South Eastern Health and Social Care Trust

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

SECTION 1

SET OUTCOMES

Programme for Government Framework

We prosper through a STRONG COMPETITIVE regionally balanced

We live and work sustainably – protecting the environment

We have a MORE EQUAL SOCIETY

We enjoy long, healthy, active lives

We are an INNOVATIVE, CREATIVE SOCIETY, where people can fulfil their potential

We have more people working in better jobs

We have a SAFE COMMUNITY where we respect the law and each other

WE CARE FOR OTHERS AND WE HELP

We are a shared, welcoming and confident society that respects diversity

We have created a place where people want to live & work, to visit and invest

We connect people and opportunities through our infrastructure

We give our children and young people the BEST START IN LIFE

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
December 2019

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 06.01.2019

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 06.01.2019

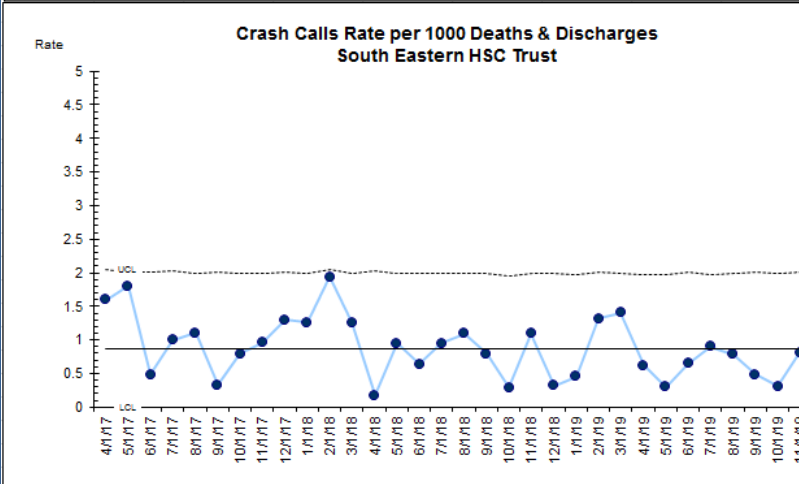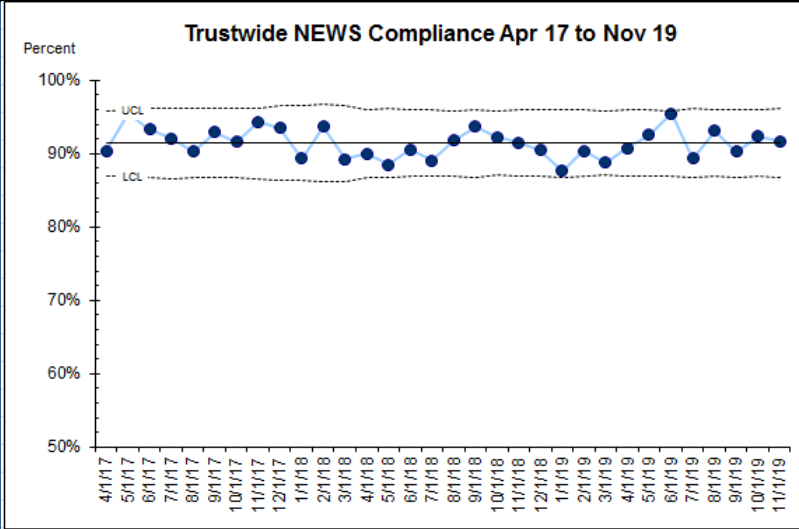| Description	Aggregate position	Trend	Variation
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations 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.	Regional agreement has been met that all Trusts will move to NEWS 2 by 31st March 2020. PDSA 4 NEWS 2 test has happened in 3 wards across the trust with positive feedback. Chart is currently with communications ahead of printing. 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.		Lowest compliance questions: Part 1: Evidence of appropriate action (95%) and Part 2: If NEWS score is above 5, is there evidence of actions taken (91%) **2017/18** Average compliance 93% **2018/19** Average compliance 90% **2019/20** Average compliance 91%

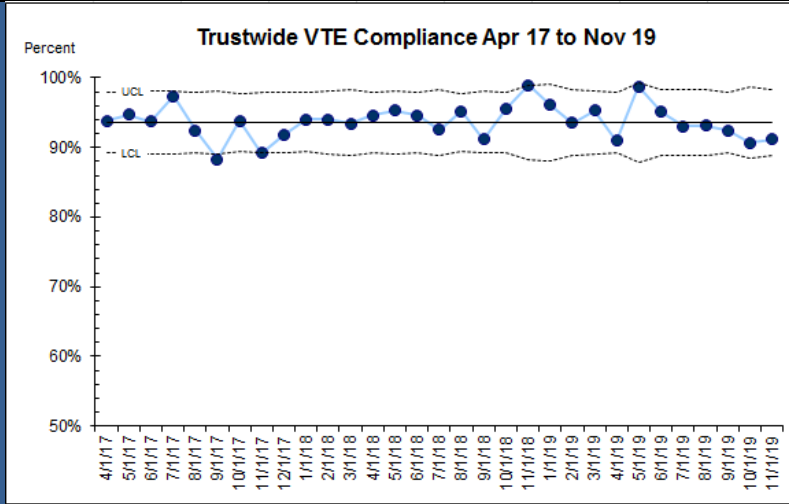**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 06.01.2019**

Description	Aggregate position	Trend		Variation

Description

Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2019/20

Trend

Trustwide VTE Compliance Apr 17 to Nov 19

Variation

2017/18
Average compliance 93%

2018/19
Average compliance 95%

2019/20
Average compliance 94%

South Eastern Health and Social Care Trust

Description	Aggregate position	Trend	Variation

Description

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.

