

**Performance Management Report - Month Ending November 2018**

**Trust Board -**

**Version - 21st December 2018**

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## Introduction

This report presents the monthly Corporate Performance Information, in the categories of:

- \* Commissioning Plan Direction - Ministerial Targets as per the HSC Commissioning Plan Direction (NI) 2018
- \* Supporting activity and profiles

Actual performance is outlined as well as the level of progress against the target. This progress is presented using the red, amber, green format (RAG). Charts are included to highlight trends in performance. In addition arrow indicators are included to assess changing performance as follows:

| RAG Rating |                         |
|------------|-------------------------|
| Red        | Not achieving Target    |
| Amber      | Almost Achieving Target |
| Green      | Achieving Target        |

| Trend on previous month (TOPM) |   |
|--------------------------------|---|
| Performance Improving          | ↑ |
| Performance Decreasing         | ↓ |
| Performance Static             | → |

The direction of the arrows indicates whether performance has improved, deteriorated or stayed the same since the previous reporting period.

The information figures are provided at a point in time and are subject to validation. This may mean the figures for previous months have to be adjusted. Where this results in a material change to information previously reported, this will be flagged up to Trust Board.



## 2018/19 Ministerial Standards and Targets

| Title             | Target   | Comments / Actions  | Sep-18       | Oct-18 | Trend | Cumulative Position | Trend / Activity Analysis   |
|-------------------|--|---|--------------|--------|-------|---------------------|---|
| Smoking Cessation | <b>Target 1.1:</b> By March 2020, in line with the departments ten year Tobacco Control Strategy, to reduce the proportion of 11-16 years old children who smoke to 3%; of adults who smoke to 15%; and of pregnant women to 9%.   | Target reported by PHA.   |              |        |       |                     |   |
| Obesity           | <b>Target 1.2:</b> By March 2022, reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults and by 3 percentage points and 2 percentage points for children.   | Target reported by PHA.   |              |        |       |                     |   |
| Breastfeeding     | <b>Target 1.3:</b> By March 2019, through continued promotion of breastfeeding to increase the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the Breastfeeding Strategy Objectives for achievement by March 2025. | Awaiting confirmation of baseline and technical guidance on how this will be reported   |              |        |       |                     |   |
| Healthy Places    | <b>Target 1.4:</b> By March 2019, establish a minimum of 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.  |   |              |        |       |                     |   |
| Children in Care  | <b>Target 1.10 (a):</b> By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.  | Target 1.10 (a) reported at year end in line with the delegated statutory functions report.   | 84%          |        |       |                     | Target 1.10(a) reported at year end in line with delegated statutory functions report. Mid Year Sept 18 provisional position. |
|                   | <b>Target 1.10 (b):</b> By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).   | Target 1.10 (b) will only be reported on a yearly basis through the electronic AD1 return. CIB are looking to collect this 6 monthly but no processes are in place yet. | March 18 68% |        |       |                     | Target 1.10(b) will be reported on a yearly basis in line with CIB reporting. Final 17/18 position provided.                  |

| Title                            | Target   | Comments / Actions  | Sep-18 | Oct-18 | Trend |  | Trend / Activity Analysis   |
|----------------------------------|--|---|--------|--------|-------|--|---|
| <b>Delivering Care Framework</b> | <b>Target 2.1:</b> 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 medical and surgical wards, emergency departments, health visiting and district nursing services. | Phase 1: Delivery Care Framework: Full implementation has not been sustained due to current level of vacancies. |        |        |       |  | Achieving this target is dependent on HSCB making appropriate investment in Nurse staffing. |

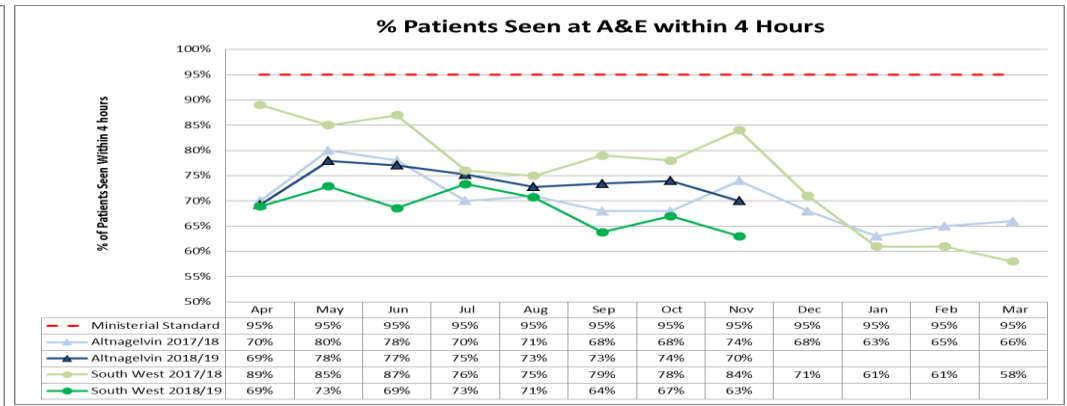
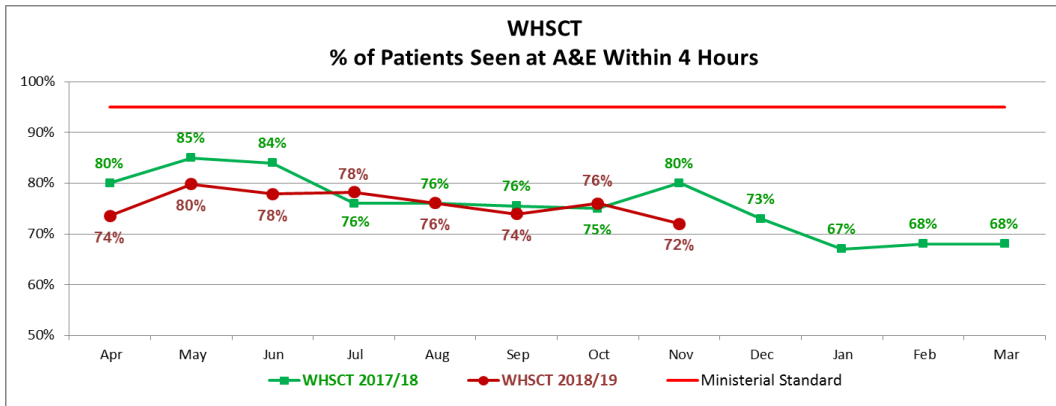
| Title                                 | Target   | Comments / Actions  | Target Profile Apr - Oct 18 | ACTUAL Apr 18 - Oct 18 | Trend |  | Trend / Activity Analysis   |
|---------------------------------------|--|---|-----------------------------|------------------------|-------|--|---|
| <b>Healthcare Acquired Infections</b> | <b>Target 2.4:</b> By 31 March 2019, to secure a regional aggregate reduction of 7.5% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2017/18. | <b>MRSA</b><br>WHSCCT 2018/19 Target Maximum = 5          | 3                           | 6                      |       |  | Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag. |
|                                       |  | <b>C. Difficile</b><br>WHSCCT 2018/19 Target Maximum = 56 | 33                          | 34                     |       |  |   |

