



Western Health
and Social Care Trust

Performance Management Report - Month Ending OCTOBER 2021

Trust Board - 2nd December 2021

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Introduction

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

- * Commissioning Plan Direction - Ministerial Targets as per the HSC Commissioning Plan Direction (NI) 2018
- * Supporting activity and profiles

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

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

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

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


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

2021/2022 Ministerial Standards and Targets

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Smoking Cessation	Target 1.1: By March 2022, in line with the departments ten year Tobacco Control Strategy, to reduce the proportion of 11-16 years old children who smoke to 3%; of adults who smoke to 15%; and of pregnant women to 9%.	Target reported by PHA.					
Obesity	Target 1.2: By March 2022, reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults and by 3 percentage points and 2 percentage points for children.	Target reported by PHA.					
Breastfeeding	Target 1.3: By March 2022, through continued promotion of breastfeeding to increase the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the Breastfeeding Strategy Objectives for achievement by March 2025.	Awaiting confirmation of baseline and technical guidance on how this will be reported					
Healthy Places	Target 1.4: By March 2022, establish a minimum of 2 "Healthy Places" demonstration programmes, working with General Practice and partners across community, voluntary and statutory organisations.						
Children in Care	Target 1.10 (a): By March 2022, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	Target 1.10 (a) reported at year end in line with the delegated statutory functions report.	Reported Annually	Reported Annually		March 2021 - 96%	Target 1.10 (a) reported at year end in line with the delegated statutory functions report.
	Target 1.10 (b): By March 2022, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).	Target 1.10 (2) reported at year end in line with the delegated statutory functions report.	Reported Annually	Reported Annually		March 2021 - 99%	Target 1.10 (b) reported at year end in line with the delegated statutory functions report.

Title	Target	Comments / Actions	Aug-21	Sep-21	Trend		Trend / Activity Analysis
Delivering Care Framework	Target 2.1: By March 2021 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	Phase 1: Delivery Care Framework: Full implementation has not been sustained due to current level of vacancies.					Achieving this target is dependent on HSCB making appropriate investment in Nurse staffing.

Title	Target	Comments / Actions	Target Profile	ACTUAL April - September 21	Trend	Variance	Trend / Activity Analysis
Healthcare Acquired Infections	Target 2.3: By 31 March 2022 secure an aggregate reduction of XX% (to be confirmed) of <i>Escherichia coli</i> , <i>Klebsiella spp.</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 20XX/XX	HCAGNBSI Target reductions for 2021/22 have yet to be confirmed		21			Information sourced from HSCB Performance Report.
	Target 2.4: In the year to March 2022 the Public Health Agency and the Trusts should secure a reduction of XX% in the total number of in-patient episodes of <i>Clostridium Difficile</i> infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2018/19.	MRSA Target reductions for 2021/22 have yet to be confirmed		6			
		C. Difficile Target reductions for 2021/22 have yet to be confirmed		42			

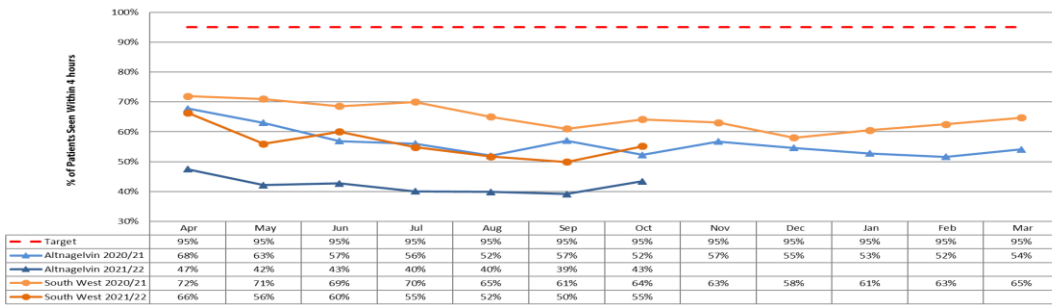
Title	Target	Comments / Actions	Aug-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
NEWS KPI's	Target 2.2: From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	The NEWS audits are completed quarterly on 34 Acute inpatient wards and each ward is required to audit a sample of 10 patients. Audits will be reported bi-monthly from February 2018 - Target 95%.	92%	92%			

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	Target 2.8(a): During 2021/2022 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.	Annual reviews of each client in a residential/nursing home place ensures that any issues are identified and then raised. These are reported centrally to RQIA and the Department.	0	2			
	Target 2.8(b): During 2021/2022 the HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, subsequently attract a notice of decision, as published by RQIA.		1	0			