Aggregate position

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

Trend

Trustwide FALLS Compliance Apr 17 to Nov 19

FALLS RATE PER 1000 BED DAYS QUARTERLY AS PER PHA
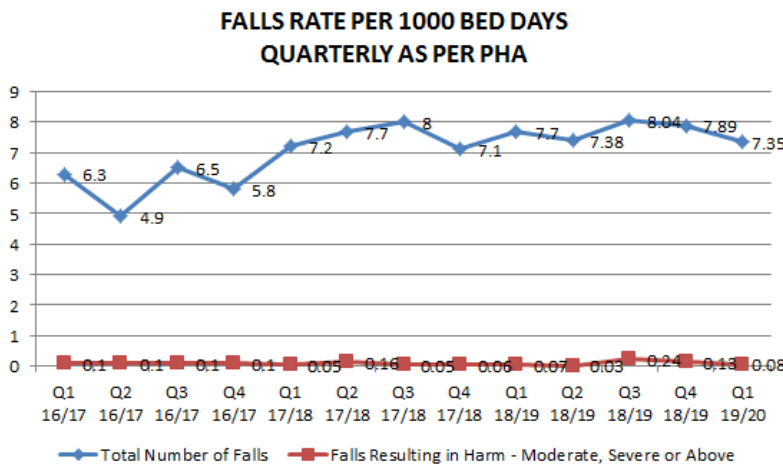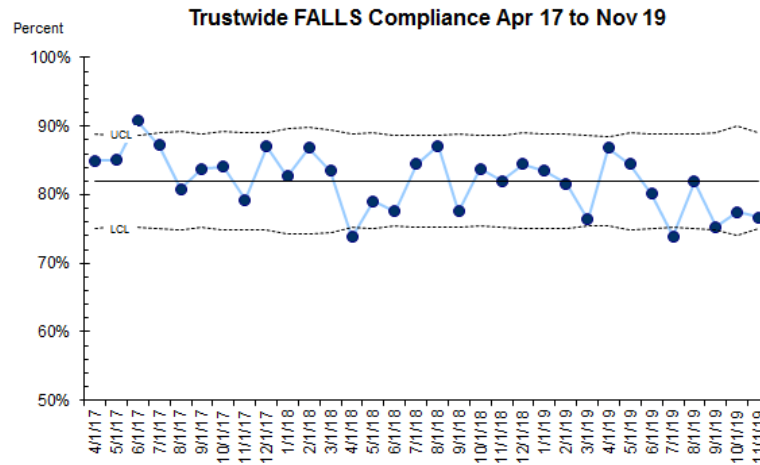
Variation

Lowest compliance questions:
Part A: 'Urinalysis performed' 90%
Part B: 'Lying and Standing Blood Pressure' 85%

2017/18
Average compliance 82%

2018/19
Average compliance 81%

2019/20
Average compliance 79%

Description	Aggregate position	Trend	Variation

Description

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
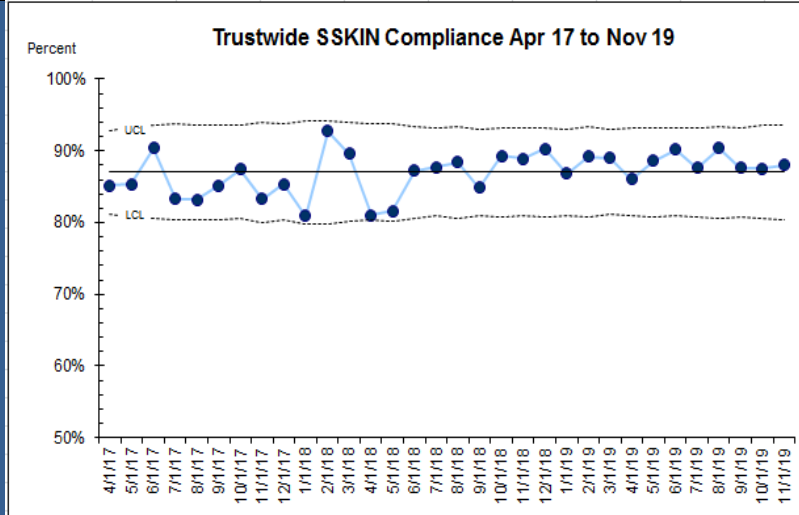
Aggregate position

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

Trend

Trustwide SSKIN Compliance Apr 17 to Nov 19

PRESSURE ULCER RATE PER 1000 BED DAYS AS PER THE PHA
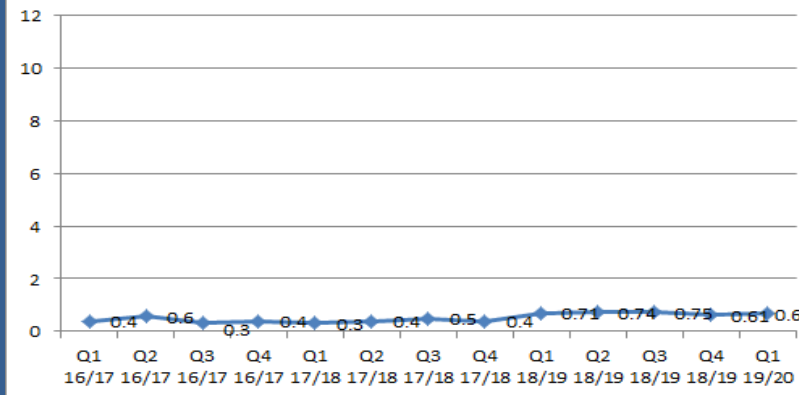
Variation

Lowest compliance question: 'Repositioning' 95%

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.**	**Trustwide MUST Compliance Apr 17 to Nov 19**	**2017/18** Average compliance 97% **2018/19** Average compliance 95% **2019/20** Average compliance 95%

