



Performance Management Dashboard

August 2017



ELECTIVE WAITS

Suspect Cancer Target – 2wks
Outpatient Target - 50% in 9wks, All in 52wks
Inpatient Target - 55% in 13wks, All in 52wks

Specialty	Suspect Cancer/Red Flag OP Anticipated Position Sep 17	Routine Outpatient Anticipated Position Sep 17	Inpatient & Daycase Anticipated Position Sep 17
Symptomatic Breast Clinic	2 weeks	5 weeks	
Cardiology	-	82 weeks	52+ weeks
Dermatology	8 weeks	81 weeks	28 weeks
ENT	5 weeks	101 weeks	52+ weeks
General Medicine /Gastroenterology	6 weeks	158 weeks	-
General Surgery	4 weeks	55 weeks	52+ weeks
Geriatric Medicine	-	84 weeks	-
Gynaecology	5 weeks	93 weeks	52+ weeks
Haematology	2 weeks	26 weeks	-
Nephrology	2 weeks	9 weeks	-
Neurology	2 weeks	131 weeks	-
Maxillo Facial	2 weeks	64 weeks	52+ weeks
Paediatrics	2 weeks	152 weeks	13 weeks
Paediatric Surgery	-	9 weeks	36 weeks (Transfers from RHSC)
Pain Management	-	58 weeks	42 weeks
Plastic Surgery	10 weeks	86 weeks	52+ weeks
Thoracic Medicine	2 weeks	73 weeks	-
Rheumatology	-	64 weeks	-
Urology	2 weeks	151 weeks	52+ weeks
Diagnostic Scopes	-	-	52+ weeks

Specialty	Anticipated end of Sep 17 position- Suspect Cancer/Red Flag	Previous Position December 16
Symptomatic Breast Clinic	2 weeks	2 weeks
Dermatology	8 weeks	14 weeks
ENT	5 weeks	3 weeks
General Medicine /Gastroenterology	6 weeks	14 weeks
General Surgery	4 weeks	8 weeks
Gynaecology	5 weeks	4 weeks
Haematology	2 weeks	2 weeks
Nephrology	2 weeks	2 weeks
Neurology	2 weeks	2 weeks
Maxillo Facial (SET)	2 weeks	3 weeks
Paediatrics	2 weeks	2 weeks
Plastic Surgery	10 weeks	11 weeks
Thoracic Medicine	2 weeks	4 weeks
Urology	2 weeks	4 weeks

