



Western Health  
and Social Care Trust

**Performance Management Report - Month Ending APRIL 2021**

**Trust Board - 10th June 2021**

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## Introduction

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

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

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

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

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

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

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

## 2021/2022 Ministerial Standards and Targets

Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Smoking Cessation	<b>Target 1.1:</b> 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	<b>Target 1.2:</b> 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	<b>Target 1.3:</b> 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	<b>Target 1.4:</b> 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	<b>Target 1.10 (a):</b> 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.	96%				Target 1.10(a) will be reported on a 6 monthly basis in line with DSF reporting.
	<b>Target 1.10 (b):</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 (b) will only be reported on a yearly basis through the electronic AD1 return. CIB are looking to collect this 6 monthly but no processes are in place yet.	Awaiting service validation				Target 1.10(b) will be reported on a yearly basis in line with CIB reporting.

Title	Target	Comments / Actions			Trend		Trend / Activity Analysis
<b>Delivering Care Framework</b>	<b>Target 2.1:</b> 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.

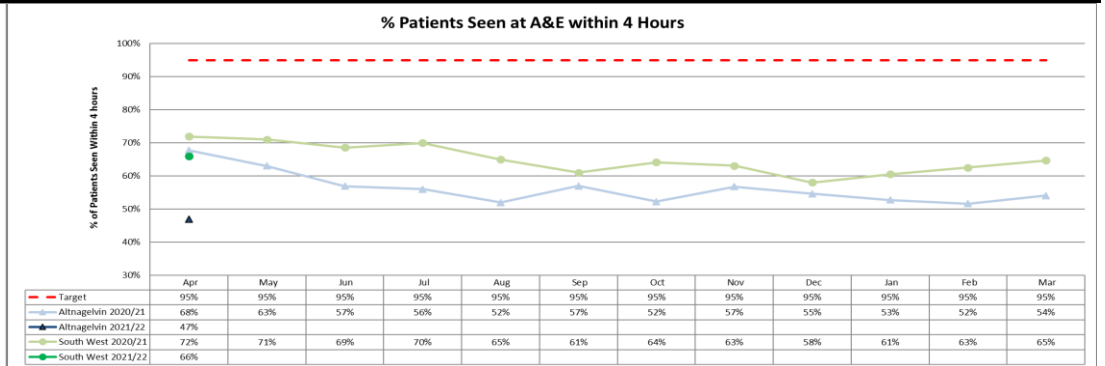
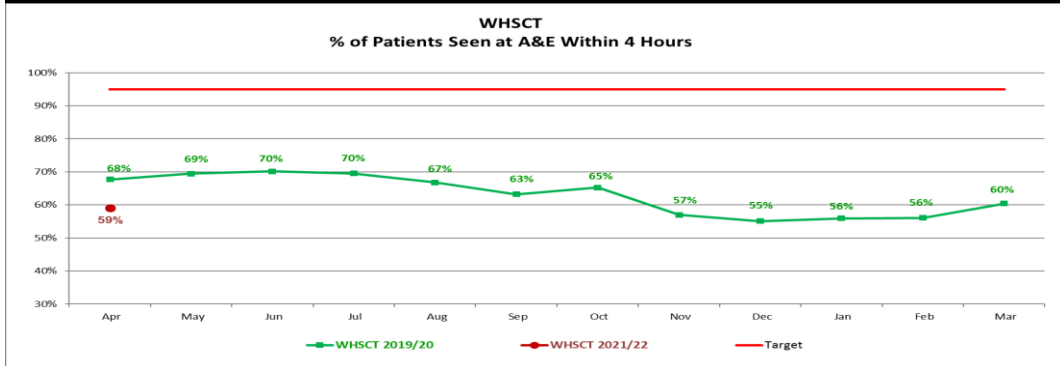
Title	Target	Comments / Actions	Target Profile	ACTUAL Apr 20 - Mar 21	Trend	Variance	Trend / Activity Analysis
<b>Healthcare Acquired Infections</b>	<b>Target 2.3:</b> By 31 March 2021 secure an aggregate reduction of XX% (to be confirmed) of <i>Escherichia coli</i> , <i>Klebsiella spp.</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 20XX/XX	<b>HCAGNBSI</b> Target reductions for 2020/21 have yet to be confirmed		39			Information sourced from HSCB Performance Report with 1 month time lag. Information for February 2021 currently unavailable.
	<b>Target 2.4:</b> In the year to March 2021 the Public Health Agency and the Trusts should secure a reduction of XX% in the total number of in-patient episodes of <i>Clostridium Difficile</i> infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2018/19.	<b>MRSA</b> Target reductions for 2020/21 have yet to be confirmed		7			
		<b>C. Difficile</b> Target reductions for 2020/21 have yet to be confirmed		67			