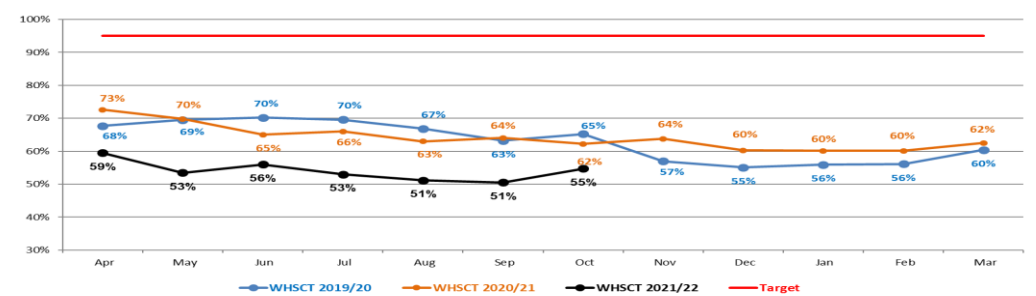
Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	Target 3.2: During 2021/2022 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.						The teams within the Women & Childrens Directorate issue feedback forms to children & young people leaving care to take into account their views and feelings which are kept within the Directorate.
Dementia Portal	Target 3.3: By September 2021, patients in all Trusts will have access to the Dementia Portal.	Awaiting confirmation of baseline and technical guidance on how this will be reported					
Palliative/ End of Life Care	Target 3.4: By March 2022, to have arrangements in place to identify individuals with palliative and end of life care needs, both in the acute and primary settings, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.						Arrangements are in place within each of the hospitals to record this information
Co-production Model	Target 3.5: By March 2022, 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.	Awaiting confirmation of baseline and technical guidance on how this will be reported					

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis	
Emergency Department	Target 4.5: By March 2022, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours	4-Hour target % treated within 4 hours	WHSCT	51%	55%	↑	54%	
			ALT	39%	43%		42%	
			SWAH	50%	55%		56%	
		12-Hour target Number of patients who waited >12 hours	WHSCT	1277	1220	↑	7119	
			ALT	852	839		4990	
			SWAH	425	381		2127	
	Target 4.6: By March 2022, at least 80% of patients to have commenced treatment, following triage, within 2 hours	Percentage of patients who commenced treatment within 2 hours	WHSCT	71%	74%	↑	70%	
			ALT	59%	64%		57%	
			SWAH	82%	82%		81%	
				OHPCC	97%	98%		96%

% Patients Seen at A&E within 4 Hours

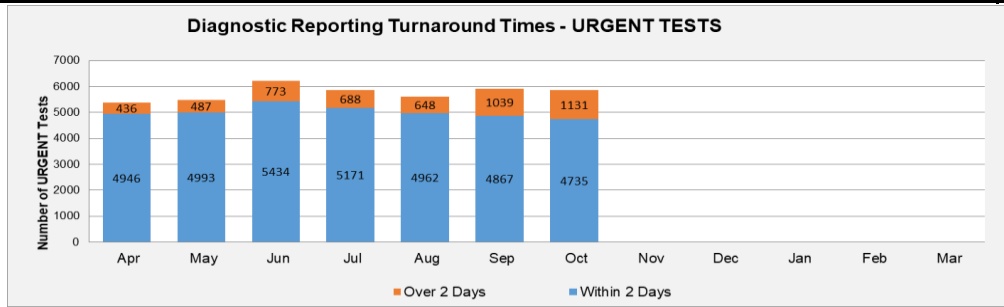


**WHSCT
% of Patients Seen at A&E Within 4 Hours**



Title	Target/Indicator	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	
Fractures	Target 4.7: By March 2022, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% treated within 48 hours	71%	83%	↑	76%	
		Number treated over target	10	6		65	
		Total number of patients treated	35	36		273	
Specialist Therapies	Target 4.7: By March 2022, ensure that at least 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	Figures supplied are based on manual returns supplied by the Service. Validated figures are dependent on completed coding. [No of patients who received thrombolysis out of total ischaemic stroke admissions]	16% (5/31)	6% (1/18)	↓	14% (29/201)	

