



Performance Management Dashboard

February 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 Mar 17	Routine Outpatient Anticipated Position Mar 17	Inpatient & Daycase Anticipated Position Mar 17
Symptomatic Breast Clinic	2 weeks	40 weeks	
Cardiology	-	70 weeks	52+ weeks
Dermatology	4 weeks	114 weeks	24 weeks
ENT	6 weeks	88 weeks	52+ weeks
General Medicine /Gastroenterology	2 weeks	138 weeks	-
General Surgery	2 weeks	47 weeks	52+ weeks
Geriatric Medicine	-	84 weeks	-
Gynaecology	4 weeks	108 weeks	52+ weeks
Haematology	2 weeks	21 weeks	-
Nephrology	2 weeks	9 weeks	-
Neurology	2 weeks	120 weeks	-
Maxillo Facial	3 weeks	44 weeks	52+ weeks
Paediatrics	2 weeks	124 weeks	13 weeks
Paediatric Surgery	-	14 weeks	36 weeks (Transfers from RHSC)
Pain Management	-	56 weeks	42 weeks
Plastic Surgery	2 weeks	70 weeks	52+ weeks
Thoracic Medicine	2 weeks	66 weeks	-
Rheumatology	-	70 weeks	-
Urology	2 weeks	168 weeks	52+ weeks
Diagnostic Scopes	-	-	44 weeks

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



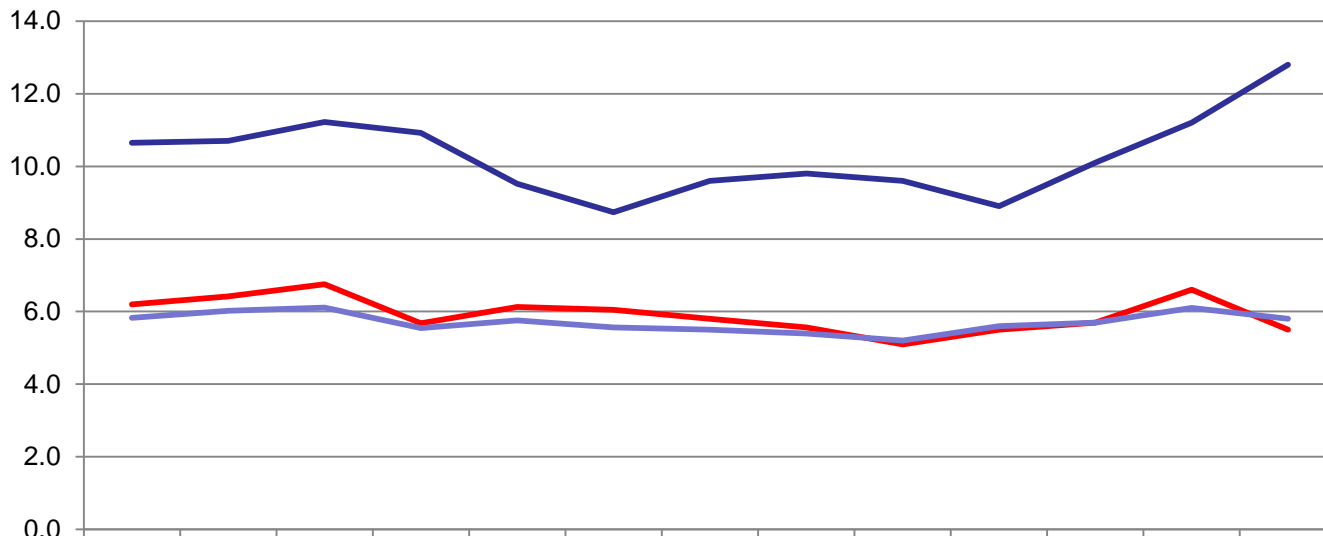
Attendances & Admissions

	Feb 16	Feb 17
Total ED Attendances	7907	7420
PAS Adult Emergency Admissions	1986	1958
PAS Elective Admissions (Adult Wards)	304	290

Discharges

Total Non-Complex Discharges	1903	1941
Total Complex Discharges	357	286
No. Complex <48hrs	251	180
No. Complex >48hrs	106	106

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



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb-17
General Medicine	6.2	6.4	6.8	5.7	6.1	6.1	5.8	5.6	5.1	5.5	5.7	6.6	5.5
Care of Elderly	10.7	10.7	11.2	10.9	9.5	8.7	9.6	9.8	9.6	8.9	10.1	11.2	12.8
Ave LOS All Specialties	5.8	6.0	6.1	5.6	5.8	5.6	5.5	5.4	5.2	5.6	5.7	6.1	5.8

