		2019, and to support and recognise the contribution of nursing staff.	
	1b. Implement senior staff walk-arounds in Bluestone & Dorsy, using the 15 steps methodology.	A number of senior walk-arounds by The Director MHD, EDN, AD for Bluestone & Dorsy and NEDs have taken place, with further scheduled as part of the SMT plan for leadership walks Jan/Feb2020. Methodology is currently being considered by SMT as well as Dr Ivor Crothers (Clinical Director; Psychology) and Jenny Johnston (ADHR).	1
	1c. Action staff engagement and roll out café-style conversations to explore current cultural values and beliefs within the wards. Develop a culture specific Action Plan based on the learning from staff engagement and emerging themes. Gain feedback from Service users and Advocates on their experience of culture on the wards.	This work has been completed and a written report is scheduled for completion February 2020. A workshop to consider how we might develop peer support working across the Trust took place in November 2019 to agree a co-production strategy. A follow up meeting between the Director MHD, Lead Social Worker and PSWs currently employed within the Trust to agree our co-produced approach to this work and the involvement of the MH Forum. Peer support roles in in-patient care will require a significant period of development, induction and support and will not be in	1

Theme	Actions	Update	Priority (1, 2, 3)*
		place until Q4 2020/21.	
	1d. Collation of themes from other sources such as such as Staff survey and 10,000 voices.	Information relating to 10,000 Voices is regularly used by the MH team, and the Trust is also engaged in the regional approach to Care Opinion with Bluestone and Dorsy being included.	1
	1e. Implement agreed action plan with staff informed by the Joy at Work Framework.	This is planned for Q4 2020/21.	3
	1f. Consider how to improve learning from incidents with the aim of developing a learning and transparent culture.	Paper submitted to Director outlining over-arching approach, and approved. The Lead Nurse is facilitating programme of learning for nursing staff using a scenario-based approach when reporting and investigating incidents. The learning from individual incidents is now a standing item on the Unit's Ward Manager meeting as a mechanism to facilitate learning across the Unit. The Acute Mental Health Governance Forum agenda has also been reviewed to incorporate additional elements of patient safety and governance data.	2

Theme	Actions	Update	Priority (1, 2, 3)*
	1g. Embed Forever Event (patient safety collaborative work).	Awaiting patient safety collaborative direction on regional implementation arrangements	3
	1h. Implement Zero Tolerance.	MH are part of the regional TZS collaborative part of which is developing restraint reduction. Learning from colleagues in Merseycare NHS Trust is also being considered and will act as part of that process.	3
2. Quality Improvement	2a. Reducing Restrictive Practice	SHSCT are playing an active role in the regional zero suicide programme. As part of this work there has been a sub-group looking at reducing restrictive practice in particular around restraint reduction and reducing the use of seclusion. Considerable work has been undertaken using audit tools to review the use of seclusion in both Rosebrook (PICU) and Dorsy. The findings of the audit are being shared through the Acute MH Governance Forum. The following key headlines for Rosebrook are noteworthy: • 100% of periods of seclusion were included (n=31) • There has been a significant reduction in the average time spent in seclusion from 48hrs to 13.5hrs since the last audit in 2018 • The policy & procedure concerning the use of	1

Theme	Actions	Update	Priority (1, 2, 3)*
		seclusion is being updated accordingly - A new electronic recording form is being piloted for use on Datix. The seclusion audit for Dorsy will be available February 2020.	
	2b. Implement the Patient Safety Thermometer.	NHS Thermometer Steering Group and Users Group are now established. Data is now being presented monthly (attached), noting that consistency in data collection has been a focus for the first number of months. We are currently in discussions with IT regarding the use of the associated app for use by ward teams.	1
	2c. Progress QI accreditation schemes: - Working age wards - ECT Accreditation scheme - NAPICU - QNLD.	Work is ongoing with all of the listed accreditation schemes, with QNLD at the most advanced stage. The first Peer Review visit to Dorsy is scheduled by the Royal College of Psychiatrists on 26.02.2020.	1

Theme	Actions	Update	Priority (1, 2, 3)*
	2d. Review the high use of special observations and implement new ways of working.	Lead identified for this work-stream. Merseycare approach to the recording of observations and patient involvement in this intervention is being considered.	1
	2e.Provision of a programme of purposeful activities for patients across 7/7.	The Trust H&WB teams physical activity sessions for staff have been offered. An external provider was sourced to deliver physical activity sessions for staff and patients within the Unit. These 3 sessions were very positively evaluated. Unfortunately the provider unexpectedly closed the business, and we are in the process of sourcing another provider. An IPT for the Bluestone and Dorsy workforce is inn development which incorporates MDT interventions across 7/7.	1
	2f. Implement hot debriefs.	A template to facilitate hot debriefs has been developed. This will be aligned with the corporate template. Template was presented and adopted in principle presented at December's Acute MH Governance meeting.	2
	2g. Improve food choices for patients, to include	The Unit dietician has recently increased hours of work	2

Theme	**Actions**	**Update**	**Priority** **(1, 2, 3)***
	more healthy options.	and this action forms part of the work plan.	🟩
	2h. Align audit with QI	An Audit Plan for Bluestone & Dorsy will be developed for 20/21 through the MH and Dorsy Governance fora. Decisions regarding QI programmes will be made based on data from audit.	🟩 2
3. Workforce	3a. Review the Peer Support Worker role and support structures.	See above re PSWs.	🟩 1
	3b. Implement Delivering Care (Phase 5a).	This has not been commissioned, however the Trust has continued to attempt to staff Bluestone in accordance with Phase 5a for nursing. This has resulted in a significant overspend on the nursing line in the Bluestone budget report.	🟥 1
	3c. Develop and agree a Recruitment Plan for the Unit, including attracting more male staff.	An RN recruitment day was held in the Unit Autumn 2019 and as most applications were pre-registration they will enter the workforce October 2020. A recruitment day for Band 3 Nursing Assistants is scheduled for March 2020. The IPT in development details the workforce required to for a modern acute MH & LD in-patient service that will	🟧 1

Theme	Actions	Update	Priority (1, 2, 3)*
		meet the recommendations of the RCP invited review report.	
	3d. Consider a Band 4 nursing role.	In progress.	1
	3e. Develop and implement retention strategies.	This work aligns with the Trust Nursing & Midwifery Workforce Action Plan. However, it is important to note that the nurse training places are not sufficient and there remains significant gap between demand and capacity. This will result in a continuing challenge to staff the Unit appropriately without the use of bank and agency staffing solutions.	1
	3f. Ensure every member of staff is offered an exit interview, and ensure this information is collated and considered. Develop a career pathway for nursing.	From May 2019 all staff who has left the Unit have had an exit interview. This will be aligned with the new process as part of the Nursing and Midwifery Workforce Action Plan. Data gathered will be used to inform recruitment and retention strategies. One common theme to date is the lack of career progression for nursing staff within the Unit. Opportunities for career progression feature within the IPT. A total of 5 WTE Band 5 roles per ward have been	1

Theme	Actions	Update	Priority (1, 2, 3)*
		converted to Band 6 roles (n=30). There remain 5 posts unfilled and recruitment is underway.	
	3g. Agree a data set to inform workforce planning & utilisation.	This work forms part of the Trust Nursing & Midwifery Workforce Action Plan.	1
	3h. Review development programmes available and assess for gaps in provision. Ensure fair & equitable access to evidence-based training. Consider a PQ year - moving from B5 to B6. Develop a competency framework for nursing across the Unit. Consider the development of senior clinical nursing roles eg. Advanced Nurse Practitioners.	Access to training is now through Ward Managers and senior staff and is monitored via the newly introduced Health Roster system. Gaps in training available have been identified and providers are being sourced. The development of senior clinical roles is as reported above and competency frameworks will be developed to support.	2
4. **Technology &**	4a. Pilot the use of Bodycams.	A paper has been developed following discussions with staff as well as an audit regarding the use of this	1

Theme	Actions	Update	Priority (1, 2, 3)*
Infrastructure		technology. We are currently seeking agreement from IG colleagues re implementation of this technology which will include consultation for a pilot project. There is significant interest in this from colleagues DoH as we would be the first Unit to use body worn cameras.	🟩
	4b. Consider the implementation of a dedicated response team (security).		3
	4c. Upgrade the CCTV system.	Work to install additional cameras to increase coverage is commencing imminently. The costs associated to improve the quality of the system are significant and require further discussion.	3
5. Bluestone Management Team	5a. Implement senior management on-call arrangements, bleep arrangements and finalise the Escalation Process.	Complete.	Complete
	5b. Increase administration support to Ward Sisters.	Recruitment in progress.	1
	5c. Implement Health Roster.	Went live December 2019.	Complete

Theme	**Actions**	**Update**	**Priority** **(1, 2, 3)***
	5d. Complete IPT for the MDT workforce.	Nearing completion.	1
	5e. Consider a Trust commissioned OU PRNP (MH&LD) PRNP.	Paper in development.	1
	5f. Develop an MDT structure across the Unit.	Full MDT structure reflected in IPT.	1
	5g. Safeguarding - Review processes and roles involved in decision-making.	Recognising the concerns raised by staff regarding the out workings of safeguarding processes, new oversight and assurance arrangements in place – 4 weekly reviews with management, HR, DAPOs. This is also now a standing, confidential section on Ward Sister weekly meetings. This approach seeks to take on board lessons from Merseycare No Blame culture.	1
	5h. Consider extending the opening hours of the coffee shop to include weekends.	Complete. Anecdotal feedback from and visitors are that this is very welcome.	Complete
	5i. Appoint a Lead Nurse for LD.	This role features in the IPT.	2
	5j. Increase Social Work support to Dorsy to	This is included within the IPT.	2

Theme	Actions	Update	Priority (1, 2, 3)*
	speed up discharges.		
	5k. Implement Time Out for Teams.	Series of team away days for all wards nearing completion.	2
	5l. Co-produce a policy regarding the use of mobile phones to protect patients and staff.	Will commence Q3 2020/21.	3
	5m. Identify a quiet space for staff reflection after incidents.	Cabin similar to 'Cameradoes' unit in CAH is being explored.	3
	5n. Consideration of either how to improve the current environment or identify a more appropriate environment for the client group (Dorsy).	In order to facilitate greater access to outdoor space, some estates work has been identified and will take place Spring 2020.	3
6. ALL	6a. Improve communication and feedback to staff following decisions or conclusion of work or projects eg. sharing of findings from whistle-blowing, safeguarding, complaints, investigations, staffing, discharges.	Introduction of formalised Sisters meetings with specific rolling focus on key issues. Leadership walk-arounds – scheduled and unscheduled – taking place by managers within the Unit and senior staff from across the Trust.. MDT managerial supervision has been implemented. A Collective MDT Leadership Team for Bluestone has been	1

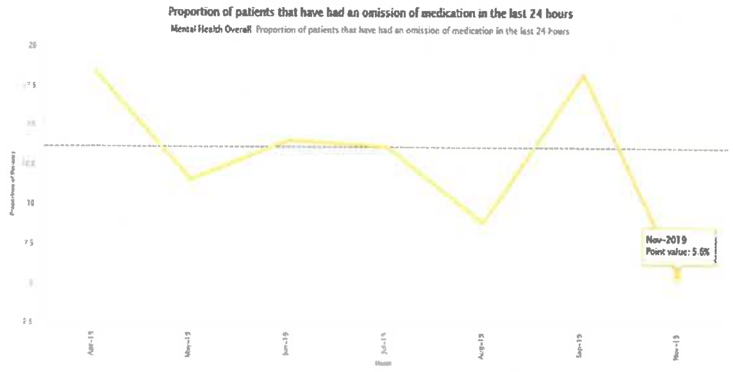
Theme	Actions	Update	Priority (1, 2, 3)*
		established. Risk and governance arrangements have been strengthened.	
7. **MH Division & HR**	7a. Implement support structures for the newly appointed Band 6's.	Action learning set dates agreed and resources developed to support staff.	1
8. **EDN**	8a. Develop and implement a staff transfer policy.		3
9. **MH Division**	9a. Implement TZS.	Please see above.	3
	9b. Consider current service models for psychiatry of age, and if any changes then consider reorganisation of management structures.	Under active consideration awaiting recruitment of additional Consultant staff for memory services.	2
10. **MH&LD Divisions**	10a. Dorsy to transition to LD Division, given co-location with MH in-patients.	Under consideration.	3

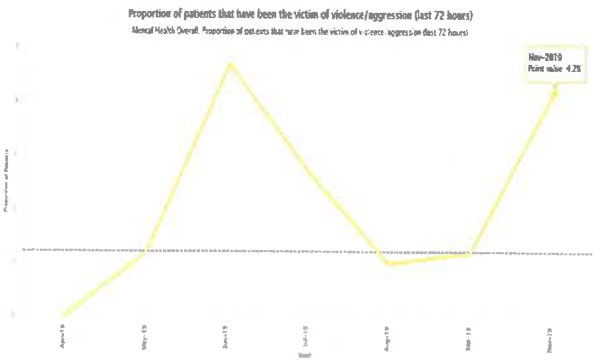
November 2019

NHS Safety Thermometer Bluestone Unit Position Update

The Units Harm Free Score : 89%

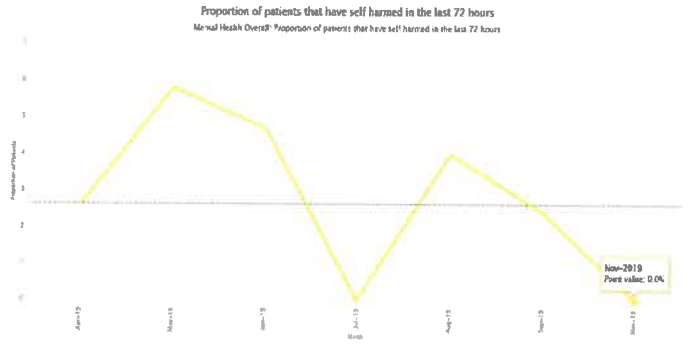
The National Harm Free Score: 90%



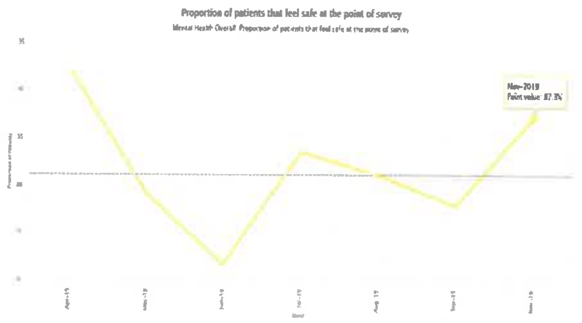


- 4 Patient's had their medication omitted over a 24hour period within the Unit.
- All omissions were because the patients refused their medication or were on home leave

- 3 Patients stated that they had been a victim of violence and aggression within the last 72 hours.
- All 3 Patient's experience was prior to their admission to the Unit



- There were no incidents of self-harm over tin the Unit over he 72 hours reviewed



- 87.3% of patients within the Bluestone Unit felt safe when asked as part of the information collection.

National Comparison Information

	National averages	Bluestone Results
Proportion of patients that had an omitted medication	9.3%	5.6%
Proportion of patients who have self-harmed	1.4%	0.0%
Proportion of Patient who had been a victim of violence and aggression within the last 72 hours.	1.9%	4.2% (Incidents occurred before admission to the Unit)
Proportion of patients that feel safe at the point of survey	89.5%	87.3 %(5 Patients were unable to answer the question 1 patient stated they felt unsafe.

1 Patient was subject to restrictive physical restraint during the 72 Hours over which the information was obtained.

Comac, Jennifer

From: Wallace, Stephen [redacted]
Sent: 03 August 2020 10:29
Subject: CONFIDENTIAL - Early Alert - Urology July 2020
Attachments: 31072020 EA JULY 2020 20.pdf

Dear Roberta,

Please find attached an early alert regarding Urology for your information. As per regional Early Alert processes the Board and Department have been provided with the attached information, Dr O'Kane has spoken to the CMO office to advise of the content, the CX has also been made aware.

Please note given the sensitivities and ongoing processes surrounding this issue the internal circulation list has been limited and we ask that this is not shared wider at this stage.

Regards
Stephen

Stephen Wallace
Interim Assistant Director of Clinical and Social Care Governance
Mob: [redacted]

ANNEX A

Initial call made to CMO Office **(DoH) on** 31.07.2020 **DATE**

Follow-up Pro-forma for Early Alert Communication:

Details of Person making Notification:

Name	Dr Maria O’Kane	Organisation	Southern Health and Social Care Trust
Position	Medical Director	Telephone	[redacted]

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. ***Urgent regional action***
2. ***Contacting patients/clients about possible harm***
3. ***Press release about harm***
4. ***Regional media interest***
5. ***Police involvement in investigation***
6. ***Events involving children***
7. ***Suspension of staff or breach of statutory duty***

Brief summary of event being communicated: ****If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.***

On 7th June 2020 the Trust became aware of potential concerns regarding delays of treatment of surgery patients who were under the care of a Trust employed Consultant Urologist. As a result of these potential patient safety concerns a lookback exercise of the Consultants work was conducted to ascertain if there were wider service impacts. The lookback which considered cases over a 17 month period (period 1st January 2019 - 31st May 2020), the following was found:

- The emergency lookback concentrated on whether the patients had a stent inserted during procedure and if this had been removed. 147 patients taken to theatre that was listed as being under the care of the Consultant during the lookback period with concerns identified in 46 of these cases.
- There were 334 elective-in patients reviewed where 120 of cases were found to have experienced a delay in dictation ranging from 2 weeks to 41 weeks, a further 36 patients who had no record of care noted on the regional NIECR system. To date one of the elective in-patient cases has been identified for screening for Serious Adverse Incident review.

In addition two recent cases managed by this consultant have been identified which are being screened as Serious Adverse Incidents involving two prostatic cancer patients that indicate potential deficiencies in care provided by the consultant in question where these deficiencies potentially had an impact on patient prognosis. The following actions have been taken:

- Discussions with the GMC employer liaison service have been conducted
- This case has been discussed with NHS Resolutions who have recommended restrictions of clinical practice including a request to the Consultant not to undertake private practice in his own home or other premises pending further exploration
- Restrictions have been placed by the Trust that they no longer to undertake clinical work and that they do not access or process patient information either in person or through others either in hard copy or electronically. A request has also been made they voluntarily undertake to refrain from seeing any private patients at their home or any other setting and confirm the same in writing.
- A preliminary discussion has been undertaken with the Royal College of Surgeons invited Review Service regarding the consultants practice and potential scope and scale of any lookback exercise

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: Stephen Wallace / Zoe Parks

Contact details:

Email address (work or home) [redacted] ; [redacted]

Mobile (work or home) Telephone (work or home) [redacted]

Forward pro-forma to the Department at: [redacted] and the HSC Board at: [redacted]

FOR COMPLETION BY DoH:

Early Alert Communication received by: ……………………………………....... Office: …………….………...........…………..

Forwarded for consideration and appropriate action to: ………………………...........……. Date: …..................................

Detail of follow-up action (if applicable) ……………………………………………......................................……………….…

Working for a Healthier People

INVESTORS IN PEOPLE

Southern Health
and Social Care Trust
Quality Care - for you, with you

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 24th September 2020 at 9.15 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Dr D Gormley, Deputy Medical Director (deputising for Dr O'Kane)
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Interim Director of Acute Services
Mrs J McConville, Assistant Director of Capital and Corporate Planning (deputising for Mrs A Magwood)
Mrs A Rutherford, Assistant Director of Finance (deputising for Ms O'Neill)
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Dr M O'Kane, Medical Director
Mrs A Magwood, Director of Performance and Reform

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting. She particularly welcomed Mr Eoin McAnuff, Boardroom Apprentice 2020 and Mr Ajay Mirakhur – CPANI/QUB Mentoring Scheme.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda.

The Chair declared an interest in item 7) Urology and left the meeting for discussion on this item.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meetings held on 30th June 2020 and 27th August 2020 were agreed as accurate records and duly signed by the Chair.

4. MATTERS ARISING

i) Update on [redacted]

Mr McNeany spoke to the progress update in members' papers. He referred to the meeting between the Trust and representatives from the Department of Health and the Health and Social Care Board in July 2020 which reaffirmed their view of the need for the Trust's on-going action with regard to [redacted] and the fact the original issues of safeguarding concern had not been resolved satisfactorily.

Mr McNeany advised that the Trust has had direct contact from parties interested in purchasing [redacted] as a going concern in their efforts to effect due diligence. The Trust is now aware the proposed sale of [redacted] is now at an advanced legal stage whereby the new owners have advised they will shortly be writing to the Trust seeking a novation of contract. Mr McNeany stated that it was his understanding, on this basis, that the sale will conclude in the coming weeks.

The Chair asked about possible connection between the current Home Owners and the new Home Owners. Mr McNeany advised the new Owners were not within the private care sector in Northern Ireland. The moratorium on admissions was raised to which Mr McNeany advised that as the moratorium on admissions is directly related to the current owners of [redacted], any new owner would not be the subject of the moratorium on admissions and stated that the matter is kept under regular review by the Mental Health and Disability Directorate and SMT. Mr Wilkinson referred to the ongoing and outstanding safeguarding issues relating to finance with the current Home Owners and asked if the Trust could protect itself against this happening again in any contract with the new Owners. Mr McNeany stated that this would be kept under review when the change of ownership occurs.

In response to a question from the Chair, Mr McNeany advised that the Trust continues to regularly monitor invoices and pay subject to a reduction for any disputed amounts.

ii) Senior Executive Pay

As agreed at the last meeting, the Chair confirmed that the matter of Senior Executive Pay had been raised at the Chairs' Forum meeting with the Minister when a paper was requested for the next meeting in October 2020.

5. COVID-19 UPDATE

i) CAH and DHH Outbreak

The Chief Executive reported that sadly 11 patients have died as a result of Covid 19 related illness within wards/departments of Craigavon Area and Daisy Hill Hospitals. A Serious Adverse Incident Review has commenced to identify any learning.

Ms Donaghy asked if there had been any whistleblowing or complaints about alleged lapses in PPE measures by staff across the two hospitals. Mrs McClements stated that there had been no concerns raised via the Whistleblowing process, however, concerns had been raised around minor issues and these have been addressed.

Mrs McCartan asked about the volume of testing, staff morale and the role of Trade Unions. Mrs McClements advised that the Trust has increased testing to 288 swabs per day, however the fast test is not available at the level the Trust would like. Mrs McClements voiced her concern at staff morale, particularly the Haematology team, who have expressed that they have been affected by the ongoing media coverage. She spoke of good engagement and support from Trade Union colleagues. Mrs Toal spoke of the proactive way the Psychology Support service was reaching out to staff at this time with additional support being put in place where required. Mrs McCartan asked how the Non Executive Directors could provide support to staff at this time. Email correspondence from NEDs thanking staff for their hard work and dedication was suggested. The Chair and Chief Executive agreed to further discuss the best approach. Mrs McKimm spoke of the good relationship the Trust has with the media who have commended the Trust on its openness and honesty at this time.

Action: Chair/Chief Executive

ii) Update on Rebuilding HSC Services

a. Phase 3 Rebuild Plan and Winter Resilience/Surge Plan

The Chief Executive stated that the ability to rebuild services to date has been dependent on the level of Covid-19 cases within the local community. He referred members to the Rebuild Plan Phase 3 document detailing what the Trust plans to do from 1st October 2020 and outlined the significant challenges ahead with the ongoing threat of a second surge, combined with normal winter pressures and the demands this will have on service delivery and existing workforce constraints. The Chief Executive also referred members to the draft Winter Pressures/Surge Plan which sets out the Trusts plan for winter alongside the need to respond to a second Covid-19 surge. Ms Mullan raised the recent Early Alerts in respect of GP Out of Hours Service. Mr Beattie acknowledged the capacity issue and spoke of the additional demands put on a system that was already under pressure. He advised of a number of actions being progressed one of which was a revisit of rotas to make them more attractive to GPs.

In response to a question from Mrs McCartan, Mrs McClements confirmed that the ED at Daisy Hill Hospital would open as planned on 19th October 2020.

Mr Wilkinson noted the balance between rebuild, second surge and Winter pressures and asked if the Trust was flexible enough to move from one to the other without delay. The Chief Executive stated that the Rebuild Plan was based on a number of assumptions and that the staffing resource was an unknown due to staff absence from Covid or Covid related. Mrs Toal advised that the daily staff monitoring return had been stood up again and the Department of Health was about to launch a second phase of the regional Workforce Appeal. Mrs Leeson asked about the Trust's greatest risks in terms of patient safety. Dr Gormley stated that the short term risks were staffing, bed capacity and flow with elective surgery a longer term risk. He provided assurance that all decisions about patient safety were clinically led.

iii) Progress update: Acute Care at Home and Enhanced Community Response Team

Mr Beattie spoke to a paper which provides an overview of the actions taken to date to mitigate the impact of Covid-19 on the Care Home population of the Southern Trust during the surge, the challenges faced by the Trust in dealing with the pandemic, as well as outlining the work of the Acute Care at Home, Enhanced Community Response Teams and the Corporate Support Directorates. The paper also includes information in respect of the establishment and work of the Care Home Support Information Hub.

Members welcomed the paper and commended the good work undertaken by the Trust. Discussion took place in respect of the level of demand placed upon the Trust to support Care Homes and the need to continue to prioritise this during the pandemic.

6. FINANCE REPORT

Mrs Rutherford presented the above named report for the 5 months ending 31 August 2020. She reported a deficit at month 5 of £1.6m and advised that this position assumes that full funding will be secured for the cost of Covid-19 incurred to date at a value of £20m and that Transformation funding will be received for all schemes supported by DoH to continue with the exception of the known pay pressure associated with 20/21 Pay uplifts.

Mrs Rutherford reported that Pay expenditure exceeds budget by £6.7m and this is largely between medical and nursing. Flexible payroll arrangements have now cost the Trust £28.6m with 1133wte employed in August 2020. Mrs Rutherford also reported that Non Pay expenditure was under budget by £5.9m and explained that this unplanned expenditure benefit has accrued as a direct result of the Trust's response to Covid-19.

Members noted that Prompt payment performance, at 94.03% in August, has improved on July and is significantly better than the prior year.

Mrs Rutherford advised that the Trust is predicting a year-end deficit of £7m at this stage and a draft financial plan has been submitted to the HSCB on this basis. Mrs McCartan referred to the predicted year end deficit and asked that the large variances are highlighted on the report summary sheet in future. In response to a question from Mrs McCartan on the possibility of additional funding from the Department, Mrs Rutherford advised that discussions are ongoing with the Department and HSCB in this regard.

Board members approved the Finance Report.

The Chair left the meeting for the discussion on the next item.

Mrs Leeson took over as Chair.

7. UROLOGY

The Chief Executive set the context to this item by advising that there is likely to be significant media interest and reputational issues with this case.

Dr Gormley stated that the situation remains fluid and he spoke to a paper which outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of their practice and the development of appropriate management plans to minimise the risk of harm to patients. Mrs Leeson raised the previous SAIs from 2016 and asked about new SAIs to which Mrs McClements spoke of the potential for an additional 6 SAIs at this point. Dr Gormley advised that an External Chair has been appointed and Terms of Reference are in the process of being drafted. Mrs Leeson asked how far back the review process would go. Mrs McClements advised that the focus of the review has been on immediate concerns, but as the Trust has worked through these, other concerns have arisen, leading to further scrutiny. Ms Donaghy asked at which point was the Early Alert to the Department submitted. The Chief Executive undertook to clarify.

Action: Chief Executive

Mrs Toal referred members to the timeline included with the report. She advised that as the Consultant was no longer employed in the Trust, the Conduct Hearing under the MHPS process, cannot be concluded. The Grievance process remains ongoing with the Grievance Panel due to conclude by October 2020. Ms Donaghy asked about Consultant A's appraisals. Mrs Toal stated that there were issues relating to Consultant A's appraisals not being completed in a timely manner, Mrs McCartan asked about the timeline for this case to be in the public domain. The Chief Executive advised that the Minister is required to share details of this case with the Assembly and this is likely to be mid October 2020, subject to the outcomes of the review exercise.

In terms of future reporting to Trust Board, members asked that where there had been progress/actions taken by the Trust since the previous Board meeting, that the paper would be updated accordingly and presented to Trust Board.

The Chair returned to the meeting at this point.

8. REVIEW OF LEADERSHIP AND GOVERNANCE AT MUCKAMORE ABBEY HOSPITAL REPORT

Due to time constraints, this matter was deferred to the next meeting.

Personal Information redacted by the USI

SIGNED: [redacted] **DATED:** 22 October 2020

Southern Health and Social Care Trust
Quality Care - for you, with you

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 22nd October 2020 at 9.25 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Dr D Gormley, Deputy Medical Director (deputising for Dr O'Kane)
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Dr M O'Kane, Medical Director
Mr Ajay Mirakhur, CPANI/QUB Mentee

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were none declared.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 24th September 2020 were agreed as an accurate record and duly signed by the Chair.

4. MATTERS ARISING

i) Message of gratitude to staff from the Chair and Non Executive Directors

The Chair agreed to consider the issue of a message via global email from herself and the Non Executive Directors to express their gratitude to staff for their hard work and commitment during the past eight months.

Action: Chair

5. MUCKAMORE ABBEY HOSPITAL – REPORT OF THE INDEPENDENT LEADERSHIP AND GOVERNANCE REVIEW

The Chief Executive stated that it was important for Trust Board to take the opportunity to reflect on the learning from this report. Members agreed that this would be the focus at a Board Workshop in early 2021.

Mr McNeany gave a short presentation on the main themes. He stated that the Trust had not been waiting on the issue of this report and had already implemented many of the findings around safeguarding, leadership and a number of practice based improvements, particularly around the use of seclusion.

There was a short discussion with regards to leadership and governance arrangements in the context of Trust Board. The following five key questions for Board members to consider at the Workshop were agreed as:-

1. Does Trust Board show ‘a lack of curiosity’?
2. Is there a disconnect between governance processes and structures and safeguarding?
3. Is Trust Board using the Delegated Statutory Functions report correctly?
4. Learning Disability targets – are they the right targets for Performance Committee to monitor?
5. Is there effective escalation of issues to Trust Board?

Culture was discussed in which Mr McNeany advised that the Review Team considered that *‘the problem was not in governance, but rather in people’s response to working in a closed environment, with its own set of norms and values and with loyalty to the group rather than the patients or their employing Trust’.* In relation to this, Mrs McCartan raised the fact that vulnerable patients and their families were failed by a hospital which operated as a place apart, out of the line of sight of the Trust. She asked what assurances does Trust Board have in this regard and requested that this issue also be examined at the Board Workshop.

Directors gave examples of governance and leadership approaches across their Directorates including senior leadership walks. They recognised the need not to be complacent and welcomed the Workshop as an opportunity for Trust Board to examine potential blind spots across the Trust.

Action: Focus of Board Workshop on 25th February 2021

6. i) COVID-19 UPDATE

The Chief Executive provided a verbal update. He spoke of the escalating pressures on the hospital system due to the continued and sustained community transmission of Covid-19. He stated that inpatient demand had now exceeded that of the first phase with 77 Covid positive inpatients as at 20.10.20 compared to a peak of 63 in the first phase. Members discussed the potential risk of spread in the acute hospitals given the limited side room capacity which limits the Trust’s potential to respond adequately to Covid-19. The Chair particularly raised her concern about the potential risk of spread in the overcrowded Emergency Department at Craigavon Area Hospital. Mrs McClements acknowledged that the biggest risk period was between the swab test and the result and she spoke of measures in place such as more fast swabs, optimising community care and discharge, promoting safety in hospital flow etc.

ii) SAI Outbreak

The Chief Executive reported that the Panel Chair has given a commitment to feedback any immediate learning to the Trust. An early learning report has been produced and shared. Mrs McClements highlighted three key learning points; i) communication with families and relatives; ii) restricting visiting and iii) looking after staff.

7. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive informed members of discussions with the Department in relation to an intended statement by the Minister for Health to the NI Assembly. The Trust has advised that a public statement at this stage would be premature as the Trust has not completed a review of processes to the detail it requires. The Chief Executive therefore sought Trust Board approval to request a delay in the Ministerial announcement.

Members discussed the fact that there is likely to be significant media interest in this case with the potential for significant reputational risk to the Trust. Members emphasised the Trust's duty of care to patients and the importance of the Trust completing its investigative work to ensure that the information it provides is complete and accurate.

Dr Gormley spoke to a report which provides a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans. He reminded members that Early Alerts submitted to the Department of Health have been part of this process advising them of the professional performance and patient safety concerns. Dr Gormley advised that in relation to the SAI process, the Panel Chair has been appointed as well as a Subject Matter Expert.

He informed members of an issue that has recently arisen regarding the Consultant's prescribing of the medication Bicalutamide which appears to be outside established NICE guidance. A review is underway to identify patients receiving this treatment.

The Chair advised that Consultant A had written to herself in June 2020, the content of which she had shared with the Non Executive Directors in which Consultant A raised concerns at how the HR processes were being managed and requesting that his formal grievance and its included Appeal are addressed. The Chair was advised that this matter was being progressed through HR processes. The Chair also raised the fact that a number of different Urology Consultants had been in place over the years and asked why they had not raised concerns about Consultant A's practice and similarly, why had his PA not raised concerns regarding some delays in dictation of patient discharges. The Chair also asked should a GP not have recognised the prescribing of Bicalutamide as an issue?

Dr Gormley stated that patients remained under this one Consultant's care and this will be examined under the SAI process. The Chair then asked about Consultant A's appraisals and asked if performance issues had been identified through this process and if so, were professional development and training needs then identified. Dr Gormley advised that Consultant A's appraisals were also part of the review process.

In terms of systems and processes, Mrs McClements spoke of the SAI process since 2016 when a robust action plan was put in place at that time to address such issues as triaging, communication etc. and the work since June 2020 to scope and review the patient records of Consultant A's cases. Mr McAnuff noted that when performance issues were identified, additional measures were put in place and asked if these additional measures had not effected positive change, what further controls would need to be put in place should there be concerns raised about other Consultants. Mrs McClements referred to the query as to whether such clinical concerns could happen elsewhere and she advised that the Trust required more time to conduct its review and scoping exercises.

In response to a question from the Chair as to whether one Consultant Urologist reviewing the patient files was sufficient, Mrs

McClements provided assurance that in addition to Mr Mark Haynes' involvement, there is some clinical nurse specialist input and the Head of Service is involved in reviewing systems and pathways. She referred to the multi-disciplinary aspect of this work as detailed in the paper. In addition, there has been Independent Sector Consultant sessions reviewing oncology patients and Subject Matter Experts engaged as part of SAI process.

Mr Wilkinson stated that this was a complex case with various strands. He advised that whilst he supported the Trust's request for a delay in a Ministerial announcement, it was important that this was not a prevaricated delay.

Ms Donaghy referred to this case coming into the public arena and asked about natural justice and Consultant A's right of reply. She raised her concern at the issues Consultant A had raised in his grievance around his appraisals, pressure of work etc. and she asked that these are addressed as part of any review. Mrs McCartan restated the importance of the Trust releasing information only when it is assured it is accurate. Mrs Leeson highlighted the importance of due process being followed with SAIs completed as a priority to ensure learning from this case for the benefits of patients.

Following discussion, the consensus view of Trust Board was to approve the Trust's request to seek a delay in the Ministerial announcement. Members emphasised the importance of a robust timeline to conclude the review processes. It was agreed that following the Trust Board meeting, the Chief Executive would informally advise the Department of Health of the Trust Board's decision followed by a formal letter.

Action: Chief Executive

8. FINANCE REPORT

Ms O'Neill presented the Finance report for the 6 months ending 30 September 2020. Ms O'Neill reported a deficit at month 6 of £1.6m and advised that this position assumes that full funding will be secured for the cost of Covid-19 incurred to date at a value of £24m and that Transformation funding will be received for all schemes supported by DoH to continue with the exception of the known pay pressure associated with 20/21 Pay uplifts.

Ms O'Neill advised that the Finance Directorate, as per normal practice, is carrying out a mid-year hard close. The purpose of this is to give assurance that all significant cost and income activities are being properly accounted for. Mrs McCartan referred to the challenge to produce a financial plan that will enable the Trust to achieve a break-even outturn at year end. Ms O'Neill responded by advising that the predicted year-end deficit was now £5.4m, a revision downwards from the original deficit predicted of £7m, and is a combination of marginal additional income, increased in year unplanned expenditure benefit as a direct result of the suspension of services as part of our Covid-19 response and further in year natural slippage on demography. She further advised that the outcome of the mid-year hard close will be used to prepare a detailed forecast year-end position and this position will be kept under close scrutiny in the coming months.

SIGNED: ___________________ **DATED:** ___________________

Southern Health and Social Care Trust

Quality Care - for you, with you

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 12th November 2020 at 9.30 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs D Ferguson, Assistant Director Nursing Education and Workforce (for Mrs H Trouton)

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. The Chair declared an interest in item no. 6 and left the meeting for discussion on this item.

3. [redacted] UPDATE

Mr McNeany informed members that the sale of [redacted] and [redacted] was progressing. An application has been made to the RQIA for a Registered Manager for both sites and agreement reached that a Deputy will be permitted in the interim.

4. i) COVID-19 UPDATE

A paper on Covid-19 outbreak risk management had been circulated to members. The Chief Executive explained that the purpose of this paper was to provide an overview for Trust Board on the potential risks of Covid-19 transmission within Trust inpatient and emergency department environments and outlines a proposed managed risk based resource allocation and priority-setting approach. Dr O'Kane spoke of the challenging circumstances particularly in the Emergency Departments (EDs) which present a particular high risk of nosocomial infection due to the lack of adequate spacing for patients, both in terms of waiting and clinical space available. She spoke of mitigating measures such as the introduction of physical distancing in EDs and wards, the introduction of a risk managed approach to reopening of wards closed due to outbreaks, the expansion of current Covid-19 testing regime and the introduction of rapid testing.

Members discussed the Trust's well established constraints on both Acute Hospital sites with both sites requiring urgent redevelopment. In respect of re-development proposals, Mrs Magwood advised that the Trust had submitted a number of interim schemes to the Department in January 2020. The Trust has now been asked to resubmit two of these schemes, the expansion of the Emergency Department being one. The Department has also agreed to review the Trust's 10-Year Capital programme. Ms Donaghy raised issues detailed in the paper such as the low ratio of toilet facilities to patients and the need for increased ventilation and asked if these would be addressed in the interim schemes. Mrs Magwood stated that the redevelopment schemes would aim to address some of these issues. Ms O'Neill advised that for new investment, plans would have to comply with current day building notes and these keep changing.

Mr Wilkinson referred to the fact that the closure of wards during Covid-19 outbreaks for 28 days has in turn contributed to ED overcrowding. Mrs McClements acknowledged this challenge and stated that the focus is on safe expedited discharges to maximise bed capacity. A range of other measures to reduce ED demand are being put in place such as the implementation of Phone First with patients being redirected to appropriate services rather than the Emergency Department.

Testing was discussed in which Dr O'Kane advised that the Trust has tried as far as possible to have areas for patients to be placed while awaiting Covid-19 testing results. She stated that additional rapid testing capacity would also allow rapid placement in Covid cohort wards. Mr McAnuff asked if the Trust's allocation of the rapid tests was proportionate to the other Trusts. Dr O'Kane advised that four of the Trusts, including the Southern Trust, received 17 tests per day and there would be an expansion of the testing with point of care testing coming on board.

Members welcomed the paper and particularly the quality assurance provided by external agencies as to the Trust's robust response to the prevention of transmission of Covid-19 and outbreak management. Members commended the work of the Infection Prevention and Control Team for their proactive approach in managing this Pandemic.

ii) Covid-19 Lessons Learned Report – Summary update

Mrs Magwood advised that this summary update was the outworking of 920 opportunities availed of by staff to give their views to the Chief Executive on their experiences during the first wave of Covid-19. She stated that much of the feedback was positive, however, areas for improvement are also noted and the Senior Management Team is currently identifying a number of key commitments that will be made to staff moving forward.

Mrs Toal advised that this initiative forms part of the listening approach to staff which the Trust has been putting in place to enable it to develop its People Plan. She stated that efforts are ongoing to ensure that staff feel supported during this challenging time and a focus is required on those staff who have been working from home so they feel more included.

Ms Mullan welcomed the report and stated that efforts must continue to support real and practical changes moving forward.

Members were advised that the learning from this paper will be taken forward in other for a within the Trust.

5. [redacted] NURSING HOME

Mr Beattie spoke to the update paper. He spoke of the fluid situation and advised that the sale of [redacted] was not going ahead. In addition, [redacted] has withdrew as the new potential purchaser and are considering their intent as to the 'Registered Individual' role. Mr Beattie stated that the Trust continues to maintain focus in the [redacted] Nursing Home to ensure that the residents are in receipt of safe, high quality care.

The Chair left the meeting at this point. Ms Mullan took over as Chair

6. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

Dr O'Kane provided an update on the progress of the ongoing review of Urology services relating to Consultant A. She referred members to the detail in the paper in relation to the engagement with the Independent Sector to provide review appointments for 236 oncology backlog patients and the review of prescribing of the medication Bicalutamide which has identified 26 patients out of 300 as needing an urgent appointment.

Dr O'Kane also updated on the progress of identified Serious Adverse Incidents (SAIs) by advising that all 9 patients/families identified through the SAI process have been spoken to with some of them being offered a further appointment with a Consultant Urologist taking place this week. Four out of the five patients/ families, along with the index patient of the previous SAI's, have also been spoken to. The family of the fifth patient's family is still outstanding as this is being considered given the recent death of the patient. She further stated that the Health and Social Care Board / PHA have advised that any additional incidents that are identified as meeting the threshold for an SAI review should be paused will be managed via a separate 'clinical investigation' process. The Public Health Agency has indicated that this process will be independent of the Trust and will be guided by and have parameters set by the HSCB/PHA/Department of Health.

Mrs McClements provided assurance that the review exercise has been very thorough in terms of process and given the number of patient cases from this review period (January 2019 to June 2020), this exercise continues to be ongoing. The main focus has been on patients requiring review as a matter of urgency and the establishment of the patient facing information line for those who may have questions or concerns regarding their care. Mrs McClements advised that the focus of the review has been on immediate concerns, but as the Trust has worked through these, other concerns have arisen, leading to further scrutiny. She raised the need for additional resources and explained that the Trust was preparing an Investment Proposal Template (IPT) associated with current and projected work relating to this review for submission to the HSCB.

The Chief Executive advised that the Departmental led Urology Assurance Group continues to meet. He advised of the Department's intention to have an independently chaired review as opposed to a series of SAIs. He raised the Minister's statement to the Assembly on 26th October 2020 and advised of the Minister's intention to provide a further statement on 17th November 2020. In response to a question from Mrs McCartan as to the content of this, Mrs McKimm advised of the Trust's close liaison and detailed discussions with the Department to ensure that any statement in the public domain would not cause any unnecessary worry to patients.

Mr Wilkinson raised the fact that Consultant A's grievance was not upheld and that Consultant A has subsequently lodged an appeal.
He sought clarification if this grievance included issues from 2016 as well. Mrs Toal advised that as the Consultant was no longer employed in the Trust, the Conduct Hearing under the Maintaining High Professional Standards (MHPS) process cannot be concluded.
She explained that the Trust is continuing to liaise with the General Medical Council regarding professional issues and information has been passed to them. She stated that in 2016/17, the issues raised under the MHPS process related to administrative practices and a number of controls were put in place at that time.

Ms Donaghy asked about Consultant A's participation in the SAI process. Dr O'Kane advised that whilst Consultant A does not have automatic right to participate in the SAIs, the process should be inclusive and balanced.

Ms Mullan stated that this was a challenging process and commended the thoroughness and pace of the Trust's approach.

The meeting concluded at 11.15 a.m.

SIGNED: ____________________ **DATED:** ____________________

Southern Health and Social Care Trust

Quality Care - for you, with you

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 10th December 2020 at 1.30 p.m.

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs D Ferguson, Assistant Director Nursing Education and Workforce (for Mrs H Trouton)

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting. As the new Chair of the Trust Board, she stated that she was delighted to be given this opportunity and looked forward to working with everyone. The Chair acknowledged the contribution and commitment of the previous Chair, Mrs Roberta Brownlee, over the past 13 years and recorded her appreciation and best wishes to Mrs Brownlee for the future.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

Members had received a paper providing an update on the ongoing review of Urology services relating to Consultant A.

Mrs McClements updated on the SAI process. She reported that meetings with the Chair of the SAI Panel and 8 families have taken place. (One of the families declined to meet or be involved in the process). Four out of the five patients/families, along with the index patient of the previous SAI's, have also been spoken to. The family of the fifth patient's family is still outstanding as this is being clinically considered due to the recent death of the patient. One of these patients on his request has had a recent meeting with a Consultant.
The Chair of the Panel is working to a 4 month completion date by end January 2021 with 9 individual reports and 1 overarching report to be produced. A mid report of early identification of learning is expected mid-December 2020.

Members noted the details of contacts made to date to the patient information line since 26th October 2020 for patients who may have questions or concerns regarding their care. Mrs McClements stated that these have been clinically escalated and reviewed as appropriate.

Mrs McClements referred members to the progress update in the paper with regard to the Independent Sector Clinics and the review of prescribing of the medication Bicalutamide.

Mrs McClements updated in relation to staff engagement. She advised that since the Minister's announcement, two sessions have been held with clinical multi-disciplinary staff and these will be scheduled fortnightly going forward. Wrap around supports for team to be developed in line with expressed need. Mrs McClements stated that an Investment Proposal Template (IPT) has been prepared associated with current and projected future work relating to the Urology review and submitted in draft to the Health and Social Care Board.

Dr O'Kane advised that the Trust is continuing to liaise with the General Medical Council (GMC) regarding professional issues. New information regarding potential private patient practice still occurring was escalated to the GMC on 27/11/20. Dr O'Kane also advised that engagement with the Royal College of Surgeons (RCS) Invited Review Service was at an initial stage. Members welcomed the fact that the British Association of Urological Surgeons (BAUS) has provided two Subject Matter Expert Consultant Urologists to assist with the ongoing work.

Mrs McCartan asked if the Trust had in place an overarching Project Team to co-ordinate the various strands of this work. Mrs McClements provided assurance that a Team was in place and meets on a weekly basis. She explained that the Trust reports weekly to the Health and Social Care Board's Co-ordination Group and fortnightly to the Department of Health Assurance Group.

Ms Donaghy asked about Consultant A's Grievance Appeal to which Mrs Toal advised that the Panel membership was currently being finalised.

4. ANY OTHER BUSINESS

Mrs Toal spoke of the fluid situation with regard to the roll out of the Covid-19 vaccine. She reported that the vaccination programme would commence in the Trust with care home staff and residents. Mrs Toal to provide a full update in the public section of the meeting.

SIGNED: ___________________ **DATED:** ___________________

Southern Health and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Thursday, 24 January 2019
Title:	**Performance Dashboard (Ministerial Targets) at December 2018**
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	➢ Promoting safe high quality care ➢ Supporting people live long, healthy, active lives ➢ Make best use of our resources ➢ Improving our services ➢ Being a great place to work - supporting, developing and valuing our staff ➢ Working in partnership
Purpose:	For Approval

High Level Context

Commissioning Plan Direction & Performance Management Arrangements

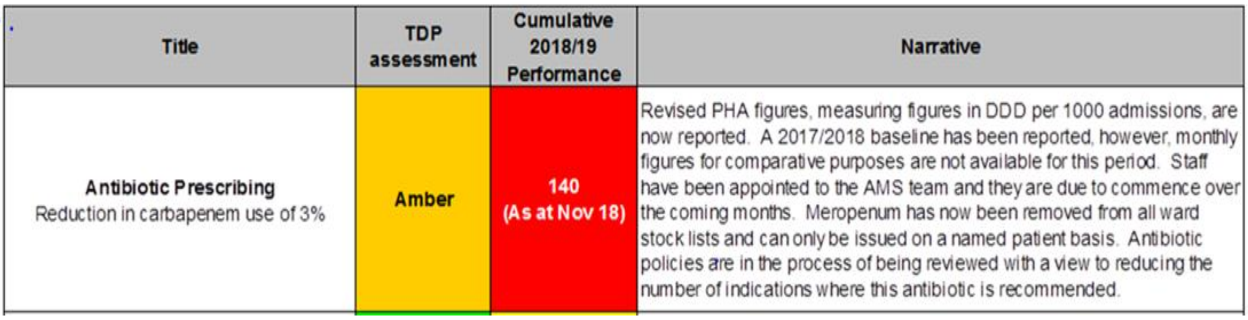
- In response to the Department of Health's draft **Commissioning Plan Direction (CPD)** the Trust considered each objective and goal for improvement (OGI) and made an assessment of the anticipated level of performance to be achieved by March 2019 taking into account key constraints and challenges and the availability of any known additional investment and/ or resources This assessment is included in the **Trust Delivery Plan (TDP)** for 2018/19 and it is against this that performance in year is monitored and reported.

- The **Corporate Scorecard** attached provides a summary of assessed performance against all Objectives and Goals for Improvement (OGIs) and Performance Improvement Trajectories (PIT) for key areas which form part of new HSC performance management arrangements.

- This summary report assesses performance against the TDP assessment as at December 2018 or the most available position on an **'exception basis'**, with focus on areas where:
  - ○ CPD performance against targets is less favourable than anticipated at this point in the year;
  - ○ CPD targets assessed as challenged (amber/red) has further deteriorated and is not on track to achieve the TDP assessment;
  - ○ CPD performance against targets is performing better than anticipated in the TDP;
  - ○ Activity/ performance against trajectory (PIT) is 10% less favourable than projected;

Summary of areas where CPD performance is **less favourable** than that anticipated in the TDP is included in Table 1 below.

Table 1



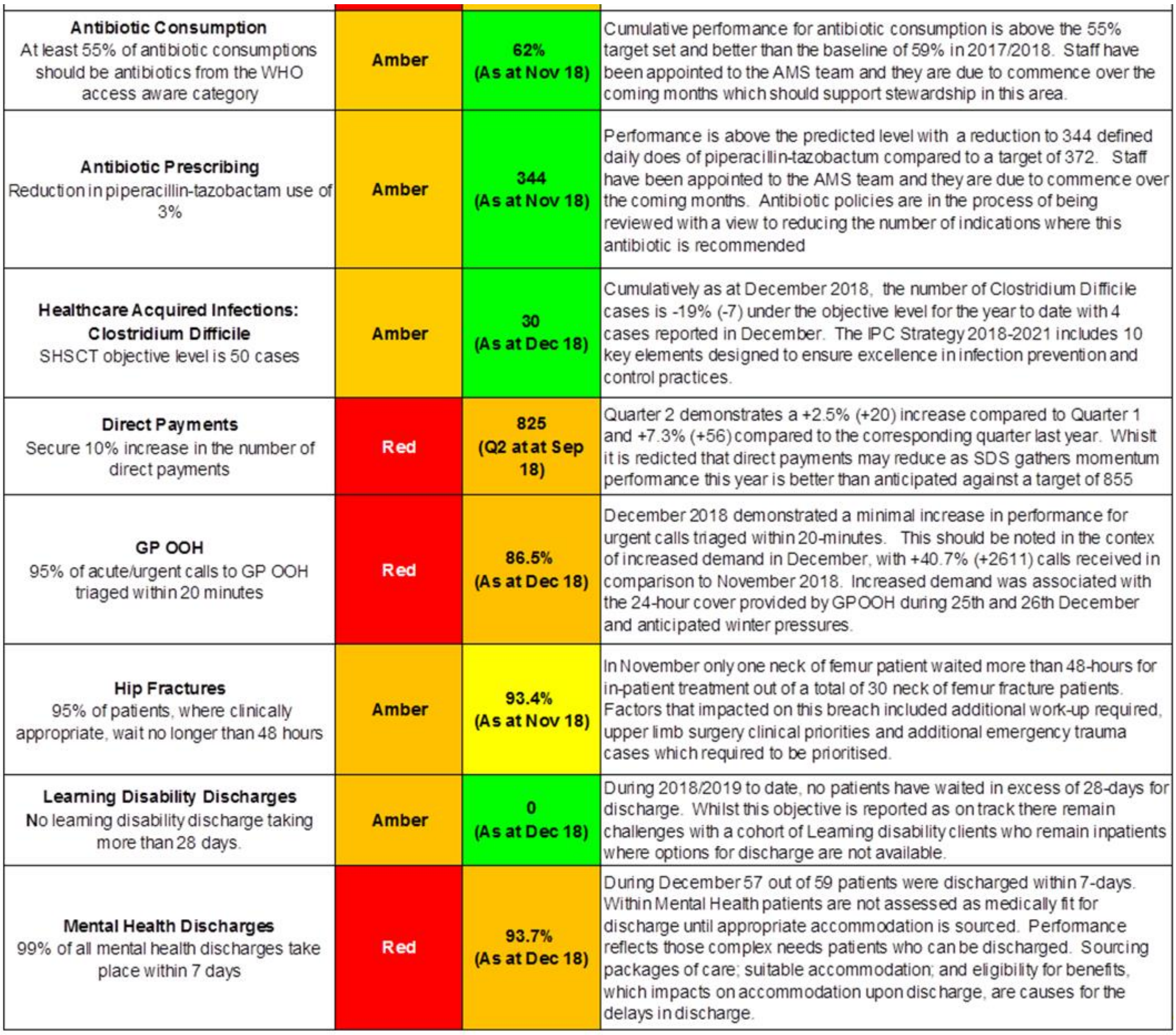
Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Antibiotic Prescribing Reduction in carbapenem use of 3%	Amber	140 (As at Nov 18)	Revised PHA figures, measuring figures in DDD per 1000 admissions, are now reported. A 2017/2018 baseline has been reported, however, monthly figures for comparative purposes are not available for this period. Staff have been appointed to the AMS team and they are due to commence over the coming months. Meropenum has now been removed from all ward stock lists and can only be issued on a named patient basis. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended.

GP Appointments Increase the number of available appointments in GP practices	Green	**11,291** **(As at Dec 18)**	During 2018/2019 capacity for appointments has improved monthly, however, December is lower than previous months due to short-term sick leave and annual leave. The Practice opened all day on 27th December instead of the usual half day to improve access in this period. If appointments remain around 1,500 per month, it is expected the OGI will be achieved. Sustainability has improved at the Bannview Practice with the appointment of a salaried part-time GP, a Clinical Lead and 3 salaried GPs during 2018. A Respiratory Nurse, Physiotherapist and Counsellor also provide capacity.
Acute Hospital Discharges (48 hours) 90% of complex discharges from an acute hospital take place within 48-hours.	Green	**TBC (following validation of October and November 2018)**	Data for October & November requires to be validated as high numbers of discharges have not been coded with a reason for delay and action is ongoing to improve this. A new focus on complex discharges has been implemented and the volume of patients recorded as delayed over 48-hours may increase. This process will allow greater focus on delays and is a truer reflection of the current pressures. It is anticipated that when data is validated the performance level will reduce. This will be monitored closely over the next few months to establish a new baseline. Work is on-going via control room processes to improve discharge and flow.
Acute Hospital Discharges (7 days) No complex discharge takes more than 7-days.	Green	**TBC (following validation of October and November 2018)**	Data for October and November requires to be validation as high numbers of discharges have not been coded with a reason for delay. A focus on complex discharges has refreshed how data is recorded and validated and is anticipated to provide a truer reflection of the current pressures. It is anticipated that performance will reduce. This will be monitored closely over the next few months to establish a new baseline. Working is on-going via control room processes to improve discharge and flow.
Emergency Department (Triage to Treatment) At least 80% of patients to have commenced treatment, following triage, within 2 hours	Green	**75.4%** **(As at Dec 18)**	The percentage of patients who commenced treatment within 2-hours of triage has decreased again, for the fifth month in a row. The Service have reported that they are undertaking work to seek to improve triage times within Emergency Departments, including a Senior Nurse overseeing triage within ED. A snapshot audit of those who narrowly miss the 2 hour position is planned and action plan to improve in development.
Staff Sick Absence To reduce Trust staff sick absence levels by 3.5%	Green	**610,468** **(As at Nov 18)**	Cumulatively the Trust is +8% over its objective level of absence hours for year to date. Work is continuing to be undertaken to reduce the number and length of absences and assist in improving sickness absence levels across the Trust. The % sickness absence rate is reported for information only and has increased both cumulatively and monthly as at November 2018 in comparison to the same period last year.

Summary of areas where performance is assessed as **better than anticipated** is included in Table 2 below:

Table 2

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Suspect Breast Cancer (14 days) All urgent suspected breast cancer referrals seen within 14-days.	Amber	**99.3%** **(As at Dec 18)**	There were no breaches of the 14-day objective during December 2018. Cumulative performance to date is 99.3%. The longest routine wait is 42-weeks with 134 routine patients waiting in excess of 9-weeks.
Cancer Pathway (31 days) At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days	Amber	**99.6%** **(As at Nov 18)**	The Trust has had no breaches against the 31-day pathway target from May 2018 onwards. Performance continues to be reviewed on a regular basis.
Service and Budget Agreement (Day Cases) Reduce the percentage of funded activity that remains undelivered.	Red	**11%** **(As at Nov 18)**	Strong performance continues to be demonstrated against the DC SBA with activity 1,722 above the commissioned level offsetting some of the underperformance in elective in-patients which were -1509 less than commissioned (-33%)
Service and Budget Agreement (New Out-patients) Reduce the percentage of funded activity that remains undelivered.	Red	**-3%** **(As at Nov 18)**	Cumulatively as at November 2018, 1,413 less patients were assessed than the commissioned level of activity. The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Key impact relates to on-going workforce challenges.
Service and Budget Agreement (Review Out-Patients) Reduce the percentage of funded activity that remains undelivered.	Red	**-6%** **(As at Nov 18)**	Cumulatively as at November 2018, 5,606 less patients reviewed than the commissioned level of activity. The top 3 specialties contributing to underperformance are: Cervical Cytology, Breast Family History and General Surgery. Key impact relates to on-going workforce challenges however this is better than anticipated.



Antibiotic Consumption At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category	Amber	62% (As at Nov 18)	Cumulative performance for antibiotic consumption is above the 55% target set and better than the baseline of 59% in 2017/2018. Staff have been appointed to the AMS team and they are due to commence over the coming months which should support stewardship in this area.
Antibiotic Prescribing Reduction in piperacillin-tazobactam use of 3%	Amber	344 (As at Nov 18)	Performance is above the predicted level with a reduction to 344 defined daily does of piperacillin-tazobactum compared to a target of 372. Staff have been appointed to the AMS team and they are due to commence over the coming months. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended
Healthcare Acquired Infections: Clostridium Difficile SHSCT objective level is 50 cases	Amber	30 (As at Dec 18)	Cumulatively as at December 2018, the number of Clostridium Difficile cases is -19% (-7) under the objective level for the year to date with 4 cases reported in December. The IPC Strategy 2018-2021 includes 10 key elements designed to ensure excellence in infection prevention and control practices.
Direct Payments Secure 10% increase in the number of direct payments	Red	825 (Q2 at at Sep 18)	Quarter 2 demonstrates a +2.5% (+20) increase compared to Quarter 1 and +7.3% (+56) compared to the corresponding quarter last year. Whilst it is redicted that direct payments may reduce as SDS gathers momentum performance this year is better than anticipated against a target of 855
GP OOH 95% of acute/urgent calls to GP OOH triaged within 20 minutes	Red	86.5% (As at Dec 18)	December 2018 demonstrated a minimal increase in performance for urgent calls triaged within 20-minutes. This should be noted in the contex of increased demand in December, with +40.7% (+2611) calls received in comparison to November 2018. Increased demand was associated with the 24-hour cover provided by GPOOH during 25th and 26th December and anticipated winter pressures.
Hip Fractures 95% of patients, where clinically appropriate, wait no longer than 48 hours	Amber	93.4% (As at Nov 18)	In November only one neck of femur patient waited more than 48-hours for in-patient treatment out of a total of 30 neck of femur fracture patients. Factors that impacted on this breach included additional work-up required, upper limb surgery clinical priorities and additional emergency trauma cases which required to be prioritised.
Learning Disability Discharges No learning disability discharge taking more than 28 days.	Amber	0 (As at Dec 18)	During 2018/2019 to date, no patients have waited in excess of 28-days for discharge. Whilst this objective is reported as on track there remain challenges with a cohort of Learning disability clients who remain inpatients where options for discharge are not available.
Mental Health Discharges 99% of all mental health discharges take place within 7 days	Red	93.7% (As at Dec 18)	During December 57 out of 59 patients were discharged within 7-days. Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. Performance reflects those complex needs patients who can be discharged. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, are causes for the delays in discharge.

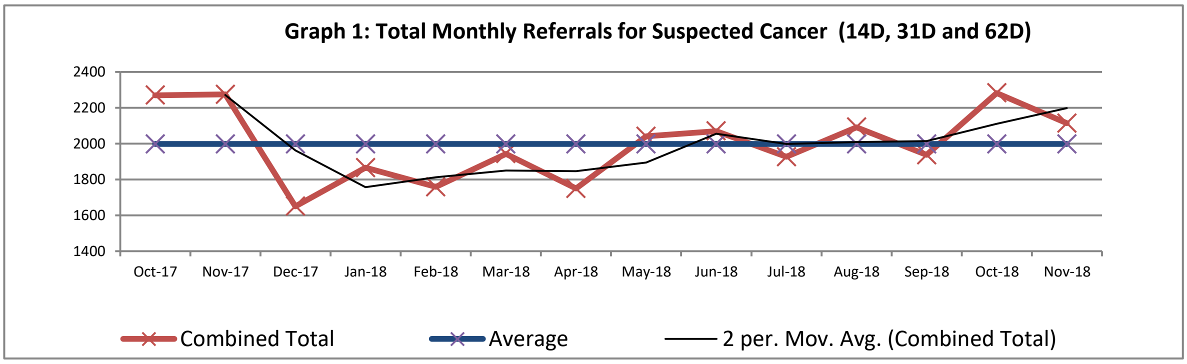
Performance Improvement Trajectories (PITs) are monitored at a group summary level, for example all outpatient activity levels, all mental health breach volumes, etc. At the November position, none of the Trust's performance improvement trajectories were outside tolerance of minus 10% against the planned performance, however at a sub-specialty level a number are in excess of minus 10%. These areas are discussed and action plans agreed at Directorate performance meetings and In-year assurance meetings in line with the Trust's Performance Management Framework.

Summary of Key Issues / Points of Escalation

1 Cancer Care

- **Demand continues to be high for cancer services** for assessment of patients with suspected cancer across the 14-Day, 31–Day and 62-Day pathways - 2113 referrals in November 2018. Referral patterns demonstrate a step change increase in the volume of referrals for the last seven months, compared to the average for the last 14 months as demonstrated in Graph 1 overleaf:

Graph 1

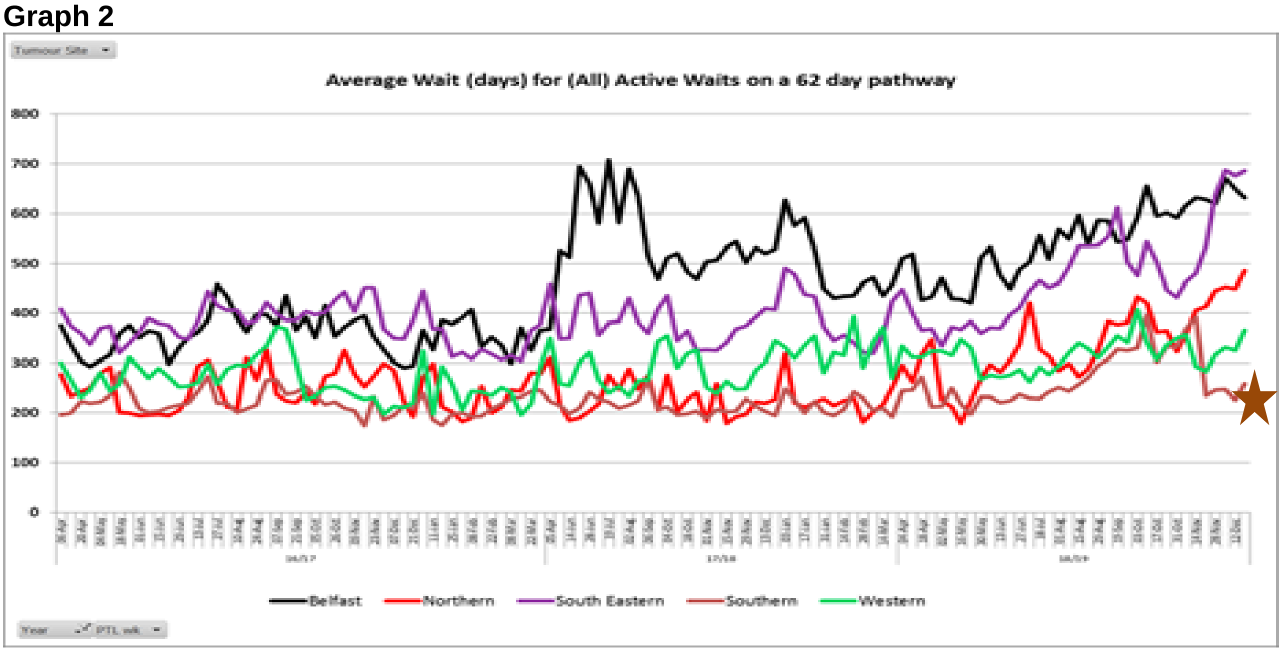


- Urgent capacity for first assessment has been increased for some specific specialty areas via in year confidence and supply funding but the ability to increase capacity is not available in all areas of the pathway hence demand will continue to be greater than capacity.

- The ability to ensure all patients have their first definitive treatment for cancer within 62-days remains challenging. In November **20 patients waited more than 62 days**; 11 of these waited over 100 days for their first treatment, 7 of whom required treatment by another Trust.

- In year **> 75% of those on the pathway this year have been seen within 62 days**. Graph 2 below shows the Trust's comparable performance (brown line). All Trusts reflect an increase in the average wait for patients on the Ca pathways.

Graph 2



- Workforce challenges remain in provision of oncology support in the absence of an Acute Oncology consultant, haematology, due to consultant retirements and the lack of available trained replacements in these disciplines.

Actions to Improve

- **The Trust Cancer Steering Group has been re-established** to provide more focused leadership and oversight on clinical pathway issues.
- The Trust has engaged with HSCB to seek a change in the flow of urology referrals from the Western area in an attempt to rebalance demand and capacity and improve local waiting times.

- Early feedback from Peer review has assured a high standard of specialist nursing support in Oncology in the absence of an Acute Oncology consultant and based on early feedback the Trust will bring forward a number of proposals including development of advanced nurse practitioners and GP sessional input.

2 Elective Care

- **Demand for elective care services continues to exceed health service capacity** for both out-patients and in-patients/day cases waiting times will increase. The Trust continues to optimise available capacity to achieve delivery of agreed performance trajectories. At the end of November, elective performance is summarised as follows:
    - Core capacity is below service and budget agreement levels, for new and review outpatients (-3% and -6%) and inpatient activity (-33%)
    - Agreed performance trajectories are on track at a cumulative level with the exception of the ENT and orthopaedics specialties.

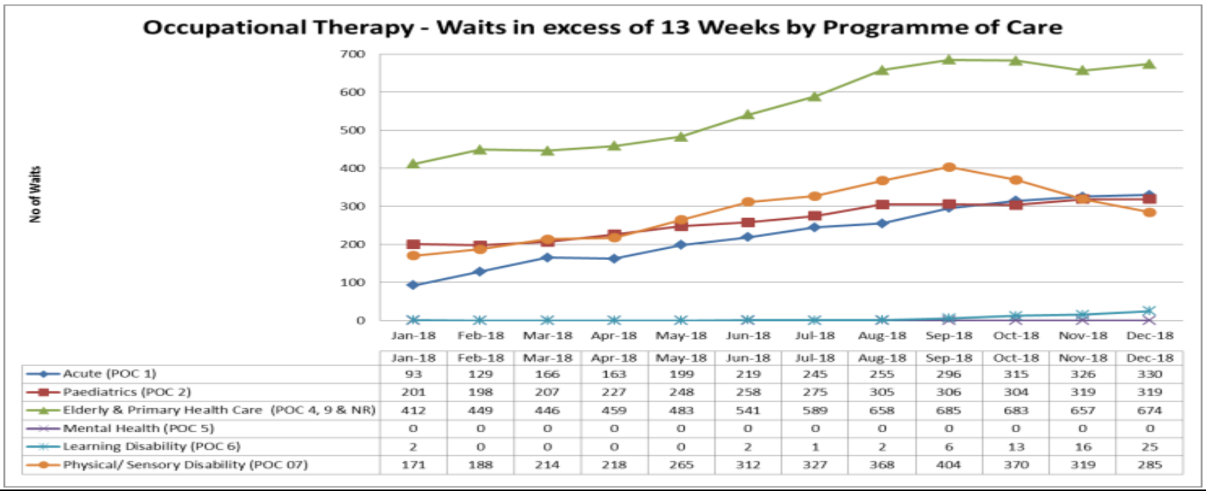
- Table 3 below details supplementary in year confidence and supply and HSCB slippage funding allocated to deliver additional activity to benefit patients targeted at reducing both urgent and longer waits in the short-term, however, reform of services, as set out in the Departments of Health's *Elective Care Plan*, will be required to see longer-term gains.

Table 3	**Confidence & Supply Non Recurrent Funding (DOH)**	**Recurrent Slippage (allocated non – recurrently) (HSCB)**	**Recurrent Investment (HSCB)**
Out-Patients	£1,995,002.70	£36,894.47	
In-Patients/Day Cases (including cardiac modular catheterisation laboratory)	£254,604	£2,304,688	
Diagnostics	£686,961.75		£1,683,976.71
Endoscopy	£299,700	£1,207,790	
Allied Health Professionals	£934,375		
Total	**£4,170,644.00**	**£4,357,662.40**	**£1,683,976.71**

2.1 Allied Health Professionals

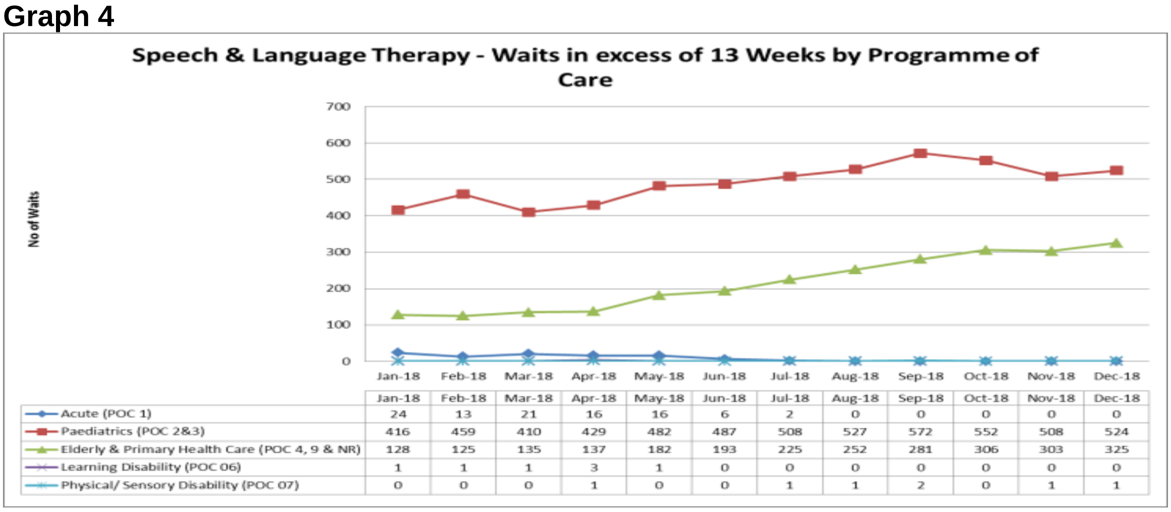
- Core commissioned capacity is being delivered
- The number of patients **waiting in excess of 13-weeks has decreased by 17%** (653) from March 2018.
- The majority waiting **in excess of 13 weeks is in Occupational Therapy (OT) 49% (1,633) and Speech and Language Therapy (SLT) 32% (850)** where the total number waiting and the long wait cohort continue to increase as detailed below in graph 3 and 4:

Graph 3



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Acute (POC 1)	93	129	166	163	199	219	245	255	296	315	326	330
Paediatrics (POC 2)	201	198	207	227	248	258	275	305	306	304	319	319
Elderly & Primary Health Care (POC 4, 9 & NR)	412	449	446	459	483	541	589	658	685	683	657	674
Mental Health (POC 5)	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability (POC 6)	2	0	0	0	0	2	1	2	6	13	16	25
Physical/ Sensory Disability (POC 07)	171	188	214	218	265	312	327	368	404	370	319	285

Graph 4



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Acute (POC 1)	24	13	21	16	16	6	2	0	0	0	0	0
Paediatrics (POC 2&3)	416	459	410	429	482	487	508	527	572	552	508	524
Elderly & Primary Health Care (POC 4, 9 & NR)	128	125	135	137	182	193	225	252	281	306	303	325
Learning Disability (POC 06)	1	1	1	3	1	0	0	0	0	0	0	0
Physical/ Sensory Disability (POC 07)	0	0	0	1	0	0	1	1	2	0	1	1

- At end of December **the longest wait is 72-weeks in OT in the Elderly programme**, 57 weeks for children and in SLT longest wait is 55 weeks for adults and 38 weeks for children. Physiotherapy is also reflecting long waits for paediatric services at 33 weeks. The remaining professions are 26-weeks or less.

Actions to Improve:

- **Recruitment of 39 AHP posts to provide additional capacity** for the longest waits from the C&S funding is underway. This will address individual long waits but will not facilitate an overall reduction in waiting times as there continues to be emergent capacity gaps.
- A refreshed demand and capacity analysis and assessment in urgent referral trends is being undertaken for review by the Trust's AHP steering group in the first instance

2.2 Diagnostics

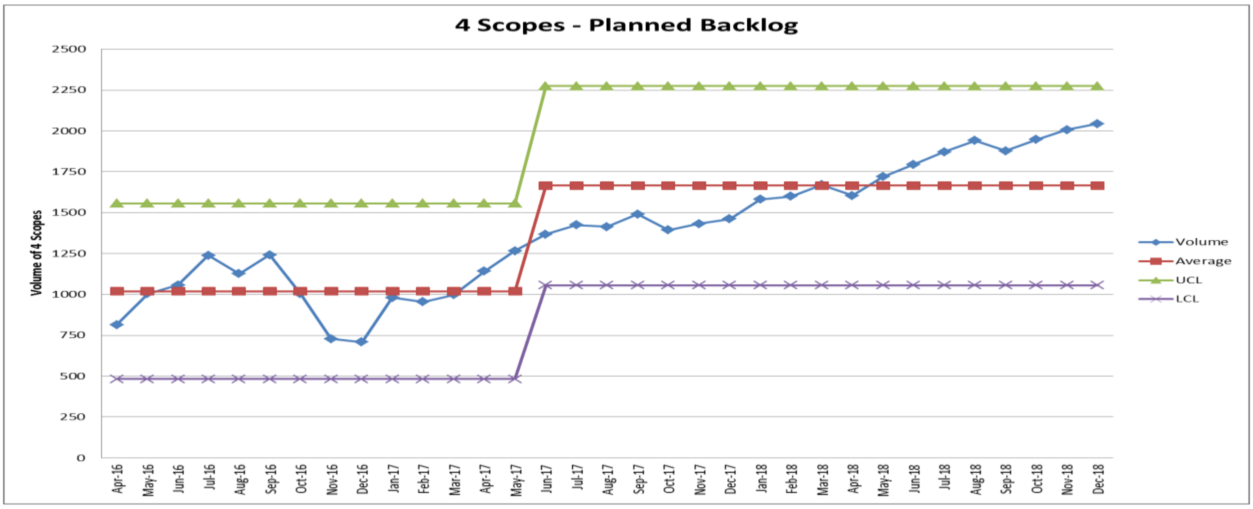
At November 2018:

- 48.2% of patients waited less than 9-weeks which is slightly ahead of the regional cumulative performance of 50% noted in October.
- Of the 13,862 patients waiting in excess of 9-weeks for diagnostics, 5,915 (43%) were waiting in excess of 26-weeks. Waits >26-weeks continue due to recognised gaps in capacity including:
  - Imaging, with largest volumes in CT (1,097); DEXA (694); and MRI (458); and
  - Non-imaging, with largest volumes in Cardiac investigations (3,266).

Endoscopy

- **227 patients are waiting in excess of 26-weeks for a first endoscopy procedure** which has remained fairly static. Capacity issues related to turnover in nurse endoscopists and the timeline for training replacement operators significantly impacts on available in-house capacity,
- The volume of patients waiting for **repeat procedures** has increased as a large cohort of additional patients who received treatment over the last number of years now require on-going management. Currently, **2044 patients are waiting beyond their clinically indicated timescale for a planned repeat procedure**.
- Management of this large caseload is challenging within existing capacity and in the context of new red flag and urgent demand. Graph 5 overleaf demonstrates a step change in the average volume of patients on the Scopes **planned backlog** with an increasing monthly trend.

Graph 5



Actions to Improve

- The **£1.5m additional in year non recurrent funding will deliver 3206 additional scopes** via additional in-house and independent sector capacity.
- Planned patients, waiting longer than clinically indicated timelines have **been validated to assist in stratification and management of risk;**
- A clinically lead Trust Endoscopy User Group is in place who review the clinical management of this risk with management colleagues

Imaging/Non-Imaging

- Capacity gaps are acknowledged in imaging (radiology) for both CT and MRI that impact on the volumes of patients waiting and the length of waits. Some recurrent investment has been provided to enhance CT capacity.
- Demand for *specialist* CT has seen lengthening of the longest waits and volumes on the Trust's waiting list for CT colonography and CT cardiac angiography. **Longest imaging waits are in these areas are now at 95- weeks and 64-weeks respectively**
- Capacity for non-invasive cardiac investigations is less than demand and whilst the Trust has funding it is challenged to appoint qualified staff. The Trust has also been unable to create additional in-house capacity non recurrent resulting in growing waits. The longes**t wait is currently 73-weeks for echocardiograms. A number of patients who were waiting over 26 weeks at March 2018 will remain at march 2019**

Actions to improve

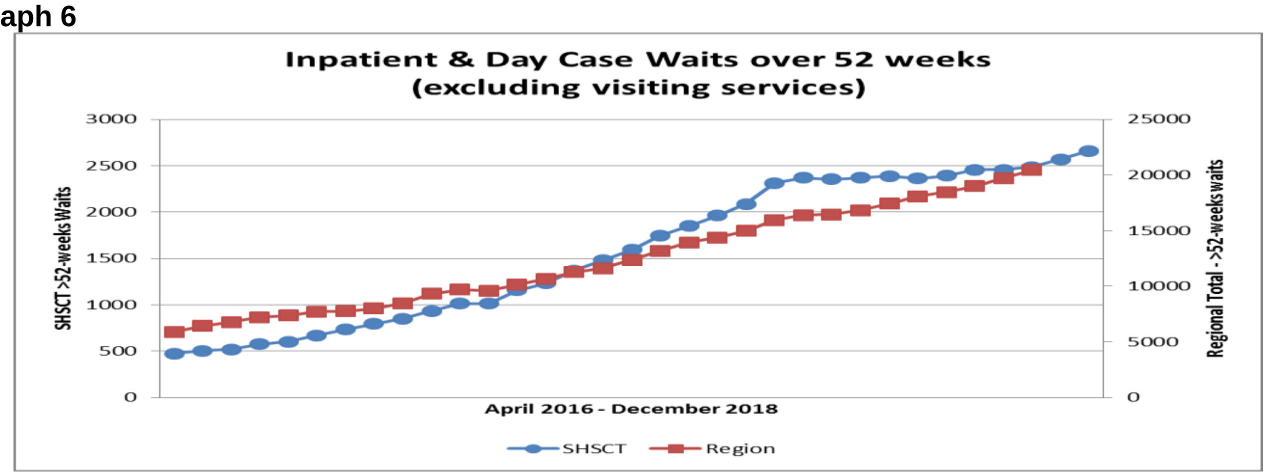
- The **£2.37m additional in year funding for diagnostics is being used in the main non recurrently to provide additional activity,** including use of mobile CT scanner on CAH site, additional in-house capacity and a small volume of capacity in the independent sector (IS).
- IS capacity is being directed to additional MRI and specialist CT work to address some of the longest waits however approximately 450 patients waiting for CT cardiac angiography, who were waiting in excess of 26 weeks at March 2018, will remain waiting at March 2019.
- Following significant breakdown, the **CT scanner at DHH was replaced in December**, with a mobile interim solution to provide capacity and maintain patient flow on that site

2.3 In-Patients and Day Cases

- **In-Patient (IP) and Day Case (DC) waits over 52-week at the end of December has increased with 2,662 people waiting across 7 specialty areas** – Breast Surgery; ENT; General Surgery; Orthopaedics; Paediatrics; Pain Management; and Urology. This increasing trend in waits over 52-weeks continues to be demonstrated Regionally as illustrated in Graph 6 overleaf:

- Whilst the Average waiting time is 36-weeks, with the 95th percentile wait at 115-weeks (Orthopaedics) the longest wait remains within Urology at 257-weeks.

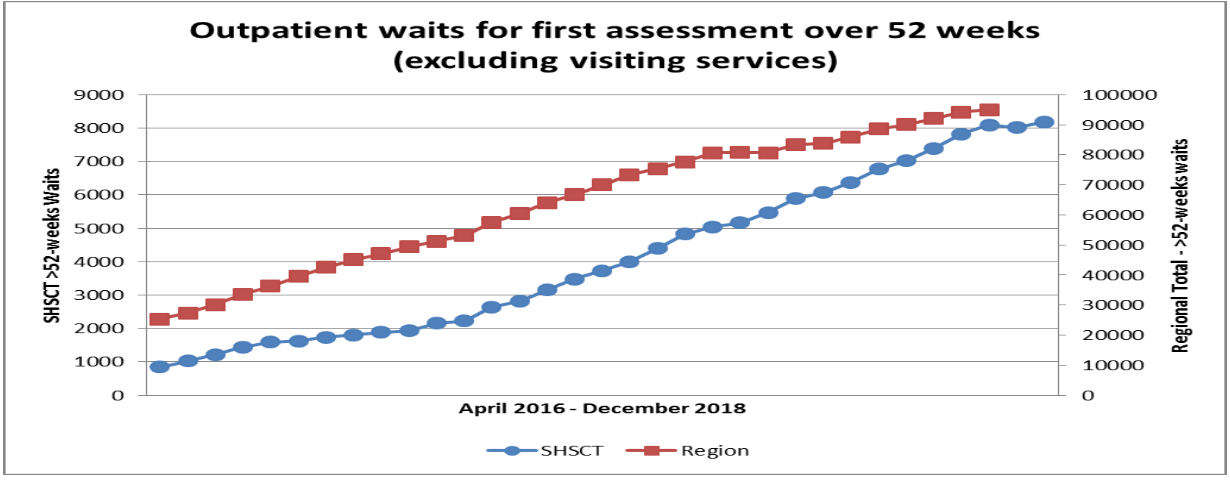
Graph 6



2.4 New out-patient (OP)

- OP waits over 52-weeks continued to increase with **19.1% waiting in excess of 52-weeks** (8,182 people) across 12 specialty areas – Breast Family History; Cardiology; Diabetology; ENT; Gastroenterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine; and Urology as summarised in Graph 7 below.
- Whilst the average waiting time is 33-weeks with the 95th percentile wait at 98-weeks (General Surgery) the longest wait remains within Ortho-Geriatrics at 155-weeks.

Graph 7



Actions to Improve

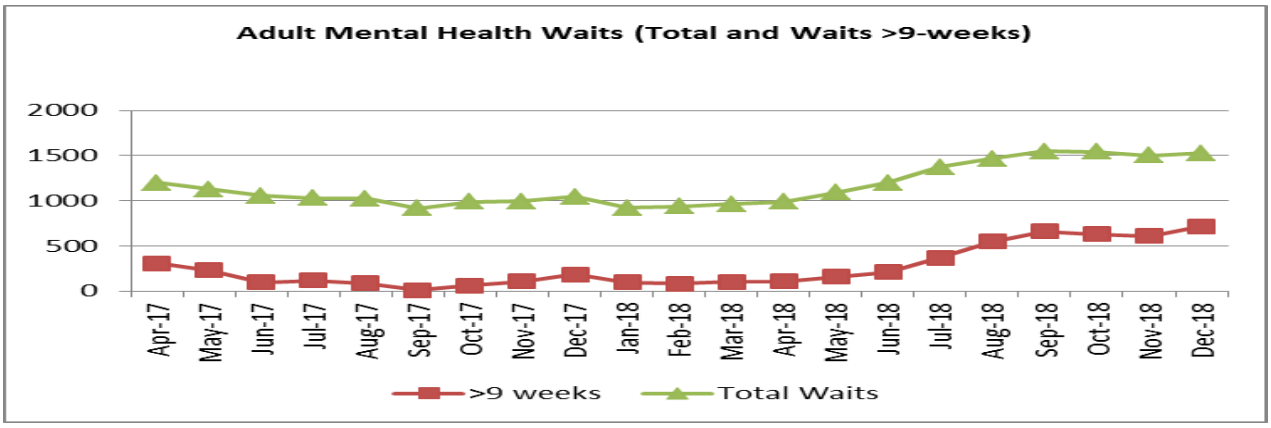
- **£3.15m in year non-recurrent funding for additional capacity has been secured for surgical in-patient and day case treatments** for 520 IP/DC long waits via in-house additionality, 710 day case cardiac diagnostic angiograms ~(via modular CathLab) and 314 orthopaedic and 20 general surgery treatments in the Independent Sector.
- C&S funding in year is expected to provide additional in-house capacity for circa 19,000 additional red flag; urgent; and long-waiting out-patient assessments (both new and review patients). **This will support those most clinically urgent patients**, including those on the cancer pathway, and will address a small volume of the longest waits.
- Processes and controls are in place to monitor and manage the wait time for urgent and routine waits in the context of lengthening access times.

3 Mental Health

3.1 Adult Elective Services

- Mental Health access times continue to be challenged and are reflected in the number of patients **waiting in excess of 9-weeks (717 at end of November). The longest wait is in Adult Mental Health at 65-weeks** with all other sub-specialist areas below 19 weeks. Graph 8 below demonstrates the trend in this position.

Graph 8



- The position is well outside the submitted performance improvement trajectory and in the main this is associated with demand in excess of capacity, however, it has been further compounded with workforce pressures associated with the requirement to re- align staff to support the in-patient Acute wards within Bluestone.
- Pressures also continue to be demonstrated in Primary Care and Community Mental Health Teams, Addiction Services and Eating Disorder Services associated with demand and workforce challenges. The **longest wait is 38-weeks within the Eating Disorders Service**.

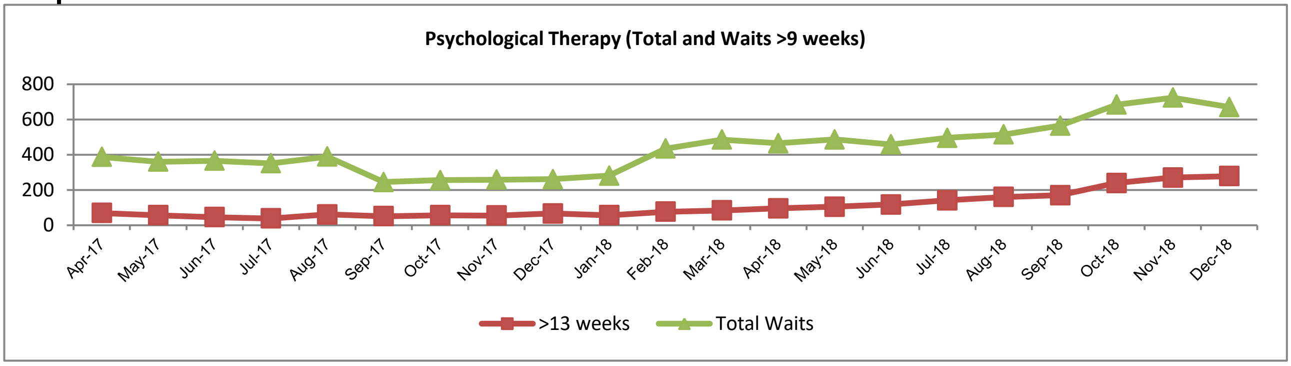
Actions to Improve

- Performance improvement assumptions against the 9-week objective have been reviewed and re-submitted to HSCB reflecting a more pragmatic position to improvement.
- In year non recurrent C&S funding has been secured to provide additional capacity for Tier 3 referral provision in the Independent sector. **This will reduce volume of waits and wait times for Tier 3 patients, including adult mental health and psychological therapies but will not impact on the longest waits**

3.2 Psychological Therapies

- Recruitment and retention of workforce continues to impact capacity, with ongoing vacancies in Psychology which is reflective of the Regional shortage of skilled psychologists.
- **December 2018 saw a further increase in patients waiting in excess of 13-weeks**, to 279 which is above the projections included in the agreed performance improvement trajectory. Graph 9 below demonstrates the trend in this position.
- There was no funding allocated in year by HSCB to facilitate additionality in this area within the independent sector.

Graph 9



Actions to Improve

- The Trust has reviewed the projections of performance for Adult Mental Health and Adult Health Psychology and re-submitted to HSCB to reflect the additional factors impacting on the original planning assumptions included in the performance improvement trajectories.
- **An internal review of Psychological Therapies has been agreed** to be undertaken in Q4 of 2018/2019, to deliver a strategic framework for the Trust. In addition, regional work is on-going to consider workforce issues and parity with other Regional models.

4 Optimisation of Resources

4.1 Service & Budget Agreement

- **Elective Inpatients continue to under deliver the commissioned level of activity by 1,509 (33%)** episodes at the end of November with the top 3 specialties contributing to this underperformance: General Surgery, ENT and Orthopaedics.
- Elective IP continues to be impacted by unscheduled care pressures with elective activity capping now in place. Whilst this minimises the occurrence and impact of surgical cancellations it also reduces the overall level of elective activity undertaken.
- Medical and theatre nursing workforce issues also impact on the level of elective capacity that can be planned.

Actions to improve

- Elective daycase activity, which is not impacted by bed capacity, is being scaled up and is **over delivering commissioned level by 1,722 cases**
- Performance trajectories are being reviewed to identify reasons for variations and any actions which can be taken.

5 Safe Systems of Care

5.1 Antibiotic usage

- New objectives around antibiotic consumption and prescribing are included in this year's CPD. In respect of antibiotic consumption, at least **55% of antibiotic consumed should be antibiotics from the WHO access aware category, the Trust has achieved 62%.** This is above the baseline of 59% achieved in 2017/2018.
- In respect of total usage based on defined daily doses per 1000 admissions, at 9956, the Trust is above the annual target sought at this point in the year and specific objectives for reduced prescribing and use of Carbapenem by 3% are not on track.

Actions to Improve

- Staff appointed to the AMS team are due to commence over the coming months which should support stewardship in this area.
- Further work to remove specific antibiotics from ward stock lists, and permit issue only on a named patient basis is ongoing.
- Antibiotic policies are being reviewed with a view to reducing the number of indications where

specific antibiotics are recommended.

6 Unscheduled Care (USC)

The Trust has an agreed Unscheduled Care / Winter Plan in place that was developed through a series of engagements with front line staff .A summary of actions and progress against this in year plan is presented to Trust Board under 'Matters Arising'.

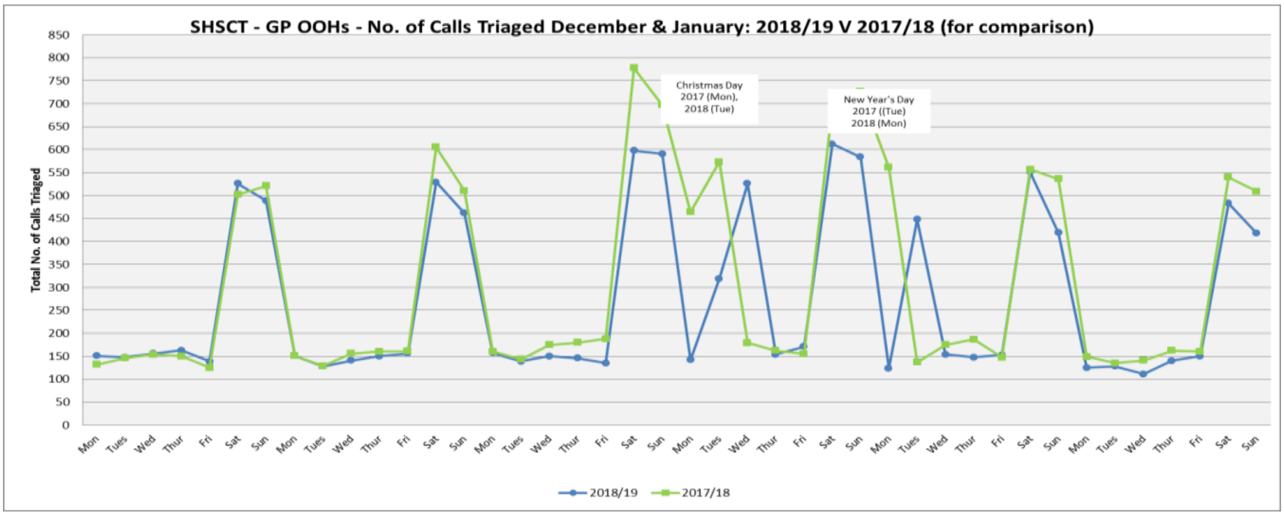
A summary of key trends from regional information comparing 24th Dec 18 to 7th January 19 to the same period last year is as follows:

- **Adult attendances**: Similar at CAH but up 5% at DHH;
- **Paediatric attendances**: up 1% at CAH but down 10% at DHH;
- **4 hour performance**: improved at CAH 59% vs 49% last year and reduced at DHH 67% this year compared to 70% last year;
- **12 hour performance**: significantly improved on both sites. CAH (125 breaches vs 241 last year) and DHH (58 breaches vs 96 last year);
- **NIAS 999/GP urgent**: CAH down 6% on last year but DHH up 15% on last year;
- **Non Elective adult admissions** up on both sites: CAH by 3% and DHH by 4%;
- **Non Elective adult discharges** also up on both sites: CAH by 9% and DHH by 11%.

Further local information also indicates:

- **Intermediate Care (ICS)**: 5% increase in activity from same period last year;
- **Discharge to Assess** (new) : Potential for 100 Discharges to Assess per month;
- **ICS Step Up**: 46% increase in referrals (April to Dec 17 – v – April to Dec 18);
- **Older Persons Assessment Unit (OPAU)** CAH & DHH – 80% of attendance re-directed from Acute Hospital admission; CAH 31 – 65 attendances per month; DHH 1 – 29 attendances per month;
- **Transfers to Non Acute Hospital** - Approximately 400 transfers from CAH to Non-Acute per month;
- **Acute Care at Home (AC@H)** - 1353 patients admitted Jan – Dec 2018.
- **GP Out of Hours Triaged Calls Patterns: (Graph10)**

Graph 10



6.2 Acute Hospital Patient Flow and Control

- New arrangements have been established to monitor the status of bed pressures and to escalate pressures. These scoring systems and processes are being tested and refined to support preparedness and communication with staff.

6.3 Capacity Issues

- **Despite additional bed capacity at CAH site this year, bed demand and utilisation continues to be high throughout the Trusts Acute Programme**. Challenges still present with available capacity, resulting in the high level of outliers which continue to be experienced
- Acute bed capacity within the Trust overall is comparably low with other Trusts.
- A regional needs assessment to inform future review of unscheduled care has been completed consolidating evidence of growth in our local population which is contributing to unscheduled care pressures and capacity gaps within our system.

6.4 Patient Feedback

- The 10,000 Voices Initiative through which patients, clients, family members, carers and staff describe their experience of receiving and delivering health and social care in Northern Ireland has reported on patients experience of discharge from July 2017 to February 2018 and a workshop is planned for June 19 to further explore opportunities to improve and share Good Practice . A number of key themes and regional recommendations are outlined including:
    - **Review of the resource for preparation for discharge** to include written advice for example leaflets for patients and carers and contact details to support patient and carers post discharge.
    - **Patient Client Experience standards** – Respect, Attitude, Behaviour, Communication and Privacy & Dignity should be evident throughout the patient journey including the discharge process.
    - **Review of the discharge process with multidisciplinary teams** to identify efficiencies and ensure safe and effective discharge planning. This includes working in partnership with patient and carers in preparation for discharge.

6.5 Mental Health & Disability In-Patient Demands

- **Significant workforce pressures are being experienced** across our Dementia Admission Unit, Adult Mental Health and Learning Disability admission wards associated with shortage of registrant LD and MH nursing workforce; on-going nursing vacancies; a loss of experienced staff; and an increasing reliance on newly qualified workforce.
- **Bed capacity for mental health continues to be challenging locally and regionally** with instances occurring where no admission beds are available.
- **A Regional Review of Mental Health In-Patient Beds is underway** and is due to conclude in April 2019 and the Department of Health has established a Regional Planning Group to develop a 5-year plan for Mental Health Services and LD Services.

Actions to Improve

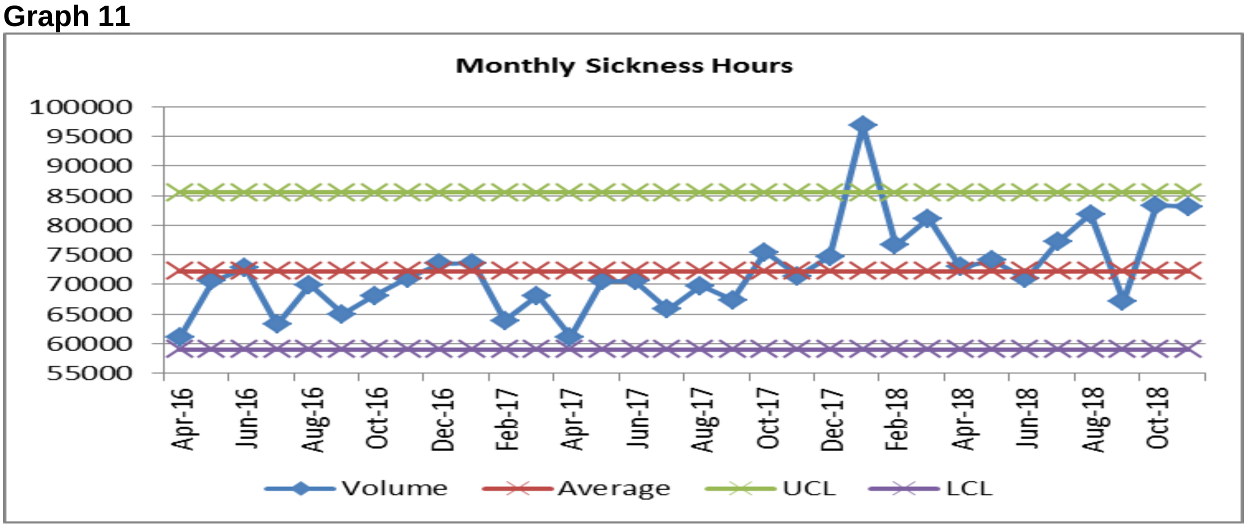
- Immediate actions have been taken and medium and long-term action plans are in place to address the workforce pressures, some of which will be subject to external support from DoH/HSCB.
- Eleven **agency staff secured from England have been aligned to Acute Wards** in lieu of currency vacancy levels. Permanent recruitment for Band 5 and Band 6 posts is ongoing and a recent Trust recruitment day in December identified a number of applicants.
- **A Directorate Oversight Group and sub-group structures have been established** to address the breadth of workforce, bed-flow, governance, quality and E solutions themes and e**ngagement meetings with the Trust; DoH; HSCB; and RQIA are on-going.** This is a standing item at the Trust SMT meeting
- Weekly Senior Management led patient flow meetings continue, supplementing the daily patient flow arrangements, and facilitate review of the complex cases. Additional resources have been committed, at risk, to co-ordinate complex discharges to improve flow.

7 Workforce

7.1 Staff sickness Absence: Summary Position

- Cumulatively the Trust is +8% over its objective level of absence hours for year to date at November with the Trust cumulative rate of sickness at 5.2%, which is higher than the baseline of 5.1% and the objective level sought of 4.9% . Graph 10 below shows the trend over the last two years on hourly sickness rates, reflecting a step change in monthly sickness hours above the average from October 2017. The current performance is close to the upper control levels. Further detail including ongoing actions to improve is detailed in the HROD report to Board.

Graph 11



Summary of SMT Challenge and Discussion:

- Unscheduled Care Operational Resilience Action Plan reviewed and escalation processes and assurance sought regarding management of acute and mental health bed capacity.
- Alignment of transformation programme priorities with key unscheduled pressures noted.
- SMT noted specific performance meetings in place with HSCB/operational teams relevant to cancer and elective performance targets.
- Issues related to MHD have been escalated to HSCB service issue/performance meeting
- Assurance sought via Directorate SMT performance meetings regarding the delivery of levels of elective additional funded by HSCB and Department of Health via Confidence and Supply funding and high level of monitoring required.
- Concerns noted regarding the impact of diverting resource to support USC on Trust's SBA performance and assurance that these pressures are reflected in projections of performance (trajectories).
- Assurance sought on delivery of performance in line with submitted projections of performance.

Internal / External Engagement

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications.
- Staff engagement in respect of unscheduled care planning ongoing via survey, focused conversations and senior medical leaders.

Human Rights / Equality:

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.
- Equality screening and rural proofing to be undertaken on all transformational schemes in line with IPT processes.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

CORPORATE DASHBOARD

OCTOBER 2017 DASHBOARD

FOR NOVEMBER 2017 TRUST BOARD

CORPORATE DASHBOARD - OCTOBER 2017 PERFORMANCE

The monthly performance report includes reporting against the 2016/2017 Commissioning Plan which reflects Ministerial priorities and contains 51 Objectives and Goals for Improvement (OGI), 44 are relevant to the Southern Health and Social Care Trust or are Regional objectives to which the SHSCT will contribute. Within the OGIs there may be several components which individually require to be achieved and also outlines a broad range of Associated Quality and Performance Indicators and these will be reported on a six monthly basis. The Trusts Delivery Plan (TDP) makes an assessment of the achievability each of the OGIs and a summary of this assessment is included below. The Commissioning Plan report also includes a number of key performance indicators to facilitate monitoring against areas identified on the Trusts Corporate Risk Register.

This report will develop as part of the Trusts performance management framework to include:
* Programme for Government outcomes and contribution to these outcomes relevant to HSC, subject to clarification; and
* Quality Improvement Framework key performance indicators.

Note: In the absence of HSCB technical guidance the basline volumes have been updated to reflect the 2016/2017 position. Any OGIs which indicate a percentage increase / decrease have also been updated based on the 2016/2017 baselines.

TDP ASSESSMENT for 2017/2018			Performance at September 2017
Green (G)	OGI is achievable and affordable	13	12
Amber (A)	OGI is partially achievable/achievable with additional resources	15	15*
Red (R)	OGI is unlikely to be achievable/affordable	16	15
Blue (B)	Not applicable (Not a Trust Target)	7	7
White W)	Not yet assessed	0	2
** Includes Amber and Yellow Performance assessments*		51	51

Summary of Performance against Objectives & Goals for Improvement September 2017)		
34% OGIs (19) Performance Assessed as 'Red - Not Achieved/Not on Track to Achieve':		
1.6	Utilising Family Support Hubs	Click here for detail
2.3.1	Healthcare Acquired Infections (C Diff)	Click here for detail
4.4.1	Emergency Department (4-Hour)	Click here for detail
4.4.2	Emergency Department (12-Hour)	Click here for detail
4.8	Diagnostic Reporting (Urgents)	Click here for detail
4.9.1	Suspect Breast Cancer (14-Day)	Click here for detail
4.9.3	Cancer Pathway (62-Day)	Click here for detail
4.10	Out-Patient Appointment: *2-part OGI - <9-weeks and >52-weeks*	Click here for detail
4.11	Diagnostic Test: *2-part OGI - <9-weeks and >26-weeks*	Click here for detail
4.12	In-Patient/Day Case Treatment: *2-part OGI <13-weeks and >52-weeks*	Click here for detail
4.13.2	Mental Health Out-Patient Appointment (Adult Mental Health)	Click here for detail
4.13.3	Mental Health Out-Patient Appointment (Dementia Services)	Click here for detail
4.13.4	Mental Health Out-Patient Appointment (Psychological Therapies)	Click here for detail
5.4	Allied Health Professionals	Click here for detail
6.1	Carers Assessments	Click here for detail
6.2	Community Based Short Breaks	Click here for detail
7.4	Hospital Cancelled Out-Patient Appointments	Click here for detail
7.5	Service and Budget Agreement	Click here for detail
7.7	Pharmacy Efficiency Programme	Click here for detail
32% OGIs (17.5) Performance Assessed as 'Amber - Partially achieved':		
1.3	Healthier Pregnancy Programme	
1.4	Child Health Promotion (Healthy Child, Healthy Future)	
1.5	Family Nurse Partnerships	
1.7.1	Children in Care (Placement Change)	
1.7.2	Children in Care (Adoption)	
1.8	Suicide Rates (Social and Emotional Crisis)	
2.2	Delivering Care (Sustainable Nurse Staffing Level)	
2.6	Medicines Optimisation Model	
3.4	Palliative and End of Life Care	
4.2	GP Out of Hours	
4.6	Hip Fractures	
4.7	Ischaemic Stroke (Receive Thrombolysis)	
4.13.1	Mental Health Out-Patient Appointment (CAMHS)	
5.2	Direct Payments	
5.5.2	Mental Health Discharges: *2-part OGI - <7-days*	
7.6.3	Acute Hospital Non-Complex Discharges (6-Hours)	
8.1	Seasonal Flu Vaccine	
8.2	Staff Sick Absence Levels	
4% OGIs (2) Performance Assessed as 'Yellow - Substantially Achieved/On Track for Substantial Achievement':		
5.5.1	Learning Disability Discharges: *2-part OGI - <7-days*	
7.6.2	Acute Hospital Complex Discharges (7-Days)	
5.5.2	Mental Health Discharges: *2-part OGI - >28-days*	
26% OGIs (14.5) Performance Assessed as 'Green - Achieved/On Track to be Achieved':		
1.1	A Fitter Future for All (Obesity Levels)	
1.2	Tobacco Control Strategy (Smoking Reduction)	
1.9	Diabetes Strategic Framework	
2.3.2	Healthcare Acquired Infections (MRSA)	
2.4	Sepsis Bundle	
2.5	NEWS KPI	

2.7	Application of Care Standards	
3.2	Children and Young People in or Leaving Care	
4.5	Emergency Department (2 Hour)	
4.9.2	Cancer Pathway (31-Day)	
5.3	Self-Directed Support	
5.5.1	Learning Disability Discharges: *2-part OGI - >28-days*	
7.6.1	Acute Hospital Complex Discharges (48-Hours)	
8.3	Q2020 Attributes Framework	
8.4	Suicide Awareness Training	
4% OGIs (2) - 'White - Not Yet Performance Assessed'		
6.3	Young Carers' Short Break	Performance data awaited
6.4	UNOCINI Assessments	Performance data awaited
Appendix 1 - Access Times Report		

Appendix 1 Access Times Report - End of September Actual and Projected Month-End October

Note - where qualitative assessment is required this will be provided quarterly and reflect the Directorate's subjective assessment of performance against the OGI at that point and will be denoted on the dashboard as Director's Qualitative Assessment.

NOTE: AMENDED AT TRUST BOARD MEETING 30 NOVEMBER 2017

*** 4.13.2 Adult Mental Health - Patients in excess of 9-weeks amended to 62 (previously noted as 17).**

*** Appendix 1 - Neurology NOP SBA performance amended to: +23% (+267) at 31 August 2017 and +22% (+300). Figures previously noted -17% (-140) and -18% (-176) excluded virtual activity.**

OGI 1.1: A FITTER FUTURE FOR ALL (Obesity Levels): Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care

By March 2022 reduce the level of obesity by 4%, overweight and obesity by 3% for adults, and 3% & 2% for children.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	As above	**Multi-Agency Objective**: The Trust's contribution to the achievement of this objective is via the delivery of commissioned specific services, such as community nutrition and weight management programmes. It should be noted that whilst the Trust have assessed their contribution as achievable this is reliant upon the PHA delivery of the agreed programme materials and the Regional evaluation framework.	**Director's Qualitative Assessment:**	G

OGI 1.2: TOBACCO CONTROL STRATEGY (Smoking Reduction): Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care

By March 2020 reduce the proportion of 11-16 years who smoke to 3%; adults who smoke to 15%; and pregnant women who smoke to 9%.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	As above	**Multi-Agency Objective**: The Trust's contribution to the achievement of this objective will be via the delivery of commissioned smoking cessation services and the on-going maintenance of the Trust's Smoke Free Sites. 2016/2017 demonstrated 1,531 people having 'set a quit date' which achieved 97% of the local target level. At 4-weeks 66% of these people remained quit, which was in excess of the Regional average objective leve of 50%. It should be noted that whilst the Trust have assessed their contribution as achievable this is in the context of no locally agreed objective level for 2017/18, which remains pending from PHA.	**Director's Qualitative Assessment:**	G

OGI 1.3: HEALTHIER PREGNANCY PROGRAMME: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018 have further developed, tested and implemented a 'Healthier Pregnancy Programme' to improve maternal and chilk health and seek a reduction in the percentage of babies born at low birth weight for gestation.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	As above	**Multi-Agency Objective:** The Trust's contribution to the achievement of this objective has been through the implementation of a number of training programmes for staff and patients; in parallel to increased monitoring/scanning of women deemed to be at risk of Inter Uterine Growth Restriction (IUGR). Full achievement of the Trust's contribution will be reliant upon availability of additional resources associated with increased scanning requirements.	**Director's Qualitative Assessment:**	A

1.4: CHILD HEALTH PROMOTION (Healthy Child, Healthy Future): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2019 ensure full delivery of universal child health promotion programme for Northern Ireland 'Healthy Child, Healthy Future'. By that date Antenatal contact will be delivered to all first time and vulnerable mothers; and 95% of two year old reviews must be delivered..

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	A
OGI:	As above	**Multi-Agency Objective:** The full delivery of the universal child health promotion programme is reliant upon the outcomes of Phase 4 - Health Visiting Normative Staffing and the Trust is challenged by the ability to fill permanent vacancies with ongoing temporary capacity losses; this is coupled with a high level of children on the Child Protection Register which impacts on capacity to deliver the 'universal' contact. The Trust continues to increase the % of two year olds who have their assessment completed; 78% in March 17, and has prioritised antenatal contact visits to first or vulnerable mothers.	**Director's Qualitative Assessment:**	A

OGI 1.5: FAMILY NURSE PARTNERSHIPS (A Healthier Pregnancy): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, ensure the full Regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	A
OGI:	As above	**Multi-Agency Objective:** All teenage pregnancies, identified by the hospital based service, are referred to the Family Nurse Partnership Team. Whilst the Team are recruiting to increase capacity it is anticipated that the caseload with only facilitate provision for approximatley 50% of eligible teenage mothers. In order to deliver the programme to all eligible teenage mothers the Trust would require additional resources, estimated at an additional 4 WTE Family Nurses.	**Director's Qualitative Assessment:**	A

OGI 1.6: UTILISING FAMILY SUPPORT HUBS (Improving Access & Awareness): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, increase the number of families utilising Family Support Hubs by 5% over the 2016/2017 figures and work to deliver a 10% increase in the number of referrals by March 2010.

Baseline:	To be confirmed	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	R
OGI:	To be confirmed	**Multi-Agency Objective**: The Trust's Family Support Hubs are established and working to full capacity, with waiting lists also established for families seeking to utilise services. Therefore, it is not anticipated that the volume of families utilising the hubs can be increased by 5% without additional funded resources. The number of referrals to the Family Support Hubs will be monitored against the 2016/2017 level, once identified however, it is not anticipated that additional referrals can be accommodated in existing capacity.	**Director's Qualitative Assessment:**	R

OGI 1.7.1: CHILDREN IN CARE (Placement Change): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, the proportion of children in care for 12 months or longer with no placement change is at least 85%.

Baseline:	78% (2016/ 2017)	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**	**TDP Assessment:**	A
		70%	75%	79%	79%	78%	78%		
		Performance Headline							
OGI:	85%	2016/2017 performance remained static at 78%, not achieving the objective level of 85% sought. The significant increase in the number of new Looked After Children (LAC) admissions is placing fostering and adoption services under considerable pressure, resulting in increased demand for placements which impacts on permanence and placement security and stability. Therefore, it is not anticipated that the objective level will be achieved in 2017/2018.						**Performance Assessment:**	A

OGI 1.7.2: CHILDREN IN CARE (Adoption): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, 90% of children, who are adopted from care, are adopted within a three year timeframe (from the date of last admission).

Baseline:	32% (2015/ 2016)	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**	**TDP Assessment:**	R
		50%	50%	56%	25%	32%	N/A		
		Performance Headline							
	90% in 3-	Whilst 2016/2017 formal position is not yet available, internal monitoring indicates an increase in performance in this year currently reported at 68%. This improvement is attributed to the Home on Time project, associated additional resources and imporved monitoring of							

OGI:	Year Timeframe	practice standards. Performance within the Trust has been typically impacted by the number of older children being adopted. In 2015/2016 42% of children adopted where aged 5 years and up and older children, who are typically adopted by their foster carers, is a longer process. Whilst this impacts on performance data it is not harmful in terms of care planning.	**Performance Assessment:**	**A**

NON OGI: UNALLOCATED CHILD CARE CASES: Lead Director Mr Paul Morgan, Director of Children and Young People's Services
The number of unallocated child care cases, in excess of 20-days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	44	51	107	15	24	44	35	51	57	69	64	71	N/A	**TDP Assessment:**	**N/A**

		Performance Headline		
	Not an OGI	Challenges remain maintaining capacity in this service associated with sickness and leave. Staff continue to flex between Gateway and Family Intervention teams to meet the demand, supported with regular review and prioritisation of cases. No child protection cases remain unallocated. The longest wait at the end of September was 175 days within Disability.		

OGI 1.8: SUICIDE RATES (Social and Emotional Crisis): Lead Director Mr Bryce McMurray, Interim Director of Mental Health & Disability
By March 2018, to have enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis. This is an important element of the work to reduce the differential in suicide rates between the 20% most deprived areas by March 2020.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30 September 2017* **Performance Headline**	**TDP Assessment:**	**A**
OGI:	As above	**Multi-Agency Objective**: The Trust will contribute to the achievement of this Regional objective through enhanced out of hours capacity and the work of its Protect Life/Emotional Health and Wellbeing Implementation Group. The group works across the 5 key continuum themes and its action plan will be launched in Autumn 2017. Services are in place provide 24/7 response to both Emergency Departments (EDs), for those aged 18 and over, presenting with self-harm/suicidal behaviour there is also telephone management and de-escalation offered for those referred with psycho-social crisis. The ability to respond to people in their own location is limited due to rurality.	**Director's Qualitative Assessment:**	**A**

OGI 1.9: DIABETES STRATEGIC FRAMEWORK : Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care
By March 2018, to have devised an agreed implementation plan and outcome measures for the delivery of Phase 1 of the Diabetes Strategic Framework along with establishing a Diabetes Network Board and governance arrangements to support the framework.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30 September 2017* **Performance Headline**	**TDP Assessment:**	**G**
OGI:	As above	**Multi-Agency Objective:** The Trust's contribution to Diabetes Strategic Framework is participatory at this stage and Trust representatives, including clinical colleagues, continue to participate in a number of regional workstreams. Internally the Trust has an established steering group. The Trust will take forward a number of actions relating to Phase 1, once clarification on the Regional implementation plan/outcome measures and level of available funding is confirmed. Trust actions will specifically focus on the implementation of a foot care pathway and revision of structured education, subject to allocation of resources and clarification of models of care.	**Director's Qualitative Assessment:**	**G**

OGI 2.2: DELIVERING CARE (Sustainable Nurse Staffing Level): Lead Director Mr Bryce McMurray, Interim Executive Director of Nursing and Allied Health Professionals
By March 2018, all HSC Trusts should have fully implemented the first four phases 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 .

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30 September 2017* **Performance Headline**	**TDP Assessment:**	**A**
OGI:	Full Imp. of Phases 1 - 6	Implementation of all six phases of Delivering Care, by March 2018, is subject to Regional agreement on staffing models; funding to implement and sufficient number of Registered Nurses to populate the agreed workforce requirements. The Trust continues to be challenged to maintain safe and sustainable Registered Nurse staffing across all clinical areas currently involved in Delivering Care. In parallel the Trust has agreed the Changing for Children nursing and medical staffing levels as part of its Changing for Children strategy. Final staffing numbers will be dependent on the level of Ambulatory Services to be commissioned.	**Director's Qualitative Assessment:**	**A**

OGI 2.3.1: HEALTHCARE ACQUIRED INFECTIONS (C Diff): Lead Director Dr Richard Wright, Medical Director
By March 2018, to secure a Regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile Infection in patients aged 2 years and over compared to 2016/2017.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	34	4	5	4	2	5	5	4	4	2	4	4	1	**TDP Assessment:**	**R**

		Performance Headline		
OGI:	31	Note: Amended August data. Whilst 2016/2017 demonstrated a stronger level of performance than 2015/2016 it is unlikely that the Trust will achieve the 2017/2018 objective level associated with the number of cases reported between April and October (24), equating to 77% of the full-year's objective level. The Trust continues to work towards a low level of C-Diff incidences against a background of increasing complex needs, an ageing population and an aging hospital estate.	**Performance Assessment:**	**R**

OGI 2.3.2: HEALTHCARE ACQUIRED INFECTIONS (MRSA): Lead Director Dr Richard Wright, Medical Director
By March 2017, to secure a Regional aggregate reduction of 15% in the total number of in-patient episodes of MRSA Infection compared to 2016/2017.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	6	0	1	0	0	1	0	1	0	0	1	0	0	**TDP Assessment:**	**R**

		Performance Headline		
OGI:	4	The Trust continues to demonstrate a strong level of performance in the Region which continues to be supported by local actions and a new targetted training programme, commenced June 2017. Whilst the Trust will continue to work to seek improvements, its ability to achieve any further reduction in MRSA incidences is challenging and unlikely.	**Performance Assessment:**	**G**

OGI 2.4: SEPSIS BUNDLE: Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, to ensure that all patients treated in Type 1 Emergency Departments and identified as at risk of Sepsis" receive the 'Sepsis Bundle' .

Baseline:	To be confirmed	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	**G**
OGI:	100%	An established process is in place, within the Emergency Departments, for the identification; treatment; and monitoring of suspected Neutropenic Sepsis. All patients suspected of having neutropenic sepsis will receive the 'Sepsis 6' bundle with regular reporting; and auditing of all suspected cases.	**Director's Qualitative Assessment:**	**G**

OGI 2.5: NEWS KPI: Lead Director Mr Bryce McMurray, Interim Executive Director of Nursing and Allied Health Professionals *Throughout 2017/2018 the clinical condition of all patients must regularly and appropriately by monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration .*

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	**G**
OGI:	To be confirmed	The clinical condition of all patients is regularly and appropriately monitored with timely action taken to respond to signs of deterioration with National Early Warning Scores (NEWS) in place across both Acute and Non-Acute wards throughout the Trust. Regular audit is in place with reporting via the Nursing Quality Indicators (NQIs). The Trust demonstrated compliance over 90% during the Regional patient safety and point prevalence audits in 2016/2017. The Trust will continue to seek improvement on compliance in line with Regional guidance.	**Director's Qualitative Assessment:**	**G**

OGI 2.6: MEDICINES OPTIMISATION MODEL: Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, all Trusts must demonstrate 70% compliance with the Regional Medicines Optimisation Model against the baseline established at March 2016.

Baseline:	To be confirmed	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17*	**TDP Assessment:**	**A**

		Performance Headline		
OGI:	To be confirmed	Whilst the Trust will work towards the 70% objective level, current performance is estimated at 40% and therefore, the objective level is unlikely to be met in 2017/2018 without additional resources. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model. Subject to availability of resources, the Trust's key actions for progression will include recruitment of pharmacy staff; IT support; implementation of the optimisation model; and Regional process development.	**Director's Qualitative Assessment:**	**A**

OGI 2.7: APPLICATION OF CARE STANDARDS RESIDENTIAL AND NURSING HOMES (RNH) THAT ATTRACT A NOTICE OF DECISION: Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care *During 2017/2018 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 residential / nursing homes inspected that receive a failure to comply and subsequently attract a notice of decision as published by RQIA.*

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	As above	The application of the Registration and Quality Improvement Authority's (RQIA) Minimum Care Standards form part of the Regional residential and nursing home contract which the Trust has in place, with all residential and nursing homes that it contracts with. The Trust continues to support the delivery of quality care, in residential and nursing homes, as part of its duty of care and has a range of governance arrangements in place. The Trust will continue to seek improvement in care standards and take action, as appropriate, on any issues highlighted by RQIA, who have responsibility for regulation and inspection and for issuing failure to comply notices as part of its remit.	**Director's Qualitative Assessment:**	G

OGI 3.2: CHILDREN AND YOUNG PEOPLE IN OR LEAVING CARE (Involvement in Plans): Lead Director Mr Paul Morgan, Director of Children and Young People's Services
During 2017/2018 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.

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	As above	The Trust continues to work specifically with children and young people to ensure that, in line with age and understanding, they are fully involved and consulted with in relation to their respective care plans. Plans and decisions are formulate, as per assessment, and are presented/ratified at Looked After Reviews which emphasise the importance of service user involvement. The Trust's two active Looked After Children service user groups also assist in enabling young people to influence decisions.	**Director's Qualitative Assessment:**	G

OGI 3.4: PALLIATIVE AND END OF LIFE CARE: Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care
By March 2018, to have arrangements in place to identify individuals with a Palliative Care need in order to support people to be cared for in a way that best meets their needs. In 2017/2018, the focus will be on undertaking and evaluating a pilot identification project.

Baseline:	Not applicable	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	A
OGI:	As above	The Trust continues to work with the Regional Palliative Care Programme Board to implement the Regional strategy and contribute to the achievement of this target. The Trust, in partnership with the SLCG and ICP, has developed a local workplan for 2017/2018 in line with the Region. The District Nurse has been agreed Regionally as the Palliative Keyworker and the implementation of this role is liked to the District Nurse normative staffing work, led by the PHA. Work is on-going in the Trust to implement information reports in respect of this objective.	**Director's Qualitative Assessment:**	A

OGI 4.2: GP OUT OF HOURS (Urgent Triage): Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care
By March 2018, 95% of acute/urgent calls to GP OOH should be triaged within 20 minutes

		Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	87.71%	84.42%	85.93%	86.55%	92.31%	92.29%	85.84%	87.19%	89.88%	89.36%	87.99%	93.79%	89.90%	**TDP Assessment:**	R
		Performance Headline													
OGI:	95%	Whilst an improvement in performance was demonstrated in 2016/2017, in comparison to 2015/2016, this objective is not considered to be achievable in 2017/2018 associated with the on-going workforce challenges and inability to provide full GP shift cover. Whilst 565 hours of GP capacity was uncovered in October the service continued to utilise an enhanced skill mix with nursing and pharmacy staff working in the Out of Hours service. Cumulative performance at 31 October 2017 remains relatively static at 89.16%.												**Performance Assessment:**	A

OGI 4.4.1: EMERGENCY DEPARTMENT (4-Hour Arrival to Discharge/Admission): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, 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.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	75.10%	72.70%	70.00%	70.20%	73.10%	74.00%	73.40%	74.40%	82.90%	86.40%	83.90%	78.00%	76.20%	**TDP Assessment:**	R
		Performance Headline													
OGI:	95%	Testing of system resilience, via the 100% challenge event in CAH in June 2017 resulted in an initial positive step change in 4-hour performance. However, due to heightened unscheduled care pressures and the inability to secure resources at the 100% challenge level, October performance has demonstrated a further decrease. The Trust has commissioned a further 100% challenge event in DHH in early December with a repeat event in CAH in preparation for the Winter period which will support its unscheduled care resilience plan for 2017/2018. 90% of patients are seen and admitted or discharged within 6-hours.												**Performance Assessment:**	R

OGI 4.4.2: EMERGENCY DEPARTMENT (12 Hour Arrival to Discharge/Admission): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, no patient attending any emergency department should wait longer than 12 hours.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	910	18	143	285	130	149	222	158	104	39	56	115	214	**TDP Assessment:**	R
		Performance Headline													
OGI:	0	The number of patients waiting in excess of 12 hours, which equates to 0.9% of total ED attendances cumulatively, has further increased in October with challenges in patient flow and increased numbers of medical patients in non-medical beds (outliers) (averge of 40 per day in October in comparison to 28 per day in September). The inability to increase key clinical staff limits the ability to open additional bed capacity in the Winter period however work is ongoing to designate additional beds for medical patients from within the Trust total compliment to support patient flow and quality of care. The unscheduled care resilience plan for 2017/2018 focuses on alternatives to admission and enhanced patient flow to improve earlier discharge and optimise capacity. Recruitment has been initiated for the implementation of the frailty assessment service with in-reach and discharge to assess which should support admission avoidance and early discharge planning on the CAH site for the cohort of frail older people.												**Performance Assessment:**	R

OGI 4.5: EMERGENCY DEPARTMENT (2-Hour Triage to Treatment Commenced): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	77.94%	77.23%	77.08%	76.24%	79.36%	78.14%	79.12%	77.80%	84.46%	87.49%	87.30%	83.25%	82.15%	**TDP Assessment:**	G
		Performance Headline													
OGI:	80%	Cumulative performance April to October 2017 demonstrated performance of 83.44%, which is improved and in line with the objective level sought, however, the ability to sustain this is more challenging as unscheduled care pressures increase. Achievement of this objective on a continuing basis is only demonstrated on the DHH and STH sites. The testing of system resilience via the 100% challenge event in June 2017, which resulted in a positive step change in 4-hour performance, and the refresh planned for December should reflect positively on this objective and achievability in-year.												**Performance Assessment:**	G

OGI 4.6: HIP FRACTURES: Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48-hours for in-patient treatment for hip fractures.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	91.70%	83.30%	85.70%	97.00%	86.50%	100.00%	96.70%	82.90%	75.00%	91.20%	91.90%	95.00%	91.30%	**TDP Assessment:**	Y
		Performance Headline													
OGI:	95%	Cumulative performance April to October is 87.9%, which whilst lower than the performance in 2016/2017 is set in the context of an +8% increase in trauma admissions, of which hip fractures form part. All trauma cases are clinically prioritised and whilst as far as possible patients with hip fractures are treated within 48-hours, those with greatest clinical risk will take priority. This objective will continue to be subject to peaks in demand above available capacity. Existing Trauma and Orthopaedic capacity will continue to be used flexibly to meet trauma demand, which can lead to the cancellation of elective orthopaedic cases when required to maintain patient safety. A proposal to increase trauma capacity is in development.												**Performance Assessment:**	A

OGI 4.7: ISCHAEMIC STROKE (Receive Thrombolysis): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.

