South Eastern Health and Social Care Trust

Paper No. SET/76/19

Integrated Performance Management & Accountability Framework
Corporate Scorecard
October 2019

Contents

Introduction

This report presents the monthly performance against:

- Agreed population health and well-being outcome measures as outlined in the Draft Programme for Government (2016-21),
- Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2017/18

The report is divided into two sections:

- Section 1: **SET Outcomes**. This section includes performance against; PfG indicators; Department of Health indictors and internally defined directorate level Outcomes and Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE).
  A dashboard is provided on a bi-annual basis to demonstrate the Trust's contribution to the achievement of the following PfG Outcomes:
  - *We enjoy long, healthy active lives*
  - *We care for others and help those in need*
  - *We give our children and young people the best start in life*
  - *We have a more equal society*
  - *We have a safe community where we respect the law and each other*

We will provide an update on a bi-annual basis. Full report can be found at https://view.pagetiger.com/pfg-outcomes/improving-outcomes
Safety, Quality and Experience performance is reported under this section on a monthly basis under the Department of Health led PfG outcome, We live long, health, active lives.

- Section 2: Performance against commissioning plan targets. This section contains separate sections for each of the directorates. The first few pages give a dashboard of performance;
  - Highlight scores against each of the Commissioning Plan targets
  - Performance against each of the HSC Indicators of Performance
  - Performance against each of the directorate KPIs

This is followed by a detailed breakdown of performance against each of the Commissioning Plan targets with, where appropriate, a 12 month performance trend analysis. The end of this section contains performance improvement trajectories.

Glossary of Terms

AH	Ards Hospital
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
BH	Bangor Hospital
BHSCT	Belfast Trust
C Diff	Clostridium Difficile
C Section	Caesarean Section
CAUTI	Catheter Associated Urinary Tract Infection
CBYL	Card Before You Leave
CCU	Coronary Care Unit
CHS	Child Health System
CLABSI	Central Line Associated Blood Stream Infection
CNA	Could Not Attend (eg at a clinic)
DC	Day Case
DH	Downe Hospital
DNA	Did Not Attend (eg at a clinic)
ED	Emergency Department
EMT	Executive Management Team
ERCP	Endoscopic Retrograde Cholangiopancreatography
ESS	Employee Self Service (in relation to HRPTS)
FIT	Family Intervention Team
FOI	Freedom of Information
HCAI	Health Care Acquired Infection
HR	Human Resources
HRMS	Human Resource Management System
HRPTS	Human Resources, Payroll, Travel & Subsistence
HSCB	Health & Social Care Board
HSMR	Hospital Standardised Mortality Ratios
ICU	Intensive Care Unit
IiP	Investors in People
IP	Inpatient
IP&C	Infection Prevention & Control
KPI	Key Performance Indicator
KSF	Key Skills Framework
LVH	Lagan Valley Hospital
MPD	Monitored Patient Days
MRSA	Methicillin Resistant Staphylococcus Aureus
MSS	Manager Self Service (in relation to HRPTS)
MUST	Malnutrition Universal Screening Tool
NICAN	Northern Ireland Cancer Network
NICE	National Institute for Health and Clinical Excellence
NIMATS	Northern Ireland Maternity System
OP	Outpatient
OT	Occupational Therapy
PAS	Patient Administration System
PC&OP	Primary Care & Older People
PDP	Personal Development Plan
PfA	Priorities for Action
PfG	Programme for Government
PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
RAMI	Risk Adjusted Mortality Index
SET	South Eastern Trust
S&LT	Speech & Language Therapy
SQE	Safety, Quality and Experience
SSI	Surgical Site Infection
TDP	Trust Delivery Plan
UH	Ulster Hospital
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism
W&CH	Women and Child Health
WHO	World Health Organisation
WLI	Waiting List Initiative

SECTION 1

SET OUTCOMES

Programme for Government Framework

PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores >/= 4

Number of adults receiving social care services at home or self-directed support for social care as a % of the total number of adults needing care

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

Confidence of the population aged 60 years+ (as measured by self-efficacy)

Gap between highest and lowest deprivation quintile in health life expectancy at birth

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

Improve support for people with care needs The number of adults receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care

Improve mental wellbeing

Improve end of life care - Percentage of the last 6 months of life which are spent at home or in a community setting

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

SAFE AND EFFECTIVE CARE
September 2019

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 31.10.2019

We all know that measurement is integral to the improvement methodology in healthcare but how do we know whether or not we have actually made a difference and if the care being delivered is getting better, staying the same or getting worse each year? What we do not always take into account is the variation in the way that services are delivered – by individual departments, people and even different types of equipment. All of these differences in the way things are done lead to differences in the way services are delivered.

The main aims of using Statistical Process Control (SPC) charts are to understand what is 'different' and what the 'norm' is. By using these charts, we can then understand where the focus of work needs to be concentrated in order to make a difference. We can also use SPC charts to determine if an improvement is actually improving a process and also use them to 'predict' statistically whether a process is 'capable' of meeting a target. SPC charts are therefore used:

• As way of demonstrating and thinking about variation

• As simple tool for analysing data – measurement for improvement

• As a tool to help make better decisions - easy and sustainable to use

South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 31.10.2019

Description

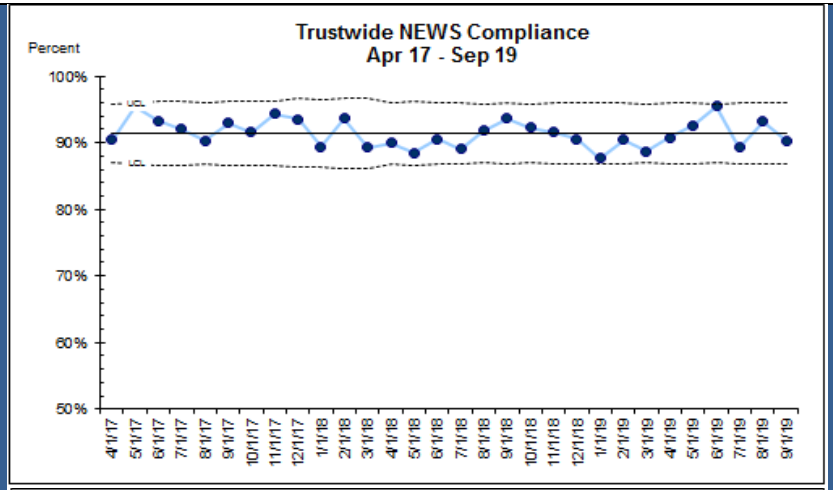
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.

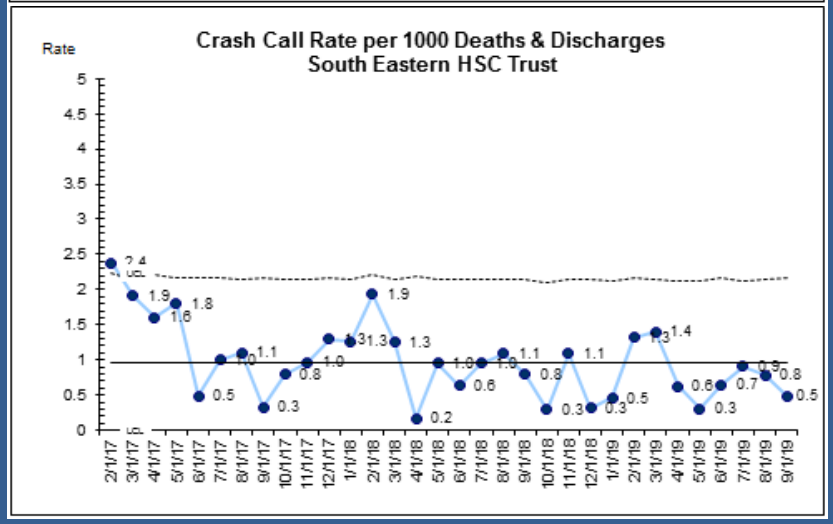
Aggregate position

Regional agreement has been met that all Trusts will move to NEWS 2 by 31st March 2020.
PDSA 4 NEWS 2 test currently happening in 3 wards
Links have been made with appropriate teams re facilitating training/awareness sessions commencing January 2020, to support the e-learning modules currently being undertaken by staff in preparation for the move.

All cardiac arrests are reported to the monthly M&M meetings for discussion.

Trend





Variation

Lowest compliance questions: Part 1: Evidence of appropriate action (93%) and Part 2: If NEWS score is above 5, is there evidence of actions taken (90%)

