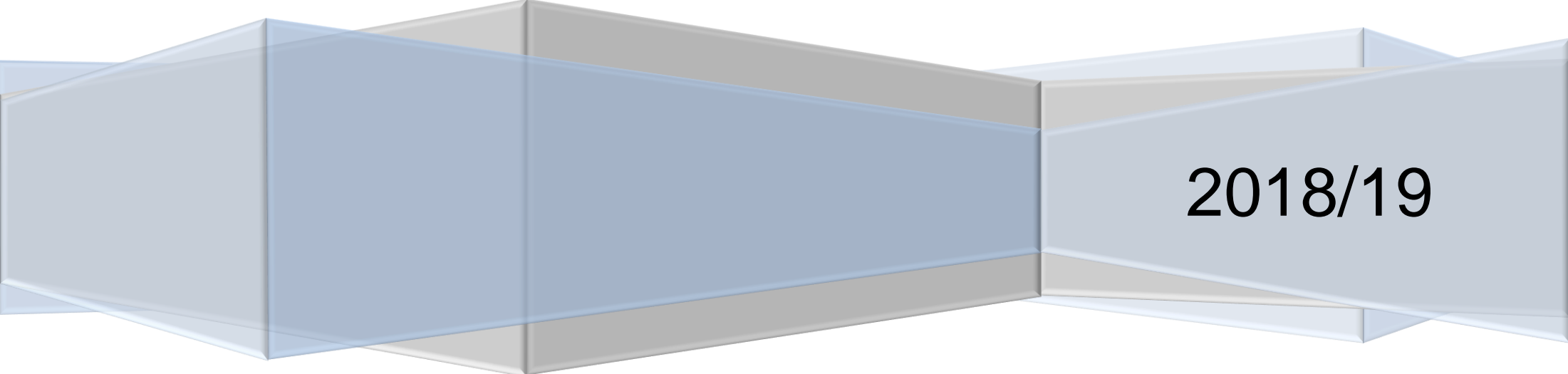


Year-end Performance Scorecard

Performance against key Commissioning
Plan targets



2018/19

Introduction

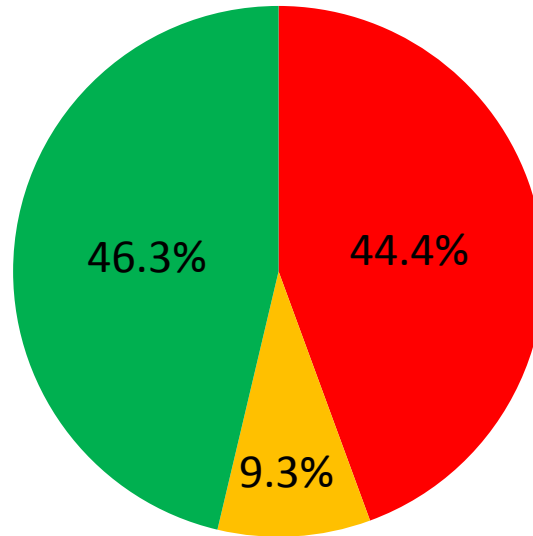
This report presents the performance at fiscal year-end performance against Commissioning Plan targets for each directorate, and compares to the year-end position in 2017/18. While the normal monthly Performance Scorecard also presents information on issues such as Safe & Effective Care, Workforce and other measures, these are not reported here as many of these issues are subject to separate in-depth annual reporting through to Trust Board.

In an effort to reflect the Trust moving towards an outcome based approach for planning and service delivery an integrated accountability framework is being developed.

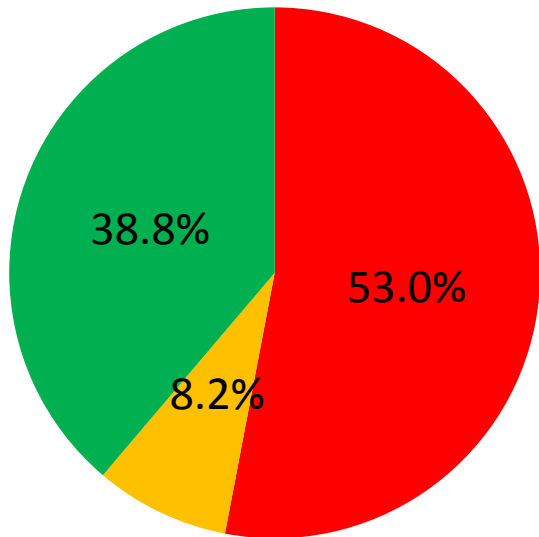
Summary

	Red	Amber	Green	Total Measures
2016/17	24	5	25	57
2017/18	26	4	19	49
2018/19	33	5	19	57