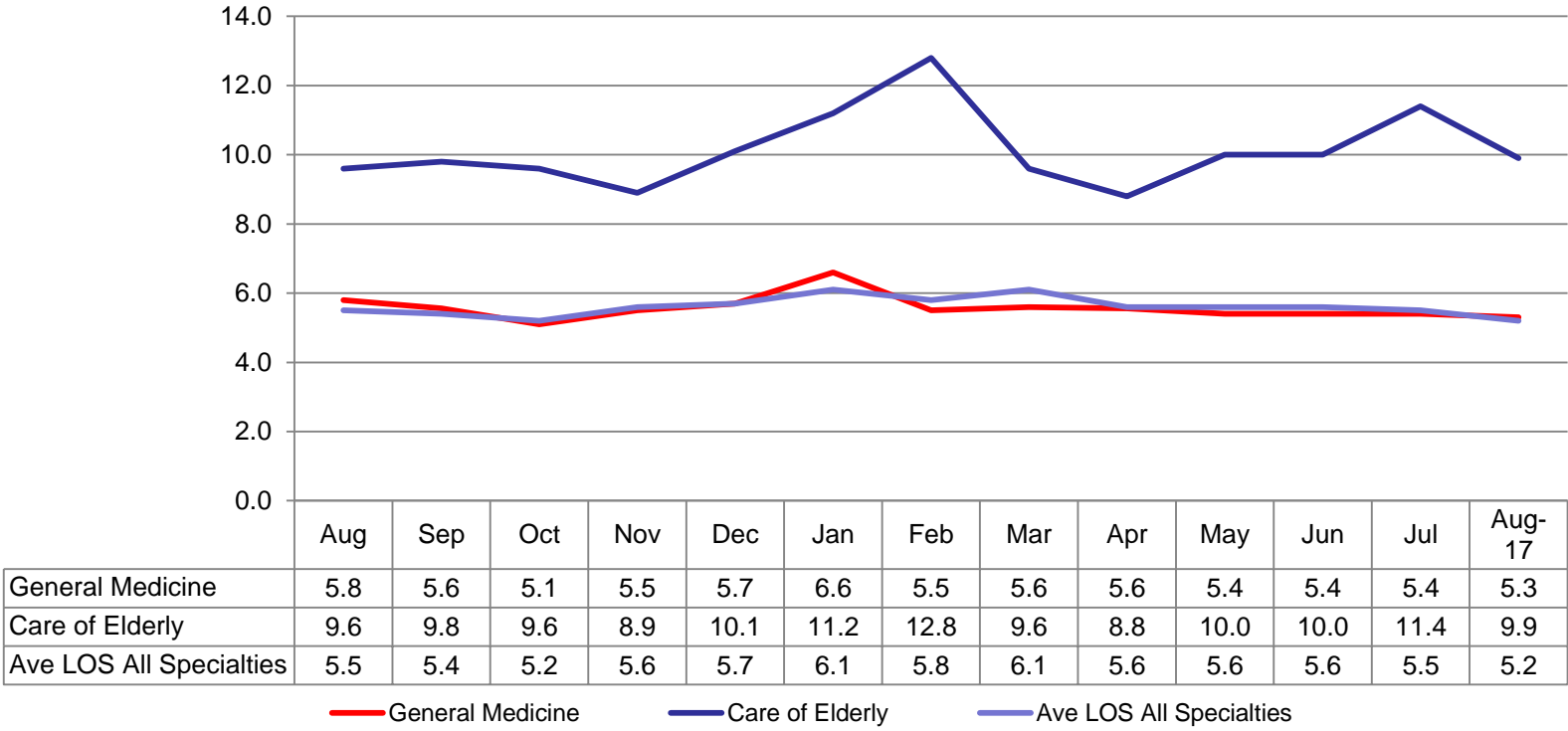
Attendances & Admissions

	Aug 17	July 17	Aug 16
Total ED Attendances (N&UP)	8127	8091	8029
PAS Emergency Admissions	2193	2144	2158
% Conversions SET	26.8	26.3	26.7
PAS Elective Admissions (Adult Wards)	327	266	357

Discharges

	Aug 17	July 17	Aug 16
Total Non-Complex Discharges	2476	2355	2472
Total Complex Discharges	288	292	226
No. Complex <48hrs	199	208	138
No. Complex >48hrs	89	84	90

Ulster Hospital General Medicine, Care of the Elderly and All Adult Non Maternity Specialties Length of Stay



Key Points

Average length of stay (ALOS) is shown by patient’s specialty on discharge and calculated on bed days occupied divided by number of discharges and deaths.

- ALOS for GMED decreased by 0.5 days Aug 16 to Aug 17
- COE ALOS increased by 0.3 days Aug 16 to Aug 17
- Overall length of stay decreased by 0.3 days Aug 16 to Aug 17

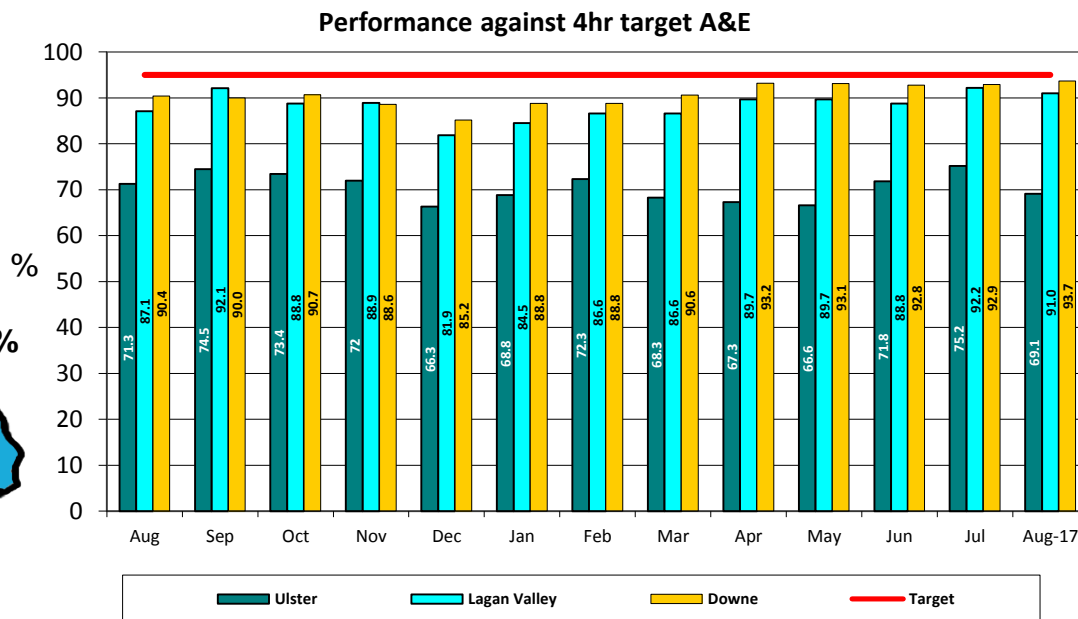
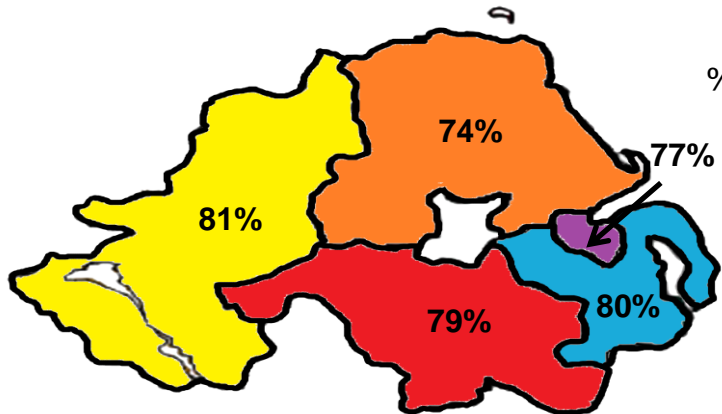
LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

