**Western Health and Social Care Trust**

**Performance Management Report - Month Ending November 2019**

**Trust Board -   9 January 2020**

**Version -  31 December 2019**

**Contents**

# 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.

## 2019/20 Ministerial Standards and Targets

| Title | Target | Comments / Actions | Mar-19 | June'19 | 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. | 93% | | | | Target 1.10(a) reported at year end in line with delegated statutory functions report. |
| | **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% CIB have not yet finalised 2018/19 figures |

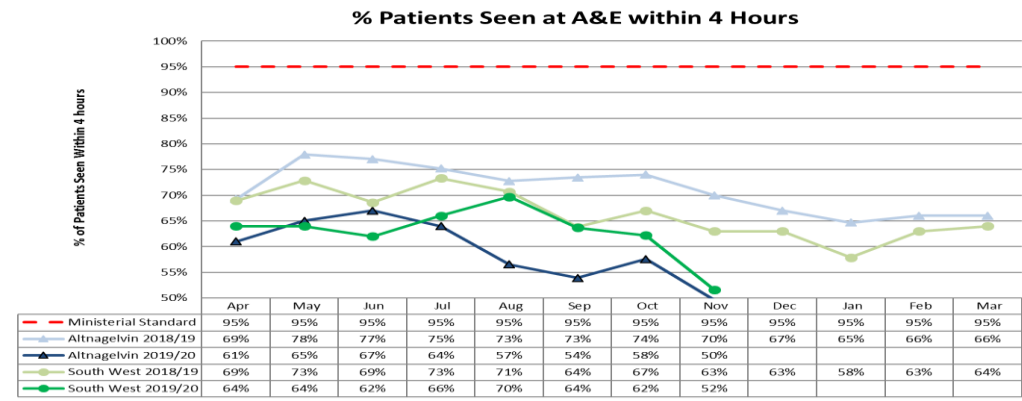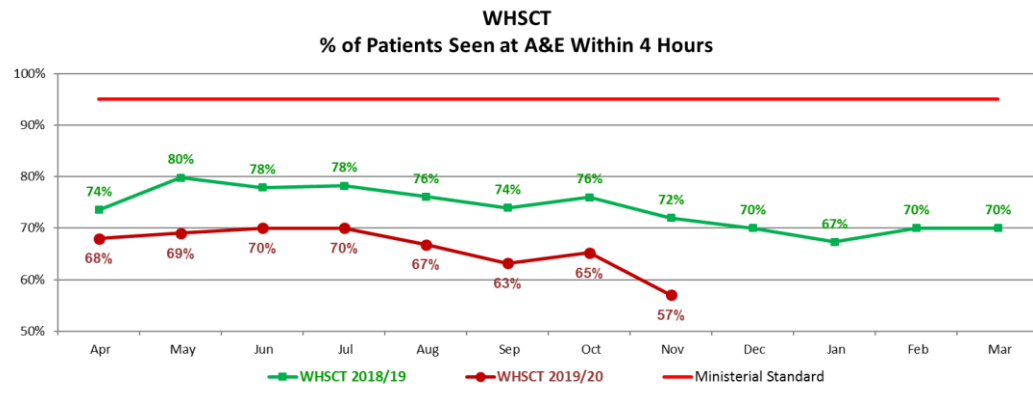| Title | Target | Comments / Actions | | | Trend | | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Delivering Care Framework** | **Target 2.1:** By March 2019 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse 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 | ACTUAL Apr 19- Sept 19 | Trend | Variance | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Healthcare Acquired Infections** | **Target 2.3:** By 31 March 2020 secure an aggregate reduction of XX% (to be confirmed) of *Escheric hia coli, Klebsiella spp* . and *Pseudomonas aeruginosa* bloodstream infections acquired after two days of hospital admission, compared to 20XX/XX | **HCAGNBSI** WHSCT 2019/20 Target Maximum = 49 | *29* | 44 | | | Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag. |
| | **Target 2.4:** In the year to March 2020 the Public Health Agency and the Trusts should secure a reduction of XX% in the total number of in-patient episodes of *Clostridium Difficile* infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infection compared to 2018/19. | **MRSA** WHSCT 2019/20 Target Maximum = 5 | *3* | 2 | | | |
| | | **C. Difficile** WHSCT 2019/20 Target Maximum = 56 | *33* | 45 | | | |

| Title | Target | Comments / Actions | Aug-19 | Oct-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **NEWS KPI's** | **Target 2.2:** From April 2016, ensure that 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%.  Next set of audits due to be completed during October 2019. | 91% | 94% | ⬆ | |  |

