Southern Health
and Social Care Trust

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SOUTHERN HEALTH AND SOCIAL CARE TRUST

YEAR-END ASSESSMENT OF PERFORMANCE AGAINST

COMMISSIONING PLAN OBJECTIVES AND GOALS FOR IMPROVEMENT (OGIs)

FOR 2018/2019

CONTENTS

SOUTHERN HEALTH AND SOCIAL CARE TRUST

INTERNAL YEAR-END ASSESSMENT OF PERFORMANCE AGAINST COMMISSIONING PLAN OBJECTIVES AND GOALS FOR IMPROVEMENT (OGIs) FOR 2018/2019

SUMMARY: Of the 68 Objectives and Goals for Improvement/Targets, the Trust achieved the following breakdown, by RAG status:		TDP Assessment for 2018/2019		Performance Assessment for 2018/2019	
Green (G)	OGI Achieved	31	51	30	49 (72%)
Amber (A)	OGI partially achieved	20		19	
Red (R)	OGI not achieved	14		16	
Blue (B)	Not applicable (Not a Trust OGI)	3		3	

Note – A number of OGIs have sub-targets which have been assessed individually on the tables below; the collective position, which is also noted, is included in the summary table above.

* Denotes a variation between the HSCB year-end data on comparative activity and the Trust's internal year-end assessment. These have been notified to HSCB for validation and are predominantly associated with the different timelines for running reports.

Summary:

Table 2 below provides a summary of the outcome of the 68 OGIs against their TDP assessment:

Outcome	Number of OGIs	Relevant OGIs
End of Year Assessment *Matching* TDP Assessment	48 (71%)	1.2; 1.4; 1.5; 1.8; 1.9; 1.11; 1.12; 1.13; 2.1; 2.2; 2.3; 2.5; 2.6; 2.7; 2.8; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2; 4.4; 4.6; 4.8; 4.9; 4.10; 4.11; 4.12; 4.13; 5.2; 5.3; 5.4; 5.6; 5.7; 6.1; 6.3; 7.4; 7.6; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.9; 8.10; 8.13
End of Year Assessment *Better Than* TDP Assessment	5 (7%)	2.4 Healthcare Acquired Infections (C Difficile and MRSA) TDP assessed Amber and End of Year Assessed Green 5.1. Direct Payments TDP assessed Red and End of Year Assessed Green 7.3. Hospital Cancelled Out-Patient Appointments TDP assessed Amber and End of Year Assessed Green 8.11 Q2020 Attributes Framework TDP assessed Amber and End of Year Assessed Green 8.12 Suicide Awareness and Training TDP assessed Amber and End of Year Assessed Green
End of Year Assessment *Less Favourable Than* TDP Assessment	9 (13%)	1.1 Tobacco Control TDP assessed Green and End of Year Assessed Amber 1.6 Children's Oral Health TDP assessed Green and End of Year Assessed Amber 1.7 Healthier Pregnancy Programme TDP assessed Green and End of Year Assessed Amber 4.5 Emergency Department (Triage to Treatment) TDP assessed Green and End of Year Assessed Amber

Outcome	Number of OGIs	Relevant OGIs
		5.5 Direct Access Physiotherapy Services TDP assessed Green and End of Year Assessed Amber 6.2 Community Based Short Break TDP assessed Amber and End of Year Assessed Red 7.5 Acute Hospital Complex Discharges TDP assessed Green and End of Year Assessed Amber 8.7 Seasonal Flu Vaccine TDP assessed Amber and End of Year Assessed Red 8.8 Staff Sick Absence Levels TDP assessed Green and End of Year Assessed Red
Unable to provide end of year assessment due to reporting timeframes.	3 (4%)	4.7 Ischaemic Stroke **(at January 2019)** TDP assessed Amber r: end of January Assessment Green 1.3 Breastfeeding **(at December 2018)** TDP assessed Amber: end of December Assessment Amber 1.10 Children in Care – Director's assessment; TDP assessed Amber: end of March Director's Assessment Amber
OGI *Not Applicable* to SHSCT	3 (4%)	4.3; 7.1; 7.2

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
Desired Outcome 1: Health and Social Care Services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.						
1.1	**TOBACCO CONTROL:** *By March 2020, in line with the Department's ten year Tobacco Control Strategy, to reduce the proportion of 11 - 16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.*	G	A	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective 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'. Year-End information is not yet available however based on performance during the first 3 quarters of 2018/19 the Trust does not anticipate meeting its target for this year due to long term staff sickness absence and vacancies which have impacted on service delivery.
1.2	**A FITTER FUTURE FOR ALL:** *By March 2019, to have expanded the Weigh to a Healthy Pregnancy to now include women with a BMI over 38. This programme is one element of the Departmental Strategy 'A Fitter Future for All', which aims by March 2020, to reduce the level of obesity by 4%, and overweight and obesity by 3% for adults and 3% & 2% for children*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective 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 Ante-Natal Diabetic Clinic have been extended and are ongoing.
1.3	**BREASTFEEDING:** *By March 2019, through continued promotion of breastfeeding, to increase in the percentage of infants breastfed (i) from birth, and (ii) at 6-months. This is an important element in the delivery of the Breastfeeding Strategy objectives for achievement by March 2025.*	A	A	**Cumulative 2018/2019 as at March 2019 -** *50.5% at discharge.* ***Cumulative 2018/19 as at December 2018*** *- 16.9% at 6-9 month review.* Year End Assessment not available until Q2	No Regional comparative assessment undertaken.	Regional Objective During 2018/19 the % of children breastfeeding upon discharge is higher than the 2017/18 baseline and this has continued in a gradual upward trend. CAH, DHH and Newry and Mourne community were awarded their baby friendly initiative re-accreditation recently. The Armagh and Dungannon and Craigavon and Banbridge re-assessment will take place in June 2019 and preparations are well underway to ensure that the

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				2019/20. *Cumulative 2017/18 Baseline 49.2% at discharge and 17.1% at 6-9 month review*		requirements are met . Year-End Assessment of % breastfeeding at 6-9 month review will not be available until Q2 of 2019/20. The UNICEF UK BFI recommends 2 full time Infant Feeding Leads for Trusts with 6,000 deliveries per year and BFI standards recommend breast feeding women have access to specialist advice and support and this is difficult to offer across the Trust with a single Infant Feeding Lead. At present we do not have a Community based Infant feeding lead however, negotiations are underway with the PHA to fund a Community Infant Feeding Lead to support this objective.
1.4	**HEALTHY PLACES**: *By March 2019, establish a minimum of 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations*.	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective There are 3 Healthy Places pilot sites across NI which were determined by the PHA on behalf of DoH. None of these are in SHSCT area. Whilst the Trust is unable to assess the regional progress against this objective the Trust was available to contribute to regional work and will seek to participate in any learning; as such the Trusts contribution, as per the TDP assessment, is on track.
1.5	**MAKE EVERY CONTACT COUNT:** *By March 2019, to ensure appropriate representation and input to the PHA/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective This work is largely being driven through Integrated Care Partnerships locally. As a member of ICPs, the Trust is a participant but not taking a lead role in the outputs of Making Every Contact Count (MECC) thus far. 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. As the Trust is not leading on this, no further update can be provided.

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1.6	**CHILDREN'S ORAL HEALTH:** *By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as Phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.*	G	A	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective

Information on the number of teeth extracted is available by age. This will not be collated into the required format until Quarter 1 of 2019/20

Progress is continuing on seeking a reduction in the number of extractions. Currently the Community Dental Service provides programmes such as the Tiny Tots Teeth 3 year immunisation visit (funded by PHA); Happy Smiles (regional programme) and Smiles for Schools (worst 20% wards) targeted at pre-school and primary 1 children. The aim of these programmes is to help reduce decay rates however the ability to deliver these programmes ongoing is always subject to availability of resources and other challenges faced. |
| 1.7 | **HEALTHIER PREGNANCY PROGRAMME:** *By March 2019 have further developed, and implemented the 'Healthier Pregnancy Programme' approach to improve maternal and child health and seek a reduction in the percentage of babies born at low birth weight for gestation.* | G | A | RAG status as validated in Director's qualitative assessment at 31/3/19. | No Regional comparative assessment undertaken. | Regional Objective

Work initiated in 2017/2018 continued in 2018/19.

