Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

TRUST BOARD PERFORMANCE REPORT

February 2019

Prepared & Issued by Strategic Development and Business Services – 22 March 2019

innovation
Quality
improvement

INVESTORS IN PEOPLE | Accredited Until 2021

our vision

To deliver excellent integrated services in partnership with our community

our values

COMPASSION
OPENNESS
RESPECT
EXCELLENCE

www.northerntrust.hscni.net

Northern Health and Social Care Trust
@NHSCTrust

If you would like to give feedback on any of our services please contact:
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Contents

The Health and Social Care Board each year set out a Commissioning Plan setting out priorities and targets that have been included in the Department of Health (DoH) Commissioning Plan Direction (CPD). These priorities and targets have associated measures or performance indicators. This report monitors achievement against these targets and indicators for the Northern Health and Social Care Trust.

In the absence of a Health Minister who has responsibility under legislation for approval of the Commissioning Plan Direction (CPD) the status of the 18/19 document remains in draft and may be revised at a later point subject to Ministerial consideration. As technical guidance becomes available, further draft 18/19 CPD targets and indicators may be included in the report. Additional Indicators of Performance have not yet been received for 18/19, therefore 17/18 additional indicators are included in the interim.

Key

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

Trend on Previous Month (TOPM)	
↑	Performance Improved
↓	Performance Deteriorated
↔	Performance Static

Summary of Trust Performance against 2018-19 Draft Commissioning Plan Targets

Rating based on most recent months performance

By March 19, secure a reduction in the number of MRSA infections. MRSA 2018/19 Trust target is no more than 7 cases. (CPD 2.4)	R	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.4)	R
By March 19, secure a reduction in the number of CDIFF infections. CDIFF 2018/19 Trust Target is no more than 49 cases. (CPD 2.4)	R	By March 2019, no patient attending any emergency department should wait longer than 12 hours (CPD 4.4)	R
By March 2019, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. (CPD 4.7)	G	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours (CPD 4.5)	R
By March 2019, all Urgent diagnostic tests are reported on within 2 days. (CPD 4.8)	R	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.5)	R
During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days. (CPD 4.9)	R	By March 2019, no complex discharge takes more than seven days (CPD 7.5)	A
During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. (CPD 4.9)	R	By March 2019 all non-complex discharges from an acute hospital take place within six hours. (CPD 7.5)	R
During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (CPD 4.9)	R	By March 2019, no patient waits longer than nine weeks to access adult mental health services (CPD 4.13)	A
By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment. (CPD 4.10)	R	By March 2019, no patient waits longer than 9 weeks to Access dementia services. (CPD 4.13)	G
By March 2019, no patient to wait longer than 52 weeks for an outpatient appointment. (CPD 4.10)	R	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age) (CPD 4.13)	R
By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test (CPD 4.11)	R	During 2018/19, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.7)	R
By March 2019, no patients should wait no longer than 26 weeks for a diagnostic test (CPD 4.11)	R	During 2018/19, no learning disability discharge to take place more than 28 days of the patient being assessed as medically fit for discharge (CPD 5.7)	A
By March 2019, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. (CPD 4.11)	R	During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge (CPD 5.7)	G
By March 2019, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test. (CPD 4.11)	R	During 2018/19, no mental health discharge to take place more than 28 days of the patient being assessed as medically fit for discharge. (CPD 5.7)	G
By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment. (CPD 4.12)	R	By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). (CPD 1.10)	R
By March 2019, no patient waits longer than 52 weeks for inpatient/ daycase treatment (CPD 4.12)	R	By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services. (CPD 4.13)	A
By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional. (CPD 5.3)	R	By March 2019, secure a 10% increase in the number of direct payments to all service users. (CPD 5.1)	A
By March 2019, to establish a baseline of 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 and by March 2020 seek a reduction of 5%. (CPD 7.3)	-	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users. (CPD 6.1)	G
By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.6)	G	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (CPD 6.2)	A

Key Trust Challenges and Progress (including performance trend on previous month – TOPM, improved - ↑, deteriorated - ↓)

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

Performance against the 4 hour target during February 2019 was 55% at Antrim and 71% at Causeway hospitals. Antrim ED had 603 twelve hour breaches, compared to 662 the previous month whilst Causeway Hospital had 92 twelve hour breaches compared to 148 the previous month. Cumulatively the Trust has experienced 5172 twelve hour breaches from April 18 – February 19. This is compared to 3925 for the same period last year.

695
12 hour breaches Feb 2019
(PAGE 37)
TOPM ↑

Diagnostic Waiting Times

This is not a performance issue. SBA volumes are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled activity care continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity. Additional activity is being undertaken with non-recurrent elective access funding, but it will take several months to fully address the backlog. Confirmation of recurrent funding has now been received and plans are in place to commence recruitment of additional staff. Waiting times will reduce, however recruitment and the need for additional scanners will continue to limit overall improvement.

6405 Patients waiting over 26 weeks at the end of February 2019 for a Diagnostic test (PAGE 29) **TOPM ↓**

62 Day Urgent Suspected Cancer referrals to commence treatment

During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

65%
Achieved in January 2019
(PAGE 27)
TOPM ↓

Complex Discharges

Complex discharges for February 2019 was 82% of patients discharged within 48 hours compared to the target of 90%. During February there were 86 delays with 12 being greater than 7 days across the 2 hospital sites. The number of delays is reflective of the complexities and needs of an aging patient group.

12
Complex discharges > 7 days Feb 19
(PAGE 42)
TOPM ↓

Demand and Elective Waiting Lists

Cumulative red flag referrals have increased by 16% in April 18 - February 19 compared to the same period the previous year. With regard to SBA volumes at the end of February 2019 the combined position for elective inpatients and day cases was 14% below expected SBA volumes. New outpatient attendances were 3% below SBA volumes whilst review attendances were 13% above volumes.

The number of outpatients waiting longer than 52 weeks for an appointment has increased this month with 12196 patients waiting greater than 52 weeks at the end of February. There continues to be a significant demand/capacity gap in a range of outpatient specialties and the position is likely to deteriorate further.

With regard to AHP services, there were 5227, 13 week breaches at the end of February compared to 6012 the previous month with Podiatry and Orthoptics having no 13 week breaches. Capacity and demand issues continue to impact AHP services with actions being taken where possible.
(PAGE 32)

16%
Increase in Red Flag Cancer referrals Apr 18 – Feb 19 compared to Apr 17 – Feb 18
(PAGE 63)
TOPM ↓

Children waiting > 13 weeks to access Autism Spectrum Disorder Diagnostic Service

At the end of February 2019 there were 163 patients waiting over 13 weeks with a longest wait of 135 days. Since July 2017 there had been a clear worsening of the position until September 18. The improvement seen in October 2018 is due to a temporary increase in capacity which is expected to continue until March 19. Performance has been impacted by an underlying increase in referral rate, staff absence and vacant posts. Initiatives continue within the service and new investment has increased the number of frontline permanent staff with staff training resulting in the addition of overtime clinics. The service continues to recruit.

Further periodic modelling will be undertaken to better reflect recent trends and developments. Service development has been undertaken & new care pathway models have been agreed for all aspects of the service. Recovery actions will continue to be required at this time to address the increase in referral rate & to focus on the backlog of cases. Based on the new money invested, demand did match capacity at the end of March 18. However based on the modelling undertaken, the diagnostic service requires c. 13.0 WTE staff to support 140 referrals per month. The service currently has c. 9.0 WTE allocated in support of this activity.

163
Children waiting for assessment over 13 weeks at the end of February 2019.
(PAGE 59)
TOPM ↑

Psychological Waits

At the end of February there were 72 patients waiting over 13 weeks, compared to 56 the previous month. Performance is being impacted in the main by LD and Clinical Health Psychology services PTS (mental health) has largely come out of the breach position with 2 breaches this month. Clinical Health Psychology had 39 breaches and it is likely that the situation will deteriorate over the coming months as a result of maternity leave and staff movement. There is currently insufficient capacity to address demand in this service. Learning Disability (adult & children) had 31 breaches. There remain a number of vacant posts in the service. Actions being taken include on-going engagement with referring agents re other models of provision and ongoing use of agency during periods of reduced capacity within the service.

72
Psychological waits over 13 weeks at the end of February 2019.
(PAGE 45) **TOPM ↓**

14 Day Urgent Suspected Breast Cancer referrals to consultation

Unanticipated consultant absence has impacted on capacity in 2019. In February there were 25 breaches, (longest wait 16 days). Discussions are on-going with the commissioner about securing permanent funding to increase the service's core capacity.

92%
Achieved in February 2019
(PAGE 26) **TOPM ↓**

1.0 Service User Experience
1.1 Patient Experience as related in Patient Surveys

The 10,000 More Voices initiative continues using a phased approach including regional and specialist projects. 13,862 patient stories have been returned regionally (correct at 31/01/2019), of which 3,254 (23.4%) are NHSCT stories. Stories continue to illustrate compliance with the patient and client experience standards.

Regional projects - Live in 2018/ 2019

Story collection, feedback and work on areas of improvement continues to be supported in the following areas

- Experience of Delirium – Data collection stage
- Experience of Adult Safeguarding – Data collection stage
- Experience in Health and Social Care (Generic Tool) Data collection stage – as listed under local projects
- Staff Experience - Data collection stage
- Northern Ireland Ambulance Service - Data collection stage
- Experience of Mental Health Services – Data collection stage

Regional Projects now closed

Stories / Feedback shared, reports being drafted for approval and / or awaiting return of action plans in the following work streams:

- Unscheduled Care (Emergency Departments, Minor Injuries, and GP out of Hours)
- Experience of Eye care Services in Northern Ireland – Actions being followed up with Assistant Clinical Services Lead – Project Closed
- Experience of Discharge
- Experience of Bereavement

Regional Project in Planning Phase

- Experience of Care of patient with Neurological condition (now on hold)
- Experience of Audiology
- Experience of Sensory Disability
- Experience of Dysphagia

At local level the NHSCT are using the 10,000 Voices Health and Social Care (generic) Survey Tool to capture the experience of service users within the following areas:

Projects Live 2018/2019

- Experience of Observation Unit Antrim Area Hospital – Report completed
- DESMOND training project - commenced December 2017- Data collection stage
- PACE Project - MED 1, MED 2 and C7 continues – Data collection stage
- Experience of Breast Symptomatic Clinic – Report completed
- Experience of Wheelchair Services – Report completed
- Experience of Oral Hygiene C3 – on hold

Local Projects Closed

Stories / Feedback shared, reports being drafted for approval and / or awaiting return of action plans in the following work streams:

- Diabetic Foot Care Pathway
- Health Visitor Project
- Experience of Lap Chole in AAH
- Theatres and recovery Project 2
- Macmillan Unit Project
- C4 Project
- Diabetic Specialist Nurse
- DAFNE training project
- Experience of care received by Senior Nursing Assistant, Band 3 prior to project intervention
- C3 Project – To collect stories for baseline of patient experience prior to improvement project
- Experience of Community Hospitals

Table 1 – Numbers of stories collected both regionally and in NHSCT (validated 31/11/2018)

	Regional Returns	NHSCT Returns	Rated as strongly positive or positive	Rated as neutral or not sure	Rated as negative or strongly negative	
Northern Ireland Ambulance Service [1]	**333**	**159 (47%)**	**149**	**7**	**3**	**Projects ongoing**
Adult Safeguarding	**182**	**29 (15.9%)**	**22**	**6**	**1**	
Staff experience	**504**	**51 (10.1%)**	**17**	**24**	**10**	
Health and Social Care in Northern Ireland (These figures includes stories relating to local projects)	**2405**	**827 (34.3%)**	**736**	**67**	**24**	
Experience of Delirium	**80**	**19 (23.8%)**	**12**	**4**	**3**	
Experience of Discharge from hospital (Results reflect two questions 1) Experience of discharge 2) Experience of Hospital)	**817**	**147 (18%)**	**Experience of Discharge 117**	**Experience of Discharge 18**	**Experience of Discharge 12**	**Projects closed**
			Experience of Hospital 128	**Experience of Hospital 14**	**Experience of Hospital 5**	
Experience of Bereavement	**281**	**39 (13.8%)**	**19**	**8**	**12**	
Unscheduled Care	**1790**	**573 (32%)**	**476**	**54**	**43**	

1.0 Service User Experience
1.2 Complaints / Compliments

Main Issues Raised Through Complaints

The Trust actively encourages feedback from our service users including complaints, compliments or enquiries. Such feedback helps identify areas where high quality care is being provided and where this is not the case, use these as an opportunity for learning and improving services.

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

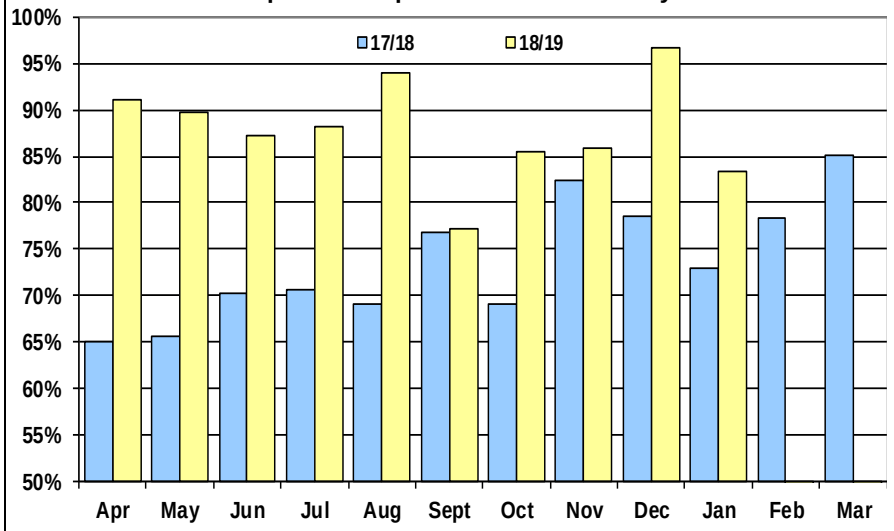
During January 2019 there were 48 formal complaints, 2 of which were reopened. Of these complaints 40 were responded to within 20 working days (83%). The main issues raised are in relation to quality of treatment and care, staff attitude / behaviour and communication, information.
Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff/teams.

Complaints & Compliments information is presented one month in arrears.

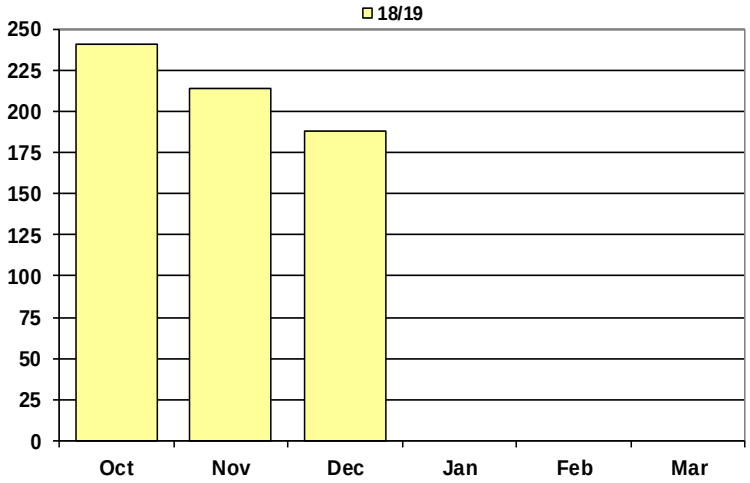
January 2019 Position	MEM	SCS	WCF	MHLDC	Community	Nursing	SDBS	M & G	Finance	Unknown	Trust Total
Number Of Complaints	12	7	13	8	5	2	-	-	1	-	**48**
% Complaints Responded to Within 20 Days	75%	100%	69%	88%	100%	100%	-	-	100%	-	**83%**
Compliments Received											

Change of compliment reporting from October 18. Regional review of compliment reporting ongoing. Figures will be revised when review is complete.

Complaints Responded to Within 20 days



Compliments Received



Compliment reporting changed October 18

2.0 Safe and Effective Care

2.0 Safe and Effective Care
2.1 Healthcare Acquired Infections (CPD 2.3 & 2.4)

Causes/Issues that are impacting on performance

MRSA – PHA has set the Trust target for MRSA bacteraemia in 2018/19 at 7 cases; there have been 12 cases of MRSA bacteraemia at end of February 2019 Overall 9 cases were identified over 48 hours after admission and 3 cases were identified on arrival to ED department or within 48hours of admission. All MRSA bacteraemias are ascribed to the Trust regardless of where they are identified. Going forward a Post Infection Review will continue at ward level for every case of MRSA bacteraemia identified and any case of MSSA bacteraemia where issues have arisen. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients.
CDIFF – The Trust target for CDI (Clostridium difficile infection) in 2018/19 has been set by PHA at 49 cases. At the end of February 2019 the Trust has identified 50 cases of CDI. A breakdown of these figures indicate that 29 cases had an onset of diarrhoea over 48hrs following admission and 21 cases identified within 48 hours of admission. The Post Infection Review process continues at ward level for each case of CDI identified. CDI cases continue to present challenges in relation to early identification and isolation, additionally, current bed pressures and increased patient acuity continue to present difficulties by potentially increasing the risk of transmission.

Actions being taken with time frame

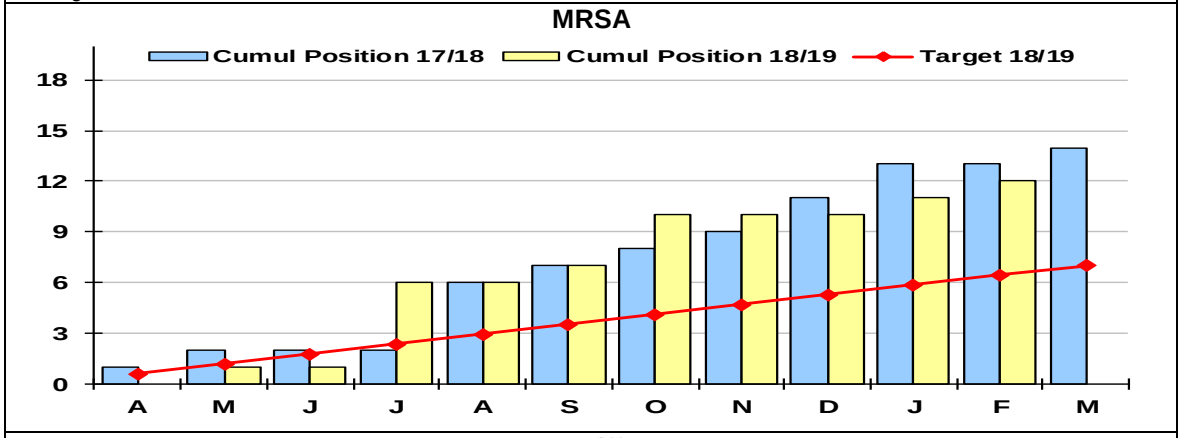
MRSA - Blood Culture Competency based training and Aseptic Non-Touch Technique (ANTT) training on-going across the Trust. Infection prevention and control training DVD shared with private nursing homes and Nursing Home In reach Project by Corporate Nursing Team includes an Infection Control element. IPCN's and the 'In reach Project team' will continue to work alongside PHA colleagues in relation to planning future education for private nursing homes. Education and increased audits of practice will continue for central and peripheral line care in all inpatient areas.
Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust wide. Post Infection Review will continue to be undertaken for every new case of MRSA bacteraemia. Focused commitment by the IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway to increase awareness of MRSA identification, placement and management with all staff. Additional refresher and induction IPC training delivered in both Antrim and Causeway sites
CDIFF – Post Infection Review process continues at ward level for each new case identified. Microbiology-led antimicrobial stewardship rounds continue to support appropriate antibiotic prescribing. These stewardship rounds are being undertaken weekly in Causeway and also undertaken in high use areas where clinical attendance allows. The protocol for Medical assessment of patients presenting with vomiting and/or diarrhoea is enforced by the IPC team who continue to increase awareness of correct placement and management of patients presenting with diarrhoea with all staff. Additional IPC training is delivered as necessary.
Environmental cleanliness audits and clinical practice audits remain on-going. Intensive cleaning programme is on-going across all inpatient areas. Focused commitment by IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas in Antrim and Causeway

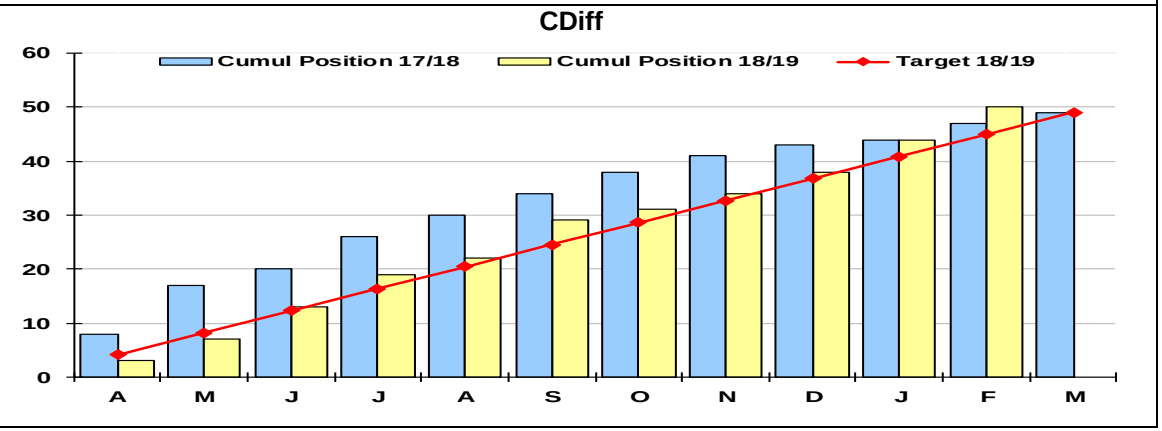
Forecast impact on performance

The Trust has now breached the PHA C Diff target of 49 cases with 50 cases now identified at the end of February 2019. The Trust has also exceeded the MRSA target of 7 cases, with 12 cases recorded up to the end of February 2019.

	Actual Activity 17/18	Dec 18	Jan 19	Feb 19	Cumulative position as at 28/02/19
No of MRSA cases	14	0	1	1	12
No of CDiff cases	49	4	6	6	50
Deaths associated with CDiff	10	0	0	0	1

Target – 2018/19 MRSA = 7, CDiff = 49
While these are the cases reported/detected in a hospital setting, several cases will have come from a community setting.





2.0 Safe and Effective Care
2.1 Healthcare Acquired Infections (CPD 2.3 & 2.4)

Healthcare-associated Gram-negative bloodstream infections CPD 2.3 - By 31st March 2019 secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18. The NHSCT target for 2018/19 is 75 cases > 2 days. **New CPD Target area for 2018/19. Currently awaiting technical guidance for target monitoring.** **Information to be developed for future reports.**	

2.0 Safe and Effective Care
2.2 Stroke (CPD 4.7)

Causes/Issues that are impacting on performance

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

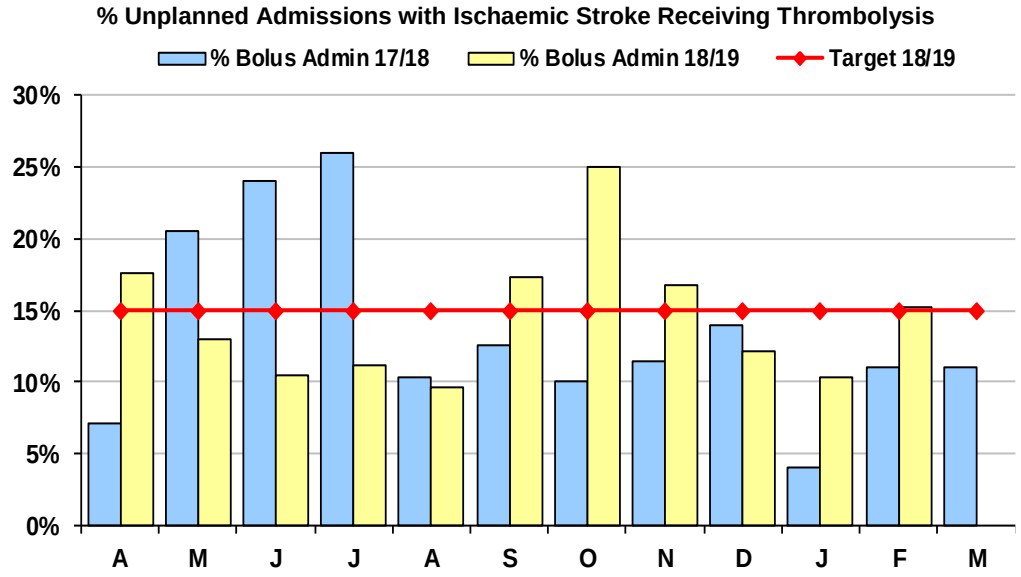
A significant amount of presenters to AAH in particular had a delayed onset or were contraindicative for Lysis on clinical review.

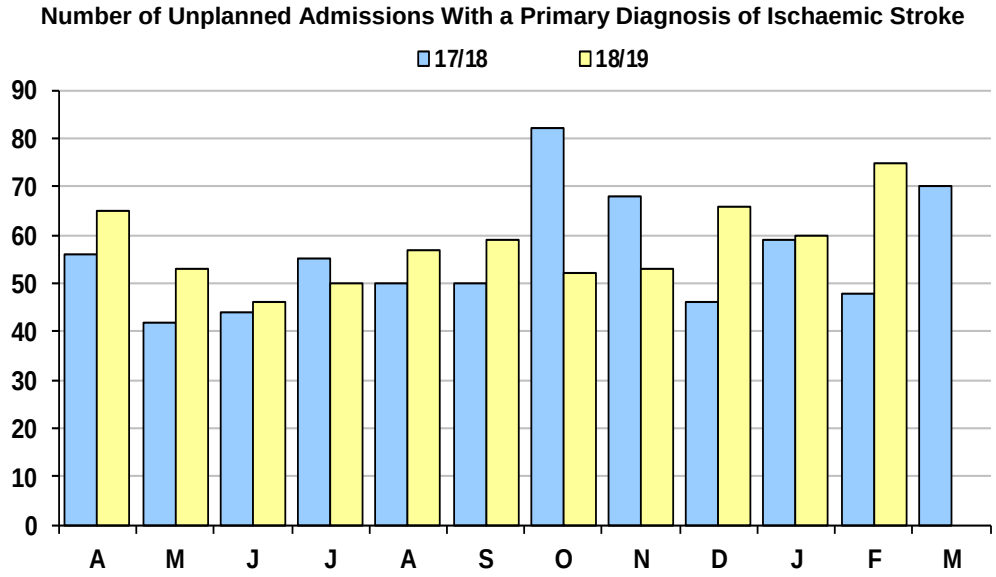
It has been recognised by the regional stroke network that a Lysis target of 15% is ambitious however overall NHSCT yearly figure sits at 14%.

Forecast impact on performance

The average overall yearly Lysis % figure currently sits at 15%; the regional target.