| Title             | Target  | Comments / Actions  | Aug-18                            | Oct-18 | Trend | Cumulative Position | Trend / Activity Analysis  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
|-------------------|---|---|-----------------------------------|--------|-------|---------------------|--|-------|------------|----------------------------|-----------------------------------|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|------------|----|----|----|------------|----|----|----|------------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| <b>NEWS KPI's</b> | <b>Target 2.5:</b> Throughout 2018/19 the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration. | The NEWS audits are completed quarterly on 34 Acute inpatient wards and each ward is required to audit a sample of 10 patients. Audits will be reported bi-monthly from February 2018 - Target 95%. | 92%                               | 92%    | ➔     |                     | <p><b>Western Trust Overall Compliance</b></p> <table border="1"> <caption>Western Trust Overall Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>All elements performed (%)</th> <th>Part 1 &amp; 2 elements performed (%)</th> </tr> </thead> <tbody> <tr><td>Dec-15</td><td>95</td><td>85</td><td>80</td></tr> <tr><td>Feb-16</td><td>95</td><td>85</td><td>80</td></tr> <tr><td>May-16</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Aug-16</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Nov-16</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Feb-17</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>May/Jun-17</td><td>95</td><td>85</td><td>80</td></tr> <tr><td>Aug/Sep-17</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Nov/Dec-17</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Feb-18</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Apr-18</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Jun-18</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Aug-18</td><td>95</td><td>90</td><td>85</td></tr> <tr><td>Oct-18</td><td>95</td><td>90</td><td>85</td></tr> </tbody> </table> | Month | Target (%) | All elements performed (%) | Part 1 & 2 elements performed (%) | Dec-15 | 95 | 85 | 80 | Feb-16 | 95 | 85 | 80 | May-16 | 95 | 90 | 85 | Aug-16 | 95 | 90 | 85 | Nov-16 | 95 | 90 | 85 | Feb-17 | 95 | 90 | 85 | May/Jun-17 | 95 | 85 | 80 | Aug/Sep-17 | 95 | 90 | 85 | Nov/Dec-17 | 95 | 90 | 85 | Feb-18 | 95 | 90 | 85 | Apr-18 | 95 | 90 | 85 | Jun-18 | 95 | 90 | 85 | Aug-18 | 95 | 90 | 85 | Oct-18 | 95 | 90 | 85 |
| Month             | Target (%)  | All elements performed (%)  | Part 1 & 2 elements performed (%) |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Dec-15            | 95  | 85  | 80                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Feb-16            | 95  | 85  | 80                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| May-16            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Aug-16            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Nov-16            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Feb-17            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| May/Jun-17        | 95  | 85  | 80                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Aug/Sep-17        | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Nov/Dec-17        | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Feb-18            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Apr-18            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Jun-18            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Aug-18            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |
| Oct-18            | 95  | 90  | 85                                |        |       |                     |  |       |            |                            |                                   |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |            |    |    |    |            |    |    |    |            |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |

| Title  | Target  | Comments / Actions   | Oct-18 | Nov-18 | Trend   | Cumulative Position | Trend / Activity Analysis |
|--|---|--|--------|--------|---|---------------------|---------------------------|
| Care Standards in Residential/ Nursing Homes | <b>Target 2.8(a):</b> 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 receive a failure to comply notice.   | Annual reviews of each client in a residential/nursing home place ensures that any issues are identified and then raised. These are reported centrally to RQIA and the Department. | 0      | 0      |  |                     |                           |
|  | <b>Target 2.8(b):</b> During 2018/19 the HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, subsequently attract a notice of decision, as published by RQIA. |  | 0      | 0      |  |                     |                           |

| Title                        | Target  | Comments / Actions  | Sep-18 | Oct-18 | Trend | Cumulative Position | Trend / Activity Analysis   |
|------------------------------|---|---|--------|--------|-------|---------------------|---|
| Children in Care             | <b>Target 3.2:</b> During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.   |   |        |        |       |                     | The teams within the Women & Childrens Directorate issue feedback forms to children & young people leaving care to take into account their views and feelings which are kept within the Directorate.  |
| Dementia Portal              | <b>Target 3.3:</b> By March 2019, patients in all Trusts will have access to the Dementia Portal.   | Awaiting confirmation of baseline and technical guidance on how this will be reported |        |        |       |                     |   |
| Palliative/ End of Life Care | <b>Target 3.4:</b> By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in the acute and primary settings, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs. |   |        |        |       |                     | An overall WHSCT Palliative Care work Plan for 2016/2017 has been developed. An information system has been developed which captures preferences for care. As a result staff are able to support care within Specialist Palliative care team. |
| Co-production Model          | <b>Target 3.5:</b> By March 2019, the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.  | Awaiting confirmation of baseline and technical guidance on how this will be reported |        |        |       |                     |   |