Title	Target	Comments / Actions	Feb-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
<b>NEWS KPI's</b>	<b>Target 2.2:</b> 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%	↑		<p style="text-align: center;"><b>Western Trust Overall Compliance</b></p> <p>Percentage</p> <p>Target — All elements performed — Part 1 &amp; 2 elements performed</p>

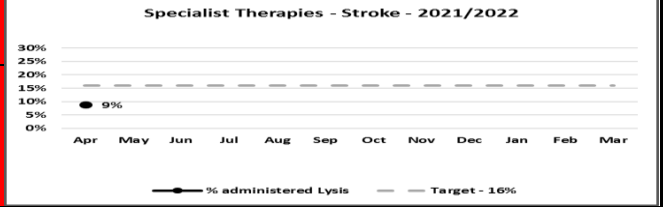
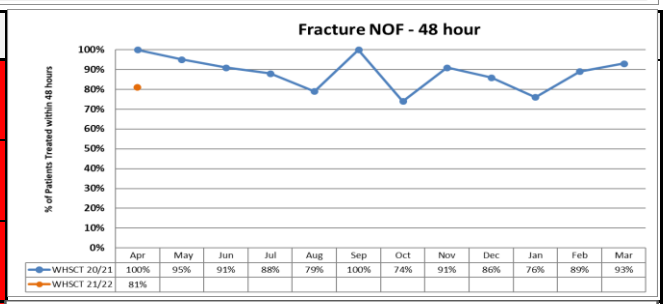
Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Care Standards in Residential/ Nursing Homes	<b>Target 2.8(a):</b> During 2021/2022 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential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

Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Children in Care	<b>Target 3.2:</b> 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	<b>Target 3.3:</b> By September 2021, patients in all Trusts will have access to the Dementia Portal.	<b>Awaiting confirmation of baseline and technical guidance on how this will be reported</b>					
Palliative/ End of Life Care	<b>Target 3.4:</b> 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	<b>Target 3.5:</b> 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.	<b>Awaiting confirmation of baseline and technical guidance on how this will be reported</b>					

Title	Target	Comments / Actions	Mar 21	Apr 21	Trend	Cumulative Position	Trend / Activity Analysis	
Emergency Department	Target 4.5: By March 2022, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours	4-Hour target % treated within 4 hours	WHSCCT	62%	59%	↓	59%	
			ALT	54%	47%		47%	
			SWAH	65%	66%		66%	
		12-Hour target Number of patients who waited >12 hours	WHSCCT	543	715	↓	715	
			ALT	356	551		551	
			SWAH	187	164		164	
	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	WHSCCT	84%	76%	↓	84%	
			ALT	77%	64%		64%	
			SWAH	92%	91%		91%	
			OHPCC	98%	99.9%		100%	

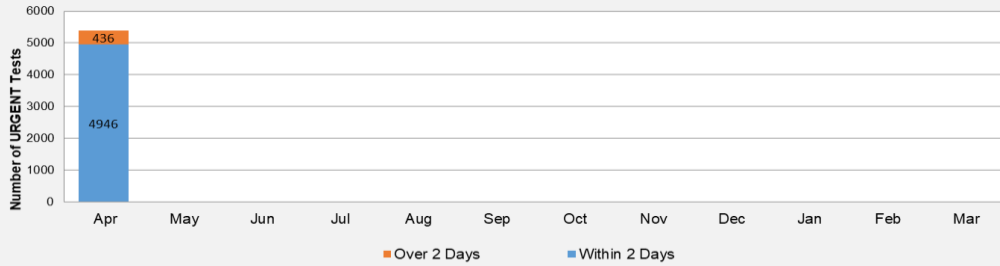


Title	Target/Indicator	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position
Fractures	% treated within 48 hours		93%	81%	↓	81%
	Number treated over target		3	7		7
	Total number of patients treated		40	29		29
Specialist Therapies	Target 4.7: By March 2022, ensure that at least 16% of patients with 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]	19%	9%	↓	9%
			(7/37)	(3/34)		(3/34)