Baseline:	12%	**Rolling 12-month performance: July 2016 - June 2017**	**TDP Assessment:**	**Y**
		14.0%		
		Performance Headline		
OGI:	15%	(Reported 3-months in arrears). Whilst this objective has a fixed target, clinical decision ultimately determines when the thrombolysis drug can be delivered to patients. Performance, therefore, continues to be impacted by the variable presentation of strokes and associated clinical decisions. Whilst the presentation of individual cases will affect the ability to achieve this objective, the Trust will continue to seek improvement in this position and across the broader range of indicators, via participation in the Sentinel Stroke National Audit Programme (SSNAP) that creates and monitors quality outcomes for the management of stroke.	**Performance Assessment:**	**Y**

OGI 4.8: DIAGNOSTIC REPORTING (Urgents): Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, all urgent diagnostic tests should be reported on within two days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	Imaging 76.21% Non Imaging 95.15%	78.60%	83.70%	75.60%	72.20%	73.5%	77.40%	78.10%	82.70%	77.60%	78.90%	83.10%	81.70%	**TDP Assessment:**	R
		Performance Headline													
OGI:	100%	The Trust continues to be challenged to deliver this objective, predominantly within Imaging. Challenges continue to be associated with on-going vacancies in the core Radiology workforce with a 34% vacancy rates for radiologists at the end of October 2017. The Trust continues to utilise additional capacity from the Independent Sector for Plain Film, CT and MRI reporting and whilst this level of capacity has been secured a sustainable improvement will not be demonstrated until medical workforce challenges are resolved. Within Non-Imaging the predominant challenge is within Cardiac Investigations, where a number of actions to secure improvement are to be undertaken in 2017/2018.												**Performance Assessment:**	R

OGI 4.9.1: SUSPECT BREAST CANCER (14 days): Lead Director Mrs Esther Gishkori, Director of Acute Services

During 2017/2018, all urgent suspected breast cancer referrals should be seen within 14 days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	43.3%	70.10%	39.10%	45.00%	38.27%	18.22%	19.60%	21.60%	22.90%	15.80%	22.50%	18.00%	21.70%	**TDP Assessment:**	R
		Performance Headline													
OGI:	100%	*(Reported one month in arrears).* Breast assessment provision within 14-days for red flag (suspected cancer) referrals continues to be a significant challenge predominantly associated with radiology vacancies, resulting in delivery of a lower level of core activity than planned, and an underlying capacity gap. Whilst there has been a reduction in the overall total of patients waiting for assessment over the past few months the wait still remains less than acceptable at 28-days. The Trust has secure good support from other NI Trusts who have committed additional capacity for assessment however the Trust is unable to deliver the level of additional capacity required to improve this position in the short term. Previous performance projections have been refreshed and it is anticipated it will be another 6 months before the Trust, with the support of others, will see a return to assessment within 14-days. A sustainable service provision is reliant on the outcomes of the Regional Review of Breast Services.												**Performance Assessment:**	R

OGI 4.9.2: CANCER PATHWAY (31 Day): Lead Director Mrs Esther Gishkori, Director of Acute Services

During 2017/2018, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

		Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep		
Baseline:	99.8%	96.80%	99.20%	99.30%	98.40%	99.10%	100.00%	100.00%	99.15%	99.27%	98.47%	100.00%	99.21%	**TDP Assessment:**	G
		Performance Headline													
OGI:	98%	*(Reported one month in arrears)* Performance in 2016/2017 remained consistently high with cumulatively 99% of patients receiving first definitive treatment withn 31-days of their diagnosis. Cumulative performance April to September demonstrated 99.32% sustaining a high level of performance. The performance projections for the 31-day pathway anticipates continued sustainability of this position.												**Performance Assessment:**	G

OGI 4.9.3: CANCER PATHWAY (62 Day): Lead Director Mrs Esther Gishkori, Director of Acute Services

During 2017/2018, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

		Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep		
Baseline:	84.20%	87.80%	83.30%	90.90%	86.40%	80.80%	82.35%	84.31%	75.81%	69.60%	66.96%	71.91%	73.58%	**TDP Assessment:**	R
		Performance Headline													
OGI:	95%	*(Reported one month in arrears)* Performance in 2016/2017 demonstrated a decrease in comparison to 2015/2016 (88.30%) and based on the performance projectsion for this year an improvement is not anticipated. This is associated with an increased level of patients on the pathway with increased demand on the resources avialable, include red flag out-patient and diagnostic capacity. The percentage of confirmed cancers has not demonstrated a disporportionate increase. The majority of 62-day pathway breaches for the Trust continues to be within Urology, one of the four tumour sites with greatest demand.												**Performance Assessment:**	R

OGI 4.10: OUT PATIENT APPOINTMENT: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, 50% of patients should be waiting no longer than 9 weeks for an out-patient appointment and no patient waits longer than 52-weeks.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	38.16% <9 2225 >52	38.60%	34.20%	33.49%	35.56%	38.16%	36.90%	36.60%	37.10%	34.70%	32.20%	33.00%	33.00%	**TDP Assessment:**	R
		Performance Headline													
OGI:	50% <9 0 >52	Performance, whilst flat over the last three months, has shown a decreasing trend with a lower level of patients seen within 9-weeks for first out-patient assesment. Achievement of this objective continues to be impacted by multiple factors including increasing demand, insufficient capacity and lack of recurrent investment in capacity gaps. Waits in excess of 52-weeks continue across 14 specialties, all with established capacity gaps and/or accrued backlogs within: Breast Family History; Breast Surgery; Cardiology; Diabetology; ENT; Endocrinology; Gastro-enterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine; and Urology. The Trust continues to prioritise available capacity to red flag and urgent referrals in the first instance and to direct any non-recurrent funding to those specialties presenting safety risk.												**Performance Assessment:**	R <9 R >52

NON OGI: OUT PATIENT REVIEW BACKLOG (Acute Including Paediatrics and ICATS): Lead Director Mrs Esther Gishkori, Director of Acute Services

The number of patients waiting in excess of their clinically required timescale for out patient review.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	13090	N/A	N/A	18015	17839	19008	19961	19058	20248	20649	21436	22119	20946	**TDP Assessment:**	N/A
		Performance Headline													
	Not an OGI	October demonstrated a decrease in the volume of patients waiting beyond their clinically indicated timescale for review. Arrangements are in place to minimise risk and ensure those patients waiting for review, which have been given a high clinical priority, take place in accordance with clinically indicated timescales. Improvement on this backlog can only be achieved with availability of funding and workforce capacity to undertake this additionality. The Trust will continue to re-direct non-recurrent funding to this area as available. In Quarters1&2 approximately 885 additional review out-patients were seen. Additional non recurrent funding identified mid November for will include proposals for additional review activity to be undertaken in Quarter 4,													

OGI 4.11: DIAGNOSTIC TEST: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	66.64% <9 634 >26	62.00%	58.00%	57.00%	62.00%	66.60%	59%	55%	57%	52%	47%	51%	N/A	**TDP Assessment:**	R
		Performance Headline													
OGI:	75% <9 0 >26	Cumulative performance April to September 2017 demonstrates relatively static performance with 53.4% waiting less than 9-weeks for their diagnostic test. Waits in excess of 26-weeks continue to be demonstrated across Imaging, Non-Imaging and Endoscopy, however, the largest volumes of waits in excess of 26-weeks are within Imaging (CT; MRI; and Dexa). HSCB non-recurrent funding has been confirmed for Diagnostics for Quarters 3&4 and this will be used for Plain Film Reporting, CT via mobile scanner, Non-Obstetric Ultrasound and a small volume of MRI. Additional endoscopy capacity put in place in Q1/2 will also continue into Q3/4. The impact of this additionality on the 9-week and 26-week objective by March 2018 requires to be quantified but is insufficient to improve wait times in all areas.												**Performance Assessment:**	R <9 R >26

OGI 4.12: IN PATIENT / DAY CASE TREATMENT: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, 55% of patients should wait no longer than 13 weeks for in-patient/day case treatment and no patient waits longer than 52 weeks.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	46.6% <13 1014 >52	52.10%	49.00%	46.10%	44.80%	46.60%	44.50%	42.10%	40.00%	38.21%	38.48%	36.21%	N/A	**TDP Assessment:**	R
		Performance Headline													
OGI:	55% <13 0 >52	September 2017 demonstrates continued growth in waits >52-weeks (+736) from March 2017. The longest waits continue predominantly in Urology, Orthopaedics, Pain Management, Cardiology and General Surgery. Achievement of this objective continues to be impacted by multiple factors including increasing demand; insufficient capacity; and a lack of recurrent investment in capacity gaps. Priority continues to be given to red flag and clinically urgent cases. In the absence of recurrent solutions the Trust will continue to direct any non-recurrent HSCB funding and re-direct internal funding to those specialties presenting safety risk or where opportunity presents to increase capacity without adverse impact on internal bed capacity/unscheduled care.												**Performance Assessment:**	R <13 R >52

OGI 4.13.1: MENTAL HEALTH OUT PATIENT APPOINTMENT (CAMHS): Lead Director Mr Paul Morgan, Director of Children and Young People's Services
By March 2018,, no patient waits longer than nine weeks to access child and adolescent mental health services.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	2 >9	0	0	0	0	2	2	5	15	37	33	14	8	**TDP Assessment:**	A
		Performance Headline													
OGI:	9-weeks	Whilst the Trust substantively met with objective in 2016/2017, performance in 2017/2018 has been challenged associated with reduced staffing levels and compounded by demand outstripping capacity. October demonstrate a reduction in the volume of patients waiting in excess of 9-weeks with a reduction in the access times to 14-weeks. Increasing demand for services continues to be the prevaling factor, coupled with in-year workforce challenges. The current performance however is more favourable that that projectioned associated with a slightly improve workforce position. Recurrent investment is required to facilitate an improved and sustained position. ** Note amendment to September data.*												**Performance Assessment:**	A

OGI 4.13.2: MENTAL HEALTH OUT PATIENT APPOINTMENT (Adult Mental Health): Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability
By March 2018, no patient waits longer than nine weeks to access adult mental health services.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	269 >9	357	409	333	292	269	306	232	96	118	87	60	62	**TDP Assessment:**	A
		Performance Headline													
OGI:	9-weeks	October 2017 demonstrates a reduction in the volume of patients in excess of 9-weeks compared to March 2017, however, increasing demand and ongoing workforce challenges remain key factors impacting the sustainable achievement of this objective. The Trust has undertaken a number of actions to support this area, including, additional recurrent investment for core staffing; review of appropriate threshold for Tier 3 services; and additional capacity in the Independent Sector for lower intensity interventions. The current performance is more favourable that the initial performance projections.												**Performance Assessment:**	R

OGI 4.13.3: MENTAL HEALTH OUT PATIENT APPOINTMENT (Dementia Services): Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability
By March 2018, no patient waits longer than nine weeks to access dementia services.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	4 >9	4	3	0	3	4	0	8	6	17	23	20	13	**TDP Assessment:**	A
		Performance Headline													
OGI:	9-weeks	Whilst the level of patients waiting in excess of 9-weeks has been fairly static over the last few months key issues associated with current and impending increases in demand linked to demography and disease prevalence continues to challenge this service. Whilst the Regional review and development of new dementia pathway work is not yet finalised the Trust has agreed its pathway; mapped its capacity against the pathway; and confirmed capacity gaps in the delivery of this. Recurrent investment is required to improve this position. It is of note that currently there are also challenges related to the ability to attract key medical staff which will further impact the ability to migrate this service provision to the new pathway.												**Performance Assessment:**	R

OGI 4.13.4: MENTAL HEALTH OUT PATIENT APPOINTMENT (Psychological Therapies): Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability
By March 2018, no patient waits longer than thirteen weeks to access psychological therapy services.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	97 >13	63	61	74	80	97	69	57	46	39	62	52	57	**TDP Assessment:**	R
		Performance Headline													
OGI:	13-weeks	Recruitment and retention of workforce continues to impact capacity which is reflective of the Regional shortage of skilled psychologists. The Trust has undertaken a number of actions to support this area, including the development of a new workforce model which it continues to seek to recruit to - one newly qualified Psychologist successfully appointed but not yet commenced, with recruitment of 6 further posts commencing; increased capacity for Cognitive Behavioural Therapy (CBT); and re-direction of appropriate low level referrals to other services as appropriate. There is acknowledgement that up stream activities, related to Mental Health Hubs, will also support management in the longer-term.												**Performance Assessment:**	R

NON OGI: OUT PATIENT REVIEW BACKLOG (Mental Health and Disability): Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability
The number of patients waiting in excess of their clinically required timescale for out patient review.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	868	1226	970	731	694	868	908	932	879	905	1019	1010	1059	**TDP Assessment:**	N/A
		Performance Headline													
	Not an OGI	Improvement in the volumes of patients waiting beyond their clinically indicated timescale for review is subject to available funding and workforce capacity to undertake additional activity. The Trust will continue to re-direct internal funding, as available, to this backlog.													

OGI 5.2: DIRECT PAYMENTS: Lead Director Mr Bryce McMurray, Acting Director of Mental Health and Disability
By March 2018, secure a 10% increase in the number of direct payments to all service users.

		Qtr 3	Qtr 4	Qtr 1 2017/2018	Qtr 2		
Baseline:	751	741	751	792	N/A	**TDP Assessment:**	R
		Performance Headline					
OGI:	826	Whilst the Trust delivered the same level of direct payments in 2016/2017 compared to the previous year, it did not achieve the improvement sought. From April 2017 direct payments have been managed under Self Directed Support approach. A number of actions have been undertaken, and continue, to support achievement of this objective including proactive promotion of Direct Payments; simplification of payment rates; and analysis of the 'reasons for decline'. Challenges, however, remain associated with reluctance of individuals to become an employer and a reduced workforce providing care support, as also experienced in domiciliary care.				**Performance Assessment:**	A

OGI 5.3: SELF DIRECTED SUPPORT: Lead Director Mr Bryce McMurray, Acting Director of Mental Health and Disability
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.

		Update @ 30 September 2017		
Baseline:	Not applicable	*Director's Qualitative update @ 30/9/17*	**TDP Assessment:**	G
		Performance Headline		
OGI:	As above	Whilst the Trust is at the early stage of development and management of this new approach it recognises there are a number of issues to be resolved, for example processes for supporting individuals in management of budgets. The Trust continues to encourage all service users and carers to be assessed or reassessed at review under the Self-Directed Support (SDS) approach alongside the continued deliverance of training and support for frontline staff; devising and disseminating a Regionally agreed SDS Practitioner Guide; accompanying key workers to initial meetings; and promoting SDS for the Carers of Older People.	**Director's Qualitative Assessment:**	G

OGI 5.4: ALLIED HEALTH PROFESSIONALS: Lead Director Mr Bryce McMurray, Interim Executive Director of Nursing and Allied Health Professionals
By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	5277 >13	4997	6041	6068	5725	5277	5507	5693	6069	6409	6668	6934	5728	**TDP Assessment:**	R
		Performance Headline													
		October sees an improvement in the volume of patients waiting over 13-weeks with reductions in all professional areas, most significantly in physiotherapy and orthoptics related to additional capacity in these areas. Demand, however, continues to exceed capacity and backlogs have accrued. Whilst these challenges prevail a number of additional actions have been implemented to support improvement												**Performance**	

OGI:	13-weeks	including development of a peripatetic pool of AHP posts to assist with turnover and succession planning; development of rotational schemes to provide a more sustainable staff base; and continued direction of non-recurrent resources to support additional capacity, as funding is available. The identification of additional non-recurrent funding identified for Quarter 4 will further support increased capacity to reduce backlogs.	**Performance Assessment:**	R

OGI 5.5.1: LEARNING DISABILITY DISCHARGES: Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability

During 2017/2018, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	83.33% <7 5 >28	66.70%	100.00%	83.30%	50.00%	66.70%	100.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	**TDP Assessment:**	R
		Performance Headline													
OGI:	99% <7 0 >28	Performance in 2016/2017 reflected the on-going challenges relating to discharge to the community for this complex but relatively small cohort of service users and this continues with cumulatively performance April - October at 94%. The Trust continues to try to secure appropriate accommodation solutions that are acceptable to service users and and their families. Limited accommodation options and timeline for transition into placements continues to have a resultant impact on total available bed capacity for both learning disability and mental health patients. Options for interim solutions for 'step down'/rehabilitation facilities are being explored.												**Performance Assessment:**	Y <7 G >28

OGI 5.5.2: MENTAL HEALTH DISCHARGES: Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability

During 2017/2018, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	91.14% <7 29 >28	95.30%	92.00%	90.20%	93.10%	91.40%	94.60%	91.56%	89.50%	97.01%	90.90%	93.10%	92.95%	**TDP Assessment:**	R

		Performance Headline		
OGI:	99% <7 0 >28	Performance in 2016/2017 reflected the on-going challenges relating to securing appropriate supported community packages, including accommodation, to meet the complex needs of these individuals and the cumulative position from April to October remains static at 93%. These issues are Regionally reflected and the Trust continues to focus on wrapping effective discharge planning around this complex client group. Limited accommodation options and timeline for transition into placements continues to have a resultant impact on total available bed capacity. Patient flow challenges are resulting in the emergence of a new "long-stay" population (20+ individuals) that consists of people with rehabilitation needs or complex presentations that are proving difficult to manage in the community.	**Performance Assessment:**	A <7 Y >28

OGI 6.1: CARERS ASSESSMENTS: Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care

By March 2018, secure a 10% increase in the number of carers assessments offered to carers for all service users.

		Qtr 3	Qtr 4	Qtr 1 2017/2018	Qtr 2		
Baseline:	3072	700	815	691	596	**TDP Assessment:**	R

		Performance Headline		
OGI:	3379	Whilst the increase sought was not met in 2015/2016 or 2016/2017, the Trust continues to strive to increase the number of carers' assessments offered. A +3% increase was achieved in 2016/2017 in the context of staff capacity issues throughout the year and challenges relating to recording offers made in the absences of a complete information system. The roll out of the PARIS community information system will more robustly support recording of offers, as it is felt that this position may be understated in-year and validation of this is on-going. The Trust is continuing to promote the offer and uptake of carers' assessments as part of training and operational processes; and Directors have requested that operational teams review their recording practices to ensure all carers' assessments offered are appropriately recorded.	**Performance Assessment:**	R

OGI 6.2: COMMUNITY BASED SHORT BREAK: Lead Director Mrs Melanie McClements, Interim Director of Older People and Primary Care

By March 2018, secure a 5% increase (based on 2016/2017 figures) in the number of community based short break hours (i.e. non residential respite) received by adults across all programmes of care.

		Qtr 3	Qtr 4	Qtr 1 2017/2018	Qtr 2		
Baseline:	412706	98165	94835	87834	N/A	**TDP Assessment:**	R

		Performance Headline		
OGI:	433341	Whilst the Trust continues to offer service users/carers access to a greater range of flexible, innovation and age appropriate (non-traditional) respite and short breaks options in the community the reported Hours of Community Based Short Breaks decreased in 2016/2017. In the first quarter of this year the Trust provided 20% of the all short break hours delivered to adults regionally, predominantly in learning disability and older peoples services with 35% of thee delivered in non residential/hospital settings. Work has commenced to explore reasons for reduced activity which may include under-reporting however the complexity of some service users may be limiting the uptake of non bed based respite options. The Trust will continue to promote SDS, cash grant support and other forms of short breaks and whilst the Trust will strive to improve against this objective it is not anticipated that the improvement sought will be achieved.	**Performance Assessment:**	R

OGI 6.3: YOUNG CARERS SHORT BREAK: Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, secure a 5% increase (based on 2016/2017 figures) in the number of short break hours (i.e. non residential respite) received by young carers.

		Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Baseline:	160 Young People	N/A	N/A			**TDP Assessment:**	A

		Performance Headline		
OGI:	168 Young People	Whilst further definition is required to refine the baseline and the target sought the Trust has a number of actions in place to support the delivery of this objective and seek an increase in the number of young carers receiving short breaks. A Steering Group is in place and will monitor and review activity with key stakeholders; review resources including staffing; and raise awareness about the service. The Trust has an established Service Level Agreement in place for the delivery of short breaks for young carers.	**Performance Assessment:**	W

OGI 6.4: UNOCINI ASSESSMENTS (Provided to Young Carers): Lead Director Mr Paul Morgan, Director of Children and Young People's Services

By March 2018, secure a 10% increase in the number of Understanding the Needs of Children in Northern Ireland (UNOCINI) assessments provided to young carers (against the 2016/2017 figure).

		Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Baseline:	60 Young Carers	N/A	N/A			**TDP Assessment:**	A

		Performance Headline		
OGI:	66 Young Carers	Whilst further definition is required to refine the baseline and the target sought the Trust has a Young Carers Steering Group in place to whish will monitor achievement and support delivery of this objective. Assessments are undertaken by 'Action for Children' who both complete the assessment and provide the services to young carers.	**Performance Assessment:**	W

OGI 7.4: HOSPITAL CANCELLED OUT PATIENT APPOINTMENTS: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, reduce by 20% the number of hospital cancelled consultant led out patient appointments.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	15970	1400	1352	1324	1287	1310	1324	1544	1702	1231	1308	N/A	N/A	**TDP Assessment:**	R

		Performance Headline		
OGI:	12761	*(Reporting one-month in arrears)* In 2016/2017 the Trust only achieved a 3% improvement against the target of 20% sought however it had the lowest level of hospital initiated cancellations in the region. The April - August position represents hospital initiated cancellations which are +7% higher than the 2016/17 baseline and at this stage reflect no progress towards the target sought. In general terms the rate of hospital cancellation is 8% of the total attendances (excluding those who do not attend). Key challenges related to further reduction in this rate are associated with both middle and senior level medical workforce issues which can result in short notice cancellation, for example, when rotas are delayed or changed at short notice and application of the 6-week notice annual leave policy. Whilst further improvement will be sought, the comparatively low rate of hospital cancelled appointments makes the Trust's ability to achieve this reduction challenging.	**Performance Assessment:**	R

OGI 7.5: SERVICE AND BUDGET AGREEMENT (SBA): Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2018, to reduce the percentage of funded activity associated with elective care service that remains undelivered.

		Update @ 30 September 2017		
Baseline:	NOP -4% ROP +1% IP -34% DC +6%	**Including Internally Funded Activity (IRR):** New Out-Patients -10% (-3,975); Review Out-Patients -11% (-7,596); Elective In-Patients -34% (-1144); Day Cases +4% (+413)	**TDP Assessment:**	R
		Performance Headline		
OGI:	To Be Confirmed	Projections of performance, for elective SBAs, have been completed and reflect a less favourable position than 2016/2017. Key challenges continue to relate to: unscheduled care pressures resulting in elective cancellations and more significantly the impact of prudent scheduling where scheduling attempts to minimise the impact of planned procedures on available bed capacity; workforce issues reducing capacity related to absence and vacancy in key posts including senior and middle grade posts; changes in working practice with movement from in-patient to daycases, and daycases to out-patient procedures. The impact of elective cancellations, which this year to date is 32% higher than the same period last year, had resulted in a less favourable performance for Inpatient and daycases against the performance projections submitted to the HSCB. The Trust continues to work with the Commissioner to review SBA baselines to ensure that they are more reflective of reality with the 2017/2018 formal SBA process anticipated to commence in November 2017.	**Performance Assessment:**	R

OGI 7.6.1: ACUTE HOSPITAL COMPLEX DISCHARGES (48 Hours): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	93.27%	97.30%	86.80%	87.10%	93.00%	96.30%	92.90%	95.90%	92.70%	89.30%	91.40%	86.00%	95.50%	**TDP Assessment:**	G
		Performance Headline													
OGI:	90%	April - October cumulative performance is 92%, achieving the objective level sought. Whilst October demonstrates significant improvement on September data in this are requires validation and this position might be subject to changed when all discharges are fully coded. Whilst this reported level is on target the impact of any delay in discharge is significant in terms of patient flow and remains a key area of focus for the Trust with daily scrutiny and robust operational focus on this area. Key on-going challenges continue around communication of discharge arrangements and management of patient and family expectations, particuarly around Home of Choice. Loss of nursing/residential home bed capacity within the Southern area over the last year and the need to provide continuity for clients impacts on discharge.												**Performance Assessment:**	G

OGI 7.6.2: ACUTE HOSPITAL COMPLEX DISCHARGES (7-Days): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, ensure that no complex discharges wait more than seven days.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	24	1	7	6	1	2	1	0	2	1	3	2	1	**TDP Assessment:**	A
		Performance Headline													
OGI:	0	Performance against this objective has been traditionally strong with 2017/2018 seeing this position maintained. Cumulative performance in 2017/2018 demonstrates discharges in excess of 7-days equating to 0.85% of complex discharges.												**Performance Assessment:**	Y

OGI 7.6.3: ACUTE HOSPITAL NON COMPLEX DISCHARGES (6-Hours): Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, ensure that all non complex discharges from an acute hospital take place within six hours.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	91.60%	92.30%	90.80%	92.30%	92.70%	93.30%	93.70%	93.90%	94.70%	96.10%	95.10%	94.30%	94.00%	**TDP Assessment:**	A
		Performance Headline													
OGI:	100%	100% attainment of this objective is challenging as it is reliant on multiple factors including workforce capacity in the community and independent sector providers to enable timely discharge; effective family support; and efficient transport arrangements. Cumulative performance April to October 2017 demonstrates improvement at 94%. Discharge management continues to be a focus of the Trust planning around unschedule care. Key actions include focus on disharge before 1pm (Home for Lunch); utilisation of the CAH discharge lounge with planning for similar in DHH; additional investment in ward based pharmacy to support junior medical staff, promote ward flow and earlier discharge; and on-going focus on patient flow via the daily 'control room' function.												**Performance Assessment:**	A

OGI 7.7: PHARMACY EFFICIENCY PROGRAMME: Lead Director Mrs Esther Gishkori, Director of Acute Services
By March 2018, to obtain savings of at least £38m through the Regional Medicines Optimisation Effeciency Programme as a portion of the £90m prescribing effeciencies sought, separate from PPRS receipts by March 2019.

Baseline:	To be undertaken at a Regional level	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17*	**TDP Assessment:**	R
		Performance Headline		
OGI:	As above	This target applies to Primary and Secondary Care pharmaceutical services. The Trust's share of this objective, for 2017/2018, has been set at £1.4 million. This share has been increased from an estimated level of savings of £834,000 which was established by a DHSSPS-led working group of senior finance and pharmacy representatives from all Trusts and the HSCB. This new level of saving sought is not achievable without cutting pharmacy services or limiting treatments offered by the Trust however the original remains on track.	**Director's Qualitative Assessment:**	R

OGI 8.1: SEASONAL FLU VACCINE: Lead Director Mrs Vivienne Toal, Director of Human Resources and Organisational Development
By December 2017, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	26.20%	179	12	7	0	0	Programme does not commence until October 2017						2786	**TDP Assessment:**	A
		Performance Headline													
OGI:	40%	Whilst this objective remained challenging during 2016/2017 the Trust delivered an additional 337 seasonal flu vaccinations compared to the same period in 2015/2016. A wide range of actions to improve performance, against this objective, are in place and on-going with this year's Flu-Fighter campaign launched. October 2017 demonstrates a +7% increase in uptake of flu vaccine in comparison to October 2016 (2,603). Flu vaccines have been available and offered at a wide range of Trust events to increase uptake and awareness												**Performance Assessment:**	A

OGI 8.2: STAFF SICK ABSENCE LEVELS: Lead Director Mrs Vivienne Toal, Director of Human Resources and Organisational Development
By March 2018, to reduce Trust staff sickness absence levels by a Regional average of 5% (3.5% for SHSCT) compared to 2016/2017 figure (measured in absence hours lost).

		Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct		
Baseline:	820880	71046	73480	73580	63932	68093	61177	70591	70624	65779	69766	67398	N/A	**TDP Assessment:**	Y
		Performance Headline													
OGI:	792149	(*Reported one month in arrears*) The Trust continues to perform well against this objective and will continue with its actions to encourage further improvement. The Trusts cumulative sickness level April to September is 4.7%. Cumulative April to September performance demonstrates only a -1.2% reduction in comparison to 2016/2017 levels. Actions to improve include an enhanced programme of engagement with managers and staff regarding attendance; review and update of current Procedure for the Management of Sickness Absence; greater linkages with specialist services to move forward appointments for staff on long-term sick leave; enhanced links with health and well-being groups/initiatives; and identification of short-term rehabilitation for staff to enable faster return to work for staff unable to return to their substantive roles.												**Performance Assessment:**	A

OGI 8.3: Q2020 ATTRIBUTES FRAMEWORK: Lead Director Mrs Vivienne Toal, Director of Human Resources and Organisational Development
By March 2018, 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.

Baseline:	1981 Level 1 477 Level 2	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17*	**TDP Assessment:**	G
		Performance Headline		
OGI:	3714 Level 1 619 Level 2	The Trust remains committed to supporting staff in quality improvement across all health and social care services. Delivery of the Quality 2020 vision will continue to be embedded in all programmes. The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through the promotion and provision the 'The Introduction to Quality Improvement' e-learning module available for all staff groups. This in-house training programme aligns to the Q2020 Level 1, as per the Quality Attributes Framework and complements a range of other packages in place throughout the Trust. Whilst a range of actions are on-going challenges to the full achievement include late notification of the objective, which is affecting planning; the current level of resources and capacity available to deliver and the required training; and the timeline associated with Level 2 training and may not be completed in-year.	**Director's Qualitative Assessment:**	G

OGI 8.4: SUICIDE AWARENESS AND TRAINING (For Staff Across the HSC): Lead Director Mr Bryce McMurray, Interim Director of Mental Health and Disability *By March 2018, to enhance the programme of suicide awareness and intervention for staff across the HSC.*				
Baseline:	To Be Confirmed	**Update @ 30 September 2017** *Director's Qualitative update @ 30/9/17* **Performance Headline**	**TDP Assessment:**	G
OGI:	To Be Confirmed	A range of training and support is available for Trust staff in relation to suicide awareness and intervention. This is co-ordinated by the Trust's Protect Life Co-Ordinator with a key focus on reducing risk and increasing skills of our staff. To enhance the programme of suicide awarness and intervention training for staff a number of actions have been undertaken include: training on the Regional Self-Harm pathway has been offered by the Psychiatric Liaison Consultant and Liaison staff in EDs; ASSIST and mental health first aid training provided by the Promoting Wellbeing Team; and risk assessment (STORM) training provided under the Service Level Agreement with the Clinical Education Centre. The Public Health Agency are also currently reviewing their training framework and the Trust will assess any impact on this once available.	**Director's Qualitative Assessment:**	G

ACCESS TIMES - MONTH ENDED OCTOBER 2017 AND PROJECTED MONTH END POSITION FOR NOVEMBER 2017

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Family History**	-26% (-24)	-1% (-1)	Yes	December 2015	NOP	59 weeks	4 weeks	35	9	8	5	10	4	5	5	3	1	**85**	48 weeks
SEC	**Breast - Symptomatic**	-42% (-739)	-36% (-764)	Yes	Not applicable	NOP	58 weeks	4 weeks	378	63	83	54	86	84	70	100	121	7	**1046**	58 weeks
SEC	**Breast Surgery**	-2% (-4)	-9% (-17)	No	September 2017	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	58 weeks
SEC	**Breast Surgery**					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	18 weeks
MUSC	**Cardiology (includes ICATS)**	-7% (-70)	-1% (-17)	Yes	April 2015	NOP	76 weeks	76 weeks (registration error) Longest (true) wait 29 weeks	709	144	214	133	179	154	125	51	2	2	**1713**	42 weeks
MUSC	**Cardiology – Rapid Access Chest Pain (RACPC) - *Nurse-Led***	75% (449)	73% (+529)	TBC	Not applicable	NOP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	8 weeks
MUSC	**Cardiology**	TBC	TBC	TBC	June 2016	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	86 weeks
CCS	**Chemical Pathology**	10% (6)	11% (+8)	Yes	November 2016	NOP	32 weeks	7 weeks	35	11	15	6	16	6	1	0	0	0	**90**	32 weeks
IMWH	**Colposcopy**	-31% (-173)	-29% (-196)	No	Not applicable	NOP	8 weeks	5 weeks	65	0	0	0	0	0	0	0	0	0	**65**	6 weeks
CYPS	**Community Dentistry**	-15% (-110)	-12% (-106)	No	Not applicable	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	13 weeks
MUSC	**Dermatology (incl Virtual & ICATS)**	6% (177)	7% (+244)	TBC	June 2016	NOP	23 weeks	20 weeks (sub-specialty issue)	1265	315	204	31	5	0	0	0	0	0	**1820**	24 weeks
MUSC	**Dermatology**	-9% (-52)	-2% (-16)	Yes	-	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	37 weeks
MUSC	**Endocrinology**	5% (11)	8% (+22)	Yes	November 2015	NOP	72 weeks	82 weeks (data validation issue)	120	29	58	26	34	50	39	18	34	42	**450**	77 weeks
MUSC	**Diabetology**	-15% (-26)	-11% (-24)	Yes	September 2015	NOP	53 weeks	53 weeks (sub-specialty issue - Transition & Pump)	90	30	33	15	22	12	20	6	13	3	**244**	57 weeks
SEC	**Ear, Nose & Throat (includes ICATS)**	-8% (-321)	-5% (-237)	Yes	October 2014	NOP	65 weeks	47 weeks	1745	496	589	424	670	537	667	645	189	16	**5978**	68 weeks
SEC	**Ear, Nose & Throat (ENT)**	-17% (-198)	-20% (-285)	No	August 2017	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	59 weeks
SEC	**Ear, Nose & Throat (ENT)**					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	55 weeks
MUSC	**Gastroenterology**	1% (6)	4% (+38)	Yes	February 2015	NOP	105 weeks	91 weeks (under-18 discharge) Longest (true) wait 77-weeks	511	146	185	134	219	164	176	94	178	698	**2505**	97 weeks
MUSC	**Gastroenterology (Non Scopes)**	122% (105)	126% (+130)	Yes	Not applicable	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	33 weeks
MUSC	**General Medicine**	-50% (-149)	-50% (-180)	No	May 2015	NOP	13 weeks	30 weeks (technical guidance issue - post-ED DVT referrals)	73	4	3	3	6	3	0	0	0	0	**92**	17 weeks

Division/ Directorate/Programme of Care	**Specialty**	**SBA Performance +/- at 31/08/17 (incl. IRR)**	**SBA Performance +/- at 30/09/17 (incl. IRR)**	**Known Capacity Gap**	**Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)**	**Activity Type**	**End of OCTOBER 2017 Position**		**Timebands (in Weeks) - WL Position at 31 OCTOBER 2017**											**Projected End of NOVEMBER 2017 position (Routine Longest Waiter)**
							Routine (Longest Waiter)	**Urgent (Longest Waiter)**	**0-9 Wks**	**9+ to 13Wks**	**13+to 18Wks**	**18+ to 21Wks**	**21+ to 26Wks**	**26+ to 31Wks**	**31+ to 36Wks**	**36+ to 42Wks**	**42+ to 52Wks**	**52+ Wks**	**TOTAL**	
OPPC	**Geriatric Assessment**	-6% (-11)	-5% (-12)	Yes	June 2017	NOP	11 weeks	6 weeks	44	1	0	0	0	0	0	0	0	0	**45**	9 weeks

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
OPPC	Geriatric Medicine	29% (89)	29% (+106)	Yes	July 2017	NOP	21 weeks	20 weeks	47	1	2	6	0	0	0	0	0	0	56	21 weeks
MUSC	Geriatric Acute	8% (21)	12% (+40)	Yes	August 2017	NOP	15 weeks	3 weeks	24	1	1	0	0	0	0	0	0	0	26	9 weeks
MUSC	Orthopaedic-Geriatric	36% (7)	41% (+9)	Yes	March 2016	NOP	123 weeks	47 weeks	25	2	4	5	7	7	5	9	24	112	200	127 weeks
SEC	General Surgery (includes Haematuria)	-36% (-1476)	-38% (-1859)	Yes	November 2014	NOP	85 weeks	73 weeks (late upgrade)	1689	564	597	408	605	514	644	598	733	926	7278	84 weeks
SEC	General Surgery (includes Haematuria & Minor Ops)	-24% (-572)	-37% (-283)	TBC	August 2016	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	105 weeks
SEC	General Surgery (includes Haematuria & Minor Ops)					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	77 weeks
IMWH	Gynaecology (includes Family	-6% (-169)	-6% (-202)	No	December 2016	NOP	21 weeks	12 weeks	1085	179	34	4	0	0	0	0	0	0	1302	21 weeks
IMWH	Gynaecology Outpatients with Procedures (OPPs)		22% (+80)	No	Not applicable	OPP	-	-											-	Not applicable
IMWH	Gynaecology	-16% (-169)	-16% (-203)	TBC	-	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	37 weeks
IMWH	Gynaecology					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	28 weeks
CCS	Haematology	30% (+51)	32% (+65)	Yes	July 2017	NOP	25 weeks	8 weeks	154	11	9	8	8	0	0	0	0	0	190	29 weeks
CCS	Haematology	49% (234)	52% (+300)	Yes	September 2017	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	< 13 weeks
CCS	Anti-Coagulant	-16% (-21)	-33% (-20)	No	July 2017	NOP	11 weeks	Not applicable	2	1	0	0	0	0	0	0	0	0	3	4 weeks
MUSC	Nephrology	4% (+3)	-2% (-2)	Yes	December 2016	NOP	24 weeks	6 weeks	51	3	0	0	1	0	0	0	0	0	55	15 weeks
MUSC	Neurology	+23% (+267)	+22% (+300)	Yes	July 2016	NOP	84 weeks	12 weeks	435	124	169	98	158	171	154	154	327	880	2670	88 weeks
MUSC	Neurology	45% (+74)	47% (+92)	Yes	September 2017	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	< 13 weeks
SEC	Orthodontics	49% (-110)	-51% (-138)	No	January 2017	NOP	16 weeks	Not applicable	35	27	11	0	0	0	0	0	0	0	73	17 weeks
SEC	Orthopaedics	-11% (-123)	-12% (-158)	No	May 2014	NOP	106 weeks	62 weeks	686	205	199	174	159	117	129	134	235	486	2524	102 weeks
SEC	Orthopaedics	-5% (-34)	-7% (-63)	Yes	August 2016	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	141 weeks
SEC	Orthopaedics					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	126 weeks
OPPC	Orthopaedic ICATS	-8% (-190)	-7% (-203)	No	January 2017	NOP	28 weeks	18 weeks	1061	337	404	230	152	3	0	0	0	0	2187	23 weeks
CYPS	Paediatrics - Acute	-6% (-60)	-4% (-46)	Yes	March 2016	NOP	31 weeks	15 weeks	662	184	63	13	5	3	0	0	0	0	930	30 weeks
CYPS	Paediatrics - Community	No SBA	No SBA	N/A	December 2015	NOP	20 weeks	Not applicable	149	20	22	11	1	1	0	0	0	1	205	General 7 weeks Education 23 weeks
ATICS	Pain Management	-20% (-97)	-15% (-91)	Yes	February 2015	NOP	45 weeks	31 weeks	269	81	133	87	145	143	125	102	20	0	1105	48 weeks
ATICS	Pain Management	-5% (-12%)	-12% (-34)	Yes	May 2016	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	157 weeks
MUSC	Rheumatology	7% (-48)	-6% (-50)	Yes	April 2014	NOP	98 weeks	97 weeks (late upgrade) Longest true wait 67-weeks	382	74	63	35	51	56	42	45	80	418	1246	103 weeks
MUSC	Rheumatology	8% (94)	11% (+159)	Yes	April 2016	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	15 weeks

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
MUSC	**Thoracic Medicine**	-14% (-103)	-15% (-125)	Yes	October 2016	NOP	65 weeks	44 weeks	344	134	159	104	163	134	128	101	243	213	**1723**	67 weeks
MUSC	**Thoracic Medicine**	-20% (-41)	-14% (-36)	Yes	Not applicable	IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	13 weeks

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
SEC	**Urology (includes ICATS)**	8% (-112)	-4% (-74)	Yes	May 2015	NOP	93 weeks	60 weeks	621	172	192	154	223	187	194	170	251	589	**2753**	92 weeks
SEC	**Urology**	11% (+193)	12% (+249)	Yes	October 2015	IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	194 weeks
SEC	**Urology**					DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	182 weeks
CCS	**CT Scans General (Excl CTC & Angio))**	22% (+2075)	21% (+2401)	Yes	Not applicable	Imaging	12 weeks	-	562	1	0	0	0	0	0	0	0	0	**563**	9 weeks
CCS	**CT Colonography (CTC)**					Imaging	38 weeks	-	65	15	8	13	16	7	4	1	0	0	**129**	42 weeks
CCS	**CT Angiography (Cardiology)**					Imaging	71 weeks	-	348	96	127	89	160	194	183	236	249	395	**2077**	72 weeks
CCS	**Non-Obstetrics Ultrasound Scans (NOUS)**	-1% (-114)	0% (-55)	Yes	Not applicable	Imaging	36 weeks		3415	375	121	15	16	3	3	0	0	0	**3948**	30 weeks
CCS	**DEXA Scans**	-6% (-59)	1% (+10)	Yes	Not applicable	Imaging	50 weeks		750	233	355	217	361	228	48	149	32	0	**2373**	46 weeks
CCS	**MRI Scans**	-10% (-664)	-11% (-862)	Yes	Not applicable	Imaging	43 weeks		1803	508	403	286	498	372	395	257	1	0	**4523**	47 weeks
CCS	**Plain Film X-Ray**	17% (+11777)	16% (+13841)	Yes	Not applicable	Imaging	17 weeks		745	27	2	0	0	0	0	0	0	0	**774**	9 weeks
CCS	**Fluoroscopy**	No SBA	No SBA	No	Not applicable	Imaging	27 weeks		235	4	1	0	4	1	0	0	0	0	**245**	20 weeks
CCS	**Barium Enema**	No SBA	No SBA	No	Not applicable	Imaging	21 weeks		11	0	0	1	0	0	0	0	0	0	**12**	14 weeks
CCS	**Gut Transit Studies**	No SBA	No SBA	No	Not applicable	Imaging	1 week	-	1	0	0	0	0	0	0	0	0	0	**1**	-
CCS	**Radio Nuclide**	No SBA	No SBA	No	Not applicable	Imaging	13 weeks		143	6	0	0	0	0	0	0	0	0	**149**	9 weeks
MUSC	**Cardiac Investigations - Echo & Non Echo (Combined WL)**	Not Available	Not Available	Yes	Not applicable	Diag.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	**0**	37 weeks ECHO 39 weeks NON ECHO
CCS	**Neurophysiology**	-43% (-270)	41% (-305)	No	Not applicable	Diag.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	**0**	22 weeks
SEC	**Endoscopy - Symptomatic**	-22% (-810)	-24% (-1050)	Yes	May 2015	Diag. IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	50 weeks
SEC	**Endoscopy - Symptomatic**					Diag. DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	93 weeks
ATICS	**Endoscopy - Bowel Cancer Screening (BCS)**	-13% (-25)	-8% (-19)	No	-	Diag. IP/DC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	6 weeks
CCS	**Audiology**	-2% (-313)	-2% (-387)	Yes	Not applicable	Diag.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	13 weeks
MUSC	**Sleep Studies**	No SBA	No SBA	No	Not applicable	Diag.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	**0**	20 weeks
IMWH	**Urodynamics (Gynaecology)**	-28% (-47)	-31% (-61)	No	Not applicable	Diag.	7 weeks	-	49	0	0	0	0	0	0	0	0	0	**49**	6 weeks
SEC	**Urodynamics (Urology)**	No SBA	No SBA	No	Not applicable	Diag.	N/A	N/A	N/A	N/A	N/A		N/A	N/A					**0**	75 weeks
CCS (POC 1)	**Dietetics - Acute**	6% (+143	7% (+202)	Yes	Not applicable	AHP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0**	22 weeks
CYPS (POC 2)	**Dietetics - Paediatrics**				December 2016	AHP	18 weeks	< 3 weeks	188	20	23	5	0	0	0	0	0	0	**236**	16 weeks
OPPC (POC 4&9)	**Dietetics - Elderly and Primary Health Care**				July 2017	AHP	18 weeks	3 weeks	725	83	15	2	0	0	0	0	0	0	**825**	18 weeks
MHD (POC 5)	**Dietetics - Mental Health**				Not applicable	AHP	-	-	0	0	0	0	0	0	0	0	0	0	**0**	-
MHD (POC 6)	**Dietetics - Learning Disability**				Not applicable	AHP	6 weeks	-	4	0	0	0	0	0	0	0	0	0	**4**	< 13 weeks

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
MHD (POC 7)	**Dietetics - Physical Disability**				Not applicable	AHP	3 weeks	-	1	0	0	0	0	0	0	0	0	0	**1**	< 13 weeks

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
CCS (POC 1)	**Occupational Therapy - Acute**	-8% (-266)	-8% (-329)	No	Not applicable	AHP	18 weeks	3 weeks	113	37	18	5	0	0	0			0	**173**	20 weeks
CYPS (POC 2)	**Occupational Therapy - Paediatrics**				September 2016	AHP	39 weeks	TBC	100	22	20	46	32	27	49			0	**296**	42 weeks
OPPC (POC 4&9)	**Occupational Therapy - Elderly and Primary Health Care**				Data not available	AHP	46 weeks	12 weeks	485	113	80	39	37	31	31			0	**816**	49 weeks
MHD (POC 5)	**Occupational Therapy - Mental Health**				Not applicable	AHP	38 weeks	-	0	0	0	0	0	0	1			0	**1**	-
MHD (POC 6)	**Occupational Therapy - Learning Disability**				Data not available	AHP	13 weeks	3 weeks	20	5	0	0	0	0	0			0	**25**	13 weeks
MHD (POC 7)	**Occupational Therapy - Physical Disability**				Data not available	AHP	29 weeks	3 weeks	186	59	42	35	19	2	0			0	**343**	23 weeks
CCs (POC 1)	**Orthoptics**	-17% (-167)	-13% (-151)	Yes	October 2017	AHP	30 weeks	13 weeks	423	132	137	219	50	2	0			0	**963**	29 weeks
CYPS (POC 2)	**Physiotherapy - Paediatrics**	15% (-1888)	-15% (-2267)	Yes	January 2017	AHP	39 weeks	3 weeks	144	38	38	48	39	34	17			0	**358**	32 weeks
OPPC (POC 4&9)	**Physiotherapy - Elderly and Primary Health Care**				Not applicable	AHP	41 weeks	3 weeks	3082	876	756	890	941	820	186			0	**7551**	32 weeks
MHD (POC 5)	**Physiotherapy - Mental Health**				Not applicable	AHP	16 weeks	-	0	0	1	0	0	0	0			0	**1**	18 weeks
MHD (POC 6)	**Physiotherapy - Learning Disability**				January 2017	AHP	25 weeks	3 weeks	22	0	0	0	2	0	0			0	**24**	18 weeks
MHD (POC 7)	**Physiotherapy - Physical Disability**				June 2016	AHP	24 weeks	3 weeks	55	10	8	3	1	0	0			0	**77**	18 weeks
OPPC (POC 4&9)	**Podiatry**	-3% (-85)	-4% (-118)	Yes	September 2017	AHP	24 weeks	2 weeks	1032	334	205	55	4	0	0	0	0	0	**1630**	18 weeks
CCS (POC 1)	**Speech and Language Therapy - Acute**	-12% (-142)	-15% (-210)	Yes	Not applicable	AHP	24 weeks	3 weeks	42	18	5	6	1	0	0	0	0	0	**72**	26 weeks
CYPS (POC 2)	**Speech and Language Therapy - Paediatrics**				December 2016	AHP	42 weeks	not applicable	297	106	135	137	110	148	42	0	0	0	**975**	32 weeks
OPPC (POC 4&9)	**Speech and Language Therapy - Elderly and Primary Health Care**				January 2017	AHP	50 weeks	2 weeks	128	30	19	28	26	14	27	0	0	0	**272**	50 weeks
MHD (POC 6)	**Speech and Language Therapy - Learning Disability**				June 2016	AHP	15 weeks	3 weeks	10	2	1	0	0	0	0	0	0	0	**13**	13 weeks
MHD (POC 7)	**Speech and Language Therapy - Physical Disability**				Not applicable	AHP	34 weeks	TBC	0	0	0	0	0	0	1	0	0	0	**1**	TBC

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/08/17 (incl. IRR)	SBA Performance +/- at 30/09/17 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/17 (OP or IPDC (Planned)) (Longest Waiter)	Activity Type	End of OCTOBER 2017 Position		Timebands (in Weeks) - WL Position at 31 OCTOBER 2017											Projected End of NOVEMBER 2017 position (Routine Longest Waiter)
							Routine (Longest Waiter)	Urgent (Longest Waiter)	0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
MHD	**Adult Mental Health - Primary Mental Health Care**	No SBA	No SBA	TBC	July 2017	NOP	26 weeks	2 weeks	926	45	7	10		0	0	0	0	0	**988**	30 weeks
MHD	**Memory / Dementia Services**	No SBA	No SBA	Yes	April 2015	NOP	31 weeks	2 weeks	112	5	5	2		1	0	0	0	0	**125**	24 weeks
CYPS	**CAMHS Step 2**	No SBA	No SBA	TBC	Not applicable	NOP	14 weeks	2 weeks	55	41	12	6	2	0	0	0	0	0	**116**	10 weeks
CYPS	**CAMHS Step 3**	No SBA	No SBA	TBC	Not applicable	NOP	8 weeks	2 weeks	54	39	5	0	0	0	0	0	0	0	**98**	9 weeks
MHD	**Learning Disability**	No SBA	No SBA	TBC	Not applicable	NOP	4 weeks	-	7	0	0	0	0	0	0	0	0	0	**7**	9 weeks
MHD	**Psychiatry of Old Age**	No SBA	No SBA	TBC	April 2017	NOP	12 weeks	-	31	3	0	0	0	0	0	0	0	0	**34**	13 weeks
CYPS	**Autism - Assessment**	No SBA	No SBA	TBC	Not applicable	NOP	12 weeks	-	392	117	0	0	0	0	0	0	0	0	**509**	13 weeks
CYPS	**Autism - Treatment**	No SBA	No SBA	TBC	Not applicable	NOP	8 weeks	-	17	2	0	0	0	0	0	0	0	0	**19**	
MHD	**Psychological Therapies**	No SBA	No SBA	TBC	Not applicable	NOP	73 weeks	-	155	44	27	11		19					**256**	75 weeks

Key:

NOP = New Out-Patient
ROP = Review Out-Patient
IP = Elective In-Patient
DC = Day Case

Notes:

1. Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
2. Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
3. TBC - Access time 'To Be Confirmed' by Operational Team.
4. Cells indicated by *italics* contain a comment. To view click on the cell and then 'right click' and select 'show/hide comment'.
5. Patient numbers recorded for Community Paediatrics include Education Referrals which are as of 1 April 2017 being monitored under the Access Times target
6. Orthopaedic NOPs October 2017 breakdown: Upper Limb = 80 weeks routine and 54 weeks urgent; Lower Limb = 34 weeks routine and 24 weeks urgent; Foot & ankle = 102 weeks routine and urgent 21 weeks
7. Mental Health Review OP - report currently only covers services recording on PAS and with introduction of PARIS the report needs to be revised - will not be available until QE December 2017.
8. AHP SBA volumes revised to take account of post investment SBA uplift with effect from 1/4/17
9. As at 1/4/17 Gynaecology OP includes Family Planning activity

NOTE: AMENDED AT TRUST BOARD MEETING 30 NOVEMBER 2017

*** Appendix 1 - Neurology NOP SBA performance amended to: +23% (+267) at 31 August 2017 and +22% (+300). Figures previously noted -17% (-140) and -18% (-176) excluded virtual activity.**

Southern Health
and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 25 January 2018
Title:	**Performance Dashboard (Ministerial Targets) as at December 17** **AND** **Performance Update over Christmas and New Year Period**
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	➢ Promoting safe high quality care ➢ Supporting people live long, healthy, active lives ➢ Make best use of our resources ➢ Improving our services ➢ Being a great place to work - supporting, developing and valuing our staff ➢ Working in partnership
Purpose:	For Approval

High Level Context

Trust Delivery Plan Update:

- **The Trust Delivery Plan (TDP) was submitted on 30th October** in response to the draft Commissioning Plan for 2017/18. This identified that over fifty percent of Objectives and Goals for improvement (OGI) targets were assessed as 'not achievable' or 'partially achievable with additional resources' in 2017/18 associated with challenges related to workforce, finance, and demographic growth/ demand.

- **The HSCB responded to the TDP on 15 December** acknowledging the workforce challenges which exist across programmes of care as well as the lack of recurrent financial resources available to support full delivery of Ministerial targets. The HSCB also sought further clarification on activity levels aligned to 2017/18 demography investments and assurances on the development of Performance Improvement Trajectories against all targets where opportunity permits to make improvements in year.

- **The Trust formally responded to HSCB on 18 January** and included where appropriate updated activity levels aligned to 2017/18 demography investments.

Performance Report – December 17

- The *Corporate Dashboard* report attached, provides a summary of overall performance against all 'Objectives and Goals for Improvement' (OGIs) as at December 2017. **In addition, the December Dashboard also includes an update on the qualitative OGIs which are reported quarterly.**

- This summary provides an overview on an 'exception basis' of those targets presenting greatest challenge and the actions being taken to manage risks.

Performance over the Christmas and New Year Period associated with Winter Pressures

- This Trust Board summary highlights performance against targets in all Programmes of Care for December on an 'exception' basis however, **also included is a particular update on key issues emerging over the Christmas and New Year period resulting from winter pressures.**

Summary of Key Issues / Points of Escalation

1. Southern Trust 2017/18 Unscheduled Care (USC) Seasonal Resilience plan

- The Trust's approach to 'Winter Planning' was built on predicted activity levels developed in partnership with the HSCB and Northwest Utilisation Management Unit (NWUMU) based on 3 years historic activity trends.
- The USC Seasonal Resilience Plan for this winter recognised the ability to operationalise a material increase in beds during periods of peak pressure to manage demand was limited in 2017/18 as a result of the inability to recruit the requisite staffing. Therefore, planning focused on admission avoidance and measures to support effective discharge.
- Non –Recurrent funding, c £500k for winter pressures was secured from HSCB on 1December. The HSCB has made available further funding on 1 December 2017

Progress Update:

- Whilst all schemes are not fully operational a number are showing positive impact on management of acute pressures including for example, the New Rapid Access Frailty Unit (CAH) – focusing on rapid turnaround and admission avoidance of frail elderly patients attending ED. For example, of the first 30 patients seen in this unit (which has limited opening hours again due to staffing constraints) 23 were directed to alternative pathways with only 7 resulting in admission to an acute hospital bed.
- The Trust also recognised the need to take steps to optimise elective surgical scheduling during peak periods and sought to balance the demands for red flag (suspected cancer) and urgent surgery associated with high volumes of patients on the cancer pathways with the demand for additional medical beds. Whilst the Trust continues to perform comparatively well against the cancer pathway target a number of waits are beyond acceptable levels.
- The Trust agreed proactively, in line with other trusts, to cap the level of elective activity during peak periods, from the start of December. Elective admissions were reduced by 30%, reflecting the level of cancellations experienced last year, and these beds re-designated for medical admissions.

2. Unscheduled Care

- Significant unscheduled care pressures were experienced nationally and regionally over the Christmas and New Year period. The Southern Trust experienced service pressures above predicted levels in the GP Out of Hours service; increased attendance at our Emergency Departments; high demand for hospital admission and in particular a number of 'surge' days across both hospital sites.
- Staffing sickness levels including absences associated with flu throughout the Trust directly impact on hospital staffing, as well as reduced staffing levels in district nursing and domiciliary care teams. Some key statistics illustrating the increased demand and the impact on services are as follows:

    - **GP Out of hours** saw a 27% increase in calls between 22-27th Dec) and 13% (between 30 Dec-1st Jan) compared to the same periods last year. *This resulted in long waits for call backs particularly over Christmas and Boxing Day.*

    - **Regional ED Attendance** at all Type 1 units across Northern Ireland saw a 4% increase in the period from 24 December to 1 January over the same period last year. Locally in the month of December, the Trust experienced a 3% increase in ED attendances compared with last year. Overall this represents a 20% collective increase in year on year attendances at CAH and DHH from 2013/14. In December, there was also an increase in acuity with 26% of people triaged at ED as 'very urgent' (c 300 people) as compared to the monthly average of 22% throughout the rest of the year. *This resulted in high levels of patients waiting over 12 hours in ED (422 in December).*

- ○ **ED Admissions** saw a surge over the Christmas and New Year commencing 18 December for a number of consecutive days leading to significant bed pressures in the run up to the Christmas period. Emergency admissions against predicted levels are illustrated below:

Table 1 Craigavon Area Hospital

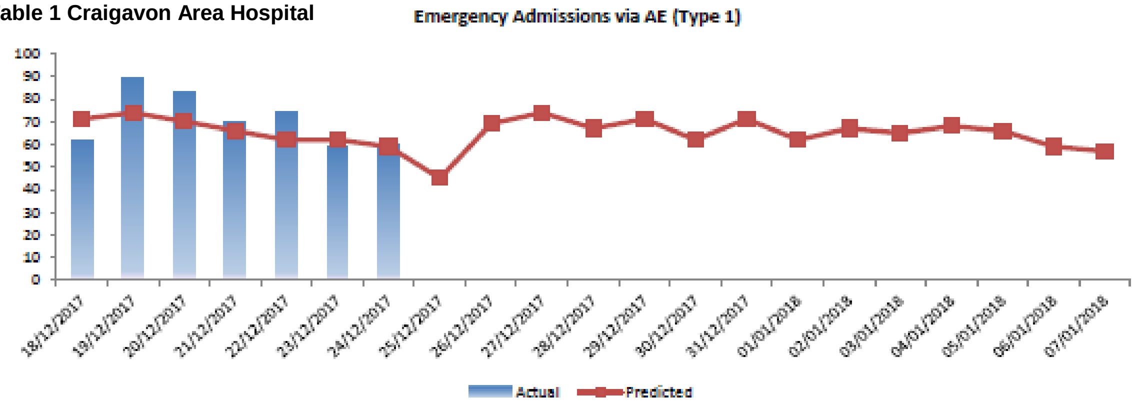
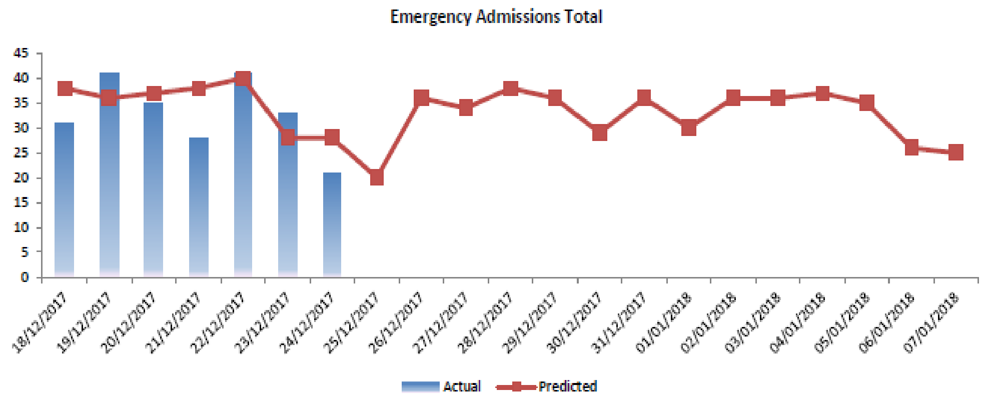
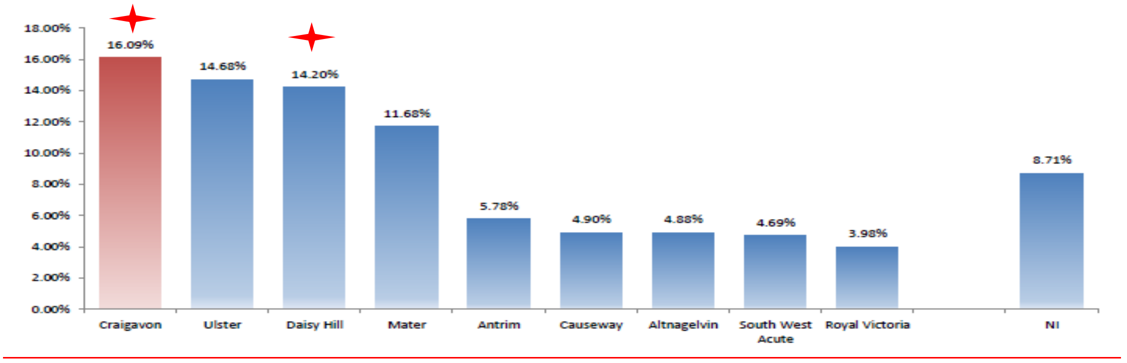


Table 2 Daisy Hill Hospital



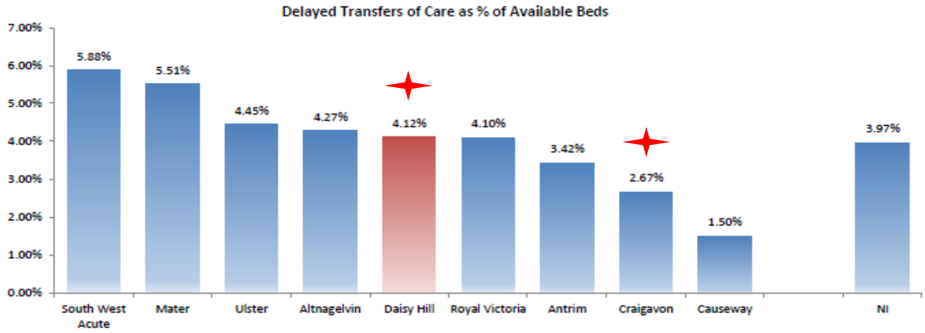
Analysis of admissions indicates 12% (296 more adult admissions in the month of December compared to the same period last year and over Christmas Eve, Christmas Day and Boxing Day, the Trust saw approximately 10-14% 60-80 more people in hospital beds than on these same days last year, reflecting higher acuity. Further snapshot analysis shows 26 admissions were from nursing homes to CAH (between 18 Dec-2 Jan) and while appropriate for admission some patients were directly admitted by GPs without being seen by the GP in the nursing home. The Trust has established a more formal information return to enable further monitoring and analysis of these admission patterns going forward. *High numbers of admissions resulted in high volumes of medical outliers above the NI average in the week before and after Christmas with increased complex delays in the post-Christmas period running into the new year period on both hospitals sites compounding pressure.*

Table 3: Medical Outliers- over Christmas and New Year period



- **The number of acutely ill patients requiring intensive care** over the Christmas was high with requirement on 12 occasions between 18 December and 4 January to utilise theatre capacity to supplement ICU level 3 beds.

- **Discharge Performance:**
  - Those waiting domiciliary care placements in December to enable discharge indicated 64% CAH/ 67% DHH of packages in place within 3 days; longest wait 7 days in CAH and 23 days in DHH.
  - Despite lost bed capacity in care homes in the Southern Trust area (96 nursing and 21 residential since 2014), and some closures of beds in care homes due to Flu and infection control issues over the Christmas period there remains bed availability on a daily basis however challenge remains that this is often not in the category of care required or location of choice.



- **Planned Elective Care-** whilst the Trust had in place plans to downturn levels of scheduled surgery by 30%, over the Christmas and New Year period in response to predicted levels of demand, regrettably the demand for medical beds exceeded available capacity resulting negatively on the ability to protect elective capacity during peak times. *This system pressure resulted in 222 elective patients with a date to come in being postponed between the 1st December and the 4th January with most significant impact in the week commencing 18th December and week commencing 1st January*

- **Patient and Staff Experience -** Overall system pressures impacted on patient experience in unscheduled and elective care including waiting times over the Christmas and New Year period. This heightened pressure sustained into January and compounded by Flu incidence and adverse weather conditions has tested the resilience of all our staff. The professionalism, dedication and commitment of staff in acute and community services as well as our partner organisations and supporting volunteers is to be commended.

Actions Taken & Lessons Learned from the Christmas and New Year Period

Operational:

- Daily operational and SMT contingency planning meetings are in place with regional interfaces/teleconference as required with HSCB, PHA, NIAS and Trusts. This includes use of ambulance diverts internally or to other Trusts by agreement where appropriate and feasible to alleviate pressures in DHH and CAH;
- Increased bed capacity created via use of protected elective ward (impacting on planned surgeries); via additional beds spaces on existing acute and non-acute wards where safe to do so and use of post-operative facilities for overflow bed capacity when required;
- Early release of staff with backfill to support discharge/rehab assessment community staff in-reaching to support complex discharges from acute hospitals and robust implementation of patient choice protocol, and
- Care Homes in the independent sector has responded to pressures increasing responsiveness to requests for assessment prior to placement particularly over the weekend periods.

Workforce:

- Regional agreement around enhanced payment rates for core staff to encourage uptake of additional hours;
- Additional physician capacity put in place via step down of planned outpatient clinic over Christmas and New Year period impacting on planned outpatient procedures;
- Redeployment of non-front line nursing and care staff to acute hospital wards and domiciliary care to backfill rotas impacted by sickness, and
- Additional flu vaccination campaign initiated.

Elective procedures:

- Regional approach to step down routine elective procedures planned for January to protect capacity for urgent and red flag surgeries;
- Additional actions to 'protect' surgical bed for red flag and urgent elective admissions with all cancelled red flag surgeries rebooked and the majority of urgents to be re-scheduled in January, and
- Sourcing of options to bring on additional elective capacity to support reduction in the current volume of red flag and urgent surgeries associated with the impact of reduced elective capacity.

Strategic:

- Securing additional funding from HSCB in year for flu campaign, additional small items of equipment and additional employment costs associated with current pressures;
- Update of escalation arrangements for management of unscheduled care taking into account recent learning and operation of both acute hospitals on a 'full capacity' basis for the majority of December;
- Proposed 'look back 'exercise with review of planning and operational response over the period facilitated by North West Utilisation Management Unit, and
- Prioritisation of medium/longer term transformation plans to support unscheduled care pressures for 2018/19 including development of operating models for new medical model, ambulatory care, and enhanced discharge to assess and rapid response frailty developments.

4.0 Elective Care

4.1 Commissioned levels of activity (Service and Budget Agreement) SBA

- The Trust continues to work with the local commissioner to establish agreed SBA activity on an annual basis across a number of specialities that reflects a more realistic position in terms of activity that can be delivered with the current staff resources and service models.

- Overall, the Trust's historic acute elective care Service and Budget Agreement (SBA) from April to November reflects a reduction in activity compared with the final position at the end of March 2017.
    - **New outpatient appointments** are -6% under the level of activity set in the SBA equating to -3,254. General surgery represents 74% of this underperformance associated with changes in staffing levels, in particular the impact of changes in middle grade doctor support, and ongoing sickness.
    - **Review outpatient appointments** are -9% under the level of activity set in the SBA equating to 8,059 appointment. Three specialties account for 94% of the underperformance; general surgery for reasons identified above, dermatology associated with changes in the service model and ophthalmology, which whilst reported by HSCB in activity for the Trust is a visiting service, under management of BHSCT.

- Acknowledging the limitations of the historic SBA levels, the HSCB/ DOH has introduced Performance Improvement Trajectories (PIT) as part of the proposed new DOH Performance Management Framework as a means of establishing mutually agreed activity levels for 2017/18 in key service areas. These now provide the focus of active monitoring, review and challenge.

4.2 Performance Improvement Trajectories for 2017/18

- Performance Improvement Trajectories are now established across a number of specialities for new outpatient, inpatient & daycase activity to reflect a more pragmatic approach to agreeing the level of actual activity the Trust believes can be delivered in year that recognises issues around staffing etc. At the end of December:
  - **New Outpatients** are collectively 3% over the level projected. Individual specialty level performance is reviewed at Directorate level.
  - **Inpatients and Daycases** are on track for their projected level of activity in year albeit further revisions are now required to take account of the 30% planned reduction in elective activity put in place from December to support unscheduled care planning.

4.3 Access & Wait Times

- **New Outpatients (OP)** waits over 52-weeks continue to increase with 13% of the total numbers waiting in excess of 52 weeks (5036 patients) in 14 specialty areas. Currently, only 30% are waiting less than 9 weeks.
- **Inpatient (IP) and Daycase (DC)** waits over 52-week similarly increased with 20% of the total waiting in excess of 52 weeks (1858 patients). The longest waits present in urology, pain management and orthopaedics where capacity gaps are present.
- **Allied Health Professional (AHP**) waits over 13-weeks have reduced in all professions associated with the impact of additional staff from the introduction of the peripatetic pool. 58% of those waiting over 13-week relate to physiotherapy (2,834 patients). The longest wait time remains static at 51-weeks within Speech & Language Therapy (Adult) and Occupational Therapy (Adult).

Actions Taken:

- Non-recurrent funding made available by HSCB in tranches throughout this year has been directed to areas of highest risk. This included increased capacity for new and review outpatients, including red flag (suspected cancer) referrals and will see approximately 4500 additional appointments (new and review) across the year performed via in-house additional sessions. Funding will also support approximately 1700 additional endoscopes, primarily aligned to supporting the diagnostic element of the cancer pathways. The majority of this work is being provided through in-house additional sessions.

- Further initiatives are also ongoing as opportunities arise including for example, transfer of 100 cardiology patients waiting for catheterisation procedures to Belfast and ongoing plans to create additional capacity on the CAH with a locum cardiologist secured. A small volume of orthopaedic patients waiting surgery have also been selected for transfer to the independent sector for treatment before the end of March with funding secured from HSCB.

4.4 Diagnostics

- Workforce issues prevail in radiology with a 34% vacancy rate and to a lesser extent is also impacting on radiography locally. These workforce gaps affect both access times for elective patients and capacity for reporting diagnostic tests. Additional reporting capacity in and out of hours has been established in the Independent sector and this will be required in the medium term to support ongoing radiology vacancies.

- An additional £1.96m non-recurrently has been made available to the Trust in year for diagnostic imaging and a further £656k recurrently to deliver the following activity in year:
    - 6,500 CT scans via the leased mobile scanner on the CAH site
    - 6,092 non obstetric ultrasound scans and reports;
    - 95,000 plain films reports via a combination of in-house and independent sector capacity; and
    - 2,672 MRI scans and reports in the independent sector.

  Recruitment commenced aligned to the recurrent funding for additional scanning and reporting in non-obstetric ultrasound and plain films reporting to enhance skill mix. There are anticipated challenges in securing the necessary skilled staff in year.

5.0 Cancer & Suspected Cancer Pathway Care

5.1 Breast Cancer Services (14-day target)

- The Trust has a formalised action plan to deliver capacity to accommodate anticipated demand for red flag assessment from January to March. This includes additional in-house capacity and support from other Trusts to achieve improvement against this target
- In December, waits for red flag assessment (14-day target) are improved and, when verified an anticipated improvement to 70% of patients seen within 14 days for this month is expected.
- The agreed action plan will not provide the full capacity required to meet routine demand and address the current wait for non -urgent assessments (59-weeks at the end of December) The Trust will continue to require the support of other Trusts, in the provision of capacity, to support improvement in this.
- Reduced surgical capacity associated with absence of one of the two breast surgeons has begun to impact on wait times for breast surgery; seeing an increased number of patients, 7 with suspected cancer, not having their first definitive treatment within the 62 day cancer pathway target in November. The second breast surgeon due back in February will improve surgical capacity.
- The Trust has endeavoured to protect surgical capacity for breast surgery, along with other suspected cancer surgeries over the winter period however, as reported under unscheduled care pressures above the ability to protect beds for surgical patients has regrettably not been possible on all occasions.

Regional Transformation of Breast Services

- The NI Breast Assessment Services Regional Review is ongoing to agree a new model of service delivery for Northern Ireland. Proposals have been presented to the Transformation Implementation Group (TIG) and a further 18 month timeline, inclusive of public consultation is anticipated. The ability of the Trust to continue to provide additional capacity will require to be re-assessed during this period.

5.2 Waits on the Cancer Pathway: (31 and 62 day targets)

- **31-day pathway -** The Trust continues to perform well locally and regionally against the 31-day pathway target with 98% of patients receiving first definitive treatment within 31 days of diagnosis
- **62-day pathway -** suspected cancer patients continue to wait in excess of the 62 days for their first definitive treatment associated with demand in excess of capacity. At the end of November, 23 patients waited in excess of 62 days. Whilst urology continues to have the largest volume of patients waiting over 62 days on the pathway there has been no increase in this trend over the past 3 months.
- Analysis of cancer performance regionally indicates the Trusts performance for all cancer tumours sites is comparatively good; however variation in this performance can be seen in breast awaits, which whilst improving over the last few weeks have been higher in the last nine months than the previous period reflecting some changes in capacity.

Table 5: All Tumour sites

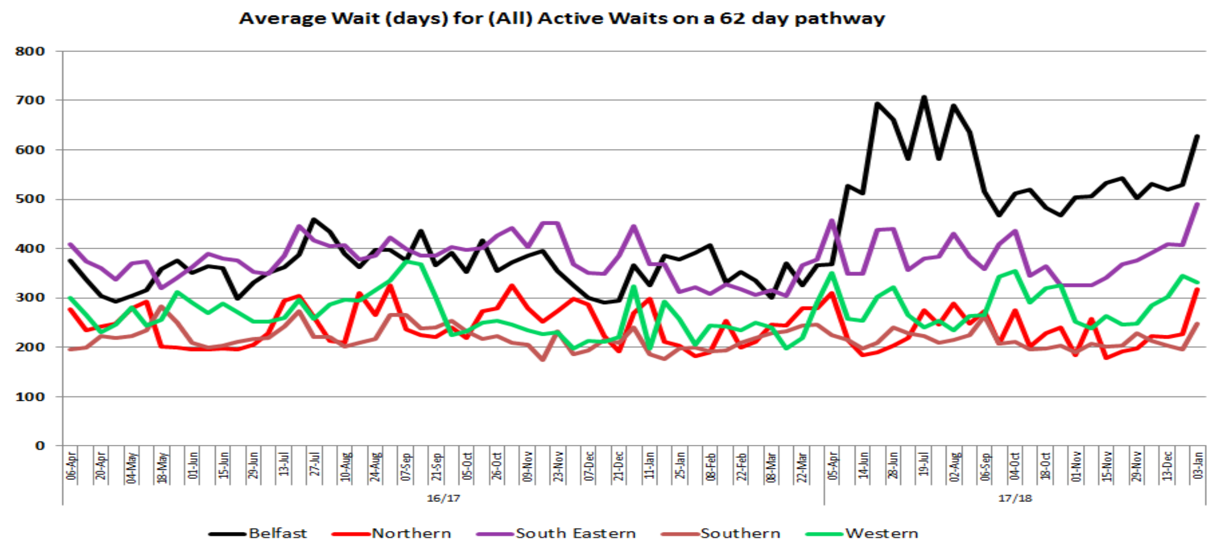
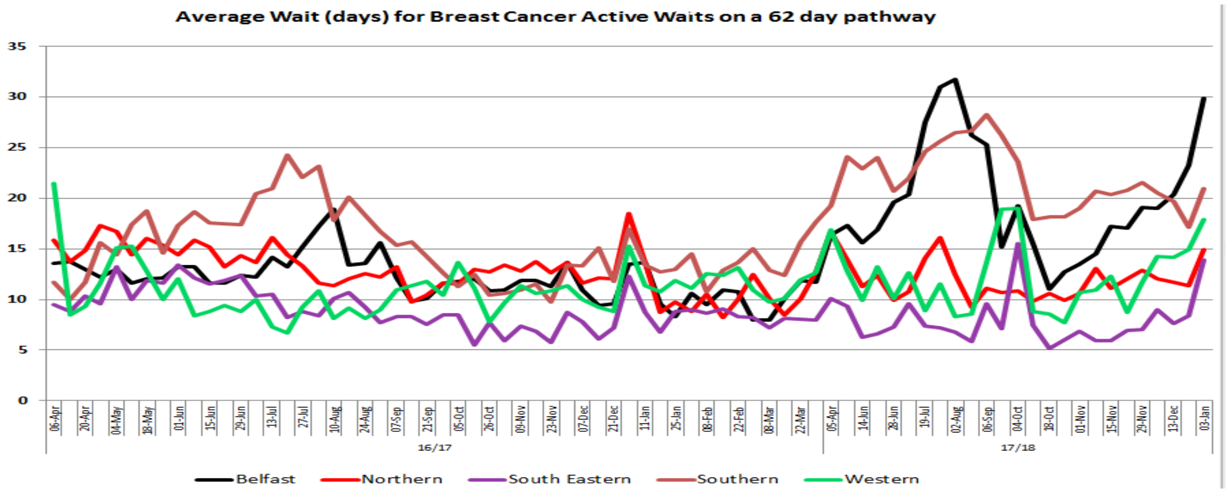

Average Wait (days) for (All) Active Waits on a 62 day pathway

Table 6: Breast Cancer Active


Average Wait (days) for Breast Cancer Active Waits on a 62 day pathway

Actions to protect red flag (suspected cancer) surgery from postponement has been agreed but as reported it has not been possible to protect this surgery in key surge periods where there is exceptional demand for hospital beds, displacing those due for planned surgery. The Trust regrets the postponement of any surgery and does not under-estimate the impact of these decisions on patients. The Trust continues to seek to balance offering the earliest date for those waiting for surgery, particularly those on the cancer pathways, against those requiring unplanned medical admission.

Performance Improvement Trajectories (PIT) have been developed for cancer performance and this includes an exploration of patterns in demand and capacity by tumour site. Demand continues to be greatest in breast, lower GI, skin, upper GI and urology. Performance against trajectories is broadly on track however could be impacted if demand for admission for medical beds continues to displace surgical capacity over the next few months.

An internal cancer improvement plan is being developed for SMT to consider the broader quality aspects of care delivery alongside the opportunities to improve performance.

6.0 Mental Health

6.1 Adult Services

- Access targets in mental health continue to be challenged in the main associated with demand in excess of capacity.
    - Demand in primary mental health care (PMHC) continues to reflect a 10% increase.

  - Work to harness capacity in the independent sector for PMHC has been challenging however it is anticipated that new capacity focused to tier 2, lower level referrals, will be more successful, aligning to the mental health hubs approach. The impact of this will not be felt until 2018/19.
  - Demand in dementia continues to rise in keeping with demography. Whilst additional investment has been applied to this area in year to support patients and families in the community and with rehabilitation which will improve experience to improve quality this will not impact on improvement against the specific target which focuses only access to the service
  - Workforce issues continue to prevail in Psychological therapies, in line with regional pressures, and whilst streaming of suitable referrals, including to Cognitive Behavioural Therapists (CBT), has assisted, demand for pure psychological referrals continue and waits are increasing.
  - The Trust is exploring recruitment strategies for medical workforce in psychiatry, including Psychiatry of Old Age to support dementia services and is current recruiting to the new workforce model for psychological therapies.

- Performance Improvement Trajectories have taken account of anticipated demand and workforce pressures, and projected the level of patients waiting at the end of each month beyond the access target are performing much better than anticipated particularly in adult mental health where challenges around the level of staffing that could be secure have not been realised.
- The table below indicates that all areas are ahead of the anticipated position, however wait times continue to be less than acceptable with longest waits in psychological therapies out to 59 weeks
- A working group established to address issues/demand of new 'long stay' mental health inpatient populations, which is impacting on acute mental health patient flow and bed capacity, has seen some early gains with reductions in delays from 26 to 18. Additional investment has been aligned to this area via Trusts internal demography however due to the lack of available appropriate community placements and supports this remain challenging and further gains will required a more strategic response.

6.2 Child and Adolescent Mental Health Services

- Children's services, which traditionally maintained a strong position against target for child and adolescent mental health services (CAMHs), has experiencing increased demand with referrals almost doubled over the last 5 years. In year demand has seen the growth in waits both for Step 2 2 and now the more complex cohort of Step 3 referrals beyond existing capacity.
  - The Trust has undertaken an analysis of issues impacting children and adolescent mental health services (CAMHS) to inform discussion with HSCB. Additional investment will be required to address this issue.
  - The projected performance in the table below reflects a better than anticipated performance aligned to the ability to source additional skilled staff. Wait times have improved to 11 weeks.

7.0 Carers Supports

Carers Support

- There are a number of OGIs associated with support to carers and clients where the Trust is not currently on track to achieve the target set. These include the level of carers assessment offered and the volume of non-residential short breaks.
- Implementation of new NISAT Version 4 will enable a move from manual returns to reporting from the PARIS community information system which will see improved data capture and reporting.

Summary of SMT Challenge and Discussion:

- Unscheduled Care Operational Resilience Action Plan reviewed by SMT and further contingency actions sought re: management of acute bed capacity
- Daily Emergency / Contingency planning meetings agreed from 2nd Jan re: corporate oversight during heightened USC pressures
- Performance review of Breast and elective cancellations standing item at weekly SMT
- SMT committed additional resources to address medical workforce pressures from demography funding not likely to impact fully until 2018/19.
- SMT noted specific performance meetings in place with HSCB /operational teams relevant to cancer performance targets (bi-weekly telecon/monthly AD/Director) meeting. Requirement for elective performance meeting with HSCB identified.
- Assurance sought on delivery of performance in line with submitted projections (trajectories)
- Concerns noted regarding the impact of diverting resource to support USC on Trust's SBA performance.

Internal / External Engagement

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications

Human Rights / Equality:

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.

Southern Health
and Social Care Trust

Quality care – for you, with you

BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 29th August 2019
Title:	Monthly Corporate Performance Scorecard
Lead Director:	Aldrina Magwood Director of Performance & Reform
Purpose:	For Information

Key strategic aims:

- To provide information to the Trust Board in exercising its function of overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

Key issues/risks for discussion

- **Draft Commissioning Plan**: On 7 August the Trust received the Health and Social Care Boards draft Commissioning Plan for 2019/20, including Objectives and Goals for Improvement (OGIs) for 2019/2020. The Trust is required to respond to the plan via the Trust Delivery Plan (TDP) for 2019/20 by 4 October 2019.
  The TDP will make an assessment of the anticipated level of performance that can be achieved against each OGI, including 6 new objectives. In the interim the Trust will continue to report on the OGIS set out in 2018/2019

- **Performance Committee**: In responses to the identification at Trust Board Workshop in June for the requirement for a Performance Committee to be established as a formal standing commitment of the Trust Board a Terms of Reference has been prepared for approval at the Trust Board

- The **Corporate Scorecard** attached provides a summary of actual performance against all OGIs and key Performance Improvement Trajectories (PIT), which now form part of new HSC performance management arrangements. Whilst the scorecard includes an assessment of actual performance against the objective sought on a Red, Amber and Green (RAG) basis to inform performance against targets, the performance trends are also included.

- **Key Risks** continue to relate to the challenges of increasing demand against capacity, the available capacity to meet red flag/ urgent and unscheduled demands in a timely manner and challenges in the ability to recruit and retain sufficient skilled workforce to ensure the provision of core service delivery. Key areas for focus include those below and further information will be provided on action to improve the current position in the next report to the Board
    - Cancer pathways
    - Diagnostic Services which support both red flag/urgent and routine clinical pathways
    - Waits for patients awaiting review/intervention that are beyond the clinically indicated timescales
    - New waits for first assessments in mental health services
- Risks are managed in line with the performance management framework.

Summary of SMTdiscussion:

- Assurance re direction of capacity to Red Flag and Urgent demand in the first instance in light of ongoing reduced core and additional capacity;
- Focus on actions to manage and stratify any emergent risk in caseloads/reviews for patients waiting to be seen beyond clinically indicated timescales and actions to improve;
- Development of a diagnostics improvement plans;
- Continued focus on unscheduled care, assurance re ongoing work for resilience planning including review of regional learning.

Human Rights/Equality:

The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.

Equality screening and rural proofing to be undertaken on all transformational schemes in line with IPT processes (Summarise any Human Rights or Equality issues/concerns)

Southern Health
and Social Care Trust

Quality Care - for you, with you

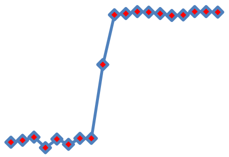
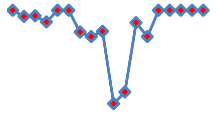
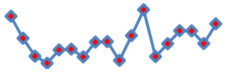
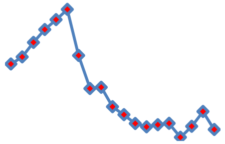
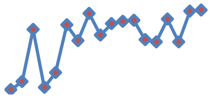
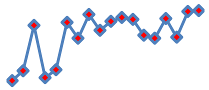
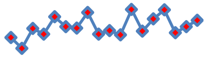
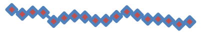
Southern Health and Social Care Trust

Corporate Performance Dashboard

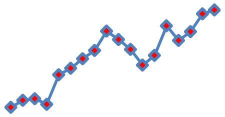
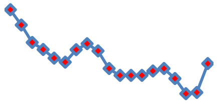
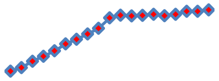
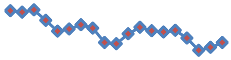
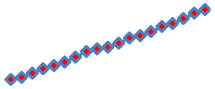
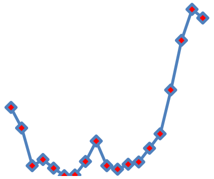
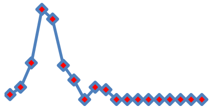
Reporting Against 2018/2019 Commissioning Plan Directive Objectives and Goals for Improvement

November 2018 Trust Board for October 2018 Performance

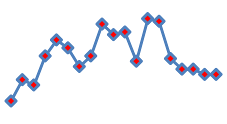
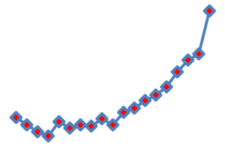
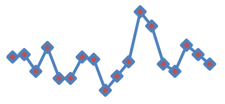
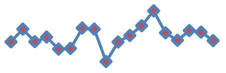
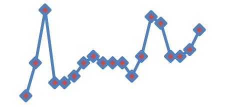
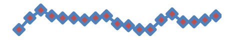
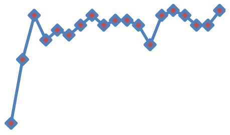
Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Cancer	**ASD**	**Suspect Breast Cancer (14 days)**	During 2018/2019 all urgent suspected breast cancer referrals should be seen within 14 days.	47.2%	100%		**Amber**	**99.1%**	October 2018 demonstrated one breach of the 14-day objective associated with a late internal referral, which was upgraded. This should be noted in the context of October having the highest number of referrals received. 307 out of 308 patients were seen within the 14-day timeline.
Cancer	**ASD**	**Cancer Pathway (31 days)**	During 2018/2019, at least 98% of patients diagnosed with cancer should receive their 1st treatment within 31 days of a decision to treat.	97.0%	98%		**Amber**	**99.5%**	Performance continues to be strong against this pathway in 2018/2019 and it is anticipated that this will remain strong. However, maintenance of this performance is subject to no increases in demand or loss of capacity.
Cancer	**ASD**	**Cancer Pathway (62 days)**	During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	74.3%	95%		**Red**	**76.2%**	The challenges of increasing demand; capacity gaps; and workforce/ infrastructure continue to impact performance. April to October 2018 demonstrates an increase of +10% in referrals. The Trust continues to seek opportunities to irmprove performance.
Elective	**ASD CYPS MHD OPPC**	**Allied Health Professionals**	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional	3,952	0		**Red**	**3,792**	At the end of October 2018, the numbers waiting over 13-weeks had reduced by -11% (-474) since September. Dietetics, Physiotherapy, & Podiatry demonstrated the reduction in waits over 13-weeks whilst Occupational Therapy; Orthoptics; and SLT remained relatively static.
Elective	**ASD**	**Diagnostic Reporting (Urgent)**	By March 2019, all urgent diagnostic tests should be reported on within 2 days.	81.4%	100%		**Red**	**82.9%**	The Trust continues to be challenged to improve performance against this objective, predominantly associated with on-going recruitment/retention challenges of senior staff.
Elective	***ASD***	***Diagnostic Reporting (Urgent)***	*By March 2019, all urgent diagnostic tests should be reported on within 2 days.*	*Imaging 80.4%*	*100%*		***Red***	***81.9%***	*The Trust continues to be challenged to improve performance with an on-going Radiology vacancy rate of 28.5% and a sustainable improvement in performance is unlikely to be demonstrated until the vacancies are resolved.*
Elective	***ASD***	***Diagnostic Reporting (Urgent)***	*By March 2019, all urgent diagnostic tests should be reported on within 2 days.*	*Non-imaging 93.8%*	*100%*		***Red***	***94.8%***	*Reporting of Cardiac Investigations continues to be challenged with recruitment and retention of senior staff, who can independently report. A sustainable improvement in performance is unlikely to be demonstrated until this is resolved.*
Elective	**ASD**	**Diagnostic Test**	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	57.2%	75%		**Red**	**48.6%**	In September the number waiting less than 9 weeks had increased by 805 (+ 7.3%) compared to August. Performance continues to be impacted by recurrent capacity gaps; unscheduled care pressures; intermittent scanner downtime; and workforce challenges.

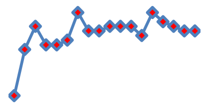
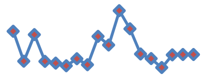
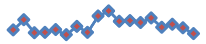
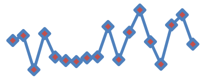
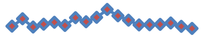
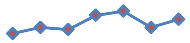
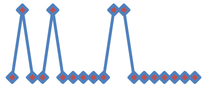
Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Elective	**ASD**	**Diagnostic Test**	By March 2019, No patient waits longer than 26 weeks.	2,963	0		🟥 Red	5,238	Waits >26-weeks, at September 2018, have demonstrated an increase of +85% (+2,401) in comparison to the same period last year, with increases predominantly within Cardiac Investigations. HSCB have allocated funding which will partially clear the cohort of >26-weeks at 31 March 2018.
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment	33.9%	55%		🟥 Red	33.8%	Capacity continues to be directed to red flag/urgent referrals in the first instance. Recurrent investment for the capacity gaps and non-recurrent backlog clearance, in parallel, is required to demonstrate sustainable improvement.
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, no patient waits longer than 52 weeks.	2,079	0		🟥 Red	2,487	A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. Non-recurrent additionality has been funded by HSCB. The level funded is not sufficient to demonstrate a return to 52-weeks.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	33.1%	50%		🟥 Red	30.4%	Capacity continues to be directed to red flag/urgent referrals in the first instance. Recurrent investment for the capacity gaps and non-recurrent backlog clearance, in parallel, is required to demonstrate sustainable improvement. Non-recurrent additionality funded by HSCB is being utilised for both red flag/urgent referrals and an element of long waits.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, no patient waits longer than 52 weeks.	5,888	0		🟥 Red	8,094	A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. Non-recurrent additionality funded by HSCB is being utilised for an element of long waits.
Mental Health	**MHD**	**Adult Mental Health Service**	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	101	0		🟥 Red	629	Pressures continue to be demonstrated in Addictions; Eating Disorders; and Primary Care Mental Health associated with increase in referral demand; workforce pressures due to unexpected sick leave and maternity leave; with further impact associated with the alignment of community staff to support Acute Bluestone wards.
Mental Health	**CYPS**	**Child and Adolescent Mental Health Services**	By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.	0	0		🟩 Green	0	On-going strong performance continues during 2018/2019, However, longer-term sustainability is subject to future investment to meet demand.

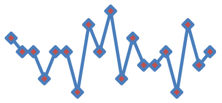
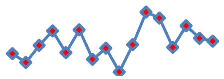
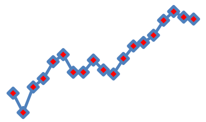
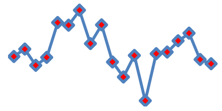
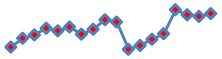
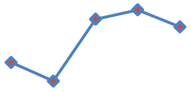
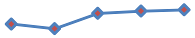
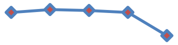
Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Mental Health	**MHD**	**Dementia**	By March 2019, no patient waits longer than 9 weeks to access dementia services.	15	0		**Red**	**10**	Key challenges to the sustainability of this improved performance relate to current and impending increases in demand linked to demography and disease prevalence and availability of recurrent investment to address the identified capacity gap.
Mental Health	**MHD**	**Psychological Therapies**	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (at any age).	84	0		**Red**	**240**	Pressures continue to be demonstrated associated with increase in referral demand which is compounding the on-going workforce challenges associated with maternity leave; redeployment of staff; and vacancies. Whilst the Trust has undertaken a number of actions to support this service area sustainable improvement will not demonstrated until the workforce vacancies are resolved.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (%)**	By March 2019, establish a baseline of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. By March 2020, seek a reduction of 5%.	2.7%	2.6%			**3.1%**	A continued reduction in the % of hospital cancelled outpatients appointments, which were subsequently put back, has been demonstrated in September 2018.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (Number)**	By March 2019, establish a baseline of the number of cancelled consultant led outpatient appointments in the acute programme of care. By March 2020, seek a reduction of 5%.	5,546	5,269		**Amber**	**3,256**	At the end of Quarter 2 the level of cancellations is +24% (+621) above the objective level. Whilst the cumulative performance is in excess of the objective level it should be noted that September demonstrates the lowest level of cancellation in 2018/2019.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Day Cases)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Day cases)**	4%	Better than baseline		**Red**	**11%**	*Revised monthly RAG* Cumulative position demonstrated in monthly columns. Cumulatively to date there has been a strong ongoing performance against the DC SBA.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Elective In-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Elective Inpatients)**	-40%	Better than baseline		**Red**	**33%**	*Revised monthly RAG* Cumulative position demonstrated in monthly columns. The top 3 specialties contributing to underperformance are: General Surgery, ENT and Orthopaedics. Elective IP continues to be impacted by unscheduled care pressures.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (New Out-patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(New outpatients)**	-8%	Better than baseline		**Red**	**-5%**	*Revised monthly RAG* Cumulative position demonstrated in monthly columns. The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Key impact relates to on-going workforce challenges.

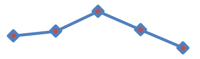
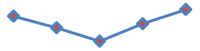
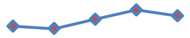
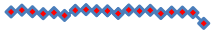
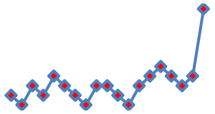
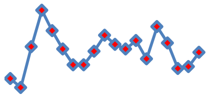
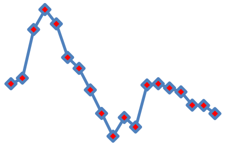
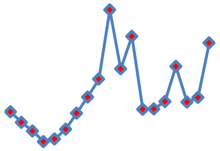
Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Review Out-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Review Outpatients)**	-8%	0		🟥 **Red**	**-9%**	*Revised monthly RAG* Cumulative position demonstrated in monthly columns. The top 3 specialties contributing to underperformance are: General Surgery; Breast Family History; and Orthodontics. Key impact relates to on-going workforce challenges.
Safe Systems of Care	**Medical**	**Antibiotic Consumption**	At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% of antibiotics from WHO access aware category as a proportion of all antibiotic use. By March 2020 reducing total antibiotic prescribing by 10%.	62% 15,119 DDD/1000 Bed Days	55% of total use		**Amber**	🟩 **60.80%**	The recruitment of additional staff to the Antimicrobial Stewardship (AMS) Team is ongoing. The AMS Team now meets on a weekly basis to review and update guidelines.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing**	A total reduction in total antibiotic use of 1% measured in DDD per 1000 admissions	24,314 DDD/1000 Bed Days	24,071 DDD/1000 Bed Days		**Amber**	**12,155**	The recruitment of additional staff to the Antimicrobial Stewardship (AMS) Team is ongoing. The AMS Team now meets on a weekly basis to review and update guidelines.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing**	A reduction in carbapenem use of 3% measured in DDD per admissions	281 DDD/1000 Bed Days	273 DDD/1000 Bed Days		**Amber**	🟥 **174**	The recruitment of additional staff to the Antimicrobial Stewardship (AMS) Team is ongoing. The AMS Team now meets on a weekly basis to review and update guidelines.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing**	A reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions.	949 DDD/1000 Bed Days	921 DDD/1000 Bed Days		**Amber**	🟩 **420**	The recruitment of additional staff to the Antimicrobial Stewardship (AMS) Team is ongoing. The AMS Team now meets on a weekly basis to review and update guidelines.
Safe Systems of Care	**OPPC**	**GP Appointments**	By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018	To be established	To be established		🟩 **Green**	🟩 **Green**	The Head of Service is working to establish a baseline position. A full complement of GPs have been recruited to Bannview Practice so increased capacity has been sustained.
Safe Systems of Care	**Medical**	**Gram-Negative Bloodstream Infections**	By 31st March 2019, to secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomona aeruginosa bloodstream infection, acquired after two days of hospital admission.	To be established	13 fewer cases		🟥 **Red**	**203**	The IPC team has met, and continues to meet, with the PHA regarding this. Risk factors have been collected during the first part of 2018/19 and an ongoing review is taking place.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: MRSA**	To secure a regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA infection. SHSCT objective level is 5 cases therefore no reduction is required.	4	5		🟩 **Green**	🟩 **0**	There have been no MRSA cases during 2018/2019. The Trust has launched a new 3 year Infection Prevention Control Strategy to help reduce health care associated infections and to promote and sustain infection prevention and control practices.

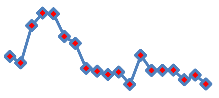
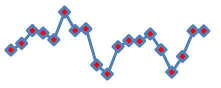
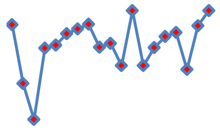
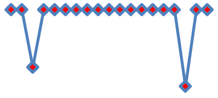
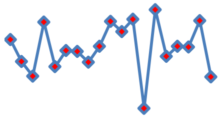
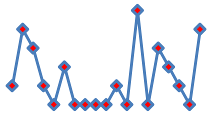
Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Clostridium Difficile**	By 31st March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile infection. SHSCT objective level is 50 cases therefore no reduction is required.	48	50		**Amber**	**24**	In October the Trust launched a new 3-year Infection Prevention Control Strategy to reduce health care associated infections and to ensure excellence in IPC practice with a new interactive guide for staff the first of its type in Northern Ireland. In addition work is on-going with the antibiotic stewardship including the recruitment of additional staff.
Safe Systems of Care	**ASD**	**Ischaemic Stroke**	By March, 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	12.0%	15%		**Amber**	**13%**	Variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thromblysis impact on performance. Cumulative performance from August 2017 to July 2018 is 13%.
Safe Systems of Care	**ASD CYPS OPPC**	**Out- Patients Backlog (Acute inc. Paediatrics & ICATS)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for outpatients review.	13,090	0		**NON-OGI**	**23,428**	A reduction in the numbers waiting beyond their timescale for review has been demonstrated in September and October 2018 associated with the non-recurrently funded additionality from HSCB. Further improvement can only be achieved with availability of funding and workforce.
Safe Systems of Care	**MHD**	**Out-Patients Review Backlog (Mental Health and Disability)**	**NON-OGI.** The number of patients waiting in excess of their clinically required timescale for out-patient review.	911	0		**NON-OGI**	**884**	Volumes demonstrated reflect the out-patient review backlog as recorded on PAS eg. Memory Team (Consultant Led) only.
Safe Systems of Care	**CYPS**	**Unallocated Childcare Cases**	**NON-OGI** The number of unallocated childcases in excess of 20 days	38	0		**NON-OGI**	**95**	September 2018 demonstrates a total of 95 unallocated child care cases. Of these, 61 are waiting in excess of 40-days. The longest wait 164-days within Family Support/Family Intervention Team. No child protection cases are unallocated.
Support for Patient and Client	**OPPC**	**Carers' Assessments (%)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	2%	10%		**Green**	**13.0%**	Note: March 2018 updated. 2017/2018 reflected a 2% increase in carers assessment associated with improvements in Q3/4 of 2017/18. Performance in Q1 of 2018/2019 demonstrated an increase of +13% (+111) against the quarters objective level.
Support for Patient and Client	**OPPC**	**Carers' Assessments (Number)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users. 2018/19 Target - 3,460 assessments	3,145	3,460		**Green**	**976**	Note: March 2018 updated. 2017/2018 reflected a 2% increase in carers assessment associated with improvements in Q3/4 of 2017/18. Performance in Q1 of 2018/2019 demonstrated an increase of +13% (+111) against the quarters objective level.
Support for Patient and Client	**OPPC**	**Community Based Short Break (%)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	23.0%	5%			**White**	Performance in Q1 of 2018/2019 has not demonstrated a sustained improvement, at the rate demonstrated in Q3/4 of 2017/2018.

Performance Corporate Dashboard November 2018 (for October 2018 performance)

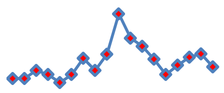
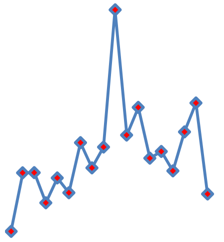
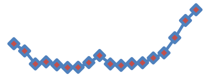
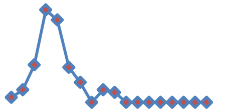
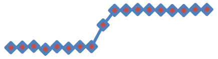
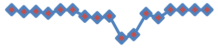
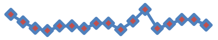
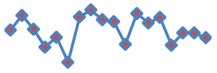
Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Support for Patient and Client	**OPPC**	**Community Based Short Break (Hours)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	509,197 hours	534,656		**Amber**	**125,283**	Performance in Q1 of 2018/2019 has not demonstrated a sustained improvement, at the rate demonstrated in Q3/4 of 2017/2018.
Support for Patient and Client	**MHD**	**Direct Payments**	By March 2019, secure a 10% increase in the number of direct payments to all service users.	777	855		**Red**	**805**	It is anticipated that, as SDS provides the same choice and control without the issues of direct management, direct payments may reduce as SDS gathers further momentum.
Support for Patient and Client	**CYPS**	**Young Carers Short Break**	By March 2019, create a baseline for the number of carers receiving short breaks.	179	Establish a baseline		**Green**	**145**	The Trust has established a baseline (179 individual young people). For 2018/2019 the Trust will report the number of young people who receive short breaks each quarter; and the cumulative number of individuals at the year-end.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (48 hours)**	By March 2019, ensure 90% of complex discharges from an acute hospital take place within 48-hours.	93.4%	90%		**Green**	**90.1%**	A focus on changing the recording of complex discharges has resulted in an increase in number of reported complex discharges over 48 hours which represents a truer reflection of the system pressures, as demonstrated in October 2018 performance.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (7 days)**	By March 2019, ensure no complex discharge takes more than 7-days.	15	0		**Green**	**27**	A focus on changing the recording of complex discharges has resulted in an increase in number of reported complex discharges over 7-days which represents a truer reflection of the system pressures.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (6 Hours)**	By March 2019, ensure all non-complex discharges from an acute hospital take place within 6-hours.	94.5%	100%		**Amber**	**94.4%**	October demonstrated an increase in the percentage of non-complex discharges within 6-hours. Cumulative 2018/2019 performance is comparable with the same period in 2017/2018.
Unscheduled Care	**ASD**	**Emergency Department (4-hour)**	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted within four hours of their arrival in the department.	74.5%	95%		**Red**	**71.3%**	October 2018 demonstrates a +7% (989) increase in attendances in comparison to September. The Service report that between 20 - 37 patients are blocking cubicles on a daily basis, which is having a direct impact on the ability to see new patients, therefore, increasing which increases waiting times for patients to be seen by a Doctor.
Unscheduled Care	**ASD**	**Emergency Department (12-hour)**	By March 2019, no patient attending any emergency department should wait longer than 12 hours.	3,656	0		**Red**	**2,498**	In October 2018 595 out of the 644 12-hour breaches occurred in CAH. In parallel CAH demonstrated 882 outliers in October demonstrate the on-going bed capacity challenges, which continues to impact on the flow of patients through and out of ED, ultimately contributing to the increasing number of 12-hour breaches.

Performance Corporate Dashboard November 2018 (for October 2018 performance)

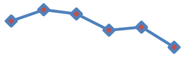
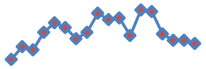
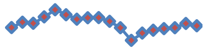
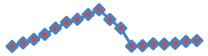
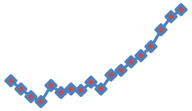
Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**ASD**	**Emergency Department (Triage to Treatment)**	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	80.3%	80%		**Green**	**76.3%**	Issues, as noted above, with blocked cubicles in ED contribute to the decrease in the 2-hour triage to treatment performance.
Unscheduled Care	**OPPC**	**GP OOH**	By March 2019, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	87.7%	95%		**Red**	**86.9%**	Increased capacity and reduced patient contacts have resulted in a sustained improvement from September 2018.
Unscheduled Care	**ASD**	**Hip Fractures**	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	95%		**Amber**	**92.9%**	A continued improved performance has been demonstrated in October 2018 with all 29 neck of femur patients waiting less than 48-hours for in-patient treatment. The Service continue to flexibily utilise the totality of T & O theatre sessions to manage trauma demand.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, 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.	95.7%	99%		**Amber**	**94.1%**	Cumulative performance continues to improve during 2018/2019. However, this is in the context of the level of patients who remain as in-patients, for whom the Trust is challenged to secure appropriate accommodation solutions n the community.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, no learning disability discharge taking more than 28 days.	0	0		**Amber**	**0**	During 2018/2019 no patients have waited in excess of 28-days for discharge.
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	93.7%	99%		**Red**	**92.7%**	Until appropriate accommodation is sourced patients will not be assessed as medically fit for discharge. Performance reflects those patients who can be discharged and reflects the complex needs of the patients. Delays are associated with sourcing of packages of care; suitable accommodation; and eligibility for benefits which impacts on accommodation upon discharge.
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, no mental health discharge taking more than 28 days.	12	0		**Red**	**15**	The level of patients waiting in excess of 28-days (15) is +36% (+4) higher than the corresponding period in 2017/2018. This is noted in the context of the on-going patient flow challenges, noted above, associated with the new 'long stay' population.
Workforce	**HROD**	**Seasonal Flu Vaccine**	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	31.1%	40%		**Amber**	**23%**	Note: Amended baseline for 2017/2018. During 2017/2018 31.1% (2,747) of frontline staff received the vaccine with a further 929 non-front line staff also in receipt of it. During 2018/2019 to date 23% (1,999) of front line staff received the vaccine with a further 796 non-front line staff also in receipt of it.

WIT-102047

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	5.11%	4.90%			**5.1%**	The target improvement of 3.5% equates to a reduction in sickness level by 30,750 hours. The Trust will report the % sickness absence rate for information. A number of actions are in place to assist in improving sickness absence levels.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	881,429	850,579		**Green**	**444,028**	Due to the level of hours lost at the mid-point in the year it is unlikely that the objective level will be achieved by March 2019. Actions are in place to address absence levels including early meetings with staff on long-term sick leave; focus on 'hotspot' areas where there is an increase in 'mental health' related absences; further promotion of stress management training. Analysis is also being undertaking to review the increased absences during the summer, which is not in line with normal patterns.
Z Trajectory - Non-OGI	**MHD**	**Adult Mental Health (Summary)**	**NON-OGI Summary Trajectory**: No patient waits longer than 9 weeks	101	2018/2019 Operational Trajectory 533		**NON-OGI**	**659**	The operational trajectory projected 395 breaches at September 2018. Actual performance demonstrates 659 associated with increased referral demand; workforce pressures associated with sick leave; maternity leave; vacancies; and support to Bluestone Unit. The Service have revised the trajectory for re-submission to HSCB in November.
Z Trajectory - Non-OGI	**CYPS**	**CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)**	**NON-OGI Summary Trajectory**: No patient waits longer than 9 weeks	0	2018/2019 Operational Trajectory 0		**NON-OGI**	**0**	Performance remains strong for 2018/2019.
Z Trajectory - Non-OGI	**ASD**	**Cancer (Summary)**	**NON-OGI Summary Trajectory**: All urgent suspected breast cancer referrals seen within 14-days	47.2%	2018/19 Operational Trajectory 99%		**NON-OGI**	**99.0%**	Operational Trajectory for Sep 18 is 100%
Z Trajectory - Non-OGI	**ASD**	**Cancer (Summary)**	**NON-OGI Summary Trajectory**: At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of decision to treat	97.0%	2018/19 Operational Trajectory 97%		**NON-OGI**	**99.3%**	Operational Trajectory for Aug 18 is 98%
Z Trajectory - Non-OGI	**ASD**	**Cancer (Summary)**	**NON-OGI Summary Trajectory**: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days	74.3%	2018/19 Operational Trajectory 80%		**NON-OGI**	**74.8%**	Operational Trajectory for Aug 18 is 73%
Z Trajectory - Non-OGI	**ASD**	**Delayed Discharges - Complex**	**NON-OGI Summary Trajectory**: 90% of complex discharges within 48-hours	93.4%	2018/2019 Operational Trajectory 94%		**NON-OGI**	**92.7%**	Operational Trajectory for Sep 2018 is 93%

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Z Trajectory - Non-OGI	**ASD CYPS**	**Deliver of Core - Inpatient/Day Cases (Summary)**	**NON-OGI Summary Trajectory**: Reduce the percentage of funded activity associated with elective care services that remains undelivered.	22,501 Variance - 10%	2018/19 Trajectory volume 2,099		**NON-OGI**	**11,840**	Cumulative performance demonstrates +1% against projected activity.
Z Trajectory - Non-OGI	**ASD CYPS OPPC**	**Deliver of Core - Out-Patients (Summary)**	**NON-OGI Summary Trajectory**: Outpatients - Reduce percentage of funded activity associated with elective care	59,657 Variance - 7%	2018/2019 Operational Trajectory 61,261		**NON-OGI**	**29,873**	Cumulative performance demonstrates +1% against projected activity.
Z Trajectory - Non-OGI	**ASD**	**Delivery of Core - Endoscopy (Summary)**	**NON-OGI Summary Trajectory** Reduce the percentage of funded activity associated with endoscopy services that remain undelivered	8,266 Variance -11%	2018/19 Trajectory volume 9,855		**NON-OGI**	**4,300**	Performance against the submitted trajectory demonstrates -4%, associated with two unexpected Nurse Endoscopist resignations. The Service has revised the trajectory for re-submission to HSCB in November.
Z Trajectory - Non-OGI	**MHD**	**Dementia**	**NON-OGI Summary Trajectory**: No patient waits longer than nine weeks to access dementia services	15	2018/19 Operational Trajectory 59		**NON-OGI**	**10**	Operational Trajectory for Sep 18 is 42
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Summary Trajectory**: Diagnostic Imaging - 75% of patients should wait no longer than 9 weeks	2,932	2018/2019 Operational Trajectory 6,241		**NON-OGI**	**4,400**	Performance demonstrates a lower level of patients in excess of 9-weeks, than projected (5,163).
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Summary Trajectory** : Diagnostics Imaging - No patient should wait longer than 26 weeks	864	2018/2019 Operational Trajectory 3,683		**NON-OGI**	**1,160**	Performance demonstrates a lower level of patients in excess of 26-weeks, than projected (2,516).
Z Trajectory - Non-OGI	**ASD**	**Emergency Care (Summary)**	**NON-OGI** 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	74.5%	2018/19 Operational Trajectory 78%		**NON-OGI**	**71.8%**	Operational Trajectory for Sep 2018 is 80.0%
Z Trajectory - Non-OGI	**ASD**	**Hip Fractures**	**NON-OGI** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	2018/2019 Operational Trajectory 86%		**NON-OGI**	**91.8%**	Operational Trajectory for Sep 2018 is 88%
Z Trajectory - Non-OGI	**MHD**	**Psychological Therapies (Summary)**	**NON-OGI Summary Trajectory:** Psychological therapies - No patient waits longer than 13 weeks	84	2018/2019 Operational Trajectory 80		**NON-OGI**	**171**	The operational trajectory projected 63 breaches at September 2018. Actual performance demonstrates 171 associated with increased referral demand; workforce pressures associated with vacancies and redeployments. The Service have revised the trajectory for re-submission to HSCB in November.

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Suspect Breast Cancer (14 days)	21.7%	21.7%	67.2%	98.0%	98.8%	100.0%	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	99.7%
Cancer Pathway (31 days)	97.2%	96.6%	97.3%	88.0%	89.5%	98.4%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer Pathway (62 days)	69.3%	74.8%	75.0%	68.0%	77.2%	86.7%	69.4%	74.2%	79.0%	78.9%	74.2%	81.5%	
Allied Health Professionals	5,728	4,863	4,897	4,387	4,181	3,952	3,864	3,919	3,954	3,588	3,878	4,266	3,792
Diagnostic Reporting (Urgent)	81.7%	84.1%	82.2%	83.2%	83.4%	83.5%	81.8%	81.6%	83.6%	81.6%	84.3%	84.4%	
Diagnostic Reporting (Urgent)	80.6%	83.0%	81.4%	82.3%	82.7%	82.5%	80.9%	80.6%	82.6%	80.7%	83.3%	83.4%	
Diagnostic Reporting (Urgent)	93.8%	97.4%	92.4%	93.2%	92.2%	98.1%	93.1%	95.9%	98.0%	92.7%	94.1%	95.6%	
Diagnostic Test	52.9%	51.8%	48.1%	48.3%	52.2%	57.2%	53.7%	49.6%	49.6%	47.7%	44.3%	46.8%	

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Diagnostic Test	3,228	3,570	4,363	4,019	3,608	2,963	3,364	4,582	3,978	4,340	5,076	5,238	
Inpatient/Day Case Treatment	38.2%	39.1%	38.0%	35.2%	34.1%	34.1%	34.1%	34.8%	35.2%	33.6%	31.2%	31.4%	36.0%
Inpatient/Day Case Treatment	1,848	1,964	2,087	2,313	2,371	2,357	2,370	2,391	2,361	2,393	2,457	2,458	2,487
Out-Patient Appointment	33.7%	32.9%	29.6%	29.3%	31.6%	33.1%	32.3%	32.0%	32.4%	30.6%	27.8%	28.5%	29.6%
Out-Patient Appointment	4,396	4,822	5,037	5,161	5,477	5,888	6,068	6,377	6,772	7,017	7,392	7,818	8,094
Adult Mental Health Service	62	111	185	96	83	101	109	159	211	369	548	660	629
Child and Adolescent Mental Health Services	8	0	5	4	0	0	0	0	0	0	0	0	0

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Dementia	13	17	29	25	26	15	31	30	16	12	12	10	10
Psychological Therapies	57	55	67	57	77	84	96	105	118	142	161	171	240
Hospital Cancelled Outpatient Appointments (%)	3.0%	2.9%	1.6%	2.2%	2.8%	4.9%	4.3%	2.7%	2.4%	3.5%	3.1%	2.7%	
Hospital Cancelled Outpatient Appointments (Number)	575	564	232	432	500	599	751	526	450	550	533	446	
Service and Budget Agreement (Day Cases)	6%	7%	6%	6%	6%	4%	7%	13%	12%	7%	7%	8%	11%
Service and Budget Agreement (Elective In-Patients)	35%	34%	33%	37%	38%	40%	40%	35%	32%	36%	36%	35%	33%
Service and Budget Agreement (New Out-patients)	-8%	-6%	-8%	-7%	-7%	-8%	12%	-6%	-5%	-6%	-8%	-8%	-5%

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Service and Budget Agreement (Review Out-Patients)	-5%	-9%	-9%	-8%	-8%	-8%	10%	-5%	-7%	-8%	-9%	-9%	
Antibiotic Consumption	60.7%	60.0%	63.4%	62.3%	66.5%	64.3%	61.3%	60.7%	59.6%	61.1%	61.2%	61.2%	
Antibiotic Prescribing	2,008	1,860	2,257	2,380	2,129	2,145	2,100	2,210	1,985	2,055	1,972	1,833	
Antibiotic Prescribing	19	20	21	31	20	29	37	26	18	32	35	25	
Antibiotic Prescribing	84	77	85	100	88	80	71	71	72	74	68	64	
GP Appointments													
Gram-Negative Bloodstream Infections							24	27	26	33	35	27	31
Healthcare Acquired Infections: MRSA	0	0	0	0	1	1	0	0	0	0	0	0	0

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Healthcare Acquired Infections: Clostridium Difficile	1	6	4	7	2	5	3	3	4	1	6	3	4
Ischaemic Stroke	5.1%	9.7%	0.0%	11.1%	24.3%	21.9%	10.0%	18.8%	13.6%	12.5%			
Out- Patients Backlog (Acute inc. Paediatrics & ICATS)	20,946	20,946	21,512	21,046	20,857	21,585	22,173	22,338	22,670	23,371	23,787	23,524	23,428
Out-Patients Review Backlog (Mental Health and Disability)	1,059	950	1,011	890	841	911	763	917	922	959	984	898	884
Unallocated Childcare Cases	58	67	84	80	31	38	49	59	102	93	90	95	
Carers' Assessments (%)			18.0%			24.0%			13.0%				
Carers' Assessments (Number)			905			953			976				
Community Based Short Break (%)			25.0%			23.0%			-1.6%				

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Community Based Short Break (Hours)			128,807			127,040			125,283				
Direct Payments			743			777			805				
Young Carers Short Break			139			155			145				
Acute Hospital Discharges (48 hours)	95.7%	97.2%	95.1%	94.7%	89.9%	96.4%	94.4%	95.6%	89.7%	92.3%	92.3%	91.4%	71.0%
Acute Hospital Discharges (7 days)	1	0	2	2	1	0	2	3	4	3	2	3	10
Acute Hospital Discharges (6 Hours)	93.8%	93.8%	94.4%	95.1%	94.7%	94.5%	94.9%	94.1%	95.5%	94.8%	93.6%	93.7%	94.3%
Emergency Department (4-hour)	76.1%	72.3%	68.2%	64.2%	67.5%	65.8%	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	68.2%
Emergency Department (12-hour)	214	312	422	846	485	684	237	240	285	500	282	310	644

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Emergency Department (Triage to Treatment)	81.9%	77.0%	76.5%	75.8%	76.3%	73.9%	79.5%	76.6%	76.6%	76.7%	74.8%	75.7%	74.0%
GP OOH	89.9%	90.3%	82.7%	80.8%	86.5%	87.8%	87.7%	89.2%	85.9%	81.2%	84.5%	89.8%	89.9%
Hip Fractures	95.7%	96.8%	91.4%	92.3%	87.1%	100.0%	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	100.0%
Learning Disability Discharges	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%
Learning Disability Discharges	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Discharges	93.0%	91.5%	93.7%	97.1%	95.7%	97.4%	85.2%	98.7%	92.3%	93.7%	93.6%	97.2%	89.5%
Mental Health Discharges	0	0	0	0	1	0	5	0	3	2	1	0	4
Seasonal Flu Vaccine												3	1,996

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Staff Sick Absence	5.2%	4.9%	5.3%	6.3%	5.7%	5.5%	5.2%	4.8%	5.0%	5.2%	5.3%	5.0%	
Staff Sick Absence	75,442	71,393	74,718	96,786	76,656	81,100	72,932	74,028	70,908	77,152	81,816	67,193	
Adult Mental Health (Summary)	62	111	185	96	83	101	109	159	211	368	547	659	
CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)	8	0	5	4	0	0	0	0	0	0	0	0	
Cancer (Summary)	21.7%	21.7%	67.2%	98.0%	98.8%	100.0%	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	
Cancer (Summary)	97.2%	96.6%	97.3%	88.0%	89.5%	98.4%	96.6%	100.0%	100.0%	100.0%	100.0%		
Cancer (Summary)	69.3%	74.8%	75.0%	68.0%	77.2%	89.7%	69.4%	74.2%	79.0%	78.9%	73.0%		
Delayed Discharges - Complex	95.7%	97.2%	95.1%	94.7%	89.9%	96.4%	94.4%	95.6%	89.7%	92.3%	92.3%	91.3%	

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Title	Oct-17	Nov-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18
Deliver of Core - Inpatient/Day Cases (Summary)							1,806	2,100	2,093	1,657	1,950	2,234	
Deliver of Core - Out-Patients (Summary)							4,767	5,454	5,411	4,470	4,720	5,051	
Delivery of Core - Endoscopy (Summary)							754	863	822	666	695	500	
Dementia	13	17	29	25	26	15	31	30	16	12	12	10	
Diagnostic (Imaging) (Summary)	5,076	5,207	5,238	4,853	4,207	2,932	3,654	3,947	4,108	4,212	4,645	4,400	
Diagnostic (Imaging) (Summary)	2,300	2,548	2,802	2,292	1,814	864	891	989	971	1,009	1,118	1,160	
Emergency Care (Summary)	76.0%	72.0%	68.0%	64.0%	68.0%	66.0%	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	
Hip Fractures	95.7%	96.8%	94.4%	92.3%	87.1%	100.0%	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	
Psychological Therapies (Summary)	57	55	67	57	77	84	96	105	118	142	161	171	

KEY:	
Green	Achieved/On Track to be Achieved
Yellow	Substantially Achieved/On Track for Substanial Achievement
Amber	Partially Achieved
Red	Not Achieved/Not on Track to Achieve
White	Unassessed 1. Due to absence of a baseline against which an assessment of performance can be undertaken; OR 2. Supplementary information provided against objectives, which is not in line with the formal technical guidance, used for monitoring the performance of the objectives.