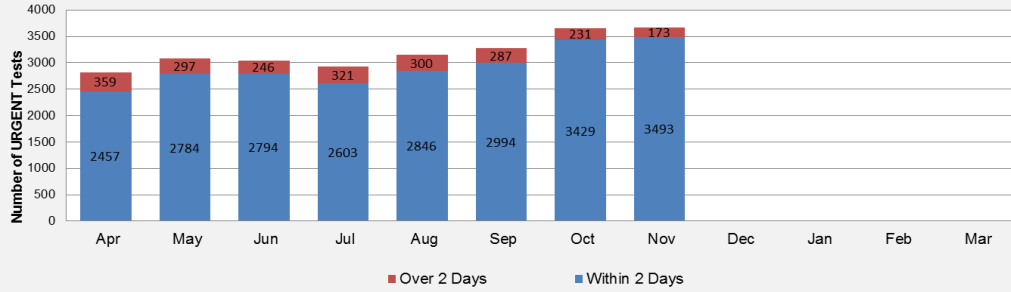
| Title                | Target  | Comments / Actions  | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |  |
|----------------------|---|---|--------|--------|-------|---------------------|---------------------------|--|
| Emergency Department | Target 4.4: By March 2019, 95% 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; and no patient attending any Emergency Department should wait longer than 12 hours | 4-Hour target<br>% treated within 4 hours                     | WHSCT  | 76%    | 72%   | ↓                   | 76%                       |  |
|                      |   |   | ALT    | 74%    | 70%   |                     | 74%                       |  |
|                      |   |   | SWAH   | 67%    | 63%   |                     | 69%                       |  |
|                      |   | 12-Hour target<br>Number of patients who waited >12 hours     | WHSCT  | 173    | 334   | ↓                   | 1067                      |  |
|                      |   |   | ALT    | 107    | 177   |                     | 583                       |  |
|                      |   |   | SWAH   | 66     | 157   |                     | 484                       |  |
|                      | Target 4.5: By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours   | Percentage of patients who commenced treatment within 2 hours | WHSCT  | 90%    | 90%   | →                   | 89%                       |  |
|                      |   |   | ALT    | 90%    | 90%   |                     | 90%                       |  |
|                      |   |   | SWAH   | 84%    | 84%   |                     | 85%                       |  |
|                      |   |   | OHPCC  | 97%    | 99%   |                     | 96%                       |  |



| Title                | Target/Indicator  | Comments / Actions   | Oct-18 | Nov-18  | Trend | Cumulative Position | Trend / Activity Analysis |
|----------------------|---|--|--------|---------|-------|---------------------|---------------------------|
| Fractures            | Target 4.6: By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.             | % treated within 48 hours  | 94%    | 91%     | ↓     | 89%                 |                           |
|                      |   | Number treated over target   | 3      | 4       |       | 36                  |                           |
|                      |   | Total number of patients treated   | 47     | 44      |       | 330                 |                           |
| Specialist Therapies | Target 4.7: By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate. | Figures supplied are based on manual returns supplied by the Service. Validated figures are dependent on completed coding. [No of patients who received thrombolysis out of total ischaemic stroke admissions] | 9%     | 39%     | ↑     | 21%                 |                           |
|                      |   |  | (3/34) | (11/28) |       | (46/218)            |                           |

| Title                          | Target   | Comments / Actions                               | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|--------------------------------|--|--|--------|--------|-------|---------------------|---------------------------|
| <b>Urgent Diagnostic Tests</b> | <b>Target 4.8:</b> By March 2019, all urgent diagnostic tests are reported on within 2 days. | % urgent diagnostic tests reported within 2 days | 94%    | 95%    | ↑     | 91%                 |                           |

**Diagnostic Reporting Turnaround Times - URGENT TESTS**

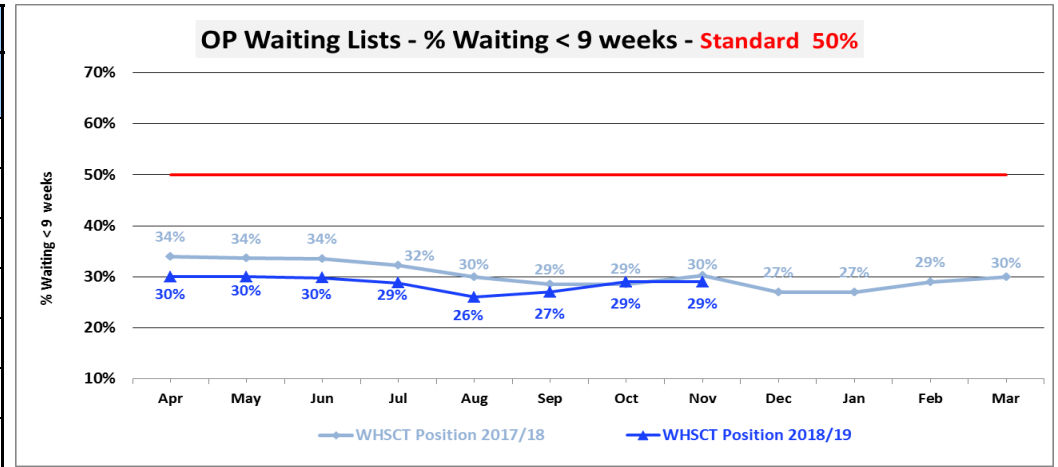


| Title                  | Target   | Comments / Actions                    | Oct-18   | Nov-18   | Trend | Cumulative Position   | Trend / Activity Analysis |
|------------------------|--|---------------------------------------|--|--|-------|---|---------------------------|
| <b>Cancer Services</b> | <b>Target 4.9(i):</b> During 2018/19, all urgent breast cancer referrals should be seen within 14 days.  | % treated within 14 days              | 100%   | 99.1%  | ↓     | 99.8%   |                           |
|                        |  | Number treated over target            | 0  | 3  |       | 5   |                           |
|                        | <b>Target 4.9(ii):</b> 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. | % treated within 31 days              | 99.4%  | 99.1%  | ↓     | 99.4%   |                           |
|                        |  | Number treated over target            | 1  | 2  |       | 7   |                           |
|                        | <b>Target 4.9(iii):</b> During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.     | % commencing treatment within 62 days | 76%  | 73%  | ↓     | 82%   |                           |
|                        |  | Number treated over target            | 21.5   | 15.0   |       | 98.5  |                           |
|                        |  |                                       | The 21.5 treated over target equates to 27 patients, 11 of which are ITT's | The 15.0 treated over target equates to 21 patients, 12 of which are ITT's |       | The 98.5 treated over target equates to 129 patients, 61 of which are ITT's |                           |



| Title                   | Target/Indicator   | Comments / Actions            | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|-------------------------|--|-------------------------------|--------|--------|-------|---------------------|---------------------------|
| Outpatient Waiting List | Target 4.10: By March 2019, at least 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks. | - % waiting < 9 weeks         | 29%    | 29%    | →     |                     |                           |
|                         |  | - [Number waiting > 9 weeks]  | 25476  | 25384  | ↑     |                     |                           |
|                         |  | - [Number waiting > 52 weeks] | 12811  | 12830  | ↓     |                     |                           |