TARGET: 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

August attendances:

Ulster 8127 - 69.1% 4 hr
 LVH 2090 - 91.0% 4 hr
 Downe 1950 - 93.7% 4 hr

Regional Comparison Cumulative to July 2017



Key Points

New and Unplanned Review attendances are monitored against the 4 hour target. The Trust's greatest demand is focused on the Ulster Hospital site.

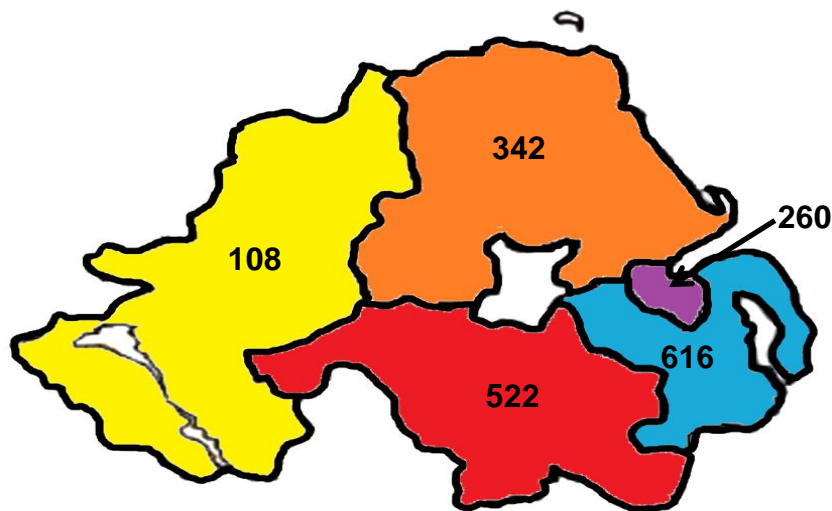
- SET 4hr compliance August - 79.9%
- 8127 attendances to Ulster site in August 17
- UH conversion rate last 12 mths - 26.4%
- 84% of attendances to the Ulster Hospital who did not require admission met the 4hr target

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

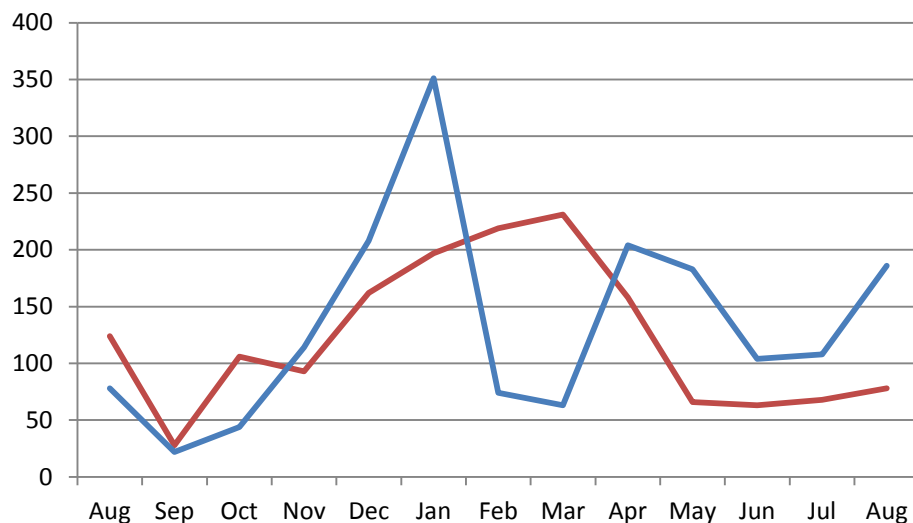
TARGET: NO PATIENT SHOULD WAIT LONGER THAN 12 HOURS IN A&E DEPT TO BE TREATED, DISCHARGED HOME OR ADMITTED

There were 186 12 hour breaches in August - 185 Ulster, 1 Downe

Regional Comparison Cumulative to July 17



Ulster ED 12 Hour Breaches



Key Points

- New and unplanned attendances are monitored against the 12 hour target.
- 186 UH patients breached the target during August – 2.3% of attendances
- 178 (95.7%) of these patients were admitted