Title	Target	Comments / Actions	Mar-21	Apr-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	90%	92%	↑	92%	

**Diagnostic Reporting Turnaround Times - URGENT TESTS**

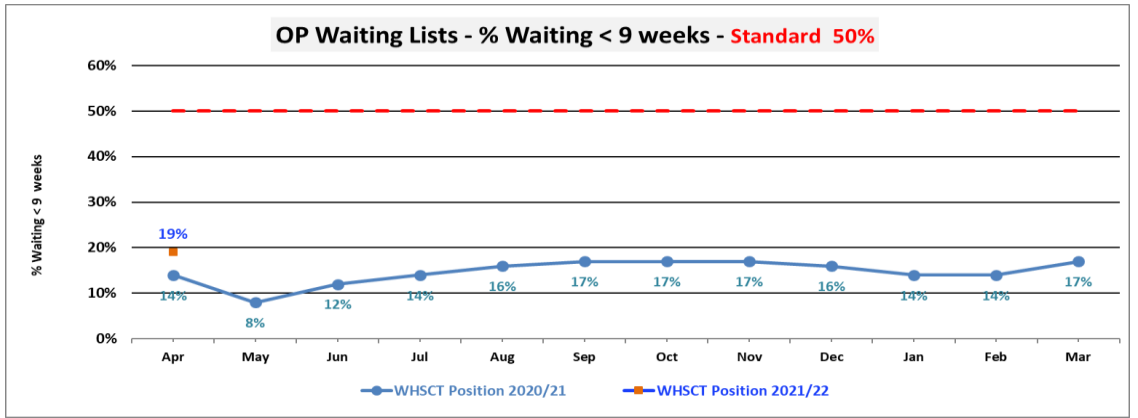


Title	Target	Comments / Actions	March 21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Cancer Services	Target 4.10(i): During 2021/22, all urgent suspected breast cancer referrals should be seen within 14 days.	% treated within 14 days	43%	36%	↓	36%	
		Number treated over target	175	193		193	
	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	99%	98%	↓	98%	
		Number treated over target	1	2		2	
	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	47%	55%	↑	55%	
		Number treated over target	30.5	29.0		29.0	
			The 30.5 treated over target equates to 36 patients 12 of which are ITT's	The 29.0 treated over target equates to 30 patients 2 of which are ITT's		The 29.0 treated over target equates to 30 patients 2 of which are ITT's	



Title	Target/Indicator	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Outpatient Waiting List	Target 4.11: By March 2022, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	- % waiting < 9 weeks	17%	19%	↑		
		- [Number waiting > 9 weeks]	40816	40488	↑		
		- [Number waiting > 52 weeks]	26456	25788	↑		

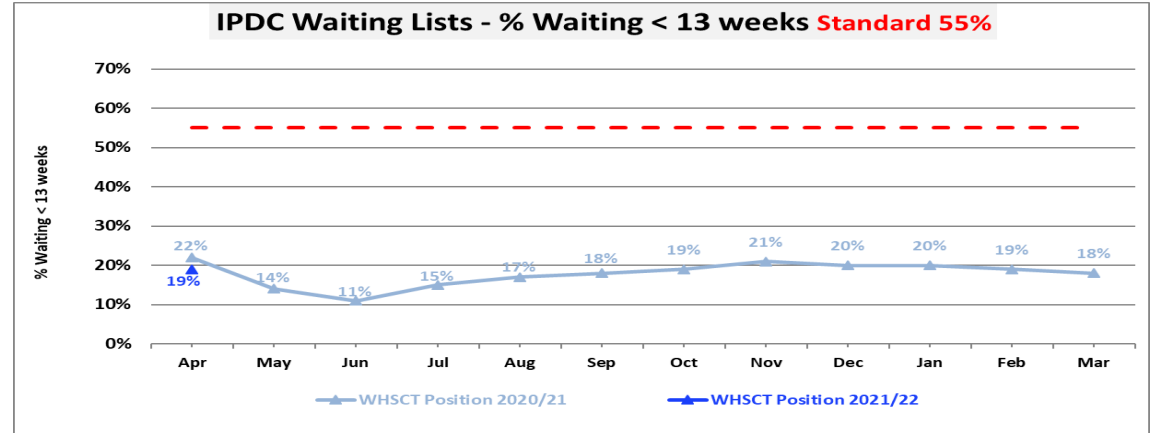
Outpatients Waiting Lists - Key Specialties - As at 30/04/2021					
Specialty	Total OP Waiting	Number Waiting > 9 weeks	Number Waiting > 52 weeks	Longest Waiter (weeks)	Site of Longest Waiter
General Surgery	9354	7996	5429	334.4	ALTNAGELVIN
Orthopaedics	5492	4415	3133	313.1	ALTNAGELVIN
Oral Surgery	3754	3432	2646	323.4	CAUSEWAY
Gastroenterology	2575	2197	1551	298.1	OMAGH
Respiratory Medicine	1241	1018	638	261.6	OMAGH
Neurology	3772	3523	2929	336.6	ALTNAGELVIN
Rheumatology	2212	1834	1153	182.3	ALTNAGELVIN

