

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No.
DIRECTOR	Shane Devlin, Director of Planning, Performance and Informatics	Date 3 September 2015
Trust Performance Scorecard Monthly report to the end of July 2015		
Purpose	<ul style="list-style-type: none"> • For assurance 	
Corporate Objective	<ul style="list-style-type: none"> • <i>For information / assurance</i> 	
Key areas for consideration	<p>The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets. The report for the end of July 2015 includes:</p> <ul style="list-style-type: none"> • Section A: A summary of performance against a range of standards and targets, the majority of which are set out in the Health and Social Care (Commissioning Plan) Direction 2015. • Section B: Where targets are not being delivered or are at risk of delivery, more detail is provided to indicate trends analysis and actions to improve performance. <p>Appendices to the Trust Performance Report include:</p> <ul style="list-style-type: none"> • Service and Budget Agreement (SBA) activity from April to July 2015 • A summary of Trust activity for 2012/13 - 2014/15 and April to July 2015 <p>Of the 37 standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 19 areas.</p> <p>The following standards and targets are not currently being delivered and are significantly behind target (more than 10%), or are at risk of delivery:</p> <ul style="list-style-type: none"> • HCAI (MRSA, C Diff) • Cancer Services (urgent breast cancer 14 days; and 62 days treatment) • Unscheduled Care – A&E (RVH, MIH sites), 4 hour/12 hour • Outpatients - Waiting Times (60% < 9 weeks, 18 weeks max waiting time) • Diagnostic - Waiting Times (< 9 weeks, 2 days for urgent diagnostics) • Inpatient and Daycase - Waiting Times (65% < 13 weeks, 26 weeks max waiting time) • AHP Waiting Times < 13 weeks • Learning Disability Discharge (percentage discharged within 7 days) • Acute Hospital Complex Discharges (<48 hours and > 7 days) • Mental Health Outpatient – Waiting Times (Psychological Therapies) • Hospital Cancelled Outpatient Appointments 	
Recommendations	For Assurance.	

Trust Performance Scorecard
Monthly report to the end of July 2015

1. Introduction

The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets under the Trust key strategic objectives of:

- Safety and Excellence
- Continuous Improvement
- Partnerships
- People
- Resources

Section A:

A summary of performance against a range of standards and targets, the majority of which are set out in the Health and Social Care (Commissioning Plan) Direction 2015.

Section B:

Where targets are not being delivered or are at risk of delivery, more detail is provided to indicate trends analysis and actions to improve performance.

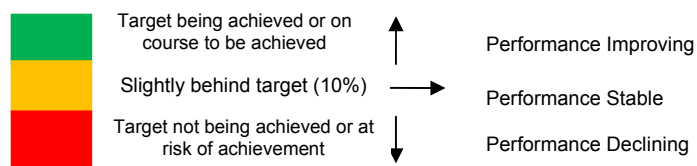
2. Summary – End of July 2015

Of the 37 DHSSPS standards and targets noted, the Trust is delivering, is slightly behind, or is expected to achieve the required level of performance in 19 areas.

The following standards and targets are not currently being delivered and are significantly behind target (more than 10%), or are at risk of delivery:

- HCAI (MRSA,C Diff)
- Cancer Services (urgent breast cancer 14 days; and 62 days treatment)
- Unscheduled Care – A&E (RVH, MIH sites), 4 hour / 12 hour
- Outpatients - Waiting Times (60% < 9 weeks, 18 weeks max waiting time)
- Diagnostic - Waiting Times (< 9 weeks, 2 days for urgent diagnostics)
- Inpatient and Daycase - Waiting Times (65% < 13 weeks, 26 weeks max waiting time)
- AHP Waiting Times < 13 weeks
- Learning Disability Discharge (percentage discharged within 7 days)
- Acute Hospital Complex Discharges (<48 hours and > 7 days)
- Mental Health Outpatient – Waiting Times (Psychological Therapies)
- Hospital Cancelled Outpatient Appointments.

Scorecard Key



PERFORMANCE SCORECARD END OF JULY 2015
TRUST KEY INDICATORS - SECTION A

Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G
SAFETY AND EXCELLENCE							
BC	1.0	Healthcare acquired infections. By March 2016, secure a further reduction from 28 to 18 infections (36%) in MRSA and from 140 to 115 infections (18%) in <i>Clostridium difficile</i> infections compared to 2014/15 outturns.					
	1.1	MRSA Infections: Trust Target for (HCAI) MRSA Infections is that by March 2016, the control tolerance level is 18 infections (1.5 per month).	3	6	4	13	Red
	1.2	Clostridium difficile: Trust Target for (HCAI) Clostridium difficile is that by March 2016, the control tolerance level is 115 infections (9.6 per month)	18	11	13	50	Red
BO/JW/BB	2.0	Hospital Emergency readmissions (Belfast Trust re-admissions) By March 2016, secure a 5% reduction in the number of emergency readmissions within 30 days. Baseline 2012/13 was 5.1%. (Target is 4.8%).	Target reported quarterly (coding to be completed for reporting). Figures for quarter 1, reported October.				
CJ	3.0	Mortality Rates should stay within statistical control limits	Within control limits	Within control limits	Within control limits	N/A	
CONTINUOUS IMPROVEMENT							
BB	4.0	Hip fractures From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	98%↓	97%	96%	97%	Green
JW	5.0	Cancer care services: From April 2015:					
	5.1	Cancer Access – 100% of urgent breast cancer referrals should be seen within 14 days. Percentage within target.	13%	23%	22%	18%	Red
	5.2	Cancer Access – at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. Percentage within target.	92%	94%	94%	93%	Yellow
JW	5.3	Cancer Access – at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. Percentage within target.	64%	54%	64%	63%	Red
JW	6.0	Organ transplants. By March 2016, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.	14	10	8	39	Green
BO/BB	7.0	Unscheduled care From April 2015:					
	7.1	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					
		RVH	64%	68%	75%	67%	
		MIH	64%	77%	75%	70%	
	All Adults	64%	71%	75%	68%		

Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G	
		Children's	92%	95%	96%	94%		
		All Trust A&E	70%↑	76%↑	79%	74%		
	7.2	No patient attending any Emergency Department should wait longer than 12 hours.						
			RVH	114	74	18	342	
			MIH	98	21	3	209	
			All Adults	212	95	21	551	
			Children's	0	0	0	0	
		All Trust A&E	212↑	95↑	21↑	551		
	8.0	Elective care - Outpatient Waiting Times From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks						
	8.1	Percentage of outpatients with completed waits seen within 9 weeks.		59%↓	61%	63%	61%	
8.2	Percentage of patients on Trust Waiting List waiting more than 9 weeks at month end.		64%	63%	69%	-		
8.3	Number of patients on Trust OP Waiting List at the end of month waiting > 9 weeks.		53125↓	54274↓	58726↓	-		
8.4	Patients waiting > 18 weeks at month end		36888↓	39185↓	43005↓	-		
BO/BB	9.1	Elective care - Diagnostic Waiting Times From April 2015, no patient waits longer than nine weeks for a diagnostic test. Number of patients breaching target at month end.		8084↓	7891↑	8305↓	-	
	9.2	From April 2015, all urgent diagnostic tests are reported on within 2 days of the test being undertaken.		83%↓	82%↓	65%↓	-	
BO/BB/JW CMcN	10.0	Elective care – IPDC Waiting Times From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 26 weeks.						
	10.1	Percentage of patients with completed waits seen within 13 weeks.		63%	65%	65%	64%	
	10.2	Percentage of patients on Trust Waiting Lists waiting more than 13 weeks, at month end.		61%	60%	59%	-	
	10.3	Number of patients on Trust Waiting List at the end of month waiting longer than 13 weeks		16504	15983↑	15976↑	-	
	10.4	Number of patients on Trust IPDC Waiting List at the end of month waiting > 26 weeks		9254↓	8378↑	8888↓	-	

Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G
	11.1	Specialist drugs therapies From April 2015, no patient should wait longer than three months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis	0→	0→	0→	0	
	12.0	Stroke patients From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis. Coding for June quarter not complete.	April and May 13%				
BO/BB	13.0	Allied Health Professionals (AHP) From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment. Numbers of patients waiting longer than 13 weeks at month end.	Full data not yet available. Breakdown of available data is included in section B				
SD	14.0	Telemonitoring					
	14.1	Tele health By March 2015, BHSCT to deliver 69908 Tele health Monitored Patient Days (equivalent to approximately 5826 per month) from the provision of remote telemonitoring services through the Telemonitoring NI contract. Target of 243 new clients by March 2016 (approximately 20 per month)					
		Tele health monitoring: Cumulative Monitored Patient Days (MPD) each month	4966↓	4734↓	4855↑	19641	
		New client referrals per month	18↑	14↓	6↓	54	
CMcN	14.2	Tele Care. By March 2016, BHSCT to deliver 110334 Telecare Monitored Patient Days (equivalent to approximately 9194 per month) from the provision of remote Telecare services including those provided through the Telemonitoring NI contract.					
		Telecare monitoring: Cumulative Monitored Patient Days (MPD) each month	18406↑	18966↑	20699↑	74957	
		New client referrals per month	53↑	69↑	49↓	213	
BO/CMcN	15.0	Unplanned admissions – Long Term Conditions (LTC – COPD, Asthma, Diabetes, Heart Failure) By March 2016, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions, including those within the ICP priority areas. Due to data coding issues, Long Term Conditions will be reported one quarter behind. The Quarter 1 data will be available in October 2015.					
CMcN	16.0	Patient discharge					
	16.1	From April 2015 ensure that 99% of all Learning Disability discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days					
		Percentage of LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.	60%↓	100%↑	100%	83%	
		Completed discharges taking > 28 days	2↓	0↑	0→	-	
		Patients waiting > 28 days at month end not yet discharged.	14↓	14→	15↑	-	
16.2	From April 2015 ensure that 99% of all Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days.						
	Percentage of MH patients, medically fit for discharge discharged within 7 days of patient being assessed	89%↓	98%↑	98%	96%		

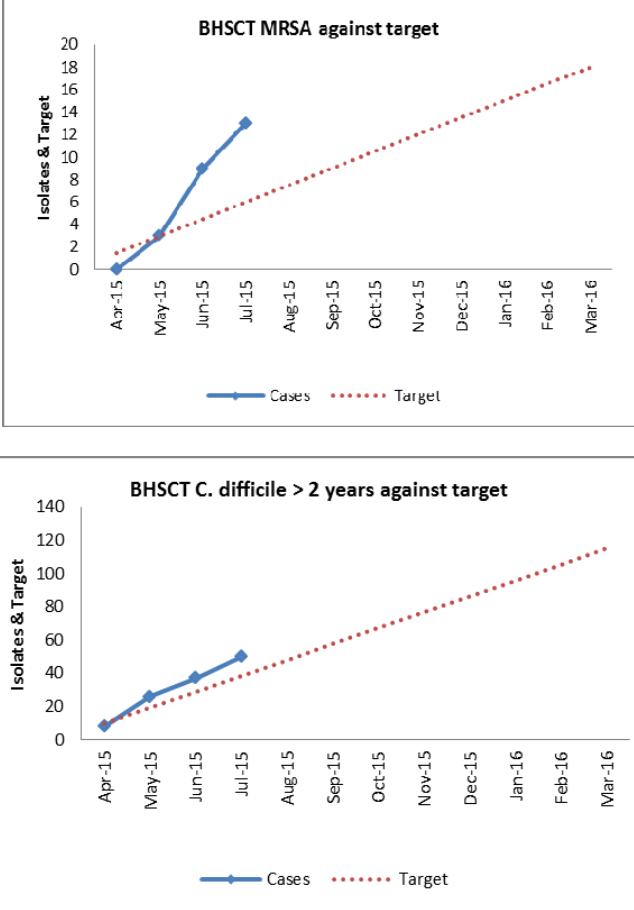
Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G	
		Completed discharges taking > 28 days	3↓	1↑	1→			
		Patients waiting > 28 days at month end not yet discharged.	0→	1↓	0→	-		
	16.3	From April 2015 - 90% of complex discharges from an acute hospital take place within 48 hours. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).	59%↑	59%↑	61%	56%		
		From April 2015, no complex discharges should be delayed by more than 7 days. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).	45↑	36↑	38↓	-		
	From April 2015 – 100%. All non-complex discharges from an acute hospital take place within 6 hours. (Belfast Trust).	98%→	98%→	97%↓	98%			
CMcN	17.0	Learning Disability and Mental Health - Resettlement Completion of the resettlement programme.						
	17.1	Mental Health Resettlement. Details to be confirmed.	0	0	0	0		
	17.2	Learning Disability Resettlement. Planned resettlement of 12 patients by March 2016 and the remaining 4 by June 2016.	2	0	1	4		
CMcN	18.0	Mental Health Services – Waiting Times						
	18.1	From April 2015, no patient waits longer than 9 weeks to access child and adolescent mental health services (CAMHS). Number of patients waiting longer than 9 weeks at month end.	5↓	0↑	0→	-		
	18.2	From April 2015, no patient waits longer than 9 weeks to access adult mental health services. Number of patients waiting longer than 9 weeks at month end.	69↓	71↓	107↓	-		
	18.3	From April 2015, no patient waits longer than 9 weeks to access dementia services.	0→	0→	0→	-		
	18.4	From April 2015, no patient waits longer than 13 weeks to access care assessment psychological therapies (any age). Numbers of patients waiting longer than 13 weeks at month end.	195↓	169↑	163↑	-		
PARTNERSHIPS								
CMcN	19.0	Carers' Assessments: By March 2016, secure a 10% increase in the number of carers' assessments offered (reported quarterly). Target baseline: The target is based on the number of carers' assessments offered during quarter ending 31 March 2015, 649, and the target, 714, should be achieved by the final quarter of 2015/16.	Q1 Apr – Jun 2015 652			-		

Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G	
	20.0	Direct Payments. By March 2016, secure a 10% increase in the number of direct payments across all programmes of care. The 2015/16 target is 591, based on 2014/15 outturn of 513, plus 24 (people who came off Direct Payments during quarter 4 of 2014/15) = 537 x 10% increase = 591. <i>Data collation remains under review.</i>	512↑	514↑	514→	-		
BB	21.0	Tackling obesity From April 2015, all eligible pregnant women, aged 18 years or over, with a BMI of 40kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited. Tackling Obesity is monitored quarterly.	Q1 Apr – Jun 2015			-		
	21.1	Total women referred where BMI ≤ 40	40			-		
	21.2	Percentage uptake	52%			-		
PEOPLE								
DMcA	22.0	Absence Rate - Percentage Target 5.0% Data not available at present due to HRPTS issues. Awaiting confirmation of availability of validated Trust data.						
CJ	23.0	Complaints response times (Q). Complaints data available quarterly following approval by the Complaints Review Committee (CRC), normally two months after quarter end. 2015/2016 Q1 data will be available after September 2015 CRC meeting.	Q4 Jan – Mar 2015	Q1 Apr - Jun 2015	Q2 Jul - Sep 2015	Q3 Oct - Dec 2015	Q4 Jan – Mar2016	
	23.1	Formal Complaints received	567	-				
	23.2	Percentage of complaints responded to within 20 days.	52%	-				
	23.3	Percentage of complaints responded to within 30 days.	62%	-				
	23.4	Number of quarter one (Q1) Complaints remaining open as at 15/05/15	154	-				
RESOURCES								
SD	24.0	Hospital Cancelled OP Appointments: By March 2016, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. 2015/16 baseline 25,703 to be reduced to 20,563 (circa 1,714 per month) - source HIB	1929	2380	n/a	Apr – June 2015 6796		

Director Lead	Ref	Target	May 2015	June 2015	July 2015	April – July 2015 Cumulative	RA G	
	25.0	Non Elective and Elective IPDC & Elective OP SBA Performance reported Cumulatively each month						
	25.1	Elective Admissions (baseline excludes HSCB uplifts)	-2%	+2%	+1%	+1%		
	25.2	Non Elective Admissions (baseline 11/12)	+9%	+11%	+10%	+10%		
	25.3	OPN (baseline excludes HSCB uplifts)	-11%	-5%	-8%	-8%		
	25.4	OPR	+3%	+8%	+5%	+5%		

Section B: Where targets are not being delivered or at risk of delivery, more detail is provided outlining trends analysis and actions to improve performance.