— Sep 15 - Aug 16

— Sep 16 - Aug 17

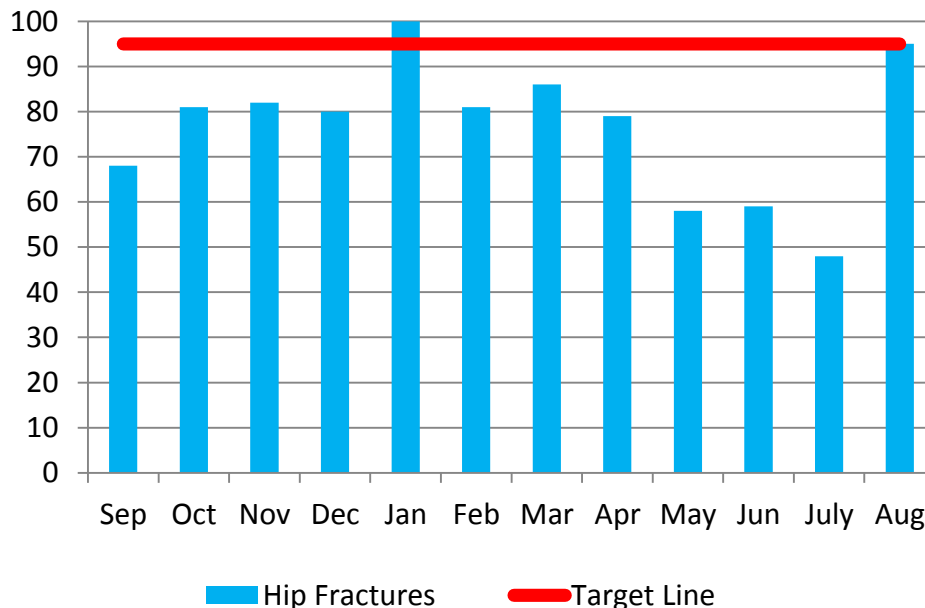
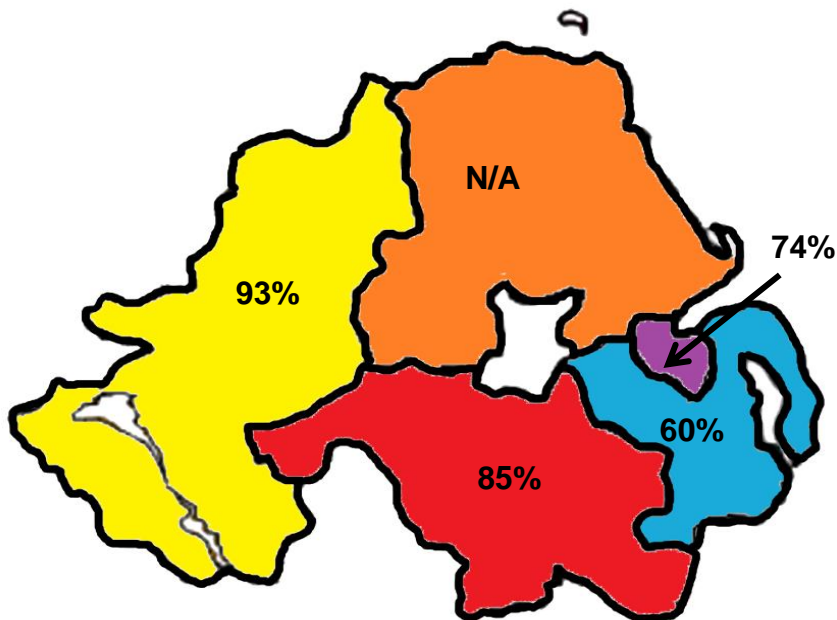
LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

Target: 95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment of hip fractures

Compliance - 95% in August

- 121 fracture admissions in total
- 39 neck of femur admissions with 37 treated < 48 hrs
- 100% treated within 7 days

