

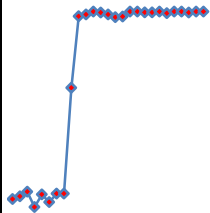
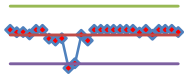
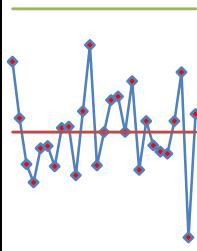
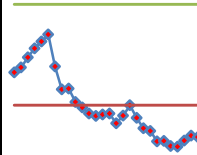
Southern Health and Social Care Trust

Corporate Performance Dashboard

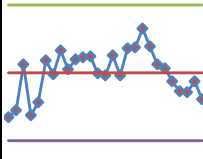
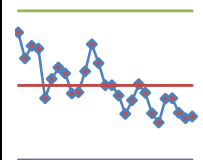
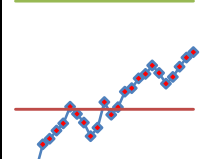
Reporting Against 2018/2019 Commissioning Plan Directive Objectives and Goals for Improvement

August 2019 Trust Board for July 2019 Performance

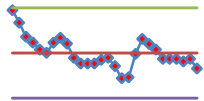
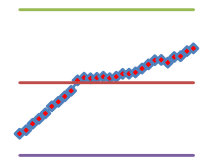
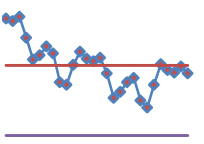
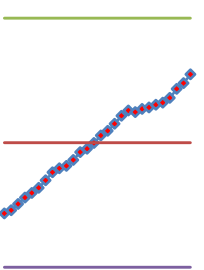
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Cancer	ASD	Suspect Breast Cancer (14 days)	During 2018/2019 all urgent suspected breast cancer referrals should be seen within 14-days.	47.2%	100%	99.4%		Amber	99.9%	No breaches were reported in June, therefore cumulatively to date in 2019/2020 there has been 1 breach of the 14-day objective. Capacity for additional assessment clinics, has been funded non-recurrently for 2019/2020, to help manage demand. At the end of July 2019, a total of 497 patients were on the routine waiting list with 283 waiting in excess of 9-weeks. The longest routine wait is 28-weeks. Over the last 12-months the volume of routine patients on the waiting list has seen an increasing trend, however the longest wait has not significantly increased. Whilst additional capacity is to be directed to red flag/urgent waits; additional routine capacity, funded via transformation monies, was delivered in Quarter 1 and is expected to continue from September. Regional consultation on reshaping breast assessment services is ongoing.
Cancer	ASD	Cancer Pathway (31 days)	During 2018/2019, at least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of a decision to treat.	97.0%	98%	99.5%		Amber	99.8%	Cumulatively at the end of June 2019 there has been 1 breach against the 31-day pathway target within skin cancer which was impacted by surgical capacity. Due to the high volume of patients on the cancer pathway, the current process for escalation is not effective. This is under discussion at the Cancer Performance Meeting.
Cancer	ASD	Cancer Pathway (62 days)	During 2018/2019, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days.	74.3%	95%	74.4%		Red	72.6%	During 2019/2020 as at June 2019, 66 patients have waited more than 62-days to commence their first treatment with the majority of breaches occurring within Urology. Of the completed waits on the 62-day pathway in June, the longest completed wait was a Urology patient at 148 days (this reflects the actual wait in the period and not the chronological time period). Reasons for breaches include insufficient capacity for assessment, delays to diagnostics tests and referrals between Trusts as well as complex diagnostic pathways. Since March 2019, referrals on the 62-day and 31-day pathways have increased by +9% which impacts on the ability to meet this target. Work is ongoing to assess the impact of reduced additional activity on the cancer pathway waits. Average regional performance is 54%. The Performance Team are working with the Acute Cancer Performance Group to explore more detailed analysis of capacity and demand.
Elective	ASD CYPS MHD OPPC	Allied Health Professionals	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional	3,952	0	2,729		Red	3,070	At the end of July 2019, the numbers waiting over 13-weeks has increased by +341 (+12%) since March 2019 however they have decreased by -2% since June 2019. Overall the numbers waiting for AHP services has also increased by +8% (+836) since March 2019. From March 2019, the largest increases have occurred within Physiotherapy and Occupational Therapy and the longest wait is in Occupational Therapy, within the Paediatric Programme of Care, at 70-weeks. Additional capacity, funded non-recurrently, during Quarter 1 ceased at the end of June 2019 therefore it is anticipated that volumes and longest waits will increase as additionality has been ceased.

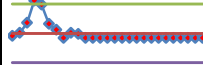
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Elective	ASD CYPS MHD OPPC	Allied Health Professionals (Review Backlog)	NON-OGI The number of patients waiting beyond clinically indicated timescale for review (Allied Health Professionals)	Not Available	Non OGI	Not Available		NON-OGI	4,328	At the end of May 2019, 4,328 patients were waiting beyond their timescale for review within Allied Health Professions. The longest patient waiting is within Occupational Therapy, in the Elderly and Primary Care Programme of Care, from September 2014. The service is currently assessing the frequency on which this information can be reported going forward.
Elective	ASD	Diagnostic Reporting (Urgent)	By March 2019, all urgent diagnostic tests should be reported on within 2 days.	81.4%	100%	82.9%		Red	80.0%	Cumulatively at the end of June 2019, 80% of urgent diagnostic tests have been reported within 2 days. During this period, 78.8% of Imaging and 93.0% of Non-Imaging Urgent Diagnostic Tests have been reported within 2 days. No significant or sustainable improvement is anticipated in this area due to on ongoing staff vacancies. Additional capacity has been secured within the Independent Sector (IS) for Imaging reporting, however capacity within the IS and Trust staff vacancies continue to impact on the DRTT.
Elective	ASD	Diagnostic Reporting (Imaging Unreported Plain Film X-Rays)	NON-OGI Imaging Plain Film Exams Unreported (that are required to be reported)	Not Available	Non OGI	Not Available		NON-OGI	5,153	As at 13 August 2019, there are 5,153 plain film X-Rays that remain unreported. Of these, 172 are unreported for more than 28 days; of which 69 are Chest X-Rays and the longest wait is 42-days. Priority is given to reporting of chest x-rays and of those waiting over 28-days. A number of factors are impacting on this including reduced uptake of additional sessions, loss of staff capacity and limited and reduced Independent Sector capacity due to the holiday period in England. A number of short-term options are being explored.
Elective	ASD	Diagnostic Test	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	57.2%	75%	47.5%		Red	43.9%	At end of June 2019 the number waiting over 9-weeks has increased by +2,500 (+18%) since March 2019. Since March 2019 the majority of the increase in waits for diagnostic tests >9 weeks has occurred within NOUS Imaging, Cardiology Non-Invasive Investigations and Endoscopy. Additional capacity, funded non-recurrently, contributed to the improvement in waiting list volumes at the end of 2018/2019 however the level of additionality delivered in Quarter 1 in 2019/2020 is half of what was undertaken in Quarter 4 and non-recurrent funding has not been committed for the total planned activity. Workforce pressures will impact on diagnostic activity undertaken in 2019/2020.
Elective	ASD	Diagnostic Test	By March 2019, No patient waits longer than 26 weeks.	2,963	0	5,771		Red	6,951	At the end of June 2019, the number waiting >26 weeks for Diagnostic Tests has increased by +20% (+1,180) since March 2019. Since March 2019, non-imaging, and in particular Cardiac Non-Invasive Investigations, has experienced the greatest increase in the number waiting >26 weeks and total number waiting for Diagnostic Tests. Additional non-recurrent funding has been allocated in 2019/2020 to undertake urgent/red flag Imaging (CT and MRI) and Cardiac Investigations, in-house and via the independent sector. HSCB have also committed non-recurrent funding for Endoscopy and the Trust are currently exploring options to increase capacity for this; this is challenged in light of reduced additional in-house capacity available.