	Target 18/19	Dec 18	Jan 19	Feb 19
% Ischaemic stroke receiving thrombolysis (CPD 4.7)	15%	12%	10%	15%
Number of unplanned admissions with a primary diagnosis of Ischaemic stroke		66	60	75



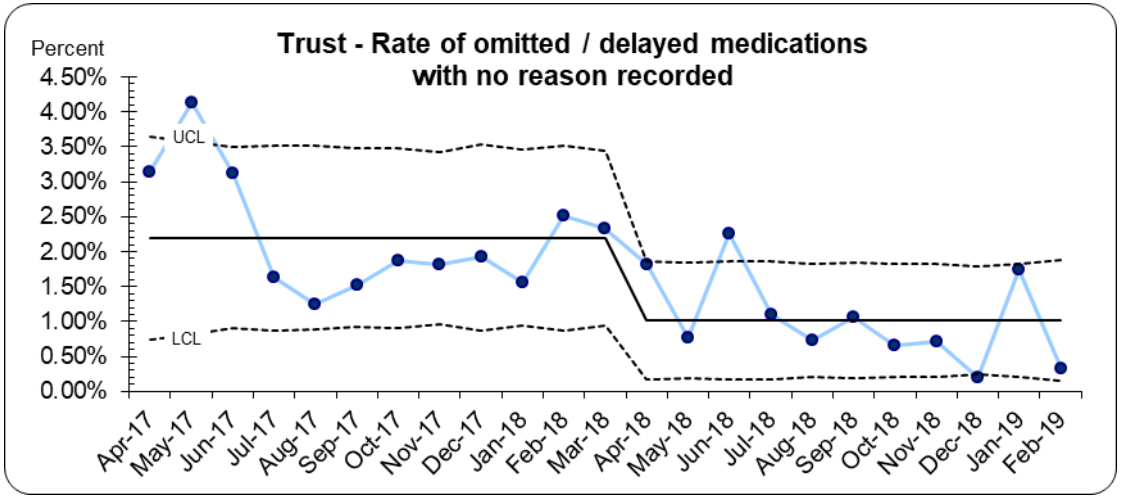


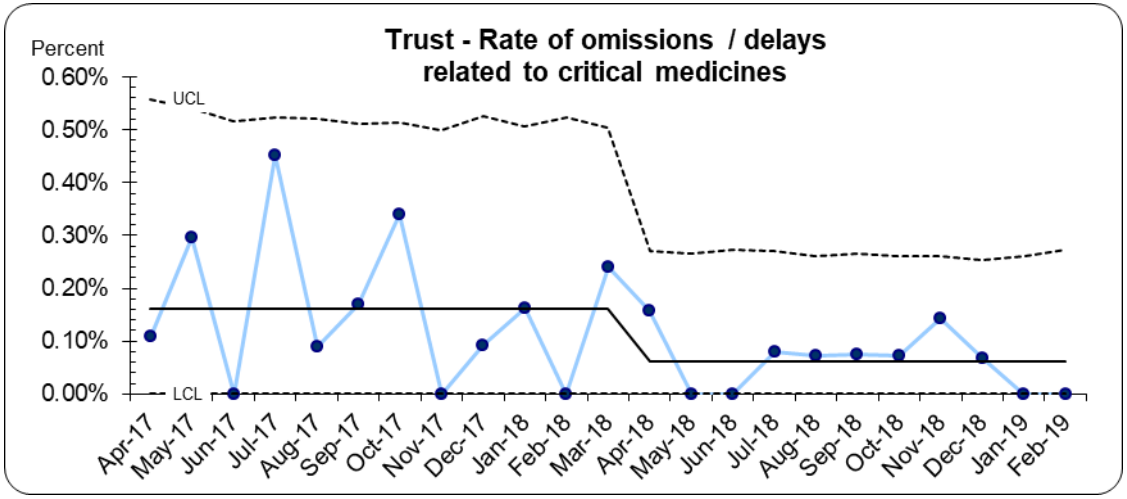
2.0 Safe and Effective Care

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

We will reduce harm from medication errors

Exec. Lead	Aim	Current position
Eileen McEneaney	**OMITTED / DELAYED MEDICINES (KPI)** **To monitor the incidence of prescribed medication that has been omitted or delayed with no reason recorded by 31st March 2019**	• Participate and contribute to regional discussions on data collection and reporting • Validation of ward audit of medicine charts • Agree reporting and data collection processes within Trust in accordance with regional decisions; working group • Continue to raise awareness of impact of omitted and delayed medicines on patient safety
	Description	**Areas for improvement**
	A minimum of 10 charts per month in acute adult in-patient wards. Data is captured for all wards using the Alamac system.	• Agree, develop and contribute to regional discussions on data collection and reporting • Develop further validation process of ward audits of medicine charts • Agree reporting and data collection processes within Trust in accordance with regional decisions; establish working group

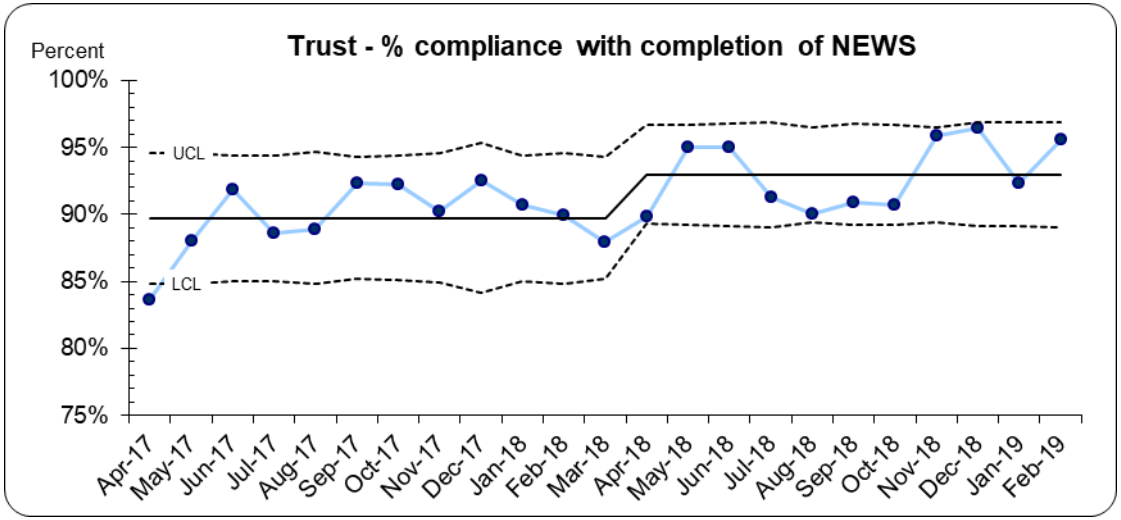


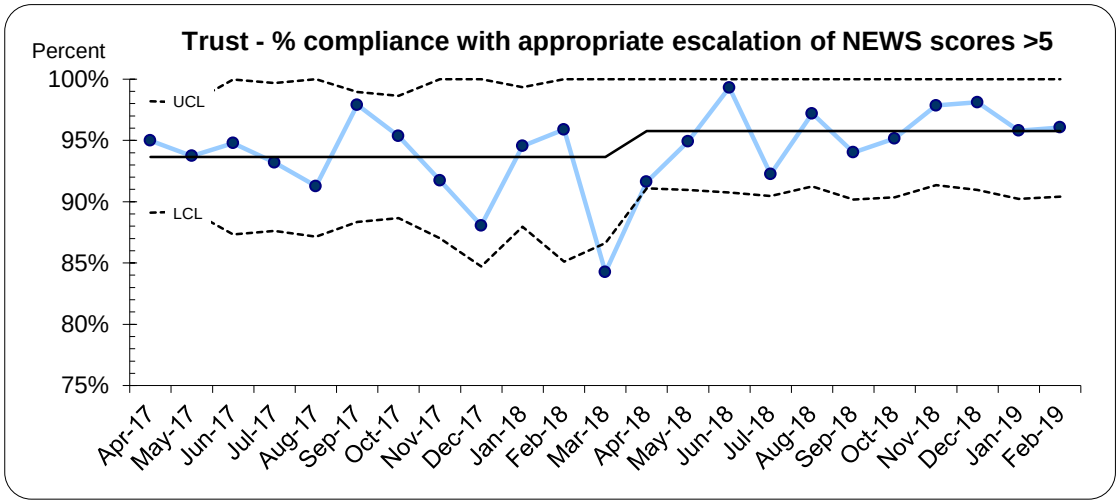


—— = mean
LCL = lower control limit
UCL = upper control limit

We will reduce harm for the deteriorating patient

Exec. Lead	Aim	Current position
Eileen McEneaney	**NATIONAL EARLY WARNING SCORES (NEWS) (KPI)** 1) The aim of the implementation of NEWS is early identification of the deteriorating patient, ensuring appropriate escalation and prompt action 2) **To achieve 95% compliance with accurately completed NEWS by 31 March 2019** 3) To undertake Peer Auditing of NEWS compliance 4) Regional HSC Safety Forum annual audit of NEWS	• NEWS audits continue to be carried out in each ward 10 charts per month • Validation audit carried out • Deterioration patient training has been updated on Mandatory Nurse training programme • Life support courses continue to teach all clinical staff on NEWS
	Description	**Areas for improvement**
	NEWS monthly audits are carried out by all wards on the following elements: Part 1 1. All vital signs recorded 2. Risk score totalled 3. NEWS score correct 4. Evidence of appropriate action taken 5. Frequency of observations recorded on chart 6. Observations recorded to frequency Part 2 1. Documented evidence of appropriate escalation 2. Frequency of observations amended to reflect NEWS score	• Department of Health have asked the HSC Safety Forum to agree a Northern Ireland approach to the implementation and monitoring of NEWS 2 by March 2019 • NEWS 2 e-learning programme has been developed and staff will be expected to complete prior to end of March 2019 • A review of the KPI audit questions and guidance is to be carried out by the Safety Forum with Trust representatives





= mean
LCL = lower control limit
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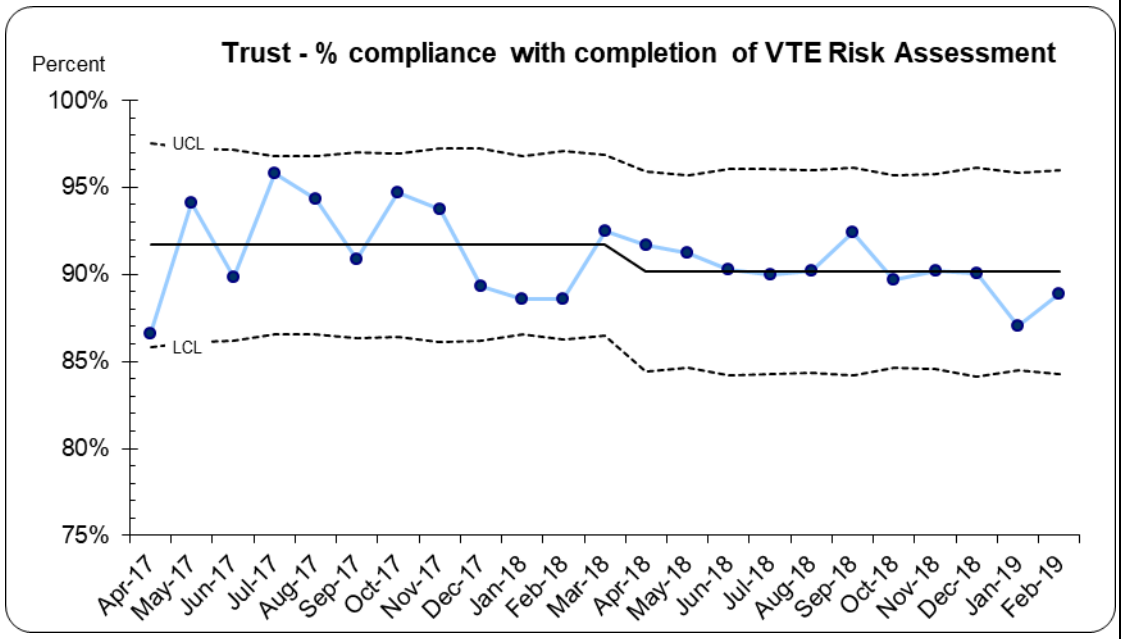
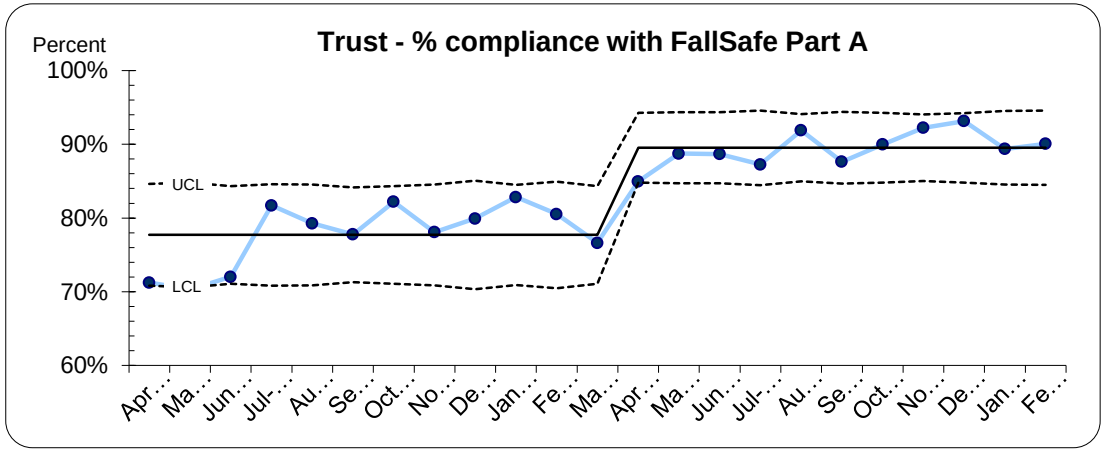
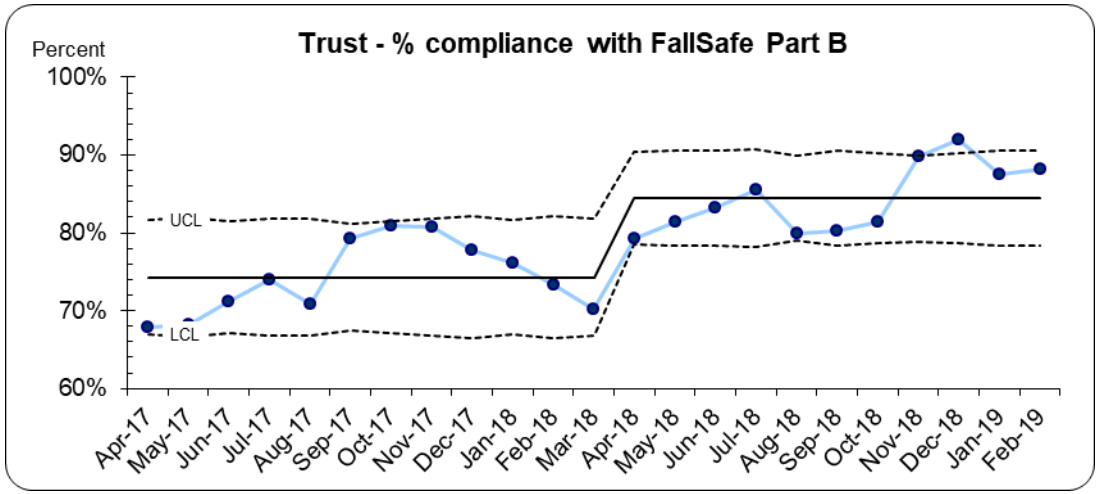
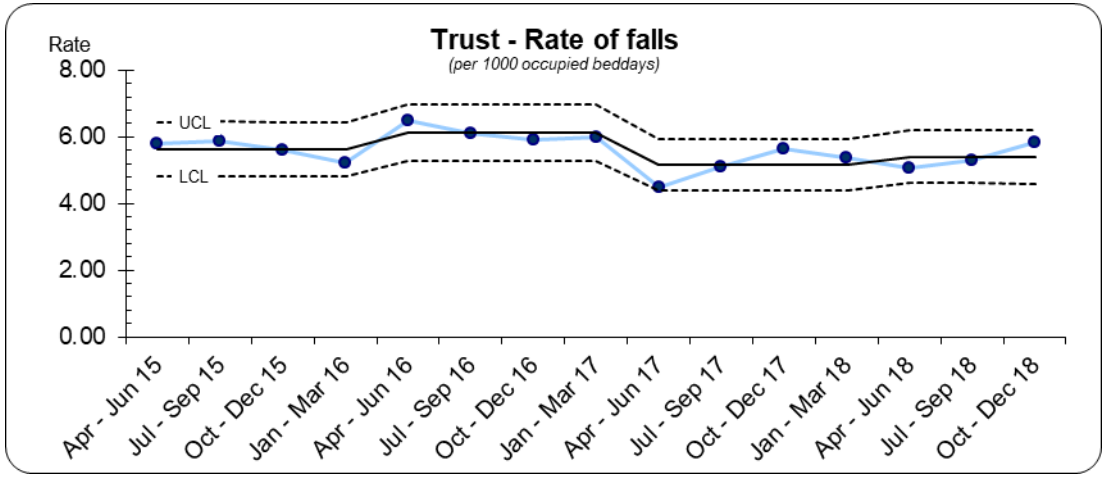
Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Seamus O'Reilly	**<u>VTE</u> (KPI)** **To achieve 95% compliance with VTE Risk Assessment, within 24 hours of admission, across all appropriate adult inpatient hospital wards by 31 March 2019**	The position regards VTE assessment has remained relatively steady. Ward based clinical pharmacists continue to monitor completion of VTE assessment as part of their medicines reconciliation process.	
	Description	**Areas for improvement**	
	% compliance with completion of VTE Risk Assessment (random sample of 10 patients per inpatient ward)	We will consider with the pharmacists further actions that may be taken to ensure compliance. Areas with consistent low compliance will have focussed training to ensure that compliance can be improved.	

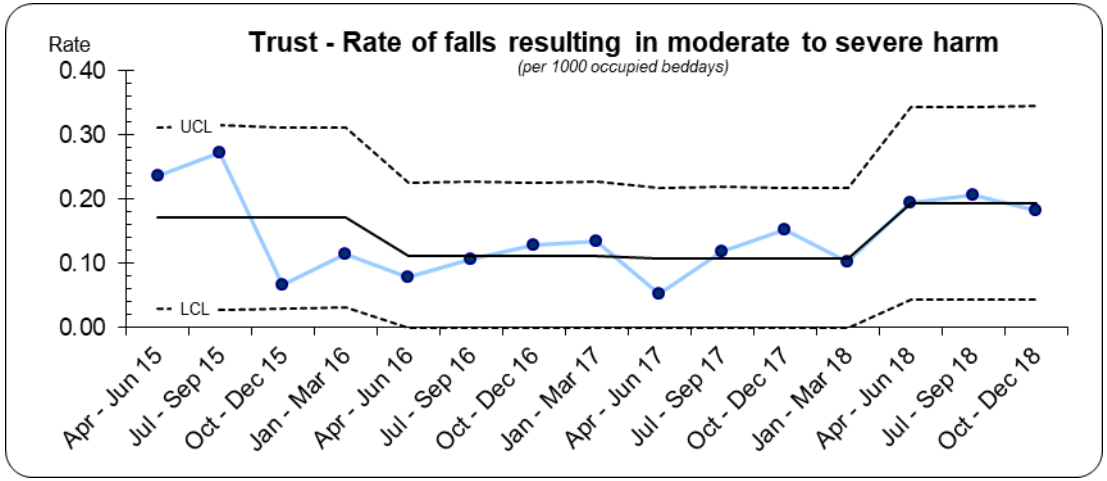
——— = mean
LCL = lower control limit
UCL = upper control limit

Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**<u>FALLS</u> (KPI)** **To continue to improve compliance with Part A & Part B of the Fallsafe Bundle to all appropriate adult inpatient wards by 31 March 2019**	**<u>FallSafe Bundle A & B</u>** • Ongoing delivery of training on FallSafe bundle A & B via CEC • Delivery of 'short falls fast facts' sessions on site • Monthly FallSafe bundle A & B audits completed by wards • Completion of validation audits • Post injurious fall investigations, with Identified areas for improvement • Re-issuing of RCP lying standing blood pressure guidelines • Re-issuing of bundle auditing guidelines	
	Description	**Areas for improvement**	
	Improve compliance with the Part A & B of the FallSafe Bundle through education and training to appropriate staff. This will be monitored through snapshot audits and the learning will be discussed with Ward Managers	**<u>FallSafe Bundle A & B</u>** • Awaiting implementation of new revised nursing documentation – which now contains all relevant nursing FallSafe bundle A & B elements – this should help with compliance rate • Continue with ongoing training delivered via CEC programmes and via the Falls Prevention Team	

= mean
LCL = lower control limit
UCL = upper control limit

Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**<u>FALLS</u> (KPI)** **To monitor the number of falls in all appropriate adult inpatient wards**	• Review of falls on datixweb, in conjunction with Governance department, regarding appropriateness of grading. • Phased introduction of a new 'close observation form' for high risk patients (in-patient facilities only) • Review of the Trust inpatient falls policy. • Guidelines produced regarding the use of assistive technology. • Post injurious fall investigation completed with identified learning	
	Description	**Areas for improvement**	
	Report the number of incidents of falls, Report the number of incidents of falls which result in moderate to severe harm. Report the rate of falls per 1,000 bed days	• Continue education with staff regarding falls, bone health and FallSafe Bundle • Continue with the phased roll out of the 'close observation' form • Continue to work with the Trusts 'enhanced care group' regarding the development of guidelines around supervision	





Figures for Jan - Mar will be available at end of May

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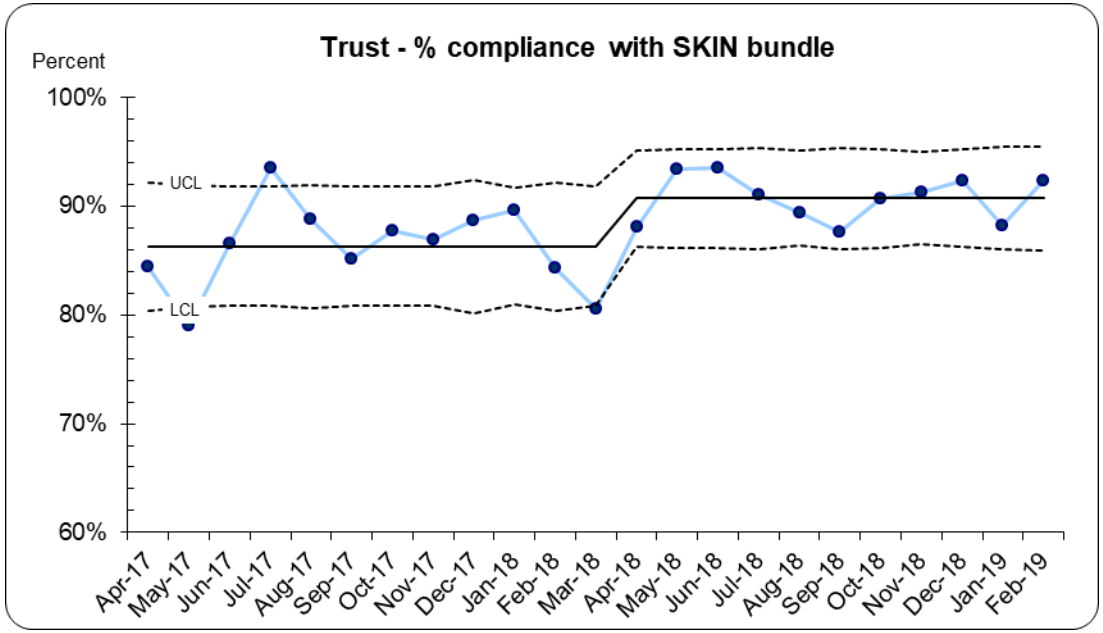
Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**<u>HOSPITAL ACQUIRED PRESSURE ULCERS</u> (KPI)** **To achieve 95% compliance with SKIN bundle by 31 March 2019**	• We have introduced new SSKIN bundle documentation, co-produced with ward staff. The implementation has been accompanied with additional training and support for nursing staff • SSKIN bundle audits continue monthly at ward level	
	Description	**Areas for improvement**	
	% compliance with the SKIN bundle	The TVN team will continue to facilitate and support the implementation of the updated SSKIN bundle to all relevant NHSCT adult inpatient areas.	



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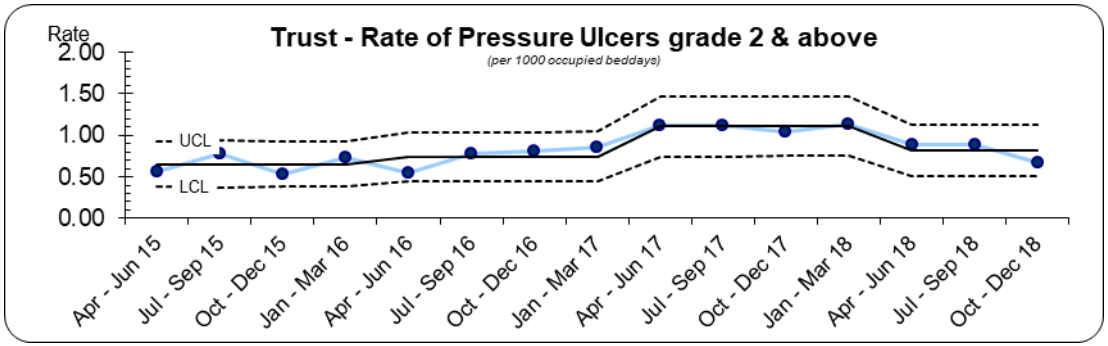
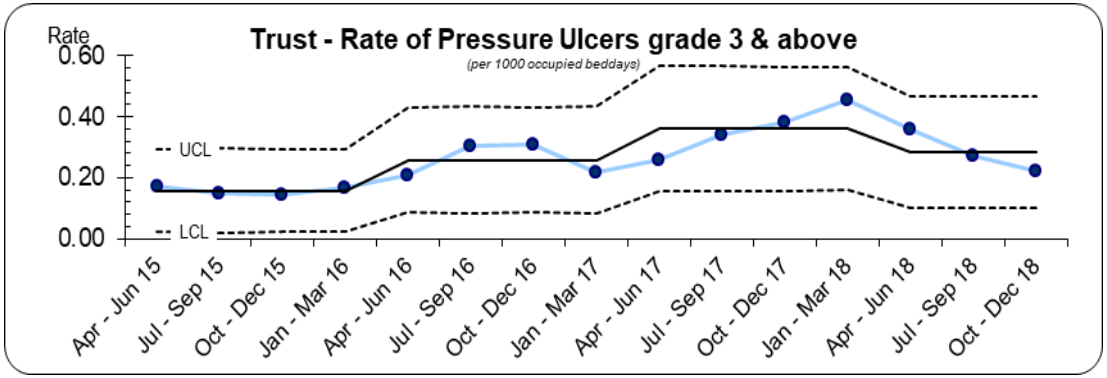
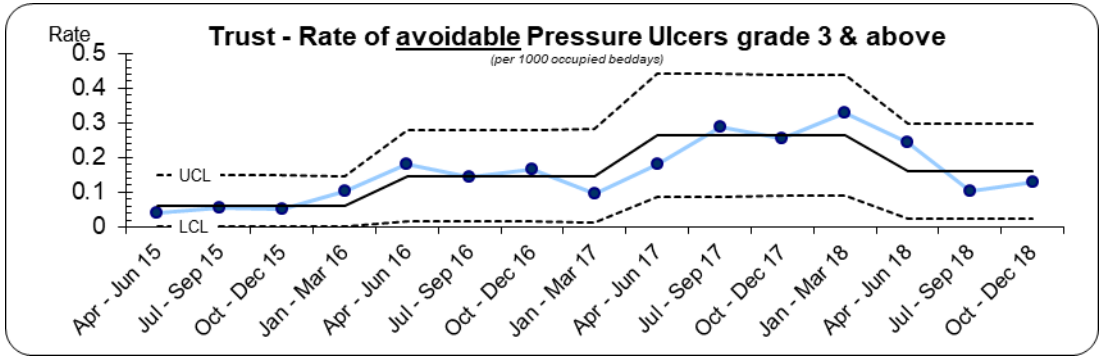
Keeping patients & service users safe in our organisation

Exec. Lead	Aim	Current position
Eileen McEneaney	**HOSPITAL ACQUIRED PRESSURE ULCERS (KPI)** **To monitor the number of hospital acquired pressure ulcers graded 3 & 4 and the number of those which were avoidable**	We have introduced a dashboard on DatixWeb to identify pressure ulcer incidents on a timely basis. This has allowed the tissue viability team to promptly assess and validate the pressure ulcer grade. This has improved the validity and reliability of the numbers of hospital acquired pressure ulcers.
	Description	**Areas for improvement**
	Report the number of incidents of pressure ulcers (grade 3 & 4) occurring in all appropriate adult inpatient wards and the number of those which were avoidable	• There is on-going regional work with PHA in relation to standardising definitions around avoidable and unavoidable pressure ulcers • There is work on-going towards the implementation of a regional screening tool with the required minimum data set as laid out in NICE quality standards







