

Performance Management Report - Month Ending JANUARY 2022

Trust Board - March 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	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.

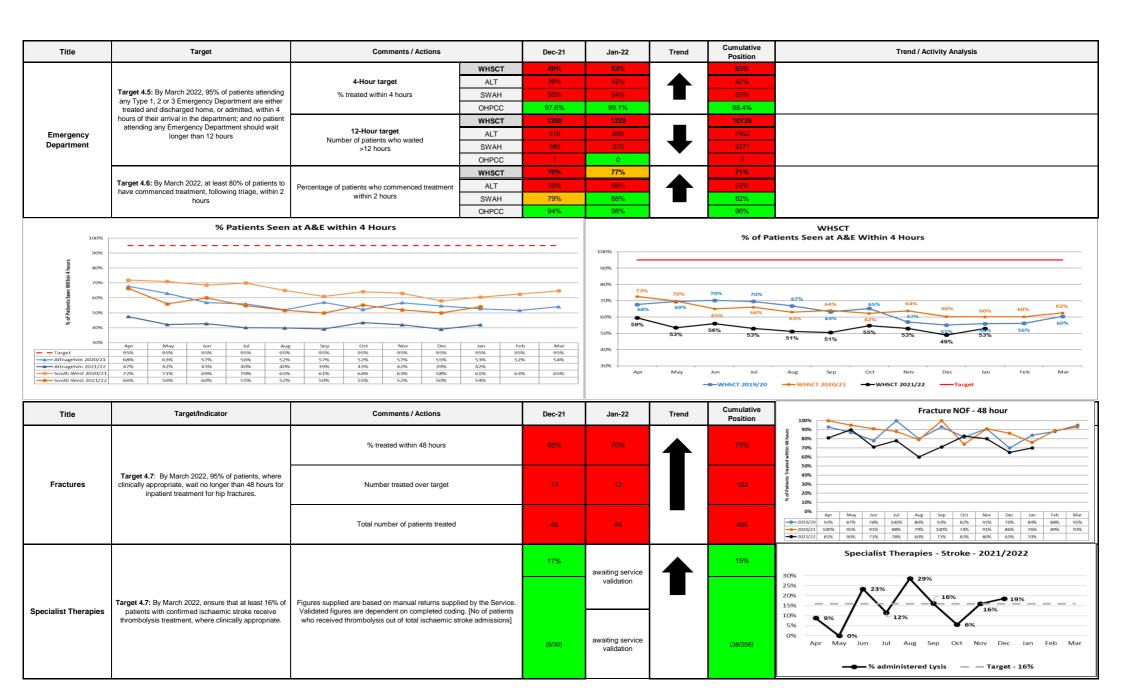
2021/2022 Ministerial Standards and Targets

Title	Target	Comments / Actions	Dec-21	Jan-22	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. <i>The Regional % at 30th September 2020 was 85%</i>
Simusi in Gale	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. <i>The Regional % at 31st March 2021 is 53%</i>

Title	Target	Comments / Actions	Dec-21	Jan-22	Trend		Trend / Activity Analysis
Delivering Care Framework	Target 2.1: By March 2021 all HSC Trusts should have fully implemented phases 2, 3, and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	Phase 1: Delivery Care Framework: Full implementation has not been sustained due to current level of vacancies.					Achieving this target is dependent on HSCB making appropriate investment in Nurse staffing.
Title	Target	Comments / Actions	Target Profile	ACTUAL April - November 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		26			
Healthcare Acquired Infections		MRSA Target reductions for 2021/22 have yet to be confirmed		7			Information sourced from HSCB Performance Report.
		C. Difficile Target reductions for 2021/22 have yet to be confirmed		49			
Title	Target	Comments / Actions	Oct-21	Dec-21	Trend	Cumulative Position	Trend / Activity Analysis
NEWS KPI's	Target 2.2: From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	The NEWS audits are completed quarterly on 34 Acute inpatient wards and each ward is required to audit a sample of 10 patients. Audits will be reported bi-monthly from February 2018 - Target 95%.	92%	93%	1		

Title	Target	Comments / Actions	Dec-21	Jan-22	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	ential/ Nursing	centrally to RQIA and the Department.	2	1			

