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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 indicators 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
		PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
ERCP	Endoscopic Retrograde Cholangiopancreatography		
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<	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
liP	Investors in People	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 & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 04.02.2020

SAFE AND EFFECTIVE CARE

January 2020

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 04.02.2020

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 04.02.2020

Description

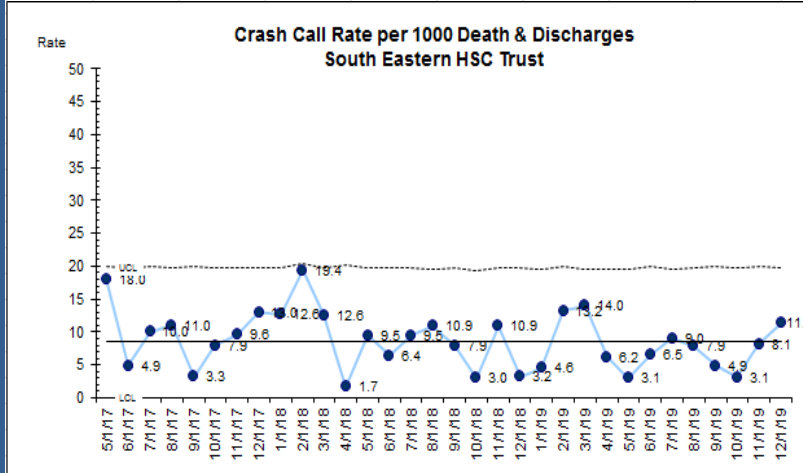
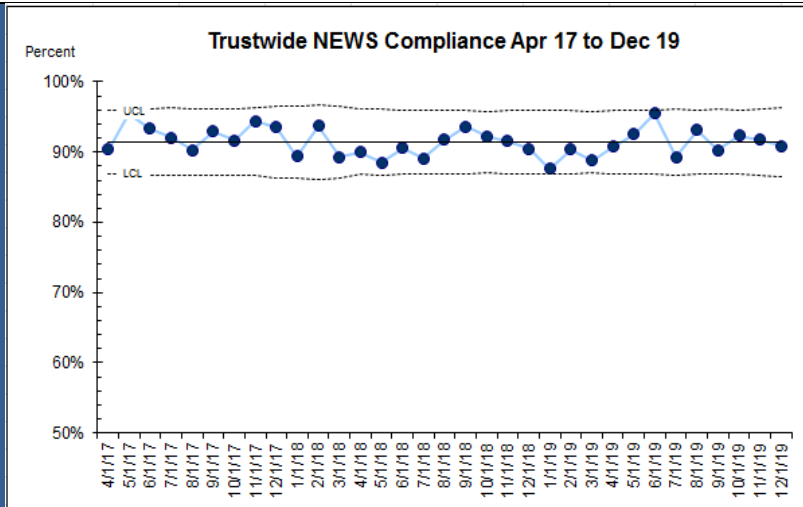
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process 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 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.

Trend



Variation

Lowest compliance questions: Part 1: Evidence of appropriate action (96%) and Part 2: If NEWS score is above 5, is there evidence of actions taken (96%)

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 04.02.2020

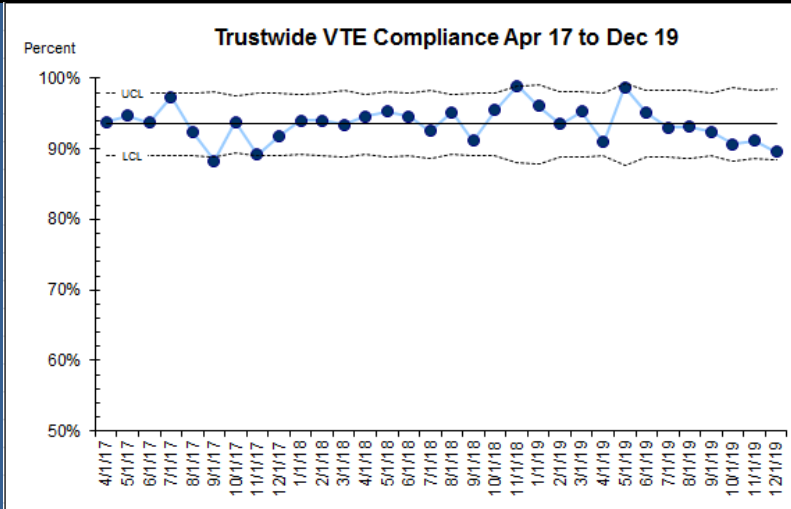
Description

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

Aggregate position

Trend

Variation



2017/18
Average compliance 93%

2018/19
Average compliance 95%

2019/20
Average compliance 90%

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 04.02.2020

Description

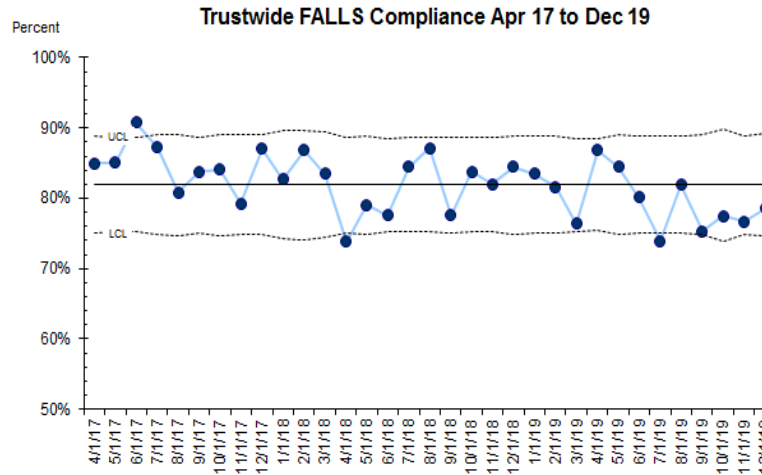
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part 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

Q3 shows an increase in falls to 509 with 14 reported moderate to severe. The falls rate per 1000 bed days has decreased to 0.14

Falls improvement work in Wards 3A and 3B is ongoing with further change ideas planned along with falls awareness training.

