

Performance Management Report - Month Ending March 2018

Trust Board -

Version - 17th April 2018

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

Introduction

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

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

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

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

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

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

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

Interim 2017/18 Ministerial Standards and Targets

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	Target 1.6: During 2016/17, the HSC must ensure that, as far as possible, children on the edge of care, children in care and care experienced children are protected from harm, grow up in a stable environment and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include: Ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.	Target 1.6 will be reported at year end in line with the delegated statutory functions report.		86%			
	Target 1.7: During 2016/17, the HSC must ensure that, as far as possible, children on the edge of care, children in care and care experienced children are protected from harm, grow up in a stable environment and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include: Ensuring a three-year time (from date of last admission) for 90% of children who are adopted from care.	Target 1.7 will only be reported on a yearly basis through the electronic AD1 return. CIB are looking to collect this 6 monthly but no processes are in place yet.					Target 1.7 will be reported on a yearly basis in line with CIB reporting. Final 17/18 position will be available in June 2018.

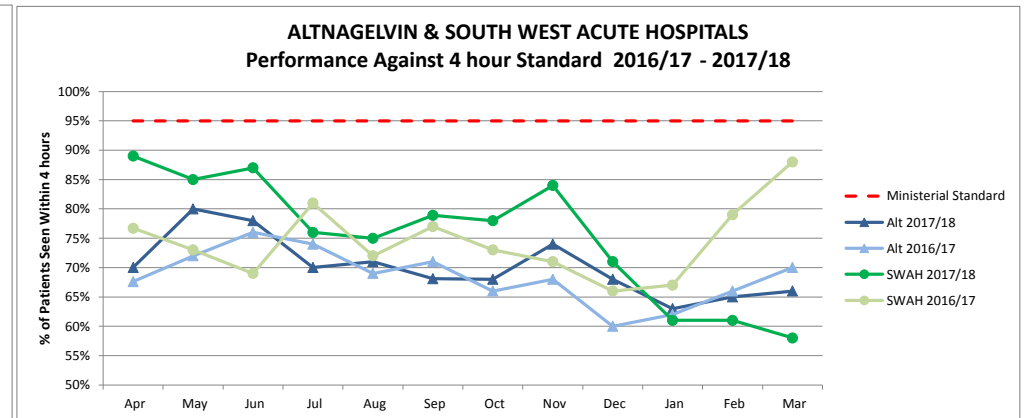
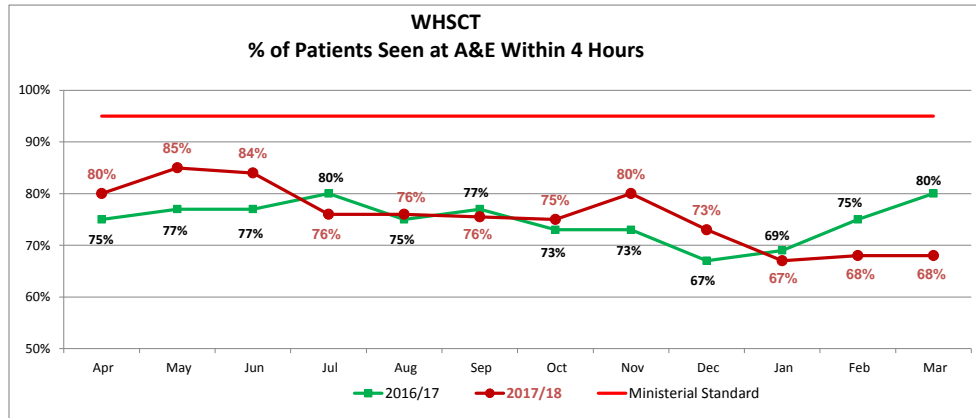
Title	Target	Comments / Actions	April 17 - February 18	Trend	Cumulative Position	Trend / Activity Analysis
Healthcare Acquired Infections	Target 2.1: By March 2018, reduce inpatient episodes of MRSA bloodstream infection episodes of Clostridium difficile infection in inpatients aged 2 and over.	MRSA WHSC 2017/18 Target Maximum = 5	4			Information sourced from HSCB Performance Report. Only available on a cumulative basis with 1 month time lag.
		C. Difficile WHSC 2017/18 Target Maximum = 44	62			

Title	Target	Comments / Actions	Nov/Dec 17	Feb-18	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%.	90%	89%	↓		<p style="text-align: center;">Western Trust Overall Compliance</p> <p style="text-align: center;">Legend: Target (red), All elements performed (blue), Part 1 & 2 elements performed (green)</p>
Delivering Care Framework	Target 2.3: By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	Phase 1: Delivery Care Framework: Full implementation has not been sustained due to current level of vacancies.					Achieving this target is dependent on HSCB making appropriate investment in Nurse staffing.