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.**	**Trustwide OMITTED MEDS Compliace Apr 17 - Nov 19**	**2017/18** Average compliance 92% **2018/19** Average compliance 91% **2019/20** Average compliance 91%

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 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 95%	SET 93%	SET 93%	SET 90%	92%	
			UH 93%	UH 90%	UH 90%	UH 89%	UH 88%	
			LVH 94%	LVH 95%	LVH 93%	LVH 95%	LVH 94%	
			DH 97%	DH 94%	DH 95%	DH 86%	DH 93%	

TITLE	Target	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	

| HCAI | 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. | | | | | |

Narrative table:

	2018/2019 Target	2019/2020 Target
C Diff	**Target<55**	**Target < 55**
MRSA	**Target<5**	**Target < 5**
GNB	**Target <39**	**Target < 39**

Of the 56 C Diff cases in 19/20, 15 were within 72 hours of admission, with 41 later than 72 hours from admission.

Of the 6 MRSA Cases, 2 were within 48 hours of admission, and 4 were later than 48 hours of admission.

Performance:

	OCT	NOV	DEC
C Diff	C Diff 10 (cum 44)	C Diff 6 (cum 50)	**C Diff 6 (cum 56)**
MRSA	MRSA 0 (cum 3)	MRSA 0 (cum 3)	**MRSA 3 (cum 6)**
GNB	**GNB 10 (cum 47)**	**GNB 5 (cum 52)**	**GNB 3 (cum 55)**

TREND charts:

C Diff (Cum) vs Target — y-axis 0 to 60, x-axis Apr-19 to Mar

MRSA (Cum) vs Target — y-axis 0 to 8, x-axis Apr-19 to Mar

GNB (cum) vs Target — y-axis 0 to 60, x-axis Apr-19 to Mar

SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Outpatient waits	Min 50% <9 wks for first appt		19.0%	18.3%	19.4%	19.8%	19.1%	18.5%	18.6%	18.7%	18.0%	19.3%	19.6%	19.0%	17.5%
	All <52 wks		60.1%	60.0%	59.6%	59.4%	58.5%	57.7%	56.5%	55.8%	55.7%	56.5%	56.7%	67.7%	56.6%
Diagnostic waits	Imaging 75% <9 wks		66.6%	65.3%	66.9%	65.8%	63.7%	59.8%	60.3%	63.5%	59.5%	61.7%	62.7%	61.2%	54.9%
	Physiological Measurement <9 wks		46.5%	45.1%	47.3%	51.4%	49.2%	47.8%	46.3%	43.9%	33.9%	39.8%	42.6%	44.9%	42.2%
	Diag Endoscopies	< 9 wks	45%	46%	55%	69%	80%	87%	83%	72%	59%	57%	64%	61%	61%
		< 13 wks	66%	65%	62%	63%	63%	63%	62%	56%	55%	55%	59%	62%	62%
Inpatient & Daycase Waits	Min 55% <13 wks		49%	47%	49%	52%	53%	51%	49%	46%	43%	41%	46%	47%	44%
	All <52 wks		83%	82%	82%	82%	82%	82%	81%	81%	82%	81%	82%	81%	81%
Diagnostic Reporting	Urgent tests reported <2 days		81.7%	85%	80.2%	70.1%	80.3%	88.3%	81.9%	83.5%	83.7%	84.4%	83.2%	83.5%	85.3%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	70%	70.3%	69.2%	69.3%	69.5%	71.7%	69.6%	70.7%	73.9%	72%	75%	69%	67.2%
		12hr breaches	621	759	933	789	782	577	595	702	572	774	938	950	1035
	UHD	4hr performance	58.4%	59%	56.3%	57%	55.2%	57.2%	56.0%	56.8%	61.5%	59.8%	59%	58.1%	54.9%
		12hr breaches	610	710	890	756	761	576	564	695	560	757	914	915	985
	LVH	4hr performance	77.1%	71.9%	73.7%	73.8%	75.8%	81.3%	75.6%	74.8%	81.1%	75.3%	69.4%	74.8%	76.5%
		12hr breaches	6	24	25	11	8	1	2	4	1	4	9	2	3
	DH	4hr performance	90%	87.9%	89.4%	86.4%	89.4%	89%	89.2%	89.0%	88.9%	87.8%	85.5%	85.5%	80.9%
		12hr breaches	5	25	18	22	13	0	4	3	11	13	15	33	47
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		84.5%	86.3%	87.4%	85.5%	83.8%	85.4%	82.4%	85.1%	87.8%	86.8%	87.2%	88.2%	86.5%
Non Complex discharges	ALL <6hrs		88.8%	89.2%	89%	89%	89.3%	88.9%	87.7%	87.1%	87.6%	87.9%	87.9%	87.4%	87.2%
Hip Fractures	>95% treated within 48 Hours		82%	76%	97%	91%	61%	63%	84%	66%	57%	79%	86%	89%	75%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		6%	5%	12.5%	16.2%	6%	14.6%	17.2%	10%	10.5%	3.3%	22.8%	14.7%	14.7%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		50%	38%	48%	49%	43%	39%	44%	42%	61%	37%	36%	52%	37%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		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}	100% (0) {14}	100% (0) {14}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		95% (5)	92% (11)	95% (5)	94% (7)	90% (10)	94% (10)	95% (5)	88% (10)	95% (6)	91% (9)	97% (4)	95% (5)	95% (4)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach				100%				100%		To be reported in arrears				
	Psoriasis (n) - Breaches				100%				100%		To be reported in arrears				