— General Medicine
 — Care of Elderly
 — Ave LOS All Specialties

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 0.7 days Feb 16 to Feb 17
- COE ALOS increased by 2.1 days Feb 16 to Feb 17
- Overall length of stay was static Feb 16 to Feb 17
- The overall LOS shows a downward trend with a seasonal upturn during January & February

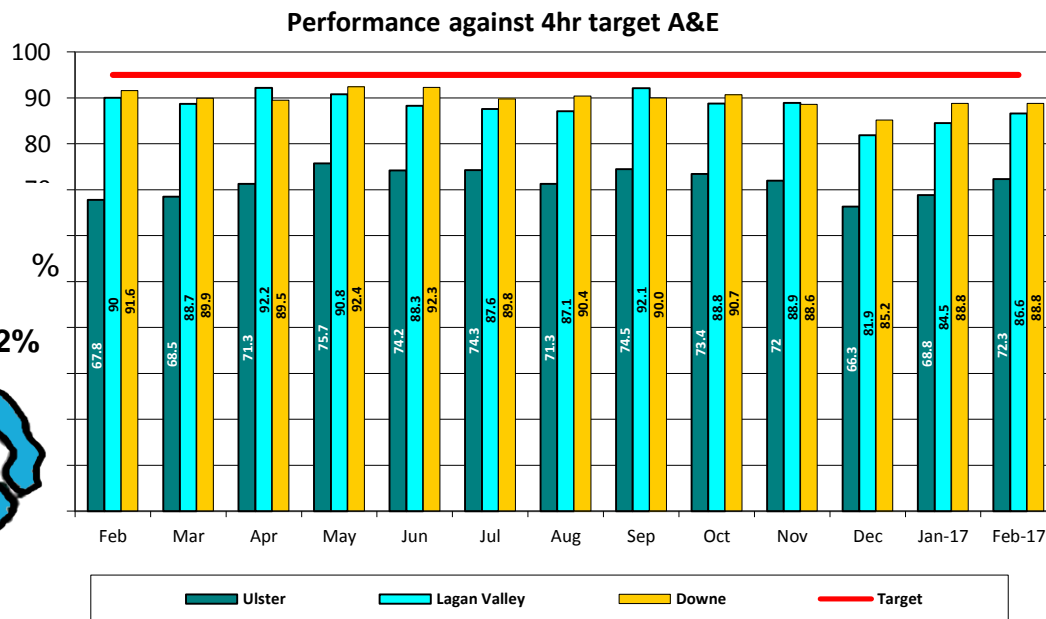
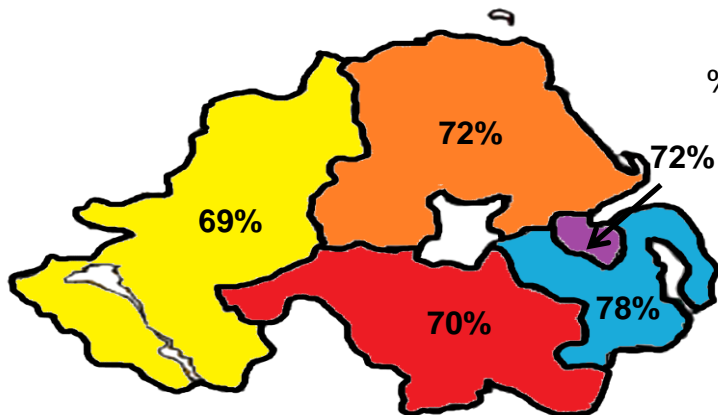
LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

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.

February attendances:

Ulster	6879	- 72.3% 4 hr
LVH	1816	- 86.6% 4 hr
Downe	1583	- 88.8% 4 hr

Regional Comparison January 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.

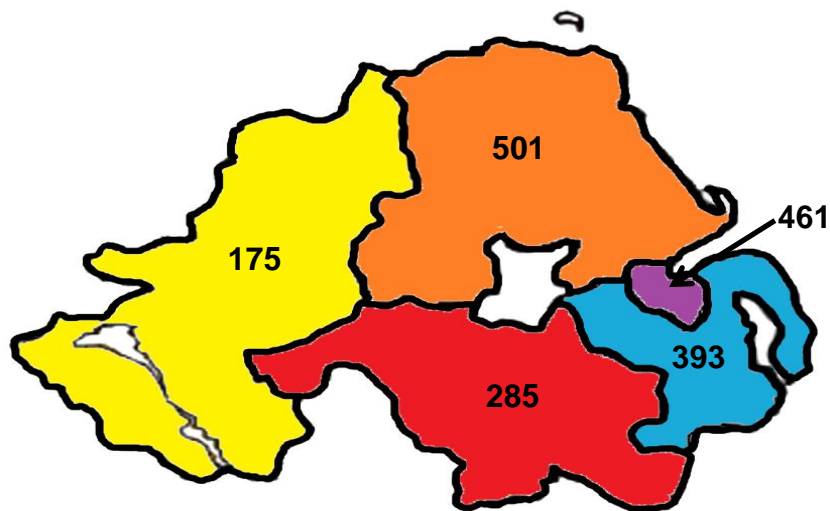
- UH average attendances >7500 attendances per month last financial year, @7700 this financial year to date
- UH conversion rate last 12 mths - 26.4% SET 4hr compliance Feb - 80.3%
- 88.6% of attendances to the Ulster Hospital who did not require admission met the 4hr target
- SET performance best in region in February – 78%, and year to date – 81%