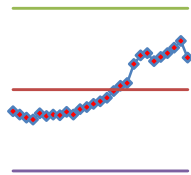
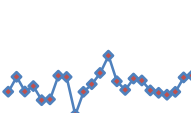
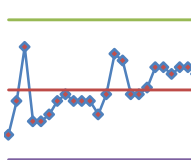
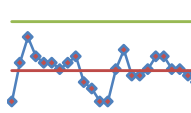
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Elective	ASD	Inpatient/Day Case Treatment	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment	33.9%	55%	35.0%		Red	34.4%	At the end of July 2019, 67% of patients are waiting over 13-weeks for inpatient/daycase treatment. Recurrent investment for capacity gaps along with non-recurrent backlog clearance is required to establish sustainable improvement. Capacity continues to be directed to red flag/urgent cases in the first instance.
Elective	ASD	Inpatient/Day Case Treatment	By March 2019, no patient waits longer than 52 weeks.	2,079	0	2,700		Red	3,010	At the end of July 2019, 27% of patients are waiting over 52-weeks for Inpatient/Day Case Treatment. A trend in increasing waits continues to be demonstrated. The majority of patients waiting over 52-weeks are waiting within the Orthopaedic, Urology and General Surgery Specialty areas. The Average Waiting Time is 40-weeks with the 95th percentile wait at 128-weeks and the longest wait at 274-weeks within Urology specialty. Recurrent investment in workforce and infrastructure is required to see sustainable improvement however non-recurrent funding was secured to undertake additional in-house Inpatient/Day case activity within some specialties during 2019/2020. In due course, work on the development of protected elective day centres should have an impact and a proposal for additional validation support has been developed.
Elective	ASD	Out-Patient Appointment	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	33.1%	50%	29.9%		Red	30.9%	At the end of July 2019, the number of patients waiting over 9-weeks has increased by +5,969 (+22%) since March 2018 and the total number of patients for an out-patient appointment waiting has increased by +18% (+7,115) in the same period. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. Core and additional capacity continues to be directed to red flag/urgent referrals in the first instance with non-recurrent additionality, funded by HSCB, being utilised in 2019/2020 for red flag/urgent referrals.
Elective	ASD	Out-Patient Appointment	By March 2019, no patient waits longer than 52 weeks.	5,888	0	8,514		Red	10,013	At the end of July 2019, 21.2% of the total patients waiting for an out-patient appointment are waiting over 52-weeks. There has been an increase of +70% in the number waiting over 52-weeks since March 2018 as illustrated in the trend graph. Of those waiting over 52-weeks at the end of July 2019, 77% are in Neurology, Urology and General Surgery and Orthopaedics specialties. The Average Waiting Time is 33-weeks and the longest wait is 184-weeks within Urology. Non-recurrent funding has been secured in 2019/20 to undertake additional urgent/Red Flag Outpatient appointments in-house and via the independent sector. A parallel process of recurrent investment for recognised capacity gap and non-recurrent backlog clearance is required to demonstrate sustainable improvement. A proposal for additional validation support has been developed.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Health and Wellbeing-Children's	ASD	Breastfeeding (at Discharge)	By March 2019, increase the percentage of infants breastfed from birth (at discharge)	49.20%	>49.2%	50.5%		Trust's Contribution - Amber	51.0%	Dashboard outlines Monthly % of infants breastfed upon discharge from the Trust (from birth). Cumulatively at July 2019 the % of children breastfeeding upon discharge is 51% demonstrating an increase from the corresponding period last year when 49.9% were breastfeeding on discharge. However July 2019 has demonstrated a decrease to 46.6% attributed to reduced support available for mothers due to midwifery workforce pressures. However the service endeavours to maintain current breastfeeding rates. The Trust celebrated World Breastfeeding Week in August 2019, raising awareness and taking part in the Global Big Latch On event in Banbridge Health and Care Centre.
Health and Wellbeing-Children's	ASD	Breastfeeding (at 6-9 month review)	By March 2019, increase the percentage of infants breastfed from 6 months (at 6-9 month review).	17.10%	>17.1%	16.4%		Trust's Contribution - Amber	16.4% (2018/19)	Note: This is reported 3-month in arrears therefore 2019/2020 information will not be available until October. Dashboard outlines Quarterly % of children recorded as breastfeeding at their 6-9 month review (total and partial). Cumulatively during 2018/19 the % breastfeeding at 6-9 month review did not demonstrate an increase from the corresponding period last year attributable to demand on a single Infant Feeding Lead in the Trust. Negotiations are underway to fund a Community Infant Feeding Lead to support the achievement of this objective.
Mental Health	MHD	Adult Mental Health Service	By March 2019, no patient waits longer than 9 weeks to access adult mental health services.	101	0	656		Red	601	At the end of June 2019, the number of patients waiting over 9-weeks has reduced by 17% since end of May 2019. The majority of patients waiting over 9-weeks continues to be within the Primary Care Mental Health Teams where recruitment of new staff, utilisation of independent sector providers and bank and agency staff are contributing to an increased capacity within the service. At the end of June the longest waiter is in the Eating Disorder Service at 32-weeks where recruitment is ongoing to fill vacancies. A refreshed demand and capacity exercise is to be undertaken in 2019/20.
Mental Health	CYPS	Child and Adolescent Mental Health Services	By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services.	0	0	0		Green	0	To date in 2019/20 there has been no breaches of the 9-weeks target within CAMHS and the longest wait at the end of June 2019 was 8 weeks. Whilst this position is currently maintained the service project challenges in maintaining this position; a bid has been submitted to the HSCB for consideration.
Mental Health	MHD	Dementia	By March 2019, no patient waits longer than 9 weeks to access dementia services.	15	0	10		Red	17	At the end of June 2019, 17 patients were waiting in excess of 9-weeks with the longest wait at 17-weeks. The number of breaches continues to be lower than anticipated in the operational trajectory. Waiting times have been impacted by medical vacancies, for those patients referred directly to consultants, and other workforce pressures. Recruitment is ongoing. Additional screening clinics continued to be provided in June however were reduced during July/August. Lack of recurrent investment in this pathway and anticipated increases in demand linked to demography and disease prevalence remain key challenges.

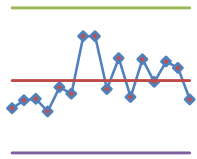
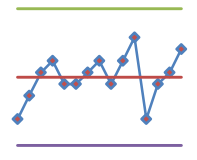
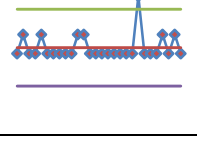
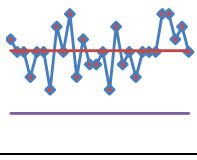
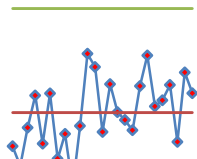
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Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Mental Health	MHD	Psychological Therapies	By March 2019, no patient waits longer than 13 weeks to access psychological therapies (at any age).	84	0	279		Red	263	At the end of June 2019, 263 patients were waiting in excess of 13-weeks, this demonstrates a reduction of -60 in the number of patients waiting >13 weeks from May 2019. The longest wait is within Adult Mental Health at 76-weeks. In-house capacity is being fully utilised to meet demand and reduce waiting times. However increases in the number of complex referrals with longer treatment tails and sustainability of current capacity levels will impact on waiting times. An internal review of Psychological Therapies has been initiated in 2019/2020. The Trust has secured capacity within the Independent Sector for lower level referrals however this may have a limited impact due to the specialist input required in the majority of cases.
Optimisation of Resources	ASD	Hospital Cancelled Outpatient Appointments	By March 2019, establish a baseline of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%	Baseline Established		Amber	Baseline Established	Baseline established as per OGI achieving 2018/19 objective.
Optimisation of Resources	ASD	Hospital Cancelled Outpatient Appointments (%)	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	2.7%	2.6%	2.9%		Amber	2.1% (May 2019 only)	April information is not currently available. During May 2019, 2.1% of cancelled outpatient appointments resulted in the patient waiting longer. This is a reduction from 2.7% demonstrated in May 2018.
Optimisation of Resources	ASD	Hospital Cancelled Outpatient Appointments (Number)	By March 2020, seek a reduction of 5% of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment.	5,546	5,269	6,110		Amber	384 (May 2019 only)	April information is not currently available. Whilst May 2019 achieved the monthly target the position is variable and not demonstrating any seasonal patterns. Analysis in May indicated that proportionately twice as many of the appointments cancelled impacted on review rather than new patients; this further impacts the backlog of patients waiting longer than clinically indicated for review appointments. During May 2019 Consultant unavailability has been the main cause of outpatient cancellations that were subsequently put back resulting in the patient waiting longer.
Optimisation of Resources	ASD	Service and Budget Agreement (Day Cases)	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. (Day Cases)	4%	Better than baseline	10%		Red	10% (2018/19)	Daycases - (Cumulative position demonstrated in monthly columns). Strong performance was demonstrated in 2018/19 against the DC SBA with activity 2,179 above the commissioned level. This reflects in part a greater movement towards daycase procedures where appropriate and offsets some of the underperformance in elective in-patients below. Hospital statistics for the last reported period 2017/2018 reports the Southern Trust had the highest % day case rate at 87.6%
Optimisation of Resources	ASD	Service and Budget Agreement (Elective In-Patients)	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. (Elective In-Patients)	-40%	Better than baseline	-37%		Red	-37% (2018/19)	Inpatients - (Cumulative position demonstrated in monthly columns). Cumulatively during 2018/19, 2,524 less patients were treated than the commissioned level of activity. In numerical terms the top 3 specialties contributing to underperformance in 2018/19 were: ENT, General Surgery and Gynae. Elective IP has been impacted by unscheduled care pressures with elective capping in place during 2018/19, which whilst minimises the impact on cancellations for scheduled patients, reduces capacity.

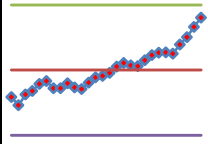
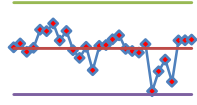
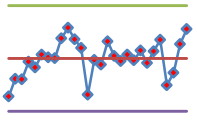
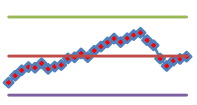
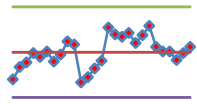
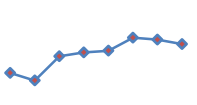
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Optimisation of Resources	ASD	Service and Budget Agreement (New Out-patients)	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. (New Out-Patients)	-8%	Better than baseline	-4%		Red	-4% (2018/19)	New Outpatients - (Cumulative position demonstrated in monthly columns.) Cumulatively during 2018/19, 2,768 less patients were assessed than the commissioned level of activity. Of these, 995 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The top 3 specialties contributing to underperformance during 2018/19 were: General Surgery; Nurse-Led Dermatology and Colposcopy.
Optimisation of Resources	ASD	Service and Budget Agreement (Review Out-Patients)	By March 2019, reduce the percentage of funded activity associated with elective care service that remains undelivered. (Review Out-Patients)	-8%	0	-7%		Red	-7% (2018/19)	Review Outpatients - (Cumulative position demonstrated in monthly columns.) Cumulatively during 2018/19, 9,551 less patients were reviewed than the commissioned level of activity. Of these, 2,791 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The General Surgery specialty contributed to the majority of Trust underperformance in 2018/19 which is largely attributable to medical workforce challenges which is attributed to lack of middle grade medical staff.
Safe Systems of Care	Medical	Antibiotic Consumption	At least 55% of antibiotic consumptions should be antibiotics from the WHO access aware category OR an increase of 3% of antibiotics from WHO access aware category as a proportion of all antibiotic use. By March 2020 reducing total antibiotic prescribing by 10%.	58.9%	55% or above	61.4%		Amber	59.9%	Cumulatively at June 2019 antibiotic consumption from the WHO Access Aware category continues to be above the 55% target. The Antibiotic Review Kit (ARK) research study commenced in March 2019 across 30 trusts in the UK, including the Southern Trust. This aims to improve the review and stopping of unnecessary antibiotics by introducing changes to the acute medicine kardex. These changes involve an automatic stop after 72 hours on all antibiotics, after which an antibiotic is required to be re-prescribed.
Safe Systems of Care	Medical	Antibiotic Prescribing (Total use)	A total reduction in total antibiotic use of 1% measured in <u>DDD per 1000 admissions</u> .	9,813 DDD/1000 admissions	9,715 DDD/1000 admissions	10,205		Amber	8,817	PHA figures, measured in Defined Daily Doses (DDD) per 1000 admissions, are reported. Cumulatively at June 2019 the total antibiotic use, DDD per 1000 admissions, was lower than the 2018/19 target. The review of all antibiotic policies, aiming to reduce the recommended duration of antibiotic therapy for specific indicators, is continuing in 2019/20. In April, new antimicrobial pharmacists commenced in the antibiotic stewardship team and the Antimicrobial Stewardship Operational Group was established in May 2019.
Safe Systems of Care	Medical	Antibiotic Prescribing (Carbapenem)	A reduction in carbapenem use of 3% measured in <u>DDD per 1000 admissions</u> .	114 DDD/1000 admissions	110 DDD/1000 admissions	137		Amber	90	PHA figures, measured in DDD per 1000 admissions, are now reported. Cumulatively to date in 2019/2020 the use of carbapenem continues to be below the 2018/2019 target. Since December 2018 carbapenem has been removed from ward stock lists and is issued on a named patient basis. All patients prescribed carbapenems are reviewed by the Antimicrobial Pharmacist and Consultant Microbiologist with a view to switching to an alternative antibiotic or recommending the shortest effective duration of treatment.
Safe Systems of Care	Medical	Antibiotic Prescribing (Piperacillin - Tazobactam)	A reduction in piperacillin-tazobactam use of 3%, measured in <u>DDD per 1000 admissions</u> .	383 DDD/1000 admissions	372 DDD/1000 admissions	351		Amber	365	Cumulatively at June 2019 the use of piperacillin-tazobactam has fallen below the 2018/19 target rate (372) with 365 defined daily doses of piperacillin-tazobactam. In April, new antimicrobial pharmacists commenced in the antibiotic stewardship team and the Antimicrobial Stewardship Operational Group was established in May 2019. Antibiotic policies where piperacillin/tazobactam is recommended are currently being reviewed with a view to switching to an alternative agent from the WHO ACCESS category.

