

Performance Management Report - Month Ending April 2018

Trust Board - 14th June 2018

Version - 30th May 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	Mar-18	Apr-17	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.	86%				
	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 will be available in June 2018.

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.
Dentistry	Target 2.2: prescribers in HSC Trusts, Primary Care and Dentistry should reduce total antibiotic prescribing by [X]% using [to be decide] as the baseline, in order to reduce the long-term harm from infections by drug-resistant organisms.	Awaiting confirmation of baseline and technical guidance on how this will be reported					Final % reduction and baseline source to be determined.

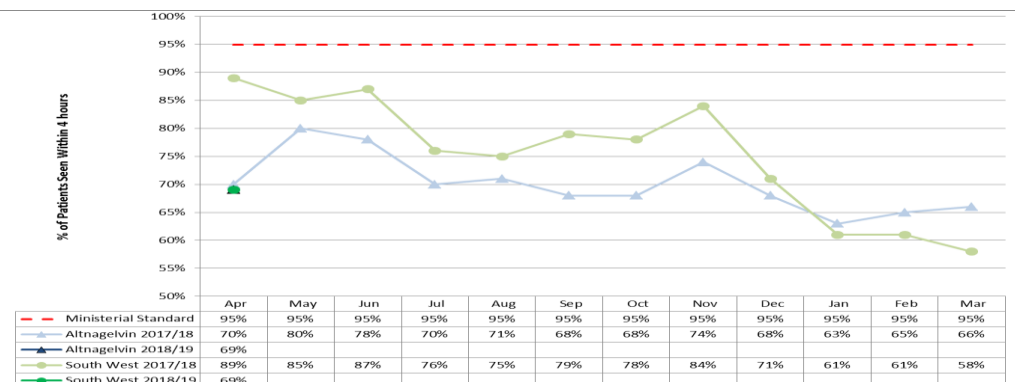
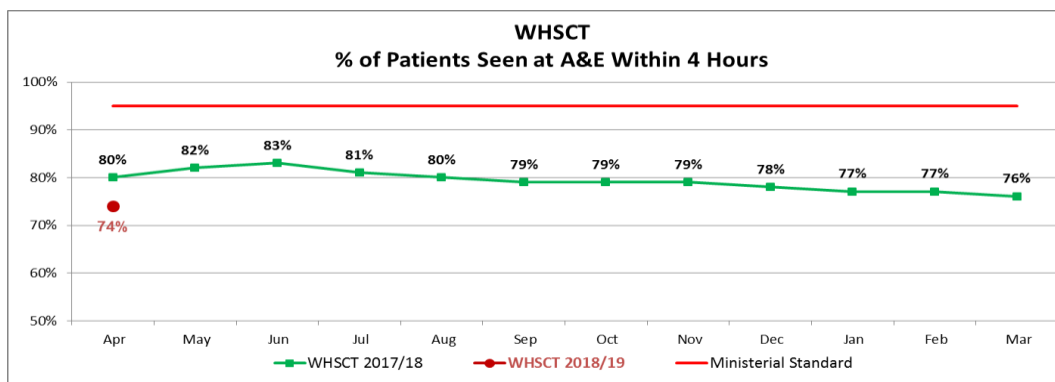
Title	Target	Comments / Actions	Maximum Target 2017/18	April 17 - March 18	Trend		Trend / Activity Analysis
Healthcare Acquired Infections	Target 2.3: By 31 March 2019, to secure a regional aggregate reduction of X% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2017/18.	MRSA WHSCCT 2018/19 Target Maximum = X	5	4			Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag.
		C. Difficile WHSCCT 2018/19 Target Maximum = X	44	64			

Title	Target	Comments / Actions	Feb-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
NEWS KPI's	Target 2.4: 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%.	89%	85%	↓		<p style="text-align: center;">Western Trust Overall Compliance</p> <p style="text-align: center;">Legend: Target (red), All elements performed (blue), Part 1 & 2 elements performed (green)</p>

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	Target 2.6(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.	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.	1	0			
	Target 2.6(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			