Trend



Variation

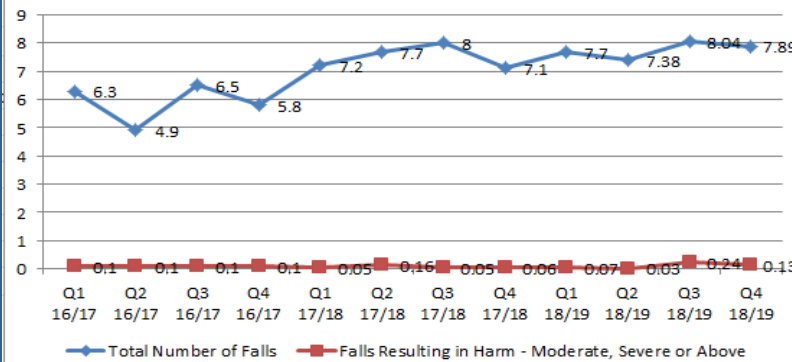
Lowest compliance questions:
 Part A: 'Urinalysis performed' 91%
 Part B: 'Lying and Standing Blood Pressure' 90%

2017/18
 Average compliance 82%

2018/19
 Average compliance 81%

2019/20
 Average compliance 79%

FALLS RATE PER 1000 BED DAYS QUARTERLY AS PER PHA



Description

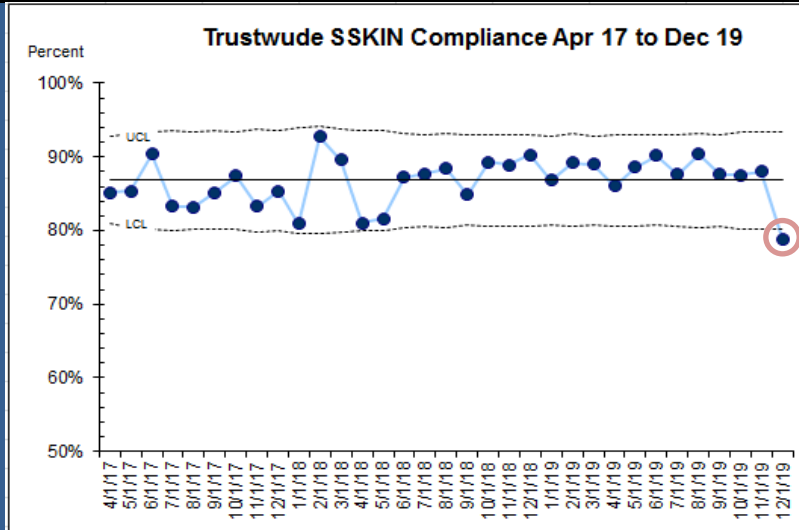
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable

Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days

Aggregate position

Q3 pressure ulcer figures –
 Stage 2 or above: 20
 Stage 3/4: 2
 Ungradeable: 10
 Deep Tissue: 5
 Medical Device: 7
 Avoidable: 1

Trend



Variation

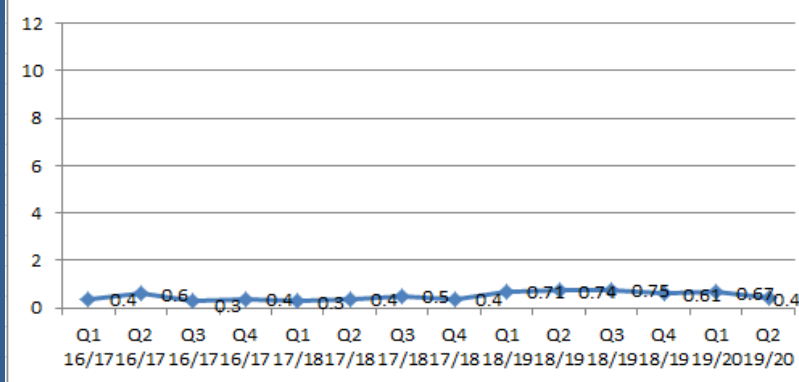
Lowest compliance question: 'Repositioning' 92%

2017/18
 Average compliance 86%

2018/19
 Average compliance 88%

2019/20
 Average compliance 88%

PRESSURE ULCER RATE PER 1000 BED DAYS AS PER THE PHA



Description	Aggregate position	Trend	Variation
<p>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.</p>	<p>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.</p>		<p>2017/18 Average compliance 97%</p> <p>2018/19 Average compliance 95%</p> <p>2019/20 Average compliance 95%</p>

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

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%	<p>Legend: SET (dark teal), UH (red), LVH (light green), DH (purple) Red line: Regional Target</p>
			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												
			NOV	DEC	JAN													
HCAI	<p>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.</p> <p>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.</p>	<table border="1"> <thead> <tr> <th></th> <th>2018/2019 Target</th> <th>2019/2020 Target</th> </tr> </thead> <tbody> <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> </tbody> </table>		2018/2019 Target	2019/2020 Target	C Diff	Target<55	Target < 55	MRSA	Target<5	Target < 5	GNB	Target <39	Target < 39	<p>C Diff</p> <p>6 (cum 50)</p>	<p>C Diff</p> <p>6 (cum 56)</p>	<p>C Diff</p> <p>9 (cum 65)</p>	
			2018/2019 Target	2019/2020 Target														
		C Diff	Target<55	Target < 55														
		MRSA	Target<5	Target < 5														
GNB	Target <39	Target < 39																
<p>MRSA</p> <p>0 (cum 3)</p>	<p>MRSA</p> <p>3 (cum 6)</p>	<p>MRSA</p> <p>1 (cum 7)</p>	<p>Of the 65 C Diff cases in 19/20, 19 were within 72 hours of admission, with 46 later than 72 hours from admission.</p> <p>Of the 7 MRSA Cases, 3 were within 48 hours of admission, and 4 were later than 48 hours of admission.</p>															
<p>GNB</p> <p>5 (cum 52)</p>	<p>GNB</p> <p>3 (cum 55)</p>	<p>GNB</p> <p>8 (cum 63)</p>																

