Western Health and Social Care Trust

Performance Management Report - Month Ending APRIL 2022

Trust Board -   9th June 2022

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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.

2022/2023 Ministerial Standards and Targets

Title	Target	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Smoking Cessation	**Target 1.1:** By March 2023, 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 2023, 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 2023, 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 2023, 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 2023, 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.	97%		March 2021 - 96%		*Performance against this target is reported annually in arrears. Regional % at 30th September 2020 was 85%.* *The*
	Target 1.10 (b): By March 2023, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).	Target 1.10 (b) reported annually by Community Information Branch	Reported Annually - Not yet available		March 2021 - 65%		*Performance against this target is reported annually in arrears. Regional % at 31st March 2021 is 53%* *The*

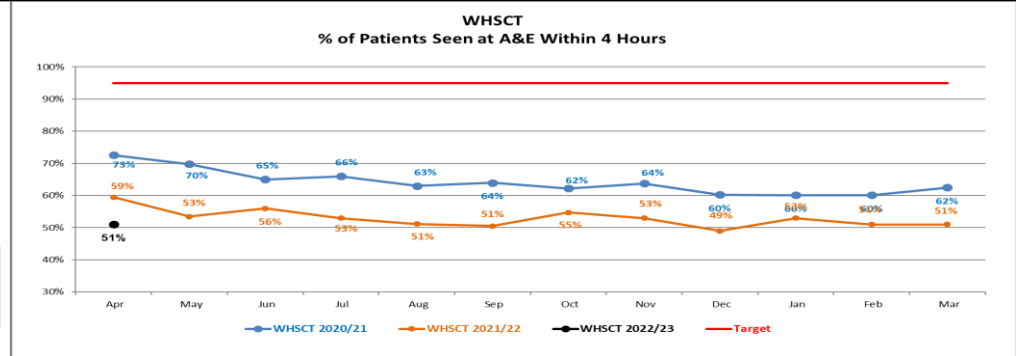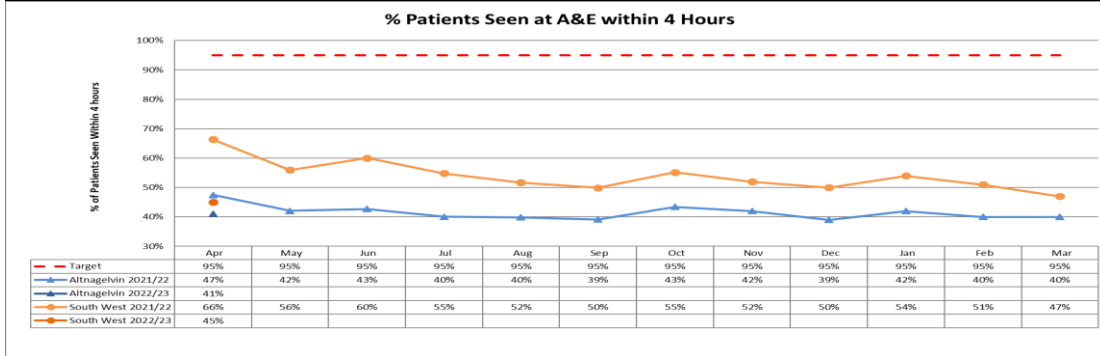| Title	Target	Comments / Actions	Mar-22	Apr-22	Trend		Trend / Activity Analysis
Delivering Care Framework	**Target 2.1:** By March 2023 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical 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 - January 22	Trend	Variance	Trend / Activity Analysis
Healthcare Acquired Infections	**Target 2.3:** By 31 March 2023 secure an aggregate reduction of XX% (to be confirmed) of *Escheric hia coli, Klebsiella spp*. and *Pseudomonas aeruginosa* bloodstream infections acquired after two days of hospital admission, compared to 20XX/XX	**HCAGNBSI** Target reductions for 2021/22 have yet to be confirmed		37			Information sourced from HSCB Performance Report.
	Target 2.4: In the year to March 2023 the Public Health Agency and the Trusts should secure a reduction of XX% 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 2018/19.	**MRSA** Target reductions for 2021/22 have yet to be confirmed		8			
		C. Difficile Target reductions for 2021/22 have yet to be confirmed		71			

