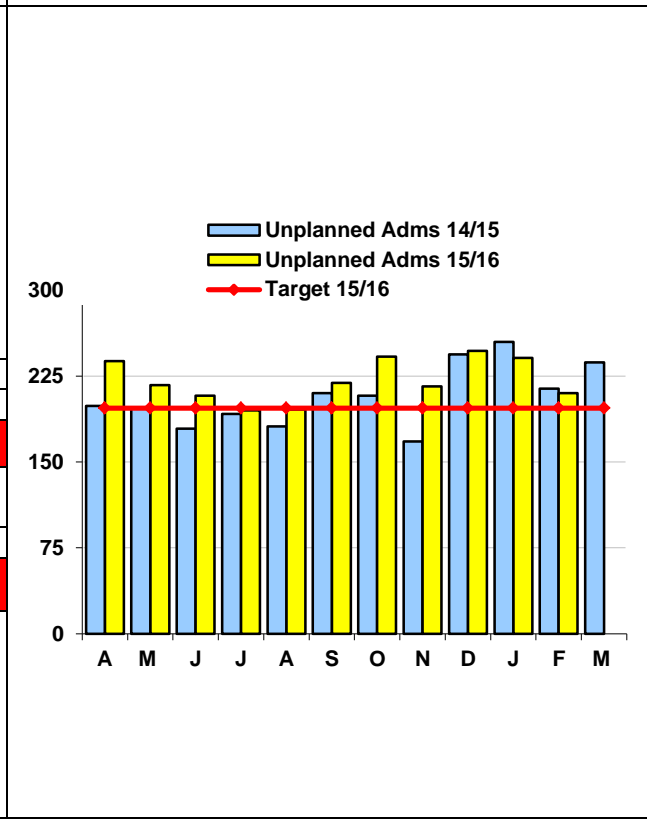
MEM / CC	Patient Discharge - From April 2015 no complex discharge from an acute hospital setting takes longer than 7 days.	CAUSES / ISSUES IMPACTING ON PERFORMANCE 14 out of 83 delays in February 2016 were greater than 7 days. 3 of these delays can be attributed to delays in planning and securing nursing home placements; 1 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.																								
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Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM ↑														
96%	98%	98%	97%	96%	96%	98%	98%	96%	96%	97%	98%															



<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 – February 2016: Hip fractures – 35 patients transferred.</p>												
	<p>Monthly Position (% transferred within 2 nights)</p>												
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
59%	100%	33%	100%	67%	50%	50%	100%	100%	33%	50%	100%		



MEM / CC	<p>Unplanned Admissions - By March 2016 reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions, including those within the ICP priority areas.</p>												
	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Demographic pressures resulting in higher numbers of unplanned admissions overall make a reduction for these patients difficult to achieve.</p>												
	<p>ACTIONS BEING TAKEN WITH TIME FRAME The Trust has received investment from ICPs into specialist respiratory nursing and diabetic education programmes.</p>												
	<p>FORECAST IMPACT ON PERFORMANCE It is anticipated that the ICP investment will help to avoid unnecessary respiratory and diabetes admissions; however an increase in overall demand may result in higher admissions despite increased prevention.</p>												
	<p>Monthly Position</p>												
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
239	238	217	208	195	196	219	242	216	247	241	210	↑	
<p>Cumulative</p>													
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	
2496	238	455	663	858	1054	1273	1515	1731	1978	2219	2429	↑	
<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>	<table border="1"> <thead> <tr> <th>Month</th> <th>14/15 Unplanned Adms Acute</th> <th>15/16 Unplanned Adms Acute</th> <th>15/16 Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>347</td><td>324</td><td>304</td></tr> <tr><td>May</td><td>324</td><td>324</td><td>304</td></tr> <tr><td>Jun</td><td>347</td><td>347</td><td>304</td></tr> <tr><td>Jul</td><td>358</td><td>358</td><td>304</td></tr> <tr><td>Aug</td><td>338</td><td>338</td><td>304</td></tr> <tr><td>Sept</td><td>334</td><td>334</td><td>304</td></tr> <tr><td>Oct</td><td>318</td><td>318</td><td>304</td></tr> <tr><td>Nov</td><td>289</td><td>289</td><td>304</td></tr> <tr><td>Dec</td><td>320</td><td>320</td><td>304</td></tr> <tr><td>Jan</td><td>319</td><td>319</td><td>304</td></tr> <tr><td>Feb</td><td>303</td><td>303</td><td>304</td></tr> <tr><td>TOPM</td><td></td><td></td><td>↑</td></tr> </tbody> </table>													Month	14/15 Unplanned Adms Acute	15/16 Unplanned Adms Acute	15/16 Target	Apr	347	324	304	May	324	324	304	Jun	347	347	304	Jul	358	358	304	Aug	338	338	304	Sept	334	334	304	Oct	318	318	304	Nov	289	289	304	Dec	320	320	304	Jan	319	319	304	Feb	303	303	304	TOPM			↑
		Month	14/15 Unplanned Adms Acute	15/16 Unplanned Adms Acute	15/16 Target																																																														
Apr	347	324	304																																																																
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Jul	358	358	304																																																																
Aug	338	338	304																																																																
Sept	334	334	304																																																																
Oct	318	318	304																																																																
Nov	289	289	304																																																																
Dec	320	320	304																																																																
Jan	319	319	304																																																																
Feb	303	303	304																																																																
TOPM			↑																																																																
<p>Excess bed days - By March 2016, reduce the number of hospital excess bed days for the acute programme of care by 10%</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Based on the CHKS excess bed days indicator, both acute sites have improved performance in 2015/16 vs 2014/15, with performance on both sites being consistently better than peer average.</p>	<table border="1"> <thead> <tr> <th>Month</th> <th>14/15 % Excess Beddays</th> <th>15/16 % Excess Beddays</th> <th>15/16 Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>12.7%</td><td>12.9%</td><td>12.0%</td></tr> <tr><td>May</td><td>13%</td><td>13%</td><td>12.0%</td></tr> <tr><td>Jun</td><td>13%</td><td>13%</td><td>12.0%</td></tr> <tr><td>Jul</td><td>12.3%</td><td>12.3%</td><td>12.0%</td></tr> <tr><td>Aug</td><td>12.8%</td><td>12.8%</td><td>12.0%</td></tr> <tr><td>Sept</td><td>12.8%</td><td>12.8%</td><td>12.0%</td></tr> <tr><td>Oct</td><td>12.0%</td><td>12.0%</td><td>12.0%</td></tr> <tr><td>Nov</td><td>12.5%</td><td>12.5%</td><td>12.0%</td></tr> <tr><td>Dec</td><td>12.5%</td><td>12.5%</td><td>12.0%</td></tr> <tr><td>Jan</td><td>12.9%</td><td>12.9%</td><td>12.0%</td></tr> <tr><td>Feb</td><td></td><td></td><td>12.0%</td></tr> <tr><td>TOPM</td><td></td><td></td><td>↓</td></tr> </tbody> </table> <p>Target is 10% reduction of excess bed days using 13/14 baseline.</p>													Month	14/15 % Excess Beddays	15/16 % Excess Beddays	15/16 Target	Apr	12.7%	12.9%	12.0%	May	13%	13%	12.0%	Jun	13%	13%	12.0%	Jul	12.3%	12.3%	12.0%	Aug	12.8%	12.8%	12.0%	Sept	12.8%	12.8%	12.0%	Oct	12.0%	12.0%	12.0%	Nov	12.5%	12.5%	12.0%	Dec	12.5%	12.5%	12.0%	Jan	12.9%	12.9%	12.0%	Feb			12.0%	TOPM			↓	
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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>	<table border="1"> <caption>Monthly Position (%)</caption> <thead> <tr> <th>Month</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>Feb</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <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> <td>↑</td> </tr> </tbody> </table>	Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	100%	100%	100%	100%	100%	100%	100%	88%	16%	11%	58%		↑		
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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. Four breast patients were not treated in Jan 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>	<table border="1"> <caption>Monthly Position (%)</caption> <thead> <tr> <th>Month</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <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>93%</td> <td></td> <td>↓</td> </tr> </tbody> </table> <p>Figures are subject to change as patient notes are updated. Figures presented one month in arrears.</p>	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM	100%	100%	98%	99%	98%	97%	100%	99%	100%	91%	98%	93%		↓
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM																	
100%	100%	98%	99%	98%	97%	100%	99%	100%	91%	98%	93%		↓																		