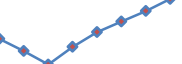
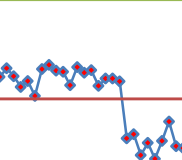
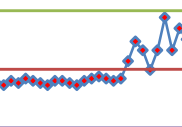
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Safe Systems of Care	OPPC	GP Appointments	By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018	15,252	>15,252	15,258		Green	5,162	Note: All available appointments within GP Practice are included in the figures reported. Cumulatively as at July 2019, the Trust has demonstrated an increase of +594 appointments in comparison to the same period last year, however, there was -164 available appointments in July 2019 compared to June 2019. From June 2019 the full quota of GPs are in post, however, recent centralised midwife capacity in addition to loss of staff capacity due to a long term absence and upcoming resignations have and will continue to impact on the number of available appointments.
Safe Systems of Care	Medical	Healthcare Acquired Infections: Gram-Negative Bloodstream Infections	By 31st March 2019, to secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infection, acquired after two days of hospital admission.	71	58	65		Red	19	Healthcare associated Gram-Negative Bloodstream infections on or after 2 days of hospital admission, as per PHA, are reported. At the end of June 2019 there has been 19 reported cases in 2019/2020 which is +27% above the apportioned 2018/2019 target. A series of audits are being undertaken to inform this issue. Preliminary results from a prospective audit looking at Gram negative bacteraemias occurring 48-hours after admission have indicated that a proportion are preventable however meeting a 50% reduction will be challenging. Work is progressing on all audits and results are expected soon.
Safe Systems of Care	Medical	Healthcare Acquired Infections: MRSA	To secure a Regional aggregate reduction of 26% in the total number of in-patient episodes of MRSA infection. SHSCT objective level is 5 cases therefore no reduction is required.	4	5	3		Green	2	Cumulatively at July 2019 there has been 2 cases of MRSA one of which was preventable. A post-infection review is outstanding. Preventability criteria is currently being reviewed to assist in the prevention of episodes and further understanding the data. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	Medical	Healthcare Acquired Infections: Clostridium Difficile	By 31st March 2019, to secure a Regional aggregate reduction of 5% in the total number of in-patient episodes of Clostridium Difficile infection. SHSCT objective level is 50 cases therefore no reduction is required.	48	50	45		Amber	22	Cumulatively during 2019/2020 there has been 22 Clostridium Difficile cases in the Trust which is +5 (+29%) above the apportioned target for the year to date. A post-infection review is undertaken for all cases. The PHA noted that there has been an increase in cases regionally. In April 2019, the Trust launched a new 'Clean Hands. Save Lives' campaign to encourage staff, patients and visitors to practice good hand hygiene.
Safe Systems of Care	ASD	Ischaemic Stroke	By March, 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	12.0%	15%	15.4%		Amber	15.7%	Cumulative performance from May 2018 - April 2019 is 15.7%. The Stroke Collaborative Patient Safety Dashboard for April 2019 outlines 100% of patients were assessed by Stroke Team within 30 minutes of registration at A&E, 100% of patients potentially eligible for thrombolysis received CT Scan within 45 minutes and 50% of patients deemed suitable for thrombolysis received first bolus within 60 minutes of arrival at A&E. Monthly performance is impacted by the variable presentation of strokes and clinical decisions which consider risks and benefits of administrations of thrombolysis. Wider qualitative indicators continue to be monitored.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Safe Systems of Care	ASD CYPS OPPC	Out- Patients Review Backlog (Acute inc. Paediatrics & ICATS)	NON-OGI The number of patients waiting in excess of their clinically required timescale for outpatients review. (Consultant led review only)	13,090	0	24,837		NON-OGI	28,864	At July 2019 there has been an increase of +16% (+4,027) in the total number of patients waiting beyond their timescale for review since March 2019. The specialities with the largest volumes of patient waiting beyond their timescale for review include ENT, Dermatology, General Surgery, Urology and Cardiology. The longest patient waiting dates back to September 2014 within Rheumatology. The availability of funding, workforce and urgent/red flag demand will influence any improvement to be made. A proposal for additional validation support has been developed.
Safe Systems of Care	MHD	Out-Patients Review Backlog Consultant Led Memory Service	NON-OGI The number of patients waiting in excess of their clinically required timescale for outpatient review. (Consulted led review only)	911	0	830		NON-OGI	956	Note: Figures may be understated as data presented only reflects those patients waiting, beyond their clinically indicated timescales, recorded on the PAS information system and in the Consultant Led service. Workforce capacity issues have impacted performance on the level of activity in month.
Safe Systems of Care	ASD CYPS OPPC	Inpatient/Day Case Treatment Review Backlog (Excluding Endoscopy)	NON-OGI The number of patients waiting in excess of their clinically required timescale for inpatient/day case review	511	0	543		NON-OGI	585	At the end of July 2019, there was 585 patients waiting beyond their timescale for review which demonstrates a increase of +8% (+42) since March 2019. The specialities with the largest volumes of patients waiting beyond their timescale for review include Urology, Orthopaedics, Cardiology and Rheumatology. The longest patients waiting date back to August 2016 within Urology and Cardiology.
Safe Systems of Care	ASD	Inpatient/Day Case Treatment Review Backlog (Endoscopy)	NON-OGI The number of patients waiting in excess of their clinically required timescale for inpatient/day case review (Endoscopy only).	1670	0	1,579		NON-OGI	1,613	At the end of July 2019, there was 1,613 patients waiting beyond their timescale for Endoscopy planned repeat procedures which demonstrates a increase of +2% (+34) since March 2019. The longest patient has been waiting from October 2016.
Safe Systems of Care	CYPS	Unallocated Childcare Cases	NON-OGI The number of unallocated childcases in excess of 20 days	38	0	71		NON-OGI	77	At the end of June 2019 there was 77 unallocated child care cases > 20 days. Number of unallocated cases have increased since March 2019 however they are -25% lower than the number reported in June 2018 (102). Of the 77 unallocated cases, 41 are waiting in excess of 40-days. The longest wait is 115-days (16-weeks) within Disability. The Executive Director of Social Work report provides further details.
Support for Patient and Client	OPPC	Carers' Assessments (%)	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	2%	10%	24.0%		Green	24% (2018/19)	Performance during 2018/19 demonstrates an increase of +832 (+24%) better than its 2018/2019 objective level. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed.
Support for Patient and Client	OPPC	Carers' Assessments (Number)	By March 2019, secure a 10% increase in the number of carers' assessments offered to carers for all service users. 2018/19 Target - 3,460 assessments	3,145	3,460	4,292		Green	4,292 (2018/19)	Performance during 2018/19 demonstrates an increase of +832 (+24%) above the objective level for 2018/19. Of the 4,292 assessments offered, 3,362 (78%) have been declined however the remaining 22% were accepted and completed. With an increase in offers the service is now monitoring its ability to meet this increased demand and ensure assessments completed. Regionally 4 out of 5 Trusts achieved there 2018/19 target resulting in the region target of 16,345 being exceeded with 17,765 carers assessments offered across all Trusts.

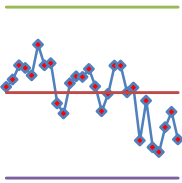
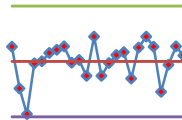
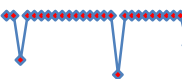
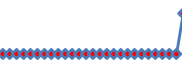
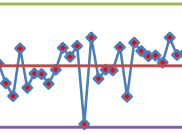
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Support for Patient and Client	OPPC	Community Based Short Break (%)	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	23.0%	5%	0.7%		Amber	0.7% (2018/2019)	During 2018/2019 performance improved by +0.7% against the 2017/18 baseline however the Trust did not achieve the 5% improvement sought.
Support for Patient and Client	OPPC	Community Based Short Break (Hours)	By March 2019, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care.	509,197 hours	534,656	512,706		Amber	512,706 (2018/19)	Cumulatively during 2018/2019 the number of community based short break hours is -4% (-21,950 hours) under the target hours for this period. During 2018/2019 the Trust provided 680,952 short break hours within residential, nursing home and hospital based short breaks in comparison to 735, 843 hours in 2017/2018. Regionally during 2018/2019 the Southern Trust had the second highest number of community based short break hours.
Support for Patient and Client	MHD	Direct Payments	By March 2019, secure a 10% increase in the number of direct payments to all service users.	777	855	868		Red	868 (2018/19)	During 2018/19, the Trust achieved an increase of +12% in the level of direct payments in comparison to 2017/18 which is above the 10% objective sought. Regionally the target to increase the number of direct payments for all services users by 10% was also exceeded with 5,013 direct payments in place at the end of March regionally which is +284 above the target sought. Direct payments are an integral part of Self Direct Support.
Support for Patient and Client	CYPS	Young Carers Short Break	By March 2019, create a baseline for the number of carers receiving short breaks.	179	Establish a baseline	219		Green	195	Baseline established (179 individual young people) as per OGI achieving the 2018/2019 objective. The number of young carers receiving short breaks during Quarter 1 of 2019/2020 is +24% (+38) higher than the corresponding period in 2018/2019 and higher than the 2017/2018 baseline of 179.
Unscheduled Care	ASD	Acute Hospital Discharges (48 hours)	By March 2019, ensure 90% of complex discharges from an acute hospital take place within 48-hours.	93.4%	90%	83.1%		Green	71.1%	Since October 2018 there has been a renewed focus on how complex discharges are recorded and validated to provide a truer reflection of the current pressures and to enable a greater focus on delays. Cumulatively at the end of June 2019 179 Complex Discharges took longer than 48-hours. This reflects an increasing complexity of discharges due to reduction of nursing homes, packages of care available and repatriation out of trust challenges. Work is ongoing within operational teams to ensure all discharges are captured and recorded correctly and the Trust continues to promote and enhance prompt and effective discharge planning. The control room monitors the bed days lost due to complex delays on an ongoing basis and individual cases are continually monitored on a daily basis.
Unscheduled Care	ASD	Acute Hospital Discharges (7 days)	By March 2019, ensure no complex discharge takes more than 7-days.	15	0	118		Green	63	Cumulatively at end of June 2019, 90% of complex discharges took place within 7 days. As noted increasing complexity of discharges and a focus on how complex discharges are recorded and validated have contributed to the increases in discharges taking longer than 7 days.