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Care Standards in Residential/ Nursing Homes | **Target 2.8(a):** During 2019/20 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 | | | |
| | **Target 2.8(b):** During 2019/20 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 | 1 | | | |

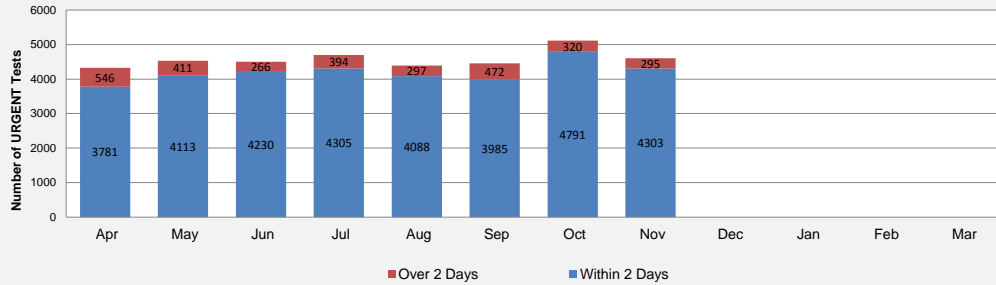| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Children in Care | **Target 3.2:** During 2019/20 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving 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 September 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 2020, 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 2020, 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-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|---|
| **Emergency Department** | **Target 4.5:** By March 2020, 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** % treated within 4 hours | **WHSCT** | **65%** | **57%** | ⬇ | **66%** | |
| | | | ALT | 58% | 50% | | 59% | |
| | | | SWAH | 62% | 52% | | 63% | |
| | | | OHPCC | 99% | 99% | | 99% | |
| | | **12-Hour target** Number of patients who waited >12 hours | **WHSCT** | **712** | **865** | ⬇ | **4230** | |
| | | | ALT | 521 | 576 | | 2700 | |
| | | | SWAH | 191 | 289 | | 1530 | |
| | | | OHPCC | 0 | 0 | | 0 | |
| | **Target 4.6:** By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours | Percentage of patients who commenced treatment within 2 hours | **WHSCT** | **79%** | **70%** | ⬇ | **79%** | |
| | | | ALT | 73% | 63% | | 73% | |
| | | | SWAH | 81% | 68% | | 82% | |
| | | | OHPCC | 99% | 99% | | 95% | |



WHSCT
% of Patients Seen at A&E Within 4 Hours

—■— WHSCT 2018/19   —●— WHSCT 2019/20   — Ministerial Standard



% Patients Seen at A&E within 4 Hours

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ministerial Standard | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Altnagelvin 2018/19 | 69% | 78% | 77% | 75% | 73% | 73% | 74% | 70% | 67% | 65% | 66% | 66% |
| Altnagelvin 2019/20 | 61% | 65% | 67% | 64% | 57% | 54% | 58% | 50% | | | | |
| South West 2018/19 | 69% | 73% | 69% | 73% | 71% | 64% | 67% | 63% | 63% | 58% | 63% | 64% |
| South West 2019/20 | 64% | 64% | 62% | 66% | 70% | 64% | 62% | 52% | | | | |

| Title | Target/Indicator | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Fractures** | **Target 4.7:** By March 2020, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. | % treated within 48 hours | 82% | 91% | ⬆ | 89% |  |
| | | Number treated over target | 6 | 4 | | 35 | |
| | | Total number of patients treated | 34 | 43 | | 307 | |
| **Specialist Therapies** | **Target 4.7:** By March 2020, ensure that at least 16% 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] | 6% | 10% | ⬆ | 17% |  |
| | | | (2/33) | (4/39) | | (42/248) | |