SECTION 2

**PERFORMANCE AGAINST COMMISSIONING PLAN
TARGETS**

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	
Outpatient waits	Min 50% <9 wks for first appt	18.3%	19.4%	19.8%	19.1%	18.5%	18.6%	18.7%	18.0%	19.3%	19.6%	19.0%	17.5%	17.2%	
	All <52 wks	60.0%	59.6%	59.4%	58.5%	57.7%	56.5%	55.8%	55.7%	56.5%	56.7%	67.7%	56.6%	55.8%	
Diagnostic waits	Imaging 75% <9 wks	65.3%	66.9%	65.8%	63.7%	59.8%	60.3%	63.5%	59.5%	61.7%	62.7%	61.2%	54.9%	54%	
	Physiological Measurement <9 wks	45.1%	47.3%	51.4%	49.2%	47.8%	46.3%	43.9%	33.9%	39.8%	42.6%	44.9%	42.2%	42.5%	
		Diag Endoscopies	< 9 wks 65%	55%	62%	63%	80%	87%	83%	72%	59%	57%	64%	61%	61%
Inpatient & Daycase Waits	Min 55% <13 wks	47%	49%	52%	53%	51%	49%	46%	43%	41%	46%	47%	44%	43%	
	All <52 wks	82%	82%	82%	82%	82%	81%	81%	82%	81%	82%	81%	81%	79%	
Diagnostic Reporting	Urgent tests reported <2 days	85%	80.2%	70.1%	80.3%	88.3%	81.9%	83.5%	83.7%	84.4%	83.2%	83.5%	85.3%	86.2%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	70.3%	69.2%	69.3%	69.5%	71.7%	69.6%	70.7%	73.9%	72%	75%	69%	67.2%	71.9%
		12hr breaches	759	933	789	782	577	595	702	572	774	938	950	1035	1183
	UHD	4hr performance	59%	56.3%	57%	55.2%	57.2%	56.0%	56.8%	61.5%	59.8%	59%	58.1%	54.9%	59.5%
		12hr breaches	710	890	756	761	576	564	695	560	757	914	915	985	1086
	LVH	4hr performance	71.9%	73.7%	73.8%	75.8%	81.3%	75.6%	74.8%	81.1%	75.3%	69.4%	74.8%	76.5%	81.4%
		12hr breaches	24	25	11	8	1	2	4	1	4	9	2	3	15
	DH	4hr performance	87.9%	89.4%	86.4%	89.4%	89%	89.2%	89.0%	88.9%	87.8%	85.5%	85.5%	80.9%	83.0%
		12hr breaches	25	18	22	13	0	4	3	11	13	15	33	47	82
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	86.3%	87.4%	85.5%	83.8%	85.4%	82.4%	85.1%	87.8%	86.8%	87.2%	88.2%	86.5%	91.4%	
Non Complex discharges	ALL <6hrs	89.2%	89%	89%	89.3%	88.9%	87.7%	87.1%	87.6%	87.9%	87.9%	87.4%	87.2%	87.4%	
Hip Fractures	>95% treated within 48 Hours	76%	97%	91%	61%	63%	84%	66%	57%	79%	86%	89%	74%	75%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis	5%	12.5%	16.2%	6%	14.6%	17.2%	10%	10.5%	3.3%	22.8%	14.7%	14.7%	24%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	38%	48%	49%	43%	39%	44%	42%	61%	37%	36%	52%	37%	32%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)	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}	100% (0) {14}	100% (0) {14}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	92% (11)	95% (5)	94% (7)	90% (10)	94% (10)	95% (5)	88% (10)	95% (6)	91% (9)	97% (4)	95% (5)	95% (4)	91% (10)	
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%			100%			100%			100%			
	Psoriasis (n) - Breaches		100%			100%							To be reported in arrears		

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	97.6%	98.6%	95%	93%	98.2%	98.3%	95.4%	93.8%	95.2%	95.3%	93.4%	98.1%	97.8%	
	% routine tests reported <28 days (Target formerly 100%)	99.4%	99.8%	99.8%	99.4%	99.7%	99.7%	98.3%	98.4%	96.7%	97.6%	98.0%	99.8%	99.2%	
% Operations cancelled for non-clinical reasons	SET	0.8%	1.1%	1.2%	1.2%	0.8%	1.2%	1.6%	1.1%	0.8%	1.4%	2.0%	3.1%	5.8%	
	UHD	1%	1.5%	1.3%	1.3%	0.5%	1.4%	1.2%	1.3%	0.9%	2.0%	2.9%	3.0%	6.4%	
	LVH	1%	0.9%	1.3%	1.3%	0.8%	1.6%	0.7%	1.2%	0.8%	0.7%	0.3%	3.2%	4.3%	
	DH	0%	0%	0.2%	0.2%	1.6%	1.5%	4.5%	0.4%	0.2%	0.5%	0.7%	3.0%	5.8%	
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 74%	Cum 67%	Cum 66%	Cum 66%	Cum 66%	Cum 67%	Cum 70%				
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	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%	Cum 82.6%				
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	12405	11464	12571	12782	13141	12490	10840	12813	12681	12981	12418	11800	11962	
	Ulster Hospital	8199	7552	8351	8271	8492	8338	8226	8377	8270	8411	8271	7888	7657	
	Lagan Valley Hospital	2213	2117	2271	2307	2444	2118	2390	2297	2361	2484	2273	2089	2276	
	Downe Hospital (inc w/end minor injuries)	1993	1795	1949	2204	2205	2034	2244	2139	2050	2086	1874	1823	2029	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	10.4%	9.6%	9.6%	10.4%	9.6%	9.5%	9.6%	9.2%	9.8%	9.6%	10.6%	10.8%	10.7%	
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	6.9%	19.6%	8.6%	12.3%	0.7%	18.5%	9.3%	22.8%	12.3%	-4.9%	7.1%	-9.0%	-49.4%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5186	4762	4878	4793	5066	4973	4998	4905	5027	5544	4864	4146	5276	
Other Operative Fractures	>95% within 48hrs	75%	89%	86%	66%	67%	72%	67%	58%	74%	78%	76%	41%	48%	
	100% within 7 days	95.8%	100%	97%	94%	92.9%	96.4%	97.8%	97.4%	95%	97.4%	96.8%	93.8%	97%	
Stroke	No of patients admitted with stroke	42	32	37	35	41	29	30	38	31	35	34	34	37	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	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)	31.4% (229)
		Ophth	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)	31.0% (361)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	7.1	6.6	6.8	6.6	6.5	6.0	6.7	6.7	6.8	6.8	7.8	8.2	8.8
	Ave LOS trimmed	5.2	5.1	5.1	5.0	4.8	4.9	5.1	5.1	5.2	5.3	5.7	5.5	6.2
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	12.9	10.5	9.8	10.8	10.7	11.0	10.6	11.1	10.3	10.9	10.6	10.6	14.1
	Ave LOS trimmed	7.3	7.0	6.4	6.4	6.5	6.2	7.3	7.6	6.9	7.5	7.0	7.0	7.6
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	70.4%	69.3%	77.9%	70.9%	74.4%	69.5%	66.9%	73.4%	65.2%	61.0%	62.2%	61.7%	73.7%
	% NEW attendances who left without being seen (Target < 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%	2.6%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.6%	2.5%	2.4%	2.6%	2.9%	2.8%	3%	2.6%	3.0%	2.8%	2.4%	2.4%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	50.5%	48.7%	50.9%	45.3%	46.8%	43.3%	44.2%	54.1%	51.3%	51.7%	49.3%	50.0%	58.5%