Title	Target	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	Target 3.2: During 2021/2022 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.						The teams within the Women & Childrens Directorate issue feedback forms to children & young people leaving care to take into account their views and feelings which are kept within the Directorate.
Dementia Portal	Target 3.3: By September 2021, patients in all Trusts will have access to the Dementia Portal.	Awaiting confirmation of baseline and technical guidance on how this will be reported					
Palliative/ End of Life Care	Target 3.4: By March 2022, to have arrangements in place to identify individuals with palliative and end of life care needs, both in the acute and primary settings, which will support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.						Arrangements are in place within each of the hospitals to record this information
Co-production Model	Target 3.5: By March 2022, the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	Awaiting confirmation of baseline and technical guidance on how this will be reported					



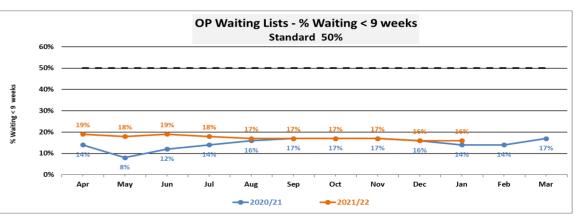
Urgent Diagnostic Target 4.9: By March 2022, all urgent diagnostic tests are reported on within 2 days % urgent diagnostic tests reported within 2 days % urgent diagnostic tests reported within 2 days 87%	Title	Target	Comments / Actions	Dec-21	Jan-21	Trend	Cumulative Position	Trend / Activity Analysis
Tests are reported on Walling 2 days.	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	84%	87%	1	87%	



Title	Target	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
	Target 4.10(i): During 2021/22, all urgent suspected	% treated within 14 days	61%	96%		66%	
	breast cancer referrals should be seen within 14 days.	Number treated over target	111	10		950	
	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. ancer Services 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.	% treated within 31 days	99%	93%		99%	
		Number treated over target	2	8	₩	27	
Cancer Services		% commencing treatment within 62 days	49%	50%		55%	
		Number treated over target	42.5	28.0		368.5	
				The 28.0 treated over target equates to 30 patients of which are 4 are ITT's		The 368.5 treated over target equates to 430 patients 123 of which are ITT's	

Title	Target/Indicator	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
		- % waiting < 9 weeks	16%	16%	+		
Outpatient Waiting List	ent 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]	45902	46541	1		
		- [Number waiting > 52 weeks]	27798	28011	1		

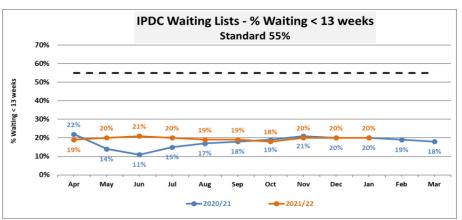
Outpatients Waiting Lists - Key Specialties - As at 31/01/2022									
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter				
General Surgery	10850	9477	6367	373.9	ALT				
Orthopaedics	4836	3828	1916	325.4	ALT				
Oral Surgery	3670	3446	2695	362.9	CAUSEWAY				
Gastroenterology	3469	3062	2062	329	OMAGH				
Respiratory Medicine	1069	818	536	278.6	OMAGH				
Neurology	4035	3776	2960	376	OMAGH				
Rheumatology	2673	2394	1392	221.7	ALT				



Title	Target	Comments / Actions	Dec-21	Jan-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.	- % waiting < 9 weeks	63%	62%			
		- Total Number waiting > 9 weeks	4374	4775			
Diagnostic Test		- [Imaging]	1650	1954			
		- [Physiological Measurement]	2724	2821			
		- Total Number waiting > 26weeks	1087	1062	•		
		Endoscopy					
		- [Number waiting > 9 weeks]	4017	3965			

Title	Target	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
Inpatients & Target 4.13: By March 2022, 55% of patients should	- % waiting < 13 weeks	20%	20%	+			
Day Cases (Includes Scopes)	wait no longer than 13 weeks for inpatient/daycase	- Number waiting > 13 weeks	19270	19182	1		
		- Number waiting > 52 weeks	13132	12963	1		

In	patients Waiti	ng Lists - Key	/ Specialties	- As at 31/01/2022	
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)	2427	2131	1647	367.5	367.5
Urology	2348	1572	945	305.9	305.9
Orthopaedics	6203	5371	3576	365.9	367.8
E. N. T.	2241	2025	1751	370.9	370.9
Ophthalmology (not incid RASC Eye NHSCT)	2925	2355	1459	-	263.6
Oral Surgery	499	345	161	236.7	260.5
Pain Management	186	144	75	-	122.3
Gynaecology	1050	782	409	230.3	230.3