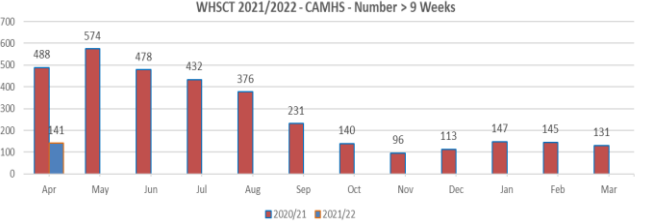
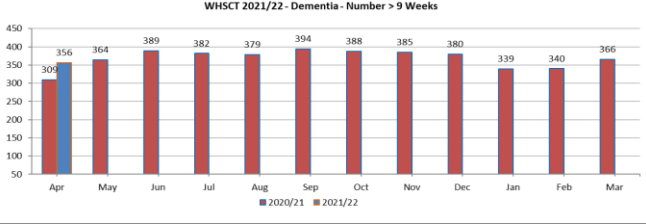
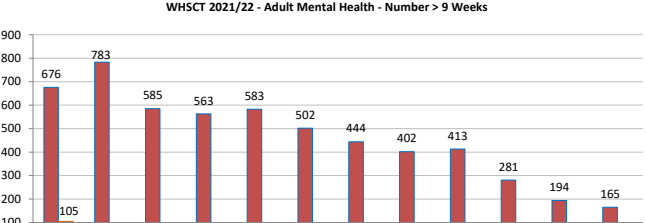
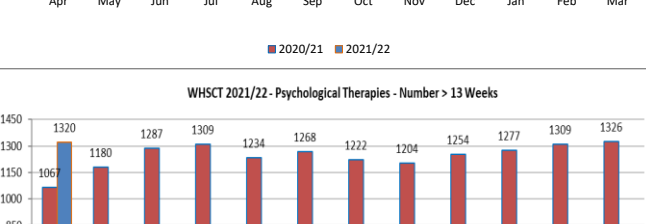


Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Diagnostic Test	Target 4.12: By March 2022, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	<b>Diagnostic Test</b>			↑		
		- % waiting < 9 weeks	69%	74%			
		- Total Number waiting > 9 weeks	3283	2929			
		- [Imaging]	482	380			
		- [Physiological Measurement]	2801	2549			
		- Total Number waiting > 26weeks	1121	1134			
		<b>Endoscopy</b>					
- [Number waiting > 9 weeks]	3732	3823					

Title	Target	Comments / Actions	Mar-21	Apr-21	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	18%	19%	↑		
		- Number waiting > 13 weeks	18642	18574	↑		
		- Number waiting > 52 weeks	13628	13457	↑		

Inpatients Waiting Lists - Key Specialties - As at 30/04/2021					
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)	2321	2058	1594	328.1	265.5
Urology	2066	1441	895	266.5	239.0
Orthopaedics	5663	4904	2599	311.8	328.4
E. N. T.	2370	2218	2080	331.5	217.3
Ophthalmology (not incld RASC Eye NHST)	3300	2479	2008	-	224.3
Oral Surgery	377	295	211	197.2	222.4
Pain Management	266	233	172	-	111.9
Gynaecology	946	711	446	205.9	124.9



Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis	
9 week Access Targets: CAMHS & Older People (Dementia)	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Child and Adolescent Mental Health services.	Total number waiting at month end	273	301	↓		<p>WHSCCT 2021/2022 - CAMHS - Number &gt; 9 Weeks</p> 	
		Number waiting >9 weeks	131	141				
		Longest wait (weeks) at month end	44	48				
	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Dementia Services.	Total Number waiting at month end	485	464	↑			<p>WHSCCT 2021/22 - Dementia - Number &gt; 9 Weeks</p> 
		Number waiting > 9 weeks	366	356				
		Longest wait (weeks) at month end	57	53				
9 week Access Targets: Mental Health & Learning Disability	Target 4.14: By March 2022, no patient waits longer than 9 weeks to access Adult Mental Health Services.	Total Number waiting	678	676	↑		<p>WHSCCT 2021/22 - Adult Mental Health - Number &gt; 9 Weeks</p> 	
		Total Number waiting > 9 weeks	165	105				
		Longest wait (weeks) at month end	74	68				
	Patient Breaches = 65 PCL, 0 Forensic, 17 EDS, 4 ADS & 19 PCOP							
13 week Access Targets: Psychological Therapies	Target 4.14: By March 2022, no patient waits longer than 13 weeks to access to any Psychological Therapy Service (any age).	Total Number Waiting	1651	1706	↑		<p>WHSCCT 2021/22 - Psychological Therapies - Number &gt; 13 Weeks</p> 	
		Total Number waiting >13 weeks	1326	1320				
		Longest wait (weeks) at month end	134	139				
	Patient Breaches = 782 AMH, 9 PCOP, 116 Adult LD, 243 Child LD, 7 Adult Health Psych, 163 Child Psych							