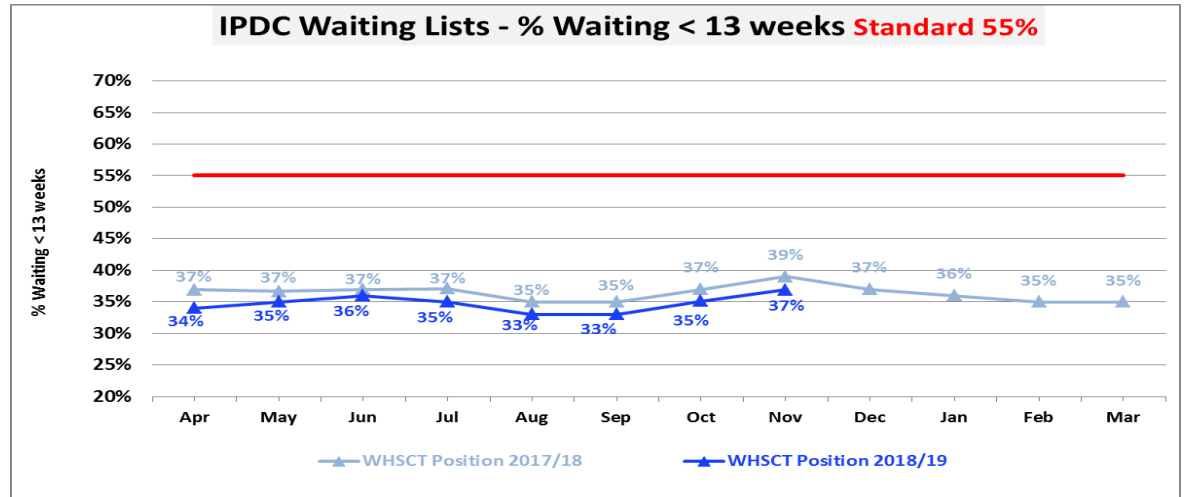
| Outpatients Waiting Lists - Key Specialties - As at 30/11/2018 |                  |                          |                           |                        |                        |
|--|------------------|--------------------------|---------------------------|------------------------|------------------------|
| Specialty  | Total OP Waiting | Number Waiting > 9 weeks | Number Waiting > 52 weeks | Longest Waiter (weeks) | Site of Longest Waiter |
| General Surgery  | 5029             | 3694                     | 1634                      | 208.4                  | ALTNAGELVIN            |
| Orthopaedics   | 7359             | 6248                     | 3948                      | 234.6                  | ALTNAGELVIN            |
| Oral Surgery   | 4281             | 3745                     | 2383                      | 211.6                  | CAUSEWAY               |
| Gastroenterology   | 2220             | 1775                     | 1352                      | 197.1                  | OMAGH                  |
| Respiratory Medicine   | 1275             | 952                      | 409                       | 176.0                  | OMAGH                  |
| Neurology  | 3577             | 3224                     | 2239                      | 210.6                  | ALTNAGELVIN            |
| Rheumatology   | 1610             | 1263                     | 540                       | 138.6                  | ALTNAGELVIN            |



| Title                        | Target  | Comments / Actions               | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|------------------------------|---|----------------------------------|--------|--------|-------|---------------------|---------------------------|
| Diagnostic Test              | Target 4.11: 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. | <b>Diagnostic Test</b>           |        |        | ↓     |                     |                           |
|                              |   | - % waiting < 9 weeks            | 80%    | 79%    |       |                     |                           |
|                              |   | - Total Number waiting > 9 weeks | 1695   | 1760   |       |                     |                           |
|                              |   | - [Imaging]                      | 3      | 36     |       |                     |                           |
|                              |   | - [Physiological Measurement]    | 1692   | 1724   |       |                     |                           |
|                              |   | - Total Number waiting > 26weeks | 327    | 309    |       |                     |                           |
|                              |   | <b>Endoscopy</b>                 |        |        | ↓     |                     |                           |
| - [Number waiting > 9 weeks] | 726   | 718                              |        |        |       |                     |                           |

| Title   | Target   | Comments / Actions          | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|--|-----------------------------|--------|--------|-------|---------------------|---------------------------|
| <b>Inpatients &amp; Day Cases</b><br><i>(Includes Scopes)</i> | Target 4.12: By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patients waits longer than 52 weeks. | - % waiting < 13 weeks      | 35%    | 37%    | ↑     |                     |                           |
|   |  | - Number waiting > 13 weeks | 11468  | 11293  | ↕     |                     |                           |
|   |  | - Number waiting > 52 weeks | 4987   | 5089   | ↓     |                     |                           |

| Inpatients Waiting Lists - Key Specialties - As at 30/11/2018 |                     |                           |                           |                                    |                                   |
|---|---------------------|---------------------------|---------------------------|------------------------------------|-----------------------------------|
| Specialty   | Total IP/DC Waiting | Number Waiting > 13 weeks | Number Waiting > 52 weeks | Longest Waiter (weeks) - INPATIENT | Longest Waiter (weeks) - DAY CASE |
| General Surgery   | 2306                | 1654                      | 834                       | 218.4                              | 212.2                             |
| Urology   | 1733                | 878                       | 193                       | 140.5                              | 91.0                              |
| Orthopaedics  | 4315                | 3689                      | 2492                      | 218.5                              | 214.3                             |
| E. N. T.  | 2067                | 1685                      | 923                       | 221.9                              | 188.5                             |
| Ophthalmology   | 2919                | 1737                      | 181                       | 0                                  | 132.3                             |
| Oral Surgery  | 469                 | 248                       | 82                        | 97.3                               | 108.5                             |
| Pain Management   | 331                 | 266                       | 41                        | 0                                  | 70.1                              |
| Gynaecology   | 1098                | 670                       | 248                       | 163.8                              | 130.1                             |




