

Performance Management Report - Month Ending JULY 2021

Trust Board - 2nd September 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	1					
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.

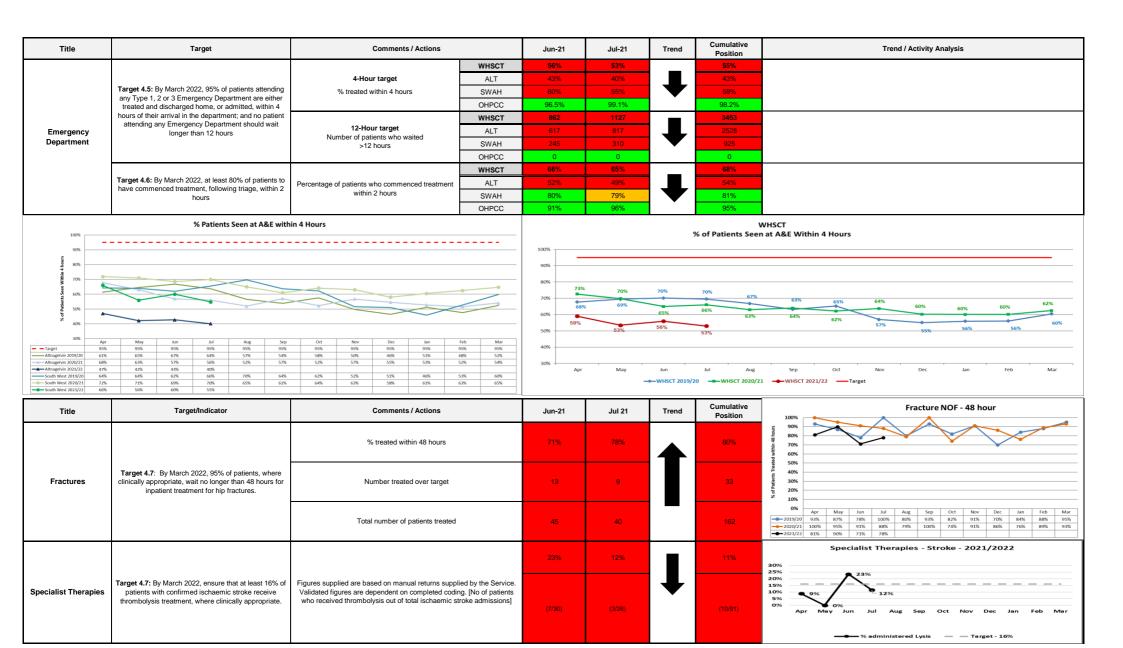
2021/2022 Ministerial Standards and Targets

Title	Target	Comments / Actions	Jun-21	Jul-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.
Simasi iii dale	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.

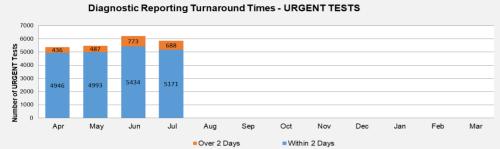
Title	Target	Comments / Actions	Jun-21	Jul-21	Trend		Trend / Activity Analysis
Delivering Care Framework	Target 2.1: By March 2021 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, 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 Apr 21 - May 21	Trend	Variance	Trend / Activity Analysis
	Target 2.3: By 31 March 2022 secure an aggregate reduction of XX% (to be confirmed) of <i>Escheric hia coli, 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		7			
Healthcare Acquired Infections	Target 2.4: In the year to March 2022 the Public Health Agency and the Trusts should secure a reduction of X% in the total number of in-patient episodes of	MRSA Target reductions for 2021/22 have yet to be confirmed		2			Information sourced from HSCB Performance Report.
	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.	C. Difficile Target reductions for 2021/22 have yet to be confirmed		13			
Title	Target	Comments / Actions	Feb-21	Apr-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%.	88%	91%	1		Western Trust Overall Compliance 100 80 80 60 20 0 110 120 120 120 120 120 120 120 1

Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing	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.		1	0			
Homes	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.	centrally to RQIA and the Department.	0	0			

Title	Target	Comments / Actions	Jun-21	Jul-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.						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.
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					