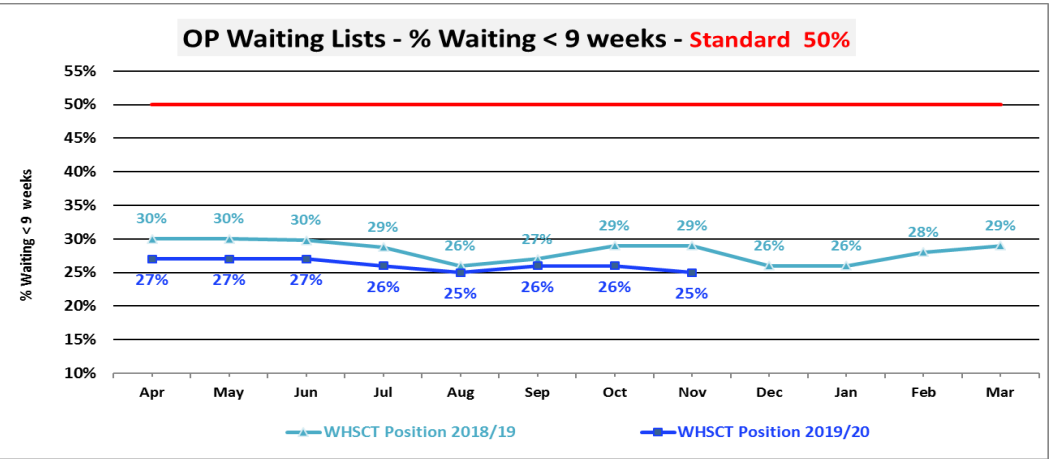| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Urgent Diagnostic Tests | **Target 4.9:** By March 2020, all urgent diagnostic tests are reported on within 2 days. | % urgent diagnostic tests reported within 2 days | 94% | 94% | ➡ | 92% | |

**Diagnostic Reporting Turnaround Times - URGENT TESTS**

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|---|---|---|---|---|---|---|---|
| Over 2 Days | 546 | 411 | 266 | 394 | 297 | 472 | 320 | 295 |
| Within 2 Days | 3781 | 4113 | 4230 | 4305 | 4088 | 3985 | 4791 | 4303 |

■ Over 2 Days   ■ Within 2 Days

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Cancer Services** | **Target 4.10(i):** During 2019/20, all urgent suspected breast cancer referrals should be seen within 14 days. | % treated within 14 days | 100% | 100% | ➡ | 99.8% | |
| | | Number treated over target | 0 | 0 | | 3 | |
| | **Target 4.10(ii):** During 2019/20, 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% | 99% | ➡ | 99% | |
| | | Number treated over target | 1 | 1 | | 12 | |
| | **Target 4.10(iii):** During 2019/20, 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 | 56% | 68% | ⬆ | 61% | |
| | | Number treated over target | 30.5 | 17.0 | | 208.0 | |
| | | | The 30.5 figure treated over target equates to 35 patients, 9 of which are ITT's | The 17.0 figure treated over target equates to 22 patients, 10 of which are ITT's | | The 208 treated over target equates to 257 patients, 98 of which are ITT's | |

| Title | Target/Indicator | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Outpatient Waiting List** | **Target 4.11:** By March 2020, 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 | 26% | 25% | ⬇ | | |
| | | - [Number waiting > 9 weeks] | 31808 | 32389 | ⬇ | | |
| | | - [Number waiting > 52 weeks] | 15440 | 15591 | ⬇ | | |

### Outpatients Waiting Lists - Key Specialties - As at 30/11/2019

| Specialty | Total OP Waiting | Number Waiting > 9 weeks | Number Waiting > 52 weeks | Longest Waiter (weeks) | Site of Longest Waiter |
|---|---|---|---|---|---|
| **General Surgery** | 6833 | 5391 | 2722 | 260.8 | **ALTNAGELVIN** |
| **Orthopaedics** | 7703 | 6665 | 4232 | 286.7 | **ALTNAGELVIN** |
| **Oral Surgery** | 4117 | 3674 | 2330 | 263.7 | **CAUSEWAY** |
| **Gastroenterology** | 2609 | 2187 | 1313 | 235.1 | **OMAGH** |
| **Respiratory Medicine** | 1320 | 1057 | 640 | 214.3 | **OMAGH** |
| **Neurology** | 4239 | 3937 | 2988 | 264.1 | **ALTNAGELVIN** |
| **Rheumatology** | 1522 | 1205 | 591 | 117.6 | **ALTNAGELVIN** |

**OP Waiting Lists - % Waiting < 9 weeks - Standard 50%**

WHSCT Position 2018/19: Apr 30%, May 30%, Jun 30%, Jul 29%, Aug 26%, Sep 27%, Oct 29%, Nov 29%, Dec 26%, Jan 26%, Feb 28%, Mar 29%