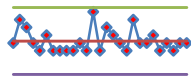
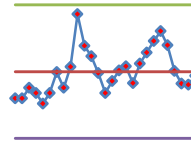
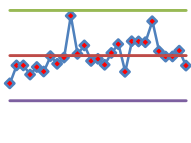
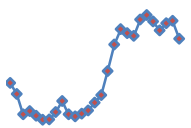
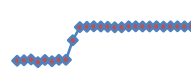
Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Unscheduled Care	ASD	Acute Hospital Discharges (6 Hours)	By March 2019, ensure all non-complex discharges from an acute hospital take place within 6-hours.	94.5%	100%	94.1%		Amber	92.1%	Cumulatively in 2019/2020 up to June 2019, 92.1% of non-complex discharges took place within 6-hours which demonstrates a reduction in performance from the same period last year when 94.8% were discharged within 6-hours. The total number of non-complex (simple) discharges has decreased in comparison to the same period last year by (-5%) -434. From March 2019 there have been on average 245 non-complex discharges taking place after 6-hours which is demonstrating a step change from the 182 on average demonstrated last year. The control room promotes and reinforces the utilisation of the discharge lounge on a daily basis when open.
Unscheduled Care	ASD	Emergency Department (4-hour)	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted within four hours of their arrival in the department.	74.5%	95%	68.9%		Red	65.7%	During 2019/2020 up to end of July 2019, 65.7% of patients were treated and discharged/admitted within 4-hours, this is a deterioration in performance in comparison to the same period last year when 72.8% of patients were treated/discharged or admitted within 4-hours. However an improvement in July 2019 (66.4%) has been demonstrated in comparison to June 2019 (65.4%). The lack of bed capacity, increase in complex delays and overall increasing pressures across the Acute Hospital sites continue to impact on the performance against the 4-hour and 12-hour targets. During May-July 2019 the (HEWS) assessment of the pressures on site was reported as Red-Black on a number of occasions which indicates severe/extreme pressures within the Emergency Departments. The Southern Trust continues to have a high rate of ED attendances per 1,000 of the population, particularly in the Mid Ulster flow areas.
Unscheduled Care	ASD	Emergency Department (12-hour)	By March 2019, no patient attending any emergency department should wait longer than 12 hours.	3,656	0	6,083		Red	3,659	During 2019/2020 up to end of July 2019, 6.0% of total new attendances at Emergency Departments have breached the 12-hour target. In this period, there has been +2,399 (+190%) more 12-hour breaches demonstrated than during the corresponding period in 2018/2019. However it should be noted that number of breaches reduced to a low of 684 in July 2019 with the decrease in the number of outliers, particularly within CAH, contributing to this. Factors impacting on 4-hour performance outlined against the 4-hour target, also impact on the 12-hour performance.
Unscheduled Care	ASD	Emergency Department (Triage to Treatment)	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	80.3%	80%	74.4%		Green	69.6%	Cumulatively during 2019/2020 at end of July 2019, 69.6% of patients commenced treatment within 2-hours of triage; which demonstrates a drop in performance from the same period in 2018/2019 when 77.3% of patients commenced treatment within 2-hours of triage. During July 2019, CAH reported an increase in performance to 57.6% however DHH experienced a small drop in performance to 69.6% in comparison to June 2019. 100% of patients attending STH Minor Injuries commenced treatment within 2-hours of triage.

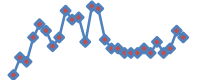
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Unscheduled Care	OPPC	GP OOH	By March 2019, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	87.7%	95%	84.3%		Red	77.2%	Cumulative performance to date (77.2%) reflects a reduction in performance against the 95% target and the corresponding period last year when 86.0% of urgent calls were triaged within 20 minutes. To date in 2019/20 there has +55% more unfilled GP hours experienced within the service in comparison to the same period last year which has impacted on the service's performance. Particular challenges are being experienced covering the midnight - 8am (red eye) shifts. Recruitment within the GP OOH service is ongoing, with Pharmacist and General Medical Practitioners posts advertised and also Nurse Advisors posts currently at interview stage.
Unscheduled Care	ASD	Hip Fractures	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	95%	92.4%		Amber	92.4% (2018/19)	Note: 2019/2020 figures are not currently available. During 2018/19 there was 29 breaches of the 48-hour target which is a reduction in comparison to 40 breaches which occurred in 2017/18. The % of patients treated within 48-hours also increased from 2017/18 baseline (90.2%) to 92.4%. Overall the total number of patients requiring inpatient fracture treatment increased, however there was fewer patients requiring inpatient treatment for hip fractures under this target definition. Regionally the Trust demonstrated a strong performance in 2018/19 with the largest % of patients treated within 48-hours.
Unscheduled Care	MHD	Learning Disability Discharges	During 2018/19, 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	95.7%	99%	96.7%		Amber	93.8%	Figures should be noted in the context of a number of patients who remain as in-patients, who cannot be classified as fit for discharge, where the Trust is challenged to secure appropriate accommodation solutions in the community. During June 2019, 1 patient was discharged after 7 days resulting in cumulative performance at end of June 2019 of 93.8%. However during 2019/2020 there has been +11 more discharges in comparison to the same period last year due to improved patient flow for those patients acutely unwell however sourcing suitable accommodation continues to impact discharge times. The development of a proposal seeking to progress a procurement initiative for new accommodation options for the most complex cases is ongoing.
Unscheduled Care	MHD	Learning Disability Discharges	During 2018/19, no learning disability discharge taking more than 28 days.	0	0	0		Amber	1	During June 2019, one patient waited in excess of 28-days for discharge due to sourcing of suitable accommodation. Challenges remain with a cohort of learning disability clients who remain inpatients where options for discharge are not available.
Unscheduled Care	MHD	Mental Health Discharges	During 2018/19, 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge.	93.7%	99%	94.1%		Red	97.0%	Within Mental Health patients are not assessed as medically fit for discharge until appropriate accommodation is sourced. Cumulatively during 2019/2020 at June 2019, 224 out of 231 patients were discharged within 7-days. Performance reflects those complex needs patients who can be discharged and the service notes an increase in patients with complex needs who are not fit for discharge. Sourcing packages of care; suitable accommodation; and eligibility for benefits, which impacts on accommodation upon discharge, continue to cause delays in discharge.

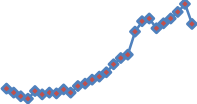
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Unscheduled Care	MHD	Mental Health Discharges	During 2018/19, no mental health discharge taking more than 28 days.	12	0	20		Red	2	During 2019/2020 at June 2019, the number of patients waiting in excess of 28-days (2) is -75% (-6) lower than demonstrated during the corresponding period in 2018/2019. The causes of discharge delays, as noted against the 7-day target, also impact on the performance against the 28-day target.
Workforce	HROD	Seasonal Flu Vaccine	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	31.1%	40%	29%		Amber	Not Available until Sept/Oct 2019	During 2018/2019, 29% (2,439) of front line staff, with an additional 912 of non-front line staff (30% of Trust staff), received the vaccine. The Trust performed below the PHA target of 40%. During 2018/2019, the Trust introduced a pilot peer vaccinator programme in addition to Occupational Health's scheduled clinics. 27 peer vaccinators gave 287 (9%) vaccines with 236 of these being frontline staff. The Trust is expanding this model in 2019/2020 flu season and 86 peer vaccinator nominations have been received to date. Local and regional planning work continues for 2019/2020 to increase the uptake.
Workforce	HROD	Staff Sick Absence	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	5.11%	4.90%	5.4%		Green	5.0%	Cumulatively at June 2019 the % sickness absence rate is 5.02%, with the monthly pattern demonstrating some seasonality and the current position similar to the same period last year (Apr - June 2018) when 5.00% was reported. The attendance management team supports Directorates in reducing their sickness absence levels with a particular focus on targeting long term absences, and specific absence reasons. Initial case reviews for all staff on long term sick leave are taking place within 90 days of absence and work is on-going to reduce the length of long term absences through use of adjustments and / or redeployments where practicable.
Workforce	HROD	Staff Sick Absence	By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (SHSCT reduction is 3.5%) compared to the 2017/2018 figure.	881,429	850,579	940,640		Green	224,141	Cumulatively at June 2019 the Trust is demonstrating +2.9% absence hours lost due to sickness in comparison to the same period last year when 217,868 hours were lost. Work is continuing within the Attendance Management Team to support Directorates in improving sickness absence levels with a particular focus on targeting long term absences, and specific absence reasons.
Z Trajectory - Non-OGI	MHD	Adult Mental Health (Summary)	NON-OGI Summary Trajectory: Adult Mental Health - No patient waits longer than 9 weeks	101	2019/2020 Operational Trajectory 1,453	656		NON-OGI	601	At June 2019, 601 patients were waiting longer than 9-weeks which is -328 lower than the projected operational trajectory of 929 breaches. The Eating Disorder Service, however, had more +3 patients waiting >9 weeks than anticipated associated with reduced staff capacity due to vacancies and absences.
Z Trajectory - Non-OGI	ASD	Cancer 14-Day (Summary)	NON-OGI Summary Trajectory: All urgent suspected breast cancer referrals seen within 14-days	47.2%	2019/2020 Operational Trajectory 99.3%	99.4%		NON-OGI	99.9%	Cumulative performance at June 2019 was achieved with 99.9% of urgent suspect breast cancer referrals seen within 14-days against a projected 98.5% for the same period. This should be noted in the context of -141 (-15%) less referrals received (801) than projected (942).
Z Trajectory - Non-OGI	ASD	Cancer 31-Day (Summary)	NON-OGI Summary Trajectory: At least 98% of patients diagnosed with cancer should receive their 1st treatment within 31-days of decision to treat	97.0%	2019/2020 Operational Trajectory 98.7%	99.6%		NON-OGI	99.8%	Cumulative performance at June 2019 demonstrates an achievement of the predicted 2019/2020 level of performance with 99.8% of patients receiving their 1st treatment within 31-days of decision to treat. However June 2019 demonstrates an underperformance against its projected level with 1 breach (skin cancer) in excess of 31-days.