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		92.8%	97.6%	98.6%	95%	93%	98.2%	98.3%	95.4%	93.8%	95.2%	95.3%	93.4%	98.1%
	% routine tests reported <28 days (Target formerly 100%)		99.3%	99.4%	99.8%	99.8%	99.4%	99.7%	99.7%	98.3%	98.4%	96.7%	97.6%	98.0%	99.8%
% Operations cancelled for non-clinical reasons		SET	1.1	0.8%	1.1%	1.2%	1.2%	0.8%	1.2%	1.6%	1.1%	0.8%	1.4%	2.0%	3.1%
		UHD	1.5	1%	1.5%	1.3%	1.3%	0.5%	1.4%	1.2%	1.3%	0.9%	2.0%	2.9%	3.0%
		LVH	0.5	1%	0.9%	1.3%	1.3%	0.8%	1.6%	0.7%	1.2%	0.8%	0.7%	0.3%	3.2%
		DH	0.7	0%	0%	0.2%	0.2%	1.6%	1.5%	4.5%	0.4%	0.2%	0.5%	0.7%	3.0%
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 74%	Cum 67%	Cum 66%	Cum 66%	Cum 66%	Cum 67%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 78.1%	Cum 78.7%	Cum 79.0%	Cum 79.5%	Cum 87.7%	Cum 83.6%	Cum 82.9%	Cum 80.4%	Cum 82.9%	Cum 81.0%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		11860	12405	11464	12571	12782	13141	12490	10840	12813	12681	12981	12418	11800
	Ulster Hospital		8216	8199	7552	8351	8271	8492	8338	8226	8377	8270	8411	8271	7888
	Lagan Valley Hospital		1911	2213	2117	2271	2307	2444	2118	2390	2297	2361	2484	2273	2089
	Downe Hospital (inc w/end minor injuries)		1733	1993	1795	1949	2204	2205	2034	2244	2139	2050	2086	1874	1823
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		10.9%	10.4%	9.6%	9.6%	10.4%	9.6%	9.5%	9.6%	9.2%	9.8%	9.6%	10.6%	10.8%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		23.1%	6.9%	19.6%	8.6%	12.3%	0.7%	18.5%	9.3%	22.8%	12.3%	-4.9%	7.1%	-8.9%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		3895	5199	4776	4897	4812	5112	5025	5034	4959	5094	5688	5025	4362
Other Operative Fractures	>95% within 48hrs		71%	75%	89%	86%	66%	67%	72%	67%	58%	74%	78%	76%	41%
	100% within 7 days		98.6%	95.8%	100%	97%	94%	92.9%	96.4%	97.8%	97.4%	95%	97.4%	96.8%	93.8%
Stroke	No of patients admitted with stroke		34	42	32	37	35	41	29	30	38	31	35	34	34
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	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)	41.3% (178)	34.4% (217)
		Ophth	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)	55.8% (218)	55.4% (209)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.4	7.1	6.6	6.8	6.6	6.5	6.0	6.7	6.7	6.8	6.8	7.8	8.2
	Ave LOS trimmed	4.8	5.2	5.1	5.1	5.0	4.8	4.9	5.1	5.1	5.2	5.3	5.7	5.5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.5	12.9	10.5	9.8	10.8	10.7	11.0	10.6	11.1	10.3	10.9	10.6	10.6
	Ave LOS trimmed	6.8	7.3	7.0	6.4	6.4	6.5	6.2	7.3	7.6	6.9	7.5	7.0	7.0
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in < 15 mins. (Target 85%)	69.6%	70.4%	69.3%	77.9%	70.9%	74.4%	69.5%	66.9%	73.4%	65.2%	61.0%	62.2%	61.7%
	% NEW attendances who left without being seen (Target < 5%)	3.5%	2.5%	3.5%	3.4%	4.0%	3.4%	4.3%	4.2%	3.5%	3.1%	3.0%	3.1%	3.0%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	2.6%	2.5%	2.4%	2.6%	2.9%	2.8%	3%	2.6%	3.0%	2.8%	2.4%	2.4%
	% seen by treating clinician < 1 hour (based on those with exam date & time recorded)	47.4%	50.5%	48.7%	50.9%	45.3%	46.8%	43.3%	44.2%	54.1%	51.3%	51.7%	49.3%	50.0%

Hospital Services – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	31	26	31	33	31	27	34	30	27	28	29	42	36
	What % were responded to within the 20 day target? (target 65%)	23%	62%	32%	30%	26%	33%	38%	30%	33%	36%	17%	29%	28%
	How many were outside the 20 day target?	24	10	21	23	23	18	21	21	18	18	24	30	26
Freedom of Information Requests	How many FOI requests were received this month?	13	6	9	11	10	8	15	10	10	12	14	10	8
	What % were responded to within the 20 day target? (target 100%)	100%	100%	89%	91%	80%	75%	93%	90%	90%	50%	71%	60%	88%
	How many were outside the 20 day target?	0	0	1	1	2	2	1	1	1	6	4	4	1