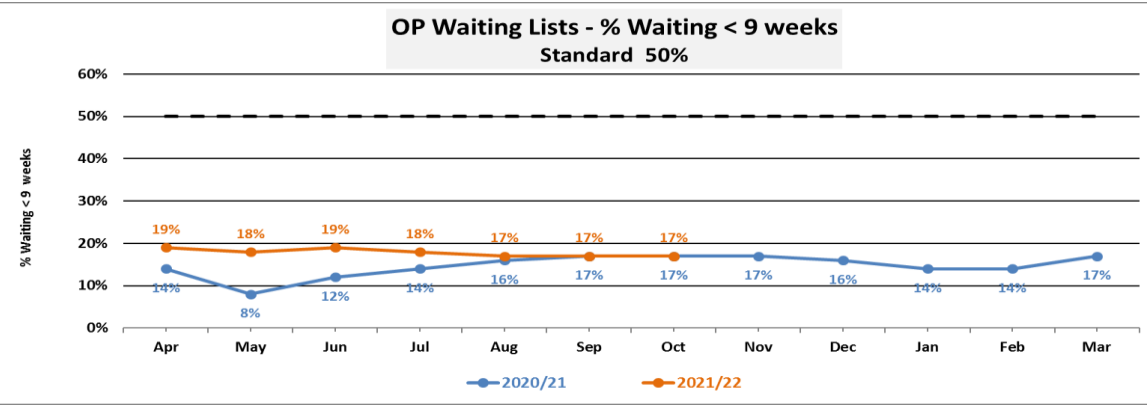
Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.9: By March 2022, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	82%	81%	↓	87%	



Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Cancer Services	Target 4.10(i): During 2021/22, all urgent suspected breast cancer referrals should be seen within 14 days.	% treated within 14 days	92%	60%	↓	63%	
		Number treated over target	24	129		779	
	Target 4.10(ii): During 2021/22, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% treated within 31 days	97%	100%	↑	99%	
		Number treated over target	4	0		13	
	Target 4.10(iii): During 2021/22, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% commencing treatment within 62 days	50%	57%	↑	57%	
		Number treated over target	41.5	25.5		238.0	
		The 41.5 treated over target equates to 52 patients 20 of which are ITT's	The 25.5 treated over target equates to 29 patients 7 of which are ITT's		The 238 treated over target equates to 280 patients 82 of which are ITT's		

Title	Target/Indicator	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Outpatient Waiting List	Target 4.11: By March 2022, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	- % waiting < 9 weeks	17%	17%	→		
		- [Number waiting > 9 weeks]	45841	45782	↑		
		- [Number waiting > 52 weeks]	27596	27712	↓		

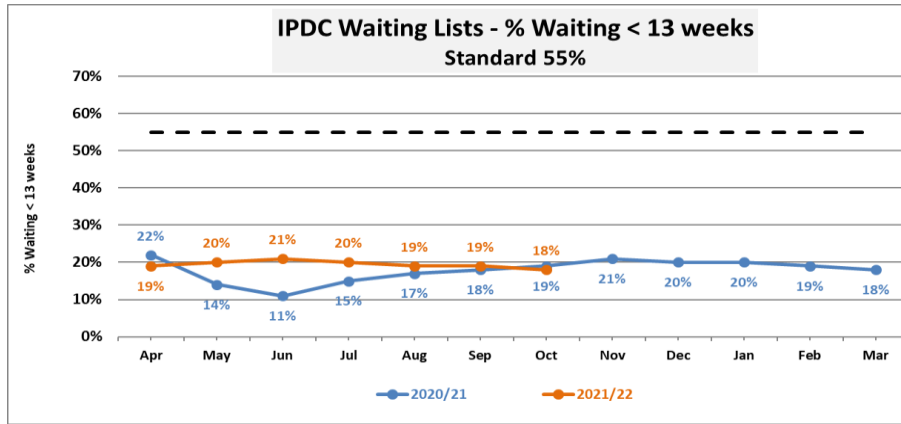
Outpatients Waiting Lists - Key Specialties - As at 31/10/2021					
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
General Surgery	10797	9302	6233	361	ALT
Orthopaedics	5370	4367	2498	317	OMAGH
Oral Surgery	3757	3462	2734	350	CAUSEWAY
Gastroenterology	3098	2599	1706	324	OMAGH
Respiratory Medicine	1111	856	531	280	OMAGH
Neurology	3930	3655	2904	363	OMAGH
Rheumatology	2624	2298	1373	209	ALT



Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Diagnostic Test	Target 4.12: By March 2022, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	Diagnostic Test			↑		
		- % waiting < 9 weeks	68%	70%			
		- Total Number waiting > 9 weeks	3810	3611			
		- [Imaging]	1165	1109	↑		
		- [Physiological Measurement]	2645	2502			
		- Total Number waiting > 26weeks	1137	1042	↑		
		Endoscopy					
- [Number waiting > 9 weeks]	4243	4193					