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
Gynae: delays accessing hysteroscopy
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
Gynae: additional hysteroscopy sessions being undertaken
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

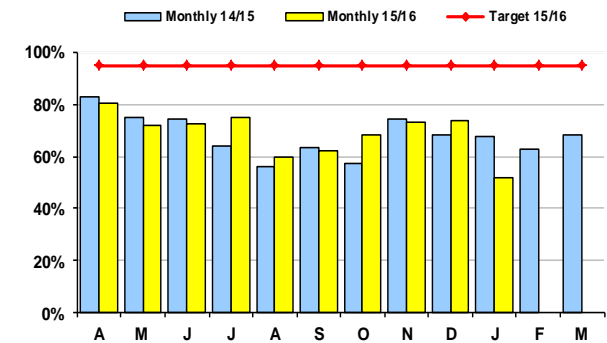
FORECAST IMPACT ON PERFORMANCE

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	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	TOPM ↑
ALL	68%	81%	72%	73%	75%	60%	62%	68%	73%	74%	52%	
B	100%	90%	83%	94%	86%	100%	92%	100%	100%	96%	53%	
G	0%	100%	50%	20%	50%	13%	0%	0%	67%	60%	0%	
H	100%	67%	100%	100%	100%	50%	50%	100%	100%	100%	100%	
HN	0%	100%	50%	25%	60%	50%	50%	17%	20%	50%	40%	
LGI	46%	25%	45%	11%	25%	12%	40%	55%	33%	43%	29%	
UGI	56%	-	25%	0%	0%	20%	29%	25%	0%	0%	40%	
L	100%	77%	78%	67%	80%	50%	63%	93%	80%	50%	63%	
S	83%	91%	100%	85%	90%	83%	67%	77%	73%	71%	83%	
U	11%	74%	79%	69%	81%	83%	88%	77%	73%	58%	30%	

Figures are subject to change as patient notes are updated.



January 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 – 17 patients treated
- (G) Gynae Cancers – 3.0 patients treated
- (H) Haematological Cancers – 1.0 patients treated
- (HN) Head/Neck Cancer – 2.5 patients treated
- (LGI) Lower Gastrointestinal Cancer – 3.5 patients treated
- (UGI) Upper Gastrointestinal Cancer – 5.0 patients treated
- (L) Lung Cancer – 4.0 patients treated
- (S) Skin Cancer – 11.5 patients treated
- (U) Urological Cancer – 5.0 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
6 patients discharged during February, none > 7 days.