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	19.6% [66890] (53800) {28937}	19.0% [64600] (52340) {27644}	17.5% (64865) (53499) (28165)	
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.*	62.7% [9621] (3590) {1624}	61.2% [9569] (3714) {1688}	54.9% [9886] (4459) {1800}	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	42.6% (4375) (1354)	44.9% (4059) {1298}	42.2% (4302) {1464}	
	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)	64% [2145] (775)	61% [2150 (829)	61% [2178] (858)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	59% [667] (273)	62% [728] (275)	62% [723] (275)	
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	46% (5246)	47% (5078)	44% (5392)	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	82% (1768)	81% (1828)	81% (1875)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In December 2019, of 2359 total urgent tests reported, 2012 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	83.2% (470) [2796]	83.5% (435) [2630]	85.3% (347) [2359]	
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 15164 [10652] 75% (938) UH 8411 [4963] 59% (914) LVH 2484 [1723] 69.4% (9) DH 2086 [1784] 85.5% (15)	SET 14238 [9925] 69% (950) UH 8271 [4802] 58.1% (915) LVH 2273 [1701] 74.8% (2) DH 1874 [1602] 85.5% (33)	SET 13420 [9027] 67.2% (1035) UH 7888 [4333] 54.9% (985) LVH 2089 [1599] 76.5% (3) DH 1823 [1475] 80.9% (47)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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 Oct was 87.9% 2664 (338) now 87.8% 2780 (338) Nov was 87.4% 2702 (340) now 87.4% 2690 (340)	**87.9%** **2780** **(338)**	**87.4%** **2690** **(340)**	**87.2%** **2609** **(334)**	
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]	**86%** **29** **(25)** **[4]**	**89%** **37** **(33)** **[4]**	**75%** **36** **(27)** **[9]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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 Reporting mechanism with HSCB appears to have changed in December. This may be revalidated in future.	78% 79 (62) [17] {2}	76% 68 (52) [16] {2}	41% 32 (13) [19] {2}	**Other Fractures** Fractures % <48hrs — Target Line
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	22.8% 8 (35)	14.7% 5 (34)	14.7% 5 (34)	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 35 SET CBYL referrals received during December 2019. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (65) [0]	100% (67) [0]	100% (35) (0)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	**NOV**	**DEC**	
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 December 2019, 42 patients were seen. There were 26.5 breaches involving 37 patients, of whom were shared Revisions post patient pathway confirmation and pathology validation:- Nov was 35%, 76 seen (49.5), now 52% 75.5 seen, (36) Oct was 33%, 83.5 seen (56), now 36% 79.5 seen (51)	**36%** **79.5** **(51)**	**52%** **75.5** **(36)**	**37%** **42** **(26.5)**	
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% [290] 322 (0) {14}	100% [258] 241 (0) {14}	100% [218] 238 (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	97% 117 (4)	95% 98 (5)	95% 86 (4)	

Trend chart legend: 62 Day Target, Target Line

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	**-4.9%** **2103** **(499)**	**7.1%** **1862** **(258)**	**8.9%** **2183** **(579)**	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 People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Allied Health Professions waits	All < 13 weeks	92.7%	88.8%	90.7%	93.5%	90.6%	86.8%	86.5%	88.0%	86.1%	86.0%	88.8%	91.7%	90.5%
Complex Discharges	Min. 90% <48hrs (SET TOR)	83.8%	77.4%	82%	78%	82%	82.8%	82%	86.1%	79.8%	77.4%	73.8%	76.3%	80.5%
	Min. 90% <48hrs (SET in SET beds)	85%	80.1%	83.7%	80.2%	86%	84.2%	83.2%	88.4%	79.5%	79.1%	79.0%	77.6%	79.3
	Min. 90% <48hrs (All in SET beds)	79.3%	77.4%	79.6%	77.5%	82.5%	79.3%	79.9%	85.2%	75%	74.5%	77.8%	76.9%	76.1%
	Number complex discharges	518	601	500	536	491	552	541	554	521	502	553	533	502
	ALL <7days	94%	93.9%	93.2%	91.4%	94.7%	95.3%	95%	95.7%	93.7%	90.0%	95.7%	93.2%	93.0%
	SET and Other TOR	96.8%	94.8%	95.2%	93.3%	96.2%	97.4%	95.8%	96.6%	94.4%	93.1%	93.1%	93.9%	94.2%
	Belfast TOR	83.3%	90%	85.7%	85.8%	88.8%	88%	92.2%	92%	92.0%	90.8%	94.7%	91.1%	89.2%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Q3 741 (cum 2110)	Quarter 4 774 (cum 2884)			Quarter 1 700			Quarter 2 637 (cum 1337)			Reported Quarterly in arrears		
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	81%	83%	80%	83%	82%	84%	84%	81%	83%	89%	89%	84%	84%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	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)	46.0% (352)	45.6% (366)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	2847	2827	2883	3944	3928	4156	4206	4320	4239	4353			
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Q3 445 (cum 888)	Quarter 4 349 (cum 1237)			Quarter 1 394			Quarter 2 435 (cum 829)			Quarter 3 460 (cum 1289)		
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	155	156	156	159	159	165	165	169	171	171	173	178	179
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	Q3 46740 Hrs (cum 161138 Hrs)	Quarter 4 48422 Hours (cum 209 560 Hours)			Quarter 1 55872.5 Hours			Quarter 2 77418 Hours (cum 133,290.5 Hours)					

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PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	99%	96.1%	94.2%	98.3%	98.9%	100%	100%	97.7%	97.1%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		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)	85.2% (17)	81.4% (18)
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	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)	82.7% (279)	85.6% (206)
		<52wks	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)	99.9% (1)	99.9% (1)

Directorate KPIs & SQE Indicators

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

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	NOV 18	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	10	7	8	7	16	7	5	10	8	6	3	9	11
	What % were responded to within the 20 day target? (target 65%)	60%	71%	25%	43%	56%	71%	0%	50%	25%	50%	33%	33%	55%
	How many were outside the 20 day target?	4	2	6	4	7	2	5	5	6	3	2	6	5
Freedom of Information Requests	How many FOI requests were received this month?	2	1	1	3	2	2	3	2	2	2	1	3	0
	What % were responded to within the 20 day target? (target 100%)	50%	100%	100%	67%	50%	100%	33%	50%	100%	50%	0%	100%	n/a
	How many were outside the 20 day target?	1	0	0	1	1	0	2	1	0	1	1	0	0

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment	At 31st December 2019 of 10597 patients on the AHP waiting list, 1006 are waiting longer than 13 weeks. 	**88.8%** **[11665]** **(1301)**	**91.7%** **[11345]** **(936)**	**90.5%** **[10597]** **(1006)**	
Complex Discharges	90% of complex discharges should take place within 48 hours.	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:- Oct was 73.8% (44) now 79.1% (103) Nov was 76.8% (50) now 76.3% (97) SET Key reasons:- • No Domiciliary Care Package • Patient / Family resistance	**79.1%** **(103)**	**79.3%** **(97)**	**80.5%** **(87)**	