Title	Target	Comments / Actions	Feb-21	Apr-22	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	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	**Target 2.8(a):** During 2022/2023 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.	1	1		1	
	Target 2.8(b): During 2022/2023 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	1		1	

Title	Target	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	**Target 3.2:** During 2022/2023 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 2022, 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 2023, 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 2023, 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		Mar-22	Apr-22	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%	51%	➡	51%	
			ALT	40%	41%		41%	
			SWAH	47%	45%		45%	
			OHPCC	97.9%	98.2%		98.2%	
		12-Hour target Number of patients who waited >12 hours	**WHSCT**	1341	1432	⬇	1432	
			ALT	961	909		909	
			SWAH	379	523		523	
			OHPCC	1	0		0	
	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**	68%	69%	⬆	69%	
			ALT	61%	58%		58%	
			SWAH	69%	75%		75%	
			OHPCC	94%	96%		96%	

% Patients Seen at A&E within 4 Hours

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

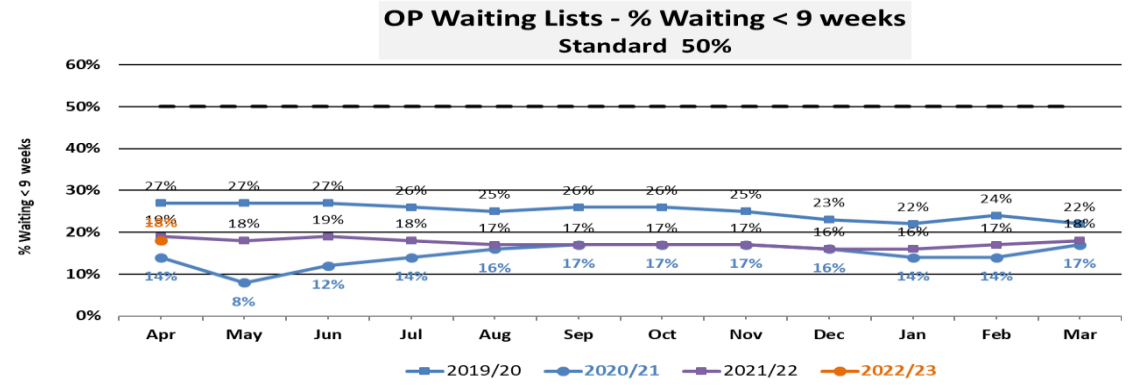| Title	Target/Indicator	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	
Fractures	**Target 4.7:** By March 2022, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% treated within 48 hours	65%	76%	⬆	76%	Fracture NOF treated within 48 hours
		Number treated over target	15	12		12	
		Total number of patients treated	43	51		51	
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]	0%	13%	⬆	13%	Specialist Therapies - Stroke
			0/21	5/38		(5/38)	

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Title	Target	Comments / Actions	Mar-22	Apr-22	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	85%	88%	⬆	88%	

Diagnostic Reporting Turnaround Times - URGENT TESTS

Apr: Over 2 Days 644, Within 2 Days 4662

Legend: ■ Over 2 Days   ■ Within 2 Days

Title	Target	Comments / Actions	Mar-22	Apr-22	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	94%	90%	⬇	90%	
		Number treated over target	14	20		20	
	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	98%	100%	➡	100%	
		Number treated over target	2	0		0	
	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	49%	51%	⬇	51%	
		Number treated over target	35.0	19.0		19.0	
			The 35.0 treated over target equates to 43 patients of which are 16 are ITT's	The 19.0 treated over target equates to 21 patients of which are 4 are ITT's		The 19.0 treated over target equates to 21 patients of which are 4 are ITT's	