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

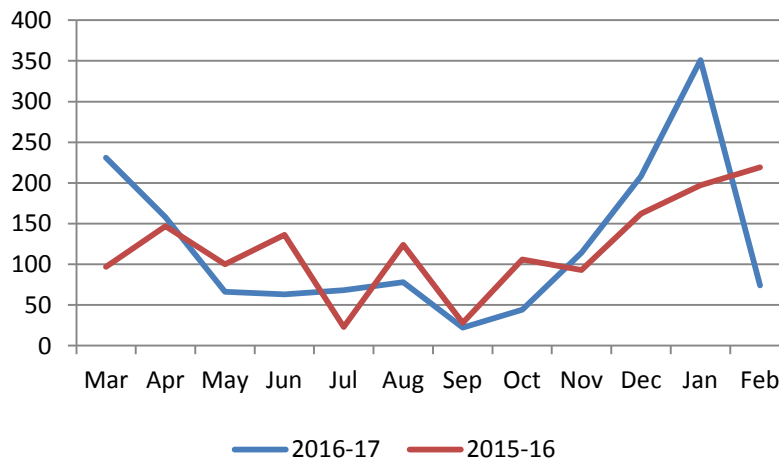
TARGET: NO PATIENT SHOULD WAIT LONGER THAN 12 HOURS IN A&E DEPT TO BE TREATED, DISCHARGED HOME OR ADMITTED

There were 98 12 hour breaches in February -
74 Ulster, 1 LVH, 23 Downe

Regional Comparison January 2017



Ulster ED 12 Hour Breaches



Key Points

New and unplanned attendances are monitored against the 12 hour target.

- 98 patients breached the target during February – 1% of attendances

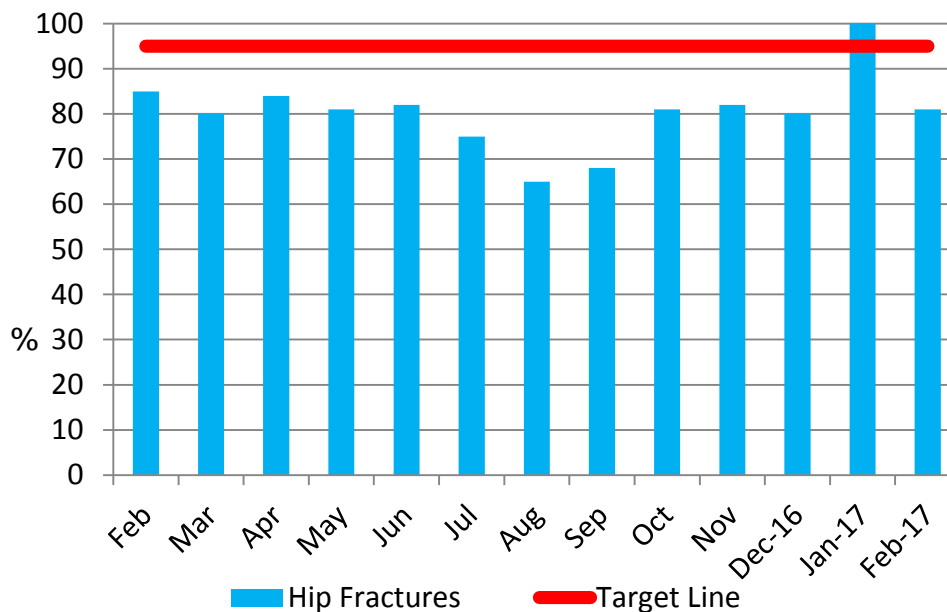
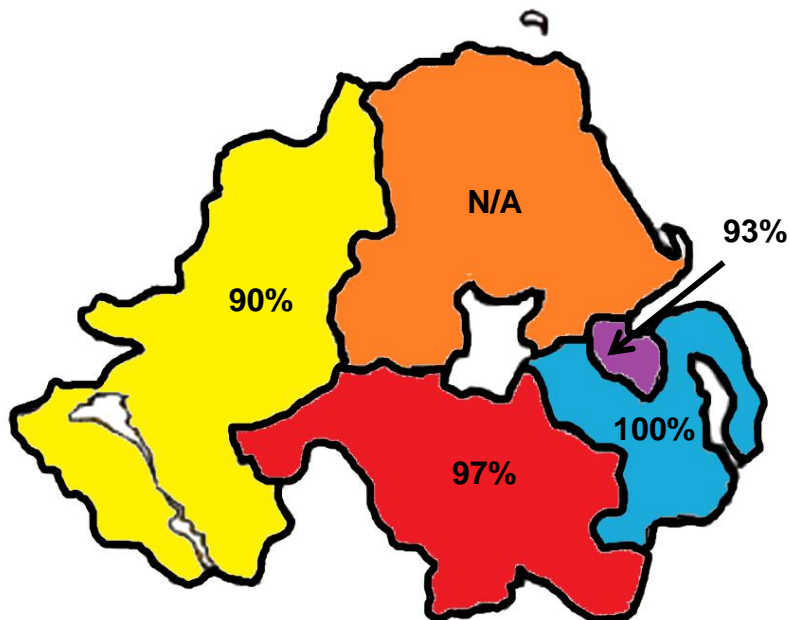
LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