Narrative table within AHP Waits:

Service	No on W/L	Waiting >13 wks	Comp-liance
Physio	5686	285	95.0%
OT	1306	144	89.0%
Orthoptics	185	4	97.8%
Podiatry	1140	28	95.0%
Adults S&LT	934	460	50.7%
Childrens S&LT	282	13	95.4%
Dietetics	1064	72	93.2%

[n] = total waiting

(n) = breaches

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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:- Oct was 77.6% (544) SET 86 BT 31 NT 1 ST 1 N/A 1	77.8% (553) >48 hrs By Trust of res SET 87 BT 31 NT 3 ST 1 N/A 1	76.9% (533) >48 hrs By Trust of res SET 80 BT 40 NT 1 ST 1 N/A 1	76.1% (502) >48 hrs By Trust of res SET 77 BT 41 NT 1 ST 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:- Nov was 79.6% 407 (83) now 77.6% 409 (83)	79.0% 439 (92)	77.6% 409 (83)	79.3% 382 (79)	
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:- Nov was 93.2% 531 (36) SET 25 BT 11 now 93.2% 533 (36) SET 25 BT 11	95.7% 553 (24) SET 15 BT 6 ST 1 NT 2	93.2% 533 (36) SET 25 BT 11	93.0% 502 (35) SET 21 BT 13 NT 1	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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:- Nov was 93.9% 407 (25) now 93.9% 409 (25)	95.9% 439 (18)	93.9% 409 (25)	94.2% 382 (22)	
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:-	94.7% 113 (6)	91.1% 124 (11)	89.2% 120 (13)	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 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.**	631 (cum 1369)	741 (cum 2110)	**774** **(cum 2884)**	700 (cum 700)	637 (cum 1337)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	81%	83%	80%	83%	82%	84%	82%	81%	83%	89%	89%	84%	84%
	Total Number of Urgent Calls	1473	1232	1372	1579	1403	1301	1376	1058	1022	1103	1204	1623	1770
	Urgent Calls within 20 minutes	1194	1020	1094	1306	1154	1095	1154	858	843	982	1071	1367	1494
	100% of less urgent calls triaged within 1 hour	59%	65%	58%	61%	64%	70%	68%	67%	76%	75%	66%	54%	54%
	Total Number of Routine Calls	7936	6121	5336	6578	6332	6250	4026	5361	5547	5725	5648	6500	7149
	Routine calls within 1 hour	4683	3948	3111	3987	4026	4387	2162	3599	4200	4275	3724	3506	3831

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	53	29	70	49	58	86	71	93	94	101			
Adult MH Services waits	All < 9 weeks	96.3%	97.8%	95.3%	**92.4%**	96.9%	97.6%	98.4%	100%	99.1%	99.3%	100%	98.9%	**93%**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Q3 57 (cum 214)	Quarter 4 73 (cum 287)			Quarter 1 59			Quarter 2 67 (cum 126)			Quarter 3 57 (cum 183)		
Discharge and Follow-up	99% < 7days of decision to discharge	98.3%	98.7%	100%	100%	100%	100%	100%	100%	92.7%	95%	92.3%	**94.2%**	**91.5%**
	All < 28 days (no. Breaches)	3	2	4	4	5	3	3	5	2	2	5	3	4
	All follow-up < 7 days from discharge	96.6%	96.6%	**84.6%**	100%	98.6%	100%	98.7%	98.7%	98.7%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	17	19	19	19	19	19	20	20	20	20	21	22	23

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	NOV 18	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	7	6	11	6	4	8	8	9	6	5	11
	What % were responded to within the 20 day target? (target 65%)	83%	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%
	How many were outside the 20 day target?	1	2	4	5	6	5	1	6	5	5	2	4	6
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	2	0	1	2	3	2	4	3	5	4	0	4	1
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	100%	100%	67%	0%	50%	100%	100%	50%	n/a	100%	100%
	How many were outside the 20 day target?	0	0	0	0	1	2	2	0	0	2	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	100% 723 [0]	98.9% 737 [8]	93.0% 765 [53]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 47 SET discharges in December 2019	92.3%	94.2%	91.5%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	December 2019 there were 4 delayed discharges	5	3	4	
	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 47 SET discharges in December. 47 people were offered 7 day follow up.	100%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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	6	4	4	4	4	4	4	3	4	7	7	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.	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)	807	817	822	830	837	844	842	849	855	860	869	887	890

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	DEC 18	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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%	67%	100%	100%	0%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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	262	267	271	275	275	276	277	278	279	285	284	292	293
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	373	375	376	377	384	384	380	382	385	384	391	395	395
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	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)	0 (cum 1)	0 (cum 1)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	98.0%	89.6%	97.6%	100%	100%	98%	96.6%	100%	97.5%	100%	94%	90%	98%

		Quarter 3 (18/19)	Quarter 4 (18/19)	Quarter 1 (19/20)	Quarter 2 (19/20)	Quarter 3 (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)	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	39 (cum 116)	64 (cum 180)	56	42 (cum 98)	53 (cum 151)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	41 (cum 137)	18 (cum 155)	28	33 (cum 61)	39 (cum 100)
	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: 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.	No MDA Scores to report this quarter	90%	92%	95%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	NOV 18	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	7	6	11	6	4	8	8	9	6	5	11
	What % were responded to within the 20 day target? (target 65%)	83%	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%
	How many were outside the 20 day target?	1	2	4	5	6	5	1	6	5	5	2	4	6
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	1	0	1	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	n/a	100%	n/a	n/a	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