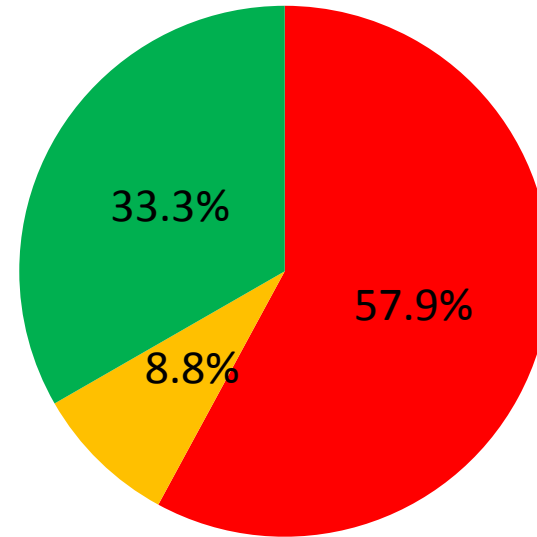
2016/17



2017/18



2018/19



HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment. No-one to wait longer than 52 weeks		Outpatients waiting less than 9 weeks as a % of total waiters.	21.1%	19.8%	Demand continues to increase across all areas of outpatient activity whilst capacity has remained largely unchanged. Non-recurrent waiting list initiative and Independent Sector transfers to address risk areas only has been funded.
			No. waiting >52 weeks	21112	28265	
Diagnostic waits	75% of patients should wait no longer than 9 weeks for a diagnostic test. No patient to wait over 26wks	These figures relate to Imaging waits only.	Patients waiting less than 9 weeks as a % of total waiters.	71.4%	65.8%	The number of patients breaching the 9 week target has increased due to an increased demand in inpatient, red flag and urgent referrals. Target no patient to wait over 26wks – 358 clients breached this target at Mar 18 and 646 clients breached this target at Mar 19. This has only been achieved with the use of both Independent Sector and waiting list examinations and reporting.
		These figures relate to Physiological Measurement; i.e. all diagnostics with the exception of Imaging and Endoscopy.	Patients waiting less than 9 weeks as a % of total waiters.	69.9%	51.4%	75% of patients to wait no longer than 9 wks. Numbers breaching at March 18 – 1453 and 3431 at March 19 Target– no patient to wait over 26wks – 308 clients breached this target at March 18 and 602 clients breached this target at March 19. There has been increased demand for this service with no additional funding Waiting List or Independent Sector additionality
Diagnostic waits	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.		Patients waiting less than 9 weeks as a % of total waiters.	35%	69%	Overall numbers of patients waiting more than 9 weeks has decreased due to use of waiting list initiative for areas at risk however, demand continues to increase in urgent/suspect cancer referrals and unscheduled care.
	No patient should wait longer than 13 weeks for other endoscopies.		Patients waiting less than 13 weeks as a % of total waiters.	55%	63%	
Inpatient & Daycase Waits	By March 2019, at least 55% of inpatients and day cases to be treated within 13 weeks and no patient to	Inpatients / Day case – 55% in 13 wks target.	% Patients treated within 13 weeks	44.5%	52%	Increased demand in unscheduled care and an increase in red flag and urgent cases have impacted on routine waits, and have resulted in capping of

