

**Performance Management Report - Month Ending December 2017**

**Trust Board -**

**Version - 1st February 2018**

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\* The Trust has been advised that until such time as a HSC budget has been confirmed, enabling the publication of the Department's 2017/18 Commissioning Plan and Direction the existing 2016/17 CPD will be rolled forward for monitoring and reporting purposes.

## Introduction

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

- \* Commissioning Plan Direction - Ministerial Targets as per the HSC Commissioning Plan Direction (NI) 2016
- \* Supporting activity and profiles

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

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

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

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

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

## Interim 2017/18 Ministerial Standards and Targets

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Children in Care</b>	<b>Target 1.6:</b> During 2016/17, the HSC must ensure that, as far as possible, children on the edge of care, children in care and care experienced children are protected from harm, grow up in a stable environment and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include: Ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.	Target 1.6 will be reported every 6 months in line with the delegated statutory functions report.					Target 1.6 will be reported every 6 months in line with the delegated statutory functions report.
	<b>Target 1.7:</b> During 2016/17, the HSC must ensure that, as far as possible, children on the edge of care, children in care and care experienced children are protected from harm, grow up in a stable environment and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include: Ensuring a three-year time (from date of last admission) for 90% of children who are adopted from care.	Target 1.7 will only be reported on a yearly basis through the electronic AD1 return. CIB are looking to collect this 6 monthly but no processes are in place yet.					Target 1.7 will be reported on a yearly basis in line with CIB reporting.

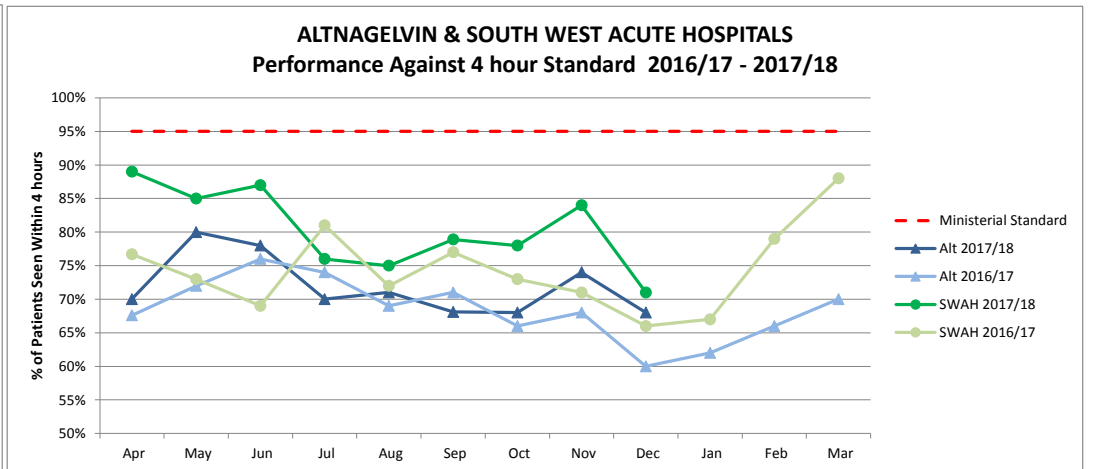
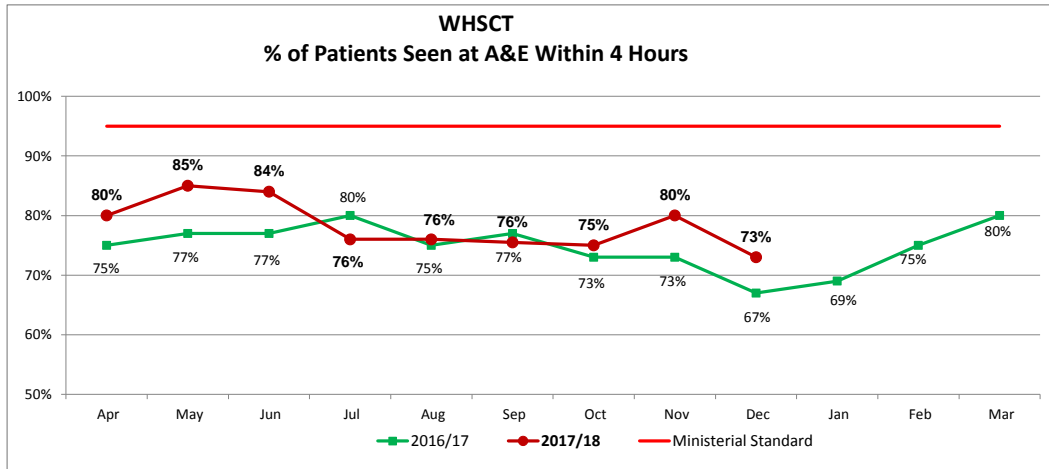
Title	Target	Comments / Actions	April - November 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Healthcare Acquired Infections</b>	<b>Target 2.1:</b> By March 2018, reduce inpatient episodes of MRSA bloodstream infection episodes of Clostridium difficile infection in inpatients aged 2 and over.	<b>MRSA</b> WHSCT 2017/18 Target Maximum = 5	2			Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag. <span style="color: red;">Target comment changed as per HSCB Performance Report for Jun 17.</span>
		<b>C. Difficile</b> WHSCT 2017/18 Target Maximum = 44	44			