Title	Target	Comments / Actions	Jan-18	Feb-18	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	Target 2.4: The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.	Annual reviews of each client in a residential/nursing home place ensures that any issues are identified and then raised. These are reported centrally to RQIA and the Department. In 16/17 there were 2 failure to comply notices issued - one for a home within WHSCT both are now resolved. Awaiting response from Service Directorates for March 2018 position.	0	0			
	Target 2.5: The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice and that subsequently attract a notice of decision.		0	0			

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Palliative/ End of Life Care	Target 3.1: To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.						An overall WHSCT Palliative Care work Plan for 2016/2017 has been developed. An information system has been developed which captures preferences for care. As a result staff are able to support care within Specialist Palliative care team.
Inpatient Gender Accomodation	Target 3.2: By March 2017, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need (or alternatively timely access to treatment).						
	Target 3.3: Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.	Sleeping Arrangements Toilets and Wash Facilities (to be reviewed and labelled separately)					
Children in Care	Target 3.4: HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.						The teams within the Women & Childrens Directorate issue feedback forms to children & young people leaving care to take into account their views and feelings which are kept within the Directorate.
Patient Experience	Target 3.5: By March 2018, to increase by 40% the total number of patients across the region participating in the PHA Biennial Patient Experience Survey, with particular emphasis on engaging patients in areas of low participation.						Awaiting Directorate Response. Regional work ongoing to determine measurement of this target.

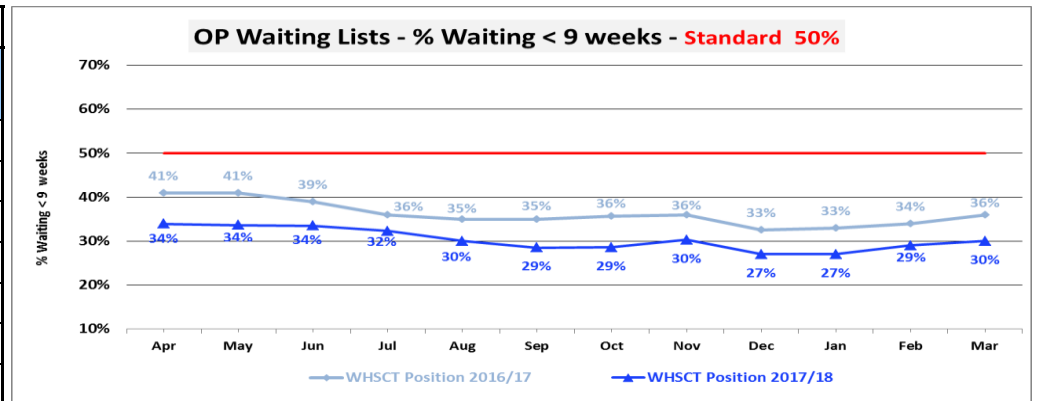
Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis	
Emergency Department	Target 4.4: From April 2016, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours	4-Hour target % treated within 4 hours	WHSCCT	68%	68%	➡	76%	
			ALT	65%	66%		70%	
			SWAH	61%	58%		75%	
			OHPCCT	99.7%	97.7%		99.7%	
		12-Hour target Number of patients who waited >12 hours	WHSCCT	190	289	⬆	1245	
			ALT	157	140		854	
			SWAH	33	149		391	
			OHPCCT	0	0		0	
	Target 4.5: By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours	Percentage of patients who commenced treatment within 2 hours	WHSCCT	6842	6679	⬇	91396	
			ALT	88%	83%		89%	
			SWAH	88%	86%		87%	
			OHPCCT	82%	78%		87%	
			OHPCCT	99%	93%		99%	



