

Performance Management Report - Month Ending February 2019

Trust Board - 4 April 2019

Version - 22 March 2019

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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	1				
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	Nov-18	Dec-18	Trend	Cumulative Position	Trend / Activity Analysis
Smoking Cessation	Target 1.1: 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	Target 1.2: 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	Target 1.3: 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	Target 1.4: 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	Target 1.10 (a): 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.					Target 1.10(a) reported at year end in line with delegated statutory functions report. Mid Year Sept 18 position - 84%
Simulation in Galle	Target 1.10 (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.					Target 1.10(b) will be reported on a yearly basis in line with CIB reporting. Final 17/18 position provided - 68%

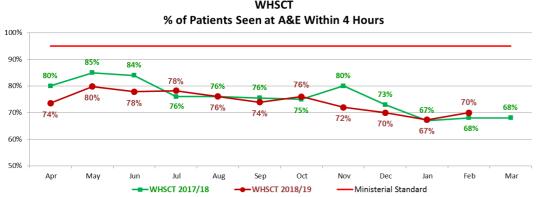
	-						-
Title	Target	Comments / Actions			Trend		Trend / Activity Analysis
Delivering Care Framework	Target 2.1: By March 2019 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, 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 18 - Jan 19	ACTUAL Apr 18- Jan 19	Trend		Trend / Activity Analysis
Healthcare Acquired	Target 2.3: By March 2019 secure an aggregate reduction of 11% of <i>Escherichia coli, klegsiella spp</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 2017/18	HCAGNBSI WHSCT 2018/19 Target Maximum = 49	41	40			Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag.
Infections	Target 2.4: By 31 March 2019, to secure a regional aggregate reduction of 7.5% in the total number of inpatient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2017/18.	MRSA WHSCT 2018/19 Target Maximum = 5	4	7			
		C. Difficile WHSCT 2018/19 Target Maximum = 56	47	50			
Title	Target	Comments / Actions	Dec-18	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
NEWS KPI's	Target 2.5: 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%	88%	•		Western Trust Overall Compliance 100 80 80 40 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

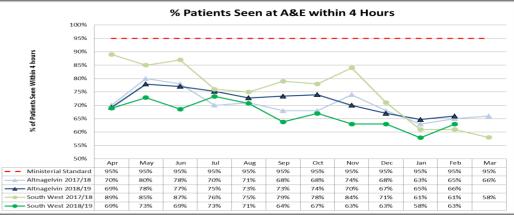
Target ——All elements performed ——Part 1 & 2 elements performed

Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing	Target 2.8(a): 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.		0	0	1		
Homes	Target 2.8(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.	These are reported centrally to RQIA and the Department.	0	0			

Title	Target	Comments / Actions	Nov-18	Dec-18	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	Target 3.2: 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	Target 3.3: 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	Target 3.4: 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	Target 3.5: 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					

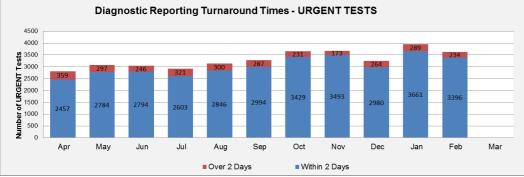
Title	Target	Comments / Actions	•	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis	
		4-Hour target	WHSCT	67%	70%	_	74%		
			ALT	65%	66%		72%		
	Target 4.4: By March 2019, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either	% treated within 4 hours	SWAH	58%	63%		67%		
	treated and discharged home, or admitted, within 4		OHPCC	99.7%	99.8%		99.0%		
	hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours		WHSCT	634	396		2360		
Emergency		12-Hour target Number of patients who waited >12 hours	ALT	272	236		1223		
Department			SWAH	362	160		1137		
			OHPCC	0	0		0		
			WHSCT	86%	87%	_	89%		
	Target 4.5: By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2	Percentage of patients who	ALT	84%	85%		89%		
	hours	commenced treatment within 2 hours	SWAH	85%	86%		85%		
			OHPCC	99%	99%		97%		
WHSCT % of Patients Seen at A&E Within 4 Hours					% Patients Seen at A&E within 4 Hours				
% of Patients Seen at A&E Within 4 Hours				-	95% 90%				





Title	Target/Indicator	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
	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	92%	93%		91%	
Fractures		Number treated over target	3	3			42
		Total number of patients treated	38	40		447	
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.			18%		21%	
Specialist Therapies		coding. [No of patients who received thrombolysis out of total ischaemic stroke admissions]	(6/29)	(6/33)		(66/308)	