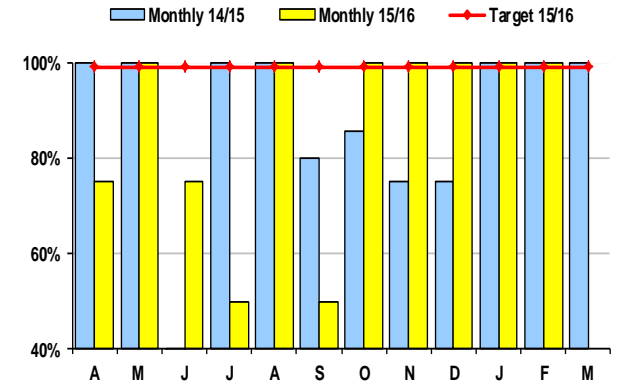
FORECAST IMPACT ON PERFORMANCE
There are a number of delayed discharge patients with very complex needs and each time one of these patients is discharged the monthly target will be breached.

Monthly Position (%)

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
100%	75%	100%	75%	50%	100%	50%	100%	100%	100%	100%	100%	↔

Cumulative Position (%)

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



MHLD

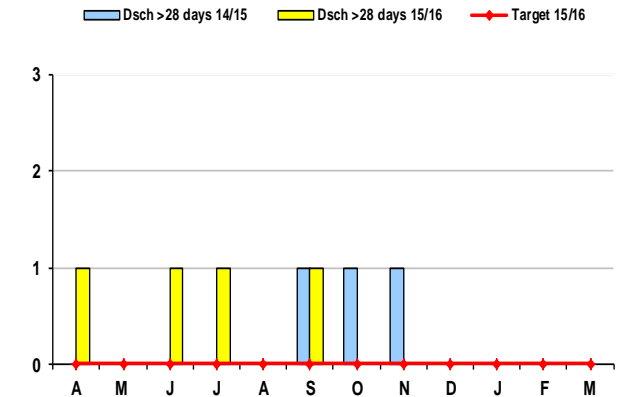
Patient Discharge LD - No Learning Disability discharge to take more than 28 days of the patient being assessed as medically fit for discharge.

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

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

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



MHL D	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 88 patients discharged during February, 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>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>Feb</th><th>TOPM</th></tr> </thead> <tbody> <tr> <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>100%</td><td>↔</td></tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	100%	100%	97%	100%	100%	100%	100%	100%	99%	99%
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100%	100%	99%	99%	99%	99%	99%	100%	99%	99%	99%	100%	↑														
Following data validation exercise figures have been amended from July - November 2014.																										
MHL D	Patient Discharge MH - No Mental Health discharge to take more than 28 days of the patient being assessed as medically fit for discharge	CAUSES / ISSUES IMPACTING ON PERFORMANCE 0 patients discharged > 28 days in February.																								
		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																								
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0	0	1	0	0	0	0	0	0	0	0	0	↔														
MHL D	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. 1 Community Mental Health breach in February.																								
		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																								
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Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM														
0	0	0	2	2	0	0	0	0	0	0	1	↓														

MHLD	<p>Dementia Waits - From April 2015 no patient waits longer than 9 weeks to Access dementia services.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Target continues to be met.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Continue to work with the team to reduce waiting times.</p> <p>FORECAST IMPACT ON PERFORMANCE Continue to meet the target and anticipate any potential breaches.</p>																										
	<p>Monthly Position</p>																											
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Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM																
0	0	0	0	0	0	0	0	0	0	0	0	↔																
MHLD	<p>Psychological Waits - From April 2015, no patient waits longer than 13 weeks for psychological therapies (any age)</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Performance is now being impacted by 3 separate services –</p> <p>PTS (Psychology of MH) – February Position is 147 breaches with total WL of 552 (January -143 breaches of total WL of 604). Demand for services ytd is 8% higher than last year. There are still vacancies in the service which are in recruitment. Temporary additional capacity due to locum cover (in place from January 2016 to March 2016) and assessment clinics is stabilizing breach position in end of financial year. However a high level of demand for the service in November will impact on breaches in end of Feb / March return.</p> <p>Clinical Health Psychology – Recruitment impacting on capacity. 4 vacancies – 2 in recruitment but lack of certainty re potential to recruit at this point; 2 member of staff on maternity leave. Ongoing reviews of pathway into service and service delivery model. Locum cover in place from January 2016 to March 2016 as part of WL initiative will lead to improved position over coming months.</p> <p>Learning Disability (adult and children) – February Position is 28 breaches with total WL of 130 (January-29 breaches out of total WL of 130). 2wte of the 4 wte posts are currently vacant – maternity cover not possible and 1 vacancy being interviewed at start of March. 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 which is stabilizing breach position.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Ongoing engagement with referring agents re other models of provision during periods of reduced capacity within the service. Capacity within service being flexed by offering assessment clinics. Group based interventions offered when clinically appropriate to do so.</p> <p>FORECAST IMPACT ON PERFORMANCE Breaches will reduce when all vacant posts are filled & additional capacity is in place.</p>																										
	<p>Patients >13 Weeks at Month End</p>																											
	<table border="1" style="width: 100%; text-align: center;"> <tr> <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>Feb</td><td>TOPM</td> </tr> <tr> <td>112</td><td>96</td><td>114</td><td>122</td><td>136</td><td>122</td><td>136</td><td>155</td><td>143</td><td>206</td><td>216</td><td>204</td><td>↑</td> </tr> </table>	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	112	96	114	122	136	122	136	155	143	206	216	204	↑	
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM																
112	96	114	122	136	122	136	155	143	206	216	204	↑																