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

Compliance - 81% in February

- 104 fracture admissions in total
- 31 neck of femur admissions with 25 treated < 48 hrs

Regional Performance January 2017



Key Points

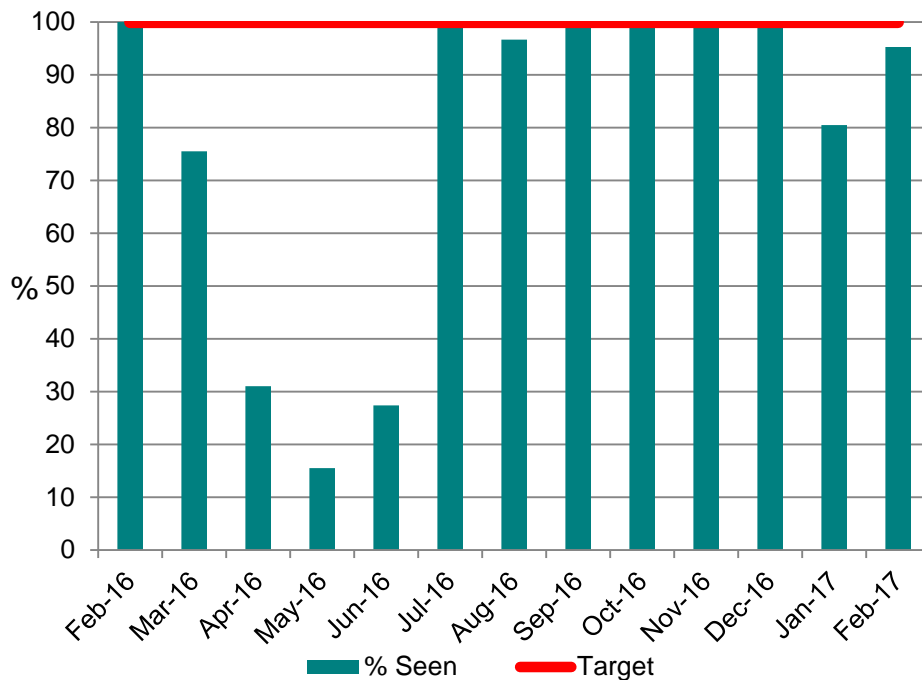
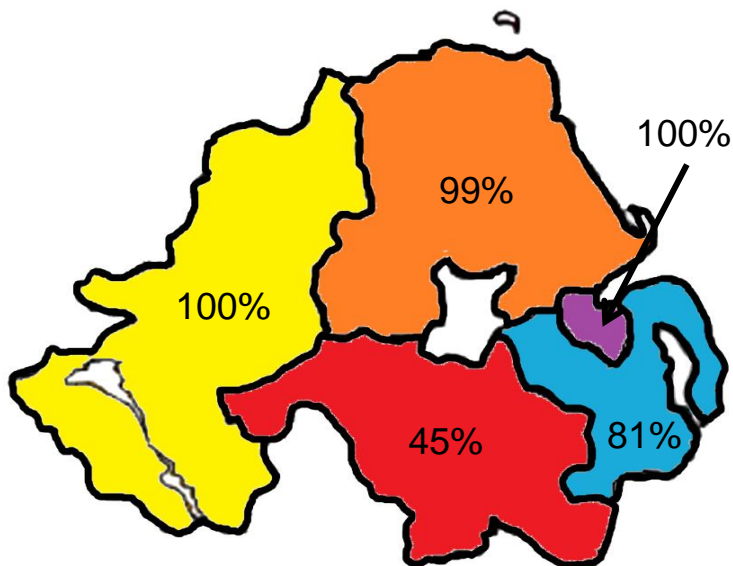
Performance is low in a regional context, however the Trust is unique in that only commissioned for unscheduled care. No elective surgery to downturn to address peaks in fracture activity and complexity. Good performance for the Trust is around 80%