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	**OPPC**	**Tobacco Control**	By March 2020, reduce the proportion of 11-16 year old children who smoke to 3%, adults to 15% and pregnant women to 9%	To be undertaken at a regional level	**Trust's Contribution - Green**	The Trust has on-going smoking cessation services and maintenance of smoke free sites. In 2018/19 the Trust seeks to engage with 1,657 people and set a 'quit date'.	**Green**
Health and Wellbeing	**OPPC/ ASD**	**A Fitter Future for all**	By March 2020 reduce the level of obesity by 4% and overweight and obesity by 3% for adults and 3% and 2% for children.	To be undertaken at a regional level	**Trust's Contribution - Green**	The 'Weigh to a Healthy Pregnancy' programme is now extended to include women with a BMI over 38. Additional services including a High BMI Clinic and an Ante-Natal Diabetic Clinic have been extended.	**Green**
Health and Wellbeing-Children's	**ASD**	**Breastfeeding**	By March 2019, increase the percentage of infants breastfed from birth and 6 months.	To be undertaken at a regional level	**Trust's Contribution - Amber**	The Trust has a number of actions in place to seek to improve uptake and contribute to the strategy.	**Amber**
Health and Wellbeing	**OPPC**	**Healthy Places**	By March 2019, establish minimum 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.	To be undertaken at a regional level	**Trust's Contribution - Green**	Further instruction and detail on what the process will entail is awaited from the Public Health Agency.	**Green**
Primary Care	**OPPC**	**Make Every Contact Count**	By March 2019, to ensure appropriate representation and input into the PHS/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	To be undertaken at a regional Level	**Trust's Contribution - Green**	Regionally the use of an e-learning platform is being explored and with also the potential alignment to the 'Healthy Places' objective.	**Green**
Health and Wellbeing-Children's	**CYPS**	**Children's Oral Health**	By March 2019, establish a baseline for number of teeth extracted in children aged 3-5. Improve oral health of young children in NI and over three years reduce extractions by 5% against that baseline.	To be undertaken at a regional level	**Trust's Contribution - Green**	Trust to contribute to establishment of a baseline within the aged 3-5 category. The ability to improve the ongoing programme with pre-school children, resulting in reduced decay rates, is subject to availability of resources and other challenges faced.	**Green**
Health and Wellbeing-Children's	**ASD**	**Healthier Pregnancy Programme**	By March 2019, 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.	To be undertaken at a regional level	**Trust's Contribution - Green**	Work initiated in 2017/18 will continue. Actions within in year include: Provision of additional training sessions and the roll out of the initiative to DHH site and community teams.	**Amber**
Health and Wellbeing-Children's	**CYPS**	**Healthy Child Healthy Future**	By March 2019, ensure the full delivery of the universal child health promotion programme for NI, Healthy Child Healthy Future. By that date the antenatal contact will be delivered to all first time mothers and 95% of two year reviews must be delivered.	To be undertaken at a regional level	**Trust's Contribution- Amber**	Further improvement on the 2017/18 position continues to be challenged with substantive permanent and temporary vacancies in the Health Visiting Team along with the high level of children on the Child Protection Register.	**Amber**
Health and Wellbeing-Children's	**CYPS**	**Family Nurse Partnerships**	By March 2019, ensure the full roll out of the Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.	To be undertaken at a regional level	**Trust's Contribution- Amber**	Current capacity, remains challenging supporting only approx. 50% of those referred. Additional investment required to meet objective fully.	**Amber**
Children	**CYPS**	**Children in Care (Placement Change)**	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	78% (2016/2017)	**Amber**	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.	**Amber**

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Children	**CYPS**	**Children in Care (Adoption)**	By March 2019, 90% of children, who are adopted from care are adopted within a three year time frame (from date of last admission)	53% (2016/2017)	**Red**	The majority of older children are adopted by foster carers. This is a longer process than the 3 year timeframe. It is anticipated that performance will continue to improve in relation to this target.	**Amber**
Mental Health	**MHD**	**Protect Life 2 Strategy**	By March 2019, to have further enhanced our of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "crisis De-escalation Service." Reduce the suicide rate by 10% by 2022.	To be established	**Amber**	The Trust continues to provide an out-of-hours service to support de-escalation, in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital. The delivery of this service is challenging due to the geographical spread of the 2 Emergency Departments.	**Amber**
Mental Health	**MHD**	**Substitute Prescribing**	By September 2018 to have advanced the implementation of revised substitute prescribing services in NI to reduce waiting times and improve access.	Not Applicable	**Amber**	Additional resources are needed in secondary care to support GPs. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing will be a key constraint in the achievement of this. The Trust is undertaking a review of the Addictions service.	**Amber**
Health and Wellbeing	**OPPC/ ASD**	**Regional Implementation of Diabetes Feet Care Pathway**	By July 2018, to provide detailed plans (including financial profiling) for the regional implementation of the Diabetes Feet Care Pathway.	To be undertaken at a regional level	**Green**	Implementation is subject to allocation to funding, additional staff and appropriate accommodation.	**Green**
Workforce	**EDN**	**Delivering care (Sustainable Nurse Staffing Level)**	By March 2019, all HSC Trusts should have fully implemented Phases 2,3 and 4 of Delivering care, to ensure safe sustainable nurse staffing levels across all Emergency Departments; Health Visiting, and District Nursing Services.	Not Applicable	**Amber**	Full implementation can only be achieved on receipt of full funding and ability to secure Registered Nurses.	**Amber**
Safe systems of Care	**EDN**	**NEWS KPI**	Throughout 2018/2019 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	Not Applicable	**Amber**	There is an ongoing in year review which seeks further improvement.	**Amber**
Safe systems of Care	**EDN**	**Falls and Pressure Ulcers Reporting**	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not Applicable	**Trust's contribution- Green**	Trust will participate in a regional exercise to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	**Green**
Safe Systems of Care	**ASD**	**Medicines Optimisation**	By March 2019. all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	70%	**Red**	Additional resources are required to see full achievement of this objective. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model.	**Red**

Performance Corporate Dashboard November 2018 (for October 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe systems of Care	**OPPC**	**Residential and Nursing Homes**	During 2018/19 the HSC 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 (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not Applicable	**Green**	The Trust will continue to seek improvement in care standards and take action as appropriate on any issues highlighted by RQIA.	**Green**
Safe Systems of Care	**ASD/ OPPC/ MHD**	**Same Gender Accommodation**	By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation.	100%	**Green**	Established guidelines/processes in place to manage patients that are cared for in mixed gender ward environments. A baseline audit is being undertaken by the Trust in 2018/2019 to assess the impact any infrastructural issues e.g.. bathrooms/toilets.	**Green**
Support for Patient's and Clients	**CYPS**	**Children in Care (Permanence and Pathway Plans)**	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.	Not Applicable	**Green**	The Trust has 2 active Looked After Children Service User Groups which assist in enabling young people to influence decisions.	**Green**
Support for Patient's and Clients	**MHD**	**Dementia Portal**	By March 2019, patients in all Trusts will have access to the Dementia portal.	Not Applicable	**Green**	The Trust is participating in a pilot which allows dementia clients to access their appointments on-line along with a range of other resources, once agreed. Additional resources would be required to roll this pilot out further as well as client engagement.	**Green**
Patient- Client Experience	**OPPC**	**Palliative and End of Life Care**	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	Not Applicable	**Amber**	This objective will require input from multiple partners and direction from the Regional Palliative Care Programme Board. The Trust in 2018/2019 is considering a service improvement pilot to move forward with the task of identification of patients with palliative and end of life care needs.	**Amber**
Patient- Client Experience	**OPPC**	**Co-Production**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	The Trust welcomes publication of the Regional Co-Production Guidelines and will take forward transformation initiatives and infrastructure development with respect to partnership working, co-production and PPI	**Green**

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Support for Patient's and Clients	**MHD**	**Self-Directed Support**	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.	Not Applicable	**Amber**	Building on the extensive Level 1, 2 & 3 Self Directed Support Staff Training facilitated to date it is hoped that as many social care service users as possible will be assessed under Self Directed Support by 31st March 2019, however whether this will achieve the 100% project measurable is doubtful.	**Green**
Safe Systems of Care	**EDN**	**Swallow Assessment**	By March 2019, develop a baseline definition data to ensure patients have timely access to a full swallow assessment.	Not Applicable	**Trust's contribution- Green**	SHSCT staff are involved in regional work and the Trust has established a multi-disciplinary group to oversee the implementations of any actions that arise from the Thematic review	**Green**
Elective	**EDN/ OPPC**	**Direct Access Physiotherapy Services**	By March 2019, Direct Access Physiotherapy Services will be rolled out across all Health and Social Care Trusts.	Not Applicable	**Green**	Direct Access Physiotherapy Services are in place for staff employed within the SHSCT.	**Green**
Children	**CYPS**	**Children & Young People's Developmental & Emotional Wellbeing Framework**	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Framework along with a costed implementation plan.	Not Applicable	**Trust's contribution- Green**	A regional group has been established.	**Green**
Optimisation of Resources	**ASD**	**Savings through 2016-19 Regional Medicines Optimisation Efficiency**	By March 2019, to have obtained savings of £90 million through the 2016-2019 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.		**Red**	At March 2018 the Trust achieved savings of £737,000. The projected savings for 2018/2019 is £500,000. Whilst the Trust will continue to contribute to this objective the level of savings sought is not achievable without cutting pharmacy services or limiting treatments.	**Red**
Workforce	**HROD**	**Health and Social Care Workforce Strategy**	By June 2018, to provide appropriate representation in the programme board overseeing the implementation of the Health and Care Workforce Strategy.	Not Applicable	**Green**	The Trust has provided appropriate nominee to the Programme Board (Board still to meet).	**Green**
Workforce	**HROD**	**Project Board to Establish a Health and Social Care Careers Service**	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project board, when requested.	**Green**
Workforce	**OPPC**	**Domiciliary Care Workforce Review**	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not Applicable	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to and actively engage with.	**Green**
Workforce	**HROD**	**Health and Social Care Workforce Model**	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project, when requested.	**Green**
Workforce	**HROD**	**Audits**	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10-14 of the Workforce Strategy.	Not Applicable	**Green**	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.	**Green**

Themes	**Directorate**	**Title**	**OGI**	**Baseline**	**TDP Assessment**	**Narrative**	**Director's Qualitative Assessment**
Workforce	**HROD**	**Business Intelligence Information**	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Not Applicable	**Green**	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.	**Green**
Workforce	**HROD**	**Healthier Workplace**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to.	**Green**
Workforce	**EDSW**	**Social Work Workforce**	By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.	To be undertaken at a regional level	**Trust's contribution- Green**	The CYPS Directorate have commenced a number of pilots using the OBA methodology.	**Green**
Workforce	**HROD/ DPR**	**Q2020 Attributes Framework**	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	29.4% have achieved Level 1. 2.1% have achieved Level 2.	**Amber**	Level 1 - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through e-learning. Level 2 - The Trust remains committed to supporting staff in quality improvement and delivery of the Quality 2020 vision will continue to be embedded in all programmes. However challenges associated with the current level of resources and capacity and the timeline associated Level 2 training, may not be completed in year.	**Amber**
Safe systems of Care	**MHD**	**Suicide Awareness and Intervention (For all HSC staff)**	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 initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	To be undertaken at a regional level	**Trust's contribution - Amber**	The Trust will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project 'Toward Zero Suicide'. A range of approaches to suicide prevention awareness continues across the SHSCT locality.	**Green**
Safe systems of Care	**EDN**	**Dysphagia Awareness**	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	To be undertaken at a regional level	**Trust's contribution- Green**	The Trust has submitted a bid for establishment of a temporary Trust dysphagia team from transformational funding. The Trust will contribute and support the development of training at a regional level.	**Green**

ACCESS TIMES: MONTH-ENDING OCTOBER 2018 AND PROJECTED MONTH-END POSITION FOR NOVEMBER 2018

NEW OUTPATIENTS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018											Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Family History**	-44% (-48)	-3% (-4)	Yes	March 2016	NOP	99 weeks	38	8	7	5	5	5	11	3	14	26	**122**	103 weeks
SEC	**Breast - Symptomatic**	-5% (-99)	-2% (-61)	Yes	October 2016	NOP	87 weeks	297	64	49	12	0	4	2	1	0	11	**440**	39 weeks
MUSC	**Cardiology (includes ICATS)**	4% (+54)	12% (+164)	Yes	April 2015	NOP	59 weeks	531	163	130	106	183	129	132	148	304	29	**1855**	55 weeks
MUSC	**Cardiology – Rapid Access Chest Pain (RACPC) - *Nurse-Led***	60% (+435)	65% (+548)	TBC	Not applicable	NOP	77 weeks	162	0	0	0	0	0	0	0	0	1	**163**	3 weeks
CCS	**Chemical Pathology**	34% (+24)	32% (+26)	Yes	November 2017	NOP	18 weeks	38	12	11	2	0	0	0	0	0	0	**63**	19 weeks
IMWH	**Colposcopy**	-28% (-188)	-25% (-196)	No	March 2017	NOP	8 weeks	117	0	0	0	0	0	0	0	0	0	**117**	8 weeks
MUSC	**Dermatology Cons-Led only (incl Virtual & ICATS)**	-10% (-358)	-6% (-255)	TBC	June 2016	NOP	26 weeks	1460	373	300	205	245	2	0	0	0	0	**2585**	29 weeks
MUSC	**Dermatology Nurse-Led**	TBC	-26% (-379)	TBC	September 2017	NOP	26 weeks	217	38	34	20	25	0	0	0	0	0	**334**	29 weeks
MUSC	**Endocrinology**	24% (+64)	29% (+90)	Yes	November 2015	NOP	59 weeks	109	35	54	33	30	22	15	15	19	6	**338**	54 weeks
MUSC	**Diabetology**	6% (+13)	10% (+23)	Yes	April 2016	NOP	52 weeks	104	19	26	17	14	1	0	0	5	0	**186**	57 weeks
SEC	**Ear, Nose & Throat (includes ICATS)**	-12% (-548)	-9% (-475)	Yes	March 2016	NOP	111 weeks	1569	390	473	369	586	583	553	623	984	236	**6366**	58 weeks
MUSC	**Gastroenterology**	-6% (-60)	5% (+57)	Yes	May 2015	NOP	106 weeks	404	118	125	116	132	139	124	152	317	595	**2222**	92 weeks
MUSC	**General Medicine**	-28% (-68)	-28% (-79)	No	February 2016	NOP	28 weeks	58	8	2	2	1	0	0	0	0	0	**71**	17 weeks
OPPC	**Geriatric Medicine**	6% (+22)	7% (+32)	Yes	May 2018	NOP	59 weeks	59	6	2	0	1	1	2	0	0	1	**72**	Projection Outstanding
OPPC	**Geriatric Assessment**	9% (+21)	14% (+39)	Yes	November 2017	NOP	27 weeks	45	3	2	0	3	1	0	0	0	0	**54**	12 weeks
MUSC	**Geriatric Acute**	26% (+87)	32% (+125)	Yes	May 2018	NOP	4 weeks	13	0	0	0	0	0	0	0	0	0	**13**	9 weeks
MUSC	**Orthopaedic-Geriatric**	9% (+21)	17% (+4)	Yes	October 2017	NOP	146 weeks	54	13	24	12	12	9	29	17	7	92	**269**	151 weeks
SEC	**General Surgery (includes Haematuria)**	-37% (-1839)	-32% (-1846)	Yes	January 2016	NOP	110 weeks	1605	505	612	391	617	555	523	577	999	1860	**8244**	114 weeks
IMWH	**Gynaecology (includes Family Planning)**	1% (+20)	-1% (-53)	No	July 2017	NOP	37 weeks	806	15	0	0	1	0	0	1	0	0	**823**	15 weeks
IMWH	**Gynaecology Outpatients with Procedures (OPPs)**	TBC	TBC	No	Not applicable	OPP	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
IMWH	**Gynae Fertility (Cons-Led)**	50% (+35)	-69% (-160)	No	Not applicable	NOP	4 weeks	22	0	0	0	0	0	0	0	0	0	**22**	14 weeks
CCS	**Haematology**	-17% (-34)	-14% (-34)	Yes	December 2017	NOP	59 weeks	154	18	9	9	15	5	8	13	7	4	**242**	63 weeks
CCS	**Anti-Coagulant**	-20% (-32)	-19% (-35)	No	Not applicable	NOP	11 weeks	8	1	0	0	0	0	0	0	0	0	**9**	6 weeks
MUSC	**Nephrology**	37% (+30)	7% (+35)	Yes	Not applicable	NOP	26 weeks	44	3	2	1	0	1	0	0	0	0	**51**	12 weeks
MUSC	**Neurology**	-31% (-307)	-29%(338)	Yes	March 2017	NOP	111 weeks	380	131	147	87	153	166	191	145	277	1613	**3290**	114 weeks
SEC	**Orthodontics**	-51% (-137)	-52% (-165)	No	September 2018	NOP	15 weeks	41	14	5	0	0	0	0	0	0	0	**60**	19 weeks
SEC	**Fractures**	18/% (+598)	17% (+662)	TBC	August 2016	NOP	26 weeks	354	15	18	5	1	0	0	0	0	0	**393**	34 weeks
SEC	**Orthopaedics**	-14% (-204)	-12% (-203)	No	October 2014	NOP	143 weeks	547	202	261	151	164	179	167	183	294	820	**2968**	147 weeks
OPPC	**Orthopaedic ICATS**	-11% (-312)	-7% (-228)	No	April 2018	NOP	89 weeks	1315	432	508	353	507	365	8	3	2	1	**3494**	Projection Outstanding
CYPS	**Paediatrics - Acute**	1% (+17)	3% (+43)	Yes	February 2017	NOP	44 weeks	637	184	173	84	28	3	1	1	0	0	**1111**	41 weeks
CYPS	**Paediatrics - Community**	No SBA	No SBA	No	April 2016	NOP	16 weeks	230	42	11	0	0	0	0	0	0	0	**283**	13 weeks
ATICS	**Pain Management**	-8% (-46)	-3% (-22)	Yes	February 2015	NOP	49 weeks	263	82	106	82	117	104	129	110	32	0	**1025**	50 weeks
CCS	**Palliative Medicine**	6% (+4)	9% (+6)	TBC	August 2018	NOP	13 weeks	13	1	0	0	0	0	0	0	0	0	**14**	6 weeks
MUSC	**Rheumatology**	-8% (-71)	-5% (-49)	Yes	June 2014	NOP	123 weeks	393	53	78	41	61	49	65	38	79	547	**1404**	123 weeks
MUSC	**Thoracic Medicine**	2% (+16)	3% (+33)	Yes	November 2016	NOP	89 weeks	344	82	110	61	130	114	129	129	229	585	**1913**	87 weeks
SEC	**Urology (includes ICATS)**	3% (+52)	9% (+185)	Yes	March 2015	NOP	145 weeks	793	151	126	77	124	89	102	91	205	1668	**3426**	149 weeks

INPATIENTS/DAY CASES

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	IPDC Planned Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018											Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-13 Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 46Wks	46+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Surgery**	4% (+7)	9% (+21)	No	September 2017	IP	66 weeks	12	2	3	4	1	2	1	0	5	7	**37**	71 weeks
SEC	**Breast Surgery**					DC	61 weeks	32	4	2	2	0	2	0	0	1	2	**45**	65 weeks
MUSC	**Cardiology**	TBC	(+732)	TBC	August 2016	IP/DC	76 weeks	319	71	52	88	100	51	26	12	4	10	**733**	55 weeks
CYPS	**Community Dentistry**	-35% (-304	-35% (-354)	No	Not applicable	IP/DC	21 weeks	324	5	4	1	0	0	0	0	0	0	**334**	24 weeks
MUSC	**Dermatology Cons-Led**	10% (+54)	15% (+91)	Yes	June 2018	IP/DC	50 weeks	207	35	32	41	26	17	7	4	1	0	**370**	55 weeks
MUSC	**Dermatology Nurse-Led**	54% (+89)	57% (+110)	TBC	Not applicable	IP/DC	36 weeks	87	19	11	12	7	7	2	0	0	0	**145**	39 weeks
SEC	**Ear, Nose & Throat (ENT)**	-33% (-472)	-30% (-494)	No	August 2018	IP	82 weeks	65	9	13	14	10	17	10	6	14	22	**180**	87 weeks
SEC	**Ear, Nose & Throat (ENT)**					DC	102 weeks	455	56	93	123	107	84	78	34	34	65	**1129**	107 weeks
MUSC	**Gastroenterology (Non-Scopes)**	525% (+539)	589% (+704)	Yes	August 2017	IP/DC	71 weeks	21	1	0	1	0	0	0	0	0	1	**24**	Projection Outstanding
MUSC	**General Medicine**	0%(-5)	1% (+13)	No	February 2016	IP/DC	Not Applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
MUSC & OPPC	**Geriatric Specialties combined**	480% (+24)	431% (+25)	TBC	Not Applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
SEC	**General Surgery (includes Haematuria & Minor Ops)**	-26% (-763)	21% (-725)	TBC	October 2016	IP	154 weeks	62	12	16	14	8	6	4	3	9	62	**196**	158 weeks
SEC	**General Surgery (includes Haematuria & Minor Ops)**					DC	144 weeks	675	86	81	71	73	100	53	40	65	354	**1598**	138 weeks
IMWH	**Gynaecology**	-14% (-183)	-16% (-242)	TBC	Not applicable	IP	48 weeks	123	16	13	17	13	11	6	1	1	0	**201**	45 weeks
IMWH	**Gynaecology**					DC	28 weeks	217	3	4	4	1	0	0	0	0	0	**229**	26 weeks
CCS	**Haematology (incl Nurse-Led)**	74% (+427)	78% (+521)	Yes	October 2018	IP/DC	3 weeks	39	0	0	0	0	0	0	0	0	0	**39**	Projection Outstanding
MUSC	**Neurology**	120% (+234)	117% (+266)	Yes	September 2018	IP/DC	20 weeks	26	4	6	0	0	0	0	0	0	0	**36**	20 weeks
SEC	**Orthopaedics**	-18% (-182)	-14% (-155)	Yes	August 2016	IP	152 weeks	256	60	86	116	115	92	69	91	105	586	**1576**	157 weeks
SEC	**Orthopaedics**					DC	140 weeks	204	57	88	87	80	58	52	54	47	336	**1063**	144 weeks
CYPS	**Paediatric Medicine**	-47% (-28)	-34% (-24)	TBC	August 2018	IP/DC	79 weeks	24	8	7	8	3	9	3	0	5	10	**77**	Projection Outstanding
ATICS	**Pain Management**	13% (+35)	14% (+45)	Yes	June 2016	IP/DC	162 weeks	109	33	22	23	29	22	16	10	37	289	**590**	163 weeks
MUSC	**Rheumatology**	8% (+112)	7% (+111)	Yes	August 2018	IP/DC	20 weeks	182	8	2	0	0	0	0	0	0	0	**192**	16 weeks
MUSC	**Thoracic Medicine**	-12% (-30)	-12% (-34)	Yes	Not applicable	IP/DC	5 weeks	10	0	0	0	0	0	0	0	0	0	**10**	9 weeks
SEC	**Urology**	10% (+205)	13% (+318)	Yes	August 2016	IP	248 weeks	158	24	30	36	28	25	39	25	36	485	**886**	252 weeks
SEC	**Urology**					DC	235 weeks	251	40	57	62	66	48	58	28	69	258	**937**	239 weeks

DIAGNOSTICS - ENDOSCOPY

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	IPDC Planned Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018											Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	**Endoscopy - Symptomatic**	-23% (-1200)	-23% (-1379)	Yes	July 2015	Diag. IP	51 weeks	4	1	0	1	0	2	0	0	1	0	**9**	33 weeks
SEC	**Endoscopy - Symptomatic**					Diag. DC	99 weeks	938	100	70	71	66	52	55	34	38	50	**1474**	97 weeks
ATICS	**Endoscopy - Bowel Cancer Screening (BCS)**	8% (+20)	6% (+15)	No	Not applicable	Diag. IP/DC	21 weeks	79	22	14	1	0	0	0	0	0	0	**116**	10 weeks

DIAGNOSTICS - IMAGING

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018										Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
CCS	**CT Scans General (Excl CTC & Angio))**	26% (+2968)		Yes	Not applicable	Imaging											**0**	35 weeks
CCS	**CT Colonography (CTC)**					Imaging												64 weeks
CCS	**CT Angiography (Cardiology)**					Imaging												95 weeks
CCS	**Non-Obstetrics Ultrasound Scans (NOUS)**	5% (+912)		Yes	Not applicable	Imaging											**0**	24 weeks
CCS	**DEXA Scans**	16% (+194)		Yes	Not applicable	Imaging											**0**	39 weeks
CCS	**MRI Scans**	-15% (-1154)		Yes	Not applicable	Imaging											**0**	47 weeks
CCS	**Plain Film X-Ray**	23% (+19071)		Yes	Not applicable	Imaging											**0**	9 weeks
CCS	**Fluoroscopy**	No SBA		No	Not applicable	Imaging											**0**	21 weeks
CCS	**Barium Enema**	No SBA		No	Not applicable	Imaging											**0**	6 weeks
CCS	**Gut Transit Studies**	No SBA		No	Not applicable	Imaging											**0**	Projection Outstanding
CCS	**Radio Nuclide**	No SBA		No	Not applicable	Imaging											**0**	12 weeks

DIAGNOSTICS - NON-IMAGING

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018										Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
MUSC	**Cardiac Investigations - Echo & Non Echo (Combined WL)**	TBC		Yes	Not applicable	Diag.	Echo = weeks Non-Echo = weeks										**0**	Echo = 68 weeks Non-Echo = 50 weeks
CCS	**Neurophysiology**	-38% (-283)		No	Not applicable	Diag.											**0**	49 weeks
CCS	**Audiology**	-5% (-724)		Yes	Not applicable	Diag.											**0**	15 weeks
MUSC	**Sleep Studies**	No SBA	No SBA	No	Not applicable	Diag.											**0**	31 weeks
IMWH	**Urodynamics (Gynaecology)**	TBC		No	Not applicable	Diag.	22 weeks	20	10	20	22	34	3	0	0	0	**109**	22 weeks
SEC	**Urodynamics (Urology)**	No SBA	No SBA	No	Not applicable	Diag.											**0**	Projection Outstanding

CHILDREN & YOUNG PEOPLE'S SERVICES - AUTISM

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018										Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-4 Wks	4+ to 8Wks	8+ to 13Wks	13+to 18Wks	18+to 26Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Autism - Assessment**	No SBA	No SBA	TBC	Not availble	NOP	12 weeks	34	43	47	0	0	0	0	0	0	**124**	7 weeks
CYPS	**Autism - Treatment**	No SBA	No SBA	TBC	Not availble	NOP	7 weeks	5	2	0	0	0	0	0	0	0	**7**	7 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - CAMHS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018										Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Child & Adolescent Mental Health Services (CAMHS):**	**No SBA**	**No SBA**	**TBC**	**Not availble**	**NOP**	**8 weeks**	**134**	**79**	**13**	**0**	**0**	**0**	**0**	**0**	**0**	**226**	**9 weeks**
CYPS	**CAMHS Step 2**	No SBA	No SBA	TBC	Not availble	NOP	7 weeks	72	30	4	0	0	0	0	0	0	**106**	9 weeks
CYPS	**CAMHS Step 3**	No SBA	No SBA	TBC	Not availble	NOP	8 weeks	60	49	9	0	0	0	0	0	0	**118**	9 weeks
CYPS	**Eating Disorder Services (CAMHS)**	No SBA	No SBA	TBC	Not availble	NOP	2 weeks	2	0	0	0	0	0	0	0	0	**2**	9 weeks

MENTAL HEALTH SERVICES (MHD)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018										Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
MHD	**Adult Mental Health Services:**	**No SBA**	**No SBA**	**TBC**	**Not available**	**NOP**	**43 weeks**	**384**	**282**	**249**	**273**	**206**	**134**	**13**	**3**	**0**	**1544**	**42 weeks**
MHD	Primary Care Mental Health Team	No SBA	No SBA	TBC	Not available	NOP	23 weeks	201	168	147	170	176	128	0	0	0	**990**	24 weeks
MHD	Community Mental Health Teams	No SBA	No SBA	TBC	Not available	NOP	15 weeks	44	14	7	3	2	0	0	0	0	**70**	15 weeks
MHD	Community Mental Health Teams for Older People	No SBA	No SBA	TBC	Not available	NOP	6 weeks	2	0	1	0	0	0	0	0	0	**3**	7 weeks
MHD	Forensic Services	No SBA	No SBA	TBC	Not available	NOP	2 weeks	3	0	0	0	0	0	0	0	0	**3**	2 weeks
MHD	Eating Disorder Services	No SBA	No SBA	TBC	Not available	NOP	43 weeks	5	8	3	2	4	5	13	3	0	**43**	42 weeks
MHD	Addiction Services	No SBA	No SBA	TBC	Not available	NOP	24 weeks	129	92	91	98	24	1	0	0	0	**435**	18 weeks
MHD	Personality Disorder Services	No SBA	No SBA	TBC	Not available	NOP	Not applicable	0	0	0	0	0	0	0	0	0	**0**	Not applicable
MHD	**Memory / Dementia Services**	No SBA	No SBA	Yes	August 2015	NOP	21 weeks	67	73	33	7	2	1	0	0	0	183	26 weeks
MHD	**Psychological Therapies**	**No SBA**	**No SBA**	**TBC**	**Not available**	**NOP**	**57 weeks**	**137**	**100**	**98**	**109**	**115**	**52**	**44**	**20**	**9**	**684**	**60 weeks**
MHD	Adult Mental Health	No SBA	No SBA	TBC	Not available	NOP	57 weeks	59	37	57	57	91	36	44	20	9	**410**	60 weeks
MHD	Adult Learning Disability	No SBA	No SBA	TBC	Not available	NOP	15 weeks	19	11	8	11	3	0	0	0	0	**52**	Projection Outstanding
MHD	Children's Learning Disability	No SBA	No SBA	TBC	Not available	NOP	15 weeks	6	7	1	5	1	0	0	0	0	**20**	Projection Outstanding
MHD	Adult Health Psychology	No SBA	No SBA	TBC	Not available	NOP	25 weeks	50	42	30	33	20	16	0	0	0	**191**	Projection Outstanding
MHD	Children's Psychology	No SBA	No SBA	TBC	Not available	NOP	11 weeks	2	1	2	3	0	0	0	0	0	**8**	Projection Outstanding
MHD	Neurodisability Services	No SBA	No SBA	TBC	Not available	NOP	5 weeks	1	2	0	0	0	0	0	0	0	**3**	Projection Outstanding

ALLIED HEALTH PROFESSIONALS (AHPs)

Division/ Directorate/Programme of Care	Specialty/ Programme of Care	SBA Performance +/- at 30/09/18 (incl. IRR)	SBA Performance +/- at 31/10/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/10/2018 *(Longest Waiter)*	Activity Type	End of OCTOBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 October 2018								Projected End of NOVEMBER 2018 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 32Wks	32Wks +	TOTAL	
All POCs	Dietetics combined (All POCs):				Not available	AHP	18 weeks	687	82	18	2	0	0	0	789	8 weeks
CCS (POC 1)	Dietetics - Acute	1% (+41)		Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
CYPS (POC 2)	Dietetics - Paediatrics				Not available	AHP	12 weeks	161	5	0	0	0	0	0	166	8 weeks
OPPC (POC 4&9)	Dietetics - Elderly and Primary Health Care				Not available	AHP	18 weeks	514	77	17	2	0	0	0	610	18 weeks
MHD (POC 5)	Dietetics - Mental Health				Not available	AHP		2	0	0	0	0	0	0	2	
MHD (POC 6)	Dietetics - Learning Disability				Not available	AHP		9	0	1	0	0	0	0	10	
MHD (POC 7)	Dietetics - Physical Disability				Not available	AHP		1	0	0	0	0	0	0	1	
All POCs	OT combined (All POCs):				Not available	AHP	63 weeks	703	227	236	278	239	305	523	2511	68 weeks
CCS (POC 1)	Occupational Therapy - Acute	-1% (-29)		No	Not available	AHP	55 weeks	50	32	33	56	31	60	135	397	Projection Outstanding
CYPS (POC 2)	Occupational Therapy - Paediatrics				Not available	AHP	54 weeks	89	37	30	31	40	61	142	430	Projection Outstanding
OPPC (POC 4&9)	Occupational Therapy - Elderly and Primary Health Care				Not available	AHP	63 weeks	347	86	103	107	91	106	172	1012	68 weeks
MHD (POC 5)	Occupational Therapy - Mental Health				Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Projection Outstanding
MHD (POC 6)	Occupational Therapy - Learning Disability				June 2018	AHP	19 weeks	38	7	7	6	0	0	0	58	20 weeks
MHD (POC 7)	Occupational Therapy - Physical Disability				January 2018	AHP	41 weeks	179	65	63	78	77	78	74	614	35 weeks
CCS (POC 1)	Orthoptics	-19% (-234)		Yes	July 2018	AHP	26 weeks	298	126	90	256	278	15	0	1063	Projection Outstanding
All POCs	Physio. combined (All POCs):				Not available	AHP	38 weeks	3124	446	209	71	28	6	7	3891	39 weeks
CCS (POC 1)	Physiotherapy - Acute	-1% ((-180)		Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
CYPS (POC 2)	Physiotherapy - Paediatrics				Not available	AHP	38 weeks	115	35	36	29	23	6	7	251	39 weeks
OPPC (POC 4&9)	Physiotherapy - Elderly and Primary Health Care				Not available	AHP	24 weeks	2938	393	167	40	4	0	0	3542	26 weeks
MHD (POC 5)	Physiotherapy - Mental Health				Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
MHD (POC 6)	Physiotherapy - Learning Disability				Not available	AHP	22 weeks	7	1	2	1	1	0	0	12	24 weeks
MHD (POC 7)	Physiotherapy - Physical Disability				Not available	AHP	21 weeks	64	17	4	1	0	0	0	86	15 weeks
All POCs	Podiatry combined (All POCs):				Not available	AHP	21 weeks	1038	355	204	64	1	0	0	1662	24 weeks
CCS (POC 1)	Podiatry - Acute	-12% (-367)		Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
CYPS (POC 2)	Podiatry - Paediatrics				Not available	AHP	16 weeks	44	42	10	0	0	0	0	96	24 weeks
OPPC (POC 4. 6, 7 & 9)	Podiatry - Elderly and Primary Health Care				Not available	AHP	21 weeks	992	313	194	64	1	0	0	1564	24 weeks
MHD (POC 5)	Podiatry - Mental Health				Not available	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
All POCs	SLT combined (All POCs):				Not available	AHP	63 weeks	587	154	152	198	181	218	109	1599	51 weeks
CCS (POC 1)	Speech and Language Therapy - Acute	0% (-1)		Yes	Not available	AHP	10 weeks	7	1	0	0	0	0	0	8	Projection Outstanding
CYPS (POC 2)	Speech and Language Therapy - Paediatrics				Not available	AHP	36 weeks	395	99	103	135	132	153	29	1046	Projection Outstanding
OPPC (POC 4&9)	Speech and Language Therapy - Elderly and Primary Health Care				Not available	AHP	63 weeks	174	53	49	63	49	65	80	533	51 weeks
MHD (POC 6)	Speech and Language Therapy - Learning Disability				Not available	AHP	4 weeks	11	0	0	0	0	0	0	11	7 weeks
MHD (POC 7)	Speech and Language Therapy - Physical Disability				Not available	AHP	11 weeks	0	1	0	0	0	0	0	1	Not applicable

IP = Elective In-Patient DC = Day Case NOP = New Out-Patient ▨ **Information (reports) not available**

Notes:

- Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
- Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
- TBC - Access time 'To Be Confirmed' by the Operational Team.
- Projection outstanding - projections for month-end not provided by service - access time(s) to be confirmed by the Operational Team.
- Orthopaedic NOPs November 2018 breakdown: Upper Limb = longest waiter at 114 weeks; Lower Limb = longest waiter at 143 weeks; Foot & ankle = longest waiter at 122 weeks

Southern Health and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 30 November 2017
Title:	OGI Performance Summary as at end of October 2017
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	➢ Promoting safe high quality care ➢ Supporting people live long, healthy, active lives ➢ Make best use of our resources ➢ Improving our services ➢ Being a great place to work - supporting, developing and valuing our staff ➢ Working in partnership
Purpose:	For Approval

Summary of Key Issues

High Level Context:

- The Health and Social Care Board (HSCB) and Public Health Agency (PHA) draft Commissioning Plan for 2017/18 was issued late in the current financial year. Delayed issue of financial allocations and subsequent requirement for financial savings all impact on the Trusts ability to effectively plan for service delivery in year. The Trust submitted its Trust Delivery Plan (TDP) in response on 30 October 2017.

- The TDP identifies over fifty percent of Objectives and Goals for improvement (OGI) targets assessed as ‘not achievable’ or ‘partially achievable with additional resources’ in 2017/18. The assessment represents a continuation of performance challenges from 2016/17 into 2017/18 associated with service pressures related to workforce, finance, and demographic growth/ demand.

- Focus in the remaining months of this year will seek to secure improvements in line with agreed performance projections (‘Trajectories’) and progress medical workforce plans required to address growth and safe service delivery e.g. acute medicine/unscheduled care.

- The *Corporate Dashboard*, attached, provides a summary and assessment of performance for all ‘Objectives and Goals for Improvement’ (OGIs) identified in the new Commissioning Plan Direction for 2017/18. This summary provides an overview on an ‘exception basis’ of those targets presenting greatest challenge and the actions being taken to manage risks.

Summary of Key Issues/Points of Escalation:

1. Unscheduled Care

- The 100% challenge event at CAH (June 2017) resulted in marked improvement in the Trust’s 4-hour ED performance in the immediate period. Sustaining this improvement remains a key challenge due to heightened unscheduled pressures.

- Performance in October at 76% remains slightly better than the same period last year. 90% of patients were seen and admitted or discharged within 6-hours.

- The target areas for focused improvement from 2016/17 relate to attendances of children and frail elderly. The 4-hour performance for children under 14 years is circa 90%. Challenges remain in achieving a 4 hour performance with older people generally reflecting the complexity of conditions/ co-morbidities.
    - Action to further address this issue is being addressed in the 17/18 Resilience plan to establish older persons assessment units at both CAH and DHH.

- Emergency medical admissions above the level of discharges has resulted in high numbers of people managed in non-medical beds (commonly referred as 'outliers'). Inpatient flow issues result in increased 12-hour waits in the emergency Department (ED). 214 patients waited longer than 12 hours in October and 177 in the first three weeks in November. Actions underway:
    - Acute services directorate regularly review individual cases of those patients who have waited more than 12 hours.
    - Further '100% challenge' rapid improvement events are scheduled in CAH (29-1 Dec) and DHH (6-8 Dec) in preparation for the winter period and to inform sustainability plans and improve patient flow.

- Trust performance in effectively discharging inpatients, both complex and simple discharges has remained fairly steady. The Trust performance across both sites remains comparatively good regionally in the context of comparatively low levels of bed availability. Growing financial and workforce pressures in the independent nursing home and domiciliary care sector are impacting locally. A further home closure in the Trust area in November has further reduced capacity in this sector limiting options for complex discharges. Actions underway:
    - The Trust is rolling out a communication strategy to support delivery of key public messages aligned to unscheduled care e.g. focus on appropriate use of ED and preparation for earlier discharge e.g. 'Home for Lunch' campaign.

- The Trusts resilience plan, acknowledges workforce issues related to ongoing reliance on temporary medical staff (locums), and availability of nursing workforce limit the ability to create additional bed capacity. Actions underway:
    - The 2017/18 Resilience plan focuses on creating alternatives to admission, rapid assessment and ambulatory model, options to support effective discharge and robust management /control of the unscheduled care system across acute / community care. The Trust plans were submitted to the HSCB and tested with North West Utilisation Management Unit and implementation is underway. Funding is still to be confirmed.
    - Additional contingency actions have been agreed in November for the winter period to further cohort medical beds from the overall bed complement to reduce the number of medical outliers and improve throughput.
    - SMT has agreed seeking to recruit a cohort of additional medical staff to support the management of unscheduled care in parallel to development of a medical workforce strategy that will link into regional workforce planning.
    - Medium and longer term planning is ongoing around the creation of assessment/ ambulatory capacity in both Craigavon and Daisy Hill Hospitals and the Trust will finalise its ambulatory framework in early 2018.

2. Elective & Cancer Care:

- **New Outpatients (OP) and In-Patient (IP) and Day Case (DC)** waits over 52-weeks continue to increase in a number of specialty areas. The increased waiting times for elective access seen in 2016/17 has continued into 2017/18 primarily as a result of the gap between funded health service capacity and patient demand and the impact of the wider workforce and financial position. **Allied Health Professional (AHP**) waits over 13-weeks have reduced in all professions associated with additional capacity and the early impact of staff from the introduction of the peripatetic pool.

- In Quarter 1 & 2 a limited amount of non-recurrent funding was made available by HSCB (C £760k); this was directed to areas of most risk and included increased capacity for new and review outpatients, including red flag (suspected cancer) referrals (c 2000 additional appointments) and (740 additional endoscopy procedures) to support the diagnostic pathway, particularly for cancer work.
    - Additional non recurrent funding has been confirmed (mid- November) for additional activity to be undertaken in Quarter 3 & 4 and proposals to increase capacity have been submitted for HSCB approval.
    - Proposals are also in development to prepare for potential non-recurrent transformational funding which may be available for 2018/19 and 2019/20. The ability to plan ahead would improve the level of capacity that can be delivered in-house with increased potential to

  - secure temporary staff on longer term contracts. The Trust has identified a number of areas where there is potential to increase capacity examples include pain management, neurology and to a lesser extent cardiology and orthopaedics.

- Whilst AHP waits over 13–weeks decreased, it is anticipated peaks and troughs will continue as new staff commence.

Service and Budget Agreement (SBA) -

- The Trust's acute elective care SBA performance reflects a less favourable position than 2016/2017. Key challenges continue related to: unscheduled care pressures including cancellations to minimise the impact of planned procedures on available bed capacity; workforce issues related to vacant medical posts; changes in working practice not yet reflected in the current SBA (e.g. shift from in-patient to daycases and daycase to out-patient procedures).
  - The Trust continues to work with the Commissioner to review SBA baselines to ensure that they are more reflective of reality with the 2017/2018 formal SBA process anticipated to commence in November 2017.
  - Monthly SBA monitoring and reporting arrangements in place for Directorate review

- A higher than projected cancellation rate for elective activity, associated with unscheduled care drivers, is a key factor in the deviation of performance trajectories (Inpatient/ daycases) from these projections.

- Hospital initiated cancellation of consultant led outpatient appointments is assessed as not achievable in the TDP. The number of cancellations is lowest in the region. As this has remained fairly static it is not seen as a contributor to decreased SBA levels

3 Diagnostics

- Challenges remain in radiology and endoscopy associated with capacity gaps and issues related to reduced workforce affecting both access times for elective patients and capacity for reporting.

- Non-recurrent fund has been allocated in Quarters 1 & 2 to increase capacity for endoscopy and a further allocation was made for Quarters 3 & 4 in October.
  - This will provide additional in-house capacity funded to increase endoscopy capacity see an estimated 1800 additional patients treated in year.

- In October 2017, the HSCB confirmed funding of circa.£1.96m to be made available to the Trust in year for diagnostic imaging non recurrently and a further £656k recurrently.
  - This will provide the following additional activity in year 6,500 CT scans via the leased mobile scanner on the CAH site; 6,838 non obstetric ultrasound scans and reports and 95,000 plain films reports via a combination of in-house and independent sector capacity, and a small amount of MRI, estimated at 200 scans and reports, in the independent sector.
  - Recruitment has commenced aligned to the recurrent funding for additional scanning and reporting in non-obstetric ultrasound and plain films reporting to enhance skill mix. It is anticipated there will be some challenges in securing the necessary skilled staff in year.

- Additional non recurrent funding has been identified (mid-November) for additional activity to be undertaken in Quarter 3 & 4 and proposals to further increase diagnostic capacity have been submitted to HSCB for consideration.

- Workforce issues prevail in radiology with a 34% vacancy rate and to a lesser extent are beginning to impact in radiography locally. Additional reporting capacity both in and out of hours, established in the Independent sector, will be required in the medium term to support radiology associated with ongoing vacancies in the Trust.

4. Cancer Services

Breast Cancer Services

- Whilst waits for red flag assessment have improved, (14-day) performance continues to be low associated with workforce constraints in breast radiology despite additional capacity and the support of other Trusts. The waiting time for red flag assessment which is currently 28 days remains unacceptable. Performance projections continue to be revised to reflect the level of additional capacity that can be secured on an ongoing basis.

  - The Trust has escalated risk and continues to keep the HSCB updated on progress, with revised performance projections and current performance metrics against the breast assessment target;
  - The HSCB has recently sought engagement with the Chief Executive in the context of revised performance projections.

- The Trust must have fully eradicated the backlog of red flag referrals to return to the 100% position sought.

- The total numbers on the waiting list has reduced for both urgent and routine patients. The Trust continues to be reliant on additional capacity beyond the core to support the overall breast service. Additional capacity is provided for breast family history and breast screening services however, the Trust has been challenged to sustainably provide additional capacity to the symptomatic assessment service.
  - The Trust continues to explore opportunities to increase capacity via sourcing of surgical and radiological locums and develop alternatives to one stop assessment clinics for low risk patients.

- The review of NI Breast Assessment Services continues to explore models for a sustainable service for the region.
  - Trust clinicians continues to participate in the regional review of NI Breast Assessment Services.

Waits on the Cancer Pathway:

- 31 days - The Trust continues to perform well locally and regionally against the 31-day pathways target with 99% of patients receiving first definitive treatment within 31 days of diagnosis
  This pathway which is not driven by red flag, but other non-urgent /incidental findings is showing an increased volume in confirmed cancers over from 2015/16 to 2016/17 placing increase demand on the current resources.

- 62-days**-** patient continue to be in excess of the 62 day pathway target, associated with demand in excess of capacity with the majority of breaches of the pathway related to urology and upper and lower gastro-intestinal (GI) specialties. In September 18 patients breached the 62-day, with the majority within Urology 44% (8 out of 18) and the in the Lung; Skin; UGI; Colorectal; and Gynae tumour site.

- It is of note that increasing 'volume' of red flag/GP (suspected cancer) patients on the pathway has not resulted in a disproportionate increase in confirmed cancer outcomes. The increased level of referrals however impacts on existing resources placing demand on the assessment and diagnostics elements of the pathway, and making the ability to meet the 62 day target more challenging.
  - Performance projections (trajectories) have been developed for cancer performance and this includes an exploration of patterns in demand and capacity by tumour site. Demand continues to be greatest in breast, lower GI, skin, upper GI and urology.
  - An internal cancer improvement plan is being developed for SMT to consider the broader quality aspects of care delivery alongside the opportunities to improve performance.

5. Mental Health

- Access targets in mental health continue to be challenged in the main associated with demand in excess of capacity. Demand in primary mental health care (PMHC) (adult services) continues to reflect a 10% increase and demand in dementia continues to rise in keeping with demography. Work to harness capacity in the independent sector for PMHC has been challenging however it is anticipated that new capacity focused to tier 2, lower level referrals, will be more successful aligned to the mental health hubs approach but will not impact until 2018/19.

  - Performance projections have been completed for mental health access with all areas projecting increased level of waits beyond 9 and 13-weeks toward year end. At this stage all mental health elective services are reflecting a better performance level than that projected.

- As part of development of the Community Information System, the Trust's PMHC has moved to using the PARIS electronic care record from September 2017, changes to this new way of working (paperless records) has impacted on staff time and capacity at this initial period of implementation. This impact will continue to be monitored.
  - A working group has been established including users and the PARIS implementation team to look at the current impact of PARIS to consider solutions to address some of the challenges in working in with the new system.

- Workforce issues continue to prevail in Psychological therapies, in line with regional pressures, and whilst streaming of suitable referrals, including to Cognitive Behavioural Therapists (CBT), has assisted, demand for pure psychological referrals continue and waits are increasing.
  - The Trust is exploring recruitment strategies for medical workforce in psychiatry, including Psychiatry of Old Age to support dementia services and is current recruiting to the new workforce model for psychological therapies.

- Children's services, which traditionally maintained a strong position against target for child and adolescent mental health services (CAMHs), has experiencing increased demand with referrals almost doubled over the last 5 years. In year demand has seen the growth in waits both for Step 2 2 and now the more complex cohort of Step 3 referrals beyond existing capacity.
  - The Trust has undertaken an analysis of issues impacting children and adolescent mental health services (CAMHS) to inform discussion with HSCB. Additional investment will be required to address this issue.

- Trust Board also to note a working group has been established to address issues impacting on acute mental health patient flow and bed capacity to consider alternative care, accommodation and rehabilitation service options across the Community & Voluntary and Independent sector providers to meet the demands of a new "long-stay" population that consists of people with complex needs.

6 Carers Supports

- There are a number of OGIs associated with support to carers and clients where the Trust is not currently on track to achieve the target set. These include the level of carers assessment offered and the volume of non-residential short breaks.
  - Work is ongoing to consider reporting of carers assessment to ensure this is valid and robust with validation of Quarter 1 & 2 planned in older peoples services which is the largest group; any learning from this will be shared with other Teams
  - Implementation of new NISAT Version 4 will be live in Quarter 3 and it is anticipated this with the move from manual returns to reporting from the PARIS community information system will I see a better standard of reporting and increased activity.
  - The Trust is continuing to promote the offer and uptake of carers' assessments as part of training and operational processes acknowledging Carers' assessments are the gateway for short breaks/cash grants, to identify need and ensure targeted resource.

Summary of SMT Challenge and Discussion:

- Key performance issues and actions are highlighted by Directors weekly at SMT
- Variable unscheduled care performance noted and further work has been commissioned e.g. further 100% challenge
- SMT committed additional resources at financial risk to address medical workforce pressures from demography funding, with resultant impact in delaying targeted investment in other areas.
- Unscheduled Care Operational Resilience Action Plan reviewed by SMT and further contingency actions sought re: management of acute bed capacity
- Further potential options to address pressures in 3rd sector to be considered further.
- SMT noted specific performance meetings in place with HSCB /operational teams relevant to cancer

performance targets (bi-weekly telecon/ monthly AD/ Director) meeting. Requirement for elective performance meeting with HSCB identified.

- Assurance sought on delivery of performance in line with submitted projections (trajectories) .
- Revised Breast assessment projections noted and ongoing review of position at CX level.

Internal / External Engagement

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications

Human Rights / Equality:

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.

Southern Health
and Social Care Trust
Quality Care - for you, with you

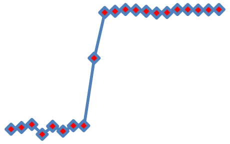
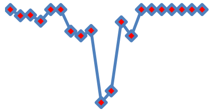
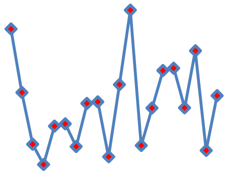
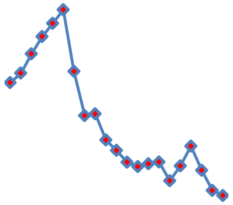
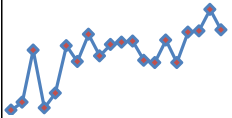
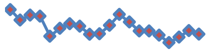
Southern Health and Social Care Trust

Corporate Performance Dashboard

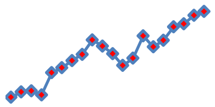
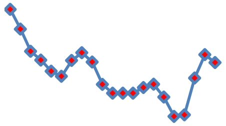
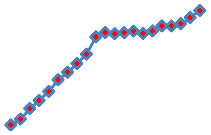
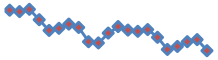
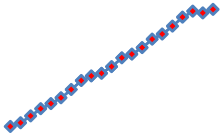
Reporting Against 2018/2019 Commissioning Plan Directive Objectives and Goals for Improvement

January 2019 Trust Board for December 2018 Performance

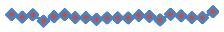
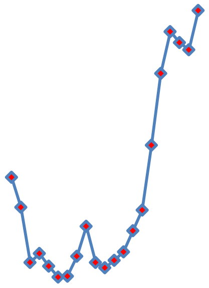
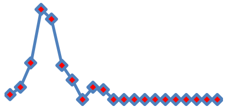
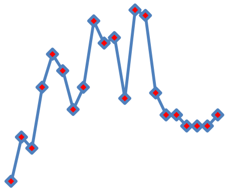
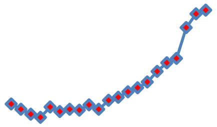
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Cancer	**ASD**	**Suspect Breast Cancer (14 days)**	During 2018/2019 all urgent suspected breast cancer referrals should be seen within 14-days.	47.2%	100%		**Amber**	**99.3%**	There were no breaches of the 14-day objective during December 2018. Cumulative performance to date is 99.3%. The longest routine wait is 42-weeks with 134 routine patients waiting in excess of 9-weeks.
Cancer	**ASD**	**Cancer Pathway (31 days)**	During 2018/2019, at least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat.	97.0%	98%		**Amber**	**99.6%**	The Trust has had no breaches against the 31-day pathway target from May 2018 onwards. Performance continues to be reviewed on a regular basis.
Cancer	**ASD**	**Cancer Pathway (62 days)**	During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days.	74.3%	95%		**Red**	**75.3%**	62 day pathways remains challenged with 20 patients waiting longer than 62-days to commence their first treatment in November. Majority of breaches occured within Urology associated with capacity less than demand. Staff sickness absence; delays in first/review appointments and diagnostic delays have contributed to the breaches experienced across all areas. Urology continues to experience difficulties across the Region with an increase in referrals also experienced across the Region.
Elective	**ASD** **CYPS** **MHD** **OPPC**	**Allied Health Professionals**	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional	3,952	0		**Red**	**3,299**	At the end of December 2018, the numbers waiting over 13-weeks have reduced by -3% (-101) since November and -17% (+653) since March 2018. At November 2018, only 125 of the 3,952 cohort of AHP waiters in excess of 13-weeks at 31 March 2018, remain to be treated by 31 March 2019. Staff absences and vacancies continue to impact on performance across AHP services.
Elective	**ASD**	**Diagnostic Reporting (Urgent)**	By March 2019, all urgent diagnostic tests should be reported on within 2 days.	81.4%	100%		**Red**	**83.6%**	Whilst November 2018 demonstrates a decrease in the monthly % of urgent diagnostic tests reported within 2-days, cumulative performance demonstrates 83.6% which is an improved position in comparison to the same period last year (80.5%). Increased demand and staff vacancies continues to impact on performance in both radiology imaging (82.6%) and non-imaging (94.4%) diagnostics.
Elective	**ASD**	**Diagnostic Test**	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	57.2%	75%		**Red**	**48.7%**	In November, the number waiting less than 9-weeks decreased by -2.3% (-305), however, overall numbers on the waiting list for diagnostic tests has demonstrated an increase of +1.0% (+260) from October. Performance continues to be impacted by recurrent capacity gaps; unscheduled care pressures; intermittent scanner downtime; and workforce challenges.

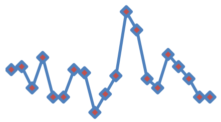
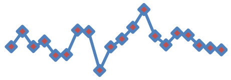
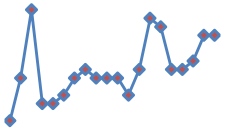
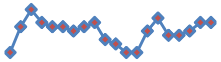
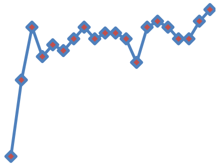
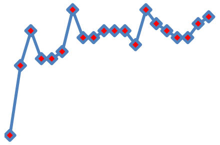
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Elective	**ASD**	**Diagnostic Test**	By March 2019, No patient waits longer than 26 weeks.	2,963	0		**Red**	**5,915**	As at November 2018, waits >26-weeks have approximately doubled since March 2018 wth an increase of +99.6% (+2,925). At the end of November, 75% of the 2,837 patients that were waiting >26-weeks at 31 March 2018 have been cleared via the HSCB allocated funding. Due to capacity limitations the full cohort of >26-week waiters at 31 March 2018 will not be cleared by 31 March 2019.
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment	33.9%	55%		**Red**	**34.8%**	In December 2018, 62.1% of patients were waiting in excess of 13-weeks for inpatient/day case treatment. To establish sustainable improvement, recurrent investment for the capacity gaps along with non-recurrent backlog clearance is required. Capacity continues to be directed to red flag/urgent referrals in the first instance.
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, no patient waits longer than 52 weeks.	2,079	0		**Red**	**2,662**	In December 2018, the number of patients waiting over 52 weeks has increased by +93 (+4%) and the total number waiting for Inpatient/Day Case Treatment has increased +148 (+1%) since November 2018. The longest wait is in Urology at 257-weeks. Recurrent investment for recognised capacity gap along with further non-recurrent funding for backlog clearance is required to establish sustainable improvement. Elective capping of theatre sessions, due to unscheduled care pressures, places a further impact of routine access times. However, with the elective capping in place it minimises the number of cancelled elective pre-admissions within only 2 IP and 4 DC cancelled within the first 5-weeks.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	33.1%	50%		**Red**	**30.1%**	Sustainable improvement will not be demonstrated without recurrent investment for capacity gaps and non-recurrent backlog clearance in parallel. Capacity continues to be directed to red flag/urgent referrals in the first instance with non-recurrent additionality, funded by HSCB, being utilised for red flag/urgent referrals assisting the cancer pathways.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, no patient waits longer than 52 weeks.	5,888	0		**Red**	**8,182**	As at December 2018, 19.1% of patients are waiting over 52-weeks for an out-patient appointment. The longest wait is 155-weeks within Ortho-Geriatrics. Additionality provided in some specialties has assisted in reducing the number of patients waiting >52 weeks. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement.

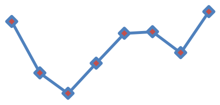
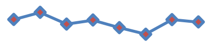
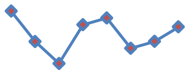
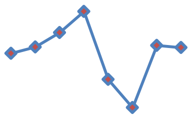
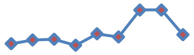
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Health and Wellbeing-Children's	**ASD**	**Breastfeeding**	By March 2019, increase the percentage of infants breastfed from birth and 6 months.	49.20%	>49.2%		**Trust's Contribution - Amber**	**50.4%**	Performance demonstrated reflects the % of births upon discharge from the Trust (from birth). During 2018/19 the % of infants breastfeed from birth for SHSCT has improved to just over 50%. Baseline and preformance for breast feed rate at 6 months in development and should be available in the next report
Mental Health	**MHD**	**Adult Mental Health Service**	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	101	0		**Red**	**717**	**(Revised figures from April 2018 to include Consultant-Led Services recorded on PARIS)** Revised 2018/2019 projections of performance were submitted to HSCB in December 2018. Pressures continue to be demonstrated in Primary Care and Community Mental Health Teams, Addiction Services and Eating Disorder Services associated with demand and workforce challenges. Non-recurrent funding has not been made available by HSCB to facilitate any short-term initiatives to address these long waits, therefore, routine access times continue to grow as the Services prioritise available capacity to urgents in the first instance. The longest wait is 38-weeks within the Eating Disorders Service.
Mental Health	**CYPS**	**Child and Adolescent Mental Health Services**	By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.	0	0		**Green**	**0**	There continues to be no patients waiting over 9-weeks in CAMHS Services. However, longer-term sustainability is subject to future investment to meet demand. Performance remains in line with projections of performance.
Mental Health	**MHD**	**Dementia**	By March 2019, no patient waits longer than 9 weeks to access dementia services.	15	0		**Red**	**12**	At the end of December 12 patients were waiting in excess of 9-weeks which is a reduction of -19 from April 2018. The longest wait is 12-weeks. Key challenges to sustaining this improved performance relate to current and potential increases in demand linked to demography and disease prevalence; and availability of recurrent investment to address the identified capacity gap. Performance is better than anticipated in the submitted projections of performance.
Mental Health	**MHD**	**Psychological Therapies**	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (at any age).	84	0		**Red**	**279**	Revised 2018/2019 projectioners of performance were submitted to HSCB in December 2018 as performance had been impacted by unexpected increases in demand and workforce challenges. An internal review of Psychological Therapies is being initiated in 2019. The longest wait is 65-weeks within Adult Mental Health.

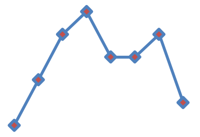
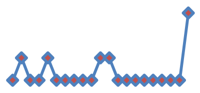
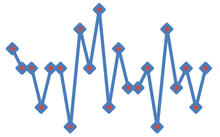
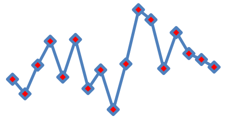
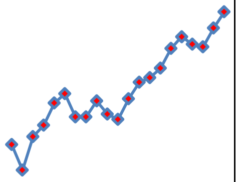
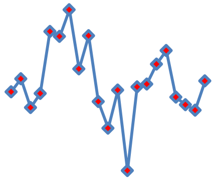
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (%)**	By March 2019, **establish a baseline** of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. By March 2020, seek a reduction of 5%.	2.7%	2.6%		**Amber**	**2.8%**	**Baseline established achieving this years objective.** Performance towards achievement of the 5% improvement sought by March 2020 fo those patients cancelled by the hospital, who had to wait longer for their revised appointment date, is not on track. Cumulative performance at November 2018 (2.8%) demonstrates an improvement in comparison to October 2018 (3.0%) however this would still exceed the target reduction sought by March 2020 (2.6%) and is less favourable than the baseline (2.8%).
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (Number)**	By March 2019, establish a baseline of the number of cancelled consultant led outpatient appointments in the acute programme of care. By March 2020, seek a reduction of 5%.	5,546	5,269		**Amber**	**4,087**	For information - Cumulatively the volume of cancellations is (+574 above the objective level, however, November demonstrates the lowest number of cancellations since July 2018 and the lowest % rate since December 2017. Work is on-going by the Heads of Service to reduce the impact of rota changes and annual leave on hospital cancellations.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Day Cases)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Day Cases)**	4%	Better than baseline		**Red**	**11%**	(Cumulative position demonstrated in monthly columns). Strong performance continues to be demonstrated against the DC SBA with activity 1,722 above the commissioned level offsetting some of the underperformance in elective in-patients below.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Elective In-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Elective In-Patients)**	-40%	Better than baseline		**Red**	**33%**	(Cumulative position demonstrated in monthly columns). The top 3 specialties contributing to underperformance are: General Surgery, ENT and Orthopaedics. Elective IP continues to be impacted by unscheduled care pressures with elective capping now in place, which minimises the impact on cancellations. Cumulatively as at November 2018 1,509 less patients were treated than the commissioned level of activity.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (New Out-patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(New Out-Patients)**	-8%	Better than baseline		**Red**	**-3%**	(Cumulative position demonstrated in monthly columns.) The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Key impact relates to on-going workforce challenges resulting in, cumulatively as at November 2018, 1,413 less patients were assessed than the commissioned level of activity.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Review Out-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Review Out-Patients)**	-8%	0		**Red**	**-6%**	(Cumulative position demonstrated in monthly columns). The top 3 specialties contributing to underperformance are: Cervical Cytology, Breast Family History and General Surgery. Key impact relates to on-going workforce challenges resulting in, cumulatively as at November 2018, 5,606 less patients reviewed than the commissioned level of activity.

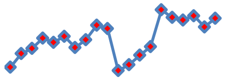
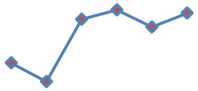
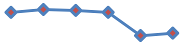
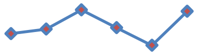
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**Medical**	**Antibiotic Consumption**	At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% of antibiotics from WHO access aware category as a proportion of all antibiotic use. By March 2020 reducing total antibiotic prescribing by 10%.	58.9%	55% or above		**Amber**	**62%**	Cumulative performance for antibiotic consumption is above the 55% target set and better than the baseline of 59% in 2017/2018. Staff have been appointed to the AMS team and they are due to commence over the coming months which should support stewardship in this area.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Total use)**	A total reduction in **total** antibiotic use of 1% measured in DDD per 1000 admissions	9,813 DDD/1000 admissions	9,715 DDD/1000 admissions		**Amber**	**9,956**	Revised PHA figures, measuring figures in Defined Daily Doses (DDD) per 1000 admissions, are now reported in the dashboard. A 2017/2018 baseline has been reported, however, monthly figures are not available. Staff have been appointed to the AMS team and they are due to commence over the coming months.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Carbapenem)**	A reduction in **carbapenem** use of 3% measured in DDD per 1000 admissions	114 DDD/1000 admissions	110 DDD/1000 admissions		**Amber**	**140**	Revised PHA figures, measuring figures in DDD per 1000 admissions, are now reported. A 2017/2018 baseline has been reported, however, monthly figures for comparative purposes are not available for this period. Staff have been appointed to the AMS team and they are due to commence over the coming months. Specific antibitoics (Meropenum) have been removed from all ward stock lists and can only be issued on a named patient basis. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Piperacillin - Tazobactam)**	A reduction in **piperacillin-tazobactam** use of 3%, measured in DDD per 1000 admissions.	383 DDD/1000 admissions	372 DDD/1000 admissions		**Amber**	**344**	Performance is above the predicted level with a reduction to 344 defined daily does of piperacillin-tazobactum compared to a target of 372. Staff have been appointed to the AMS team and they are due to commence over the coming months. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended.
Safe Systems of Care	**OPPC**	**GP Appointments**	By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018	15,252	>15,252		**Green**	**11,291**	During 2018/2019 capacity for appointments has improved monthly, however, December is lower than previous months due to short-term sick leave and annual leave. The Practice opened all day on 27th December instead of the usual half day to improve access in this period. If appointments remain around 1,500 per month, it is expected the OGI will be achieved. Sustainability has improved at the Bannview Practice with the appointment of a salaried part-time GP, a Clinical Lead and 3 salaried GPs during 2018. A Respiratory Nurse, Physiotherapist and Counsellor also provide capacity.

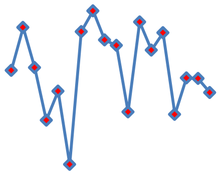
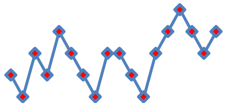
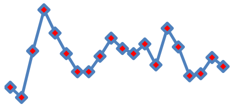
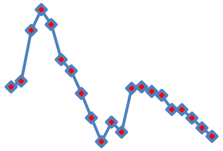
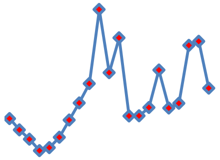
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Gram-Negative Bloodstream Infections**	By 31st March 2019, to secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomona aeruginosa bloodstream infection, acquired after two days of hospital admission.	71	58		**Red**	**38**	Figures now show the Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission in line with PHA reporting. Previously all Gram-Negative Infections were reported in Trust Board. The Trust is working collaboratively to collect the full data set, including patient risk factors, from this year onwards. The Trust is currently developing Terms of Reference for the new working group, in line with the preliminary group established, on gram negative bloodstream infections.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: MRSA**	To secure a Regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA infection. SHSCT objective level is 5 cases therefore no reduction is required.	4	5		**Green**	**3**	Three MRSA cases has been reported, for the first time in 2018/2019, during December 2018, 2 of which were preventible. The IPC Strategy 2018-2021 includes 10 key elements designed to ensure excellence in infection prevention and control practices.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Clostridium Difficile**	By 31st March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile infection. SHSCT objective level is 50 cases therefore no reduction is required.	48	50		**Amber**	**30**	Cumulatively as at December 2018, the number of Clostridium Difficile cases is -19% (-7) under the objective level for the year to date with 4 cases reported in December. The IPC Strategy 2018-2021 includes 10 key elements designed to ensure excellence in infection prevention and control practices.
Safe Systems of Care	**ASD**	**Ischaemic Stroke**	By March, 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	12.0%	15%		**Amber**	**13.3%**	Monthly performance is impacted by the variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thrombolysis. Cumulative performance from September 2017 to August 2018 is 13.3%. Monitoring of the wider qualitative aspect of stroke care are captured via the SSNAP audit process.
Safe Systems of Care	**ASD CYPS OPPC**	**Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for outpatients review.	13,090	0		**NON-OGI**	**24,669**	An increase of +2.4% (+571) in the total number of patients waiting beyond their timescale for review has been experienced in December 2018. The availability of funding and workforce will influence any improvement to be made. The longest patient, waiting beyond their clinically indicated timescale for review, dates back to October 2014 within Orthopaedics.
Safe Systems of Care	**MHD**	**Out-Patients Review Backlog (Mental Health and Disability)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for out-patient review.	911	0		**NON-OGI**	**928**	Data presented only reflects those patients waiting, beyond their clinically indicated timescales, recorded on the PAS information system and Consultant Led therefore figures may be understated. Planned leave during December may have contributed to the increase in the number of patients.

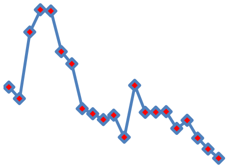
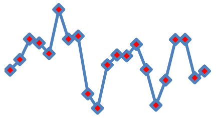
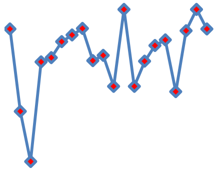
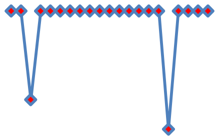
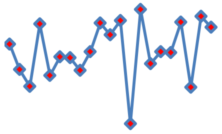
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**CYPS**	**Unallocated Childcare Cases**	**NON-OGI** The number of unallocated childcases in excess of 20 days	38	0		**NON-OGI**	**92**	November 2018 demonstrates a total of 92 unallocated child care cases. Of these, 60 are waiting in excess of 40-days. The longest wait, 183-days, was within Family Support/Family Intervention Team. No child protection cases are unallocated.
Support for Patient and Client	**OPPC**	**Carers' Assessments (%)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	2%	10%		**Green**	**22.0%**	(Note quarterly data reflects the cumulative position). 2017/2018 reflected a 2% increase in carers assessment associated with improvements in Q3/4 of 2017/2018. Performance at end of Q2 is well on track against the 2018/2019 objective +22% at this point in the year.
Support for Patient and Client	**OPPC**	**Carers' Assessments (Number)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users. 2018/19 Target - 3,460 assessments	3,145	3,460		**Green**	**2,117**	2017/2018 reflected a 2% increase in carers assessment associated with improvements in Q3/4 of 2017/18. Performance in Q1 and Q2 of 2018/2019 demonstrates an increase of +22% (+387) against the quarter's objective level.
Support for Patient and Client	**OPPC**	**Community Based Short Break (%)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	23.0%	5%			**-0.25%**	Cumulatively at the end of September 2018 performance has not demonstrated a sustained improvement wiith current performance -0.25% against the baseline period.
Support for Patient and Client	**OPPC**	**Community Based Short Break (Hours)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	509,197 hours	534,656		**Amber**	**253,958**	Cumulatively as at the end of September 2018 the number of community based short break hours is -5% (-13370 hours) under the apportioned target hours for this period.
Support for Patient and Client	**MHD**	**Direct Payments**	By March 2019, secure a 10% increase in the number of direct payments to all service users.	777	855		**Red**	**825**	Quarter 2 demonstrates a +2.5% (+20) increase compared to Quarter 1 and +7.3% (+56) compared to the corresponding quarter last year. Whilst it is redicted that direct payments may reduce as SDS gathers momentum performance this year is better than anticipated against a target of 855.
Support for Patient and Client	**CYPS**	**Young Carers Short Break**	By March 2019, create a baseline for the number of carers receiving short breaks.	179	Establish a baseline		**Green**	**145**	The Trust has established a baseline (179 individual young people). For 2018/2019 the Trust will report the number of young people who receive short breaks each quarter; and the cumulative number of individuals at the year-end.

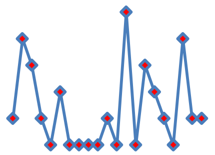
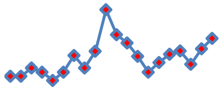
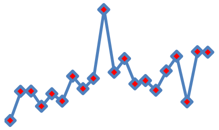
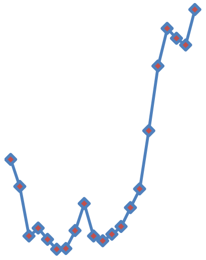
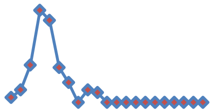
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**ASD**	**Acute Hospital Discharges (48 hours)**	By March 2019, ensure 90% of complex discharges from an acute hospital take place within 48-hours.	93.4%	90%		**Green**	**TBC (following validation of October and November 2018)**	Data for October & November requires to be validated as high numbers of discharges have not been coded with a reason for delay. A new focus on complex discharges has been implemented and the volume of patients recorded as delayed over 48-hours may increase. This process will allow greater focus on delays and is a truer reflection of the current pressures. It is anticipated that when data is validated the performance level will reduce. This will be monitored closely over the next few months to establish a new baseline. Work is on-going via control room processes to improve discharge and flow.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (7 days)**	By March 2019, ensure no complex discharge takes more than 7-days.	15	0		**Green**	**TBC (following validation of October and November 2018)**	Data for October and November requires to be validation as high numbers of discharges have not been coded with a reason for delay. A focus on complex discharges has refreshed how data is recorded and validated and is anticipated to provide a truer reflection of the current pressures. It is anticipated that performance will reduce. This will be monitored closely over the next few months to establish a new baseline. Working is on-going via control room processes to improve discharge and flow.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (6 Hours)**	By March 2019, ensure all non-complex discharges from an acute hospital take place within 6-hours.	94.5%	100%		**Amber**	**94.4%**	November demonstrated a relatively static performance of non-complex discharges within 6-hours. Cumulative 2018/2019 performance is comparable with the same period in 2017/2018.
Unscheduled Care	**ASD**	**Emergency Department (4-hour)**	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted within four hours of their arrival in the department.	74.5%	95%		**Red**	**70.1%**	During December 2018, performance demonstrated a minimal decrease against the 4-hour objective, in comparison to November 2018. Cumulatively the volumes of ED attendances has increased by 3% (+3,589) year to date. The Service anticipate that the additional 18 beds in CAH, which opened in December, will have an impact on 4-hour performance in CAH.
Unscheduled Care	**ASD**	**Emergency Department (12-hour)**	By March 2019, no patient attending any emergency department should wait longer than 12 hours.	3,656	0		**Red**	**3,553**	In December 2018 the number of 12-hour breaches has decreased by -268 (-40%) from November 2018. CAH ED experienced a significant reduction in the number of 12-hour breaches with -301 (-52%) fewer than November 2018. The additional 18 beds in CAH which opened in December have had a direct impact on the 12-hour performance within CAH.

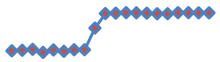
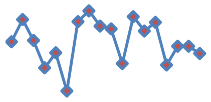
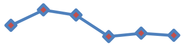
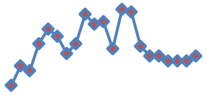
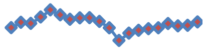
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**ASD**	**Emergency Department (Triage to Treatment)**	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	80.3%	80%		**Green**	**75.4%**	The percentage of patients who commenced treatment within 2-hours of triage has decreased again, for the fifth month in a row. The Service have reported that they are undertaking work to seek to improve triage times within Emergency Departments, including a Senior Nurse overseeing triage within ED.
Unscheduled Care	**OPPC**	**GP OOH**	By March 2019, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	87.7%	95%		**Red**	**86.5%**	December 2018 demonstrated a minimal increase in performance for urgent calls triaged within 20-minutes. This should be noted in the contextof increased demand in December, with +40.7% (+2611) calls received in comparison to November 2018. Increased demand was associated with the 24-hour cover provided by GPOOH during 25th and 26th December and anticipated winter pressures.
Unscheduled Care	**ASD**	**Hip Fractures**	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	95%		**Amber**	**93.4%**	In November only one neck of femur patient waited more than 48-hours for in-patient treatment out of a total of 30 neck of femur fracture patients. Factors that impacted on this breach included additional work-up required, upper limb surgery clinical priorities and additional emergency trauma cases which required to be prioritised.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, 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.	95.7%	99%		**Amber**	**95.8%**	During December all patients were discharged within 7-days resulting in a continued improved cumulative performance during 2018/2019. However, this is in the context of a number of patients who remain as in-patients, not fit for discharge, where the Trust is challenged to secure appropriate accommodation solutions in the community.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, no learning disability discharge taking more than 28 days.	0	0		**Amber**	**0**	During 2018/2019 to date, no patients have waited in excess of 28-days for discharge. Whilst this objective is reported as on track there remain challenges with a cohort of Learning disability clients who remain inpatients where options for discharge are not avialable.
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	93.7%	99%		**Red**	**93.7%**	During December 57 out of 59 patients were discharged within 7-days. Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. Performance reflects those complex needs patients who can be discharged. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, are causes for the delays in discharge.

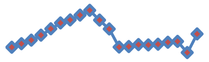
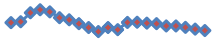
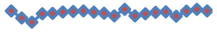
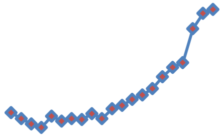
Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, no mental health discharge taking more than 28 days.	12	0		**Red**	**17**	Cumulatively the number of patients waiting in excess of 28-days (17) is +55% (+6) higher than the corresponding period in 2017/2018. This is noted in the context of the on-going patient flow challenges, noted above, associated with the new 'long stay' population.
Workforce	**HROD**	**Seasonal Flu Vaccine**	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	31.1%	40%		**Amber**	**28%**	During 2018/2019 to date 28% (2,390) of front line staff, with an additional 903 of non-front line staff, have received the vaccine. Additional Flu Clinics for staff have been organised in January 2019. Note: A small number of vaccinated staff (-3) are not included in the monthly figures as notification was received after the relevant month's figures were reported. Some individual Directorate areas are showing significnatly better performance, including medical staff in Acute area for example
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	5.11%	4.90%			**5.2%**	The % sickness absence rate is reported for information only. The Trust's % sickness absence has increased both cumulatively and monthly as at November 2018 in comparison to the same period last year. Work is continuing to assist in improving sickness absence levels across the Trust.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	881,429	850,579		**Green**	**610,468**	Cumulatively the Trust is +8% over its objective level of absence hours for year to date. Work is continuing to be undertaken to reduce the number and length of absences and assist in improving sickness absence levels across the Trust.
Z Trajectory - Non-OGI	**MHD**	**Adult Mental Health (Summary)**	**NON-OGI Summary Trajectory**: No patient waits longer than 9 weeks	101	2018/2019 Operational Trajectory 945		**NON-OGI**	**717**	Revised 2018/2019 projections of performance were submitted to HSCB in December 2018. At December 717 patients were waiting longer than 9 weeks which is -73 lower than the projected operational trajectory of 790 breaches. Workforce pressures associated with sick leave; maternity leave; and vacancies; continues to impact on actual performance.
Z Trajectory - Non-OGI	**CYPS**	**CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)**	**NON-OGI Summary Trajectory**: No patient waits longer than 9 weeks	0	2018/2019 Operational Trajectory 0		**NON-OGI**	**0**	A strong performance continues to be demonstrated during 2018/2019.

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Cancer 14-Day (Summary)**	**NON-OGI Summary Trajectory**: All urgent suspected breast cancer referrals seen within 14-days	47.2%	2018/19 Operational Trajectory 99%		**NON-OGI**	**99.2%**	Strong performance continues to be demonstrated at November 2018.
Z Trajectory - Non-OGI	**ASD**	**Cancer 31-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of decision to treat	97.0%	2018/19 Operational Trajectory 97%		**NON-OGI**	**99.5%**	Strong performance continues to be demonstrated at October 2018 (reported 2-months in arrears).
Z Trajectory - Non-OGI	**ASD**	**Cancer 62-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days	74.3%	2018/19 Operational Trajectory 80%		**NON-OGI**	**75.2%**	October 2018 (reported 2-months in arrears) demonstrates significant underperformance against the projected level of performance. However, it should be noted that the level of breachers did not exceed the projected level.
Z Trajectory - Non-OGI	**ASD**	**Delayed Discharges - Complex**	**NON-OGI Summary Trajectory**: 90% of complex discharges within 48-hours	93.4%	2018/2019 Operational Trajectory 94%		**NON-OGI**	**TBC (following validation of October and November 2018)**	Performance against the Complex Delayed Discharges projection of performance will be assessed following validation of the October and November 2018 performance.
Z Trajectory - Non-OGI	**ASD CYPS**	**Deliver of Core - Inpatient/Day Cases (Summary)**	**NON-OGI Summary Trajectory**: Reduce the percentage of funded activity associated with elective care services that remains undelivered.	22,501 Variance -10%	2018/19 Trajectory volume 22,824		**NON-OGI**	**16,255**	Revised 2018/2019 projections of performance were submitted to HSCB in December 2018. Cumulative performance remains strong with performance demonstrating +5% against projected activity.
Z Trajectory - Non-OGI	**ASD CYPS OPPC**	**Deliver of Core - Out-Patients (Summary)**	**NON-OGI Summary Trajectory**: Outpatients - Reduce percentage of funded activity associated with elective care	59,657 Variance -7%	2018/2019 Operational Trajectory 60,164		**NON-OGI**	**42,435**	Revised 2018/2019 projections of performance were submitted to HSCB in December 2018. Cumulative performance remains strong with performance demonstrating +4% against projected activity.
Z Trajectory - Non-OGI	**ASD**	**Delivery of Core - Endoscopy (Summary)**	**NON-OGI Summary Trajectory** Reduce the percentage of funded activity associated with endoscopy services that remain undelivered	8,266 Variance -11%	2018/19 Trajectory volume 9,855		**NON-OGI**	**4,502**	2018/2019 figures have been revised. At September, performance against the submitted trajectory demonstrates +1% variance. The Service has revised the trajectory for re-submission to HSCB in December due to two unexpected Nurse Endoscopist resignations.
Z Trajectory - Non-OGI	**MHD**	**Dementia**	**NON-OGI Summary Trajectory**: No patient waits longer than nine weeks to access dementia services	15	2018/19 Operational Trajectory 59		**NON-OGI**	**12**	Performance at December 2018 remain strong with the level of breaches (12) lower than the anticipated level in the projections of performance (51).
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Summary Trajectory**: Diagnostic Imaging - 75% of patients should wait no longer than 9 weeks	2,932	2018/2019 Operational Trajectory 6,241		**NON-OGI**	**4,801**	November position remains ahead of the projected performance for patients waiting in excess of 9-weeks.

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Summary Trajectory** : Diagnostics Imaging - No patient should wait longer than 26 weeks	864	2018/2019 Operational Trajectory 3,683		**NON-OGI**	**1,557**	November performance remains ahead of the projected position for patients waiting in excess of 26-weeks, despite an increase in these longest waits from last month primarily in MRI.
Z Trajectory - Non-OGI	**ASD**	**Emergency Care (Summary)**	**NON-OGI** 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	74.5%	2018/19 Operational Trajectory 78%		**NON-OGI**	**70.1%**	Performance against projected level for November 2018 is behind profile at 66.5% against a projected 75%. The underperformance at CAH is more significant that the DHH position.
Z Trajectory - Non-OGI	**ASD**	**Hip Fractures**	**NON-OGI** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	2018/2019 Operational Trajectory 86%		**NON-OGI**	**93.4%**	Performance against the projected level remains strong, with November demonstrating 96.7% against an anticipated level of 89%.
Z Trajectory - Non-OGI	**MHD**	**Psychological Therapies (Summary)**	**NON-OGI Summary Trajectory:** Psychological therapies - No patient waits longer than 13 weeks	84	2018/2019 Operational Trajectory 361		**NON-OGI**	**279**	Revised 2018/2019 projections of performance were submitted to HSCB in December 2018 due to unexpected increase in demand and workforce challenges. The actual number of patients waiting >13 weeks at December 2018 was -58 lower than the projected level of 337.

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Suspect Breast Cancer (14 days)	19.3%	20.5%	22.5%	15.9%	67.2%	98.0%	98.8%	100.0%	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	99.7%	99.7%	100.0%
Cancer Pathway (31 days)	100.0%	99.2%	99.3%	98.5%	97.3%	88.0%	89.5%	98.4%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer Pathway (62 days)	84.3%	76.2%	69.6%	67.0%	75.0%	68.0%	77.2%	86.7%	69.4%	74.2%	79.0%	79.3%	74.2%	81.5%	68.8%	75.8%	
Allied Health Professionals	5,507	5,693	6,069	6,409	4,897	4,387	4,181	3,952	3,864	3,919	3,954	3,588	3,878	4,266	3,792	3,400	3,299
Diagnostic Reporting (Urgent)	77.4%	78.1%	82.7%	77.6%	82.2%	83.2%	83.4%	83.5%	81.8%	81.6%	83.6%	81.6%	84.3%	84.4%	86.3%	84.5%	
Diagnostic Test	59.4%	54.6%	56.9%	56.4%	48.1%	48.3%	52.2%	57.2%	53.7%	49.6%	49.6%	47.7%	44.3%	46.8%	49.8%	48.2%	

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Diagnostic Test	1,224	1,515	1,577	1,348	4,363	4,019	3,608	2,963	3,364	4,582	3,978	4,340	5,076	5,238	5,705	5,915	
Inpatient/Day Case Treatment	44.5%	42.1%	39.3%	38.2%	38.0%	35.2%	34.1%	34.1%	34.1%	34.8%	35.2%	33.6%	31.2%	31.4%	36.0%	38.9%	37.9%
Inpatient/Day Case Treatment	1,155	1,230	1,371	1,478	2,087	2,313	2,371	2,357	2,370	2,391	2,361	2,393	2,457	2,458	2,487	2,569	2,662
Out-Patient Appointment	36.9%	36.6%	37.1%	34.7%	29.6%	29.3%	31.6%	33.1%	32.3%	32.0%	32.4%	30.6%	27.8%	28.5%	29.6%	30.1%	27.5%
Out-Patient Appointment	2,644	2,816	3,146	3,483	5,037	5,161	5,477	5,888	6,068	6,377	6,772	7,017	7,392	7,818	8,094	8,016	8,182

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Breastfeeding	52.0%	49.4%	51.9%	44.9%	46.8%	48.3%	48.6%	48.4%	50.8%	50.1%	46.3%	52.4%	50.6%	48.7%	48.8%	55.2%	
Adult Mental Health Service	306	232	96	118	185	96	83	101	122	174	225	385	562	665	638	620	717
Child and Adolescent Mental Health Services	2	5	15	37	5	4	0	0	0	0	0	0	0	0	0	0	0
Dementia	0	8	6	17	29	25	26	15	31	30	16	12	12	10	10	10	12
Psychological Therapies	69	57	46	39	67	57	77	84	96	105	118	142	161	171	240	271	279

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Hospital Cancelled Outpatient Appointments (%)	3.0%	3.1%	2.4%	3.4%	1.6%	2.2%	2.8%	4.9%	4.3%	2.7%	2.4%	3.5%	3.1%	2.7%	2.1%	2.1%	
Hospital Cancelled Outpatient Appointments (Number)	434	565	435	483	232	432	500	599	751	526	450	550	533	446	424	407	
Service and Budget Agreement (Day Cases)	1%	6%	14%	3%	6%	6%	6%	4%	7%	13%	12%	7%	7%	8%	11%	11%	
Service and Budget Agreement (Elective In-Patients)	40%	34%	30%	33%	33%	37%	38%	40%	40%	35%	32%	36%	36%	35%	33%	33%	
Service and Budget Agreement (New Out-patients)	28%	15%	-6%	11%	-8%	-7%	-7%	-8%	12%	-6%	-5%	-6%	-8%	-8%	-5%	-3%	
Service and Budget Agreement (Review Out-Patients)	23%	13%	-8%	12%	-9%	-8%	-8%	-8%	10%	-5%	-7%	-8%	-9%	-9%	-7%	-6%	

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Antibiotic Consumption									59.0%	57.0%	56.2%	57.4%	58.5%	58.6%	57.8%	59.4%	
Antibiotic Prescribing (Total use)									10,206	10,818	9,813	10,157	9,504	8,942	10,191	9,989	
Antibiotic Prescribing (Carbapenem)									180	128	90	157	168	116	128	153	
Antibiotic Prescribing (Piperacillin - Tazobactam)									344	348	356	368	330	314	349	347	
GP Appointments									1,131	1,173	1,180	1,114	1,241	1,207	1,507	1,507	1,231

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Healthcare Acquired Infections: Gram-Negative Bloodstream Infections									2	4	6	7	5	5	6	3	
Healthcare Acquired Infections: MRSA	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	3
Healthcare Acquired Infections: Clostridium Difficile	5	4	4	2	4	7	2	5	3	3	4	1	6	3	4	2	4
Ischaemic Stroke	7.4%	3.8%	10.8%	16.7%	0.0%	11.1%	24.3%	21.9%	10.0%	18.8%	13.6%	12.2%	10.3%				
Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)	19,961	19,058	20,248	20,649	21,512	21,046	20,857	21,585	22,173	22,338	22,670	23,371	23,787	23,524	23,428	24,098	24,669
Out-Patients Review Backlog (Mental Health and Disability)	908	932	879	905	1,011	890	841	911	763	917	922	959	984	898	884	874	928

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Unallocated Childcare Cases	35	51	57	69	84	80	31	38	49	59	102	93	90	95	82	92	
Carers' Assessments (%)			10.0%		18.0%			24.0%			13.0%			22.0%			
Carers' Assessments (Number)			691		905			953			976			1,141			
Community Based Short Break (%)			23.0%		25.0%			23.0%			-1.6%			1.0%			
Community Based Short Break (Hours)			126,449		128,807			127,040			125,283			128,675			
Direct Payments			792		743			777			805			825			
Young Carers Short Break			127		139			155			145						

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Acute Hospital Discharges (48 hours)	92.9%	96.0%	93.1%	89.3%	95.1%	94.7%	89.9%	96.4%	94.4%	95.6%	89.7%	92.3%	92.3%	91.3%	TBC (following validation)	TBC (following validation)	
Acute Hospital Discharges (7 days)	1	0	2	1	2	2	1	0	2	3	4	3	2	3	TBC (following validation)	TBC (following validation)	
Acute Hospital Discharges (6 Hours)	93.2%	92.8%	94.6%	96.2%	94.4%	95.1%	94.7%	94.5%	94.9%	94.1%	95.5%	94.8%	93.6%	93.7%	94.3%	94.0%	
Emergency Department (4-hour)	73.4%	74.4%	82.9%	86.4%	68.2%	64.2%	67.5%	65.8%	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	68.2%	66.5%	65.1%
Emergency Department (12-hour)	222	157	104	39	422	846	485	684	237	238	285	500	282	310	641	664	396

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Emergency Department (Triage to Treatment)	79.4%	78.1%	85.4%	87.8%	76.5%	75.8%	76.3%	73.9%	79.5%	76.6%	76.6%	76.7%	74.9%	75.7%	73.8%	72.6%	71.6%
GP OOH	85.8%	87.2%	89.9%	89.4%	82.7%	80.8%	86.5%	87.8%	87.7%	89.2%	85.9%	81.2%	84.5%	89.8%	89.9%	84.8%	85.7%
Hip Fractures	96.7%	82.9%	74.5%	91.2%	91.4%	92.3%	87.1%	100.0%	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	100.0%	96.7%	
Learning Disability Discharges	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%
Learning Disability Discharges	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Discharges	94.6%	91.6%	89.6%	97.0%	93.7%	97.1%	95.7%	97.4%	85.2%	98.7%	92.3%	93.7%	93.6%	97.2%	89.5%	97.9%	96.6%

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Mental Health Discharges	1	4	3	1	0	0	1	0	5	0	3	2	1	0	4	1	1
Seasonal Flu Vaccine														3	2,010	281	93
Staff Sick Absence	4.7%	4.7%	4.9%	4.8%	5.3%	6.3%	5.7%	5.5%	5.2%	4.8%	5.0%	5.2%	5.3%	5.0%	5.4%	5.6%	
Staff Sick Absence	61,177	70,591	70,624	65,779	74,718	96,786	76,656	81,100	72,932	74,028	70,908	77,152	81,816	67,193	83,314	83,125	
Adult Mental Health (Summary)	306	232	96	118	185	96	83	101	122	174	225	385	562	665	638	620	717
CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)	2	5	15	37	5	4	0	0	0	0	0	0	0	0	0	0	0

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Cancer 14-Day (Summary)	19.3%	20.5%	22.2%	15.9%	67.2%	98.0%	98.8%	100.0%	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	99.7%	99.7%	
Cancer 31-Day (Summary)	100.0%	99.2%	99.3%	98.5%	97.3%	88.0%	89.5%	98.4%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Cancer 62-Day (Summary)	84.3%	76.2%	69.6%	67.0%	75.0%	68.0%	77.2%	89.7%	69.4%	74.2%	79.0%	78.9%	74.2%	81.5%	68.8%		
Delayed Discharges - Complex	92.9%	96.0%	93.1%	89.3%	95.1%	94.7%	89.9%	96.4%	94.4%	95.6%	89.7%	92.3%	92.3%	91.3%	TBC (following validation)	TBC (following validation)	
Deliver of Core - Inpatient/Day Cases (Summary)									1,801	2,101	2,092	1,639	1,923	2,068	2,217	2,414	
Deliver of Core - Out-Patients (Summary)									4,769	5,456	5,415	4,473	4,723	5,096	6,333	6,170	
Delivery of Core - Endoscopy (Summary)									754	863	826	676	699	684			
Dementia	0	8	6	17	29	25	26	15	31	30	16	12	12	10	10	10	12
Diagnostic (Imaging) (Summary)	4,225	4,771	4,663	5,305	5,238	4,853	4,207	2,932	3,654	3,947	4,108	4,212	4,645	4,400	4,448	4,801	

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Title	Apr-17	May-17	Jun-17. End of Qtr.1. 2017/18	Jul-17	Dec-17 End of Qtr.3. 2017/18	Jan-18	Feb-18	Mar-18. End of Qtr. 4. 2017/18.	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19
Diagnostic (Imaging) (Summary)	849	1,038	1,227	1,491	2,802	2,292	1,814	864	891	989	971	1,009	1,118	1,160	570	1,557	
Emergency Care (Summary)	73.0%	74.0%	83.0%	86.0%	68.0%	64.0%	68.0%	66.0%	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	68.2%	66.5%	65.1%
Hip Fractures	96.7%	82.9%	74.5%	91.2%	94.4%	92.3%	87.1%	100.0%	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	100.0%	96.7%	
Psychological Therapies (Summary)	69	57	46	39	67	57	77	84	96	105	118	142	161	171	240	271	279

Performance Corporate Dashboard January 2019 (for December 2018 performance)

KEY:	
Green	Achieved/On Track to be Achieved
Yellow	Substantially Achieved/On Track for Substanial Achievement
Amber	Partially Achieved
Red	Not Achieved/Not on Track to Achieve
White	Unassessed 1. Due to absence of a baseline against which an assessment of performance can be undertaken; OR 2. Supplementary information provided against objectives, which is not in line with the formal technical guidance, used for monitoring the performance of the objectives.

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	**OPPC**	**Tobacco Control**	By March 2020, reduce the proportion of 11-16 year old children who smoke to 3%, adults to 15% and pregnant women to 9%	To be undertaken at a regional level	**Trust's Contribution - Green**	The Trust has on-going smoking cessation services and maintenance of smoke free sites. In 2018/19 the Trust seeks to engage with 1,657 people and set a 'quit date'.	**Green**
Health and Wellbeing	**OPPC/ ASD**	**A Fitter Future for all**	By March 2020 reduce the level of obesity by 4% and overweight and obesity by 3% for adults and 3% and 2% for children.	To be undertaken at a regional level	**Trust's Contribution - Green**	The 'Weigh to a Healthy Pregnancy' programme is now extended to include women with a BMI over 38. Additional services including a High BMI Clinic and an Ante-Natal Diabetic Clinic have been extended.	**Green**
Health and Wellbeing-Children's	**ASD**	**Breastfeeding**	By March 2019, increase the percentage of infants breastfed from birth and 6 months.	To be undertaken at a regional level	**Trust's Contribution - Amber**	The Trust has a number of actions in place to seek to improve uptake and contribute to the strategy.	**Amber**
Health and Wellbeing	**OPPC**	**Healthy Places**	By March 2019, establish minimum 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.	To be undertaken at a regional level	**Trust's Contribution - Green**	Further instruction and detail on what the process will entail is awaited from the Public Health Agency.	**Green**
Primary Care	**OPPC**	**Make Every Contact Count**	By March 2019, to ensure appropriate representation and input into the PHS/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	To be undertaken at a regional Level	**Trust's Contribution - Green**	Regionally the use of an e-learning platform is being explored and with also the potential alignment to the 'Healthy Places' objective.	**Green**
Health and Wellbeing-Children's	**CYPS**	**Children's Oral Health**	By March 2019, establish a baseline for number of teeth extracted in children aged 3-5. Improve oral health of young children in NI and over three years reduce extractions by 5% against that baseline.	To be undertaken at a regional level	**Trust's Contribution - Green**	Trust to contribute to establishment of a baseline within the aged 3-5 category. The ability to improve the ongoing programme with pre-school children, resulting in reduced decay rates, is subject to availability of resources and other challenges faced.	**Green**
Health and Wellbeing-Children's	**ASD**	**Healthier Pregnancy Programme**	By March 2019, 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.	To be undertaken at a regional level	**Trust's Contribution - Green**	Work initiated in 2017/18 will continue. Actions within in year include: Provision of additional training sessions and the roll out of the initiative to DHH site and community teams.	**Amber**
Health and Wellbeing-Children's	**CYPS**	**Healthy Child Healthy Future**	By March 2019, ensure the full delivery of the universal child health promotion programme for NI, Healthy Child Healthy Future. By that date the antenatal contact will be delivered to all first time mothers and 95% of two year reviews must be delivered.	To be undertaken at a regional level	**Trust's Contribution-Amber**	Further improvement on the 2018/19 position continues to be challenged with substantive permanent and temporary vacancies in the Health Visiting Team along with the high level of children on the Child Protection Register.	**Amber**
Health and Wellbeing-Children's	**CYPS**	**Family Nurse Partnerships**	By March 2019, ensure the full roll out of the Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.	To be undertaken at a regional level	**Trust's Contribution-Amber**	There has been recent temporary funding that has increased capacity within the FNP team and this should result in up to 75% of those referred will be offered the programme. Additional investment required to meet objective fully.	**Amber**

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Children	**CYPS**	**Children in Care (Placement Change)**	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	78% (2016/2017)	**Amber**	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.	**Amber**
Children	**CYPS**	**Children in Care (Adoption)**	By March 2019, 90% of children, who are adopted from care are adopted within a three year time frame (from date of last admission)	68% (2017/2018)	**Amber**	Note: Baseline Updated The majority of older children are adopted by foster carers. This is a longer process than the 3 year timeframe. It is anticipated that performance will continue to improve in relation to this target.	**Amber**
Mental Health	**MHD**	**Protect Life 2 Strategy**	By March 2019, to have further enhanced our of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "crisis De-escalation Service." Reduce the suicide rate by 10% by 2022.	To be established	**Amber**	The Trust continues to provide an out-of-hours service to support de-escalation, in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital. The delivery of this service is challenging due to the geographical spread of the 2 Emergency Departments.	**Amber**
Mental Health	**MHD**	**Substitute Prescribing**	By September 2018 to have advanced the implementation of revised substitute prescribing services in NI to reduce waiting times and improve access.	Not Applicable	**Amber**	Additional resources are needed in secondary care to support GPs. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing will be a key constraint in the achievement of this. The Trust is undertaking a review of the Addictions service.	**Amber**
Health and Wellbeing	**OPPC/ ASD**	**Regional Implementation of Diabetes Feet Care Pathway**	By July 2018, to provide detailed plans (including financial profiling) for the regional implementation of the Diabetes Feet Care Pathway.	To be undertaken at a regional level	**Green**	Implementation is subject to allocation to funding, additional staff and appropriate accommodation.	**Green**
Workforce	**EDN**	**Delivering care (Sustainable Nurse Staffing Level)**	By March 2019, all HSC Trusts should have fully implemented Phases 2,3 and 4 of Delivering care, to ensure safe sustainable nurse staffing levels across all Emergency Departments; Health Visiting, and District Nursing Services.	Not Applicable	**Amber**	Full implementation can only be achieved on receipt of full funding and ability to secure Registered Nurses.	**Amber**
Safe systems of Care	**EDN**	**NEWS KPI**	Throughout 2018/2019 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	Not Applicable	**Amber**	There is an ongoing in year review which seeks further improvement.	**Amber**
Safe systems of Care	**EDN**	**Falls and Pressure Ulcers Reporting**	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not Applicable	**Trust's contribution- Green**	Trust will participate in a regional exercise to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	**Green**
Safe Systems of Care	**ASD**	**Medicines Optimisation**	By March 2019. all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	70%	**Red**	Additional resources are required to see full achievement of this objective. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model.	**Red**

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe systems of Care	**OPPC**	**Residential and Nursing Homes**	During 2018/19 the HSC 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 (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not Applicable	**Green**	The Trust will continue to seek improvement in care standards and take action as appropriate on any issues highlighted by RQIA.	**Green**
Safe Systems of Care	**ASD/ OPPC/ MHD**	**Same Gender Accommodation**	By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation.	100%	**Green**	Established guidelines/processes in place to manage patients that are cared for in mixed gender ward environments. A baseline audit is being undertaken by the Trust in 2018/2019 to assess the impact any infrastructural issues e.g.. bathrooms/toilets.	**Green**
Support for Patient's and Clients	**CYPS**	**Children in Care (Permanence and Pathway Plans)**	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.	Not Applicable	**Green**	The Trust has 2 active Looked After Children Service User Groups which assist in enabling young people to influence decisions.	**Green**
Support for Patient's and Clients	**MHD**	**Dementia Portal**	By March 2019, patients in all Trusts will have access to the Dementia portal.	Not Applicable	**Green**	The Trust is participating in a pilot which allows dementia clients to access their appointments on-line along with a range of other resources, once agreed. Additional resources would be required to roll this pilot out further as well as client engagement.	**Green**
Patient- Client Experience	**OPPC**	**Palliative and End of Life Care**	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	Not Applicable	**Amber**	This objective will require input from multiple partners and direction from the Regional Palliative Care Programme Board. The Trust in 2018/2019 is considering a service improvement pilot to move forward with the task of identification of patients with palliative and end of life care needs.	**Amber**
Patient- Client Experience	**OPPC**	**Co-Production**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	The Trust welcomes publication of the Regional Co-Production Guidelines and will take forward transformation initiatives and infrastructure development with respect to partnership working, co-production and PPI	**Green**

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Support for Patient's and Clients	**MHD**	**Self-Directed Support**	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.	Not Applicable	**Amber**	Building on the extensive Level 1, 2 & 3 Self Directed Support Staff Training facilitated to date it is hoped that as many social care service users as possible will be assessed under Self Directed Support by 31st March 2019, however whether this will achieve the 100% project measurable is doubtful.	**Green**
Safe Systems of Care	**EDN**	**Swallow Assessment**	By March 2019, develop a baseline definition data to ensure patients have timely access to a full swallow assessment.	Not Applicable	**Trust's contribution- Green**	Ongoing at a regional level as part of regional working groups. PHA leading on the development of baseline data definition.	**Green**
Elective	**EDN/ OPPC**	**Direct Access Physiotherapy Services**	By March 2019, Direct Access Physiotherapy Services will be rolled out across all Health and Social Care Trusts.	Not Applicable	**Green**	Direct Access Physiotherapy Service remains available to staff across the SHSCT. Finalising IPT to secure funding to roll out to patients, phased implementation planned with access for patients from 2 GP practices in February 2019 to roll out across the Trust over the next 6 months.	**Green**
Children	**CYPS**	**Children & Young People's Developmental & Emotional Wellbeing Framework**	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Framework along with a costed implementation plan.	Not Applicable	**Trust's contribution- Green**	A regional group has been established.	**Green**
Optimisation of Resources	**ASD**	**Savings through 2016-19 Regional Medicines Optimisation Efficiency**	By March 2019, to have obtained savings of £90 million through the 2016-2019 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.		**Red**	At March 2018 the Trust achieved savings of £737,000. The projected savings for 2018/2019 is £500,000. Whilst the Trust will continue to contribute to this objective the level of savings sought is not achievable without cutting pharmacy services or limiting treatments.	**Red**
Workforce	**HROD**	**Health and Social Care Workforce Strategy**	By June 2018, to provide appropriate representation in the programme board overseeing the implementation of the Health and Care Workforce Strategy.	Not Applicable	**Green**	The Trust has provided appropriate nominee to the Programme Board (Board still to meet).	**Green**
Workforce	**HROD**	**Project Board to Establish a Health and Social Care Careers Service**	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project board, when requested.	**Green**
Workforce	**OPPC**	**Domiciliary Care Workforce Review**	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not Applicable	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to and actively engage with.	**Green**
Workforce	**HROD**	**Health and Social Care Workforce Model**	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project, when requested.	**Green**
Workforce	**HROD**	**Audits**	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10-14 of the Workforce Strategy.	Not Applicable	**Green**	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.	**Green**

Performance Corporate Dashboard January 2019 (for December 2018 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Workforce	**HROD**	**Business Intelligence Information**	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Not Applicable	**Green**	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.	**Green**
Workforce	**HROD**	**Healthier Workplace**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to.	**Green**
Workforce	**EDSW**	**Social Work Workforce**	By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.	To be undertaken at a regional level	**Trust's contribution- Green**	The CYPS Directorate have commenced a number of pilots using the OBA methodology.	**Green**
Workforce	**HROD/ DPR**	**Q2020 Attributes Framework**	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	29.4% have achieved Level 1. 2.1% have achieved Level 2.	**Amber**	Level 1 - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through e-learning. Level 2 - The Trust remains committed to supporting staff in quality improvement and delivery of the Quality 2020 vision will continue to be embedded in all programmes. However challenges associated with the current level of resources and capacity and the timeline associated Level 2 training, may not be completed in year. QE Dec 18 Q20:20 Figures – 61% achieved Level 1 and 3.7% achieved Level 2	**Amber**
Safe systems of Care	**MHD**	**Suicide Awareness and Intervention (For all HSC staff)**	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 initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	To be undertaken at a regional level	**Trust's contribution - Amber**	The Trust will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project 'Toward Zero Suicide'. A range of approaches to suicide prevention awareness continues across the SHSCT locality.	**Green**
Safe systems of Care	**EDN**	**Dysphagia Awareness**	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	To be undertaken at a regional level	**Trust's contribution- Green**	Dysphagia project team staffing agreed, IPT completed and transformation funded secured. Project lead in post part time from 1st January 2019 (full time by February 2019), Band 7 Dietitian and 1 Band 4 assistant in post. Band 7 SLT and second Band 4 assistant posts are all accepted, awaiting checks and starting dates. Awareness training – Trust are involved in regional workstream agreeing content of awareness training and should be available by end of March 2019. To be provided by the trust project team as well as SLTs currently in trust.	**Green**

ACCESS TIMES: MONTH-ENDING DECEMBER 2018 AND PROJECTED MONTH-END POSITION FOR JANUARY 2019

NEW OUTPATIENTS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018											Projected End of JANUARY 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 42Wks	42+ to 52Wks	52+ Wks	TOTAL	
SEC	Breast Family History	3% (+4)		Yes	March 2016	NOP	107 weeks	35	14	11	7	7	8	4	6	12	26	**130**	111 weeks
SEC	Breast - Symptomatic	-2% (-69)		Yes	October 2016	NOP	44 weeks	308	106	43	16	8	2	1	1	0	0	**485**	48 weeks
MUSC	Cardiology (includes ICATS)	15% (+235)		Yes	April 2015	NOP	61 weeks	616	186	145	106	123	151	179	100	236	13	**1855**	61 weeks
MUSC	Cardiology – Rapid Access Chest Pain (RACPC) - *Nurse-Led*	67% (+643)		TBC	Not available	NOP	8 weeks	249	0	0	0	0	0	0	0	0	0	**249**	4 weeks
CCS	Chemical Pathology	31% (+29)		Yes	November 2017	NOP	20 weeks	34	7	4	1	0	0	0	0	0	0	**46**	22 weeks
IMWH	Colposcopy	-27% (-244)		No	September 2017	NOP	12 weeks	108	3	0	0	0	0	0	0	0	0	**111**	15 weeks
MUSC	Dermatology Cons-Led only (incl Virtual & ICATS)	19% (+931)		TBC	June 2016	NOP	34 weeks	1032	297	347	167	311	257	36	0	0	0	**2447**	32 weeks
MUSC	Dermatology Nurse-Led	-28% (-470)		TBC	October 2017	NOP	34 weeks	180	39	60	23	32	22	6	0	0	0	**362**	34 weeks
MUSC	Endocrinology	40% (+143)		Yes	November 2015	NOP	42 weeks	120	32	45	25	42	16	6	6	1	0	**293**	45 weeks
MUSC	Diabetology	14% (+38)		Yes	April 2016	NOP	57 weeks	99	30	15	6	6	2	0	0	0	2	**160**	58 weeks
SEC	Ear, Nose & Throat (includes ICATS)	-4% (-225)		Yes	Icats Sep 17	NOP	120 weeks	1512	468	506	283	444	571	609	488	1049	79	**6009**	124 weeks
MUSC	Gastroenterology	9% (+117)		Yes	May 15 ?	NOP	107 weeks	361	138	137	90	105	157	148	112	293	492	**2033**	86 weeks
MUSC	General Medicine	-27% (-89)		No	February 2016	NOP	36 weeks	40	1	1	0	0	2	0	1	0	0	**45**	37 weeks
OPPC	Geriatric Medicine	7% (+32)		Yes	May 2018	NOP	68 weeks under validation	33	16	3	0	1	0	1	2	0	1	**57**	Projection outstanding
OPPC	Geriatric Assessment	17% (+53)		Yes	November 2017	NOP	33 weeks	32	4	2	0	1	0	2	0	0	0	**41**	Projection outstanding
MUSC	Geriatric Acute	30% (+133)		Yes	Not applicable	NOP	7 weeks	26	0	0	0	0	0	0	0	0	0	**26**	<9 weeks
MUSC	Orthopaedic-Geriatric	23% (+7)		Yes	January 2018	NOP	155 weeks	33	14	26	7	17	15	12	14	39	98	**275**	150 weeks
SEC	General Surgery (includes Haematuria)	-30% (-1966)		Yes	January 2016	NOP	113 weeks	1564	564	609	344	584	581	623	446	907	1797	**8019**	117 weeks
IMWH	Gynaecology (includes Family Planning)	1% (+67)		No	February 2018	NOP	19 weeks	800	19	8	1	0	0	0	0	0	0	**828**	22 weeks
IMWH	Gynaecology Outpatients with Procedures (OPPs)	32% (+154)		No	Not applicable	OPP	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
IMWH	Gynae Fertility (Cons-Led)	60% (+55)		No	Not applicable	NOP	17 weeks	20	1	1	0	0	0	0	0	0	0	**22**	15 weeks
CCS	Haematology	42% (+113)		Yes	December 2017	NOP	50 weeks	113	14	8	9	6	13	12	7	9	0	**191**	53 weeks
CCS	Anti-Coagulant	-21% (-46)		No	Not applicable	NOP	3 weeks	3	0	0	0	0	0	0	0	0	0	**3**	6 weeks
MUSC	Nephrology	36% (+39)		Yes	Not applicable	NOP	15 weeks	65	9	1	0	0	0	0	0	0	0	**75**	20 weeks
MUSC	Neurology	-2% (-27)		Yes	November 2015	NOP	119 weeks	327	139	126	94	162	135	154	154	342	1753	**3386**	122 weeks
SEC	Orthodontics	-55% (-199)		No	September 2018	NOP	45 weeks	31	22	23	1	0	0	0	0	1	0	**78**	49 weeks
SEC	Fractures	19% (+803)		TBC	August 2016	NOP	35 weeks	208	12	15	9	20	5	1	0	0	0	**270**	39 weeks
SEC	Orthopaedics	-9% (-172)		No	May 2014	NOP	121 weeks	496	211	243	92	144	173	173	159	340	977	**3008**	124 weeks
OPPC	Orthopaedic ICATS	-3% (-112)		No	May 2018	NOP	48 weeks	1084	515	557	332	479	459	34	2	2	0	**3464**	32 weeks
CYPS	Paediatrics - Acute	5% (+87)		Yes	June 2016	NOP	30 weeks	633	235	187	54	11	5	0	0	0	0	**1125**	33 weeks
CYPS	Paediatrics - Community	No SBA		No	February 2017	NOP	22 weeks	248	88	13	5	1	0	0	0	0	0	**355**	18 weeks
ATICS	Pain Management	-1% (-10)		Yes	February 2015	NOP	44 weeks	241	115	118	68	96	132	103	79	24	0	**976**	48 weeks
CCS	Palliative Medicine	5% (+4)		TBC	August 2018	NOP	7 weeks	15	0	0	0	0	0	0	0	0	0	**15**	7 weeks
MUSC	Rheumatology	-2% (-27)		Yes	June 2014	NOP	124 weeks	339	68	85	33	62	53	54	49	86	550	**1379**	123 weeks
MUSC	Thoracic Medicine	6% (+66)		Yes	November 2016	NOP	91 weeks	305	138	131	42	89	86	130	118	258	597	**1894**	94 weeks
SEC	Urology (includes ICATS)	12% (+276)		Yes	March 2015	NOP	154 weeks	798	218	148	75	74	96	114	81	208	1797	**3609**	158 weeks

INPATIENTS/DAY CASES

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	IPDC Planned Backlog Position at 30/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018											Projected End of JANUARY 2019 position (Longest Waiter)
								0-13 Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 46Wks	46+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Surgery**	11% (+30)		No	September 2017	IP	75 weeks	20	1	0	1	3	3	0	1	1	11	**41**	79 weeks
SEC	**Breast Surgery**					DC	70 weeks	33	2	0	3	2	1	0	2	0	3	**46**	74 weeks
MUSC	**Cardiology**	No SBA		TBC	January 2017	IP/DC	52 weeks	356	76	38	29	19	31	21	13	2	1	**586**	54 weeks
CYPS	**Community Dentistry**	-32% (-368)		No	Not applicable	IP/DC	46 weeks	312	12	6	6	1	0	0	0	1	0	**338**	21 weeks
MUSC	**Dermatology Cons-Led**	19% (+132)		Yes	Not applicable	IP/DC	59 weeks	251	24	28	34	34	28	9	7	1	1	**417**	63 weeks
MUSC	**Dermatology Nurse-Led**	59% (+129)		TBC	December 2018	IP/DC	38 weeks	80	24	18	12	11	12	4	0	0	0	**161**	25 weeks
SEC	**Ear, Nose & Throat (ENT)**	-28% (-537)		No	August 2018	IP	90 weeks	66	13	13	10	16	13	9	9	13	34	**196**	94 weeks
SEC	**Ear, Nose & Throat (ENT)**					DC	111 weeks	504	123	74	81	97	99	77	45	49	84	**1233**	115 weeks
MUSC	**Gastroenterology (Non-Scopes)**	534% (+729)		Yes	January 2017	IP/DC	79 weeks (under validation)	18	4	2	0	0	0	0	0	0	1	**25**	17 weeks
MUSC	**General Medicine**	1% (+12)		No	July 2018	IP/DC	9 weeks	5	0	0	0	0	0	0	0	0	0	**5**	7 weeks
MUSC & OPPC	**Geriatric Specialties combined**	425% (+28)		TBC	Not applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
SEC	**General Surgery (includes Haematuria & Minor Ops)**	-24% (-923)		TBC	October 2016	IP	163 weeks	77	14	6	12	13	10	6	6	3	56	**203**	166 weeks
SEC	**General Surgery (includes Haematuria & Minor Ops)**					DC	152 weeks	751	158	83	81	76	63	45	61	55	387	**1760**	147 weeks
IMWH	**Gynaecology**	-17% (-286)		TBC	Not applicable	IP	58 weeks (under validation)	92	32	17	17	18	12	5	6	0	1	**200**	47 weeks
IMWH	**Gynaecology**					DC	46 weeks (under validation)	213	11	12	1	1	0	0	0	1	0	**239**	16 weeks
CCS	**Haematology (incl Nurse-Led)**	75% (+578)		Yes	November 2018	IP/DC	9 weeks	31	0	0	0	0	0	0	0	0	0	**31**	< 9 weeks
MUSC	**Neurology**	127% (+330)		Yes	November 2018	IP/DC	18 weeks	17	7	5	0	0	0	0	0	0	0	**29**	20 weeks
SEC	**Orthopaedics**	-10% (-131)		Yes	November 2016	IP	148 weeks	340	79	52	74	101	122	89	80	93	628	**1658**	152 weeks
SEC	**Orthopaedics**					DC	148 weeks	254	57	45	54	89	59	40	50	67	356	**1071**	152 weeks
CYPS	**Paediatric Medicine**	-29% (-23)		TBC	August 2018	IP/DC	84 weeks (under validation)	47	4	5	10	6	4	3	4	3	9	**95**	Projection Outstanding
ATICS	**Pain Management**	11% (+40)		Yes	July 2016	IP/DC	154 weeks	78	25	33	36	23	30	15	23	14	283	**560**	158 weeks
MUSC	**Rheumatology**	8% (+150)		Yes	August 2018	IP/DC	16 weeks	262	19	0	0	0	0	0	0	0	0	**281**	17 weeks
MUSC	**Thoracic Medicine**	-12% (-40)		Yes	Not applicable	IP/DC	6 weeks	14	0	0	0	0	0	0	0	0	0	**14**	<9 weeks
SEC	**Urology**	13% (+369)		Yes	August 2016	IP	257 weeks	148	30	22	27	34	26	25	32	38	501	**883**	261 weeks
SEC	**Urology**					DC	244 weeks	212	58	42	43	63	62	40	38	50	306	**914**	248 weeks

DIAGNOSTICS - ENDOSCOPY

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018											Projected End of JANUARY 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	**Endoscopy - Symptomatic**	19% (-1309)		Yes	March 2016	Diag. IP	38 weeks	3	1	0	0	1	0	0	2	0	0	**7**	42 weeks
SEC	**Endoscopy - Symptomatic**					Diag. DC	107 weeks	898	117	61	35	36	35	37	26	49	55	**1349**	105 weeks
ATICS	**Endoscopy - Bowel Cancer Screening (BCS)**	4% (+14)		No	February 2016	Diag. IP/DC	25 weeks	86	27	7	0	1	0	0	0	0	0	**121**	28 weeks

DIAGNOSTICS - IMAGING (reported 1 month in arrears)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of NOVEMBER 2018 Position	Timebands (in Weeks) - WL Position at 30 November 2018										Projected End of JANUARY 2019 position (Longest Waiter)
							(Actual) Longest Waiter	0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
CCS	**CT Scans General (Excl CTC & Angio))**	26% (+4070)		Yes	Not applicable	Imaging	19 weeks	535	332	165	89	111	68	172	282	643	**2397**	22 weeks
CCS	**CT Colonography (CTC)**					Imaging	64 weeks											69 weeks
CCS	**CT Angiography (Cardiology)**					Imaging	95 weeks											100 weeks
CCS	**Non-Obstetrics Ultrasound Scans (NOUS)**	16% (+3980)		Yes	Not applicable	Imaging	38 weeks	1728	1126	843	591	626	139	1	1	0	**5055**	32 weeks
CCS	**DEXA Scans**	15% (+248)		Yes	Not applicable	Imaging	40 weeks	266	202	206	319	479	369	638	56	0	**2535**	41 weeks
CCS	**MRI Scans**	-12% (-1289)		Yes	Not applicable	Imaging	47 weeks	776	540	483	660	600	343	450	8	0	**3860**	48 weeks
CCS	**Plain Film X-Ray**	23% (+25856)		Yes	Not applicable	Imaging	18 weeks	601	243	82	16	1	0	0	0	0	**943**	9 weeks
CCS	**Fluoroscopy**	No SBA		No	Not applicable	Imaging	35 weeks	116	87	31	21	15	1	8	0	0	**279**	26 weeks
CCS	**Barium Enema**	No SBA		No	Not applicable	Imaging	4 weeks	3	1	0	0	0	0	0	0	0	**4**	7 weeks
CCS	**Gut Transit Studies**	No SBA		No	Not applicable	Imaging	3 weeks	0	1	0	0	0	0	0	0	0	**1**	Projection Outstanding
CCS	**Radio Nuclide**	No SBA		No	Not applicable	Imaging	16 weeks	65	32	22	3	1	0	0	0	0	**123**	17 weeks

DIAGNOSTICS - NON-IMAGING - (reported 1 month in arrears)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of December2018 Position	Timebands (in Weeks) - WL Position at 31 December 2018										Projected End of JANUARY 2019 position (Longest Waiter)
							(Actual) Longest Waiter	0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
MUSC	**Cardiac Investigations - Echo & Non Echo (Combined WL)**	-3% (-203)		Yes	Not applicable	Diag.	Echo = 73 weeks Non-Echo = 58 weeks	467	631	577	731	1349	703	1390	1755	305	**7908**	Echo = 72 weeks Non-Echo = 61 weeks
CCS	**Neurophysiology**	TBC		No	Not applicable	Diag.	52 weeks	52	47	48	58	47	10	31	34	0	**327**	57 weeks
CCS	**Audiology**	-1% (-198)		Yes	Not applicable	Diag.	14 weeks	235	300	290	240	19	0	0	0	0	**1084**	20 weeks
MUSC	**Sleep Studies**	No SBA		No	Not applicable	Diag.	35 weeks	84	131	93	51	78	52	38	0	0	**527**	39 weeks
IMWH	**Urodynamics (Gynaecology)**	-67% (-180)		No	Not applicable	Diag.	22 weeks	43	23	27	16	4	0	0	0	0	**113**	25 weeks
SEC	**Urodynamics (Urology)**	No SBA		No	Not applicable	Diag.	60 weeks	14	45	35	39	70	24	26	38	8	**299**	Projection Outstanding

CHILDREN & YOUNG PEOPLE'S SERVICES - AUTISM

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018									Projected End of JANUARY 2019 position (Longest Waiter)
								0-4 Wks	4+ to 8Wks	8+ to 13Wks	13+to 18Wks	18+to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Autism - Assessment**	No SBA		TBC	Not availble	NOP	19 weeks	29	33	28	5	1	0	0	0	**96**	13 weeks
CYPS	**Autism - Treatment**	No SBA		TBC	Not availble	NOP	8 weeks	2	4	1	0	0	0	0	0	**7**	13 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - CAMHS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018										Projected End of JANUARY 2019 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Child & Adolescent Mental Health Services (CAMHS):**	**No SBA**		**TBC**	**Not availble**	**NOP**	**8 weeks**	**115**	**109**	**54**	**0**	**0**	**0**	**0**	**0**	**0**	**278**	**9 weeks**
CYPS	**CAMHS Step 2**	No SBA		TBC	Not availble	NOP	8 weeks	56	51	21	0	0	0	0	0	0	**128**	9 weeks
CYPS	**CAMHS Step 3**	No SBA		TBC	Not availble	NOP	8 weeks	54	57	32	0	0	0	0	0	0	**143**	9 weeks
CYPS	**Eating Disorder Services (CAMHS)**	No SBA		TBC	Not availble	NOP	6 weeks	5	1	1	0	0	0	0	0	0	**7**	9 weeks

MENTAL HEALTH SERVICES (MHD)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018										Projected End of JANUARY 2019 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
MHD	**Adult Mental Health Services:**	**No SBA**		**TBC**	**Not available**	**NOP**	**38 weeks**	**305**	**278**	**226**	**300**	**235**	**171**	**11**	**0**	**0**	**1526**	**32 weeks**
MHD	Primary Care Mental Health Team	No SBA		TBC	Not available	NOP	26 weeks	168	129	125	189	226	167	1	0	0	**1005**	29 weeks
MHD	Community Mental Health Teams	No SBA		TBC	Not available	NOP	16 weeks	30	18	9	1	2	0	0	0	0	**60**	12 weeks
MHD	Community Mental Health Teams for Older People	No SBA		TBC	Not available	NOP	8 weeks	0	3	2	0	0	0	0	0	0	**5**	7 weeks
MHD	Forensic Services	No SBA		TBC	Not available	NOP	1 week	2	0	0	0	0	0	0	0	0	**2**	2 weeks
MHD	Eating Disorder Services	No SBA		TBC	Not available	NOP	38 weeks	6	3	4	1	2	4	10	0	0	**30**	32 weeks
MHD	Addiction Services	No SBA		TBC	Not available	NOP	14 weeks	85	82	84	109	5	0	0	0	0	**365**	13 weeks
MHD	Personality Disorder Services	No SBA		TBC	Not available	NOP	8 weeks	14	43	2	0	0	0	0	0	0	**59**	8 weeks
MHD	**Memory / Dementia Services**	No SBA		Yes	August 2015	NOP	12 weeks	53	65	53	12	0	0	0	0	0	**183**	14 weeks
MHD	**Psychological Therapies**	**No SBA**		**TBC**	**Not available**	**NOP**	**65 weeks**	**70**	**107**	**105**	**110**	**88**	**78**	**56**	**42**	**15**	**671**	**67 weeks**
MHD	Adult Mental Health	No SBA		TBC	Not available	NOP	65 weeks	38	59	59	56	33	63	56	42	15	**421**	67 weeks
MHD	Adult Learning Disability	No SBA		TBC	Not available	NOP	16 weeks	5	14	14	16	2	0	0	0	0	**51**	Projection Outstanding
MHD	Children's Learning Disability	No SBA		TBC	Not available	NOP	13 weeks	1	4	2	4	1	0	0	0	0	**12**	Projection Outstanding
MHD	Adult Health Psychology	No SBA		TBC	Not available	NOP	19 weeks	22	29	30	33	52	15	0	0	0	**181**	Projection Outstanding
MHD	Children's Psychology	No SBA		TBC	Not available	NOP	9 weeks	3	0	0	1	0	0	0	0	0	**4**	Projection Outstanding
MHD	Neurodisability Services	No SBA		TBC	Not available	NOP	3 weeks	1	1	0	0	0	0	0	0	0	**2**	Projection Outstanding

ALLIED HEALTH PROFESSIONALS (AHPs)

Division/ Directorate/Programme of Care	Specialty/ Programme of Care	SBA Performance +/- at 30/11/18 (incl. IRR)	SBA Performance +/- at 31/12/18 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 31/12/2018 *(Longest Waiter)*	Activity Type	End of DECEMBER 2018 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31 December 2018								Projected End of JANUARY 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 32Wks	32Wks +	TOTAL	
All POCs	**Dietetics combined (All POCs):**				**Not available**	**AHP**	**15 weeks**	**677**	**46**	**3**	**0**	**0**	**0**	**0**	**726**	**16 weeks**
CCS (POC 1)	**Dietetics - Acute**	1% (+38)		Yes	Not available	AHP	Not Applicable	0	0	0	0	0	0	0	**0**	13 weeks
CYPS (POC 2)	**Dietetics - Paediatrics**				Not available	AHP	15 weeks	187	17	1	0	0	0	0	**205**	9 weeks
OPPC (POC 4&9)	**Dietetics - Elderly and Primary Health Care**				Not available	AHP	15 weeks	487	29	2	0	0	0	0	**518**	16 weeks
MHD (POC 5)	**Dietetics - Mental Health**				Not available	AHP		0	0	0	0	0	0	0	**0**	
MHD (POC 6)	**Dietetics - Learning Disability**				Not available	AHP		3	0	0	0	0	0	0	**3**	
MHD (POC 7)	**Dietetics - Physical Disability**				Not available	AHP		0	0	0	0	0	0	0	**0**	
All POCs	**OT combined (All POCs):**				**Not available**	**AHP**	**72 weeks**	**700**	**293**	**268**	**227**	**237**	**316**	**585**	**2626**	**76 weeks**
CCS (POC 1)	**Occupational Therapy - Acute**	2% (+112)		No	Not available	AHP	63 weeks	111	25	43	31	36	60	160	**466**	57 weeks
CYPS (POC 2)	**Occupational Therapy - Paediatrics**				Not available	AHP	57 weeks	81	52	28	34	37	44	176	**452**	55 weeks
OPPC (POC 4&9)	**Occupational Therapy - Elderly and Primary Health Care**				Not available	AHP	72 weeks	336	135	114	94	96	132	238	**1145**	76 weeks
MHD (POC 5)	**Occupational Therapy - Mental Health**				Not available	AHP	Not Applicable	0	0	0	0	0	0	0	**0**	Projection Outstanding
MHD (POC 6)	**Occupational Therapy - Learning Disability**				Not available	AHP	27 weeks	24	12	16	5	3	1	0	**61**	20 weeks
MHD (POC 7)	**Occupational Therapy - Physical Disability**				Not available	AHP	48 weeks	148	69	67	63	65	79	11	**502**	30 weeks
CCS (POC 1)	**Orthoptics**	-15% (-239)		Yes	June 2016	AHP	32 weeks	364	125	104	104	101	156	0	**954**	35 weeks
All POCs	**Physio. combined (All POCs):**				**Not available**	**AHP**	**33 weeks**	**2808**	**566**	**130**	**36**	**26**	**13**	**1**	**3580**	**31 weeks**
CCS (POC 1)	**Physiotherapy - Acute**	3% (+670)		Yes	Not available	AHP	3 weeks	2	0	0	0	0	0	0	**2**	Projection Outstanding
CYPS (POC 2)	**Physiotherapy - Paediatrics**				Not available	AHP	33 weeks	117	30	34	24	22	12	1	**240**	31 weeks
OPPC (POC 4&9)	**Physiotherapy - Elderly and Primary Health Care**				Not available	AHP	26 weeks	2591	518	89	10	1	1	0	**3210**	23 weeks
MHD (POC 5)	**Physiotherapy - Mental Health**				Not available	AHP	Not Applicable	0	0	0	0	0	0	0	**0**	Projection Outstanding
MHD (POC 6)	**Physiotherapy - Learning Disability**				Not available	AHP	23 weeks	12	2	1	0	3	0	0	**18**	24 weeks
MHD (POC 7)	**Physiotherapy - Physical Disability**				Not available	AHP	17 weeks	86	16	6	2	0	0	0	**110**	18 weeks
All POCs	**Podiatry combined (All POCs):**				**Not available**	**AHP**	**20 weeks**	**893**	**359**	**127**	**15**	**0**	**0**	**0**	**1394**	**24 weeks**
CCS (POC 1)	**Podiatry - Acute**	-6% (-249)		Yes	Not available	AHP	Not Applicable	0	0	0	0	0	0	0	**0**	13 weeks
OPPC (POC 4 & 9)	**Podiatry - Elderly and Primary Health Care**				Not available	AHP	20 weeks	891	359	127	15	0	0	0	**1392**	24 weeks
MHD (POC 6)	**Podiatry - Learning Disability**				Not available	AHP	4 weeks	2	0	0	0	0	0	0	**2**	13 weeks
All POCs	**SLT combined (All POCs):**				**Not available**	**AHP**	**55 weeks**	**648**	**240**	**172**	**119**	**151**	**226**	**182**	**1738**	**50 weeks**
CCS (POC 1)	**Speech and Language Therapy - Acute**	3% (+55)		Yes	Not available	AHP	11 weeks	2	4	0	0	0	0	0	**6**	Projection Outstanding
CYPS (POC 2)	**Speech and Language Therapy - Paediatrics**				Not available	AHP	38 weeks	453	172	109	66	107	167	75	**1149**	39 weeks
OPPC (POC 4&9)	**Speech and Language Therapy - Elderly and Primary Health Care**				Not available	AHP	55 weeks	182	63	63	52	44	59	107	**570**	50 weeks
MHD (POC 6)	**Speech and Language Therapy - Learning Disability**				Not available	AHP	9 weeks	11	1	0	0	0	0	0	**12**	10 weeks
MHD (POC 7)	**Speech and Language Therapy - Physical Disability**				Not available	AHP	19 weeks	0	0	0	1	0	0	0	**1**	6 weeks

IP = Elective In-Patient	DC = Day Case	NOP = New Out-Patient	▨ **Information (reports) not available**

Notes:

- Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
- Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
- TBC - Access time 'To Be Confirmed' by the Operational Team.
- Projection outstanding - projections for month-end not provided by service - access time(s) to be confirmed by the Operational Team.
- Orthopaedic NOPs DECEMBER 2018 breakdown: Upper Limb = longest waiter at 122 weeks; Lower Limb = longest waiter at 111 weeks; Foot & ankle = longest waiter at 121 weeks

Southern Health and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Meeting 28 March 2019
Title:	**Performance Dashboard (Ministerial Targets) at February 2019**
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	➢ Promoting safe high quality care ➢ Supporting people live long, healthy, active lives ➢ Make best use of our resources ➢ Improving our services ➢ Being a great place to work - supporting, developing and valuing our staff ➢ Working in partnership
Purpose:	For Approval

High Level Context

Commissioning Plan Direction & Performance Management Arrangements

- In response to the Department of Health's draft **Commissioning Plan Direction (CPD)** the Trust considered each objective and goal for improvement (OGI) and made an assessment of the anticipated level of performance to be achieved by March 2019 taking into account key constraints and challenges and the availability of any known additional investment and/ or resources This assessment is included in the **Trust Delivery Plan (TDP)** for 2018/19 and it is against this that performance in year is monitored and reported.

- The **Corporate Scorecard** attached provides a summary of assessed performance against all Objectives and Goals for Improvement (OGIs) and Performance Improvement Trajectories (PIT) for key areas which form part of new HSC performance management arrangements.