SAFETY AND EXCELLENCE

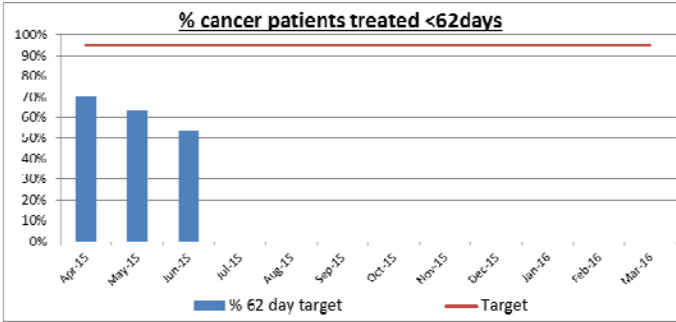
Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																																																																														
1.1 & 1.2	Brenda Creaney	<p>Healthcare acquired infections.</p> <p>By March 2016, secure a further reduction of 18 infections (36%, circa 1.5 per month) in MRSA and 115 infections (18%, circa 9.6 per month) in <i>Clostridium difficile</i> infections compared to 2014/15 outturns.</p>	 <p>BHSCT MRSA against target</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>0</td><td>0</td></tr> <tr><td>May-15</td><td>3</td><td>2</td></tr> <tr><td>Jun-15</td><td>9</td><td>4</td></tr> <tr><td>Jul-15</td><td>13</td><td>6</td></tr> <tr><td>Aug-15</td><td>-</td><td>8</td></tr> <tr><td>Sep-15</td><td>-</td><td>10</td></tr> <tr><td>Oct-15</td><td>-</td><td>12</td></tr> <tr><td>Nov-15</td><td>-</td><td>14</td></tr> <tr><td>Dec-15</td><td>-</td><td>16</td></tr> <tr><td>Jan-16</td><td>-</td><td>18</td></tr> <tr><td>Feb-16</td><td>-</td><td>20</td></tr> <tr><td>Mar-16</td><td>-</td><td>22</td></tr> </tbody> </table> <p>BHSCT C. difficile > 2 years against target</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>10</td><td>10</td></tr> <tr><td>May-15</td><td>25</td><td>15</td></tr> <tr><td>Jun-15</td><td>40</td><td>20</td></tr> <tr><td>Jul-15</td><td>50</td><td>25</td></tr> <tr><td>Aug-15</td><td>-</td><td>30</td></tr> <tr><td>Sep-15</td><td>-</td><td>35</td></tr> <tr><td>Oct-15</td><td>-</td><td>40</td></tr> <tr><td>Nov-15</td><td>-</td><td>45</td></tr> <tr><td>Dec-15</td><td>-</td><td>50</td></tr> <tr><td>Jan-16</td><td>-</td><td>55</td></tr> <tr><td>Feb-16</td><td>-</td><td>60</td></tr> <tr><td>Mar-16</td><td>-</td><td>65</td></tr> </tbody> </table>	Month	Cases	Target	Apr-15	0	0	May-15	3	2	Jun-15	9	4	Jul-15	13	6	Aug-15	-	8	Sep-15	-	10	Oct-15	-	12	Nov-15	-	14	Dec-15	-	16	Jan-16	-	18	Feb-16	-	20	Mar-16	-	22	Month	Cases	Target	Apr-15	10	10	May-15	25	15	Jun-15	40	20	Jul-15	50	25	Aug-15	-	30	Sep-15	-	35	Oct-15	-	40	Nov-15	-	45	Dec-15	-	50	Jan-16	-	55	Feb-16	-	60	Mar-16	-	65	<p>The Trust infections are above expected tolerance levels expected at the end of July due to a number of issues, including:</p> <ul style="list-style-type: none"> • Inconsistent application of all measures required to minimise the risk of infection, including risk assessment on patient admission and transfer; effective handover and documentation; isolation on suspicion of infection; appropriate sampling; prudent antimicrobial prescribing; decolonisation of patients with MRSA; clean, clutter free clinical areas; and adherence to dress code policy, use of PPE and hand hygiene. • An increase in activity across the Trust, notably in Unscheduled and Acute Care. • The increased number of incidents/outbreaks, in particular cases of Carbapenemase Producing Enterobacteriaceae (CPE). • Further demands on the IP&C Team with regard to ANTT training and Ebola Viral Haemorrhagic Fever preparedness. <p>Actions below taken to address the above include:</p> <ul style="list-style-type: none"> • Targeted auditing and training on the measures listed above, including the rollout of an updated infection prevention and control risk assessment form; guidance on isolation and appropriate sampling; guidance on antimicrobial stewardship, including the development and rollout of an APP and new Kardex; focused environmental cleanliness auditing and Aseptic Non-Touch Technique (ANTT) training. • HCAI Workshop held on 21 August for staff to share best practice. • Further development of a range of resources on the Intranet, including an e-learning programme on Infection Prevention and Control.
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CONTINUOUS IMPROVEMENT

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5.0	Jennifer Welsh	<p>Cancer care services From April 2015, all urgent breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<div style="border: 1px solid black; padding: 5px;"> <p align="center">% cancer patients treated <14days</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>Breast Cancer</td> <td align="center">145</td> <td align="center">192</td> <td align="center">143</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">% cancer patients treated <31days</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>Brain / Central tumour</td> <td align="center">0</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>Breast Cancer</td> <td align="center">0</td> <td align="center">1</td> <td align="center">1</td> </tr> <tr> <td>Gynae Cancers</td> <td align="center">2</td> <td align="center">0</td> <td align="center">2</td> </tr> <tr> <td>Head and Neck</td> <td align="center">1</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Lung Cancer</td> <td align="center">2</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Lower GI Cancer</td> <td align="center">0</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>Skin Cancer</td> <td align="center">0</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>Upper GI Cancer</td> <td align="center">1</td> <td align="center">1</td> <td align="center">4</td> </tr> <tr> <td>Urological Cancer</td> <td align="center">17</td> <td align="center">14</td> <td align="center">11</td> </tr> <tr> <td>Grand Total</td> <td align="center">23</td> <td align="center">20</td> <td align="center">20</td> </tr> </tbody> </table> </div>		May 2015	June 2015	July 2015	Breast Cancer	145	192	143		May 2015	June 2015	July 2015	Brain / Central tumour	0	1	0	Breast Cancer	0	1	1	Gynae Cancers	2	0	2	Head and Neck	1	0	0	Lung Cancer	2	1	2	Lower GI Cancer	0	1	0	Skin Cancer	0	1	0	Upper GI Cancer	1	1	4	Urological Cancer	17	14	11	Grand Total	23	20	20	<p>Actions currently being undertaken to improve performance:</p> <ul style="list-style-type: none"> • A short term recovery plan has been put in place to improve breast 14 day performance which includes temporary redirection of urgent breast referrals and implementing additional outpatient capacity. • Straight to scope pathway for UGI patients in process of implementation • Urology recovery plan has been developed to clear the red flag backlog and to identify recurrent resource required to improve performance. • Actions are being taken to address waiting times for 1st appointments for red flag, routine and urgent colorectal patients
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Urological Cancer	17	14	11																																																					
Grand Total	23	20	20																																																					

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
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	May 2015	June 2015	July 2015
Breast Cancer	2	4	1
Gynae Cancers	3	3	3
Haematological Cancers	1	0	2
Head/Neck Cancer	5	14	7
Lower GI	6	11	5
Lung Cancer	8	10	5
Skin Cancers	4	1	5
Sarcoma	0	1	0
Upper GI	6	7	11
Urological Cancer	16	20	18
Grand Total	51	71	57

**Late ITT figures not currently available*

	May 2015	June 2015	July 2015
Gynae Cancers	1	1	0
Head and Neck Cancers	1	4	0
Lung Cancer	0	1	1
Skin Cancers	1	0	2
Lower GI Cancer	0	3	1
Upper GI Cancer	4	1	7
Urological Cancer	9	11	6
Grand Total	16	21	17

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
78.1	Bernie Owens/ Brian Barry	<p>Unscheduled Care From April 2015:</p> <p>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</p>	<p align="center">%A&E Attendance <4hrs</p>	<p>Update on BCH Direct BCH Direct has now been opened for over 8 months and has assessed and treated 1751 patients to date, the peak in activity coming in the months of December, January and February. It continues to develop as a service that is responsive to the needs of Older People and their families within the Belfast Trust ensuring rapid access to a comprehensive geriatric assessment.</p> <p>The service has expanded and now accepts direct paramedic referrals from the community and also (from the 23rd March) referrals for specific respiratory conditions which are assessed and triaged.</p>
7.2		<p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p align="center">No. of A&E Attendances >12hrs</p> <p>ImPACT: Emergency Department Performance Summary Graphs below show the numbers of patients waiting over 12 hour for admission and the percentage of patients seen within 4 hours between Mid-May and early August 2015.</p> <p align="center">RVH USC Performance 4 hour patients and 12 hour breaches</p>	<p>Service user feedback continues to be positive with patients and relatives commenting regularly on the speed and efficiency in which they are seen and assessed by the BCH Direct team. One recent comment from the daughter of a frail elderly patient was <i>'I think this is a first class idea, to have a separate assessment unit for older people shows that the Belfast Trust is really focusing on the patient'</i>. Another lady commented <i>'the care and support are excellent. There is a strong element of putting the patient first. The family is also made to feel at ease, there is an atmosphere of calm and serenity'</i>.</p> <p>The introduction of the Acute Care at Home team working alongside BCH Direct will also help to improve the management of Older People in the Belfast Trust.</p> <p>The new Clinical Assessment Unit The new CAU area co-located with the new RVH ED is where ED patients will be transferred to have speciality assessment or further input for a clinical decision to be made. The aim is to provide medical assessment, treatment and follow up in an area specifically designed for that purpose, without the need for hospital admission.</p> <p>This will reduce the number of patients waiting on trolleys in ED and is designed to provide high quality</p>