LEAD DIRECTOR: SEAMUS MCGORAN, DIRECTOR OF HOSPITAL SERVICES

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

Compliance – 95.3% in February

Regional Performance January 2017



Key Points

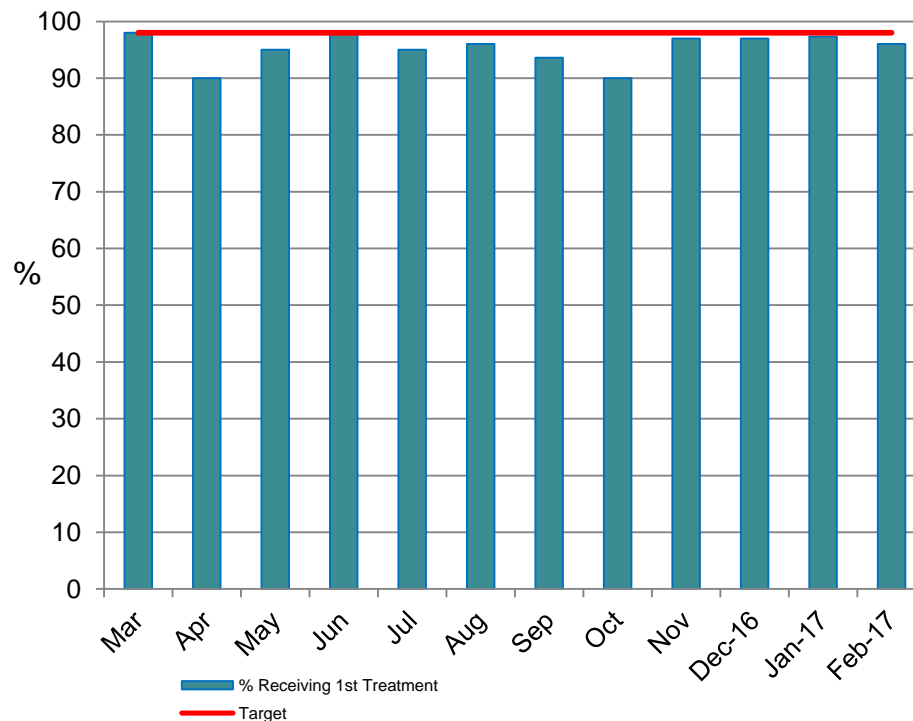
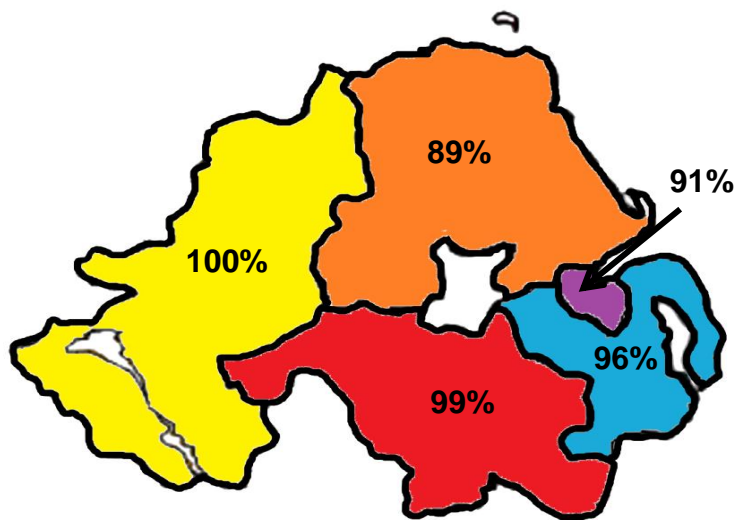
- Performance 95.3% this month
- Longest wait - 17 days

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.

February performance- 96% with 4 breaches.