- This summary report assesses performance against the TDP assessment as at February 2019 or the most available position on an **'exception basis'**, with focus on areas where:
    - CPD performance against targets is better than anticipated at this point in the year (table 1) ;
    - CPD performance against targets is assessed **less favourable** than anticipated at this point in the year (table 2); and
    - Activity/ performance against performance improvement trajectory (PIT) is 10% less favourable than planned;

Table 1 Summary of areas where performance is assessed as **better than anticipated is included in Table 1 below:**

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Suspect Breast Cancer (14 days) All urgent suspected breast cancer referrals should be seen within 14-days.	**Amber**	**99.3% (As at Feb 19)**	During February 2019 there were no breaches of the 14-day objective. Cumulatively to date there has been 19 breaches in total which is significant reduction from the corresponding period last year. Referrals for Breast Assessment peaked in October and high monthly levels have continued. 448 patients are currently on the routine waiting list with 150 of these waiting in excess of 9-weeks. The longest wait is 36-weeks. Additional investment for breast assessment services has been embedded in core provision supporting achievement of the 14-day objective. Additional capacity, funded non recurrently, is also in place.
Cancer Pathway (31 days) At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat.	**Amber**	**99.6% (As at Jan 19)**	The Trust has experienced five breaches against the 31-day pathway target since April with breaches experienced in Breast, Skin and Urology. Cumulative performance to date is 99.6%.
Breastfeeding Increase the percentage of infants breastfed from birth and 6 months.	**Trust's Contribution - Amber**	**50.5%** at discharge **(As at Feb 19)** **17.3%** at 6-9 month review **(As at Sep 18)**	Dashboard includes the Monthly % of infants breastfed upon discharge from the Trust (from birth) and Quarterly % of children recorded as breastfeeding at their 6-9 month review (total and partial). Cumulatively the % of children breastfeeding upon discharge and at their 6-9 month review is higher than the corresponding period last year i.e. as at February (discharge) and September (6-9 months). Craigavon Area Hospital (CAH) and Daisy Hill Hospital (DHH) including Newry & Mourne Locality have been reassessed for their baby friendly initiative accreditation. CAH were awarded their re-accreditation and work is ongoing to meet recommendations within DHH and Newry & Mourne locality.
Hospital Cancelled Outpatient Appointments (%) Establish a baseline of the number of cancelled consultant led outpatient appointments in acute resulting in the patient waiting longer for their appointment. By March 2020, seek a reduction of 5%.	**Amber**	**2.8% (As at Jan 19)**	Baseline established as per OGI achieving this years objective.
Hospital Cancelled Outpatient Appointments (Number) Establish a baseline of the number of cancelled consultant led outpatient appointments in acute resulting in the patient waiting longer for their appointment. By March 2020, seek a reduction of 5%.	**Amber**	**5078 (As at Jan 19)**	**For information** - Cumulatively as at January 2019 the actual number of cancellations is +687 above the objective level. January demonstrated an increase in the number of cancellations that were subsequently put back in comparison to the last few months. April 2018 - January 2019 reflects +631 (+14%) in comparison to the same period last year which is disproportionality higher than the number of appointment attendances. During 2018/19 to date Consultant unavailability has been the main cause of outpatient cancellations that were subsequently put back.
Service and Budget Agreement (Day Cases) Reduce the percentage of funded activity that remains undelivered.	**Red**	**11% (As at Jan 19)**	**Daycases** - (Cumulative position demonstrated in monthly columns). Strong performance continues to be demonstrated against the DC SBA with activity 2,138 above the commissioned level. This reflects in part a greater movement towards daycase procedures where appropriate and offsets some of the underperformance in elective in-patients below.
Service and Budget Agreement (New Out-patients) Reduce the percentage of funded activity that remains undelivered	**Red**	**-3% (As at Jan 19)**	**New Outpatients** - (Cumulative position demonstrated in monthly columns.) The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Cumulatively as at January 2019, 1,733 less patients were assessed than the commissioned level of activity. Of these, 729 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Service and Budget Agreement (Review Out-Patients) Reduce the percentage of funded activity that remains undelivered	Red	-7% (As at Jan 19)	**Review Outpatients** - (Cumulative position demonstrated in monthly columns). Cumulatively as at January 2019, 7,217 less patients reviewed than the commissioned level of activity. Of these, 2,249 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The specialty of General Surgery contributes to the majority of Trust underperformance which is largely attributable to medical worforce challenges which is attributed to lack of middle grade medical staff.
Antibiotic Consumption At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category	Amber	58.3% (As at Dec 18)	Cumulative performance for antibiotic consumption is above the 55% target. Staff have been appointed to the AMS team and are due to commence over the coming months which should support stewardship in this area. The ARK research Study which involves ~30 trusts across the UK aiming to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex is commencing in February. These changes involve an automatic stop after 72 hours on all antibiotics with a new prescription required to continue. It is anticipated this will continue to improve the position.
Antibiotic Prescribing (Piperacillin -Tazobactam) Reduction in piperacillin-tazobactam use of 3%.	Amber	342 (As at Dec 18)	Cumulatively performance is above the predicted level with a reduction to 342 defined daily doses of piperacillin-tazobactum compared to a target of 372. Staff have been appointed to the AMS team and are due to commence over the coming months. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended.
Healthcare Acquired Infections: Gram-Negative Bloodstream Infections Secure an aggregate reduction of 11%	Red	47 (As at Dec 18)	Figures now show the Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission in line with PHA reporting. The Trust is working collaboratively to collect the full data set, including patient risk factors, from this year onwards. The Trust is currently developing Terms of Reference for the new working group, in line with the preliminary group established, on gram negative bloodstream infections.
Healthcare Acquired Infections: Clostridium Difficile SHSCT objective level 50 cases	Amber	38 (As at Feb 19)	Cumulatively as at February 2019, the number of Clostridium Difficile cases is -26% (-11) under the objective level for the year to date with 4 cases reported in February. Less episodes have been reported during 2018/19 than the corresponding period last year. The IPC Strategy 2018-2021 includes 10 key elements designed to ensure excellence in infection prevention and control practices.
Ischaemic Stroke At least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	Amber	14.6% (Nov 17 - Oct 18)	Cumulative performance from November 2017 to October 2018 is 14.6%. Monthly performance is impacted by the variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thrombolysis. The Stroke Collaborative Patient Safety Dashboard for October outlined that 98% of patients were assessed by Stroke Team within 30 minutes of registration at A&E, 100% of patients potentially eligible for thrombolysis received CT Scan within 45 minutes and 86% of patients deemed suitable for thrombolysis received first bolus within 60 minutes of arrival at A&E. Wider qualitative indicators continue to be monitored.
Direct Payments Secure a 10% increase in the number of direct payments	Red	825 (Q2 as at Sep 18)	Quarter 2 demonstrates a +2.5% (+20) increase compared to Quarter 1 and +7.3% (+56) compared to the corresponding quarter last year. Whilst it is anticipated that direct payments may reduce as Self Directed Support gathers momentum performance this year to date has been better than anticipated against a target of 855.
Learning Disability Discharges No learning disability discharge taking more than 28 days.	Amber	0 (As at Jan 19)	During 2018/2019 to date, no patients have waited in excess of 28-days for discharge. Whilst this objective is on track there remains challenges with a cohort of Learning disability clients who remain inpatients where options for discharge are not available.
Mental Health Discharges 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	Red	93.9% (As at Jan 19)	Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. During January 2019, 91 out of 95 patients were discharged within 7-days. Performance reflects those complex needs patients who can be discharged. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, are causes for the delays in discharge.

Summary of areas where performance is assessed as **less favourable than anticipated** is included in Table 2 below:

Table 2

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Antibiotic Prescribing (Total use) Reduction in total antibiotic use of 1%	Amber	9,916 (As at Dec 18)	PHA figures, measuring figures in Defined Daily Doses (DDD) per 1000 admissions, are now reported. Staff have been appointed to the AMS team and are due to commence over the coming months. The ARK study referenced above seeks to achieve improvement in this area.
Antibiotic Prescribing (Carbapenem) Reduction in carbapenem use of 3%	Amber	138 (As at Dec 18)	PHA figures, measuring figures in DDD per 1000 admissions, are now reported. Staff have been appointed to the AMS team and are due to commence over the coming months. Specific antibiotics have been removed from all ward stock lists and can only be issued on a named patient basis. Antibiotic policies are in the process of being reviewed with a view to reducing the number of indications where this antibiotic is recommended. This seeks to improve the current performance.
GP Appointments Increase the number of available appointments compared to 2017/2018	Green	13,872 (As at Feb 19)	Staff sickness absence has impacted on the number of available appointments during February. Capacity will be further impacted in March due to the resignation of a GP staff member and difficulties in obtaining locum cover. This will impact on the ability to meet the end of year target unless additional locum cover can be secured.
Acute Hospital Discharges (48 hours) 90% of complex discharges from an acute hospital take place within 48-hours.	Green	85.6% (As at Jan 19)	A new focus on identification of complex discharges has been implemented and the volume of patients recorded as delayed over 48-hours has increased from October 2018. This process will allow greater focus on delays and is a truer reflection of the current pressures. Work is ongoing regarding the identification of complex discharges to ensure all discharges are captured as the last few months has seen less complex discharges recorded which is contributing to the reduced performance. Work via the control room processes seeks to improve discharge and flow generally.
Acute Hospital Discharges (7 days) No complex discharge takes more than 7-days	Green	71 (As at Jan 19)	A focus on complex discharges has refreshed how data is recorded and validated and is anticipated to provide a truer reflection of the current pressures. In light of this the number of complex discharges taking more than 7-days has increased from October 2018 however January has experienced a reduction of -9 (-56%) from December. Working is on-going via control room processes to improve discharge and flow.
Emergency Department (Triage to Treatment) 80% of patients to have commenced treatment, following triage, within 2 hours.	Green	75.1% (As at Jan 19)	The percentage of patients who commenced treatment within 2-hours of triage improved in January to 72.2%; 60.6% in CAH and 75.8% from in DHH.
Staff Sick Absence Reduce Trust staff sick absence levels by 3.5%	Green	787,154 (As at Jan 19)	Cumulatively the Trust is +11% over its objective level of absence hours for year to date. Work is continuing within the Attendance Management Team to improve sickness absence levels including prioritising areas with high levels of sickness absence and meeting staff at an earlier stage.

Performance against Performance Improvement Trajectories – by exception

Performance Improvement Trajectories (PITs) are monitored at a group summary level, for example all outpatient activity levels, all mental health breach volumes, etc. At the January position, PITs for Adult Mental Health and Psychological Therapies reflected a variation against the planned at a level of -10% or greater. Both these areas have been subject to demand issues and challenges in securing and maintaining appropriate levels of workforce. No significant improvement is projected for the year end performance and this has been escalated and discussed with the Commissioner via the Health and Social Care Board (HSCB) Performance/Service Issues Meeting

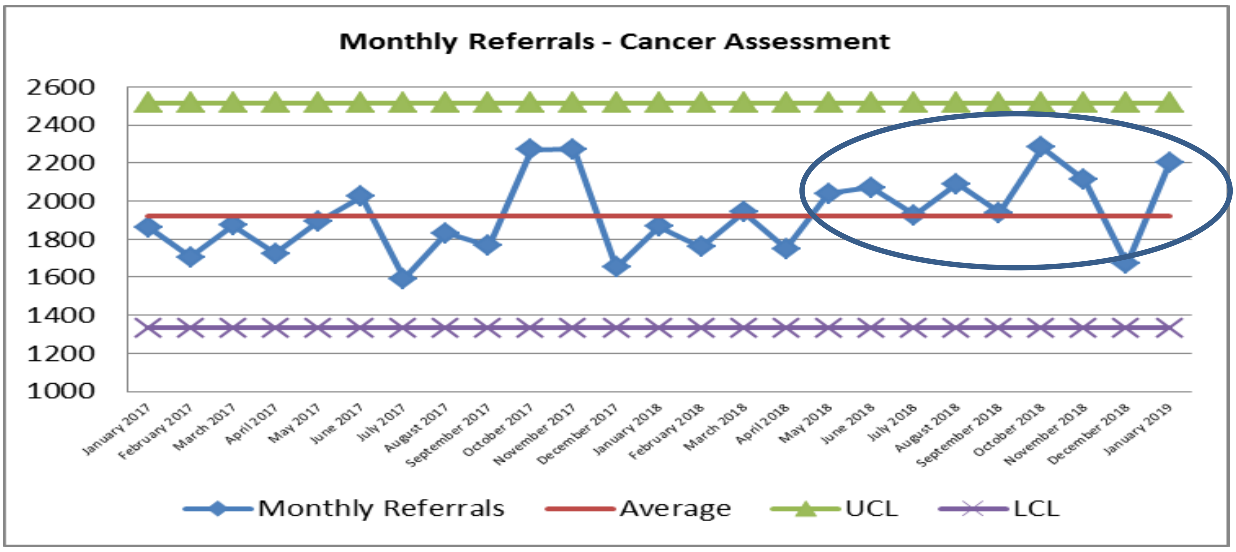
In addition, further performance improvement trajectories at a sub-specialty level are in excess of minus 10% under the planned levels. These areas are discussed at Directorate performance meetings and In-year assurance meetings in line with the Trust's Performance Management Framework.

Summary of Key Issues / Points of Escalation

1 Cancer Care

- **Performance against cancer services objectives is set in the context of increasing demand for assessment. Referrals for assessment have been largely above the average since April 2018,** with 2,119 referrals in the month of January 2019 recorded.

Graph 1



- Capacity for first assessment (red flag and urgent referrals) has been increased where possible, via non recurrent funding, to meet the increased demand in a number of specialty areas, including breast assessment, general surgery, and gastroenterology and to a smaller extent in urology and respiratory services.
- Capacity has also been increased for key diagnostics, including endoscopy. It is not possible however to increase capacity for surgery to the same extent related to theatre and bed capacity issues and as such the majority of elective surgery is focused on red flag and urgent waits. This challenges the service to maintain the wait time for the 62 day pathway as the ability to flex up capacity is limited which will increase waits over 62 days.
- In January 26 patients waited more than 62 days for their first definitive treatment; 16 of these waited over 100 days for their first treatment, 10 of whom required treatment by another Trust..
- In year 75% of those on the pathway this year have been seen within 62 days, the regional average is 63% with performance ranging from 52% to 80% across Trusts.

Actions to Improve

- **The Trust Cancer Steering Group has been re-established** to provide more focused leadership and oversight on clinical pathway issues.

- The Trust has engaged with HSCB and agreed that urology referrals from patients residing in the Western area should no longer come to the Southern Trust in an attempt to rebalance demand and capacity and improve local waiting times.
- **The Trust is participating in a number of tumour site specific improvement workshops** to identify and address capacity constraints at a regional level and to ensure that good practice is highlighted and shared across Trusts. Further to the Gastro-intestinal session the Trust is developing a proposal for dedicated sessions to be established for patients receiving results to allow specialist nursing staff to be available to support patients and families. The tumour site specific workshops will focus on the service improvement initiatives required to address the delay and improve quality in the patient journey.

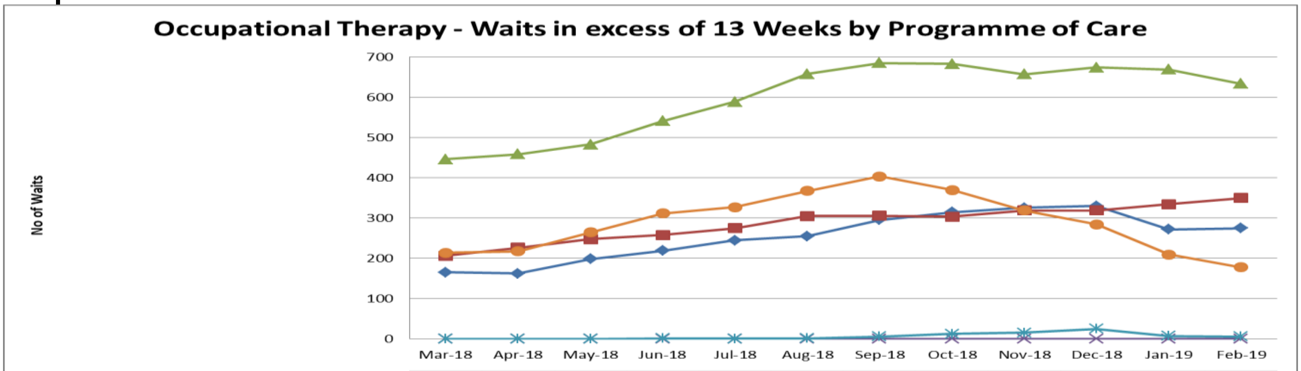
2 Elective Care

- **Demand for elective care services continues to exceed health service capacity** for both out-patients and in-patients/day cases waiting times will increase.
- **The Trust continues to seek to optimise available capacity** to achieve delivery of agreed performance trajectories. At the end of January 2019 whilst core commissioned capacity is below the service and budget agreement levels, for new and review outpatients (-3% and -7%) and inpatient activity (-35%), agreed performance trajectories are on track at a cumulative level.
- The Trust has utilised non recurrent funding in year, from HSCB and Confidence and Supply, to deliver additional activity to benefit patients targeted at reducing both red flag and urgent waits in the first instance and reducing the volume of longer waiting patients were it is possible to increase capacity.
- **Reform of services, as set out in the Departments of Health's *Elective Care Plan*, will be required to see longer-term gains.**

2.1 Allied Health Professionals

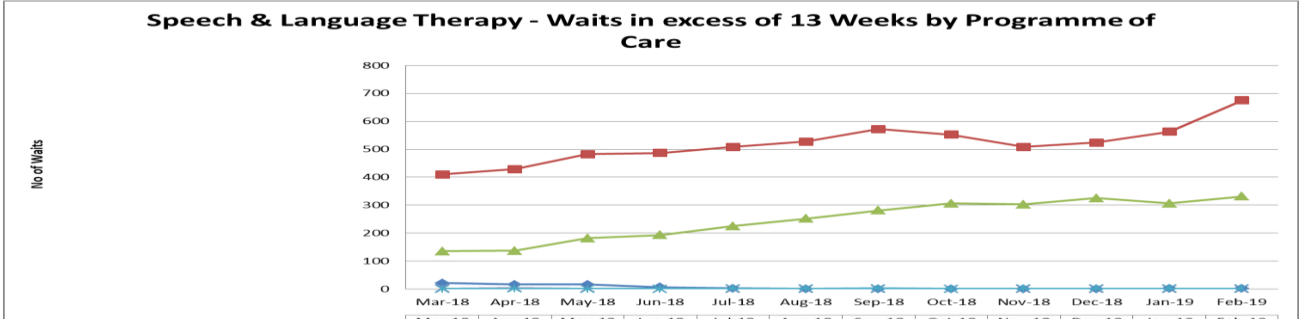
- Core commissioned capacity is being delivered along side a level of additional activity funded non recurrently by confidence and supply funding.
- The number of patients **waiting in excess of 13-weeks has decreased by 26%** (1,028) from March 2018, however a slight increase is noted from last month.
- 83% of those waiting **in excess of 13 weeks are waiting for Occupational Therapy (OT) 49% (1,443) and Speech and Language Therapy (SLT) 34% (1,008)** assessment. In both these areas growth is in the paediatric areas as reflected on the red lines in graphs 2 and 3 below

Graph 2



	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Acute (POC 1)	166	163	199	219	245	255	296	315	326	330	272	275
Paediatrics (POC 2)	207	227	248	258	275	305	306	304	319	319	335	350
Elderly & Primary Health Care (POC 4, 9 & NR)	446	459	483	541	589	658	685	683	657	674	669	634
Mental Health (POC 5)	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability (POC 6)	0	0	0	2	1	2	6	13	16	25	8	6
Physical/ Sensory Disability (POC 07)	214	218	265	312	327	368	404	370	319	285	210	178

Graph 3



	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Acute (POC 1)	21	16	16	6	2	0	0	0	0	0	1	1
Paediatrics (POC 2&3)	410	429	482	487	508	527	572	552	508	524	563	675
Elderly & Primary Health Care (POC 4, 9 & NR)	135	137	182	193	225	252	281	306	303	325	306	331
Learning Disability (POC 06)	1	3	1	0	0	0	0	0	0	0	0	0
Physical/ Sensory Disability (POC 07)	0	1	0	0	1	1	2	0	1	1	1	1

- At end of February 2019, **the longest wait is 58-weeks in OT is in the Maternity & Child Health Programme of Care**, 55-weeks for adults and in SLT longest wait is 54-weeks for adults and 41 weeks for children reflecting an improvement from the last report to Board. Physiotherapy is also reflecting long waits for paediatric services at 34-weeks. The remaining professions are 23-weeks or less.
- No patients that were waiting over 26 weeks at end of March 2018 remain on the waiting lists for assessment.

Actions to Improve:

- Recruitment of additional AHP posts funded by confidence and supply to reduce the longest waits has been limited by the available workforce, the demands for AHPs across a number of transformational projects and the requirement to fill vacancies across core services.
- SMT has asked the AHP Steering group to **bring forward an assessment of risk in respect of AHP staffing levels across the Trust and identify priority areas for staffing.** It is anticipated this may reduce the level of additionality that can continue to be ring fenced to address elective demands in 2019/2020.
- A refreshed demand and capacity analysis and assessment in urgent referral trends is being undertaken for review by the Trust's AHP steering group in the first instance

2.2 Diagnostics

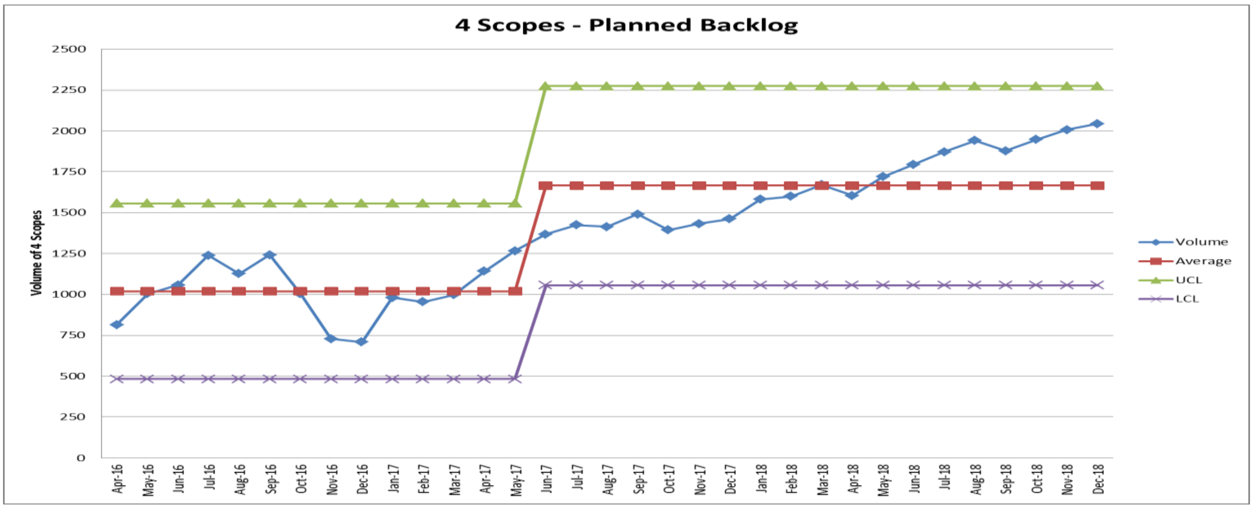
- At January 2019 42.7% of patients waited less than 9-weeks which is below the regional cumulative performance of 48%.
- Of the 15,194 patients waiting in excess of 9-weeks for diagnostics, 5,965 (39%) were waiting in excess of 26-weeks.
- Waits >26-weeks continue due to recognised gaps in capacity including:
  - Imaging, with largest volumes in CT (979); DEXA (676); and MRI (429); and
  - Non-imaging, with largest volumes in Cardiac investigations (3,506).

Endoscopy

- **148 patients are waiting in excess of 26-weeks for a first endoscopy procedure whilst 1820 patients are waiting for a planned repeat procedure, beyond their clinically indicated timescale.**
- Management of this large caseload is challenging within existing capacity and in the context of new red flag and urgent demand which consumes the majority of core capacity.
- Capacity issues related to turnover in nurse endoscopists and the timeline for training replacement operators continues to impact the level of commissioned capacity delivered and further staffing issues identified in Q4 will impact on the performance of the trajectory, delivering significantly less than projected at year end.
- Graph 4 reflects the step change in the average volume of patients on the Scopes planned list

that are waiting beyond their clinically indicated timescales and the increasing trend.

Graph 4



Actions to Improve

- The **£1.5m additional in year non recurrent funding will deliver c 3000 additional scopes** via creation of additional in-house capacity and utilisation of independent sector capacity.
- Planned patients, waiting longer than clinically indicated timelines have **been validated to assist in stratification and management of risk;**
- A clinically lead Trust Endoscopy User Group is in place who review the clinical management of this risk with management colleagues.

Imaging/Non-Imaging

- Capacity gaps are acknowledged in imaging (radiology) for both CT and MRI that impact on the volumes of patients waiting and the length of waits. Some recurrent investment has been provided to enhance CT capacity.
- Demand for *specialist* CT has seen lengthening of the longest waits and volumes on the Trust's waiting list for CT colonography and CT cardiac angiography. Whilst **longest imaging waits are in these areas are reported at 62- weeks and 100-weeks respectively significant work has been ongoing to improve this position.**
- Capacity for non-invasive cardiac investigations is less than demand and whilst the Trust has funding it is challenged to appoint qualified staff. The Trust has also been unable to create additional in-house capacity non recurrent resulting in growing waits. The longest **wait is currently 78-weeks for echocardiograms. A number of patients who were waiting over 26 weeks at March 2018 will remain at march 2019**

Actions to improve

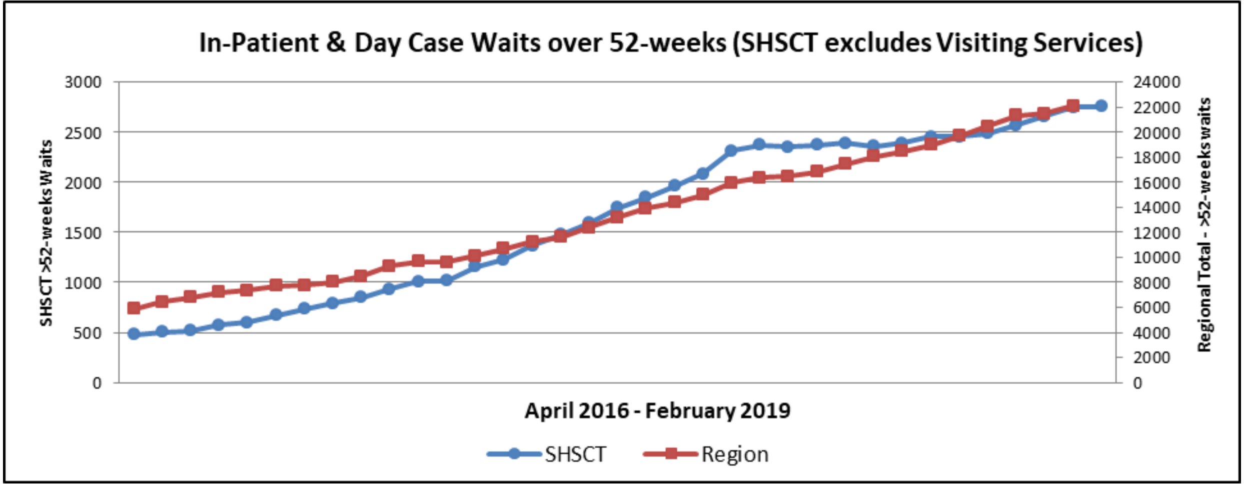
- The **£2.37m additional in year funding for diagnostics is being used in the main non recurrently to provide additional activity,** including use of mobile CT scanner on CAH site, additional in-house capacity and a small volume of capacity in the independent sector (IS).
- IS capacity is being directed to additional MRI and specialist CT work to address some of the longest waits.
- Validation of CT cardiac waits and transfer of some waits to additional capacity secured in Belfast Trust, in-house and within the independent sector will result in a significant improvement the volume of patient waiting for this examination. It is noted however that a small cohort of patients waiting for CT cardiac angiography, who were waiting in excess of 26 weeks at March 2018, will remain waiting at March 2019.
- Following significant breakdown, the **CT scanner at DHH was replaced in December**, with a

mobile interim solution to provide capacity and maintain patient flow on that site

2.3 In-Patients and Day Cases

- **In-Patient (IP) and Day Case (DC) waits over 52-week at the end of February has increased with 2,759 people waiting across 7 specialty areas** – Breast Surgery; ENT; General Surgery; Orthopaedics; Paediatrics; Pain Management; and Urology.
- This increasing trend in waits over 52-weeks continues to be demonstrated Regionally as illustrated in Graph 5: Whilst the Average waiting time is 36-weeks, with the 95th percentile wait at 117-weeks (General Surgery) the longest wait remains within Urology at 265-weeks.

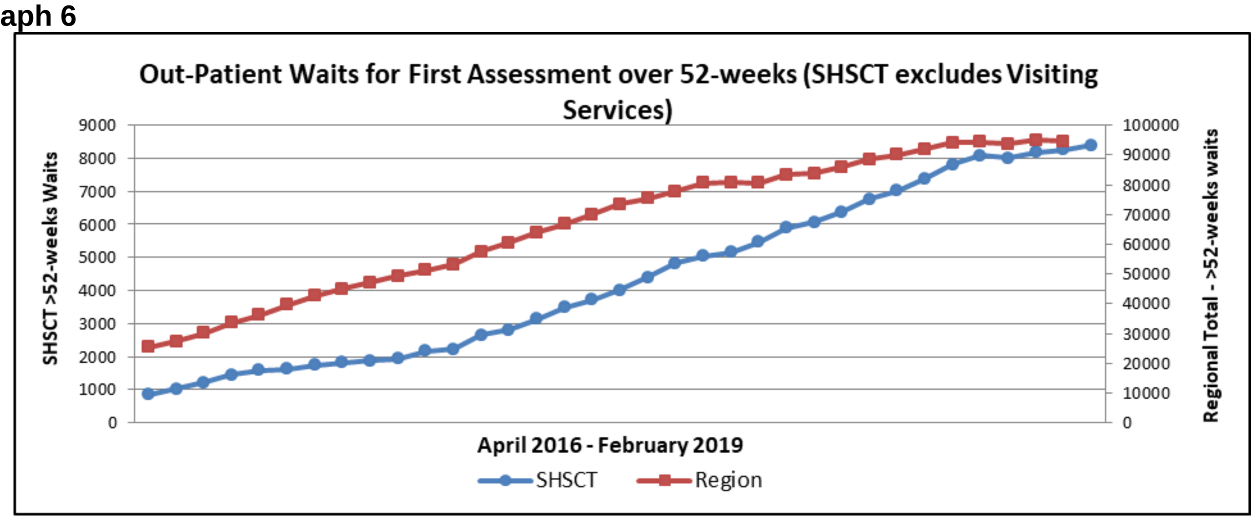
Graph 5



2.3 New out-patient (OP)

- OP waits over 52-weeks continued to increase with **19.8% waiting in excess of 52-weeks** (8,405 people) across 12 specialty areas – Breast Family History; Cardiology; Diabetology; ENT; Gastroenterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine; and Urology; this is consistent with the regional pattern where demand is greater than capacity as summarised in Graph 6 below.
- **Whilst the average waiting time is 31-weeks with the 95th percentile wait at 100-weeks (Urology) the longest wait is within Urology at 162-weeks.**

Graph 6



Actions to Improve

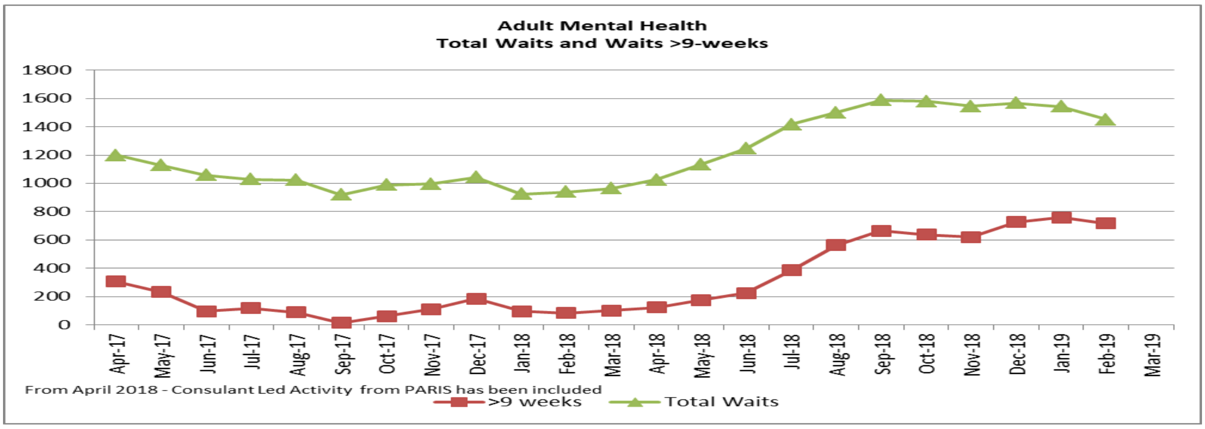
- **In year non-recurrent funding for additional capacity has been secured for surgical in-patient and day case treatments** for 500 patients, via in-house capacity, including pain management, gynaecology and dermatology. Further an additional 900 day case cardiac diagnostic angiograms will be undertaken in the leased modular Catheterisation Laboratory and an estimated 320 orthopaedic surgeries and 30 general surgical treatments will be carried out in the Independent Sector.
- C&S funding in year is expected to provide additional in-house capacity for circa 15,000 additional red flag; urgent; and long-waiting out-patient assessments (both new and review patients). **This will support those most clinically urgent patients**, including those on the cancer pathway, and will address a small volume of the longest waits.
- Processes and controls are in place to monitor and manage the wait time for urgent and routine waits in the context of lengthening access times.

3 Mental Health

3.1 Adult Elective Services

- Mental Health access times continue to be challenged and are reflected in the number of patients **waiting in excess of 9-weeks (716 at end of February). The longest wait is in Eating Disorder Services at 36-weeks** with all other sub-specialist areas below 28-weeks. Graph 7 below demonstrates the trend in this position.
- The position is well outside the submitted performance improvement trajectory and in the main this is associated with demand in excess of capacity, however, it has been further compounded with workforce pressures associated with the requirement to re- align staff to support the in-patient Acute wards within Bluestone.
- Pressures continue to be demonstrated in Primary Care and Community Mental Health Teams associated with demand and workforce challenges. The longest wait is 36-weeks within the Eating Disorders Service.

Graph 7



Actions to Improve

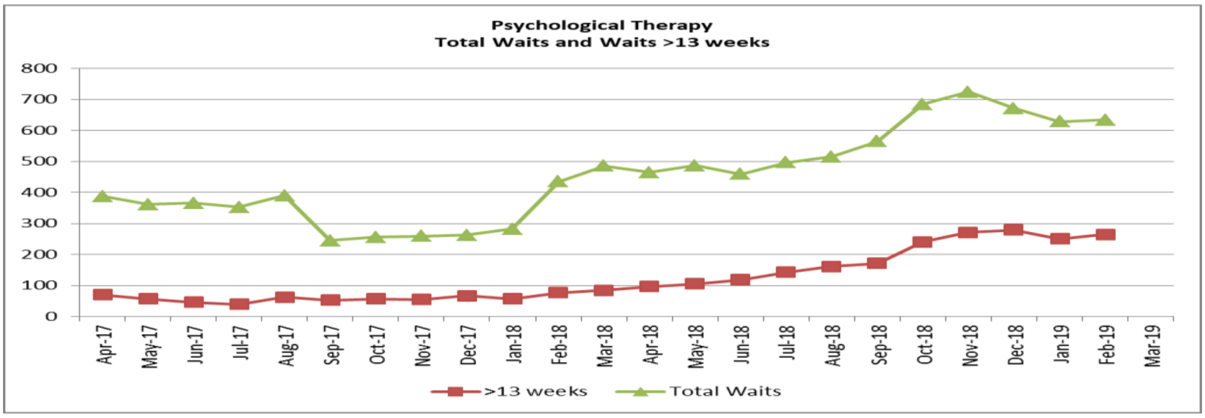
- In year non recurrent C&S funding has been secured to provide additional capacity for Tier 3 referral provision in the Independent sector. This will reduce volume of waits and wait times for Tier 3 patients, including adult mental health and psychological therapies but will not impact on the longest waits.
- The increasing trend in waits in excess of 9 weeks is anticipated to increase. This position has been discussed with the commissioner .

3.2 Psychological Therapies

- Recruitment and retention of workforce continues to impact capacity, with ongoing vacancies in Psychology which is reflective of the Regional shortage of skilled psychologists.
- **February 2018 saw an increase in patients waiting in excess of 13-weeks**, to 265 which is above the projections included in the agreed performance improvement trajectory. Graph 8 below demonstrates the trend in this position.

- There was no funding allocated in year by HSCB to facilitate additionality in this area within the independent sector.

Graph 8



Actions to Improve

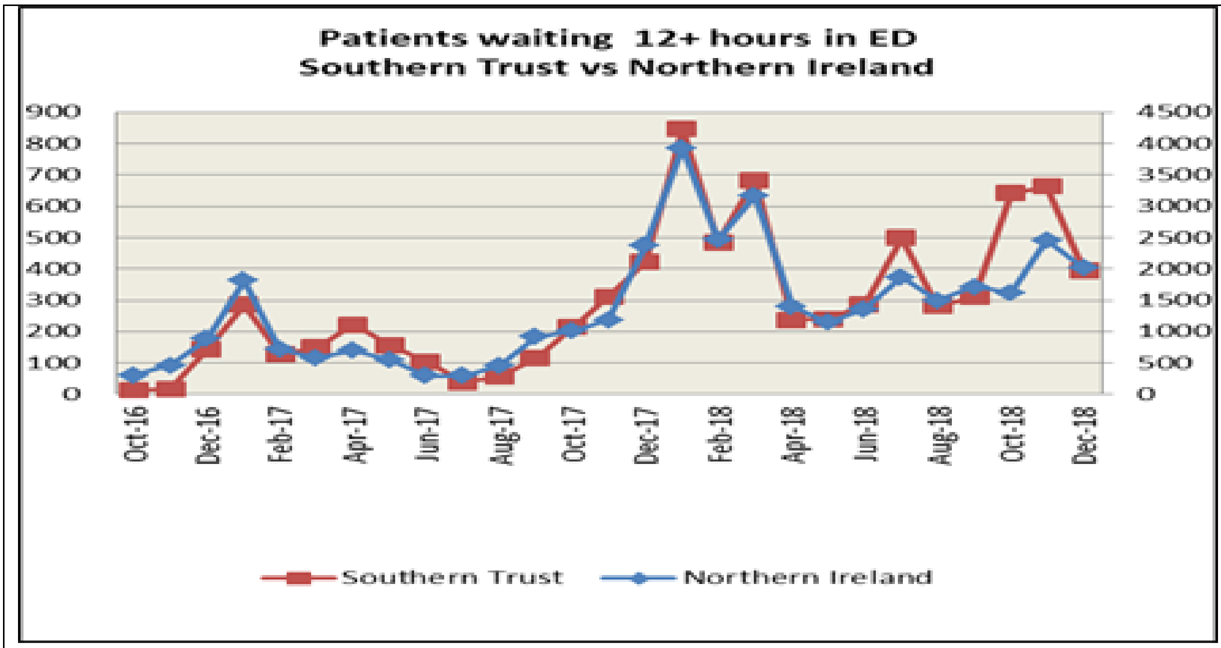
- The Trust has reviewed the projections of performance for Adult Mental Health and Adult Health Psychology and submitted its year end projections to HSCB to reflect the additional factors impacting on the original planning assumptions included in the performance improvement trajectories.
- **An internal review of Psychological Therapies has been agreed** to be undertaken in Q4 of 2018/2019, to deliver a strategic framework for the Trust. In addition, regional work is on-going to consider workforce issues and parity with other Regional models.

4 Unscheduled Care (USC)

4.1 Summary

- **The SHSCT, consistent with all Emergency Departments across Northern Ireland, has and continues to experience a very challenging year**. Ongoing pressures on hospital services has resulted in growing numbers of patients waiting longer to be seen, treated, and either discharged or admitted to hospital. This is reflected in the ED position for 12 hours
- Whilst the pattern of waits within the Trust has very much reflected the regional patterns over the last few years, the SHSCT has seen waits for admission in ED beyond 12 hours beyond the regional pattern from July of this year.

Graph 9



- In line with the demographic patterns in the SHSCT area growth in admissions by age bands shows continue growth in admissions for those over 65, which is in addition to those care for in Acute Care at Home.
- In preparation for the 2018/19 winter period, the Trust develop detailed plans to enhance the resilience of the system within available workforce and infrastructure constraints to respond to expected increased pressures during this period however demand for admission and support required to adequately support discharge is in excess of capacity

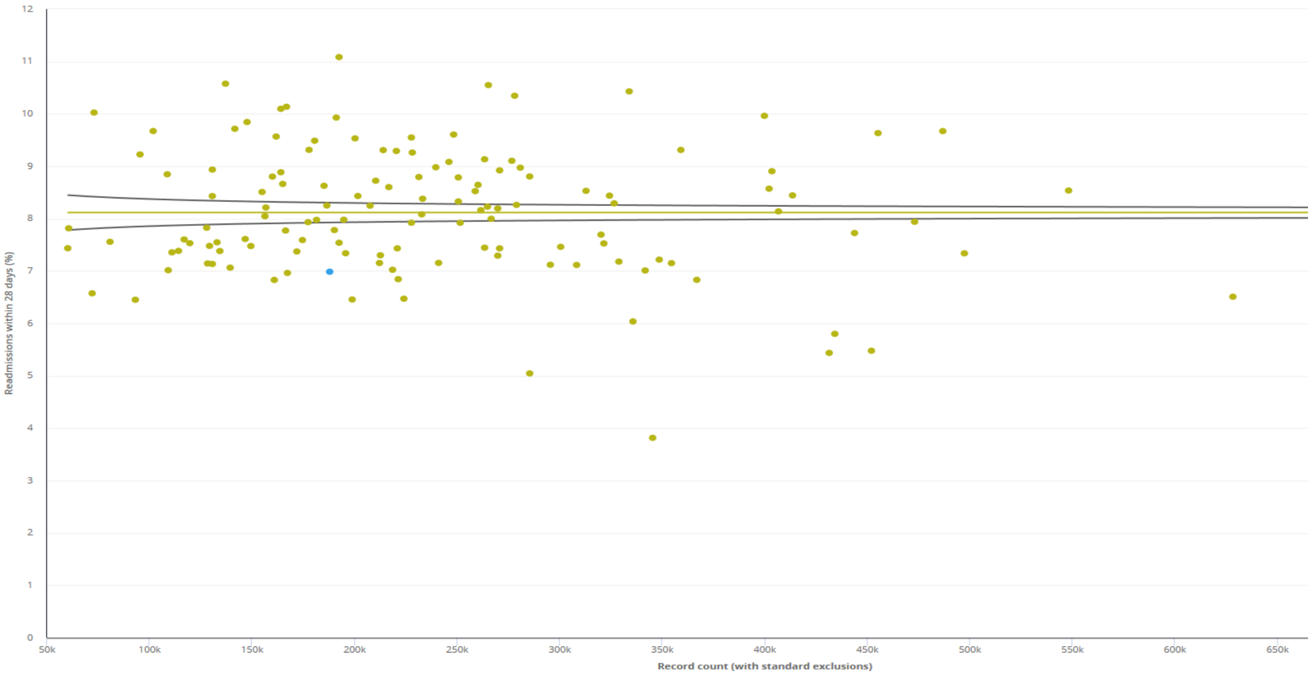
4.2 Capacity Issues

- Despite additional bed capacity at CAH site this year, **bed demand and utilisation continues to be high throughout the Trusts Acute Programme**. Challenges still present with available capacity, resulting in the high level of outliers which continue to be experienced
- **Acute bed capacity within the Trust overall is comparably low** with other Trusts on a population level and whist acknowledging the challenges of workforce and infrastructural constraints in creating additional bed capacity it has commissioned a refreshed position on the formal bed requirement for the level of growth projected to inform future discussions
- A regional needs assessment to inform future review of unscheduled care has been completed consolidating evidence of growth in our local population which is contributing to unscheduled care pressures and capacity gaps within our system. **The Department of Health's review of urgent and emergency care in hospitals with look to the longer term and aims to establish a new regional care model**, with particular focus on meeting the needs of the rising proportion of older people.

4.3 Safety and Quality

- In times of system pressure focus will remain on the quality of care delivered with review of quality indicators. Graph 10 below shows the Trusts position as the blue dot on this funnel chart reflecting emergency re-admissions within 28 days of a previous discharge over a two year period (Oct 16 – Oct 18) which compares favourably against the Hospital peer group.

Graph 10



- The 10,000 Voices Initiative through which patients, clients, family members, carers and staff describe their experience of receiving and delivering health and social care in Northern Ireland has reported on patient experience of unscheduled care including emergency department, minor injuries units and GP out of Hours
- **Key messages from service users within the narrative of the report included receiving treatment in a timely way, staff who demonstrate care and compassion; having confidence in the staff and feeling safe and access to accurate information (during and after treatment**)
- The Trust will further explore experiences of those attending SHSCT facilities and consider learning and actions

4..4 Mental Health & Disability In-Patient Demands

- **Significant workforce pressures continue to be experience** across our Dementia Admission Unit, Adult Mental Health and Learning Disability admission wards associated with shortage of registrant LD and MH nursing workforce; on-going nursing vacancies; a loss of experienced staff; and an increasing reliance on newly qualified workforce.
- **Bed capacity for mental health continues to be challenging locally and regionally** with instances occurring where no admission beds are available.
- **A Regional Review of Mental Health In-Patient Beds is underway** and is due to conclude in April 2019 and the Department of Health has established a Regional Planning Group to develop a 5-year plan for Mental Health Services and LD Services.

Actions to Improve

- Immediate actions have been taken and medium and long-term action plans are in place to address the workforce pressures, some of which will be subject to external support from DoH/HSCB.
- Eleven **agency staff secured from England have been aligned to Acute Wards** in lieu of

currency vacancy levels. Permanent recruitment for Band 5 and Band 6 posts is ongoing and a recent Trust recruitment day in December identified a number of applicants.

- **A Directorate Oversight Group and sub-group structures have been established** to address the breadth of workforce, bed-flow, governance, quality and E solutions themes and e**ngagement meetings with the Trust; DoH; HSCB; and RQIA are on-going.** This is a standing item at the Trust SMT meeting
- Weekly Senior Management led patient flow meetings continue, supplementing the daily patient flow arrangements, and facilitate review of the complex cases. Additional resources have been committed, at risk, to co-ordinate complex discharges to improve flow.

5 Support for Patient and Clients

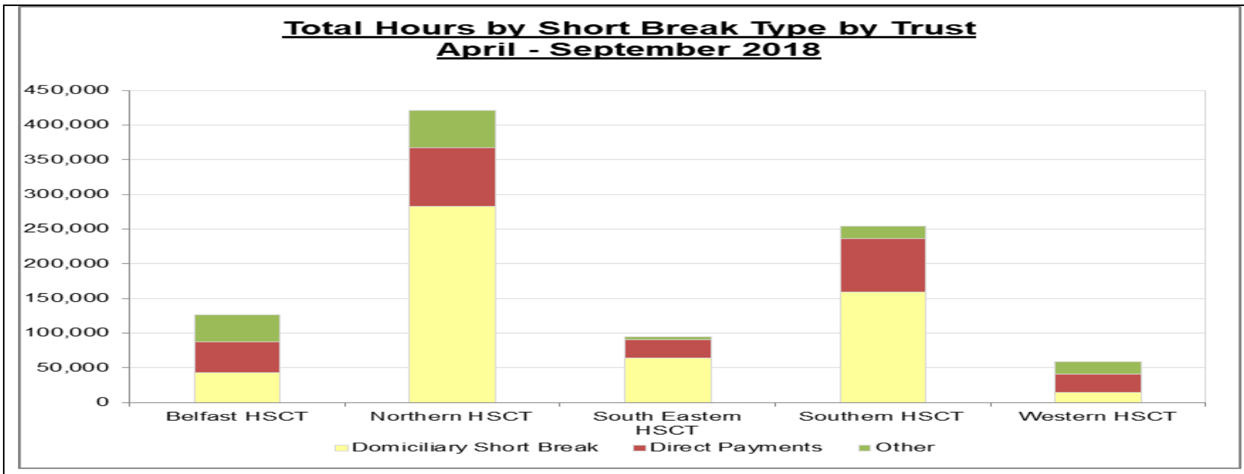
5.1 Carers' Assessment

- Performance during 2018/19 up to December 2018 is (+25%) above the apportioned objective level for 2018/19 and on track to achieve with 3233 carers offered assessments . **The performance in Q3 2018/19 specifically demonstrates a 60% increase in the comparable period in 2016/17** reflecting the focus on this area.
- Whilst the volume of offers has improved focus now includes the capacity within the service to deliver assessments, the timescale for assessment and targeting resources to those carers most in needs. From April to December 2018 despite the high level of offers for new carers assessment only 621 assessments were recorded as completed (26%) with a high level also recorded as declined by the carer.
- The Trust has an **active carers reference group, a forum specifically for young carers and a mental health forum in place to ensure a strong voice for those supporting services** users living at home and to engage service users and carers in service developments. It also has a robust Carers Forum active in the Adult Learning Disability Service.
- All parents/carers currently known to Children with Disability teams have been invited through an expression of interest form to join a newly formed Parents/Carers forum. This is a new group which will provide families and carers of children with a disability up to the age of 18 the opportunity to come together to share ideas, issues and solutions, and to help Trust staff plan services to best meet their needs in the spirit of co-production

5.2 Community Based Short Break

- Cumulatively as at the end of September 2018 **the number of community based short break hours is -5% (-13,370 hours) under the apportioned target** hours for this period and the trust will not achieve this target in year. In addition to the community breaks the Trust from April – Dec 2018 has provided 500 clients with residential or nurse home based short breaks; this is not included in the objective.
- Regional, from April - September 2018 **the Southern Trust is performing comparably, after Northern Trust, particularly in relation to short breaks facilitated by domiciliary care.**
- Graph 11 illustrates community based short break hours provided by each Trust and type of Community Short Break received by adults.
- In addition to short break hours, the Trust has provided just over 450 cash grants this year to date to individuals. Individual choice will inform how this is used which may not include short breaks.

Graph 11

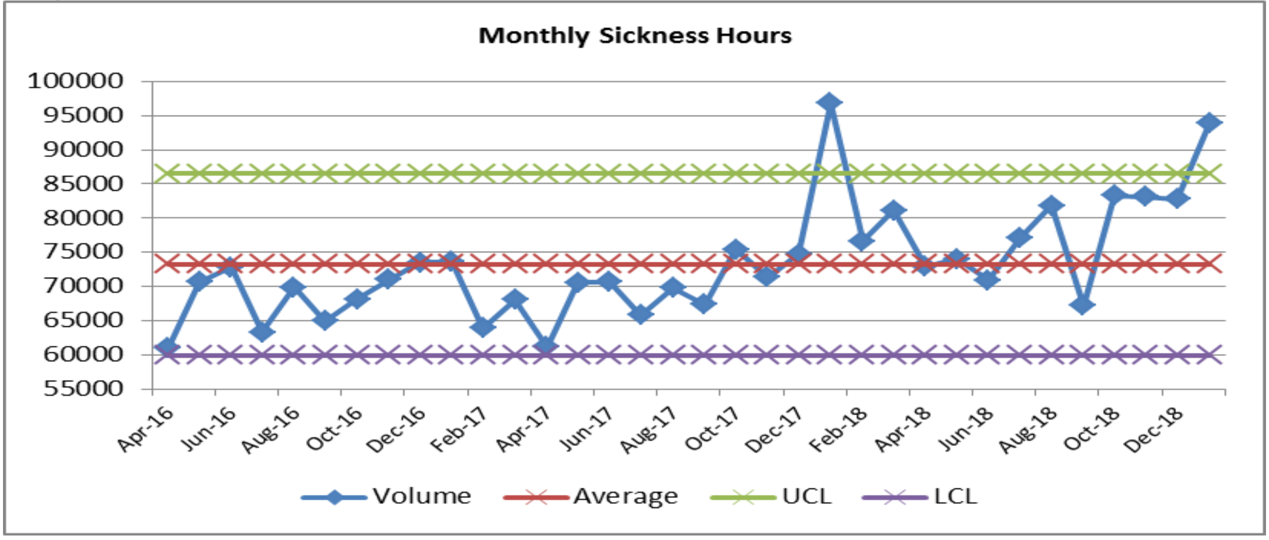


6 Workforce

Staff sickness Absence: Summary Position

- **Cumulatively the Trust is +11% over its objective level of absence hours for year to date** at January 2019 with the Trust cumulative rate of sickness at 5.3%, which is higher than the baseline of 5.1% and the objective level sought of 4.9% .
- Graph 12 below shows the trend over the last two years on hourly sickness rates, reflecting a step change in monthly sickness hours above the average from October 2017. **The position in January illustrates performance outside the control limits, which is reflective of the same period month last year.**
- Further detail including ongoing actions to improve is detailed in the HROD report to Board.

Graph 12



Summary of SMT Challenge and Discussion:

- SMT noted continual deterioration in elective (routine) position. Progress on regional task and finish groups to commence welcomed in terms of offering regional improvement but need for additional investment not resolved.
- Unscheduled Care Operational Resilience Action Plan reviewed and escalation processes in place noted. Management of acute and mental health bed capacity continues to challenge the Trust performance.
- Alignment of transformation programme priorities with key unscheduled pressures noted.
- SMT noted specific performance meetings in place with HSCB/operational teams relevant to cancer and elective performance targets.

- Issues related to MHD have been escalated to HSCB service issue/performance meeting
- Assurance sought via Directorate SMT performance meetings regarding the delivery of levels of elective additional funded by HSCB and Department of Health via Confidence and Supply funding and high level of monitoring required.
- Concerns noted regarding the impact of diverting resource to support USC on Trust's SBA performance and assurance that these pressures are reflected in projections of performance (trajectories).
- Assurance sought on delivery of performance in line with submitted projections of performance.

Internal / External Engagement

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications.
- Staff engagement in respect of unscheduled care planning ongoing via survey, focused conversations and senior medical leaders.

Human Rights / Equality:

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.
- Equality screening and rural proofing to be undertaken on all transformational schemes in line with IPT processes.

Southern Health
and Social Care Trust

Quality Care - for you, with you

Minutes of a Trust Board meeting held in public on Thursday, 28th March 2019 at 11.30 a.m. in The Slattery Room, Dromantine Retreat and Conference Centre

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services / Executive Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Interim Executive Director of Nursing & Allied Health Professionals

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (Minutes)

APOLOGIES

None

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and in particular Dr O'Kane, Medical Director, to her first Trust Board meeting. At this point members were reminded of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops / iPads are used for accessing Board papers only during the meeting.

The Chair was pleased to welcome four members of Trust staff from the Performance and Reform Directorate and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues.

The Chair welcomed Ms Colette Ramsey who is undertaking the Queen's University Post Graduate School Joint Mentoring Scheme in conjunction with the Commissioner for Public Appointments NI. The Chair advised that as part of this scheme, Ms Ramsey will be attending some Trust Board meetings.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. Ms Mullan declared an interest in item 14, Boardroom Apprentice Scheme.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: A DIGITAL DISTRICT NURSE SERVICE

The Chair welcomed Ms Claire Russell, District Nursing Project Lead, Ms Sharon McKinstry, Acting ICT Manager and Mr Mark Toal, Head of Technology Innovation to the meeting to present an overview of the Digital District Nurse Service.

Ms Russell thanked members for the opportunity to address the Board meeting and began by providing background on the digital community journey. She advised since the implementation of PARIS, the opportunity was taken to review all current District Nursing processes with an emphasis on improved patient care, safety and outcomes.

Ms Russell advised PARIS has facilitated an integrated care record across multiple service areas and professional groups. The information is recorded once and is readily available to other staff involved in the patients care. It has provided staff with a modern and innovative method of accessing the patient electronic record and staff diaries in the community.

Members welcomed this excellent, award winning initiative led by the District Nursing Team and asked how this could be extended to other services. In response, the Chief Executive noted that scale and spread was a challenge for the Trust. Mr Morgan stated the PARIS project board are looking at other areas where this system can be rolled out e.g. Community Children's and Domiciliary Care. The Chair thanked Ms Russell, Ms McKinstry and Mr Toal for their informative presentation.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

At this point, the Chair referred to the recent tragic incident in Cookstown and extended Trust Board's condolences to the bereaved families. She spoke of the support the Trust is providing to children, young people and adults.

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The Chief Executive presented his summary report. He referred to the transformation investment and noted that a total of £8.9m was allocated for 2018/19; this includes DHH Pathfinder and the Trust's share of £30m Elective Care funding. The Chief Executive pointed out to date the Trust has filled 217 posts relating to the transformation programme.

Ms Donaghy referred to page 7 of the report and noted her concern the NHS has revealed plans to remove the four hour A&E targets and asked if this will be introduced in Northern Ireland to which the Chief Executive confirmed the plans at this stage are only applicable for England.

In response to a question asked by Mr Wilkinson on the number of children treated for mental health issues, Mr Morgan spoke of the range of therapeutic activities that are available to children. He noted the Child and Adolescent Mental Health service is currently under resourced, however the teams are responding the best they can within the limited resources available.

Members noted the correspondence received from the Department of Health on the RQIA Review of Governance of Outpatient Services – Early Findings on Safeguarding and noted the requirement to provide a written report to Trust Board before the end of May 2019.

6. MINUTES OF MEETING HELD ON 24TH JANUARY 2019

The minutes of the meeting held on 24th January 2019 were agreed as an accurate record and duly signed by the Chair.

The Board approved the minutes of the meeting held on 24th January 2019.

7. MATTERS ARISING FROM PREVIOUS MEETINGS

Members noted the progress updates from the relevant Directors to issues raised at the previous meetings. Mr Morgan confirmed that a paper on the impact of Welfare Reform will be presented to Trust Board in October 2019.

8. STRATEGIC

i) Update on Daisy Hill Hospital Pathfinder Project

The Chief Executive presented the update report on the Daisy Hill Hospital Pathfinder Project. Members noted that the new Direct Assessment Unit (DAU) opened on 4th February 2019 and will be taking referrals from GPs and the NI Ambulance Service from early April 2019.

The Chief Executive spoke of the good progress made to date, however highlighted that the biggest risk to the project is the inability to recruit medical staff due to the lack of availability regionally. He advised of the work Dr O'Kane and Mrs Gishkori are progressing with clinical staff to build a future staffing model.

Ms Mullan referred to point 1.9 which states that further scoping work will be undertaken to explore options which could help transport people home on discharge and asked if there was a mechanism for the Trust to work with rural transport providers in the area to which Mrs Gishkori confirmed that there was. Ms Donaghy noted that 3 GPs will take up post in the DAU and asked if this will have an impact on Primary Care. Mrs McClements stated this is an opportunity for GPs to diversify and Dr O'Kane stated that this approach will improve GP experience and enable the sharing of information from Primary into Secondary care.

In response to a question asked by the Chair on priorities for capital expenditure, Ms O'Neill advised there is a Capital Allocation Group in place within the Trust and an Investment Committee. Mrs Magwood undertook to liaise with the Communications Team to ensure staff are informed of these processes.

ii) Summary of Capital & Revenue Proposals in excess of £300,000 (ST911/19)

Mrs Magwood presented the summary of proposals with a capital/revenue value in excess of £300,000 that have been developed between 24th January 2019 and 28th March 2019. As in previous reports each project has a risk management process in place to identify and seek to manage / mitigate any impact on successful delivery of the investments proposed. Mrs Magwood spoke of the recognised significant infrastructure investment requirements associated with works for the 2nd CT scanner at CAH. The capital requirement if £6.1m, including optimism bias, for new build of the unit and purchase of the second CT scanner for CAH has been submitted to the DOH.

The Board approved the Summary of Capital & Revenue Proposals in excess of £300,000 (ST911/19)

iii) Building a Progressive Inpatient Mental Health Service

The Chief Executive informed members of an Invited Review process the Trust wishes to undertake with the Royal College of Psychiatrists in April 2019 to look at the in-patient mental health service and potential improvement plans.

Mr McNeany explained the background to the review which he stated would provide further independent assurance as to the safety and effectiveness of the service. The Invited Review will consider our existing service model and present recommendations for service modernisation. The invited review is likely to take three months and the outcomes will be reported to Trust Board in August 2019.

Mr Wilkinson asked if the review will look at access to mental health services to which Mr McNeany advised that as the focus will be on the inpatient service it will consider points of entry and discharge to and from Bluestone, Dorsy and Gillis as part of the overall service model review. In response to a question asked by Ms Mullan, Mr McNeany confirmed the team will meet with him on a daily basis to provide feedback.

Mr McDonald welcomed the Trust's open and transparent approach to this work and asked how they plan to measure the culture within the system. Mr McNeany responded by advising that the Royal College of Psychiatrists have a Centre for Quality Improvement which has developed standards using co-production that are subject to peer accreditation. Mrs Leeson enquired if staff have been informed of this review. Mr McNeany advised they were being briefed that morning. Mr McNeany noted staff and staff side will have an opportunity to meet with the review team.

The Chair requested that an update would be provided at the next meeting in May 2019 with the report being presented to Trust Board in August 2019

iv) ABC Strategy Launch – Health and Life Sciences Update

Mrs Magwood presented the above named item for information and advised following initial exploratory discussions, Armagh, Banbridge and Craigavon council representatives attended SMT on 10th October 2018 to present plans for a Life and Health Sciences Strategy. The aim of the discussion was to consider potential areas for working together in development of local health and life sciences. The Trust was represented by Executive / Non-Executive, clinical and research staff at the official launch on 29th October 2018. The launch included presentations on the council's ambition for local life and health sciences sector and its commitment to working collaboratively to maximise economic opportunities in the area.

Mrs Magwood added the Director of Human Resources has been engaged in the ENTUSE partnership which focuses on the skills component of the strategy. It is a 2 year initiative and its purpose is to improve the quality of teaching and local attainment in STEM (Science, Technology, Engineering and Maths) subjects and careers. It is hoped through the initiative, STEM employers such as the Trust will be more visible to local students. Mrs Toal commented 7 schools have applied and work is in progress with the career teachers to develop their knowledge so they can share the information with the students.

Mr McDonald welcomed the strategy and advised he attended the launch and noted as the Trust is a large employer this strategy is important to the local community. He commented it would be beneficial to draw in employers from the private sector. The Chair asked for an update on this item at a future meeting, when appropriate.

The Chair requested that items 11iv, 10i and 14 be taken at this point in the meeting.

11iv. Patient and Client Experience Committee

- **Minutes of meeting held on 11th December 2018 (ST922/19)**

Mr Wilkinson presented the Minutes of the meeting for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 11th December 2018 (ST922/19)

- **Key issues from the meeting held on 7th March 2019**

Mr Wilkinson advised of the key issues raised at the meeting held on 7th March 2019. The Chief Executive commented following his feedback session with Mr Wilkinson the Terms of Reference will be reviewed to align with the future direction of the work of this committee.

10i. Performance Report (ST912/19)

Mrs Magwood presented the report which assesses performance against the 2018/19 Commissioning Plan Direction (CPD) objectives and goals for improvement as at February 2019 position.

At this point, Mrs Magwood guided members through the Dashboard. She noted the (16) areas where performance is assessed as better than anticipated in the Trust Delivery Plan and the (7) areas that are underperforming. She particularly highlighted the challenge on elective due to pressure on unscheduled care.

Mrs Rooney referred to the Trust experiencing 5 breaches against the 31 day for Cancer Pathway and asked if those patients are regularly reviewed to which Mrs Magwood advised that each patient is tracked from Day 1.

Waiting times were discussed. The Chief Executive stated all five Chief Executives have raised their concern that the health service is becoming a red flag and urgent service and not an elective care service which needs to change for the better of all patients. He emphasised that the Trust must deliver on those targets/indicators assessed as achievable.

In response to a question asked by Mrs McCartan in regards to the 10,000 Voices Initiative, Mrs Magwood advised the overall findings were positive from the e patient experience of unscheduled care including the emergency department, minor injuries and GP Out of Hours. The findings will be reported through the Patient and Client Experience Committee.

The Chair referenced 2.1 Allied Health Professionals and noted the longest waits and asked how this is being addressed. Mrs Trouton advised recruitment of additional AHP posts funded by confidence and supply to reduce the longest waits has been limited by the available workforce, the demand for AHPs across a number of transformational projects and the requirement to fill vacancies across core services. Mrs Trouton added SMT have asked the AHP Steering Group to bring forward an assessment of risk in respect of AHP staffing levels across the Trust and identify priority areas for staffing.

Mr Morgan spoke of the challenge in recruiting Paediatric Occupational Therapists on a regional basis and how this is impacting the waiting lists for all five Trusts. Mrs Rooney noted the 41 week waiting lists for Speech and Language Therapy for children and highlighted her concern this could have a detrimental effect. Mr Morgan advised non-recurrent funding was sourced for a limited period and the figures reflect an improvement from the last report, however he did state the service does not have the relevant core staff in place which impacts the waiting lists.

The Chair enquired on the position of Psychological Therapies. Mr McNeany advised recruitment and retention of workforce continues to impact capacity which is reflective of the regional shortage of skilled psychologists; however he was pleased to inform members the Trust has recently made 3 appointments, including 2 Consultant Posts.

The Board approved the Performance Report (ST912/19)

14. Boardroom Apprentice Scheme 2019 (ST924/19)

Ms Mullan declared an interest in the above item and left the meeting at this point.

The Chair referred to the letter included in members' papers from the Chief Executives' Forum regarding the Trust participating as a host board in the Boardroom Apprentice scheme. The programme seeks to develop a diverse pool of potential Board members and to move the Board member role from aspiration to reality.

After discussion it was agreed the Trust would participate in the 2019 scheme. Members noted there will be a detailed memorandum of understanding which will be signed between the Host Board and the Boardroom Apprentice. It includes an information sharing agreement, confidentiality and reflects directly back to the host board's code of practice and standard operating procedures.

The Chair advised the programme requires a Board Buddy and asked for a nomination from both Non Executive and Executive members. Mrs Toal and Mrs Rooney both agreed to undertake this role.

The Board approved participation as a host board in the Boardroom Apprentice Scheme (ST924/19)

Mrs Magwood and Mr Wilkinson left the meeting at this point.

Ms Mullan returned to the meeting at this point.

9. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

i) Executive Director of Social Work

Mr Morgan gave an overview of the ongoing work within the Social Work sector. He drew members' attention to issues relating to workforce both in the OPPC and MHD Directorates. He assured members action plans are in place to address the matters.

Whistleblowing was discussed and Mr Morgan informed members he has established an oversight group which includes social workers and staff side and three working groups have been created which will review: zero tolerance, communication and use of administration.

Mr Morgan spoke of the Social Care Leadership Programme that recently concluded in the Trust. He stated it was a successful programme for 20 Social Care Managers that used reflective logs, team coaching and production of a development plan. It is envisaged the course will run again in September 2019.

Mr Morgan referenced the Workforce Review 2019 – 2020 and advised a job fair is planned which will target final year social work students in Queens University and University of Ulster. This is due to the increased difficulty with vacancies and delays in recruitment and the regional waiting list system. As a result, a number of newly qualified social workers are signing up to recruitment agencies to which Mrs Leeson noted her concern. Mr Morgan stated by introducing the jobs fair the Trust is engaging with students at an earlier stage, therefore it is anticipated a job offer is available when they graduate, which will reduce the need for agencies.

Ms Donaghy commended the work that has been accomplished in regards to the accommodation for Care Leavers. 6 Trust buildings have been identified for renovation. The Chair asked how accommodation is allocated to which Ms O'Neill advised the Trust has a strategic accommodation group that has representation from each Directorate.

Mrs McCartan asked about the challenges in providing short breaks to children with disabilities. Mr Morgan stated this is an area that requires a regional discussion and significant investment to address the lack of capacity to provide full time residential care for those children who cannot be cared for via short breaks or fostering and need to be looked after away from their family. He noted when an emergency admission is required it disrupts residential short breaks admissions in both Oaklands and Carrickore respite facility which results in very justifiable complaints from families and political representatives, therefore there is a need for this to be discussed at a regional level for resolution.

ii) Medical Director Report

Dr O'Kane spoke to the Medical Director's Report which focuses on Research and Development. She drew members' attention to the placement of three PHD students at Craigavon Hospital who will focus on Cardiology through an innovative cross border integrated research programme. Dr O'Kane welcomed the Health and Life Sciences forum that was created by the ABC Council and stated this will develop linkages between industry, healthcare and academia.

iii) HCAI Report

Dr O'Kane presented the HCAI report and members considered the detail. She advised that 2018/19 year to date (March 2019), there has been 3 MRSA bacteraemia cases, 2 of which were identified as preventable. For the same period there have been 38 C. difficile cases within the Trust and 46 MSSA bacteraemia, 14 of which have been identified as preventable.

Dr O'Kane stated a small number of those infections are related to practice within the hospital environment and are more relatable to the antibiotics prescribed in the community. She advised of plans to develop the report over the coming months to include antimicrobial prescribing to provide a more longitudinal pattern. Dr O'Kane stated the operational Directors are well engaged with the IPC Strategy and meetings have taken place with ward staff to review the data to try and improve the results.

Ms Mullan reminded members at the last Governance Committee meeting in February, members reviewed in detail the HCAI risk where it was noted there was work to be done.

iv) Inquiry Report into Hyponatraemia related Deaths

Mrs Trouton spoke to The Inquiry Report into Hyponatraemia related Deaths. She noted a correction to the report and confirmed the audit that was due to be carried out by the Acute Directorate on clinical recommendations 11-29 will take place at a new date which has now been agreed as the 15th May 2019.

Mrs Trouton spoke of the progress on the regional work streams. The Chair referred to strand 3 – Duty of Quality and noted that Board Effectiveness is included as a subgroup. Mr McDonald advised he is the representative for this subgroup along with Mrs Toal and stated this work stream reviews the ALB effectiveness, how open and transparent the board is and its structure while having clear linkages to other workstreams e.g. Duty of Candour.

The Chair requested members are updated on this item in 6 months' time.

10. OPERATIONAL PERFORMANCE

i) Finance Report (ST913/19)

Ms O'Neill spoke to the above named report and advised the cumulative outturn at month 11 is a deficit of £623k; however she noted an in-month surplus of £262k recorded.

Members considered the areas of overspend causing most concern as at month 11 February 2019. Ms O'Neill noted with only one month of the financial year left, she continues to forecast a break even position for the Trust, however she added the need to focus on containing costs for the remainder of the financial year. Ms O'Neill added at this stage the Trust does not have an indicative allocation for 2019/20 however, the new financial year will commence with a recurrent deficit of c£12m.

Members noted that when compared to February 2018 figures, there has been an increase of 456 WTE's employed, of which 316 WTE were staff in post, the balance being agency / locum staff.

The Chair asked about prompt payments. In responding, Ms O'Neill advised the prompt payment performance fell to 89.8% in month bringing the cumulative to 90.9%. Members noted agency and estates were the top two areas that were missing the prompt payment performance. Estates performance has been impacted by large volumes of small invoices from one supplier being processed and that there are plans to address this issue moving forward. Ms O'Neill advised there is a back log in invoices for both the medical and nurse agencies. The Chair spoke of the importance to pay suppliers / providers on time. Ms O'Neill highlighted that the Trust has paid £50m to local suppliers / businesses which has a positive impact for the local economy.

The Board approved the Finance Report (ST913/19)

ii) Human Resources Report (ST914/19)

Mrs Toal presented the Human Resources Report which provides a summary of the Agenda for Change Pay Award 2018/19 and pension banding review process, an update on resourcing pressures across the medical and non-medical workforce and outlines key workforce productivity information.

Mrs Toal advised the implementation of the pay award and pension band review process in February 2019 resulted in 137 monthly and 6 fortnightly staff in negative arrears. Following identification of an error in relation to pension band assessment by Payroll Services Centre, 226 staff were identified as either owing pension contributions or requiring refunds by end of March 2019. Mrs Toal noted her disappointment that the BSO's process had resulted in errors and assured members all affected staff have been contacted to inform them of the process of a repayment plan over 12 months.

Sickness absence was discussed. Mrs Toal reported the cumulative rate for 2018/19 to date is 5.33%, which is higher than the figure of 5.01% for the same period last year and the internal target of 4.93%.

Mrs Toal spoke of the success of the Nurse Recruitment Day which resulted in 220 applications received. 159 applicants were successful and offers of employment were made. Unfortunately, these large numbers of applicants have not yet fully translated into additional staff in post, with only 34% of these applicants having reached the 'final offer' stage or beyond.

The Chair welcomed this recruitment day approach and suggested it would be good to get a perspective of how many of these applicants are in post in 6 months' time. Mrs Toal informed members another recruitment day will occur in the near future that will target theatres, ICU and day surgery, which members welcomed.

The Chair requested that more time be allocated to discussion on this report in future.

The Board approved the Human Resources Report (ST914/19)

11. BOARD COMMITTEES

i) Endowments and Gifts Committee

- **Minutes of meeting held on 1st October 2018 (ST915/19)**

Mrs Rooney presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 1st October 2018 (ST915/19)

- **Key issues from the meeting held on 28th January 2019**

Mrs Rooney advised of the key issues raised at the meeting held on 28th January 2019.

ii) Governance Committee

- **Minutes of meeting held on 6th December 2018 (ST916/19)**

Ms Mullan presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 6th December 2018 (ST916/19)

- **Key issues from the meeting held on 7th February 2019**

Ms Mullan advised of the key issues raised at the meeting held on 7th February 2019

- **Terms of Reference (ST917/19)**

Ms Mullan presented the revised Terms of Reference for approval.

The Board approved the Committee Terms of Reference (ST917/19)

- **Committee Schedule of Reporting 2019 (ST918/19)**

Ms Mullan presented the Committee Schedule of Reporting 2019 for approval.

The Board approved the Committee Schedule of Reporting 2019 (ST918/19)

iii) Audit Committee

- **Minutes of meeting held on 11th October 2018 (ST919/19)**

Mrs McCartan presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 11th October 2018 (ST919/19)

- **Key issues from the meeting held on 14th February 2019**

Mrs McCartan advised of the key issues raised at the meeting held on 14th February 2019 as detailed within her written report.

- **Terms of Reference (ST920/19)**

Mrs McCartan presented the revised Terms of Reference for approval.

The Board approved the Revised Terms of Reference (ST920/19)

- **Committee Schedule of Reporting 2019 (ST921/19)**

Mrs McCartan presented the Committee Core Work Programme 2019 for approval.

The Board approved the Committee Core Work Programme 2018 (ST921/19)

12. SHSCT MANAGEMENT STATEMENT / FINANCIAL MEMORANDUM

Ms O'Neill reminded members that in line with section 1 of the Management Statement, a copy is tabled for the information of Board members on an annual basis.

The Chair stressed the importance of this document and noted that there have been no changes since it was last presented to Trust Board.

13. TRUST BOARD ANNUAL CYCLE 2019 (ST923/19)

The Chair presented for approval, the Trust Board Annual Business Cycle for 2019.

Mrs Rooney asked that the Organ Donation Annual Report be included in the Business Cycle for September 2019 meeting.

The Board approved the Trust Board Annual Cycle 2019, subject to the amendment highlighted above. (ST923/19)

15. APPLICATION OF TRUST SEAL (ST925/19)

Ms O'Neill sought approval for the application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the application of the Trust Seal (ST925/19)

16. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board's attention in respect of their roles. There were no issues to report.

The meeting concluded at 3.45 p.m.

SIGNED: ____________________ **DATED:** ____________________

Southern Health and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Meeting 23 May 2019
Title:	**Performance Dashboard (Ministerial Targets) at April 2019**
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	➢ Promoting safe high quality care ➢ Supporting people live long, healthy, active lives ➢ Make best use of our resources ➢ Improving our services ➢ Being a great place to work - supporting, developing and valuing our staff ➢ Working in partnership
Purpose:	For Approval

High Level Context

Commissioning Plan Direction & Performance Management Arrangements

- In the absence of a draft **Commissioning Plan Direction (CPD)** for 2019/2020 the Trust continues to monitor performance against the Objectives and Goals for Improvement (OGI) set out in 2018/2019. The assessment noted in the corporate scorecard reflects that made by the Trust via the Trust Delivery Plan (TDP) at that time, reflecting the anticipated level of performance to be achieved by March 2019 and has not been updated.

- The **Corporate Scorecard** attached provides a summary of actual performance against all OGIs and key Performance Improvement Trajectories (PIT), which now form part of new HSC performance management arrangements. Whilst the scorecard includes an assessment of actual performance against the objective sought on a Red, Amber and Green (RAG) basis to inform performance against targets, the performance trends are also included.

- This summary report highlights performance against the TDP assessment as at March/April 2019 or the most available position on an **'exception basis'**, with focus on areas where:
  - CPD performance against targets is better than anticipated at this point in the year (table 1) ;
  - CPD performance against targets is assessed **less favourable** than anticipated at this point in the year (table 2); and
  - Activity/ performance against performance improvement trajectory (PIT) is 10% less favourable than planned;

  A number of areas of note are provided in the narrative summary below.

- Performance Improvement Trajectories (PIT) for 2019/20 are currently being prepared and submitted to the Health and Social Care Board (HSCB) for assessment. Areas where performance is less favourable than that previously delivered, the rationale for the anticipated performance and any actions that can be delivered to improve are subject to SMT review.

- To allow information to be finalised, an assessment of year end performance for 2018/2019 will be made in the June report.

Summary of areas where performance is assessed as **better than anticipated is included in Table 1 below:**

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Suspect Breast Cancer **(14 days)** All urgent suspected breast cancer referrals should be seen within 14-days	**Amber**	**99.4%** **(As at Mar 19)**	During March 2019 there were no breaches of the 14-day objective. Additional clinics have been provided, funded non recurrently, as required to meet demand. During 2018/19 there has been a total of 19 breaches which is a significant reduction from 2017/18 (1,297. In comparison the overall referrals of Breast Assessment have increased by +27% (+655) during 2018/19. At March 2019, 491 patients were on the routine waiting list with 185 of these waiting in excess of 9-weeks. The longest wait is 40-weeks. Regional consultation on breast assessment services ongoing.
Cancer Pathway **(31 days)** At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat	**Amber**	**99.5%** **(As at Mar 19)**	Seven breaches occurred against the 31-day pathway target during 2018/19 a reduction from 47 breaches experienced in 2017/18. Breaches occurred in Breast, Skin, Urology and Lower Gastrointestinal. Cumulative performance is 99.5% achieving the objective sought.
Breastfeeding Increase the percentage of infants breastfed from birth and 6 months.	**Trust's Contribution - Amber**	**52.9%** at discharge **(As at Apr 19)** **16.9%** at 6-9 month review **(As at Dec 18)**	Dashboard outlines Monthly % of infants breastfed upon discharge from the Trust (from birth) and Quarterly % of children recorded as breastfeeding at their 6-9 month review (total and partial). During 2018/19 the % of children breastfeeding upon discharge is higher than the 2017/18 baseline. CAH were awarded their baby friendly initiative re-accreditation and work is ongoing to meet recommendations within DHH and Newry & Mourne locality. Cumulatively at December 2018 the % breastfeeding at 6-9 month review is lower than the corresponding period last year attributable to demand on a single Infant Feeding Lead in the Trust.
Hospital Cancelled Outpatient Appointments Establish a baseline of the number of cancelled consultant led outpatient appointments in acute resulting in the patient waiting longer	**Amber**	**Baseline Established**	Baseline established as per OGI achieving this years objective.
Service and Budget Agreement **(Day Cases)** Reduce the percentage of funded activity associated with elective care service that remains undelivered	**Red**	**11%** **(As at Feb 19)**	**Daycases** - (Cumulative position demonstrated in monthly columns). Strong performance continues to be demonstrated against the DC SBA with activity 2,309 above the commissioned level. This reflects in part a greater movement towards daycase procedures where appropriate and offsets some of the underperformance in elective in-patients below.
Service and Budget Agreement **(New Out-patients)** Reduce the percentage of funded activity associated with elective care service that remains undelivered	**Red**	**-3%** **(As at Feb 19)**	**New Outpatients** - (Cumulative position demonstrated in monthly columns.) The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Cumulatively as at February 2019, 2,043 less patients were assessed than the commissioned level of activity. Of these, 848 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology
Service and Budget Agreement **(Review Out-Patients)** Reduce the percentage of funded activity associated with elective care service that remains undelivered	**Red**	**-7%** **(As at Feb 19)**	**Review Outpatients** - (Cumulative position demonstrated in monthly columns). Cumulatively as at February 2019, 8,619 less patients were reviewed than the commissioned level of activity. Of these, 2,505 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The General Surgery specialty contributes to the majority of Trust underperformance which is largely attributable to medical worforce challenges which is attributed to lack of middle grade medical staff.
Antibiotic Consumption At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% from WHO access aware category	**Amber**	**61.4%** **(As at Mar 19)**	During 2018/19 performance for antibiotic consumption was above the 55% target for consumption from the WHO Access Aware category. The ARK research study commenced in February across 30 trusts in the UK which aims to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex. These changes involve an automatic stop after 72 hours on all antibiotics with a new prescription required to continue. It is anticipated this will continue to improve the position in 2019/20. In April 2019, new appointees commenced in the AMS Team.
Antibiotic Prescribing **(Piperacillin -Tazobactam)** Reduction in piperacillin-tazobactam use of 3%	**Amber**	**353** **(As at Mar 19)**	During 2018/19 the Trust performed better than the target performance with a reduction to 353 defined daily doses of piperacillin-tazobactum compared to a target of 372. In April 2019, new appointees commenced in the AMS Team. Antibiotic policies continue to be reviewed to reduce the number of indications where this antibiotic is recommended.

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Direct Payments Secure a 10% increase in the number of direct payment	Red	845 (As at Dec 18)	Quarter 3 demonstrates a +2% (+20) increase compared to Quarter 2 and +14% (+102) compared to the corresponding quarter last year. It has been anticipated that direct payments may reduce as Self Directed Support gathers momentum however the year to date performance continues to be better than anticipated against a target of 855.
Learning Disability Discharges No learning disability discharge taking more than 28 days.	Amber	0 (As at Mar 19)	During 2018/2019, no patients waited in excess of 28-days for discharge. Whilst this objective has been achieved, challenges remain with a cohort of learning disability clients who remain inpatients where options for discharge are not available.
Mental Health Discharges 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge	Red	94.1% (As at Mar 19)	Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. During 2018/19, 916 out of 973 patients were discharged within 7-days. Performance reflects those complex needs patients who can be discharged. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, are causes for the delays in discharge.

Summary of areas where performance is assessed as **less favourable than anticipated** is included in Ta**ble 2 below**:

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Antibiotic Prescribing (Total use) A reduction in total antibiotic use of 1%	Amber	10,224 (As at Mar 19)	PHA figures, measuring figures in Defined Daily Doses (DDD) per 1000 admissions, are now reported. During 2018/19 the Trust did not meet its target to reduce total antibiotic use by 1%. The ARK study referenced above seeks to achieve improvement in this area. In April 2019, new appointees commenced in the AMS Team.
Antibiotic Prescribing (Carbapenem) A reduction in carbapenem use of 3%	Amber	138 (As at Mar 19)	PHA figures, measuring figures in DDD per 1000 admissions, are now reported. During 2018/19 the Trust did not meet its target to reduce carbapenem use by 3%. Specific antibiotics have been removed from all ward stock lists and can only be issued on a named patient basis. Antibiotic policies continue to be reviewed to reduce the number of indications where this antibiotic is recommended which seeks to improve the current performance. The current use of meropenem is being audited. In April 2019, new appointees commenced in the AMS Team.
GP Appointments Increase the number of available appointments compared to 2017/2018	Green	1,269 (As at Apr 19)	The Trust demonstrated a small increase on the number of appointments during 2018/19 in comparison to the 2017/18 baseline. At beginning of 2019/20, Bannview Medical Practice continues to operate with reduced GP cover however the practice expects to be at full capacity by June 2019 with the recent recruitment of 3 new GPs to the practice.
Healthcare Acquired Infections: MRSA Objective level is 5 cases	Green	1 (As at Apr 19)	During 2018/19 the Trust performed better than its target level of 5 cases with 3 cases reported. In April 2019 the Trust had 1 case of MRSA. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Healthcare Acquired Infections: Clostridium Difficile Objective level is 50 cases	Amber	7 (As at Apr 19)	During 2018/19, there was 45 cases in the Trust resulting in the Trust performing better than its target level of 50 cases. In April 2019 there were 7 Clostridium Difficile cases. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Community Based Short Break (%) Secure a 5% increase in the number of community based short break hours received by adults	Amber	0.66% (As at Dec 18)	Cumulatively at December 2018 performance has improved against the 2017/18 baseline by +0.66% however the Trust is not on track to achieve the 5% improvement sought.
Community Based Short Break (Hours) Secure a 5% increase in the number of community based short break hours received by adults	Amber	384,413 (As at Dec 18)	Cumulatively at December 2018 the number of community based short break hours is -4% (-16,579 hours) under the apportioned target hours for this period. At the end of Quarter 2 (April - September 2018) the Southern Trust had the second highest number of community based short break hours regionally.
Acute Hospital Discharges (48 hours) Ensure 90% of complex discharges take place within 48-hours	Green	83.1% (As at Mar 19)	A new focus on the identification of complex discharges, as well as the implementation of new coding, has impacted on the volume of patients recorded as a complex discharge which has contributed to the increase in the number of reported delays over 48-hours from October 2018. This process will allow greater focus on delays and is a truer reflection of the current pressures. Work is ongoing regarding the identification of complex discharges to ensure all discharges are captured and recorded correctly.

Title	TDP assessment	Cumulative 2018/19 Performance	Narrative
Acute Hospital Discharges (7 days) Ensure no complex discharge takes more than 7-days	**Green**	**118 (As at Mar 19)**	A focus on complex discharges has refreshed how data is recorded and validated to provide a truer reflection of the current pressures. As a result the number of complex discharges taking more than 7-days has increased. During 2018/19 there has been +103 (+687%) complex discharges taking more than 7 days in comparison to 2017/18. However it should be noted that 95% of complex discharges during 2018/19 have taken place within 7 days.
Emergency Department (Triage to Treatment) 80% of patients to commence treatment, following triage, within 2 hours	**Green**	**74.4% (As at Mar 19)**	During 2018/19 74.4% of patients commenced treatment within 2-hours of triage; which demonstrates a drop in performance from 2017/18 when 80.3% of patients commenced treatment within 2-hours of triage. A drop in performance has occurred in CAH to 63.6% and DHH to 75.4% during 2018/19.
Seasonal Flu Vaccine Ensure at least 40% of Trust healthcare and social care staff receive the seasonal flu vaccine	**Amber**	**29% (As at Mar 19)**	Up until end of March 2019, 29% (2,439) of front line staff, with an additional 912 of non-front line staff (30% of Trust staff), have received the vaccine. The Trust has performed below the PHA target of 40%. During 18/19, the Trust introduced a pilot peer vaccinator programme in addition to Occupational Health's scheduled clinics. 27 peer vaccinators gave 287 (9%) vaccines wth 236 of these being frontline staff. The Trust plans to expand this model in next year's flu season in a bid to increase the uptake of flu vaccine amongst SHSCT staff, and local and regional planning work is underway for 2019/20 to increase the uptake.
Staff Sick Absence Reduce Trust staff sickness absence levels by 3.5%	**Green**	**5.4% (As at Mar 19)**	Cumulatively during 2018/19 the % sickness absence rate is 5.35%, above the objective level of 4.9% and demonstrating an increase in the % sickness absence from 2017/18 when 5.11% was reported. The attendance management team continues to support Directorates to reduce sickness absence levels with a particular focus on targeting long term absences, and specific reasons for absence. Initial case reviews for all staff on long term sick leave are taking place within 90 days of absence and work is on-going to reduce the length of long term absences through use of adjustments and / or redeployments where practicable.
Staff Sick Absence Reduce Trust staff sickness absence levels by 3.5%	**Green**	**940,640 (As at Mar 19)**	Cumulatively the Trust is +11% over its objective level of absence hours for 2018/19. Work is continuing within the Attendance Management Team in support of the Directorates to improve sickness absence levels including prioritising areas with high levels of sickness absence and meeting staff at an early stage to discuss their absence.

Performance against Performance Improvement Trajectories – by exception

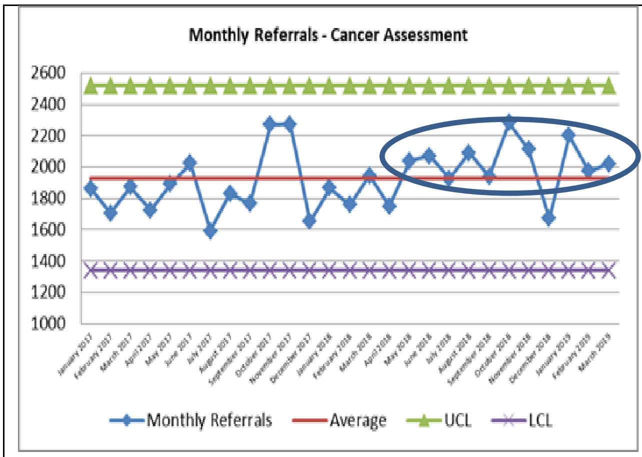
Performance Improvement Trajectories (PITs) are monitored at a group summary level, for example all outpatient activity levels, all mental health breach volumes, etc.

- At the March position, PITs for **Complex Discharges, Adult Mental Health and Psychological Therapies** reflected a variation against the planned at a level of -10% or greater.
- **Adult Mental Health and Psychological Therapies** have been subject to demand issues and challenges in securing and maintaining appropriate levels of workforce. No significant improvement is projected for the year end performance and this has been escalated and discussed with the Commissioner via the Health and Social Care Board (HSCB) Performance/Service Issues Meeting.
- A change in the recording of **Complex discharges** since October 2018 has resulted in an increase in those recorded as waiting 48 hours+ for discharge. However, this is a more accurate reflection of pressures within the system.
- In addition, further performance improvement trajectories at a sub-specialty level are in excess of minus 10% under the planned levels. These areas are discussed at Directorate/Divisional performance meetings and In-year assurance meetings in line with the Trust's Performance Management Framework.

Summary of Key Issues

1 Cancer Care

Performance against cancer services objectives is set in the context of increasing demand for assessment

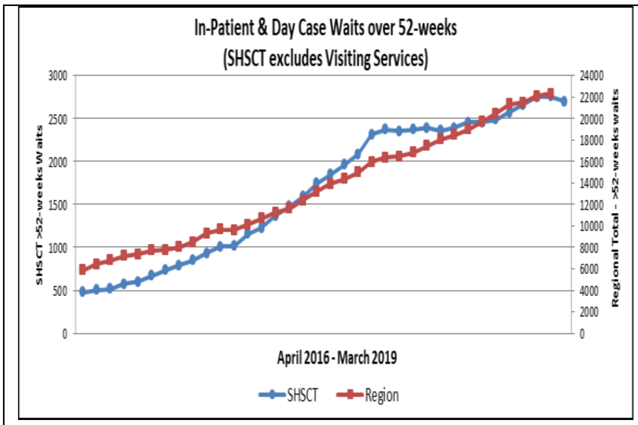


- Referrals for assessment have been largely above the average since April 2018, with 2,020 referrals in March 2019
- In March, 16 patients waited more than 62 days for their first definitive treatment; 10 of these waited over 100 days for their first treatment, 7 of whom required treatment by another Trust.
- In 2018/19, 74% of those on the pathway have been seen within 62 days, the regional average up to February 2019 was 63% with performance ranging from 51% to 79% across all Trusts.
-

- Capacity for first assessment (red flag and urgent referrals) and key diagnostics including endoscopy, has been increased where possible to meet the increased demand, via non recurrent funding in 2018/2019.
- The Trust Senior Management Team (SMT) has agreed additional non recurrent funding in Quarter 1 2019/2020, beyond that available from HSCB, to facilitate additional capacity supporting patient safety. The Trust has highlighted this financial risk via HSCB Performance Meeting.
- The ability to increase surgical capacity is limited due to bed and theatre workforce capacity issues, therefore with the majority of elective surgery focused on red flag and urgent waits the impact on routine wait times continues..

2. Elective Care

- **Demand for elective care services continues to exceed health service capacity** seeing wait times increase.
- Acute services are bringing forward a proposal for enhanced validation and management of growing wait times for routine patients.

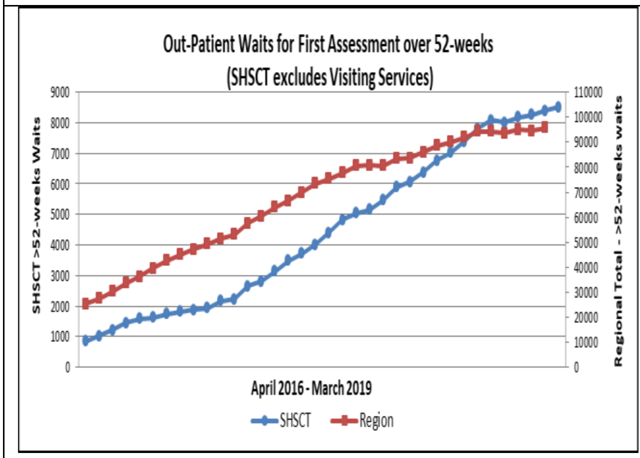


- **In-Patient (IP) and Day Case (DC) waits** over 52-week largely continue to increase in line with regional trends.
- At the end of March 2019 2,700 people were waiting across 9 specialty areas, for over 1 year **(**Breast Surgery; Cardiology; ENT; General Surgery; Gynaecology; Orthopaedics; Paediatrics; Pain Management; and Urology).
- Whilst the Average waiting time is 37-weeks, with the 95th percentile wait at 119-weeks (Pain Management) the longest **routine wait** remains within Urology at 269-weeks.

- Additional elective capacity, funded non recurrently, in the independent sector for orthopaedics and small volumes of general surgery has now ceased, limited by funding avialability.
- SMT agreed to continue to fund additional capacity in the leased modular catheterisation

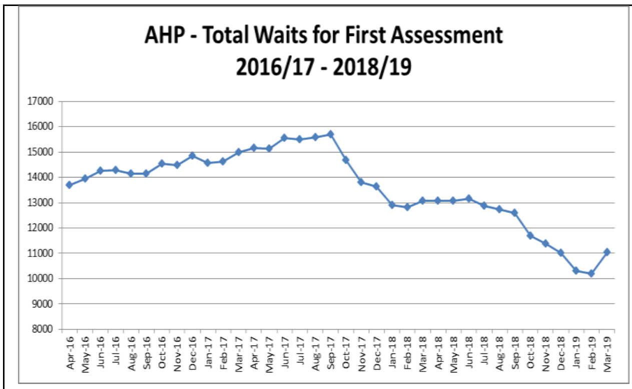
laboratory in Quarter 1 at financial risk however commissioner support has not been confirmed for this continuation.

- The Trust is participating in the planning for development of a number of elective centres and leading the Urology project. Reform of services, as set out in the Departments of Health's Elective Care Plan, will be required to see longer-term gains.

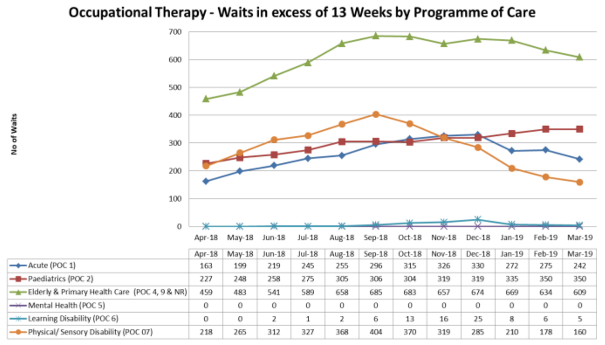


- **Outpatient (OP) waits** over 52-weeks for **routine patients continue to increase equating to 19.5% of all patients waiting,**
- 8,514 patients are waits, **in excess of 52-weeks** across 12 specialty areas – Breast Family History; Cardiology; Diabetology; ENT; Gastroenterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine; and Urology;
- Whilst the average waiting time is 31-weeks, the 95th percentile wait (103-weeks) and the longest routine wait is within Urology at 167-weeks.

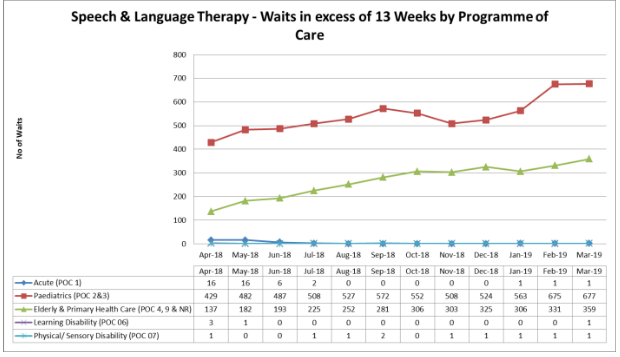
- Additional capacity, funded non recurrently, in 2018/2019 saw circa 5000 new and 9,000 review patients treated reducing urgent and red flag waits and reviews beyond their clinically indicated timescales, but with minimal impact on longest waits. SMT has agreed to fund additional capacity for outpatient in Quarter 1 2019/2020 beyond that available from HSCB



- **AHP waits** over 13-weeks for routine patients at the of March 2019 **have decreased by 31% (1,223) from March 2018.**
- 50% (1,366) of those waiting in excess of 13 weeks are waiting for Occupational Therapy (OT) and 38% (1,039) are waiting for Speech and Language Therapy (SLT**)** assessment.
- The longest wait is 61-weeks in OT and 59 weeks in SLT. In both these areas growth is in the paediatric and elderly & primary care programmes of care



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Acute (POC 1)	163	199	219	245	255	296	315	326	330	272	275	242
Paediatrics (POC 2)	227	248	258	275	305	306	304	319	319	335	350	350
Elderly & Primary Health Care (POC 4, 9 & NR)	459	483	541	589	658	685	683	657	674	669	634	609
Mental Health (POC 5)	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability (POC 6)	0	0	2	1	2	6	13	16	25	8	6	5
Physical/ Sensory Disability (POC 07)	218	265	312	327	368	404	370	319	285	210	178	160



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Acute (POC 1)	16	16	6	2	0	0	0	0	0	1	1	1
Paediatrics (POC 2&3)	429	482	487	508	527	572	552	508	524	563	675	677
Elderly & Primary Health Care (POC 4, 9 & NR)	137	182	193	225	252	281	306	303	325	306	331	359
Learning Disability (POC 06)	3	1	0	0	0	0	0	0	0	0	0	1
Physical/ Sensory Disability (POC 07)	1	0	0	1	1	2	0	1	1	1	1	1

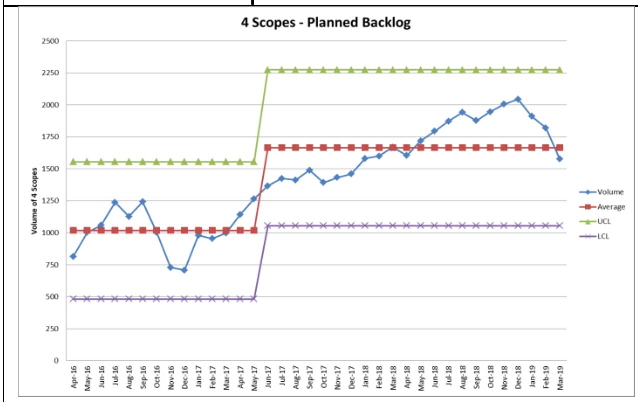
- SMT has asked the AHP Steering group to bring forward an assessment of risk in respect of AHP staffing levels across the Trust and identify priority areas for staffing due to the current level of vacancies and increasing demand, particularly in unscheduled care. It is anticipated this may reduce the level of additionality that can continue to be ring fenced to address elective demands in 2019/2020.

- In the interim SMT has agreed in Quarter 1 2019/2020 to fund additional AHP elective capacity to manage review assessments resulting from the additional new activity undertaken in 2018/2019 and any urgent new work. In the absence of a non recurrent funding allocation the Trust will be challenged to continue this, at financial risk, into Quarter 2.

Diagnostics position @ March not available currently

Imaging & Non-Imaging

- Capacity gaps are acknowledged in imaging (radiology) for both CT and MRI that impact on the volumes of patients waiting and the length of waits. The £2.37m additional in year funding for diagnostics is being used in the main non recurrently to provide additional activity, including use of mobile CT scanner on CAH site, additional in-house capacity and a small volume of capacity in the independent sector (IS).
- Demand for *specialist* CT has seen lengthening of the longest waits and volumes on the Trust's waiting list for CT colonography and CT cardiac angiography. Additional non recurrent funded capacity has been directed to these longest waits and a reduction in wait times and volumes is anticipated with ongoing validation of CT cardiac waits and transfer of some waits to additional capacity secured in Belfast Trust, in-house and within the independent sector
- Capacity for non-invasive cardiac investigations is less than demand and whilst the Trust has funding it is challenged to appoint qualified staff. The Trust has also been unable to create additional in-house capacity non recurrent resulting in growing waits. The **longest wait at the end of March 2019, is 84-weeks for echocardiograms.**
- Following significant breakdown, the **CT scanner at DHH was replaced in December**, with a mobile interim solution to provide capacity and maintain patient flow on that site until a substantive replacement can be made.

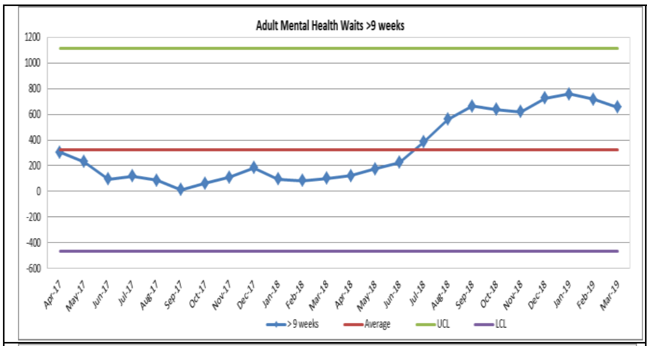


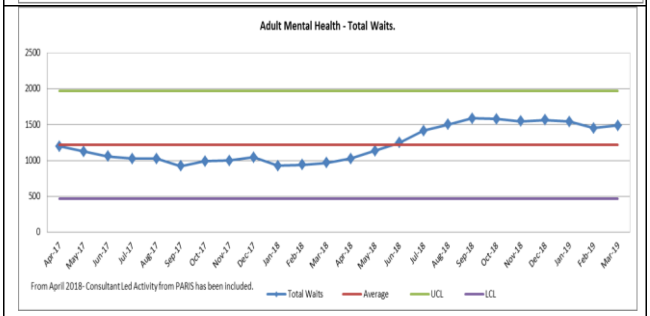
- **Endoscopy waits in** excess of 26-weeks reflect 138 patients waiting for a first endoscopy procedure at end of February 2019
- At the end of March 2019, validation and additional non recurrently funded activity has resulted in **a decrease in the volume of planned waits** to 1,579 patients waiting for a planned repeat procedure, beyond their clinically indicated timescale
- However management of this large caseload is challenging within existing capacity and in the context of new red flag and urgent demand

- Capacity issues related to turnover in nurse endoscopists and the timeline for training replacement operators continues to impact the level of commissioned capacity delivered adversely impacting on performance trajectories. An improved position is not anticipated in 2019/2020. Trust has escalated this position to HSCB and will bring forward an action plan to manage risk.
- Additional activity has been funded non recurrently in Q1 2019/2020.

3 Mental Health

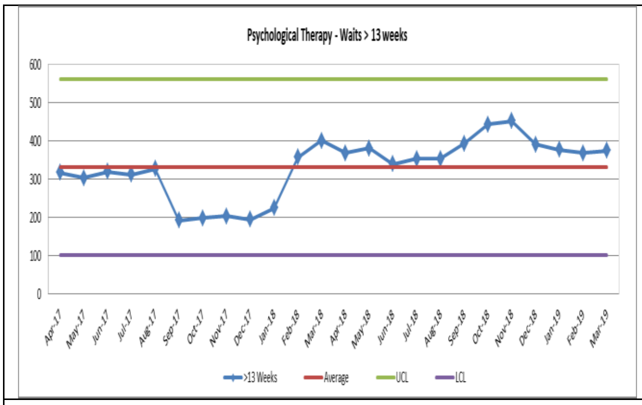
Adult Elective Services

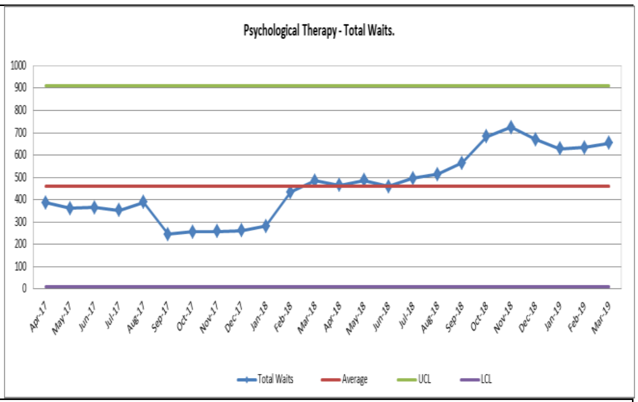




- **Adult Mental Health** access times continue to be challenged and are reflected in the number of patients **waiting in excess of 9-weeks (656 at end of March) which is well outside the submitted trajectory** reflecting an increase in total waits to the service
- **The longest wait is in Eating Disorder Services at 39-weeks** with all other sub-specialist areas below 30-weeks.
- The **Addictions Services has seen improvement** in the number waiting > 9 weeks (16) by 87% from end of Quarter 2 with recent service improvement plans including the adoption of a Choice and Partnership Approach (CAPA) approach contributing to this.
- **Eating Disorder Services waits over 9-weeks (10) have also reduced** by 79% from a high of 48 at end of July 2018.

- Workforce pressures associated with vacancies and long term staff absences remain the key challenge in adult mental health services. Unless there is significant impact in this position the increasing trend in waits in excess of 9 weeks is anticipated to continue. This position has been discussed with the commissioner and reflected in the 2019/20 performance improvement trajectories.
- Whilst the Trust continues to explore appropriate use of the independent sector to expand capacity in the absence of in-house workforce for tier 3 suitable referrals preferred option remains to increase substantive staff and recruitment efforts, including enhanced skill and professional mix, continue.



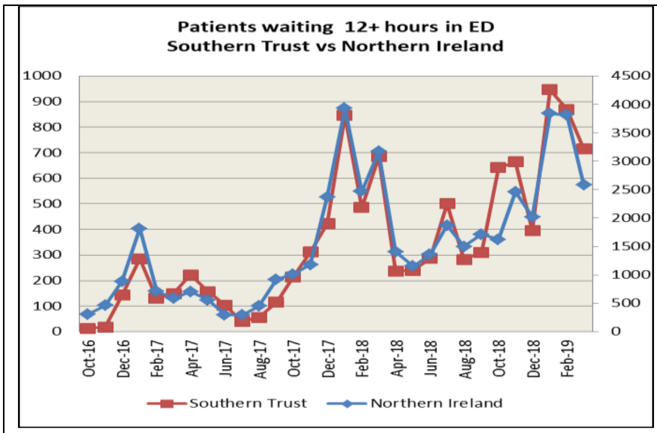


- **Psychology Services** continued to be impacted by challenges with recruitment and retention of workforce, with significant ongoing vacancies in Psychology which is reflective of the Regional shortage of skilled psychologists.
- **March 2019 saw an increase in patients waiting in excess of 13-weeks**, to 279 which is above the projections included in the agreed performance improvement trajectory and in line with a growth in total waits. No anticipated improvement is expected in 2019/2020 without a significant shift in the workforce position.
- An internal review of Psychological Therapies has been agreed and regional work is on-going to consider workforce issues and parity with other Regional models.

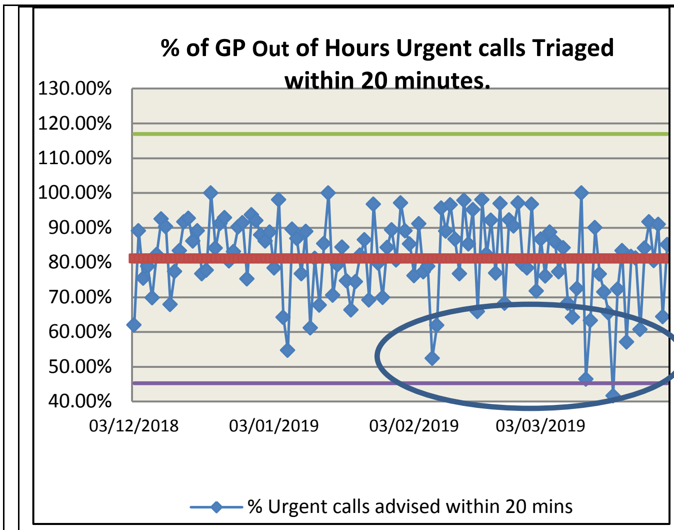
4 Unscheduled Care (USC)

Acute Unscheduled Care Pressures

- **The SHSCT, consistent with all Emergency Departments across Northern Ireland, has and continues to experience a very challenging year**
- Acute bed capacity within the Trust overall is comparably low with other Trusts on a population level and whist acknowledging the challenges of workforce and infrastructural constraints in creating additional bed capacity a re-freshed position on the **formal bed requirement for the level of growth has been commissioned** and will be available in June. This will inform future discussions on local bed requirements
- A regional needs assessment to inform future review of unscheduled care has been completed consolidating evidence of growth in our local population which is contributing to unscheduled care pressures and capacity gaps within our system.
- The **Trust has engaged with the Department of Health's Review of Urgent and Emergency care in hospitals** and presented its key challenges including:
  - Increased demand with gap in capacity
  - Workforce availability to support; medical/ nursing/ GPOOH/ domiciliary care & emerging AHP's
  - Financial constraints at capitation funding level and use of funding locally to address workforce & performance risks.
  - Community Social Care sector; fragility related to workforce and financial pressures
  - Infrastructural challenges on Hospital sites, including electricity infrastructure, theatre and bed capacity
  - Impact of Emergency and Urgent care demand on elective care delivery, growing waiting lists and emergent clinical risk
- This review will look to the longer term and aims to establish a new regional care model, with particular focus on meeting the needs of the rising proportion of older people and children.



- Ongoing pressures on hospital services has resulted in growing numbers of patients waiting longer to be seen, treated, and either discharged or admitted to hospital. This is reflected in the ED position for 12 hours
- Whilst the pattern of waits within the Trust has very much reflected the regional patterns over the last few years, the SHSCT has seen waits for admission in ED beyond 12 hours beyond the regional pattern from July of this year.



- In 2018/19 the Trust did not meet the target for 95% of acute/urgent calls to GP OOH to be triaged within 20 minutes target.
- Cumulative 2018/19 performance (84.3%) also demonstrated a less favourable performance than the 2017/18 baseline of 87.7%. In April 2019 there was a further reduction in performance to 73.5%. Variation in performance with level of performance at the lower control limits are increasing.
- The service has highlighted challenges in securing GP workforce to provide sustainable cover to HSCB and is developing a paper on the sustainability of the service in 2019/20.

- Detailed plans to enhance the resilience of the system within available workforce and infrastructure constraints to respond to expected increased pressures during 2019/2020 are in development, however demand for unscheduled care continues to be in excess of capacity
- In times of system pressure focus will remain on the quality of care delivered with review of quality indicators. An analysis of re-admissions to hospital after previous emergency admissions has been prepared, including analysis at hospital site, specialty level and seasonality, for clinical discussion. At a high level re-admissions in the Southern Trust are overall lower than NI and national peers for last 3 years.

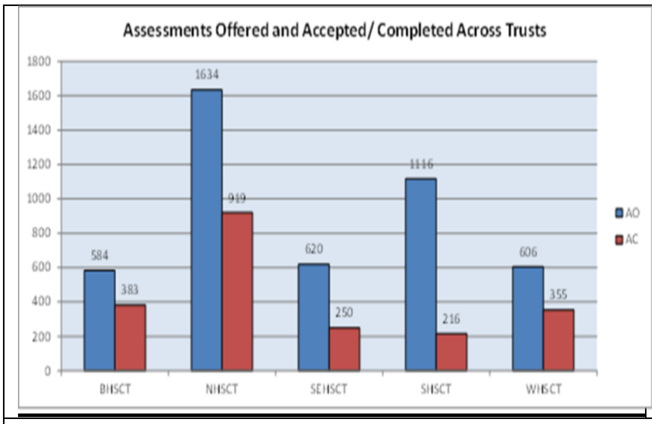
Mental Health & Disability In-Patient Demands

- **Significant workforce pressures continue to be experience** across our Dementia Admission Unit, Adult Mental Health and Learning Disability admission wards associated with shortage of registrant LD and MH nursing workforce; on-going nursing vacancies; a loss of experienced staff; and an increasing reliance on newly qualified workforce.
- **Bed capacity for mental health continues to be challenging locally and regionally** with instances occurring where no admission beds are available.
- **A Regional Review of Mental Health In-Patient Beds is underway** and is due to conclude in April 2019 and the Department of Health has established a Regional Planning Group to develop a 5-year plan for Mental Health Services and LD Services.

Actions to Improve

- Immediate actions have been taken and medium and long-term action plans are in place to address the workforce pressures, some of which will be subject to external support from DoH/HSCB.
- **A Directorate Oversight Group and sub-group structures have been established** to address the breadth of workforce, bed-flow, governance, quality and E solutions themes and **engagement meetings with the Trust; DoH; HSCB; and RQIA are on-going.** This is a standing item at the Trust SMT meeting

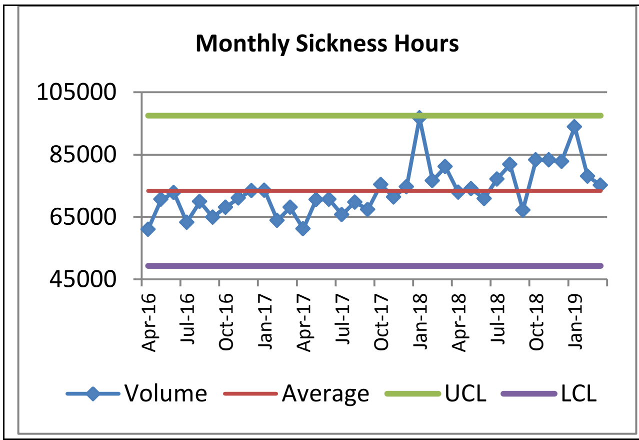
5 Support for Patient and Clients



- In 2018/19 there was a **significant increase in carers assessments with 4,292 offered, 24% above the objective level sought.**
- **78% of those offered declined an assessment** and despite the high level of offers only 930 assessments were recorded as completed.
- The graph for the Quarter of December 18 only shows significant variation in the volume of offers per Trust (blue)

- Capacity within the service to deliver assessments, the timescale for assessment and targeting resources to those carers most in needs is now a focus further to the improvement in offers made.
- The Trust has an **active carers reference group, a forum specifically for young carers and a mental health forum in place to ensure a strong voice for those supporting services** users living at home and to engage service users and carers in service developments. It also has a robust Carers Forum active in the Adult Learning Disability Service.

6.Workforce



- **Cumulatively the Trust is +11% over its objective level of hours lost due to sickness for year to date** at March 2019
- The cumulative rate of sickness at 5.4%, is higher than the baseline of 5.1% and the objective level sought of 4.9% .
- The trend over the last three years on hourly sickness rates, reflects a step change in monthly sickness hours from October 2017 and hours lost has remained largely above the average, close to the upper control level.

- The attendance management team continues to support Directorates to reduce sickness absence levels with a particular focus on targeting long term absences, and specific reasons for absence. Initial case reviews for all staff on long term sick leave are taking place within 90 days of absence and work is on-going to reduce the length of long term absences through use of adjustments and / or redeployments where practicable. Further detail including ongoing actions to improve is detailed in the HROD report to Board.

Summary of SMT Challenge and Discussion:

- SMT noted continual deterioration in elective (routine) position. Progress on regional task and finish groups to commence welcomed in terms of offering regional improvement but need for additional investment not resolved.

- SMT agreement to proceed at financial risk, above or in the absence of agreed HSCB funding, with additionality for red flag and urgent cases to manage patient risk for Quarter 1 highlight to HSCB. Clarity sought on future funding level to facilitate planning and management of risk.
- Unscheduled Care Operational Resilience Action Plan reviewed and escalation processes in place noted. Management of acute and mental health bed capacity continues to challenge the Trust performance.
- Alignment of transformation programme priorities with key unscheduled pressures noted.
- SMT noted specific performance meetings in place with HSCB/operational teams relevant to cancer and elective performance targets.
- Issues related to MHD have been escalated to HSCB service issue/performance meeting
- Assurance sought via Directorate SMT performance meetings regarding the delivery of levels of elective additional funded by HSCB and Department of Health via Confidence and Supply funding and high level of monitoring required.
- Concerns noted regarding the impact of diverting resource to support USC on Trust's SBA performance and assurance that these pressures are reflected in projections of performance (trajectories).
- Assurance sought on delivery of performance in line with submitted projections of performance.

Internal / External Engagement

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications.
- Staff engagement in respect of unscheduled care planning ongoing via survey, focused conversations and senior medical leaders.

Human Rights / Equality:

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.
- Equality screening and rural proofing to be undertaken on all transformational schemes in line with IPT processes.

Southern Health
and Social Care Trust

Quality Care - for you, with you

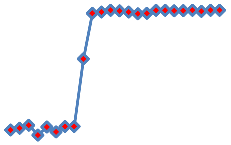
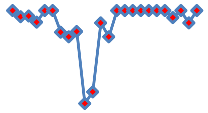
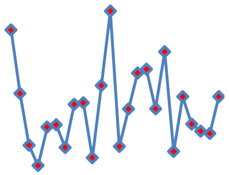
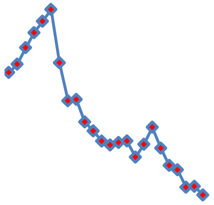
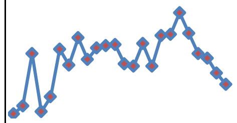
Southern Health and Social Care Trust

Corporate Performance Dashboard

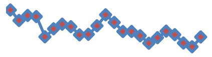
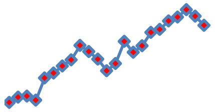
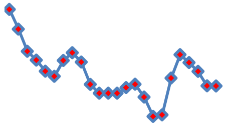
Reporting Against 2018/2019 Commissioning Plan Directive Objectives and Goals for Improvement

May 2019 Trust Board for April 2019 Performance

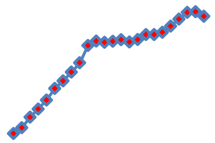
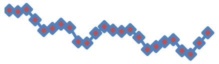
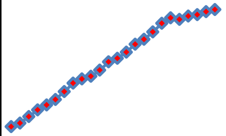
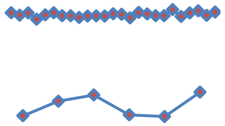
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Cancer	**ASD**	**Suspect Breast Cancer (14 days)**	During 2018/2019 all urgent suspected breast cancer referrals should be seen within 14-days.	47.2%	100%		**Amber**	**99.4%**	During March 2019 there were no breaches of the 14-day objective. Additional clinics have been provided, funded non recurrently, as required to meet demand. During 2018/19 there has been a total of 19 breaches which is a significant reduction from 2017/18 (1,297. In comparison the overall referrals of Breast Assessment have increased by +27% (+655) during 2018/19. At March 2019, 491 patients were on the routine waiting list with 185 of these waiting in excess of 9-weeks. The longest wait is 40-weeks. Regional consultation on breast assessment services ongoing
Cancer	**ASD**	**Cancer Pathway (31 days)**	During 2018/2019, at least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat.	97.0%	98%		**Amber**	**99.5%**	Seven breaches occurred against the 31-day pathway target during 2018/19 a reduction from 47 breaches experienced in 2017/18. Breaches occurred in Breast, Skin, Urology and Lower Gastrointestinal. Cumulative performance is 99.5% achieving the objective sought.
Cancer	**ASD**	**Cancer Pathway (62 days)**	During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days.	74.3%	95%		**Red**	**74.4%**	16 patients waitied longer than 62-days to commence their first treatment in March. The majority of breaches continue to occur within Urology and patients transferring between Trusts. Reasons for breaches include insufficient capacity for assessment, diagnostics and surgery and complex diagnostic pathways in the context of increasing demand. Of the completed waits on the 62-day pathway in March, the longest wait was a Urology patient of 182 days (this reflects the actual wait in the period and not the chronological time period). During 2018/19, there has been an increase in referrals for the 62-day and 31-day pathways which continues to impact the ability to meet the target.
Elective	**ASD CYPS MHD OPPC**	**Allied Health Professionals**	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional	3,952	0		**Red**	**2,729**	At the end of March 2019, the numbers waiting over 13-weeks have reduced with 1,223 less patients waiting compared to March 2018, (equating to 31% reduction). This reflected recurrent investment in workforce in 17/18 and additional non recurrent funding in 18/19. The longest wait is in OT, within the Maternity & Child Health Programme of Care at 61-weeks. It is noted that no AHP patients waiting >13 weeks at end of March 2018 remain on the waiting list for assessment at 31 March 2019.
Elective	**ASD**	**Diagnostic Reporting (Urgent)**	By March 2019, all urgent diagnostic tests should be reported on within 2 days.	81.4%	100%		**Red**	**82.9%**	During 2018/19, the Trust has demonstrated an improved performance (82.9%) in comparison to the 2017/18 baseline of 81.4%. During 2018/19, 81.9% of Imaging and 94.7% of Non-Imaging Urgent Diagnostic Tests have been reported within 2 days. Staff vacancies, time taken to send patients to the Independent Sector and reduced capacity within the Independent Sector have impacted on performance during 2018/19.

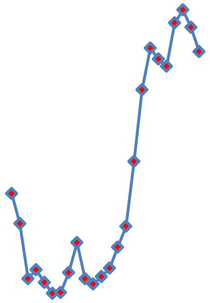
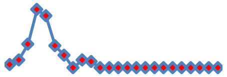
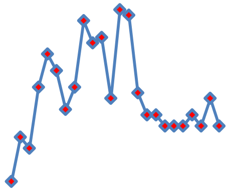
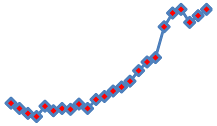
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Elective	**ASD**	**Diagnostic Test**	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	57.2%	75%		**Red**	**47.6%**	Cumulatively as at February 2019 the number waiting over 9 weeks has increased by +4,290 (+44%) since March 2018. Since March 2018 the majority of the increase in waits for diagnostic tests >9 weeks has occurred within Cardiology Non-Invasive Investigations, NOUS & MRI Imaging Diagnostics. Unscheduled care pressures, capacity gaps and workforce challenges continue to impact on performance. **Unvalidated information (March 19 position) indicated 13,939 patients are waiting in excess of 9 weeks for diagnostic testing. Updated position in next report**
Elective	**ASD**	**Diagnostic Test**	By March 2019, No patient waits longer than 26 weeks.	2,963	0		**Red**	**5,458**	At end of February 2019, the number waiting >26 weeks for Diagnostic Tests has increased by +84.2% (+2,495) since March 2018. However there has -8.5% reduction since January 2019. Additional funding for increased capacity has contributed to this position. Since March 2018, non-imaging has experienced the greatest increase in the number waiting >26 weeks. 40 patients that were waiting >26-weeks at 31 March 2018 remain on the waiting list. (Majority of these are awaiting Non Invasive Cardiac Investigations tests). Utlilisation of the independent sector and transfer of specialist CT scans to BHSCT are contributng to the decrease in volumes of longest waits for Imaging tests. **Unvalidated information (March 19 position) indicated 41% of all diagnostics waits, 5748 patients are waiting in excess of 26 weeks. Updated position in next report**
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment	33.9%	55%		**Red**	**35.0%**	At the end of March 2019, only 35% of patients waiting for inpatient/dcayse treatment are waiting no longer than 13-weeks. Since March 2018 the number waiting over 13 weeks has increased by +4.9% (+331) and overall numbers waiting for Inpatient/Day Cases has increased by +6% (+651). To establish sustainable improvement, recurrent investment for the capacity gaps along with non-recurrent backlog clearance is required. Capacity continues to be directed to red flag/urgent cases in the first instance.

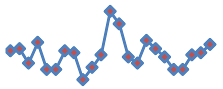
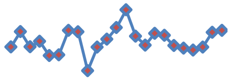
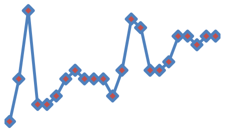
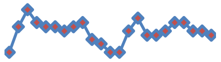
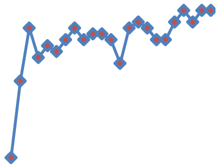
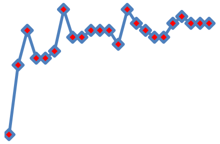
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, no patient waits longer than 52 weeks.	2,079	0		**Red**	**2,700**	The number waiting over 52-weeks for Inpatient/Day Case Treatment has increased by +15% (343) from March 2018 to March 2019. 66% of those waiting over 52 weeks are waiting for Orthopaedic and Urology surgery with the longest routine wait in Urology at 269-weeks. The total number of people waiting for Inpatient/Day Case Treatment has also increased +651 (+6%) since the end of March 2018. Elective capacity has been reduced as part of unscheduled care planning to support bed capacity for emergency admissions. Recurrent investment in workforce and infrastrucutre is required to see sustaibile improvement. Work on the development of protected elective day centres should impact in due course. In 2018/19 a small volume of long waiting orthopaedic and general surgical patients received treatment in the independent sector.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	33.1%	50%		**Red**	**29.9%**	At the end of March 2019, the number of patients waiting over 9-weeks has increased by +3065 (+11%) with only 31.2% of patients on the waiting list waiting less than 9-weeks. The total number of patients waiting has also increased by +6% (+2,279) from March 2018. Sustainable improvement will not be demonstrated without recurrent investment for capacity gaps and non-recurrent backlog clearance in parallel. Capacity continues to be directed to red flag/urgent referrals in the first instance with non-recurrent additionality, funded by HSCB, being utilised for red flag/urgent referrals assisting the cancer pathways.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, no patient waits longer than 52 weeks.	5,888	0		**Red**	**8,514**	At the end of March 2019, 19.5% of the total patients waiting for an out-patient appointment are waiting over 52-weeks. This position continues to steadily increase. Of those waiting over 52-weeks, 80% are in Neurology, Urology and General Surgery and Orthopaedics specialties. Whilst the average Waiting Time is 31-weeks with the longest wait is 167-weeks within Urology. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement.
Health and Wellbeing- Children's	**ASD**	**Breastfeeding**	By March 2019, increase the percentage of infants breastfed from birth and 6 months.	49.2% at discharge 17.1% at 6-9 month review	>49.2% >17.1%		**Trust's Contribution - Amber**	**52.9%** at discharge **(2019/20)** **16.9%** at 6-9 month review	Dashboard outlines Monthly % of infants breastfed upon discharge from the Trust (from birth) and Quarterly % of children recorded as breastfeeding at their 6-9 month review (total and partial). During 2018/19 the % of children breastfeeding upon discharge is higher than the 2017/18 baseline. CAH were awarded their baby friendly initiative re-accreditation and work is ongoing to meet recommendations within DHH and Newry & Mourne locality. Cumulatively at December 2018 the % breastfeeding at 6-9 month review is lower than the corresponding period last year attributable to demand on a single Infant Feeding Lead in the Trust.

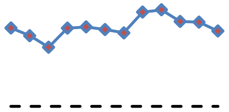
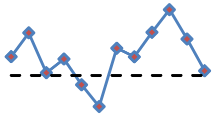
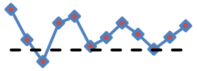
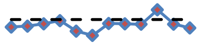
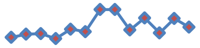
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Mental Health	**MHD**	**Adult Mental Health Service**	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	101	0		**Red**	**656**	Note: Figures from April 2018 include Consultant-Led Services recorded on PARIS. At the end of March 2019 the majority of patients waiting over 9-weeks are within the Primary Care Mental Health Teams. Whilst work is ongoing to optimise capacity, waits continue to be impacted by workforce challenges and ongoing demand. At the end of March the Longest Waiter is in the Eating Disorder Service at 39-weeks. At February 2019 the Trust accounted for the second highest proportion of regional waits over 9-weeks. In 2019/20 the Trust has agreed with HSCB to undertake a refreshed demand and capacity exercise and continues to explore options to increase capacity,in-house and within the independent sector for suitable referrals.
Mental Health	**CYPS**	**Child and Adolescent Mental Health Services**	By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.	0	0		**Green**	**0**	During 2018/19 no patients have waited over 9-weeks in the CAMHS Services. Performance has remained in line with projections. The ability to sustain this position remains under review and initial trajectories for 19/20 show a small volume of breaches anticipated
Mental Health	**MHD**	**Dementia**	By March 2019, no patient waits longer than 9 weeks to access dementia services.	15	0		**Red**	**10**	At the end of March 2019, 10 patients were waiting in excess of 9-weeks which is a decrease of 5 from March 2018 and is better than the number projected. Longest waits for outpatient appointments are within the consultant-led element of the service with the longest longest wait at the end of March 25-weeks. Additional clinics have been provided in year which has assisted in reducing waiting times. Lack of recurrent investment in this pathway and anticipated increases in demand linked to demography and disease prevalence in this group remain key challenges.
Mental Health	**MHD**	**Psychological Therapies**	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (at any age).	84	0		**Red**	**279**	Throughout 2018/19 performance has continued to be impacted by workforce challenges and increases in demand. In line with regional pressures the Trust is unable to recruite the necessary workforce to fill current vacancies. At March 2019 the longest wait is 71-weeks within Adult Mental Health. An internal review of Psychological Therapies is being initiated in 2019/20 to form a strategic approach to the management of this area at a population level. Whilst the Trust has sought additional capacity within the Independent Sector for this area this is limited due to the specialist input required.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments**	By March 2019, **establish a baseline** of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%		**Amber**	**Baseline Established**	Baseline established as per OGI achieving this years objective.