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance
			<p>Mater USC Performance 4 hour patients and 12 hour breaches</p> <ul style="list-style-type: none"> Blue bars: No. of 12 hour breaches Red line: % of patients seen within 4 hours Green line: % of patients seen within 12 hours 	<p>patient outcome, good patient experience and reduce potential harm for patients by avoiding unnecessary admissions.</p> <p>The acute assessment of Surgical patients will continue to be delivered within EmSU, RVH.</p> <p>Patients who require to have a very short stay as an in-patient (less than 24 hours) will also be managed in this area, including patients who require a multidisciplinary approach and physiological observations to detect deterioration while their illness is being diagnosed or treated, patients awaiting psychiatric assessment, patients requiring a period of observation whilst they recover from substance abuse, etc. This unit will work closely with the Ambulatory Care area which will facilitate early follow up and timely, appropriate investigations.</p>
8.1 / 8.4	<p>Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl</p>	<p>From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks.</p>	<p>% Outpatients waiting > 9wks on Waiting List</p>	<p>The Trust is currently unable to meet the new Commissioning Directions targets in a range of specialties due to lack of capacity. At present funding is not available for additional activity and waiting times are increasing in a number of specialties. Unfortunately some specialties have waiting lists in excess of 52 weeks. These include: Adult Cardiology, Gastroenterology, General Surgery, Orthopaedics, Immunology, Neurology, Neurosurgery, Ophthalmology, Rheumatology, Thoracic Medicine, Urology, Vascular Surgery, Immunology. The HSCB have commenced a regional process to review OP referral pathways in some specialties. The Trust has also commenced an OP Modernisation project to take forward opportunities</p>

CONTINUOUS IMPROVEMENT

Ref	Director Responsible	Target	Trend Analysis	Actions to improve performance																																																												
			<p align="center">Number of outpatients waiting >18wks</p>	for streamlining patient pathways, review workforce, administration and infrastructure, and maximise use of technology. Clinical leads are in the process of being appointed to lead initiatives in these areas.																																																												
9.1	Bernie Owens/ Brian Barry	<p>Elective care - Diagnostic Waiting Times</p> <p>From April 2015, no patient waits longer than nine weeks for a diagnostic test. Numbers of patients breaching target at month end.</p>	<p align="center">Total Number of diagnostic 9wk breaches</p> <table border="1"> <thead> <tr> <th>Scan</th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>MRI*</td> <td>1486</td> <td>1920</td> <td>2093</td> </tr> <tr> <td>Cardiac MRI*</td> <td>528</td> <td>397</td> <td>359</td> </tr> <tr> <td>CT*</td> <td>1005</td> <td>911</td> <td>861</td> </tr> <tr> <td>Ultrasound*</td> <td>1208</td> <td>1046</td> <td>1315</td> </tr> <tr> <td>Barium Enema</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dexa Scans</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Radio-nuclide</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>Audiology</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>ECHO*</td> <td>2952</td> <td>2800</td> <td>2663</td> </tr> <tr> <td>MPI*</td> <td>242</td> <td>175</td> <td>173</td> </tr> <tr> <td>Neurophysiology*</td> <td>550</td> <td>541</td> <td>783</td> </tr> <tr> <td>Sleep Studies</td> <td>63</td> <td>52</td> <td>13</td> </tr> <tr> <td>Urodynamics</td> <td>48</td> <td>46</td> <td>44</td> </tr> <tr> <td>Total</td> <td>8084</td> <td>7891</td> <td>8305</td> </tr> </tbody> </table>	Scan	May 2015	June 2015	July 2015	MRI*	1486	1920	2093	Cardiac MRI*	528	397	359	CT*	1005	911	861	Ultrasound*	1208	1046	1315	Barium Enema	0	0	0	Dexa Scans	0	0	0	Radio-nuclide	1	2	0	Audiology	1	1	1	ECHO*	2952	2800	2663	MPI*	242	175	173	Neurophysiology*	550	541	783	Sleep Studies	63	52	13	Urodynamics	48	46	44	Total	8084	7891	8305	<p>The 9 week target cannot currently be delivered in the areas indicated* due to capacity issues acknowledged by the HSCB.</p> <p>In a number of areas (e.g. CT & Ultrasound), the Trust is also prioritising unscheduled care, red flag and urgent patients which impacts on elective waiting times. The HSCB has acknowledged that recurrent investment is required in a number of areas to reduce waiting times and the Trust is working with the Board to confirm details and agreements as soon as possible. This work is ongoing.</p> <p>MRI: There was a stop / pause in the referrals going out to the Independent Sector (IS) for MRI but this has now restarted. Agreement has now been reached on the capacity to be introduced with the opening of the new paediatric scanner and this will add additional sessional capacity into the RVH adult service addressing the longer waits.</p> <p>For CT and Ultrasound, non-recurrent resource was agreed with the HSCB and in house sessions are taking place to bring down the waiting times. Some independent sector resource has been acquired although in these 2 areas it is low.</p>
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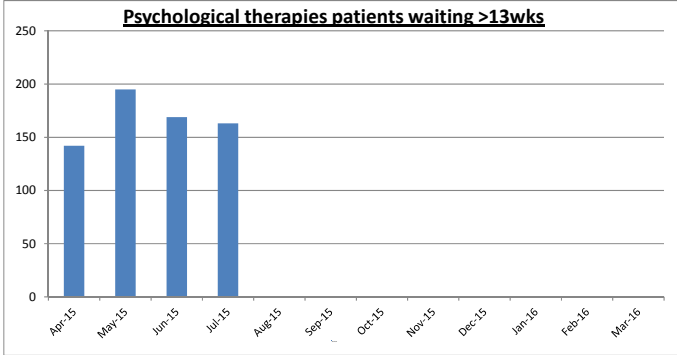
CONTINUOUS IMPROVEMENT

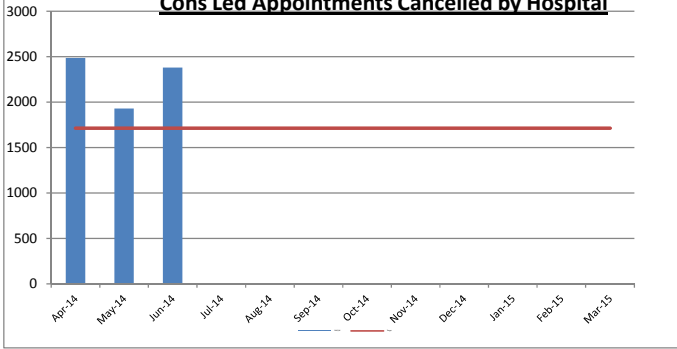
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9.2	Bernie Owens/ Brian Barry	From April 2015, all urgent diagnostic tests are reported on within two days of the test being undertaken.	<table border="1"> <thead> <tr> <th></th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>MRI</td> <td>82%</td> <td>83%</td> <td>82%</td> </tr> <tr> <td>CT</td> <td>92%</td> <td>91%</td> <td>90%</td> </tr> <tr> <td>Ultra sound</td> <td>95%</td> <td>95%</td> <td>94%</td> </tr> <tr> <td>Barium Enema</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>RN</td> <td>94%</td> <td>86%</td> <td>96%</td> </tr> <tr> <td>PET</td> <td>95%</td> <td>91%</td> <td>86%</td> </tr> <tr> <td>ECHO</td> <td>93%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>MPI</td> <td>55%</td> <td>43%</td> <td>43%</td> </tr> <tr> <td>Neurophysiology</td> <td>100%</td> <td>73%</td> <td>40%</td> </tr> <tr> <td>Total</td> <td>83%</td> <td>82%</td> <td>65%</td> </tr> </tbody> </table>		May 2015	June 2015	July 2015	MRI	82%	83%	82%	CT	92%	91%	90%	Ultra sound	95%	95%	94%	Barium Enema	n/a	n/a	n/a	RN	94%	86%	96%	PET	95%	91%	86%	ECHO	93%	90%	90%	MPI	55%	43%	43%	Neurophysiology	100%	73%	40%	Total	83%	82%	65%	<p>There remain challenges to achieve 100% reporting across the teams due to reporting capacity gap issues, particularly due to weekend tests (not reported at weekends). The Trust is seeking funding to address reporting gaps in CT and Ultrasound. A paper has been submitted to the HSCB and discussions are ongoing.</p> <p>Although MPI shows percentages of urgent diagnostics reported within 48 hours at 72% all urgent reports were sent to referrers within 7 days.</p>
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10.1/ 10.4	Bernie Owens/ Brian Barry/ Jennifer Welsh/ Catherine McNicholl	From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks, and no patient waits longer than 26 weeks.	<p>% IPDC waiting >13wks on Waiting List</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% IPDC waiting >13wks</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Apr-15</td> <td>60%</td> <td>35%</td> </tr> <tr> <td>May-15</td> <td>60%</td> <td>35%</td> </tr> <tr> <td>Jun-15</td> <td>60%</td> <td>35%</td> </tr> <tr> <td>Jul-15</td> <td>60%</td> <td>35%</td> </tr> <tr> <td>Aug-15</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Sep-15</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Oct-15</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Nov-15</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Dec-15</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Jan-16</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Feb-16</td> <td>-</td> <td>35%</td> </tr> <tr> <td>Mar-16</td> <td>-</td> <td>35%</td> </tr> </tbody> </table> <p>Number Inpatient & Daycases waiting >26wks</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number waiting > 26 wks</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Apr-15</td> <td>9000</td> <td>0</td> </tr> <tr> <td>May-15</td> <td>9000</td> <td>0</td> </tr> <tr> <td>Jun-15</td> <td>8500</td> <td>0</td> </tr> <tr> <td>Jul-15</td> <td>8500</td> <td>0</td> </tr> <tr> <td>Aug-15</td> <td>-</td> <td>0</td> </tr> <tr> <td>Sep-15</td> <td>-</td> <td>0</td> </tr> <tr> <td>Oct-15</td> <td>-</td> <td>0</td> </tr> <tr> <td>Nov-15</td> <td>-</td> <td>0</td> </tr> <tr> <td>Dec-15</td> <td>-</td> <td>0</td> </tr> <tr> <td>Jan-16</td> <td>-</td> <td>0</td> </tr> <tr> <td>Feb-16</td> <td>-</td> <td>0</td> </tr> <tr> <td>Mar-16</td> <td>-</td> <td>0</td> </tr> </tbody> </table>	Month	% IPDC waiting >13wks	Target	Apr-15	60%	35%	May-15	60%	35%	Jun-15	60%	35%	Jul-15	60%	35%	Aug-15	-	35%	Sep-15	-	35%	Oct-15	-	35%	Nov-15	-	35%	Dec-15	-	35%	Jan-16	-	35%	Feb-16	-	35%	Mar-16	-	35%	Month	Number waiting > 26 wks	Target	Apr-15	9000	0	May-15	9000	0	Jun-15	8500	0	Jul-15	8500	0	Aug-15	-	0	Sep-15	-	0	Oct-15	-	0	Nov-15	-	0	Dec-15	-	0	Jan-16	-	0	Feb-16	-	0	Mar-16	-	0	<p>The Trust is currently unable to meet the new Commissioning Directions targets in a range of specialties due to lack of capacity. At present funding is not available for additional activity and waiting times are increasing in a number of specialties. Unfortunately some specialties have waiting lists in excess of 52 weeks. These include: Breast Surgery, Plastics, Orthopaedics, ENT, General Surgery, Ophthalmology, Urology and Vascular. The Trust has commenced an Elective Improvement Project to identify opportunities and actions to optimise elective performance, maximising the number of patients we can admit and treat electively within our resources. Four specialties have been initially identified for this initiative and scoping meetings will be held with clinical leads in September to identify key opportunities for improvement work.</p>
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CONTINUOUS IMPROVEMENT