| Title   | Target  | Comments / Actions   | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis            |  |   |
|---|---|--|--------|--------|-------|---------------------|--------------------------------------|--|---|
| 9 week Access Targets:<br>CAMHS & Older People (Dementia)     | Target 4.13: By March 2019, no patient waits longer than 9 weeks to access <b>Child and Adolescent Mental Health services</b> .     | Total number waiting at month end  | 294    | 260    | ↑     |                     | <p>9 Week Access Targets - CAMHS</p> |  |   |
|   |   | Number waiting >9 weeks  | 47     | 32     |       |                     |                                      |  |   |
|   |   | Longest wait (weeks) at month end  | 27     | 18     |       |                     |                                      |  |   |
|   | Target 4.13: By March 2019, no patient waits longer than 9 weeks to access <b>Dementia Services</b> .                               | Total Number waiting at month end  | 232    | 220    | ↑     |                     |                                      |  | <p>9 Week Access Targets - Dementia</p> |
|   |   | Number waiting > 9 weeks   | 57     | 49     |       |                     |                                      |  |   |
|   |   | Longest wait (weeks) at month end  | 15     | 15     |       |                     |                                      |  |   |
| 9 week Access Targets:<br>Mental Health & Learning Disability | Target 4.13: By March 2019, no patient waits longer than 9 weeks to access <b>Adult Mental Health Services</b> .                    | Total Number waiting   | 1250   | 1276   | ↓     |                     | <p>9 Week Access Targets - AMH</p>   |  |   |
|   |   | Total Number waiting > 9 weeks   | 537    | 586    |       |                     |                                      |  |   |
|   |   | Longest wait (weeks) at month end  | 50     | 45     |       |                     |                                      |  |   |
|   |   | Target Achieved: Older People FMI & Eating Disorder Services   |        |        |       |                     |                                      |  |   |
| 13 week Access Targets:<br>Psychological Therapies            | Target 4.13: By March 2019, no patient waits longer than 13 weeks to access to any <b>Psychological Therapy Service (any age)</b> . | Total Number Waiting   | 1052   | 1029   | ↑     |                     |                                      |  | <p>13 Week Access Targets</p>           |
|   |   | Total Number waiting >13 weeks   | 591    | 584    |       |                     |                                      |  |   |
|   |   | Longest wait (weeks) at month end  | 107    | 112    |       |                     |                                      |  |   |
|   |   | Patient Breaches = 279 AMH, 119 LD Adult, 7 Adult Health Psychology, 45 LD Childrens & 98 Childrens Psychology |        |        |       |                     |                                      |  |   |

| Title                         | Target   | Comments / Actions  | Oct-18      | Nov-18      | Trend | Cumulative Position | Trend / Activity Analysis  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|-------------------------------|--|---|-------------|-------------|-------|---------------------|--|-------|---|-------------------------------------|-----|------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|------|------|-----|------|------|-----|--|------|-----|--|------|-----|--|------|-----|--|------|
| Direct Payments               | <b>Target 5.1:</b> By March 2019 secure 10% increase in direct payments across all programmes of care  | By March 2019 secure 10% increase in the number of direct payments across all programmes of care.<br><b>17/18 Target by 31st March 2018 = 745</b><br><b>18/19 Target by 31st March 2019 = 1077</b><br><b>(All Direct Payments during Month)</b>   | 1104        | 1114        | ↑     |                     | <p><b>No of All Direct Payments In Place - Service Users &amp; Carers</b></p> <table border="1"> <caption>No of All Direct Payments In Place - Service Users &amp; Carers</caption> <thead> <tr> <th>Month</th> <th>No of All Direct Payments In Place During Month</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>900</td></tr> <tr><td>May</td><td>900</td></tr> <tr><td>Jun</td><td>950</td></tr> <tr><td>Jul</td><td>1000</td></tr> <tr><td>Aug</td><td>1050</td></tr> <tr><td>Sep</td><td>1050</td></tr> <tr><td>Oct</td><td>1100</td></tr> <tr><td>Nov</td><td>1100</td></tr> <tr><td>Dec</td><td></td></tr> <tr><td>Jan</td><td></td></tr> <tr><td>Feb</td><td></td></tr> <tr><td>Mar</td><td></td></tr> </tbody> </table>   | Month | No of All Direct Payments In Place During Month | Apr                                 | 900 | May  | 900  | Jun | 950  | Jul  | 1000 | Aug  | 1050 | Sep  | 1050 | Oct  | 1100 | Nov  | 1100 | Dec  |      | Jan  |     | Feb  |      | Mar |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Month                         | No of All Direct Payments In Place During Month  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Apr                           | 900  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| May                           | 900  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Jun                           | 950  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Jul                           | 1000   |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Aug                           | 1050   |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Sep                           | 1050   |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Oct                           | 1100   |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Nov                           | 1100   |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Dec                           |  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Jan                           |  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Feb                           |  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Mar                           |  |   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Self Directed Support         | <b>Target 5.2:</b> 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. | 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.<br><b>(Active Clients at Month End)</b> | 3687        | 3864        | ↑     |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| AHPs                          | <b>Target 5.3:</b> By March 2019, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.   |   |             |             | ↑     |                     | <p><b>No Waiting &gt; 13 weeks for an AHP appointment</b></p> <table border="1"> <caption>No Waiting &gt; 13 weeks for an AHP appointment</caption> <thead> <tr> <th>Month</th> <th>No waiting &gt; 13 weeks for AHPs 18/19</th> <th>No waiting &gt; 13 weeks for AHP 17/18</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>4800</td><td>2200</td></tr> <tr><td>May</td><td>4800</td><td>2500</td></tr> <tr><td>June</td><td>4500</td><td>2800</td></tr> <tr><td>July</td><td>4500</td><td>2800</td></tr> <tr><td>Aug</td><td>4000</td><td>3500</td></tr> <tr><td>Sept</td><td>3800</td><td>3800</td></tr> <tr><td>Oct</td><td>3200</td><td>4000</td></tr> <tr><td>Nov</td><td>2800</td><td>3800</td></tr> <tr><td>Dec</td><td></td><td>4200</td></tr> <tr><td>Jan</td><td></td><td>4500</td></tr> <tr><td>Feb</td><td></td><td>4800</td></tr> <tr><td>Mar</td><td></td><td>4800</td></tr> </tbody> </table> | Month | No waiting > 13 weeks for AHPs 18/19            | No waiting > 13 weeks for AHP 17/18 | Apr | 4800 | 2200 | May | 4800 | 2500 | June | 4500 | 2800 | July | 4500 | 2800 | Aug  | 4000 | 3500 | Sept | 3800 | 3800 | Oct | 3200 | 4000 | Nov | 2800 | 3800 | Dec |  | 4200 | Jan |  | 4500 | Feb |  | 4800 | Mar |  | 4800 |
| Month                         | No waiting > 13 weeks for AHPs 18/19   | No waiting > 13 weeks for AHP 17/18   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Apr                           | 4800   | 2200  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| May                           | 4800   | 2500  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| June                          | 4500   | 2800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| July                          | 4500   | 2800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Aug                           | 4000   | 3500  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Sept                          | 3800   | 3800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Oct                           | 3200   | 4000  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Nov                           | 2800   | 3800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Dec                           |  | 4200  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Jan                           |  | 4500  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Feb                           |  | 4800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Mar                           |  | 4800  |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Total waiting &gt;13 weeks</b>   | <b>3199</b> | <b>2814</b> |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Dietetics</b>  | <b>225</b>  | <b>234</b>  |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Occupational Therapy</b>   | <b>1881</b> | <b>1784</b> |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Orthoptics</b>   | <b>4</b>    | <b>0</b>    |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Physiotherapy</b>  | <b>506</b>  | <b>350</b>  |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Podiatry</b>   | <b>480</b>  | <b>394</b>  |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
|                               |  | <b>Speech and Language Therapy</b>  | <b>103</b>  | <b>52</b>   |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Self Directed Physiotherapy   | <b>Target 5.5:</b> By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts  | <b>Awaiting confirmation of baseline and technical guidance</b>   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |
| Emotional Wellbeing Framework | <b>Target 5.6:</b> By May 2018, to have delivered the Children & Young Peoples Developmental & Emotional Wellbeing Framework along with a costed Implementation Plan.  | <b>Awaiting confirmation of baseline and technical guidance</b>   |             |             |       |                     |  |       |   |                                     |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |     |      |      |     |  |      |     |  |      |     |  |      |     |  |      |