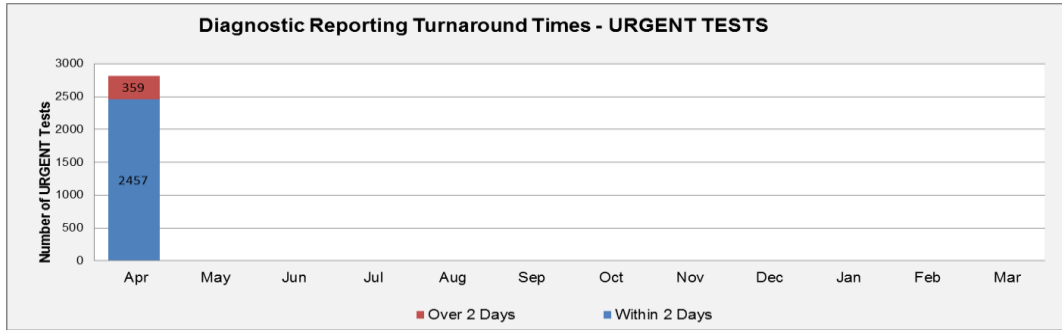
Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	Target 3.1: During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes 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 3.2: 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 3.3: 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 3.4: 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-prdocution, patient experience into a single organisational plan.	Awaiting confirmation of baseline and technical guidance on how this will be reported					

Title	Target	Comments / Actions	Mar-18	Apr-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 % treated within 4 hours	WHSCT	68%	74%	↑	74%	
			ALT	66%	69%		69%	
			SWAH	58%	69%		69%	
			OHPCC	98%	98%		98%	
		12-Hour target Number of patients who waited >12 hours	WHSCT	289	84	↑	84	
			ALT	140	46		46	
	SWAH		149	38	38			
	OHPCC		0	0	0			
	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	83%	86%	↑	86%	
			ALT	86%	86%		86%	
			SWAH	78%	81%		81%	
			OHPCC	93%	96%		96%	



Title	Target/Indicator	Comments / Actions	Mar-18	Apr-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	85%	76%	↓	76%	
		Number treated over target	7	10		10	
		Total number of patients treated	46	41		41	
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]	24.1%	21.9%	↓	21.9%	
			(7/29)	(7/32)		(7/32)	

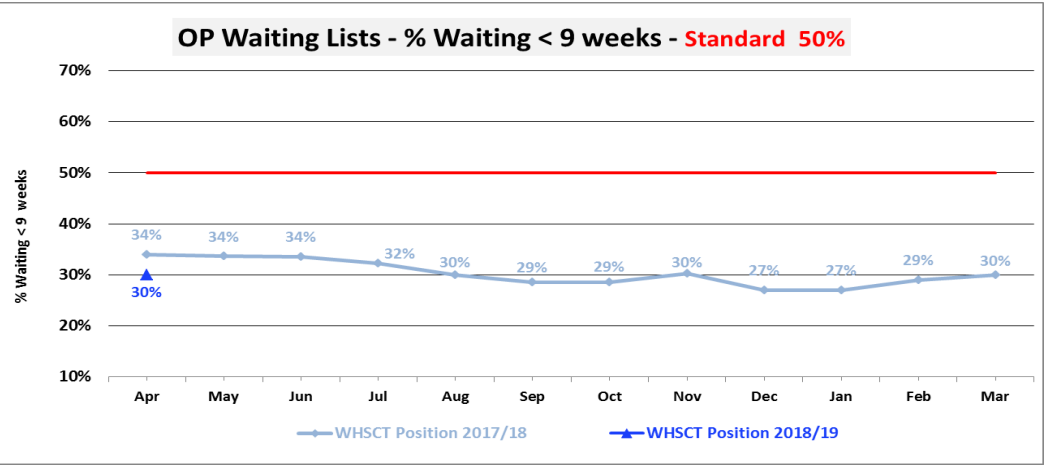
Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.8: By March 2019, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	92%	87%	↓	87%	



Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Cancer Services	Target 4.9(i): During 2018/19, all urgent breast cancer referrals should be seen within 14 days.	% treated within 14 days	100%	100%	→	100%	
		Number treated over target	0	0		0	
	Target 4.9(ii): 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%	100%	↑	100.0%	
		Number treated over target	1	0		0	
	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.	% commencing treatment within 62 days	84%	91%	↑	91%	
		Number treated over target	8.5	5.5		5.5	
			The 8.5 treated over target equates to 11 patients, 5 of which are ITT's	The 5.5 treated over target equates to 6 patients, 1 of which is an ITT		The 5.5 treated over target equates to 6 patients, 1 of which is an ITT	

Title	Target/Indicator	Comments / Actions	Mar-18	Apr-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	29.8%	30.1%	↑		
		- [Number waiting > 9 weeks]	24128	24283	↓		
		- [Number waiting > 52 weeks]	11039	11208	↓		