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during December	100%	100%	100%	
	No discharge taking longer than 28 days.	The Trust currently has 6 people awaiting discharge and 1 who is receiving treatment. n = number awaiting discharge (n) = breaches	7 (7)	7 (7)	7 (7)	Muckamore:-
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled	3 people remain to be resettled	3 people remain to be resettled	
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability				
		Learning Disability				

Muckamore:-

Delay in days	Oct	Nov	Dec
0-7	0	0	0
8-28	0	0	0
29-90	0	0	0
91-365	2	2	3
>365	5	5	4
Total	7	7	7

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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)	
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	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)	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%	
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%	
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%	n/a	n/a	n/a	66%	59%	64%	63%	72%	48%	68%	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	NOV 18	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	7	6	11	6	4	8	8	9	6	5	11
	What % were responded to within the 20 day target? (target 65%)	83%	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%
	How many were outside the 20 day target?	1	2	4	5	6	5	1	6	5	5	2	4	6
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	1	0	0	1	0	0	0	1	0	1	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	100%	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 – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Committal	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.	% = 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.	100% 334 (0)	100% 325 (0)		
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches 		Oct	Nov	Dec | | Maghaberry | Committals | 267 | 250 | | | | Breaches | 1 | 1 | | | Hydebank | Committals | 57 | 55 | | | | Breaches | 0 | 0 | |	99.7% 324 (1)	99.7% 305 (1)		
Inter-Prison Transfers	On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.	% = performance n = total transfers (n) = breaches	100% 57 (0)	100% 74 (0)		
Emergency Care	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.*	% = performance n = total emergencies (n) = breaches	100% 46 (0)	100% 53 (0)		

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	48% 46 (24)	68% 47 (15)		

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Psychological Therapies waits	All < 13 weeks	58.4%	57.0%	54.0%	51.6%	51.0%	50.0%	45.1%	44.7%	43.7%	43.3%	32.1%	35.0%	31.1%

Adult Services Directorate – Clinical Psychology Services – KPIs

	DEC 18	JAN 19	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Direct Contacts (cum)	1948 (22221)	2560 (24781)	2833 (27614)	2510 (30124)		2201	2524 (4725)	2145 (6870)	2136 (9006)	2057 (11063)	2111 (13174)	2431 (15605)	2256 (17861)	1615 (19476)
Consultations (cum)	91 (1083)	104 (1187)	100 (1287)	84 (1371)		107	117 (224)	112 (336)	87 (423)	124 (547)	153 (700)	108 (808)	92 (900)	116 (1016)
Supervision - Hours (cum)	193 (1475)	142 (1617)	203 (1820)	196 (2016)		175	186 (361)	172 (533)	161 (694)	143 (837)	168 (1005)	148 (1153)	183 (1336)	148 (1484)
Staff training - Hours (cum)	120 (1065)	95 (1160)	145 (1305)	166 (1471)		151	135 (286)	97 (383)	88 (471)	117 (588)	141 (729)	41 (770)	84 (854)	101 (955)
Staff training - Participants (cum)	294 (2717)	140 (2857)	242 (3099)	455 (3554)		273	333 (606)	189 (795)	253 (1048)	192 (1240)	375 (1615)	173 (1788)	346 (2134)	258 (2392)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	7	6	11	6	4	8	8	9	6	5	11
	What % were responded to within the 20 day target? (target 65%)	83%	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%
	How many were outside the 20 day target?	1	2	4	5	6	5	1	6	5	5	2	4	6

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	32.1% (1268) [861]	35% (1334) [867]	31.1% (1302) [897]	
		Breaches	OCT	NOV	DEC	Longest Wait (days)
		Adult Mental Health	515	537	564	538
		Older People	30	29	28	348
		Adult Learn Dis	22	28	33	383
		Children's Learn Dis	13	8	9	148
		Adult Health Psych	270	243	224	521
		Children's Psych	11	22	39	176
		Total	861	867	897	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (6)	100% (4)	100% (7)	100% (1)	100% (3)	100% (4)	100% (2)	100% (5)	100% (3)	100% (7)	100% (3)	100% (1)	100% (4)
	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)	76.2% (10)	100% (0)	100% (0)	94.4% (2)	100% (0)	95.5% (3)	100% (0)	97.2% (1)	100% (0)	100% (0)	95.9% (2)
	All Child protection case conference <15 days from receipt (n) = breaches	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)	80% (3)	92.9% (1)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	90.5% (2)	88% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100%
	All Family Support referrals for assessment to be allocated <30 days from receipt	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)	85.4% (28)	82.3% (22)
	All Family support initial assessment completed <10 days of allocation	29.2%	32.7%	28.8%	24%	22.9%	26.5%	33.3%	47.2%	29%	35.2%	29.7%	29.4%	22.5%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	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)	41.9%	45%
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	Q3 38 (cum 144)	Quarter 4 47 (cum 191)			Quarter 1 14			Quarter 2 91 (cum 105)			Quarter 3 24 (cum 129)		
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	136	112	92	151	142	171	156	156	111	133	114	162	207
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	110	89	75	114	112	143	142	132	103	115	93	132	171

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Fostering	Number of Mainstream Foster Carers	363	358	365	388	385	376	387	382	382	378	382	390	390
	Number of children with Independent Foster Carers	53	59	63	60	62	64	67	64	67	71	72	73	72
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	95%	96.3%	93.9%	93.1%	91.8%	92.7%	96.7%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Q3 88.1%	Quarter 4 87.8%			Quarter 1 88.1%			Quarter 2 87.8%					
	All women are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	94.9%	94.6%	94.7%	95.8%	97.3%	93%	96%	97.5%	98%	96.4%	97.4%	Reported 2 mths in arrears	
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	33.3%	32.6%	54.4%	42.3%	43.1%	46.8%	46.1%	35.5%	48.1%	47.8%	37.5%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	223	204	210	256	235	225	226	248	198	201	241	262	301
	Family Centre Waiting List at month end	22	28	29	24	27	21	16	16	20	24	32	24	
Care Leavers	At least 75% aged 19 in education, training or employment	77%	77%	79%	80%	76%	77%	76%	72%	75%	75%	76%	75%	75%