| Title  | Target   | Comments / Actions                                     | Oct-18 | Nov-18 |   | Cumulative Position | Trend / Activity Analysis |
|--|--|--|--------|--------|---|---------------------|---------------------------|
| Delayed Discharges<br>Mental Health &<br>Learning Disability | Target 5.7: During 2018/19, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.       | Total Discharges                                       | 141    | 137    | ↑ | 1112                |                           |
|  |  | % Mental Health Discharges within 7 days               | 95%    | 98%    |   | 97%                 |                           |
|  |  | Number of Mental Health Discharges within 7 days       | 134    | 134    |   | 1075                |                           |
|  |  | % Mental Health Discharges > 28 days                   | 2%     | 2%     | → | 2%                  |                           |
|  |  | Number of Mental Health Discharges > 28 days           | 3      | 3      |   | 22                  |                           |
|  | 3 patients delayed >28 days (completed waits) during November'18 (3 PCOP)  |  |        |        |   |                     |                           |
|  | Target 5.7: During 2018/19, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days. | Total Discharges                                       | 3      | 2      | ↓ | 16                  |                           |
|  |  | % Learning Disability Discharges within 7 days         | 67%    | 50%    |   | 88%                 |                           |
|  |  | Number of Learning Disability Discharges within 7 days | 2      | 1      |   | 14                  |                           |
|  |  | % Learning Disability Discharges > 28 days             | 33%    | 50%    | ↓ | 12%                 |                           |
| Number of Learning Disability Discharges > 28 days           |  | 1  | 1      | 2      |   |                     |                           |

| Title              | Target  | Comments / Actions  | Jun-18 | Sep-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|--------------------|---|---|--------|--------|-------|---------------------|---------------------------|
| Carers Assessments | Target 6.1: By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users (reported quarterly)                                  | By March 2019, secure a 10% increase in the number of carers' assessments offered (first assessments)<br>17/18 Quarterly Target = 331<br>18/19 Quarterly Target = 439       | 471    | 468    | ↓     |                     |                           |
| Short Breaks       | Target 6.2: By March 2019, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. | Number of Community Based Short Break Hours (i.e. non residential) received by adults<br>17/18 Quarterly Baseline = 35,202<br>18/19 Quarterly Target = 35,222               | 37,978 | 45,101 | ↑     |                     |                           |
|                    | Target 6.3: By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).   | Number of Community Based Short Break Hours (i.e. non residential) received by young carers<br>18/19 Baseline =<br>Awaiting confirmation of baseline and technical guidance |        |        |       |                     |                           |

| Title                                | Target  | Comments / Actions  | Jun-18 | Sep-18 | Trend | Cumulative Position | Trend / Activity Analysis  |
|--------------------------------------|---|---|--------|--------|-------|---------------------|--|
| <b>Pharmacy Efficiency Programme</b> | <b>Target 7.1:</b> By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.   |   |        |        |       |                     | The trust has achieved its share of the procurement efficiencies and full achievement of the efficiencies resulting from the 'Boost' element of the efficiency programme is awaiting confirmation. |
| <b>DSF Framework</b>                 | <b>Target 7.2:</b> By March 2019, to establish an outcomes reporting framework for DSF that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this. | <b>Awaiting confirmation of baseline and technical guidance</b> |        |        |       |                     |  |

| Title                         | Target   | Comments / Actions   | Oct-18 | Nov-18 | Trend   | Cumulative Position | Trend / Activity Analysis   |
|-------------------------------|--|--|--------|--------|---|---------------------|---|
| <b>Cancelled Appointments</b> | <b>Target 7.3:</b> 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%. | Number of Outpatient Appointments Cancelled by Hospital which resulted in the patient waiting longer for their appointment | 848    | 873    |  | 6626                | This is a new target for 2018/19. HSCB to work with Trusts and DoH to establish a baseline. |
| <b>Elective Care</b>          | <b>Target 7.4:</b> By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.  | See the below table that outlines the IP & DC / New and Review OP positions.   |        |        |   |                     |   |