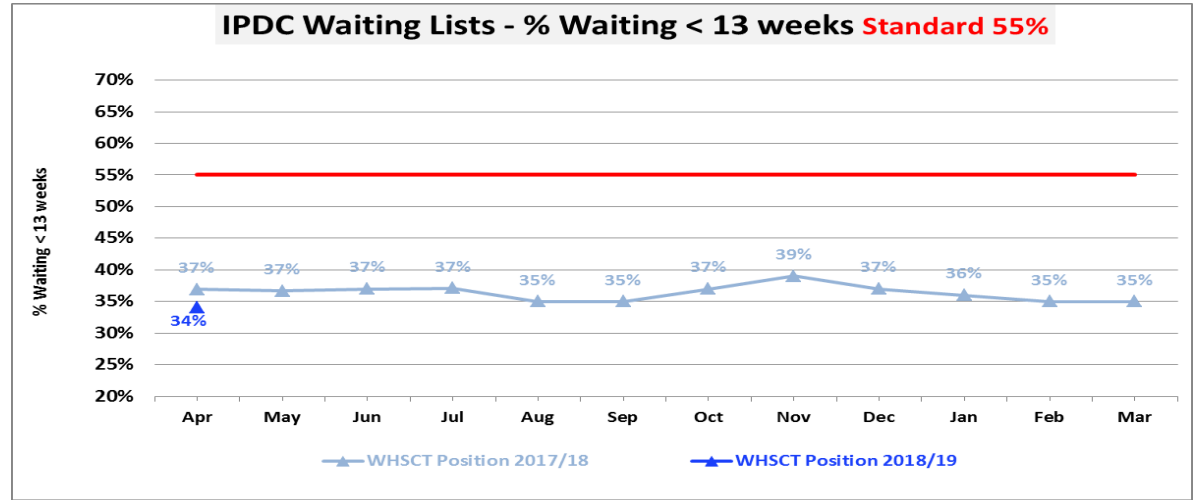
Outpatients Waiting Lists - Key Specialties - As at 30/04/2018					
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
General Surgery	4605	3256	1561	177.9	ALTNAGELVIN
Orthopaedics	6875	5667	3246	204.0	ALTNAGELVIN
Oral Surgery	3842	3365	1906	181.0	CAUSEWAY
Gastroenterology	2210	1798	1271	184.0	ALTNAGELVIN
Respiratory Medicine	1430	1112	457	147.9	ALTNAGELVIN
Neurology	3212	2902	1864	180.0	ALTNAGELVIN
Rheumatology	1893	1541	732	124.4	SOUTH WEST



Title	Target	Comments / Actions	Mar-18	Apr-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.	Diagnostic Test			↓		
		- % waiting < 9 weeks	85%	84%			
		- Total Number waiting > 9 weeks	1291	1360			
		- [Imaging]	20	21	↓		
		- [Physiological Measurement]	1271	1339			
		- Total Number waiting > 26weeks	141	150			
		Endoscopy					
- [Number waiting > 9 weeks]	291	319					

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Inpatients & Day Cases <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%	34%	↓		
		- Number waiting > 13 weeks	10810	10926	↓		
		- Number waiting > 52 weeks	4548	4601	↓		

Inpatients Waiting Lists - Key Specialties - As at 30/04/2018					
Specialty	Total IP/DC Waiting	Number Waiting > 13 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks) - INPATIENT	Longest Waiter (weeks) - DAY CASE
General Surgery	2274	1653	750	203.9	191.6
Urology	1644	734	164	134.5	130.4
Orthopaedics	4044	3490	2266	191.8	198.7
E. N. T.	2033	1641	786	217.1	157.9
Ophthalmology	2725	170	177	94.5	105.8
Oral Surgery	495	306	93	96.1	140.8
Pain Management	391	290	44	-	74.3
Gynaecology	1199	818	222	148.5	122.9



Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: CAMHS & Older People (Dementia)	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services .	Total number waiting at month end	218	303	↓		9 Week Access Targets - CAMHS
		Number waiting >9 weeks	10	36			
		Longest wait (weeks) at month end	16	16			
	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Dementia Services .	Total Number waiting at month end	236	245	↓		9 Week Access Targets - Dementia
		Number waiting > 9 weeks	82	99			
		Longest wait (weeks) at month end	22	27			
9 week Access Targets: Mental Health and Learning Disability	Target 4.13: By March 2019, no patient waits longer than 9 weeks to access Adult Mental Health Services .	Total Number waiting	991	1045	↓		9 Week Access Targets - AMH
		Total Number waiting > 9 weeks	318	367			
		Longest wait (weeks) at month end	33	37			
		Target Achieved = EDS, Forensics, CMHTOP					
13 week Access Targets: Psychological Therapies	Target 4.13: By March 2019, no patient waits longer than 13 weeks to access to any Psychological Therapy Service (any age) .	Total Number Waiting	973	988	↑		13 Week Access Targets
		Total Number waiting >13 weeks	554	527			
		Longest wait (weeks) at month end	88	93			
		Patient Breaches = 366 AMH, 96 LD Adult, 3 Adult Health Psychology, 21 LD Childrens, 41 Childrens Psychology, 0 OP FMI					

Title	Target	Comments / Actions	Mar-18	Apr-18	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. 16/17 Quarterly Baseline = 17/18 Quarterly target = Awaiting confirmation of baseline for 2018/19 and technical guidance	829 (reported figure revised following usual end of year validation)	857	↑		<p>No of direct payments recipients</p> <p>Axis Title</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>■ No of Direct Payments recipients</p> <p>— Target</p>																					
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.	3016 (reported figure revised following usual end of year validation)	3358	↑																							
AHPs	Target 5.3: By March 2019, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.	<table border="1"> <thead> <tr> <th>Total waiting >13 weeks</th> <th>Mar-18</th> <th>Apr-18</th> </tr> </thead> <tbody> <tr> <td>Dietetics</td> <td>179</td> <td>218</td> </tr> <tr> <td>Occupational Therapy</td> <td>2097</td> <td>2078</td> </tr> <tr> <td>Orthoptics</td> <td>42</td> <td>4</td> </tr> <tr> <td>Physiotherapy</td> <td>1200</td> <td>1223</td> </tr> <tr> <td>Podiatry</td> <td>684</td> <td>719</td> </tr> <tr> <td>Speech and Language Therapy</td> <td>556</td> <td>525</td> </tr> </tbody> </table>	Total waiting >13 weeks	Mar-18	Apr-18	Dietetics	179	218	Occupational Therapy	2097	2078	Orthoptics	42	4	Physiotherapy	1200	1223	Podiatry	684	719	Speech and Language Therapy	556	525	4758	4767	↓		<p>No Waiting > 13 weeks for an AHP appointment</p> <p>Total No waiting > 13 weeks for AHPs 18/19</p> <p>Total No waiting > 13 weeks for AHP 17/18</p>
Total waiting >13 weeks	Mar-18	Apr-18																										
Dietetics	179	218																										
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Podiatry	684	719																										
Speech and Language Therapy	556	525																										
Self Directed Physiotherapy	Target 5.4: By March 2019, Self-Directed Physiotherapy will be rolled out across all Health and Social Care Trusts	Awaiting confirmation of baseline and technical guidance																										
Emotional Wellbeing Framework	Target 5.5: 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	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Mental Health & Learning Disability	Target 5.6: 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	131	131	→	131	<p>Mental Health Discharges within 7 Day Standard</p>
		% Mental Health Discharges within 7 days	98%	98%		98%	
		Number of Mental Health Discharges within 7 days	129	128		128	
		% Mental Health Discharges > 28 days	0%	1%	↓	1%	
		Number of Mental Health Discharges > 28 days	0	1		1	
	1 patient delayed >28 days during April'18						
	Target 5.6: 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	5	0	→	0	<p>Learning Disability Discharges within 7 Day Standard</p>
		% Learning Disability Discharges within 7 days	100%	0%		0%	
		Number of Learning Disability Discharges within 7 days	5	0		0	
		% Learning Disability Discharges > 28 days	0%	0%	→	0%	
Number of Learning Disability Discharges > 28 days		0	0	0			