Regional Comparison Cumulative to July 17



Key Points

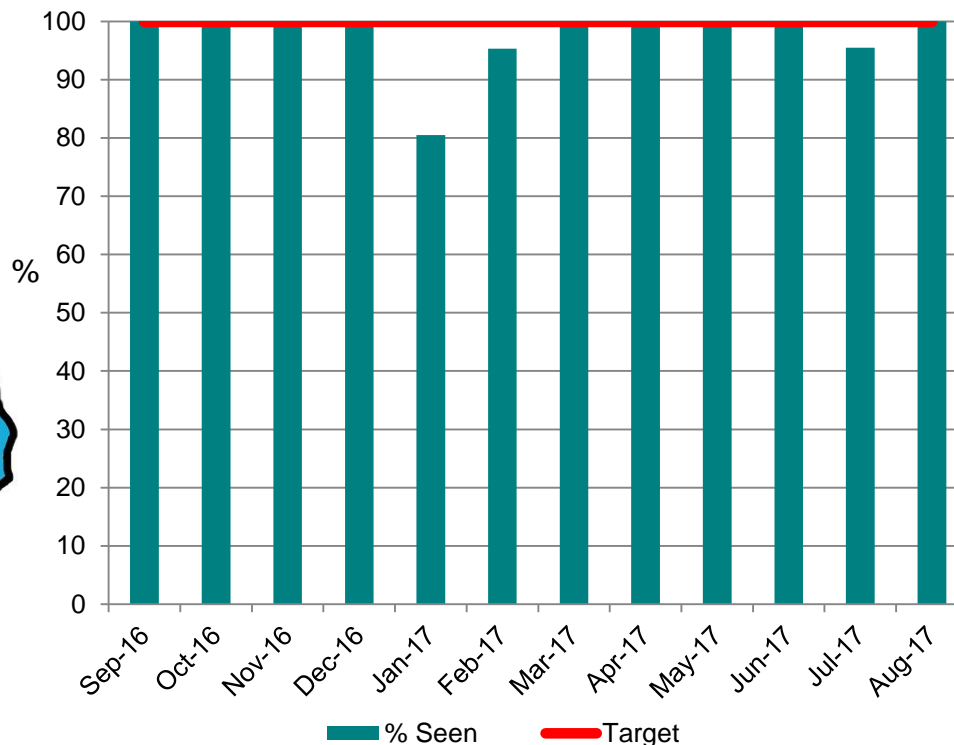
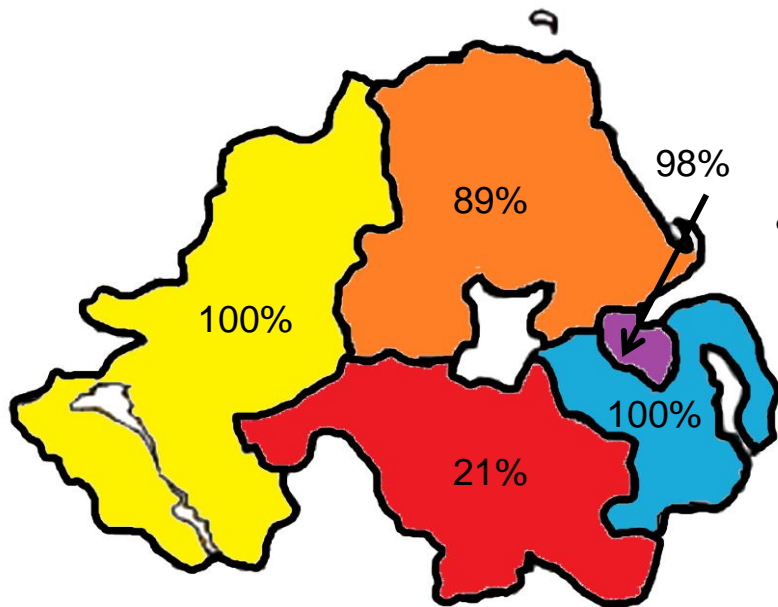
Performance is low in a regional context, however the Trust is unique in that it is only commissioned for unscheduled care. No elective surgery to downturn to address peaks in fracture activity and complexity. Good performance for the Trust is around 80%