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Title	Target/Indicator	Comments / Actions	Mar-22	Apr-22	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	18%	18%	→		
		- [Number waiting > 9 weeks]	46307	47173	↓		
		- [Number waiting > 52 weeks]	28649	29039	↓		

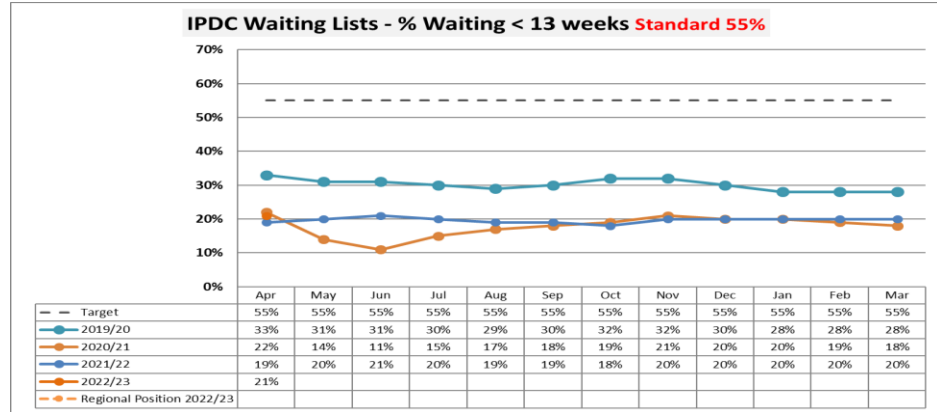### Outpatients Waiting Lists - Key Specialties   - As at 30/04/2022

Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
General Surgery	11285	9979	6795	386.6	ALT
Orthopaedics	4645	3532	1651	327.6	OMAGH
Oral Surgery	3689	3419	2734	374.7	CAUSEWAY
Gastroenterology	3573	3093	2087	329	ALT
Respiratory Medicine	955	712	466	267.4	OMAGH
Neurology	4122	3867	3039	388.7	OMAGH
Rheumatology	2648	2271	1381	234.4	ALT

OP Waiting Lists - % Waiting < 9 weeks
Standard 50%

Title	Target	Comments / Actions	Mar-22	Apr-22	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	66%	70%			
		- Total Number waiting > 9 weeks	4368	4622			
		- [Imaging]	2053	2405			
		- [Physiological Measurement]	2315	2217			
		- Total Number waiting > 26weeks	1066	1055	↑		
		Endoscopy			↓		
		- [Number waiting > 9 weeks]	3944	4024			

Title	Target	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Inpatients & Day Cases *(Includes Scopes)*	**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	20%	21%	➡		
		- Number waiting > 13 weeks	19111	19276	⬆		
		- Number waiting > 52 weeks	12762	12806	⬆		

Inpatients Waiting Lists - Key Specialties - As at 30/04/2022

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)	2408	2143	1662	380.2	315.1
Urology	2604	1747	1007	318.7	291.2
Orthopaedics	6181	5406	3636	363.9	380.5
E. N. T.	2231	1989	1651	359.5	271.3
Ophthalmology (not incld RASC Eye NHSCT)	2679	2071	1123	0	249.2
Oral Surgery	563	389	143	249.4	273.2
Pain Management	151	94	32	0	124.6
Gynaecology	1156	847	412	243.0	166.2

IPDC Waiting Lists - % Waiting < 13 weeks Standard 55%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
2019/20	33%	31%	31%	30%	29%	30%	32%	32%	30%	28%	28%	28%
2020/21	22%	14%	11%	15%	17%	18%	19%	21%	20%	20%	19%	18%
2021/22	19%	20%	21%	20%	19%	19%	18%	20%	20%	20%	20%	20%
2022/23	21%											
Regional Position 2022/23												