Hospital Services – Corporate Issues

Service Area	Indicator	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints	How many complaints were received this month?	26	31	33	31	27	34	30	27	28	29	42	36	25
	What % were responded to within the 20 day target? (target 65%)	62%	32%	30%	26%	33%	38%	30%	33%	36%	17%	29%	28%	24%
	How many were outside the 20 day target?	10	21	23	23	18	21	21	18	18	24	30	26	19
Freedom of Information Requests	How many FOI requests were received this month?	6	9	11	10	8	15	10	10	12	14	10	8	7
	What % were responded to within the 20 day target? (target 100%)	100%	89%	91%	80%	75%	93%	90%	90%	50%	71%	60%	88%	71%
	How many were outside the 20 day target?	0	1	1	2	2	1	1	1	6	4	4	1	2

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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.	<p>% = outpatients waiting less than 9 wks as a % of total waiters.</p> <p>[n] = total waiting</p> <p>(n) = waiting > 9 wks</p> <p>{n} = waiting >52 wks</p>	19.0%	17.5%	17.2%	
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.	<p>Imaging (9 wk target)</p> <p>These figures relate to Imaging waits only.</p> <p>[n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks</p> <p>Note: most breaches relate to Dexa scans at LVH</p> <p><i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i></p>	61.2%	54.9%	54.0%	
			<p>Physiological Measurement (9wk)</p> <p>These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	44.9%	42.2%	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</p> <p>(this is a subset of the Day-case target reported overleaf)</p>	61%	61%	58%	
No patient should wait longer than 13 weeks for other endoscopies.						

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
	<p>No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.</p> <p>No patient should wait longer than 13 weeks for other endoscopies.</p>	<p>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</p> <p>[n] = total waiting (n) = breaches</p>	<p>62% [728] (275)</p>	<p>62% [723] (275)</p>	<p>60% [669] (270)</p>	
Inpatient & Daycase Waits	<p>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.</p>	<p>Inpatients / Daycase – 13 wk target</p> <p>% = % waiting < 13 weeks</p> <p>(n) = breaches</p>	<p>47% (5078)</p>	<p>44% (5392)</p>	<p>43% (5227)</p>	
		<p>All Specialties – 52 wk target</p> <p>% = % waiting < 52 weeks</p> <p>(n) = breaches (52 wks)</p>	<p>81% (1828)</p>	<p>81% (1875)</p>	<p>79% (1901)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND						
			NOV	DEC	JAN							
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In January 2020, of 2785 total urgent tests reported, 2402 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>83.5%</p> <p>(435)</p> <p>[2630]</p>	<p>85.3%</p> <p>(347)</p> <p>[2359]</p>	<p>86.2%</p> <p>(383)</p> <p>[2785]</p>							
Emergency Departments	<p>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.</p> <p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p>SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units</p> <p>SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p> <p>n = total new and unplanned review attendances.</p> <p>[n] = seen within 4 hours</p> <p>% = % seen within 4 hours</p> <p>(n) = 12 hour breaches</p>	<p>SET</p> <p>14238</p> <p>[9925]</p> <p>69%</p> <p>(950)</p>	<p>SET</p> <p>13420</p> <p>[9027]</p> <p>67.2%</p> <p>(1035)</p>	<p>SET</p> <p>13820</p> <p>[9950]</p> <p>71.9%</p> <p>(1183)</p>							
							<p>UH</p> <p>8271</p> <p>[4802]</p> <p>58.1%</p> <p>(915)</p>	<p>UH</p> <p>7888</p> <p>[4333]</p> <p>54.9%</p> <p>(985)</p>	<p>UH</p> <p>7657</p> <p>[4556]</p> <p>59.5%</p> <p>(1086)</p>			
										<p>LVH</p> <p>2273</p> <p>[1701]</p> <p>74.8%</p> <p>(2)</p>	<p>LVH</p> <p>2089</p> <p>[1599]</p> <p>76.5%</p> <p>(3)</p>	<p>LVH</p> <p>2276</p> <p>[1853]</p> <p>81.4%</p> <p>(15)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p> <p>Nov was 87.4% 2702 (340) now 87.4% 2690 (340)</p>	87.4%	87.2%	87.4%	<p>Legend: Non complex discharges within 6 hrs (teal bar), Target Line (red line)</p>
			2690	2609	2525	
			(340)	(334)	(318)	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>Dec was 75% 36 (27) [9] now 74% 42 (31) [11]</p>	89%	74%	75%	<p>Legend: % Hip Fractures < 48 hrs (teal bar), Target Line (red line)</p>
			37	42	28	
			(33)	(31)	(21)	
			[4]	[11]	[7]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																												
			NOV	DEC	JAN																													
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>{n} = number > 7days</p> <p>Reporting mechanism with HSCB appears to have changed in December. This is under investigation.</p>	<p>76%</p> <p>68</p> <p>(52)</p> <p>[16]</p> <p>{2}</p>	<p>41%</p> <p>32</p> <p>(13)</p> <p>[19]</p> <p>{2}</p>	<p>48%</p> <p>33</p> <p>(17)</p> <p>[16]</p> <p>{1}</p>	<p>Other Fractures</p> <table border="1"> <caption>Other Fractures Performance Data</caption> <thead> <tr> <th>Month</th> <th>Fractures % < 48hrs</th> </tr> </thead> <tbody> <tr><td>Jan-19</td><td>75</td></tr> <tr><td>Feb-19</td><td>88</td></tr> <tr><td>Mar-19</td><td>85</td></tr> <tr><td>Apr-19</td><td>65</td></tr> <tr><td>May-19</td><td>68</td></tr> <tr><td>Jun-19</td><td>72</td></tr> <tr><td>Jul-19</td><td>65</td></tr> <tr><td>Aug-19</td><td>58</td></tr> <tr><td>Sep-19</td><td>72</td></tr> <tr><td>Oct-19</td><td>78</td></tr> <tr><td>Nov-19</td><td>65</td></tr> <tr><td>Dec-19</td><td>40</td></tr> <tr><td>Jan-20</td><td>48</td></tr> </tbody> </table>	Month	Fractures % < 48hrs	Jan-19	75	Feb-19	88	Mar-19	85	Apr-19	65	May-19	68	Jun-19	72	Jul-19	65	Aug-19	58	Sep-19	72	Oct-19	78	Nov-19	65	Dec-19	40	Jan-20	48
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Stroke Services	<p>From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.</p>	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>14.7%</p> <p>5</p> <p>(34)</p>	<p>14.7%</p> <p>5</p> <p>(34)</p>	<p>24%</p> <p>9</p> <p>(37)</p>	<p>All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.</p>																												
Card Before You Leave	<p>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.</p>	<p>There were 65 SET CBYL referrals received during January 2020.</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	<p>100%</p> <p>(67)</p> <p>[0]</p>	<p>100%</p> <p>(35)</p> <p>(0)</p>	<p>100%</p> <p>(65)</p> <p>(0)</p>																													