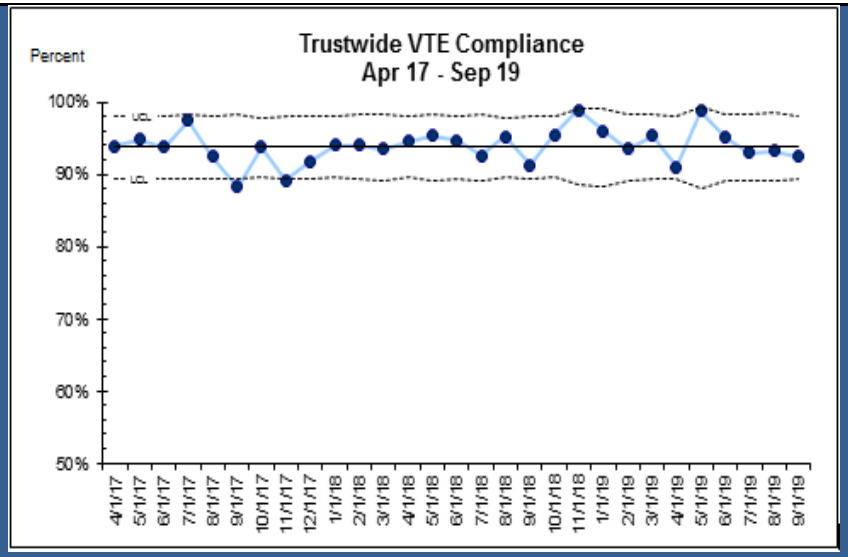
2017/18
Average compliance 93%

2018/19
Average compliance 90%

2019/20
Average compliance 91%

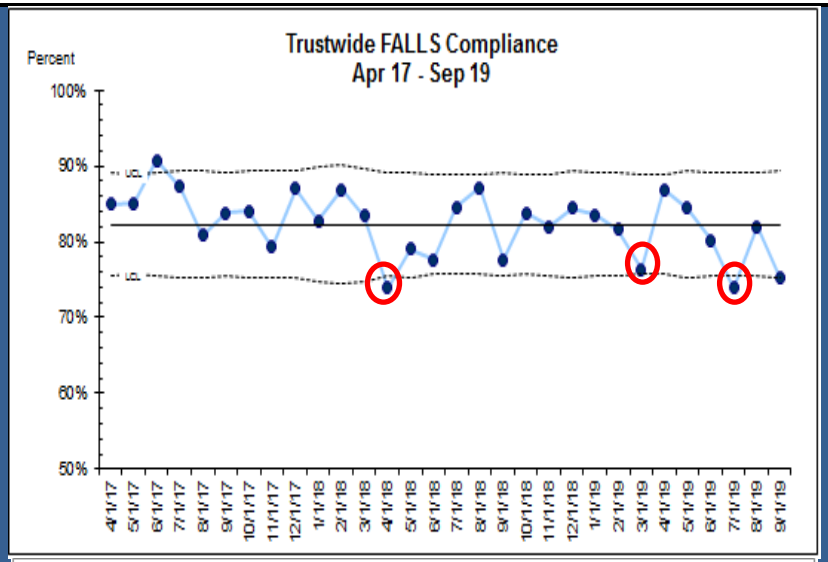
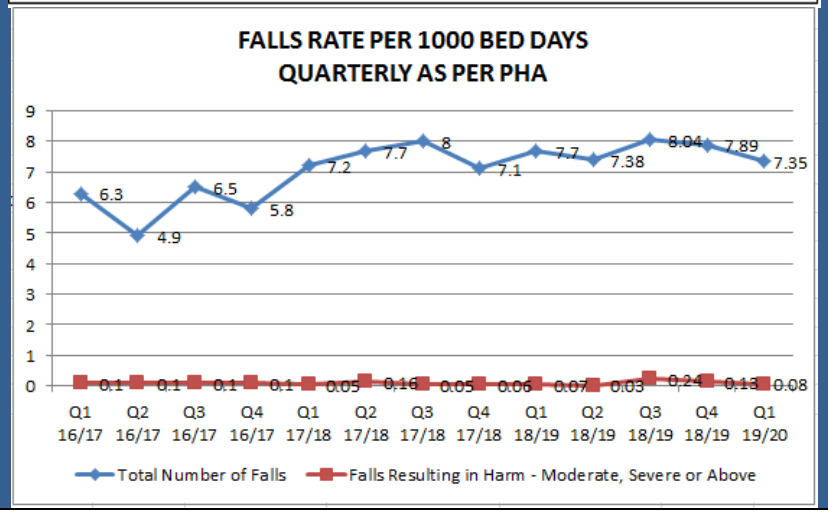
South Eastern Health and Social Care Trust

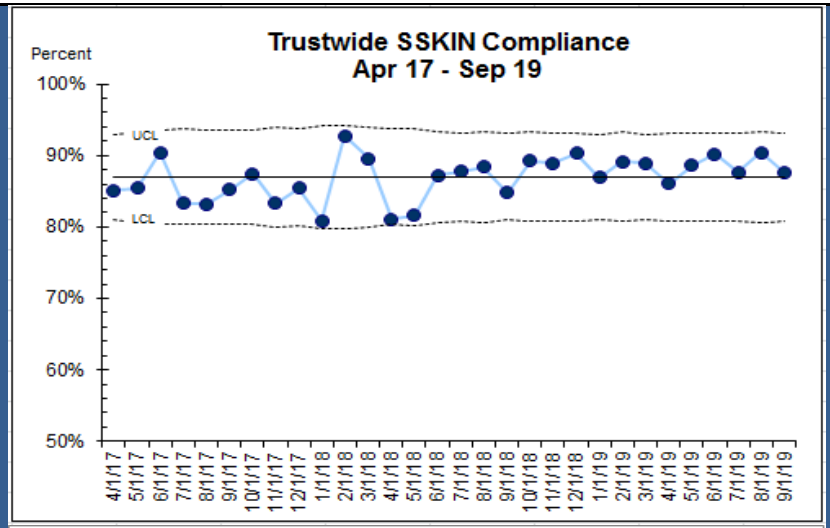
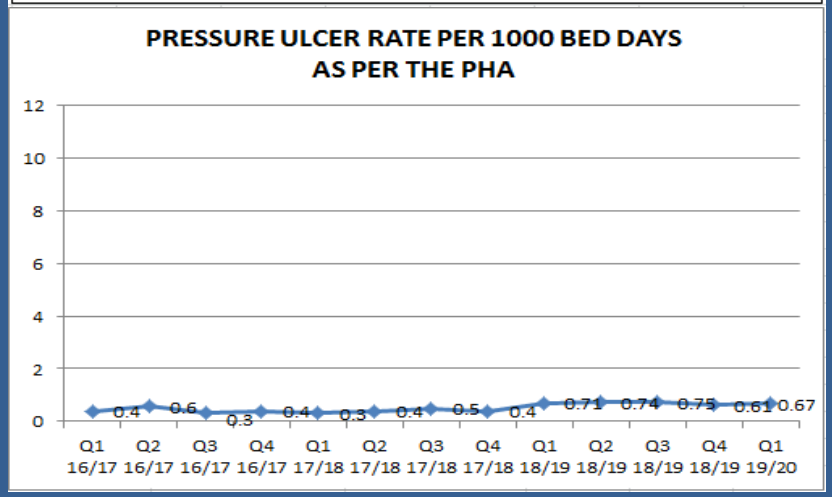
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 31.10.2019

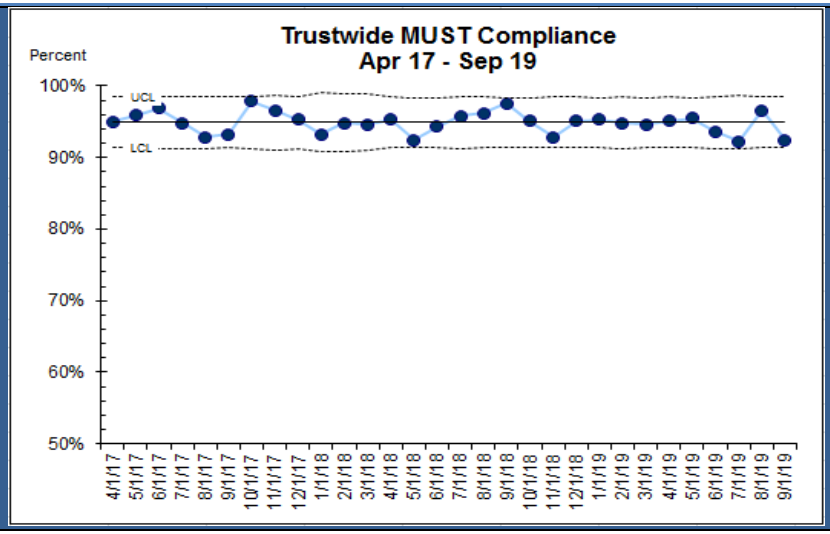
Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2019/20			**2017/18** Average compliance 93% **2018/19** Average compliance 95% **2019/20** Average compliance 94%

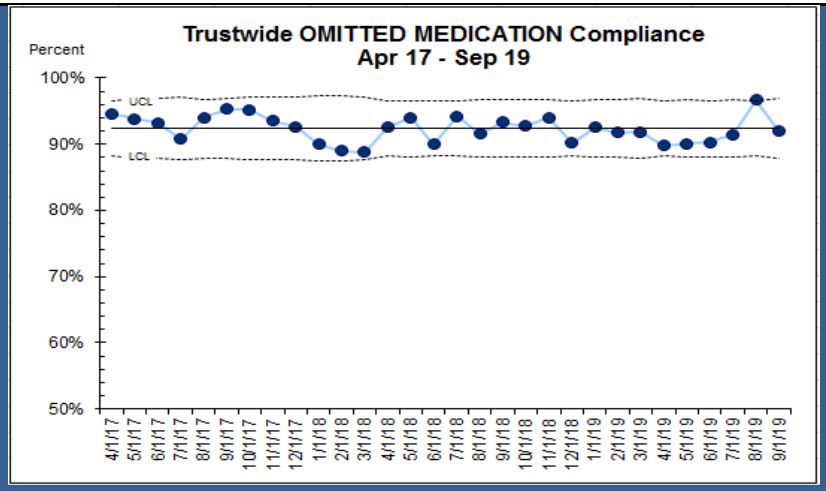
South Eastern Health and Social Care Trust

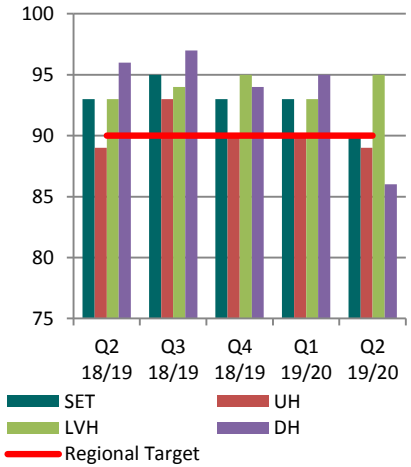
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 31.10.2019

Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	**Falls rate for Q2 is not yet available from the PHA** **Q2 shows a reduction in overall falls for the quarter to 473 with 7 moderate to severe.** **Data collection and analysis for the Falls Improvement Work in Wards 3A and 3B continued over the summer / autumn. Senior Nurse leads attended the National falls conference in London - generating some new potential change ideas**	 	Lowest compliance questions: Part A: 'Urinalysis performed' 85% Part B: 'Lying and Standing Blood Pressure'82% **2017/18** Average compliance 82% **2018/19** Average compliance 81% **2019/20** Average compliance 80%

Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable **Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days**	**Q2 Pressure Ulcer rates are not yet available from the PHA** **Q2 pressure ulcer figures –** **Stage 2 or above: 33** **Stage 3/4: 6** **Ungradeable: 6** **Avoidable: 0**	 	Lowest compliance question: 'Nutritional Risk Tool (MUST)' 97% **2017/18** Average compliance 86% **2018/19** Average compliance 88% **2019/20** Average compliance 89%

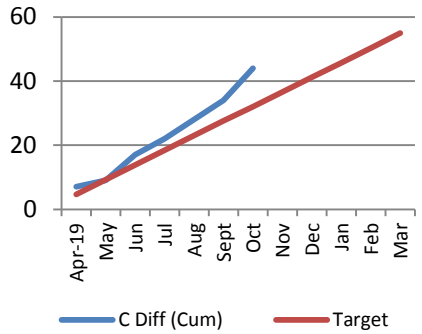
Description	Aggregate position	Trend	Variation
Good nutrition is fundamental for health, healing and recovery from illness and injury. Nutritional screening is a first-line process of identifying patients who are already malnourished or at risk of becoming so and should be undertaken by the nurses on patient admission to hospital.	**Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units. Next Steps audit completed to see if nutritional care is being carried out in line with risk status.**		**2017/18** Average compliance 97% **2018/19** Average compliance 95% **2019/20** Average compliance 94%

Description	Aggregate position	Trend	Variation
95% compliance with fully completing medication kardexes (i.e. no blanks) The omitted medicines regional group has been formed to set direction and inform strategy on omitted and delayed medicines for adults in patient wards.	**There has been a steady increase in compliance.** **The regional working group agreed each trust would test the safety thermometer as a proposed regional measurement tool.** **Safety thermometer has been tested on ward 5b and transition ward UHD . This work is being taken forward on a regional basis.**		**2017/18** Average compliance 92% **2018/19** Average compliance 91% **2019/20** Average compliance 91%

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target.	SET 93%	SET 95%	SET 93%	SET 93%	SET 90%	
			UH 89%	UH 93%	UH 90%	UH 90%	UH 89%	
			LVH 93%	LVH 94%	LVH 95%	LVH 93%	LVH 95%	
			DH 96%	DH 97%	DH 94%	DH 95%	DH 86%	

<table>
<tr><th>TITLE</th><th>Target</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr>
<td rowspan="3">HCAI</td>
<td rowspan="3">By March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.

By March 2020 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</td>
<td rowspan="3">
<table>
<tr><th></th><th>2018/2019 Target</th><th>2019/2020 Target</th></tr>
<tr><td>C Diff</td><td>Target<55</td><td>Target < 55</td></tr>
<tr><td>MRSA</td><td>Target<5</td><td>Target < 5</td></tr>
<tr><td>GNB</td><td>Target <39</td><td>Target < 39</td></tr>
</table>
Of the 44 C Diff cases in 19/20, 13 were within 72 hours of admission, with 31 later than 72 hours from admission.

Of the 3 MRSA Cases, all were later than 48 hours of admission.
</td>
<td>C Diff
6
(cum 28)</td>
<td>C Diff
6
(cum 34)</td>
<td>C Diff
10
(cum 44)</td>
<td> 
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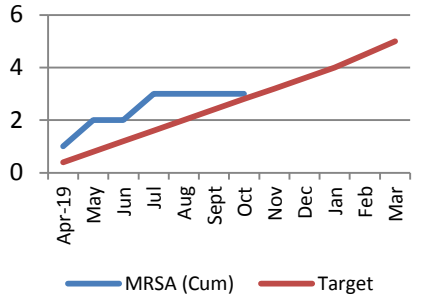
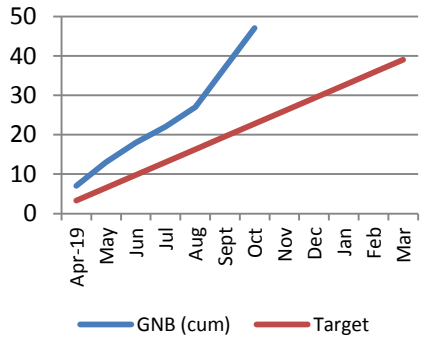
<tr>
<td>MRSA
0
(cum 3)</td>
<td>MRSA
0
(cum 3)</td>
<td>MRSA
0
(cum 3)</td>
<td> 
</td>
</tr>
<tr>
<td>GNB
3
(cum 27)</td>
<td>GNB
10
(cum 37)</td>
<td>GNB
10
(cum 47)</td>
<td> 
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SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Outpatient waits	Min 50% <9 wks for first appt		20.1%	19.9%	19.0%	18.3%	19.4%	19.8%	19.1%	18.5%	18.6%	18.7%	18.0%	19.3%	19.6%
	All <52 wks		60.2%	60.3%	60.1%	60.0%	59.6%	59.4%	58.5%	57.7%	56.5%	55.8%	55.7%	56.5%	56.7%
Diagnostic waits	Imaging 75% <9 wks		58.5%	67.9%	66.6%	65.3%	66.9%	65.8%	63.7%	59.8%	60.3%	63.5%	59.5%	61.7%	62.7%
	Physiological Measurement <9 wks		51.8%	52.6%	46.5%	45.1%	47.3%	51.4%	49.2%	47.8%	46.3%	43.9%	33.9%	39.8%	42.6%
	Diag Endoscopies	< 9 wks	38%	41%	45%	46%	55%	69%	80%	87%	83%	72%	59%	57%	64%
		< 13 wks	65%	63%	66%	65%	62%	63%	63%	63%	62%	56%	55%	55%	59%
Inpatient & Daycase Waits	Min 55% <13 wks		45%	48%	49%	47%	49%	52%	53%	51%	49%	46%	43%	41%	46%
	All <52 wks		81%	82%	83%	82%	82%	82%	82%	82%	81%	81%	82%	81%	82%
Diagnostic Reporting	Urgent tests reported <2 days		88.2%	88.2%	81.7%	85%	80.2%	70.1%	80.3%	88.3%	81.9%	83.5%	83.7%	84.4%	83.2%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	76.1%	73.2%	70%	70.3%	69.2%	69.3%	69.5%	71.7%	69.6%	70.7%	73.9%	72%	75%
		12hr breaches	306	515	621	759	933	789	782	577	595	702	572	774	938
	UHD	4hr performance	66.1%	62%	58.4%	59%	56.3%	57%	55.2%	57.2%	56.0%	56.8%	61.5%	59.8%	59%
		12hr breaches	305	507	610	710	890	756	761	576	564	695	560	757	914
	LVH	4hr performance	77.5%	80.3%	77.1%	71.9%	73.7%	73.8%	75.8%	81.3%	75.6%	74.8%	81.1%	75.3%	69.4%
		12hr breaches	0	1	6	24	25	11	8	1	2	4	1	4	9
	DH	4hr performance	90.4%	88.9%	90%	87.9%	89.4%	86.4%	89.4%	89%	89.2%	89.0%	88.9%	87.8%	85.5%
		12hr breaches	1	7	5	25	18	22	13	0	4	3	11	13	15
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		89.7%	87.6%	84.5%	86.3%	87.4%	85.5%	83.8%	85.4%	82.4%	85.1%	87.8%	86.8%	87.2%
Non Complex discharges	ALL <6hrs		89.7%	89%	88.8%	89.2%	89%	89%	89.3%	88.9%	87.7%	87.1%	87.6%	87.9%	87.9%
Hip Fractures	>95% treated within 48 Hours		79%	74%	82%	76%	97%	91%	61%	63%	84%	66%	57%	79%	86%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		14%	17%	6%	5%	12.5%	16.2%	6%	14.6%	17.2%	10%	10.5%	3.3%	22.8%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		41%	44%	50%	38%	48%	49%	43%	39%	44%	42%	61%	37%	37%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		98.2% (4) {56}	94% (16) {21}	98.9% (2) {17}	90% (27) {31}	100% (0) {13}	98.6% (3) {15}	100% (0) {14}	100% (0) {13}	100% (0) {13}	100% (0) {13}	100% (0) {14}	100% (0) {14}	100% (0) {14}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		95% (5)	89% (9)	95% (5)	92% (11)	95% (5)	94% (7)	90% (10)	94% (10)	95% (5)	88% (10)	95% (6)	91% (9)	97% (4)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%			100%			100%			To be reported in arrears			
	Psoriasis (n) - Breaches		100% (0)			100%			100%			To be reported in arrears			