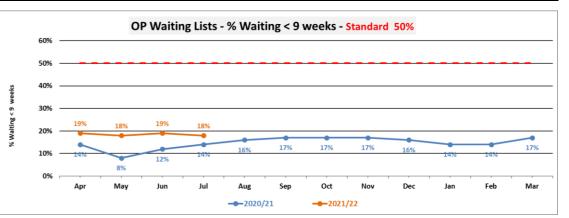
Title	Target	Comments / Actions	Jun-21	Jul 21	Trend	Cumulative Position	Trend / Activity Analysis
Urgent Diagnostic Tests	Target 4.9: By March 2022, all urgent diagnostic tests are reported on within 2 days.	% urgent diagnostic tests reported within 2 days	88%	88%	†	90%	
	Diagnostic Poporting Turnaround Tim	os LIDGENT TESTS		-		-	



Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position
	Target 4.10(i): During 2021/22, all urgent suspected	% treated within 14 days	59%	99.6%	•	53%
	breast cancer referrals should be seen within 14 days.	Number treated over target	177	1		607
	Target 4.10(ii): During 2021/22, at least 98% of patients	% treated within 31 days	100%	97%		99%
	diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	Number treated over target	0	3	•	5
Cancer Services		% commencing treatment within 62 days	60%	65%		60%
		Number treated over target	35.0	25.0		126.0
	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.		The 35 treated over target equates to 43 patients 16 of which are ITT's	The 25.0 treated over target equates to 29 patients 8 of which are ITT's		The 126 treated over target equates to 147 patients 42 of which are ITT's

Title	Target/Indicator	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
		- % waiting < 9 weeks	19%	18%	1		
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.	[Number waiting > 9 weeks]	41703	43355	+		
		- [Number waiting > 52 weeks]	25329	25971	1		

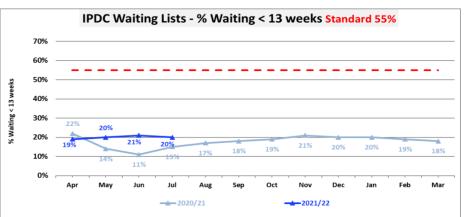
Outpatients Waiting Lists - Key Specialties - As at 31/07/2021										
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter					
General Surgery	10035	8640	5745	347.6	ALT					
Orthopaedics	5532	4380	2754	313.1	OMAGH					
Oral Surgery	3833	3547	2735	336.6	CAUSEWAY					
Gastroenterology	2791	2394	1581	311.3	OMAGH					
Respiratory Medicine	1166	911	549	247.7	OMAGH					
Neurology	3880	3640	2953	349.7	ALT					
Rheumatology	2449	2106	1242	195.4	ALT					



Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
		Diagnostic Test					
		- % waiting < 9 weeks	77%	71%			
		- Total Number waiting > 9 weeks	2650	3396	1		
Diagnostic Test	Target 4.12: By March 2022, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no	- [Imaging]	280	634	•		
	patient waits longer than 26 weeks.	- [Physiological Measurement]	2370	2762			
		- Total Number waiting > 26weeks	1044	1100	+		
		Endoscopy					
		- [Number waiting > 9 weeks]	3860	4017			

Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
Innationts &	Inpatients & Target 4.13: By March 2022, 55% of patients should	- % waiting < 13 weeks	21%	20%	1		
Day Cases (Includes Scopes)	wait no longer than 13 weeks for inpatient/daycase treatment and no patients waits longer than 52 weeks.	- Number waiting > 13 weeks	18233	18394	1		
		- Number waiting > 52 weeks	12992	12928	1		

In	patients Waiti	ng Lists - Key	/ Specialties	- As at 31/07/2021	
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)	2331	2048	1568	341.2	278.3
Urology	1928	1358	833	279.7	252.2
Orthopaedics	5711	5080	3595	324.9	341.5
E. N. T.	2353	2124	1952	344.6	230.5
Ophthalmology (not incld RASC Eye NHSCT)	3115	2501	1595	0	237.3
Oral Surgery	453	302	207	210.4	235.5
Pain Management	222	158	122	0	116.1
Gynaecology	801	544	351	204.0	135.0



Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
		Total number waiting at month end	404	461			WHSCT 2021/2022 - CAMHS - Number > 9 Weeks 700 574 500 488 478 432
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services.	Number waiting >9 weeks	225	295			400 300 295 231 200 141 175 225 231 140 96 113 147 145 131
9 week Access Targets:		Longest wait (weeks) at month end	47	51			100 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2020/21 ■ 2021/22
CAMHS & Older People (Dementia)		Total Number waiting at month end	452	462			WHSCT 2021/22 - DEMENTIA - Number > 9 Weeks 450 400 356 364 389 382 379 384 388 385 380 366 3350 3350 3350 3350
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Dementia Services.	Number waiting > 9 weeks	316	335			300 - 300 - 250 - 250 - 150 - 150 - 1
		Longest wait (weeks) at month end	41	42	•		00 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb # 2020/21 = 2021/22
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Adult Mental Health Services.	Total Number waiting	746	719			WHSCT 2021/22 - Adult Mental Health - Number > 9 Weeks
9 week Access Targets:		Total Number waiting > 9 weeks	88	122			650 - 585 563 583 502 444 402 413
Mental Health & Learning Disability		Longest wait (weeks) at month end	29	33			350 - 281 - 194 165 150 - 105 93 88 122 - 50 - 105 93 88 122
		Patient Breaches = 59 PCL, 0 Forensic, 26 EDS, 23 ADS & 14 PCOP					Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar ■ 2020/21 ■ 2021/22
		Total Number Waiting	1716	1692			WHSCT 2021/22 - Psychological Therapies - Number > 13 Weeks 1450
13 week Access Targets:	Target 4.14: By March 2022, no patient waits longer than 13 weeks to access to any Psychological Therapy	Total Number waiting >13 weeks	1318	1323			1150 - 1167 1180 1100 - 850 -
Psychological Therapies	Service (any age).	Longest wait (weeks) at month end	176	181	~		700 - 550 - 400
		Patient Breaches = 796 AMH, 16 PCOP, 82 Adult LD, 267 Child LD, 2 Adult Health Psych, 160 Child Psych					Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar ■ 2020/21 ■ 2021/22

Title	Target	Comments / Actions	Jun-21	Jul-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. 20/21 Target by 31st March 2021 = 1720 (All Direct Payments during Month)	1652	1686	1		Number of All Direct Payments in Place During Month - Service Users & Carers - 2021/22 2100 12
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)	6544	Awaiting service validation			
		Total waiting >13 weeks	3830	4159			Allied Health Professionals (AHP) Number Waiting >13 Weeks at Month End
		Dietetics	570	628			12000 — Valuing >15 weeks at World End
	Target 5.3: By March 2022, no patient waits longer than	Occupational Therapy	2377	2490			8000
AHPs	13 weeks from referral to commencement of AHP treatment by an allied health professional.	Orthoptics	535	561			4000
	treatment by an amed health professional.	Physiotherapy	94	97			2000
		Podiatry	69	194			0 — Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Speech and Language Therapy	185	189			→ 2019/20 → 2020/21 → 2021/22
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	Jun-21	Jul-21		Cumulative Position	Trend / Activity Analysis
		Total Discharges	146	132		515	Adult Mental Health Discharges within 7 day standard
	Target 5.7: During 2021/2022, ensure	% Mental Health Discharges within 7 days	96%	99%		98%	150
	that 99% of all mental health discharges take place within 7 days of	Number of Mental Health Discharges within 7 days	140	131	505		100
	the patient being assessed as medically fit for discharge, with no	% Mental Health Discharges > 28 days	3%	1%			50
	discharge taking more than 28 days.	Number of Mental Health Discharges > 28 days	4	1		6	0 — Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Delayed Discharges		1 patient delayed >28 days (completed waits) during July-21 (1 AMH & 0 PCOP)					■ 2021/2022 ■ 2020/2021
Mental Health & Learning Disability		Total Discharges	3	2		11	Learning Disability Discharges within 7 day standard
	Target 5.7: During 2021/2022, ensure that 99% of all learning disability	% Learning Disability Discharges within 7 days	100%	100%		100%	5
	discharges take place within 7 days of the patient being assessed as	Number of Learning Disability Discharges within 7 days	3	2		11	2
	medically fit for discharge, with no discharge taking more than 28 days.	% Learning Disability Discharges > 28 days	0%	0%		0%	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Number of Learning Disability Discharges > 28 days	0	0		0	■ 2021/2022 ■ 2020/2021
Tialo	Torque	Comments / Astions		lui od	Tour	Cumulative	Trond / Activity Analysis