WHSCT Position 2019/20: Apr 27%, May 27%, Jun 27%, Jul 26%, Aug 25%, Sep 26%, Oct 26%, Nov 25%

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Diagnostic Test** | **Target 4.12:** By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks. | **Diagnostic Test** | | | | | |
| | | - % waiting < 9 weeks | 76% | 76% | ➡ | | |
| | | - Total Number waiting > 9 weeks | 2755 | 2737 | | | |
| | | - [Imaging] | 685 | 634 | | | |
| | | - [Physiological Measurement] | 2070 | 2103 | | | |
| | | - Total Number waiting > 26weeks | 638 | 604 | ⬇ | | |
| | | **Endoscopy** | | | ⬆ | | |
| | | - [Number waiting > 9 weeks] | 1305 | 1395 | | | |

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Inpatients & Day Cases** *(Includes Scopes)* | **Target 4.13:** By March 2020, 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 | 32% | 32% | ➡ | | |
| | | - Number waiting > 13 weeks | 12829 | 12669 | ⬇ | | |
| | | - Number waiting > 52 weeks | 5953 | 5952 | ➡ | | |

## Inpatients Waiting Lists - Key Specialties  -  As at 30/11/2019

| Specialty | Total IP/DC Waiting | Number Waiting > 13 weeks | Number Waiting > 52 weeks | Longest Waiter (weeks) - INPATIENT | Longest Waiter (weeks) -   DAY CASE |
|---|---|---|---|---|---|
| **General Surgery** | 2059 | 1626 | 993 | 254.2 | 264.4 |
| **Urology** | 1429 | 874 | 310 | 192.7 | 162.5 |
| **Orthopaedics** | 4559 | 3908 | 2623 | 237.9 | 254.5 |
| **E. N. T.** | 2222 | 1827 | 1199 | 234 | 186.5 |
| **Ophthalmology** | 3127 | 205 | 354 | 0 | 150.5 |
| **Oral Surgery** | 480 | 265 | 115 | 147.5 | 148.5 |
| **Pain Management** | 329 | 222 | 67 | 0 | 84.5 |
| **Gynaecology** | 831 | 459 | 154 | 132.1 | 107.2 |
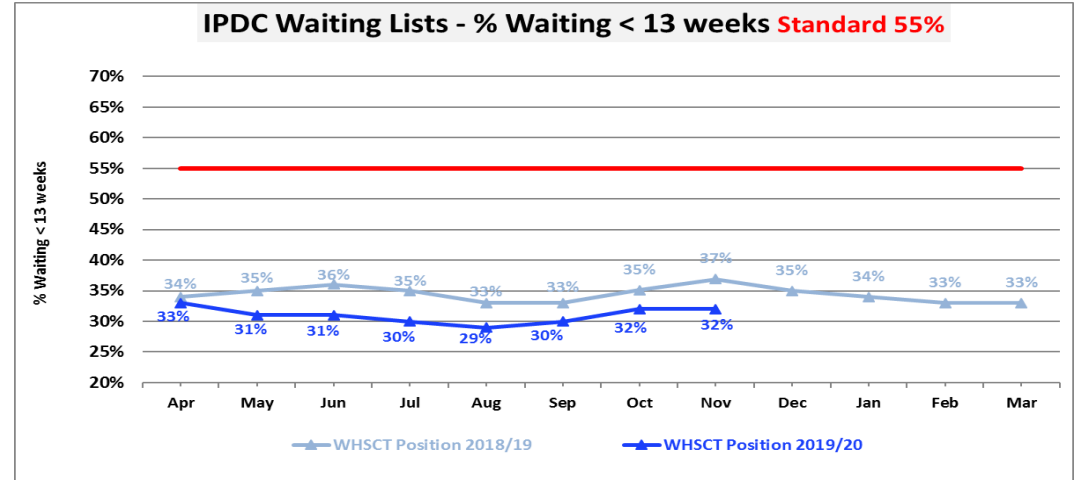
### IPDC Waiting Lists - % Waiting < 13 weeks Standard 55%



WHSCT Position 2018/19: Apr 34%, May 35%, Jun 36%, Jul 35%, Aug 33%, Sep 33%, Oct 35%, Nov 37%, Dec 35%, Jan 34%, Feb 33%, Mar 33%

WHSCT Position 2019/20: Apr 33%, May 31%, Jun 31%, Jul 30%, Aug 29%, Sep 30%, Oct 32%, Nov 32%