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY	
	wait longer than 52 weeks for treatment.	All Specialties – 52 week target.		% Patients treated within 52 weeks	83%	82%	electives and medical outliers in elective beds. Numbers waiting over 13wks have decreased by 1293 on March 18 and 52wk waits have reduced by 42 on March 18
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken			% Tests reported < 2 days	91%	70.1%	The number of reports on urgent examinations increased by 356 - 21% on Mar18, and breaches have increased from 151 to 606 in Mar19, this is despite using Independent Sector and waiting list initiatives.
Non-complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	All qualifying patients in SET beds. Main reason for delays is patient awaiting transport from friends, family or ambulance service.		% Patients discharged <6hrs	88.8%	89%	Creating early flow is a key operational and strategic priority for the Unscheduled Care Team. The USC team, continuously work with all stakeholders, both internal to the hospital, and external partners, patients and carers to ensure timely discharge following decision that a patient is fit to leave hospital. A number of initiatives this year include the “Home for 1PM” breakthrough collaborative across 5 ward on the 3 sites, increased use of our discharge lounge (which has seen more than 30% growth over the past year), engagement with NIAS to reduce ambulance discharge delays, use of Red Cross Assisted Discharge, delivery of scripts after patients have already gone home. The Trust continues to proactively encourage family on the timely pick up of their relatives from hospital and to seek alternative appropriate transport arrangements. We are planning to scale the “Home for 1” initiative over the coming months.
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged		SET	% within 4hrs target	69.3%	69.3%	New and unplanned attendances to the Ulster ED increased from 94,984 in FY17/18 to 96,538 in FY18/1 an additional 1,554 or 1.6%.
				Number waiting 12hrs or more	348	789	

TITLE	TARGET	NARRATIVE			Mar 2018	Mar 2019	COMMENTARY
	home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.		UH	% within 4hrs target	56.2%	57%	Unscheduled care workstreams continue to make improvements that assist with patient flow. There has been commissioner recognition of demand exceeding capacity which is currently sitting at 70 bed deficit across the year. Work on ambulatory development in respiratory, cardiology, Diabetes and GI also continues to prevent admission and reduce LOS which will have a positive impact on ED performance.
				Number waiting 12hrs or more	726	756	
			LVH	% within 4hrs target	76.1%	73.8%	
				Number waiting 12hrs or more	57	11	
			DH	% within 4hrs target	86.9%	86.4%	
				Number waiting 12hrs or more	65	22	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.			% within 48hr target	62%	97%	Feb 19 position, an exceptional month. Average performance over the other 10 months was 72.5%. Escalation measures have been put in place at various points over the year with additional lists organised and transfer of patients to elective lists in Musgrave Park Hospital. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. It is difficult to predict performance however the Trust Performance Trajectory predicted an average of 68% for 18/19. Performance was aided by the capping of elective procedures to facilitate unscheduled demand.
				Breaches	10	1	

TITLE	TARGET	NARRATIVE			Mar 2018	Mar 2019	COMMENTARY
Operative Fracture	95% of all other operative fracture treatments should, where clinically			% within 48hr target	62%	89%	Feb 19 position. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
	appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (including day cases)		Number > 48hrs	24	7	peak demand and due to the urgency of other complex fracture trauma cases. Within current resource the Directorate anticipates 65 – 70% target is achievable.
			Number >7 days	3	0	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. 15/16 target – 13%		% Treated with thrombolysis	10.7%	16.5%	In March, of the 37 confirmed ischaemic strokes admitted only 16.5% (6) patients presented within the appropriate timeframe and were assessed as suitable for thrombolysis.
Card Before you Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.		% Compliance	100%	84.8%	March 2019: An additional 15 referrals were from other Trusts and referred to respective trusts.
			Number of breaches	0	7	7 clients were initially unable to be contacted but subsequently had further appointments arranged.

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Cancer 62-day	95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.		% Beginning treatment <62 days	66%	49%	Compliance against the 62 day standard remains challenging. The number of red flag referrals received each month has continued to increase. In 2016/17 the Trust received on average 1143 referrals each month. This increased to 1267 in 2018/19. The trust is currently recruiting 2 additional trackers to allow for proactive tracking. Additional WLI and IS activity