Children's Services - Corporate Issues

Service Area	Indicator	NOV 18	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	4	8	2	6	5	10	4	10	7	6	7	15	11
	What % were responded to within the 20 day target? (target 65%)	25%	50%	0%	67%	20%	30%	25%	50%	29%	67%	57%	27%	36%
	How many were outside the 20 day target?	3	4	2	2	4	7	3	5	5	2	3	11	7
Freedom of Information Requests	How many FOI requests were received this month?	3	1	4	1	7	2	2	1	1	5	5	1	3
	What % were responded to within the 20 day target? (target 100%)	67%	100%	50%	0%	29%	50%	100%	0%	0%	80%	80%	0%	67%
	How many were outside the 20 day target?	1	0	2	1	5	1	0	1	1	1	1	1	1

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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% (1)	100% (4)	
	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 7 children taken into care during June 2019. 1 was for Respite/Shared Care. 1 was discharged. Of the remaining 5 all had a plan in place by December 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
			OCT	NOV	DEC	
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% (36) [36]	100% (63) [63]	100% (45) [45]	
	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% (50) [50]	100% (60) [60]	95.9% (49) [47]	
	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	85.7% (14) [12]	80% (15) [12]	92.9% (14) [13]	
	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% (14) [14]	100% (18) [18]	100% (17) [17]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
	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	90.4% (177) [160]	85.4% (192) [164]	82.3% (124) [102]	
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	29.7% (118) [35]	29.4% (102) [30]	22.5% (89) [20]	
	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.	57.1% (35) [20]	41.9% (31) [13]	45% (20) [9]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st December 2019, 59 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 75 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	

TITLE	TARGET	NARRATIVE	OCT	NOV	DEC	TREND
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31st December 2019 – 74 total waiters:- 0 – 4 wks: 20 >4 – 8 wks: 52 >8 – 13 wks: 2 > 13 wks: 0 Total: 74 Longest wait = 70 Days % = compliance (n) = breaches	100% (0)	100% (0)	100% (0)	(bar chart Dec-18 to Dec-19) <13 weeks from assessment to treatment

Narrative table (31st December 2019 – 74 total waiters):

0 – 4 wks	20
>4 – 8 wks	52
>8 – 13 wks	2
> 13 wks	0
Total	74

Unallocated Cases

TITLE	TARGET	NARRATIVE	OCT	NOV	DEC	TREND
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31st December 2019	114 (241)	162 (262)	207 (301)	(see tables below)

Narrative (n = unallocated over 20 days):

Gateway	Disability	FIT	Total
29 (99)	56 (64)	122 (138)	207 (301)

Trend tables:

	Gateway	Disability	FIT	Total
< 1 wk	11	0	3	14
1-4 wks	59	8	13	80
4-8 wks	24	10	31	65
> 8 wks	5	46	91	142
Total	99	64	138	301

Area	Longest Wait
Gateway	92
Disability	222
FIT	241

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
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	63		
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	50 78.1%	20 41.6%	46 73%		
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)	118 (cum 204)		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%	Enrolled: 68 Quit at 4 weeks:32		

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	545		
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	29	56	76		

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.)	6.32% (Cum)	6.50% (Cum)		Q3: 2018-19 =6.65 (cum) Q3: 2017-18 = 6.82 (cum) Q3: 2016-17 = 6.69 (cum) Q3: 2015-16 = 6.80 (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 Q3 159 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%	60%		Q3: 2018-19 = 70% Q3: 2017-18 = 62% Q3: 2016-17 = 68% Q3: 2015-16 = 75% Q3: 2014-15 = 65%
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%	42%		Q3: 2018-19 = 46% Q3: 2017-18 = 44% Q3: 2016-17 = 46% Q3: 2015-16 = 43% Q3: 2014-15 = 38%
	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%	99%		
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%	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 has arranged further sessions for 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%	100%		QSR was published in November 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	81% Bank 19% Agency (Cum)		There has been a higher reliance on HCSW Agency to cope with winter pressures. In particular the lack of Band 5 RN staff has led to the downgrading of bank shifts to seek HCA /SNA support where appropriate.
	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% (Cum)	6% (Cum)	8% (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. (Use of authorisation framework extended until 31/03/2020)	30%	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. Further meeting to be arranged Feb/March 2020 Discussions planned with Director Hospital Services / HR to continue 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/acti vities 632 attending			Q3 – No figures available. Will be updated in Q4
	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	3 sessions delivered 61 staff attended		
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 December	Actual Position December 19	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Cancer 14 days (%)	100	99	100	99	100
Cancer 31 days (%)	75	80	95	86	93
Cancer 62 days (%)	25	25	37	30	42
Fracture Neck of Femur (%)	85	72	73	70	74
IPDC Core Elective (%)	-0.6		9%		13%
Endoscopy Core Elective (%)	-3		-32%		-9%
Outpatients Core (%)	-5.7		-5%		0%
Complex Discharges (%)	78	79	76	79	79
ED 4 Hour Performance (%) SET UH LVH	70 58 77	72 63 81	67 55 77	74 61 83	71 58 76

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Area	Projected Performance 2019/20	Predicted Position December	Actual Position December 19	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Projected Breaches					
Psychological Therapies	218	280	897	359	693
Adult Mental Health	0	10	53	28	12
Dementia	125	165	366	183	300
Diagnostics, Imaging 9wk 26wk	7328 2594	4992 1813	2851 1255	3480 1032	3072 1001