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **9 week Access Targets: CAMHS & Older People (Dementia)** | **Target 4.14**: By March 2020, no patient waits longer than 9 weeks to access **Child and Adolescent Mental Health services.** | Total number waiting at month end | 431 | 475 | ↓ | |  |
| | | Number waiting >9 weeks | 267 | 294 | | | |
| | | Longest wait (weeks) at month end | 37 | 41 | | | |
| | **Target 4.14**: By March 2020, no patient waits longer than 9 weeks to access **Dementia Services.** | Total Number waiting at month end | 353 | 303 | ↑ | |  |
| | | Number waiting > 9 weeks | 159 | 116 | | | |
| | | Longest wait (weeks) at month end | 34 | 39 | | | |
| **9 week Access Targets: Mental Health & Learning Disability** | **Target 4.14**: By March 2020, no patient waits longer than 9 weeks to access **Adult Mental Health Services.** | Total Number waiting | 1209 | 1148 | ↑ | |  |
| | | Total Number waiting > 9 weeks | 686 | 616 | | | |
| | | Longest wait (weeks) at month end | 81 | 80 | | | |
| | | **PATIENT BREACHES = 605 PCL, 1 EDS & 10 PCOP** | | | | | |
| **13 week Access Targets: Psychological Therapies** | **Target 4.14**: By March 2020, no patient waits longer than 13 weeks to access to any **Psychological Therapy Service (any age).** | Total Number Waiting | 1231 | 1252 | ↓ | |  |
| | | Total Number waiting >13 weeks | 780 | 793 | | | |
| | | Longest wait (weeks) at month end | 139 | 143 | | | |
| | | **PATIENT BREACHES = 425 AMH, 112 ADULT LD, 109 CHILDRENS LD, 4 ADULT HEALTH, 143 CHILDRENS PSYCHOLOGY** | | | | | |

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Direct Payments** | **Target 5.1:** By March 2020 secure 10% increase in direct payments across all programmes of care | By March 2020 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)** | 1260 | 1288 | ⬆ | | No of All Direct Payments In Place - Service Users & Carers |
| **Self Directed Support** | **Target 5.2:** By September 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 September 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)** | 5327 | 5413 | ⬆ | | |
| **AHPs** | **Target 5.3:** By March 2020, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional. | **Total waiting >13 weeks** | 3967 | 3804 | ⬆ | | No Waiting > 13 weeks for an AHP appointment |
| | | **Dietetics** | 519 | 492 | | | |
| | | **Occupational Therapy** | 1112 | 1001 | | | |
| | | **Orthoptics** | 9 | 8 | | | |
| | | **Physiotherapy** | 892 | 1005 | | | |
| | | **Podiatry** | 1380 | 1242 | | | |
| | | **Speech and Language Therapy** | 55 | 56 | | | |
| **Self Directed Physiotherapy** | **Target 5.5:** By March 2020, 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 2020, 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 | Oct-19 | Nov-19 | | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Delayed Discharges Mental Health & Learning Disability** | **Target 5.7:** During 2019/20, 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 | 137 | 116 | ⬇ | 1129 | **Mental Health Discharges within 7 Day Standard**  |
| | | % Mental Health Discharges within 7 days | 99% | 97% | | 98% | |
| | | Number of Mental Health Discharges within 7 days | 135 | 113 | | 1103 | |
| | | % Mental Health Discharges > 28 days | 1% | 3% | ⬇ | 2% | |
| | | Number of Mental Health Discharges > 28 days | 1 | 3 | | 21 | |
| | | 3 patient delayed >28 days (completed waits) during Nov'19 | | | | | |
| | **Target 5.7:** During 2019/20, 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 | 2 | 2 | ⬇ | 19 | **Learning Disability Discharges within 7 Day Standard**  |
| | | % Learning Disability Discharges within 7 days | 100% | 50% | | 84% | |
| | | Number of Learning Disability Discharges within 7 days | 2 | 1 | | 16 | |
| | | % Learning Disability Discharges > 28 days | 0% | 50% | ⬇ | 5% | |
| | | Number of Learning Disability Discharges > 28 days | 0 | 1 | | 1 | |

| Title | Target | Comments / Actions | Jun-19 | Sep-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Carers Assessments** | **Target 6.1:** By March 2020, secure a 10% increase in the number of carers' assessments offered to carers for all service users **(reported quarterly)** | By March 2020, 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** | 369 | 293 | ⬇ | | **No of Carers Assessments Offered**  |
| **Short Breaks** | **Target 6.2:** By March 2020, 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>**18/19 Quarterly Target = 20,424 (Ex Daycare)**<br>**Information updated following revised Technical Guidance** | 21,705 | 21,757 | ⬆ | | |
| | **Target 6.3:** By March 2020, 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 | | | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Pharmacy Efficiency Programme** | **Target 7.1:** By March 2020, to ensure delivery of community pharmacy services in line with financial envelope. | | | | | | 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 guidance** | | | | | |