The Saving Babies Lives Programme has been partially rolled out across the DHH site and continues to be developed and embedded across the Trust. |
| 1.8 | **Healthy Child, Healthy Future:** *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 mothers; and 95% of two year old reviews must be delivered.* | A | A | RAG status as validated in Director's qualitative assessment at 31/3/19. | No Regional comparative assessment undertaken. | Regional Objective

Delivery continues to be challenged with the ability to fill permanent and temporary vacancies in the health visiting team coupled with a high level of children on the Child Protection Register. |

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1.9	**FAMILY NURSE PARTNERSHIPS:** *By March 2019, ensure the full Regional roll-out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".*	A	A	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective 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.
1.10.1	**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%. The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.*	A	A	Year-end assessment not available until Quarter 2 2019/20. Director's qualitative RAG assessment is based on progress at 31/3/2019. In 2016/2017 performance at 78%.	Year End assessment not available until later in 2019/20 due to annual reporting cycle (per HSCB Performance 2018/19 End of Year Assessment report).	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.
1.10.2	**CHILDREN IN CARE (Adoption):** *By March 2019, 90% of children, who are adopted from care, are adopted within a three year timeframe (from the date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.*	A	A	Year-end assessment not available until Quarter 2 2019/20. Director's qualitative RAG assessment is based on progress at 31/3/2019. In 2017/18 performance was 68% an increase from 2016/17 (53%).	Year End assessment not available until later in 2019/20 due to annual reporting cycle (per HSCB Performance 2018/19 End of Year Assessment report).	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.
1.11	**PROTECT LIFE 2 STRATEGY**: *By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and*	A	A	Director's qualitative RAG assessment is based on progress at 31/3/2019.	No Regional comparative assessment undertaken.	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

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	emotional crisis, including implementation of a "street triage" pilot and a "Crises De-escalation Service" pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft Protect Life 2 Strategy.					challenging due to the geographical spread of the 2 Emergency Departments. Funding from PHA under the Protect Life Strategy continues to enable the Psychiatric Liaison service to provide 24/7 cover in Emergency Departments in CAH & DHH and for patients admitted medically. This enhanced 24/7 service has led to a shorter time lag along the care pathway. The SHSCT have maintained a 24/7 Psychiatric Liaison service through Craigavon Area Hospital and Daisy Hill Hospital Emergency Department during this period.
1.12	**SUBSTITUTE PRESCRIBING**: *By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of our strategy to reduce alcohol and drug related harm and to reduce drug related deaths.*	A	A	Director's qualitative RAG assessment is based on progress at 31/3/2019.	No Regional comparative assessment undertaken.	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. There are currently two GPs 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.
1.13	**REGIONAL IMPLEMENTATION OF DIABETES FEET CARE PATHWAY -** *By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework.*	G	G	Director's qualitative RAG assessment is based on progress at 31/3/2019.	No Regional comparative assessment undertaken.	Regional Objective Band 8A and Band 7 Diabetes Specialist Podiatrists, Band 6 Podiatrists and Band 3 Podiatry Assistants were recruited and commenced in March 2019 as per funding received for implementation of the diabetes foot care pathway. The Podiatry Service is still working with Estates to identify clinical accommodation. Regionally work is ongoing to agree suitable

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						metrics for reporting against the foot care pathway KPI's and the Trust is involved in this work.

Desired Outcome 2: People using Health and Social Care Services are safe from avoidable harm

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
2.1	**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 and sustainable nurse staffing levels across all Emergency Departments; Health Visiting; and District Nursing Services.*	A	A	RAG status as validated in Director's qualitative assessment at 31/3/19	No Regional comparative assessment undertaken.	Whilst the Trust has sought to improve the level of safe and sustainable nursing staffing levels, full implementation of Phases 2, 3 and 4 can only be achieved on receipt of full funding, which is still outstanding. In the current context this objective remains challenging due to the regional shortage of registered nurses.

Southern Trust has implemented a robust recruitment plan and are taking specific actions to facilitate the retention of our registered nurses across the organisation. |
| 2.2.1 | **ANTIBIOTIC PRESCRIBING:** *By March 2019, ensure that the total antibiotic prescribing in primary care, measures in items per STAR-PU, is reduced by a further 2%, as per the established recurring annual targets, taking 2015/2016 as the baseline figures* | N/A | N/A | | | |
| 2.2.2 | **ANTIBIOTIC PRESCRIBING:** *Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in total antibiotic use of 1%, measures in DDD per 1000 admissions* | A | R | **Cumulative period of April 2018- March 2019 = 10,224 DDD/1000 admissions** (+509 (+5%) DDD/1000 above OGI, 9,715)

Note: Final Year-End PHA report is due in June 2019 therefore figures may be subject to change. | No Regional comparative assessment undertaken. | During 2018/19 the Trust did not meet its target to reduce total antibiotic use by 1%. This is in part due to taking patients off broad spectrum therapy and prescribing multiple narrow spectrum agents resulting in more antibiotics being prescribed.

The Antibiotic Kit Review (ARK) research study commenced in March 2019 across 30 trusts in the UK, including the Southern Trust, which aims to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex. These changes involve an |

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
						automatic stop after 72 hours on all antibiotics, after which time the antibiotic needs to be represcribed. A review of all antibiotics policies commenced in 2018/19 aiming to reduce the recommended antibiotic therapy for specific indicators. This review will continue in 2019/20. In Mid-April 2019, 3.6 wte antimicrobial pharmacists commenced in the antibiotic stewardship team with remit for both antimicrobial stewardship and Outpatient Oral Antibiotic Therapy (OPAT). In May 2019 antimicrobial stewardship operational group was established to identify and implement interventions to improve antibiotic use.
2.2.3	**ANTIBIOTIC PRESCRIBING:** *Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in carbapenem use of 3%, measured in DDD per 100 admissions.*	A	R	**Cumulative period of April 2018 – March 2019 = 138 DDD/1000 admissions.** (+28 (+25%) DDD/1000 above OGI, 110) *Note: Final Year-End PHA report is due in June 2019 therefore figures may be subject to change.*	No Regional comparative assessment undertaken.	During 2018/19 the Trust did not meet its target to reduce carbapenem use by 3%. In December 2018, carbapenems were removed from all ward stock lists and can now only be issued on a named patient basis. Between September –December 2018 an audit on meropenem use (a carbapenem antibiotic) was undertaken in CAH and DHH hospitals. This audit found although this antibiotic was generally commenced by microbiology, patients were staying on it for >10 days in CAH and >13 days in DHH as reviews were not being undertaken. The antibiotic stewardship are putting in place in intervention to address this. In Mid-April 2019, 3.6 wte antimicrobial pharmacists commenced in the antibiotic stewardship team with remit for both antimicrobial stewardship and Outpatient Oral Antibiotic

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
						Therapy (OPAT). In May 2019 antimicrobial stewardship operational group was established to identify and implement interventions to improve antibiotic use.
2.2.4	**ANTIBIOTIC PRESCRIBING:** *Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in piperacillin-tazobactum use of 3%, measured in DDD per 1000 admissions.*	**A**	**G**	**Cumulative period of April 2018 – March 2019** = 353 DDD/1000 admissions. (19 (-5%) DDD/1000 less than OGI, 372) *Note: Final Year-End PHA report is due in June 2019 therefore figures may be subject to change.*	No Regional comparative assessment undertaken.	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. Antibiotic policies continue to be reviewed to reduce the number of indications where this antibiotic is recommended and duration of therapy. In Mid-April 2019, 3.6 wte antimicrobial pharmacists commenced in the antibiotic stewardship team with remit for both antimicrobial stewardship and Outpatient Oral Antibiotic Therapy (OPAT). In May 2019 antimicrobial stewardship operational group was established to identify and implement interventions to improve antibiotic use
2.2.5	**ANTIBIOTIC CONSUMPTION:** *Taking 2017/2018 as the baseline figures, secure in secondary care: that at least 55% of antibiotic consumptions (as measured in DDD per 1000 admissions) should be antibiotics from the World Health Organisation (WHO) access aware category, OR an increase of 3% of antibiotics from WHO access aware* category, as a proportion of all antibiotic use.*	**A**	**G**	**Cumulative Period of April 2018- March 2019 = 61.4%** *Note: Final Year-End PHA report is due in June 2019 therefore figures may be subject to change.*	No Regional comparative assessment undertaken.	During 2018/19 performance for antibiotic consumption was above the 55% target for consumption from the WHO Access Aware category. The Antibiotic Kit Review (ARK) research study commenced in March 2019 across 30 trusts in the UK, including the Southern Trust, 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, after which time the antibiotic needs to be re-prescribed.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
2.3	**GRAM-NEGATIVE BLOODSTREAM INFECTIONS:** *To secure an **aggregate reduction** of 11% of Escherichia coli, Klebsiella spp. And Psuedomonas aeruginosa bloodstream infection, acquired after two days of hospital admission compared to 2017/2018. Target = 13 fewer cases.*	R	R	**Cumulative period of April 2018 to March 2019 =** 65 cases (7 higher than OGI of 58 cases).	**Actual (% of Total) April 2018 to March 2019:** • BHSCT 218 (46%) • NHSCT 89 (19%) • SEHSCT 58 (12%) • SHSCT 65 (14%) • WHSCT 49 (10%) **Regional Total 479**	Figures show the Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission in line with PHA reporting. The Trust achieved a 6 (-8%) reduction against 2017/18 position but it did not meets its target of 58 cases. The Trust has worked collaboratively to collect the full data set, including patient risk factors, from 2018/19 onwards, to support improvement. 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. A retrospective audit will be undertaken in 2019/20 reviewing the percentage of healthcare acquired gram-negative bloodstream infections that were preventable.
2.4.1	**HEALTHCARE ACQUIRED INFECTIONS (C Diff):** *By March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile Infection in patients aged 2 years and over compared to 2017/2018.* *SHSCT objective level is 50 cases therefore no reduction is required.*	A	G	**Cumulative period of April 2018 to March 2019 =** 45 cases (-10% lower (5 cases) than OGI) *Baseline assessment in 2017/2018 reported 48 cases).*	**Actual (% of Total) April 2018 to March 2019:** • BHSCT 132 (35%) • NHSCT 57 (15%) • SEHSCT 84 (22%) • SHSCT 44 (12%)* • **Regional Total 382**	During 2018/19 there were 45 cases in total which is less than the number of cases reported during 2017/18 and is -10% (-5) under the objective level for the year. Regionally the Southern Trust was the only Trust not to exceed its 2018/19 target maximum. The remaining four Trusts exceeded their maximum target levels for the year. The Trust's new 3-year IPC strategy, was launched in October 2018. The strategy includes 10 key elements designed to ensure excellence in infection prevention and control practices. Also a new interactive guide for staff went 'live' across the Trust in October. This guide, developed in-house, is the first of its type in Northern Ireland and provides immediate access at the point of care to the very latest best practice to help health professionals risk assess and manage patients with suspected infections. The IPC strategy covers key areas such as clean hands; clean place; and best antibiotic usages whilst ambitious