Title	Target	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
9 week Access Targets: CAMHS & Older People (Dementia)	**Target 4.14**: By March 2023, no patient waits longer than 9 weeks to access **Child and Adolescent Mental Health services.**	Total number waiting at month end	499	526	⬆		
		Number waiting >9 weeks	346	367			
		Longest wait (weeks) at month end	78	80			
	Target 4.14: By March 2023, no patient waits longer than 9 weeks to access **Dementia Services**.	Total Number waiting at month end	618	640	⬇		
		Number waiting > 9 weeks	484	535			
		Longest wait (weeks) at month end	54	59			
9 week Access Targets: Mental Health & Learning Disability	**Target 4.14**: By March 2023, no patient waits longer than 9 weeks to access **Adult Mental Health Services.**	Total Number waiting	714	688	⬇		
		Total Number waiting > 9 weeks	159	166			
		Longest wait (weeks) at month end	46	46			
		Patient Breaches = 116 PCL, 11 EDS, 7 ADS & 32 PCOP					
13 week Access Targets: Psychological Therapies	**Target 4.14**: By March 2023, no patient waits longer than 13 weeks to access to any **Psychological Therapy Service (any age).**	Total Number Waiting	1462	1442	⬆		
		Total Number waiting >13 weeks	1212	1147			
		Longest wait (weeks) at month end	178	183			
		Patient Breaches = 581 AMH, 24 PCOP, 55 Adult LD, 290 Child LD, 35 Adult Health Psych, 162 Child Psych					

Title	Target	Comments / Actions	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	**Target 5.1:** By March 2023 secure 10% increase in direct payments across all programmes of care	By March 2023 secure 10% increase in the number of direct payments across all programmes of care. **22/23 Target by 31st March 2023 = 2123** **(All Direct Payments during Month)**	**1701**	**1669**	⬇		Direct Payments in Place During Month - Service Users & Carers
Self Directed Support	**Target 5.2:** By September 2023, 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 2023, 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.	6737	6740	⬆		Service users in reciept of SDS (All POC's)
AHPs	**Target 5.3:** By March 2023, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.	**Total waiting >13 weeks**	**5802**	**6064**	⬇		AHP - Number waiting >13 weeks
		Dietetics	**906**	**1092**			
		Occupational Therapy	**2317**	**2300**			
		Orthoptics	**605**	**534**			
		Physiotherapy	**325**	**455**			
		Podiatry	**983**	**993**			
		Speech and Language Therapy	**666**	**690**			
Self Directed Physiotherapy	**Target 5.5:** By March 2023, 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 2023, 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	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Mental Health & Learning Disability	**Target 5.7:** During 2022/2023, 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**	116	115	⬆	115	Adult Mental Health Discharges within 7 day standard
		% Mental Health Discharges within 7 days	97%	98%		98%	
		Number of Mental Health Discharges within 7 days	112	113		113	
		% Mental Health Discharges > 28 days	2%	2%	➡	2%	
		Number of Mental Health Discharges > 28 days	2	2		2	
		2 patients delayed >28 days (completed waits) during April-22 (1 AMH & 1 PCOP)					
	Target 5.7: During 2022/2023, 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	1	➡	1	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	1		1	
		% Learning Disability Discharges > 28 days	0%	0%	➡	0%	
		Number of Learning Disability Discharges > 28 days	0	0		0	

Title	Target	Comments / Actions	Jan - Mar 22	Apr - Jun 22	Trend	Cumulative Position	Trend / Activity Analysis
Carers Assessments	**Target 6.1:** By March 2023, secure a 10% increase in the number of carers' assessments offered to carers for all service users **(reported quarterly)**	By March 2023, secure a 10% increase in the number of carers' assessments offered (first assessments) **22/23 Quarterly Target = 361**	448	completed after June quarter end	⬆		Number of Adult Carers Offered Individual Carers Assessments
Short Breaks	**Target 6.2:** By March 2023, 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 **22/23 Quarterly Target = 24,325 Hours (Ex Daycare)**	26,136	Figs not due to 5th August Deadline	⬆		Community Short Breaks 2021/22 (Ex. Daycare)
	Target 6.3: By March 2023, 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	Mar-22	Apr-22	Trend	Cumulative Position	Trend / Activity Analysis
Pharmacy Efficiency Programme	**Target 7.1:** By March 2023, 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 2023, 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	Feb-22	Mar-22	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 Specialties)**	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)*	1006	1356	⬇	11389	
Elective Care	**Target 7.4:** By March 2021, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	IP & DC / New and Review OP positions.					