Regional comparison January 2017



Key Points

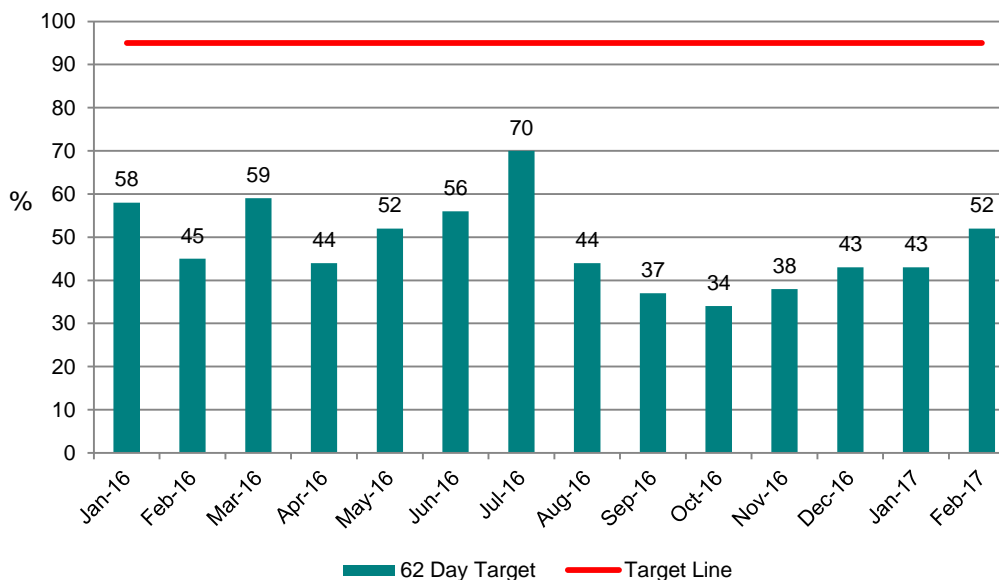
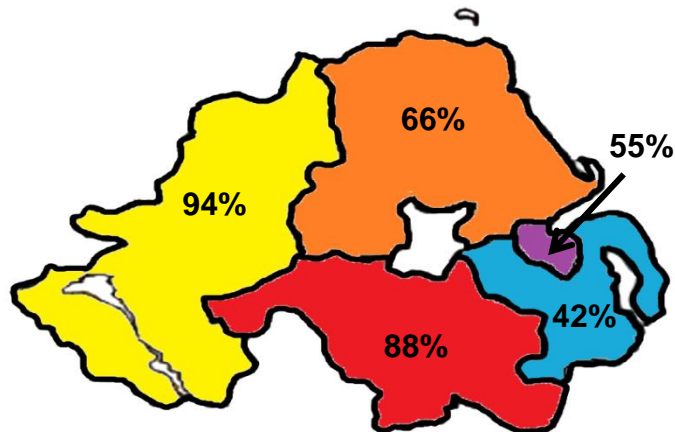
- 96% of patients treated within 31 days
- Longest wait 55 days

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 February, 52% of patients were treated within 62 days with 31 breaches

Regional comparison January 2017



Key Points

Improvement in performance this month

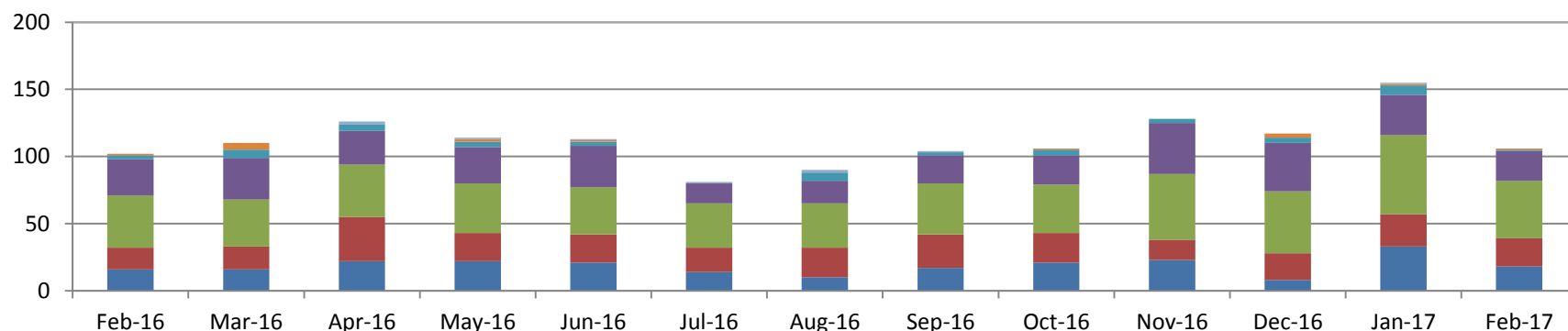
- Routine appointment slots converted to urgent
- Where number of breaches is expressed as 0.5, the breach was shared with another Trust