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Z Trajectory - Non-OGI	ASD	Cancer 62-Day (Summary)	NON-OGI Summary Trajectory: At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62-days	74.3%	2019/2020 Operational Trajectory 56.4%	74.4%		NON-OGI	72.6%	Cumulative performance at June 2019 is 72.6% is +16% above the projected 2019/2020 end of year performance of 56.4%.
Z Trajectory - Non-OGI	CYPS	CAMHS (inc Eating Disorders and PMHS Step 2) (Summary)	NON-OGI CAMHS Summary Trajectory: No patient waits longer than 9 weeks	0	2019/2020 Operational Trajectory 15	0		NON-OGI	0	A continued strong performance has been demonstrated to date in 2019/2020 with no patients waiting longer than 9-weeks within CAMHS albeit 14 breaches had been projected.
Z Trajectory - Non-OGI	ASD	Delayed Discharges - Complex	NON-OGI Summary Trajectory: Delayed Complex Discharges - 90% of complex discharges within 48-hours	93.4%	2019/2020 Operational Trajectory 75%	83.1%		NON-OGI	71.1%	Cumulative performance at the end of June 2019 is -4% below the projected year-end level of 75% with the actual number of discharges <48 hours, -19 less than predicted. Figures should be noted in the context of ongoing work by operational teams to ensure discharges are appropriately coded.
Z Trajectory - Non-OGI	ASD	Delivery of Core - Endoscopy (Summary)	NON-OGI Endoscopy Summary Trajectory Reduce the percentage of funded activity associated with endoscopy services that remain undelivered	8,266 Variance -11%	2019/2020 Trajectory volume 7,763	8,620		NON-OGI	2,020	Actual cumulative performance up to June 2019 is +11% (+196) above the projected trajectory volume of 1,824. It should be noted that the timeline for coding Endoscopy activity is at least one-month in arrears therefore cumulative performance at June 2019 will not fully reflect the actual performance and is subject to change.
Z Trajectory - Non-OGI	ASD CYPS	Delivery of Core - Inpatient/Day Cases (Summary)	NON-OGI Inpatient/Daycases Summary Trajectory: Reduce the percentage of funded activity associated with elective care services that remains undelivered.	22,501 Variance -10%	2019/2020 Trajectory volume 23,231	24,059		NON-OGI	6,137	Cumulative performance up to June 2019 against the total Inpatient & Daycases trajectory (15 specialties) demonstrates +6% (+352) above the projected levels of activity. However at specialty level, Gynaecology is demonstrating activity -10% under the projected level and Orthopaedics is demonstrating activity -12% under the projected levels. In addition 3 specialties are 5-10% below their projected levels.
Z Trajectory - Non-OGI	ASD CYPS OPPC	Delivery of Core - Outpatients (Summary)	NON-OGI New Outpatients Summary Trajectory: Outpatients - Reduce percentage of funded activity associated with elective care	59,657 Variance -7%	2019/2020 Operational Trajectory 59,488	62,631		NON-OGI	15,013	Cumulative performance up to June 2019 against the total Outpatients trajectory (23 specialties) demonstrates -0.3% (-38) below the projected levels of activity. However at specialty level, 4 specialties are demonstrating underperformance of -10% or more against their projected levels and 2 specialties are 5-10% below their projected levels.
Z Trajectory - Non-OGI	MHD	Dementia	NON-OGI Dementia Summary Trajectory: No patient waits longer than nine weeks to access dementia services	15	2019/2020 Operational Trajectory 51	10		NON-OGI	17	Performance at June 2019 demonstrates an improved performance against the number projected with -9 patients waiting in excess of 9-weeks in comparison to the projected 26 patients waiting >9-weeks.
Z Trajectory - Non-OGI	ASD	Diagnostic (Imaging) (Summary)	NON-OGI Diagnostics Imaging; Summary Trajectory: Diagnostic Imaging - 75% of patients should wait no longer than 9 weeks	2,932	2019/2020 Operational Trajectory 10,169	4,281		NON-OGI	5,165	The actual number of patients waiting longer than 9-weeks at end of June 2019 (5,165) was more favourable than the projected number of 6,146 patients. However Non Obstetric Ultrasound Scans (NOUS) and Plain Film specialties are reporting more breaches of the 9-week target than projected at the end of June.
Z Trajectory - Non-OGI	ASD	Diagnostic (Imaging) (Summary)	NON-OGI Diagnostic Imaging Summary Trajectory : Diagnostics Imaging - No patient should wait longer than 26 weeks	864	2019/2020 Operational Trajectory 2,229	910		NON-OGI	903	The actual number of patients waiting longer than 26-weeks at end of June 2019 (903) was more favourable than the projected number of 1,231 patients waiting in excess of 26-weeks. However NOUS is reporting more breaches of the 26-week target than projected at the end of June.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline (2017/18)	OGI (2018/19)	Cumulative 2018/19 Performance	Trend Graph	TDP assessment	Cumulative 2019/20 Performance	Narrative
Z Trajectory - Non-OGI	ASD	Emergency Care (Summary)	NON-OGI 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	74.5%	2019/20 Operational Trajectory 69.7%	68.9%		NON-OGI	65.5%	Cumulative performance at June 2019 is 65.5% which is 4.2% below the anticipated 2019/2020 level (69.7% at March 2020). Cumulatively at site level in June, underperformance was demonstrated on the CAH site 50.1% and DHH at 67.2%. STH MIU demonstrates a strong performance at 100%. Performance has been impacted by the lack of bed capacity, an increase in the number of complex discharges, general increased pressures on acute hospital services and staff absences.
Z Trajectory - Non-OGI	ASD	Hip Fractures	NON-OGI 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	90.2%	2019/2020 Operational Trajectory 92%	92.4%		NON-OGI	92.4% (2018/19)	Note: 2019/2020 figures are not currently available. 2018/19 cumulative performance (92.4%) is more favourable than the 86% projected operational trajectory.
Z Trajectory - Non-OGI	MHD	Psychological Therapies (Summary)	NON-OGI Summary Trajectory: Psychological therapies - No patient waits longer than 13 weeks	84	2019/2020 Operational Trajectory 342	279		NON-OGI	263	Overall June 2019 demonstrates an improved performance against the operational trajectory, with the level of patients waiting in excess of 13-weeks, -13% (-38) lower than anticipated. However in June 2019 Children's Psychology demonstrated +2 breaches over the predicted level associated with staff absences however breaches are anticipated to reduce as staff return to work.

Performance Corporate Dashboard August 2019 (for July 2019 performance)

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

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	OPPC	Tobacco Control	By March 2020, reduce the proportion of 11-16 year old children who smoke to 3%, adults to 15% and pregnant women to 9%	To be undertaken at a regional level	Trust's Contribution Green	The Trust has on-going smoking cessation services and maintenance of smoke free sites. In 2018/19 the Trust sought to engage with 1,657 people and set a 'quit date'. However based on performance during the first 3 quarters of 2018/19 the Trust has not anticipated meeting its 2018/19 target due to long term staff sickness absence and vacancies which have impacted on service delivery.	Amber
Health and Wellbeing	OPPC/ ASD	A Fitter Future for all	By March 2020 reduce the level of obesity by 4% and overweight and obesity by 3% for adults and 3% and 2% for children.	To be undertaken at a regional level	Trust's Contribution - Green	The 'Weigh to a Healthy Pregnancy' programme continues and was extended to include women with a BMI over 38. Additional services including a High BMI Clinic and an Ante-Natal Diabetic Clinic were extended and are ongoing.	Green
Health and Wellbeing	OPPC	Healthy Places	By March 2019, establish minimum 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.	To be undertaken at a regional level	Trust's Contribution - Green	There are 3 Healthy Places demonstrator sites across NI, determined by PHA, none of which are within the SHSCT area. Whilst the Trust is unable to assess the regional progress against this objective, the Trust is available to contribute to regional work and will seek to participate in any learning.	Green
Primary Care	OPPC	Make Every Contact Count	By March 2019, to ensure appropriate representation and input into the PHS/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	To be undertaken at a regional Level	Trust's Contribution - Green	This work is largely being driven through Integrated Care Partnerships. As a member of ICPs, the Trust is a participant in the outputs of Making Every Contact Count (MECC). The Trust understands that funding made available to ICPs under MECC has been used to pay for health literacy training for health professionals and local communities.	Green
Health and Wellbeing-Children's	CYPS	Children's Oral Health	By March 2019, establish a baseline for number of teeth extracted in children aged 3-5. Improve oral health of young children in NI and over three years reduce extractions by 5% against that baseline.	To be undertaken at a regional level	Trust's Contribution - Green	In the Southern Trust, 385 children aged 3-5 had teeth extracted under General Anaesthetic in 2018/19 establishing a baseline for 2018/19. The Community Dental Service provides programmes aiming to help reduce decay rates, such as the Tiny Tots Teeth 3 year immunisation visit; Happy Smiles and Smiles for Schools (worst 20% wards) targeted at pre-school and primary 1 children. However the ability to deliver these programmes is subject to availability of resources and other challenges faced.	Green
Health and Wellbeing-Children's	ASD	Healthier Pregnancy Programme	By March 2019, have further developed and implemented the 'Healthier Pregnancy' approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	To be undertaken at a regional level	Trust's Contribution Green	Work initiated in 2017/18 is continuing. The Saving Babies Lives Programme has been partially rolled out across the DHH site and continues to be developed and embedded across the Trust.	Amber

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing-Children's	CYPS	Healthy Child Healthy Future	By March 2019, ensure the full delivery of the universal child health promotion programme for NI, Healthy Child Healthy Future. By that date the antenatal contact will be delivered to all first time mothers and 95% of two year reviews must be delivered.	To be undertaken at a regional level	Trust's Contribution- Amber	Delivery continues to be challenged with the ability to fill permanent and temporary vacancies in the health visiting and school nursing teams. This will be further impacted in the next year due to the reduced number of student SCPHN placements this year. In addition responding to the needs of families due to the high level of children on the Child Protection Register.	Amber
Health and Wellbeing-Children's	CYPS	Family Nurse Partnerships	By March 2019, ensure the full roll out of the Family Nurse Partnerships, ensuring that all teenage mothers are offered a place.	To be undertaken at a regional level	Trust's Contribution- Amber	There has been temporary funding from transformation monies that has increased capacity within the FNP team and this should result in up to 75% of those referred will be offered the programme. Additional recurrent investment is required to meet objective fully.	Amber
Children	CYPS	Children in Care (Placement Change)	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	78% (2016/2017)	Amber	A continued increase in the number of Looked after Children admissions continues to place fostering and adoption services under considerable pressure.	Amber
Children	CYPS	Children in Care (Adoption)	By March 2019, 90% of children, who are adopted from care are adopted within a three year time frame (from date of last admission)	68% (2017/2018)	Amber	The majority of older children are adopted by foster carers. This is a longer process than the 3 year timeframe. It is anticipated that performance will continue to slightly improve in relation to this target.	Amber
Mental Health	MHD	Protect Life 2 Strategy	By March 2019, to have further enhanced our of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "crisis De-escalation Service." Reduce the suicide rate by 10% by 2022.	To be established	Amber	The Trust continues to provide an out-of-hours service to support de-escalation, in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital. The delivery of this service is challenging due to the geographical spread of the 2 Emergency Departments. The Trust has maintained a 24/7 Psychiatric Liaison service through Craigavon Area Hospital and Daisy Hill Hospital Emergency Department during 2018/19.	Amber
Mental Health	MHD	Substitute Prescribing	By September 2018 to have advanced the implementation of revised substitute prescribing services in NI to reduce waiting times and improve access.	Not Applicable	Amber	Additional resources are needed in secondary care to support GPs. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing has been a key constraint in the achievement of this. Currently two GPs are prescribing opioid substitution medication within primary care, with the assistance of key worker input from SHSCT Opiate Substitute Team (OST). OST have given capacity to one key worker who has been liaising with practice managers.	Amber