Title	Target	Comments / Actions	Feb-22	Mar-22	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	75%	69%	⬇	82%	
		% discharged within 7 days	84%	82%	⬇	90%	
		Number waiting > 7 days	25	30		310	
		Non Complex Discharges - % discharged within 6 hours	94%	94%	➡	95%	

	Top 5 Reasons for Delay	ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
	Complex Discharges Greater Than 48 Hours			
	April 21 - March 22			
1	**COMPLEX 110 - NO DOMICILARY PACKAGE AVAILABLE**	130	105	**235**
2	**COMPLEX 111 - AWAIT ASSESSMENT/ ACCEPTANCE TO CARE HOME**	48	39	**87**
3	**COMPLEX 116 - DEMENTIA**	30	23	**53**
4	**COMPLEX 104 - BED CASED IC - SUB ACUTE/NON ACUTE HOSP**	41	1	**42**
5	**COMPLEX 106 - REABLEMENT**	21	17	**38**

Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Medicines Efficiency Programme	**Target 7.6:** By March 2023, 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 2023, 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	Oct-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 October 2021 the cumulative position 7.16% against WHSCT 19/20 target of 5% (One Month reporting Time Lag)	7.16%		⬇		

Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Healthier Workplace	**Target 8.9:** By March 2023, 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.	**Awaiting confirmation of baseline and technical guidance**					
OBA	**Target 8.10:** By March 2023, to pilot OBA approach to strengthen supports for the social work workforce.	**Awaiting confirmation of baseline and technical guidance**					

Title	Target	Comments / Actions	Apr-22		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 quaterly.	**Level 1 Training** As at 31st April 2022 cumulative position ? against WHSCT 19/20 Target [11,586] 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.**	68%		⬆		
		Level 2 Training As at r 2021 cumulative position [???] against WHSCT 19/20 Target [11,586] 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
Dsyphagia Awareness	**Target 8.13:** By March 2023, 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 2023, 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 2023, 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 2023.	**Awaiting confirmation of baseline and technical guidance**					
Healthier Pregnancy	**Target 1.8:** By March 2023, 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	Dec-21	Mar-22	Trend	Cumulative Position	Trend / Activity Analysis
Healthy Child/ Healthy Future	**Target 1.9:** By March 2023, 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 = 6,689 Total Seen = 5,363 %seen = 80 %seen in Child's home = 70	Cohort = 6,292 Total Seen = 4,956 %seen = 79 %seen in Child's home = 68			These figures are provisional at end of March 2022 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 2023, 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 2023, 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 2023 in line with the draft Project Life 2 strategy. **Awaiting confirmation of baseline and technical guidance**					
Alcohol Drug Related Harm and Drug related Death	**Targert 1.14:** By March 2023, 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 2023, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preperations 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	**MEWS**	Modified Early Warning Scheme
AHP	Allied Health Professional	**MRSA**	Methicillin Resistant Staphylococcus Aureus
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 System
CSR	Comprehensive Spending Review	**NIRADS**	NI Radiology and Diagnostics System
DC	Day case	**OBA**	Outcomes Based Accountabilility
DNA	Did Not Attend (eg at a clinic)	**OBC**	Outline Business Case
DSF	Delegated Statutory Functions	**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 Improvement Directorate
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 Conference	**VAP**	Ventilator Associated Pneumonia
MAU	Medical Assessment Unit	**VTE**	Venous Thromboembolism
MD	Multi-disciplinary	**WHO**	World Health Organisation
MDT	Multi-disciplinary Team		