Variation due to Trust vs HSCB systems

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

Target: 95% 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

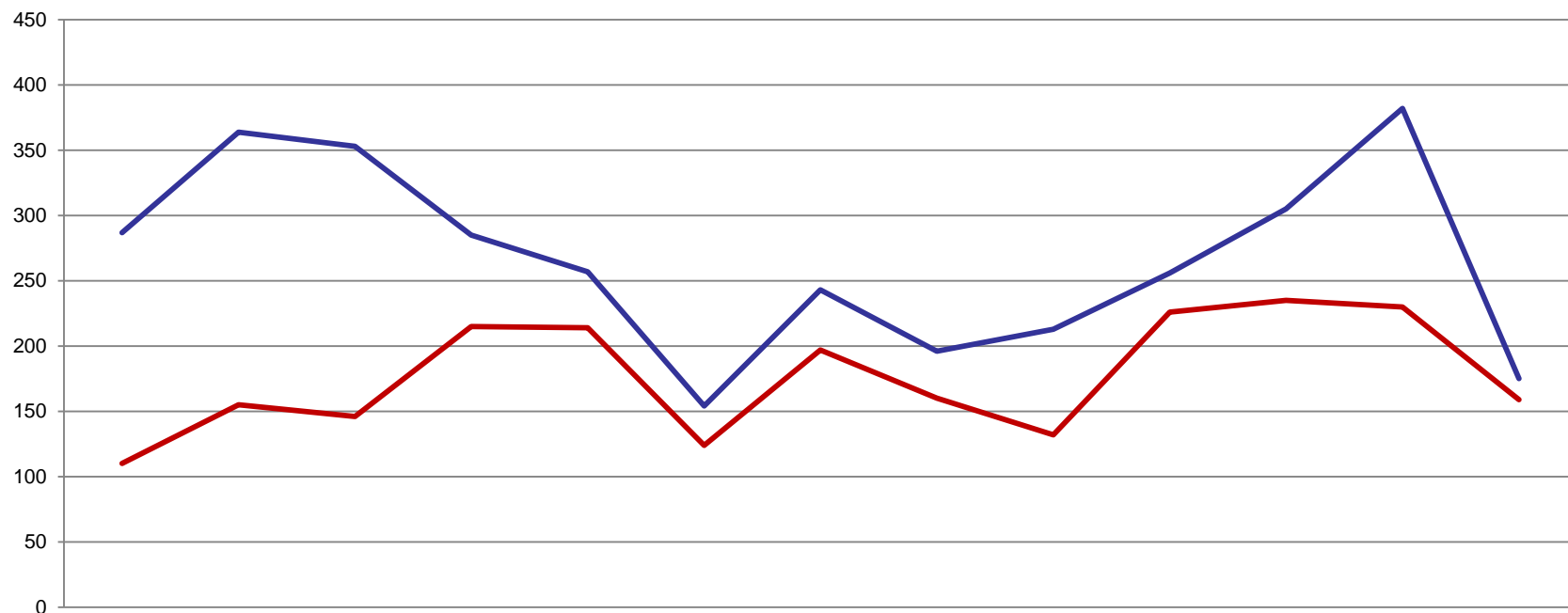


	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
■ 29+ days	0	0	2	1	1	1	2	1	0	0	0	1	0
■ 22 - 28 days	1	5	0	2	1	0	0	0	1	0	3	1	1
■ 15 - 21 days	3	6	5	4	3	0	6	2	4	3	4	7	1
■ 7 - 14 days	27	31	25	27	31	15	17	21	22	38	36	30	22
■ 4 - 7 days	39	35	39	37	35	33	33	38	36	49	46	59	43
■ 3 - 4 days	16	17	33	21	21	18	22	25	22	15	20	24	21
■ 2 - 3 days	16	16	22	22	21	14	10	17	21	23	8	33	18

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

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



	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
BT bdays lost	287	364	353	285	257	154	243	196	213	256	305	382	175
SET bdays lost	110	155	146	215	214	124	197	160	132	226	235	230	159

Note: Change in recording practices for complex coding from 13th March 2016

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 61 SET patients – 159
- Bed days lost to 45 BT patients - 175
- Main reason SET – No domiciliary care package available
- Main reason BT – No domiciliary care package available