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Inpatients & Day Cases <i>(Includes Scopes)</i>	Target 4.13: By March 2022, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment and no patients waits longer than 52 weeks.	- % waiting < 13 weeks	19%	18%	↓		
		- Number waiting > 13 weeks	19262	19457	↓		
		- Number waiting > 52 weeks	13074	13233	↓		

Inpatients Waiting Lists - Key Specialties - As at 31/10/2021					
Specialty	Total IP/DC Waiting	Number Waiting > 13 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks) - INPATIENT	Longest Waiter (weeks) - DAY CASE
General Surgery (not incld RASC VV)	2402	2132	1620	354.4	289.2
Urology	2027	1454	851	292.8	265.3
Orthopaedics	5971	5274	3644	352.6	354.7
E. N. T.	2353	2143	1886	357.8	243.6
Ophthalmology (not incld RASC Eye NHSC1)	3305	2723	1706	0	250.5
Oral Surgery	505	317	201	223.5	247.3
Pain Management	264	204	123	0	129.2
Gynaecology	935	676	389	217.2	140.4



Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: CAMHS & Older People (Dementia)	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services .	Total number waiting at month end	536	533	↑		CAMHS - Number > 9weeks
		Number waiting >9 weeks	417	387			
		Longest wait (weeks) at month end	60	64			
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Dementia Services .	Total Number waiting at month end	489	474	↑		DEMENTIA - Number > 9 weeks
		Number waiting > 9 weeks	351	325			
		Longest wait (weeks) at month end	47	44			
9 week Access Targets: Mental Health & Learning Disability	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Adult Mental Health Services .	Total Number waiting	745	757	↓		WH SCT 2021/22 - Adult Mental Health - Number > 9 Weeks
		Total Number waiting > 9 weeks	166	153			
		Longest wait (weeks) at month end	42	47			
	Patient Breaches = 101 PCL, 23 EDS, 7 ADS & 22 PCOP						
13 week Access Targets: Psychological Therapies	Target 4.14: By March 2022, no patient waits longer than 13 weeks to access to any Psychological Therapy Service (any age) .	Total Number Waiting	1684	1635	↑		WH SCT 2021/22 - Psychological Therapies - Number > 13 Weeks
		Total Number waiting >13 weeks	1395	1355			
		Longest wait (weeks) at month end	152	157			
	Patient Breaches = 770 AMH, 11 PCOP, 80 Adult LD, 299 Child LD, 41 Adult Health Psych, 154 Child Psych						

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	Target 5.1: By March 2022 secure 10% increase in direct payments across all programmes of care	By March 2022 secure 10% increase in the number of direct payments across all programmes of care. 21/22 Target by 31st March 2022 = 1981 (All Direct Payments during Month)	1715	1696	↑		<p>Number of All Direct Payments in Place During Month - Service Users & Carers - 2021/22</p>
Self Directed Support	Target 5.2: By September 2022, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	By September 2022, 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. (Active Clients at Month End)	6650	Awaiting Service	↑		<p>Service users in receipt of SDS (All POC's)</p>
AHPs	Target 5.3: By March 2022, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.	Total waiting >13 weeks	5354	5486	↓		<p>AHP - Number waiting >13 weeks</p>
		Dietetics	778	660			
		Occupational Therapy	2645	2674			
		Orthoptics	1022	1108			
		Physiotherapy	189	236			
		Podiatry	524	604			
Speech and Language Therapy	196	204					
Self Directed Physiotherapy	Target 5.5: By March 2022, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts	Awaiting confirmation of baseline and technical guidance					
Emotional Wellbeing Framework	Target 5.6: By May 2022, to have delivered the Children & Young Peoples Developmental & Emotional Wellbeing Framework along with a costed Implementation Plan.	Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Sep-21	Oct-21		Cumulative Position	Trend / Activity Analysis
Delayed Discharges Mental Health & Learning Disability	Target 5.7: During 2021/2022, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Total Discharges	136	131	➡	928	Adult Mental Health Discharges within 7 day standard
		% Mental Health Discharges within 7 days	98%	98%		98%	
		Number of Mental Health Discharges within 7 days	133	129		909	
		% Mental Health Discharges > 28 days	1%	2%	➡	1%	
		Number of Mental Health Discharges > 28 days	2	2		13	
		2 patient delayed >28 days (completed waits) during October-21 (1 AMH & 1 PCOP)					
	Target 5.7: During 2021/2022, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Total Discharges	1	0	➡	13	Learning Disability Discharges within 7 day standard
		% Learning Disability Discharges within 7 days	100%	100%		100%	
		Number of Learning Disability Discharges within 7 days	1	0		13	
		% Learning Disability Discharges > 28 days	0%	0%	➡	0%	
Number of Learning Disability Discharges > 28 days		0	0	0			