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>	

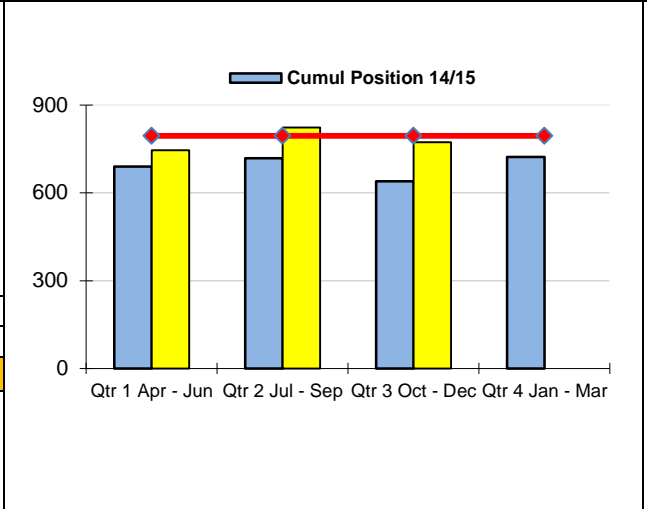
Children's Services

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 2015 only step 3 waiting times are reported on at the request of HSCB.</p> <p>CAUSES / ISSUES IMPACTING ON PERFORMANCE On-going close management of referrals and allocations ensures that the number of breaches remains at zero.</p> <p>ACTIONS BEING TAKEN IN AN ON-GOING BASIS 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%; border-collapse: collapse; text-align: center;"> <thead> <tr> <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>Feb</th> <th>TOPM</th> </tr> </thead> <tbody> <tr> <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>0</td> <td style="background-color: #90EE90; text-align: center;">↔</td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM	95	89	95	89	70	20	0	0	0	0	0	0	↔
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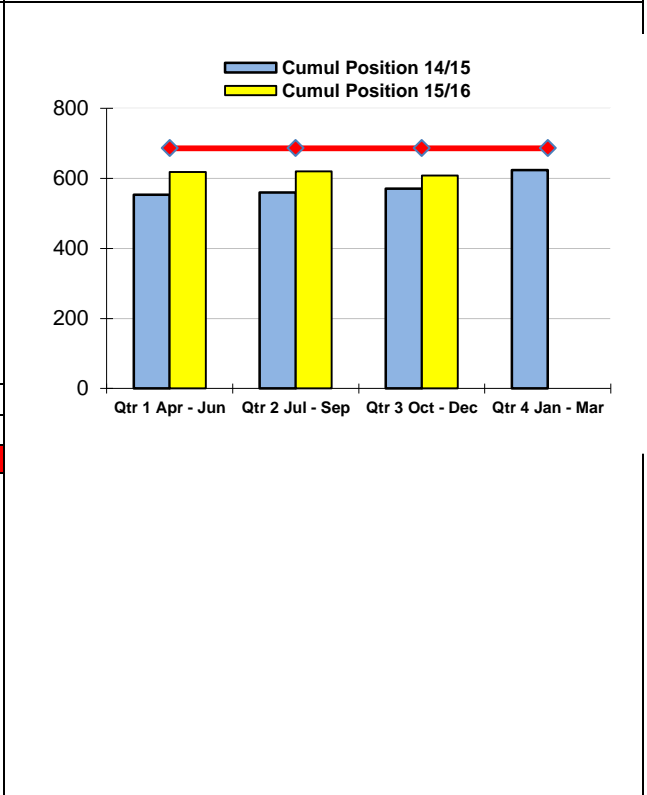
WCF	<p>Children in Care - From April 2015, increase the number of children in care for 12 months or longer with no placement change to 85%</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE This target is challenging as it is not possible to meet all assessed placement needs for both residential care and foster care at point of placement and so sometimes a later change is needed. There are also some breakdowns within placements.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME Service Reform programme.</p> <p>FORECAST IMPACT ON PERFORMANCE The Service Reform programme aims at increasing emergency and long-term non kinship and it is anticipated once the transition period is complete, the target will be achievable.</p> <p>Information reported annually</p> <table border="1" data-bbox="416 499 1435 560"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td><td></td> </tr> <tr> <td colspan="12" style="text-align: center;">64%</td> </tr> </table> <p>Information to be available from annual OC2 return 2016.</p>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		64%												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec																	
64%																												
WCF	<p>Children in Care - By March 2016, ensure a 3 year time-frame for 90% of children to be adopted from care.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE The Trust endeavours to achieve this target, but is experiencing current difficulties regarding the court time frames. There have been serious delays in court regarding adoption and freeing applications in recent months due to a supreme court ruling.</p> <p>ACTIONS BEING TAKEN WITH TIME FRAME The trust will carry out monthly monitoring to ensure the target is being met.</p> <table border="1" data-bbox="416 858 1408 951"> <thead> <tr> <th></th><th>2013/14</th><th>2014/15</th><th>2015/16*</th></tr> </thead> <tbody> <tr> <td>% Children adopted from care within 3 years of last entering care</td><td style="text-align: center;">61%</td><td style="text-align: center;">75%</td><td style="text-align: center;">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 The Family Nurse Partnership is fully operational across the NHSCT and have currently received 50 referrals.</p>																										

Community Care

CC / MHL / WCF	<p>Carers' Assessments - By March 2016, secure a 10% increase in the number of carers' assessments offered.</p>	<p>CAUSES / ISSUES IMPACTING ON PERFORMANCE Carers declining assessments</p>																										
		<p>ACTION TAKEN & TIMESCALES FOR IMPROVEMENT Training has been provided to staff in the completion of Carers Assessments</p>																										
		<p>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.</p>																										
		<p>Monthly Position</p> <table border="1"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Trend</th> </tr> </thead> <tbody> <tr> <td colspan="3">723</td> <td colspan="3">746</td> <td colspan="3">823</td> <td colspan="3">773</td> <td style="background-color: #FFD700;">↓</td> </tr> </tbody> </table>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Trend	723			746			823			773			↓
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723			746			823			773			↓																
<p>723 offered quarter ending March 15. (Baseline) Target 795 by March 2016.</p>																												