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Health and Wellbeing	OPPC/ ASD	Regional Implementation of Diabetes Feet Care Pathway	By July 2018, to provide detailed plans (including financial profiling) for the regional implementation of the Diabetes Feet Care Pathway.	To be undertaken at a regional level	Green	Staff were recruited and commenced in March 2019 as per funding received for implementation of the diabetes foot care pathway. The Podiatry Service and Estates are working to identify clinical accommodation. The Trust is involved with the regional work to agree suitable metrics for reporting against the foot care pathway KPI's.	Green
Workforce	EDN	Delivering care (Sustainable Nurse Staffing Level)	By March 2019, all HSC Trusts should have fully implemented Phases 2,3 and 4 of Delivering care, to ensure safe sustainable nurse staffing levels across all Emergency Departments; Health Visiting, and District Nursing Services.	Not Applicable	Amber	The Trust has sought to improve the level of safe and sustainable nursing staffing levels, however full implementation can only be achieved on receipt of full funding and is challenged by the regional shortage of registered nurses. The Trust has implemented a robust recruitment plan and is taking actions to facilitate the retention of registered nurses.	Amber
Safe systems of Care	EDN	NEWS KPI	Throughout 2018/2019 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	Not Applicable	Amber	In Quarter 4 18/19 (Jan – Mar), overall compliance was 83%. Operational Teams continually review performance against the NEWS elements once compliance is not achieved at a patient level and determine any immediate or improvement actions to be taken. These continued to be monitored. In 2019/20, NEWS 2 is to be implemented and all processes including audit will be reviewed.	Amber
Safe systems of Care	EDN	Falls and Pressure Ulcers Reporting	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not Applicable	Trust's contribution- Green	Standardised operational definitions and reporting schedules for falls and pressure ulcers have been agreed regionally, the SHSCT contributed to this work. Quarterly reporting is in place.	Green
Safe Systems of Care	ASD	Medicines Optimisation	By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	70%	Red	Current performance is estimated at 45% however the Trust continues to work towards the 70% objective level. Additional resources are required to see full achievement of this objective. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model on a 7-day basis.	Red
Safe systems of Care	OPPC	Residential and Nursing Homes	During 2018/19 the HSC should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not Applicable	Green	The Trust has robust arrangements in place for its statutory residential care homes to ensure compliance with Residential Homes Regulations (NI 2005) and DH Standards. These arrangements ensure a commitment to drive forward improvement in care standards and take action, as appropriate on any issues highlighted by RQIA. There were no failure to comply notices issued during 2018/19	Green

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe Systems of Care	ASD/ OPPC/ MHD	Same Gender Accommodation	By March 2019, all patients in adult inpatient area should be cared for in same gender accommodation.	100%	Green	An Audit of Mixed Gender Accommodation was completed in November 2018 and findings included: All patients were cared for in same gender bays; Trust Staff are passionate about upholding this standard; and the limited number of toilets & washing facilities & privacy / procedure rooms. Actions/discussions determined from the Audit have either been completed or are in the process of being completed.	Green
Support for Patient's and Clients	CYPS	Children in Care (Permanence and Pathway Plans)	During 2018/19 the HSC should ensure that care permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	Not Applicable	Green	The Trust has two active Looked After Children service user groups which assist in enabling young people to influence decisions and continues to adopt a 'LAC Pledge' to seek to discuss issues of relevance with care experienced young people. Children and young people old enough to contribute have the opportunity to provide a written contribution or attend their looked after review.	Green
Support for Patient's and Clients	MHD	Dementia Portal	By March 2019, patients in all Trusts will have access to the Dementia portal.	Not Applicable	Green	The Trust is participating in an on-going pilot which allows dementia clients to access their appointments on-line along with a range of other resources. Currently the Trust has 4 Dementia Navigators in post who have received training in the use of the dementia portal and are actively recruiting clients to take part.	Green
Patient- Client Experience	OPPC	Palliative and End of Life Care	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	Not Applicable	Amber	The Trust continues to work with the Regional Palliative Care Programme Board to support the achievement of this objective. The Trust has three GP pilot sites that are engaged with the Regional Pilot of identification of patients with palliative and end of life care needs. The PHA plans to extend pilot sites in 2019/20. Also, within the Trust, Palliative Care meetings are held within GP Practices every 1-2 months and resource folders for inpatients wards are available.	Amber
Patient- Client Experience	OPPC	Co-Production	By March 2019, the HSC should ensure that the co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	To be undertaken at a regional level	Trust's contribution-Green	The Trust's PPI Framework "Involving for Improvement" and PCE Framework underpin the Trust's Quality Improvement Strategy 2017/18 – 2020/21. The Trust's annual Corporate and Directorate PPI Action Plans include PPI, co-production and patient experience. Transformation monies has enabled the Trust to issue 25 small grants in 2018/19 with the purpose of supporting PPI initiatives across Directorates. A Senior PPI officer has been appointed and Stock Takes for each of the PPI IPTs have been sent to the PHA at the beginning of 2019/20.	Green

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Support for Patient's and Clients	MHD	Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	Not Applicable	Amber	In 2018/19, 2,078 service users have been assessed under the Self-Directed Support (SDS) Approach and have a support plan in place. This includes 868 service users accessing direct payments and 1,210 service users accessing Trust Arranged support. Training in Self-Directed Support, Direct Payments and ASCOT (Adult Social Care Outcomes Toolkit) has been been attended by Trust staff, case managers, key workers as well as non-Trust staff.	Amber
Safe Systems of Care	EDN	Swallow Assessment	By March 2019, develop a baseline definition data to ensure patients have timely access to a full swallow assessment.	Not Applicable	Trust's contribution-Green	The Trust has provided data to the PHA as part of the regional work on the development of the baseline data definition. The SHSCT has appointed a Dysphagia Support Team as part of the regional work overseeing the implementation of actions that arose from the PHA Thematic Review of Choking on Food.	Green
Elective	EDN/ OPPC	Direct Access Physiotherapy Services	By March 2019, Direct Access Physiotherapy Services will be rolled out across all Health and Social Care Trusts.	Not Applicable	Green	Direct Access Physiotherapy Service remains available to staff across the SHSCT. Finalising IPT to secure funding to roll out self-referral to patients. Work is underway to support phased implementation of self-referrals for patients from 2 GP practices early 2019/20 and subsequent roll out across the Trust.	Amber
Children	CYPS	Children & Young People's Developmental & Emotional Wellbeing Framework	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Framework along with a costed implementation plan.	Not Applicable	Trust's contribution-Green	The Trust remains a member of the regional group established. A draft paper has been issued from the HSCB to the DoH for further discussion and consultation across various departments. Once complete, the paper will be issued for wider public consultation.	Green
Optimisation of Resources	ASD	Pharmacy Efficiency Programme	By March 2019, to have obtained savings of £90 million through the 2016-2019 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.		Red	This applies to both Primary and Secondary Care pharmaceutical services. The savings target for all 5 Trusts for 2019/20 is a total of £8m, however the individual Trust targets is yet to be agreed. The Trust will continue to contribute to this objective and the new level of savings once set. The Trust achieved savings of £1,914,000 at 31 March 2019.	Red
Workforce	HROD	Health and Social Care Workforce Strategy	By June 2018, to provide appropriate representation in the programme board overseeing the implementation of the Health and Care Workforce Strategy.	Not Applicable	Green	The Trust has provided appropriate nominee to the Programme Board.	Green
Workforce	HROD	Project Board to Establish a Health and Social Care Careers Service	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	Not Applicable	Green	The Trust will provide appropriate representation to the project board, when requested.	Green

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Workforce	OPPC	Domiciliary Care Workforce Review	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not Applicable	Trust's contribution-Green	A proposed new regional model of domiciliary care was sent to the DoH at the end of March 2019 with regional meetings continuing with the HSCB. Trust representatives attend the regional meetings.	Green
Workforce	HROD	Health and Social Care Workforce Model	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	Not Applicable	Green	The Trust will provide appropriate representation to the project, when requested.	Green
Workforce	HROD	Audits	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10-14 of the Workforce Strategy.	Not Applicable	Green	The Trust will provide appropriate representation and inputs to audits of the existing provision across HSC, when requested.	Green
Workforce	HROD	Business Intelligence Information	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Not Applicable	Green	The SHSCT will provide the information required and appropriate personnel to assist with the analysis when this is defined.	Green
Workforce	HROD	Healthier Workplace	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	To be undertaken at a regional level	Trust's contribution-Green	This is a Regional Objective that the Trust will contribute to.	Green
Workforce	EDSW	Social Work Workforce	By March 2019, to pilot OBA approach to strengthen supports for the social work workforce.	To be undertaken at a regional level	Trust's contribution-Green	The CYPS Directorate have been piloting 3 OBA projects in Adult Safeguarding; Post Adoption Pathways and Children with Diabetes	Green
Workforce	HROD/ DPR	Q2020 Attributes Framework	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	29.4% have achieved Level 1. 2.1% have achieved Level 2.	Amber	Level 1 - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through e-learning. Level 2 - The Trust remains committed to supporting staff in quality improvement and delivery of the Quality 2020 vision will continue to be embedded in all programmes. However challenges associated with the current level of resources and capacity and the timeline associated Level 2 training, may not be completed in year. Cumulatively from April 2016 - March 2019 Q20:20 Figures – 72% achieved Level 1 and 3.8% achieved Level 2	Green

Performance Corporate Dashboard August 2019 (for July 2019 performance)

Themes	Directorate	Title	OGI	Baseline	TDP Assessment	Narrative	Director's Qualitative Assessment
Safe systems of Care	MHD	Suicide Awareness and Intervention (For all HSC staff)	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	To be undertaken at a regional level	Trust's contribution - Amber	The Trust will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project 'Toward Zero Suicide'. A Towards Zero Suicide Co-ordinator has been appointed in SHSCT and a range of approaches to suicide prevention awareness continues across the SHSCT locality.	Green
Safe systems of Care	EDN	Dysphagia Awareness	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	To be undertaken at a regional level	Trust's contribution- Green	A newly appointed Dysphagia Support Team Project is now in post comprised of a Project Lead, a Band 7 Dietitian and Speech & Language Therapist and 2 Band 4 assistants. Regionally an awareness training programme will be devised and the vision is that training will be provided in each Trust. However the newly appointed Dysphagia Support Team has designed/delivered and facilitated various events, initiatives and training.	Green