Title	Target	Comments / Actions	Aug/Sep 17	Nov/Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>NEWS KPI's</b>	<b>Target 2.2:</b> From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	The NEWS audits are completed quarterly on 34 Acute inpatient wards and each ward is required to audit a sample of 10 patients. Audits will be reported bi-monthly from February 2018 - Target 95%. Next set of audits due to be completed during February/March 2018.	92%	90%			<b>Western Trust Overall Compliance</b> 
<b>Delivering Care Framework</b>	<b>Target 2.3:</b> 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.	Phase 1: Delivery Care Framework: Full implementation has not been sustained due to current level of vacancies.					Achieving this target is dependent on HSCB making appropriate investment in Nurse staffing.

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	<b>Target 2.4:</b> The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.	Annual reviews of each client in a residential/nursing home place ensures that any issues are identified and then raised. These are reported centrally to RQIA and the Department. In 16/17 there were 2 failure to comply notices issued - one for a home within WHSCT which has been resolved and another for one outside the Trust which is on-going	0				
	<b>Target 2.5:</b> The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice and that subsequently attract a notice of decision.		0				

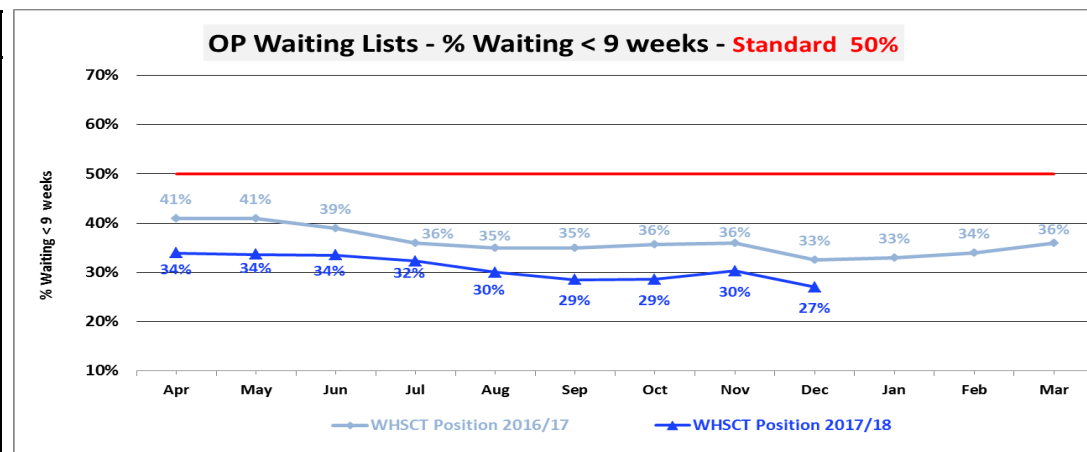
Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Palliative/ End of Life Care	<b>Target 3.1:</b> To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.						An overall WHSCT Palliative Care work Plan for 2016/2017 has been developed. An information system has been developed which captures preferences for care. As a result staff are able to support care within Specialist Palliative care team.
Inpatient Gender Accomodation	<b>Target 3.2:</b> By March 2017, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need (or alternatively timely access to treatment.						
	<b>Target 3.3:</b> Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.	Sleeping Arrangements  Toilets and Wash Facilities (to be reviewed and labelled separately)					Policy on Mixed Gender Accomodation available from Western Trust Intranet. Breaches are reported through WT Nursing & Midwifery Governance Meeting.
Children in Care	<b>Target 3.4:</b> HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.						The teams within the Women & Childrens Directorate issue feedback forms to children & young people leaving care to take into account their views and feelings which are kept within the Directorate.
Patient Experience	<b>Target 3.5:</b> By March 2018, to increase by 40% the total number of patients across the region participating in the PHA Biennial Patient Experience Survey, with particular emphasis on engaging patients in areas of low participation.						Awaiting Directorate Response. Regional work ongoing to determine measurement of this target.