Figures for Jan – Mar will be available at end of May

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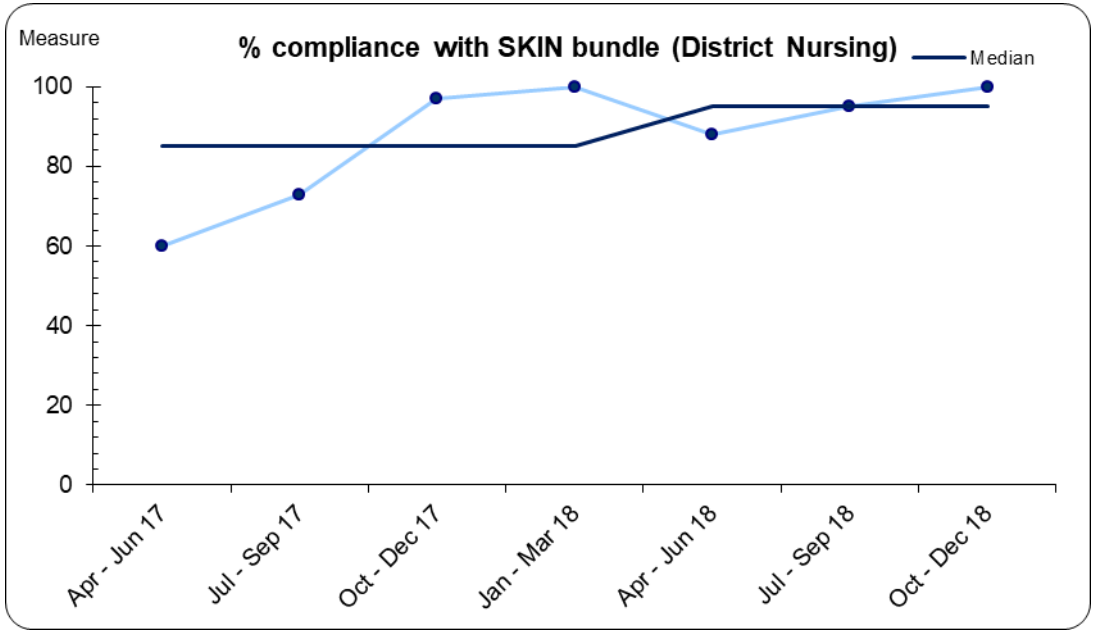
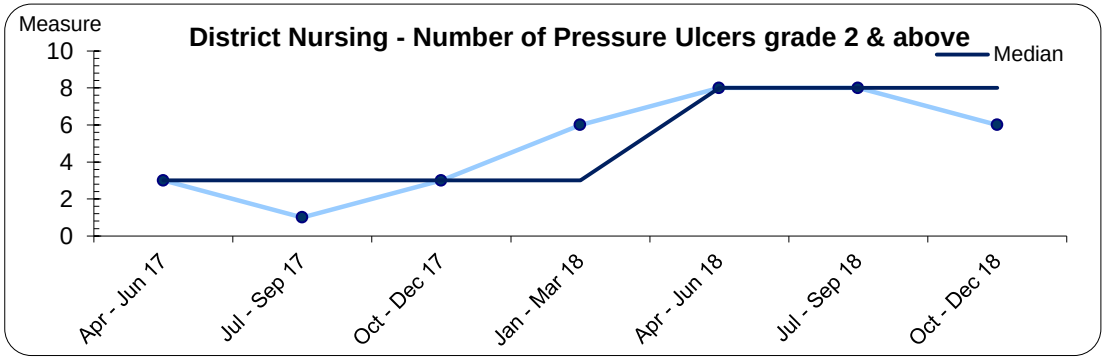
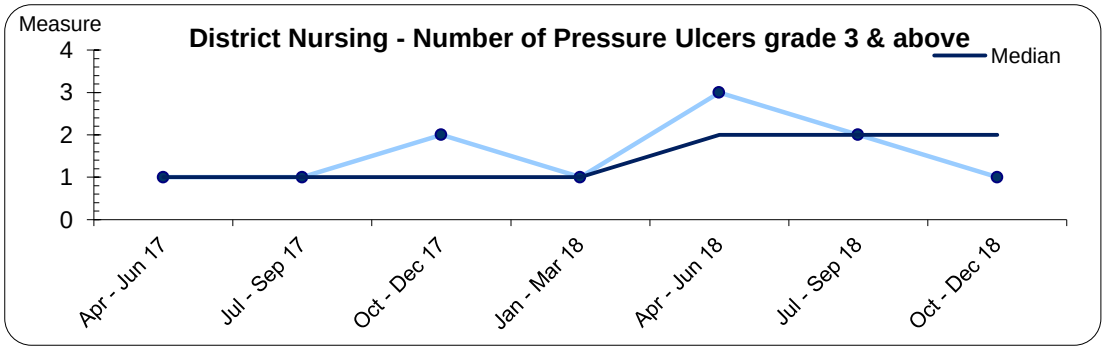
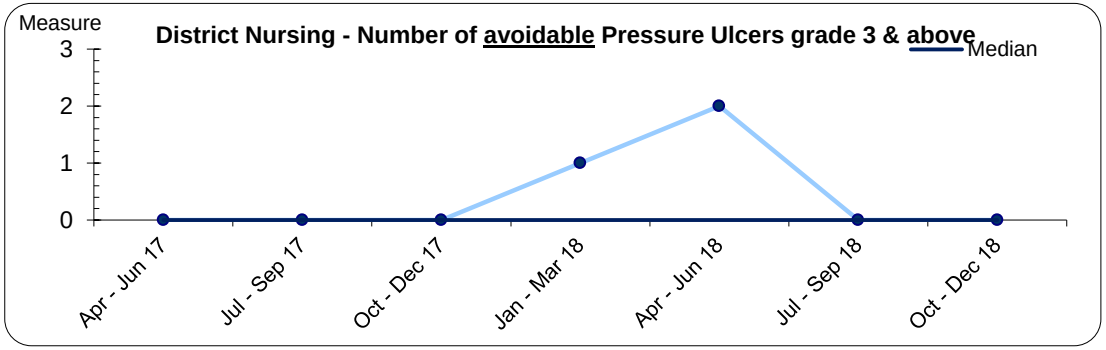
Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**<u>DISTRICT NURSING SKIN</u> (KPI)** **Monitor percentage compliance with all 4 elements of the SKIN bundle in two areas on the community District Nursing working caseload**	• Ongoing education and compliance monitoring within the participating teams • Feedback to all team member on KPI outcomes has been formalised • Roll out of education programme to all DN teams scheduled for Early 2019 • Review of community pressure ulcer management plan/skin bundle documentation scheduled for early 2019	
	Description	**Areas for improvement**	
	% compliance with all 4 elements of the SKIN bundle		

Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**DISTRICT NURSING SKIN (KPI)** **Total number of Grade 3 & 4 reported community pressure ulcers and the number of these which were avoidable in two areas on the community District Nursing working caseload**	Assurance template completed by Professional lead nurse for all RCA reports. This includes assurance that any RCA learning has been shared at team level	
	Description	**Areas for improvement**	
	Report the number of incidents of pressure ulcers (grade 3 & 4) occurring in two areas on the community District Nursing working caseload	• Reissue of communication to DN teams on the requirement to report all Grade 2, 3 and 4 pressure ulcers on datix (only grade 3 and 4 included in KPI audit) • Quarterly validation of Datix reports undertaken with TVN and DN professional practice development nurse	







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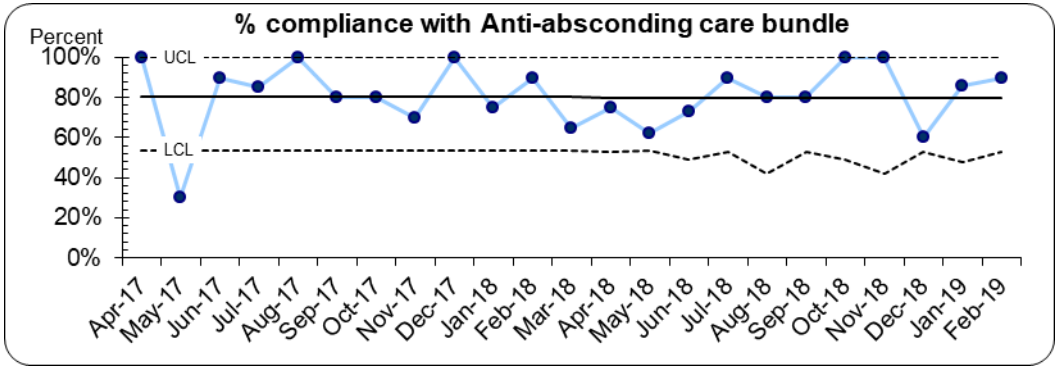
Keeping patients & service users safe in our organisation

Exec Lead	Aim	Current position
Oscar Donnelly	**ANTI-ABSCONDING CARE BUNDLE (KPI)** **To achieve 85% compliance with Anti-absconding Care bundle by 31 March 2019** within appropriate wards. (RTU, TNC, TNL, TNU) To achieve a 10% reduction (207) in the number of absconders by 31st March 2019	• Screening tool adopted and expanded to include Personality Disorder diagnosis, as well as being non gender specific to reflect recent incident form data that indicates high percentage of female patients absconding. This PDSA initiated from 01/08/2018 and teams oriented to the new screening tool. Tool in use and good response from all teams in terms of screening patients on admission • Inaccurate or no recording of debrief in progress notes, and staff identifying the initial joint assessment with the junior doctor as the actual debrief of the patient, however that too not influencing the risk assessment and care plan update. Ongoing reviews of debrief and care plans to ensure that debriefs influence care plan updates
	Description	**Areas for improvement**
	Monitor compliance with the elements of the bundle: • Clarification for patients in relation to their individual leave status • Completion of assessment for patients 'at risk' of absconding • Targeted nursing time for those at risk of absconding been identified • Careful breaking of unpalatable news and associated monitoring of patient • Post-incident de-briefing • Multi-disciplinary review	• Agreed to have the debrief recorded separately by a purposeful separate meeting with the service user taking place with a senior/primary nurse to identify key information on reasons for recent abscontion and future management plans - ongoing • Weekly review and audit of all cases of AWOL to be convened by the team, to identify any trends and risk areas, while also auditing the recording of the debrief meetings - ongoing



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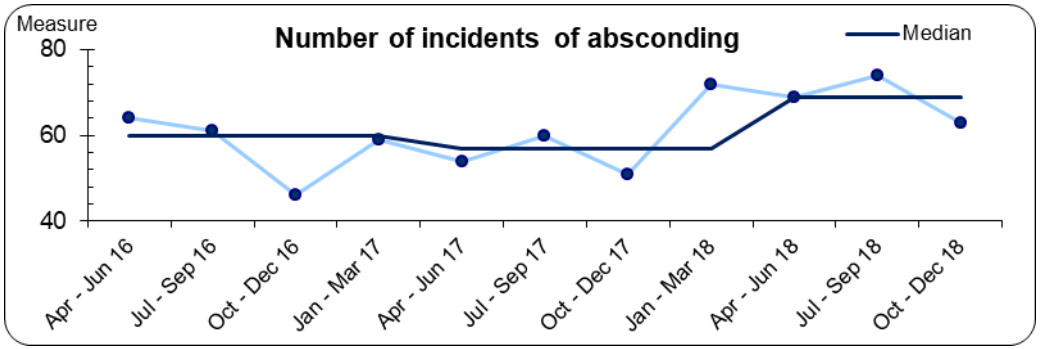

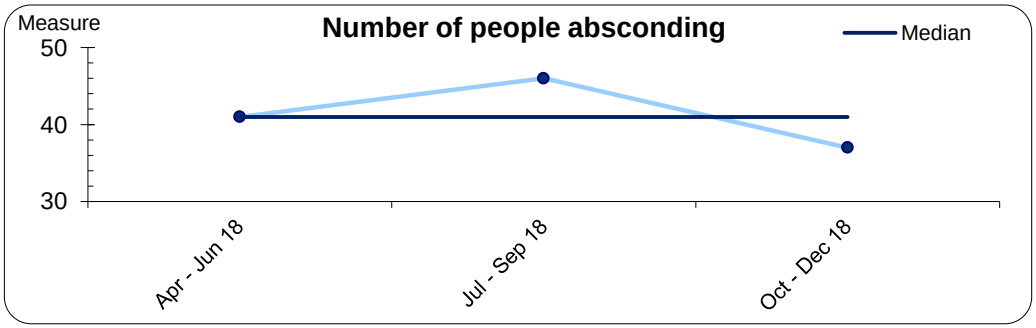

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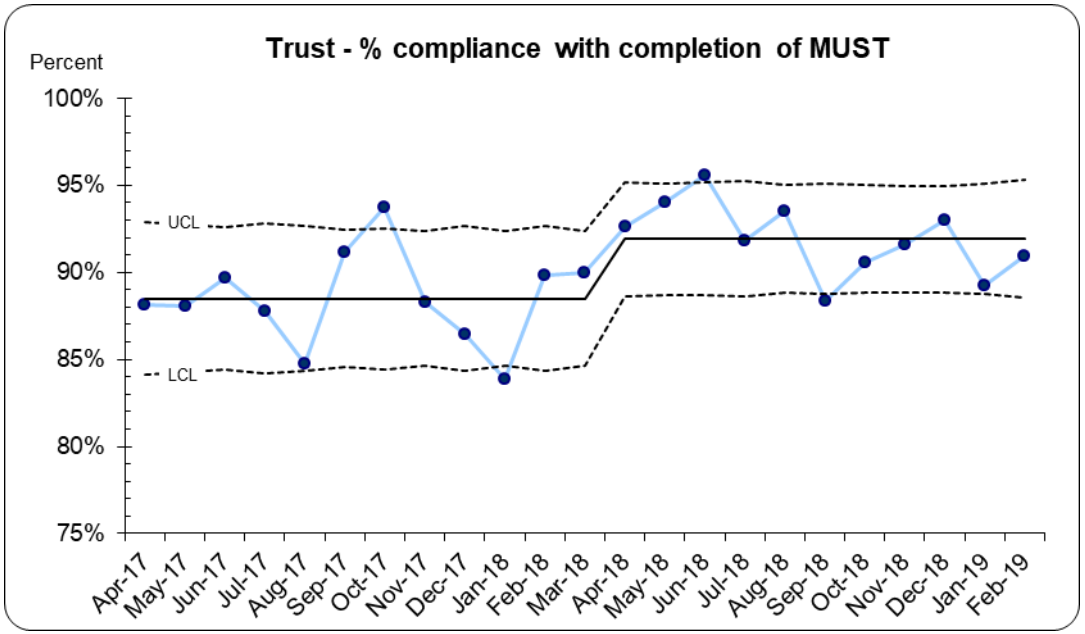
Keeping patients & service users safe in our organisation			
Exec. Lead	**Aim**	**Current position**	
Eileen McEneaney	**<u>MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)</u> (KPI)** **To achieve 95% compliance of the completed MUST tool within 24 hours admission to hospital in all appropriate Adult Inpatient Wards by 31 March 2019**	• Continue to raise and maintain awareness of MUST • Continue to increase compliance of the completed MUST tool within 24 hours admission to hospital in all appropriate Adult Inpatient Wards • Monitor and validate compliance through data collection from Alamac	
	Description	**Areas for improvement**	
	% compliance with completion of MUST screening tool	As above	

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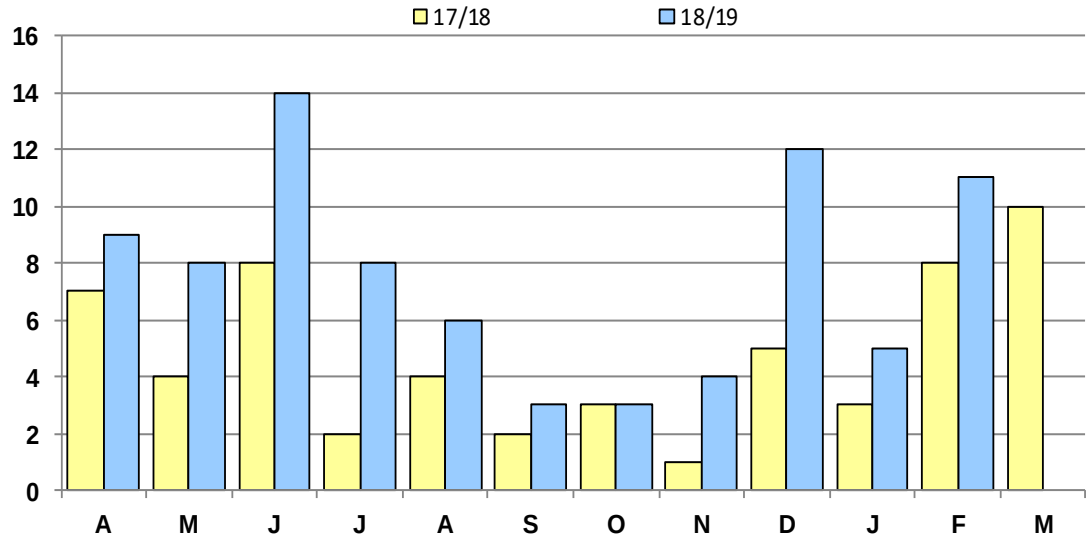
2.0 Safe and Effective Care
2.4 Serious Adverse Incidents

Number of SAIs Notified to the HSCB	Number of new SAI's reported to HSCB during February 2019 (by Directorate and Level of Investigation)							
	Community Care (CC)	Corporate Support Services & Nursing (CSS&N)	Medicine & Emergency Medicine (MEM)	Mental Health, Learning Disability & Community Wellbeing (MHLD&CW)	Surgical & Clinical Services (SCS)	Strategic Development & Business Services (SDBS)	Woman, Children & Families (WCF)	**Total**
Level 1 (SEA)	**0**	0	0	6	1	0	1	8
Level 2 (RCA)	**0**	0	0	0	1	0	2	3
Level 3 (External)	**0**	0	0	0	0	0	0	0
Total	**0**	0	0	6	2	0	3	**11**

NOTE: Level 1, SEA (Significant Event Audit) Investigation reports to be completed within 8 weeks of date reported to HSCB
Level 2, RCA (Root Cause Analysis) Investigation reports to be completed within 12 weeks of date reported to HSCB
Level 3, no definite timescale

Division	Number of SAI investigation reports overdue (have not met regional timescale) by Division by number of weeks as at 28 February 2019					
	0-10 wks	11-20 wks	21-30 wks	31-40 wks	41-60 wks	**Total**
Community Care (CC)	1	0	0	0	0	**1**
Corporate Support Services & Nursing (DON)	1	0	0	0	0	**1**
Medicine & Emergency Medicine (MEM)	2	0	1	0	0	**3**
Mental Health, Learning Disability (MHLD&CW)	11	3	5	4	0	**23**
Surgery & Clinical Services (SCS)	1	0	2	0	0	**3**
Woman, Children & Families (WCF)	2	0	1	0	0	**3**
Woman, Children & Families (WCF)	**18**	**3**	**9**	**4**	**0**	**34**

Number of new SAI investigations notified to the HSCB



3.0 Quality Standards and Performance Targets

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

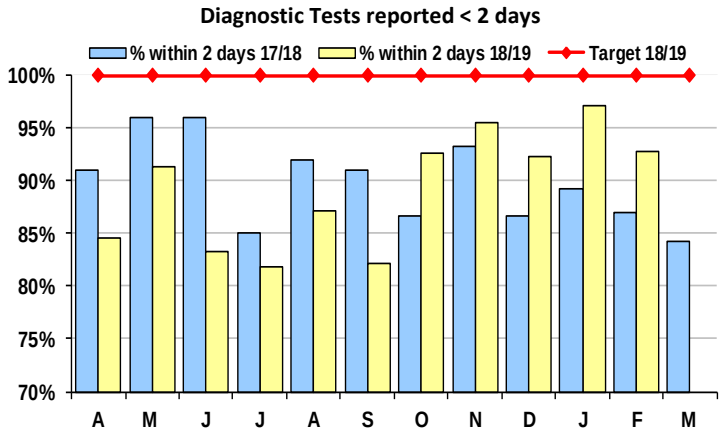
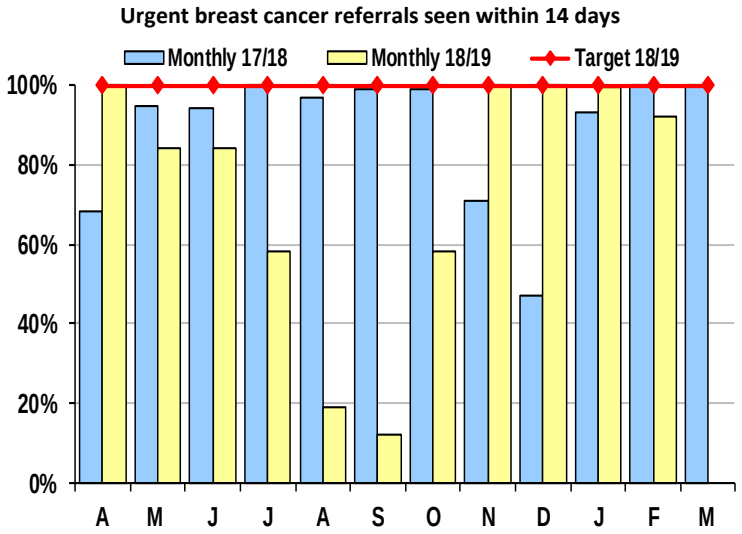
3.1 DoH Commissioning Plan Direction Targets & Standards 2018/19

3.2 DoH Indicators of Performance 2018/19 - Indicators of performance are in support of the Commissioning Plan Direction Targets. (page 51)

3.3 Additional Indicators in Support of Commissioning Plan Direction Targets. (page 58)

3.0 Quality Standards & Performance Targets
3.1 DoH Commissioning Plan Direction Targets & Standards 18/19 - Draft

Elective Care and Cancer Care

Dir	Target/Objective	Monthly Performance Comments, Actions	Trend Analysis
SCS	**Diagnostic Tests Urgent** By March 2019, all urgent diagnostic tests should be reported on within two days (CPD 4.8)	**CAUSES / ISSUES IMPACTING ON PERFORMANCE** There is a significant Reporting Capacity-demand gap. **ACTIONS BEING TAKEN WITH TIME FRAME** Two WTE consultant radiologists have recently taken up post. Additional reporting radiographers will be appointed as part of the new IPT investment (recruitment process is ongoing) however staff will take up to 18 months to reach full competency. Two further consultant radiologists have been aligned to the Trust through the regional international recruitment process but start dates have not yet been confirmed. . **FORECAST IMPACT ON PERFORMANCE** Even with the new investment the Trust will continue to require independent sector support due to shortage in radiologists. Therefore it is anticipated that performance will remain below 100%.	
SCS/MEM/WCF	**Cancer Care 14 day** During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days (CPD 4.9)	**CAUSES / ISSUES IMPACTING ON PERFORMANCE** The breast service is under considerable pressure and is only able to keep on top of demand through significant use of WLI funding. Funded red flag outpatient SBA is 2,880 (240 per month), but in 2017/18 a total of 3,722 patients were seen (310 per month or 29% above core capacity). Running at this level of activity means there is no spare headroom to accommodate an increase in demand or loss of capacity (e.g. through consultant absence). Demand in Apr-Dec 2018 was 10% higher than the same period last year. **ACTIONS BEING TAKEN WITH TIME FRAME** Further to the dip in performance over the summer, a recovery plan was developed to maximise core and additional capacity as far as possible with Trust staff. Other Trusts were contacted to see if they can support and a small number of patients were transferred to the Southern and South-Eastern Trusts. In October there was a step improvement from booking to 28 days at the beginning of the month to the booking time of <14 days by the 29 October. There were no breaches in Nov or Dec. Discussions are ongoing with the commissioner about securing permanent funding to increase the service's core capacity. **FORECAST IMPACT ON PERFORMANCE** Unanticipated consultant absence has impacted on capacity in 2019. In January there was 1 breach, with the longest wait 15 days, which represented a performance of 99.7% against the 14-day standard. In February there were 25 breaches, with the longest wait 16 days; this represents a performance of 92% against the 14-day standard.	

Diagnostic Tests reported < 2 days

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
84%	85%	91%	83%	82%	87%	82%	93%	96%	92%	97%	93%	↓

Urgent breast cancer referrals seen within 14 days

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
100%	100%	84%	81%	58%	19%	12%	58%	100%	100%	99.7%	92%	↓

SCS/MEM/WCF

Cancer Care 31 day

During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat (CPD 4.9)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Ongoing issues in breast cancer, where a high level of demand for red flag outpatients has resulted in increased pressure on the surgical service as patients convert to requiring procedures. As the team is already stretched maintaining the 14-day target, there is not enough surgical capacity to consistently meet the 31-day timeframe.

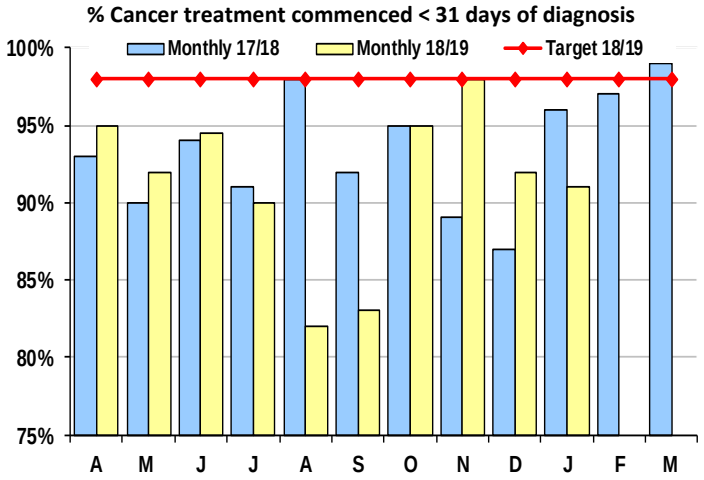
ACTIONS BEING TAKEN WITH TIME FRAME

Additional theatre lists are being arranged where possible. A review of the breast service is underway at a regional level, to agree how best to ensure a sustainable service for the future.

FORECAST IMPACT ON PERFORMANCE

It is likely there will continue to be 31-day breaches in breast surgery until permanent additional capacity can be secured.

% Cancer treatment commenced < 31 days of diagnosis												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
99%	95%	92%	95%	90%	82%	83%	95%	98%	92%	91%		↓



SCS/MEM/WCF

Cancer Care 62 day

During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. (CPD 4.9)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Lower/upper GI: Delays in accessing surgical OP remain – increased demand and lack of OP and theatre capacity.
Lung: complex cases requiring a number of diagnostic tests, delays in PET scans and thoracic surgery in BT. Delays continue for PET, BT sending suitable patients to Dublin for procedure.
Breast: Delays are likely to continue in undertaking breast surgery depending on the numbers washing through secondary to higher demand
Skin: The use of independent sector for red flag has prevented further deterioration in Dermatology performance to date.
Gynae: continuing delays in accessing hysteroscopy within 14 days due to unplanned leave of medical staff member, with additional lists being arranged to meet demand.

ACTIONS BEING TAKEN WITH TIME FRAME

Lower/upper GI: Additional endoscopy sessions for Red Flag patients.
Breast: Additional outpatient clinics and inpatient theatre lists being arranged with elective access funding.
Lung: proactive monitoring in place
Gynae: additional hysteroscopy sessions being undertaken.
Skin: Additional in house outpatient and surgical lists have been undertaken following transfer of patients to the Independent Sector. Belfast working with PHA to address capacity issues for plastic surgery

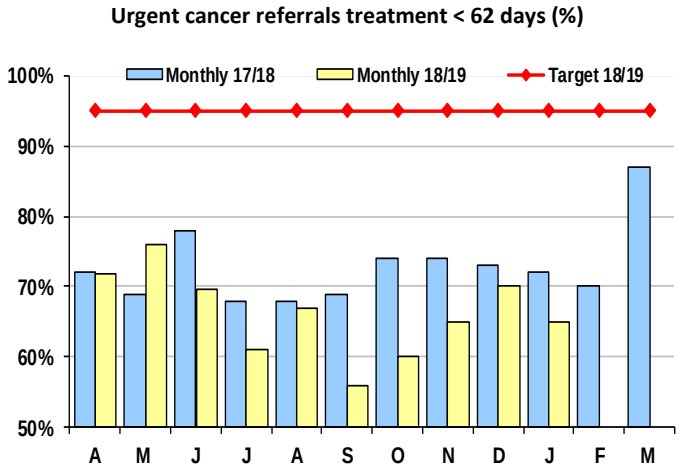
FORECAST IMPACT ON PERFORMANCE

Lower GI: performance is likely to remain below the target level due to delays accessing first outpatient appointment and endoscopy.
Skin: a lack of IS capacity across the summer months has lead to longer waits for a first OP appointment and is likely to lead to a deterioration in 62-day performance in the autumn.

Urgent cancer referrals treatment < 62 days (%)												
Tumour Site	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
ALL	**72%**	**76%**	**70%**	**61%**	**67%**	**56%**	**60%**	**65%**	**70%**	**65%**		↓
B	100%	100%	89%	60%	100%	61%	82%	92%	97%	100%		
G	33%	36%	40%	25%	13%	22%	43%	50%	75%	44%		
H	100%	78%	100%	100%	71%	71%	67%	64%	67%	25%		
HN	0%	-	0%	33%	17%	100%	0%	0%	-	0%		
LGI	11%	11%	16%	14%	0%	10%	29%	0%	30%	22%		
UGI	50%	50%	25%	67%	33%	71%	57%	0%	33%	25%		
L	100%	67%	60%	25%	56%	40%	43%	60%	44%	75%		
S	93%	94%	97%	90%	87%	77%	76%	82%	81%	81%		
O	-	-	-	0%	-	100%	0%	33%	100%	-		

Urology now under Western Trust

Figures are subject to change as patient notes are updated.



<u>January 19 Position by Tumour Site – Number of cases for Month</u>

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

(B) Breast Cancer – 16.0 patients treated
(G) Gynae Cancers – 4.5 patients treated
(H) Haematological Cancers – 4.0 patients treated
(HN) Head/Neck Cancer – 1.0 patients treated
(LGI) Lower Gastrointestinal Cancer – 9.0 patients treated
(UGI) Upper Gastrointestinal Cancer – 2.0 patients treated
(L) Lung Cancer – 4.0 patients treated
(S) Skin Cancer – 13.0 patients treated
(U) Urological Cancer – 1.0 patients treated
(O) Other – 0.0 patients treated

SCS/MEM/WCF

Outpatient Waits

By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment (CPD 4.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

This is not a performance issue. Demand is significantly higher than capacity in a great number of specialties. The most notable change / deterioration in this performance is due to there being limited capacity to undertake additional in-house activity and little funding available to transfer new outpatients to the Independent Sector.

ACTIONS BEING TAKEN WITH TIME FRAME

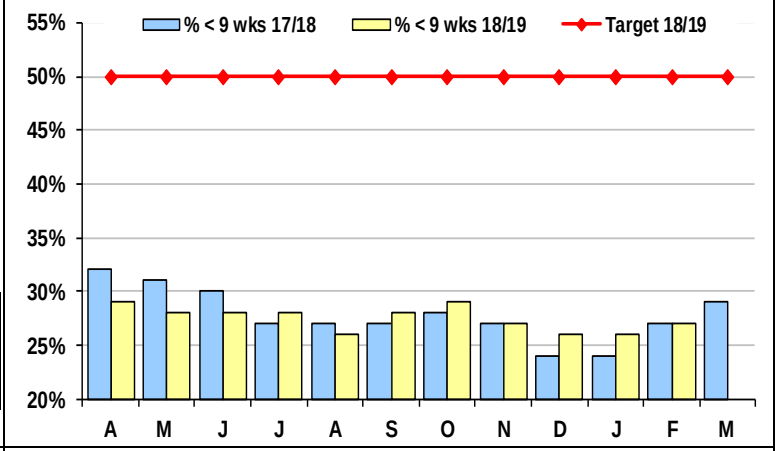
Continue to maximise all available outpatient capacity and maintain low DNA rates for new and review patients. Elective access funding has been made available to transfer 217 long waiting dermatology patients to the IS.

FORECAST IMPACT ON PERFORMANCE

There is a significant demand/capacity gap in a range of outpatient specialties. The position is likely to deteriorate further.