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>In January 2020, 69.5 patients were seen.</p> <p>There were 47 breaches involving 62 patients, of whom 30 were shared</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Dec Was 37%, 42 seen (26.5, now 34% 59.5 seen, (39.5)</p> <p>Nov was 52%, 75.5 seen (36), now 50% 79.5 seen, (40)</p>	50%	34%	32%	<p>Legend: 62 Day Target (teal bars), Target Line (red line)</p>
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days</p> <p>[n] = number of referrals received</p> <p>n = number of completed referrals</p> <p>(n) = breaches</p> <p>{n} = longest wait in days</p>	100%	100%	100%	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<p>% = % who began treatment within 31 days</p> <p>n = number of patients</p> <p>(n) = breaches</p>	95%	95%	91%	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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	7.1%	-9.0%	-49.4%	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
			1862	2184	2994	
			(258)	(580)	(1390)	
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		100%		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 No figures due to change in team reporting.

PRIMARY CARE AND OLDER PEOPLES SERVICES

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	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Allied Health Professions waits	All < 13 weeks	88.8%	90.7%	93.5%	90.6%	86.8%	86.5%	88.0%	86.1%	86.0%	88.8%	91.7%	90.5%	92.2%
Complex Discharges	Min. 90% <48hrs (SET TOR)	77.4%	82%	78%	82%	82.8%	82%	86.1%	79.8%	77.4%	73.8%	76.3%	80.5%	73.1%
	Min. 90% <48hrs (SET in SET beds)	80.1%	83.7%	80.2%	86%	84.2%	83.2%	88.4%	79.5%	79.1%	79.0%	77.6%	79.3	72.3%
	Min. 90% <48hrs (All in SET beds)	77.4%	79.6%	77.5%	82.5%	79.3%	79.9%	85.2%	75%	74.5%	77.8%	76.9%	76.1%	69.1%
	Number complex discharges	601	500	536	491	552	541	554	521	502	553	533	502	521
	ALL <7days	93.9%	93.2%	91.4%	94.7%	95.3%	95%	95.7%	93.7%	90.0%	95.7%	93.2%	93.0%	90.0%
	SET and Other TOR	94.8%	95.2%	93.3%	96.2%	97.4%	95.8%	96.6%	94.4%	93.1%	93.1%	93.9%	94.2%	91.6%
	Belfast TOR	90%	85.7%	85.8%	88.8%	88%	92.2%	92%	92.0%	90.8%	94.7%	91.1%	89.2%	84.0%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	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	83%	80%	83%	82%	84%	84%	81%	83%	89%	89%	84%	84%	88%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	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)	37.8% (432)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	2827	2883	3944	3928	4156	4206	4320	4239	4353	4346	4398	4496	
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	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)	156	156	159	159	165	165	169	171	171	173	178	179	182
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 4 48, 422 Hours (cum 209, 560 Hours)			Quarter 1 55, 872.5 Hours			Quarter 2 77, 418 Hours (cum 133,290.5 Hours)			Quarter 3 43, 727 Hours (cum 177, 017.5 Hours)			

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20		
Assess and Treat Older People	Main components of care needs met <8 weeks	100%	100%	100%	99%	96.1%	94.2%	98.3%	98.9%	100%	100%	97.7%	97.1%	100%		
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	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)	76.2% (20)		
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	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)	77.7% (309)	
		<52wks	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)	99.9% (2)	
	From January 2020 spinal figures are displayed separately here.	< 9 wks														6.3% (239)
		<52wks														6.3% (239)

Directorate KPIs & SQE Indicators

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	52%	30%	24%	30%	31%	44%	21%	30%	44%	45%	61%	44%	

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

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

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			NOV	DEC	JAN																																	
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 31st January 2020 of 9919 patients on the AHP waiting list, 771 are waiting longer than 13 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>5262</td> <td>188</td> <td style="background-color: #ffff00;">96.4%</td> </tr> <tr> <td>OT</td> <td>1234</td> <td>106</td> <td style="background-color: #ff0000;">91.4%</td> </tr> <tr> <td>Orthoptics</td> <td>153</td> <td>1</td> <td style="background-color: #ffff00;">99.3%</td> </tr> <tr> <td>Podiatry</td> <td>1115</td> <td>35</td> <td style="background-color: #ffff00;">96.9%</td> </tr> <tr> <td>Adults S&LT</td> <td>870</td> <td>392</td> <td style="background-color: #ff0000;">54.9%</td> </tr> <tr> <td>Childrens S&LT</td> <td>285</td> <td>6</td> <td style="background-color: #ffff00;">98.1%</td> </tr> <tr> <td>Dietetics</td> <td>1000</td> <td>43</td> <td style="background-color: #ffff00;">95.7%</td> </tr> </tbody> </table> <p style="text-align: center;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	5262	188	96.4%	OT	1234	106	91.4%	Orthoptics	153	1	99.3%	Podiatry	1115	35	96.9%	Adults S<	870	392	54.9%	Childrens S<	285	6	98.1%	Dietetics	1000	43	95.7%	<p>91.7% [11345] (936)</p>	<p>90.5% [10597] (1006)</p>	<p>92.2% [9919] (771)</p>	<p style="text-align: center;">13 Week Target Line</p>
Service	No on W/L	Waiting >13 wks	Compliance																																			
Physio	5262	188	96.4%																																			
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Childrens S<	285	6	98.1%																																			
Dietetics	1000	43	95.7%																																			
Complex Discharges	<p>90% of complex discharges should take place within 48 hours.</p>	<p>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal).</p> <p>(n) = 48 hr breaches</p> <p>Revisions post validation:-</p> <p>Dec was 80.5% (87) now 80.5% (88)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>79.3% (97)</p>	<p>80.5% (88)</p>	<p>73.1% (132)</p>	<p style="text-align: center;">SET Resident All in SET Beds Target Line</p>																																