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						plans also seek to increasing the number of isolation facilities across the Trust; recruiting additional specialist staff; and introducing further measures to support all staff to achieve the very best IPC standards every day.
2.4.2	**HEALTHCARE ACQUIRED INFECTIONS (MRSA):** *By March 2019, to secure a Regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA Infection compared to 2017/2018.* *SHSCT objective level is 5 cases, therefore, no % reduction required.*	G	G	**Cumulative period of April 2018 to March 2019 = 3 cases (-40% lower (2 cases) than OGI)** *Baseline assessment in 2017/2018 reported 4 cases.*	**Actual (% of Total) April 2018 to March 2019:** • BHSCT 16 (30%) • NHSCT 16 (30%) • SEHSCT 12 (22%) • SHSCT 3 (6%) • WHSCT 7 (13%) • **Regional Total 54**	This year has seen an improvement in performance with a reduction in incidences compared to 2017/18. The number of incidences reduced from 4 to 3. Learning from Root Cause Analysis of cases reported in 2018/19 include management issues with venflons and central lines alongside hand hygiene. Regionally the Southern Trust was the only Trust to achieve their 2018/19 target. The remaining Trusts exceeded their target maximums for the year.
2.5	**NEWS KPI:** *Throughout 2018/2019 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.* *(National Early Warning Scores (NEWS))*	A	A	RAG status as validated in Director's qualitative assessment at 31/3/2019.	No Regional comparative assessment undertaken.	The NEWS Audit is a combination of self-auditing by Ward Managers/Band 6's & Independent Auditing by Lead Nurses. In Q4 18/19 (Jan – Mar), 5 of the 6 elements of the NEWS Bundle did achieve compliance of 95% or above. The element which failed to achieve the target was Observations recorded to frequency. Overall compliance during the quarter 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.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
2.6	**FALLS AND PRESSURE ULCERS REPORTING:** *By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019.	No Regional comparative assessment undertaken	Trust will participate in a regional exercise to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.
2.7	**MEDICINES OPTIMISATION MODEL:** *By March 2019, all Trusts must demonstrate 70% compliance with the Regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice.*	R	R	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The Trust continues to work towards the 70% objective level. Current performance is estimated at 45% 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 seven day basis.
2.8	**RESIDENTIAL AND NURSING HOMES (RNH):** *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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	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 During 2018/2019, the Trust has actively participated in the Regional Workshops developed in light of the DOH Independent Review Team following the launch of the Commissioner for Older People in Northern Ireland (COPNI) Home Truths report into Dunmurry Manor. The Trust is committed to implement the recommendations as agreed during 2019/20. The Trust has a range of governance arrangements in place to support quality of care in Independent Sector residential and nursing homes.

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						During the last quarter of 2018/19, as part of the Regional Care Home Transformation Project, the Trust have appointed: • A Specialist Physiotherapist who is leading the prevention and management of falls and advising on complex moving and handling issues within care homes. The postholder will also undertake an audit of falls and the provision of education to the care homes. • 2 Clinical Nurse Facilitators to support care homes with the development of clinical nursing skills. They will source, facilitate and provide appropriate training in response to identified learning needs within care homes. • Governance and Information Officer (part-time) to support with the management of incidents within independent care homes that are reported to the Trust. Reporting processes have been streamlined and incidents recorded onto Datix in a more timely manner.
Desired Outcome 3: People who use Health and Social Care Services have positive experiences of those services						
3.1	**SAME GENDER ACCOMMODATION:** *By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	An Audit of Mixed Gender Accommodation was completed in November 2018. Some of the Audit findings included: • All patients were cared for in same gender bays with no incidents of placements in mixed gender accommodation reported; • Trust Staff are passionate about upholding this standard; • Limited number of toilets & washing facilities & privacy / procedure rooms. A number of future discussions/actions were determined as part of the audit which, by end of

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						March 2019, have been completed or are in the process of being completed and will continue in 2019/20.
3.2	**CHILDREN IN CARE (Permanence and pathway plans):** *During 2018/2019 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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	The Trust continues to work specifically with children and young people to ensure that, in line with age and understanding, that they are fully involved and consulted with in relation to their respective care plans. 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, if they wish to do so. Review timings are set to accommodate their attendance.
3.3	**DEMENTIA PORTAL:** *By March 2019, patients in all Trusts will have access to the Dementia portal.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	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.
3.4	**PALLIATIVE AND END OF LIFE CARE:** *By March 2019, to have arrangements in place to identify individuals with a Palliative and end of life care needs, both in acute and primary settings, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.*	A	A	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	The Trust continues to work with the Regional Palliative Care Programme Board to support the achievement of this objective. The subject requires input from multiple partners and direction from the Regional Palliative Care Programme Board. 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. This involves partnership working

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						between the GP sites and District Nursing. There are plans from the PHA to extend the pilot sites to include additional GP practices for the 2019/2020 year. There is also within SHSCT Palliative Care meetings held within GP Practices every 1-2 months whose purpose is to identify patients and discuss treatment options. In addition resource folders, for every inpatient ward, are available on the Trust Sharepoint site and Awareness Raising has been utilised to promote their use in supporting early identification.
3.5	**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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/2019	No Regional comparative assessment undertaken.	Regional Objective 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. The Trust's PPI Annual Report 18/19 " Involving and Improving" outlines progress with PPI, co-production and patient experience and highlights examples of good practice. CEC Co-production Awareness training promoted across SHSCT. 44 staff and 1 service user attended March/April 2019. Transformation monies has enabled the Trust to issue a total of 25 small grants in 2018/19 with the

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						purpose of supporting PPI initiatives 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. The Trust has appointed a Senior PPI officer in February 2019 and Stock Takes for each of the PPI IPTs have been sent to the PHA at the beginning of 2019/20.

Desired Outcome 4: Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
4.1	**GP APPOINTMENTS:** *By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018*	G	G	**Cumulative period April 2018 to March 2019 = 15,258** (6 appointments higher than OGI (15,252)).	No Regional comparative assessment undertaken.	The Trust has demonstrated a small increase on the number of appointments during 2018/19 in comparison to the 2017/18 baseline. Sustainability continues to be challenged, however further recruitment of GP staff is to take place in April 2019. Capacity in particular months during 2018/19 has been impacted by staff planned and unplanned absences and resignations.
4.2	**GP OUT OF HOURS (Urgent Triage):** *By March 2019, 95% of acute/urgent calls to GP OOH should be triaged within 20 minutes (OGI = 95%)*	R	R	**Cumulative period April 2018 to March 2019 = 84.3% (10.7% less than OGI).** *Baseline assessment in 2017/2018 demonstrated performance of 87.7%.*	**Cumulative position for April 2018 to March 2019**: • BHSCT 85% • NHSCT 92% • SEHSCT 83% • SHSCT 75%* • WHSCT 87% • **Regional Average 84%**	Cumulatively during 2018/19 there has been a decrease in performance from the 2017/18 baseline of 87.7%. However Trust 2018/19 performance is in line with the regional average of 84%. During 2018/19 the service has been impacted by reduced GP capacity at peak periods such as weekends. The number of unfilled GP hours increased in 2018/19 in comparison to 2017/18 with 25% of total GP hours unfilled. The service continues to utilise an enhanced skill mix with nursing and pharmacy staff working in addition to GP staff. 2018/19 has demonstrated an improvement in the % of urgent and routine face to face consultations within 2 and 6 hours of triage in comparison to