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		96.9%	95.4%	92.8%	97.6%	98.6%	95%	93%	98.2%	98.3%	95.4%	93.8%	95.2%	95.3%
	% routine tests reported <28 days (Target formerly 100%)		97.6%	96.2%	99.3%	99.4%	99.8%	99.8%	99.4%	99.7%	99.7%	98.3%	98.4%	96.7%	97.6%
% Operations cancelled for non-clinical reasons		SET	0.9%	0.6%	1.1	0.8%	1.1%	1.2%	1.2%	0.8%	1.2%	1.6%	1.1%	0.8%	1.4%
		UHD	0.9%	0.7%	1.5	1%	1.5%	1.3%	1.3%	0.5%	1.4%	1.2%	1.3%	0.9%	2.0%
		LVH	1.4%	0.2%	0.5	1%	0.9%	1.3%	1.3%	0.8%	1.6%	0.7%	1.2%	0.8%	0.7%
		DH	0.2%	1.1%	0.7	0%	0%	0.2%	0.2%	1.6%	1.5%	**4.5%**	0.4%	0.2%	0.5%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	Cum 74%	**Cum 67%**	**Cum 66%**	**Cum 66%**			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 77.3%	Cum 77.9%	Cum 78.1%	Cum 78.7%	Cum 79.0%	Cum 79.5%	Cum 87.7%	Cum 83.6%	Cum 82.9%	Cum 80.4%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		12329	12062	11860	12405	11464	12571	12782	13141	12490	10840	12813	12681	12981
	Ulster Hospital		8053	8156	8216	8199	7552	8351	8271	8492	8338	8226	8377	8270	8411
	Lagan Valley Hospital		2382	2140	1911	2213	2117	2271	2307	2444	2118	2390	2297	2361	2484
	Downe Hospital (inc w/end minor injuries)		1894	1766	1733	1993	1795	1949	2204	2205	2034	2244	2139	2050	2086
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.9%	9.4%	10.9%	10.4%	9.6%	9.6%	10.4%	9.6%	9.5%	9.6%	9.2%	9.8%	9.6%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**-0.1%**	**-0.5%**	23.1%	**6.9%**	19.6%	**8.6%**	**12.3%**	**0.7%**	18.5%	**9.3%**	22.8%	**12.3%**	**-4.9%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5564	5037	3935	5278	4848	4976	4904	5195	5125	5148	5194	5390	6018
Other Operative Fractures	>95% within 48hrs		**78%**	**74%**	**71%**	**75%**	**89%**	**86%**	**66%**	**67%**	**72%**	**67%**	**58%**	**74%**	**78%**
	100% within 7 days		97.3%	97.3%	98.6%	95.8%	100%	97%	**94%**	**92.9%**	96.4%	97.8%	97.4%	95%	97.4%
Stroke	No of patients admitted with stroke		35	35	34	42	32	37	35	41	29	30	38	31	35
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**39.6% (131)**	**47% (122)**	**50% (121)**	**46.8% (99)**	**55% (104)**	**51.3% (112)**	**49.1% (112)**	**43.8% (104)**	**50% (117)**	**42.1% (147)**	**32.8% (197)**	**33.3% (172)**	**38% (176)**
		Ophth	**37% (351)**	**35.9% (322)**	**33.4% (317)**	**35.1% (281)**	**38.4% (276)**	**41.3% (219)**	**45.1% (189)**	**48.3% (164)**	**62.6% (154)**	**57.5% (223)**	**53.3% (228)**	**53.0% (229)**	**55.4% (209)**

HOSPITAL SERVICES

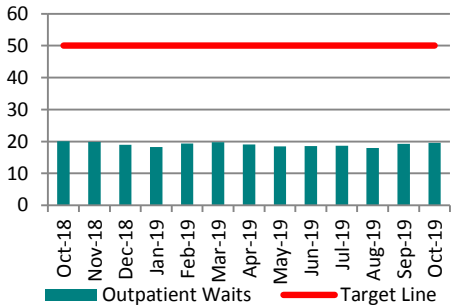
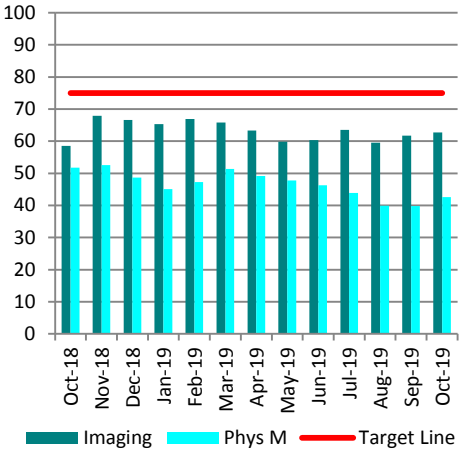
Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.0	6.1	6.4	7.1	6.6	6.8	6.6	6.5	6.0	6.7	6.7	6.8	6.8
	Ave LOS trimmed	4.7	4.7	4.8	5.2	5.1	5.1	5.0	4.8	4.9	5.1	5.1	5.2	5.3
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.8	10.6	10.5	12.9	10.5	9.8	10.8	10.7	11.0	10.6	11.1	10.3	10.9
	Ave LOS trimmed	7.4	6.9	6.8	7.3	7.0	6.4	6.4	6.5	6.2	7.3	7.6	6.9	7.5
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**76.6%**	**76.6%**	**69.6%**	**70.4%**	**69.3%**	**77.9%**	**70.9%**	**74.4%**	**69.5%**	**66.9%**	**73.4%**	**65.2%**	**61.0%**
	% NEW attendances who left without being seen (Target < 5%)	2.4%	3.4%	3.5%	2.5%	3.5%	3.4%	4.0%	3.4%	4.3%	4.2%	3.5%	3.1%	3.0%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.5%	3.2%	2.7%	2.6%	2.5%	2.4%	2.6%	2.9%	2.8%	3%	2.6%	3.0%	2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	56.5%	52%	47.4%	50.5%	48.7%	50.9%	45.3%	46.8%	43.3%	44.2%	54.1%	51.3%	51.7%

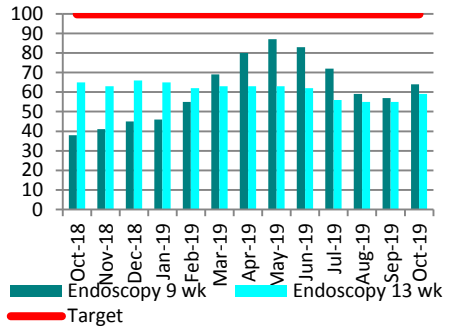
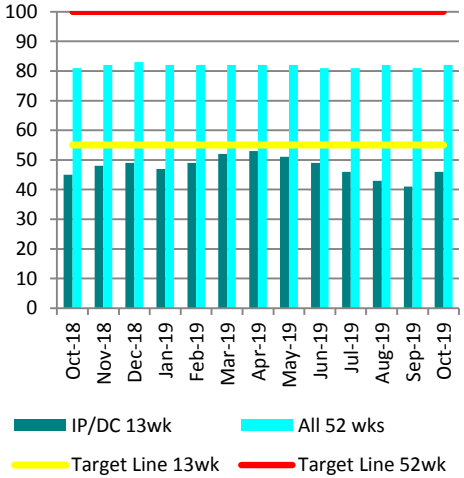
Hospital Services – Corporate Issues

Service Area	Indicator	SEPT 18	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	23	33	31	26	31	32	31	27	34	30	26	28	29
	What % were responded to within the 20 day target? (target 65%)	**26%**	**36%**	**23%**	62%	**32%**	**31%**	**26%**	**33%**	**38%**	**30%**	**31%**	**36%**	**17%**
	How many were outside the 20 day target?	17	21	24	10	21	22	23	18	21	21	18	18	24
Freedom of Information Requests	How many FOI requests were received this month?	6	8	13	6	9	11	10	8	15	10	10	12	14
	What % were responded to within the 20 day target? (target 100%)	100%	**88%**	100%	100%	**89%**	**91%**	**80%**	**75%**	**93%**	**90%**	**90%**	**50%**	**71%**
	How many were outside the 20 day target?	0	1	0	0	1	1	2	2	1	1	1	6	4

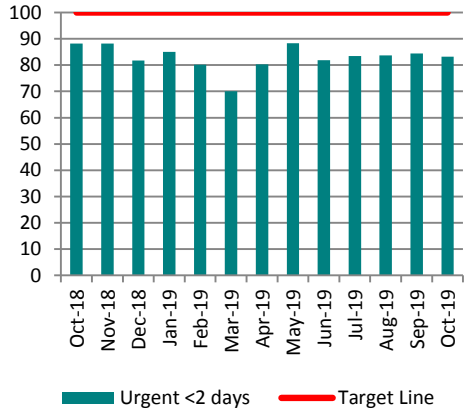
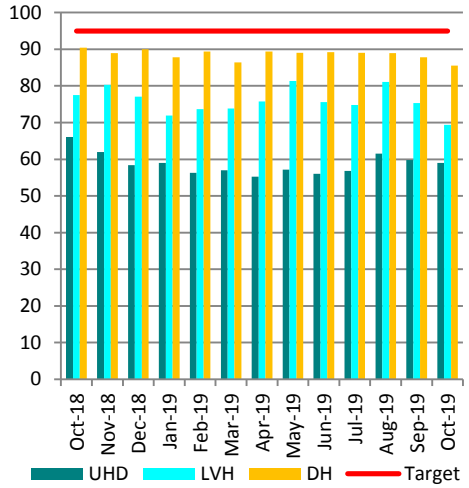
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUG	PERFORMANCE SEPT	PERFORMANCE OCT	TREND
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >52 wks	**18.0%** **[69605]** **[57043]** **{30825}**	**19.3%** **[68350]** **[55177]** **{29796}**	**19.6%** **[66890]** **[53800]** **{28937}**	
Diagnostic waits	By March 2018 75% of patients should wait no longer than 9 weeks for a diagnostic test with no-one to wait more than 26 weeks.	**Imaging (9 wk target)** These figures relate to Imaging waits only. [n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks Note: most breaches relate to Dexa scans at LVH *N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.*	**59.5%** **[8844]** **(3583)** **{1553}**	**61.7%** **[9308]** **(3569** **{1625}**	**62.7%** **[9621]** **(3590)** **{1624}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**39.9%** **(4541)** **(1077)**	**39.8%** **(4503)** **(1325)**	**42.6%** **(4375)** **(1354)**	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	**Diagnostic Endoscopies Inpatient / Day Case (9 wk target)** (this is a subset of the Day-case target reported overleaf)	**59%** **[1737]** **(719)**	**57%** **[1897]** **(813)**	**64%** **[2145]** **(775)**	

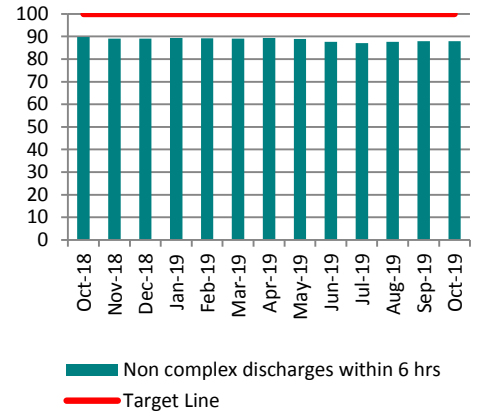
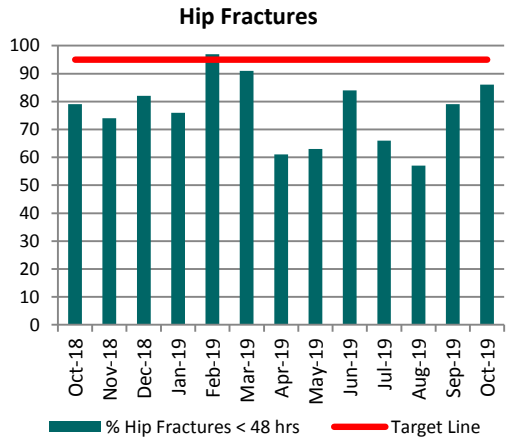
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUG	PERFORMANCE SEPT	PERFORMANCE OCT	TREND
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**55%** **[666]** **(301)**	**55%** **[637]** **(285)**	**59%** **[667]** **(273)**	
Inpatient & Daycase Waits	By March 2018, at least 55% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 52 weeks for treatment.	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	**43%** **(5416)**	**41%** **(5503)**	**46%** **(5246)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**82%** **(1736)**	**81%** **(1784)**	**82%** **(1768)**	