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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:- Nov was 76.9% (533) SET 80 BT 40 NT 1 ST 1 N/A 1 Dec was 76.1% (502) SET 77 BT 41 NT 1 ST 1	76.8% (531) >48 hrs By Trust of res	76.1% (502) >48 hrs By Trust of res	69.1% (521) >48 hrs By Trust of res	
			SET 80 BT 40 NT 1 ST 1 N/A 1	SET 77 BT 41 NT 1 ST 1	SET 111 BT 46 NT 1 ST 2 WT 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)	77.6% 409 (83)	79.3% 382 (79)	72.3% 415 (115)	
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% 533 (36) SET 25 BT 11 Dec was 93.0% 502 (35) SET 21 BT 13 NT 1	93.2% 531 (36) SET 25 BT 11	93.0% 502 (35) SET 21 BT 13 NT 1	90.0% 521 (52) SET 33 BT 17 NT 1 ST 1	<p>Legend: SET Residents (teal bar), Target Line (red line)</p>

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying SET and other Trust of Residence patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Nov was 93.9% 407 (25) now 93.9% 409 (25)</p>	93.9% 409 (25)	94.2% 382 (22)	91.6% 415 (35)	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying Belfast Trust Residents in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p>	91.1% 124 (11)	89.2% 120 (13)	84.0% 106 (17)	

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	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	83%	80%	83%	82%	84%	82%	81%	83%	89%	89%	84%	84%	88%
	Total Number of Urgent Calls	1232	1372	1579	1403	1301	1376	1058	1022	1103	1204	1623	1770	1367
	Urgent Calls within 20 minutes	1020	1094	1306	1154	1095	1154	858	843	982	1071	1367	1494	1202
	100% of less urgent calls triaged within 1 hour	65%	58%	61%	64%	70%	68%	67%	76%	75%	66%	54%	54%	73%
	Total Number of Routine Calls	6121	5336	6578	6332	6250	4026	5361	5547	5725	5648	6500	7149	5932
	Routine calls within 1 hour	3948	3111	3987	4026	4387	2162	3599	4200	4275	3724	3506	3831	4316

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	29	70	49	58	86	71	93	94	101	115	106	94	
Adult MH Services waits	All < 9 weeks	97.8%	95.3%	92.4%	96.9%	97.6%	98.4%	100%	99.1%	99.3%	100%	98.9%	93%	91.3%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	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	98.7%	100%	100%	100%	100%	100%	100%	92.7%	95%	92.3%	94.2%	91.5%	85.2%
	All < 28 days (no. Breaches)	2	4	4	5	3	3	5	2	2	5	3	4	9
	All follow-up < 7 days from discharge	96.6%	84.6%	100%	98.6%	100%	98.7%	98.7%	98.7%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	19	19	19	19	19	20	20	20	20	21	22	23	24

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	7	6	11	6	4	8	8	9	6	5	11	6
	What % were responded to within the 20 day target? (target 65%)	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%	33%
	How many were outside the 20 day target?	2	4	5	6	5	1	6	5	5	2	4	6	4
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	0	1	2	3	2	4	3	5	4	0	4	1	2
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	100%	67%	0%	50%	100%	100%	50%	n/a	100%	100%	100%
	How many were outside the 20 day target?	0	0	0	1	2	2	0	0	2	0	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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	98.9%	93.0%	91.3%	
			737	765	786	
			[8]	[53]	[68]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 61 SET discharges in January 2020	94.2%	91.5%	85.2%	Down MHIPU = 5 Ward 12 LVH = 1 Ward 27 UHD = 3 Various reasons – including placement issues
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	January 2020 there were 9 delayed discharges	3	4	9	
	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 61 SET discharges in January. 56 people were offered 7 day follow up. 5 Patients were forwarded to other Trusts.	100%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
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	4	4	4	4	4	4	3	4	7	7	7	7	6
	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.	1067	1117	2578	2578	2281	2305	1943	1650	1954	1917	2095	2057	
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	817	822	830	837	844	842	849	855	860	869	887	890	897

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
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%	67%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	
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	267	271	275	275	276	277	278	279	285	284	292	293	295	
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	375	376	377	384	384	380	382	385	384	391	395	395	396	
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	0 (cum 12)	2 (cum 14)	0 (cum 14)	1	0 (cum 1)	1 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	89.6%	97.6%	100%	100%	98%	96.6%	100%	97.5%	100%	94%	90%	98%	100%	

		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)	71 (cum 152)
	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)	LD: 23, 034.8 Hrs (cum: 115013.8Hrs) PD: 24, 732 Hrs (Cum: 72 074Hrs)
	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	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	7	6	11	6	4	8	8	9	6	5	11	6
	What % were responded to within the 20 day target? (target 65%)	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%	33%
	How many were outside the 20 day target?	2	4	5	6	5	1	6	5	5	2	4	6	4
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	1	0	1	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	100%	n/a	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																														
			NOV	DEC	JAN 20																															
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 January	100%	100%	100%																															
	No discharge taking longer than 28 days.	The Trust currently has 6 people awaiting discharge. n = number awaiting discharge (n) = breaches	7 (7)	7 (7)	6 (6)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> </tr> </thead> <tbody> <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>0</td> <td>0</td> </tr> <tr> <td>91-365</td> <td>2</td> <td>3</td> <td>2</td> </tr> <tr> <td>>365</td> <td>5</td> <td>4</td> <td>4</td> </tr> <tr> <td>Total</td> <td>7</td> <td>7</td> <td>6</td> </tr> </tbody> </table>				Delay in days	Nov	Dec	Jan	0-7	0	0	0	8-28	0	0	0	29-90	0	0	0	91-365	2	3	2	>365	5	4	4	Total	7	7
Delay in days	Nov	Dec	Jan																																	
0-7	0	0	0																																	
8-28	0	0	0																																	
29-90	0	0	0																																	
91-365	2	3	2																																	
>365	5	4	4																																	
Total	7	7	6																																	
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	759	721																																
		Learning Disability	1336	1336																																