Title	Target/Indicator	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Fractures	Target 4.6: From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% treated within 48 hours	95%	85%	↓	91%	
		Number treated over target	2	7		40	
		Total number of patients treated	39	46		449	
Specialist Therapies	Target 4.7: From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	Figures supplied are based on manual returns supplied by the Service. Validated figures are dependent on completed coding. [No of patients who received thrombolysis out of total ischaemic stroke admissions]	22.6%	24.1%	↑	18.4%	
			(7/31)	(7/29)		(79/430)	
Outpatient Waiting List	Target 4.8: By March 2017, at least 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	- % waiting < 9 weeks	28.8%	29.8%	↑		
		- [Number waiting > 9 weeks]	23815	24128	↑		
		- [Number waiting > 52 weeks]	10523	11039	↑		

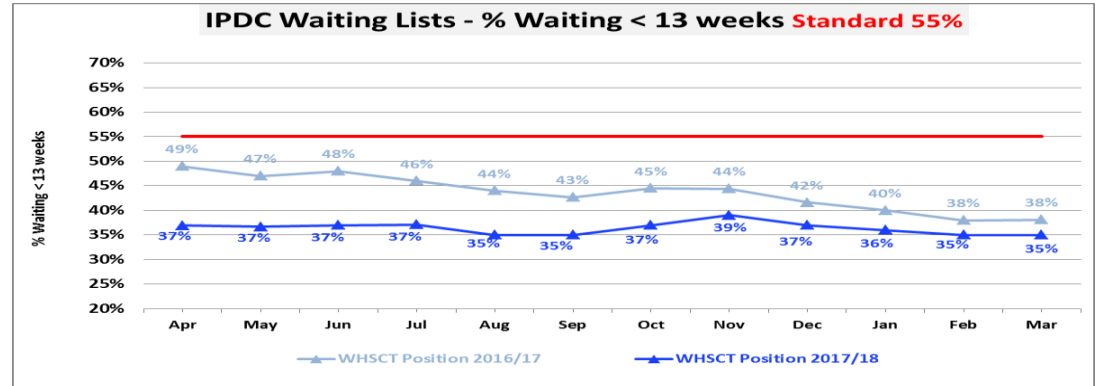
Outpatients Waiting Lists - Key Specialties - As at 31/03/2018

Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
General Surgery	4581	3278	1549	173.6	ALTNAGELVIN
Orthopaedics	6235	5551	3244	199.7	ALTNAGELVIN
Oral Surgery	3804	3340	1836	176.7	CAUSEWAY
Gastroenterology	2142	1775	1255	181.3	ALTNAGELVIN
Respiratory Medicine	1392	1123	463	159.9	OMAGH
Neurology	3197	2860	1825	175.7	ALTNAGELVIN
Rheumatology	1879	1546	711	120.1	SOUTH WEST ACUTE