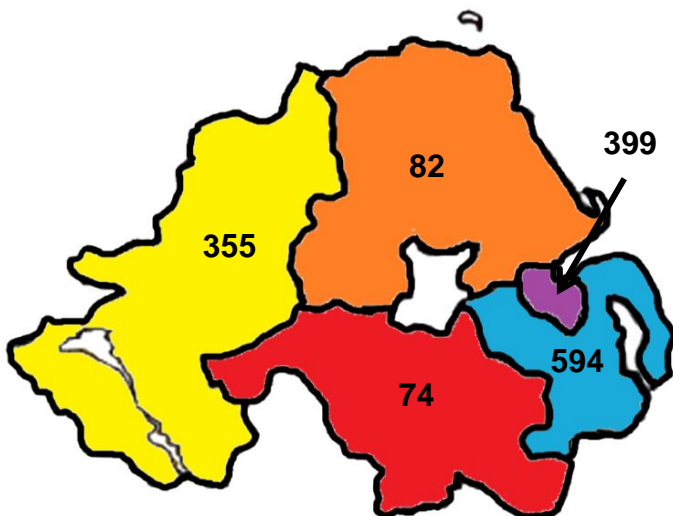
LEAD DIRECTOR: BRIA MONGAN, DIRECTOR OF ADULT SERVICES

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

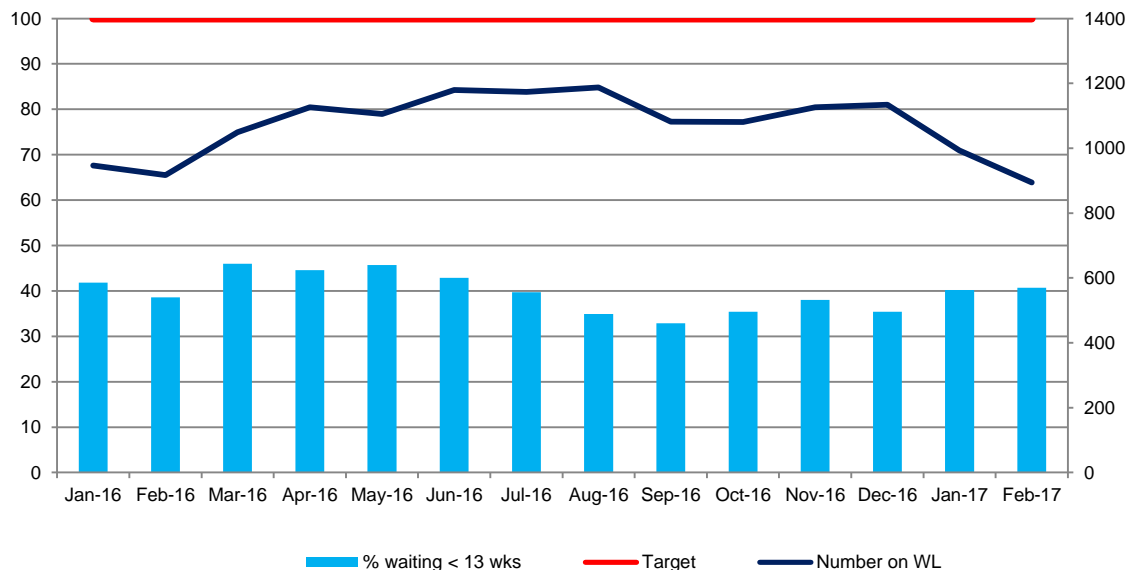
The service attained 40.7% against the target in February

Regional Performance January 2017

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



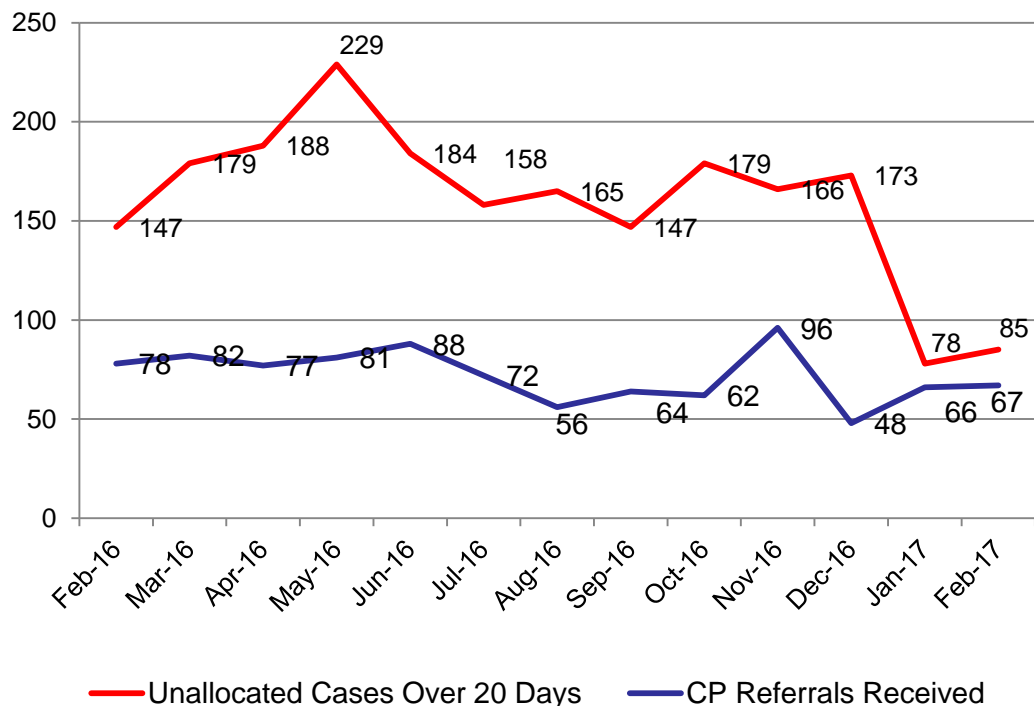
Key Points

Service has an acknowledged capacity and demand shortfall

- Breaching largely within adult mental health and health psychology
- There are 894 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



Regional Performance December 2016