ACCESS TIMES: MONTH-ENDING JULY 2019 AND PROJECTED MONTH-END POSITION FOR AUGUST 2019

NEW OUTPATIENTS

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019											Projected End of AUGUST 2019 position (Longest Waiter)
						0-9 Wks	9+ to 13Wks	13+to 18Wks	18+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	Breast Family History	Yes	April 2016	NOP	138 weeks	43	11	5	4	11	6	5	14	25	48	172	137 weeks
SEC	Breast - Symptomatic	Yes	October 2016	NOP	28 weeks	249	103	97	41	29	4	0	0	0	0	523	31 weeks
MUSC	Cardiology (includes ICATS)	Yes	April 2016	NOP	68 weeks	653	224	198	92	148	136	118	125	217	277	2188	68 weeks
MUSC	Cardiology – Rapid Access Chest Pain (RACPC) - Nurse-Led	TBC	Not applicable	NOP	24 weeks	369	3	0	0	1	0	0	0	0	0	373	7 weeks
CCS	Chemical Pathology	Yes	February 2018	NOP	22 weeks	38	12	14	3	1	0	0	0	0	0	68	27 weeks
IMWH	Colposcopy	No	April 2018	NOP	16 weeks	154	13	4	0	0	0	0	0	0	0	171	14 weeks
MUSC	Dermatology Cons-Led only (incl Virtual & ICATS)	TBC	June 2016	NOP	43 weeks	1432	475	468	137	276	234	242	280	71	0	3615	43 weeks
MUSC	Dermatology Nurse-Led	TBC	July 2018	NOP	37 weeks	156	33	38	20	41	44	13	1	0	0	346	34 weeks
MUSC	Endocrinology	Yes	September 2016	NOP	19 weeks	147	25	3	1	0	0	0	0	0	0	176	16 weeks
MUSC	Diabetology	Yes	July 2016	NOP	25 weeks	93	18	3	0	1	0	0	0	0	0	115	15 weeks
SEC	Ear, Nose & Throat (includes ICATS)	Yes	April 2017	NOP	105 weeks	1803	487	557	310	606	439	433	515	919	223	6292	108 weeks
MUSC	Gastroenterology	Yes	May 2015	NOP	137 weeks	472	104	111	79	107	111	112	100	244	340	1780	83 weeks
MUSC	General Medicine	No	January 2016	NOP	19 weeks	70	8	1	1	0	0	0	0	0	0	80	8 weeks
OPPC	Geriatric Medicine	Yes	November 2018	NOP	21 weeks	44	5	3	1	0	0	0	0	0	0	53	24 weeks
OPPC	Geriatric Assessment	Yes	November 2017	NOP	52 weeks	41	1	0	0	0	0	0	0	1	0	43	54 weeks
MUSC	Geriatric Acute	Yes	Not applicable	NOP	13 weeks	15	1	0	0	0	0	0	0	0	0	16	9 weeks
MUSC	Orthopaedic-Geriatric	Yes	April 2018	NOP	91 weeks	49	14	35	16	27	14	11	12	28	59	265	94 weeks
SEC	General Surgery (includes Haematuria)	Yes	April 2016	NOP	139 weeks	2076	500	602	365	537	375	349	437	749	1873	7863	142 weeks
IMWH	Gynaecology (includes Family Planning)	No	May 2018	NOP	16 weeks	1131	23	5	0	0	0	0	0	0	0	1159	20 weeks
IMWH	Gynaecology Outpatients with Procedures (OPPs)	No	Not applicable	OPP	Not applicable	0	0	0	0	0	0	0	0	0	0	0	Not applicable
IMWH	Gynae Fertility (Cons-Led)	No	Not applicable	NOP	9 weeks	10	1	0	0	0	0	0	0	0	0	11	14 weeks
CCS	Haematology	Yes	March 2019	NOP	65 weeks	173	31	19	7	8	7	12	10	20	24	311	70 weeks
CCS	Anti-Coagulant	No	Not applicable	NOP	16 weeks	24	2	1	0	0	0	0	0	0	0	27	15 weeks
MUSC	Nephrology	Yes	Not applicable	NOP	15 weeks	56	6	1	0	0	0	0	0	0	0	63	18 weeks
MUSC	Neurology	Yes	October 2014	NOP	146 weeks	382	173	109	93	103	90	135	130	309	2314	3838	144 weeks
SEC	Orthodontics	No	October 2018	NOP	38 weeks	21	11	19	13	18	10	13	11	0	0	116	41 weeks
SEC	Fractures	TBC	August 2016	NOP	13 weeks	415	19	1	0	0	0	0	0	0	0	435	2 weeks
SEC	Orthopaedics	No	October 2014	NOP	138 weeks	585	265	296	170	160	113	113	122	242	1339	3405	141 weeks
OPPC	Orthopaedic ICATS	No	July 2018	NOP	34 weeks	1387	431	540	331	526	433	142	0	0	0	3790	36 weeks
CYPS	Paediatrics - Acute	Yes	December 2015	NOP	35 weeks	641	233	289	144	120	2	8	0	0	0	1437	38 weeks
CYPS	Paediatrics - Community	No	April 2016	NOP	24 weeks	272	89	55	21	4	0	0	0	0	0	441	21 weeks
ATICS	Pain Management	Yes	February 2015	NOP	40 weeks	212	96	99	53	88	74	109	44	0	0	775	46 weeks
CCS	Palliative Medicine	TBC	March 2019	NOP	5 weeks	16	0	0	0	0	0	0	0	0	0	16	8 weeks
MUSC	Rheumatology	Yes	September 2014	NOP	140 weeks	392	85	71	42	63	35	43	57	105	634	1527	139 weeks
MUSC	Thoracic Medicine	Yes	April 2017	NOP	99 weeks	379	104	103	62	121	100	77	104	193	701	1944	101 weeks
SEC	Urology (includes ICATS)	Yes	May 2015	NOP	184 weeks	841	196	210	88	107	73	105	83	246	2179	4128	183 weeks

INPATIENTS/DAY CASES

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	IPDC Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019												Projected End of AUGUST 2019 position (Longest Waiter)
						0-13 Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 46Wks	46+ to 52Wks	52+ Wks	TOTAL		
SEC	Breast Surgery	No	September 2017	IP	105 weeks	11	3	1	1	2	3	3	2	1	17	44	108 weeks	
SEC	Breast Surgery			DC	100 weeks	13	1	2	1	1	1	1	1	1	1	7	29	103 weeks
MUSC	Cardiology	TBC	August 2016	IP/DC	71 weeks	475	50	43	47	34	19	20	11	5	27	731	66 weeks	
CYPS	Community Dentistry	No	Not applicable	IP/DC	27 weeks	274	10	6	4	2	0	0	0	0	0	296	27 weeks	
MUSC	Dermatology Cons-Led	Yes	Not applicable	IP/DC	60 weeks	192	27	26	30	28	48	46	27	27	15	466	56 weeks	
MUSC	Dermatology Nurse-Led	TBC	Not applicable	IP/DC	48 weeks	71	11	16	21	15	13	11	8	5	0	171	34 weeks	
SEC	Ear, Nose & Throat (ENT)	No	March 2019	IP	120 weeks	53	16	15	8	9	7	17	13	11	71	220	124 weeks	
SEC	Ear, Nose & Throat (ENT)			DC	141 weeks	372	98	115	114	92	122	76	60	67	212	1328	145 weeks	
MUSC	Gastroenterology (Non-Scopes)	Yes	January 2017	IP/DC	46 weeks	18	8	1	1	2	3	0	2	0	0	35	46 weeks	
MUSC	General Medicine	No	Not applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	0	Not applicable	
MUSC & OPPC	Geriatric Specialties combined	TBC	Not applicable	IP/DC	Not applicable	0	0	0	0	0	0	0	0	0	0	0	Not applicable	
SEC	General Surgery (includes Haematuria & Minor Ops)	TBC	May 2017	IP	193 weeks	57	17	7	15	8	19	14	19	9	74	239	196 weeks	
SEC	General Surgery (includes Haematuria & Minor Ops)			DC	182 weeks	688	153	149	165	116	100	82	50	51	406	1960	178 weeks	
IMWH	Gynaecology	TBC	Not applicable	IP	72 weeks	116	19	18	29	26	8	12	17	16	34	295	77 weeks	
IMWH	Gynaecology			DC	38 weeks	195	14	7	3	4	5	3	0	0	0	231	43 weeks	
CCS	Haematology (incl Nurse-Led)	Yes	Not applicable	IP/DC	7 weeks	63	0	0	0	0	0	0	0	0	0	63	Projection Outstanding	
MUSC	Neurology	Yes	April 2019	IP/DC	28 weeks	27	1	1	2	1	0	0	0	0	0	32	15 weeks	
SEC	Orthopaedics	Yes	November 2016	IP	186 weeks	269	80	99	117	105	129	108	78	75	673	1733	189 weeks	
SEC	Orthopaedics			DC	167 weeks	272	41	44	51	46	55	35	32	36	457	1069	170 weeks	
CYPS	Paediatric Medicine	TBC	Not applicable	IP/DC	83 weeks	43	13	5	4	4	4	3	0	0	1	77	87 weeks	
ATICS	Pain Management	Yes	November 2018	IP/DC	131 weeks	70	22	22	24	23	17	19	22	30	211	460	135 weeks	
MUSC	Rheumatology	Yes	October 2018	IP/DC	18 weeks	171	3	3	0	0	0	0	0	0	0	177	17 weeks	
MUSC	Thoracic Medicine	Yes	Not applicable	IP/DC	4 weeks	10	0	0	0	0	0	0	0	0	0	10	4 weeks	
SEC	Urology	Yes	August 2016	IP	260 weeks	138	38	29	29	37	40	30	31	30	554	956	263 weeks	
SEC	Urology			DC	274 weeks	165	44	35	32	36	29	39	42	27	251	700	277 weeks	

DIAGNOSTICS - ENDOSCOPY

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	IPDC Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019											Projected End of AUGUST 2019 position (Longest Waiter)
						0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 31Wks	31+ to 36Wks	36+ to 41Wks	41+ to 52Wks	52+ Wks	TOTAL	
SEC	Endoscopy - Symptomatic	Yes	October 2016	Diag. IP	68 weeks	4	1	2	2	1	1	2	0	0	2	15	71 weeks
SEC	Endoscopy - Symptomatic			Diag. DC	179 weeks	910	200	154	97	226	131	34	21	20	68	1861	132 weeks
ATICS	Endoscopy - Bowel Cancer Screening (BCS)	No	Not applicable	Diag. IP/DC	26 weeks	102	28	9	0	2	0	0	0	0	0	141	11 weeks