Title	Target	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services.	Total number waiting at month end	611	567			CAMHS - Number Waiting > 9 Weeks 700 600 500
		Number waiting >9 weeks	448	450			400 300 200 100
9 week Access Targets:		Longest wait (weeks) at month end	73	78			0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
CAMHS & Older People (Dementia)		Total Number waiting at month end	488	520			Dementia - Number Waiting > 9 Weeks
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Dementia Services .	Number waiting > 9 weeks	330	403			300 - 250 - 200 - 150 -
		Longest wait (weeks) at month end	42	46			100
	Target 4.14: By March 2022, no patient waits longer	Total Number waiting	651	671	_		Adult Mental Health - Number Waiting > 9 Weeks
9 week Access Targets:		Total Number waiting > 9 weeks	147	160			650 550 450 350
Mental Health & Learning Disability	than 9 weeks to access Adult Mental Health Services.	Longest wait (weeks) at month end	45	60	•		250 150 50
		Patient Breaches = 110 PCL, 19 EDS, 4 ADS & 27 PCOP					Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2019/202020/212021/22
		Total Number Waiting	1551	1529			Psychological Therapies - Number Waiting > 13 Weeks
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	1300	1288			1150 - 1000 - 850 -
Psychological Therapies	than 13 weeks to access to any Psychological Therapy Service (any age).	Longest wait (weeks) at month end	166	170			700 - 550 - 400
		Patient Breaches = 688 AMH, 14 PCOP, 61 Adult LD, 305 Child LD, 57 Adult Health Psych, 163 Child Psych					Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Title	Target	Comments / Actions	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
Direct Payments	Target 5.1: By March 2022 secure 10% increase in direct payments across all programmes of care	By March 2022 secure 10% increase in the number of direct payments across all programmes of care. 21/22 Target by 31st March 2022 = 1981 (All Direct Payments during Month)	1727	1676	1		Number of All Direct Payments in Place During Month - Service Users & Carers - 2021/22 2100 2100 1900 1900 1900 1640 1640 1637 1652 1686 1691 1715 1696 1713 1727 1679 1679 1679 1670 16
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)	6711	awaiting service validation	↓		5,700 Service users in reciept of SDS (All POC's) 6,500 6,500 6,500 6,500 6,500 6,500 6,500 6,500 6,500 6,000 5,716 5,809 5,938 6,001 6,135 6,135 6,005 6,135 6,005 6,135
		Total waiting >13 weeks	5404	5627			AHP - Number waiting >13 weeks
		Dietetics	667	740	_		10287 10173 10000 8727
	Target 5.3: By March 2022, no patient waits longer than	Occupational Therapy	2628	2496			8159 7226 6374
AHPs	13 weeks from referral to commencement of AHP treatment by an allied health professional.	Orthoptics	1018	950			6000 4281 4054 3830 4159 4674 5486 5272 5404 4852
	accument by air aired reduit professional.	Physiotherapy	115	223			4000 3464 3609 3936 4224 3967 3804 3982 4121 4185 4436 2000 3191 3292
		Podiatry	677	832			0 — Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Speech and Language Therapy	299	386			→ 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	Dec-21	Jan-22	Trend	Cumulative Position	Trend / Activity Analysis
		Total Discharges	123	110		1285	Adult Mental Health Discharges within 7 day standard
	Target 5.7: During 2021/2022, ensure	% Mental Health Discharges within 7 days	99%	99%		98%	
	that 99% of all mental health discharges take place within 7 days of	Number of Mental Health Discharges within 7 days	122	109		1262	100
	the patient being assessed as medically fit for discharge, with no	% Mental Health Discharges > 28 days	1%	0%		1%	50
	discharge taking more than 28 days.	Number of Mental Health Discharges > 28 days	1	0		16	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Delayed Discharges		0 patients delayed >28 days (completed waits) during January-22 (0 AMH & 0 PCOP)			ĺ		■2021/2022 ■2020/2021
Mental Health & Learning Disability		Total Discharges	2	1		19	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%		95%	4 3
	discharges take place within 7 days of the patient being assessed as	Number of Learning Disability Discharges within 7 days	2	1		19	2
	medically fit for discharge, with no discharge taking more than 28 days.	% Learning Disability Discharges > 28 days	0%	0%		5%	0 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
		Number of Learning Disability Discharges > 28 days	0	0		1	■2021/2022 ■2020/2021
	T1	Comments / Actions				Cumulative	Toront A Antholic Anadomic
Title	Target	Comments / Actions	July- Sep 21	Oct - Dec 21	Trend	Position	Trend / Activity Analysis
							Number of Adult Carers Offered Individual Carers Assessments 600 552
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	433	399	1		500 400 300 213 100 Apr. Jun 20 (2020/21 Q1) (2020/21 Q1) (2020/21 Q2)
	10% increase in the number of carers' assessments offered to carers for all	assessments)	433 23,962	399 23,457	1		400 320 309 351 399 300 200 213 100 Apr. Jun 20 Jul-Sep 20 Oct - Dec 20 Jan - Mar 21 Apr. Jun 21 Jul-Sep 21 Oct - Dec 21