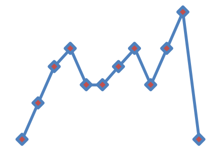
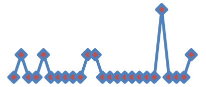
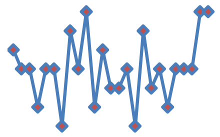
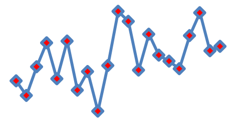
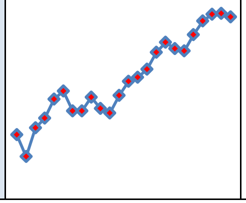
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (%)**	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%		**Amber**	**2.9%**	**For information -** Cumulatively as at February 2019, 2.9% of cancelled outpatient appointments resulted in the patient waiting longer.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (Number)**	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	5,546	5,269		**Amber**	**5,654**	**For information -** Cumulatively as at February 2019 the actual number of cancellations is +794 above the objective level. February demonstrated a further increase in the number of cancellations that resulted in patients waiting longer in comparison to the last few months. April 2018 - February 2019 reflects +707 (+14%) in comparison to the same period last year which is disproportionality higher than the number of appointment attendances. To date during 2018/19 Consultant unavailability has been the main cause of outpatient cancellations that were subsequently put back resulting in the patient waiting longer.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Day Cases)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Day Cases)**	4%	Better than baseline		**Red**	**11%**	**Daycases** - (Cumulative position demonstrated in monthly columns). Strong performance continues to be demonstrated against the DC SBA with activity 2,309 above the commissioned level. This reflects in part a greater movement towards daycase procedures where appropriate and offsets some of the underperformance in elective in-patients below.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Elective In-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Elective In-Patients)**	-40%	Better than baseline		**Red**	**36%**	**Inpatients -** (Cumulative position demonstrated in monthly columns). Cumulatively as at February 2019 2,251 less patients were treated than the commissioned level of activity. In numerical terms the top 3 specialties contributing to underperformance are: ENT, General Surgery and Gynae. Elective IP continues to be impacted by unscheduled care pressures with elective capping now in place, which minimises the impact on cancellations.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (New Out-patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(New Out-Patients)**	-8%	Better than baseline		**Red**	**-3%**	**New Outpatients** - (Cumulative position demonstrated in monthly columns.) The top 3 specialties contributing to underperformance are: General Surgery; Nurse-Led Dermatology; and Colposcopy/Gynae Urodynamics. Cumulatively as at February 2019, 2,043 less patients were assessed than the commissioned level of activity. Of these, 848 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Review Out-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Review Out-Patients)**	-8%	0		**Red**	**-7%**	**Review Outpatients** - (Cumulative position demonstrated in monthly columns). Cumulatively as at February 2019, 8,619 less patients were reviewed than the commissioned level of activity. Of these, 2,505 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The General Surgery specialty contributes to the majority of Trust underperformance which is largely attributable to medical workforce challenges which is attributed to lack of middle grade medical staff.

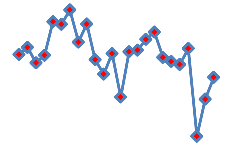
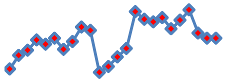
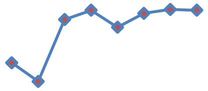
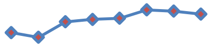
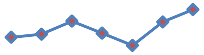
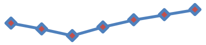
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**Medical**	**Antibiotic Consumption**	At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% of antibiotics from WHO access aware category as a proportion of all antibiotic use. By March 2020 reducing total antibiotic prescribing by 10%.	58.9%	55% or above		**Amber**	**61.4%**	During 2018/19 performance for antibiotic consumption was above the 55% target for consumption from the WHO Access Aware category. The ARK research study commenced in February across 30 trusts in the UK which aims to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex. These changes involve an automatic stop after 72 hours on all antibiotics with a new prescription required to continue. It is anticipated this will continue to improve the position in 2019/20. In April 2019, new appointees commenced in the AMS Team.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Total use)**	A total reduction in **total** antibiotic use of 1% measured in DDD per 1000 admissions	9,813 DDD/1000 admissions	9,715 DDD/1000 admissions		**Amber**	**10,224**	PHA figures, measuring figures in Defined Daily Doses (DDD) per 1000 admissions, are now reported. During 2018/19 the Trust did not meet its target to reduce total antibiotic use by 1%. The ARK study referenced above seeks to achieve improvement in this area. In April 2019, new appointees commenced in the AMS Team.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Carbapenem)**	A reduction in **carbapenem** use of 3% measured in DDD per 1000 admissions	114 DDD/1000 admissions	110 DDD/1000 admissions		**Amber**	**138**	PHA figures, measuring figures in DDD per 1000 admissions, are now reported. During 2018/19 the Trust did not meet its target to reduce carbapenem use by 3%. Specific antibiotics have been removed from all ward stock lists and can only be issued on a named patient basis. Antibiotic policies continue to be reviewed to reduce the number of indications where this antibiotic is recommended which seeks to improve the current performance. The current use of meropenem is being audited. In April 2019, new appointees commenced in the AMS Team.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Piperacillin - Tazobactam)**	A reduction in **piperacillin-tazobactam** use of 3%, measured in DDD per 1000 admissions.	383 DDD/1000 admissions	372 DDD/1000 admissions		**Amber**	**353**	During 2018/19 the Trust performed better than the target performance with a reduction to 353 defined daily doses of piperacillin-tazobactum compared to a target of 372. In April 2019, new appointees commenced in the AMS Team. Antibiotic policies continue to be reviewed to reduce the number of indications where this antibiotic is recommended.
Safe Systems of Care	**OPPC**	**GP Appointments**	By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018	15,252	>15,252		**Green**	**1,269 (2019/20)**	The Trust demonstrated a small increase on the number of appointments during 2018/19 in comparison to the 2017/18 baseline. At beginning of 2019/20, Bannview Medical Practice continues to operate with reduced GP cover however the practice expects to be at full capacity by June 2019 with the recent recruitment of 3 new GPs to the practice.

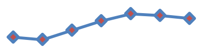
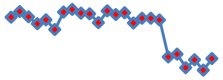
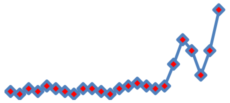
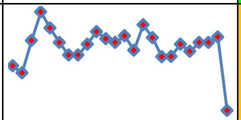
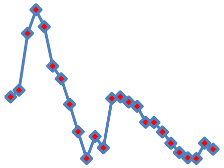
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Gram-Negative Bloodstream Infections**	By 31st March 2019, to secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomona aeruginosa bloodstream infection, acquired after two days of hospital admission.	71	58		**Red**	**65**	Figures show the Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission in line with PHA reporting. During 2018/19 the Trust did not meet its target of 58 cases however there have been -6 (8%) less cases than reported during 2017/18. The Trust is working collaboratively to collect the full data set, including patient risk factors, from this year onwards. The Trust is currently developing Terms of Reference for the new working group, in line with the preliminary group established, on gram negative bloodstream infections.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: MRSA**	To secure a Regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA infection. SHSCT objective level is 5 cases therefore no reduction is required.	4	5		**Green**	**1 (2019/20)**	During 2018/19 the Trust performed better than its target level of 5 cases with 3 cases reported. In April 2019 the Trust had 1 case of MRSA. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Clostridium Difficile**	By 31st March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile infection. SHSCT objective level is 50 cases therefore no reduction is required.	48	50		**Amber**	**7 (2019/20)**	During 2018/19, there was 45 cases in the Trust resulting in the Trust performing better than its target level of 50 cases. In April 2019 there were 7 Clostridium Difficile cases. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	**ASD**	**Ischaemic Stroke**	By March, 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	12.0%	15%		**Amber**	**16.3%**	Cumulative performance from January 2018 to December 2018 is 16.3%. Monthly performance is impacted by the variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thrombolysis. The Stroke Collaborative Patient Safety Dashboard for December 2018 outlines 100% of patients were assessed by Stroke Team within 30 minutes of registration at A&E, 100% of patients potentially eligible for thrombolysis received CT Scan within 45 minutes and 83% of patients deemed suitable for thrombolysis received first bolus within 60 minutes of arrival at A&E. Wider qualitative indicators continue to be monitored.
Safe Systems of Care	**ASD CYPS OPPC**	**Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for outpatients review. (Consultant led review only)	13,090	0		**NON-OGI**	**24,837**	At March 2019 there has been an increase of +15.1% (+3,252) in the total number of patients waiting beyond their timescale for review since March 2018. The longest patient, waiting beyond their clinically indicated timescale for review, dates back to May 2014 within Orthopaedics. The availability of funding, workforce and urgent/red flag demand will influence any improvement to be made. Longests waits are being individually validated by the service

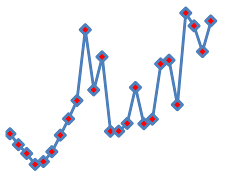
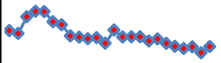
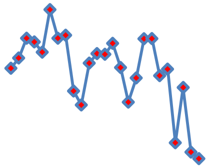
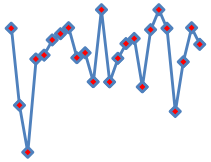
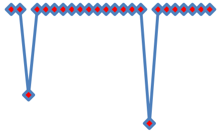
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Safe Systems of Care	**MHD**	**Out-Patients Review Backlog (Mental Health and Disability)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for out-patient review. (Consulted led review only)	911	0		**NON-OGI**	**830**	Note: Figures may be understated as data presented only reflects those patients waiting, beyond their clinically indicated timescales, recorded on the PAS information system and in the Consultant Led service. Workforce capacity issues continue to impact on performance. Plans are ongoing to recruit additional consultants.
Safe Systems of Care	**CYPS**	**Unallocated Childcare Cases**	**NON-OGI** The number of unallocated childcases in excess of 20 days	38	0		**NON-OGI**	**71**	There were a total of 71 unallocated child care cases > 20 days at the end of March 2019, demonstrating no change in the number of cases since February. Of these, 57 are waiting in excess of 40-days. The longest wait is 23-weeks within Disability. Further details available in Executive Director of Social Work report.
Support for Patient and Client	**OPPC**	**Carers' Assessments (%)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	2%	10%		**Green**	**24.0%**	(Note quarterly data reflects the cumulative position). Performance during 2018/19 demonstrates an increase of +832 (+24%) better than its 2018/2019 objective level. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed.
Support for Patient and Client	**OPPC**	**Carers' Assessments (Number)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users. 2018/19 Target - 3,460 assessments	3,145	3,460		**Green**	**4,292**	Performance during 2018/19 demonstrates an increase of +832 (+24%) above the objective level for 2018/19. Of the 4,292 assessments offered, 3,362 have been declined which equates to 78% of assessments offered. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed.
Support for Patient and Client	**OPPC**	**Community Based Short Break (%)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	23.0%	5%		**Amber**	**0.66%**	Cumulatively at December 2018 performance has improved against the 2017/18 baseline by +0.66% however the Trust is not on track to achieve the 5% improvement sought.
Support for Patient and Client	**OPPC**	**Community Based Short Break (Hours)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	509,197 hours	534,656		**Amber**	**384,413**	Cumulatively at December 2018 the number of community based short break hours is -4% (-16,579 hours) under the apportioned target hours for this period. At the end of Quarter 2 (April - September 2018) the Southern Trust had the second highest number of community based short break hours regionally.
Support for Patient and Client	**MHD**	**Direct Payments**	By March 2019, secure a 10% increase in the number of direct payments to all service users.	777	855		**Red**	**845**	Quarter 3 demonstrates a +2% (+20) increase compared to Quarter 2 and +14% (+102) compared to the corresponding quarter last year. It has been anticipated that direct payments may reduce as Self Directed Support gathers momentum however the year to date performance continues to be better than anticipated against a target of 855.

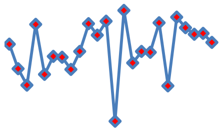
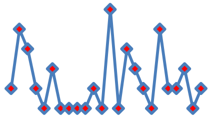
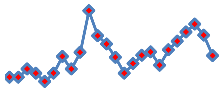
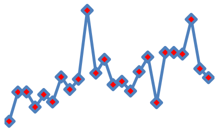
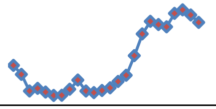
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Support for Patient and Client	**CYPS**	**Young Carers Short Break**	By March 2019, create a baseline for the number of carers receiving short breaks.	179	**Establish a baseline**		**Green**	**TBC**	Baseline established (179 individual young people) as per OGI achieving this years objective. For 2018/2019 to date, the Trust has reported the number of young people who received short breaks each quarter; however the cumulative number of individuals will be confirmed at Year-End.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (48 hours)**	By March 2019, ensure 90% of complex discharges from an acute hospital take place within 48-hours.	93.4%	90%		**Green**	**83.1%**	A new focus on the identification of complex discharges, as well as the implementation of new coding, has impacted on the volume of patients recorded as a complex discharge which has contributed to the increase in the number of reported delays over 48-hours from October 2018. This process will allow greater focus on delays and is a truer reflection of the current pressures. Work is ongoing regarding the identification of complex discharges to ensure all discharges are captured and recorded correctly.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (7 days)**	By March 2019, ensure no complex discharge takes more than 7-days.	15	0		**Green**	**118**	A focus on complex discharges has refreshed how data is recorded and validated to provide a truer reflection of the current pressures. As a result the number of complex discharges taking more than 7-days has increased. During 2018/19 there has been +103 (+687%) complex discharges taking more than 7 days in comparison to 2017/18. However it should be noted that 95% of complex discharges during 2018/19 have taken place within 7 days.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (6 Hours)**	By March 2019, ensure all non-complex discharges from an acute hospital take place within 6-hours.	94.5%	100%		**Amber**	**94.1%**	During March 2019, 90.7% of non-complex discharges took place within 6-hours which demonstrates a reduction in performance from February. Cumulative 2018/2019 performance at 94.1% is lower than the 2017/2018 baseline of 94.5%.
Unscheduled Care	**ASD**	**Emergency Department (4-hour)**	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted within four hours of their arrival in the department.	74.5%	95%		**Red**	**65.6% (2019/20)**	During 2018/19 the Trust's performance against the 4-hour target demonstrated a decrease from 2017/18 baseline of 74.5%. In April 2019 the % of patients treated and discharged/admitted within 4-hours decreased to 65.6% with reductions in performance being experienced in CAH and DHH Emergency Departments. Emergency Department face ongoing continuing pressures with a high volume of patients attending with a high acuity requiring admission and insufficient beds to meet the demand including an increase in complex delays in the system. These pressures continue to impact on the performance against the 4-hour and 12-hour targets.

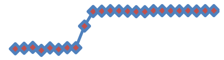
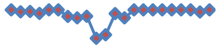
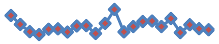
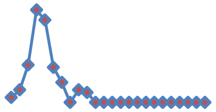
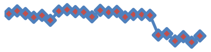
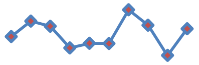
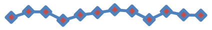
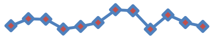
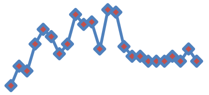
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**ASD**	**Emergency Department (12-hour)**	By March 2019, no patient attending any emergency department should wait longer than 12 hours.	3,656	0		**Red**	**899 (2019/20)**	During 2018/19 there were +2,427 (+66%) more 12-hour breaches than demonstrated during 2017/18. In April 2019 there has been 899 breaches of the 12-hour target resulting in 5.9% of total ED attendances during April breaching the 12-hour target. Emergency Department face ongoing continuing pressures with a high volume of patients attending with a high acuity requiring admission and insufficient beds to meet the demand including an increase in complex delays in the system. These pressures continue to impact on the performance against the 4-hour and 12-hour targets.
Unscheduled Care	**ASD**	**Emergency Department (Triage to Treatment)**	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	80.3%	80%		**Green**	**74.4%**	During 2018/19 74.4% of patients commenced treatment within 2-hours of triage; which demonstrates a drop in performance from 2017/18 when 80.3% of patients commenced treatment within 2-hours of triage. A drop in performance has occurred in CAH to 63.6% and DHH to 75.4% during 2018/19.
Unscheduled Care	**OPPC**	**GP OOH**	By March 2019, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	87.7%	95%		**Red**	**73.5% (2019/20)**	Cumulative 2018/19 performance (84.3%) demonstrated a less favourable performance than the 2017/18 baseline of 87.7%. In April 2019 there was a further reduction in performance to 73.5%. The service has been impacted by reduced GP capacity at peak periods such as weekends and holiday periods. Absence due to sickness has also impacted on the April performance. The service preparing a paper on the sustainability of the service in 2019/20 and has highlighted concern to HSCB.
Unscheduled Care	**ASD**	**Hip Fractures**	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	95%		**Amber**	**92.4%**	Note: 2018/19 Figures have been updated. During 2018/19 there has been 29 breaches of the 48-hour target which is a reduction in comparison to 2017/18 when 40 breaches took place. The % of patients treated within 48-hours has also increased from 2017/18 baseline (90.2%) to 92.4%. Overall the total number of patients requiring inpatient fracture treatment increased, however there was fewer patients requiring inpatient treatment for hip fractures under this target definition.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, 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.	95.7%	99%		**Amber**	**96.7%**	2018/19 cumulative performance of 96.7% demonstrates an improvement from 2017/18 when 95.7% of learning disability discharges took place within 7-days. However, this is in the context of a number of patients who remain as in-patients, who cannot be classified as fit for discharge, where the Trust is challenged to secure appropriate accommodation solutions in the community.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, no learning disability discharge taking more than 28 days.	0	0		**Amber**	**0**	During 2018/2019, no patients waited in excess of 28-days for discharge. Whilst this objective has been achieved, challenges remain with a cohort of learning disability clients who remain inpatients where options for discharge are not available.

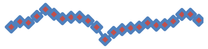
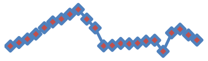
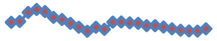
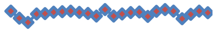
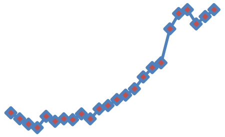
Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	93.7%	99%		**Red**	**94.1%**	Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. During 2018/19, 916 out of 973 patients were discharged within 7-days. Performance reflects those complex needs patients who can be discharged. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, are causes for the delays in discharge.
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, no mental health discharge taking more than 28 days.	12	0		**Red**	**20**	During 2018/19, the number of patients waiting in excess of 28-days (20) is +67% (+8) higher than the number demonstrated in 2017/2018. The causes of discharge delays, as noted against the 7-day target, have also impacted on the performance against the 28-day target.
Workforce	**HROD**	**Seasonal Flu Vaccine**	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	31.1%	40%		**Amber**	**29%**	Up until end of March 2019, 29% (2,439) of front line staff, with an additional 912 of non-front line staff (30% of Trust staff), have received the vaccine. The Trust has performed below the PHA target of 40%. During 18/19, the Trust introduced a pilot peer vaccinator programme in addition to Occupational Health's scheduled clinics. 27 peer vaccinators gave 287 (9%) vaccines wth 236 of these being frontline staff. The Trust plans to expand this model in next year's flu season in a bid to increase the uptake of flu vaccine amongst SHSCT staff, and local and regional planning work is underway for 2019/20 to increase the uptake.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	5.11%	4.90%		**Green**	**5.4%**	Cumulatively during 2018/19 the % sickness absence rate is 5.35%, above the objective level of 4.9% and demonstrating an increase in the % sickness absence from 2017/18 when 5.11% was reported. The attendance management team continues to support Directorates to reduce sickness absence levels with a particular focus on targeting long term absences, and specific reasons for absence. Initial case reviews for all staff on long term sick leave are taking place within 90 days of absence and work is on-going to reduce the length of long term absences through use of adjustments and / or redeployments where practicable.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	881,429	850,579		**Green**	**940,640**	Cumulatively the Trust is +11% over its objective level of absence hours for 2018/19. Work is continuing within the Attendance Management Team in support of the Directorates to improve sickness absence levels including prioritising areas with high levels of sickness absence and meeting staff at an early stage to discuss their absence.
Z Trajectory - Non-OGI	**MHD**	**Adult Mental Health (Summary)**	**NON-OGI Summary Trajectory**: Adullt Mental Health - No patient waits longer than 9 weeks	101	2018/2019 Operational Trajectory 533		**NON-OGI**	**656**	At March 2019, 656 patients were waiting longer than 9 weeks which is +123 over the projected operational trajectory of 533 breaches. The Community Mental Health Team for Older People, Personality Disorder Service and Primary Care Mental Health Team had more patients waiting >9 weeks than anticipated.

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Cancer 14-Day (Summary)**	**NON-OGI Summary Trajectory**: All urgent suspected breast cancer referrals seen within 14-days	47.2%	2018/19 Operational Trajectory 99%		**NON-OGI**	**99.4%**	March 2019 demonstrates achievement of the projected operational trajectory for March of 100%. Cumulative 2018/19 performance of 99.4% is on track against projected trajectory.
Z Trajectory - Non-OGI	**ASD**	**Cancer 31-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of decision to treat	97.0%	2018/19 Operational Trajectory 97%		**NON-OGI**	**99.6%**	Figures reported 2-months in arrears. January 2019 demonstrates an improved performance against the projected operational trajectory for January of 95%.
Z Trajectory - Non-OGI	**ASD**	**Cancer 62-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days	74.3%	2018/19 Operational Trajectory 80%		**NON-OGI**	**74.6%**	Figures reported 2-months in arrears. January 2019 demonstrates an underperformance against the projected level of performance of 80%. Cumulatively as at January 2019 there has been fewer breaches over 62 days than the corresponding period last year.
Z Trajectory - Non-OGI	**CYPS**	**CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)**	**NON-OGI CAMHS Summary Trajectory**: No patient waits longer than 9 weeks	0	2018/2019 Operational Trajectory 0		**NON-OGI**	**0**	A continued strong performance has been demonstrated during 2018/2019 with no patients waiting longer than 9 weeks within CAMHS.
Z Trajectory - Non-OGI	**ASD**	**Delayed Discharges - Complex**	**NON-OGI Summary Trajectory**: Delayed Complex Discharges - 90% of complex discharges within 48-hours	93.4%	2018/2019 Operational Trajectory 94%		**NON-OGI**	**83.1%**	Performance during March 2019 (70.0%) is less favourable than the projected operational trajectory for March 2019 of 96%. In addition 2018/19 cumulative performance (83.1%) is less favourable than the projected 94%.
Z Trajectory - Non-OGI	**ASD**	**Delivery of Core - Endoscopy (Summary)**	**NON-OGI Endoscopy Summary Trajectory** Reduce the percentage of funded activity associated with endoscopy services that remain undelivered	8,266 Variance -11%	2018/19 Trajectory volume 9,855		**NON-OGI**	**7,749**	Cumulative 2018/19 performance up to January 2019 demonstrates -3% variance in the performance against trajectory volume. Whilst this information in reported in arrears for faciliated clinical coding projected information indicates this position will deteriorate until year end and beyond associated with unplanned absence and vacancy
Z Trajectory - Non-OGI	**ASD** **CYPS**	**Delivery of Core - Inpatient/Day Cases (Summary)**	**NON-OGI Inpatient/Daycases Summary Trajectory**: Reduce the percentage of funded activity associated with elective care services that remains undelivered.	22,501 Variance -10%	2018/19 Trajectory volume 23,503		**NON-OGI**	**23,554**	Cumulative performance is on track against projected trajectory activity.
Z Trajectory - Non-OGI	**ASD** **CYPS** **OPPC**	**Deliver of Core - Outpatients (Summary)**	**NON-OGI New Outpatients Summary Trajectory**: Outpatients - Reduce percentage of funded activity associated with elective care	59,657 Variance -7%	2018/2019 Operational Trajectory 61,261		**NON-OGI**	**62,631**	Cumulative performance remains strong with performance demonstrating +2% against projected activity.
Z Trajectory - Non-OGI	**MHD**	**Dementia**	**NON-OGI Dementia Summary Trajectory**: No patient waits longer than nine weeks to access dementia services	15	2018/19 Operational Trajectory 59		**NON-OGI**	**10**	Performance at March 2019 demonstrates continued improvement with -49 patients waiting in excess of 9-weeks in comparison to the projected 59 patients waiting >9 weeks.

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	OGI	Trend Graph	TDP assessment	Cumulative 2018/19 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Diagnostics Imaging; Summary Trajectory**: Diagnostic Imaging - 75% of patients should wait no longer than 9 weeks	2,932	2018/2019 Operational Trajectory 6,241		**NON-OGI**	**4,903**	The actual number of patients waiting longer than 9 weeks at February 2019 continues to be more favourable than the projected number for patients waiting in excess of 9-weeks.
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Diagnostic Imaging Summary Trajectory** : Diagnostics Imaging - No patient should wait longer than 26 weeks	864	2018/2019 Operational Trajectory 3,683		**NON-OGI**	**1,171**	The actual number of patients waiting longer than 26 weeks at February 2019 continues to be more favourable than the projected number for patients waiting in excess of 26-weeks.
Z Trajectory - Non-OGI	**ASD**	**Emergency Care (Summary)**	**NON-OGI** 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	74.5%	2018/19 Operational Trajectory 78%		**NON-OGI**	**68.9%**	Performance for March 2019 at 66.5% is behind profile against a projected 75% and 2018/19 cumulative performance (68.9) is behind projected performance of 78%. Underperformance was demonstrated in CAH and DHH ED.
Z Trajectory - Non-OGI	**ASD**	**Hip Fractures**	**NON-OGI** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	2018/2019 Operational Trajectory 86%		**NON-OGI**	**92.4%**	Performance during March 2019 (93.8%) is more favourable than the projected operational trajectory for March 2019 of 89%. In addition, 2018/19 cumulative performance (92.4%) is more favourable than the 86% projected.
Z Trajectory - Non-OGI	**MHD**	**Psychological Therapies (Summary)**	**NON-OGI Summary Trajectory:** Psychological therapies - No patient waits longer than 13 weeks	84	2018/2019 Operational Trajectory 80		**NON-OGI**	**279**	The actual number of patients waiting >13 weeks at March 2019 was +199 over the projected level of 80 patients. Adult Mental Health and Adult Health Psychology specialty areas have experienced more breaches than predicted at the end of March 2019.

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Suspect Breast Cancer (14 days)	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	99.7%	99.7%	100.0%	99.3%	100.0%	100.0%	
Cancer Pathway (31 days)	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	100.0%	98.4%	100.0%	
Cancer Pathway (62 days)	69.4%	74.2%	78.8%	79.3%	74.2%	81.5%	68.8%	75.8%	72.3%	71.4%	71.1%	75.8%	
Allied Health Professionals	3,864	3,919	3,954	3,588	3,878	4,266	3,792	3,400	3,299	2,903	2,924	2,729	
Diagnostic Reporting (Urgent)	81.8%	81.6%	83.6%	81.6%	84.3%	84.4%	86.3%	84.5%	82.7%	82.3%	81.0%	80.0%	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Diagnostic Test	53.7%	49.6%	49.6%	47.7%	44.3%	46.8%	49.8%	48.2%	44.4%	42.7%	47.1%		
Diagnostic Test	3,364	4,582	3,978	4,340	5,076	5,238	5,705	5,915	6,321	5,965	5,458		
Inpatient/Day Case Treatment	34.1%	34.8%	35.2%	33.6%	31.2%	31.4%	36.0%	38.9%	37.9%	36.8%	35.0%	35.0%	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Inpatient/Day Case Treatment	2,370	2,391	2,361	2,393	2,457	2,458	2,487	2,569	2,662	2,750	2,759	2,700	
Out-Patient Appointment	32.3%	32.0%	32.4%	30.6%	27.8%	28.5%	29.6%	30.1%	27.5%	26.7%	29.3%	31.7%	
Out-Patient Appointment	6,068	6,377	6,772	7,017	7,392	7,818	8,094	8,016	8,182	8,256	8,405	8,514	
Breastfeeding	**50.8%** at discharge	**50.2%** at discharge	**46.3%** at discharge **16.0%** at 6-9 month review	**52.4%** at discharge	**50.6%** at discharge	**48.7%** at discharge **18.7%** at 6-9 month review	**48.8%** at discharge	**55.6%** at discharge	**48.0%** at discharge **16.0%** at 6-9 month review	**51.9%** at discharge	**54.1%** at discharge	**49.1%** at discharge	**52.9%** at discharge

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Adult Mental Health Service	122	174	225	385	562	665	638	620	727	759	716	656	
Child and Adolescent Mental Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
Dementia	31	30	16	12	12	10	10	10	12	10	15	10	
Psychological Therapies	96	105	118	142	161	171	240	271	279	250	265	279	
Hospital Cancelled Outpatient Appointments													

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Hospital Cancelled Outpatient Appointments (%)	4.3%	2.7%	2.4%	3.5%	3.1%	2.7%	2.1%	2.1%	2.8%	2.9%	3.3%		
Hospital Cancelled Outpatient Appointments (Number)	751	526	450	550	533	446	424	407	432	559	576		
Service and Budget Agreement (Day Cases)	7%	13%	12%	7%	7%	8%	11%	11%	10%	11%	11%		
Service and Budget Agreement (Elective In-Patients)	40%	35%	32%	36%	36%	35%	33%	33%	35%	35%	36%		
Service and Budget Agreement (New Out-patients)	12%	-6%	-5%	-6%	-8%	-8%	-5%	-3%	-5%	-3%	-3%		
Service and Budget Agreement (Review Out-Patients)	10%	-5%	-7%	-8%	-9%	-9%	-7%	-6%	-7%	-7%	-7%		

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Antibiotic Consumption	61.3%	60.7%	59.8%	61.3%	61.4%	61.2%	60.9%	62.6%	62.8%	61.8%	61.8%	61.1%	
Antibiotic Prescribing (Total use)	10,197	10,807	9,785	10,139	9,475	8,917	10,415	10,192	10,824	11,405	10,649	9,833	
Antibiotic Prescribing (Carbapenem)	180	128	90	157	168	116	131	157	137	111	132	152	
Antibiotic Prescribing (Piperacillin - Tazobactam)	344	348	356	368	330	314	357	356	354	406	355	341	
GP Appointments	1,131	1,173	1,180	1,114	1,241	1,207	1,507	1,507	1,231	1,392	1,189	1,386	1,269

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Healthcare Acquired Infections: Gram-Negative Bloodstream Infections	2	4	6	7	5	5	6	7	5	7	9	2	
Healthcare Acquired Infections: MRSA	0	0	0	0	0	0	0	0	3	0	0	0	1
Healthcare Acquired Infections: Clostridium Difficile	3	3	4	1	6	3	4	2	4	4	4	7	7
Ischaemic Stroke	10.0%	18.8%	13.6%	12.2%	10.3%	18.4%	24.0%	14.7%	15.8%				
Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)	22,173	22,338	22,670	23,371	23,787	23,524	23,428	24,098	24,669	24,945	24,981	24,837	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Out-Patients Review Backlog (Mental Health and Disability)	763	917	922	959	984	898	884	874	928	630	756	830	
Unallocated Childcare Cases	49	59	102	93	90	95	82	92	104	77	71	71	
Carers' Assessments (%)			13.0%			22.0%			24.5%			24.0%	
Carers' Assessments (Number)			976			1,141			1,116			1,059	
Community Based Short Break (%)			1.6%			1.0%			2.5%				
Community Based Short Break (Hours)			125,283			128,675			130,455				
Direct Payments			805			825			845				

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Young Carers Short Break			167			164			159				
Acute Hospital Discharges (48 hours)	94.4%	95.3%	89.7%	92.3%	92.3%	91.3%	70.9%	72.4%	64.9%	69.3%	63.6%	70.0%	
Acute Hospital Discharges (7 days)	2	3	4	3	2	3	11	20	16	7	16	31	
Acute Hospital Discharges (6 Hours)	94.9%	94.1%	95.5%	94.8%	93.7%	93.7%	94.4%	94.0%	94.5%	94.5%	94.8%	90.7%	
Emergency Department (4-hour)	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	68.2%	66.5%	65.1%	64.3%	64.2%	66.5%	65.6%

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Emergency Department (12-hour)	237	238	285	500	282	310	641	664	396	946	869	715	899
Emergency Department (Triage to Treatment)	79.5%	76.6%	76.6%	76.7%	74.8%	75.7%	73.8%	72.5%	71.5%	72.2%	69.7%	72.4%	
GP OOH	87.7%	89.2%	85.9%	81.2%	84.5%	89.8%	89.9%	84.8%	85.7%	75.7%	83.2%	74.4%	73.5%
Hip Fractures	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	100.0%	96.7%	81.8%	90.7%	96.8%	93.8%	
Learning Disability Discharges	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Learning Disability Discharges	0	0	0	0	0	0	0	0	0	0	0	0	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Mental Health Discharges	85.2%	98.7%	92.3%	93.7%	93.6%	97.2%	89.5%	97.9%	96.6%	95.8%	95.9%	94.8%	
Mental Health Discharges	5	0	3	2	1	0	4	1	1	2	0	1	
Seasonal Flu Vaccine						3	2,013	286	96	37	6	1	
Staff Sick Absence	5.2%	4.8%	5.0%	5.2%	5.3%	5.0%	5.4%	5.6%	5.8%	6.0%	5.7%	5.2%	
Staff Sick Absence	72,932	74,028	70,908	77,152	81,816	67,193	83,314	83,290	82,787	93,899	78,112	75,209	
Adult Mental Health (Summary)	122	174	225	385	562	665	638	620	729	759	716	656	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Cancer 14-Day (Summary)	99.6%	98.8%	97.6%	97.9%	100.0%	100.0%	99.7%	99.7%	100.0%	99.3%	100.0%	100.0%	
Cancer 31-Day (Summary)	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	100.0%			
Cancer 62-Day (Summary)	69.4%	74.2%	78.8%	79.3%	74.2%	81.5%	68.8%	75.8%	72.3%	71.4%			
CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)	0	0	0	0	0	0	0	0	0	0	0	0	
Delayed Discharges - Complex	94.4%	95.3%	89.7%	92.3%	92.3%	91.3%	70.9%	72.4%	64.9%	69.3%	63.6%	70.0%	
Delivery of Core - Endoscopy (Summary)	755	864	828	676	708	707	943	835	623	810			
Delivery of Core - Inpatient/Day Cases (Summary)	1,792	2,104	2,090	1,642	1,923	2,052	2,197	2,135	1,672	2,115	1,926	1,906	
Deliver of Core - Outpatients (Summary)	4,782	5,466	5,423	4,473	4,724	5,097	6,336	6,232	4,455	5,832	5,089	4,722	
Dementia	31	30	16	12	12	10	10	10	12	10	15	10	

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Title	Apr-18	May-18	Jun-18. End of Qtr.1. 2018/19	Jul-18	Aug-18	Sep-18. End of Qtr.2. 2018/19.	Oct-18	Nov-18	Dec-18. End of Qtr.3. 2018/19	Jan-19	Feb-19	Mar-19. End of Qtr.4. 2018/19	Apr-19
Diagnostic (Imaging) (Summary)	3,654	3,947	4,108	4,212	4,645	4,400	4,448	4,801	5,505	5,524	4,903		
Diagnostic (Imaging) (Summary)	891	989	971	1,009	1,118	1,160	570	1,557	1,755	1,441	1,171		
Emergency Care (Summary)	73.2%	73.4%	72.6%	72.0%	69.6%	69.6%	68.2%	66.5%	65.1%	64.3%	64.2%	66.5%	
Hip Fractures	87.1%	91.3%	93.9%	94.9%	86.2%	96.4%	100.0%	96.7%	81.8%	90.7%	96.8%	93.8%	
Psychological Therapies (Summary)	96	105	118	142	161	171	240	271	279	250	265	279	

KEY:	
Green	Achieved/On Track to be Achieved
Yellow	Substantially Achieved/On Track for Substanial Achievement
Amber	Partially Achieved
Red	Not Achieved/Not on Track to Achieve
White	Unassessed 1. Due to absence of a baseline against which an assessment of performance can be undertaken; OR 2. Supplementary information provided against objectives, which is not in line with the formal technical guidance, used for monitoring the performance of the objectives.

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	**OPPC**	**Tobacco Control**	By March 2020, reduce the proportion of 11-16 year old children who smoke to 3%, adults to 15% and pregnant women to 9%	To be undertaken at a regional level	**Trust's Contribution - Green**	The Trust has on-going smoking cessation services and maintenance of smoke free sites. In 2018/19 the Trust seeks to engage with 1,657 people and set a 'quit date'. Based on performance during the first 3 quarters of 2018/19 the Trust is unlikely to meet its target for this year due to long term staff sickness absence and vacancies.	**Amber**
Health and Wellbeing	**OPPC/ ASD**	**A Fitter Future for all**	By March 2020 reduce the level of obesity by 4% and overweight and obesity by 3% for adults and 3% and 2% for children.	To be undertaken at a regional level	**Trust's Contribution - Green**	The 'Weigh to a Healthy Pregnancy' programme is now extended to include women with a BMI over 38. Additional services including a High BMI Clinic and an Ante-Natal Diabetic Clinic have been extended.	**Green**
Health and Wellbeing-Children's	**ASD**	**Breastfeeding**	By March 2019, increase the percentage of infants breastfed from birth and 6 months.	To be undertaken at a regional level	**Trust's Contribution - Amber**	The Trust has a number of actions in place to seek to improve uptake and contribute to the strategy.	**Amber**
Health and Wellbeing	**OPPC**	**Healthy Places**	By March 2019, establish minimum 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.	To be undertaken at a regional level	**Trust's Contribution - Green**	Further instruction and detail on what the process will entail is awaited from the Public Health Agency. There are 3 Healthy Places demonstrator sites across NI, none of which are within the SHSCT locality. The Trust awaits further development and instruction from PHA as to whether this is likely to be extended in coming year.	**Green**
Primary Care	**OPPC**	**Make Every Contact Count**	By March 2019, to ensure appropriate representation and input into the PHS/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	To be undertaken at a regional Level	**Trust's Contribution - Green**	Regionally the use of an e-learning platform is being explored and with also the potential alignment to the 'Healthy Places' objective.	**Green**
Health and Wellbeing-Children's	**CYPS**	**Children's Oral Health**	By March 2019, establish a baseline for number of teeth extracted in children aged 3-5. Improve oral health of young children in NI and over three years reduce extractions by 5% against that baseline.	To be undertaken at a regional level	**Trust's Contribution - Green**	Trust to contribute to establishment of a baseline within the aged 3-5 category. The ability to improve the ongoing programme with pre-school children, resulting in reduced decay rates, is subject to availability of resources and other challenges faced.	**Green**
Health and Wellbeing-Children's	**ASD**	**Healthier Pregnancy Programme**	By March 2019, 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.	To be undertaken at a regional level	**Trust's Contribution - Green**	Work initiated in 2017/18 will continue. Actions within in year include: Provision of additional training sessions and the roll out of the initiative to DHH site and community teams.	**Amber**
Health and Wellbeing-Children's	**CYPS**	**Healthy Child Healthy Future**	By March 2019, ensure the full delivery of the universal child health promotion programme for NI, Healthy Child Healthy Future. By that date the antenatal contact will be delivered to all first time mothers and 95% of two year reviews must be delivered.	To be undertaken at a regional level	**Trust's Contribution- Amber**	Further improvement on the 2018/19 position continues to be challenged with substantive permanent and temporary vacancies in the Health Visiting Team along with the high level of children on the Child Protection Register.	**Amber**

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing- Children's	**CYPS**	**Family Nurse Partnerships**	By March 2019, ensure the full roll out of the Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.	To be undertaken at a regional level	**Trust's Contribution- Amber**	There has been recent temporary funding that has increased capacity within the FNP team and this should result in up to 75% of those referred will be offered the programme. Additional investment required to meet objective fully.	**Amber**
Children	**CYPS**	**Children in Care (Placement Change)**	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	78% (2016/2017)	**Amber**	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.	**Amber**
Children	**CYPS**	**Children in Care (Adoption)**	By March 2019, 90% of children, who are adopted from care are adopted within a three year time frame (from date of last admission)	68% (2017/2018)	**Amber**	Note: Baseline Updated The majority of older children are adopted by foster carers. This is a longer process than the 3 year timeframe. It is anticipated that performance will continue to improve in relation to this target.	**Amber**
Mental Health	**MHD**	**Protect Life 2 Strategy**	By March 2019, to have further enhanced our of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "crisis De-escalation Service." Reduce the suicide rate by 10% by 2022.	To be established	**Amber**	The Trust continues to provide an out-of-hours service to support de-escalation, in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital. The delivery of this service is challenging due to the geographical spread of the 2 Emergency Departments.	**Amber**
Mental Health	**MHD**	**Substitute Prescribing**	By September 2018 to have advanced the implementation of revised substitute prescribing services in NI to reduce waiting times and improve access.	Not Applicable	**Amber**	Additional resources are needed in secondary care to support GPs. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing will be a key constraint in the achievement of this. The Trust is undertaking a review of the Addictions service.	**Amber**
Health and Wellbeing	**OPPC/ ASD**	**Regional Implementation of Diabetes Feet Care Pathway**	By July 2018, to provide detailed plans (including financial profiling) for the regional implementation of the Diabetes Feet Care Pathway.	To be undertaken at a regional level	**Green**	Implementation is subject to allocation to funding, additional staff and appropriate accommodation.	**Green**
Workforce	**EDN**	**Delivering care (Sustainable Nurse Staffing Level)**	By March 2019, all HSC Trusts should have fully implemented Phases 2,3 and 4 of Delivering care, to ensure safe sustainable nurse staffing levels across all Emergency Departments; Health Visiting, and District Nursing Services.	Not Applicable	**Amber**	Full implementation can only be achieved on receipt of full funding and ability to secure Registered Nurses.	**Amber**
Safe systems of Care	**EDN**	**NEWS KPI**	Throughout 2018/2019 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	Not Applicable	**Amber**	There is an ongoing in year review which seeks further improvement.	**Amber**
Safe systems of Care	**EDN**	**Falls and Pressure Ulcers Reporting**	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not Applicable	**Trust's contribution- Green**	Trust will participate in a regional exercise to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	**Green**

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe Systems of Care	**ASD**	**Medicines Optimisation**	By March 2019. all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	70%	**Red**	Additional resources are required to see full achievement of this objective. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model.	**Red**
Safe systems of Care	**OPPC**	**Residential and Nursing Homes**	During 2018/19 the HSC 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 (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not Applicable	**Green**	The Trust will continue to seek improvement in care standards and take action as appropriate on any issues highlighted by RQIA.	**Green**
Safe Systems of Care	**ASD/ OPPC/ MHD**	**Same Gender Accommodation**	By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation.	100%	**Green**	Established guidelines/processes in place to manage patients that are cared for in mixed gender ward environments. A baseline audit is being undertaken by the Trust in 2018/2019 to assess the impact any infrastructural issues e.g.. bathrooms/toilets.	**Green**
Support for Patient's and Clients	**CYPS**	**Children in Care (Permanence and Pathway Plans)**	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.	Not Applicable	**Green**	The Trust has 2 active Looked After Children Service User Groups which assist in enabling young people to influence decisions.	**Green**
Support for Patient's and Clients	**MHD**	**Dementia Portal**	By March 2019, patients in all Trusts will have access to the Dementia portal.	Not Applicable	**Green**	The Trust is participating in a pilot which allows dementia clients to access their appointments on-line along with a range of other resources, once agreed. Additional resources would be required to roll this pilot out further as well as client engagement.	**Green**
Patient- Client Experience	**OPPC**	**Palliative and End of Life Care**	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	Not Applicable	**Amber**	This objective will require input from multiple partners and direction from the Regional Palliative Care Programme Board. The Trust in 2018/2019 is considering a service improvement pilot to move forward with the task of identification of patients with palliative and end of life care needs.	**Amber**
Patient- Client Experience	**OPPC**	**Co-Production**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	Transformation monies has enabled the Trust to issue a total of 25 small grants in 2018/19 with the purpose of supporting PPI initatives across Directorates, many of which will incorporate co-production methodologies and some of which may have the potential to develop into Citizens' Hub engagement models. This potential is currently being explored by a newly appointed Senior PPI officer within the Trust (funded under Transformation).	**Green**

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Support for Patient's and Clients	**MHD**	**Self-Directed Support**	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.	Not Applicable	**Amber**	Building on the extensive Level 1, 2 & 3 Self Directed Support Staff Training facilitated to date it is hoped that as many social care service users as possible will be assessed under Self Directed Support by 31st March 2019, however whether this will achieve the 100% project measurable is doubtful.	**Green**
Safe Systems of Care	**EDN**	**Swallow Assessment**	By March 2019, develop a baseline definition data to ensure patients have timely access to a full swallow assessment.	Not Applicable	**Trust's contribution- Green**	Ongoing at a regional level as part of regional working groups. PHA leading on the development of baseline data definition.	**Green**
Elective	**EDN/ OPPC**	**Direct Access Physiotherapy Services**	By March 2019, Direct Access Physiotherapy Services will be rolled out across all Health and Social Care Trusts.	Not Applicable	**Green**	Direct Access Physiotherapy Service remains available to staff across the SHSCT. Finalising IPT to secure funding to roll out to patients, phased implementation planned with access for patients from 2 GP practices in 2019/20 to roll out across the Trust over the next 6 months.	**Amber**
Children	**CYPS**	**Children & Young People's Developmental & Emotional Wellbeing Framework**	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Framework along with a costed implementation plan.	Not Applicable	**Trust's contribution- Green**	A regional group has been established.	**Green**
Optimisation of Resources	**ASD**	**Savings through 2016-19 Regional Medicines Optimisation Efficiency**	By March 2019, to have obtained savings of £90 million through the 2016-2019 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.		**Red**	At March 2018 the Trust achieved savings of £737,000. The projected savings for 2018/2019 is £500,000. Whilst the Trust will continue to contribute to this objective the level of savings sought is not achievable without cutting pharmacy services or limiting treatments.	**Red**
Workforce	**HROD**	**Health and Social Care Workforce Strategy**	By June 2018, to provide appropriate representation in the programme board overseeing the implementation of the Health and Care Workforce Strategy.	Not Applicable	**Green**	The Trust has provided appropriate nominee to the Programme Board (Board still to meet).	**Green**
Workforce	**HROD**	**Project Board to Establish a Health and Social Care Careers Service**	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project board, when requested.	**Green**
Workforce	**OPPC**	**Domiciliary Care Workforce Review**	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not Applicable	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to and actively engage with.	**Green**
Workforce	**HROD**	**Health and Social Care Workforce Model**	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project, when requested.	**Green**
Workforce	**HROD**	**Audits**	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10-14 of the Workforce Strategy.	Not Applicable	**Green**	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.	**Green**

Performance Corporate Dashboard May 2019 (for April 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Workforce	**HROD**	**Business Intelligence Information**	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Not Applicable	**Green**	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.	**Green**
Workforce	**HROD**	**Healthier Workplace**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to.	**Green**
Workforce	**EDSW**	**Social Work Workforce**	By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.	To be undertaken at a regional level	**Trust's contribution- Green**	The CYPS Directorate have commenced a number of pilots using the OBA methodology.	**Green**
Workforce	**HROD/ DPR**	**Q2020 Attributes Framework**	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	29.4% have achieved Level 1. 2.1% have achieved Level 2.	**Amber**	Level 1 - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through e-learning. Level 2 - The Trust remains committed to supporting staff in quality improvement and delivery of the Quality 2020 vision will continue to be embedded in all programmes. However challenges associated with the current level of resources and capacity and the timeline associated Level 2 training, may not be completed in year. QE Mar 2019 Q20:20 Figures – 66% achieved Level 1 and 3.8% achieved Level 2	**Amber**
Safe systems of Care	**MHD**	**Suicide Awareness and Intervention (For all HSC staff)**	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 initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	To be undertaken at a regional level	**Trust's contribution - Amber**	The Trust will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project 'Toward Zero Suicide'. A range of approaches to suicide prevention awareness continues across the SHSCT locality.	**Green**
Safe systems of Care	**EDN**	**Dysphagia Awareness**	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	To be undertaken at a regional level	**Trust's contribution- Green**	Dysphagia project team staffing agreed, IPT completed and transformation funded secured. Project lead in post part time from 1st January 2019 (full time by February 2019), Band 7 Dietitian and 1 Band 4 assistant in post. Band 7 SLT and second Band 4 assistant posts are all accepted, awaiting checks and starting dates. Awareness training – Trust are involved in regional workstream agreeing content of awareness training and should be available by end of March 2019. To be provided by the trust project team as well as SLTs currently in trust.	**Green**

ACCESS TIMES: MONTH-ENDING APRIL 2019 AND PROJECTED MONTH-END POSITION FOR MAY 2019

NEW OUTPATIENTS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019											Projected End of May 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Family History**	-3 (-1%)		Yes	April 2016	NOP	125 weeks	38	9	6	5	10	12	12	8	16	42	**158**	128 weeks
SEC	**Breast - Symptomatic**	-170 (-4%)		Yes	October 2016	NOP	25 weeks	356	88	67	17	2	0	0	0	0	0	**530**	29 weeks
MUSC	**Cardiology (includes ICATS)**	+278 (+12%)		Yes	January 2016	NOP												**0**	61 weeks
MUSC	**Cardiology – Rapid Access Chest Pain (RACPC) - *Nurse-Led***	+898 (+62%)		TBC	Not applicable	NOP												**0**	7 weeks
CCS	**Chemical Pathology**	+35 (+25%)		Yes	February 2018	NOP	23 weeks	50	6	0	0	1	0	0	0	0	0	**57**	14 weeks
IMWH	**Colposcopy**	-380 (-28%)		No	March 2018	NOP	8 weeks	166	0	0	0	0	0	0	0	0	0	**166**	9 weeks
MUSC	**Dermatology Cons-Led only (incl Virtual & ICATS)**	+1015 (+14%)		TBC	June 2016	NOP												**0**	40 weeks
MUSC	**Dermatology Nurse-Led**	-770 (-31%)		TBC	July 2018	NOP												**0**	36 weeks
MUSC	**Endocrinology**	+278 (+52%)		Yes	March 2016	NOP	25 weeks	143	35	7	1	2	0	0	0	0	0	**188**	20 weeks
MUSC	**Diabetology**	+89 (+21%)		Yes	July 2016	NOP	71 weeks	105	8	2	1	0	0	0	0	0	1	**117**	75 weeks
SEC	**Ear, Nose & Throat (includes ICATS)**	-293 (-3%)		Yes	April 2017	NOP												**0**	96 weeks
MUSC	**Gastroenterology**	+123 (+6%)		Yes	May 2015	NOP	124 weeks	410	108	119	73	144	133	116	115	281	243	**1742**	128 weeks
MUSC	**General Medicine**	-161 (-33%)		No	January 2016	NOP	54 weeks	69	4	0	0	0	0	0	0	0	1	**74**	13 weeks
OPPC	**Geriatric Medicine**	+29 (+4%)		Yes	September 2018	NOP	20 weeks	41	8	5	1	0	0	0	0	0	0	**55**	22 weeks
OPPC	**Geriatric Assessment**	+67 (+14%)		Yes	November 2017	NOP	39 weeks	41	0	0	0	0	0	0	1	0	0	**42**	40 weeks
MUSC	**Geriatric Acute**	+208 (+31%)		Yes	April 2019	NOP	9 weeks	37	1	0	0	0	0	0	0	0	0	**38**	9 weeks
MUSC	**Orthopaedic-Geriatric**	+15 (+34%)		Yes	November 2018	NOP	78 weeks	61	23	24	11	8	18	11	12	28	28	**224**	82 weeks
SEC	**General Surgery (includes Haematuria)**	-2743 (-28%)		Yes	April 2016	NOP	129 weeks	1787	540	503	290	639	569	401	388	797	1646	**7560**	133 weeks
IMWH	**Gynaecology (includes Family Planning)**	-204 (-3%)		No	February 2018	NOP	24 weeks	1099	81	3	2	2	0	0	0	0	0	**1187**	19 weeks
IMWH	**Gynaecology Outpatients with Procedures (OPPs)**	No SBA		No	Not applicable	OPP	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
IMWH	**Gynae Fertility (Cons-Led)**	+73 (+53%)		No	Not applicable	NOP	7 weeks	3	0	0	0	0	0	0	0	0	0	**3**	6 weeks
CCS	**Haematology**	+180 (+44%)		Yes	June 2018	NOP	52 weeks	127	19	8	10	9	13	9	8	23	0	**226**	57 weeks
CCS	**Anti-Coagulant**	-61 (-19%)		No	Not applicable	NOP	2 weeks	5	0	0	0	0	0	0	0	0	0	**5**	7 weeks
MUSC	**Nephrology**	+77 (+48%)		Yes	Not applicable	NOP	23 weeks	62	2	1	1	2	0	0	0	0	0	**68**	27 weeks
MUSC	**Neurology**	+216 (+8%)		Yes	August 2017	NOP	133 weeks	329	120	92	83	140	156	125	140	306	2154	**3645**	135 weeks
SEC	**Orthodontics**	-348 (-64%)		No	September 2018	NOP	30 weeks	29	16	11	11	15	18	0	0	0	0	**100**	34 weeks
SEC	**Fractures**	+250 (+4%)		TBC	August 2018	NOP	8 weeks	333	0	0	0	0	0	0	0	0	0	**333**	2 weeks
SEC	**Orthopaedics**	-274 (-10%)		No	October 2014	NOP	125 weeks	610	223	231	120	147	121	129	127	292	1119	**3119**	129 weeks
OPPC	**Orthopaedic ICATS**	-67 (-1%)		No	February 2018	NOP												**0**	32 weeks
CYPS	**Paediatrics - Acute**	+163 (+6%)		Yes	December 2015	NOP	31 weeks	741	290	187	48	27	3	0	0	0	0	**1296**	Projection outstanding
CYPS	**Paediatrics - Community**	No SBA		No	April 2016	NOP	20 weeks	277	101	22	1	0	0	0	0	0	0	**401**	18 weeks
ATICS	**Pain Management**	-52 (-4%)		Yes	February 2015	NOP	41 weeks	209	79	74	70	114	128	103	47	0	0	**824**	49 weeks
CCS	**Palliative Medicine**	-5 (-4%)		TBC	August 2018	NOP	4 weeks	15	0	0	0	0	0	0	0	0	0	**15**	8 weeks
MUSC	**Rheumatology**	-44 (-3%)		Yes	September 2014	NOP	132 weeks	394	96	37	26	71	47	53	42	99	595	**1460**	134 weeks
MUSC	**Thoracic Medicine**	+85 (+5%)		Yes	November 2016	NOP	99 weeks	334	125	109	52	96	110	98	82	205	697	**1908**	98 weeks
SEC	**Urology (includes ICATS)**	+250 (+7%)		Yes	May 2015	NOP	171 weeks	728	168	140	64	109	113	104	93	204	2012	**3735**	175 weeks

INPATIENTS/DAY CASES

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	IPDC Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019											Projected End of May 2019 position (Longest Waiter)
								0-13 Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 46Wks	46+ to 52Wks	52+ Wks	TOTAL	
SEC	Breast Surgery	+49 (+12%)		No		IP												0	95 weeks
SEC	Breast Surgery					DC												0	90 weeks
MUSC	Cardiology	-506 (-26%)		TBC		IP/DC												0	52 weeks
CYPS	Community Dentistry	-490 (-28%)		No		IP/DC												0	25 weeks
MUSC	Dermatology Cons-Led	+187 (+18%)		Yes		IP/DC												0	52 weeks
MUSC	Dermatology Nurse-Led	+177 (+54%)		TBC		IP/DC												0	43 weeks
SEC	Ear, Nose & Throat (ENT)	-860 (-30%)		No		IP												0	131 weeks
SEC	Ear, Nose & Throat (ENT)					DC												0	131 weeks
MUSC	Gastroenterology (Non-Scopes)	+959 (+468%)		Yes		IP/DC												0	34 weeks
MUSC	General Medicine	-16 (-1%)		No		IP/DC												0	Not applicable
MUSC & OPPC	Geriatric Specialties combined	+50 (+500%)		TBC		IP/DC												0	Not applicable
SEC	General Surgery (includes Haematuria & Minor Ops)	-1703 (-29%)		TBC		IP												0	183 weeks
SEC	General Surgery (includes Haematuria & Minor Ops)					DC												0	163 weeks
IMWH	Gynaecology	-569 (-22%)		TBC		IP												0	65 weeks
IMWH	Gynaecology					DC												0	65 weeks
CCS	Haematology (incl Nurse-Led)	+960 (+83%)		Yes		IP/DC												0	Not applicable
MUSC	Neurology	+512 (+131%)		Yes		IP/DC												0	20 weeks
SEC	Orthopaedics	-191 (-10%)		Yes		IP												0	190 weeks
SEC	Orthopaedics					DC												0	166 weeks
CYPS	Paediatric Medicine	-7 (-6%)		TBC		IP/DC												0	Projection Outstanding
ATICS	Pain Management	-25 (-5%)		Yes		IP/DC												0	174 weeks
MUSC	Rheumatology	+165 (+6%)		Yes		IP/DC												0	18 weeks
MUSC	Thoracic Medicine	-58 (-12%)		Yes		IP/DC												0	5 weeks
SEC	Urology	+519 (+12%)		Yes		IP												0	277 weeks
SEC	Urology					DC												0	264 weeks

DIAGNOSTICS - ENDOSCOPY

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	IPDC Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019											Projected End of May 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	Endoscopy - Symptomatic	-2048 (-20%)		Yes		Diag. IP												0	121 weeks
SEC	Endoscopy - Symptomatic					Diag. DC												0	122 weeks
ATICS	Endoscopy - Bowel Cancer Screening (BCS)	+48 (+10%)		No	Not applicable	Diag. IP/DC												0	11 weeks

DIAGNOSTICS - IMAGING (reported 1 month in arrears)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of MARCH 2019 Position	Timebands (in Weeks) - WL Position at 31st March 2019										Projected End of May 2019 position (Longest Waiter)
							(Actual) Longest Waiter	0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
CCS	CT Scans General (Excl CTC & Angio))	+6407 (+28%)		Yes	Not applicable	Imaging	15 weeks	471	193	47	46	98	58	105	239	264	**1521**	10 weeks
CCS	CT Colonography (CTC)					Imaging	46 weeks											24 weeks
CCS	CT Angiography (Cardiology)					Imaging	88 weeks											82 weeks
CCS	Non-Obstetrics Ultrasound Scans (NOUS)	-4645 (-10%)		Yes	Not applicable	Imaging	35 weeks	1617	1257	1060	796	959	109	10	0	0	**5808**	34 weeks
CCS	DEXA Scans	+19 (+1%)		Yes	Not applicable	Imaging	43 weeks	217	231	239	248	529	303	626	59	0	**2452**	47 weeks
CCS	MRI Scans	-1836 (-12%)		Yes	Not applicable	Imaging	57 weeks	663	583	542	480	635	121	211	79	2	**3316**	59 weeks
CCS	Plain Film X-Ray	-10705 (-5%)		Yes	Not applicable	Imaging	15 weeks	599	327	184	68	1	0	0	0	0	**1179**	9 weeks
CCS	Fluoroscopy	No SBA		No	Not applicable	Imaging	41 weeks	89	83	84	65	67	15	15	3	0	**421**	39 weeks
CCS	Barium Enema	No SBA		No	Not applicable	Imaging	6 weeks	0	0	1	0	0	0	0	0	0	**1**	6 weeks
CCS	Gut Transit Studies	No SBA		No	Not applicable	Imaging	9 weeks	1	1	3	0	0	0	0	0	0	**5**	Projection Outstanding
CCS	Radio Nuclide	No SBA		No	Not applicable	Imaging	11 weeks	68	24	33	9	0	0	0	0	0	**134**	18 weeks
CCS	Diagnostic Angiography	No SBA		TBC	Not applicable	Imaging	Not Applicable	0	0	0	0	0	0	0	0	0	**0**	Not Applicable

DIAGNOSTICS - NON-IMAGING

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position	Timebands (in Weeks) - WL Position at 30th April 2019										Projected End of May 2019 position (Longest Waiter)
							(Actual) Longest Waiter	0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
MUSC	Cardiac Investigations - Echo & Non Echo (Combined WL)	-1650 (-16%) for TTE only		Yes	Not applicable	Diag.											**0**	Echo = 89 weeks Non-Echo = 61 weeks
CCS	Neurophysiology	-640 (-43%)		No	Not applicable	Diag.											**0**	65 weeks
CCS	Audiology	-1006 (-3%)		Yes	Not applicable	Diag.											**0**	15 weeks
MUSC	Sleep Studies	No SBA		No	Not applicable	Diag.											**0**	45 weeks
IMWH	Urodynamics (Gynaecology)	-277 (-69%)		No	Not applicable	Diag.											**0**	38 weeks
SEC	Urodynamics (Urology)	No SBA		No	Not applicable	Diag.											**0**	67 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - AUTISM

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019									Projected End of May 2019 position (Longest Waiter)
								0-4 Wks	4+ to 8Wks	8+ to 13Wks	13+to 18Wks	18+to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Autism - Assessment**	No SBA		TBC	Not availble	NOP	9 weeks	42	47	4	0	0	0	0	0	**93**	12 weeks
CYPS	**Autism - Treatment**	No SBA		TBC	Not availble	NOP	7 weeks	0	1	0	0	0	0	0	0	**1**	11 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - CAMHS

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019										Projected End of May 2019 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Child & Adolescent Mental Health Services (CAMHS):**	**No SBA**		**TBC**	**Not available**	**NOP**	**8 weeks**	**121**	**124**	**54**	**0**	**0**	**0**	**0**	**0**	**0**	**299**	**9 weeks**
CYPS	CAMHS Step 2	No SBA		TBC	Not available	NOP	8 weeks	62	57	29	0	0	0	0	0	0	**148**	8 weeks
CYPS	CAMHS Step 3	No SBA		TBC	Not available	NOP	8 weeks	58	63	24	0	0	0	0	0	0	**145**	9 weeks
CYPS	Eating Disorder Services (CAMHS)	No SBA		TBC	Not available	NOP	6 weeks	1	4	1	0	0	0	0	0	0	**6**	9 weeks

MENTAL HEALTH SERVICES (MHD)

Division/ Directorate/Programme of Care	Specialty	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019										Projected End of May 2019 position (Longest Waiter)
								0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
MHD	**Adult Mental Health Services:**	**No SBA**		**TBC**	**Not available**	**NOP**	**43 weeks**	**307**	**281**	**215**	**155**	**171**	**286**	**74**	**2**	**0**	**1491**	**43 weeks**
MHD	Primary Care Mental Health Team	No SBA		TBC	Not available	NOP	30 weeks	150	140	125	142	169	274	72	0	0	**1072**	31 weeks
MHD	Community Mental Health Teams	No SBA		TBC	Not available	NOP	9 weeks	42	18	3	1	0	0	0	0	0	**64**	9 weeks
MHD	Community Mental Health Teams for Older People	No SBA		TBC	Not available	NOP	0 weeks (CMHT Only)	1	0	0	0	0	0	0	0	0	**1**	33 weeks (Consultant-Led) 4 weeks (CMHT)
MHD	Forensic Services	No SBA		TBC	Not available	NOP	Not applicable	0	0	0	0	0	0	0	0	0	**0**	2 weeks
MHD	Eating Disorder Services	No SBA		TBC	Not available	NOP	43 weeks	8	6	4	2	1	4	2	2	0	**29**	43 weeks
MHD	Addiction Services	No SBA		TBC	Not available	NOP	13 weeks	92	102	75	2	1	0	0	0	0	**272**	9 weeks
MHD	Personality Disorder Services	No SBA		TBC	Not available	NOP	21 weeks	14	15	8	8	0	8	0	0	0	**53**	Projection Outstanding
MHD	**Memory / Dementia Services**	No SBA		Yes		NOP	19 weeks	69	62	46	8	3	1	0	0	0	**189**	24 weeks
MHD	**Psychological Therapies**	**No SBA**		**TBC**	**Not available**	**NOP**	**68 weeks**	**64**	**77**	**74**	**123**	**63**	**66**	**101**	**32**	**37**	**637**	**72 weeks**
MHD	Adult Mental Health	No SBA		TBC	Not available	NOP	68 weeks	30	28	39	49	24	51	101	32	37	**391**	72 weeks
MHD	Adult Learning Disability	No SBA		TBC	Not available	NOP	16 weeks	14	14	9	17	7	0	0	0	0	**61**	19 weeks
MHD	Children's Learning Disability	No SBA		TBC	Not available	NOP	12 weeks	6	5	3	1	0	0	0	0	0	**15**	12 weeks
MHD	Adult Health Psychology	No SBA		TBC	Not available	NOP	25 weeks	12	28	21	51	31	15	0	0	0	**158**	25 weeks
MHD	Children's Psychology	No SBA		TBC	Not available	NOP	16 weeks	1	2	2	5	1	0	0	0	0	**11**	20 weeks
MHD	Neurodisability Services	No SBA		TBC	Not available	NOP	1 week	1	0	0	0	0	0	0	0	0	**1**	Projection Outstanding

ALLIED HEALTH PROFESSIONALS (AHPs)

Division/ Directorate/Programme of Care	Specialty/ Programme of Care	SBA Performance +/- at 31/03/19 (incl. IRR)	SBA Performance +/- at 30/04/19 (incl. IRR)	Known Capacity Gap	OP Review Backlog Position at 30/04/19 *(Longest Waiter)*	Activity Type	End of APRIL 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th April 2019								Projected End of May 2019 position (Longest Waiter)
								0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 32Wks	32Wks +	TOTAL	
All POCs	**Dietetics combined (All POCs):**				**Not available**	**AHP**	**14 weeks**	**675**	**61**	**1**	**0**	**0**	**0**	**0**	**737**	**13 weeks**
CCS (POC 1)	Dietetics - Acute			Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	**0**	13 weeks
CYPS (POC 2)	Dietetics - Paediatrics				Not available	AHP	15 weeks	182	37	1	0	0	0	0	**220**	10 weeks
OPPC (POC 4&9)	Dietetics - Elderly and Primary Health Care				Not available	AHP	12 weeks	490	24	0	0	0	0	0	**514**	13 weeks
MHD (POC 5)	Dietetics - Mental Health				Not available	AHP		0	0	0	0	0	0	0	**0**	
MHD (POC 6)	Dietetics - Learning Disability				Not available	AHP		3	0	0	0	0	0	0	**3**	
MHD (POC 7)	Dietetics - Physical Disability				Not available	AHP		0	0	0	0	0	0	0	**0**	
All POCs	**OT combined (All POCs):**				**Not available**	**AHP**	**66 weeks**	**820**	**292**	**196**	**145**	**263**	**261**	**459**	**2436**	**64 weeks**
CCS (POC 1)	Occupational Therapy - Acute			No	Not available	AHP	63 weeks	103	31	21	21	60	37	88	**361**	54 weeks
CYPS (POC 2)	Occupational Therapy - Paediatrics				Not available	AHP	66 weels	83	42	27	27	48	53	191	**471**	Projection Outstanding
OPPC (POC 4&9)	Occupational Therapy - Elderly and Primary Health Care				Not available	AHP	60 weeks	405	145	93	59	110	122	172	**1106**	64 weeks
MHD (POC 5)	Occupational Therapy - Mental Health				Not available	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Not applicable
MHD (POC 6)	Occupational Therapy - Learning Disability				Not available	AHP	18 weeks	28	8	3	1	0	0	0	**40**	18 weeks
MHD (POC 7)	Occupational Therapy - Physical Disability				Not available	AHP	62 weeks	201	66	52	37	45	49	8	**458**	30 weeks
CCS (POC 1)	Orthoptics			Yes		AHP	21 weeks	522	70	20	1	0	0	0	**613**	Projection Outstanding
All POCs	**Physio. combined (All POCs):**				**Not available**	**AHP**	**45 weeks**	**3062**	**762**	**194**	**56**	**31**	**6**	**35**	**4146**	**32 weeks**
CCS (POC 1)	Physiotherapy - Acute			Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	**0**	13 weeks
CYPS (POC 2)	Physiotherapy - Paediatrics				Not available	AHP	29 weeks	148	38	30	20	6	1	0	**243**	29 weeks
OPPC (POC 4&9)	Physiotherapy - Elderly and Primary Health Care				Not available	AHP	23 weeks	2796	684	143	26	9	0	0	**3658**	23 weeks
MHD (POC 5)	Physiotherapy - Mental Health				Not available	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Not applicable
MHD (POC 6)	Physiotherapy - Learning Disability				Not available	AHP	43 weeks	11	1	5	3	5	3	25	**53**	32 weeks
MHD (POC 7)	Physiotherapy - Physical Disability				Not available	AHP	45 weeks	107	39	16	7	11	2	10	**192**	30 weeks
All POCs	**Podiatry combined (All POCs):**				**Not available**	**AHP**	**16 weeks**	**1035**	**237**	**24**	**0**	**0**	**0**	**0**	**1296**	**19 weeks**
CCS (POC 1)	Podiatry - Acute			Yes	Not available	AHP	Not applicable	0	0	0	0	0	0	0	**0**	13 weeks
CYPS (POC 2)	Podiatry - Paediatrics				Not available	AHP	16 weeks	3	0	0	0	0	0	0	**3**	19 weeks
OPPC (POC 4 & 9)	Podiatry - Elderly and Primary Health Care				Not available	AHP		1022	236	24	0	0	0	0	**1282**	
MHD (POC 5)	Podiatry - Mental Health				Not available	AHP		1	0	0	0	0	0	0	**1**	
MHD (POC 6)	Podiatry - Learning Disability				Not available	AHP	11 weeks	9	1	0	0	0	0	0	**10**	11 weeks
All POCs	**SLT combined (All POCs):**				**Not available**	**AHP**	**63 weeks**	**625**	**239**	**205**	**153**	**270**	**195**	**220**	**1907**	**26 weeks**
CCS (POC 1)	Speech and Language Therapy - Acute			Yes	Not available	AHP	24 weeks	0	0	0	0	1	0	0	**1**	26 weeks
CYPS (POC 2)	Speech and Language Therapy - Paediatrics				Not available	AHP	46 weeks	380	157	119	98	204	139	87	**1184**	Projection Outstanding
OPPC (POC 4&9)	Speech and Language Therapy - Elderly and Primary Health Care				Not available	AHP	63 weeks	229	82	85	55	65	56	133	**705**	Projection Outstanding
MHD (POC 6)	Speech and Language Therapy - Learning Disability				Not available	AHP	9 weeks	16	0	0	0	0	0	0	**16**	Projection Outstanding
MHD (POC 7)	Speech and Language Therapy - Physical Disability				Not available	AHP	16 weeks	0	0	1	0	0	0	0	**1**	Projection Outstanding

IP = Elective In-Patient   DC = Day Case   NOP = New Out-Patient   ▨ **Information (reports) not available**

Notes:

- Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
- Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
- TBC - Access time 'To Be Confirmed' by the Operational Team.

- Projection outstanding - projections for month-end not provided by service - access time(s) to be confirmed by the Operational Team.
- Orthopaedic NOPs 30th APRIL 2019 breakdown: Upper Limb = longest waiter at 94 weeks; Lower Limb = longest waiter at 73 weeks; Foot & ankle = longest waiter at 125 weeks

Southern Health
and Social Care Trust

Quality care – for you, with you

BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 29th August 2019
Title:	Monthly Corporate Performance Scorecard
Lead Director:	Aldrina Magwood Director of Performance & Reform
Purpose:	For Information

Key strategic aims:

- To provide information to the Trust Board in exercising its function of overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

Key issues/risks for discussion

- **Draft Commissioning Plan**: On 7 August the Trust received the Health and Social Care Boards draft Commissioning Plan for 2019/20, including Objectives and Goals for Improvement (OGIs) for 2019/2020. The Trust is required to respond to the plan via the Trust Delivery Plan (TDP) for 2019/20 by 4 October 2019.
  The TDP will make an assessment of the anticipated level of performance that can be achieved against each OGI, including 6 new objectives. In the interim the Trust will continue to report on the OGIS set out in 2018/2019

- **Performance Committee**: In responses to the identification at Trust Board Workshop in June for the requirement for a Performance Committee to be established as a formal standing commitment of the Trust Board a Terms of Reference has been prepared for approval at the Trust Board

- The **Corporate Scorecard** attached provides a summary of actual performance against all OGIs and key Performance Improvement Trajectories (PIT), which now form part of new HSC performance management arrangements. Whilst the scorecard includes an assessment of actual performance against the objective sought on a Red, Amber and Green (RAG) basis to inform performance against targets, the performance trends are also included.

- **Key Risks** continue to relate to the challenges of increasing demand against capacity, the available capacity to meet red flag/ urgent and unscheduled demands in a timely manner and challenges in the ability to recruit and retain sufficient skilled workforce to ensure the provision of core service delivery. Key areas for focus include those below and further information will be provided on action to improve the current position in the next report to the Board
    - Cancer pathways
    - Diagnostic Services which support both red flag/urgent and routine clinical pathways
    - Waits for patients awaiting review/intervention that are beyond the clinically indicated timescales
    - New waits for first assessments in mental health services
- Risks are managed in line with the performance management framework.

Summary of SMTdiscussion:

- Assurance re direction of capacity to Red Flag and Urgent demand in the first instance in light of ongoing reduced core and additional capacity;
- Focus on actions to manage and stratify any emergent risk in caseloads/reviews for patients waiting to be seen beyond clinically indicated timescales and actions to improve;
- Development of a diagnostics improvement plans;
- Continued focus on unscheduled care, assurance re ongoing work for resilience planning including review of regional learning.

Human Rights/Equality:

The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.

Equality screening and rural proofing to be undertaken on all transformational schemes in line with IPT processes (Summarise any Human Rights or Equality issues/concerns)

Southern Health
and Social Care Trust

Quality Care - for you, with you

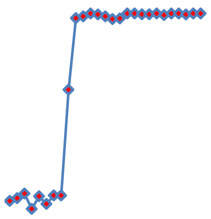
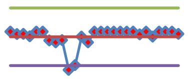
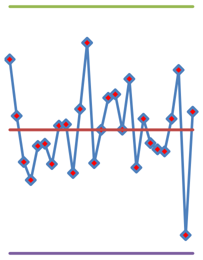
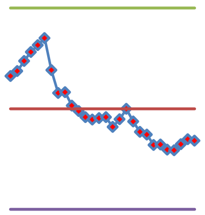
Southern Health and Social Care Trust

Corporate Performance Dashboard

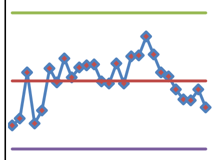
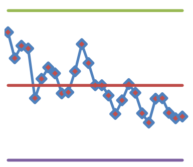
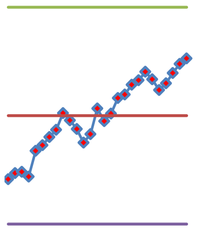
Reporting Against 2018/2019 Commissioning Plan Directive Objectives and Goals for Improvement

August 2019 Trust Board for July 2019 Performance

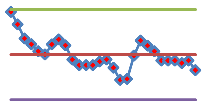
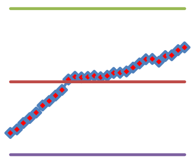
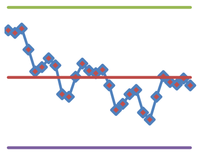
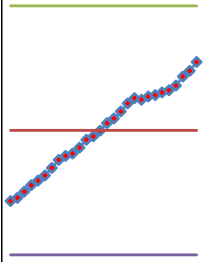
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Cancer	**ASD**	**Suspect Breast Cancer (14 days)**	During 2018/2019 all urgent suspected breast cancer referrals should be seen within 14-days.	47.2%	100%	99.4%		**Amber**	**99.9%**	No breaches were reported in June, therefore cumulatively to date in 2019/2020 there has been 1 breach of the 14-day objective. Capacity for additional assessment clinics, has been funded non-recurrently for 2019/2020, to help manage demand. At the end of July 2019, a total of 497 patients were on the routine waiting list with 283 waiting in excess of 9-weeks. The longest routine wait is 28-weeks. Over the last 12-months the volume of routine patients on the waiting list has seen an increasing trend, however the longest wait has not significantly increased. Whilst additional capacity is to be directed to red flag/urgent waits; additional routine capacity, funded via transformation monies, was delivered in Quarter 1 and is expected to continue from September. Regional consultation on reshaping breast assessment services is ongoing.
Cancer	**ASD**	**Cancer Pathway (31 days)**	During 2018/2019, at least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat.	97.0%	98%	99.5%		**Amber**	**99.8%**	Cumulatively at the end of June 2019 there has been 1 breach against the 31-day pathway target within skin cancer which was impacted by surgical capacity. Due to the high volume of patients on the cancer pathway, the current process for escalation is not effective. This is under discussion at the Cancer Performance Meeting.
Cancer	**ASD**	**Cancer Pathway (62 days)**	During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days.	74.3%	95%	74.4%		**Red**	**72.6%**	During 2019/2020 as at June 2019, 66 patients have waited more than 62-days to commence their first treatment with the majority of breaches occurring within Urology. Of the completed waits on the 62-day pathway in June, the longest completed wait was a Urology patient at 148 days (this reflects the actual wait in the period and not the chronological time period). Reasons for breaches include insufficient capacity for assessment, delays to diagnostics tests and referrals between Trusts as well as complex diagnostic pathways. Since March 2019, referrals on the 62-day and 31-day pathways have increased by +9% which impacts on the ability to meet this target. Work is ongoing to assess the impact of reduced additional activity on the cancer pathway waits. Average regional performance is 54%. The Performance Team are working with the Acute Cancer Performance Group to explore more detailed analysis of capacity and demand.
Elective	**ASD** **CYPS** **MHD** **OPPC**	**Allied Health Professionals**	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional	3,952	0	2,729		**Red**	**3,070**	At the end of July 2019, the numbers waiting over 13-weeks has increased by +341 (+12%) since March 2019 however they have decreased by -2% since June 2019. Overall the numbers waiting for AHP services has also increased by +8% (+836) since March 2019. From March 2019, the largest increases have occurred within Physiotherapy and Occupational Therapy and the longest wait is in Occupational Therapy, within the Paediatric Programme of Care, at 70-weeks. Additional capacity, funded non-recurrently, during Quarter 1 ceased at the end of June 2019 therefore it is anticipated that volumes and longest waits will increase as additionality has been ceased.

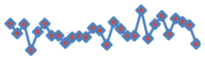
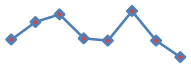
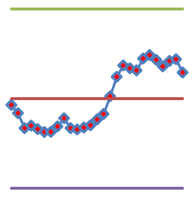
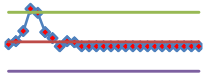
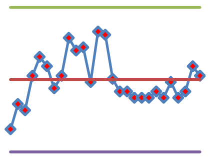
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Elective	**ASD CYPS MHD OPPC**	**Allied Health Professionals (Review Backlog)**	**NON-OGI** The number of patients waiting beyond clinically indicated timescale for review (Allied Health Professionals)	Not Available	Non OGI	Not Available		**NON-OGI**	**4,328**	At the end of May 2019, 4,328 patients were waiting beyond their timescale for review within Allied Health Professions. The longest patient waiting is within Occupational Therapy, in the Elderly and Primary Care Programme of Care, from September 2014. The service is currently assessing the frequency on which this information can be reported going forward.
Elective	**ASD**	**Diagnostic Reporting (Urgent)**	By March 2019, all urgent diagnostic tests should be reported on within 2 days.	81.4%	100%	82.9%		**Red**	**80.0%**	Cumulatively at the end of June 2019, 80% of urgent diagnostic tests have been reported within 2 days. During this period, 78.8% of Imaging and 93.0% of Non-Imaging Urgent Diagnostic Tests have been reported within 2 days. No significant or sustainable improvement is anticipated in this area due to on ongoing staff vacancies. Additional capacity has been secured within the Independent Sector (IS) for Imaging reporting, however capacity within the IS and Trust staff vacancies continue to impact on the DRTT.
Elective	***ASD***	***Diagnostic Reporting (Imaging Unreported Plain Film X-Rays)***	***NON-OGI*** *Imaging Plain Film Exams Unreported (that are required to be reported)*	*Not Available*	*Non OGI*	*Not Available*		**NON-OGI**	***5,153***	*As at 13 August 2019, there are 5,153 plain film X-Rays that remain unreported. Of these, 172 are unreported for more than 28 days; of which 69 are Chest X-Rays and the longest wait is 42-days. Priority is given to reporting of chest x-rays and of those waiting over 28-days. A number of factors are impacting on this including reduced uptake of additional sessions, loss of staff capacity and limited and reduced Independent Sector capacity due to the holiday period in England. A number of short-term options are being explored.*
Elective	**ASD**	**Diagnostic Test**	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	57.2%	75%	47.5%		**Red**	**43.9%**	At end of June 2019 the number waiting over 9-weeks has increased by +2,500 (+18%) since March 2019. Since March 2019 the majority of the increase in waits for diagnostic tests >9 weeks has occurred within NOUS Imaging, Cardiology Non-Invasive Investigations and Endoscopy. Additional capacity, funded non-recurrently, contributed to the improvement in waiting list volumes at the end of 2018/2019 however the level of additionality delivered in Quarter 1 in 2019/2020 is half of what was undertaken in Quarter 4 and non-recurrent funding has not been committed for the total planned activity. Workforce pressures will impact on diagnostic activity undertaken in 2019/2020.
Elective	**ASD**	**Diagnostic Test**	By March 2019, No patient waits longer than 26 weeks.	2,963	0	5,771		**Red**	**6,951**	At the end of June 2019, the number waiting >26 weeks for Diagnostic Tests has increased by +20% (+1,180) since March 2019. Since March 2019, non-imaging, and in particular Cardiac Non-Invasive Investigations, has experienced the greatest increase in the number waiting >26 weeks and total number waiting for Diagnostic Tests. Additional non-recurrent funding has been allocated in 2019/2020 to undertake urgent/red flag Imaging (CT and MRI) and Cardiac Investigations, in-house and via the independent sector. HSCB have also committed non-recurrent funding for Endoscopy and the Trust are currently exploring options to increase capacity for this; this is challenged in light of reduced additional in-house capacity available.

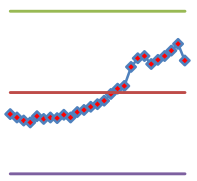
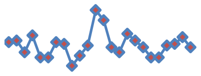
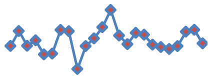
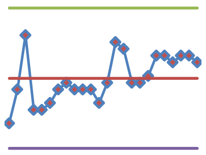
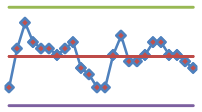
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment	33.9%	55%	35.0%		**Red**	**34.4%**	At the end of July 2019, 67% of patients are waiting over 13-weeks for inpatient/daycase treatment. Recurrent investment for capacity gaps along with non-recurrent backlog clearance is required to establish sustainable improvement. Capacity continues to be directed to red flag/urgent cases in the first instance.
Elective	**ASD**	**Inpatient/Day Case Treatment**	By March 2019, no patient waits longer than 52 weeks.	2,079	0	2,700		**Red**	**3,010**	At the end of July 2019, 27% of patients are waiting over 52-weeks for Inpatient/Day Case Treatment. A trend in increasing waits continues to be demonstrated. The majority of patients waiting over 52-weeks are waiting within the Orthopaedic, Urology and General Surgery Specialty areas. The Average Waiting Time is 40-weeks with the 95th percentile wait at 128-weeks and the longest wait at 274-weeks within Urology specialty. Recurrent investment in workforce and infrastructure is required to see sustainable improvement however non-recurrent funding was secured to undertake additional in-house Inpatient/Day case activity within some specialties during 2019/2020. In due course, work on the development of protected elective day centres should have an impact and a proposal for additional validation support has been developed.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	33.1%	50%	29.9%		**Red**	**30.9%**	At the end of July 2019, the number of patients waiting over 9-weeks has increased by +5,969 (+22%) since March 2018 and the total number of patients for an out-patient appointment waiting has increased by +18% (+7,115) in the same period. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. Core and additional capacity continues to be directed to red flag/urgent referrals in the first instance with non-recurrent additionality, funded by HSCB, being utilised in 2019/2020 for red flag/urgent referrals.
Elective	**ASD**	**Out-Patient Appointment**	By March 2019, no patient waits longer than 52 weeks.	5,888	0	8,514		**Red**	**10,013**	At the end of July 2019, 21.2% of the total patients waiting for an out-patient appointment are waiting over 52-weeks. There has been an increase of +70% in the number waiting over 52-weeks since March 2018 as illustrated in the trend graph. Of those waiting over 52-weeks at the end of July 2019, 77% are in Neurology, Urology and General Surgery and Orthopaedics specialties. The Average Waiting Time is 33-weeks and the longest wait is 184-weeks within Urology. Non-recurrent funding has been secured in 2019/20 to undertake additional urgent/Red Flag Outpatient appointments in-house and via the independent sector. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. A proposal for additional validation support has been developed.

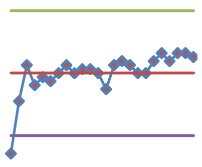
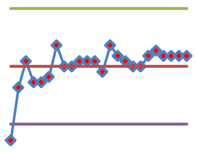
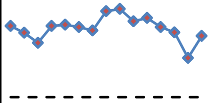
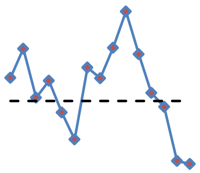
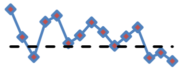
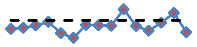
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Health and Wellbeing-Children's	**ASD**	**Breastfeeding (at Discharge)**	By March 2019, increase the percentage of infants breastfed from birth (at discharge)	49.20%	>49.2%	50.5%		**Trust's Contribution - Amber**	**51.0%**	Dashboard outlines Monthly % of infants breastfed upon discharge from the Trust (from birth). Cumulatively at July 2019 the % of children breastfeeding upon discharge is 51% demonstrating an increase from the corresponding period last year when 49.9% were breastfeeding on discharge. However July 2019 has demonstrated a decrease to 46.6% attributed to reduced support available for mothers due to midwifery workforce pressures. However the service endeavours to maintain current breastfeeding rates. The Trust celebrated World Breastfeeding Week in August 2019, raising awareness and taking part in the Global Big Latch On event in Banbridge Health and Care Centre.
Health and Wellbeing-Children's	**ASD**	**Breastfeeding (at 6-9 month review)**	By March 2019, increase the percentage of infants breastfed from 6 months (at 6-9 month review).	17.10%	>17.1%	16.4%		**Trust's Contribution - Amber**	**16.4%** **(2018/19)**	Note: This is reported 3-month in arrears therefore 2019/2020 information will not be available until October. Dashboard outlines Quarterly % of children recorded as breastfeeding at their 6-9 month review (total and partial). Cumulatively during 2018/19 the % breastfeeding at 6-9 month review did not demonstrate an increase from the corresponding period last year attributable to demand on a single Infant Feeding Lead in the Trust. Negotiations are underway to fund a Community Infant Feeding Lead to support the achievement of this objective.
Mental Health	**MHD**	**Adult Mental Health Service**	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	101	0	656		**Red**	**601**	At the end of June 2019, the number of patients waiting over 9-weeks has reduced by 17% since end of May 2019. The majority of patients waiting over 9-weeks continues to be within the Primary Care Mental Health Teams where recruitment of new staff, utilisation of independent sector providers and bank and agency staff are contributing to an increased capacity within the service. At the end of June the longest waiter is in the Eating Disorder Service at 32-weeks where recruitment is ongoing to fill vacancies. A refreshed demand and capacity exercise is to be undertaken in 2019/20.
Mental Health	**CYPS**	**Child and Adolescent Mental Health Services**	By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.	0	0	0		**Green**	**0**	To date in 2019/20 there has been no breaches of the 9-weeks target within CAMHS and the longest wait at the end of June 2019 was 8 weeks. Whilst this position is currently maintained the service project challenges in maintaining this position; a bid has been submitted to the HSCB for consideration.
Mental Health	**MHD**	**Dementia**	By March 2019, no patient waits longer than 9 weeks to access dementia services.	15	0	10		**Red**	**17**	At the end of June 2019, 17 patients were waiting in excess of 9-weeks with the longest wait at 17-weeks. The number of breaches continues to be lower than anticipated in the operational trajectory. Waiting times have been impacted by medical vacancies, for those patients referred directly to consultants, and other workforce pressures. Recruitment is ongoing. Additional screening clinics continued to be provided in June however were reduced during July/August. Lack of recurrent investment in this pathway and anticipated increases in demand linked to demography and disease prevalence remain key challenges.

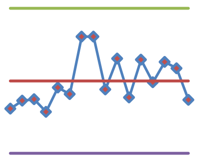
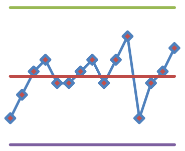
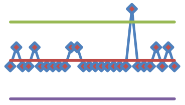
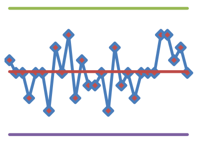
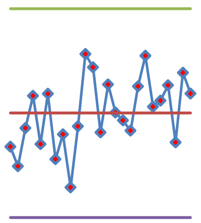
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Mental Health	**MHD**	**Psychological Therapies**	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (at any age).	84	0	279		**Red**	**263**	At the end of June 2019, 263 patients were waiting in excess of 13-weeks, this demonstrates a reduction of -60 in the number of patients waiting >13 weeks from May 2019. The longest wait is within Adult Mental Health at 76-weeks. In-house capacity is being fully utilised to meet demand and reduce waiting times. However increases in the number of complex referrals with longer treatment tails and sustainability of current capacity levels will impact on waiting times. An internal review of Psychological Therapies has been initiated in 2019/2020. The Trust has secured capacity within the Independent Sector for lower level referrals however this may have a limited impact due to the specialist input required in the majority of cases.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments**	By March 2019, **establish a baseline** of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%	Baseline Established		**Amber**	**Baseline Established**	Baseline established as per OGI achieving 2018/19 objective.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (%)**	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%	2.9%		**Amber**	**2.1% (May 2019 only)**	April information is not currently available. During May 2019, 2.1% of cancelled outpatient appointments resulted in the patient waiting longer. This is a reduction from 2.7% demonstrated in May 2018.
Optimisation of Resources	**ASD**	**Hospital Cancelled Outpatient Appointments (Number)**	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	5,546	5,269	6,110		**Amber**	**384 (May 2019 only)**	April information is not currently available. Whilst May 2019 achieved the monthly target the position is variable and not demonstrating any seasonal patterns. Analysis in May indicated that proportionately twice as many of the appointments cancelled impacted on review rather than new patients; this further impacts the backlog of patients waiting longer than clinically indicated for review appointments. During May 2019 Consultant unavailability has been the main cause of outpatient cancellations that were subsequently put back resulting in the patient waiting longer.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Day Cases)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Day Cases)**	4%	Better than baseline	10%		**Red**	**10% (2018/19)**	**Daycases** - (Cumulative position demonstrated in monthly columns). Strong performance was demonstrated in 2018/19 against the DC SBA with activity 2,179 above the commissioned level. This reflects in part a greater movement towards daycase procedures where appropriate and offsets some of the underperformance in elective in-patients below. Hospital statistics for the last reported period 2017/2018 reports the Southern Trust had the highest % day case rate at 87.6%
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Elective In-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Elective In-Patients)**	-40%	Better than baseline	-37%		**Red**	**37% (2018/19)**	**Inpatients** - (Cumulative position demonstrated in monthly columns). Cumulatively during 2018/19, 2,524 less patients were treated than the commissioned level of activity. In numerical terms the top 3 specialties contributing to underperformance in 2018/19 were: ENT, General Surgery and Gynae. Elective IP has been impacted by unscheduled care pressures with elective capping in place during 2018/19, which whilst minimises the impact on cancellations for scheduled patients, reduces capacity.

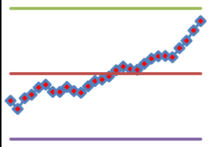
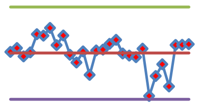
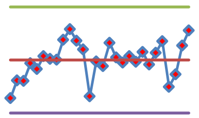
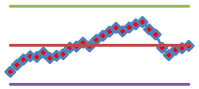
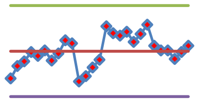
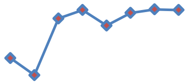
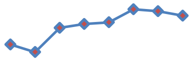
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Optimisation of Resources	**ASD**	**Service and Budget Agreement (New Out-patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(New Out-Patients)**	-8%	Better than baseline	-4%		**Red**	**-4% (2018/19)**	**New Outpatients** - (Cumulative position demonstrated in monthly columns.) Cumulatively during 2018/19, 2,768 less patients were assessed than the commissioned level of activity. Of these, 995 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The top 3 specialties contributing to underperformance during 2018/19 were: General Surgery; Nurse-Led Dermatology and Colposcopy.
Optimisation of Resources	**ASD**	**Service and Budget Agreement (Review Out-Patients)**	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. **(Review Out-Patients)**	-8%	0	-7%		**Red**	**-7% (2018/19)**	**Review Outpatients** - (Cumulative position demonstrated in monthly columns). Cumulatively during 2018/19, 9,551 less patients were reviewed than the commissioned level of activity. Of these, 2,791 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The General Surgery specialty contributed to the majority of Trust underperformance in 2018/19 which is largely attributable to medical workforce challenges which is attributed to lack of middle grade medical staff.
Safe Systems of Care	**Medical**	**Antibiotic Consumption**	At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% of antibiotics from WHO access aware category as a proportion of all antibiotic use. By March 2020 reducing total antibiotic prescribing by 10%.	58.9%	55% or above	61.4%		**Amber**	**59.9%**	Cumulatively at June 2019 antibiotic consumption from the WHO Access Aware category continues to be above the 55% target. The Antibiotic Review Kit (ARK) research study commenced in March 2019 across 30 trusts in the UK, including the Southern Trust. This aims to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex. These changes involve an automatic stop after 72 hours on all antibiotics, after which an antibiotic is required to be re-prescribed.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Total use)**	A total reduction in **total** antibiotic use of 1% measured in DDD per 1000 admissions	9,813 DDD/1000 admissions	9,715 DDD/1000 admissions	10,205		**Amber**	**8,817**	PHA figures, measured in Defined Daily Doses (DDD) per 1000 admissions, are reported. Cumulatively at June 2019 the total antibiotic use, DDD per 1000 admissions, was lower than the 2018/19 target. The review of all antibiotic policies, aiming to reduce the recommended duration of antibiotic therapy for specific indicators, is continuing in 2019/20. In April, new antimicrobial pharmacists commenced in the antibiotic stewardship team and the Antimicrobial Stewardship Operational Group was established in May 2019.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Carbapenem)**	A reduction in **carbapenem** use of 3% measured in DDD per 1000 admissions	114 DDD/1000 admissions	110 DDD/1000 admissions	137		**Amber**	**90**	PHA figures, measured in DDD per 1000 admissions, are now reported. Cumulatively to date in 2019/2020 the use of carbapenem continues to be below the 2018/2019 target. Since December 2018 carbapenem has been removed from ward stock lists and is issued on a named patient basis. All patients prescribed carbapenems are reviewed by the Antimicrobial Pharmacist and Consultant Microbiologist with a view to switching to an alternative antibiotic or recommending the shortest effective duration of treatment.
Safe Systems of Care	**Medical**	**Antibiotic Prescribing (Piperacillin - Tazobactam)**	A reduction in **piperacillin-tazobactam** use of 3%, measured in DDD per 1000 admissions.	383 DDD/1000 admissions	372 DDD/1000 admissions	351		**Amber**	**365**	Cumulatively at June 2019 the use of piperacillin-tazobactam has fallen below the 2018/19 target rate (372) with 365 defined daily doses of piperacillin-tazobactam. In April, new antimicrobial pharmacists commenced in the antibiotic stewardship team and the Antimicrobial Stewardship Operational Group was established in May 2019. Antibiotic policies where piperacillin/tazobactam is recommended are currently being reviewed with a view to switching to an alternative agent from the WHO ACCESS category.

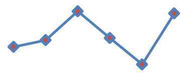
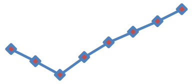
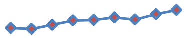
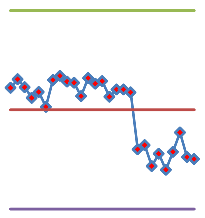
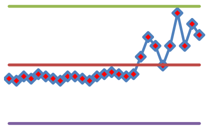
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Safe Systems of Care	**OPPC**	**GP Appointments**	By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018	15,252	>15,252	15,258		**Green**	**5,162**	Note: All available appointments within GP Practice are included in the figures reported. Cumulatively as at July 2019, the Trust has demonstrated an increase of +594 appointments in comparison to the same period last year, however, there was -164 available appointments in July 2019 compared to June 2019. From June 2019 the full quota of GPs are in post, however, recent centralised midwife capacity in addition to loss of staff capacity due to a long term absence and upcoming resignations have and will continue to impact on the number of available appointments.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Gram-Negative Bloodstream Infections**	By 31st March 2019, to secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomona aeruginosa bloodstream infection, acquired after two days of hospital admission.	71	58	65		**Red**	**19**	Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission, as per PHA, are reported. At the end of June 2019 there has been 19 reported cases in 2019/2020 which is +27% above the apportioned 2018/2019 target. A series of audits are being undertaken to inform this issue. Preliminary results from a prospective audit looking at Gram negative bacteraemias occurring 48-hours after admission have indicated that a proportion are preventable however meeting a 50% reduction will be challenging. Work is progressing on all audits and results are expected soon.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: MRSA**	To secure a Regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA infection. SHSCT objective level is 5 cases therefore no reduction is required.	4	5	3		**Green**	**2**	Cumulatively at July 2019 there has been 2 cases of MRSA one of which was preventable. A post-infection review is outstanding. Preventability criteria is currently being reviewed to assist in the prevention of episodes and further understanding the data. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	**Medical**	**Healthcare Acquired Infections: Clostridium Difficile**	By 31st March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile infection. SHSCT objective level is 50 cases therefore no reduction is required.	48	50	45		**Amber**	**22**	Cumulatively during 2019/2020 there has been 22 Clostridium Difficile cases in the Trust which is +5 (+29%) above the apportioned target for the year to date. A post-infection review is undertaken for all cases. The PHA noted that there has been an increase in cases regionally. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	**ASD**	**Ischaemic Stroke**	By March, 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	12.0%	15%	15.4%		**Amber**	**15.7%**	Cumulative performance from May 2018 - April 2019 is 15.7%. The Stroke Collaborative Patient Safety Dashboard for April 2019 outlines 100% of patients were assessed by Stroke Team within 30 minutes of registration at A&E, 100% of patients potentially eligible for thrombolysis received CT Scan within 45 minutes and 50% of patients deemed suitable for thrombolysis received first bolus within 60 minutes of arrival at A&E. Monthly performance is impacted by the variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thrombolysis. Wider qualitative indicators continue to be monitored.

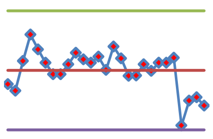
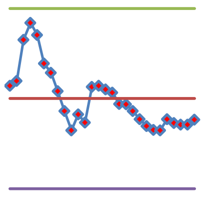
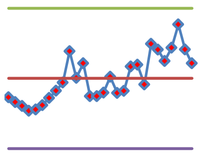
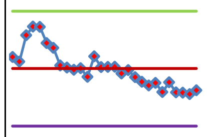
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Safe Systems of Care	**ASD CYPS OPPC**	**Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for outpatients review. (Consultant led review only)	13,090	0	24,837		**NON-OGI**	**28,864**	At July 2019 there has been an increase of +16% (+4,027) in the total number of patients waiting beyond their timescale for review since March 2019. The specialities with the largest volumes of patient waiting beyond their timescale for review include ENT, Dermatology, General Surgery, Urology and Cardiology. The longest patient waiting dates back to September 2014 within Rheumatology. The availability of funding, workforce and urgent/red flag demand will influence any improvement to be made. A proposal for additional validation support has been developed.
Safe Systems of Care	**MHD**	**Out-Patients Review Backlog Consultant Led Memory Service**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for out-patient review. (Consulted led review only)	911	0	830		**NON-OGI**	**956**	Note: Figures may be understated as data presented only reflects those patients waiting, beyond their clinically indicated timescales, recorded on the PAS information system and in the Consultant Led service. Workforce capacity issues have impacted performance on the level of activity in month.
Safe Systems of Care	**ASD CYPS OPPC**	**Inpatient/Day Case Treatment Review Backlog (Excluding Endoscopy)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for inpatient/day case review	511	0	543		**NON-OGI**	**585**	At the end of July 2019, there was 585 patients waiting beyond their timescale for review which demonstrates a increase of +8% (+42) since March 2019. The specialities with the largest volumes of patients waiting beyond their timescale for review include Urology, Orthopaedics, Cardiology and Rheumatology. The longest patients waiting date back to August 2016 within Urology and Cardiology.
Safe Systems of Care	**ASD**	**Inpatient/Day Case Treatment Review Backlog (Endoscopy)**	**NON-OGI** The number of patients waiting in excess of their clinically required timescale for inpatient/day case review (Endoscopy only).	1670	0	1,579		**NON-OGI**	**1,613**	At the end of July 2019, there was 1,613 patients waiting beyond their timescale for Endoscopy planned repeat procedures which demonstrates a increase of +2% (+34) since March 2019. The longest patient has been waiting from October 2016.
Safe Systems of Care	**CYPS**	**Unallocated Childcare Cases**	**NON-OGI** The number of unallocated childcases in excess of 20 days	38	0	71		**NON-OGI**	**77**	At the end of June 2019 there was 77 unallocated child care cases > 20 days. Number of unallocated cases have increased since March 2019 however they are -25% lower than the number reported in June 2018 (102). Of the 77 unallocated cases, 41 are waiting in excess of 40-days. The longest wait is 115-days (16-weeks) within Disability. The Executive Director of Social Work report provides further details.
Support for Patient and Client	**OPPC**	**Carers' Assessments (%)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	2%	10%	24.0%		**Green**	**24% (2018/19)**	Performance during 2018/19 demonstrates an increase of +832 (+24%) better than its 2018/2019 objective level. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed.
Support for Patient and Client	**OPPC**	**Carers' Assessments (Number)**	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users. 2018/19 Target - 3,460 assessments	3,145	3,460	4,292		**Green**	**4,292 (2018/19)**	Performance during 2018/19 demonstrates an increase of +832 (+24%) above the objective level for 2018/19. Of the 4,292 assessments offered, 3,362 (78%) have been declined however the remaining 22% were accepted and completed. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed. Regionally 4 out of 5 Trusts achieved there 2018/19 target resulting in the region target of 16,345 being exceeded with 17,765 carers assessments offered across all Trusts.

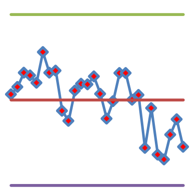
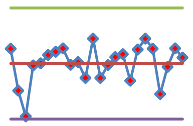
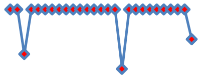
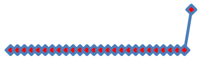
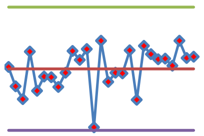
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Support for Patient and Client	**OPPC**	**Community Based Short Break (%)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	23.0%	5%	0.7%		**Amber**	**0.7% (2018/2019)**	During 2018/2019 performance improved by +0.7% against the 2017/18 baseline however the Trust did not achieve the 5% improvement sought.
Support for Patient and Client	**OPPC**	**Community Based Short Break (Hours)**	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	509,197 hours	534,656	512,706		**Amber**	**512,706 (2018/19)**	Cumulatively during 2018/2019 the number of community based short break hours is -4% (-21,950 hours) under the target hours for this period. During 2018/2019 the Trust provided 680,952 short break hours within residential, nursing home and hospital based short breaks in comparison to 735, 843 hours in 2017/2018. Regionally during 2018/2019 the Southern Trust had the second highest number of community based short break hours.
Support for Patient and Client	**MHD**	**Direct Payments**	By March 2019, secure a 10% increase in the number of direct payments to all service users.	777	855	868		**Red**	**868 (2018/19)**	During 2018/19, the Trust achieved an increase of +12% in the level of direct payments in comparison to 2017/18 which is above the 10% objective sought. Regionally the target to increase the number of direct payments for all services users by 10% was also exceeded with 5,013 direct payments in place at the end of March regionally which is +284 above the target sought. Direct payments are an integral part of Self Direct Support.
Support for Patient and Client	**CYPS**	**Young Carers Short Break**	By March 2019, create a baseline for the number of carers receiving short breaks.	179	**Establish a baseline**	219		**Green**	**195**	Baseline established (179 individual young people) as per OGI achieving the 2018/2019 objective. The number of young carers receiving short breaks during Quarter 1 of 2019/2020 is +24% (+38) higher than the corresponding period in 2018/2019 and higher than the 2017/2018 baseline of 179.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (48 hours)**	By March 2019, ensure 90% of complex discharges from an acute hospital take place within 48-hours.	93.4%	90%	83.1%		**Green**	**71.1%**	Since October 2018 there has been a renewed focus on how complex discharges are recorded and validated to provide a truer reflection of the current pressures and to enable a greater focus on delays. Cumulatively at the end of June 2019 179 Complex Discharges took longer than 48-hours. This reflects an increasing complexity of discharges due to reduction of nursing homes, packages of care available and repatriation out of trust challenges. Work is ongoing within operational teams to ensure all discharges are captured and recorded correctly and the Trust continues to promote and enhance prompt and effective discharge planning. The control room monitors the bed days lost due to complex delays on an ongoing basis and individual cases are continually monitored on a daily basis.
Unscheduled Care	**ASD**	**Acute Hospital Discharges (7 days)**	By March 2019, ensure no complex discharge takes more than 7-days.	15	0	118		**Green**	**63**	Cumulatively at end of June 2019, 90% of complex discharges took place within 7 days. As noted increasing complexity of discharges and a focus on how complex discharges are recorded and validated have contributed to the increases in discharges taking longer than 7 days.

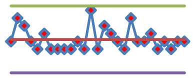
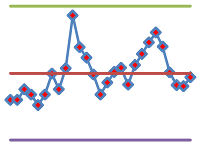
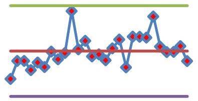
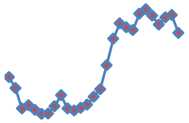
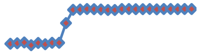
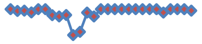
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Unscheduled Care	**ASD**	**Acute Hospital Discharges (6 Hours)**	By March 2019, ensure all non-complex discharges from an acute hospital take place within 6-hours.	94.5%	100%	94.1%		**Amber**	**92.1%**	Cumulatively in 2019/2020 up to June 2019, 92.1% of non-complex discharges took place within 6-hours which demonstrates a reduction in performance from the same period last year when 94.8% were discharged within 6-hours. The total number of non-complex (simple) discharges has decreased in comparison to the same period last year by (-5%) -434. From March 2019 there have been on average 245 non-complex discharges taking place after 6-hours which is demonstrating a step change from the 182 on average demonstrated last year. The control room promotes and reinforces the utilisation of the discharge lounge on a daily basis when open.
Unscheduled Care	**ASD**	**Emergency Department (4-hour)**	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted within four hours of their arrival in the department.	74.5%	95%	68.9%		**Red**	**65.7%**	During 2019/2020 up to end of July 2019, 65.7% of patients were treated and discharged/admitted within 4-hours, this is a deterioration in performance in comparison to the same period last year when 72.8% of patients were treated/discharged or admitted within 4-hours. However an improvement in July 2019 (66.4%) has been demonstrated in comparison to June 2019 (65.4%). The lack of bed capacity, increase in complex delays and overall increasing pressures across the Acute Hospital sites continue to impact on the performance against the 4-hour and 12-hour targets. During May-July 2019 the (HEWS) assessment of the pressures on site was reported as Red-Black on a number of occasions which indicates severe/extreme pressures within the Emergency Departments. The Southern Trust continues to have a high rate of ED attendances per 1,000 of the population, particularly in the Mid Ulster flow areas.
Unscheduled Care	**ASD**	**Emergency Department (12-hour)**	By March 2019, no patient attending any emergency department should wait longer than 12 hours.	3,656	0	6,083		**Red**	**3,659**	During 2019/2020 up to end of July 2019, 6.0% of total new attendances at Emergency Departments have breached the 12-hour target. In this period, there has been +2,399 (+190%) more 12-hour breaches demonstrated than during the corresponding period in 2018/2019. However it should be noted that number of breaches reduced to a low of 684 in July 2019 with the decrease in the number of outliers, particularly within CAH, contributing to this. Factors impacting on 4-hour performance outlined against the 4-hour target, also impact on the 12-hour performance.
Unscheduled Care	**ASD**	**Emergency Department (Triage to Treatment)**	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	80.3%	80%	74.4%		**Green**	**69.6%**	Cumulatively during 2019/2020 at end of July 2019, 69.6% of patients commenced treatment within 2-hours of triage; which demonstrates a drop in performance from the same period in 2018/2019 when 77.3% of patients commenced treatment within 2-hours of triage. During July 2019, CAH reported an increase in performance to 57.6% however DHH experienced a small drop in performance to 69.6% in comparison to June 2019. 100% of patients attending STH Minor Injuries commenced treatment within 2-hours of triage.

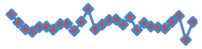
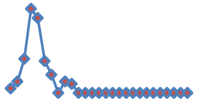
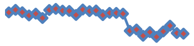
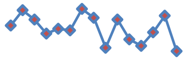
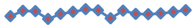
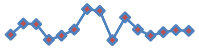
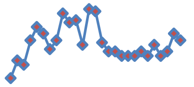
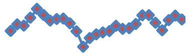
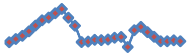
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Unscheduled Care	**OPPC**	**GP OOH**	By March 2019, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	87.7%	95%	84.3%		**Red**	**77.2%**	Cumulative performance to date (77.2%) reflects a reduction in performance against the 95% target and the corresponding period last year when 86.0% of urgent calls were triaged within 20 minutes. To date in 2019/20 there has +55% more unfilled GP hours experienced within the service in comparison to the same period last year which has impacted on the service's performance. Particular challenges are being experienced covering the midnight - 8am (red eye) shifts. Recruitment within the GP OOH service is ongoing, with Pharmacist and General Medical Practitioners posts advertised and also Nurse Advisors posts currently at interview stage.
Unscheduled Care	**ASD**	**Hip Fractures**	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	95%	92.4%		**Amber**	**92.4% (2018/19)**	Note: 2019/2020 figures are not currently available. During 2018/19 there was 29 breaches of the 48-hour target which is a reduction in comparison to 40 breaches which occurred in 2017/18. The % of patients treated within 48-hours also increased from 2017/18 baseline (90.2%) to 92.4%. Overall the total number of patients requiring inpatient fracture treatment increased, however there was fewer patients requiring inpatient treatment for hip fractures under this target definition. Regionally the Trust demonstrated a strong performance in 2018/19 with the largest % of patients treated within 48-hours.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, 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.	95.7%	99%	96.7%		**Amber**	**93.8%**	Figures should be noted in the context of a number of patients who remain as in-patients, who cannot be classified as fit for discharge, where the Trust is challenged to secure appropriate accommodation solutions in the community. During June 2019, 1 patient was discharged after 7 days resulting in cumulative performance at end of June 2019 of 93.8%. However during 2019/2020 there has been +11 more discharges in comparison to the same period last year due to improved patient flow for those patients acutely unwell however sourcing suitable accommodation continues to impact discharge times. The development of a proposal seeking to progress a procurement initiative for new accommodation options for the most complex cases is ongoing.
Unscheduled Care	**MHD**	**Learning Disability Discharges**	During 2018/19, no learning disability discharge taking more than 28 days.	0	0	0		**Amber**	**1**	During June 2019, one patient waited in excess of 28-days for discharge due to sourcing of suitable accommodation. Challenges remain with a cohort of learning disability clients who remain inpatients where options for discharge are not available.
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	93.7%	99%	94.1%		**Red**	**97.0%**	Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. Cumulatively during 2019/2020 at June 2019, 224 out of 231 patients were discharged within 7-days. Performance reflects those complex needs patients who can be discharged and the service notes an increase in patients with complex needs who are not fit for discharge. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, continue to cause delays in discharge.