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		R	R			2017/18. The service has highlighted, to the HSCB, challenges in securing GP workforce to provide sustainable cover and welcomes a regional review of working models to support the delivery of this service.
4.3	**AMBULANCE SERVICE:** *From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.*	N/A	N/A			
4.4	**EMERGENCY DEPARTMENT (Collective Assessment)**	R	R	Note: <u>*Sub-targets*</u> are assessed individually and specified below.		
4.4.1	**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 4 hours of their arrival in the department. (OGI = 95%)*	R	R	**Cumulative period April 2018 to March 2019 = 68.9%** *Baseline assessment in 2017/2018 was 74.5% with* 2018/2019 demonstrating performance -5.6% lower than this. Total attendances in 2018/2019 were 177,837 compared to 172,339 in 2017/2018.	**Cumulative position for April 2018 to March 2019:** • BHSCT 66% • NHSCT 69% • SEHSCT 74% • SHSCT 69% • WHSCT 74% • **Regional Average 70%**	Cumulative performance for 2018/2019 was -5.6% lower than 2017/2018. In actual terms the number of patients seen within 4-hours decreased by -5958 from 128,459 in 2017/18 to 122,501 in 2018/2019. In the same period there was an increase in the overall number of attendances in 2018/19 to Emergency Departments by +5,491. The Southern performed less favourably than the regional average of 70%. It has been noted that regionally the number of patients attending EDs year on year is increasing indicating an increasing demand for ED care. Regionally ED attendances increased by +3.6% in 2018/19 from 794,165 in 2017/18 to 822,852 in 2018/19. The Southern Trust experienced a similar pattern in attendance rates with a +3.2% increase in 2018/19 from 172,339 in 2017/18 to 177,830 in 2018/19. The Trust established an unscheduled care operational improvement group, co-chaired by the Director of OPPC and Acute Services, to support patient flow during the winter period and in

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		R	R			periods of increased pressure. Furthermore a number of measures have been implemented by the Trust to support winter pressures including: • Opening of 18 additional beds • Commencement of Control Rooms in CAH and DHH • Commencement of Direct Assessment Unit in DHH • Implementation of OPAU in CAH and DHH • Expansion of ACAH in Newry & Mourne • Downturn in Theatre Capacity by 30% • Discharge to Assess • Development of Ambulatory Pathways including surgical, respiratory, Pulmonary Embolism The Trust is currently reviewing the impact of these measures in supporting Acute pressures.
4.4.2	**EMERGENCY DEPARTMENT (12-Hour):** *By March 2019, no patient attending any emergency department should wait longer than 12 hours.* *(OGI = 0)*	R	R	**Cumulative period April 2018 to March 2019 = 6,083** *Baseline assessment in 2017/2018 was 3,656 patients waiting in excess of 12-hours demonstrating an increase of +2,427 patient during 2018/2019.* Patients waiting in excess of 12-hours equated to 3.4% of total ED attendances compared to 2.1% in 2017/2018.	**Actual (% of Total) Cumulative April 2018 to March 2019:** • BHSCT 4,302 (17%) • NHSCT 5,530 (22%) • SEHSCT 6,680 (26%) • SHSCT 6,083 (24%) • WHSCT 2,731 (11%) • **Regional Total 25,326**	The level of breaches demonstrated in 2018/2019 increased by +66% in 2018/19 from 3,656 in 2017/2018 to 6,083 in 2018/19. This reflects the pattern of pressures throughout the Region with 46% more breaches being experienced throughout the Northern Ireland during 2018/19. 70% of the breaches in the Trust over 12-hours were experienced in the second half of 2018/2019. There was also an increase in the overall number of attendances in 2018/19 to Southern Trust Emergency Departments by +5,491. Measures to improve have been implemented as noted above.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
4.5	**EMERGENCY DEPARTMENT (Triage to Treatment):** *By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.* *(OGI = 80%)*	G	A	**Validated:** **Cumulative period April 2018 to March 2019 = 74.4%** Equating to 121,169 patients commencing treatment within 2-hours. *Baseline assessment in 2017/2018 demonstrated 80.3% equating to 123,483 patients commencing treatment within 2-hours.*	**Cumulative position April 2018 to February 2019:** • BHSCT 74% • NHSCT 79% • SEHSCT 88% • SHSCT 75% • WHSCT 88% • **Regional Average 80%**	The Trust 2018/2019 performance was below the regional average of 80% and was less favourable than the 2017/2018 baseline. The actual number of patients commencing treatment within 2 hours reduced during October 2018 - March 2019 in comparison to the first 6 months of 2018/2019. At site level, STH was the only site to achieve the target with a cumulative performance of 100%. CAH and DHH ED failed to meet the 80% target and experienced a drop in performance compared to 2017/2018 levels. During 2018/2019, 63.6% of patients commenced treatment within 2-hours in CAH ED (68.1% in 2017/2018) and 75.4% patients commenced treatment within 2-hours in DHH ED (88.6% in 2017/2018). During 2018/19, ongoing pressures and increased attendances, on a hourly basis, have made achieving this target difficult. A Senior Nurse is assigned to oversee triage in ED. During 2018/19 work has been undertaken with NIAS to improve turnaround and triage times.
4.6	**HIP FRACTURES:** *By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48-hours for in-patient treatment for hip fractures.* *(OGI = 95%)*	A	A	**Cumulative period April 2018 to March 2019 = 92.4%.** *Baseline assessment 2017/2018 demonstrated 90.2% of hip fractures treated within 48-hours.* In 2018/2019 352 out	**Cumulative position April 2018 to March 2019:** • BHSCT 81% • NHSCT *Not applicable* • SEHSCT 75% • SHSCT 92% • WHSCT 90% • **Regional Average 84%**	The Trust failed to meet the 95% target during 2018/19 however it should be noted there was 29 breaches of the 48-hour target, a reduction in comparison to 2017/18 when 40 breaches occurred. The % of patients treated within 48-hours has also increased from 2017/18 (90.2%) to 92.4%. Overall the total number of patients requiring inpatient fracture treatment increased, however there was fewer patients requiring inpatient

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				381 hip fractures treated within 48 hours. In 2017/2018 370 out of 410 hip fractures treated within 48-hours.		treatment for hip fractures under this target definition. Regionally the Trust has demonstrated a strong performance, with the largest % of patients treated within 48-hours.
4.7	**ISCHAEMIC STROKE (Receive Thrombolysis):** *By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.* *(OGI = 15%)*	A	G As at Jan 19	Year-end assessment not available until Quarter 2 2019/2020. Assessment based on the period April 2018 to January 2019. **Cumulative period April 2018 to January 2019 = 15.7%** *Baseline assessment in 2017/2018 demonstrated 11.7%.* During April 2018 to January 2019 there has been an increase in the number of patients who were administered thrombolysis (54) in comparison to the corresponding period in 2017/2018 (32) however the number of stroke D&Ds remain at a similar level at 344 and 343 respectively.	Year-end data not available for comparison.	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, produced locally each month, outlines the % of patients assessed by the Stroke Team within 30 minutes of registration at A&E, the % of patients potentially eligible for thrombolysis who received a CT Scan within 45 minutes and the % of patients deemed suitable for thrombolysis who receive their first bolus within 60 minutes of arrival at A&E. In addition wider qualitative indicators continue to be monitored by the Trust. The Trust SSNAP results have demonstrated an Improvement from April - June 2018 when the results of the band for Thrombolysis was at C across both sites with 9.8% Lysed in CAH and 6.7% Lysed in DHH. In the period October - December 2018 the band for Thrombolysis was A in CAH with 14.3% Lysed and DHH was banded B with 16% Lysed. From April 2019, SSNAP audits will be revised to provide a more accurate reflection of performance going forward.

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4.8	**DIAGNOSTIC REPORTING (Urgents):** *By March 2019, all urgent diagnostic tests should be reported on within two days. (OGI = 100%)*	**R**	**R**	**Cumulative period April 2018 to March 2019 = 82.9%** *Baseline assessment 2017/2018 demonstrated 81.4% of urgent diagnostic tests were reported on within two days.* Non-Imaging performance at end of March 2019 demonstrated performance at 94.7% with Imaging at 81.9%.	**Cumulative position April 2018 to February 2019:** • BHSCT 79% • NHSCT 89% • SEHSCT 88% • SHSCT 83% • WHSCT 92% • **Regional Average 86%**	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 reports to the Independent Sector to be reported on and reduced capacity within the Independent Sector have impacted on performance during 2018/19.
4.9.1	**SUSPECT BREAST CANCER (14-days):** *During 2018/2019, all urgent suspected breast cancer referrals should be seen within 14-days. (OGI = 100%)*	**A**	**Y**	**Cumulative period April 2018 to March 2019 = 99.4%** *Baseline assessment in 2017/2018 demonstrated 47.2%.* 2018/2019 demonstrated 3,092 out of 3,111 patients seen within 14-days with 19 patients not seen within 14-days. These volumes exclude SHSCT patients that were seen in other Trusts.	**Cumulative position April 2018 to March 2019:** • BHSCT 100% • NHSCT 71% • SEHSCT 98% • SHSCT 99% • WHSCT 99% • **Regional Average 92%**	Additional clinics have been provided, funded non-recurrently, in 2018/2019 as required to meet demand. During 2018/19 there was a total of 19 breaches which is a significant reduction from 2017/18 (1,297). Performance has significantly improved in 2018/19 in addition to the +655 (+27%) increase in referrals in comparison to the previous year. 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 is ongoing.