Core & Independent Sector patients waiting < 9 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
29%	29%	28%	28%	28%	26%	28%	29%	27%	26%	26%	27%	↑



SCS/MEM/WCF

Outpatient Waits

By March 2019, no patient to wait longer than 52 weeks. (CPD 4.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

This is not a performance issue - See 9 week target.

ACTIONS BEING TAKEN WITH TIME FRAME

See 9-week target.

FORECAST IMPACT ON PERFORMANCE

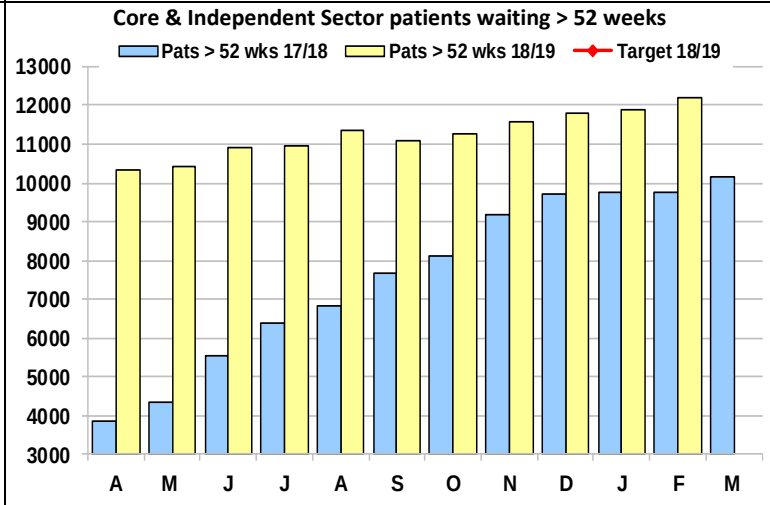
See 9-week target.

Core & Independent Sector patients waiting > 52 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
10167	10314	10439	10893	10933	11374	11066	11277	11592	11789	11882	12196	↓

Core & Independent Sector patients total patients waiting

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
36208	37463	37584	38317	39045	39528	39666	39939	39827	40198	40474	41393	



SCS

Diagnostic waits

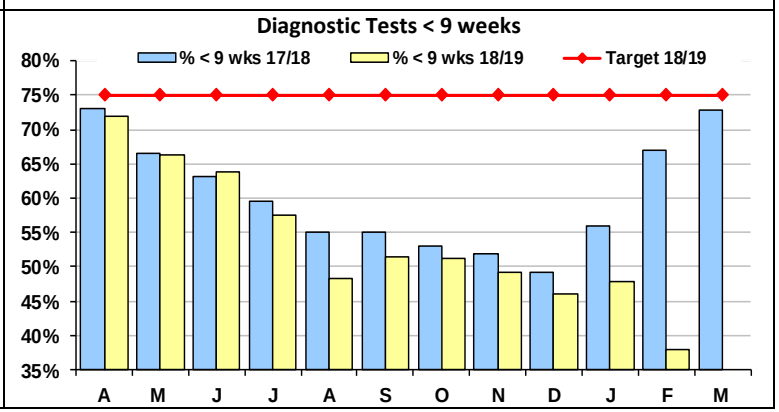
By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. (CPD 4.11)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

This is not a performance issue. SBA volumes are being met but diagnostic demand exceeds capacity across all modalities. The rise in unscheduled activity care continues to compromise elective waiting times and imaging equipment is running at full commissioned capacity.

ACTIONS BEING TAKEN WITH TIME FRAME

Additional activity is being undertaken with non-recurrent elective access funding, but it will take several months to fully address the backlog. Confirmation of recurrent funding for CT, NOUS and plain film x-ray has now been received and plans are in place to commence recruitment of additional staff (recruitment process ongoing) however capacity will still be restricted in some modalities due to the number of scanners in operation. 2nd MRI scanner operational on Antrim site from Nov.



FORECAST IMPACT ON PERFORMANCE

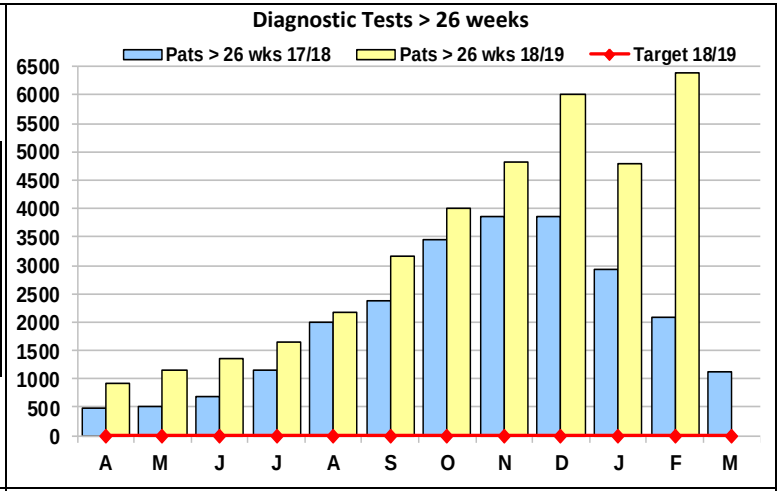
Waiting times will reduce however recruitment and the need for additional scanners will continue to limit overall improvement.

Diagnostic Tests < 9 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
73%	72%	66%	64%	58%	48%	51%	51%	49%	46%	48%	38%	↓

Diagnostic Tests > 26 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
1118	928	1146	1350	1644	2185	3150	4009	4815	6000	4790	6405	↓



SCS

Diagnostic waits Endoscopy

By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient should wait longer than 26 weeks (CPD 4.11)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

While recurrent investment was received into gastroenterology which has increased endoscopy capacity, it has not yet been possible to provide all associated endoscopy lists.

ACTIONS BEING TAKEN WITH TIME FRAME

Elective access funding for additional in-house capacity has been secured for 2018/19, which will be focused on maintaining red flag waiting times. No funding has been allocated to transfer routine patients to the Independent Sector, and there is no regional framework in place to procure IS contracts. Project underway to create additional capacity through extended working in endoscopy. Additional nurse endoscopy staff in training.

FORECAST IMPACT ON PERFORMANCE

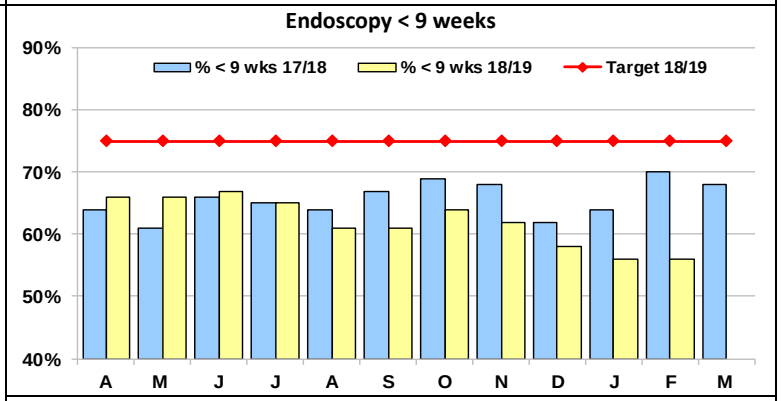
Routine waiting times are likely to increase until additional capacity can be secured through increasing core volumes and/or transferring patients to the Independent Sector.

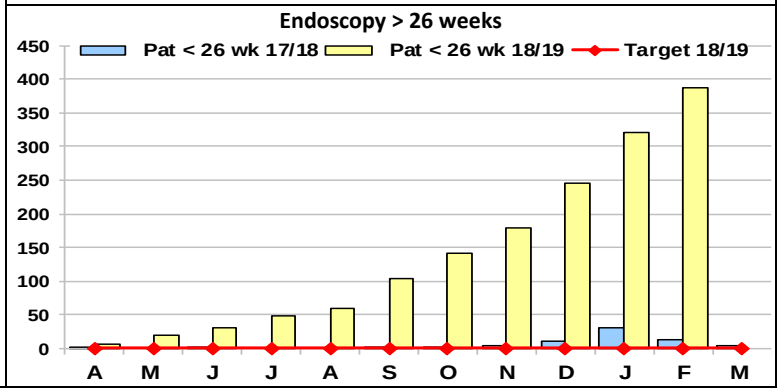
Endoscopy < 9 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
68%	66%	66%	67%	65%	61%	61%	64%	62%	58%	56%	56%	↔

Endoscopy > 26 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
3	6	18	31	48	58	103	142	180	246	320	388	↓





SCS/MEM/WCF

Inpatient / Daycase Waits

By March 2019 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks. (CPD 4.12)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Theatre capacity: High demand for red flag and urgent patients and a lack of theatre capacity on the Antrim site reduces the Trust's ability to treat routine inpatients, increasing overall waiting times.

Unscheduled pressures: There has been a planned reduction in the number of routine patients scheduled over the winter months due to significant pressure on the unscheduled care system.

Demand/capacity gap: There is a gap between capacity and demand in a range of surgical specialties requiring capacity to be focused on confirmed cancer and urgent cases.

ACTIONS BEING TAKEN WITH TIME FRAME

Unscheduled pressures: the Trust has continued to reduce its elective admissions to allow for unscheduled pressures. This policy is being kept under close review. Funding has been made available to transfer 45 long waiting patients to the Independent Sector.

FORECAST IMPACT ON PERFORMANCE

The capacity/demand gap and ongoing reduction in elective admissions is likely to result in an overall increase in waiting times.

Excludes scopes which are solely within 9 weeks position

Core & Independent Sector patients waiting < 13 weeks

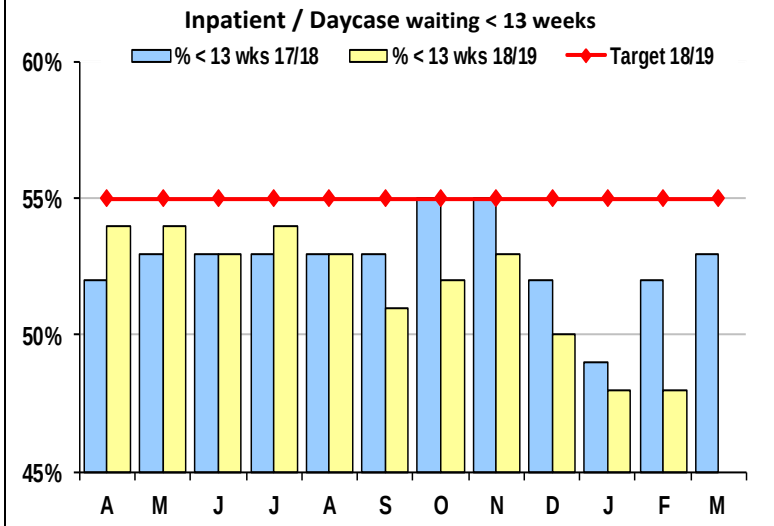
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
53%	54%	54%	53%	54%	53%	51%	52%	53%	50%	48%	48%	↔

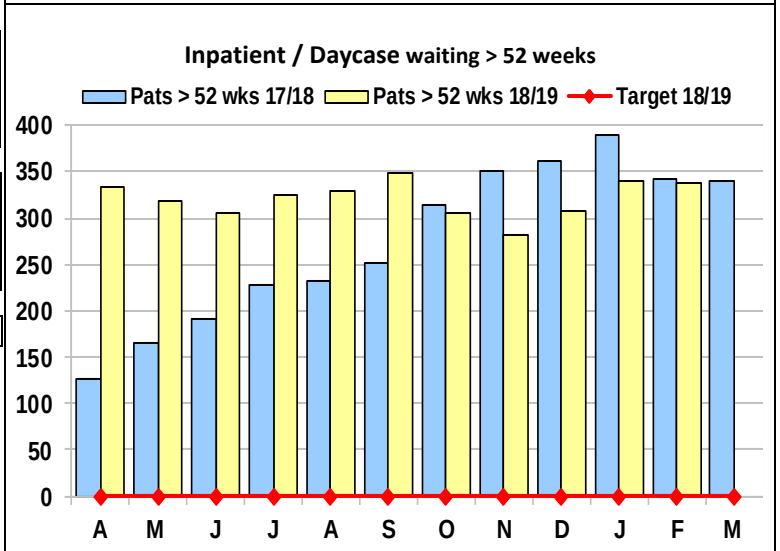
Core & Independent Sector patients waiting > 52 weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
340	333	318	305	325	329	349	306	282	307	340	338	↑

Core & Independent Sector total patients waiting

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4495	4553	4574	4601	4653	4698	4823	4903	4889	5041	5178	5260





SCS/MEM/WCF/CC

AHP Waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Physiotherapy (3037) Orthoptics (0), Dietetics (1102) - Breaches are in physiotherapy and dietetics. Both these services have a significant capacity/demand gap recognised by the commissioner.

SLT (493) - The number of 13 week breaches rose from 544 at the end of July to 955 at the end of March 2018 but has since fallen to 493 at the end of February 2019. The length of longest wait has reduced from 21 months to 20 months at the end of February. Analysis of Waiting lists confirms that majority of breaches are within Adult Community SLT and relate to Dysphagia. This is primarily due to the rate of referrals being significantly greater than the capacity of the service across all Adult SLT. The capacity of the service has also been impacted by Maternity leaves and vacancies which have consistently reduced the capacity by approximately 40%. Limited availability of trained agency/temporary staff has increased the difficulties of the service to match demand. The service has been required to focus on Adult Inpatient demands to support early discharge from hospital and therefore efficient use of bed space. Adult Inpatient demands have significantly increased and this prioritisation has impacted Community SLT waiting list.

Community OT/Paediatrics/Dementia Services/Learning Disability - There continues to be delays in accessing Occupational Therapy Services in Adult Community and Paediatrics particularly. This is due to gaps in service impacting on the overall capacity of services to deliver on the Performance targets. Gaps in service are a consequence of sick leave, maternity leave and delays in recruitment to vacancies. There are particular issues with appointing to Band 5 positions as the Regional Recruitment list has currently no active applicants. Meetings are arranged with BSO to consider options. The Adult Community service is showing gradual steady improvement which should continue until the end of March. The Dementia service has also moved to a breaching position due to two maternity leaves though the service is optimistic that the position will not dramatically deteriorate.

ACTIONS BEING TAKEN WITH TIME FRAME

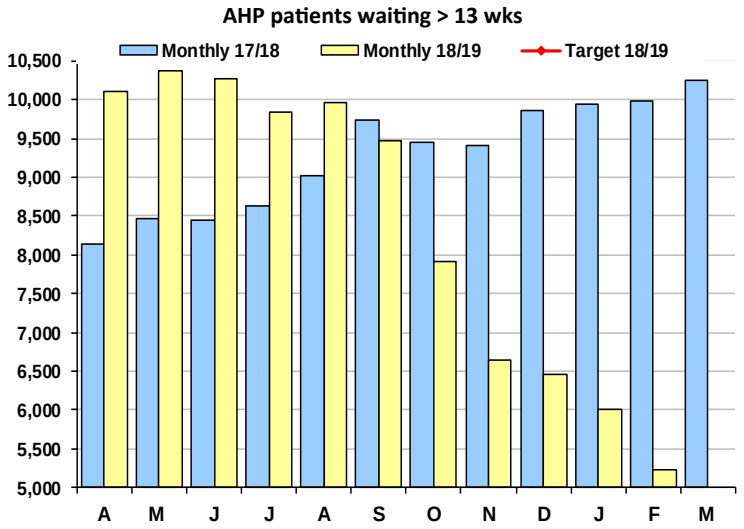
Physiotherapy and Dietetics - Services continue to deliver contracted volumes and focus on areas of highest clinical risk. Group sessions have been rolled out across outpatient physiotherapy services in the Trust as well as a number of other initiatives aimed at reducing waiting times including validation of waiting lists. The Trust has decided to invest demography funding in physiotherapy which will address the capacity gap in this area. Elective access funding has been received for 3,100 physio and 371 dietetics assessments, which will result in a reduction of patients waiting over 13 weeks in both these services

SLT - The service is implementing a range of plans to stabilise and then reduce numbers waiting and the length of wait. These include realigning current working practices based on prioritised demands, recruitment, use of agency staff, overtime clinics, increased hours for existing staff, demand and capacity analysis, business case development to highlight and support the service, review of how LCID is used to capture activity increase capacity and reduce DNAs through partial booking and develop care and treatment pathways, defining maximum inpatient demand and therefore minimum community capacity, and developing care and treatment pathways.

Community OT/Paediatrics/Dementia Services/Learning Disability - Action plans are in place to manage the situation in Paediatrics and Community. A Recovery Plan has been developed in Community Services but the projections are very dependent on a stable workforce.

Actions highlighted in previous reports are ongoing. Such as:

- working with operational management to fast track recruitment processes.
- Additional hours offered to staff
- validation of waiting lists to ensure accuracy,
- movement of staff across localities to areas in greatest need,
- maximising use of clinic facilities and group sessions as appropriate,
- appointment of temporary staff to address longest waiters
- appointment of Agency staff as appropriate- this has proved difficult due to staff availability



13 Week Breaches by Service Area

Dietetics – 1102
Occupational Therapy – 595
Orthoptics - 0
Physiotherapy - 3037
Podiatry - 0
Speech and Language Therapy - 493

FORECAST IMPACT ON PERFORMANCE

Physiotherapy and Dietetics - Demography funding will address the capacity gap in physiotherapy once staff are fully recruited, which should prevent the waiting list position from deteriorating further. Elective access funding will reduce the number of patients waiting over 13 weeks.

Community OT/Paediatrics/Dementia Services/Learning Disability - In Community Adults, a further improvement in the overall volume of breachers has been achieved. It is anticipated that further gradual improvement is likely. Paediatrics has deteriorated slightly though monthly performance meetings are in place with the Assistant Director to monitor the situation and ensure all necessary steps are being taken to address the issue. Learning Disability Services shows a continued improvement with further improvement anticipated before the end of March due to recent appointments improving staffing levels.

Dementia Services are expected to stabilise with an expectation that the situation will not significantly deteriorate from the current position.

AHP patients waiting > 13 wks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
10255	10107	10371	10278	9836	9963	9461	7911	6644	6448	6012	5227	↑

SCS/MEM/WCF

Hospital Cancelled Appts

By March 2019, to establish a baseline of 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 and by March 2020 seek a reduction of 5%. (CPD 7.3)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

These cancellations are for a variety of reasons including consultant sick leave or a requirement to attend court at short notice; however there are some cancellations due to the requisite notice not being given for annual or study leave.

ACTIONS BEING TAKEN WITH TIME FRAME

Escalation to management if clinics are being cancelled at <6 weeks' notice for any reason other than unforeseen circumstance. Reinforced awareness of the notice requirements for annual and study leave and will continue to monitor this at specialty level.

FORECAST IMPACT ON PERFORMANCE

Under review

Number of hospital cancelled outpatient appointments rescheduled for a later date

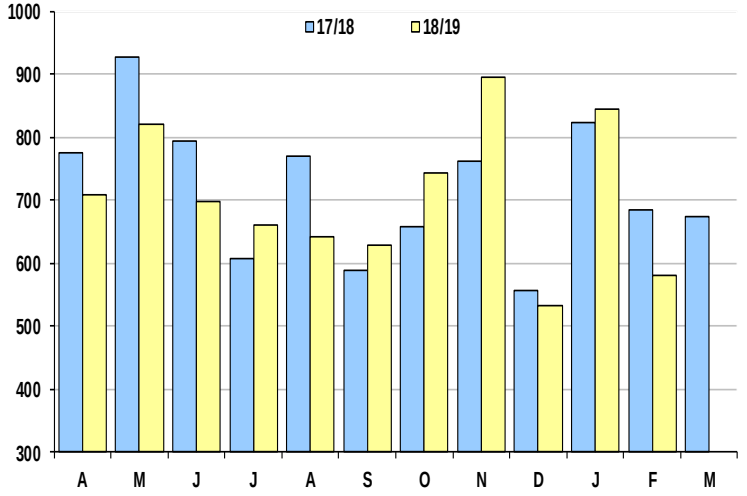
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
673	710	822	697	660	642	629	743	895	532	845	581

Cancellations where the date of appointment was changed, resulting in it being rescheduled for a later date.

Patients could also be impacted in one of the following ways:
-Date of the appointment was changed, resulting in it being brought forward to an earlier date.
-Time of the appointment was changed but no change in date.
-Location of the appointment was changed but no change in date.

A breakdown of these are included for Indicator G2.

Hospital Cancellations Rescheduled for a later date



Pharmacy	**Anti-biotic prescribing** (CPD 2.2 (ii))	To reduce inappropriate antibiotic prescribing by 50% Taking 2017/18 as the baseline figures, secure in secondary care: • a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; • a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; • a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, **and** **EITHER** • that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, **OR** • an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. **The Trust is awaiting admission data from the PHA to enable these figures to be accurately calculated. PHA will release antibiotic prescribing reports to the Trust when they have this information.** **For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.*	

Pharmacy

Medicine Optimisation
By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. (CPD 2.6)

Key Quality Improvement Activities this period

- SBRI FAST phase 2 and SBRI Home have been completed.
- Work with the newly appointed specialist case management pharmacists regarding appropriate assessment of patient's ability to self-administer in intermediate care. Work is on-going with Intermediate Care.
- Management of change Enhanced Weekend Pharmacy Service ongoing.
- Improve communication between pharmacy staff regarding patient's medicines. SBRI FAST has potential to refer patients.
- Developed links with GP Federation Pharmacists. Meetings held with the leads in the Northern Area. Provided an educational session to all GP Federation Pharmacists
- Begun to explore potential of using HS21 prescriptions in Acute Care at Home Setting
- Pilot medication review of patients attending ED but not admitted. Data being collected.
- Pilot antibiotic review kit (ARK) revise and review. This is on-going.
- The Future Role of Clinical Technicians in Counselling Clexane Administration
- Demonstrate the impact of an independent prescribing pharmacist on the quality and quantity of medicines reconciliation completed, working alongside the medical admissions doctor in the Emergency Department in Antrim Area Hospital.
- Re-designing the process for conducting Ward Controlled Drug audits in Antrim Area hospital
- Piloted gentamicin chart in Causeway to improve gentamicin prescribing and antimicrobial stewardship.

Key Quality Improvement Activities for next period

- Pilot gentamicin chart in Antrim to improve gentamicin prescribing and antimicrobial stewardship
- ARK study implementation 5th November
- Introduction of weekend working at Causeway Hospital (Saturdays initially) 24th November
- Explore potential of using HS21 prescriptions in Acute Care at Home Setting
- Begin a project on self-administration of insulin. Baseline data collection February/March 2019.
- Funding available for Discharge follow-up. Plan to begin January/February 2019.

Risks / Issues

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

Medicines Optimisation % Compliance												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
	Apr – Sept 18 – 76%											

Baseline 2016 – 72% Reports to be provided every six months through the Regional Optimisation and Innovation Programme Steering Group.

Unscheduled Care (Including Delayed Discharges)

MEM

Unscheduled Care
ED 4 hour
By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department (CPD 4.4)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Both sites have shown improved 4-hour performance in Sept-Jan compared to the same period last year. In Antrim 4-hour performance increased from 58% to 63%, and in Causeway from 64% to 71%. This is despite a 4% increase in attendances in Antrim and a 6% increase in Causeway over the same period, and 5% and 8% increases respectively in over-75 attendances. This increased throughput and frailty of patients adds pressure to the hospital and increases the challenge of meeting unscheduled care performance targets.

It is recognised by the Board and DoH that Antrim Hospital is short 40 beds based on existing demand. The Trust is planning to develop more inpatient beds on the Antrim site (pending capital funding) with a new ward block and Women and Children's Centre, and it is unlikely that unscheduled care targets can be met before this additional capacity is in place.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust is continuing to implement a significant reform of unscheduled care as part of its RAMP programme. This is focused on the following workstreams:

- Reduction of attendance / admission to hospital, including further development of ambulatory pathways and the implementation of an Acute Care At Home service and a Programmed Treatment Unit
- Development of a Direct Assessment Unit in Causeway Hospital focused on ambulatory treatment of the frail elderly
- Streamlining discharge processes and planning, including the development of a Discharge to Assess model and reviewing the MDT planning processes currently in use
- Review of medical pathways in Antrim Hospital including the further development of the acute medicine specialty
- Implementation of a site management model in Causeway Hospital.

The Trust has also redeveloped some of the old ED footprint in Antrim Hospital to increase the capacity of the Discharge Lounge and the Direct Assessment Unit

FORECAST IMPACT ON PERFORMANCE

Through the implementation of its RAMP work streams, the Trust is aiming to maximise unscheduled care performance in 2018/19. However increased demand and a lack of inpatient beds means it is unlikely that unscheduled care targets can be met before additional capacity is in place.

Antrim ED < 4hrs

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
59%	65%	69%	66%	64%	61%	65%	69%	62%	59%	59%	55%	↓

Antrim Total Attendances

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
7358	6928	7742	7362	7165	7193	7175	7378	7231	7245	7253	6876	

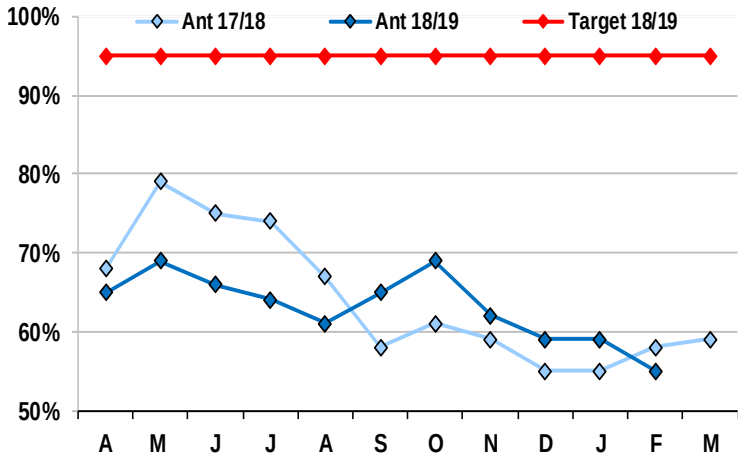
Causeway ED < 4hrs

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
66%	74%	71%	73%	70%	66%	67%	74%	71%	73%	71%	71%	↔

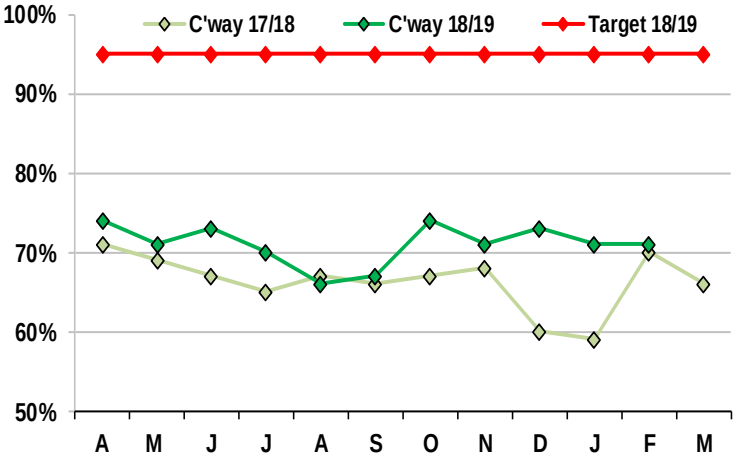
Causeway Total Attendances

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
3955	3984	4428	4088	4397	4272	3795	3892	3636	3791	3903	3718	

A&E 4 Hours Target Antrim



A&E 4 Hours Target Causeway



MEM

Unscheduled Care

ED 12 hour

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

As per 4-hour target.

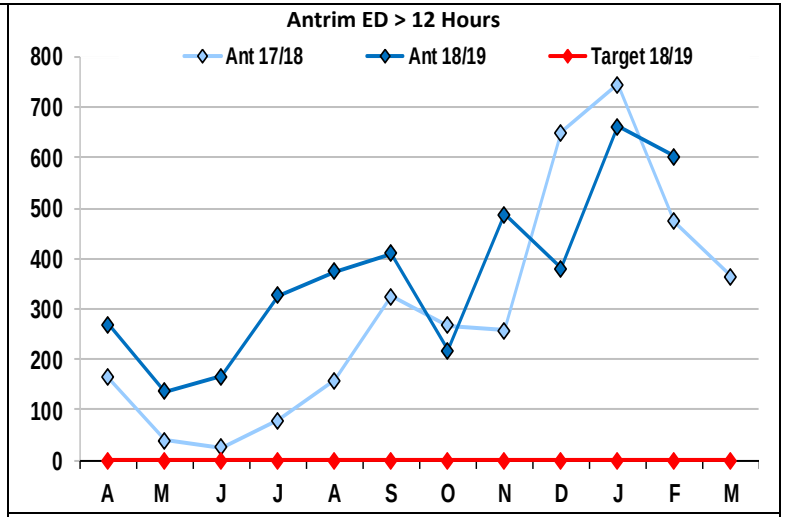
ACTIONS BEING TAKEN WITH TIME FRAME

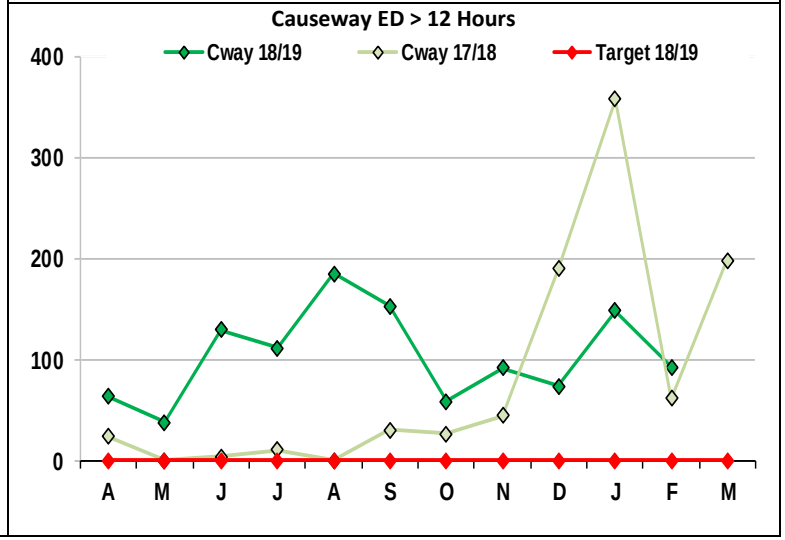
As per 4-hour target.