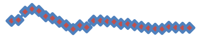
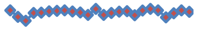
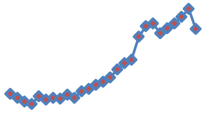
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Unscheduled Care	**MHD**	**Mental Health Discharges**	During 2018/19, no mental health discharge taking more than 28 days.	12	0	20		**Red**	**2**	During 2019/2020 at June 2019, the number of patients waiting in excess of 28-days (2) is -75% (-6) lower than demonstrated during the corresponding period in 2018/2019. The causes of discharge delays, as noted against the 7-day target, also impact on the performance against the 28-day target.
Workforce	**HROD**	**Seasonal Flu Vaccine**	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	31.1%	40%	29%		**Amber**	**Not Available until Sept/Oct 2019**	During 2018/2019, 29% (2,439) of front line staff, with an additional 912 of non-front line staff (30% of Trust staff), received the vaccine. The Trust performed below the PHA target of 40%. During 2018/2019, the Trust introduced a pilot peer vaccinator programme in addition to Occupational Health's scheduled clinics. 27 peer vaccinators gave 287 (9%) vaccines with 236 of these being frontline staff. The Trust is expanding this model in 2019/2020 flu season and 86 peer vaccinator nominations have been received to date. Local and regional planning work continues for 2019/2020 to increase the uptake.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	5.11%	4.90%	5.4%		**Green**	**5.0%**	Cumulatively at June 2019 the % sickness absence rate is 5.02%, with the monthly pattern demonstrating some seasonality and the current position similar to the same period last year (Apr - June 2018) when 5.00% was reported. The attendance management team supports Directorates in reducing their sickness absence levels with a particular focus on targeting long term absences, and specific absence reasons. Initial case reviews for all staff on long term sick leave are taking place within 90 days of absence and work is on-going to reduce the length of long term absences through use of adjustments and / or redeployments where practicable.
Workforce	**HROD**	**Staff Sick Absence**	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	881,429	850,579	940,640		**Green**	**224,141**	Cumulatively at June 2019 the Trust is demonstrating +2.9% absence hours lost due to sickness in comparison to the same period last year when 217,868 hours were lost. Work is continuing within the Attendance Management Team to support Directorates in improving sickness absence levels with a particular focus on targeting long term absences, and specific absence reasons.
Z Trajectory - Non-OGI	**MHD**	**Adult Mental Health (Summary)**	**NON-OGI Summary Trajectory**: Adullt Mental Health - No patient waits longer than 9 weeks	101	2019/2020 Operational Trajectory 1,453	656		**NON-OGI**	**601**	At June 2019, 601 patients were waiting longer than 9-weeks which is -328 lower than the projected operational trajectory of 929 breaches. The Eating Disorder Service, however, had more +3 patients waiting >9 weeks than anticipated associated with reduced staff capacity due to vacancies and absences.
Z Trajectory - Non-OGI	**ASD**	**Cancer 14-Day (Summary)**	**NON-OGI Summary Trajectory**: All urgent suspected breast cancer referrals seen within 14-days	47.2%	2019/2020 Operational Trajectory 99.3%	99.4%		**NON-OGI**	**99.9%**	Cumulative performance at June 2019 was achieved with 99.9% of urgent suspect breast cancer referrals seen within 14-days against a projected 98.5% for the same period. This should be noted in the context of -141 (-15%) less referrals received (801) than projected (942).
Z Trajectory - Non-OGI	**ASD**	**Cancer 31-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of decision to treat	97.0%	2019/2020 Operational Trajectory 98.7%	99.6%		**NON-OGI**	**99.8%**	Cumulative performance at June 2019 demonstrates an achievement of the predicted 2019/2020 level of performance with 99.8% of patients receiving their 1st treatment within 31-days of decision to treat. However June 2019 demonstrates an underperformance against its projected level with 1 breach (skin cancer) in excess of 31-days.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Cancer 62-Day (Summary)**	**NON-OGI Summary Trajectory**: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days	74.3%	2019/2020 Operational Trajectory 56.4%	74.4%		**NON-OGI**	🟩 **72.6%**	Cumulative performance at June 2019 is 72.6% is +16% above the projected 2019/2020 end of year performance of 56.4%.
Z Trajectory - Non-OGI	**CYPS**	**CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)**	**NON-OGI CAMHS Summary Trajectory**: No patient waits longer than 9 weeks	0	2019/2020 Operational Trajectory 15	0		**NON-OGI**	🟩 **0**	A continued strong performance has been demonstrated to date in 2019/2020 with no patients waiting longer than 9-weeks within CAMHS albeit 14 breaches had been projected.
Z Trajectory - Non-OGI	**ASD**	**Delayed Discharges - Complex**	**NON-OGI Summary Trajectory**: Delayed Complex Discharges - 90% of complex discharges within 48-hours	93.4%	2019/2020 Operational Trajectory 75%	83.1%		**NON-OGI**	🟨 **71.1%**	Cumulative performance at the end of June 2019 is -4% below the projected year-end level of 75% with the actual number of discharges <48 hours, -19 less than predicted. Figures should be noted in the context of ongoing work by operational teams to ensure discharges are appropriately coded.
Z Trajectory - Non-OGI	**ASD**	**Delivery of Core - Endoscopy (Summary)**	**NON-OGI Endoscopy Summary Trajectory** Reduce the percentage of funded activity associated with endoscopy services that remain undelivered	8,266 Variance -11%	2019/2020 Trajectory volume 7,763	8,620		**NON-OGI**	🟩 **2,020**	Actual cumulative performance up to June 2019 is +11% (+196) above the projected trajectory volume of 1,824. It should be noted that the timeline for coding Endoscopy activity is at least one-month in arrears therefore cumulative performance at June 2019 will not fully reflect the actual performance and is subject to change.
Z Trajectory - Non-OGI	**ASD** **CYPS**	**Delivery of Core - Inpatient/Day Cases (Summary)**	**NON-OGI Inpatient/Daycases Summary Trajectory**: Reduce the percentage of funded activity associated with elective care services that remains undelivered.	22,501 Variance -10%	2019/2020 Trajectory volume 23,231	24,059		**NON-OGI**	🟩 **6,137**	Cumulative performance up to June 2019 against the total Inpatient & Daycases trajectory (15 specialties) demonstrates +6% (+352) above the projected levels of activity. However at specialty level, Gynaecology is demonstrating activity -10% under the projected level and Orthopaedics is demonstrating activity -12% under the projected levels. In addition 3 specialties are 5-10% below their projected levels.
Z Trajectory - Non-OGI	**ASD** **CYPS** **OPPC**	**Delivery of Core - Outpatients (Summary)**	**NON-OGI New Outpatients Summary Trajectory**: Outpatients - Reduce percentage of funded activity associated with elective care	59,657 Variance -7%	2019/2020 Operational Trajectory 59,488	62,631		**NON-OGI**	🟨 **15,013**	Cumulative performance up to June 2019 against the total Outpatients trajectory (23 specialties) demonstrates -0.3% (-38) below the projected levels of activity. However at specialty level, 4 specialties are demonstrating underperformance of -10% or more against their projected levels and 2 specialties are 5-10% below their projected levels.
Z Trajectory - Non-OGI	**MHD**	**Dementia**	**NON-OGI Dementia Summary Trajectory**: No patient waits longer than nine weeks to access dementia services	15	2019/2020 Operational Trajectory 51	10		**NON-OGI**	🟩 **17**	Performance at June 2019 demonstrates an improved performance against the number projected with -9 patients waiting in excess of 9-weeks in comparison to the projected 26 patients waiting >9-weeks.
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Diagnostics Imaging; Summary Trajectory**: Diagnostic Imaging - 75% of patients should wait no longer than 9 weeks	2,932	2019/2020 Operational Trajectory 10,169	4,281		**NON-OGI**	🟩 **5,165**	The actual number of patients waiting longer than 9-weeks at end of June 2019 (5,165) was more favourable than the projected number of 6,146 patients. However Non Obstetric Ultrasound Scans (NOUS) and Plain Film specialties are reporting more breaches of the 9-week target than projected at the end of June.
Z Trajectory - Non-OGI	**ASD**	**Diagnostic (Imaging) (Summary)**	**NON-OGI Diagnostic Imaging Summary Trajectory** : Diagnostics Imaging - No patient should wait longer than 26 weeks	864	2019/2020 Operational Trajectory 2,229	910		**NON-OGI**	🟩 **903**	The actual number of patients waiting longer than 26-weeks at end of June 2019 (903) was more favourable than the projected number of 1,231 patients waiting in excess of 26-weeks. However NOUS is reporting more breaches of the 26-week target than projected at the end of June.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Z Trajectory - Non-OGI	**ASD**	**Emergency Care (Summary)**	**NON-OGI** 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	74.5%	2019/20 Operational Trajectory 69.7%	68.9%		**NON-OGI**	**65.5%**	Cumulative performance at June 2019 is 65.5% which is 4.2% below the anticipated 2019/2020 level (69.7% at March 2020). Cumulatively at site level in June, underperformance was demonstrated on the CAH site 50.1% and DHH at 67.2%. STH MIU demonstrates a strong performance at 100%. Performance has been impacted by the lack of bed capacity, an increase in the number of complex discharges, general increased pressures on acute hospital services and staff absences.
Z Trajectory - Non-OGI	**ASD**	**Hip Fractures**	**NON-OGI** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	2019/2020 Operational Trajectory 92%	92.4%		**NON-OGI**	**92.4% (2018/19)**	Note: 2019/2020 figures are not currently available. 2018/19 cumulative performance (92.4%) is more favourable than the 86% projected operational trajectory.
Z Trajectory - Non-OGI	**MHD**	**Psychological Therapies (Summary)**	**NON-OGI Summary Trajectory:** Psychological therapies - No patient waits longer than 13 weeks	84	2019/2020 Operational Trajectory 342	279		**NON-OGI**	**263**	Overall June 2019 demonstrates an improved performance against the operational trajectory, with the level of patients waiting in excess of 13-weeks, -13% (-38) lower than anticipated. However in June 2019 Children's Psychology demonstrated +2 breaches over the predicted level associated with staff absences however breaches are anticipated to reduce as staff return to work.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

KEY:	
Green	**Achieved/On Track to be Achieved**
Yellow	**Substantially Achieved/On Track for Substanial Achievement**
Amber	**Partially Achieved**
Red	**Not Achieved/Not on Track to Achieve**
White	**Unassessed** **1. Due to absence of a baseline against which an assessment of performance can be undertaken;** **OR** **2. Supplementary information provided against objectives, which is not in line with the formal technical guidance, used for monitoring the performance of the objectives.**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	**OPPC**	**Tobacco Control**	By March 2020, reduce the proportion of 11-16 year old children who smoke to 3%, adults to 15% and pregnant women to 9%	To be undertaken at a regional level	**Trust's Contribution - Green**	The Trust has on-going smoking cessation services and maintenance of smoke free sites. In 2018/19 the Trust sought to engage with 1,657 people and set a 'quit date'. However based on performance during the first 3 quarters of 2018/19 the Trust has not anticipated meeting its 2018/19 target due to long term staff sickness absence and vacancies which have impacted on service delivery.	**Amber**
Health and Wellbeing	**OPPC/ ASD**	**A Fitter Future for all**	By March 2020 reduce the level of obesity by 4% and overweight and obesity by 3% for adults and 3% and 2% for children.	To be undertaken at a regional level	**Trust's Contribution - Green**	The 'Weigh to a Healthy Pregnancy' programme continues and was extended to include women with a BMI over 38. Additional services including a High BMI Clinic and an Ante-Natal Diabetic Clinic were extended and are ongoing.	**Green**
Health and Wellbeing	**OPPC**	**Healthy Places**	By March 2019, establish minimum 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.	To be undertaken at a regional level	**Trust's Contribution - Green**	There are 3 Healthy Places demonstrator sites across NI, determined by PHA, none of which are within the SHSCT area. Whilst the Trust is unable to assess the regional progress against this objective, the Trust is available to contribute to regional work and will seek to participate in any learning.	**Green**
Primary Care	**OPPC**	**Make Every Contact Count**	By March 2019, to ensure appropriate representation and input into the PHS/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	To be undertaken at a regional Level	**Trust's Contribution - Green**	This work is largely being driven through Integrated Care Partnerships. As a member of ICPs, the Trust is a participant in the outputs of Making Every Contact Count (MECC). The Trust understands that funding made available to ICPs under MECC has been used to pay for health literacy training for health professionals and local communities.	**Green**
Health and Wellbeing-Children's	**CYPS**	**Children's Oral Health**	By March 2019, establish a baseline for number of teeth extracted in children aged 3-5. Improve oral health of young children in NI and over three years reduce extractions by 5% against that baseline.	To be undertaken at a regional level	**Trust's Contribution - Green**	In the Southern Trust, 385 children aged 3-5 had teeth extracted under General Anaesthetic in 2018/19 establishing a baseline for 2018/19. The Community Dental Service provides programmes aiming to help reduce decay rates, such as the Tiny Tots Teeth 3 year immunisation visit; Happy Smiles and Smiles for Schools (worst 20% wards) targeted at pre-school and primary 1 children. However the ability to deliver these programmes is subject to availability of resources and other challenges faced.	**Green**
Health and Wellbeing-Children's	**ASD**	**Healthier Pregnancy Programme**	By March 2019, 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.	To be undertaken at a regional level	**Trust's Contribution - Green**	Work initiated in 2017/18 is continuing. The Saving Babies Lives Programme has been partially rolled out across the DHH site and continues to be developed and embedded across the Trust.	**Amber**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing- Children's	**CYPS**	**Healthy Child Healthy Future**	By March 2019, ensure the full delivery of the universal child health promotion programme for NI, Healthy Child Healthy Future. By that date the antenatal contact will be delivered to all first time mothers and 95% of two year reviews must be delivered.	To be undertaken at a regional level	**Trust's Contribution- Amber**	Delivery continues to be challenged with the ability to fill permanent and temporary vacancies in the health visiting and school nursing teams. This will be further impacted in the next year due to the reduced number of student SCPHN placements this year. In addition responding to the needs of families due to the high level of children on the Child Protection Register.	**Amber**
Health and Wellbeing- Children's	**CYPS**	**Family Nurse Partnerships**	By March 2019, ensure the full roll out of the Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.	To be undertaken at a regional level	**Trust's Contribution- Amber**	There has been temporary funding from transformation monies that has increased capacity within the FNP team and this should result in up to 75% of those referred will be offered the programme. Additional recurrent investment is required to meet objective fully.	**Amber**
Children	**CYPS**	**Children in Care (Placement Change)**	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	78% (2016/2017)	**Amber**	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.	**Amber**
Children	**CYPS**	**Children in Care (Adoption)**	By March 2019, 90% of children, who are adopted from care are adopted within a three year time frame (from date of last admission)	68% (2017/2018)	**Amber**	The majority of older children are adopted by foster carers. This is a longer process than the 3 year timeframe. It is anticipated that performance will continue to slightly improve in relation to this target.	**Amber**
Mental Health	**MHD**	**Protect Life 2 Strategy**	By March 2019, to have further enhanced our of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "crisis De-escalation Service." Reduce the suicide rate by 10% by 2022.	To be established	**Amber**	The Trust continues to provide an out-of-hours service to support de-escalation, in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital. The delivery of this service is challenging due to the geographical spread of the 2 Emergency Departments. The Trust has maintained a 24/7 Psychiatric Liaison service through Craigavon Area Hospital and Daisy Hill Hospital Emergency Department during 2018/19.	**Amber**
Mental Health	**MHD**	**Substitute Prescribing**	By September 2018 to have advanced the implementation of revised substitute prescribing services in NI to reduce waiting times and improve access.	Not Applicable	**Amber**	Additional resources are needed in secondary care to support GPs. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing has been a key constraint in the achievement of this. Currently two GPs are prescribing opioid substitution medication within primary care, with the assistance of key worker input from SHSCT Opiate Substitute Team (OST). OST have given capacity to one key worker who has been liaising with practice managers.	**Amber**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	**OPPC/ ASD**	**Regional Implementation of Diabetes Feet Care Pathway**	By July 2018, to provide detailed plans (including financial profiling) for the regional implementation of the Diabetes Feet Care Pathway.	To be undertaken at a regional level	**Green**	Staff were recruited and commenced in March 2019 as per funding received for implementation of the diabetes foot care pathway. The Podiatry Service and Estates are working to identify clinical accommodation. The Trust is involved with the regional work to agree suitable metrics for reporting against the foot care pathway KPI's.	**Green**
Workforce	**EDN**	**Delivering care (Sustainable Nurse Staffing Level)**	By March 2019, all HSC Trusts should have fully implemented Phases 2,3 and 4 of Delivering care, to ensure safe sustainable nurse staffing levels across all Emergency Departments; Health Visiting, and District Nursing Services.	Not Applicable	**Amber**	The Trust has sought to improve the level of safe and sustainable nursing staffing levels, however full implementation can only be achieved on receipt of full funding and is challenged by the regional shortage of registered nurses. The Trust has implemented a robust recruitment plan and is taking actions to facilitate the retention of registered nurses.	**Amber**
Safe systems of Care	**EDN**	**NEWS KPI**	Throughout 2018/2019 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	Not Applicable	**Amber**	In Quarter 4 18/19 (Jan – Mar), overall compliance was 83%. Operational Teams continually review performance against the NEWS elements once compliance is not achieved at a patient level and determine any immediate or improvement actions to be taken. These continued to be monitored. In 2019/20, NEWS 2 is to be implemented and all processes including audit will be reviewed.	**Amber**
Safe systems of Care	**EDN**	**Falls and Pressure Ulcers Reporting**	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not Applicable	**Trust's contribution- Green**	Standardised operational definitions and reporting schedules for falls and pressure ulcers have been agreed regionally, the SHSCT contributed to this work. Quarterly reporting is in place.	**Green**
Safe Systems of Care	**ASD**	**Medicines Optimisation**	By March 2019. all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	70%	**Red**	Current performance is estimated at 45% however the Trust continues to work towards the 70% objective level. Additional resources are required to see full achievement of this objective. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model on a 7-day basis.	**Red**
Safe systems of Care	**OPPC**	**Residential and Nursing Homes**	During 2018/19 the HSC 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 (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not Applicable	**Green**	The Trust has robust arrangements in place for its statutory residential care homes to ensure compliance with Residential Homes Regulations (NI 2005) and DH Standards. These arrangements ensure a commitment to drive forward improvement in care standards and take action, as appropriate on any issues highlighted by RQIA. There were no failure to comply notices issued during 2018/19	**Green**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe Systems of Care	**ASD/ OPPC/ MHD**	**Same Gender Accommodation**	By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation.	100%	**Green**	An Audit of Mixed Gender Accommodation was completed in November 2018 and findings included: All patients were cared for in same gender bays; Trust Staff are passionate about upholding this standard; and the limited number of toilets & washing facilities & privacy / procedure rooms. Actions/discussions determined from the Audit have either been completed or are in the process of being completed.	**Green**
Support for Patient's and Clients	**CYPS**	**Children in Care (Permanence and Pathway Plans)**	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.	Not Applicable	**Green**	The Trust has two active Looked After Children service user groups which assist in enabling young people to influence decisions and continues to adopt a 'LAC Pledge' to seek to discuss issues of relevance with care experienced young people. Children and young people old enough to contribute have the opportunity to provide a written contribution or attend their looked after review.	**Green**
Support for Patient's and Clients	**MHD**	**Dementia Portal**	By March 2019, patients in all Trusts will have access to the Dementia portal.	Not Applicable	**Green**	The Trust is participating in an on-going pilot which allows dementia clients to access their appointments on-line along with a range of other resources. Currently the Trust has 4 Dementia Navigators in post who have received training in the use of the dementia portal and are actively recruiting clients to take part.	**Green**
Patient- Client Experience	**OPPC**	**Palliative and End of Life Care**	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	Not Applicable	**Amber**	The Trust continues to work with the Regional Palliative Care Programme Board to support the achievement of this objective. The Trust has three GP pilot sites that are engaged with the Regional Pilot of identification of patients with palliative and end of life care needs. The PHA plans to extend pilot sites in 2019/20. Also, within the Trust, Palliative Care meetings are held within GP Practices every 1-2 months and resource folders for inpatients wards are available.	**Amber**
Patient- Client Experience	**OPPC**	**Co-Production**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	The Trust's PPI Framework "Involving for Improvement" and PCE Framework underpin the Trust's Quality Improvement Strategy 2017/18 – 2020/21. The Trust's annual Corporate and Directorate PPI Action Plans include PPI, co-production and patient experience. Transformation monies has enabled the Trust to issue 25 small grants in 2018/19 with the purpose of supporting PPI initiatives across Directorates. A Senior PPI officer has been appointed and Stock Takes for each of the PPI IPTs have been sent to the PHA at the beginning of 2019/20.	**Green**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Support for Patient's and Clients	**MHD**	**Self-Directed Support**	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.	Not Applicable	**Amber**	In 2018/19, 2,078 service users have been assessed under the Self-Directed Support (SDS) Approach and have a support plan in place. This includes 868 service users accessing direct payments and 1,210 service users accessing Trust Arranged support. Training in Self-Directed Support, Direct Payments and ASCOT (Adult Social Care Outcomes Toolkit) has been been attended by Trust staff, case managers, key workers as well as non-Trust staff.	**Amber**
Safe Systems of Care	**EDN**	**Swallow Assessment**	By March 2019, develop a baseline definition data to ensure patients have timely access to a full swallow assessment.	Not Applicable	**Trust's contribution- Green**	The Trust has provided data to the PHA as part of the regional work on the development of the baseline data definition. The SHSCT has appointed a Dysphagia Support Team as part of the regional work overseeing the implementation of actions that arose from the PHA Thematic Review of Choking on Food.	**Green**
Elective	**EDN/ OPPC**	**Direct Access Physiotherapy Services**	By March 2019, Direct Access Physiotherapy Services will be rolled out across all Health and Social Care Trusts.	Not Applicable	**Green**	Direct Access Physiotherapy Service remains available to staff across the SHSCT. Finalising IPT to secure funding to roll out self-referral to patients. Work is underway to support phased implementation of self-referrals for patients from 2 GP practices early 2019/20 and subsequent roll out across the Trust.	**Amber**
Children	**CYPS**	**Children & Young People's Developmental & Emotional Wellbeing Framework**	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Framework along with a costed implementation plan.	Not Applicable	**Trust's contribution- Green**	The Trust remains a member of the regional group established. A draft paper has been issued from the HSCB to the DoH for further discussion and consultation across various departments. Once complete, the paper will be issued for wider public consultation.	**Green**
Optimisation of Resources	**ASD**	**Pharmacy Efficency Programme**	By March 2019, to have obtained savings of £90 million through the 2016-2019 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.		**Red**	This applies to both Primary and Secondary Care pharmaceutical services. The savings target for all 5 Trusts for 2019/20 is a total of £8m, however the individual Trust targets is yet to be agreed. The Trust will continue to contribute to this objective and the new level of savings once set. The Trust achieved savings of £1,914,000 at 31 March 2019.	**Red**
Workforce	**HROD**	**Health and Social Care Workforce Strategy**	By June 2018, to provide appropriate representation in the programme board overseeing the implementation of the Health and Care Workforce Strategy.	Not Applicable	**Green**	The Trust has provided appropriate nominee to the Programme Board.	**Green**
Workforce	**HROD**	**Project Board to Establish a Health and Social Care Careers Service**	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project board, when requested.	**Green**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Workforce	**OPPC**	**Domiciliary Care Workforce Review**	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not Applicable	**Trust's contribution- Green**	A proposed new regional model of domiciliary care was sent to the DoH at the end of March 2019 with regional meetings continuing with the HSCB. Trust representatives attend the regional meetings.	**Green**
Workforce	**HROD**	**Health and Social Care Workforce Model**	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	Not Applicable	**Green**	The Trust will provide appropriate representation to the project, when requested.	**Green**
Workforce	**HROD**	**Audits**	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10-14 of the Workforce Strategy.	Not Applicable	**Green**	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.	**Green**
Workforce	**HROD**	**Business Intelligence Information**	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Not Applicable	**Green**	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.	**Green**
Workforce	**HROD**	**Healthier Workplace**	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.	To be undertaken at a regional level	**Trust's contribution- Green**	This is a Regional Objective that the Trust will contribute to.	**Green**
Workforce	**EDSW**	**Social Work Workforce**	By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.	To be undertaken at a regional level	**Trust's contribution- Green**	The CYPS Directorate have been piloting 3 OBA projects in Adult Safeguarding; Post Adoption Pathways and Children with Diabetes	**Green**
Workforce	**HROD/ DPR**	**Q2020 Attributes Framework**	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	29.4% have achieved Level 1. 2.1% have achieved Level 2.	**Amber**	Level 1 - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through e-learning. Level 2 - The Trust remains committed to supporting staff in quality improvement and delivery of the Quality 2020 vision will continue to be embedded in all programmes. However challenges associated with the current level of resources and capacity and the timeline associated Level 2 training, may not be completed in year. Cumulatively from April 2016 - March 2019 Q20:20 Figures – 72% achieved Level 1 and 3.8% achieved Level 2	**Green**

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe systems of Care	**MHD**	**Suicide Awareness and Intervention (For all HSC staff)**	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 initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	To be undertaken at a regional level	**Trust's contribution - Amber**	The Trust will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project 'Toward Zero Suicide'. A Towards Zero Suicide Co-ordinator has been appointed in SHSCT and a range of approaches to suicide prevention awareness continues across the SHSCT locality.	**Green**
Safe systems of Care	**EDN**	**Dysphagia Awareness**	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	To be undertaken at a regional level	**Trust's contribution- Green**	A newly appointed Dysphagia Support Team Project is now in post comprised of a Project Lead, a Band 7 Dietitian and Speech & Language Therapist and 2 Band 4 assistants. Regionally an awareness training programme will be devised and the vision is that training will be provided in each Trust. However the newly appointed Dysphagia Support Team has designed/delivered and facilitated various events, initiatives and training.	**Green**

ACCESS TIMES: MONTH-ENDING JULY 2019 AND PROJECTED MONTH-END POSITION FOR AUGUST 2019

NEW OUTPATIENTS

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019											Projected End of AUGUST 2019 position (Longest Waiter)
						0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Family History**	Yes	April 2016	NOP	138 weeks	43	11	5	4	11	6	5	14	25	48	**172**	137 weeks
SEC	**Breast - Symptomatic**	Yes	October 2016	NOP	28 weeks	249	103	97	41	29	4	0	0	0	0	**523**	31 weeks
MUSC	**Cardiology (includes ICATS)**	Yes	April 2016	NOP	68 weeks	653	224	198	92	148	136	118	125	217	277	**2188**	68 weeks
MUSC	**Cardiology – Rapid Access Chest Pain (RACPC) - *Nurse-Led***	TBC	Not applicable	NOP	24 weeks	369	3	0	0	1	0	0	0	0	0	**373**	7 weeks
CCS	**Chemical Pathology**	Yes	February 2018	NOP	22 weeks	38	12	14	3	1	0	0	0	0	0	**68**	27 weeks
IMWH	**Colposcopy**	No	April 2018	NOP	16 weeks	154	13	4	0	0	0	0	0	0	0	**171**	14 weeks
MUSC	**Dermatology Cons-Led only (incl Virtual & ICATS)**	TBC	June 2016	NOP	43 weeks	1432	475	468	137	276	234	242	280	71	0	**3615**	43 weeks
MUSC	**Dermatology Nurse-Led**	TBC	July 2018	NOP	37 weeks	156	33	38	20	41	44	13	1	0	0	**346**	34 weeks
MUSC	**Endocrinology**	Yes	September 2016	NOP	19 weeks	147	25	3	1	0	0	0	0	0	0	**176**	16 weeks
MUSC	**Diabetology**	Yes	July 2016	NOP	25 weeks	93	18	3	0	1	0	0	0	0	0	**115**	15 weeks
SEC	**Ear, Nose & Throat (includes ICATS)**	Yes	April 2017	NOP	105 weeks	1803	487	557	310	606	439	433	515	919	223	**6292**	108 weeks
MUSC	**Gastroenterology**	Yes	May 2015	NOP	137 weeks	472	104	111	79	107	111	112	100	244	340	**1780**	83 weeks
MUSC	**General Medicine**	No	January 2016	NOP	19 weeks	70	8	1	1	0	0	0	0	0	0	**80**	8 weeks
OPPC	**Geriatric Medicine**	Yes	November 2018	NOP	21 weeks	44	5	3	1	0	0	0	0	0	0	**53**	24 weeks
OPPC	**Geriatric Assessment**	Yes	November 2017	NOP	52 weeks	41	1	0	0	0	0	0	0	1	0	**43**	54 weeks
MUSC	**Geriatric Acute**	Yes	Not applicable	NOP	13 weeks	15	1	0	0	0	0	0	0	0	0	**16**	9 weeks
MUSC	**Orthopaedic-Geriatric**	Yes	April 2018	NOP	91 weeks	49	14	35	16	27	14	11	12	28	59	**265**	94 weeks
SEC	**General Surgery (includes Haematuria)**	Yes	April 2016	NOP	139 weeks	2076	500	602	365	537	375	349	437	749	1873	**7863**	142 weeks
IMWH	**Gynaecology (includes Family Planning)**	No	May 2018	NOP	16 weeks	1131	23	5	0	0	0	0	0	0	0	**1159**	20 weeks
IMWH	**Gynaecology Outpatients with Procedures (OPPs)**	No	Not applicable	OPP	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
IMWH	**Gynae Fertility (Cons-Led)**	No	Not applicable	NOP	9 weeks	10	1	0	0	0	0	0	0	0	0	**11**	14 weeks
CCS	**Haematology**	Yes	March 2019	NOP	65 weeks	173	31	19	7	8	7	12	10	20	24	**311**	70 weeks
CCS	**Anti-Coagulant**	No	Not applicable	NOP	16 weeks	24	2	1	0	0	0	0	0	0	0	**27**	15 weeks
MUSC	**Nephrology**	Yes	Not applicable	NOP	15 weeks	56	6	1	0	0	0	0	0	0	0	**63**	18 weeks
MUSC	**Neurology**	Yes	October 2014	NOP	146 weeks	382	173	109	93	103	90	135	130	309	2314	**3838**	144 weeks
SEC	**Orthodontics**	No	October 2018	NOP	38 weeks	21	11	19	13	18	10	13	11	0	0	**116**	41 weeks
SEC	**Fractures**	TBC	August 2016	NOP	13 weeks	415	19	1	0	0	0	0	0	0	0	**435**	2 weeks
SEC	**Orthopaedics**	No	October 2014	NOP	138 weeks	585	265	296	170	160	113	113	122	242	1339	**3405**	141 weeks
OPPC	**Orthopaedic ICATS**	No	July 2018	NOP	34 weeks	1387	431	540	331	526	433	142	0	0	0	**3790**	36 weeks
CYPS	**Paediatrics - Acute**	Yes	December 2015	NOP	35 weeks	641	233	289	144	120	2	8	0	0	0	**1437**	38 weeks
CYPS	**Paediatrics - Community**	No	April 2016	NOP	24 weeks	272	89	55	21	4	0	0	0	0	0	**441**	21 weeks
ATICS	**Pain Management**	Yes	February 2015	NOP	40 weeks	212	96	99	53	88	74	109	44	0	0	**775**	46 weeks
CCS	**Palliative Medicine**	TBC	March 2019	NOP	5 weeks	16	0	0	0	0	0	0	0	0	0	**16**	8 weeks
MUSC	**Rheumatology**	Yes	September 2014	NOP	140 weeks	392	85	71	42	63	35	43	57	105	634	**1527**	139 weeks
MUSC	**Thoracic Medicine**	Yes	April 2017	NOP	99 weeks	379	104	103	62	121	100	77	104	193	701	**1944**	101 weeks
SEC	**Urology (includes ICATS)**	Yes	May 2015	NOP	184 weeks	841	196	210	88	107	73	105	83	246	2179	**4128**	183 weeks

INPATIENTS/DAY CASES

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	IPDC Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position	Timebands (in Weeks) - WL Position at 31st July 2019											Projected End of AUGUST 2019 position (Longest Waiter)
					(Actual) Longest Waiter	0-13 Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 46Wks	46+ to 52Wks	52+ Wks	TOTAL	
SEC	**Breast Surgery**	No	September 2017	IP	105 weeks	11	3	1	1	2	3	3	2	1	17	**44**	108 weeks
SEC	**Breast Surgery**			DC	100 weeks	13	1	2	1	1	1	1	1	1	7	**29**	103 weeks
MUSC	**Cardiology**	TBC	August 2016	IP/DC	71 weeks	475	50	43	47	34	19	20	11	5	27	**731**	66 weeks
CYPS	**Community Dentistry**	No	Not applicable	IP/DC	27 weeks	274	10	6	4	2	0	0	0	0	0	**296**	27 weeks
MUSC	**Dermatology Cons-Led**	Yes	Not applicable	IP/DC	60 weeks	192	27	26	30	28	48	46	27	27	15	**466**	56 weeks
MUSC	**Dermatology Nurse-Led**	TBC	Not applicable	IP/DC	48 weeks	71	11	16	21	15	13	11	8	5	0	**171**	34 weeks
SEC	**Ear, Nose & Throat (ENT)**	No	March 2019	IP	120 weeks	53	16	15	8	9	7	17	13	11	71	**220**	124 weeks
SEC	**Ear, Nose & Throat (ENT)**			DC	141 weeks	372	98	115	114	92	122	76	60	67	212	**1328**	145 weeks
MUSC	**Gastroenterology (Non-Scopes)**	Yes	January 2017	IP/DC	46 weeks	18	8	1	1	2	3	0	2	0	0	**35**	46 weeks
MUSC	**General Medicine**	No	Not applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
MUSC & OPPC	**Geriatric Specialties combined**	TBC	Not applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	**0**	Not applicable
SEC	**General Surgery (includes Haematuria & Minor Ops)**	TBC	May 2017	IP	193 weeks	57	17	7	15	8	19	14	19	9	74	**239**	196 weeks
SEC	**General Surgery (includes Haematuria & Minor Ops)**			DC	182 weeks	688	153	149	165	116	100	82	50	51	406	**1960**	178 weeks
IMWH	**Gynaecology**	TBC	Not applicable	IP	72 weeks	116	19	18	29	26	8	12	17	16	34	**295**	77 weeks
IMWH	**Gynaecology**			DC	38 weeks	195	14	7	3	4	5	3	0	0	0	**231**	43 weeks
CCS	**Haematology (incl Nurse-Led)**	Yes	Not applicable	IP/DC	7 weeks	63	0	0	0	0	0	0	0	0	0	**63**	Projection Outstanding
MUSC	**Neurology**	Yes	April 2019	IP/DC	28 weeks	27	1	1	2	1	0	0	0	0	0	**32**	15 weeks
SEC	**Orthopaedics**	Yes	November 2016	IP	186 weeks	269	80	99	117	105	129	108	78	75	673	**1733**	189 weeks
SEC	**Orthopaedics**			DC	167 weeks	272	41	44	51	46	55	35	32	36	457	**1069**	170 weeks
CYPS	**Paediatric Medicine**	TBC	Not applicable	IP/DC	83 weeks	43	13	5	4	4	4	3	0	0	1	**77**	87 weeks
ATICS	**Pain Management**	Yes	November 2018	IP/DC	131 weeks	70	22	22	24	23	17	19	22	30	211	**460**	135 weeks
MUSC	**Rheumatology**	Yes	October 2018	IP/DC	18 weeks	171	3	3	0	0	0	0	0	0	0	**177**	17 weeks
MUSC	**Thoracic Medicine**	Yes	Not applicable	IP/DC	4 weeks	10	0	0	0	0	0	0	0	0	0	**10**	4 weeks
SEC	**Urology**	Yes	August 2016	IP	260 weeks	138	38	29	29	37	40	30	31	30	554	**956**	263 weeks
SEC	**Urology**			DC	274 weeks	165	44	35	32	36	29	39	42	27	251	**700**	277 weeks

DIAGNOSTICS - ENDOSCOPY

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	IPDC Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position	Timebands (in Weeks) - WL Position at 31st July 2019											Projected End of AUGUST 2019 position (Longest Waiter)
					(Actual) Longest Waiter	0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	**Endoscopy - Symptomatic**	Yes	October 2016	Diag. IP	68 weeks	4	1	2	2	1	1	2	0	0	2	**15**	71 weeks
SEC	**Endoscopy - Symptomatic**			Diag. DC	179 weeks	910	200	154	97	226	131	34	21	20	68	**1861**	132 weeks
ATICS	**Endoscopy - Bowel Cancer Screening (BCS)**	No	Not applicable	Diag. IP/DC	26 weeks	102	28	9	0	2	0	0	0	0	0	**141**	11 weeks

DIAGNOSTICS - IMAGING

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
CCS	CT Scans General (Excl CTC & Angio))	Yes	Not applicable	Imaging	17 weeks	463	293	151	67	73	47	94	161	148	**1497**	21 weeks
CCS	CT Colonography (CTC)			Imaging	25 weeks											30 weeks
CCS	CT Angiography (Cardiology)			Imaging	79 weeks											84 weeks
CCS	Non-Obstetrics Ultrasound Scans (NOUS)	Yes	Not applicable	Imaging	38 weeks	1525	1055	971	707	1186	746	538	2	0	**6730**	43 weeks
CCS	DEXA Scans	Yes	Not applicable	Imaging	49 weeks	148	178	225	188	502	356	538	417	0	**2552**	53 weeks
CCS	MRI Scans	Yes	Not applicable	Imaging	56 weeks	521	487	540	470	802	314	123	111	25	**3393**	60 weeks
CCS	Plain Film X-Ray	Yes	Not applicable	Imaging	24 weeks	506	245	37	2	0	2	0	0	0	**792**	9 weeks
CCS	Fluoroscopy	No	Not applicable	Imaging	47 weeks	64	76	80	63	85	63	48	18	0	**497**	52 weeks
CCS	Barium Enema	No	Not applicable	Imaging	15 weeks	1	0	1	2	1	0	0	0	0	**5**	19 weeks
CCS	Gut Transit Studies	No	Not applicable	Imaging	2 weeks	2	0	0	0	0	0	0	0	0	**2**	Projection Outstanding
CCS	Radio Nuclide	No	Not applicable	Imaging	13 weeks	57	46	25	10	0	0	0	0	0	**138**	12 weeks
CCS	Diagnostic Angiography	TBC	Not applicable	Imaging	23 weeks	0	1	0	0	0	1	0	0	0	**2**	Projection Outstanding

DIAGNOSTICS - NON-IMAGING

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
MUSC	Cardiac Investigations - Echo & Non Echo (Combined WL)	Yes	Not applicable	Diag.	Echo = 97 weeks Non-Echo = 68 weeks	687	698	627	677	1245	828	1524	2044	1750	**10080**	Echo = 98 weeks Non-Echo = 70 weeks
CCS	Neurophysiology	No	Not applicable	Diag.	75 weeks	38	49	28	20	24	6	11	5	8	**189**	79 weeks
CCS	Audiology	Yes	Not applicable	Diag.	20 weeks	304	375	249	235	176	0	0	0	0	**1339**	22 weeks
MUSC	Sleep Studies	No	Not applicable	Diag.	42 weeks	81	149	131	107	89	45	78	33	0	**713**	43 weeks
IMWH	Urodynamics (Gynaecology)	No	Not applicable	Diag.	39 weeks	11	10	16	26	35	24	41	12	0	**175**	44 weeks
SEC	Urodynamics (Urology)	No	Not applicable	Diag.	72 weeks	22	30	38	38	81	47	58	19	4	**337**	Projection Outstanding

CHILDREN & YOUNG PEOPLE'S SERVICES - AUTISM

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019									Projected End of AUGUST 2019 position (Longest Waiter)
						0-4 Wks	4+ to 8Wks	8+ to 13Wks	13+to 18Wks	18+to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	Autism - Assessment	TBC	Not available	NOP	11 weeks	52	75	22	0	0	0	0	0	**149**	13 weeks
CYPS	Autism - Treatment	TBC	Not available	NOP	10 weeks	30	12	2	0	0	0	0	0	**44**	10 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - CAMHS - (1 month in arrears)

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JUNE 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th June 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	**Child & Adolescent Mental Health Services (CAMHS):**	**TBC**	**Not available**	**NOP**	**8 weeks**	**117**	**86**	**53**	**0**	**0**	**0**	**0**	**0**	**0**	**256**	**9 weeks**
CYPS	**CAMHS Step 2**	TBC	Not available	NOP	8 weeks	59	57	37	0	0	0	0	0	0	**153**	9 weeks
CYPS	**CAMHS Step 3**	TBC	Not available	NOP	8 weeks	56	29	14	0	0	0	0	0	0	**99**	8 weeks
CYPS	**Eating Disorder Services (CAMHS)**	TBC	Not available	NOP	8 weeks	2	0	2	0	0	0	0	0	0	**4**	4 weeks

MENTAL HEALTH SERVICES (MHD) - (1 month in arrears)

Division/ Directorate/Programme of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 *(Longest Waiter)*	Activity Type	End of JUNE 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 30th June 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
MHD	**Adult Mental Health Services:**	**TBC**	**Not available**	**NOP**	**38 weeks**	**310**	**192**	**197**	**134**	**225**	**196**	**46**	**0**	**0**	**1300**	**41 weeks**
MHD	Primary Care Mental Health Team	TBC	Not available	NOP	31 weeks	145	73	106	118	208	191	38	0	0	**879**	28 weeks
MHD	Community Mental Health Teams	TBC	Not available	NOP	10 weeks	45	13	6	1	0	0	0	0	0	**65**	13 weeks
MHD	Community Mental Health Teams for Older People	TBC	Not available	NOP	38 weeks (Consultant) 5 weeks (CMHT)	14	5	2	3	9	3	4	0	0	**40**	33 Weeks (Consultant) 5 weeks (CMHT)
MHD	Forensic Services	TBC	Not available	NOP	<1 week	2	0	0	0	0	0	0	0	0	**2**	2 weeks
MHD	Eating Disorder Services	TBC	Not available	NOP	32 weeks	5	6	7	7	6	2	4	0	0	**37**	41 weeks
MHD	Addiction Services	TBC	Not available	NOP	11 weeks	93	87	68	2	0	0	0	0	0	**250**	9 weeks
MHD	Personality Disorder Services	TBC	Not available	NOP	14 weeks	6	8	8	3	2	0	0	0	0	**27**	Projection Outstanding
MHD	**Memory / Dementia Services**	Yes	October 2016	NOP	17 weeks	78	70	43	15	2	0	0	0	0	208	17 weeks
MHD	**Psychological Therapies**	**TBC**	**Not available**	**NOP**	**76 weeks**	**110**	**76**	**67**	**49**	**64**	**62**	**79**	**26**	**32**	**565**	**82 weeks**
MHD	Adult Mental Health	TBC	Not available	NOP	76 weeks	54	45	28	22	32	61	78	26	32	**378**	82 weeks
MHD	Adult Learning Disability	TBC	Not available	NOP	13 weeks	16	13	8	11	1	0	0	0	0	**49**	11 weeks
MHD	Children's Learning Disability	TBC	Not available	NOP	9 weeks	1	2	3	4	0	0	0	0	0	**10**	Projection Outstanding
MHD	Adult Health Psychology	TBC	Not available	NOP	29 weeks	33	16	28	12	29	1	1	0	0	**120**	39 weeks
MHD	Children's Psychology	TBC	Not available	NOP	16 weeks	6	0	0	0	2	0	0	0	0	**8**	24 weeks
MHD	Neurodisability Services	TBC	Not available	NOP	0 weeks	0	0	0	0	0	0	0	0	0	**0**	3 weeks

ALLIED HEALTH PROFESSIONALS (AHPs)

Division/ Directorate/Programme of Care	Specialty/ Programme of Care	Known Capacity Gap	Review Backlog Position at 31/05/19 *(Longest Waiter)*	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019								Projected End of AUGUST 2019 position (Longest Waiter)
						0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 32Wks	32Wks +	TOTAL	
All POCs	**Dietetics combined (All POCs):**		**January 2019**	**AHP**	**18 weeks**	**840**	**132**	**16**	**1**	**0**	**0**	**0**	**989**	**13 weeks**
CCS (POC 1)	**Dietetics - Acute**	Yes	Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Projection Outstanding
CYPS (POC 2)	**Dietetics - Paediatrics**		January 2019	AHP	18 weeks	174	40	4	1	0	0	0	**219**	20 weeks
OPPC (POC 4&9)	**Dietetics - Elderly and Primary Health Care**		April 2019	AHP	16 weeks	654	91	12	0	0	0	0	**757**	Projection Outstanding
MHD (POC 5)	**Dietetics - Mental Health**			AHP		2	0	0	0	0	0	0	**2**	
MHD (POC 6)	**Dietetics - Learning Disability**			AHP		9	1	0	0	0	0	0	**10**	
MHD (POC 7)	**Dietetics - Physical Disability**			AHP		1	0	0	0	0	0	0	**1**	
All POCs	**OT combined (All POCs):**		**September 2014**	**AHP**	**70 weeks**	**876**	**242**	**235**	**241**	**265**	**174**	**607**	**2640**	**74 weeks**
CCS (POC 1)	**Occupational Therapy - Acute**	No	Not applicable	AHP	63 weeks	188	32	14	40	30	27	130	**461**	Projection Outstanding
CYPS (POC 2)	**Occupational Therapy - Paediatrics**		February 2018	AHP	70 weeks	80	31	37	33	49	34	197	**461**	74 weeks
OPPC (POC 4&9)	**Occupational Therapy - Elderly and Primary Health Care**		September 2014	AHP	55 weeks 62 weeks (Splint)	435	99	115	108	147	85	230	**1219**	Projection Outstanding
MHD (POC 5)	**Occupational Therapy - Mental Health**		Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Projection Outstanding
MHD (POC 6)	**Occupational Therapy - Learning Disability**		September 2017	AHP	26 weeks	25	5	0	1	1	0	0	**32**	27 weeks
MHD (POC 7)	**Occupational Therapy - Physical Disability**		July 2017	AHP	45 weeks	148	75	69	59	38	28	50	**467**	47 weeks
CCS (POC 1)	**Orthoptics**	Yes	April 2019	AHP	22 weeks	452	181	82	4	1	0	0	**720**	22 weeks
All POCs	**Physio. combined (All POCs):**		**February 2018**	**AHP**	**40 weeks**	**3301**	**869**	**306**	**191**	**49**	**13**	**5**	**4734**	**40 weeks**
CCS (POC 1)	**Physiotherapy - Acute**	Yes	Not applicable	AHP	4 weeks	2	0	0	0	0	0	0	**2**	Projection Outstanding
CYPS (POC 2)	**Physiotherapy - Paediatrics**		October 2018	AHP	25 weeks	131	38	28	24	9	0	0	**230**	26 weeks
OPPC (POC 4&9)	**Physiotherapy - Elderly and Primary Health Care**		Not applicable	AHP	27 weeks	3070	799	249	133	13	4	0	**4268**	27 weeks
MHD (POC 5)	**Physiotherapy - Mental Health**		Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Not applicable
MHD (POC 6)	**Physiotherapy - Learning Disability**		February 2018	AHP	40 weeks	12	1	1	3	1	3	5	**26**	40 weeks
MHD (POC 7)	**Physiotherapy - Physical Disability**		February 2018	AHP	31 weeks	86	31	28	31	26	6	0	**208**	29 weeks
All POCs	**Podiatry combined (All POCs):**		**February 2019**	**AHP**	**16 weeks**	**991**	**110**	**13**	**0**	**0**	**0**	**0**	**1114**	**20 weeks**
CCS (POC 1)	**Podiatry - Acute**	Yes	Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	**0**	Not applicable
CYPS (POC 2)	**Podiatry - Paediatrics**		February 2019	AHP	16 weeks	1	0	0	0	0	0	0	**1**	20 weeks
OPPC (POC 4 & 9)	**Podiatry - Elderly and Primary Health Care**			AHP		984	108	13	0	0	0	0	**1105**	
MHD (POC 5)	**Podiatry - Mental Health**			AHP		0	0	0	0	0	0	0	**0**	
MHD (POC 6)	**Podiatry - Learning Disability**		Not applicable	AHP	10 weeks	6	2	0	0	0	0	0	**8**	13 weeks
All POCs	**SLT combined (All POCs):**		**May 2018**	**AHP**	**68 weeks**	**610**	**198**	**161**	**199**	**174**	**135**	**193**	**1670**	**32 weeks**
CCS (POC 1)	**Speech and Language Therapy - Acute**	Yes	Not applicable	AHP	37 weeks	2	0	0	0	0	0	1	**3**	Projection Outstanding
CYPS (POC 2)	**Speech and Language Therapy - Paediatrics**		February 2019	AHP	42 weeks	363	110	95	125	111	97	127	**1028**	32 weeks
OPPC (POC 4&9)	**Speech and Language Therapy - Elderly and Primary Health Care**		May 2018	AHP	68 weeks	206	87	66	74	63	38	65	**599**	Projection Outstanding
MHD (POC 6)	**Speech and Language Therapy - Learning Disability**		September 2018	AHP	9 weeks	37	1	0	0	0	0	0	**38**	Projection Outstanding
MHD (POC 7)	**Speech and Language Therapy - Physical Disability**		Not applicable	AHP	8 weeks	2	0	0	0	0	0	0	**2**	Projection Outstanding

IP = Elective In-Patient   DC = Day Case   NOP = New Out-Patient   ▨ **Information (reports) not available**

Notes:

- Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
- Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
- TBC - Access time 'To Be Confirmed' by the Operational Team.
- Projection outstanding - projections for month-end not provided by service - access time(s) to be confirmed by the Operational Team.
- Orthopaedic NOPs 31st July 2019 breakdown: Upper Limb = longest waiter at 133 weeks; Lower Limb = longest waiter at 96 weeks; Foot & ankle = longest waiter at 137 weeks

Southern Health
and Social Care Trust

Quality Care - for you, with you

Performance Committee

Committee Chair Report for Board Meeting on 30th January 2020

The Performance Committee ('the Committee') met on 9th December 2019. The following is a summary of the areas considered at the meeting to update the Board. The formal record of the meeting remains the approved minutes.

Summary of areas considered

This was the first substantive meeting of the Committee, the focus of which was on unscheduled care. There was representation from operational Directors on their areas of unscheduled care management, as well as an Executive Director – Medical, Nursing and social work focus on their respective issues specific to unscheduled care. Children and Young People's issues relating to unscheduled care will be brought to the Committee as part of the deep dive into children's services.

1. Draft Performance Management Framework

The Committee was advised this will remain in draft in the context of regional work now commencing through TIG to establish the strategic performance oversight group (SPOG). The Performance Committee will need to take stock at that point of any issues relevant to local performance management. Members welcomed a diagram explaining the interface between the performance and governance frameworks.

2. Performance Reporting

a) Internal Assurance

i) Integrated Performance Report: Unscheduled Care

Key points:

- Six formal OGIs for unscheduled care. All OGIs are failing to meet the target;

- Directors' focus on a wider remit for unscheduled care across Mental Health, Acute and Older People and Primary Care.

Mental Health

- Focus and discussion on key issues and key actions in Home treatment and Crisis Response.
- Highlight of issues with transformation funding
- Potential areas for development/new models of care shared

Acute

Key issues ED CAH & DHH, conversion from ED, workforce issues to admission discussed as well as activity trends and areas that require further explanation were highlighted.

Unscheduled surgical services – 40% unfilled nurse theatre posts. Committee was advised of the planned closure of 1 T&O theatre in December – 55-59 patients planned for elective surgery.

- ICU and HDU availability – challenge with discharge reducing capacity for urgent patients.
- Outliers non- medical wards and impact on patient experience and continuity of care.
- NHS Wales reps visiting to share experience and provide critical friend support re patient flow.
- Transition ward and 3 North medical funded as core and winter beds remain open since last year.
- Patients attending ED with GP referral letters highest in NI.
- Committee updated on establishment of clinically led projects under 'Speed' project aligned to ED, Patient flow/discharge, ambulatory, surgical access

OPPC

- Focus on urgent Out of Hours. Action agreed from Governance Committee that Chief Executive would escalate to HSCB re need for regional approach.
- Residential and Nursing Homes – average bed occupancy 90.4% - highest in the region.

- Key issues, impacts and actions Domiciliary Care – constant challenge with NISCC registration. Workforce issues with social care governance and impact of Mental Health Capacity Bill on Adult Safeguarding.
- Key issues District Nursing /Intravenous Meds service

Professional Governance perspective – medicine, nursing and social work

- Director of Nursing advised of work in ED on patient experience, comfort and quality. The Chair suggested exploring use of E&G funds for this purpose.
- ED nursing staff progressed at risk. ANP & ED practitioners training ongoing-no funding.
- Medical workforce IPC – need for isolation 48 side rooms if all in use impacts on patients waiting in ED. Constrained due to infrastructure challenges as included in Trust capital priorities.
- Domiciliary Care – constant Social work challenge with NISCC registration. Workforce issues with social care governance and impact of Mental Health Capacity Bill on Adult Safeguarding.

b) Elective Care

- Key Issues demand, capacity, workforce and unscheduled care pressures and growing waiting lists/waiting times.
- Red flag and urgent priorities, competing pressures for diagnostics.
- Concerns re reviews beyond clinically indicated timescales
- Funding –short term nature non – recurrent funding
- Focus of discussion was on Urology and Endoscopy.

c) Executive Director of Nursing, Midwifery and AHPs

- Reporting by exception. Agreed next report would be more explicit on Nursing KPIs appraisal, mandatory training etc.

d) HCAI - Recent increase in c-difficile discussed.

e) Corporate Performance Scorecard - approved

External Assurance

a) **Sentinel Stroke National Audit** - Improvement plan in place. Update on the relocation of beds into Acute 3 North, CAH to Trust Board in January 2020.

b) **Summary Briefing of Outcome of Acute Bed Modelling Exercise commissioned via Utilisation Management Unit (Health Innovation Manchester)**

- DOH bed modelling- presented to Commissioner and DoH. Committee supported raising issues of the Trust's capital infrastructure requirements with Commissioner/DoH.

3. Draft Committee Work Programme 2020

- Agreement that year end performance report will be presented to Trust Board in June 2020.

4. Draft Terms of Reference

- Approved

Action(s) requested / required of Trust Board

- Note the areas considered
- Approval of previous minutes 17th October 2019
- Approval of Terms of Reference
- Approval of Committee Work Plan 2020

Mrs Siobhan Rooney
Committee Chair
On behalf of the Performance Committee
January 2020

Southern Health and Social Care Trust

COMMITTEE REPORT SUMMARY SHEET

Meeting: Date:	Performance Committee 3 September 2020
Title:	**Monthly CPD Performance Scorecard - July 2020**
Lead Director:	Aldrina Magwood Director of Performance and Reform
Corporate Objective:	Improving Our Services Making Best Use of Our Resources Promoting Safe, High Quality Care
Purpose:	**For Approval**

OVERVIEW:

- The **Performance Scorecard** (attached) provides information to Performance Committee in support of its function in overseeing delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

- The Scorecard, attached, provides a summary of actual performance against:
  - 2019/2020 Commissioning Plan Objectives and Goals for Improvement (OGIs) which have been rolled forward for 2020/02021; and
  - Key performance indicators (KPIs), predominantly focused on quality and safety domains including caseload management/reviews beyond clinically indicated timescales.

- Whilst the CPD targets remain unchanged, the target levels have been rebased (based on 2019/2020 baseline) to form new 2020/2021 target levels.

- Whilst the scorecard includes an assessment of actual performance against targets on a Red, Amber and Green (RAG) basis at a point in time, performance trends are also included to show patterns of performance over longer periods to highlight areas of variation.

OUTCOME FROM SMT DISCUSSIONs:

- Assurance provided regarding arrangements for clinical triage, review, categorisation and management of red flag and urgent patients;
- Arrangements for enhanced senior oversight re tracking/monitoring patients on the cancer pathway, including on-going review of individual patients at tumour site level was noted, SMT acknowledged patients will be treated out of order to optimise journey times for the most urgent patients;
- Request for continued focus on mitigating actions to manage and stratify any further emergent risk aligned to those beyond clinically indicated timescales to continue as per corporate risk register
- Enabling support for rebuild planning to focus on areas identified via risk assessment process and schemes committed to in Phase 2 plan.
- Development of rebuild plans noted as parallel actions to ongoing response and preparedness for Covid 19

Key areas for Committee consideration:

1. **Key Risks**
   The key risks to Trust performance against commissioning plan targets continue to relate to:

- Competing demand against capacity for both elective and unscheduled care;
- Inadequate capacity to meet red flag/urgent demand;
- Insufficient availability of skilled workforce in some key areas; and
- Inadequate physical infrastructure to enable demands to be met in a timely manner, compounded by the requirements for social distancing eg. availability of side rooms, out-patient clinic space, theatres and diagnostics etc.

2. Escalated Issues for Highlighting:

Since the last report to Performance Committee challenges are noted in the following areas:

- Diagnostic Test – Decrease in percentage of waits <9-weeks and growth in waits >26-weeks demonstrating statistical special cause concern;

- Out-Patient Waits for First Assessment and Waits Beyond Clinically Indicated Timescale for Review – Decrease in percentage of waits <9-weeks and growth in waits >52-weeks demonstrating statistical special cause concern. Increasing volumes of patients waiting beyond their clinically indicated timescale for review.

- In-Patient/Day Case Waits and Planned Repeat Treatments – Decrease in percentage of waits <13-weeks and growth in waits >52-weeks demonstrating statistical special cause concern. Increasing volumes of patients waiting beyond their clinically indicated timescale for planned repeat treatment.

  The Trust has received in-year investment of £200,000 for the Urology 7th Consultant. Recruitment is currently ongoing and it is anticipated that the 7th Consultant will be in post in Quarter 4.

  The additional capacity created by this post will be targeted to the red flags and urgents with little anticipated impact on routine waits.

- Issues Previously Reported to Performance Committee/Trust Board – A number of areas demonstrating small positive changes but are not yet of statistical significance.

Annex 1

Analysis of Key Scorecard Risks

1. Diagnostic Waits

1.1 Diagnostic Waits – Total Waiting List

The total number of patients waiting across all three diagnostic areas demonstrates an increasing trend with special cause concern demonstrated from May 2019 through to May 2020.

Chart 1 demonstrates the 13-month period between May 2019 and May 2020 the total waiting list has increased by 6,883 (24%) waits, with 40% (2,768) of this increase in the last 4 months.

Whilst an increasing trend in total waits is demonstrated across all three areas (Imaging; Non-Imaging; and Endoscopy) the largest increase, as demonstrated in **Chart 2**, over the 13-month period of May 2019 to May 2020 was within Non-Imaging, which demonstrated an increase of 10% (2,930) waits with 53% (1,551) of these waits in the last 4 months of this period when the capacity has been reduced due to the Covid response.

Charts 1

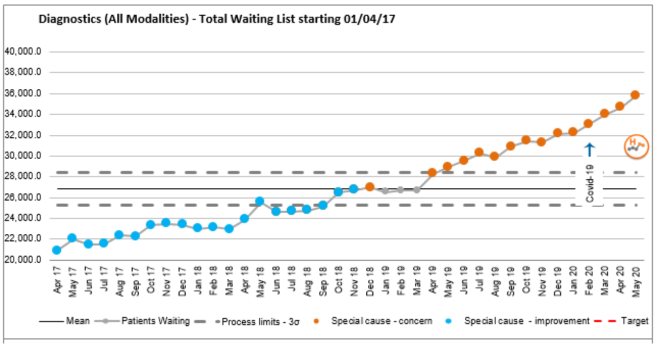
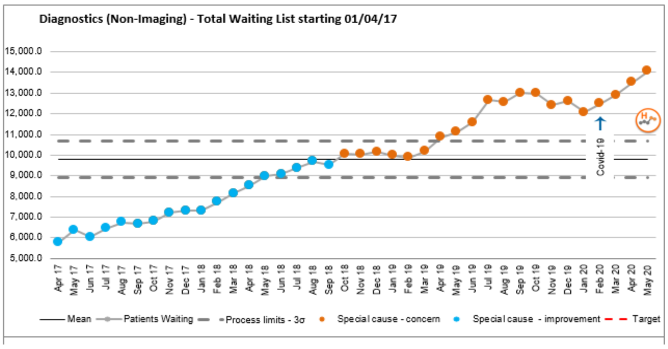


Chart 2



1.2 Diagnostic Waits – % Waiting Less than 9-Weeks

The percentage of patients waiting less than 9-weeks, across all three diagnostic areas, demonstrates a decreasing trend from April 2019 to May 2020, with special cause concern demonstrated.

Chart 5 demonstrates the 14-month period between April 2019 (12,421 waits) and May 2020 (4,840 waits) with the percentage of patients waiting less than 9-weeks decreased by 31%; the majority of this decrease (23.3%) was in the last 4 months (12,151 waits at February 2020).

The largest decrease in performance, within the last 4 months, is demonstrated within Imaging (Chart 6 demonstrates) with 27% of their 35.6% decrease, occurring within the last 4 months (7,738 waits at February 2020 versus 3,216 at May 2020).

Whilst a decreasing trend in the percentage of patients waiting less than 9-weeks is demonstrated across all three areas (Imaging; Non-Imaging; and Endoscopy) the largest decrease over the 14-month period of April 2019 (1,038 waits) to May 2020 (519 waits) was within Endoscopy. **Chart 7** demonstrates a decrease of 47.8% and as reflected on the chart a sharper decrease in the last 4 months.

Chart 5

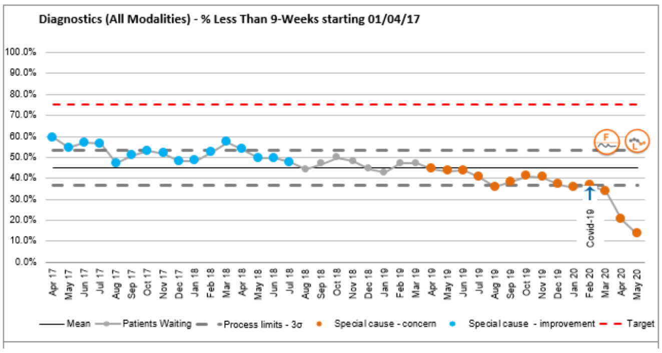


Chart 6

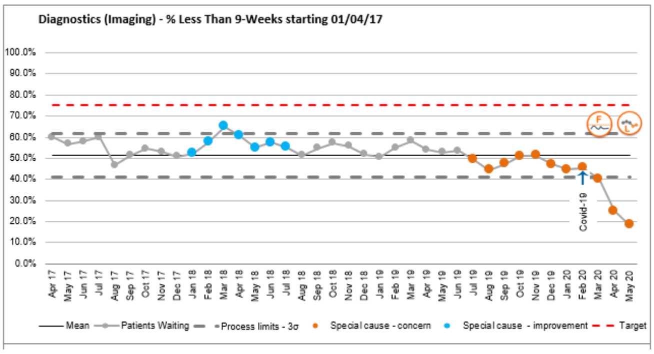
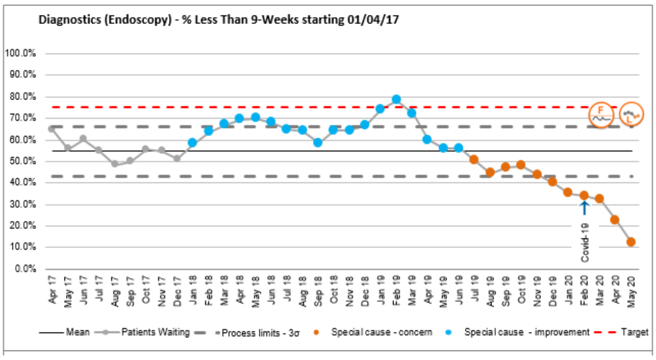


Chart 7



1.3 Diagnostic Waits – Waits in Excess of 26-Weeks

The total number of patients waiting in excess of 26-weeks, across all three diagnostic areas, demonstrates an increasing trend with special cause concern demonstrated from February through to May 2020.

Chart 8 demonstrates the 16-month period between February 2019 and May 2020 the total waiting list has increased by 11,382 (209%) waits, with 50% (5,691) of this increase demonstrated in the last 4 months.

An increasing trend in waits in excess of 26-weeks is demonstrated across all three areas (Imaging; Non-Imaging; and Endoscopy).

The largest percentage increase over the 16-month period of February 2019 to May 2020 was within Endoscopy. **Chart 10** demonstrates an increase of 1310% (1,808) waits with 42 % (753) of these waits demonstrated in the last 4 months of this period.

However, the largest increase in volume over the 16-month period was within Imaging (**Chart 9** demonstrates), with an increase of 4,807 (265%) waits in excess of 26-weeks with 66% (3,168) demonstrated in the last 4 months.

Chart 8

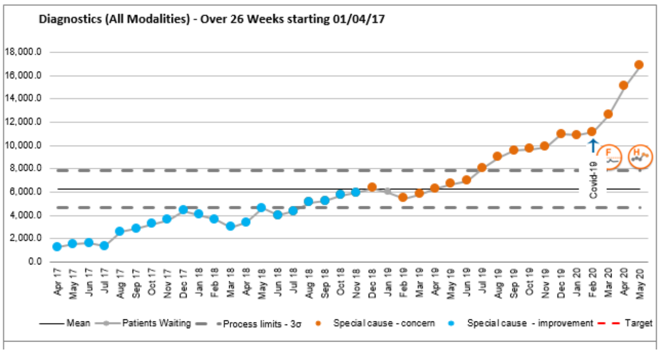


Chart 9

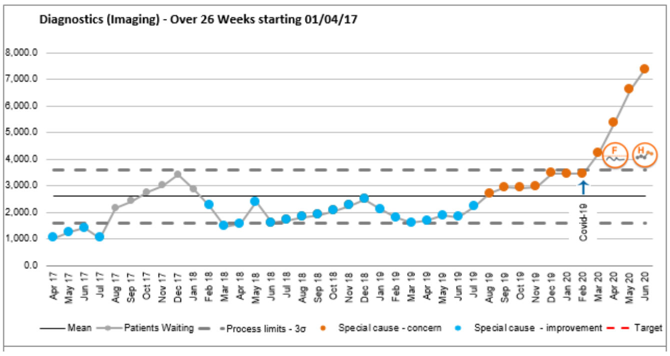
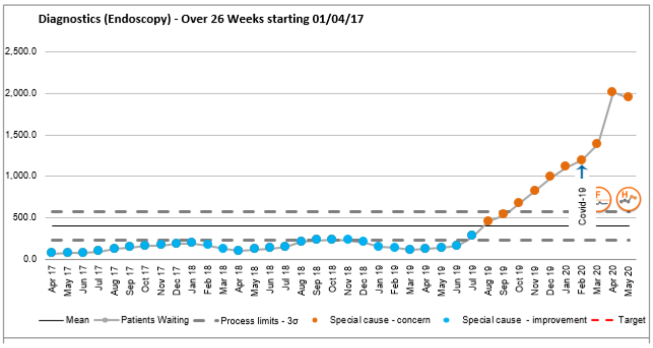


Chart 10



1.4 Diagnostics Activity

Whilst the total volume of diagnostics on the waiting list and the waits in excess of 26-weeks have been demonstrating a increasing trend, with special cause concern, the step change within the diagnostics realm is within the percentage waits less than 9-weeks. This means less people are getting seen in a timely fashion.

Whilst an element of red flag and urgent diagnostics was maintained during the Pandemic response there were a number of diagnostics that could not be undertaken due to clinical guidance from the relevant Royal Colleges eg. Endoscopy (upper and lower) procedures; CT Colongraphy; Bronchoscopy etc. These services have in the main restarted but with a lower level of routine capacity. This will result in patients both urgent and routine waiting longer.

1.5 Actions to Manage

- As part of the Trust's Rebuild Plans the services continue to seek to increase core capacity in line with relevant clinical guidance and Covid-19 precautions;

Imaging

- The regional Radiology Network monitors the volume and proportion of urgent waits by Trust and has committed to the principle of available additional regional capacity being allocated to Trusts in line with urgent demand.
- HSCB has committed non recurrent funding, c £2.5m for Southern Trust, to secure additional capacity, in house or in the Independent Sector (IS) for imaging; the Trust is working with the HSCB and other Trusts to ensure an equitable share of available capacity.
- The Department of Health has confirmed approval for the establishment a Medical Imaging Board for Northern Ireland to enable a regional programme of transformation with an immediate task to address the contribution of Imaging Services to rebuilding HSC scheduled and unscheduled care over the next 2 years as part of the response to managing the Covid-19 pandemic.
- Continue to undertake necessary and on-going recruitment drives to facilitate the appointment of vacant posts.

Endoscopy

- Clinical validation of Endoscopy waiting list and planned repeat backlog list undertaken to stratify the risk in line with revised clinical guidelines.
- Utilisation of the Qfit testing for patients waiting for colonoscopy/flexible sigmoidoscopy. This testing has facilitated the removal of patients from the waiting lists and ensures that those that remain on the waiting list are appropriate to do so.

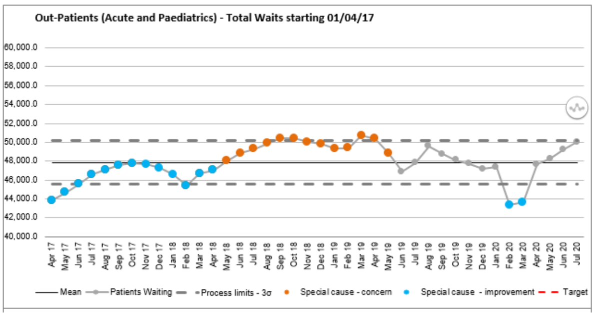
- HSCB have allocated £544,000 non-recurrently for Endoscopy in 2020/2021. The Trust is seeking to procure a blended Independent Sector model, with IS Provider using Trust facilities.

2. Out-Patients (Acute and Paediatrics)

2.1 Out-Patient – Total Waiting List

Chart 11 demonstrates a variable pattern of special cause concern/improvement in the total number of patients waiting from April 2017 to July 2020. The last 4 months demonstrates an increasing trend in volumes waiting, however, it is not yet of statistical significance and will require further monitoring.

Chart 11



2.2 Out-Patient Less than 9-weeks

Chart 12 demonstrates the decreasing trend in the percentage of out-patients waiting less than 9-weeks. At April 2017 there were 14,192 waits less than 9-weeks (36.9%) compared to June 2020 with 5,937 waits less than 9-weeks (11.9%) equating to a -25% decrease (8,255 waits) between April 2017 and June 2020.

The 8-month period between November 2019 (13,437 waits) and June 2020 (5,937 waits) demonstrates special cause concern with the most significant decline in waits less than 9-weeks demonstrated between February 2020 (11,434) and June 2020 (5,937) equating to a decrease of 7,500 waits (14.5%).

Chart 12

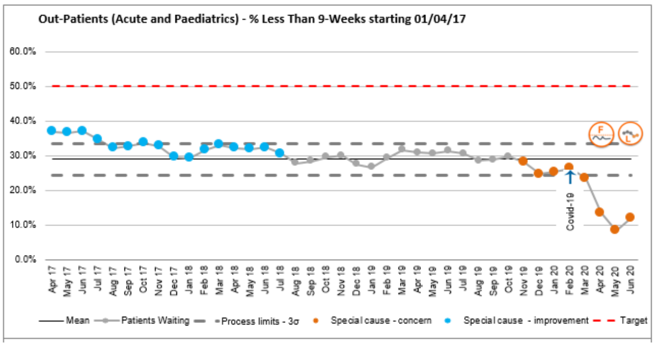
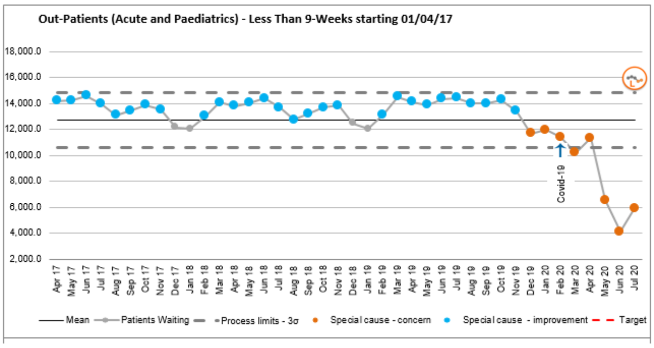


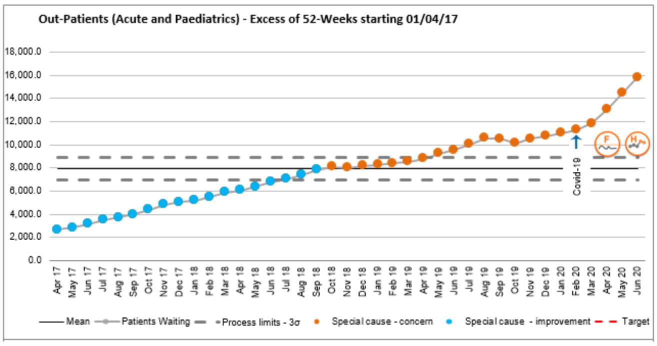
Chart 13



2.3 Out-Patients Greater than 52-weeks

The total number of patients waiting in excess of 52-weeks demonstrates an increasing trend with special cause concern demonstrated over a 21-month period between October 2018 to June 2020. The waits in excess of 52-weeks has increased (**Chart 14** demonstrates) by 497% (13,153) from April 2017 to June 2020, with a 95% (7,703) increase demonstrated from October 2018 to June 2020.

Chart 14

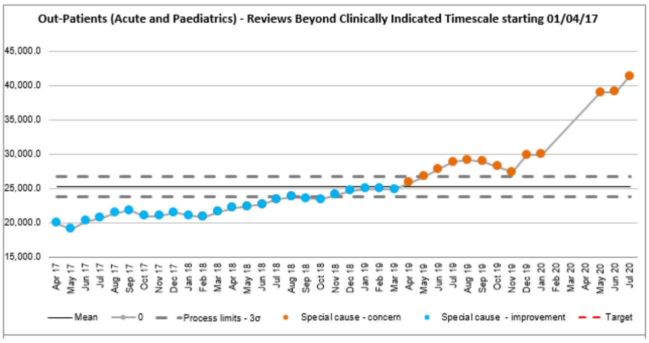


Charts 12 to 14 demonstrate the waits for first out-patient assessment, however, there is a competing demand for out-patient review capacity.

2.4 Out-Patients Waiting Beyond Their Clinically Indicated Timescale for Review

Chart 15 demonstrates the volume of patients waiting for their out-patient review beyond their clinically indicated timescale. The volume of patients waiting demonstrates an increase of 96% (+19,109) from April 2017 (199,61) to June 2020 (39,070). The largest growth in waits is demonstrated from April 2019 (25,864) to June 2020 (39,070) equating to an increase of 13,206 (51%).

Chart 15



2.5 Actions to Manage

- As part of the Trust's Rebuild Plans services continue to seek to increase core capacity in line with relevant clinical guidance and Covid-19 precautions.
- The Trusts Covid response impacted on the level of available outpatient accommodation. Work is ongoing to assess the current accommodation that can be utilised for face to face outpatient assessments and to allocate this to the greatest demand.
- As part of the Rebuild Plan the Trust is seeking to continue with virtual assessment as well as face to face and services are seeking to maximise this where possible.
- Table 1 below demonstrates the split of face to face versus virtual appointments during July/August 2019 in comparison to 1 July to 7 August 2020.

Table 1

Activity Type	**Baseline (July/ August 2019)**	**Current (1 July to 7 August 2020)**	**Variation (Baseline and Current)**
New Face to Face	94%	78%	-16%
New Virtual	6%	22%	+16%
Review Face to Face	97%	56%	-41%

Review Virtual	3%	44%	+41%

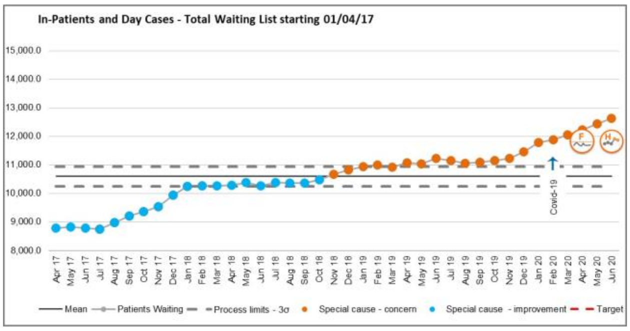
- No additional non recurrent funding has been allocated in year for outpatient activity.
- Validation of out-patient review waiting lists for first assessment and review backlog; and
- Development of specialty specific review backlog action plans.

3. In-Patients/Day Cases (Acute and Paediatrics)

3.1 In-Patients/Day Cases – Total Waiting List

Chart 16 demonstrates a pattern of special cause concern/improvement in the total number of patients waiting from April 2017 (8,779) to July 2020 (12,623) equating to an increase of 44% (3844). Special cause concern is demonstrated from November 2018 to June 2020. The number of patients waiting has increased over the same period from 10,676 in November 2018 to 12,623 in June 2020 (+18.2%).

Chart 16



3.2 In-Patients/Day Cases Less than 13-weeks

Chart 17 demonstrates the decreasing trend in the percentage of in-patients/day cases less than 13-weeks. At April 2017 there were 3,909 less than 13-weeks (44.5%) compared to June 2020 with 902 waits less than 13-weeks (7.1%) equating to a 19.5% (3,007 waits) between April 2017 and June 2020.

The 20-month period between November 2018 (4,148 waits) and June 2020 (902 waits) demonstrates special cause concern with the most significant decline in waits less than 9-weeks demonstrated between March 2020 (3,169) and June 2020 (902) equating to a decrease of 72% (2,267).

Chart 17

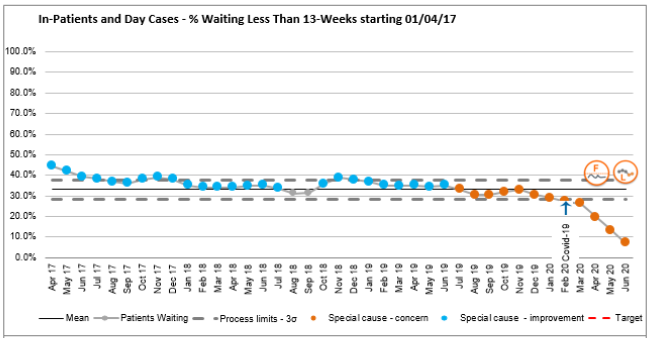
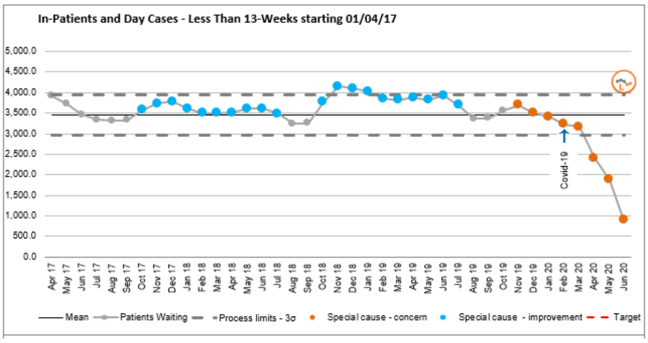


Chart 18

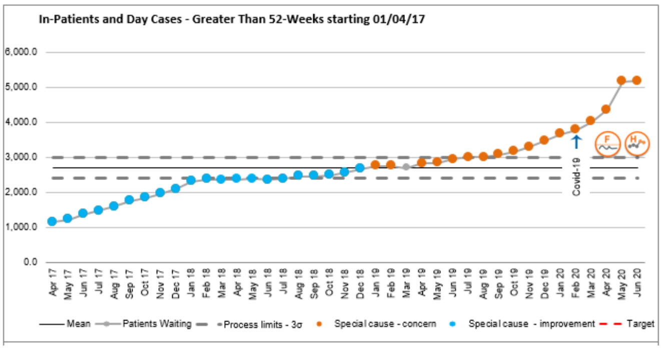


3.3 In-Patients/Day Cases Greater than 52-weeks

The total number of patients waiting in excess of 52-weeks demonstrate an increasing trend in excess waits with special cause concern demonstrated over a 18-month period between

January 2019 to June 2020. The waits in excess of 52-weeks have increased (**Chart 20** demonstrates) by 349% (4,031) from April 2017 to June 2020, with a 102% (2,617) increase demonstrated from November 2018 to June 2020.

Chart 19

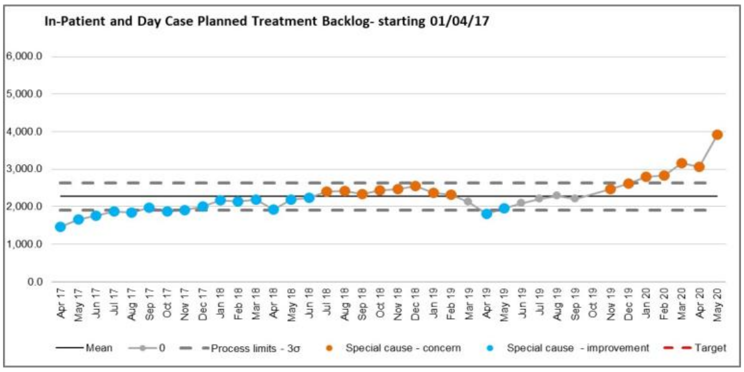


Charts 17 to 19 demonstrate the waits for in-patient/day case treatment, however, there is a competing demand for capacity for planned repeat treatments.

3.4 In-Patient/Day Case Planned Treatment Backlog

Chart 20 demonstrates the volume of in-patients/day cases waiting for their planned treatment beyond their clinically indicated timescale. The volume of patients waiting demonstrates an increase of 167% (+2,447) from April 2017 (1,463) to May 2020 (3,910) with the largest monthly growth in waits demonstrated from April 2020 to May 2020 reflecting an increase of 856 excess waiters.

Chart 20



Charts 21 and 22 demonstrate the IP/DC Planned Treatment list separated out by Endoscopy and non-Endoscopy procedures.

An increase in planned treatment backlogs is demonstrated in June 2020 for both Endoscopy and Non-Endoscopy. Endoscopy is showing special cause for concern between Nov 2019 and May 2020 with an increase over the same period of +803 (+42%) more patients waiting. Non-Endoscopy is also demonstrating special cause for concern since November 2019 (increase of +146% from 569 in November 2019 to 1,204 in May 2020). A notable spike between April and May 2020 shows an increase of 531% (1,705). As this is only one data point it is not yet of statistical significance and will require close monitoring.

Chart 21

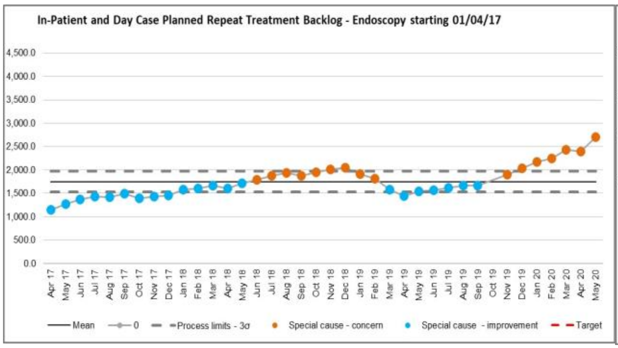
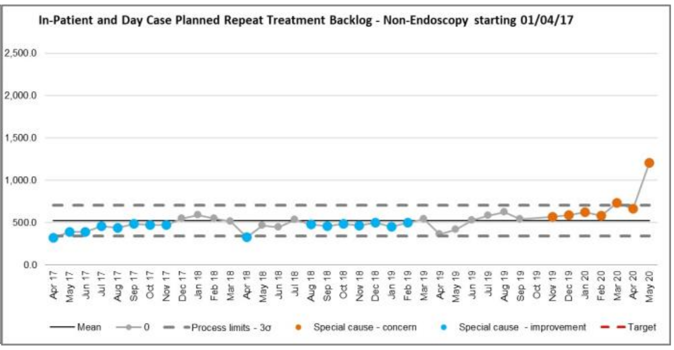


Chart 22



3.5 Actions to Manage

- As part of the Trust’s Rebuild Plans the services continue to seek to increase core surgical capacity in line with relevant clinical guidance and Covid-19 precautions; this will continue to be targeted to the red flag and time sensitive urgent conditions.
- Continued targeted utilisation of the Independent Sector capacity for red flag surgeries. As part of the pandemic response HSCB secured the three Independent Sector hospitals to provide infrastructure for red flag/urgent surgeries. Whilst this capacity remains within the IS hospitals, it is not to the same level and is limited to about 10% of the total activity
- Working with the Commissioner to secure recurrent funding for identified recurrent capacity gaps; eg urology 7th consultant in year element confirmed.
- Ongoing validation of planned treatment backlog lists.

4. Issues Previously Reported to Performance Committee / Trust Board

4.1 A number of areas, which have been previously reported to the Performance Committee where small positive changes are demonstrated, but are not yet of statistical significance, are detailed below

4.1.1 Allied Health Professionals

The volume of patients waiting for AHP services peaked at June 2020 with 12,463 waiting in excess of 13-weeks. July performance demonstrated a slight reduction in these volumes to 11,797. As this is only one data point of change it is not yet of statistical significance and will continue to be closely monitored.

4.1.2 Mental Health

The volume of patients waiting for Adult Mental Health services peaked at May 2020 with 857 patients in excess of 9-weeks. June 2020 demonstrates a slight reduction in these volumes to 612 from April 2020. As this is only one data point of change it is not yet of statistical significance and will continue to be closely monitored.

In respect of CAMHS performance has demonstrated a reduction from 227 waits in excess of 9-weeks in April to 115 waits in excess of 9-weeks at June 2020. This demonstrates a reduction for 2-months, however, this is not yet of statistical significance will continue to be closely monitored.

4.2 Carers Assessment

The volume of carers assessments offered during Quarter 1 2020/2021 demonstrates a sharp reduction in offers to 420 in comparison to 726 in Quarter 4 2019/2020. This reduction reflects the cessation of carers assessments in response of the Covid-19 pandemic. More detail included in presentation to Performance Committee.

Southern Health
and Social Care Trust

Quality Care - for you, with you

Performance Committee

Committee Chair Report for Virtual Trust Board Meeting on 22nd October 2020

The Performance Committee ('the Committee') met virtually on 3rd September 2020. The following is a summary of the areas considered at the meeting to update the Board. The formal record of the meeting remains the approved minutes.

Summary of areas considered:

Chairs Business

Mrs Siobhan Rooney's term of office as Non Executive Director ended on 28.8.2020. The Committee acknowledged Mrs Rooney's contribution and commitment as Chair of the Performance Committee since its inception.

Mr John Wilkinson, Non Executive Director, was welcomed onto the Committee.

Internal Assurance

- Performance Reporting - **Corporate Performance Scorecard** – received for approval.
    - The impact of Covid-19 on performance throughout 2020/2021 and beyond was recognised.
    - Increasing trend in Diagnostic waits >26 weeks.
    - Out-Patient waits for first assessment and waits beyond clinically indicated timescale for review – increasing volumes of patients waiting beyond their clinically indicated timescale for review.
    - In-Patient/Day Case waits and Planned Repeat Treatments – - increasing volumes of patients waiting beyond their clinically indicated timescale for planned repeat treatment. The Trust has received in-year investment of £200,000 for the Urology 7th Consultant. Recruitment is currently ongoing and it is anticipated that the 7th Consultant will be in post in Quarter 4. The additional capacity created by this post will be targeted to the red flags and urgents with little anticipated impact on routine waits.
    - Hospital discharges highlighted as area of concern and this will be an area of focus at the next meeting.

- **Corporate Re-Build Plan** – received for information.

- Arrangements in place for monitoring performance against Rebuild Plans considered. Summary report on performance against Rebuild Plans will be brought to each meeting.

- **Year End Performance Report** – received for approval.

- Previously presented to Trust Board in June 2020.

- **Integrated Performance Report (Focus on Adult Community Services; Support to Carers and Self Directed Support and Direct Payments**)
- Care Management Reviews have been stood down due to Covid-19.
- Care Management Assessments completed in the main within the five-week target.
- Overall increase in the short breaks hours over the past four years with the volume of short breaks delivered as community based hours having also increased. .
- Pilots of the Carers Conversation Wheel in Adult Physical Disability and Community Addictions services has evidenced an increased uptake in careers assessments. Intention is that all Directorates will adopt this model.
- The Trust did not achieve the target of 955 Direct Payments in 2019/2020. 910 service users were in receipt of direct payments which demonstrates a 4.8% increase against the 10% target.

- **Infection Prevention and Control and Antimicrobial Stewardship Report** – received for assurance

- Increase in Clostridium difficile in 2019/20, with a significant in October - this was managed using the 'outbreak' management plan.
- The IPC team and Microbiologist while continuing to support the management of Covid-19 in Trust and with Independent Sector providers are refocusing attention on C difficile, AMR and Gram negative bacteraemia with the current resources.
- Range of actions in place to meet Antimicrobial Stewardship target

- **Unallocated Childcare Cases Report –** received for assurance

- 21 unallocated cases at the end of July 2020.
- There are no unallocated Child Protection or LAC Cases.
- High level of Child Protection and Looked After Children activity associated with complexity of cases.

- Actions to manage risk of unallocated cases include weekly monitoring completed by team managers and monthly monitoring completed by Heads of Service and Assistant Director.

- **Executive Director of Nursing, Midwifery and AHPs Report** – received for assurance

- Nursing and Midwifery vacancy reduction.
- AHP regional vacancy position and the Trust plan to address both vacancy status and collective approach to increasing AHP clinical elective activity and reduce waiting times.
- Information requested for next meeting on how patients waiting for an AHP appointment are kept up to date.
- Nursing Quality Indicator data - The Chief Nursing Officer and the region stood down the need to collate this data, however, work is underway with frontline teams to re-establish this reporting infrastructure.

External Assurance - Performance Reporting

NHS Benchmarking Report – Management of Frailty in Acute Setting – received for Assurance

- Report provided information on the performance management arrangements to monitor the management of frailty services in acute settings and to provide assurance that a range of mechanisms are in place and new improvement opportunities identified
- Positive findings and issues to be addressed discussed together with actions and next steps.

Approved at Trust Board Meeting 24th September 2020

- Performance Committee Terms of Reference
- Committee Work Plan 2021
- Meeting Dates for 2021

Action(s) requested / required of Trust Board

- Note the areas considered

Mrs Pauline Leeson
Committee Chair
On behalf of the Performance Committee
October 2020

Southern Health
and Social Care Trust
Quality Care - for you, with you

CORPORATE RISK REGISTER

May 2020

INTRODUCTION

The SH&SCT Corporate Risk Register identifies corporate risks, all of which have been assessed using the HSC grading matrix, in line with Departmental guidance. This ensures a consistent and uniform approach is taken in categorizing risk in terms of their level of priority so that proportionate action can be taken at the appropriate level in the organization. The process for escalating and de-escalating risk at Team, Divisional and Directorate level, is set out in the Trust's Risk Management Strategy.

Each risk on the Register has been linked to the relevant Corporate Objectives contained within the Trust's Corporate Plan 2017/18 – 2020/21 as detailed below:-

Corporate Objectives

1: Promoting safe, high quality care.
2: Supporting people to live long, healthy active lives
3. Improving our services
4. Making the best use of our resources
5. Being a great place to work – supporting, developing and valuing our staff
6. Working in partnership

Risk scoring is based on likelihood and impact as summarized in the Risk Assessment Matrix below.

Risk Likelihood Scoring Table			
Likelihood **Scoring Descriptors**	**Score**	**Frequency** **(How often might it/does it happen?)**	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

OVERVIEW OF CORPORATE RISK REGISTER AS AT MAY 2020

LOW	MEDIUM	HIGH	EXTREME	TOTAL
	3	10	1	14

Risk No.	Risk Area/Description	Corporate Objective	Risk Rating	Page	Movement from last review
1	**BSO Shared Services** • Payroll/Travel • Recruitment	1&4	**MEDIUM**	**5**	Unchanged
2	**Cyber Security**	1	**HIGH**	**10**	Unchanged
3	**Medical Workforce shortages and vacancies**	1	**HIGH**	**16**	Unchanged
4	**Locum Engagements**	1	**HIGH**	**19**	Unchanged
5	**GP Out of Hours**	1	**HIGH**	**21**	Unchanged
6	**Registered Nursing Workforce Shortages**	1	**HIGH**	**26**	Unchanged
7	**HCAI**	1	**HIGH**	**34**	Unchanged
8	**Deterioration of exposed concrete on building exterior, Daisy Hill Hospital**	1	**HIGH**	**36**	Unchanged
9	**Loss of electrical power to main hospital block, Craigavon Area Hospital**	1	**HIGH**	**37**	Unchanged
10	**Compliance with procurement and contract management guidance**	1&4	**MEDIUM**	**39**	Unchanged
11	**Breach of statutory duty of break-even in-year** **Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support**	4	**MEDIUM**	**42**	Unchanged
12	**Clinical risk associated with inability to manage patient care within clinically indicated timescales**	1	**HIGH**	**47**	Unchanged
13	**Compliance and Implementation of the Mental Capacity Act (2016) Phase 1**	1	**HIGH**	**52**	Unchanged
14	**Risk to safe, high quality care as a result of Covid-19 Pandemic**		**EXTREME**	**54**	New risk added on 5.5.2020

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES

Likelihood: Possible (3) **Impact: Moderate (3)** **Total Score: 9** **Risk Rating: MEDIUM** **Previous Score: 9**	**RISK OWNER: Director of Finance, Procurement and Estates** **DATE RISK ADDED: August 2016** **Reworded: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
1	**Shared Services Centre:-** **Payroll & Travel** The risk that staff pay and travel reimbursements are inaccurate due to the control environment of the Business Services Organisation (BSO). This has the potential for financial hardship for staff, negative media attention and reputational damage for the Trust.	1. A range of KPIs have been agreed with BSO for each Trust which identifies where there has been improvement or deterioration and triggers appropriate action	Assistant Director of Finance	1. Monthly KPIs
		2. The Trust has a process of reimbursing staff as quickly as possible once an underpayment is identified as quickly as is feasible	Assistant Director of Finance	2. Payroll data
		3. Once an overpayment has been identified, BSO enact the overpayments policy	Assistant Director of Finance	3. Schedule of Overpayments and Recovery Plan
		4. Annual Internal Audits	Assistant Director of Finance	4. Internal Audit reports and action plans

		5. Regional audit of BSO Payroll Shared Services, currently twice a year	Assistant Director of Finance and Internal Audit	5. Audit reports and action plans
		6. Trust wide communication to all managers to remind all in respect of timely completion of paperwork	Assistant Director of Finance	6. Global communications
		7. Trust active participation in a number of regional groups to provide guidance, assistance and challenge to achieve necessary improvements	Finance Directorate	7. Minutes of meetings

Additional actions and timescales

1. Progress updates continue to be provided to Audit Committee and from October 2018 onwards, BSO have been providing a written report in advance of each Audit Committee. An updated progress report prepared by BSO which covers all outstanding recommendations will be presented at February 2020 Audit Committee. Mid-year review of BSO Payroll remains limited.
2. Ongoing review of Internal Audit recommendations. For those that are the responsibility of the Trust, they will be picked up and reported on at the IA Forum initially before going to Audit Committee.
3. Ongoing attendance at Customer Forums and Business as Usual meetings.
4. Ongoing attendance of Director of Finance at Customer Assurance Board which has been established to oversee 3 new payroll workstreams in an attempt to address the issues.

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES

Likelihood: Likely (4) **Impact: Moderate (3)** **Total Score: 12** **Risk Rating: MEDIUM** **Previous Score:12**	**RISK OWNER: Director of Human Resources and Organisational Development**
	DATE RISK ADDED: August 2016 **Reworded: July 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
1	**Shared Services Centre -** • **Recruitment and Selection** The delays in recruitment and selection pose a risk to service continuity for front line services	1. Implementation and monitoring of a local operational and service improvement plan (‘Inspire, Attract, Recruit’) to progress a range of local resourcing solutions. 2. Use of Bank and Agency for short/medium term interim cover, where possible and subject to appropriate approvals. 3. Internal Audit reviews of RSSC and Trust Recruitment & Selection. 4. Trust participation at Head of Service / Deputy Director level in regional Strategic Resourcing Innovation Forum (SRIF), with 4 workstreams each with a 12-month workplan to deliver and report to HR Directors.	Head of Resourcing	1. Resourcing Operational Plan and SMT updates 2. Monthly Bank Block Booking and Agency reports 3. Internal Audit assurance reports 4. SRIF annual work plans and dashboard

		5. Bi-monthly customer forum and fortnightly Team Leader Clinics with Regional Shared Services Centre to escalate issues requiring to be addressed.		5. Minutes of Customer Forum
		6. Trust representation on Operational Group within SRIF to meet monthly and develop/implement key service improvements.		6. Minutes of Operational SRIF Group
		7. Monthly KPI data shared with the Trust which identifies where there has been improvement or deterioration and triggers appropriate action. Trust management information reports issued to Directorates in relation to vacant posts and requisition requests in the approval process.		7. Monthly RSSC Performance Reports and Directorate vacancy reports
		8. Trust wide communications in relation to managers' roles and responsibilities for recruitment and selection, as well as associated Key Performance Indicators.		8. Global communications to Trust managers, process documents and user guides
		9. Alignment of Resourcing Team Leaders to support Directorates taking action to minimise any delays in the recruitment process in conjunction with RSSC		
		10. Development and introduction of new approach to reduce pre-employment checks for internal (within Trust) and		10. Process documents for Pre-Employment checking process

		inter-Trust appointments.		
		11. Development and launch of new HSC Recruitment and Selection Framework and associated guidance for managers		11. HSC Recruitment and Selection Framework and associated guidance for Managers
		12. In-house recruitment days for various staff groups, supported by Trust Resourcing Team		12. Notes of Planning meetings/action plans
		13. Updates to HSC recruitment website in order to increase numbers of applicants and improve the applicant experience		13. New website operational from 14th January 2019
		14. New report developed for managers at all levels to be able to report on Requisition Requests in Progress (i.e. not yet approved) in order to minimize delays at this stage		14. Requisition Requests Overview Report

Additional actions and timescales

1. Significant piece of work to be undertaken in conjunction with service directorates to further streamline corporate waiting lists and Trust approach to maintaining these. The start date for this has been delayed due to the need to divert resources to Transformation activity. Alternative models of recruitment have been discussed and tested as part of the regional SRIF group, and implementation has started in the Trust for some groups of staff (Admin & Clerical posts; Nursing Assistants) but requires further planning prior to wider implementation for other high-volume staff groups during 2020/21.

2. Engagement events with key stakeholders organised via the regional SRIF group throughout 2019/20, to ensure their continued involvement in the process of design and implementation of solutions.

3. Roll out of Recruitment and Selection skills training for managers during 2020/21.

4. Launch of HSC ‘branding’ and advertising concepts to increase applicant traffic to the recruitment website is the subject of ongoing discussion with DOH in relation to funding and HSC-wide implementation. Timescale for this is outside the control of the Trust.

		RISK OWNER: Performance and Reform Directorate (Cybersecurity Lead) While this risk will be led by P&R from a cybersecurity assurance perspective, this risk is a corporate risk requiring ownership by Directorates as follows: • **Performance & Reform Directorate** (in relation to assurance of 'technical' ICT **DEFEND & RECOVER** / back up processes) • **Medical Directorate** (in relation to lead role in assuring effective Emergency Planning) • **Operational Directorates** (in relation to assurance of effective Business Continuity Plans to **RESPOND** to potential incidents)		
		DATE RISK ADDED: July 2017 **Reworded: June 2018**		
		TIMESCALE FOR REVIEW OF CONTROLS: Monthly		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
2	The key risk emanating from a cyberattack is potential for **significant business disruption.** Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, HSC information, systems and infrastructure may become unreliable, not accessible (temporarily or permanently), or compromised by unauthorised 3rd parties, including criminals. This could result in unparalleled HSC-wide disruption of services due	**1.REGIONAL**: In the context of Northern Ireland, with a single Health and Social Care structure, and also a single HSCNI network, with Regional diagnostic services and NIECR, the impact in Northern Ireland of a cyber attack affecting the Network or Regional Data Centres has been assessed as potentially a National Civil Contingency (NCSC). Therefore, critical to managing risk at local level is the work progressed at regional level to mitigate risk through the Cybersecurity Programme Board and the extant policy and processes for Regional Emergency Planning led by the Chief Medical Officer. Letter from Permanent Secretary 11th Feb 2019 - all Investment & implementations	1. Regional Cyber Security Programme Board (Director P&R) established 2nd May 2018. 2. Regional Cyber Security Officers Forum established in June 2018. First meeting January 2019 - meetings scheduled bi-monthly.	Minutes of meetings This Group makes recommendations to Regional Programme Board Minutes of meetings and Action List – all papers posted onto SharePoint.

	to the lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendances or diagnostic services such as Labs or NIPACs) or data contained within. This could lead to a range of impacts or core service areas for example: • Service disruption impacting on operational service delivery including waiting times, delayed urgent clinical interventions, suboptimal clinical outcomes etc. • Risks in the ability to deliver safe care in the community, for example, accessing electronic records for the c. 5,000 clients in receipt of domiciliary care. • Potential for unauthorised access to Trust systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations. • This could potentially bring liabilities for the Trust including potential fines and reputational damage.	decisions on Cyber Security across the HSC must receive advanced approval from Regional Cyber Security Programme Board. **2.LOCAL - TRUST LEVEL CONTROLS:** If information systems are not available, the Trust needs to consider contingencies to accessing information on patients, clients, care packages in the community etc Current controls to DEFEND, RESPOND and RECOVER are as outlined below.	Trust Internal Cyber Security Task and Finish Group has been established to take forward recommendations of internal reports as appropriate in line with regional Cyber Security Programme Board	Minutes of meetings and Action List - all papers posted onto SharePoint.
Additional actions and timescales				
There are three aspects to the management of this risk within the Trust, as outlined below.				

		Key Current Controls	Who monitors the control?	How is it evidenced?
	1. DEFEND: To maximise the Trust's technical defences to minimise the risk of a cyber attack;	1. **Technical Infrastructure** • HSC security hardware (e.g. firewalls) • HSC security software (threat detection, antivirus, email & web filtering) • Server / Client 'Patching' regime • 3rd party Secure Remote Access • Data & System Backups	Head of IT Bi-monthly reporting to Cyber Task and Finish Group and Quarterly Reporting to Governance Committee	IT Self-Assessment against NCSC10 Steps (I) IT Audit (I) Network Information Systems (NIS) self-assessment carried out & submitted to 'Competent Authority' in May 2019 Technical Risk Assessments, or Penetration Tests (E)
		2. **Policy, Process** • Regional and Local ICT/Information Security and Incident Management Reporting Policies and Procedures All Trust IT Policies updated and approved at Scrutiny Committee - July 2019. • Data Protection Policy • Change Control Processes • User Account Management processes • Disaster Recovery Plans • Awareness raising	Regional Policy – not yet developed	FourSys (Network Security Expert) Report May 2017 Findings of Phishing Exercise reported to SMT Cyber assimilated event in January 2018. Action plan to be followed up by Cyber Task & Finish Group.Global emails 'SIRO says' campaign highlighted in desktop messages and Southern-I
		• IT Risk training for senior managers (advanced) and front line staff (basic).	Head of IT	IT risk training programme
		• Resources – 2017/18 -SMT agreed financial resources for Internal Cyber Security Team to support progress of Priority 1 actions from Internal Audit and Foursys report.		Dedicated Cyber Security Team (1 x Band 7 and 3 x Band 6 staff in post September 2019).

		- Regional Network Security Review underway	Network Security Project Board	

Additional actions planned and timescale

Policy, Process

Regional Security Policies currently being developed. Work underway with Cyber Teams and Deloitte.

The following recommendations remain outstanding to maximise technical defences (subject to funding and regional approval as per Permanent Secretary letter):

Priority 2:
Incident Management (Regional Cyber Incident Response Plan was agreed at Regional Cyber Programme Board 6/12/2019. Launch was planned for March 2020.
Monitoring (being considered as regional procurement through Cyber Programme)

Priority 3:
Secure Messaging is on the regional Cyber workstream list for 2020/21
Education and Awareness (Regional Cyber Security E-learning module has been created. Currently being reviewed by a test group of users before it can be signed-off by the Regional Cyber Security Programme Board

1. Vulnerability scanning is ongoing, but is not licenced for full Trusts assets – this was increased to 15,000 devices in March 2020, but Trust has almost double this. Raised at Regional level – cannot report on full vulnerabilities.
2. In addition, the level of vulnerabilities raised is placing demands on the ICT Operational to manage risk. There is not enough resources to do this. A paper is being produced by the Head of IT to identify resource gaps.
3. Project Team continues to progress the implementation of recommendations made by 3 Internal Audits.

		Key Current Controls	Who monitors the control?	How is it evidenced?
	2.RESPOND: Services to consider how they would deliver safe and effective care in the event of diagnostics, appointment and client information being unavailable and plan for this;	**1. Policy, Process – Operational Services** • Emergency Planning & Service/Business Continuity Plans • Corporate Risk Management Framework, Processes & Monitoring • Regional & Local Incident Management & Reporting Policies & Procedures	Emergency Planning Team – Medical Directorate Cyber Security Task and Finish Group	Business Continuity Plan – logs Minutes of meetings
		2, User Behaviours - influenced through: • Regional IT Security Module updated to include Cyber Awareness. • Induction Policy • Mandatory Training Policies, particularly Information Governance • HR Disciplinary Policy • Professionals Academic training includes DPA • Contract of Employment • 3rd party Contracts / Data Access Agreements • Communication and Awareness • Cyber Incident Response Planning meeting with Medical Directorate	Human Resources and Organisational Development, Education, Learning and Development/Line Managers Corporate Policy Review Group Assistant Director Informatics	To be made Mandatory Corporate Mandatory Training reports Corporate Policies Regional desktop Cyber exercise carried out in June 2019. A further exercise to be arranged March/April 2020

Additional Actions planned and timescale
Business Continuity Plans need to be updated by all services to plan for a cyber attack

		Key Current Controls	**Who monitors the control?**	**How is it evidenced?**
	3. RECOVER: To test and improve 'Back up and Recovery' of critical information systems in the Trust and BSO to be assured that in the event of a cyber attack, data can be recovered by IT as quickly as possible to minimise impact on services.	There are 3 levels of restore available PC Level; Application and Server. PC restore is fully tested; Application level and Server restore require agreement to bring down specific systems which has not yet been performed in the Trust. However there have been system upgrades and outages that have required the IT team to restore. Therefore there is some level of intelligence for a range of applications and servers. Additional disaster recovery infrastructure has been purchased and to be installed in Daisy Hill Hospital for virtual servers (Zerto) – testing to be scheduled.	IT Controls Assurance Board (CAB) meets weekly Head of IT	Minutes and full audit trail from LanDesk. Task & Finish Group
Additional Actions Planned and Timescale				

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Almost Certain (5) **Impact: Moderate (3)** **Total Score:15** **Risk Rating: HIGH** **Previous score: 15**		**RISK OWNER: Director of HROD and Medical Director**		
		DATE RISK ADDED: July 2015 **Reworded: April 2019**		
		TIMESCALE FOR REVIEW OF CONTROLS: Four weekly		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
3	Risk to Patient safety due to medical workforce shortages and vacancies within some specialties. At this time, specialties particularly vulnerable include: • Geriatric Medicine/Acute Care at Home • Stroke • Acute Medicine • Community Paediatrics • Haematology • Oncology • Psychiatry Old Age • Trainee doctors	1. Monitoring of vacancy position through Medical Staffing and Directorates 2. International recruitment 3. Analysis and improvement of recruitment and advertising strategies 4. Collaborative working with other Trusts, when required 5. Use of Independent Sector 6. Greater use of alternative roles through advanced practitioners – nursing and AHPs and more recently Physician Associates 7. Escalation of pressures to HSCB and DOH	Director of HROD Medical Director	• Updated list of Trust posts out with international recruitment – updated by Associate Medical Directors • Increase in use of social media platforms for advertising • SHSCT Paper re NI training numbers • Recent appointments of Physician Associates

		8. Adverts now include a sentence asking for expression of interest from doctors who would wish to apply for Consultant posts, but are not yet eligible. A formal log is being kept and doctors notified when posts advertised. 9. 10 Physician Associates have been appointed to provide additional support in DHH. 10. Expansion of Clinical Co-ordinators in the out-of-hours period to improve the trainee experience of FY1s. 11. Appointment of overseas doctors via the Medical Training Initiative scheme in Renal DHH, Gastro DHH and a further one due to start in Cardiology DHH soon. 12. Updated LNC process & approved rate agreed for consultants covering absent colleagues. All consultants now on our bank and able to claim additional work electronically. 13. Locum agencies continue to be used to fill vacant posts on block booking or ad hoc basis 14. *(COVID19 specific)* Temporarily recruited 50 Medical Student Technicians (band 4) & 33 FYi1 teamed up with our existing		• Sample advert with the sentence regarding those doctors who have yet to get Certificate of completion of training

		FY1 doctors. Commenced approx. 6 additional consultants who had retired and returned to provide some additional support for Covid – this has enabled enhanced support in Psychiatry, Emergency Medicine, Medicine DHH, Clinical Psychology and ICU.		

Additional Actions Planned and Timescale

- Undertake a more detail look at our recruitment/vacancy data to establish a statistical summary of our recent appointments, remaining vacancies, comparison in fill rate etc. to facilitate a review of this particular risk to be determined. We believe our data evidence may allow us to review the current risk level attached to this concern. Anticipated timescale for review: 31 May 2020.

- We have received some really positive feedback from SAS and Junior doctors in DHH confirming that the new Physician Associates have had a really positive impact. We now need to explore how this model can be replicated on Craigavon site. The next batch of PA students will be due to qualify April 2021. Consideration can also be given to rotation across both sites.

- There is a need to explore options with NIMDTA around the sharing of data in relation to numbers of doctors by sub specialty who are attaining CCT awards locally each year to help us better prepare our recruitment advertising. This is only available by ad hoc request at present – but we would be keen to have this routinely. This could also feed into an update report (which we hope to produce) of the age profile of our medical staff to aid workforce planning.

CORPORATE OBJECTIVES: PROMOTING SAFE, HIGH QUALITY CARE; MAKING BEST USE OF RESOURCES; BEING A GREAT PLACE TO WORK – SUPPORTING, DEVELOPING AND VALUING OUR STAFF				
Likelihood: Possible (3) **Impact: Major (4)** **Total Score: 12** **Risk Rating: High** **Previous Score: 12**		**RISK OWNER: Medical Director & Director of Human Resources and Organisational Development**		
		DATE RISK ADDED: November 2019		
		TIMESCALE FOR REVIEW OF CONTROLS: Monthly		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
4	Risk to safe high quality care due to a high volume of locum engagements for different periods of time with varying levels of experience/training and often in hard to fill posts	• Centralised Medical Locum team now part of Integrated Medical HR team to create better joined up approach for: - Identifying issues/areas of concerns - Long term locums and recruitment linkages - Electronic “mini personnel” files for all locum doctors engaged in Southern Trust	Head of Medical HR	
		• Protocol for engagement of Medical and Dental Agency Locums in place to standardise locum booking processes.		Protocol document
		• The Department of Health /NIAO have advised Trusts regionally to complete audit of pre-employment checks to assure themselves standards are upheld. The Southern Trust has a plan in place to complete		Letter to Trusts dated 5.8.2019. SH&SCT Audit Plan of pre-employment checks

		these audits. Results will be included in Controls Assurance documentation. • Procurement and Logistics Services (PALs) have advised that an audit of selected contracted agencies on the current Medical Dental Framework will be carried out to ensure all checks are being undertaken. • A standard monthly report setting out all the locums currently engaged is issued on a monthly basis to relevant Associate Medical Director to improve visibility and facilitate better monitoring of placements by the service. • New Deputy Director for Workforce now in post.		

Additional actions and timescales

1. Southern Trust has drafted new guidance for managers to set out how to manage performance concerns associated with locum doctors. This has already been shared with the GMC and a meeting has been arranged with the GMC Liaison representative to gain their endorsement of this document. The final authorisation and sign off of this document has been delayed due to the onset of Covid. It is hoped this can be revisited and agreed with GMC/AMDs within the next few months.
2. Need for new Deputy Medical Directors to review the Trust governance arrangements for the engagement of locum doctors.
3. There are ongoing discussions regionally seeking a review of the regional rates of pay for locum doctors both internally and via locum agencies. This aim is to ensure we have regionally agreed reasonable rates for doctors to encourage more doctors to pick up work via our medical locum bank and reduce our reliance on agency.

4. The Medical Director and Medical HR are involved in reviewing the mandatory training requirements for locum doctors and exploring methods to strengthen the induction process for this group of doctors.

<table>
<tr><td colspan="5">CORPORATE OBJECTIVE: 1: Promoting safe, high quality care.</td></tr>
<tr><td colspan="2" rowspan="3">Likelihood: Almost certain (5)
Impact: Moderate (3)
Total Score: 15
Risk Rating: High
Previous score: 15</td><td colspan="3">RISK OWNER: Director of Older People and Primary Care</td></tr>
<tr><td colspan="3">DATE RISK ADDED: Re-added June 2019</td></tr>
<tr><td colspan="3">TIMESCALE FOR REVIEW OF CONTROLS: Monthly</td></tr>
<tr><td>Risk No.</td><td>Risk Description</td><td>Key Current Controls</td><td>Who monitors the control?</td><td>How is it evidenced?</td></tr>
<tr><td rowspan="6">5.</td><td rowspan="6">There is a risk that the Trust may not be able to deliver a full, timely, Out Of Hours service (OOHs) due to difficulty filling all rota GP sessions.</td><td>Service delivery planning</td><td></td><td></td></tr>
<tr><td>• Advanced rota planning, daily reviewing contingency actions for GPs, nurses & Operational staff.</td><td>Head of Service (HOS) OOHs</td><td>Through emails, use of the Harris system, Datix system
↓</td></tr>
<tr><td>• Requests via SMS / emails and telephone calls to GPs, Nurses to assist with workload.</td><td>HOS OOHs</td><td></td></tr>
<tr><td>• Datix system in place to record clinical incidents – monitoring and investigations as per policy</td><td>HOS OOHs</td><td></td></tr>
<tr><td>• Complaint investigation and sharing of the learning as per policy</td><td>HOS OOHs</td><td></td></tr>
<tr><td>• Monthly clinical meeting with Medical Managers, Nurse Team Lead and HOS, chaired by Clinical Lead.</td><td>Clinical Lead OOHs</td><td>Minutes of meeting</td></tr>
</table>

		• Regional OOHs meeting every quarter	AD Enhanced Services	Minutes of meeting
		• SHSCT and HSCB Performance / Governance meeting every quarter	AD Enhanced Services	Minutes of meeting
		• Home triage for GPs embedded in cover as advanced forward planning rather than reactionary to lengthy triage waits.	HOS OOHs	Daily plans
		• Urgent and essential appointments only (no longer seeing routine cases).	HOS OOHs	Daily plans
		• Board Assurance Paper submitted to SMT and meeting held with HSCB on 21 June 2019 when the paper was discussed.	HOS OOHs	Paper developed
		• Nurse advisors to undertake urgent triage in May 2019. Nurse performance will be monitored	HOS OOHs	Daily plans
		• Senior Managers are engaging with the Urgent and Emergency Care review team	HOS OOHs	Minutes of meeting, emails

		Staffing/Resourcing • Dalriada provides nurse triage from 12midnight to 8 am Sunday to Thursday. SHSCT Nurse Triage on Friday and Saturday.	HOS OOHs	Daily plans
		• Nurse triage incorporated into the clinical cover.	HOS OOHs	Daily plans
		• The pharmacy service is now embedded.	HSCB	Daily plans
		• Recruitment of GPs for salaried sessions and ongoing recruitment of “as and when” and salaried GPs	HOS OOHs	Recruitment of GPs
		• 4th round recruitment of nurses advisors has taken place (January 2019)	HOS OOHs	Completed recruitment of nurses
		• The Local Enhanced Scheme in place from 17/18 and for 18/19 and again in 19/20.	HOS OOHs	Emails, use of Harris system
		• KPIs monitored hourly and reported daily by HSCB to providers.	Clinical Lead OOHs	Emailing of performance and corporate dashboard
		• 2019/20 Trust additional costs scheme implemented with a specific element to encourage GP clinical cover on Saturday afternoons	HOS OOHs	Quarterly report on hours and costs

		and evenings; enhanced rates for Friday evening		
		- Medical management structure in place.	Clinical Lead OOHs	Documented management structure
		- Performance management of GPs/ Nurses and pharmacists in place	Clinical Lead OOHs	Performance reports
		- GP Clinical Forum established	Medical Director	Minutes of meetings
		- Education programme completed for GPs FY0 programme completed May 2019	Medical Director	Harris system, and emails
		- “Odyssey” decision making software for nurse triage.	HOS OOHs	Minutes of meeting
		- Flexibility in shift hours and bases offered.	HOS OOHs	Emails, use of Harris system
		Escalation - HSCB unscheduled escalation plan implemented on 06 May 2016.	HOS OOHs	Early alerts
		- Escalation of unfilled sessions to on call manager when service is operational	HOS OOHs	Call recordings
		- Board Assurance briefing paper raising potential options for discussion shared with Commissioners in May 2019	AD Enhanced Services	Paper can be provided

		• Complete and escalate the Early Alert to HSCB and DOH	Director OPPC	Completed early alerts
		Communication:		
		• Engagement with service users through Facebook/ Twitter /Advertising campaigns, MLAs and local newspapers to promote effective use of service.	HOS OOHs	On social media
		• Safety netting information advice to Service Users on initial communication to contact service again if symptoms deteriorate/ condition changes.	HOS OOHs	Call recording audit
		• Engagement with LMC – meeting held on 20 June 2019.	AD Enhanced Services	Minutes of meeting

Additional actions planned and timescale

- The GP OOHs service has an action plan in place which includes measures to control the risk (March 2020)
- Meeting organised with MHD services to look at direct referral pathways to OOHs Mental Health Services
- Scope use of PGDs to allow Nurse Advisors to dispense medication in certain conditions rather than replacing case for triage with GP

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE	
Likelihood: Almost Certain (5) **Impact: Moderate (3)** **Total Score: 15** **Risk Rating: HIGH** **Previous Score:15**	**RISK OWNER: Executive Director of Nursing , Midwifery and AHP's**
	DATE RISK ADDED: April 2015 **Reworded: July 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
6.	**i) There is a risk to the consistent provision of high quality nursing care due to a shortage of Registered Nurses and Midwives across all Directorates within the Trust.** **Workforce update considering Covid19**	1. Escalation processes are in place within each Directorate to respond operationally to immediate Registered Nurse shortages	Directorate Assistant Directors	Twice daily review at operational patient safety meetings.
		2. Safe care implemented across all acute wards in Craigavon and Daisy Hill Hospitals as part of HealthRoster. Further implementation of HealthRoster into Bluestone in-patient wards.	Interim Assistant Director Nursing Workforce and Education	Health Roster data
		3. Measures to improve the efficacy of Roster by system users to maximise staff utilisation eg. Project board, divisional meetings Policy and standard operating procedures, and the establishment of monthly reports to Acute and Mental Health Directorate. **(paused)** Audit recommendations are also almost complete	Interim Assistant Director Nursing Workforce and Education	Health Roster data

		4. Key actions regarding recruitment, retention and utilisation of current workforce being progressed through Nursing and Midwifery Workforce Action plan and relevant workstreams. **(paused)**	Interim Assistant Director Nursing Workforce and Education/Directorate Assistant Directors	Action Plan
		5. Use of bank and agency to support required staffing levels. Currently reviewing processes to maximise the use of Bank including open registration to Nurse Bank as well as progressing an action plan regarding strengthening governance processes.	Nurse Bank Manager Head of Resourcing Interim Assistant Director Nursing Workforce and Education Interim Assistant Director Patient Experience and Quality	HR reports, Bank and Agency reports
		6. International recruitment continues with expected arrivals anticipated to increase over the next number of months. Regional business case commencing for further International Nurse Contract post 2020**. (paused)**	Interim Assistant Director Nursing Workforce and Education	International Recruitment reports
		7. Robust annual recruitment schedule planned for 2020. In addition, monthly advertisement for Band 2/3 and open advertisement for Band 5 continues. **(paused)**	Interim Assistant Director Nursing Workforce and Education	Recruitment schedule

		. 8. Recruitment activities, such as job Fairs, local and across the UK. Engagement with Southern Regional College and career fairs in schools and colleges. **(paused)**	Interim Assistant Director of Nursing Workforce and Education & Head of Resourcing	Executive Director of Nursing Directorate records
		9. SHSCT staff engagement with students, both within universities and whilst on placement, to encourage consideration of SHSCT as an employer	Executive Director of Nursing and Interim Assistant Director of Nursing Workforce and Education	Executive Director of Nursing Directorate records
		10. Preceptorship and induction programmes in place for new employees with optional rotation scheme for newly qualified staff Alternative methods of support being currently developed in light of social distancing measures.	Interim Assistant Director of Nursing Workforce and Education	Executive Director of Nursing Directorate records
		11. SHSCT continues to work with Department of Health to influence an increase to the supply of Registered Nurses	Executive Director of Nursing and Interim Assistant Director of Nursing Workforce and Education	
		12. Increase the numbers allocated to Open University training scheme for mental health and adult nursing inclusive of the overall increase in training places. OU has developed a pre-registration programme for Learning Disability Nursing, commencing September 2020. (Recruitment to this Programme continues for	Interim Assistant Director of Nursing Workforce and Education	DoH and Executive Director of Nursing Directorate training records

		September 2020 cohort commencement) 13. Due to ongoing ward reconfigurations operational teams are working on a daily basis reviewing staffing levels in line with bed occupancy. Healthroster reports being compiled to assist with decision making regarding staffing.	Operational teams linking in with Interim Assistant Director of Nursing Workforce and Education and Healthroster team	Health Roster data Night report data
		15. Surge Nursing workforce Critical care bed modelling carried out. To be repeated for potential second surge	Assistant Director ATICS & Interim Assistant Director of Nursing Workforce and Education	CCaNNI Critical Care Services draft Surge Plan
		16. Surge Nursing Workforce planning –non critical care wards principles agreed regionally	Interim Assistant Director of Nursing Workforce and Education	Non critical care draft paper
		17. Deployment of year 3 Nursing and Midwifery students into practice for remaining 6 months of their programme	Interim Assistant Director of Nursing Workforce and Education and Practice Education Team	
		18. Transfer of International Nurses to Emergency NMC register	Interim Assistant Director of Nursing Workforce and Education and Practice Education Team	

		18. Covid 19 Training needs analysis completed for all nursing and Midwifery staff. Clinical Education Centre delivered relevant courses	Head of Nursing & Midwifery Workforce Education and Development	Clinical Education Centre SLA reports
		19. Nursing staff redeployed from services able to be stood down to support essential service areas to ensure maintenance of appropriate staffing levels . eg CYP , MH/LD , Acute and OPPC	Directorate / cross directorate management	
		20. New services / transfer of services completed to support COVID 19 effective management. eg creation of new Mental Health ED and transfer of DHH ED to CAH site .	Directorates	
		21. A number of visits to nursing, midwifery and AHP's by the Executive Director of Nursing/Assistant Directors to ensure staff were well supported during this pandemic. Other methods of communication, eg video and email were utilized for this purpose also.	Executive Director of Nursing and Assistant Directors	

	ii) There is a risk to the continued safe, high quality nursing care in Mental Health and Learning Disability In-patient Units. Bluestone/Dorsy and Gillis due to a shortage of registered mental health/learning disability nurses.	• Directors Oversight group in place to oversee and co-ordinate actions from Royal College of Psychiatrists Invited Review	Director of Mental Health and Disability; Executive Director of Nursing	• Royal College Invited Review report • Directors Oversight Group and sub-groups terms of reference and minutes
		• Regional policy position (Delivering Care) agreed for Bluestone and Gillis (not Dorsy) regarding safe nurse staffing levels, however, no funding attached		• Delivering Care Phase 5a
		• A medium to long term workforce plan is currently in development and will be presented to SMT. This will include proposals for senior on-call arrangements, management structures and development of senior clinical nursing roles.		• Draft multi-disciplinary workforce plan • Draft IPT. On-call rota for Directorate implemented. .
		• Daily meetings with senior staff are conducted within Bluestone and Dorsy to manage patient flow and the movement of staff in response to need.		• Records of actions and daily staffing template
		• Use of flexible staffing, including bank, on-contract and off-contract agency staff ongoing in order to address unsafe staffing levels and maintain current bed numbers.		• HR and Finance Reports

		• Increase in numbers of Band 6 staff across Bluestone, Dorsy and Gillis to work towards a senior staff nurse presence 24/7. • Ongoing engagement with staff side and staff • Implementation of Health Roster across Bluestone and Dorsy in the first instance by March 2020.	Assistant Director HROD	• HR Reports • Minutes of meetings and emails • HR live from December 2019
	iii) **There is a risk to the continued safe assessment and monitoring and provision of high quality nursing care in Mental Health and Learning Disability community teams due to a shortage of registered mental health, and learning disability nurses**	• Pressures monitored at a local team level by Team Lead and resources allocated on a prioritisation basis to address gaps brought about by vacancies • Pressures raised at both operational and governance meetings and shared with the work-force planning group of the Directors Oversight Group • Continued recruitment to vacant posts • Exploring the design and implementation of skills development framework for nurses at Band 5 to develop the competency of Band 6 nurses, modelled on an approach used by the Northern Trust.	Director of Mental Health and Disability; Executive Director of Nursing Acting Assistant Director Mental Health Heads of Service for respective teams	Staff in post and finance reports Minutes of meetings Monitoring of waiting lists in Primary Mental Health Care and specialist services Use of the Balance Score card for monitoring service priorities.

		• Participated in the Phase 5(b) Normative staffing project for Community Mental Health teams - awaiting approval at DOH level • Further Development of Community based services includes scoping of multi professional contribution to safe and effective care **Regional Actions** • Regional Workforce meetings with DoH • Regional meetings with RQIA • Ongoing HSCB/PHA led Regional Review of Acute Mental Health In-patient Beds and Models of care to support patient flow • Regional review for Learning Disability cross Trust placements in Acute Mental Health beds		

Additional Actions Planned and Timescale

1. Safe Care fully implemented in CAH and DHH sites. Requires further scrutiny of data and support from Directorate.
2. Recommendations from the Royal College of Psychiatrists have been considered and an overarching action plan developed. Progress will be monitored by Directors’ Oversight Group.

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Possible (3) **Impact: Major (4)** **Total Score: 12** **Risk Rating: HIGH** **Previous score: 12**		**RISK OWNER: Medical Director** **DATE RISK ADDED: June 2011** **Reworded: August 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
7.	**Risk to patient safety due to the potential to develop a healthcare acquired infection**	1. IPC Strategy	Medical Director	1. Progress updates to Performance Committee
		2. Strategic and Clinical Forum meetings	Relevant Operational Director	2. Provision of assurance at each Performance Committee meeting
		3. Isolation of patients with transmittable infections and those who are immunocompromised	Medical Director	3. Use of IPC checklist within ED. Policy on isolation of patients
		4. Robust handwashing processes	Lead Nurse, IPC	4. Weekly presentation of audit data
		5. Comprehensive cleaning policies and procedures	Assistant Director – Functional Support Services	5. Regular environmental cleanliness audits
		6. Awareness of appropriate antibiotic prescribing	Consultant Microbiologist	6. Presentation of data on antibiotic usage
		7. Working Group to progress IPC Strategy	Medical Director	7. Progress updates to SMT

	Increasing emerging infections (CPE/VHF)	1. Ongoing ward rounds relating to antibiotic stewardship	Consultant Microbiologist	Presentation of data on antibiotic usage
		2. Isolation and active screening of patients transferring from other hospitals, or history of admission within the last 12 months	Relevant Operational Director	Policy on isolation of patients

Additional actions planned and timescale

The VHF Management Plan is being progressed and is planned for completion by April 2020 pending regional confirmation of transfer of high risk patients.

Deep dive at Governance Committee on 7.2.2019 highlighted areas where early intervention and mitigations could be strengthened. e.g. Targeted training via Trust Care Home Inreach Project for the Independent Care Sector and training for GPs on the antibiotic prescribing and infection control measures)

All IPC training for the IS Private Nursing Home sector is and will continue to be provided by the PHA. PHA is the host of the Regional Care Home In-Reach Project.

Some GP training is offered through Microbiology and Pharmacy as well as what is on offer by HSCB and GP Federations on issues such as C diff and management of diarrhoea across primary and secondary care.

<table>
<tr><th colspan="5">CORPORATE OBJECTIVE: 1 – PROMOTING SAFE, HIGH QUALITY CARE</th></tr>
<tr><td colspan="2" rowspan="3">Likelihood: Likely (4)
Impact: Major (4)
Total Score: 16
Risk Rating: HIGH
Previous score: 16</td><td colspan="3">RISK OWNER: Director of Finance, Procurement and Estates</td></tr>
<tr><td colspan="3">DATE RISK ADDED: July 2018</td></tr>
<tr><td colspan="3">TIMESCALE FOR REVIEW OF CONTROLS: Monthly</td></tr>
<tr><th>Risk No.</th><th>Risk Description</th><th>Key Current Controls</th><th>Who monitors the control?</th><th>How is it evidenced?</th></tr>
<tr><td>8.</td><td>Deterioration of exposed concrete on Daisy Hill Hospital building exterior, leading to detachment of concrete debris with a risk of loss of life / injury to service users, public and staff</td><td>1. Hammer tests carried out in October 2017 and March 2018 in order to remove loose debris. To be carried out on a minimum 6 monthly basis.
2. Temporary ‘heras’ fencing erected in order to create a barrier between the building and main pedestrian areas
3. Erection of scaffold (with brick catcher) and netting to underside of first floor level of phase one building in an attempt to help mitigate the risks caused by spalling concrete.</td><td>Assistant Director of Estates</td><td>1. Records available in Estates
2. Visible on site
3. Visible on site</td></tr>
<tr><th colspan="5">Additional Actions Planned and Timescale</th></tr>
<tr><td colspan="5">1. Regular inspections of the structure in the short term, removal of loose concrete and suitable concrete repairs as per Taylor & Boyd LLP Report (2018). It is noted that this will not mitigate the overall risk and deterioration will still occur.
2. 6 monthly hammer tests were initially being carried out until phase 1 works had been completed. The hammer test to phase 2 building has been put on hold by the operations team as there were issues with blocking blue light routes, however, after discussions with the MTC contractor, they have advised that the extent of the spalling to phase 2 buildings is significantly less than phase 1.
3. On 11.07.2018, SMT approved revenue funding of £400k to carry out interim structural repairs to the concrete heads and lintels as recommended by the Structural engineer. This work has now been completed and as a result it is hoped that this will afford the Trust 7-10 years to implement a long term solution involves over cladding and window replacement, to a value of circa £2,000,000). The initial plan was to conduct a review during September\October 2019 to establish if this risk could be downgraded. Due to other service pressures, this review has been postponed until early in the new calendar year 2020.</td></tr>
</table>

CORPORATE OBJECTIVE 1 – PROMOTING SAFE, HIGH QUALITY CARE

Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: HIGH** **Previous score: 16**	**RISK OWNER: Director of Finance, Procurement and Estates**
	DATE RISK ADDED: July 2018
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
9.	Loss of electrical power (LV) to main CAH hospital block leading to a significant interruption to services with a risk of loss of life and/or serious harm to patient(s).	1. Competency of estates staff in carrying out emergency electrical switching and regular dummy runs do deal with various scenarios	Assistant Director of Estates	1. Experience and training of Estates colleagues
		2. Estates Operations have a formal CAH fixed breaker emergency plan in place and electrical staff have been trained in how to deal with various scenarios. Copies of the document have been placed in the main switchrooms		2. Printed document in Estates office and electrical switchrooms
		3. Presently, estates have an identical fixed breaker on site which can be fitted if there is a failure. This eliminates the 6 week delivery delay experienced in 2017. This breaker will still take at least 8 hours to fit once the switchboard was isolated.		3. Spare circuit breaker on-site in Stores electrical switchroom.
		4. Use of mobile phones if VOIP telephony system is lost		4. Business continuity arrangements

Additional actions planned and timescale

Phase 1a
New dual 2.0MVA transformers in Energy Centre (for future CT scanner).

If one of the fixed breaker in the Stores switchboard fails these transformers will provide a mains supply to Maternity & Ward-N. However, if there is another fault or general mains failure there will not be a standby generator to provide power.

To mitigate this risk, in the event of a fixed breaker failure and this transformer was called on, a mobile generator could be hired within a few days to provide extra resilience.
Approximate cost: £700k + 15% fees = £805k

Funding to be sourced from DOH in year 2018/19 – this element in now included in the business case for the CT Scanner

Phase 1b
New 2.0MVA generator in Energy Centre and internal fuel tanks.

This will provide standby generator power for the new transformers in the Energy Centre and give it the resilience necessary to be a clinically-rated supply.

Approximate cost: £800k + 15% fees = £920k

Funding to be sourced from DOH in year 2019/20.

Phase 1c
Replace Stores switchboard containing 4no. fixed breakers with a new board containing withdrawable breakers. This will require the switchboard to be isolated for one month and should only be done once the 2.0MVA transformers are installed in the Energy Centre and have standby generator backup.

Approximate cost: £115k + 15% fees = £132k

Funding to be sourced from DOH in year 2019/20.

A presentation was delivered to Department of Health colleagues to provide further understanding\clarity on the overall LV issue and this was received positively. CPD Estates were also present at the meeting and supported\confirmed the Trust's position.
A full business case was submitted to the DoH for review and following a series of queries from Departmental advisors some elements of the case have been revised to give further clarity and resubmitted early August 2019. The Trust secured £650k to help address some of the immediate issues and this work was all completed as at 31st March 2020. Negotiations are ongoing with DoH for the full investment.

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES

Likelihood: Possible (3) **Impact: Moderate (3)** **Total Score: 9** **Risk rating: MEDIUM** **Previous score: 9**	**RISK OWNERS: All Directors**
	DATE RISK ADDED: July 2011 **Reworded: August 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
10.	**i) Failure to comply with general procurement and contract management Department of Health guidance resulting in lack of assurance regarding VFM / risk of legal challenge**	**1.** Procurement Strategy and oversight by Trust Procurement Board, with agreed Terms of Reference. Reporting to Audit Committee from 2018/19 onwards	Director of Finance	1. Meets at least three times per year and provides Annual report to Audit Committee Annual monitoring of Direct Award Contracts by Audit Committee
		2. Use of COPEs by Trust – PALS and CPD - HP	Director of Finance	2. PALS and CPD – HP both attend Trust Procurement Board
		3. PALS KPIs reported quarterly to the Trust	Director of Finance	3. Minutes of meetings of Trust Procurement Board
		4. Internal audit assignments consider procurement and contract management arrangements in annual audit programme	Director of Finance	4. IA reports, minutes of Audit Committee meetings

		5. PALS liaison post in place, procurement advice and guidance available on sharepoint, training provided	Director of Finance	5. CAG training – April 2018 Contract management training – Feb/March 2018 EProcurement training quarterly
	ii) Failure to comply with social care procurement guidelines 2018/19 resulting in lack of assurance regarding VFM/ risk of legal challenge / sector instability	1. Oversight by Trust Procurement Board, now reporting to Trust Board sub-committee from 2018/19 onwards	Director of Finance	1. Social care procurement standing agenda item on Trust Procurement Board
		2. Director of Older People & Primary Care member of regional social care procurement Board, reporting to Regional Procurement Board	Director of Older People & Primary Care/Director of Finance	2. Social care papers shared with Trust Procurement Board as appropriate
		3. Use of COPE by Trust – PALS - SCPU for above threshold procurement; in line with regionally agreed procurement plan.	“	3. PALS Head of SCPU attends Trust Procurement Board
		4. Trust has dedicated procurement officer who works under ‘Influence’ of SCPU for any agreed deviations from plan to meet local need	Director of Performance & Reform/Director of Finance	4. Internal procurement work plan in place
		5. Trust has Contract Initiation Documentation process in place to regulate award of contracts under threshold.	All Operational Directors	5. Protocol in Place

		6. New under threshold service contracts are being procured by Trust staff under influence of SCPU. 7. Trust has engaged in regional process to influence development of guidance for approach to awards of contract under EU threshold. In lieu of agreed guidance, interim proposal submitted and agreed by Trust Procurement Board in March 2020.	Director of Performance & Reform/ Operational Directors	6.Internal procurement work plan in place. 7. Updates to Trust Procurement Board
	iii) Failure to manage social care /domiciliary care/voluntary sector contracts to ensure safe and effective care delivery to clients and VFM	1. Domiciliary Care Oversight Group in place to provide focus to domiciliary care specific contract management.	Director of Older People and Primary Care/ Director of Finance	1. Terms of Reference in place and Minutes of Meeting
		2. Professional Head of IS contracts for Domiciliary Care in Place to provide oversight on quality arrangements. 3. Independent Sector Governance group in place, cross programme and profession (finance, contracts, safeguarding, governance and operational) to review contract management issues in the regulated sector. ToR reviewed (Feb 2020) and new proposal developed for agreement.	Director of Older People and Primary Care	2. Internal review/validation of payments in the domiciliary care sector conducted in 2017/18 for 6 largest providers. Process for overseeing quality and performance management in place 3. Terms of Reference in place and Minutes of Meeting

		4. Approach to guide consistent approach to performance management of contracts in place. Workshop to review undertaken and new proposals being developed.	Director of Older People and Primary Care	4. Standard Operating Procedures
		5. Director of Older Peoples Services member of regional Review Group and SHSCT local Review Group in Place to review learning from CoPNI report (Dunmurry Manor)	Director of Older People and Primary Care	5. Terms of Reference in place. Internal Trust review completed.
		6. Action plan in place to consider learning from Console Review for voluntary sector	Director of Finance / Older People and Primary Care	6. Action Plan

Additional actions planned and timescale

i) General

- Director of Finance will bring revised Procurement Strategy to Trust Board - completed
- Revision of controls assessment process for non pay commissioning in 2018/19 in line with DOH circular – March 2019-completed
- Development of composite KPIs for procurement, including Pharmacy, Estates and Social care – 2018/19 workplan. These KPIs have been agreed at Regional Procurement Board and are currently being reviewed for implementation at Trust level.
- Investment in contract management staff remains outstanding and this will be considered for investment in 2019/20 once the Trust has clear sight of its total allocations for the year ahead. Finance and Planning are working with all Directorates to understand current requirements for contract management with a view to presenting a paper at SMT for consideration. This work is progressing well and a paper is expected in January 2020. A paper proposing a number of recommendations on the way forward was presented at SMT on 4th February 2020, full approval for the action plan and investment was secured.

ii) Social Care

- Trust to develop approach to below threshold procurement, in the absence of regional guidance – completed and approved by Trust Procurement Board March 2020. Work plan for next 18 months to be developed.

iii) **Social care /domiciliary care/voluntary sector**

- Work to examine potential use of benchmarking to establish VFM in social care contracts ongoing
- Review of structures for oversight groups, including Terms of Reference, - completed February 2020 for consideration by SMT

iv) PPE and COVID19

- Finance Directorate are working closely with BSO PaLs and the PPE regional supply cell in an effort to secure sufficient PPE and feeding into the regional model
- Trust has now put in place a completely new logistical process to ensure receipt and distribution of 1.5m pieces of PPE a week
- Additional governance procedures have been put in place for those non-Trust facilities in receipt of PPE from the Trust

CORPORATE OBJECTIVE: Making Best Use of Resources

Likelihood: Likely (4) **Impact: Moderate (3)** **Total Score: 12** **Risk Rating: Medium** **Previous Score: 12**	**RISK OWNERS: Operational Directors**
	DATE RISK ADDED: **Reworded: July 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
11	i) Breach of statutory duty of break-even in-year	1. Financial Strategy will be developed and agreed with Directors for 2020/21	Director of Finance	1. Monthly financial performance detail reports to all budgetholders. Monthly reporting to SMT, Trust Board, HSCB and DoH
		2. Formal financial monitoring system in place including forecasting year-end outturn	Director of Finance	2. Monthly monitoring returns prepared for issue to DoH and HSCB
		3. Chief Executive accountability meetings with Directors at least 3 times annually	Chief Executive	3. Minutes of meetings and agreed action plans
		4. Monthly financial accountability meetings between budget-holders and finance	All Directors	4. Minutes of meetings and agreed action plans
	ii) Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support.	1. The continual update of the Trust's recurrent deficit and reporting of same to HSCB/DoH	Director of Finance	Trust Delivery Plan, Monthly monitoring returns, Board Papers

		2. Work will commence on the financial strategy for 2020/21 on receipt of confirmation of the allocation re same	Director of Finance/ DoH/HSCB	Minutes of SFF and DoF

Additional actions planned and timescale

i) Breach of statutory duty of break-even in-year

- Indicative allocations for the financial year 2019/20 were received and Directors of Finance were asked to submit their assessment of these allocations on their Trust's financial position. The initial assessment indicated an unresolved gap of some £3.6m, however, since this original submission, the Trust has submitted a balanced financial plan for 2019/20.

- Finance carried out a mid-year hard close – October/November 2019 – the purpose of which was to inform the finance strategy for the remaining months of the financial year. The outcome of this work highlighted no significant issues.

- External interim audit was also concluded in February 2020 - no significant issues to report.

- Work has commenced on preparing the draft final accounts for the financial year 2019/20, these are due to be submitted on 26th May 2020. The Director of Finance can report that, whilst, this is still work in progress, there is sufficient to support the view that we should once again be reporting a balanced position for 2019/20.
- The Director of Finance, prepared a paper "Return to Balance" – this document reminded all of the Trust's statutory duty to break-even and that as a Trust we do not have the authority to spend in excess of the budget. It set out a work plan to commence in the Acute Directorate initially and then all other Directorates. The aim is to achieve best value for money and the fair and effective use of our resources. Initial findings were presented to SMT during November 2019 and work is ongoing to produce the final out-workings of the review carried out in Acute. Director of Finance anticipated being in a position to present the final acute findings to SMT during late February 2020\early March 2020, however, this has been delayed as a direct consequence of COVID19, Revised time-line is now June 2020.

ii) Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support

- Director of Finance is continuing to work with HSCB and Department of Health in relation to the capitation inequity gap. Work during 2017/18 financial year secured a nil general savings target for the Trust going into 2018/19. Indicative allocations for 2019/20 also confirmed that once again the Trust was successful in ensuring that it will not be targeted with its business share of the overall regional efficiency target, almost £45m for the region and if it had been applied to the Trust it would have totalled £7m. All Directors continue to raise this with professional leads at HSCB/PHA and Department of Health – Ongoing.

- Director of Finance had a meeting with the DoH during March 2019. This meeting was productive and secured the DoH commitment to work with the Trust on a longer term plan.
- Director of Finance sought DoH approval for capitation to be discussed at the Strategic Finance Forum in November 2019 – a healthy debate took place and DoH agreed that whilst they had endeavoured to address some of the imbalance by not applying a savings target, the gap remained. A meeting is being arranged between DoH and Director of Finance to discuss more fully.