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				In comparison 2017/2018 demonstrated 1,159 out of 2456 patients seen within 14-days (47.2%) with 1,297 patients not seen within 14-days.		
4.9.2	**CANCER PATHWAY (31-Day):** *During 2018/2019, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.* (OGI = 98%)	A	G	**Cumulative period April 2018 to March 2019 = 99.5%** *Baseline assessment in 2017/2018 demonstrated 97.0%.* 2018/2019 demonstrated 1,475 out of 1,482 patients seen within 31-days compared to 1,497 out of 1,544 patients seen within 31-days (97.0%) in 2017/2018.	**Cumulative position April 2018 to March 2019:** • BHSCT 90% • NHSCT 92% • SEHSCT 94% • SHSCT 100% • WHSCT 100% • **Regional Average 94%**	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. Performance against cancer services objectives is set in the context of increasing demand for assessment.
4.9.3	**CANCER PATHWAY (62-Day):** *During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.* (OGI = 95%)	R	R	**Cumulative period April 2018 to March 2019 = 74.4%.** *Baseline assessment in 2017/2018 demonstrated 74.3%.* 2018/2019 demonstrated that 548 out of 795 actual patients were seen	**Cumulative position April 2018 to March 2019:** • BHSCT 53% • NHSCT 67% • SEHSCT 52% • SHSCT 74% • WHSCT 78% • **Regional Average 63%**	Performance against the 62-day cancer pathway in 2018/2019 is comparative with performance in 2017/2018. During 2018/19, there has been an increase in referrals for the 62-day and 31-day pathways which continues to impact on the Trust's ability to meet the target. The predominant breaching specialties in 2018/2019 were Urology (49%), Lower Gastrointestinal Cancer and Lung Cancer (12%

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		R	R	within 62-days		each). Also the majority of breaches occurred amongst patients transferring between 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. In 2018/19 the Trust re-established the Trust Cancer Steering Group to provide more focused leadership and oversight on clinical pathway issues. It also participated 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. Furthermore Urology referrals from WHSCT patients made to the SHSCT service are to cease in an attempt to rebalance demand and capacity and improve local waiting times.
4.10.1	**OUT-PATIENT APPOINTMENT:** *By March 2019, 50% of patients should be waiting no longer than 9-weeks for an out-patient appointment* *(OGI = <9 weeks = 50%)*	R	R	**Assessment at 31 March 2019 = 29.9% less than 9 weeks.** *Baseline assessment at 31 March 2018 demonstrated 33.1% of patients waiting less than 9 weeks.* 31 March 2019 demonstrated a total of 43,631 patients waiting for OP appointments, which is +3,623 (+9.0%)	**Actual position end of March 2019:** **<9-weeks** • BHSCT 28% • NHSCT 28% • SEHSCT 20% • SHSCT 28%* • WHSCT 29% • **Regional Average 26%**	At the end of March 2019, the number of patients waiting over 9-weeks has increased by +3,065 (+11%) from 26,749 at the end of March 2018 to 29,814 at the end of March 2019. The total number of patients waiting also increased by +6% (+3,623) from 40,008 at the end of March 2018 to 43,631 at the end of March 2019. 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

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				increase in comparison to 2017/2018 (40,008).		by HSCB, being utilised for red flag/urgent referrals assisting the cancer pathways.
4.10 2	**OUT-PATIENT APPOINTMENT:** *By March 2019, no patient waits longer than 52 weeks.* *(OGI = <52 weeks = 0)*	**R**	**R**	**Assessment at 31 March 2019 = 8,514 waiting greater than 52-weeks; longest wait is 167 weeks.** *Baseline assessment at 31 March 2018, 5,888 patients were waiting in excess of 52-weeks with the longest wait at 141 weeks.*	**>52-weeks (% of total)** • BHSCT 31,566 (32.3%) • NHSCT 12,684 (13%) • SEHSCT 28,280 (29%) • SHSCT 12,174 (13%) * • WHSCT 12,926 (13%) **Regional Total 97,630**	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, the longest wait is 167-weeks within Urology. Additional capacity, funded non recurrently, in 2018/2019 saw circa 15,500 new and 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 the funding level available from HSCB.
4.11.1	**DIAGNOSTIC TEST:** *By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.* *(OGI = <9 weeks = 75%)*	**R**	**R**	**Validated: Assessment at 31 March 2019 = 47.5% <9-weeks; 5,771 >26-weeks; and longest wait 88-weeks** *Baseline assessment at 31 March 2018 demonstrated a total of 22,963 patients.* 31 March 2019 demonstrated a total of 26,677 patients waiting for diagnostics, which is +3,714	**Actual position at end of March 2019: <9-weeks** • BHSCT 45% • NHSCT 48% • SEHSCT 62% • SHSCT 45% • WHSCT 81% • **Regional Average 51%**	At the end of March 2019, the total number of patients waiting for diagnostics tests has increased by +3,714 (+16.2%) to 26,677 since March 2018 with the number of patients waiting in excess of 9-weeks increasing by +4,254 (+43.3%) since March 2018 to 14,082. Since March 2018 the majority of the increase in waits for diagnostic tests >9 weeks has occurred within Cardiology Non-Invasive Investigations and NOUS Imaging Diagnostics.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
		R	R	(+16.2%) increase in comparison to 2017/2018 (22,963).		
4.11.2	**DIAGNOSTIC TEST:** *By March 2019, no patient waits longer than 26 weeks.* *(OGI = <26 weeks = 0)*	**R**	**R**		**>26-weeks (% of total)** • BHSCT 17,126 (32%) • NHSCT 15,517 (29%) • SEHSCT 5,875 (11%) • SHSCT 13,939 (26%) • WHSCT 1,786 (3%) **Regional Total 54,243**	Waits in excess of 26 weeks have increased by +2,808 (+94.8%) since March 2018. The majority of the increase in waits for diagnostic tests >26 weeks has occurred: • Cardiology Non-Invasive Investigations 2,534; (1,278 at March 2018) • MRI 292; (165 at March 2018) and • Respiratory Physiology 116 (0 at March 2018) At the end of March 2019, the total number of patients waiting for diagnostics tests has increased by +3,714 (+16.2%) to 26,677 since March 2018. Additional funding for increased capacity has contributed to an decrease in the waits >26 weeks from the end of December (-8.7%). The £2.37m additional in year funding for diagnostics was 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). The transfer of specialist CT scans to BHSCT have also contributed to the decrease in volumes of longest waits for Imaging tests. 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). Endoscopy waits in excess of 26-weeks reflect 110 patients waiting for a first endoscopy procedure at end of March 2019. At the end of

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						March 2019, validation and additional non recurrently funded activity also resulted in a decrease in the volume of patients waiting for a planned repeat procedure, beyond their clinically indicated timescale to 1,579 patients. However management of this large caseload is challenging within existing capacity and in the context of new red flag and urgent demand
4.12.1	**IN-PATIENT / DAY CASE TREATMENT:** *By March 2019, 55% of patients should wait no longer than 13 weeks for in-patient/day case treatment.* *(OGI = <13 weeks = 55%)*	**R**	**R**	**Assessment at 31 March 2019 = 35.0% <13-weeks** *Baseline assessment at 31 March 2018 demonstrated 33.9% of patients waiting less than 13 weeks.* *31 March 2019 demonstrated a total of 10,909 patients waiting for in-patient/day case treatment which is an increase of +651(+6%) compared 31 March 2018*	**Actual position at end of March 2019: <13-weeks** • BHSCT 25% • NHSCT 54% • SEHSCT 52% • SHSCT 42%* • WHSCT 34% • **Regional Average 34%**	At the end of March 2019, only 35% of patients waiting for inpatient/daycase 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). The Trust has sought to improve capacity within existing resources, with non-recurrent funding, to treat over an additional 3,000 inpatient and day patients. 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.
4.12.2	**IN-PATIENT /DAY CASE TREATMENT:** *By March 2019, no patient waits longer than 52 weeks.* *(OGI = <52 = 0)*	**R**	**R**	**Assessment at 31 March 2019; 2,700 >52-weeks; and longest wait 269-weeks** *Baseline assessment at 31 March 2018 demonstrated 2,357 patients waiting in*	**>52-weeks (% of total)** • BHSCT 12,091 (54%) • NHSCT 406 (2%) • SEHSCT 1,673 (9%) • SHSCT 2,770* (12%)	At end of March 2019, the number waiting over 52-weeks for Inpatient/Day Case Treatment has increased by +15% (+343) since March 2018. 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, over 1 year (Breast Surgery; Cardiology; ENT; General Surgery; Gynaecology; Orthopaedics; Paediatrics;

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		 	 	excess of 52-weeks with the longest wait at 217-weeks.	• WHSCT 5,410 (24%) • **Regional Total 22,350**	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. Elective capacity was reduced as part of unscheduled care planning to support bed capacity for emergency admissions. Recurrent investment in workforce and infrastructure is required to see sustainable improvement. In 2018/19 a small volume of long waiting orthopaedic and general surgical patients received treatment in the independent sector. SMT have agreed to continue to fund additional capacity in the leased modular catheterisation laboratory in Quarter 1 of 2019/20. 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.
4.13.1	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (CAMHS):** *By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.* *(OGI = >9 weeks = 0)*	**G**	**G**	**Assessment at 31 March 2019 = 0 patients waiting in excess of 9-weeks.** *Baseline assessment at 31 March 2018 demonstrated 0 patients waiting in excess of 9-weeks.* March 2019 demonstrated a total waiting list of 303	**Actual position at end of March 2019: >9-weeks (% of total)** • BHSCT 177 (36%) • NHSCT 212 (44%) • SEHSCT 0 (0%) • SHSCT 0 (0%) • WHSCT 98 (20%) • **Regional Total 487**	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