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis	
Emergency Department	<b>Target 4.4:</b> From April 2016, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours	<b>4-Hour target</b> % treated within 4 hours	WHSCCT	80%	73%	↓	78%	
			ALT	74%	68%		72%	
			SWAH	84%	71%		80%	
			TCH	99.9%	99.8%		99.9%	
		<b>12-Hour target</b> Number of patients who waited >12 hours	WHSCCT	25	100	↓	400	
			ALT	17	76		317	
			SWAH	8	24		83	
			TCH	0	0		0	
	<b>Target 4.5:</b> By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours	Number & Percentage of patients who commenced treatment within 2 hours	WHSCCT	7605	7552	↓	70502	
				92%	87%		90%	
			ALT	4308	4246	38657		
				91%	85%	87%		
SWAH			2141	2141	20234			
			90%	86%	89%			
TCH			1156	1165	11611			
			100%	99%	99%			



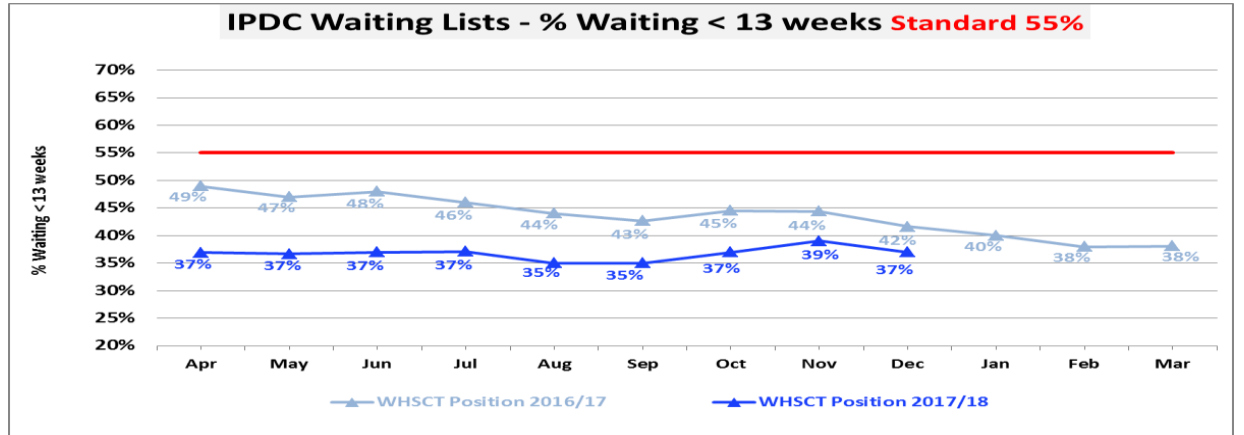
Title	Target/Indicator	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Fractures	Target 4.6: From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% treated within 48 hours	95%	82%	↓	91%	
		Number treated over target	1	8		31	
		Total number of patients treated	21	45		328	
Specialist Therapies	Target 4.7: From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	Figures supplied are based on manual returns supplied by the Service. Validated figures are dependent on completed coding. [No of patients who received thrombolysis out of total ischaemic stroke admissions]	12.5%	10.0%	↓	18.3%	
			(5/40)	(3/30)		(61/334)	
Outpatient Waiting List	Target 4.8: By March 2017, at least 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	- % waiting < 9 weeks	30.3%	27.4%	↓		
		- [Number waiting > 9 weeks]	23340	24203	↓		
		- [Number waiting > 52 weeks]	9582	9921	↓		