CC / MHL / WCF	<p>Direct Payments - By March 2016, secure a 10% increase in the number of direct payments across all programmes of care.</p>	<p>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.</p>																										
		<p>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.</p>																										
		<p>FORECAST IMPACT ON PERFORMANCE It is anticipated that there will be modest growth in this sector.</p>																										
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624			618			620			608			↓																
<p>624 direct payments March 15 (Baseline) Target 686 by March 2016.</p>																												



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

3.0 Quality Standards & Performance Targets

3.2 DHSSPS Indicators of Performance 2015/16

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

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

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Self Harm	A8. Number of new & unplanned review attendances at ED due to deliberate self harm.	138	125	89	136	144	146	150	164	
Alcohol-related Admissions	A14 Reduction in the rate of alcohol-related admissions to hospital within the Acute Programme of Care.	145	154	137	167	141	146	134	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	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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)	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)	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.	203	189	208	231	216	217	241	Information presented one month in arrears	
		59	55	55	66	47	43	39	Information presented one month in arrears	
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%	99%	98%	100%	99%	99%		
		94%	86%	91%	93%	90%	94%	93%		

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Hearing Aids	B9. Number of hearing aids fitted within 13 weeks as a percentage of completed waits.	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	35% fitted < 13 wks	
Wheelchairs	B10. Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). <i>Target achievement dependant on Belfast Trust.</i>	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	69% 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.	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	96% Within 16 wks	
Resettlement	B12. Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital)	7 (1 commenced)	7 (1 commenced)	7 (1 commenced)	6 (1 commenced)	6 (1 commenced)	6 (1 commenced)	6	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	
ASD Referrals	B13. Number of referrals for ASD (under 18)	94	94	91	89	70	57	83	96	
Autism / ASD	B14. Number diagnosed with Autism / ASD (under 18)	30	38	56	56	58	36	72	69	
Safeguarding vulnerable Adults	B15. The number of Adult Protection Referrals received by the Trust. Previously quarterly return now monthly.	333 (Jul – Sept)			87	84	77	74	92	
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.	33.3% (2 of 6)			100% (9 of 9)			Quarterly Return		
Care Leavers	B21. Number of care leavers in education, training and employment by placement type.	Reporting frequency – Annually								
Care Leavers	B22. The percentage of care leavers at age 18, 19 & 20 years in education, training or employment. (Target - By March 2016, increase the number of care leavers aged 19 in education, training or employment to 75%)	64%	67%	62%	79%	78%	83%	82%	81%	

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Mortality	B23. Summary Hospital-Level Mortality Indicator (SHMI)	Quarterly information will be available with approximately 6 months time lag.									
Patient / Client Experience	B24. Percentage of all adult inpatient wards in which the Fall Safe Bundle has been implemented.	Information presented in Section 2.0									
Malnutrition universal screening tool	B25. Percentage compliance with the malnutrition universal screening tool in acute adult inpatient wards.										
Pressure Ulcers	B26. Secure a reduction in the number of hospital-acquired pressure ulcers in all adult inpatient wards.										
General Health - Flu	B27. Uptake of the seasonal flu vaccine by frontline Health and Social care workers.	2015/16 Target = 30%. 33% uptake achieved as at 26 th February 2016									
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.	1842	1,925	1963	2184	2075	2032	2173	2119		
Attendances At ED	B33. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted.	0-30 mins	1.7.0% 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 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	17.6% ANT 24.1% CAU 9.6% MUH	18.4% ANT 20.5% CAU 3.7% MUH	19.5% ANT 21.3% CAU 8.2% MUH	20.7% ANT 20.0% CAU 5.0% MUH	16.8% ANT 20.0% CAU 4.6% MUH	17.8% ANT 20.2% CAU 3.6% MUH	18.8% ANT 21.4% CAU 11.6% MUH		
		>2 hrs – 3 hrs	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	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	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	11.5% 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	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	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	0.0% 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		

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	>14 hrs – 16 hrs	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	0.0% ANT	0.0% ANT	0.0% ANT	0.1% ANT	0.4% ANT	0.2% ANT	0.2% ANT 0.1% CAU		
	>18 hrs	0.0% 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		
Attendances At ED	B34 a. Number & percentage of attendances at ED triaged within 15 minutes.	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	6	7	6	6	6	5	6	
		ANT ED – 95 th Percentile	20	22	17	18	18	17	18	
		ANT ED – Maximum	45	252	42	34	48	32	46	
		CAU ED – Median	8	10	9	12	11	12	11	
		CAU ED – 95 th Percentile	29	38	29	41	39	42	35	
	B34 b(ii). Time from arrival to initial assessment for all arrivals at emergency department.	ANT ED – Median	7	8	8	8	7	7	7	
		ANT ED – 95 th Percentile	23	25	22	23	22	21	21	
		ANT ED – Maximum	57	252	103	56	186	258	313	
		CAU ED – Median	8	11	9	12	11	12	10	
		CAU ED – 95 th Percentile	28	35	26	38	34	40	66	
	B34c. Time from initial assessment to start of treatment in emergency department.	ANT ED – Median	74	84	70	65	76	73	54	
		ANT ED – 95 th Percentile	329	326	293	290	298	292	243	
		ANT ED – Maximum	519	486	477	470	643	661	441	
		CAU ED – Median	38	44	26	39	39	49	43	
		CAU ED – 95 th Percentile	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	0.3%	0.4%	0.5%	0.3%	0.5%	0.4%	0.3%	
		V. Urgent	12.2%	12.4%	12.7%	13.7%	14.0%	13.4%	14.0%	
		Urgent	44.3%	43.1%	43.5%	46.2%	45.1%	44.1%	44.5%	
		Standard	40.8%	42.8%	41.5%	44.7%	31.4%	30.8%	28.7%	
		Non Urgent	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	3:22	3:22	3:09	3:06	4:10	3:08	2:54	
		ANT ED – 95 th Percentile	8:56	9:14	8:41	9:41	11:05	9:51	10:08	
		ANT ED – Maximum	11:57	16:39	15:33	27:21	27:23	28:05	33:39	
		CAU ED – Median	2:19	2:56	2:29	2:56	3:30	3:06	2:47	
		CAU ED – 95 th Percentile	7:16	8:45	8:06	8:52	9:02	10:04	9:24	
		CAU ED - Maximum	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.	4.2%	4.1%	2.8%	3.6%	3.68%	3.5%	2.4%		