CORPORATE OBJECTIVE: 1 – PROMOTING SAFE, HIGH QUALITY CARE	
Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: HIGH** **Previous score: 16**	**RISK OWNERS: Director of Acute Services; Director of Children & Young People's Services; Director of Mental Health and Disability Services**
	DATE RISK ADDED: November 2010 **Reworded: August 2017**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
12	**Clinical risk associated with inability to manage patient care within clinically indicated timescales.**	Assistant Director and Heads of Service meetings	Heads of Service/ Assistant Directors	Notes and actions from meetings
		Monthly Directorate SMT Performance and Governance meetings for escalation and review of risk management	Director and Assistant Directors	Reports, minutes and actions from meetings
		Quarterly External Performance meetings with Health and Social Care Board to account for performance and highlight risks in relation to patient safety and long waits	Director and Assistant Directors	“
	Risk associated with: **i) inability to diagnose/assess/treat new red flag and new urgent patients within clinically indicated timescales**	1. Prioritisation of capacity to red flag and urgent demand in the first instance	Assistant Directors	Recorded in notes of SMT performance meeting and Trust Board performance report SMT challenge
		2. Mechanism in place for triage and identification of red flag and urgent new patients	Heads of Service	Triage outcomes recorded on Clinical system and hard copy

		3. There are mechanisms to monitor at patient tracking level, red flag referrals and agreed process for escalation	Operational Service Leads/Heads of Service	Cancer tracking team escalates via email to Operational Service Leads/Heads of Service at each stage of the 62day cancer pathway for those patients who are not progressing and may breach. Each breach is discussed at the monthly cancer performance meeting
		4. Monthly Assistant Director Cancer and Divisional Performance meetings to review/escalate situations where risk presents in managing patients within their clinically indicated timescales. Risk Assessments completed as appropriate and options developed for management of same.	Heads of Service/Assistant Director	Divisions have submitted non recurrent bids to address these backlogs. It is discussed on a monthly basis with the each division and the performance team.
		5. There are mechanisms to monitor the waiting times for new urgent patients.	Operational Service Leads/Heads of Service	Weekly/monthly waiting list reports circulated Operational Service Leads for review
		6. There is a mechanism in place to ensure that a risk assessment is undertaken prior to cancellation of urgent or red flag patients	Assistant Director	There is Acute Guidance for the cancellation of patients. Daily process for managing elective activity in the context of unscheduled care pressures - including framework for

				considering cancellation of elective activity and "Code Black" Process Flow for cancelling Elective activity Monday-Friday. Email communication of decisions re cancellation and rescheduled. All cancellations maintained on database
		7. Monitoring of cancellations of urgent or red flag patients – inpatient and day cases	Assistant Director	Live database tracking cancellations and rescheduled date
	ii) Review or planned assessment/treatment waiting beyond the clinically indicated timescales	1. There are mechanisms in place to allow clinicians to categorise reviews into urgent and non urgent for assignment to appropriate waiting lists to facilitate booking those who most need their review	Individual clinicians	Separate waiting lists on PAS for routine and urgent. Clinical outcome sheet in place.
	Impact of COVID-19 has and will likely continue to increase this risk due to downturn in activity and social distancing restrictions.	2. There is monthly monitoring information in place to assist with oversight and identify and escalate those requiring prioritization	Operational Service Leads/Heads of Service	Report produced by Operational Service Leads for Head of Service review and circulated to individual clinicians as appropriate
		3. Monthly Head of Service Specialty meetings to review/escalate situations where risk presents in managing patients within their clinically indicated timescales. Risk assessments undertaken as appropriate. Additional capacity prioritised as available.	Head of Service/Assistant Directors	Minutes of Head of Service meetings

		4. Action Plan being developed to consider improvements which can be made and need to consider alternative models of care delivery e.g. teleconference/ videoconferencing to facilitate patient assessment & review and associated policies will need to be updated to reflect this change **CHILDREN AND YOUNG PEOPLE'S SERVICES** 5. Review of clinical templates to seek to re-balance demand for review and new patients to manage risk 6. Analysis of new to review ratios and current review practice to assure best practice	Head of Service/Assistant Directors Head of Service/Assistant Director (CYP) Head of Service/Assistant Director (CYP)	Acute SMT Performance Minutes Project work ongoing Project work ongoing
	iii) Reporting of diagnostic testing beyond the clinically indicated timescales	1. Prioritisation of capacity to accommodate red flag and urgent reporting in the first instance 2. There is a mechanism in place for identification of red flag and urgent new patients 3. Additional contracted capacity for reporting in place - imaging 4. There is weekly and monthly monitoring information in place to assist with oversight and identify key areas where diagnostics	Head of Service/Assistant Director/Clinical Director/Associate Medical Director/ Operational Service Lead	Minutes of Radiology Thursday afternoon meeting IS contracts are used to manage the scanning and reporting times and where necessary we can access this to manage investigation and reporting time. Minutes of Radiology Thursday afternoon meeting Minutes of Radiology Thursday afternoon meeting

		remain unreported and escalate those requiring prioritization		

Additional Actions Planned and Timescale

Non-recurrent funding as available will be allocated to provide additional in house and Independent Sector activity to areas to address the risk associated with inability to manage patient care within clinically indicated timescales. Areas of risk will be escalated to SMT with a view to increasing capacity at financial risk.

The Trust will continue to re-direct any available internal resources to areas of greatest risk

Ongoing engagement with clinicians in respect to what is a clinically acceptable wait for red flag/urgent patients

Acute SMT performance meetings are utilized to discuss escalations from divisional meetings and to review actions required.

Work ongoing to finalise an action plan to address those waiting longer than clinically indicated timescale for review – anticipated February 2020.

COVID factors:

- Impact of COVID has further reduced total capacity for elective activity
- All services have taken steps to maintain as much urgent and red flag activity as possible. This has included some face to face consultations, virtual consultations and video consultations. A significant amount of validation work continues to be done - both clinical and admin focussed
- Clinical teams have worked closely with regional Clinical Reference Groups to ensure a consistent approach to prioritisation of cancer work across tumour sites with cancer surgery being focussed in DHH and also with links to IS (mainly for Breast, Urology and Gynae to date). Information is being shared regularly with the clinical team to support this work including, for example a weekly meeting with a cancer focus.
- Diagnostic services have been maintained for urgent and red flag cases where possible, however this has been an impact for example on CT whereby one of the CT scanners in CAH has been dedicated as the COVID19 scanner. Throughput has also been reduced to support cleaning between patients and social distancing

CORPORATE OBJECTIVE: 1 - PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: High** **Previous Score: N/A**		**RISK OWNERS: Operational Directors** **DATE RISK ADDED: November 2019** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
13	There is a risk to safe, high quality care if the Trust fails to implement Phase 1 of the Mental Capacity Act (2016)	Administrative and Governance infrastructure to support the operation of short-term detentions in place with the appointment of additional Approved Social Workers, Project and Administrative staff Appointment of a number of sessional Medical Practitioners and further Approved Social Workers and designated other professionals trained to ensure the Trust can run Deprivation of Liberty (DoL) Panels to deal with Short Term Detention Orders and other longer term DoLs in the community The current Covid 19 crisis has resulted in all non-urgent contact in long term community facilities to be stood down, this includes DoLs assessments. Therefore the Trust is unable to progress with historic DoLs applications as originally planned	Trust Task & Finish Group Director of Mental Health and Disability Services	Documented structure Reports and Minutes of meetings Statistics for Mental Capacity Act processes

		A range of training at differing levels has been put in place by the Department of Health and supported by the Trust to enable staff to perform legal duties and functions		Training records & total number of staff trained to each level – 2, 3, 4A, 4B & 5.
		Mental Capacity Act training has become mandatory for staff required to complete applications and assessments	SMT Report	Training programmes/records
		Senior staff representation on implementation working group led by the HSCB to share learning and experience between services and Trusts		Papers shared as appropriate Minutes & Action Log
		Ongoing engagement and communication with staff through a Task and Finish Group at which all Directorates are represented		Staff communications Minutes of meetings

Additional actions planned and timescale

IPT has been completed and resources received to enable the Trust to develop arrangements and an infrastructure to support the discharge of its statutory duties under Mental Capacity Act.

The Paris IT system has been modified to assist with processing applications under the Mental Capacity Act and other support systems are being added to PAS, QLK View to support implementation

Engagement with voluntary/ independent sector has been managed by RQIA with limited reach which is supplemented by Mental Capacity Act team where required.

<table>
<tr><td colspan="5">CORPORATE OBJECTIVES: ALL</td></tr>
<tr><td colspan="2" rowspan="3">Likelihood: Almost Certain (5)
Impact: Catastrophic (5)
Total Score: 25
Risk Rating: EXTREME
Previous Score: N/A</td><td colspan="3">RISK OWNER: Medical Director with Operational Directors</td></tr>
<tr><td colspan="3">DATE RISK ADDED: May 2020</td></tr>
<tr><td colspan="3">TIMESCALE FOR REVIEW OF CONTROLS: Monthly</td></tr>
<tr><th>Risk No.</th><th>Risk Description</th><th>Key Current Controls</th><th>Who monitors the control?</th><th>How is it evidenced?</th></tr>
<tr><td rowspan="8">14</td><td rowspan="8">i) There is a risk to patient, service user and staff safety as a result of COVID-19 pandemic.

Risk associated with:-

• Availability of Personal Protective Equipment (PPE)</td><td>• ‘Bronze’ senior management team meets three times per week</td><td>Medical Director</td><td>Notes of meetings and action log</td></tr>
<tr><td>• ‘Bronze’ operational group meets daily and by exception</td><td>Medical Director/ Assistant Director, Medical Directorate</td><td>“</td></tr>
<tr><td>• Weekday telecalls with Regional Silver command</td><td></td><td>SitRep report</td></tr>
<tr><td>• Daily communications with BSO to ensure adequate PPE supply is onsite</td><td>Finance Director/Assistant Director, Finance</td><td></td></tr>
<tr><td>• Weekly participation in Regional Silver PPE supply cell call</td><td></td><td>Notes of meetings and minutes</td></tr>
<tr><td>• Trust operational and logistical PPE Group, chaired by DoF.</td><td></td><td>Notes of meetings and action log</td></tr>
<tr><td>• New logistical process in place to ensure receipt and distribution of PPE</td><td></td><td>Receipt and distribution “pick” sheets and signed distribution\delivery schedules</td></tr>
<tr><td>• Infection Prevention and Control zoning system (red, amber green and donning and doffing areas) for the use of PPE</td><td>Medical Director</td><td></td></tr>
</table>

	• Lack of Critical Care Provision	• Escalation plan for increase of critical care capacity	Acute Director	
		• Reduction of elective capacity on CAH site to allow for staffing capacity to assist with potential critical care surge	“	
		• Procurement of additional ICU equipment including ventilators	“	
	• Secondary Care Bed Capacity	• Development of a virtual hospital model to support admission avoidance and support service users in their place of residence	Medical Director	
		• Enhancement of Acute Care at Home Service	Director of Older People and Primary Care	
		• Employment of over 50 medical students to support alternative service provision	Medical Director	
		• Development of Paediatric urgent care service freeing capacity in the adult emergency department and also providing an alternative to inpatient admissions	Director of Children & Young People’s Services	
		• Stand down of elective surgery activity to make bed space available for potential surge	Acute Director	

		• Creation of a single point of non-elective emergency care entry on the Craigavon Hospital site maximising Daisy Hill Hospital as a dedicated medical care hub	Medical Director	
	• AGP including continuous positive airway pressure (CPAP) non-invasive ventilation	• Zones identified where AGP are carried out and appropriate PPE provided for staff	Operational Directors	
		• Work undertaken with care home providers to identify patients who require AGPs and fit testing provided for appropriate PPE	Director of Older People and Primary Care	
	• Potential impact on Trust Staffing Levels	• Pandemic Plan – HR Guidance	Director of HROD	Pandemic Plan
		• Provision for staff to work remotely from home where possible	All Directors	Homeworking guidance
		• Assistance to staff through Early Years to assist with child care	Director of Children & Young People's Services	Survey to staff on child care needs
		• Robust approach to PPE, training, donning, doffing, fit testing	Medical Director	PPE & Training strategy
		• Covid testing programme and contact tracing	Acute Director	SHSCT Protocol for testing
		• Social distancing has been enacted across all Trust non-clinical areas	All Directors	

		• Services are kept under constant review with staff redeployed to maintain essential services	All Directors	
		• HSC Workforce Appeal and Trust Deployment Team stood up	Director of HROD	Workforce Appeal publicity, and weekly reports
		• Levels of absence actively monitored on a daily basis	All Directors Director of HROD	Daily absence reports and sit reps.
		• Staff Support Psychology Service	Director of HROD	Promotional material for service
	• Impact on Care Home Sector	• Care Home Support team strengthened to provide support to Independent Care Homes	Director of Older People & Primary Care/Executive Director of Nursing	
		• Trust is working regionally on a care home surge plan to prevent, mitigate and maintain service continuity	Director of Older People & Primary Care	
		• Trust has provided PPE to care homes when they have been unable to source adequate supplies	Finance Director	
		• Supporting care homes with patient and staff testing and with Infection Prevention and Control training and advice	Medical Director	

	ii) Risk to the safety of Trust service users as a result of the COVID-19 pandemic who are resident in private care accommodation	• Enhanced Care Home Support Team providing advice and support. Operates a care home forum for specific support • Dedicated Trust advice line for care homes 9.00 a.m. – 5.00 p.m. daily • Dedicated Trust telephone line and email address established for Providers to identify PPE requirements • Trust undertook modelling to establish the level of PPE required • PPE Starter Packs issued to all homes • The Trust has designated Personal Protective Equipment leads responsible for liaising with ISP care homes and Domiciliary Care agencies • Monitoring of COVID positive infections in Care Homes established for ease of identification of Homes requiring support • Independent Sector Provider Care Home support service established to allow staff to attend care homes to train and provide advice and guidance to staff • Where services allow, Trust staff are being asked to consider redeployment to support with the residential and nursing home management of service users • The Trust Head of Care Home	Director of Older People & Primary Care	

		Support Team is a central contact for the Care Homes and continually receives calls and allocates support from Trust resources where required if available. • The Trust is an integral member of a regional group involved in the outworkings of the regional surge plan. All partners are subject to weekly monitoring against identified actions.		
14	iii) Risk to the Trust's ability to provide safe, high quality care as a result of the Trust's required response to Covid-19 including: • Delivery of Trust Services with COVID-19 Related Restrictions in Place	• Where possible services have created virtual clinics to provide service continuity • Where face to face assessments are required, these are conducted with appropriate Personal Protective Equipment worn	Operational Directors “	
	• Non-Attendance at Emergency Departments of Service Users in Need of Treatment	• Trust communications team has raised awareness with the public that emergency departments are 'open for business and encouraging attendances where appropriate.	Head of Communications	Use of Social Media
	• Adult and Child Safeguarding	• Trust helpline set up as a single point of contact to support families at risk • MHLD Emergency care mental health service set up which proactively encourages patient and service user attendance	Executive Director of Social Work Director of Mental Health & Disability	

	Elective Services	Trust reviewed each elective service to identify areas safest to consider for temporary step down and implementation of remote clinics	Operational Directors	
		The Trust continues to increase patient testing based on local and regional testing capacity	“	
		Emergency dental services have been implemented		
	Trust Staffing Levels	Levels of absence actively monitored on a daily basis	Director of HROD Operational Directors	Daily absence reports and sit reps.
		Services kept under constant review with staff deployed to maintain essential services	All Directors	
		Staff Support Psychology Service	Director of HROD	Promotional material for service

Additional actions and timescales

- Development of Trust Re-start Plan – 1st June – 30th June 2020
- Trust participation in development of regional Strategic Framework for Rebuilding HSC Services

Southern Health
and Social Care Trust

Quality Care - for you, with you

CORPORATE RISK REGISTER

August 2020

INTRODUCTION

The SH&SCT Corporate Risk Register identifies corporate risks, all of which have been assessed using the HSC grading matrix, in line with Departmental guidance. This ensures a consistent and uniform approach is taken in categorizing risk in terms of their level of priority so that proportionate action can be taken at the appropriate level in the organization. The process for escalating and de-escalating risk at Team, Divisional and Directorate level, is set out in the Trust's Risk Management Strategy.

Each risk on the Register has been linked to the relevant Corporate Objectives contained within the Trust's Corporate Plan 2017/18 – 2020/21 as detailed below:-

Corporate Objectives

1: Promoting safe, high quality care.
2: Supporting people to live long, healthy active lives
3. Improving our services
4. Making the best use of our resources
5. Being a great place to work – supporting, developing and valuing our staff
6. Working in partnership

Risk scoring is based on likelihood and impact as summarized in the Risk Assessment Matrix below.

Risk Likelihood Scoring Table

Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

Updates are in red font for ease of reference

OVERVIEW OF CORPORATE RISK REGISTER AS AT AUGUST 2020

LOW	MEDIUM	HIGH	EXTREME	TOTAL
	3	10	1	14

Risk No.	Risk Area/Description	Corporate Objective	Risk Rating	Page	Movement from last review
1	**BSO Shared Services** • Payroll/Travel • Recruitment	1&4	**MEDIUM**	**5**	Unchanged
2	**Cyber Security**	1	**HIGH**	**10**	Unchanged
3	**Medical Workforce shortages and vacancies**	1	**HIGH**	**16**	Unchanged
4	**Locum Engagements**	1	**HIGH**	**19**	Unchanged
5	**GP Out of Hours**	1	**HIGH**	**21**	Unchanged
6	**Registered Nursing Workforce Shortages**	1	**HIGH**	**26**	Unchanged
7	**HCAI**	1	**HIGH**	**34**	Unchanged
8	**Deterioration of exposed concrete on building exterior, Daisy Hill Hospital**	1	**HIGH**	**36**	Unchanged
9	**Loss of electrical power to main hospital block, Craigavon Area Hospital**	1	**HIGH**	**37**	Unchanged
10	**Compliance with procurement and contract management guidance**	1&4	**MEDIUM**	**39**	Unchanged
11	**Breach of statutory duty of break-even in-year** **Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support**	4	**MEDIUM**	**44**	Unchanged
12	**Clinical risk associated with inability to manage patient care within clinically indicated timescales**	1	**HIGH**	**46**	Unchanged
13	**Compliance and Implementation of the Mental Capacity Act (2016) Phase 1**	1	**HIGH**	**51**	Unchanged
14	**Risk to safe, high quality care as a result of Covid-19 Pandemic**		**EXTREME**	**54**	New risk added on 14.5.2020

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES

Likelihood: Possible (3) **Impact: Moderate (3)** **Total Score: 9** **Risk Rating: MEDIUM** **Previous Score: 9**	**RISK OWNER: Director of Finance, Procurement and Estates**
	DATE RISK ADDED: August 2016 **Reworded: July 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
1	**Shared Services Centre:-** **Payroll & Travel** The risk that staff pay and travel reimbursements are inaccurate due to the control environment of the Business Services Organisation (BSO). This has the potential for financial hardship for staff, negative media attention and reputational damage for the Trust.	1. A range of KPIs have been agreed with BSO for each Trust which identifies where there has been improvement or deterioration and triggers appropriate action	Assistant Director of Finance	1. Monthly KPIs
		2. The Trust has a process of reimbursing staff as quickly as possible once an underpayment is identified as quickly as is feasible	Assistant Director of Finance	2. Payroll data
		3. Once an overpayment has been identified, BSO enact the overpayments policy	Assistant Director of Finance	3. Schedule of Overpayments and Recovery Plan
		4. Annual Internal Audits	Assistant Director of Finance	4. Internal Audit reports and action plans

		5. Regional audit of BSO Payroll Shared Services, currently twice a year	Assistant Director of Finance and Internal Audit	5. Audit reports and action plans
		6. Trust wide communication to all managers to remind all in respect of timely completion of paperwork	Assistant Director of Finance	6. Global communications
		7. Trust active participation in a number of regional groups to provide guidance, assistance and challenge to achieve necessary improvements	Finance Directorate	7. Minutes of meetings

Additional actions and timescales

1. Progress updates continue to be provided to Audit Committee and from October 2018 onwards, BSO have been providing a written report in advance of each Audit Committee. An updated progress report prepared by BSO which covers all outstanding recommendations was presented at February 2020 Audit Committee. Mid-year review of BSO Payroll remains limited.
2. Ongoing review of Internal Audit recommendations. For those that are the responsibility of the Trust, they will be picked up and reported on at the IA Forum initially before going to Audit Committee.
3. Ongoing attendance at Customer Forums and Business as Usual meetings.
4. Ongoing attendance of Director of Finance at Customer Assurance Board which has been established to oversee 3 new payroll workstreams in an attempt to address the issues.

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES				
Likelihood: Likely (4) **Impact: Moderate (3)** **Total Score: 12** **Risk Rating: MEDIUM** **Previous Score:12**		**RISK OWNER: Director of Human Resources and Organisational Development** **DATE RISK ADDED: August 2016** **Reworded: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
1	**Shared Services Centre -** • **Recruitment and Selection** The delays in recruitment and selection pose a risk to service continuity for front line services	1. Implementation and monitoring of a local operational and service improvement plan ('Inspire, Attract, Recruit') to progress a range of local resourcing solutions. 2. Use of Bank and Agency for short/medium term interim cover, where possible and subject to appropriate approvals. 3. Internal Audit reviews of RSSC and Trust Recruitment & Selection. 4. Trust participation at Head of Service / Deputy Director level in regional Strategic Resourcing Innovation Forum (SRIF), with 4 workstreams each with a 12-month workplan to deliver and report to HR Directors.	Head of Resourcing	1. Resourcing Operational Plan and SMT updates 2. Monthly Bank Block Booking and Agency reports 3. Internal Audit assurance reports 4. SRIF annual work plans and dashboard

		5. Customer review meetings and fortnightly Team Leader Clinics with Regional Shared Services Centre to escalate issues requiring to be addressed. 6. Regular analysis of recruitment data to identify specific issues/problems and to trigger appropriate action e.g. follow up with relevant managers/ Recruitment Shared Services Centre. Trust management information reports issued to Directorates in relation to vacant posts and requisition requests in the approval process monthly. 7. Trust wide communications in relation to managers' roles and responsibilities for recruitment and selection, as well as associated Key Performance Indicators. 8. Alignment of Resourcing Team Leaders to support Directorates taking action to minimise any delays in the recruitment process in conjunction with RSSC 9. Development and introduction of new approach to reduce pre-employment checks for internal (within Trust) and inter-Trust appointments. 10. HSC Recruitment and Selection Framework and associated guidance for managers		5. Minutes of Customer Forum 6. Monthly RSSC Performance Reports and Directorate vacancy reports 7. Global communications to Trust managers, process documents and user guides 8. Process documents for Pre-Employment checking process 9. HSC Recruitment and Selection Framework and associated guidance for Managers

Additional actions and timescales

1. Significant piece of work to be undertaken in conjunction with service directorates to further streamline corporate waiting lists and Trust approach to maintaining these. The start date for this has been delayed due to the need to divert resources to Transformation activity. Alternative models of recruitment have been discussed and tested as part of the regional SRIF group, and implementation has started in the Trust for some groups of staff (Admin & Clerical posts; Nursing Assistants) but requires further planning prior to wider implementation for other high-volume staff groups during 2020/21.

2. Development of point of need skills training for recruiting managers – September 2020.

3. Roll out of Band 4 Recruitment support roles across all Directorates – December 2020.

4. Launch of HSC 'branding' and advertising concepts to increase applicant traffic to the recruitment website is the subject of ongoing discussion with DOH in relation to funding and HSC-wide implementation. Timescale for this is outside the control of the Trust. SHSCT branding and recruitment advertising/campaign promotion to be further developed with the Trust's contracted media provider – September 2020.

5. Commence introduction of regular overview reporting on time to fill for key groups of staff/professions to SMT – September 2020.

<table>
<tr><td colspan="5"></td></tr>
<tr><td colspan="2" rowspan="3"></td><td colspan="3">RISK OWNER: Performance and Reform Directorate (Cybersecurity Lead)
While this risk will be led by P&R from a cybersecurity assurance perspective, this risk is a corporate risk requiring ownership by Directorates as follows:
• Performance & Reform Directorate (in relation to assurance of ‘technical’ ICT DEFEND & RECOVER / back up processes)
• Medical Directorate (in relation to lead role in assuring effective Emergency Planning)
• Operational Directorates (in relation to assurance of effective Business Continuity Plans to RESPOND to potential incidents)</td></tr>
<tr><td colspan="3">DATE RISK ADDED: July 2017
Reworded: June 2018</td></tr>
<tr><td colspan="3">TIMESCALE FOR REVIEW OF CONTROLS: Monthly</td></tr>
<tr><td>Risk No.</td><td>Risk Description</td><td>Key Current Controls</td><td>Who monitors the control?</td><td>How is it evidenced?</td></tr>
<tr><td>2</td><td>The key risk emanating from a cyberattack is potential for significant business disruption.

Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, HSC information, systems and infrastructure may become unreliable, not accessible (temporarily or permanently), or compromised by unauthorised 3rd parties, including criminals.
This could result in unparalleled HSC-wide disruption of services due</td><td>1.<u>REGIONAL</u>: In the context of Northern Ireland, with a single Health and Social Care structure, and also a single HSCNI network, with Regional diagnostic services and NIECR, the impact in Northern Ireland of a cyber attack affecting the Network or Regional Data Centres has been assessed as potentially a National Civil Contingency (NCSC). Therefore, critical to managing risk at local level is the work progressed at regional level to mitigate risk through the <u>Cybersecurity Programme Board</u> and the extant policy and processes for <u>Regional Emergency Planning</u> led by the Chief Medical Officer.
Letter from Permanent Secretary 11th Feb 2019 - all Investment & implementations</td><td>1. Regional Cyber Security Programme Board (Director P&R) established 2nd May 2018.
2. Regional Cyber Security Officers Forum established in June 2018. First meeting January 2019 - meetings scheduled bi-monthly.</td><td>Minutes of meetings

This Group makes recommendations to Regional Programme Board
Minutes of meetings and Action List – all papers posted onto SharePoint.</td></tr>
</table>

	to the lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendances or diagnostic services such as Labs or NIPACs) or data contained within. This could lead to a range of impacts or core service areas for example: • Service disruption impacting on operational service delivery including waiting times, delayed urgent clinical interventions, suboptimal clinical outcomes etc. • Risks in the ability to deliver safe care in the community, for example, accessing electronic records for the c. 5,000 clients in receipt of domiciliary care. • Potential for unauthorised access to Trust systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations. • This could potentially bring liabilities for the Trust including potential fines and reputational damage.	decisions on Cyber Security across the HSC must receive advanced approval from Regional Cyber Security Programme Board. **2.LOCAL - TRUST LEVEL CONTROLS:** If information systems are not available, the Trust needs to consider contingencies to accessing information on patients, clients, care packages in the community etc Current controls to DEFEND, RESPOND and RECOVER are as outlined below.	Trust Internal Cyber Security Task and Finish Group has been established to take forward recommendations of internal reports as appropriate in line with regional Cyber Security Programme Board	Minutes of meetings and Action List - all papers posted onto SharePoint.
Additional actions and timescales				
There are three aspects to the management of this risk within the Trust, as outlined below.				

		Key Current Controls	Who monitors the control?	How is it evidenced?
	1. DEFEND: To maximise the Trust's technical defences to minimise the risk of a cyber attack;	1. **Technical Infrastructure** • HSC security hardware (e.g. firewalls) • HSC security software (threat detection, antivirus, email & web filtering) • Server / Client 'Patching' regime • 3rd party Secure Remote Access • Data & System Backups 2. **Policy, Process** • Regional and Local ICT/Information Security and Incident Management Reporting Policies and Procedures All Trust IT Policies updated and approved at Scrutiny Committee - July 2019. • Data Protection Policy • Change Control Processes • User Account Management processes • Disaster Recovery Plans • Awareness raising • ICT Business Continuity Plan Version 4.1 • IT Risk training for senior managers (advanced) and front line staff (basic). • Resources – 2017/18 -SMT agreed financial resources for Internal Cyber Security Team to support progress of Priority 1 actions from Internal Audit and Foursys report.	Head of IT Bi-monthly reporting to Cyber Task and Finish Group and Quarterly Reporting to Governance Committee Regional Policies – not yet developed by Deloitte - August 2020 Head of IT	IT Self-Assessment against NCSC10 Steps (I) IT Audit (I) Network Information Systems (NIS) self-assessment carried out & submitted to 'Competent Authority' in May 2019 Technical Risk Assessments, or Penetration Tests (E) FourSys (Network Security Expert) Report May 2017 Findings of Phishing Exercise reported to SMT Cyber assimilated event in January 2018. Action plan to be followed up by Cyber Task & Finish Group.Global emails 'SIRO says' campaign highlighted in desktop messages and Southern-I IT risk training programme Dedicated Cyber Security Team (1 x Band 7 and 3 x Band 6 staff in post September 2019). P/T 1 x Band 4 Admin Jan 2020

		- Regional Network Security Review underway	Network Security Project Board	ANSEC Data Discovery and Analysis – Trust report & Workshop July 2020 To submit ANSEC report to Cyber Programme Board 3rd September 2020 – delayed.

Additional actions planned and timescale

Policy, Process

Regional Security Policies currently being developed. Work underway with Cyber Teams and Deloitte.

The following recommendations remain outstanding to maximise technical defenses (subject to funding and regional approval as per Permanent Secretary letter):

Priority 2:
Incident Management (Regional Cyber Incident Response Plan was agreed at Regional Cyber Programme Board 6/12/2019 - Launched internally June 2020 – Southern-i.
Monitoring (being considered as regional procurement through Cyber Programme)

Priority 3:
Secure Messaging is on the regional Cyber work stream list for 2020/21– Programme Board 3rd Sept 2020 update list.
Education and Awareness (Regional Cyber Security E-learning module has been created - To be launched on 3rd September 2020 at Regional Cyber Programme Board.

1. Vulnerability scanning is ongoing, but is not licenced for full Trusts assets – this was increased to 15,000 devices in March 2020, but Trust has almost double this. Raised at Regional level – cannot report on full vulnerabilities.
2. In addition, the level of vulnerabilities raised is placing demands on the ICT Operational to manage risk. There is not enough resources to do this. A paper is being produced by the Head of IT to identify resource gaps.
3. Project Team continues to progress the implementation of recommendations made by 3 Internal Audits. 2017-18; 2018-19; 2019-20. Updates discussed at Cyber Task & Finish Group on 14th August 2020.

		Key Current Controls	Who monitors the control?	How is it evidenced?
	2.RESPOND: Services to consider how they would deliver safe and effective care in the event of diagnostics, appointment and client information being unavailable and plan for this;	**1. Policy, Process – Operational Services** • Emergency Planning & Service/Business Continuity Plans • Corporate Risk Management Framework, Processes & Monitoring • Regional & Local Incident Management & Reporting Policies & Procedures **2, User Behaviours - influenced through:** • Regional IT Security Module updated to include Cyber Awareness. • Induction Policy • Mandatory Training Policies, particularly Information Governance • HR Disciplinary Policy • Professionals Academic training includes DPA • Contract of Employment • 3rd party Contracts / Data Access Agreements • Communication and Awareness • Cyber Incident Response Planning meeting with Medical Directorate	Emergency Planning Team – Medical Directorate Cyber Security Task and Finish Group Human Resources and Organisational Development, Education, Learning and Development/Line Managers Corporate Policy Review Group Assistant Director Informatics	Business Continuity Plan – logs Minutes of meetings To be made Mandatory - To be launched on 3rd September at Regional Cyber Programme Board Corporate Mandatory Training reports Corporate Policies Regional desktop Cyber exercise carried out in June 2019. A further exercise to be arranged March/April 2020 - was postponed due to Covid-19

Additional Actions planned and timescale
Business Continuity Plans need to be updated by all services to plan for a cyber attack

		Key Current Controls	Who monitors the control?	How is it evidenced?
	3. RECOVER: To test and improve 'Back up and Recovery' of critical information systems in the Trust and BSO to be assured that in the event of a cyber attack, data can be recovered by IT as quickly as possible to minimise impact on services.	There are 3 levels of restore available PC Level; Application and Server. PC restore is fully tested; Application level and Server restore require agreement to bring down specific systems which has not yet been performed in the Trust. However there have been system upgrades and outages that have required the IT team to restore. Therefore there is some level of intelligence for a range of applications and servers.	IT Controls Assurance Board (CAB) meets weekly	Minutes and full audit trail from LanDesk.
		Additional disaster recovery infrastructure has been purchased and to be installed in Daisy Hill Hospital for virtual servers (Zerto) – testing to be scheduled.	Head of IT	Task & Finish Group

Additional Actions Planned and Timescale

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Almost Certain (5) **Impact: Moderate (3)** **Total Score:15** **Risk Rating: HIGH** **Previous score: 15**		**RISK OWNER: Director of HROD and Medical Director** **DATE RISK ADDED: July 2015** **Reworded: April 2019** **TIMESCALE FOR REVIEW OF CONTROLS: Four weekly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
3	Risk to Patient safety due to medical workforce shortages and vacancies within some specialties. At this time, specialties particularly vulnerable include: • Geriatric Medicine/Acute Care at Home • Stroke • Acute Medicine • Community Paediatrics • Haematology • Oncology • Psychiatry Old Age • Trainee doctors	1. Monitoring of vacancy position through Medical Staffing and Directorates 2. International recruitment 3. Analysis and improvement of recruitment and advertising strategies 4. Collaborative working with other Trusts, when required 5. Use of Independent Sector 6. Greater use of alternative roles through advanced practitioners – nursing and AHPs and more recently Physician Associates 7. Escalation of pressures to HSCB and DOH	Director of HROD Medical Director	• Updated list of Trust posts out with international recruitment – updated by Associate Medical Directors • Increase in use of social media platforms for advertising • SHSCT Paper re NI training numbers • Recent appointments of Physician Associates

		8. Adverts now include a sentence asking for expression of interest from doctors who would wish to apply for Consultant posts, but are not yet eligible. A formal log is being kept and doctors notified when posts advertised. 9. Trust is currently involved in training of Physician Associate Students and have appointed first qualified PA's in 2019. Continue to participate in regional scheme. 10. Expansion of Clinical Co-ordinators in the out-of-hours period to improve the trainee experience of FY1s. 11. Appointment of overseas doctors via the Medical Training Initiative scheme in Renal DHH, Gastro DHH and a further one due to start in Cardiology DHH soon. 12. Updated LNC process & approved rate agreed for consultants covering absent colleagues. All consultants now on our bank and able to claim additional work electronically. 13. Locum agencies continue to be used to fill vacant posts on block booking or ad hoc basis		- Sample advert with the sentence regarding those doctors who have yet to get Certificate of completion of training

		14. *(COVID19 specific)* Temporarily recruited 50 Medical Student Technicians (band 4) & 33 FYi1 doctors. Development of Medical Student Technician role and establishment of a Medical Student Technician bank so they can continue to provide cover after return to university.		

Additional Actions Planned and Timescale

- Formal review of recruitment metrics against each speciality is required, with a view to reviewing current level of risk. Since 2017 there has been a significant increase in number of consultants in post. This includes appointments in specialties that were considered on the list of vulnerable specialties (referenced in Risk Description). For instance 229 consultants in post in 2017 that increased to 259 consultants in post by June 2020. Since 2017 to date there has been a significant improvement in % of appointees from total vacancies. This indicates improvements in the recruitment process. In 2017 51.79% appointed but this increased to 70.18% by 2019. Review to be completed by end of September 2020.

- Additional support needed for international doctors from an induction perspective. A case for 3 PAs to enable a programme of work to support international doctor is due to be presented to SMT in September 2020.

<table>
<tr><td colspan="5">CORPORATE OBJECTIVES: PROMOTING SAFE, HIGH QUALITY CARE; MAKING BEST USE OF RESOURCES; BEING A GREAT PLACE TO WORK – SUPPORTING, DEVELOPING AND VALUING OUR STAFF</td></tr>
<tr><td colspan="2" rowspan="3">Likelihood: Possible (3)
Impact: Major (4)
Total Score: 12
Risk Rating: High
Previous Score: 12</td><td colspan="3">RISK OWNER: Medical Director & Director of Human Resources and Organisational Development</td></tr>
<tr><td colspan="3">DATE RISK ADDED: November 2019</td></tr>
<tr><td colspan="3">TIMESCALE FOR REVIEW OF CONTROLS: Monthly</td></tr>
<tr><td>Risk No.</td><td>Risk Description</td><td>Key Current Controls</td><td>Who monitors the control?</td><td>How is it evidenced?</td></tr>
<tr><td>4</td><td>Risk to safe high quality care due to a high volume of locum engagements for different periods of time with varying levels of experience/training and often in hard to fill posts</td><td>• Centralised Medical Locum team now part of Integrated Medical HR team to create better joined up approach for:
- Identifying issues/areas of concerns
- Long term locums and recruitment linkages
- Electronic “mini personnel” files for all locum doctors engaged in Southern Trust

• Protocol for engagement of Medical and Dental Agency Locums in place to standardise locum booking processes.

• The Department of Health /NIAO have advised Trusts regionally to complete audit of pre-employment checks to assure themselves standards are upheld. The Southern</td><td>Head of Medical HR</td><td>

Protocol document

Letter to Trusts dated 5.8.2019.
SH&SCT Audit Plan of pre-employment checks</td></tr>
</table>

		Trust has a plan in place to complete these audits. Results will be included in Controls Assurance documentation.		
		- Procurement and Logistics Services (PALs) have advised that an audit of selected contracted agencies on the current Medical Dental Framework will be carried out to ensure all checks are being undertaken.		
		- A standard monthly report setting out all the locums currently engaged is issued on a monthly basis to relevant Associate Medical Director to improve visibility and facilitate better monitoring of placements by the service.		Standard reports
		- New Deputy Director for Workforce now in post.		

Additional actions and timescales

1. Southern Trust has drafted new guidance for managers to set out how to manage performance concerns associated with locum doctors. This has already been shared with the GMC and a meeting has been arranged with the GMC Liaison representative to gain their endorsement of this document. The final authorisation and sign off of this document, along with a new governance framework for locums, has been delayed due to the onset of Covid, but will be followed up for completion by end of October 2020.
2. The Medical Director and Medical HR are involved in reviewing the mandatory training requirements for locum doctors and exploring methods to strengthen the induction process for this group of doctors.

CORPORATE OBJECTIVE: 1: Promoting safe, high quality care.	
Likelihood: Almost certain (5) **Impact: Moderate (3)** **Total Score: 15** **Risk Rating: High** **Previous score: 15**	**RISK OWNER: Director of Older People and Primary Care** **DATE RISK ADDED: Re-added June 2019** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
5.	There is a risk that the Trust may not be able to deliver a full, timely, Out Of Hours service (OOHs) due to difficulty filling all rota GP sessions.	**Service delivery planning** • Advanced rota planning, daily reviewing contingency actions for GPs, nurses & Operational staff.	Head of Service (HOS) OOHs	Through emails, use of the Harris system, Datix system
		• Requests via SMS / emails and telephone calls to GPs, Nurses to assist with workload.	HOS OOHs	↓
		• Datix system in place to record clinical incidents – monitoring and investigations as per policy	HOS OOHs	↓
		• Complaint investigation and sharing of the learning as per policy	HOS OOHs	↓
		• Monthly clinical meeting with Medical Managers, Nurse Team Lead and HOS, chaired by Clinical Lead.	Clinical Lead OOHs	Minutes of meeting

		• Regional OOHs meeting every quarter	AD Enhanced Services	Minutes of meeting
		• SHSCT and HSCB Performance / Governance meeting every quarter	AD Enhanced Services	Minutes of meeting
		• Home triage for GPs embedded in cover as advanced forward planning rather than reactionary to lengthy triage waits.	HOS OOHs	Daily plans
		• Urgent and essential appointments only (no longer seeing routine cases).	HOS OOHs	Daily plans
		• Board Assurance Paper submitted to SMT and meeting held with HSCB on 21 June 2019 when the paper was discussed.	HOS OOHs	Paper developed
		• Nurse advisors to undertake urgent triage in May 2019. Nurse performance will be monitored	HOS OOHs	Daily plans
		• Senior Managers are engaging with the Urgent and Emergency Care review team	HOS OOHs	Minutes of meeting, emails

		Staffing/Resourcing • Dalriada provides nurse triage from 12midnight to 8 am Sunday to Thursday. SHSCT Nurse Triage on Friday and Saturday. • Nurse triage incorporated into the clinical cover. • The pharmacy service is now embedded. • Recruitment of GPs for salaried sessions and ongoing recruitment of "as and when" and salaried GPs • 4th round recruitment of nurses advisors has taken place (January 2019) • The Local Enhanced Scheme in place from 17/18 and for 18/19 and again in 19/20. • KPIs monitored hourly and reported daily by HSCB to providers. • 2019/20 Trust additional costs scheme implemented with a specific element to encourage GP clinical cover on Saturday afternoons	HOS OOHs HOS OOHs HSCB HOS OOHs HOS OOHs HOS OOHs Clinical Lead OOHs HOS OOHs	Daily plans Daily plans Daily plans Recruitment of GPs Completed recruitment of nurses Emails, use of Harris system Emailing of performance and corporate dashboard Quarterly report on hours and costs

		and evenings; enhanced rates for Friday evening		
		• Medical management structure in place.	Clinical Lead OOHs	Documented management structure
		• Performance management of GPs/ Nurses and pharmacists in place	Clinical Lead OOHs	Performance reports
		• GP Clinical Forum established	Medical Director	Minutes of meetings
		• Education programme completed for GPs FY0 programme completed May 2019	Medical Director	Harris system, and emails
		• “Odyssey” decision making software for nurse triage.	HOS OOHs	Minutes of meeting
		• Flexibility in shift hours and bases offered.	HOS OOHs	Emails, use of Harris system
		Escalation		
		• HSCB unscheduled escalation plan implemented on 06 May 2016.	HOS OOHs	Early alerts
		• Escalation of unfilled sessions to on call manager when service is operational	HOS OOHs	Call recordings
		• Board Assurance briefing paper raising potential options for discussion shared with Commissioners in May 2019	AD Enhanced Services	Paper can be provided

		• Complete and escalate the Early Alert to HSCB and DOH	Director OPPC	Completed early alerts
		Communication:		
		• Engagement with service users through Facebook/ Twitter /Advertising campaigns, MLAs and local newspapers to promote effective use of service.	HOS OOHs	On social media
		• Safety netting information advice to Service Users on initial communication to contact service again if symptoms deteriorate/ condition changes.	HOS OOHs	Call recording audit
		• Engagement with LMC – meeting held on 20 June 2019.	AD Enhanced Services	Minutes of meeting

Additional actions planned and timescale

- The GP OOHs service has an action plan in place which includes measures to control the risk (March 2020)
- Meeting organised with MHD services to look at direct referral pathways to OOHs Mental Health Services
- Scope use of PGDs to allow Nurse Advisors to dispense medication in certain conditions rather than replacing case for triage with GP

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Almost Certain (5) **Impact: Moderate (3)** **Total Score: 15** **Risk Rating: HIGH** **Previous Score:15**		**RISK OWNER: Executive Director of Nursing , Midwifery and AHP's** **DATE RISK ADDED: April 2015** **Reworded: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
6.	**i) There is a risk to the consistent provision of high quality nursing care due to a shortage of Registered Nurses and Midwives across all Directorates within the Trust.** **Workforce update considering Covid19**	1. Escalation processes are in place within each Directorate to respond operationally to immediate Registered Nurse shortages	Directorate Assistant Directors	Twice daily review at operational patient safety meetings.
		2. Safe care implemented across all acute wards in Craigavon and Daisy Hill Hospitals as part of HealthRoster. Further implementation of HealthRoster into Bluestone in-patient wards.	Interim Assistant Director Nursing Workforce and Education	Health Roster data
		3. Measures to improve the efficacy of Roster by system users to maximise staff utilisation eg. Project board, divisional meetings, Policy and standard operating procedures, and the establishment of monthly reports to Acute and Mental Health Directorate.	Interim Assistant Director Nursing Workforce and Education	Health Roster data
		Internal Audit recommendations are complete with exception of the Healthroster policy. Key actions	Interim Assistant Director Nursing	Action Plan

		regarding recruitment, retention and utilisation of current workforce being recommenced through Nursing and Midwifery Workforce Action plan and relevant workstreams.	Workforce and Education/Directorate Assistant Directors	
		4. Use of bank and agency to support required staffing levels. Currently reviewing processes to maximise the use of Bank including open registration to Nurse Bank as well as progressing an action plan regarding strengthening governance processes.	Nurse Bank Manager Head of Resourcing Interim Assistant Director Nursing Workforce and Education Interim Assistant Director Patient Experience and Quality	HR reports, Bank and Agency reports
		5. International recruitment is paused although web based interviews have recommenced in August 2020. Regional business case commencing for further International Nurse Contract post 2020.	Interim Assistant Director Nursing Workforce and Education	International Recruitment reports
		6. Monthly advertisement for Band 2/3 and open advertisement for Band 5 continues. Currently reviewing processes for recruitment as well as facilitating Band 4 student nurses with Band 5 posts across the Trust.	Interim Assistant Director Nursing Workforce and Education	Recruitment reports

		7. Recruitment activities, such as job Fairs, local and across the UK. Engagement with Southern Regional College and career fairs in schools and colleges. **(paused)**	Interim Assistant Director of Nursing Workforce and Education & Head of Resourcing	Executive Director of Nursing Directorate records
		8. SHSCT staff engagement with students, both within universities and whilst on placement, to encourage consideration of SHSCT as an employer **(paused)**	Executive Director of Nursing and Interim Assistant Director of Nursing Workforce and Education	Executive Director of Nursing Directorate records
		9. Professional welcome re-commencing October 2020. Preceptorship programme continues via Zoom. Induction programmes in place for new employees with optional rotation scheme for newly qualified staff.	Executive Director of Nursing team	Executive Director of Nursing Directorate records
		10. SHSCT continues to work with Department of Health to influence an increase to the supply of Registered Nurses	Executive Director of Nursing and Interim Assistant Director of Nursing Workforce and Education	
		11. Increased numbers allocated to the Open University Nurse pre-registration programme for Mental Health and Adult Nursing inclusive of additional new places for Learning Disability and Paediatric Nurse training, commencing September 2020	Interim Assistant Director of Nursing Workforce and Education	DoH and Executive Director of Nursing Directorate training records

		12. Due to ongoing ward reconfigurations operational teams are reviewing staffing levels in line with bed occupancy. Healthroster reports being compiled weekly to assist with decision making regarding staffing.	Interim Assistant Director of Nursing Workforce and Education and Directorate/cross Directorate Management	Health Roster data Night report data
		13. Surge Nursing workforce Critical care bed modelling carried out. To be repeated for potential second surge	Interim Assistant Director of Nursing Workforce and Education and Healthroster team Assistant Director ATICS	CCaNNI Critical Care Services draft Surge Plan
		14. Surge Nursing Workforce planning – non critical care wards principles agreed regionally	Interim Assistant Director of Nursing Workforce and Education and Healthroster team Assistant Directors Acute	Non critical care draft paper
		15. Covid-19 Training Needs Analysis completed for all Nursing and Midwifery staff. Clinical Education Centre delivered relevant courses	Executive Director of Nursing Team	
		16. New services/transfer of services completed to support Covid-19 effective management e.g. creation of new Mental Health ED and transfer of DHH ED to CAH site	Acute and Mental Health Directorate Assistant Directors and teams	

		17. A number of visits to nursing, midwifery and AHP's by the Executive Director of Nursing/Assistant Directors to ensure staff were well supported during this pandemic. Other methods of communication, eg video and email were utilized for this purpose also.	Executive Director of Nursing team	
	ii) There is a risk to the continued safe, high quality nursing care in Mental Health and Learning Disability In-patient Units. Bluestone/Dorsy and Gillis due to a shortage of registered mental health/learning disability nurses.	• Directors Oversight group in place to oversee and co-ordinate actions from Royal College of Psychiatrists Invited Review • Regional policy position (Delivering Care) agreed for Bluestone and Gillis (not Dorsy) regarding safe nurse staffing levels, however, no funding attached • A medium to long term workforce plan is currently in development and will be presented to SMT. This will include proposals for senior on-call arrangements, management structures and development of senior clinical nursing roles.	Director of Mental Health and Disability; Executive Director of Nursing	• Royal College Invited Review report • Directors Oversight Group and sub-groups terms of reference and minutes • Delivering Care Phase 5a • Draft multi-disciplinary workforce plan • Draft IPT. On-call rota for Directorate implemented. .

		• Daily meetings with senior staff are conducted within Bluestone and Dorsy to manage patient flow and the movement of staff in response to need. • Use of flexible staffing, including bank, on-contract and off-contract agency staff ongoing in order to address unsafe staffing levels and maintain current bed numbers. • Increase in numbers of Band 6 staff across Bluestone, Dorsy and Gillis to work towards a senior staff nurse presence 24/7. • Ongoing engagement with staff side and staff • Implementation of Health Roster across Bluestone and Dorsy in the first instance by March 2020.	Assistant Director HROD	• Records of actions and daily staffing template • HR and Finance Reports • HR Reports • Minutes of meetings and emails • HR live from December 2019
	iii) **There is a risk to the continued safe assessment and monitoring and provision of high quality nursing care in Mental Health and Learning Disability community teams due to a shortage of registered mental health, and learning disability nurses**	• Pressures monitored at a local team level by Team Lead and resources allocated on a prioritisation basis to address gaps brought about by vacancies • Pressures raised at both operational and governance meetings and shared with the work-force planning group of the	Director of Mental Health and Disability; Executive Director of Nursing Acting Assistant Director Mental Health	Staff in post and finance reports Minutes of meetings Monitoring of waiting lists in Primary Mental Health Care

		Directors Oversight Group - Continued recruitment to vacant posts - Exploring the design and implementation of skills development framework for nurses at Band 5 to develop the competency of Band 6 nurses, modelled on an approach used by the Northern Trust. - Participated in the Phase 5(b) Normative staffing project for Community Mental Health teams - awaiting approval at DOH level - Further Development of Community based services includes scoping of multi professional contribution to safe and effective care **Regional Actions** - Regional Workforce meetings with DoH - Regional meetings with RQIA - Ongoing HSCB/PHA led Regional Review of Acute Mental Health In-patient Beds and Models of care to support patient flow - Regional review for Learning Disability cross Trust placements in Acute Mental Health beds	Heads of Service for respective teams	and specialist services Use of the Balance Score card for monitoring service priorities.

Additional Actions Planned and Timescale

1. Safe Care fully implemented in CAH and DHH sites. Requires further scrutiny of data and support from Directorate.
2. Recommendations from the Royal College of Psychiatrists have been considered and an overarching action plan developed. Progress will be monitored by Directors' Oversight Group.

CORPORATE OBJECTIVE: PROMOTING SAFE, HIGH QUALITY CARE	
Likelihood: Possible (3) **Impact: Major (4)** **Total Score: 12** **Risk Rating: HIGH** **Previous score: 12**	**RISK OWNER: Medical Director**
	DATE RISK ADDED: June 2011 **Reworded: August 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
7.	**Risk to patient safety due to the potential to develop a healthcare acquired infection**	1. IPC Strategy	Medical Director	1. Progress updates to Performance Committee
		2. Strategic and Clinical Forum meetings	Relevant Operational Director	2. Provision of assurance at each Performance Committee meeting
		3. Isolation of patients with transmittable infections and those who are immunocompromised	Medical Director	3. Use of IPC checklist within ED. Policy on isolation of patients
		4. Robust handwashing processes	Lead Nurse, IPC	4. Weekly presentation of audit data
		5. Comprehensive cleaning policies and procedures	Assistant Director – Functional Support Services	5. Regular environmental cleanliness audits
		6. Awareness of appropriate antibiotic prescribing	Consultant Microbiologist	6. Presentation of data on antibiotic usage
		7. Working Group to progress IPC Strategy	Medical Director	7. Progress updates to SMT

	Increasing emerging infections (CPE/VHF)	1. Ongoing ward rounds relating to antibiotic stewardship 2. Isolation and active screening of patients transferring from other hospitals, or history of admission within the last 12 months	Consultant Microbiologist Relevant Operational Director	Presentation of data on antibiotic usage Policy on isolation of patients
Additional actions planned and timescale				

The VHF Management Plan is being progressed pending regional confirmation of transfer of high risk patients.

Deep dive at Governance Committee on 7.2.2019 highlighted areas where early intervention and mitigations could be strengthened. e.g. Targeted training via Trust Care Home Inreach Project for the Independent Care Sector and training for GPs on the antibiotic prescribing and infection control measures)

All IPC training for the IS Private Nursing Home sector is and will continue to be provided by the PHA. PHA is the host of the Regional Care Home In-Reach Project.

Some GP training is offered through Microbiology and Pharmacy as well as what is on offer by HSCB and GP Federations on issues such as C diff and management of diarrhoea across primary and secondary care.

CORPORATE OBJECTIVE: 1 – PROMOTING SAFE, HIGH QUALITY CARE

Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: HIGH** **Previous score: 16**	**RISK OWNER: Director of Finance, Procurement and Estates** **DATE RISK ADDED: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
8.	Deterioration of exposed concrete on Daisy Hill Hospital building exterior, leading to detachment of concrete debris with a risk of loss of life / injury to service users, public and staff	1. Hammer tests carried out in October 2017 and March 2018 in order to remove loose debris. To be carried out on a minimum 6 monthly basis. 2. Temporary 'heras' fencing erected in order to create a barrier between the building and main pedestrian areas 3. Erection of scaffold (with brick catcher) and netting to underside of first floor level of phase one building in an attempt to help mitigate the risks caused by spalling concrete.	Assistant Director of Estates	1. Records available in Estates 2. Visible on site 3. Visible on site

Additional Actions Planned and Timescale

1. Regular inspections of the structure in the short term, removal of loose concrete and suitable concrete repairs as per Taylor & Boyd LLP Report (2018). It is noted that this will not mitigate the overall risk and deterioration will still occur.
2. 6 monthly hammer tests were initially being carried out until phase 1 works had been completed. The hammer test to phase 2 building has been put on hold by the operations team as there were issues with blocking blue light routes, however, after discussions with the MTC contractor, they have advised that the extent of the spalling to phase 2 buildings is significantly less than phase 1.
3. On 11.07.2018, SMT approved revenue funding of £400k to carry out interim structural repairs to the concrete heads and lintels as recommended by the Structural engineer. This work has now been completed and as a result it is hoped that this will afford the Trust 7-10 years to implement a long term solution involves over cladding and window replacement, to a value of circa £2,000,000). The initial plan was to conduct a review during September\October 2019 to establish if this risk could be downgraded. Due to other service pressures, this review will take place in October 2020.

CORPORATE OBJECTIVE 1 – PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: HIGH** **Previous score: 16**		**RISK OWNER: Director of Finance, Procurement and Estates** **DATE RISK ADDED: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
9.	Loss of electrical power (LV) to main CAH hospital block leading to a significant interruption to services with a risk of loss of life and/or serious harm to patient(s).	1. Competency of estates staff in carrying out emergency electrical switching and regular dummy runs do deal with various scenarios 2. Estates Operations have a formal CAH fixed breaker emergency plan in place and electrical staff have been trained in how to deal with various scenarios. Copies of the document have been placed in the main switchrooms 3. Presently, estates have an identical fixed breaker on site which can be fitted if there is a failure. This eliminates the 6 week delivery delay experienced in 2017. This breaker will still take at least 8 hours to fit once the switchboard was isolated. 4. Use of mobile phones if VOIP telephony system is lost	Assistant Director of Estates	1. Experience and training of Estates colleagues 2. Printed document in Estates office and electrical switchrooms 3. Spare circuit breaker on-site in Stores electrical switchroom. 4. Business continuity arrangements

Additional actions planned and timescale

Phase 1a
New dual 2.0MVA transformers in Energy Centre (for future CT scanner). – this is now complete

The residual risk - If one of the fixed breaker in the Stores switchboard fails these transformers will provide a mains supply to Maternity & Ward-N via the new LV board in the Energy Centre.

To mitigate this risk, in the event of a fixed breaker failure and this transformer was called on, a mobile generator could be hired within a few days to provide extra resilience. Approximate cost: £700k + 15% fees = £805k

Funding to be sourced from DOH in year 2018/19 – this element in now included in the business case for the CT Scanner

Phase 1b
New 2.0MVA generator in Energy Centre and internal fuel tanks.

This will provide standby generator power for the new transformers in the Energy Centre and give it the resilience necessary to be a clinically-rated supply.

Approximate cost: £800k + 15% fees = £920k

Funding to be sourced from DOH in year 2019/20.

Phase 1c
Replace Stores switchboard containing 4no. fixed breakers with a new board containing withdrawable breakers. This will require the switchboard to be isolated for one month and should only be done once the 2.0MVA transformers are installed in the Energy Centre and have standby generator backup.

Approximate cost: £115k + 15% fees = £132k

Funding to be sourced from DOH in year 2019/20.

A presentation was delivered to Department of Health colleagues to provide further understanding\clarity on the overall LV issue and this was received positively. CPD Estates were also present at the meeting and supported\confirmed the Trust’s position.
A full business case was submitted to the DoH for review and following a series of queries from Departmental advisors some elements of the case have been revised to give further clarity and resubmitted early August 2019. The Trust secured £650k to help address some of the immediate issues and this work was all completed as at 31st March 2020. Negotiations are ongoing with DoH for the full investment. The DoH has now approved the outline business case totally £7.4m, however, it has been agreed for the current financial year only 2020/21, so work will be a phased programme aligned to how and when funding is released.

CORPORATE OBJECTIVES: 1 & 4 – PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES	
Likelihood: Possible (3) **Impact: Moderate (3)** **Total Score: 9** **Risk rating: MEDIUM** **Previous score: 9**	**RISK OWNERS: All Directors**
	DATE RISK ADDED: July 2011 **Reworded: August 2018**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
10.	**i) Failure to comply with general procurement and contract management Department of Health guidance resulting in lack of assurance regarding VFM / risk of legal challenge**	**1.** Procurement Strategy and oversight by Trust Procurement Board, with agreed Terms of Reference. Reporting to Audit Committee from 2018/19 onwards	Director of Finance	1. Meets at least three times per year and provides Annual report to Audit Committee Annual monitoring of Direct Award Contracts by Audit Committee
		2. Use of COPEs by Trust – PALS and CPD - HP	Director of Finance	2. PALS and CPD – HP both attend Trust Procurement Board
		3. PALS KPIs reported quarterly to the Trust	Director of Finance	3. Minutes of meetings of Trust Procurement Board
		4. Internal audit assignments consider procurement and contract management arrangements in annual audit programme	Director of Finance	4. IA reports, minutes of Audit Committee meetings

		5. PALS liaison post in place, procurement advice and guidance available on sharepoint, training provided	Director of Finance	5. CAG training – April 2018 Contract management training – Feb/March 2018 EProcurement training quarterly
	ii) Failure to comply with social care procurement guidelines 2018/19 resulting in lack of assurance regarding VFM/ risk of legal challenge / sector instability	1. Oversight by Trust Procurement Board, now reporting to Trust Board sub-committee from 2018/19 onwards	Director of Finance	1. Social care procurement standing agenda item on Trust Procurement Board
		2. Director of Older People & Primary Care member of regional social care procurement Board, reporting to Regional Procurement Board	Director of Older People & Primary Care/Director of Finance	2. Social care papers shared with Trust Procurement Board as appropriate
		3. Use of COPE by Trust – PALS - SCPU for above threshold procurement; in line with regionally agreed procurement plan.	“	3. PALS Head of SCPU attends Trust Procurement Board
		4. Trust has dedicated procurement officer who works under ‘Influence’ of SCPU for any agreed deviations from plan to meet local need	Director of Performance & Reform/Director of Finance	4. Internal procurement work plan in place
		5. Trust has Contract Initiation Documentation process in place to regulate award of contracts under threshold.	All Operational Directors	5. Protocol in Place

		6. New under threshold service contracts are being procured by Trust staff under influence of SCPU.	Director of Performance & Reform/ Operational Directors	6.Internal procurement work plan in place.
		7. Trust has engaged in regional process to influence development of guidance for approach to awards of contract under EU threshold. In lieu of agreed guidance, interim proposal submitted and agreed by Trust Procurement Board in March 2020.		7. Updates to Trust Procurement Board
	iii) Failure to manage social care /domiciliary care/voluntary sector contracts to ensure safe and effective care delivery to clients and VFM	1. Domiciliary Care Oversight Group in place to provide focus to domiciliary care specific contract management.	Director of Older People and Primary Care/ Director of Finance	1. Terms of Reference in place and Minutes of Meeting
		2. Professional Head of IS contracts for Domiciliary Care in Place to provide oversight on quality arrangements.	Director of Older People and Primary Care	2. Internal review/validation of payments in the domiciliary care sector conducted in 2017/18 for 6 largest providers. Process for overseeing quality and performance management in place
		3. Independent Sector Governance group in place, cross programme and profession (finance, contracts, safeguarding, governance and operational) to review contract management issues in the regulated sector. ToR reviewed (Feb 2020) and new proposal developed for agreement.		3. Terms of Reference in place and Minutes of Meeting

		4. Approach to guide consistent approach to performance management of contracts in place. Workshop to review undertaken and new proposals being developed.	Director of Older People and Primary Care	4. Standard Operating Procedures
		5. Director of Older Peoples Services member of regional Review Group and SHSCT local Review Group in Place to review learning from CoPNI report (Dunmurry Manor)	Director of Older People and Primary Care	5. Terms of Reference in place. Internal Trust review completed.
		6. Action plan in place to consider learning from Console Review for voluntary sector	Director of Finance / Older People and Primary Care	6. Action Plan

Additional actions planned and timescale

i) General

- Director of Finance will bring revised Procurement Strategy to Trust Board - completed
- Revision of controls assessment process for non pay commissioning in 2018/19 in line with DOH circular – March 2019- completed
- Development of composite KPIs for procurement, including Pharmacy, Estates and Social care – 2018/19 workplan. These KPIs have been agreed at Regional Procurement Board and are currently being reviewed for implementation at Trust level.
- Investment in contract management staff remains outstanding and this will be considered for investment in 2019/20 once the Trust has clear sight of its total allocations for the year ahead. Finance and Planning are working with all Directorates to understand current requirements for contract management with a view to presenting a paper at SMT for consideration. This work is progressing well and a paper is expected in January 2020. A paper proposing a number of recommendations on the way forward was presented at SMT on 4th February 2020, full approval for the action plan and investment was secured.

ii) Social Care

- Trust to develop approach to below threshold procurement, in the absence of regional guidance – completed and approved by Trust Procurement Board March 2020. Work plan for next 18 months to be developed.

iii) **Social care /domiciliary care/voluntary sector**

- Work to examine potential use of benchmarking to establish VFM in social care contracts ongoing
- Review of structures for oversight groups, including Terms of Reference, - completed February 2020 for consideration by SMT

iv) PPE and COVID19

- Finance Directorate are working closely with BSO PaLs and the PPE regional supply cell in an effort to secure sufficient PPE and feeding into the regional model
- Trust has now put in place a completely new logistical process to ensure receipt and distribution of 1.5m pieces of PPE a week
- Additional governance procedures have been put in place for those non-Trust facilities in receipt of PPE from the Trust
- The Trust has also secured DoH funding approval for a temporary logistical store to facilitate the ongoing need to pick and deliver significant volumes of PPE

CORPORATE OBJECTIVE: Making Best Use of Resources	
Likelihood: Likely (4) **Impact: Moderate (3)** **Total Score: 12** **Risk Rating: Medium** **Previous Score: 12**	**RISK OWNERS: Operational Directors** **DATE RISK ADDED:** **Reworded: July 2018** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**

Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
11	i) Breach of statutory duty of break-even in-year	1. Financial Strategy will be developed and agreed with Directors for 2020/21	Director of Finance	1. Monthly financial performance detail reports to all budgetholders. Monthly reporting to SMT, Trust Board, HSCB and DoH
		2. Formal financial monitoring system in place including forecasting year-end outturn	Director of Finance	2. Monthly monitoring returns prepared for issue to DoH and HSCB
		3. Chief Executive accountability meetings with Directors at least 3 times annually	Chief Executive	3. Minutes of meetings and agreed action plans
		4. Monthly financial accountability meetings between budget-holders and finance	All Directors	4. Minutes of meetings and agreed action plans
	ii) Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support.	1. The continual update of the Trust's recurrent deficit and reporting of same to HSCB/DoH	Director of Finance	Trust Delivery Plan, Monthly monitoring returns, Board Papers

		2. Work will commence on the financial strategy for 2020/21 on receipt of confirmation of the allocation re same	Director of Finance/ DoH/HSCB	Minutes of SFF and DoF

Additional actions planned and timescale

i) Breach of statutory duty of break-even in-year

- Indicative allocations for the financial year 2020/21 have been received and Directors of Finance were asked to submit their assessment of these allocations on their Trust's financial position. The initial assessment indicated an unresolved gap of some £7m. Bilateral meetings are due to take place early September to agree the next stage.

- Finance will complete a mid-year hard close – October/November 2020 – the purpose of which will be to inform the finance strategy for the remaining months of the financial year.

- The Director of Finance, prepared an update on "Return to Balance" – this document reminded all of the Trust's statutory duty to break-even and that as a Trust we do not have the authority to spend in excess of the budget. It set out the key findings and recommendations from the Acute phase and also sought approval to move to the second phase which is within Mental Health and Disability. All recommendations were accepted and approved and work will commence within Mental Health and Disability.

ii) Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support

- Director of Finance is continuing to work with HSCB and Department of Health in relation to the capitation inequity gap. Work during 2017/18 financial year secured a nil general savings target for the Trust going into 2018/19. Indicative allocations for 2019/20 also confirmed that once again the Trust was successful in ensuring that it will not be targeted with its business share of the overall regional efficiency target, almost £45m for the region and if it had been applied to the Trust it would have totalled £7m. All Directors continue to raise this with professional leads at HSCB/PHA and Department of Health – Ongoing.
- Director of Finance had a meeting with the DoH during March 2019. This meeting was productive and secured the DoH commitment to work with the Trust on a longer term plan.
- Director of Finance sought DoH approval for capitation to be discussed at the Strategic Finance Forum in November 2019 – a healthy debate took place and DoH agreed that whilst they had endeavoured to address some of the imbalance by not applying a savings target, the gap remained. A meeting is being arranged between DoH and Director of Finance to discuss more fully.

CORPORATE OBJECTIVE: 1 – PROMOTING SAFE, HIGH QUALITY CARE

Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: HIGH** **Previous score: 16**	**RISK OWNERS: Director of Acute Services; Director of Children & Young People's Services; Director of Mental Health and Disability Services**
	DATE RISK ADDED: November 2010 **Reworded: August 2017**
	TIMESCALE FOR REVIEW OF CONTROLS: Monthly

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
12	**Clinical risk associated with inability to manage patient care within clinically indicated timescales.**	Assistant Director and Heads of Service meetings	Heads of Service/ Assistant Directors	Notes and actions from meetings
		Monthly Directorate SMT Performance and Governance meetings for escalation and review of risk management	Director and Assistant Directors	Reports, minutes and actions from meetings
	Impact of COVID-19 has and is likely to increase this risk due to downturn in activity and social distancing restrictions.	Quarterly External Performance meetings with Health and Social Care Board to account for performance and highlight risks in relation to patient safety and long waits	Director and Assistant Directors	“
	Risk associated with:			
	i) inability to diagnose/assess/treat new red flag and new urgent patients within clinically indicated timescales	1. Prioritisation of capacity to red flag and urgent demand in the first instance	Assistant Directors	Recorded in notes of SMT performance meeting and Trust Board performance report SMT challenge
		2. Mechanism in place for triage and identification of red flag and urgent new patients	Heads of Service	Triage outcomes recorded on Clinical system and hard copy

		3. There are mechanisms to monitor at patient tracking level, red flag referrals and agreed process for escalation	Operational Service Leads/Heads of Service	Cancer tracking team escalates via email to Operational Service Leads/Heads of Service at each stage of the 62day cancer pathway for those patients who are not progressing and may breach. Each breach is discussed at the monthly cancer performance meeting
		4. Monthly Assistant Director Cancer and Divisional Performance meetings to review/escalate situations where risk presents in managing patients within their clinically indicated timescales. Risk Assessments completed as appropriate and options developed for management of same.	Heads of Service/Assistant Director	Divisions have submitted non recurrent bids to address these backlogs. It is discussed on a monthly basis with the each division and the performance team.
		5. There are mechanisms to monitor the waiting times for new urgent patients.	Operational Service Leads/Heads of Service	Weekly/monthly waiting list reports circulated Operational Service Leads for review
		6. There is a mechanism in place to ensure that a risk assessment is undertaken prior to cancellation of urgent or red flag patients. Cancellation avoidance is the first consideration	Assistant Director	There is Acute Guidance for the cancellation of patients. Daily process for managing elective activity in the context of unscheduled care pressures - including framework for

				considering cancellation of elective activity and “Code Black” Process Flow for cancelling Elective activity Monday-Friday. Email communication of decisions re cancellation and rescheduled. All cancellations maintained on database
		7. Monitoring of cancellations of urgent or red flag patients – inpatient and day cases	Assistant Director	Live database tracking cancellations and rescheduled date
	ii) Review or planned assessment/treatment waiting beyond the clinically indicated timescales	1. There are mechanisms in place to allow clinicians to categorise reviews into urgent and non urgent for assignment to appropriate waiting lists to facilitate booking those who most need their review	Individual clinicians	Separate waiting lists on PAS for routine and urgent. Clinical outcome sheet in place.
	Impact of COVID-19 has and is likely to increase this risk due to downturn in activity and social distancing restrictions.	2. There is monthly monitoring information in place to assist with oversight and identify and escalate those requiring prioritization	Operational Service Leads/Heads of Service	Report produced by Operational Service Leads for Head of Service review and circulated to individual clinicians as appropriate
		3. Monthly Head of Service Specialty meetings to review/escalate situations where risk presents in managing patients within their clinically indicated timescales. Risk assessments undertaken as appropriate. Additional capacity prioritised as available.	Head of Service/Assistant Directors	Minutes of Head of Service meetings

		4. Action Plan being developed to consider improvements which can be made and need to consider alternative models of care delivery e.g. teleconference/ videoconferencing to facilitate patient assessment & review and associated policies will need to be updated to reflect this change **CHILDREN AND YOUNG PEOPLE'S SERVICES** 5. Review of clinical templates to seek to re-balance demand for review and new patients to manage risk 6. Analysis of new to review ratios and current review practice to assure best practice	Head of Service/Assistant Directors Head of Service/Assistant Director (CYP) Head of Service/Assistant Director (CYP)	Acute SMT Performance Minutes Project work ongoing Project work ongoing
	iii) Reporting of diagnostic testing beyond the clinically indicated timescales	1. Prioritisation of capacity to accommodate red flag and urgent reporting in the first instance 2. There is a mechanism in place for identification of red flag and urgent new patients 3. Additional contracted capacity for reporting in place - imaging 4. There is weekly and monthly monitoring information in place to assist with oversight and identify key areas where diagnostics	Head of Service/Assistant Director/Clinical Director/Associate Medical Director/ Operational Service Lead	Minutes of Radiology Thursday afternoon meeting IS contracts are used to manage the scanning and reporting times and where necessary we can access this to manage investigation and reporting time. Minutes of Radiology Thursday afternoon meeting Minutes of Radiology Thursday afternoon meeting

		remain unreported and escalate those requiring prioritization		

Additional Actions Planned and Timescale

Non-recurrent funding as available will be allocated to provide additional in house and Independent Sector activity to areas to address the risk associated with inability to manage patient care within clinically indicated timescales. Areas of risk will be escalated to SMT with a view to increasing capacity at financial risk.

The Trust will continue to re-direct any available internal resources to areas of greatest risk

Ongoing engagement with clinicians in respect to what is a clinically acceptable wait for red flag/urgent patients

Acute SMT performance meetings are utilized to discuss escalations from divisional meetings and to review actions required.

Work ongoing to finalise an action plan to address those waiting longer than clinically indicated timescale for review – anticipated February 2020.

COVID factors:

- Impact of COVID has further reduced total capacity for elective activity
- All services have taken steps to maintain as much urgent and red flag activity as possible. This has included some face to face consultations, virtual consultations and video consultations. A significant amount of validation work continues to be done - both clinical and admin focussed
- Clinical teams have worked closely with regional Clinical Reference Groups to ensure a consistent approach to prioritisation of cancer work across tumour sites with cancer surgery being focussed in DHH and also with links to IS (mainly for Breast, Urology and Gynae to date). Information is being shared regularly with the clinical team to support this work including, for example a weekly meeting with a cancer focus.
- Diagnostic services have been maintained for urgent and red flag cases where possible. There has been an impact on CT whereby one of the CT scanners in CAH has been dedicated as the COVID19 scanner. Throughput has also been reduced to support cleaning between patients and social distancing

CORPORATE OBJECTIVE: 1 - PROMOTING SAFE, HIGH QUALITY CARE				
Likelihood: Likely (4) **Impact: Major (4)** **Total Score: 16** **Risk Rating: High** **Previous Score: N/A**		**RISK OWNERS: Operational Directors** **DATE RISK ADDED: November 2019** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**		
Risk No.	**Risk Description**	**Key Current Controls**	**Who monitors the control?**	**How is it evidenced?**
13	There is a risk to safe, high quality care if the Trust fails to implement Phase 1 of the Mental Capacity Act (2016)	Administrative and Governance infrastructure to support the operation of short-term detentions in place with the appointment of additional Approved Social Workers (ASWs), Project and Administrative staff Appointment of a number of sessional Medical Practitioners and further Approved Social Workers and designated other professionals trained to ensure the Trust can run Deprivation of Liberty (DoL) Panels to deal with Short Term Detention Orders and other longer term DoLs in the community Trust Panels established twice weekly The current Covid 19 crisis has resulted in all non-urgent contact in long term community facilities to be stood down, this includes DoLs	Trust Task & Finish Group Director of Mental Health and Disability Services	Documented structure Reports and Minutes of meetings Statistics for Mental Capacity Act processes Updated list of recently recruited doctors for MCA Medical Reports Updated list of Bank ASWs for Trust Panels August 2020 - Action Plan post Covid shared with Department of Health for extension to 01.05.2021 to cover the period of unlawful

		assessments. Therefore the Trust is unable to progress with historic DoLs applications as originally planned A range of training at differing levels has been put in place by the Department of Health and supported by the Trust to enable staff to perform legal duties and functions. Mental Capacity Act training has become mandatory for staff required to complete applications and assessments Senior staff representation on implementation working group led by the HSCB to share learning and experience between services and Trusts		liability. Legacy reviews and extensions have been progressing with negotiation on a home by home basis ensuring compliance with PPE/social distancing/remote working measures SMT report Further supported training sessions ongoing with frontlline staff and delivered by Trust staff who were Clinical Education Centre trainers. August 2020 – Two workshops delivered by a specialist external trainer for Trust Panel members Training records & total number of staff trained to each level – 2, 3, 4A, 4B (no longer required) & 5. Non CEC trained must print off once completed (doctors send to MCA Administration and to re-validation). Other staff print on-line certificate and record as part of their Personal Development Plan (PDP) and share copy with line

		Ongoing engagement and communication with staff through a Task and Finish Group at which all Directorates are represented		manager. Papers shared as appropriate Minutes & Action Log Staff communications via Sharepoint and Southern-i

Additional actions planned and timescale

IPT has been completed and resources received to enable the Trust to develop arrangements and an infrastructure to support the discharge of its statutory duties under Mental Capacity Act. August – IPT 2020/21 submitted.

The Paris IT system has been modified to assist with processing applications under the Mental Capacity Act and other support systems are being added to PAS, QLK View to support implementation – achieved.

Engagement with voluntary/ independent sector has been managed by RQIA with limited reach which is supplemented by Mental Capacity Act team where required – will be re-established post Covid with priority to Nursing Homes.

CORPORATE OBJECTIVES: ALL	
Likelihood: Almost Certain (5) **Impact: Catastrophic (5)** **Total Score: 25** **Risk Rating: EXTREME** **Previous Score: N/A**	**RISK OWNER: Medical Director with Operational Directors** **DATE RISK ADDED: May 2020** **TIMESCALE FOR REVIEW OF CONTROLS: Monthly**

Risk No.	Risk Description	Key Current Controls	Who monitors the control?	How is it evidenced?
14	i) There is a risk to patient, service user and staff safety as a result of COVID-19 pandemic. Risk associated with:- • Availability of Personal Protective Equipment (PPE)	• ‘Bronze’ senior management team meets three times per week	Medical Director	Notes of meetings and action log
		• ‘Bronze’ operational group meets daily and by exception	Medical Director/ Assistant Director, Medical Directorate	“
		• Weekday telecalls with Regional Silver command		SitRep report
		• Daily communications with BSO to ensure adequate PPE supply is onsite	Finance Director/Assistant Director, Finance	
		• Weekly participation in Regional Silver PPE supply cell call		Notes of meetings and minutes
		• Trust operational and logistical PPE Group, chaired by DoF.		Notes of meetings and action log
		• New logistical process in place to ensure receipt and distribution of PPE		Receipt and distribution “pick” sheets and signed distribution\delivery schedules
		• Infection Prevention and Control zoning system (red, amber green and donning and doffing areas) for the use of PPE	Medical Director	

	• Lack of Critical Care Provision	• Escalation plan for increase of critical care capacity • Reduction of elective capacity on CAH site to allow for staffing capacity to assist with potential critical care surge • Procurement of additional ICU equipment including ventilators	Acute Director “ “	
	• Secondary Care Bed Capacity	• Development of a virtual hospital model to support admission avoidance and support service users in their place of residence • Enhancement of Acute Care at Home Service • Employment of over 50 medical students to support alternative service provision • Development of Paediatric urgent care service freeing capacity in the adult emergency department and also providing an alternative to inpatient admissions • Stand down of elective surgery activity to make bed space available for potential surge	Medical Director Director of Older People and Primary Care Medical Director Director of Children & Young People's Services Acute Director	

		• Creation of a single point of non-elective emergency care entry on the Craigavon Hospital site maximising Daisy Hill Hospital as a dedicated medical care hub	Medical Director	
	• AGP including continuous positive airway pressure (CPAP) non-invasive ventilation	• Zones identified where AGP are carried out and appropriate PPE provided for staff	Operational Directors	
		• Work undertaken with care home providers to identify patients who require AGPs and fit testing provided for appropriate PPE	Director of Older People and Primary Care	
	• Potential impact on Trust Staffing Levels	• Pandemic Plan – HR Guidance	Director of HROD	Pandemic Plan
		• Provision for staff to work remotely from home where possible	All Directors	Homeworking guidance
		• Assistance to staff through Early Years to assist with child care	Director of Children & Young People's Services	Survey to staff on child care needs
		• Robust approach to PPE, training, donning, doffing, fit testing	Medical Director	PPE & Training strategy
		• Covid testing programme and contact tracing	Acute Director	SHSCT Protocol for testing
		• Social distancing has been enacted across all Trust non-clinical areas	All Directors	

		• Services are kept under constant review with staff redeployed to maintain essential services	All Directors	
		• HSC Workforce Appeal and Trust Deployment Team stood up	Director of HROD	Workforce Appeal publicity, and weekly reports
		• Levels of absence actively monitored on a daily basis	All Directors Director of HROD	Daily absence reports and sit reps.
		• Staff Support Psychology Service	Director of HROD	Promotional material for service
	• Impact on Care Home Sector	• Care Home Support team strengthened to provide support to Independent Care Homes	Director of Older People & Primary Care/Executive Director of Nursing	
		• Trust is working regionally on a care home surge plan to prevent, mitigate and maintain service continuity	Director of Older People & Primary Care	
		• Trust has provided PPE to care homes when they have been unable to source adequate supplies	Finance Director	
		• Supporting care homes with patient and staff testing and with Infection Prevention and Control training and advice	Medical Director	

	ii) Risk to the safety of Trust service users as a result of the COVID-19 pandemic who are resident in private care accommodation	• Enhanced Care Home Support Team providing advice and support. Operates a care home forum for specific support • Dedicated Trust advice line for care homes 9.00 a.m. – 5.00 p.m. daily • Dedicated Trust telephone line and email address established for Providers to identify PPE requirements • Trust undertook modelling to establish the level of PPE required • PPE Starter Packs issued to all homes • The Trust has designated Personal Protective Equipment leads responsible for liaising with ISP care homes and Domiciliary Care agencies • Monitoring of COVID positive infections in Care Homes established for ease of identification of Homes requiring support • Independent Sector Provider Care Home support service established to allow staff to attend care homes to train and provide advice and guidance to staff • Where services allow, Trust staff are being asked to consider redeployment to support with the residential and nursing home management of service users • The Trust Head of Care Home	Director of Older People & Primary Care	

		Support Team is a central contact for the Care Homes and continually receives calls and allocates support from Trust resources where required if available. - The Trust is an integral member of a regional group involved in the outworkings of the regional surge plan. All partners are subject to weekly monitoring against identified actions.		
14	iii) Risk to the Trust's ability to provide safe, high quality care as a result of the Trust's required response to Covid-19 including: - Delivery of Trust Services with COVID-19 Related Restrictions in Place - Non-Attendance at Emergency Departments of Service Users in Need of Treatment - Adult and Child Safeguarding	- Where possible services have created virtual clinics to provide service continuity - Where face to face assessments are required, these are conducted with appropriate Personal Protective Equipment worn - Trust communications team has raised awareness with the public that emergency departments are 'open for business and encouraging attendances where appropriate. - Trust helpline set up as a single point of contact to support families at risk - MHLD Emergency care mental health service set up which proactively encourages patient and service user attendance	Operational Directors " Head of Communications Executive Director of Social Work Director of Mental Health & Disability	Use of Social Media

	• Elective Services	• Trust reviewed each elective service to identify areas safest to consider for temporary step down and implementation of remote clinics	Operational Directors	
		• The Trust continues to increase patient testing based on local and regional testing capacity	“	
		• Emergency dental services have been implemented		
	• Trust Staffing Levels	• Levels of absence actively monitored on a daily basis	Director of HROD Operational Directors	Daily absence reports and sit reps.
		• Services kept under constant review with staff deployed to maintain essential services	All Directors	
		• Staff Support Psychology Service	Director of HROD	Promotional material for service

Additional actions and timescales

- Development of Trust Re-Build Plans. Phase 3 Rebuild Plan (October – December 2020) is in development and will be submitted to the Department of Health on 23rd September 2020.
- Trust ongoing participation in development of regional Strategic Framework for Rebuilding HSC Services
- The Directorate of Finance, Procurement and Estates has received DoH approval to lease a storage area to facilitate storage, picking and distribution of PPE – this also secures completion of a recommendation contained within the DoH audit

Southern Health and Social Care Trust

Summary Corporate Risk Register

April 2022

INTRODUCTION

The SH&SCT Corporate Risk Register identifies corporate risks, all of which have been assessed using the HSC grading matrix, in line with Departmental guidance. This ensures a consistent and uniform approach is taken in categorizing risk in terms of their level of priority so that proportionate action can be taken at the appropriate level in the organization. The process for escalating and de-escalating risk at Team, Divisional and Directorate level, is set out in the Trust's Risk Management Strategy.

Each risk on the Register is linked to the relevant Corporate Objectives contained within the Trust's Corporate Plan 2017/18 – 2020/21 as detailed below:-

Corporate Objectives

1: Promoting safe, high quality care.
2: Supporting people to live long, healthy active lives
3. Improving our services
4. Making the best use of our resources
5. Being a great place to work – supporting, developing and valuing our staff
6. Working in partnership

The overall risk score is based on the cummulative assessment of the likelihood and impact of each risk trigger as summarized in the Risk Assessment Matrix below:

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	**Score**	**Frequency (How often might it/does it happen?)**	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels					
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**	**Total**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**	**25**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**	**20**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**	**15**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**	**10**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**	**5**

Risks are scored for inherent risk, residual risk and target level of risk. Each is defined below.

Inherent Risk is the current risk which exists before any management controls are applied. This enables decisions to be made about resources and the level of priority given to managing a risk.

Residual Risk is determined as the level of risk that remains after existing controls have been actioned. The residual risk gives an indication of how effectively a risk is being managed by existing controls.

Target Level of Risk is the level of risk that management has set as its target level of risk.

SUMMARY OF KEY DEVELOPMENTS

The Corporate Risk Register has been reviewed by SMT on 4 occasions since the last Governance Committee meeting, most recently on 28.4.2022.
This document provides a summary of the risks and details the key actions planned by the SMT to manage these risks and achieve progress against the Trust's corporate objectives.

The high level risks identified are underpinned and informed by risk triggers overseen at an operational level within Directorates and are captured in a supplementary document.

CHANGES TO THE REGISTER

New risks:-

Risk 1.1a Risk to the continuity of service provision within the Gillis Unit, St Luke's site, Armagh due to consultant psychiatry workforce shortages (agreed by SMT on 12.4.2022)

Risk No.1.5 Risk of potential harm to children due to Social Work vacancies impacting on the delivery of core Family Support & Safeguarding Services for children and families (agreed by SMT on 1.3.2022)

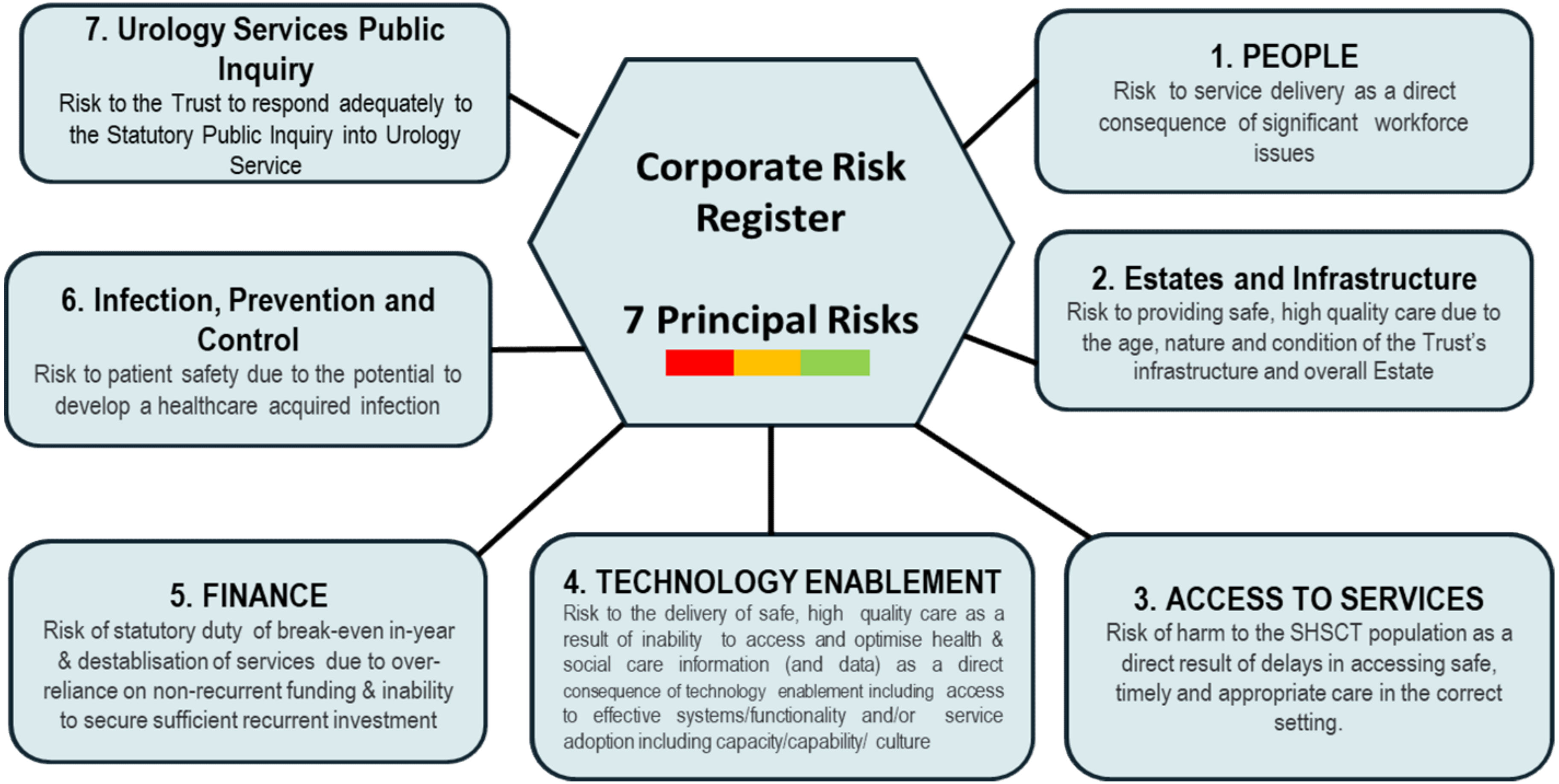
Risk No.1.6 Risk to the stability and effectiveness of Trust Board as a direct consequence of workforce vacancies at Senior Executive level and Non-Executive Director level (agreed by SMT on 15.2.2022).

Risk No. 7 Risk to the Trust's potential to respond adequately to the Statutory Public Inquiry into Urology Services (USI) (agreed by SMT on 1.2.2022).

Risks removed:-

SMT agreed on 12.4.2022 to remove 'Risk to the management of the Trust’s statutory responsibilities under the Mental Health (NI) Order 1986 due to insufficient numbers of Approved Social Workers to provide a robust rota covering emergency assessments for detention.'
This risk will be managed on the Operational Directorates Risk Registers (CYP; MHD and OPPC).

The diagram overleaf provides a snapshot of the risks on the Corporate Risk Register



Corporate Risk Register

7 Principal Risks

🟥🟧🟩

1. PEOPLE
Risk to service delivery as a direct consequence of significant workforce issues

2. Estates and Infrastructure
Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate

3. ACCESS TO SERVICES
Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.

4. TECHNOLOGY ENABLEMENT
Risk to the delivery of safe, high quality care as a result of inability to access and optimise health & social care information (and data) as a direct consequence of technology enablement including access to effective systems/functionality and/or service adoption including capacity/capability/ culture

5. FINANCE
Risk of statutory duty of break-even in-year & destablisation of services due to over-reliance on non-recurrent funding & inability to secure sufficient recurrent investment

6. Infection, Prevention and Control
Risk to patient safety due to the potential to develop a healthcare acquired infection

7. Urology Services Public Inquiry
Risk to the Trust to respond adequately to the Statutory Public Inquiry into Urology Service

1. People

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Lead Risk Owner**
Risk: Risk to the delivery of safe, quality and timely care as a direct consequence of significant workforce issues.	**Director of HROD**

Original Risk Rating	Key risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
15 (5 x 3) **HIGH**	1.1	Risk to the consistent provision of high quality, safe medical care due to **medical** workforce shortages and vacancies within some specialties (exacerbated due to Covid-19)	**15 (5 x 3)** **HIGH**	1. Continued mprovements in metrics / dashboards to demonstrate progress with vacancy fill rates. Further work to be commenced on producing metrics. 2. Workforce Plannings meetings for Medicine CAH/DHH and Emergency Medicine with Planning to finalise IPTs in order to seek to secure additional funding. 3. Development of Job Plans for Physician Associates. 4. Ongoing International Recruitment using new framework and seek to secure agreement to fill posts at lower level and train up through Southern Academy. 5. Apply for IMT3 level training post to replace current MTI / CF to enhance sustainability in DHH. 6. Forward planning through Royal College for replacement MTIs for August 2022. 7. Set in place Task & Finish Group to review the rotas at risk and work with BMA regarding their Fatigue Charter to work through actions to help recruit and retain doctors. Rotas to be reviewed in conjunction with charter to ensure thet meet with requirements. Updated rotational junior doctor portal with information about rest and rotas. 8. Work with two new clinical leads to identify other initiatives to recruit to medical shortages. Plan to create updated video and publicity with communications to be used in advertising materials.	**9 (3 x 3)** **MEDIUM**
	1.1a	Risk to the continuity of service provision within the Gillis Unit, St Luke's site, Armagh due to **consultant psychiatry workforce shortages.** Currently, there is only one permanent substantive Consultant Psychiatrist for the total Psychiatry of Old Age (POA) and Memory Service: three posts are vacant and one staff member remains on maternity leave until Autumn 2022		1. Taking account of risks and patient safety concerns, temporary reduction of beds and relocation of the Gillis service from Armagh to co-locate on the Willows Ward, Bluestone site is the preferred option. Although not resolving the Consultant Psychiatry issue, it will allow the multi-disciplinary team to access on-site medical input and support. 2. To enable the safe and effective provision of care to inpatients currently in Gillis and allow for a smooth transition to Willows ward, the Trust has suspended admissions to Gillis ward. Bed availability in Willows ward will also be reducing to allow for the transfer of patients from Gillis. 3. The co-location of Gillis and Willows Ward will see provision of 10-beds for dementia assessment and treatment and 10-beds for functional mental illness / POA assessment and treatment. This will be a reduction in dementia beds by 7, functional mental illness / POA by 6 beds and general adult psychiatry by 4 beds. 4. Discussions ongoing regarding this interim contingency arrangement with staff in Gillis and Willows ward and individuals and families in Gillis.	
	1.2	Risk to safe, high quality care due to a high volume of **medical locum** engagements for different periods of time with varying levels of experience/training and often in hard to fill posts.		1. Embedding of arrangements for established Locum Oversight meetings including development of dashboards, datasets etc. to manage locum usage 2. Locum rate proposal - continue to engage regional direction on next steps following recent presentation to DoH 3. Review of Clinical Fellow pilot and impact on locums 4. Improve oversight of EWTD of locums and reminders of safe working to be published with assistance of new clinical lead 5. Review options of attracting temporary international Consultants without CCT into Consultant roles with support from Trust to obtain GMC certification (Radiology/Urology).	
	1.3	Risk to the consistent provision of high quality, safe nursing care due to **nursing and midwife** shortages and vacancies across all Directorates, and high **nursing agency usage** (exacerbated due to Covid-19)		1. Resourcing dashboards for each acute ward, in first instance, to be finalised - vacancies, ML, SL, bank / agency, new starts / leavers along with heatmap of red areas to enable targeted recruitment and retention action plans to be developed 2. Pilot of new Exit Interview approach - delayed due to HR teams in Business Continuity 3. Agency reduction taskforce group to be established for acute services in first instance 4. Revised N&M Workforce Action Plan to be finalised with Year 2 actions (post covid) - underway in light of new regional Retention Implementation Plan. 5. Open recruitment exercise ongoing for Band 5 staff and regular alignment of Band 3 recruits to posts. 6. Bespoke International Recruitment exercise to commence to increase supply of nurses.	

1. People

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Lead Risk Owner**
Risk: Risk to the delivery of safe, quality and timely care as a direct consequence of significant workforce issues.	**Director of HROD**

Original Risk Rating	Key risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧	1.4	Risk to staff **engagement, morale and health & wellbeing** due to workforce capacity / demand pressures. (exacerbated due to Covid-19).	🟧	1. Seek final approval of designed People Plan and associated plan and launch in June 2022. 2. Recruit staff for Long Covid staff service in Occupational Health. 3. Launch the final Health and Wellbeing Framework for 2021 - 2024 linked to the People Plan. 4. Continued roll-out of Creating a great place to work initiative (focusing on health and wellbeing, relationships and behaviours) supporting all our people, our managers / team leaders and teams. 5. Continuing initiatives focusing on supporting workforce groups - disability, age and race to include establishing Minority Ethnic Staff Network 6. Focused efforts on increasing appraisal compliance & development of reviewed appraisal system for Agenda for Change staff 7. Launch of new staff support pathway into Occupational Health & Wellbeing Team	🟨
20 (5 x 4) Extreme	1.5	Risk of potential harm to children due to Social Work vacancies impacting on the delivery of core Family Support & Safeguarding Services for children and families.	**20 (5 x 4) Extreme**	1. Continued prioritisation of child protection and LAC cases, in particular safeguarding visits. 2. Prioritisation of allocation of work across the Directorate in line with action plan. This includes re-deployment of non-front line staff, overtime payment and an external workforce appeal, local and regionally. 3. Skill mix continues to be increased (recruitment of family support workers) within the FIT teams to support social workers in non-social work tasks. 4. Regional recruitment initiatives remain ongoing, however these are unlikely to bring about substantive social work recruitment within Gateway and FIT service, given the limited pool of social work new entrants regionally. 5. Ongoing engagement with the HSCB and DoH on a regional basis.	**12 (3 x 4) HIGH**
12 (4 x3) MEDIUM	1.6	Risk to the stability and effectiveness of Trust Board as a direct consequence of workforce vacancies at Senior Executive level and non-executive Director level.	**12 (4 x 3) MEDIUM**	1. Two Non Executive Director vacancies - Chair has raised with Department of Health on 3 occasions and will continue to do so. 2. Recruitment process for new Chief Executive to be finalised. 3. Restructuring (3 new posts to be advertised - 2 reconfigured, 1 new). 4. Permanent recruitment of Director of Performance and Reform and Medical Director to be completed.	**6 (3 x 2) LOW**

REVIEW HISTORY

Review Date:	**Apr-22**

1. People

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Lead Risk Owner**
Risk: Risk to the delivery of safe, quality and timely care as a direct consequence of significant workforce issues.	**Director of HROD**

Original Risk Rating	Key risks	Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating

Summary of SMT Discussion:

1.1

a) Workforce planning meetings for Medicine CAH and DHH and Emergency Medicine are ongoing and Workforce planning papers have been developed for Medicine CAH and Medicine DHH. IPT bids to be finalised to seek additional funding to support more consultant and SAS posts.
b) Contingency plan put in place from 28.2.2022 moving Emergency and General Surgery to CAH to facilitate a single site model.
c) Rotas at Risk summary has been updated to reflect current situation across service areas.
d) Agencies assigned to International Medical Recruitment Project have been advised of current hard to fill vacancies and are working on CV's
e) Recently appointed 3 Physician Associates from 2022 cohort who will be due to commence soon.

1.2

a) 3rd Locum Oversight meeting for Medicine/Unscheduled took place on 4 March 2022. Work in meantime to progress review locums in use and possible alternatives to be explored. Actions from the meeting will drive future direction of the meetings and workforce planning.
b) Metrics have been produced for Medicine/ED to highlight areas of high locum usage and high levels of rate escalation. Over the next 3-6 months, we will aim to expand these metrics to illustrate trends and patterns in other service areas also.
c) Regional Locum rates proposal paper has been presented to regional Human Resources Directors and Medical Directors and presented to DoH on 28 March 2022. Awaiting direction from DoH.
d) Ongoing Regional work to develop the Medical and Dental Agency Framework to ensure that it is fit for purpose. CAG meetings ongoing in conjuction with agency reduction steering group.
e) Two clinical leads have been appointed (1 Consultant/1 SAS) with oversight responsbility for Medical Locums governance and International doctor appointments. This will provide greater focus and clinical oversight for these important areas.

1.3

a) Safe staffing data is shared weekly at SMT meetings.
b) All data has been collated and is currently being prepared into dashboard style for presentation for Nursing & Midwifery Steering Group for ongoing informed discussion on actions to be taken with regards recruitment and retention activity in targeted areas. Linkages have been made with Informatics to develop QLIK dashboards - work continues by Corporate Nursing Team.
c) Agency reduction taskforce group yet to be established for acute services in first instance. However work is progressing regionally with Innovation Lab and regional reduction group to progress programme of work to inform the overarching work associated with eliminating off contract agency usage.
d) N&M Workforce Action Plan to be finalised with Year 2 actions (post covid) - corporate nursing staff diverted to supporting covid surge pressures - this work has now commenced post covid and will incorporate actions from regional retention implementation plan.

1.4

a) Band 7 CBT Therapist now in post. Band 8a readvertised - no applicants. Reprofiling the role to 8b in order to recruit.
b) Structure of People Plan developed, workshop and public meeting with Trust Board has taken place. People Plan is now with design company for graphic design - launch in June 2022. Marcomm engaged through HSC Leadership Centre to lead on engagement/communications plan.
c) Review of Collective Leadership currently underway in Trust by HSC Leadership Centre. Report expected in June 2022 on recommendations for further embedding of collective leadership and development.
d) BAME network underway, Menopause cafe, disability training, progressing mental health awareness training with Recovery College team.
e) Recognition Paper presented and approved through SMT. Recognition group now established to bring forward the actions identified in paper during 2022.
f)Succession planning programme launched for band 7 and 8a and aspiring directors. Initiative started and underway.

Any change to risk rating following review? **No**

2. Estate and Infrastructure

Corporate Objective Alignment:
Promoting Safe, High Quality Care; Improving our services; Making best use of resources

Risk:
Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate. These factors also limit our ability to ensure robust infection control measures and social distancing.

Risk Owner

Director of Finance, Procurement and Estates

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
16 (4 x 4) HIGH	2.1	Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate.	**16 (4 x 4) HIGH**	* Plans to improve Equipment Management function The Equipment Management Committee (Cross Directorate) held its first meeting on 1.6.2021 and subsequent meetings are held quarterly to drive forward an overall body within the Trust in relation to equipment management. Sharepoint has also been utilised to provide a comprehensive outline resource under Estates Medical devices. The Estates Equipment Manager has also taken over the Trust's equipment priority list from Acute Directorate to provide a Trustwide list of equipment needs which is presented to Capital Allocation Group for funding allocation, when available. *Development of Annual Capital Plans via Capital Allocation Group * Ongoing submission to DoH to influence 10 Year Capital Strategy Director of Finance and Estates is a member of the DoH Strategic Capital Development and Estates Oversight Group, one of the main objectives is to provide strategic oversight, leadership and direction setting for capital development and estates related functions in pursuit of regional service delivery objectives. Director of Finance and Estates met with DoH officials to discuss a range of potential schemes that would facilitate improved ventilation, increased sanitary facilities at ward levels of prioritised areas. £8.7m capital investment has now been secured for these schemes to complete March 2022	**9 (3 x 3) Medium**

2. Estate and Infrastructure

Corporate Objective Alignment: Promoting Safe, High Quality Care; Improving our services; Making best use of resources					**Risk Owner**
Risk: Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate. These factors also limit our ability to ensure robust infection control measures and social distancing.					**Director of Finance, Procurement and Estates**
Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
				Develop estate to provide more single side room provision, toilet facilities, improved ventilation Develop estate to provide facilities that meet the requirements for social distancing. There is a shortfall in MRI capacity which presents a safety risk. There are currently 2 scanners and require 3 to meet demand. There is broad support from commissioner and they are actively seeking an IPT. We would place the 3rd scanner in DHH. The Trust has sought the funding needed to address the infrastructure/power issue in DHH. Short term solutions including provision of a modular MRI scanner nearby DHH is being scoped. .	
	2.2.	Risk of significant disruption to clinical services and clinical risk due to loss of electrical power (LV) to main Craigavon Area Hospital block		A further sum of capital was obtained in October 2021 to progress the design of Phase 2 so the Trust will be in a position of readiness to procure works early in 2022/23 should funding be made available	

2. Estate and Infrastructure

Corporate Objective Alignment / Risk	Risk Owner
Corporate Objective Alignment: Promoting Safe, High Quality Care; Improving our services; Making best use of resources	**Director of Finance, Procurement and Estates**
Risk: Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate. These factors also limit our ability to ensure robust infection control measures and social distancing.	

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧	2.3	Risk to the Trust's potential to respond adequately to Covid-19 and other transmissible organisms due to the inadequate number of single rooms across both acute hospitals to deal with the volumes of infectious patients requiring admission and care	🟧	£8.7m capital investment has been secured for schemes to faciltate improved ventilation, increased sanitary facilities and storage facilities and storage at ward levels - these schemes to be completed March 2022. These works will assist in addressing some of the deficiencies in wards, however, due to the design of wards i.e. based mainly in 4 and 6 bed wards, issues will not be fully addressed until redevelopment of wards to modern design standards has been achieved. Until the redevelopment can be achieved (a number of years away), the Trust will bid for further annual funding to take forward a series of interim schemes to continue to try and address risks in relation to nosocomial spread including negative ventilation rooms, new ward accommodation and ventilation upgrades to risk areas.	🟨

2. Estate and Infrastructure

Corporate Objective Alignment:
Promoting Safe, High Quality Care; Improving our services; Making best use of resources

Risk:
Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate. These factors also limit our ability to ensure robust infection control measures and social distancing.

Risk Owner

Director of Finance, Procurement and Estates

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧	2.4	i) Risk to the supply of clean linen to SHSCT, BCH & MPH due to the age and condition of existing equipment. This is causing a lot of breakdowns resulting in downtime and difficultity fulfulling orders	🟧	£1.2m Capital secured for the purchasing of a replacement tunnel washer and drying line. Installation of this equipment is due to be completed by June 2022. There are other equipment requirements on the CAG priority list.	🟨
		ii)Risk to the Trust due to overdue servicing of medical equipment as highlighted in Internal Audit of Management of Medical Equipment 21/22. 2 priority 1 recommendations and 10 priority 2 recommendations to be implemented. Audit outcome was Limited		Priority 1 recommendation number 1 - The Trust should put in place an action plan to ensure that scheduled servicing of all medical devices are brought up to date this should focus initially on those Red or Amber devices which have not been serviced from 2019. Action being taken by Trust - Three additional engineers have joined the team over the past 4 months, Head of Service meets with team leads every two weeks. It is planned that all High risk equipment in use will be up to date by Mar 2022 and that +90% of Amber by June 2022. Implementation date March/ June 2022 Priority 1 recommendation number 2 -The Trust should ensure that there is a complete and up to date register of all medical devices. DECs should regularly be required to	

2. Estate and Infrastructure

Corporate Objective Alignment: Promoting Safe, High Quality Care; Improving our services; Making best use of resources	**Risk Owner**
Risk: Risk to providing safe, high quality care due to the age, nature and condition of the Trust's infrastructure and overall Estate. These factors also limit our ability to ensure robust infection control measures and social distancing.	Director of Finance, Procurement and Estates

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
				validate listings of medical devices under their control and provide a response to Estates. Action being taken by Trust - When BackTraq was initially implemented data was imported from several databases covering differing areas. Some of this data was incorrectly coded e.g. equipment allocated to CSSD, this has now been rectified. Equipment used in Cardiac Rehabilitation has been removed from use (due to COVID) these four devices are now in storage and have been condemned. Assets are at times sent with patients after they have been discharged, details are recorded at ward level. Completed implementation date was 30 September 2021	

REVIEW HISTORY

Review Date:	Apr-22	**Risk Rating after review: High / Medium / Low**

Summary of SMT Discussion:

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
16 (4 x 4) HIGH	3.1	Clinical risk associated with delay in accessing planned services for assessment, diagnostics and treatment in accordance with clinical need	**16 (4 x 4) HIGH**	Regional clinical prioritisation of operative / theatre capacity to ensure available capacity directed to those most in need on an equitable basis. Continual review of service waiting lists to ensure those with greatest need are allocated capacity and routine users are offered access to available capacity on a chronological basis. Areas of risk will continue to be escalated to Directorate Senior Management Team meetings, SMT and HSCB. Continued monitoring of outpatient clinics and elective procedures - red flags reviewed weekly; other referrals reviewed monthly. Given correlating delay within Cancer Pathways, there will be an increase in monitoring of sharing of reports to support improved compliance with 31/62 day targets. Opportunities continue to be identified to seek to increase capacity via sourcing of additional capacity, both internally and externally, via Independent Sector.	**9 (3 x 3) MEDIUM**

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟧			🟧	Continue to scope Innovative approaches/new ways of working to service delivery. Development of Service Delivery plans for core services to seek to increase capacity back to pre-Covid levels.	🟨
	3.2	Risk to the consistent provision of safe, high quality care due to reduced capacity in Out of Hours services (examples are GP OoH, Crisis Response and Emergency Department services)		Continued use of Phone First Development of ambulatory services to reduce attendance/ capacity within EDs. Review of current GP OOH provision with temporary consolidation of current bases to reflect current available resources	

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
	3.3.	Clinical risk associated with delay in accessing inpatient beds in Acute, Mental Health or Paediatric services		No More Silos Local Implementation Group will focus on development of alternatives to inpatient, improvement on control room functions/oversight and focus on flow and discharge Improved access to surgical beds within CAH site with change to Surgery contingency plan - provision of Emergency and General Surgery on single site, CAH. Continued use of up to three times daily, joint Directorate (Acute and OPPC) meeting to review inpatient delays and promote effective flow through both Acute Hospitals	
	3.4	Risk of deterioration of health and social functioning as a result of reduced access to a range of community services (examples include domicilary care, day care centres etc.)		Seek to increase capacity in IS for day centres	

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧	3.5	Risk to the ongoing supply of medicines due to EU Exit/NI Protocol when the grace period ends (currently extended), when NI will continue to follow EU rules and regulations for medicines and medical devices, whereas Great Britain (GB) will not, with implications for both the supply and regulation of medicines in NI. Key issues include: • Medicines licensing; • Medicines supply chain • Medical Devices.	🟧	DoH led EU/Northern IrelandProgramme Board continues to address issues, including at an operational level, to ensure there is minimal impact to NI customers and suppliers in relation to medicine and medical device availability, supply and pricing. There is also a need to ensure that there is equitable access to new medicines in line with GB.	🟨

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
	3.6	Risk to the provision of food for patients & staff due to Suppliers having difficulities sourcing and supplying some food produce. As a knock on effect, Suppliers are reducing the number of deliveries per week resulting in larger orders being placed and needing storage. There are also procurement risks and need to increase frozen and storage space. The Trust has also had issues with the meats contracts due to EU Brexit standards and procedures. The same supplier supplied both raw and cooked meats. As a result of these issues the main kitchens in the hospitals had to purchase additional supplies and there was the potential of cross-contamination risks. This also led to an increased reliance on one food supplier.		Senior managers attending workshop regarding food procurement strategy going forward in HSC. Reviewing current areas along with estates to identify any protential solutions as there may be a need for more freezer capacity. Community facilities are continuing to purchase fresh fruit and vegetables locally and the Assistant Director of Finance has been informed of this risk.	

3. Access to Services

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk of harm to the SHSCT population as a direct result of delays in accessing safe, timely and appropriate care in the correct setting.	**Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟧		There have been other issues with contracts including minimum order values and minimum quantities and the bakery items contract ending before its expiry date. When the fresh fruit and veg contract is re-tendered there may be restrictions with the number of delivery points. Food supply issues impact on menu planning both in the hospitals and Community facilities and there is the potential for increased complaints from service users due to limited menu choices.	🟧		🟨

REVIEW HISTORY

Review Date:	**Apr-22**	**Risk Rating after review: High / Medium / Low**

Summary of SMT Discussion

3.6 Discussions have been held with Hendersons to reduce the cross-contamination risks from the delivery of raw and cooked meats and this appears to have resolved.

4. Technology Enablement

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: There is a risk to the delivery of safe, effective, high quality care as a result of inability to access and optimise health and social care information (and data) as a direct consequence of technology enablement (including access to effective systems/functionality and/or service adoption including capacity/ capability/ culture).	**Performance & Reform and Operational Directors**

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
16 (4 x 4) HIGH	4.1	There is a risk to the HSC network and organisations in the event of a cyber attack on HSCNI or a supplier/partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. Risk of the Organisation being able to continue to deliver services to Patients/service users/Customers, loss of personal and organisational information and loss of public confidence as a result of a Cyber attack	**16 (4 x 4) HIGH**	We are aiming to move into prevention rather than reaction to cyber risks. The following is in progress: • Vulnerabilities software management (Tenable) has been installed and a governance structure is in place to review and prioritise actions that are identified as risks. • Licences have been purchased to detect devices on the network (Forescout) and paired with vulnerabilities software, helps us understand critical and high risk vulnerabilities. This helps us to prioritise our risk management as part of our prevention strategy. • Cyber incidents detected via phishing emails continues to increase month on month. There were 64 in February and 101 in March 2022. • Uptake of e-learning will continue to be encouraged. There is a continued increase in staff undertaking e-learning across the Trust with 8613 staff having now undertaken their cyber awareness e-learning which also helps with prevention. • There are 8 Regional tactical recommendations which all Trusts have been asked to prioritise in terms of mitigating cyber risk. Southern Trust continues to progress well with these tactical recommendations but remains an outlier in one area which is patch management. 55% of all of our servers and applications are patched within one month of patch release. The aim is to increase	**9 (3 x 3) MEDIUM**

4. Technology Enablement

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: There is a risk to the delivery of safe, effective, high quality care as a result of inability to access and optimise health and social care information (and data) as a direct consequence of technology enablement (including access to effective systems/functionality and/or service adoption including capacity/ capability/ culture).	**Performance & Reform and Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
				patched within one month of patch release. The aim is to increase this to 100%. Additional resources have been agreed at risk by the Trust and recruitment is in progress to help address this. • There are 8 projects in flight in the Trust with the aim of improving protection and prevention from cyber risk and a further 8 programmes in pipeline. Projects have been prioritised to make best use of resources.	

4. Technology Enablement

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: There is a risk to the delivery of safe, effective, high quality care as a result of inability to access and optimise health and social care information (and data) as a direct consequence of technology enablement (including access to effective systems/functionality and/or service adoption including capacity/ capability/ culture).	**Performance & Reform and Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟧	4.2	Risk of achieving implentataton of Regional Technology implementation.There are a range of Regional programmes – Encompass, Labs replacement, HRPTS encompass, PACs upgrade, EQIP (HRPTS replacement) as well as digital shared services. The agenda is very large and diverse with limited additional resources in either the IT team or to help front line services with the business change. The risk is fundamentally that the Trust will not have the capacity to effect the change required to implement the digital initiatives.	🟧	There continues to be a high volume of Regional projects in the pipeline and in flight, as below, as well as a range of internal inescapable upgrades such as Flow Electronic Whiteboards. • TEP Regional upgrade of Microsoft Office including implementation of Microsoft Teams • Labs Replacement • PACS Replacement • Equip Replacement • Cyber prevention and detection projects • Digital Shared Services • Encompass The Informatics Division continues to experience pressure in engagment planning and implemention. The Trust continues to engage in all regional groups Encompass The wider services also experience pressure in engaging on Encompass preparation associated with competing pressures and the high volume of workgroups. A number of key IT posts are now in place for Encompass which will assist and the Trust will establish a dedicated project manager on a full time basis.	🟨

4. Technology Enablement

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: There is a risk to the delivery of safe, effective, high quality care as a result of inability to access and optimise health and social care information (and data) as a direct consequence of technology enablement (including access to effective systems/functionality and/or service adoption including capacity/ capability/ culture).	**Performance & Reform and Operational Directors**

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧			🟧	The Trust has bid for additional resources (March 22) to support additional requirements including key professional posts. Proposals are ongoing to fund dedicated PA's for Medical Staff and to help release them to engage in this important electronic record. The next 3 - 4 years will continue to bring significant challenges to frontline staff , management and the Informatics Division in relation to planning, engagement and implementation of large transformational change ICT projects.	🟨
🟧	4.3	Risk associated with the reliance on digital technology to support service delivery, including information systems, clinical applications and data analysis tools such as Qlikview.The risk of loss of access must be minimised to defend the Trust against loss of access.		The Informatics Division continues to engage with external suppliers to review backups, test failovers and provide assurance on BCP and resilience. Funding has been secured to help improve awareness to the frontline ICT staff on the helpdesk regarding signs of potential cyber threat. The Cyber Oversight Group in the Trust is in place to encourage Directors to consider threat, raise awareness and the need to review their BCP's and test these. Network segregation project has kicked off internally on the Craigavon Area Hospital site to aim to minimise the spread of computer viruses across the network and devices in the event of a cyber attack.	

REVIEW HISTORY

Review Date:	**Apr-22**	**Risk Rating after review: High**

4. Technology Enablement

<table>
<tr><td colspan="4">Corporate Objective Alignment:
Promoting Safe, High Quality Care</td><td>Risk Owner</td></tr>
<tr><td colspan="4">Risk:
There is a risk to the delivery of safe, effective, high quality care as a result of inability to access and optimise health and social care information (and data) as a direct consequence of technology enablement (including access to effective systems/functionality and/or service adoption including capacity/ capability/ culture).</td><td>Performance & Reform and Operational Directors</td></tr>
<tr><td>Original Risk Rating (Likelihood x Impact)</td><td>Key Risks</td><td>Current Risk Rating (Likelihood x Impact)</td><td>Summary Priority Actions Planned for next 3 months</td><td>Target Risk Rating</td></tr>
<tr><td colspan="5">Summary of SMT Discussion
4.1 Regional delays continue. Regional security group has still not been established. Whilst the Trust has made good progress in local cyber security Internal Audit recommendations, the regional recommendations remain outstanding. This is being monitored by the Regional Security Programme Board.</td></tr>
</table>

Corporate Objective Alignment: Making best use of resources	**Risk Owner**
Risk: Risk of financial stability and breach of statutory duty of break-even in-year .	**Director of Finance, Procurement and Estates and all Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
12 (4 x 3) **MEDIUM**	5.1	Risk of breach of statutory duty of break-even in year	**12 (4 x 3)** **MEDIUM**	• Indicative allocations for the financial year 2021/22 have been released to Trusts, however, work continues with HSCB and DoH to understand the potential implications of the budget settlement on Trusts. Once further clarity is received in relation to the actual budget for the Trust, DoF will prepare an updated briefing for SMT and Trust Board. It is expected that this will be around September/October 2021. • Finance will complete a mid-year hard close, the purpose of which is to inform the finance strategy for the remaining months of the financial year. This is good practice. The hard close will be as at September 2021. Results from this will be known in November 2021 and findings from this will inform forecasts for the remainder of the financial year.	**6 (3 x 2)** **LOW**

5. Finance

Corporate Objective Alignment: Making best use of resources					**Risk Owner**
Risk: Risk of financial stability and breach of statutory duty of break-even in-year .					**Director of Finance, Procurement and Estates and all Operational Directors**
Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟨			🟨	• During 2021/22 The Director of Finance, prepared an update on “Return to Balance” – this document reminded all of the Trust’s statutory duty to break-even and that as a Trust we do not have the authority to spend in excess of the budget. It set out the key findings and recommendations from the Acute phase and also sought approval to move to the second phase which is within Mental Health and Disability. All recommendations were accepted and approved and work has now commenced within Mental Health and Disability. It is expected that this work will be reported on in Quarter 3 of the financial year.	🟩

5. Finance

Corporate Objective Alignment: Making best use of resources	**Risk Owner**
Risk: Risk of financial stability and breach of statutory duty of break-even in-year .	**Director of Finance, Procurement and Estates and all Operational Directors**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟨	5.2	Risk of destabilisation of services due to over reliance upon non-recurrent funding and the Trust's inability to secure sufficient recurrent investment.	🟨	• Director of Finance is continuing to work with HSCB and Department of Health in relation to the capitation inequity gap. To date this work has been successful in ensuring that the Trust has not had to make £25m of recurrent savings. In addition the "Return to Balance" work identified a range of current expenditure areas that do require funding support and discussions have commenced with HSCB re same. • Director of Finance sought DoH approval for capitation to be discussed at the Strategic Finance Forum in November 2019 – a healthy debate took place and DoH agreed that whilst they had endeavoured to address some of the imbalance by not applying a savings target, the gap remained. Work on the equity gap continues with HSCB/DoH	🟩

REVIEW HISTORY

Review Date:	**Apr-22**	**Risk Rating after review: High / Medium / Low**
Summary of SMT Discussion:		

6. Infection, Prevention and Control

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk to patient, staff and visitor safety due to the potential to develop a healthcare acquired infection such as MRSA, C.difficile etc.	**Medical Director**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
12 (3 x 4) HIGH	6.1	The Covid-19 Pandemic with new and emerging variants poses unique challenges for IPC processes and there is a risk to the Trust's ability to respond adequately. (This risk is paired with the Trust's aging infrastructure risk and the People risk) Risk associated with:- ED/Secondary Care Bed capacity/ICU bed capacity constraints AGP including continuous positive airway pressure (CPAP) non-invasive ventilation Laboratory testing capacity for respiratory viruses is limited locally and there is a delay in turnaround time for samples going to RVL to allow for	**12 (3 x 4) HIGH**	Review and update of IPC/AMS Strategy Develop audit team to provide assurance on all aspects of IPC Develop a case to further develop an MDT infection service Further develop diagnostic capacity to facilitiate early diagnosis to facilitate isolation and timely appropriate treatment to prevent AMR	**6 (2 x 3) MEDIUM**

6. Infection, Prevention and Control

Corporate Objective Alignment: Promoting Safe, High Quality Care	**Risk Owner**
Risk: Risk to patient, staff and visitor safety due to the potential to develop a healthcare acquired infection such as MRSA, C.difficile etc.	**Medical Director**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
🟧		prompt identification and isolation/cohorting of patients Increased workload of the IPC/microbiology/clinical/Functional support services staff with the management of Covid-19 surges and outbreaks Increased antimicrobial resistance	🟧		🟨

Review Date:	**Apr-22**	**Risk Rating after review: High / Medium / Low**
Summary of SMT Discussion:		

7. Response to Urology Services Public Inquiry

<table>
<tr><td colspan="5">Corporate Objective Alignment:
Promoting safe, high quality care: Supporting people to live long, healthy lives; Improving our services; Making best use of our resources; Being a great place to work; Working in partnership</td><td>Risk Owner</td></tr>
<tr><td colspan="5">Risk:
Risk to the Trust's potential to respond adequately to the Statutory Public Inquiry into Urology Services (USI)</td><td>Programme Director of the Public Inquiry</td></tr>
<tr><th>Original Risk Rating (Likelihood x Impact)</th><th colspan="2">Key Risks</th><th>Current Risk Rating (Likelihood x Impact)</th><th>Summary Priority Actions Planned for next 3 months</th><th>Target Risk Rating</th></tr>
<tr><td>16 (4 x 4)
HIGH</td><td>7.1</td><td>Risk that due to capacity issues, the Trust may be unable to respond in a timely and complete way to Section 21 requests from the USI.</td><td>16 (4 x 4)
HIGH</td><td>The Public Inquiry Team will provide targeted support for staff receiving individual Section 21 notices

Ongoing work by the Public Inquiry Team to identify a cohort of experienced staff, likely recently retired, who can provide assistance to individuals responding to Section 21s.

The Trust will seek to employ paralegal support to analyse, collate and assess information which has been so far retrieved.</td><td>6 (2 x 3)
MEDIUM</td></tr>
</table>

7. Response to Urology Services Public Inquiry

Corporate Objective Alignment:
Promoting safe, high quality care: Supporting people to live long, healthy lives; Improving our services; Making best use of our resources; Being a great place to work; Working in partnership

Risk:
Risk to the Trust's potential to respond adequately to the Statutory Public Inquiry into Urology Services (USI)

Risk Owner

Programme Director of the Public Inquiry

Original Risk Rating (Likelihood x Impact)	Key Risks		Current Risk Rating (Likelihood x Impact)	Summary Priority Actions Planned for next 3 months	Target Risk Rating
🟧	7.2	Risk to service continuity as a result of Section 21 notices with strict deadlines. (On 28/29 April 2022, a total of 40 Section 21 notices were issued by the USI. This is in addition to five notices issued immediately before Easter weekend, and more than 160 questionnaires issued to nursing and some medical staff working in Urology Inpatients and Outpatients issued at the same time.	🟧	The Trust continues to liaise with the USI to achieve a workable timeframe for response of S21s, and has highlighted the operational impact of the on-going discovery process.	🟨
🟧	7.3	Risk to health and wellbeing of staff and the potential impact on staff sickness.	🟧	Occupational Health Support Psychologist has been briefed and is available for staff support. External staff support is also currently being sourced. Proactive regular group check in sessions for PI Team and others as required, will be available. Ongoing availability of Inspire.	🟨

7. Response to Urology Services Public Inquiry

Corporate Objective Alignment: Promoting safe, high quality care: Supporting people to live long, healthy lives; Improving our services; Making best use of our resources; Being a great place to work; Working in partnership	**Risk Owner**
Risk: Risk to the Trust's potential to respond adequately to the Statutory Public Inquiry into Urology Services (USI)	**Programme Director of the Public Inquiry**

Original Risk Rating (Likelihood x Impact)	**Key Risks**		**Current Risk Rating (Likelihood x Impact)**	**Summary Priority Actions Planned for next 3 months**	**Target Risk Rating**
	7.4	Risk that there will be issues identified through the discovery process which may impact on the reputation and function of the Trust. This includes the look back of patients under the care of Consultant A		Consultations with staff and review of discovery information The Public Inquiry Team will develop support systems for discovery phase and preparation for open hearings to be developed in conjuction with staff Royal College of Surgeons currently reviewing 100 patients and this report will determine the need for a further extended lookback of Consultant A's patients	
Review Date:		Apr-22		**Risk Rating after review: High / Medium / Low**	

Summary of SMT Discussion:

Significant work ongoing as a result of USI processes - learning, look back and implementation of quality improvement initatives which has potential impact on service delivery.

Southern Health and Social Care Trust

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: **Date:**	**Trust Board** **26 May 2016**
Title:	**Monthly Performance Management Report**
Lead Director:	**Aldrina Magwood** **Acting Director of Performance and Reform**
Corporate Objective:	➢ Provide safe high quality care ➢ Maximise independence and choice for our patient and clients ➢ Support people and communities to live healthy lives and to improve their health and wellbeing. ➢ Make best use of resources.
Purpose:	**For Information**
	High Level Context: 1. Critical to the Trust's performance is achievement of our *Service and Budget Agreement (SBA)* for core levels of commissioned activity. Overall 2015/2016 activity shows good performance across all areas with the exception of elective in-patients (-15%). Significant over performance is demonstrated in overall non-elective in-patient services (+61%) and diagnostics (+10%). In addition, overall out-patient activity has overperformed (new OPD (+1%) and review OPD (+6%). This activity includes an element of additional capacity which the Trust funded, above the core level, to address patient safety issues and long waits in-year via internally redirected resources. It should be noted that this level of additional capacity is not recurrently available. The delivery of 'access times' is reliant in part upon the delivery of agreed levels of commissioned activity, as per the SBA. Whilst corporately good performance is evidenced at year end, some specialty areas have not delivered the full level of commissioned activity. In these areas the following key actions are on-going into 2016/2017: a) Improvement plans to deliver additional activity in Q1/2 2016/2017 for submission to HSCB in the following specialties: o Diabetology; Endocrinology; Gastro-enterology; General Medicine; and Urology new out-patients; o General surgery in-patients and day cases; and o Endoscopy. b) Work to seek readjustment of SBA volumes, to reflect new service models (Urology, Trauma and Orthopaedics) or practice, where this is subject to change (General Surgery and Gynaecology). 2. This report reviews performance at the end of April 2016 against the *Commissioning Plan Standards and Targets for 2015/2016.* New objectives and goals have been identified in the 2016/2017 Commissioning Plan Direction and future reporting will be developed to assess performance against these areas. Appendix 4 includes a full

summary of the 2016/2017 objectives and goals.

Year-end performance against the 2015/2016 standards and targets, including an internal year-end assessment of performance, is included in Appendix 2. This continues to be updated in line with agreed HSCB data validation timescales.

3. While not formal Commissioning Plan standards and targets, this report also considers a range of other important related indicators which impact on the Trust's overall performance including:
   - Reviews beyond 'clinically indicated' timescales (Acute & Mental Health Consultant led out-patients);
   - Reporting timescales – plain film and diagnostics (non-DRTT modalities; and
   - Planned repeat procedures.

   The new Commissioning Plan Direction for 2016/2017 includes a number of associated quality and performance indicators which the Trust will also develop reporting against over the coming months.

Key Issues

(1) Service and Budget Agreement (SBA) – Achievement of commissioned levels of activity

The delivery of access times is reliant in part upon the delivery of agreed levels of commissioned activity, as per the SBA. Whilst corporately the year end performance at end of March is showing good performance against the profiled level of activity in the majority of areas, some specialty areas have not delivered the full level of commissioned activity

The following key actions are in place going into 2016/2017:

- Improvement plans developed for key underperforming areas and submitted to HSCB to profile expected activity against the SBA in Q1/2 of 2016/2017. (Endocrinology, Gastro-enterology and Urology new out-patients (NOP); General Surgery in-patients and day cases (IP/DC) and Endoscopy).
- A number of adjustments to the SBA baseline volume have been agreed with HSCB to reflect capacity more appropriately. Trust continues to work to seek revised SBA volumes for areas which do not reflect the current service model (Urology and Trauma and Orthopaedics) or where practice has or is changing (General surgery and Gynaecology).

(2) Commissioning Plan Targets - Elective Access

As previously reported, access times continue to increase particularly for routine patients, and the ability to maintain standards has become increasingly challenging related to:

- Demand exceeding commissioned capacity – Regionally an increase in referrals is estimated at 6% year on year;
- Recurrent investment is insufficient to address all capacity gaps in elective areas; and
- The in-year timing of non-recurrent funding allocations from HSCB, to

address capacity gaps, has limited the Trusts ability to optimise additional capacity options.

The following key actions are in place:

- Available capacity continues to be prioritised to red flag (cancer) referrals and urgent patients. The Trust is experiencing increasing demand for red flag referrals which has impacted on capacity for routine waits making the access time longer in some areas. There is currently no related increase in confirmed cancer diagnoses resulting from the increase 'red flag' referrals;
- Strict chronological management to ensure routine patients are treated in turn;
- Measures to minimise lost capacity from those who do not attend or cancel their appointments/procedures on the day;
- Provision of monthly information to General Practitioners to ensure referrers and patients are aware of current and projected waiting times by specialty, and
- Continued focus on the provision of activity in accordance with Service and Budget Agreement (SBA) commissioned volumes

The Trust formally highlighted risks to the HSCB in early 2015/2016 and has assessed elective areas where there is emergent risk in the clinical pathway for 2016/2017. These areas have been prioritised against a sum of non-recurrent funding which has been made available by the HSCB for additional in-house capacity to be undertaken in Q1/2 2016/2017 to address elective waits and patient safety issues. Work is on-going to create the necessary additional capacity.

Summary of elective access areas:

- **Cancers Services - Breast Assessment Services (CP 11) – 14 day target –** Manpower issues due to vacancies in breast surgery and in specialist breast radiology has reduced capacity available for assessment clinics. Performance against the 14 day target has reduced in April and is likely to significant reduce further in May.