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

Target: All urgent breast cancer referrals should be seen within 14 days

Compliance – 100% in August

Regional Comparison July 2017



Key Points

Performance 100% this month

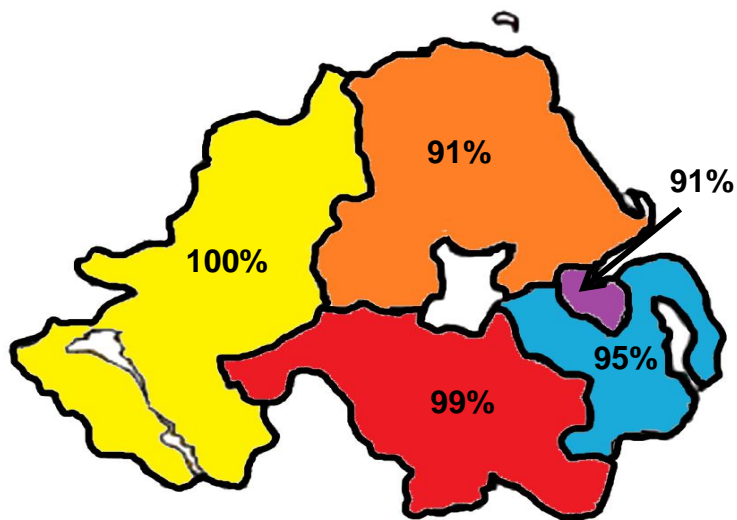
- Longest wait - 14 days

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

TARGET: At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

August performance- 96% with 3 breaches

Regional Comparison Cumulative to July 17



Key Points

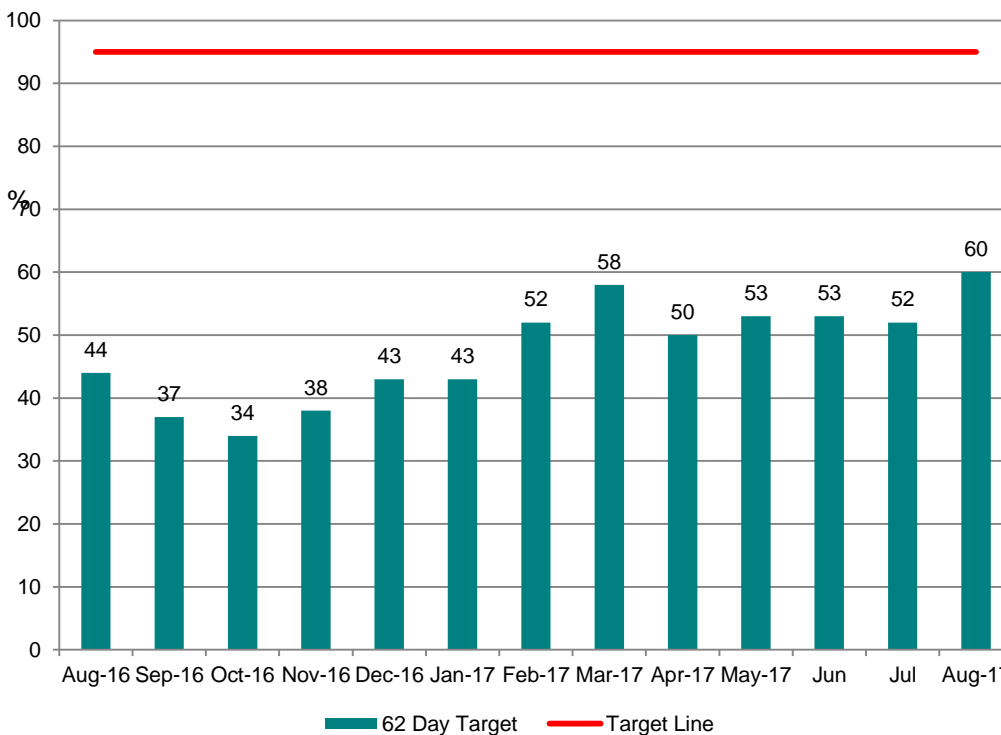
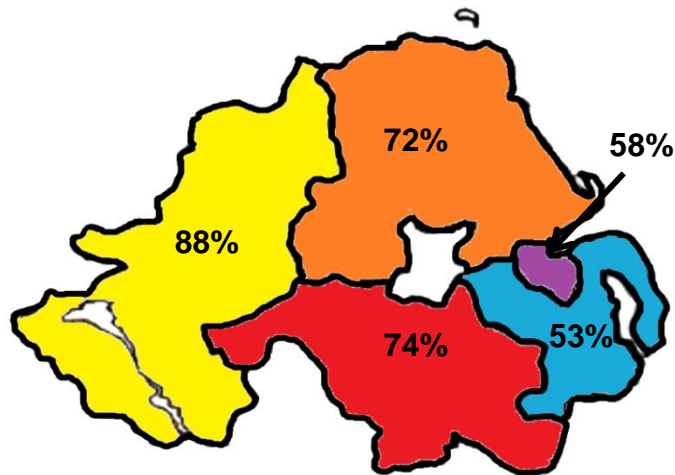
- 96% of patients treated within 31 days
- Longest wait 64 Days