Title	Target	Comments / Actions	Mar-21	Apr-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. <b>20/21 Target by 31st March 2021 = 1720 Direct Payments during Month)</b> (All	1659	1640	↓		<p><b>Number of All Direct Payments in Place During Month - Service Users &amp; Carers</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Clients</th> </tr> </thead> <tbody> <tr><td>Apr-20</td><td>1373</td></tr> <tr><td>May-20</td><td>1371</td></tr> <tr><td>Jun-20</td><td>1374</td></tr> <tr><td>Jul-20</td><td>1458</td></tr> <tr><td>Aug-20</td><td>1500</td></tr> <tr><td>Sep-20</td><td>1498</td></tr> <tr><td>Oct-20</td><td>1534</td></tr> <tr><td>Nov-20</td><td>1597</td></tr> <tr><td>Dec-20</td><td>1632</td></tr> <tr><td>Jan-21</td><td>1585</td></tr> <tr><td>Feb-21</td><td>1579</td></tr> <tr><td>Mar-21</td><td>1659</td></tr> <tr><td>Apr-21</td><td>1640</td></tr> </tbody> </table>	Month	Number of Clients	Apr-20	1373	May-20	1371	Jun-20	1374	Jul-20	1458	Aug-20	1500	Sep-20	1498	Oct-20	1534	Nov-20	1597	Dec-20	1632	Jan-21	1585	Feb-21	1579	Mar-21	1659	Apr-21	1640											
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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. <b>(Active Clients at Month End)</b>	6605	6712	↑		<p><b>Service Users in Receipt of SDS (Ongoing Package) - All POC's</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total Service Users (All POCs)</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>5,694</td></tr> <tr><td>Apr-20</td><td>5,716</td></tr> <tr><td>May-20</td><td>5,809</td></tr> <tr><td>Jun-20</td><td>5,938</td></tr> <tr><td>Jul-20</td><td>6,021</td></tr> <tr><td>Aug-20</td><td>6,135</td></tr> <tr><td>Sep-20</td><td>6,278</td></tr> <tr><td>Oct-20</td><td>6,409</td></tr> <tr><td>Nov-20</td><td>6,458</td></tr> <tr><td>Dec-20</td><td>6,511</td></tr> <tr><td>Jan-21</td><td>6,592</td></tr> <tr><td>Feb-21</td><td>6,680</td></tr> <tr><td>Mar-21</td><td>6,605</td></tr> <tr><td>Apr-21</td><td>6,712</td></tr> </tbody> </table>	Month	Total Service Users (All POCs)	Mar-20	5,694	Apr-20	5,716	May-20	5,809	Jun-20	5,938	Jul-20	6,021	Aug-20	6,135	Sep-20	6,278	Oct-20	6,409	Nov-20	6,458	Dec-20	6,511	Jan-21	6,592	Feb-21	6,680	Mar-21	6,605	Apr-21	6,712									
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AHPs	Target 5.3: By March 2022, no patient waits longer than 13 weeks from referral to commencement of AHP treatment by an allied health professional.				↑		<p><b>Allied Health Professionals (AHP) Number Waiting &gt;13 Weeks at Month End</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>2020/21</th> <th>2021/22</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>6000</td><td>4000</td></tr> <tr><td>May</td><td>8500</td><td>4000</td></tr> <tr><td>Jun</td><td>10000</td><td>4000</td></tr> <tr><td>Jul</td><td>10000</td><td>4000</td></tr> <tr><td>Aug</td><td>8500</td><td>4000</td></tr> <tr><td>Sep</td><td>7000</td><td>4000</td></tr> <tr><td>Oct</td><td>6000</td><td>4000</td></tr> <tr><td>Nov</td><td>5500</td><td>4000</td></tr> <tr><td>Dec</td><td>5000</td><td>4000</td></tr> <tr><td>Jan</td><td>4500</td><td>4000</td></tr> <tr><td>Feb</td><td>4500</td><td>4000</td></tr> <tr><td>Mar</td><td>4500</td><td>4000</td></tr> </tbody> </table>	Month	2020/21	2021/22	Apr	6000	4000	May	8500	4000	Jun	10000	4000	Jul	10000	4000	Aug	8500	4000	Sep	7000	4000	Oct	6000	4000	Nov	5500	4000	Dec	5000	4000	Jan	4500	4000	Feb	4500	4000	Mar	4500	4000
Month	2020/21	2021/22																																												
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		<b>Total waiting &gt;13 weeks</b>	4622	4281																																										
		<b>Dietetics</b>	615	620																																										
		<b>Occupational Therapy</b>	2319	2356																																										
		<b>Orthoptics</b>	511	533																																										
		<b>Physiotherapy</b>	591	271																																										
		<b>Podiatry</b>	199	133																																										
		<b>Speech and Language Therapy</b>	387	368																																										
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	Mar 21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Mental Health & Learning Disability	Target 5.7: During 2021/2022, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	<b>Total Discharges</b>	144	131	↑	131	<b>Adult Mental Health Discharges within 7 day standard</b> 
		% Mental Health Discharges within 7 days	96%	98%		98%	
		Number of Mental Health Discharges within 7 days	138	128		128	
		% Mental Health Discharges > 28 days	3%	1%	↑	1%	
		Number of Mental Health Discharges > 28 days	5	1		1	
		1 patient delayed >28 days (completed waits) during Apr-21 (0 AMH & 3 PCOP)					
	Target 5.7: During 2021/2022, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	<b>Total Discharges</b>	2	3	↑	3	<b>Learning Disability Discharges within 7 day standard</b> 
		% Learning Disability Discharges within 7 days	50%	100%		100%	
		Number of Learning Disability Discharges within 7 days	1	3		3	
		% Learning Disability Discharges > 28 days	50%	0%	↑	0%	
Number of Learning Disability Discharges > 28 days		1	0	0			

Title	Target	Comments / Actions	Dec-20	Mar-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) <b>20/21 Quarterly Target = 337</b>	309	351	↑		<b>Number of Adult Carers Offered Individual Carers Assessments</b> 
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 <b>20/21 Quarterly Target = 24,246 Hours (Ex Daycare)</b>	21,053	23,135	↑		<b>Community Short Breaks 2020/21 (Ex. Daycare)</b> 
	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 <b>Baseline =</b> <b>Awaiting confirmation of baseline and technical guidance</b>					

Title	Target	Comments / Actions	Jan-21	Feb-21	Trend	Cumulative Position	Trend / Activity Analysis
<b>Pharmacy Efficiency Programme</b>	<b>Target 7.1:</b> 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.
<b>DSF Framework</b>	<b>Target 7.2:</b> 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.	<b>Awaiting confirmation of baseline and technical guidance</b>					

Title	Target	Comments / Actions	Mar-21	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
<b>Cancelled Appointments</b>	<b>Target 7.3:</b> 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)	824	825	➔	825	
<b>Elective Care</b>	<b>Target 7.4:</b> By March 2021, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	See the below table that outlines the IP & DC / New and Review OP positions.					