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Attendances At ED	B40. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	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		
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)	1255	1141	1256	1407	1257	993	1114		
GP Referrals	B43. Number of GP referrals to consultant-led outpatient services.	6978	6470	7340	7497	7108	6029	6594	7058	
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.	81.4%	88%	90%	82%	96%	95%	93%	97%	
Diagnostic Tests	B47. Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.	98.6%	99%	99.6%	99.2%	99%	98%	98%	100%	
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)	221 (Jul – Sept)			218 (Oct – Dec)			Quarterly Return		
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)	55 (Jul – Sept)			61 (Oct – Dec)			Quarterly Return		
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	13.2%	10.3%	12.6%	11.6%	12.1%	Information available 3 months in arrears		
		Long-term Conditions	11.4%	7.7%	12.0%	9.6%	11.6%	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.	7	4	4	5	9	1	4		
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.	67	59	60	79	60	58	54	52	

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Stroke LOS	B61. Average or patients within the acute & elderly programme of care with a primary diagnosis of stroke.	13.4	12.3	15.1	9.8	14.7	13.8	11.1	11.7	
Specialist Drug Therapies	B62. Number waiting longer than 3 months to commence NICE approved specialist therapies for arthritis and psoriasis.*	Arthritis	0	0	0	0	0	0	0	
		Psoriasis	0	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.	0.70	0.70	0.61	0.40	0.60	0.66	0.57	0.53	
Elective LOS	C5. Elective average length of stay in acute programme of care.	2.7	3.2	3.5	3.2	3.8	3.3	2.7	3.9	
Day Surgery Rates	C6. Day surgery rate for each of a basket of elective procedures. (Figures shown are cumulative)	68%	69%	70%	70%	70%	70%	70%		
Cancelled Ops	C7. Percentage of operations cancelled for non-clinical reasons.	2.3%	1.5%	1.2%	2.6%	4.3%	4.5%	4.8%	2.3%	
Elective Admissions	C8. Percentage of patients admitted electively who have their surgery on the same day as admission.	73%	78%	73%	76%	61%	67%	73%	75%	
New / Review OP Ratio	C9. Ratio of new to review outpatient appointments attended.. (Excludes VC's attendances)	1.89	1.88	1.84	1.82	1.80	1.76	1.81	1.87	
Outpatient DNA's	C10. Rate of new & review outpatient appointments where the patient did not attend. (Excludes VC's attendances)	7.1%	6.6%	6.1%	6.0%	6.0%	6.7%	6.6%	6.4%	
Outpatients CNC by Hospital	C11 a. Number of new & review outpatient appointments cancelled by the hospital.	Information presented in Section 3.0								
	C11 b. Rate of new & review outpatient appointments cancelled by the hospital. (Excludes VC's attendances)	11.6% 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	6.3% new 12.1% rev	7.5% new 12.5% rev	
	C11 c. Ratio of new to review outpatient appointments cancelled by the hospital. (Excludes VC's Attendances)	2.7	3.0	3.5	3.1	3.6	2.7	3.5	3.1	
Hospital cancelled appointments with an impact on the patient	C12. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient.	1120 (8.0%)	928 (6.8%)	744 (5.8%)	913 (5.7%)	864 (5.3%)	996 (6.5%)	1086 (6.6%)	Information presented one month in arrears	

3.0 Quality Standards & Performance Targets

3.3 Additional Indicators in Support of Commissioning Plan Targets

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Children	From April 2015 all children admitted to residential care will have, prior to their admission. (a) been subject to a formal assessment	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)	100% (1 of 1)		
	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	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)	100% (1 of 1)		
	Residential Care Leavers aged 16, 17 and 18 who are in Education, Training or Employment within one year of leaving care.	88%	55%	58%	100%	83%	86%	86%	100%		
	Child Protection (allocation of referrals) – From April 15 100% of all child protection referrals are allocated to a social worker within 24 hours of receipt of referral	100%	100%	100%	100%	100%	100%	100%	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%		
	Child Protection (pathway assessment) – From April 13, following completion of Initial Assessment a Case Conference is held with 15 working days of original referral	100%	100%	94%	79%	93%	83%	90%	100%		
	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%		
	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.	87%	94%	99%	99%	93%	90%	99%	98%	
		Family Support (initial assessment) – completed within 10 working days from date referral allocated to the SW.	44%	54%	54%	54%	41%	40%	44%	52%	
		Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days.	40%	68%	85%	50%	25%	53%	43%	51%	

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days	95	92	77	63	40	40	35	22	
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention.	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	Assess 416 > 13 wks Inter 7 > 13 wks	
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment.	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	0 > 13 wks	
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.	95%	99%	96%	99%	99%	99%	100%	99%	
Pre-op Assessment	From Apr 12, all surgical patients should have a pre-op assessment	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%	
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.	11705	13814	10923	10489	11769	8934	8250	9923	
New Outpatient DNA's	Rate of new outpatient appointments where the patient did not attend. (Exc. Independent Sector & VC's attendances)	4.8%	4.7%	4.4%	4.5%	4.3%	5.0%	5.3%	4.8%	
Acute Environmental Cleanliness	Comply with 85% cleanliness target	94%	93%	94%	94%	94%	93%	94%	94%	
Clinical Coding	95% coding within 31 days	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	99% 11/03/16	
Clinical Coding	100% coding within 62 days	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	99% 11/03/16	
Foster Care	(2014/15 G1). Percentage of all foster care placements that are kinship care placements.	34%			34%			Quarterly Return		
Children in MH Wards	Number of Children aged under 18 in Adult Mental Health Wards (Quarterly Info)	0 for Jul '15 – Sept '15			2 for Oct '15 – Dec '15			Quarterly Return		