| 1st April - 30th November 2018   |                         |                 |                   |              |             |
|--|-------------------------|-----------------|-------------------|--------------|-------------|
| SUMMARY  | CORE ACTIVITY           |                 |                   |              |             |
| Activity Type  | Target for Year 2018/19 | Core Target YTD | Core Activity YTD | Variance     | % Variance  |
| <b>Elective Inpatients (Admissions) &amp; Day Cases</b>                          | <b>29018</b>            | 19345           | <b>17704</b>      | <b>-1641</b> | <b>-8%</b>  |
| <b>Scopes</b>  | <b>11050</b>            | 7367            | <b>6571</b>       | <b>-796</b>  | <b>-11%</b> |
| <b>New Outpatient Attendances</b>  | <b>71895</b>            | 47930           | <b>43462</b>      | <b>-4468</b> | <b>-9%</b>  |
| <b>Review Outpatient Attendances</b>   | <b>112434</b>           | 74956           | <b>73269</b>      | <b>-1687</b> | <b>-2%</b>  |
| <b>Fracture Outpatient Attendances</b>   | <b>22629</b>            | 15086           | <b>14249</b>      | <b>-837</b>  | <b>-6%</b>  |
| <b>Imaging (includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays)</b> | <b>263180</b>           | 175453          | <b>183052</b>     | <b>7599</b>  | <b>4%</b>   |

| Title                                    | Target   | Comments / Actions   | Oct-18 | Nov-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|--|--|--|--------|--------|-------|---------------------|---------------------------|
| <b>Delayed Discharges Acute Hospital</b> | Target 7.5: By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours | <b>Acute Discharges</b>  |        |        |       |                     |                           |
|  |  | <b>Complex Discharges</b><br>- % discharged within 48 hours    | 80%    | 75%    | ↓     | 79%                 |                           |
|  |  | % discharged within 7 days                                     | 90%    | 86%    | ↓     | 89%                 |                           |
|  |  | Number waiting > 7 days  | 34     | 44     | ↓     | 288                 |                           |
|  |  | <b>Non Complex Discharges</b><br>- % discharged within 6 hours | 98%    | 97%    | ↓     | 98%                 |                           |

| Top 5 Reasons for Delay                  |        |  | ALTNAGELVIN HOSPITAL | SOUTH WEST ACUTE HOSPITAL | TOTAL |
|--|--------|--|----------------------|---------------------------|-------|
| Complex Discharges Greater Than 48 Hours |        |  |                      |                           |       |
| APRIL - NOVEMBER 2018                    |        |  |                      |                           |       |
| 1  | CPLAN  | COMPLEX 2 - CARE PLANNING                        | 100                  | 59                        | 159   |
| 2  | CDOM   | COMPLEX 5 - NO DOMICILIARY PACKAGE               | 54                   | 88                        | 142   |
| 3  | CSDBED | COMPLEX 18 - NO SUITABLE STEP DOWN BED AVAILABLE | 65                   | 18                        | 83    |
| 4  | CHASS  | COMPLEX 1 - HOSPITAL ASSESSMENT                  | 13                   | 28                        | 41    |
| 5  | CNHOME | COMPLEX 7 - NO NURSING HOME BED AVAILABLE        | 31                   | 8                         | 39    |

| Title                                 | Target   | Comments / Actions                                       | Sep-18 | Oct-18 | Trend | Cumulative Position | Trend / Activity Analysis |
|---------------------------------------|--|--|--------|--------|-------|---------------------|---------------------------|
| <b>Medicines Efficiency Programme</b> | Target 7.6: By March 2019, to have obtained savings of £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts. | Awaiting confirmation of baseline and technical guidance |        |        |       |                     |                           |

| Title               | Target   | Comments / Actions  | Nov-18 |        | Trend | Cumulative Position | Trend / Activity Analysis |
|---------------------|--|---|--------|--------|-------|---------------------|---------------------------|
| Seasonal Flu        | Target 8.7: By December 2018, ensure at least 40% of Trust staff (health care and social care staff) have received the seasonal flu vaccine.   | As at 30th November - 3143 staff out of 11,189 of Trust staff have received the seasonal flu vaccine.           | 29%    |        | ↑     |                     |                           |
| Title               | Target   | Comments / Actions  | Oct-18 |        | Trend | Cumulative Position | Trend / Activity Analysis |
| Absence             | Target 8.8: By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.   | As at 31st October 18 cumulative position 6.64% against WHSCT 18/19 target of 5% (One Month reporting Time Lag) |        |        | ↑     |                     |                           |
| Title               | Target   | Comments / Actions  | Aug-18 | Sep-18 | Trend | Cumulative Position | Trend / Activity Analysis |
| Healthier Workplace | Target 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 FIG. | Awaiting confirmation of baseline and technical guidance  |        |        |       |                     |                           |
| OBA                 | Target 8.10: By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.  | Awaiting confirmation of baseline and technical guidance  |        |        |       |                     |                           |
| Title               | Target   | Comments / Actions  | Nov-18 |        | Trend | Cumulative Position | Trend / Activity Analysis |
| Quality 2020        | Target 8.11: By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2. Reported quarterly.                         | Level 1 Training<br>As at 14/12/2018 cumulative position [2882] (27%) against WHSCT 18/19 Target [10,516] Staff | 27%    |        | ↓     |                     |                           |
|                     |  | Level 2 Training<br>As at 14/12/2018 cumulative position [100] (?) against WHSCT 18/19 Target [10,516] Staff    |        |        | ↑     |                     |                           |
| Title               | Target   | Comments / Actions  | Jul-18 | Aug-18 | Trend | Cumulative Position | Trend / Activity Analysis |
| Dysphagia Awareness | Target 8.13: By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.   |   |        |        |       |                     |                           |