Outpatients Waiting Lists - Key Specialties - As at 31/12/2017					
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
Orthopaedics	6624	5568	2991	186.9	ALTNAGELVIN
Gastroenterology	2184	1903	1202	173.6	ALTNAGELVIN
General Surgery	4511	3342	1361	160.7	ALTNAGELVIN
Oral Surgery	3558	3088	1534	171.3	CAUSEWAY
Neurology	2983	2715	1626	162.9	ALTNAGELVIN
Rheumatology	1829	1533	679	108.3	SOUTH WEST ACUTE
Respiratory Medicine	1369	1152	438	131.9	ALTNAGELVIN



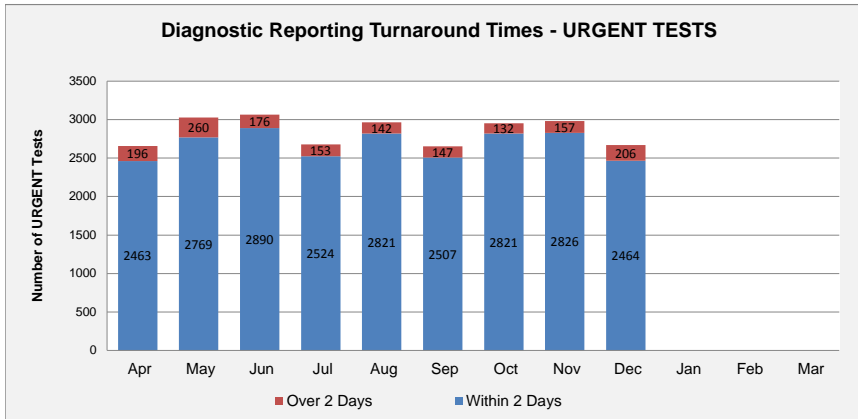
Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Diagnostic Test	Target 4.9: By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	<b>Diagnostic Test</b>			↓		
		- % waiting < 9 weeks	82%	81%			
		- Total Number waiting > 9 weeks	1484	1439			
		- [Imaging]	1	5			
		- [Physiological Measurement]	1483	1434			
		- Total Number waiting > 26weeks	234	247			
		<b>Endoscopy</b>			↓		
- [Number waiting > 9 weeks]	202	288	↓				
Inpatients & Day Cases (Includes Scopes)	Target 4.10: By March 2017, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patients waits longer than 52 weeks.	- % waiting < 13 weeks	39%	37%	↓		
		- Number waiting > 13 weeks	9799	10110	↓		
		- Number waiting > 52 weeks	4258	4357	↓		

Inpatients & Daycases Waiting Lists – Key Specialties - As at 31/12/2017					
Specialty	Total IP/DC Waiting	Number Waiting > 13 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks) - INPATIENT	Longest Waiter (weeks) - DAY CASE
Orthopaedics	3932	3377	2247	182.8	181.5
General Surgery	2205	1479	772	186.8	174.5
E. N. T.	1918	1537	635	199.9	140.8
Gynaecology	1229	830	214	133.8	147.4
Urology	1444	488	139	120.8	89.4
Ophthalmology	2569	1447	129	-	101.5
Oral Surgery	537	322	70	83.4	124.7
Pain Management	455	365	79	-	76.8





Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.11: From April 2016, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	94.7%	92.3%	↓	93.9%	



Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Cancer Services	Target 4.12(i): From April 2016, all urgent breast cancer referrals should be seen within 14 days.	WHSCT patients only	% treated within 14 days 100%	100%	→	100.0%	
		Number treated over target	0	0		0	
	Total patients including transfers from SHSCT	% treated within 14 days	99%	99%		98.9%	
		Number treated over target	4	2	24		
Target 4.12(ii): From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% treated within 31 days	100%	100%	→	99.7%		
Number treated over target	0	0	3				
Target 4.12(iii): From April 2016, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% commencing treatment within 62 days	92%	90%	↓	89%		
Number treated over target	6.0	5.0	60.0	The 6.0 treated over target equates to 7 patients, 2 of which are ITT's	The 5.0 treated over target equates to 7 patients, 4 of which are ITT's	The 60.0 treated over target equates to 89 patients, 58 of which are ITT's	

Title	Target	Comments / Actions	Oct 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: CAMHS & Older People (Dementia)	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access <b>Child and Adolescent Mental Health services</b> .	Total number waiting at month end	234	262	↓		<b>9 Week Access Targets - CAMHS</b> 
		Number waiting >9 weeks	30	54			
		Longest wait (weeks) at month end	14	19			
	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access <b>Dementia Services</b> .	Total Number waiting at month end	214	225	↓		<b>9 Week Access Targets - Dementia</b> 
		Number waiting > 9 weeks	69	92			
		Longest wait (weeks) at month end	25	19			

Title	Target	Comments / Actions	Nov-17	Dec-17	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: Mental Health and Learning Disability	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access <b>Adult Mental Health Services</b> .	Total Number waiting	889	902	↓		<b>9 Week Access Targets - AMH</b> 
		Total Number waiting > 9 weeks	208	259			
		Longest wait (weeks) at month end	28	28			
		Target Achieved = EDS & FP					
13 week Access Targets: Psychological Therapies	Target 4.13: From April 2016, no patient waits longer than 13 weeks to access to any psychological therapy service (any age).	Total Number Waiting	1066	1065	↓		<b>13 Week Access Targets</b> 
		Total Number waiting >13 weeks	592	615			
		Longest wait (weeks) at month end	96	101			
		Patient Breaches = 428 AMH, 108 LD Adult, 5 Adult Health Psychology, 38 LD Childrens, 34 Childrens Psychology, 2 OP FMI					

Title	Target	Comments / Actions	Nov 17	Dec 17		Cumulative Position	Trend / Activity Analysis
<b>Delayed Discharges Mental Health &amp; Learning Disability</b>	<b>Target 5.1:</b> From April 2016, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	<b>Total Discharges</b>	114	122	↓	1090	
		% Mental Health Discharges within 7 days	96%	93%		98%	
		Number of Mental Health Discharges within 7 days	110	114	↓	1064	
		% Mental Health Discharges > 28 days	4%	5%		1%	
	Number of Mental Health Discharges > 28 days	4	6	↓	16		
	6 patients delayed >28 days during December'17				33		
	<b>Target 5.1:</b> From April 2016, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	<b>Total Discharges</b>	4	4	→		91%
	% Learning Disability Discharges within 7 days	100%	100%	30			
Number of Learning Disability Discharges within 7 days	4	4	→	9%			
% Learning Disability Discharges > 28 days	0%	0%		3			
Number of Learning Disability Discharges > 28 days	0	0					
Title	Target	Comments / Actions	Jun 17	Jul 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Unplanned Admissions</b>	<b>Target 5.2:</b> By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions, including those within the ICP priority areas.	Number of unplanned admissions for specified long term conditions (includes Diabetes, COPD, Asthma, Stroke & Heart Failure) WHSC Target 2016/17: 2057 (171 per month) 5 month monitoring time lag due to clinical coding	160	157		677	