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13.0	Bernie Owens/ Brian Barry	<p>Allied Health Professionals (AHP) From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment.</p> <p>Numbers of patients waiting longer than 13 weeks at month end.</p> <p>Delay in figures due to issues with PARIS and manual counting.</p>	<p align="center">Total Number of AHP 13wk breaches</p> <p align="center"><i>* Up to date data not currently available</i></p> <table border="1"> <thead> <tr> <th>Breach</th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>OT</td> <td>445</td> <td>382</td> <td>478</td> </tr> <tr> <td>Orthoptics</td> <td>9</td> <td>16</td> <td>26</td> </tr> <tr> <td>Podiatry</td> <td>2</td> <td>16</td> <td>20</td> </tr> <tr> <td>SLT</td> <td>369</td> <td>433</td> <td>455</td> </tr> <tr> <td>Diet</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>Total</td> <td>825* incomplete</td> <td>468* incomplete</td> <td>979* incomplete</td> </tr> </tbody> </table> <p>Whilst data collation remains an issue, the AHP Service undertook a manual exercise in March and May to establish a snapshot of the actual position below:</p> <p>Table B: AHP Services Waiting Time Report March & May 2015</p> <table border="1"> <thead> <tr> <th>Profession</th> <th>Actual No. patients waiting > 9 weeks (31st March 2015)</th> <th>Longest wait (weeks)</th> <th>Actual No. patients waiting > 13 weeks (31st May 2015)</th> <th>Longest wait (weeks)</th> </tr> </thead> <tbody> <tr> <td>Physiotherapy</td> <td>3311</td> <td>57</td> <td>1804</td> <td>48</td> </tr> <tr> <td>OT</td> <td>1135</td> <td>23</td> <td>414</td> <td>27</td> </tr> <tr> <td>SLT</td> <td>451</td> <td>92</td> <td>218</td> <td>91</td> </tr> <tr> <td>Dietetics</td> <td>227</td> <td>23</td> <td>102</td> <td>29</td> </tr> <tr> <td>Podiatry</td> <td>0</td> <td>9</td> <td>2</td> <td>16</td> </tr> <tr> <td>Total</td> <td>5124</td> <td></td> <td>2540</td> <td></td> </tr> </tbody> </table>	Breach	May 2015	June 2015	July 2015	Physio	n/a	n/a	n/a	OT	445	382	478	Orthoptics	9	16	26	Podiatry	2	16	20	SLT	369	433	455	Diet	n/a	n/a	n/a	Total	825* incomplete	468* incomplete	979* incomplete	Profession	Actual No. patients waiting > 9 weeks (31 st March 2015)	Longest wait (weeks)	Actual No. patients waiting > 13 weeks (31 st May 2015)	Longest wait (weeks)	Physiotherapy	3311	57	1804	48	OT	1135	23	414	27	SLT	451	92	218	91	Dietetics	227	23	102	29	Podiatry	0	9	2	16	Total	5124		2540		<ul style="list-style-type: none"> The Trust continues to experience challenges in data collation for some AHP specialties. The Trust has advised the HSCB regarding the current limitations in producing data. Work is underway with Trust Information Systems to address these challenges during 2015/16. The Ministerial target changed on the 1st April 2015 to state that no patient should be waiting over 13 weeks to access AHP services. The waiting time in BHSC remains above the Ministerial target in some sub-speciality areas of the AHP services. As indicated above, some AHP services continue to experience difficulties in accessing accurate reports due to the absence of a discrete information system. The Trust is addressing this through the rollout of PCIS and other systems and has communicated these ongoing difficulties to the HSCB The majority of breaches have arisen largely as a result of capacity issues; however some areas of the services are also experiencing a sustained increase in demand. The Trust is participating in ongoing discussions with the HSCB to review service demand and capacity issues. The Trust also continues to take forward recruitment for a number of posts, which, when in place, should result in continuing improvement in the numbers of patients waiting longer than the target.
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16.1	Catherine McNicholl	<p>Patient Discharge From April 2015 ensure that 99% of all Learning Disability and Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges) and no discharge takes longer than 28 days</p>	<table border="1" data-bbox="737 183 1354 313"> <tr> <th colspan="4">Percentage of MH patients, medically fit for discharge, discharged within 7 days of patient being assessed.</th> </tr> <tr> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> <th>Cum</th> </tr> <tr> <td>89%</td> <td>98%</td> <td>98%</td> <td>95%</td> </tr> </table> <table border="1" data-bbox="737 342 1354 472"> <tr> <th colspan="4">Percentage of LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.</th> </tr> <tr> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> <th>Cum</th> </tr> <tr> <td>60%</td> <td>100%</td> <td>100%</td> <td>83%</td> </tr> </table>	Percentage of MH patients, medically fit for discharge, discharged within 7 days of patient being assessed.				May 2015	June 2015	July 2015	Cum	89%	98%	98%	95%	Percentage of LD patients, medically fit for discharge, discharged within 7 days of patient being assessed.				May 2015	June 2015	July 2015	Cum	60%	100%	100%	83%	<p>Mental Health services continue to perform well against the targets.</p> <p>Learning Disability services are not always able to deliver against targets. Patients often require complex packages which take longer to establish.</p>		
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16.3	Catherine McNicholl	<p>Patient Discharge From April 2015 - 90% of complex discharges from an acute hospital take place within 48 hours. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).</p> <p>From April 2015, no complex discharges should be delayed by more than 7 days. (All NI Acute Hospitals with Belfast Trust of Residence (ToR). Source web portal).</p>	<p>Complex discharges from an acute hospital take place within 48 hours (All Hospital Trusts - Belfast ToR) - Source Web Portal</p> <table border="1" data-bbox="737 548 1354 621"> <tr> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> <tr> <td>59%</td> <td>59%</td> <td>61%</td> </tr> </table> <p>Complex discharges delayed by more than 7 days (from All Hospital Trusts - Belfast ToR) - Source Web Portal</p> <table border="1" data-bbox="737 699 1354 773"> <tr> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> <tr> <td>45</td> <td>36</td> <td>38</td> </tr> </table>	May 2015	June 2015	July 2015	59%	59%	61%	May 2015	June 2015	July 2015	45	36	38	<p>An IT system is currently being piloted to provide accurate information on delayed discharges to all Trusts.</p> <p>Availability of domiciliary packages are limited in other Trusts which is impacting on the LOS on regional services provided by the BHSC</p> <p>A significant number of patients included in the complex discharge data are awaiting inter hospital transfer.</p> <p>The Trust is working with the LCG to secure funding for additional services to support the flow of patients from hospital into community.</p>														
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59%	59%	61%																												
May 2015	June 2015	July 2015																												
45	36	38																												
18.4	Catherine McNicholl	<p>From April 2015, no patient waits longer than 13 weeks to access psychological therapies (any age). Numbers of patients waiting longer than 13 weeks at month end.</p>	<p>Psychological therapies patients waiting >13wks</p>  <table border="1"> <caption>Psychological therapies patients waiting >13wks</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Apr-15</td> <td>140</td> </tr> <tr> <td>May-15</td> <td>195</td> </tr> <tr> <td>Jun-15</td> <td>170</td> </tr> <tr> <td>Jul-15</td> <td>165</td> </tr> <tr> <td>Aug-15</td> <td>0</td> </tr> <tr> <td>Sep-15</td> <td>0</td> </tr> <tr> <td>Oct-15</td> <td>0</td> </tr> <tr> <td>Nov-15</td> <td>0</td> </tr> <tr> <td>Dec-15</td> <td>0</td> </tr> <tr> <td>Jan-16</td> <td>0</td> </tr> <tr> <td>Feb-16</td> <td>0</td> </tr> <tr> <td>Mar-16</td> <td>0</td> </tr> </tbody> </table>	Month	Number of Patients	Apr-15	140	May-15	195	Jun-15	170	Jul-15	165	Aug-15	0	Sep-15	0	Oct-15	0	Nov-15	0	Dec-15	0	Jan-16	0	Feb-16	0	Mar-16	0	<p>There are waits in the delivery of psychological therapies, both in their delivery within Mental Health Services and also within Physical Health Psychology – however there is a down-ward trajectory and we would expect this to continue to be seen as new initiatives in service re-design and staff recruitment bed in.</p> <p>Waits are most significant in the delivery of physical health psychology services, where demand continues to grow. Within this arena the main areas of pressure are in Chronic Pain and also the provision of regional neuropsychology services.</p>
Month	Number of Patients																													
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			<table border="1" data-bbox="716 191 1377 493"> <thead> <tr> <th colspan="4">Psychological Therapies patients waiting > 13 weeks</th> </tr> <tr> <th></th> <th>May 2015</th> <th>June 2015</th> <th>July 2015</th> </tr> </thead> <tbody> <tr> <td>Adult Health Psychology</td> <td>114</td> <td>110</td> <td>116</td> </tr> <tr> <td>Psychosexuality</td> <td>5</td> <td>0</td> <td>0</td> </tr> <tr> <td>Learning Disability</td> <td>16</td> <td>9</td> <td>16</td> </tr> <tr> <td>Children's Disability</td> <td>25</td> <td>25</td> <td>14</td> </tr> <tr> <td>Adult MH</td> <td>15</td> <td>13</td> <td>9</td> </tr> <tr> <td>Child Psychology</td> <td>20</td> <td>12</td> <td>8</td> </tr> <tr> <td>Total Psychology</td> <td>195</td> <td>169</td> <td>163</td> </tr> </tbody> </table>	Psychological Therapies patients waiting > 13 weeks					May 2015	June 2015	July 2015	Adult Health Psychology	114	110	116	Psychosexuality	5	0	0	Learning Disability	16	9	16	Children's Disability	25	25	14	Adult MH	15	13	9	Child Psychology	20	12	8	Total Psychology	195	169	163	<p>A senior Psychology post in chronic pain has been recruited and is expected to be in place by the end of the year. We have been able to back fill some of the pain sessions and this is reducing the waits and providing ongoing input into the Group work within the service, however the Neuropsychology element of the service continues to grow and remains an issue. Internal discussions are taking place within the trust to review the neuropsychology service and its priority purpose and original commissioning plan. This will then be discussed with regional commissioners.</p> <p>The growth in breeches due to vacancies within Learning Disability and Child services is being addressed. Remodelling and service development in these areas are beginning to impact on excess waits. Posts are expected to be in place by the end of year to reduce this position further.</p>
Psychological Therapies patients waiting > 13 weeks																																								
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24	Shane Devlin	<p>By March 2016, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. 2015/16 baseline 25,703 to be reduced to 20,563 (circa 1,714 per month) - source HIB</p>	<p data-bbox="863 708 1314 732">Cons Led Appointments Cancelled by Hospital</p>  <p data-bbox="709 1084 999 1109">July data available in next report</p>	<p>Detailed reports related to reasons for hospital cancellations by speciality and consultant are now being made available for review. The Trust OP Modernisation Groups will be focusing on identifying actions to support a reduction in hospital cancellations for 15/16.</p>																																				