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
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% (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)	98.9% (3)	98.8% (4)
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 patient living in prison with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	100%	n/a	n/a	n/a	66%	59%	64%	63%	72%	48%	68%	100%	7%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	7	6	11	6	4	8	8	9	6	5	11	6
	What % were responded to within the 20 day target? (target 65%)	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%	33%
	How many were outside the 20 day target?	2	4	5	6	5	1	6	5	5	2	4	6	4
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	1	0	0	1	0	0	0	1	0	1	0	0	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	100%	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 – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			NOV	DEC	JAN																								
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%	100%	100%																								
		325	298	351																									
		(0)	(0)	(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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Nov</th> <th style="text-align: center;">Dec</th> <th style="text-align: center;">Jan</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Maghaberry</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">250</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">55</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td></td> <td></td> </tr> </tbody> </table>			Nov	Dec	Jan	Maghaberry	Committals	250			Breaches	1			Hydebank	Committals	55			Breaches	0			99.7%	98.9%	98.8%	
		Nov	Dec	Jan																									
Maghaberry	Committals	250																											
	Breaches	1																											
Hydebank	Committals	55																											
	Breaches	0																											
		305	295	347																									
		(1)	(3)	(4)																									
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%	100%	100%																								
		74	31	74																									
		(0)	(0)	(0)																									
Emergency Care	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. <i>Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.</i>	% = performance n = total emergencies (n) = breaches	100%	100%	100%																								
		53	28	41																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Addictions Services	No patient living in prison with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	<p>% = Compliance</p> <p>(n) = number of patients living in prison with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.</p> <p>[n] = number of patients living in prison waiting >9wks for appointment</p>	<p>68%</p> <p>47</p> <p>(15)</p>	<p>100%</p> <p>4</p> <p>(0)</p>	<p>7%</p> <p>14</p> <p>(13)</p>	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

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

Adult Services Directorate – Clinical Psychology Services – KPIs

	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Direct Contacts (cum)	2560 (24781)	2833 (27614)	2510 (30124)	2201	2524 (4725)	2145 (6870)	2136 (9006)	2057 (11063)	2111 (13174)	2431 (15605)	2256 (17861)	1615 (19476)	2123 (21599)
Consultations (cum)	104 (1187)	100 (1287)	84 (1371)	107	117 (224)	112 (336)	87 (423)	124 (547)	153 (700)	108 (808)	92 (900)	116 (1016)	113 (1129)
Supervision - Hours (cum)	142 (1617)	203 (1820)	196 (2016)	175	186 (361)	172 (533)	161 (694)	143 (837)	168 (1005)	148 (1153)	183 (1336)	148 (1484)	150 (1634)
Staff training - Hours (cum)	95 (1160)	145 (1305)	166 (1471)	151	135 (286)	97 (383)	88 (471)	117 (588)	141 (729)	41 (770)	84 (854)	101 (955)	108 (1063)
Staff training - Participants (cum)	140 (2857)	242 (3099)	455 (3554)	273	333 (606)	189 (795)	253 (1048)	192 (1240)	375 (1615)	173 (1788)	346 (2134)	258 (2392)	343 (2735)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	DEC	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	7	6	11	6	4	8	8	9	6	5	11	6
	What % were responded to within the 20 day target? (target 65%)	50%	43%	17%	45%	17%	75%	25%	38%	44%	67%	20%	45%	33%
	How many were outside the 20 day target?	2	4	5	6	5	1	6	5	5	2	4	6	4

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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	35%	31.1%	31.1%	
			(1334)	(1302)	(1278)	
			[867]	[897]	[880]	
		Breaches	NOV	DEC	JAN	Longest Wait (days)
		Adult Mental Health	537	564	553	569
		Older People	29	28	27	305
		Adult Learn Dis	28	33	30	248
		Children's Learn Dis	8	9	19	179
		Adult Health Psych	243	224	201	423
Children's Psych	22	39	50	207		
	Total	867	897	880		

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (4)	100% (7)	100% (1)	100% (3)	100% (4)	100% (2)	100% (5)	100% (3)	100% (7)	100% (3)	100% (1)	100% (4)	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)	
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)	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)	84.1% (13)
	All Child protection case conference <15 days from receipt (n) = breaches	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)	85.7% (2)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	88% (3)	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 Family Support referrals for assessment to be allocated <30 days from receipt	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)	94.9% (10)
	All Family support initial assessment completed <10 days of allocation	32.7%	28.8%	24%	22.9%	26.5%	33.3%	47.2%	29%	35.2%	29.7%	29.4%	22.5%	25.2%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	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% (18)	45% (11)	60.9% (9)
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 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	112	92	151	142	171	156	156	111	133	114	162	207	181
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services	89	75	114	112	143	142	132	103	115	93	132	171	137

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20
Fostering	Number of Mainstream Foster Carers	358	365	388	385	376	387	382	382	378	382	390	390	392
	Number of children with Independent Foster Carers	59	63	60	62	64	67	64	67	71	72	73	72	73
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	96.3%	93.9%	93.1%	91.8%	92.7%	96.7%	94.9%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 4 87.8%			Quarter 1 88.1%			Quarter 2 87.8%			Quarter 3 88.2%			
	All women are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	94.6%	94.7%	95.8%	97.3%	93%	96%	97.5%	98%	96.4%	97.4%	98.4%	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)	32.6%	54.4%	42.3%	43.1%	46.8%	46.1%	35.5%	48.1%	47.8%	37.5%	52.8%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	204	210	256	235	225	226	248	198	201	241	262	301	293
	Family Centre Waiting List at month end	28	29	24	27	21	16	16	20	24	32	24		
Care Leavers	At least 75% aged 19 in education, training or employment	77%	79%	80%	76%	77%	76%	72%	75%	75%	76%	75%	75%	76%