FORECAST IMPACT ON PERFORMANCE

As per 4-hour target

Antrim ED > 12 Hours												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
365	269	137	165	326	374	410	218	488	380	662	603	↑
Antrim ED longest waiter (Hours)												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
48	41	30	31	42	42	45	30	45	40	41	54	
Causeway ED > 12 Hours												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
198	63	37	129	111	185	153	58	91	73	148	92	↑
Causeway ED longest waiter (Hours)												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
54	29	30	31	28	32	45	35	50	25	30	42	





MEM

Unscheduled Care Triage

By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours. (CPD 4.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The ongoing pressures on patient flow brought about by increased demand and limited bed stock frequently cause crowding in ED, which reduces the service's ability to treat new arrivals in a timely manner. The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow; however targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

ACTIONS BEING TAKEN WITH TIME FRAME

The Trust's unscheduled care reform programme will be addressing the whole system issues impacting on patient flow (see CPD 4.4).

FORECAST IMPACT ON PERFORMANCE

Targets are unlikely to be fully met before adequate inpatient bed capacity is in place on the Antrim site.

Trust ED treatment < 2 hrs of triage

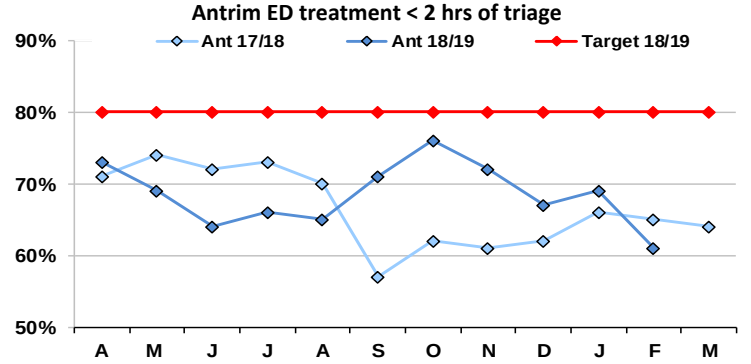
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
72%	79%	76%	73%	73%	71%	76%	82%	80%	78%	79%	74%	↓

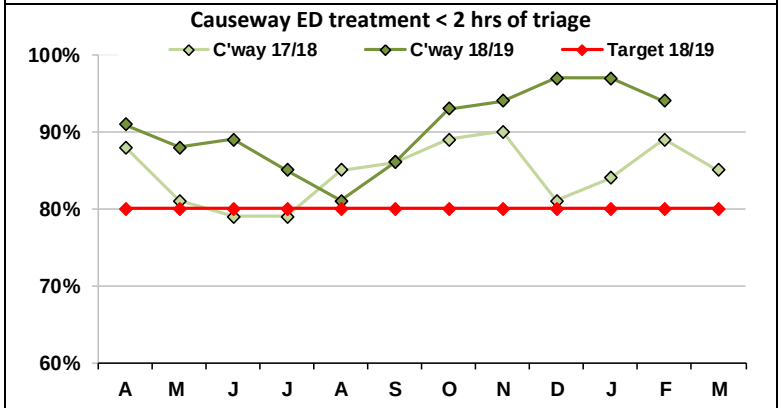
Antrim ED treatment < 2 hrs of triage

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
64%	73%	69%	64%	66%	65%	71%	76%	72%	67%	69%	61%	↓

Causeway ED treatment < 2 hrs of triage

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
85%	91%	88%	89%	85%	81%	86%	93%	94%	97%	97%	94%	↓





MEM

Hip Fractures

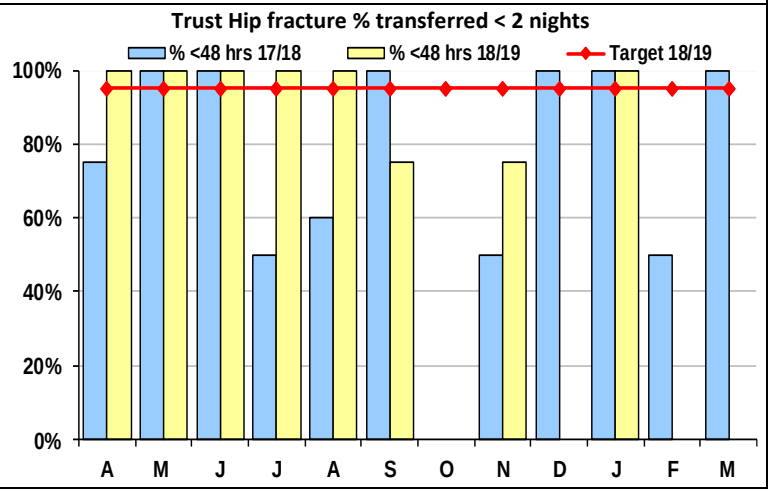
By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (CPD 4.6)

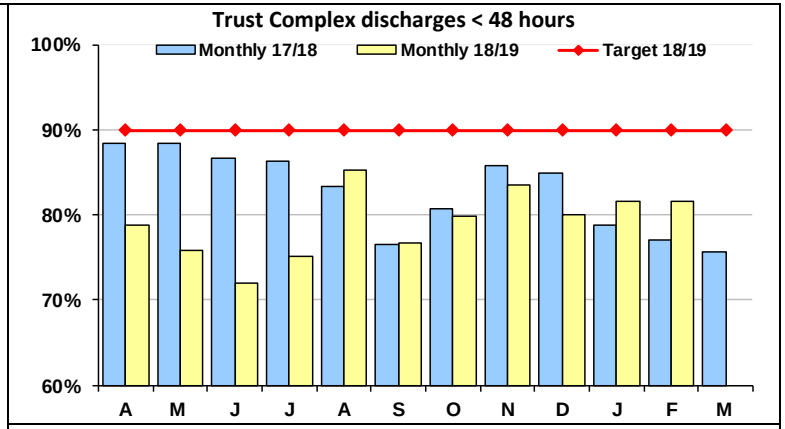
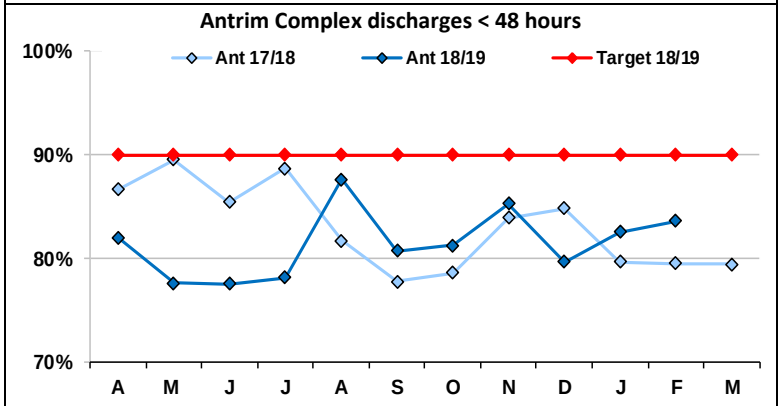
Target not directly applicable to the Northern Health and Social Care Trust. The Trust does not provide orthopaedic services and are reliant on transfers to regional services. The Trust will co-operate with regional protocols for same.

April 2017 – March 2018 : Hip fractures – 36 patients transferred.
April 2018 – February 2019: Hip fractures – 22 patients transferred. (0 hip fractures in February 19)

Hip fracture % transferred < 2 nights

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
100%	100%	100%	100%	100%	100%	75%	0%	75%	0%	100%	-	



MEM/SCS/CC	**Patient Discharge Complex** By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours (CPD 7.5)	**CAUSES / ISSUES IMPACTING ON PERFORMANCE** There were 86 delayed discharges across the 2 hospital sites during February 2019. The increasing number of delays is reflective of the complexities and needs of an aging patient group. **Acute Based Delays:** totalled 45 of which 29 delays can be attributed to acute assessment and care planning processes. 13 delays were the result of client choice and family issues. There were 2 delays caused waiting on a sub-acute bed to become available. Given the complexities of this patient group it must be noted that significant work is required by hospital social work staff and other hospital staff to prepare these patients for discharge including the on-going assessment of need and treatment. **Community Delays:** totalled 24. **Domiciliary Care:** During February 2019 a total of 128 patients discharged home from Antrim Area Hospital, with a sourced domiciliary package of care in place. Similarly, in Causeway Hospital a total of 57 patients discharged home with a sourced domiciliary package of care in place. These were 7 complex delays which 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. **Step Down Community Beds:** There was a total of 2 delays caused as a result of waiting to source an appropriate step down community bed. **Placements:** 12 delays were caused were relating to placement planning. **Equipment:** 2 delays were caused waiting on equipment. During February 2019 levels of demand on ED and subsequently acute bed based services have placed significant levels of demand in facilitating discharges to community settings.	 

ACTIONS BEING TAKEN WITH TIME FRAME

Placements: The need for the availability of 7 day pre-assessments by nursing and residential homes has been highlighted at the Independent Homes Reference Panel.

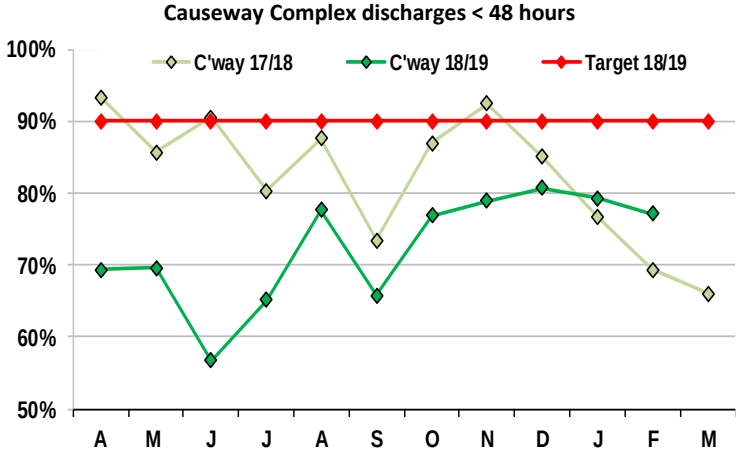
Contracts Department liaise on a daily basis with ISP providers to secure packages of care. The use of Contingency Beds as a suitable alternative is available and should be used as a temporary arrangement. A Domiciliary Care working group has been convened to agree an action plan that will result in increased capacity throughout the system.

FORECAST IMPACT ON PERFORMANCE

Domiciliary Care: If demands for domiciliary care provision remains at current levels and contingency arrangements are not implemented, this will continue to put a pressure on this target. Creating capacity is a slow process, as recruitment within this sector is difficult. Focus on reviewing existing service users based on assessed need continues in the community providing the opportunity for the utilisation of recycled hours.

Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.

Trust Complex discharges < 48 hours												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
76%	79%	76%	72%	75%	85%	77%	80%	84%	80%	82%	82%	↔
Antrim Complex discharges < 48 hours												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
79%	82%	78%	78%	78%	88%	81%	81%	85%	80%	83%	84%	↑
Causeway Complex discharges < 48 hours												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
66%	69%	70%	57%	65%	78%	66%	77%	79%	81%	80%	77%	↓



MEM/SCS/CC

Patient Discharge Complex

By March 2019, ensure that no complex discharge takes more than seven days (CPD 7.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

12 out of the 86 delays in February 2019 were greater than 7 days.

Acute Based Delays: totalling 5 of which 1 delay was the result of client choice and family issues. 4 delays can be attributed to acute assessment and care planning processes for this very complex patient group.

Community Based Delays: totalling 5 of which 3 delays were relating to placement planning, one required a step down bed and a further delay was the result of waiting on an item of equipment to facilitate assessment.

ACTIONS BEING TAKEN WITH TIME FRAME

The use of contingency beds as a suitable alternative is available and should be used as a temporary arrangement. It is critical that the Managing Choice for Discharge from Inpatient Beds Protocol is implemented in a timely fashion to reduce the number of 7 day breaches.

FORECAST IMPACT ON PERFORMANCE

Placements: Where there is a determination that there is the likelihood of permanent care being required, discharge to a community bed for the decision to be made outside the acute setting is promoted. However, for a small number of cases direct admission from the acute setting is in the best interest of the service user. In these situations there may be a delay incurred in securing a discharge within the 48 hour period whilst waiting a pre-admission assessment from a residential or nursing home.

Trust Number of Complex Discharges > 7 Days

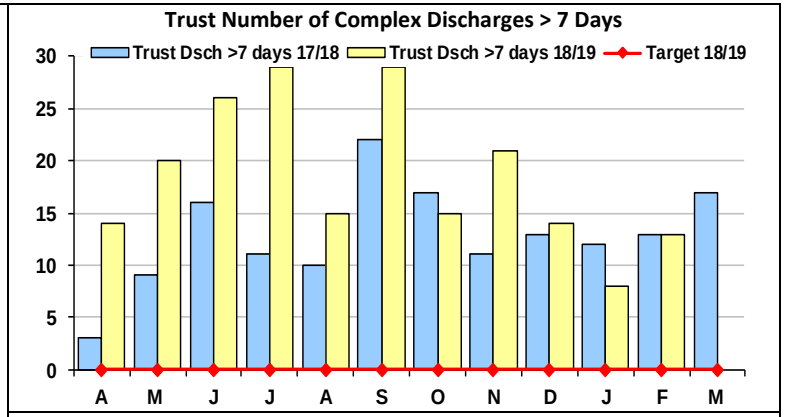
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
17	14	20	26	29	15	29	15	21	14	8	12	↓

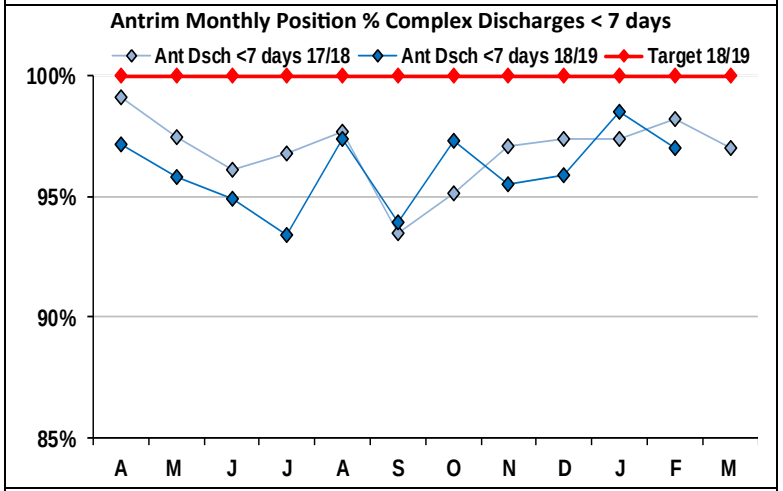
Antrim Monthly Position % Complex Discharges < 7 days

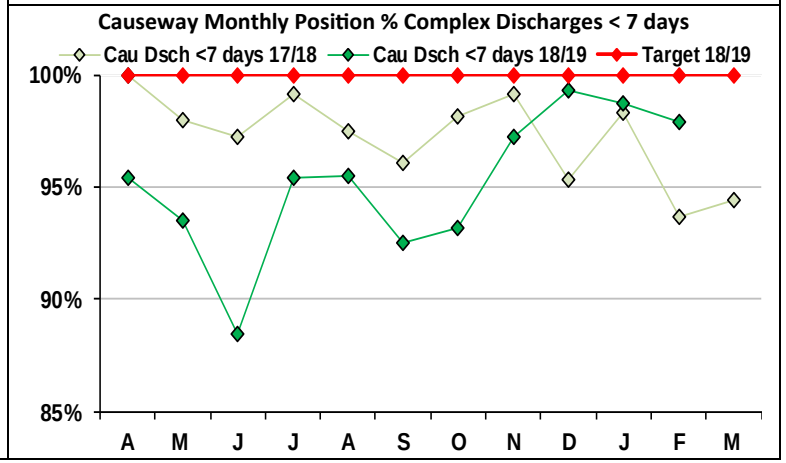
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
98%	97%	96%	95%	93%	97%	94%	97%	96%	96%	99%	97%	↓

Causeway Monthly Position % Complex Discharges < 7 days

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
94%	95%	94%	89%	95%	96%	93%	93%	97%	99%	99%	98%	↓







MEM/SCS/WCF

Patient Discharge

Non complex

By March 2019, ensure that all non-complex discharges from an acute hospital take place within six hours. (CPD 7.5)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

40% of simple discharges breaching the 6-hour target are due to patients waiting for a cardiology intervention in the Belfast Trust. The remainder are related to a range of issues including waiting for medicines or transport.

ACTIONS BEING TAKEN WITH TIME FRAME

Improved use of the discharge lounge on both acute sites means patients can often be moved out of their inpatient bed while waiting, so that the delay does not impact on the overall flow of the hospital. A 'Home for 1' project is underway in both acute sites, aiming to increase the number of patients leaving the ward in the morning, and further improve use of the discharge lounge.

FORECAST IMPACT ON PERFORMANCE

Under review.

Trust % Non-complex discharges < 6 hrs

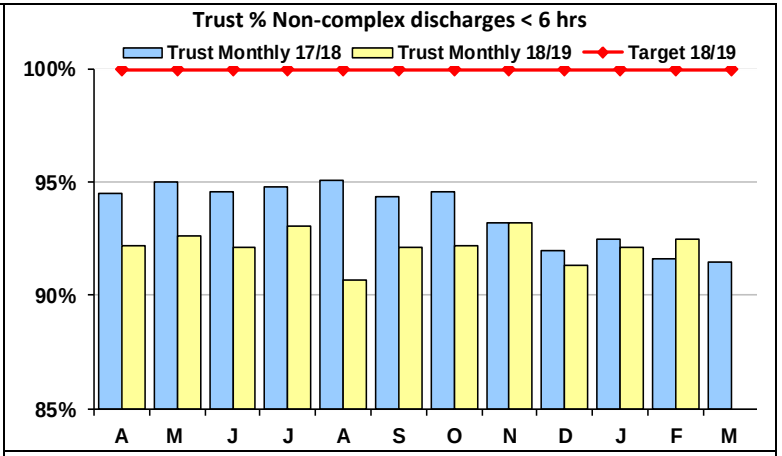
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
92%	92%	93%	92%	93%	91%	92%	92%	93%	91%	92%	93%	↑

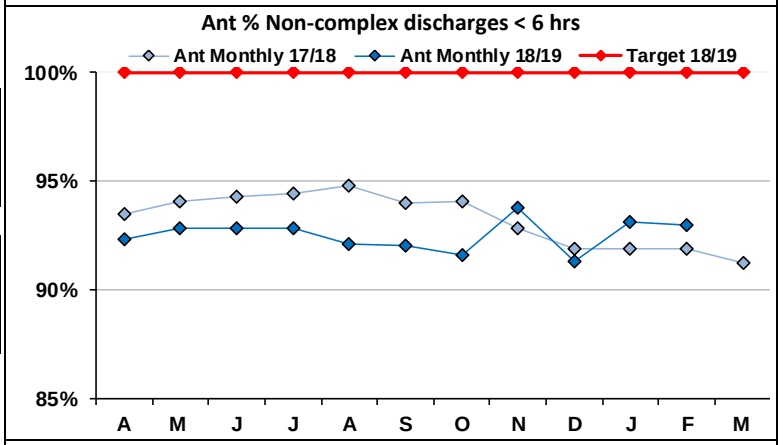
Antrim % Non-complex discharges < 6 hrs

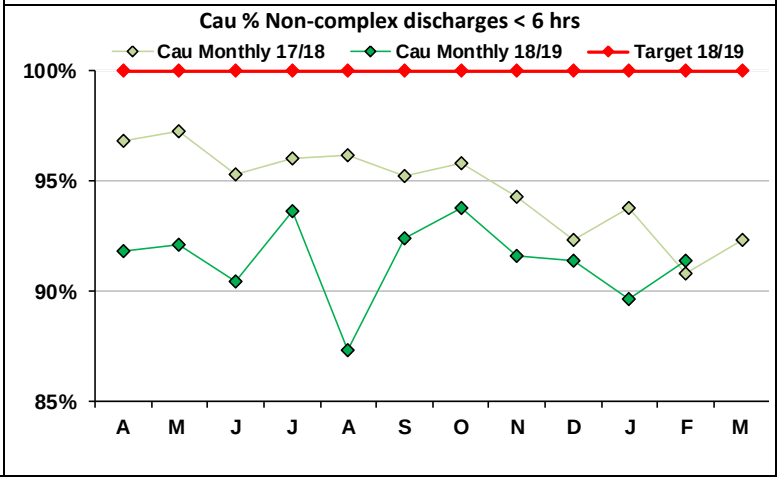
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
91%	92%	93%	93%	93%	92%	92%	92%	94%	91%	93%	93%	↔

Causeway % Non-complex discharges < 6 hrs

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
92%	92%	92%	90%	94%	87%	92%	94%	92%	91%	90%	91%	↓







Mental Health and Learning Disability

MHLD

Adult Mental Health Waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

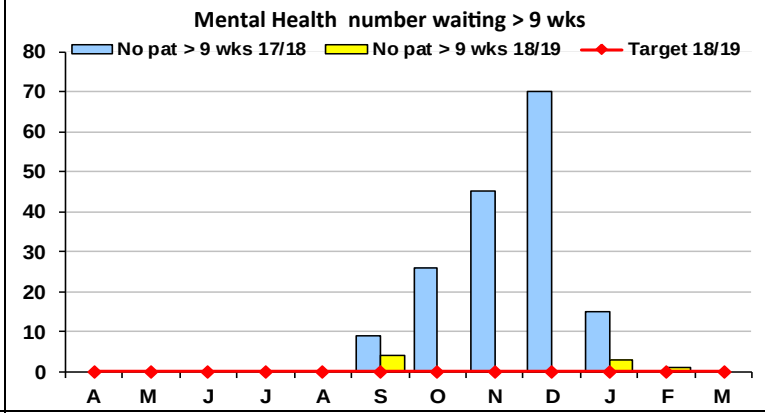
The Division continues to monitor capacity and demand closely given the level of referrals to Addiction Services.

ACTIONS BEING TAKEN WITH TIME FRAME

FORECAST IMPACT ON PERFORMANCE

Continue to anticipate any potential breaches.

Mental Health number waiting > 9 wks												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
0	0	0	0	0	0	4	0	0	0	3	1	↑



MHLD

Dementia Waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Target continues to be met.

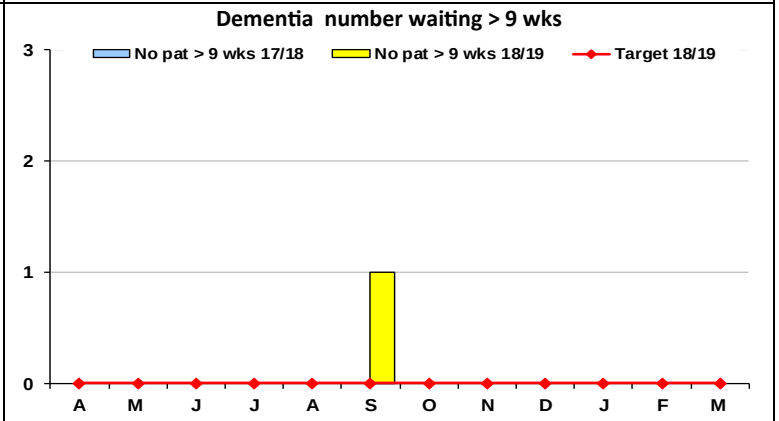
ACTIONS BEING TAKEN WITH TIME FRAME

Continue to work with the team to reduce waiting times.

FORECAST IMPACT ON PERFORMANCE

Continue to meet the target and anticipate any potential breaches.

Dementia patients waiting > 9 wks												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
0	0	0	0	0	0	1	0	0	0	0	0	↔



MHLD

Psychological Therapies Waits

By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).
(CPD 4.13)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Breaches of the performance target are evident at the end of February 2019 across 3 areas within psychology services. Performance is being impacted in the main by LD and Clinical Health Psychology services. PTS (mental health) has largely come out of the breach position with 2 breaches this month - from a total WL of 370 (0.5%). Although it should be noted there remain secondary waits following initial assessment for appropriate therapy.

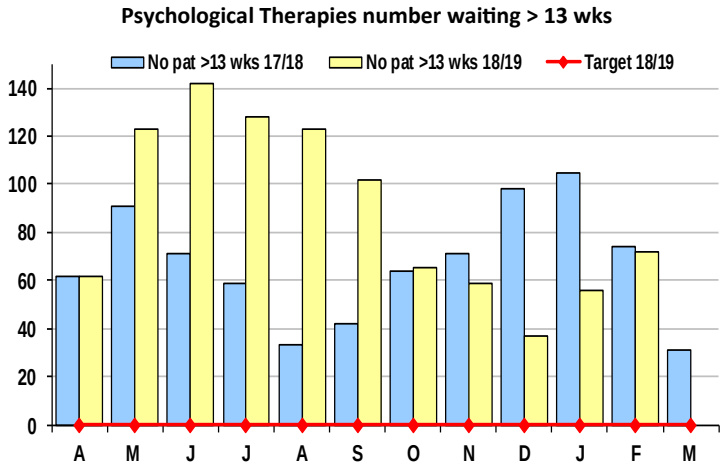
Clinical Health Psychology – The service has 39 breaches (22.5%) of a total WL of 173 with a longest wait of 148 days. This is a deterioration on previous month performance due to temporary loss of capacity caused by a member of staff moving to another post and a member of staff going on maternity leave. It is likely that situation will deteriorate over coming months as a result. There is currently insufficient capacity to address demand in this service. This is being discussed with commissioners.

Learning Disability (adult and children) – The service has 31 breaches (22.8%) of a total WL of 136 with a longest wait of 199days. There remain a number of vacant posts in the service. It is essential that all posts are filled to address the waiting times.

ACTIONS BEING TAKEN WITH TIME FRAME

On-going engagement with referring agents re other models of provision during periods of reduced capacity within the service. Ongoing use of agency to assist during periods of reduced capacity. Skill mix in place across all effected services.

Psychological Therapies number waiting > 13 wks												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
31	62	123	142	128	123	102	65	59	37	56	72	↓



MHLD

Patient Discharge – Learning Disability

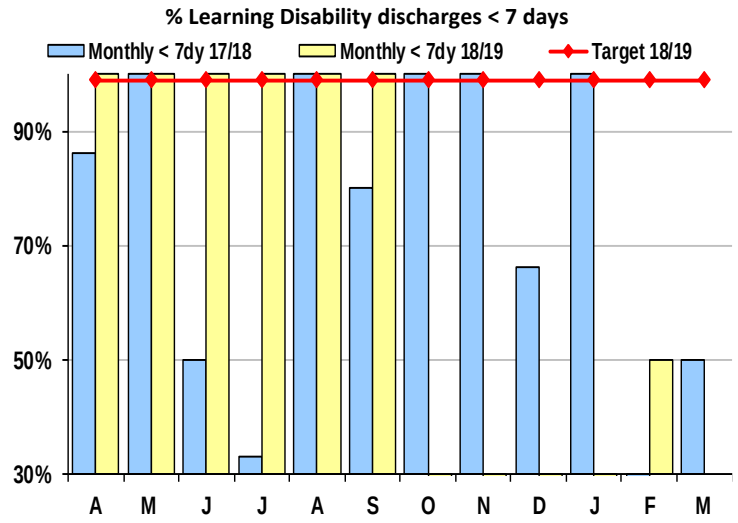
During 2018/19, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge,

CAUSES / ISSUES IMPACTING ON PERFORMANCE

2 patients discharged during February 19, 1 over 7 days.

ACTIONS BEING TAKEN WITH TIME FRAME

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.

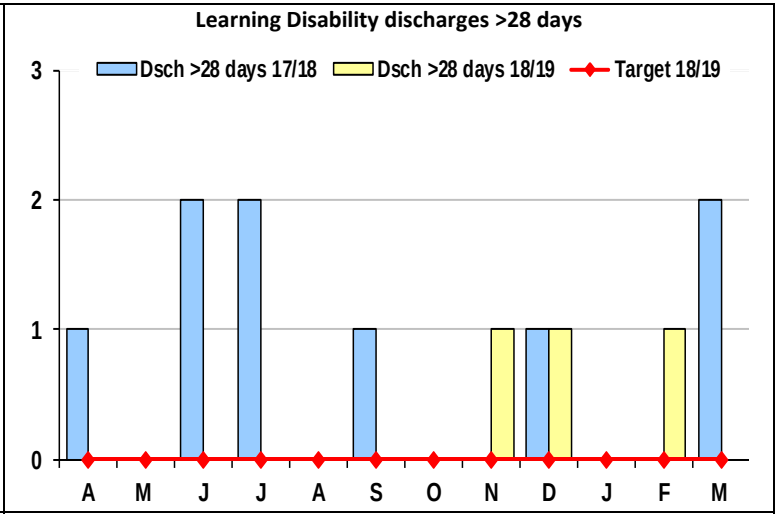


with no discharge taking more than 28 days. (CPD 5.7)

% Learning Disability discharges < 7 days												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
50%	100%	100%	100%	100%	100%	100%	-	0%	0%	-	50%	↑

% Cumulative Learning Disability discharges < 7 days												
Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
85%	100%	100%	100%	100%	100%	100%	100%	95%	90%	90%	86%	↓

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



MHLD

Patient Discharge – Mental Health

During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days (CPD 5.7)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

49 patients discharged during February 19, 0 > 7days.