Appendices

- Appendix (i) Acute Hospital Service and Budget Agreement Activity to the end of July 2015**
- Appendix (ii) Summary of Trust activity for specific services during 2012/13, 2013/2014 and April to July 2015**
- Appendix (iii) Commissioning Directions Targets to be reported Annually/ Bi-Annually/definitions to be clarified by the HSCB.**

Appendix (i)

Acute Hospital Service and Budget Agreement Activity to the end of July 2015

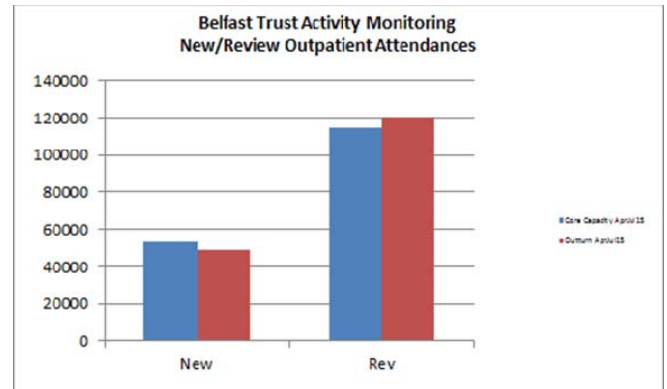
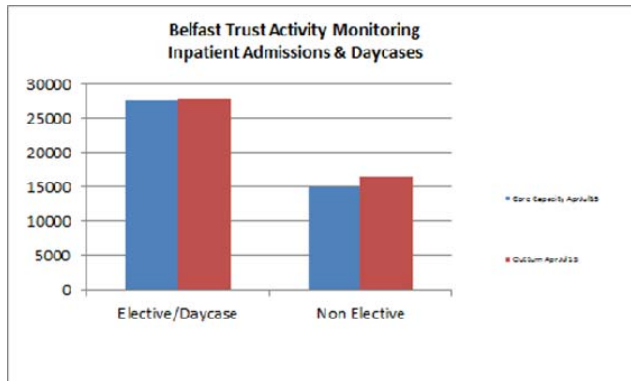
For the period 2015/16, core activity had been agreed in the majority of specialties with the HSCB for monitoring purposes. The HSCB have subsequently applied a 2% uplift or 2012/13 outturn (if higher) in a number of specialties associated with productivity. The Trust has advised the HSCB these uplifts are not agreed as cash efficiency requirements in these areas do not allow for productivity as well.

The graphs below indicate Trust performance in relation to elective IPDC and OP for a range of specialties against Trust core activity levels. Data which indicates Trust activity for non-elective activity for the same period is also provided. This is because a significant increase in non-elective activity over a period can impact on hospital elective activity capacity (for monitoring purposes for non-elective activity, comparison against 2011/12 non-elective activity has been provided).

The graphs indicate the following performance;

- Elective IPDC +1%
- Non-elective admissions +10% (compared to 2011/12)
- OPN -8%
- OPR +5%.