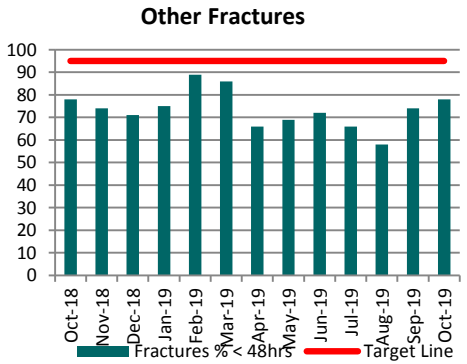
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In September 2019, of total urgent tests reported, were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**83.7% (395) [2428]**	**84.4% (365) [2333]**	**83.2% (470) [2796]**	
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	**SET 14967 [11074] 73.9% (572)**	**SET 14843 [10687] 72% (774)**	**SET 15164 [10652] 75% (938)**	
			UH 8377 [5156] 61.5% (560)	**UH 8270 [4946] 59.8% (757)**	**UH 8411 [4963] 59% (914)**	
			LVH 2297 [1863] 81.1% (1)	**LVH 2361 [1779] 75.3% (4)**	**LVH 2484 [1723] 69.4% (9)**	
			DH 2139 [1902] 88.9% (11)	**DH 2050 [1800] 87.8% (13)**	**DH 2086 [1784] 85.5% (15)**	

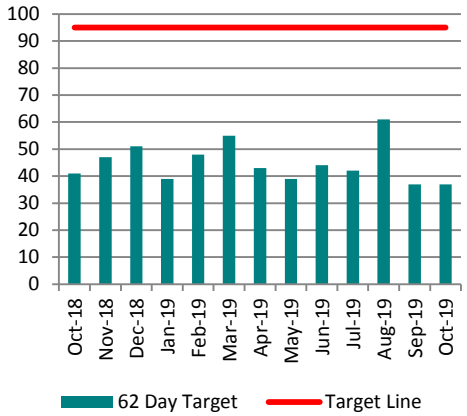
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	All qualifying patients in SET beds. Main reason for delay is patient awaiting transport from friends, family or ambulance service. n = Non-complex discharges (n) = breaches Aug was 87.7% 2662 (328) now 87.7% 2664 (328) Sep was 87.9% 2664 (323) now 87.9% 2664 (324)	**87.7%** **2662** **(328)**	**87.9%** **2664** **(324)**	**87.9%** **2664** **(338)**	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours Aug was 56% 37 (21) [16] now 56% 36 (20) [16]	**56%** **36** **(20)** **[16]**	**79%** **34** **(27)** **[7]**	**86%** **29** **(25)** **[4]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	**58%** **76** **(44)** **[32]** **{2}**	**74%** **69** **(51)** **[18]** **{1}**	**78%** **79** **(62)** **[17]** **{2}**	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	**10.5%** **4** **(38)**	**3.3%** **1** **(31)**	22.8% 8 (35)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
Card Before You Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.	There were 65 SET CBYL referrals received during October 2019. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (61) [0]	100% (60) [0]	100% (65) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches In October 2019, 52.5 patients were seen. There were 33 breaches involving 50 patients, of whom 34 were shared Revisions post patient pathway confirmation and pathology validation:- Sep was 57%, 66.5 seen (28.5), now 33% 83.5 seen, (56) Aug was 41%, 76.5 seen (45.5), now 55% 68.5 seen, (30.5)	**55%** **68.5** **(30.5)**	**33%** **83.5** **(56)**	**37%** **52.5** **(33)**	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	100% [209] 183 (0) {14}	100% [254] 263 (0) {14}	100% [290] 322 (0) {14}	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days n = number of patients (n) = breaches	95% 113 (6)	**91%** **156** **(9)**	97% 117 (4)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancelled Appointments	By March 2018 reduce by 20% the number of hospital cancelled consultant-led outpatient appointments.	% = % reduction on baseline n = number of cancelled appointments (n) = cancellations over target Baseline = 2004/month Target = 1604/month	22.8% 1547 (-57)	**12.3%** **1757** **(153)**	**-4.9%** **2103** **(499)**	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches				Now reported quarterly
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches				Now reported quarterly

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	**93.4%**	**93.4%**	**92.7%**	**88.8%**	**90.7%**	**93.5%**	**90.6%**	**86.8%**	**86.5%**	**88.0%**	**86.1%**	**86.0%**	**88.8%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**84.7%**	**83.2%**	**83.8%**	**77.4%**	**82%**	**78%**	**82%**	**82.8%**	**82%**	**86.1%**	**79.8%**	**80.5%**	**79.9%**
	Min. 90% <48hrs (SET in SET beds)	**85.9%**	**85.5%**	**85%**	**80.1%**	**83.7%**	**80.2%**	**86%**	**84.2%**	**83.2%**	**88.4%**	**79.5%**	**79.1%**	**78.9%**
	Min. 90% <48hrs (All in SET beds)	**79.6%**	**80.2%**	**79.3%**	**77.4%**	**79.6%**	**77.5%**	**82.5%**	**79.3%**	**79.9%**	**85.2%**	**75%**	**74.5%**	**77.6%**
	Number complex discharges	**524**	**516**	**518**	**601**	**500**	**536**	**491**	**552**	**541**	**554**	**521**	**502**	**544**
	ALL <7days	**92.8%**	**93%**	**94%**	**93.9%**	**93.2%**	**91.4%**	**94.7%**	95.3%	95%	95.7%	**93.7%**	**90.0%**	95.8%
	SET and Other TOR	**96.1%**	**97.2%**	**96.8%**	**94.8%**	**95.2%**	**93.3%**	**96.2%**	**97.4%**	95.8%	96.6%	**94.4%**	**93.1%**	**93.1%**
	Belfast TOR	**80.6%**	**78.3%**	**83.3%**	**90%**	**85.7%**	**85.8%**	**88.8%**	**88%**	**92.2%**	**92%**	**92.0%**	**90.8%**	**94.7%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 3 741 (cum 2110)			**Quarter 4 774 (cum 2884)**			**Quarter 1 700**			**Reported Quarterly in arrears**			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**81%**	**87%**	**81%**	**83%**	**80%**	**83%**	**82%**	**84%**	**84%**	**81%**	**83%**	**89%**	**89%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**55.5% (229)**	**52.7% (225)**	**55.3% (214)**	**58.7% (176)**	**63.8% (167)**	**60.0% (189)**	**57.1% (214)**	**55.6% (228)**	**59.5% (210)**	**52.2% (281)**	**41.5% (356)**	**45.1% (351)**	**47.5% (338)**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	2663	2924	2847	2827	2883	3944	3928	4156	4206	4320	4239	4353	
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 3 445 (cum 888)			**Quarter 4 349 (cum 1237)**			Quarter 1 394			Quarter 2 435 (cum 829)			
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	138	150	155	156	156	159	159	165	165	169	171	171	173
Community Based short Breaks (Elderly)	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 216530 Target =227356	Quarter 3 46740 Hours (cum 161 138 Hours)			**Quarter 4 48422 Hours (cum 209 560 Hours)**			Quarter 1 55872.5 Hours			Quarter 2 77418 Hours (cum 133,290.5 Hours)			

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	100%	100%	99%	96.1%	**94.2%**	98.3%	98.9%	100%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		**80.9% (18)**	**87% (10)**	**86.6% (9)**	**87.8% (9)**	**94.3% (5)**	**91.9% (6)**	**87.9% (11)**	**76.1% (16)**	**82.9% (7)**	**90.5% (8)**	**93.7% (6)**	**85.7% (15)**	**85.5% (16)**
Orthopaedic ICATS	By March 2018, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks. (n) = breaches	<9 wks	54.7% (1044)	59.3% (849)	56% (945)	57.3% (863)	61.5% (678)	66.1% (583)	56% (893)	53.5% (1049)	56.3% (955)	57% (903)	56.5% (921)	64.6% (705)	72.2% (499)
		<52wks	**80.3% (453)**	**87.3% (265)**	**89.3% (229)**	96.9% (63)	99.5% (9)	99.9% (1)	**93.5% (132)**	**94.6% (122)**	99% (22)	99.9% (1)	99.9% (1)	99.9 (1)	100% (0)

Directorate KPIs & SQE Indicators

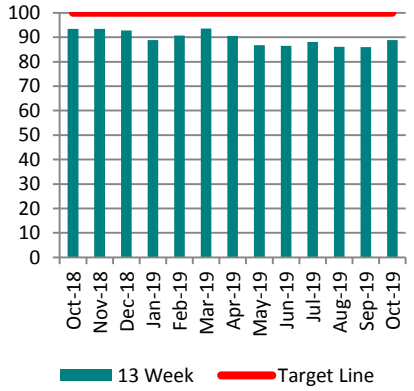
Service Area	Indicator	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	47%	48%	42%	52%	**30%**	**24%**	**30%**	**31%**	44%	**21%**	**30%**	44%	45%

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	SEPT 18	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	10	11	10	7	8	7	16	7	5	10	8	6	3
	What % were responded to within the 20 day target? (target 65%)	70%	**45%**	60%	71%	**25%**	**43%**	**56%**	71%	**0%**	**50%**	**25%**	**50%**	**33%**
	How many were outside the 20 day target?	3	6	4	2	6	4	7	2	5	5	6	3	2
Freedom of Information Requests	How many FOI requests were received this month?	11	4	2	1	1	3	2	2	3	2	2	2	1
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**50%**	100%	100%	**67%**	**50%**	100%	**33%**	**50%**	100%	**50%**	**0%**
	How many were outside the 20 day target?	0	0	1	0	0	1	1	0	2	1	0	1	1