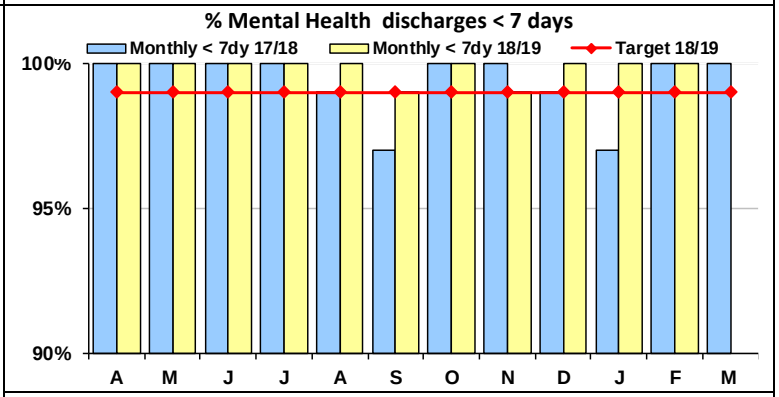
ACTIONS BEING TAKEN WITH TIME FRAME

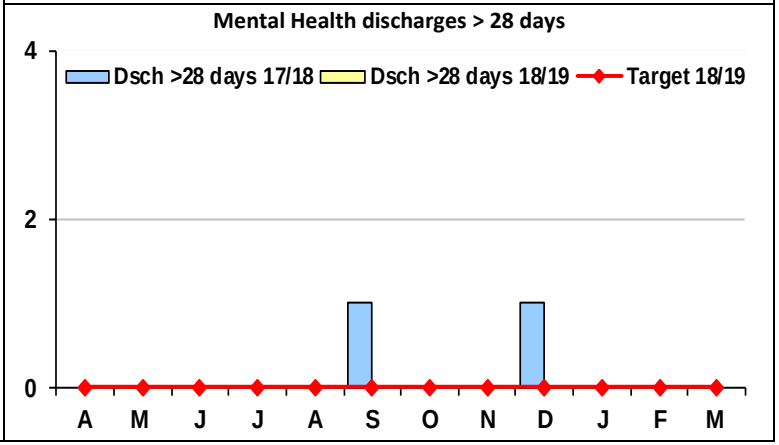
Continue to monitor all patients to ensure breaches do not occur.

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

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

Mental Health discharges > 28 days												
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	↔





Womens, Childrens and Families Services

WCF

Children in Care Placement change

By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (CPD 1.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The Division provides a Delegated Statutory Functions (DSF) report in May and November which outlines all the data requested by the Department in relation Services provided by the Trust through Safeguarding, LAC, Fostering, Adoption and Residential and 16+ services. DSF reporting requires the trust to report total number of placement moves during the reporting period (April to September and October to March separately). The information requested here is different to that requested under DSF. Reporting is not available to determine those placement moves that were in cases where the child has been in care for more than 12 months.

The following data has been prepared for DSF reporting. In March 2017 there were 647 looked after children. This number increased to 671 by March 2018. In this time there were 69 placement moves from March 2017 to September 2017 and 78 placement moves from October 2017 to March 2018 - across all placements (not just those in care > 12 months). A number of placement moves across these periods may relate to the same placement.

The service has provided assurance that placement changes involving long term placements are uncommon and are only undertaken where necessary.

ACTIONS BEING TAKEN WITH TIME FRAME

The number of Looked after children has increased remained relatively static compared with last year, however the number of complex cases is increasing. The service continues to develop and implement recruitment strategies targeting foster carers across the geographic region, with particular skills and in support of the full age range of children.

% Children with no placement change											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
82% to 30th Sept 2017											↑

Information source - Annual OC2 Survey to Sept 17

WCF

Children in Care Adoption

By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission) (CPD 1.10)

CAUSES / ISSUES IMPACTING ON PERFORMANCE

In the period April 2017 to March 2018 there were 15 Adoption Orders granted. Of these 5 were completed within the 3-year target.

The Trust endeavours to achieve this target, but is experiencing difficulties regarding court time frames. There have been serious delays in court regarding adoption and freeing applications due to a supreme court ruling. Frequently younger siblings are born within the time frame which impacts on the final order for the older siblings.

ACTIONS BEING TAKEN WITH TIME FRAME

The service is closely monitoring the timeline for all children and can highlight where issues are arising. The service endeavours to review cases with the Judiciary to ensure timely completion of the adoption process.

	2015/16	**2016/17**	**2017/18**	TOPM
% Children adopted from care within 3 years of last entering care	52%	60%	40%	↓

Information source - Annual AD1 to March 18

WCF

CAMHs Waits

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

The performance target of 9 weeks has only historically related to Specialist Step 3 CAMHS and we continue to have 0 Breaches within this specialist service.

Since April 2018, the Children's Early Intervention Service (CEIS) formerly Primary Mental Health Service (PMHS) was included in this target. This is a Step 2 service provision for low-moderate emotional health and well-being needs and does not deliver services to those YP with severe and enduring mental health needs. The 9 week access target for both steps of the service i.e. Specialist Step 3 CAMHS has been met consistently since August 2015 and whilst there continues to be no referrals breaching targets in step 3 CAMHS, Step 2 Children's Early Intervention Service is facing challenges in meeting this target. Longest wait is 149 days

- Since January 2018 there has been an increase in referrals from an average of 56 to 136 referrals per month for Step 2 services.
- Referrals have remained consistently high; averaging 149 per month since Sept 18
- C&V capacity remains unstable
- Due to funding restrictions a number of Voluntary sector organisations stopped taking referrals between June and December
- Some organisations have begun taking referrals and others still remain closed
- Not only are CEIS receiving extra referrals, they cannot redirect appropriate referrals to the Voluntary sector

ACTIONS BEING TAKEN WITH TIME FRAME

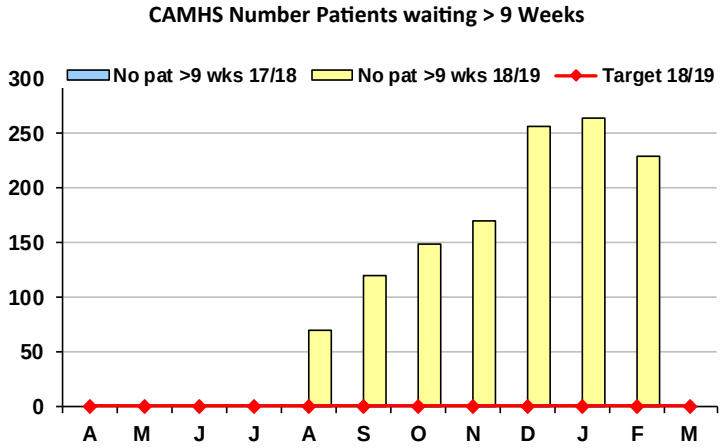
- On-going management of referrals and allocations ensures that the number of breaches remains at zero for step 3 referrals
- A CEIS management action plan is being developed to address breaching at step 2
- Waiting list initiative monies have become available and a plan has been developed to introduce overtime clinics to impact breaching
- An audit of referrals through June and July has been completed to support service planning
- Threshold criteria has been reviewed; it is being applied appropriately
- Current Parenting Programmes will end in December to release capacity
- Options to recruit agency staff are being progressed to support delivery
- Part time staff are being offered increased hours

FORECAST IMPACT ON PERFORMANCE

The above actions to address increased demand will result in the January breach position being the highest number of breaches. From February going forward breaching should begin to reduce.

CAMHS Number Patients waiting > 9 Weeks

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
0	0	0	0	0	70	119	148	170	257	264	229	↑



Community Care

CC/MHLD/WCF

Direct Payments
By March 2019, secure a 10% increase in the number of direct payments to all service users.
(CPD 5.1)

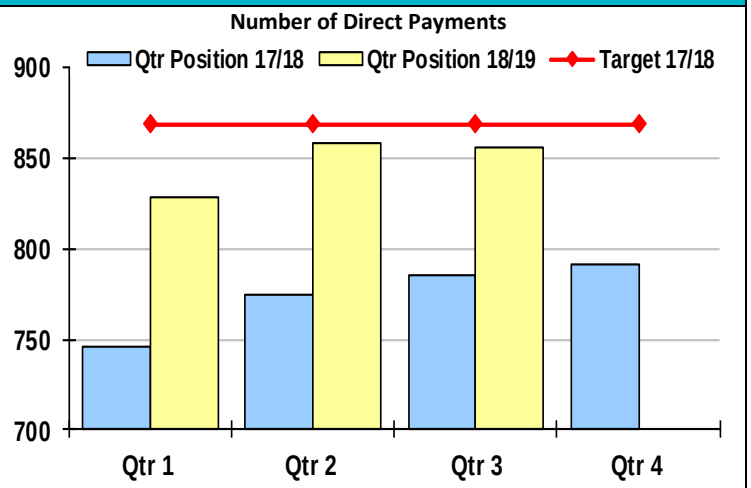
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Feedback from service users would indicate that the Community Care client group find the process of employment and financial accountability difficult.

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

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
828			859			856						↓

790 direct payments March 18 (Baseline). 2018/19 target 869 by March 19 quarter.



CC/MHLD/WCF

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

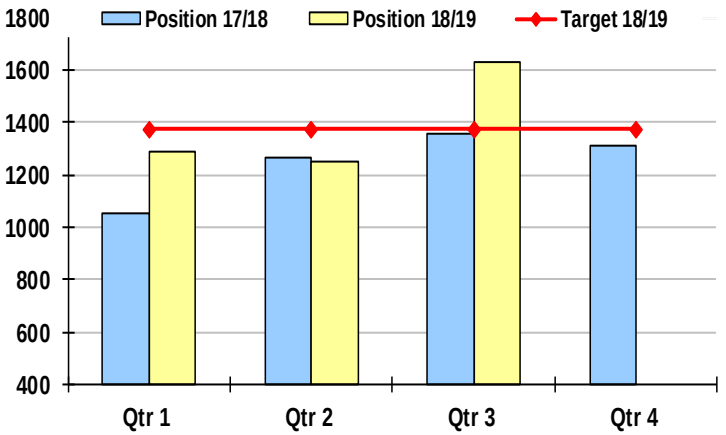
CAUSES / ISSUES IMPACTING ON PERFORMANCE
Carers declining assessments.

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

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

Trust Number of Carers Assessments												
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOPM
1286			1251			1634						↑
Cumulative Target 4122 – Cumulative Actual 4171												

4996 Assessments offered 2017/18 (baseline) 2018/19 target = 5496 by March '19, 1374 quarterly.



CC/MHLD/WCF

Short Break Hours

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

CAUSES / ISSUES IMPACTING ON PERFORMANCE

Learning Disability: The drop in LD figures from September 2017 Qtr to December 2017 Qtr is associated with the Share The Care Service. The drop in numbers is in part due to the removal from the Share the Care return of hours associated with a service provided by a residential service provider that is now contracted differently (Ross Lodge.

Eldercare: The uptake of short breaks is seasonal with peak demand in the summer months i.e. 2nd quarter. It is anticipated that this target will be attained by then end of the next quarter.

FORECAST IMPACT ON PERFORMANCE

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

Trust Number of Short Break Hours

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
255075 (Jan-Mar)	252446 (Apr – Jun)			269837 (Jul – Sept)			243387 (Oct – Dec)					↓

Cumulative Target 743706 – Cumulative Actual 765670

944388 hours provided 2017/18 (Baseline) 2018/19 target 991608 annually, 247902 quarterly.

Community Care Directorate Number of Short Break Hours

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
80703 (Jan-Mar)	80955 (Apr – Jun)			85439 (Jul – Sept)			73948 (Oct – Dec)					↓

Cumulative Target 207912 – Cumulative Actual 240342

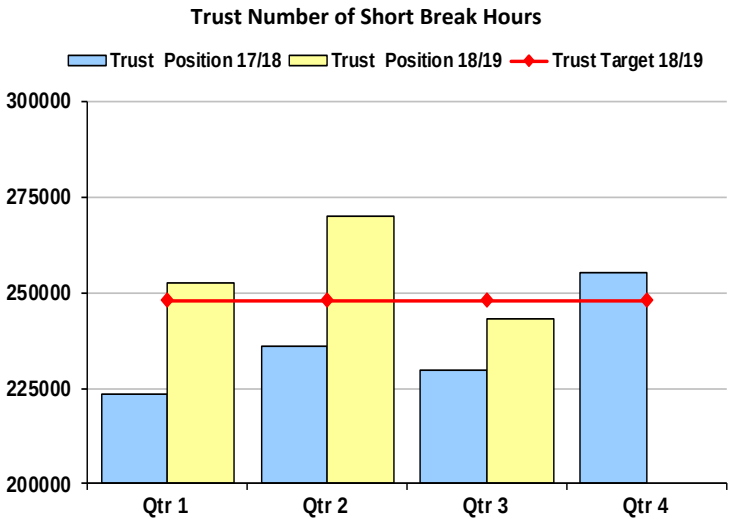
2018/19 target 277217 annually, 69304 quarterly.

Mental Health Directorate Number of Short Break Hours

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	TOPM
174372 (Jan-Mar)	171491 (Apr – Jun)			184398 (Jul – Sept)			169439 (Oct – Dec)					↓

Cumulative Target – 535794 – Cumulative Actual 525328

2018/19 target 714391 annually, 178598 quarterly.



3.0 Quality Standards & Performance Targets
3.2 DoH Indicators of Performance 18/19

Desired Outcome 1: Reduction of Health Inequalities													
Area	**Indicator**		**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Alcohol-related Admissions	A14. Standardised rate of alcohol-related admissions to hospital within the acute programme of care.		167	189	207	192	208	176	183	241	208	190	234	151
Child Health	A17. Breastfeeding rate at discharge from hospital		50%	49%	46%	46%	49%	45%	50%	45%	43%	50%	45%	
Child Health	A18. Rate of each core contact within the pre-school child health promotion programme offered and recorded by health visitors.	FV - new baby review	812	734	948	798	842	856	816	958	838	836	778	
		C1 - 6 - 8 week review	814	772	794	752	868	834	754	760	944	742	890	
		C2 - 14 - 16 week review	928	832	850	666	796	834	840	848	776	676	906	
		C3 - 6 - 9 month review	824	854	954	856	862	794	726	726	776	630	760	
		C4 - 1 year review	482	423	497	288	361	328	428	388	465	337	494	
		C5 – 2 – 2.5 year review	517	565	597	334	424	362	447	421	443	370	416	
Looked after Children	A19. Proportion of looked after children who have experienced more than two placement changes.		4% (19 of 518) Information Source - Annual OC2 Survey reported up to Sept 17											
Adoption	A20. Length of time for best interest decision to be reached in the adoption process.		Average 2 year 0 months Information Source - Annual AD1 Survey reported up to March 18											
Lost School Days	A21. Number of school age children in care for 12 months or longer who have missed 25 or more school days by placement type.		7% (27 of 364 school-aged children) Information Source - Annual OC2 Survey reported up to Sept 17											
Personal Education Plan	A22. Proportion of school-aged children who have been in care for 12 months or longer with a Personal Education Plan (PEP)		90% (337 of 375 school-aged children) Information Source - Annual OC2 Survey reported up to Sept 17											
Care Leavers	A23. Percentage of care leavers (aged 16 – 18) in education, training and employment by placement type.		100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%
Care Leavers	A24. Percentage of care leavers at age 18, 19 & 20 years in education, training or employment.		73%	76%	78%	81%	82%	80%	77%	75%	76%	77%	76%	76%
Self Harm	A26. Number of ED repeat presentations due to deliberate self harm.		228	213	288	258	244	244	288	238	263	212	227	209
Unplanned Admissions	A28. Number of unplanned admissions to hospital for adults with specified long-term conditions.		239	232	200	200	213	230	195	244	247	265	254	255

Desired Outcome 2 : People using health and social care services are safe from avoidable harm													
Area	**Indicator**		**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Returning ED Admissions	B5: Number of emergency admissions returning within seven days and within 8-30 days of discharge	Seven Days	3.2%	3.0%	3.4%	2.9%	3.5%	3.3%	3.2%	3.3%	3.2%	3.4%	3.3%	
		8-30 Days	4.4%	4.1%	4.3%	4.3%	3.8%	4.1%	4.4%	4.1%	4.1%	5.1%	4.3%	
Causes of Emergency Readmissions	B6: Clinical causes of emergency readmissions (as a percentage of all readmissions) for i) infections (primarily; pneumonia, bronchitis, urinary tract infection, skin infection); and ii) Long-term conditions (COPD, asthma, diabetes, dementia, epilepsy, CHF)	Infections	10.6%	12.7%	12.0%	12.5%	10.8%	9.7%	11.2%	11.9%	12.0%	17.5%	13.7%	12.5%
		Long Term Conditions	10.3%	9.0%	10.2%	8.6%	9.9%	8.8%	10.6%	12.4%	11.5%	9.6%	11.5%	10.6%
Admissions for Venous Thromboembolism	B7: Number of emergency readmissions with a diagnosis of venous thromboembolism.		3	7	4	6	5	7	7	5	9	5	5	6
Emergency Admissions & Readmissions	B8: Number and proportion of emergency admissions and readmissions in which medicines were considered to have been the primary or contributing factor	Admissions	208	142			Quarterly figures with 6 month delay, awaiting information from HSCB							
		Readmissions	19	15										

Desired Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them.														
Area	**Indicator**			**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Attendances At ED	D4. Number of GP Referrals to Emergency Departments (Antrim, Causeway, Mid Ulster)			2783	2558	2652	2489	2465	2562	2497	2594	2662	2594	2798	2547
	D8. Percentage of new & unplanned review attendances at ED by time band (<30mins, 30mins – 1 hr, 1-2 hours etc.) before being treated and discharged or admitted	0-30 mins	Antrim	3.1%	2.9%	3.3%	3.2%	3.8%	2.7%	2.9%	3.8%	2.4%	2.3%	3.1%	2.4%
			Causeway	4.3%	5.2%	4.6%	5.1%	5.2%	4.5%	3.5%	3.6%	4.2%	5.1%	5.8%	3.9%
			Mid Ulster	51.6%	42.7%	49.7%	44.6%	46.3%	43.8%	48.0%	54.4%	44.5%	46.4%	46.4%	48.1%
		>30 min –1 hr	Antrim	6.5%	7.6%	9.1%	7.9%	8.2%	7.2%	8.1%	9.5%	7.4%	5.8%	6.8%	6.1%
			Causeway	11.4%	13.0%	11.8%	13.3%	11.2%	10.2%	9.8%	11.6%	10.9%	11.2%	12.8%	10.8%
			Mid Ulster	36.7%	41.6%	41.6%	40.7%	39.6%	34.1%	38.7%	34.1%	39.3%	40.3%	41.1%	39.1%
		>1 hr – 2 hrs	Antrim	17.1%	17.8%	20.0%	18.8%	17.4%	18.2%	19.4%	18.6%	18.1%	15.6%	15.7%	15.3%
			Causeway	20.8%	22.5%	21.3%	21.9%	21.2%	19.1%	21.6%	24.7%	22.6%	22.4%	21.5%	22.8%
			Mid Ulster	10.9%	15.3%	8.5%	13.4%	13.6%	17.0%	12.5%	11.0%	15.2%	12.3%	11.8%	11.5%
		>2 hrs – 3 hrs	Antrim	16.6%	19.0%	19.3%	17.5%	17.5%	16.9%	17.1%	19.4%	17.2%	16.8%	15.9%	15.5%
			Causeway	15.7%	18.0%	18.2%	16.4%	16.5%	16.5%	16.4%	17.8%	18.2%	19.9%	16.7%	17.8%
			Mid Ulster	0.7%	0.2%	0.1%	1.3%	0.5%	4.5%	0.8%	0.5%	1.0%	1.1%	0.7%	1.0%
		>3 hrs – 4 hrs	Antrim	16.1%	17.9%	17.0%	18.1%	17.2%	15.6%	17.0%	18.2%	16.9%	18.0%	17.1%	15.9%
			Causeway	14.1%	15.5%	15.3%	16.1%	16.4%	15.8%	15.9%	16.3%	15.5%	14.6%	13.8%	15.5%
			Mid Ulster	0.1%	0.1%	-	-	-	0.6%	-	-	-	-	-	0.1%
		>4 hrs – 6 hrs	Antrim	18.5%	16.7%	17.5%	17.8%	17.1%	17.2%	15.9%	15.8%	17.1%	19.2%	16.7%	18.0%
			Causeway	14.0%	13.0%	13.7%	11.5%	14.3%	14.0%	13.7%	13.1%	11.9%	12.5%	12.5%	13.3%
			Mid Ulster	-	-	-	0.1%	-	-	-	-	-	-	-	0.1%
		>6 hrs – 8 hrs	Antrim	9.8%	8.4%	8.0%	8.2%	8.4%	9.5%	7.9%	7.2%	8.0%	8.9%	8.4%	9.7%
			Causeway	7.6%	6.2%	8.1%	6.4%	7.1%	7.1%	8.0%	6.6%	7.4%	6.9%	6.8%	6.9%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>8 hrs –10 hrs	Antrim	4.6%	3.5%	2.9%	4.0%	3.7%	4.9%	3.5%	3.1%	4.0%	5.2%	4.6%	5.4%
			Causeway	4.1%	3.2%	3.7%	3.6%	3.3%	4.9%	3.9%	3.0%	3.5%	3.1%	3.7%	4.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>10 hrs –12 hrs	Antrim	2.8%	2.4%	1.3%	2.3%	2.1%	2.7%	2.4%	1.6%	2.2%	2.9%	2.6%	2.9%
			Causeway	3.2%	1.9%	2.5%	2.4%	2.3%	3.5%	3.1%	1.7%	3.4%	2.3%	2.5%	2.4%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>12 hrs –14 hrs	Antrim	0.8%	0.7%	0.5%	0.5%	0.9%	1.0%	1.1%	0.5%	1.1%	1.0%	1.3%	1.3%
			Causeway	0.9%	0.2%	0.3%	0.6%	0.6%	1.0%	1.0%	0.3%	0.6%	0.5%	0.8%	0.5%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>14 hrs –16 hrs	Antrim	0.9%	0.5%	0.2%	0.6%	0.9%	1.0%	1.0%	0.6%	1.1%	0.9%	1.3%	1.1%
			Causeway	0.6%	0.3%	0.1%	0.6%	0.5%	0.7%	0.7%	0.4%	0.3%	0.3%	0.7%	0.8%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>16 hrs –18 hrs	Antrim	0.5%	0.8%	0.3%	0.4%	0.6%	0.7%	0.9%	0.5%	1.1%	0.8%	1.3%	1.1%
			Causeway	0.6%	0.3%	0.1%	0.4%	0.5%	0.7%	0.3%	0.3%	0.4%	0.4%	0.4%	0.2%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-
		>18 hrs	Antrim	2.7%	1.9%	0.8%	0.7%	2.2%	2.5%	2.8%	1.4%	3.6%	2.5%	5.3%	5.2%
			Causeway	2.9%	0.8%	0.4%	1.6%	1.0%	2.0%	2.0%	0.6%	1.3%	0.7%	1.8%	1.0%
			Mid Ulster	-	-	-	-	-	-	-	-	-	-	-	-

Area	Indicator			Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Attendances At ED	D9. Total time spent in Emergency departments, including the median, 95th percentile and single longest time spent by patients in the department, for admitted and non-admitted patients.	AAH ED – Median		03:26	03:09	02:56	03:10	03:11	03:23	03:09	02:56	03:17	03:35	03:32	03:44
		AAH ED – Maximum		48:12	41:05	30:57	31.18	42:20	42:56	45:39	30:12	40:02	40:13	41:18	53:57
		AAH ED – 95th Percentile		12:00	10:56	08:32	09:41	11.42	12:34	13:16	09:38	15:21	12:27	18:17	18:35
		CAU ED – Median		02:52	02:31	02:41	02:36	02:45	2:58	02:55	02:32	02:41	02:33	02:33	02:40
		CAU ED – Maximum		54:18	29:04	30:04	31:12	28:29	32:22	45:36	35:28	31:57	25:08	30:02	42:11
		CAU ED - 95th Percentile		12:00	08:49	08:58	10:27	9:49	11:37	11:32	08:47	10:39	09:27	11:18	09:54
Attendances At ED	D10 a. Number & percentage of attendances at emergency departments triaged (initial assessment) within 15 minutes	Antrim	Number	5117	4909	5284	5032	5016	4802	4623	5050	4872	4923	4938	4492
			%	80%	83%	83%	83%	83%	78%	77%	81%	77%	77%	77%	75%
		Causeway	Number	2328	2667	2792	2455	2624	2579	2331	2695	2502	2698	2718	2632
			%	66%	78%	74%	72%	71%	70%	70%	78%	77%	78%	79%	80%
Attendances At ED	D10 b (i). Time from arrival to triage (initial assessment) for ambulance arrivals at emergency department	Antrim	Median	6	6	5	5	6	6	6	6	6	7	7	6
			Maximum	48	63	47	62	223	73	82	137	52	52	60	102
			95th Percentile	20	18	18	19	19	20	20	20	22	23	21	22
		Causeway	Median	12	9	11	11	11	12	11	10	10	9	10	11
			Maximum	113	51	97	76	79	57	74	70	54	48	68	40
			95th Percentile	41	28	34	30	35	33	34	28	27	27	29	26
Attendances At ED	D10 b (ii). Time from arrival to triage (initial assessment) for all arrivals at emergency department.	Antrim	Median	9	8	8	8	8	8	9	9	9	9	9	9
			Maximum	258	344	149	162	306	276	163	168	143	436	131	136
			95th Percentile	25	23	23	23	23	26	26	24	26	26	25	28
		Causeway	Median	11	9	10	10	10	10	10	9	9	9	9	9
			Maximum	113	164	131	186	539	119	100	70	113	55	130	108
			95th Percentile	27	26	31	29	31	32	32	26	27	26	26	24
Attendances At ED	D10 c. Time from triage (initial assessment) to start of treatment in emergency departments.	Antrim	Median	83	69	77	83	84	79	69	65	69	77	73	91
			Maximum	721	553	615	519	616	734	642	718	634	683	644	1466
			95th Percentile	325	283	277	285	285	328	273	240	321	313	299	349
		Causeway	Median	42	39	44	40	53	53	46	35	34	25	25	29
			Maximum	797	325	462	481	382	529	471	444	878	590	518	737
			95th Percentile	193	148	169	167	173	215	219	137	126	105	104	125

Area	Indicator			Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Attendances At ED	D11. Percentage of patients triaged at levels 1, 2, 3, 4 and 5 of the Manchester Triage scale at Type 1 or 2 Emergency Departments.	Immediate	Antrim	0.3%	0.3%	0.4%	0.2%	0.2%	0.4%	0.2%	0.3%	0.5%	0.5%	0.4%	0.4%
			Causeway	0.2%	0.2%	0.2%	0.5%	0.2%	0.2%	0.2%	0.4%	0.2%	0.5%	0.1%	0.4%
		Very Urgent	Antrim	16.1%	15.9%	15.8%	15.7%	15.4%	15.1%	16.2%	17.4%	18.7%	19.6%	17.9%	16.9%
			Causeway	16.7%	14.2%	14.0%	13.2%	12.2%	13.9%	13.1%	14.6%	16.1%	17.4%	16.5%	16.7%
		Urgent	Antrim	43.8%	42.8%	40.4%	41.7%	42.4%	42.7%	41.5%	42.9%	43.9%	46.5%	45.4%	44.3%
			Causeway	49.3%	49.2%	45.6%	43.8%	47.7%	46.7%	50.6%	48.5%	50.2%	49.4%	49.8%	48.1%
		Standard	Antrim	25.8%	25.8%	24.5%	24.1%	24.6%	25.4%	24.1%	22.8%	22.8%	21.1%	22.1%	23.4%
			Causeway	22.5%	21.7%	23.8%	24.7%	23.0%	23.9%	23.0%	23.6%	21.3%	22.0%	20.3%	22.0%
		Non Urgent	Antrim	1.1%	0.7%	0.9%	1.1%	1.4%	1.5%	1.1%	1.2%	1.3%	0.8%	2.0%	1.8%
			Causeway	1.1%	1.0%	1.4%	1.2%	1.4%	1.9%	1.4%	1.3%	1.2%	1.5%	1.3%	1.6%
Attendances At ED	D12. Time waited in emergency departments between decision to admit and admission including the median, 95th percentile and single longest time.	Antrim	Median	02:58	02:29	01:50	02:16	02:39	02:54	03:30	02:09	03:14	02:54	04:16	04:17
			Maximum	41:18	34:37	28:24	26:02	41:31	38:53	43:07	28:13	37:05	38:13	40:21	51:33
			95th percentile	19:32	16:58	10:45	11:34	17:08	17:36	19:46	14:27	21:14	17:09	23:01	23:21
		Causeway	Median	02:48	02:30	02:14	03:42	03:16	04:34	03:39	02:40	03:49	03:19	03:50	03:15
			Maximum	38:45	24:39	15:48	26:18	24:44	28:01	42:13	23:41	30:40	22:57	26:24	24:49
			95th percentile	18:32	11:29	07:25	15:35	14:21	17:13	16:23	10:17	15:11	11:46	16:35	12:47
Attendances At ED	D13. Percentage of people who leave the emergency department before their treatment is complete.			4.2%	3.0%	3.0%	3.5%	3.4%	4.8%	3.3%	2.3%	3.2%	3.0%	2.5%	3.7%
Attendances At ED	D14. Percentage of unplanned re-attendances at emergency departments within 7 days of original attendance.	Antrim		3.9%	3.8%	3.9%	4.0%	4.2%	3.9%	3.2%	3.7%	3.4%	3.2%	3.4%	3.7%
		Causeway		4.9%	4.6%	4.3%	4.6%	4.4%	4.3%	4.8%	4.2%	4.3%	4.0%	4.7%	5.2%
Stroke LOS	D15. Average length of stay for stroke patients			11.4	12.0	14.9	15.8	15.6	14.0	16.2	14.5	15.9	10.2	13.1	10.9
OP Referrals	D16. Number of GP and other referrals to consultant-led outpatient services.			9044	8712	9213	9312	8306	8835	8686	9889	9281	7203	9545	8854
Diagnostic Tests	D17 (i). Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken.			86%	85%	96%	86%	78%	83%	74%	78%	99%	97%	89%	84%
	D17 (ii). Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.			96%	97%	99%	99%	92%	93%	95%	92%	99%	99.9%	99.9%	96%