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
			Breaches	21.5	22	continuing for Dermatology, plastics and endoscopy.
Breast Cancer	From April 2015 all urgent breast cancer referrals should be seen within 14 days.		% Being seen within 14 days	100%	98.6%	The number of referrals to the Symptomatic Breast Service has continued to increase throughout 2018/19. The number of suspect cancer referrals has continued to rise. In 2018/19 the average number of referrals received each month rose to 160 from 137 in the previous year. It is anticipated that the increase in referrals will continue throughout 2019/20. This will cause significant problems in achieving and maintaining 100% of referrals being seen within 14 days.
			Breaches	0	3	
Cancer 31-day	From April 2015 at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.		% Beginning treatment <31 days	98%	94%	Performance has been over 95% on 6 of the last 12 months with the use of Independent Sector and Waiting List Initiatives. There were 7 breaches in March 19.
Specialist Drug Therapies	From April 2016, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.		Patients waiting less than 13 weeks as a % of total waiters.	100%	100%	Last available figures Q3. Target Met
			Breaches	0	0	
list Drug Therap	From April 2016, no patient should wait longer than 3 months to		Patients waiting less than 13 weeks as a % of total waiters.	46%	100%	Last available figures Q3. Target Met

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
	commence NICE approved specialist therapies for psoriasis.		Breaches	12	0	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY																																
AHP Services	No patient to wait longer than 13 weeks from referral to commencement of treatment.	At 31 st March 2019 of 11314 patients on the AHP waiting list, 734 are waiting longer than 13 weeks.	% Within 13 wk target	97.6%	93.5%	Performance has been steady over the year. The main area of pressure is Adult Speech and language Therapy where demand has increased threefold due to the increased numbers of dysphagia referrals and swallowing assessments required. There is also an increased requirement for training following SAIs related to choking. A focused piece of work on a new model of service has resulted in a reduction in the numbers of referrals waiting and in addition all urgent referrals are assessed and treated within the agreed standard. There is also increased demand in Children's Occupational Therapy service.																																
		<table border="1"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>5810</td> <td>2</td> <td>99.98%</td> </tr> <tr> <td>OT</td> <td>1814</td> <td>336</td> <td>81.5%</td> </tr> <tr> <td>Orthoptics</td> <td>351</td> <td>49</td> <td>86.0%</td> </tr> <tr> <td>Podiatry</td> <td>1194</td> <td>0</td> <td>100%</td> </tr> <tr> <td>Adults S&LT</td> <td>797</td> <td>311</td> <td>61%</td> </tr> <tr> <td>Childrens S&LT</td> <td>378</td> <td>36</td> <td>90.5%</td> </tr> <tr> <td>Dietetics</td> <td>970</td> <td>0</td> <td>100%</td> </tr> </tbody> </table>	Service	No on W/L	Waiting >13 wks		Compliance	Physio	5810	2	99.98%	OT	1814	336	81.5%	Orthoptics	351	49	86.0%	Podiatry	1194	0	100%	Adults S<	797	311	61%	Childrens S<	378	36	90.5%	Dietetics	970	0	100%	Breaches	240	734
		Service	No on W/L	Waiting >13 wks	Compliance																																	
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Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients from SET Trust of Residence in NI acute beds.	% Within 48hr target	77.5%	78%	<p>Unscheduled Care Board has revised its focus for 2018/19 on a few key areas including Transition Care, Patient Flow and Ambulatory Care. Building on the considerable improvement through the discharge hub and discharge to assess models over the last year this is being extended Trust wide. This will also expedite SET discharges from the Belfast hospitals. Alongside these areas is the on-going debate on bed capacity and shortfall at the Ulster Hospital.</p>																																
			Breaches	78	71																																	
	All qualifying patients in SET beds.	% Within 48hr target	69.5%	77.6%																																		
		Breaches	410	536																																		
	No Complex discharge should take longer than 7 days.	All qualifying patients in SET beds.	% Within 7-day target	87.8%	91.6%																																	
			Breaches	50	45																																	