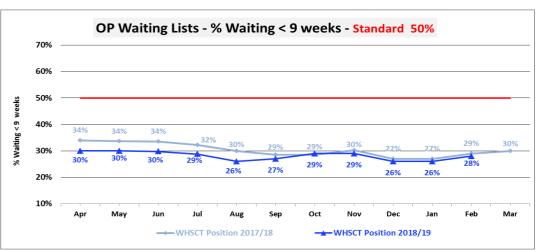
Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.8: By March 2019, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	93%	94%	1	92%	



Title	Target	Comments / Actions	Jan 19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
	Target 4.9(i): During 2018/19, all urgent breast cancer	% treated within 14 days	99.6%	100%		99.8%	
	referrals should be seen within 14 days.	Number treated over target	1	0		6	
	Target 4.9(ii): During 2018/19, at least 98% of patients	% treated within 31 days	100%	100%	1	99.5%	
	diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	Number treated over target	0	0		7	
Cancer Services		% commencing treatment within 62 days	71%	67%		79%	
		Number treated over target	21.0	17.5	1	154.5	
	Target 4.9(iii): During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.		over target equates to 28 patients, 15 of	The 17.5 treated over target equates to 22 patients, 9 of which are ITT's		The 154.5 treated over target equates to 203 patients, 97 of which are ITT's	

Title	Target/Indicator	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
		- % waiting < 9 weeks	26%	28%	1		
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.	- [Number waiting > 9 weeks]	26883	26651			
		- [Number waiting > 52 weeks]	12947	13008	+		

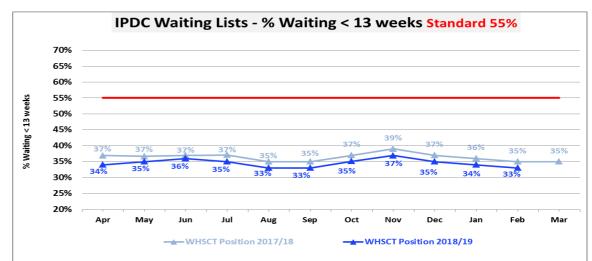
	Outpatients Waiting Lists - Key Specialties - As at 28/02/2019										
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter						
General Surgery	5387	3964	1647	221.3	ALTNAGELVIN						
Orthopaedics	7398	6390	4043	247.4	ALTNAGELVIN						
Oral Surgery	4347	3866	2367	224.4	CAUSEWAY						
Gastroenterology	2090	1686	1197	205.1	OMAGH						
Respiratory Medicine	1237	911	402	175.0	OMAGH						
Neurology	3667	3372	2363	223.4	ALTNAGELVIN						
Rheumatology	1585	1288	546	130.0	ALTNAGELVIN						



Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis	
			Diagnostic Test					
		- % waiting < 9 weeks	80%	82%	1			
	Tarrest 4.44. De March 2040, 75% of a final about	- Total Number waiting > 9 weeks	1809	1595				
Diagnostic Test	Target 4.11: By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no	- [Imaging]	208	124				
	patient waits longer than 26 weeks.	- [Physiological Measurement]	1601	1471				
		- Total Number waiting > 26weeks	116	192	+			
		Endoscopy			 			
		- [Number waiting > 9 weeks]	951	981				

Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
Inpatients & Target 4.12: By March 2019, 55% of patients should	- % waiting < 13 weeks	34%	33%	•			
Day Cases (Includes Scopes)	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.	- Number waiting > 13 weeks	12133	12354	1		
		- Number waiting > 52 weeks	5293	5469	•		

Inpatie	ents Waiting Li	sts - Key Spe	cialties - A	s at 28/02/201	19	
Specialty	Total IP/DC Waiting	Number Waiting > 13 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks) - INPATIENT	Longest Waiter (weeks) - DAY CASE	
General Surgery	2080	1624	836	231.2	225.1	
Urology	2010	1203	234	161.5	69.3	
Orthopaedics	4321	3716	2526	222.1	224.0	
E. N. T.	2133	1780	1034	234.8	158.9	
Ophthalmology	3134	2050	303	0	145.2	
Oral Surgery	403	250	89	110.2	115.4	
Pain Management	418	361	123	0	103.8	
Gynaecology	991	634	219	142.9	115.2	



Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
		Total number waiting at month end	330	322			9 Week Access Targets - CAMHS 2017/18 120 2018/19
	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services.	Number waiting >9 weeks	86	92			80 - 60 - 40 -
9 week Access Targets:		Longest wait (weeks) at month end	17	19	·		20 - Apr May June July Aug Sept Oct Nov Dec Jan Feb Mar
CAMHS & Older People (Dementia)		Total Number waiting at month end	233	245			9 Week Access Targets - Dementia 2017/18 2018/19
	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Dementia Services .	Number waiting > 9 weeks	68	77		80 - 60 - 40 -	60 - 40 -
		Longest wait (weeks) at month end	22	14	•		20 - Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Total Number waiting	1286	1322			9 Week Access Targets - AMH 2017/18 2018/19
9 week Access Targets:	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Adult Mental Health Services.	Total Number waiting > 9 weeks	715	711			600 - 500 - 400 -
Mental Health & Learning Disability		Longest wait (weeks) at month end	52	56			300 - 200 -
		Target Achieved: NA					Apr May June Jul Aug Sept Oct Nov Dec Jan Feb Mar
		Total Number Waiting	941	938			13 Week Access Targets = 2017/18
13 week Access Targets:	Target 4.13: By March 2019, no patient waits longer	Total Number waiting >13 weeks	480	495			600 - 500 - 400 -
Psychological Therapies	than 13 weeks to access to any Psychological Therapy Service (any age).	Longest wait (weeks) at month end	144	129			300 - 200 -
		Patient Breaches = 239 AMH, 2 PCOP FMI, 115 LD Adult,14 Adult Health Psychology, 37 LD Childrens & 88 Childrens Psychology					O Apr May June Jul Aug Sept Oct Nov Dec Jan Feb Mar

Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	Target 5.1: 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. 17/18 Target by 31st March 2018 = 745 18/19 Target by 31st March 2019 = 1077 (All Direct Payments during Month)	1123	1119			No of All Direct Payments In Place - Service Users & Carers 1500 1000 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar I No of All Direct Payments In Place During Month
Self Directed Support	Target 5.2: By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	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. (Active Clients at Month End)	4281	4300	1		
		Total waiting >13 weeks	3206	3140			Number Waiting > 13 weeks for an AHP appointment
		Dietetics	305	214			5000 -
		Occupational Therapy	1958	1949			3000 -
AHPs	Target 5.3: By March 2019, no patient waits longer than 13 weeks from referral to commencement of AHP	Orthoptics	0	3			2000 -
	treatment by an allied health professional.	Physiotherapy	289	254			1000 -
		Podiatry	584	642	-		O Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Speech and Language Therapy	70	78	l		■ Breachers 17/18 ■ Breachers 18/19
Self Directed Physiotherapy	Target 5.5: By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts	Awaiting confirmation of baseline and technical guidance					
Emotional Wellbeing Framework	Target 5.6: By May 2018, to have delivered the Children & Young Peoples Developmental & Emotional Wellbeing Framework along with a costed Implementation Plan.	Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Jan-19	Feb-19		Cumulative Position	Trend / Activity Analysis
	Target 5.7: During 2018/19, ensure that 99% of all mental health discharges take place within 7 days of	Total Discharges	131	118		1471	Mental Health Discharges within 7 Day Standard
		% Mental Health Discharges within 7 days	98%	61%	1	94%	80
		Number of Mental Health Discharges within 7 days	128	72		1380	60
	the patient being assessed as medically fit for discharge, with no	% Mental Health Discharges > 28 days	1%	7%		2%	40
	discharge taking more than 28 days.	Number of Mental Health Discharges > 28 days	2	8	1	35	
Delayed Discharges Mental Health &		8 patients delayed >28 days (completed waits) during Feb'19					Apr May June July Aug Sept Oct Nov Dec Jan Feb Mar
Learning Disability		Total Discharges	1	2		19	Learning Disability Discharges % within 7 Day Standard
	Target 5.7: During 2018/19, ensure that 99% of all learning disability	% Learning Disability Discharges within 7 days	0%	50%		79%	80
	discharges take place within 7 days of the patient being assessed as	Number of Learning Disability Discharges within 7 days	0	1		15	40
	medically fit for discharge, with no discharge taking more than 28 days.	% Learning Disability Discharges > 28 days	100%	50%		21%	20
		Number of Learning Disability Discharges > 28 days	1	1		4	Apr May June July Aug Sept Oct Nov Dec Jan Feb Mar

Title	Target	Comments / Actions	Sep-18	Dec-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) 17/18 Quarterly Target = 331 18/19 Quarterly Target = 439	468	606	1		Number of Carers Assessments Offered 1000 500 Jan - Mar Apr - Jun Jul - Sept Oct - Dec Jan - Mar 2018 No of Carers Assessments Offered 18/19 ——18/19 Target
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 17/18 Quarterly Baseline = 35,202 18/19 Quarterly Target = 35,222	45,101	Not available (validation with Service ongoing)	1		Number of Community Based Short Break Hrs Number of Community Based Short Break Hrs Jan - Mar Apr - Jun Jul - Sept Oct - Dec Jan - Mar 2018 Short Break Hrs 18/19 — Target 18/19
	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 18/19 Baseline = Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Jun-18	Sep-18	Trend	Cumulative Position	Trend / Activity Analysis
Pharmacy Efficiency Programme	Target 7.1: By March 2019, to have commenced implementation of new contractural 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.
DSF Framework	Target 7.2: 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.	Awaiting confirmation of baseline and technical					

Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis
Cancelled Appointments	Target 7.3: 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	1190	823	1	9216	This is a new target for 2018/19. HSCB to work with Trusts and DoH to establish a baseline.
Elective Care	Target 7.4: By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.						