  Additional short term capacity has been provided by other Trusts however a sustainable solution is required to address this issue. Trust is meeting with HSCB to consider options to support the current service provision.

- ***Diagnostics*** (***CP 16)*** **–** Additional non recurrent funding was provided in 2015/2016, however, this was insufficient to achieve a substantial reduction in waiting times.

  Endoscopy presents with the longest wait for routine diagnostics and longest routine waits at the end of March was 46-weeks at the end of March. Demand in this area is greater than capacity which is recognised by HSCB and investment in additional training posts for nurse Endoscopists has been made. HSCB funding for additional capacity facilitated an additional 2300 procedures outside the SBA. Capacity in the Independent Sector has been extremely limited this year. Capacity continues to be prioritised for red flag, urgent patients and urgent planned/screening patients.

	HSCB has provided additional non-recurrent funding in Q1/2 for additional capacity in diagnostic imaging to continue to improve access times and the Trust is working to secure the additional capacity both in-house and in the independent sector. Formal communication of non-recurrent funding for endoscopy is awaited however the Trust has commenced a level of additional activity in anticipation of this. ➢ ***Out-Patients*** (***CP 15)*** **–** Limited non-recurrent funding was provided to out-patients in 2015/2016; however this and a level of internally redirected resources did see a level of additional capacity provided which reduced the increase in access times. At the end of March routine waits beyond 18-weeks, which is the maximum wait on the current target, include routine Symptomatic Breast and Paediatric NOP. Further out-patients waiting in excess of 26-weeks included Cardiology, Endocrinology; Diabetes; ENT; Gastro-enterology; Ortho-Geriatrics; General Surgery; Gynaecology; Haematology; Neurology; Orthopaedics; Respiratory; Pain Management; Rheumatology; and Urology. In Q1/2 2016/2017 a level of additional non-recurrent funding has been made available by HSCB to fund additional capacity and Trust is working to put this in place. This will not address existing capacity gaps but again with slow the increase in access times. ➢ **In-Patient/Day Cases *(CP17)* –** Limited non-recurrent funding was provided to in-patients and day cases (IP/DC) in 2015/2016; however this, and a level of internally redirected resource did see a level of additional capacity provided in key specialty areas including Pain Management, General Surgery, Orthopaedics received additional support. At the end of March routine waits beyond 26-weeks, which is the maximum wait on the current target, included Cardiology, ENT and Gynaecology. Further waits in excess of 52-weeks where in Breast Surgery; General Surgery, Orthopaedics, Pain Management and Urology. In Q1/2 2016/2017 a level of additional non-recurrent funding has been made available by HSCB to fund additional capacity for long waits and patient safety issues. The Trust has allocated a small volume of this funding to in-patients and day cases. This will not address existing capacity gaps but should reduce emergent risk in the clinical pathways. ➢ ***Mental Health Out-Patients (CP22) –*** Non recurrent funding has not been directed to this area to date and pressures prevail in Psychological Therapies and Dementia/Memory Services. In 2016/2017 the Trust re-directed internal resources as available and where capacity can be secured. • **Psychological Therapies** - Workforce challenges continue in Psychological Therapies with pressures felt both locally and Regionally. An internal review of current arrangements is on-going. Some short-term internal additional capacity has been secured and

this is impacting on reduced access times currently.
- **Dementia Services** - Are subject to capacity analysis via a Regional exercise which has identified capacity gaps. Regional work on the new model of service delivery is not complete and investment has not been allocated as yet to increase capacity. The Trust has developed options to improve capacity in 2016/2017 as a short term measure which are subject to funding.

➢ **Allied Health Professionals** (***CP9***) – Non-recurrent funding available from the HSCB via the November 2015 Monitoring Round to improve capacity for AHPs could not be utilised due to the inability to secure short term temporary additional capacity. The Trust has continued to re-direct internal resources to AHPs as available throughout the year.

In Q1/2 2016/2017 a level of additional non-recurrent funding has been made available by HSCB to fund additional capacity for long waits and patient safety issues. The Trust has allocated a small volume of this funding to Allied Health Professional areas where capacity can be put in place. This will not address existing capacity gaps but should reduce emergent risk in the clinical pathways.

Routine waits beyond 26-weeks, as previously reported, continue to present in Dietetics (paediatrics) Speech & Language Therapy; Occupational Therapy (both elderly/adult and paediatric services) and Podiatry.

(3) Commissioning Plan Targets - Unscheduled Care (CP 5,CP 12 and CP 21)

➢ **Unplanned Admissions** – Reduction in the number of unplanned hospital admissions for people with the identified conditions is dependent on arrangements being in place to support service users to manage their condition in a primary/community setting. At the end of March 2015 this target was not achieved with +23.4% against a target of -5%.

The target is profiled based on the actual presentation of conditions in 2013/2014, minus 5%. Cumulatively at 31 December 2015 there were 138 (+9.5%) more admissions for the target cohort than the same period in the baseline year.

➢ **Emergency Department** - Emergency Department (ED) performance against the 4-hour and 12-hour standards continues to be challenging locally and regionally.
- Performance in April against the 4-hour target remained relatively static. ED attendances were variable with attendances in Craigavon Area Hospital over 300 per day on two Mondays in April.
- Throughout the month there were peaks in attendances and admissions creating high runs of demand. This coupled with periods of low discharge levels impacted on general system flow; there is a low tolerance for a mismatch between admissions and discharges which increased the risk of breach of the 12-hour standard.

- There were a total of 81 breaches of the 12-hour standard in April, which reflects the most significant number over the last few years.
- Trust has met with HSCB to review this performance and a range of actions have been implemented focused on flow and discharge.
- Maintaining a safe standard of care remains a priority and monitoring of quality ED standards are in place.

➤ **Discharges/Whole Systems Flow** – Whilst performance against complex discharges is good, performance against non-complex discharges has decreased throughout the year.

Discharge performance is a key tenant of patient flow and improvement plans are being brought forward to review and improve this as part of the workplan of the new corporate unscheduled care improvement operational group. Some interim actions are in place including provision of additional junior medical staff to focus on pharmacy/prescribing activities which can delay simple discharges.

The Trust has escalated the risk associated with the continuance of heightened unscheduled care pressures outside the normal ‘Winter’ period to the HSCB and sought engagement of the management of this shared risk. The Senior Management Team has agreed in the first instance to extend the additional resources put into place for Winter into the month of April & May to manage risk associated with the high level of demand and on-going pressures.

(4) Health Care Acquired Infections (HCAI) (CP20)

Detailed information on HCAI and infection prevention and control arrangements is included in the Governance Report.

(5) Reviews and Reporting Beyond Clinically Indicated Timescales

➤ **Reviews beyond clinically indicated timescales** - There has been a reduction in the volumes of patients waiting for review appointments beyond their clinically indicated timescales in all consultant-led areas.

- The total waits have reduced by an estimated 9000 patients from the peak in August 2105 to the latest March 2016 position. This was associated predominantly with the re-direction of internal resources to this area, as they were available to increase capacity.
- In Q1/2 2016/2017 HSCB has allocated a fixed non-recurrent funding amount to the Trust to create additional in-house capacity for elective area. The Trust has included in this further capacity targeted toward reviews waiting the longest time across a range of specialty areas.
- Longest consultant out-patient waits continues to present in Urology and plans are in place to target capacity to improve this in-year.

➤ **Imaging Reporting** - As indicated in previous reports to Trust Board, performance against diagnostic reporting turnaround targets is challenging related to recruitment challenges/vacancies in Consultant manpower which continue to affect Radiology services.

- Recruitment within the wider EU is being explored.

- The Trust continues to target current capacity to urgent films
- Additional capacity for plain film reporting has been established via the Independent Sector and timescales for reporting are being monitored robustly.
- An Investment template proposals (IPT) for 2016/2017 to increase capacity for reporting with specialist trained radiographers has been submitted to HSCB and will go some way to addressing the capacity gap for reporting if supported.

➢ **Planned Repeat Activity** – Capacity is not in place to ensure all procedures which require a planned repeat to be performed for screening or other purposes is undertaken within their clinically indicated timescales. This predominantly related to endoscopy and is in part due to the high volume of red flag and urgent patients which are absorbing the capacity available. Arrangements are in place therefore to separate those patient requiring planned repeat procedures into urgent and routine and as such initial focus is on seeing those urgent planned patients. This position is being monitored by the Endoscopy Users Group closely.

(6) Direct Payments

This target is made up of active payments and payments which were previously made and ceased within the quarter. The SHSCT had the biggest target for the Region. The Trust only demonstrate a minimal increase in the volume of direct payments undertaken and continues to promote Direct Payments and the introduction of Self-Directed Support payments. The Trust also continues with the roll out training to staff on the new guidance.

Summary:

Other key risks affecting performance remain, and have been reported previously, relating to a number of common factors including :

- Although the position improved somewhat in 2014/2015, recurrent investment has not been secured for all services with a recognised capacity gap;
- The on-going impact of workforce controls related to Trust financial contingency plans;
- Particular issues relating to sickness, maternity and other absences in the medical workforce and associated challenges in securing backfill capacity in general and particularly in relation to middle grade medical staff;
- Continued pressures on demand in some areas including non-elective demand, urgent and red flag referrals; and
- The need to allocate appropriate levels of capacity for service areas not subject to regional standards/targets e.g. review appointments and planned repeat procedures.

	Senior Management Team Challenge • Review of the reduced performance position and challenge to continue to deliver the agreed SBA levels; • Discussion regarding the need for continued re-direction of temporary internal resources to address key pressures including emergent clinical risk in element areas and on-going pressures on unscheduled care services into 2016/2017; • On-going formal engagement with HSCB around the management of shared risk around emergent clinical risk; • Agreement to give priority to addressing patients waiting beyond their clinically indicated review timeline and acceptance that this may impact further on access for new patients but this risk to be balanced specialty by specialty; • Assurance sought on adherence to the IEAP in particular strict chronological management and DNA/CNA practices; • Assurance sought on on-going validation of waiting lists by service leads; • Agreement to ensure co-ordinated focus on whole system flow and including look-back from peak pressure days/periods to ensure learning as part of on-going management of unscheduled care, and • Agreement to review how the Trust supports and manages staff to deal compassionately and appropriately with complaints and queries about increasing waiting times.

Southern Health
and Social Care Trust
Quality Care - for you, with you

PERFORMANCE MANAGEMENT REPORT

COMMISSIONING PLAN STANDARDS/TARGETS FOR 2015/2016

May 2016 Report for

April 2016 Performance

CONTENT

	Page
Context	1
Reporting	1
Summary Dashboard	2
Commissioning Plan Standards/Targets and Associated Performance	5
Appendix 1 – SBA	
Appendix 2 – Internal Assessment of Year-End Performance	
Appendix 3 – Access Times	
Appendix 4 – 2016/2017 Commissioning Plan Objectives and Goals for Improvement	

1.0 CONTEXT

This report forms part of the Trust's Performance Management Framework and sets out a summary of Trust performance rolling from 2014/2015 into 2015/2016 against:

- Health and Social Care Commissioning Plan Standards/Targets

Indictors of Performance for 2015/2016 have been defined and will be reported against six-monthly in line with HSCB arrangements.

2.0 REPORTING

Qualitative and quantitative updates on performance against the Commissioning Plan Standards/Targets are presented in this performance report under the themes of Ministerial Priority:

- To improve and protect health and well-being and reduce inequalities; through a focus on prevention, health promotion, anticipation and earlier intervention;
- To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting;
- To improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long-term conditions;
- To promote social inclusion, choice, control, support and independence for people living in the community, especially older people and those individuals and their families living with disabilities;
- To improve the productivity by ensuring effective and efficient allocation and utilisation of all available resources, in line with priorities;
- To ensure the most vulnerable in our society, including children and adults at risk of harm are looked after effectively across all our services;

The level of performance, based on the current and anticipated progress, will be assessed as follows:

Green (G)	Standard/target achieved/on track for achievement – Monitor progress to ensure remains on track
Yellow (Y)	Standard/target substantially achieved/on track for substantial achievement – Management actions in place/monitor progress to ensure standard/target remains on track
Amber (A)	Standard partially achieved/limited progress towards achievement of target – Management actions required
Red (R)	Standard/target not achieved/not on track to achieve – Management actions/intervention required
White (W)	Not assessed (due to lack of baseline; target; or robust data)

The performance trend, representing the direction of progress during the financial year, will be indicated by the arrows below:

↑	Performance improving	↓	Performance decreasing	⇔	Performance static

2015/2016 Commissioning Plan Targets & Standards – Snapshot Dashboard – April 2016

No.	Target Area	TDP RAG Rating	Target	Jan 2016	Feb 2016	Mar 2016	Apr 2016	RAG
5.	**Unplanned Admissions -** reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions (reported 3 months in arrears)	R	-5%	Oct 0% Cum +9.9%	Nov +3.3% Cum +9.9%	Dec +0.8% Cum +9.5%	N/A	**R**
6.	**Unplanned Admissions -** ensure that unplanned admission to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/14 levels.	R	Not to exceed 2013/14 levels	Oct 2015 -1.2%	Nov 2015 + 11.2%	Dec 2015 +13.7%	Jan 2016 N/A	**R**
7.	**Carers' Assessments -** secure a 10% increase in the number of carers' assessments offered.	A	838 March 2016	Q1: 15/16 745	Q2: 15/16 606	Q3: 15/16 693	Q4: 15/16 926	**G**
8.	**Direct Payments -** secure a 10% increase in the number of direct payments across all PoC.	A	816 March 2016	Q1 15/16 753	Q2 15/16 - 731	Q3 15/16 732	Q4 15/16 748	**R**
9.	**AHPs -** no patient will wait longer than 13 weeks from referral to commencement of AHP treatment. (volumes over 13 weeks)	R	0	3859	3629	3459	3412	**R**
10.	**Hip Fractures -** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. (no. breaches; R:regional ave)	A	95%	94.7% (2)	89.7% (3)	96.6% (1)	86.7% (4)	**A**
11.	**Cancer Services -** *all urgent breast cancer referrals should be seen within 14 days; (no.breaches; R:regional ave) *at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; *at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	A	100%	88%	100%	100%	69%	**R**
		A	98%	100%	100%	100%	100%	**G**
		A	95%	85.9%	89.6%	90.51%	N/A	**A**
12.	**Unscheduled Care** - 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within four hour (R: = Regional Average; A: = attendances) *no patient attending any Emergency Department should wait longer than 12 hours.	A	95%	75.4% **R**: 74% **A**: 12612	76.9% **R:** 74% **A**: 12651	76.7% **R:** N/A **A**: 14,128	77.2% **R**: N/A **A**: 13,708	**R**
		A	0	48	22	10	81	**R**

SHSCT Performance Report May 2016 (for April 2016 Performance Data)

No.	Target Area	TDP RAG Rating	Target	Jan 2016	Feb 2016	Mar 2016	Apr 2016	RAG
14.	**Emergency Readmissions -** secure a 5% reduction in the number of emergency readmissions within 30 days.	A	Trend (CHKS) reporting performance lower than peer (Trust 5.6 % Jan 15 – Jan 16; Peer 6.7%)					**W**
15.	**Elective Care – Out-patients** *60% of patients wait no longer than nine weeks for their first outpatient appointment *no patient waits longer than 18 weeks. (volume)	R	60%	33.8%	38.4%	40.2%	N/A	**R**
		R	0	14,855	12,521	13,363	N/A	**R**
16.	**Elective Care – Diagnostics** *no patient waits longer than nine weeks for a diagnostic test (volumes) I: imaging, N-I: non imaging *all urgent diagnostic tests are reported on within two days of the test being undertaken.	R	0	I: 4193 NI:1517 Scopes: 770	I: 3103 NI:1596 Scopes: 738	I: 2180 NI: 1541 Scopes: 716	I: N/A NI: 1707 Scopes: N/A	**R**
		R	100%	I: 77.8% NI: 93.1%	I: 7.7% NI: 87.5%	I: 76.3% NI: 97.1%	N/A	**R**
17.	**Elective Care – Inpatient/Day cases** *65% of in-patients and day cases are treated within 13 weeks and *no patient waits longer than 26 weeks.(volumes)	A	65%	55.4%	56.3%	58.7%	N/A	**R**
		A	0	1690	1522	1365	N/A	**R**
19.	**Stroke Patients -** ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis.	G	13%	Oct 10%	Nov 11%	Dec 16% Cum 13%	N/A	**G**
20.	**Healthcare Acquired Infections -** secure a reduction of 20% in MRSA and *Clostridium difficile* infections compared to 2014/15.	W	MRSA 5	0 Cum 2	0 Cum 2	0 Cum 15/16 2	3 Cum 16/17 3	**R**
		W	C Diff 32	2 Cum 49	3 Cum 52	2 Cum 15/16 54	1 Cum 16/17 1	**G**
21.	**Patient Discharge –** *ensure that 99% of all learning disability (LD) and mental health (MH) discharges take place within 7 days of the patient being assessed as medically fit for discharge, with *no discharge taking more than 28 days; *90% of complex discharges from an acute hospital take place within 48 hours, with *no complex discharge taking more than seven days; and *all non-complex discharges from an acute hospital take place within six hours.	A	99%	50% LD	100% LD	0% LD	100% LD	**G**
		G	99%	95.87% MH	96.5% MH	95.3% MH	92.8% MH	**A**
		A	0	0 LD	0 LD	1 LD Cum 15/16: 1	1 LD Cum 16/17: 1	**Y**
		A	0	1 MH	1 MH	2 MH Cum 15/16: 21	3 MH Cum 16/17: 3	**R**
		A	90%	94.9%	100%	100%	90.5%	**A**
		A	100%	100%	100%	100%	100%	**G**

No.	Target Area	TDP RAG Rating	Target	Jan 2016	Feb 2016	Mar 2016	Apr 2016	RAG
		A	100%	90%	91.5%	92.8%	91.2%	**A**
22.	**Mental Health Services** – *no patient waits longer than nine weeks to access child and adolescent mental health services; *nine weeks to access adult mental health services; *nine weeks to access dementia services; and *13 weeks to access psychological therapies	G	0	0	0	0	0	**G**
		A	0	100	90	81	61	**R**
		G	0	105	86	69	44	**R**
		A	0	82	35	10	16	**Y**
23.	**Children in Care – Placement Change -** ensure that the number of children in care for 12 months or longer with no placement change is at least 85%.	A	85%	Annual Reporting				**W**
24.	**Children in Care- Adoption within 3 years -** ensure that a three year time frame for 90% of children who are adopted from care.	G	90%	Annual Reporting – 25% 2014/15				**W**
25.	**Patient Safety -** ensure that the death rate of unplanned weekend admission does not exceed the death rate of unplanned weekday admissions by more than 0.1 percentage points.	A	Not >0.1%	1.7%	0.7%	-1.2%	N/A	**R**
26.	**Normative Staffing-** implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.	A		Further detail is available in the Nursing workforce Report.				**W**
27.	**Excess Beddays -** reduce the number of excess bed days for the acute programme of care by 10%.	R		Trend (CHKS) reporting performance 16% compared to 15.5% HES peer average (January 2014 to January 2016 – CHKS data				**W**
28.	**Cancelled Appointments -** reduce by 20% the number of hospital cancelled Consultant-Led outpatient appoints in the Acute programme of care which resulted in the patient waiting longer for their appointment. (Volumes & % rate in month)	A	< 4335	412 (2.3%)	540 (2.9%) 5015 Cum	424 (2.5%) 5439 Cum	N/A	**R**
29.	**Delivering Transformation –** Safe transfer of £83m from hospital/institutional based care into primary, community and social care services	W		The Trust contribute to this target by implementing commissioned community based schemes, e.g. Acute Care at Home/Re-ablement				**W**

2015/2016 Corporate Indicators of Performance (Non-CP Target) – April 2016

Corporate Indicators of Performance (No CP Target)	**Dec 2015**	**Jan 2016**	**Feb 2016**	**March 2016**	**April 2016**
OP Review Backlog – Volume of patients waiting beyond clinically indicated timescales	18,065 Acute/CYP/ OPPC 994 –MHD	16,987 Acute/CYP/ OPPC 1045 - MHD	16,013 Acute/CYP/ OPPC 734 - MHD	13,090 Acute/CYP/ OPPC 859- MHD	N/A Acute/CYP/OPPC 957 - MHD
Unallocated Cases – number of unallocated child care cases (T: total; >40: volume over 40 days)	40 T 13>40	38 T 9>40	72 T 28>40	44T 17>40	N/A
GP OOH - % Urgent calls triaged within 20 mins; % Routine calls triaged within 60 mins	88.38% U 43.81% R	87.12% U 39.5% R	86.23% U 46.64% R	80.88% U 36.72% R	88.63% U 53.35% R
Service & Budget Agreement % variation against apportioned Month-end SBA.		**Position @ 31 January 2016** New Out-patients +1%, Review Out-patients +3% Diagnostics +9%, Births 0%, Non-Elective In-patients +57% Day Cases +1%, Elective In-patients -15%	**Position @ 29 February 2016** New Out-patients +1%, Review Out-patients +4% Diagnostics +10%, Births -1%, Non-Elective In-patients +59% Day Cases +1%, Elective In-patients -14%	**Position @ 31 March 2016** New Out-patients +1% Review Out-patients +6% Diagnostics +10% Births -1% , Non-Elective In-patients +61% Day Cases +0% Elective In-patients -14%	

MINISTERIAL PRIORITY: TO PROVIDE HIGH QUALITY, SAFE AND EFFECTIVE CARE; TO LISTEN TO AND LEARN FROM PATIENT AND CLIENT EXPERIENCES; AND TO ENSURE HIGH LEVELS OF PATIENT AND CLIENT SATISFACTION

CP 5: UNPLANNED ADMISSIONS: Lead Director Mrs Angela McVeigh, Director of Older People & Primary Care

By March 2016, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions, including those within the ICP priority areas. (Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Heart Failure, Asthma and Stroke) –

Baseline: Increase of 13.5% April – December 2014 compared to 2012/2013 baseline **TDP Assessment:** Unlikely to be achieved/affordable	**Target:** 5% reduction (Cumulative Admissions 1917) *Note: Target maintained as Goal/objective in 16/17 Commissioning Direction at same level; 5% reduction on baseline*

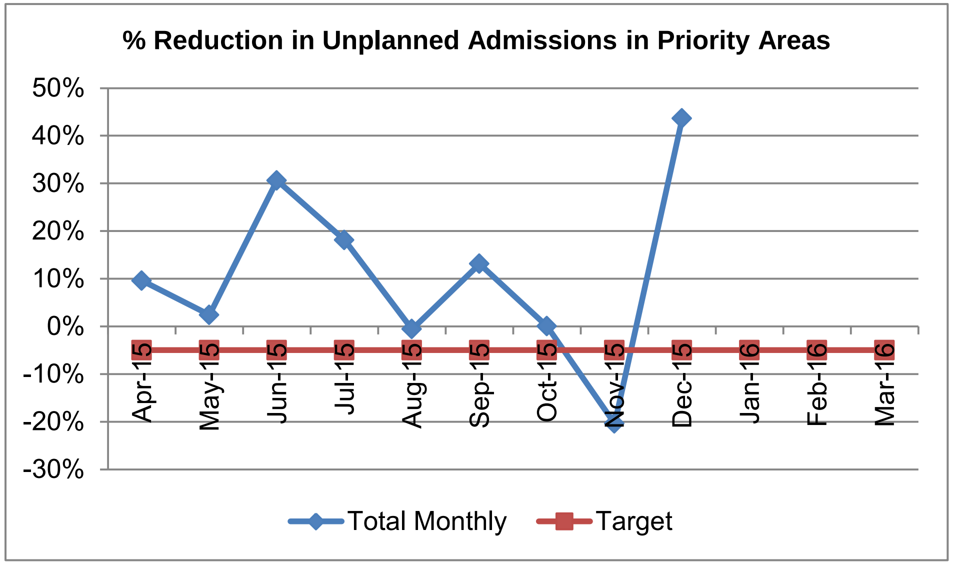
Comments: Reporting three months in arrears - January 2016 data not yet available

Reduction in the number of unplanned hospital admissions for people with the identified conditions will depend on arrangements being in place to support service users to manage their condition in a primary/community setting. At the end of March 2015 this target was not achieved with +23.4% against a target of -5%.

The target is profiled based on the actual presentation of conditions in 2013/2014, minus 5%. Cumulatively at 31 December 2015 there were 138 (+9.5%) more admissions for the target cohort than the same period in the baseline year.

From 1 April 2015 to 31 March 2016 The Trust had a total of 50,689 non-elective FCEs, which is an increase of 19% (+8,085) from 2014/2015 (42,604). This increase in non-elective admissions, for all patients, makes this target challenging in the face of this increasing trend.

Table 5a shows variability in the on-going performance against the target for each of the specified long term conditions with COPD being the only specialty which has shown a reduction in December, -1.4% (-1 patient) and cumulatively to date has shown a 2% reduction (-11 patients). The remaining conditions all demonstrated an increase in admissions in December compared to the baseline year with heart



failure showing a significant increase in admissions, 170.8% (+41 patients). There were also increases in Diabetes, Asthma and Stroke admissions in December compared to a reduction in November and these have contributed to the large spike in total monthly admissions. Cumulatively to date all specialties are showing a 9.5% (+138 patients) increase on admissions compared to the baseline year.

It should be noted that unplanned admissions for primary stroke and acute asthma are unlikely to reduce due to clinical best practice. However, a range of initiatives are in place around these and the other condition areas to ensure the necessary supports in place to increase the management of these conditions in a community/primary care environment.

Stroke

- The Trust has focused support in place post stroke for 6-months to seek to avoid secondary presentations of stroke.

Heart Failure/COPD/Asthma

- Established arrangements in place for known Heart Failure and COPD patients including self-management plans, good education and awareness provided by Community Team;
- Identification and follow-up of Heart Failure and COPD patients who have been admitted to CAH / DHH;
- Established pulmonary rehabilitation plans and maintenance support programmes in place, particularly focused on ‘frequent flier’ patients who may have had multiple admissions due to COPD/anxiety issues, and
- Respiratory Care pilot focused on prevention of a range of respiratory conditions.

Diabetes

- Established arrangements in place for known Diabetic patients managed by the Community Team through self-management plans and Nurse-Led Community Clinics and access to Community based Diabetic Nurse Specialist support;
- The Trust is reviewing its diabetic services and has shared a revised pathway and recommendations for improvement with SLCG, and
- Investment template proposals have been submitted to SLCG for

Table 5(a): Breakdown by Condition

Month of Discharge	COPD	Diabetes	Heart failure	Asthma	Stroke
April	3.8%	72.7%	-11.8%	88.9%	9.3%
May	-20.3%	33.3%	-2.7%	85.7%	24.3%
June	31.5%	116.7%	45.5%	50.0%	4.3%
July	34.8%	62.5%	5.7%	100.0%	-11.9%
August	-19.3%	0.0%	15.2%	0.0%	11.6%
September	7.4%	42.9%	32.1%	-7.1%	4.7%
October	-7.1%	27.3%	19.4%	17.6%	-15.6%
November	-26.9%	-16.7%	27.8%	-40.0%	-40.0%
December	-1.4%	90.0%	170.8%	44.4%	36.8%
Cumulative Total (Target -5%)	**-2%**	**38.1%**	**26.3%**	**26.0%**	**0.8%**

Cumulative position for all conditions April 2015 – December 2015 +9.5%

increased diabetic nurse specialist capacity in DHH and in the community.

Further initiatives including development of the Acute Care at Home model & Re-ablement model will continue to support the management of unplanned admissions at home.

	Monthly Position:												**Cum Assess from Apr 2015**	**Trend**
	Feb 15	**Mar 15**	**Apr 15**	**May 15**	**Jun 15**	**Jul 15**	**Aug 15**	**Sep 15**	**Oct 15**	**Nov 15**	**Dec 15**	**Jan 16**		
Target Admissions	159	181	158	162	140	131	147	145	165	181	148	N/A	T 1378	
Actual Admissions	233	185	182	174	192	163	154	173	174	152	224	N/A	A 1588	
% Achievement			9.6%	2.4%	30.6%	18.1%	-0.6%	13.1%	0%	-20.4%	43.6% cum 9.5%	N/A	**R**	↓

CP 6: UNPLANNED ADMISSIONS: Lead Director Mrs Angela McVeigh, Director of Older People & Primary Care

During 2015/2016, ensure that unplanned admission to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/2014 levels

Baseline: 2994 (April 2013 to March 2014)

TDP Assessment: Unlikely to be achieved/affordable

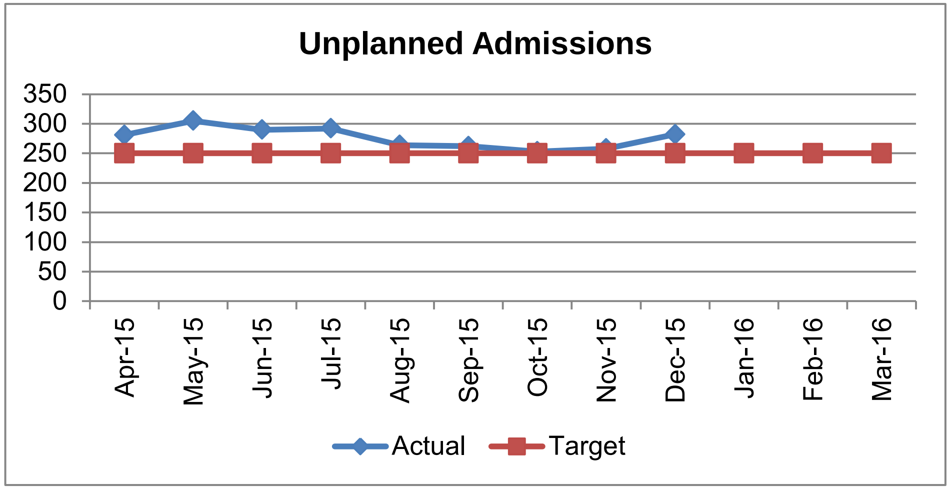
Target: Unplanned admissions do not exceed 2013/14 levels
Note: Target not maintained as Goal/objective in 16/17 Commissioning Direction

Comments: Reporting three months in arrears - January 2016 data not yet available

This target seeks to analyse the number of unplanned admissions to hospital of adults (aged 18 and over) with acute conditions (ear/nose/throat infections, kidney/urinary tract infections, heart failure) that would usually be managed in Primary Care. The drivers for this are to provide high quality care and only refer patients when it is clinically appropriate to do so. The performance measurement against this target also aims to identify any emerging patterns and review these with reference to available care pathways and the capability and access with Primary Care Services to see and treat patients.

This is an outcome based target which requires input from other partners including primary care and public health to progress.

Baseline data for 2013/2014 demonstrates a total of 2233 unplanned admissions for the specified acute conditions at December 2013. At December 2015 there were a total of 2487 unplanned admissions, for the cumulative period April to December 2015. This represents a performance of +11% (+254) against the comparative 2013/2014 9-month period. If the volumes demonstrated in the April to December 2015 period continues through to the end of the financial year then the estimated total unplanned admissions will be 3316. Based on this estimated level of unplanned admissions this would demonstrate a performance of +11% (+322) at year-end. This target is not on track to achieve the performance sought.



Monthly Position:												Cum Assess Dec 2015	Trend
Feb 2014	Mar 2014	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016		
234	273	281	305	290	292	264	262	253	258	282	N/A		
-	-	14.7%	15.1%	27.8%	9.0%	1.5%	12.9%	-1.2%	11.2%	13.7% cum +11%	N/A	R	↓

CP 7: CARERS' ASSESSMENT: Lead Director Mrs Angela McVeigh, Director of Older People & Primary Care

By March 2016, secure a 10% increase in the number of carers' assessments offered.

Baseline: 762 @ 31 March 2015 (all programmes) **TDP Assessment:** Partially Achievable/ Achievable with Additional resources	**Target:** 762 + 76 = 838 *Note: Target maintained as Goal/objective in 16/17 Commissioning Direction with further increase of 10%*

Comments: Reporting quarterly

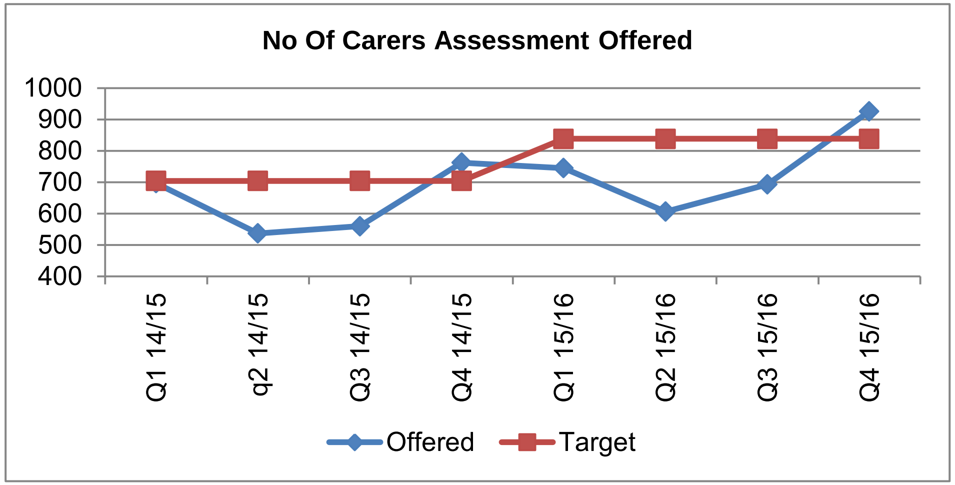
The Trust's baseline and target was set based on the volume of carer's assessments undertaken in Quarter 4 (January to March 2015). In this period additional assessments in Physical & Sensory Disability and in Child & Adolescent Mental Health Services resulted in the total number of assessments being offered higher than the previous periods. It is also of note that the target for the Sothern Health and Social Care Trust (SHSCT) (838) is the highest in the region, which ranges from 393 in WHSCT to 795 in NHSCT.

Trust performance in Quarter 4 has increased from Quarter 3 and is +22% above the level achieved in Quarter 4 2014/2015. Quarter 4 consistently has seen the strongest performance throughout the past years due in part to the opportunity presented by maximisation of cash grant resources for carers with identified needs.

Regional performance is not comparable as targets are set on an individual Trust basis. However for HSCB end of year assessment demonstrates that 3 out of 5 Trusts achieved this target – SEHSCT (+21%); BHSCT (+13%); SHSCT (+10%) whilst NHSCT and WHSCT failed to achieve this target (-21% and -19% respectively).

Whilst year-end assessment demonstrates achievement of +10% this is actually 10% over the target of 838. Actual performance against the baseline is +21.5%.

Due to the significantly improved performance in Q4, the target for 2016/2017 which is based on the March performance will again be high seeking over 1000 carers assessments offered.



It is anticipated that the roll out of the NISAT ‘V4 Carers Assessment/Support Planning’ will lead to more robust recording of carers assessment offers and detail of need met in support plans and identified ‘unmet need’. Funding allocated for Self Directed Support in-year should provide an increase in the number of offers.

Actions to Address:

- The Trust has established a ‘Carers Reference Group’ at which each Directorate is represented by a ‘Champion’;
- All Directorates have a commitment to Carers within PPI plans;
- Promotion of the uptake/offer of carer’s assessments will be re-enforced as part of the training and operational processes, and
- The Carers Action plan includes increased focus on ownership of carers and carer’s assessments.

Quarterly Position:						Cum Assess	Trend
	Quarter 4 (Jan to Mar 2015)	Quarter 1 (Apr to Jun 2015)	Quarter 2 (Jul to Sept 2015)	Quarter 3 (Oct to Dec 2015)	Quarter 4 (Jan to Mar 2016)		
Offered	762 (+58 above target)	745 (-93 below target)	606 (-232 below target)	693 (-145 below target)	926 (+88 above target)	G	↑

CP 8: DIRECT PAYMENTS: Lead Director Mr Bryce McMurray, Acting Director of Mental Health and Disability

By March 2016, secure a 10% increase in the number of direct payments across all programmes of care.

Baseline: 695 active and 47 ceased direct payments @ 31 March 15 (742)

TDP Assessment: Partially achievable/ achievable with additional resources

Target: Increase by 10% 816

Note: Target maintained as Goal/objective in 16/17 Commissioning Direction with further increase of 10%

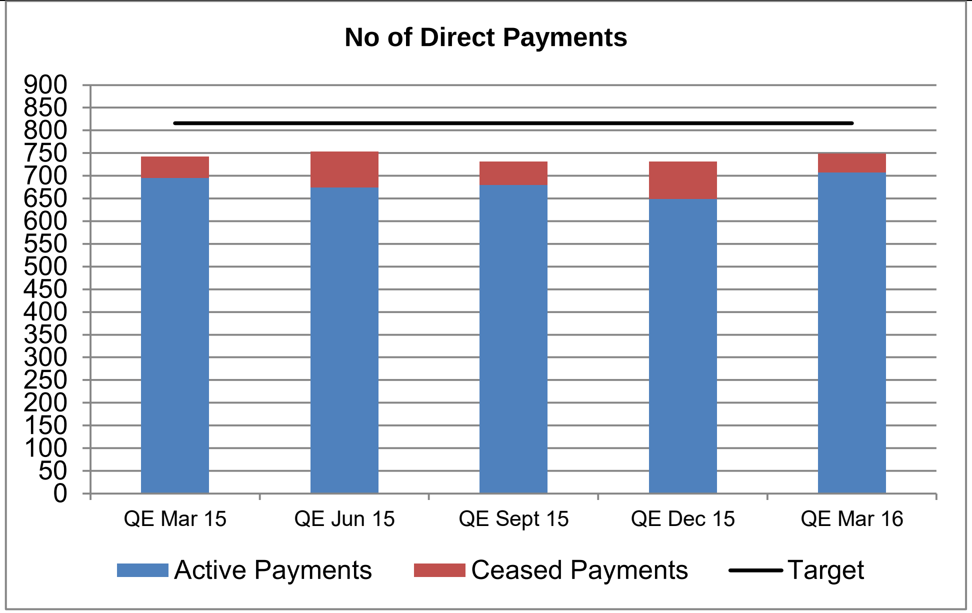
Comments: Reported quarterly in arrears

This target is made up of active payments and payments which were previously made and ceased within the quarter. It is of note that the target for the SHSCT (816) is the highest in the Region which ranges from 485 in WHSCT to 686 in NHSCT. SHSCT did not achieve the target at year end – minus 68 patients at Quarter 4.

Regional performance is not comparable as targets are set on an individual Trust basis. However, HSCB year-end assessment demonstrates 4 out of 5 Trusts failed to achieve their target – SHSCT (-8%); BHSCT (-8%); NHSCT (-4%); SEHSCT (+4%) whilst WHSCT was the only Trust to achieve their target (+10%). Cumulative Regional performance was -2% (-66 patients) below the target.

Action

- The Trust will continue to promote Direct Payments and to roll out training to staff on the new guidance; and The Trust will also continue with the introduction of Self Directed Support payments.



	Quarterly Position:						
	QE March 2015	QE June 2015	QE Sept 2015	QE Dec 2015	QE March 2016	Cum Assess	Trend
Trust Total	742	753	731	732	748	R	⇔
Trust Ceased	47	79	51	83	41		
Trust Active	695	674	680	649	707		

Note: QE March 2016 figures amended as some one-off payments had been double counted - Of the 707 active offers split across the programmes of care as follows: Physical and sensory disability 147, Mental Health 50, Learning Disability 318* and Elderly 192.

* Children with disabilities included in the Learning Disability category

CP 9: ALLIED HEALTH PROFESSIONALS: Lead Director Mrs Angela McVeigh, Director of Older People & Primary Care

From April 2015, no patient waits longer than 13-weeks for referral to commencement of AHP treatment

Baseline: 1436 >13 weeks @ 31 March 15

TDP Assessment: Unlikely to be achieved/affordable

Standard: 0 waits over 13 weeks

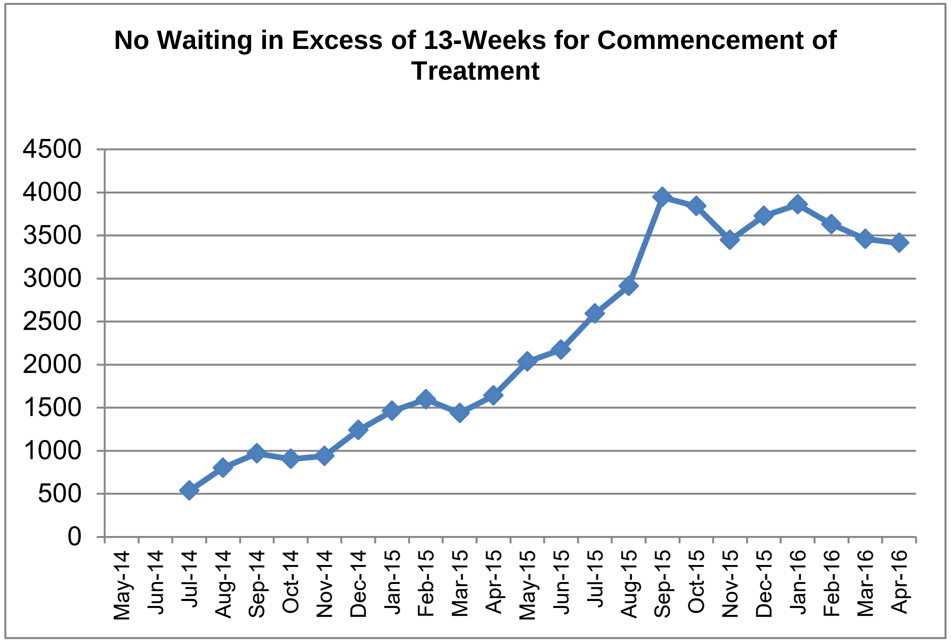
Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level; no waits over 13 weeks

Comments:

The volume of patients waiting in excess of 13-weeks has continued to decrease between March and April by 47 patients. There are now 3,412 patients waiting greater than 13-weeks. The most significant decreases demonstrated are in Occupational Therapy and Podiatry services. A breakdown of waits by Profession can be seen in Table 9(a).

March Regional performance demonstrated a total of 15,310 patients waiting in excess of 13-weeks. Volumes range from 185 (SET) to 7,214 (Northern). SHSCT accounts for 22.5% (3,459) of the Regional volume. Professions demonstrating the largest number of waiters Regionally are Physiotherapy and Occupational Therapy.

- **Dietetics –** There continues to be a high level of demand for paediatric services which is reflected in the outcomes from the Regional demand and capacity exercise which indicate a capacity gap in paediatrics, and to a lesser extent adult services
  To ensure an equitable waiting time for all patients through the Trust a Trust-wide waiting list has been created which should facilitate the reduction in unequitable wait times. Non recurrent in-house additionality in Q1/2, for both Adult and Paediatric services, has been approved to increase capacity in this area.
- **Occupational Therapy (Paediatrics)** – The service has been impacted by capacity issues in Core and Special School Services, with required levels of capacity redirected appropriately to the Special Schools demand. There has also been an increase in complex domiciliary reviews with 30% of the caseload requiring double reviews which has adversely impacted on core capacity. Early outcomes from the Regional demand and capacity exercise indicate no significant capacity gap in elective services. Non-recurrent in-house additionality has been approved for Q1/2.



- **Occupational Therapy (Adult)** – An improvement plan is on-going to seek to reduce backlog of waits and ensure equity of wait time across the Trust. No capacity gap has been identified in this area. Access times continue to show improvement associated with validation of waiting list
- **Podiatry** – The Regional demand and capacity exercise has demonstrated a capacity gap, however, the level of capacity gap may be understated and not facilitate the on-going management of the high level of reviews which is currently reflected in the volumes waiting beyond their clinically indicated timescale. Capacity, in the first instance, is directed to urgent patients. Non-recurrent in-house additionality for Q1/2 has been approved to increase capacity
- **Physiotherapy** –The Regional demand and capacity exercise has demonstrated a capacity gap in this area.
- **Speech & Language Therapy** – Temporary staff were in place since mid-November 2015 and this contributed to a reduction in the numbers waiting over 13-weeks. April has shown the number of patients waiting over 13-weeks remaining fairly static. Sustained improvement in the review backlog position with reduced numbers and the longest waiter 3-months beyond their clinically indicated timescale for review. The Regional demand and capacity exercise has demonstrated a significant capacity gap within paediatrics. Non-recurrent in-house additionality has been confirmed in Q1/2 for the adult and paediatric services.

Reviews and treatments beyond their clinically indicated timescale has become an increasing challenge throughout the range of AHP areas. Internal resources in 2015/2016 have been re-directed, as available, to focus on areas of accrued backlog. Whilst this has led to significant improvement and is welcomed, challenges remain associated with the ability to attract temporary/additional capacity with the necessary skills. Regional recruitment waiting lists have a limited number of candidates available and candidates are less interested in short-term temporary work.

The Regional demand and capacity exercise is concluded and proposals for capacity gaps, which should inform future investment are with Commissioners for consideration.

Table 9(a)

Profession	Access Time (end April)	Volume over 13 weeks & change in position +/- from March	% of total waits within profession
Dietetics	26-weeks	94 (+4)	3%
Occupational Therapy	46-weeks	352 (-25)	10%
Orthoptics	13-weeks	0 (-0)	0%
Physiotherapy	28-weeks	1091 (+29)	32%
Podiatry	37-weeks	1383 (-58)	41%
Speech & Language	32-weeks	492 (+3)	14%

Actions to Address:

- On-going focus on urgent waits and planned reviews in areas with manpower and demand issues; arrangements have been established for reporting of these patients monthly to increase visibility and action planning;
- Executive Director of AHP and the Assistant Director for CYPS have provided input into a review of Special Schools;
- Re-direction of internal resources into 2016/2017 is required, in the first instance, to see reviews that are waiting beyond their clinically indicated timescales;
- Internal review of AHP on-going with fortnightly Director-led meetings;
- Trust has highlighted temporary recruitment challenges to PHA/HSCB and has convened an internal meeting to consider challenges; and
- Additionality provided by HSCB in Q1/2 has been directed to Dietetics, OT, Podiatry and SLT.

	Monthly Position:												**Cum Assess**	**Trend**
	May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sept 15**	**Oct 15**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**		
>13 weeks	2032	2173	2591	2910	3944	3840	3446	3727	3859	3629	3459	3412	**R**	⇔

CP 10: HIP FRACTURES: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for in-patient treatment for hip fractures.

Baseline: 91.5%

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 95%

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level

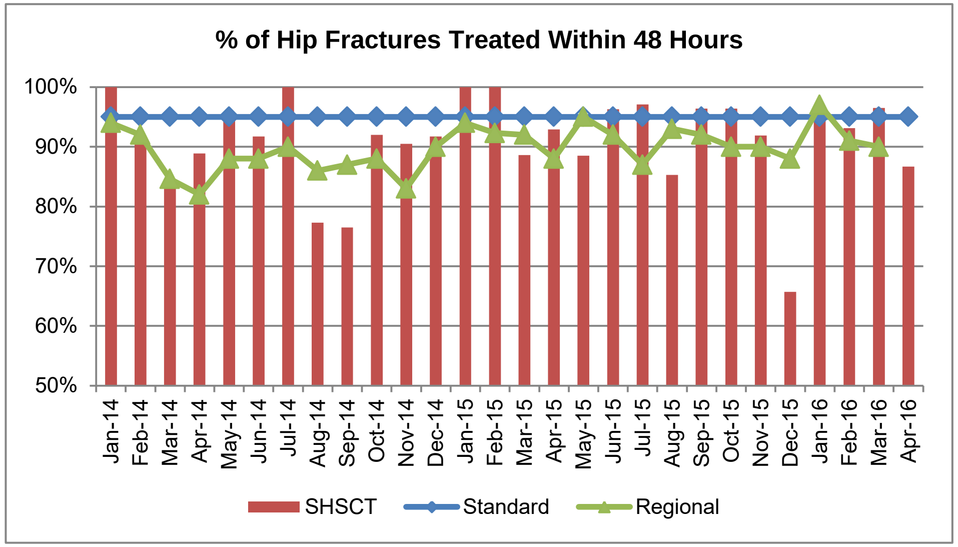
Comments:

On-going trauma pressures have resulted in the cancellation of elective orthopaedic surgery to facilitate the treatment of the clinically urgent trauma cases. In 2014/2015 there were a total of 106 elective orthopaedic operative cases cancelled/slots lost to facilitate trauma cases. This pressure continued into 2015/2016 with a total of 171 elective orthopaedic operative cases cancelled up to 31/03/16. The Division predicts this trend will continue into 2016/2017 with on-going trauma pressures, evidenced by a loss of 45 elective cases due to trauma from April 2016 to date.

In April 2016, there were 4 cases not treated within 48 hours. This was associated with continued higher level of demand for general trauma, and a requirement for Specialist services.

The Trust's performance in March was 97% which was above the Regional average of 90%. Cumulatively for 2015/2016 the Trust achieved 91% and whilst this is below the target of 95% it should be noted that the Regional average was also 91%. The SHSCT was the second best performing Trust in 2015/2016 with BHSCT the highest performer at 98% and SEHSCT lowest performer at 78%.

The Trust has implemented the Trauma & Orthopaedics Investment and 3 out of 4 permanent Consultants are in post. In lieu of a 4th post the Trust has secured a Locum Consultant. In the context of the on-going demand for trauma this 4th consultant has a trauma focused job plan which has been agreed with HSCB to assist in the management of this demand. Referrals for the Newry & Mourne patients, which had been diverted to BHSCT, have now been repatriated to the SHSCT (excluding spines; foot & ankle; paediatrics) from April 2016.



Actions to Address:

- The Trust continues to work with the HSCB to develop a ‘blue-sky’ model to address future service demand and is initiating pilot work in-year. This model will release staff to commence nurse led fracture clinics, training of surgical theatre assistant and additional theatre capacity with specialty doctor working parallel to consultant staff;
- The Trust has now re-advertised for the 4th consultant with interviews anticipated for July/August 2016;
- The Trust has highlighted trauma pressures to HSCB and is meeting with HSCB/SLCG representatives on 20 May 2016 to discuss impact of current demand for trauma, and
- On a daily basis the clinical team i.e. Consultants; Junior Medical Staff; and Trauma Co-Ordinator meet, to present each trauma case, and agreed on the clinical priority of the cases the trauma list for that day.

	Monthly Position:												**Cum Assess**	**Trend**
	May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**		
Trust	88.5% (23 out of 26)	96.3% (26 out of 27)	97.1% (33 out of 34)	85.3% (29 out of 34)	96.4% (27 out of 28)	96.4% (27 out of 28)	91.9% (34 out of 37)	65.7% (23 out of 35)	94.7% (36 out of 38)	93.1% (27 out of 29)	96.6% (28 out of 29)	86.7% (26 out of 30)	**A**	↓
Regional	95%	92%	87%	93%	92%	90%	89%	88%	97%	91%	90%	N/A		

CP11: CANCER CARE SERVICES: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, all urgent breast cancer referrals should be seen within 14-days.

Baseline: 82.7%

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 100%

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level;

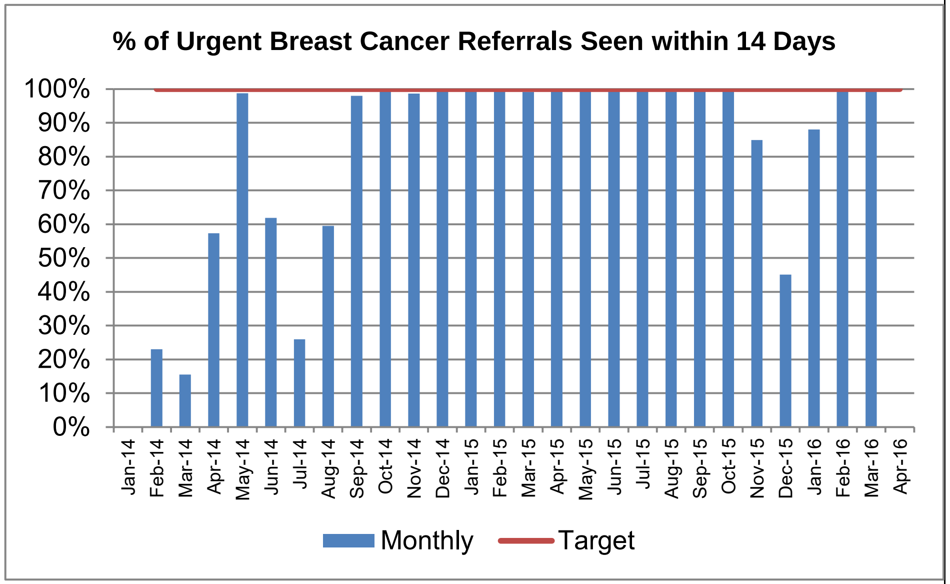
Comments:

There are on-going challenges with the ability to secure the specialists skills required to maintain the funded capacity for breast services. The Trust is currently working with a single breast surgeon and a single specialist breast radiologist in this area due to vacancies. The Trust's ability to increase capacity via the provision of additional sessions is limited as current staff do not meet the requirement to receive the regionally agreed payment rate for working outside their contracted hours. Regional manpower issues prevail in these areas and recruitment has been unsuccessful to date.

Demand continues to increase for breast cancer assessments. In April 2016 there were 507 referrals for symptomatic breast which is a 19% increase in referrals compared to April 2015. Urgent demand, related to suspected cancer makes up approximately 70% of all referrals. Routine demand, which is outside this target, however continues to increase and over the year was 16% (+522 patients) higher than the same period in 2014/2015. It is of note that there continues to be no subsequent increase in confirmed cancer outcomes

Regionally, cumulatively for 2015/2016 the SHSCT achieved 93% against the 14-day target compared to a Regional average of 76%. Performance across the Region was variable – WHSCT 99%; SHSCT 93%; NHSCT 78%; SEHSCT 66%; and BHSCT 43%.

As anticipated performance in April has decreased significantly due to impact of reduced operational capacity and the inability to run the 4 weekly assessment clinics, with only 69% of patients seen within 14-days within the month. This position has continued to deteriorate with only 12% of patients seen within 14-days week ending 2 May 2016. It is estimated that this trend will continue in May. While the majority of patients, who have appointment dates are waiting between 22 to 24 days, there are a small number of patients stretching out to 27 and 28 days. Whilst this position is challenge the service continues to remain focused on maintaining a total pathway of 62-days for beginning of active treatment.



Actions to Address:

- Increasing demand has been highlighted to the HSCB and will be monitored closely to establish if this is a longer term trend;
- Trust escalated pressures related to medical manpower issues to HSCB in Feb 2016 when potential issues emerged and engaged with local Trust to secure interim capacity for breast surgery;
- Trust has discussed impact of reduced capacity for specialists breast radiology at the regional radiology network and against secure short term committed to additional sessions from specialist colleagues, and
- Trust has formally escalated pressures in relation to the totality of breast services including symptomatic clinic assessment (14-day target), specialist surgery services and breast screening to HSCB and a meeting has been arranged (2 June) to discuss options which will require regional solution.

Monthly Position:												**Cum Assess**	**Trend**
May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**		
99.6% (269 out of 270)	100% (243 out of 243)	100% (282 out of 282)	99.2% (236 out of 238)	100% (248 out of 248)	100 % (255 out of 255)	84.9% (242 out of 285)	45.1% (124 out of 275)	88% (228 out of 259)	100% (264 out of 264)	100% (261 out of 261)	69% (149 out of 217)	R	↓

CP 11: CANCER CARE SERVICES: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31-days of a decision to treat. (No change in target)

Baseline: 99%

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 98%

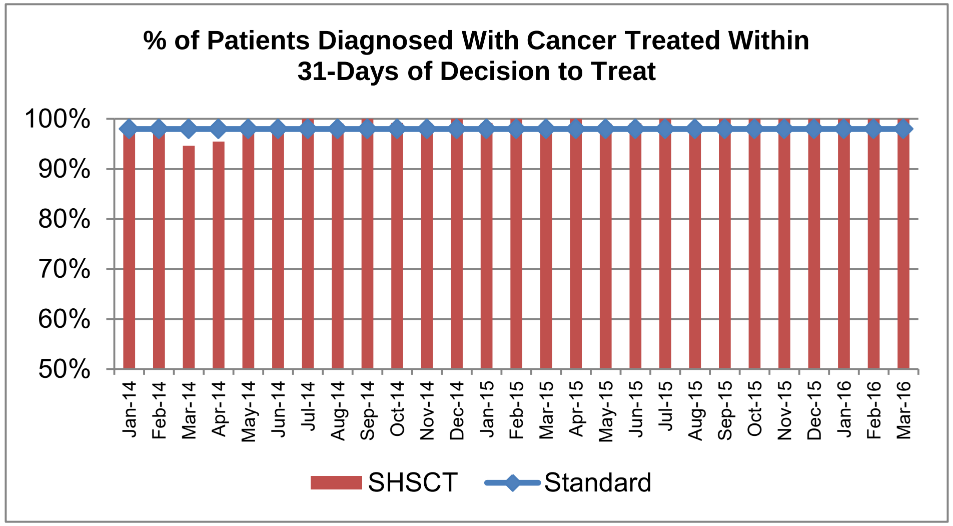
Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level;

Comments: Reporting one month in arrears

Performance against the 31-day standard is based on completed waits i.e. Those patients that have had their cancer confirmed and who have received their first definitive treatment. Performance against this target has been consistently high.

March Regional performance demonstrates an average of 95% and a range of performance from 90% (BHSCT) to 100% (SHSCT).The Southern Trust has a performance of 100% for 2015/2016 and is the joint highest performing Trust with WHSCT.

April performance shows a continuation of the 100% achievement against this target.



Monthly Position:												Cum Assess	Trend
Apr 2015	**May 2015**	**June 2015**	**July 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**March 2016**		
100%	99.03%	99.13%	100%	99.03%	100%	100%	100%	100%	100%	100%	100%	🟩 **G**	⇔

CP 11: CANCER CARE SERVICES: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2014, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days. (No change in target)

Baseline: 85.3%

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 95%

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level;

Comments: Reporting one month in arrears

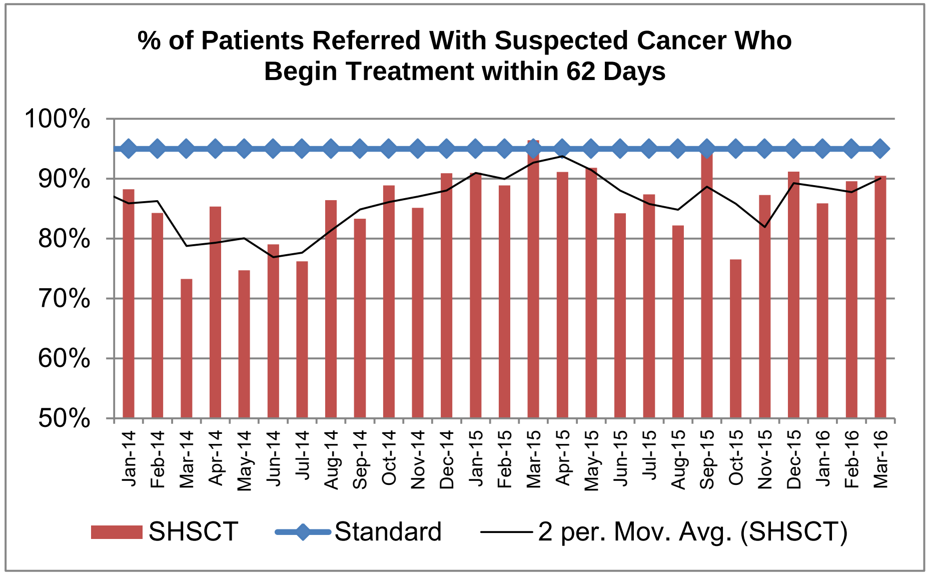
Performance against the 62-day standard is based on completed waits i.e. those patients that have had their cancer confirmed and who have received their first definitive treatment.

62-Day: In March there were 6.5 patients in excess of the 62-day standard (7 inter-Trust Transfer and 3 Internal). Key issues relate to:

- Increased referrals in some specialties with a total increase of 20% (+522 referrals) from the same period last year; and
- Delay in radiology special investigations (ultrasound) due to medical manpower issues associated with a vacancy.

Performance in March (91%) remains above the Regional average of 71%, with the Trust, cumulatively, the second best performing Trust in the Region (88%) behind WHSCT (91%). Performance ranges from 58% (BHSCT) to 91% (WHSCT).

Day-85: In March there were no 85 day breaches and the unvalidated position for April shows no 85 day breaches.



% of Patients Referred With Suspected Cancer Who Begin Treatment within 62 Days

Monthly Position:												Cum Assess	Trend
Apr 2015	**May 2015**	**June 2015**	**July 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**March 2016**		
91.11%	91.84%	84.21%	87.37%	82.22%	95.16%	76.54%	87.3%	91.2%	85.9%	89.6%	90.51%	**A**	↑

CP 12: UNSCHEDULED CARE: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, 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. (No change in target)

Baseline: Trust – 83.8%

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 95%

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level;

Comments:

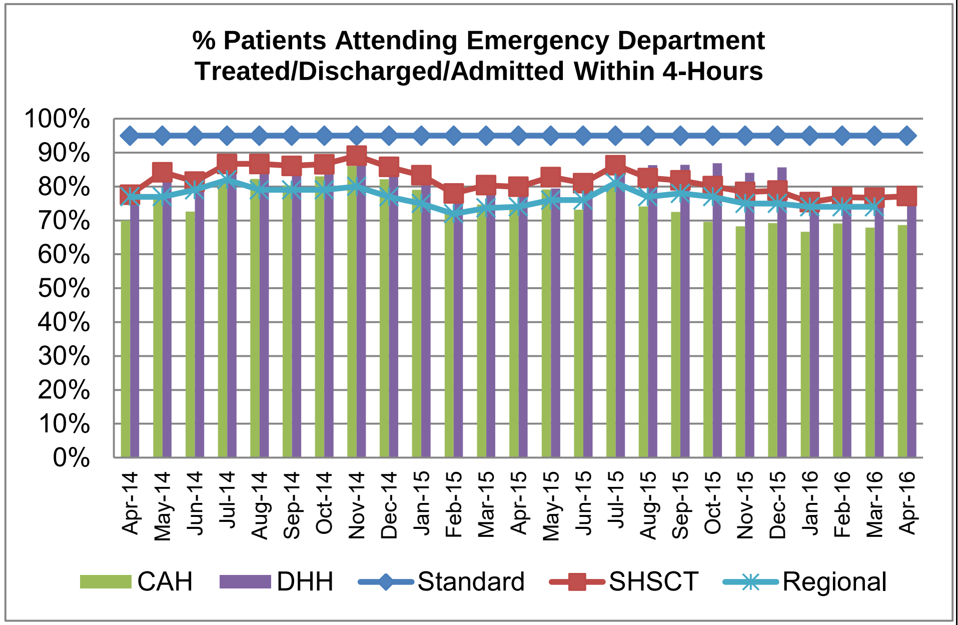
Performance continues to be challenging locally and Regionally with heightened unscheduled care pressures throughout March and into April . In April local performance against the 4-hour target remained challenging with only 69% (CAH) and 78% (DHH) patients treated, discharge or admitted within 4 hours.

Analysis of attendances is showing a significant increase in attendances on Mondays; in Mondays in April there were two days of 270+ attendances in CAH and two days of 300+ attendances; average attendances are around 240 per day. These peaks, coupled with runs in high numbers of emergency admissions on consecutive days, leads to wider system pressure.

Across the 2015/2016 year the average wait time in CAH ED for patients non-admitted was 2 hours 34 mins and 4 hours 37 mins for those who were admitted; 2hours 1 min and 3 hours 44 respectively for DHH

Regional comparison in March showed SHSCT achieving 77% against a Regional average of 74%. Cumulatively for 2015/2016 the SHSCT achieved 80%. Performance ranged from 66% (NHSCT) to 80% (SHSCT).

ED was reviewed by Regulation and Quality Improvement Authority (RQIA) in April and received positive feedback which reflected care compassionately delivered with a measured response to busy periods.



Emergency Department

- Renewed focus on key aspects of the 60-minute plan and other key flow indicators including triage time;
- Improvement work focused on throughput in the minor stream;
- Work to improve communication with GPs on-going, and
- Review of alternatives to ED attendances including access to

diagnostics and specialist advice

Forward Look Actions

- The Trust has established an unscheduled care operational improvement group to provide oversight to a range of cross programme actions to improve this area. This will feed into the Locality Network Group and regional structures
- An unscheduled care plan for 2016/2017 is in development.

	Monthly Position:												**Cum Assess**	**Trend**
	May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**		
Trust 4-Hour	82.8% (11026 out of 13324)	81% (11317 out of 13966)	86.3% (11232 out of 13018)	82.5% (10945 out of 13266)	81.8% (10800 out of 13200)	80.1% (10557 out of 13190)	78.4% (9842 out of 12,553)	78.8% (9812 out of 12446)	75.4% (9514 out of 12,612)	76.9% (9728 out of 12651)	76.7% (10,387 out of 14,128)	77.2% (10,585 out of 13,708)	R	↑
Trust 6-Hour	95.5% (12731 out of 13324)	94.07% (13138 out of 13966)	96.4% (12553 out of 13018)	94.6% (12549 out of 13266)	94% (12414 out of 13200)	92.7% (12,232 out of 13190)	91.9% (11,545 out of 12553)	91.8% (11,425 out of 12446)	90% (11,353 out of 12,612)	91.12% (11,528 out of 12,651)	90.3% (12755 out of 14,128)	90.3% (12374 out of 13,708)		
CAH 4-Hour	79.1% (5376 out of 6794)	73.2% (5194 out of 7092)	80.2% (5289 out of 6593)	74.1% (4950 out of 6683)	72.5% (4869 out of 6716)	69.6% (4755 out of 6836)	68.3% (4488 out of 6574)	69.2% (4638 out of 6703)	66.7% (4434 out of 6649)	69.1% (4575 out of 6620)	67.9% (4894 out of 7,205)	68.6% (4702 out of 6857)	R	↑
CAH 6-Hour	94.8% (6442 out of 6794)	90.9% (6447 out of 7092)	94.1% (6206 out of 6593)	91.3% (6100 out of 6683)	89.9% (6043 out of 6716)	87.7% (5996 out of 6836)	87.4% (5743 out of 6574)	88.1% (5907 out of 6703)	85.6% (5690 out of 6649)	87.5% (5794 out of 6620)	85.7% (6,174 out of 7,205)	86.0% (5898 out of 6857)		
DHH 4-Hour	79.4% (3393 out of 4272)	82.3% (3499 out of 4249)	88.6% (3740 out of 4222)	86.3% (3708 out of 4296)	86.4% (3492 out of 4044)	86.9% (3591 out of 4132)	84.1% (3311 out of 3936)	85.7% (3405 out of 3974)	78.5% (3223 out of 4106)	78.4% (3183 out of 4061)	78.8% (3639 out of 4,618)	77.8% (3395 out of 4363)	R	↓
DHH 6-Hour	94.4% (4033 out of 4273)	95.7% (4066 out of 4249)	98.2% (4144 out of 4222)	96.9% (4162 out of 4296)	97.2% (3932 out of 4044)	97.1% (4014 out of 4132)	95.5% (3759 out of 3936)	96.6% (3839 out of 3974)	92.7% (3806 out of 4106)	92.7% (3764 out of 4061)	92.6% (4276 out of 4,618)	91.4% (3988 out of 4363)		
Regional Average	76%	76%	81%	77%	78%	77%	75%	75%	74%	74%	74%	N/A		

CP 12: UNSCHEDULED CARE: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, no patient attending any Emergency Department should wait longer than 12 hours.

Baseline: 14

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 0

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction at same level;

Comments:

Performance continues to be challenging locally and Regionally with heightened unscheduled care pressures throughout March and into April. In April the Trust has the highest volume of breaches with 81 patients waiting longer than 12-hour standard in April, predominantly for admissions.

Analysis of breaches indicates these occurred in clusters during high whole system pressure periods.

- In CAH there were 76 breaches of the 12-hour standard – 59 of these breaches occurred between 4 April and 12 April, whilst these days did not have higher level of ED attendance, they did have a higher number of admission (11 breaches on 6 April; 12 breaches on 7 April; 12 breaches on 12 May; and ;15 breaches on 5 April).
- In DHH there were 5 breaches of the 12-hour standard – 3 on 6 April and 2 on 7 April

During these periods discharges were lower than average which continues to be related to on-going pressures in discharge alternative in the community with reduced nursing home bed capacity this year and delays in ability to secure the level of domiciliary care support required, with particular hard to reach areas.

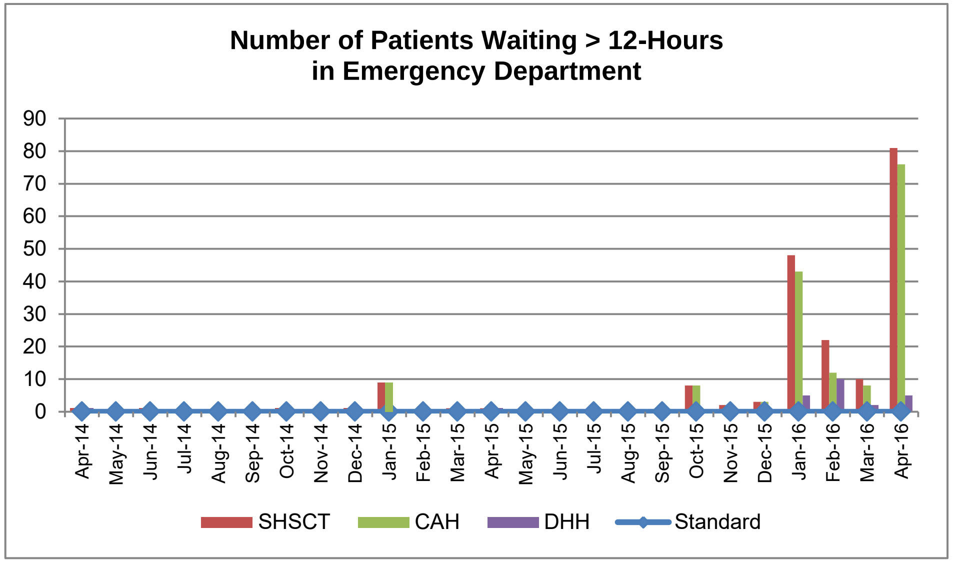
Cumulative regional performance for 2015/2016 indicates 3875 breaches with SHSCT accounted for 2.4% (93) of these breaches.

From 1 to 11 May 2016 there has been 1 breach of the 12-hour standard – DHH (9 May) and no breaches in CAH.

A number of actions have been taken to increase focus on whole system performance

Patient Flow

- Sustained management and clinical focus in and out of hours to maintain



focus and support staff;
- Daily patient flow processes with the objective of pulling discharges forward and working towards having the hospital settled by 8.00pm;
- Opening of 17 additional medical beds initiated (w/c 16 November) and flexing up of available beds throughout the system which should assist with flow issues;
- Increase capacity for psychiatric liaison input into CAH site;
- Discharge management and flow with expansion of community based services including Intermediate Care Services (ICS), Re-Ablement, Specialist Chronic Condition Community Teams and roll out of the Acute Care at Home (AC@H) model which, whilst facilitating early discharge, is having a significant impact on admission avoidance for appropriate cases;
- New pilot for engagement with AC@H team for stable patients over 80-years of age prior to admission in ED to consider appropriateness for management at home via AC@H ED.; and
- Expansion of the paediatric ambulatory service model on CAH site.

Whole System Focus
- Winter pressures plan developed and reviewed at SMT weekly;
- On-going work with Alamac, assessing performance across the pathway and initiation of whole system teleconferencing, (Mon, Wed and Friday) with relevant Assistant Directors and key staff to explore interface across the pathway;
- Better use of information with support of Alamac to link Acute and Community indicators to provide early indication of pressures and predict trends over key holiday periods, assisting pro-active planning/escalations;
- Corporate unscheduled care escalation arrangements have been reviewed in line with new regional unscheduled care guidance.
- Trust has met with HSCB to review performance and agreement to pilot a number of rapid improvements in key wards has been agreed; workshop arranged May to bring forward improvement initiatives
- HSCB facilitated audit of patient journeys in progress to identify any areas of improvement /learning opportunities; and
- Operational Unscheduled care improvement group established with active workplan.

	Monthly Position:												Cum Assess	Trend
	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016		
Trust	0	0	0	0	0	8	2	3	48	22	10	81	R	↑
CAH	0	0	0	0	0	8	2	3	43	12	8	76	R	↑
DHH	0	0	0	0	0	0	0	0	5	10	2	5	R	↑

GP OUT OF HOURS: Lead Director Mrs Angela McVeigh, Director of Older People & Primary Care

Not a formal CP target - GP Out of Hours Standards are:

Urgent triage (UT) 90% within 20 minutes

Urgent face to face (UF2F) appointment 90% within 2-hours

Routine triage (RT) 90% within 60 minutes

Routine face to face (RF2F) appointment 90% within 6-hours

Note: New Goal/objective in 16/17 Commissioning Direction for this area; 95% of urgent calls triaged within 20 minutes

Comments:

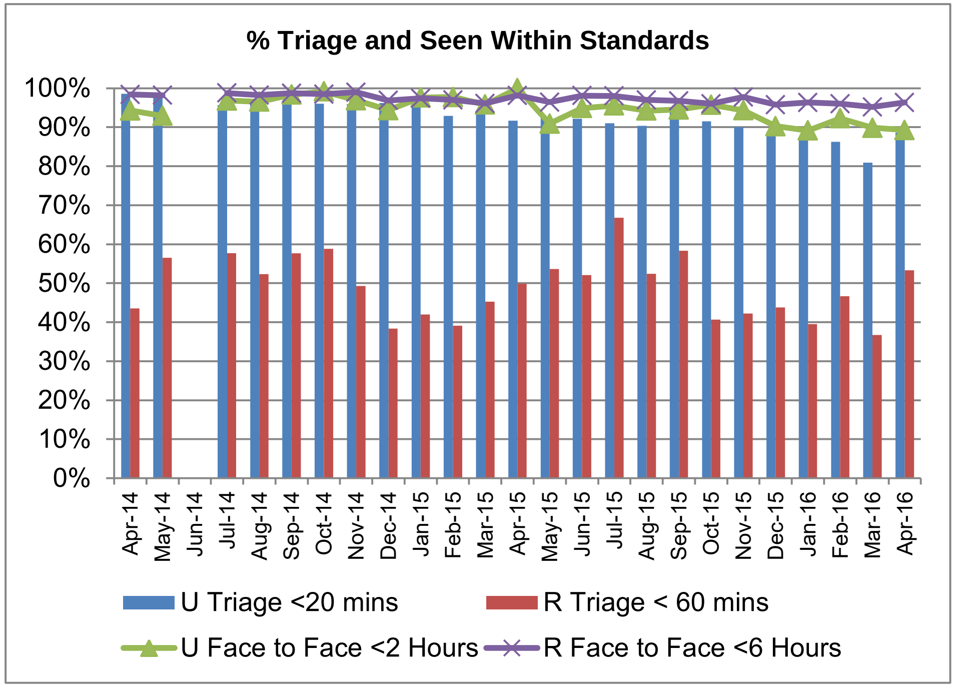
In order to reflect the totality of pressures on the 'unscheduled system' information on GP Out of Hours performance has been included. The ability to maintain adequate service provision and standards for triage relate to on-going challenges presented in filling vacant GP shifts.

The Trust has recruited and trained nurses to undertake nurse triage, as Nurse Triage Advisors and 5 nurses are working as Nurse Practitioners.

In relation to ability to cover shifts April showed improvement from March with 26.36% of GP shifts unfilled equating to 141 (out of 535 shifts) which equates to 660 hours of unfilled clinical capacity compared to 33.6% of GP shifts unfilled equating to 209 shifts (out of 622 shifts) which equates to 1014 hours. Efforts to recruit additional GPs and Locum staff have not been successful and long term sickness for 'red eye' night shift cover has compounded the position. Whilst the volume of calls can be challenging at times the complexity of individual cases which consume GP time is a key factor relating to system pressures.

Performance times are monitored closely.

- **Urgent Triage** - The percentage of urgent patients triaged within 20 minutes has increased to 88.63% at end of April which equated to 167 patients not triaged within 20 minutes compared to 80.88% and 403 patients in March. The number of patients waiting greater than 60-minutes for urgent triage reduced from 51 to 8.
- **Routine Triage** - The percentage of routine patients triaged within 60 minutes has significantly increased at the end of April to 53.35%. This equated to 2557 patients not being triaged within 60 minutes (compared to 4160 in March), of which 37 patients waited 8 - 9 hours; 72 patients waited 9 - 10 hours and 74 patients waited over 10 hours.
- **Face to Face** – The percentage of urgent patients seen within 2 hours has



remained fairly static at 89.26% with 36 patients being seen after two hours. The percentage of routine patients seen within 6 hours has improved very slightly to 96.32% compared to 95.19% at the end of March and the number of patients waiting greater than 6 hours also decreased to 91 in April from 131 in March.

Actions to Address:

- A pilot has been developed to enable Pharmacists to undertake triage, at weekends and bank holidays for medication related calls. Feedback from the GPs has been positive and the pilot has been extended to provide support in the winter pressure period;
- A capacity and demand analysis has undertaken and the outworking of this exercise will inform future planning;
- The Trust is exploring a pilot of enabling IT equipment to support Out of Hours processes including remote triage. Preparatory work for a pilot of remote triage has been done including testing of equipment; a proposal is being presented to the Senior Management Team outlining benefits and residual risks;
- Proposals to address winter pressures have been prepared; and Enhanced payment rates have been offered to seek to attract GP cover, which has had variable success.

	Monthly Position:												**Cum Assess**	**Trend**
	May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sept 15**	**Oct 15**	**Nov 15**	**Dec 15**	**Jan 16**	**Feb 16**	**Mar 16**	**Apr 16**		
UT <20 mins	92.57%	92.18%	91.01%	90.38%	93.97%	91.46%	90.06%	88.83%	87.12%	86.23%	80.88%	88.63%	R	↑
No. >20 mins	126	102	117	128	85	144	177	230	287	223	403	167		↑
RT <60 mins	53.6%	52.08%	66.75%	52.37%	58.31%	40.68%	42.22%	43.81%	39.5%	46.64%	36.72%	53.35%	R	↑
No. >60 mins	3079	2432	1791	2554	1966	3171	3206	3280	3872	2841	4160	2557		↑
UF2F <2 hrs	90.91%	94.87%	95.55%	94.25%	94.5%	95.75%	94.32%	90.23%	89.15%	92.25%	89.83%	89.26%	Y	⇔
No. >2 hrs	2	13	13	20	18	19	26	56	51	31	55	36		↑
RF2F <6 hrs	96.41%	98.11%	97.99%	96.97%	96.74%	96%	97.73%	95.75%	96.32%	95.98%	95.19%	96.32%	G	⇔
No. >6 hrs	109	42	49	69	47	66	57	117	102	86	131	91		↑

CP 14: HOSPITAL RE ADMISSIONS: Lead Director Mrs Esther Gishkori, Director of Acute Services

By March 2016, secure a 5% reduction in the number of emergency re-admissions within 30 days. (No change in target)

Baseline: 13% above target profile

TDP Assessment: Partially achievable/achievable with additional resources

Tar get: 5% reduction

Note: Target is not maintained as Goal/objective in 16/17 Commissioning Direction

Comments: Reporting three months in arrears

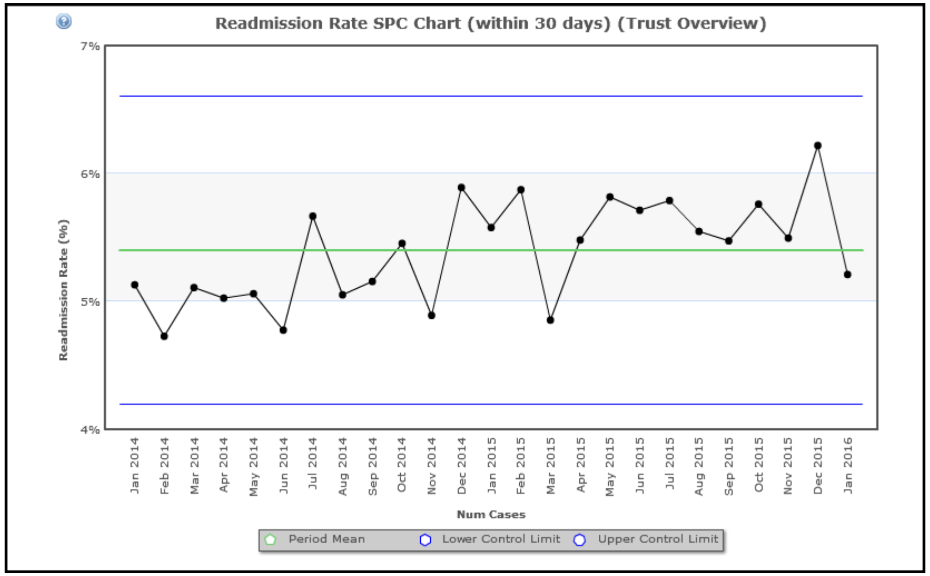
Regional performance data for 2015/2016 is not currently available. CHKS, the comparative benchmarking system, measures re-admissions against the top hospital Peers. Whilst this definition and the comparators are slightly different from those used by HSCB this is a useful guide to performance against our Peers and in providing assurance regarding appropriate patient care.

CHKS indicates the Trusts re-admission rate of 5.6% over the last 12 reportable months (January 2015 – January 2016) which is below the Peer average of 6.7% for the same period. Longer term trending on the chart demonstrates the pattern of re-admission over the last two years, which averaged a similar re-admission rate of 5.4% against a peer of 6.7% from January 2014 – January 2016) with no specific change in the average.

Re-admission rates over the last reported seven months are consistently above the average rate but still within the normal control limit. Where re-admission rates are significantly above the normal variation, analysis is being undertaken to identify specialty areas where the pattern is outside that expected for review with Associate Medical Directors to identify any patterns and, or emerging themes and to consider if any further analysis is required.

Actions to Address:

- A detailed analysis of re-admissions, including analysis of the top 10 condition groups, has been undertaken and discussed with clinicians and GP Fora; this analysis will be undertaken routinely every six months.



CP 15: ELECTIVE CARE OUT PATIENTS: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, at least 60% of patients wait no longer than 9-weeks for their first out-patient appointment and no patient waits

Baseline: 47.4% <9-weeks and 1436 >18-weeks

TDP Assessment: Unlikely to be achieved/affordable

Standard: 60% <9-weeks
0 >18-weeks

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction; updated target - 50% seen within 9-weeks and no waits longer than 52 weeks

Comments: April 2016 data not available

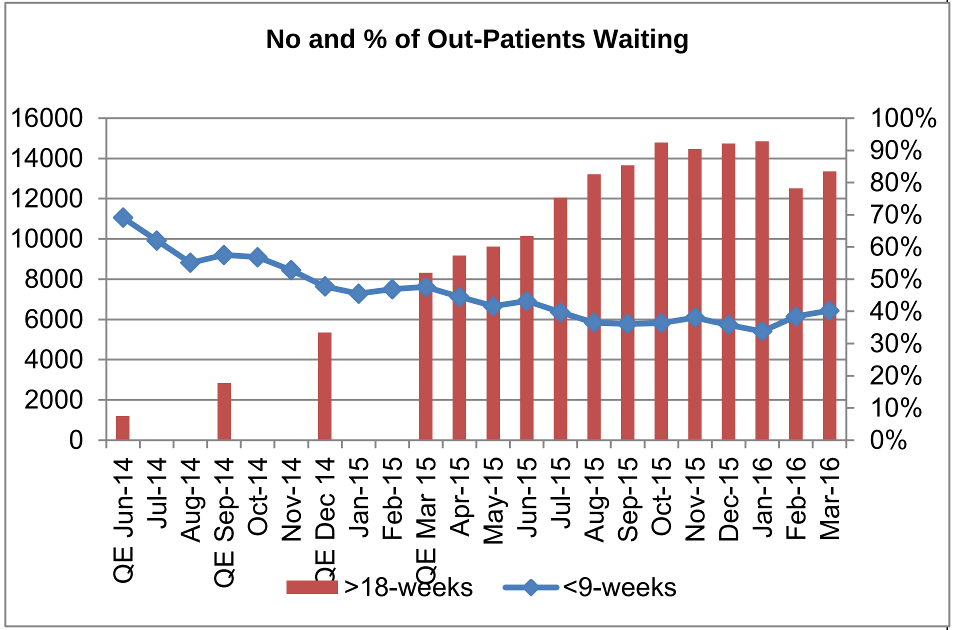
At the end of March there were 13,363 patients waiting over 18-weeks including the specialties identified in Table 15(a). This is an increase of 842 patients compared to February. Of the 13,363 patients waiting in excess of 18-weeks 3,180 of these relate to Visiting Services provided / managed by BHSCT/SEHSCT.

The percentage of total patients waiting less than 9-weeks has increased to 40.2% compared to 38.4% of patients seen within 9-weeks in February. This performance is higher than the Regional performance in February (latest position available), where the Regional average indicated 33% waiting < 9-weeks. When the Trust excludes all visiting services from its total activity this performance improves further to 43%.

Regional performance at the end of March demonstrates a total of 135,192 patients waiting in excess of 9-weeks with BHSCT 44% (59,234); SEHSCT 20% (27,178); SHSCT 15% (20,408); WHSCT 12% (15,775); and NHSCT 9% (12,597).

Key prevailing issues include:

- A range of specialty areas where capacity is insufficient to meet demand associated with residual capacity gaps and impacted by a general increase demand;
- A general increase in red flag demand, which is impacting on the access times for urgent appointments and further reducing the amount of routine capacity that can be provided;
- Financial situation which reduced the level of non-recurrent funding provided in 2014/2015 for additional capacity which resulted in accrued



increased access times; this was compounded by timeliness of funding which became available from the November Monitoring round which limited the lead in time for creating additional capacity; and
- A number of specialty areas are currently underperforming against SBA at this stage in the year. Whilst the majority will recover, to within normal tolerances, by March 2016 exceptions include Dermatology, Diabetes/Endocrinology; Orthopaedic ICATs, and Urology.

In November HSCB allocated additional funding for additional elective out-patient capacity in Pain Management and the visiting services of Ophthalmology to be undertaken in Quarter 4. This funding sought to provide an equality of wait for specialties across the Region. A contract has been placed in the Independent Sector and these patients are currently being transferred for assessment.

Funding in Q1/2 has been provided to address areas where there are long waits or patient safety concerns; funding has been allocated to Cardiology, Diabetology, Endocrinology, ENT, Gastro-enterology, General Surgery, Neurology, Orthopaedics, Rheumatology and Thoracic Medicine which will increase capacity by an estimated 1510 new out-patients and 1752 review patients in Q1/2

Actions to Address:
- Focus remains on the prioritisation of capacity to red flag and urgent cases;
- Review of performance for routine, urgent and core SBA activity undertaken with bi-weekly & monthly performance meetings. These meetings review and challenge the SBA performance and access delivery and are utilised to agree remedial action required to improve the areas of underperformance;
- Internal recovery plans in place for HSCB requested areas;
- Information on access times is shared monthly with General Practice to ensure referrers and patients are aware of current access times; and
- Non-recurrent funding for additional capacity in Q1/2 has been approved and is being put in place.

Table 15(a)

Speciality	Access time (End April 2016)	Volume over 18 weeks & change in position +/- from February to March +/- from March to April not available yet	SBA position at 31 March 2016**
Dermatology (Includes ICATS)	22 weeks	0 (-2)	Under-performing by 11%
Urology (Includes ICATS)	73 weeks	1641 (+116)	Under-performing by 9%
Ortho-Geriatrics	55 weeks	37 (+21)	Over-performing by 43%
Neurology	55 weeks	1020 (+44)	Over-performing by 6%
Orthopaedic (Consultant Led)	60 weeks	720 (+35)	Under-performing by 10%
Cardiology (Cons Led & ICATS)	44 weeks	600 (-133)	Over-performing by 14%
Orthopaedic ICATS	33-weeks	N/A	Under-performing by -13%
ENT (Cons Led)	36 weeks	1557 (+108)	Over-performing by 14%
General Surgery	38 weeks	1861 (+439)	Under-performing by 8%
Pain Management	48 weeks	47 (-227)	Under-performing by 3%
Endocrinology	75 weeks	343 (+16)	Under-performing by 28%
Diabetology	63 weeks	134 (+4)	Under-performing by 10%
Rheumatology	69 weeks	566 (-17)	Over-performing by 4%
Gynaecology	27 weeks	566 (107)	Under-performing by 3%
Gastroenterology	54 weeks	705 (+124)	Over-performing by 16%
Haematology	14 weeks	0 (-11)	Over performing by 43%
Paediatrics	26 weeks	18 (+8)	Over performing by 11%

**** SBA position at 31 March 2016 is inclusive of activity undertaken through internally redirected resources (IRR).**
A summary of actual access times for April 2016 is attached in Appendix 3.

	Monthly Position:													**Trend**
	May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**	**Cum Assess**	
<9-wks	41.6% (13,320)	43.2% (14,168)	39.7% (13,405)	36.5% (12,692)	36.1% (12,510)	36.4% (12,799)	38.1% (13,262)	35.8% (12,294)	33.8% (11,555)	38.44% (12,551)	40.2% (13,738)	N/A	R	↑
>18-wks	30% (9,616)	31% (10,148)	36% (12,057)	38% (13,216)	39% (13,664)	42% (14,787)	42% (14,475)	43% (14,736)	43% (14,855)	38% (12,521)	39.1% (13,363)	N/A	R	↑

Note: Historic data for volumes in excess of 18-weeks is only available on a quarterly basis.

OUT PATIENT REVIEWS Patients waiting beyond their clinically indicated timescales: Lead Director Mrs Esther Gishkori, Director of Acute Services (Not a formal CP target)

Comments: Excludes Visiting Services - Oral Surgery, Ophthalmology, Paediatric Cardiology, Paediatric Dentistry and Paediatric Neurology (April 2016 data not available)

Of the 13,090 patients waiting for review appointments beyond their clinically indicated date, at 1 April 2016, the majority of these (11,449) relate to Acute Consultant Out-Patient services with 927 Paediatrics and 707 ICATS.

- 21% of those waiting are in excess of 6-months;
- 30% are waiting between 3 – 6 months; and
- 48% are waiting less than 3-months for a review.

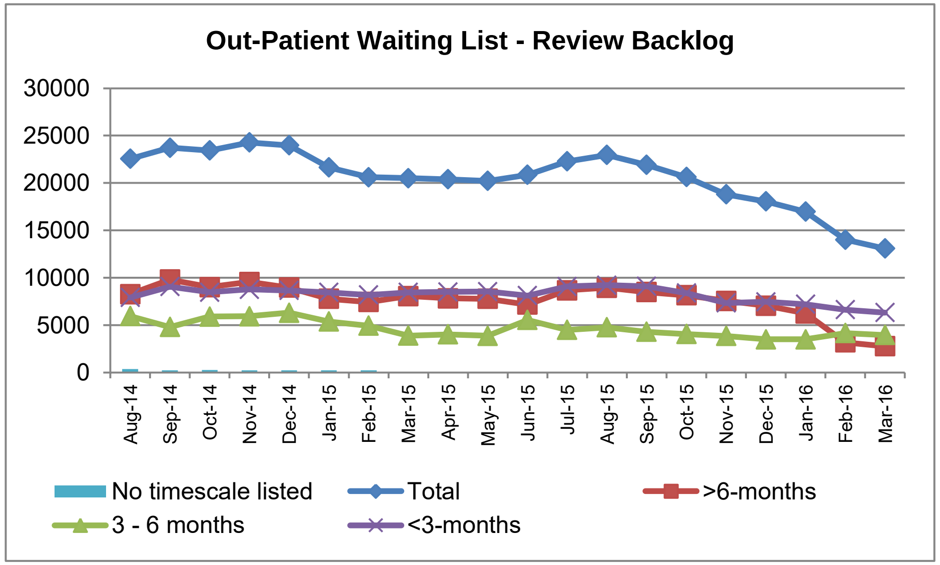
The longest Trust waits are in Urology, however, all patients waiting prior to 2013/2014 have been offered an appointment.

Internally re-directed resources provided additional capacity to target over 5000 of the longest waits across a range of specialty areas in 2015/2016.

Non-recurrent funding has been allocated to increase capacity in Q1/2 to address in the following areas Cardiology, Diabetology, Endocrinology, General Surgery, Orthopaedics, Pain Management, Rheumatology and Urology. It is estimated that 1750 additional patients will be seen across these specialties.

Actions to Address:

- Arrangements in place to minimise risk and ensure reviews with high clinical priority take place in accordance with the clinically indicated timescale;
- The Trust has highlighted the on-going emergent risk in the clinical pathway from review patients waiting beyond their clinically indicated timescale to HSCB; and
- HSCB allocated non-recurrent funding in Q1/2 of 2016/2017 to Trust for additional capacity and this is being put in place.



	Monthly Position:												Cum Assess	Trend
	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016		
Total	20,223	20,874	22,294	22,968	21,915	20,627	18,803	18,065	16,987	14,018	13,090		R	↑
>6 months	7,786	7,189	8,680	8,957	8,501	8,163	7,574	7,067	6,256	3,199	2,786			
3 – 6 months	3,886	5,562	4,514	4,786	4,303	4,065	3,876	3,522	3,510	4,174	3,967			
<3 months	8,551	8,123	9,096	9,220	9,107	8,398	7,353	7,476	7,209	6,643	6,330			
No 'Date Required' listed	53	6	4	5	4	1	0	0	12	2	7			

Note: Totals include hospital based reviews including Paediatrics, Orthopaedic ICATS but excludes Mental Health (which is reported separately).

Note: Visiting Services have been excluded from February. The number of Visiting Service patients in OP review backlog at March are: Ophthalmology (1983), Oral Surgery (36), Paediatric Cardiology (330), Paediatric Neurology (9), and Paediatric Dentistry (14) – Total of 2372 patients at 1 April 2016. The Trust provides regular updates on this position to the Provider Trust and to the SLCG.

CP 16: ELECTIVE CARE DIAGNOSTICS: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, no patient waits longer than 9-weeks for a diagnostic test and all urgent diagnostic tests are reported on within two-days of the test being undertaken.

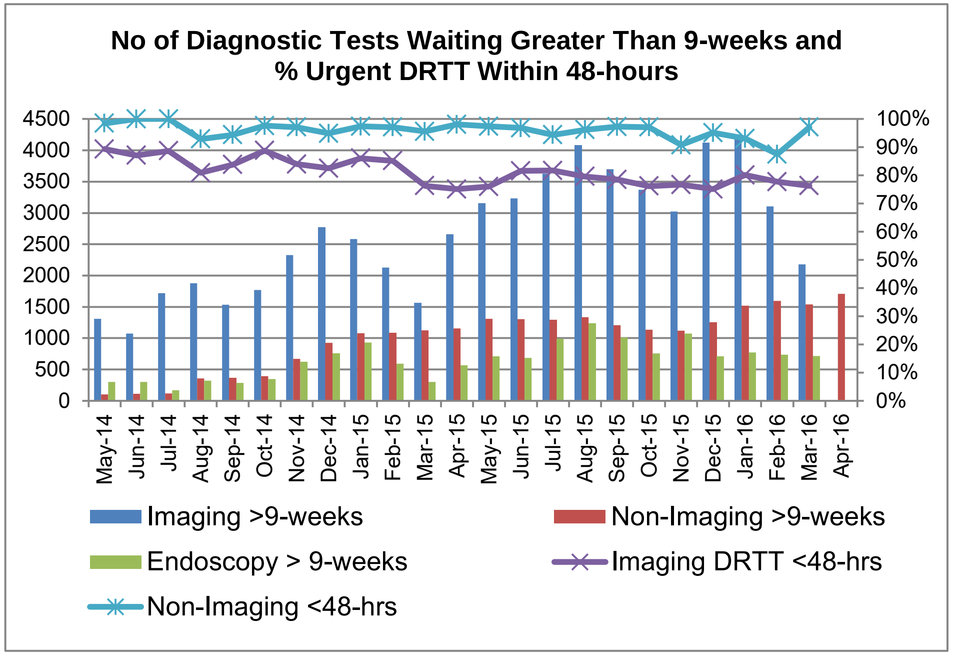
Baseline: Imaging Diagnostics –1566 >9-weeks
Non-Imaging Diagnostics – 1123 >9-weeks
Endoscopy – 302 >9-weeks patients
Imaging DRTT – Urgent tests 85.2%
Non-Imaging DRTT – Urgent tests 96.9%

TDP Assessment: Unlikely to be achieved/affordable

Standard: Diagnostic Testing - 9-weeks
Endoscopy - 9-weeks
Diagnostic Reporting Turnaround Time (DRTT)- 2 days

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction; updated target - 75% of diagnostics test within 9-weeks and no waits longer than 26 weeks DRTT for urgent patients maintained at same level

Comments: April 2016 data not available for Imaging, Endoscopy and DRTT


No of Diagnostic Tests Waiting Greater Than 9-weeks and % Urgent DRTT Within 48-hours

Imaging

Volumes over 9 weeks have decreased, by 923, to 2180 in March with the largest decrease in MRI (-403); CT (-341); and Non-Obstetric Ultrasound (-292). This is due to additional capacity in place in the Independent Sector.

HSCB provided additional non-recurrent funding for additional capacity for CT, Non-Obstetric Ultrasound and Plain Film reporting in Q3/4 2015/2016.

Regionally, in March there were 19,638 patients waiting longer than 9-weeks for a diagnostic test, with the Trust accounting for 18.95% (3,721) of these.

The Trust has received a non-recurrent allocation for diagnostics for Q1/2. This includes provision for CT; CTC; Non-Obstetric Ultrasound; and Plain Film Reporting. Whilst the CT; CTC; and Non-Obstetric Ultrasound can be undertaken via in-house additionality, the Trust has no internal options available for plain film reporting. Therefore, the Trust is seeking to establish a plain film IS contract via mini-competitive tender, off the Regional Eligible Providers List.

Whilst diagnostic imaging continues to perform well against the agreed SBA, capacity is not sufficient to provide for all routine examinations and focus is therefore on in-patients, red flag and urgent patients.

A replacement scanner for the original CT scanner has been commissioned and the Trust has secured a mobile scanner to provide seamless capacity during the replacement period. The SLCG have provided a letter of revenue support for a second CT scanner and the Trust has developed a capital case for the investment.

Current access times are provided in table 16a.

Actions to Address:

- The Trust has submitted an Investment Proposal Template (IPT) proposal to address, in part, the non-obstetric capacity gap.

Non-Imaging

At the end of April, 1707 patients were waiting in excess of 9-weeks, the majority (95%) were waiting for Cardiac Investigations which have an identified capacity gap and which has shown an increase of 174 patients from the previous month. Cardiac Investigations, more specifically Echocardiography, has been affected by on-going increase in demand and capacity gaps associated with sickness in the accredited workforce for this area.

Whilst HSCB made an allocation for additional capacity for Echocardiogram and Ambulatory Cardiac Monitoring early in 2015/2016 the Trust was unable to secure the total additional capacity required.

Recurrent investment has been agreed for cardiac investigations (Echocardiogram) and whilst previous recruitment exercises have been unsuccessful the Trust has re-advertised and is scheduled to interview in early June.

Actions to Address:

- Further analysis is being undertaken to identify if there is a further increase in demand, beyond that which was identified; and
- The Trust has re-advertised and is scheduled to interview in early June.

Endoscopy

Demand continues to present challenges in maintaining waits for urgent patients and those waiting for repeat procedures. The HSCB has made a recurrent commitment of funding to support training of two new Nurse Endoscopists and establishment of 4 additional Medical-led sessions. Due to the time lag for training the new Nurse Endoscopist posts a residual capacity gap exists.

Table 16(a)

	Current Access (End April)		
Endoscopy – Symptomatic Only	50 weeks	730 (-8)	Under performing by 7%
Imaging			
Plain Film	9 weeks	0 (-13)	Over performing by 16%
CT	19 weeks	367 (-341)	Over performing by 7%
CTC	23 weeks		
Non-Obstetric Ultrasound	17 weeks	918 (-292)	Under performing by 2%
Dexa	21 weeks	538 (+72)	Over performing by 3%
MRI	21 weeks	142 (-403)	Over performing by 9%
Imaging (Not Included in CP Target			
Fluoroscopy	22 weeks	144 (-9)	No SBA
Barium Enema	13 weeks	9 (+5)	No SBA
Gut Transit Studies	13 weeks	1 (-1)	No SBA
Radio Nuclide	13 weeks	0 (-2)	No SBA
Modality	**Current Access (End April)**	**Volume over 9 weeks & change in position +/- from March to April**	**SBA position as at 31 March 2016**
Non-Imaging			
Audiology	9 weeks	0 (0)	Over-performing by 3%
Cardiac Investigations (total)	30 weeks	1619 (+174)	No SBA
Neurophysiology	7 weeks	0 (0)	Regional service
Sleep Studies	9 weeks	0 (0)	No SBA
Urodynamics (Urology)	71 weeks	88 (-8)	Included in OP SBA
Urodynamics (Gynae)	6 weeks	0 (0)	Under performing by 29%

Note: 1. Urodynamics (Urology) – following a review of reporting, access times need to be validated.

**** SBA position at 31 March 2016 is inclusive of activity undertaken through internally redirected resources (IRR).**

HSCB made an allocation of additional non-recurrent capacity in 2015/2016 and whilst in-house additional capacity was put in place the Trust was unable to secure the full capacity required in the Independent Sector, with no providers responding to the Trust's most recent mini-competitive tender. Within the limited capacity secured there were high volumes of 'fall out' as some patients choose not to avail of the offer and others were unsuitable. In lieu of this the Trust had been able to secure further additional sessions internally in March.

The Trust is projecting an access time of 50-weeks for routine endoscopy at the end of April 2016. However, patients waiting for routine planned repeat procedures are waiting almost one-year beyond their clinically indicated timescales.

HSCB has indicated that a non- recurrent allocation of funding, to address waits in endoscopy, will be provided in Q1/2 2016/2017. Pending this allocation the Trust has proceeded to put additional capacity in place.

Actions to Address:

- Trusts continue to focus capacity to red flag, urgent and urgent planned repeat scopes in the first instance;
- Endoscopy User Group in place who regularly review the access times for red flag, urgent, urgent planned repeat endoscopy and routine scopes and operational issues,
- The Trust is implementing the agreed investment for endoscopy and has two additional nurse Endoscopists in training; and
- Additional capacity put in place in Q1/2 to part address the capacity gap and backlog.

Reporting Times

Diagnostic reporting turnaround times (DRTT) for urgent reports within 48-hours remains at the lower end of Regional performance. This is associated with on-going vacancies in the consultant workforce.

In March regional average for urgent DRTT within 2 days was 87%, the SHSCT was the lowest performing Trust regionally with 78% reported within two days, SET were the best performing Trust with 97% reported on within two days. Cumulatively in 15/16 the SHSCT is the lowest performing Trust regionally with 78% reported on within 2 days compared to a regional average of 88%, the highest performing Trust is SET with 96%.

Monitoring is in place to specifically monitor the reporting time for plain films including chest x-rays.

HSCB has provided funding for additional plain film reporting in Q1/2 of 2016/2017 and the Trust is seeking to establish a plain film IS contract via mini-competitive tender, from the Regional Eligible Providers List.

Actions to Address:

- The Trust has submitted an Investment proposal template for consideration in 2016/2017 to address capacity gaps, in part, in plain film reporting; and
- The Trust continues to seek to recruit radiologists.

A summary of actual access times for April 2016 is attached in Appendix 3.

	Monthly Position:												**Cum Assess**	**Trend**
	May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**		
Imaging >9-weeks	3155	3233	3628	4075	3700	3372	3024	4125	4193	3103	2180		R	↑
Non-Imaging >9-weeks	1311	1302	1287	1335	1207	1137	1122	1250	1517	1596	1541	1707	R	↓
Endoscopy >9-weeks	709	686	991	1238	1012	756	1073	713	770	738	716		R	↓
Imaging DRTT Urgents <48-hrs	74.9% (2514 out of 3357)	80.6% (2732 out of 3390)	81% (2538 out of 3134)	79.2% (2420 out of 3054)	77.6% (2670 out of 3439)	75.9% (2823 out of 3718)	76.2% (2519 out of 3306)	73.5% (2702 out of 3674)	77.8% (2831 out of 3638)	77.7% (2670 out of 3435)	76.3% (2569 out of 3366)		R	↑
Non-Imaging DRTT - Urgent <48-hrs	97.4% (187 out of 192)	96.8% (183 out of 189)	94.4% (169 out of 179)	96.2% (179 out of 186)	97.3% (179 out of 184)	97.1% (203 out of 209)	90.8% (158 out of 174)	95.1% (155 out of 163)	93.1% (148 out of 159)	87.5% (203 out of 232)	97.1% (204 out of 210)		R	↓

CP 17: ELECTIVE CARE IN PATIENTS AND DAY CASES: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, at least 65% of in-patients and day-cases are treated with 13-weeks and no patient waits longer than 26-weeks.

Baseline: 68.5% <13-weeks and 1162 >26-weeks

TDP Assessment: Partially achievable/achievable with additional resources

Standard: 65% <13-weeks
0 >26-weeks

Note: Standard is maintained as Goal/objective in 16/17 Commissioning Direction; updated target - 55% seen within 13-weeks and no waits longer than 52 weeks

Comments: April 2016 data not available

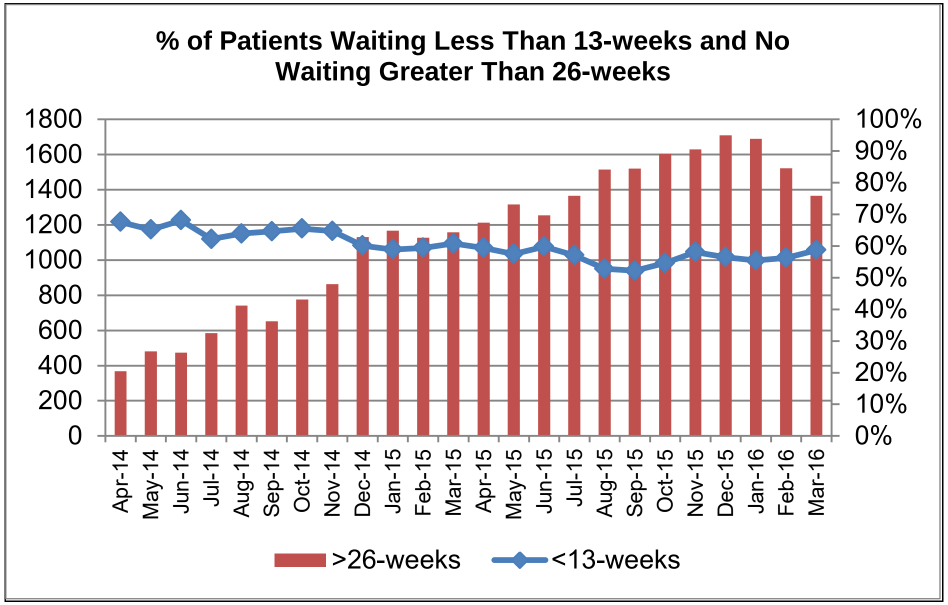
There are a total of 1,365 patients waiting greater than 26-weeks at the end of March.

Regionally there were 17,601 patients waiting greater than 26-weeks in March of which the Trust accounted for 8.1% (1,427). Those specialities waiting over 26-weeks are identified in Table 17(a).

The percentage of those waiting less than 13-weeks increased to 64%, which is still below the target of 65%. However, performance is above the Regional average of 52% in March. Issues affecting access times prevail and include:

- Impact of decreased level of non-recurrent funding available in 2014/2015 for in-house additionality and independent sector which has resulted in accrued backlogs; and
- Limited non-recurrent funding allocation for areas with capacity gaps in 2015/2016, which has resulted in inability to reduce accrued backlogs and seen access times increase where capacity gaps exist. (Exceptions are Pain Management, General Surgery and small volume of Orthopaedics funded via November Monitoring Round).

The Trust continues to monitor performance against SBA to ensure that this is optimised and that SBA underperformance does not account for growth in access times. Whilst a number of specialty areas are currently underperforming against SBA, plans are in place to recover the majority of areas in-year. Key exceptions include General Surgery, Orthopaedics and Urology. Endoscopy day cases, monitored under diagnostic targets, will



also not achieve the SBA in year.

Non-recurrent funding approved for additional capacity in Q1/2 2016/2017 has been allocated to Cardiology, Dermatology and Pain Management day cases and General Surgery, Gynaecology, Orthopaedic and Urology in-patients. It is estimated that an additional 120 patients will be treated in this period.

Actions to Address:

- Internal focus continues on the need to balance the access time for urgent and routine waits within the agreed acceptable levels in each specialty area;
- Review of performance for routine and urgent waits and core SBA activity undertaken with bi-weekly & monthly performance meetings. These meetings review and challenge the SBA performance and access delivery and are utilised to agree remedial action required to improve the areas of underperformance;
- Information on access times is shared monthly with General Practice to ensure referrers and patients are aware of current access time; and
- Additional capacity, funded non-recurrently, is being put in place.

Table 17(a)

Speciality	**Access Times (End April 2016)**	**Volume >26-weeks and +/- from February to March position** **+/-March to April not available yet**	**SBA position at 31 March 2016**
General Surgery	94 weeks	201 (-7)	Under-performing by 15%
ENT	27 weeks	2 (+2)	Under-performing by 11%
Breast Surgery	67 weeks	3 (-2)	Over-performing by 2%
Gynaecology	25 weeks DC 36 weeks IP	25 (-3)	Under-performing by 4%
Pain Management	80 weeks	248 (-140)	Over-performing by 14%
Urology	124 weeks	378 (+23)	Under-performing by 5%
Orthopaedics	88 weeks	433 (-51)	In balance 0%
Cardiology	46 weeks	123 (+20)	SBA to be agreed
Gastroenterology	5 weeks	11 (+11)	SBA to be agreed

A summary of actual access times for April 2016 is attached in Appendix 3.

**** SBA position at 31 March 2016 is inclusive of activity undertaken through internally redirected resources (IRR).**

	Monthly Position:												**Cum Assess**	**Trend**
	May 2015	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**April 2016**		
<13-weeks	57.5% (3835)	59.8% (4061)	57.1% (3920)	52.8% (3559)	52.2% (3511)	54.6% (3707)	58.1% (3945)	56.5% (3892)	55.4% (3876)	56.3% (3875)	58.7% (3997)	N/A	R	↑
>26-weeks	19.7% (1316)	18.5% (1255)	20.1% (1366)	22.5% (1515)	22.6% (1520)	23.6% (1604)	23.99% (1629)	24.8% (1709)	24.2% (1690)	22.1% (1522)	20% (1365)	N/A	R	↑

CP 19: STROKE PATIENTS: Lead Director Mrs Esther Gishkori, Director of Acute Services

From April 2015, ensure that at least 13% of patients with confirmed Ischaemic Stroke receive Thrombolysis. (Change in target from 12% to 13%)

Baseline: 15% (April – December 2014 – Year-end baseline to be available July 2015) **TDP Assessment:** Achievable and Affordable	**Target:** 13% *Note: Target maintained as Goal/objective in 16/17 Commissioning Direction with further increase to 15%*

Comments: Reporting three months in arrears - January 2016 data not available

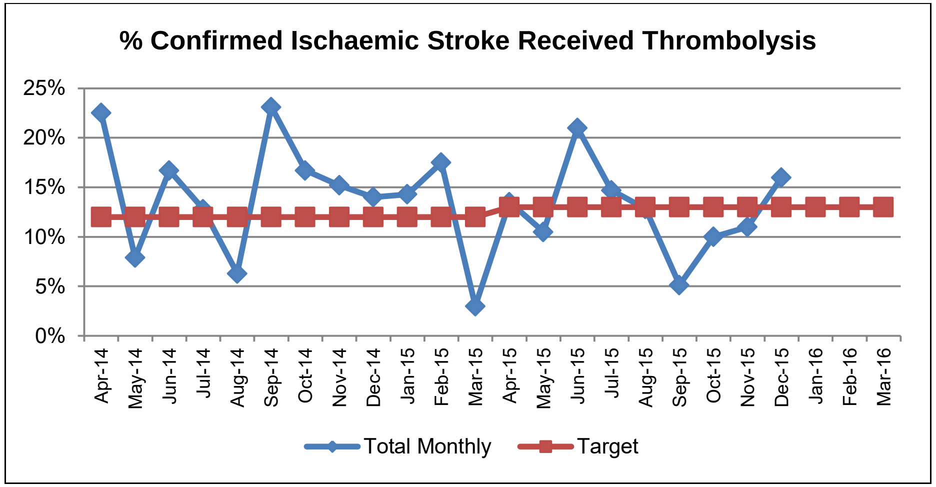
Thrombolysis is a key intervention in the treatment of ischaemic stroke and increasing the number of patients receiving this treatment will allow for significant or complete recovery thereby preventing the need for long-term healthcare and enhancing the potential for improved quality of life post stroke.

Performance at 31 March 2015 demonstrated a cumulative performance of 14%, which is above the target of 13%.

Monthly performance against this target is impacted by the variable presentation of strokes, which is affected both seasonally and geographically. It should be noted strokes vary in type and they will vary in time presentation and clinical decisions will determine whether the drug is to be delivered considering the risks and benefits.

Actions to Address:

- A multi-disciplinary group has been established across hospital sites which reviews each case, focusing on performance and identifying any areas for improvement;
- Review of time from scanning to reporting with a view to reducing this on-going;
- Close monitoring of door to needle time out of hours; and
- Seeking improvement in communication with and feedback to NIAS.



Notes:

- April May 2014 to March 2015 data is based on 12% in line with 2014/2015 Commissioning Plan.
- April 2015 onwards is based on 13% in line with 2015/2016 Commissioning Plan – reporting as per technical guidance Deaths and Discharges are used as an approximation of Admissions and figures are presented by month on discharge not month on admission.

	Monthly Position:												Cumulative Assessment	Trend
	Feb 2015	Mar 2015	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016		
Trust	17.5%	3%	14%	11%	21%	15%	13%	5%	10%	11%	16%	N/A		
Trust Admissions* see below	A 40 T 7	A 33 T 1	A 37 T 5	A 38 T 4	A 39 T 8	A 34 T 5	A 39 T 5	A 39 T 2	A 30 T 3	A 28 T 3	A 45 T 7	N/A		
Trust Cumulative	-	14.1%	-	-	-	-	-	-	-	-	13%	N/A	G	↑
CAH	15.4%	3.7%	9%	15%	18%	11%	16%	4%	11.%	12%	15%	N/A		
CAH Admissions* see below	A 26 T 4	A 27 T 1	A 23 T 2	A 26 T 4	A 28 T 5	A 28 T 3	A 25 T4	A 23 T1	A 18 T 2	A 17 T 2	A 27 T 4	N/A		
CAH Cumulative	-	10.6%	-	-	-	-	-	-	-	-	13%	N/A		
DHH	21.4%	0%	21%	0%	27%	33%	7%	6%	8%	9%	17%	N/A		
DHH Admissions* see below	A 14 T 3	A 6 T 0	A 14 T 3	A 12 T 0	A 11 T 3	A 6 T 2	A 14 T 1	A 16 T 1	A 12 T 1	A 11 T 1	A 18 T 3	N/A		
DHH Cumulative	-	22.1%	-	-	-	-	-	-	-	-	13%	N/A		

Key: Stroke: A = Stroke Admissions (14-15) / Deaths or Discharges (15-16) / T = Patients Who Had Thrombolysis Administration

Notes:

- April May 2014 to March 2015 data is based on 12% in line with 2014/2015 Commissioning Plan
- April 2015 onwards is based on 13% in line with 2015/2016 Commissioning Plan – reporting as per technical guidance Deaths and Discharges are used as an approximation of Admissions and figures are presented by month on discharge not month on admission

CP 20: HEALTHCARE ACQUIRED INFECTIONS: Lead Director Dr Richard Wright, Medical Director

By March 2016, secure a reduction of 20% in MRSA and Clostridium Difficile infections compared to 2014/2015.

Baseline: MRSA – 9
C Diff – 39

TDP Assessment: Requires further clarification from HSCB/DHSSPS

Target: MRSA – 5
C Diff – 32

Note: Target maintained as Goal/objective in 16/17 Commissioning Direction with further increase of 10-20% on 2015/2016 performance - to be confirmed

Comments:

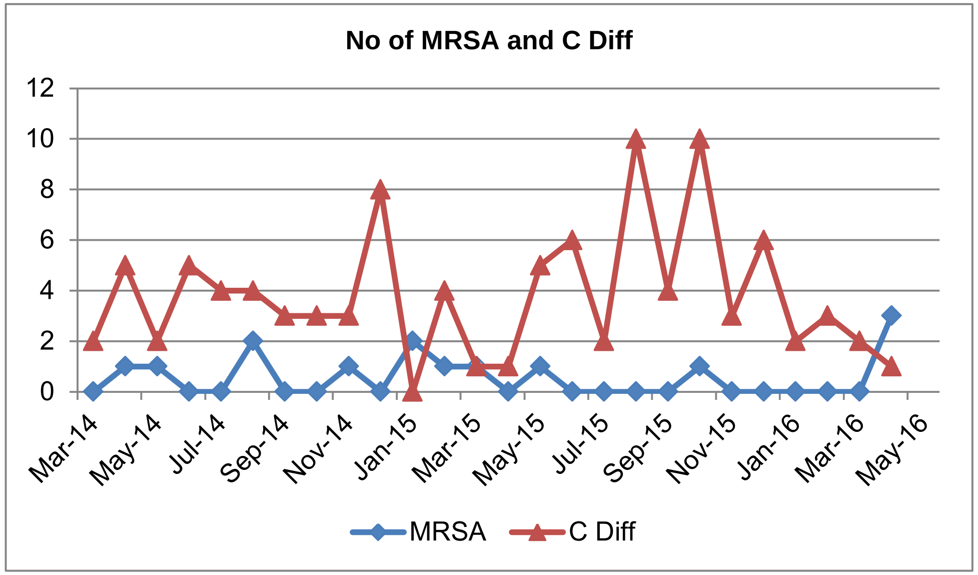
MRSA
2015/2016 cumulative performance varied across the Region from 2 (SHSCT) to 34 reported cases (BHSCT). SHSCT had no new reported cases in March. In April there were 3 reported cases of MRSA.

C Difficile
2015/2016 cumulative performance varied across the Region from 54 (SHSCT) to 129 reported cases (BHSCT). There have been an additional 2 C-Diff cases in March bringing the total for SHSCT to 54. In April there was 1 new reported case of C-Diff.

In August the SHSCT noted a significant increase in the number of cases, and performance has been variable over the subsequent months.

Actions to Address:

- Focus on range of actions to increase accountability and promote shared learning, including root cause analysis, review of trends;
- A re-focus on antibiotic stewardship is in place and Trust has secured clinical leads to re-enforce this;
- Daily operational review meetings in place between Infection Prevention Control staff and acute bed management staff to review appropriate use of isolation facilities for potentially infectious cases within the Trust;
- A continued focus on monitoring and auditing of adherence to good infection prevention and control standards is in place including regular hand hygiene and environmental self- audit and independent audit;
- On-going training and education programmes for all staff involved in patient care including introduction of Aseptic Non-Touch Technique (ANTT) training program into all augmented care areas; and
- The Trust has appointed 3 Public and Patient representatives as members



of the HCAI Strategic Forum; and Trust has identified infection prevention and control as one of its key quality priorities under the new Quality Improvement Framework.	

	Monthly Position:												**Cum Assess**	**Trend**
	May 2015	**Jun 2015**	**July 2015**	**Aug 2015**	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Apr 2016**		
MRSA Actual	1	0	0	0	0	1	0	0	0	0	0	3		
MRSA Cum	1	1	1	1	1	2	2	2	2	2	**Cum 15/16 = 2**	**Cum 16/17 3**	**R**	↓
C Diff Actual	5	6	2	10	4	10	3	6	2	3	2	1		
C Diff Cum	6	12	14	24	28	38	41	47	49	52	**Cum 15/16 = 54**	**Cum 16/17 1**	**G**	↑

CP 21: PATIENT DISCHARGE: Lead Director Mr Bryce McMurray, Acting Director of Mental Health & Disability

From April 2015, ensure that 99% of all Learning Disability and 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. (No change in target)

Baseline: LD – 7-days 74%; 28-days 83%
MH – 7-days 95%; 28-days 98%

Standard: 99% 7-days
0 > 28-days

TDP Assessment: Mental Health – Achievable and affordable
Learning Disability – Partially achievable/ achievable with additional resources

Note: Standard maintained as Goal/objective in 16/17 Commissioning Direction

Comments: April data not yet available

Learning Disability

The relatively low level of patients in this cohort presents a challenge in maintaining a 99% target. Cumulatively for 2015/2016 the Trust has achieved 20 out of 25 discharges within 7-days equating to 80%, which is below the Regional performance of 83%Performance across the Region for 2015/2016 has been variable with year-end cumulative position of NHSCT 90%; WHSCT 86%; SHSCT 81%; SEHSCT 79%; and BHSCT 76%.

Regionally 2015/2016 demonstrated a total of 24 patients who waited longer than 28 days for discharge, with the SHSCT accounting for 8% (2) of these.

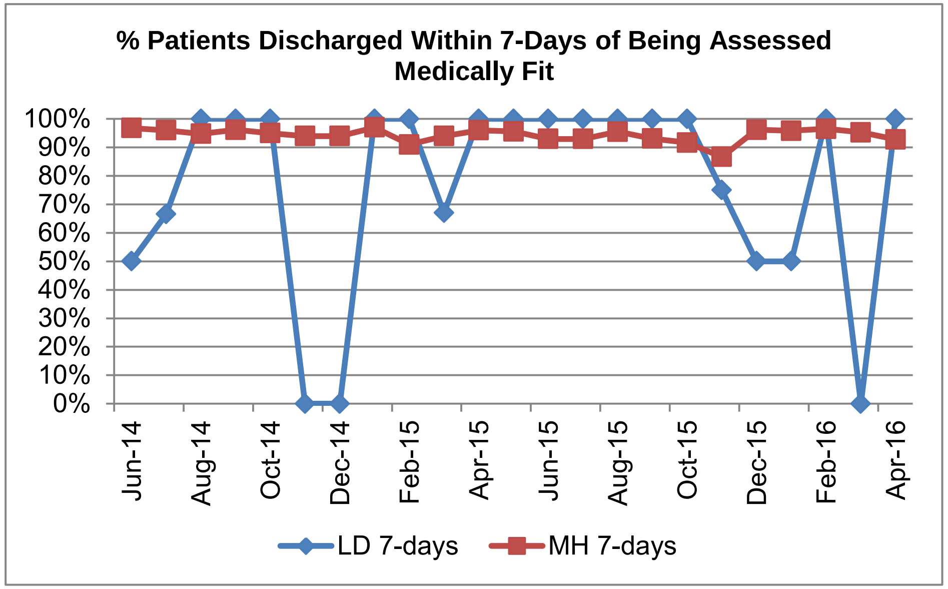
Performance in April has returned to 100% with 1 out of 1 patient discharged within 7 days.

There were no patients who were waiting longer than 28-days for discharge in April.

Mental Health

Discharge performance has been fairly static, however, the 99% target remains challenging. Cumulatively for 2015/2016 the Trust has achieved 95%, which is below the Regional average of 97%.

Regional performance for 2015/2016 demonstrates minimal variation with year-end cumulative assessment of NHSCT 100%; WHSCT 98%; SEHSCT 97%; BHSCT 96%; and SHSCT 95%.



Regionally 2015/2016 demonstrated a total of 67 patients who waited longer than 28 days for discharge, with the SHSCT accounting for 30% (20) of these.

There were 3 patients discharged in April that were discharged in excess of 28-days from their medically fit date. A further 3 in-patients remain delayed at the month end. Delays are mainly due to complexity and availability of suitable community placements.

	Monthly Position:												**Cum Assess**	**Trend**
	May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sept 15**	**Oct 15**	**Nov 15**	**Dec 15**	**Jan 16**	**Feb 16**	**Mar 16**	**Apr 16**		
LD 7-days	100% (2 out of 2)	100% (5 out of 5)	100% (1 out of 1)	100% (1 out of 1)	100% (0 out of 0)	100% (2 out of 2)	75% (3 out of 4)	50% (2 out of 4)	50% (1 out of 2)	100% (1 out of 1)	0% (0 out of 1) **Cum 15/16: 80% (20 out of 25)**	100% (1 out of 1)	**Y**	↑
LD >28-days	0	0	0	0	0	0	0	0	0	0	1 **Cum 15/16: 1**	0	**G**	↓
MH 7-days	95.6% (88 out of 92)	93% (115 out of 123)	93% (80 out of 86)	95.5% (84 out of 88)	93.1% (94 out of 101)	91.7% (100 out of 109)	89.69% (87 out of 97)	96.2% (76 out of 79)	95.8% (93 out of 97)	96.5 % (83 out of 86)	95.3% **Cum 15/16: 94% (102 out of 107)**	92.8% (77 out of 83)	**A**	↓
MH >28-days	2	3	3	2	3	1	1	2	1	1	2 **Cum 15/16: 21**	3	**R**	↓

CP 21: PATIENT DISCHARGE: Lead Directors Mrs Esther Gishkori, Director of Acute Services and Mrs Angela McVeigh, Director of Older People & Primary Care

From April 2015, 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. (No

Baseline: Non-Complex 6-hours – 93%
Complex 48-hours – 98%
All Discharges 7-days – 99.7%

TDP Assessment: Achievable and affordable

Standard: Non-Complex 6-hours 100%
Complex 48-hours 90%
All discharges 7-days 100%

Note: Standard maintained as Goal/objective in 16/17 Commissioning Direction

Comments:

Delayed Discharge 'Coding'/Data Completeness

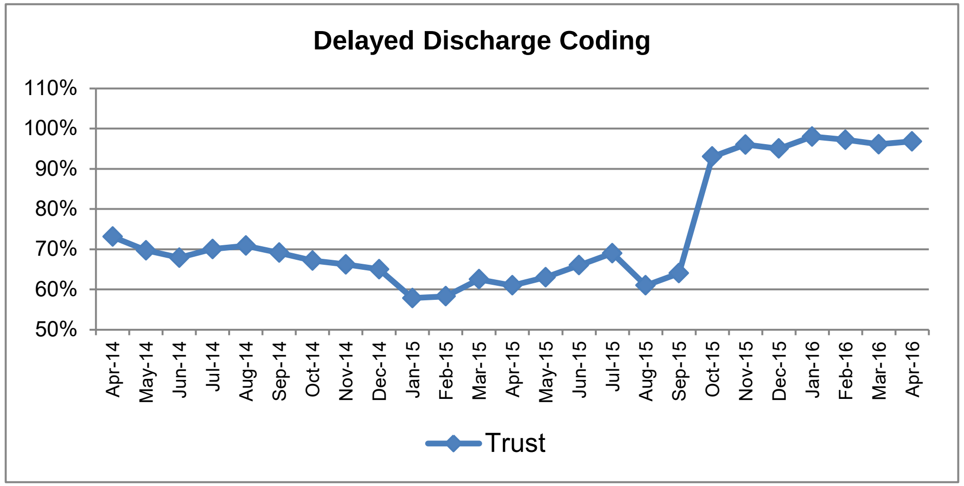
Performance against the delayed discharge standard is based on the discharges that have had their data completely recorded and not the totality of the discharges. Performance in this area has significantly improved in the last 6 months. Focus on sustainability now required.

Non-Complex Discharges

Performance against the 6-hour standard remains challenging and is affected by a number of factors including operational delays in discharge communication, pharmacy scripts, transportation and availability of community support arrangements such as re-starting packages of care and delivery of equipment.

Whilst there are on-going actions the performance has been relatively static. April is showing a small decrease on the March position at 91.2% and the SHSCT is at the lower end of the regional performance. Cumulative performance in 2015/2016 ranged from 97% WHSCT and BHSCT 97% to SEHSCT 91% (SHSCT 92%).

Actions to Address:

- Analysis of key issues and actions to address will be included in the Unscheduled Care Operational Improvement Group work plan; and
- Additional medical staff have been engaged to focus on the follow of information to pharmacy at discharge as part of Winter Pressures planning and the impact of this on the timeliness of simple discharges will be assessed.