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY		
HCAI	By March 2019 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.	C. Difficile	Number in Year	59	84	The Trust did not meet the CDI Target this year reporting 84 C. difficile infections (CDI) against the target of 55. This represents 25 cases more than in the previous year. None of the infections were linked to transmission within our hospitals. Case reviews have provided assurance that there is a high level of compliance with the Trust's first line empirical antibiotic prescribing guidelines and IPC related practice when managing patients in hospital who present with diarrhoea. There is more work planned for 2019-2022 in respect of reducing antimicrobial use which reflects the DoH plans to reduce antimicrobial use and tackle antimicrobial resistance. Initiatives will be taken forward in 2019-2020.		
			(Target)	(<49)	(<55)			
		MRSA	Number in Year	5	12		MRSA bloodstream infection target was 6 and the Trust reported 12 cases (7 more than the previous year). The majority of infections (67%) were identified in patients attending the emergency department(s) for treatment of infection. Work has commenced regionally to introduce eLearning material for healthcare staff which focuses on interventions to prevent avoidable infection when managing vascular access devices	
			(Target)	(<6)	(<5)			
	GNB	Number in Year	n/a	59	GNB infection target was 39 and the Trust reported 59 cases this year. As of the 1st April 2018, all cases of E.coli. <i>Pseudomonas aeruginosa</i> and Klebsiella species (gram-negative bloodstream infections), were reported to Public Health Agency using a live electronic web system known as HI-Surv. The first year of data indicates that majority of these infections usually develop in the community, however with the development of resistant strains learning and understanding of such trends is important. This information will continue to be reviewed.			
		(Target)	n/a	39				
	Unplanned Admissions	By March 2019 reduce the number of unplanned		No of Admissions		2950	2779*	*PROJECTED (target reported in arrears)

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
	hospital admissions by 5% for adults with specified long-term conditions		(Target)	<2684	<2684	

ADULT SERVICES

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Mental Health Services						
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.		% within 9 week target	93.2%	92.4%	57 patients breached this target in March 19. The service had predicted that a number of breaches would be evident in 19/20, due to a number of factors. In particular, service demand and capacity has been impacted by workforce challenges and an increased referral rate for assessment.
			Breaches	43	57	Given ongoing recruitment and retention problems and without any anticipated reduction in referrals, which have been increasing at over 10% annually, It is expected that this breach position will continue into 19/20.
Discharge and Follow-up	From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days.		% Within 7 days	100%	100%	The Trust has met this target but it is becoming increasingly more challenging to do so as community accommodation options are more limited. Therefore, it is anticipated that the Trust will find it more difficult to achieve the target as we progress through 19/20.
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	There were 73 SET discharges in March. 73 were offered 7 day follow up. 72 were seen within 7 days. 1 DNA..	% within 7 days	100%	100%	This is an important target for the service, which strives to perform consistently well against it. This target is linked to findings and recommendations from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The first 7 days post discharge had been noted in previous Inquiries as a critical period when individuals were most at risk. The 7 day follow up visit helps individuals manage this transition through early contact and support.

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Disability Services						
Discharge	From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days.		% within 7 days	100%	100%	The Trust has met this target
Resettlement	By March 2017, resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.			At the end of March 2018 the Trust has 3 patients to resettle 2 in receipt of treatment .	At the end of March 2019 the Trust has 3 patients to resettle 2 in receipt of treatment.	Work is on-going to progress remaining placements. SEHSCT have 3 remaining patients to resettle from the original list. New services are being developed to meet this need; however 2 of the 3 patents are not ready for discharge at this stage as they are receiving treatment.

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Prison Healthcare Services						
Reception/ Committal	ALL prisoners to have healthcare / keep-safe screen on day of reception, before spending first night in prison		% compliance	100%	100%	
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal		% compliance	99.7%	97.5%	
Inter-prison transfer	All prisoners to receive a "Transfer Health Screen" by Prison Healthcare Staff on the day of arrival.		% compliance	100%	100%	
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour		% compliance	100%	100%	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)		% compliance	100%	100%	