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Specialist Drug Therapies	D18. Number of patients waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	Arthritis *From April 18 reporting changed to quarterly*	0	0 (Apr – Jun)			0 (Jul – Sept)			0 (Oct – Dec)				
		Psoriasis *From April 18 reporting changed to quarterly*	0	0 (Apr – Jun)			0 (Jul – Sept)			0 (Oct – Dec)				

Desired Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them														
Area	**Indicator**		**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Jan**
Reablement	E1. Number of client referrals	(i) passed to re-ablement	290	124	127	118	101	106	99	128	125	111	153	118
		(ii) started on a re-ablement	88	104	112	114	94	72	95	110	95	82	114	102
		(iii) discharged from re-ablement with no further care required.	22	24	34	23	25	27	22	32	37	27	42	36

Desired outcome 6: Supporting those who care for others														
Area	**Indicator**			**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Carers Assessments	F1. Number of carers assessments offered, by Programme of Care. *(Reported Quarterly)*	Children	Family & Child Care	14	4			6			1				
			Children with Disabilities	31	24			21			36				
			CAMHS	0	0			0			0				
		Older People		902	986			902			1073				
		Mental Health		190	94			114			273				
		Learning Disability		27	40			32			31				
		Physical Disability & Sensory Impairment		151	138			176			219				
		Other (Hospital SW POC1)		0	0			0			1				
Short Breaks	F2. Number of short break hours offered, as reported in HSCB Adult Short Breaks Activity Report.			*501589 (Jan – Mar)*	*423186 (Apr – Jun)*			*485625 (Jul – Sept)*			*479742 (Oct – Dec)*				

Desired outcome 7: Ensure the sustainability of health and social care service														
Area	**Indicator**			**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Outpatients Appointments Cancelled by Hospital	G1. New and Review outpatient appointments cancelled by hospitals	(i) Number of new & review cancelled by the hospital.		1849	1996	2094	1707	1795	2043	1841	2556	1935	1684	2125	2180
		(ii) Rate of new & review cancelled by the hospital. *(Excludes VC's attendances)*	New	9.3%	11.5%	9.4%	7.8%	10.4%	10.8%	10.7%	11.8%	8.9%	9.5%	9.9%	11.9%
			Rev	12.5%	14.6%	13.2%	11.9%	12.9%	13.6%	11.9%	15.4%	12.3%	13.9%	13.2%	15.9%
		(iii). Ratio of new to review cancelled by the hospital. *(Excludes VC's Attendances)*		2.90	2.38	2.52	2.85	2.52	2.41	2.05	2.38	2.60	2.68	2.42	2.64
Hospital cancelled appointments with an impact on the patient	G2. Number and percentage of hospital cancelled appointments in the acute programme of care with an impact on the patient.	Date Brought Forward	Number	285	218	278	262	250	325	236	332	248	233	231	277
			Percentage	26.0%	19.2%	21.9%	24.1%	24.4%	28.9%	22.9%	26.0%	18.7%	25.9%	18.0%	23.5%
		Change in time, no date change	Number	83	179	135	96	91	144	149	193	175	129	200	305
			Percentage	7.3%	15.8%	10.6%	8.8%	8.9%	12.8%	14.5%	15.1%	13.2%	14.4%	15.6%	25.9%
		Change in location, no date change	Number	0	0	0	0	0	0	0	0	0	0	0	0
			Percentage	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Outpatient DNA's	G3. Rate of new & review outpatient appointments where the patient did not attend. (*Excludes VC's attendances*)			6.8%	6.0%	6.3%	6.6%	6.7%	6.1%	6.5%	6.0%	6.1%	7.1%	6.2%	6.0%
OP Appointments with Procedures	G4. Number of outpatient appointments with procedures (for selected specialties)			Gynae out-patient coding carried out in Antrim hospital. ENT out-patient coding carried out Trust wide. No other outpatient coding with procedures carried out due to funding being withdrawn.											
Day Surgery Rates	G5. Day surgery rate for each of a basket of 24 elective procedures. (Figures shown are cumulative)			71%	72%	73%	69%	77%	64%	73%	68%	74%	69%	82%	73%
Elective Admissions	G6. Percentage of patients admitted electively who have their surgery on the same day as admission.			75%	71%	68%	74%	73%	66%	60%	72%	71%	74%	69%	70%
Pre-operative stay	G7. Elective average pre-operative stay.			0.59	0.68	0.83	0.73	0.85	0.56	0.80	0.53	0.73	0.74	0.59	0.42
Cancelled Ops	G8.Percentage of operations cancelled for non-clinical reasons.			1.1%	1.0%	1.9%	1.8%	1.3%	2.3%	2.9%	1.2%	1.5%	1.4%	3.4%	1.6%
Elective Admissions	G9. Elective average length of stay in acute programme of care.			3.6	4.6	4.1	4.1	4.1	4.4	4.2	4.1	3.7	4.7	3.4	3.8
Elective Admissions	G10. Percentage of excess bed days for the acute programme of care.			11.3%	12.5%	12.5%	11.6%	13.6%	13.1%	13.3%	13.9%	13.2%	11.3%		
Prescribing	G12. Level of compliance of GP practices and NHSCT with the Northern Ireland Medicines Formulary; and prescribing activity for generic prescribing and dispensing rates.			Based on quarter 4, 2016/17, the Trust is 68% compliant with the British National Formulary (BNF) chapter 9.											

3.0 Quality Standards & Performance Targets

3.3 DoH Additional Indicators of Performance not yet received for 18/19 – (17/18 Indicators used in the interim)

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Dialysis	IBD - Crohns Patients who are receiving Biologics Treatment (AI1) *From April 18 reporting changed to quarterly*		218	221 (Apr – Jun)			223 (Jul – Sept)			*250 (Oct – Dec)*				
Dialysis	Patients on Dialysis/ Patients receiving Dialysis via a Fistula (AI2)		57	55	54	54	54	49	49	53	52	50	50	50
Diagnostic Tests	Unreported Imaging Tests (AI3) (percentage reported)	Urgent	0.74%	0.15%	0.01%		0.15%	0.20%	0.08%	0.04%	0.23%	0.05%	0.02%	
		Routine	1.71%	0.66%	0.02%		1.86%	3.23%	9.42%	0%	0.01%	0.07%	0%	
Hearing Aids	Number of hearing aids fitted within 13 weeks (AI4)		100%	99%	97%	98%	98%	99%	99%	99%	99%	99%	99%	100%
Children	Children admitted to residential care will have, prior to their admission - (AI5)	(a) been subject to a formal assessment	0% *(0 of 1)*	100% *(2 of 2)*	66% *(4 of 6)*	100% *(2 of 2)*	- *(0 of 0)*	100% *(2 of 2)*	100% *(1 of 1)*	100% *(3 of 3)*	- *(0 of 0)*	100% *(5 of 5)*	100% *(1 of 1)*	100% *(2 of 2)*
		(b) have their placement matched through Children's Resource Panel	100% *(1 of 1)*	100% *(2 of 2)*	66% *(4 of 6)*	100% *(2 of 2)*	- *(0 of 0)*	100% *(2 of 2)*	100% *(1 of 1)*	100% *(3 of 3)*	- *(0 of 0)*	100% *(5 of 5)*	100% *(1 of 1)*	100% *(2 of 2)*
Children	Looked After Children (initial assessment) - Initial assessment should be completed within 14 working days from the date of the child becoming looked after (AI6)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Children	Family Support - all family support referrals are investigated and an initial assessment completed within 30 working days from the date of the original referral being received. (This 30 day period includes the previously required 20 days to allocate to the social worker and 10 days to complete the Initial assessment) (AI7)		59%	67%	70%	60%	47%	49%	48%	51%	48%	46%	46%	60%
Children	Family Support – On completion of the initial assessment, cases requiring a family support pathway assessment should be allocated within 20 working days. (AI8)		85%	83%	76%	63%	52%	63%	67%	80%	68%	73%	56%	62%
Children	Child Protection (allocation of referrals) – Child protection referrals seen within 24 hours of receipt of referral (AI9)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Unallocated Cases	Unallocated Cases - All Family Support or Disability Referrals must be allocated to a social worker within 20 working days (AI10) (unallocated > 20 days)		27	17	29	29	7	23	18	27	35	47	19	39
Children Services/ Foster Carers Data	Children Services/ Foster Carers Data (AI11) *(Reported Quarterly)*		483 Foster *(159 kin)*	495 Foster Carers *(161 kinship)* *(Apr – Jun)*			503 Foster Carers *(164 kinship)* *(Jul – Sept)*			494 Foster Carers *(157 kinship)* *(Sept – Dec)*				

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Children Services/ Adoption Best Interest (ARIS)	Number of Looked After Children who have been formally notified to ARIS (Adoption Regional Information System) within 4 weeks of that Adoption Panel decision (AI12) *(Reported Quarterly)*		100% (6 of 6)	100% (6 of 6) (Apr – Jun)			100% (8 of 8) (Jul – Sept)			100% (9 of 9) (Oct – Dec)				
Resettlement	Resettle the remaining long stay Learning Disability patients to appropriate places in the community. (Number still in Hospital) (AI13) – Learning Disability		4	4	4	4	4	4	4	4	4	4	4	4
Resettlement	Resettle the remaining long stay Mental Health patients to appropriate places in the community. (Number still in Hospital) (AI13) – Mental Health		1	1	1	1	1	1	1	1	1	1	1	1
7 Day Follow up	Trusts should ensure that all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge. (AI14)		100%	100%	99%	96%	99%	100%	100%	100%	99%	100%	99%	100%
Bed Occupancy	Mental Health Services/MHLD Bed Occupancy (AI15)		86%	91%	97%	93%	98%	99%	89%	95%	85%	87%	101%	100%
Acquired Brain Injury	13 week maximum waiting time from referral to assessment and commencement of treatment. (AI16) Number > 13 wks		0	0	0	0	0	0	0	0	0	0	0	0
Wheelchairs	Percentage of patients waiting less than 13 weeks for any wheelchair (basic and specialised). Target achievement dependant on Belfast Trust. (AI17)		84%	91%	94%	93%	92%	82%	88%	92%	96%	93%	87%	
Housing Adaptations	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the Occupational Therapist assessment and options appraisal. (AI18)		77%	100%	90%	92%	76%	73%	70%	66%	88%	76%	92%	
Autism	Autism – Children wait < 13 weeks for assessment following referral, and a further 13 weeks for specialised intervention. (AI19)	Assessment Number > 13 wks	488	539	551	589	621	660	674	567	361	292	201	163
		Intervention Number > 13 wks *(from Apr 18 targeted waiters only)*	68	4	6	8	3	0	2	0	0	0	1	1
Safeguarding vulnerable Adults	The number of Adult Protection Referrals received by the Trust. (AI20)		42	24	62	38	23	86	38	36	33	44	76	
Theatre	Theatre Utilisation and Cancellation rates (AI21)		68%	69%	70%	71%	67%	69%	68%	68%	66%	62%	65%	66%
Hearing Aids	Audiology Active Waits (Patients waiting for a hearing aid) (AI22)		149	119	75	79	85	75	80	83	81	70	54	40
Residential / Nursing Home	Number of clients in residential/nursing homes (AI23)		4053 as at 30.09.2018, 6 monthly report											
Residential / Nursing Homes Monitoring	Number of Vacancies (in residential/nursing homes AI24)		126 vacancies as at 30.09.2018, 6 monthly report											

Area	Indicator		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Statutory Homes Monitoring (Older Persons Homes only)	Number of residents in relevant homes as at week commencing date (AI25) (week commencing date is the Monday closest to the start of the month)		175	180	-	-	162	154	-	166				
Continuing Care Needs	Number of people with continuing care needs (AI26)	(i) waiting longer than 5 weeks for an assessment of need to be completed (% < 5 wks)	100%	99%	100%	99%	98%	98%	99%	100%	100%	100%	99%	
		(ii) waiting longer than 8 weeks, from their assessment of need, for the main components of their care needs to be met. (% < 8 wks)	98%	98%	95%	98%	97%	96%	97%	94%	96%	100%	96%	

Directorate Codes:

SCS – Surgery & Clinical Services
MEM – Medicine & Emergency Medicine
WCF – Women, Children & Families
CC - Community Care
MHLD - Mental Health & Learning Disabilities
MG - Medical Governance
SDBS – Strategic Development and Business Services
F – Finance

4.0 Use of Resources

4.1 Delivery of Elective Service Budget Agreements (SBA)

(CPD 7.4) By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.

18/19 SBA Report for Elective Inpatients, Daycases & Outpatients

Cumulative Position as at	Elective Inpatients				Daycases				Combined Elective and Daycase				New Outpatients				Review Outpatients			
	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance	Core expected Target / Vol	Actual Cum Activity	Variance	% Variance
28 April 2018 (4 weeks)	401	279	-122	-30%	849	704	-145	-17%	1250	983	-267	-21%	4461	3899	-562	-13%	6921	7496	575	8%
02 June 2018 (9 weeks)	903	696	-207	-23%	1910	1635	-275	-14%	2813	2331	-482	-17%	10037	9263	-774	-8%	15572	17067	1495	10%
30 June 2018 (13 weeks)	1304	1026	-278	-21%	2759	2395	-364	-13%	4063	3421	-642	-16%	14499	13779	-720	-5%	22494	25314	2821	13%
28 July 2018 (17 weeks)	1705	1247	-458	-27%	3608	3102	-506	-14%	5313	4349	-964	-18%	18960	17494	-1466	-8%	29415	32244	2829	10%
01 Sept 2018 (22 weeks)	2207	1626	-581	-26%	4669	4029	-640	-14%	6876	5655	-1221	-18%	24536	22697	-1839	-7%	38066	41967	3901	10%
29 Sept 2018 (26 weeks)	2608	1910	-698	-27%	5518	4841	-677	-12%	8126	6751	-1375	-17%	28997	27551	-1446	-5%	44987	50431	5444	12%
27 Oct 2018 (30 weeks)	3009	2219	-790	-26%	6367	5708	-659	-10%	9376	7927	-1449	-15%	33458	32440	-1018	-3%	51908	58969	7061	14%
01 Dec 2018 (35 weeks)	3511	2605	-906	-26%	7428	6880	-548	-7%	10939	9485	-1454	-13%	39034	38168	-866	-2%	60559	68154	7595	13%
29 Dec 2018 (39 weeks)	3912	2802	-1110	-28%	8277	7509	-768	-9%	12189	10311	-1878	-15%	43496	42091	-1405	-3%	67481	75819	8339	12%
02 Feb 2019 (44 weeks)	4414	3152	-1262	-29%	9338	8718	-623	-7%	13752	11870	-1882	-14%	49072	47811	-1261	-3%	76132	85420	9288	12%
02 Mar 2019 (48 weeks)	4815	3430	-1385	-29%	10187	9546	-644	-6%	15002	12976	-2026	-14%	53533	52170	-1363	-3%	83053	93652	10599	13%

- The tables above excludes Endoscopy procedures in Gastro, GS & Medicine.
- Elective Inpatient activity is based on Admissions (1st FCE only)
- 2018/19 Volumes are Draft.

18/19 Elective Inpatients, Daycases & New Outpatients by Specialty where the variance is more than -10% at a cumulative position of 44 weeks (2 February 2019)

Specialty	Elective Inpatients	Daycases	New Outpatients	Reason for Variance	Action Being Taken
Breast Surgery			-18%	Routine outpatient volumes reduced due to GP with special interest leaving end of March '18.	Service continues to seek suitable replacement to deliver this volume.
Cardiology		-19%		Underperformance in daycase activity is balanced off by an overperformance in inpatient activity, with an overall IPDC delivery of 105%.	
Dermatology			-28%	Staffing issues have left the service with a gap of 1.1 WTE consultants and 1 WTE staff grade doctor. Increasing red flag demand has required a focus on more complex patients and increased surgical activity, both of which have resulted in a reduction in outpatient volumes.	A consultant has been successfully recruited and has taken up post. SBA delivery increased from 66% in Apr-Aug to 79% in Sept-Jan.
ENT	56%			IPDC split not agreed. Inpatient volumes mainly impacted by capping of lists due to unscheduled pressures, and unanticipated consultant absence in April.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Gastroenterology		-39%		Reduction in IPDC volumes due to shift in activity to outpatients with procedure.	IPDC SBA under review.
General Surgery	-41%	-35%		IPDC SBA under discussion. Reduced volumes largely due to increased emergency and breast surgery demand and difficulties identifying patients suitable for remote sites.	Elective admissions continue to be capped due to unscheduled pressures, which will result in an ongoing reduction in inpatient volumes.
Neurology (excludes VC C'way & Pneur)			-45%	The service has not been able to recruit to a second consultant post which has resulted in ongoing underdelivery against SBA volumes.	Ongoing discussions with the region on how best to sustain this vulnerable service.
Obs and Gynae (Gynaecology)	-32%	-26%		Under utilization of both Daycase and Inpatient Lists due to a number of factors which include the majority of daycase activity taking place on peripheral sites and the necessity to risk stratify the acuity of patient who can be placed on these lists. Ongoing pressures with anaesthetic cover particularly on the Causeway Site. Shift of activity from daycase to outpatients on the Causeway site.	HSCB will be undertaking an SBA review exercise in 2019/20 which should ensure that outpatient with procedure activity is correctly accounted for.
Gynae (Urodynamics)			-27%	Modernised treatment pathways have resulted in a shift of activity from urodynamics to other parts of the gynae service.	HSCB will be undertaking an SBA review exercise in 2019/20 which should ensure that outpatient with procedure activity is correctly accounted for.
Thoracic Medicine			-14%	The service has one consultant vacancy and another working reduced hours; this has impacted on outpatient volumes.	A consultant locum has been sourced for the vacant post and commenced in May 2018
Endoscopy	-15%			1.5 nurse endoscopy lists not running at present due to occupational health issues. Other unforeseen absence also impacting on volumes.	GI specialty doctor recruited and delivering volumes from Sept 2018.

4.0 Use of Resources

4.2 Demand for Services (Hospital Outpatient Referrals)

NHSCT New Outpatient Demand - All Referrals to NHSCT

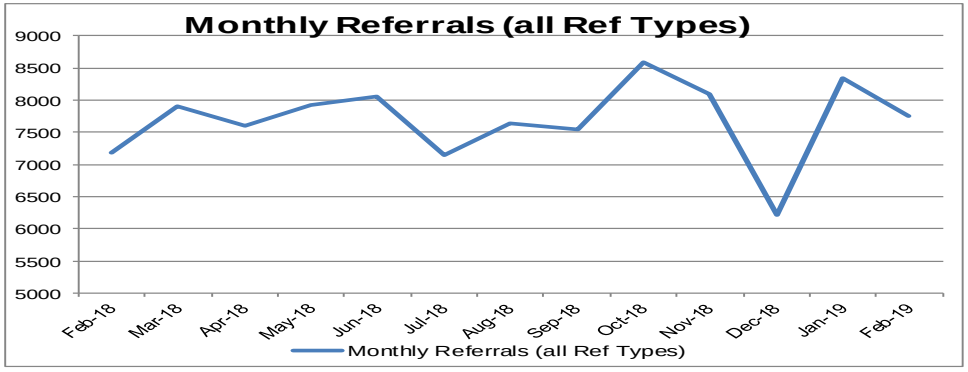
Monthly Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	8431	8128	8284	7149	7774	8325	7924	7922	6380	7687	7513	8794
	17/18	6780	8274	8235	6714	7844	7626	8110	7835	5886	7745	7183	7915
	Variance on Previous Year	-1651	146	-49	-435	70	-699	186	-87	-494	58	-330	-879
	% Variance on Previous Year	-20%	2%	-1%	-6%	1%	-8%	2%	-1%	-8%	1%	-4%	-10%
	18/19	7606	7918	8064	7152	7631	7536	8596	8096	6221	8338	7759	
	Variance on Previous Year	826	-356	-171	438	-213	-90	486	261	335	593	576	
	% Variance on Previous Year	12%	-4%	-2%	7%	-3%	-1%	6%	3%	6%	8%	8%	

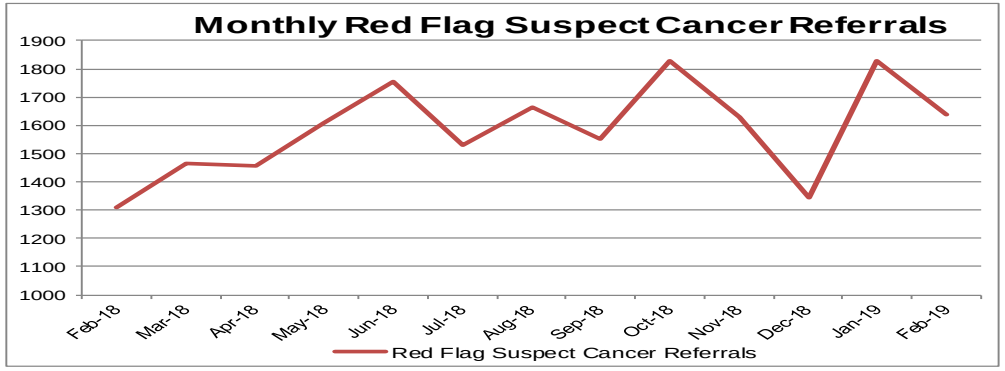
Cumulative Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	8431	16559	24843	31992	39766	48091	56015	63937	70317	78004	85517	94311
	17/18	6780	15054	23289	30003	37847	45473	53583	61418	67304	75049	82232	90147
	Variance on Previous Year	-1651	-1505	-1554	-1989	-1919	-2618	-2432	-2519	-3013	-2955	-3285	-4164
	% Variance on Previous Year	-20%	-9%	-6%	-6%	-5%	-5%	-4%	-4%	-4%	-4%	-4%	-4%
	18/19	7635	15524	23588	30740	38371	45907	54503	62599	68820	77158	84917	
	Variance on Previous Year	855	470	299	737	524	434	920	1181	1516	2109	2685	
	% Variance on Previous Year	13%	3%	1%	2%	1%	1%	2%	2%	2%	3%	3%	

Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	1319	1408	1352	1250	1345	1497	1289	1301	1160	1309	1290	1549
	17/18	1268	1503	1586	1321	1537	1503	1509	1416	1050	1417	1309	1467
	Variance on Previous Year	-51	95	234	71	192	6	220	115	-110	108	19	-82
	% Variance on Previous Year	-4%	7%	17%	6%	14%	0%	17%	9%	-9%	8%	1%	-5%
	18/19	1455	1608	1757	1528	1665	1553	1828	1628	1343	1829	1640	
	Variance on Previous Year	187	105	171	207	128	50	319	212	293	412	331	
	% Variance on Previous Year	15%	7%	11%	16%	8%	3%	21%	15%	28%	29%	25%	

Cumulative Red Flag Suspect Cancer Referrals	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16/17	1319	2727	4,079	5,329	6674	8,171	9,460	10,761	11921	13230	14520	16069
	17/18	1268	2771	4357	5678	7215	8718	10227	11643	12693	14110	15419	16886
	Variance on Previous Year	-51	44	278	349	541	547	767	882	772	880	899	817
	% Variance on Previous Year	-4%	2%	7%	7%	8%	7%	8%	8%	6%	7%	6%	5%
	18/19	1456	3063	4820	6348	8013	9566	11394	13022	14365	16194	17834	
	Variance on Previous Year	188	292	463	670	798	848	1167	1379	1672	2084	2415	
	% Variance on Previous Year	15%	11%	11%	12%	11%	10%	11%	12%	13%	15%	16%	

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





4.0 Use of Resources
4.3 Demand for Services (ED Attendances)

Emergency Department Demand

ANTRIM EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2016 / 17	6,896	7,319	6,903	6,699	6,794	6,965	7,109	6,611	6,761	6,701	6,257	7,423	82,438
2017 / 18	7,251	7,905	7,313	7,106	7,151	6,860	7,180	7,083	7,181	6,487	6,323	7,358	85,198
2018 / 19	6,927	7,742	7,362	7,165	7,193	7,175	7,378	7,231	7,245	7,253	6,876		86,779

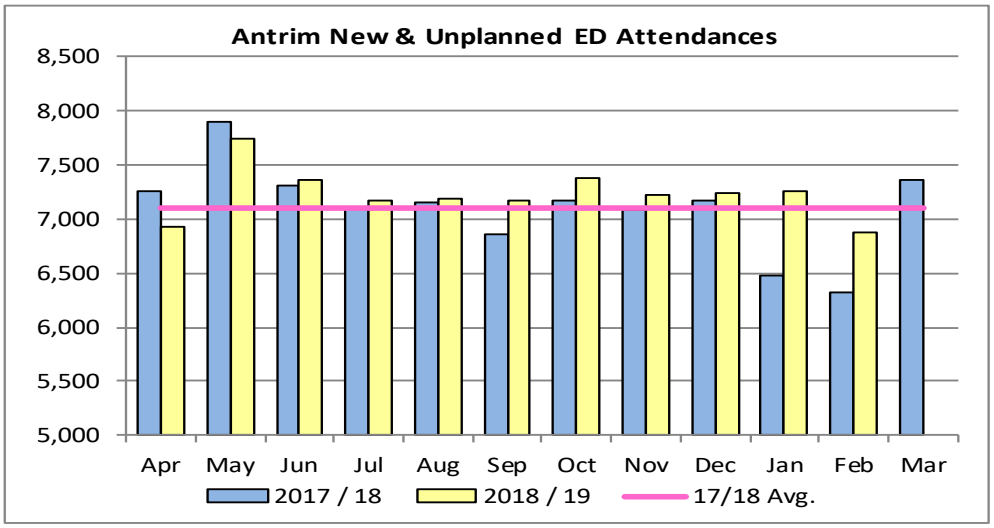
CAUSEWAY EMERGENCY DEPARTMENT TOTAL ATTENDANCES (New & Unplanned Review)

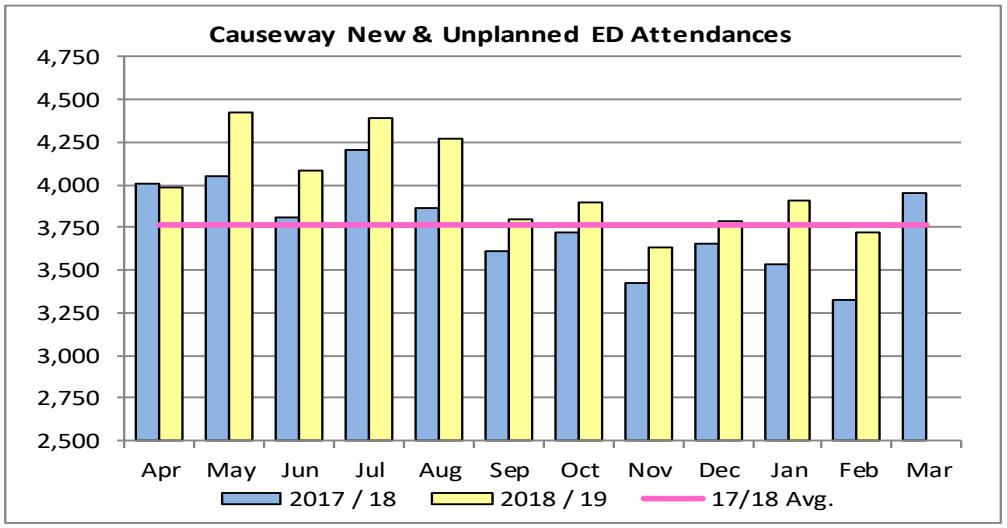
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2016 / 17	3,800	3,963	3,896	4,061	3,979	3,608	3,604	3,364	3,457	3,458	3,202	3,910	44,302
2017 / 18	4,006	4,049	3,805	4,204	3,865	3,609	3,719	3,421	3,655	3,534	3,322	3,955	45,144
2018 / 19	3,984	4,428	4,088	4,397	4,272	3,794	3,892	3,636	3,791	3,903	3,718		47,894

NHSCT TOTAL ED ATTENDANCES (New & Unplanned Review) (Antrim & Causeway Hospitals)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL ATTS
2016 / 17	10,696	11,282	10,799	10,760	10,773	10,573	10,713	9,975	10,218	10,159	9,459	11,333	126,740
2017 / 18	11,257	11,954	11,118	11,310	11,016	10,469	10,899	10,504	10,836	10,021	9,645	11,647	130,676
2018 / 19	10,911	12,170	11,450	11,562	11,465	10,969	11,270	10,867	11,036	11,156	10,594		134,673