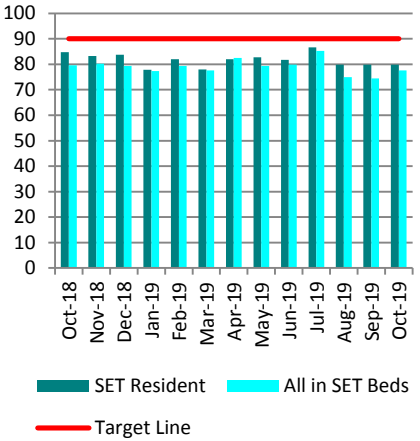
PRIMARY CARE AND OLDER PEOPLES SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th></tr>
<tr>
<td>AHP Waits</td>
<td>No patient to wait longer than 13 weeks from referral to commencement of treatment</td>
<td>At 31st October 2019 of 11665 patients on the AHP waiting list, 1301 are waiting longer than 13 weeks.
<table>
<tr><th>Service</th><th>No on W/L</th><th>Waiting >13 wks</th><th>Comp-liance</th></tr>
<tr><td>Physio</td><td>6365</td><td>372</td><td>94.2%</td></tr>
<tr><td>OT</td><td>1458</td><td>159</td><td>89.1%</td></tr>
<tr><td>Orthoptics</td><td>316</td><td>33</td><td>89.6%</td></tr>
<tr><td>Podiatry</td><td>1102</td><td>25</td><td>97.7%</td></tr>
<tr><td>Adults S&LT</td><td>1019</td><td>543</td><td>46.7%</td></tr>
<tr><td>Childrens S&LT</td><td>210</td><td>7</td><td>96.7%</td></tr>
<tr><td>Dietetics</td><td>1195</td><td>162</td><td>86.4%</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>86.1%
[12296]
(1710)</td>
<td>86.0%
[12545]
(1759)</td>
<td>88.8%
[11665]
(1301)</td>
<td> 
</td>
</tr>
<tr>
<td>Complex Discharges</td>
<td>90% of complex discharges should take place within 48 hours.</td>
<td>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal).

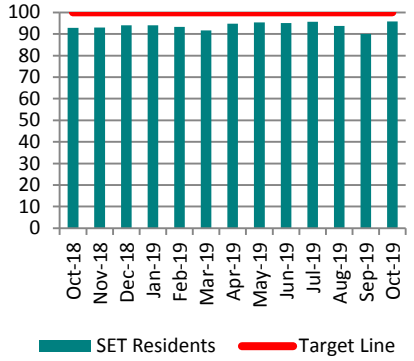
(n) = 48 hr breaches

Revisions post validation:-

Aug was 80.0% (69) now 79.8% (70)
Sep was 79.8% (60) now 80.5% (60)

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>79.8%
(70)</td>
<td>80.5%
(60)</td>
<td>79.9%
(71)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any Trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- Aug BT was 50 and ST was 1 now BT 49 ST 2	**75%** **(521)** **>48 hrs By Trust of res** **SET 76** **BT 49** **NT 3** **ST 2**	**74.5%** **(502)** **>48 hrs By Trust of res** **SET 78** **BT 49** **ST 1**	**77.6%** **(544)** **>48 hrs By Trust of res** **SET 86** **BT 31** **NT 3** **ST 1** **N/A 1**	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying SET (and Other) patients in SET beds. n = complex discharges (n) = discharges delayed by more than 48hrs. Revisions post validation:- Aug was 79.6% 393 (80) now 79.5% 396 (81) Sep was 79.9% 393 (79) now 79.1% 378 (79)	**79.5%** **396** **(81)**	**79.1%** **378** **(79)**	**78.9%** **431** **(91)**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients (any Trust of Residence) in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Aug was SET 22 BT 11 now SET 21, BT 10, ST 2	**93.7%** **521** **(33)** **SET 22** **BT 11** **ST 2**	**90.0%** **502** **(50)** **SET 26** **BT 24**	95.8% 544 (23) SET 14 BT 6 ST 1 NT 2	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying SET and other Trust of Residence patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Aug was 94.2% 394 (23) now 94.2% 396 (23) Sep was 93.1% 377 (26) now 93.1% 378 (26)	**94.2%** **396** **(23)**	**93.1%** **378** **(26)**	**96.1%** **431** **(17)**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying Belfast Trust Residents in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Aug was 92.1% 127 (10) now 92.0% 125 (10) Sep was 90.8% 125 (24) now 80.6% 124 (24)	**92.0%** **125** **(10)**	**80.6%** **124** **(24)**	**94.7%** **113** **(6)**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 17/18 Target = 2684 **Reported Quarterly in arrears.**	738 (cum 738)	631 (cum 1369)	741 (cum 2110)	**774** **(cum 2884)**	700 (cum 700)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**81%**	**87%**	**81%**	**83%**	**80%**	**83%**	**82%**	**84%**	**82%**	**81%**	**83%**	**89%**	**89%**
	Total Number of Urgent Calls	932	951	1473	1232	1372	1579	1403	1301	1376	1058	1022	1103	1204
	Urgent Calls within 20 minutes	771	823	1194	1020	1094	1306	1154	1095	1154	858	843	982	1071
	100% of less urgent calls triaged within 1 hour	**70%**	**69%**	**59%**	**65%**	**58%**	**61%**	**64%**	**70%**	**68%**	**67%**	**76%**	**75%**	**66%**
	Total Number of Routine Calls	5331	5667	7936	6121	5336	6578	6332	6250	4026	5361	5547	5725	5648
	Routine calls within 1 hour	3711	3918	4683	3948	3111	3987	4026	4387	2162	3599	4200	4275	3724

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services– Commissioning Plan Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	54	47	53	29	70	49	58	86	71	93	94	101	
Adult MH Services waits	All < 9 weeks	95.3%	96.6%	96.3%	97.8%	95.3%	**92.4%**	96.9%	97.6%	98.4%	100%	99.1%	99.3%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 3 57 (cum 214)			**Quarter 4 73 (cum 287)**			Quarter 1 59			Quarter 2 67 (cum 126)			
Discharge and Follow-up	99% < 7days of decision to discharge	99%	98.8%	98.3%	98.7%	100%	100%	100%	100%	100%	100%	92.7%	95%	92.3%
	All < 28 days (no. Breaches)	5	4	3	2	4	4	5	3	3	5	2	2	5
	All follow-up < 7 days from discharge	98.3%	98.6%	96.6%	96.6%	**84.6%**	100%	98.6%	100%	98.7%	98.7%	98.7%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	17	17	17	19	19	19	19	19	20	20	20	20	21

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	SEPT 18	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	4	2	0	3	2	5	5	5	1	4	5	2	2
	What % were responded to within the 20 day target? (target 65%)	**0%**	100%	n/a	**33%**	**0%**	**0%**	**20%**	**20%**	**0%**	**25%**	**40%**	**50%**	**0%**
	How many were outside the 20 day target?	4	0	0	2	2	5	4	4	1	3	3	1	2
Freedom of Information Requests	How many FOI requests were received this month?	1	2	2	0	1	2	3	2	4	3	5	4	0
	What % were responded to within the 20 day target? (target 100%)	100%	100%	100%	n/a	100%	100%	**67%**	**0%**	**50%**	100%	100%	**50%**	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	1	2	2	0	0	2	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	99.1% 685 [6]	99.3% 762 [5]	100% 723 [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 65 SET discharges in October 2019	92.7%	95%	92.3%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	October 2019 there were 5 delayed discharges	2	2	5	
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	There were 65 SET discharges in October. 65 people were offered 7 day follow up.	98.7%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	**5**	**5**	**6**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**4**	**7**	**7**
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	1068	1116	1086	1067	1117	2578	2578	2281	2305	1943	1650	1954	
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	755	795	807	817	822	830	837	844	842	849	855	860	869

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	OCT 18	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	**67%**	100%	100%	**0%***	100%	100%	100%	100%

*1 client under the PD programme was waiting 8-12 weeks on a domiciliary package due to lack of capacity with the dom agencies.

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Adult Learning Disability / Adult Disability	By March 2018, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	254	257	262	267	271	275	275	276	277	278	279	285	284
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	366	371	373	375	376	377	384	384	380	382	385	384	391
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 12)	0 (cum 12)	0 (cum 12)	0 (cum 12)	2 (cum 14)	0 (cum 14)	1	0 (cum 1)	0 (cum 1)	0 (cum 1)	0 (cum 1)	0 (cum 1)	0 (cum 1)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	95.1%	100%	98.0%	**89.6%**	97.6%	100%	100%	98%	96.6%	100%	97.5%	100%	94%

		Quarter 2 (18/19)	Quarter 3 (18/19)	Quarter 4 (18/19)	Quarter 1 (19/20)	Quarter 2 (19/20)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 534 Target: 267 (67 per quarter)	93 (cum 181)	117 (cum 298)	122 (cum 420)	80	81 (cum 161)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	36 (cum 77)	39 (cum 116)	**64 (cum 180)**	56	42 (cum 98)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	45 (cum 96)	41 (cum 137)	18 (cum 155)	28	33 (cum 61)
	By March 2018, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 27, 645 hrs (6, 911hrs / quarter)	LD: 24077.6 Hours (cum 47245.1) P&S: 19191 Hours (cum 40553)	LD: 24399.1 Hours (cum 71644.2 Hrs) P&S: 18360 hours (cum 58893 Hrs)	LD: 29730.6 Hours (cum 101374.8 Hrs) PD: 21557 Hours (cum 80 450 Hrs)	LD: 26841.6 Hours PD: 21633 hours	LD: 65137.4 Hours (cum 91979 Hrs) PD: 25709 hours (cum 47342Hrs)
	Achieve minimum 88% internal environment cleanliness target.	93%	No MDA Scores to report this quarter	90%	92%	95%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	1	3	1	1	1	0	2	0	1	3	0	3	0
	What % were responded to within the 20 day target? (target 65%)	**0%**	100%	**0%**	100%	**0%**	n/a	100%	n/a	100%	**33%**	n/a	67%	n/a
	How many were outside the 20 day target?	1	0	1	0	1	0	0	0	0	2	0	1	0
Freedom of Information Requests	How many FOI requests were received this month?	0	0	0	1	0	1	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	100%	n/a	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – DISABILITY SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>All patients discharged within the target time during December</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 6 people awaiting discharge and 1 who is receiving treatment.