DIAGNOSTICS - IMAGING

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
CCS	CT Scans General (Excl CTC & Angio))	Yes	Not applicable	Imaging	17 weeks	463	293	151	67	73	47	94	161	148	1497	21 weeks
CCS	CT Colonography (CTC)			Imaging	25 weeks											30 weeks
CCS	CT Angiography (Cardiology)			Imaging	79 weeks											84 weeks
CCS	Non-Obstetrics Ultrasound Scans (NOUS)	Yes	Not applicable	Imaging	38 weeks	1525	1055	971	707	1186	746	538	2	0	6730	43 weeks
CCS	DEXA Scans	Yes	Not applicable	Imaging	49 weeks	148	178	225	188	502	356	538	417	0	2552	53 weeks
CCS	MRI Scans	Yes	Not applicable	Imaging	56 weeks	521	487	540	470	802	314	123	111	25	3393	60 weeks
CCS	Plain Film X-Ray	Yes	Not applicable	Imaging	24 weeks	506	245	37	2	0	2	0	0	0	792	9 weeks
CCS	Fluoroscopy	No	Not applicable	Imaging	47 weeks	64	76	80	63	85	63	48	18	0	497	52 weeks
CCS	Barium Enema	No	Not applicable	Imaging	15 weeks	1	0	1	2	1	0	0	0	0	5	19 weeks
CCS	Gut Transit Studies	No	Not applicable	Imaging	2 weeks	2	0	0	0	0	0	0	0	0	2	Projection Outstanding
CCS	Radio Nuclide	No	Not applicable	Imaging	13 weeks	57	46	25	10	0	0	0	0	0	138	12 weeks
CCS	Diagnostic Angiography	TBC	Not applicable	Imaging	23 weeks	0	1	0	0	0	1	0	0	0	2	Projection Outstanding

DIAGNOSTICS - NON-IMAGING

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+ to 21Wks	21+ to 26Wks	26+ to 36Wks	36+ to 52Wks	52 Weeks +	TOTAL	
MUSC	Cardiac Investigations - Echo & Non Echo (Combined WL)	Yes	Not applicable	Diag.	Echo = 97 weeks Non-Echo = 68 weeks	687	698	627	677	1245	828	1524	2044	1750	10080	Echo = 98 weeks Non-Echo = 70 weeks
CCS	Neurophysiology	No	Not applicable	Diag.	75 weeks	38	49	28	20	24	6	11	5	8	189	79 weeks
CCS	Audiology	Yes	Not applicable	Diag.	20 weeks	304	375	249	235	176	0	0	0	0	1339	22 weeks
MUSC	Sleep Studies	No	Not applicable	Diag.	42 weeks	81	149	131	107	89	45	78	33	0	713	43 weeks
IMWH	Urodynamics (Gynaecology)	No	Not applicable	Diag.	39 weeks	11	10	16	26	35	24	41	12	0	175	44 weeks
SEC	Urodynamics (Urology)	No	Not applicable	Diag.	72 weeks	22	30	38	38	81	47	58	19	4	337	Projection Outstanding

CHILDREN & YOUNG PEOPLE'S SERVICES - AUTISM

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019									Projected End of AUGUST 2019 position (Longest Waiter)
						0-4 Wks	4+ to 8Wks	8+ to 13Wks	13+to 18Wks	18+to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	Autism - Assessment	TBC	Not available	NOP	11 weeks	52	75	22	0	0	0	0	0	149	13 weeks
CYPS	Autism - Treatment	TBC	Not available	NOP	10 weeks	30	12	2	0	0	0	0	0	44	10 weeks

CHILDREN & YOUNG PEOPLE'S SERVICES - CAMHS - (1 month in arrears)

Division/ Directorate/Program me of Care	Specialty	Known Capacity Gap	OP Review Backlog Position at 31/07/19 <i>(Longest Waiter)</i>	Activity Type	End of JUNE 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at <u>30th June 2019</u>										Projected End of AUGUST 2019 position (Longest Waiter)
						0-3 Wks	3+ to 6Wks	6+to 9Wks	9+ to 13Wks	13+to 18Wks	18+ to 26Wks	26+ to 39Wks	39+ to 52Wks	52 Weeks +	TOTAL	
CYPS	Child & Adolescent Mental Health Services (CAMHS):	TBC	Not available	NOP	8 weeks	117	86	53	0	0	0	0	0	0	256	9 weeks
CYPS	CAMHS Step 2	TBC	Not available	NOP	8 weeks	59	57	37	0	0	0	0	0	0	153	9 weeks
CYPS	CAMHS Step 3	TBC	Not available	NOP	8 weeks	56	29	14	0	0	0	0	0	0	99	8 weeks
CYPS	Eating Disorder Services (CAMHS)	TBC	Not available	NOP	8 weeks	2	0	2	0	0	0	0	0	0	4	4 weeks

MENTAL HEALTH SERVICES (MHD) - (1 month in arrears)

[illegible]

ALLIED HEALTH PROFESSIONALS (AHPs)

Division/ Directorate/Program me of Care	Specialty/ Programme of Care	Known Capacity Gap	Review Backlog Position at 31/05/19 (Longest Waiter)	Activity Type	End of JULY 2019 Position (Actual) Longest Waiter	Timebands (in Weeks) - WL Position at 31st July 2019								Projected End of AUGUST 2019 position (Longest Waiter)
						0-9 Wks	9+ to 13Wks	13+to 17Wks	17+ to 21Wks	21+ to 26Wks	26+ to 32Wks	32Wks +	TOTAL	
All POCs	Dietetics combined (All POCs):		January 2019	AHP	18 weeks	840	132	16	1	0	0	0	989	13 weeks
CCS (POC 1)	Dietetics - Acute	Yes	Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	0	Projection Outstanding
CYPS (POC 2)	Dietetics - Paediatrics		January 2019	AHP	18 weeks	174	40	4	1	0	0	0	219	20 weeks
OPPC (POC 4&9)	Dietetics - Elderly and Primary Health Care		April 2019	AHP	16 weeks	654	91	12	0	0	0	0	757	Projection Outstanding
MHD (POC 5)	Dietetics - Mental Health			AHP		2	0	0	0	0	0	0	2	
MHD (POC 6)	Dietetics - Learning Disability			AHP		9	1	0	0	0	0	0	10	
MHD (POC 7)	Dietetics - Physical Disability			AHP		1	0	0	0	0	0	0	1	
All POCs	OT combined (All POCs):		September 2014	AHP	70 weeks	876	242	235	241	265	174	607	2640	74 weeks
CCS (POC 1)	Occupational Therapy - Acute	No	Not applicable	AHP	63 weeks	188	32	14	40	30	27	130	461	Projection Outstanding
CYPS (POC 2)	Occupational Therapy - Paediatrics		February 2018	AHP	70 weeks	80	31	37	33	49	34	197	461	74 weeks
OPPC (POC 4&9)	Occupational Therapy - Elderly and Primary Health Care		September 2014	AHP	55 weeks 62 weeks (Splint)	435	99	115	108	147	85	230	1219	Projection Outstanding
MHD (POC 5)	Occupational Therapy - Mental Health		Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	0	Projection Outstanding
MHD (POC 6)	Occupational Therapy - Learning Disability		September 2017	AHP	26 weeks	25	5	0	1	1	0	0	32	27 weeks
MHD (POC 7)	Occupational Therapy - Physical Disability		July 2017	AHP	45 weeks	148	75	69	59	38	28	50	467	47 weeks
CCS (POC 1)	Orthoptics	Yes	April 2019	AHP	22 weeks	452	181	82	4	1	0	0	720	22 weeks
All POCs	Physio. combined (All POCs):		February 2018	AHP	40 weeks	3301	869	306	191	49	13	5	4734	40 weeks
CCS (POC 1)	Physiotherapy - Acute	Yes	Not applicable	AHP	4 weeks	2	0	0	0	0	0	0	2	Projection Outstanding
CYPS (POC 2)	Physiotherapy - Paediatrics		October 2018	AHP	25 weeks	131	38	28	24	9	0	0	230	26 weeks
OPPC (POC 4&9)	Physiotherapy - Elderly and Primary Health Care		Not applicable	AHP	27 weeks	3070	799	249	133	13	4	0	4268	27 weeks
MHD (POC 5)	Physiotherapy - Mental Health		Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
MHD (POC 6)	Physiotherapy - Learning Disability		February 2018	AHP	40 weeks	12	1	1	3	1	3	5	26	40 weeks
MHD (POC 7)	Physiotherapy - Physical Disability		February 2018	AHP	31 weeks	86	31	28	31	26	6	0	208	29 weeks
All POCs	Podiatry combined (All POCs):		February 2019	AHP	16 weeks	991	110	13	0	0	0	0	1114	20 weeks
CCS (POC 1)	Podiatry - Acute	Yes	Not applicable	AHP	Not applicable	0	0	0	0	0	0	0	0	Not applicable
CYPS (POC 2)	Podiatry - Paediatrics		February 2019	AHP	16 weeks	1	0	0	0	0	0	0	1	20 weeks
OPPC (POC 4 & 9)	Podiatry - Elderly and Primary Health Care			AHP		984	108	13	0	0	0	0	1105	
MHD (POC 5)	Podiatry - Mental Health			AHP		0	0	0	0	0	0	0	0	
MHD (POC 6)	Podiatry - Learning Disability		Not applicable	AHP	10 weeks	6	2	0	0	0	0	0	8	13 weeks
All POCs	SLT combined (All POCs):		May 2018	AHP	68 weeks	610	198	161	199	174	135	193	1670	32 weeks
CCS (POC 1)	Speech and Language Therapy - Acute	Yes	Not applicable	AHP	37 weeks	2	0	0	0	0	0	1	3	Projection Outstanding
CYPS (POC 2)	Speech and Language Therapy - Paediatrics		February 2019	AHP	42 weeks	363	110	95	125	111	97	127	1028	32 weeks
OPPC (POC 4&9)	Speech and Language Therapy - Elderly and Primary Health Care		May 2018	AHP	68 weeks	206	87	66	74	63	38	65	599	Projection Outstanding
MHD (POC 6)	Speech and Language Therapy - Learning Disability		September 2018	AHP	9 weeks	37	1	0	0	0	0	0	38	Projection Outstanding
MHD (POC 7)	Speech and Language Therapy - Physical Disability		Not applicable	AHP	8 weeks	2	0	0	0	0	0	0	2	Projection Outstanding

IP = Elective In-Patient

DC = Day Case

NOP = New Out-Patient

Information (reports) not available

Notes:

- Total patients on waiting list - Includes patients with booked appointments and patients who have not yet been allocated an appointment date.
- Review backlog - This applies to review out-patients and planned repeat procedures, which are waiting beyond their clinically indicated timescale for review.
- TBC - Access time 'To Be Confirmed' by the Operational Team.
- Projection outstanding - projections for month-end not provided by service - access time(s) to be confirmed by the Operational Team.
- Orthopaedic NOPs 31st July 2019 breakdown: Upper Limb = longest waiter at 133 weeks; Lower Limb = longest waiter at 96 weeks; Foot & ankle = longest waiter at 137 weeks