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Cancelled Appointments** | **Target 7.3:** By March 2020, 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 WHSCT 2018/19 Baseline: 10,009 WHSCT 2019/20 Target: 9,509 *(Approx 792 per month)* | 752 | 793 | ⬇ | 4460 | |
| **Elective Care** | **Target 7.4:** By March 2020, 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 2019 | | | | | |
|---|---|---|---|---|---|
| | **CORE ACTIVITY** | | | | |
| **Activity Type** | **Target for Year 2019/20** | **Core Target YTD** | **Core Activity YTD** | **Variance** | **% Variance** |
| **Elective Inpatients (Admissions) & Day Cases** | **29018** | 19345 | **17661** | **-1684** | **-9%** |
| **Scopes** | **11883** | 7922 | **7058** | **-864** | **-11%** |
| **New Outpatient Attendances** | **72830** | 48553 | **41120** | **-7433** | **-15%** |
| **Review Outpatient Attendances** | **116238** | 77492 | **72068** | **-5424** | **-7%** |
| **Fracture Outpatient Attendances** | **22629** | 15086 | **13890** | **-1196** | **-8%** |
| **Imaging (includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays)** | **271716** | 181144 | **185709** | **4565** | **2.5%** |

| Title | Target | Comments / Actions | Oct-19 | Nov-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Delayed Discharges Acute Hospital** | **Target 7.5:** By March 2020, 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 | **Acute Discharges** | | | | | |
| | | **Complex Discharges** <br> - % discharged within 48 hours | 79% | 76% | ⬇ | 80% | |
| | | % discharged within 7 days | 89% | 85% | ⬇ | 89% | |
| | | Number waiting > 7 days | 36 | 36 | ⬇ | 298 | |
| | | **Non Complex Discharges** <br> - % discharged within 6 hours | 97% | 97% | ➡ | 97% | |

| Top 5 Reasons for Delay | | | ALTNAGELVIN HOSPITAL | SOUTH WEST ACUTE HOSPITAL | TOTAL |
|---|---|---|---|---|---|
| Complex Discharges Greater Than 48 Hours | | | | | |
| April - November 2019 | | | | | |
| 1 | CDOM | COMPLEX 5 - NO DOMICILARY PACKAGE AVAILABLE | 76 | 88 | 164 |
| 2 | CSDBED | COMPLEX 18 - NO SUITABLE STEP DOWN BED AVAILABLE | 67 | 15 | 82 |
| 3 | CPLAN | COMPLEX 2 - CARE PLANNING | 44 | 17 | 61 |
| 4 | CNHOME | COMPLEX 7 - NO NURSING HOME BED AVAILABLE | 33 | 13 | 46 |
| 5 | CEQUIP | COMPLEX 9 - ESSENTIAL EQUIPMENT/ADAPTIONS NOT AVAILABLE | 17 | 13 | 30 |

| Title | Target | Comments / Actions | | | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| **Medicines Efficiency Programme** | **Target 7.6:** By March 2020, to have obtained savings of at least £20m through the Medicines Optimisation Programme, separate from PPRS receipts. | **Awaiting confirmation of baseline and technical guidance** | | | | | |

| Title | Target | Comments / Actions | Oct-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|
| Seasonal Flu | **Target 8.6:** By December 2019, to ensure at least 40% of Trust staff (health care and social care staff) have received the seasonal flu vaccine. | As at 31st October - 1478 out of 7729 Trust frontline staff received the Flu Vaccination excludes Bank nurses and Porters. *Waiting November 2019 figures* | 19% | → | | |

| Title | Target | Comments / Actions | 19/20 YTD | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|
| Absence | **Target 8.7:** By March 2020, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure. | As at 31 October 2019 the cumulative position 7.75% against WHSCT 19/20 target of 5% (One Month reporting Time Lag) *Waiting November 2019 figures* | 7.75% | ↑ | | |