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
		<td style="background:green"></td>	<td style="background:green"></td>	patients in comparison to 242 at March 2018.		
4.13.2	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Adult Mental Health):** *By March 2019, no patient waits longer than nine weeks to access adult mental health services. (OGI = >9 weeks =0)*	**R**	**R**	**Assessment at 31 March 2019 = 656 waiting in excess of 9-weeks; longest wait 39-weeks** *Baseline assessment at 31 March 2018 demonstrated 101 patients waiting in excess of 9-weeks with the longest wait at 25-weeks.* **March 2019 demonstrated a total waiting list of 1,487 patients in comparison to 965 at March 2018.**	**Actual position at end of March 2019: >9-weeks (% of total)** • BHSCT 107 (7%) • NHSCT 6 (0.3%) • SEHSCT 72 (8%) • SHSCT 640 (42%)* • WHSCT 704 (46%) • **Regional Total 1,529**	Note: Trust 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. 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. 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. The longest wait is in the Eating Disorder Services at 39-weeks with all other sub-specialist areas below 30-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.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
		<td style="background:red">R</td>	<td style="background:red">R</td>			
4.13.3	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Dementia Services):** *By March 2019, no patient waits longer than nine weeks to access dementia services.* *(OGI = >9 weeks = 0)*	<td style="background:red">R</td>	<td style="background:red">R</td>	**Assessment at 31 March 2019 = 10 patients waiting in excess of 9-weeks, longest wait 25-weeks** *Baseline assessment at 31 March 2018 demonstrated 15 patients waiting in excess of 9-weeks with the longest wait at 22-weeks.* March 2019 demonstrated a total waiting list of 187 patients in comparison to 217 at March 2018.	**Actual position at end of March 2019: >9-weeks (% of total)** • BHSCT 35 (13%) • NHSCT 2 (0.7%) • SEHSCT 129 (49%) • SHSCT 10 (3.8%) • WHSCT 87 (33%) • **Regional Total 263**	Performance this year is more favourable compared to last year with 10 patients waiting in excess of 9 weeks at the end of March 2019 which is also better than the number projected. Longest waits for outpatient appointments are within the consultant-led element of the service with the 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.
4.13.4	**MENTAL HEALTH OUT-PATIENT APPOINTMENT (Psychological Therapies):** *By March 2019, no patient waits longer than thirteen weeks to access psychological therapy services.* *(OGI = >13 weeks =0)*	<td style="background:red">R</td>	<td style="background:red">R</td>	**Assessment at 31 March 2019 = 279 patients waiting in excess of 13-weeks, longest wait 71-weeks** *Baseline assessment at 31 March 2018 demonstrated 84 patients waiting in excess of 13-weeks with the longest wait at 56-weeks.* *March 2019*	**Actual position at end of March 2019: >13-weeks (% of total)** • BHSCT 753 (39%) • NHSCT 73 (2%) • SEHSCT 413 (15%) • SHSCT 279 (6%) • WHSCT 580 (38%) • **Regional Total 2,026**	Performance this year seen an increase in patients waiting in excess of 13-weeks to 279 from 84 patients at 31 March 2018. This is also 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. 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 recruit the necessary workforce to fill current vacancies. At March 2019 the longest wait is 71-weeks within Adult Mental Health. An internal review of

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
				demonstrated a total waiting list of 654 patients in comparison to 486 at March 2018.		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.

Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
5.1	**DIRECT PAYMENTS**: *By March 2019, secure a 10% increase in the number of direct payments to all service (OGI = 855)*	R	G	**Assessment at 31 March 2019 = 868** *Baseline assessment at March 2018 demonstrated 777 direct payments.*	**Actual DPs in 2018/19**: • BHSCT 863 • NHSCT 860 • SEHSCT 1,149 • SHSCT 868 • WHSCT 1,273 • **Regional Total 5,013**	The Trust achieved an increase in the level of direct payments in 2018/2019 in comparison to 2017/2018 with an improvement of +12% which is above the objective level sought of +10%. Regionally the target to increase the number of direct payments for all services users by 10%, to 4,729, by end of March 2019 was exceeded – by end of March 2019, 5,013 direct payments were in place (+284) Direct payments are an integral part of Self-Directed Support, as one of the options under this, and it is anticipated that as Self Directed Support gathers momentum, uptake of Direct Payments will also increase. .
5.2	**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.*	A	A	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	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. Note: This figure does not include all who have gone through Self-Directed Support as numbers of service users have only been collected electronically from January 2019 and due to the work required to record individual support plans the total number may be subject to change. In

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
						addition, the Trust is currently awaiting regional guidance on a legal framework for Managed Budgets and once this is provided it is expected that uptake will increase significantly. The Trust is also contributing to the development of the HSCB's regional phase 2 Implementation Plan 2019-2022 for Self-Directed Support and will continue to contribute and deliver against the indicators of success set within this plan. In addition, the following training has been provided: Level 1 SDS Training (SDS awareness raising for all Trust Staff) = 625 attended Level 2&3 SDS Training (facilitating the provision of more detailed Support Planning Training for case Managers / Key Workers) including Practitioner Clinics & Direct Payments Training = 896 attended Other (SDS Awareness Training provided for individuals who are not Trust Staff) = 376 attended In addition, 479 staff have attended ASCOT (Adult Social Care Outcomes Toolkit) Training to empower Trust Staff to determine the impact of social care services through measuring outcomes relating to each individual's social care related quality of life.
5.3	**ALLIED HEALTH PROFESSIONALS:** *By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied*	**R**	**R**	**Validated: Assessment at 31 March 2018 = 2,729 >13-weeks; longest**	**Actual position at end of March 2019: >13-weeks (% of total)**	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

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
	health professional. *(OGI = >13 weeks =0)*			**wait 61-weeks** *Baseline assessment at 31 March 2018 demonstrated 3,952 patients waiting more than 13-weeks with the longest wait at 58-weeks.* 31 March 2019 demonstrated a total of 11,035 patients waiting for AHP appointments compared to 13,061 at 31 March 2018.	• BHSCT 1,646 (13%) • NHSCT 4,627 (36%) • SEHSCT 734 (6%) • SHSCT 2,729 (21%) • WHSCT 3,067 (24%) • **Regional Total 12,803**	recurrent investment in workforce in 17/18 and additional non recurrent funding in 18/19. 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. At the end of March 2019, the majority of the waits in excess of 13-weeks relate to Occupational Therapy, 50% (1,366) and Speech and Language 38% (1,039). The longest wait is in OT, within the Maternity & Child Health Programme of Care at 61-weeks. It is noted that all AHP patients waiting >13 weeks at end of March 2018 were seen or discharged/had their clock re-set as per IEAP. The SMT requested 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. 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.
5.4	**SWALLOW ASSESSMENT:** *By March 2019, have developed a baseline definition data to ensure patients have a timely access to a full swallow assessment.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.		Regional Objective, led by PHA. PHA are leading on the development of the baseline data definition and the Trust has provided data to the PHA as part of the regional work.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
						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.
5.5	**DIRECT ACCESS PHYSIOTHERAPY SERVICES:** *By March 2019, Direct Access Physiotherapy services will be rolled out across all Health and Social Care Trusts.*	G	A	RAG status as validated in Director's qualitative assessment at 31/3/19.		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 a phased implementation, with access to Self-Referral for patients from 2 GP practices commencing during the first quarter of 2019/20 and subsequent roll out across the Trust during the following 6 months.
5.6	**CHILDREN & YOUNG PEOPLE'S DEVELOPMENTAL & EMOTIONAL WELLBEING FRAMEWORK:** *By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.		Regional Objective 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.
5.7.1	**LEARNING DISABILITY DISCHARGES:** *During 2018/2019, 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.* *(OGI = <7 days = 99%, >28 days = 0)*	A	A	**Cumulative period April 2018 to March 2019 <7-days = 96.7% and >28-days = 0 patients** *Baseline assessment 2017/2018 demonstrated <7-days = 95.7% and >28-days = 0 patients.* Cumulative 2018/2019	**Cumulative position at end of March 2019: <7-days** • BHSCT 61% • NHSCT 86% • SEHSCT 76% • SHSCT 97% • WHSCT 83% • **Regional Average 82%** **>28-days (% of total)** • BHSCT 8 (40%)	During 2018/19 there was an improvement against the 7-days target and 28-days performance has been sustained in comparison to 2017/2018. Whilst improvement has been demonstrated this 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. Challenges remain with a cohort of learning disability clients who remain in-patients where options for discharge are