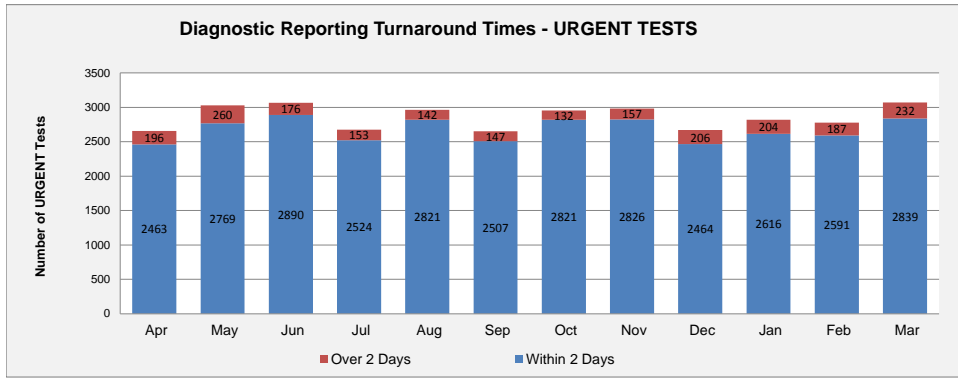


Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Diagnostic Test	Target 4.9: By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	Diagnostic Test			↑		
		- % waiting < 9 weeks	84%	85%			
		- Total Number waiting > 9 weeks	1313	1291			
		- [Imaging]	28	20			
		- [Physiological Measurement]	1285	1271			
		- Total Number waiting > 26weeks	174	141			
Inpatients & Day Cases (Includes Scopes)	Target 4.10: By March 2017, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patients waits longer than 52 weeks.	Endoscopy			↓		
		- [Number waiting > 9 weeks]	294	291			
		- % waiting < 13 weeks	35%	35%			
Inpatients & Day Cases (Includes Scopes)	Target 4.10: By March 2017, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patients waits longer than 52 weeks.	- Number waiting > 13 weeks	10817	10810	↓		
		- Number waiting > 52 weeks	4539	4548	↑		

Inpatients & Daycases Waiting Lists – Key Specialties - As at 31/03/2018					
Specialty	Total IP/DC Waiting	Number Waiting > 13 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks) - INPATIENT	Longest Waiter (weeks) - DAY CASE
General Surgery	2301	1666	737	199.6	187.3
Urology	1542	715	153	130.2	38.4
Orthopaedics	4017	3436	2237	187.5	194.4
E. N. T.	2012	1638	782	212.8	153.6
Ophthalmology	2747	1661	165	13.4	101.5
Oral Surgery	519	318	103	91.8	136.5
Pain Management	411	287	62	-	74.8
Gynaecology	1196	809	217	144.2	134.5



Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.11: From April 2016, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	93%	92%	↓	94%	



Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Cancer Services	Target 4.12(i): From April 2016, all urgent breast cancer referrals should be seen within 14 days.	WHSCT patients only % treated within 14 days	100%	100%	→	100%	
		Number treated over target	0	0		0	
	Target 4.12(ii): From April 2016, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	Total patients including transfers from SHSCT % treated within 14 days	100%	100%		99%	Figures show position at 26th April 18. Final year end position to be run on 1st June 18.
		Number treated over target	0	0		24	
Target 4.12(iii): From April 2016, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% treated within 31 days	100%	99%	↓	99.7%	Figures show position at 26th April 18. Final year end position to be run on 1st June 18.	
	Number treated over target	0	1		4		
	% commencing treatment within 62 days	87%	84%	↓	89%	Figures show position at 26th April 18. Final year end position to be run on 1st June 18.	
	Number treated over target	6.5 The 6.5 treated over target equates to 9 patients, 5 of which are ITT's	8.5 The 8.5 treated over target equates to 11 patients, 5 of which are ITT's		87.5 The 79.0 treated over target equates to 126 patients, 77 of which are ITT's		

Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: CAMHS & Older People (Dementia)	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services.	Total number waiting at month end	253	218	↑		
		Number waiting >9 weeks	48	10			
		Longest wait (weeks) at month end	18	16			
	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access Dementia Services.	Total Number waiting at month end	243	236	↑		
		Number waiting > 9 weeks	88	82			
		Longest wait (weeks) at month end	20	22			

Title	Target	Comments / Actions	Feb 18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: Mental Health and Learning Disability	Target 4.13: From April 2016, no patient waits longer than 9 weeks to access Adult Mental Health Services.	Total Number waiting	929	991	↑		
		Total Number waiting > 9 weeks	277	318			
		Longest wait (weeks) at month end	37	33			
		Target Achieved = EDS					
13 week Access Targets: Psychological Therapies	Target 4.13: From April 2016, no patient waits longer than 13 weeks to access to any psychological therapy service (any age).	Total Number Waiting	1031	973	↑		
		Total Number waiting >13 weeks	587	554			
		Longest wait (weeks) at month end	109	88			
		Patient Breaches = 379 AMH, 107 LD Adult, 7 Adult Health Psychology, 23 LD Childrens, 44 Childrens Psychology, 0 OP FMI					