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>AHPs</b>	<b>Target 5.3:</b> By March 2017, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.	<b>Total waiting &gt;13 weeks</b>	3803	4216	↓		
		Dietetics	308	295			
		Occupational Therapy	2084	2230			
		Orthoptics	181	161			
		Physiotherapy	410	614			
		Podiatry	459	543			
		Speech and Language Therapy	361	373			

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	<b>Target 5.4:</b> By March 2017 secure 10% increase in direct payments across all programmes of care	By March 2017 secure 10% increase in the number of direct payments across all programmes of care. <b>15/16 Quarterly Baseline = 476</b> <b>16/17 Quarterly target = 523</b>	736	751	↑		
Self Directed Support	<b>Target 5.5:</b> By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	2284	2411	↑		

Title	Target	Comments / Actions	June 17	Sept 17	Trend	Cumulative Position	Trend / Activity Analysis
Carers Assessments	<b>Target 6.1:</b> By March 2018, secure a 10% increase in the number of carers' assessments offered (reported quarterly)	By March 2018, secure a 10% increase in the number of carers' assessments offered <b>16/17 Quarterly Baseline = 366</b> <b>17/18 Quarterly Target = 447</b>	509	377	↓		
Short Breaks	<b>Target 6.2:</b> By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	Number of Community Based Short Break Hours (i.e. non residential) <b>15/16 Quarterly Baseline = 35292</b> <b>16/17 Quarterly Target = 37056</b>	35,704	34,281	↓		

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Cancelled Appointments</b>	<b>Target 7.1:</b> By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	Number of Outpatient Appointments Cancelled by Hospital (Baseline 2015/16 - 23,455 Target 2017/18 - 18,764 = 1564 per month)	2020	1826	↑	19969	

Title	Target	Comments / Actions	Nov 17	Dec-17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Delayed Discharges Acute Hospital</b>	<b>Target 7.2:</b> From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours	<b>Acute Discharges</b>					
		<b>Complex Discharges</b> - % discharged within 48 hours	81%	83%	↑	84%	
		% discharged within 7 days	91%	91%	↓	92%	
		Number waiting > 7 days	27	29		279	
		<b>Non Complex Discharges</b> - % discharged within 6 hours	96%	96%	→	97%	

<b>Top 5 Reasons for Delay</b>			ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
(Complex Discharges Greater Than 48 Hours)					
April - December 17					
1	COMPLEX 5	NO DOMICILIARY PACKAGE AVAILABLE	70	83	153
2	COMPLEX 2	CARE PLANNING	95	32	127
3	COMPLEX 18	NO SUITABLE STEP DOWN BED AVAILABLE	51	16	67
4	COMPLEX 1	HOSPITAL ASSESSMENT	45	8	53
5	COMPLEX 7	NO NURSING HOME AVAILABLE	18	32	50

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
<b>Pharmacy Efficiency Programme</b>	<b>Target 7.3:</b> By March 2017, attain efficiencies totalling at least £20m through the Pharmacy Efficiency Programme, separate from PPRS receipts.	This target relates to the primary care element of the overall £30 million efficiency programme. (£10 million target relates to Trust)					The trust has achieved its share of the procurement efficiencies and full achievement of the efficiencies resulting from the 'Boost' element of the efficiency programme is awaiting confirmation.
<b>Elective Care</b>	<b>Target 7.4:</b> By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	See the below table that outlines the IP & DC / New and Review OP positions.					

April - December 2017					
SUMMARY	CORE ACTIVITY				
Activity Type	Target for Year 2017/18	Core Target YTD	Core Activity YTD	Variance	% Variance
<b>Elective Inpatients (Admissions) &amp; Day Cases</b>	<b>29022</b>	21767	<b>19914</b>	<b>-1853</b>	<b>-8.5%</b>
<b>Scopes</b>	<b>11050</b>	8288	<b>7274</b>	<b>-1014</b>	<b>-12.2%</b>
<b>New Outpatient Attendances</b>	<b>72297</b>	54223	<b>45639</b>	<b>-8584</b>	<b>-15.8%</b>
<b>Review Outpatient Attendances</b>	<b>115136</b>	86352	<b>80904</b>	<b>-5448</b>	<b>-6.3%</b>
<b>Fracture Outpatient Attendances</b>	<b>22629</b>	16972	<b>15323</b>	<b>-1649</b>	<b>-9.7%</b>
<b>Imaging</b> includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays	<b>263180</b>	197385	<b>192274</b>	<b>-5111</b>	<b>-2.6%</b>