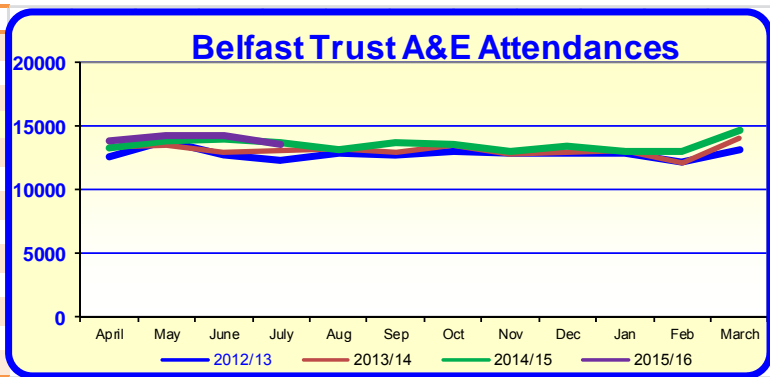
Acute Hospital Activity Monitoring Apr 2015 – July 2015 performance



Summary of Trust activity for specific services during
2012/13, 2013/2014, 2014/15 and April to July 2015

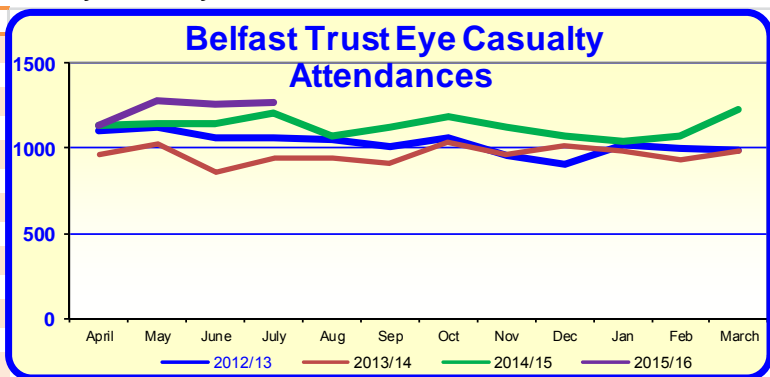
Belfast Trust A&E Attendances

Month	2012/13	2013/14	2014/15	2015/16
April	12639	13323	13320	13884
May	13836	13416	13892	14246
June	12745	12997	13999	14294
July	12372	13064	13707	13611
Aug	12866	13165	13121	
Sep	12762	12951	13712	
Oct	12987	13541	13568	
Nov	12832	12728	13049	
Dec	12889	12869	13449	
Jan	12827	13006	13051	
Feb	12170	12149	12980	
March	13086	14030	14687	
Total	154011	157239	162535	56035



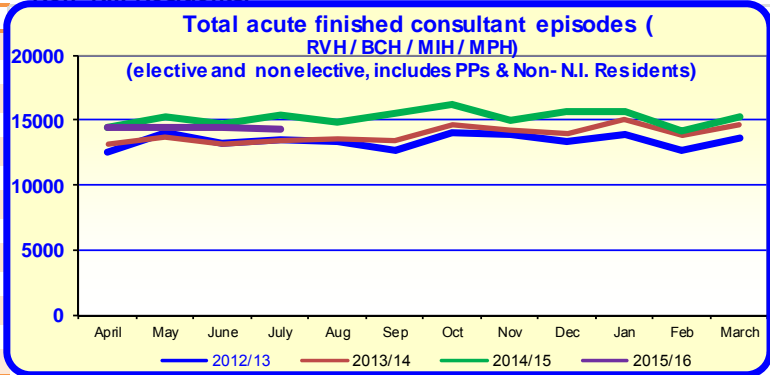
Belfast Trust Eye Casualty Attendances

Month	2012/13	2013/14	2014/15	2015/16
April	1103	962	1131	1137
May	1125	1026	1140	1281
June	1057	860	1140	1259
July	1064	946	1205	1267
Aug	1049	946	1073	
Sep	1015	907	1129	
Oct	1066	1034	1184	
Nov	957	968	1124	
Dec	909	1018	1071	
Jan	1017	983	1046	
Feb	1001	935	1067	
March	989	987	1223	
Total	12352	11572	13533	4944



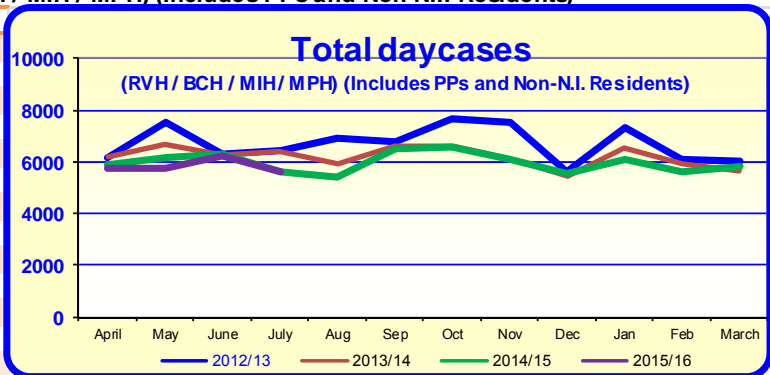
Total acute finished consultant episodes (RVH / BCH / MIH / MPH) (elective and non elective, includes PPs & Non-N.I. Residents)

Month	2012/13	2013/14	2014/15	2015/16
April	12586	13086	14449	14475
May	13964	13686	15309	14408
June	13198	13082	14669	14436
July	13463	13440	15410	14322
Aug	13351	13586	14860	
Sep	12729	13462	15471	
Oct	14026	14700	16160	
Nov	13921	14216	15033	
Dec	13388	13934	15677	
Jan	13921	15000	15698	
Feb	12649	13817	14209	
March	13633	14645	15219	
Total	160829	166654	182164	57641

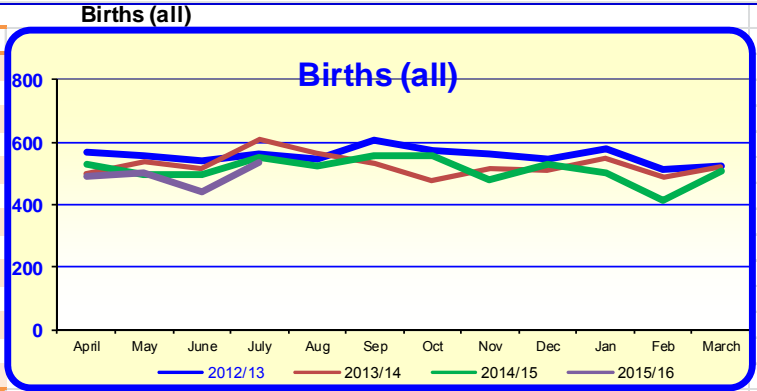


Total daycases (RVH / BCH / MIH / MPH) (Includes PPs and Non-N.I. Residents)

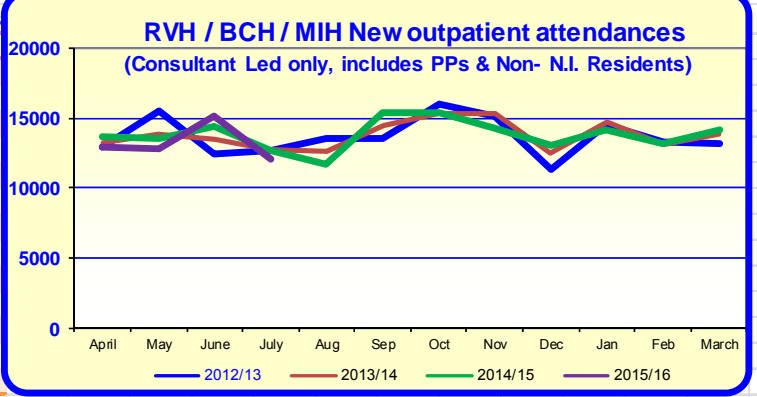
Month	2012/13	2013/14	2014/15	2015/16
April	6166	6195	5920	5725
May	7555	6651	6145	5778
June	6293	6260	6337	6221
July	6442	6438	5637	5644
Aug	6921	5928	5395	
Sep	6782	6591	6535	
Oct	7654	6629	6609	
Nov	7507	6150	6133	
Dec	5617	5418	5535	
Jan	7309	6553	6097	
Feb	6106	5909	5597	
March	6013	5649	5820	
Total	80365	74371	71760	23368



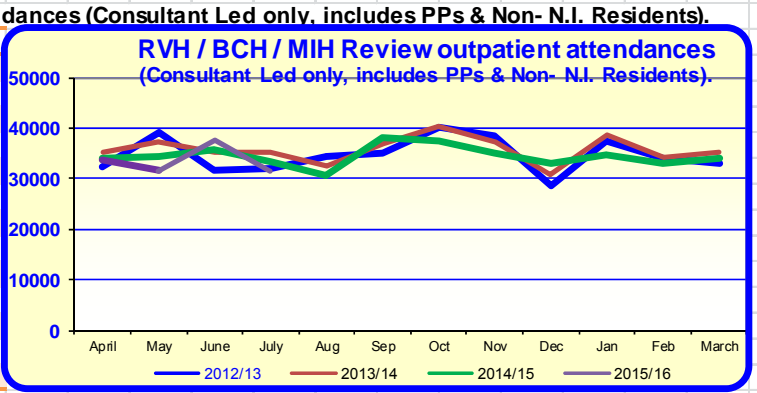
Month	2012/13	2013/14	2014/15	2015/16
April	568	501	532	493
May	556	537	498	502
June	539	514	494	443
July	561	607	554	534
Aug	546	566	522	
Sep	607	530	556	
Oct	573	479	555	
Nov	561	518	480	
Dec	544	509	527	
Jan	580	550	501	
Feb	514	487	414	
March	522	522	508	
Total	6671	6320	6141	1972