Title	Target	Comments / Actions	Feb 18	Mar-18		Cumulative Position	Trend / Activity Analysis
Delayed Discharges Mental Health & Learning Disability	Target 5.1: From April 2016, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Total Discharges	121	131	↑	1487	
		% Mental Health Discharges within 7 days	99%	98%		98%	
		Number of Mental Health Discharges within 7 days	120	129	1455		
		% Mental Health Discharges > 28 days	0%	0%	1%		
	Target 5.1: From April 2016, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Number of Mental Health Discharges > 28 days	0	0	↑	18	
		0 patient delayed >28 days during March'18					
		Total Discharges	4	5	44		
		% Learning Disability Discharges within 7 days	100%	100%	91%		
	Number of Learning Disability Discharges within 7 days	4	5	40			
	% Learning Disability Discharges > 28 days	0%	0%	10%			
	Number of Learning Disability Discharges > 28 days	0	0	4			
Title	Target	Comments / Actions	Nov-17	Dec-17	Trend	Cumulative Position	Trend / Activity Analysis
Unplanned Admissions	Target 5.2: By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions, including those within the ICP priority areas.	Number of unplanned admissions for specified long term conditions (includes Diabetes, COPD, Ashtma, Stroke & Heart Failure) WHSCT Baseline 2012/13: 2,165 WHSCT Target 2016/17: 2057 (171 per month) 3 month monitoring time lag due to clinical coding	138	144		1498	

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
AHPs	Target 5.3: By March 2017 , no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.	Total waiting >13 weeks	4785	4758	↑		
		Dietetics	173	179			
		Occupational Therapy	2159	2097			
		Orthoptics	96	42			
		Physiotherapy	1152	1200			
		Podiatry	636	684			
		Speech and Language Therapy	569	556			

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	Target 5.4: By March 2017 secure 10% increase in direct payments across all programmes of care	By March 2017 secure 10% increase in the number of direct payments across all programmes of care. 15/16 Quarterly Baseline = 476 16/17 Quarterly target = 523	793	804	↑		
Self Directed Support	Target 5.5: By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	2650	2808	↑		

Title	Target	Comments / Actions	Dec-17	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Carers Assessments	Target 6.1: By March 2018, secure a 10% increase in the number of carers' assessments offered (reported quarterly)	By March 2018, secure a 10% increase in the number of carers' assessments offered 16/17 Quarterly Baseline = 366 17/18 Quarterly Target = 447	325	628	↑		
Short Breaks	Target 6.2: By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	Number of Community Based Short Break Hours (i.e. non residential) 15/16 Quarterly Baseline = 35292 16/17 Quarterly Target = 37056	34,709	29,702	↓		

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Cancelled Appointments	Target 7.1: By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	Number of Outpatient Appointments Cancelled by Hospital (Baseline 2015/16 - 23,455 Target 2017/18 - 18,764 = 1564 per month)	1822	2188	↑	26532	

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Acute Hospital	Target 7.2: From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours	Acute Discharges					
		Complex Discharges - % discharged within 48 hours	77%	75%	↓	82%	
		% discharged within 7 days	87%	88%	↓	91%	
		Number waiting > 7 days	43	50	↓	410	
		Non Complex Discharges - % discharged within 6 hours	97%	97%	→	97%	

Top 5 Reasons for Delay			ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
(Complex Discharges Greater Than 48 Hours)					
April 17 - March 18					
1	COMPLEX 5	NO DOMICILIARY PACKAGE AVAILABLE	92	120	212
2	COMPLEX 2	CARE PLANNING	153	48	201
3	COMPLEX 18	NO SUITABLE STEP DOWN BED AVAILABLE	93	20	113
4	COMPLEX 1	HOSPITAL ASSESSMENT	32	44	76
5	COMPLEX 7	NO NURSING HOME AVAILABLE	55	11	66

Title	Target	Comments / Actions	Jan-18	Feb-18	Trend	Cumulative Position	Trend / Activity Analysis
Pharmacy Efficiency Programme	Target 7.3: By March 2017, attain efficiencies totalling at least £20m through the Pharmacy Efficiency Programme, separate from PPRS receipts.	This target relates to the primary care element of the overall £30 million efficiency programme. (£10 million target relates to Trust)					The trust has achieved its share of the procurement efficiencies and full achievement of the efficiencies resulting from the 'Boost' element of the efficiency programme is awaiting confirmation.
Elective Care	Target 7.4: By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	See the below table that outlines the IP & DC / New and Review OP positions.					