Title	Target	Comments / Actions	Dec-21	Jan-22	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	Dec-21	Jan-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)		926	1107	•	9027	
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	Dec-21	Dec-22	Trend	Cumulative Position	Trend / Activity Analysis
		Acute Discharges					
	Target 7.5: By March 2022, ensure that 90% of complex	Complex Discharges	77%	78%	1	83%	
		- % discharged within 48 hours	77%	76%		6578	
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	84%	88%		91%	
	hospital take place within 6 hours	Number waiting > 7 days	32	27		255	
		Non Complex Discharges	95%	95%		95%	
		- % discharged within 6 hours	<i>93 /</i> 8			95%	

Со	Top 5 Reasons for Delay mplex Discharges Greater Than 48 Hours April 21 - January 22	ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
1	COMPLEX 110 - NO DOMICILARY PACKAGE AVAILABLE	99	93	192
2	COMPLEX 111 - AWAIT ASSESSMENT/ ACCEPTANCE TO CARE HOME	39	31	70
3	COMPLEX 116 - DEMENTIA	24	21	45
4	COMPLEX 104 - BED CASED IC - SUB ACUTE/NON ACUTE HOSP	36	1	37
5	COMPLEX 106 - REABLEMENT	18	11	29

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

Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Seasonal Flu	Target 8.6: By December 2020, to ensure at least 40% of Trust staff (health care and social care staff) have received the seasonal flu vaccine.	As at 31st March 2020 - 2061 out of 7729 Trust frontline staff received the Flu Vaccination excludes Bank nurses and Porters.	To be reported in line with 2020/21 flu vaccine programme	1		
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 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	Jan-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	Level 1 Training As at 31st January 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.	67%	→		
	at level 2. Reported quaterly.	Level 2 Training As at 30th November 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 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	Sep-21	Dec-21	Trend	Cumulative Position	Trend / Activity Analysis
Healthy Child/ Healthy Future	Target 1.9: By March 2022, ensure full delivery of the universal child health promotion framework for Northern Ireland, Healthy Child, Healthy Future. By that date: (i) the antenatal contact will be delivered to all first time mothers, (ii) 95% of two year old reviews must be delivered.	This information is recorded every quarter but not reported to PHA, DHSSPS & HSCB until 3 months after the quarter end.	Cohort = 6,720 Total Seen = 5,161 %seen = 77 %seen in Child's home = 63	Cohort = 6,689 Total Seen = 5,363 %seen = 80 %seen in Child's home = 70			These figures are provisional at end of December 2021 as validated figures are not reported until 3 months after the quarter end
Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
Best Start in Life	Target 1.10: By March 2021, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".	Awaiting confirmation of baseline and technical guidance					
Suicide	Target 1.13: By March 2021, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "safe place" pilot.	This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% in 2022 in line with the draft Project Life 2 strategy. Awaiting confirmation of baseline and technical guidance					
Alcohol Drug Related Harm and Drug related Death	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					

Accident and Emergency Department A&E Allied Health Professional AHP ASD Autistic Spectrum Disorder C Diff Clostridium Difficile C Section Caesarean Section Central Line Infection CLI Comprehensive Spending Review CSR DC Day case Did Not Attend (eg at a clinic) DNA DSF **Delegated Statutory Functions** Domestic Violence D۷ Family Group Conference FGC **HSCB** Health & Social Care Board **HWIP** Health & Wellbeing Improvement Plan ICU Intensive Care Unit ΙP Inpatient Inter Trust Transfer ITT I۷ Intravenous JAG Joint Advisory Group LAC Looked After Children

Multi-agency Risk Assessment Conference

LW

MARAC

MAU

MD

MDT

Longest Wait

Multi-disciplinary

Medical Assessment Unit

Multi-disciplinary Team

Glossary of Terms

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	Terms of Reference
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism
WHO	World Health Organisation