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



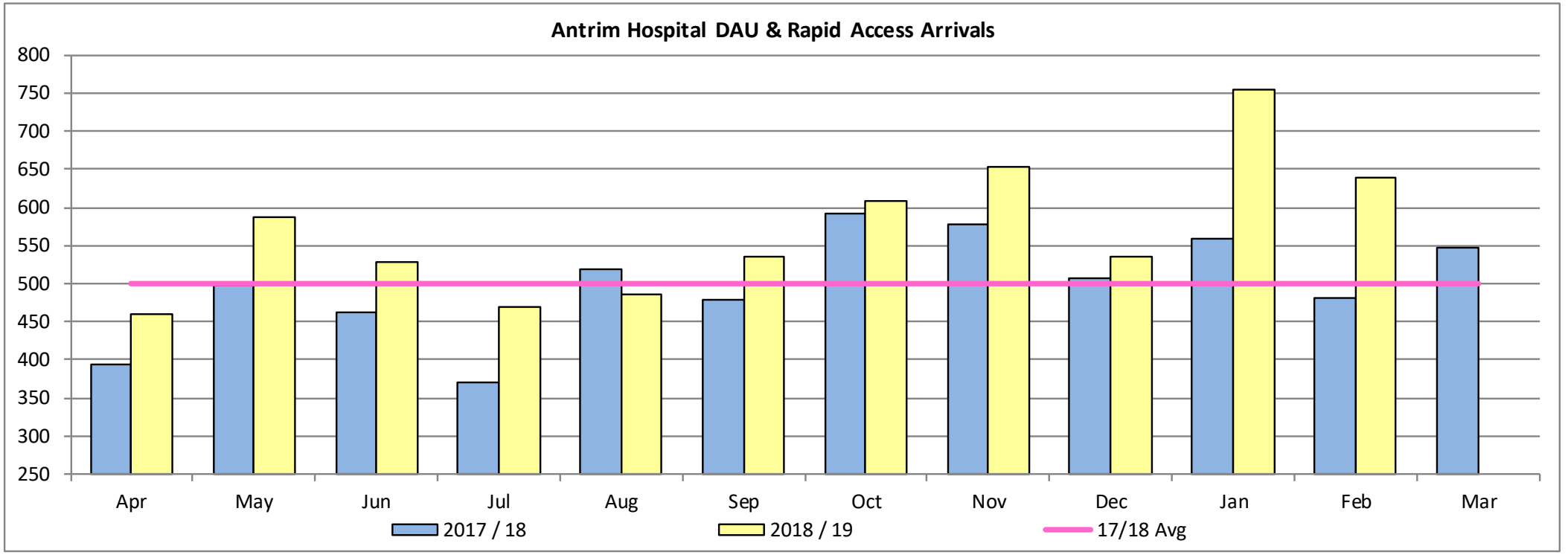


4.0 Use of Resources
4.4 Demand for Services (DAU and Rapid Access Arrivals at Antrim Hospital)

ANTRIM HOSPITAL DAU & Rapid Access Arrivals

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Arrivals
2016 / 17	394	345	360	273	359	444	408	469	465	482	404	402	4,805
2017 / 18	393	497	463	370	520	479	593	577	508	559	480	547	5,986
2018 / 19	461	587	528	470	486	535	609	654	535	754	639		6,827

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



5.0 Workforce - Staff in Post, Staff Movement, Absence

	TRUST	Women Child & Families	Medicine & Emerg. Med.	Surgical & Clin Services	MH, LD & CWB	Community Care	Strat Dev & Bus Services	Finance	Human Resources	Medical	Nursing (Inc. Support Services)
Headcount as at 28th Feb 2019	12132	2096	1239	2356	1655	2697	180	306	125	287	1191
% Absence 1st Apr 2018 - 31st Jan 2019 (6.59% Trust Target)	6.43%	6.58%	5.55%	6.64%	6.04%	6.58%	6.23%	5.48%	3.34%	5.44%	8.17%
Q2020 Level 1 % of Staff trained as at 28th Feb 2019 (50% Trust Target)	48%	37%	36%	45%	39%	63%	92%	93%	87%	38%	41%
% Frontline Staff receiving flu vaccine as at 8th March 2019 (40% Trust Target)	40.1%	35.9%	45.4%	45.8%	37.3%	37.6%	n/a	n/a	82.4%	49.6%	36.6%

ABSENCE

The Trust monthly sickness absence percentage for January 2019 was 7.15%, an increase of 0.69 compared to the figure reported for December 2018 (6.46%). The Trust cumulative absence percentage for the period 1st April 2018 to 31st January 2019 was 6.43%, 0.16 below the 2018/19 Department of Health (DoH) absence target of 6.59%.
During the period 1st April 2018 - 31st January 2019, 10.89 days were lost per employee due to sickness absence.

INNOVATION AND QUALITY IMPROVEMENT (IQI)

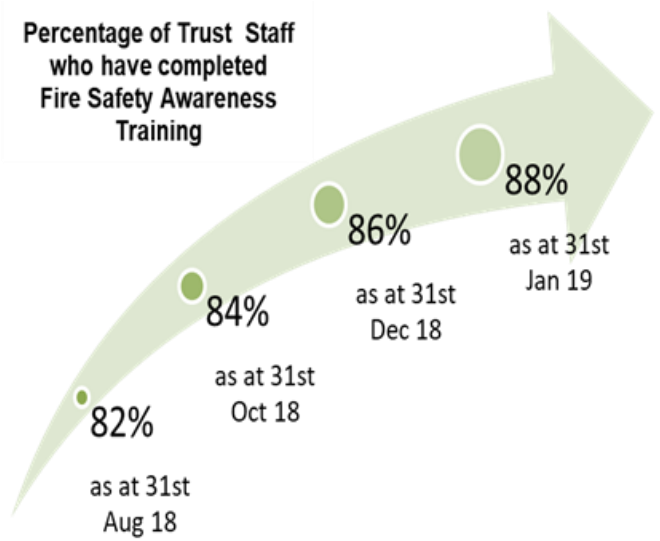
March 2019 marks the two year anniversary of the Trust's IQI Strategy. In recognition of that landmark, on the 8th March 2019, the Trust hosted an IQI celebration event to showcase the impact of the service improvement projects successfully delivered through the hard work and expertise of staff.
The Trust continues to work towards the DoH target to ensure that by the 31st March 2019, at least 50% of staff will have undertaken Q2020 Level 1 training. As at 28th February 2019, 48% of staff have undertaken the training, an increase of 5% from the figure reported as at 31st January 2019 (43%) and 11% from the figure reported as at 31st December 2018 (37%).

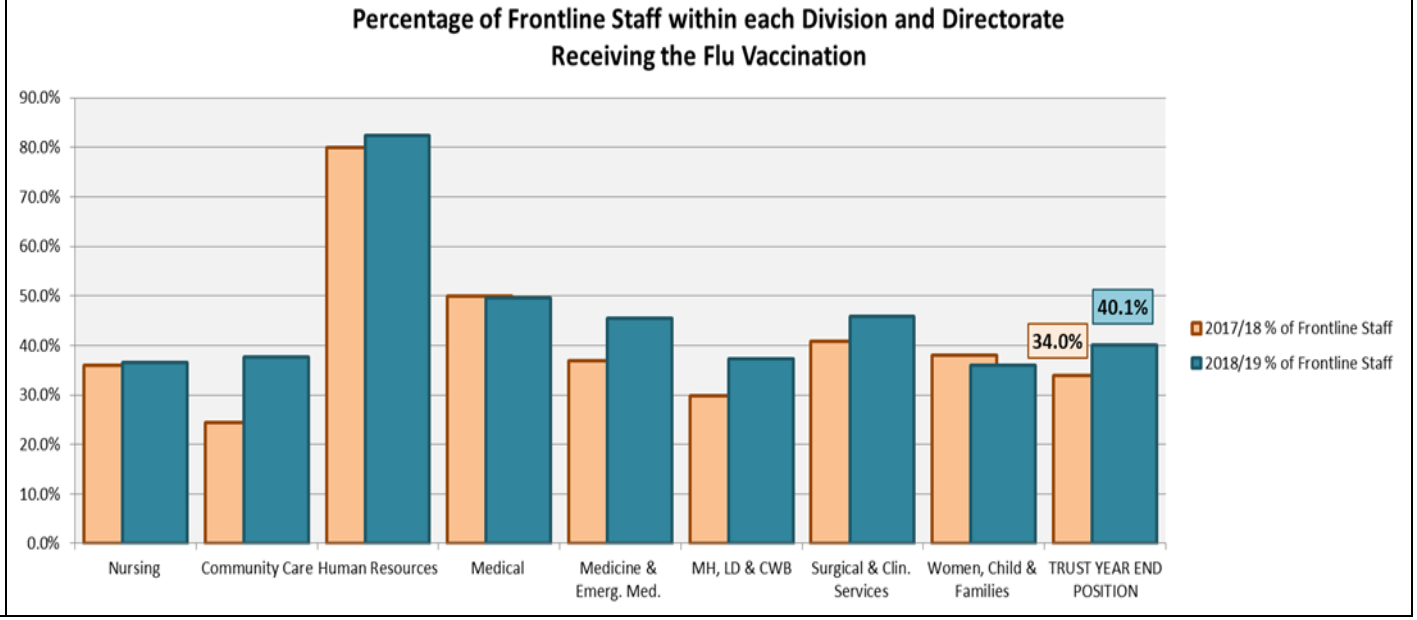
HEALTH AND SOCIAL CARE (HSC) STAFF SURVEY

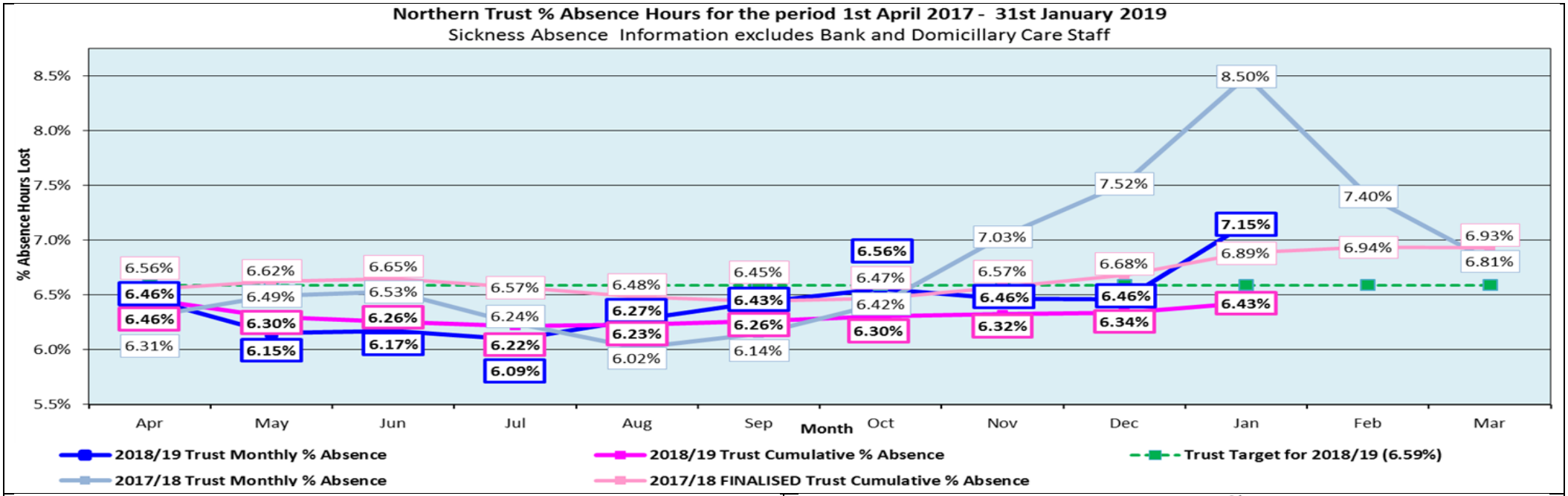
The HSC Staff Survey was successfully launched on Monday 4th March 2019 and will remain open until Friday 12th April 2019.
A Trust wide promotional campaign is now underway to ensure that as many staff as possible take the opportunity to share their views.

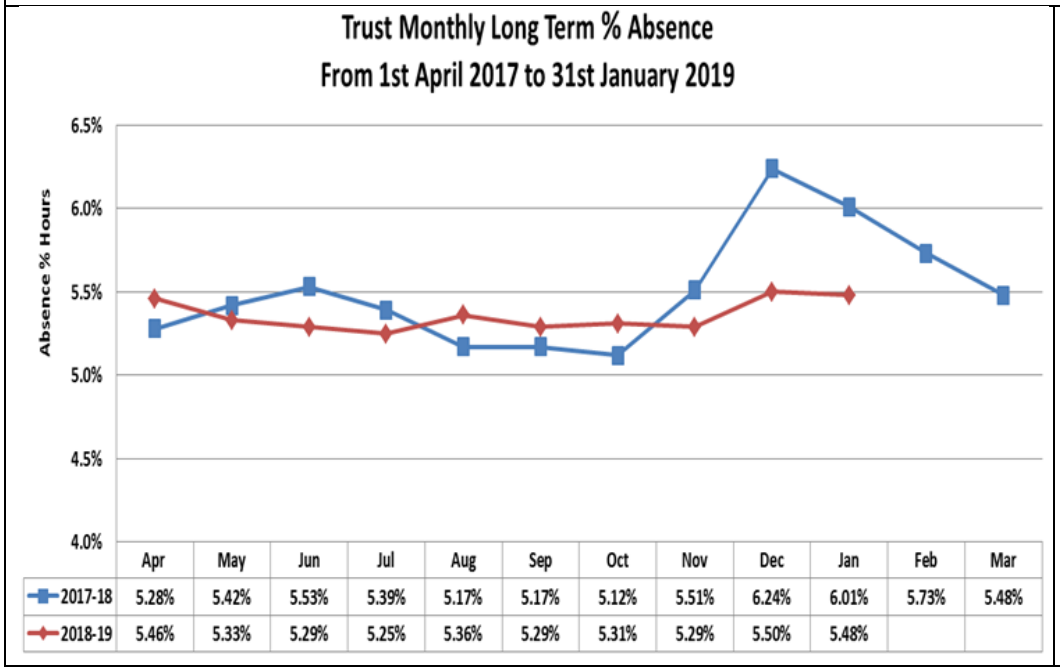
FLU CAMPAIGN

The 2018/19 Trust flu vaccination campaign has now concluded with 40. 1% of frontline staff having received their vaccination. To meet the 2018/19 DoH vaccination target of 40%, the Trust Occupational Health Service relied on the support of over 57 peer vaccinators to deliver 21.7% of the total frontline vaccinations.

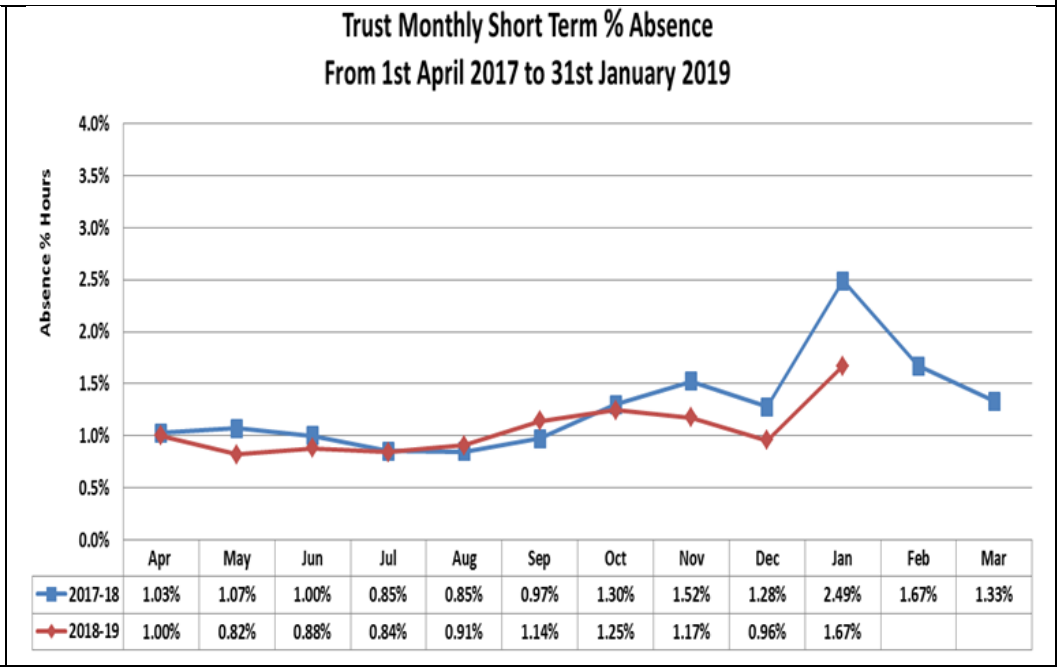




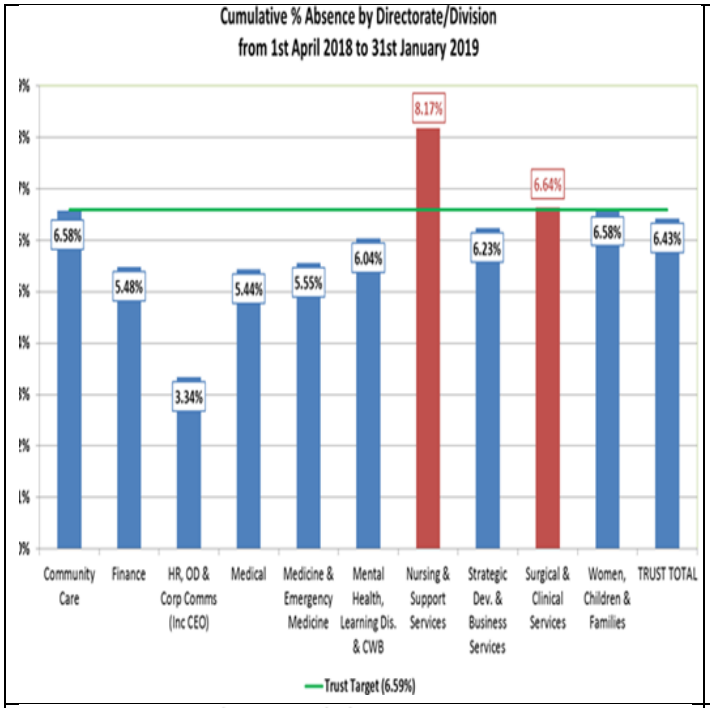


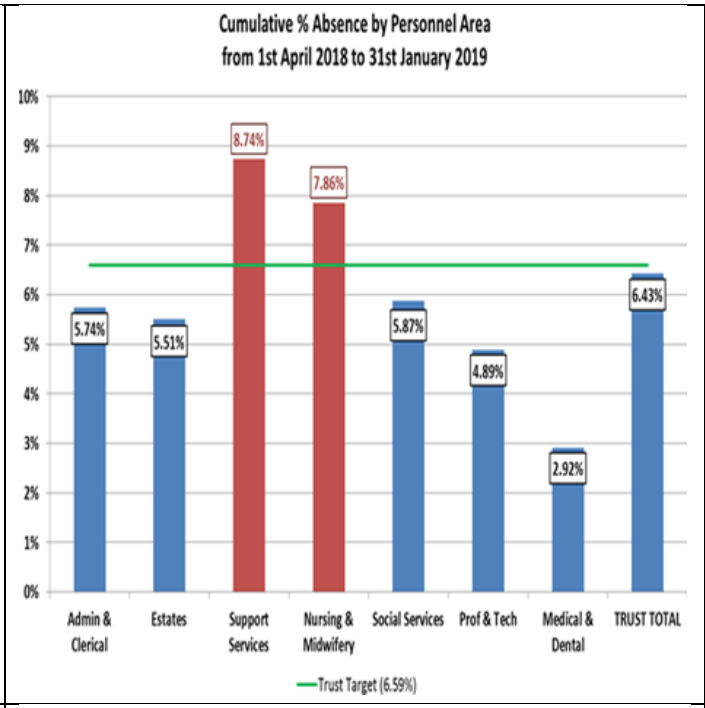


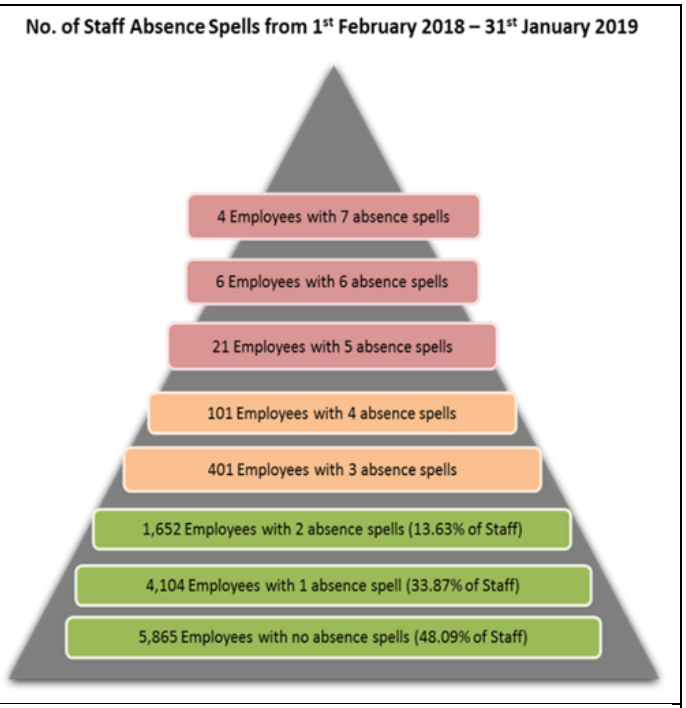
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	5.28%	5.42%	5.53%	5.39%	5.17%	5.17%	5.12%	5.51%	6.24%	6.01%	5.73%	5.48%
2018-19	5.46%	5.33%	5.29%	5.25%	5.36%	5.29%	5.31%	5.29%	5.50%	5.48%		

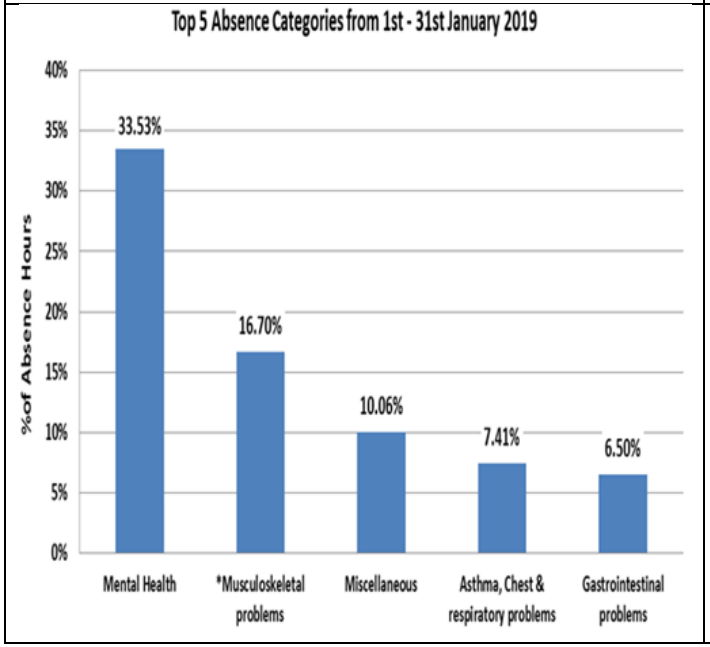


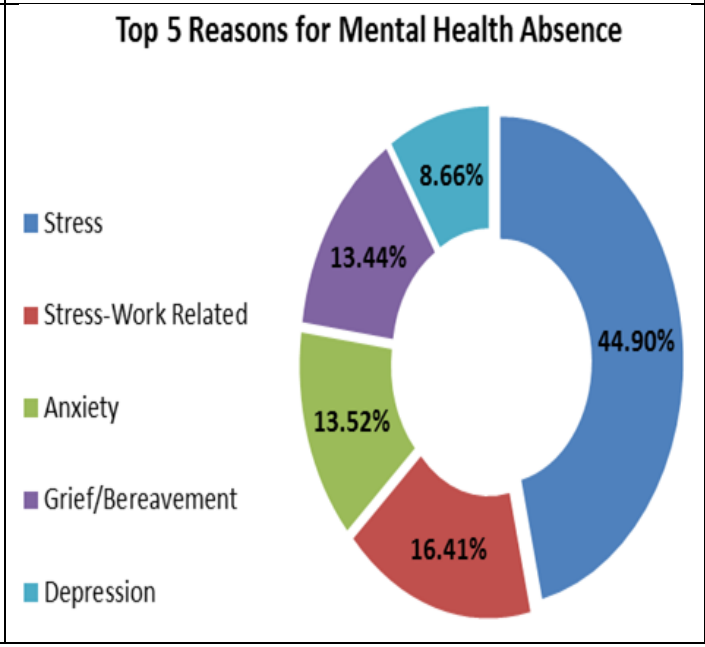
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	1.03%	1.07%	1.00%	0.85%	0.85%	0.97%	1.30%	1.52%	1.28%	2.49%	1.67%	1.33%
2018-19	1.00%	0.82%	0.88%	0.84%	0.91%	1.14%	1.25%	1.17%	0.96%	1.67%		

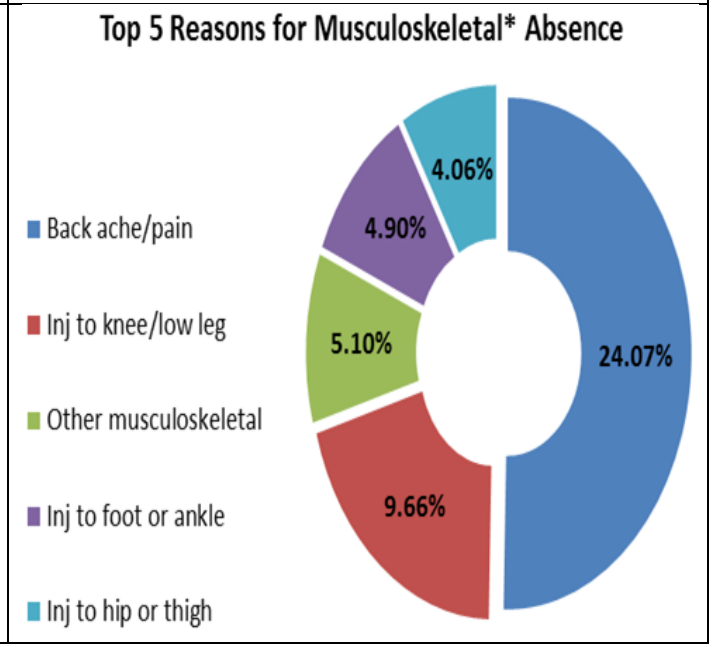












*Musculosketetal Problems is a combination of the following absence categories: Back problems, Injury/fracture and Other musculosketetal problems and absence reason 'Road Traffic Accident'.

6.0 Appendix
CPD Targets and Indicators pending clarification

The following Commissioning Plan Direction targets & indicators are to be included for Trust Board monitoring however no associated technical guidance or measurable outcomes are currently available. As guidance becomes available they will be included in the main body of the Trust Board report. Rag rating is based on the Trusts annual delivery plan (TDP).

Target / Indicator	Description	TDP Rag Rating
2.1	By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of "Delivering Care", to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.	A
2.5	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers	A
2.8	During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	A
B1	Staffing levels as reported in regular reports from PHA Delivering Care Implementation Board.	N/A
B9	Number of revisits required to achieve compliance in (i) residential homes, (ii) nursing homes, in 2015/16 and 2016/17, as published by RQIA.	N/A
3.1	By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	R
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	G
C1	Implementation of a protocol to support the identification of patients with palliative and end of life care needs in Primary Care systems. [Source: PHA/ HSCB evaluation report of agreed protocol]	N/A
5.2	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	G
5.4	By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	G
5.5	By March 2019 Self Directed physiotherapy service will be rolled out across all Health and Social Care Trusts.	G
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential).	G
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	G
8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	G
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	G
8.13	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	G

6.1 Glossary

A&E	Accident and Emergency Department
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
C Diff	Clostridium Difficile
C Section	Caesarean Section
CLI	Central Line Infection
CSR	Comprehensive Spending Review
DNA	Did Not Attend (eg at a clinic)
DC	Day case
DV	Domestic Violence
FGC	Family Group Conference
GNB	Gram-negative bloodstream infections
HSCB	Health & Social Care Board
HWIP	Health & Wellbeing Improvement Plan
ICU	Intensive Care Unit
IP	Inpatient
ITT	Inter Trust Transfer
IV	Intravenous
JAG	Joint Advisory Group
LAC	Looked After Children
LW	Longest Wait
MARAC	Multi-agency Risk Assessment Conference
MAU	Medical Assessment Unit
MD	Multi-disciplinary
MDT	Multi-disciplinary Team
MEWS	Modified Early Warning Scheme
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NEWS	National Early Warning Score
NH	Nursing Home
NICAN	Northern Ireland Cancer Network
NIPACS	NI Picture Archiving & Communication System
NIRADS	NI Radiology and Diagnostics System
OBC	Outline Business Case
OP	Outpatient
OT	Occupational Therapy
PAS	Patient Administration System
PFA	Priorities for Action
PMSID	Performance Management & Service Improvement Directorate
RMC	Risk Management Committee
S&EC	Safe and Effective Care Committee
SBA	Service Budget Agreement
SSI	Surgical Site Infection
TNF	Anti-TNF medication
TOR	Terms of Reference
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism
WHO	World Health Organisation