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
				demonstrated 29 out of 30 patients discharged within 7-days. In comparison 2017/2018 demonstrated 22 out of 23 patients discharged within 7-days.	• NHSCT 3 (15%) • SEHSCT 5 (25%) • SHSCT 0 (0%) • WHSCT 4 (75%) • **Regional Total 20**	not available.
5.7.2	**MENTAL HEALTH DISCHARGES:** *During 2018/2019, 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.* *(OGI = <7 days = 99%, >28 days = 0)*	R	R	**Validated: Cumulative period April 2018 to March 2019: <7-days = 94.1% and >28-days = 20** *Baseline assessment 2017/2018 demonstrated <7-days = 93.7% and >28-days = 12 patients.* Cumulative 2018/2019 demonstrated 916 out of 973 patients discharged within 7-days. In comparison 2017/2018 demonstrated 792 out of 845 patients discharged within 7-days.	**Cumulative position at end of March 2019: <7-days** • BHSCT 97% • NHSCT 100% • SEHSCT 95% • SHSCT 94% • WHSCT 94% • **Regional Average 96%** **>28-days (% of total)** • BHSCT 13 (13%) • NHSCT 1 (1%) • SEHSCT 29 (28%) • SHSCT 20 (20%) • WHSCT 39 (38%) • **Regional Total 102**	Performance in 2018/2019 has demonstrated a minimal improvement on 2017/2018 against the 7-days objective. The number of discharges taking over 28-days has increased by +67%. It should be noted that the number of patients discharged has increased by +15% (+128) from 845 in 2017/2018 to 973 in 2018/2019. 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.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
Desired Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being						
6.1	**CARERS' ASSESSMENTS:** *By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.* *(OGI = 3,460)*	G	G	**Cumulative period April 2018 to March 2019 = 4,292 assessments offered** *Baseline assessment cumulative 2017/2018 demonstrates 3,145 assessments offered.*	**Year-end position (Q4) not available yet. Latest available position is end of December 2018:** • BHSCT 2,296 • NHSCT 4,171 • SEHSCT 1,786 • SHSCT 3,233 • WHSCT 1,545 • **Regional Total 13,031**	Performance during 2018/19 demonstrates an increase of +832 (+24%) better than its 2018/2019 objective level. 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 are completed. At the end of December 2018, regionally performance was on track to deliver the required increase – 13,031 carers' assessments. The Southern Trust had offered the second highest number of carers assessments across the region at the end of December. 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, were invited through an expression of interest form to join a newly formed Parents/Carers forum. This is a new group to 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.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
6.2	**COMMUNITY BASED SHORT BREAK:** *By March 2019, secure a 5% increase (based on 2017/2018 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. (OGI = 534,656 hours)*	A	R	**Cumulative period April 2018 to March 2019 = 512,706 hours.** Cumulative performance at March 2019 demonstrates -4% (-21,950) against the anticipated OGI level for 2018/19. *Baseline assessment cumulative in 2017/2018 (full-year) demonstrates 509,197 hours.*	**Year-end position (Q4) not available yet. Latest available position is QE 30 September 2018 (Q2):** • BHSCT 126,517 • NHSCT 421,366 • SEHSCT 94,358 • SHSCT 253,958 • WHSCT 58,998 • **Regional Total 955,197**	Cumulatively during 2018/19 the number of community based short break hours is -4% (-21,950 hours) under the target hours for this period. During 2018/19, the Trust provided 680,952 short break hours within residential, nursing home and hospital based short breaks. During 2017/18, 735,843 short break hours were within residential, nursing home and hospital based short breaks. These hours are not included in the objective. Regionally, from April - September 2018 the Southern Trust is performing comparably, after Northern Trust, particularly in relation to short breaks facilitated by domiciliary care. In addition to short break hours, the Trust provided just over 450 cash grants this year to individuals. Individual choice will inform how this is used which may not include short breaks.
6.3	**YOUNG CARERS' SHORT BREAK:** *By March 2019, secure a baseline for the number of young carers receiving short breaks (.i.e. non-residential respite) received by young carers.*	G	G	**Assessment at 31 March 2019 = 219 Young Carers.** *Baseline assessment in 2017/2018 demonstrates 179 Young Carers.*	HSCB year-end comparative data not available.	Baseline established as per OGI achieving this year's objective. The number of young carers receiving short breaks during 2018/19 has increased by +22% (+40) from 2017/2018 when 179 Young Carers received Short Breaks.
Desired Outcome 7: Resources are used effectively and efficiently in the provision of health and social care services						
7.1	**COMMUNITY PHARMACY SERVICES:** *By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.*	N/A	N/A			

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
7.2	**DELEGATED STATUTORY FUNCTIONS:** *By March 2019 to establish outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.*	N/A	N/A			
7.3	**HOSPITAL CANCELLED OUT-PATIENT APPOINTMENTS:** *By March 2019, to establish a baseline of the number of hospital cancelled consultant-led out-patient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.* (OGI = 5,269)	A	G	**Validated: Cumulative period April 2018 to March 2019 = 6,110 hospital cancellations** *Baseline assessment cumulative 20172017 demonstrated 5,546 hospital out-patient cancellations that resulted in the patient waiting longer.* 2018/2018 demonstrated a total of 213,548 attendances at Consultant-led out-patients compared to 202,339 in 2017/2018.	HSCB year-end comparative data not available.	Baseline established as per OGI achieving this year's objective. Cumulatively as at March 2019 the actual number of cancellations which resulted in the patient waiting longer was +564 (+10%) above the 2017/18 level which is disproportionality higher than the number of appointment attendances. During 2018/19, 2.7% of total Hospital Out-patient appointments were cancelled and resulted in the patient waiting longer. During 2018/19 Consultant unavailability has been the main cause of outpatient cancellations that were subsequently put back resulting in the patient waiting longer. In year, work has been on-going by the Heads of Service to reduce the impact of rota changes and annual leave on hospital cancellations.
7.4	**SERVICE AND BUDGET AGREEMENT:** *By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.*	R	R	**Validated: Cumulative period April 2018 to March 2019 = New Out-Patients -4% (-2,768); Review Out-Patients -8% (-10,398); Elective In-Patients**	**Position at end of March 2019:** **NOP** - BHSCT -13.9% - NHSCT -9.2% - SEHSCT -5.1% - SHSCT -1.9% - WHSCT -13.4%	**New Outpatients -** Cumulatively, 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 were: General Surgery; Nurse-Led Dermatology; and Neurology.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
				-37% (-2,514); Day Cases +10% (+2,233) *Baseline assessment cumulative 2017/2018 = New Out-Patients -8% (-6,223); Review Out-Patients -8% (-10,057); Elective In-Patients -40% (-2,736); Day Cases +6% (+1,069).*	• **Regional Average -9.7% (-39,932)** **IP/DC** • BHSCT -12.2% • NHSCT -16.1% • SEHSCT +3.2% • SHSCT -5.2% • WHSCT -11.8% • **Regional Average -9.0% (-14,161)**	**Review Outpatients -** Cumulatively 10,398 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 which is largely attributable to medical worforce challenges which is attributed to lack of middle grade medical staff. **Inpatients -** Cumulatively 2,514 less patients were treated than the commissioned level of activity. In numerical terms the top 3 specialties contributing to underperformance were: ENT, General Surgery and Gynae. Elective IP has been impacted by unscheduled care pressures with elective capping in place during 2018/19, which minimises the impact on cancellations. **Day Cases -** Strong performance continues to be demonstrated against the DC SBA with activity +2,233 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.
7.5.1	**ACUTE HOSPITAL COMPLEX DISCHARGES (48-Hours):** *By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours. (OGI = <48 hours = 93.4%)*	G	A	**Cumulative period April 2018 to March 2019 = 83.1%** *Baseline assessment cumulative 2017/2018 demonstrated 93.4%.* 2018/2019 demonstrated 1,913 out of 2,302 discharges within 48-	**Cumulative position at end of March 2019:** • BHSCT 71% • NHSCT 79% • SEHSCT 82% • SHSCT 83% • WHSCT 78% • No ToR 85% • **Regional Average 78%**	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.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
				hours compared to 1,945 out of 2,082 discharges in 2017/2018.		
7.5.2	**ACUTE HOSPITAL COMPLEX DISCHARGES (7-Days):** *By March 2019, ensure that no complex discharges wait more than seven days.* *(OGI = >7 days =0)*	G	R	**Cumulative period April 2018 to March 2019 = 118** *Baseline assessment cumulative 2017/2018 demonstrated 15 discharges in excess of 7-days.* 2018/2019 demonstrated 118 out of 2,302 discharges in excess of 7-days equating to 5.1% of total complex discharges compared to 15 out of 2,082 in excess of 7-days equating to 0.7% in 2017/2018.	**Cumulative position at end of March 2019:** • BHSCT 656 • NHSCT 315 • SEHSCT 308 • SHSCT 121 • WHSCT 443 • No TOR 8 • **Regional Total 1,851**	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%) in 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. The Regional Winter Resilience Co-ordination Group was established this year to support patient flow over the winter and in particular during periods of increased pressure, timely patient discharge would be a priority focus over the winter months. Trusts agreed to share learning from initiatives to improve the discharge pathways already in place that have made an impact or demonstrated an improvement in the discharge process. The Trusts' Regional Discharge Group was reconvened to discuss a range of operational issues raised at the Co-ordination Group in relation to discharge documentation as well Trusts' engagement with nursing home and independent sector providers.
7.5.3	**ACUTE HOSPITAL NON-COMPLEX DISCHARGES (6-Hours):** *By March 2019, ensure that all non-complex discharges from an acute*	A	A	**Cumulative period April 2018 to March 2019 = 94.1%** *Baseline assessment*	**Cumulative position at end of March 2019:** • BHSCT 96% • NHSCT 93%	Cumulative 2018/2019 performance at 94.1% is lower than the 2017/2018 baseline of 94.5%.

OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
	hospital take place within six hours. (OGI = <6 hours = 100%)			*cumulative 2017/2018 demonstrated 94.5%.* 2018/2019 demonstrated 34,993 out of 37,176 discharges within 6-hours compared to 34,386 out of 36,401 in 2017/2018.	• SEHSCT 87% • SHSCT 94% • WHSCT 97% • **Regional Total 94%**	
7.6	**PHARMACY EFFICIENCY PROGRAMME:** *By March 2019, to obtain savings of at least £90m through the Regional Medicines Optimisation Efficiency Programme from PPRS receipts by March 2019.*	R	R	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	This objective 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.
Desired Outcome 8: People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide						
8.1	**HEALTH & SOCIAL CARE WORKFORCE STRATEGY:** *By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce strategy.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The Trust has provided an appropriate nominee to the Programme Board (Board still to meet).
8.2	**PROJECT BOARD TO ESABLISH 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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The Trust will provide appropriate representation to the project board when requested.

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8.3	**DOMICILIARY CARE WORKFORCE REVIEW:** *By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective 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.
8.4	**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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The Trust will provide appropriate representation to the project board when requested.
8.5	**AUDITS:** *By March 2019, to provide appropriate representation and inputs to audits of existing provision across the HSC, in line with actions 10-14 o the workforce strategy.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.
8.6	**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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.
8.7	**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.* *(OGI = 40%)*	A	R	**Cumulative period April 2018 to March 2019 = 29%**	PHA reported 35.4% of Frontline Staff from all HSC Trusts and NIAS received the Occupational Health Seasonal Flu Vaccine from 1 Sept 2018 – 31 March 2019	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 2018/19, 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 plans to expand this

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						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.
8.8	**STAFF SICK ABSENCE LEVELS:** *By March 2019, to reduce Trust staff sickness absence levels by a Regional average of 5% (3.5% for SHSCT) compared to 2017/2018 figure (measured in absence hours lost).* (OGI measured in hours = 850,579)	G	R	**Cumulative period April 2018 to March 2019 = 940,640 hours** *2018/19 shows an increase of +11% (+90,061) above the OGI.* *Baseline assessment cumulative 2017/2018 was 881,429.*	No Regional comparative assessment undertaken.	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.
8.9	**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.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	This is a Regional Objective that the Trust will contribute to.
8.10	**SOCIAL WORK WORKFORCE:** *By March 2019 to pilot OBA approach to strengthen supports for the social work workforce.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective The CYPS Directorate have been piloting 3 OBA projects in • Adult Safeguarding • Post Adoption Pathways • Children with Diabetes All projects are introduced to the key concepts and principles of OBA.

| OGI	Objectives and Goals for Improvement	TDP RAG	SHSCT Year-End RAG	SHSCT 2018/2019 Year-End Performance Assessment	HSCB 2018/2019 Year-End Comparative Information	Key Issues/Points of Note
						Performance measure quadrants have been created for each service. Questionnaires have been developed to help plug gaps for specific performance measures.
8.11	**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. (OGI: Level 1 = 3714 Level 2 = 619)*	**A**	**G**	**Total number trained from April 2018 – March 2019** 4,696 staff achieved Level 1. 126 staff achieved Level 2. **Cumulative number trained from April 2016-March 2019** 8.960 (72%) achieved Level 1. 481 (3.8%) staff achieved Level 2.	No Regional comparative assessment undertaken.	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.
8.12	**SUICIDE AWARENESS AND TRAINING (For Staff Across the HSC):** *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 by 2022.*	**A**	**G**	RAG status as validated in Director's qualitative assessment at 31/3/19.	No Regional comparative assessment undertaken.	Regional Objective 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. • A range of approaches to suicide prevention awareness continues across the SHSCT locality. • The Protect Life Co-ordinator postholder has continues to provide follow up support to families bereaved by suicide .

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						- The Promoting Wellbeing Division continue to procure and disseminate a range of mental health and wellbeing resources. - The Promoting Wellbeing Division arranged STORM (skills training in suicide prevention and self-harm mitigation) training for 16 clinicians; from the Trust Mental Health Directorate and community and voluntary organisations, who work directly with individuals at risk of suicide and self-harm. - During 2018/19, the Promoting Wellbeing Division Protect Life (PL) Co-ordinator developed and facilitated five self-care sessions attended by 72 Trust staff and nine Suicide Prevention awareness sessions attended by 118 participants during 2018/19. - The PL Co-ordinator worked with the Mental Health Forum to develop a leaflet, explaining the role of the Protect Life Co-ordinator. - The Promoting Wellbeing Division has continued to support PIPS Hope and Support and PIPS Upper Bann as the Southern Trust Charity Partners.
8.13	**DYSPHAGIA AWARENESS:** *By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.*	G	G	RAG status as validated in Director's qualitative assessment at 31/3/19.		Regional Objective Dysphagia project team staffing agreed, IPT completed and transformation funded secured. 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. Awareness training – Regionally a programme will be devised through the transformation project and the vision is that training will be provided in each Trust.

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						During January – April 2019 the newly appointed Dysphagia Support Team has designed/delivered and facilitated the following: • Co-ordination of interactive events/stands across multiple sites in SHSCT for Swallowing Awareness Day (13th March 19) to raise staff and public awareness. • Successful implementation of (International Diet Descriptor Standardisation Initiative) IDDSI across the SHSCT and subsequent opportunities for training including the development & dissemination of IDDSI documentation/reports and training to Trust staff and service users affected by dysphagia. • Design and coordination of swallowing awareness training for use in Non Acute hospitals in March and April 2019. • Delivery of dysphagia awareness and practical skills training to Domiciliary Care Workers in the Trust in partnership with NISCC. • Delivery of Dysphagia & Nutrition awareness and practical skills training to Health Care assistants in Nursing Homes in partnership with RCN

Emergency Care Key Statistics
At 31 March 2019 (SHSCT)

Cumulative **3.09%** increase in ED attendances at end of March 2019 compared with end of March 2019
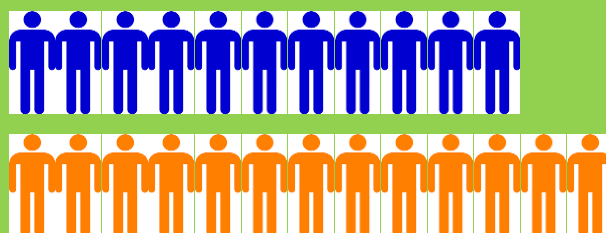
Cumulative ED attendances at end of March 2017 = 172,341

Cumulative ED attendances at end of March 2018 = 177,837

Who attends Emergency Departments?

GP Referrals

Cumulatively in 2018/19 GP Referrals to EDs increased by 0.43% at end of March 2019 compared with end of March 2018

Age: Older compared with Younger

Of the total patients admitted to hospital from EDs in 2018/2019 (April-March), 45% patients were less than 65 years, and 55% patients were 65 years+

Seriously Ill Patients
(Life Threatening & Very Urgent)

Triage Level	Colour	MTS Priority
Level 1	Red	Immediate
Level 2	Orange	Very Urgent
Level 3	Yellow	Urgent
Level 4	Green	Standard
Level 5	Blue	Non-Urgent

Cumulative 9.14% increase in 2018/2019 in seriously ill patients (Level 1&2) attending EDs at end of March 2019 compared to end of March 2018

Ambulance Arrivals

There was a cumulative 1% increase in number of patients brought by ambulance to Type 1 EDs in 2017/2018 (19,747) and 2018/2019 (19,531).

How long did you wait?

Arrival to Triage

95% of patients were triaged by medical professional within 29 minutes of arriving at ED in 2018/19 (to end of March 2019)
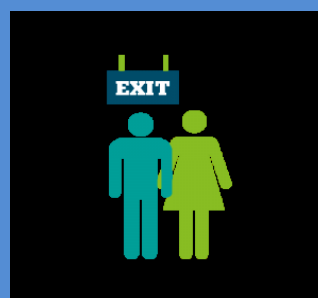
Start of Treatment

Cumulatively 74.4% of patients started treatment within 2 hours of being triaged to end of March 2019

Total Time Spent in ED

Median waiting time in 2018/19 for those admitted was 6 hours 30 minutes, from arrival at ED to admission to hospital (to end of March 2019)

Median waiting time in 2018/19 for those NOT admitted was 2 hour 7 minutes, from arrival to being discharged home (to end of March 2019)