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

TARGET: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days

In August, 60% of patients were treated within 62 days with 31.5 breaches

Regional Comparison Cumulative to July 17



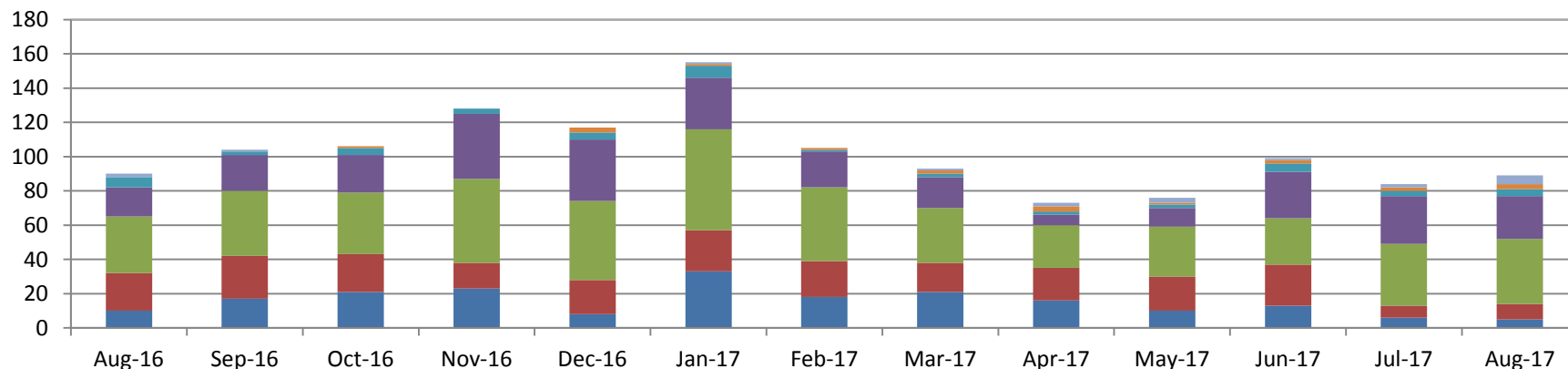
Key Points

- Delays in Urology and dermatology pathways impacting on performance

LEAD DIRECTOR: NICKI PATTERSON, DIRECTOR NURSING OLDER PEOPLE & PRIMARY CARE

Target: 90% of Complex Discharges should take place within 48 Hrs and none longer than 7 Days

Complex Delays - No. of Patients delayed more than 48hrs from Date Medically Fit by Hrs Delayed



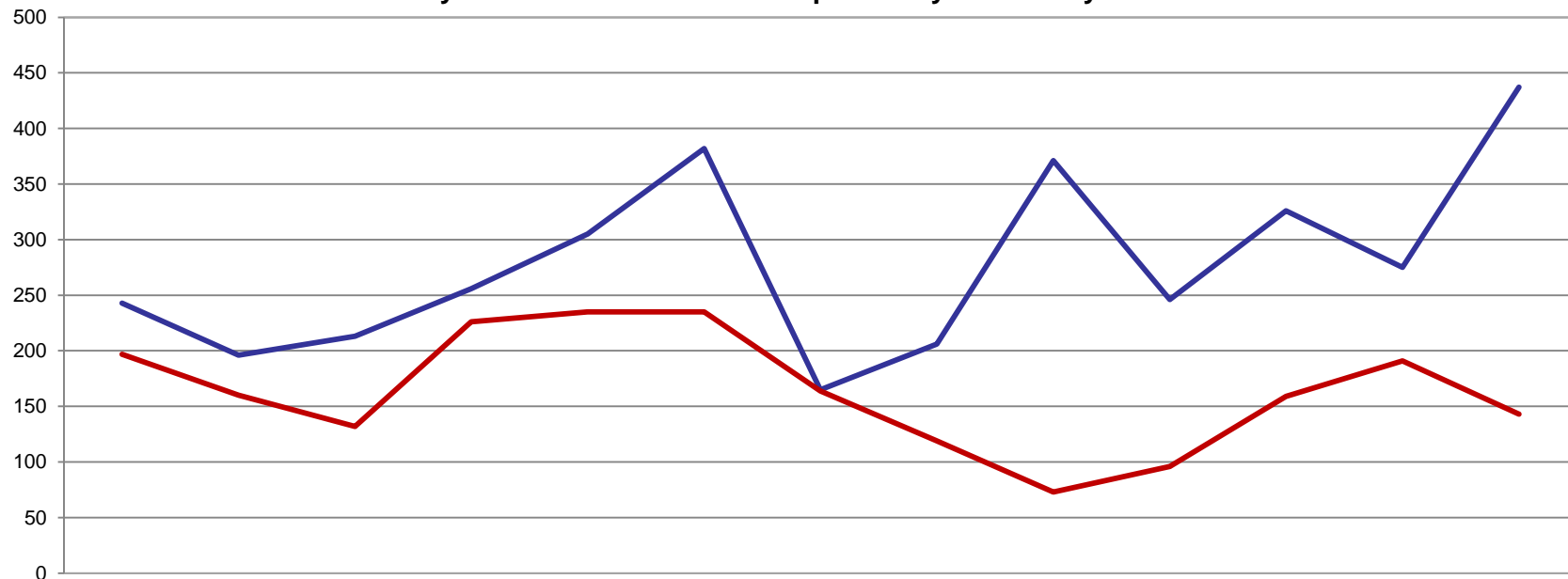
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
29+ days	2	1	0	0	0	1	0	1	2	3	1	2	5
22 - 28 days	0	0	1	0	3	1	1	2	3	1	2	2	3
15 - 21 days	6	2	4	3	4	7	1	2	2	2	5	3	4
7 - 14 days	17	21	22	38	36	30	21	18	6	11	27	28	25
4 - 7 days	33	38	36	49	46	59	43	32	25	29	27	36	38
3 - 4 days	22	25	22	15	20	24	21	17	19	20	24	7	9
2 - 3 days	10	17	21	23	8	33	18	21	16	10	13	6	5