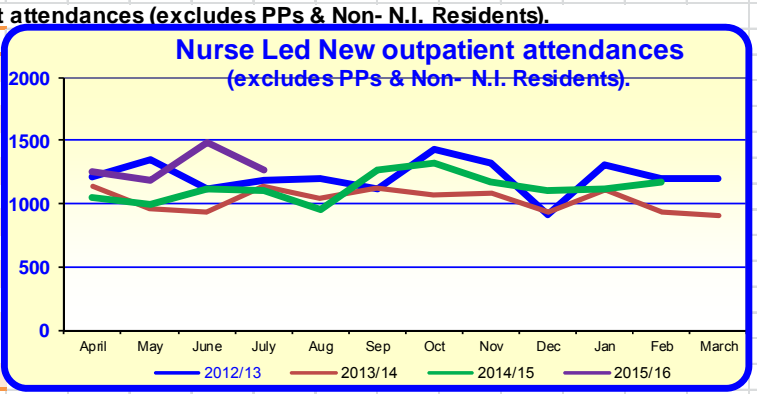
RVH / BCH / MIH New outpatient attend				
Month	2012/13	2013/14	2014/15	2015/16
April	12863	13278	13601	12886
May	15508	13873	13498	12772
June	12380	13439	14357	15113
July	12718	12762	12692	12092
Aug	13569	12630	11685	
Sep	13585	14457	15372	
Oct	16028	15371	15385	
Nov	15092	15356	14218	
Dec	11310	12437	13090	
Jan	14471	14643	14154	
Feb	13272	13129	13173	
March	13195	13812	14170	
Total	163991	165187	165395	52863

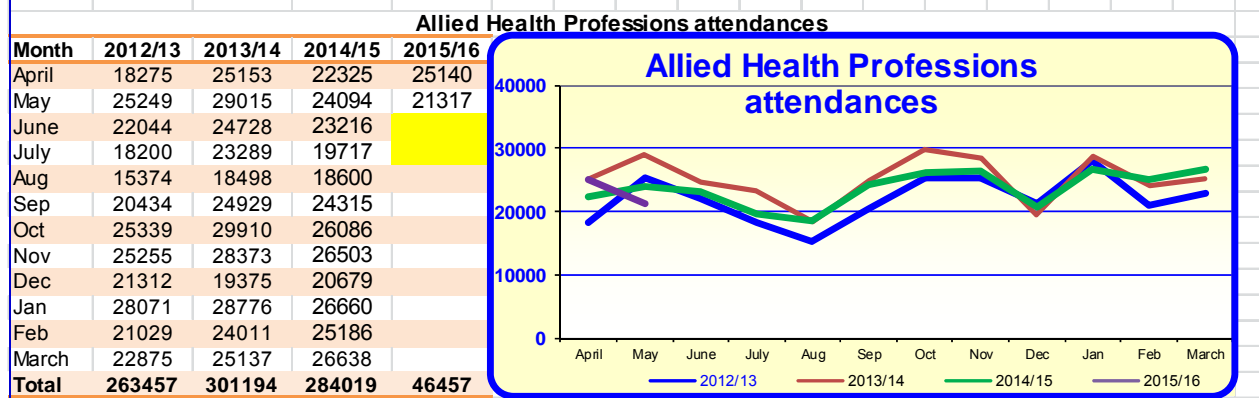
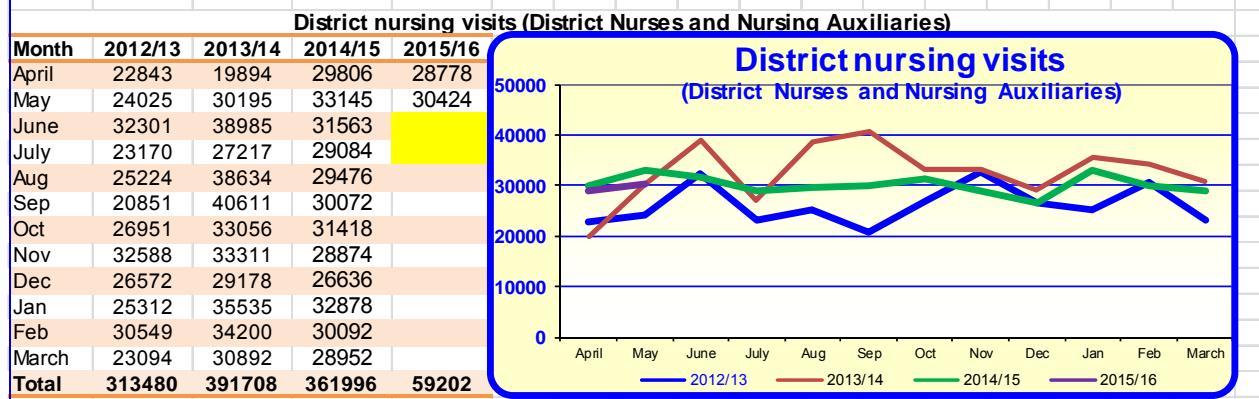
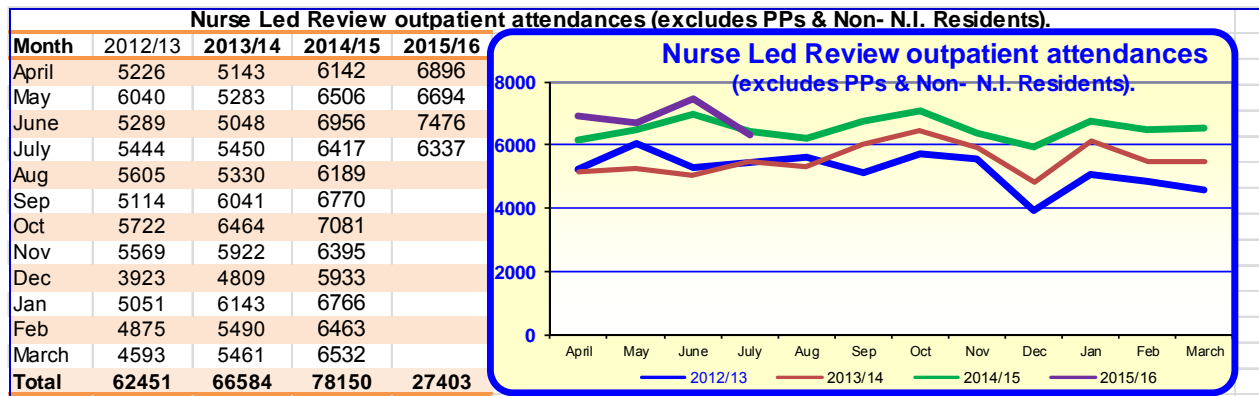


RVH / BCH / MIH Review outpatient attendances (Consultant Led only, includes PPs & Non- N.I. Residents).				
Month	2012/13	2013/14	2014/15	2015/16
April	32283	35092	34188	33765
May	39040	37398	34316	31510
June	31709	35237	35592	37602
July	31887	35068	33469	31658
Aug	34349	32540	30741	
Sep	35115	37071	37978	
Oct	40290	40301	37355	
Nov	38358	37218	35108	
Dec	28445	30773	33105	
Jan	37295	38512	34671	
Feb	34113	34198	33043	
March	33069	35073	34006	
Total	415953	428481	413572	134535



Nurse Led New outpatient attendances (excludes PPs & Non- N.I. Residents).				
Month	2012/13	2013/14	2014/15	2015/16
April	1207	1139	1047	1254
May	1353	963	989	1184
June	1121	934	1117	1490
July	1188	1137	1109	1273
Aug	1195	1039	949	
Sep	1121	1123	1263	
Oct	1430	1063	1327	
Nov	1323	1086	1171	
Dec	912	930	1107	
Jan	1313	1115	1114	
Feb	1204	928	1177	
March	1192	908		
Total	14559	12365	12370	5201





Acute AHP activity is included during 2012/13, prior to this only community activity was counted.

Community Nursing Activity: It was agreed to include activity from a number of community nursing services in Trust Board reports to accurately reflect District Nursing Activity (e.g. Activity of 7 specialist nursing teams previously not recorded) as a result there appears to be a significant increase in activity for 2013/14.

Other Commissioning Directions Targets

1. To be reported Annually / Bi-Annually

Family Nurse Partnership

- By March 2015, improve long-term outcomes for the children of teenage mothers by establishing a test site of the Family Nurse Partnership Programme within each Trust.

Children in Care

- From April 2015, ensure that the number of children in care for 12 months or longer with no placement change is at least 85%.
- By March 2016, ensure a three year time frame for 90% of children who are adopted from care

Normative Staffing

- By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.

2. Targets to be reported once clarified by HSCB

Excess Bed days

- By March 2016, reduce the number of excess bed days for the acute programme of care by 10%.

Unplanned weekend admissions death rate

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

Unplanned admissions - Acute Conditions

- During 2015/16, ensure that unplanned admissions to hospital for acute conditions which definitely should normally be managed in the primary or community setting, do not exceed 2013/14 levels.