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Psychology Services						
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies		% > 13 weeks	63.1%	51.3%	<p>The Trust achieved 51.3% of performance target in March 2019. In March 2019 there were 853 patients waiting for access to psychological therapies compared to 618 patients waiting in March 2018. This increase in patients waiting is largely attributed to an increase in the Adult Mental Health Service, who in March 2019 had 586 pts waiting, with 331 breaching, compared to 364 pts waiting and 105 breaching in 2018. This increase in patients waiting is due to 3 factors: (1) increase in referral rates; (2) high level of staff sickness and (3) a delay in recruitment to 3 vacant posts while awaiting Regional agreement regarding job descriptions.</p> <p>In comparison the Service have continued to secure an improvement in Health Psychology waiting times with a reduction in breach position from 77 pts in 2018 to 27 pts in March 2019. There has also been a reduction in longest waiting time from 338 days to 283 days in this service area.</p>
			Breaches	228	413	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
Children in Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	All placements were subject to formal assessment and went through the Children's Resource Panel.	% compliance	100%	100%	This target was met
	For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.	There were 17 children taken into care during September 2015. One child was respite / shared care, 7 children were discharged from care.	% compliance	100%	100%	This target was met
		Of the remaining 9 children, 7 had a permanence plan in place at the end of March 2016.	Number of children without permanence plan within 6 months.	0	0	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.		% compliance (breaches)	100%	100%	This target was met

TITLE	TARGET	NARRATIVE		Mar 2018	Mar 2019	COMMENTARY
	All child protection referrals to be investigated and an initial assessment completed within 15 working days from the date of the original referral being received.		% compliance (breaches)	100%	100%	This target was met
Assessment Of Children At Risk Or In Need	Following the completion of the initial child protection assessment, a child protection case conference to be held within 15 working days of the original referral being received.		% compliance (breaches)	100%	82.4%	3 Breaches in March due to difficulties with obtaining a chair for the conferences.
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.		% compliance (breaches)	100%	100%	This target was met
	All family support referrals to be allocated to a social worker within 30 working days for initial assessment.		% compliance (breaches)	88.2%	81.8%	There were 31 breaches out of 170 cases
	All family support referrals to be investigated and an initial assessment completed within 10 working days from the date the original referral was allocated to the social worker.		% compliance (breaches)	17.1%	24%	Regionally Trusts have difficulty with this target. Completion of a Family Support assessment is not wholly within the control of Trust staff; there is a reliance on gathering information from other disciplines, carrying out an analysis and having the assessment written up and quality assured by a SSW.
	On completion of the initial assessment 90% of cases deemed to require a Family Support pathway assessment to be allocated within a further 30 working days.		% compliance (breaches)	65.2%	72%	There were 7 breaches out of 25 cases

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY									
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st March 2019, 96 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 81 Days) % = compliance (n) = breaches	% compliance (breaches)	100%	100%	This target was met.									
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st March 2019 – 76 total waiters:- <table border="1"> <tr> <td>0 – 4 wks</td> <td>68</td> </tr> <tr> <td>>4 – 8 wks</td> <td>8</td> </tr> <tr> <td>>8 – 13 wks</td> <td>0</td> </tr> <tr> <td>> 13 wks</td> <td>0</td> </tr> <tr> <td>Total</td> <td>76</td> </tr> </table> % = compliance (n) = breaches	0 – 4 wks	68	>4 – 8 wks	8	>8 – 13 wks	0	> 13 wks	0	Total	76	% compliance (breaches)	100%	100%
0 – 4 wks	68														
>4 – 8 wks	8														
>8 – 13 wks	0														
> 13 wks	0														
Total	76														
Unallocated Cases	Monitor the number of unallocated cases >20 days in Children's Services		Number of Unallocated Cases >20 days at 31 st March	272	151	Investment in an additional experienced band 7 and two additional band 6 workers at the Single Point Of Entry into Gateway resulted in fewer referrals requiring transfer to locality Gateway Teams for assessment; allowing capacity to address and manage the unallocated in locality									

PERFORMANCE IMPROVEMENT TRAJECTORIES

Hospital Services

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position March	Actual Position March 19
Cancer 14 days (%)	100	99	99	99
Cancer 31 days (%)	95	93	92	94
Cancer 62 days (%)	51	45	45	51
Fracture Neck of Femur (%)	66	68	85	77
IPDC Core Elective (%)	-2.6	-2.4	-2.4	-2.4
Endoscopy Core Elective (%)	-10	-6.0	-6.0	-2.6
NOP Core (%)	-3.3	-3.2	-3.2	-6.9
Diagnostics- Projected Breaches of 9 weeks			Predicted Position March	Actual Position March 19

Radiology			7916	2485
Audiology			0	1107

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position March	Actual Position March 19
Psychological Therapies	228	650	445	413