Key points:

This report is based on month of discharge and shows numbers of patients whose delay is greater than 48 hours from medically fit

LEAD DIRECTOR: NICKI PATTERSON, DIRECTOR NURSING OLDER PEOPLE & PRIMARY CARE

Total Bed-days lost in breach due to complex delays >48hrs by TOR



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
BT bdays lost	243	196	213	256	305	382	165	206	371	246	326	275	437
SET bdays lost	197	160	132	226	235	235	164	119	73	96	159	191	143

Key points:

This report is based on month of discharge and shows numbers of bed days lost from point of breach to discharge

- Bed days lost to 47 BT patients - 437
- Bed days lost to 42 SET patients – 143
- Main reason SET – No domiciliary care package available
- Main reason BT – No domiciliary care package available

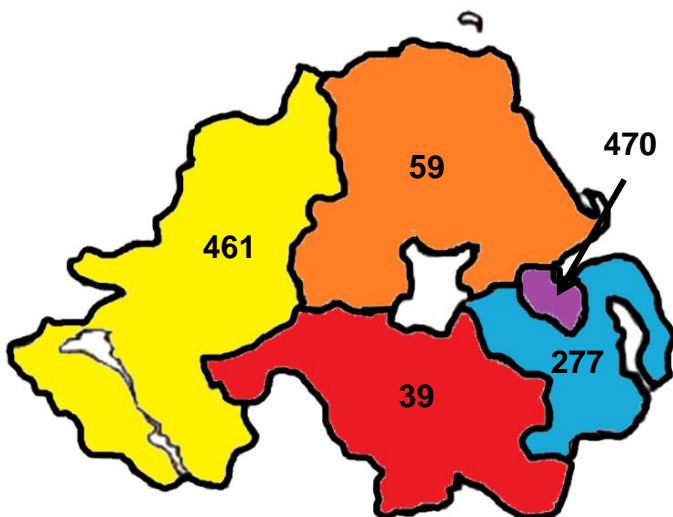
LEAD DIRECTOR: BRIA MONGAN, DIRECTOR OF ADULT SERVICES

Target: No patient of any age to wait longer than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies

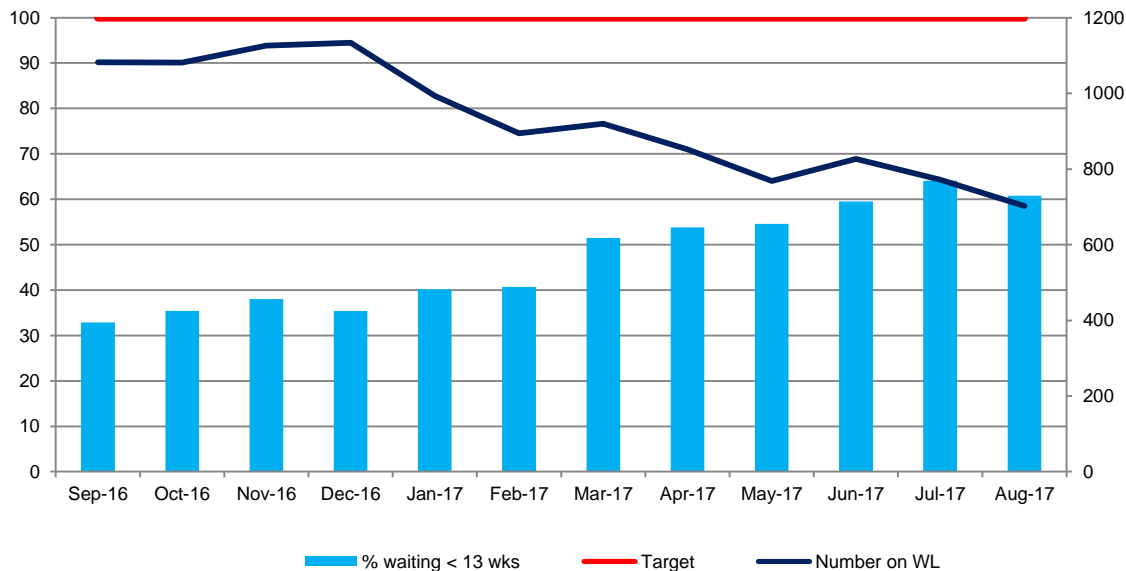
The service attained 60.8% against the target in August

Regional Performance July 17

Number waiting over 13 weeks



% Compliance for number of patients waiting longer than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies



Key Points

Service has an acknowledged capacity and demand shortfall

- Breaching largely within adult mental health and health psychology
- There are 702 patients on the waiting list

LEAD DIRECTOR: BRENDAN WHITTLE, DIRECTOR OF CHILDRENS SERVICES

Target: Monitor the number of unallocated cases >20 days in Children's Services