Title	Target	Comments / Actions	Mar-18	Apr-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 17/18 Quarterly Baseline = 18/19 Quarterly Target =	628	Reported in line with HSCB Quarterly Schedule	↑		<p>Carers' Assessment</p>
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 = 18/19 Quarterly Target =	29,702	Reported in line with HSCB Quarterly Schedule	↓		<p>Number of Community Based Short Break Hours</p>
	Target 6.3: By March 2019, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by young carers.	Number of Community Based Short Break Hours (i.e. non residential) received by young carers 17/18 Quarterly Baseline = 18/19 Quarterly Target = Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Pharmacy Efficiency Programme	Target 7.2: By March 2019, to have commenced implementation of a community pharmacy services framework.						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 7.3: 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		Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Cancelled Appointments	Target 7.4: By March 2019, achieve a [X]% reduction in the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which results in the patient waiting longer for their appointment compared to 2017/18.	Number of Outpatient Appointments Cancelled by Hospital (Baseline 2017/18 = xxxx) Target 2018/19 = xxxx (Monthly) Awaiting confirmation of baseline and % reduction		987		987	
Elective Care	Target 7.5: 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 April 2018					
SUMMARY	CORE ACTIVITY				
Activity Type	Target for Year 2018/19	Core Target YTD	Core Activity YTD	Variance	% Variance
Elective Inpatients (Admissions) & Day Cases	29022	2419	2127	-292	-12.1%
Scopes	11050	921	770	-151	-16.4%
New Outpatient Attendances	71895	5991	5173	-818	-13.7%
Review Outpatient Attendances	112434	9370	8713	-657	-7.0%
Fracture Outpatient Attendances	22629	1886	1555	-331	-17.5%
Imaging (includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays)	263180	21932	21995	63	0.3%

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis	
Delayed Discharges Acute Hospital	Target 7.6: 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	Acute Discharges						
		Complex Discharges	75%	79%	↑	79%		
		- % discharged within 48 hours						
		% discharged within 7 days	88%	88%	↓	88%		
		Number waiting > 7 days	50	42		42		
Non Complex Discharges	97%	98%	↑	98%				
		- % discharged within 6 hours						

Top 5 Reasons for Delay			ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
(Complex Discharges Greater Than 48 Hours)					
APRIL 2018					
1	COMPLEX 2	CARE PLANNING	13	7	20
2	COMPLEX 5	NO DOMICILIARY PACKAGE AVAILABLE	6	14	20
3	COMPLEX 18	NO SUITABLE STEP DOWN BED AVAILABLE	8	4	12
4	COMPLEX 1	HOSPITAL ASSESSMENT	1	8	9
5	COMPLEX 6	NO RESIDENTIAL HOME BED AVAILABLE	1	2	3

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Medicines Efficiency Programme	Target 7.7: 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	Apr-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 31st March 2018 - 2977 staff out of the total no. of Trust staff (10,583) have received the seasonal flu vaccine.				Seasonal flu campaign commences Autumn 2018.
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 30th April 2018 cumulative position % against WHSCT 18/19 target of 5% (One Month reporting Time Lag)	Cumulative position as @ 30th April 2018	↑	5.84%	Awaiting Service Response
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				
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	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Quality 2020	Target 8.11: By March 2019, 30% 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.	Level 1 Training As at 31/03/2018 cumulative position [1754] (27%) against WHSCT 18/19 Target [10,516] Staff	Cumulative Position as at 31st March 2018	→	27%	Level 2 will be a manual count and will not run until September / October 2018. I will have to follow up on training staff have completed outside the Trust. We are also building level 2 into some of the management development programmes but it will be next year before we have these staff training.
		Level 2 Training As at 31/03/2018 cumulative position [X] (%) against WHSCT 17/18 Target [X] Staff				
Title	Target	Comments / Actions	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Suicide Awareness Training	Target 8.12: By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating on frontline staff) by 2022 in line with the draft Project Life 2 strategy.	Awaiting confirmation of baseline and technical guidance				

Title	Target	Comments / Actions	Mar-18	Apr-18	Trend	Cumulative Position	Trend / Activity Analysis
Make Every Contact Count	Target 1.5: By March 2019, to have adopted the Make Every Contact Count approach across 10% of Primary Care.	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 birth weight for gestation.	Awaiting confirmation of baseline and technical guidance					
Title	Target	Comments / Actions	Mar-18	Apr-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=6760 Total Seen=5509 % Seen=81% % Seen in Child's Home=68%				These figures are provisional at end of March'18 as validated figures are not reported until 3 months after the quarter end
Title	Target	Comments / Actions	Mar-18	Apr-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	Target 1.12: By September 2019, 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 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.	Awaiting confirmation of baseline and technical guidance					

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
HSCB	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	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
OBA	Outcomes Based Accountability
OBC	Outline Business Case
OP	Outpatient
OT	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