Title	Target	Comments / Actions	Jun-21	Sep-21	Trend	Cumulative Position	Trend / Activity Analysis
Carers Assessments	Target 6.1: By March 2022, secure a 10% increase in the number of carers' assessments offered to carers for all service users (reported quarterly)	By March 2021, secure a 10% increase in the number of carers' assessments offered (first assessments) 21/22 Quarterly Target = 328	552	433	⬆		Number of Adult Carers Offered Individual Carers Assessments
Short Breaks	Target 6.2: By March 2022, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	Number of Community Based Short Break Hours (i.e. non residential) received by adults 21/22 Quarterly Target = 21,287 Hours (Ex Daycare)	19,110	23,962	⬆		Community Short Breaks 2021/22 (Ex. Daycare)
	Target 6.3: By March 2022, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	Number of Community Based Short Break Hours (i.e. non residential) received by young carers Baseline = Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Apr-21	May-21	Trend	Cumulative Position	Trend / Activity Analysis
Pharmacy Efficiency Programme	Target 7.1: By March 2021, to ensure delivery of community pharmacy services in line with financial envelope.						The trust has achieved its share of the procurement efficiencies and full achievement of the efficiencies resulting from the 'Boost' element of the efficiency programme is awaiting confirmation.
DSF Framework	Target 7.2: By March 2021, to establish an outcomes reporting framework for DSF that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Cancelled Appointments	Target 7.3: By March 2022, to seek a reduction of 5% on the 2020/21 baseline in the number of hospital cancelled consultant-led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment (For All Specialities)	Number of Outpatient Appointments Cancelled by Hospital which resulted in the patient waiting longer for their appointment WHSCT 2020/21 Baseline: 11,254 WHSCT 2021/22 Target: 10,691 (Approx 891 per month)	1040	947	↑	5813	
Elective Care	Target 7.4: By March 2021, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	See the below table that outlines the IP & DC / New and Review OP positions.					

Title	Target	Comments / Actions	Sep-21	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Acute Hospital	Target 7.5: By March 2022, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours	Acute Discharges					
		Complex Discharges - % discharged within 48 hours	82%	74%	↓	85%	
		% discharged within 7 days	90%	86%	↓	92%	
		Number waiting > 7 days	24	31	↓	161	
		Non Complex Discharges - % discharged within 6 hours	93%	94%	↑	95%	

Top 5 Reasons for Delay				
Complex Discharges Greater Than 48 Hours		ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
April - October 21				
1	COMPLEX 110 - NO DOMICILARY PACKAGE AVAILABLE	59	63	122
2	COMPLEX 111 - AWAIT ASSESSMENT/ ACCEPTANCE TO CARE HOME	25	22	47
3	COMPLEX 116 - DEMENTIA	14	17	31
4	COMPLEX 104 - BED CASED IC - SUB ACUTE/NON ACUTE HOSP	24	0	24
5	COMPLEX 106 - REABLEMENT	9	5	14

Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Medicines Efficiency Programme	Target 7.6: By March 2021, to have obtained savings of at least £20m through the Medicines Optimisation Programme, separate from PPRS receipts.	Awaiting confirmation of baseline and technical guidance					

Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Seasonal Flu	Target 8.6: By December 2020, to ensure at least 40% of Trust staff (health care and social care staff) have received the seasonal flu vaccine.	As at 31st March 2020 - 2061 out of 7729 Trust frontline staff received the Flu Vaccination excludes Bank nurses and Porters.	To be reported in line with 2020/21 flu vaccine programme	↑		
Title	Target	Comments / Actions	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
Absence	Target 8.7: By March 2021, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	As at 31st March 2021 the cumulative position 7.49% against WHSCT 19/20 target of 5% (One Month reporting Time Lag)	7.49%	↓		
Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Healthier Workplace	Target 8.9: By March 2021, 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 PIG.	Awaiting confirmation of baseline and technical guidance				
OBA	Target 8.10: By March 2021, to pilot OBA approach to strengthen supports for the social work workforce.	Awaiting confirmation of baseline and technical guidance				
Title	Target	Comments / Actions	Oct-21	Trend	Cumulative Position	Trend / Activity Analysis
Quality 2020	Target 8.11: By March 2021, 60% 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. Reported quarterly.	Level 1 Training As at 31st October 2021 cumulative position ?? against WHSCT 19/20 Target [11,664] Staff **Please note that figures provided from February 2020 onwards may be lower than figures provided for the previous month due to the removal of any staff no longer employed by the Trust.	66%	→		
		Level 2 Training As at 31st October 2021 cumulative position [??] against WHSCT 19/20 Target [11,664] Staff **Please note that figures provided from February 2020 onwards may be lower than figures provided for the previous month due to the removal of any staff no longer employed by the Trust.		↑		
Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Dysphagia Awareness	Target 8.13: By March 2021, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.					

Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Make Every Contact Count	Target 1.5: By March 2021, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership group in Primary Care to embed the Make Every Contact Count approach.	Awaiting confirmation of baseline and technical guidance					
Dental	Target 1.6: By March 2021, to establish a baseline of the number of teeth extracted in children aged 3-5 years as phase 1 of the work to improve oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions by 5% against that baseline by March 2021.	Awaiting confirmation of baseline and technical guidance					
Healthier Pregnancy	Target 1.8: By March 2021, to 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.	Awaiting confirmation of baseline and technical guidance					Awaiting confirmation of baseline and technical guidance
Title	Target	Comments / Actions	Jun-21	Sep-21	Trend	Cumulative Position	Trend / Activity Analysis
Healthy Child/ Healthy Future	Target 1.9: By March 2022, ensure full delivery of the universal child health promotion framework for Northern Ireland, Healthy Child, Healthy Future. By that date: (i) the antenatal contact will be delivered to all first time mothers, (ii) 95% of two year old reviews must be delivered.	This information is recorded every quarter but not reported to PHA, DHSSPS & HSCB until 3 months after the quarter end.	Cohort = 6,400 Total Seen = 4,897 %seen = 77 %seen in Child's home = 62	Cohort = 6,720 Total Seen = 5,161 %seen = 77 %seen in Child's home = 63			These figures are provisional at end of September 2021 as validated figures are not reported until 3 months after the quarter end
Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Best Start in Life	Target 1.10: By March 2021, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".	Awaiting confirmation of baseline and technical guidance					
Suicide	Target 1.13: By March 2021, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "safe place" pilot.	This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% in 2022 in line with the draft Project Life 2 strategy. Awaiting confirmation of baseline and technical guidance					
Alcohol Drug Related Harm and Drug related Death	Target 1.14: By March 2021, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based on secondary care, to reduce waiting times and improve access. This is an important element in the delivery of our strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	Awaiting confirmation of baseline and technical guidance					
Long Term Conditions	Target 1.15: By July 2021, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework.	Awaiting confirmation of baseline and technical guidance					

Glossary of Terms

A&E	Accident and Emergency Department
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
C Diff	Clostridium Difficile
C Section	Caesarean Section
CLI	Central Line Infection
CSR	Comprehensive Spending Review
DC	Day case
DNA	Did Not Attend (eg at a clinic)
DSF	Delegated Statutory Functions
DV	Domestic Violence
FGC	Family Group Conference
HSCB	Health & Social Care Board
HWIP	Health & Wellbeing Improvement Plan
ICU	Intensive Care Unit
IP	Inpatient
ITT	Inter Trust Transfer
IV	Intravenous
JAG	Joint Advisory Group
LAC	Looked After Children
LW	Longest Wait
MARAC	Multi-agency Risk Assessment Conference
MAU	Medical Assessment Unit
MD	Multi-disciplinary
MDT	Multi-disciplinary Team

MEWS	Modified Early Warning Scheme
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NH	Nursing Home
NICAN	Northern Ireland Cancer Network
NIPACS	NI Picture Archiving & Communication System
NIRADS	NI Radiology and Diagnostics System
OBA	Outcomes Based Accountability
OBC	Outline Business Case
OP	Outpatient
OT	Occupational Therapy
PAS	Patient Administration System
PFA	Priorities for Action
PMSID	Performance Management & Service Improvement Directorate
PSNI	Police Service of Northern Ireland
RMC	Risk Management Committee
S&EC	Safe and Effective Care Committee
SBA	Service Budget Agreement
SSI	Surgical Site Infection
TNF	Anti-TNF medication
TOR	Terms of Reference
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism
WHO	World Health Organisation