Title	Target	Comments / Actions	Mar-21	Jul-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	351	552	1		Number of Adult Carers Offered Individual Carers Assessments Number of Adult Carers Offered Individual Carers Assessments 100
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)	23,135	18,390	 		Community Short Breaks 2021/22 (Ex. Daycare) 22000 20000 19000 18,390 18000 16000 Apr - Jun 21 Jul - Sep 21 Oct - Dec 21 Jan - Mar 22 Total Community Short Break Hrs 20/21 (Exc Daycare) Quarterly Target 20/21- 21,287 hrs (Exc 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	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
Cancelled Appointments	Target 7.3: By March 2022, to establish a baseline of 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 and by March 2020 seek a reduction of 5%.	Number of Outpatient Appointments Cancelled by Hospital which resulted in the patient waiting longer for their appointment WHSCT 2018/19 Baseline: 10,009 WHSCT 2020/21 Target: 9,509 (Approx 792 per month)	713	636	1	2862	
Elective Care	Target 7.4: By March 2021, to reduce the percentage of funded activity associated with elective care service that remains undelivered.						

Title	Target	Comments / Actions	Jun-21	Jul-21	Trend	Cumulative Position	Trend / Activity Analysis
	Target 7.5: By March 2022, ensure that 90% of complex	Acute Discharges					
		Complex Discharges	89%	85%	1	88%	
		- % discharged within 48 hours	6976			3070	
Delayed Discharges Acute Hospital	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	% discharged within 7 days	93%	89%		93%	
	hospital take place within 6 hours	Number waiting > 7 days	13	23	•	56	
		Non Complex Discharges	96%	96%		96%	
		- % discharged within 6 hours	30 /8	90%		9078	

	Top 5 Reasons for Delay				
Со	mplex Discharges Greater Than 48 Hours	ALTNAGELVIN HOSPITAL	ACUTE HOSPITAL	TOTAL	
	April - July 21				
1	COMPLEX 110 - NO DOMICILARY PACKAGE AVAILABLE	36	38	74	
2	COMPLEX 111 - AWAIT ASSESSMENT/ ACCEPTANCE TO CARE HOME	13	11	24	
3	COMPLEX 116 - DEMENTIA	8	11	19	
4	COMPLEX 104 - BED CASED IC - SUB ACUTE/NON ACUTE HOSP	9	0	9	
5	COMPLEX 118 - ESSENTIAL EQUIPMENT/ADAPT NOT AVAILABLE	5	0	5	

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.		ine with 2020/21 flu rogramme	1		
Title	Target	Comments / Actions	Ma	Mar-21		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 7.69% against WHSCT 19/20 target of 5% (One Month reporting Time Lag)	7.69%		1		
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 PfG.	Awaiting confirmation of baseline and technical guidance					
ОВА	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	Ма	y-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	Level 1 Training As at 31st May 2021 cumulative position 7428 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.	63	63.7%			
	at level 2. Reported quaterly.	Level 2 Training As at 31st May 2021 cumulative position [189] 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.	1.6%		→		
Title	Target	Comments / Actions				Cumulative Position	Trend / Activity Analysis
Dsyphagia 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 borth weight for gestation.	Awaiting confirmation of baseline and technical guidance					Awaiting confirmation of baseline and technical guidance
Title	Target	Comments / Actions	Jun-21	Jul-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 = 6400 Total Seen = 4987 %seen = 77% %seen in Child's home = 62%				These figures are provisional at end of June 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 "treet 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	Targert 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 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					
AHP	Allied Health Professional					
ASD	Autistic Spectrum Disorder					
C Diff	Clostridium Difficile					
C Section	Caesarean Section					
CLI	Central Line Infection					
CSR	CSR Comprehensive Spending Review					
DC	DC Day case					
DNA	Did Not Attend (eg at a clinic)					
DSF	Delegated Statutory Functions					
DV	Domestic Violence					
FGC	Family Group Conference					
нѕсв	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				
ОВА	Outcomes Based Accountabilility				
ОВС	Outline Business Case				
OP	Outpatient				
ОТ	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	OR Terms of Reference				
VAP	Ventilator Associated Pneumonia				
VTE	Venous Thromboembolism				
WHO	World Health Organisation				