| Title   | Target  | Comments / Actions  | Jul-18   | Aug-18   | Trend | Cumulative Position | Trend / Activity Analysis   |
|---|---|---|--|--|-------|---------------------|---|
| <b>Make Every Contact Count</b>                         | <b>Target 1.5:</b> By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership group in Primary Care to embed the Make Every Contact Count approach.   | <b>Awaiting confirmation of baseline and technical guidance</b>   |  |  |       |                     |   |
| <b>Dental</b>   | <b>Target 1.6:</b> By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions by 5% against that baseline by March 2021.  | <b>Awaiting confirmation of baseline and technical guidance</b>   |  |  |       |                     |   |
| <b>Healthier Pregnancy</b>                              | <b>Target 1.7:</b> By March 2019, to have further developed, and implemented the "Healthier Pregnancy" approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.  | <b>Awaiting confirmation of baseline and technical guidance</b>   |  |  |       |                     |   |
|   |   |   |  |  |       |                     | Awaiting confirmation of baseline and technical guidance  |
| Title   | Target  | Comments / Actions  | Jun-18   | Sep-18   | Trend | Cumulative Position | Trend / Activity Analysis   |
| <b>Healthy Child/ Healthy Future</b>                    | <b>Target 1.8:</b> By March 2019, ensure full delivery of the universal child health promotion framework for Northern Ireland, Healthy Child, Healthy Future. By that date: (i) the antenatal contact will be delivered to all first time mothers, (ii) 95% of two year old reviews must be delivered.  | This information is recorded every quarter but not reported to PHA, DHSSPS & HSCB until 3 months after the quarter end.   | Cohort=6764<br>Total Seen=5952<br>% Seen=88%<br>% Seen in Child's Home=70% | Cohort=6949<br>Total Seen=5911<br>% Seen=85%<br>% Seen in Child's Home=68% |       |                     | These figures are provisional at end of September'18 as validated figures are not reported until 3 months after the quarter end |
| Title   | Target  | Comments / Actions  | Aug-18   | Sep-18   | Trend | Cumulative Position | Trend / Activity Analysis   |
| <b>Best Start in Life</b>                               | <b>Target 1.9:</b> By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PFG Outcome 14 "We give our children and young people the best start in life".   | <b>Awaiting confirmation of baseline and technical guidance</b>   |  |  |       |                     |   |
| <b>Suicide</b>  | <b>Target 1.11:</b> By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "safe place" pilot.   | This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% in 2022 in line with the draft Project Life 2 strategy.<br><b>Awaiting confirmation of baseline and technical guidance</b> |  |  |       |                     |   |
| <b>Alcohol Drug Related Harm and Drug related Death</b> | <b>Target 1.12:</b> By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based on secondary care, to reduce waiting times and improve access. This is an important element in the delivery of our strategy to reduce alcohol and drug related harm and to reduce drug related deaths. | <b>Awaiting confirmation of baseline and technical guidance</b>   |  |  |       |                     |   |

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| <p><b>Long Term Conditions</b></p> | <p><b>Target 1.13:</b> By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework.</p> | <p><b>Awaiting confirmation of baseline and technical guidance</b></p> |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|

## Glossary of Terms

|                  |   |
|------------------|---|
| <b>A&amp;E</b>   | Accident and Emergency Department       |
| <b>AHP</b>       | Allied Health Professional              |
| <b>ASD</b>       | Autistic Spectrum Disorder              |
| <b>C Diff</b>    | Clostridium Difficile                   |
| <b>C Section</b> | Caesarean Section                       |
| <b>CLI</b>       | Central Line Infection                  |
| <b>CSR</b>       | Comprehensive Spending Review           |
| <b>DC</b>        | Day case                                |
| <b>DNA</b>       | Did Not Attend (eg at a clinic)         |
| <b>DSF</b>       | Delegated Statutory Functions           |
| <b>DV</b>        | Domestic Violence                       |
| <b>FGC</b>       | Family Group Conference                 |
| <b>HSCB</b>      | Health & Social Care Board              |
| <b>HWIP</b>      | Health & Wellbeing Improvement Plan     |
| <b>ICU</b>       | Intensive Care Unit                     |
| <b>IP</b>        | Inpatient                               |
| <b>ITT</b>       | Inter Trust Transfer                    |
| <b>IV</b>        | Intravenous                             |
| <b>JAG</b>       | Joint Advisory Group                    |
| <b>LAC</b>       | Looked After Children                   |
| <b>LW</b>        | Longest Wait                            |
| <b>MARAC</b>     | Multi-agency Risk Assessment Conference |
| <b>MAU</b>       | Medical Assessment Unit                 |
| <b>MD</b>        | Multi-disciplinary                      |
| <b>MDT</b>       | Multi-disciplinary Team                 |

|                 |  |
|-----------------|--|
| <b>MEWS</b>     | Modified Early Warning Scheme                            |
| <b>MRSA</b>     | Methicillin Resistant Staphylococcus Aureus              |
| <b>MSSA</b>     | Methicillin Sensitive Staphylococcus Aureus              |
| <b>NH</b>       | Nursing Home   |
| <b>NICAN</b>    | Northern Ireland Cancer Network                          |
| <b>NIPACS</b>   | NI Picture Archiving & Communication System              |
| <b>NIRADS</b>   | NI Radiology and Diagnostics System                      |
| <b>OBA</b>      | Outcomes Based Accountability                            |
| <b>OBC</b>      | Outline Business Case                                    |
| <b>OP</b>       | Outpatient   |
| <b>OT</b>       | Occupational Therapy                                     |
| <b>PAS</b>      | Patient Administration System                            |
| <b>PFA</b>      | Priorities for Action                                    |
| <b>PMSID</b>    | Performance Management & Service Improvement Directorate |
| <b>PSNI</b>     | Police Service of Northern Ireland                       |
| <b>RMC</b>      | Risk Management Committee                                |
| <b>S&amp;EC</b> | Safe and Effective Care Committee                        |
| <b>SBA</b>      | Service Budget Agreement                                 |
| <b>SSI</b>      | Surgical Site Infection                                  |
| <b>TNF</b>      | Anti-TNF medication                                      |
| <b>TOR</b>      | Terms of Reference                                       |
| <b>VAP</b>      | Ventilator Associated Pneumonia                          |
| <b>VTE</b>      | Venous Thromboembolism                                   |
| <b>WHO</b>      | World Health Organisation                                |
|                 |  |