n = number awaiting discharge
(n) = breaches</td><td>6

(4)</td><td>7

(7)</td><td>7

(7)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Aug</th><th>Sept</th><th>Oct</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>0</td><td>2</td><td>0</td></tr><tr><td>91-365</td><td>0</td><td>4</td><td>2</td></tr><tr><td>>365</td><td>1</td><td>1</td><td>5</td></tr><tr><td>Total</td><td>1</td><td>7</td><td>7</td></tr></table></td></tr>
<tr><td>Resettlement</td><td>By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.</td><td>Three patients remain to be resettled.</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td></td></tr>
<tr><td rowspan="2">Self Directed Support</td><td rowspan="2">By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.</td><td>Physical Disability</td><td>648</td><td>763</td><td></td><td></td></tr>
<tr><td>Learning Disability</td><td>1002</td><td>1191</td><td></td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	99.3% (2)	100% (0)	100% (0)	99% (4)	99.3% (2)	97.5% (8)	96.8% (10)	99.4% (2)	95.9% (12)	98.1% (7)	94.5% (16)	99.6% (1)	99.7% (1)
Inter-prison transfer	All prisoners to receive a "Transfer Health Screen" by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	n/a	n/a	n/a	**66%**	**59%**	**64%**	**63%**	**72%**	**48%**

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	2	4	5	0	4	2	1	1	2	1	3	4	4
	What % were responded to within the 20 day target? (target 65%)	100%	100%	100%	n/a	67%	**50%**	100%	**0%**	100%	**0%**	**33%**	**25%**	100%
	How many were outside the 20 day target?	0	0	0	0	1	1	0	1	0	1	2	3	0
Freedom of Information Requests	How many FOI requests were received this month?	0	0	0	1	0	0	1	0	0	0	1	0	1
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	100%	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	100%
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr><td rowspan="2">Committal</td><td>All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.</td><td>% = performance
n = total committals
(n) = breaches

Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.</td><td>100%
310
(0)</td><td>100%
273
(0)</td><td>100%
334
(0)</td><td></td></tr>
<tr><td>All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Aug</th><th>Sep</th><th>Oct</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>252</td><td>220</td><td>267</td></tr><tr><td>Breaches</td><td>13</td><td>1</td><td>1</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>40</td><td>47</td><td>57</td></tr><tr><td>Breaches</td><td>3</td><td>0</td><td>0</td></tr></table></td><td>94.5%
292
(16)</td><td>99.6%
267
(1)</td><td>99.7%
324
(1)</td><td></td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
24
(0)</td><td>100%
46
(0)</td><td>100%
57
(0)</td><td></td></tr>
<tr><td>Emergency Care</td><td>In an emergency, prisoners will be seen by Prison Healthcare staff within an hour.
Emergencies are defined as “Code Blue” or “Code Red” calls for assistance.</td><td>% = performance
n = total emergencies
(n) = breaches</td><td>100%
49
(0)</td><td>100%
61
(0)</td><td>100%
46
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	**63%** **27** **(10)**	**72%** **18** **(5)**	**48%** **46** **(24)**	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	55.7%	60.5%	58.4%	57.0%	54.0%	51.6%	51.0%	50.0%	45.1%	44.7%	43.7%	43.3%	32.1%

Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT 18	NOV	DEC	JAN 19	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	3073 (17287)	2986 (20273)	1948 (22221)	2560 (24781)	2833 (27614)	2510 (30124)		2201	2524 (4725)	2145 (6870)	2136 (9006)	2057 (11063)	2111 (13174)	2431 (15605)
Consultations (cum)	108 (905)	87 (992)	91 (1083)	104 (1187)	100 (1287)	84 (1371)		107	117 (224)	112 (336)	87 (423)	124 (547)	153 (700)	108 (808)
Supervision - Hours (cum)	203 (1088)	194 (1282)	193 (1475)	142 (1617)	203 (1820)	196 (2016)		175	186 (361)	172 (533)	161 (694)	143 (837)	168 (1005)	148 (1153)
Staff training - Hours (cum)	144 (737)	208 (945)	120 (1065)	95 (1160)	145 (1305)	166 (1471)		151	135 (286)	97 (383)	88 (471)	117 (588)	141 (729)	41 (770)
Staff training - Participants (cum)	41536 (1972)	451 (2423)	294 (2717)	140 (2857)	242 (3099)	455 (3554)		273	333 (606)	189 (795)	253 (1048)	192 (1240)	375 (1615)	173 (1788)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	0	0	0	0	0	0	1	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 65%)	n/a	n/a	n/a	n/a	n/a	n/a	0%	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	1	0	0	0	0	0	0

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**43.7%** **(1191)** **[670]**	**43.3%** **(1245)** **[706]**	**32.1%** **(1268)** **[861]**	
		Breaches	**AUG**	**SEPT**	**OCT**	**Longest Wait (days)**
		Adult Mental Health	**458**	**452**	**515**	532
		Older People	**26**	**31**	**30**	428
		Adult Learn Dis	**33**	**28**	**22**	326
		Children's Learn Dis	**10**	**13**	**13**	327
		Adult Health Psych	**143**	**182**	**270**	462
		Children's Psych	0	0	**11**	119
		Total	**670**	**706**	**861**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (3)	100% (6)	100% (4)	100% (7)	100% (1)	100% (3)	100% (4)	100% (2)	100% (5)	100% (3)	100% (7)	100% (3)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	**76.2% (10)**	100% (0)	100% (0)	**94.4% (2)**	100% (0)	95.5% (3)	100% (0)	97.2% (1)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	**85.7% (4)**	100% (0)	**77.3% (5)**	100% (0)	**81.8% (2)**	**82.4% (3)**	92.9% (1)	**70.6% (5)**	**80% (4)**	**71.4% (4)**	100% (0)	**85.7% (2)**	**85.7% (2)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	**90.5% (2)**	**88% (3)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**90.6% (19)**	**83.1% (29)**	**89.8% (13)**	**87.7% (19)**	**81% (21)**	**81.8% (31)**	**82.5% (31)**	**93% (13)**	**83.8% (25)**	**88.9% (17)**	98.1% (3)	**87.4% (19)**	**90.4% (17)**
	All Family support initial assessment completed <10 days of allocation	**29.3%**	**24.1%**	**29.2%**	**32.7%**	**28.8%**	**24%**	**22.9%**	**26.5%**	**33.3%**	**47.2%**	**29%**	**35.2%**	**29.7%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**58.5% (15)**	**53.8% (18)**	**46.2% (21)**	**56.9% (25)**	**54.5% (20)**	**72% (7)**	**86.4% (6)**	**74% (13)**	**52.1% (23)**	**76.7% (14)**	**53.8% (18)**	**77.8% (8)**	**57.1% (15)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Quarter 3 38 (cum 144)			Quarter 4 47 (cum 191)			Quarter 1 14			Quarter 2 91 (cum 105)			
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	137	140	136	112	92	151	142	171	156	156	111	133	114
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	108	109	110	89	75	114	112	143	142	132	103	115	93

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 18	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	351	353	363	358	365	388	385	376	387	382	382	378	382
	Number of children with Independent Foster Carers	48	51	53	59	63	60	62	64	67	64	67	71	73
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	95.6%	94.5%	95%	96.3%	93.9%	93.1%	91.8%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Quarter 3 88.1%**			**Quarter 4 87.8%**			**Quarter 1 88.1%**			**Quarter 2 87.8%**			
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	**41.5%**	47.3%	**33.3%**	**32.6%**	54.4%	**42.3%**	**43.1%**	**46.8%**	**46.1%**	**35.5%**	**48.1%**	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	214	206	223	204	210	256	235	225	226	248	198	201	241
	Family Centre Waiting List at month end	18	20	22	28	29	24	27	21	16	16	20	24	32
Care Leavers	At least 75% aged 19 in education, training or employment	80%	77%	77%	77%	79%	80%	76%	77%	76%	72%	75%	75%	76%

Ante-natal Contacts

Reason / Month	Accepted and Seen	%Antenatal contact recorded at first visit	Not Recorded	Accepted but not seen	Declined	Not Offered	Offered but No Response	UNK*	Total in caseload	% Antenatal Contact Offered
Sept 18	178	49.7%	28	11	41	16	56	25	358	95.5%
October 18	156	41.5%	43	12	47	15	71	32	376	96%
November 18	151	47.3%	42	5	26	12	68	15	319	96.2%
December 18	106	33.3%	103	5	28	16	44	16	318	94.9%
January 19	98	32.6%	89	4	23	16	49	22	301	94.6%
February 19	166	54.4%	35	3	37	16	56	16	305	94.7%
March 19	143	42.3%	33	7	28	14	90	23	338	95.8%
Apr 19	147	43.1%	62	8	38	9	63	14	341	97.3%
May 19	156	46.8%	39	8	32	23	58	17	333	93%
June 19	140	46.1%	33	3	23	12	65	28	304	96%
July 19	115	35.5%	104	5	18	8	56	18	324	97.5%
August 19	169	48.1%	10	9	43	7	82	31	351	98%

Note: - * UNK - Health Visitor did not know mother was pregnant

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	13	10	4	8	2	6	5	10	4	10	7	6	7
	What % were responded to within the 20 day target? (target 65%)	**23%**	**50%**	**25%**	**50%**	**0%**	67%	**20%**	**30%**	**25%**	**50%**	**29%**	67%	**57%**
	How many were outside the 20 day target?	10	5	3	4	2	2	4	7	3	5	5	2	3
Freedom of Information Requests	How many FOI requests were received this month?	5	6	3	1	4	1	7	2	2	1	1	5	5
	What % were responded to within the 20 day target? (target 100%)	**40%**	**67%**	**67%**	100%	**50%**	**0%**	**29%**	**50%**	100%	**0%**	**0%**	**80%**	**80%**
	How many were outside the 20 day target?	3	2	1	0	2	1	5	1	0	1	1	1	1