1st April - 28th February 2019										
SUMMARY		CORE ACTIVITY								
Activity Type	Target for Year 2018/19	% Variance								
Elective Inpatients (Admissions) & Day Cases	29018	26600	23811	-2789	-10%					
Scopes	11050	10129	9216	-913	-9%					
New Outpatient Attendances	71895	65904	58447	-7457	-11%					
Review Outpatient Attendances	112434	103065	97836	-5229	-5%					
Fracture Outpatient Attendances	22629	20743	18747	-1996	-10%					
Imaging (includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays)	263180	241248	248889	7641	3%					

Title	Target	Comments / Actions	Jan-19	Feb-19	Trend	Cumulative Position	Trend / Activity Analysis	
	Target 7.5: By March 2019, ensure that 90% of complex		Acute Discharges					
		Complex Discharges	71%	72%	1	78%		
		- % discharged within 48 hours	71%	7276				
Delayed Discharges Acute Hospital	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	% discharged within 7 days	86%	82%		89%		
	hospital take place within 6 hours	Number waiting > 7 days	42	45		409		
		Non Complex Discharges	070/	050/		070/		
		- % discharged within 6 hours	97%	95%	•	97%		

	Тор			TOTAL	
	Complex Disc	ALTNAGELVIN HOSPITAL	ACUTE HOSPITAL		
	,				
1	CPLAN	COMPLEX 2 - CARE PLANNING	139	67	206
2	CDOM	COMPLEX 5 - NO DOMICILIARY PACKAGE	84	120	204
3	CSDBED	COMPLEX 18 - NO SUITABLE STEP DOWN BED AVAILABLE	95	18	113
4	CNHOME	COMPLEX 7 - NO NURSING HOME BED AVAILABLE	44	16	60
5	CHASS	COMPLEX 1 - HOSPITAL ASSESSMENT	19	32	51

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

Title	Target	Comments / Actions	Jan-19		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 31st January - 3258 staff out of 11,189 of Trust staff have received the seasonal flu vaccine.	29%		29%		→				
Title	Target	Comments / Actions	Dec-18		Dec-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 December cumulative position 7.20% against WHSCT 18/19 target of 5% (One Month reporting Time Lag)	gainst 7.20%		7.20%		7.20%		1		
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 PfG.	Awaiting confirmation of baseline and technical guidance									
ОВА	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	Dec-18		Trend	Cumulative Position	Trend / Activity Analysis				
	Target 8.11: By March 2019, 50% of the HSC workforce	Level 1 Training As at 31st December cumulative position [2876] (27%) against WHSCT 18/19 Target [10,516] Staff	27%								
Quality 2020	should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2. Reported quaterly.	Level 2 Training As at 31st December cumulative position [95] (0.90%) against WHSCT 18/19 Target [10,516] Staff	0.90%		1						
Title	Target	Comments / Actions	Jul-18 Aug-18		Trend	Cumulative Position	Trend / Activity Analysis				
Dsyphagia 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
Make Every Contact Count	Target 1.5: 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.	Awaiting confirmation of baseline and technical guidance					
Dental	Target 1.6: 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.	Awaiting confirmation of baseline and technical guidance					
Healthier Pregnancy	Target 1.7: 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 borth weight for gestation.	Awaiting confirmation of baseline and technical guidance					Awaiting confirmation of baseline and technical guidance
Title	Target	Comments / Actions	Sep-18	Dec-18	Trend	Cumulative Position	Trend / Activity Analysis
Healthy Child/ Healthy Future	Target 1.8: 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=6949 Total Seen=5911 % Seen=85% % Seen in Child's Home=68%	Cohort=6860 Total Seen=5932 % Seen=86% % Seen in Child's Home=70%			These figures are provisional at end of December'18 as validated figures are not reported until 3 months after the quarter end
Title	Target	Comments / Actions	Sep-18	Dec-18	Trend	Cumulative Position	Trend / Activity Analysis
Best Start in Life	Target 1.9: 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".	Awaiting confirmation of baseline and technical guidance					
Suicide	Target 1.11: 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. Awaiting confirmation of baseline and technical guidance					
Alcohol Drug Related Harm and Drug related Death	Targert 1.12: 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.	Awaiting confirmation of baseline and technical guidance					

Long Term Conditions Target 1.13: By July 2018, to provide de include financial profiling) for the regional of the diabetes feet care pathway. Cor preperations for regional deployment of the will be an important milestone in the de Diabetes Strategic Framewo	lidation of lidati						
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Glossary of Terms

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

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