April - March 18					
SUMMARY	CORE ACTIVITY				
Activity Type	Target for Year 2017/18	Core Target YTD	Core Activity YTD	Variance	% Variance
Elective Inpatients (Admissions) & Day Cases	29022	29022	25795	-3227	-11.1%
Scopes	11050	11050	9740	-1310	-11.9%
New Outpatient Attendances	71895	71895	60631	-11264	-15.7%
Review Outpatient Attendances	115136	115136	107959	-7177	-6.2%
Fracture Outpatient Attendances	22629	22629	20089	-2540	-11.2%
Imaging includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays	263180	263180	258531	-4649	-1.8%

Title	Target	Comments / Actions	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Seasonal Flu	Target 8.1: By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.	As at 31st March 2018 - 2977 staff out of the total no. of Trust staff (10,583) have received the seasonal flu vaccine.	Cumulative position as at 31st March 2018		28%	2017/18 Seasonal Flu Programme commenced on 4th October.
Absence	Target 8.2: By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	As at 31st March 2018 cumulative position 7.02% against WHSCT 16/17 target of 7% (One Month reporting Time Lag)	Cumulative position as @ 31st March 2018	↑	7.0%	
2015 Staff Survey	Target 8.3: During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.		See trend/ Activity for Progress Update			* Presentations took place at CMT and Directorate * Individual Staff Survey reports have been provided by Directorate * Each directorate will develop an action plan that will be incorporated into their directorate plan. * HR will collate all information and provide a trust wide action plan.
Workforce Plans	Target 8.4: By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information support and underpin their Trust Delivery Plans.	Workforce strategy to be drafted and approved by Trust Board				Workforce strategy was approved at Trust Board 1st December 2016
Quality 2020	Target 8.5: By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	As at 31st March 2017 cumulative position 1916 (18%) against WHSCT 16/17 Target 10,516 Staff	Cumulative Position as at 31st December 2017 (reported on a quarterly basis)	↑	2,530 (25%)	*March position to be validated in April 2018 reporting
Complaints	Target 8.6: By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require a renewed focus on improving the Patient and Client Experience Standards.	15/16 Complaints reported 257; 16/17 Complaints reported 284.	See Cumulative Position as at 31st March 2018	↓	461	

Title	Target	Comments / Actions	Feb-18	Mar-18	Trend	Cumulative Position	Trend / Activity Analysis
Obesity	Target 1.1: By March 2022, reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults and by 3 percentage points and 2 percentage points for children.	Target reported by PHA.					
Diabetes	Target 1.2: In line with the Department's policy framework, Living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020, all individuals newly diagnosed with diabetes will be offered access to diabetes structured education within 12 months of diagnosis.						There are various programmes offered to patients with Diabetes in WHSCT including CHOICE and DESMOND. Diabetes Chat sessions are also offered to patients, focusing on updates in treatment and refreshers in self-management. Structured Diabetes Education (SDE) is one of the areas of the Diabetes Strategic Framework and it's objectives include establishing a plan for delivery of SDE within 12 months of diagnosis, establishing a catch-up plan for those already diagnosed, establishing a quality assurance mechanism, identifying new ways of providing SDE to those unable to attend current programmes
Smoking Cessation	Target 1.3: By March 2020, reduce the proportion of 11-16 years old children who smoke to 3%; of adults who smoke to 15%; and of pregnant women to 9%.	Target reported by PHA.					
Self-Harm	Target 1.4: By March 2020, to reduce the differential in the suicide rate across Northern Ireland and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self-harm care pathways and appropriate follow up services in line with NICE guidance.	Target reported by PHA.					
Healthy Child/ Healthy Future	Target 1.5: By March 2018, ensure full delivery of the universal child health promotion framework for Northern Ireland, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.	This information is recorded every quarter but not reported to PHA, DHSSPS & HSCB until 3 months after the quarter end.				Cohort=7004 Total Seen=5544 % Seen=79% % Seen in Child's Home=69%	These figures are provisional at end of Sept'17 as validated figures are not reported until 3 months after the quarter end

Glossary of Terms

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