Area	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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			Quarterly 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%		Quarterly 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%
1st March 2016 (48 weeks)	5213	3813	-1400	-27%	12654	12295	-359	-3%	17867	16108	-1759	-10%	54787	53353	-1434	-3%	82179	98167	15988	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 48 weeks (1st March 2016)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Dermatology			-14%	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	-49%		-10%	IPDC split not agreed- combined IPDC at -20%. Volumes mainly impacted by cancellations due to unscheduled pressures.	Decisions wether cancel patients due to unscheduled pressures are taken on an individual basis, taking into account the clinical urgency of the patient.
Gastroenterology	-23%	-37%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review .
General Medicine		-92%	-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			-18%	Lack of demand.	
Neurology			-27%	Funding received for second consultant but it has not yet been possible to recruit to this post.	Ongoing recruitment.
Obs and Gynae (Gynaecology)	-17%			Investment received and SBA increased; theatre sessions not yet fully in place.	Implementation of additional theatre sessions
Rheumatology	-64%			Limited requirement for IP management; combined IPDC at +31%.	
Urology	-74%	-14%	-35%	Service managed by Western Trust.	Service managed by Western Trust.

4.0 Use of Resources

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

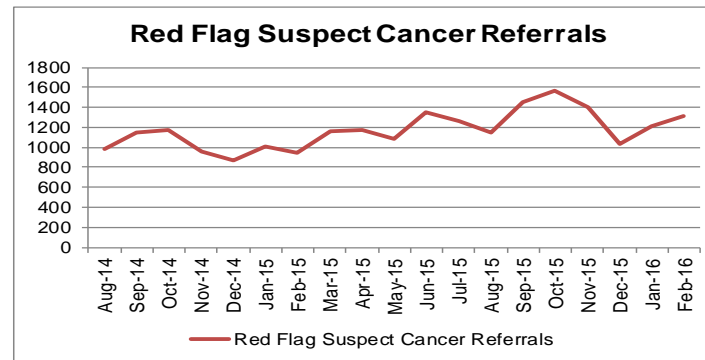
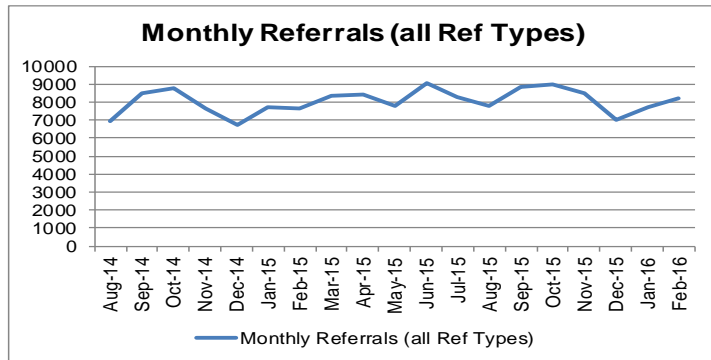
NHSCT New Outpatient Demand - All Referrals to NHSCT

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	7023	7727	8238		
Variance on Previous Year	365	-406	563	352	821	407	169	844	255	-9	590		
% Variance on Previous Year	5%	-5%	7%	4%	12%	5%	2%	11%	4%	0%	8%		

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	74728	82455	90693		
Variance on Previous Year	365	-41	522	874	1695	2102	2271	3115	3370	3361	3951		
% Variance on Previous Year	5%	0%	2%	3%	4%	4%	4%	5%	5%	4%	5%		

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	13/14	821	932	880	980	959	921	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	1038	1209	1309		
Variance on Previous Year	107	-104	62	149	155	312	401	444	166	203	360		
% Variance on Previous Year	10%	-9%	5%	13%	16%	27%	34%	46%	19%	20%	38%		

New referrals were Referral Source (R) equals 3 & 5
 Includes only referrals to consultant led services except for Urology where all referrals are included.
 Excludes regional specialties: 620,501,130,140, 110, Paed Cardiology & Urology BHSCT. Visiting Consultants excluded
 From January 16 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	6,374		77,810

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	3,381		44,009

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	9,755		121,821

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 29 February 2016	11762	2042	1218	2217	1581	2697	363	112	114	306	1112
% Directorate Absence (1 April 15 – 31 Jan 16)	7.30%	6.39%	7.01%	6.96%	8.42%	8.44%	5.26%	3.43%	4.59%	6.39%	8.51%
% Appraisal Compliance Figures as at 30 November 2015	80%	82%	73%	75%	87%	81%	77%	100%	99%	55%	82%

Absence

Sickness absence for the month of January is high at 8.08% resulting in a cumulative sickness figure of 7.30% at the end of January 2016 (Cumulative sickness absence for the corresponding period in 2014/15 was 7.60%). The year-end target set by DHSSPS for the Trust is 7.35%. If the monthly sickness continues to rise at this rate we may not achieve this target. Please note the rag rating is in the context of the regional target. Levels of sickness absence remain unacceptably high and impact significantly on our ability to deliver safe and effective services.