| Title | Target | Comments / Actions | | | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Healthier Workplace | **Target 8.9:** By March 2020, 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** | | | | | |
| 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 | Oct-19 | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|
| Quality 2020 | **Target 8.11:** By March 2020, 60% 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 quaterly. | **Level 1 Training** As at 31st October 2019 cumulative position 4,640 against WHSCT 18/19 Target [10,949] Staff | 42.4% | ↑ | | |
| | | **Level 2 Training** As at 31st October 2019 cumulative position [163] against WHSCT 18/19 Target [10,949] Staff | 1.5% | ↑ | | |

| Title | Target | Comments / Actions | | | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Dsyphagia Awareness | **Target 8.13:** By March 2020, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts. | | | | | | |

| Title | Target | Comments / Actions | | | Trend | Cumulative Position | Trend / Activity Analysis |
|---|---|---|---|---|---|---|---|
| Make Every Contact Count | **Target 1.5:** By March 2020, 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 2020, 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 1.8:** By March 2020, 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. | **Awaiting confirmation of baseline and technical guidance** | | | | | Awaiting confirmation of baseline and technical guidance |
| **Title** | **Target** | **Comments / Actions** | **June'19** | **Sept'19** | **Trend** | **Cumulative Position** | **Trend / Activity Analysis** |
| Healthy Child/ Healthy Future | **Target 1.9:** By March 2020, 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=6663 Total Seen=5775 % Seen=87% % Seen in Child's Home=68% | | | | These figures are provisional at end of Sept'19 as validated figures are not reported until 3 months after the quarter end |
| **Title** | **Target** | **Comments / Actions** | | | **Trend** | **Cumulative Position** | **Trend / Activity Analysis** |
| Best Start in Life | **Target 1.10:** By March 2020, 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 1.13:** By March 2020, 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 1.14:** By March 2020, 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 1.15:** By July 2020, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preperations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework. | **Awaiting confirmation of baseline and technical guidance** | | | | | |

# Glossary of Terms

| | | | | |
|---|---|---|---|---|
| **A&E** | Accident and Emergency Department | **MEWS** | Modified Early Warning Scheme |
| **AHP** | Allied Health Professional | **MRSA** | Methicillin Resistant Staphylococcus Aureus |
| **ASD** | Autistic Spectrum Disorder | **MSSA** | Methicillin Sensitive Staphylococcus Aureus |
| **C Diff** | Clostridium Difficile | **NH** | Nursing Home |
| **C Section** | Caesarean Section | **NICAN** | Northern Ireland Cancer Network |
| **CLI** | Central Line Infection | **NIPACS** | NI Picture Archiving & Communication System |
| **CSR** | Comprehensive Spending Review | **NIRADS** | NI Radiology and Diagnostics System |
| **DC** | Day case | **OBA** | Outcomes Based Accountabilility |
| **DNA** | Did Not Attend (eg at a clinic) | **OBC** | Outline Business Case |
| **DSF** | Delegated Statutory Functions | **OP** | Outpatient |
| **DV** | Domestic Violence | **OT** | Occupational Therapy |
| **FGC** | Family Group Conference | **PAS** | Patient Administration System |
| **HSCB** | Health & Social Care Board | **PFA** | Priorities for Action |
| **HWIP** | Health & Wellbeing Improvement Plan | **PMSID** | Performance Management & Service Improvement Directorate |
| **ICU** | Intensive Care Unit | **PSNI** | Police Service of Northern Ireland |
| **IP** | Inpatient | **RMC** | Risk Management Committee |
| **ITT** | Inter Trust Transfer | **S&EC** | Safe and Effective Care Committee |
| **IV** | Intravenous | **SBA** | Service Budget Agreement |
| **JAG** | Joint Advisory Group | **SSI** | Surgical Site Infection |
| **LAC** | Looked After Children | **TNF** | Anti-TNF medication |
| **LW** | Longest Wait | **TOR** | Terms of Reference |
| **MARAC** | Multi-agency Risk Assessment Conference | **VAP** | Ventilator Associated Pneumonia |
| **MAU** | Medical Assessment Unit | **VTE** | Venous Thromboembolism |
| **MD** | Multi-disciplinary | **WHO** | World Health Organisation |
| **MDT** | Multi-disciplinary Team | | |