Title	Target	Comments / Actions	Mar 21	April 21	Trend	Cumulative Position	Trend / Activity Analysis
Delayed Discharges Acute Hospital	Target 7.5: By March 2022, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours	Acute Discharges					
		Complex Discharges - % discharged within 48 hours	85%	88%	↑	88%	
		% discharged within 7 days	94%	93%	↓	93%	
		Number waiting > 7 days	23	21	↓	21	
		Non Complex Discharges - % discharged within 6 hours	95%	96%	↑	96%	

Top 5 Reasons for Delay		ALTNAGELVIN HOSPITAL	SOUTH WEST ACUTE HOSPITAL	TOTAL
Complex Discharges Greater Than 48 Hours				
April 21				
1	COMPLEX 110 - NO DOMICILARY PACKAGE AVAILABLE	8	11	19
2	COMPLEX 111 - AWAIT ASSESSMENT/ ACCEPTANCE TO CARE HOME	6	2	8
3	COMPLEX 116 - DEMENTIA	2	2	4
4	COMPLEX 104 - BED CASED IC - SUB ACUTE/NON ACUTE HOSP	3	0	3
5	COMPLEX 118 - ESSENTIAL EQUIPMENT/ADAPT NOT AVAILABLE	2	0	2

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	<b>Target 8.6:</b> By December 2020, to ensure at least 40% of Trust staff (health care and social care staff) have received the seasonal flu vaccine.	As at 31st March 2020 - 2061 out of 7729 Trust frontline staff received the Flu Vaccination excludes Bank nurses and Porters.	To be reported in line with 2020/21 flu vaccine programme	↑		
Title	Target	Comments / Actions	Mar-21	Trend	Cumulative Position	Trend / Activity Analysis
Absence	<b>Target 8.7:</b> 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%	↑		
Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Healthier Workplace	<b>Target 8.9:</b> By March 2021, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PIG.	Awaiting confirmation of baseline and technical guidance				
OBA	<b>Target 8.10:</b> 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	Apr-21	Trend	Cumulative Position	Trend / Activity Analysis
Quality 2020	<b>Target 8.11:</b> By March 2021, 60% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2. Reported quarterly.	<b>Level 1 Training</b> As at 31st April 2021 cumulative position 7,147 against WHSCT 19/20 Target [11,664] Staff <b>**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.</b>	61.3%	↑		
		<b>Level 2 Training</b> As at 31st April 2021 cumulative position [189] against WHSCT 19/20 Target [11,664] Staff <b>**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.</b>	1.6%	→		
Title	Target	Comments / Actions		Trend	Cumulative Position	Trend / Activity Analysis
Dysphagia Awareness	<b>Target 8.13:</b> 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
<b>Make Every Contact Count</b>	<b>Target 1.5:</b> 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					
<b>Dental</b>	<b>Target 1.6:</b> 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					
<b>Healthier Pregnancy</b>	<b>Target 1.8:</b> By March 2021, to have further developed, and implemented the "Healthier Pregnancy" approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	Awaiting confirmation of baseline and technical guidance					Awaiting confirmation of baseline and technical guidance
Title	Target	Comments / Actions	Dec-20	Mar-21	Trend	Cumulative Position	Trend / Activity Analysis
<b>Healthy Child/ Healthy Future</b>	<b>Target 1.9:</b> 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 = 6636 Total Seen = 5157 % Seen = 78% % Seen in Child's home = 67%	Cohort = 6426 Total Seen = 4744 % Seen = 74% % Seen in Child's home = 61%			These figures are provisional at end of Mar'2021 as validated figures are not reported until 3 months after the quarter end
Title	Target	Comments / Actions			Trend	Cumulative Position	Trend / Activity Analysis
<b>Best Start in Life</b>	<b>Target 1.10:</b> 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 PIG Outcome 14 "We give our children and young people the best start in life".	Awaiting confirmation of baseline and technical guidance					
<b>Suicide</b>	<b>Target 1.13:</b> 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					
<b>Alcohol Drug Related Harm and Drug related Death</b>	<b>Target 1.14:</b> 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					
<b>Long Term Conditions</b>	<b>Target 1.15:</b> By July 2021, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework.	Awaiting confirmation of baseline and technical guidance					

## Glossary of Terms

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

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