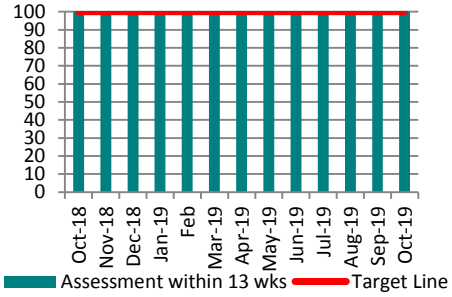
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	% = % compliance (n) = No of children admitted to care this month	100% (3)	100% (7)	100% (3)	
	For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.	There were 9 children taken into care during April 2019. None were for Respite/Shared Care. One was discharged. Of the remaining 8 all had a plan in place by September 2019 % = % compliance (n)= number of children without permanence plan within 6 months.	100% (0)	100% (0)	100% (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (26) [26]	100% (55) [55]	100% (36) [36]	
	All child protection referrals to be investigated and an initial assessment completed within 15 working days from the date of the original referral being received.	% = % compliance (n) = number initial assessments completed in month. [n] = number completed within 15 working days of original referral being received.	100% (33) [33]	97.6% (42) [41]	100% (50) [50]	
	Following the completion of the initial child protection assessment, a child protection case conference to be held within 15 working days of the original referral being received.	%= % compliance (n) = number of initial case conferences held [n] = number within 15 days	100% (11) [11]	**85.7%** **(14)** **[12]**	**85.7%** **(14)** **[12]**	
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	100% (20) [20]	100% (19) [19]	100% (14) [14]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
	All family support referrals to be allocated to a social worker within 30 working days for initial assessment.	% = % compliance (n) = number of referrals allocated [n] = number within 30 days	98.1% (161) [158]	**87.4%** **(151)** **[132]**	**90.4%** **(177)** **[160]**	
Assessment Of Children At Risk Or In Need	All family support referrals to be investigated and an initial assessment completed within 10 working days from the date the original referral was allocated to the social worker.	% = % compliance (n) = number of assessments completed [n] = number completed within 10 working days	**29%** **(131)** **[38]**	**35.2%** **(105)** **[37]**	**29.7%** **(118)** **[35]**	
	On completion of the initial assessment 90% of cases deemed to require a Family Support pathway assessment to be allocated within a further 30 working days.	% = % compliance (n) = number allocated [n] = number allocated within 30 working days.	**53.8%** **(39)** **[21]**	**77.8%** **(36)** **[28]**	**57.1%** **(35)** **[20]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st October 2019, children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st October 2019 – total waiters:- 55

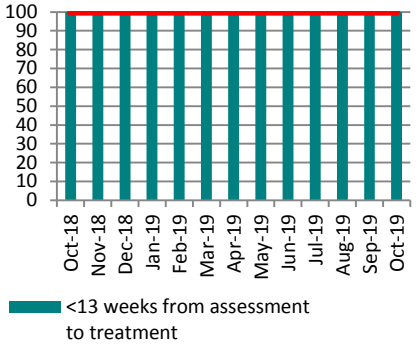
0 – 4 wks: 14
>4 – 8 wks: 41
>8 – 13 wks: 0
> 13 wks: 0
Total: 55

Longest wait = 56 Days

% = compliance (n) = breaches</td><td>100%

(0)</td><td>100%

(0)</td><td>100%

(0)</td><td> 
</td></tr>
<tr><td>Unallocated Cases</td><td>Monitor the number of unallocated cases in Children's Services</td><td>n = unallocated over 20 days
(n) = total awaiting allocation at 31st October 2019

Gateway: 11 (71)
Disability: 14 (60)
FIT: 89 (110)
Total: 114 (241)</td><td>111

(198)</td><td>133

(201)</td><td>114

(241)</td><td>
<table>
<tr><th></th><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr>
<tr><td>< 1 wk</td><td>26</td><td>4</td><td>1</td><td>31</td></tr>
<tr><td>1-4 wks</td><td>34</td><td>42</td><td>20</td><td>96</td></tr>
<tr><td>4-8 wks</td><td>8</td><td>4</td><td>20</td><td>32</td></tr>
<tr><td>> 8 wks</td><td>3</td><td>10</td><td>69</td><td>82</td></tr>
<tr><td>Total</td><td>71</td><td>60</td><td>110</td><td>241</td></tr>
</table>
<table>
<tr><th>Area</th><th>Longest Wait</th></tr>
<tr><td>Gateway</td><td>76</td></tr>
<tr><td>Disability</td><td>201</td></tr>
<tr><td>FIT</td><td>200</td></tr>
</table>
</td></tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS Q1	PROGRESS Q2	PROGRESS Q3	PROGRESS Q4	TREND
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: **200 Individuals enrolled & setting a quit date in the service by March 2019**	273	243			
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	50 78.1%	20 41.6%			
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	39	47 (cum 86)			Q1 = 125 Referrals into service Q2 = 127 Referrals into service
		Target: **60% Quit rate at 4 weeks** (n) = number enrolled n = number quit at 4 wks % = Quit rate	39 27 69.2%	47 34 72.3%			

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	541	535			
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	29	56			

WORKFORCE AND EFFICIENCY

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2020 demonstrate a 5% reduction on absenteeism from 2018-19. 2019/20 target assumed to be 6.22% (not yet confirmed).	2018-19 Year End absence was 6.55% (target 6.56%) HR to work collaboratively with the operational Directorates to address absence figures.	6.17% (Adj)	6.08% (Cum)			Q2: 2018-19 = 6.65 (cum) Q2: 2017-18 = 6.55 (cum) Q2: 2016-17 = 6.46 (cum) Q2: 2015-16 = 6.68 (cum)
Induction	By March 2020, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Q1 145 people attended Induction Q2 161 people attended Induction Availability of suitable venues and high DNA rates are impacting on our ability to meet targets. All events are fully booked but actual attendance is poor with staff often not being released for training.	62%	70%			Q2: 2018-19 = 75% Q2: 2017-18 = 79% Q2: 2016-17 = 79% Q2: 2015-16 = 71%
Appraisal	Improve reported Appraisal uptake by 5% on previous year – i.e. 53.5% by end March 20.	51% appraisal uptake at Year-end 2018-19 (target 50.5%).	42%	44%			Q1: 2018-19 = 43% Q2: 2017-18 = 47% Q2: 2016-17 = 45% Q2: 2015-16 = 42%
	By March 2020 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 99% appraisal uptake at Year-end 2018-19 (target 95%).	34%	80%			
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2019-2020. Three sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	0%	100%			The Trust provided Working Well with Interpreter training sessions for staff in LVH, UHD and Downpatrick in September 2019. A total of 26 staff attended and evaluation was excellent. The Trust will provide further sessions in February/March 2020.

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Team. Quarterly Screening Report available on Trust Website	100%	100%			QSR will be published October 2019.
Bank	By March 20 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%	Trust continues with its plan to have a Trust wide Corporate Bank and convert the areas with high agency usage to Bank	82% Bank 18% Agency	83% Bank 17% Agency			
	By March 20 to increase the Users of the Corporate Bank Service by 10%	The Corporate Bank aims to continue to increase its users	2%	6% (Cum)			Plans in place to roll out to further users by end of March 2020
HRPTS	By end March 2020 all medical staffing recruitment to be processed through the eRecruitment system.	BSO have advised Trust that Medical Staff will no longer be able to submit travel claims manually. A Task and finish Group has been established to take this forward during 19/20. This change in practice will require an authorisation and approval framework to be devised which will facilitate the use of HRPTS for medical recruitment.	30%	30%			There has been no further progress on evolving the use of HRPTS in Medicine & Surgery recruitment. It has not been possible to meet targets; progress is awaiting the outcome of discussion at Director/AD level. Discussions planned with Director Hospital Services / HR. Also to be progressed with AD's in Adult Services./Primary Care

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	21 initiatives / programmes delivered in Q1 All initiatives promoted on livewell site	21 programmes/ activities 1,135 attending (not unique attendees)	20 programmes/activities 632 attending			Figures may decrease in Q2 due to holidays
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	2 sessions delivered 48 staff had health check	4 sessions delivered 96 staff had a health check			
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2020	Trust is forecasting a year end breakeven position, The Trust Delivery Plan (TDP) details measures on how the Trust will address an identified deficit of £3.6m, due to emerging pressures in 2018-19. The plan is reliant on the Trust identifying £0.75m in savings over the second half of the financial year. The Trust has made progress in addressing some of the shortfall. However a deficit of £0.55m remains. The Trust will continue to identify further savings/cost control measures of this value by year-end					

PERFORMANCE IMPROVEMENT TRAJECTORIES

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Area	Projected Performance 2019/20	Predicted Position October	Actual Position October 19	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Cancer 14 days (%)	100	98	100	99	100
Cancer 31 days (%)	75	80	96	88	93
Cancer 62 days (%)	25	25	29	32	42
Fracture Neck of Femur (%)	85	76	81	68	72
IPDC Core Elective (%)	-0.6	+0.5%	+5%	14%	14%
Endoscopy Core Elective (%)	-3	+1.0%	-8.7%	-6%	-6%
Outpatients Core (%)	-5.7	+2%	0%	2%	2%
Complex Discharges (%)	78	80%	78%	79%	79%
ED 4 Hour Performance (%) SET UH LVH	 70 58 77	 75 64 84	 75 59 69	 74 61 83	 72 58 76

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Area	Projected Performance 2019/20	Predicted Position October	Actual Position October 19	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Projected Breaches					
Psychological Therapies	218	322	861	379	628
Adult Mental Health	0	20	0	34	8
Dementia	125	185	338	186	283
Diagnostics, Imaging **9wk** **26wk**	7328 2594	4281 1389	2846 1093	3116 947	3291 934