Staff Survey

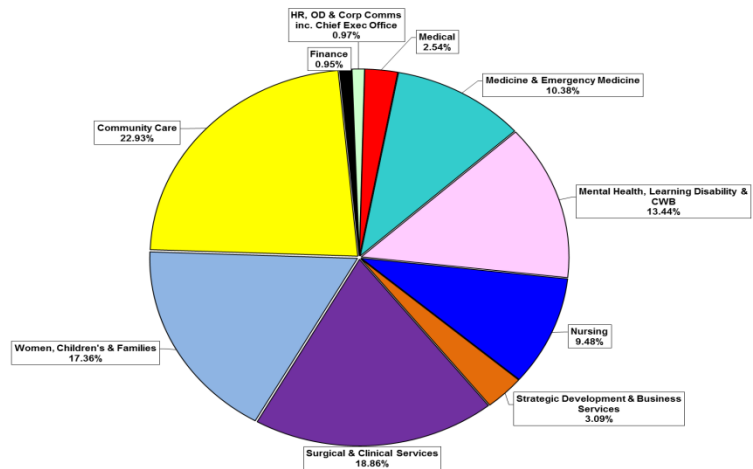
Directors of HR and the regional working group (inclusive of a regional TU rep) have had an initial presentation of the raw data from the staff survey in respect of the region (HSC). Quality Health have undertaken further work to produce a regional report which has had quality assurance input from the service. We anticipate the regional report being available week commencing 14 March. We will work with other organisations and the DHSSPS to timetable the communication around this so that SMT/Exec Team/Trust Board and Trade Union colleagues will be briefed as soon as possible on the regional report.

After this individual employer organisation reports will be produced, which will require some local quality assurance and then the communication/sharing with management, staff and trade unions will follow. Our Directorates and Divisions look forward to developing action plans, based on the key findings of the report, as part of our RAMP People work streams and our employee engagement plan.

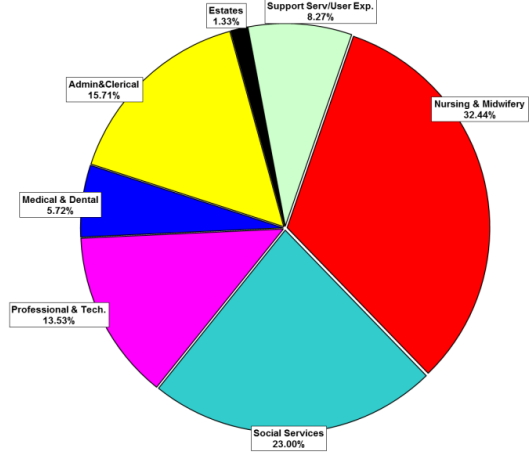
Appraisal

Returns as at 30 November 2015 show that 80% (78% at last return as of 31 June 2015) of staff (excluding Medical and Dental staff) had an appraisal in the last 12 months. This indicates sustained improvement. The year-end DHSSPS target is 80% compliance. Final returns for the year will be collated to measure the position as of 31 March. We would wish to exceed this target and note that this is also another key element of our staff engagement approach.

Directorate/Division Percentage Headcount Breakdown as at 29 February 2016



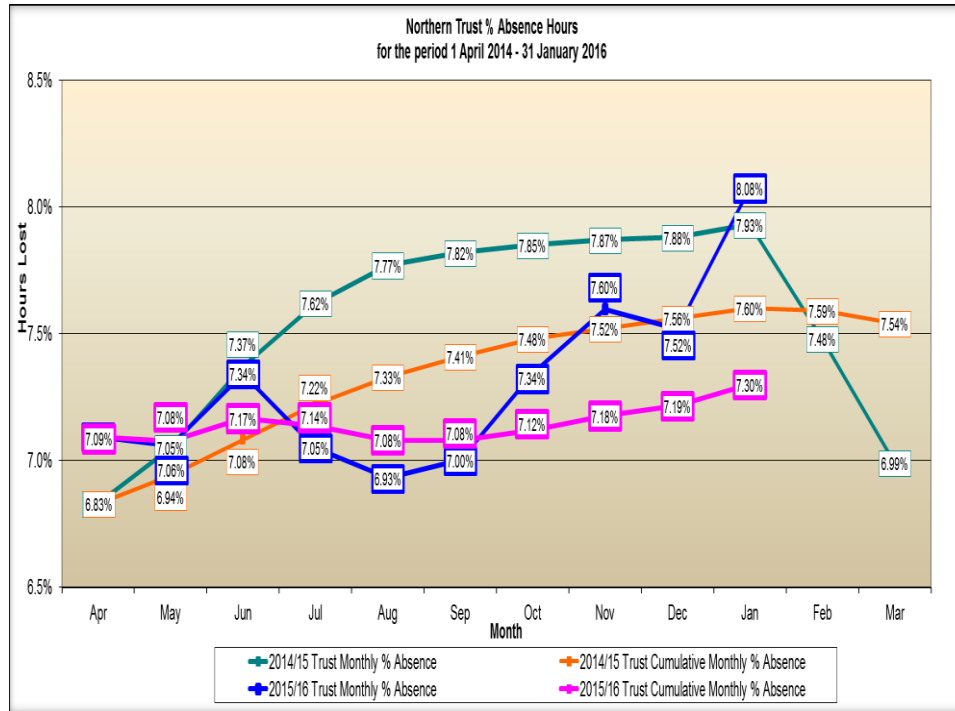
Personnel Area (Occupational Group) Percentage WTE Breakdown as at 29 February 2016



5.0 WORKFORCE

5.1 Staff in Post, Staff Movement, Absence

Trust Absence Percentage
1 April 2015 – 31 January 2016



Northern HSC Trust
Number of Staff with Absence Spells for the 12 months ending
31 October 2015 and 31 January 2016