Title	Target	Comments / Actions	December 17	Trend	Cumulative Position	Trend / Activity Analysis
Seasonal Flu	<b>Target 8.1:</b> By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.	As at 31st December 2017 - 2684 staff out of the total no. of Trust staff (10,583) have received the seasonal flu vaccine.	Cumulative position as as 31st December 2017		25%	2017/18 Seasonal Flu Programme commenced on 4th October.
Absence	<b>Target 8.2:</b> By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	As at 31st December 2017 cumulative position 6.8% against WHSCT 16/17 target of 7% (One Month reporting Time Lag)	Cumulative position as @ 31st December 2017	→	6.8%	
2015 Staff Survey	<b>Target 8.3:</b> During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.		See trend/ Activity for Progress Update			* Presentations took place at CMT and Directorate * Individual Staff Survey reports have been provided by Directorate Each directorate will develop an action plan that will be incorporated into their directorate plan. * HR will collate all information and provide a trust wide action plan.
Workforce Plans	<b>Target 8.4:</b> By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information support and underpin their Trust Delivery Plans.	Workforce strategy to be drafted and approved by Trust Board				Workforce strategy was approved at Trust Board 1st December 2016
Quality 2020	<b>Target 8.5:</b> By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	As at 31st March 2017 cumulative position 1916 (18%) against WHSCT 16/17 Target 10,516 Staff	Cumulative Position as at 31st December 2017 (reported on a quarterly basis)	↑	2,530 (25%)	
Complaints	<b>Target 8.6:</b> By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require a renewed focus on improving the Patient and Client Experience Standards.	15/16 Complaints reported 257; 16/17 Complaints reported 284.	See Cumulative Position as at 31st December 2017	↓	462	

Title	Target	Comments / Actions	Nov 17	Dec 17	Trend	Cumulative Position	Trend / Activity Analysis
Obesity	<b>Target 1.1:</b> By March 2022, reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults and by 3 percentage points and 2 percentage points for children.	Target reported by PHA.					
Diabetes	<b>Target 1.2:</b> In line with the Department's policy framework, Living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020, all individuals newly diagnosed with diabetes will be offered access to diabetes structured education within 12 months of diagnosis.						There are various programmes offered to patients with Diabetes in WHSCT including CHOICE and DESMOND. Diabetes Chat sessions are also offered to patients, focusing on updates in treatment and refreshers in self-management. Structured Diabetes Education (SDE) is one of the areas of the Diabetes Strategic Framework and it's objectives include establishing a plan for delivery of SDE within 12 months of diagnosis, establishing a catch-up plan for those already diagnosed, establishing a quality assurance mechanism, identifying new ways of providing SDE to those unable to attend current programmes
Smoking Cessation	<b>Target 1.3:</b> By March 2020, reduce the proportion of 11-16 years old children who smoke to 3%; of adults who smoke to 15%; and of pregnant women to 9%.	Target reported by PHA.					
Self-Harm	<b>Target 1.4:</b> By March 2020, to reduce the differential in the suicide rate across Northern Ireland and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self-harm care pathways and appropriate follow up services in line with NICE guidance.	Target reported by PHA.					
Healthy Child/ Healthy Future	<b>Target 1.5:</b> By March 2018, ensure full delivery of the universal child health promotion framework for Northern Ireland, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.	This information is recorded every quarter but not reported to PHA, DHSSPS & HSCB until 3 months after the quarter end.				Cohort=7004 Total Seen=5544 % Seen=79% % Seen in Child's Home=69%	These figures are provisional at end of Sept'17 as validated figures are not reported until 3 months after the quarter end



## Glossary of Terms

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