Children's Services - Corporate Issues

Service Area	Indicator	DEC 18	JAN 19	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints	How many complaints were received this month?	8	2	6	5	10	4	10	7	6	7	15	11	3
	What % were responded to within the 20 day target? (target 65%)	50%	0%	67%	20%	30%	25%	50%	29%	67%	57%	27%	36%	33%
	How many were outside the 20 day target?	4	2	2	4	7	3	5	5	2	3	11	7	2
Freedom of Information Requests	How many FOI requests were received this month?	1	4	1	7	2	2	1	1	5	5	1	3	3
	What % were responded to within the 20 day target? (target 100%)	100%	50%	0%	29%	50%	100%	0%	0%	80%	80%	0%	67%	33%
	How many were outside the 20 day target?	0	2	1	5	1	0	1	1	1	1	1	1	2

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Children In Care	<p>All children admitted to residential care should, prior to admission:-</p> <p>(1) Have been the subject of a formal assessment to determine the need for residential care.</p> <p>(2) Have had their placement matched through the Children's Resource Panel Process.</p>	<p>% = % compliance</p> <p>(n) = No. of children admitted to care this month</p>	<p>100%</p> <p>(1)</p>	<p>100%</p> <p>(4)</p>	<p>100%</p> <p>(3)</p>	
	<p>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.</p>	<p>There were children taken into care during July 2019. was for Respite/Shared Care. was discharged. Of the remaining all had a plan in place by January 2020</p> <p>% = % compliance</p> <p>(n)= number of children without permanence plan within 6 months.</p>	<p>100%</p> <p>(0)</p>	<p>100%</p> <p>(0)</p>	<p>No return at time of publication</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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% (63) [63]	100% (45) [45]	100% (68) [68]	
	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% (60) [60]	95.9% (49) [47]	84.1% (82) [69]	
	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	80% (15) [12]	92.9% (14) [13]	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% (18) [18]	100% (17) [17]	100% (9) [9]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
	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	85.4% (192) [164]	82.3% (124) [102]	94.9% (195) [185]	
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	29.4% (102) [30]	22.5% (89) [20]	25.2% (111) [28]	
	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.	41.9% (31) [13]	45% (20) [9]	60.9% (23) [14]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st January 2020, 79 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 70 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	<p>Assessment within 13 wks Target Line</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND										
			NOV	DEC	JAN											
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st January 2020 – 64 total waiters:-	100%	100%	100%	<p style="font-size: small; text-align: center;"> ■ <13 weeks from assessment to treatment </p>										
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>0 – 4 wks</td><td style="text-align: center;">64</td></tr> <tr><td>>4 – 8 wks</td><td style="text-align: center;">0</td></tr> <tr><td>>8 – 13 wks</td><td style="text-align: center;">0</td></tr> <tr><td>> 13 wks</td><td style="text-align: center;">0</td></tr> <tr><td>Total</td><td style="text-align: center;">64</td></tr> </table> <p>Longest wait = 24 Days</p> <p>% = compliance (n) = breaches</p>		0 – 4 wks									64	>4 – 8 wks	0	>8 – 13 wks	0	> 13 wks
0 – 4 wks	64															
>4 – 8 wks	0															
>8 – 13 wks	0															
> 13 wks	0															
Total	64															
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st January 2020	162	207	181		Gateway	Disability	FIT	Total						
						< 1 wk	24	0	4	28						
						1-4 wks	50	11	23	84						
						4-8 wks	8	36	13	57						
						> 8 wks	7	14	103	124						
		Total	86	61	143	293										
			Area		Longest Wait											
	Gateway		114 Days													
	Disability		183 Days													
	FIT		263 Days													
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 15%;">Gateway</th> <th style="width: 15%;">Disability</th> <th style="width: 15%;">FIT</th> <th style="width: 15%;">Total</th> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">50</td> <td style="text-align: center;">116</td> <td style="text-align: center;">181</td> </tr> <tr> <td style="text-align: center;">(89)</td> <td style="text-align: center;">(61)</td> <td style="text-align: center;">(143)</td> <td style="text-align: center;">(293)</td> </tr> </table>	Gateway	Disability	FIT	Total	15	50	116	181	(89)	(61)	(143)	(293)	(262)	(301)	(293)
Gateway	Disability	FIT	Total													
15	50	116	181													
(89)	(61)	(143)	(293)													

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: <u>200 Individuals enrolled & setting a quit date in the service by March 2019</u>	273	243	63		
		Target: <u>60% Quit rate at 4 weeks</u> 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: <u>120 setting a quit date</u> n = number enrolled	39	47 (cum 86)	118 (cum 204)		Q1 = 125 Referrals into service Q2 = 127 Referrals into service
		Target: <u>60% Quit rate at 4 weeks</u> (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.	<p>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.</p> <p>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)</p>	30%	30%	30%		<p>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</p> <p>Discussions planned with Director Hospital Services / HR to continue Also to be progressed with AD's in Adult Services./Primary Care</p>

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			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 31 st 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 January	Actual Position January 2020	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Cancer 14 days (%)	100	100	100	100	100
Cancer 31 days (%)	75	80	91	86	92
Cancer 62 days (%)	25	25	36	30	42
Fracture Neck of Femur (%)	85	75	73	70	74
IPDC Core Elective (%)	-0.6		22%		14%
Endoscopy Core Elective (%)	-3		-85%		-13%
Outpatients Core (%)	-5.7		-8%		-1%
Complex Discharges (%)	78	77	69	79	78
ED 4 Hour Performance (%)					
SET	70	70	72	73	71
UH	58	59	60	61	58
LVH	77	78	81	82	77

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Area	Projected Performance 2019/20	Predicted Position January	Actual Position January 2020	Projected Performance YTD 2019/20	Actual Performance YTD 2019/20
Projected Breaches					
Psychological Therapies	218	262	880	349	711
Adult Mental Health	0	0	68	26	18
Dementia	125	145	432	179	313
Diagnostics, Imaging 9wk 26wk	7328 2594	5676 2060	3737 1177	3700 1135	3138 1019